007605 IP26-00006765
/YA R
95 31 Y 1 M 12 D (F)
MAJA YELISETTY

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SURGERY DETAILS

Date : 6/7/2026

Patient Name: Mrs. Navya Date of Birth: 24/5/1995 Age: 31 yrs.

Gender: Female Ward : OT UHID No.: HNH-00007605

Date of Surgery: 6/7/2026 ☐ OT -1 ☑ OT -2 ☐ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : C/M LSCS EMERGENCY LOWER SEGMENT CAESAREAN SECTION & SA

Time in : 9:10PM Time Out : 10:10PM

		NAME	AMOUNT
1.	Surgeon	: Dr Priyadarshini. P	
2.	Anaesthetist	: Dr. Brunda	
3.	Assistant Surgeon	: Dr. Ramya Thyagu	
4.	OT Technician	: Saraswathi	
5.	Circulating Nurse	: Sai priya	
6.	Assistant Nurse	: Sandhya	

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

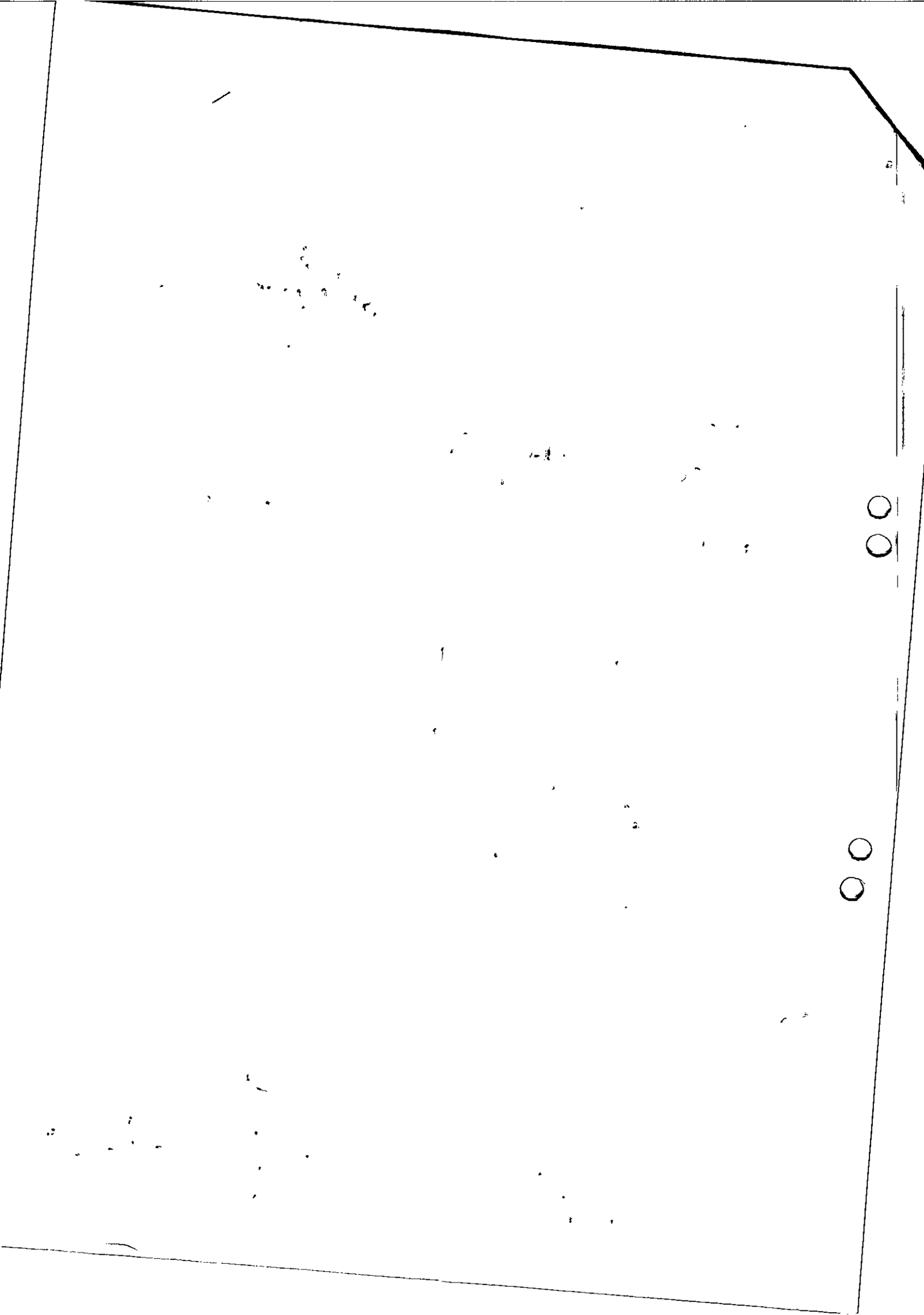
Ramya
Signature of the Surgeon

Signature of Circulating Nurse

Order No: 26-000021131?

Order by: Sandhya 7/7/26 @ 12:17
(or word Saved)

Docu. No. : RCH[illegible]/FRM / GENERAL / 114



HNH-00007605 IP26-00006765
Mrs NAVYA R
24-05-1995 31 Y 1 M 12 D (F)
Dr. PADMAJA YELISETTY

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CONSUMABLES OF OT

Circulating staff : ..... Technician : Saraswathi ..... Date : 6/7/26 ..... Time : .....

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube			Major Pack LSCS		01	Inj Vit.K		01
LMA			Sutures 2347, 2317	01+1		Cord Clamp		01
ECG leads : (A) / P / N		03	2518, 1326	01+1		Suction Catheter 6		01
HME filter : A / P / N						Feeding Tube		
Syringes : 10 cc		03				Vaccum Suction Set		
05 cc		02	Gloves S-6½	3		Surgical Gloves 6.5, 7		01+1
02 cc		02	Encore 6½	2		Gauze Pack 10X10		
01 cc		01				Syringe 1ml / 2ml		01
Cautery plate : (A) / P / N		01	Surgical blade 22	01		Surgical Blade # 20		01
IV set		01	NG tube			Koochies (S)		01
RL		02	Cautery pencil	01				
NS : 10ml / 100ml / 500ml / 1000ml		03	Koochies XXL	01				
Tranexa 1gm		02	Ointments wokadin	01				
oxytocine		01	Suction Catheter					
Fentanyl		01	Cap, Mask		10+10	order number.		
Morphine			Gauze Pack 10X10X-ray, 7.5		1+1	26-00002113 18		
Ketamine Carbitocine (Ecotigod)		01	Mop Pack		2	317		
Propofol			Steristrip			Tip clean		01
Rocuronium			Underpad		02			
Glycopyrolate			Draw sheet					
Myopyrolate Atropine		01	Abgel		01			
Ondansetron + Adrenaline		01	Foleys catheter					
Pencan 25g / Spinal Needle 22		01	Urobag					
Bupivacaine 0.25%			Chest Drainage Catheter					
Anaesthe Bupivacaine 0.25%(Heavy)		01	Romodrain bag					
Antibiotics			Bandage					
Metrogyl (ACugyl)		01	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 Aprons		03			
Tab. Misoprost : 200mg		06	Betadine Solution		02			
Encore 6.5		01	Microshield		01			
Gauze 10X10-X-ray		01	Cotton Balls		02			
Phenprocs 1s 1ml		01	Latex Gloves		20			
			Ramdione Scrub					
			Saral					

Surgeon Anaesthesiologist Nurse OT Technician

Order No. 26-00002113 16 / 315 Ordered by : Sandhya

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

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ELECTRONIC MEDICINE PRESCRIPTION

MRN	HNH-00007605	**Name**	Mrs NAVYA R
Age / Sex	31 Y 1 M 13 D / Female	**Doctor**	PADMAJA YELISETTY
Adm/Reg Date/Time	06/07/2026 19.55	**Payor**	BAJAJ ALLIANZ GENERAL INSURANCE CO LTD.
Order Date	06/07/2026 23.33	**Ordernumber**	26-0000211316
Visit ID	IP26-00006765	**Ward/Bed No**	4F -OT / PDA-412
Patient Address	1-4-880/30 bob colony, Gandhi Nagar, Hyderabad, Telangana, INDIA, 500080		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	ANAWIN HEAVY 5 MG INJ 4 ML		1 Vial	External / Once Daily	1 Days		2 Vial	Dispensed
2	PREGELLED SURGICAL PLATES(ADULT)	PREGELLED PLATED ADULT	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
3	DSYRINGE 5ML(NIPRO)	SYRINGE 5ML	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
4	E.C.G ELECTRODES (ADULT)	ELECTRODES ADULT	1 Nos	External / Once Daily	1 Days		3 Nos	Dispensed
5	ADULT DIAPERS-XXL		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
6	ABGEL SURGI PAD (BIG) (GELSPON)	ABGEL	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
7	CAUTERY PENCIL (ADVANCE)		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
8	MISOPROST TAB 200MCG 4S		1 Tabs	External / Once Daily	1 Days		6 Tabs	Dispensed
9	EVATOCIN (OXYTOCIN) INJ 5 IU 1 ML		1 Vial	External / Once Daily	1 Days		4 Vial	Dispensed
10	SURGICAL BLADE 22	SURGICAL BLADE 22	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
11	POVINANZ SOLUTION 10% 100 ML		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
12	DISPOSABLE APRONS STERILE XL	DISPOSABLE APPRON STERILE XL	1 Nos	/ Once Daily	4 Days		4 Nos	Dispensed
13	LSCS DRAPE PACK (PROTECTCARE)		1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
14	WOKADINE 10% OINT 15GM		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
15	GAUZ SWAB 10 X 10 CM 12PLY 5S X-RAY		1 Pkt	External / Once Daily	1 Days		2 Pkt	Dispensed
16	SUPRIDOL SUPPOSITORIES 100 MG 5 S		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
17	MOPS 30X30 8PLY 5S X-RAY	MOPS 30X30S PLYDATT	1 Nos	/ Once Daily	2 Days		2 Nos	Dispensed
18	RL 500 ML CLOSED SYSTEM	RINGER LACTATE 500ML CLOSED	1 Bottle	/ Once Daily	2 Days		2 Bottle	Dispensed
19	BIOXAMC 500 MG INJ		1 Ampule	External / Once Daily	1 Days		2 Ampule	Dispensed
20	VICHYL PLUS 1 VP (2347)	VICRYL PLUS 1 VP 2347	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
21	BCV-INTRAFIX SAFESET		1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
22	RELIGOL 100 MCG INJ CARBITOCIN		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
23	JUSTIN SUPPOSITORIES 100 MG 5 S		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
24	Encore Microptic gloves-6.5		1 Nos	/ Once Daily	1 Days		3 Nos	Dispensed
25	MONOCRYL 3-0 NW 1326	MONOCRYL 1326	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
26	DSYRINGS 2.5ML(NIPRO)	SYRINGE 2ML	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
27	BACTOPREP SOLUTIONS 100 ML		1 mL	/ Once Daily	2 Days		2 Nos	Dispensed
28	ADROGLARE(ADRENALINE) INJ 1MG *ML		1 Vial	External / Once Daily	1 Days		1 Vial	Dispensed
29	PENCAN 25G*3 1 2	PENCAN 25G*3 1 2	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
30	VICRYL 2-0 VP 2317	VICRYL 2-0 VP 2317	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
31	DSYRINGE 10ML (NIPRO)	SYRINGE 10ML	1 Nos	External / Once Daily	1 Days		3 Nos	Dispensed
32	DSYRINGE 1ML (NIPRO)	SYRINGE 1ML	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
33	VACCUME SUCTION SET		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
34	VICRYL USP-0 VP2518		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
35	UNDERPADS 60X90 BUTTERFLY		1 Nos	External / 10 AM	1 Days		2 Nos	Dispensed
36	PHEN PRESS LS 50MCG IN ML 10ml		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
37	COTTON BALLS 2 GM 5 NOS		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
38	ACUGYL 500MG INJ		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
39	SGLOVE # 6.5 (SURGICARE)	SURGICAL GLOVES 6.5	1 Nos	External / Once Daily	1 Days		3 Nos	Dispensed

PADMAJA YELISETTY

Reg No : 52427

* 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.

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ELECTRONIC MEDICINE PRESCRIPTION

MRN	: HNH-00007605	**Name**	: Mrs NAVYA R
Age / Sex	: 31 Y 1 M 13 D / Female	**Doctor**	: PADMAJA YELISETTY
Adm/Reg Date/Time	: 06/07/2026 19:55	**Payor**	: BAJAJ ALLIANZ GENERAL INSURANCE CO LTD.
Order Date	: 06/07/2026 23:33	**Ordernumber**	: 26-0000211315
Visit ID	: IP26-00006765	**Ward/Bed No**	: 4F -OT / PDA-412
Patient Address	: 1-4-880/30 bob colony, Gandhi Nagar, Hyderabad, Telangana, INDIA, 500080		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	FACE MASK 3 LAYER - ELASTIC	FACE MASK 3 LAYER	1 Nos	External / Once Daily	1 Days		10 Nos	Dispensed
2	SURGEON CAP(FEMALE) (PROTECTCARE)		1 Nos	External / Once Daily	1 Days		10 Nos	Dispensed
3	NITRILE EXAMINATION GLOVES P F- MEDIUM		1 Nos	External / Once Daily	1 Days		20 Nos	Dispensed

PADMAJA YELISETTY

Reg No : 52427

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ELECTRONIC MEDICINE PRESCRIPTION

MRN	: HNH-00016406	**Name**	: Baby Of NAVYA R
Age / Sex	: 0 Y 0 M 0 D 10 H / Male	**Doctor**	: SINDHURA MUNUKUNTLA
Adm/Reg Date/Time	: 06/07/2026 22:15	**Payor**	: SELFPAY
Order Date	: 06/07/2026 23:37	**Ordernumber**	: 26-0000211318
Vis	: IP26-00006769	**Ward/Bed No**	: 4F -OT / CRDL-HNPDA-412-2
Patient Address	: 1-4-880/30 bob colony, Gandhi Nagar, Hyderabad, Telangana, INDIA, 500080		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	DSYRINGE 1ML (NIPRO)	SYRINGE 1ML	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
2	SGLOVE # 7.0(SURGICARE)	SURGICAL GLOVES 7.0	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
3	INJEK INJ 1 MG 0.5 ML		1 Nos	/ Once Daily	1 Days		1 Vial	Dispensed
4	SGLOVE # 6.5 (SURGICARE)	SURGICAL GLOVES 6.5	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
5	CORD CLAMP-ALPHAMEDICARE		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
6	GAUZE PACK STERILE 10X10X12 PLY 5S	GAUZE PACK STERILE 10X10X12 PLY 5 PACK	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
7	SURGICAL BLADE 20	SURGICAL BLADE 20	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
8	SUCTION CATHETER 6 ROMSONS		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed

SINDHURA MUNUKUNTLA

Reg No : 66970

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Note

* This prescription is valid only for specified duration.

* Do not refill medicines.

Printed Date/Time : 07/07/2026 07:31 Printed By : GEDDAM SANDHYA PRAMEELA RANI

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ELECTRONIC MEDICINE PRESCRIPTION

MRN	: HNH-00016406	**Name**	: Baby Of NAVYA R
Age / Sex	: 0 Y 0 M 0 D 10 H / Male	**Doctor**	: SINDHURA MUNUKUNTLA
Adm/Reg Date/Time	: 06/07/2026 22:15	**Payor**	: SELFPAY
Order Date	: 06/07/2026 23:37	**Ordernumber**	: 26-0000211317
Visit ID	: IP26-00006769	**Ward/Bed No**	: 4F -OT / CRDL-HNPDA-412-2
Patient Address	: 1-4-880/30 bob colony, Gandhi Nagar, Hyderabad, Telangana, INDIA, 500080		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	KOOCHEES- SMALL 5 S		1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed

SINDHURA MUNUKUNTLA

Reg No : 66970

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Note

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Printed Date/Time 07/07/2026 07:31 Printed By GEDDAM SANDHYA PRAMEELA

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310
FC

Name	Mrs NAVYA R	**UHID**	HNH-00007605
Father/Guardian	Mr NIHAL R	**Age/Gender**	31 Y 1 M 13 D/ Female
Address	1-4-880/30 bob colony, Gandhi Nagar, Hyderabad, Telangana, INDIA, 500080		
IP No	IP26-00006765	**Admission Date**	06-07-2026
Ref Doctor	Self.		
Discharge Date	09.07.2026		

DISCHARGE SUMMARY

Consultant:
Dr. PADMAJA YELISETTY
MBBS, MD, MRCOG, FRCOG
52427

Diagnosis: PRIMI AT 35^{+5} WEEKS WITH PRETERM PREMATURE RUPTURE OF MEMEBRANES WITH GESTATIONAL DIABETES MELLITUS ON ORAL HYPOGLYCEMIC AGENTS AND INSULIN WITH HYPOTHROIDISM WITH INTRAHEPATIC CHOLESTASIS OF PREGNANCY FOR DELIVERY

EMERGENCY PRETERM LOWER SEGMENT CAESAREAN SECTION DONE ON 07.07.2026

History:

Name	Mrs NAVYA R	**UHID**	HNH-00007605
IP No	IP26-00006765	**Admission Date**	06-07-2026

LMP: 22.10.2025 Obstetric formula: Primi

EDD: 29.07.2026 Gestation at admission: 35^{+5} weeks

Obstetric History:
G1 -Present Pregnancy, Spontaneous conception.

Medical History: Nil
Surgical History: Nil
Allergies: Nil
Family History: Mother: DM,HTN; Sister: Hypothyroid

Antenatal Details:
Mrs NAVYA R was booked to Rainbow hospital at 15 weeks of gestation. She had regular antenatal checkups and investigations as advised. NT scan normal. FTS-Low risk.She had complains of itching over palms and soles, Diagnosed as IHCP, Gastroenterologist opinion sought advised Tab Udiliv 300mg twice daily for 20days since 13^{+2} weeks. Repeat LFTs normal. TIFFA was normal. Fetal 2d Echo normal. OGTT 94/212/183, dignosed with GDM at 17 weeks , managed on MNT. Endocrinologist consultation done, At 20+3 weeks she started on OHA (T. Glycomet 500mg once daily) , Insulin added at 26 weeks in view of uncontrolled GDM. Monitoring sugars at home with sub optimal control. At 16^{+6} weeks diagnosed to have hypothyroidism started on T.Thyronorm 50mcg. She came with Complaints of itching in palms and soles at 26 weeks - TBA on 28/4/26 1.9 Hb 11.1g platelets 1.73 lakhs, Gastroenterologist opinion was sought. Urine C/S (15/4/26) - E Faecalis treated with Nitrofurantoin. Urine C/S (16/5/26)- Klebsiella Pnuemoniae Augmentin given. Urine C/S (29.06.2026)-

Name	Mrs NAVYA R	**UHID**	HNH-00007605
IP No	IP26-00006765	**Admission Date**	06-07-2026

Acinetobacter baumannii complex Treated with Inj Amikacin. Fetal monitoring done by serial growth scans. Scan done on 12.06.2026 at 32^{+2} weeks showed single live fetus with cephalic presentation, AFI- 18.7cm, Placenta-posterior high, EFW- 1.878 (31%) AC15% with normal dopplers. Scan done on 4/7/26 at 35+3 weeks SLIUP, Cephalic ,AFI: 15.5 cms, Placenta: Posterior / High. She was admitted at 35^{+5} weeks with PPROM for Emergency Preterm LSCS.

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

Management:
Course in hospital and Delivery Details:
At admission on clinical examination the vitals were stable, uterus was relaxed, cervix was 3cm , 30% effaced, membranes absent, liqour draining clear, vertex -3. Fetal well being was confirmed by an admission NST which was found to be reactive. As per hospital protocol, Inj Taxim 1g IV was given in view of PPROM. CBP,CRP, HVS sent and traced. She was decided for emergency C- section in view of PPROM with GDM and was prepared with indwelling Foley's catheter and IV canula under aseptic conditions. Written informed consent for surgery taken. Preanesthetic check up done. Anesthetic premedication (IV Pantop and Perinorm) given. Patient shifted to theatre.

Surgery Notes:
Under general 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

Name	Mrs NAVYA R	**UHID**	HNH-00007605
IP No	IP26-00006765	**Admission Date**	06-07-2026

curvilinear incision given on the uterus. Baby delivered. Cord clamped and cut and cord blood collected for blood grouping and Rh typing. Baby handed over to pediatrician. Placenta delivered with controlled cord traction. Uterus closed in layers. Hemostasis secured. Instruments and swab count checked. Rectus sheath closed. Subcutaneous fat approximated and Drain tube kept. Skin closed with Mattress sutures. Wound dressing done. Vagina cleaned with Betadine solution after expelling clots. Misoprostol 1000 mcg given per rectum as prophylaxis against Postpartum hemorrhage. Patient was shifted out of theatre to post operative recovery room.

***1 Loop of cord around neck.**

* **LUS formed.**

* **Scanty liqour.**

Delivery Details :

Date : 06.07.2026
Time of Delivery: 09:22pm
Type of Delivery: Emergency Preterm lower segment caesarean section
Indication : PPROM +GDM (I+OHA)
Anaesthesia : Spinal

Baby Details:

Date : 06.07.2026
Time : 09:22pm
Sex : Male
Weight : 2.6kg
Apgar : 7,9

Name	Mrs NAVYA R	**UHID**	HNH-00007605
IP No	IP26-00006765	**Admission Date**	06-07-2026

Gestational Age: 35^{+5} weeks
NICU Admission: No

Post-Operative Notes:
She was closely monitored. Her vital signs remained stable. Uterus was well retracted with no Postpartum hemorrhage. Breast feeding initiated. She was shifted to room. GRBS monitoring was done. Her postoperative period following that was uneventful. Lactation counselling. On second postoperative day dressing was changed. On inspection wound was healthy. On POD 2, FBS-75 , PPBS was 122 mg/dl. 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 12.07.2026 (9am-9pm) after food.
2. Tab Metronidazole 400mg thrice daily (8am-3pm-10pm) till 12.07.2026 after food.
3. Tab. Calpol 500mg (Paracetamol 500mg) (2tabs) thrice daily till 10.07.2026 (8am-2pm-10pm) after food.
4. Tab. Voveran 50 mg (Diclofenac 50mg) thrice daily till 10.07.2026 (9am-3pm-11pm) after food.
5. Tab. Pantop 40mg twice daily till 12.07.2026 (7am-7pm) before food.
6. Tab. Livogen (Elemental Iron - 50mg, folic acid 1.5mg) once daily (7am) for three months before breakfast.
7. Tab. Shelcal (Elemental Calcium 500 mg, Vitamin D3 250 IU) once daily

(2pm) till breast feeding for after food.

8. Nebasulf Powder for local application.
9. Tab Zofer 4mg SOS (For nausea/ vomiting).
10. Continue Tab thyronorm (50mcg) till further advice.
11. Repeat FT3, FT4, TSH after 6 weeks and review.
12. Repeat FBS, PPBS after 4 weeks and review.

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

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

Review with **Dr. Padmaja Yelisetty,** on **1 week** on **17.07.2026** Rainbow Children's Hospital with prior appointment **(Review consultation will be charged).@11:30am**

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.

Name	Mrs NAVYA R	**UHID**	HNH-00007605
IP No	IP26-00006765	**Admission Date**	06-07-2026

5.Apply Nebasulf or Neomycin dusting powder on the wound after it is dry.
6.Do not touch the wound with unwashed hands.

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

Patient/ Attender

In case of emergency like bleeding, fever [please refer to postpartum book for further details - Chapter II page 6] kindly contact 9154865045 at Rainbow Children's Hospital Himayatnagar 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. Padmaja Yelisetty,
MBBS, MD, MRCOG,FRCOG
52427

Rainbow Childrens Hospital-Himayatnagar

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

ADMISSION SHEET

Registration Details :

Admission No : IP26-00006765 **Admit Date** : 06-Jul-2026 **Admit Time** : 07:55 PM **UHID** : HNH-00007605

Patient Details :

Patient Name	: Mrs NAVYA R	**Age**	: 31 Y 1 M 12 D
Guardian	: Mr NIHAL R	**DOB**	: 24-05-1995
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	: Married
Address (H)	: 1-4-880/30 bob colony Gandhi Nagar Hyderabad Telangana INDIA 500080	**Phone No**	: 9494441555/ 7702787216
		E-mail	: navyanayani24@gmail.com

Admission Details :

Bed Type : TWIN SHARING **Bed No** : PDA-412 **Ward Name** : 4F -OT

Room No : PDA-412 **Admission Type** : First Visit

Contact Details :

Name : Mr NIHAL R **Relationship** : W/O

Contact Address : 1-4-880/30 bob colony Gandhi Nagar Hyderabad Telangana INDIA 500080 **Phone No** : 9494441555

Signature

Doctor Details :

Doctor Name : Dr. PADMAJA YELISETTY **Specialisation** : OBSTETRICS AND GYNECOLOGY

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

Co-Consultant : Dr. P PRIYADARSHINI

Payment Details :

Payment Mode : DC/CC Card **Deposit Amount** : 20000.00

Payor Name : BAJAJ ALLIANZ GENERAL INSURANCE CO LTD.

PATIENT TRANSFER FORM

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Patient Name & UHID No	Date & Time of Admission	Date & Time of Transfer Order
HNH-00007605 IP26-00006765 Mrs NAVYA R 24-05-1995 31 Y 1 M 13 D (F) Dr. PADMAJA YELISETTY	6/7/26 @ 7:55pm	7/7/26 @ 8:50 AM
	Transfer Ordered by Dr manisha	Reason for Transfer obs
From Unit pre-post	To Unit 310	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

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

Patient & Clinical Records Received by : maheshwari @ 9:30am.

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

PATIENT TRANSFER FORM

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Your Right to a Safe Delivery

Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
Mrs. NAVYA R HNH-00007605 IP26-00006765 Mrs NAVYA R 24-05-1995 31 Y 1 M 12 D (F) Dr. PADMAJA YELISETTY	6/07/2026 @ 7:35 PM	6/07/2026 @ 9 AM
	Transfer Ordered by Dr. Ramya Thya	Reason for Transfer Fm LSCS
From Unit pre & post	To Unit OT	Information to Attendant Yes ☐ No ☐
Number of Sheets in Clinical File 32	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	500
2.		
3.		
4.		
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Anitha RA	Dr. Ramya Thya

Patient & Clinical Records Received by : Kavitha

Date & Time of Patient Received : 6/7/26 9AM

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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ACTIVITY RECORD FOR BILLING

Name :_____ HNH-00007605 IP26-00006765 _____

Mrs NAVYA R
24-05-1995 31 Y 1 M 13 D (F)
Dr. PADMAJA YELISETTY

UHID No. : _____ sultant: _____ Dept : _____

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
6/7/26	9pm	pre & post	OT	Anusha / Sandhya
6/7/26	10:15pm	OT	pre & post	Sandhya / Anusha
7/7/26	8.50AM	pre-post	(310)	Anusha.k /

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	Dr. Sindhura (Satwika lactation)	7/7/26.	11601	
2			Cross checked done by Amrutha	
3				
4				
5				
6				
7				
8				
9				
10				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
6/7/26	CBP	11124 ✓	Amrutha
6/7/26	CRP, HVS	11125 ✓	
6/7/26	NST - (1)	8112 ✓	
6/7/26	GRBS - 94 mg/dl	11144	
6/7/26	GRBS - 91 mg/dl 5AM	self Cross checked by Amrutha	
7/7/26	GRBS. - (2) 90mg/dl 10AM	self	
8/7/26	FBS - 75mg/dl	self	
8/7/26	PPBS. - 122mg/dl	self	
		Cross checked done by Amrutha	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
6/7	Cardiac Monitor	10.15 PM	7.00 AM	211365	Amutha
6/7	Infusion pump				
				Cross checked done by Amutha	
			Cross checked done by Amutha		

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
6/7/26	Implement	(1)	2113662	
6/7/26	Catheterisation			
6/7/26	PAC (OP)		PRS26-0002208593	
8/7/26	NHA	(1)	11826	
		Cross checked done		

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

HNH-00007605 IP26-00006765
Mrs NAVYA R
24-05-1995 31 Y 1 M 13 D (F)
Dr. PADMAJA YELISETTY

Patient

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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints
Cam i C/o LPV : 1 hr
PPRM (+)

Obstetric Formula: Primi

Obstetric Hostory:
G1 - PP. Spont conceptn

Present Pregnancy Record:
M-(N)
F-Echo-(N)
FTS - LR
TIPRA (N)

RISK FACTORS:
IHCP
COM (O+I)
PPROM

Height: ..... cm
Weight: ..... kg
Allergies: NKA
Breast: ☑ Normal ☐ Abnormal
General Examination: (+)
Consciousness: Fair
Pallor: ⊖
Icterus: ⊖
Edema: ⊖
Temp: Afeb
PR: 82
BP: 112/70
DTR: (+)
CVS: ⊖
RS BAE (+)
Liver/Spleen: ⊖
Urine Output: Adq

LMP: 22/10/2025 EDD:
Corrected EDD: 29/7/2026 GA: 35+5
Menstrual History: Regular : ☑ Yes ☐ No

Obstetric Examination
Fundal Height: ~ 30 cms
Ut. Activity: ☑ Relaxed ☐ Mild ☐ Mod ☐ Severe
Liquor: ☑ Adequate ☐ Oligo ☐ Poly
PP: ☑ Cephalic ☐ Breech Others _____
Head Fifths Palpable: _____
FHS: ☑ Normal ☐ Tachy ☐ Brady ☐ Absent

Per Speculum Examination
Draining: ☑ Present ☐ Absent ☐ Bleeding
Colour of Liquor: ☑ Clear ☐ Meconium ☐ Blood Stained

Vaginal Examination
Cervix: ☐ Long ☐ Partially effaced ☐ Effaced 30%
Os: Closed _____ Dilated 3cm - 30% eff
Membranes: ☐ Present ☑ Absent
Liquor: ☑ Clear ☐ Meconium ☐ Blood Stained
Presenting Part: ☑ Vertex ☐ Breech ☐ Others
Sutton: ☑ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2
Pelvis: ☑ Adequate ☐ Doubtful

DIAGNOSIS
Primi / 35+5 wks / IHCP / COM on (O+I) c PPROM / Hypothyroid
for Emlsn

HNH-00007605 IP26-00006765
Mrs NAVYA R
24-05-1995 31 Y 1 M 12 D (F)
Dr. PADMAJA YELISETTY

Family History:	Surgical History:
Mothe - DM + HTN Sister - hypothyroid	Nil
Medical History:	**Medication History:**
Nil	T. Iron / Calcium / Insulin ← Aspart Metfor Deglucose
Plan of Care:	**Investigations:**
C/D/W Dr Priyadarshini Dr. Padmaja ↓ for Em. LSCS i/v/o PPROM ē 2 loops of cord round neck - Adm NST - NBM - Drugs as charted - Informed consent - Parts prepare - Inform Pediatrician / Anaes - Check for Blood Availability - Foley's Catheterisation - Shift to OT on call - CBP, CRP, HVS to be sent	BGT - O Positive GRBS (Adm) - 94 USG (GS) 12/6/2026) SLIUP / 32+2 / 3/c EFW · 1.875kg (3%) AC - 15% AFI · 18.7 cm PL = P/H Dopp (N) USG (4/7/2026) SLIUP / 35+3 / v/c PL P/H

Dr. Pampana Priyadarshini
Consultant Obstetrics and Gynecology
Reg. No: 63583

Doctor Name: Dr Mamatha
Signature: [signature]
Date & Time: 6/7/2026 @ 8 pm

Consultant Name: Dr Priyadarshini / Dr Padmaja
Signature: [signature]
Date & Time: 6/7/2026 @ 8 pm

HNH-00007605 IP26-00006765
Mrs NAVYA R
24-05-1995 31 Y 1 M 12 D (F)
Dr. PADMAJA YELISETTY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/7/26 11pm.	O-POD	Adv
baby well U/o: 1 time emptied	No complaints EC fair/afebrile PR: 90/min BP: 120/80 mmHg SpO2: 100%. PA: soft, NWR PV: bleeding (N) GRBS 6th hrly	1) NBM till further orders 2) IV fluids as advised 3) Monitor vitals 4) W/f ++ bleed PV 5) drugs as charted 6) I/o charting 7) Inform POS. Ramya DR RAMYA THEJA Dr. RAMYA THEJA KADIYALA Reg. No: 01458
7/7/26 3AM.	O-POD. No complaints EC fair/afebrile PR: 80/min BP: 118/84 mmHg SpO2: 98%. PA: soft, NWR PV: bleeding (N) GRBS 91 mg/dl	Adv 1) sips of water to be started 2) IV fluids as advised Ramya DR RAMYA THEJA Dr. RAMYA THEJA KADIYALA Reg. No: 01458

HNH-00007605 IP26-00006765
Mrs NAVYA R
24-05-1995 31 Y 1 M 13 D (F)
Dr. PADMAJA YELISETTY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/7/26. 7AM.	0-POD	
		Adv
	No complaints	1) plenty of fluids / soft diet
baby well	GC fair/afebrile	2) IV fluids as advised
	PR: 70/min	3) Monitor vitals
	BP: 121/68 mmHg	4) W/f urine, bleed PV
U/O ~ 25-30	SpO2: 98%	5) drugs as charted
ml/hr	PA: soft, UWR	6) Inj. LASIX 5mg / IV / stat
	BS (+)	7) I/O charting
(15ml/hr	PV: bleeding (N)	8) Inform SOS.
∵ 5AM ⇒ IV bolus given)		
	Dr. RAMYA THE... Reg. No	Ramya Dr RAMYA THOTAN
7/7/2026 8:45Am	C/o/b Dr Monika POD-0	
		Adv.
	GC Fair Afebrile	- Soft Diet; Adeq Hydration
	vitals stable	- Drugs as charted
	P/A - Ut well retracted	- W/F vitals & BPV
FV	BS (+)	- Inform SOS
8ms	PV Bleeding WNL	- I/O monitoring
	u/o ~100 cc/hr (clear)	- POD-2 FBS, PPBS
GRBS-91 (3Am)		Shift to Room
		Monika

IP26-00006765
HNH-00007605
Mrs NAVYA R (F)
31 Y 1 M 14 D
24-05-1995
Dr. PADMAJA YELISETTY

Rainbow Children's Hospital
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/7/26	C/S/B Dr. Priyadarshini	
	P.C.L / Em. LSCS / GDM on OHA + Insulin	
10:30Am	O/E	
	pt c/c	R
	Afebrile	1. Soft diet + plenty of oral fluids
S/	afebrile	
BF mother	P0/PE0	2. Ambulation
flat nipple	PR - 70 bpm	3. W/F bleeding P/V
	BP - 120/70	4. Monitor vitals 4th hrly
u/o good, clear	H/L NAD	5. follow drug chart
	P/A - ut well retracted	6. Inform SOS
GRBS - 90mg/dl @ 10Am.	BS (+)	
	Soft	
	P/V NO A/B	Dr. Priyadarshini
		Dr. Pampana Priyadarshini Consultant Obstetrics and Gynecology Reg. No: 63596
	Adv	
	Lactation counselling	
	Foley's Removal @ 12pm	
7/7/2026		
11 Am	Telephonically consultation done by Dr. Padmaja Yelisetty. - Talked with Patient Mrs Navya.	
	Management to continue as advised.	
		(signature)

HNH-00007605 IP26-00006765
Mrs NAVYA R
24-05-1995 31 Y 1 M 12 D (F)
Dr. PADMAJA YELISETTY

Rainbow® Children's Hospital
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PROGRESS NOTES AND DOCTOR'S ORDER

& Time	Progress Notes	Doctor's Order
7/7/26	C/S/B Dr. Durga	
	POD-0 GDM	
1pm		
	GC fair	Adv.
Baby & Mother	Afebrile	- Soft diet
	Vitals - stable	- Plenty of oral fluids
Flatus passed	P/A Uterus Retracted well.	- Ambulation.
		- Drug as charted
Urine yet to void	BS (+)	- w/f PV bleed.
	L/E NAD	- Monitor vitals
		- Inform. sos
	B/L Breast - soft Nipple flat	- Lactational counselling
		- FBS, PPBS on POD-2
8 7/7/2026 7:00pm	C/S/B by Dr. Naveena	POD 1
	O/E GC-fair	Adv
	Afebrile	- S/f diet
	PR: 80bpm	- Adequate hydration
V- ✓	BP: 106/78mmHg.	- Ambulation
F- ✓	CVS/RS: NAD	- w/f PV bleeding
S- ✓	PA: ut. retracted well S/f, NT	- drugs as charted
		- Dulcolax suppository PR stat
	Dressing: dry & clean	- FBS, PPBS T/M
	UE: PV bleeding WNL	- Monitor Vitals
	B/L breasts: s/f, mini-Secretions	- Inform SOS
	Baby: Mother side	

Dr Naveena N.B. mahesh wocai

HNH-00007605 IP26-00006765
Mrs NAVYA R
24-05-1995 31 Y 1 M 14 D (F)
Dr. PADMAJA YELISETTY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/7/2026 7:00am	cls/by: Dr. Naveena POD2. O/E GC-fair Afebrile. PR: 87bpm BP: 114/80mmHg. Cvs/RS: NAD PA: ut retracted well Soft, NT Dressing: dry & clear UE: PV bleeding WNL Baby: Mother side. B/L breasts soft milk Secretions (+)	Adv Soft diet Adequate hydration W/F PV bleeding Ambulation drugs as charted FBS, PPBS Monitor Vitals Inform SOS Dr. Naveena. N.B Anusha @ 8:10 AM

HNH-00007605 IP26-00006765
Mrs NAVYA R
24-05-1995 31 Y 1 M 14 D (F)
Dr. PADMAJA YELISETTY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/7/26 10 AM	c/s/b Dr. Padmaja Yelisetty	
	POD-2 / P1L1 / GDM on OHA + Insulin	
	Pt is stable.	Adv
	c/o on & off vomiting	Soft & Regular diet
	(1 episode today)	PPBS to f/u
	O/E GC fair, Afebrile	R/w c FBS / PPBS after 6 wks
	Vitals - stable	Oral Abx. to continue
	P/A - Ut well retracted	~~T. Emeset 4mg 1-0-1 x~~ / 6 SOS
	BS (+)	T. Doxinate 1-0-1 / 6 SOS
	L/E - BWNL	Dressing c/m (Open dressing)
	Baby @ MS.	D/s tomorrow
		Inform SOS
		Y. Padmaja / P Yelisetty 52427
		N.B. Maheshwari
8/7/2026	C/s/b Dr. Amandha	
8pm	POD-2	
	GC Fair Afebrile	Adv
	Vitals stable	Regular Diet
Baby MS	P/A Ut well Retracted	Adeq Hydration
	BS (+)	Drugs as charted
L ✓	BPV - WNL	W/F vitals & BPV
S ✓		ASD & Discharge Care
		Inform SOS
		NB Maheshwari

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

HNH-00007605 IP26-00006765
Mrs NAVYA R
24-05-1995 31 Y 1 M 14 D (F)
Dr. PADMAJA YELISETTY

Patient Stick

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/7/2026 9:45am	c/s/by Dr. Naveena	
	POD3	
	O/E GC-fair	Adv
	Afebrile.	- Regular diet
	PR: 80bpm.	- Adequate hydration
V-✓	BP: 117/78 mm Hg.	- Drugs as charted
F-✓	CVS/RS: NAD	- w/f PV bleeding
S-✓	PA: ut. retracted well	- Ambulation.
	Soft, NT	- Monitor Vitals
	Dressing: dry & clean	- Inform SOS
	LE: PV bleeding WNL.	
	Baby: Mother side	
	Milk Secretions - present	
	Kindly discharge the patient	Dr. Naveena

HNH-00007605 IP26-00006765
Mrs NAVYA R
24-05-1995 31 Y 1 M 14 D (F)
Dr. PADMAJA YELISETTY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

HNH-00007605 IP26-00006765
Mrs NAVYA R
24-05-1995 31 Y 1 M 14 D (F)
Dr. PADMAJA YELISETTY

306310

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NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 9/7/26 Time: 10:45am

Origin: Indian Height: 172cm Weight: 85 kg BMI: ☐ ~ 26 kg/m² ☐ ~ 28 kg/m² ☐ ~ 30 kg/m²

27 kg/m²

Food Allergies: NIL

Diagnosis: LSCS

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

Diet Advised:

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

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

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

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

Patient's / Attendant's

Signature: NW

Name: Navya

Date & Time: 9/7/26 ; 10:45am

Dietician's

Signature: Sobiya

Name: Syeda Sobiya Zuhey

Date & Time: 9/7/26 ; 10:45am

DIETARY NOTES

Date	Time	Notes	Sign

HNH-00007605 IP26-00006765
Mrs NAVYA R
24-05-1995 31 Y 1 M 12 D (F)
Dr. PADMAJA YELISETTY

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DRUG CHART

Date of Admission: 6/7/2021 Drug Allergies: Nil ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

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

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

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

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

HNH-00007605 IP26-00006765
Mrs NAVYA R
24-05-1995 31 Y 1 M 12 D (F)
Dr. PADMAJA YELISETTY

REGULAR PRESCRIPTIONS

Weight. 85.10kg Ward. .....

Verified by Dr. Dhakshayani

DRUG : INJ CEFOTAXIME

Dose	Route	Frequency	Start Date
1g	IV	BD	6/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:
(Test dose) X 48hrs 1/6 oral

Daily Doctor's Endorsement by a Sign

Date/Time	6/7	7/7	8/7
6AM	X		
8PM			
10PM			

STOP

DRUG : Inj. METRONIDAZOLE

Dose	Route	Frequency	Start Date
500mg	IV	BD	6/7/26

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:
X 48hrs 6/6 oral

Daily Doctor's Endorsement by a Sign

Date/Time	6/7
[redacted]	

STOP

Verified by Dr. Dhakshayani

DRUG : Tab PANTOPRAZOLE

Dose	Route	Frequency	Start Date
40mg	PO	BD	6/7/26

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	7/7	8/7	9/7
6AM			
6PM			

Verified by Dr. Dhakshayani

DRUG : TAB. PARACETAMOL

Dose	Route	Frequency	Start Date
1GM	PO	TID	6/7

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	7/7	8/7	9/7
6am	X		
12pm			
2pm			
10pm			

HNH-00007605
Mrs NAVYA R
24-05-1995 31 Y 1 M 12 D (F)
Dr. PADMAJA YELISETTY
IP26-00006765

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Sheet No: .....

REGULAR PRESCRIPTIONS

Weight 85.10kg Ward .....

				Date→	7/7	8/7	9/7
DRUG : Tab. Diclofenac				Time↓			
Dose	Route	Frequency	Start Dt.				
50mg	PO	TID	6/7	6am	X	~~X~~	✓
Name & Signature of the Doctor Starting the Drugs: Dr. Brunda							
				2pm	✓	✓	
Additional Instructions:							
				10pm	~~X~~	~~X~~	✓
Daily Doctor's Endorsement by a Sign					✓		

				Date→	7/7	8/7
DRUG : Tab. Tramadol				Time↓		
Dose	Route	Frequency	Start Dt.			
100mg	PO	TID	6/7	7am	X	~~X~~
Name & Signature of the Doctor Starting the Drugs: Dr. Brunda.						
				3pm	✓	✓
Additional Instructions:						
				11pm	~~X~~	✓
Daily Doctor's Endorsement by a Sign					✓	

STOP ✓ 8/7/26

				Date→	6/7	7/7	8/7
DRUG : Inj. Metronidazole				Time↓			
Dose	Route	Frequency	Start Dt.				
500mg	IV	TID	6/7/26	6am	X	~~X~~	~~X~~
Name & Signature of the Doctor Starting the Drugs: Dr. Brunda.							
				2pm	X	✓	✓
Additional Instructions:							
x 48 hrs f/b oral				10pm	9:39pm	~~X~~	✓
Daily Doctor's Endorsement by a Sign					✓	✓	

STOP ✓ 8/7/26. after 2pm dose

				Date→	8/7	9/7
DRUG : T. Cefexime				Time↓		
Dose	Route	Frequency	Start Dt.			
200mg	P/O	BID	8/7/26	8am	✓	✓
Name & Signature of the Doctor Starting the Drugs:						
				8pm	✓	
Additional Instructions: At 8pm						
Daily Doctor's Endorsement by a Sign						

Verified by Dr. Dhakshayani

Docu. No. : RCH /FRM / CLINICAL / 108

(P.T.O.)

HNH-00007605
Mrs NAVYA R
24-05-1995 31 Y 1 M 12 D (F)
Dr. PADMAJA YELISETTY
IP26-00006765

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Sheet No: .....

REGULAR PRESCRIPTIONS

Weight ..8.5 kg.. Ward .....

DRUG : T. METRONIDAZOLE

Dose	Route	Frequency	Start Dt.
400mg	P/O	TID	8/7/26

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:
AF 10PM

Daily Doctor's Endorsement by a Sign

Date / Time: 8/7 9 PM; 6AM ✓; 2PM ✓; 10PM

DRUG : T. DOXYLAMINE + PYRIDOXINE

Dose	Route	Frequency	Start Dt.
10mg.	P/O	BD-	8/7/26

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:
10pm. AF

Daily Doctor's Endorsement by a Sign

Date / Time: 9 PM; 10PM

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

HNH-00007605 IP26-00006765
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Weight. 88.1kg Ward. .....

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
6/7	8:30PM	INJ PANTOPRAZOLE	40mg	IV		
6/7	8:30PM	INJ METOCLOPRAMIDE	10mg	IV		
6/7	9:22PM	INJ. CARBETOCIN	100µG	IV	B dr	
6/7	9:30PM	INJ. TRANEXAMIC ACID	1GM	IV	B dr	
6/7	10:10PM	SUPP. TRAMADOL	100MG	P/R	B dr	
6/7	10:10PM	SUPP. DICLOFENAC	100MG	P/R	B dr	
7/7	7:45AM	INJ. FUROSEMIDE	10MG	IV	B dr	
8/7	8:00am	DULCOLAX SUPPOSITORIES	2	PR		
8/7	8:00am	INJ-ONDENSETRON	4MG	IV		

Verified by Dr. Dhakshayani

VERIFIED BY : Name Signature

HNH-00007605 IP26-00006765
Mrs NAVYA R
24-05-1995 31 Y 1 M 12 D (F)
Dr. PADMAJA YELISETTY

I.V. FLUIDS CHART

Weight. 85.1 kg Ward. .....

Date	Time	Composition of I.V. Fluid (In infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
6/7	9:15 PM	RINGER LACTATE	IV	100 ml/hr			6/7		
6/7/26	9:15PM	RINGER LACTATE	IV	100ml/HR			6/7		
6/7/26	9:55PM	RINGER LACTATE + 20 UNITS OXYTOCIN ADDED	IV	100ml/HR			6/7		
7/7/26	1AM	RINGER LACTATE	IV	100 ml/hr			7/7		
7/7/26	8:20 AM	RINGER LACTATE	IV	100 ml/hr			7/7		
7/7/26	4AM	RINGER LACTATE	IV	100 ml			7/7		
7/7/26		RINGER LACTATE	IV	100 ml/hr			7/7		
7/7		RINGER LACTATE	IV	100 ml/hr			7/7		
		STOP							

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

HNH-00007605
Mrs NAVYA R
24-05-1995
Dr. PADMAJA YELISETTY
IP26-00006765
31 Y 1 M 12 D (F)

310.

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RESULT SHEET

Date	6/7/2020					
Time	8.02					
Hb	11.3					
PCV	33.4					
RBC	4.54					
WBC	9.25					
N/L	77.6/19.0					
Platelets	177					
CRP						
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
Blood Grouping						
HIV						
HbsAg						
HCV						
VDRL						

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

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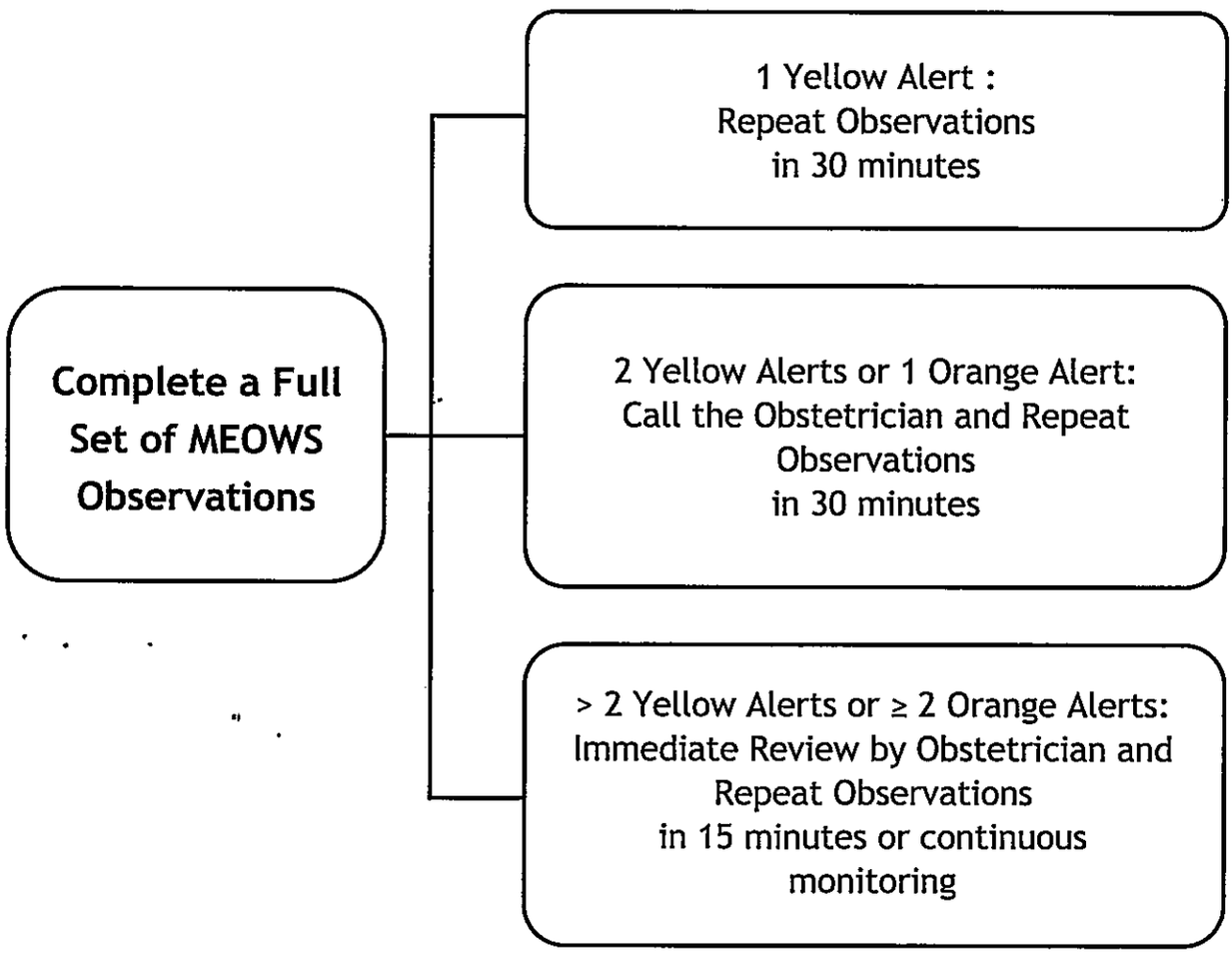
Early Warning Observation Score Chart - Obstetrics

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

6/7/26

		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														80		20	20	20	20	20	20	20	20	20	20
	0 - 10																									
Saturations	94 - 100 %														99		98	99	98	99	98	98	98	99	99	98
	< 94 %																									
Administered O_2 (L/min.)																										
Temp°c	40																									
	39																									
	38																									
	37																		98.1F					98.6F		
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80														80	89	83	75	70	81	76	74	80	74	69	77
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressure ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90														130	120	111	119	111	113	126	121	114	113	110	124
	80																									
	70																									
	60																									
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
	40														90	71	74	69	81	79	78	74	76	76	81	61
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																										
TOTAL ORANGE SCORES																										
Nurse Initial																										

Obstetrics and Gynaecology Early Warning Signs



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

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Mrs NAVYA R
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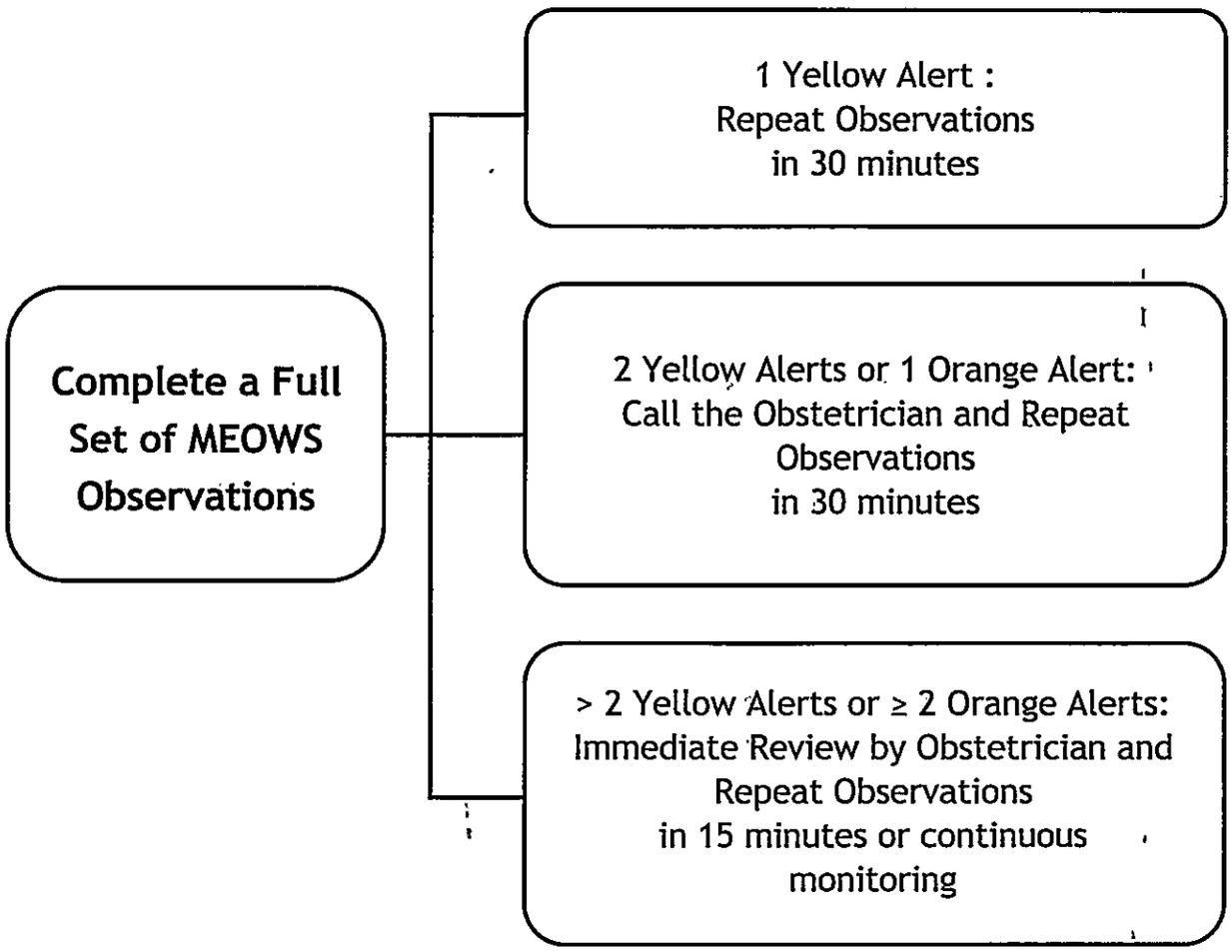
Early Warning Observation Score Chart - Obstetrics

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

7/7

		Date																						
		Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																									
	21 - 30																									
	11 - 20				20				20 bpm				20 bpm				23				20				20	
	0 - 10																									
Saturations	94 - 100 %				94%				94%				98%				99%				94%				100%	
	< 94 %																									
Administered O_2 (L/min.)																										
Temp°c	40																									
	39																									
	38																									
	37																									
	36				36°				36.8				98.6				99.3				98.5				98.5	
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80				75bpm				75bpm				80bpm				85				80bpm				81	
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressue ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120				110				115				123				116				114				114	
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
	40																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60				70				64				80				78				77				80	
	50																									
	40																									
NEURO RESPONSE [✓]	Alert				—				—				—				—				—				—	
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30				—				—				—				—				—				—	
	< 30																									
Proteinuria	Protein + +																									
	Protein > + +																									
Lochia	Normal				—				—				—				—				—				—	
	Heavy / Foul																									
Liquor	Clear / Pink				—				—				—				—				—				—	
	Green																									
TOTAL YELLOW SCORES					0				0				0				0				0				0	
TOTAL ORANGE SCORES					0				0				0				0				0				0	
Nurse Initial																										

Obstetrics and Gynaecology Early Warning Signs



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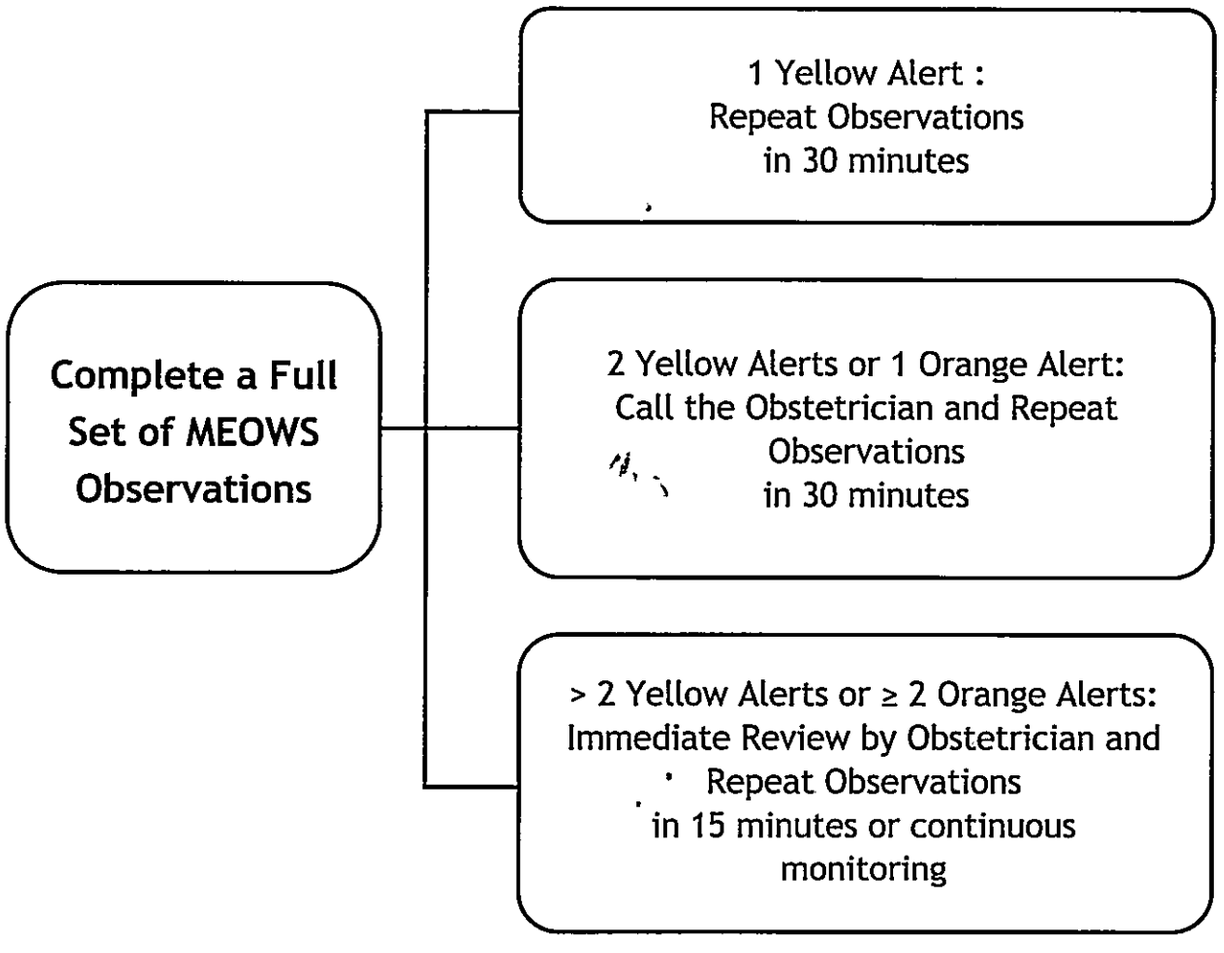
Early Warning Observation Score Chart - Obstetrics

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

8/7/26

		8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
Date																									
Time				10				2				6				10				2				6	
RESP (write rate in corresp. box)	> 30																								
	21 - 30															20									
	11 - 20			20bpm				20bpm				20								20				20	
	0 - 10																								
Saturations	94 - 100 %			99%				99%				99%				99%				99%				99%	
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37																								
	36			36.1°F				36.9°F				36.2°C				36.3°C				38.2°F				36.8°C	
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70			85bpm				86bpm				82				85bpm				85bpm				80bpm	
	60																								
	50																								
	40																								
↑ Systolic Blood Pressue	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120			104				110				116				100				120				122	
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
↓ Diastolic Blood Pressure	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70			70				72				77													
	60																								
	50																								
	40																								
NEURO RESPONSE [✓]	Alert			—				—				-						—				—			
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30			—				—				-						—		—				—	
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal			—				—				-						—		—				—	
	Heavy / Foul																								
Liquor	Clear / Pink			—								-													
	Green																								
TOTAL YELLOW SCORES				0				0				0						0		0				0	
TOTAL ORANGE SCORES				0				0				0						0		0				0	
Nurse Initial																									

Obstetrics and Gynaecology Early Warning Signs



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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	RL										
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm	RL		100ml								
	07:00 pm	RL		100ml								
Total Intake :						**Total Output :**						
	08:00 pm	RL		100								
	09:00 pm	RL	N	100								
	10:00 pm	RL		100								
	11:00 pm	RL	B	100								
	12:00 am	RL		100								
	01:00 am	RL	N	100								
Total Intake :		Taken				**Total Output :**						
	02:00 am	RL		100								
	03:00 am	RL		100								
	04:00 am	RL		100								
	05:00 am	RL		100								
	06:00 am	RL		100								
	07:00 am	RL										
Total Intake :		Taken				**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

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

HNH-00007605 IP26-00006765
Mrs NAVYA R
24-05-1995 31 Y 1 M 13 D (F)
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FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
7/7/26	08:00 am	RL		100ml						500ml		
	09:00 am	RL		100ml								
	10:00 am	RL	Jelly + H2O	100ml								
	11:00 am	RL		100ml								
	12:00 pm	Stop.										
	01:00 pm											
Total Intake :						**Total Output :**						
7/7/26	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm	0	Kichidi				G				0	
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
7/7/26	08:00 pm											
	09:00 pm											
	10:00 pm	0	Kichdi + H2O		NA						0	
	11:00 pm											
	12:00 am										1	
	01:00 am											
Total Intake :						**Total Output :**						
8/7/26	02:00 am											
	03:00 am											
	04:00 am	0			NA						0	
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

HNH-00007605
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FLUID CHART

Sheet No. : .....

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
8/7	08:00 am						✓					
	09:00 am									✓		
	10:00 am	0	Idly								1	
	11:00 am		1 H2O					NA			0	
	12:00 pm				NA							
	01:00 pm											
Total Intake : Taken						**Total Output :** U - 1 m - 1						
8/7/26	02:00 pm		Khichdi									
	03:00 pm		1 H2O				1					
	04:00 pm	0						NA			0	D
	05:00 pm				NA		0			✓		
	06:00 pm											
	07:00 pm											
Total Intake : Taken						**Total Output :** U - 1 m - 0						
8/7/26	08:00 pm											
	09:00 pm											
	10:00 pm	0	Khichdi				0			✓	0	
	11:00 pm			PA				PA				
	12:00 am		1 H2O									
	01:00 am											
Total Intake :						**Total Output :**						
9/7/26	02:00 am											
	03:00 am		1									
	04:00 am	0	H2O							✓		
	05:00 am			NA			0				0	
	06:00 am		1									
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

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FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
9/12/25	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-00007605
Mrs NAVYA R
24-05-1995 31 Y 1 M 12 D (F)
Dr. PADMAJA YELISETTY
IP26-00006765

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: 6/7/2020

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			N/A				
Afternoon							
Night	8PM 8AM	→ Assess the pt condition → Check the vitals → I/O chart Maintain → plan for Medication	8PM 8AM	→ Assessed pt condition → Checked vitals & Rem → Maintained I/O chart → given Medications as per doctors orders	Vital's is Normal	pt is stable	Anusha

H-00000539 IP26-00006747
Mrs N SASI PRIYA
28-12-1998 27 Y 6 M 11 D (F)
Dr. RAJANI KUMARI

Patient St

NURSING CARE RECORD

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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 8PM	→ Assess the pt condition. → monitore the vitals. → maintain I/o chart. → drugs give as per drug chart.	8AM 8PM	→ Assessed the pt condition. → monitored the vitals. → maintained I/o chart. → drugs given as per drug chart.	→ pt is stable now.	→ Reassessed the vitals	
Afternoon		Day					
Night	8PM to 8AM	→ Assess pt condition → monitor the vitals → Maintain I/o chart → Administer medication as per drug chart → stop IVfluid	8PM to 8AM	→ Assessed pt condition → monitored vitals → maintained I/o chart → Administered medication as per drug chart → Staped IVfluid	Patient is stable.	Re-checked vitals	

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NURSING CARE RECORD

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Date: 8/7/26

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	8An 2pn	→Assess the pt condition. →monitor the vitals. →plan T/M. open dressing. →drugs give as per drug chart.	8An 2pn	→Assessed the pt condition. →monitored the vitals. →planned T/M. open dressing. →drugs given as per drug chart.	→pt is stable Now.	→Reassessed the Vitals	
Afternoon	2pm 8pm	- Assess the pt condition - monitor the vitals - maintain I/O Chart - Medication Given as per drug Chart	2pm 8pm	- Assessed the pt condition - Monitor vitals - maintain I/O Chart - Medication Given as per drug Chart	pt is Stable	Re checked vitals	
Night	8pm to 8am	→Assess pt condition → monitor the vitals →maintain I/o chart →Administer medication as per drug chart	8pm to 8am	→Assessed pt condition →monitored vitals →maintained I/O chart →Administered medication as per drug chart	Patient is Stable	Re-checked vitals	

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NURSING CARE RECORD

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Date: 9/7/25

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am 2pm	- Assess the pt condition - Monitor vitals - Maintain I/O Chart - Medication Given as per drug chart	8am 2pm	- Assessed the pt condition - Monitored vitals - Maintain I/O Chart - Medication Given as per drugs chart	pt is stable	Rechecked vitals	
Afternoon							
Night							

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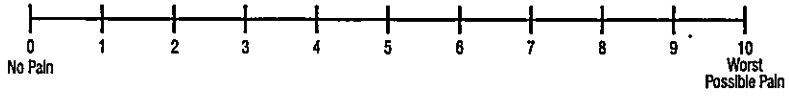
PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
6/7	8pm	0/10		☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
7/7	12am	0		☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
7/7	6pm	Tramadol given 1/10	Abdomen	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
7/7/26	10pm	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
8/7/26	6am	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
8/7/26	12pm	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
8/7/26	6pm	0/10	NA	☐ Continuous ☑ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☐ Yes ☐ No	NA	
8/7/26	6am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	NA	
8/7/26	10pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

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

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

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BRADEN 'Q' SCALE

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	1.	2.	3.	4.	Date : 6/8	7/7	7/7	8/7
					Time :	m	N	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	3	3	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	3	3	3
					TOTAL SCORE	26	26	27
					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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BRADEN 'Q' SCALE

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					Date : 8/7/25	8/7	8/7	
					Time : 8a	2p	10p	
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	
"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	
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	
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	
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	
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	
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	
				TOTAL SCORE	28	28	28	
				Evaluator's Name				

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

Risk Score	Category	Action	Support Surfaces (Please Note: Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice
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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

Sticker
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Morse Fall Risk Assessment Form

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Choose Highest Applicable Score from each Category		Date / Time	6/7/26	7/7/26	8/7/26
		Score	W1	M1	M6
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0	0	0	0
Secondary Diagnosis (more than one diagnosis)	Yes	15			
	No	0			
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0	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	0
Total Morse Fall Scale Score:			20	20	20
		Signature			

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

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

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

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

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

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

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

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CHECKLIST FOR THROMBOPHLEBITIS

6/7/26 7/7/26 8/7

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	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	
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	
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	
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	
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	
		Signature of the Nurse											

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

Signature of Shift In Charge :

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

Signature of Ward In Charge :

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

Patient Sticker

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CHECKLIST FOR THROMBOPHLEBITIS

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

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

Signature of Shift In Charge :

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

Signature of Ward In Charge :

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

HNH-00007605 IP26-00006765
Mrs NAVYA R
24-05-1995 31 Y 1 M 12 D (F)
Dr. PADMAJA YELISETTY

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NURSING SHIFT HAND OVER FORM - WARD

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

SITUATION

Diagnosis:

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

	Area / Shift Time	6/7 E2	6/7 N1	7/7 M2	7/7 N1	8/7 M6	8/7 E2
BACKGROUND	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°F	98°F	98.1°F	97.8F	98.1°F	98.6°F
	Res:	20	20	22b/m	23b/m	20b/m	20b/m
	SpO2:	100	98%	98%	99%	99%	99%
	Pulse:	76	79	79	75b/m	72b/m	79b/m
	BP:	130/80	128/71	120/71	115/70	116/73	108/76
	Fall Risk Score:	—	—	—	—	—	—
	Pain Score:	—	—	—	—	—	—
Recommendations	Safety Needs:	—	—	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:		N	—	—	—	—	—
Handed Over By Name :		Chudi	Anusha	mahi	Anusha	Mahi	Mouthushi
Signature :		[signature]	[signature]	[signature]	[signature]	[signature]	[signature]
Date:		6/7/26	7/7/26	7/7/26	8/7/26	8/7/26	8/7/26
Time:		8pm	8am	8pm	8Am	2pm	8pm
Taken Over By Name :		Anusha	mahi	Anusha	mahi	Mouthushi	Anusha
Signature :		[signature]	[signature]	[signature]	[signature]	[signature]	[signature]
Date:		6/7/26	7/7/26	7/7/26	8/7/26	8/7/26	8/7/26
Time:		8pm	8am	8pm	8Am	2pm	8Am

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Mrs NAVYA R
24-05-1995 31 Y 1 M 12 D (F)
Dr. PADMAJA YELISETTY

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NURSING SHIFT HAND OVER FORM - WARD

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

SITUATION	Diagnosis:				Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:		
BACKGROUND	Area / Shift Time	8/7/26 N1					
	Medical Condition (Any special condition to be noted):	—					
ASSESSMENT	Allergy:	☐ Yes ☐ ~~No~~	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Tubes/Drains/Catheter:	☐ Yes ☐ ~~No~~	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.3°F					
	Res:	23 b/m					
	SpO_2:	100 %					
	Pulse:	85 b/m					
	BP:	110/62					
	Fall Risk Score:	—					
	Pain Score:	0					
Recommendations	Safety Needs:	Y-C					
	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 :		Anusha					
Signature :		~~Sig~~					
Date:		9/7/26					
Time:		8AM					
Taken Over By Name :							
Signature :							
Date:							
Time:							

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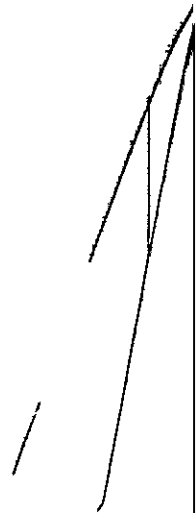
URINARY CATHETER BUNDLE CHECK LIST

Date of Insertion: 6/4/26 Date of Removal: .....

Parameters	Date / Shift Time	6/4/26 N						
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		Aarya						
Signature of the Nurse								

Removed 2 PM



HNH-00000539 IP26-00006747
Mrs N SASI PRIYA
28-12-1998 27 Y 6 M 11 D (F)
Dr. RAJANI KUMARI

310

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CROSS CONSULTATION FORM

Doctor Name : Dr. padmaja Date : 7/7/26 Time : 6:10pm

Diagnosis : LSCS

Hospital : RCH - HMNR

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

Type of Referral :
☐ Emergency
☐ Urgent
☐ Non Urgent

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

Signature:

Findings and Recommendations :

Lactation care plan

- well formed & Nipple's
- colostrum seen
- primi, Term
- Demand feeding not to exceed 2½ hours as per early hunger cues
- Stimulate baby continuously
- Film for doe latch as demonstrated in cradle hold.
- warm care

Consultant :

Name : Sathwika G Signature : Date & Time : 7/7/26 / 6:10pm

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LABOUR AND DELIVERY NURSING ASSESSMENT

Date of Admission: .....

Baseline Information:

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

Primary Language: ☐ Telugu ☑ English ☐ Hindi ☐ Others

Do you require an interpreter? ☐ Yes ☑ No

Source of Information: ☐ Patient ☑ Family ☐ Others

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

handed over to .....

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

If yes , identify .....

Chief Complaints: .....

pain abd

.....

.....

Doctor Notified on Admission: ☐ Yes ☐ No

Name of the Doctor: Dr manisha

Time Notified: 7.30 pm

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: ..... HR: ..... RR: ..... BP: ..... SpO_2 .....

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

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

Patient Sticker

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: ..... Family .....

Orientation not given Reason: ..... Self .....

Nurse Signature: .....

Nurse Name: .....

Date & Time: ..... 6/7/22 .....

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OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 6/7/26 Time of Arrival: 7.30pm 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: 97°F Pulse: 86 RR: 20 SpO_2: 100 BP: 130/80 Weight: .....

4) **Gestational Criteria:**

Gravida:	G	P	L	A

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)**

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

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

.....

6) **Past History:**

a) Surgeries: .....

b) Medical: .....

HNH-00007605
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7) **Allergy.** ☐ 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: .....

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

Date: 6/7/26 Time: .....

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

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Patient Name : Mrs. Navya. R Gender: ☐ Male ☐ Female Age : 31yrs

UHID No : HNH-0000760S Date : HNH-0000760S 6/1/26

Instruction:

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

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

EMERGENCY LOWER SEGMENT CAESAREAN SECTION

upon

(Name of the Patient) Mrs. NAVYA. R

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.

- Hemorrhage, need for blood / blood product transfusion
- Inadvertent injury to bowel / bladder
- 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 Priyadarshini / Dr Padmaja

Consentee :

Signature :

Name : NAVYA R

Date & Time : 6/1/26 @ 8:39pm

Patient Attendant :

Signature :

Name : Nihal R

Relationship with Patient: Husband.

Date & Time : 6/1/26 @ 8:39pm

Witness :

Signature :

Name :

Date & Time :

Doctor (who is taking the consent) :

Signature :

Name : DR AMYA THOMAS

Date & Time : 6/1/26 @ 8:30pm

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE

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Patient Name : Mrs. Navya R Age : 34 Gender : Male ☐ Female ☑

UHID NO: HNH-0000 7605 Surgeon Name: Dr. Padmaja

Anaesthesiologist : Dr. Samir

Operative procedure planned : Emergency 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, Risk of aspiration

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. Navya R the above mentioned operation / Diagnostic / Therapeutic procedures Emergency 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 : .....

Name : Navya

Relationship with Patient: Self

Date & Time : 06/07/2026

Witness :

Signature : .....

Name : Nihal R

Date & Time : 06/07/2026

Doctor (who is taking the consent) :

Signature : .....

Name : Dr. Bhanda

Date & Time : 6/7, 8:25pm

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Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION

Name: Mrs. Navya R. Age: 31 yr. Sex: female. UHID.No: HNH-00007605.

Date: 04/07/26. Time: 11:50 Am. Proposed Operation: Elective Caesarean section.

Diagnosis: primi c̄ IHCP c̄ GDM (on OHA's/insulin) c̄ Hypothyroidism 35+3 wks

B.P / CRT: 124/85 <2sec. H.R: 83/min Weight: 85.10 kg BMI: 30.15 ASA Physical Status: ☐1 ☑2 ☐3 ☐4 ☐5

PAC Reviewed 6/7 8pm — GRBS-94 mg/dL. CBP to be traced. fasting inadequate

15/4 **Laboratory Data:**

8/6

Hgb: 12.6.	Glucose:	Protein: 7.6	HIV:	X-Ray:
PCV: 39	Urea:	Alb: 3.9	HBS Ag:	ECG:
WBC: 10,900	Creat:	Total Bili: 0.2 < 0.1 / 0.1	HCV:	2D Echo:
Plate: 1.6 L	Na:	Dir. Bili:	Blood group: O +ve.	Stress/Anglo:
PT:	K:	LDH:	T3	Other:
PTT:	Ca++:	Alk phos: 88	T4	
INR:	Mg++:	Amylase:	TSH	
	Cl -:	SGOT/SGPT: 13/14		

Allergies: NKDA.

Medical History: CVS: ~~productive~~ Active cold (+), Running nose (+). ⟶ Subsided.

RESP: ⊖ No H/o HTN/Asthma/TB/ Diabetes: GDM (+) — on OHA's/insulin.

CNS: ⊖ Hypothyroidism (+). placenta - posterior, High.

Renal: ⊖.

Hepatic / GE: H/o IHCP @ 3rd month of pregnancy Physical Activity: METS 74.

Others: used T. UDILIV for 1 month. — resolved.

Past Anaesthetic History: nil.

Physical Exam:

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

Lungs: AE ME (+), clear.

Heart: S1 S2 (+)

CNS: HMF (+).

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

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

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

CURRENT MEDICATIONS	DOSAGE
✓ T. GLYCOMET	500 mg 1—0—1
✓ Inj. RYZODEG PENFILL	Insulin Aspart 1.05 mg / Insulin Degludec - 2.56 mg
	8 IU — 0 — 8 IU.
✓ T. THYRONORM	50 mcg

Pre-Operative Instructions:

1. DVT Prophylaxis: compression stock — explained.
2. NIL ORAL < Water / ORS 2 Hours; Others 6 Hours
3. Informed Consent: ☑ Standard ☐ High Risk
4. Post Operative Pain Management: ☑ Discussed with Patient
5. Other Instructions: ✓ continue medication for cold (T. Montair-L)
   - ✓ CBP, PT, INR
   - ✓ LFT
   - ✓ Thyroid profile.
   - ✓ GRBS on day of surgery.
   - ✓ Blood grouping - check report (no report now)
   - ✓ consent to be taken
   - ✓ Review PAC

Signature: [signature] Name: DR. M. VINEETHA.

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

HNH-00007605 IP26-00006765
Mrs NAVYA R
24-05-1995 31 Y 1 M 12 D (F)
Dr. PADMAJA YELISETTY

ANAESTHESIA CHART

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Pre Induction Assessment:

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

H.R: 69/bpm | B.P / CRT: 130/80 mmHg | SpO_2: 99% on RA | R.R: 16/min | Last Feed: 1 hr ago

Pre-OP Diagnosis: Preimi @ 35 wks @ PROM | Operation: Emergency LSCS | Date: 6/7/26

Surgeon: Dr. Priyadarshini / Dr. Narayaneja | Anaesthesiologist: Dr. Brunda | Technician: Saraswati

TIME (9:10) 9:25 9:40 9:55 (10:10)

N_2O /AIR /O_2 LPM
HALO /SO /SEVO
Drugs:
Inj. CEFTRIAXONE 1gm IV
Inj. TRANEXAMIC ACID 1gm IV.

Antibiotic given
Suppository
TRAMADOL 100mg PR
~~Diclofenac 100mg~~ PR

Blood Loss

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

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: 9:10 pm
OP Start:
OP End: ↓
Leave OR: 10:10 pm

Anaesthesia:
☐ GA
☐ Monitored Anaesthesia Care
☑ Regional

Line (Size & Location)
☐ CVP:
☐ ART:
☑ IV: RG 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-L4 PENCAN
Needle Size: 25G Depth: .....
Parasthesia ☐ Yes ☑ No
Catheter at skin ..... cm
Drug Name & Conc: Inj. 0.5% H. BUPIVACAINE
Bolus: 10 mg + 25µg FENTANYL
Infusion: .....
Block Level: T6 – T9
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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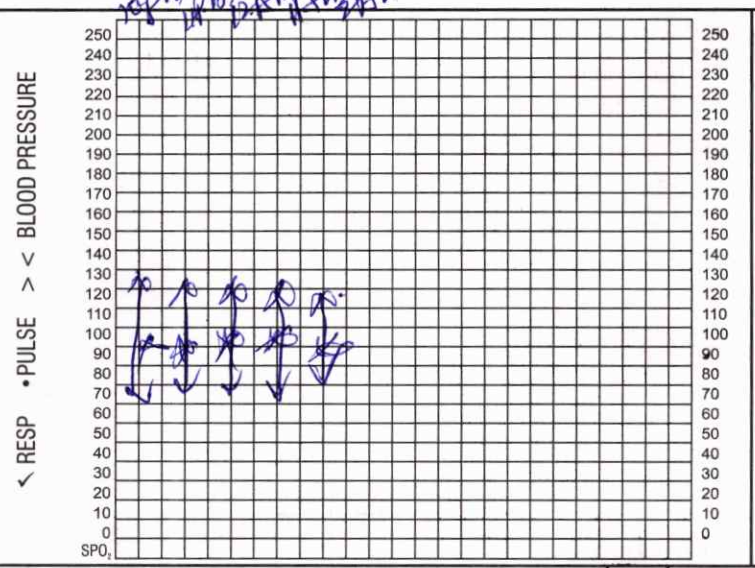
POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Anusha.G Time Received : 10:15 Pm Time Discharged : .....



IV Cannula Site : Left 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 @ 80ml/hr
Oral Feeds: .....

POST ANAESTHESIA SCORE (Modified Aldrete Score)			IN	MINUTES 30	60	90	OUT	SCORING INTERPRETATION
Able to move 4 extremities voluntary or on command Able to move 2 extremities voluntary or on command Able to move 0 extremities voluntary or on command	= 2 = 1 = 0	ACTIVITY	1	2	2	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	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	2	
Fully awake Arousable on calling Not responding	= 2 = 1 = 0	CONSCIOUSNESS	2	2	2	2	2	
Pink Pale, dusky, blotchy, jaundiced, other Cyanotic	= 2 = 1 = 0	COLOR	2	2	2	2	2	
		TOTAL	9	10	10	10	10	

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
6/7	10 PM	0	Normal	
6/7	11PM	0	Normal	Anusha
7/7	12Am	0	Normal	

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

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

Anaesthesiologist Name : Dr. Bhanda
Anaesthesiologist Signature: B dg
Date & Time: 7/7/26

PACU Nurse Name : .....
PACU Nurse Signature: .....
Date & Time: .....

Transferred to Unit by (PACU): 3rd
Date & Time: 7/7/26 @ 6:30Am

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Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

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

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

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

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

Solution Composition : .....

Any other issues :

a) .....

b) .....

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

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

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

Patient Satisfaction : .....

Discharge /Shifting ordered by

Doctor Signature: .....

Doctor Name: .....

Date and Time : .....

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CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name:	Dr Priyadarshini.P	Date of Delivery:	6/2/26
Assistant Surgeon:	Dr Ramya Thyjca	Time of Delivery:	9:22pm
Anaesthetist's Name:	Dr Brunda	Gender of Baby:	Male
Type of Anaesthesia:	Spinal	Weight of Baby:	2.6kg
Neonatologist:	Dr Dhana	AGPAR Score:	7, 9
Scrub Nurse:	Sandhya	NICU Admission:	☐ Yes ☐ No

Pre-Operative Diagnosis: Primi | 35+5 wks | IHCP | GDM on OHA + Insulin | PPROM

☐ Elective ☐ Emergency Indication: PPROM + GDM (on OHA)

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: 8:30pm Knief to rectus: done

CTG Description: Reactive

If there was a delay give the reasons: No delay

Surgical Procedure: LSCS.

Post Operative Diagnosis: O-POD

Peri-Operative Complications: NIL

Amount of Blood Loss: ~400ml	Blood Transfused (in ML): None

Name and Number of Surgical Specimen sent for examination: None

Examination Findings when Appropriate:

Presentation: ☑ Cephalic ☐ Breech ☐ Other .... Cervical Dilatation: 3cm .... cm

5th Palpable: .... Fetal Position: ....

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

Caput: ☐ + ☐ ++ ☐ +++ Meconium: ☑ None ☐ + ☐ ++ ☐ +++

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

---

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

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

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

Incision Through Placenta: ☐ Yes ☑ No * LUS formed * 1 loop of cord round neck

Delivery of head: ☑ Manual ☐ Forceps * scanty liquor

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

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

Cord Appearance: ......(N)...... Cord around the neck ☑ Yes ☐ No

Appearance of placenta: ......(N)...... Cavity explored ☑ Yes ☑ No

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

---

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

Peritoneal Closure: ☐ Pelvic ☑ Abdominal ☐ None ...... Vicryl 2-0 ...... Suture

Sheath Closure: ...... Vicryl No 1 ...... Suture

Fat Closure: ☐ Yes ☑ No ...... Monocryl 3-0 ...... Suture

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

Vagineal Evacuated ☑ Yes ☐ No

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

Ctheter ☑ Yes ☐ No ☐ Remove in .... 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:

1) NPO till further orders
2) IV fluids as charted
3) Monitor vitals
4) drugs as charted
5) w/f excess bleed PV
6) I/O charting
7) Inform SOS
8) GRBS 6th hourly

Doctor Name: Dr Ramya Thyagu ...... Doctor Signature: [signature]

Date & Time: 6/7/21 @ 10:30pm

HNH-00007605 IP26-00006765
Mrs NAVYA R
24-05-1995 31 Y 1 M 12 D (F)
Dr. PADMAJA YELISETTY

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. padmaja. Y
Asst. Surgeon : Dr. Priyadharsini / Dr. Vaishnavi
Anaesthetist : Dr. Brunda
Scrub Nurse : Sr. Sandhya
Age : 31Y Gender : F
UHID No. : Surgery Name : Lm. LSCS
Date : 6/7/26 In-time : 9:10pm Out-time : 10:10pm

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Before Induction of Anaesthesia ➤➤

SIGN IN Time: 9:10 am

Patient Has Confirmed
- Identity ☑ Yes ☐ No
- Site ☑ Yes ☐ No
- Procedure ☑ Yes ☐ No
- Consent ☑ Yes ☐ No

Site Marked ☐ Yes ☐ No ☐ NA

Anaesthesia Safety Check Completed ☑ Yes ☐ No

Pulse Oximeter on Patient & Functioning ☑ Yes ☐ No

Does Patient have a:
- Known Allergy? ☐ Yes ☑ No

Difficult Airway / Aspiration Risk?
- Yes, & Equipment / Assistance Available ☐ Yes ☑ No

Risk of > 500ml Blood Loss (7ml/kg In Children)?
- Yes, and Adequate Intravenous Access and Fluids Planned ☐ Yes ☑ No ☐ NA
- Blood Units Reserved ☐ Yes ☑ No ☐ NA

Has Antibiotic Prophylaxis been given within the last 60 minutes? ☑ Yes ☐ No ☐ NA

Signature : B de
Name : Dr. Brunda 6/7/26.

Before Skin Incision ➤➤

TIME OUT Time: 9:25pm

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? 40m <20ml ☑ Yes ☐ No ☐ NA

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

Nursing Team Reviews:
- Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns? ☑ Yes ☐ No ☐ NA
- **Is Essential Imaging Displayed?** ☑ Yes ☐ No ☐ NA
- Power Supply, Earthing, Power Backup and functioning of equipment checked. ☐ Yes ☑ No

Signature : SD
Name : Sandhya 6/7/26

Before Patient Leaves Operating Room

SIGN OUT Time: 10:05pm

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 : Navya
Name : NAVYA

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PATIENT TRANSFER FORM

HNH-00007605 IP26-00006765
Mrs NAVYA R
24-05-1995 31 Y 1 M 12 D (F)
Dr. PADMAJA YELISETTY

Date & Time of Admission	Date & Time of Transfer Order
6/7/26 @ 7:15pm	6/7/26 @ 10:15pm

Treating Consultant Name	Transfer Ordered by	Reason for Transfer
	Dr. Bandhu	Observation

From Unit	To Unit	Information to Attendant
OT	Done - Nyt	Yes ☐ No ☐

Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant
—	—	Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	RL	01
2.		
3.		
4.		
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sandhya 6/7/26 @ 10:15pm	Dr Bandhu

Patient & Clinical Records Received by :

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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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: 6/7/26

→ Assessed pt condition
→ checked vital's & Recd
→ Rio chart Maintained
→ 2nd baby DBF

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

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

Date & Time: 6/7/26 @ 11pm Date & Time: 7/7/26 am

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'26-0000211295

NARCOTIC PRESCRIPTION FORM
(PATIENT COPY)

Patient Name: Mrs. Navya		Age: 31y	Gender: Female
UHID No: HNH-00007605	IP No: IP26-0000676S	Date: 6/7/26	Time:
Diagnosis: LSCS. CM.		word-01	

PRESCRIPTION DETAILS (Tick only one of the following)

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

Doctor Name: Dr Samir

Doctor Registration No: 67529

Signature:

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

IP Registration No: IP26-0000676S **Date:** 6/7/26

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

1.	**Name :** Mrs. Navya	**Remarks**
2.	Complete postal address (with contact number, if any)	1-6-650/30 balaji colony gandhi nagar hyderabad Telangana 500080
3.	Brief description of the illness	CM. LSCS
4.	Whether registered with any other registered medical practioner / recognized medical institution (If yes, details of the recorded)	NO
5.	Details of essential Narcotic drug dispensed	Fentanyl

Date	Name of the Essential Narcotic Drugs	Quantity	Signature / Thumb Impression of the patient / Patient Attender	Remarks, if any
6/7/26	Fentanyl	1 amp		

Dispensed by (Name & ID No.): Savia (016422) Signature: .....

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

Time: 9:31

Docu. No: RCH / FRM / CLINICAL / 133