

BAH-00657536 IPS-00176121
Mrs DELPHINE SAMARPANA U
11-03-2001 25 Y 3 M 28 D (F)
Dr. HIMABINDU VEERLA

Patient Stic



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SURGERY DETAILS

Date : 9/7/2026

Patient Name: Mrs. Delphine Date of Birth: 11/03/2001 Age: 25y

Gender: Female Ward: OBG OT UHID No: BAH-00657536

Date of Surgery: 9/7/26 ☐ OT-1 ☐ OT-2 ☐ OT-3 ☐ OT-4 ☐ OBG OT-1 ☒ OBG OT-2

Name of the Surgery: Emergency Lower segment cesarean section
↓ LCA ↓

Time in : 2:50pm

Time Out : 2:50pm

NAME

AMOUNT

- | | | |
|----------------------|-----------------|-------|
| 1. Surgeon | : Dr. Himabindu | |
| 2. Anaesthetist | : Dr. Surya | |
| 3. Assistant Surgeon | : Dr. Shreethi | |
| 4. OT Technician | : Sr. Kishan | |
| 5. Circulating Nurse | : Sr. Shreethi | |
| 6. Assistant Nurse | : Sr. Laxmi | |

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

Signature of the Surgeon
Dr. Himabindu

Signature of Circulating Nurse

Order No: 9696965

Order by: Dr. Rajan



CONSUMABLES OF OT

*Circulating staff Technician : Wilson Date : 9/7/26 Time :

Anaesthesia Disposables		Qty		Surgical Disposables		Qty		Disposables (Baby Side)		Qty	
Issued	Used	Issued	Used	Issued	Used	Issued	Used	Issued	Used	Issued	Used
ET tube				Major Pack	<u>1 deape</u>	<u>01</u>		Inj Vit.K		<u>02</u>	
LMA				Sutures	<u>2346</u>	<u>01</u>		Cord Clamp		<u>01</u>	
ECG leads (A/P/N)	<u>03</u>				<u>2264</u>	<u>01</u>		Suction Catheter	<u>89</u>	<u>01</u>	
HME filter : A/P/N					<u>2762</u>	<u>01</u>		Feeding Tube			
Syringes : 10 cc								Vacuum Suction Set		<u>01</u>	
05 cc	<u>03</u>			Gloves	<u>7.6/2</u>	<u>2+2</u>		Surgical Gloves	<u>6/2</u>	<u>02</u>	
02 cc	<u>03</u>				<u>PF-7</u>	<u>01</u>		Gauze Pack		<u>01</u>	
01 cc								Syringe 1ml / 2ml		<u>01</u>	
Cautery plate (A/P/N)	<u>01</u>			Surgical blade	<u>22</u>	<u>01</u>		Surgical Blade # 20		<u>01</u>	
IV set				NG tube				Koochies (S)	<u>1'S</u>	<u>01</u>	
RL	<u>03</u>			Cautery pencil	<u>✓</u>	<u>01</u>					
NS : 10ml / 100ml / 500ml / 1000ml	<u>01</u>			Koochies	<u>21</u>	<u>01</u>					
<u>mini spike</u>	<u>01</u>			Ointments							
<u>Ephedrine</u>	<u>01</u>			Suction Catheter							
Fentanyl				Cap, Mask		<u>1040</u>					
Morphine				Gauze Pack		<u>2</u>					
Ketamine				Mop Pack		<u>2</u>					
Propofol				Steristrip	<u>1 Skeritone</u>	<u>01</u>					
Rocuronium				Underpad		<u>01</u>					
Glycopyrolate	<u>01</u>			Draw sheet	<u>1 Quicksuit</u>	<u>01</u>					
Myopyrolate				Abgel							
Ondansetron	<u>01</u>			Foleys catheter							
Pencan 25g/ Spinal Needle 22				Urobag							
Bupivacaine 0.25%				Chest Drainage Catheter							
Bupivacaine 0.25%(Heavy)				Romodrain bag							
Antibiotics : <u>Tranexa</u>	<u>02</u>			Bandage							
<u>P.E</u>	<u>01</u>			Tegaderm							
Suppositories				Ioban							
Anamol : 80mg / 250mg / 170 mg				Double J Stent							
Supridol : 100mg	<u>01</u>			Vacuum Suction set		<u>01</u>					
Justin : 12.5 mg / 25mg / 100mg	<u>01</u>			Plastic Bed Sheet							
Tab. Misoprost : 200mg	<u>02</u>			Betadine Solution		<u>02</u>					
<u>oxytocin</u>	<u>03</u>			Microshield		<u>01</u>					
<u>gauze</u>	<u>01</u>			Cotton Balls		<u>01</u>					
<u>methergin</u>	<u>01</u>			Latex Gloves							
				Ramdone Scrub							
<u>02 mask (A)</u>	<u>01</u>			Saral	<u>01A</u>	<u>02</u>					

Surgeon

Anaesthesiologist

Nurse

OT Technician

Order No. : 9694704

Ordered by : Shane

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

ADMISSION SHEET

Registration Details :

Admission No : IP5-00176121 Admit Date : 08-Jul-2026 Admit Time : 08:26 PM UHID : BAH-00657536

Patient Details :

Patient Name	: Mrs DELPHINE SAMARPANA U	Age	: 25 Y 3 M 27 D
Guardian	: Mr ERAGAM REDDY ROHITH REDDY	DOB	: 11-03-2001
Gender	: Female	Religion	:
Occupation	:	Martial Status	: Married
Address (H)	: #PLOT NO 34, 3-6-V/34, VIVEKANANDA NAGAR COLONY NEAR VENKATESHWARA SWAMY TEMPLE Kukatpally Hyderabad Telangana INDIA 500072	Phone No	: 7386868018/ 9989951592
		E-mail	: NOMAILID@GMAIL.COM

Admission Details :

Bed Type : SHARED WARD Bed No : SW 416 Ward Name : 4F-BIRTHING CENTRE
Room No : SW 416 Admission Type : First Visit

Contact Details :

Name	: Mr ERAGAM REDDY ROHITH REDDY	Relationship	: Husband
Contact Address	: #PLOT NO 34, 3-6-V/34, VIVEKANANDA NAGAR COLONY NEAR VENKATESHWARA SWAMY TEMPLE Kukatpally Hyderabad Telangana INDIA 500072	Phone No	: 7386868018 / 9989951592

YE. Reddy H. Reddy
Signature

Doctor Details :

Doctor Name	: Dr. HIMABINDU VEERLA	Specialisation	: OBSTETRICS AND GYNECOLOGY
Referral Doctor	: Self	Phone No	:
Co-Consultant	:		

Payment Details :

Payment Mode	: Cash	Deposit Amount	: 0.00
		Payor Name	: MEDI ASSIST INSURANCE TPA PVT LTD

ACTIVITY RECORD FOR BILLING

Name : _____ BAH-00657536 IP5-00176121
Mrs DELPHINE SAMARPANA U
11-03-2001 25 Y 3 M 27 D (F)
UHID No. : _____ Dr. HIMABINDU VEERLA
Date of Admission: _____ Date of Discharge : _____ Time: _____
Room / Bed No : _____ Ward : _____ Suggested Billable bed type : _____

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
9/7/26	2pm	BB-11	OT	[Signature]
9/7/26	3:16	OT	micu	[Signature]
9/7/26	6:40pm	OBG OT	Room 330	[Signature]

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	Dr. Tuheena Sharam (PD)	10/7/26	9692809	[Signature]
2				
3				
4				
5				
6				
7				
8				
9				
10				

[illegible]

Signature

Stanne

[illegible]

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
8/7	IV placement	1	9693945	Tunne.
	pAe		9695045	Laymo
	C catheterization		9695044	

ANY OTHER INFORMATION

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.....

.....

.....

.....

.....

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor



IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

for 10L

Obstetric Formula:

Primigravida

Obstetric History:

Present Pregnancy Record:

Primigravida - Spontaneous
conception

RISK FACTORS:

Booked @ 34 wks.

Height: 154 cm

Weight: 77.7 kg

Allergies: NKDA

Breast: ☒ Normal ☐ Abnormal

General Examination: fair

Consciousness: Yes

Pallor: absent

Icterus: absent

Edema: absent

Temp: 98.6

PR: 83 bpm

BP: 112/75 (87)

DTR: Normal

CVS: 152

RS - BLINVBSE

Liver/Spleen: Not palpable

Urine Output: Normal, SPO2 - 98% on RA

DIAGNOSIS

Primigravida 39-40 wks.

for 10L

LMP: 2.10.2025

EDD:

Corrected EDD: 9.7.26

GA: 39-40 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: 4/5

FHS: ☒ Normal ☐ Tachy ☐ Brady ☐ Absent

Per Speculum Examination

Draining: ☐ Present ☐ Absent ☐ Bleeding

Colour of Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Vaginal Examination

Cervix: ☒ Long ☐ Partially effaced ☐ Effaced

Os: Closed ☒ Dilated

Membranes: ☐ Present ☐ Absent

Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Presenting Part: ☒ Vertex ☐ Breech ☐ Others

Sutton: ☒ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2

Pelvis: ☐ Adequate ☐ Doubtful

small
Gynaecoid



Family History: NCI	Surgical History: NCI
Medical History: NCI	Medication History: see Medical reconciliation form.
Plan of Care: - Admission - NST now ffb 3rdhly - vitals 4thhly. - Contractions - 10L vaginal birth. - w/f progression of labors - Pain relief for	Investigations: A positive <u>4/7/26</u> CBP - 12.6 / 8,400 / 2052 urab - NR. <u>12/6/26</u> - 36wks, 2.7kg, 44cm, AFI - 10.1cm, placenta - Ant. upper seg, doppler - (NR) TTPFA - (N) NT Smr - (N)

DR. HIMABINDU VEERLA
Registration No. 87245

Doctor Name: Dr. Himabindu Veerla

Signature: [Signature]

Date & Time: 8/7/26 @ 8:40pm

Consultant Name: Himabindu Veerla

Signature: [Signature]

Date & Time: 8/7/26 8:PM

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EFFICIENCY CHECK LIST OF CASE SHEET

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

ERROR LOG

LOCATION : OT / Birthing Centre / BirthRight Premium / 3rd Floor (Zone A,B,C) / NICU / PICU /
2nd Floor Ward / Oncology / 1st Floor Wards.

OBSERVATION :

DATE :

SIGNATURE OF MRD INCHARGE / EXECUTIVE

BA14-00657536 IP5-00176121
Mrs DELPHINE SAMARPANA U
11-03-2001 25 Y 3 M 27 D (F)
Dr. HIMABINDU VEERLA



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/7/26 12:45 AM	PA comfortable o/e ac-fair vitals - stable NST → Reactive P/A uterine Relaxed FHRED	Ach - Tab. Paracetamol 1 AM PO - D/F PO - vitals closely CTG 3rd hourly - Inform BS Dr. Himabindu Veerla
9/7/26 5 AM	NST → Reactive o/e ac-fair PR - 73 bpm BR - 106 / minute SpO2 - 98% on RA P/A uterine Contractile	C/E/H Dr. Himabindu Veerla Ach - Tab. Paracetamol 2nd PO now - NBM - PAC - Pre-op medication - Inform BS Dr. Himabindu Veerla

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/1/26	C/S/B Dr. Himabindu	
7:30 AM	Pt comfortable OK AC/air PR - 93 bpm BD - 94/88 mmHg (68) SpO ₂ - 98% on RA P/A uterine Relaxed 4/5 palpable P/L - (x) 1 cm dilatation Long ARM done, clear liquor	Adv - NBM - w/H for - CTG now - vitals q 4hly - Inform WJ
9/1/2026 9:30 AM	Primigravida E 40 ⁴²⁶ wks for 1st	Dr. Himabindu Veerla Registration No: 37245
	Pt comfortable GC/air B.P - 103/68 (79) P.R - 102 bpm. SpO ₂ - 100% on RA P/A: Ut - Relaxed, FHR (140-150) Cephalic	1) NBM 2) w/H for 3) CTG now 4) Monitor vitals - 4hly



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/2/26. 1:30 PM.	C/S/B1 - Dr. Himabindu. - Patient is stable. - NO cp. - BP - 94/83 mmHg. PR - 80 bpm. SpO ₂ - 100% on RA. F/A - ut term. 1200 ml cephalic; ENG+. PLV = Cx - 3cm - 4cm dilated 1/2 inch long & Vx = high up - 3 station. Clear liquor. - Patient & party counselled regarding poor progression of labor & given the option to wait & catch @ LSCS. They opted for LSCS. - Patient posted for emergency LSCS if/when non-progression of labor. <i>Srinidhi</i>	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/7/26 3:00 PM	POD-0 / Em LSCS Pt is stable No c/o BP - 114/62 (R6) PR - 86bpm SpO₂ - 99% on R0 Per ut well retracted. Needing day intact C/E - BUNN. V/O - local, clear ↓ emptied.	<u>Adv</u> ① ON BUN x 6hr - ② Drugs as charted ③ Vitals b70 & W/ bloody sh every 15 min for the sh ④ W/ hypotension, tachycardia & bloody sh ⑤ Tylenol PR <u>SnH</u>
9/7/26 5 PM	S/B - Dr. Heima Bindu Pt - Comfortable PR - 103/min BP - 123/75 SPG - 100%	<u>Dr. Heima Bindu</u> DR. HIMABINDU VEERLA Registration No: 37245

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/7/2026 6:00 PM	POD-01 EMLs	
	pt clc	Adv NBM
	Bp-112/68(82)mm	1) Allow sips of water from 8:00pm
	PR-82Bpm	2) IVF @ 100ml/hr
	SpO2-98% RA	fill 10:00pm
	PTA- ut @ uel	3) Liquid diet from 9:00pm
CO-100mm	LIE-BWNL	4) Soft diet from 10:00pm
clm	BS ⊖ nt	5) w/ c/w bleeding
B-uel		6) T/O charting
Shift to Room		7) Foley removal @ 6:00pm 10/7/2026.
		8) Monitor vitals + th/hely
		9) Ambulation on bed
		10) Infirm SOS
		DR. Dugga
10/2/26	POD-11 EMLs	
	Gc/peiv	1) Soft diet c/peiv of al
B-wel	vitals stable	2) drug as charted
v/	P/A: ut @ uel	3) w/t P/w Bleedy
f/	Sub Bx ⊕	4) Monitor vitals - th/hely
S(x)	Pl v: MAS	5) Ambulation
		6) Infirm SOS

Noted by Ratna
(9/9/26) - Dr. Smita



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/7/26 9:30 AM	S/B - Dr. Hema Bindu PT - Comfortable Ambulating passed urine & flatus PA - Soft - BS ++ uterus inverted PV - Lochia healthy	① Soft diet c plenty of oral fluids (Dr. Hema Bindu)
10/7/26 1:25 PM	ac - fair vital - stable P/A. uterus retracted well 45 - lochia healthy	Asht - things on per Charted - vitals uterine - soft diet Plenty of oral fluids - Ambulate - In per dr
Baby ms		

DR. HIMABINDU VEERLA
Registration No: 37245

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	pod - 1 / Em. lvs	
10/7/26 7:30pm	<u>o/f</u> vitals stable PLA-ut @ ucu LFE-BWM Breathing intact	<u>Adv</u> ① soft diet ② ambulation ③ Hydration ④ Drugs as charted ⑤ Monitor vitals ⑥ Inform sos
rv iv sy Baby-mum		<u>Dr Diney</u> not doing 10/7/26
10/7/2026 7:30am	pod 2 / Em. lvs	
	<u>o/f</u> vitals stable PLA-ut @ ucu Breathing - Intact LFE - lochia healthy	<u>Adv</u> ① soft diet ② ambulation ③ Hydration ④ Drugs as charted ⑤ Monitor vitals & the key ⑥ Inform sos
rv iv sy Baby-mum well.		<u>Dr Diney</u>
Plan Discharge.		

PROGRESS NOTES AND DOCTOR'S ORDER

DR. HIMABINDU VEERLA
Registration No: 37245



Patient Sticker

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CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: <u>Dr. Himabindu</u>	Date of Delivery: <u>9/7/2026</u>
Assistant Surgeon: <u>Dr. Shwetha</u>	Time of Delivery: <u>2:04pm</u>
Anaesthetist's Name: <u>Dr. Surya</u>	Gender of Baby: <u>female</u>
Type of Anaesthesia: <u>UCA</u>	Weight of Baby: <u>3.102 kgs</u>
Neonatologist: <u>Dr. Pavani</u>	AGPAR Score: <u>9/10</u>
Scrub Nurse: <u>Sr. Laxmi</u>	NICU Admission: ☐ Yes ☒ No

Pre-Operative Diagnosis: Primigravida @ 36+6 weeks

☐ Elective ☒ Emergency

Indication: Non-progression of labor.

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: reactive

If there was a delay give the reasons:

Surgical Procedure: Emergency lower segment caesarean section
Radial incision

Post Operative Diagnosis: NO D.O., LSCS

Peri-Operative Complications: —

Amount of Blood Loss: 500ml Blood Transfused (in ML): —

Name and Number of Surgical Specimen sent for examination:

Examination Findings when Appropriate:Presentation: ☒ Cephalic ☐ Breech ☐ OtherCervical Dilatation: ^{3-4cm} cm

5th Palpable:

Fetal Position:

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

Sheath Closure:

..... ^{No 1-0 vicryl} SutureFat Closure: ☒ Yes ☐ No..... ^{No 2-0 rapid vinyl} SutureSkin Closure: ☒ Subcuticular ☐ Mattress..... ^{No 2-0 rapid vinyl} SutureVaginal Evacuated ☒ Yes ☐ NoDrain: ☐ Yes ☒ No ☐ Remove in days ☐ Await instructionsCatheter ☒ Yes ☐ No ☐ Remove in ^{24 hrs} days ☐ Await instructionsSwap & Instruments count correct? ☒ Yes ☐ No ☐ Post-op Antibiotics ☒ Yes ☐ NoIntra-Operative Antibiotics Cover: ☒ Yes ☐ No ☐ Thromboprophylaxis ☒ Yes ☐ NoPost-Operative Notes: ^{- NBM x 4-6 hrs}..... ^{- Drugs as charted}..... <sup>- Vitals stable, centrally brown for the
flb for the 2nd</sup>..... ^{- w/p hypotension, tachycardia, bleeding}Doctor Name: Dr. V. Hima BinduDoctor Signature: HimaDate & Time: 9/2/20 2:30 PM

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POST-SURGICAL CARE PLAN FORM

Procedure Done: Emergency Lower segment caesarean section.

Post-Surgical Diagnosis: P.H - MOD.

Post-Operative Monitoring Parameters /Frequency:

— BP/RR/SpO₂ 1x10 /w/ bleeding plv.
every 15min for the 1st hr
for 24h.

Wound Care:

— Dressing x 48h.

Drain /Special Lines/Catheters:

— Catheter x 24h
— IV Cannula x 24h

Special Patient Positioning and Requirements:

—

Nutritional Instructions:

NBM x 4-6h

When to Start Mobilization:

after catheter removal

Special Referrals:

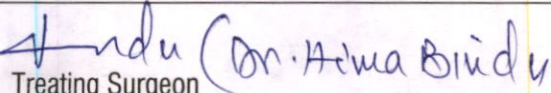
—

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)

Date: 9/2/26 Time: 2:45 PM

Note: Plan of care will be readjusted if necessary.

BAH-00657536 IP5-00176121
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 11-03-2001 23 Y 3 M 27 D (F)
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RESULT SHEET

Date	4/7/26					
Time						
Hb	12.4					
PCV						
RBC	3.6					
WBC	8400					
N/L						
Platelets	2.05					
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 grouping → A+ve						
HIV & HBsAg - NR						

Culture and Sensitivities :

.....

.....

.....

Radiology : USG :

 X-Ray :

 ECHO :

 CT :

 MRI :

 Others (ECG, Contrast Studies etc.,) :

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Dr. HIMABINDU VEERLA

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MEDICATION RECONCILIATION FORM

Drug Allergies: NKDA

☐ 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
	Tab. IRON		PO	OD	9/7	☐ C ☒ DC
2	Tab. CALCIUM		PV	OD	9/7	☐ C ☒ DC
3						☐ C ☐ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Pamela R.

Date & Time : 8/7/26 @ 8:40pm

Nurse Name & Signature: Juna TM

Date & Time : 8/7/26 @ 8:40 pm



Ward

(P.T.0)

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Sheet No:

REGULAR PRESCRIPTIONS

Weight

Ward

DRUG :				Date Time
Dose	Route	Frequency	Start Dt.	
1gm	PO	QID	10/7/20	10/7/11
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				
DRUG :				Date Time
Dose	Route	Frequency	Start Dt.	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				
DRUG :				Date Time
Dose	Route	Frequency	Start Dt.	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				
DRUG :				Date Time
Dose	Route	Frequency	Start Dt.	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				



DRUG CHART

Date of Admission: 8/7/26 Drug Allergies: N/K ☐ 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

REGULAR PRESCRIPTIONS

Weight. 77. Ward. ORS

VERIFIED

DRUG : <u>by CEFOTAXIM</u>				Date/Time	<u>9/7/26</u>
Dose	Route	Frequency	Start Date		
<u>1gm</u>	<u>IV</u>	<u>BD</u>	<u>9/7</u>		
Name & Signature of the Doctor Starting the Drugs:					
<u>Dr Samuena</u>					
Additional Instructions:					
<u>After test done.</u>					
Daily Doctor's Endorsement by a Sign					

7AM
8AM
9AM
10AM
11AM
12PM
1PM
2PM
3PM
4PM
5PM
6PM
7PM
8PM
9PM
10PM
11PM
12AM

STOP

DRUG : <u>Tab. PARACETAMOL</u>				Date/Time	<u>9/7/26</u>
Dose	Route	Frequency	Start Date		
<u>1g</u>	<u>PO</u>	<u>QID</u>	<u>9/7/26</u>		
Name & Signature of the Doctor Starting the Drugs:					
<u>Dr K Sni Surya</u>					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					

STOP

VERIFIED

DRUG : <u>Tab. TRAMADOL</u>				Date/Time	<u>9/7/26</u>
Dose	Route	Frequency	Start Date		
<u>100mg</u>	<u>PO</u>	<u>TID</u>	<u>9/7/26</u>		
Name & Signature of the Doctor Starting the Drugs:					
<u>Dr K Sni Surya</u>					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					

7AM
8AM
9AM
10AM
11AM
12PM
1PM
2PM
3PM
4PM
5PM
6PM
7PM
8PM
9PM
10PM
11PM
12AM

VERIFIED

DRUG : <u>Tab. DICLOFENAC</u>				Date/Time	<u>9/7/26</u>
Dose	Route	Frequency	Start Date		
<u>50mg</u>	<u>PO</u>	<u>TID</u>	<u>9/7/26</u>		
Name & Signature of the Doctor Starting the Drugs:					
<u>Dr K Sni Surya</u>					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					

7AM
8AM
9AM
10AM
11AM
12PM
1PM
2PM
3PM
4PM
5PM
6PM
7PM
8PM
9PM
10PM
11PM
12AM

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Weight. 77 Ward. ORU

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
8/1/26	9:15pm	Tab. PCEg	25mg	PO	<i>[Signature]</i>	Tunna Sandhya
9/1/26	1:15pm	Tab. PCEg	25mg	PO	<i>[Signature]</i>	Sandhya Tunna
9/1/26	6:50am	inj PAN	40mg	IV	<i>[Signature]</i>	Sandhya Tunna
9/1/26	6:51am	inj PERINORM	10mg	IM	<i>[Signature]</i>	Sandhya Tunna
9/1/26	5:15am	Tab. PCEg	25mg	PO	<i>[Signature]</i>	Sandhya Tunna
9/1/26	9:11am	Tab. PCEg	25mg	PO	<i>[Signature]</i>	Patel Refused
9/1	1:40pm	Tj PERINORM	10mg	I/v	<i>[Signature]</i>	Arijali Bharathi
9/1	1:45pm	Tj PANTORANAL	40mg	I/v	<i>[Signature]</i>	Arijali Bharathi
9/1	2:04pm	Drj. OXYTOCIN	6U	IV	<i>[Signature]</i>	Arijali Bharathi

I.V. FLUIDS CHART

Weight. 77. Ward. 022

Date	Time	Composition of I.V. Fluid (If infusion, mention ml/hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
8/7/26	8:30 pm	RINGER LACTATE	IV	FF	R.	Punp Kanth	8/7	R.	Punp Kanth
9/7/26	6 am	RINGER LACTATE	IV	100ml/hr	f	seetha Tanner	9/7	Pri	By buddh
9/7	8 am	Ringer Lactate	IV	100ml/hr		Angeli Shantha	9/7	f	Angeli Shantha
9/7	2:10 pm	10 RINGERS LACTATE	DV	500ml/hr. X		Angeli Shantha	9/7	f	Angeli Shantha
9/7	3:10 pm	RINGER LACTATE 500ml	IV	100ml/hr	Soh	By buddh	9/7	<	By buddh
9/7	4:10 pm	RINGER LACTATE 500ml	IV	100ml/hr	HK	Shy buddh	9/7	✓	By buddh
9/7	5:10 pm	RINGER LACTATE 500ml	IV	100ml/hr	Soh	By buddh	9/7		

Signature

VERIFIED BY : Name



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Docu. No. : RCHBH /FRM / CLINICAL / 136



FLUID CHART

Sheet No. : ①

8/7/26

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

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 :								
9/7/26	08:00 pm		H ₂ O							✓	0	Punaf	
	09:00 pm	RL	H ₂ O	500ml							0	Punaf	
	10:00 pm									✓	0	Punaf	
	11:00 pm		H ₂ O								0	Punaf	
	12:00 am	RL	H ₂ O	100ml						✓	0	Punaf	
	01:00 am	RL	H ₂ O	100ml							0	Punaf	
Total Intake : taken					Total Output : U passed, M-								
9/7/26	02:00 am		H ₂ O								0	sandhye	
	03:00 am									✓	0	sandhye	
	04:00 am		H ₂ O								0	sandhye	
	05:00 am	RL	H ₂ O	100ml						✓	0	sandhye	
	06:00 am	RL		100ml						✓	0	sandhye	
	07:00 am	RL	H ₂ O	100ml						✓	0	sandhye	
Total Intake : taken					Total Output : passed.								
Total 24 hrs. Intake		Taken											
Total 24 hrs. Output		m - 1 u - 6											



FLUID CHART

Sheet No. : 9

9/7/26

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

		Intake			Output						IV Site	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	Thrombo-phlebitis Score	
			Mouth	I.V	N.G							
9/7	08:00 am	RC		100ml								
	09:00 am	RC	NBM	100ml								
	10:00 am	RC	NBM	100ml								
	11:00 am											
	12:00 pm	N										
	01:00 pm	B								400ml		
Total Intake : Taken					Total Output :							
9/7	02:00 pm	RC		100ml								
	03:00 pm	RC	N	100ml								
	04:00 pm	RC	N	100ml						200ml		
	05:00 pm	RC	B	100ml								
	06:00 pm	RC	M	100ml								
	07:00 pm	RC	M	100ml						300ml		
Total Intake : RC NBM					Total Output : 500ml							
9/7	08:00 pm	RC		100ml								
	09:00 pm	RC		100ml						200ml		
	10:00 pm		H2									
	11:00 pm											
	12:00 am		H2	50ml								
	01:00 am		H2							400ml		
Total Intake : Taken					Total Output : 600ml							
9/7	02:00 am		H2	50ml								
	03:00 am											
	04:00 am											
	05:00 am		H2	100ml								
	06:00 am		H2									
	07:00 am									200ml		
Total Intake : taken					Total Output : 200ml							
Total 24 hrs. Intake		Taken 1300 ml.			Total 24 hrs. Output		m - NP a - 1200ml					

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FLUID CHART

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Sheet No. :

10/2

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

		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								✓	0	Paul
	09:00 am	water				1				0	
	10:00 am					NP				0	
	11:00 am									0	Paul
	12:00 pm	water				1			✓	0	
	01:00 pm									0	

Total Intake :

Total Output : M-0 U-2

	02:00 pm					1				0	Paul
	03:00 pm	water							✓	0	
	04:00 pm					NP				0	
	05:00 pm									0	Paul
	06:00 pm	water							✓	0	
	07:00 pm									0	

Total Intake :

Total Output : U-2, M=0

	08:00 pm					1					Paul
	09:00 pm	water							✓	No	
	10:00 pm					NP				10	
	11:00 pm	water									Paul
	12:00 am								✓	lame	
	01:00 am										

Total Intake :

Total Output : U-2 M=0

	02:00 am					1					Paul
	03:00 am	water							✓	No	
	04:00 am					NP				10	
	05:00 am										Paul
	06:00 am	water							✓	lame	
	07:00 am										

Total Intake :

Total Output : U-2 M=0

Total 24 hrs. Intake	Taken
----------------------	-------

Total 24 hrs. Output	U-8 M=0
----------------------	---------

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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.

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

Total 24 hrs. Intake

Total 24 hrs. Output

NURSING CARE RECORD

Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 8/7/26

Assessment: Patient complains of fear & Anxiety

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
8pm	⇒ Assess the patient condition	10pm	⇒ Assessed the patient condition vitals stable.	patient is comfortable.
10pm	⇒ FHR monitoring	12pm	⇒ NST done every 3rd hour	
12pm	⇒ Iv placement & Fluid balance	2Am	⇒ Iv placement done & Ringer lactate ongoing	
2Am	⇒ Administration medication	4Am	⇒ medication as per drug chart.	
4Am	⇒ Ensure safety	6Am	⇒ Side rails provided.	
6Am	⇒ I/O chart	8Am	⇒ I/O chart monitoring done.	

Re-Assessment: vitals stable, v/o good.

Special Notes: w/f excessive bleeding, FHR.

Nurse Signature: 

Nurse Name: Tunng

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

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NURSING CARE RECORD

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SHIFT: ☐ Morning ☒ Afternoon ☐ Night

Date: 9/17/26

Assessment:

patient complains fear & anxiety

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
8am	* Assess the pt general condition	8:10pm	* Assessed the pt general condition	* Patient is stable
10am	* Monitor vitals	10:10am	* Monitored vitals	
12pm	* Administer Medication	12:10pm	* Administered medication	
2pm	* Provide NBM	2:10pm	* Provided NBM	
4pm	* Provide fluids	4:10pm	* Provided fluids	
6pm	* monitor vitals	6:10pm	* Monitored vitals	
8pm	* Ensure patient Safety	8:10pm	* Provided pt Safety	

Re-Assessment:

Re-assessment was done.

Special Notes:

NBM

Nurse Signature: [Signature]

Nurse Name:

Kanena (ONC)

Date & Time:

9/17/26 8pm

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POST - PARTUM ASSESSMENT FORM - IN-PATIENT

Date: 10/7/26

Chief Complaint : Pain at the suture site

Obstetric/ Birthing History : P/L1, LSCS, P.O.D-1

Previous Surgical/Medical History : -

Assessment :

On Observation: Mother seen in lying down /sitting/ reclined position

Mother is active & alert / drowsy / tired or exhausted / mobile by herself & ambulatory / needs assistance with mobility

Iv line + / -

Catheter + / -

Postural alignment -

On Palpation : Edema - absent / up to ankle / up to knee/ above knee

On Examination : Breathing pattern - abdominal/ apical/ diaphragmatic

Diastasis recti abdominis - present / absent / could not be assessed

Able to initiate Pelvic Floor Activation - ☒ Yes ☐ No

Spl Notes -

Treatment Plan :

☒ Lateral Breathing

☒ Pelvic Floor Activation

☒ Transversus Abdominis Activation

☒ Gluteus Activation

☒ Active Motion for Limbs

☒ Transfer Training & Mobility

☒ Sit to Stand

☒ Monitored Walk

☒ Posture & Ergonomic Education

Signature : T.S.

Name : Dr. Tuheera Sharma (PT)

Date & Time: 10/7/26 2:30pm

1919

Jan 1st to Dec 31st

1919

1

1

1

(19) 1919

1919

Patient Sticker

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RISK ASSESSMENT TOOL FOR DEEP VEIN THROMBOSIS

(Postnatal Assessment and Management (to be assessed on delivery suite))

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

Signature of the Doctor: *Himabindu Veerla* Date: *9/7/20* Time: *2:45 PM*

Action Plan: *Hydration & Ambulation*

Risk Assessment Tool for Deep Vein Thrombosis

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

ASSESSMENT TOOL FOR DEEP VEIN THROMBOSIS

Assessment tool for the assessment and management of the patient at delivery site

1.2.2013

The clinical team, please fill in

1. Patient's name: []

2. Date of birth: []

3. Time of delivery: []

4. Mode of delivery: []

5. Gestational age: []

6. Maternal weight: []

7. Maternal height: []

8. Maternal blood pressure: []

9. Maternal heart rate: []

10. Maternal temperature: []

11. Maternal respiratory rate: []

12. Maternal oxygen saturation: []

13. Maternal urine output: []

14. Maternal stool output: []

15. Maternal vaginal bleeding: []

16. Maternal perineal trauma: []

17. Maternal pain score: []

18. Maternal anxiety score: []

19. Maternal satisfaction score: []

20. Maternal knowledge score: []

21. Maternal confidence score: []

22. Maternal decision-making score: []

23. Maternal coping score: []

24. Maternal support score: []

25. Maternal satisfaction score: []

26. Maternal confidence score: []

27. Maternal decision-making score: []

28. Maternal coping score: []

29. Maternal support score: []

30. Maternal satisfaction score: []

31. Maternal confidence score: []

32. Maternal decision-making score: []

33. Maternal coping score: []

34. Maternal support score: []

35. Maternal satisfaction score: []

36. Maternal confidence score: []

37. Maternal decision-making score: []

38. Maternal coping score: []

39. Maternal support score: []

40. Maternal satisfaction score: []

41. Maternal confidence score: []

42. Maternal decision-making score: []

Patient Sticker

BAH-00657536 IPS-00176121
 Mrs DELPHINE SAMARPANA U
 11-03-2001 25 Y 3 M 28 D (F)
 Dr. HIMABINDU VEERLA

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BUNDLE CARE CHECKLIST TO PREVENT SURGICAL SITE INFECTION (SSI)

To Be Filled In By Assigned Nurse :

Date : 9/7/26.

Department : ORG OT Duration of Procedure : 1 hour.

Name of Surgeon : Dr. Himabindu Veerla Date of Admission : 9/7/26.

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

		Staff Signature
1.	Antibiotic given prior to surgery ? ☒ Yes ☐ No ☒ Single Dose Antibiotic or Long Antibiotic Regime Antibiotic administered within 60 minutes prior to incision ? ☒ Yes ☐ No Name of the Antibiotic : Inj. Taxim 1gm	BL
2.	Hair Removal ☒ Yes ☐ No if Yes : Surgical Clipper Department where Hair Removed : ☒ Ward ☐ Operating Room ☐ Other : Skin preparation done (cleanse surgical area with antiseptic agent) ? ☒ Yes ☐ No	BL
3.	Patient's body temperature immediately post operation (Recovery Room) 37 °C ☐ Oral Or ☒ Axilla (Goal : 36-37 °C)	BL
4.	Name of doctor or staff administering the antibiotic : Dr. Gxni Date & Time of antibiotic administration : 9/7/26, 7AM Date & Time procedure started : 9/7/26, 2PM	BL

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

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

Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION

BAH-00657536 IP5-00176121
Mrs DELPHINE SAMARPANA U
11-03-2001 25 Y 3 M 27 D (F)
Dr. HIMABINDU VEERLA



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Name: Delphine Samarpana Age: 25 Y 3 M Sex: Female UHID.No: BAH-00657536

Date: 9/7/2026 Time: 5:40 AM Proposed Operation: _____

Diagnosis: Premi 39th wks

B.P / CRT: 112/75 H.R: 83/min Weight: 77 kg ASA Physical Status: ☐ 1 ☒ 2 ☐ 3 ☐ 4 ☐ 5

Laboratory Data:

Hgb: <u>12.4</u>	Glucose: _____	Protein: _____	HIV: _____	X-Ray: _____
PCV: _____	Urea: _____	Alb: _____	HBS Ag: _____	ECG: _____
WBC: <u>8400</u>	Creat: _____	Total Bill: _____	HCV: _____	2D Echo: _____
Plate: <u>2.05</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:

NKDA

Medical History: CVS:

RESP:

Diabetes:

CNS:

Not significant

Renal:

Hepatic / GE:

Physical Activity: Active

Others:

Past Anaesthetic History:

H/o Appendectomy @ 5yrs of age.

Physical Exam:

Airway:

MP 1 2 3 4

Mouth Opening: Adequate

Mentohyoid Distance: 2FB

Neck: (N)

Teeth: intact

Lungs:

BAE (+) clear

Heart:

S1S2 (+)

CNS:

MMF (+)

Pregnant: ☒ Yes ☐ No ☐ NA

Venous Access Site: 18G Out Spine Exam for regional: (+)

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:

last meal at 8pm 9/7/26

Signature: _____ Name: Dr. Tejaswini

BAH-00657536
Mrs DELPHINE SAMARPANA U
11-03-2001 25 Y 3 M 28 D (F)
Dr. HIMABINDU VEERLA



ANAESTHESIA CHART

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Pre Induction Assessment:

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

H.R:	110bpm	B.P / CRT:	120 / 70	SpO ₂ :	98% on R.A	R.R:	20/min	Last Feed:	7.6 hrs
Pre-OP Diagnosis:				Operation:	Emergency LSCS			Date:	9/7/2016
Surgeon:	Dr. Himabendu			Anaesthesiologist:	Dr. K. Sri. Surya			Technician:	Kulsum

TIME	11:40	11:50	2:00	2:10	2:40	3:00
N ₂ O / AIR / O ₂ LPM	40/20					
HALO / SO ₂ / SEVO						
Drugs:						
Antibiotic						
Suppository						
Blood Loss						
FI _{O₂} / SaO ₂	98	96	100	100	100	100
ETCO ₂						
ECG	NSR	NSR	NSR	NSR	NSR	NSR
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						

NOTES

Female child
birth @
2:04 pm

LAB Values	ABG	
	GRBS	
	Others	

☒ Equipment Checked and Functional ☒ BP ☒ Cuff Site: (R) UL ☐ Art Site: ☒ EKG Lead ☐ Temp Site ☐ FIO ₂ Monitor ☐ Agent Monitor ☒ Pulse Oximeter ☐ Capnograph ☐ Ventilator ☐ Nerve Stimulator Position: <u>Supine</u> ☐ 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: <u>1:40 pm</u> OP Start: <u>2:00 pm</u> OP End: <u>2:50 pm</u> Leave OR: <u>3:00 pm</u> Anaesthesia: ☐ GA ☐ Monitored Anaesthesia Care ☒ Regional Line (Size & Location) ☐ CVP: ☐ ART: ☒ IV: <u>18G (L hand)</u> ☐ IV: ☐ IV:	Induction ☐ IV ☐ Inhal ☐ Pre O ₂ ☐ 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: <u>In Situ</u> Position: Site: Needle Size: Depth: Paresthesia ☐ Yes ☐ No Catheter at skin cm Drug Name & Conc: <u>12ml 2% LIGNOCAINE</u> Bolus: <u>with ADRENALINE</u> Infusion: Block Level: <u>T4</u> Comments: Transportation to ☒ PACU ☐ ICU ☐ Other Relaxant Reversed ☐ Yes ☐ No ☐ NA Name of the Doctor: <u>Dr. K. Sri. Surya</u> Signature of the Doctor: <u>[Signature]</u>
--	--	--	---

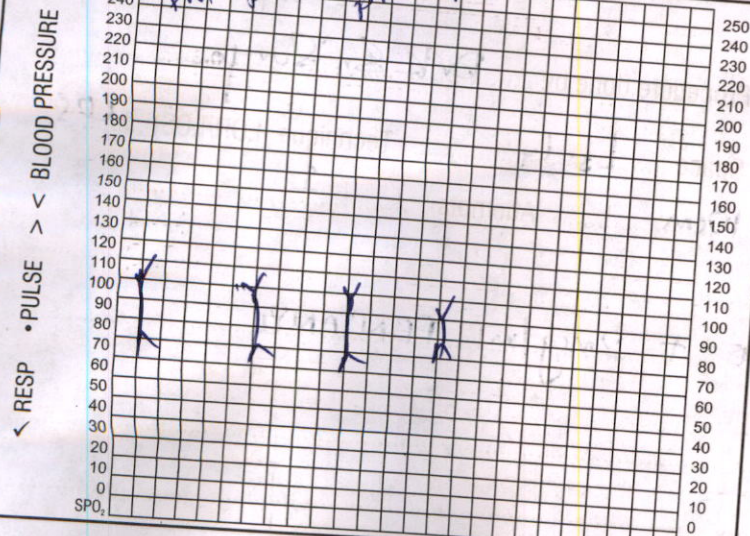


CARE UNIT RECORD

Received in PACU by: Sr. Sumanopa

Time Received: 2:50pm

Time Discharged:



IV Cannula Site: 4 side
☐ O₂ Mask ☐ Nasal Prongs
☐ Tracheostomy ☐ T-Piece
☐ Oral Airway ☐ Nasal Airway

Vomiting: ☐ Yes ☒ No

NG Tube: ☐ Yes ☒ No

Drain: ☐ Yes ☒ No

Urinary Catheter: ☒ Yes ☐ No

Chest Tube: ☐ Yes ☒ No

Nil Oral ☒ Yes ☐ No

IV Fluids:

Oral Feeds:

POST ANAESTHESIA SCORE (Modified Aldrete Score)

		IN	MINUTES			OUT	
			30	60	90		
Able to move 4 extremities voluntary or on command	= 2	ACTIVITY	2	2	2	2	SCORING INTERPRETATION
Able to move 2 extremities voluntary or on command	= 1		2	2	2	2	
Able to move 0 extremities voluntary or on command	= 0		2	2	2	2	
Able to deep breathe & cough freely	= 2	RESPIRATION	2	2	2	2	
Dyspnea or limited breathing	= 1		2	2	2	2	
Apneic	= 0		2	2	2	2	
BP $\pm$ 20 of Pre Anaesthetic level	= 2	CIRCULATION	2	2	2	2	
BP $\pm$ 20-50 of Pre Anaesthetic level	= 1		2	2	2	2	
BP $\pm$ 50 of Pre Anaesthetic level	= 0		2	2	2	2	
Fully awake	= 2	CONSCIOUSNESS	2	2	2	2	
Arousable on calling	= 1		2	2	2	2	
Not responding	= 0		2	2	2	2	
Pink	= 2	COLOR	2	2	2	2	
Pale, dusky, blotchy, jaundiced, other	= 1		2	2	2	2	
Cyanotic	= 0		2	2	2	2	
TOTAL			9	10	10	10	

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:

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
9/7	5pm	0/10	NA	K

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

Anaesthesiologist Name: Dr. Sumanopa

Anaesthesiologist Signature: [Signature]

Date & Time: 9/7, 6pm

PACU Nurse Name: [Signature]

PACU Nurse Signature: [Signature]

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

108

Attempts :

a)

b)

Delivery Details : Time : 2:04 pm APGAR: 9, 10 SVD / Instrumental / LSCS (if LSCS Details)
Catheter Removed by and Tip Inspected : Tip seen, Dr. K. S. Sonya
Patient Satisfaction : Satisfied

Discharge /Shifting ordered by _____

Doctor Signature:

Doctor Name:

Date and Time :

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CONSENT FOR ANAESTHESIA

Authorization By: ☒ Patient ☐ Patient Attendant

Operative Procedure: Emergency C-section

Anaesthesiologist: Dr. Pejassini

Surgeon: Dr. Himabindu

Please read this before you consent for Anaesthesia

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

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

- ☐ Heart Disease ☐ Hypertension ☐ Diabetes ☐ Renal Failure ☐ Multi Organ Failure ☐ Hepatic Disorders
☐ Shock ☐ Obesity ☐ Chronic Obstructive Pulmonary Disease
☐ Others: Skinnering, itching, PDPH

Declaration by Patient Attendant

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

Patient / Patient Attendant:

Signature: Samarpana U

Name: Delphine Samarpana U

Relationship with patient: Self

Date & Time: 9/7/26, 1:30pm

Witness:

Signature: Shy

Name: Shy

Date & Time: 9/7/26, 1:30pm

Doctor (who is taking consent):

Signature: Dr. Pejassini

Name: Dr. Pejassini

Date: 9/7/26 Time: 1:30pm

అనస్థీషియా కోసం అనుమతి పత్రం

అనుమతి ఇచ్చినవారు: ☐ రోగి ☐ రోగి అటెండెంట్

శస్త్రచికిత్స:

అనస్థీషియా వైద్యుడు: శస్త్రచికిత్స నిపుణుడు:

అనస్థీషియా కోసం మీ అనుమతి ఇవ్వడానికి ముందు దయచేసి ఇది చదవండి

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

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

స్పెసిఫిక్ హై రిస్క్స్:

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

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

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

☐ ఇతరవి:

రోగి / రోగి అటెండెంట్

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

రోగి / రోగి అటెండెంట్:

సంతకం:

పేరు:

రోగితో సంబంధం:

తేదీ & సమయం:

సాక్షి:

సంతకం:

పేరు:

తేదీ & సమయం:

డాక్టర్ :

సంతకం: పేరు: తేదీ & సమయం:



It takes a lot to treat the little.

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RAINBOW HOSPITALS
Your Right to a Safe Delivery

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

Patient Name : MM DELPHINE SAMARPANA Gender: ☐ Male ☒ Female Age : 25 yrs
UHID No : BAH-00657536 Date : 9/7/2026

Instruction:

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

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

EMERGENCY LOWER SEGMENT CESAREAN SECTION
upon

(Name of the Patient) MM DELPHINE SAMARPANA

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

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

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

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

My signature on this form indicates that

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

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

Consentee :

Signature : [Signature]

Name : _____

Date & Time : 9/7/2026, 10 Am

Witness :

Signature : [Signature]

Name : [Signature]

Date & Time : 9/7/26, 10 Am

Docu. No. : RCHBH / FRM / CLINICAL / 027

Patient Attendant :

Signature : [Signature]

Name : E. RUTH REDDY

Relationship with Patient : HUSBAND

Date & Time : 9/7/2026, 10 Am

Doctor (who is taking the consent) :

Signature : [Signature]

Name : Dr. Sravanti

Date & Time : 9/7/2026, 10 Am

CONSENT FOR LABOUR ANALGESIA

Authorization By: ☐ Patient ☒ Patient Attendant

I, the undersigned do hereby acknowledge the following:

- I have been made aware by the doctors in language known to me the details of the procedure as follows:

☒ Epidural Analgesia ☐ Intravenous Analgesia (Remifentanyl)

- I have been made aware of the possible complications from the procedures as follows:

For Epidural: Fall in blood Pressure, Numbness, Itching, Headache, Shivering, Occasional incomplete pain relief, Need for Re-Sitting the epidural.

For Remifentanyl: Drowsiness, nausea, vomiting, need for oxygen supplementation, itching, fall in blood pressure, heart rate and Respiratory Rate.

- I understand that labour analgesia is offered to reduce labour pain and make the birthing process more comfortable, by reducing pain and stress and promoting better cooperation during childbirth.
- I have been clearly explained about the benefits, risk, and alternative of the procedures.
- I authorize Dr. Subhramanyam and his / her team to perform the above procedure(s) upon the patient / myself.
- I acknowledge that I fully understand the above information. I have had the opportunity to ask questions, and they have been answered to my satisfaction in a language I understand. I affirm that this consent is given by me in my full senses.

Patient / Patient Attendant:

Signature: E. Rohith Reddy

Name: E. ROHITH REDDY

Relationship with patient: HUSBAND

Date & Time: 9/7/2020 12:20 PM

Witness:

Signature: [Signature]

Name: Shanika

Date & Time: 9/7/2020 12:30 PM

Doctor (who is taking consent):

Signature: [Signature] Name: Dr. K. Sri Surya

Date 9/7/2020 Time: 12:30 PM

ప్రసవ నొప్పి నివారణ కోసం అనుమతి పత్రం

అనుమతి ఇచ్చినవారు: ☐ రోగి ☐ రోగి అటెండెంట్

వైద్యులు నాకు తెలిసిన భాషలో క్రింది విధానాల గురించి సమగ్రంగా వివరించారు:

☐ ఎపిడ్యూరల్ అనాల్జీసియా

☐ శిరస్థాపన ద్వారా నొప్పి నివారణ (రెమిఫెంటానిల్)

- ఈ విధానాల వల్ల సంభవించగలిగే సమస్యలను కూడా నాకు వివరించారు:

ఎపిడ్యూరల్ సంబంధించినవి:

రక్తపోటు తగ్గడం, మందత్వం/ స్పర్శలేమి, దద్దుర్లు/ దురద, తలనొప్పి, వణుకు, అప్పుడప్పుడు పూర్తిగా నొప్పి తగ్గకపోవడం, ఎపిడ్యూరల్ మళ్ళీ పెట్టాల్సిన అవసరం.

రెమిఫెంటానిల్ సంబంధించినవి:

నిద్రమత్తు, వాంతి భావం, వాంతులు, ఆక్సిజన్ అవసరం పెరగడం, దద్దుర్లు/ దురద, రక్తపోటు తగ్గడం, గుండె వేగం తగ్గడం, శ్వాస రేటు తగ్గడం.

- ప్రసవ నొప్పిని తగ్గించడం, ప్రసవ ప్రక్రియను సౌకర్యవంతంగా చేయడం, 'నొప్పి మరియు ఒత్తిడిని తగ్గించడం, ప్రసవ సమయంలో సహకారం మొదలుగు పరచడం కోసం లేబర్ అనాల్జీసియా అందించబడుతుందని నేను అర్థం చేసుకున్నాను.
- ఈ విధానాల ప్రయోజనాలు, ప్రమాదాలు మరియు ప్రత్యామ్నాయాల గురించి నాకు స్పష్టంగా వివరించబడింది.
- డాక్టర్ _____ గారికి మరియు వారి బృందానికి, పై విధానం(లు)ను నాకు / రోగికి నిర్వహించడానికి నేను అనుమతి ఇస్తున్నాను.
- పై సమాచారాన్ని నేను పూర్తిగా అర్థం చేసుకున్నాను. నాకు ప్రశ్నలు అడిగే అవకాశం లభించింది, మరియు ఆ ప్రశ్నలకు నాకు అర్థమయ్యే భాషలో సంతృప్తికరంగా సమాధానాలు అందాయి. ఈ అనుమతి నేను పూర్తిగా స్వచ్ఛమైన చిత్తంతో ఇస్తున్నానని ధృవీకరిస్తున్నాను.

రోగి / రోగి అటెండెంట్:

సంతకం:

పేరు:

రోగితో సంబంధం:

తేదీ & సమయం:

సాక్షి:

సంతకం:

పేరు:

తేదీ & సమయం:

డాక్టర్ :

సంతకం: పేరు: తేదీ & సమయం:

BAH-00657536 IP5-00176121
Mrs DELPHINE SAMARPANA U
11-03-2001 25 Y 3 M 27 D (F)
Dr. HIMABINDU VEERLA



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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

INDUCTION OF LABOR CONSENT

Name: Samarpana Age: 25 Gender: Male ☐ Female ☒
UHID.No : BAH-00657536 Date: 8/26/26

You are scheduled for an induction of labor on 8/26/26 (date) at 39th (weeks of gestation).

The reason for your induction is Term

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

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

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

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

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

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

Patient

Signature: Samarpana U
Name: Delphine Samarpana U
Date & Time: 8/26/26 @ 9:16 PM

Patient Attendant:

Signature: E. Rohith Reddy
Name: E ROHITH REDDY
Relationship with Patient: HUSBAND
Date & Time: 8/26/2026 9:15 PM IST

Doctor:

Signature: Dr. Samreena
Name: Dr. Samreena
Date & Time: 8/26/26 @ 8:40 PM

Witness

Signature: TM
Name: Tunna
Date & Time: 8/26/26 @ 9:15 PM

INFORMED CONSENT FOR VAGINAL BIRTH

Patient Name : Delphine Samarpana V UHID No : BAH-00657536

Gender: ☐ Male ☒ Female Date : 8/7/26 Time : 8:40pm

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. Himabindu Veerla

Consentee :

Signature : Delphine Samarpana U

Name : Delphine Samarpana U

Date & Time : 8/7/26 @ 9:15pm

Witness :

Signature : TM

Name : TM

Date & Time : 8/7/26 @ 9:15pm

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

Patient Attendant :

Signature : E. Rohith Reddy

Name : E ROHITH REDDY

Relationship with Patient: HUSBAND

Date & Time : 8/7/2026 9:15pm IST

Doctor (who is taking the consent) :

Signature : Dr. Himabindu Veerla

Name : Dr. Himabindu Veerla

Date & Time : 8/7/26 @ 8:40pm

సహజ ప్రసవం కొరకు సమ్మతి పత్రము

రోగి పేరు : వయస్సు లింగం పు స్త్రీ

యు.హెచ్.ఐ.డి. బిభాగము

తేదీ

ఈ ప్రక్రియ యొక్క వివరములను నేను ఆమోదించాను:

- ఈ ప్రక్రియ నాకు సాధారణ పద్ధతిలో బివరించబడింది మరియు నేను అర్థం చేసుకున్నాను:
- గర్భం దాల్చిన వారికి సహజ ప్రసవ ప్రక్రియ అవసరమవుతుంది.
- ఈ ప్రక్రియ యొక్క ఉద్దేశ్యం (యోని) ద్వారా సహజ ప్రసవం చేయడం.
- ఈ ప్రక్రియ యొక్క ఉద్దేశ్యం జిడ్డను సహజమయిన పద్ధతిలో ప్రసవించటం

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

సహజ ప్రసవం బిజయవంతం కాకపోతే, తగిన అనస్థీసియా ఇచ్చి పాత్రికడుపు కోతతో సిజేరియన్ ద్వారా డెలివరీ చేయవలసిన అవసరం కలగవచ్చు.

సహజంగా లేదా పరికరం సహాయంతో అంటే ఫోర్స్ప్లే లేదా వాక్యూమ్ సహాయంతో జిడ్డను ప్రసవించే ప్రయత్నంలో, ప్రమాదాలు ఉండవచ్చు: అంటువ్యాధులు, అలెర్జి, మచ్చలు, రక్త నష్టం, రక్త మార్పిడి అవసరం పడటం, నొప్పి మరియు అసౌకర్యం, మూత్ర నాళానికి గాయం, శిశువుకు గాయం అయ్యే అవకాశం (ప్రేసరేషన్, హిమటోమా, పుర్రె గాయం ఆయె అవకాశం, నరాలకు గాయం మరియు మెదడు గాయం) మరియు భవిష్యత్తులో కటి ప్రదేశంలోని ఎముకల వలయం పనిచేయకపోవడం

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

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

ఇక్కడ బివరించిన లేదా సూచించిన విధానాలకు నేను స్వచ్ఛందంగా సమ్మతిస్తున్నాను. ఈ ప్రక్రియ అర్హతగల నైపుణాలజ్ఞ చేత నిర్వహించబడతాయని నేను తెలుసుకున్నాను

ఈ ప్రక్రియను నిర్వహించే డాక్టరు పేరు:

సహాయకుడు(అటెండెంట్)

సాక్షి

సంతకము

సంతకము

పేరు

పేరు

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

తేదీ మరియు సమయము

సంతకము

పేరు

PATIENT TRANSFER FORM

BAH-00657536 Mrs DELPHINE SAMARPANA U 11-03-2001 25 Y 3 M 28 D (F) Dr. HIMABINDU VEERLA 		Date & Time of Admission 7/7/26	Date & Time of Transfer Order 9/7/26, 2pm
		Transfer Ordered by Dr. Himabindu	Reason for Transfer Em-hsis
From Unit BB-IT	To Unit OT	Information to Attendant Yes ☒ No ☐	
Number of Sheets in Clinical File 40 -	Number of Imaging Films NST - ④	Personal belongings including clinical documents. If any handed over to attendant Yes ☒ No ☐ If yes, what ?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.			
2.			
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes ☐ No ☐			
Name & Signature of Person who is Transferring S.S. Wame		Name of Person Ordered Transfer Dr. Himabindu	
Patient & Clinical Records Received by : S.S. Bhusathi			
Date & Time of Patient Received : 7/7/26 2pm			

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

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