BAH-00640655 IP5-00174620
Mrs SYEDA SANA SHAHNOOR
25-08-2001 24 Y 9 M 7 D (F)
Dr. SHRUTHI REDDY/Dr.LAVANYA

Mrs SYEDA SANA SHAHNOOR (24 Y 9 M 8 D/ F)
TISSUE
BAH-00640655

LBPA0445
BA26055899020

SURGERY DETAILS

Date : 2/06/26

Patient Name: BAH-00640655 IP5-00174620 Mrs SYEDA SANA SHAHNOOR 25-08-2001 24 Y 9 M 7 D (F) Dr. SHRUTHI REDDY/Dr.LAVANYA Date of Birth: 25/8/2001 Age: 24yrs

Gender: Female Ward : .... UHID No.: BAH-00640655

Date of Surgery: 2/6/26 ☐ OT -1 ☑ OT -2 ☐ OT -3 ☐ OT -4 ☐ OBG OT-1 ☑ OBG OT-2

Name of the Surgery : Emergency LSCS under Epidural Anesthesia

Time in : 2:30 Am Time Out : 3:30 Am

		NAME	AMOUNT
1.	Surgeon	: Dr Lavanya	
2.	Anaesthetist	: Dr Aditi	
3.	Assistant Surgeon	: Dr Deepika	
4.	OT Technician	: Aman	
5.	Circulating Nurse	: S/s kranthi	
6.	Assistant Nurse	: S/s Rajeshwari	

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

[signature] Signature of the Surgeon

Rajeshwari
Signature of Circulating Nurse

Order No: 9688839 Order by: Bharathi

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8-2-120/103/1,2,3,4 and 5,Road No: 2, Banjara Hills, Telangana, Hyderabad, INDIA Banjara Hills ,Hyderabad ,Telangana, India ,500034.
TEL NO :+91-40-4466 5555
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP5-00174620 **Admit Date** : 01-Jun-2026 **Admit Time** : 07:30 PM **UHID** : BAH-00640655

Patient Details :

Patient Name	: Mrs SYEDA SANA SHAHNOOR	**Age**	: 24 Y 9 M 7 D
Guardian	: Mr AMAAN SHOEB RAJA	**DOB**	: 25-08-2001
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	: Married
Address (H)	: H NO 11-2-191/B, NAMPALLY MARKET Hyderabad Hyderabad Telangana INDIA 500001	**Phone No**	: 9989299400/ 8142377816
		E-mail	: AMAAN.SHOEB42000@GMAIL.COM

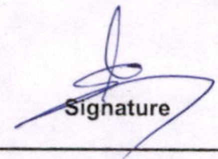
Admission Details :

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 AMAAN SHOEB RAJA	**Relationship**	: Husband
Contact Address	: H NO 11-2-191/B, NAMPALLY MARKET Hyderabad Hyderabad Telangana INDIA 500001	**Phone No**	: 9989299400 /



Signature

Doctor Details :

Doctor Name	: Dr. SHRUTHI REDDY/Dr.LAVANYA JANAGAMA	**Specialisation**	: OBSTETRICS AND GYNECOLOGY
Referral Doctor	: Self	**Phone No**	:
Co-Consultant	:		

Payment Details :

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

Printed Date / Time : 01/06/2026 19:31 Printed By : 015284

(1)

ACTIVITY RECORD FOR BILLING

BAH-00640655 IP5-00174620
Mrs SYEDA SANA SHAHNOOR
25-08-2001 24 Y 9 M 8 D (F)
Dr. SHRUTHI REDDY/Dr.LAVANYA

Name : ______________________

UHID No. : __________ IP No : __________ Consultant: __________ Dept : __________

Date of Admission: __________ Time : __________ Date of Discharge : __________ Time: __________

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
2/6/26	3:30pm	8th Floor	3rd Floor (331B)	[signature]

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	Dr. Nishanth Reddy	2/6/26	9639393	[signature]
2				
3				
4				
5				
6				
7				
8				
9				
10				

Docu. No. RCHBH/FRM/GENERAL/145

INVESTIGATIONS

Date	Investigations	Order No.	Signature
1/6/26	NST — (1)	265 027683	[signature]
1/6/26	NST – (2)	265 -027745	
2/6/26	NST – (3)		
2/6/26	NST (4)	2 027746	
2/6/26	Urine Albumin 3+	NOT Enterd	
2/6/26	PE profile sended		
	CBP, LFT, Electrolyts, urea		
	Uric Acid, LDH, PT APTT	26055812	[signature]
	Creatinin		
2/6/26	placenta histopathology	26055899	[signature]
2/6/26	Sr. Potasium	26056085.	[signature]
3/6/26	CBP, Sr. Electrolytes	26056151	[signature]

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Mrs. Sy

Em. LSCS

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CONSUMABLES OF OT

Circulating staff : .... Technician : .... Date : .... Time : ....

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube			~~Major~~ Pack NSG Drape		1	Inj Vit.K		2
LMA			Sutures 2346		02	Cord Clamp		1
ECG leads : (A) / P / N		03	2364		01	Suction Catheter 8No		1
HME filter : A / P / N			2262		01	Feeding Tube		
Syringes : 10 cc		05				Vaccum Suction Set		1
05 cc		05	Gloves 6, 6½, 7		2/2/2	Surgical Gloves 7		2
02 cc		03	D.F 6½		2	Gauze Pack		1
01 cc						Syringe 1ml / ~~2ml~~		2
Cautery plate (A) / P / N		01	Surgical blade 22		1	Surgical Blade # 2~~0~~		1
IV set			NG tube			Koochies (S) 1's		1
RL		03	Cautery pencil		1			
NS : 10ml / (100ml) / 500ml / 1000ml		01	Koochies XL		1			
Mini Spike		01	Ointments					
Midazolam		01	Suction Catheter			~~9638856~~		
Fentanyl		01	Cap, Mask		10/10/10			
Morphine			Gauze Pack		24			
Ketamine		01	Mop Pack		2			
Propofol			Steri~~strip~~ zone		1			
Rocuronium			Underpad		1			
Glycopyrolate			Draw sheet Allesorb		1			
Myopyrolate			Abgel		1			
Ondansetron		01	Foleys catheter					
Pencan 25g/ Spinal Needle 22			Urobag					
Bupivacaine 0.25%			Chest Drainage Catheter					
Bupivacaine 0.25%(Heavy)			Romodrain bag					
Antibiotics			Bandage					
Tranexa		02	Tegaderm					
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : (100mg)		01	Vaccum Suction set		1			
Justin : 12.5 mg / 25mg / (100mg)		01	Plastic Bed Sheet					
Tab. Misoprost : (200mg)		02	Betadine Solution		2			
Oxytocin		03	Microshield		1			
IV pcm		01	Cotton Balls		1			
			Latex Gloves		20			
			Ramdione Scrub					
			~~Saral~~ D/A		—			

Surgeon Anaesthesiologist Nurse Shaheen OT Technician

Order No. : 9638844 Ordered by : ....

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

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
1/6/26	cardiac monitor	4Am	3Pm	96 39048	Rajeswari

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
1/6/26	IV placement done	01	96385576	[illegible]
1/6/26	PAC done	1	96385574	[illegible]
1/6/26	Catheterisation done	1	96385578	[illegible]

Crosschecks done

ANY OTHER INFORMATION

....

....

....

....

....

....

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

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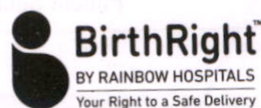
25-08-2001 24 Y 9 M 7 D (F)
Dr. SHRUTHI REDDY/Dr.LAVANYA



IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints primi came for IOL

Obstetric Formula: primigravid

Obstetric Hostory:

Present Pregnancy Record:
- PP- sp. conception
- Booked at 9+2 w/k.
- DA- sp. reduced to singleton 6+6 w/k.

RISK FACTORS:
→ FGR - EFW - 2,246 (2nd centile)
AC - < 1%
FGR - stage 1. at 37+1 wks on growth scan.

Height: 168. cm
Weight: 70.60 kg
Allergies: NKDA
Breast: ☑ Normal ☐ Abnormal
General Examination:
Consciousness: conscious Pallor: absent
Icterus: absent Edema: pedal edema (+)
Temp: afebrile PR: 78 bpm
? BP: 128/82 (79) DTR: (+) nt
CVS: S1S2 (+) RS BAE (+) SpO2 - 100% on RA
Liver/Spleen: not palpable Urine Output: adequate.

LMP: 14/9/2025 EDD: 21/6/26
Corrected EDD: 21/6/26 GA: 37+1 w/k.
Menstrual History: Regular : ☑ Yes ☐ No

Obstetric Examination
Fundal Height: ~ Term.
Ut. Activity: ☑ Relaxed ☐ Mild ☐ Mod ☐ Severe
Liquor: ☑ Adequate ☐ Oligo ☐ Poly
PP: ☑ Cephalic ☐ Breech Others ________
Head Fifths Palpable: 5/5.
FHS: ☑ Normal ☐ Tachy ☐ Brady ☐ Absent

Per Speculum Examination
Draining: ☐ Present ☐ Absent ☐ Bleeding
Colour of Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Vaginal Examination
Cervix: ☑ Long ☐ Partially effaced ☐ Effaced
Os: Closed Os closed. Dilated ________
Membranes: ☑ Present ☐ Absent
Liquor: ☑ Clear ☐ Meconium ☐ Blood Stained
Presenting Part: ☑ Vertex ☐ Breech ☐ Others
Sutton: ☑ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2
Pelvis: ☑ Adequate ☐ Doubtful

DIAGNOSIS
primigravida / 37+1 wks / FGR [2nd centile, AC - <1% centile] / for IOL.
UA with positive EDF with cerebral redistribution
(N) DV Doppler.

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Family History: Nil	Surgical History: Nil
Medical History: ~~Nil~~ Chronic Rinosinusitis.	Medication History: fe, ca, propl.
Plan of Care: ~~1) Admission~~ 2) IV cannulation 3) IOL 4) NST now f/b NST 3rd hourly 5) written and Informed consent. 5) Part preparation 6) Enema 7) Drugs as charted 8) w/f POL 9) Inform SUS 10) Epidural sitting.	Investigations: BGT – B+ve virals – NR 25/5/26 CBP – Hb – 11.3 / WBC – 9,700 / PLT – 1.87. 1/6/2026 SUL, 37+1wks, cephalic, PL – ant / ® Lat, high, AFI – 16cm, AC – < 1%, EFW – 2,246 (2%.) FGR stage-1. Increased re[illegible] to blood flow in um. artery with positive EDF with Cerebral redistribution & normal DV Doppler. TIFFA – Ⓝ NT – 2.3mm / FTS – low risk.

Doctor Name: Dr Divya
Signature: [signature]
Date & Time: 1/6/26; 5:00pm

Consultant Name: Dr. Shruthi Reddy
Signature: [stamp: DR. SHRUTHI REDDY PODDUTOOR Registration No: 46820]
Date & Time: 1/6/26

BAH-00640655 IP5-00174620
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/6/2026 6:30pm	Case discussed with Dr. Shruthi ✓ Foleys bulb induction ✓ Tab: PGE1 25ug - Per oral x 4th hourly ✓ NST x 3rd hourly ✓ Inform SOS (by CDr Deepika)	
1/6/26 7:00pm.	⇒ Under strict aseptic condition ; intracervical foleys kept insitu. P/V - Cx - 1 finger loose, long. Vx - -3 station. Sruthi	
1/6/2026 10:45PM	c/o pain 3 episodes of vomiting Vitals - BP - 110/72 (84) PR - 90bpm SPO2 - 98% on RA P/A - Uterus irritable V/E - Foleys bulb insitu	Advice ✓ NST ✓ Epidural SOS ✓ W/F Progress of labor ✓ Inform SOS by CDr Deepika

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/6/2026 1AM	On epidural comfortable Vitals - BP - 121/71 (87) PR - 80 SpO_2 - 100% on RA P/A - Uterus Acting NST - ongoing V/E - Foleys bulb expelled Cx long, soft, 2cm, SROM clear leak (+), Vx (-2).	Had spontaneous rupture of membranes Advice ✓ Await spontaneous progress ✓ NST NOW ✓ Foleys catheterisation ✓ Inform SOS by (Dr Deepika)
2/6/2026 2:15AM	C/D/W Dr. Shruthi NST - early decelerations (+) V/E - Cx long, soft, 2cm, CL (+) Vx (-2) Patient & family counselled about need for emergency LSCS i/v/o presumed fetal compromise. by (Dr. Deepika)	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/6/2026 4Am	U/O - 300ml clear emptied Vitals - BP - 144/98 PR - 80bpm SpO_2 - 94% on 2litres O_2 Tab. labetalol 100mg - PO - given - 5Am Urine Albumin - 3+ Uterus retracted well VVE - Minimal Bleeding	PE Profile - sent
2/6/2026 5:45Am	BP - 140/92 mmHg PR - 78bpm SpO_2 - 100% on RA Urine Output - 50ml, clear	c/o pain ↓ Inj. Paracetamol 1gram IV - STAT Trace PE Profile by CMr Deepika

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/06/2026	C/O/W Dr shruthi	
6AM		Vitals - BP - 149/77.
	✓ Urine Albumin - 3 (+).	PR - 77bpm
		SpO2 - 99% on RA
	✓ Hb - 10 , PLt - 1.55 , WBC - 11.63.	
	✓ Sr. creatinine - 0.6	
	✓ Sr. electrolytes - 132/5.01/106	
	✓ PT - 14 INR - 1.0 APTT - 35	Advice
	✓ SGOT - 30 SGPT - 15	
	✓ LDH - 256	✓ Physician Opinion
	✓ Uric Acid - 3.9	✓ Ax ON Review
	✓ Urea - 18	(K+ - 5.01)
	To trace Bilirubin	✓ Tab. Labetalol 100mg TID.
		✓ Tab. Nicardia Retard 10mg (SOS).
	Inj Clexane 40mg × SC × OD	
	6PM	✓ Urine output monitoring
	(after checking Bleeding/platelets)	✓ Mobilization
		✓ Monitor Vitals
		✓ Inform SOS
	Placenta - HPE	
		C/y (Dr. Deepika)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/6/26 9:00AM	POD-0 | P1L1 | Em. LSCS | i/v/o - presumed fetal compromise ? PE. c/o: numbness in (L) lower limb.	
	O/E G/C - fair BP - 139/74 (92) mmHg PR - 80 BPM SpO2 - 98% RA P/A - uterus retracting well BS (P) L/F BWNL	Adv. 1) Sips of water/liquid diet if tolerated. 2) Soft diet from 9:30AM. 3) Hydration ~~and ambulation~~ 4) foleys insitu. 5) I/O charting 6) Drugs as charted 7) T. Labetalol 100mg PO/TID. 8) Inj. ceftriaxone 1gm IV/BD 9) Monitor BP every 2nd hourly 10) Inform SOS 11) IVF @ 70ml/hr - 6PM
Input UO - 100ml. (clear)	Bilirubin (total) - 0.2 ALT - 15 | LDH - 256 ↑ AST - 20 | PT - 14 (N) K - 5.1 ↑ | APTT - 35 (N) Cr - 0.6 | Hb - 10.0 INR = 1 | PLT - 1.55	~~DrD~~ Dr. Dileep

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/6/26	C/S By Anon Anaesthesia -	
	? Subdural block -	
	C/O of numbness in Right leg;	c/o of pain at incision site.
	Intraop:- hypertension + tachycardia →	
	Currently P:- 70/min.	
	BP:- 139/74 mmHg.	
	SPO2:- 98% on RA	
	C/O of numbness in tongue → resolved	
	UL :- power 5/5	
	POWER :- 5/5 UL Bilateral.	
	LOWER LIMB :-	
	Lt LL / Rt LL.	
	4/5 / 4/5	
	Knee joint. / Knee joint	Advice.
		→ Inj Fentanyl 50 mcg
	Cold sensation + on Rt leg.	→ Start oral analgesic.
		→ to keep in observation room till power recovers.

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/6/26 1:00pm On T. Labet 100mg TID	– POD-0 | LSCS | PE c̄ abruption – c̄ motor block. – O/E: GC- fair BP- 133/82 [98] PR- 70bpm SpO_2- 100% on RA P/A- UT well (C). BS(+) L/E- BWNL U/O- 750ml [since 10:20pm] ↓ 100ml in 1hr.	Advice 1. soft diet 2. Adequate hydration & ambulation 3. Axon informed [IVC - to be checked] 4. Drugs as charted 5. Monitor vitals 2nd hrly 6. W/f tachycardia & bleeding p/v. 7. I/O - 1hrly Sruthi
2/6/26 2pm	⇒ Physician review done – advised – Sr K+ @ 6pm. ⇒ CBP / Sr. electrolytes – tomorrow ⇒ To inform if BP ≥140/90 & U/O <40ml/hr. Sruthi C/S/B: Dr. Shruthi Reddy. → Vitals - stable. Advice 1. To shift to ward. 2. Send Sr.K+ @ 6pm. 3. Inform if BP >140/90 & U/O <40ml/hr to physician 4. Catheter removal on 3/6/26 @ 6:00AM 5. Hrly U/O & 2nd hrly vitals monitoring 6. W/f bleeding P/V & imminent signs Sruthi	

Noted by [illegible]

BAH-00640655 IP5-00174620
Mrs SYEDA SANA SHAHNOOR (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/6/26 6:40pm	Pt comfortable NOS/S Imminent Eclampsia	Adv - Dulcolax sup stat now
O/o adequate	O/E GC-fair PR-sub[illegible]	- drugs as per charted
[signature] SY	BP- 141/89 mmHg (@6pm) (MAP-98)	- w/f active Bleeding PV
BP@ 5pm-144/80 mmHg	SPO2 - 98% RA P/A uterus Retracted well, Gaseous distension ⊕ L/E Lochia healthy	- Inform if BP>140/90 mmHg - vitals strictly Tab Nicardia 10mg stat now
	Send Sr. K+ now	- I/O charting informed
	CBP & Sr Electrolytes @6Am on 3/6/26 - Foley's removal @ 6Am on 3/6/26	[signature] Dr Amena
		Noted by Sushanthi

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/6/26	POD1 / RLL / PG c absorption	
8:30AM	c/o pain Abdomen NO s/s Imminent eclampsia O/E GC fair, afebrile PR - 86 bpm BP 140/80 mmHg SpO2 - 98% on RA P/A - uterus retracted well L/G - lochia healthy On Tab Labetalol 100mg TID CBP → 8.9 / 10,380 / 1.18L. Trace electrolytes Inform if BP >140/90 mmHg	Adv - soft diet, plenty of oral fluids - drugs as per charted - vitals 6th hrly - Ambulate - W/F S/s imminent eclampsia - Inform DVS Dr Sameera
CV RS SV		
3/6/26 2:00pm	POD-1 / PG + absorption. Pt is stable No c/o & imminent sign O/E - GC fair BP - 147/82 (99) PR - 84 bpm SpO2 - 98% on RA P/A - Ut well © L/G - BWNR. Due dose Labetalol @ 2pm	Advice ① soft diet ② Hydrate & ambulate ③ Drugs as charted ④ Monitor vitals 4hly ⑤ w/f imminent sy ⑥ w/f bleeding Pb SAS
CV RS SV Checked after Ne/ 2d / ct 130/43/66		

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/6/26 7:30 PM	- POD-1	
	- No c/o & No imminent signs	
	BP - 130/80 [98]	
	PR - 77 bpm	Adv
	SpO2 - 100% RA	- soft diet
	P/A - ut well (C)	- hydrate
UV	L/E - BWNL	- Ambulate
FV		- Drugs as charted
SV		- Monitor vitals 6th hly
		- Inform if BP >140/90
		- w/f bleeding p/v
		- w/f imminent signs
4/6/26 7:30 AM	POD-2 / PE / Abruption	
		Sister
	Pt comfortable	
VV	O/E	
FV	Gc fair	Adv
SV	BP - 144/85 mmhg	1) Soft Diet
Baby - NICU.	PR - 74 BPM.	2) Hydration e Ambulation.
	SpO2 - 98% RA	3) Drugs as charted
	P/A - Ut (R) well	4) monitor vitals 6th hly
on T. cefixime	L/E - BWNL	5) Inform if BP >140/90
on T. Labetalol 100mg TID		6) w/f bleeding p/v
		7) ~~No~~ w/f imminent signs of PE
plan discharge according to package		8) Inform s/s

~~DSD~~
Dr. Dilly

BAH-00640655 IP5-00174620
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BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name:	Dr Lavanya	Date of Delivery:	2/06/26
Assistant Surgeon:	Dr Deepika	Time of Delivery:	2:54 am
Anaesthetist's Name:	Dr Aditi	Gender of Baby:	Female
Type of Anaesthesia:	✓ spinal	Weight of Baby:	1.924 kgs
Neonatologist:	Dr Faiz, Dr Poojitha	AGPAR Score:	9/10
Scrub Nurse:	S/s Rajeshwari	NICU Admission:	☐ Yes ☐ No

Pre-Operative Diagnosis: Primigravida / 3 T1 / FGR (2nd centile) / AC 21st centile, ↓

☐ Elective ☑ Emergency Indication: PFC ↑ed resistance in Umbilical artery, positive EDF

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: .... Knief to rectus: ....

CTG Description: ....

If there was a delay give the reasons: ....

Surgical Procedure: Emergency LSCS under Epidural Anesthesia

Post Operative Diagnosis: P1L1 - PRD-0

Peri-Operative Complications:
- 1 loop of cord around the neck
- Retroplacental clots ⊕ of 65 grams
- Deflexed head

Amount of Blood Loss: ~500 ml | Blood Transfused (in ML): Nil

Name and Number of Surgical Specimen sent for examination:

Placenta HPE

Examination Findings when Appropriate:

Presentation: ☑ Cephalic ☐ Breech ☐ Other ....

Cervical Dilatation: 2cm .... cm

5th Palpable: ....

Fetal Position: ....

Station: ☐ -3 ☑ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2

Moulding: ☑ None ☐ + ☐ ++ ☐ +++

Caput: ☐ + ☐ ++ ☐ +++

Meconium: ☑ None ☐ + ☐ ++ ☐ +++

Bladder Catheterized: ☑ Yes ☐ No

Urine: ☑ Clear ☐ Blood Stained

Skin Incision: ☑ Pfannensteil ☐ Transverse ☐ Midline ☐ Other ....

Uterine Incision: ☑ Lower Segment ☐ Classical ☐ Inverted T ☐ J Incision

Previous Scar: ☐ Intact ☐ Thinnedout ☐ Ruptured ☑ No Scar

Incision Through Placenta: ☐ Yes ☑ No

Delivery of head: ☑ Manual ☐ Forceps

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

Delivery of Placenta: ☐ Manual ☑ CCT .... ☑ Complete ☐ Incomplete ☐ Piecemeal

Cord Appearance: Normal ....

Cord around the neck ☑ Yes ☐ No

Appearance of placenta: Retroplacental Clots + 65grams

Cavity explored ☑ Yes ☐ No

Uterus, tubes and ovaries: ☑ Normal ☐ Not Normal

Sterilization: ☐ Yes ☑ No

Uterine Closure: ☐ One Layer ☑ Two Layers — No 1-0 vicryl .... Suture

Peritoneal Closure: ☐ Pelvic ☑ Abdominal ☐ None — No 2-0 Rapid vicryl .... Suture

Sheath Closure: — No 1 vicryl .... Suture

Fat Closure: ☑ Yes ☐ No — No 2-0 Rapid vicryl .... Suture

Skin Closure: ☑ Subcuticular ☐ Mattress — No 2-0 Rapid vicryl .... Suture

Vagineal Evacuated ☑ Yes ☐ No

Drain: ☐ Yes ☑ No ☐ Remove in .... days ☐ Await instructions

Ctheter ☑ Yes ☐ No ☐ Remove in 24hours .... days ☐ Await instructions

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

Intra-Operative Antibiotics Cover: ☑ Yes ☐ No ☐ Thromboprophylaxis ☑ Yes ☐ No

Post-Operative Notes:

- ✓ NBM for 4-6 hours
- ✓ IVF + Analgesics - AXON
- ✓ Drugs as Charted
- ✓ Monitor vitals
- ✓ Mobilization
- ✓ Urine output monitoring
- ✓ watch for excessive Bleeding
- ✓ Perform SBS
- ✓ PE Profile
- ✓ Urine albumin

Doctor Name: Dr. Deepika ....

Doctor Signature: Dp ....

Date & Time: 2/6/2026, 4:30AM ....

BAH-00640655 IP5-00174620
Mrs SYEDA SANA SHAHNOOR
25-08-2001 24 Y 9 M 8 D (F)
Dr. SHRUTHI REDDY/Dr.LAVANYA

POST-SURGICAL CARE PLAN FORM

Procedure Done: Emergency LSCS under Epidural

Post-Surgical Diagnosis: P1L1 - POD-0

Post-Operative Monitoring Parameters /Frequency:
BP/PR/SpO2 - hourly monitoring

Wound Care:
Dressing × 48 hours

Drain /Special Lines/Catheters:
✓ Foleys insitu
✓ Urine output - hourly monitoring

Special Patient Positioning and Requirements:
Nil

Nutritional Instructions:
✓ NBM 4-6 hours
✓ Liquid diet after 4-6 hours
✓ Soft diet - After 10-12 hours

When to Start Mobilization:
✓ as soon as anesthesia wears off
✓ Ambulation 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
Pt Profile

Treating Surgeon
(Signature & Stamp) [signature]

Date: 2/6/2026 Time: 4:30 AM

Note: Plan of care will be readjusted if necessary.

Docu. No. : RCHBH /FRM / CLINICAL / 106

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CROSS CONSULTATION FORM

Doctor Name : Dr. Nishanth Reddy. P Date : 2/6/26 Time : 1:45pm

Diagnosis :

Hospital : Star Hospital

Referred for : ☑ Opinion ☐ Co-Management ☐ Transfer of care

Type of Referral :
☐ Emergency
☐ Urgent
☐ Non Urgent

Reason for Referral : If for concurrent care specify the particular need, especially in the absence of a second diagnosis:

Signature:

Findings and Recommendations :

- Sr Emlsec - [illegible]
- Reduced in V/O ↓ U.O
- No Headache / Blurred vision

PR - c/c/c Mild RL Pedal Edema
GC - Fair
PR - 80/min.
BP - 140/90mmHg
CVS - S1, S2 ⊕
RS - B/L ⊕

Inform { ≥140/90mmHg; U/O <40ml/h

Adv
→ Sr. KT @ 6 pm today
- CBP / [illegible]
3/3/26

Consultant :

Name : Dr. Nishanth Reddy. P Signature : [signature] Date & Time : 2/5/26; 1:50pm

Doc. No. : RCHBH/ FRM / CLINICAL / 049

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RESULT SHEET

Date	2/6/26	3/6/26				
Time	4am.					
Hb	10.0	8.9				
PCV	31.1	27.6				
RBC	3.76	3.27				
WBC	11.63	10.56				
N/L	81.4 / 12.0	75/16				
Platelets	155	118				
CRP						
ESR						
PCT						
RBS						
Na	132	130				
K	5.1	4.3				
Cl	106	106				
Ca/Mg						
Phosphate						
Urea	18					
Creatinine	0.6					
ALP	174					
SGPT	15					
SGOT	20					
T.Bill/Conj	0.2 / 0.1 / 0.1					
T.Protein	5.2					
S.Albumin	2.6					
S.Globulin	2.6					
A/G Ratio	1					
Uric Acid	3.9					
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR	14 / 1.0					
APTT	35					
CSF Protein / Sugar						
Cells						
~~N/L~~ LDH	256					

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
Blood group	B+ve	op bags				
	NR					
HIV, HBsAg						
VDRL						

Culture and Sensitivities : ....

....

....

....

Radiology : USG : ....

X-Ray : ....

ECHO : ....

CT : ....

MRI ....

Others (ECG, Contrast Studies etc.,) : ....

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25-08-2001 24 Y 9 M 7 D (F)
Dr. SHRUTHI REDDY/Dr.LAVANYA

MEDICATION RECONCILIATION FORM

Drug Allergies: NKDA ☑ Not known any Drug Allergies

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

Shifting From: .... Shifted to: ....

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	T. CPINK	1 TAB	PO	OD	1/6/26	☑ C ☐ DC
2	T. DENSF	1 TAB	PO	OD	1/6/26	☐ C ☑ DC
3						☐ C ☐ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Divya

Date & Time : 1/6/26 ; 5:00pm

Nurse Name & Signature: Rajeswari

Date & Time : 1/6/26

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

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Sheet No: .... **REGULAR PRESCRIPTIONS** Weight .... Ward ....

DRUG : TAB. LABETALOL

Dose	Route	Frequency	Start Dt.
100mg	PO	TID	2/6/2026

Name & Signature of the Doctor Starting the Drugs: by (Dr Deepika)

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	2/6	3/6	4/6
6am	Rai...	Pre... Prath...	Anu...
2pm	...Ev	...	
10pm	Hold	Anu...	

DRUG : INJ CLEXANE

Dose	Route	Frequency	Start Dt.
40mg	SC	OD	2/6/26

Name & Signature of the Doctor Starting the Drugs: by (Dr Deepika)

Additional Instructions: × 6PM · after checking bleeding/Platelets.

Daily Doctor's Endorsement by a Sign

Date / Time	2/6	3/6
6Pm	... Sied	...

DRUG : T. DICLOFENAC

Dose	Route	Frequency	Start Dt.
50 mg	P/O	TID	2/6

Name & Signature of the Doctor Starting the Drugs: Dr Sumbhana

Additional Instructions: –

Daily Doctor's Endorsement by a Sign

Date / Time	2/6	3/6
7Am	...	...
3pm	not given	...
11 pm	Prath...	Anu...

DRUG : T. CEFIXIME

Dose	Route	Frequency	Start Dt.
200mg	PO	BD	3/6/26

Name & Signature of the Doctor Starting the Drugs: Dr Dhanya.

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	3/6
10AM	×
10pm	...

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

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Sheet No: .... **REGULAR PRESCRIPTIONS** Weight .... Ward ....

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

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

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

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

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

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Mrs SYEDA SANA SHAHNOOR
25-08-2001 24 Y 9 M 7 D (F)
Dr. SHRUTHI REDDY/Dr.LAVANYA

DRUG CHART

Date of Admission: 1/6/26 Drug Allergies: NKDA ☑ 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 / 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 ....

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Dr. SHRUTHI REDDY/Dr.LAVANYA

REGULAR PRESCRIPTIONS

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

DRUG: INJ CEFOTAXIM				Date/Time	2/6	3/6
Dose	Route	Frequency	Start Date			
1gram	IV	BD	2/6/2026	8AM		
Name & Signature of the Doctor Starting the Drugs: Dr (Dr Deepika)				8pm		
Additional Instructions: X 48 hours						
Daily Doctor's Endorsement by a Sign						

STOP 4/6/26 8:00am

DRUG: TAB PARACETAMOL				Date/Time	2/6	3/6	4/6
Dose	Route	Frequency	Start Date				
1gram	PO	QID	2/6/26	12AM	X		
Name & Signature of the Doctor Starting the Drugs: Dr (Dr Deepika)				6AM	X		
				12PM	X		
Additional Instructions:				6PM			
Daily Doctor's Endorsement by a Sign							

DRUG: TAB TRAMADOL				Date/Time	2/6	3/6	4/6
Dose	Route	Frequency	Start Date				
100mg	PO	TID	2/6/26	4AM	X		
Name & Signature of the Doctor Starting the Drugs: Dr (Dr Deepika)				9AM			
Additional Instructions:				8PM			
Daily Doctor's Endorsement by a Sign							

DRUG: TAB PANTOPRAZOLE				Date/Time	2/6	3/6	4/6
Dose	Route	Frequency	Start Date				
40mg	PO	BD	2/6/26	6AM	X		
Name & Signature of the Doctor Starting the Drugs: Dr (Dr Deepika)				6PM			
Additional Instructions:							
Daily Doctor's Endorsement by a Sign							

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Patient Stick[er]

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

VARIABLE DO[SE]	Date/Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
DRUG :		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route / Start Date		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Name & Signature of the Doctor		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Additional Instructions:		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
1/6/25	7:00PM	TAB. PGE1	25mg	PO	[illegible]	Preethy / Suchitra
1/6/26	8:30 pm	INJ. CEFOTAXIM	1gram	IV	[illegible]	Anita / Preena
1/6/26	8:30 pm	INJ. ZOFER	4mg	IV	[illegible]	Rafi / Preena
1/6/26	3:00 Am	INJ. PANTOPRAZOLE	40mg	IV	[illegible]	Rafi / Preena
1/6/21	3:10 AM	INJ PERINORM	10mg	IV	[illegible]	Rafi / Preena
2/6/21	3.30	INJ PARACETAMOL	1gm	IV	Aditi	Rafi / Preena
2/6/26	3.30	INJ TRANEXA	1gm	IV	Aditi	Rajeri / Preena
2/6/26	4:00 AM	TRAMADOL SUPP	100 mg	PR	Aditi	Rafi / Preena
2/1/2	4:05 Am	DICLOFENAC SUPP	100 mg	PR	Aditi	Rafi / Preena
2/1/21	3.30 Am	ONDANSETRON	4 mg	IV	Aditi	[illegible]

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

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I.V. FLUIDS CHART

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

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
1/6/26	8:30 pm	RINGER LACTATE 500 ml	IV	100ml/hr	[illegible]	Rafi / Preeva	[illegible]	[illegible]	Rafi / Preeva
1/6/26	2.30	RINGER LACTATE	IV	FF	Adel.	Rafi / Preeva	[illegible]	[illegible]	Rafi / Kany
2/6/26	3.30	RINGER LACTATE + 40 units OXYTOCIN	IV	150ml/hr	Adile	Rafi / Preeva	[illegible]	[illegible]	[illegible] / Kany
2/6/26	4AM	RINGER LACTATE	IV	100ml/hr	[illegible]	Rafi	2/6	[illegible]	[illegible] / Kany
2/6/26	6AM	RINGER LACTATE	IV	100 ml/hr	[illegible]	[illegible] / [illegible]	2/6/26	[illegible]	Kany / Sandhya
2/6/26	12pm	RINGER LACTATE	IV	80ml/hr	[illegible]	Karuna / Sandya	2/6/26	[illegible]	Karuna / Ashwita

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

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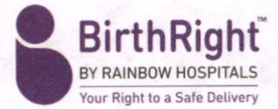

Early Warning Observation Score Chart - Obstetrics

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

1/6/26	Date	1/6/25																							
	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													18		18		18		18		18		18	
	0 - 10																								
Saturations	94 - 100 %	100%												99		98		99		98		99		98	
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37	37°C												.37°C				.37.2°C							
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120	[illegible]																							
	110																								
	100																								
	90																								
	80													78		84		82		84		82		84	
	70	78																							
	60																								
	50																								
	40																								
↑ Systolic Blood Pressure	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120	128												124		128		114		112		142	145	146	
	110																								
	100																								
	90																								
	80																								
	70	(79)																							
	60																								
	50																								
↓ Diastolic Blood Pressure	130																								
	120																								
	110																								
	100																								
	90																								
	80	82																							
	70													72		70		65		62		96	92	94	
	60																								
	50																								
	40																								
NEURO RESPONSE [✓]	Alert													✓		✓		✓		✓		✓	✓	✓	
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30													✓		✓		✓		✓		✓	✓	✓	
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal													✓		✓	✓			✓		✓		✓	
	Heavy / Foul																								
Liquor	Clear / Pink													✓		✓	✓			✓		✓		✓	
	Green																								
TOTAL YELLOW SCORES																									
TOTAL ORANGE SCORES																									
Nurse Initial																									

Obstetrics and Gynaecology Early Warning Signs

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 ≥ 2 Orange Alerts:
Immediate Review by Obstetrician and Repeat Observations
in 15 minutes or continuous monitoring

* The Modified Early Warning Score **(MEOWS)**

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2/6/26

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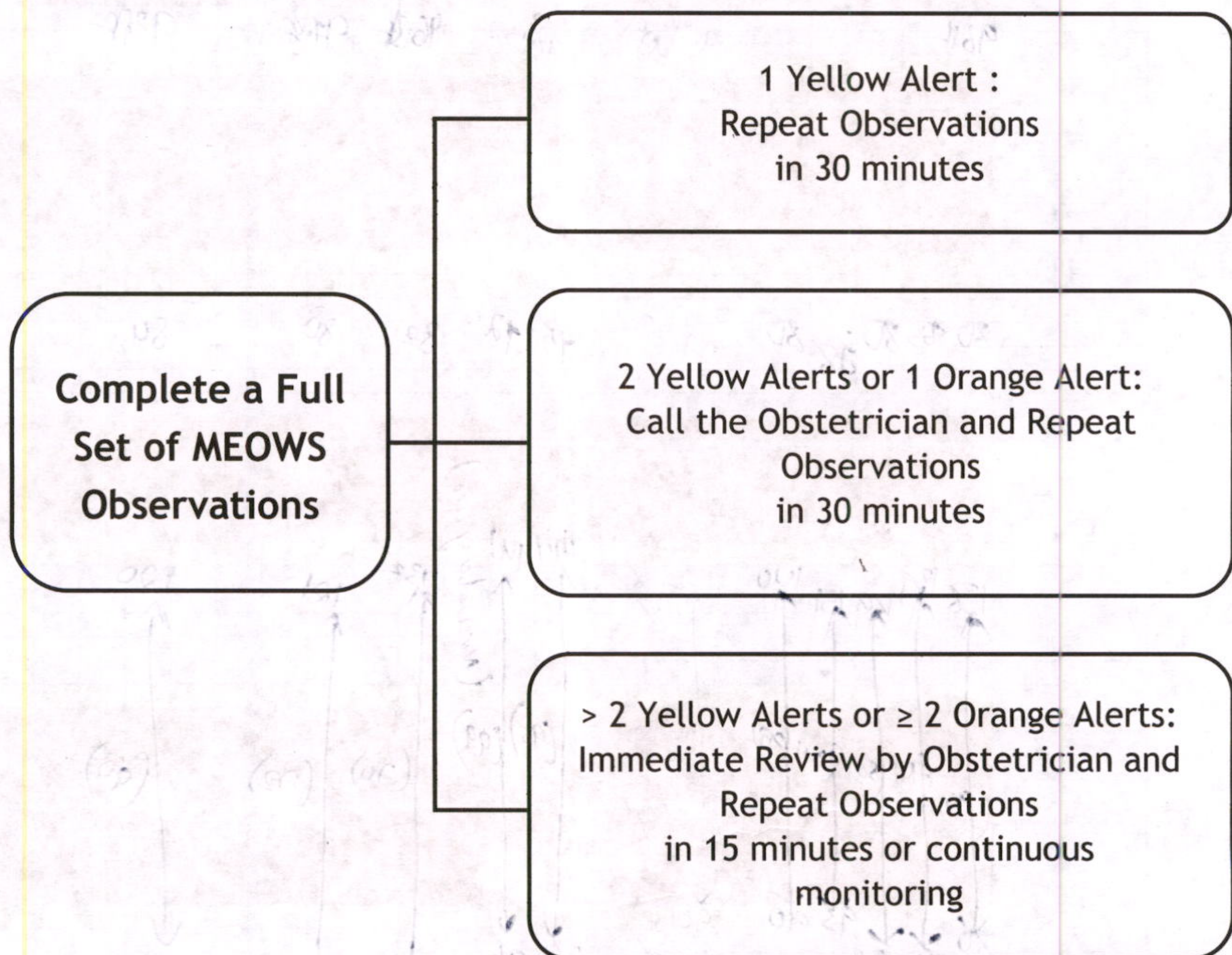
Early Warning Observation Score Chart - Obstetrics

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

	Date									pm	pm													
	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)	11 - 20	19	19	19	19	19		20	20					20		20				20				18	
Saturations	94 - 100 %	99	99	99	99	99		99	100		97%			98%		98%		96%		96%				97%	
Administered O_2 (L/min.)																									
Temp °c		98.1F						98°	98°F		98°			96.5F		97.8F				97.1F				98.1F	
Heart Rate		80	83	80	78	80		77	88		75	72		82		80				84				86	
Systolic Blood Pressure ↑		138	139	129	131	140		142	137		144	141 (Nifedipine given)		132		121				120				140	
(MAP)		(90)	(94)	(88)	(104)	(99)		(105)	(96)		(98)	(99)		(74)		(72)				(90)					
Diastolic Blood Pressure ↓		80	74	71	93	90		90	83		86	86		68		57				76				80	
NEURO RESPONSE [✓]	Alert	A	A	A	A	A		A	A					A		A				A				A	
URINE mls / hour	> 30	✓	✓	✓	✓	✓		✓	✓		✓			✓		✓				✓				✓	
Proteinuria	Protein + + / Protein > + +																								
Lochia	Normal													N		N				N				N	
Liquor	Clear / Pink													C		C				C				C	
TOTAL YELLOW SCORES		0	0	0	1	1		1	1		0			0		0				0				0	
TOTAL ORANGE SCORES		0	0	0	0	0		0	0		0			0		0				0				0	
Nurse Initial		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]		[illegible]	[illegible]		[illegible]			[illegible]		[illegible]				[illegible]				[illegible]	

Printed row scales: RESP > 30, 21 - 30, 11 - 20, 0 - 10; Saturations 94 - 100 %, < 94 %; Temp 40, 39, 38, 37, 36, 35, < 35; Heart Rate 170 to 40; Systolic 190 to 50; Diastolic 130 to 40; Neuro: Alert, Voice, Pain, Unresponsive; Urine > 30, < 30; Lochia: Normal, Heavy / Foul; Liquor: Clear / Pink, Green.

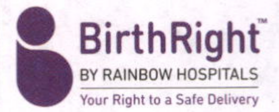
Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score **(MEOWS)**

BAH-00640655 IP5-00174620
Mrs SYEDA SANA SHAHNOOR
25-08-2001 24 Y 9 M 8 D (F)
Dr. SHRUTHI REDDY/Dr.LAVANYA

03/06/26

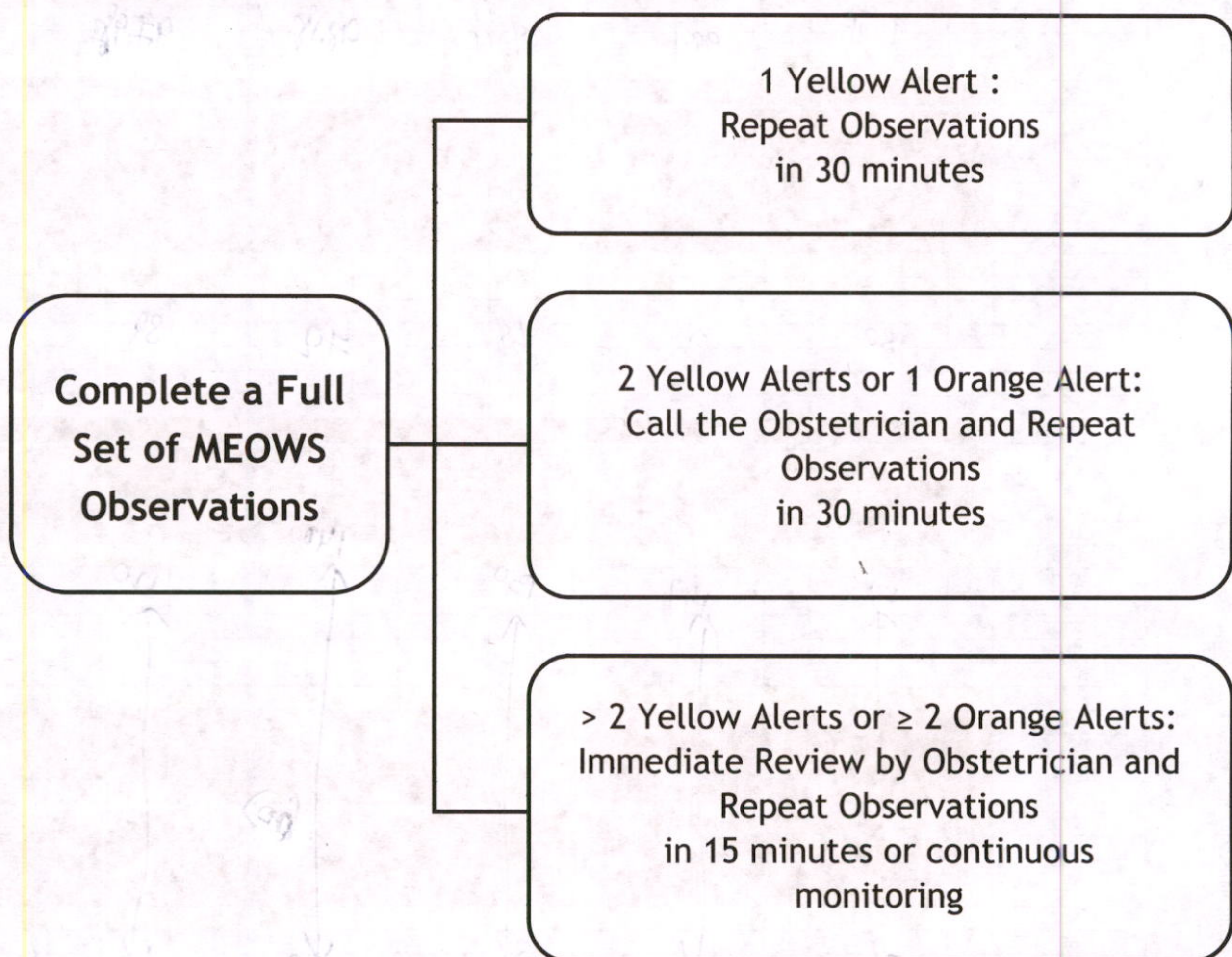


Early Warning Observation Score Chart - Obstetrics

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

	Date																								
	Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20			20				20				19				19				20				20	
	0 - 10																								
Saturations	94 - 100 %			99%				99%				100%				99%				98%				98%	
	< 94 %																								
Administered 0_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37			98.1F												98.1F				97.9F				98.2F	
	36							98.2F				97.6F													
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80			82				72				68				72				80				74	
	70																								
	60																								
	50																								
	40																								
↑ Systolic Blood Pressure	190																								
	180																								
	170																								
	160																								
	150															148								144	
	140							147				130								120					
	130			131																					
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																							(99)	
↓ Diastolic Blood Pressure	130																(80)								
	120																								
	110																								
	100																								
	90																								
	80																								
	70															87									
	60			77				82				82								89				85	
	50																								
	40																								
NEURO RESPONSE [✓]	Alert			✓				✓				✓				A				A				A	
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30			✓				✓				✓				✓				✓				✓	
	< 30																								
Proteinuria	Protein + +											✓													
	Protein > + +																								
Lochia	Normal			✓				✓				✓				N				N				N	
	Heavy / Foul																								
Liquor	Clear / Pink			✓				✓				✓				C				C				C	
	Green																								
TOTAL YELLOW SCORES				0				0				0				0				0				0	
TOTAL ORANGE SCORES				0				0				0				0				0				0	
Nurse Initial				[illegible]				[illegible]				A				[illegible]				[illegible]				[illegible]	

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score **(MEOWS)**

BAH-0040655 IP5-00174620
Mrs SYEDA SANA SHAHNOOR
25-08-2001 24 Y 9 M 8 D (F)
Dr. SHRUTHI REDDY/Dr.LAVANYA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

2/6/26

FLUID CHART

Sheet No. : 1

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

Date	Time	Intake: Nature of Fluid	Route: Mouth	Route: I.V	Route: N.G	Output: NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :		NA							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	RL	only	500ml								
	11:00 pm											
	12:00 am	RL	new	500ml							0	
	01:00 am										0	[illegible]
Total Intake :		1000ml							Total Output :	Passed		
	02:00 am	RL		500ml							0	
	03:00 am										0	
	04:00 am										0	
	05:00 am	RL		500ml						300ml	0	
	06:00 am										0	[illegible]
	07:00 am										0	
Total Intake :		1000ml							Total Output :	300ml		

Total 24 hrs. Intake	2000ml	Total 24 hrs. Output	300ml

BAH-00640655 IP5-00174620
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Dr. SHRUTHI REDDY/Dr.LAVANYA

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FLUID CHART

Sheet No. : 2 2/6/26

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

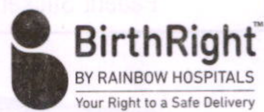
Date	Time	Intake: Nature of Fluid	Route: Mouth	Route: I.V	Route: N.G	Output: NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
										150ml	0	kam
	08:00 am	RL		100ml							0	kam
	09:00 am	RL	H2O 50ml	100ml						100ml	0	kam
	10:00 am	RL		100ml			NP				0	kam
	11:00 am	RL	H2O 50ml	100ml							0	kam
	12:00 pm	RL	H2O 100ml	100ml							0	kam
	01:15 pm	RL		100ml						75ml	0	kam
Total Intake :						Total Output :	M – NP · U – 425ml					
2/6/26	02:20 pm									100ml	0	Ashwitha
	03:00 pm		H2O							100ml	0	Ashwitha
	04:00 pm						NP				0	sushaltha
	05:30 pm		H2O							800ml	0	sushaltha
	06:00 pm										0	sushaltha
	07:00 pm		H2O								0	sushaltha
Total Intake : Taken.						Total Output :	M – NP U – 1000ml.					
2/6/26	08:00 pm										0	
	09:00 pm		water							2500ml	0	Ltha
	10:00 pm										0	
	11:00 pm		water				✓			500ml	0	Ltha
	12:00 am									200ml	0	
	01:00 am						✓			200ml	0	Ltha
Total Intake : Taken						Total Output :	M – 2 U – 3000ml					
3/6/26	02:00 am									200ml	0	
	03:00 am		water							200ml	0	Ltha
	04:00 am						NP			200ml	0	
	05:00 am									200ml	0	Ltha
	06:00 am		water							200ml	0	
	07:00 am									200ml	0	Ltha
Total Intake : Taken						Total Output :	M – 0 U – 1,200ml					

Total 24 hrs. Intake	Taken	Total 24 hrs. Output	M – 2 U – 6,125ml

Docu. No. : RCHBH/FRM/CLINICAL/092

BAH-00640655 IP5-00174620
Mrs SYEDA SANA SHAHNOOR
25-08-2001 24 Y 9 M 8 D (F)
Dr. SHRUTHI REDDY/Dr.LAVANYA

3/6/26



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.

Date	Time	Intake: Nature of Fluid	Route: Mouth	Route: I.V	Route: N.G	Output: NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
											0	
3/6/26	08:00 am									✓	0	
	09:00 am		water								0	Jyothy
	10:00 am						NP				0	
	11:00 am		water							✓	0	
	12:00 pm										0	Jyothy
	01:00 pm		water								0	
Total Intake :	Taken							**Total Output :**		U-2	M-0	
	02:00 pm										0	
	03:00 pm		water							✓	0	Jyothy
3/6/26	04:00 pm						NP				0	
	05:00 pm		water								0	Jyothy
	06:00 pm									✓	0	
	07:00 pm										0	
Total Intake :	Taken							**Total Output :**		U-2	M-0	
	08:00 pm											
	09:00 pm		Water									Ste
3/6/26	10:00 pm						NP				NO	
	11:00 pm		Water							✓	IV	Ste
	12:00 pm											
	01:00 am											
Total Intake :	Taken							**Total Output :**		M-0	U-1	
	02:00 am											
	03:00 am		Water									Ste
4/6/26	04:00 am						NP				NO	
	05:00 am										IN	Ste
	06:00 am		Water							✓		
	07:00 am											
Total Intake :	Taken							**Total Output :**		M-0	U-1	

Total 24 hrs. Intake	Taken	Total 24 hrs. Output	M-0 U-6

Docu. No. : RCHBH /FRM / CLINICAL / 092

BAH-00640655 IP5-00174620
Mrs SYEDA SANA SHAHNOOR
25-08-2001 24 Y 9 M 10 D (F)
Dr. SHRUTHI REDDY/Dr.LAVANYA

FLUID CHART

Sheet No. : ....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			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-00640655 IP5-00174620
Mrs SYEDA SANA SHAHNOOR
25-08-2001 24 Y 9 M 8 D (F)
Dr. SHRUTHI REDDY/Dr.LAVANYA

331-B

NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 2/6/26 Time: 3:40pm

Origin: Indian Height: 168cm Weight: 70.6 kgs BMI: 30.7 kg/m²

Food Allergies: No

Diagnosis: POD-0 / LSCS (Lower Segment Cesarian Section)

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

Diet Advised:

soft High protein diet
include plenty of oral liquids
avoid spicy, chilled and outside foods

Ahmed

Patient's / Attendant's

Signature: Ahmed

Name: Ahmed Hussaini

Date & Time:

Dietician's

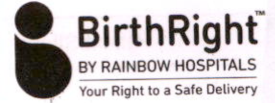
Signature: Nikitha

Name: Nikitha

Date & Time: 2/6/26 @ 3:40pm

DIETARY NOTES

Date	Time	Notes	Sign
3/6/26	10am	patient is stable, oral intake is optimal, continue soft diet	Sain
4/6/26	10am	patient is stable, intake is good continue soft diet	Sain



Department of Anaesthesiology

PRE-ANAESTHETIC EVALUATION

Name: Mrs Syeda Shahnoo Age: 24 Sex: F UHID.No : BAN 006405

Date: 1/9/2021 Time: 11:45 Proposed Operation: EPIDURAL FOR LABOUR ANALGESIA

Diagnosis: PRIMIGRAVIDA 32+1

B.P / CRT: 118/82 H.R: 78 bpm Weight: 70.60 / 178 ASA Physical Status: ☐ 1 ☑ 2 ☐ 3 ☐ 4 ☐ 5

Laboratory Data:

Hgb: 11.3	Glucose:	Protein:	HIV:	X-Ray:
PCV:	Urea:	Alb:	HBS Ag:	ECG:
WBC: 9700	Creat:	Total Bill:	HCV:	2D Echo:
Plate: 187	Na:	Dir. Bill:	Blood group:	Stress/Anglo:
PT:	K:	LDH:	T3	Other:
PTT:	Ca++:	Alk phos:	T4	
INR:	Mg++:	Amylase:	TSH	
	Cl -:	SGOT/SGPT:		

Allergies: No known allergies

Medical History: CVS : —

RESP : — Diabetes : —

CNS : —

Renal : —

Hepatic / GE : — Physical Activity: —

Others : —

Past Anaesthetic History: —

Physical Exam:

Airway: MP 1 (2) 3 4 Mouth Opening: Adequate Mentohyoid Distance: (N) Neck: (N) Teeth: (N)

Lungs : AEBE

Heart: S1 S2

CNS: NAD

Pregnant: ☐ Yes ☐ No ☐ NA

Venous Access Site : LUL 18G Spine Exam for regional : SPACES WELL FELT

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

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

CURRENT MEDICATIONS	DOSAGE

Pre-Operative Instructions:

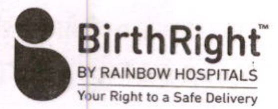
1. DVT Prophylaxis :
2. NIL ORAL → Water / ORS 2 Hours; → Others 6 Hours
3. Informed Consent: ☐ Standard ☐ High Risk
4. Post Operative Pain Management: ☐ Discussed with Patient
5. Other Instructions:

Signature: [signature] Name: Dr Aditi N

Docu. No. : RCH /FRM / CLINICAL / 044

BAH-00640655 IP5-00174620
Mrs SYEDA SANA SHAHNOOR (F)
25-08-2001 24 Y 9 M 8 D
Dr. SHRUTHI REDDY/Dr.LAVANYA

ANAESTHESIA CHART



Pre induction Assessment:

Change in Patient Condition: ☐ Yes ☐ No — **Fasting Status:** Adequate

Physical Status: ☐ Patient Identified ☐ Consent Present ☐ Chart Reviewed

H.R: 110/min B.P / CRT: 125/84 SpO₂: 96 R.R: 16 Last Feed: 7 hr

Pre-OP Diagnosis: Primi gravida ... Operation: Emergency LSCS Date: 2/6/21

Surgeon: Dr Lavanya Anaesthesiologist: Dr Aditi Technician: Aman

HME / N_2O / AIR / O_2 LPM: 2L O2 via face mask
HALO / SO / SEVO
Drugs:
INJ FENTANYL 50MCG + 50MCG
INJ MIDAZOLAM 1MG
INJ KETAMINE 30MG
INJ PARACETAMOL 1gm IV
INJ TRANEXAMIC ACID 1gm IV
INJ ONDANSETRON 4mg IV

FIO_2 / SaO_2: 100 97 98 98 99 99 99
$ETCO_2$
ECG: SR SR SR SR SR SR SR
Temperature
Urine Output

Fluids / Blood: IVF RL — RL

B.P (V Systolic, Λ Diastolic, X Mean, • Heart Rate): 240, 220, 200, 180, 160, 140, 120, 100, 80, 60, 40, 20, 10, 0
Tourniquet on Time
Tourniquet off Time
Throat Pack In
Throat Pack Out

Antibiotic: —
Suppository: TRAMADOL 100mg, DICLOFENAC 100mg
Blood Loss: 200ml + 200ml clots
NOTES: shivering (+) patient complaining pain → level T4 partial

LAB Values: ABG / GRBS / Others

☑ Equipment Checked and Functional
☑ BP
☑ Cuff Site: RUL
☑ Art Site:
☑ EKG Lead: 3 lead
☐ Temp Site
☐ FIO_2 Monitor
☐ Agent Monitor
☑ Pulse Oximeter
☐ Capnograph
☐ Ventilator
☐ Nerve Stimulator

Position: Supine
☑ Pressure Points Checked

Eye Care: ☐ Oint ☑ Tape ☐ Padding ☑ Awake

Temp: ☐ HME ☐ Cling Film ☑ Hugger's ☐ Other ☐ Fluid Warmer ☐ OH Warmer ☐ Cotton Wool

Times:
Anaes Start: 2:30 AM
OP Start: 2:40 AM
OP End: 3:45 AM
Leave OR: 4:00 AM

Anaesthesia: ☐ GA ☐ Monitored Anaesthesia Care ☑ Regional

Line (Size & Location): ☐ CVP: ☐ ART: ☑ IV: LUL - 18G ☐ IV: ☐ IV:

Induction: ☑ IV ☐ Inhal ☐ Pre O_2 ☐ RSI ☐ Others

☐ Mask ☐ SGA ☐ Airway ☐ Oral ☐ Nasal
ETT# .... at .... cm
☐ Oral ☐ Nasal ☐ Cuff
☐ Tracheostomy ☐ Topical
☐ Drug:
☐ Awake ☐ Direct Vision
☐ Video Laryngoscopy ☐ Stylette / Bougie
☐ Fiberoptic
Blade# .... Attempts: ....
Difficulty Why? ....

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

Regional:
Extremity Specify:
☐ Spinal ☐ Epidural ☐ Caudal
Others: top up
Position:
Site:
Needle Size: Depth:
Parasthesia ☐ Yes ☐ No
Catheter at skin .... cm
Drug Name & Conc: 2% LIGNOCAINE
Bolus:
Infusion: 1 adr
Block Level: 10ml + 5ml
Comments: level T4
Transportation to ☐ PACU ☐ ICU ☑ Other
Relaxant Reversed ☐ Yes ☐ No ☐ NA
Name of the Doctor: Dr Aditi
Signature of the Doctor: [signature]

BAH-00640655 IP5-00174620
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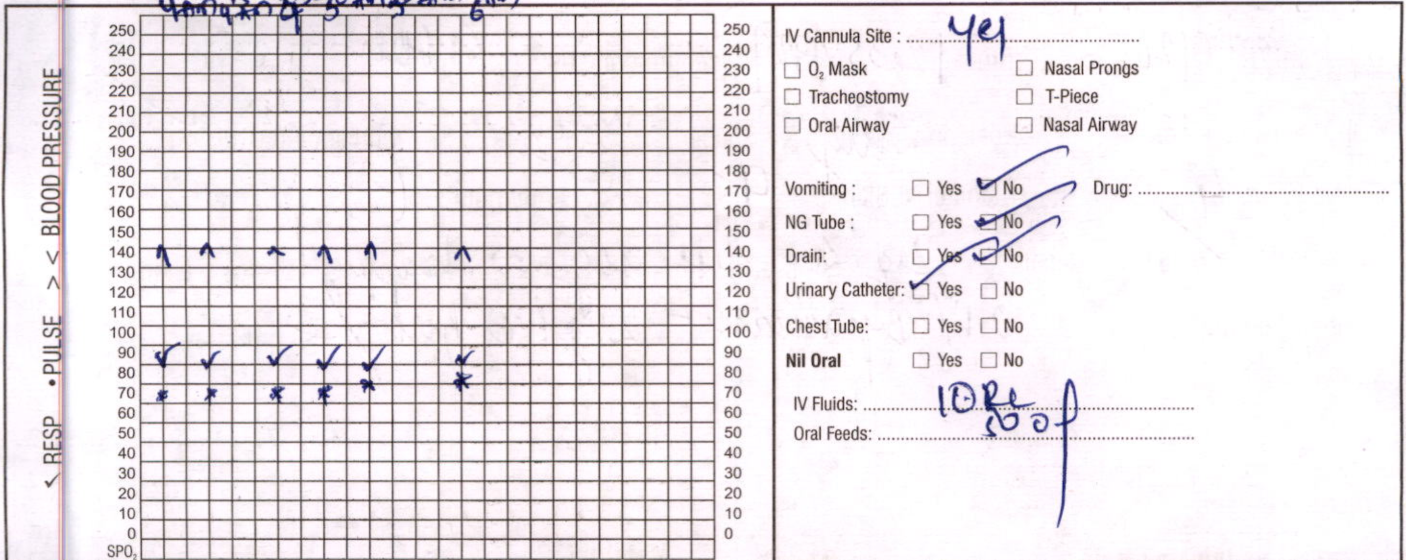
Your Right to a Safe Delivery

POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : S/s Rajni   Time Received : 4:00AM   Time Discharged : ....



IV Cannula Site : Yes

☐ 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: 10RL 500
Oral Feeds: ....

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

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
2/6/26	5AM	1/10	Inj: PCM	Rajni
2/6/26	7AM	0	NA	Karuna
2/6/26	9 AM		NA	Karuna
2/6/26	11 AM		NA	Karuna

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

Anaesthesiologist Name : Dr Sundhar
Anaesthesiologist Signature: Sundhar
Date & Time: 2/6/26, 3pm

Reassessment Frequency:

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

PACU Nurse Name : Rajni
PACU Nurse Signature: Rajni
Date & Time: 2/6/26 @ 5:00AM

Transferred to Unit by (PACU): Karuna
Date & Time: 2/6/26 @ 5:10AM

BAH-00640655 IP5-00174620
Mrs SYEDA SANA SHAHNOOR
25-08-2001 24 Y 9 M 8 D (F)
Dr. SHRUTHI REDDY/Dr.LAVANYA

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Your Right to a Safe Delivery

Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

Date: 2/6/26 Time: 12:35 AM Procedure done by Dr Adele

CSE /Spinal /Epidural Position: Sitting Space: L2-L3 Technique (LOR/LOS)

Depth: 4 Catheter at Skin: 9 Attempts: 2

Parasthesia : Yes/No if yes details : Deg. Leg. left leg → disappeared

Solution Composition : 0.1% Bupivacaine + 2ug/cc fentyl

Any other issues :

a) ...

b) ...

Time	Infusion Rate (ml/hr)	Bolus (ml)	Level Left	Level Right	Maternal BP	Maternal Pulse	FHR	Comments
12.35	8	10ml 0.08% LOX	T6	T6	136/85	79/m	143	Comfortable.
1.30	8	—	T8	T8	13?/83	79	143	
2.30	8	—	T8	T8	134/94	84	153	Comfortable

Delivery Details : Time : 2:54 AM APGAR: 9, 10 SVD / Instrumental / LSCS (if LSCS Details)

Catheter Removed by and Tip Inspected : Intact

Patient Satisfaction : Ok.

Discharge /Shifting ordered by

Doctor Signature: Sundharee

Doctor Name: Dr Sundharee

Date and Time : 2/6/26, 9 AM

BAH-00640655 IP5-00174620
Mrs SYEDA SANA SHAHNOOR
25-08-2001 24 Y 9 M 8 D (F)
Dr. SHRUTHI REDDY/Dr.LAVANYA

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

Patient Name : Syeda Sana Shahnoor Gender: ☐ Male ☑ Female Age : 24 years

UHID No : BAH - 00640655 Date : 2/06/2026

Instruction:

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

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

Emergency Lower segment Caesarean section

upon

Syeda Sana Shahnoor (Name of the patient)

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.

Infection, Bleeding, Need for Blood transfusion
Injury to Bowel Bladder & its Repair

My signature on this form indicates that

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

Name of the Doctor who is performing the Surgery / Procedure: Dr Shruthi Reddy

Consentee :

Signature : [signature]

Name : Mrs. Syedasana

Date & Time : 1/6/2026 2:35

Patient Attendant :

Signature : [signature]

Name :

Relationship with Patient: MOTHER

Date & Time : 1/6/2026 2:30

Witness :

Signature : [signature]

Name : Rajini

Date & Time : 1/6/2026 2:30

Doctor (who is taking the consent) :

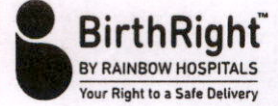
Signature : [signature]

Name : Dr Deepika

Date & Time : 2/06/2026, 2:20AM

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

BAH-00640655 IP5-00174620
Mrs SYEDA SANA SHAHNOOR
25-08-2001 24 Y 9 M 8 D (F)
Dr. SHRUTHI REDDY/Dr.LAVANYA



CONSENT FOR ANAESTHESIA

Authorization By: ☑ Patient ☐ Patient Attendant

Operative Procedure: EMERGENCY LOWER SEGMENT CESAREAN SECTION

Anaesthesiologist: DR ADITI Surgeon: Dr LAVANYA

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 DESATURATION, BRADYCARDIA, LARYNGOSPASM

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: [signature]

Name: SYEDA SANA SHAHNOOR

Relationship with patient: SELF

Date & Time: 2/6/21 2.15AM

Witness:

Signature: [signature]

Name:

Date & Time: 2/6/21 2.15AM

Doctor (who is taking consent):

Signature: Aditi Name: Dr Aditi N, Date 2/6/21 Time: 2.15AM

Patient Sticker

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అనస్థీషియా కోసం అనుమతి పత్రం

అనుమతి ఇచ్చినవారు: ☐ రోగి ☐ రోగి అటెండెంట్

శస్త్రచికిత్స: ....

అనస్థీషియా వైద్యుడు: .... శస్త్రచికిత్స నిపుణుడు: ....

అనస్థీషియా కోసం మీ అనుమతి ఇవ్వడానికి ముందు దయచేసి ఇది చదవండి

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

రీజనల్ అనస్థీషియా అనేది శరీరంలోని ఒక ప్రత్యేక భాగాన్ని లోకల్ అనస్థీషియా నొప్పి రాకుండా చేయడం. శస్త్రచికిత్స లేదా గాయం తరువాత దీర్ఘకాలిక నొప్పి ఉపశమనం కోసం, కాథెటర్లు ఉపయోగించి వీక్ లోకల్ అనస్థీషియా లేదా 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.
  ☐ రీజనల్ 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, అలెర్జీ ప్రతిచర్యలు, తలనొప్పి, రక్తపోటు మార్పులు, వాంతులు మరియు అసహనం వంటి సమస్యలు ఉండవచ్చు.
- శస్త్రచికిత్స సమయంలో అవసరం అనిపిస్తే, అదనపు చర్యలు (ఉదాహరణకు సెంట్రల్ వెనస్ యాక్సెస్, ఆర్టీరియల్ లైన్, సపోజిటరీలు, నొప్పి నివారణ కోసం నర్వ్ బ్లాకులు, రీజనల్ అనస్థీషియా నుండి జనరల్ అనస్థీషియాకు మార్పు మొదలైనవి) చేయడానికి అనస్థీషియా బృందానికి నేను అనుమతి ఇస్తున్నాను.
- శస్త్రచికిత్స సమయంలో మరియు వెంటనే అనంతరం, అవసరమైతే రక్త పదార్థాలు (Blood products) ఇవ్వడానికి నా చికిత్సలో ఉన్న వైద్యుల బృందానికి కూడా నేను అనుమతి ఇస్తున్నాను.
- అనస్థీషియా విధానం, ప్రమాదాలు, ప్రయోజనాలు మరియు ప్రత్యామ్నాయ చికిత్సల గురించి అనస్థీషియా వైద్యులు నాకు వివరించినట్లు నేను అంగీకరిస్తున్నాను.
- పై సమాచారం అంతా నేను పూర్తిగా అర్థం చేసుకున్నాను. నాకు ప్రశ్నలు అడిగే అవకాశం లభించింది, మరియు నాకు అర్థమయ్యే భాషలో వాటికి సమాధానాలు ఇచ్చారు. ఈ అనుమతి నేను పూర్తిగా స్పష్టమైన భావాలతో, స్వయంగా ఇస్తున్నానని ధృవీకరిస్తున్నాను.

రోగి / రోగి అటెండెంట్:

సంతకం: ....

పేరు: ....

రోగితో సంబంధం: ....

తేదీ & సమయం: ....

సాక్షి:

సంతకం: ....

పేరు: ....

తేదీ & సమయం: ....

డాక్టర్ :

సంతకం: .... పేరు: .... తేదీ & సమయం: ....

INFORMED CONSENT FOR VAGINAL BIRTH

Patient Name : SYEDA SHAHNOOR SANA UHID No : BAH-00640655

Gender: ☐ Male ☐ Female Date : 1/6/26 Time : 5:00pm

BAH-00640655 IP5-00174620
Mrs SYEDA SANA SHAHNOOR
25-08-2001 24 Y 9 M 8 D (F)
Dr. SHRUTHI REDDY/Dr.LAVANYA

I hereby authorized the performance of the following procedure:

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

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

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

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

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

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

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

Name of the Doctor performing the procedure: DR. SHRUTHI REDDY

Consentee :

Signature : [signature]

Name : Mrs. Syeda Shahnoor Sana

Date & Time : 1/6/26 ; 5:00pm

Patient Attendant :

Signature : [signature]

Name : Syed Sabaamees

Relationship with Patient: Mother

Date & Time : 1/6/26 ; 5:20pm

Witness :

Signature : [signature]

Name : Rajeni

Date & Time : 1/6/26 5pm

Doctor (who is taking the consent) :

Signature : [signature]

Name : Dr-Divya

Date & Time : 1/6/26 ; 5:00pm

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

సహజ ప్రసవం కొరకు సమ్మతి పత్రము

రోగి పేరు : .... వయస్సు .... లింగం పు ☐ స్త్రీ ☐

యు.హెచ్.ఐ.డి. ....విభాగము ....

తేదీ ....

ఈ ప్రక్రియ యొక్క వివరములను నేను ఆమోదించాను:

- ఈ ప్రక్రియ నాకు సాధారణ పద్ధతిలో వివరించబడింది మరియు నేను అర్థం చేసుకున్నాను:
- గర్భం దాల్చిన వారికీ సహజ ప్రసవ ప్రక్రియ అవసరమవుతుంది.
- ఈ ప్రక్రియ యొక్క ఉద్దేశ్యం (యోని) ద్వారా సహజ ప్రసవం చేయడం.
- ఈ ప్రక్రియ యొక్క ఉద్దేశ్యం బిడ్డను సహజమయిన పద్దతిలో ప్రసవించటం

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

సహజ ప్రసవం విజయవంతం కాకపోతే, తగిన అనస్థీషియా ఇచ్చి పొత్తికడుపు కోతతో సిజేరియన్ ద్వారా డెలివరీ చేయవలసిన అవసరం కలగవచ్చు

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

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

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

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

ఈ ప్రక్రియను నిర్వహించే డాక్టరు పేరు: ....

సహాయకుడు(అటెండెంట్)

సంతకము ....

పేరు ....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము ....

పేరు ....

సాక్షి

సంతకము ....

పేరు ....

తేదీ మరియు సమయము ....

BAH-00640655 IP5-00174620
Mrs SYEDA SANA SHAHNOOR
25-08-2001 24 Y 9 M 8 D (F)
Dr. SHRUTHI REDDY/Dr.LAVANYA

INDUCTION OF LABOR CONSENT

Name: Mrs. Syeda Shahnoor Age: 24yr Gender: Male ☐ Female ☑

UHID.No : BAH-00640655 Date: 1/6/26

You are scheduled for an induction of labor on 1/6/26 (date) at 37+1 (weeks of gestation).

The reason for your induction is FGR.

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

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

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

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

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

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

Patient

Signature: [signature]

Name: Mrs. Syeda Shahnoor

Date & Time: 1/6/26; 5:20PM

Patient Attendant:

Signature: [signature]

Name: Syed. Saba anees

Relationship with Patient: Mother

Date & Time: 1/6/26 : 5:20pm

Doctor:

Signature: [signature]

Name: Dr. Divya

Date & Time: 1/6/26; 5:00pm.

Witness

Signature: [signature]

Name: Rajeswari

Date & Time: 1/6/26 5:30pm