

Dr. Surajra



ESTIMATION SLIP

Date : 15/5/26 UHID / IP No. : BAH-00408073 SI No. **1516**
 Name of Patient : Mrs. Phavona Age: 34Y Gender: F
 Father's / Husband's Name : Mr. Jagan Corporate / Occupation : _____
 Address : Chitkodally Phone : 9885120013 Email : 9032331866
 Procedure / Plan : N/D/LSC EDD/Dos: June-26
 MODE OF PAYMENT : SELF TPA : Futura General GIPSA : _____ OTHER

TARIFF INFORMATION :

Particulars	Package Amounts (Rs.)	
	Normal Delivery	LSCS
Room Category		
Multi Shared Ward		
Shared Ward		
Twin Shared Ward	<u>92.k</u>	<u>1.02k</u>
Private Room	<u>1.07k</u>	<u>1.17 k</u>
Super Deluxe Room		
Suite Room	<u>+ Non Payables Extra 15k to 25k</u>	
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 : <u>2 Days</u>	Length of Stay for : <u>3 Days</u>
	Pharmacy up to <u>9,000/-</u>	Pharmacy up to <u>12,000/-</u>
	Investigations up to <u>2,500/-</u>	Investigations up to <u>3,000/-</u>
Others	<u>well baby care</u>	<u>251 to 35k</u>

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

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

REMARKS : Neonatal, Vaccination, SBR, BIG

- 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.
- 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.
- Total baby charges are extra which include admission, pharmacy, vaccinations, investigations, disposables, consumables, equipments, speciality consultations, etc.
- 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
- 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.
- 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.
- 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
- Tariffs are subject to revision
- Kindly check your billing status on day to day basis at IP Billing Department.
- Additional Charges on package are applicable for Non-working hours and Non-working days (sundays and public holidays)

DECLARATION

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

Signature of the Client: _____ Signatory Relationship: _____ Signature of the financial Counselor: _____

BAH-00408075 IP26-00006446

Mrs PRAVEENA SATHYALA
29-07-1994 31 Y 9 M 30 D (F)
Dr. SWAPNA SAMUDRALA



SURGERY DETAILS

Date : 28/05/2026

Patient Name: Mrs. praveena sathyala Date of Birth: 29-07-1994 Age:

Gender: Female Ward: LDR UHID No.: BAH-00408075

Date of Surgery: 28/5/2026 LDR-I OT-1 OT-2 OT-3 OT-4 OBG OT-1 OBG OT-2

Name of the Surgery : NVD c Epidural

Time in : 22:00

Time Out : 23:00

	NAME	AMOUNT
1. Surgeon	Dr. Swapna Samudrala	
2. Anaesthetist	Dr. Beena	
3. Assistant Surgeon	Dr. Swathi H.V	
4. OT Technician		
5. Circulating Nurse	Sandhya	
6. Assistant Nurse	Amsha.k	

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

Signature of the Surgeon: Dr. Swathi H.V

Signature of Circulating Nurse: Sandhya

Order No: 26-00002765/2767

Order by: Amsha.k

**NARCOTIC PRESCRIPTION FORM
(PATIENT COPY)**

Patient Name: Mrs. praveena sathya Age: 31 Gender: Female
 UHID No: BAH-0040907 IP No: 26-00006446 Date: 28/5/26 Time:
 Diagnosis: G4PILIA2E 39+3 wks post Pree NVD in latent labour.

PRESCRIPTION DETAILS (Tick only one of the following)

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

Doctor Name: DHEENA Doctor Registration No: 2058
 Signature:

**NARCOTIC DISPENSING FORM
APPENDIX 4 – FORM NO. 3E**

(Details of the Patient to whom Essential Narcotic Drugs Dispensed)

IP Registration No: IP26-00006446 Date: 28/5/2026

Aadhaar No. of the Patient (Optional):

1.	Name :	Remarks		
2.	Complete postal address (with contact number, if any)	110-1-2-2110 susyanagar. chikadpally-Hyderabad.		
3.	Brief description of the illness	Epidural.		
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
28/5	Inj fentanyl	ONE		

Dispensed by (Name & ID No.): sania(018442). Signature: _____
 Received by (Name & ID No.): chennu kalya (018451) Signature:

Time: _____

Name	Mrs PRAVEENA SATHYALA	UHID	BAH-00408075
Father/Guardian	Mr A JAGAN	Age/Gender	31 Y 9 M 29 D/ Female
Address	H NO 1-8-2/10,,SURYA NAGAR, Chikkadpally, Hyderabad, Telangana, INDIA		
IP No	IP26-00006446	Admission Date	28-05-2026
Ref Doctor	SELF		
Discharge Date	30.05.2026		

DISCHARGE SUMMARY

Consultant:

Dr. SWAPNA SAMUDRALA
MBBS, MS (OBG)
69924

Diagnosis: G4P1L1A2 AT 39⁺³ WEEKS IN LATENT LABOUR FOR DELIVERY

SPONTANEOUS VAGINAL DELIVERY DONE ON 28.05.2026

History:

LMP: 25.08.2025
EDD: 01.06.2026

Obstetric formula: G4P1L1A2
Gestation at admission: 39⁺³ weeks

Obstetric History:

G1- 2017 - 5 weeks - TOP by MERPC
G2 - 2019/Aug - FT/AVD (Kiwi) , Male, 3.2 kg, A & H , Uneventful.
G3 - 2025 / May - 10w4d - Incomplete Miscarriage, MERPC done
G4 - Present pregnancy, Spontaneous Conception

Medical History : cervical lymphnode TB -2017(Took ATT -6months), Pulmonary koch- 2021 (ATT x 6months)

Surgical History: Cervical Biopsy-2017

Family History : Parents : HTN &DM ; Husband HTN

Allergies : Nil

Antenatal Details:

Mrs PRAVEENA SATHYALA was booked to Rainbow hospital at 9⁺⁴ weeks of gestation. She had regular antenatal checkups and investigations as advised. NT scan was normal. FTS was low risk. TIFFA was normal. OGTT normal.

Name	Mrs PRAVEENA SATHYALA	UHID	BAH-00408075
IP No	IP26-00006446	Admission Date	28-05-2026

Growth scan done at 28+4weeks showed AGA fetus with normal AFI and doppler with Unilateral Prominent Cerebral Ventricle (Rt 9.0 mm, Lt 3.0 mm); couple counselled. Fetal growth monitoring was done by serial growth scan. Growth Scan (15.05.2026) done at 37⁺⁴ weeks showed single live intrauterine fetus with cephalic presentation with AFI: 15.8cm with EFW: 3025g (39%) with AC: 38% with UAD normal. She was admitted at 39⁺³ weeks in latent labour for delivery.

Investigations: Enclosed
Blood group: "B" positive

Management: Course in hospital and Delivery Details:

At admission on clinical examination the vitals were stable, uterus was irritable, cervix was partially effaced and 2-3 cm dilated. Fetal well being was confirmed by an admission CTG which was found to be reactive. Informed consent taken for vaginal birth. Labour augmented with oxytocin infusion. Artificial rupture of membranes done at 5cms dilatation revealing clear liquor. As per hospital protocol she was started on IV. Taxim in view of ruptured membranes. Partographic monitoring of labour was done. Patient opted for epidural analgesia at 5cm dilatation for pain relief. The same was sited by an anesthetist after informed consent. She progressed to full dilatation at 09:30 pm. Passive descent of fetal head was allowed. She was put into position for vaginal birth. Parts painted with betadine solution and draped to ensure full asepsis. She was encouraged to bear down. At crowning of head episiotomy was given under local anesthesia (10 ml of 2 % xylocaine solution). Baby was delivered by vaginal delivery, Cord clamped and cut and baby handed over to pediatrician. Cord blood collected for blood grouping and Rh typing. Placenta and membranes delivered completely with controlled cord traction. Prophylactic syntocinon given. Episiotomy inspected. No extensions or additional vaginal tears found. Episiotomy sutured in layers. Instrument and swab count checked. 600 mcg of misoprostol given per rectally as prophylaxis against post partum hemorrhage. Vagina cleaned with betadine solution.

Two Tight of cord around neck

Delivery Details:

Date : 28.05.2026
Time of Delivery: 10:29pm
Type of Labour : Spontaneous
Type of Delivery: Spontaneous Vaginal Delivery

Baby Details:

Date : 28.05.2026
Time : 10:29 Pm

Name	Mrs PRAVEENA SATHYALA	UHID	BAH-00408075
IP No	IP26-00006446	Admission Date	28-05-2026

Sex : Male
Weight : 3.38kg
Apgar : 7,8
Gestational Age: 39⁺³ weeks
NICU Admission: No .

Post-Partum Notes: She was closely monitored for post partum hemorrhage. Breast feeding initiated. Vitals were stable; patient ambulated and was shifted to room. Patient was encouraged for spontaneous voiding. Dietary advice given. Her postpartum period following that was uneventful. On first postpartum day episiotomy wound was healthy and intact. 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 (Cefixime 200mg) twice daily till 03.06.2026 (9am-9pm) after food.
2. Tab. Calpol 500mg (Paracetamol 500mg) (2tabs) thrice daily till 01.06.2026 (8am-2pm-10pm) after food.
3. Tab. Pantodac (Pantoprazole - 40mg) 1 tablet twice daily till 03.06.2026 (7am-7pm) before food.
4. Tab. Voveran 50 mg (Diclofenac 50mg) thrice daily till 01.06.2026 (9am-3pm-11pm) after food.
5. Tab. Livogen (Elemental iron - 50mg, folic acid 1.5mg) once daily (7am) for three months before breakfast.
6. Tab. Shelcal (Elemental Calcium 500 mg, vitamin D3 250 IU) once daily (2pm) till breast feeding after food.
7. Betadine ointment for local application.
8. Syp. Duphalac 15 ml (Lactulose 3.33gm/5ml) at bed time for one week.

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 12.05.2026 at Rainbow Children's Hospital with prior appointment (**Review consultation will be charged**).

Name	Mrs PRAVEENA SATHYALA	UHID	BAH-00408075
IP No	IP26-00006446	Admission Date	28-05-2026

The content of the patient discharge summary, medication, food & drug interaction, care to be provided at home, nutrition, when and how to obtain emergency care etc also have been explained by doctor in a language that I can understand and I acknowledge.

Patient/ Attender

In case of emergency like bleeding, fever [please refer to postpartum book for further details - Chapter II page 6] kindly contact 9154865045 at Rainbow Children's Hospital just dial one toll free number - 18002122. You can also take appointments at any time by going online to our website **www.rainbowhospitals.in**


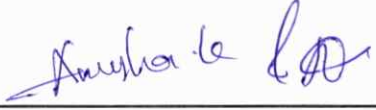


Registrar/Resident/C.M.O

Consultant:

Dr. SWAPNA SAMUDRALA
MBBS, MS (OBG)
69924

PATIENT TRANSFER FORM

Patient Name & UHID No. BAH-00408075 IP26-00006446 Mrs PRAVEENA SATHYALA 29-07-1994 31 Y 9 M 29 D (F) Dr. SWAPNA SAMUDRALA 		Date & Time of Admission 28/5/2016 @ 2:14 PM	Date & Time of Transfer Order 29/5/2016 @ 3 AM
		Transfer Ordered by Dr. Swathi H-V	Reason for Transfer observation
From Unit LDR - 1	To Unit 209	Information to Attendant Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Number of Sheets in Clinical File 32	Number of Imaging Films NST-4	Personal belongings including clinical documents. If any handed over to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, what ?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.			
2.			
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes <input type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring 		Name of Person Ordered Transfer Dr. Swathi H-V	
Patient & Clinical Records Received by : maheshwari			
Date & Time of Patient Received : 29/5/16 @ 3:Am.			

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

ADMISSION SHEET

Registration Details :



Admission No : IP26-00006446 Admit Date : 28-May-2026 Admit Time : 02:14 PM UHID : BAH-00408075

Patient Details :

Patient Name : Mrs PRAVEENA SATHYALA Age : 31 Y 9 M 29 D
Guardian : Mr A JAGAN DOB : 29-07-1994
Gender : Female Religion :
Occupation : Martial Status : Married
Address (H) : H NO 1-8-2/10,,SURYA NAGAR Chikkadpally Phone No : 9032331866/ 9885120013
Hyderabad Telangana INDIA E-mail : JAGAN.MUN@GMAIL.COM

Admission Details :

Bed Type : TWIN SHARING Bed No : PDA-413 Ward Name : 4F -OT
Room No : PDA-413 Admission Type : First Visit

Contact Details :

Name : Mr A JAGAN Relationship : Husband
Contact Address : H NO 1-8-2/10,,SURYA NAGAR Chikkadpally Phone No : 9885120013
Hyderabad Telangana INDIA


Signature

Doctor Details :

Doctor Name : Dr. SWAPNA SAMUDRALA Specialisation : OBSTETRICS AND GYNECOLOGY
Referral Doctor : SELF Phone No :
Co-Consultant :

Payment Details :

Payment Mode : Cash Deposit Amount : 10000.00
Payor Name : GENERALI CENTRAL INSURANCE COMPANY LIMITED

ACTIVITY RECORD FOR BILLING

Name: -----
 UHID No: ----- IP26-00006446
 Date of Admission: -----
 Room / Bed No: ----- Suggested Billable bed type: -----

IF BAH-00408075
 Mrs PRAVEENA SATHYALA
 29-07-1994 31 Y 9 M 30 D (F)
 Dr. SWAPNA SAMUDRALA



tant: ----- Dept: -----
 ate of Discharge: ----- Time: -----

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
29/5/2026	3pm	LDR-2	209	Anushka C
2:				

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	Dr. Sindhu	29/5/26	2929	Sindhu
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
28/5/26	iv placement	(1)	2662	
28/5/26	catheterisation pac	1	202698	[Signature]
29/5/26 1pm	NHA	(1)	2928	[Signature]

lines divided

ANY OTHER INFORMATION

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
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Pati



IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

clo lower Abdominal pain yesterday night.

Obstetric Formula:

G4 P11A2

Obstetric History:

1st: 2017, TOP @ swks by MERPC.
 2nd: 2019, AVDCIWI, male, 3.2kg, 11# @ RH
 3rd: 2025, Incomplete miscarriage @ 9+4 wks

Present Pregnancy Record:

10+4 wks, MERPC done

4th: PP, Spont pregnancy, Booked @ 9+4 wks

RISK FACTORS:

NT-(N), TIFPA-(N)

FTS, low risk.

→ ATT - twice in past

Height: 154 cm

Weight: 61.1 kg

Npl.

Allergies:

Breast: Normal Abnormal

General Examination:

Consciousness: c/c

Pallor: (N)

Icterus: No

Edema:

Temp: Afebrile

PR:

BP:

DTR: (N)

CVS: S1, S2 (+), normal murmur RS BL NUBS (+)

Liver/Spleen: (N)

Urine Output: adequate

LMP: 25/08/2025

EDD:

Corrected EDD: 31/06/2026

GA: 39w 3days

Menstrual History: Regular: Yes No

Obstetric Examination

Fundal Height: term

Ut. Activity: Relaxed Mild Mod Severe *Tweatab*

Liquor: Adequate Oligo Poly

PP: Cephalic Breech Others _____

Head Fifths Palpable: sl5th

FHS: Normal Tachy Brady Absent

Per Speculum Examination

not done

Draining: Present Absent Bleeding

Colour of Liquor: Clear Meconium Blood Stained

Vaginal Examination

Cervix: Long Partially effaced Effaced

Os: Closed 2-3cm Dilated _____

Membranes: Present Absent

Liquor: Clear Meconium Blood Stained

Presenting Part: Vertex Breech Others

Sutton: -3 -2 -1 0 +1 +2

Pelvis: Adequate Doubtful

DIAGNOSIS

G4 P11A2 with 39w 3days POG with previous NVD in latent labour.



<p>family History: mother & father - HTN & DM Husband HTN.</p>	<p>Surgical History: Cervical Biopsy in 2017.</p>
<p>Medical History: Cervical lymphocele TB-2017 (ATT - 6 months taken) Pulmonary Koch - 2021 (Taken ATT for 6 months)</p>	<p>Medication History: T. IRON T. CALCIUM</p>
<p>Plan of Care: Admission NST Parts Preparation. CBP. w/ F POC w/ F PV leak / PV bleeding - NST - Sholy. - FHR monitoring - Sholy. - drugs as charted - Monitor Vitals - Inform SOS.</p>	<p>Investigations: <u>BGT B' Positive</u> <u>CBC (28/1)</u> Hb - 11.7 HIV } plt - 2.40 HbsAg } NR. TLC - 14,032 HCU } PCV - 33.5 VDRL }</p> <p><u>USG (15/05/2026)</u> SLTUF - 37w4days placenta - Post. high. AFI - 15.8cm EFW - 3,025gms (39%) AC - (38%) Cephalic. Dopplers - normal.</p>

Doctor Name: Dr. Naveena

Signature: @

Date & Time: 28/05/2026 @ 2:25pm.

Consultant Name: Dr. Swapna S.

Signature: [Signature]

Date & Time: 28/05/2026

BAH-00408075 IP26-00006446
 Mrs PRAVEENA SATHYALA
 29-07-1994 31 Y 9 M 30 D (F)
 Dr. SWAPNA SAMUDRALA



MEDICATION 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	T. IRON	1TAB	PO	OD	27/05	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
2	T. CALCIUM	1TAB	PO	OD	27/05	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
3						<input type="checkbox"/> C <input type="checkbox"/> DC
4						<input type="checkbox"/> C <input type="checkbox"/> DC
5						<input type="checkbox"/> C <input type="checkbox"/> DC
6						<input type="checkbox"/> C <input type="checkbox"/> DC
7						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

* C - Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Naveena @

Date & Time : 28/05/2016 @ 2:30pm

Nurse Name & Signature: Anusha

Date & Time : 28/5/26 @ 2:30pm

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

BAH-00408075 IP26-00006446
 Mrs PRAVEENA SATHYALA
 29-07-1994 31 Y 9 M 30 D (F)
 Dr. SWAPNA SAMUDRALA



REGULAR PRESCRIPTIONS


Weight Ward

Sheet No.

DRUG : <i>Syp. DUPHALAC</i>				Date Time	<i>09/15</i>																
Dose	Route	Frequency	Start Dt.																		
<i>15ml</i>	<i>P/O</i>	<i>#S.</i>	<i>28/5</i>																		
Name & Signature of the Doctor Starting the Drugs: <i>[Signature]</i>				<i>[Signature]</i>																	
Additional Instructions:																					
Daily Doctor's Endorsement by a Sign				<i>[Signature]</i>																	
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																					

Signature
Name

BAH-00408075 IP26-00006446
 Mrs PRAVEENA SATHYALA
 29-07-1994 31 Y 9 M 30 D (F)
 Dr. SWAPNA SAMUDRALA




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																				

Signature
Name

BAH-00408075 IP26-00006446
 Mrs PRAVEENA SATHYALA
 29-07-1994 31 Y 9 M 30 D (F)
 Dr. SWAPNA SAMUDRALA



Weight. 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	Dose	Dose	Dose	Dose
	Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.
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.

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
28/5	6pm	INJ-CEFOTAXIME	1GM	IV	@	Ash Choy
28/5	6:20 pm	INJ-PANTOPRAZOLE	40mg	IV	@	Ash Choy
28/5	6:30 pm	INJ-DROTAVERINE	1AMP	IV	@	Ash Choy
28/5	10:50 pm	TAB MISOPROSTOL	600mcg	P/R	d	Ash Choy
28/5	10:50 pm	TAB JUVANTIN	50mg	P/R	d	Ash Choy

Signature

VERIFIED BY: Name



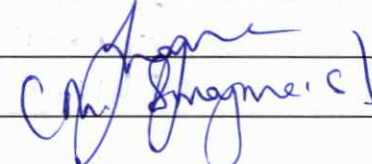

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/05/2021 4:00pm	cls by	Dr. Swathi
olG	Vitals - stable	Add liquid diet
PV: Cx 3-4cm	Nx - 3 station	- Ty: Oxytocin
membranes flat	partially effaced	- Augmentation
PA: ut-term size	1-2c (30-40" / 10)	@ 12ml/hr every 1/2 hr
Cephalic	FHR (+)	- Option of epidural explained
		- strict FHR monitoring
		- NST 3hrly
		- w/f P/R / PV leak / bleed
		- Monitor Vitals
		- Inform Sers

[Signature]
 DR. SWATHI P. R.



...GRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/8/26	PND-0 (P ₂ L ₂ / SVD)	
11:30 pm	No comp O/E - G.C. Jani	
Baby well	W/ptent D Sat - 992 RA PR - 105 bh	- Pepsin Diet - Oral hydrocort - Drugs all checked
Baby +	B.P - 100/60 mmHg P/A ok well rechecked H/E - MATS.	- monitor vitals 1/2 hourly - w/ excessive Pt bleeding
		- Do Renon tests → encourage voiding - Insulin 200
		 (Dr. Swarna)
29/8/2026 2:30 AM	<u>Lib. Dr Swarna</u> - PND-0, P ₂ L ₂ /SVD	
	- pt comfortable voided urine	<u>Adm</u> - @ diet - @ vitals
	O/E: w/etab@ PA'x off ut well@	- Antibiotics - Follow orders
	H/E w/etab@ Epi @ - 1/2 dose	+ w/ p/ptent Bleeding
	 Swarna	- Insulin 200 - Cant slip to room



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/7/20 8:30am	c/s R Dr Veena PND - 0 / P ₂ L ₂ /SVD	
Baby @ ms	Pt is stable, No c/o o/e ac-fair Afebrile, Pallor (-)	Adv
✓	Vitals - stable	- Regular diet - Vital monitoring
✓	P/A - Ut well retracted	- Ambulation
✓	P/V - Episiotomy intact No active bleeding BUNCL	- Adequate hydration - W/ff excessive bleeding P/V - Perform SOs
29/7/20	PMD - 2	
11:00 AM	Pt is stable, No c/o	
Baby - mt	o/e ac-fair Afebrile	Adv
✓	Vitals - stable	- Regular diet - Vital monitoring
Shots ✓	P/A - Ut well retracted	- Ambulation
Remove IV cannula	B _s (+) W/C - BUNCL	- Adequate hydration - Remove IV cannula - Perform SOs
Can be discharged in evening	NHB Swetha	[Signature]



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/08/2026 7:00pm	cls by Dr. Naveena	
	OLE GC-Fair	Adu
U ✓	Afebrile	- Regular diet
F ✓	Vitals stable	- Adequate hydration
S ✓	PA: ut retracted well	- drugs as charted
	Soft, NT	- Ambulation
	OLE: PV bleeding w/NC	- w/f PV bleeding
		- Monitor Vitals
	Baby: Mother side	- Inform SOS
	Dr. Naveena	noted by Supriya @ 7pm
30/8/2026	cls by Dr. Manisha	
9:30 AM	PNOT	
	GC-Fair Afebrile	Adu
	Vitals stable	- Regular Diet / Adeq Hydrate
	PA: ut well retracted	- Drugs as charted
	BS ⊕	- w/f vitals & BP
W ✓	PV bleeding w/NC	- Ambulate
SV ✓	Episiotomy intact	- Inform SOS
	& Healthy	Adu
		Manisha

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 Mrs PRAVEENA SATHYALA
 29-07-1994 31 Y 9 M 29 D (F)
 Dr. SWAPNA SAMUDRALA

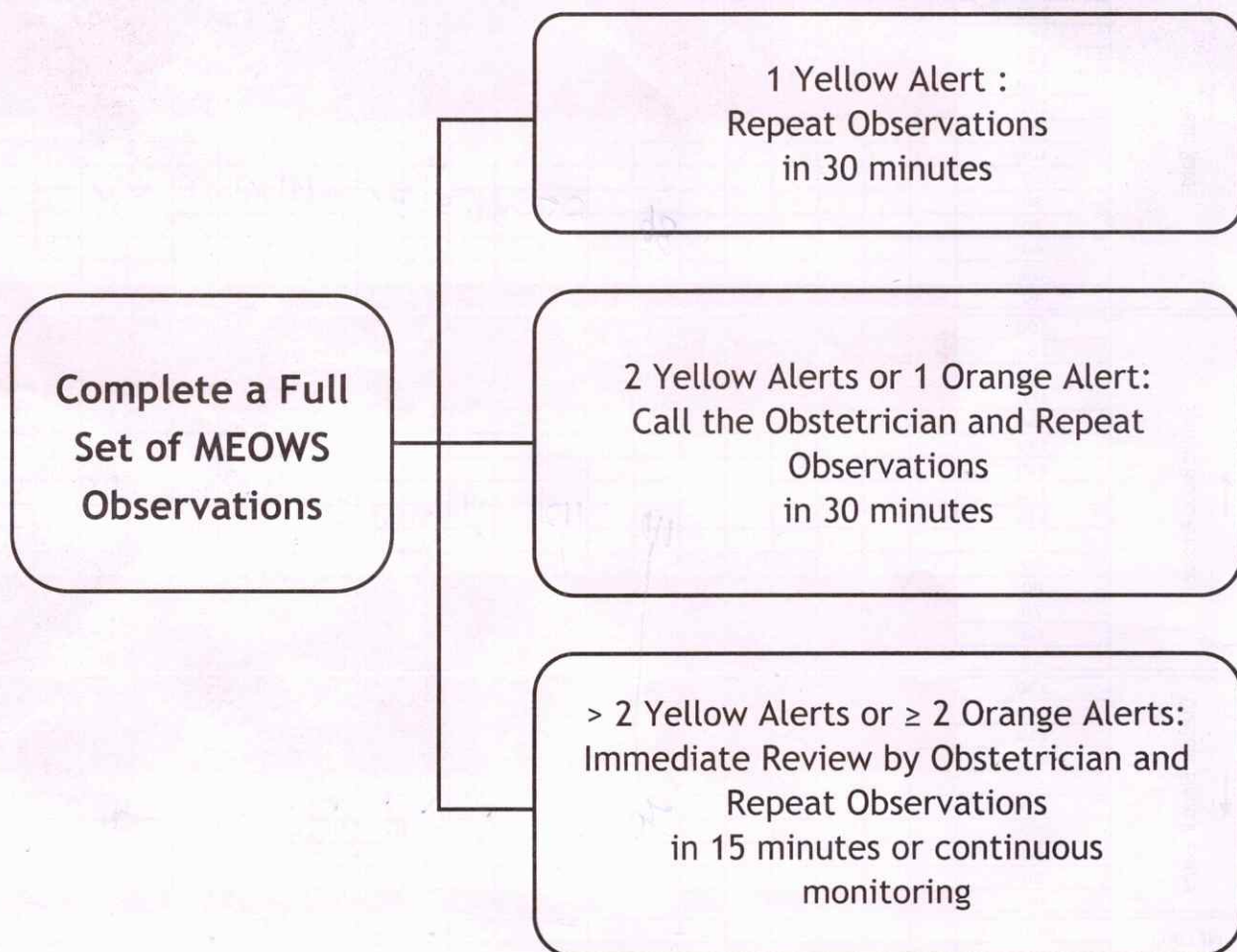


RESULT SHEET

SP
 28/5/20.

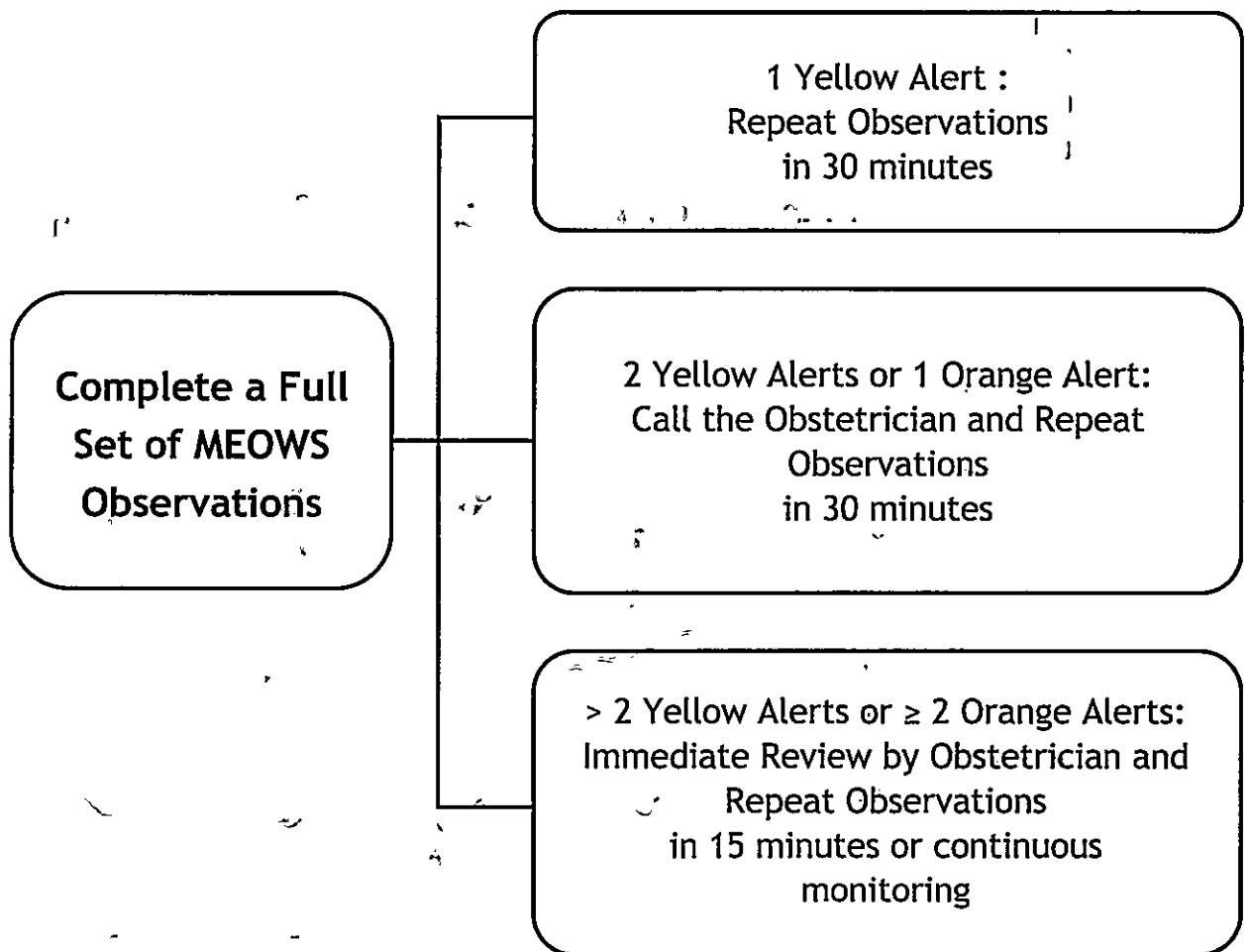
Date	28/5/20.			
Time				
Hb	11.7			
PCV	33.5			
RBC	3.78			
WBC	14.32			
N/L				
Platelets	2.40.			
CRP				
ESR				
PCT				
RBS				
Na				
K				
Cl				
Ca/Mg				
Phosphate				
Urea				
Creatinine				
ALP				
SGPT				
SGOT				
T.Bill/Conj				
T.Protein				
S.Albumin				
S.Globulin				
A/G Ratio				
Uric Acid				
S.Amylase				
Sr.Lipase				
Blood Lactate				
S.Cholesterol				
PT/INR				
APTT				
CSF Protein / Sugar				
Cells				
N/L				

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)



FLUID CHART

Sheet No. :

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	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	— Fed by RL+syn to											
	04:00 pm	RL+syn to											
	05:00 pm	RL+syn to											
	06:00 pm	Juice RL+syn								600ml			empty
	07:00 pm	RL+Syn											
Total Intake : Taken						Total Output : Passed							
	08:00 pm	Det syn Hw											
	09:00 pm	Det syn Hw											
	10:00 pm	Det syn Hw											
	11:00 pm	Det syn Hw											
	12:00 am	Det syn Hw											
	01:00 am	Det syn Hw											
Total Intake :						Total Output :							
	02:00 am												
	03:00 am												
	04:00 am												
	05:00 am												
	06:00 am												
	07:00 am												
Total Intake :						Total Output :							
Total 24 hrs. Intake						Total 24 hrs. Output							

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Dr. SWAPNA SAMUDRALA



FLUID CHART

Sheet No. :

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
29/7	08:00 am	↓									↓		
	09:00 am	↓	↓								↓		
	10:00 am	↓	↓								↓		
	11:00 am	↓	↓								↓		
	12:00 pm	↓	↓								↓		
	01:00 pm	↓	↓								↓		
Total Intake :						Total Output :							
29/5	02:00 pm	↓									↓		
	03:00 pm	↓	↓								↓		
	04:00 pm	↓	↓								↓		
	05:00 pm	↓	↓								↓		
	06:00 pm	↓	↓								↓		
	07:00 pm	↓	↓								↓		
Total Intake :						Total Output :						U-2	17-0
29/5/26	08:00 pm	↓									↓		
	09:00 pm	↓									↓		
	10:00 pm	↓									↓		
	11:00 pm	↓	↓								↓		
	12:00 am	↓	↓								↓		
	01:00 am	↓	↓								↓		
Total Intake :						Total Output :							
29/5/26	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



PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
28/5/26	3pm			<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NA	Ⓞ
28/5/26	9pm	0	—	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NA	Ⓞ
29/5/26	8Am	0	—	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NA	Ⓞ
29/5/26	10Am	0	—	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NA	Ⓞ
29/5	3pm	0	—	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NA	Ⓞ
29/5	8pm	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NA	Ⓞ
30/5	8Am	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NA	Ⓞ
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Re-assessment Frequency:

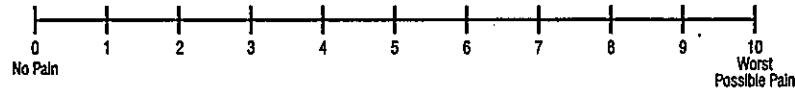
- Every eight hours for all hospitalized patients.
- For post-surgical patients, patients with chronic pain, patient with severe pain:
 - At least every 2 hours for the first 24 hours
 - Then every 4 hours.
 - Prior to pain-relieving intervention.
 - Within 30 – 60 minutes after pain relief intervention.

PAIN ASSESSMENT TOOLS

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, rigid, or Jerking
Cry	No Cry (Awake or asleep)	Moans or whimpers occasional complaint	Crying steadily, screams or sobs, frequent complaints
Consolability	Content, relaxed	Reassured by occasional touching, hugging, or being talked to, distractible	Difficult to console or comfort

Numerical Pain Scale (Obstetric and Gynecology)



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	Archling, 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, SaO₂	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

Wong - Baker (Pediatrics) Above 7 Years



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BRADEN 'Q' SCALE



					Date:	28/0	28/5	29/5	29/5
					Time:	02	11	16	11
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
FRICION-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 meat 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						CO	SS	SS	SS

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

Risk Score	Category	Action	Support Surfaces (Please Note: Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice)
15-18	At Risk	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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



Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	28/8/26	28/8/26	29/8/26	Fall Risk Grading		
		Score	Gv	N	Mb	Risk Level	Morse Fall Score (MFS)	Action
History of Falling (immediately or w/in 3 months)	Yes	25				Low Risk	0 - 24	Standard Fall Precaution
	No	0						
Secondary Diagnosis (more than one diagnosis)	Yes	15				Moderate Risk	25 - 50	Implement Moderate Fall Prevention Intervention
	No	0						
Ambulatory Aid	Furniture	30				High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	Crutches, Cane(S), Walker	15						
	None /Bed Rest /Nurse Assist	0	0	0	0			
IV / Heparin Lock or Saline	Yes	20	20	20	20	Moderate Risk	25 - 50	Implement Moderate Fall Prevention Intervention
	No	0						
GAIT / Transferring	Impaired	20				High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	Weak (uses touch for balance)	10						
	Normal /On Bed Rest /Immobile	0						
Mental Status	Forgets limitations	15				High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	Oriented to own ability	0	0	0	0			
Total Morse Fall Scale Score:			20	20	20			
Signature			CL	CL	CL			

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



CHECKLIST FOR THROMBOPHLEBITIS

28/5/26 29/5/26

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				
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				
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2		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				
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				
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				
Signature of the Nurse					CD	CD	CD		CD				

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 : *[Signature]* Name : *Chembra Kalla*

Signature of Ward In Charge :

Signature : *[Signature]* Name : *Kasheri*

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 Dr. SWAPNA SAMUDRALA



NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:		Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Known					
	Surgery / Procedure:		If Yes Specify:					
BACKGROUND	Date	Shift	28/8/26 62	28/5/26 N1	29/5 46	29/5 E2	29/5 N	
	Medical Condition (Any special condition to be noted):		-					
	Diet:		Noomy / Noom					
ASSESSMENT	Allergy:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):		-		-		-	
	Tubes/Drains/Catheter:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Vital Signs:		Temp:	98.8°F	98.1°F	98.5°F	98.2°F	98.1°C
			Res:	20	20	20b/m	20b/m	20b/m
			SpO ₂ :	100%	100%	100%	99%	100%
			Pulse:	86	84	85b/m	82b/m	81b/m
			BP:	110/70	114/70	121/77	114/62	110/65
			LOC:	-				
			Fall Risk Score:	-				
		Pain Score:	-					
		Skin Integrity	good		Good		Good	
Recommendations	Safety Needs:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Physiotherapy:		-		-		-	
	Others Specify:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Special Diet:		-		-		-	
	Critical Lab Test / Values:		-		-		-	
	Other Special Orders / Medications:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	PU Prophylaxis:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
DVT Prophylaxis:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
ADL (Dependent / Non Dependent):		-		-		-		
Post Operative Procedure Special Orders:		-		-		-		
Handed Over By Name :		Chand		Anush		Sneh		
Signature / ID :		[Signature]		[Signature]		[Signature]		
Date:		28/5/26		29/5/26		29/5		
Time:		8PM		8PM		8PM		
Taken Over By Name :		Anush		Sneh		mahi		
Signature / ID :		[Signature]		[Signature]		[Signature]		
Date:		28/5/26		29/5/26		29/5		
Time:		8PM		8AM		8PM		

Patient Sticker



NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:	Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify:						
	Surgery / Procedure:	Post OP Day:						
BACKGROUND	Date	Shift	/	/	/	/	/	
	Medical Condition (Any special condition to be noted):							
	Diet:							
ASSESSMENT	Allergy:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):							
	Tubes/Drains/Catheter: -	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Vital Signs:	Temp:						
		Res:						
		SpO ₂ :						
		Pulse:						
		BP:						
		LOC:						
		Fall Risk Score:						
Pain Score:								
Skin Integrity								
Recommendations	Safety Needs:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Physiotherapy:							
	Others Specify:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Special Diet:							
	Critical Lab Test / Values:							
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	PU Prophylaxis:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	DVT Prophylaxis:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
ADL (Dependent / Non Dependent):								
Post Operative Procedure Special Orders:								
Handed Over By Name :								
Signature / ID :								
Date:								
Time:								
Taken Over By Name :								
Signature / ID :								
Date:								
Time:								

BAH-00408075 IP26-00006446
 Mrs PRAVEENA SATHYALA
 29-07-1994 31 Y 9 M 29 D (F)
 Dr. SWAPNA SAMUDRALA



NURSING CARE RECORD

Date: 28/8/26

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				NA			
Afternoon	2pm to 8pm	<ul style="list-style-type: none"> ⇒ Assess the patient condition ⇒ plumber vitals ⇒ plumber Plochart 	2pm to 8pm	<ul style="list-style-type: none"> ⇒ Assessed the pt condition ⇒ maintain vitals & Plochart ⇒ maintain Plochart 	patient is stable	<ul style="list-style-type: none"> vitals is normal 	Chudh
Night	8pm	<ul style="list-style-type: none"> ⇒ Assess the pt condition ⇒ check the vitals ⇒ No chart rewrite ⇒ Plan for medication 	8pm	<ul style="list-style-type: none"> ⇒ Assessed pt condition ⇒ checked vitals & Plochart ⇒ Plochart to chart ⇒ given medication as per doctors order 	pt is stable	<ul style="list-style-type: none"> vitals is normal 	Amulka

BAH-00408075 IP26-00006446

Mrs FRAVEENA SATHYALA

29-07-1994 31 Y 9 M 30 D (F)

Dr. SWAPNA SAMUDRALA



NURSING CARE RECORD



Date: 29/8/24

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	<ul style="list-style-type: none"> → Assess the pt condition → monitor vitals & record → maintain I/O chart → administer medication as per drug chart 	8AM to 2PM	<ul style="list-style-type: none"> → Assessed the pt condition → monitored vitals & recorded → maintained I/O chart → administered medication as per drug chart 	→ pt is stable	<ul style="list-style-type: none"> → Rechecked vitals → Ambulation, 4th hly 	
Afternoon	2PM to 8PM	<ul style="list-style-type: none"> → Assess the pt condition → monitor vitals & record → maintain I/O chart → provide the comfortable position. → medication given as per as doctor order. 	2PM to 8PM	<ul style="list-style-type: none"> → Assessed the pt condition → monitored vitals & recorded → maintained I/O chart → provided the comfortable position. → medication given as per as doctor order. 	<ul style="list-style-type: none"> → pt is stable → vitals normal. 	<ul style="list-style-type: none"> → monitor vitals → maintain I/O chart 	
Night	8PM to 8AM	<ul style="list-style-type: none"> → Assess the pt condition → monitor the vitals → maintain I/O chart → drugs give as per drug chart. 	8PM to 8AM	<ul style="list-style-type: none"> → Assessed the pt condition → monitored the vitals → maintained I/O chart → drugs given as per drug chart. 	→ pt is stable now.	→ Reassessed the vitals	



OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 29/07/2025 Time of Arrival: 2PM Time Seen by Nurse:

1) Level of Consciousness: Conscious Semi-Conscious Unconscious

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

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

3) Vital Signs: Temperature: 98.6 Pulse: 97 RR: 20 SpO₂: 100% BP: Weight:

4) Gestational Criteria:

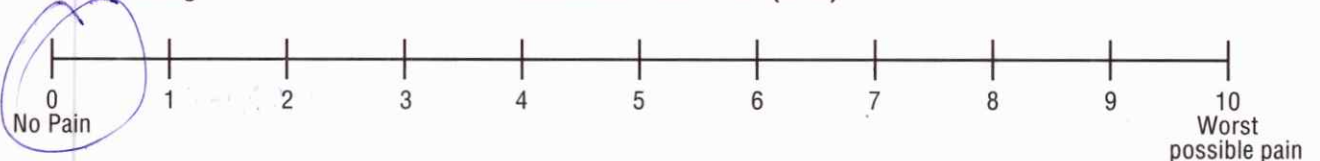
Gravida:	G <u>4</u>	P <u>1</u>	L <u>1</u>	A <u>2</u>
----------	------------	------------	------------	------------

LMP: 25/08/2024 EDD: 01/06/2025 Gestational Age:

	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> NA	Onset	Time	Frequency:
Uterine Contraction	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> NA	Onset	Time	Frequency:
Membrane Rupture	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> NA	Onset	Time	Fluid Color:
Vaginal bleeding	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> NA	Onset	Time	Amount:
Pre Eclampsia Symptoms	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> NA	If Yes specify: Headache / Visual Symptoms / Pain Abdomen / Vomiting		
Good fetal Movement	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	If No specify:		

5) Pain Screening:

Numerical Pain Scale (NPS)



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

6) Past History:

- a) Surgeries:
- b) Medical:

7) Allergy: Yes No, If Yes :

8) Current Medications: Prenatal Vitamin None Others:

9) Prenatal Medical History:

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

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 2 (Emergent)	Level 3 (Urgent)	Level 4 (Less Urgent)	Level 5 (Non Urgent)
Level 1 (Resuscitative)		≤ 15 minutes	≤ 30 minutes	≤ 60 minutes	≤ 120 minutes (2 Hours)
Re-Assessment		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/ SRROM > 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	<ul style="list-style-type: none"> • Acute onsite severe abdominal pain • Altered level of consciousness • Cord prolapse • Severe respiratory distress • Suspected sepsis 	<ul style="list-style-type: none"> • Major trauma • Shortness of breath • Unplanned and unattended birth 	<ul style="list-style-type: none"> • Abdominal/back pain greater than expected in pregnancy • Flank pain / hematuria • Nausea /vomiting and /or diarrhea with suspected dehydration 	<ul style="list-style-type: none"> • 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) 	<ul style="list-style-type: none"> • 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:

Nurse Name : Nurse Signature:

Date: Time:



LABOUR AND DELIVERY NURSING ASSESSMENT

Date of Admission: 28/5/20

Baseline Information:

Admission From: ER OPD Admission Desk Others: specify

Primary Language: Telugu English Hindi Others

Do you require an interpreter? Yes No

Source of Information: Patient Family Others

Personal belonging if any: Jewelry Nose Ring Bangles Anklets Finger Ring Bracelets
 handed over to

Allergies: Yes No Medications Blood Transfusion Food Other:
 If yes, identify

Chief Complaints: Doctor Notified on Admission: Yes No
pain abd. Name of the Doctor: Dr. Naveena
 Time Notified:

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

Past Medical History	Past Surgical History	Previous Hospital Admission
←	←	←

Blood Group: **LMP:** **EDD:** **Gestational age during admission:**

Contractions: **Vaginal Discharge:**

Obstetric History: G P L A **Previous LSCS**

Height: Weight: BMI:

Temp: 36.2 HR: 80 RR: 20 BP: 110/70 SpO₂: 100%

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

<input type="checkbox"/> Hypothyroidism	<input type="checkbox"/> Rh Incompatibility	<input type="checkbox"/> Fertility Treatment
<input type="checkbox"/> Hyperthyroidism	<input type="checkbox"/> Previous LSCS	<input type="checkbox"/> Preterm Labour
<input type="checkbox"/> Hypertension	<input type="checkbox"/> Gestational Hypertension	<input type="checkbox"/> Others: (Specify)
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Bad Obstetric History	
<input type="checkbox"/> Anemia	<input type="checkbox"/> Obesity (BMI)	
	<input type="checkbox"/> Twins / Multiple Pregnancy	



Family History: No Abnormalities Detected
 Heart Disease Hypertension Diabetes Stroke Seizures Kidney disease
 Liver disease Other

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

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

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

FUNCTIONAL SCREENING: If a patient needs assistance with any of the following inform consultant
 Mobility problem Walking Problem No Abnormality Detected
 Developmental Delay Musculoskeletal Congenital Abnormality
Inform consultant for positive criteria

NUTRITIONAL SCREENING:
 Overweight Poor Appetite > 3 Days Needs Therapeutic Diet.
 Under Weight Diabetes Mellitus No Abnormality Detected
Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:
 Calm & Cooperative Restless Depressed Agitated Confused
 Others
Inform consultant for positive criteria

SOCIAL SCREENING:
1. Marital Status: Single Married Divorced Widow
2. Special Habits: **Smoker:** Yes No **Alcohol Abuse:** Yes No **Drug Abuse:** Yes No

Social History: Lives With

Orientation has been given regarding the following aspects:
Call Bell in Reach : Yes No Waste Disposal Explained: Yes No
Infusion Pump : Yes No Hand hygiene Explained: Yes No Others
Above information given to patient
Name of Person Orientation was given to: praveena
Orientation not given Reason: self
(Handwritten notes: patient, praveena, self)

Nurse Signature:
Nurse Name: Chennabellu
Date & Time: 29/08/20
(Handwritten signature and name: Chennabellu)

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Dr. SWAPNA SAMUDRALA



DIETARY NOTES

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NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 29/5/26 Time: 10 AM

Origin: Indian Height: 154cms Weight: 61kg BMI: ~ 26 kg/m² ~ 28 kg/m² ~ 30 kg/m²

Food Allergies: NO

Diagnosis: NVD

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

Diet Advised: 3-380

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

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

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

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

Patient's / Attendant's
Signature: [Signature]

Name: praveena

Date & Time: 29/5/26 ; 10 AM

Dietician's
Signature: [Signature]

Name: sathwik

Date & Time: 29/5/26 ; 10 AM



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CROSS CONSULTATION FORM

Doctor Name : Dr. Swapna Date : 29/5/26 Time : 12:10 PM

Diagnosis : NVD

Hospital : Rainbow Himayat Nagar

Type of Referral :

- Emergency
- Urgent
- Non Urgent

Referred for : Opinion Co-Management Transfer of care

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

Signature: _____

Findings and Recommendations :

Lactation care plan

- * well formed breast & nipple's
- * make baby suck 15 - 20 mints on each side every 2nd hly.
- * Advice DBF
- * follow-up after ① week
- * monitor baby urine output & weight.

Consultant :

Name : Sathwika Signature : [Signature] Date & Time : 29/5/26, 12:10 PM



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: *NO*

- a. Mother needs to stimulate her breast for 2 min every 2 hours

9. Additional notes:

Continuity of Care:

Date: *28/5/2020*

→ Assessed pt condition
→ schedule → for vitals
→ No chest Newborn

Handover given by *Anush*

Handover taken by

Signature *[Signature]*

Signature

Date & Time: *28/5/2020*

Date & Time: