

APH-00001926 IP5-00173716  
 Mrs POOJA RAJ ZAVERI  
 02-01-1998 28 Y 4 M 10 D (F)  
 Dr. K BHARGAVI REDDY



## SURGERY DETAILS

Date : 12/5/26  
 Patient Name: Mrs. pooja raj Date of Birth: 21/01/1998 Age: 28 y  
 Gender: f Ward: BC UHID No.: ABH-001926  
 Date of Surgery: 12/5/26  OT-1  OT-2  OT-3  OT-4  OBG OT-1  OBG OT-2  
 Name of the Surgery: Avc Endomet.

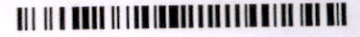
Time in : 5pm Time Out : 6pm

	NAME	AMOUNT
1. Surgeon	Dr. Bhargavi Reddy	
2. Anaesthetist	Dr. Sundhara	
3. Assistant Surgeon	Dr. Deepika	
4. OT Technician		
5. Circulating Nurse	Dr. Kanchan	
6. Assistant Nurse	Dr. Harini	

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

Signature of the Surgeon \_\_\_\_\_ Signature of Circulating Nurse \_\_\_\_\_  
 Order No: 9604970 Order by: Kanchan

**ADMISSION SHEET**



**Registration Details :**

Admission No : IP5-00173716      Admit Date : 12-May-2026      Admit Time : 09:46 AM      UHID : APH-00001926

**Patient Details :**

Patient Name	: Mrs POOJA ZAVERI	Age	: 28 Y 4 M 10 D
Guardian	: MR. RAJ ZAVERI	DOB	: 02-01-1998
Gender	: Female	Religion	:
Occupation	:	Marital Status	: Married
Address (H)	: 13-5-354, KARWAN DARBAR MAISAMMA TEMPLE Asif Nagar Hyderabad Telangana INDIA 500006	Phone No	: 8320282034
		E-mail	: NA@GMAIL.COM

**Admission Details :**

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

**Contact Details :**

Name : MR. RAJ ZAVERI      Relationship : Husband  
Contact Address : 13-5-354, KARWAN DARBAR MAISAMMA TEMPLE Asif Nagar Hyderabad Telangana INDIA 500006      Phone No : 8320282034 / 9096184771

*R. Rajzai*  
Signature

**Doctor Details :**

Doctor Name : Dr. K BHARGAVI 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

IPH-00001926 IP5-00173716  
Mrs POOJA ZAVERI  
Nam 2-01-1998 28 Y 4 M 10 D (F)  
Dr. K BHARGAVI REDDY

UHII



Consultant: \_\_\_\_\_ Dept: \_\_\_\_\_

Date of Admission: 12/5/20 Time: 09:40 AM Date of Discharge: \_\_\_\_\_ Time: \_\_\_\_\_

Room / Bed No: \_\_\_\_\_ Ward: \_\_\_\_\_ Suggested Billable bed type: \_\_\_\_\_

### WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
12/05/20	09 AM	OBS	(322)	Surand

### Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	Dr. Tuhena Sharma (PT)	13/5/20		
2				
3				
4				
5				
6				
7				
8				
9				
10				





# PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
12/15/24	IV - pleuronet	①	91604348	[Signature]
	Corticosteroids	①		
	pre-anesthesia	①	09604349	[Signature]

*Order checked by  
Rehm*

## ANY OTHER INFORMATION

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Date : \_\_\_\_\_ Time : \_\_\_\_\_ Prepared By : \_\_\_\_\_

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

**Presenting Complaints**

clo leaking pv & pain abdomen: eam

Obstetric Formula:

Primigravida

Obstetric History:

Present Pregnancy Record:

Primigravida - spontaneous conception

**RISK FACTORS:**

Booked @ 38 wks

Revised IV Iron - April 2016

LMP: 14/8/20

EDD:

Corrected EDD: 21/5/20

GA: 38+5 wks?

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: 3/5

FHS:  Normal  Tachy  Brady  Absent

**Per Speculum Examination - not done**

Draining:  Present  Absent  Bleeding

Colour of Liquor:  Clear  Meconium  Blood Stained

**Vaginal Examination**

Cervix:  Long  Partially effaced  Effaced

Os: Closed Dilated 2-3cm

Membranes:  Present  Absent

Liquor:  Clear  Meconium  Blood Stained

Presenting Part:  Vertex  Breech  Others

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

Pelvis:  Adequate  Doubtful

Height: 156 cm

Weight: 81.8 kg

Allergies: NICKA

Breast:  Normal  Abnormal

General Examination: fair

Consciousness: yes Pallor: absent

Icterus: absent Edema: absent

Temp: afebrile PR: 74 bpm

BP: 127/80 mmHg (MAP 85) DTR: normal

CVS: S5+S6 RS - Blm B10

Liver/Spleen: not palpable Urine Output: normal, Spu - 17% on RA

**DIAGNOSIS**

Primigravida 38+5 wks | Mild Anemia | ROM in

Early labour



<p>Family History:</p> <p>father - HTN/DM</p>	<p>Surgical History:</p> <p>nil</p>
<p>Medical History:</p> <p>Nil</p>	<p>Medication History:</p> <p>see Medical reconciliation form</p>
<p>Plan of Care:</p> <ul style="list-style-type: none"> <li>- Admission</li> <li>- vitals now flt and hct</li> <li>- NST now flt 3<sup>rd</sup> hly</li> <li>- w/f progression of labor</li> <li>- consent for vaginal birth</li> <li>- Pain relief (epidural) as req.</li> <li>- Check Blood availability</li> </ul>	<p>Investigations:</p> <p>A positive HIV/Hb/Ag/HCV-NR.</p> <p>9/10 r/tb 10. jdl, plt 3.83L.</p> <p>2/10/20 36<sup>+</sup> B<sub>2</sub> w/m, 285U/jm, AF 1-9cm, cephalic, placenta post funchal. dopplr - ⊕ Ductus - ⊕. CF 60%.</p> <p>- TIPPANI ⊕ - NT dm ⊕, FTS - low Risk</p>

Doctor Name: Dr. Pooja  
 Signature: [Signature]  
 Date & Time: 12/5/2022 @ 10am

DR. BHARGAVI REDDY  
 Registration No. 3331K  
 Consultant Name: Dr. Bhargavi Reddy  
 Signature: [Signature]  
 Date & Time: 12/5/2022, 10AM

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 12-01-1993  
 Dr. K BHARGAVI REDDY



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/05/2026		
<u>10 AM</u>	<p>CS/B Dr Bhargavi</p>	
	<p>NSI-Reactive</p>	
	<p>V/E - Cx well engaged, 2-3cm, Membranes absent          vertex (1) station, clear liquor (+).</p>	
	<p><u>Advice:</u></p>	
		<ul style="list-style-type: none"> <li>✓ Proctolysis enema</li> </ul>
		<ul style="list-style-type: none"> <li>✓ w/f progress of labor</li> </ul>
		<ul style="list-style-type: none"> <li>✓ option of epidural / entonox given</li> </ul>
		<ul style="list-style-type: none"> <li>✓ Shift to birthing</li> </ul>
		<ul style="list-style-type: none"> <li>✓ Inform SOS.</li> </ul>
		<p>by Dr Deepika</p>
		<p><i>(Signature)</i></p>
		<p>DR. BHARGAVI REDDY          Registration No: 51342</p>
		<p>MB  <i>(Signature)</i></p>

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**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
12/05/2026		
11:55 AM	c/o/w. Dr. Bhargavi	
	<p>on epidural            comfortable</p>	<p><u>Advice:</u></p> <ul style="list-style-type: none"> <li>✓ Upright position</li> <li>✓ NST x 3rd hourly</li> <li>✓ Watch for progress of labor</li> <li>✓ Oxytocin drip now</li> <li>✓ Inform SDS</li> </ul>
V/O - 100 ml clear	<p>Vitals - BP - 118/78 (28)            PR - 62 bpm            SpO<sub>2</sub> - 100% on RA</p>	
	<p>PA - veins mildly turgid            NST - on going</p>	
	<p>V/G - Ex well effused            8cm ARM done            clean lab ⊕, Vx (-)</p>	
		<p>(by Ch. Deepika)</p>

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/5/2026		
5:45PM	PND-0	AVD P.LI
		Adu
PR: 82bpm		
BP: 116/72 (86)mmHg		① soft diet
SpO <sub>2</sub> : 99% RA		② Drugs as chart
P/A: URW		③ vitals 15 mins
P/V: BWNL		④ w/o Bleeding PV
U/O: 600ml, clear		⑤ Inform S/S
Baby well		⑥ I/O hely
		Dr. Y. Suresh
12/5/2026		
7:40PM	PND-0	AVD
PR: 82bpm		① soft diet
BP: 120/82 (90)mmHg		② plenty of oral fluids
SpO <sub>2</sub> : 100% RA		③ drugs as chart
P/A: URW		④ vitals 4 hely
P/V: BWNL		⑤ I/O hely
U/O: 100 ml, clear		⑥ w/o Bleeding PV
Baby well		Shift to room
Remove Foley's	6AM 13/5/26	Dr. Y. Suresh

NB Suresh

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<u>13/1/26</u>	PND, /AVD	
8:40 AM	Pt comfortable	
W M SV C/MTA	O/E ac-fair PR - 69 bpm BP - 108/70 mmHg SpO2 - 95% on RA P/A ut @ well U/E - lochie healthy	Adv - soft diet - plenty of oral fluids - drugs as per charted
U/E / done		- vitals stably - w/ father
Plan for discharge today		Bleedy PV Inform NT
Baby m		
<u>13/1/26</u>		Do Simena NB - Pericardial effusion
9 AM	Pt comfortable	Adv - soft diet, - plenty of oral fluids
W M SV	O/E ac-fair vitals stable P/A ut @ well U/E - lochie healthy	- drugs as per charted
Baby m U/E / done		- vitals stably - Inform NT

*[Signature]*

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## RESULT SHEET

Date	12/05/2026				
Time	(OP basis)				
Hb	10				
PCV					
RBC					
WBC					
N/L					
Platelets					
CRP					
ESR					
PCT					
RBS					
Na					
K					
Cl					
Ca/Mg					
Phosphate					
Urea					
Creatinine					
ALP					
SGPT					
SGOT					
T.Bill/Conj					
T.Protein					
S.Albumin					
S.Globulin					
A/G Ratio					
Uric Acid					
S.Amylase					
Sr.Lipase					
Blood Lactate					
S.Cholesterol					
PT/INR					
APTT					
CSF Protein / Sugar					
Cells					
N/L					

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
Blood group - A <sup>+</sup> Positive						
HIV						
HBSAg						
HCV						

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: None  Not known any Drug Allergies

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

Shifting From: NA Shifted to: NA

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	Tab Iron		PO	OD	11/5	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
2	Tab Calcium		PO	OD	11/5	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
3						<input type="checkbox"/> C <input type="checkbox"/> DC
4						<input type="checkbox"/> C <input type="checkbox"/> DC
5						<input type="checkbox"/> C <input type="checkbox"/> DC
6						<input type="checkbox"/> C <input type="checkbox"/> DC
7						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

\* C - Continue, DC - Discontinue

### MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature: Dr. Sumera A

Date & Time: 12/5/16 @ 10am

Nurse Name & Signature: Sumud

Date & Time: 12/5/16 2pm







# DRUG CHART

Date of Admission: 2/1/20 Drug Allergies: NKA  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)**

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

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

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

VERIFIED BY : Name .....



REGULAR PRESCRIPTIONS

Weight. .... Ward. ORS .....

<b>DRUG :</b> <u>IMS-CEFOXIME</u>				Date Time
Dose <u>1gm</u>	Route <u>iv</u>	Frequency <u>BD</u>	Start Date <u>12/5/26</u>	<u>12/5</u> <u>10:30 AM</u> <u>Dr. Y Suresh</u>
Name & Signature of the Doctor Starting the Drugs: <u>(Dr. Lavanya)</u>				STOP BY SNEHA Y <u>Dr. Y</u> 12/5/26 5:30 PM
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

<b>DRUG :</b> <u>T-PARACETAMOL</u>				Date Time
Dose <u>1gm</u>	Route <u>PO</u>	Frequency <u>TID</u>	Start Date <u>12/5/26</u>	<u>12/5</u> <u>13/5</u> <u>6 AM</u> <u>Dr. Y Suresh</u>
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Y Dr. Y. Sneha</u>				STOP BY SNEHA Y <u>Dr. Y</u> 12/5/26 5:30 PM
Additional Instructions: <u>10 PM SURESH</u>				
Daily Doctor's Endorsement by a Sign				

<b>DRUG :</b> <u>T-DICLOFENAC</u>				Date Time
Dose <u>50mg</u>	Route <u>PO</u>	Frequency <u>TID</u>	Start Date <u>12/5/26</u>	<u>12/5</u> <u>13/5</u> <u>7 AM</u> <u>Dr. Y Suresh</u>
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Y Dr. Y. Sneha</u>				STOP BY SNEHA Y <u>Dr. Y</u> 12/5/26 5:30 PM
Additional Instructions: <u>11 PM SURESH</u>				
Daily Doctor's Endorsement by a Sign				

<b>DRUG :</b> <u>Ey Duphala C</u>				Date Time
Dose <u>15ml</u>	Route <u>PO</u>	Frequency <u>OD</u>	Start Date <u>12/5/26</u>	<u>12/5</u> <u>10 PM</u> <u>SURESH</u>
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Y Dr. Y. Sneha</u>				STOP BY SNEHA Y <u>Dr. Y</u> 12/5/26 5:30 PM
Additional Instructions: <u>Night</u>				
Daily Doctor's Endorsement by a Sign				

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

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

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

**STAT / ONCE ONLY DRUGS**

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
12/5/26	10:10 AM	PROCTOLYSIS ENEMA	1 pack	P/R	hp	Spalvi, Siletti
12/5/26	10:00 AM	INS DROTN	1 amp	IV	hp	Spalvi, Siletti
12/5/26	10:05 AM	INS - BVSOPAN	1 amp	IV	hp	Spalvi, Siletti
12/5/26	9:50 AM					Spalvi
12/5/26	5:20 PM	inj OXYTOCIN	150	IM	Dr Y	Laxmi, Kulk
12/5/26	5:40 PM	Sup DICLOFENAC	100mg	PR	Dr Y	Laxmi, Kulk
12/5/26	5:40 PM	Sup MISOPROSTOL	400mcg	PR	Dr Y	Laxmi, Kulk

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



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# PRIMARY PATIENT / FAMILY EDUCATION RECORD



Part - I,  
 Patient's / Learner Language : Hindi, English Patient / Learner Literacy :  Read  Write  Speak Willingness to Learn :  Yes  No Healthcare Literacy :  Yes  No

**Identified Education Needs :**

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

**Part - II**

Date	Time	Need Identified	Information Taught	Use codes from the list in part III					Comments	Designation / Signature
				Person Taught	Learning Barries	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		
12/1/20	12:30 PM	1,2,3,4	Diagnosis, treatment & care plan, pain management, informed consent	PT, S	1	0	1	1		[Signature]
12/5/20	11 AM	7	Infection control measures	PT, S	1	0	1	1		[Signature]
13/5/20	8 AM	9	lactation diet	pt	1	0	1	1		[Signature]

**Part - III : CODES**

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



# MULTI-DISCIPLINARY PLAN OF CARE FORM



Diagnosis:

Primie / 38w wtk / ROM / in early labour

Date Time	Discipline	Type	Patient Needs / Problem List	Goal	Plan / Intervention	Signature	Team Verification
12/5/26 @ 10am	<input type="checkbox"/> Medical <input type="checkbox"/> Nursing <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Modified <input type="checkbox"/> Per-Op <input type="checkbox"/> Post Op	Primie / 38w wtk / ROM / in early labour	for safe delivery	Augmentation	[Signature]	<input checked="" type="checkbox"/> Nursing <input type="checkbox"/> Others:
12/5/26 @ 10:55am	<input type="checkbox"/> Medical <input checked="" type="checkbox"/> Nursing <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Modified <input type="checkbox"/> Per-Op <input type="checkbox"/> Post Op	patient needs in personal hygiene	patient safety	plan for the	sunitha	<input checked="" type="checkbox"/> Medical <input type="checkbox"/> Others:
13/5/26 8am	<input type="checkbox"/> Medical <input type="checkbox"/> Nursing <input checked="" type="checkbox"/> Others: <u>nicotine</u>	<input type="checkbox"/> Initial <input type="checkbox"/> Modified <input type="checkbox"/> Per-Op <input checked="" type="checkbox"/> Post Op	pnb-1	soft diet	soft high protein diet	[Signature]	<input type="checkbox"/> Medical <input type="checkbox"/> Nursing <input checked="" type="checkbox"/> Others:
13/5/26 2:30pm	<input type="checkbox"/> Medical <input type="checkbox"/> Nursing <input checked="" type="checkbox"/> Others:	<input type="checkbox"/> Initial <input type="checkbox"/> Modified <input type="checkbox"/> Per-Op <input checked="" type="checkbox"/> Post Op	PND -1	Post partum recovery	Deep core retraining & functional training		<input type="checkbox"/> Medical <input type="checkbox"/> Nursing <input type="checkbox"/> Others:
	<input type="checkbox"/> Medical <input type="checkbox"/> Nursing <input type="checkbox"/> Others:	<input type="checkbox"/> Initial <input type="checkbox"/> Modified <input type="checkbox"/> Per-Op <input type="checkbox"/> Post Op					<input type="checkbox"/> Medical <input type="checkbox"/> Nursing <input type="checkbox"/> Others:

PH-00001926 IP5-00173716  
 Mrs POOJA ZAVERI  
 2-01-1998 28 Y 4 M 10 D (F)  
 r. K BHARGAVI REDDY



# OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 12/5/2026 Time of Arrival: 8:20 AM Time Seen by Nurse: 8:25 AM

1) Level of Consciousness:  Conscious  Semi-Conscious  Unconscious

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

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

3) Vital Signs: Temperature: 98.6 F Pulse: 89 RR: 20 SpO<sub>2</sub>: 100% BP: 118/85 Weight: 81.8 kg

4) Gestational Criteria:

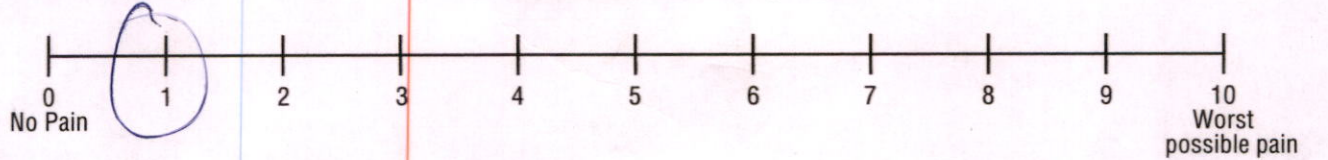
Gravida:	G	Primi	L	A
----------	---	-------	---	---

LMP: 14/8/25 EDD: ..... Gestational Age: 38+5 wks

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

5) Pain Screening:

### Numerical Pain Scale (NPS)



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

6) Past History:

- a) Surgeries: nil
- b) Medical: nil

Allergy:  Yes  No, If Yes : .....

8) Current Medications:  Prenatal Vitamin  None  Others: .....

9) Prenatal Medical History:

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

Triage Category: (Please tick on the category)

Refer to **OBSTETRICAL TRIAGE ACUITY SCALE (OTAS)**

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

**OBCU Obstetrical Triage Acuity Scale (OTAS)**

OTAS	Level 1 (Resuscitative)	Level 2 (Emergent)	Level 3 (Urgent)	Level 4 (Less Urgent)	Level 5 (Non Urgent)
Level 1 (Resuscitative)	Immediate	≤ 15 minutes	≤ 30 minutes	≤ 60 minutes	≤ 120 minutes (2 Hours)
Re-Assessment	Continuous Nursing Care	Every 15 Minutes	Every 15 Minutes	Every 30 Minutes	Every 60 Minutes
Labour / Fluid	Imminent Birth	Suspected Pre-term Labour / PPROM < 37 Weeks	Signs of Active Labour > 37 weeks	Signs of Early Labour/ SROM > 37 weeks	Discomforts of Pregnancy
Bleeding	Active Vaginal bleeding with/ without abdominal pain	Bleeding associated with cramping (<spotting) <37 weeks	Bleeding associated with cramping (>spotting) >37 weeks	Spotting	
Hypertension	Seizure activity	Hypertension > 160/110 and / or headache, visual disturbance, RUQ pain	Mild hypertension > 140/90 with/without associated signs and symptoms		
Fetal Assessment	Abnormal FHR tracing Non-Fetal Movement	Atypical FHR tracing, abnormal dopplers Diseased fetal movement			
Others	<ul style="list-style-type: none"> <li>• Acute onsite severe abdominal pain</li> <li>• Altered level of consciousness</li> <li>• Cord prolapse</li> <li>• Severe respiratory distress</li> <li>• Suspected sepsis</li> </ul>	<ul style="list-style-type: none"> <li>• Major trauma</li> <li>• Shortness of breath</li> <li>• Unplanned and unattended birth</li> </ul>	<ul style="list-style-type: none"> <li>• Abdominal/back pain greater than expected in pregnancy</li> <li>• Flank pain / hematuria</li> <li>• Nausea /vomiting and /or diarrhea with suspected dehydration</li> </ul>	<ul style="list-style-type: none"> <li>• Ongoing assessment from out patient clinic (for hypertension, blood work)</li> <li>• Minor trauma (minor MVC/fall)</li> <li>• Nausea/Vomiting and /or diarrhea</li> <li>• Signs of infection (ie dysuria ,cough, fever, chills)</li> </ul>	<ul style="list-style-type: none"> <li>• Anything that does not seem to pose threat to mother or fetus</li> <li>• Cervical ripening</li> <li>• Out patient placenta previa protocols</li> <li>• Pre-booked visits (ie Rh and progesterone injections, NST</li> <li>• Assessment for version</li> <li>• Rashes</li> </ul>

Time seen by Doctor: Dr. 9.20 AM

Nurse Name: S. G. G. G. Nurse Signature: [Signature]

Date: 12/05/2026 Time: 10 AM

PH-00001926  
 Mrs POOJA ZAVERI  
 2-01-1993 28 Y 4 M 10 D (F)  
 R. K BHARGAVI REDDY



## OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 12/5/2026

**Baseline Information:**

Admission From:  ER  OPD  Admission Desk  Others, specify .....

Primary Language:  Telugu  English  Hindi  Others, specify .....

Do you require an interpreter?  Yes  No if Yes specify .....

Source of Information:  Patient  Family  Others, specify .....

**Allergies:**  Yes  No  Medications  Blood Transfusion  Food  Other: .....

If yes, identify .....

**Chief Complaints:** leaking PV. Doctor Notified on Admission:  Yes  No  
 Name of the Doctor: Dr. Deepika  
 Time Notified: 9:00 AM

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

Past Medical History	Past Surgical History	Previous Hospital Admission
<u>Nil</u>	<u>Nil</u>	

Gynecology Assessment: <input type="checkbox"/> Not Applicable	Gynecology Surgical History:	Gynecological History:
Menstrual History: <u>Regular</u>	Caesarean Section: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Contraceptives: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Onset of Menarche: .....	Cervical Cerclage: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Vaginal Discharge: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Menstrual Cycle: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular	Ectopic Pregnancy: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Post-Coital Bleeding: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Last Menstrual Period: <u>14/08/25</u>	Myomectomy: <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>Infertility:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
	Others: .....	<b>If Yes Type:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Secondary

**Obstetric History:** G ..... P Primi L ..... A .....

**Previous LSCS:** .....

**Current Medication:**  None  Yes, If Yes, Fill the reconciliation form

**Family History:**  No Abnormalities Detected

Heart Disease  Hypertension  Diabetes  Stroke  Seizures  Kidney disease

Liver disease  Other .....

**Vital Signs / Measurements:** Temp: 98.8 HR: 72 RR: 18  
 BP: 100/60 Weight: ..... Height: ..... BMI: .....

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



**PHYSICAL ASSESSMENT**

**General Appearance:**  Healthy  ill looking  Anxious  Agitated  Others: .....

**Fall Assessment:**  Yes  No Score ..... 0.35 (complete the Morse Fall Risk Assessment Sheet)

**Risk of Pressure Sore:**  Yes  No Score ..... (complete the Braden Q Sheet)

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

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

Inform consultant for positive criteria

**NUTRITIONAL SCREENING:**  No Abnormality Detected

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

Inform consultant for positive criteria

**PSYCHOLOGICAL SCREENING:**

- Calm & Cooperative  Restless  Depressed  Agitated  Confused
- Others .....

Inform consultant for positive criteria

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

**SOCIAL SCREENING:**

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

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

**Social History:** Lives With ..... Family .....

**Orientation has been given regarding the following aspects:**

- Call Bell in Reach :  Yes  No Waste Disposal Explained:  Yes  No
- Infusion Pump :  Yes  No Hand Hygiene Explained:  Yes  No  Others

Above information given to ..... family & patient .....

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

Orientation not given Reason: ..... will sign ACDIA .....

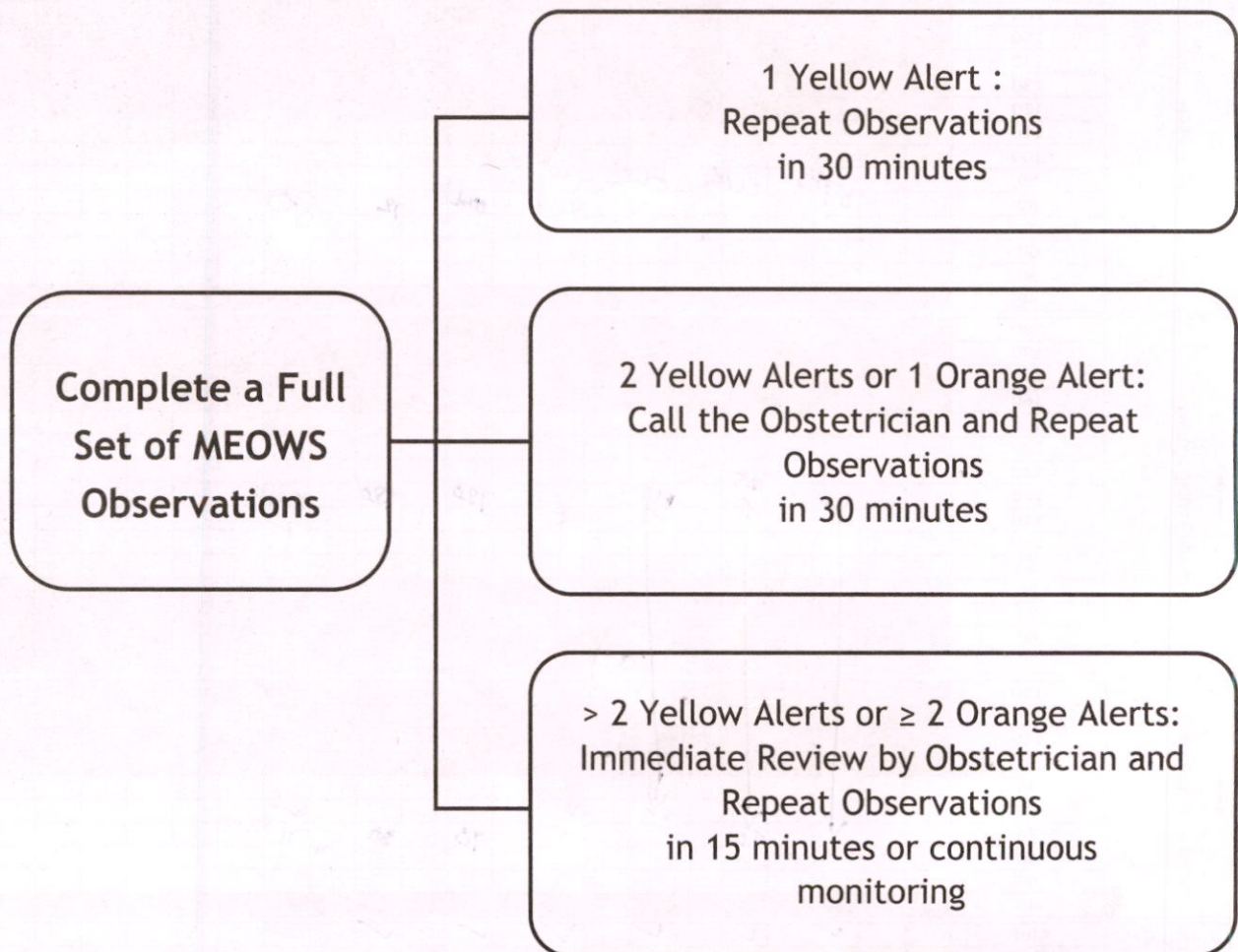
Nurse Signature: ..... [Signature] .....

Nurse Name: ..... Bileta .....

Date & Time: ..... 12/5/20 @ 10 AM .....



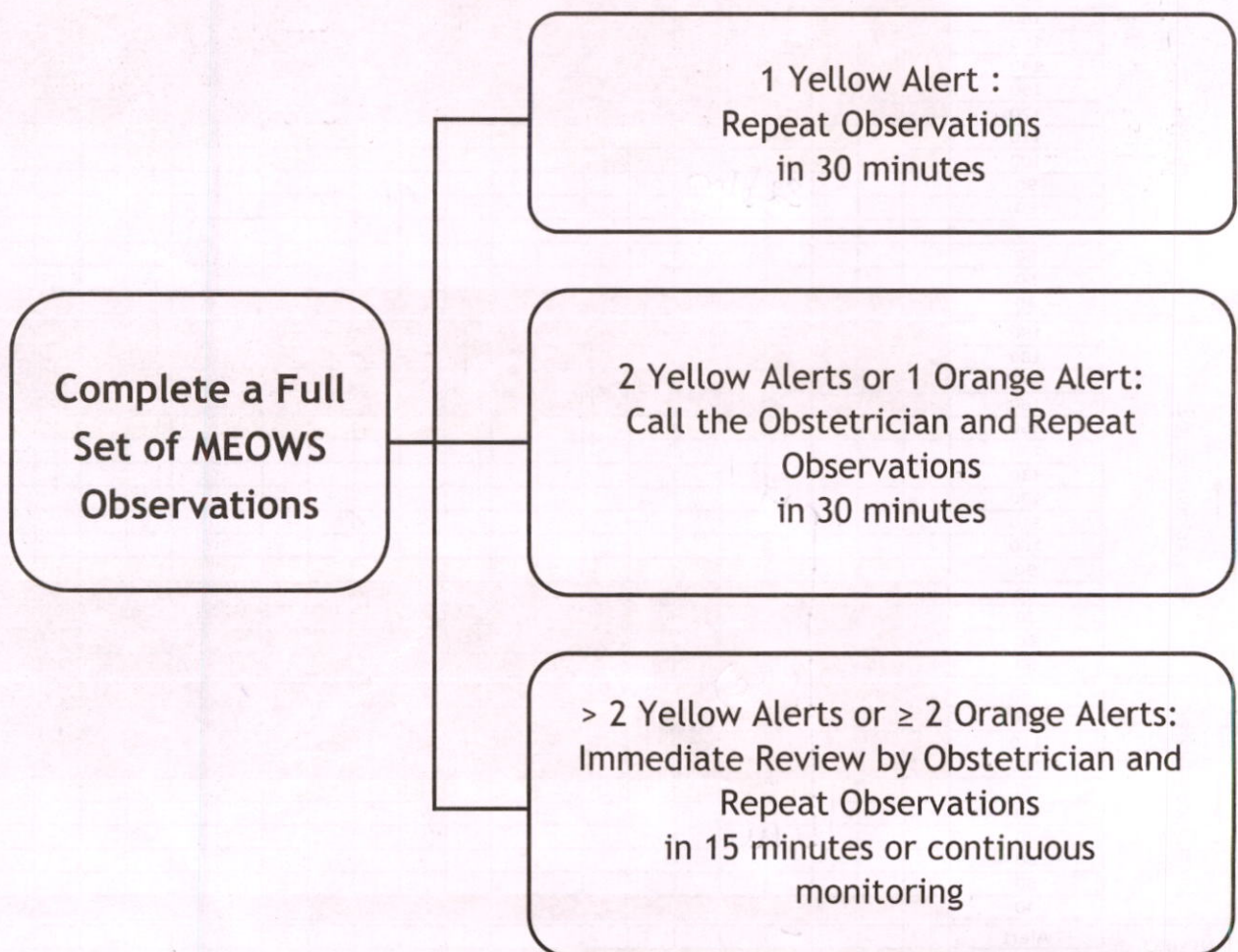
## Obstetrics and Gynaecology Early Warning Signs



\* The Modified Early Warning Score (MEOWS)



## Obstetrics and Gynaecology Early Warning Signs



\* The Modified Early Warning Score (MEOWS)



# FLUID CHART

Sheet No. : ..... 1 .....

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

		Intake				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G								
	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
<b>Total Intake :</b>						<b>Total Output :</b>							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
<b>Total Intake :</b>						<b>Total Output :</b>							
	08:00 pm	H <sub>2</sub> O					N			300ml	0	Shas	
	09:00 pm	H <sub>2</sub> O					P.				0	Suaa	
	10:00 pm										0		
	11:00 pm									200ml	0	Seema	
	12:00 am	H <sub>2</sub> O									0		
	01:00 am										0		
<b>Total Intake :</b>						<b>Total Output :</b> m-o u 500ml							
	02:00 am										0		
	03:00 am	H <sub>2</sub> O									0		
	04:00 am						NP				0	Seema	
	05:00 am										0		
	06:00 am	H <sub>2</sub> O					I				0		
	07:00 am									1100ml	0		
<b>Total Intake :</b>						<b>Total Output :</b> m-o u 1100ml							
<b>Total 24 hrs. Intake</b>						<b>Total 24 hrs. Output</b>			m-o u 1600ml				

APH-00001926 IP5-00173716  
 Mrs POOJA RAJ ZAVERI  
 02-01-1998 28 Y 4 M 10 D (F)  
 Dr. K BHARGAVI REDDY



# FLUID CHART



Sheet No. : .....

13/5/26

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

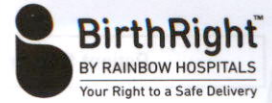
		Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
Date	Time	Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
13/5/26			Mouth	I.V	N.G						0	
	08:00 am										0	
	09:00 am		H <sub>2</sub> O						✓		0	Kavathi
	10:00 am										0	
	11:00 am		soup								0	
	12:00 pm								✓		0	
01:00 pm		H <sub>2</sub> O								0		
<b>Total Intake :</b>					<b>Total Output :</b> 222 ml							
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
<b>Total Intake :</b>					<b>Total Output :</b>							
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
<b>Total Intake :</b>					<b>Total Output :</b>							
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
<b>Total Intake :</b>					<b>Total Output :</b>							

**Total 24 hrs. Intake** [ ]

**Total 24 hrs. Output** [ ]

**Department of Anaesthesiology  
PRE-ANAESTHETIC EVALUATION**

IP5-0011  
APH-00001926  
Mrs POOJA RAJ ZAVERI  
02-01-1998 28 Y 4 M 10 D (F)  
Dr. K BHARGAVI REDDY



Name: Mrs. Pooja Zaveri Age: 28 Y 4 M Sex: Female UHID.No: APH-00001926

Date: 12/05/2026 Time: 10:20 AM Proposed Operation: Labour Epidural

Diagnosis: Plinru 38<sup>+8</sup> wks.

B.P / CRT: 127/80 mmHg H.R: 77/min Weight: 81.8 ASA Physical Status:  1  2  3  4  5

**Laboratory Data:**

Hgb: <u>10</u>	Glucose: .....	Protein: .....	HIV: .....	X-Ray: .....
PCV: .....	Urea: .....	Alb: .....	HBS Ag: .....	ECG: .....
WBC: .....	Creat: .....	Total Bill: .....	HCV: .....	2D Echo: .....
Plate: <u>8.83</u>	Na: .....	Dir. Bill: .....	Blood group: .....	Stress/Angio: .....
PT: .....	K: .....	LDH: .....	T3 .....	Other: .....
PTT: .....	Ca++: .....	Alk phos: .....	T4 .....	
INR: .....	Mg++: .....	Amylase: .....	TSH .....	
	Cl-: .....	SGOT/SGPT: .....		

Allergies: NICDA

Medical History: CVS: A/o High Blood Pressure readings was on Tab. NICARDIA 10mg

RESP: Diabetes: -

CNS: Not significant.

Renal: Not significant.

Hepatic / GE: Physical Activity: Active

Others: Physical Activity: Active

Past Anaesthetic History: Not significant.

Physical Exam: (N)

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

Lungs: BAE (+) clear

Heart: S1b (+)

CNS: MMF (+)

Pregnant:  Yes  No  NA Venous Access Site: 18G IJ UL Spine Exam for regional: (N)

Anaesthetic Plan:  MAC  REGIONAL  GA-ETT  LMA

Peri-Operative Plan Explained to the Patient:  Yes  No

CURRENT MEDICATIONS	DOSAGE

**Pre-Operative Instructions:**

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

Signature: [Signature] Name: Dr. Tejaswini



APH-00001926 IP5-00173716  
 Mrs POOJA ZAVERI  
 02-01-1993 28 Y 4 M 10 D (F)  
 Dr. K BHARGAVI REDDY



# POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : ..... Time Received : ..... Time Discharged : .....

< RESP • PULSE > BLOOD PRESSURE	250					250	IV Cannula Site : .....
	240					240	<input type="checkbox"/> O <sub>2</sub> Mask <input type="checkbox"/> Nasal Prongs
	230					230	<input type="checkbox"/> Tracheostomy <input type="checkbox"/> T-Piece
	220					220	<input type="checkbox"/> Oral Airway <input type="checkbox"/> Nasal Airway
	210					210	Vomiting : <input type="checkbox"/> Yes <input type="checkbox"/> No Drug: .....
	200					200	NG Tube : <input type="checkbox"/> Yes <input type="checkbox"/> No
	190					190	Drain: <input type="checkbox"/> Yes <input type="checkbox"/> No
	180					180	Urinary Catheter: <input type="checkbox"/> Yes <input type="checkbox"/> No
	170					170	Chest Tube: <input type="checkbox"/> Yes <input type="checkbox"/> No
	160					160	<b>Nil Oral</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
	150					150	IV Fluids: .....
	140					140	Oral Feeds: .....
	130					130	
	120					120	
	110					110	
	100					100	
	90					90	
	80					80	
	70					70	
	60					60	
	50					50	
	40					40	
	30					30	
	20					20	
	10					10	
0					0		
SPO <sub>2</sub>							

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						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:
ACTIVITY						
Able to deep breathe & cough freely = 2 Dyspnea or limited breathing = 1 Apneic = 0						
RESPIRATION						
BP ± 20 of Pre Anaesthetic level = 2 BP ± 20-50 of Pre Anaesthetic level = 1 BP ± 50 of Pre Anaesthetic level = 0						
CIRCULATION						
Fully awake = 2 Arousable on calling = 1 Not responding = 0						
CONSCIOUSNESS						
Pink = 2 Pale, dusky, blotchy, jaundiced, other = 1 Cyanotic = 0						
COLOR						
TOTAL						

## PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature

Pain Tool Used:  N PASS  FLACC  Wong Baker  NPS

Anaesthesiologist Name : .....

Anaesthesiologist Signature: .....

Date & Time: .....

PACU Nurse Name : .....

PACU Nurse Signature: .....

Date & Time: .....

### Reassessment Frequency:

- 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): .....

Date & Time: .....

Department of Anaesthesiology  
**EPIDURAL ANALGESIA RECORD**

Date: 12/05/2026 Time: 11:30 AM Procedure done by DR. Tejaswini

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

Depth: 4.5cm Catheter at Skin: 10cm Attempts: 1

Parasthesia: Yes/No if yes details: .....

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

Any other issues:  
 a) .....  
 b) .....

Time	Infusion Rate (ml/hr)	Bolus (ml)	Level		Maternal		FHR	Comments
			Left	Right	BP	Pulse		
11:30am		8ml 0.8% LOX +ADR	T8	T8	108/67	67/min	136/min	comfortable
11:40am	8ml of prepared soly.		T8	T8	110/70	73/min	143/min	comfortable.
1:30pm		8ml of prepared soly	T12	T12	118/85	77/min	147/min	c/o pain
3:15pm	8ml	8ml of prepared soly	T10	T8			156/min	c/o Pain

Delivery Details: Time: 5:15 pm APGAR: 8.9  SVD / Instrumental / LSCS (if LSCS Details)  
 Catheter Removed by and Tip Inspected: Intact  
 Patient Satisfaction: Good

Discharge /Shifting ordered by  
 Doctor Signature: [Signature]  
 Doctor Name: Dr. Suresh  
 Date and Time: 12/5/26 7:30 pm

# INFORMED CONSENT FOR VAGINAL BIRTH

APH-00001926 IP5-00173716  
Mrs POOJA ZAVERI  
02-01-1998 28 Y 4 M 10 D (F)  
Dr. K BHARGAVI REDDY



Pooja Zaveri UHID No : APH-00001926  
12/5/26 Date : 10 AM Time :

I hereby authorized the performance of the following procedure:

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

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

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

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

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

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

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

Name of the Doctor performing the procedure: Dr - Bhargavi Reddy

Consentee :  
Signature :

Name : .....

Date & Time : 12/05/26 10:30 AM

Witness :  
Signature :

Name : Swanda

Date & Time : 12/05/26 8 PM

Patient Attendant :  
Signature : .....

Name : S.S. Zaveri

Relationship with Patient: Mother

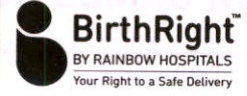
Date & Time : 12/05/26 8 PM

Doctor (who is taking the consent):  
Signature :

Name : Dr Saneer

Date & Time : 12/5/26 @ 10 AM

# సహజ ప్రసవం కొరకు సమ్మతి పత్రము



రోగి పేరు : ..... వయస్సు ..... లింగం పు స్త్రీ  
 యు.హెచ్.ఐ.డి. .... విభాగము .....  
 తేదీ .....

**ఈ ప్రక్రియ యొక్క వివరములను నేను ఆమోదించాను:**

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

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

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

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

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

ఈ ప్రక్రియను నిర్వహించే డాక్టరు పేరు: .....

సహాయకుడు(అటెండెంట్)

సాక్షి

సంతకము .....

సంతకము .....

పేరు .....

పేరు .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

తేదీ మరియు సమయము .....

సంతకము .....

పేరు .....



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# NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 13/5/26 Time: 8 am

Origin: Indian Height: 156 cm Weight: 81.8 kg BMI: 33.6 (kg/m<sup>2</sup>)

Food Allergies: No

Diagnosis: pms - 1 / post normal delivery

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

Diet Advised:

Soft high protein diet

with plenty of oral liquids

→ Avoid Spicy, chilled & outside foods

Patient's / Attendant's

Signature: *[Signature]*

Name: Zaveri

Date & Time: 13/5/26 8 am

Dietician's

Signature: *[Signature]*

Name: Rana

Date & Time: 13/5/26 8 am

