HNH-00012059 IP26-00006811
Mrs DIKSHA JAIN
12-07-1996 29 Y 11 M 29 D (F)
Dr. PADMAJA YELISETTY

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SURGERY DETAILS

Date : 11/07/26

Patient Name: Mrs. Diksha Jain Date of Birth: 12/07/1996 Age: 29

Gender: F Ward : OT UHID No.: HNH-00012059

Date of Surgery: 11/07/26 ☑ OT -1 ☐ OT -2 ☐ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : Elective Lower Segment Cesarean Section ↓ SA

Time in : 8:30 Am Time Out : 10:00 Am

		NAME	AMOUNT
1.	Surgeon	: Dr. Padmaja, Dr. Priyadarshini	
2.	Anaesthetist	: Dr. Ahkila.	
3.	Assistant Surgeon	: Dr. Dua.	
4.	OT Technician	: Br. Arvind.	
5.	Circulating Nurse	: Sr. Natasha, Sr. Puja	
6.	Assistant Nurse	: Sr. Archana.	

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

Signature of the Surgeon

Natasha
Signature of Circulating Nurse

Order No: 26-0000212718 Order by: Archana 11/7/26 @ 11:36 Am

HNH-00012059 IP26-00006811
Mrs DIKSHA JAIN
12-07-1996 29 Y 11 M 29 D (F)
Dr. PADMAJA YELISETTY

El LSCS

CONSUMABLES OF OT

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Circulating Staff ..... Technician : Arvind Date : 11/7/26 Time :.....

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube			Major Pack LSCS		1	Inj Vit.K		1
LMA			Sutures 2347, 2317,	1	1	Cord Clamp		1
ECG leads : A / P / N		03	2518, 1326	1	1	Suction Catheter		1
HME filter : A / P / N						Feeding Tube No 5		1
Syringes : 10 cc		02				Vaccum Suction Set		
05 cc		04	Gloves 6.5 - Encore		2	Surgical Gloves 7.5 6.5	1	1
02 cc		02	Sky-6.5,		2	Gauze Pack 10X10		2
01 cc			Encore-7.0	1	1	Syringe 1ml / 2ml		2
Cautery plate : A / P / N		01	Surgical blade 22no		1	Surgical Blade # 20		1
IV set			NG tube			Koochies (S)		1
RL		03	Cautery pencil		1	Caprin Inj.		1
NS : 10ml / 100ml / 500ml / 1000ml			Koochies XXL		1	D-Water	2	2
Inj. Oxytocin		01	Ointments			10 cc		2
Inj. Bupicaine		01	Suction Catheter					
Fentanyl		02	Cap, Mask		5	Baby Side		
~~Morphine~~ 10-000022		01	Gauze Pack		2			
~~Ketamine~~ 10-000940		01	Mop Pack		2			
Propofol			Steristrip			26-000021-2755		
Rocuronium			Underpad		2			
Glycopyrolate			Draw sheet		1			
Myopyrolate			Abgel		1			
Ondansetron			Foleys catheter No-16		1			
Pencan 25g/ Spinal Needle 22		01	Urobag		1			
Bupivacaine 0.25%			Chest Drainage Catheter					
Bupivacaine 0.25%(Heavy)			Romodrain bag					
Antibiotics			Bandage					
Anwin heavy (Arav)		01	Tegaderm					
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg		01	Vaccum Suction set		1			
Justin : 12.5 mg / 25mg / 100mg		01	Plastic Bed Sheet Aprons		4			
Tab. Misoprost : 200mg		06	Betadine Solution		2			
El Gloves 6.5		01	Microshield		2			
Gauze 7.5X10		01	Cotton Balls		1			
			Latex Gloves		10			
			Ramdione Scrub					
			Saral					

Surgeon Anaesthesiologist Nurse OT Technician

Order No. : 26-000021275 1/750/752 Ordered by : Archana 11/7/26 @ 13:02pm

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-00012059	**Name**	Mrs DIKSHA JAIN
Age / Sex	29 Y 11 M 29 D / Female	**Doctor**	PADMAJA YELISETTY
Adm/Reg Date/Time	11/07/2026 05:14	**Payor**	SELFPAY
Order Date	11/07/2026 12:56	**Ordernumber**	: 26-0000212750
Visit ID	IP26-00006811	**Ward/Bed No**	4F -OT / LDR-415
Patient Address	3-6-467211a kundan hunj, Himayathnagar, Hyderabad, Telangana, INDIA, 500029		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	COTTON BALLS 2 GM 5 NOS		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
2	UROBAG (ADULT) - URODYNE		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
3	BUPRIGESIC INJ AMP 0.3 MG 1 ML	BUPRENORPHINE 0.3 MG 1ML INJ	1 Ampule	External / Once Daily	1 Days		1 Ampule	Dispensed
4	PREGELLED SURGICAL PLATES(ADULT)	PREGELLED PLATED ADULT	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
5	EVATOCIN (OXYTOCIN) INJ 5 IU 1 ML		1 Vial	Injection / Once Daily	1 Days		1 Vial	Dispensed
6	OSYRINGS 2.5ML(NIPRO)	SYRINGE 2ML	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
7	ABGEL SURGI PAD (BIO) (GELSPON)	ABGEL	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
8	E C G ELECTRODES (ADULT)	ELECTRODES ADULT	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
9	BUDECORT RESPULES 0.5 MG 2 ML		1 Respule	Nebulisation / ONE TIME A DAY	1 Days		1 Nos	Dispensed
10	GAUZE PACK STERILE 10X10X12 PLY 5S	GAUZE PACK STERILE 10X10X12 PLY 5 PACK	1 Nos	External / Once Daily	1 Days		3 Nos	Dispensed
11	ANAWIN HEAVY 5 MG INJ 4 ML		1 Vial	External / Once Daily	1 Days		1 Vial	Dispensed
12	JUSTIN SUPPOSITORIES 100 MG 5 S		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
13	VACCUME SUCTION SET		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
14	OSYRINGE 10ML (NIPRO)	SYRINGE 10ML	1 Nos	External / Once Daily	1 Days		4 Nos	Dispensed
15	MOPS 30X30 8PLY 5S X-RAY	MOPS 30X308 PLYDATT	1 Nos	/ Once Daily	2 Days		2 Nos	Dispensed
16	ADULT DIAPERS-XXL		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
17	FOLEYS CATHETER 16-UROCATH		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
18	LSCS DRAPE PACK (PROTECTCARE)		1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
19	OSYRINGE 5ML(NIPRO)	SYRINGE 5ML	1 Nos	External / Once Daily	1 Days		4 Nos	Dispensed
20	D WATER 10 ML AMPULE	DISTIL WATER10ML	1 Bottle	External / Once Daily	1 Days		4 Bottle	Dispensed
21	VICRYL PLUS 1 VP - (2347)	VICRYL PLUS 1 VP 2347	1 Nos	/ Once Daily	2 Days		2 Nos	Dispensed
22	Encore Micropic gloves-6.5		1 Nos	/ Once Daily	1 Days		2 Nos	Dispensed
23	VICRYL 2-0 VP 2317	VICRYL 2-0 VP 2317	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
24	SUPRIDOL SUPPOSITORIES 100 MG 5 S		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
25	LOX WITH ADRENALINE INJ 2 % 30 ML		1 Vial	External / Once Daily	1 Days		1 Vial	Dispensed
26	MONOCRYL 3-0 NW 1326	MONOCRYL 1326	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
27	ENCORE MICROPTIC GLOVES-7 PF		1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
28	CAUTERY PENCIL (ADVANCE)		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
29	SURGICAL BLADE 22	SURGICAL BLADE 22	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
30	BACTOPREP SOLUTIONS 100 ML		1 mL	/ Once Daily	2 Days		2 Nos	Dispensed
31	VICRYL USP-0 VP2518		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
32	SGLOVE # 6.5 (SURGICARE)	SURGICAL GLOVES 6.5	1 Nos	External / Once Daily	1 Days		3 Nos	Dispensed
33	MISOPROST TAB 200MCG 4S		1 Tabs	External / Once Daily	1 Days		6 Tabs	Dispensed
34	PENCAN 25G*3 1 2	PENCAN 25G*3 1 2	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
35	RL 500 ML CLOSED SYSTEM	RINGER LACTATE 500ML CLOSED	1 Bottle	/ Once Daily	3 Days		3 Bottle	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.

Rainbow Childrens Hospital-Himayatnagar

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040-48873000, info@rainbowhospitals.in

ELECTRONIC MEDICINE PRESCRIPTION

MRN	HNH-00012059	**Name**	: Mrs DIKSHA JAIN
Age / Sex	29 Y 11 M 29 D / Female	**Doctor**	: PADMAJA YELISETTY
Adm/Reg Date/Time	11/07/2026 05:14	**Payor**	: SELFPAY
Order Date	11/07/2026 12:56	**Ordernumber**	: 26-0000212751
Visit ID	IP26-00006811	**Ward/Bed No**	: 4F -OT / LDR-415
Patient Address	3-6-4672//a kundan hunj, Himayathnagar, Hyderabad, Telangana, INDIA, 500029		

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		5 Nos	Ordered
2	POVINANZ SOLUTION 10% 100 ML		1 Nos	External / Once Daily	1 Days		2 Nos	Ordered
3	SURGEON CAP FEMALE SAFE SECURE		1 Nos	External / 10 AM	1 Days		5 Nos	Ordered
4	UNDER PAD 60X90 10's Pack - MEDICUBE		1 Nos	External / 10 AM	1 Days		2 Nos	Ordered
5	DISPOSABLE APRONS STERILE XL	DISPOSABLE APPRON STERILE XL	1 Nos	/ Once Daily	4 Days		4 Nos	Ordered

PADMAJA YELISETTY

Reg No : 52427

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Note

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Printed Date/Time 11/07/2026 13:09 Printed By : SUNKARI SANGEETHA

Rainbow Childrens Hospital-Himayatnagar

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040-48873000, info@rainbowhospitals.in

ELECTRONIC MEDICINE PRESCRIPTION

MRN	: HNH-00012059	**Name**	: Mrs DIKSHA JAIN
Age / Sex	: 29 Y 11 M 29 D / Female	**Doctor**	. PADMAJA YELISETTY
Adm/Reg Date/Time	: 11/07/2026 05:14	**Payor**	. SELFPAY
Order Date	: 11/07/2026 12:57	**Ordernumber**	: 26-0000212752
Visit ID	: IP26-00006811	**Ward/Bed No**	. 4F -OT / LDR-415
Patient Address	: 3-6-4672//a kundan hunj, Himayathnagar, Hyderabad, Telangana, INDIA, 500029		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	NITRILE EXAMINATION GLOVES P F- MEDIUM		1 Nos	External / Once Daily	1 Days		10 Nos	Ordered

PADMAJA YELISETTY

Reg No : 52427

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Rainbow Children's Hospital

Birth Rainbow

Rainbow Childrens Hospital-Himayatnagar

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040-48873000, info@rainbowhospitals.in

ELECTRONIC MEDICINE PRESCRIPTION

MRN	HNH-00016498	**Name**	: Baby Of DIKSHA JAIN
Age / Sex	0 Y 0 M 0 D 4 H / Male	**Doctor**	: DILNAAZ FAROOQUI
Adm/Reg Date/Time	: 11/07/2026 09:25	**Payor**	: SELFPAY
Order Date	: 11/07/2026 13:01	**Ordernumber**	: 26-0000212755
VisitID	IP26-00006812	**Ward/Bed No**	: 4F -OT / CRDL-HNPDA-415-1
Patient Address	3-6-4672//a kundan hunj, Himayathnagar, Hyderabad, Telangana, INDIA, 500029		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	INJEK INJ 1 MG 0.5 ML		1 Nos	/ Once Daily	1 Days		1 Vial	Dispensed
2	DSYRINGE 1ML (NIPRO)	SYRINGE 1ML	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
3	GAUZE PACK STERILE 10X10X12 PLY 5S	GAUZE PACK STERILE 10X10X12 PLY 5 PACK	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
4	SGLOVE # 6.5 (SURGICARE)	SURGICAL GLOVES 6.5	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
5	SGLOVE # 7.5 (SURGICARE)	SURGICAL GLOVES 7.5	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
6	INFANT FEEDING TUBE-5	INFANT FEEDING TUBE 5	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
7	CORD CLAMP-ALPHAMEDICARE		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
8	SURGICAL BLADE 20	SURGICAL BLADE 20	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
9	CAPRIN INJ VIAL 5000 IU 5 ML		1 Nos	/ Once Daily	1 Days		1 Vial	Dispensed

DILNAAZ FAROOQUI

Reg No : 56763

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Note

*** This prescription is valid only for specified duration.**

*** Do not refill medicines.**

2/12-M FC

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Name	Mrs DIKSHA JAIN	**UHID**	HNH-00012059
Father/Guardian	Mr VARDHAMAN JAIN	**Age/Gender**	29 Y 11 M 29 D/ Female
Address	3-6-4672//a kundan hunj, Himayathnagar, Hyderabad, Telangana, INDIA, 500029		
IP No	IP26-00006811	**Admission Date**	11-07-2026
Ref Doctor	Self.		
Discharge Date	13.07.2026		

DISCHARGE SUMMARY

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

Diagnosis: G2P1L1 WITH 38^{+3} WEEKS WITH PREVIOUS LOWER SEGMENT CAESERIAN SECTION WITH HYPOTHYRIODISM FOR ELECTIVE LOWER SEGMENT CAESERIAN SECTION.

ELECTIVE LOWER SEGMENT CAESAREAN SECTION DONE ON 11.07.2026

History:
LMP: 09.10.2025 Obstetric formula: G2P1L1
EDD: 22.07.2026 Gestation at admission: 38^{+3} weeks

Obstetric History:

Name	Mrs DIKSHA JAIN	UHID	HNH-00012059
IP No	IP26-00006811	Admission Date	11-07-2026

G1 - 2022, FT-LSCS(indi.-NPOL), Female, B.Wt.: 2.8kgs, at Parvathi NH, A & H.
G2 - Present Pregnancy, Spontaneous conception.

Medical History: K/C/O Hypothyroidism since
Surgical History: 1 LSCS - 2022.
Allergies : Nil
Family History : Maternal Grand Parents : Hypothyroidism

Antenatal Details:

Mrs DIKSHA JAIN was booked to Rainbow hospital at 5^{+6} weeks of gestation. She had regular antenatal checkups and investigations as advised. NT scan was normal. FTS was low risk. TIFFA was normal with single Umbilical Artery. Fetal surveillance done by serial growth scans. Growth scan on 8.07.2026 showed Singleton pregnancy, 38 weeks, cephalic presentation, AFI- 13.6 cms, Placenta-posterior high, EFW-3.011 Kg (30%), AC(11%), Dopplers- normal. She was admitted for Elective LSCS.

Investigations: Enclosed.
Blood group: "A" Positive

Management: Course in hospital:

At admission on clinical examination the vitals were stable, uterus was relaxed. Fetal well being was confirmed by an admission CTG which was found to be reactive. She was prepared for elective C-section with indwelling Foley's catheter and IV canula under aseptic conditions. Written informed consent for surgery taken. Preanesthetic check up done. Anesthetic premedication (IV

Name	Mrs DIKSHA JAIN	UHID	HNH-00012059
IP No	IP26-00006811	Admission Date	11-07-2026

Pantop and Perinorm) given. Antibiotic prophylaxis with Inj. Taxim 1 gm IV given. Patient shifted to theatre.

Surgery Notes:

Under spinal anesthesia she was painted and draped as per hospital protocol.Previous scar excised. Abdomen opened in layers. The parietal and visceral peritoneum carefully opened after identifying the urachus. Bladder was reflected. A Lower segment curvilinear incision given on the uterus. Baby delivered. Cord clamped and cut and cord blood collected for blood grouping and Rh typing. Baby handed over to pediatrician. Placenta delivered with controlled cord traction. Uterus closed in layers. Hemostasis secured. Instruments and swab count checked. Rectus sheath closed. Skin closed with subcuticular sutures. Wound dressing done. Vagina cleaned with Betadine solution after expelling clots. Misoprostol 1000 mcg given per rectum as prophylaxis against Postpartum hemorrhage. Patient was shifted out of theatre to post operative recovery room.

* **Omental and Peritoneal adhesion to Anterior Abdominal wall.**
* **Single loop of cord around the neck**

Delivery Details:

Date : 11.07.2026
Time of Delivery : 08:55am
Type of Delivery : Elective lower segment caesarean section
Indication : Previous Lscs
Anaesthesia : Spinal

Name	Mrs DIKSHA JAIN	UHID	HNH-00012059
IP No	IP26-00006811	Admission Date	11-07-2026

Baby Details:

Date : 11.07.2026
Time : 08:55am
Sex : Male
Weight : 3.24kg
Apgar : 8,9
Gestational Age: 38^{+3} weeks
NICU Admission: No

Post-Operative Notes:

She was closely monitored. Her vital signs remained stable. Uterus was well retracted with no postpartum hemorrhage. Breast feeding initiated. She was shifted to room. Her postoperative period following that was uneventful. On first postoperative day she received Inj.Rubella vaccination. On second postoperative day dressing was changed. On inspection wound was healthy. Her general condition was satisfactory and she was found to be fit for discharge. Wound care and medications were explained to patient supplemented by written information. She was given the postpartum book for further reference.

Advice:

1. Tab. Taxim O 200mg twice daily till 17.07.2026 (9am-9pm) after food.
2. Tab. Calpol (Paracetamol 500mg) 2 tablets thrice daily till 15.07.2026 (8am-2pm-10pm) after food.
3. Tab. Voveran (Diclofenac-50mg) 1 tablet thrice daily till 15.07.2026 (9am-3pm-11pm) after food.

Name	Mrs DIKSHA JAIN	**UHID**	HNH-00012059
IP No	IP26-00006811	**Admission Date**	11-07-2026

4. Tab. Pantodac (Pantoprazole - 40mg) 1 tablet twice daily till 17.07.2026 (7am-7pm) before food.
5. Tab. Livogen (Elemental Iron - 50mg, folic acid 1.5mg) once daily (7am) for three months before breakfast.
6. Tab. Shelcal (Elemental Calcium 500mg, vitamin D3 250 IU) once daily (2pm) till breast feeding after food.
7. Nebasulf Powder for local application.

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

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

Review with **Dr. Padmaja Yelisetty,** after **1 week** on **20.07.2026** at Rainbow Children's Hospital with prior appointment **(Review consultation will be charged)@11:00am**

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

Name	Mrs DIKSHA JAIN	**UHID**	HNH-00012059
IP No	IP26-00006811	**Admission Date**	11-07-2026

and allow them to air dry or use disposable paper napkins.
5.Apply Nebasulf or Neomycin dusting powder on the wound after it is dry.
6.Do not touch the wound with unwashed hands.

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

Patient/ Attender

In case of emergency like bleeding, fever [please refer to postpartum book for further details - Chapter II page 6] kindly contact 9154865045 at Rainbow Children's Hospital 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**

RAINBOW CHILDREN'S MEDICARE LIMITED HYDERABAD

Registrar/Resident/C.M.O

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

HNH-00012059 IP26-00006811
Mrs DIKSHA JAIN
12-07-1996 30 Y 0 M 1 D (F)
Dr. PADMAJA YELISETTY

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DEFICIENCY CHECK LIST OF CASE SHEET

Sl.No.	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission sheet	1			
2	Discharge Summary	1			
3	Nursing Initial assessment	1			
4	Patient Transfer form	1			
5	In-patient Medical record	1			
6	Doctors progress sheets	3			
7	Nursing plan of care and handover sheets	2			
8	Consultation sheet				
9	General consent for treatment	1			
10	Consent for Surgery	1			
11	Consent for blood transfusion				
12	Consent for chemotherapy				
13	Consent for high risk				
14	Consent for Restraint				
15	LAMA consent				
16	Consent for special procedure / Sedation				
17	Consent for Formula feed				
18	Consent for MTP				
19	Consent for Radiological Investigations				
20	Consent for HIV test				
21	Anaestesia notes (Pre Anaesthesia& post)	1			
22	Neonatal Admission/Delivery/Physical Exam	1			
23	Medication Reconciliation	1			
24	Emergency Triage record				
25	Pre operative check list	1			
26	Surgical safety checklist	1			
27	Operation Theatre notes	1			
28	Nurses clinical Presentation				
29	TPR & BP chart	2			
30	Intake and Out take chart (fluid chart)	1			
31	Drug chart (Regular Prescription)	1			
32	Investigation Values (result sheet)	1			
33	Nebulization chart				
34	Nutritional review chart	1			
35	Intensive care unit (ICU Charts)				
36	Consent for Admission in PICU / NICU				
37	The Humpty dumpty scale				
38	Braden Q Scale	2			
39	Bed side check list				
40	PICU bed formula Dilution feeds				
41	Gastro monitoring chart				
42	Rch ED doctors note				
43	BP Monitoring chart				
44	RBS monitoring chart				
	Billing	1			
	Others	5			
	Total No. of Pages	32			

Doc. No. : RCH/ FRM / GENERAL / 126

Signature and Date : 13/07/2026

Jyotsna (PTO)

ERROR LOG

LOCATION : OT / Birthing Centre / BirthRight Premium / 3rd Floor (Zone A,B,C) / NICU / PICU / 2nd Floor Ward / Oncology / 1st Floor Wards.

OBSERVATION :

DATE :

SIGNATURE OF MRD INCHARGE / EXECUTIVE

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00012059 IP26-00006811 Mrs DIKSHA JAIN 12-07-1996 29 Y 11 M 29 D (F) Dr. PADMAJA YELISETTY	11/7/26 @ 8:10 AM	11/7/26 @ @ 5.30
	Transfer Ordered by Dr. manisha	Reason for Transfer observation
From Unit preg post	To Unit OT	Information to Attendant ~~Yes~~ ☐ No ☐
Number of Sheets in Clinical File 30	Number of Imaging Films NST - 1	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ ~~No~~ ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	RL 500ml	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
Akhila/	Dr. Manisha @ 5.30

Patient & Clinical Records Received by : Sunanda @ 5.30

Date & Time of Patient Received : 11/7/26

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

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

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 : IP26-00006811 **Admit Date** : 11-Jul-2026 **Admit Time** : 05:14 AM **UHID** : HNH-00012059

Patient Details :

Patient Name	: Mrs DIKSHA JAIN	**Age**	: 29 Y 11 M 29 D
Guardian	: Mr VARDHAMAN JAIN	**DOB**	: 12-07-1996
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 3-6-4672//a kundan hunj Himayathnagar Hyderabad Telangana INDIA 500029	**Phone No**	: 8121884177/ 9177114190
		E-mail	: jvardhaman98@gmail.com

Admission Details :

Bed Type : TWIN SHARING **Bed No** : LDR-415 **Ward Name** : 4F -OT

Room No : LDR-415 **Admission Type** : First Visit

Contact Details :

Name : Mr VARDHAMAN JAIN **Relationship** : W/O

Contact Address : **Phone No** : 8121884177

Signature

Doctor Details :

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

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

Co-Consultant :

Payment Details :

Deposit Amount : 100000.00

Payment Mode : Cash **Payor Name** : SELFPAY

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00012059 IP26-00006811 Mrs DIKSHA JAIN 12-07-1996 29 Y 11 M 29 D (F) Dr. PADMAJA YELISETTY	11/7/26 @ 8:10 AM	11/7/26 @
	Transfer Ordered by DR.	Reason for Transfer EL - LSCS
From Unit PRE - POST	To Unit BOOT	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File (39)	Number of Imaging Films -1-	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sis. Sujatha Sj	DR.

Patient & Clinical Records Received by :
Sr Puja

Date & Time of Patient Received : Sr Puja @ 8:10Am 11/7/26

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

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

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ACTIVITY RECORD FOR BILLING

Name :_____

HNH-00012059 IP26-00006811
Mrs DIKSHA JAIN
12-07-1996 29 Y 11 M 29 D (F)
Dr. PADMAJA YELISETTY

UHID No. : _____ sultant: _____ Dept : _____

Date of Admission: ____ e of Discharge : _____ Time: _____

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
11/7/26	8:10Am	Pre-post	OT	Sujatha / Puja
11/7/26	10:00Am	OT	Pre-Post	Natasha
11/7/26	5:30pm	Pre & Post	Floor 212	Akuila

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
11/7	NST	008325	[illegible]
	~~[illegible]~~	~~[illegible]~~	Cross checked by Akila
	Cross checked by [illegible]		

MEDICAL EQUIPMENT (WARD & ICU)					
Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
11/7	Infusion pump	10AM	4:50pm	12706	Sujatha
11/7	coordiac monito	10AM	4:50pm	12706	

Cross checked by [illegible]

cross check done by Akula,

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
11/7	IV placement	1	2666	Sujatha
11/7	catherization	1	2704	Moni
22/6	PAC (op)	1	26-000	[illegible]
			216376	
12/7/26	NHA	1	3188	

cross check done [illegible]

cross check by [illegible]

ANY OTHER INFORMATION

....

....

....

....

....

....

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

HNH-00012059 IP26-00006811
Mrs DIKSHA JAIN
12-07-1996 29 Y 11 M 29 D (F)
Dr. PADMAJA YELISETTY

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IP AL ...OR OBSTETRICS

Presenting Complaints

Admitted for El. LSCS

Obstetric Formula: $G_2P_1L_1$

Obstetric History:
1-2022 | FTLSCS (Ind NPOL) at 40+wk.
Girl | 2.5kg

Present Pregnancy Record:
1 - Spont conception, P.P. Booked at 5+6 week.
NT scan - N

RISK FACTORS: FTS - low risk.
41 FFA - N, Single umbilical Artery

LMP: 9/10/25 EDD: 16/7/26
Corrected EDD: 22/7/26. GA: 38+3 week

Menstrual History: Regular : ☑ Yes ☐ No

Obstetric Examination

Fundal Height: Ut = Term.
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 Not done

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

Vaginal Examination Not done.

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

Height: ..... cm
Weight: ..... kg
Allergies: .....
Breast: ☑ Normal ☐ Abnormal
General Examination:
Consciousness: — Pallor: —
Icterus: — Edema: —
Temp: Afebrile PR: 87 bpm
BP: 112/75 mmHg DTR:
CVS: S1S2 (+) RS BAE (+)
Liver/Spleen: Urine Output:

DIAGNOSIS

$G_2P_1L_1$ @ 38^{+3} week c 1 prev LSCS. | Hypothyroidism
for El. LSCS

HNH-00012059 IP26-00006811
Mrs DIKSHA JAIN
12-07-1996 29 Y 11 M 29 D (F)
Dr. PADMAJA YELISETTY

Family History:

Mat side GP's : Hypothyroid

Surgical History:

1 LSCS - 2022.

Medical History:

Hypothyroid

Medication History:

Cap vitamin D.
T IRON OD
T CALCIUM OD
T thyronorm 75 mcg.

Plan of Care:

- Admission CTG
- Informed Consent
- Review PAC
- Pre op Medication
- Parts preparation.
- 1 ⓤ PRBC reserve.
- Shift to OT on call.
- CBC to send.

Investigations:

A+ve

HIV
HBsAg
HCV
VDRL
} NR.

7/6
Hb-10g%.
PLT 3.2
WBC-10,800
PCV-30.

8/7/26
SHIFT
cephalic
SUA
EFW: 3 kg (30%)
AFI-13.6cm.
PL- Post high
Doppler-(N).

Dr. Padmaja Yelisetty
Consultant Obstetrics and Gynecology
Reg. No: 52427

Doctor Name: Dr. Dua
Signature:
Date & Time: 11/7/26

Consultant Name: Dr. Padmaja.
Signature: Y. Padmaja Yelisetty 52427
Date & Time:

HNH-00012059 IP26-00006811
Mrs DIKSHA JAIN
12-07-1996 29 Y 11 M 29 D (F)
Dr. PADMAJA YELISETTY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/7/2026	C/s/b Dr	Manisha
10 Am	POD-0	
		Adv:-
	CC - For Afebrile	
	BP 122/77	- NBM - x 4-6 hrs
	PR 84.	- Drugs as charted
	P/A ut well retracted	- I/O monitory
	PV Bleeding WNR	- W/F vitals & BPV
	U/O 500 ml (OT - empty)	- Foley's removal c 6 Am C/m.
		- Inform SOS
Baby - M/S		
		[signature]
11/7/2026	C/s/b Dr	Manisha
1:15pm	POD 0	
	CC for Afebrile	Adv
	vitals stable	- Allow sips > 3pm
	P/A ut well retracted	- Drugs as charted
	BS (+)	- W/F vitals & BPV
BMs	PV Bleeding WNR	- Foley's removal @ 6Am C/m
	U/O 100 cc/h (clear)	- Limb mobilization
Brst soft		I/O monitory
milk - nil		- Inform SOS
		[signature]

HNH-00012059 IP26-00006811
Mrs DIKSHA JAIN
12-07-1996 29 Y 11 M 29 D (F)
Dr. PADMAJA YELISETTY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/7 Anom	Cs/b & Manohar	
4:30pm	POD-0	
		Adv:
	C/c Pain Afebrile	
	Vitals stable	- Allow sips → liq diet
	P/A at will shaped	if comfortable > 5:30pm
	Lt Bleeding wnl	- Soft Diet > 9pm
	o/p : 450ml	- Drugs as chart
8ms	1:30pm	- Foley's removal @ 6AM C/W
	(80ml/hr)	- W/f vitals & fres
	clear.	- Inform sir
	Kindly shift the	
	pt. to room	
	noted by [illegible]	

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Mrs DIKSHA JAIN
12-07-1996 29 Y 11 M 29 D (F)
Dr. PADMAJA YELISETTY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/07/2026 7:00pm	c/s/by. Dr. Naveena.	
	o/E GC-fair Afebrile SpO_2-100% on RA PR: 86bpm BP: 110/80mmHg CVS/RS: NAD. PA: ut retracted well Soft, NT. Dressing: dry & clean U/O: 80-90ml/hr. E. clear. Baby: Mother side.	Adv - liquid diet f/b soft diet @ 10pm - Adequate hydration - drugs as charted - s/f PV bleeding - Urine I/O charting - Foley's removal TLM @ 6am. - Monitor Vitals - Inform SOS Dr. Naveena. MB Sunanda

HNH-00012059 IP26-00006811
Mrs DIKSHA JAIN
12-07-1996 29 Y 11 M 29 D (F)
Dr. PADMAJA YELISETTY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/7/2026 7:00am	cls/by Dr. Naveena	
	o/e GC-fair Afebrile SpO2-100% PR: 89bpm BP: 120/80mmHg. CVS/RS: NAD PA: ut-retracted well Soft, NT Dressing: dry & clean I/E: PV bleeding WNL U/O: adequate (70-80ml/hr) clear. Baby Mother side. Bilateral Breasts: soft minimal Secretions (+)	Adv - Soft diet - Adequate hydration - drugs as charted - w/f PV bleeding - Ambulation - Monitor Vitals - Inform SOS Dr. Naveena noted by sv sandhya 12/7/26 @7:a

U - ✗
F - ✓
S - ✗

HNH-00012059 IP26-00006811
Mrs DIKSHA JAIN 29 Y 11 M 29 D (F)
12-07-1996
Dr. PADMAJA YELISETTY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/7/2026	C/s/b @	Manshe
8pm	POD · 1	
		1ab.
	CC Fav Afebrile	- Soft Diet - Adeq Hydration
	Vitals Stable	- Drugs as chart
	P/A ut well retract	- w/f vitals & BSR
	BS ⊕	- Ambulation
U/	LE Bleedy wan	- Dulcolax Suppository PR @ 10pm Tonight (if motions not passed)
F/		
S/		
		- Inform SOS
Baby Mother side		
Breast milk ↓		[signatures]
13/7/2026	C/s/b @	Manshe
8Am	POD-2	
	CC fav Afebrile	Adv
	Vitals Stable	- Soft Diet / Adeq Hydration
	Ut well retracted	- Drugs as charted
	BS ⊕	- Ambulation
U/	Bleedy wne	- w/f vitals & BSR
F/		- Open Dressing to do
S/		- Inform SOS
		[signature]

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

HNH-00012059 IP26-00006811
Mrs DIKSHA JAIN
12-07-1996 29 Y 11 M 29 D (F)
Dr. PADMAJA YELISETTY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/7/2026 10:30am	c/s/by Dr. Naveena	
	POD-2	
	O/E GC-fair	Adv
V-✓	Afebrile	-Soft diet
	Vitals-stable	-Adequate hydration
F-✓	PA-ut. retracted well	-drugs as charted
S-X	Soft, NT	-w/f PV bleeding
	Dressing: dry & clean	-Ambulation
	I/E: PV bleeding WNL	-m/v E & I/SOS
	Baby: M.S.	
		Dr. Naveena.
13/7/2026 2:30pm.	c/s/by Dr. Naveena / Dr. Padmaja Yelisetty	
	O/E GC-fair	Adv
	Afebrile SpO2 99% on RA	-Regular diet
	PR: 80bpm	-Adequate hydration
	BP: 116/72 mmHg	-drugs as charted
V-✓	CVS/RS: NAD	-w/f PV bleeding
F-✓	PA: ut. retracted well	-Ambulation
	Soft, NT	-Monitor Vitals
S-✓	Dressing: dry & clean	-Inform. SCS.
	I/E: PV bleeding WNL	Noted by maheshwari 13/7/26
	Baby: Mother side.	
	Kindly discharge the patient.	Dr. Padmaja Yelisetty Consultant Obstetrics and Gynecology Reg. No: 52427

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

HNH-00012059 IP26-00006811
Mrs DIKSHA JAIN
12-07-1996 29 Y 11 M 30 D (F)
Dr. PADMAJA YELISETTY

2/2

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NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 12/7/21 Time: 9:45 am

Origin: Indian Height: 162cm Weight: 75kg BMI: ☐ ~ 26 kg/m² ☑ ~ 28 kg/m² ☐ ~ 30 kg/m²

Food Allergies: N/A

Diagnosis: LSCS

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

Diet Advised:

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

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

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

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

Patient's / Attendant's	Dietician's
Signature: [signature]	Signature: Sobiya
Name: Diksha Jain	Name: Syeda Sobiya Zahoor
Date & Time: 12/7/21 ; 9:45 am	Date & Time: 12/7/20 ; 9:45 am

DIETARY NOTES

Date	Time	Notes	Sign

HNH-00012059 IP26-00006811
Mrs DIKSHA JAIN
12-07-1996 29 Y 11 M 29 D (F)
Dr. PADMAJA YELISETTY

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DRUG CHART

Date of Admission: 11/7/26 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:				

Signature .....

VERIFIED BY : Name .....

HNH-00012059 IP26-00006811
Mrs DIKSHA JAIN
12-07-1996 29 Y 11 M 29 D (F)
Dr. PADMAJA YELISETTY

REGULAR PRESCRIPTIONS

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

DRUG inj CEFOTAXIME

Dose	Route	Frequency	Start Date
1g	IV	BD	11/7/26

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date	11/7	12/7	
Time			
	8pm Stop		

DRUG : T. THYRONORM

Dose	Route	Frequency	Start Date
75mcg	PO	OD	11/7

Name & Signature of the Doctor Starting the Drugs: Dr Dhanush

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date	11/7	12/7	13/7
Time			
	6am		
		2	2

DRUG : T PANTOPRAZOLE

Dose	Route	Frequency	Start Date
40mg	PO	OD	11/7

Name & Signature of the Doctor Starting the Drugs: Dr Dhanush

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date	11/7	12/7	13/7
Time			
	6am ✓		
		2	2

DRUG : T. CEFIXIME

Dose	Route	Frequency	Start Date
200mg	PO	BD	12/7

Name & Signature of the Doctor Starting the Drugs: Dr Dhanush

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date	13/7
Time	
	8PM

HNH-00012059 IP26-00006811
Mrs DIKSHA JAIN
12-07-1996 29 Y 11 M 29 D (F)
Dr. PADMAJA YELISETTY

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Sheet No: .....

REGULAR PRESCRIPTIONS

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

DRUG : T. PARACETAMOL

Dose	Route	Frequency	Start Dt.
1gm	oral	QID/6hrly	11/7

Name & Signature of the Doctor Starting the Drugs: Dr. Akhila K

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	11/7	12/7	13/7
12am	✓		
6am			
12pm			
6pm			

DRUG : T. DICLOFENAC

Dose	Route	Frequency	Start Dt.
50mg	oral	TID	11/7

Name & Signature of the Doctor Starting the Drugs: Dr. Akhila K

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	11/7	12/7	13/7
7am	X		
3pm	X		
11pm			

DRUG : T. TRAMADOL

Dose	Route	Frequency	Start Dt.
100mg	Oral	TID	11/7

Name & Signature of the Doctor Starting the Drugs: Dr. Akhila K

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	11/7	12/7	13/7
12am			
8am			
4pm			

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

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

HNH-00012059 IP26-00006811
Mrs DIKSHA JAIN
12-07-1996 29 Y 11 M 29 D (F)
Dr. PADMAJA YELISETTY

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

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

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

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

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

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

HNH-00012059 IP26-00006811
Mrs DIKSHA JAIN
12-07-1996 29 Y 11 M 29 D (F)
Dr. PADMAJA YELISETTY

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

	Date ▸ Time ▾		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
DRUG :		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route / 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
11/7/26	8AM	PANTOPRAZOLE	40mg	IV	[signature]	Sujatha / Anusha
11/7/26	8AM	METACLOPROMIDE	10mg	IV	[signature]	Sujatha / Anusha
11/7/26	9:40AM	SUP-DICLOFENAC	100mg	PR	[signature]	Anind / Natasha
11/7/26	9:40AM	SUP-TRAMADOL	100mg	PR	[signature]	Anind / Natash
11/7/26	9:30AM	Inj-ONDANSETRON	4mg	IV	[signature]	Anind. / Natasha
11/7/26	9:30AM	Inj-TRANEXAMIC ACID	1gm	IV	[signature]	Anind / Natasha
12/7	10pm	DULCOLAX SUPPOSITORY	20mg	PR	[signature]	Sandhya / [signature]

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

HNH-00012059 IP26-00006811
Mrs DIKSHA JAIN
12-07-1996 29 Y 11 M 29 D (F)
Dr. PADMAJA YELISETTY

I.V. FLUIDS CHART

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

		Position 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
11/7	8AM	RINGER LACTATE	IV	100ml/hr			11/7		
11/7	8:40 AM	RINGER LACTATE	IV	2000ml/hr			11/7		
11/7	9:00 AM	RINGER LACTATE	IV	500ml/hr			11/7		
11/7	9:25 AM	RINGER LACTATE + 10 IU OXYTOCIN	IV	100ml/hr			11/7		
11/7	11AM	RINGER LACTATE	IV	100 ml/hr			11/7		
11/7	2pm	RINGER LACTATE	IV	FF			11/7		
11/7	4pm	RINGER LACTATE	IV	FF			11/7		
11/7	5pm	RINGER LACTATE	IV	100 ml/hr					
		STOP							

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

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Dr. PADMAJA YELISETTY

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RESULT SHEET

Date (OP)	7/7/26					
Time						
Hb	9.8					
PCV	30.3					
RBC	3.9					
WBC	10900					
N/L						
Platelets	.					
CRP						
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
blood group 'A' positive						
HIV HCV VDRL } NR		10 PRBC reserve in Surya blood bank				

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

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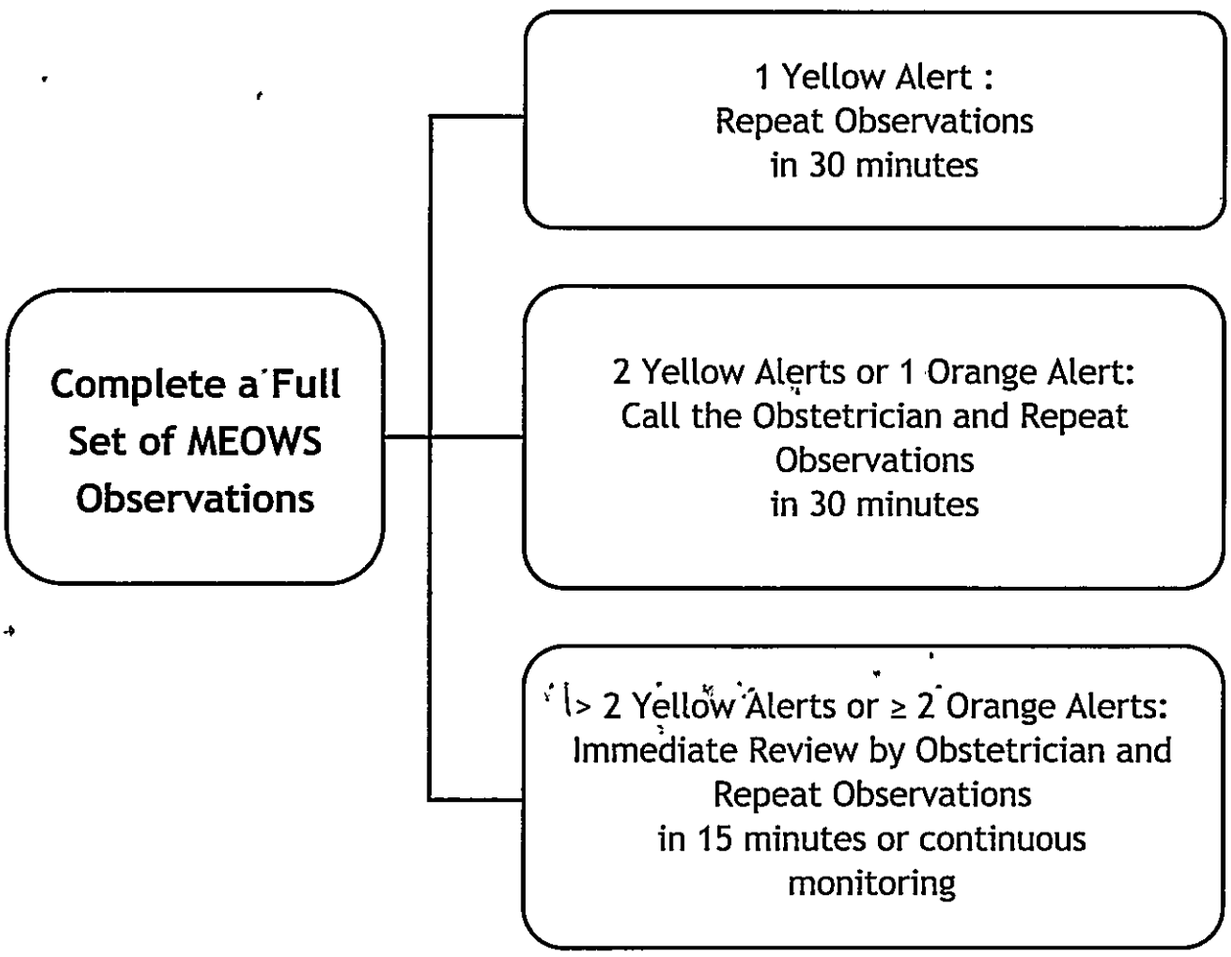
Early Warning Observation Score Chart - Obstetrics

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

11/7/26	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	16		20	20	20	20	20	20			20					20				20	
	0 - 10																								
Saturations	94 - 100 %	99%		100%			100%	100%	100%	100%	100%	100%			99%					99%				99%	
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37	97.8		36											98.3					98.6				98.6	
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80	80		80			86	76	80	86	86	80			80					83				89	
	70			76																					
	60																								
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120	110		110	110		110	110	110	120	110	80			120					110				120	
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
	40																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
	60	68		70	81		70	70	80	70	70	80			70					70				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	0	0	0			0					0				0	
TOTAL ORANGE SCORES		0		0	0		0	0	0	0	0	0			0					0				0	
Nurse Initial		SJ																							

Obstetrics and Gynaecology Early Warning Signs



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

HNH-00012059 IP26-00006811
Mrs DIKSHA JAIN
12-07-1996 29 Y 11 M 29 D (F)
Dr. PADMAJA YELISETTY

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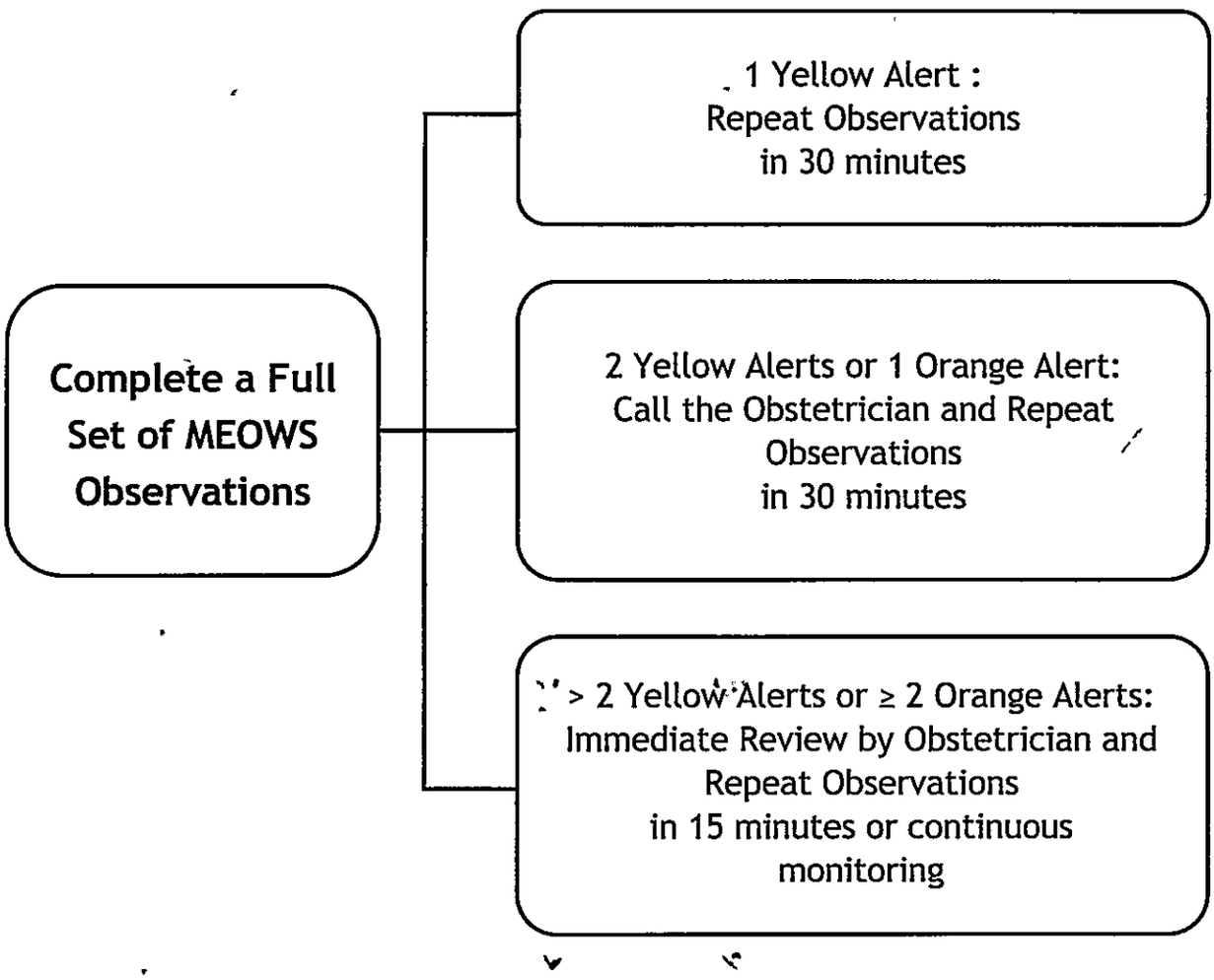
Early Warning Observation Score Chart - Obstetrics

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

		Date																					
		Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																									
	21 - 30																									
	11 - 20			20					20				20				20				20				20	
	0 - 10																									
Saturations	94 - 100 %			99%					99%				99%				99%				99%				99%	
	< 94 %																									
Administered O_2 (L/min.)																										
Temp°c	40																									
	39																									
	38																									
	37																									
	36			98.6°F					36°C				36°C				98.6°F				98.6°F				97.4°F	
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70			84 BPM					81				86				85				83				89	
	60																									
	50																									
	40																									
Systolic Blood Pressue ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110			120					111				112				115				114				119	
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
	40																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70			70					72				80				70				80				70	
	60																									
	50																									
	40																									
NEURO RESPONSE [✓]	Alert			✓					✓				✓					✓				✓				✓
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30			✓					✓				✓					✓				✓				✓
	< 30																									
Proteinuria	Protein + +																									
	Protein > + +																									
Lochia	Normal			✓					✓				✓					✓				✓				✓
	Heavy / Foul																									
Liquor	Clear / Pink			✓					✓				✓					✓				✓				✓
	Green																									
TOTAL YELLOW SCORES				0					0				0					0				0				0
TOTAL ORANGE SCORES				0					0				0					0				0				0
Nurse Initial				PD																						

Obstetrics and Gynaecology Early Warning Signs



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

HNH-00012059 IP26-00006811
Mrs DIKSHA JAIN
12-07-1996 29 Y 11 M 29 D (F)
Pat Dr. PADMAJA YELISETTY

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FLUID CHART

Sheet No. : 1

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

11/7/26		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							
11/7	08:00 am	RL		100ml								
	09:00 am	RL		100ml							0	
	10:00 am	RL		100ml						500ml		Empty
	11:00 am	RL		100ml								
	12:00 pm	RL		100ml								
	01:00 pm	RL								400ml		Empty
Total Intake :						**Total Output :**						
11/7	02:00 pm	RL		100ml								
	03:00 pm	RL	sips	100ml								
	04:00 pm	RL	water	100ml							0	
	05:00 pm	RL								350ml		Empty
	06:00 pm	RL	Soup	100ml						120ml		Empty
	07:00 pm	RL										
Total Intake :						**Total Output :**						
11/7/26	08:00 pm	RL		100ml						500ml		Empty
	09:00 pm	RL		100ml								
	10:00 pm	RL	Rotty + H2O	100ml							0	
	11:00 pm	RL		100ml						500		
	12:00 am	RL		100ml								
	01:00 am	RL		100ml						300		
Total Intake : Taken						**Total Output :** U-					M-a	
12/7/26	02:00 am	RL		100ml						500		
	03:00 am	RL		100ml								
	04:00 am	RL		100ml							0	
	05:00 am	RL		100ml						300		
	06:00 am	RL		100ml								
	07:00 am	RL		100ml						500		Foley Remo
Total Intake :						**Total Output :** U-					M-	

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							
11/7	08:00 am										0	
	09:00 am		Curd + H2O								0	
	10:00 am										0	
	11:00 am						0				0	
	12:00 pm										0	
	01:00 pm										0	
Total Intake : Taken						**Total Output :** U – 1 M – 0						
12/7	02:00 pm		Upmeal									
	03:00 pm											
	04:00 pm	0										
	05:00 pm						0				0	
	06:00 pm											
	07:00 pm											
Total Intake : Taken						**Total Output :** U – 1 M – 0						
12/7/26	08:00 pm											
	09:00 pm											
	10:00 pm	0	Rice + H2O								0	
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake : Taken						**Total Output :** U – 2 M –						
13/7/26	02:00 am											
	03:00 am											
	04:00 am	0									0	
	05:00 am											
	06:00 am											
	07:00 am		Soup									
Total Intake : Taken						**Total Output :** U – 2 M –						

Total 24 hrs. Intake		Total 24 hrs. Output	

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NURSING CARE RECORD

Date: 11/2

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 vital → maintain I/O chart	8AM to 2pm	→ Assessed the pt condition → Monitored vital	Now pt stable	Re-check vit	[signature]
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	[signature]
Night	8PM to 8am	→ Assess the patient general condition → monitor vitals → RL @ 100ml/hr → Administer medications as per orders.	8PM to 8am	→ Assessed the patient general condition → monitored vitals → Administered medications as per doctor's orders.	Patient is stable	Rechecked vitals	[signature]

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Patien

NURSING CARE RECORD

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Date: 12/7/21

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8AM to 2pm	⇒ Assess the pt condition ⇒ monitor vitals & record ⇒ Maintain I/O chart ⇒ Administer medications as per drug chart	8AM to 2pm	⇒ Assessed the pt condition ⇒ Monitored vitals & recorded ⇒ Maintained I/O chart ⇒ Administered medications as per drug chart	⇒ Pt is stable	⇒ Rechecked vitals	
Afternoon				DAY			
Night	8pm 8am	→ Assess the patient general condition → Monitor vitals → Administer medications as per doctor's orders.	8pm 8am	→ Assessed the patient general condition → Monitored vitals → Administered medications as per doctor's orders.	Patient is stable	Rechecked vitals	

HNH-00012059 IP26-00006811
Mrs DIKSHA JAIN
12-07-1996 29 Y 11 M 29 D (F)
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BRADEN 'Q' SCALE

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				Date : 11/7/26	12/7	12/7	
				Time : 08	16	0	
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	S	R	S	

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 : 11/7	11/7	12/7/26	
				Time :	6Z	N8	
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	Rg	D		

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		Date / Time	11/7	11/7	11/7/26
		Score	MB	G2	N8
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0			
Secondary Diagnosis (more than one diagnosis)	Yes	15			
	No	0			
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0	0	0	0
IV / Heparin Lock or Saline	Yes	20	20	20	20
	No	0			
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10			
	Normal /On Bed Rest /Immobile	0			
Mental Status	Forgets limitations	15			
	Oriented to own ability	0		0	0
Total Morse Fall Scale Score:			20	20	20
		Signature			

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

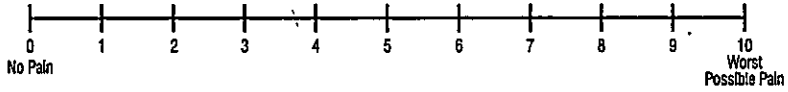
Date	Time	Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
11/7		0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
11/7	3pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
11/7	5pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
11/7/26	10pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
12/7	10Am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Na	[signature]
12/7	3pm	0	NA	☐ Continuous ☐ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☐ Dull ☑ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	NA	[signature]
12/7/26	10pm	0	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		

Re-assessment Frequency:

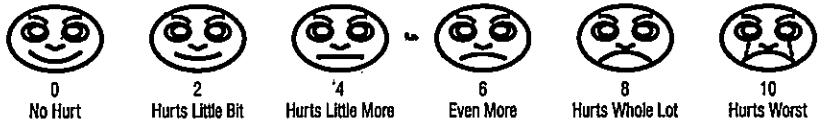
1. Every eight hours for all hospitalized patients.
2. For post-surgical patients, patients with chronic pain, patient with severe pain:
   a) At least every 2 hours for the first 24 hours
   b) Then every 4 hours.
   c) Prior to pain pain-relieving intervention.
   d) Within 30 – 60 minutes after pain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

11/7/26 R/T

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1			DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0	NA	NA	NA	NA		NA				
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 : Sujatha

Signature of Ward In Charge :

Signature : ..... Name : Kasthuri

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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URINARY CATHETER BUNDLE CHECK LIST

Date of Insertion: 11/7/26 Date of Removal: .....

Parameters	Date / Shift Time	11/7 M6	11/7 E2	11/7/26 N8				
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		Meri	Lucy	[illegible]				
Signature of the Nurse		[signature]	[signature]	[signature]				

Foley's Removed @ 6AM 12/11/26

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

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NURSING SHIFT HAND OVER FORM - WARD

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

SITUATION

Diagnosis: G-L-LSCS

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

BACKGROUND

Area / Shift Time	11/7 M6	11/7 E2	11/7/26 N8	12/7 M6	12/7 M8	12/7/26 N8
Medical Condition (Any special condition to be noted):	NA	NA	NA	NA	NA	NA

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:	97F	97°F	98.3°F	98.5°F	98.3°F	97.4°F
Res:	20	20	20	20b/m	20b/m	25b/m
SpO_2:	99%	99%	99%	100%	100%	99%
Pulse:	87	86	85b/m	85b/m	86b/m	83b/m
BP:	110/75	110/70	115/80	120/70	120/70	120/80
Fall Risk Score:	—	—	—	—	—	—
Pain Score:	—	—	—	—	—	—

Recommendations

Safety Needs:	NA	NA	NA	NA	NA	NA
Physiotherapy	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Others Specify:	NA	NA	NA	—	—	—
Special Diet:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Other Special Orders / Medications:	NA	NA	NA	—	—	—
Post Operative Procedure Special Orders:	NA	NA	NA	—	—	—
Handed Over By Name :	Sujatha	Chand	Sandhya	Sweta	—	Sandhya
Signature :						
Date:	11/7/26	11/7/26	12/7/26	12/7	12/7	13/7/26
Time:	2PM		8am	8PM	8pm	8am
Taken Over By Name :	Chand	Sandhya	Sweta	—	Sandhya	
Signature :						
Date:	11/7/26	11/7/26	12/7	12/7	12/7/26	
Time:	2pm	8pm	8AM	8pm	8pm	

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NURSING SHIFT HAND OVER FORM - WARD

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

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

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MEDICATION RECONCILIATION FORM

Drug Allergies: ..... ☑ Not known any Drug Allergies

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

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

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	T IRON	1tab	PO	BD		☐ C ☐ DC
2	T CALCIUM	2tab	PO	OD		☐ C ☐ DC
3	Cap VITAMIN D	1 Cap	PO	OD		☐ C ☐ DC
4	Thyronorm	75mcg	PO	OD		☐ 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. Dha

Date & Time : 11/7/26

Nurse Name & Signature: Sujatha Sri

Date & Time : 11/7/26

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OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 11/7/26 Time of Arrival: ..... Time Seen by Nurse: .....

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

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

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

3) **Vital Signs:** Temperature: 97F Pulse: 85 RR: 20 SpO_2: 98% BP: 110/70 Weight: .....

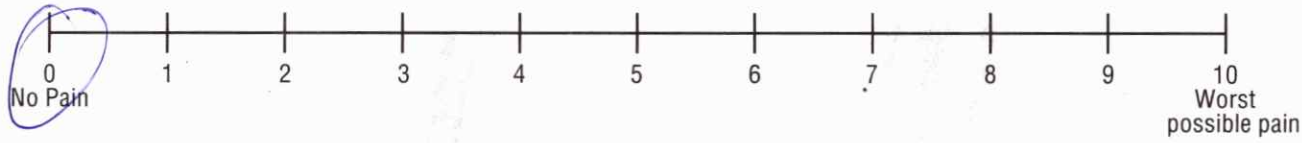
4) **Gestational Criteria:**

Gravida:	G 2	P 1	L 1	A

LMP: 9/10/26 EDD: 22/7 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: Nil
  .....

6) **Past History:**

a) Surgeries: .....

b) Medical: .....

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Mrs DIKSHA JAIN
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Dr. PADMAJA YELISETTY

7) Allergy: ☐ 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 : Sujatha Nurse Signature: Sj

Date: 11/7/26 Time: .....

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Dr. PADMAJA YELISETTY

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CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: Dr. Padmaja Yelicelty	Date of Delivery: 11/7/26.
Assistant Surgeon: Dr. Priyadarshini, Dr. Dna	Time of Delivery: 8:55 AM.
Anaesthetist's Name: Dr Akanksha	Gender of Baby: MALE.
Type of Anaesthesia: Spinal.	Weight of Baby: 3.24 kg.
Neonatologist: Dr Varun.	AGPAR Score: 8, 9.
Scrub Nurse: Sr. Archana.	NICU Admission: ☐ Yes ☑ No.

Pre-Operative Diagnosis:

☑ Elective ☐ Emergency Indication: Previous LSCS.

Urgency

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

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

CTG Description: Reactive.

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

Surgical Procedure: Elective Lower Segment Cesarean Section.

Post Operative Diagnosis: POD-0 P2L2.

Peri-Operative Complications: —

Amount of Blood Loss:	Blood Transfused (in ML):

Name and Number of Surgical Specimen sent for examination:

—

Baby out – Dr Padmaja Uterine closure – Dr. Priyadarshini

Examination Findings when Appropriate:

Presentation: ☑ Cephalic ☐ Breech ☐ Other ..... Cervical Dilatation: ..... 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 Scar excised

Previous Scar: ☑ Intact ☐ Thinnedout ☐ Ruptured ☐ No Scar Omental & peritoneal adhesions b/w Ant Abdo-wall

Incision Through Placenta: ☐ Yes ☑ No Single loops of cord around neck.

Delivery of head: ☐ Manual ☑ Forceps

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

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

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

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

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

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

Peritoneal Closure: ☐ Pelvic ☐ Abdominal ☐ None ..... Vicryl No-1 ..... Suture

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

Fat Closure: ☑ Yes ☐ No ..... Monocryl No-1 ..... Suture

Skin Closure: ☑ Subcuticular ☐ Mattress ..... Monocryl No-1 ..... Suture

Vaginal 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:

- NBM till 4-6 hrs
- IV fluids
- Drugs as charted
- I/O charting
- Monitor vitals
- W/F P.V. bleed
- Inform SOS.

Doctor Name: Dr. Padmaja Doctor Signature:

Date & Time: 11/7/26.

PATIENT TRANSFER FORM

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Patient Name & UHID No	Date & Time of Admission	Date & Time of Transfer Order
HNH-00012059 IP26-00006811 Mrs DIKSHA JAIN 12-07-1996 29 Y 11 M 29 D (F) Dr. PADMAJA YELISETTY		11/07/26
	Transfer Ordered by: Dr. Ahkila	Reason for Transfer: Observation
From Unit: OT	To Unit: Pre-Post	Information to Attendant: Yes ☑ No ☐
Number of Sheets in Clinical File: 34	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
Natasha	Dr. Ahkila

Patient & Clinical Records Received by : Sumanth

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

SURGICAL SAFETY CHECKLIST

HNH-00012059 IP26-00006811
Mrs DIKSHA JAIN
12-07-1996 29 Y 11 M 29 D (F)
Dr. PADMAJA YELISETTY

Surgeon : Dr Padmaja
Asst. Surgeon : Dr. Priyadarshini, Dr. Rina
Anaesthetist : Dr. Akila
Scrub Nurse : Sr. Archana

Age : 29 Gender : F
Surgery Name : EL: LSCS
Date 11/07/26 In-time : 8 Out-time :

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Before Induction of Anaesthesia ➤ ➤

SIGN IN Time: 8:30 Am

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

Site Marked ☐ Yes ☑ No ☐ NA

Anaesthesia Safety Check Completed ☑ Yes ☐ No

Pulse Oximeter on Patient & Functioning ☑ Yes ☐ No

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

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

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

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

Signature : [signature]
Name : DR. AKHILA. K

Before Skin Incision ➤ ➤

TIME OUT Time: 8:37 Am

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, 1½hr Anticipated Blood Loss? 500ml — Adhesiotomy, Bleeding ☑ Yes ☐ No ☐ NA

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

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

Signature : Natasha @8:37 am
Name : Natasha

Before Patient Leaves Operating Room

SIGN OUT Time: 10:00 Am

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

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

Signature : [signature]
Name : Dr. Priyadarshini

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BREAST FEEDING HANDOVER AND ASSESSMENT FORM

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

2. If No, Reason .....

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

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

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

Feeding Positions:
Cross Cradle

Feeding Positions:
Football / Clutch

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

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

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

9. Additional notes: .....

Continuity of Care: Date: 11/2/26

→ Assesess the pt condition
→ monitor vitals
→ maintain I/O chart
→ Administer medication as for Doctor order.
→ explaing breast feeding

Handover given by Monika

Signature

Date & Time: 11/2/26

Handover taken by

Signature

Date & Time:

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

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Patient Name : Mrs Diksha Jain. Gender: ☐ Male ☐ ~~Female~~ Age : 29 yrs.

UHID No : HNH-00012059 Date : 11/7/26

Instruction:

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

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

ELECTIVE LOWER SEGMENT CESAREAN SECTION.

upon

Mrs Diksha Jain. (Name of the Patient)

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

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

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

excessive bleeding, wound infection, wound breakdown, need for blood transfusion, chances of injury to adjacent organs like bowel bladder, ureter, blood vessels; UTI, DVT, PE, future pregnancy uterine rupture Placenta accreta spectrum, possibility of return to theatre skin laceration, cut to baby.

My signature on this form indicates that

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

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

Consentee :

Signature : Dik

Name : DIKSHA JAIN

Date & Time : 11/07/2026 7:50 AM

Patient Attendant :

Signature : Vardhaman

Name : Vardhaman Jain

Relationship with Patient: Husband

Date & Time : 11/07/2026 7:50 AM

Witness :

Signature : Sri

Name : Sujatha

Date & Time : 11/7/26 @ 7:50 AM

Doctor (who is taking the consent) :

Signature :

Name : Dr. Divya

Date & Time : 11/7/26.

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE

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Patient Name : Mrs. Diksha Jain Age : 29y Gender : Male ☐ Female ☑

UHID NO: HNH-00012059 Surgeon Name: .....

Anaesthesiologist : Dr. Ayesha

Operative procedure planned : Elective lower segment Cesarean Section

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 : hypothyroidism, hypotension, Bradycardia post dural puncture

Comments : headache, bleeding, need for blood & blood product transfusion

- 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 Diksha Jain the above mentioned operation / Diagnostic / Therapeutic procedures Elective LSCS

I authorize and give consent for anaesthesia (☑ Regional / ☐ General Anesthesia / ☐ Monitored Anesthesia Care as considered appropriate by the anaesthetic team.

I acknowledge that the anaesthetists have informed me about the anaesthetic procedure, risk, benefits and alternative treatments and answered my specific queries and concerns about this matter. I have read and understood the information provided in this form I acknowledge that I have discussed with the anaesthetists any significant risk and Complications specific to my individual circumstances, and I have considered them before Consenting for anesthesia.

I understand that there are some infrequent complications that can occur due to use of anaesthesia, these include pain or some injury at the site of injections, temporary breathing difficulties, asthmatic reactions, headaches.

I authorize the anaesthetic team to perform any additional procedures (for example, Central Venous Pressure line, arterial line, use of nerve blocks for pain relief, changing from regional to general anaesthesia etc), which are considered necessary by them during the course of surgery.

That I authorize and give consent to the team of doctors attending on me to administer blood products during the course of operative period and immediately thereafter in need arises.

I understand that the above mentioned consultant anesthesiologist or occasionally a colleague deputed by him / her will administer the Anaesthesia.

- Pregnant : ☑ Yes ☐ No

DECLARATION BY THE ANAESTHETISTS PROVIDING INFORMATION FOR THIS CONSENT

I declare that I have explained the nature of General Anaesthesia / Regional Anaesthesia / Monitored Anesthesia Care to be given and discussed the risks that particularly concern this patient.

I have given the patient an opportunity to ask questions and I have answered these.

Patient / Patient Attendant :

Signature : .....

Name : Diksha Jain

Relationship with Patient: .....

Date & Time : 11/7/2026 ; 7:30Am.

Witness :

Signature : Vardhaman

Name : Vardhaman Jain

Date & Time : 11/7/2026 ; 7:30Am.

Doctor (who is taking the consent) :

Signature : .....

Name : Dr. Vennela

Date & Time : 11/7/2026, 7:30Am

Department of Anaesthesiology

PRE-ANAESTHETIC EVALUATION

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Name: Mrs. Diksha Jain Age: 29y. Sex: Female UHID.No : HNH - 12059

Date: 22/6 Time: 1030 am. Proposed Operation: LSCS / BTAE.

Diagnosis: G2P1L1 E prev. LSCS

B.P / CRT: 101/67 H.R: ..... Weight: 72 ASA Physical Status: ☐ 1 ☑ 2 ☐ 3 ☐ 4 ☐ 5

Laboratory Data:

7/6

Hgb: 10.0	Glucose:	Protein:	HIV:	X-Ray:
PCV: 30	Urea:	Alb:	HBS Ag:	ECG:
WBC: 10800	Creat:	Total Bill:	HCV:	2D Echo:
Plate: 3.24	Na:	Dir. Bill:	Blood group: APos.	Stress/Anglo:
PT:	K:	LDH:	T3	Other: Placenta - post high
PTT:	Ca++:	Alk phos:	T4	
INR:	Mg++:	Amylase:	TSH	
	Cl -:	SGOT/SGPT:		

Allergies: NKDA

Medical History: CVS : /

RESP : No significant medical history Diabetes :

CNS : Regular ANCs - uneventful - vaccinated.

Renal :

Hepatic / GE : (1) varicose veins B/L thighs. Physical Activity:

Others : hypothyroid on medication

Past Anaesthetic History: LSCS + SAB 2022 uneventful. / Dental procedures + LA.

Physical Exam: coherent,

Airway: MP 1 (2) 3 4 Mouth Opening: adq Mentohyoid Distance: 3FM Neck: (N) Teeth: fixed caps

Lungs : BAE (+) clear clinically.

Heart: S1+S2+

CNS:

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

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

Peri-Operative Plan Explained to the Patient: ☑ Yes ☐ No EA/SAB TBD, Briefly counselled.

CURRENT MEDICATIONS	DOSAGE
THYRONORM	75mcg.
Ca/MVT/Fe.	

Pre-Operative Instructions:

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

Signature: Name: Dr. Samir

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

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ANAESTHESIA CHART

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Pre Induction Assessment: 8:30AM

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

H.R: 81	B.P / CRT: 116/67	SpO_2: 100%	R.R: 14	Last Feed: 7 hrs

Pre-OP Diagnosis: G2P1L1 Anem LSCS Operation: E1-LSCS Date: 11/7/26

Surgeon: Dr. Padmaja Dr. Priyadarshini Anaesthesiologist: Dr-Akhila-K Technician: Aravind

TIME	8:30	9:00	9:30	10:00
N_2O /AIR /O_2 LPM				
HALO /SO /SEVO				
Drugs:				
FIO_2 / SaO_2	99	98	98	98	98	97
$ETCO_2$				
ECG	SR	SR	SR	SR	SR	SR
Temperature				
Urine Output				
Fluids / Blood	RL ① → ② → ③ → ④ →			

Inj. MEPHENTERMINE 6mg+6mg
Inj. OXYTOCIN 3+6IU+6IU+10IU in RL
Inj. ONDANSETRON 4mg
Inj. TRANEXAMIC A 1gm.

Antibiotic —

Suppository SUP. DICLO SUP. TRAMA

Blood Loss ~500ML

NOTES

MCH @ 8:55AM on 11/7/26

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: R UL
☐ Art Site: .....
☑ EKG 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

Times:
Anaes Start: 8:30AM
OP Start: .....
OP End: .....
Leave OR: 10:00AM

Anaesthesia:
☐ GA
☐ Monitored Anaesthesia Care
☑ Regional

Line (Size & Location)
☐ CVP: .....
☐ ART: .....
☑ IV: ① UL 18G.
☐ 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: L4L5
Needle Size: 25G whitacre Depth: 5CM
Parasthesia ☐ Yes ☑ No
Catheter at skin ..... cm
Drug Name & Conc: 0.5% Bupivacaine
Bolus: heavy 2.2ml +
Infusion: Bupreno phine 30mg
Block Level: .....
Comments: Adequate
Transportation to
☑ PACU ☐ ICU ☐ Other
Relaxant Reversed ☐ Yes ☐ No ☑ NA
Name of the Doctor: Dr-Akhila-K
Signature of the Doctor: Khmy

HNH-00012059 IP26-00006811
Mrs DIKSHA JAIN
12-07-1996 29 Y 11 M 29 D (F)
Dr. PADMAJA YELISETTY

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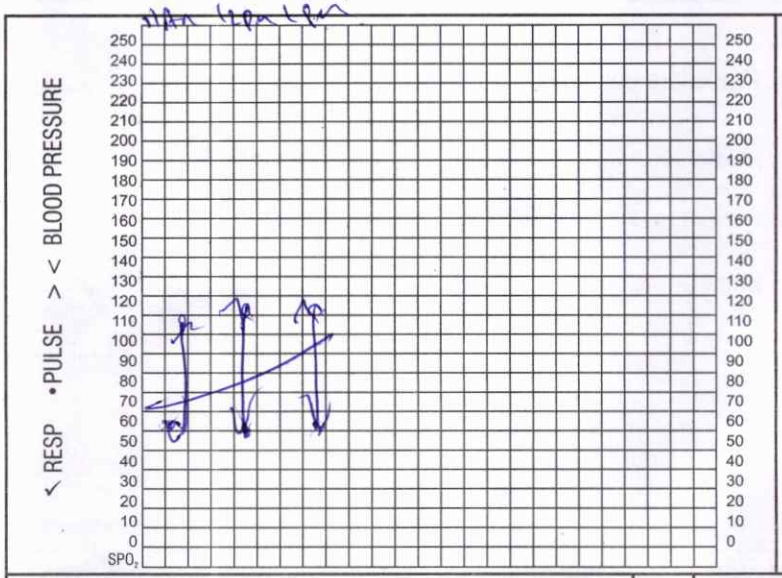
POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Monika Time Received : 10 AM Time Discharged : 5.30pm



IV Cannula Site : Lt A Side

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

Vomiting : ☐ Yes ☐ No Drug : Zofer

NG Tube : ☐ Yes ☐ No

Drain: ☐ Yes ☐ No

Urinary Catheter: ☐ Yes ☐ No

Chest Tube: ☐ Yes ☐ No

Nil Oral ☐ Yes ☐ No

IV Fluids : RL

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		A Minimum Total Score of 8 is Required for Discharge Exceptions to this, are to be explained in the space below by the Discharging Physician:
Able to deep breathe & cough freely Dyspnea or limited breathing Apneic	= 2 = 1 = 0 RESPIRATION		2	2	2		
BP ± 20 of Pre Anaesthetic leve BP ± 20-50 of Pre Anaesthetic leve BP ± 50 of Pre Anaesthetic leve	= 2 = 1 = 0 CIRCULATION		2	2	2		
Fully awake Arousable on calling Not responding	= 2 = 1 = 0 CONSCIOUSNESS		2	2	2		
Pink Pale, dusky, blotchy, jaundiced, other Cyanotic	= 2 = 1 = 0 COLOR		2	2	2		
	TOTAL		9	10	10		

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
11/7	9AM	0/10	NP	Moni
11/7	10:30A	0/10	NP	Moni
11/7	11AM	0/10	NP	Moni
11/7	11:30 Am	0/8	NP	Moni

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

Anaesthesiologist Name : Dr. Akhila K

Anaesthesiologist Signature: Akhila

Date & Time:

PACU Nurse Name : Monika

PACU Nurse Signature: Mon

Date & Time: 11/7/26

Reassessment Frequency:

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

Transferred to Unit by (PACU): 222

Date & Time: 11/7/26 at 5.30pm

Patient Sticker

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Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

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

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

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

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

Solution Composition : .....

Any other issues :

a) .....

b) .....

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