9154865021 Dr Swathi . H.V

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 : 7/3/24 **UHID / IP No. :** KNH-0001345 4 **Sl No.** 1232

Name of Patient : Mrs Roshini **Age:** 30y **Gender:** F

Father's / Husband's Name : Mr. Rahul **Corporate / Occupation :**

Address : Malkajgiri **Phone :** 9989820221 **Email :**

Procedure / Plan : NDL LSCS 9550152434 **EDD/Dos:** 9th Aug - 24

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

TARIFF INFORMATION : New India TMA

Particulars	Package Amounts (Rs.)	
Room Category	**Normal Delivery**	**LSCS**
Multi Shared Ward		
Shared Ward		
Twin Shared Ward	→ 81k.	90k
Private Room	→ 90k	1lac
Super Deluxe Room		Non. consumables - 15k to 20k approx
Suite Room		
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 :	Length of Stay for :
	Pharmacy up to 2 days	Pharmacy up to 3 days
	Investigations up to 4 extra	Investigations up to
Others	With Baby Bill - 25k to 35k approx	Anti-d Inj excluded

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

Initial Minimum Deposit : 20,000/- at the time of adm

REMARKS : Neonatal, BG, SBR, Vaccinations - BCG, Hepatatis B, Polio

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 Roshini 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.

Roshini

Signature of the Client

Signatory Relationship

Signature of the financial Counselor

HNH-00013454 IP26-00006933
Mrs RACHA ROSHINI
27-11-1995 30 Y 7 M 27 D (F)
Dr. SWATHI H V

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SURGERY DETAILS

Date : 24/7/2026

Patient Name: Mrs. Racha Roshini Date of Birth: 27-11-1995 Age: 30 yrs.

Gender: Female Ward : UHID No.: HNH-0001345 4

Date of Surgery: 24/7/2026 ☐ OT -1 ☑ OT -2 ☐ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : Elective LSCS

Time in : 11:10 Am Time Out : 12:10 Pm

		NAME	AMOUNT
1.	Surgeon	Dr. Swathi Hv	
2.	Anaesthetist	Dr. ~~Rao~~ Dr. Durga Bharani	
3.	Assistant Surgeon	Dr. Navang	
4.	OT Technician	Sr Pallavi	
5.	Circulating Nurse	Sr. Karuna Sr. Puja,	
6.	Assistant Nurse	Sr. Archana, Sr. Natasha.	

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

@ for Dr. Swathi HV.

Signature of the Surgeon

Karuna

Signature of Circulating Nurse

Order No: 26-0000216495 Order by: A. Lahari 24/7/26 @ 12:52pm

HNH-00013454
Mrs RACHA ROSHINI
27-11-1995 30 Y 7 M 27 D (F)
Dr. SWATHI H V
IP26-00006933

El. Lscs.

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CONSUMABLES OF OT

Circulating staff : Karuna Technician : pallavi Date : 24/7/26 Time :

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube			~~Major~~ Pack Lscs	1		Inj Vit.K		02
LMA			Sutures 2346, 2344, 1326	1+1		Cord Clamp		01
ECG leads : A / P / N		03	4242, 1326	1+1		Suction Catheter		
HME filter : A / P / N						Feeding Tube 6no		01
Syringes : 10 cc						Vaccum Suction Set		
05 cc		02	Gloves S.f 6½	1		Surgical Gloves 6½, 6 7.5	1+1	
02 cc		02	Encole 6½, 6	1+1		Gauze Pack		02
01 cc						Syringe 1ml / 2ml		02
Cautery plate : A / P / N		01	Surgical blade 22	1		Surgical Blade # 20		01
IV set			NG tube			Koochies (S)		01
RL		02	Cautery pencil	1		~~Oxygen mask (A)~~		01
NS : 10ml / 100ml / 500ml / 1000ml		01	Koochies bxL	1		Duo derm	1	
Tramika		02	Ointments					
O2 mask (A)		01	Suction Catheter			Baby Said		
Fentanyl		01	Cap, Mask	10+10				
~~Morphine~~ Oxytocine		03	Gauze Pack 7.5x7.5	2		26-0000216502		
Ketamine			Mop Pack	2				
Propofol			Steristrip			(HNH-00016790)		
Rocuronium			Underpad	2				
Glycopyrolate			Draw sheet					
Myopyrolate			Abgel	1				
Ondansetron			Foleys catheter					
25g Pencan ~~25g~~/ Spinal Needle 22		01	Urobag					
Bupivacaine 0.25%			Chest Drainage Catheter					
drawing ~~Bupivacaine 0.25%~~(Heavy)		02	~~Romodrain~~ bag					
Antibiotics			Bandage					
Thenicoin 2%		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					
Tab. Misoprost : 200mg		05	Betadine Solution	2				
Encore gloves 6.5		01	Microshield	1				
~~Gauze roll~~		~~01~~	Cotton Balls	4				
Phenpress NS 100ml. 1+01			Latex Gloves	10				
Critical-10-0008242		01	Ramdione Scrub					
Bone patch		02	Saral					

Surgeon Anaesthesiologist Nurse OT Technician

Order No. : 26-0000216500 / 499 Ordered by : Archana 24/7/26

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

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040-48873000, info@rainbowhospitals.in

ELECTRONIC MEDICINE PRESCRIPTION

MRN	: HNH-00013454	Name	: Mrs RACHA ROSHINI
Age / Sex	: 30 Y 7 M 27 D / Female	Doctor	: SWATHI H V
Adm/Reg Date/Time	: 24/07/2026 08:52	Payor	: MEDI ASSIST INSURANCE TPA PVT LTD
Order Date	: 24/07/2026 13:11	Ordernumber	: 26-0000218499
Visit ID	: IP26-00006933	Ward/Bed No	: 4F -OT / POA-412
Patient Address	10-457/2A ,PVN COLONY,MIRZALGUDA, Malkajgiri, Hyderabad, Telangana, INDIA, 500047		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	BACTOPREP SOLUTIONS 100 ML		1 mL	/ Once Daily	2 Days		2 Nos	Dispensed
2	CRITIDOL INJ 50 MG 1 ML		1 Nos	/ Once Daily	1 Days		1 Vial	Dispensed
3	THEMICAINE 2% 30ML INJ		1 Nos	Injection / Once Daily	1 Days		1 Nos	Dispensed
4	LSCS DRAPE PACK SAFE SECURE		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
5	RL 500 ML CLOSED SYSTEM	RINGER LACTATE 500ML CLOSED	1 Bottle	/ Once Daily	2 Days		2 Bottle	Dispensed
6	SGLOVE # 6.5 (SURGICARE)	SURGICAL GLOVES 6.5	1 Nos	External / Once Daily	1 Days		5 Nos	Dispensed
7	SUPRIDOL SUPPOSITORIES 100 MG 5 S		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
8	PREGELLED SURGICAL PLATES(ADULT)	PREGELLED PLATED ADULT	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
9	DSYRINGS 2.5ML(NIPRO)	SYRINGE 2ML	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
10	NS 100ML ACCULIFE - EH	NORMAL SALINE 0.9% SODIUMCHLORIDE100ML CLO	1 mL	/ Once Daily	2 Days		2 mL	Dispensed
11	COTTON BALLS 2 GM 5 NOS		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
12	SYOKAMIC 500 MG INJ		1 Ampule	External / Once Daily	1 Days		1 Ampule	Dispensed
13	ANAWIN HEAVY 5 MG INJ 4 ML		1 Vial	External / Once Daily	1 Days		2 Vial	Dispensed
14	POVIMANZ SOLUTION 10% 100 ML		1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
15	MISOPROST TAB 200MCG 4S		1 Tabs	External / Once Daily	1 Days		5 Tabs	Dispensed
16	OxygenMask With Tubing - Adult RDMSON5-FC		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
17	Encore Magnetic gloves-6.5		1 Nos	/ Once Daily	1 Days		3 Nos	Dispensed
18	TRUCUT CHROMIC CATGUT SH4242	TRUCUT CHROMIC CATGUT SH4242	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
19	ABGEL SURGI PAD (BIG) (GELSPON)	ABGEL	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
20	ENCORE MICROPTIC GLOVES-6 PF		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
21	ADULT DIAPERS-XXL		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
22	VACCUME SUCTION SET		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
23	UNDER PAD 60X90 10's Pack - MEDICUBE		1 Nos	External / 10 AM	1 Days		2 Nos	Dispensed
24	E.C.G ELECTRODES (ADULT)	ELECTRODES ADULT	1 Nos	External / Once Daily	1 Days		3 Nos	Dispensed
25	PENCAN 25G*3 1 2	PENCAN 25G*3 1 2	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
26	CAUTERY PENCIL (ADVANCE)		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
27	PHEN PRESS LS 50MCG IN ML 10ml		1 Nos	Injection / Once Daily	1 Days		1 Nos	Dispensed
28	EVATOCIN (OXYTOCIN) INJ 5 IU 1 ML		1 Vial	Injection / Once Daily	1 Days		3 Vial	Dispensed
29	MOPS 30X30 8PLY GS X-RAY	MOPS 30X30S PLYDATT	1 Nos	/ Once Daily	2 Days		2 Nos	Dispensed
30	JUSTIN SUPPOSITORIES 100 MG 5 S		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
31	DSYRINGE 5ML (NIPRO)	SYRINGE 5ML	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
32	SURGICAL BLADE 22	SURGICAL BLADE 22	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
33	LOX-LIDOCAIN-5PER PATCH 2S		1 Nos	External / 10 AM	1 Days		2 Nos	Dispensed
34	MONOCRYL 3-0 NW 1326	MONOCRYL 1326	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
35	VICRYL 1-0 VP 2346	VICRYL 1-0 VP 2346	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
36	GAUZE 7.5X7.5 12 PLY (5 NOS) NON X-RAY	GAUZE 7.5X7.5 12 PLY 5 NOS	1 Nos	External / Once Daily	1 Days		3 Nos	Dispensed
37	VICRYL 1-0 NW 2354	VICRYL 1-0 NW 2354	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed

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

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ELECTRONIC MEDICINE PRESCRIPTION

MRN	: HNH-00013454	**Name**	: Mrs RACHA ROSHINI
Age / Sex	: 30 Y 7 M 27 D / Female	**Doctor**	: SWATHI H V
Adm/Reg Date/Time	: 24/07/2026 08:52	**Payor**	: MEDI ASSIST INSURANCE TPA PVT LTD
Order Date	: 24/07/2026 13:11	**Ordernumber**	26-0000218499
Visit ID	: IP26-00006933	**Ward/Bed No**	: 4F -OT / PDA-412
Patient Address	10-467/2A ,PVN COLONY,MIRZALGUDA, Malkajgiri, Hyderabad, Telangana, INDIA, 500047		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	ENCORE MICROPTIC GLOVES-8 PF		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
2	ADULT DIAPERS-XXL		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
3	Encore Microptic gloves-6.5		1 Nos	/ Once Daily	1 Days		3 Nos	Dispensed
4	TRUGUT CHROMIC CATGUT SN4242	TRUGUT CHROMIC CATGUT SN4242	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
5	ABGEL SURGI PAD (SIG) (GELSPONT	ABGEL	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
6	PHEN PRESS LS 50MCG IN ML 10ml		1 Nos	Injection / Once Daily	1 Days		1 Nos	Dispensed
7	MOPS 30X30 8PLY SS X-RAY	MOPS 30X30 PLYDATT	1 Nos	/ Once Daily	2 Days		2 Nos	Dispensed
8	VACCUME SUCTION SET		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
9	PENCAN 25G*3 1 2	PENCAN 25G*3 1 2	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
10	E.C.G ELECTRODES (ADULT)	ELECTRODES ADULT	1 Nos	External / Once Daily	1 Days		3 Nos	Dispensed
11	EVATOCIN (OXYTOCIN) INJ 5 IU 1 ML		1 Vial	Injection / Once Daily	1 Days		3 Vial	Dispensed
12	UNDER PAD 60X90 10's Pack - MEDICUDE		1 Nos	External / 10 AM	1 Days		2 Nos	Dispensed
13	CAUTERY PENCIL (ADVANCE)		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
14	NITRILE EXAMINATION GLOVES P F - MEDIUM		1 Nos	External / Once Daily	1 Days		10 Nos	Ordered
15	FACE MASK 3 LAYER - ELASTIC	FACE MASK 3 LAYER	1 Nos	External / Once Daily	1 Days		10 Nos	Ordered
16	JUSTIN SUPPOSITORIES 100 MG 5 S		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
17	DSYRINGE 5ML (NIPRO)	SYRINGE 5 ML	1 Nos	External Once Daily	1 Days		2 Nos	Dispensed
18	LOX-LIDOCAIN-SPER PATCH 23		1 Nos	External / 10 AM	1 Days		2 Nos	Dispensed
19	SURGICAL BLADE 22	SURGICAL BLADE 22	1 Nos	External Once Daily	1 Days		1 Nos	Dispensed
20	MONOCRYL 3-0 NW 1326	MONOCRYL 1326	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
21	VICRYL 1-0 VP 2346	VICRYL 1-0 VP 2346	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
22	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
23	VICRYL 1-0 NW 2364	VICRYL 1-0 NW 2364	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
24	RL 500 ML CLOSED SYSTEM	RINGER LACTATE 500ML CLOSED	1 Bottle	/ Once Daily	2 Days		2 Bottle	Dispensed
25	SGLOVE # 6.5 (SURGICARE)	SURGICAL GLOVES 6.5	1 Nos	External / Once Daily	1 Days		5 Nos	Dispensed
26	SUPRIDOL SUPPOSITORIES 100 MG 5 S		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
27	BACTOPREP SOLUTION 25 100 ML		1 mL	/ Once Daily	2 Days		2 Nos	Dispensed
28	CRITIDOL INJ 50 MG 1 ML		1 Nos	/ Once Daily	1 Days		1 Vial	Dispensed
29	THEMICAINE 2% 30ML INJ		1 Nos	Injection / Once Daily	1 Days		1 Nos	Dispensed
30	LSCS DRAPE PACK SAFE SECURE		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
31	SURGEON CAP FEMALE SAFE SECURE		1 Nos	External / 10 AM	1 Days		10 Nos	Ordered
32	NS 100ML ACCUJET - EH	NORMALSALINE 0.9% SODIUMCHLORIDE100ML CLO	1 mL	/ Once Daily	2 Days		2 mL	Dispensed
33	COTTON BALLS 2 GM 5 NOS		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
34	PREGELLED SURGICAL PLATES(ADULT)	PREGELLED PLATED ADULT	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
35	DSYRINGS 2.5ML(NIPRO)	SYRINGE 2ML	1 Nos	External Once Daily	1 Days		2 Nos	Dispensed
36	ANAYIN HEAVY 8 MG INJ 4 ML		1 Vial	External / Once Daily	1 Days		2 Vial	Dispensed
37	BIOXAMIC 500 MG INJ		1 Ampule	External / Once Daily	1 Days		1 Ampule	Dispensed
38	MISOFROST TAB 200MCG 45		1 Tabs	External / Once Daily	1 Days		5 Tabs	Dispensed
39	OxygenMask With Tubing - Adult ROUSONS-FC		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
40	POVINANZ SOLUTION 10% 100 ML		1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed

SWATHI H V
OBSTETRICS AND GYNECOLOGY
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040-48873000, info@rainbowhospitals.in

ELECTRONIC MEDICINE PRESCRIPTION

MRN	: HNH-00016790	**Name**	: Baby Of RACHA ROSHINI
Age / Sex	: 0 Y 0 M 0 D 1 H / Male	**Doctor**	: S TEJASWI REDDY
Adm/Reg Date/Time	: 24/07/2026 12:25	**Payor**	: SELFPAY
Order Date	: 24/07/2026 13:15	**Ordernumber**	: 26-0000216502
Visit ID	: IP26-00006936	**Ward/Bed No**	: 4F -OT / CRDL-HNPDA-415-1
Patient Address	: 10-467/2A ,PVN COLONY,MIRZALGUDA, Malkajgiri, Hyderabad, Telangana, INDIA, 500047		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	SURGICAL BLADE 20	SURGICAL BLADE 20	1 Nos	External / Once Daily	1 Days		1 Nos	Ordered
2	KOOCHEES- SMALL 5 S		1 Nos	/ Once Daily	1 Days		1 Nos	Ordered
3	INFANT FEEDING TUBE-6	INFANT FEEDING TUBE 6	1 Nos	External / Once Daily	1 Days		1 Nos	Ordered
4	CORD CLAMP-ALPHAMEDICARE		1 Nos	External / 10 AM	1 Days		1 Nos	Ordered
5	DUODERM EXTRA THIN 10X10 CM(187955)	HYDROCOL THIN EXTRA 10X10	1 Nos	External / Once Daily	1 Days		1 Nos	Ordered
6	DSYRINGE 1ML (NIPRO)	SYRINGE 1ML	1 Nos	External / Once Daily	1 Days		2 Nos	Ordered
7	SGLOVE # 6.5 (SURGICARE)	SURGICAL GLOVES 6.5	1 Nos	External / Once Daily	1 Days		1 Nos	Ordered
8	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	Ordered
9	SGLOVE # 6 (SURGICARE)	SURGICAL GLOVES 6.0	1 Nos	External / Once Daily	1 Days		1 Nos	Ordered
10	INJEK INJ 1 MG 0.5 ML		1 Nos	/ Once Daily	2 Days		2 Vial	Ordered

S TEJASWI REDDY

Reg No : APMC/FMR/94068

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Your Right to a Safe Delivery

Name	Mrs RACHA ROSHINI	**UHID**	HNH-00013454
Father/Guardian	Mr RAHUL CHANDRA	**Age/Gender**	30 Y 7 M 27 D/ Female
Address	10-467/2A ,PVN COLONY,MIRZALGUDA, Malkajgiri, Hyderabad, Telangana, INDIA, 500047		
IP No	IP26-00006933	**Admission Date**	24-07-2026
Ref Doctor	Self.		
Discharge Date	27.07.2026		

DISCHARGE SUMMARY

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

Diagnosis:G3P1L1A1 AT 37^{+5} WEEKS WITH PREVIOUS LOWER SEGMENT CESAREAN SECTION FOR ELECTIVE LOWER SEGMENT CAESAREAN SECTION.

ELECTIVE LOWER SEGMENT CAESAREAN SECTION DONE ON 24.07.2026

History:
LMP: 02.11.2025
EDD:04.08.2026

Obstetric formula: G3P1L1A1
Gestation at admission: 37^{+5} weeks

Obstetric History:
G1 - FCH-7 years -EM-LSCS i/v/o NPOL.

Name	Mrs RACHA ROSHINI	**UHID**	HNH-00013454
IP No	IP26-00006933	**Admission Date**	24-07-2026

G2 - Spontaneous miscarriage in 2024 .
G3- Present Pregnancy, Spontaneous conception.

Medical History: Nil
Family History : Father-DM-HTN
Surgical History: H/O L4-L5 lumbar decompression +discectomy at medicover in 2024
Allergies : Nil

Antenatal Details:
Mrs RACHA ROSHINI was booked to Rainbow hospital at 13+2 weeks of gestation. She had regular antenatal checkups and investigations as advised. NT scan was normal. FTS was low risk. TIFFA showed bilateral Renal Pelvic Dilatation ,Rest -normal. Fetal surveillance done by serial growth scans. Growth scan was done on 17.07.2026 at 36^{+5} weeks SLF, cephalic, EFW: 2.48kg(11%) AC 2% AFI: 11.5 Placenta: posterior High, Fetal and uterine artery doppler: Normal. She was admitted at 37^{+5} weeks for Elective LSCS.

Investigations: Enclosed.
Blood group: "O" Positive.

Management: Course in hospital:
At admission on clinical examination the vitals were stable, uterus was relaxed. Fetal well being was confirmed by an admission CTG which was found to be reactive. She was prepared for elective C-section with indwelling Foley's catheter and IV canula under aseptic conditions. Written informed consent for

Name	Mrs RACHA ROSHINI	**UHID**	HNH-00013454
IP No	IP26-00006933	**Admission Date**	24-07-2026

surgery taken. Preanesthetic check up done. Anesthetic premedication (IV Pantop and Perinorm) given. Antibiotic prophylaxis with Inj. Taxim 1 gm IV given. Patient shifted to theatre.

Surgery Notes:

Under spinal anesthesia she was painted and draped as per hospital protocol. The previous scar excised. Abdomen opened in layers. The parietal and visceral peritoneum carefully opened after identifying the urachus. Bladder was reflected. A Lower segment curvilinear incision given on the uterus. Baby delivered. Cord clamped and cut and cord blood collected for blood grouping and Rh typing. Baby handed over to pediatrician. Placenta delivered with controlled cord traction. Uterus closed in layers. Hemostasis secured. Instruments and swab count checked. Rectus sheath closed. Skin closed with subcuticular sutures. Wound dressing done. Vagina cleaned with Betadine solution after expelling clots. Misoprostol 600 mcg given per rectum as prophylaxis against Postpartum hemorrhage. Patient was shifted out of theatre to post operative recovery room.

* **LUS -thinned out and previous scar adherent.**
* **Left fallopian tube adherent to LUS - adhesiolysis done.**
* **4x5cm fimbria cyst noted and punctured.**

Delivery Details:

Date : 24.07.2026
Time of Delivery : 11:31 am
Type of Delivery : Elective lower segment caesarean section
Indication : Previous LSCS

Name	Mrs RACHA ROSHINI	**UHID**	HNH-00013454
IP No	IP26-00006933	**Admission Date**	24-07-2026

Anaesthesia : Spinal

Baby Details:

Date : 24.07.2026
Time : 11:31 am
Sex : MALE
Weight :2.680 kg
Apgar : 8,9
Gestational Age: 37+5 weeks
NICU Admission: No

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 30.07.2026 (9am-9pm) after food.
2. Tab. Calpol (Paracetamol 500mg) 2 tablets thrice daily till 28.07.2026 (8am-2pm-10pm) after food.
3. Tab. Voveran (Diclofenac-50mg) 1 tablet thrice daily till 28.07.2026 (9am-

Name	Mrs RACHA ROSHINI	**UHID**	HNH-00013454
IP No	IP26-00006933	**Admission Date**	24-07-2026

3pm-11pm) after food.

4. Tab. Pantodac (Pantoprazole - 40mg) 1 tablet twice daily till 30.07.2026 (7am-7pm) before food.
5. Tab. Livogen (Elemental Iron - 50mg, folic acid 1.5mg) once daily (7am) for three months before breakfast.
6. Tab. Shelcal (Elemental Calcium 500mg, vitamin D3 250 IU) once daily (2pm) till breast feeding after food.

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

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

Review with **Dr. Swathi H V,** after **2 week** on **10.07.2026** 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.

Name	Mrs RACHA ROSHINI	**UHID**	HNH-00013454
IP No	IP26-00006933	**Admission Date**	24-07-2026

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.
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**

Dr Dlg

Registrar/Resident/C.M.O

RAINBOW CHILDREN'S MEDICARE LIMITED HYDERABAD

Consultant
Dr. Swathi H V
MBBS/MS
TSMC/FMR/15501

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ACTIVITY RECORD FOR BILLING

1.5C8

Name: ---------------------------------- HNH-00013454 IP26-00006933 Mrs RACHA ROSHINI 27-11-1995 30 Y 7 M 27 D (F) Dr. SWATHI H V

UHID No : --------------- IP N... ...nt : ------------------------ Dept : ----------------

Date of Admission : --------- ...te of Discharge : ---------------- Time: -----------

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
24/7/26	10:40AM	Pre-post	OT	Madhavi/Soja
24/7/26	12:30 PM	OT	Pre Post	Varun/Sujatha
24/7/26.	4-30pm	pre-post	Room (311)	Chud/[signature]

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	DR. TEJASWI (Sathwika)	24/7/26	6659	Supreya
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Cross checked done by Supriya

INVESTIGATIONS

Date	Investigations	Order No.	Sign
24/7/18	NST — (1)	@9018	@
	Cases checked by Sonanda		

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
24/7	Infusion pump	12:30PM	4. pm	216564	Sujatha
24/7	cardiac monitor	12:30PM	4 pm		
		Cross	checked	by	Sunanda

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
24/7/26	Dvplacement	(1)	16450	
24/7/26	Catheterisation (IP)	(1)		
	PAC (OP)	(1)	1645	Sujatha
				Cross checked by Asha
24/7/26 (7PM)	NHA	(1)	6657	
	Cross cheeked by Sunanda			

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints
for El. LSCS

Obstetric Formula: - G3P1L4 A1

Obstetric Hostory:
G1 → Feb/7y8/ Em LSCS CNV/ONPOLY
G2 - Spontaneous miscarriage @ 2014
G3 - P.P.

Present Pregnancy Record:

RISK FACTORS:

h/o L4-L5 lumbar decompression + discectomy done in 2014

Height: 165 cm
Weight: 72.9 kg
Allergies: nil
Breast: ☑ Normal ☐ Abnormal
General Examination:
Consciousness: Pallor:
Icterus: Edema:
Temp: PR: - 88/m
BP: 100/70. DTR:
CVS: RS
Liver/Spleen: Urine Output:

LMP: 2/11/2025 EDD: 9/8/2026.
Corrected EDD: GA: 37wk 5d.

Menstrual History: Regular : ☑ Yes ☐ No

Obstetric Examination

Fundal Height: TS.

Ut. Activity: ☑ Relaxed ☐ Mild ☐ Mod ☐ Severe
Liquor: ☐ Adequate ☐ Oligo ☐ Poly
PP: ☐ Cephalic ☐ Breech Others ____________
Head Fifths Palpable: 4/5th.
FHS: ☑ Normal ☐ Tachy ☐ Brady ☐ Absent
D/S scan ⊕

Per Speculum Examination

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

Vaginal Examination

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

DIAGNOSIS

~~[illegible]~~ G3P1L4A1 @ 37wk 5d, previous LSCS for El. LSCS.

HNH-00013454 IP26-00006933
Mrs RACHA ROSHINI
27-11-1995 30 Y 7 M 27 D (F)
Dr. SWATHI H V

Family History:	Surgical History:
- Father - DM, HTN.	H/O. L4-L5 Lumbar decompression + discectomy in 2014 @ Medicover
Medical History:	**Medication History:**
-	-
Plan of Care:	**Investigations:** BGT - OTHE
- Admission - NST - CBC to be collected - Pre op meds as per orders. + prepare parts - Informed consent - Shift to OT on call.	HIV, HBsAg / HCV - NR Hb -> PLC -> @FTJ - Lower TIFFA Gr 2 UTDA @. Last Growth scan: (17/7/2016). 36+5 - SLIUF. AFI - 11.5 AC - 2%. EBW - 2.45 kg (11%) Placenta - P/11. UADH Normal.

Doctor Name: Dr Swathi HV

Dr. Swathi H V
Consultant Obstetrics and Gynecology
Reg. No: 15[illegible]

Consultant Name: Dr Swathi HV

Signature: [signature]

Signature: [signature]

Date & Time: 24/07/16 @ [illegible]

Date & Time: 24/07/2016 @ [illegible]

HNH-00013454 IP26-00006933
Mrs RACHA ROSHINI
27-11-1995 30 Y 7 M 27 D (F)
Dr. SWATHI H V

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/07/2026 3:45pm.	c/s/by Dr. Naveena	
	O/E GC-fair	Adv
	Afebrile SpO_2-99% on RA	- Sips of water f/b liquid diet
	PR: 92bpm	- Adequate hydration
	BP: 106/66mmHg	- drugs and ivf as charted
	CVS/RS: NAD	- w/f PV bleeding
	PA: ut. retracted well	- foley's removal TIM bam
	Soft, NT	- Urine IO charting
	Dressing: dry & clean	- Monitor Vitals
	UF: PV bleeding WNL	- Inform SOS
	UO: 50ml/hr, clear.	
	Bowel sounds: present.	
	~~Mrs~~ Baby: motherside	
	Kindly shift the patient to room	
		Dr. Naveena
		Noted by Sujatha 24/7/26 @ 3pm

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/7/2026		
9pm	C/o/b Dr Manisha	
	POD - 0	
		Adv
	GC - Fair Afebrile	- Soft Diet / Adeq Hydration
	Vitals Stable	- IVF / Analgesia as per Aram
BMS	P/A ut well retracted	- Foley's removed @ 6Am C/m
	BS⊕	- I/O monitoring
	PV Bleeding WNL	- W/f vitals & BPV
~~U~~ 5	c/o ~ 40-50 c/w clear	- Inform SOS
		Manisha
25/7/2026	C/s/b Dr Manisha	
7Am	POD-01	
		Adv
	GC - Fair Afebrile	✓ Soft Diet / Adeq Hydration
	Vitals stable	✓ IVF / Analgesia / thromboprophylaxis as per Aram
3BMS	P/A ut well retracted	
	BS⊕ : Soft	✓ Encourage to Void
	PV Bleeding WNL	✓ W/F Vitals & BPV
U X		✓ I/O monitoring
F X		✓ Inform SOS
		Manisha
	NB Sunanda @ 7am	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/7/26	C/S/B Dr. Durga	
3pm	POD-1	
		Adv
Baby c Mother	GC fair	- soft diet
	Afebrile	- Adequate hydration
UL ✓	vitals - stable	- Drugs as charted
FV ✓	P/A Uterus Retracted	- Monitor vitals
Stool - Not passed	well.	- W/F PV bleed
	L/E - NAB	- Inform SOS
	[signature]	
	S/B Dr Swathi HV	
25/07/2026		
4:15pm	→ POD-1, Pt comfortable.	Adv
	→ c/o Mild Abd. pain	→ Soft diet
		→ Ambulation
	O/E vitals. (N)	→ Inj PERINORM
U ✓	PA = soft	10mg IV STAT
S ✓	well gaseous	
	dd (N)	→ CAP Duolove
	RS+ / +	2tab @ 6-7pm
	L/E: NAB.	
	Dr. Swathi H V, Consultant Obstetrics and Gynaecology, Reg. No 155[illegible] [signature]	→ Inj Tranexamic
		Noted by Divya 25/7/26

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

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Dr. SWATHI H V

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time		Progress Notes	Doctor's Order
26/7		C/I/B Dr. Mounduke	
7am		POD-2	
		O/E pt clinic	Adv
	UV	afebrile	✓ Regular diet
	FV	PR- 84bpm	✓ Ambulation
	S	BP- 110/82mmHg	✓ Drugs as charted
	Baby mother side	P/A - uterus retracted well	✓ w/f PV bleeding
	NM Breastfed.	LL + PV bleeding wall.	✓ monitor vitals
			✓ Supervision.
			✓ Padding dummy.
			Dr. Mounduka.
			NB Sunanda
			@ 7am
26/7/26.		C/S/B Dr. Dnq	
10AM		POD-2	Adv.
			- Regular diet
	Baby c Mother	GC fair	- Ambulation
	UV	vitals - stable.	- Drugs as charted
	FV	P/A Uterus Retracted	- w/f PV bleed
	SV	well	- Monitor vital
		L/E NAD	Supervision
			Pt can be discharged
	ASD to be done		

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

(P.T.O)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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DRUG CHART

Date of Admission: 24/07/2026 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 :				Date / Time
Dose	Route	Frequency	Start Date	
Doctor's Signature		Valid Period	Pharm.	
Additional Instructions:				

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

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

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

HNH-00013454 IP26-00006933
Mrs RACHA ROSHINI
27-11-1995 30 Y 7 M 27 D (F)
Dr. SWATHI H V

REGULAR PRESCRIPTIONS

Weight. 73kgs Ward. ....

DRUG : Inj CEFOTAXIM

Dose	Route	Frequency	Start Date	Date/Time	24/7
1g	iv	BD	24/7	11AM	[signature]
				11PM	[signature]

Name & Signature of the Doctor Starting the Drugs: [signature] Dr. [signature]

Additional Instructions:

Stop after morning dose @ 11AM
[signature] Dr. [signature]

Daily Doctor's Endorsement by a Sign

DRUG : T. PARACETAMOL

Dose	Route	Frequency	Start Date	Date/Time	24/7	25/7	26/7
1GM	P/O	QID	24/7	12AM	x	[signature]	[signature]
				6AM	x	[signature]	[signature]
				12pm	x	[signature]	[signature]
				6pm	[signature]	[signature]	

Name & Signature of the Doctor Starting the Drugs: [signature] Dr. Durga Bhavani

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG : T. TRAMADOL

Dose	Route	Frequency	Start Date	Date/Time	24/7	25/7	26/7
100MG	P/O	TID	24/7	12AM	X	[signature]	[signature]
				8AM	X	[signature]	[signature]
				4PM	X	[signature]	

Name & Signature of the Doctor Starting the Drugs: [signature] Dr. Durga Bhavani

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG : T. DICLOFENAC

Dose	Route	Frequency	Start Date	Date/Time	24/7	25/7	26/7
50MG	P/O	TID	24/7	7AM		[signature]	[signature]
				3pm		[signature]	
				11pm	[signature]	[signature]	

Name & Signature of the Doctor Starting the Drugs: [signature] Dr. Durga Bhavani

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Verified by Dr. Dhakshayani

Verified by Dr. Dhakshayani

Verified by Dr. Dhakshayani

HNH-00013454 IP26-00006933
Mrs RACHA ROSHINI
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Dr. SWATHI H V

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Sheet No: .....

REGULAR PRESCRIPTIONS

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

DRUG : 1. PANTOPRAZOLE

Dose	Route	Frequency	Start Dt.
40mg	P/o	OD	25/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time: 25/7 | 26/7

DRUG : T. CEFIXIME

Dose	Route	Frequency	Start Dt.
200mg	P/o	BD	25/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:
From 10pm onwards (25/7)

Daily Doctor's Endorsement by a Sign

Date / Time: 25/7 | 26/7

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

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

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Dr. SWATHI H V

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

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

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

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

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

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

HNH-00013454 IP26-00006933
Mrs RACHA ROSHINI
27-11-1995 30 Y 7 M 27 D (F)
Dr. SWATHI H V

Weight. 73kgs Ward. .....

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
24/07	11AM	Inj PANTOPRAZOLE	40mg	i'v		Sujatha Madhu
24/07	11AM	Inj ONDANSETRON	4mg	iv		Sujatha Madhu
24/7	11:31AM	INJ OXYTOCIN	3IU	IV		Rani Rani
24/7	11:40AM	INJ TRANEXAMIC ACID	1gm	IV		Rani Rani
24/7	12:10pm	TRAMADOL suppository	100mg	PR		Rani Rani
24/7	12:10pm	DICLOFENAC suppository	100mg	PR		Rani Rani
25/7	1am	INJ METOCLOPRAMIDE	10mg	IV slow		
25/7	4:30pm	TRAMADOL	100mg	IV SD		Rani Rani
	1pm	PERINORM	10mg	100ml NS IM		

HNH-00013454 IP26-00006933
Mrs RACHA ROSHINI
27-11-1995 30 Y 7 M 27 D (F)
Dr. SWATHI H V

I.V. FLUIDS CHART

Weight. 63 Kgs Ward. .....

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
24/7	10AM	RINGER LACTATE	IV	500			24/7		
24/7	11AM	RINGER LACTATE	IV	500			24/7		
24/7	11:40AM	RINGER LACTATE + 10UOXYTOCIN	IV	300			24/7		
24/7	12PM	RINGER LACTATE	IV	100			24/7		
24/7	1PM	RINGER LACTATE	IV	100			24/7		
24/7	10PM	RINGER LACTATE	IV	100 ml/hr			25/7		
25/7	2AM	RINGER LACTATE	IV	100 ml/hr			25/7		
		Stop my Duty							

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

HNH-00013454 IP26-00006933
Mrs RACHA ROSHINI
27-11-1995 30 Y 7 M 27 D (F)
Dr. SWATHI H V

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STAT / ONCE ONLY DRUGS

Name: ..... Weight: ..... kgs

Sheet No: .....

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
25/7/26.	7pm	DULCOLAX	2tab	PO		✓	✓

HNH-00013454 IP26-00006933
Mrs RACHA ROSHINI
27-11-1995 30 Y 7 M 27 D (F)
Dr. SWATHI H V

311

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RESULT SHEET

Date						
Time						
Hb						
PCV						
RBC						
WBC						
N/L						
Platelets						
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.,) : .....

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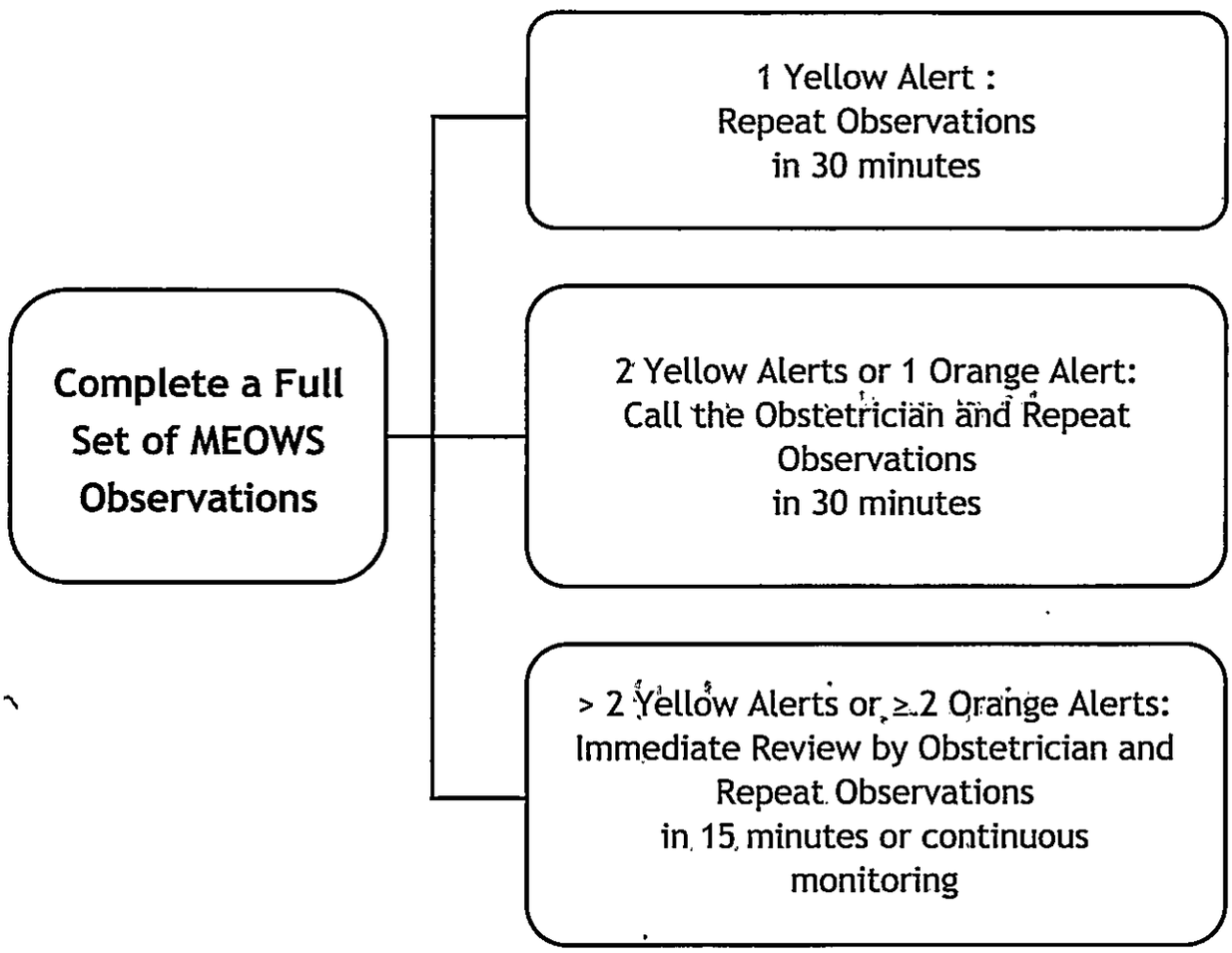
Early Warning Observation Score Chart - Obstetrics

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

24/7/26

		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		20	20	20	20	20	20	20	20	20		20	20			20				20				20	
	0 - 10																									
Saturations	94 - 100 %		100	100	100	100	100	100	100	99	100			99%			99%				99%				99	
	< 94 %																									
Administered O_2 (L/min.)																										
Temp°c	40																									
	39																									
	38																									
	37																									
	36													97.9°F			98.6				98.6				98.2	
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70	80	66	76	86	88	90	84	86	86				85			84				80				77	
	60																									
	50																									
	40																									
Systolic Blood Pressue ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120													117			121				116				117	
	110																									
	100	118	118	114	120	106	110	110	121	118																
	90																									
	80																									
	70																									
	60																									
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70	70	76	70	80	77	80	86	80	66				73			86				79				71	
	60																									
	50																									
	40																									
NEURO RESPONSE [✓]	Alert													✓			-				-				✓	
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30													✓			-				-				✓	
	< 30																									
Proteinuria	Protein + +																									
	Protein > + +																									
Lochia	Normal													✓			-				-				✓	
	Heavy / Foul																									
Liquor	Clear / Pink													✓			-				-				✓	
	Green																									
TOTAL YELLOW SCORES			0	0	0	0	0	0	0	0	0	0	0	0			0				0				0	
TOTAL ORANGE SCORES			0	0	0	0	0	0	0	0	0	0	0	0			0				0				0	
Nurse Initial																										

Obstetrics and Gynaecology Early Warning Signs



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

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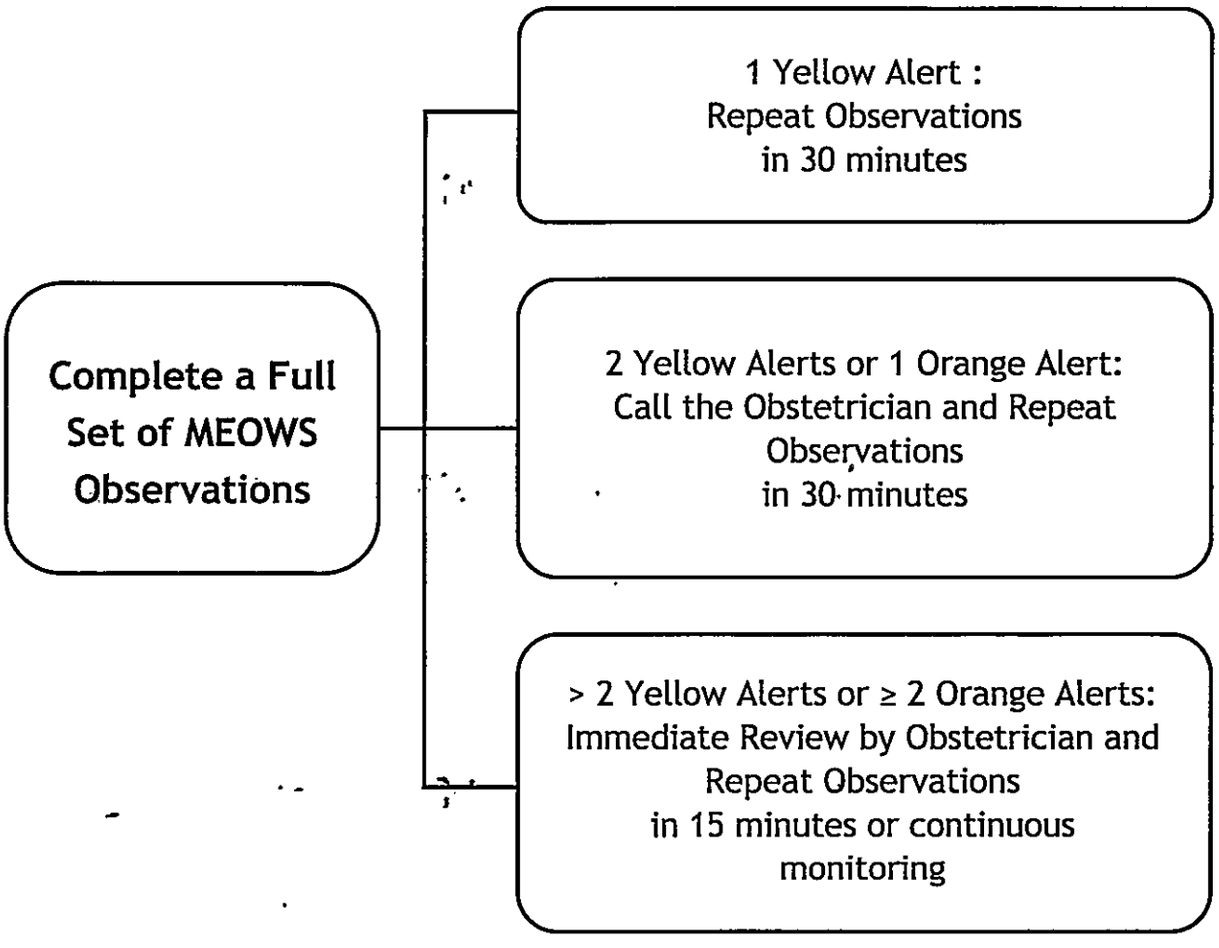
25/7/26	Date																						
	Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30		20					20																	
	11 - 20											20				20				20				20	
	0 - 10																								
Saturations	94 - 100 %		99%					99%				99%				99				99				98	
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37																								
	36		97.3F					98.2F				97.1F				98.5F				98.1F				98F	
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100		83					86																	
	90																								
	80											96				72				86				82	
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120		119					118				116				107				106				110	
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70			70				80				80				72				वेव				70	
	60																								
	50																								
	40																								
NEURO RESPONSE [✓]	Alert		✓						✓			✓				✓			✓					✓	
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30			✓					✓			✓				✓				✓				✓	
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal			✓						✓		✓				✓				✓				✓	
	Heavy / Foul																								
Liquor	Clear / Pink			✓						✓		✓				✓				✓				✓	
	Green																								
TOTAL YELLOW SCORES				0						0		0				0				0				0	
TOTAL ORANGE SCORES				0						0		0				0				0				0	
Nurse Initial																									

Obstetrics and Gynaecology Early Warning Signs



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

		Date																								
28/7/25		Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																									
	21 - 30																									
	11 - 20			20																						
	0 - 10																									
Saturations	94 - 100 %			99																						
	< 94 %																									
Administered O_2 (L/min.)																										
Temp°c	40																									
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	36			36.6																						
	35																									
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Heart Rate	170																									
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	140																									
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	120																									
	110																									
	100																									
	90																									
	80																									
	70			94																						
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Systolic Blood Pressue ↑	190																									
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	60																									
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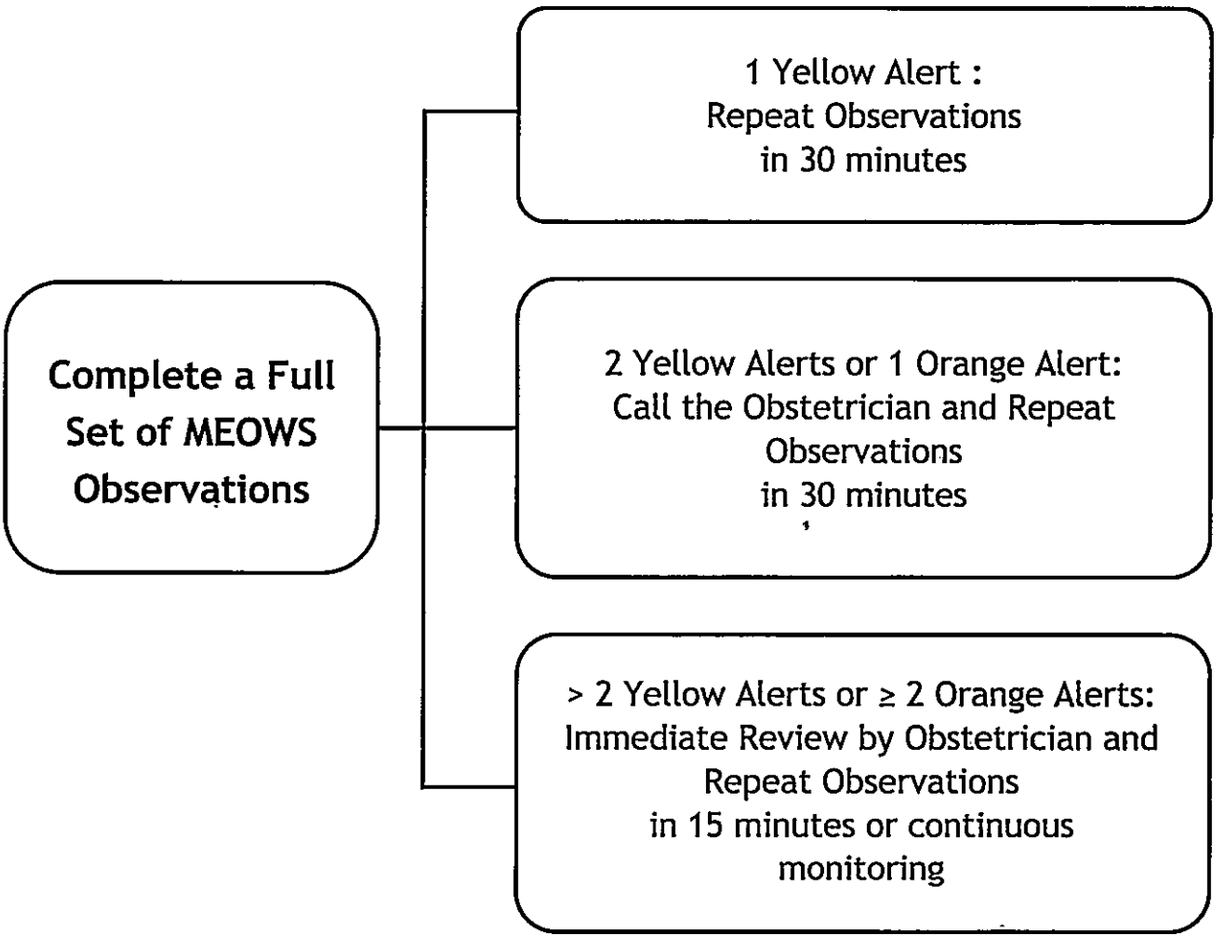
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60			86																						
	50																									
	40																									
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																					
TOTAL ORANGE SCORES					0																					
Nurse Initial																										

Obstetrics and Gynaecology Early Warning Signs



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

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FLUID CHART

Sheet No. : 1

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
24/7/26	08:00 am											
	09:00 am	RL	M	100ml								
	10:00 am	RL	B	100ml								
	11:00 am	RL		100ml								
	12:00 pm	RL	M	100ml						100ml		Emp 12:30
	01:00 pm	RL	M	100ml								
Total Intake :						**Total Output :**						
24/7	02:00 pm	RL	B	100ml						50ml		Empty 1:50 PM
	03:00 pm	RL	M	100ml								
	04:00 pm	RL	H2O	100ml								
	05:00 pm	RL		100ml						200ml		EMPTY 4:30 PM
	06:00 pm	RL	Soup	100ml								
	07:00 pm			100ml								
Total Intake :						**Total Output :**						
24/7/26	08:00 pm	↑	soup	100ml			↑			200ml		Empty 8:10pm
	09:00 pm			100ml								
	10:00 pm	RL	Idli	100ml			0				0	
	11:00 pm			100ml								
	12:00 am	↓	H2O	100ml								
	01:00 am	↓		100ml	NA		↓		NA	700ml		Empty 1:30am
Total Intake :						**Total Output :**						
25/7/26	02:00 am	↑		100ml			↑					
	03:00 am			100ml								
	04:00 am	RL	soup	100ml								
	05:00 am			100ml			0				0	
	06:00 am	↓		100ml						500ml		Empty
	07:00 am	↓		100ml	NA		↓		NA			
Total Intake :						**Total Output :**						

Total 24 hrs. Intake	2400 ml	Total 24 hrs. Output	1750 ml

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FLUID CHART

Sheet No. : ....

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

Date	Time	Intake: Nature of Fluid	Route: Mouth	Route: I.V	Route: N.G	Output: NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
25/7/26	08:00 am									✓		
	09:00 am		Belly H2O	NA				NA			0	
	10:00 am											[signature]
	11:00 am									✓		
	12:00 pm											
	01:00 pm									✓		
Total Intake : Taken						Total Output : U-3 M-						
25/7/26	02:00 pm											
	03:00 pm		Upma H2O	NA				NA				
	04:00 pm	0								✓		
	05:00 pm										0	[signature]
	06:00 pm									✓		
	07:00 pm						✓					
Total Intake : taken						Total Output : U- M-						
25/7/26	08:00 pm											
	09:00 pm		Upma Khichdi									
	10:00 pm	0								✓		[signature]
	11:00 pm			NA				NA		✓	0	
	12:00 am											
	01:00 am											
Total Intake :						Total Output :						
26/7/26	02:00 am											
	03:00 am											
	04:00 am	0	H2O							✓		
	05:00 am			NA				NA		✓		
	06:00 am											
	07:00 am											
Total Intake :						Total Output :						

Total 24 hrs. Intake		Total 24 hrs. Output	

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

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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							
26/7/26	08:00 am										0	
	09:00 am		Daily							2	0	
	10:00 am										0	
	11:00 am										0	
	12:00 pm										0	
	01:00 pm										0	
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

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

Patient Sticker

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

Total 24 hrs. Intake		Total 24 hrs. Output	

Patient Sticker

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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	24/7 8AM	24/7 10pm	25/7/26 10:am
		Score			
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0	0	0	0
Secondary Diagnosis (more than one diagnosis)	Yes	15			
	No	0			
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0			
IV / Heparin Lock or Saline	Yes	20	20	20	20
	No	0			
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10			
	Normal /On Bed Rest /Immobile	0	0	0	0
Mental Status	Forgets limitations	15			
	Oriented to own ability	0			
Total Morse Fall Scale Score:				40	20
		Signature			

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

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

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

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

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

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

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

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CHECKLIST FOR THROMBOPHLEBITIS

24/7/26. 25/7/26

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	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	NA	NA				
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2	NA	NA	NA	NA	NA	NA				
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3	NA	NA	NA	NA	NA	NA				
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4	NA	NA	NA	NA	NA	NA				
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5	NA	NA	NA	NA	NA	NA				
		Signature of the Nurse											

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

Signature of Shift In Charge :

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

Signature of Ward In Charge :

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

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 : .....

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It takes a lot to treat the little.

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Patient ID
HNH-00013454 IP26-00006933
Mrs RACHA ROSHINI
27-11-1995 30 Y 7 M 27 D (F)
Dr. SWATHI H V

BRADEN 'Q' SCALE

					Date : 26/11/24	26/11/24	26/11/24	
					Time : 8AM	8pm	10pm	
Mob		anges	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed		**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	4	4
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.		**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.		**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.		**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.		**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.		2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
					TOTAL SCORE	28	28	28	28
					Evaluator's Name				

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

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

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PAIN ASSESSMENT FORM

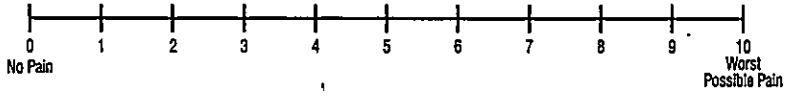
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
24/7/26	2pm	0/10	Normal	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
24/7/26	10pm	0/10	Normal	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
24/7/26	2am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
24/7/26	6am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
25/7/26	10:am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
25/7/26	8pm	4/10	Inj. Tramadol	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Inj. Tramadol	
25/7/26	10pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
26/7/26	6am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

Re-assessment Frequency:

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

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

Assessment Criteria	Sedation		Normal	Pain / Agitation	
	-2	-1	0	1	2
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense
Vital Signs HR RR, BP, SaO_2	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO_2 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO_2 less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator

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NURSING CARE RECORD

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Date: 24/7/26

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 2pm	- Assess the Patient Condition - plan for Vital & record - plan for IV fluids - plan for Ifo chared	8AM 2pm	- Assessed the Patient condition - Maintain Vital & record - continue IV fluids - Maintain Ifo chart	- Patient stable	- Vital done	
Afternoon	2pm to 8pm	⇒ Assessed the Pt condition ⇒ pt is liquid diet ⇒ Urine Ifo chart ⇒ Inform SOS ⇒ Adequate hydration	2pm to 8pm	⇒ Assessed the Pt condition ⇒ Pt is liquid diet ⇒ foleys is ⇒ Urine Ifo chart ⇒ Inform SOS ⇒ Adequate hydration	pt is stable	vitals is a normal	Nandhini
Night	8pm to 8am	- Assess the pt condition - Monitor the v/s - Maintain the I/O - Drug as per chart	8pm to 8am	- Assess the pt condition - Monitor the v/s - Maintain the I/O - Drug as per chart	- pt is stable	- Rechecked the v/s	

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NURSING CARE RECORD

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

Date: 25/7/26

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 – 2pm	→ Assess the patient general condition → monitor vitals → IV fluids stopped → Administer medication as per doctor's orders.	8am – 2pm	→ Assessed the patient general condition → monitored vitals → Administered medications as per doctor's orders. → provided comfortable position	Patient is stable patient have no complaints	Rechecked vitals	[signature]
Afternoon	2pm – 8pm	→ Assess the pt → Pt an safety condition → monitor vitals → maintain I/O chart → Administer medication as per drug chart	2pm – 8am	→ Assessed the pt condition → monitored vitals & recorded → maintained I/O chart → medication as per drug chart	→ rechecked vitals	→ rechecked vitals	[signature]
Night	8pm to 8am	– Assess the pt condition – monitor the v/s – Maintain the I/O – Drug as per chart	8pm to 8am	– Assess the pt condition – monitor the v/s – Maintain the I/O – Drug as per chart	– Now pt is stable	– Rechecked the v/s	[signature]

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NURSING SHIFT HAND OVER FORM - WARD

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

SITUATION

Diagnosis: EL-LSCS

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

BACKGROUND

Area / Shift Time	24/7 8pm	24/7 N1	25/7/26 mrng	25/7/26 E2	25/7/26 N1	
Medical Condition (Any special condition to be noted):	—	—	—	—	—	

ASSESSMENT

Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
Vital Signs: Temp:	94.6F	98.2F	98.6°F	98.2F	98.3F	
Res:	29	20b/m	25b/m	20b/m	22b/m	
SpO_2:	100	100%	99%	99%	99%	
Pulse:	82	82b/m	85b/m	82b/m	72b/m	
BP:	123/81	123/81	120/70	110/70	110/73	
Fall Risk Score:	—	—	—	—	—	
Pain Score:	—	—	—	—	—	

Recommendations

Safety Needs:	Yes	Yes	Yes	Yes	Yes	
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 :	Madhu	Sunanda	Sandhya	Divya	Sunanda	
Signature :	Madhu					
Date:	24/7/26	25/7/26	25/7/26	25/7/26	26/7/26	
Time:	8pm	8am	2pm	8pm	8am	
Taken Over By Name :	Sunanda	Sandhya	Divya	Sunanda		
Signature :						
Date:	24/7/26	25/7/26	25/7/26	25/7/26		
Time:	8pm	8am	2pm	8pm		

Patient Sticker

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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						
	Medical Condition (Any special condition to be noted):						
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:						
	Res:						
	SpO_2:						
	Pulse:						
	BP:						
	Fall Risk Score:						
	Pain Score:						
Recommendations	Safety Needs:						
	Physiotherapy	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Others Specify:						
	Special Diet:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Other Special Orders / Medications:						
Post Operative Procedure Special Orders:							
Handed Over By Name :							
Signature :							
Date:							
Time:							
Taken Over By Name :							
Signature :							
Date:							
Time:							

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URINARY CATHETER BUNDLE CHECK LIST

Date of Insertion: 24/7/26 Date of Removal: .....

Parameters / Date / Shift Time	24/7 8pm	24/7 E2	25/7 N1	25/7 6am				
Need for the Catheter	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Hand Hygiene	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Usage of Sterile Equipment	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is the Collection bag below the level of bladder	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Check the Tube for Obstruction (Free of Kinking)	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is Catheter dated as policy	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Collecting bag is been emptied regularly?	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Maintenance of closed system for the catheter	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Dressing clean and dry?	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is the line removed as Policy?	☐ Yes ☑ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Performance of Perineal Care	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Onset of New Fever	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Asses for the leakage at the site of insertion	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Name of the Nurse								
Signature of the Nurse								

Catheter Removed at 6am

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

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MEDICATION RECONCILIATION FORM

Drug Allergies: ..... ☐ Not known any Drug Allergies

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

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

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	Bron. Ca.	1 tab	P/O	OD	23/7	☐ C ☐ DC
2						☐ C ☐ DC
3						☐ C ☐ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr Swathi. HV

Date & Time : 24/07/26 @ 8 AM

Name & Signature: .....

Time : 24/07/26 @ 8 PM

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

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CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: Dr. Swathi HV.	Date of Delivery: 24/7/2026
Assistant Surgeon: Dr. Naveena.	Time of Delivery: 11:31am.
Anaesthetist's Name: Dr. Durga	Gender of Baby: Male.
Type of Anaesthesia: Spinal.	Weight of Baby: 2.680 Kg
Neonatologist: Dr. Naipunya	AGPAR Score: 8,9
Scrub Nurse: Archana.	NICU Admission: ☐ Yes ☒ No

Pre-Operative Diagnosis: G3R1, A1. with 37+5 wks POG with Previous LSCS. for El. LS

☐ Elective ☐ Emergency Indication: Previous LSCS

Urgency

- ☐ Immediate Threat to life of woman or fetus
- ☐ Maternal or fetal compromise not immediately life threatening
- ☒ No maternal or fetal compromise but needs early delivery
- ☐ Delivery timed to suit woman and staff

Decision time: ..... Knief to rectus: .....

CTG Description: Reactive

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

Surgical Procedure: Elective LSCS

Post Operative Diagnosis: $R_2L_2A_1$ on POD0 Joll. El. LSCS

Peri-Operative Complications: —

Amount of Blood Loss: 250ml | Blood Transfused (in ML): —

Name and Number of Surgical Specimen sent for examination:

—

Examination Findings when Appropriate:

Presentation: ☒ Cephalic ☐ Breech ☐ Other ..... Cervical Dilatation: ..... cm

5th Palpable: 5/5th 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 • LUS – thinnedout & adherent

Previous Scar: ☒ Intact ☐ Thinnedout ☐ Ruptured ☐ No Scar Pre. Scar.

Incision Through Placenta: ☐ Yes ☒ No • left FT adherent to left LUS – adhesiolysis done

Delivery of head: ☒ Manual ☐ Forceps • 4×5cm fimbrial cyst noted & punctured

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

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

Cord Appearance: Normal Cord around the neck ☒ Yes ☐ No

Appearance of placenta: Normal Cavity explored ☒ Yes ☐ No

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

---

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

Peritoneal Closure: ☐ Pelvic ☒ Abdominal ☐ None Catgut no-1 ..... Suture

Sheath Closure: Yes Vicryl no-1. ..... Suture

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

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

Vaginal Evacuated ☒ Yes ☐ No

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

Ctheter ☒ Yes ☐ No ☐ Remove in 24hrs days ☐ Await instructions

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

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

Post-Operative Notes:

NBM for 4-6hrs
ivf & drugs as chalted
w/f PV bleeding
Urine IO charting.
Monitor Vitals
Inform SOS

Doctor Name: Dr. Swathi HV. Doctor Signature: .....

Date & Time: 24/7/2026 @ 1PM

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00013454 IP26-00006933 Mrs RACHA ROSHINI 27-11-1995 30 Y 7 M 27 D (F) Dr. SWATHI H V	24/7/26 @	24/7/26 @ 11:39pm
	Transfer Ordered by Dr naveena.	Reason for Transfer obs.
From Unit pre-post	To Unit 311.	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 30	Number of Imaging Films NST (1)	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.	Rb	1D
2.		
3.		
4.		
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Chandra Kala.	Dr naveena

Patient & Clinical Records Received by : Supriya

Date & Time of Patient Received : 4.40pm @ 24/7/26

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

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

HNH-00013454 IP26-00006933
Mrs RACHA ROSHINI
27-11-1995 30 Y 7 M 27 D (F)
Dr. SWATHI H V

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OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 24/4/26. Time of Arrival: ..... Time Seen by Nurse: .....

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: 98.6 Pulse: 82 RR: 21 SpO_2: 100 BP: 128/81 Weight: .....

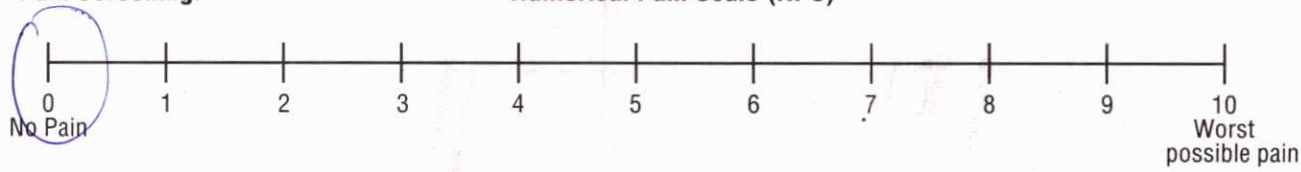
4) **Gestational Criteria:**

Gravida:	G 2	P 1	L 1	A —

LMP: 2/11/25 EDD: 9/8/26 Gestational Age: 37 wks

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

5) **Pain Screening:** **Numerical Pain Scale (NPS)**



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

.....

6) **Past History:**

a) Surgeries: Nil

b) Medical: .....

HNH-00013454 IP26-00006933
Mrs RACHA ROSHINI
27-11-1995 30 Y 7 M 27 D (F)
Dr. SWATHI H V

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

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

9) **Prenatal Medical History:**

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

Triage Category: (Please tick on the category)

Refer to OBSTETRICAL TRIAGE ACUITY SCALE (OTAS)

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

OBCU Obstetrical Triage Acuity Scale (OTAS)

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

Time seen by Doctor: 8:45pm

Nurse Name : Rakhi Nurse Signature: .....

Date: 24/8/26 Time: 08:30 PM

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Swathi
Asst. Surgeon : Dr. Naveena
Anaesthetist : Dr. Durga Bhavani
Scrub Nurse : Sr. Archana

Patient Name : HNH-00013454 IP26-00006933 Mrs RACHA ROSHINI 27-11-1995 30 Y 7 M 27 D (F) Dr. SWATHI H V — 30Yrs Gender : F
UHID No. :
Date : 24/7/26 — 11:10 Am
time : 12:10 Pm

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Before Induction of Anaesthesia ➤➤

SIGN IN Time: 11:10 Am

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 : [signature]
Name : Dr. Durga Bhavani 24/7/26

Before Skin Incision ➤➤

TIME OUT Time: 11:19am

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? — Adhesions bleeding, 1hr, 500ml.	☑ Yes ☐ No ☐ NA

Anaesthesia Team Reviews:

Are There Any Patient-specific Concerns?	☐ Yes ☑ No ☐ NA

Nursing Team Reviews:

Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns?	☑ Yes ☐ No ☐ NA
Is Essential Imaging Displayed?	☑ Yes ☐ No ☐ NA

Signature : Puja @ 11:19am.
Name : Puja

Before Patient Leaves Operating Room

SIGN OUT Time: 11:40 Am

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 : [signature]
Name : For Dr. Swathi

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

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00013454 IP26-00006933 Mrs RACHA ROSHINI 27-11-1995 30 Y 7 M 27 D (F) Dr. SWATHI H V Dr Swathi HV	24/7/26 @8:52 Am	24/7/26 @ 12:10 PM
	Transfer Ordered by Dr Durga Bhavani	Reason for Transfer Observation
From Unit OT	To Unit Pre-Port	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	RC	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
Karuna	Dr Durga Bhavani

Patient & Clinical Records Received by : Chembra Bala

Date & Time of Patient Received : 24/7/26 @ 12-10pm

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

HNH-00013454 IP26-00006933
Mrs RACHA ROSHINI
27-11-1995 30 Y 7 M 27 D (F)
Dr. SWATHI H V

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OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 24/4/26

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

..... E L - C&S Name of the Doctor: .....

..... Time Notified: .....

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

Past Medical History	Past Surgical History	Previous Hospital Admission
–	–	–

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 1 P 1 L 1 A –

Previous LSCS: 1

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

Family History: ☐ No Abnormalities Detected

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

☐ Liver disease ☐ Other .....

Vital Signs / Measurements: Temp: 97.6F HR: 82 RR: 21

BP: 125/81 Weight: 72.1kg Height: 165cms BMI: –

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

HNH-00013454 IP26-00006933
Mrs RACHA ROSHINI
27-11-1995 30 Y 7 M 27 D (F)
Dr. SWATHI H V

PHYSICAL ASSESSMENT

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

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

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

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

☐ Mobility problem ☐ Walking Problem ☐ No Abnormality Detected

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING: ☑ 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 ....Husband........

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: ....[illegible]........

Orientation not given Reason: ....—........

Nurse Signature: ....(M)........

Nurse Name: ....Madhavilla........

Date & Time: ....20/4/26 ....4pm

HNH-00013454 IP26-00006933
Mrs RACHA ROSHINI
27-11-1995 30 Y 7 M 27 D (F)
Dr. SWATHI H V

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NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 24/7/26 Time: 6:40pm

Origin: Indian Height: 165 cms Weight: 72.9 kg 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
Signature: Racha
Name: Roshini. Racha
Date & Time: 24/7/26 ; 6:40pm

Dietician's
Signature:
Name: Sathwika. G
Date & Time: 24/7/26 ; 6:40pm

DIETARY NOTES

Date	Time	Notes	Sign

HNH-00013454 IP26-00006933
Mrs RACHA ROSHINI
27-11-1995 30 Y 7 M 27 D (F)
Dr. SWATHI H V

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CROSS CONSULTATION FORM

Doctor Name : Dr. Swathi Date : 24/7/26 Time : 6'40pm

Diagnosis : LSCS

Hospital : RCH - HMNR

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

Type of Referral :
☐ Emergency
☐ Urgent
☐ Non Urgent

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

Signature:

Findings and Recommendations :

Lactation care plan

- well formed Breast & Nipple's
- Colostrum seen
- G3, P1, L1, A1 / Term
- Advice DBF & f/b Burping
- Aim for deep latch as demonstrated in side lying down position
- Demand feeding not exceed 2½ hours as per early hunger cues.
- warm care
- stimulate baby continuously while feeding.

Consultant :

Name : Sathwika. G Signature : Date & Time : 24/7/26, 6:40P

HNH-00013454 IP26-00006933
Mrs RACHA ROSHINI
27-11-1995 30 Y 7 M 27 D (F)
Dr. SWATHI H V

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BREAST FEEDING HANDOVER AND ASSESSMENT FORM

1. Breastfeeding initiated?
   - ☑ a. Yes
   - ☐ b. No

2. If No, Reason .....

3. Nipple condition:
   - ☑ a. Nipple well formed
   - ☐ b. Flat nipple
   - ☐ c. Inverted nipple
   - ☐ d. Short nipple

4. Milk flow:
   - ☐ a. Good
   - ☑ b. Drops of colostrums
   - ☐ c. Dry

5. Steps for Positioning and attachment:
   - ☑ a. Baby goes to the breast
   - ☑ b. Mother always sits with a back support
   - ☑ c. Ear-shoulder-hip should be in a straight line
   - ☑ d. The baby takes a latch on the areola and not on the nipple

Feeding Positions:
Cross Cradle

Feeding Positions:
Football / Clutch

6. Was the position explained:
   - ☐ a. Yes
   - ☐ b. No

7. For Caesarian mothers:
   - ☐ a. Mother is required sit and feed from the 4th feed
   - ☐ b. Please explain football hold

8. NICU admission:
   - ☐ a. Mother needs to stimulate her breast for 2 min every 2 hours

9. Additional notes: ....

Continuity of Care: Date: ....

=> Assess the patient condition
=> maintain vital & Record
=> maintain I/O chart
=> 2nd hourly DBF given.

Handover given by Chaubattal .... Handover taken by Supriya ....

Signature .... Signature ....

Date & Time: 24/7/26 @ 3pm .... Date & Time: 24/7/26 @ 4:40pm ....

26-0000216467

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NARCOTIC PRESCRIPTION FORM
(PATIENT COPY)

Patient Name: Mrs. Racha. Roshini		Age: 30yrs.	Gender: Female
UHID No: # NH-00013454	IP No: IP26-00006933	Date: 24/7/26	Time:
Diagnosis: LSCS		ward - OT	

PRESCRIPTION DETAILS (Tick only one of the following)

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

Doctor Name: Dr. Ayesha. SK

Doctor Registration No: TSMC/FMR/09925

Signature: [signature]

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

IP Registration No: IP26-00006933 **Date:** 24/7/26

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

	Name : Mrs. Racha Roshini	Remarks
2.	Complete postal address (with contact number, if any)	10-467/24 colony mirzalguda Malkajgiri hyderabad Telangana 500047
3.	Brief description of the illness	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
24/7/26	Fentanyl	1 Am	[signature]	

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

Received by (Name & ID No.): Saraswathi (02100 6) Signature: [signature]

Time: ....

#26-0000216467 H

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NARCOTIC PRESCRIPTION FORM
(MEDICAL RECORD)

Patient Name: Mrs. Racha Roshini		Age: 30yrs	Gender: Female
UHID No: UUH-00013454	IP No: P26-00006933	Date: 24/1/26	Time:
Diagnosis: LSCS	wd - OT		

PRESCRIPTION DETAILS (Tick only one of the following)

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

Doctor Name: Dr. Ayesha. SK

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: IP26-00006933 **Date:** 24/1/26

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

1.	**Name :** Mrs. racha Roshini	**Remarks**
2.	Complete postal address (with contact number, if any)	10-467/24 colony, Kukatpally, hyderabad
3.	Brief description of the illness	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
24/1/26	Fentanyl	1 Amp	[signature]	

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

Received by (Name & ID No.): Sravanthi (02100?) .... Signature: ....

Time: ....

Docu. No: RCH / FRM / CLINICAL / 133

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

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Patient Name : ROSHINI . R Gender: ☐ Male ☑ Female Age : 30yr

UHID No : HNH - 0001454 Date : 24/07/2026

Instruction:

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

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

ELECTIVE LOWER SEGMENT CESAREAN SECTION

upon

R. ROSHINI. (Name of the Patient)

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

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

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

EXCESS BLOOD LOSS NEED OF BLOOD PRODUCT TRANSFUSIONS, INJURY TO BOWEL, BLADDER, OTER VITAL STRUCTURES, RISK OF INFECTION, DVT, THROMBO EMBOLISM, RISK OF INJURY TO BABY.

My signature on this form indicates that

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

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

Consentee :

Signature : Racha Roshini

Name : Racha Roshini

Date & Time : 24/7/26 @ 11 AM

Patient Attendant :

Signature : Rahul

Name : Rahul Chandra

Relationship with Patient: Husband

Date & Time : 24/07/26 @ 11 AM

Witness :

Signature : Sujatha

Name : Sujatha

Date & Time : 24/7/26 @ 11 AM

Doctor (who is taking the consent) :

Signature : Swathi

Name : DR SWATHI. HV

Date & Time : 24/07/2026 @ 11 AM

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE

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Patient Name : Mrs. Roshini Age : 30 Gender : Male ☐ Female ☐

UHID NO: HNH-13454 Surgeon Name: Dr. Sowmya H.V.

Anaesthesiologist : Dr. Subramanyam

Operative procedure planned : 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, Hb 8g, Thrombocytopenia, PPPH.

Comments : Total Spinal, Multiple Attempts

- 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 Mrs. Roshini the above mentioned operation / Diagnostic / Therapeutic procedures 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 : Roshini

Name : Roshini

Relationship with Patient: .....

Date & Time : .....

Witness :

Signature : Rahul

Name : Rahul Chandra

Date & Time : 17/07/26

Doctor (who is taking the consent) :

Signature : .....

Name : Dr. Rina Bindhi

Date & Time : 17/7/26, 11:48 am

Department of Anaesthesiology

PRE-ANAESTHETIC EVALUATION

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Name: Mrs. Roshini Age: 30y Sex: F UHID.No: HXLH-13454.

Date: 17/7/26. Time: 11:40Am Proposed Operation: EL. LSCS

Diagnosis: $G_2P_1L_1$ ē prev. LSCS. ē 37 weeks of GA.

B.P / CRT: .... H.R: .... Weight: 78.9 kgs ASA Physical Status: ☐1 ☑2 ☐3 ☐4 ☐5

Laboratory Data:

23/7 Hgb: 12.4	Glucose:	Protein:	HIV:	X-Ray:
PCV:	Urea:	Alb:	HBS Ag:	ECG:
WBC: 9600	Creat:	Total Bill:	HCV:	2D Echo:
Plate: 2.45 lakh	Na:	Dir. Bill:	Blood group:	Stress/Anglo:
PT:	K:	LDH:	T3	Other:
PTT:	Ca++:	Alk phos:	T4	
INR:	Mg++:	Amylase:	TSH	
	Cl -:	SGOT/SGPT:		

Allergies: – To FLUCONAZOLE → RASH develops

Medical History: CVS:

RESP: Diabetes: No.

CNS:

Renal: NON SIGNIFICANT

Hepatic / GE: Physical Activity: METS≥4

Others: Root canal Rx ↓ low back

Past Anaesthetic History: Lt partial posterior Element Resection, Nucleus pulposus Excision, Microlumbar decompression @ L4-L5 – March 2024 GA, uneventful

Physical Exam: prev. LSCS: 2023 March, uneventful.

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

Lungs: B/L AE (+), clear.

Heart: S1 S2 (+).

CNS:

Pregnant: ☑ Yes ☐ No ☐ NA Venous Access Site: Spine Exam for regional:

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

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

CURRENT MEDICATIONS	DOSAGE

Pre-Operative Instructions:

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:
   – CBP to be done.

Signature: [signature] Name: Dr. Hima Bindu

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

HNH-00013454 IP26-00006933
Mrs RACHA ROSHINI
27-11-1995 30 Y 7 M 27 D (F)
Dr. SWATHI H V

ANAESTHESIA CHART

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Change in Patient Condition: ☐ Yes ☑ No
Fasting Status: confirmed

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

H.R: 112 | B.P / CRT: 130/80 | SpO_2: 98% | R.R: 15/min | Last Feed: 6hr

Pre-OP Diagnosis: G2P1L1 i preterm | Operation: ELMS | Date 24/7/26

Surgeon: Dr. H V Swathi | Anaesthesiologist: Dr. Durgabhavani | Technician: Pallav

TIME: 11:10AM → 12:10pm
N_2O /AIR/O_2 LPM
HALO /SO /SEVO
Drugs:
INJ. OXYTOCIN 3IU IV
INJ. TRANEXAMIC ACID 1gm IV

Antibiotic
Suppository: PR Diclofenac 100mg, Tramadol 100mg
Blood Loss

FIO_2 / SaO_2: 99/99/99/99
$ETCO_2$
ECG: (trace)
Temperature
Urine Output
NOTES

Fluids / Blood: → RL → RL → RL (c oxytocin, c oxytocin)

B.P
V Systolic
Λ Diastolic
X Mean
• Heart Rate

Scale: 240, 220, 200, 180, 160, 140, 120, 100, 80, 60, 40, 20, 10, 0
Tourniquet on Time
Tourniquet off Time
Throat Pack In
Throat Pack Out

LAB Values: ABG / GRBS / Others

☑ Equipment Checked and Functional ☑ BP ☑ Cuff Site: LUL ☐ Art Site: ☑ EKG Lead 3 lead ☐ Temp Site ☐ FIO_2 Monitor ☐ Agent Monitor ☑ Pulse Oximeter ☐ Capnograph ☐ Ventilator ☐ Nerve Stimulator Position: SUPINE ☑ Pressure Points Checked **Eye Care:** ☐ Oint ☐ Tape ☐ Padding ☑ Awake	**Temp:** ☐ HME ☐ Fluid Warmer ☐ Cling Film ☐ OH Warmer ☐ Hugger's ☐ Cotton Wool ☑ Other Blanket **Times:** Anaes Start: 11:10AM OP Start: ↓ OP End: Leave OR: 12:10pm **Anaesthesia:** ☐ GA ☐ Monitored Anaesthesia Care ☑ Regional **Line (Size & Location)** ☐ CVP: ☐ ART: ☑ IV: RH ☐ IV: ☐ IV:	**Induction** ☐ IV ☐ Inhal ☐ Pre O_2 ☐ RSI ☐ Others ☐ Mask ☐ SGA ☐ Airway ☐ Oral ☐ Nasal ETT# .... at .... cm ☐ Oral ☐ Nasal ☐ Cuff ☐ Tracheostomy ☐ Topical ☐ Drug: ☐ Awake ☐ Direct Vision ☐ Video Laryngoscopy ☐ Stylette / Bougie ☐ Fiberoptic Blade# .... Attempts: .... Difficulty Why? ☐ **Bilat = BS** ☐ Semi-Closed Circle ☐ Closed Circle ☐ Other	**Regional:** Extremity Specify: ☑ Spinal ☐ Epidural ☐ Caudal Others: Position: sitting Site: L3-L4 Needle Size: 25G Whitacre Depth: Parasthesia ☐ Yes ☐ No Catheter at skin .... cm Drug Name & Conc: 0.5% (H) BUPIVACAINE Bolus: 2ml + 25mcg FENTANYL Infusion: Block Level: T4 Comments: Transportation to ☑ PACU ☐ ICU ☐ Other Relaxant Reversed ☐ Yes ☐ No ☑ NA Name of the Doctor Dr Durgabhavani Signature of the Doctor: [signature]

HNH-00013454
Mrs RACHA ROSHINI
27-11-1995 30 Y 7 M 27 D (F)
Dr. SWATHI H V
IP26-00006933

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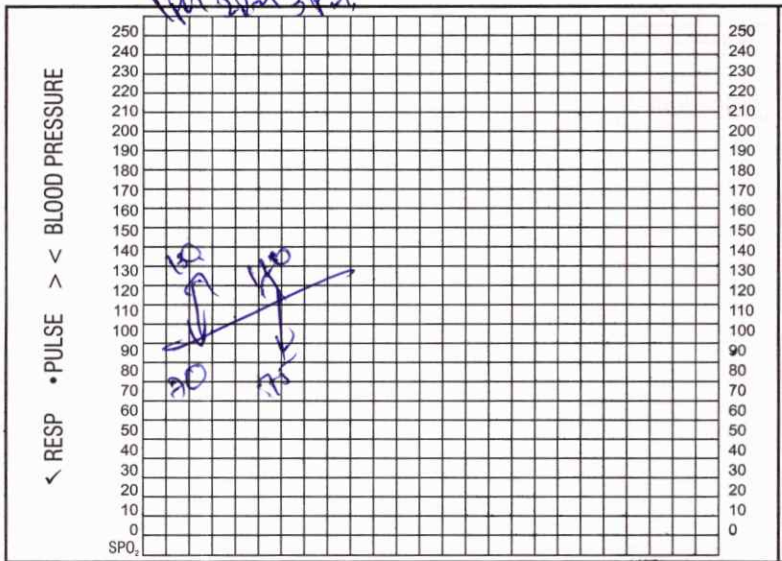
POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Sujatha Time Received : 12:30PM. Time Discharged : .....



IV Cannula Site : Rt

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

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

IV Fluids: RL
Oral Feeds: NBM

POST ANAESTHESIA SCORE (Modified Aldrete Score)			IN	MINUTES 30	60	90	OUT	SCORING INTERPRETATION
Able to move 4 extremities voluntary or on command 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
24/7/26	12:30pm	0	Reassmed after 2hrs	
24/7/26	1:30pm	0	- normal	
24/7/26	2:30pm	0	normal	
24/7	4pm	0	NA	

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

Anaesthesiologist Name : Dr. Ayesha

Anaesthesiologist Signature:

Date & Time:

PACU Nurse Name : Kavitri

PACU Nurse Signature:

Date & Time: 24/07/26 @ 12:30pm

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

Transferred to Unit by (PACU): 3rd floor (31)

Date & Time: 24/7/26 @ 4:30PM

HNH-00016790 IP26-00008936
Baby Of RACHA ROSHINI
24-07-2026 0Y0M0D4H (M)
Dr. S TEJASWI REDDY

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EPIDURAL ANALGESIA RECORD

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

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

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

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

Solution Composition : .....

Any other issues :

a) .....

b) .....

Time	Infusion Rate (ml/hr)	Bolus (ml)	Level		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 : .....

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PATIENT TRANSFER FORM

Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00013454 IP26-00006933 Mrs RACHA ROSHINI 27-11-1995 30 Y 7 M 27 D (F) Dr. SWATHI H V	24/7/26 @ 8:52 AM	24/7/26 10:40 AM
	Transfer Ordered by	**Reason for Transfer**
	DR. Swathi	El-LSCS
From Unit	**To Unit**	**Information to Attendant**
Pre-post	OT	Yes ☐ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
35	1	Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.		
2.	Pl 500ml - (1)	
3.		
4.		
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
S/s Sujatha	DR. Swathi

Patient & Clinical Records Received by : Puja

Date & Time of Patient Received : 24/7/26 @ 11am.

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

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

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