

BAH-00657704 IP5-00174557
Mrs YETURU ANVITHA REDDY
23-06-1994 31 Y 11 M 8 D (F)
Dr. MALLEMALA SARADA REDDY

SURGERY DETAILS

Date : 31/5/26

Patient Name: Mrs. Y. Anvitha Reddy Date of Birth: 23/6/1994 Age: 31

Gender: female Ward: OBU-OT UHID No.: BAH-00657704

Date of Surgery: OT-1 OT-2 OT-3 OT-4 OBG OT-1 OBG OT-2

Name of the Surgery: ELECTIVE LSCS & SA

Time in : 12:45 PM

Time Out : 1:45 PM

NAME

AMOUNT

- | | NAME | AMOUNT |
|----------------------|-----------------------------|--------|
| 1. Surgeon | Dr. Sharada Reddy Mallemala | |
| 2. Anaesthetist | Dr. Akhila | |
| 3. Assistant Surgeon | Dr. Sonika | |
| 4. OT Technician | Coutani | |
| 5. Circulating Nurse | Se. Shabana | |
| 6. Assistant Nurse | Se. Laxmi | |

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

Signature of the Surgeon: *Dr. Sonika*
Dr. Sonika for Dr. SHARADA

Signature of Circulating Nurse

Order No: 9636785

Order by: 83-Ryer

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 Mrs YETURU ANVITHA REDDY
 23-06-1994 31 Y 11 M 8 D (F)
 Dr. MALLEMALA SARADA REDDY



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

BirthRight™
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

CONSUMABLES OF OT

Circulating Staff

Chnician : Gauthami

Date : 31/5/26

Time : 12:30pm

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube			Major Pack LSCs	✓	1	Inj Vit.K	✓	2
LMA			Sutures 2347	✓	2	Cord Clamp	✓	1
ECG leads : A/P/N	✓	3	2364	✓	1	Suction Catheter		
HME filter : A/P/N			3 mon / 326	✓	01	Feeding Tube		
Syringes : 10 cc		2				Vaccum Suction Set		
05 cc	✓	3	Gloves PF 7	✓	2	Surgical Gloves 2.0	✓	2
02 cc	✓	3	7	✓	2	Gauze Pack 2	✓	1
01 cc			6.5	✓	2	Syringe 1ml / 2ml	✓	2
Cautery plate : A/P/N	✓	1	Surgical blade 22	✓	1	Surgical Blade # 20	✓	1
IV set			NG tube			Koochies (S) 1'S	✓	1
RL	✓	3	Cautery pencil	✓	1			
NS : 10ml / 100ml / 500ml / 1000ml	✓	1	Koochies Adult	✓	1			
Minisprice 60 x 2 1/2		0	Ointments					
Fentanyl		1	Suction Catheter					
Morphine			Cap, Mask					
Ketamine			Gauze Pack RR	✓	1			
Propofol			Mop Pack	✓	2			
Rocuronium			Steristrip 8x 20x1	✓	1			
Glycopyrolate			Underpad	✓	1			
Myopyrolate			Draw sheet Oint	✓	1			
Ondansetron			Abgel	✓	01			
Pencan 25g / Spinal Needle 22	✓	1	Foleys catheter					
Bupivacaine 0.25%			Urobag					
Bupivacaine 0.25% (Heavy)	✓	1	Chest Drainage Catheter					
Antibiotics			Romodrain bag					
Clonazepam (2.0)	✓	1	Bandage					
Suppositories			Tegaderm					
Anamol : 80mg / 250mg / 170 mg			Ioban					
Supridol : 100mg	✓	1	Double J Stent					
Justin : 12.5 mg / 25mg / 100mg	✓	1	Vaccum Suction set	✓	1			
Tab. Misoprost : 200mg	✓	2	Plastic Bed Sheet					
Oxytocine	✓	0	Betadine Solution	✓	2			
mezepam	✓	1	Microshield	✓	0			
			Cotton Balls	✓	1			
			Latex Gloves		00			
			Ramdione Scrub					
			Saral	✓	2			

Surgeon

Anaesthesiologist

Nurse

OT Technician

Order No. : 9636008/809/810

Ordered by : 83-Pr

Doc. No. : RCHBH/FRM/GENERAL/125

ADMISSION SHEET

Registration Details :



Admission No : IP5-00174557 Admit Date : 31-May-2026 Admit Time : 12:30 AM UHID : BAH-00657704

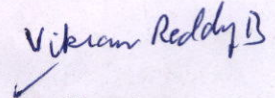
Patient Details :

Patient Name	: Mrs YETURU ANVITHA REDDY	Age	: 31 Y 11 M 8 D
Guardian	: Mr VIKRAM REDDY BACHALI	DOB	: 23-06-1994
Gender	: Female	Religion	:
Occupation	:	Marital Status	: Married
Address (H)	: VILLA- 302, NAMBAIR BELLEZEA , CHANDAPUR , Muthanallur Bangalore Karnataka INDIA 560099	Phone No	: 9900943298/ 8008766771
		E-mail	: NOAMAIL@GMAIL.COM

Admission Details :

Bed Type : SHARED WARD Bed No : SW 414 Ward Name : 4F-BIRTHING CENTRE
Room No : SW 414 Admission Type : First Visit

Contact Details :

Name : Mr VIKRAM REDDY BACHALI Relationship : Husband
Contact Address : VILLA- 302, NAMBAIR BELLEZEA ,
CHANDAPUR , Muthanallur Bangalore Karnataka
INDIA 560099 Phone No : 9900943298 / 8008766771
Signature

Doctor Details :

Doctor Name : Dr. MALLEMALA SARADA REDDY Specialisation : OBSTETRICS AND GYNECOLOGY
Referral Doctor : SELF Phone No :
Co-Consultant :

Payment Details :

Payment Mode : Cash Deposit Amount : 0.00
Payor Name : BAJAJ ALLIANZ GENERAL
INSURANCE CO LTD

ACTIVITY RECORD FOR BILLING

Name : _____

BAH-00657704 IP5-00174557
Mrs YETURU ANVITHA REDDY
23-08-1994 31 Y 11 M & D (F)
Dr. MALLEMALA SARADA REDDY

UHID No. : _____ Consultant: _____ Dept : _____



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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
31/5/26	6:50 AM	OBS	Room (322)	Anvitha

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	Dr. Rishana Sreema	1/06/26	9637826	Sreema
2				
3				
4				
5				
6				
7				
8				
9				
10				



IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

came with pain abdomen

LMP: 1/1/2025

EDD: 8/06/2026

Corrected EDD: 8/6/2026

GA: 38^{ts}

Obstetric Formula:

Primigravida

Menstrual History: Regular: Yes No

Obstetric History:

Obstetric Examination

Fundal Height: Term

irritable.

Ut. Activity: Relaxed Mild Mod Severe

Liquor: Adequate Oligo Poly

PP: Cephalic Breech Others _____

Head Fifths Palpable: _____

FHS: Normal Tachy Brady Absent

Present Pregnancy Record:

✓ Spontaneous conception

✓ Booked elsewhere.

RISK FACTORS:

Per Speculum Examination

NG - Reactive

Not indicated

Draining: Present Absent Bleeding

Colour of Liquor: Clear Meconium Blood Stained

Vaginal Examination

Cervix short

Cervix: Long Partially effaced Effaced

Os: Closed _____ Dilated patulous OS

Membranes: Present Absent

Liquor: Clear Meconium Blood Stained

Presenting Part: Vertex Breech Others

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

Pelvis: Adequate Doubtful

SpO₂ - 99% on RA

Height: 158 cm

Weight: 59.8 kg

Allergies: NKDA

Breast: Normal Abnormal

General Examination:

Consciousness: conscious

Pallor: absent

Icterus: absent

Edema: absent

Temp: afebrile

PR: 79 bpm

BP: 103/67 (80)

DTR: NAD

CVS: NAD

RS: NAD

Liver/Spleen: Not palpable

Urine Output: Adequate, clear

DIAGNOSIS

Primigravida / 38^{ts} / Early labor.



<p>Family History: Father - KTN Maternal gm - Diabetes</p>	<p>Surgical History: Nil</p>
<p>Medical History: Nil</p>	<p>Medication History: T Iron T Calcium T Folic Acid } PO x OD</p>
<p>Plan of Care: Case discussed with Dr. Sharada</p> <hr/> <ul style="list-style-type: none"> ✓ Admission ✓ Admission NST ✓ Prepare packs & enema ✓ Informed & written consent ✓ CBP and Trace ✓ Check Blood availability ✓ Tab. Pqet 25mg - 3rd hourly ✓ NSI x 3rd hourly ✓ NBSM ✓ Watch for progress of labor ✓ Revers at 6AM 	<p>Investigations: Bg - B positive</p> <hr/> <p>HIV } HBSAg } NR. HCV } VDRL } ✓ NT+FTS - low Risk</p> <p>✓ NATS - NAD</p> <p>✓ Fetal ECHO - (N) study</p> <p>27/5/26</p> <p>Sublingual 36th cephalic Placenta - Posterior, Fundal APF - SDP - 5.3cm EPW - 2969 grams Doppler - NAD</p>

Doctor Name: Dr. Deepika
 Signature: [Signature]
 Date & Time: 30/5/2026, 11:50PM

Consultant Name: Dr. Sharada Reddy
 Signature: [Signature]
 Date & Time: 30/5/2026, 11:50PM



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<u>31/5/2026</u>		
<u>12:20 AM</u>	NST - Reactive	
	Tub. PGE1 25mg - 1st dose	
	(sublingual)	by Dr. Deepika
<u>31/5/2026</u>		
<u>3:20 AM</u>	NST - Reactive	
	Tub. PGE1 25mg - 2nd dose	
	(sublingual)	by Dr. Deepika
<u>31/5/2026</u>	Case discussed with Dr. Sarada	
<u>6:30 AM</u>	Mild pains	<u>Advice</u>
	Vitals - BP - 100/58 (68)	- 3rd dose - T. PGE1 25mg
	PR - 89 bpm	sublingual
	SpO2 - 100% on RA	- Watch for progress of labor
	P/A - Reflexes irritable	- NST x 3rd hourly
	NST - Reactive	- Inform SOS
	V/S - cx 1 inch & tingous	by Dr. Deepika
	Membranes ⊕, Vx (+)	

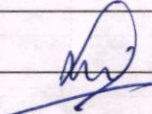
PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
31/5/2026 9 AM	<p>U/B Dr. Sarada</p> <p>Patient & family wants UCC</p> <ul style="list-style-type: none"> ✓ NBM ✓ PAC ✓ Foley's catheterisation ✓ Pre-medication as charted ✓ Et-UCC - 12:30PM - 1:30PM <p>by Dr. Deepika</p>	
31/5/26 2 PM	<p>PODO ee-UCC/RL</p> <p>A comfortable</p> <p>v/o - normal (clear)</p> <p>Baby - ms</p> <p>ole ac-fau afekole PR - 79/57 BP - 97/58 mmHg (MAP 71) SpO2 - 98% on RA P/A - uterine retracted well Ue - Bleeding was</p>	<p>Adv</p> <ul style="list-style-type: none"> - NBM for 6hrs - VFLUCC - RL/NS @ 100ml/hr - drugs as per charted - vitals - Temp, PR, BP, SpO2 every 15min for 2hrs - flb 2ndly - No cholesty - w/f active Bleeding - Inform RR

Dr. Sarada



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
31/12/26 9pm	C/S/B Dr. Sarada OLE Al-fau	Achv - Allow sips of water of following clear liquids
V/O - 200ml (clear) from 9pm.	PR - 78bpm BP - 109/65mmHg (MAP 78) SpO2 - 99% (room) P/A - uterus retracted well, BS ⊕ 4/5 Bleeding muc	- kept dull from 9pm - dugs as per charted - vitals 4/24 - w/ 2 active Bleeding - strict NPO charting - by dastix (my vital) - inform dr
	- sheet to room - - Remove Foley @ 9pm. on 1/6/26	 Dr Sarada
6:40pm	V/O - 500ml after CASIX	NB by Ashwitha



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/6/16	C/O W -	Dr. Marthani
8:20 AM	POD-1 / P/L / U/S	
	G.C.: fair	&
	Vitals: stable	1) soft diet
B- NABE	P/A: Uterus retracted	2) plenty of oral fluid
	cool	3) Analgesia
	Salt distention (+)	4) Monitor vital
	BS (+)	5) w/ Ph Bleeding
U/A: adequate	P/v: BWOL	6) Drug as charted
		7) Infuse so
	Remove Foley's	
		Dr. Sarathia
		N.B. Soubharini
1/6/16	POD-1 / P/L / U/S	
8 PM		&
B- U	G.C.: fair	1) soft diet & plenty of oral fluid
	Vitals: stable	2) Drug as charted
	P/A: Uterus retracted	3) w/ Ph Bleeding
	cool	4) Analgesia
	BS (+), Salt distention (+)	5) Monitor vital
	P/v: NAB	6) Infuse so
		Dr. Sarathia
		N.B. Sema

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Patient



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/6/26	S/B De Shara de Keldes	
3-50 PM	Sigan attached vitals stable PA-Sign BSP. PA-ut well rebind 2. S/Pain of fetus - further follow up no cephalic - delivery to be checked	
11/6/26 7:30 AM	POD-1 PT is stable no clt	
VV	c/c + c/c - fair vitals stable	Advise 1) Soft diet 2) Adequate hydration 3) Ambulate 4) Drop as directed. 5) Monitor vitals regularly 6) Refer SOB -
FU SIX	No - ut well @ 4c - BWNL.	
		S. S. S. NB seen



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/6/25	c/c/B- Dr. Sarada Reddy.	
9:50 AM	POD-2	
	Pt is stable	
	No c/o	
	o/c/ ac-Pain	Active
UV	BP- 116/87 (R2)	① Soft diet
FV	PR- 80bpm	② Dragey w/ Charcoal
	SpO ₂ - 100% on RA	③ Monitor vitals &
Sx	A/P - Ut well contract	④ 8th hf
	4e BWNL.	⑤ w/ bleedg 1w.
		⑥ Replete & Bunkles
		⑦ Discharge today
		Smtc ✓
		N/S Sema



CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: <u>Dr. Sarada</u>	Date of Delivery: <u>31/5/26</u>
Assistant Surgeon: <u>Dr. Sonika</u>	Time of Delivery: <u>12:59 Pm</u>
Anaesthetist's Name: <u>Dr. Anula</u>	Gender of Baby: <u>Male</u>
Type of Anaesthesia: <u>Spinal</u>	Weight of Baby: <u>2.644</u>
Neonatologist: <u>Dr. Rupanali</u>	AGPAR Score: <u>9/10</u>
Scrub Nurse: <u>Sri. Ladmi</u>	NICU Admission: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pre-Operative Diagnosis: Primigravida 38⁺ wks | Early labor

Elective Emergency Indication: Maternal request

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:

CTG Description: Reassuring

If there was a delay give the reasons:

Surgical Procedure: Elective LSCS + SA

Post Operative Diagnosis: P14 POD-0 LSCS

Peri-Operative Complications: Loop of cord around neck

Amount of Blood Loss: 400ml Blood Transfused (in ML):

Name and Number of Surgical Specimen sent for examination:

-

Examination Findings when Appropriate:

Presentation: Cephalic Breech Other Cervical Dilatation: cm

5th Palpable: Fetal Position:

Station: -3 -2 -1 0 +1 +2 Moulding: None + ++ +++

Caput: + ++ +++ Meconium: None + ++ +++

Bladder Catheterized: Yes No Urine: Clear Blood Stained

Skin Incision: Pfannensteil Transverse Midline Other

Uterine Incision: Lower Segment Classical Inverted T J Incision

Previous Scar: Intact Thinnedout Ruptured No Scar

Incision Through Placenta: Yes No

Delivery of head: Manual Forceps

Liquor: Clear Meconium: I II III Blood Offensive Not Offensive

Delivery of Placenta: Manual CCT Complete Incomplete Piecemeal

Cord Appearance: Cord around the neck Yes No

Appearance of placenta: Cavity explored Yes No

Uterus, tubes and ovaries: Normal Not Normal Sterilization: Yes No

Uterine Closure: One Layer Two Layers *1 incryl* Suture

Peritoneal Closure: Pelvic Abdominal None Suture

Sheath Closure: *1 incryl* Suture

Fat Closure: Yes No *3-0 monoeryl* Suture

Skin Closure: Subcuticular Mattress *3-0 monoeryl* Suture

Vaginal Evacuated Yes No

Drain: Yes No Remove in days Await instructions

Catheter Yes No Remove in days Await instructions

Swap & Instruments count correct? Yes No Post-op Antibiotics Yes No

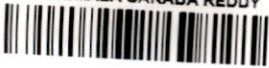
Intra-Operative Antibiotics Cover: Yes No Thromboprophylaxis Yes No

Post-Operative Notes: *NIBP x 4-6 hrs*
 *wt as per Aron*
 *following drug chart*
 *Monitor BP/TPP/SpO2 Hourly*
 *wf bleeding p/v*
 *inform cot*

Doctor Name: *Dr. G. SONIKA* Doctor Signature: *G. Sonika*

Date & Time: *31/1/22 ; 3pm*

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POST-SURGICAL CARE PLAN FORM

Procedure Done: Elective LSCG

Post-Surgical Diagnosis: PLY POD - O.L.SCG

Post-Operative Monitoring Parameters /Frequency:

BP/RR/SpO₂ monitor every 15min for 1st 2hrs + 15
Hourly

Wound Care:

w/ Wound Soakage

Drain /Special Lines/Catheters:

Foleys x 24 hrs

Special Patient Positioning and Requirements:

Supine

Nutritional Instructions:

NBM x 4 hrs

When to Start Mobilization:

After foleys removal.

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

—

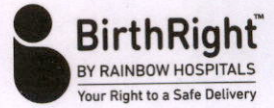
Treating Surgeon
(Signature & Stamp)

Dr. GSONIKA

Date: 21/5/26 Time: 3pm

Note: Plan of care will be readjusted if necessary.

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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 diabetesmellitus with nephropathy; sicklecell 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
Elective caesarean section	✓	1
Mid-cavity or rotational operative delivery	✓	1
Prolongedlabour (? 24hours)	✓	1
PPH (?1litreortransfusion)	✓	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 theperineum, e.g. appendicectomy, postpartum sterilization	✓	3
Hyperemesis	✓	3
OHSS (first trimester only)	✓	4
Current systemic infection	✓	1
Immobility, dehydration	✓	1
Total	✓	1

Signature of the Doctor: U Sonika Date: 31/1/26 Time: 3pm
 Action Plan: Ambulation/ Hydration

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.

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BUNDLE CARE CHECKLIST TO PREVENT SURGICAL SITE INFECTION (SSI)

Date : 31/5/26

To Be Filled In By Assigned Nurse :

Department : OBG-OT Duration of Procedure : 1 Hr

Name of Surgeon : Dr. Shalada Reddy Date of Admission : 31/5/26

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

		Staff Signature
1.	Antibiotic given prior to surgery ? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Single Dose Antibiotic or Long Antibiotic Regime Antibiotic administered within 60 minutes prior to incision ? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Name of the Antibiotic : <u>Ruj Tarim 1 gram</u>	<u>Shalada</u>
2.	Hair Removal <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No if Yes : <u>Surgical Clipper</u> Department where Hair Removed : <input type="checkbox"/> Ward <input checked="" type="checkbox"/> Operating Room <input type="checkbox"/> Other : _____ Skin preparation done (cleanse surgical area with antiseptic agent)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Shalada</u>
3.	Patient's body temperature immediately post operation (Recovery Room) <u>37</u> °C <input type="checkbox"/> Oral Or <input checked="" type="checkbox"/> Axilla (Goal : 36-37 °C)	<u>Shalada</u>
4.	Name of doctor or staff administering the antibiotic : <u>Sen. Gunna</u> Date & Time of antibiotic administration : <u>31/5/26 @ 12pm</u> Date & Time procedure started : <u>31/5/26 @ 12:45pm</u>	<u>Shalada</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

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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	T-IRON	1tab	PO	DD	30/5/26	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
2	T-CALCIUM	1tab	PO	DD	30/5/26	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
3	T-POLIC ACID	1tab	PO	DD	30/5/26	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
4						<input type="checkbox"/> C <input type="checkbox"/> DC
5						<input type="checkbox"/> C <input type="checkbox"/> DC
6						<input type="checkbox"/> C <input type="checkbox"/> DC
7						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature: Dr. Deepika

Date & Time: 30/5/2026 11:50 PM

Nurse Name & Signature: Susapna

Date & Time: 31/5/2026 12 AM

BAH-00657704 IP5-00174557
 Mrs YETURU ANVITHA REDDY
 23-06-1994 31 Y 11 M 8 D (F)
 Dr. MALLEMALA SARADA REDDY



Sheet No:

REGULAR PRESCRIPTIONS

Weight

Ward

DRUG : Tab PANTOPRAZOLE				Date Time	11/6	2/6																	
Dose	Route	Frequency	Start Dt.																				
40mg	PO	OD	31/5																				
Name & Signature of the Doctor Starting the Drugs: Dr. Sarada Reddy				6am more 10am more 12pm																			
Additional Instructions:																							
Daily Doctor's Endorsement by a Sign																							
DRUG : T. Cefixime				Date Time	11/6																		
Dose	Route	Frequency	Start Dt.																				
200mg	PO	BD	1/6																				
Name & Signature of the Doctor Starting the Drugs: Dr. Sarada Reddy				10am ✓																			
Additional Instructions:				10am more 12pm																			
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

DRUG CHART

Date of Admission: 30/5/2026 Drug Allergies: NEPA Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

SOS / PRN (As Required Medication)

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

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

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

VERIFIED BY : Name Signature

REGULAR PRESCRIPTIONS

Weight. 59.8 Ward. 085

DRUG : T. PARACETAMOL				Date Time	11/6	2/6																	
Dose	Route	Frequency	Start Date																				
1gm	oral	6 th hrly	31/5/26		12am	12am																	
Name & Signature of the Doctor Starting the Drugs:				6am		12am																	
Dr. Achila-K @Amrj																							
Additional Instructions:				12pm																			
				6pm																			
Daily Doctor's Endorsement by a Sign																							
DRUG : T. TRAMADOL				Date Time	11/6	2/6																	
Dose	Route	Frequency	Start Date																				
100mg	oral	8 th hrly	31/5/26		1am	1am																	
Name & Signature of the Doctor Starting the Drugs:				9am																			
Dr. Achila-K @Amrj																							
Additional Instructions:				5pm																			
Daily Doctor's Endorsement by a Sign																							
DRUG : T. DICLOFENAC				Date Time	3/1/6	1/6																	
Dose	Route	Frequency	Start Date																				
50mg	oral	8 th hrly	31/5/26		7am	7am																	
Name & Signature of the Doctor Starting the Drugs:				3pm																			
Dr. Achila-K @Amrj																							
Additional Instructions:				11pm																			
Daily Doctor's Endorsement by a Sign																							
DRUG : 2nd CEFOTAXIM				Date Time	3/1/6	1/6																	
Dose	Route	Frequency	Start Date																				
1gm	iv	BD	31/5/26		11pm	11pm																	
Name & Signature of the Doctor Starting the Drugs:																							
Absolute																							
Additional Instructions:				11pm																			
24hrs flb oral																							
Daily Doctor's Endorsement by a Sign																							

VERIFIED

VERIFIED

VERIFIED

VERIFIED

STOP
 Dr. Sravanthi



Date Time	Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.	
DRUG :	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.	

Date Time	Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.	
VARIABLE DOSE	Dose		Dose		Dose		Dose	
DRUG :	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.	

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
31/5/26	12:20AM	FAB. P4E1	25mg	Sublingual	Cup	Swapne Sunthe
31/5/26	2:20AM	FAB. P4E1	25mg	Sublingual	Cup	Swapne Manika
31/5/26	4am	PROCTOLYSIS ENEMA	1 pack	P/R	Cup	Swapne Manika
31/5/26	6:20AM	FAB. P4E1	25mg	Sublingual	Cup	Swapne Sunitha
31/5	12PM	Inj CEFOTAXIM	1gm	IV	Alonthe	Tunny Ajali
31/5	12:05 PM	Inj PANTOP	40mg	IV	Alonthe	Tunny Ajali
31/5	12:10 PM	Inj PERINORM	10mg	IV		Tunny Ajali
31/5	1:45PM	SUP. DICLOFENAC	100mg	PR	@hnt	Self padma
31/5	1:45PM	SUP. TRAMADOL	100mg	PR	@hnt	Saba leena

Signature
VERIFIED BY: Name

I.V. FLUIDS CHART

Weight: 59.8 Ward: OBS



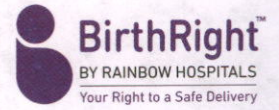
Composition of I.V. Fluid
 (In parenthesis, mention ml/hr = Mcg/kg/min. etc)

		Composition of I.V. Fluid (In parenthesis, mention ml/hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
31/5/26	12:30 AM	RINGER LACTATE 500ml	IV	100ml/hr	GP	Sudhanu Key	31/5	GP	Sudhanu Key
31/5	8 AM	RINGER LACTATE 500ml	IV	100ml/hr	GP	Sudhanu Key	31/5	GP	Tunng Anjali
31/5	9 AM	RINGER LACTATE 500 ml	IV	100ml/hr	GP	Tunng Anjali	31/5	GP	Key Anjali
31/5	12:00 PM	RINGER LACTATE	W	500ml/hr	GP	Sudhanu Key	31/5	GP	Key Anjali
31/5	1:30 PM	RINGER LACTATE	W	500ml/hr	GP	Key Anjali	31/5	GP	Ashwita Sudhanu
31/5	2:15 PM	RINGER LACTATE	IV	250ml/hr	GP	Ashwita Sudhanu	31/5	GP	Ashwita Sudhanu
31/5	4:15 PM	RINGER LACTATE	IV	FF	GP	Ashwita Sudhanu	31/5	GP	Ashwita Sudhanu
31/5	6:00 PM	RINGER LACTATE	IV	150ml/hr	GP	Ashwita Sudhanu	31/5	GP	Key Anjali

Signature

VERIFIED BY: Name

BAH-00657704 IP5-00174557
 Mrs YETURU ANVITHA REDDY
 23-05-1994 31 Y 11 M 8 D (F)
 Dr. MALLEMALA SARADA REDDY



Warning Observation Score Chart - Obstetrics

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

31/5/2026

		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
RESP (write rate in corresp. box)	> 30																									
	21 - 30																									
	11 - 20																									
	0 - 10																									
	94 - 100 %																									
Saturations	< 94 %																									
Administered O ₂ (L/min.)																										
Temp ^o 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																										

Handwritten notes and data:

- Diagonal line from top-left to bottom-right.
- Temp: 98.6, 98.9, 98.9
- Heart Rate: 86, 85, 81, 84
- Systolic BP: 103, 110, 103, 100
- Diastolic BP: 67, 61, 61, 58
- NEURO RESPONSE: ✓, ✓, ✓, ✓
- URINE: ✓, ✓, ✓, ✓
- Proteinuria: ✓, ✓, ✓, ✓
- Lochia: ✓, ✓, ✓, ✓
- Liquor: ✓, ✓, ✓, ✓
- TOTAL YELLOW SCORES: 0, 0, 0, 0
- TOTAL ORANGE SCORES: 0, 0, 0, 0
- Nurse Initial: [initials]

Obstetrics and Gynaecology Early Warning Signs

Complete a Full
Set of MEOWS
Observations

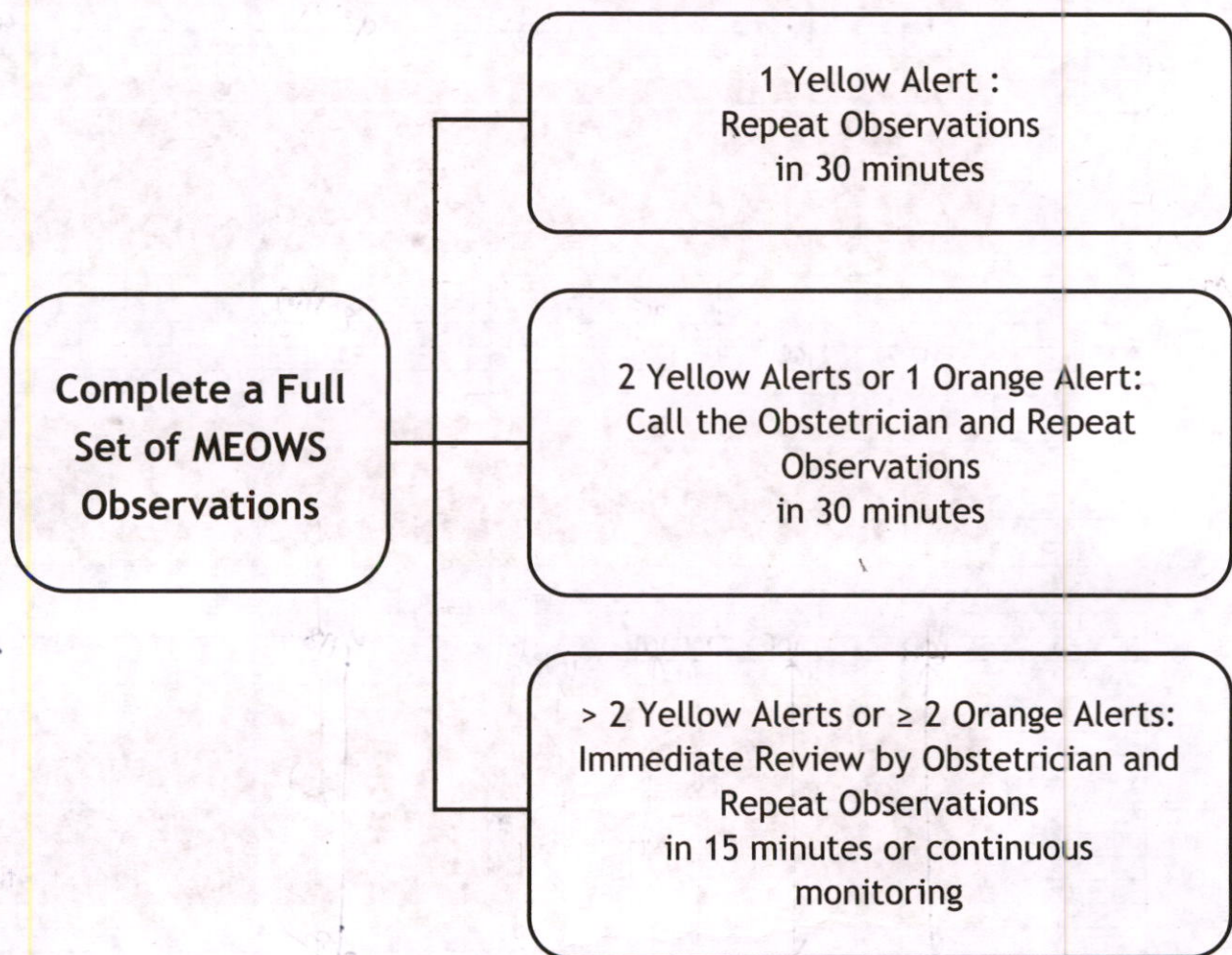
1 Yellow Alert :
Repeat Observations
in 30 minutes

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

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

* The Modified Early Warning Score (MEOWS)

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

BAH-00657704 IP5-00174557

Mrs YETURU ANVITHA REDDY
 23-06-1994 31 Y 11 M 8 D (F)
 Dr. MALLEMALA SARADA REDDY



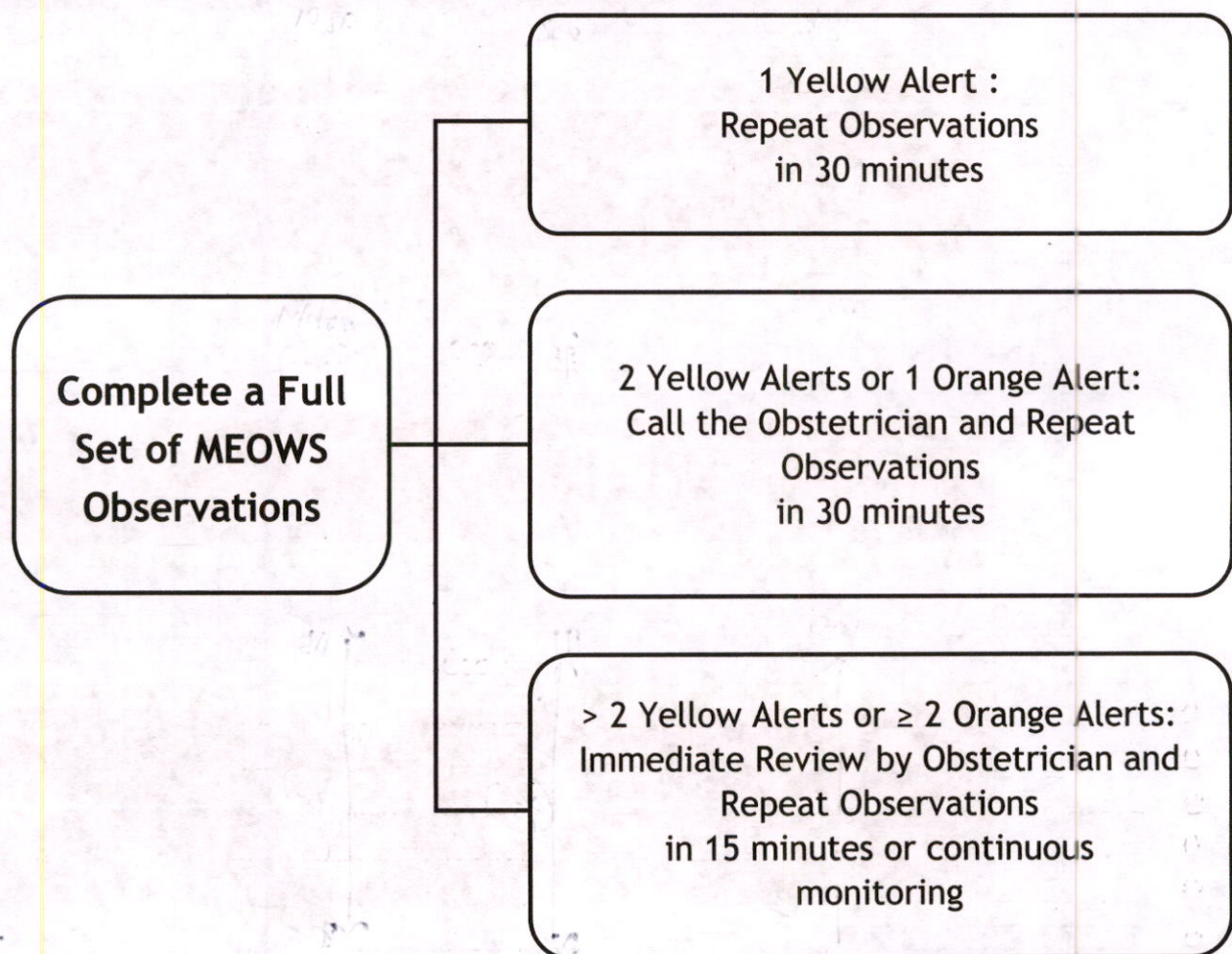
Early Warning Observation Score Chart - Obstetrics

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

		Date																							
		8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20				20					22					19								19		
	0 - 10																								
Saturations	94 - 100 %			99					100%					100%								100%			
	< 94 %																								
Administered O ₂ (L/min.)																									
Temp °C	40																								
	39																								
	38																								
	37				98.8					97.8					98.0								98.0		
	36																								
	35																								
< 35																									
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90				73					75					80bpm								80bpm		
	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					0				0					0								0			
TOTAL ORANGE SCORES					0				0					0								0			
Nurse Initial					AS				AS					AS								AS			

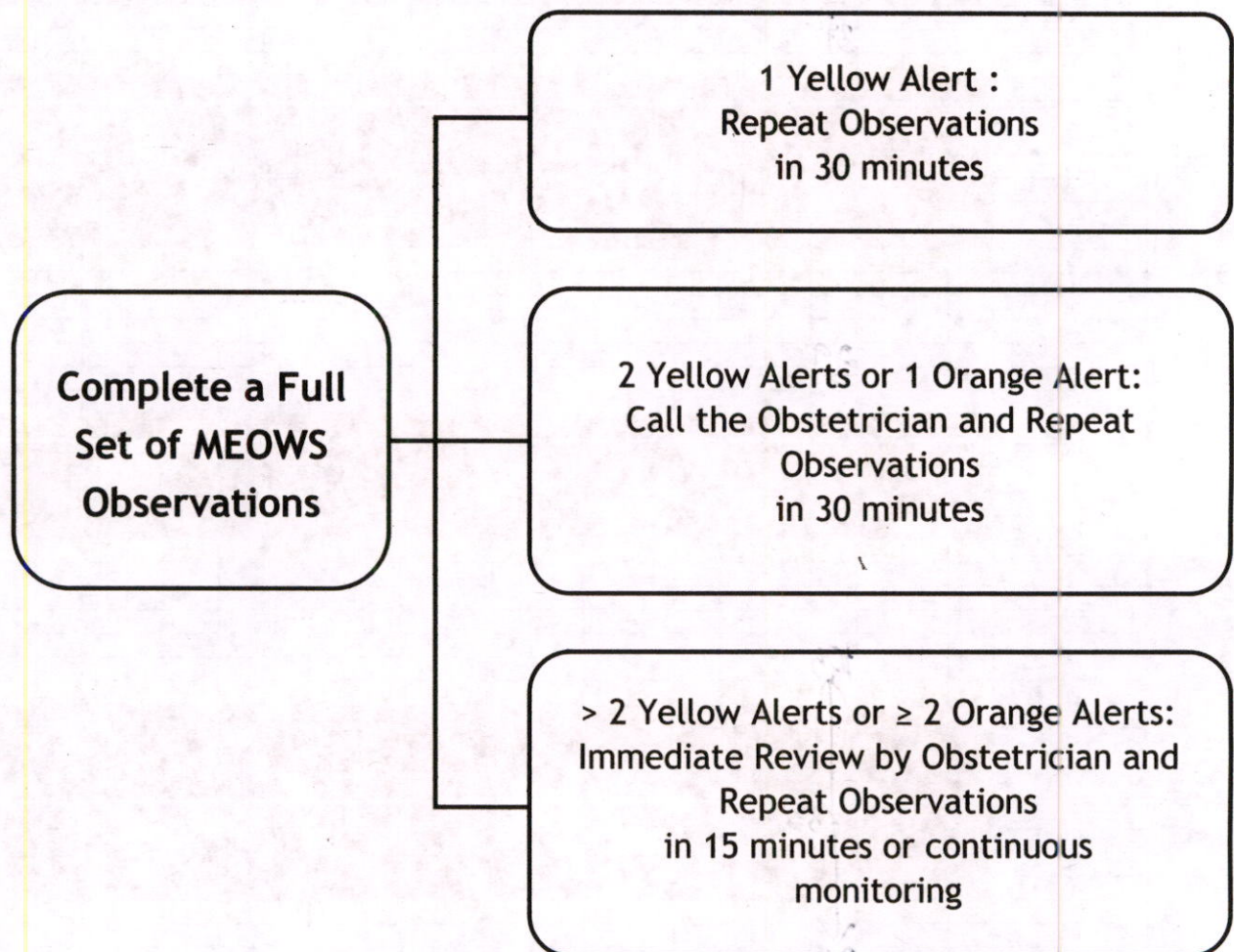
1/6/26

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

BAH-00657704 IP5-00174557
 Mrs YETURU ANVITHA REDDY
 23-06-1994 31 Y 11 M 8 D (F)
 Dr. MALLEMALA SARADA REDDY



FLUID CHART

Sheet No. : 1

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

Date	Time	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
		Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G							
	08:00 am											
	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								✓	0		Smith
	01:00 am	RL H ₂ O 150ml								0		Smith
Total Intake :					Total Output :							
	02:00 am	Re 150ml								0		Swapne
	03:00 am	RL H ₂ O 150ml							✓	0		Swapne
	04:00 am	Re 100ml 150ml					✓			0		Swapne
	05:00 am						✓			0		Swapne
	06:00 am	H ₂ O								0		Swapne
	07:00 am	RL 50ml 150ml							✓	0		Swapne
Total Intake :					Total Output :							
Total 24 hrs. Intake					Total 24 hrs. Output							
					m-2 v-4							

BAH-00657704 IP5-00174557
 Mrs YETURU ANVITHA REDDY
 23-06-1994 31 Y 11 M 8 D (F)
 Dr. MALLEMALA SARADA REDDY

FLUID CHART



Sheet No. : 2

31/5/26

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	08:00 am										0	} Furpa	
	09:00 am	PI	NBM	100ml					✓	0	}		
	10:00 am	PI	NBM	100ml		NP				0			
	11:00 am	PI	NBM	100ml					✓	0			
	12:00 pm	PI	NBM	100ml						0			
	01:00 pm	PI	NBM	100ml						0			
Total Intake :			Taken	500ml									Total Output : U-passed gm - 0
	02:00 pm	PL	NBM	100ml					100ml	0	Ashu	}	
	03:00 pm	PL	NBM	100ml						0	Ashu		
	04:00 pm	PL	NBM	100ml						0	Ashu		
	05:00 pm	PL	NBM	100ml		NP				0	Ashu		
	06:00 pm	PL	H2O	100ml					400ml	0	Ashu		
	07:00 pm	PL		100ml						0	Ashu		
Total Intake :			Taken	600ml								Total Output : passed	
	08:00 pm	PL		100ml						0	} Priya		
	09:00 pm	PL	H2O	100ml						0			
	10:00 pm	PL	Food	100ml			✓		100ml	0			
	11:00 pm	PL		100ml						0			
	12:00 am	PL	H2O	100ml						0			
	01:00 am	PL		100ml						0			
Total Intake :				600ml								Total Output : m-1 U-passed	
	02:00 am			100ml						0	} Priya		
	03:00 am		H2O	100ml						0			
	04:00 am			100ml						0			
	05:00 am	PL	H2O	100ml		NP				0			
	06:00 am			100ml					1200ml	0			
	07:00 am			100ml						0			
Total Intake :				600ml								Total Output : m-0 U-passed	
Total 24 hrs. Intake				2,300ml								Total 24 hrs. Output m-1 U-2,100	



FLUID CHART



Sheet No. :

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

Date	Time	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
		Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G							
16/28	08:00 am										0	Sathya
	09:00 am								400		0	
	10:00 am	NO ENT	H ₂ O				MP				0	
	11:00 am		H ₂ O								0	
	12:00 pm										0	
	01:00 pm										0	
Total Intake :					Total Output : m-0 u-1							
	02:00 pm											seema
	03:00 pm		H ₂ O						5			
	04:00 pm											
	05:00 pm		H ₂ O				MP					
	06:00 pm											
	07:00 pm		H ₂ O									
Total Intake :					Total Output : m-0 u-3							
	08:00 pm		feed									Digna
	09:00 pm		H ₂ O									
	10:00 pm											
	11:00 pm						MP					
	12:00 am		H ₂ O									
	01:00 am											
Total Intake :					Total Output : m-0 u-2							
	02:00 am											Digna
	03:00 am		H ₂ O									
	04:00 am											
	05:00 am		H ₂ O				MP					
	06:00 am											
	07:00 am											
Total Intake :					Total Output : m-0 u-2							
Total 24 hrs. Intake					Total 24 hrs. Output		m-0 u-8					

BAH-00657704 IP5-00174557
 Mrs YETURU ANVITHA REDDY
 23-06-1994 31 Y 11 M 10 D (F)
 Dr. MALLEMALA SARADA REDDY



FLUID CHART

Sheet No. :

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

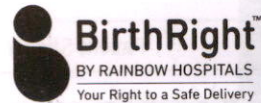
Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
2/6/20	08:00 am												
	09:00 am		HS										
	10:00 am						HS						
	11:00 am		HS										
	12:00 pm												
	01:00 pm												
Total Intake :						Total Output :						m - 0 l - 2	
	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

Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION

BAH-00657704 IP5-00174557
 Mrs YETURU ANVITHA REDDY
 23-08-1994 31 Y 11 M 8 D (F)
 Dr. MALLEMALA SARADA REDDY



Name: Anvitha Reddy Age: 31y Sex: F UHID.No: BAH-00657704

Date: 21/5/26 Time: 11:45AM Proposed Operation: Elective caesarean

Diagnosis: primi 38+5wks

B.P / CRT: 103/67 H.R: 79 Weight: 60kgs ASA Physical Status: 1 2 3 4 5

Laboratory Data:

Hgb: <u>11.5</u>	Glucose:	Protein:	HIV:	X-Ray:
PCV:	Urea:	Alb:	HBS Ag: <u>NR</u>	ECG:
WBC: <u>12410</u>	Creat:	Total Bill:	HCV:	2D Echo:
Plate: <u>282</u>	Na:	Dir. Bill:	Blood group: <u>B+ve</u>	Stress/Anglo:
PT:	K:	LDH:	T3	Other:
PTT:	Ca++:	Alk phos:	T4	
INR:	Mg++:	Amylase:	TSH	
	Cl-:	SGOT/SGPT:		

Allergies: nil

Medical History: CVS: /
 RESP: Diabetes: nil
 CNS: nil
 Renal: nil
 Hepatic / GE: Physical Activity: active
 Others: nil

Past Anaesthetic History: nil

Physical Exam:

Airway: MP 1(2)3 4 Mouth Opening: 3RB Mentohyoid Distance: 3RB Neck: (N) Teeth: (N)
 Lungs: BAG ⊕ ch
 Heart: SLW ⊕
 CNS: clcl

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

Anaesthetic Plan: MAC REGIONAL GA-ETT LMA

Peri-Operative Plan Explained to the Patient: Yes No

CURRENT MEDICATIONS	DOSAGE

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

Signature: [Signature] Name: Dr. Akhila K



ANAESTHESIA CHART



Pre Induction Assessment: 12:40pm

Change in Patient Condition: Yes No Fasting Status: Adequate

Physical Status: Patient Identified Consent Present Chart Reviewed

H.R: 96 B.P/CRT: 110/68 SpO₂: 100 R.R: 14 Last Feed: >6hrs

Pre-OP Diagnosis: ptm 37+6 wks Operation: Elective Caesarian Date: 31.5.26

Surgeon: Dr. Sarada Reddy Anaesthesiologist: Dr. Anshu K Technician: Ganthami

TIME	12:40	1:15	1:45																	
N ₂ O /AIR /O ₂ LPM																				
HALO /SO /SEVO																				
Drugs:																				
	2mg ONTOCEN	8W+3W																		
	1mg FENTANYL	75mcg W																		
FI ₂ (SaO ₂)	100	99	98	99																
ETCO ₂																				
ECG	SR	SR	SR	SR																
Temperature																				
Urine Output																				
Fluids																				
Blood																				
B.P																				
V Systolic																				
A Diastolic																				
X Mean																				
• Heart Rate																				
Tourniquet on Time																				
Tourniquet off Time																				
Throat Pack In																				
Throat Pack Out																				

Antibiotic
 Suppository
 SVP-DICLOFEN-
 SVP-TRAMADOL

NOTES
 mch @
 12:59pm
 on
 31.5.26

LAB Values

ABG

GRBS

Others

Equipment Checked and Functional

BP

Cuff Site: @ UL

Art Site:

EKG Lead

Temp Site

FIO₂ Monitor

Agent Monitor

Pulse Oximeter

Capnograph

Ventilator

Nerve Stimulator

Position: Supine

Pressure Points Checked

Eye Care:

Oint

Tape

Padding

Awake

Temp:

HME Fluid Warmer

Cling Film OH Warmer

Hugger's Cotton Wool

Other

Times:

Anaes Start: 12:45pm

OP Start:

OP End:

Leave OR: 1:45pm

Anaesthesia:

GA

Monitored Anaesthesia Care

Regional

Line (Size & Location)

CVP:

ART: @ UL 18g

IV:

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?

Regional:

Extremity Specify:

Spinal Epidural Caudal

Others:

Position: Sitting

Site: L3/4

Needle Size: 26g white Depth: 5 cm

Parasthesia Yes No

Catheter at skin cm

Drug Name & Conc: 10mg of 0.5% Bupivacaine

Bolus: + 25 mcg Fentanyl

Infusion:

Block Level: Adequate

Comments:

Transportation to

PACU ICU Other

Relaxant Reversed Yes No N/A

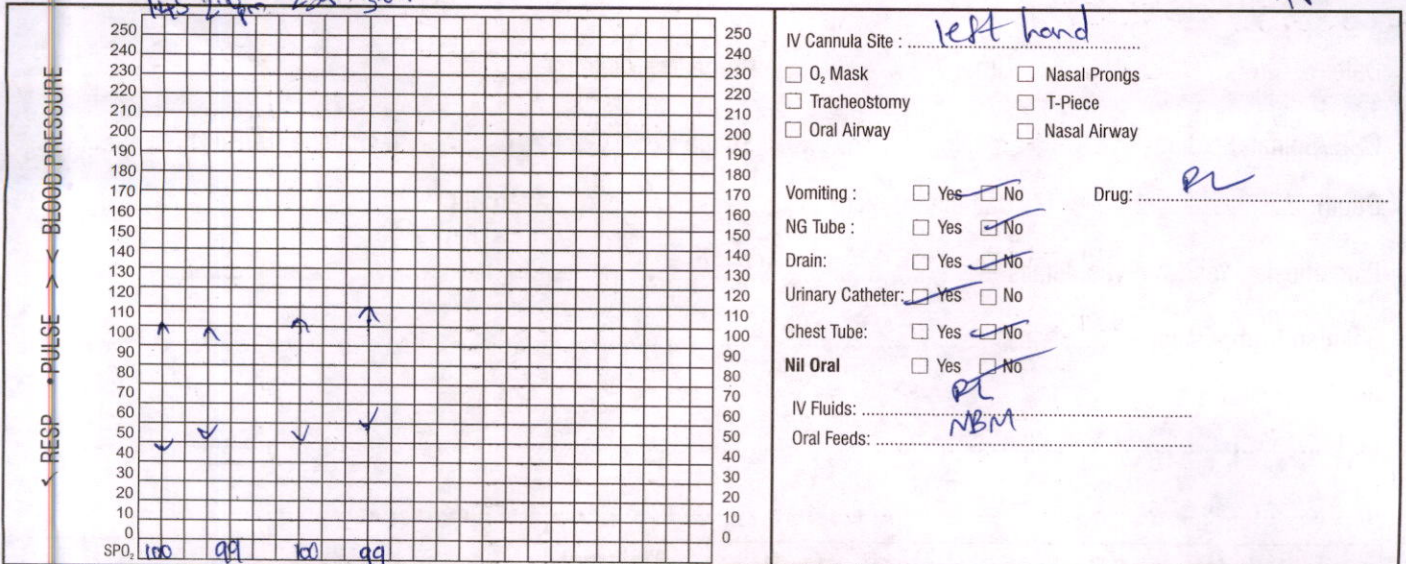
Name of the Doctor: Dr. Anshu K

Signature of the Doctor: [Signature]



POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by: Sr. Ashwitha Time Received: 2:45 PM Time Discharged: 7 PM



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	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 Aptnic = 0	RESPIRATION	2	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	2	
Fully awake = 2 Arousable on calling = 1 Not responding = 0	CONSCIOUSNESS	2	2	2	2	
Pink = 2 Pale, dusky, blotchy, jaundiced, other = 1 Cyanotic = 0	COLOR	2	2	2	2	
TOTAL		9	10	10	10	

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
3/5/26	3pm	0	NA	Ashwitha

Pain Tool Used: N PASS FLACC Wong Baker NPS

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

Anaesthesiologist Name: Dr. Archana K

Anaesthesiologist Signature: [Signature]

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

PACU Nurse Name: Ashwitha

PACU Nurse Signature: Ashwitha

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

Transferred to Unit by (PACU): Ashwitha

Date & Time: 3/5/26 6:00pm

BAH-00657704 IP5-00174557
Mrs YETURU ANVITHA REDDY
23-06-1994 31 Y 11 M 9 D (F)
Dr. MALLEMALA SARADA REDDY



322



NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 1/6/26

Time: 8:10am

Origin: Indian Height: 158cm Weight: 59.8kg's BMI: 24.01kg/m²

Food Allergies:

Diagnosis: POD-1 / EL-LSCS (lower segment cesarian section)

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

Diet Advised:

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

Patient's / Attendant's

Dietician's

Signature: Vit Reddy D

Signature: Saima

Name: Anvitha Reddy

Name: Saima

Date & Time: 1/6/26 @ 8:10am

Date & Time: 1/6/26 @ 8:10am

