HNH-00014850 IP26-00006381
Mrs SYEDA IRAM FATIMA RAZVI . (F)
07-03-1990 36 Y 2 M 13 D
Dr. SWATHI H V

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SURGERY DETAILS

Date : 20/5/26

Patient Name: Mrs. Syeda Iram Fatima Date of Birth: 07/03/1990 Age: 36 y

Gender: Female Ward : OT UHID No.: HNH-00014850

Date of Surgery: 20/5/26 ☐ OT -1 ☐ OT -2 ☐ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : Emergency LSCS

Time in : 3:35 AM Time Out : 4:35 AM

	NAME	AMOUNT
1. Surgeon	: Dr. Swathi	
2. Anaesthetist	: Dr. Tejaswini	
3. Assistant Surgeon	: Dr. reena	
4. OT Technician	: Sr. Saraswathi	
5. Circulating Nurse	: Sr. Madhumita	
6. Assistant Nurse	: Sr. Sudipta	

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

(signature) (For Dr. Swathi).
Signature of the Surgeon

Madhumita
Signature of Circulating Nurse

Order No: 26-00020874

Order by: (signature) 20/5/26 @ 12:16 pm

Docu. No. : RCH /FRM / GENERAL / 114

HNH-00014850 IP26-00006381
Mrs SYEDA IRAM FATIMA RAZVI .
07-03-1990 36 Y 2 M 13 D (F)
Dr. SWATHI H V

EM-LSCS

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CONSUMABLES OF OT

Circulating staff : ..... Technician : Saraswathi Date : 20/5/26 Time : .....

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube			~~Major~~ Pack LSCS		01	Inj Vit.K		01
LMA			Sutures 2346		02	Cord Clamp		01
ECG leads (A) / P / N		05	2364, 4242		1+1	Suction Catheter		
HME filter : A / P / N			~~1300~~ 1326		01	Feeding Tube 5:0		01
Syringes : 10 cc		02				Vaccum Suction Set		01
05 cc		04	Gloves 7.5, 6.5	2+4		Surgical Gloves 6.5		02
02 cc		04				Gauze Pack 7.5"		02
01 cc		02				Syringe 1ml / 2ml		02
Cautery plate (A) / P / N		01	Surgical blade 22		01	Surgical Blade # 20		01
IV set			NG tube			Koochies (S)		01
RL		03	Cautery pencil		01			
NS : 10ml / 100ml / 500ml / 1000ml		01	Koochies (XXL)		01			
oxytocine		03	Ointments			26-00002009141/913		
Midaz		01	Suction Catheter					
Fentanyl		01	Cap, Mask	10+10				
Morphine			Gauze Pack 7.5		02			
Ketamine			Mop Pack		02			
Propofol		02	Steristrip					
Rocuronium			Underpad		02			
Glycopyrolate			Draw sheet					
Myopyrolate			Abgel		01			
Ondansetron			Foleys catheter					
Pencan 25g/ Spinal Needle 22		01	Urobag					
Bupivacaine 0.25%		01	Chest Drainage Catheter					
Bupivacaine 0.25%(Heavy)		01	Romodrain bag					
Antibiotics			Bandage					
Local 2% Themicaine		01	Tegaderm					
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg		01	Vaccum Suction set		01+1			
Justin : 12.5 mg / 25mg / 100mg		01	Plastic Bed Sheet					
Tab. Misoprost : 200mg		04	Betadine Solution		02			
Encare glove 6.5		01	Microshield		02			
Gauze 7.5x7.5		01	Cotton Balls		01			
			Latex Gloves		20			
			Ramdione Scrub					
			~~Saral~~ Plastic Apron		04			

Surgeon Anaesthesiologist Nurse OT Technician

Order No. 26-00002009121911 Ordered by : Sandya 20/5/26 @ 3:30pm

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

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040-48873000, info@rainbowhospitals.in

ELECTRONIC MEDICINE PRESCRIPTION

MRN	: HNH-00014850	**Name**	: Mrs SYEDA IRAM FATIMA RAZVI .
Age / Sex	: 36 Y 2 M 13 D / Female	**Doctor**	: SWATHI H V
Adm/Reg Date/Time	: 19/05/2026 18:34	**Payor**	: Cash--Customer Receivable A/C
Order Date	: 20/05/2026 15:30	**Ordernumber**	: 26-0000200911
Visit ID	: IP26-00006381	**Ward/Bed No**	: 3F -PRIVATE ROOM / PVT-305
Present Address	: 102, mashallah residency, Azampura Masjid, Hyderabad, Telangana, INDIA, 500024		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	SGLOVE # 6.5 (SURGICARE)	SURGICAL GLOVES 6.5	1 Nos	External / Once Daily	1 Days		4 Nos	Dispensed
2	SURGEON CAP(FEMALE)	FEMALE CAP	1 Cap	/ Once Daily	20 Days		20 Cap	Dispensed
3	EVATOCIN (OXYTOCIN) INJ 5 IU 1 ML		1 Nos	/ Once Daily	3 Days		3 Vial	Dispensed
4	DSYRINGE 5ML.(NIPRO)	SYRINGE 5ML	1 Nos	External / Once Daily	1 Days		4 Nos	Dispensed
5	SGLOVE # 7.5 (SURGICARE)	SURGICAL GLOVES 7.5	1 Nos	/ Once Daily	2 Days		2 Nos	Dispensed
6	BUPICAINE INJ VIAL 0.25% 20ML		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
7	NITRILE EXAMINATION GLOVES P F- MEDIUM	NITRILE GLOVES M	1 Nos	/ Once Daily	20 Days		20 Nos	Dispensed
8	NS 100ML ACCULIFE - EH		1 mL	External / 10 AM	1 Days		1 mL	Dispensed
9	DSYRINGE 10ML (NIPRO)	SYRINGE 10ML	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
10	DSYRINGS 2.5ML(NIPRO)	SYRINGE 2ML	1 Nos	External / Once Daily	1 Days		4 Nos	Dispensed
11	GAUZE 7.5X7.5 12 PLY (5 NOS)	GAUZE 7.5X7.5 12 PLY 5 NOS	1 Nos	External / Once Daily	1 Days		3 Nos	Dispensed
12	FACE MASK 3 LAYER - ELASTIC	FACE MASK 3 LAYER	1 Nos	/ Once Daily	20 Days		20 Nos	Dispensed

SWATHI H V
OBSTETRICS AND GYNECOLOGY
Reg No : TSMC/FMR/15501

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Note

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*** Do not refill medicines.**

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040-48873000, info@rainbowhospitals.in

ELECTRONIC MEDICINE PRESCRIPTION

MRN	: HNH-00014850	**Name**	: Mrs SYEDA IRAM FATIMA RAZVI .
Age / Sex	: 36 Y 2 M 13 D / Female	**Doctor**	: SWATHI H V
Adm/Reg Date/Time	: 19/05/2026 18:34	**Payor**	: Cash--Customer Receivable A/C
Order Date	: 20/05/2026 15:30	**Ordernumber**	: 26-0000200912
Visit ID	: IP26-00006381	**Ward/Bed No**	: 3F -PRIVATE ROOM / PVT-305
Patient Address	: 102, mashallah residency, Azampura Masjid, Hyderabad, Telangana, INDIA, 500024		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	ADULT DIAPERS-XXL		1 Nos	External / 10 AM	1 Days		1 Nos	Ordered
2	BACTOPREP SOLUTIONS 100 ML	CHLORHEXIDINE GLUCONATE2% &ALCOHOL80% 500	1 mL	/ Once Daily	2 Days		2 Nos	Ordered
3	SUPRIDOL SUPPOSITORIES 100 MG 5 S		1 Nos	External / Once Daily	1 Days		1 Nos	Ordered
4	Encore Microptic gloves-6.5		1 Nos	/ Once Daily	1 Days		1 Nos	Ordered
5	BUPICAIN HEAVY 80MG INJ 4ML	BUPIVACAINE 80MG INJ	1 Nos	/ Once Daily	1 Days		1 Nos	Ordered
6	LSCS DRAPE PACK (PROTECTCARE)		1 Nos	/ Once Daily	1 Days		1 Nos	Ordered
7	ABGEL SURGI PAD (BIG) (GELSPON)	ABGEL	1 Nos	/ Once Daily	1 Days		1 Nos	Ordered
8	JUSTIN SUPPOSITORIES 100 MG 5 S		1 Nos	External / Once Daily	1 Days		1 Nos	Ordered
9	RL 500 ML CLOSED SYSTEM	RINGER LACTATE 500ML CLOSED	1 Bottle	/ Once Daily	3 Days		3 Bottle	Ordered
10	DSYRINGE 1ML (NIPRO)	SYRINGE 1ML	1 Nos	External / Once Daily	1 Days		1 Nos	Ordered
11	SURGICAL BLADE 22	SURGICAL BLADE 22	1 Nos	External / Once Daily	1 Days		1 Nos	Ordered
12	MONOCRYL 3-0 NW 1326	MONOCRYL 1326	1 Nos	/ Once Daily	1 Days		1 Nos	Ordered
13	COTTON BALLS 2 GM 5 NOS	COTTON BALLS 2G- 5 NOS	1 Nos	External / Once Daily	1 Days		1 Nos	Ordered
14	DISPOSABLE APRONS STERILE XL	DISPOSABLE APPRON STERILE XL	1 Nos	/ Once Daily	4 Days		4 Nos	Ordered
15	THEMICAINE 2% 30ML INJ		1 Nos	External / Once Daily	1 Days		1 Nos	Ordered
16	VICRYL 1-0 VP 2346	VICRYL 1-0 VP 2346	1 Nos	/ Once Daily	2 Days		2 Nos	Ordered
17	MOPS 30X30 8PLY 5S X-RAY	MOPS 30X308 PLYDATT	1 Nos	/ Once Daily	2 Days		2 Nos	Ordered
18	MCT-ROF 100MG 10ML		1 Nos	External / Once Daily	1 Days		2 Nos	Ordered
19	TRUGUT CHROMIC CATGUT SN4242	TRUGUT CHROMIC CATGUT SN4242	1 Nos	/ Once Daily	1 Days		1 Nos	Ordered
20	POVINANZ SOLUTION 10% 100 ML		1 Nos	External / Once Daily	1 Days		2 Nos	Ordered
21	MISOPROST TAB 200MCG 4S		1 Tabs	External / Once Daily	1 Days		4 Tabs	Ordered
22	MEZOLAM INJ 5 MG 5 ML		1 Vial	External / Once Daily	1 Days		1 Vial	Ordered
23	CAUTERY PENCIL (ADVANCE)	CAUTERY PENCIL (ADVANCE)	1 Nos	External / Once Daily	1 Days		1 Nos	Ordered
24	VACCUME SUCTION SET	VACCUME SUCTION SET	1 Nos	/ Once Daily	2 Days		2 Nos	Ordered
25	VICRYL 1-0 NW 2364	VICRYL 1-0 NW 2364	1 Nos	/ Once Daily	1 Days		1 Nos	Ordered
26	PREGELLED SURGICAL PLATES(ADULT)	PREGELLED PLATED ADULT	1 Nos	/ Once Daily	1 Days		1 Nos	Ordered
27	E.C.G ELECTRODES (ADULT)	ELECTRODES ADULT	1 Nos	External / Once Daily	1 Days		5 Nos	Ordered
28	PENCAN 25G*3 1 2	PENCAN 25G*3 1 2	1 Nos	External / Once Daily	1 Days		1 Nos	Ordered

SWATHI H V
OBSTETRICS AND GYNECOLOGY
Reg No : TSMC/FMR/15501

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040-48873000, info@rainbowhospitals.in

ELECTRONIC MEDICINE PRESCRIPTION

MRN	: HNH-00015505	**Name**	: Baby Of SYEDA IRAM FATIMA RAZVI .
Age/Sex	: 0 Y 0 M 0 D 12 H / Male	**Doctor**	: SPANDANA PASUPULETI
Adm/Reg Date/Time	: 20/05/2026 04:18	**Payor**	: SELFPAY
Order Date	: 20/05/2026 15:34	**Ordernumber**	: 26-0000200914
Visit ID	: IP26-00006385	**Ward/Bed No**	: 4F -NICU 1 / NICU1-404
Patient Address	: 102, mashallah residency, Azampura Masjid, Hyderabad, Telangana, INDIA, 500024		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	INFANT FEEDING TUBE-5	INFANT FEEDING TUBE 5	1 Nos	External / Once Daily	1 Days		1 Nos	Ordered
2	EASYCLOT-K1 1MG INJ 0.5 ML		1 Nos	External / 1-2 TIMES A DAY	1 Days		1 Nos	Ordered
3	CORD CLAMP-ALPHAMEDICARE		1 Nos	External / 10 AM	1 Days		1 Nos	Ordered
4	DSYRINGE 1ML (NIPRO)	SYRINGE 1ML	1 Nos	External / Once Daily	1 Days		2 Nos	Ordered
5	SURGICAL BLADE 20	SURGICAL BLADE 20	1 Nos	/ Once Daily	1 Days		1 Nos	Ordered

SPANDANA PASUPULETI

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Printed Date/Time : 20/05/2026 16:13 Printed By : SUNKARI SANGEETHA

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ELECTRONIC MEDICINE PRESCRIPTION

MRN	: HNH-00015505	**Name**	: Baby Of SYEDA IRAM FATIMA RAZVI .
Age / Sex	: 0 Y 0 M 0 D 12 H / Male	**Doctor**	: SPANDANA PASUPULETI
Adm/Reg Date/Time	: 20/05/2026 04:18	**Payor**	: SELFPAY
Order Date	: 20/05/2026 15:34	**Ordernumber**	: 26-0000200913
Visit ID	: IP26-00006385	**Ward/Bed No**	: 4F -NICU 1 / NICU1-404
Patient Address	: 102, mashallah residency, Azampura Masjid, Hyderabad, Telangana, INDIA, 500024		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	KOOCHEES- SMALL 5 S		1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
2	SGLOVE # 6.5 (SURGICARE)	SURGICAL GLOVES 6.5	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
3	GAUZE 7.5X7.5 12 PLY (5 NOS)	GAUZE 7.5X7.5 12 PLY 5 NOS	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed

SPANDANA PASUPULETI

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TEL NO :040-48873000
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP26-00006381 **Admit Date** : 19-May-2026 **Admit Time** : 06:34 PM **UHID** : HNH-00014850

Patient Details :

Patient Name	: Mrs SYEDA IRAM FATIMA RAZVI .	**Age**	: 36 Y 2 M 12 D
Guardian	: Mr SYED ALE AMAIR RIZVI	**DOB**	: 07-03-1990
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 102, mashallah residency Azampura Masjid Hyderabad Telangana INDIA 500024	**Phone No**	: 9030262914/ 8555866500
		E-mail	: razvi151@GMAIL.COM

Admission Details :

Bed Type : TWIN SHARING **Bed No** : LDR-416 **Ward Name** : 4F -OT

Room No : LDR-416 **Admission Type** : First Visit

Contact Details :

Name : Mr SYED ALE AMAIR RIZVI **Relationship** : Husband

Contact Address : 102, mashallah residency Azampura Masjid Hyderabad Telangana INDIA 500024 **Phone No** : 9030262914

Signature

Doctor Details :

Doctor Name : Dr. SWATHI H V **Specialisation** : OBSTETRICS AND GYNECOLOGY

Referral Doctor : Self. **Phone No** :

Co-Consultant :

Payment Details :

Payment Mode : Cash **Deposit Amount** : 0.00

Payor Name : Paramount Health Services&Insurance TPA Pvt Ltd

305 FC

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Name	Mrs SYEDA IRAM FATIMA RAZVI	**UHID**	HNH-00014850
Father/Guardian	Mr SYED ALE AMAIR RIZVI	**Age/Gender**	36 Y 2 M 13 D/ Female
Address	102, mashallah residency, Azampura Masjid, Hyderabad, Telangana, INDIA, 500024		
IP No	IP26-00006381	**Admission Date**	19-05-2026
Ref Doctor	Self.		
Discharge Date	22.05.2026		

DISCHARGE SUMMARY

Consultant:
Dr. SWATHI H V
MBBS/MS
TSMC/FMR/15501

Diagnosis: G2A1 AT 37+2 WEEKS WITH FETAL GROWTH RESTRICTION STAGE 1 WITH RH NEGATIVE PREGNANCY WITH HYPOTHYROIDISM FOR INDUCTION OF LABOUR

EMERGENCY LOWER SEGMENT CAESAREAN SECTION done on 20.05.2026

History:

LMP: 21.08.2026 Obstetric formula:G2A1

EDD: 07.06.2026 Gestation at admission: 37^{+2} weeks

Obstetric History:
G1 - 2025 - ? Molar pregnancy - D&C done (HPE normal), Received Anti D

Name	Mrs SYEDA IRAM FATIMA RAZVI .	UHID	HNH-00014850
IP No	IP26-00006381	Admission Date	19-05-2026

G2 - Present pregnancy, Spontaneous conception.

Medical History: Hypothyroidism (2021- on Medication)
Surgical History: Nil
Family History: Mother : DM + Hypothyroidism
Allergies: Nil

Antenatal Details:
Mrs SYEDA IRAM FATIMA RAZVI was booked to Rainbow hospital at 31 weeks of gestation. She had regular antenatal checkups and investigations as advised. NT scan was normal, right Ovary- dermoid cyst 10x9.6mm. FTS was low risk. TIFFA was normal. ICT negative at 28 weeks, Received Anti D. Growth scan at 30 weeks showed AGA fetus with normal AFI and Doppler. Scan done at (11.05.2026) showed SLIUP at 36 weeks with AFI 8.1 cm with EFW 2069 (2%) with AC<1% suggestive of FGR stage 1 with increased resistance in uterine artery. Fetal growth monitoring by serial growth scan. Scan done (11.05.2026) on SLIUF at 36+1 weeks with AFI 8.1cm with EFW 2069gm (2%) with AC<1% suggestive of FGR stage 1 with increased resistance in uterine artery. She was admitted at 37+2 weeks for IOL.

Investigations: Enclosed
Blood Group : "B" Negative

Management:
Course in hospital and Delivery Details:
At admission on clinical examination the vitals were stable, uterus was relaxed,

Name	Mrs SYEDA IRAM FATIMA RAZVI .	**UHID**	HNH-00014850
IP No	IP26-00006381	**Admission Date**	19-05-2026

cervix was uneffaced and Os closed. Fetal well being was confirmed by an admission NST which was found to be reactive. Consent for Induction of labour and vaginal birth taken. Induction of labour done with 3 dose of PGE1. She was decided for Emergency C- section in view of Pathological CTG with presumed fetal compromise, prepared with indwelling Foley's catheter and IV canula under aseptic conditions. Written informed consent for surgery taken. Preanesthetic check up done. Anesthetic premedication (IV Pantop and Perinorm) given. Patient shifted to theatre.

Surgery Notes:

Under spinal anaesthesia she was painted and draped as per hospital protocol. Abdomen opened in layers. The parietal and visceral peritoneum carefully opened after identifying the urachus. Bladder was reflected. A lower segment curvilinear incision given on the uterus. Baby delivered. Cord clamped and cut and cord blood collected for blood grouping and Rh typing. Baby handed over to pediatrician. Placenta delivered with controlled cord traction. Uterus closed in layers. Hemostasis secured. Instruments and swab count checked. Rectus sheath closed. Skin closed with subcuticular sutures. Wound dressing done. Vagina cleaned with Betadine solution after expelling clots. Misoprostol 400 mcg given per rectum as prophylaxis against Postpartum hemorrhage. Patient was shifted out of theatre to post operative recovery room.

***LUS formed**

***Small anterior wall fibroid ~ 1cm noted**

Delivery Details :

Date : 20.05.2026

Name	Mrs SYEDA IRAM FATIMA RAZVI .	**UHID**	HNH-00014850
IP No	IP26-00006381	**Admission Date**	19-05-2026

Time of Delivery: 03:52Am
Type of Delivery: Emergency LSCS
Indication : Pathological CTG with presumed fetal compromise
Anaesthesia : Spinal

Baby Details:
Date : 20.05.2026
Time of Delivery: 03:52Am
Sex : Male
Weight : 2.02Kg
Apgar : 8,9
Gestational Age: 37+2 weeks
NICU Admission: No
Baby blood group : B positive
DCT : negative
Inj Anti D 300 mcg given to mother

Post-Operative Notes:
She was closely monitored. Her vital signs remained stable. Uterus was well retracted with no Postpartum hemorrhage. Breast feeding initiated. She was shifted to room. Her postoperative period following that was uneventful. On second postoperative day dressing was changed. On inspection wound was healthy. Her general condition was satisfactory and she was found to be fit for discharge. Wound care and medications were explained to patient supplemented by written information. She was given the postpartum book for further reference.

Name	Mrs SYEDA IRAM FATIMA RAZVI .	**UHID**	HNH-00014850
IP No	IP26-00006381	**Admission Date**	19-05-2026

Advice:

1. Tab. Taxim O 200mg twice daily till 26.05.2026 (9am-9pm) after food.
2. Tab. Calpol 500mg (Paracetamol 500mg) (2tabs) thrice daily till 24.05.2026 (8am-2pm-10pm) after food.
3. Tab. Voveran 50 mg (Diclofenac 50mg) thrice daily till 24.05.2026 (9am-3pm-11pm) after food.
4. Tab. Pantop 40mg twice daily till 26.05.2026 (7am-7pm) before food.
5. Tab. Livogen (Elemental Iron - 50mg, folic acid 1.5mg) once daily (7am) for three months before breakfast.
6. Tab. Shelcal (Elemental Calcium 500 mg, Vitamin D3 250 IU) once daily (2pm) till breast feeding for after food.
7. Continue Tab Thyroxine 50mcg till further advice
8. Repeat FT3, FT4, TSH after 6 weeks and review

Home Blood pressure monitoring to be done **twice daily** for **two weeks**. Report to emergency if **BP >140/90mmHg**, presence of headache, vomitings, blurred vision, reduced urine output, epigastric pain, seizures

* Suggest **PAP smear** and **HPV Vaccine** after 6weeks; Please discuss with your treating doctor regarding **HPV vaccination.**

Review with **Dr. SWATHI H V** after **2** weeks on **05.06.2026** at OPD with prior appointment **(Review consultation will be charged).**

The content of the patient discharge summary, medication, food & drug

Name	Mrs SYEDA IRAM FATIMA RAZVI .	**UHID**	HNH-00014850
IP No	IP26-00006381	**Admission Date**	19-05-2026

interaction, care to be provided at home, nutrition, when and how to obtain emergency care etc also have been explained by doctor ..... in a language that I can understand and I acknowledge.

Patient/ Attender

In case of emergency like bleeding, fever [please refer to postpartum book for further details - Chapter II page 6] kindly contact 9154865045 at Rainbow Himayatnagar or just dial one toll free number - 18002122.

You can also take appointments at any time by going online to our website **www.rainbowhospitals.in**

Registrar/Resident/C.M.O

Dr. SWATHI H V
MBBS/MS
TSMC/FMR/15501

PATIENT TRANSFER FORM

Rainbow® Children's Hospital
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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00014850 IP26-00006381 Mrs SYEDA IRAM FATIMA RAZVI . 07-03-1990 36 Y 2 M 12 D (F) Dr. SWATHI H V	19/5/26 @ 6:54 AM	20/5/26 10:30 AM
	Transfer Ordered by: Dr Naveena	Reason for Transfer: OBS
From Unit: Pre - post	To Unit: Room 305	Information to Attendant: Yes ☑ No ☐
Number of Sheets in Clinical File: 35	Number of Imaging Films: 4	Personal belongings including clinical documents. If any handed over to attendant: Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.		
2.	R room — ①	
3.		
4.		
5.		

Shifting Summary / Notes Written by Doctor : Yes ☐ No ☐

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
SRS Ali / cbl	

Patient & Clinical Records Received by : Mowtushi

Date & Time of Patient Received : @ 10:40 AM, 20/5/26.

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

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00014850 IP26-00006381 Mrs SYEDA IRAM FATIMA RAZVI . 07-03-1990 36 Y 2 M 13 D (F) Dr. SWATHI H V	19/5/26 @ 6:34PM	20/5/26 @ 4:50AM
	Transfer Ordered by Dr. Tejaswini	**Reason for Transfer** observation
From Unit OT	**To Unit** pre-post	**Information to Attendant** Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant** Yes ☑ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	R.L IV fluide	01
2.		
3.		
4.		
5.		

Shifting Summary / Notes Written by Doctor : Yes ☑ No ☐

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sudipta	Dr. Tejaswini

Patient & Clinical Records Received by : Padmmiter

Date & Time of Patient Received : 20/5/26 @ 4:50Am

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

Docu. No. : RCH /FRM / CLINICAL / 102

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ACTIVITY RECORD FOR BILLING

Name: ------------ HNH-00014850 IP26-00006381 Mrs SYEDA IRAM FATIMA RAZVI . 07-03-1990 36 Y 2 M 12 D (F) Dr. SWATHI H V ------------------------------

UHID No : -------- -- Consultant : ------------------------ Dept : ----------------

Date of Admissio --------- Date of Discharge : --------------- Time: ----------

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
20/5/26	8:30Am	pre & post	OT	Akhila / sudipta
20/5/26	4:40Am	OT	pre & post	sudipta / Akhila
20/5/26	10:40AM	Pre - post	Room (305)	[illegible] / Moufusha

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	Dr. S. Tejaswi	22/5/26	1328	[signature]
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Docu. No. : RCH / FRM / GENERAL / 145

INVESTIGATIONS

Date	Investigations	Order No.	Sign
19/5/26.	NST — (1)	6114	
19/5/26.	CBP	8439	
19/5/26	NST - (2)	6116	
20/5/26	NST - (3)	6118	
20/5/26	NST - (4)	6120	
		~~Cross checked done~~	
		20/5/26 @	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
2015	oxygen	2:10AM	3:30AM	200825	[illegible]
2015	Infusion Pump	4:40AM	10AM	200826	[illegible]
2015	cardiac monitor	4:40AM	10AM		[illegible]
				Cross checked done	
				2015/28 @ [illegible]	

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
19/5/26.	IV placement	1	200735	[signature]
20/5	catheterization	1	200815	[signature]
20/5	PAC	1	200814	[signature]
		cross checked done		
		20/5/26 10 am		
20/5/26	NHA	1	0970	[signature]
	cross check done			

ANY OTHER INFORMATION

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

Came for IOL

Obstetric Formula:

G2A1

Obstetric Hostory:

S - Early days : ? molar pregnancy
Received Anti D, HPE : (N)

Present Pregnancy Record:

G1 : PP, spontaneous conception.
Booked @ 31 wks
Received Anti D @ 29 wks

RISK FACTORS:

FGR

Height: 158 cm
Weight: ..... kg
Allergies: .....
Breast: ☑ Normal ☐ Abnormal
General Examination:
Consciousness: Alert Pallor: (-)
Icterus: (-) Edema: (-)
Temp: afebrile PR:
BP: DTR: (N)
CVS: (N) RS (N)
Liver/Spleen: (NP) Urine Output: (+)

LMP: 31/8/25. EDD:
Corrected EDD: 7/6/26 GA: 39⁺² wks
Menstrual History: Regular : ☐ Yes ☐ No

Obstetric Examination

Fundal Height: N 34-36 wks
Ut. Activity: ☑ Relaxed ☐ Mild ☐ Mod ☐ Severe
Liquor: ☑ Adequate ☐ Oligo ☐ Poly
PP: ☑ Cephalic ☐ Breech Others _____
Head Fifths Palpable: _____
FHS: ☑ Normal ☐ Tachy ☐ Brady ☐ Absent

Per Speculum Examination NA

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

Vaginal Examination NA

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

DIAGNOSIS

G2A1 | 39⁺² wks | hypothyroid | FGR stage I | Rh negative pregnancy for Induction of labour

HNH-00014850 IP26-00006381
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Dr. SWATHI H V

Family History:	Surgical History:
· mother : DM + hypothyroid	D & C - 2025
Medical History:	**Medication History:**
hypothyroidism : 2021 on T. Thyronorm 50mcg.	Tab Iron / Calf thyronorm
Plan of Care:	**Investigations:**
- for Induction of labour - soft diet / plenty of fluids - Monitor vitals - Consent for vaginal delivery & IOL - part preparation - drugs as charted - NST now / 3rd hrly - CBT to be sent - Reserve 1 unit PRBC - Inform SOS	- B NEGATIVE - husband - B POSITIVE - HIV, HBsAg, HCV, VDRL - NR - USG on 11/5/26 SLIUG cephalic, 36+1 wks, EFW: 2069 gm 2%, Acc 1%. AFI: 8.1 cm Increased resistance in uterine arteries.

Doctor Name: Dr Ramya Thyagu

Signature: Ramya

Date & Time: 19/5/26 @ 8Am

Consultant Name: Dr Swathi. H.V

Signature:

Date & Time: 19/5/26 @ 8Am

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/5/26 1pm	c/s/B Dr. Veena	
	Primi / 37+2 wks / Rh-ve / Hypothyroidism.	
	For IOL.	
	No c/o	
	o/e - GC-fair, Afebrile	
	BP - 100/70 mmHg	
	PR - 86 bpm	Adv
	No Pallor	- Soft diet
NST - Reactive	P/A - Uterm, Relaxed	- NST 3rd hourly monitoring
	Cephalic, 5/5th palpable	- FHR 2nd hourly
	FHS (+)	- Continue IOL. c/ PO misoprostol.
	P/v - Cx long-2cm.	- Vital monitoring
	OS closed, post-	- w/f progress
	Vx = high up.	- Inform SOS
	Pelvis - Adequate	
	1st dose - P/v Misoprostol 25mcg kept.	
	c/s/B Dr. Veena	
20/5/26 1pm	Primi / 37+2 days. / Rh-ve / Hypothyroidism	
	Ongoing IOL...	Adv
	- o/e GC-fair.	- Soft diet
	Vitals - stable.	- NST 3rd hourly monitoring
	P/A - Uterm, mild acky	- FHR 2nd hourly
	Cephalic, FHS (+)	- Continue IOL c/ PO misoprostol
	Uc - NAD	- Vital monitoring
	2nd dose - PO misoprostol 25mcg given	- w/f progress

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/5/26 02am	c/s/B Dr. Veena - c/d/w Dr Swathi	
	NST - Poor beat to beat variability.	
	early ~~Pdc~~ decelerations. upto 130bpm	
	Baseline - 155-160bpm	
	↓	
	RL + O_2 + (LF) lateral position	
	O/E - vitals stable	
	P/A - Ot~Term, Cephalic	
	5/5th palpable	
	3/10"/10'	
	P/V - Cervix soft, post	
	Os closed	
	V_x = -3 station	
	Adv - Continuous CTG monitoring.	
	↓	
20/5/26 3am	c/s/B Dr. Swathi	
	NST :- Persistent decelerations (+)	
	Baseline - 155-160 bpm.	
	No acceleration, Poor beat to beat variability	
	(Pathological CTG)	
	Adv - ~~Rep~~ PAC, Informed consent	
	- Post for Emergency LSCS i/v/o fetal distress	
	- Inform Pediatrician	
	- Shift to OT on call.	
	Couple counselled regarding need for Emergency LSCS i/v/o of pathological CTG.	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/5/26 4:30am	c/s/B Dr. Veena / Dr. Swathi H.V.	
	POD-0 / Emergency LSCS	
Baby @ NMS	Pt is stable, No c/o O/E GC-fair BP- 120/80 mmHg PR- 87 bpm. SpO_2- 96% on RA P/A- Ut well retracted L/E- BWNL U/O- 450 ml, clear.	Adv -NBM for 4-6 hours - Vital monitoring -I/O charting - Drugs as charted -IV ABx for 48 hours (Inj. Cefotaxime & Inj. Metrogyl.) - W/f excessive bleeding P/V. - Inform SOS - Follow up Baby Blood Group - T. Thyronorm 50mcg from tomorrow. -Remove foley's c/m @ 6am. (21/5/26)
20/5/26 8am	c/s/B Dr. Veena	
	POD-0 / Emergency LSCS	
Baby @ NMS	Pt is stable, No c/o O/E GC-fair BP- 115/70 mmHg PR- 76 bpm, SpO_2- 99% on RA P/A - Ut well retracted BS - Sluggish. L/E -BWNL U/O - 50 ml/hr, clear	Adv - NBM. - Vital monitoring - I/O charting - Drugs as charted. - W/f excessive bleeding P/V. - Follow BBG. - T. THYRONORM 50 mcg from c/m -Remove foley's c/m @6am

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/05/2026 9:00am	c/s/by Dr. Naveena	
	O/E GC- fair	Adv
	Afebrile SpO2-99% on RA	- NBM
	PR: 82bpm.	- drugs as charted
	BP: 122/74mmHg.	
	CVS/RS: NAD	- w/f PGL
	PA: ut term size	- strict FHR monitoring
	Relaxable.	
	Cephalic	- NST 3 hrly
	FHR(+) 154bpm.	- Monitor Vitals
		- Inform SOS.
		Dr. Naveena

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/05/2026 9:00am	c/s/by Dr. Naveena	
	O/E GC-fair Afebrile SpO2-100% on RA PR: 88bpm BP: 118/72mmHg CVS/RS: NAD PA: ut. retracted Soft, NT Dressing: dry & clean IVF: PV bleeding WNL UO: Adequate 80-100ml/hr Bowel sounds: present Baby: mother side. Kindly shift the patient to room	Adv - Sips of water f/b liquid diet - Adequate hydration - drugs as charted - Urine PO charting - w/f PV bleeding - foleys removal TLM 6am. - Monitor Vitals - Inform SOS Dr. Naveena. Noted by Nurse

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/8/2026	c/s/b Dr Manola	
11:30 AM	POD-0	
		Adv
	GC Fair Afebrile	- liq diet
	BP 117/70	Soft Diet > 3pm (if tolerates)
	PR 83	- Drugs as chart
	P/A ut well retracted	- W/P vitals & BP
	PV Bleeding WNL	- Foley removed @ 6AM
	u/o ~ 30-40 cc/hr	✓ Inj Anti D 300mcg im stat
	Baby to be shifted to NICU (LP/E)	- Infn SOS
	BBG - B Positive	Noted by madhuri
	DCT neg.	
		Dr Manol
20/8/26	C/S/B Dr. Dg	Adv
	POD-0.	✓ Liquid diet → soft diet
8:15 pm	Baby @ NICU. No complaints	✓ Drugs as charted
	GC Fair Afebrile	✓ Adequate hydration
	BP: 119/71 mmHg	✓ Monitor vitals
	u/o - clear - Adequate. PR: 85 bpm.	✓ Foleys. Removal
	P/A Ut Retracted well.	Hm 6AM.
	H/E - NAD	✓ Infen SOS
		HB Sunanda

Docu. No. : RCH /FRM / CLINICAL / 088

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	A/B Dr. SWATHI H V	
20/05/2026. 9:30pm	- day of Em LSCS. (PFL)	
	- pt comfortable	Advice:
	P/E	→ @ vitals
	vitals @	→ Stop IV fluids
- U/O. ↓ Adequate	PA: soft nontender	→ soft diet
	D dry	
	BS +/+	- Remove foleys @ 6AM
Flatus ↓ passed	L/E: NAD	→ Ambulation.
	[signature]	→ inj Tranexamic acid. Bleed PV - Perfume
21/5/26 7:45AM	c/s/b Dr. Divya.	
	POD 1	Adv
	No complaints	✓ soft diet
	vitals - (N)	✓ Drugs as charted
	Baby @ NICU P/A Ut Retracted well	✓ Adequate hydration
	urine passed P/E NAD	✓ Monitor vitals
	flatus passed	Inform SOS
	[signature]	MB Sonanda

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(P.T.O)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/5/2026 9:30Am	c/s/b Amarah	
	pt went to NICU	
	No Fresh complaints.	
		h/y Amarah
21/5/2026 3:00pm	c/s/by	Dr. Naveena
	O/E GC - fair	Adv
	Afebrile	- Soft diet
	V - ✓ Vitals - stable	- Adequate hydration
	PA: ut retracted	- drugs as charted
	F - ✓ Soft, NT	- w/f PV bleeding
	S - ✗ Dressing: dry & clean	- Ambulation
	LLE: NAD	- Monitor Vitals
		- Inform SOS.
	Baby: Mother side	- Dulcolax suppositories
	Anti D - given.	2 PR @ 10pm
		if not passed stools
	Dr. Naveena	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/05/2026	S/B - Dr Swathi HV	
3:30pm		
	• day 1 of Em LSCS	
Sui Antigony	+ pt remained comfortable	
		Advice
	O/E: vitals ⓝ	- ⓝ vitals
POP 5/x	PA: soft	+ Ambulation
	ut well ⓡ	+ plenty of fluids
Hatespand	BS +	+ ⓝ diet
	L/E: NAD	+ inj Tramadol/Paracetamol
Baby		3 hourly
r/s -		- Sanfunds
	[signature] Swathi HV	
22/5/26	C/S/B Dr Veena	
7pm	POD-1 | P,4	
	Pt is stable, No c/o	
	o/e - GC fair	Adv
Baby @ ms	Vitals - stable	✓ Regular diet
	P/A - Ut well retracted	✓ Ambulation
U✓	BS (+)	✓ Adequate hydration
F✓	L/e - BWNL	✓ Vital monitoring
S✗	B/L Breasts - soft, ms (+)	✓ Inform SOS
		✓ - T. Dulcolax 2tabs P/R @ night
		(If didn't pass stools)
		MB Sunanda [signature]

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/05/2026 8:30am	C/s/by Dr. Naveena	
	O/E. GC - fair	Adv
	Afebrile	- Soft diet
	Vitals - stable.	- Adequate hydration
	PA: ut. retracted well	- drugs as charted
U - ✓	Soft, NT	- w/f PV bleeding
F - ✓	Dressing: dry & clean	- Ambulation
S - ✗	L/E: PV bleeding	- Dulcolax suppositories
	WNL	2 PR stat
		- Monitor Vitals
	Baby: Mother side on	- Inform SOS
	phototherapy	- Tegaderm dressing.
		Dr. Naveena.
		NB - Montushi @ 8:40AM
	R/B Dr Swathi HV	
27/5/2026 10AM	- doing EN UNS	
	- perceived	Adv
	O/E: vitals @	- soft diet
	PA: soft ut well (?)	- Cap Dulcolax
U/✓	L/E: Bleed WNL	supp 2 tab P/R stat
S/✗	Send file for discharge	→ Dressing today
	Dr. Swathi HV	- Remove

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...OGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

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CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name:	DR. SWATHI	Date of Delivery:	29.05.2026
Assistant Surgeon:	DR. VEENA	Time of Delivery:	3:52 AM
Anaesthetist's Name:	DR. TEJASWINI.	Gender of Baby:	MALE
Type of Anaesthesia:	SPINAL ANESTHESIA	Weight of Baby:	2.02 kg
Neonatologist:	DR. PRANAV	AGPAR Score:	8, 9.
Scrub Nurse:	S/N SUDEEPTHD	NICU Admission:	☐ Yes ☑ No

Pre-Operative Diagnosis: Primi | 37+3 wks | Rh-ve | Hypothyroidism

☐ Elective ☑ Emergency Indication: Pathological CTG. Persumed fetal compromise.

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: 10mins Knief to rectus: 3mins

CTG Description: Poor beat to beat variability ± Early deceleration

If there was a delay give the reasons:

Surgical Procedure: Emergency LSCS

Post Operative Diagnosis: POD-0

Peri-Operative Complications: None

Amount of Blood Loss: 300 ml	Blood Transfused (in ML): None

Name and Number of Surgical Specimen sent for examination:

None.

Examination Findings when Appropriate:

Presentation: ☑ Cephalic ☐ Breech ☐ Other ....
Cervical Dilatation: .... 1 finger .... cm

5th Palpable: .... 5/5 ....
Fetal Position: .... ROT ....

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

Caput: ☐ + ☐ ++ ☐ +++ No
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

* LUS formed
* Small out-wall fibroid ~1cm

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: .... Intact & normal .... Cord around the neck ☐ Yes ☑ No

Appearance of placenta: .... Normal & complete .... Cavity explored ☑ Yes ☐ No

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

Uterine Closure: ☐ One Layer ☑ Two Layers .... Vicryl No-1 .... Suture

Peritoneal Closure: ☐ Pelvic ☑ Abdominal ☐ None .... Catgut .... Suture

Sheath Closure: .... Vicryl ~~No~~ 2-0 .... Suture

Fat Closure: ☑ Yes ☐ No .... Vicryl 2-0 .... Suture

Skin Closure: ☑ Subcuticular ☐ Mattress .... Monocryl 3-0 .... Suture

Vagineal Evacuated ☑ Yes ☐ No

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

Ctheter ☑ Yes ☐ No ☐ Remove in .... 1 .... 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 x 4-6hrs
- T/O charting, vital monitoring
- IVF's, Analgesics, Thromboprophylaxis as per MOH
- Remove foleys c/m @ 6am
- IV Abx for 48hours
- w/f excessive bleeding P/V
- Inform SOS
- F/u BBG

Doctor Name: .... Dr. Swathi H.V .... Doctor Signature: ....

Date & Time: .... 20/5/26 @ 4:30am ....

HNH-00014850 IP26-00006381
Mrs SYEDA IRAM FATIMA RAZVI .
07-03-1990 36 Y 2 M 12 D (F)
Dr. SWATHI H V

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MEDICATION RECONCILIATION FORM

Drug Allergies: ..... ☐ 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	Tab IRON	1 tab	PO	OD		☐ C ☐ DC
2	Tab CALCIUM	1 tab	PO	OD		☐ C ☐ DC
3	Tab THYRONORM	50 mg	PO	OD		☐ 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 Ramya

Date & Time : 19/5/21 @ 8AM

Nurse Name & Signature: .....

Date & Time : 19/5/21 @ 8:00AM

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

HNH-00014850 IP26-00006381
Mrs SYEDA IRAM FATIMA RAZVI .
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Dr. SWATHI H V

305

DP

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RESULT SHEET

Date	9/5/26					
Time						
Hb	11.0					
PCV	31.8					
RBC	4.27					
WBC	7.10					
N/L						
Platelets	139					
CRP						
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Blood grouping : B' Negative

HIV
HBsAg
HCV
VDRL
} NR

① 1 PRBC Reserve in Shreya blood bank.

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

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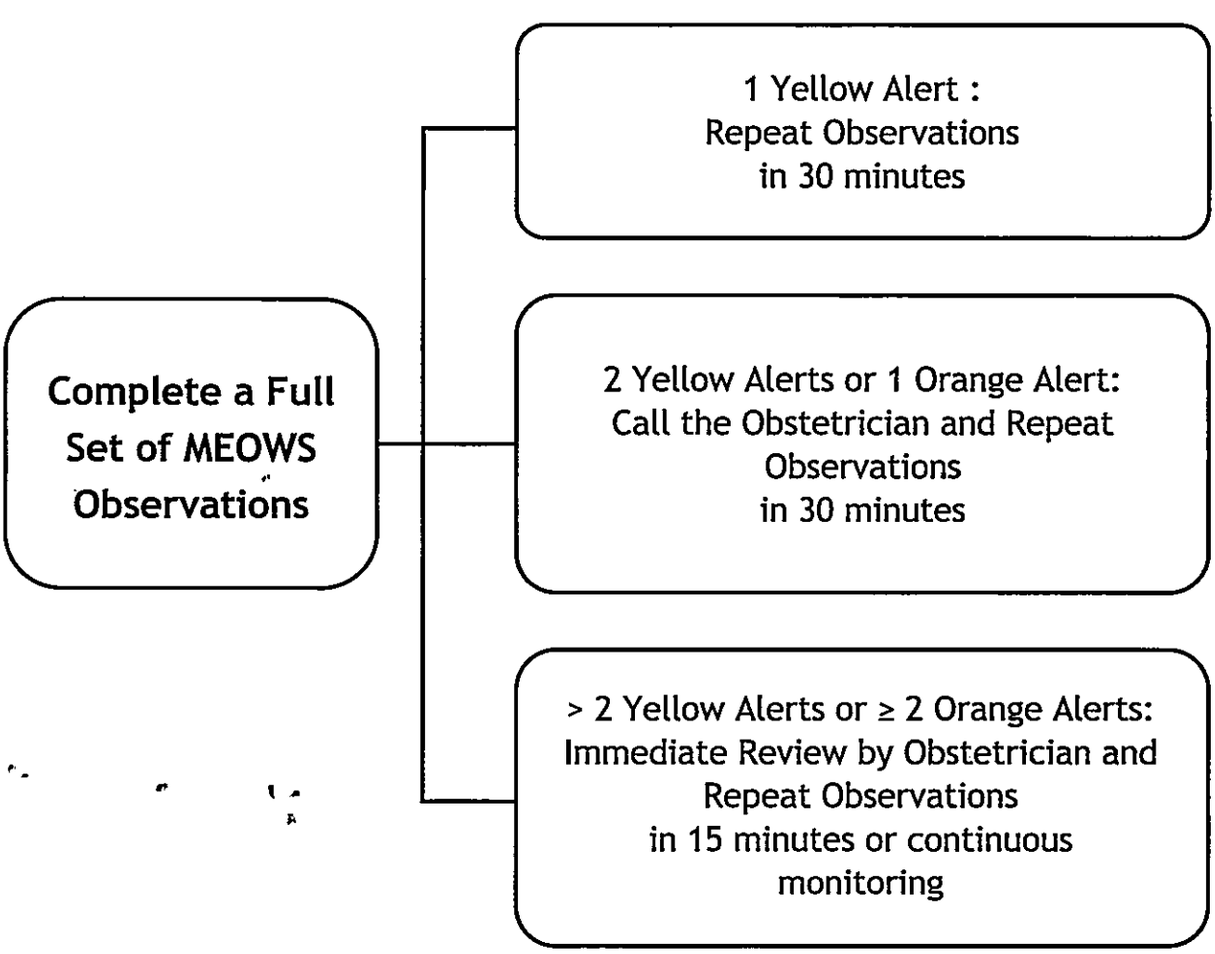
Early Warning Observation Score Chart - Obstetrics

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

19/5

		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			20		20	20	20	20	20
	0 - 10																									
Saturations	94 - 100 %													94			94			94		98	94	94	98	97
	< 94 %																									
Administered O_2 (L/min.)																										
Temp °c	40																									
	39																									
	38																									
	37													98.6			98.4			—		—	—	—	—	—
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90													99			95			82		88	81	95	88	89
	80																									
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressure ↑	190																									
	180																									
	170																									
	160						160																			
	150																									
	140																									
	130																									
	120													112			115			119		121	122	125	119	115
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70													81			69			70		70	69	70	67	70
	60																									
	50																									
	40																									
NEURO RESPONSE [✓]	Alert																									
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30																									
	< 30																									
Proteinuria	Protein + +																									
	Protein > + +																									
Lochia	Normal																									
	Heavy / Foul																									
Liquor	Clear / Pink																									
	Green																									
TOTAL YELLOW SCORES														0			0									
TOTAL ORANGE SCORES																										
Nurse Initial																										

Obstetrics and Gynaecology Early Warning Signs



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

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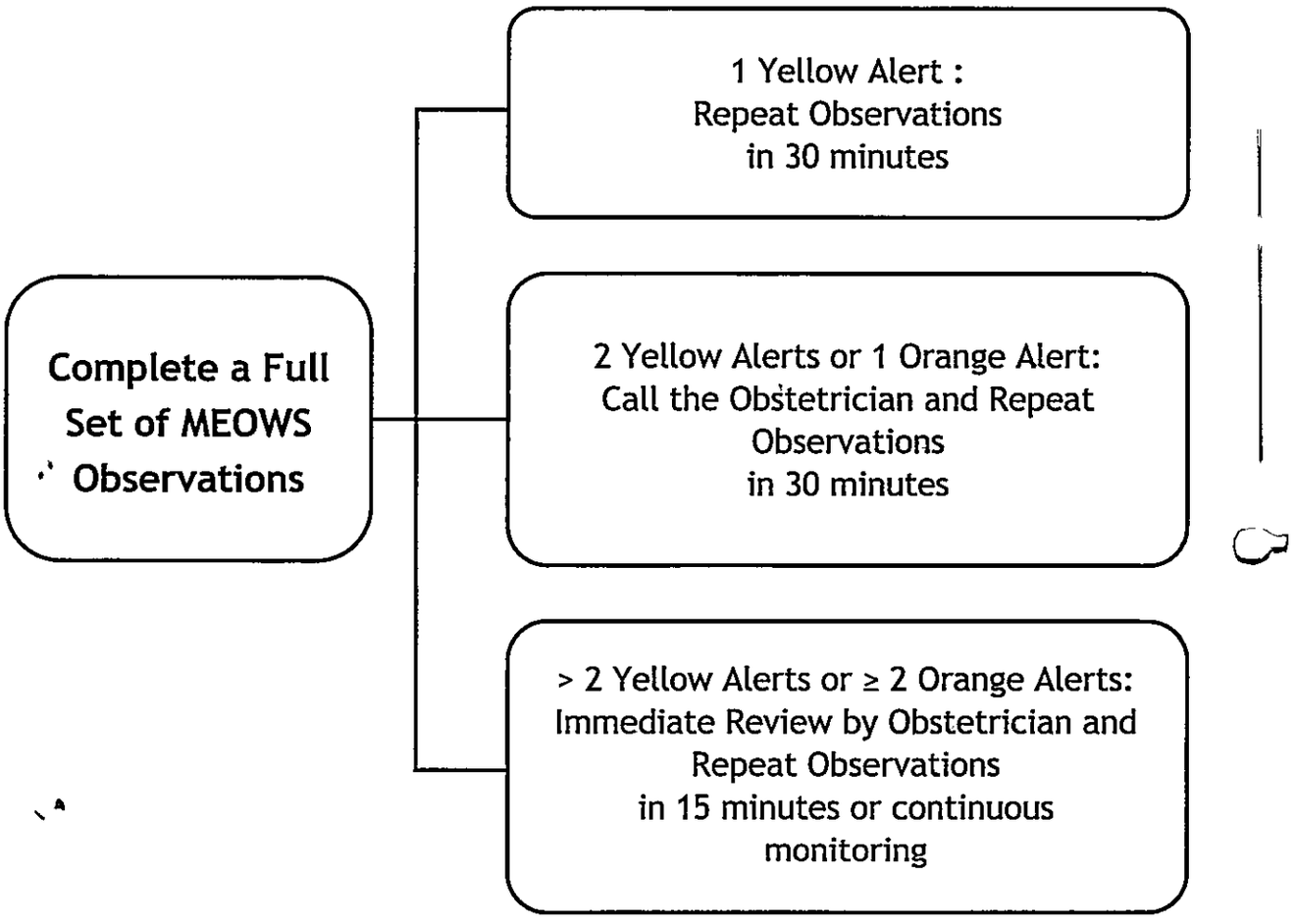
Early Warning Observation Score Chart - Obstetrics

20/5/26

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				20				20h		20h			20			20				20	
	0 - 10																									
Saturations	94 - 100 %			100	99				99				99		99			99			99				99	
	< 94 %																									
Administered O_2 (L/min.)																										
Temp°c	40																									
	39																									
	38																									
	37			98.5F					98.3F				98.1F		98.3F			98.3F			98.4F				98F	
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80			82	83				85				80h		85bh			82			76				82	
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressue ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120			118	112				110				115		119			109			117				112	
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80			64	67				72				79		71			72			64				79	
	70																									
	60																									
	50																									
	40																									
NEURO RESPONSE [✓]	Alert			✓	✓				✓				✓		✓			✓			✓				✓	
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30			✓	✓				✓				✓		✓			✓			✓				✓	
	< 30																									
Proteinuria	Protein + +																									
	Protein > + +																									
Lochia	Normal								✓				✓		✓			✓			✓				✓	
	Heavy / Foul																									
Liquor	Clear / Pink								✓				✓		✓			✓								
	Green																									
TOTAL YELLOW SCORES				0	0				0				0		0			0			0				0	
TOTAL ORANGE SCORES																										
Nurse Initial																										

Obstetrics and Gynaecology Early Warning Signs



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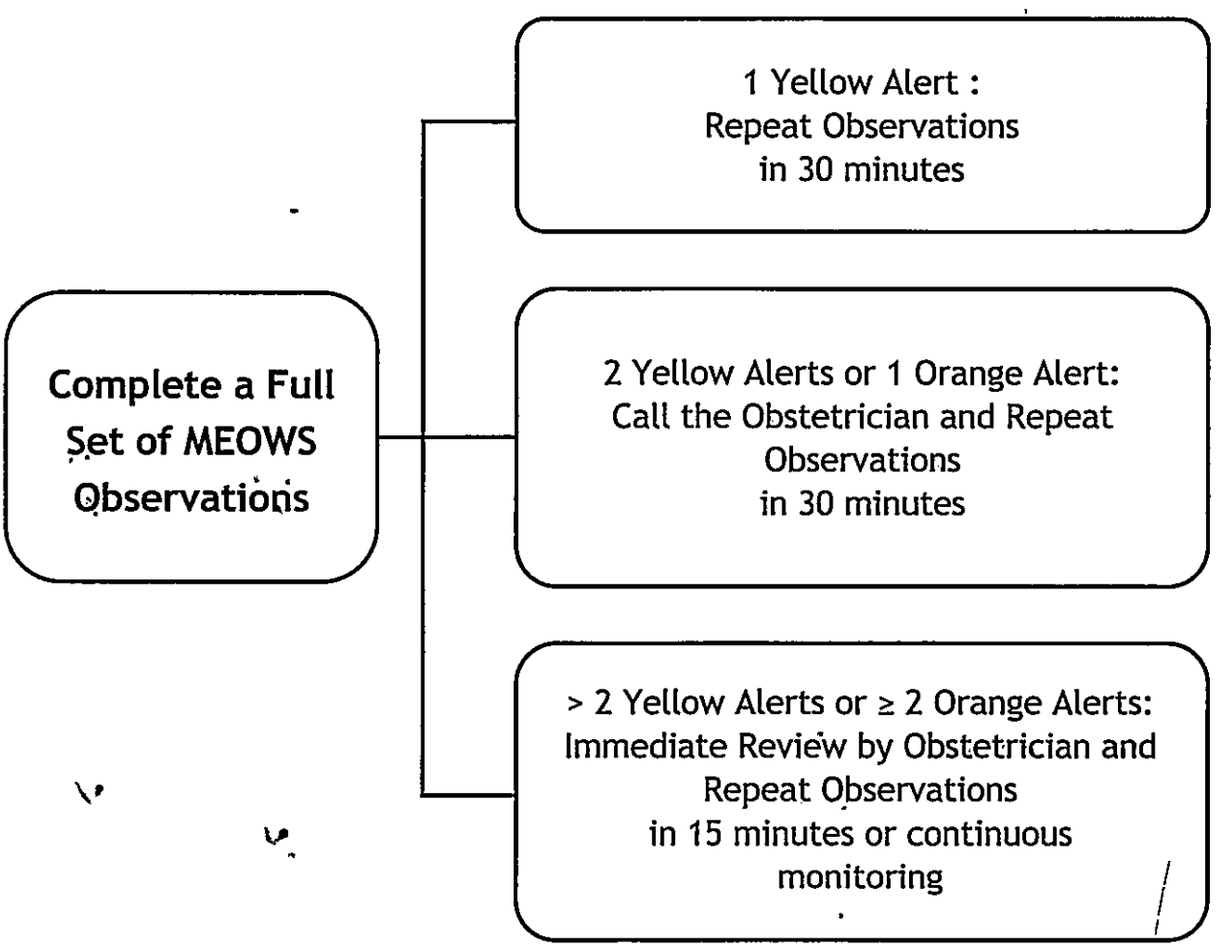
Early Warning Observation Score Chart - Obstetrics

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

21/5/26	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			20b/m				22b/m				20b/m				20				20				20	
	0 - 10																								
Saturations	94 - 100 %			99%				99%				99%				99%				99%				98%	
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37																								
	36			97.4°F				96.8°F				96.5°F				98.3°F				98.3°F				98.5°F	
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80			78				82				96b/m				72				68				74	
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressure ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120			102				105				110				104				110				103	
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70			77				75				75bpm				74				75				74	
	60																								
	50																								
	40																								
NEURO RESPONSE [✓]	Alert			✓				—				—				—				—				—	
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30			✓				—				—				—				—				—	
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal			✓				—				—				—				—				—	
	Heavy / Foul																								
Liquor	Clear / Pink							—				—				—				—				—	
	Green																								
TOTAL YELLOW SCORES				0				0				0				0				1				1	
TOTAL ORANGE SCORES				0				0				0				0				0				0	
Nurse Initial				Y				[illegible]				[illegible]				[illegible]				[illegible]				[illegible]	

Obstetrics and Gynaecology Early Warning Signs



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FLUID CHART

Sheet No. : 10

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	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: 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	RL		ff								
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am	RL		ff								
	03:00 am	RL		ff								
	04:00 am	RL	NBM	100ml								
	05:00 am	RL	NBM	100ml						300ml		
	06:00 am	RL	NBM	100ml								
	07:00 am	RL	NBM	100ml								
Total Intake :						**Total Output :**				300 ml		

Total 24 hrs. Intake		Total 24 hrs. Output	

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FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
24/5/26	08:00 am	RL		100ml								
	09:00 am	RL	Sips	100ml				0				
	10:00 am	RL		100ml					0	300ml		
	11:00 am	RL	Tea	100ml								
	12:00 pm	RL	Soup	100ml								
	01:00 pm	RL		100ml						100ml		Empty
Total Intake :						**Total Output :** U – M –						
24/5/26	02:00 pm	RL		100ml								
	03:00 pm	RL		100ml								
	04:00 pm	RL	Idly	100ml								
	05:00 pm	RL	+	100ml						800ml		5:30pm.
	06:00 pm	RL	H2O	100ml								
	07:00 pm	RL		100ml								
Total Intake :						**Total Output :**						
25/5/26	08:00 pm	RL		100ml								
	09:00 pm	RL	Idly	100ml						1000ml		Empty
	10:00 pm	RL	+	100ml								
	11:00 pm	RL	H2O	100ml								
	12:00 am	RL		100ml								
	01:00 am	RL		100ml								
Total Intake :		taken.				**Total Output :** U – M –						
26/5/26	02:00 am	RL		100ml						900ml		Empty
	03:00 am	RL		100ml								
	04:00 am	RL		100ml								
	05:00 am	RL		100ml								
	06:00 am	RL		100ml						500ml		Empty Removed
	07:00 am	RL		100ml								
Total Intake :		taken				**Total Output :** U – M –						

Total 24 hrs. Intake	1200 ml	Total 24 hrs. Output	3600 ml

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FLUID CHART

Sheet No. : ....

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

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
21/5/26	08:00 am											
	09:00 am									✓	0	
	10:00 am	0	Idly H2O	NA	NA							[illegible]
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :** U —					M —	
21/5/26	02:00 pm											
	03:00 pm											
	04:00 pm		Kichdi + H2O	NA	NA		0	NA	NA	✓		
	05:00 pm										0	[illegible]
	06:00 pm											
	07:00 pm									✓		
Total Intake :						**Total Output :**						
21/5/26	08:00 pm		Kichdi idly + H2O									
	09:00 pm											
	10:00 pm	0		NA	NA					✓	0	[illegible]
	11:00 pm						0	NA	NA			
	12:00 am									✓		
	01:00 am											
Total Intake :						**Total Output :** U —					M —	
22/5/26	02:00 am											
	03:00 am											
	04:00 am	0	H2O	NA	NA						0	[illegible]
	05:00 am						0	NA	NA	✓		
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :** U —					M	

Total 24 hrs. Intake	

Total 24 hrs. Output	

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FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
22/5/26	08:00 am	1				/						
	09:00 am								/			
	10:00 am	0			NA			NA			0	
	11:00 am											
	12:00 pm	1		/				/				
	01:00 pm										1	
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**	

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CHECKLIST FOR THROMBOPHLEBITIS

19/5/20 20/5/20 21/5/20

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	NA	NA	NA	NA	NA	NA	
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		0	—	NA	NA	NA	NA	NA	NA	
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2		0	—	NA	NA	NA	NA	NA	NA	
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		0	—	NA	NA	NA	NA	NA	NA	
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		0	—	NA	NA	NA	NA	NA	NA	
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5		0	—	NA	NA	NA	NA	NA	NA	
		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 : ..... Name : .....

Signature of Ward In Charge :

Signature : ..... Name : .....

Docu. No. : RCH /FRM / CLINICAL / 137

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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	19/5	19/5/26	20/5/26
		Score	4pm	21	8 AM
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0	0		
Secondary Diagnosis (more than one diagnosis)	Yes	15			
	No	0	0	0	0
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0	0		
IV / Heparin Lock or Saline	Yes	20	20	20	20
	No	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			
Total Morse Fall Scale Score:			20	20	20
		Signature			

Fall Risk Grading

Risk Level	Morse Fall Score (MFS)	Action
Low Risk	0 - 24	Standard Fall Precaution
Moderate Risk	25 - 50	Implement Moderate Fall Prevention Intervention
High Risk	≥ 51	Implement High Risk Fall Prevention Intervention

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

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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	20/5/26	20/5/26	21/5/26
		Score	2pm	10pm	6
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0	0	0	0
Secondary Diagnosis (more than one diagnosis)	Yes	15			
	No	0	0	0	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			
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10			
	Normal /On Bed Rest /Immobile	0	0	0	0
Mental Status	Forgets limitations	15			
	Oriented to own ability	0			
Total Morse Fall Scale Score:			20	20	20
		Signature			

Fall Risk Grading		
Risk Level	**Morse Fall Score (MFS)**	**Action**
Low Risk	0 - 24	Standard Fall Precaution
Moderate Risk	25 - 50	Implement Moderate Fall Prevention Intervention
High Risk	≥ 51	Implement High Risk Fall Prevention Intervention

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

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BRADEN 'Q' SCALE

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					Date : 19/5/14 20/5/14 21/5/14 20/5/15 20/5/15
					Time : 8PM 9PM 8AM 2PM
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 extremity 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
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 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 mean 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	

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

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

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BRADEN 'Q' SCALE

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					Date : 20/5/24	21/5	21/5	21/5
					Time : 10PM	10AM	E	M
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 extremity 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
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	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 mean 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	24	28	28
					Evaluator's Name			

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

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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PAIN ASSESSMENT FORM

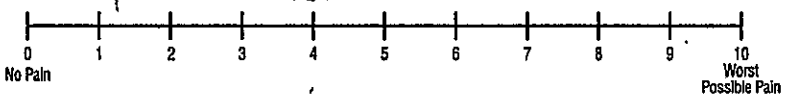
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
19/5	4pm	0/10	Noone	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
19/5/26	11PM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
20/5	8Am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
20/5	6PM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
20/5/26	11PM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
20/5/26	8PM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	PA	
21/5/26	6PM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
21/5/26	10pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
22/5/26	8am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
22/5/26	6am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	

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 pain-relieving intervention.
   d) Within 30 – 60 minutes after pain relief intervention.

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

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, SaO_2	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

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PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
22/5/26	10Am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
				☐ 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:
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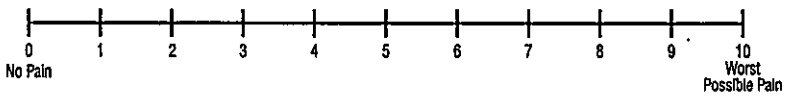
PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

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

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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, SaO_2	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

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NURSING CARE RECORD

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Date: 19/5/26

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	Re-Assessment	Nurse Name & Signature
Morning				NA			
Afternoon	2pm – 8pm	- Assess the Patient condition - Plan for vital & record - plan for NST - Plan for I/O chart	2pm – 8pm	- Assessed the pt condition - Maintain vital & record - NST 3rd hourly - Maintain I/O chart	- Patient stable	- vital & Record	[signature]
Night	8pm – 8Am	→ Assess the pt condition → monitor the vitals & record → Administration of medication → NST 3rd hrly & bursting → maintain I/O chart & hm	8pm – 8Am	→ Assessed the pt condition → monitored the vitals & recorded → Administered medication as per doctor → maintained I/O chart & hems → NST 3rd hrly & bursting	pt is stable	maintain I/O chart & hems	Akwi [signature]

Docu. No: RCH /FRM / CLINICAL / 148

HNH-00014850
Mrs SYEDA IRAM FATIMA RAZVI . IP26-00006381
07-03-1990 38 Y 2 M 12 D (F)
Dr. SWATHI H V

NURSING CARE RECORD

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 20/6/20

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	Re-Assessment	Nurse Name & Signature
Morning	8AM 2pm	- Assess the Patient condition - plan for vital & record. - plan for IV fluids - plan for Iochart	8am 2pm	- Assessed the pt condition - Maintain vital & record - continued IV fluids - Maintain Iochart	- patient stable	- vital normal	
Afternoon	2PM 8PM	→Assess the pt condition. →monitor the vitals. →plan soft diet 3pm. →foleys remove T/N 6 am. →maintain I/o chart.	2PM 8PM	→Assessed the pt condition. →monitored the vitals →planed soft diet 3PM. →foley's removed T/N 6am. →maintained I/o chart.	→pt is stable now	→Reassessed the vitals	
Night	8PM 8am	→Assess the Pt condition →monitor vitals →maintain IO Chart →Foleys present →Start soft diet →medication as per drug chart	8PM 8AM	→Assessed the Pt condition →monitored vitals recorded →maintained IO chart →IV cannula presented →medication as per drug chart	→Pt is stable. →foleys removed T/N 6am	→rechecked vitals	

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NURSING CARE RECORD

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BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

Date: 21/08/26

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	Re-Assessment	Nurse Name & Signature
Morning	8AM to 2pm	→ Assess the pt condition → check the vitals → Maintain I/O chart → Dressing to be done	8AM to 2pm	→ Assess the Pt condition → check the vitals → Maintain I/O chart → Today plan dressing	→ pt is stable.	check the vitals	Veadly
Afternoon	2PM 8PM	→ Assess the pt condition. → monitor the vitals → monitor the vitals → Drugs give as per drug chart.	2PM 8PM	→ Assessed the pt condition. → monitored the vitals. → monitored the vitals. → Drugs given as per drug chart.	→ pt is stable now.	→ Rechecked vitals	[signature]
Night	8pm to 8am	- Assess the pt condition - Monitor the v/s - Maintain the I/O - Drugs as per chart	8pm to 8am	- Assess the pt condition - Monitor the v/s - Maintain the I/O - Drug as per chart	- Now pt is stable	- Rechecked the v/s	[signature]

Pati

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NURSING CARE RECORD

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Date: .....

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	Nurse Name & Signature
Morning							
Afternoon							
Night							

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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: POL

Any Infection: ☐ Yes ☐ No ☐ Not Known
If Yes Specify: .....

Surgery / Procedure:

Post OP Day:

BACKGROUND

Date / Shift	19/5/26 8pm–8am	20/5/26 D1	20/5/26 8am–2pm	20/5/26 D2	20/5/26 N1	21/5/26 M-6
Medical Condition (Any special condition to be noted):		NA		–	–	–
Diet:	Soft	soft	Liquid	soft	soft diet	soft diet

ASSESSMENT

Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Ventilation (RA, NP, NIV, VENTI):	RA	NA	RA	–	–	–
Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Vital Signs: Temp:	98°F	98.4°F	98.6°F	98.1°F	98.2°F	98.3°F
Res:	20	20/m	20	20b/m	20b/m	20b/m
SpO_2:	99	98%	98%	94%	98%	98%
Pulse:	97	97b/m	73	73 b/m	70b/m	97b/m
BP:	112/81	100/69	114/67	110/69	112/81	114/79
LOC:	CDA	DDR	–	–	–	–
Fall Risk Score:		–	–	–	–	–
Pain Score:	0/10	0/10	–	0/10	–	–
Skin Integrity	Good	good	Good	Good	good	good

Recommendations

Safety Needs:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Physiotherapy:		–	–	–	–	–
Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Special Diet:	Soft	soft	Liquid	soft	soft diet	soft diet
Critical Lab Test / Values:		NA	–	–	–	–
Other Special Orders / Medications:	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
PU Prophylaxis:	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No
DVT Prophylaxis:	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
ADL (Dependent / Non Dependent):	NA	–	yes	Yes	yes	yes
Post Operative Procedure Special Orders:	–	–	–	–	–	–
Handed Over By Name :	Akhila	Akhila	Akhila	mahi	Divya	Madhu
Signature / ID :	Akhila	Akhila	Akhila	mahi	Divya	Madhu
Date:	19/5/26	20/5/26	20/5/26	20/5/26	21/5/26	21/5/26
Time:	8:15pm	8pm	2pm	8pm	8am	8pm
Taken Over By Name :	Akhila	Akhila	mahi	Divya	Madhu	mahi
Signature / ID :	Akhila	Akhila	mahi	Divya	Madhu	mahi
Date:	19/5/26	20/5/26	20/5/26	20/5/26	21/5/26	21/5
Time:	8pm	8pm	2pm	8am	8am	8pm

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:			Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:			
	Surgery / Procedure:			Post OP Day:			
BACKGROUND	Date / Shift	21/5 E	21/5 N1				
	Medical Condition (Any special condition to be noted):	—	—				
	Diet:	soft diet	Soft				
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):	—	—				
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	97.9°F	98.3°F				
	Res:	20b/m	22b/m				
	SpO_2:	99%	99%				
	Pulse:	79b/m	82b/m				
	BP:	—	—				
	LOC:	—	—				
	Fall Risk Score:	—	—				
	Pain Score:	'0'	'0'				
	Skin Integrity	Good	Good				
Recommendations	Safety Needs:	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:	—	—				
	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:	—	—				
	Critical Lab Test / Values:	—	—				
	Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):	—	—				
Post Operative Procedure Special Orders:		—	—				
Handed Over By Name :		Maheshwari	Sunanda				
Signature / ID :		[signature]	[signature]				
Date:		21/5/26	22/5/26				
Time:		8pm.	8am				
Taken Over By Name :		Sunanda					
Signature / ID :		[signature]					
Date:		21/5/26					
Time:		8pm					

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DRUG CHART

Date of Admission: 19/5/26 Drug Allergies: BVM ☐ 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 .....

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REGULAR PRESCRIPTIONS

Weight. .... Ward. UDR

DRUG : INJ. CEFOTAXIME				Date / Time	20/5	21/5
Dose	Route	Frequency	Start Date	6AM	4AM	
1g	IV	BD	20/5/26			
Name & Signature of the Doctor Starting the Drugs:						
Additional Instructions: ATD · US × 2 days Hb oral				6PM		
Daily Doctor's Endorsement by a Sign						

STOP 21/5/26

DRUG : Tab. PARACETAMOL				Date / Time	20/5	21/5	22/5
Dose	Route	Frequency	Start Date	12AM			
1g	PO	6th hourly	20/5/26				
Name & Signature of the Doctor Starting the Drugs: Dr. Tejaswini				6AM			
				12pm			
Additional Instructions:				6pm			
Daily Doctor's Endorsement by a Sign							

DRUG : Tab. DICLOFENAC				Date / Time	20/5	21/5	22/5
Dose	Route	Frequency	Start Date	7AM			
50mg	PO	8th hourly	20/5/26				
Name & Signature of the Doctor Starting the Drugs: Dr. Tejaswini				3PM			
Additional Instructions:				11pm			
Daily Doctor's Endorsement by a Sign							

DRUG : Tab. TRAMADOL				Date / Time	20/5	21/5	22/5
Dose	Route	Frequency	Start Date	12AM			
100mg	PO	8th hourly	20/5/26				
Name & Signature of the Doctor Starting the Drugs: Dr. Tejaswini				8AM			
Additional Instructions:				4PM			
Daily Doctor's Endorsement by a Sign							

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REGULAR PRESCRIPTIONS

Sheet No: ..... Weight ..... Ward LDK

DRUG : INJ - METRONIDAZOLE

Dose	Route	Frequency	Start Dt.
500mg	IV	TID	20/5/26

Name & Signature of the Doctor
Starting the Drugs:

Additional Instructions:
x 48 hours
f/b stop

STOP 21/5/26.

Daily Doctor's Endorsement by a Sign

Date	20/5	21/5
Time		
	6AM	6AM
	2pm	2pm
	10pm	

DRUG : INJ. PANTAPRAZOLE

Dose	Route	Frequency	Start Dt.
40mg	P/O	BD	20/5/26

Name & Signature of the Doctor
Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date	20/5	21/5	22/5
Time			
	6AM		
		2PM	
	6pm		

DRUG : T. THYROXINE

Dose	Route	Frequency	Start Dt.
50mcg	P/O	OD	21/5/26

Name & Signature of the Doctor
Starting the Drugs:

Additional Instructions:
(Thyronorm).

Daily Doctor's Endorsement by a Sign

Date	21/5	22/5
Time		
	6AM	

DRUG : T. CEFIXIME

Dose	Route	Frequency	Start Dt.
200mg	P/O	BD	22/5/26

Name & Signature of the Doctor
Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date	22/5
Time	
	8AM
	8pm

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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				

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Weight. ..... Ward. LDR

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

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
19/5/26	7:00pm	T. MISOPROSTOL	25mcg	P/V		
19/5/26	11 PM	T. MISOPROSTOL	25mcg	P/O		Madhu Akula.
19/5/26	2AM.	T. MISOPROSTOL	25mcg	P/O		NOT GIVEN
20/5/26	3 AM	INJ. PANTAPRAZOLE	40mg	IV		
20/5/26	3.45AM	INJ. METOCLOPROMIDE	10mg	IV		
~~20/5/26~~		~~INJ.~~				
20/5/26	3:53AM	INJ OXYTOCIN	3U	IV		
20/5/26	4:35AM	Sup. DICLOFENAC	100mg	PR		
20/5/26	4:35AM	Sup. TRAMADOL	100mg	PR		
20/5	9 AM	INJ. PARACETAMOL	1GM	IV		

Verified by Dr. Dhakshayani

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I.V. FLUIDS CHART

Weight. ..... Ward. LDR

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
19/5/26	11pm	RINGER LACTATE	IV	100ml			20/5		
20/5/26	3:40AM	RINGER LACTATE	IV	500ML FF			20/5		
20/5/26	4AM.	RINGER LACTATE + 3U OXYTOCIN.	IV	1000ML/hr			20/5		
20/5	6AM	RINGER LACTATE	IV	100ml/hr			20/5		
20/5	8AM	RINGER LACTATE	IV	100ml/hr			20/5		
20/5	10:45 AM	RINGER LACTATE	IV	100 ml/hr					
20/5	5PM	RINGER LACTATE	IV	100ml/hr					
20/5	8PM	RINGER LACTATE.	IV	100ml/hr					
20/5		RINGER LACTATE	IV	100ml/hr					
		STOP		21/5/26					

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

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STAT / ONCE ONLY DRUGS

Name: Mrs Syeda Iram Fatima Weight: ..... kgs

Sheet No: .....

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
2015	11 AM	INJ ANTI-D	300mg	im			
21/5/15	10 pm	DULCOLAX SUPPOSITORY	2 tabs	P/R			
22/5							

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

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OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 14/5/26 Time of Arrival: 6:30pm Time Seen by Nurse: 6:35pm

1) **Level of Consciousness:** ☐ Conscious ☐ Semi-Conscious ☐ UnConscious

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

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

3) **Vital Signs:** Temperature: 97.6F Pulse: 79 RR: 20 SpO_2: 97 BP: 112/81 Weight: .....

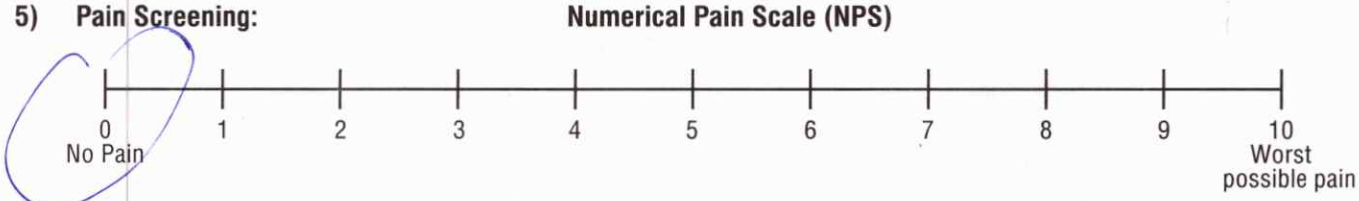
4) **Gestational Criteria:**

Gravida:	G 2	P	L	A

LMP: 31/8/25 EDD: 7/6/26 Gestational Age: 37+2 wks

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: N/A
- Frequency: .....
- Interventions: .....

.....

6) **Past History:**

a) Surgeries: N/A

b) Medical: .....

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7) **Allergy:** ☐ yes ☐ No, If Yes : .....

8) **Current Medications:** ☑ Prenatal Vitamin ☐ None ☐ Others: .....

9) **Prenatal Medical History:**

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

Triage Category: (Please tick on the category)

Refer to OBSTETRICAL TRIAGE ACUITY SCALE (OTAS)

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

OBCU Obstetrical Triage Acuity Scale (OTAS)

OTAS	Level 1 (Resuscitative)	Level 2 (Emergent)	Level 3 (Urgent)	Level 4 (Less Urgent)	Level 5 (Non Urgent)
Level 1 (Resuscitative)	Immediate	≤ 15 **minutes**	≤ 30 **minutes**	≤ 60 **minutes**	≤ 120 **minutes (2 Hours)**
Re-Assessment	Continuous Nursing Care	**Every 15 Minutes**	**Every 15 Minutes**	**Every 30 Minutes**	**Every 60 Minutes**
Labour / Fluid	Imminent Birth	Suspected Pre-term Labour / PPROM < 37 Weeks	Signs of Active Labour > 37 weeks	Signs of Early Labour/ SROM > 37 weeks	Discomforts of Pregnancy
Bleeding	Active Vaginal bleeding with/ without abdominal pain	Bleeding associated with cramping (<spotting) <37 weeks	Bleeding associated with cramping (>spotting) >37 weeks	Spotting	
Hypertension	Seizure activity	Hypertension > 160/110 and / or headache, visual disturbance, RUQ pain	Mild hypertension >140/90 with/without associated signs and symptoms		
Fetal Assessment	Abnormal FHR tracing Non-Fetal Movement	Atypical FHR tracing, abnormal dopplers Diseased fetal movement			
Others	• 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: 8:00 AM

Nurse Name : [signature] Nurse Signature: [signature]

Date: 12/5/26 Time: 8:00 AM

HNH-00014850 IP26-00006381
Mrs SYEDA IRAM FATIMA RAZVI . (F)
07-03-1990 36 Y 2 M 12 D
Dr. SWATHI H V

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LABOUR AND DELIVERY NURSING ASSESSMENT

Date of Admission: .....

Baseline Information:

Admission From: ☐ ER ☐ OPD ☑ Admission Desk ☐ Others: specify .....

Primary Language: ☐ Telugu ☐ English ☑ Hindi ☐ Others

Do you require an interpreter? ☐ Yes ☐ No

Source of Information: ☑ Patient ☐ Family ☐ Others

Personal belonging if any: ☐ Jewelry ☐ Nose Ring ☐ Bangles ☐ Anklets ☐ Finger Ring ☐ Bracelets

handed over to .....

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

If yes , identify .....

Chief Complaints: ..... Doctor Notified on Admission: ☑ Yes ☐ No

..... LOL ..... Name of the Doctor: DR veena

..... Time Notified: 8:00 AM

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

Past Medical History	Past Surgical History	Previous Hospital Admission
-	-	-

Blood Group: B- Negative LMP: 3/8/25 EDD: 7/6/26 Gestational age during admission: 37+2

Contractions: NIL Vaginal Discharge: NAD

Obstetric History: G 3 P 2 L ..... A 1 Previous LSCS 2A

Height: ..... Weight: ..... BMI: .....

Temp: 97.6 HR: 99 RR: 20 BP: 112/81 SpO_2 99

High Risk Factors: (Please select by ticking (✓) the box as applicable)

☐ Hypothyroidism	☐ Rh Incompatibility	☐ Fertility Treatment
☐ Hyperthyroidism	☐ Previous LSCS	☐ Preterm Labour
☐ Hypertension	☐ Gestational Hypertension	☐ Others: (Specify)
☐ Diabetes	☐ Bad Obstetric History	
☐ Anemia	☐ Obesity (BMI)	
	☐ Twins / Multiple Pregnancy	

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...es Detected

☐ Heart Disease ☐ Hypertension ☐ Diabetes ☐ Stroke ☐ Seizures ☐ Kidney disease

☐ Liver disease ☐ Other .....

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

Fall Assessment: ☐ Yes ☐ No Score ..... 0 (complete the Morse Fall Risk Assessment Sheet)

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

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

☐ Mobility problem ☐ Walking Problem ☐ No Abnormality Detected

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING:

☐ Overweight ☐ Poor Appetite > 3 Days ☐ Needs Therapeutic Diet.

☐ Under Weight ☐ Diabetes Mellitus ☐ No Abnormality Detected

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

☐ Calm & Cooperative ☐ Restless ☐ Depressed ☐ Agitated ☐ Confused

☐ Others .....

Inform consultant for positive criteria

SOCIAL SCREENING:

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

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

Social History: Lives With ..... family member .....

Orientation has been given regarding the following aspects:

Call Bell in Reach : ☐ Yes ☐ No Waste Disposal Explained: ☐ Yes ☐ No

Infusion Pump : ☐ Yes ☐ No Hand hygiene Explained: ☐ Yes ☐ No ☐ Others

Above information given to ..... Patient .....

Name of Person Orientation was given to: ..... Mrs Iram .....

Orientation not given Reason: .....

Nurse Signature: .....

Nurse Name: .....

Date & Time: .....

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE

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Patient Name : Syeda Iram Fathima Age : 36Y Gender : Male ☐ Female ☐

UHID NO: HNH-00014850 Surgeon Name: Dr. Swathi

Anaesthesiologist : Dr. Tejaswini

Operative procedure planned : Emergency Cesarean Section

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 without numbness can be achieved by infusing weak solutions of local anesthetics arid 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 mellitus ☐ Renal failure

☐ Hepatic disorders ☐ Shock ☐ Multiple organ failure ☐ Polytrauma / Renal Tubular Aacidosis

☐ Incapacitating Cronic Obstructive Pulmonary Disease

☐ Others : Shivering, itching, PDPH

Comments :

- Doctor to document in medical record also if necessary (Cross-out if not applicable)

DECLARATION BY PATIENT / GUARDIAN / PROXY

I hereby authorize Rainbow Hospital & its authorized doctors to perform upon me / my patient ..... the above mentioned operation / Diagnostic / Therapeutic procedures Emergency Cesarean Section

I authorize and give consent for anaesthesia ☑ Regional / ☐ General Anesthesia / ☐ Monitored Anesthesia Care as considered appropriate by the anaesthetic team.

I acknowledge that the anaesthetists have informed me about the anaesthetic procedure, risk, benefits and alternative treatments and answered my specific queries and concerns about this matter. I have read and understood the information provided in this form I acknowledge that I have discussed with the anaesthetists any significant risk and Complications specific to my individual circumstances, and I have considered them before Consenting for anesthesia.

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, asthmatic reactions, headaches.

I authorize the anaesthetic team to perform any additional procedures (for example, Central Venous Pressure line, arterial line, use of nerve blocks for pain relief, changing from regional to general anaesthesia etc), which are considered necessary by them during the course of surgery.

That I 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 in need arises.

I understand that the above mentioned consultant anesthesiologist or occasionally a colleague deputed by him / her will administer the Anaesthesia.

- Pregnant : ☑ Yes ☐ No

DECLARATION BY THE ANAESTHETISTS PROVIDING INFORMATION FOR THIS CONSENT

I declare that I have explained the nature of General Anaesthesia / Regional Anaesthesia / Monitored Anesthesia Care to be given and discussed the risks that particularly concern this patient.

I have given the patient an opportunity to ask questions and I have answered these.

Patient / Patient Attendant :

Signature : .....

Name : Syeda Iram Fathima

Relationship with Patient: Self

Date & Time : 20/5/26 3:15AM

Witness :

Signature : .....

Name : SYED (Husband)

Date & Time : 20/5/26 3:15AM

Doctor (who is taking the consent) :

Signature : .....

Name : Dr. Tejasvini

Date & Time : 20/05/2026 3:15AM

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

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Patient Name : Mrs Iram Fatima Gender: ☐ Male ☐ Female Age : 36yrs

UHID No : HNH-0001985O Date : 20/5/26

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

MRS. IRAM FATIMA. (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.

Excessive bleeding, postpartum hemorrhage, need for transfusion of blood or blood products, Inadvertent injury to bowel, bladder or ureter, Wound infection

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. Swathi M.V

Consentee :

Signature : S.Dafe

Name : Mrs. Iram

Date & Time : 20/5/26 @ 3am

Witness :

Signature :

Name :

Date & Time :

Patient Attendant :

Signature :

Name : Mr. Syed

Relationship with Patient: HUSBAND

Date & Time : 20/5/26 @ 3am

Doctor (who is taking the consent) :

Signature :

Name : Dr. G. Veena

Date & Time : 20/5/26 @ 2:30am

Department of Anaesthesiology

PRE-ANAESTHETIC EVALUATION

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Name: Syeda Iram Fathima Age: 36 Y Sex: Female UHID.No: HNH-00014850

Date: 20/05/2026 Time: 3:10 pm Proposed Operation: Emergency Cesarean section

Diagnosis: G2 A1 37+2 wks. FOUR Stage T, Hypothyroidism.

B.P / CRT: 130/80 mmHg H.R: 89/min Weight: ASA Physical Status: ☐1 ☑2 ☐3 ☐4 ☐5

Laboratory Data:

Hgb: 11	Glucose:	Protein:	HIV: ?	X-Ray:
PCV: 31.8	Urea:	Alb:	HBS Ag: ? NK	ECG:
WBC: 7,100	Creat:	Total Bill:	HCV:	2D Echo:
Plate: 1'39	Na:	Dir. Bill:	Blood group: B-Ve	Stress/Anglo:
PT:	K:	LDH:	T3	Other:
PTT:	Ca++:	Alk phos:	T4	
INR:	Mg++:	Amylase:	TSH	
	Cl -:	SGOT/SGPT:		

Allergies: NKDA

Medical History: CVS: –

RESP: ? Diabetes: –

CNS: Not significant.

Renal:

Hepatic / GE:

Physical Activity: Active

Others: Hypothyroidism

Past Anaesthetic History:

Physical Exam:

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

Lungs: BAE (+) clear

Heart: S1 S2 (+)

CNS: MMF (+)

Pregnant: ☑ Yes ☐ No ☐ NA Venous Access Site (+) Spine Exam for regional: (N)

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

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

CURRENT MEDICATIONS	DOSAGE

Pre-Operative Instructions:

1. DVT Prophylaxis: Last meal @ 4pm.
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: Name: Dr. Tejaswini

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

HNH-00014850 IP26-00006381
Mrs SYEDA IRAM FATIMA RAZVI.
07-03-1990 36 Y 2 M 13 D (F)
Dr. SWATHI H V

ANAESTHESIA CHART

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Pre Induction Assessment:

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

H.R: 98/min | B.P / GRT: 130/80mmHg | SpO_2: 100% | R.R: 18/min | Last Feed: 4PM

Pre-OP Diagnosis: G2A1 37 1/2 wks. | Operation: Emergency Cesarean Section | Date: 20/5/26

Surgeon: Dr. Swathi | Anaesthesiologist: Dr. Tejasvini | Technician: Saraswathi

TIME	3:30	4PM	4:30	5
N_2O /AIR /O_2, LPM	4L/min			
HALO /SO /SEVO				
Drugs:				
MIDAZOLAM	1mg			
OXYTOCIN	3U+3U			
PROPOFOL	100mg+40mg+20mg			
FIO_2 / SaO_2	100	100	100	100
$ETCO_2$				
ECG	SR	SR	SR	SR
Temperature				
Urine Output			350ml	
Fluids: RINGER LACTATE				
Blood				

Antibiotic

Suppository: DICLOFENAC 100mg PR; TRAMADOL 100mg PR

Blood Loss: ~600 ml

NOTES: Time of Delivery: 3:52pm.

B.P
V Systolic
Λ Diastolic
X Mean
• Heart Rate
Tourniquet on Time
Tourniquet off Time
Throat Pack In
Throat Pack Out

240 220 200 180 160 140 120 100 80 60 40 20 10 0

LAB Values: ABG; GRBS; Others

☑ Equipment Checked and Functional
☑ BP
☑ Cuff Site (L) UL
☐ Art Site: .....
☑ EKG 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 ☐ Fluid Warmer
☐ Cling Film ☐ OH Warmer
☐ Hugger's ☐ Cotton Wool
☐ Other

Times:
Anaes Start: 3:35AM
OP Start: 3:45AM
OP End: 4:30AM
Leave OR: 4:35AM

Anaesthesia:
☐ GA
☑ Monitored Anaesthesia Care
☑ Regional

Line (Size & Location)
☐ CVP: .....
☐ ART: .....
☑ IV: 18G (R) UL
☐ 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: .....
Position: Sitting
Site: L3-L4
Needle Size: 25 G(W) Depth: .....
Parasthesia ☐ Yes ☑ No
Catheter at skin ..... cm
Drug Name & Conc: 0.5% HEAVY
Bolus: BUPIVACAINE 2ML +
Infusion: 0.5ml FENTANYL.
Block Level: T6 Sensory
Comments: .....

Transportation to
☑ PACU ☐ ICU ☐ Other
Relaxant Reversed ☐ Yes ☐ No ☑ NA
Name of the Doctor: Dr. Tejasvini
Signature of the Doctor: .....

HNH-00014850 IP26-00006381
Mrs SYEDA IRAM FATIMA RAZVI .
07-03-1990 36 Y 2 M 13 D (F)
Dr. SWATHI H V

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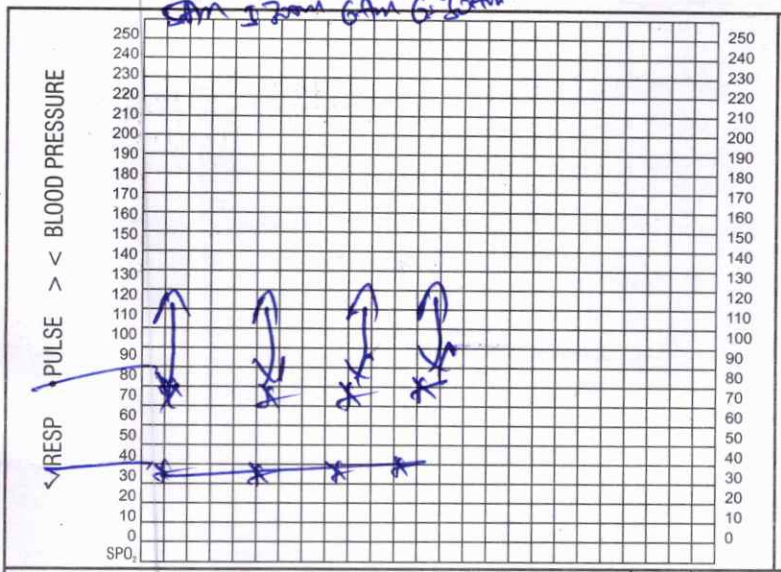
POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Sis. Akila Time Received : 4:40 AM Time Discharged : .....



IV Cannula Site : Rt Site

- ☐ O_2 Mask
- ☐ Nasal Prongs
- ☐ Tracheostomy
- ☐ T-Piece
- ☐ Oral Airway
- ☐ Nasal Airway

Vomiting : ☐ Yes ☑ No Drug: Inj. Tarion.
NG Tube : ☐ Yes ☑ No
Drain: ☐ Yes ☑ No
Urinary Catheter: ☑ Yes ☐ No
Chest Tube: ☐ Yes ☑ No
Nil Oral ☐ Yes ☑ No

IV Fluids: R2
Oral Feeds: NBM

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

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
2015	5AM	0/10	NA	
2015	6AM	0/10	NA	
2015	7AM	0/10	NA	
2015	8AM	0/10	Normal	

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

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

Anaesthesiologist Name : DR. M. VINEETHA
Anaesthesiologist Signature:
Date & Time: 2015/5/26

PACU Nurse Name :
PACU Nurse Signature:
Date & Time: 2015/5/26

Transferred to Unit by (PACU): .....
Date & Time: .....

HNH-00014850 IP26-00006381
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07-03-1990 36 Y 2 M 12 D (F)
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EPIDURAL ANALGESIA RECORD

Date: ..... Time: ..... Procedure done by .....

CSE /Spinal /Epidural Position : ..... Space :..... Technique (LOR/LOS) .....

Depth: ..... Catheter at Skin: ..... Attempts : .....

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

Solution Composition : .....

Any other issues :

a) .....

b) .....

Time	Infusion Rate (ml/hr)	Bolus (ml)	Level Left Right	Maternal BP	Maternal Pulse	FHR	Comments

Delivery Details : Time : ..... APGAR: ..... SVD / Instrumental / LSCS (if LSCS Details)

Catheter Removed by and Tip Inspected : .....

Patient Satisfaction : .....

Discharge /Shifting ordered by

Doctor Signature: .....

Doctor Name: .....

Date and Time : .....

INFORMED CONSENT FOR VAGINAL BIRTH

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Patient Name : Mrs Ram UHID No : HNH-0001485O

Gender: ☐ Male ☑ Female Date : 19/5/26 Time : 7pm

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. Swathi AVV

Consentee :

Signature : .....

Name : Mr. Ram

Date & Time : 19/5/26 @ 7pm

Witness :

Signature : .....

Name : Nikhil S.

Date & Time : 19/5/26

Patient Attendant :

Signature : .....

Name : .....

Relationship with Patient: HUSBAND

Date & Time : 19/5/26

Doctor (who is taking the consent) :

Signature : .....

Name : Dr. G. Veena

Date & Time : 19/5/26 @ 7pm

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INDUCTION OF LABOR CONSENT

Name: Mrs. Iram Age: 36y Gender: Male ☐ Female ☒

UHID.No : HNH-00016850 Date: 19/5/26

You are scheduled for an induction of labor on 19/5/26 (date) at 37+3 (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:
Name: Mrs. Iram
Date & Time: 19/5/26 @7pm

Patient Attendant:
Signature:
Name:
Relationship with Patient: HUSBAND.
Date & Time: 19/5/26

Doctor:
Signature:
Name: Dr G.Veena
Date & Time: 19/5/26 @7pm

Witness
Signature:
Name:
Date & Time: 19/05/26

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Sravani
Asst. Surgeon : Dr. Veena
Anaesthetist : Dr. Tejaswani
Scrub Nurse : Dr. Sudipta

HNH-00014850 IP26-00006381
Mrs SYEDA IRAM FATIMA RAZVI .
07-03-1990 36 Y 2 M 13 D (F)
Dr. SWATHI H V

Age : 36Y Gender : F
ry Name : EMLSCS

Date : 20/5/26 In-time : 3:30AM Out-time : 4:35AM

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Before Induction of Anaesthesia ➤➤

SIGN IN Time: 3:30AM

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 : Dr. Tejaswini

Before Skin Incision ➤➤

TIME OUT Time: 3:45AM

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? 1Hr's 300ml Bleeding ☐ 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

Signature : .....

Name : Sudipta

Before Patient Leaves Operating Room

SIGN OUT Time: 4:35AM

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 : Dr. G. Veena.

26-000200812

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NARCOTIC PRESCRIPTION FORM
(PATIENT COPY)

Patient Name:	Mrs. Syeda Iram Fatima Kazvi	Age:	36y	Gender:	Female
UHID No:	HNH-00014850	IP No:	IP26-00006381	Date:	20/5/26	Time:
Diagnosis:	CM.LSCS		ward-07		

PRESCRIPTION DETAILS (Tick only one of the following)

S.No	Drug Name	Dosage	Remarks
1.	Fentanyl Citrate Inj. 50mcg/Ml	100mcg	1 Amp
2.	Morphine Sulphate Inj. 15mg/Ml	/	/
3.	Remifentanil Hydrochloride Inj. 2MG	/	/
4.	Remifentanil Hydrochloride inj. 1MG	/	

Doctor Name: Dr SNAHU HV

Doctor Registration No: TSMC 15501

Signature: [signature]

NARCOTIC DISPENSING FORM
APPENDIX 4 – FORM NO. 3E
(Details of the Patient to whom Essential Narcotic Drugs Dispensed)

IP Registration No: IP26-00006381 **Date:** 20/5/26

Aadhaar No. of the Patient (Optional): ....

1.	**Name :** Mrs. Syeda Iran Fatima Kazvi	**Remarks**
2.	Complete postal address (with contact number, if any)	102, mashallah Azampura masjid hyderabad Telangana 500024
3.	Brief description of the illness	CM.LSCS
4.	Whether registered with any other registered medical practioner / recognized medical institution (If yes, details of the recorded)	NO
5.	Details of essential Narcotic drug dispensed	Fentanyl

Date	Name of the Essential Narcotic Drugs	Quantity	Signature / Thumb Impression of the patient / Patient Attender	Remarks, if any
20/5/26	Fentanyl	1 Amp	[signature]	

Dispensed by (Name & ID No.): Sania (Q18442) Signature: ....

Received by (Name & ID No.): Saraswathi (021006) Signature: [signature]

Time: ....

Docu. No: RCH / FRM / CLINICAL / 133

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26-0000200812

NARCOTIC PRESCRIPTION FORM
(MEDICAL RECORD)

Patient Name: Mrs. Syeda Iram fatima Rizvi		Age: 26y		Gender: Female
UHID No: HNH-C0014050	IP No: IP26-0006381	Date: 20/1/26		Time:
Diagnosis: EM.LSCS		ward-09		
PRESCRIPTION DETAILS (Tick only one of the following)				

S.No	Drug Name	Dosage	Remarks
1.	Fentanyl Citrate Inj. 50mcg/Ml	100mcg	1 Amp
2.	Morphine Sulphate Inj. 15mg/Ml	/	/
3.	Remifentanil Hydrochloride Inj. 2MG	/	/
4.	Remifentanil Hydrochloride inj. 1MG	/	/

Doctor Name: Dr SNAIHI . IIV

Doctor Registration No: TSMC 15501

Signature: [signature]

NARCOTIC DISPENSING FORM
APPENDIX 4 – FORM NO. 3E
(Details of the Patient to whom Essential Narcotic Drugs Dispensed)

IP Registration No: I-26-0006381 **Date:** 20/1/26

Aadhaar No. of the Patient (Optional): ......

		Remarks
1.	**Name :** Mrs. Syeda Iram fatima Rizvi	
2.	Complete postal address (with contact number, if any)	102, moshallah Azampura masjid hyderabad telangana 500026
3.	Brief description of the illness	EM.LSCS
4.	Whether registered with any other registered medical practioner / recognized medical institution (If yes, details of the recorded)	No
5.	Details of essential Narcotic drug dispensed	Fentanyl

Date	Name of the Essential Narcotic Drugs	Quantity	Signature / Thumb Impression of the patient / Patient Attender	Remarks, if any
20.1.26	Fentanyl	1 Amp	[signature]	

Dispensed by (Name & ID No.): Sama (018442) Signature: ......

Received by (Name & ID No.): [illegible] (021066) Signature: H

Time: ......

Docu. No: RCH / FRM / CLINICAL / 133

HNH-00014850 IP26-00006381
Mrs SYEDA IRAM FATIMA RAZVI .
07-03-1990 36 Y 2 M 13 D (F)
Dr. SWATHI H V

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NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 20/5/26 Time: 11:45 am

Origin: Indian Height: 158cm Weight: 62 Kgs BMI: ☐ ~ 26 kg/m² ☐ ~ 28 kg/m² ☐ ~ 30 kg/m²

24kg/m²

Food Allergies: NO FA

Diagnosis: E LSCS

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

Diet Advised:

Liquid Diet – ORS/ Coconut Water / Butter Milk / Barley Water / Soups

Normal Diet – Rice, Rotis, Dal and Soft Cooked Vegetables and Curd

Soft Diet – Soft Rice, Dal and Vegetable Curries Soft Cooked, Curd

Diabetic Diet – Brown Rice / Oats/ Dahlia/ Rotis, Dal and Vegetables and Curd (Avoid Roots / Tubers)

Patient's / Attendant's

Signature: S. IRAM.

Name:

Date & Time:

Dietician's

Signature: Sobiya

Name: Syeda Sobiya Zaheer

Date & Time: 20/5/26 ; 11:45 am

DIETARY NOTES

Date	Time	Notes	Sign