Dr. Ramya

Rainbow® Children's Hospital — It takes a lot to treat the little.
BirthRight™ BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

ESTIMATION SLIP

Date : 1/7/26 **UHID / IP No. :** FDH-0001522 **Sl No.** 1652

Name of Patient : Mrs Deepika Dugenty **Age:** 27Y **Gender:** F

Father's / Husband's Name : Dr Raghu Prasad **Corporate / Occupation :** _____

Address : Sestingampally **Phone :** 8019611866 **Email :** _____

Procedure / Plan : NVD / LSCS **EDD/Dos:** June 26

MODE OF PAYMENT : ☐ SELF ☑ TPA : Reliance ☐ GIPSA : _____ OTHER

TARIFF INFORMATION : General Insurance

Particulars	Package Amounts (Rs.)	
Room Category	**Normal Delivery**	**LSCS**
Multi Shared Ward		
Shared Ward		
Twin Shared Ward	1.20L	1.30L
Private Room	1.45L	1.60L
Super Deluxe Room		
Suite Room	+ Non Payables Extra 20K to 25K	
Package includes (Package starts from the time of admission)	Room Rent, Nursing Charges, Doctors Fee, Surgeon's Fee and Labour Ward Charges	Room Rent, Nursing Charges, Doctors Fee, Surgeon's Fee Anesthetist's Fees and OT Charges
	Length of Stay for : 2 Days	Length of Stay for : 3 Days
	Pharmacy up to 9,000/-	Pharmacy up to 12,000/-
	Investigations up to 2,500/-	Investigations up to 3,000/-
Others	well baby care	25K to 35K

Neonatologist Charges : ☐ Covered ☐ Not Covered **Epidural / Entonox :** ☐ Covered ☐ Not Covered

Initial Minimum Deposit : 10,000/- Advance time of Admission

REMARKS : Vaccination, Neonatal SBR, P/G

1. Room eligibility is purely subject to TPA approval and the Package / Room Tariff starts from the time of admission. The estimated amount may Change according to duration of stay, medical condition, investigations, pharmacy and any other procedure.
2. Proportionate difference of bill amount is applicable in case the patient opts for a category higher than the TPA approved, which has to be paid by the patient and may not be reimbursed by the TPA at later stage.
3. **Total baby charges are extra which include admission, pharmacy, vaccinations, investigations, disposables, consumables, equipments, speciality consultations, etc.**
4. In Case the patient gets discharged earlier than the packages permitted days, no refund of any type is applicable and if the length of stay is beyond the package permitted, additional payment is applicable for which kindly contact the Financial Counselling desk between 9am to 6pm
5. **For Non-medicals, Disposables, Consumables, Taxes, Kiwi Cup charges, Implants, Tubectomy charges, HIV/HbsAg, Anti-D, Medical Records, Double Occupancy and Registration Charges, etc. credit cannot be exchanged. These items are not payable to us as per Insurance company norms.**
6. Difference if any between the final bill amount and amount permitted/approved by TPA or total bill amount in case of denial from TPA has to be paid by the patient. In case of denial, cash tariff would be applicable.
7. Two attendants are permitted with patients in SDLX, DLX and PVT rooms and only one attendant is permitted in the rest of the categories of rooms and no attendant is permitted in ICU's
8. Tariffs are subject to revision
9. Kindly check your billing status on day to day basis at IP Billing Department.
10. Additional Charges on package are applicable for Non-working hours and Non-working days (sundays and public holidays)

DECLARATION

I _____ have attended the Financial counseling desk and understood the expected costs and other conditions applicable. In case the TPA / Insurance Company rejects the claim for whatsoever reasons at any point of time I promise to settle the hospital bill with the hospital without any ambiguity.

Signature of the Client | Signatory Relationship | Signature of the financial Counselor

FDH-00010522 IP26-00006677
Mrs DEEPIKA ORUGANTY
28-10-1988 37 Y 8 M 3 D (F)
Dr. KADIYALA RAMYA THEJA

xnty

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SURGERY DETAILS

Date : 29/6/26

Patient Name: Mrs. Deepika Oruganty Date of Birth: 28/10/1988 Age: 37yrs

Gender: F Ward : OT-2 UHID No.: FDH-00010522

Date of Surgery: 29/6/26 ☐ OT -1 ☑ OT -2 ☐ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : Emergency LSCS ↓ SA

Time in : 8:45AM Time Out : 7:45Am

		NAME	AMOUNT
1.	Surgeon	: Dr Ramya	
2.	Anaesthetist	: Dr Akhila	
3.	Assistant Surgeon	: Dr Swathi HV	
4.	OT Technician	: Sai Chandhu	
5.	Circulating Nurse	: Anusha.D	
6.	Assistant Nurse	: Archana.	

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

Signature of the Surgeon
For Dr Ramya

Signature of Circulating Nurse

Order No: 26-00020913 Order by: 29/6/26 @ 9.15Am

FDH-00010522 IP26-00006677
Mrs DEEPIKA ORUGANTY
28-10-1988 37 Y 8 M 3 D (F)
Dr. KADIYALA RAMYA THEJA

Em. Ues.

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CONSUMABLES OF OT

Circulating staff : Anusha (1) Technician : Sai Chandu Date : 29/6/26 Time :

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube			~~Major~~ Pack Lacs	1		Inj Vit.K	1	
LMA			Sutures 2346, 2364	1+1		Cord Clamp	1	
ECG leads : A / P / N		03	4242, 1326	1+1		Suction Catheter		
HME filter : A / P / N						Feeding Tube 6	1	
Syringes : 10 cc		03				Vaccum Suction Set		
05 cc		03	Gloves S.G 6½	3		Surgical Gloves S.G 6½, -	6	
02 cc		03	Encore 6½	2		Gauze Pack 7.5×7.5	3	
01 cc						Syringe 1ml / 2ml	2	
Cautery plate : A / P / N		01	Surgical blade 22	1		Surgical Blade # 20	1	
IV set			NG tube			Koochies (S)	01	
RL		02	Cautery pencil	1				
NS : 10ml / 100ml / 500ml / 1000ml			Koochies XXL	01		26-0000209119 1/20		
Inj Tranexa 1gm		02	Ointments					
Inj Oxytocin		06	Suction Catheter					
Fentanyl		01	Cap, Mask	10+10				
~~Morphine~~ Inj Midaz		01	Gauze Pack 7.5×7.5	2				
Ketamine			Mop Pack	2				
Propofol			Steristrip					
Rocuronium			Underpad	3				
Glycopyrolate			Draw sheet					
Myopyrolate			Abgel	1				
Ondansetron		01	Foleys catheter					
Pencan 25g/ Spinal Needle 22		01	Urobag					
Bupivacaine 0.25%			Chest Drainage Catheter					
Bupivacaine 0.25%(Heavy)		01	Romodrain bag					
Antibiotics			Bandage					
Inj Augmentin		01	Tegaderm					
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg		01	Vaccum Suction set	1				
Justin : 12.5 mg / 25mg / 100mg		01	Plastic ~~Bed Sheet~~ Aprons	03				
Tab. Misoprost : 200mg		02	Betadine Solution	2				
Gauze		01	Microshield	1				
Glove Encore 6½		01	Cotton Balls	1				
			Latex Gloves	20				
			Ramdione Scrub					
			Saral					

Surgeon Anaesthesiologist Nurse OT Technician

Order No. : 26-0000209118/117 Ordered by : Sandhya 29/6/26 @ 9:30 am

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

Rainbow Childrens Hospital-Himayatnagar

Rainbow Children's Hospital, Door no. 3-6-267, opp. Cafe niloufer, Old MLA quarters road AP State Housing Board Himayatnagar ,Hyderabad , Telangana, INDIA ,500029.
040-48873000, info@rainbowhospitals.in

ELECTRONIC MEDICINE PRESCRIPTION

MRN	FDH-00010522	Name	Mrs DEEPIKA ORUGANTY
Age / Sex	37 Y 8 M 3 D / Female	Doctor	KADIYALA RAMYA THEJA
Adm/Reg Date/Time	28/06/2026 18:20	Payor	SELFPAY
Order Date	29/06/2026 09:29	Ordernumber	26-0000209117
Visit ID	IP26-00006677	Ward/Bed No	4F -OT / LDR-416
Patient Address	FLAT NOV 1006 C BLOCKN HONER AQUANTIS, Serilingampally, Hyderabad, Telangana, INDIA, 500019		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	PENCAN 25G*3 1 2	PENCAN 25G*3 1 2	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
2	VICRYL 1-0 NW 2364	VICRYL 1-0 NW 2364	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
3	RL 500 ML CLOSED SYSTEM	RINGER LACTATE 500ML CLOSED	1 Bottle	/ Once Daily	2 Days		2 Bottle	Dispensed
4	UNDERPADS 60X90 BUTTERFLY		1 Nos	External / 10 AM	1 Days		3 Nos	Dispensed
5	CAUTERY PENCIL (ADVANCE)		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
6	MEZOLAM INJ 5 MG 5 ML		1 Vial	External / Once Daily	1 Days		1 Vial	Dispensed
7	POVINANZ SOLUTION 10% 100 ML		1 Nos	/ Once Daily	1 Days		2 Nos	Dispensed
8	TRUGUT CHROMIC CATGUT SN4242	TRUGUT CHROMIC CATGUT SN4242	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
9	NITRILE EXAMINATION GLOVES P F- MEDIUM		1 Nos	External / Once Daily	1 Days		20 Nos	Dispensed
10	ADULT DIAPERS-XXL		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
11	BIOXAMIC 500 MG INJ		1 Ampule	/ Once Daily	1 Days		2 Ampule	Dispensed
12	DSYRINGS 2 5ML(NIPRO)	SYRINGE 2ML	1 Nos	External / Once Daily	1 Days		3 Nos	Dispensed
13	MOPS 30X30 8PLY SS X-RAY	MOPS 30X308 PLYDATT	1 Nos	/ Once Daily	2 Days		2 Nos	Dispensed
14	MISOPROST TAB 200MCG 4S		1 Tabs	External / Once Daily	1 Days		3 Tabs	Dispensed
15	COTTON BALLS 2 GM 5 NOS		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
16	SURGICAL BLADE 22	SURGICAL BLADE 22	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
17	ACUGYL 500MG INJ		1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
18	MONOCRYL 3-0 NW 1326	MONOCRYL 1326	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
19	EVATOCIN (OXYTOCIN) INJ 5 IU 1 ML		1 Vial	External / Once Daily	1 Days		6 Vial	Dispensed
20	LSCS DRAPE PACK (PROTECTCARE)		1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
21	DSYRINGE 5ML (NIPRO)	SYRINGE 5ML	1 Nos	External / Once Daily	1 Days		3 Nos	Dispensed
22	DSYRINGE 10ML (NIPRO)	SYRINGE 10ML	1 Nos	External / Once Daily	1 Days		3 Nos	Dispensed
23	VACCUME SUCTION SET		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
24	BACTOPREP SOLUTIONS 100 ML		1 mL	/ Once Daily	1 Days		1 Nos	Dispensed
25	BUPICAIN HEAVY 80MG INJ 4ML		1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
26	SGLOVE # 6.5 (SURGICARE)	SURGICAL GLOVES 6.5	1 Nos	External / Once Daily	1 Days		3 Nos	Dispensed
27	VICRYL 1-0 VP 2346	VICRYL 1-0 VP 2346	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
28	DISPOSABLE APRONS STERILE XL	DISPOSABLE APPRON STERILE XL	1 Nos	/ Once Daily	3 Days		3 Nos	Dispensed
29	ONDOKIND INJ 4 MG 2 ML		1 Nos	/ Once Daily	1 Days		1 Vial	Dispensed
30	GAUZE 7.5X7.5 12 PLY (5 NOS) NON XRAY	GAUZE 7.5X7 5 12 PLY 5 NOS	1 Nos	External / Once Daily	1 Days		3 Nos	Dispensed
31	ABGEL SURGI PAD (BIG) (GELSPON)	ABGEL	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
32	JUSTIN SUPPOSITORIES 100 MG 5 S		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
33	PREGELLED SURGICAL PLATES(ADULT)	PREGELLED PLATED ADULT	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
34	Encore Micropic gloves-6.5		1 Nos	/ Once Daily	1 Days		3 Nos	Dispensed
35	E C G ELECTRODES (ADULT)	ELECTRODES ADULT	1 Nos	External / Once Daily	1 Days		3 Nos	Dispensed

KADIYALA RAMYA THEJA

Reg No : TSMC/FMR/01458

* This document is just for reference purpose only. Not to be considered as primary report.

Note

* This prescription is valid only for specified duration.

* Do not refill medicines.

Rainbow Childrens Hospital-Himayatnagar

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ELECTRONIC MEDICINE PRESCRIPTION

MRN	: FDH-00010522	**Name**	: Mrs DEEPIKA ORUGANTY
Age / Sex	. 37 Y 8 M 3 D / Female	**Doctor**	: KADIYALA RAMYA THEJA
Adm/Reg Date/Time	: 28/06/2026 18:20	**Payor**	: SELFPAY
Order Date	: 29/06/2026 09:29	**Ordernumber**	: 26-0000209118
Visit ID	: IP26-00006677	**Ward/Bed No**	: 4F -OT / LDR-416
Patient Address	: FLAT NOV 1006 C BLOCKN HONER AQUANTIS, Serilingampally, Hyderabad, Telangana, INDIA, 500019		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	SURGEONS CAP	SURGEONS CAP	1 Cap	Oral / Once Daily	1 Days		10 Cap	Dispensed
2	FACE MASK 3 LAYER - ELASTIC	FACE MASK 3 LAYER	1 Nos	External / Once Daily	1 Days		10 Nos	Dispensed

KADIYALA RAMYA THEJA

Reg No : TSMC/FMR/01458

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Rainbow Children's Hospital

Birth Rainbow

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040-48873000, info@rainbowhospitals.in

ELECTRONIC MEDICINE PRESCRIPTION

MRN	HNH-00016236	**Name**	: Baby Of DEEPIKA ORUGANTY
Age / Sex	0 Y 0 M 0 D 2 H / Female	**Doctor**	: S TEJASWI REDDY
Adm/Reg Date/Time	: 29/06/2026 08:13	**Payor**	: SELFPAY
Order Date	: 29/06/2026 09:32	**Ordernumber**	: 26-0000209120
Visit ID	: IP26-00006679	**Ward/Bed No**	4F -NICU 1 / NICU1-402
Patient Address	FLAT NOV 1006 C BLOCKN HONER AQUANTIS, Serilingampally, Hyderabad, Telangana, INDIA, 500019		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	INFANT FEEDING TUBE-6	INFANT FEEDING TUBE 6	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
2	SGLOVE # 6.5 (SURGICARE)	SURGICAL GLOVES 6.5	1 Nos	External / Once Daily	1 Days		6 Nos	Dispensed
3	EASYCLOT-K1 1MG INJ 0.5 ML		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
4	GAUZE 7.5X7.5 12 PLY (5 NOS) NON XRAY	GAUZE 7.5X7.5 12 PLY 5 NOS	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
5	CORD CLAMP ALPHAMEDICARE		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
6	DSYRINGE 1ML (NIPRO)	SYRINGE 1ML	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
7	SURGICAL BLADE 20	SURGICAL BLADE 20	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed

S TEJASWI REDDY

Reg No : APMC/FMR/94068

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Note

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Printed Date/Time 29/06/2026 09:40 Printed By . GEDDAM SANDHYA PRAMEELA RANI

Rainbow Childrens Hospital-Himayatnagar

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ELECTRONIC MEDICINE PRESCRIPTION

MRN	: HNH-00016236	**Name**	: Baby Of DEEPIKA ORUGANTY
Age / Sex	: 0 Y 0 M 0 D 2 H / Female	**Doctor**	: S TEJASWI REDDY
Adm/Reg Date/Time	: 29/06/2026 08:13	**Payor**	: SELFPAY
Order Date	: 29/06/2026 09:32	**Ordernumber**	: 26-0000209119
Visit ID	: IP26-00006679	**Ward/Bed No**	: 4F -NICU 1 / NICU1-402
Patient Address	: FLAT NOV 1006 C BLOCKN HONER AQUANTIS, Serilingampally, Hyderabad, Telangana, INDIA, 500019		

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	Ordered

S TEJASWI REDDY

Reg No : APMC/FMR/94068

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

ADMISSION SHEET

Registration Details :

Admission No : IP26-00006677 **Admit Date** : 28-Jun-2026 **Admit Time** : 06:20 PM **UHID** : FDH-00010522

Patient Details :

Patient Name	: Mrs DEEPIKA ORUGANTY	**Age**	: 37 Y 8 M 2 D
Guardian	: Mr RAGHU PRANEETH	**DOB**	: 26-10-1988
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: FLAT NOV 1006 C BLOCKN HONER AQUANTIS Serilingampally Hyderabad Telangana INDIA 500019	**Phone No**	: 8019641866
		E-mail	: na123@rainbowhospitals.in

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 RAGHU PRANEETH **Relationship** : Husband

Contact Address : FLAT NOV 1006 C BLOCKN HONER AQUANTIS Serilingampally Hyderabad Telangana INDIA 500019 **Phone No** : 8019641866

Signature

Doctor Details :

Doctor Name : Dr. KADIYALA RAMYA THEJA **Specialisation** : OBSTETRICS AND GYNECOLOGY

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

Co-Consultant :

Payment Details :

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

Payor Name : SELFPAY

Name	Mrs DEEPIKA ORUGANTY	**UHID**	FDH-00010522
Father/Guardian	Mr RAGHU PRANEETH	**Age/Gender**	37 Y 8 M 3 D/ Female
Address	FLAT NOV 1006 C BLOCKN HONER AQUANTIS, Serilingampally, Hyderabad, Telangana, INDIA, 500019		
IP No	IP26-00006677	**Admission Date**	28-06-2026
Ref Doctor	Self.		
Discharge Date			

DISCHARGE SUMMARY

Consultant
Dr. KADIYALA RAMYA THEJA
MBBS/DNB
TSMC/FMR/01458

Diagnosis: G2A1 AT 33+3 WEEKS WITH IVF CONCEPTION WITH PRETERM PREMATURE RUPTURE OF MEMBRANES FOR FURTHER MANAGEMENT

EMERGENCY LOWER SEGMENT CAESAREAN SECTION DONE ON 29.06.2026

History:
LMP: 08.11.2025, FET-25.11.2025 Obstetric formula: G2A1

Name	Mrs DEEPIKA ORUGANTY	**UHID**	FDH-00010522
IP No	IP26-00006677	**Admission Date**	28-06-2026

EDD: 13.08.2026 Gestation at admission: 33^{+3} weeks

Obstetric History:
G1 - 2024 - IVF conception, MTP at 20 weeks in view of Klinefelter mosaicism/ trisomy 7 - confirmed with amniocentesis. Underwent MERPC + SERPC
G2 - Present Pregnancy, IVF Conception

Medical History: Nil
Surgical History: Hysteroscopy + polypecomy, SERPC
Family History: Nil
Allergies: Nil

Antenatal Details:

Mrs DEEPIKA ORUGANTY was booked to Rainbow hospital at 5^{+5} weeks of gestation. She had regular antenatal checkups and investigations as advised. NT-normal. FTS-normal. TIFFA-Unilateral Choroid plexus cyst measuring 11X10X7mm rest normal. Option of NIPS given. Fetal 2D echo was normal. OGTT normal. Fetal growth monitoring was done by serial growth scan. Scan done 18.06.2026 showed single live intrauterine fetus at 32 weeks with cephalic presentation with fundo -posterior high with AFI: 14.6cm with EFW: 1.631kg (11%) AC: 2% with normal dopplers. She was admitted at 33^{+3} weeks in view of leaking per vaginum.

Investigations: Enclosed
Blood group: "A" Positive

Name	Mrs DEEPIKA ORUGANTY	**UHID**	FDH-00010522
IP No	IP26-00006677	**Admission Date**	28-06-2026

Management:

Course in hospital and Delivery Details:

At admission on clinical examination the vitals were stable, uterus was mild acting, cervix was partially effaced and 1cm dilated, vertex -3, pelvis adequate with Clear leak. Fetal well being was confirmed by an admission CTG which was found to be reactive. As per hospital protocol she was started on IV. Taxim in view of ruptured membranes. Investigations sent for CBP, CRP, CUE, HVS and Urine sent for culture and sensitivity and traced. NICU counselling done by neonatologist. She received antenatal steroid coverage with 2 doses of Inj.Betamethasone 12mg IM, 12hours apart. Tocolysis done with Cap.Depin. However, inspite of aggressive management she progessed spontaneously and set into preterm labour. CTG monitoring showed occasional decelerations, PV findings revealed partially effaced cervix, 2cm dilatation, Vx -2, clear leak, caput +. She was decided for emergency C- section in view of preterm labour with PPROM. She was prepared with indwelling Foley's catheter and IV canula under aseptic conditions. Written informed consent for surgery taken. Preanesthetic check up done. Anaesthetic 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

Name	Mrs DEEPIKA ORUGANTY	UHID	FDH-00010522
IP No	IP26-00006677	Admission Date	28-06-2026

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 600 mcg given per rectum as prophylaxis against Postpartum hemorrhage. Patient was shifted out of theatre to post operative recovery room.

***LUS not formed**
***Scanty liqour**
***1 loop of cord around neck**
***Endometriotic patch on anterior wall of uterus and Bilateral adnexa**
***Posterior wall adherant to posterior pelvic wall**
***Placental membranes sent for culture and sensitivity**

Delivery Details :

Date : 29.06.2026
Time of Delivery: 06:52am
Type of Delivery: Emergency lower segment caesarean section
Indication : PPROM with preterm labour
Anaesthesia : Spinal

Baby Details:

Date : 29.06.2026
Time : 06:52am
Sex : Female
Weight : 1.860kg
Apgar : 7,9

Name	Mrs DEEPIKA ORUGANTY	**UHID**	FDH-00010522
IP No	IP26-00006677	**Admission Date**	28-06-2026

Gestational Age: 33^{+4} weeks
NICU Admission: Yes, Preterm

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.

Advice:
1. Tab. Taxim O 200mg twice daily till 05.07.2026 (9am-9pm) after food.
2. Tab. Metrogyl 400mg(Metronidazole) thrice daily (8am-2pm-10pm) till 05.07.2026 after food.
3. Tab. Calpol 500mg (Paracetamol 500mg) (2tabs) thrice daily till 05.07.2026 (8am-2pm-10pm) after food.
4. Tab. Voveran 50 mg (Diclofenac 50mg) thrice daily till 03.07.2026 (9am-3pm-11pm) after food.
5. Tab. Pantop 40mg twice daily till 03.07.2026(7am-7pm) before food.
6. Tab. Livogen (Elemental Iron - 50mg, folic acid 1.5mg) once daily (7am) for three months before breakfast.
7. Tab. Shelcal (Elemental Calcium 500 mg, Vitamin D3 250 IU) once daily (2pm) till breast feeding for after food.

Name	Mrs DEEPIKA ORUGANTY	UHID	FDH-00010522
IP No	IP26-00006677	Admission Date	28-06-2026

8. Tab Chymoral forte (chymotrypsin+ trysin) thrice daily (8am-3pm-10pm) till 10.07.2026
9. Inj.Enoxaparin 40mg(Clexane) subcutaneously over thigh on 01.07.2026
10. Nebasulf Powder for local application.
11. Collect Placental membrane culture and sensitivity report

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

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

Review with **Dr. KADIYALA RAMYA THEJA,** after 2 weeks on 14.07.2026 at Rainbow Children's Hospital with prior appointment **(Review consultation will be charged).**

For Women Who Have Had a Caesarean Section
Care of the wound:
1.You can bath and shower.
2.The wound can get wet during a bath or shower. Dry it thoroughly and gently by dabbing with a gauze piece. Do not rub the wound.
3.This gauze piece needs to be discarded after one use.
4.Prior to touching the wound clean hands thoroughly with Microshield solution and allow them to air dry or use disposable paper napkins.
5.Apply Nebasulf or Neomycin dusting powder on the wound after it is dry.

Name	Mrs DEEPIKA ORUGANTY	**UHID**	FDH-00010522
IP No	IP26-00006677	**Admission Date**	28-06-2026

6.Do not touch the wound with unwashed hands.

The content of the patient discharge summary, medication, food & drug 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 Children's Hospital 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

Consultant
Dr. KADIYALA RAMYA THEJA
MBBS/DNB
TSMC/FMR/01458

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ACTIVITY RECORD FOR BILLING

Name : FDH-00010522 IP26-00006677
Mrs DEEPIKA ORUGANTY
28-10-1988 37 Y 8 M 2 D (F)
UHID No. : Dr. KADIYALA RAMYA THEJA
Consultant: Dept :

Date of Admi Date of Discharge : Time:

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
29/6/26	6:00 Am	PR & t post	OT Pre Post	Natasha
29/6/26	8:00 Am	OT	pre-post	[illegible]
29/6/26	12pm	LDR-II	Room (214)	Mounika

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	Dr. Addu Kiranmayi (Lactn)	30/6.	9513	[illegible]
2		cross checked done by Amrutha		
3				
4				
5				
6				
7				
8				
9				
10				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
~~28~~/6/26	NST — (1)	7681	
~~28~~/6/26	CBP CRP ~~LFT~~	10544	
28/6	Urine C/S, CUE	10553	
28/6/26	GRBS 6:30pm 96mg/dl	10545	
28/6	NST — (2)	7685	
29/6	NST — (3)	7687	
29/6.	NST — (4)	7714	
		cross checked done	
29/6/26	Tissue culture & sensitivity	10566	sushila
		Cross checked done by Amruth	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
29/6/18	Cardiac monitor	8:00am	12pm	209144	Alex
29/6/18	Infusion pump				
		Cross checked	cross checked	done by Amouth	

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
27/6/26	IVplacement	1	8992	
29/6/26	PAC	1	9092	
29/6/26	catheterisation	1	9093	
			cross checked	
29/6/26	NHA	1	9325	
			cross checked done by Amruth	

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

FDH-00010522 IP26-00006677
Mrs DEEPIKA ORUGANTY
26-10-1988 37 Y 8 M 2 D (F)
Dr. KADIYALA RAMYA THEJA

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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints
C/o ? Discharge PV ? PPROM
∵ 3pm ; AFM ⊕

Obstetric Formula: G2A1

Obstetric Hostory:
G1 - 2024 - IVF | MTP @ 20wk | Klinefelter Mosaicism
Confirmed c amniocentesis - MLPA+SERA
G2 - PP, IVF conception
(FET, single embryo (25/11/2025)

Present Pregnancy Record:
NT (N) FTS (N)
TIFFA (N) except - U/L CPC
Vocabully seen → SCF @ 6wk | CRL - 6.3mm
Small intramural fibroid in anterior upper corpus

RISK FACTORS:

Height: 166 cm
Weight: 61.20 kg
Allergies: Nil
Breast: ☑ Normal ☐ Abnormal
General Examination: Fair Afebrile
Consciousness: Fair
Pallor: ⊖
Icterus: ⊖
Edema: ⊖
Temp: Afeb.
PR: 100/min
BP: 98/64
DTR: ⊕
CVS: NAD
RS: BAE ⊕
Liver/Spleen: NAD
Urine Output: Adeq.

LMP: 8/11/2025
EDD:
Corrected EDD: 13/8/2026
GA: 33+3
Menstrual History: Regular : ☐ Yes ☐ No

Obstetric Examination

Fundal Height: ~ 32wks
Irritable
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 ~~not done~~

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

Vaginal Examination ~~not done~~

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 at 33+3 weeks | IVF conception | PPROM.

for observation

FDH-00010522 IP26-00006677
Mrs DEEPIKA ORUGANTY
26-10-1988 37 Y 8 M 2 D (F)
Dr. KADIYALA RAMYA THEJA

Family History:	Surgical History:
NI	SERPC

Medical History:	Medication History:
Hypothyroidism (Subclinical)	Tab Iron/calcium/Support Inj Proluton 500mg im weekly Thy — MTW 50mcg; T/F/S/S 25

Plan of Care:	Investigations:
- Admission NST - Drugs as charted - Antenatal steroid coverage (Inj Betnesol 12mg 24 hr Apart im) - Apply sterile Pad - Send CBC, CRP, CUE, urine C & S - Collect HVS - Strict w/f vitals hourly - Tocolytic (Cap Depin 3 doses 15 min Apart)	BGT - A Rh+ve GRBS 96mg/dl HIV, HbsAg, VDRL, HCV } NR 18/6/2026 SLF / 32wk / Vx PL Fundo-Posterior high AFI - 14.6cm. AC - 2%. EFW. 1.631 (11%) Doppler (N)

Doctor Name: Dr Mansha
Signature: [signature]
Date & Time: 28/06/2024 @ 6 pm.

Consultant Name: Dr. Ramya Theja .K
Signature: [signature]
Date & Time: 28/6/26 @ 8pm

FDH-00010522 IP26-00006677
Mrs DEEPIKA ORUGANTY
26-10-1988 37 Y 8 M 2 D (F)
Dr. KADIYALA RAMYA THEJA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/6/26 8pm	Counselled Mrs. Deepika & her mother / her husband regarding the diagnosis of PPROM with informed written - explained the following risks → PPROM → preterm labour → risk of chorioamnionitis → oligohydramnios → fetal distress → rare possibility of abruption → need for IP monitoring ~48hrs, investigations close maternal / fetal monitoring, need for steroid cover & tocolytics → growth scan tomorrow → NICU counselling tomorrow. → timing & mode of delivery to be decided based on maternal / fetal wellbeing	
G/E	BP 98/65	Dr RAMYA THEJA
	PR 126 → 112	
	P/A ut ~32wks ; cephalic	
	Irritable ; FHS@R	
	PV - Os 1cm ; long soft	
	Membs Absent	
	Vx - 3	
	Clear liquor draining.	
	[NST- Reactive] [PFM ⊕]	

FDH-00010522 IP26-00006677
Mrs DEEPIKA ORUGANTY
26-10-1988 37 Y 8 M 2 D (F)
Dr. KADIYALA RAMYA THEJA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/06/2026	C/s/b Dr Manisha	
11:30pm		
		Adv,
	GC fair ; Afebrile	- Regular Diet / Adeq Hydration
	BP-110/70 PR- 112/min	- Drugs as charted
	P/A Ut relax	- Growth Scan c/m
	FHS ⊕R	- NST - TID
	L/E LPV ⊕ : liq clear	- Apply sterile PAD
	NST - Reactive	- Collect CUE / HVS / C/S report
(28/06)	CRP - 5	- Antenatal Steroid coverage (2nd dose) due
	CBC - Hb - 11.3 / WBC - 11.19 / Plt - 208	- NICU counselling c/m
(28/06)		- Inform SOS
		[signature]
		Manisha
29/06/2026	C/s/b Dr Manisha	(C/A Dr Ramya)
1 Am		Adv,
	GC - fair Afebrile	
	Vitals stable	- Regular Diet / Adeq Hydration
	BP - 110/70	- Inform Pediatrician
	PR - 105	
		- Inj Tramadol 50mg i/m stat
	P/A Ut mild Activity	- w/f vitals & Progress of labour
	FHS ⊕R (140-150 b/min)	- Apply sterile PAD
	L/E LPV ⊕ : liq clear	- Antenatal Steroid coverage @ 6:50 Am
		- NST 6th / FHS 2nd hourly Monitoring
	2-3 C / 30-35 s / 10 min.	- Inform SOS

FDH-00010522 IP26-00006677
Mrs DEEPIKA ORUGANTY
26-10-1988 37 Y 8 M 2 D (F)
Dr. KADIYALA RAMYA THEJA

(2)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/6/2026	c/s/b Dr Monsha	
3Am		
	CC- For Afebrile	Adv
	BP-110/70	
	PR- 110	- Regular Diet / Adeq Hydration
	P/A ut mild acting	- Pediatrician Consultation
	FHS ⊕R	- IVF @ 50ml/hr
	C-2-3/30sec/ comm	- Apply Sterile PAD
	LE - LPV ⊕	- W/F vitals & POL
NST Reactive		- Tocolysis Continue
		- Antenatal Steroid Coverage @
	Patient's attender wishes to	06:50 Am Today
	transfer to Rainbow Banjara	- Neonatal counselling to do
	OPD/w - Dr Dilnaz ; Dr Ramya -	NST @ 6:15Am
	AMOD	- FHS (m) 2nd hourly
	- Couple counselled.	
		Dr Monsha
29/6/2026		
6:30AM	pt & Attender were ready to transfer to (Banjara) Rainbow Hospital. Fetal Heart rate dropped to 110 bpm Husband and wife counselled and wished to go ahead c̄ further Management here in Rainbow Hospital RCH Himayathnagar.	

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

FDH-00010522 IP26-00006677
Mrs DEEPIKA ORUGANTY
26-10-1988 37 Y 8 M 2 D (F)
Dr. KADIYALA RAMYA THEJA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/06/2026		
6:30AM	C/S/b Dr Ramya.	
	GC for Afebrile	Adv
	Vitals stable	
	P/A Ut Acting	- pt & attender counselled / explained
	FHS ⊕R	regarding PV finding
	PV - 2cm : Effaced	Husband & pt wishes to go
	Vx -2	ahead c̄ EmLSCS stat
	Liquor draining clear	
	c̄ show ⊕	- Pediatrician informed
NST: ®	occasional drop	- Anaes informed
	to 105 bpm	- Check for Blood availability
		- Shift to OT stat
		- Foley's catheterization
		- Informed consent
		[signature]

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

(P.T.O)

FDH-00010522 IP26-00006677
Mrs DEEPIKA ORUGANTY
26-10-1988 37 Y 8 M 3 D (F)
Dr. KADIYALA RAMYA THEJA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/6/2026	C/S/b Dr	Ramya / Axm
7:45pm	Dr	Manisha
	POD - 0 / Em LSCS	
	GC Fair Afebrile (97.4)	Adv
	BP 93/77	- NBM x4-6h
	PR - 130 → 105	- Drugs as charted
Baby-NICU	P/A ut well retracted	- IV Taxim + metro x48h
	ASD Dry	- Inj Enoxaparin 40mg x 3d @ 8pm
	PV Bleeding WNL	- Foley's removal @ 6Am c/m
	u/o - 200 ml (UT-empty)	- I/o monitoring
		- Inj Tranexamic Acid 1g @ 3pm
	(Placenta memb sent for C/S) ✓	- W/F vitals , BPV
		- Inform SOS
29/6/26	c/s/B Dr. Veena	
11AM	POD-0 / Em-LSCS	M/r Manisha
	pt is stable, No c/o	Adv
	O/E GC - fair	~~NBM~~ ~~x~~
	BP - 100/65 mmHg	- Oral sips to be allowed
Baby in NICU	PR - 94 bpm	- Drugs as charted
	SpO_2 99% on RA	- IV Abx for 48hours.
	P/A - Ut well retracted	- I/O monitoring
	ASD - Dry	- Vital monitoring
	L/E - BWNL	- Inj Tranexamic acid @ 3pm
	U/O - 40ml/hr, high coloured	- W/f excessive bleeding P/v
		- Inform SOS.

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

FDH-00010522 IP26-00006677
Mrs DEEPIKA ORUGANTY
28-10-1988 37 Y 8 M 3 D (F)
Dr. KADIYALA RAMYA THEJA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	c/D/w Dr. Ayesha (AXON Team)	
	Adv :- - IV fluids @ 500ml/hr	
	- Inj Lasix 5mg IV stat	
29/6/26 12pm		[signature]
	o/e GC fair	
	vitals - stable	Adv
	P/A - Ut well retracted	- Oral sips of liquid diet
Baby @ NICU	BS (+)	- Drugs as charted.
	L/E - BWNL	- IV ABx for 48hrs
	U/O 100ml/hr clear	- Inj - Clexane @ 8pm x 3day
	CUE - Pus cells - 3-4 cells; RBC - 35-40; Protein ++ clear urine	- Vital monitoring
		- I/O charting.
	f/u - Placenta c/s; - HVS; - Urine c/s.	- Inj - Tranex @ 3pm
		- Inform SOS
		- Shift to Room
		[signature]
29/6/26 3:40pm	No complaints	
	GC fair afebrile	
	vitals (N)	
	PA: soft, UWR	
	BP (N)	[signature] Dr RAMYA

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

(P.T.O)

FDH-00010522 IP26-00006677
Mrs DEEPIKA ORUGANTY
28-10-1988 37 Y 8 M 3 D (F)
Dr. KADIYALA RAMYA THEJA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/06/2026 8:00pm	c/s/by	Dr. Naveena
	O/E GC - fair	- Adv
	Afebrile	- Soft diet
	Vitals - stable	- Adequate hydration
	PA: ut. retracted well.	- drugs as charted
	Soft, NT	- w/f PV bleeding
	Dressing: dry & clean	- Urine I/O charting
	LE: PV bleeding WNL	- foleys removal T/M @ 6am
	u/o: adequate & clear	- Monitor Vitals
		- Inform SOS
	Baby: ~~Pctal~~ NICU	Noted by Priyanka
		Dr. Naveena 29/6/26 @ 8PM
30/6/2026 8:30AM	C/s/b	Dr. Manasha
		Adv
	GC - Fair Afebrile	- Soft Diet Adeq Hydration
	vitals Stable	- Drugs as charted
	P/A ut well retracted	- w/f refuse & BM
U/V	BS ⊕	- ~~w/o~~ Ambulation
F	H/E Slowly wear	- IV AB < 48h
Sq		- Collect urine Report
		M Anusha

FDH-00010522 IP26-00006677
Mrs DEEPIKA ORUGANTY
28-10-1988 37 Y 8 M 3 D (F)
Dr. KADIYALA RAMYA THEJA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/6/26 12:30pm	I POD	
		Adv
	No complaints	1) soft diet / oral fluids
baby NICU	GC: fair afebrile	2) monitor vitals
	vitals (N)	3) w/f excess bleed PV
on RA	PA: soft, UWR	4) drugs as charted
OA feeds.	PV: bleeding (N).	5) Ambulation
		6) Inform SOS
U: ✓	Inv: (N)	
F: ✓	CBP / CRP / Urine c/s / HVS → (N)	
S: ✗	Neonatal means : awaited	
	Dr. RAMYA THEJA	
	C/S/B Dr. Dna.	
30/6/26 12:45pm	POD-I	Adv
	No complaints	- Soft diet
	vitals stable	- Monitor vitals
	P/A soft	- w/f PV bleed
Baby @NICU.	URW.	- Drugs as charted
	C/E NAD.	- Ambulation
U ✓		- Inform sos
F ✓		- Lactational counselling by Dr. Kiranmayee.
S +		
		TVB Sneha CAPN

EDH-00010522 IP26-00006677
Mrs DEEPIKA ORUGANTY
26-10-1988 37 Y 8 M 4 D (F)
Dr. KADIYALA RAMYA THEJA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3d/6/2026 7:00pm	c/s/by Dr. Naveena	
V-✓ F✓ S↑	o/e GC-fair Afebrile. Vitals-stable PA: ut retracted well Soft, NT. Dressing: dry & clean IIE: PV bleeding WNL	Adv - Soft diet - Adequate hydration - Ambulation - drugs as charted - w/f PV bleeding. - T/M: close dressing - lactational Councelling by Dr. Kiran mai mam (Audio done) - Monitor Vitals - Inform SOS
	Baby: NICU	
	Dr. Naveena.	N.B. priyanka

EDH-00010522 IP26-00006677
Mrs DEEPIKA ORUGANTY
26-10-1988 37 Y 8 M 4 D (F)
Dr. KADIYALA RAMYA THEJA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/7/2026 7:00am	cls/by Dr. Naveena	
	o/e GC-fair	Adv
	Afebrile	- Soft diet
	Vitals- stable	- Adequate hydration.
U-	PA: ut. retracted well	- Ambulation
P-	" Soft, NT	- drugs as charted.
S-	Dressing: dry & clean	- W/F PV bleeding
	I/E: PV bleeding	- close dressing
	WNL	c Dr. Ramya.
		+ Monitor Vitals
		- Inform SOS
Pt can be discharged		
	Dr. Naveena.	N.B. maheshwari
1/7/2026 / 9:05 am	Dt. KIRAN (Dietitian) & Lactation	
	S. ft Solid Diet is Recommended.	
	Include more of antioxidant rich fruits in the diet.	
	Lactation Counselling is Given.	

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

:DH-00010522 IP26-00006677
Mrs DEEPIKA ORUGANTY
16-10-1988 37 Y 8 M 6 D (F)
Dr. KADIYALA RAMYA THEJA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/2/26. 1:30pm	II -POD	
	No complaints	
	GC fair afebrile	Adv
U:✓	Vitals (N)	1) Can be discharged today
P:✓	PA: soft.	
	drowsy due	Dr. RAMYA THEJA

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

(P.T.O)

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

FDH-00010522 IP26-00006677
Mrs DEEPIKA ORUGANTY
26-10-1988 37 Y 8 M 2 D (F)
Dr. KADIYALA RAMYA THEJA

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MEDICATION RECONCILIATION FORM

Drug Allergies: ~~NKDA~~ ☐ Not known any Drug Allergies

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

Shifting From: ~~NA~~ Shifted to: ~~NA~~

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	T. Orofer XT	1 tab	P/O	BD	28/6	☑ C ☐ DC
2	T. Supracal 2000	1 tab	P/O	OD	28/6	~~☐ C~~ ☐ DC
3	T. Supart	1 tab	P/O	OD	28/6	~~☐ C~~ ☐ DC
4	Inj Proluton	500 mg	IM	Weekly	~~28/6~~	~~☐ C~~ ☐ DC
5	L Arginine Sachet	1 Sachet	P/O	BD	28/6	☐ C ☐ DC
6	T thyronorm	50 mcg — P/O — M/Tu/Wed. 25 mcg — P/O — Th/F/S/S			28/6	☑ 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 : M/m Dr Manisha

Date & Time : 28/6/2026 @ 6pm.

Nurse Name & Signature: ~~Afaq Q Ali~~

Date & Time : 28/6/26 @ 6:00 p.m

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

FDH-00010522 IP26-00006677
Mrs DEEPIKA ORUGANTY
26-10-1988 37 Y 8 M 2 D (F)
Dr. KADIYALA RAMYA THEJA

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DRUG CHART

Date of Admission: 28/06/2026 Drug Allergies: Nil ☑ 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 : Tab ZOFER				Date / Time
Dose: 4mg	Route: PO	Frequency: SOS	Start Date: 30/6/26	
Doctor's Signature: Ramya	Valid Period	Pharm.		
Additional Instructions: in case of nausea				

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 .....

FDH-00010522 IP26-00006677
Mrs DEEPIKA ORUGANTY
26-10-1988 37 Y 8 M 2 D (F)
Dr. KADIYALA RAMYA THEJA

REGULAR PRESCRIPTIONS Weight. 61kgs Ward. ICU

Verified by Dr. Dhakshayani

DRUG : INJ CEFOTAXIM				Date / Time: 28/6, 29/6, 30/6/25
Dose	Route	Frequency	Start Date	
1g	IV	3D	28/6	
Name & Signature of the Doctor Starting the Drugs:				STOP
Additional Instructions: (AST) x 2 days P/b oral (After culture)				
Daily Doctor's Endorsement by a Sign				

Verified by Dr. Dhakshayani

DRUG : Cap NIFEDEPIN				Date / Time: 29/6
Dose	Route	Frequency	Start Date	3AM, 11AM, 7PM
10mg	Po	TID	28/6	
Name & Signature of the Doctor Starting the Drugs:				STOP
Additional Instructions: (Last dose - 7:10 pm)				
Daily Doctor's Endorsement by a Sign				

Verified by Dr. Dhakshayani

DRUG : Tab. PARACETAMOL				Date / Time: 29/6, 30/6/25, 1/7
Dose	Route	Frequency	Start Date	6A, 12P, 6P, 12A
1gm	oral	QID 6hrly	29/6	
Name & Signature of the Doctor Starting the Drugs: Dr-Akhila-K				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

Verified by Dr. Dhakshayani

DRUG : T. DICLOFENAC				Date / Time: 29/6, 30/6, 1/7
Dose	Route	Frequency	Start Date	9A, 3P, 11P
50mg	oral	TID 8hr	29/6	
Name & Signature of the Doctor Starting the Drugs: Dr-Akhila-K				hold
Additional Instructions:				Hold
Daily Doctor's Endorsement by a Sign				

FDH-00010522 IP26-00006677
Mrs DEEPIKA ORUGANTY
26-10-1988 37 Y 8 M 2 D (F)
Dr. KADIYALA RAMYA THEJA

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Verified by Dr. Dhakshayani

Sheet No: ....

REGULAR PRESCRIPTIONS

Weight 61kg Ward CD

DRUG : T. TRAMADOL 100mg

Dose	Route	Frequency	Start Dt.
100mg	oral	TID Sharly	29/6

Name & Signature of the Doctor Starting the Drugs: Dr. Akhila.K

Additional Instructions:

Date/Time: 29/6, 30/6, 1/7 — 8A, 4P, 12A

Daily Doctor's Endorsement by a Sign

DRUG : T. PANTOPRAZOLE

Dose	Route	Frequency	Start Dt.
40mg	P/O	OD	29/6

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Date/Time: 29/6 — 6Am

STOP

Daily Doctor's Endorsement by a Sign

DRUG : INJ METRONIDAZOLE

Dose	Route	Frequency	Start Dt.
500mg	IV	TID	29/6

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions: x 2 days F/b oral

Date/Time: 29/6, 30/6/25 — 6A, 2P, 10P

STOP.

Daily Doctor's Endorsement by a Sign

DRUG : INJ ENOXAPARIN

Dose	Route	Frequency	Start Dt.
40mg	S/C	OD	29/6

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions: @ 8pm x 3d

Date/Time: 29/6, 30/6 — 8PM

Daily Doctor's Endorsement by a Sign

FDH-00010522 IP26-00006677
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REGULAR PRESCRIPTIONS

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

DRUG: Tab Cefixime				Date / Time	30/6	1/7
Dose	Route	Frequency	Start Dt.			
200mg	PO	BD	30/6/26			
Name & Signature of the Doctor Starting the Drugs: [signature]				6AM	X	[signature]
Additional Instructions:				10pm	[signature]	
Daily Doctor's Endorsement by a Sign						

DRUG: Tab Metronidazole				Date / Time	30/6	1/7
Dose	Route	Frequency	Start Dt.			
400mg	PO	TID	30/6/26			
Name & Signature of the Doctor Starting the Drugs: [signature]				6Am	X	[signature]
				2pm	[signature]	[signature]
Additional Instructions:				10pm	[signature]	
Daily Doctor's Endorsement by a Sign						

DRUG: Tab Pantoprazole				Date / Time	30/6	1/7
Dose	Route	Frequency	Start Dt.			
40mg	PO	BD	30/6/26			
Name & Signature of the Doctor Starting the Drugs: [signature]				6Am	X	[signature]
Additional Instructions:				6pm	[signature]	
Daily Doctor's Endorsement by a Sign						

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

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

FDH-00010522 IP26-00006677
Mrs DEEPIKA ORUGANTY
26-10-1988 37 Y 8 M 3 D (F)
Dr. KADIYALA RAMYA THEJA

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STAT / ONCE ONLY DRUGS

Weight: 61 kgs

Name: Deepika .

Sheet No: .....

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
29/6	6:30AM	Inj. METRONIDAZOLE	500mg	IV			
29/6	7:00AM	Inj. ONDANSETRON	4mg	IV			
29/6	7:05AM	Inj. TRANEXAMIC ACID	1gm	IV			
29/6	7:30AM	SUP. DICLOFENAC	100mg	PR			
29/6	7:30AM	SUP. TRAMADOL .	100 mg	PR			
29/6	3pm	INJ TRANEXAMIC ACID	1g	IV			
29/6.	12PM	INJ. FUROSEMIDE	5mg	IV .			
30/6/26	6pm (1:30 pm)	SUP. DULCOLAX	20mg	PR			

Verified by Dr. Dhakshayani

Weight. 61kgs 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
28/6	6:50pm	INJ BETAMETHASONE	12mg	IM		
28/6	6:40pm	CAP DEPIN	10mg	P/O		
28/6	6:55pm	CAP DEPIN	10mg	P/O		
28/6	7:10pm	CAP DEPIN	10mg	P/O		
29/6	1:05Am	INJ TRAMADOL	50mg	im		
29/6	6:30AM	INJ PANTOPRAZOLE	40mg	IV		
29/6	6:30AM	INJ METOCLOPRAMIDE	10mg	IV		
29/6	6:30AM	INJ ONDANSETRON	4mg	IV		
29/6	6:30AM	TRAMADOL	50mg	IM		
29/6	CAM	Inj BETAMETHASONE	12mg	IM		

FDH-00010522 IP26-00006677
Mrs DEEPIKA ORUGANTY
28-10-1988 37 Y 8 M 2 D (F)
Dr. KADIYALA RAMYA THEJA

I.V. FLUIDS CHART

Weight. 61kgs Ward. LDR

		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
29/6	5:00 AM	RINGER LACTATE	IV	100 ml/hr			29/6		
29/6	6:55 AM	RINGER LACTATE + 20IU of OXYTOCIN	IV	100ml/hr					
29/6	7:20 AM	RINGER LACTATE	IV	100ml/hr					
29/6	9:30 AM	RINGER LACTATE	IV	FF			29/6		
29/6	12pm	RINGER LACTATE	IV	100/hr			29/6		
29/6	6pm.	RINGER LACTATE	IV	100 ml/hr			29/6		
30/6		RINGER LACTATE	IV	100 ml/hr					

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

FDH-00010522 IP26-00006677
Mrs DEEPIKA ORUGANTY
28-10-1988 37 Y 8 M 2 D (F)
Dr. KADIYALA RAMYA THEJA

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RESULT SHEET

Date	~~28/6/26~~					
Time						
Hb	11.3					
PCV	32.8					
RBC	3.76					
WBC	11.19					
N/L						
Platelets	208					
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

Hiv
Hbsag
HCV

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

FDH-00010522 IP26-00006677
Mrs DEEPIKA ORUGANTY
28-10-1988 37 Y 8 M 2 D (F)
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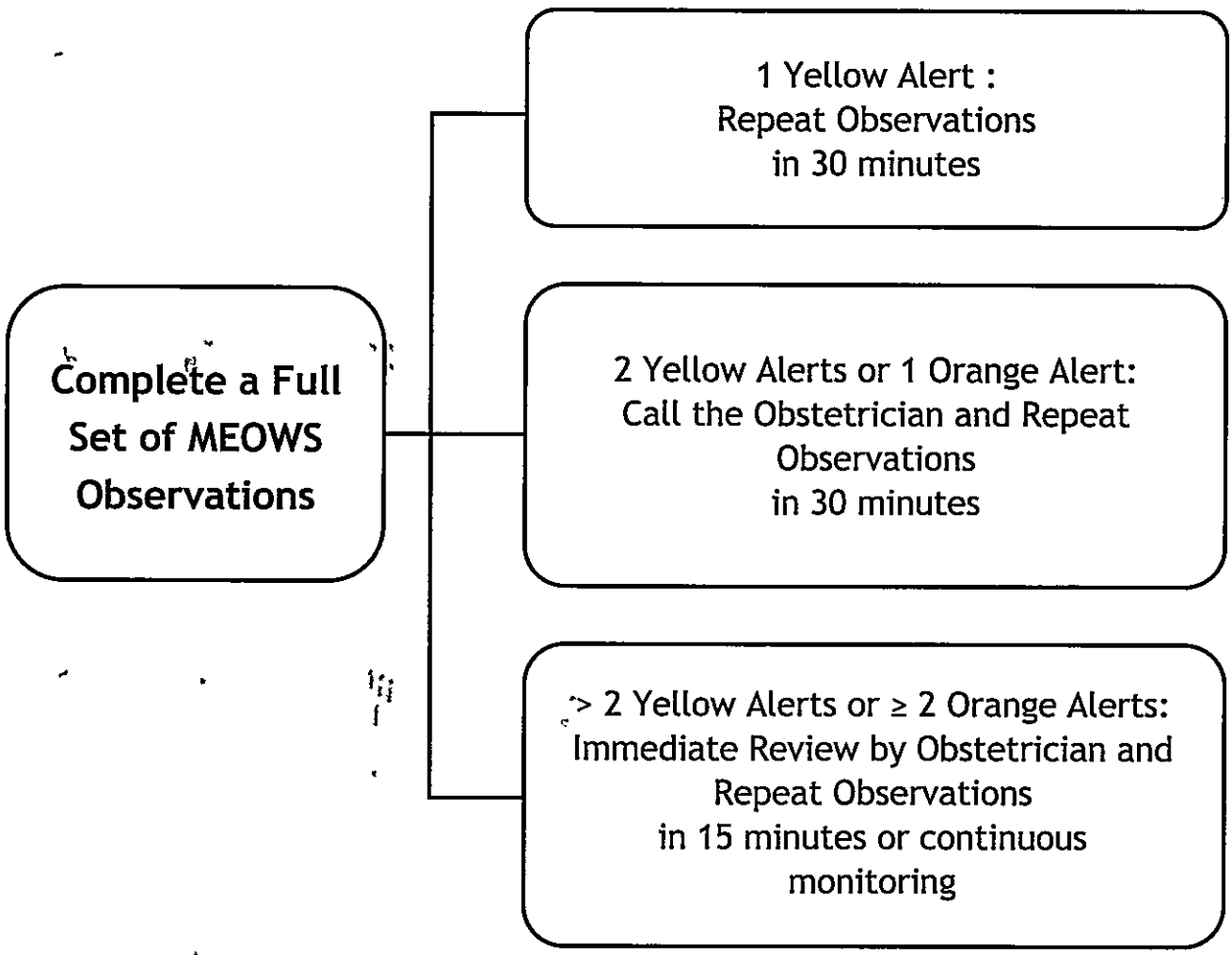
Early Warning Observation Score Chart - Obstetrics

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

		Date	28/6/26																						
		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		00		20		20		20	20		20		
	0 - 10																									
Saturations	94 - 100 %												99		99%		100		100		100	100		99%		
	< 94 %																									
Administered O_2 (L/min.)																										
Temp°c	40																									
	39																									
	38																									
	37																									
	36												97.6F		98.1F									1		
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100												100		110											
	90																80				86			86		
	80																									
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressue ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90												94		98		110		110		120			127		
	80																									
	70																									
	60																									
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
	40												64		65		70		80		80			77		
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		
TOTAL ORANGE SCORES																										
Nurse Initial													SK		SK		SK		SK		SK			SK		

Obstetrics and Gynaecology Early Warning Signs



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

FDH-00010522 IP26-00006677
Mrs DEEPIKA ORUGANTY
26-10-1988 37 Y 8 M 2 D (F)
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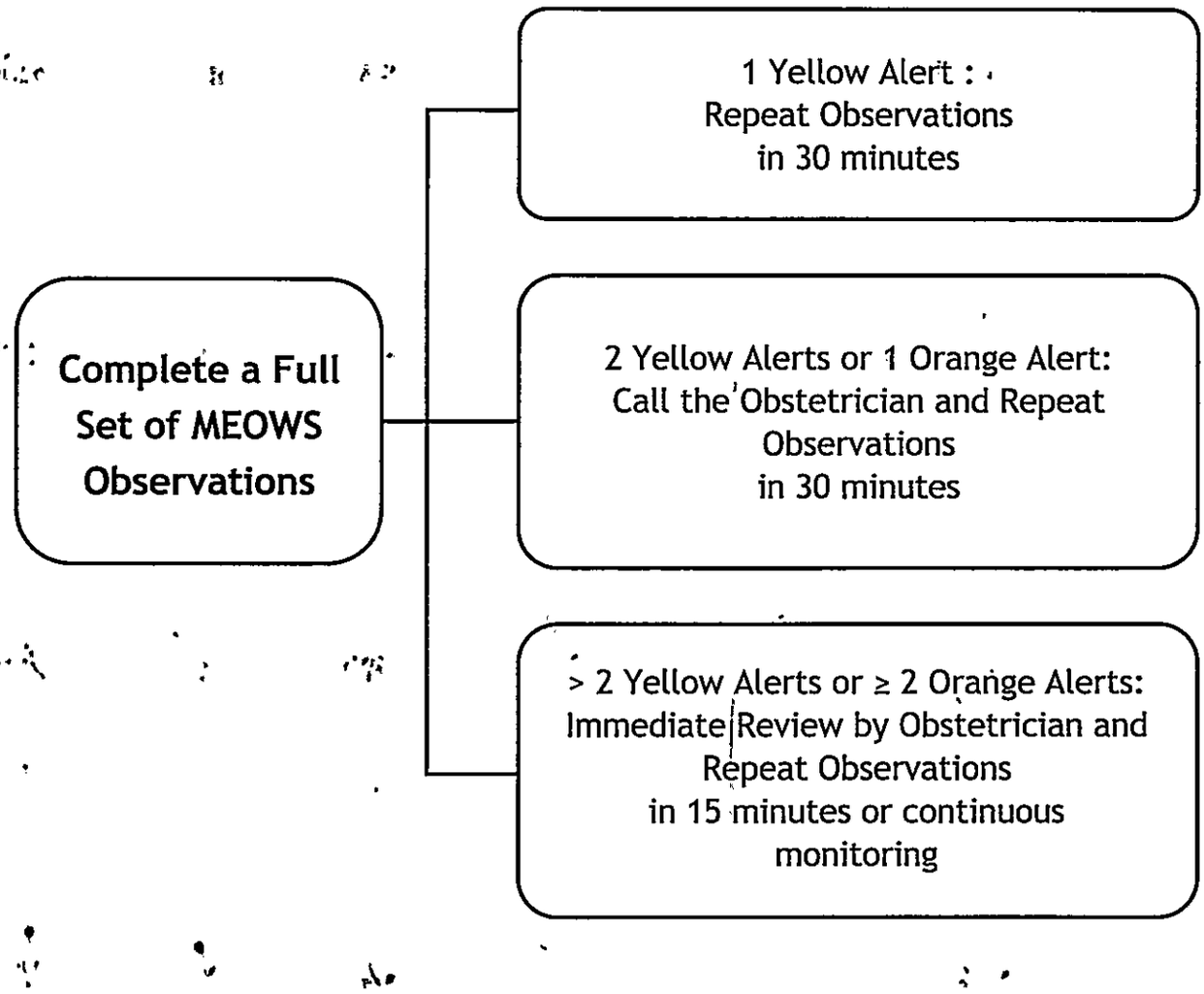
Early Warning Observation Score Chart - Obstetrics

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

Date: 29/6/26																								
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																								
RESP 21 - 30																								
RESP 11 - 20	20	20		20		20	20				20				20				20				20	
RESP 0 - 10																								
Saturations 94 - 100 %	99	98		99		99	99				98%				99%				99%				99%	
Saturations < 94 %																								
Administered O_2 (L/min.)																								
Temp °c 40																								
39																								
38																								
37 / 36	97F	98F		37							36.6				97.9F				98.2F				97.4F	
35																								
< 35																								
Heart Rate 170–110																								
Heart Rate 100 / 90 / 80	109	103		87		99	88				88				84				78				77	
70–40																								
Systolic Blood Pressure ↑ 190–50	90	96		107		112	120				113				103				116				104	
Diastolic Blood Pressure ↓ 130–40	62	69		72		64	70				75				67				76				72	
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	[illegible]				0				0				0				0	
TOTAL ORANGE SCORES	0	0		[illegible]		[illegible]	[illegible]				0				0				0				0	
Nurse Initial	[illegible]	[illegible]									[illegible]				[illegible]				[illegible]				[illegible]	

Obstetrics and Gynaecology Early Warning Signs



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

FDH-00010522 IP26-00006677
Mrs DEEPIKA ORUGANTY
26-10-1988 37 Y 8 M 3 D (F)
Dr. KADIYALA RAMYA THEJA

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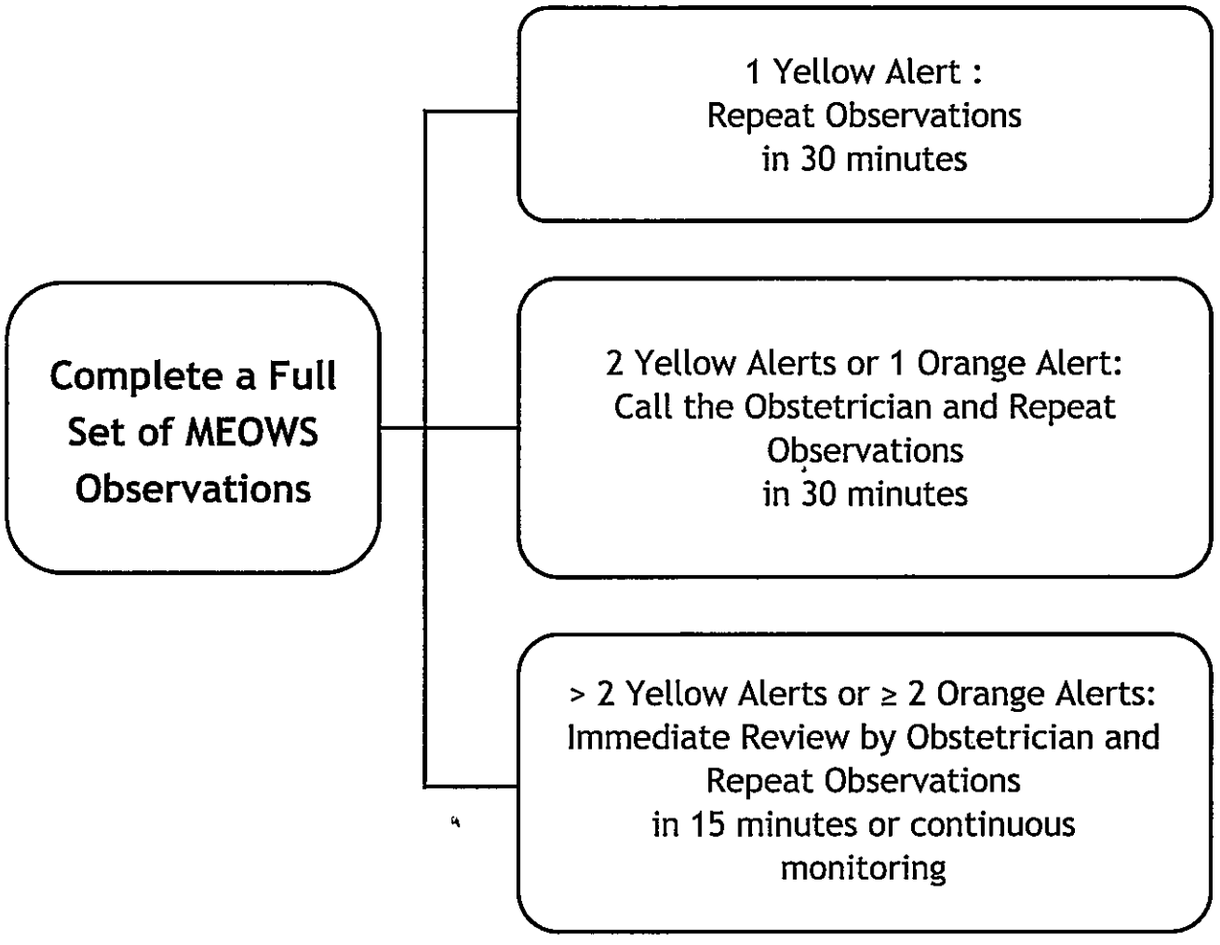
Early Warning Observation Score Chart - Obstetrics

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

30/6/26	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			20				22				20				20				20				20	
	0 - 10																								
Saturations	94 - 100 %			99%				99%				98%				99%				99%				99%	
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37																								
	36			98.1F				98.5F				97.3F				98.1F				98.4F				98.4F	
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90			82				77				81				64bpm				75				77	
	80																								
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140				128																				
	130																								
	120																								
	110							110								100				101				95	
	100											100													
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70				82			68				82				60				68				68	
	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	
TOTAL ORANGE SCORES					1			2				0				0				0				0	
Nurse Initial																									

Obstetrics and Gynaecology Early Warning Signs



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

:DH-00010522 IP26-00006677
Mrs DEEPIKA ORUGANTY
26-10-1988 37 Y 8 M 4 D (F)
Dr. KADIYALA RAMYA THEJA

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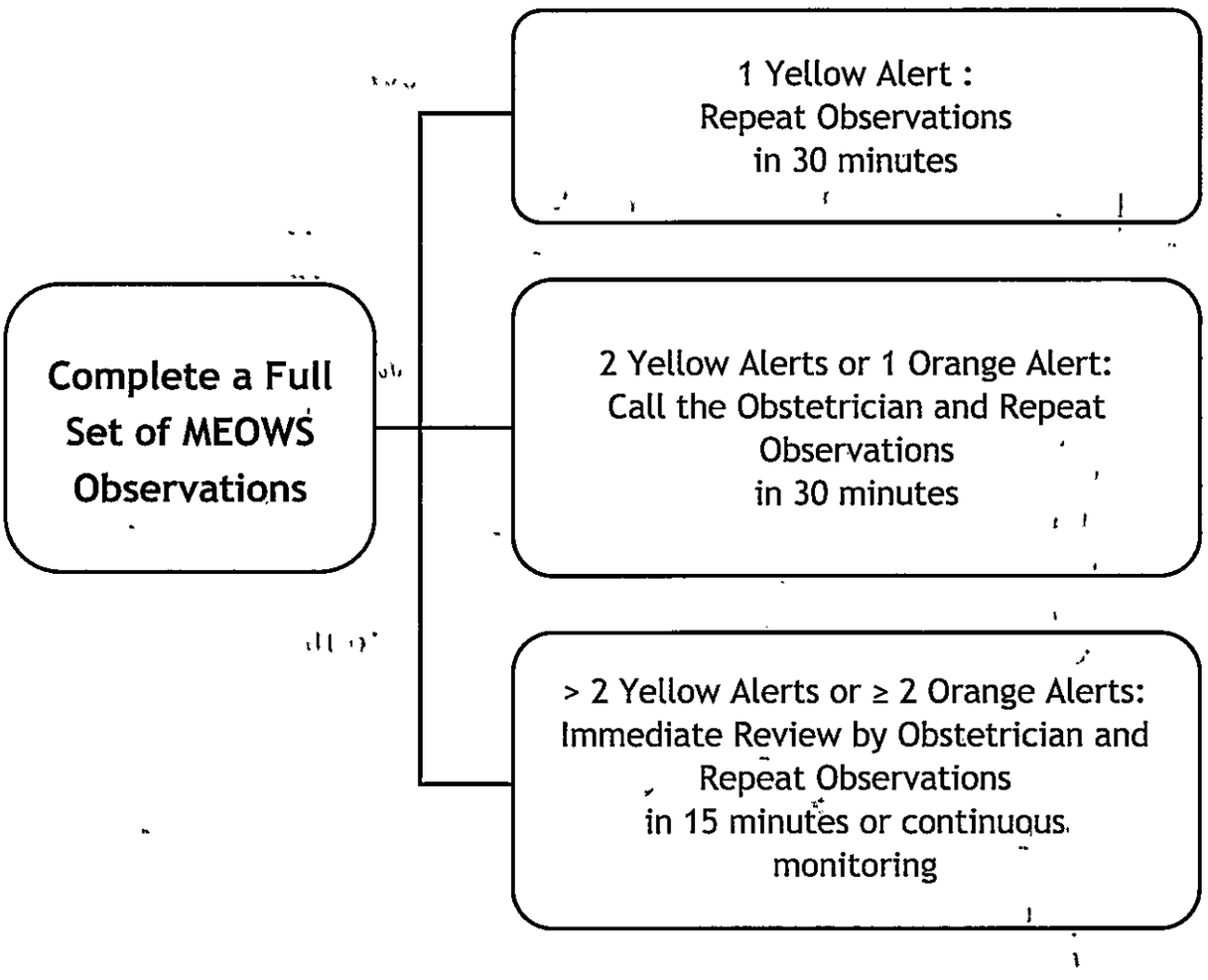
Early Warning Observation Score Chart - Obstetrics

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

1/7/26	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			22				23																	
	0 - 10																								
Saturations	94 - 100 %			99%				94%																	
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37																								
	36			97.3°F				96.5°F																	
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80			87				82																	
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130			103				100																	
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
	60			(85)				(75)																	
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70			76				80																	
	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				0				0																	
Nurse Initial																									

Obstetrics and Gynaecology Early Warning Signs



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

FDH-00010522 IP26-00006677
Mrs DEEPIKA ORUGANTY
26-10-1988 37 Y 8 M 2 D (F)
Dr. KADIYALA RAMYA THEJA

Rainbow® Children's Hospital
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BirthRight™ BY RAINBOW HOSPITALS
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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							
	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		H_2O									
	07:00 pm		H_2O									
Total Intake :		Tab CD						**Total Output :**		Passed		
	08:00 pm											
	09:00 pm		H_2O									
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am		H_2O									
Total Intake :		Tab CD						**Total Output :**		Passed		
	02:00 am											
	03:00 am		H_2O									
	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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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							
29/6/26	08:00 am	RL	NF	100ml								
	09:00 am	RL		100ml								
	10:00 am	RL	B	100ml						300ml		
	11:00 am	RL	M	100ml								
	12:00 pm	RL		100 ml						500ml		
	01:00 pm	RL		100 ml								
Total Intake :										Total Output :		
29/6/26	02:00 pm	RL		100ml						400ml		
	03:00 pm	RL	Soup +Idli	100ml								
	04:00 pm	RL		100ml								
	05:00 pm	RL		100ml								
	06:00 pm	RL	Idli +Tea	100ml						800ml		
	07:00 pm	RL		100ml								
Total Intake :										Total Output :		
29/6/26	08:00 pm			100 ml								
	09:00 pm		Tea	100 ml								
	10:00 pm	RL	+Rice	100 ml								
	11:00 pm			100 ml						700ml		
	12:00 am			100 ml								
	01:00 am			100 ml								
Total Intake :										Total Output :		
30/6/26	02:00 am			(00ml)								
	03:00 am			100ml						200ml		
	04:00 am	RL	+Tea	100ml						200ml		
	05:00 am			100ml								
	06:00 am			100ml						400ml		
	07:00 am		+Tea	100ml								
Total Intake :										Total Output :		

Total 24 hrs. Intake		Total 24 hrs. Output	

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Sheet No. : .....

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

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							
30/6	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :								**Total Output :**				
30/6	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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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							
11/7/26	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		**Total 24 hrs. Output**	

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NURSING CARE RECORD

Date: 28/6/21

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							
Afternoon	2pm 8pm	- Assess the Patient condition - plan for Vital & record. - Plan for Mochart - plan for NST	2pm 8pm	- Assessed the Pt condition) - Maintain vital - maintain I/O chart.	- Patient stable	- Vital Normal	
Night	8pm 8am	plan for vitals plan for FHR plan for NST plan for Medication	8pm 8am	plan for vitals FHR checked NST done medication given as per chart	stable	Normal	Anitha

FDH-00010522 IP26-00006677
Mrs DEEPIKA ORUGANTY
26-10-1988 37 Y 8 M 3 D (F)
Dr. KADIYALA RAMYA THEJA

Patient

NURSING CARE RECORD

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Date: 29/6

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	8 am – 2pm	- Assess the Patient condition - plan for vital & record - plan for I/O	8 am – 2pm	- Assess the pt condition - Monitor v/s - Maintain I/O ch	Now pt is stabl	Re-check v/s	Now [illegible]
Afternoon	2pm – 8pm	- Assess the pt. condition - Monitor vitals & record - Maintain I/o chart - Give medication as prescribed by doctor	2pm – 8pm	- Assessed the pt. condition - Monitored vitals & record - Maintained I/o chart - Given medication as prescribed by doctor	patient is Stable now	Re-checked vitals	[illegible]
Night	8 pm – 8 am	Assess the baby Monitor v/s [illegible] administer Medicine Maintain I/O chart	8 pm – 8 am	Assessed the baby Monitored v/s administer Med Maintain I/O ch	[illegible]	[illegible]	[illegible]

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Mrs DEEPIKA ORUGANTY (F)
26-10-1988 37 Y 8 M 3 D
Dr. KADIYALA RAMYA THEJA

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NURSING CARE RECORD

Date: 30/6/26

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 10 2Pm	Assess the Pt condition. monitor vitals every maintain I/O charts. provide the comfortable position. medication given as per as doctor order.	8Pm 10 2Pm	Assessed the Pt condition monitored vitals every maintained I/O charts Provided the comfortable position. medication given as per as doctor order.	→ Pt is stable. → vitals normal	→ monitor vitals → maintain I/O Chart	Sry Ly
Afternoon	2pm 8pm	Assess the pt condition - Monitor vitals Frequently - Maintain I/O chart - Give medications as prescribed by doctor.	2pm 8pm	→ Assessed the pt condition → Administration & medication given as per doctor order's	→ Pt is stable	→ Re-checked vitals	A
Night	8pm 8pm	Assess the Patient Monitor the VS administer Medicine Maintain I/O chart	8pm 8pm	Assessed the patient Monitor the VS administer Medicine Maintain I/O Chart	administered	Reassessed the Pt	

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Mrs DEEPIKA ORUGANTY
26-10-1988 37 Y 8 M 4 D (F)
Dr. KADIYALA RAMYA THEJA

Patient S

NURSING CARE RECORD

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Date: 1/7/26

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	8am to 2pm	→ Assess pt condition → monitor the vitals → maintain I/O chart → Administer medication as per drug chart	8am to 2pm	→ Assessed pt condition → monitored vitals → maintained I/O chart → Administered medication as per drug chart	Patient is stable	Re-checked vitals	Asef
Afternoon							
Night							

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BRADEN 'Q' SCALE

					Date : 28/6	28/6	29/6	29/6
					Time : 6pm	9PM	8AM	2
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	20	20	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

					Date : 30/6	30/6	30/6	1/7
					Time : 8a	8p	2	
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	3	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	27	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
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CHECKLIST FOR THROMBOPHLEBITIS

28/6/26. 29/6 30/6

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		NA	NA	NA	NA	0	0	0	0	
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1		NA	NA	NA	NA	0	NA	NA	0	
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2		NA	NA	NA	NA	0	NA	NA	0	
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		NA	NA	NA	NA	0	NA	NA	0	
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		NA	NA	NA	NA	0	NA	NA	0	
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		NA	NA	NA	NA	0	NA	NA	0	
			Signature of the Nurse		ACG								

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 : .....

Patient Sticker

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CHECKLIST FOR THROMBOPHLEBITIS

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

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

Signature of Shift In Charge :

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

Signature of Ward In Charge :

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

FDH-00010522 IP26-00006677
Mrs DEEPIKA ORUGANTY
26-10-1988 37 Y 8 M 2 D (F)
Dr. KADIYALA RAMYA THEJA

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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	28/6, 6pm	22/6 2pm	29/ 8am
		Score			
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0	0	0	
Secondary Diagnosis (more than one diagnosis)	Yes	15			
	No	0			
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0	0	0	0
IV / Heparin Lock or Saline	Yes	20	20	20	20
	No	0			
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10			
	Normal /On Bed Rest /Immobile	0			
Mental Status	Forgets limitations	15			
	Oriented to own ability	0			
Total Morse Fall Scale Score:			20	20	20
		Signature	Ala	Anuh	

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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PAIN ASSESSMENT FORM

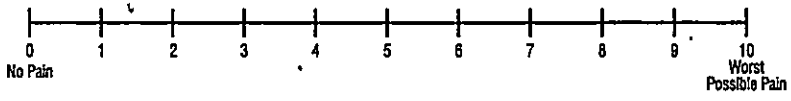
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
28/6	7am	0/10	Nomel	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
28/6	8pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
28/6	1pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
29/6	8am	0/10	Nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
29/6	2pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
29/6	6pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
29/6	11pm	0	Nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
30/6	6am	0	Nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
30/6	10am	0	Nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
30/6	2pm	0	Nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	

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

FDH-00010522 IP26-00006677
Mrs DEEPIKA ORUGANTY
25-10-1988 37 Y 8 M 3 D (F)
Dr. KADIYALA RAMYA THEJA

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PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
30/6	6pm	d/co	NA	☐ Continuous ☐ Intermittent	☑ Acute ☐ Chronic	☑ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	NA	[signature]
1/7	6am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	NA	[signature]
1/7/26	2pm	0	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		

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
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PAIN ASSESSMENT TOOLS

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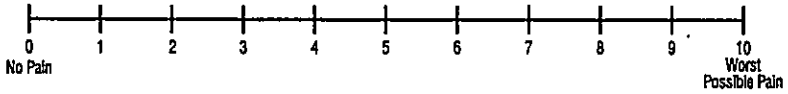

Wong - Baker (Pediatrics) Above 7 Years

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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
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FDH-00010522 IP26-00006677
Mrs DEEPIKA ORUGANTY
26-10-1988 37 Y 8 M 2 D (F)
Dr. KADIYALA RAMYA THEJA

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NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: .... Department: .... Date of Admission: ....

SITUATION	Diagnosis: PPROM			Any Infection: ☐ Yes ☐ No ☑ Not Known If Yes Specify:			
BACKGROUND	Area / Shift Time	28/6/26 2pm-8pm	29/6 8AM	29/6 E2	30/6 8am	30/6 M6	30/6 E2
	Medical Condition (Any special condition to be noted):	–	NA	NA	–	–	–
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Vital Signs: Temp:	97.6 F	98.5	97.8F	98.2	98.2F	97.8F
	Res:	20	20	20b/m	20 b/m	20b/m	20b/m
	SpO2:	98	99	100%	99%	98%	100%
	Pulse:	97	90	86b/m	92	82b/m	86b/m
	BP:	98/61	100/60	108/72	102/62	102/62	112/70
	Fall Risk Score:	–	–	–	–	–	–
	Pain Score:	8/10	0/10	–	–	–	–
Recommendations	Safety Needs:	Yes	yes	yes	–	–	–
	Physiotherapy	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Others Specify:	–	NA	NA	–	–	–
	Special Diet:	☐ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
	Other Special Orders / Medications:	–	–	–	–	–	–
Post Operative Procedure Special Orders:		–	–	–	–	–	–
Handed Over By Name :		[signature]	Anusha	Priyanka	[signature]	[signature]	Priyanka
Signature :		[signature]	[signature]	[signature]	[signature]	40/6037	[signature]
Date:		28/6/26	29/6/26	29/6/26	30/6	30/6	30/6/26
Time:		8:15 pm	2pm	8pm	8am	2pm	8pm
Taken Over By Name :		Anusha	Priyanka	[signature]	[signature]	Priyanka	[signature]
Signature :		[signature]	[signature]	[signature]	40/6037	[signature]	[signature]
Date:		29/6/26	29/6/26	29/6	30/6	30/6/26	30/6
Time:			2pm	8am	8am	2pm	8am

Docu. No. : RCH/FRM/CLINICAL/097

FDH-00010522 IP26-00006677
Mrs DEEPIKA ORUGANTY
26-10-1988 37 Y 8 M 2 D (F)
Dr. KADIYALA RAMYA THEJA

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NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: ..... Department: ..... Date of Admission: .....

SITUATION	Diagnosis:			Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:			
BACKGROUND	Area / Shift Time	1/7 8PM	1/7 8AM				
	Medical Condition (Any special condition to be noted):	USG	2 SCS				
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.2°F	98.3°F				
	Res:	24	23 b/m				
	SpO_2:	100%	100%				
	Pulse:	102	78 b/m				
	BP:	100/67	100/65				
	Fall Risk Score:	—	—				
	Pain Score:	—	—				
Recommendations	Safety Needs:	—	—				
	Physiotherapy	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Others Specify:	—	—				
	Special Diet:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Other Special Orders / Medications:	—	—				
Post Operative Procedure Special Orders:		—	—				
Handed Over By Name :		RC	Anusha				
Signature :							
Date:		1/7/26	1/7/26				
Time:		6PM	2PM				
Taken Over By Name :		Anusha					
Signature :							
Date:		2/7/26					
Time:		8AM					

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
FDH-00010522 IP26-00006677 Mrs DEEPIKA ORUGANTY 26-10-1988 37 Y 8 M 3 D (F) Dr. KADIYALA RAMYA THEJA	28/6/26 @ 6:20	29/6/26 @ 12pm
	Transfer Ordered by Dr. Dua.	Reason for Transfer observation
From Unit pre post	To Unit ROOM (30 204)	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 35	Number of Imaging Films NIL + 21	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.	RL- 100ml	1
2.		
3.		
4.		
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
mounika	DO · veena

Patient & Clinical Records Received by : Amrutha

Date & Time of Patient Received : 29/6/26 @ 12:30pm.

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

FDH-00010522 IP26-00006677
Mrs DEEPIKA ORUGANTY
26-10-1988 37 Y 8 M 3 D (F)
Dr. KADIYALA RAMYA THEJA

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NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 29/6/26 Time: 2:30pm

Origin: Indian Height: 166ms Weight: 61.2kg BMI: ☑ ~ 26 kg/m² ☐ ~ 28 kg/m² ☐ ~ 30 kg/m²

Food Allergies: NO

Diagnosis: 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	Dietician's
Signature: O.V. Radhamadhi	Signature:
Name: Deepika. Orugunty	Name: Sathwika.G
Date & Time: 29/6/26, 2:30pm	Date & Time: 29/6/26, 2:30pm

DIETARY NOTES

Date	Time	Notes	Sign

FDH-00010522 IP26-00006677
Mrs DEEPIKA ORUGANTY
28-10-1988 37 Y 8 M 3 D (F)
Dr. KADIYALA RAMYA THEJA

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CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name:	Dr Ramya	Date of Delivery:	29/06/2024
Assistant Surgeon:	Dr Swathi	Time of Delivery:	06:52 Am
Anaesthetist's Name:	Dr Akhila	Gender of Baby:	Female
Type of Anaesthesia:	Spinal	Weight of Baby:	1.860 kg
Neonatologist:	Dr Anusha ; Dr Dilnaz	AGPAR Score:	
Scrub Nurse:	Archana	NICU Admission:	☑ Yes ☐ No Prematurity

Pre-Operative Diagnosis: G2A1 | 33+4 | IUP | PPROM c Preterm Labour

☐ Elective ☑ Emergency Indication: PPROM c Preterm Labour

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: ~~10A~~ 10min Knief to rectus: 2min

CTG Description: Reactive

If there was a delay give the reasons: No delay

Surgical Procedure:

Em LSCS

Post Operative Diagnosis: POD-0

Peri-Operative Complications: —

Amount of Blood Loss: ~150-200cc	Blood Transfused (in ML): —

Name and Number of Surgical Specimen sent for examination:

[Placenta membs. for c/s]

Examination Findings when Appropriate:

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

Cervical Dilatation: ....2cm.... cm

5th Palpable: ....

Fetal Position: ....

Station: ☐ -3 ☑ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2

Moulding: ✗ ☐ None ☐ + ☐ ++ ☐ +++

Caput: ✗ ☐ + ☐ ++ ☐ +++

Meconium: ✗ ☐ None ☐ + ☐ ++ ☐ +++

Bladder Catheterized : ☑ Yes ☐ No

Urine: ☑ Clear ☐ Blood Stained

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

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

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

Incision Through Placenta: ☐ Yes ☐ No

Delivery of head: ☐ Manual ☐ Forceps

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

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

- LUS not formed
- 1 loop cord around head
- Scanty Liquor
- Endometriotic Patch on Ant wall of Ut & Bl Adhes
- Post ut wall adherent to Post Pelvic wall

Cord Appearance: ....Normal.... Cord around the neck ☑ Yes ☐ No 1 loop

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

Uterus, tubes and ovaries: ☐ Normal ☐ Not Normal

Sterilization: ☐ Yes ☑ No

Uterine Closure: ☐ One Layer ☑ Two Layers ....Vicryl no-1-0.... Suture

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

Sheath Closure: .... Suture

Fat Closure: ☑ Yes ☐ No .... Suture

Skin Closure: ☑ Subcuticular ☐ Mattress .... Suture

Vagineal Evacuated ☐ Yes ☐ No

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

Ctheter ☐ Yes ☐ No ☐ Remove in .... days ☐ Await instructions

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

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

Post-Operative Notes: ....

- NBM till Chm
- IV Taxim + Metro
- Inj Enoxaparin 40mg iv 8pm × 3d
- ~~...~~ Foley's Removal @ 6AM Chm

W/F vitals & BPV

I/O monitoring

Inform SOS

Doctor Name: ....Dr Manisha....

Doctor Signature: ....Dr Manisha (For Dr Ramya)....

Date & Time: ....29/6/2026 @ 7:45AM....

FDH-00010522 IP26-00006677
Mrs DEEPIKA ORUGANTY
26-10-1988 37 Y 8 M 2 D (F)
Dr. KADIYALA RAMYA THEJA

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OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 28/6/26 Time of Arrival: 5:50pm Time Seen by Nurse: 5:55pm

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: 97f Pulse: 100 RR: 20 SpO_2: 99 BP: 98/61 Weight: .....

4) **Gestational Criteria:**

Gravida:	G 2	P	L	A 1

LMP: 8/11/2025 EDD: 13/8/2026 Gestational Age: 33+3weeks

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)**

0 No Pain 1 2 3 4 5 6 7 8 9 10 Worst possible pain

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

.....

6) **Past History:**

a) Surgeries: NIL

b) Medical: NIL

DEEPIKA ORUGANTY (F)
DR. KADIYALA RAMYA THEJA

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: 6:00pm

Nurse Name : Ali Nurse Signature: Ali

Date: 28/6/26 Time: 6pm

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Mrs DEEPIKA ORUGANTY
26-10-1988 37 Y 8 M 2 D (F)
Dr. KADIYALA RAMYA THEJA

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OBSTETRICS / GYNECOLOGY
NURSING INITIAL ASSESSMENT FORM

Date of Admission: 28/6/26

Baseline Information:

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

Primary Language: ☑ Telugu ☑ English ☐ Hindi ☐ Others, specify .....

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

Source of Information: ☑ Patient ☐ Family ☐ Others, specify .....

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

If yes , identify .....

Chief Complaints: .....

PPROM

Doctor Notified on Admission: ☑ Yes ☐ No

Name of the Doctor: Dr manisha

Time Notified: 6:00

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

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

Gynecology Assessment: ☐ Not Applicable

Menstrual History: .....

Regular

Onset of Menarche: .....

Menstrual Cycle: ☑ Regular ☐ Irregular

Last Menstrual Period: .....

Gynecology Surgical History:

Caesarean Section: ☐ No ☐ Yes

Cervical Cerclage: ☑ No ☐ Yes

Ectopic Pregnancy: ☑ No ☐ Yes

Myomectomy: ☑ No ☐ Yes

Others: _____

Gynecological History:

Contraceptives: ☑ No ☐ Yes

Vaginal Discharge: ☑ No ☐ Yes

Post-Coital Bleeding: ☑ No ☐ Yes

Infertility: ☑ No ☐ Yes

If Yes Type: ☐ Primary ☐ Secondary

Obstetric History: G 2 P ..... L — A 1

Previous LSCS: NA

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

Family History: ☑ No Abnormalities Detected

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

☐ Liver disease ☐ Other .....

Vital Signs / Measurements: Temp: 98.6F HR: 100 RR: 29

BP: 98/64 Weight: ..... Height: ..... BMI: .....

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

FDH-00010522 IP26-00006677
Mrs DEEPIKA ORUGANTY
28-10-1988 37 Y 8 M 2 D (F)
Dr. KADIYALA RAMYA THEJA

PHYSICAL ASSESSMENT

General Appearance: ☑ Healthy ☐ ill looking ☐ Anxious ☐ Agitated ☐ Others: .....

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

Risk of Pressure Sore: ☑ Yes ☐ No Score ..20.. (complete the Braden Q Sheet)

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

☐ Mobility problem ☐ Walking Problem ☑ No Abnormality Detected

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING: ☑ No Abnormality Detected

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

☐ Under Weight ☐ Diabetes Mellitus ☐ Hyperemesis Gravidarum

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

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

☐ Others .....

Inform consultant for positive criteria

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. Deepika..

Orientation not given Reason: .....

Nurse Signature: ..Alu..

Nurse Name: ..Alu..

Date & Time: ..28/6/20. 6pm..

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
FDH-00010522 IP26-00006677 Mrs DEEPIKA ORUGANTY 26-10-1988 37 Y 8 M 3 D (F) Dr. KADIYALA RAMYA THEJA	29/6/26 6:29 PM	29/6/26 @ 8:[illegible]
	Transfer Ordered by	Reason for Transfer
Dr. Ramya.	Dr. Akila.	Observation
From Unit	To Unit	Information to Attendant
OT	Poe-Post	Yes ☑ No ☐
Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant
32	–	Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	RL	1
2.		
3.		
4.		
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Natasha..	Dr. Akila.

Patient & Clinical Records Received by : [signature] 29/6/26 8:[illegible]

Date & Time of Patient Received :

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

SURGICAL SAFETY CHECKLIST

Surgeon : .....
Asst. Surgeon : .....
Anaesthetist : .....
Scrub Nurse : .....

FDH-00010522 IP2[illegible]0006677
Mrs DEEPIKA ORUGANTY
26-10-1988 37 Y 8 M 3 (F)
Dr. KADIYALA RAMYA THEJA

..... Age : 37 ..... Gender : F .....
Name : EMLSCQ.....
Date : 29/6/26. In-time : ..... Out-time : .....

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Before Induction of Anaesthesia ➤ ➤

SIGN IN Time: 6:40AM

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 : Dr
Name : Dr. AKHILA. K.

Before Skin Incision ➤ ➤

TIME OUT Time: 6:42 Am.

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? 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
- Power Supply, Earthing, Power Backup and functioning of equipment checked. ☑ Yes ☐ No

Signature : Anusha.
Name : Anusha.

Before Patient Leaves Operating Room

SIGN OUT Time: 7:45pm

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 : Dr Anusha For Dr Ramya Theja
Name : 29/6/2026 @ 7:45 Am

Doc. No. : RCH / FRM / CLINICAL / 111

FDH-00010522 IP26-00006677
Mrs DEEPIKA ORUGANTY (F)
26-10-1988 37 Y 8 M 2 D
Dr. KADIYALA RAMYA THEJA

COUNSELLING SHEET

...al, Door no. 3-6-267, opp. Cafe niloufer, Old MLA quarters road AP State Housing Board Himayatnagar, Hyderabad- 500029

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	TWIN SHARING / OBSERVATION(LDR) / SHARED WARD	PRIVATE / DELUXE ROOM	PICU / NICU / HDU	SEPARATED FROM TARIF	12 TO 12 NOON BILLING POLICY
BED CHARGES				PHARMACY INVESTIGATION	
DOCTORS CHARGES		RS 13,700		CROSS CONSULTATION CONSUMABLES BLOOD PRODUCTS OXYGEN	PHONES ARE NOT ALLOWED IN PICU(PHOTOGRAPHY AND VIDEOGRAPHY STRICTLY PROHIBITED) VISITING HOURS 04:00pm TO 05:00pm.
NURSING CHARGES				HFNC / VENTILATOR / C PAP / HFO / NIV / NIV-C PAP EQUIPMENT	IN ICU EITHER MOTHER OR FATHER ALLOWED(NO VISITORS)
DIET CHARGES				PROCEDURE NEBULISATION	OUTSIDE FOOD AND MEDICATION NOT ALLOWED
TOTAL	13,550, 13,700			MRD, DRUG ADMINISTRATION, INSURANCE PROCESSING FEE (IF ANY)	

PATIENT NAME	Deepika orugandy	AGE/SEX	37 Y Female
UHID	FDH - 00010522	INSURANCE NAME	Cash

R. Rufgramani [signature]

ATTENDENT SIGNATURE

CAUTION DEPOSIT	20k

[signature]

COUNSELLING PERSON SIGNATURE

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

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Patient Name : Mrs Deepika Oruganty Gender: ☐ Male ☑ ~~Female~~ Age : 37y

UHID No : FOH-0001052 2 Date : 29/6/2024

Instruction:

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

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

EMERGENCY LOWER SEGMENT CESAREAN SECTION

upon

(Name of the Patient) Mrs Deepika Oruganty

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

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

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

Bleeding, infection, injury to Bowel, Bladder or Blood vessel
Chances of Blood or Blood product transfusion

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 Ramya Theja

Consentee :

Signature : Deepika

Name : Mrs Deepika

Date & Time : 29/06/2024 @ 6:30 Am

Patient Attendant :

Signature : [illegible]

Name : [illegible]

Relationship with Patient: Husband

Date & Time : 29/06/2024 @ 6:30 Am

Witness :

Signature : Munilal

Name :

Date & Time : 29/6/24

Doctor (who is taking the consent) :

Signature : Manisha

Name : Dr Manisha

Date & Time : 29/06/2024 @ 6:30 Am

FDH-00010522 IP26-00006677
Mrs DEEPIKA ORUGANTY
28-10-1988 37 Y 8 M 3 D (F)
Dr. KADIYALA RAMYA THEJA

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Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION

Name: Deepika Oruganty Age: 37y 8m Sex: F UHID.No: FDH-00010522

Date: 29/6/2026 Time: 6:15AM Proposed Operation: Em. LSCS.

Diagnosis: G2A1 @ 33wks GA. PPROM.

B.P / CRT: 98/64 H.R: 100/min Weight: 61kgs ASA Physical Status: ☐ 1 ☑ 2 ☐ 3 ☐ 4 ☐ 5

Laboratory Data:

Hgb: 11.3	Glucose: 96mg/dl	Protein:	HIV:	X-Ray:
PCV:	Urea:	Alb:	HBS Ag: NR.	ECG:
WBC: 11190	Creat:	Total Bill:	HCV:	2D Echo:
Plate: 208	Na:	Dir. Bill:	Blood group: A+ve	Stress/Anglo:
PT:	K:	LDH:	T3	Other:
PTT:	Ca++:	Alk phos:	T4	
INR:	Mg++:	Amylase:	TSH	
	Cl -:	SGOT/SGPT:		

Allergies: Nil

Medical History: CVS:

RESP: Diabetes: NO

CNS: N/A significance.

Renal:

Hepatic / GE: Physical Activity: active

Others: Subclinical hypothyroidism

Past Anaesthetic History: SERPC ↓ Sedation. UE.

Physical Exam:

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

Lungs: BAE (+) clr.

Heart: S1S2 (+)

CNS: clc

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

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

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

CURRENT MEDICATIONS	DOSAGE
T. Thyronorm	25mcg + 50mcg

Pre-Operative Instructions:

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

Signature: Name: Dr. Akhila. K

Patient Sticker

ANAESTHESIA CHART

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Pre Induction Assessment: 6:45AM

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

H.R: 106	B.P / CRT: 98/64	SpO_2: 100	R.R: 20	Last Feed: 4hrs

Pre-OP Diagnosis: Primi 38wk GA. Operation: Emergency LSCS Date: 29/6/26

Surgeon: Dr. Ramya Theja / Dr. Swathi Anaesthesiologist: Dr. Akhila. K Technician: Sai Chandu

TIME	6:45	7:15	7:45
N_2O /AIR /O_2 LPM			
HALO /SO /SEVO			
Drugs:	Inj MIDAZOLAM 1mg Inj. OXYTOCIN 3IU+RL Inj. FENTANYL 50mcg		
FIO_2 (SaO_2)	99	100	100	99
$ETCO_2$				
ECG	SR	SR	SR	SR
Temperature				
Urine Output				
Fluids	RL ① → ② → ③			
Blood				

Antibiotic: Inj. METRONIDAZOLE 500mg IV

Suppository: SUP. DICLOFENAC } SUP. TRAMADOL }

Blood Loss: ~300ml

NOTES: FCW @ 6:52AM on 29/6/26

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 (R) 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: 6:45AM
OP Start: .....
OP End: .....
Leave OR: 7:45AM

Anaesthesia:
☐ GA
☐ Monitored Anaesthesia Care
☑ Regional

Line (Size & Location)
☐ CVP: .....
☐ ART: .....
☑ IV: (L) UL 20G
☐ 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: (L) Lateral
Site: L3L4
Needle Size: 25G Whitacre Depth: 5cm
Parasthesia ☐ Yes ☑ No
Catheter at skin ..... cm
Drug Name & Conc: 0.5% Bupivacaine heavy
Bolus: 10mg + 25mcg Fentanyl
Infusion: .....
Block Level: T4
Comments: Adequate

Transportation to
☑ PACU ☐ ICU ☐ Other
Relaxant Reversed ☐ Yes ☐ No ☑ NA
Name of the Doctor: Dr. Akhila. K
Signature of the Doctor: (K) Dhy

Patient Sticker

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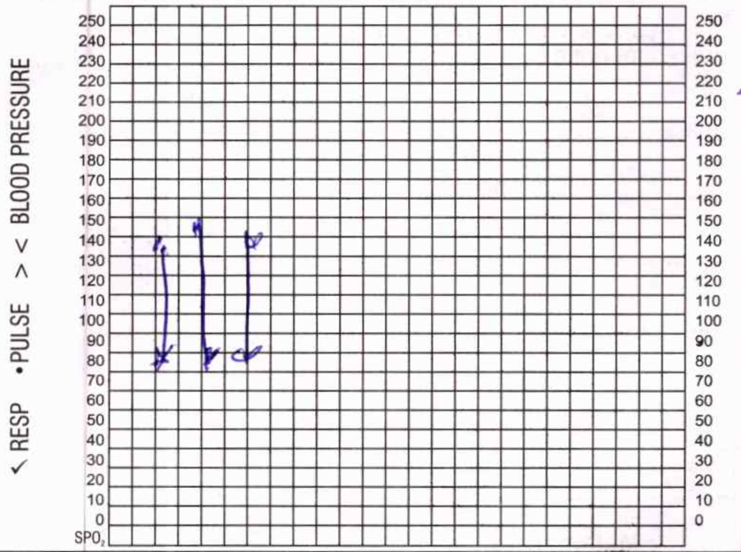
POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Anesh Time Received : 8 Am Time Discharged : 1



IV Cannula Site : Left Side

☐ O₂ Mask ☐ Nasal Prongs
☐ Tracheostomy ☐ T-Piece
☐ Oral Airway ☐ Nasal Airway

Vomiting : ☐ Yes ☐ No Drug: Taxim
NG Tube : ☐ Yes ☐ No
Drain: ☐ Yes ☐ No
Urinary Catheter: ☐ Yes ☐ No
Chest Tube: ☐ Yes ☐ No
Nil Oral ☐ Yes ☐ No

IV Fluids: PL
Oral Feeds:

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

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
29/6	8hr	0/10	NR	[signature]
29/6	8:30hr	0/10	NR	[signature]
29/6	9hr	0/10	NR	[signature]
29/6	9:30hr	0	N	[signature]

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

Anaesthesiologist Name : Dr. SK. Ayesha
Anaesthesiologist Signature: [signature]
Date & Time:

Reassessment Frequency:

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

PACU Nurse Name : Mounika
PACU Nurse Signature: [signature]
Date & Time: 29/6/29

Transferred to Unit by (PACU): 2nd floor 214
Date & Time: 29/6/26

Patient Sticker

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Department of Anaesthesiology

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		Maternal		FHR	Comments
			Left	Right	BP	Pulse		

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 : .....

FDH-00010522 IP26-00006677
Mrs DEEPIKA ORUGANTY
26-10-1988 37 Y 8 M 3 D (F)
Dr. KADIYALA RAMYA THEJA

CONSENT FORM FOR GENEI REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE

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Patient Name : Deepika Oruganty Age : 37y 8m Gender : Male ☐ Female ☐

UHID NO: FDH-00010522 Surgeon Name: Dr. Ramya Theja

Anaesthesiologist : Dr. Samir

Operative procedure planned : Em. LSCS

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 : hypotension, Bradycardia, 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 Deepika Oruganty the above mentioned operation / Diagnostic / Therapeutic procedures Em. LSCS

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 : Deepika

Relationship with Patient: Self

Date & Time : 29/6/26 6:20AM

Witness :

Signature : .....

Name : .....

Date & Time : 29/6/26 6:20AM.

Doctor (who is taking the consent) :

Signature : .....

Name : Dr. Akhila. K.

Date & Time : 29/6/2026 6:20AM

26-0000 209088

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NARCOTIC PRESCRIPTION FORM
(PATIENT COPY)

Patient Name: MRS. DEEPIKA ORUGANTY.		Age: 37 Y		Gender: F	
UHID No: FDH-00010522	IP No: IP26-00006677	Date: 29/6/26		Time: 6:25 Am	
Diagnosis: Em LSCS					

PRESCRIPTION DETAILS (Tick only one of the following)

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

Doctor Name: Dr. SK. AYESHA

Doctor Registration No: TSMC/FMR/07725

Signature: [signature]

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

IP Registration No: IP26-00006677. **Date:** 29/6/26

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

1.	**Name :** MRS DEEPIKA ORUGANTY.	**Remarks**
2.	Complete postal address (with contact number, if any)	FLAT NO. 1006 C BLOCK HONER SERLINGAMPALLI HYD
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
29/6/26	FENTANYL	ONE Amp	Deepika.	

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

Received by (Name & ID No.): SAI CHANDU 02153 Signature: [signature]

Time: ....