Dr. Swapna

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 : 19/6/26 UHID / IP No. : HNH-0000[illegible]3106 Sl No. 1622

Name of Patient : Mrs. Humera Anjum Age: 34yrs Gender: F

Father's / Husband's Name : _____ Corporate / Occupation : _____

Address : _____ Phone : 8121612384 Email : _____

Procedure / Plan : NVD/LSCS EDD/Dos: July-26

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

TARIFF INFORMATION :

Particulars	Package Amounts (Rs.)	
Room Category	Normal Delivery	LSCS
Multi Shared Ward		
Shared Ward →	90k	1.10L
Twin Shared Ward →	1.30L	1.40L
Private Room →	1.45L	1.55L
Super Deluxe Room		
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 : 2Days	Length of Stay for : 3Days
	Pharmacy up to 9,000/-	Pharmacy up to 12,000/-
NST + CBP ←	Investigations up to 2,500/-	Investigations up to 3,000/-
Others	Well baby care	25k to 35k approx

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

Initial Minimum Deposit : 80/- Advance time of Admission

REMARKS : Vaccination Required, CBP B/G

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

DECLARATION

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

Signature of the Client — Husband — Signatory Relationship — Signature of the financial Counselor

HNH-00003406 IP26-00006711
HUMERA ANJUM
23-04-1992 34 Y 2 M 9 D (F)
Dr. SWAPNA SAMUDRALA

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SURGERY DETAILS

Date : 02/07/26

Patient Name: Mrs Humera Anjum Date of Birth: 23-04-1992 Age: 34 Y

Gender: Female Ward : OT UHID No.: HNH-0000 34 06

Date of Surgery: 02/07/26 ☑ OT -1 ☐ OT -2 ☐ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : Elective LSCS.

Time in : 11:20am Time Out : 12:20pm.

		NAME	AMOUNT
1.	Surgeon	Dr. Swapna	
2.	Anaesthetist	Dr. Samir, Dr. Brunda	
3.	Assistant Surgeon	Dr. Naveera.	
4.	OT Technician	Br. Arvind ; Sr. Saraswathi	
5.	Circulating Nurse	Sr. Karuna	
6.	Assistant Nurse	Sr. Susheela, Sr. Natasha.	

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

Signature of the Surgeon

Karuna
Signature of Circulating Nurse

Order No: 26-000021079 Order by: Sangeetha

HN H-000 03406
Mrs HUMERA ANJUM
4-1992 34 Y 2 M 9 D (F)
Dr. SWAPNA SAMUDRALA
IP26-00006711

Gh. LSCS

CONSUMABLES OF OT

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

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube			Major Pack LSCS		01	Inj Vit.K	01	
LMA			Sutures 2346, 2364	1	1	Cord Clamp	01	
ECG leads : A / P / N		03	1326 + 4242	1+1		Suction Catheter		
HME filter : A / P / N						Feeding Tube no-5	01	
Syringes : 10 cc		02				Vaccum Suction Set		
05 cc		02	Gloves S. 6, 6½		2+2	Surgical Gloves SG6.5	02	
02 cc		02	Encore 6.5		01	Gauze Pack 7.5	01	
01 cc	01	01				Syringe 1ml / 2ml	01	
Cautery plate : A / P / N		01	Surgical blade 22		01	Surgical Blade # 20	01	
IV set			NG tube			Koochies (S)		
RL		02	Cautery pencil		01	Encore 6½	01	
NS : 10ml / 100ml / 500ml / 1000ml			Koochies XXL		01			
~~Oxytocin~~		~~03~~	Ointments			2d-00002101 03		
Tranexa 1gm.		02	Suction Catheter					
Fentanyl		01	Cap, Mask	10+10				
Morphine			Gauze Pack 7.5cm	2				
~~Ketamine~~ carbitocine 100mcg		01	Mop Pack		2			
Propofol			Steristrip					
Rocuronium			Underpad		2			
Glycopyrolate			Draw sheet					
Myopyrolate			Abgel		01			
Ondansetron			Foleys catheter					
279 Pencan 25g Spinal Needle 22		01	Urobag					
Bupivacaine 0.25%			Chest Drainage Catheter					
~~Bupivacaine 0.25%~~(Heavy)		01	Romodrain bag					
Antibiotics			Bandage					
			Tegaderm					
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg		01	Vaccum Suction set	01				
Justin : 12.5 mg / 25mg / 100mg		01	~~Plastic Bed Sheet~~ 2parons	01				
Tab. Misoprost : 200mg		04	Betadine Solution	02				
Encore gloves 6.5		01	Microshield	02				
Gauze 7.5 X 7.5		01	Cotton Balls	01				
			Latex Gloves	20				
			Ramdione Scrub					
			Saral					

Surgeon Anaesthesiologist Nurse OT Technician

Order No 26-00002101001181 Ordered by : Karuna @ 4/7/26 5:00pm.

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

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Old MLA quarters road AP State Housing Board Himayatnagar ,
Hyderabad ,Telangana, INDIA ,500029.
040-48873000, info@rainbowhospitals.in

ELECTRONIC MEDICINE PRESCRIPTION

MRN	HNH-00003406	Name	Mrs HUMERA ANJUM
Age / Sex	34 Y 2 M 9 D / Female	Doctor	SWAPNA SAMUDRALA
Adm/Reg Date/Time	02/07/2026 08:18	Payor	SELFPAY
Order Date	02/07/2026 17:39	Ordernumber	26-0000210101
Visit ID	IP26-00006711	Ward/Bed No	: 4F -OT / PDA-412
Patient Address	1-9-412/2 adikmet hyd, Adikmet, Hyderabad, Telangana, INDIA, 500044		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	SUPRIDOL SUPPOSITORIES 100 MG 5 S		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
2	SURGICAL BLADE 22	SURGICAL BLADE 22	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
3	SURGEON CAP(FEMALE) (PROTECTCARE)		1 Nos	External / Once Daily	1 Days		10 Nos	Dispensed
4	ABGEL SURGI PAD (BIG) (GELSPON)	ABGEL	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
5	ADULT DIAPERS-XXL		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
6	MONOCRYL 3-0 NW 1326	MONOCRYL 1326	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
7	VACCUME SUCTION SET		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
8	UNDERPADS 60X90 BUTTERFLY		1 Nos	External 10 AM	1 Days		1 Nos	Dispensed
9	LSCS DRAPE PACK (PROTECTCARE)		1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
10	ANAWIN HEAVY 5 MG INJ 4 ML		1 Vial	External / Once Daily	1 Days		1 Vial	Dispensed
11	TRUGUT CHROMIC CATGUT SN4242	TRUGUT CHROMIC CATGUT SN4242	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
12	SGLOVE # 6.5 (SURGICARE)	SURGICAL GLOVES 6.5	1 Nos	External / Once Daily	1 Days		3 Nos	Dispensed
13	BIOXAMIC 500 MG INJ		1 Ampule	External / Once Daily	1 Days		2 Ampule	Dispensed
14	COTTON BALLS 2 GM 5 NOS		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
15	JUSTIN SUPPOSITORIES 100 MG 5 S		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
16	PREGELLED SURGICAL PLATES(ADULT)	PREGELLED PLATED ADULT	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
17	Encore Microptic gloves-6.5		1 Nos	/ Once Daily	1 Days		2 Nos	Dispensed
18	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	Partially Dispensed
19	DSYRINGS 2.5ML(NIPRO)	SYRINGE 2ML	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
20	FACE MASK 3 LAYER - ELASTIC	FACE MASK 3 LAYER	1 Nos	External / Once Daily	1 Days		10 Nos	Dispensed
21	VICRYL 1-0 NW 2354	VICRYL 1-0 NW 2354	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
22	MISOPROST TAB 200MCG 4S		1 Tabs	External / Once Daily	1 Days		4 Tabs	Dispensed
23	VICRYL 1-0 VP 2346	VICRYL 1-0 VP 2346	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
24	DISPOSABLE APRONS STERILE XL	DISPOSABLE APPRON STERILE XL	1 Nos	/ Once Daily	4 Days		4 Nos	Dispensed
25	E.C.G ELECTRODES (ADULT)	ELECTRODES ADULT	1 Nos	External / Once Daily	1 Days		3 Nos	Dispensed
26	BACTOPREP SOLUTIONS 100 ML		1 mL	/ Once Daily	2 Days		2 Nos	Dispensed
27	PENCAN 27G (B/BRAUN)		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
28	CAUTERY PENCIL(ADVANCE)		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
29	DSYRINGE 1ML (NIPRO)	SYRINGE 1ML	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
30	DSYRINGE 10ML (NIPRO)	SYRINGE 10ML	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
31	SGLOVE # 6 (SURGICARE)	SURGICAL GLOVES 6.0	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
32	MOPS 30X30 8PLY 5S X-RAY	MOPS 30X308 PLYDATT	1 Nos	/ Once Daily	2 Days		2 Nos	Dispensed

SWAPNA SAMUDRALA

Reg No : 69924

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

Note

* This prescription is valid only for specified duration.

* Do not refill medicines.

Rainbow Children's Hospital

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Rainbow Childrens Hospital-Himayatnagar

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Old MLA quarters road AP State Housing Board Himayatnagar ,
Hyderabad ,Telangana, INDIA ,500029.
040-48873000, info@rainbowhospitals.in

ELECTRONIC MEDICINE PRESCRIPTION

MRN	. HNH-00003406	**Name**	: Mrs HUMERA ANJUM
Age / Sex	34 Y 2 M 9 D / Female	**Doctor**	: SWAPNA SAMUDRALA
Adm/Reg Date/Time	: 02/07/2026 08:18	**Payor**	: SELFPAY
Order Date	: 02/07/2026 17:39	**Ordernumber**	: 26-0000210100
Visit ID	: IP26-00006711	**Ward/Bed No**	: 4F -OT / PDA-412
Patient Address	: 1-9-412/2 adikmet hyd, Adikmet, Hyderabad, Telangana, INDIA, 500044		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	NITRILE EXAMINATION GLOVES P F- MEDIUM		1 Nos	External / Once Daily	1 Days		20 Nos	Dispensed
2	CARBOPROST INJ AMP 250 MCG 1 ML		1 Nos	/ Once Daily	1 Days		1 Ampule	Dispensed
3	DSYRINGE 5ML.(NIPRO)	SYRINGE 5ML	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
4	POVINANZ SOLUTION 10% 100 ML		1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
5	RL 500 ML CLOSED SYSTEM	RINGER LACTATE 500ML CLOSED	1 Bottle	/ Once Daily	2 Days		2 Bottle	Dispensed

SWAPNA SAMUDRALA

Reg No : 69924

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Rainbow Children's Hospital

Birth of Rainbow

Rainbow Childrens Hospital-Himayatnagar

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040-48873000, info@rainbowhospitals.in

ELECTRONIC MEDICINE PRESCRIPTION

MRN	HNH-00016304	**Name**	: Baby Of HUMERA ANJUM
Age / Sex	0 Y 0 M 0 D 6 H / Male	**Doctor**	: SINDHURA MUNUKUNTLA
Adm/Reg Date/Time	02/07/2026 12:26	**Payor**	: SELFPAY
Order Date	: 02/07/2026 17:43	**Ordernumber**	: 26-0000210103
Visit ID	IP26-00006717	**Ward/Bed No**	: 2F -PRIVATE ROOM / CRDL-HNPVT-210-1
Patient Address	1-9-412/2 adikmet hyd, Adikmet, Hyderabad, Telangana, INDIA, 500044		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	INFANT FEEDING TUBE-5	INFANT FEEDING TUBE 5	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
2	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		1 Nos	Dispensed
3	INJEK INJ 1 MG 0.5 ML		1 Nos	/ Once Daily	1 Days		1 Vial	Dispensed
4	SURGICAL BLADE 20	SURGICAL BLADE 20	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
5	SYRINGE 1ML (NIPRO)	SYRINGE 1ML	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
6	SGLOVE # 6.5 (SURGICARE)	SURGICAL GLOVES 6.5	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
7	CORD CLAMP-ALPHAMEDICARE		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
8	Encore Microptic gloves-6.5		1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed

SINDHURA MUNUKUNTLA

Reg No : 66970

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Note

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*** Do not refill medicines.**

210-FC

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Name	Mrs HUMERA ANJUM	**UHID**	HNH-00003406
Father/Guardian	Mr M AMANULLAH	**Age/Gender**	34 Y 2 M 9 D/ Female
Address	1-9-412/2 adikmet hyd, Adikmet, Hyderabad, Telangana, INDIA, 500044		
IP No	IP26-00006711	**Admission Date**	02-07-2026
Ref Doctor	Self.		
Discharge Date	04.07.2026		

DISCHARGE SUMMARY

Consultant:
Dr. SWAPNA SAMUDRALA
MBBS, MS (OBG)
69924

Diagnosis: G5P2L2A2 WITH 37 WEEKS WITH 2 PREVIOUS LOWER SEGMENT CAESAREAN SECTION WITH TREATED ANEMIA FOR ELECTIVE LSCS

ELECTIVE LOWER SEGMENT CAESAREAN SECTION DONE ON 02.07.2026

History:
LMP: 12.10.2025
EDD: 23.07.2026
Obstetric formula: G5P2L2A2
Gestation at admission: 37 weeks

Obstetric History:
G1-2019-Spontaneous miscarriage at 3months of gestation(9-10weeks),MERPC done
G2 -2022- FT-LSCS(Ind: NPOL), Girl, 3.2kg, 4yrs ,A&H
G3- 2022- Spontaneous miscarriage at 3months of gestation(9-10weeks),SERPC done
G4-2024-FT-LSCS ,Male,2.6kg,A&H. Diagnosed with TAPVS on Day-1 of life, repair done at 2months of age
G5 - Present pregnancy Spontaneous conception.

Name	Mrs HUMERA ANJUM	**UHID**	HNH-00003406
IP No	IP26-00006711	**Admission Date**	02-07-2026

Medical History: h/o Haemorrhoids
Family History : Nil
Surgical History: LSCS-2022,2024, SERPC 2022
Allergies : Nil

Antenatal Details:
Mrs HUMERA ANJUM was booked to Rainbow hospital at 35^{+1} weeks of gestation. She had regular antenatal checkups and investigations as advised elsewhere. NT scan was normal. FTS / Aneuploid screen not done. TIFFA was normal. Fetal echo not done. Couple counselled regarding Postnatal evaluation of the baby. She had h/o anemia at 32weeks taken 4 doses of Inj.Iron Sucrose. Growth Scan done on 23.06.206 showed Single live intrauterine fetus with 35^{+1} weeks with cephalic presentation with EFW:3077g(81%) AC:80% AFI:15.6cm with placenta- anterior high and with normal Doppler. She was admitted at 37 weeks for EL.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 NST 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 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. 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. Antibiotic prophylaxis with Inj. Taxim 1 gm IV given. Uterus closed in layers. Hemostasis

Name	Mrs HUMERA ANJUM	**UHID**	HNH-00003406
IP No	IP26-00006711	**Admission Date**	02-07-2026

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**

Delivery Details:

Date :02.07.2026
Time of Delivery : 11:35am
Type of Delivery : Elective Lower segment caesarean section
Indication : Previous 2 LSCS
Anaesthesia : Spinal

Baby Details:

Date : 02.07.2026
Time : 11:35am
Sex : Male
Weight : 3.22kg
Apgar : 8,9
Gestational Age: 37 weeks
NICU Admission: No

Post-Operative Notes:

She was closely monitored. Her vital signs remained stable. Uterus was well retracted with no postpartum haemorrhage. 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 08.07.2026 (9am-9pm) after food.
2. Tab. Calpol (Paracetamol 500mg) 2 tablets thrice daily till 06.07.2026 (8am-2pm-10pm) after food.
3. Tab. Voveran (Diclofenac-50mg) 1 tablet thrice daily till 06.07.2026 (9am-

3pm-11pm) after food.
4. Tab. Pantodac (Pantoprazole - 40mg) 1 tablet twice daily till 08.07.2026 (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.
7. Nebasulf Powder for local application.

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. SWAPNA SAMUDRALA,** after **2** weeks on **18.07.2026** at Rainbow Children's Hospital with prior appointment **(Review consultation will be charged).**

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

Name	Mrs HUMERA ANJUM	**UHID**	HNH-00003406
IP No	IP26-00006711	**Admission Date**	02-07-2026

further details - Chapter II page 6] kindly contact 9154865045 at Rainbow Children's Hospital just dial one toll free number - 18002122. You can also take appointments at any time by going online to our website **www.rainbowhospitals.in**

Registrar/Resident/C.M.O

Consultant:
Dr. SWAPNA SAMUDRALA
MBBS, MS (OBG)
69924

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Childrens Hospital-Himayatnagar

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

ADMISSION SHEET

Registration Details :

Admission No : IP26-00006711 **Admit Date** : 02-Jul-2026 **Admit Time** : 08:18 AM **UHID** : HNH-00003406

Patient Details :

Patient Name	: Mrs HUMERA ANJUM	**Age**	: 34 Y 2 M 9 D
Guardian	: Mr M AMANULLAH	**DOB**	: 23-04-1992
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 1-9-412/2 adikmet hyd Adikmet Hyderabad Telangana INDIA 500044	**Phone No**	: 8121612384/ 9912484061
		E-mail	: na@GMAIL.COM

Admission Details :

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

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

Contact Details :

Name : Mr M AMANULLAH **Relationship** : Husband

Contact Address : 1-9-412/2 adikmet hyd Adikmet Hyderabad Telangana INDIA 500044 **Phone No** : 8121612384

Signature

Doctor Details :

Doctor Name : Dr. SWAPNA SAMUDRALA **Specialisation** : OBSTETRICS AND GYNECOLOGY

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

Co-Consultant :

Payment Details :

Payment Mode : DC/CC Card **Deposit Amount** : 90000.00

Payor Name : SELFPAY

EL- LSCS

Rainbow Children's Hospital
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Your Right to a Safe Delivery

ACTIVITY RECORD FOR BILLING

Name :_____

HNH-00003406 IP26-00006711
Mrs HUMERA ANJUM
23-04-1992 34 Y 2 M 9 D (F)
Dr. SWAPNA SAMUDRALA

UHID No. : _____ __Consultant: _____ Dept : _____

Date of Admission: __Date of Discharge : _____ Time: _____

Room / Bed No : _____Ward : _____ Suggested Billable bed type : _____

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
2/7/26	11.10Am	MICU	OT	
2/7/26	12:55pm	OT	MICU	Puja
2/7/26	5pm	MICU	210	

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	Dr. Sindhura	3/7/26	10320	
2				
3	Case checked by sujatha on 4/7/26 at 11a			
4				
5				
6				
7				
8				
9				
10				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
2/7/26	NIST	7904	Cross checked done

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
2/7/26	Cardiac monitor	11.30Am	3/7/26 at 7am	209984	[illegible]
2/7/26	Infusion pump	11:30Am	2/7/26 5pm		

cross checked done on 4/7/26 at 11a

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
2/7/26	IV placement	①	209985	
2/7/26	catheterization	①		
	PAC	① (OP)	21955	
			cross checked done	
3/7/26 10:20am	NLIA	①	10300	
	cross checked by Sujatha on 4/7/26 at 11am			

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

HNH-00003406 IP26-00006711
Mrs HUMERA ANJUM
23-04-1992 34 Y 2 M 9 D (F)
Dr. SWAPNA SAMUDRALA

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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints
For safe confinement

LMP: ~~[illegible]~~ 12/10/2025 EDD:

Corrected EDD: 23/7/2026 (~~[illegible]~~) GA: 37 wks

Obstetric Formula: $G_5P_2L_2A_2$

Menstrual History: Regular : ☑ Yes ☐ No

Obstetric Hostory:
G1 - 2018/19 - Sp. miscarriage, MERPC (At 3 MA)
G2 - 2022 - FT-LSCS, APOL, Girl / 3.2 kg AG, H.
G3 - 2022 - Misscarriage (At 3 MA), SERPC done
G4 - 2024 - FT-LSCS, Male, 2.6 kg, AG, H.

Present Pregnancy Record: Dx c̄ TAPVC on D1 of life for repair @ 2 months of age.
G5 - 2025 - PP, Sp. concept^n. NT - (N)
~~[illegible]~~, FTS - Not done, TIFFA (N)
F-Echo - N/Done.
Dx c̄ anemia @ 32 wks, Booked @ 35+1 wks
Parenteral Iron.

RISK FACTORS:
- Prev LSCS
- H/o Rx anemia

Obstetric Examination

Fundal Height: Ut ~ Term

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

Liquor: ☑ Adequate ☐ Oligo ☐ Poly

PP: ☑ Cephalic ☐ Breech Others ____

Head Fifths Palpable: 5/5

FHS: ☑ Normal ☐ Tachy ☐ Brady ☐ Absent

Per Speculum Examination N/A

Draining: ☐ Present ☐ Absent ☐ Bleeding

Colour of Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Vaginal Examination - N/A

Cervix: ☐ Long ☐ Partially effaced ☐ Effaced

Os: Closed ____ Dilated ____

Membranes: ☐ Present ☐ Absent

Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Presenting Part: ☐ Vertex ☐ Breech ☐ Others

Sutton: ☐ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2

Pelvis: ☐ Adequate ☐ Doubtful

Height: 155 cm
Weight: 65 kg
Allergies: Nil
Breast: ☑ Normal ☐ Abnormal

General Examination:

Consciousness:	(+)	Pallor:	(−)
Icterus:	(−)	Edema:	(−)
Temp:	Afebrile	PR:	
BP:		DTR:	(N)
CVS:	S_1S_2 (+)	RS	B/L NVBS
Liver/Spleen:	(N)	Urine Output:	(N)

DIAGNOSIS

$G_5P_2L_2A_2$ / ~~38~~ 37 wks / prev 2 LSCS c̄ treated anemia for El. LSCS

HNH-00003406 IP26-00006711
Mrs HUMERA ANJUM
23-04-1992 34 Y 2 M 9 D (F)
Dr. SWAPNA SAMUDRALA

Family History:

~~Htn~~.

Surgical History:

LSCS < 2022 / 2024.

Medical History:

Nil

Hemorrhoids (+)

Medication History:

On T. Fe | T. Ca

Plan of Care:

Elective LSCS

- Informed consent
- Prepare parts
- Admission CTG
- Preop medications as charted
- Inform OT, Anesthetist & Pediatrician
- Shift to OT on call
- Reserve 1 (+) PRBC.
- Foley's catheterisation.

Investigations:

Blood Group - 'O positive'

Hb - 11.4
Plt - 2,65,
WBC - 10,280

HIV, HBsAg, RPR] NR.

USG. (23/6/26) ~35+1 wks

SLF, Cephalic,
Pl-Ant high.
AFI - 15.6cm, EFW - 3077g (81%)
AC @ 80%.
Dopplers - (N)

Doctor Name: Dr. G. Varma
Signature:
Date & Time: 2/7/26

Consultant Name: Dr. Swapna. S
Signature:
Date & Time: 2/7/2026 @.

HNH-00003406 IP26-00006711
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/7/26 12:45pm	POD - 0	Adv
	CC For Afebrile	- NBM
Baby well	BP 110/80	- Drugs as charted
	PR 86	- W/F vitals & excessive BPV
	P/A Ut well retracted	- IVF / Analgesics / thromboprophylaxis
V.O - 100ml	PV Bleeding well	as per Axm
	U/O 100ml (OT - empty)	- H/o monitoring
		- Inform SOS
		Dr. SWAPNA SAMUDRALA Reg. No: 69824 (Dr. Swapna. S)
2/7/2026 4pm	C/s/b Dr Mamatha	
	POD-0	
	CC Fair Afebrile	Adv
	BP 105/79	
	PR 88	- Allow sips > 6pm
Baby well	P/A Ut well retracted	- Drugs as charted
	BS ⊕	- Foley's removal after 6Am 4/m
	LE Bleeding WNL	- IVF / Analgesics / thromboprophylaxis
	U/O - N 60 cc/hr	as per Axm
		- H/o monitoring
	No Complaints	- W/F vitals & Excessive BPV
		- Inform SOS
		Dr Mamatha

HNH-00003406 IP26-00006711
Mrs HUMERA ANJUM (F)
23-04-1992 34 Y 2 M 9 D
Dr. SWAPNA SAMUDRALA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/7/2026	C/o/b Dr Monisha	
5pm	POD 0	
		Adv
	CC For Afebrile	- Allow sips > 6pm
	Vitals Stable	if tolerates → liq diet
	P/A Ut well Retracted	- Drugs as charted
Baby with	BS ⊕	- W/F vitals ↑ BPV
	R/S Bleeding WNL	- I/O monitoring
	U/O - 100cc/hr clear	- Remove Foley's @ 6Am c/m
		- IVF/ Analgesics / thromboprophylaxis as per Anaesth
		- Inform SOS
		- Shift to Room
Noted by Chandra		Amanda
	C/S/B Dr Divya	Adv
2/7/26	POD-0.	- Liquid diet f/b soft diet
9pm	C/C fair Afebrile	- Adequate hydration
	BP : 110/75 mmHg	- Drugs as charted
	PR : 82bpm.	- W/F bleeding P.V.
Baby c mother	P/A uterus Retracted well	- I/O charts
	BS ⊕	- Foleys Removal @ 6AM
urine output Adequate	L/S WNL	- vital Monitoring
		Inform SOS

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

INH-00003406 IP26-00006711
Mrs HUMERA ANJUM
13-04-1992 34 Y 2 M 10 D (F)
Dr. SWAPNA SAMUDRALA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/S/B Dr. Dna	
3/7/26		
7:30AM	POD-1	
		Adv
	G.C fair, Afebrile	- soft diet
	vitals - Stable	- Adequate hydration
Baby c Mother	P/A uterus retracted well.	- Drugs as charted.
		- Monitor vitals
Urine Not voided	L/E NMB	- W/F bleeding PV
Flatus ✓		- Infusion s/es
		[illegible]
	Tx	
3/7/26	POD-2	
		Adv
11:30 AM	No comp	- Soft Diet
	O/E - G.C. fair	- Oral hydration
	Afebrile	- Drugs as charted
Baby - well	[illegible] 2 Br	- monitor vitals
	vitals - @	- Ambulation
	P/A - UV well retracted	- Injection SOS
Urine ✓	[illegible]	
Flatus ✓	L/E : NAB	
Stools +	NB. Anesthes @ 1pm	C/M. [signature]

Dr. SWAPNA SAMUDRALA
Reg. No: 69924

Docu. No. : RCH /FRM / CLINICAL / 088 (P.T.O)

INH-00003406 IP26-00006711
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/7/2026 6:40pm.	c/s/by Dr Naveena	
	O/E GC-fair	Adv
	Afebrile	✓ Regular. diet
V-✓	Vitals-stable	✓ Adequate hydration
	PA:- ut. retracted well.	✓ drugs as charted
F-✓	Soft. NT	✓ w/f PV bleeding
S-✓	Dressing: dry & clean	✓ Ambulation
	L/E: PV bleeding WNL.	✓ Monitor Vitals
		✓ Inform SOS
	Baby: MS	
		Dr. Naveena.
		N.B. Maheshwari @ 8pm.
4/7/2026 7:00am	c/s/by Dr. Naveena	
	O/E GC-fair POD-2.	Adv
	Afebrile	✓ Regular diet
	Vitals - stable	✓ Adequate hydration
V-✓	PA:- ut. retracted well	✓ drugs as charted
F-✓	Soft, NT.	✓ w/f PV bleeding
S-✓	Dressing: dry & clean	✓ Ambulation
	L/E: PV bleeding WNL	✓ Monitor Vitals
	Baby: MS	✓ ~~Tega~~ Staple removal. dressing Today
	D. Naveena	- Inform SOS
		N.B. Sunanda

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Dr. SWAPNA SAMUDRALA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/7/20 11:10 AM	POD - II	
		Adv
	No comp	
	O/E - G.C fair	- Regular Diet
Baby - well	Afebrile	- Oral hydration
	O_2 sat - 99% RA	- Ambulation
BF - ✓	Vitals - ©	- Drugs as charted
	P/A - UT well retracted	- Monitor vitals
	Soft	- Inj ... SOS
	W/E - NAD.	
Can be discharged		
	Remove IV cannula	
		(Dr. Swapna)
		Dr. SWAPNA SAMUDRALA Reg. No: 69924
		N.B. maheshwari

Docu. No. : RCH /FRM / CLINICAL / 088 (P.T.O)

INH-00003406 IP26-00006711
Mrs HUMERA ANJUM
13-04-1992 34 Y 2 M 11 D (F)
Dr. SWAPNA SAMUDRALA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

HNH-00003406 IP26-00006711
Mrs HUMERA ANJUM (F)
23-04-1992 34 Y 2 M 9 D
Dr. SWAPNA SAMUDRALA

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DRUG CHART

Date of Admission: .... Drug Allergies: .... ☑ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

GENERAL - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.

DOCTOR - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
- Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
- Discontinue a drug by drawing a line / through it and a similar line through subsequent recording panels.
- The date and time of stopping the drug along with the doctors name and sign must be mentioned.
- Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.

NURSES - Nurses must follow strictly the FIVE RIGHTS before administration of medication.
1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time
- AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

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

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

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

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

HNH-00003406 IP26-00006711
Mrs HUMERA ANJUM
23-04-1992 34 Y 2 M 9 D (F)
Dr. SWAPNA SAMUDRALA

REGULAR PRESCRIPTIONS

Weight. 66.7kgs Ward. .....

Verified by Dr. Dhakshayani

DRUG : INJ. CEFOTAXIME

Dose	Route	Frequency	Start Date
1g	IV	BD	2/7/26

Name & Signature of the Doctor Starting the Drugs: Dr-BRUNDA

Additional Instructions: (ATD) +24hrs

Date	2/7	3/7
Time		
10am	✓	
10.30	✓	
10pm	✓	

STOP 3/7/26

Daily Doctor's Endorsement by a Sign

Verified by Dr. Dhakshayani

DRUG : TAB. PARACETAMOL

Dose	Route	Frequency	Start Date
1GM	PO	6TH HOURLY	2/7/26

Name & Signature of the Doctor Starting the Drugs: Dr-BRUNDA

Additional Instructions:

Date	2/7	3/7	4/7
Time			
6am	✓		
12pm	✓		
6pm	✓		
12am	✓		

Daily Doctor's Endorsement by a Sign

Verified by Dr. Dhakshayani

DRUG : TAB. DICLOFENAC

Dose	Route	Frequency	Start Date
50MG	PO	8TH HOURLY	2/7/26

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

Additional Instructions:

Date	2/7	3/7	4/7
Time			
7am	✓		
3pm	✓		
11pm	✓		

Daily Doctor's Endorsement by a Sign

Verified by Dr. Dhakshayani

DRUG : TAB. TRAMADOL

Dose	Route	Frequency	Start Date
100MG	PO	8TH HOURLY	2/7/26

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

Additional Instructions:

Date	2/7	3/7	4/7
Time			
8am	✓		
4pm	✓		
2am	✓		

Daily Doctor's Endorsement by a Sign

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Mrs HUMERA ANJUM
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Dr. SWAPNA SAMUDRALA

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Sheet No: .....

REGULAR PRESCRIPTIONS

Weight 64.7kg Ward .....

DRUG : T. PANTOPRAZOLE	Date / Time	2/7	3/7	4/7
Dose: 40mg / Route: PO / Frequency: BD / Start Dt.: 2/7	6AM	X		
Name & Signature of the Doctor Starting the Drugs: Dr. Naveena.				
Additional Instructions:	6PM			
Daily Doctor's Endorsement by a Sign				

DRUG : CEFIXIME	Date / Time		3/7	4/7
Dose: 200mg / Route: PO / Frequency: BD / Start Dt.: 3/7	10PM			
Name & Signature of the Doctor Starting the Drugs: Dr. Dna				
Additional Instructions: From Night				
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:																		
ditional Instructions:																		
octor's Endorsement by a Sign																		

Verified by Dr. Dhakshayani

Verified by Dr. Dhakshayani

Patient Sticker

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

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

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

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

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

VERIFIED BY Name
Signature :

HNH-00003406 IP26-00006711
Mrs HUMERA ANJUM
23-04-1992 34 Y 2 M 9 D (F)
Dr. SWAPNA SAMUDRALA

Weight. 64.7kg 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
2/7/26	10:45AM	INJ. PANTAPRAZOLE	40mg	IV		Maddy
2/7/26	10:45AM	INJ. METOCLOPROMIDE	10mg	IV		Maddy
2/7/26	11:30AM	INJ. TRANEXAMIC ACID	1GM	IV	B	
2/7/26	11:35AM	INJ. CARBETOCIN	100µg	IV	B	
2/7/26	12:20PM	SUPP. DICLOFENAC	100MG	P/R	B	
2/7/26	12:20PM	SUPP. TRAMADOL	100MG	P/R	B	
2/7/26	4PM	INJ PARACETAMOL	1g	IV	B	
3/7/26	12:30pm	INJ PANTOPRAZOLE	40mg	IV		Anusha

Verified by Dr. Dhakshayani

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

Mrs HUMERA ANJUM
23-04-1992 34 Y 2 M 9 D (F)
Dr. SWAPNA SAMUDRALA

I.V. FLUIDS CHART

Weight. 64.7 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
2/7/26	8AM	RINGER LACTATE	IV	100ml/hr			2/7		
2/7	9AM	RINGER LACTATE	IV	100ml/hr			2/7		
2/7/26	11:35AM	RINGER LACTATE	IV	FF			2/7		
2/7	4PM	RINGER LACTATE	IV	100 ml/hr					
		STOP 3/7/26							

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

HNH-00003406 IP26-00006711
Mrs HUMERA ANJUM
23-04-1992 34 Y 2 M 9 D (F)
Dr. SWAPNA SAMUDRALA

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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	-ve					
Occult Blood			1 PRBC Relamend			
HIV						
HCV	Ng.					
HbsAg						

Culture and Sensitivities : ....

....

....

....

Radiology : USG : ....

X-Ray : ....

ECHO : ....

CT : ....

MRI ....

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

HNH-00003408 IP26-00006711
Mrs HUMERA ANJUM
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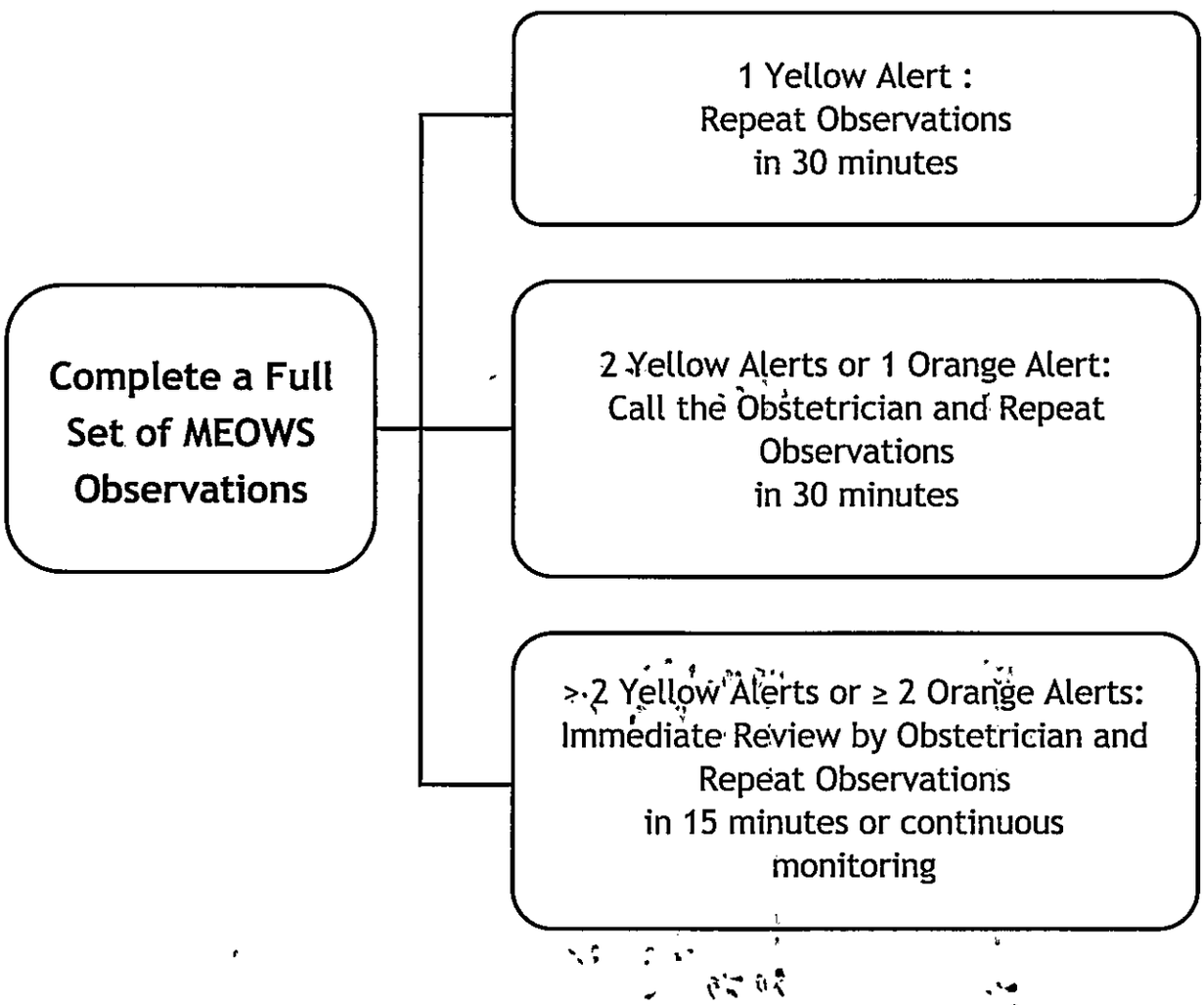
Early Warning Observation Score Chart - Obstetrics

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

2/7/26	Date															pm									
	Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20	20					20	20	20	20	20		22			20				20				20	
	0 - 10																								
Saturations	94 - 100 %	100					100	100	99	99	99		98			99				99				99	
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°C	40																								
	39																								
	38																								
	37																								
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80															87			80					89	
	70	86					86	87	86	87	84		82												
	60																								
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110	101					110	106	108	106	104		110			114			110					113	
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
	40																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70						80	70	71	72	73		75			82			86					78	
	60	70																							
	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	
TOTAL ORANGE SCORES		0					0	0	0	0	0		0			0			0					0	
Nurse Initial																									

Obstetrics and Gynaecology Early Warning Signs



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

HNH-00003406 IP26-00006711
Mrs HUMERA ANJUM
23-04-1992 34 Y 2 M 9 D (F)
Dr. SWAPNA SAMUDRALA

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

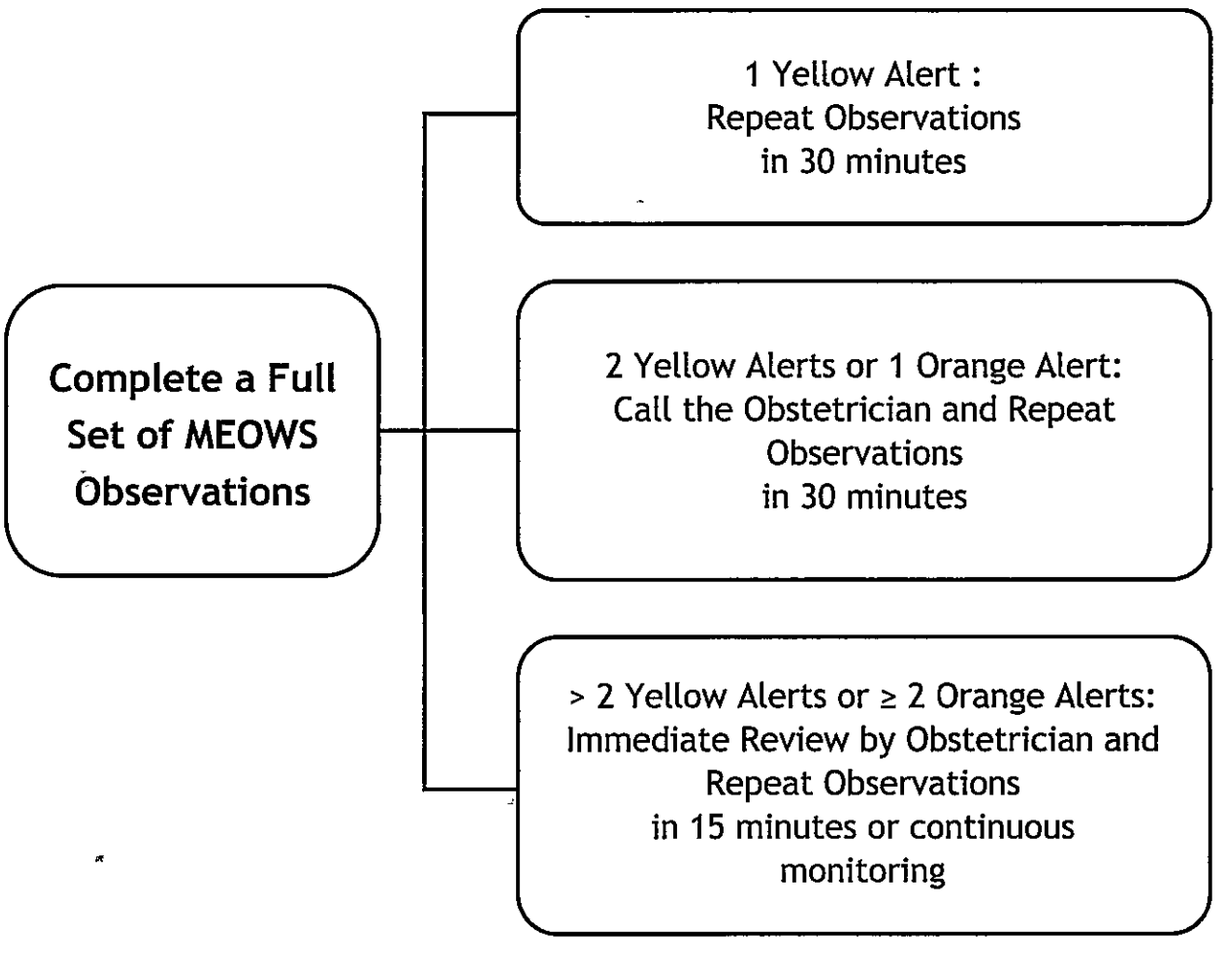
BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Early Warning Observation Score Chart - Obstetrics

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

3/7/26	Date																						
	Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20			22				23				20				20				20				19	
	0 - 10																								
Saturations	94 - 100 %			99-1.				99-1.				99-1				99				99%				98%	
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37			98.5F				96.3F				98.1F				36C				98.3F				97.8F	
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80			72				68				88bpm				87				78				89	
	70																								
	60																								
	50																								
	40																								
↑ Systolic Blood Pressue	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110			110				107				108				107				109				104	
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
↓ Diastolic Blood Pressure	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70			73				74				74				76				72				66	
	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



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

INH-00003406 IP26-00006711
Mrs HUMERA ANJUM
13-04-1992 34 Y 2 M 10 D (F)
Dr. SWAPNA SAMUDRALA

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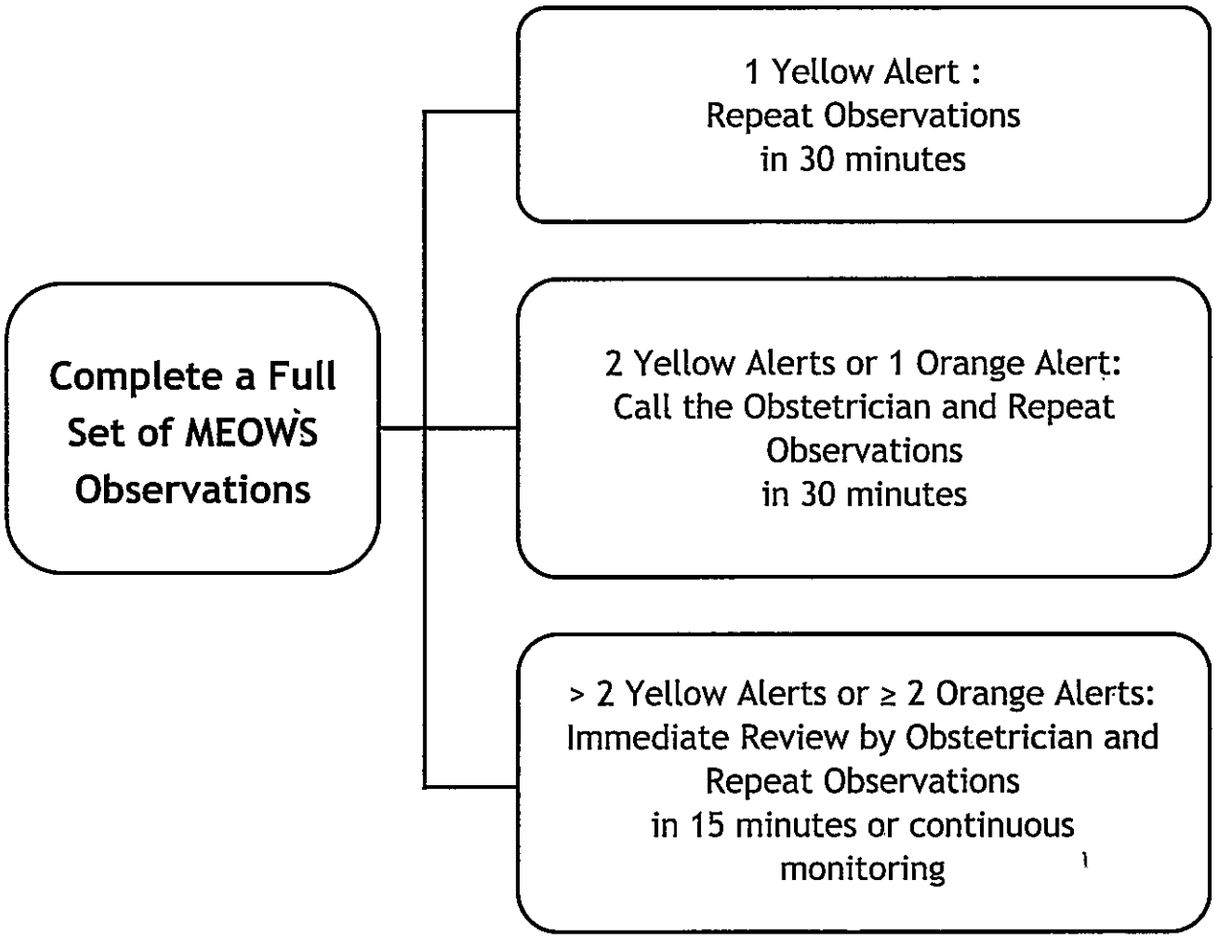
Early Warning Observation Score Chart - Obstetrics

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

9/8/24	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			22/m				24																	
	11 - 20																								
	0 - 10																								
Saturations	94 - 100 %			99%				99%																	
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37																								
	36		—																						
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90			95b/m				96b/m																	
	80																								
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110		100		(52)			101																	
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100		72																						
	90																								
	80																								
	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			8					8																	
TOTAL ORANGE SCORES																									
Nurse Initial			SL					SL																	

Obstetrics and Gynaecology Early Warning Signs



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

HNH-00003406 IP26-00006711
Mrs HUMERA ANJUM
23-04-1992 34 Y 2 M 9 D (F)
Dr. SWAPNA SAMUDRALA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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							
2/7/26	08:00 am	RL	N	100ml						✓		
	09:00 am	RL		100ml								
	10:00 am	RL	B	100ml								
	11:00 am	RL		100ml		NA					0	
	12:00 pm	RL	M	100ml								
	01:00 pm	RL		100ml						100ml		Empty
Total Intake :						Total Output :						
2/7/26	02:00 pm	RL	N	100ml								
	03:00 pm	RL		100ml								
	04:00 pm	RL	B	100ml						300ml		3 PM
	05:00 pm	RL	M	100ml		NA		NA		200ml		BMR
	06:00 pm	RL		100ml								5 PM
	07:00 pm	RL		100ml								
Total Intake :						Total Output : 500ml						
2/7/26	08:00 pm	RL	Sup	100ml								
	09:00 pm	RL		100ml						300ml		
	10:00 pm	RL		100ml		NA					0	0
	11:00 pm	RL		100ml			0	NA				
	12:00 am	RL		100ml						600ml		
	01:00 am	RL		100ml								
Total Intake :						Total Output :						
3/7/26	02:00 am	RL		100ml								
	03:00 am	RL		100ml								
	04:00 am	RL		100ml								
	05:00 am	RL		100ml		NA	0	NA			0	0
	06:00 am	RL		100ml						150ml		Catheter Removed
	07:00 am	RL		100ml								
Total Intake :						Total Output :						

Total 24 hrs. Intake		Total 24 hrs. Output	

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

HNH-00003406 IP26-00006711
Mrs HUMERA ANJUM
23-04-1992 34 Y 2 M 9 D (F)
Dr. SWAPNA SAMUDRALA

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BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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							
3/7/26	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
3/7/26	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
3/7/26	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
4/7	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 S
INH-00003406 IP26-00006711
Mrs HUMERA ANJUM
13-04-1992 34 Y 2 M 10 D (F)
Dr. SWAPNA SAMUDRALA

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

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Your Right to a Safe Delivery

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										0	
	09:00 am										0	
	10:00 am	0	kichidi								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

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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**	

HNH-00003406 IP26-00006711
Mrs HUMERA ANJUM
23-04-1992 34 Y 2 M 9 D (F)
Dr. SWAPNA SAMUDRALA

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: 7/7/26

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 to 2pm	→ Assess the pt condition → Monitor vitg →	8AM to 2pm	→ Assessed the pt condition → Monitor vitals → Maintain I/O chart	Now pt is stable	Re-check vitals	Moni
Afternoon				Day duty			
Night	8pm to 8am	→ Assess the pt. cond. → Plan for v/s checked → Plan for I/O chart maintain	8pm to 8am	→ Assess the pt. condition. → Monitor v/s checked & record. → I/O Chart maintain	Now pt. is stable	Pt. is N/Normal	Monita

HNH-00003406 IP26-00006711
Mrs HUMERA ANJUM (F)
23-04-1992 34 Y 2 M 9 D
Dr. SWAPNA SAMUDRALA

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: 3/7/26

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 to 2PM	→Assess pt condition →Monitor the vitals →maintain I/o chart →Administer medicati -on as per drug chart	8AM to 2PM	→Assessed pt condition →monitored ~~I/o chart~~ →maintained I/o chart →Administered medica -tion as per drug chart	Patient is stable	Re-checked vitals	Jyo
Afternoon	2PM to 8PM	Assess the pt condition. Monitor vitals and maintain I/o charts. Provide the Comfortable Position. Medication Given as Per as doctor order.	2PM to 8PM	Assessed the pt condition. Monitored vitals and maintained I/o charts Provided the Comfortable Position. Medication given as per as doctor order.	→ Pt is stable. → vitals normal.	→ monitor vitals. → Maintain I/o Charts.	Sm Sy
Night	8p to 8a	> Assess the pt. condition > Monitor v/s & record > Provide the comfortable position > Medication give as Per doctor order	8p to 8a	> Assess the pt. cond > Monitor the v/s & record > I/o chart maintain > Provide the comfortable position > Medication give as per doctor order	→ Pt. is stable	→ Re-checked vitals	S

INH-00003406 IP26-00006711
Mrs HUMERA ANJUM
13-04-1992 34 Y 2 M 10 D (F)
Dr. SWAPNA SAMUDRALA

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: 6/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8Am ho 2Pm	Assess the pt condition monitor vitals q new maintain I/O Chart Provide the Comfortable position. medication give as per as doctors.	8Am ho 2Pm	Assessed the pt condition monitored vitals q n. Maintained I/O Chart. Provided the comfortable positio. medication given as per as doctors	→ pt is stable. → vitals normal.	→ Monitor vitals. → Maintain I/O Charts.	Sig Sig
Afternoon							
Night							

Patient Sticker

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: .....

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night							

HNH-00003406
Mrs HUMERA ANJUM IP26-00006711
23-04-1992 34 Y 2 M 9 D
Dr. SWAPNA SAMUDRALA (F)

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JRSING SHIFT HAND OVER FORM - WARD

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

SITUATION	Diagnosis: LSCS	Any Infection: ☐ Yes ☐ No ☑ Not Known If Yes Specify:					
BACKGROUND	Area / Shift Time	2/7 M6	2/7 E2	3/7 N1	3/7 M6	3/7 E2	3/7 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:	97	97	97.2°C	98.3°F	98.2°F	98.3°F
	Res:	16	20	19 b/m	23 b/m	23 b/m	20 b/m
	SpO₂:	99	99	98%	99%	98%	99%
	Pulse:	82	82	85	82 b/m	80 bpm	85 b/m
	BP:	110/70	110/70	100/65	110/68	112/62	115/69
	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 :		Mouni	Chudy	Hanila	Anusha	Sru	Suda
Signature :		[signature]	[signature]	[signature]	[signature]	90/6037	[signature]
Date:		2/7/26	2/7/26	3/7/26	3/7/26	3/7	3/7
Time:		2pm	8pm	8 a	2PM	8 pm	8 AM
Taken Over By Name :		Chudy		[signature]	Sru	[signature]	Sru
Signature :		[signature]		a	90/6037	[signature]	90/6037
Date:		[signature]		3/7/26	3/7	3/7	3/7
Time:		2/7/26		8AM	2pm	8p	8 AM

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

HNH-00003406 IP26-00006711
Mrs HUMERA ANJUM
23-04-1992 34 Y 2 M 9 D (F)
Dr. SWAPNA SAMUDRALA

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Your Right to a Safe Delivery

NURSING SHIFT HAND OVER FORM - WARD

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

SITUATION	Diagnosis: LSCS						Any Infection: ☐ Yes ☐ No ☑ Not Known If Yes Specify: .....
BACKGROUND	Area / Shift Time	6/7 NN6					
	Medical Condition (Any special condition to be noted):	LSCS					
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.2°F					
	Res:	20					
	SpO_2:	99%					
	Pulse:	82					
	BP:	113/72					
	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 :		Srv					
Signature :		[signature]					
Date:		6/7					
Time:		2pm					
Taken Over By Name :							
Signature :							
Date:							
Time:							

HNH-00003406 IP26-00006711
Mrs HUMERA ANJUM
23-04-1992 34 Y 2 M 9 D (F)
Dr. SWAPNA SAMUDRALA

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CHECKLIST FOR THROMBOPHLEBITIS

2/7 3/7/26

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	0	0	0	0	0	0	0			
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1	NA	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	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	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	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	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 : Manika

Signature of Ward In Charge :

Signature : Kasthuri Name : Kasthuri

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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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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	2/7/26	2/7/26	2/7/26
		Score	MG	[illegible]	NJ
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0			
Secondary Diagnosis (more than one diagnosis)	Yes	15			
	No	0			
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0	0	0	0
IV / Heparin Lock or Saline	Yes	20	20	20	20
	No	0			
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10			
	Normal /On Bed Rest /Immobile	0			
Mental Status	Forgets limitations	15			
	Oriented to own ability	0		0	0
Total Morse Fall Scale Score:			20	20	20
		Signature	[signature]	[signature]	[signature]

Fall Risk Grading

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

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

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

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

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

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

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

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BRADEN 'Q' SCALE

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					Date : 2/7	2/7	2/7	3/7
					Time : N1	B2	M4	M6
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	4	4
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
				TOTAL SCORE	28	28	28	28
				Evaluator's Name				

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

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

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

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PAIN ASSESSMENT FORM

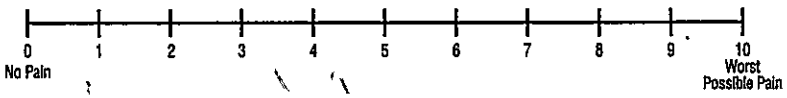
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
2/7/26	~~8AM~~	0/10	ND	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	ND	
2/7/26	2PM	0/10	⊘	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	ND	
2/7	8PM	⊘	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
2/7	8PM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
3/7	6am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
3/7	2pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	~~☐~~ Yes ☐ No	NA	
3/7	8PM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
4/7	6am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
4/7	10PM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
4/7	2PM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	

Re-assessment Frequency:

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

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

CATEGORY	SCORING		
	0	1	2
Face	No Particular expression or smile	Occasional Grimace or Frown, withdraw, Disoriented	Frequent to constant frown, quivering chin, clenched jaw
Legs	Normal Position or Relaxed	Uneasy, restless, tense	Kicking, or legs drawn 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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URINARY CATHETER BUNDLE CHECK LIST

Date of Insertion: 2/7/26 Date of Removal: .....

Parameters	Date / Shift Time	2/7 E2	2/7 N1					
Need for the Catheter		☑ 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
Usage of Sterile Equipment		☑ 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
Check the Tube for Obstruction (Free of Kinking)		☑ 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
Collecting bag is been emptied regularly?		☑ 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
Dressing clean and dry?		☑ 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
Performance of Perineal Care		☑ 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
Asses for the leakage at the site of insertion		☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Name of the Nurse		Remedy	Manisha					
Signature of the Nurse								

CATHETER removed

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EDICATION RECONCILIATION FORM

Drug Allergies: Nil ☐ Not known any Drug Allergies

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

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

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

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. G. Veena

Date & Time : 2/7/26 @

Nurse Name & Signature: .....

Date & Time : 2/7/26 @ 8.30 Pm

Form No. : RCH / FRM / GENERAL / 090

INH-00003406 IP26-00006711
Mrs HUMERA ANJUM
13-04-1992 34 Y 2 M 10 D (F)
Dr. SWAPNA SAMUDRALA

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NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 3/7/26 Time: 10:20 am

Origin: Indian Height: 155cm Weight: 65kg BMI: ☐ ~26 kg/m² ☑ ~28 kg/m² ☐ ~30 kg/m²

Food Allergies: No

Diagnosis: LSCS

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

Diet Advised:

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

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

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

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

Patient's / Attendant's	Dietician's
Signature: Humera	Signature: Sobiya
Name: Humera Anjum	Name: Syeda Sobiya Zaheer
Date & Time: 3/7/26, 10:20 am	Date & Time: 3/7/26, 10:20 am

DIETARY NOTES

Date	Time	Notes	Sign

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00003406 IP26-00006711 Mrs HUMERA ANJUM 23-04-1992 34 Y 2 M 9 D (F) Dr. SWAPNA SAMUDRALA	2/2/26 @ 8:18Am	2/2/26 @ 11:10Am
	Transfer Ordered by Dr. Veena	Reason for Transfer LSCS
From Unit MICU	To Unit OT	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 35	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.	RL — 100ml	1
2.		
3.		
4.		
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sis. Madhavi	Dr. Veena

Patient & Clinical Records Received by : 2/2/26 @ 11:10 Am

Date & Time of Patient Received : Madhu

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

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

PATIENT TRANSFER FORM

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Name & IIHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00003406 IP26-00006711 Mrs HUMERA ANJUM 23-04-1992 34 Y 2 M 9 D (F) Dr. SWAPNA SAMUDRALA	2/7/26	2/7/26
	Transfer Ordered by Dr manisha	Reason for Transfer obs
From Unit pre-past	To Unit 26	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 30	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.	Rb	10
2.		
3.		
4.		
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Umakant	Dr manisha

Patient & Clinical Records Received by : Anusha 2/7/26 @ 5PM

Date & Time of Patient Received :

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

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

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Mrs HUMERA ANJUM
23-04-1992 34 Y 2 M 9 D (F)
Dr. SWAPNA SAMUDRALA

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OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 27/7/26 Time of Arrival: 8AM Time Seen by Nurse: 8:10AM

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

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

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

3) **Vital Signs:** Temperature: 97°F Pulse: 86 RR: 20 SpO_2: 100 BP: 110/70 Weight: .....

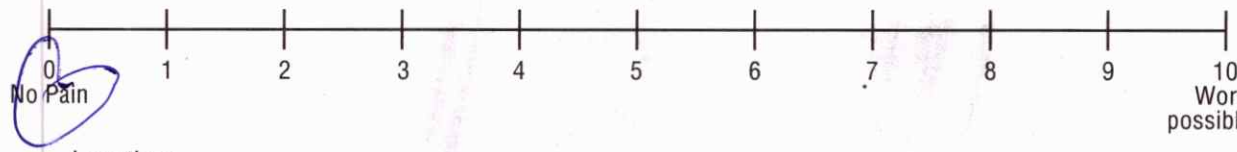
4) **Gestational Criteria:**

Gravida:	G 5	P 2	L 2	A 2

LMP: ..... EDD: ..... Gestational Age: .....

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

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



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

.....

6) **Past History:**

a) Surgeries: .....

b) Medical: Nil

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

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

9) **Prenatal Medical History:**

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

Triage Category: (Please tick on the category)

Refer to OBSTETRICAL TRIAGE ACUITY SCALE (OTAS)

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

OBCU Obstetrical Triage Acuity Scale (OTAS)

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

Time seen by Doctor: ...Dr. manisha.....

Nurse Name : ...Monika.... Nurse Signature: .....

Date: ...2/7/26... Time: ...8:10pm...

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OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 2/7/26

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

..... pain abdomen Name of the Doctor: Dr Neeraja

..... 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 5 P 2 L 2 A 2

Previous LSCS: .....

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

Family History: ☑ No Abnormalities Detected

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

☐ Liver disease ☐ Other .....

Vital Signs / Measurements: Temp: 97 HR: 86 RR: 20

BP: 110/70 Weight: ..... Height: ..... BMI: .....

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

Patient Sticker

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 .....

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 .....

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

Orientation not given Reason: .....

Nurse Signature: .....

Nurse Name: Mounika

Date & Time: 2/7/18

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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
=> 24 hourly EBF given

Handover given by ..... Handover taken by .....

Signature ..... Signature .....

Date & Time: ..... Date & Time: .....

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

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Patient Name : Mrs. HUMERA ANJUM. Gender: ☐ Male ☑ Female Age : 34 yrs

UHID No : HAH-00003406 Date : 2/7/26

Instruction:

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

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

ELECTIVE LOWER SEGMENT CAESAREAN SECTION

upon

MRS. HUMERA ANJUM (Name of the Patient)

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

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

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

Excessive bleeding, need for transfusion of blood or blood products, inadvertent injury to bowel, bladder or ureter, wound infection

My signature on this form indicates that

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

Name of the Doctor who is performing the Surgery / Procedure: Dr. Swapna K Gundrala

Consentee :

Signature : Humera

Name : Humera.

Date & Time : 2/7/2026 @ 10:00am

Patient Attendant :

Signature :

Name : M AMANULLAH

Relationship with Patient: Husband

Date & Time : 2/7/2026 @ 10:00am

Witness :

Signature : Madhu

Name : Madhu mitra

Date & Time : 2/7/26 @ 10 AM

Doctor (who is taking the consent) :

Signature :

Name : Dr. G. Veena

Date & Time : 2/7/26 @ 10 AM

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE

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Patient Name : Mrs. Humera Anjum Age : 34y Gender : Male ☐ Female ☑

UHID NO: HNH-0000 3406 Surgeon Name: Dr. Swapna

Anaesthesiologist : Dr. Samir

Operative procedure planned : Elective Cesarean delivery

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 : Bleeding, need for blood transfusion

Comments : .....

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

DECLARATION BY PATIENT / GUARDIAN / PROXY

I hereby authorize Rainbow Hospital & its authorized doctors to perform upon me / my patient Mrs. Humera Anjum. the above mentioned operation / Diagnostic / Therapeutic procedures Elective Cesarean delivery

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 : Huneera

Name : .....

Relationship with Patient: .....

Date & Time : 2/9/26

Witness :

Signature : .....

Name : Anamika

Date & Time : 2/9/26

Doctor (who is taking the consent) :

Signature : B de

Name : Dr. Brunda

Date & Time : 2/9/26,

- Requested for female staff inside OT.

Department of Anaesthesiology

PRE-ANAESTHETIC EVALUATION

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Name: Mrs. Humera Anjum Age: 34y Sex: F UHID.No : HNH-00003406

Date: 30/6/26 Time: 2:25pm Proposed Operation: Elective LSCS on 2/7/26 ↓Dr Swapna (10-11 AM)

Diagnosis: G5 P2L2A2 36w 5d

B.P / CRT: 111/68 mmHg H.R: 70bpm Weight: 64.7kgs ASA Physical Status: ☐ 1 ☑ 2 ☐ 3 ☐ 4 ☐ 5

21/6

Laboratory Data: Ht - 155cms

Hgb: 11.4 g/l	Glucose: FBS-87, PPBS-111	Protein:	HIV: NR	X-Ray:	
PCV:	Urea:	Alb:	HBS Ag: NR	ECG:	
WBC: 10,280 cells	Creat: 0.5	Total Bill:	HCV:	2D Echo:	
Plate: 2.65 lakh	Na:	Dir. Bill:	Blood group: Othe.	Stress/Anglo:	
PT:	K:	LDH:	T3	Other:	
PTT:	Ca++:	Alk phos:	T4		
INR:	Mg++:	Amylase:	TSH 3.66 µIU/ml		
	Cl -:	SGOT/SGPT:			

Allergies: NKDA.

Medical History: CVS :

RESP : Antenatal checkups - Uneventful Diabetes : —

CNS :

Renal :

Hepatic / GE : Physical Activity: Active

Others :

Past Anaesthetic History: 2 prev LSCS (1st ↓ Epidural in 2020 & uneventful; 2nd - ↓ SAB in 2024)

Placenta - Anterior

Right lateral high Cephalic

AFI = 15.6

Physical Exam:

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

Lungs : B/L AE (+) clear

Heart: S1S2 (+)

CNS: NAD

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

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

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

CURRENT MEDICATIONS	DOSAGE
- IFA	
- Calcium	

Pre-Operative Instructions:

1. DVT Prophylaxis :
2. NIL ORAL → Water / ORS 2 Hours; Others 6 Hours ↳ Explained
3. Informed Consent: ☑ Standard ☐ High Risk
4. Post Operative Pain Management: ☑ Discussed with Patient
5. Other Instructions:
   - CBP on the day of surgery
   - Reserve 10 PRBC
   - Consent Pending

Signature: B de Name: Dr. BRENDA.

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

HNH-00003406 IP26-00006711
Mrs HUMERA ANJUM
23-04-1992 34 Y 2 M 9 D (F)
Dr. SWAPNA SAMUDRALA

ANAESTHESIA CHART

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Pre Induction Assessment:

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

H.R: 92bpm | B.P / CRT: 108/74mmHg | SpO_2: 99% on RA | R.R: 16/min | Last Feed: Last night

Pre-OP Diagnosis: G5P2L2A2 @ 2prev LSCS | Operation: Elective LSCS | Date: 2/7/26

Surgeon: Dr. Swapna | Anaesthesiologist: Dr. Brunda | Technician: Saraswathi

TIME: (11:20) 11:35 11:50 12:05 (12:20)

N_2O /AIR /O_2 LPM
HALO /SO /SEVO
Drugs:
Inj. CARBETOCIN 100µg IV
TRANEXAMIC ACID 1Gm IV

Antibiotic given
Suppository
TRAMADOL 100mg P/R
DICLOFENAC 100mg P/R

FIO_2 / SaO_2: 100 100 100 100
$ETCO_2$
ECG: NSR — NSR
Temperature
Urine Output

Blood Loss: 500ml.

NOTES

Fluids / Blood: RINGER LACTATE

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

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

LAB Values: ABG | GRBS | Others

☐ Equipment Checked and Functional
☑ BP
☐ Cuff Site: Rt UL
☐ Art Site:
☑ EKG Lead 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 Drapes/Sheets

Times:
Anaes Start: 11:20am
OP Start:
OP End:
Leave OR: 12:20 pm

Anaesthesia:
☐ GA
☐ Monitored Anaesthesia Care
☑ Regional

Line (Size & Location)
☐ CVP:
☐ ART:
☑ IV: 18G Left UL
☐ IV:
☐ IV:

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

☐ Mask ☐ SGA
☐ Airway ☐ Oral ☐ Nasal
ETT# at cm
☐ Oral ☐ Nasal ☐ Cuff
☐ Tracheostomy ☐ Topical
☐ Drug:

☐ Awake ☐ Direct Vision
☐ Video Laryngoscopy ☐ Stylette / Bougie
☐ Fiberoptic
Blade# Attempts:
Difficulty Why?

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

Regional:
Extremity Specify:
☑ Spinal ☐ Epidural ☐ Caudal
Others:
Position: Sitting
Site: L3-4 PENCAN
Needle Size: 27G Depth:
Parasthesia ☐ Yes ☑ No
Catheter at skin cm
Drug Name & Conc: Inj. 0.5% H-BUPIVACAINE
Bolus: 10mg + 25µg FENTANYL
Infusion:
Block Level: T4 — T4
Comments:

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

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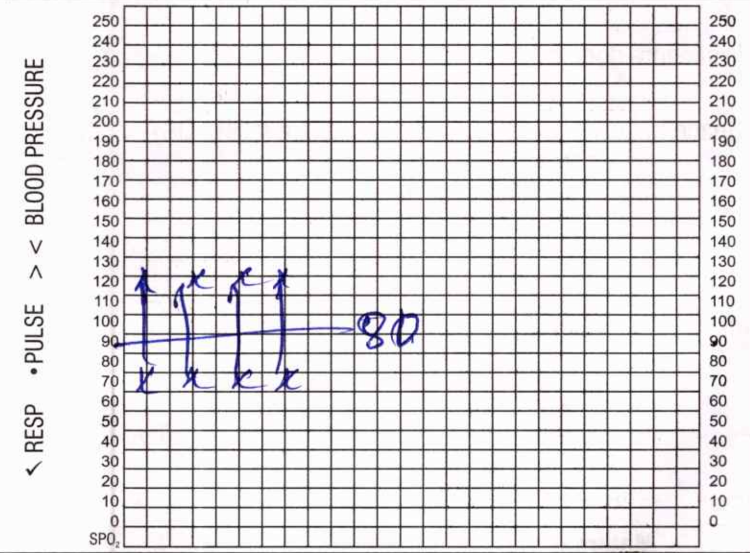
POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Umamaheswari Time Received : 1pm Time Discharged : ....



IV Cannula Site : Lt hand

- ☐ 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	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	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	2		
Fully awake Arousable on calling Not responding	= 2 = 1 = 0	CONSCIOUSNESS	2	2	2	2		
Pink Pale, dusky, blotchy, jaundiced, other Cyanotic	= 2 = 1 = 0	COLOR	2	2	2	2		
		TOTAL	9	10	10	10		

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
2/7/26	1pm	0/10	Nil	Chandu
2/7/26	2pm	0/10	normal	Chandu
2/7/26	3pm	0/10	normal	[illegible]
2/7/26	4pm	0/10	normal	[illegible]

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

Anaesthesiologist Name : Dr. [illegible]
Anaesthesiologist Signature: [signature]
Date & Time: 2/7/26 @ 5pm

PACU Nurse Name : Madhumita
PACU Nurse Signature: Madhu
Date & Time: 2/7/26 @ 5pm

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): (210)
Date & Time: 2/7/26 @ 5pm

Patient Sticker

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Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

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

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

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

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

Solution Composition : .....

Any other issues :

a) .....

b) .....

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

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

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

Patient Satisfaction : .....

Discharge /Shifting ordered by

Doctor Signature: .....

Doctor Name: .....

Date and Time : .....

HNH-00003406 IP26-00006711
Mrs HUMERA ANJUM
23-04-1992 34 Y 2 M 9 D (F)
Dr. SWAPNA SAMUDRALA

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CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: Dr. Swapna. S.	Date of Delivery: 2/7/2026
Assistant Surgeon: Dr. Naveena.	Time of Delivery: 11:35AM.
Anaesthetist's Name: Dr. Brunda.	Gender of Baby: Male.
Type of Anaesthesia: Spinal.	Weight of Baby: 3.22kg.
Neonatologist: Dr. Sindhura.	AGPAR Score: 8,9.
Scrub Nurse: Susheela.	NICU Admission: ☐ Yes ☒ No

Pre-Operative Diagnosis: $G_5P_2L_2A_2$. with 37wks. with pre. 2LSCS. with treated Anemia

☒ Elective ☐ Emergency Indication: Previous. 2LSCS.

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: $P_3L_3A_2$ ~~with~~ on POD following Elective 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: ☐ + ☐ ++ ☐ +++ no Meconium: ☑ None ☐ + ☐ ++ ☐ +++

Bladder Catheterized : ☑ Yes ☐ No Urine: ☑ Clear ☐ Blood Stained

---

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

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

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

Incision Through Placenta: ☐ Yes ☑ No

Delivery of head: ☐ Manual ☑ Forceps

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

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

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

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

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

---

Uterine Closure: ☐ One Layer ☑ Two Layers ..... Vicryl Suture

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

Sheath Closure: ..... Vicryl Suture

Fat Closure: ☐ Yes ☐ No ..... Catgut no 1. Suture

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

Vaginal Evacuated ☑ Yes ☐ No

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

Ctheter ☑ Yes ☐ No ☐ Remove in 12-24hrs. 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 4-6 hrs
IVF & drugs as charted
Urine I/O charting
W/F PV bleeding.
Monitor Vitals
Foleys removal TIM 6am.
Inform SOS

Doctor Name: Dr. Swapna.S. Doctor Signature:

Date & Time: 2/7/2026 @ 12:30pm.

…NH-00003406 IP26-00006711
Mrs HUMERA ANJUM
23-04-1992 34 Y 2 M 9 D (F)
Dr. SWAPNA SAMUDRALA

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Swapna.
Asst. Surgeon :
Anaesthetist : Dr. Samir
Scrub Nurse : Sr. Susheela, Sr. Natasha
Age : 34Y Gender : F
Surgery Name : EL LSCS
Date : 2/7/26 In-time : Out-time :

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Before Induction of Anaesthesia ➢ ➢

SIGN IN Time: 11:05 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. Brunda 2/7/26.

Before Skin Incision ➢ ➢

TIME OUT Time: 11:21Am

Confirm all team members have introduced themselves by Name and Role ☑ Yes ☐ No

Surgeon, Anaesthesia Professional and Nurse Verbally Confirm
- Correct Patient (Check ID Band) ☑ Yes ☐ No
- Correct Site ☑ Yes ☐ No
- Correct Procedure ☑ Yes ☐ No

Anticipated Critical Events

Surgeon Reviews:
- What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss? ☑ Yes ☐ No ☐ NA — 1 hour, 500ml, Addition Adhesions.

Anaesthesia Team Reviews:
Are There Any Patient-specific Concerns? ☑ Yes ☐ No ☐ NA — Bleeding

Nursing Team Reviews:
Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns? ☑ Yes ☐ No ☐ NA

Is Essential Imaging Displayed? ☑ Yes ☐ No ☐ NA

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

Signature : [signature]
Name : Karuna @ 11:21Am

Before Patient Leaves Operating Room

SIGN OUT Time:

Nurse Verbally Confirms with the Team:
- The Name of the Procedure Recorded ☑ Yes ☐ No
- That Instrument, Sponge and Needle Counts are Correct (or Not Applicable) ☑ Yes ☐ No ☐ NA
- The Specimen is Labelled (including patient name) ☑ Yes ☐ No ☐ NA
- Whether there are any Equipment Problems to be addressed ☐ Yes ☑ No ☐ NA

To Surgeon, Anaesthetist and Nurse:
What are the key concerns for recovery and management of this patient? ☑ Yes ☐ No

Signature : [signature]
Name : Dr. Swapna. S.

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00003406 IP26-00006711 Mrs HUMERA ANJUM 23-04-1992 34 Y 2 M 9 D (F) Dr. SWAPNA SAMUDRALA	2/7/26 @ 8:18am.	2/7/26 @ 12:55pm.
	Transfer Ordered by Dr. Samir	Reason for Transfer observation
From Unit OT	To Unit Pre-Post	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 32	Number of Imaging Films 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.	RL	1
2.		
3.		
4.		
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Karuna	Dr. Boruda

Patient & Clinical Records Received by : medly.

Date & Time of Patient Received : 2/7/26 at 12:58 pm

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

26-0000209944

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NARCOTIC PRESCRIPTION FORM
(PATIENT COPY)

Patient Name: Mrs Humua Anjum		Age: 34Y	Gender: Female
UHID No: HNH-00003406	IP No: 26-00006711	Date: 02/07/26	Time: 8:57 Am
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	01 Amp
2.	Morphine Sulphate Inj. 15mg/Ml	—	—
3.	Remifentanil Hydrochloride Inj. 2MG	—	—
4.	Remifentanil Hydrochloride inj. 1MG	—	—

Doctor Name: Dr. [illegible]mir Doctor Registration No: 67529

Signature: [signature]

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

IP Registration No: 26-00006711 **Date:** 02/07/26

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

		Remarks
1.	**Name :** Mrs Humua Anjum	
2.	Complete postal address (with contact number, if any)	Adikmet 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	INJ: Fentanyl

Date	Name of the Essential Narcotic Drugs	Quantity	Signature / Thumb Impression of the patient / Patient Attender	Remarks, if any
02/07	INJ: Fentanyl	01		

Dispensed by (Name & ID No.): Sama (015442) Signature: Sama

Received by (Name & ID No.): M Arvind kumar (021257) Signature: Arv

Time: ....