Dr. Padmaja

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ESTIMATION SLIP

Date : 13/2/26 **UHID / IP No. :** HNIH-00007311 **Sl No.** 1694

Name of Patient : Mrs. Priyanka Doddy **Age:** 28 yrs **Gender:** F

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

Address : **Phone :** 7569124824 **Email :**

Procedure / Plan : Lescelage **EDD/Dos:** July 13th

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

TARIFF INFORMATION : Paramount health

Particulars	Package Amounts (Rs.)	
Room Category	Normal Delivery	LSCS
Multi Shared Ward		
Shared Ward		
Twin Shared Ward	→ 85k +	Pharmacy & Investigation
Private Room		
Super Deluxe Room		
Suite Room		
Package includes (Package starts from the time of admission)	Room Rent, Nursing Charges, Doctors Fee, Surgeon's Fee and Labour Ward Charges	Room Rent, Nursing Charges, Doctors Fee, Surgeon's Fee Anesthetist's Fees and OT Charges
	Length of Stay for :	Length of Stay for :
	Pharmacy up to	Pharmacy up to
	Investigations up to	Investigations up to
Others		

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

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

REMARKS :

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

DECLARATION

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

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

HNH-00007311 IP26-00006832
Mrs VADICHERLA PRIYANKA REDDY
22-01-1998 28 Y 5 M 21 D (F)
Dr. PADMAJA YELISETTY

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SURGERY DETAILS

Date : 13/7/26

Patient Name: Mrs. Priyanka Reddy Date of Birth: 22-01-1998 Age: 28yrs

Gender: female Ward : OT-II UHID No.: HNH-00007311

Date of Surgery: 13/7/26 ☐ OT -1 ☑ OT -2 ☐ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : Prophylactic Encirclage

Time in : 2:45 PM Time Out : 3:20 PM

		NAME	AMOUNT
1.	Surgeon	Dr. Padmaja Y	
2.	Anaesthetist	Dr. Ayesha	
3.	Assistant Surgeon	Dr. Priyadarshini	
4.	OT Technician	Br. Arvind	
5.	Circulating Nurse	Sr. Karuna	
6.	Assistant Nurse	Sr. Archana	

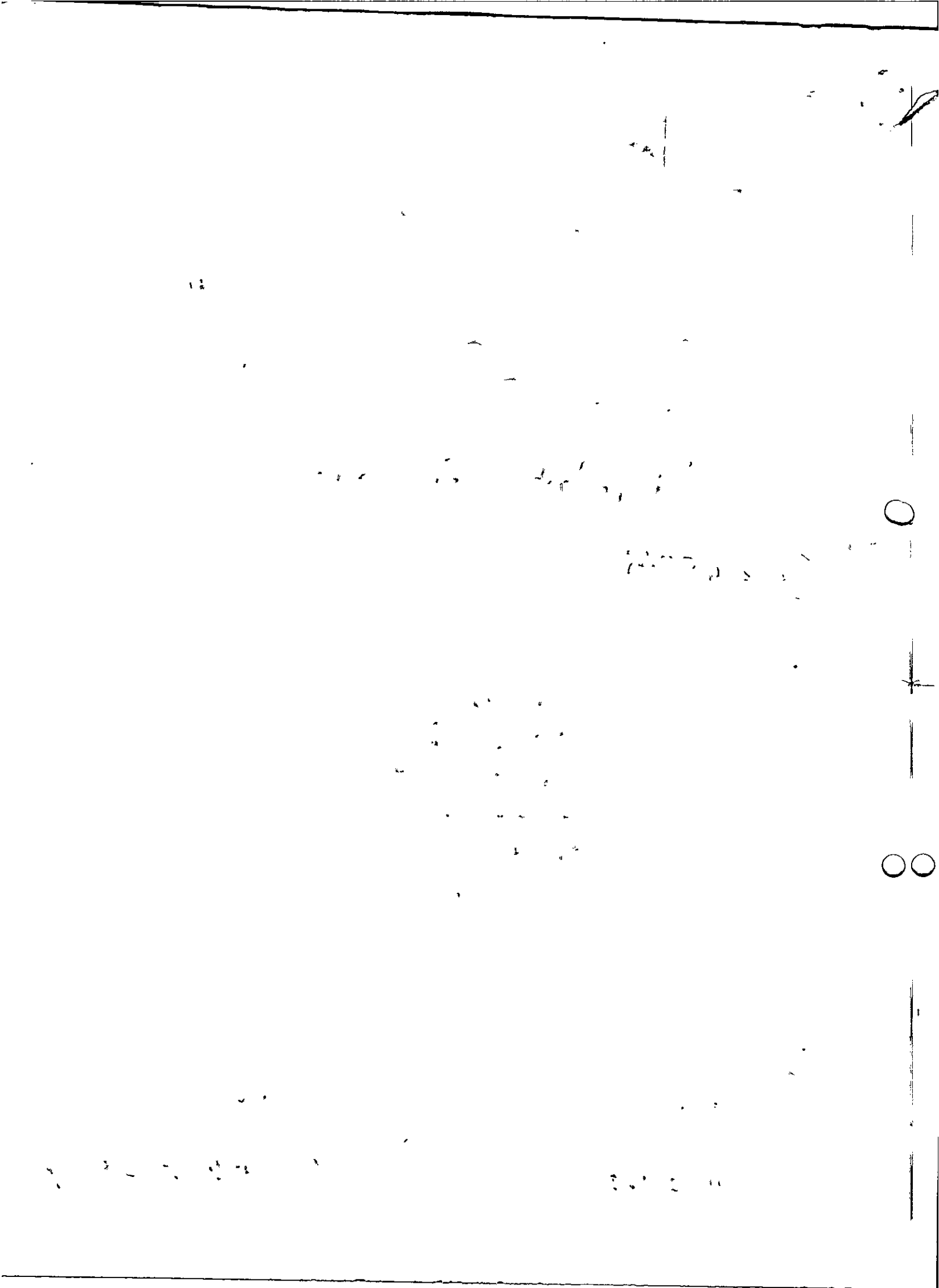
Mrs VADICHERLA PRIYANKA REDDY (28 Y 5 M 21 D / F)
SWAB
NINV01148
HN26011651017

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

for Dr. Padmaja Y.
Signature of the Surgeon

Karuna
Signature of Circulating Nurse

Order No: 26-0002-13405 Order by: Archana 13/07/26 @ 16:17pm.



HNH-00007311 IP26-00006832
DICHERLA PRIYANKA REDDY
22-01-1998 28 Y 5 M 21 D (F)
Dr. PADMAJA YELISETTY

Reddy Emcalarge

CONSUMABLES OF OT

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Circulating staff : Puja, Karuna Technician : Arvind Date : 13/1/26 Time :

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube			Major Pack General kit		01	Inj Vit.K		
LMA			Sutures			Cord Clamp		
ECG leads : A / P / N		03 Adhesive sheet			02	Suction Catheter		
HME filter : A / P / N						Feeding Tube		
Syringes : 10 cc		05 (PP) 7½ SG			1	Vaccum Suction Set		
05 cc		04 Gloves SG 6.5			02	Surgical Gloves		
02 cc		02 ENCORE 6.5			02	Gauze Pack		
01 cc		SG 6.0			01	Syringe 1ml / 2ml		
Cautery plate : A / P / N			Surgical blade			Surgical Blade # 20		
IV set			NG tube			Koochies (S)		
RL		01	Cautery pencil					
NS : 10ml / 100ml / 500ml / 1000ml			Koochies XXL		01	X-Ray Gauze		01
Anavin heavy		01	Ointments					
			Suction Catheter			PF SG 7		02
Fentanyl			Cap, Mask		10+10			
Morphine			Gauze Pack X-ray		4			
Ketamine			Mop Pack		4			
Propofol			Steristrip					
Rocuronium			Underpad		02			
Glycopyrolate			Draw sheet					
Myopyrolate			Abgel					
Ondansetron			Foleys catheter					
27G Pencan 25g/ Spinal Needle 22		01	Urobag					
Bupivacaine 0.25%			Chest Drainage Catheter					
Bupivacaine 0.25%(Heavy)			Romodrain bag					
Antibiotics			Bandage					
			Tegaderm					
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg		01	Vaccum Suction set					
Justin : 12.5 mg / 25mg / 100mg			Plastic Bed Sheet Aprons		03			
Tab. Misoprost : 200mg			Betadine Solution		02			
10 - 0000940		01	Microshield Bacshopre		01			
10 - 0008242		01	Cotton Balls		01			
			Latex Gloves		10			
			Ramdione Scrub					
			Saral					

Surgeon Anaesthesiologist Nurse OT Technician

Order No. : 26-0000213439 / 38 / 37 Ordered by : Archana 13/1/26 @ 17:08 pm

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

Rainbow Childrens Hospital-Himayatnagar

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

ELECTRONIC MEDICINE PRESCRIPTION

MRN	: HNH-00007311	**Name**	: Mrs VADICHERLA PRIYANKA REDDY
Age / Sex	: 28 Y 5 M 21 D / Female	**Doctor**	: PADMAJA YELISETTY
Adm/Reg Date/Time	: 13/07/2026 12:07	**Payor**	: SELFPAY
Order Date	: 13/07/2026 17:01	**Ordernumber**	: 26-0000213439
Visit ID	: IP26-00006832	**Ward/Bed No**	: 4F -OT / LDR-415
Patient Address	: 2003, RISING LYRICS, Ashok Nagar, Hyderabad, Telangana, INDIA, 500020		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	GAUZ SWAB 10 X 10 CM 12PLY 5S X-RAY		1 Pkt	External / Once Daily	1 Days		1 Pkt	Dispensed
2	DSYRINGS 2.5ML(NIPRO)	SYRINGE 2ML	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
3	ADULT DIAPERS-XXL		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
4	SGLOVE # 6 (SURGICARE)	SURGICAL GLOVES 6.0	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
5	DISPOSABLE APRONS STERIL XL	DISPOSABLE APPRON STERILE XL	1 Nos	/ Once Daily	3 Days		3 Nos	Dispensed
6	POVINANZ SOLUTION 10% 100 ML		1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
7	MOPS 30X30 8PLY 5S X-RAY	MOPS 30X308 PLYDATT	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
8	SUPRIDOL SUPPOSITORIES 100 MG 5 S		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
9	ANAWIN HEAVY 5 MG INJ 4 ML		1 Vial	External / Once Daily	1 Days		1 Vial	Dispensed
10	Encore Microptic gloves-6.5		1 Nos	/ Once Daily	1 Days		2 Nos	Dispensed
11	E.C.G ELECTRODES (ADULT)	ELECTRODES ADULT	1 Nos	External / Once Daily	1 Days		3 Nos	Dispensed
12	PENCAN 27G (B/BRAUN)		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
13	CRITIDOL INJ 50 MG 1 ML		1 Nos	/ Once Daily	1 Days		1 Vial	Dispensed
14	COTTON BALLS 2 GM 5 NOS		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
15	BUDECORT RESPULES 0.5 MG 2 ML		1 Respule	Nebulisation / ONE TIME A DAY	1 Days		1 Nos	Dispensed
16	BACTOPREP SOLUTIONS 100 ML		1 mL	/ Once Daily	1 Days		1 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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Rainbow Childrens Hospital-Himayatnagar

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040-48873000, info@rainbowhospitals.in

ELECTRONIC MEDICINE PRESCRIPTION

MRN	: HNH-00007311	**Name**	: Mrs VADICHERLA PRIYANKA REDDY
Age / Sex	: 28 Y 5 M 21 D / Female	**Doctor**	: PADMAJA YELISETTY
Adm/Reg Date/Time	: 13/07/2026 12:07	**Payor**	: SELFPAY
Order Date	: 13/07/2026 17:01	**Ordernumber**	: 26-0000213437
Visit ID	: IP26-00006832	**Ward/Bed No**	: 4F -OT / LDR-415
Patie ddress	: 2003, RISING LYRICS, Ashok Nagar, Hyderabad, Telangana, INDIA, 500020		

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	DSYRINGE 10ML (NIPRO)	SYRINGE 10ML	1 Nos	External / Once Daily	1 Days		5 Nos	Dispensed
3	NITRILE EXAMINATION GLOVES P F- MEDIUM		1 Nos	External / Once Daily	1 Days		10 Nos	Dispensed
4	UNDER PAD 60X90 10's Pack - MEDICUBE		1 Nos	External / 10 AM	1 Days		2 Nos	Dispensed
5	DSYRINGE 5ML.(NIPRO)	SYRINGE 5ML	1 Nos	External / Once Daily	1 Days		4 Nos	Dispensed
6	RL 500 ML CLOSED SYSTEM	RINGER LACTATE 500ML CLOSED	1 Bottle	/ Once Daily	1 Days		1 Bottle	Dispensed
7	SGLOVE # 7.5 POWDER FREE	SURGICAL GLOVES POWDER FREE 7.5	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
8	SURGEON CAP FEMALE SAFE SECURE		1 Nos	External / 10 AM	1 Days		10 Nos	Dispensed
9	GENERAL SURGERY KIT SAFE SECURE		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed

PADMAJA YELISETTY

Reg No : 52427

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Printed Date/Time : 13/07/2026 17:22 Printed By : SUNKARI SANGEETHA

Rainbow Childrens Hospital-Himayatnagar

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040-48873000, info@rainbowhospitals.in

ELECTRONIC MEDICINE PRESCRIPTION

MRN	: HNH-00007311	**Name**	: Mrs VADICHERLA PRIYANKA REDDY
Age / Sex	: 28 Y 5 M 21 D / Female	**Doctor**	: PADMAJA YELISETTY
Adm/Reg Date/Time	: 13/07/2026 12:07	**Payor**	: SELFPAY
Order Date	: 13/07/2026 17:01	**Ordernumber**	: 26-0000213438
Visit ID	: IP26-00006832	**Ward/Bed No**	: 4F -OT / LDR-415
Patient Address	: 2003, RISING LYRICS, Ashok Nagar, Hyderabad, Telangana, INDIA, 500020		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	SGLOVE 7.0(POWDER FREE)			/	1 Days		2 Nos	Dispensed

PADMAJA YELISETTY

Reg No : 52427

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Printed Date/Time : 13/07/2026 17:20 Printed By : SUNKARI SANGEETH

Name	Mrs VADICHERLA PRIYANKA REDDY	**UHID**	HNH-00007311
Father/Guardian	Mr AKHIL GOPU	**Age/Gender**	28 Y 5 M 21 D/ Female
Address	2003, RISING LYRICS, Ashok Nagar, Hyderabad, Telangana, INDIA, 500020		
IP No	IP26-00006832	**Admission Date**	13-07-2026
Ref Doctor	Self.		
Discharge Date	14.07.2026		

DISCHARGE SUMMARY

Consultant:
Dr. Padmaja Yelisetty,
MBBS, MD, MRCOG,FRCOG
52427

Diagnosis: PRIMIGRAVIDA AT 23^{+6} WEEKS WITH SHORT CERVIX FOR CERVICAL CERCLAGE

CERVICAL CERCLAGE DONE ON 13.07.2026

Menstrual History:-
LMP- 22.01.2026
EDD- 03.11.2026
23^{+6} weeks

Obstetric formula- Primigravida
Gestational at admission-

Name	Mrs VADICHERLA PRIYANKA REDDY	**UHID**	HNH-00007311
IP No	IP26-00006832	**Admission Date**	13-07-2026

Medical History: Bechets Syndrome - not on treatment now, Rubella Ig G Negative -took RVAC April 2025
Surgical History: Nil
Family History: Father -DM ,Pat Aunt-DM
Allergies: Nil

Antenatal Details:

Mrs VADICHERLA PRIYANKA REDDY was booked to Rainbow hospital at 5^{+1} weeks of gestation. She had regular antenatal checkups and investigations as advised. NT scan was normal, eFTS was low risk ,TIFFA Scan was normal ,Cervical length -26 mm ,Uterine dopplers normal. Scan done on 13.07.2026 showed single live intrauterine fetus, Breech presentation ,cervical length 25mm, funnelling absent, Placenta- posterior and high, DVP- 5.2cm. She was admitted for cervical cerclage.

Investigations: Enclosed.
Blood Group: "A" Positive

Surgery Notes: Cervical cerclage by Mc Donald's procedure under saddle block.

Indication: Short cervix

Operative findings:
- High Vaginal Swab taken, sent for culture and sensitivity.
- Posterior vaginal wall retracted with Sims speculum
- Anterior lip of cervix was held with sponge-holding forceps
- Cervical stitch applied by Mc Donald's procedure using TRUSILK no.1, Knot placed anteriorly

Name	Mrs VADICHERLA PRIYANKA REDDY	UHID	HNH-00007311
IP No	IP26-00006832	Admission Date	13-07-2026

- Hemostasis achieved
- Post procedure C. Susten 400mcg kept pervaginally
- Post procedure cardiac activity checked.

Post-Operative Notes:

She was closely monitored. Her vital signs remained stable. Fetal heart rate monitoring done. She was shifted to room. Her postoperative period following that was uneventful. Her general condition was satisfactory and she was found to be fit for discharge. Care and medications were explained to patient supplemented by written information.

Advice:

1. Tab. Taxim O 200mg (Cefixime 200mg) twice daily till 18.07.2026 (9am - 9pm) after food.
2. Tab. Dolo 650mg (Paracetamol 500mg) thrice daily till 16.07.2026 (7am-3pm-10pm) after food.
3. Tab. Pantodac 40 mg (Pantoprazole 40mg) once daily (7am) before food till 18.07.2026.
4. Tab Nitrofurantoin 100 mgs twice a day after food for 5 days
5. Cap. Susten-SR 300mg (Progesterone) orally twice daily till 34 weeks
6. Inj. Proluton 250mg once every weekly (every Wednesday) intramuscularly till 34weeks.
7. Continue antenatal medication till further advice.
8. T. Livogen twice daily (8am-8pm) before food
9. T. Shelcal 2tabs (500mg) once daily after food at 2pm.
10. D-RISE CAPS 2000 IU 10 S once daily after dinner till further advice.
11. Collect HVS reports.
12. Repeat Urine C/S after 2 weeks

Name	Mrs VADICHERLA PRIYANKA REDDY	**UHID**	HNH-00007311
IP No	IP26-00006832	**Admission Date**	13-07-2026

13. first growth scan at 22.07.2026

Review consultation with Dr. Padmaja Yelisetty with **1** week on **20.07.2026** with first growth scan, OGTT and HVS report at Rainbow children's Hospital in Gynec OPD (**Review consultation will be charged**).

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

DR. PUA

Registrar/Resident/C.M.O

Consultant:
Dr. Padmaja Yelisetty,
MBBS, MD, MRCOG,FRCOG
52427

PATIENT TRANSFER FORM

Rainbow® Children's Hospital
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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00007311 IP26-00006832 Mrs VADICHERLA PRIYANKA REDDY 22-01-1998 28 Y 5 M 21 D (F) Dr. PADMAJA YELISETTY	13/7/26 @	13/7/26 @ 2.30pm
	Transfer Ordered by Dr naveena	Reason for Transfer Cervical Circlage
From Unit pre-past	To Unit O.T	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 25	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	1 0
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 naveena

Patient & Clinical Records Received by : Kavya 13/7/26 @ 2:40 pm

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

HNH-00007311 IP26-00006832
Mrs VADICHERLA PRIYANKA REDDY
22-01-1998 28 Y 5 M 21 D (F)
Dr. PADMAJA YELISETTY

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ACTIVITY RECORD FOR BILLING

Name :_____

UHID No. : _____ IP No : _____Consultant: _____ Dept : _____

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
13/7/26	2.30pm	Pre-post	OT	CA / Kavi
13/7/26	3:25pm	OT	Pre-Post	Kavitha / Sujatha

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

INVESTIGATIONS			
Date	Investigations	Order No.	Signature

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
13/7	Infusion pump	3:30PM		13404	Sujatha
13/7	Cardiac monitor	3:30PM		13404	

Cross checked by Sujatha 13/7/25 @ 4PM

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
13/7/26	IV placement	(1)	13403	Sri
	PAC	(1)	13402	Sri
				works checked by Sujatha 13/7/26 @ 4pm

ANY OTHER INFORMATION

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Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

HNH-00007311 IP26-00006832
Mrs VADICHERLA PRIYANKA REDDY
22-01-1998 28 Y 5 M 21 D (F)
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I.P. ADMISSION SHEET FOR GYNECOLOGY

Date of Admission : ..... Time of Admission : .....

Allergies: ..... ☐ Not know any drug allergies

PRESENTING COMPLAINTS :

- Primigravida. 23w 6days POG. came with short Cervix (25mm) for Cervical encirclage.
USG - (13/7/2026). SIUF, Breech,
placenta - posterior, high,. AFI - 5.2cm (DVP).
Cervix - length - 25mm.
funnelling - absent
EFW - 415gm [62%] } Acc. to 24w 0day Scan.
AC - 47%

MENSTRUAL HISTORY	OBSTETRIC HISTORY
Year of Marriage : 4 years	Parity : —
Previous Periods : Regular.	Mode of Delivery : —
LMP : 22/4/2026	Last Child Birth : —
Contraception : —	

PAST MEDICAL HISTORY	PAST SURGICAL HISTORY
Bechet's Syndrome -not on Rx Rubella IgG - negative Took RVAC april 2025.	Nil

HNH-00007311 IP26-00006832
Mrs VADICHERLA PRIYANKA REDDY
22-01-1998 28 Y 5 M 21 D (F)
Dr. PADMAJA YELISETTY

FAMILY HISTORY:

Father - T_2DM

Paternal Aunt - T_2DM.

MEDICATION HISTORY:

T. IRON
T. CALCIUM
Inj. Proluton Depot 250mg im stat

INITIAL ASSESSMENT :

Date 13/7/2026
Ht. _____ Wt. _____
BMI _____
B.P _____
Pallor _____
CVR S1 S2 (+), normal
Respiratory System B/L NVBS
Thyroid _____

Breasts: NAD

Abdominal Examination: ut- 22-24wks Relaxed.

Local/Speculum Examination: not done.

Bimanual Pelvic Examination: not done

PROVISIONAL DIAGNOSIS : Primigravida with 23w 6days POG. with short cervix for prophylactic Circlage.

INVESTIGATIONS ORDERED	PLAN OF MANAGEMENT
CBP (13/7/2026 BGT 'A' Positive)	NBM.
Hb - 10.4	Parts preparation
plt - 2.60	Informed Consent
TLC - 9.70	CBP
PCV - 30.2.	PAC.
HIV, HbsAg, HCV, VDRL: NR	Monitor Vitals
	Inform SOS
	Shift on call
	FHR monitoring

Name of the Doctor: Dr. Padmaja Yelisetty Signature of Doctor _____

Date & Time : 13/7/2026 @ 12:00pm.

HNH-00007311 IP26-00006832
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Dr. PADMAJA YELISETTY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/7/2026 3:30pm	cls/by Dr. Naveena	
	o/e GC-fair Afebrile. SpO_2-99% on RA PR: 80bpm BP: 80/59mmHg PA: ut. 22-24wks Relaxed FHR(+) 142bpm UE: NAD.	Adv - NBM for 4-6hrs - ivf and drugs as charted - w/f PV bleeding - foot end elevation - Monitor Vitals - Inform SOS Dr. Naveena.
13/7/26 5pm	Pt seen & c/s/B Dr. Dnq	Adv - NBM - IVF & Drugs as charted - w/f PV bleeding - Foot end elevation - Monitor vitals - Inform sos
	c/c Pain Afebrile BP: 90/60 mmHg PR: 76bpm. P/A ut ≈ 22-24wks. FHS(+). Relaxed C/E NAD	
File can be sent for discharge processing		

(P.T.O)

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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

HNH-00007311 IP26-00006832
Mrs VADICHERLA PRIYANKA REDDY
22-01-1998 28 Y 5 M 21 D (F)
Dr. PADMAJA YELISETTY

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RESULT SHEET

Date	13/7/26					
Time	2pm					
Hb	10.4					
PCV	30.2					
RBC	3.67					
WBC	9.70					
N/L	74.0					
Platelets	260					
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						

Hcv
Hbsag
Hiv
} Nig.

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

HNH-00007311 IP26-00006832
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MEDICATION RECONCILIATION FORM

Drug Allergies: Nil ☐ Not known any Drug Allergies

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

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

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	T. IRON	1TAB	PO	OD.	12/7	☐ C ☐ DC
2	T. CALCIUM	1TAB	PO	OD.	12/7	☐ C ☐ DC
3						☐ C ☐ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Naveena

Date & Time : 13/7/2026 @. 12:00pm.

Nurse Name & Signature: Sujatha

Date & Time : 13/7/26 @ 1PM

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

HNH-00007311 IP26-00006832
Mrs VADICHERLA PRIYANKA REDDY
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Dr. PADMAJA YELISETTY

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DRUG CHART

Date of Admission: 13/7/26 Drug Allergies: ..... ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

DOCTOR - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
- Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
- Discontinue a drug by drawing a line *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 .....

Mrs VADICHERLA PRIYANKA REDDY
22-01-1998 28 Y 5 M 21 D (F)
Dr. PADMAJA YELISETTY

REGULAR PRESCRIPTIONS

Weight. 63kg Ward. .....

Verified by Dr. Dhakshayani

DRUG : INJ-CEFOTAXIME

Dose	Route	Frequency	Start Date
1gm	IV	BD	13/7

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

Additional Instructions: ATD

Date/Time 13/7

Daily Doctor's Endorsement by a Sign

Verified by Dr. Dhakshayani

DRUG : T. PARACETAMOL

Dose	Route	Frequency	Start Date
1gm	PO	TID	13/7/26

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

Additional Instructions:

Date/Time

Daily Doctor's Endorsement by a Sign

Verified by Dr. Dhakshayani

DRUG : T. TRAMADOL

Dose	Route	Frequency	Start Date
100mg	PO	BD	13/7/26

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

Additional Instructions:

Date/Time

Daily Doctor's Endorsement by a Sign

Verified by Dr. Dhakshayani

DRUG : T. PANTOPRAZOLE

Dose	Route	Frequency	Start Date
40mg	PO	BD	13/7

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

Additional Instructions:

Date/Time

Daily Doctor's Endorsement by a Sign

HNH-00007311 IP26-00006832
Mrs VADICHERLA PRIYANKA REDDY
22-01-1998 28 Y 5 M 21 D (F)
Dr. PADMAJA YELISETTY

Weight. 63kgs. Ward. .....

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
13/7	2.30pm	INJ. METOCLOPRAMIDE	10MG	IV		
13/7	2.30pm	INJ-PANTOPRAZOLE	40MG	IV		
13/7	3:20pm	TRAMADOL Suppository	100mg	PR		
13/7	3:[illegible]pm	SUSTEN	300mg	PV		

Verified by Dr. Dhakshayani

Mrs VADICHERLA PRIYANKA REDDY
22-01-1998 28 Y 5 M 21 D (F)
Dr. PADMAJA YELISETTY

I.V. FLUIDS CHART

Weight. 63 kg Ward. .....

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
13/7	12:30 pm	RINGER LACTATE	IV	100ml/hr			13/7		
13/7	2:50 pm	RINGER LACTATE	IV	1000 ml/hr	Cyclo 1g		13/7		
13/7	4 pm	RINGER LACTATE	IV	100ml/hr					

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

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OPERATION THEATER NOTES

HNH-00007311 IP26-00006832
Mrs VADICHERLA PRIYANKA REDDY
22-01-1998 28 Y 5 M 21 D (F)
Dr. PADMAJA YELISETTY

Patient's Name : .....Age : .....Gender : .....

UHID.: ..... .No. :.....Weight : .....

Surgeon : Dr. Padmaja Yelisetty.	Asst. Surgeon : Dr. Priyadarshini
Anesthetist : Dr. Ayesha.	OT Nurse : Archana.

Surgical Procedure : Prophylactic Encirclage. Lt SA.

Indications for Surgery : Short Cervix.

Date : 13/07/2026.	Start Time :	End Time :

PRE-OPERATIVE PREPARATION :

NBM.
iv Antibiotics
Parts Preparation

OPERATION NOTES:

Lt. SA, patient put in lithotomy position,
→ High Vaginal Swab taken & sent for Culture and Sensitivity.
→ Posterior vaginal wall retracted & Sims Speculum
→ Anterior lip of Cervix was held with Sponge holding forceps.
→ Cervical stitch applied by Mc Donald's procedure using TRUSILK no. 1, Knot placed Anteriorly.
→ Hemostatsis achieved.
→ Post procedure Cap. Susten 400mcg kept PV
→ Pre and Post procedure Cardiac Activity checked.

POST - OPERATIVE ORDERS :

- NBM. for 4 - 6hrs.
- ivf and drugs as chalted.
- w/f PV bleeding/ PV leak.
- Strict FHR monitoring. 6th hrly.
- Monitor Vitals
- Foot end elevation.
- Inform SOS.

Dr. Padmaja Yelisetty

Consultant Surgeon's Name

Y. Padmaja Yelisetty 52427

Consultant Surgeon's Signature

Date : 13/7/2026 Time : .....

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Padmja
Asst. Surgeon : Dr. Priyadarshini
Anaesthetist : Dr. Ayesha
Scrub Nurse : Sr. Archana

HNH-00007311 IP26-00006832
Mrs VADICHERLA PRIYANKA REDDY
22-01-1998 28 Y 5 M 21 D (F)
Dr. PADMAJA YELISETTY

Patient : ..... Gender : .....
UHID N .....
Date : 13/9/26 In-time : 2.45 Out-time : 3:20 pm

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Before Induction of Anaesthesia ➤➤

SIGN IN Time: 2:40pm

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: food allergy
- 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 : .....
Name : Dr. SK. Ayesha

Before Skin Incision ➤➤

TIME OUT Time: 3:02

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? Routine minimal ☑ Yes ☐ No ☐ NA

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

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

Is Essential Imaging Displayed? ☐ Yes ☐ No ☐ NA

Signature : Karuna.
Name : Karuna @ 3:02 pm

Before Patient Leaves Operating Room

SIGN OUT Time: 3:05 pm

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 : .....
Name : Dr. Priyadarshini

PATIENT TRANSFER FORM

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HNH-00007311 IP26-00006832
Mrs VADICHERLA PRIYANKA REDDY
22-01-1998 28 Y 5 M 21 D (F)
Dr. PADMAJA YELISETTY

	Date & Time of Admission	Date & Time of Transfer Order
	13/7/26 @ 12:09PM	13/7/26 @ 3:20PM
Treating Consultant Name: Dr. Padmaja	Transfer Ordered by: Dr. Ayesha	Reason for Transfer: Observation
From Unit: OT	To Unit: Pre-Post	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	1
2.		
3.		
4.		
5.		

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

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

Patient & Clinical Records Received by : Sujatha

Date & Time of Patient Received : 13/7/26 @ 3:20PM

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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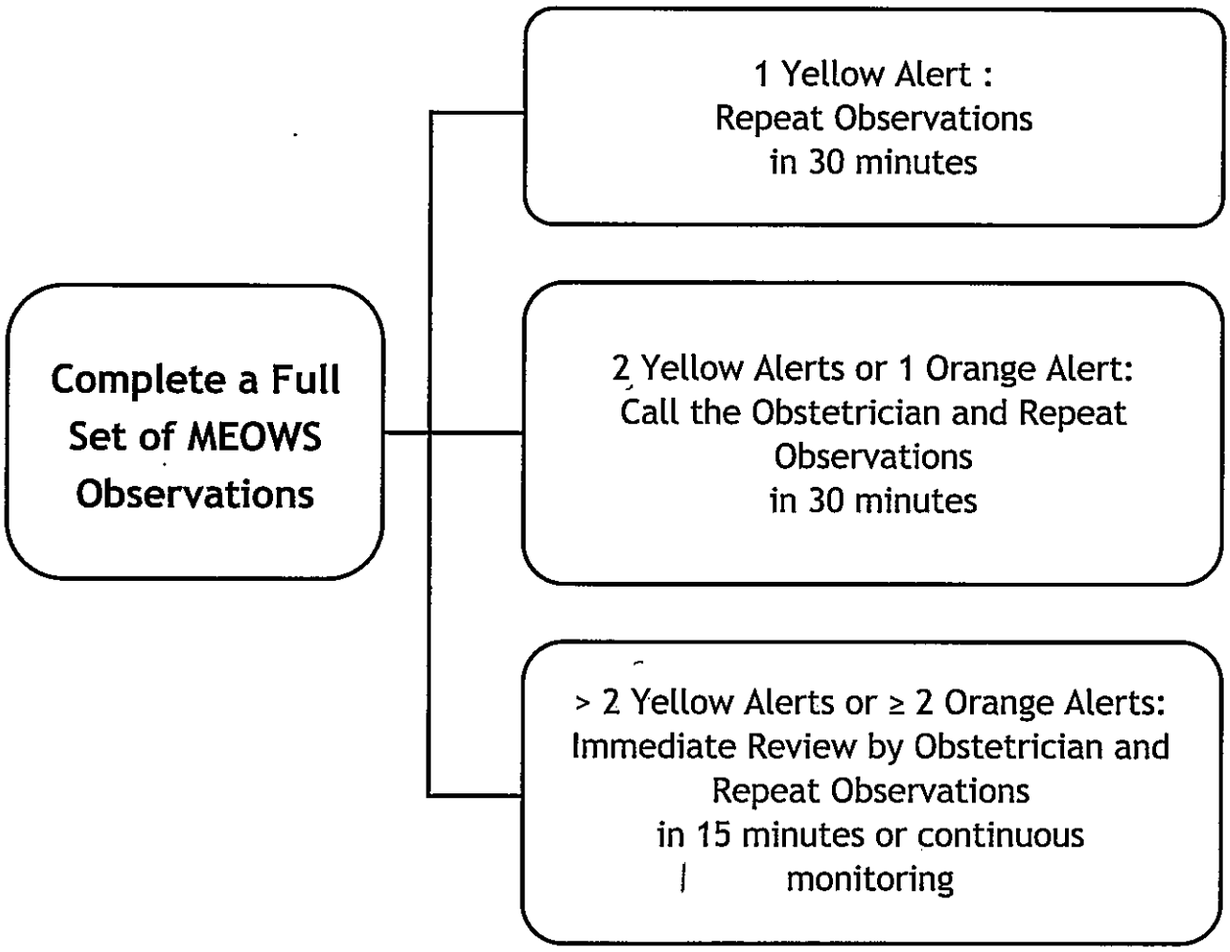
Early Warning Observation Score Chart - Obstetrics

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

13/7/26	Date																								
	Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20					20			20	20	20	20													
	0 - 10																								
Saturations	94 - 100 %					94			94	94	100	100													
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37																								
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80					92			80	85															
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110								110	112															
	100					92					100	100													
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
	60					60			55	67	60	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													
TOTAL ORANGE SCORES																									
Nurse Initial																									

Obstetrics and Gynaecology Early Warning Signs



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

HNH-00007311 IP26-00006832
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Dr. PADMAJA YELISETTY

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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.

13/7/26		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							
13/7/26	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am									✓		
	12:00 pm	RL	N	100ml								
	01:00 pm	RL	B	100ml								
Total Intake :						**Total Output :**						
	02:00 pm	RL	M	100ml						✓		
	03:00 pm	RL		100ml								
	04:00 pm	RL		100ml								
	05:00 pm	RL		100ml								
	06:00 pm	RL		100ml								
	07:00 pm											
Total Intake :	taken					**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

Patient Sticker

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FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

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

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OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 13/7/25 Time of Arrival: 12 p.m. Time Seen by Nurse: 12½ pm

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 Pulse: 82 RR: ..... SpO_2: 99 BP: 110/70 Weight: .....

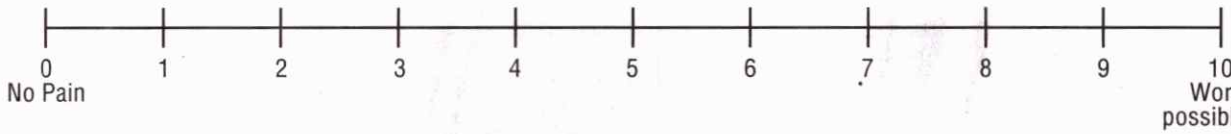
4) **Gestational Criteria:**

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)**



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

NIPI.1

.....

6) **Past History:**

a) Surgeries: .....

b) Medical: .....

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Mrs VADICHERLA PRIYANKA REDDY
22-01-1998 28 Y 5 M 21 D (F)
Dr. PADMAJA YELISETTY

☐ 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: ..12 pm..

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

Date: ..13/7/26.. Time: ..12 pm..

HNH-00007311 IP26-00006832
Mrs VADICHERLA PRIYANKA REDDY
22-01-1998 28 Y 5 M 21 D (F)
Dr. PADMAJA YELISETTY

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CHECKLIST FOR THROMBOPHLEBITIS

13/7/26

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1			DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0	0	0								
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	NP	NP								
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2	NP	NP								
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	NP	NP								
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	NP	NP								
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	NP	NP								
			Signature of the Nurse	M									

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 : M Name : Monika

Signature of Ward In Charge :

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

Patient Sticker

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CHECKLIST FOR THROMBOPHLEBITIS

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

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

Signature of Shift In Charge :

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

Signature of Ward In Charge :

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

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BRADEN 'Q' SCALE

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				Date :	13/7	13/7		
				Time :	2 PM	6 AM		
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		
"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		
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		
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		
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		
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		
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		
				TOTAL SCORE	28	28		
				Evaluator's Name				

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

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

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

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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Score	Date / Time		
			13/7	13/7/26	
			m	02	
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0			
Secondary Diagnosis (more than one diagnosis)	Yes	15			
	No	0			
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0	0	0	
IV / Heparin Lock or Saline	Yes	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	
Total Morse Fall Scale Score:			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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PAIN ASSESSMENT FORM

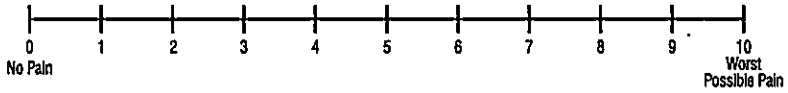
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
13/7	10am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
13/7	4pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

Re-assessment Frequency:

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

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

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NURSING CARE RECORD

Date: 13/7/24

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8AM to 2pm	→ Assess the pt condition → Monitor vitals → Maintain I/O	8AM to 2pm	→ Assess the pt Condition → Monitored VS	Now pt is /	Re-check vital	MNS
Afternoon	2pm to 8pm	=> Assess the patient condition => plan for vital => plan for I/O chart	2pm to 8pm	=> Assess the patient condition => maintain vital & Record => maintain I/O Chart	patient is stable	vital is normal	Cleared
Night							

Patient Sticker

NURSING CARE RECORD

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Date: .....

Goals

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

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

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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	13/7 M16	13/7 E2				
	Medical Condition (Any special condition to be noted):	-					
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	97	97.9 F				
	Res:	16	20				
	SpO_2:	99	99%				
	Pulse:	93	86				
	BP:	122/70	100/60				
	Fall Risk Score:	-	-				
	Pain Score:	-	-				
Recommendations	Safety Needs:		-				
	Physiotherapy	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Others Specify:	-	-				
	Special Diet:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Other Special Orders / Medications:	-	-				
Post Operative Procedure Special Orders:		-	-				
Handed Over By Name :		Mouli	Cludh				
Signature :							
Date:		13/7	13/7/26				
Time:		2pm	8pm				
Taken Over By Name :		Cludh					
Signature :		Cludh					
Date:		13/7					
Time:		8pm					

Patient Sticker

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NURSING SHIFT HAND OVER FORM - WARD

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

SITUATION	Diagnosis:	Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:					
BACKGROUND	Area / Shift Time						
	Medical Condition (Any special condition to be noted):						
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:						
	Res:						
	SpO_2:						
	Pulse:						
	BP:						
	Fall Risk Score:						
	Pain Score:						
Recommendations	Safety Needs:						
	Physiotherapy	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Others Specify:						
	Special Diet:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Other Special Orders / Medications:						
Post Operative Procedure Special Orders:							
Handed Over By Name :							
Signature :							
Date:							
Time:							
Taken Over By Name :							
Signature:							
Date:							
Time:							

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

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Patient Name : MRS. PRIYANKA REDDY. Gender: ☐ Male ☐ Female Age : .....

UHID No : ..... Date : 13/07/2026

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

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

PROPHYLACTIC ENCIRCLAGE

upon

MRS. Priyanka Reddy. (Name of the Patient)

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

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

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

Bleeding, PV leak, Risk of miscarriage, RTO 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. Padmaja Yelisetty

Consentee :

Signature : .....

Name : V. Priyanka Reddy

Date & Time : 13/7/2026 @ 12:30pm

Patient Attendant :

Signature : .....

Name : AKHIL GOPU

Relationship with Patient: SPOUSE

Date & Time : 13/7/26 @ 12:30pm

Witness :

Signature : .....

Name : Sujatha

Date & Time : 13/7/26 @ 12:30 PM

Doctor (who is taking the consent) :

Signature : .....

Name : Dr. Naveena

Date & Time : 13/07/2026 @ 12:30pm

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE

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Patient Name : Mrs. PRIYANKA REDDY Age : 28 Gender : Male ☐ Female ☑

UHID NO: HNH-0000231 Surgeon Name: Dr: PADMAJA YELISETTY

Anaesthesiologist : Dr: SAMIR / Dr: AYESHA

Operative procedure planned : CERVICAL CERCLAGE

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 : .....

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. PRIYANKA REDDY the above mentioned operation / Diagnostic / Therapeutic procedures CERVICAL CERCLAGE

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 : V. Priyanka Reddy

Relationship with Patient: .....

Date & Time : .....

Witness :

Signature : .....

Name : AKHIL GOPU

Date & Time : 13/07/26

Doctor (who is taking the consent) :

Signature : .....

Name : Dr. SK. Ayesha

Date & Time : 13/7/26

Department of Anaesthesiology

PRE-ANAESTHETIC EVALUATION

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Name: Mrs. PRIYANKA REDDY Age: 28y Sex: F UHID.No : HNH-0000731

Date: 13/7/26 Time: 11:Hrs Proposed Operation: Cervical Cerclage

Diagnosis: Primi, 21+6 wks

B.P / CRT: 97/62 mmHg H.R: 92/min Weight: 63kg ASA Physical Status: ☐ 1 ☑ 2 ☐ 3 ☐ 4 ☐ 5

Laboratory Data:

Hgb: 10.4	Glucose:	Protein:	HIV: NR	X-Ray:
PCV: 30.2	Urea:	Alb:	HBS Ag: NR	ECG:
WBC: 9.76	Creat:	Total Bill:	HCV:	2D Echo:
Plate: 260	Na:	Dir. Bill:	Blood group: A+ve	Stress/Anglo:
PT:	K:	LDH:	T3	Other:
PTT:	Ca++:	Alk phos:	T4	
INR:	Mg++:	Amylase:	TSH	
	Cl -:	SGOT/SGPT:		

Allergies: ~~FOOD~~ ALLERGY (BRINJAL)

placenta: posterior high

Medical History: CVS : NIL SIGNIFICANT

RESP : Diabetes : —

CNS :

Renal :

Hepatic / GE : Physical Activity: METS > 4

Others :

Past Anaesthetic History:

Physical Exam:

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

Lungs : BAE (+), Clear

Heart: S1S2 (+)

CNS: ~~SOB~~ NAD

Pregnant: ☑ Yes ☐ No ☐ NA | Venous Access Site : Peripheral (+) | Spine Exam for regional : Midline Spaces well palpated

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

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

CURRENT MEDICATIONS	DOSAGE

Pre-Operative Instructions:

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

Signature: Ayesha Name: Dr. Sk. Ayesha

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

HNH-00007311 IP26-00006832
Mrs VADICHERLA PRIYANKA REDDY
22-01-1998 28 Y 5 M 21 D (F)
Dr. PADMAJA YELISETTY

ANAESTHESIA CHART

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Pre Induction Assessment:

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

H.R: 88/min | B.P / CRT: 100/65 mm Hg | SpO_2: 100% on RA | R.R: 18/min | Last Feed: 7 Gm

Pre-OP Diagnosis: Primi 21+6 wks | Operation: CERVICAL CERCLAGE | Date: 13/7/26

Surgeon: Dr. Padmaja / Dr. Priyadarshini | Anaesthesiologist: Dr. Ayesha | Technician: Aravind

TIME	2:45	2:55	3:05	3:15
N_2O /AIR /O_2 LPM				
HALO /SO /SEVO				
Drugs:				
FIO_2 / SaO_2	100%	100%	100%	100%
$ETCO_2$				
ECG	SR	SR	SR	SR
Temperature				
Urine Output				
Fluids / Blood	1 RL			

Antibiotic

Suppository: TRAMADOL 100mg PR

Blood Loss

NOTES

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 3 lead
☐ Temp Site
☐ FIO_2 Monitor
☐ Agent Monitor
☑ Pulse Oximeter
☐ Capnograph
☐ Ventilator
☐ Nerve Stimulator

Position:
☑ Pressure Points Checked

Eye Care:
☐ Oint
☐ Tape
☐ Padding
☑ Awake

Temp:
☐ HME ☐ Fluid Warmer
☐ Cling Film ☐ OH Warmer
☑ Hugger's ☐ Cotton Wool
☐ Other

Times:
Anaes Start: 2:45pm
OP Start: 3:00pm
OP End: 3:15pm
Leave OR: 3:20pm

Anaesthesia:
☐ GA
☐ Monitored Anaesthesia Care
☑ Regional

Line (Size & Location)
☐ CVP:
☐ ART:
☑ IV: 20G on Rt 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: SAB
☑ Spinal ☐ Epidural ☐ Caudal
Others:
Position: Sitting
Site: L3-L4
Needle Size: 27G PP Depth:
Parasthesia ☐ Yes ☐ No
Catheter at skin ..... cm
Drug Name & Conc: 0.5% HEAVY BUPIVACAINE
Bolus: 2.5ml
Infusion:
Block Level: T_{12} - T_{12}
Comments:

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

HNH-00007311 IP26-00006832
Mrs VADICHERLA PRIYANKA REDDY
22-01-1998 28 Y 5 M 21 D (F)
Dr. PADMAJA YELISETTY

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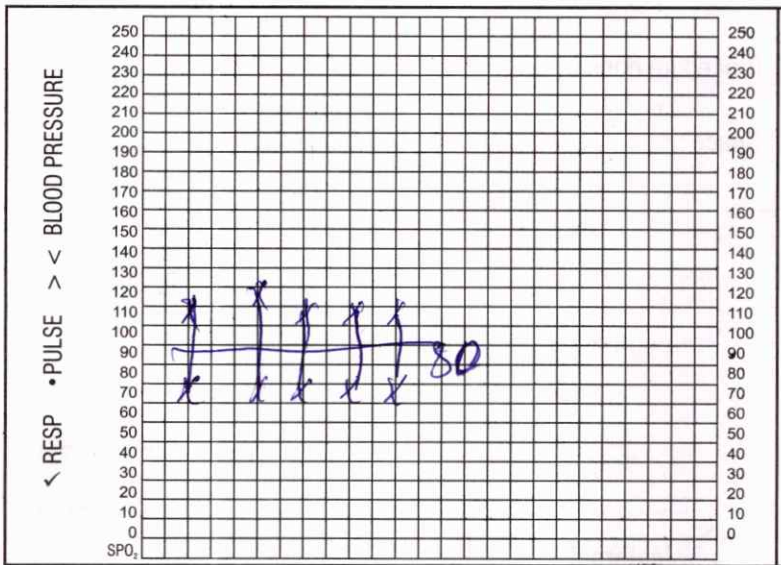
POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Chenchokala Time Received : 3.20 Time Discharged : .....



IV Cannula Site : Rt hand

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

Vomiting : ☐ Yes ☑ No Drug: Inj Tramadol 1gm
NG Tube : ☐ Yes ☑ No
Drain: ☐ Yes ☑ No
Urinary Catheter: ☐ Yes ☑ No
Chest Tube: ☐ Yes ☐ No
Nil Oral ☐ Yes ☐ No

IV Fluids: RL
Oral Feeds: WBM.

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

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
13/7	3:30pm	0/10	warmed	Chenchokala
13/7	4:20pm	0/10	warmed	
13/7	5:20pm	0/10	warmed	
13/7	6:30pm	0/10	warmed	

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 : .....
Anaesthesiologist Signature: .....
Date & Time: .....

PACU Nurse Name : Chenchokala
PACU Nurse Signature: .....
Date & Time: 13/7/26 @

Transferred to Unit by (PACU): .....
Date & Time: 13/7/26 @

Patient Sticker

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EPIDURAL ANALGESIA RECORD

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

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

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

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

Solution Composition : .....

Any other issues :

a) .....

b) .....

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

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

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

Patient Satisfaction : .....

Discharge /Shifting ordered by

Doctor Signature: .....

Doctor Name: .....

Date and Time : .....