

Patient Sticker

SURGERY DETAILS

Patient Name: BAH-00422367 IP5-00176007
Mrs FATIMA BASHMAIL
06-07-1998 28 Y O M O D (F) Date: 6/7/26
Dr. DR.M PRATHYUSHA REDDY Date of Birth: 6/7/1998 Age: 28 yrs
Gender: UHID No.: BAH-00422367
Date of Surgery: ☐ OT-1 ☐ OT-2 ☐ OT-3 ☐ OT-4 ☐ OBG OT-1 ☒ OBG OT-2
Name of the Surgery: Elective lower segment Caesarean section
LCA

Time in: 10 Am Time Out: 11 Am

	NAME	AMOUNT
1. Surgeon	<u>Dr M Prathyusha Reddy</u>	
2. Anaesthetist	<u>Dr Shilpa</u>	
3. Assistant Surgeon	<u>Dr Bhargavi Reddy</u>	
4. OT Technician	<u>Kulsum</u>	
5. Circulating Nurse	<u>Sr Shanada</u>	
6. Assistant Nurse	<u>Sr Sathya</u>	

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

Dr Prathyusha Reddy
Signature of the Surgeon

Sr Shanada
Signature of Circulating Nurse

Order No: 9690422

Order by:

BAH-00422367 IP5-00176007

Mrs FATIMA BASHMAIL

06-07-1998

28 Y O M O D

(F)

Dr. DR.M PRATHYUSHA REDDY



CONSUMABLES OF OT

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Circulating staff : Technician : Kulsum Date : 6/7/26 Time :

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube			Major Pack <u>LSU drupe</u>		01✓	Inj Vit.K		01✓
LMA			Sutures <u>2346</u>		02✓	Cord Clamp		01✓
ECG leads : (A) / P / N		3✓	<u>2362</u>		01✓	Suction Catheter <u>NO 8</u>		2✓
HME filter : A / P / N			<u>2364</u>		01✓	Feeding Tube		
Syringes : 10 cc		03✓				Vaccum Suction Set		01✓
05 cc		04✓	Gloves <u>6 1/2</u>		04✓	Surgical Gloves <u>6 1/2</u>		02✓
02 cc		04✓				Gauze Pack		00✓
01 cc						Syringe 1ml / 2ml		02✓
Cautery plate (A) / P / N		01✓	Surgical blade <u>NO 22</u>		01✓	Surgical Blade #20 <u>22</u>		1✓
IV set		01✓	NG-tube			Koochies (S)		1✓
RL		03✓	Cautery pencil		01✓			
NS : 10ml / 100ml / 500ml / 1000ml		01✓	Koochies <u>Adult XL</u>		01✓			
<u>10x 21</u>		01✓	Ointments					
<u>Atreal Cannula</u>		2✓	Suction Catheter					
Fentanyl		01✓	Cap, Mask		10+10✓			
Morphine			Gauze Pack		01✓			
Ketamine			Mop Pack		03✓			
Propofol			Steristrip <u>sterizone</u>		01✓			
Rocuronium			Underpad		01✓			
Glycopyrolate		01✓	Drape sheet <u>Quick</u>		01✓			
Myoprylate			Abgel		01✓			
Ondansetron		01✓	Foleys catheter					
<u>encan 25g</u> Spinal Needle 22		01✓	Urobag					
Bupivacaine 0.25%			Chest Drainage Catheter					
Bupivacaine 0.25%(Heavy)		01✓	Romodrain bag					
Antibiotics : <u>Tranexa</u>		2✓	Bandage					
			Tegaderm					
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg		01✓	Vaccum Suction set		01✓			
Justin : 12.5 mg / 25mg / 100mg		01✓	Plastic Bed Sheet					
Tab. Misoprost : 200mg		02✓	Betadine Solution		02✓			
<u>oxytocin</u>		03✓	Microshield		01✓			
Diff man			Cotton Balls		01✓			
<u>ABLE Kit</u>		01✓	Latex Gloves		20✓			
<u>glove (C)</u>		01✓	Ramdone Scrub					
<u>gauze</u>			Saral					

Surgeon

Anaesthesiologist

Nurse

OT Technician

Order No. : 9690460

Ordered by :

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

ADMISSION SHEET

Registration Details :
Admission No : IP5-00176007

Admit Date : 06-Jul-2026

Admit Time : 08:04 AM **UHID :** BAH-00422367

Patient Details :
Patient Name : Mrs FATIMA BASHMAIL

Age : 28 Y 0 M 0 D

Guardian : Mr SHAIK ABDUL RASHEED

DOB : 06-07-1998

Gender : Female

Religion : Muslim

Occupation :
Martial Status : Married

Address (H) : H NO 9-4-132/6, MEHBOOB GARDEN
 COLONY, Tolichowki Hyderabad Telangana
 INDIA 500008

Phone No : 9959939950/ 9392004989

E-mail : fatimabashmail06@gmail.com

Admission Details :
Bed Type : SHARED WARD

Bed No : SW 414

Ward Name : 4F-BIRTHING CENTRE

Room No : SW 414

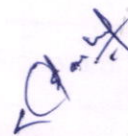
Admission Type : First Visit

Contact Details :
Name : Mr SHAIK ABDUL RASHEED

Relationship : Husband

Contact Address : H NO 9-4-132/6, MEHBOOB GARDEN
 COLONY, Tolichowki Hyderabad Telangana
 INDIA 500008

Phone No : 9959939950 / 9392004989


 Signature

Doctor Details :
Doctor Name : Dr. DR.M PRATHYUSHA REDDY

Specialisation : OBSTETRICS AND GYNECOLOGY

Referral Doctor : Self

Phone No :
Co-Consultant :
Payment Details :
Payment Mode : Cash

Deposit Amount : 0.00

Payor Name : SELFPAY

[illegible]

~~gross charging day~~

[illegible]

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
6/7/16	Dr placement	①	9689804	Shobha
6/7/16	pac	①	9689805	Shobha
6/7/16	catheterization	①	9689806	Shobha
6/7/16	Arterial line	①	9691504	Lenor

Cross checking done.

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 *G4P2L2A1*
Came for FL US.

LMP: *15/10/2025*

EDD: *22/7/2026*

Obstetric Formula: *G4P2L2A1*

Corrected EDD: *21/7/2026*

GA: *37+6wks*

Menstrual History: Regular: ☒ Yes ☐ No

Obstetric History:

Obstetric Examination

- I - 2020 - 39wks - NVD - ♂ - 2.832kg*
- II - 2022 - Miscarriage at 6-7wks - MCRPC*
- III - 2023 - 38wks - NVD - girl - 2.7kg*
- IV - PP - sp. conception - Booked at 5+5wks if GA.*

Fundal Height: *~ Term*

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

Liquor: ☒ Adequate ☐ Oligo ☐ Poly

PP: ☒ Cephalic ☐ Breech ☐ Others

Head Fifts Palpable: *4/8*

FHS: ☒ Normal ☐ Tachy ☐ Brady ☐ Absent

RISK FACTORS: *5+5wks if GA.*

Per Speculum Examination *not indicated*

Draining: ☐ Present ☐ Absent ☐ Bleeding

Colour of Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Vaginal Examination *not indicated*

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

Height: *157* cm

Weight: *73.9* kg

Allergies: *NKDA*

Breast: ☒ Normal ☐ Abnormal

General Examination:

Consciousness: *clear* Pallor: *absent*

Icterus: *absent* Edema: *absent*

Temp: *98.6* PR: *79 Bpm*

BP: *100/59 (7mmHg)* DTR: *(+)*

CVS: *S4 (+)* RS: *RAE (+)*

Liver/Spleen: *not palpable* Urine Output: *adequate*

DIAGNOSIS

G4P2L2A1 / 37+6wks / central placenta previa / for FL US.
Hypothyroid



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5:30pm 6/7/26	POD-0 C1. LSCS P₃ L₃ A₁ } Central placenta previa } hypothyroid → arterial line @ BP - 109/70 [88] PR - 78bpm SpO₂ - 97% on RA PIA - ut well retracted. Dressing dry Contact. BS @ 4c - BUNL u/o - stool [x12:30pm] clear; adequate	<u>Advice:</u> → Clear liquids now → Soft diet as soon → Drugs as charted → Vitals & w/o bleeding 4th hly → Inform soc → w/o hypotension, tachycardia, bleeding ph
6/7/26 9:30pm	POD-0 arterial line @ BP - 111/73 [83] PR - 75bpm SpO₂ - 100% on RA PIA - ut well retracted. Dressing dry Contact. 4c - BUNL u/o - stool; clear [x6:30pm]	<u>Advice:</u> ① Soft diet ② Hydrate. ③ Drugs as charted ④ Vitals & w/o bleeding PIV & T/O - 4th hly ⑤ Inform soc ⑥ w/o hypotension, tachycardia,

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 DR. M. PRAITHYUSHA REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/7/26 12:00 AM	Pt is stable BP- 102/62 [72] mmHg. PR- 84 bpm. SpO₂- 100% on RA P/A- ut well retracted L/C- BUNL U/O- 500ml [7pm-12am]	<u>Advice</u> ① Hydrate ② Drugs as charted ③ Vitals & w/f bleeding ptw & I/O - 4th hrly ④ w/f hypotension, tachycardia. ⑤ Tylenol SOS. <u>Sunder</u> <u>NB</u> Sunder
7/7/26 4 AM	Pt is stable BP- 106/60 [74] mmHg PR- 80 bpm. SpO₂- 100% on RA P/A- ut well retracted. L/C- BUNL U/O- 400ml.	<u>Advice:</u> ① Hydrate ② Drugs as charted ③ Vitals & w/f bleeding ptw & I/O - 4th hrly. ④ w/f hypotension, tachycardia ⑤ Tylenol SOS <u>Sunder</u> <u>NB</u> Sunder



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Date & Time	Progress Notes	Doctor's Order
7-7-28 9:15 AM	POD₃ / ECLS pt stable O/E ac-fair PR-88 bpm BP-104/58 mmHg (68) SpO₂-96% on RA P/A urine Refracted well soft distension (+) I/E - Bleeding wnc	Adv - soft diet, plenty of oral fluids - drugs as per charted - vitals uterine - Ambulate - Dulcolax sup stat now - Shift to wound after Att line removal - Inform RT
7/7/26 1:45 PM	POD - 1 pt stable vitals (+) P/A - ut Rwc P/H - Bld wnc Baby AGH	Adv - Regular diet - - Plenty of liquid - drugs as advised

3AH-00422367
Mrs FATIMA BASHMAIL
16-07-1998 28 Y O M O D (F)
Dr. DR.M PRATHYUSHA REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/7/26 2pm	Sup. Paracetamol Tramadol 100mg in scent NS oral 1 hour - Remove cannula - Ambulation - Regular diet	
	2hly	Noted by Sucha 7/7/26 @ 2pm Noted by
7/7/26 7pm	<u>Pod 1</u> Gravida Afters. Vital stable P/A - ut (P) wlx. P/L - NAB.	ad. off diet - Vitality - Drug analgesic - w/ full diet - Inform <u>Duty 1</u> Noted by Sucha

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/7/2026 9:00PM	POD-2 / EL. Wc / PPH O/F Get down Bp-109/63 (72/way) PR 79 BPM SpO ₂ -98% LRA PIA-ut @ Uu LIF-BWNL	Adv ① soft diet ② Ambulation ③ Hydration ④ Drugs as charted ⑤ ut cure bleeding ⑥ Inform so
1mg. cloram.		Dr. Dilige
8/7/2026 12:30PM	POD-2 / EL. Wc / PPH O/F Get down Vital stable PIA-ut @ Uu LIF-BWNL	Adv ① soft diet ② Ambulation ③ Hydration ④ Drugs as charted ⑤ ut cure bleeding ⑥ Inform so ⑦ can be discharge. Dr. Dilige

Patient Sticker



PROGRESS NOTES AND DOCTOR'S ORDER

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BAH-00422367
Mrs FATIMA BASHMAIL
06-07-1998
28 Y O M O D
Dr. DR.M PRATHYUSHA REDDY (F)



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RESULT SHEET

Date	11/7/26	6/7/26			
Time		4.05 PM			
Hb	11.0	10.0			
PCV		30.8			
RBC		3.38			
WBC	7.04	12.11			
N/L					
Platelets	2.	189			
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					

Docu. No. : RCHBH / FRM / CLINICAL / 0138

(P.T.O)

Date & Time : 6/7/26 4.05 PM

Docu. No. : RCHBH / FRM / GENERAL / 090

22367 IP5-00176007
MA BASHMAIL
98 28 Y 0 M 0 D (F)
PRATHYUSHA REDDY

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et No:

REGULAR PRESCRIPTIONS

Weight 23.9 Ward BIC

DRUG : T. THYRONORM				Date Time	6/7	2/7	9
Dose	Route	Frequency	Start Dt.				
100ug	PO	OD	7/7/26	6AM Sunaid Sandh C			
Name & Signature of the Doctor Starting the Drugs: Dr. Diya							
Additional Instructions:							
Daily Doctor's Endorsement by a Sign							

DRUG : Ty CLEANSE				Date Time	7
Dose	Route	Frequency	Start Dt.		
10mg	SC	OD	7/7	2PM Sunaid	
Name & Signature of the Doctor Starting the Drugs: Dr. Arshay					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					

DRUG :				Date Time
Dose	Route	Frequency	Start Dt.	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG :				Date Time
Dose	Route	Frequency	Start Dt.	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

Patient Sticker

Sheet No:

REGULAR PRESCRIPTIONS

Weight

Ward

DRUG :				Date Time															
Dose	Route	Frequency	Start Dt.																
Name & Signature of the Doctor Starting the Drugs:																			
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign																			

DRUG :				Date Time															
Dose	Route	Frequency	Start Dt.																
Name & Signature of the Doctor Starting the Drugs:																			
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign																			

DRUG :				Date Time															
Dose	Route	Frequency	Start Dt.																
Name & Signature of the Doctor Starting the Drugs:																			
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign																			

DRUG :				Date Time															
Dose	Route	Frequency	Start Dt.																
Name & Signature of the Doctor Starting the Drugs:																			
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign																			

**DRUG CHART**
Date of Admission: 6/7/26 Drug Allergies: N/A ☒ Not known any Drug Allergies
FOR THE SAFETY OF THE PATIENT

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

SOS / PRN (As Required Medication)

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

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

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

VERIFIED BY : Name _____ Signature _____

Weight. 73.9 Ward. B/C

Page: 2/4



		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
6/7/26	9 AM	INT-CEFTAKIM	4gram	iv	Drugs	Kannu Shobh
6/7/26	9:20 AM	INT-PEPINORM	10mg	iv	Drugs	Shobh Tunng
6/7/26	9:15 AM	INT-PANTOPRAZOL	40mg	iv	Drugs	Tunng Shobh
6/7/26	10:30 AM	2w TRANAXMILIC acid	1g	iv	Drugs	Srilatha Laxmi
6/7/26	11:30 AM	sup TRAMODOL	100mg	PO/R	Drugs	Srilatha Laxmi
6/7/26	11:20 AM	sup DICLOFENAC	100mg	PO/R	Drugs	Srilatha Laxmi
6/7/26	11:25 AM	Sup-MISOPROSTOL	800-8	PO/R	Drugs	Srilatha Laxmi
6/7/26	11:30 AM	T. MISOPROSTOL	400mg	PO/R	Drugs	Srilatha Laxmi
6/7/26	3:00 PM	INT-PARACETAMOL	4gram	iv	Drugs	Channu Achwila

Signature
VERIFIED BY : Name

I.V. FLUIDS CHART

Weight. Ward.

B/C



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
6/1/2026	10:30am	RINGER LACTATE	IV	100ml/hr	4	Shobha Turner	6/1/26	4	Shobha Turner
6/1/2026	10:45am	RINGER LACTATE	IV	100ml/hr	4	Shobha Turner	6/1/26	4	Shobha Turner
6/1/2026	10:10am	RINGER LACTATE	IV	50ml/hr	4	Srilatha Laxmi	6/1/26	4	Srilatha Laxmi
6/1/26	11:30	RINGER LACTATE	IV	150ml/hr	4	Srilatha Laxmi	6/1/26	4	Shobha Laxmi
6/1/26	3:00 pm	RINGER LACTATE	IV	100ml/hr	Dr. Jay	Shobha Yamini	6/1/26	4	Shobha Yamini
6/1/26	9pm	RINGER LACTATE	IV	100ml/hr	Dr. Jay	Srujan Sundhya	6/1/26	4	Srujan Sundhya
		Dr. Jay							

Signature

VERIFIED BY : Name

RATHYUSHA REDDY

A barcode sticker is affixed to the bottom right corner of the document page. The name "RATHYUSHA REDDY" is printed above the barcode.

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Sheet No

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Dr. DR.M PRATHYUSHA KESB:



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

[illegible]

Obstetrics and Gynaecology Early Warning Signs

**Complete a Full
Set of MEOWS
Observations**

1 Yellow Alert :
Repeat Observations
in 30 minutes

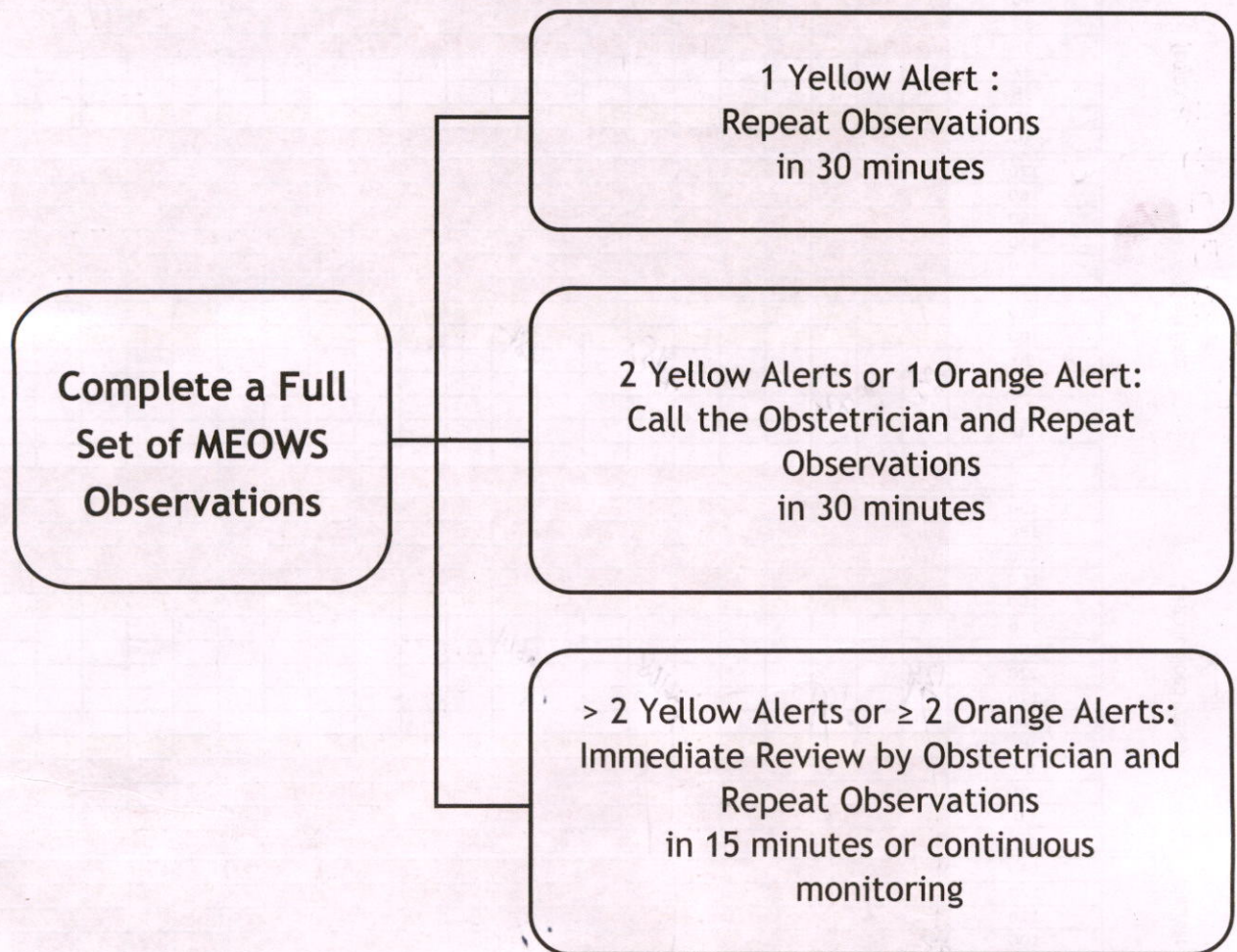
2 Yellow Alerts or 1 Orange Alert:
Call the Obstetrician and Repeat
Observations
in 30 minutes

> 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)

		Date																												
		Time	(8)	9	(10)	11	12	(1)	2	3	4	5	(6)	7	8	9	10	11	12	1	2	3	4	5	6	7				
RESP (write rate in corresp. box)	> 30																													
	21 - 30																													
	11 - 20	19		19				22					19																	
	0 - 10																													
Saturations	94 - 100 %			99%				98%					99%																	
	< 94 %																													
Administered O ₂ (L/min.)																														
Temp °C	40																													
	39																													
	38																													
	37																													
	36																													
	35																													
	< 35																													
Heart Rate	170																													
	160																													
	150																													
	140																													
	130																													
	120																													
	110																													
	100																													
	90																													
	80	83							78					78																
	70			72																										
	60																													
	50																													
40																														
Systemic Blood Pressure ↑	190																													

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

7/7/22

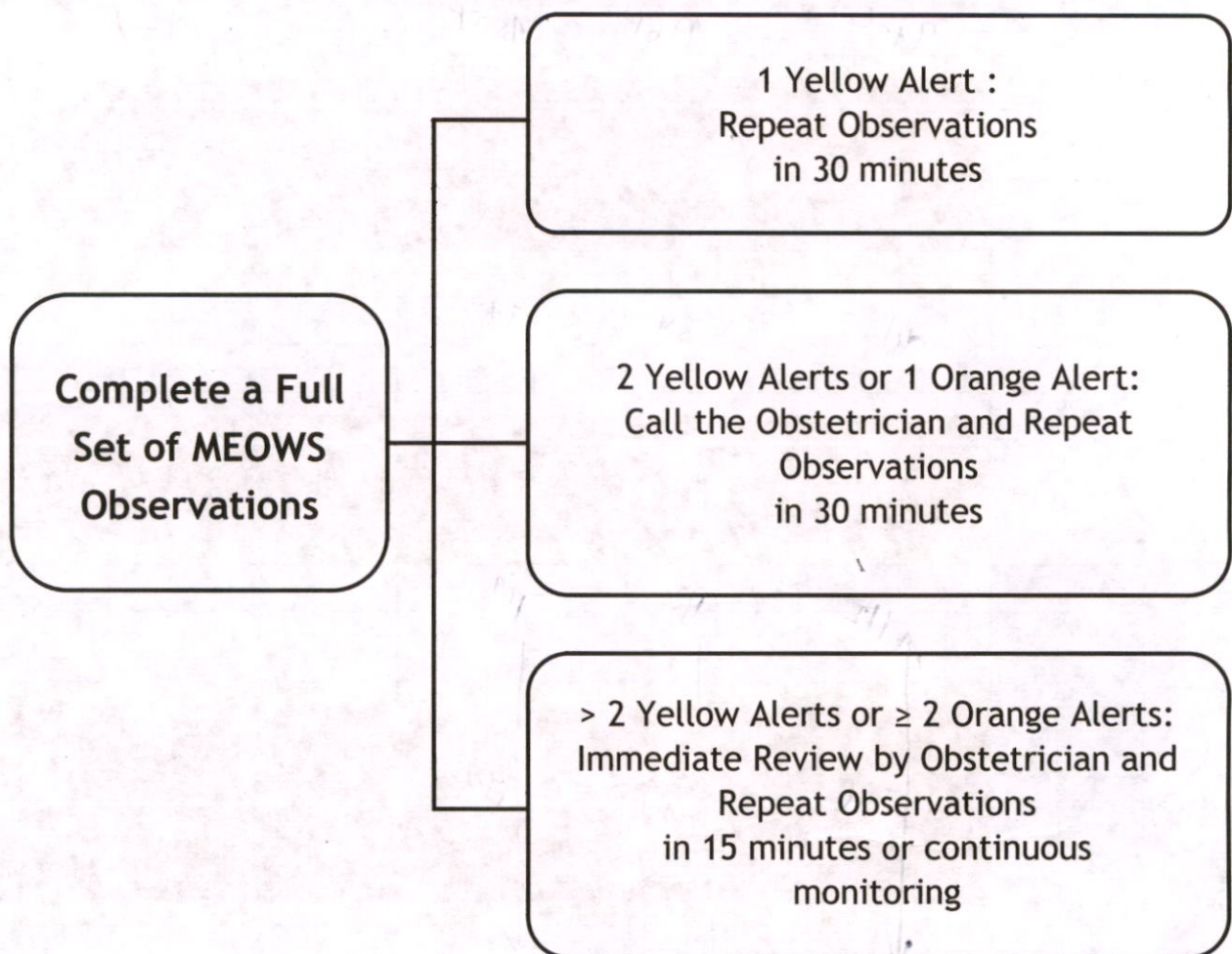


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CONTACT DOCTOR FOR EARLY INTERVENTION IF PATIENT TRIGGERS ONE ORANGE OR TWO YELLOW SCORES AT ANY ONE TIME

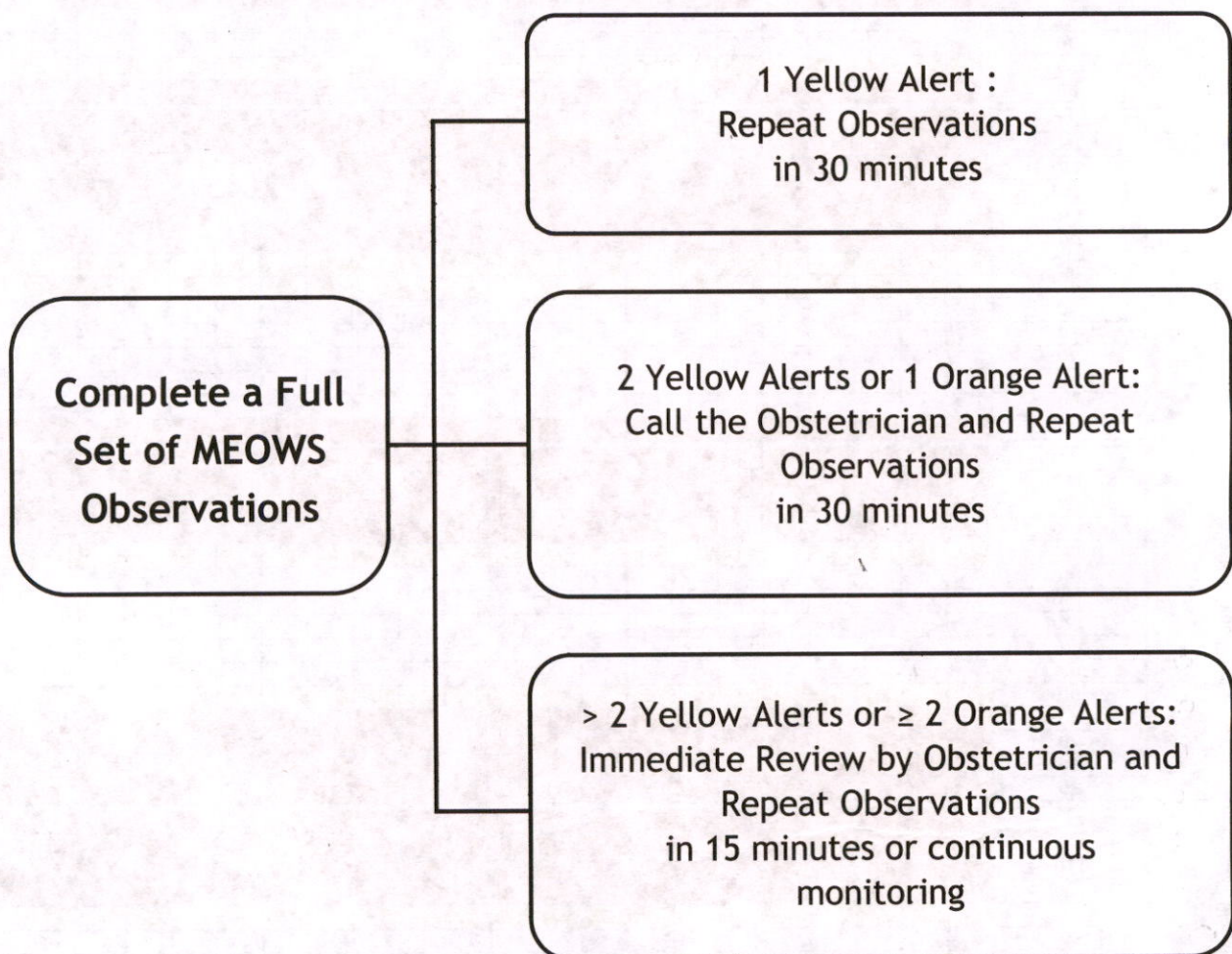
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Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

BAH-00422367
Mrs. FATIMA BASHMAIL
06-07-1998 28 Y 0 M 0 D
Dr. DR.M PRATHYUSHA REDDY (F)
IP5-00176007

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

BirthRight™
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Your Right to a Safe Delivery

FLUID CHART

Sheet No. : ①

6/7/26

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	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
	08:00 am	Rh	1	100ml			1			✓	0	Shobha
	09:00 am	Rh	N	100ml			N				0	
	10:00 am	Rh	B	100ml			P				0	
	11:00 am	Rh	by	100ml			1				0	Shobha
	12:00 pm	Rh	1	100ml						250ml	0	
	01:00 pm	Rh	1	100ml							0	

Total Intake : Taken

Total Output : 1

	02:00 pm	RL	NBM	100ml			1				0	Ashwika
	03:00 pm	RL	H2O	100ml			1				0	Ashwika
	04:00 pm	RL	NBM	100ml							0	Ashwika
	05:00 pm	RL	H2O	100ml			NP				0	Ashwika
	06:00 pm	RL	H2O	100ml			1			700ml	0	Ashwika
	07:00 pm	RL	H2O	150ml	100ml						0	Ashwika

Total Intake : Taken

Total Output : 0 - 700ml, 100

	08:00 pm	RL	H2O	100ml			1				0	Sundar
	09:00 pm	RL	Idly	100ml			1				0	
	10:00 pm	RL		100ml			N				0	
	11:00 pm	RL	H2O	100ml			P				0	Sundar
	12:00 am	RL		100ml			1			500ml	0	
	01:00 am	RL	H2O	100ml							0	

Total Intake : Taken

Total Output : Passed 1,450 ml

	02:00 am	RL	H2O	100ml			1				0	Sundar
	03:00 am	RL	H2O	100ml			1				0	
	04:00 am	RL	H2O	100ml			N				0	
	05:00 am	RL		100ml			P				0	Sundar
	06:00 am	RL	H2O	100ml			1				0	
	07:00 am	RL	H2O	100ml						1000ml	0	

Total Intake : Taken

Total Output : Passed 1,450 ml

Total 24 hrs. Intake	2400 ml - RL
----------------------	--------------

Total 24 hrs. Output	2450 ml - urine
----------------------	-----------------

FLUID CHART

Sheet No. : 2

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

		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							
7/2/26	08:00 am	1	H ₂ O				1				0	fone
	09:00 am	1								✓	0	84
	10:00 am	1	H ₂ O				NP			✓	0	84
	11:00 am	1					1				0	84
	12:00 pm	1	H ₂ O								0	84
	01:00 pm										0	84
Total Intake : Taken.						Total Output : Passed 0-2 m-0						
7/2/26	02:00 pm	1					1				0	Sub
	03:00 pm	1	H ₂ O								0	Sub
	04:00 pm	1	H ₂ O				NP			✓	0	Sub
	05:00 pm	1	H ₂ O				1				0	Sub
	06:00 pm	1								✓	0	Sub
	07:00 pm	1	H ₂ O								0	Sub
Total Intake :						Total Output : 0-2 m-0						
7/2/26	08:00 pm	1	H ₂ O				1				0	Sub
	09:00 pm	1									0	Sub
	10:00 pm	1	H ₂ O							✓	0	Sub
	11:00 pm	1	H ₂ O				NP				0	Sub
	12:00 am	1	H ₂ O				1				0	Sub
	01:00 am	1									0	Sub
Total Intake :						Total Output : 0-2 m-0						
8/2/26	02:00 am	1	H ₂ O				1				0	Sub
	03:00 am	1	H ₂ O								0	Sub
	04:00 am	1	H ₂ O				NP			✓	0	Sub
	05:00 am	1	H ₂ O				1				0	Sub
	06:00 am	1	H ₂ O								0	Sub
	07:00 am	1	H ₂ O				1				0	Sub
Total Intake :						Total Output : 0-2 m-0						

Total 24 hrs. Intake

Total 24 hrs. Output 0-6-m-0

Patient

BAH-00422367 IP5-00176007
 Mrs FATIMA BASHMAIL
 06-07-1998 28 Y O M O D (F)
 Dr. DR. M PRATHYUSHA REDDY


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FLUID CHART

 Sheet No. 3

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													

Patient Sticker

FLUID CHART

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Sheet No. :

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

		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													

BAH-00422367 IP5-00176007

Mrs FATIMA BASHMAIL

06-07-1998 28 Y O M O D (F)

Dr. DR.M PRATHYUSHA REDDY



NURSING CARE RECORD

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Shift: ☒ Morning ☐ Afternoon ☐ Night

Date: 6/7/26

Assessment: pt complain for Anxiety

Goals

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

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

- ☐ Maintain Fluid Balance
☐ Meet Elimination Needs

- ☐ Improve Activity Tolerance
☒ Ensure Safety

- ☒ Maintain Good Nutritional Status
☐ Early Ambulation Reduce Anxiety

- ☐ Maintain Skin Integrity
☒ Patient & Family Education

Time	Plan of Care	Time	Implementation	Evaluation
8AM	Assess pt general condition	9AM	Assessed pt general condition	pt is Stable
9AM	monitored vital	10AM	Bp SpO2 pulse checked and recorded.	
10AM	Administration medication	11AM	medication as per as doctor	
12pm	Ensure safety	12pm	Ensure safety provided	
1pm	prevent infection	2pm	to prevent infection	

Re-Assessment: Re Assessment done

Special Notes:

Nurse Signature:

Nurse Name: Shobha

Date & Time: 6/7/26 @ 2pm

BAH-00422367

IP5-00176007

Mrs FATIMA BASHMAIL

06-07-1998

28 Y O M O D

(F)

Dr. DR.M PRATHYUSHA REDDY



NURSING CARE RECORD

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Shift: ☐ Morning ☒ Afternoon ☐ Night

Date: 6/7/26

Assessment: patient complaints 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
2:00pm	Assess the general condition	2:10pm	Assessed the general condition	Pt is stable.
3:00pm	monitor vitals	3:10pm	Vitals checked BP, Pulse, SpO2, Resp.	
4:00pm	monitor Ilochart	4:10pm	Ilochart monitored	
5:00pm	Administer medications	5:10pm	medication given as per drug chart	
6:00pm	check for bleeding p/v	6:10pm	checked for bleeding p/v	
7:00pm	ensure safety	7:10pm	Safety provided siderails	

Re-Assessment:

Special Notes: check for bleeding

Nurse Signature: *Alu*

Nurse Name: Ashwitha

Date & Time: 6/7/26 @ 8pm

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Mrs FATIMA BASHMAIL
06-07-1998 28 Y O M O D (F)
Dr. DR.M PRATHYUSHA REDDY



NURSING CARE RECORD

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Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 11/12/26

Assessment:

patient - clo surgical site mild pain

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
8PM	Assessed to pt condition	8PM	Assessed to pt condition	pt is
10PM	DIO wound	10PM	DIO wound monitoring	comfortable
12PM	soft diet	12PM	soft diet given	
3PM	medication's	4PM	medication's as per	
5PM	monitor vital's	6PM	BP. SPO ₂ Temp 100°	
8PM	safty	8PM	safty rail's provided	

Re-Assessment: re-assessment 2nd hourly vital's checked due

Special Notes:

N/G bleeding

Nurse Signature: [Signature]

Nurse Name: suanda (606249)

Date & Time: 11/12/26 8PM

BAH-00422367 IP5-00176007
Mrs FATIMA BASHMAIL
06-07-1993 28 Y O M O D (F)
Dr. DR.M PRATHYUSHA REDDY



NURSING CARE RECORD

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Shift: ☒ Morning ☒ Afternoon ☐ Night

Date: 7/12/26

Assessment: patient is having mild pain at surgical site

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 patient general condition	8:30 AM	- Assessed the patient general condition	- patient is stable & comfortable
10AM	- monitor vitals	10:30 AM	- monitor's vitals, BP, PR, RR, SpO2, checked & recorded.	
12pm	- Soft diet	12:30 pm	- Soft diet taken	
3pm	- Ambulation	3:30 pm	- Ambulation well.	
6pm	- Remove Foley	6:30 pm	- Foley. Removed today	
8pm	- Ensure safety	7:30 pm	- Ensure safety provided	

Re-Assessment: Assess the patient condition, now it is stable

Special Notes: plan to remove Arterial line (today)

Nurse Signature: [Signature]

Nurse Name: Sona

Date & Time: 7/12/26 @ 8AM



NURSING CARE RECORD

Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 21/2/24

Assessment: Pt having pain in surgical site

- 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's general condition.	8:30 pm	→ Assessed the pt's general condition.	Patient is stable
10pm	→ monitor vitals	10:30 pm	→ monitored vitals	
12pm	→ maintain I/O chart	12:30 pm	→ maintained I/O chart	
3Am	→ Administer medication as per chart	3:30 Am	→ Administered medication as per chart	
6Am	→ Ensure safety	6:30 Am	→ Ensured safety	

Re-Assessment:

All pt is stable

Special Notes:

Nil

Nurse Signature: [Signature]

Nurse Name: Sangeetha @ 60124

Date & Time: 21/2/24 @ 8Am

BAH-00422367
Mrs FATIMA BASHMAIL
08-07-1998 28 Y O M 1 D (F)
Dr. DR.M PRATHYUSHA REDDY



NURSING CARE RECORD


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Shift: ☐ Morning ☐ Afternoon ☐ Night

Date:

Assessment:

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation

Re-Assessment:

Special Notes:

Nurse Signature:

Nurse Name:

Date & Time:

Patient Sticker

NURSING CARE RECORD

Shift: ☐ Morning ☐ Afternoon ☐ Night

Date:

Assessment:

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation

Re-Assessment:

Special Notes:

Nurse Signature:

Nurse Name:

Date & Time:

Patient Sticker

NURSING CARE RECORD

Shift: ☐ Morning ☐ Afternoon ☐ Night

Date:

Assessment:

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation

Re-Assessment:

Special Notes:

Nurse Signature: Nurse Name: Date & Time:

NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Dr. Prathyusha Department: OBS Date of Admission: 8/7/26

SITUATION		Diagnosis: <u>C44 P2 L2 A1</u>						Any Infection: ☐ Yes ☐ No ☒ Not Known If Yes Specify:	
BACKGROUND	Area	Shift Time							
	Medical Condition (Any special condition to be noted):	<u>OBS 8pm-8pm</u>	<u>OBS 8pm-8pm</u>	<u>OBS 8pm-8pm</u>	<u>OBS 8pm-8pm</u>	<u>2pm-8pm</u>	<u>2pm-8pm</u>	<u>2pm-8pm</u>	<u>2pm-8pm</u>
		<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
ASSESSMENT	Allergy:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
	Tubes/Drains/Catheter:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
	Vital Signs:	Temp: <u>98.2F</u>	Temp: <u>98.4F</u>	Temp: <u>98.3F</u>	Temp: <u>98.2F</u>	Temp: <u>97.6F</u>	Temp: <u>97.6F</u>	Temp: <u>97.6F</u>	Temp: <u>97.6F</u>
	Res:	<u>20</u>	<u>20</u>	<u>20</u>	<u>16b/m</u>	<u>22b/m</u>	<u>22b/m</u>	<u>22b/m</u>	<u>22b/m</u>
	SpO ₂ :	<u>100</u>	<u>100</u>	<u>99.1</u>	<u>100.1</u>	<u>99.1</u>	<u>99.1</u>	<u>99.1</u>	<u>99.1</u>
	Pulse:	<u>80b/m</u>	<u>75b/m</u>	<u>83b/m</u>	<u>74b/m</u>	<u>76b/m</u>	<u>76b/m</u>	<u>76b/m</u>	<u>76b/m</u>
	BP:	<u>100/59</u>	<u>114/71/96</u>	<u>115/72</u>	<u>123/80/90</u>	<u>122/89</u>	<u>122/89</u>	<u>122/89</u>	<u>122/89</u>
	Fall Risk Score:	<u>20</u>	<u>20</u>	<u>20</u>	<u>20</u>	<u>20</u>	<u>20</u>	<u>20</u>	<u>20</u>
Pain Score:	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	
Recommendations	Safety Needs:	<u>yes</u>	<u>yes</u>	<u>side rails</u>	<u>side rails</u>	<u>side rails</u>	<u>side rails</u>	<u>side rails</u>	<u>side rails</u>
	Physiotherapy	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
	Others Specify:	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
	Special Diet:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
	Other Special Orders / Medications:	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
Post Operative Procedure Special Orders:		<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
Handed Over By Name :		<u>Shobana</u>	<u>Shobana</u>	<u>Shobana</u>	<u>Shobana</u>	<u>Shobana</u>	<u>Shobana</u>	<u>Shobana</u>	<u>Shobana</u>
Signature :		<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>
Date:		<u>8/7/26</u>	<u>8/7/26</u>	<u>8/7/26</u>	<u>8/7/26</u>	<u>8/7/26</u>	<u>8/7/26</u>	<u>8/7/26</u>	<u>8/7/26</u>
Time:		<u>2pm</u>	<u>8pm</u>	<u>8pm</u>	<u>8pm</u>	<u>8pm</u>	<u>8pm</u>	<u>8pm</u>	<u>8pm</u>
Taken Over By Name :		<u>Ashwita</u>	<u>Shobana</u>	<u>Shobana</u>	<u>Shobana</u>	<u>Shobana</u>	<u>Shobana</u>	<u>Shobana</u>	<u>Shobana</u>
Signature :		<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>
Date:		<u>8/7/26</u>	<u>8/7/26</u>	<u>8/7/26</u>	<u>8/7/26</u>	<u>8/7/26</u>	<u>8/7/26</u>	<u>8/7/26</u>	<u>8/7/26</u>
Time:		<u>2pm</u>	<u>8pm</u>	<u>8pm</u>	<u>8pm</u>	<u>8pm</u>	<u>8pm</u>	<u>8pm</u>	<u>8pm</u>

NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Department: Date of Admission:

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



Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	Fall Risk Grading		
		Score			
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0		0	0
Secondary Diagnosis (more than one diagnosis)	Yes	15			
	No	0			
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0	0	0	0
IV / Heparin Lock or Saline	Yes	20	20	20	20
	No	0	0		
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10			
	Normal /On Bed Rest /Immobile	0		0	0
Mental Status	Forgets limitations	15			
	Oriented to own ability	0		0	0
Total Morse Fall Scale Score:			20		20
Signature					

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

- ☒ Ensure patients use their prescribed eye glasses if any, in the hospital
- ☒ Use chairs with arm rests
- ☒ Use safety straps on stretchers and wheelchairs while transporting patients

Moderate Risk (25-50) Apply all low risk intervention and

- ☐ Assist and/or supervise ambulation. Reinforce to always call for assistance
- ☒ Hourly safety check
- ☐ Assess patient after visitors, leave to ensure safety measures in place

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

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

BAH-00422367
Mrs. FATIMA BASHMAIL
06-07-1998 28 Y O M O D (F)
Dr. DR.M PRATHYUSHA REDDY

BRADEN 'Q' SCALE

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

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

Date :
Time :

Mobility	1. Completely immobile: Does not make even slight changes in body or extremity position without assistance.	2. Very limited: Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	3. Slightly limited: Makes frequent through slight changes in body or e.tremity position independently.	4. No limitations: Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	1. Bedfast : Confined to bed	2. Chairfast : Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	3. Walks occasionally: Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	4	4
Sensory Perception	1. Completely limited: Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	2. Very limited: responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	3. Slightly limited: Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	4. No impairment: Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	1. Constantly moist: Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	2. Very moist: Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	3. Occasionally moist: Skin is occasionally moist, requiring linen change every 12 hours.	4. Rarely moist: Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICION-SHEAR Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	1. Significant problem: Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	2. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	3. Potential problem: Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	4. No apparent problem: Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	1. Very Poor: NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	2. Inadequate: Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	3. Adequate: Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	4. Excellent: Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
TOTAL SCORE					28	28	28	28
Evaluator's Name					Shobee	Ashwite	Sarad	ly

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

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

Risk Score	Category	Action	Support Surfaces (Please Note: Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice
15-18	At Risk	• Regular Turning Schedule • Enable as much activity as possible • Protect the heels • Use pressure redistribution surfaces • Manage moisture, friction and shear • Advance to a higher level of risk if other major risk factors are present	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
13-14	Moderate Risk	• Use the Same Protocol as for “At Risk” Patients • Position patient at 30 degree lateral incline using foam wedges	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
10-12	High Risk	• Follow the same protocol as for “Moderate Risk” Patients • In addition to regular turning schedule • Make small shifts in their position frequently	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
Less than 9	Severe Risk	• Use same protocol as for “High Risk” Patients • Add a pressure redistribution surface for patients with severe pain or with additional risk factors.	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay

BRADEN 'Q' SCALE

					Date :		
					Time :		
Mobility	1. Completely immobile: Does not make even slight changes in body or extremity position without assistance.	2. Very limited: Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	3. Slightly limited: Makes frequent through slight changes in body or e.tremity position independently.	4. No limitations: Makes major and frequent changes in position without assistance.	8/11/28 2:07 4		
"Activity The degree of physical activity"	1. Bedfast : Confined to bed	2. Chairfast : Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	3. Walks occasionally: Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4		
Sensory Perception	1. Completely limited: Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	2. Very limited: responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	3. Slightly limited: Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	4. No impairment: Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4		
Moisture Degree to which skin is exposed to moisture	1. Constantly moist: Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	2. Very moist: Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	3. Occasionally moist: Skin is occasionally moist, requiring linen change every 12 hours.	4. Rarely moist: Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4		
FRICTION-SHEAR Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	1. Significant problem: Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	2. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	3. Potential problem: Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	4. No apparent problem: Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4		
Nutritional Usual food intake pattern	1. Very Poor: NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	2. Inadequate: Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	3. Adequate: Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	4. Excellent: Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation.	4		
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4		
Severe Risk : less than 9 High Risk : 10-12 Moderate Risk : 13-14 Mild Risk : 15-18 Not at Risk: 19-23					TOTAL SCORE	20	
Docu. No. : RCHBH /FRM / CLINICAL / 119					Evaluator's Name	Suge	

Risk Score	Category	Action	Support Surfaces (Please Note: Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice)
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Less than 9	Severe Risk	• Use same protocol as for "High Risk" Patients • Add a pressure redistribution surface for patients with severe pain or with additional risk factors.	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay



PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
6/7	8 AM	0/10	NO pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Shobus
6/7	10 AM	0/10	NO pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Shobus
6/7	12 PM	0/10	NO pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Under Observation	Purns
6/7/26	3 PM	0/10	NO pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Under Observation	Yamug
6/7/26	5 PM	02/10	Surgical site	☐ Continuous ☒ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☐ Dull ☒ Aching ☐ Burning	☒ Increasing ☐ Decreasing	☒ Yes ☐ No	Inf Tramadol 100mg given	Yamug
6/7/26	7 PM	0/10	NO pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Under Observation	Yamug
6/7/26	9 PM	0/10	NO pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	under observation	Swanda
7/7/26	12 PM	0/10	NO pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	under observation	Swanda
7/7/26	2 PM	0/10	NO pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	under observation	Swanda
7/7/26	8 PM	0/10	NO pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	under observation	Swanda

Re-assessment Frequency:

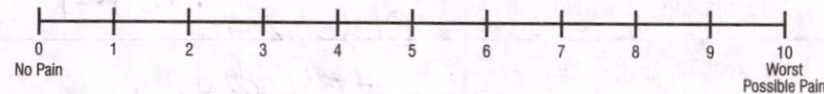
- Every eight hours for all hospitalized patients.
- For post-surgical patients, patients with chronic pain, patient with severe pain:
 - At least every 2 hours for the first 24 hours
 - Then every 4 hours.
 - Prior to pain relieving intervention.
 - Within 30 - 60 minutes after pain relief intervention.

PAIN ASSESSMENT TOOLS

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

CATEGORY	SCORING		
	0	1	2
Face	No Particular expression or smile	Occasional Grimace or Frown, withdraw, Disoriented	Frequent to constant frown, quivering chin, clenched jaw
Legs	Normal Position or Relaxed	Uneasy, restless, tense	Kicking, or legs brawn up
Activity	Laying quietly normal position, moves easily	Squirming shifting back and forth, tense	Arched, right, or Jerking
Cry	No Cry (Awake or asleep)	Moans or whimpers occasional complaint	Crying steadily, screams of sobs, frequent complaints
Consolability	Content, relaxed	Reassured by occasional touching, hugging, or being talked to, distractible	Difficult to console or comfort

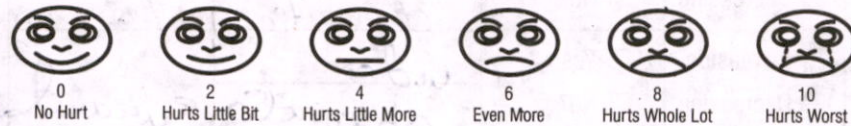
Numerical Pain Scale (Obstetric and Gynecology)



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

Assessment Criteria	Sedation		Normal	Pain / Agitation	
	-2	-1	0	1	2
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense
Vital Signs HR, RR, BP, SaO₂	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO ₂ 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO ₂ less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator

Wong - Baker (Pediatrics) Above 7 Years



PAIN ASSESSMENT FORM

BAH 022367 IP5-00176007
Mrs. MA BASHMAIL
06-07-198 28 Y O M D (F)
Dr. Dr. PRATHYUSHA REDDY

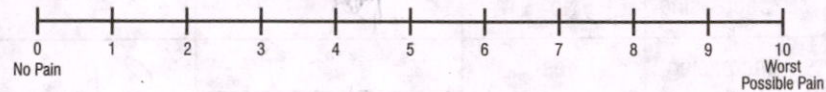
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
7/6/16	8 AM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Suf
7/6/16	10 AM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Suf
7/6/16	12 PM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Suf
7/6/16	3 PM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Suf
7/6/16	6 PM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Suf
7/6/16	12 PM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Suf
7/6/16	6 AM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Suf
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

PAIN ASSESSMENT TOOLS

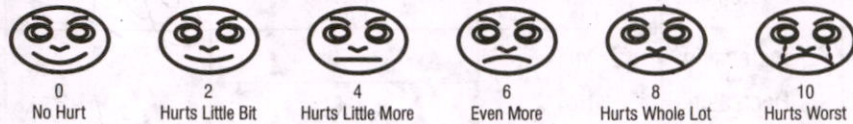
FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

CATEGORY	SCORING		
	0	1	2
Face	No Particular expression or smile	Occasional Grimace or Frown, withdraw, Disoriented	Frequent to constant frown, quivering chin, clenched jaw
Legs	Normal Position or Relaxed	Uneasy, restless, tense	Kicking, or legs drawn up
Activity	Laying quietly normal position, moves easily	Squirming shifting back and forth, tense	Arched, rigid, or Jerking
Cry	No Cry (Awake or asleep)	Moans or whimpers occasional complaint	Crying steadily, screams of sobs, frequent complaints
Consolability	Content, relaxed	Reassured by occasional touching, hugging, or being talked to, distractible	Difficult to console or comfort

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years



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

Assessment Criteria	Sedation		Normal	Pain / Agitation	
	-2	-1	0	1	2
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent continuous cry Inconsolable
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, or Arouses minimally / no movement (not sedated)
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continuous clenched toes, fists, or finger splay Body is tense
Vital Signs HR, RR, BP, SaO₂	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO ₂ 76-85% with stimulation - quick recovery	Increase 20-30% from baseline SaO ₂ 76-85% with stimulation - quick recovery

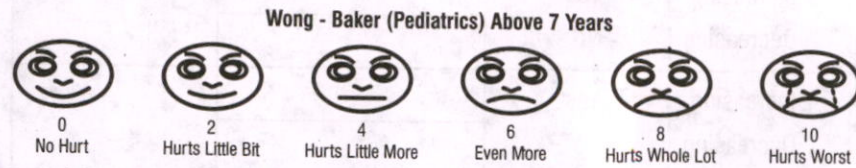
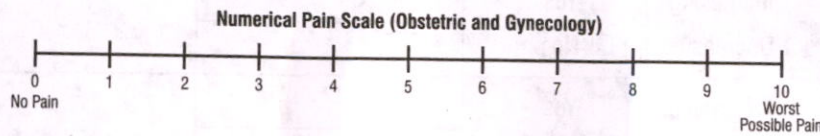
PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

Re-assessment Frequency:

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

PAIN ASSESSMENT TOOLS



FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

CATEGORY	SCORING		
	0	1	2
Face	No Particular expression or smile	Occasional Grimace or Frown, withdraw, Disoriented	Frequent to constant frown, quivering chin, clenched jaw
Legs	Normal Position or Relaxed	Uneasy, restless, tense	Kicking, or legs brawn up
Activity	Laying quietly normal position, moves easily	Squirming shifting back and forth, tense	Arched, right, or Jerking
Cry	No Cry (Awake or asleep)	Moans or whimpers occasional complaint	Crying steadily, screams of sobs, frequent complaints
Consolability	Content, relaxed	Reassured by occasional touching, hugging, or being talked to, distractible	Difficult to console or comfort

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

Assessment Criteria	Sedation		Normal	Pain / Agitation	
	-2	-1	0	1	2
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense
Vital Signs HR, RR, BP, SaO₂	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO ₂ 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO ₂ less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator

BAH-00422367 IP5-00176007
Mrs FATIMA BASHMAIL
06-07-1998 28 Y O M O D (F)
Dr. DR. M PRATHYUSHA REDDY



CHECKLIST FOR THROMBOPHLEBITIS

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S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1			DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0	0	0	0	0	0	0				
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1	-	-	-	-	-	-				
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2	-	-	-	-	-	-				
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3	-	-	-	-	-	-				
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4	-	-	-	-	-	-				
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord pyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5	-	-	-	-	-	-				
Signature of the Nurse				Tuma Ashwini Suresh Suresh									

NOTE : Phlebitis greater than grade 2 should be reported to physicians and other appropriate health care personal ongoing observation of the site should continue for 48 hours post removal to detect post infusion phlebitis.

Signature of Shift In Charge :

Signature : Sharada Name : Dr.

Signature of Ward In Charge :

Signature : Dr. Name : Veena

CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1			DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0										
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1										
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2										
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3										
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4										
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord pyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5										
Signature of the Nurse													

NOTE : Phlebitis greater than grade 2 should be reported to physicians and other appropriate health care personal ongoing observation of the site should continue for 48 hours post removal to detect post infusion phlebitis.

Signature of Shift In Charge :

Signature of Ward In Charge :

Signature : Name :

Signature : Name :

BAH-00422367 IP5-00176007
Mrs FATIMA BASHMAIL
06-07-1998 28 Y O M O D (F)
Dr. DR.M PRATHYUSHA REDDY

INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

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Part - I.

Patient's / Learner Language: Telugu/Hindi

Patient / Learner Literacy: ☐ Read ☒ Write ☐ Speak

Willingness to Learn: ☐ Yes ☒ No

Healthcare Literacy: ☐ Yes ☒ No

Identified Education Needs:

1. Diagnosis
2. Treatment and Care Plan
3. Pain Management
4. Informed Consent

5. Medication / Therapy (safety, effects/ side effect, interactions)
6. Discharge Medication
7. Infection Control Measures
8. Diagnostic Test / Procedures

9. Nutrition / Diet
10. Fall Risk Education
11. Safe use of Medical Equipment / Implantable Devices Safety
12. Patient's / Family Rights

13. Risk / Safety
14. Activity / Exercise
15. Social & Rehabilitation Needs
16. Special Discharge / Follow-up Education / Coping Skills
17. Others

Part - II

Date	Time	Need Identified	Information Taught	Use codes from the list in part III					Comments	Designation / Signature
				Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		
6/7/26	4:50pm	6, 7, 8	Diagnosis, Treatment & Care plan Pain management, Informed consent	PT/M	1	0	1	1		<u>Dr. M</u>
6/7/26	8:20am	7	Infection control measure	PT	1	0	1	1		<u>Young</u>
7/7/26	11am	9	Lactation diet	PT	1	0	1	1		<u>Saima</u>

Part - III: CODES

Who was taught: PT: Patient F: Father M: Mother S: Spouse Sn: Son D: Daughter C: Caregiver O: Other (Specify)	10. Financial Difficulties	13. Cultural/Religion Practice
Learning Barriers: 1. No Learning Barriers 2. Physical Impairment 3. Emotional Barriers	7. Impaired Thought Process/Cognitive limitations 8. Responsibilities at Home 9. Cultural Differences	14. Others (Specify)
Teaching Tools Used: A: Audio D: Demonstration V: Video O: Oral P: Printed	5. Respect values & beliefs 6. Respect Cultural / Religion Preference	
Mechanism/s to overcome barrier/s: 1. None 2. Obtain translator	3. Reassurance & Support 4. Teach Family / Others	7. Other, Specify

Patient Sticker

MULTI-DISCIPLINARY PLAN OF CARE FORM

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Diagnosis: G4P2L2A1 / 37+6wks / Central placenta previa / Hypothyroid / far EL. lscs

Date Time	Discipline	Type	Patient Needs / Problem List	Goal	Plan / Intervention	Signature	Team Verification
6/7/2024	☐ Medical ☐ Nursing ☐ Others:	☒ Initial ☐ Modified ☐ Per-Op ☐ Post Op	Central placenta previa Hypothyroid	Safe Delivery	EL. lscs	Omaya	☐ Nursing ☐ Others:
6/7/24 @ 8:30pm	☐ Medical ☒ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op	far and anxiety	To reduce far and anxiety	Psychological support given	Yaseen	☐ Medical ☐ Others:
7/7/26 9am	☐ Medical ☐ Nursing ☒ Others: dietitian	☐ Initial ☐ Modified ☐ Per-Op ☒ Post Op	POD-1 EL. LSCS	soft diet	soft High protein diet	Saima	☐ Medical ☐ Nursing ☒ Others:
7/7/26 2:45pm	☐ Medical ☐ Nursing ☒ Others:	☐ Initial ☐ Modified ☐ Per-Op ☒ Post Op	Post LSCS	Post partum recovery	Deep core retraining & functional training	T.S	☐ Medical ☐ Nursing ☐ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Nursing ☐ Others:

El Lses

PRE - OPERATIVE CHECK LIST

BAH-00422367 IP5-00176007
Patient's Name: Mrs FATIMA BASHMAIL
06-07-1998 28 Y O M O D (F)
Blood Group: Dr. DR. M PRATHYUSHA REDDY
Planned Surgi: 
Anesthetist:

Date: 6/7/26
Age: Gender: ☐ M ☒ F

Surgeon:
Operation: 6/7/26 @ 12pm

Tick Appropriate Boxes, To be filled by Nurse Incharge / Senior Nurse :

S.No.	INSTRUCTIONS	ER/Ward Nurse			OT Nurse		
		Yes	No	NA	Yes	No	NA
1	Weight checked recorded ?	☒	☐	☐	☐	☐	☐
	Is the patient fasting for over 6 hours Pre-Operatively ?	☒	☐	☐	☐	☐	☐
	Check Pre-OP Investigations & Results (CBP, Blood Group, BT, CT, PT, APTT, Viral Screening, CXR etc) Available before starting the procedure	☒	☐	☐	☐	☐	☐
4	Enema given / Bowel Preparation	☒	☐	☐	☐	☐	☐
5	Remove all ornaments, earrings, toe rings, nose rings etc and implants, dentures.	☒	☐	☐	☐	☐	☐
6	Sterile Gown Given	☒	☐	☐	☐	☐	☐
7	Is Blood arranged as required ?	☒	☐	☐	☐	☐	☐
8	If Blood has been ordered - is Blood bag ready ?	☒	☐	☐	☐	☐	☐
9	IV Cannula to be placed / IV fluids if Indicated	☒	☐	☐	☐	☐	☐
10	Pre Anesthetic consultation with anesthesiologist	☒	☐	☐	☐	☐	☐
11	Pre Medications Given ? (Sedatives / etc)	☒	☐	☐	☐	☐	☐
12	Skin Preparation	☒	☐	☐	☐	☐	☐
13	Site is marked	☒	☐	☐	☐	☐	☐
14	Surgery Consent / High Risk consent taken by surgeon? (Consent should be taken by the operating surgeon only)	☒	☐	☐	☐	☐	☐
	Implants are available	☐	☒	☐	☐	☐	☐
13	Equipment is available	☒	☐	☐	☐	☐	☐
17	Antibiotic Prophylaxis is given within the last 60 minutes	☒	☐	☐	☐	☐	☐
18	Other (if any)	☒	☐	☐	☐	☐	☐

NOTE : if any of above is ticked "NO" Discuss with the registrar / consultant immediately

Billing Clearance Taken : ☐ Yes ☐ No

Billing Executive Name : OT Nurse Name : Jaxeni ER/Ward Nurse Name : Shobu

Billing Executive Signature : Signature of OT Nurse : Signature of ER/Ward Nurse :

Date & Time : 6/7/26 12pm Date & Time : 6/7/26 Date & Time : 6/7/26

Doc. No. : RCHB/ FRM / CLINICAL / 107

topy



Patient St

CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: Dr M. prathyusha Reddy	Date of Delivery: 6/7/20
Assistant Surgeon: Dr Bhargavi Reddy	Time of Delivery: 10:42 AM
Anaesthetist's Name: Dr Shilpa	Gender of Baby: Female
Type of Anaesthesia: VISA	Weight of Baby: 2.228
Neonatologist: Dr Sneha	AGPAR Score: 9/10
Scrub Nurse: Sr Srilatha	NICU Admission: ☐ Yes ☒ No

Pre-Operative Diagnosis: G4P2L2 A1/37+6 w/ Central Placenta previa / Hypothyroid.

☒ Elective☐ Emergency

Indication: Central placenta previa.

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: Recutiv

If there was a delay give the reasons:

Surgical Procedure: POD-0 / FL-LSU / P3L3A1 / Hypothyroid.
Elective bc

Post Operative Diagnosis: POD-0 / FL-LSU / P3L3A1 / Hypothyroid

Peri-Operative Complications: Anterior uterine wall. Vascularity present

placenta is anterior covering OS

placenta was cut through to deliver the baby.

Amount of Blood Loss: 1.2 Liters

Blood Transfused (in ML):

Name and Number of Surgical Specimen sent for examination: 2 warts.

Incision site - skin tag present

removed sent for HPE

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

Cervical Dilatation: 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: Cord around the neck ☐ Yes ☒ NoAppearance of placenta: Cavity explored ☒ Yes ☐ NoUterus, tubes and ovaries: ☒ Normal ☐ Not Normal Sterilization: ☐ Yes ☒ NoUterine Closure: ☐ One Layer ☒ Two Layers SuturePeritoneal Closure: ☐ Pelvic ☒ Abdominal ☐ None Suture

Sheath Closure: Suture

Fat Closure: ☒ Yes ☐ No SutureSkin Closure: ☒ Subcuticular ☐ Mattress 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 ☐ No

Post-Operative Notes:

① NBM for 6-8 hrs

② monitor vitals & 1/2 hly for 2 hrs.

③ I/O charting

④ w/ active bleeding

⑤ No drugs in chart

⑥ Inform SW

⑦ skin-tag sent for HPE

Doctor Name: Dr. Diuys Doctor Signature: Dr. Diuys

Date & Time: 6/7/26; 1:12 PM

Patient

BAH-00422367
Mrs FATIMA BASHMAIL
06-07-1998 28 Y O M O D (F)
Dr. DR.M PRATHYUSHA REDDY

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POST-SURGICAL CARE PLAN FORM

Procedure Done: Elective LSC

Post-Surgical Diagnosis: pup-a/El.Lu/P.h.t./Hypothyroid

Post-Operative Monitoring Parameters /Frequency:

Bp/PR/SpO₂ every 30 mins

Wound Care:

X 48 hrs

Drain /Special Lines/Catheters:

→ foleys till 6am 7/7/2026

Special Patient Positioning and Requirements:

supine

Nutritional Instructions: NBT for 6-8 hrs

When to Start Mobilization: after foleys removal

Special Referrals: Nil

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

Not want vent for hpo.

Treating Surgeon
(Signature & Stamp)

Dr. Prathyusha

Date: 6/7/26 Time: 1:11pm

Note: Plan of care will be readjusted if necessary.

BAH-00422367 IP5-00176007
Mrs FATIMA BASHMAIL
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Dr. DR.M PRATHYUSHA REDDY

Patient St

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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	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	1
Mid-cavity or rotational operative delivery	-	1
Prolongedlabour (? 24hours)	-	1
PPH (?1litreortransfusion)	1	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		23

Signature of the Doctor: Dr. D Date: 8/07/2026 Time: 1:15pm

Action Plan: Hydration & Ambulation check x 6 day

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.



OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 6/7/26 Time of Arrival: 8:15 AM Time Seen by Nurse: 8:30 AM

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

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

- ☐ Severe Pain / Moderate Pain ☐ Preterm rupture of Membranes / Leaking Water PV
☐ Bleeding PV: Slight / Heavy ☐ Preterm Labor/ Labor
☐ Decreased Fetal Movement ☐ Spontaneous Rupture of Membrane / Leaking Water PV
☐ No Fetal Movement ☐ Other Reason: 21 hrs

3) **Vital Signs:** Temperature: 98.2 Pulse: 83 RR: 20 SpO₂: 100 BP: 115/72 Weight: _____

4) **Gestational Criteria:**

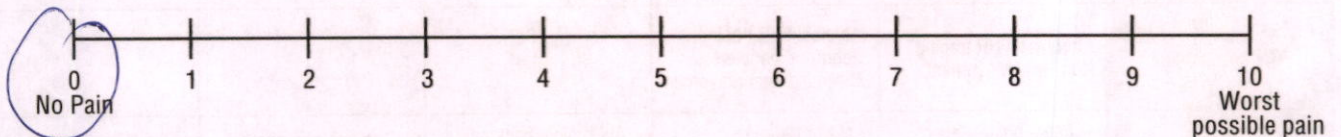
Gravida:	<u>G 4</u>	P <u>2</u>	L <u>2</u>	A <u>1</u>
----------	------------	------------	------------	------------

LMP: 15/11/26 EDD: 21/17/26 Gestational Age: _____

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

5) **Pain Screening:**

Numerical Pain Scale (NPS)



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

6) **Past History:**

- a) Surgeries: None
 b) Medical: Hypothyroid



7) Allergy: ☐ No, If Yes :

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

9) Prenatal Medical History:

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

Triage Category: (Please tick on the category)

Refer to OBSTETRICAL TRIAGE ACUITY SCALE (OTAS)

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

OBCU Obstetrical Triage Acuity Scale (OTAS)

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

Time seen by Doctor: 8:15 AM

Nurse Name : ghobha Nurse Signature: [Signature]

Date: 6/7/2026 Time: 8:15 AM

BAH-00422367 IP5-00176007
Mrs FATIMA BASHMAIL
06-07-1998 28 Y O M O D (F)
Dr. DR.M PRATHYUSA REDDY



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Children's
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Your Right to a Safe Delivery

OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 6/7/18

Baseline Information:

Admission From: ☐ ER

☐ OPD

☒ Admission Desk

☐ Others, specify

Primary Language: ☒ Telugu

☐ English

☒ Hindi

☐ Others, specify

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

Source of Information: ☐ Patient

☐ Family

☐ Others, specify

Allergies: ☐ Yes ☒ No

☐ Medications

☐ Blood Transfusion

☐ Food

☐ Other:

If yes, identify

Doctor Notified on Admission: ☒ Yes ☐ No

Name of the Doctor: Dr. Sneha

Time Notified: 8:15 PM

Chief Complaints:

Came EL LSCS

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

Past Medical History

Past Surgical History

Previous Hospital Admission

Hypothyroid

nil

Gynecology Assessment: ☐ Not Applicable

Menstrual History: Regular

Onset of Menarche:

Menstrual Cycle: ☒ Regular ☐ Irregular

Last Menstrual Period:

Gynecology Surgical History:

Caesarean Section: ☒ No ☐ Yes

Cervical Cerclage: ☒ No ☐ Yes

Ectopic Pregnancy: ☒ No ☐ Yes

Myomectomy: ☒ No ☐ Yes

Others:

Gynecological History:

Contraceptives: ☒ No ☐ Yes

Vaginal Discharge: ☒ No ☐ Yes

Post-Coital Bleeding: ☒ No ☐ Yes

Infertility: ☐ No ☐ Yes

If Yes Type: ☐ Primary ☒ Secondary

Obstetric History: G 2

P 2

L 2

A 1

Previous LSCS:

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

Family History: ☒ No Abnormalities Detected

☐ Heart Disease

☐ Hypertension

☐ Diabetes

☐ Stroke

☐ Seizures

☐ Kidney disease

☐ Liver disease

☐ Other

Vital Signs / Measurements:

Temp: 97.2 F

HR: 80 bpm

RR: 20

BP: 100/59

Weight:

Height:

BMI:

Pain Assessment:

Pain: ☒ Yes ☒ No

(If Yes, complete the Pain Assessment / Reassessment Form)

BAH-00422367
Mrs. FATIMA BASHMAIL
06-07-1998
Dr. DR.M PRATHYUSHA REDDY (F)
28 Y O M O D
IP5-00176007



PHYSICAL ASSESSMENT

General Appearance:

☒ Healthy

☐ ill looking

☐ Anxious

☐ Agitated

☐ Others:

Fall Assessment: ☒ Yes ☐ No

Score 20

(complete the Morse Fall Risk Assessment Sheet)

Risk of Pressure Sore: ☒ Yes ☐ No

Score 28

(complete the Braden Q Sheet)

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

☐ Mobility problem

☐ Walking Problem

☒ No Abnormality Detected

☐ Developmental Delay

☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING: ☒ No Abnormality Detected

☐ Overweight

☐ Poor Appetite > 3 Days

☐ Needs Therapeutic Diet.

☐ Under Weight

☐ Diabetes Mellitus

☐ Hyperemesis Gravidarum

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

☒ Calm & Cooperative

☐ Restless

☐ Depressed

☐ Agitated

☐ Confused

☐ Others

Inform consultant for positive criteria

Cultural & Spiritual Needs: ☐ Yes ☐ No if Yes specify

Inform consultant for positive criteria.

SOCIAL SCREENING:

1. Marital Status: ☐ Single ☒ Married

☐ Divorced

☐ Widow

2. Special Habits: Smoker: ☐ Yes ☒ No

Alcohol Abuse: ☐ Yes ☒ No

Drug Abuse: ☐ Yes ☒ No

Social History: Lives With

Orientation has been given regarding the following aspects:

Ill Bell in Reach: ☒ Yes ☐ No

Waste Disposal Explained: ☒ Yes ☐ No

Infusion Pump: ☒ Yes ☐ No

Hand Hygiene Explained: ☒ Yes ☐ No

☐ Others

Additional information given to: patient

Name of Person Orientation was given to: Shobha

Orientation not given Reason:

Nurse Signature: Shobha

Nurse Name: Shobha

Time: 6/7/22



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INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

Patient Name : Mrs. FATIMA BASHMAIL Gender: ☐ Male ☒ Female Age : 27 years
UHID No : BAH-422367 Date : 06/7/2026

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)

ELECTIVE LOWER SEGMENT CAESAREAN SECTION
+ CAESAREAN HYSTERECTOMY upon

(Name of the Patient) Mrs. Fatima

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.

Bleeding, infection, injury to bowel and bladder,
Need for blood transfusion, Need for ICU stay, Need for ventilator support

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
5. I authorize the consent to the performance of the operation or procedure.

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

Consentee :

Signature : [Signature]
Name : Mrs. Fatima Bashmail
Date & Time : 06/7/26 ; 9:45 AM

Patient Attendant :

Signature : [Signature]
Name : Juraiya Gasmeeen
Relationship with Patient: Mother
Date & Time : 6/7/26 9:45 AM

Witness :

Signature : [Signature]
Name : Shobha
Date & Time : 6/7/26 @ 9:45 AM

Doctor (who is taking the consent) :

Signature : [Signature]
Name : Dr. Divya
Date & Time : 06/7/2026 ; 9:45 AM



CONSENT FOR ANAESTHESIA

Authorization By: ☒ Patient ☐ Patient Attendant

Operative Procedure: FLUO.

Anaesthesiologist: DR. K. SRI RAMYA Surgeon: _____

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 HYPOTENSION

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: Fatima Bashmail

Name: Fatima Bashmail

Relationship with patient: _____

Date & Time: 6/7/2016 9:00AM

Witness:

Signature: Sureya Yesmeen

Name: Sureya Yesmeen

Date & Time: 6/7/2016 9:00AM

Doctor (who is taking consent):

Signature: DR. K. SRI RAMYA Name: DR. K. SRI RAMYA Date 6/7/2016 Time: 9:00AM

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 అపస్మాదక స్థితిలోకి తీసుకెళ్లే ప్రక్రియ. దీనితో రోగి శస్త్రచికిత్స సమయంలో ఏదీ తెలుసుకోడు, నొప్పి అనుభవించడు. 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 వెన్స్ 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 స్వప్రేరేపిత భావాలతో, స్వయంగా ఇస్తున్నానని ధృవీకరిస్తున్నాను.

రోగి / రోగి అటెండెంట్:

సంతకం:

పేరు:

రోగితో సంబంధం:

తేదీ & సమయం:

సాక్షి:

సంతకం:

పేరు:

తేదీ & సమయం:

డాక్టర్ :

సంతకం: పేరు: తేదీ & సమయం:

thesiology

PRE-ANAESTHETIC EVALUATION

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Name: FATIMA BASHMAIL Age: 28 Sex: _____ UHID.No: _____

Date: 6/6/2024 Time: 8:07 AM Proposed Operation: FLUS

Diagnosis: G4PL2 A1 Central placenta previa

B.P / CRT: _____ H.R: _____ Weight: 61kg ASA Physical Status: ☐ 1 ☒ 2 ☐ 3 ☐ 4 ☐ 5

Laboratory Data:

Hgb: 11.0g
PCV: _____
WBC: 7.04
Plate: 2.35
PT: _____
PTT: _____
INR: _____

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

HIV: _____ X-Ray: _____
HBS Ag: MR ECG: _____
HCV: _____ 2D Echo: _____
Blood group: B+ve Stress/Angio: _____
T3: _____ Other: _____
T4: _____
TSH: 1.615

Allergies: NKDM

Medical History: CVS:

RESP: _____ Diabetes: _____

CNS: no significant no Hypothyroid - 2023 act

Renal: thyroid disease

Hepatic / GE: _____ Physical Activity: > 2 hrs

Others: G1 NVID - TGA - 2.7kg - 2010

Past Anaesthetic History: G2 NVID - TGA - 2.8kg - 2023 Spontaneous Miscarriage - 2023

Physical Exam:

Airway: MP 1 2 3 4 Mouth Opening: > 2 fingers Mento-hyoid Distance: > 2 fingers Neck: (n) Teeth: (n)

Lungs: BAC (n) clear

Heart: Size (n) NO MURMURS

CNS: Reflex

Pregnant: ☒ Yes ☐ No ☐ NA Venous Access Site: (n) Spine Exam for regional: (n)

Anaesthetic Plan: ☐ MAC ☒ REGIONAL ☐ GA-ETT ☐ LMA

Peri-Operative Plan Explained to the Patient: ☒ Yes ☐ No

CURRENT MEDICATIONS	DOSAGE
<u>T. thyroxine</u>	<u>25 mg</u>

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: 1300hrs

Scare Another w.k. 18.6.24

2.0 PRBC blood reserve

Signature: _____ Name: DR. K. R. RATHY



POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Sis. Shobha Time Received : 12:00pm Time Discharged :

250 240 230 220 210 200 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50 40 30 20 10 0 RES PULSE < BLOOD PRESSURE >	12:00pm 12:00pm 12:00pm ✓ ✓ ✓ ✓ ✓ ✓	250 240 230 220 210 200 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50 40 30 20 10 0	IV Cannula Site : <u>Left arm</u> ☐ O₂ Mask ☐ Nasal Prongs ☐ Tracheostomy ☐ T-Piece ☐ Oral Airway ☐ Nasal Airway Vomiting : ☐ Yes ☒ No Drug : NG Tube : ☐ Yes ☒ No Drain : ☐ Yes ☒ No Urinary Catheter : ☒ Yes ☐ No Chest Tube : ☐ Yes ☒ No Nil Oral ☐ Yes ☒ No IV Fluids : <u>RL 500ml</u> Oral Feeds :
---	--	---	---

POST ANAESTHESIA SCORE (Modified Aldrete Score)		IN	MINUTES			OUT	SCORING INTERPRETATION
			30	60	90		
Able to move 4 extremities voluntary or on command	= 2	1	2	2	2	2	A Minimum Total Score of 8 is Required for Discharge
Able to move 2 extremities voluntary or on command	= 1						
Able to move 0 extremities voluntary or on command	= 0						
Able to deep breathe & cough freely	= 2	2	2	2	2	2	Exceptions to this, are to be explained in the space below by the Discharging Physician:
Dyspnea or limited breathing	= 1						
Apneic	= 0						
BP ± 20 of Pre Anaesthetic level	= 2	2	2	2	2	2	
BP ± 20-50 of Pre Anaesthetic level	= 1						
BP ± 50 of Pre Anaesthetic level	= 0						
Fully awake	= 2	2	2	2	2	2	
Arousable on calling	= 1						
Not responding	= 0						
Pink	= 2	2	2	2	2	2	
Pale, dusky, blotchy, jaundiced, other	= 1						
Cyanotic	= 0						
TOTAL		9	10	10	10	10	

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
6/7	12pm	0/10	NA	Yamir
6/7	1pm	0/10	NA	Yamir
6/7	2pm	0/10	NA	Yamir

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

Anaesthesiologist Name : Dr. Sumananda

Anaesthesiologist Signature : [Signature]

Date & Time : 6/7/26 @ 9pm

PACU Nurse Name : [Signature]

PACU Nurse Signature : [Signature]

Date & Time : 6/7/26 9pm

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): [Signature]

Date & Time : 6/7/26 9pm

Patient Sticker

EPIDURAL ANALGESIA RECORD

b)

[illegible]

Date and Time :

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Prathyusha
Asst. Surgeon : Dr. Subhakar
Anaesthetist : Dr. Suresh
Scrub Nurse : Rishi

Patient Name :
UHID No. :
Date : 6/7/20

BAH-00657750 IPD-001/3992
Mrs SRIRAM
02-10-1999 3 D (F)
Dr. DR.M PRATHYUSHA REDDY

Gender :

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Before Induction of Anaesthesia >>

Before Skin Incision >>

Before Patient Leaves Operating Room

SIGN IN	Time: <u>9:58 AM</u>
Patient Has Confirmed	
Identity	☒ Yes ☐ No
Site	☐ Yes ☒ No
Procedure	☒ Yes ☐ No
Consent	☒ Yes ☐ No
Site Marked	☐ Yes ☐ No ☒ NA
Anaesthesia Safety Check Completed	☒ Yes ☐ No
Pulse Oximeter on Patient & Functioning	☒ Yes ☐ No
Does Patient have a:	
Known Allergy?	☐ Yes ☒ No
Difficult Airway / Aspiration Risk?	
Yes, & Equipment / Assistance Available	☒ Yes ☐ No
Risk of > 500ml Blood Loss (7ml/kg In Children)?	
Yes, and Adequate Intravenous Access and Fluids Planned	☒ Yes ☐ No ☐ NA
Blood Units Reserved	☒ Yes ☐ No ☐ NA
Has Antibiotic Prophylaxis been given within the last 60 minutes?	
	☒ Yes ☐ No ☐ NA
Signature : <u>Dr. Subhakar</u>	
Name : <u>Dr. Subhakar</u>	

TIME OUT	Time: <u>10 AM</u>
Confirm all team members have introduced themselves by Name and Role	
☒ Yes ☐ No	
Surgeon, Anaesthesia Professional and Nurse Verbally Confirm	
Correct Patient (Check ID Band)	☒ Yes ☐ No
Correct Site	☒ Yes ☐ No
Correct Procedure	☒ Yes ☐ No
Anticipated Critical Events	
Surgeon Reviews:	
What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss? <u>500ml / 1 hr</u>	
☒ Yes ☐ No ☐ NA	
Anaesthesia Team Reviews:	
Are There Any Patient-specific Concerns? ☒ Yes ☐ No ☐ NA	
Nursing Team Reviews:	
Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns? ☒ Yes ☐ No ☐ NA	
Is Essential Imaging Displayed? ☒ Yes ☐ No ☐ NA	
Power Supply, Earthing, Power Backup and functioning of equipment checked. ☒ Yes ☐ No	
Signature : <u>Rishi</u>	
Name : <u>Rishi</u>	

SIGN OUT	Time: <u>11 AM</u>
Nurse Verbally Confirms with the Team:	
The Name of the Procedure Recorded	☒ Yes ☐ No
That Instrument, Sponge and Needle Counts are Correct (or Not Applicable)	☒ Yes ☐ No ☐ NA
The Specimen is Labelled (including patient name)	☐ Yes ☒ No ☐ NA
Whether there are any Equipment Problems to be addressed	☐ Yes ☒ No ☐ NA
To Surgeon, Anaesthetist and Nurse:	
What are the key concerns for recovery and management of this patient? ☐ Yes ☒ No	
Signature : <u>Dr. Prathyusha</u>	
Name : <u>Dr. Prathyusha</u>	

SURGICAL SAFETY CHECKLIST

Surgeon :
Asst. Surgeon :
Anaesthetist :
Scrub Nurse :

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



Before Induction of Anaesthesia ➤ ➤

Before Skin Incision ➤ ➤

Before Patient Leaves Operating Room

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

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

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

BAH-00422387

IP5-00176007

Mrs FATIMA BASHMAIL

08-07-1998 28 Y 0 M 1 D (F)

Dr. DR.M PRATHYUSHA REDDY



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POST – PARTUM ASSESSMENT FORM – IN-PATIENT

Date: 7/7/26

Chief Complaint : Pain at the suture site

Obstetric/ Birthing History : G4P3L3A1, LSCS, POD-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. Tuhena Shanna (PT)

Date & Time: 7/7/26 2:45pm

PATIENT TRANSFER FORM

Patient Name & UHID No. BAH-00422367 IP5-00176007 Mrs FATIMA BASHMAIL 28 Y O M O D (F) 06-07-1993 Dr. DR.M PRATHYUSHA REDDY		Date & Time of Admission 6/7/26 8:10 AM	Date & Time of Transfer Order 7/7/26 @ 10:50 AM
Transfer Ordered by Dr. Shrothe		Reason for Transfer post op OBS	
From Unit OBS	To Unit (309)	Information to Attendant Yes ☒ No ☐	
Number of Sheets in Clinical File 35	Personal belongings including clinical documents. If any handed over to attendant Yes ☒ No ☐ If Yes, what?	Patient shifted with ID band: Yes ☒ No ☐ If No:	
Number of Imaging Films 01			
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 Sis. Sora		Name of Person Ordered Transfer Dr. Shrothe	
Patient & Clinical Records Received by: Sneha			
Date & Time of Patient Received : 7/7/26 @ 11:15 AM			

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

u. No. : RCHBH / FRM / CLINICAL / 102 (26)

WHEEL FORM

Child's Name

21/10/10

21/10/10

21/10/10

21/10/10

(200)

220

220

220

21/10/10

21/10/10

21/10/10

21/10/10

21/10/10

21/10/10

BAH-00422367 IP5-00176007
Mrs FATIMA BASHMAIL
08-07-1998 28 Y 0 M 1 D (F)
Dr. DR.M PRATHYUSHA REDDY



309

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NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 7/7/26

Time: 11am

Origin: Indian

Height: 157cm

Weight: 73.9kg's

BMI: 29.6 Kg/m²

Food Allergies: No

Diagnosis: POD-1 / EL. LSCS (selective lower segment Caesarian 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 and outside foods

Patient's / Attendant's

Signature: [Signature]

Name: Fatima Bashmail

Date & Time: 7/7/26
11am

Dietician's

Signature: [Signature]

Name: SAIMA

Date & Time: 7/7/26
11am

DIETARY NOTES

[illegible]



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/7/2026 12:00pm	POD-0/FL-64/ P3L3A, / central placenta arterial line ④	
	O/E BP- 89/64/71 mmHg. PR- 64 Bpm SPO ₂ - 98% RA PLA- ut ② uer CBP @ 4:00pm. pla - Swvl. Dressing- clay healthy	Adv IVF @ 100ml/hr ① NBM ② Monitor vital every 15 min ③ I/O charting ④ wif active bleeding ⑤ Drugs as charted ⑥ Monitor Inform sos
		Dr. Dilu
6/7/2026 3:00pm 4:00	POD-0/FL-64/ P3L3 arterial line ④	
	O/E Gr-fair BP- 108/96 mmHg. PR- 75 Bpm SPO ₂ - 98% RA PLA- ut ② uer Dressing- Instal	Adv ① Sips of water ② IVF @ 100ml/hr ③ Monitor vital ④ I/O charting ⑤ wif active bleeding ⑥ Drugs as charted ⑦ Inform sos ⑧ inj. pen 1gm wif-stal
		Dr. Dilu

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/7/26 5:30pm	POD-0 / CL-LSCS / P₃L₃A₁ } Central placenta previa } hypothyroid → arterial line @ BP - 109/70 [88] PR - 78bpm SpO₂ - 97% on RA P/A- ut well retracted. Dressing dry & intact. BS @ 4E- BUNL U/O - 500ml [x12:30pm] clear, adequate	<u>Advice:</u> → Clear liquids now → Soft diet as per → Drugs as checked → Vitals & w/o bleeding 4th → Inform SOC → w/o hypotension, tachycardia, bleeding ph
6/7/26 9:30pm	Noted by Dr. Yanna (06/26/26) POD-0 arterial line @ BP - 111/73 [83] PR - 75bpm SpO₂ - 100% on RA P/A- ut well retracted. Dressing dry & intact. 4E- BUNL U/O - 300ml; clear [x6:30pm]	<u>Advice:</u> ① Soft diet ② Hydrate. ③ Drugs as checked ④ Vitals & w/o bleeding P/V & T/C - 4th w/o ⑤ Inform SOC ⑥ w/o hypotension, tachycardia