SURGERY DETAILS

Date : 21/5/26

Patient Name: Mrs charmi mehta Date of Birth: 19/02/1999 Age: 27y

Gender: Female Ward : LDR UHID No.: HNH-00010970

Date of Surgery: 21/5/26 ☐ OT -1 ☐ OT -2 ☐ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : AVD with Epidural (Kiwi)

Time in : 12:00 Am Time Out : 1:00 AM

		NAME	AMOUNT
1.	Surgeon	: DR Swathi H.V	
2.	Anaesthetist	: DR Heena	
3.	Assistant Surgeon	: DR DVA	
4.	OT Technician	: —	
5.	Circulating Nurse	: madhumita	
6.	Assistant Nurse	: Akhila	

Special Equipment: ☐ Laparascopy ☐ Broncoscope ☐ Harmonic ☐ Morcelator

☐ C-ARM ☐ Cystoscopy ☐ Versa Point ☐ Liver Cusa

☐ Neuro Cusa ☐ Others ....

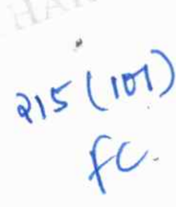
DR Swathi
Signature of the Surgeon

Signature of Circulating Nurse

Order No: 260000201066

Order by: Akhi

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



Name	Mrs CHARMI MEHTA	UHID	HNH-00010970
Father/Guardian	Mr PURVESH FRUITWALA	Age/Gender	27 Y 3 M 2 D/ Female
Address	H.NO: 3-6-587, FLAT.NO: 503., Himayathnagar, Hyderabad, Telangana, INDIA, 500029		
IP No	IP26-00006388	Admission Date	20-05-2026
Ref Doctor	Self.		
Discharge Date	22.05.2026		

DISCHARGE SUMMARY

Consultant:
Dr. SWATHI H V
MBBS/MS
TSMC/FMR/15501

Diagnosis: PRIMI AT 39+4 WITH PREMATURE RUPTURE OF MEMBRANES FOR DELIVERY

ASSISTED VAGINAL DELIVERY (KIWI) done on 20.05.2026

History:
LMP: 20.08.2025 Obstetric formula: PRIMI
EDD: 23.05.2026 Gestation at admission: 39^{+4} weeks

Obstetric History:
G1 - Present pregnancy Spontaneous conception.

Name	Mrs CHARMI MEHTA	UHID	HNH-00010970
IP No	IP26-00006388	Admission Date	20-05-2026

Medical History : Nil
Surgical History: Nil

Family History : Nil
Allergies : Nil

Antenatal Details:
Mrs CHARMI MEHTA was booked to Rainbow hospital at 12^{+4} weeks of gestation. She had regular antenatal checkups and investigations as advised. NT scan was normal. FTS was low risk. TIFFA was low risk. Fetal growth monitoring was done by serial growth scan. Scan done on 08.05.2026 showed SLIUP at 37+6 weeks with cephalic presentation with AFI 9cm with EFW 2.84Kg (18%) with AC 3% with Doppler normal. AFI/ Doppler scan done on 15.05.2026 showed SLIUP with AFI 10.3cm with Doppler normal. She was admitted at 39+4 weeks with PROM for delivery.

Investigations: Enclosed
Blood group: "B" positve

Management: Course in hospital and Delivery Details:
At admission on clinical examination the vitals were stable, uterus was relaxed, cervix was partially effaced and 2-3cm dilated. Fetal well being was confirmed by an admission NST which was found to be reactive. As per hospital protocol she was started on IV. Taxim in view of ruptured membranes. Informed consent taken for Induction of labour and vaginal birth. Labour augmented with 1 doses of PGE1. Partographic monitoring of labour was done. Patient opted for epidural analgesia at 4cm dilatation for pain relief. The same was sited by an anesthetist after informed consent. Further augmentation was done by oxytocin infusion. She progressed to full dilatation at 10:30pm. Passive descent of fetal head was allowed. She was put into position for vaginal birth. Parts painted with betadine solution and draped to ensure full asepsis. She was encouraged to bear down. At crowning of head episiotomy was given under

Name	Mrs CHARMI MEHTA	UHID	HNH-00010970
IP No	IP26-00006388	Admission Date	20-05-2026

local anesthesia (10 ml of 2 % xylocaine solution). Baby was delivered by assisted vaginal delivery using a Kiwi (in view of fetal distress in second stage labour), Cord clamped and cut and baby handed over to pediatrician. Cord blood collected for blood grouping and Rh typing. Placenta and membranes delivered completely with controlled cord traction. Prophylactic syntocinon given. Episiotomy inspected. Cervical tear (~1cm) at 3'O clock position, suture in layers and haemostasis achieved. Episiotomy sutured in layers. Instrument and swab count checked. 600 mcg of misoprostol given per rectally as prophylaxis against post partum hemorrhage. Vagina cleaned with betadine solution.
***Meconium in hind water**

Delivery Details:
Date : 21.05.2026
Time of Delivery: 11:44Pm
Type of Labour : Spontaneous
Type of Delivery: Assited vaginal delivery (KIWI)
Analgesia : Epidural

Baby Details:

Date : 21.05.2026
Time : 11:44pm
Sex : Male
Weight : 2.860kg
Apgar : 8,9
Gestational Age: 39^{+4} weeks
NICU Admission: Yes

Post-Partum Notes: She was closely monitored for post partum hemorrhage.

Name	Mrs CHARMI MEHTA	UHID	HNH-00010970
IP No	IP26-00006388	Admission Date	20-05-2026

Breast feeding initiated. Vitals were stable; patient ambulated and was shifted to room. Patient was encouraged for spontaneous voiding. Dietary advice given. Her postpartum period following that was uneventful. On first postpartum day episiotomy wound was healthy and intact. Her general condition was satisfactory and she was found to be fit for discharge. Wound care and medications were explained to patient supplemented by written information. She was given the postpartum book for further reference.

Advice:

1. Tab. Taxim-O 200mg (Cefixime 200mg) twice daily till 25.05.2026 (9am-9pm) after food.
2. Tab. Calpol 500mg (Paracetamol 500mg) (2tabs) thrice daily till 23.05.2026 (8am-2pm-10pm) after food.
3. Tab. Pantodac (Pantoprazole - 40mg) 1 tablet twice daily till 25.05.2026 (7am-7pm) before food.
4. Tab. Voveran 50 mg (Diclofenac 50mg) thrice daily till 23.05.2026 (9am-3pm-11pm) after food.
5. Tab. Livogen (Elemental iron - 50mg, folic acid 1.5mg) once daily (7am) for three months before breakfast.
6. Tab. Shelcal (Elemental Calcium 500 mg, vitamin D3 250 IU) once daily (2pm) till breast feeding after food.
7. TAB CHYMORAL FORTE 1 TAB THRICE DAILY FOR 7 DAYS .
8. METRO- P ointment for local application.
9. Syp. Duphalac 15 ml (Lactulose 3.33gm/5ml) at bed time for one week.

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

Name	Mrs CHARMI MEHTA	UHID	HNH-00010970
IP No	IP26-00006388	Admission Date	20-05-2026

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

Review with **Dr. SWATHI H V** after **1** weeks on **29.05.2026** at Gynac OP with prior appointment **(Review consultation will be charged).**

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

Patient/ Attender

In case of emergency like bleeding, fever [please refer to postpartum book for further details - Chapter II page 6] kindly contact 9154865045 at Rainbow Himayatnagar or just dial one toll free number - 18002122.

You can also take appointments at any time by going online to our website **www.rainbowhospitals.in**

Registrar/Resident/C.M.O

Dr. SWATHI H V
MBBS/MS
TSMC/FMR/15501

Rainbow Children's Hospital

BirthRight by Rainbow

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 : IP26-00006388 **Admit Date** : 20-May-2026 **Admit Time** : 01:07 PM **UHID** : HNH-00010970

Patient Details :

Patient Name	: Mrs CHARMI MEHTA	**Age**	: 27 Y 3 M 1 D
Guardian	: Mr PURVESH FRUITWALA	**DOB**	: 19-02-1999
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: H.NO: 3-6-587, FLAT.NO: 503. Himayathnagar Hyderabad Telangana INDIA 500029	**Phone No**	: 9701977206/ 7893487712
		E-mail	: NA@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 PURVESH FRUITWALA	**Relationship**	: Husband
Contact Address	: H.NO: 3-6-587, FLAT.NO: 503. Himayathnagar Hyderabad Telangana INDIA 500029	**Phone No**	:

Signature

Doctor Details :

Doctor Name	: Dr. SWATHI H V	**Specialisation**	: OBSTETRICS AND GYNECOLOGY
Referral Doctor	: Self.	**Phone No**	:
Co-Consultant	:		

Payment Details :

		Deposit Amount	: 10000.00
Payment Mode	: DC/CC Card	**Payor Name**	: MEDI ASSIST INSURANCE TPA PVT LTD

PATIENT TRANSFER FORM

Patient Name & UHID No	Date & Time of Admission	Date & Time of Transfer Order
HNH-00010970 IP26-00006388 Mrs CHARMI MEHTA 19-02-1999 27 Y 3 M 1 D (F) Dr. SWATHI H V	19/5/26 @ 1:07PM	21/5/26 @7:40AM.
	Transfer Ordered by	**Reason for Transfer**
	Dr. Dua	observation
From Unit	**To Unit**	**Information to Attendant**
LDR	Floor	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
30	NST - 4	Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Madhu [signature]	Dr. Dua.

Patient & Clinical Records Received by : [signature] @ 7:40Am

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

Docu. No. : RCH /FRM / CLINICAL / 102

ACTIVITY RECORD FOR BILLING

Name: ---------------- HNH-00010970 IP26-00006388 ----------------
Mrs CHARMI MEHTA
19-02-1999 27 Y 3 M 1 D (F)
Dr. SWATHI H V

UHID No : ---------- Consultant : ------------------------ Dept : ----------------

Date of Admission : ----- Date of Discharge : ---------------- Time: ----------

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
2/5/26	7:40 Am	MICU	Floor	Akula / [illegible]

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Sign
20/5/26	NST — (1)	6154	[illegible]
20/5/26	CBP	8545	[illegible]
20/5/26	NST — (2)	6166	[illegible]
20/5/26	NST — (3)	6172	[illegible]
20/5/26	NST — (4)	6177	[illegible]
20/5/26	NST — (5)	6178	[illegible]
	Cross checked by [illegible]		
		Cross checked done	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
20/5/26	Infusion pump	4:30pm	12:30 AM	26-000	[illegible]
20/5/26	Cardial monitor	7:20pm	12:30 AM	200928.	
20/5/26	Epidural pump	7:30Pm	12:30 Am	200951	[illegible]
9/5/26	oxygen	10pm	11Pm	1027	@

cross checked done

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
20/5/26	Iv placement	1	200894	Ali
20/5/26	PAC	1	200952	Ali
20/5/26.	Catheterisation	1	200953	
21/5/26	NHA	1	1169	cross checked
				done

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Mounika	2nd ward.		

HNH-00010970 IP26-00006388
Mrs CHARMI MEHTA
19-02-1999 27 Y 3 M 1 D (F)
Dr. SWATHI H V

IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints
Came c PROM :· 10 Am.
for Delivery. PPROM+

Obstetric Formula: Primi
ML: 1.5yrs.

Obstetric Hostory:
G. PP. Spontaneous Conception.

Present Pregnancy Record: Booked @ 12th
NT - (N)
FIS - LR
TIFFA - (N)

RISK FACTORS:

Height: 161 cm
Weight: .... kg
Allergies: Nil
Breast: ☐ Normal ☐ Abnormal
General Examination: Fair
Consciousness: Fair
Pallor:] ⊖
Icterus: ⊖
Edema:
Temp: Afebrile
PR:
BP:
DTR: ⊕
CVS:] NAD
RS: BAE ⊕
Liver/Spleen:
Urine Output: Adequate

(20/5/2026) LMP: 20/8/2025 EDD: 23/5/2026.
Corrected EDD: 23/5/2026. GA: 39w 4days.

Menstrual History: Regular: ☑ Yes ☐ No

Obstetric Examination ~ Term size

Fundal Height:

Ut. Activity: ☑ Relaxed ☐ Mild ☐ Mod ☐ Severe
Liquor: ☑ Adequate ☐ Oligo ☐ Poly
PP: ☑ Cephalic ☐ Breech Others ____________
Head Fifths Palpable: ____________
FHS: ☑ Normal ☐ Tachy ☐ Brady ☐ Absent

Per Speculum Examination

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

Vaginal Examination

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

DIAGNOSIS

Primi / 39+4 / PROM
for Delivery

Mrs CHARMI MEHTA
19-02-1999 27 Y 3 M 1 D (F)
Dr. SWATHI H V

Family History: Nil

Surgical History: Nil.

Medical History: Nil.

Medication History:
T. IRON.
T. Calcium.

Plan of Care:

- Admission NST
- NST 3rd hourly
- FHS 2nd hourly
- W/F uterus & FHS monitoring
- Induction of Labour @ 25mcg P/O stat.
- Drugs as charted
- W/F Progress of Labour
- Inform Pediatrician / Anesthetist
- Inform SOS
- Send CBP

Investigations:

BGT – B positive.

HCV, HBsAg, VDRL, HIV } NR.

CBP (20/5/24)
Hb – 12.6
WBC – 9.13
Plt – 202

USG (15/5/2024) AFI / Doppler)
SLIUP / 38wk / Vx.
AFI 10.3cm
Placenta – posterior / left lateral high
UAD (N)

USG (08/05/2024)
SLIUP / 37wk / Vx
PL – Poster / left lateral high
AFI – 9cm.
EFW – 2.824 kg (18%)
AC – 3%
UAD (N)

Doctor Name: Dr Mamshta
Signature: [signature]
Date & Time: 20/5/2024 @ 12:53pm

Consultant Name: Dr Swathi HV
Signature: [signature]
Date & Time: 20/5/2024 @ 12:53pm

HNH-00010970 IP26-00006388
Mrs CHARMI MEHTA
19-02-1999 27 Y 3 M 1 D (F)
Dr. SWATHI H V

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/05/2026 4pm	C/s/b Dr Manisha	
	C/2/t Dr Swathi	
	Prim / 39+4 wk / PROM / ongoing Augmentation	
	GC Fair Afebrile	Adv.
	Vitals stable	- Liquid diet
	P/A ut 1S	- W/F Progress of labour
	Cephalic / mobile	- NST 3rd hourly; FHS 2nd hourly
	FHS ⊕	- Augmentation ē Oxytocin
	P/V - OS 3-4cm	- Apply sterile PAD
	Partially effaced	- Inform SOD
NST-Ⓡ	MO - Liq clear	
	Vx -3	Dr Manisha
20/5/26 5:30pm	C/s/B Dr. Dna	
	Primi 39+4wk ē PROM ↑10AM. ↓IOL.	
	GC fair Afebrile	Adv
	vitals - Normal	- Liquid diet.
	P/A ut = TG	- NST 2nd hourly
	cephalic	- FHR 2nd hourly
	1c/10/10.	- Augmentation ē oxytocin
	FHS ⊕ 140/m.	- W/F POL
		[signature]

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

(P.T.O)

HNH-00010970 IP26-00006388
Mrs CHARMI MEHTA
19-02-1999 27 Y 3 M 1 D (F)
Dr. SWATHI H V

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/5/26 6:45PM	C/S/B Dr. Ramya	
	Primi / 39+4wk / PROM - 10AM ↓ IOL.	
	GC fair - Afebrile	Adv.
	Vitals - stable	- Liquid diet
	P/A Ut ≈ TG	- WFPOL
	cephalic	- NST 3rd hrly.
	FHS (+).	- FHR 2nd hrly
	Acting	Augmentation c oxytocin
	P/V Cx 70% effaced	
	Os - 4cm M(-)	
	PP -2 ↓ -1	
		[signature]
29/5/26. 12AM	C/S/B Dr. [illegible]	
	PND - 0.	Adv
	GC fair, Afebrile	Regular diet
	Vitals stable.	- Adequate hydration
Foleys to be removed at 2AM.	P/A UT RW.	- Drugs as charted
	P/V NAD	- Ambulate.
		- Vitals Monitoring
		Inform SOS
	[signature]	

HNH-00010970 IP26-00006388
Mrs CHARMI MEHTA
19-02-1999 27 Y 3 M 1 D (F)
Dr. SWATHI H V

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/5/26	C/S BD1 Dr...	
7AM.	PND-0.	
	No c/o. GC fair Afeb	Adv
	vitals-stable	- Regular diet
Baby @ NICU.	P/A Ut Retracted well	- Adequate hydration
	P/V NAD	- Drugs as charted
Urine passed	L/E - Rt vulval edema (+).	- Monitor vitals
		- Inform sos
Pt can be shifted to room		cold compresses on Vulva.
	[signature]	
		noted by Akanksha.
21/5/2026	C/S/10 Dr Monika	
9:30Am	PND-0	
	GC Fair Afebrile	Adv
	Vitals stable	- Regular Diet,
	AA ut well retracted	Adeq Hydration
Baby-NICU	N Bleeding ...	- Drugs as chart
	Vulval Oedema (+)	- Ice Pack (vulva)
		- Monitor vitals
		- Inform SOS
		N/B Swetha [signature]

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

(P.T.O)

HNH-00010970 IP26-00006388
Mrs CHARMI MEHTA
19-02-1999 27 Y 3 M 1 D (F)
Dr. SWATHI H V

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/05/2026 3:00pm	c/s/by. Dr. Naveena	
	O/E GC - fair	Adv
	Afebrile	- Soft diet
	Vitals - stable	- Adequate hydration
V - ✓	PA: ut. retracted	- drugs as charted
	Soft, NT	- w/f PV bleeding.
F - ✓	L/E: PV bleeding WNL	- Monitor Vitals
S - ✓	episiotomy wound: clean & healthy.	- Inform SOS
	Baby: NICU	NBO/w/s Dr. Naveena
21/05/2026 8:00pm	C/B Dr SWATHI H V.	
	→ day of AVD ē ...	Advice:
		→ (N) diet
	O/E: vitals ⓝ	→ plenty of fluids
	PA: soft	
		→ MgSO4 + Glycerine dressing
U ✓ S ✓	L/E: vulval edema ⊕ mild bleed	→ w/f fever / bleed PV
		- Inform SOS

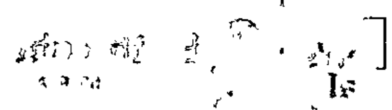
Docu. No. : RCH /FRM / CLINICAL / 088

HNH-00010970 IP26-00006388
Mrs CHARMI MEHTA
19-02-1999 27 Y 3 M 2 D (F)
Dr. SWATHI H V

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/05/2026 8:45pm		c/s/by Dr. Naveena
	O/E GC-fair	Adv
	Afebrile	- Regular diet
	Vitals - stable	- Adequate hydration
	PA: ut. retracted	- drugs as charted
	Soft, NT	- w/f PV bleeding
V-✓		- MgSO4 + Glycerine dressing of vulva 4th hrly.
S-✓		- Monitor Vitals
	Can be discharged. Send file to discharge.	- Inform SOS
		Dr. Naveena r/12 d/ounch.

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



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

HNH-00010970 IP26-00006388
Mrs CHARMI MEHTA
19-02-1999 27 Y 3 M 1 D (F)
Dr. SWATHI H V

RESULT SHEET

Date	20/5/26					
Time	1:50pm					
Hb	12.6					
PCV	35.4					
RBC	4.02					
WBC	9.13					
N/L						
Platelets	202					
CRP						
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
Blood grouping		'B'	positive			
HIV						
HbsAg	NR					
HCV						
VDRL						

Culture and Sensitivities : ....

....

....

....

Radiology : USG : ....

X-Ray : ....

ECHO : ....

CT : ....

MRI ....

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

HNH-00010970 IP26-00006388
Mrs CHARMI MEHTA
19-02-1999 27 Y 3 M 1 D (F)
Dr. SWATHI H V

MEDICATION RECONCILIATION FORM

Drug Allergies: NKDA ☑ 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: NA Shifted to: NA

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	1 tab	P/O	OD	19/5	☐ C ☑ DC
2	T. Calcium	1 tab	P/O	OD	19/5	☐ C ☑ DC
3	T THYRONORM ~~Hypothyroidism~~		P/O	OD	20/5	☑ C ☐ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr Manasa

Date & Time : 20/5/2026 @ ~~12pm~~ 1pm

Nurse Name & Signature: [illegible signature]

Date & Time : 20/5/26 @ 1PM

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

HNH-00010970 IP26-00006388
Mrs CHARMI MEHTA
19-02-1999 27 Y 3 M 1 D (F)
Dr. SWATHI H V

DRUG CHART

Date of Admission: 20/5/26 Drug Allergies: NKDA ☑ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

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

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

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

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

HNH-00010970 IP26-00006388
Mrs CHARMI MEHTA
19-02-1999 27 Y 3 M 1 D (F)
Dr. SWATHI H V

REGULAR PRESCRIPTIONS

Weight. .... Ward. LDR

DRUG : T. CEFIXIME

Dose	Route	Frequency	Start Date	Date ▸ / Time ▾	21/5	22/5
200mg	PO	BD	21/5/26	10AM	[signature]	
				10pm	[signature]	

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG : T. PANTOPRAZOLE

Dose	Route	Frequency	Start Date	Date ▸ / Time ▾	21/5	22/5
40mg	PO	OD	21/5/26	6AM	[signature]	[signature]

Name & Signature of the Doctor Starting the Drugs: [signature]

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG : T. PARACETAMOL

Dose	Route	Frequency	Start Date	Date ▸ / Time ▾	21/5	22/5
500mg	PO	TID	21/5/26	6AM	[signature]	[signature]
				2pm	[signature]	
				10pm	[signature]	

Name & Signature of the Doctor Starting the Drugs: [signature]

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG : T. DICLOFENAC

Dose	Route	Frequency	Start Date	Date ▸ / Time ▾	21/5	22/5
50mg	PO	TID	21/5/26	2AM	[signature]	[signature]
				3pm	[signature]	
				11pm	[signature]	

Name & Signature of the Doctor Starting the Drugs: [signature]

Additional Instructions:

Daily Doctor's Endorsement by a Sign

HNH-00010970 IP26-00006388
Mrs CHARMI MEHTA
19-02-1999 27 Y 3 M 2 D (F)
Dr. SWATHI H V

Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

DRUG : SYP DUPHALAC				Date / Time	21/5	22/5
Dose	Route	Frequency	Start Dt.			
15ml	P/O	OD	21/5			
Name & Signature of the Doctor Starting the Drugs: [signature]				10 PM [signature]		
Additional Instructions:						
Daily Doctor's Endorsement by a Sign						

DRUG : OINT METRO-P				Date / Time	21/5	22/5
Dose	Route	Frequency	Start Dt.			
Small amnt	L/A	BD	21/05			
Name & Signature of the Doctor Starting the Drugs: [signature]				8 AM [signature]		
Additional Instructions: METRONIDAZOLE - POVIDONE IODINE				10 PM [signature]		
Daily Doctor's Endorsement by a Sign						

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

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

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

Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

DRUG : Syrup. DUPHALAC.				Date ▸ Time ▾	21/5
Dose	Route	Frequency	Start Dt.		
15 ml	PO.	OD	21/5		
Name & Signature of the Doctor Starting the Drugs: [signature]				10 am [signature]	STOP Dr. Naveena.
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-00010970 IP26-00006388
Mrs CHARMI MEHTA
19-02-1999 27 Y 3 M 1 D (F)
Dr. SWATHI H V

Weight. .... Ward. 1 PR

SE	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
20/5	1:30pm	INJ CEFOTAXIME	1g (AST)	IV	[signature]	Alen / Karthi
20/5	1:00pm	T. MISOPROSTOL	25mg	P/O	[signature]	Alen / Ka
20/5	2:30pm	ENEMA PC	100ml	PR	[signature]	Alen / [signature]
20/5	5:40pm	Dr DROTAVARINE HYDROCLORIDE	40mg	IV	[signature]	Alen / [signature]
20/5/26	6:00pm	BUS BUSCOPAN (HYOSCINE)	20mg	IV	[signature]	[signature] / [signature]
20/5/26	8:00pm	Dr DROTAVARINE HYDROCLORIE	40mg	IV	[signature]	Alen / Anusha
20/5	6:30pm	Inj ONDANSETRON	4mg	IV	[signature]	Alati / Anusha
20/5	8:40pm	Inj HYOSCINE	20mg	IV	[signature]	Madhu / Akhil
20/5	8:50pm	Inj ONDANSETRON	4mg	IV	[signature]	Akhil / Madhu

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

HNH-00010970 IP26-00006388
Mrs CHARMI MEHTA
19-02-1999 27 Y 3 M 1 D (F)
Dr. SWATHI H V

I.V. FLUIDS CHART

Weight. .... Ward. ....LDR....

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
20/5	4:30pm	RINGER LACTATE + 10 U OXYTOCIN	IV	6ml/hr	[signature]	[signature] [signature]			[signature] [signature]
20/5	5:45 pm	RINGER LACTATE + 10 U OXYTOCIN	IV	12ml/hr	[signature]	[signature] [signature]			[signature] [signature]
20/5	6pm	RINGER LACTATE + 10 U OXYTOCIN	IV	18ml/hr		[signature] [signature]			[signature] [signature]
20/5	6:30pm	RINGER LACTATE + 10 U OXYTOCIN	IV	24ml/hr		[signature] [signature]			[signature] [signature]
20/5	7:30pm	RINGER LACTATE + 10 U OXYTOCIN	IV	30ml/hr		[signature] [signature]			[signature] [signature]
20/5	9pm	RINGER LACTATE + 20 U OXYTOCIN	IV	36ml/hr		[signature] [signature]			[signature] [signature]

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

HNH-00010970 IP26-00006388
Mrs CHARMI MEHTA
19-02-1999 27 Y 3 M 2 D (F)
Dr. SWATHI H V

STAT / ONCE ONLY DRUGS

Name: Mrs Charmi

Weight: .... kgs

Sheet No: ....

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
21/5	11:30PM	Inj CEFOTAXIME	1g	IV	[signature]	[signature]	[signature]
20/5	11:50AM	Inj TRANEXAMIC ACID	1g	IV	[signature]	[signature]	[signature]
21/5	12:10AM	Inj METHERGINE	0.2mg	IV	[signature]	[signature]	[signature]
21/5	12:20AM	Tab MISOPROSTOL	800 mcg	PR	[signature]	[signature]	[signature]
21/5	12:20AM	Tab DICLOFENAC suppository	1tab	PR	[signature]	[signature]	[signature]
21/5	12:00AM	Inj OXYTOCIN	10unit	IM	[signature]	[signature]	[signature]
21/5	6AM	Inj TRANEXAMIC ACID	1g	IV	[signature]	[signature]	[signature]

PARTOGRAPH

LABOUR

Labour: ☑ Spont ☐ IOL-PGE 1 ☐ E2 ☐ Others

Indications for IOL-Accel: ☐ None ☑ Oxytocin

Memb. Repture Type: ☑ SROM ☐ PROM ☐ ARM

Presentation: ☑ Vertex ☐ Breech ☐ Others

INTRA PARTUM COMPLICATION

Maternal: ☑ Nome ☐ Pyrexia ☐ HTN ☐ Others

Liquor: ☐ Adequate ☐ Oligo ☐ Poly ☐ Clear

☐ Blood ☑ Meconium (Hindwater) ☐ Cord: ....

Shoulder Dystocia: ☐ Yes ☑ No

DELIVERY DETAILS

Anesthesia: ☐ None ☑ Epidural

Non-epi: ☐ Local ☐ Spinal ☐ General

Del. Type: ☐ SVD ☐ Asst. Breech ☐ Twins

AVD: ☐ Outlet ☐ Low Forceps ☐ Ventouse ☐ Trails of Forceps

Indications: - Fetal distress in 2nd stage of labor KIWI

Application, Locking & Traction: ....

Duration of Instrumentation: 2 min

No. of Pulls: 2 pulls.

Catherised : ☑ Yes ☐ No

Type: ☑ Fileys ☐ Plain

Perineum : ☐ Intact ☑ Episiotomy ☐ Tear

Suture Material Used: Rapidvinyl NO.1

STAGE III

Placenta: ☑ Normal ☐ Abnormal ☐ RP Clots ☐ CCT ☐ Retained ☐ MRP

PPH : ☐ Atomic ☑ Traumatic ☐ None

Lacerations: 1

Cervical: Tear clear at 3° clock position sutured c̄ Rapidvinyl No1

Perineal: -

Others: -

Prophylaxis: Synocinon ✓ Prostodin

Blood Loss: ~400ml

Blood Transfusion: -

Other Details (if any): -

Ractal Examination: Intact -

Mops & linda count correct.

*Inj TRANEXA 1g given,

*Inj METHERGIN given stat.

DURATION OF LABOUR

1st Stage: 11 hours.

2nd Stage: 1hr 24min.

3rd Stage: 10 min

Duration of Active Pushing: 30 min

No. of VE'S: 4-5.

BABY DETAILS

Gender: Male child

Weight: 2.860 kg

APGAR: 8

Date and Time of Delivery: 20/5/2026 11:44pm

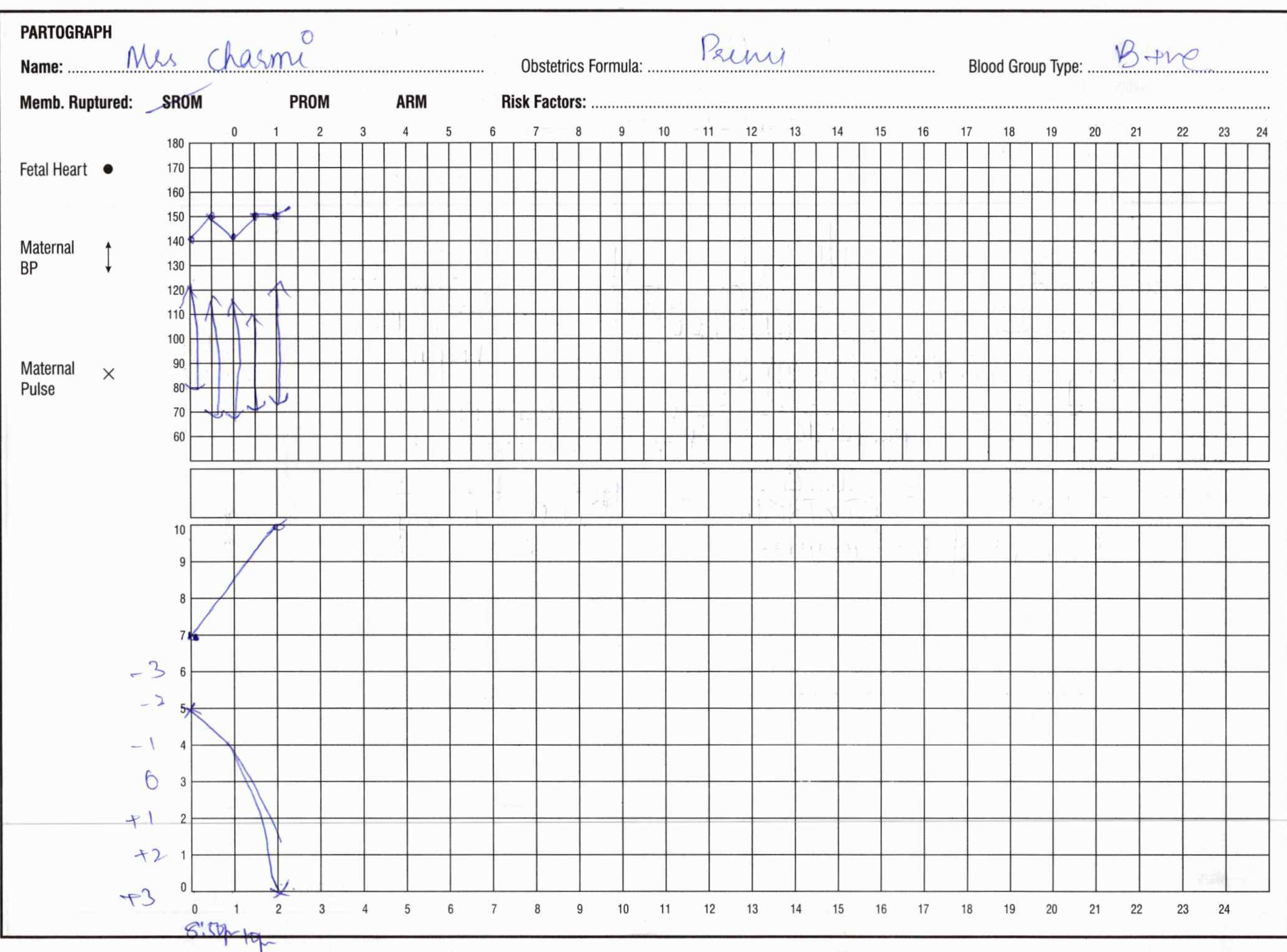
LW Doctor: Dr. Swati HV / Dr Dua

LW Sister: AN

Docu. No. : RCH /FRM / CLINICAL / 143

(P.T.O.)

Time	8:50pm	9:50pm	10:30pm
Signature	[illegible]	[illegible]	[illegible]
Fifths Palpable	2/5	1/5	0/5
Moulding / Caput	– –	– –	– –
Amniotic Fluid	C	C	C
Position Cephalic / Breeth	C	C	C
Oxytocin	18ml	24ml	31ml
Contractions in 10 mins (1–5)	3	4	5
Drugs and IV Fluids	Inj Oxytocin 10U IM/IV Inj Methergin 0.2mg IV		
Urinalysis Test	–	–	–
Urinalysis Amount	–	–	–


PARTOGRAPH

Name: Mrs Charmi Obstetrics Formula: Primi Blood Group Type: B+ve

Memb. Ruptured: SROM PROM ARM Risk Factors:

Fetal Heart ●

Maternal BP ↕

Maternal Pulse ×

0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24

180 170 160 150 140 130 120 110 100 90 80 70 60

10 9 8 7 6 5 4 3 2 1 0

-3 -2 -1 0 +1 +2 +3

0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24

8:50pm

Record of Labor:

Maternal Condition: Good

Fetal Condition: - Good

Progress of Labor: Awaited

Management: → Augmentation of labor c̄ oxytocin → ly POL

PA: ut TS. cephalic. FHS ⊕ Ry 3-4/10/20-25"

PV: Os 6-7 cm ... membrane(s), cleared.

Time: 8:50pm Signature: [illegible]

Maternal Condition: - Good

Fetal Condition: - Good

Progress of Labor: - Awaited

Management: Augmentation of labor c̄ oxytocin.

P/A ut TA (C) fhs ⊕ 4/20/10.

P/V. Cx effaced 8-9 cm M ⊖ ...

Time: 10pm Signature: [illegible]

Maternal Condition: - Good

Fetal Condition: - Good

Progress of Labor: - Good

Management: Augment of labor c̄ oxytocin

P/A ut TA (C). fhs ⊕ 4C/30/10.

P/V Cx fully effaced fully dilated ... ↓0

Time: 10:30pm Signature: [illegible]

Maternal Condition:

Fetal Condition:

Progress of Labor:

Management:

Time: .... Signature: ....

Maternal Condition:

Fetal Condition:

Progress of Labor:

Management:

Time: .... Signature: ....

Early Warning Observation Score Chart - Obstetrics

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

20/5	Date						pm					pm													
	Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20						20				20	20	20	20	20	20	20	20	20	20	20	20	20	20	20
	0 - 10																								
Saturations	94 - 100 %						96%.				100	99	98%	98	98	98	97		99		98	98	98	97	98
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37																								
	36						97.6F		-	-	-			97.8F	-	-	-				-		-	-	-
	35																		-						
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																100								
	90														112	105									
	80										82		84	88							77				
	70						89					79							75			76	77	75	69
	60																								
	50																								
	40																								
↑ Systolic Blood Pressure	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130												120	125											
	120						113				116	110			127	113	115		116		118	115	125	117	119
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
↓ Diastolic Blood Pressure	130																								
	120																								
	110																								
	100																								
	90																								
	80											91		81	79	80	75		80		80			75	
	70												76										70		
	60						69															69			69
	50										67														
	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	0	0
TOTAL ORANGE SCORES							0				0	0	0	0	0	0	0		0		0	0	0	0	0
Nurse Initial							[illegible]				[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]		[illegible]		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

Inj oxytocin 20 I5 I28

4:30pm - 6ml.
5:00pm - 12ml.
5:30pm - 18ml
6:00pm - 24ml
(Epidural)
8:00pm - 30ml

Obstetrics and Gynaecology Early Warning Signs

Complete a Full Set of MEOWS Observations

- 1 Yellow Alert : Repeat Observations in 30 minutes
- 2 Yellow Alerts or 1 Orange Alert: Call the Obstetrician and Repeat Observations in 30 minutes
- > 2 Yellow Alerts or ≥ 2 Orange Alerts: Immediate Review by Obstetrician and Repeat Observations in 15 minutes or continuous monitoring

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

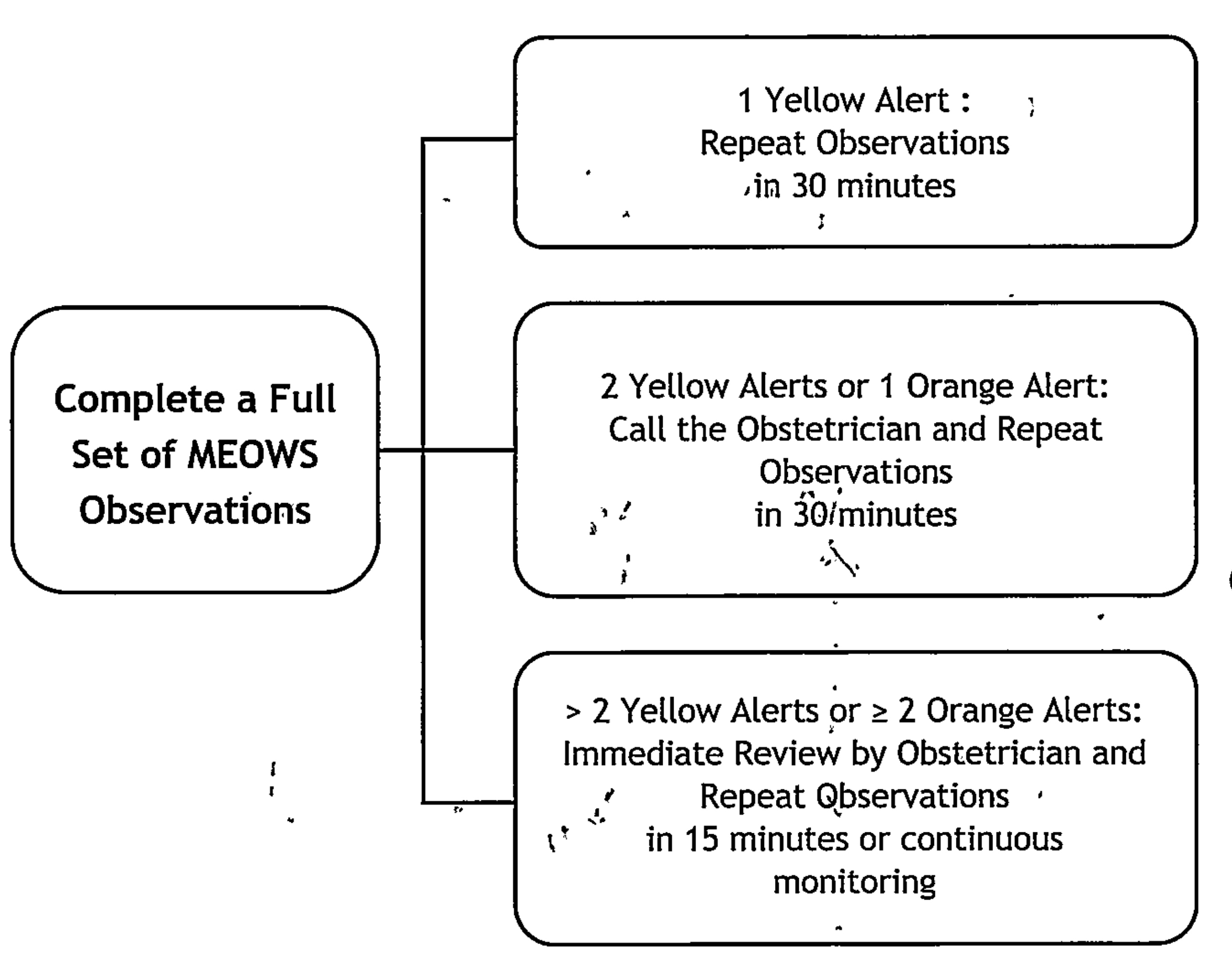
HNH-00010970 IP26-00006388
Mrs CHARMI MEHTA (F)
19-02-1999 27 Y 3 M 1 D
Dr. SWATHI H V

Early Warning Observation Score Chart - Obstetrics

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

2/5 Date																								
Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box) > 30																								
21 - 30																								
11 - 20			20				20				20				20								20	
0 - 10																								
Saturations 94 - 100 %											99%				99%								99%	
< 94 %			99%				99%																	
Administered O_2 (L/min.)																								
Temp°c 40																								
39																								
38																								
37			36.5												98.4°F								98.1°F	
36							36.5				36.6													
35																								
< 35																								
Heart Rate 170																								
160																								
150																								
140																								
130																								
120																								
110																								
100																								
90			86/bpm				87/m				90/bpm													
80															80								74	
70																								
60																								
50																								
40																								
↑ Systolic Blood Pressure 190																								
180																								
170																								
160																								
150																								
140																								
130																								
120			120																				120	
110							112				112				112									
100																								
90																								
80																								
70																								
60																								
50																								
↓ Diastolic Blood Pressure 130																								
120																								
110																								
100																								
90																								
80			80																					
70							70				74												87	
60															61									
50																								
40																								
NEURO RESPONSE [✓] Alert			✓				✓				✓				✓								✓	
Voice																								
Pain																								
Unresponsive																								
URINE mls / hour > 30			✓				✓				✓				✓								✓	
< 30																								
Proteinuria Protein + +																								
Protein > + +																								
Lochia Normal			✓								✓				✓								✓	
Heavy / Foul																								
Liquor Clear / Pink							✓				✓				✓								✓	
Green																								
TOTAL YELLOW SCORES			0				0				0				0								0	
TOTAL ORANGE SCORES			0				0				0				0								0	
Nurse Initial																								

Obstetrics and Gynaecology Early Warning Signs



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

HNH-00010970 IP26-00006388
Mrs CHARMI MEHTA
19-02-1999 27 Y 3 M 1 D (F)
Dr. SWATHI H V

FLUID CHART

Sheet No. : ....

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

Date	Time	Nature of Fluid	Intake Route: Mouth	I.V	N.G	Output: NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
20/5	08:00 am											
	09:00 am											
	10:00 am					NA		0	0			
	11:00 am											
	12:00 pm		H2O									
	01:00 pm		Idly									
Total Intake :		Taken				Total Output :				Passed		
20/5	02:00 pm											
	03:00 pm		H2O									
	04:00 pm					NA		0			0	
	05:00 pm		water melon									
	06:00 pm	RL+synto	H2O									
	07:00 pm	RL+synto	150									
Total Intake :		Taken				Total Output :				Passed		
20/5	08:00 pm	RL+synto										
	09:00 pm	RL+synto	water									
	10:00 pm	RL+synto	water									
	11:00 pm	RL+sy				NA				300ml	0	0
	12:00 am		Dely									
	01:00 am									100ml		
Total Intake :						Total Output :				400ml		
21/5	02:00 am		H2O									
	03:00 am											
	04:00 am		water			NA						
	05:00 am										0	0
	06:00 am		water									
	07:00 am		O 4hrs									
Total Intake :						Total Output :				Passed		

Total 24 hrs. Intake		Total 24 hrs. Output	

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

HNH-00010970 IP26-00006388
Mrs CHARMI MEHTA
19-02-1999 27 Y 3 M 1 D (F)
Dr. SWATHI H V

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							
2/5	08:00 am											
	09:00 am									✓		
	10:00 am	0									0	
	11:00 am				NA				NA			
	12:00 pm											
	01:00 pm											
Total Intake :		Taken				Total Output :						
21/5/26	02:00 pm		Idli									
	03:00 pm						✓			✓		
	04:00 pm	0										
	05:00 pm				NA				NA		0	
	06:00 pm									✓		
	07:00 pm											
Total Intake :						Total Output :				U-2 M-1		
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm	0	Rice		NP				NP	✓		
	12:00 am										0	
	01:00 am											
Total Intake :						Total Output :				U-1 M-		
	02:00 am											
	03:00 am											
	04:00 am	0								✓		
	05:00 am				NP				NP		0	
	06:00 am									✓		
	07:00 am						4					
Total Intake :						Total Output :				U-2 M-1		

Total 24 hrs. Intake			Total 24 hrs. Output	

Patient Sticker

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : ....

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

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

Total 24 hrs. Intake	

Total 24 hrs. Output	

Patient Sticker

FLUID CHART

Sheet No. : ....

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

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

Total 24 hrs. Intake			Total 24 hrs. Output	

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

HNH-00010970 IP26-00006388
Mrs CHARMI MEHTA
19-02-1999 27 Y 3 M 1 D (F)
Dr. SWATHI H V

CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1 (20/5/26)			DAY-2 (21/5/26)			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		0	0	0					
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1	NA		–	–	–					
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2	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		–	–	–					
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		–	–	–					
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		–	–	–					
		Signature of the Nurse		[illegible]		[illegible]	[illegible]	[illegible]					

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 : [illegible] Name : [illegible]

Signature of Ward In Charge :

Signature : [illegible] Name : [illegible]

Docu. No. : RCH /FRM / CLINICAL / 137

HNH-00010970 IP26-00006388
Mrs CHARMI MEHTA
19-02-1999 27 Y 3 M 1 D (F)
Dr. SWATHI H V

Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	20/5/28	20/5/26	2/1/8
		Score	MS	N1	M0
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0	0		
Secondary Diagnosis (more than one diagnosis)	Yes	15			
	No	0			
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0			
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	0	0	0
Mental Status	Forgets limitations	15			
	Oriented to own ability	0			
Total Morse Fall Scale Score:			20	20	20
		Signature	[signature]	[signature]	[signature]

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

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

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

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

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

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

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

Patient Sticker

Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time			
		Score			
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			
IV / Heparin Lock or Saline	Yes	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			
Total Morse Fall Scale Score:					
		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

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- ☐ Hourly safety check
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High Risk (≥ 51) Apply all low and moderate risk interventions, and.

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

HNH-00010970 IP26-00006388
Mrs CHARMI MEHTA
19-02-1999 27 Y 3 M 1 D (F)
Dr. SWATHI H V

BRADEN 'Q' SCALE

				Date :	20/5	[illegible]	2/15/26	
				Time :	M5	N1	E2	
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	[illegible]	[illegible]	[illegible]	

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

Patient ID

BRADEN 'Q' SCALE

				Date :				
				Time :				
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				TOTAL SCORE				
				Evaluator's Name				

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

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

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HNH-00010970 IP26-00006388
Mrs CHARMI MEHTA
19-02-1999 27 Y 3 M 1 D (F)
Dr. SWATHI H V

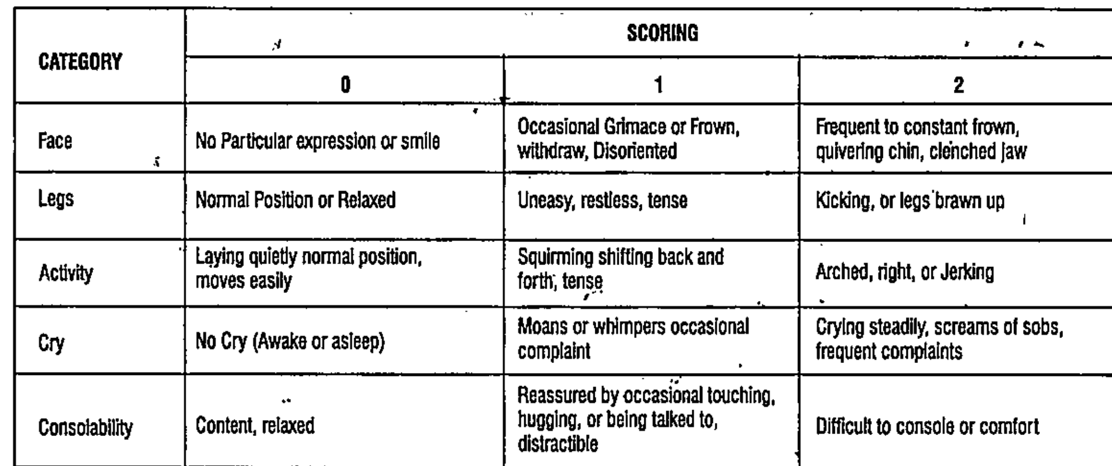
PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
20/5/26	1 pm	0/10	None	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[illegible]
20/5/26	4pm	1/10	Abdomen pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	~~Decrease~~ Breathing exercise	[illegible]
20/5/26	6pm	2/10	Abdomen pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Epidural	[illegible]
20/5/26	[illegible] pm	0/10	Abdomen pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Breathing exercise	[illegible]
21/5	2Am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[illegible]
21/5/26	6pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[illegible]
21/5/26	10PM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[illegible]
				☐ 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.

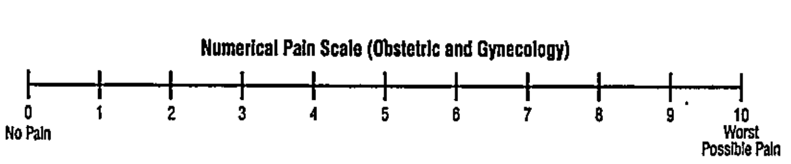
PAIN ASSESSMENT TOOLS

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

Numerical Pain Scale (Obstetric and Gynecology)



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

Assessment Criteria	Sedation		Normal	Pain / Agitation	
	-2	-1	0	1	2
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry inconsolable
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	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

Wong - Baker (Pediatrics) Above 7 Years

0	2	4	6	8	10
No Hurt	Hurts Little Bit	Hurts Little More	Even More	Hurts Whole Lot	Hurts Worst

HNH-00010970 IP26-00006388
Mrs CHARMI MEHTA
19-02-1999 27 Y 3 M 1 D (F)
Dr. SWATHI H V

NURSING CARE RECORD

Date: 20/5/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8AM – 2pm	- Assess the patient condition - plan for vital & record - plan for NST - plan for Flochart	8AM – 2pm	- Assessed the pt condition - Maintain vital & record - NST 3rd hourly - maintain flochart	- patient stable	- vital normal	[illegible]
Afternoon				——— DAY ———			
Night	8AM – 8AM	→ Assess the pt condition → monitor the vitals & record → Administration of medication → maintain flochart & record.	8PM – 8AM	→ Assessed the pt condition → monitored the vitals & recorded → Administered medication as per order → maintained flochart & r	pt is stable	vitals is normal	Akuily [illegible]

Patient Sticker

NURSING CARE RECORD

Date: 21/5/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon	2pm – 8pm	- Assess the Pt condition - Monitor vitals - Maintain I/O Chart - Administer Medications as per doctor order	2pm – 8pm	- Assessed the Pt condition - Monitored vitals - Maintained I/O Chart - Administered Medication as per doctor order	Pt is stable	Re-checked vitals	[signature]
Night	8PM – 8AM	Assess the Pt. condition monitor vitals maintain I/O chart Administer Medication as per doctor order	8PM – 8AM	Assessed the Pt. condition monitored vitals Maintained I/O chart Administered medication as per doctor order	Pt is stable now	Re checked vitals	[signature]

HNH-00010970 IP26-00006388
Mrs CHARMI MEHTA
19-02-1999 27 Y 3 M 1 D (F)
Dr. SWATHI H V

NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: Primi 39+ weeks for DOL			Any Infection: ☐ Yes ☐ No ☐ Not Known (No marked) If Yes Specify:			
	Surgery / Procedure: NVD			Post OP Day:			
BACKGROUND	Date / Shift	20/5/26 N1	21/5/26 E2	21/5/26 N1			
	Medical Condition (Any special condition to be noted):	NA	NA	NA			
	Diet:	Soft	Soft	Rice			
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):	—	—	—			
	Tubes/Drains/Catheter:	☑ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.1°F	98.6°F	98.1°F			
	Res:	20b/m	20b/m	20b/m			
	SpO_2:	99%	99%	99%			
	Pulse:	101b/m	90	83b/m			
	BP:	100/69	110/72mmHg	121/76 mmHg			
	LOC:	—	—	—			
	Fall Risk Score:	—	—	—			
	Pain Score:	0/10	0	—			
	Skin Integrity	good	Good	—			
Recommendations	Safety Needs:	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:	—	—	—			
	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:	Soft	Soft	Rice			
	Critical Lab Test / Values:	—	—	—			
	Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):	NA	NA	NA			
Post Operative Procedure Special Orders:		NA	NA	NA			
Handed Over By Name :		Akhila	Manisha	Sinha			
Signature / ID :		[signature]	[signature]	[signature]			
Date:		21/5/26	21/5/26	22/5/26			
Time:		8AM	8pm	8PM			
Taken Over By Name :		Manisha	Sinha				
Signature / ID :		[signature]	[signature]				
Date:		21/5/26	21/5/26				
Time:		2pm	8PM				

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

Patient Sticker

NURSING SHIFT HAND OVER FORM

SITUATION		
Diagnosis:	Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:	
Surgery / Procedure:	Post OP Day:	

BACKGROUND	Date / Shift						
	Medical Condition (Any special condition to be noted):						
	Diet:						
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):						
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:						
	Res:						
	SpO_2:						
	Pulse:						
	BP:						
	LOC:						
	Fall Risk Score:						
	Pain Score:						
	Skin Integrity						
Recommendations	Safety Needs:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:						
	Others Specify:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:						
	Critical Lab Test / Values:						
	Other Special Orders / Medications:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):						
Post Operative Procedure Special Orders:							
Handed Over By Name :							
Signature / ID :							
Date:							
Time:							
Taken Over By Name :							
Signature / ID :							
Date:							
Time:							

HNH-00010970 IP26-00006388
Mrs CHARMI MEHTA
19-02-1999 27 Y 3 M 1 D (F)
Dr. SWATHI H V

OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 20/5/26 Time of Arrival: 12:30pm Time Seen by Nurse: 12:55pm

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

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

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

3) **Vital Signs:** Temperature: 97.8F Pulse: 99 RR: 20 SpO_2: 97 BP: 113/69 Weight: ....

4) **Gestational Criteria:**

Gravida:	G	P —	L —	A —

LMP: 20/8/25 EDD: 23/5/26 Gestational Age: 39+4 weeks

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

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

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

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

....

6) **Past History:**

a) Surgeries: .... NO
b) Medical: ....

HNH-00010970 IP26-00006388
Mrs CHARMI MEHTA
19-02-1999 27 Y 3 M 1 D (F)
Dr. SWATHI H V

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

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

9) **Prenatal Medical History:**

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

Triage Category: (Please tick on the category)

Refer to OBSTETRICAL TRIAGE ACUITY SCALE (OTAS)

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

OBCU Obstetrical Triage Acuity Scale (OTAS)

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

Time seen by Doctor: 12:55 PM

Nurse Name : [illegible] Nurse Signature: [illegible]

Date: 20-1-26 Time: 12:30 pm

HNH-00010970 IP26-00006388
Mrs CHARMI MEHTA
19-02-1999 27 Y 3 M 1 D (F)
Dr. SWATHI H V

LABOUR AND DELIVERY NURSING ASSESSMENT

Date of Admission: 20/5/26

Baseline Information:

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

Primary Language: ☐ Telugu ☐ English ☑ Hindi ☐ Others

Do you require an interpreter? ☐ Yes ☑ No

Source of Information: ☑ Patient ☐ Family ☐ Others

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

handed over to ....

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

If yes , identify ....

Chief Complaints: PROM

Doctor Notified on Admission: ☑ Yes ☐ No

Name of the Doctor: Dr. Manisha

Time Notified: 12:55 p.m.

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

Past Medical History	Past Surgical History	Previous Hospital Admission
-	-	-

Blood Group: B positive LMP: 20/8/25 EDD: 23/5/26 Gestational age during admission: 38+4 wks

Contractions: No Vaginal Discharge: No

Obstetric History: G 1 P — L — A — Previous LSCS —

Height: .... Weight: .... BMI: ....

Temp: 97.6°F HR: 89 RR: 20 BP: 113/67 SpO_2 99

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

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

HNH-00010970 IP26-00006388
Mrs CHARMI MEHTA
19-02-1999 27 Y 3 M 1 D (F)
Dr. SWATHI H V

Family History: ☑ No Abnormalities Detected

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

☐ Liver disease ☐ Other ....

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

Fall Assessment: ☑ Yes ☐ No Score ....0.... (complete the Morse Fall Risk Assessment Sheet)

Risk of Pressure Sore: ☑ Yes ☐ No Score ....0.... (complete the Braden Q Sheet)

FUNCTIONAL SCREENING: If a patient needs assistance with any of the following inform consultant

☐ Mobility problem ☐ Walking Problem ☑ No Abnormality Detected

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING:

☐ Overweight ☐ Poor Appetite > 3 Days ☐ Needs Therapeutic Diet.

☐ Under Weight ☐ Diabetes Mellitus ☑ No Abnormality Detected

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

☑ Calm & Cooperative ☐ Restless ☐ Depressed ☐ Agitated ☐ Confused

☐ Others ....

Inform consultant for positive criteria

SOCIAL SCREENING:

1. Marital Status: ☐ Single ☑ Married ☐ Divorced ☐ Widow

2. Special Habits: **Smoker:** ☐ Yes ☑ No **Alcohol Abuse:** ☐ Yes ☑ No **Drug Abuse:** ☐ Yes ☑ No

Social History: Lives With ....family member....

Orientation has been given regarding the following aspects:

Call Bell in Reach : ☑ Yes ☐ No Waste Disposal Explained: ☑ Yes ☐ No

Infusion Pump : ☑ Yes ☐ No Hand hygiene Explained: ☑ Yes ☐ No ☐ Others

Above information given to ....patient....

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

Orientation not given Reason: ....

Nurse Signature: ....Abi....

Nurse Name: ....Abi....

Date & Time: ....20/5/26 12:30 p.m....

INDUCTION OF LABOR CONSENT

Name: Mrs Chami Mehta Age: 27 Gender: Male ☐ Female ☑

UHID.No : HNGR-00010970 Date: 20/5/2024

You are scheduled for an induction of labor on 20/5/2024 (date) at 39+4 (weeks of gestation).

The reason for your induction is PT c PROM

The goal of induction of labor is to achieve vaginal delivery by starting uterine contractions before the spontaneous start of labor.

Induction of labor for a medical indication is done when continuation of pregnancy is considered detrimental to the health of the mother or fetus. This can be done at any stage of pregnancy irrespective of fetal maturity if there is a valid indication.

Elective induction of labor (scheduled induction without a medical indication) may not be done until you are at least 39 weeks. This is important so that your newborn does not have complications due to possible prematurity.

The alternative to induction of labor is to wait for labor to start spontaneously.

I have read the information provided and also discussed the process with my doctor.

I understand the risks and benefits of this procedure and wish to proceed.

Patient

Signature: Charmimehta

Name: Mrs Charmi Mehta

Date & Time: 20/5/2024 @ 12:45pm

Patient Attendant:

Signature: Ritu M. Mehta

Name: Ritu Mehul Mehta

Relationship with Patient: Mother

Date & Time: 20/5/2024 @ 12:45pm

Doctor:

Signature: [signature]

Name: Dr Mandu

Date & Time: 20/5/2024 @ 12:45pm

Witness

Signature: Madhu

Name: Madhumathi

Date & Time: 20/5/24 @ 12:45pm

Docu. No. : RCH /FRM / CLINICAL / 173

INFORMED CONSENT FOR VAGINAL BIRTH

Patient Name : Ms Charmi Mehta UHID No : HNH-00010970

Gender: ☐ Male ☑ Female Date : 20/3/2026 Time : 12:45pm

I hereby authorized the performance of the following procedure:

- The Procedure has been explained to me in general terms and I understand that:
- The indication requiring the procedure of vaginal birth is pregnancy.
- The purpose of this procedure of vaginal birth pregnancy.
- The purpose of this procedure is to deliver the bay vaginally.

The outcome of the vaginal birth is the delivery of infant through birth canal either naturally or with possible use of force vacuum extraction. An episiotomy (a cut performed for enlarging of the vaginal opening in the space between the vaginal and the rectum) may be performed as part of a vaginal delivery.

Should vaginal delivery be unsuccessful, delivery by cesarean section with an abdominal incision under appropriate anesthesia may be necessary.

In an attempt to deliver the baby either naturally or with the help of instrument i.e. forceps or vacuum, there may be risks of: infection, allergic reaction, scarring, blood loss, need for blood transfusion, pain and discomfort, injury to urinary tract, possible injury to the baby (laceration, hematoma, skull fracture, nerve injury and brain injury) and possible future pelvic floor dysfunction.,

I understand and accept that there are complications, benefits, alternatives including the remote risk of death or serious disability, which exists for me and my baby.

I am aware that in most cases, vaginal delivery results in a healthy mother and baby; however, I realize that there are no guarantees.

I voluntarily consent to the procedures described or otherwise referred to herein. I am aware that they will be performed by a qualified gynecologist.

Name of the Doctor performing the procedure: Dr Swathi HV

Consentee :

Signature : Charmi mehta

Name : Ms Charmi Mehta

Date & Time : 20/3/2026 @ 12:45pm

Witness :

Signature : Madhu

Name : Madhusmita

Date & Time : 20/5/26 @ 12:45pm

Patient Attendant :

Signature : Rity . M . Mehta

Name : Rity . M . Mehta

Relationship with Patient: Mother

Date & Time : 20/3/2026 @ 12:45pm

Doctor (who is taking the consent) :

Signature : [signature]

Name : Dr Mansha

Date & Time : 20/3/2026 @ 12:45pm

CONSENT FOR SPECIAL PROCEDURES

Patient Name : Mrs Chaami Mehta Gender: ☐ Male ☑ Female

UHID No : .... Department : .... Date : 20/5/26

I Mrs Chaami Mehta S/D/W/O ....

Here by give consent for procedure of : Epidural catheter for labor analgesia.

For my patient, Named : ....

The doctors have clearly explained to me that the procedure has following possible complications:
Paraesthesia, Fetal bradycardia, Failed /Patchy / UL block, Intravascular, Intrathecal, PDPH, multiple pricks.

The doctor have explained to me about the alternatives, risks and benefits for this procedure that :
CSE, Entonox, IV analgesia.

I have understood the matter mentioned above in language known to me and give consent for the procedure.

Name of the Doctor performing the procedure: Dr Heena.

Patient ~~Attendant~~ :

Signature : Charmi

Name : Mrs Charmi

Relationship with Patient: ....

Date & Time : 20/5/26 @ 7:00 p.m.

Witness :

Signature : Ritu M. Mehta

Name : Ritu Mehul Mehta

Date & Time : 20/5/26 @ 7:00 pm

Doctor (who is taking the consent) :

Signature : [signature]

Name : Dr Heena

Date & Time : 20/5, 7pm

Docu. No. : RCH /FRM / CLINICAL / 019

Department of Anaesthesiology

PRE-ANAESTHETIC EVALUATION

Name: Mrs. Charu Mehta Age: 31y Sex: F UHID.No :

Date: 20/5 Time: 7pm Proposed Operation: Epidural catheter for labor analgesia

Diagnosis: 1° / 39+1

B.P / CRT: .... H.R: .... Weight: ~60kg ASA Physical Status: ☐ 1 ☑ 2 ☐ 3 ☐ 4 ☐ 5

Laboratory Data:

Hgb: 12.6g/dl	Glucose:	Protein:	HIV: NR	X-Ray:
PCV: 35.4	Urea:	Alb:	HBS Ag: NR	ECG:
WBC: 9130	Creat:	Total Bill:	HCV: NR	2D Echo:
Plate: 2.02000	Na:	Dir. Bill:	Blood group: B+ve	Stress/Anglo:
PT:	K:	LDH:	T3	Other:
PTT:	Ca++:	Alk phos:	T4	
INR:	Mg++:	Amylase:	TSH	
	Cl -:	SGOT/SGPT:		

Allergies: NKDA

Medical History: CVS : nil contrib.

RESP : Diabetes : –

CNS : Antenatal - U/E.

Renal :

Hepatic / GE : Physical Activity: good

Others :

Past Anaesthetic History: nil

Physical Exam: PICCLE

Airway: MP (1) 2 3 4 Mouth Opening: 3fb Mentohyoid Distance: 3fb Neck: adeq Teeth: NAT

Lungs :

Heart: clinically (N)

CNS:

Pregnant: ☑ Yes ☐ No ☐ NA | Venous Access Site : (P) Spine Exam for regional : (N)

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

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

CURRENT MEDICATIONS	DOSAGE

Pre-Operative Instructions: Solid dr - 1130am

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:

Signature: [signature] Name: Dr Keerthi

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

Patient Sticker

ANAESTHESIA CHART

Pre Induction Assessment:

Change in Patient Condition: ☐ Yes ☐ No | Fasting Status:

Physical Status: ☐ Patient Identified ☐ Consent Present ☐ Chart Reviewed

H.R:	B.P / CRT:	SpO_2:	R.R:	Last Feed:

Pre-OP Diagnosis: .... Operation: .... Date : ....

Surgeon: .... Anaesthesiologist: .... Technician: ....

TIME																				
N_2O /AIR /O_2 LPM																				
HALO /ISO /SEVO																				
Drugs:																				
FIO_2 / SaO_2																				
$ETCO_2$																				
ECG																				
Temperature																				
Urine Output																				
Fluids / Blood																				

Antibiotic

Suppository

Blood Loss

NOTES

B.P
V Systolic
Λ Diastolic
X Mean
• Heart Rate

Tourniquet on Time
Tourniquet off Time

Throat Pack In
Throat Pack Out

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

LAB Values
ABG
GRBS
Others

☐ Equipment Checked and Functional
☐ BP
☐ Cuff Site: ....
☐ Art Site: ....
☐ EKG Lead
☐ Temp Site
☐ FIO_2 Monitor
☐ Agent Monitor
☐ Pulse Oximeter
☐ Capnograph
☐ Ventilator
☐ Nerve Stimulator

Position: ....
☐ Pressure Points Checked

Eye Care:
☐ Oint
☐ Tape
☐ Padding
☐ Awake

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

Times:
Anaes Start: ....
OP Start: ....
OP End: ....
Leave OR: ....

Anaesthesia:
☐ GA
☐ Monitored Anaesthesia Care
☐ Regional

Line (Size & Location)
☐ CVP: ....
☐ ART: ....
☐ IV: ....
☐ 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: ....
Site: ....
Needle Size: .... Depth: ....
Parasthesia ☐ Yes ☐ No
Catheter at skin .... cm
Drug Name & Conc: ....
Bolus: ....
Infusion: ....
Block Level: ....
Comments: ....
Transportation to
☐ PACU ☐ ICU ☐ Other
Relaxant Reversed ☐ Yes ☐ No ☐ NA

Name of the Doctor : ....

Signature of the Doctor : ....

Patient Sticker

POST-ANAESTHESIA CARE UNIT RECORD

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

✓ RESP •PULSE > < BLOOD PRESSURE

250 240 230 220 210 200 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50 40 30 20 10 0 SPO_2

IV Cannula Site : ....

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

Vomiting : ☐ Yes ☐ No Drug: ....
NG Tube : ☐ Yes ☐ No
Drain: ☐ Yes ☐ No
Urinary Catheter: ☐ Yes ☐ No
Chest Tube: ☐ Yes ☐ No
Nil Oral ☐ Yes ☐ No

IV Fluids: ....
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 = 2 Able to move 2 extremities voluntary or on command = 1 Able to move 0 extremities voluntary or on command = 0	ACTIVITY						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 = 2 Dyspnea or limited breathing = 1 Apneic = 0	RESPIRATION						
BP ± 20 of Pre Anaesthetic leve = 2 BP ± 20-50 of Pre Anaesthetic leve = 1 BP ± 50 of Pre Anaesthetic leve = 0	CIRCULATION						
Fully awake = 2 Arousable on calling = 1 Not responding = 0	CONSCIOUSNESS						
Pink = 2 Pale, dusky, blotchy, jaundiced, other = 1 Cyanotic = 0	COLOR						
	TOTAL						

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature

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

Reassessment Frequency:

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

Anaesthesiologist Name : ....

Anaesthesiologist Signature: ....

Date & Time: ....

PACU Nurse Name : ....

PACU Nurse Signature: ....

Date & Time: ....

Transferred to Unit by (PACU): ....

Date & Time: ....

HNH-00010970 IP26-00006388
Mrs CHARMI MEHTA
19-02-1999 27 Y 3 M 2 D (F)
Dr. SWATHI H V

Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

Date: 20/5/26 Time: 7:30pm Procedure done by Dr Heena .

PE

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

Depth: 3 cm Catheter at Skin: 8 cm Attempts : (1)

Parasthesia : Yes/No if yes details : —

Solution Composition : Bolus - 0.8% lignocaine c̄ adr.
infusion - 0.1% Bupivacaine c̄ 2 µg/ml fentanyl

Any other issues :

a) ....

b) ....

Time	Infusion Rate (ml/hr)	Bolus (ml)	Level Left Right	Maternal BP	Maternal Pulse	FHR	Comments
7:15pm		5ml					
7:30pm		3ml		122/70	85	132	(1) Side patchy pain (T12 - L1)
7:45pm	8		T12 T8	106/70	88	134	

Delivery Details : Time : 11:44pm APGAR: .... (SVD) / Instrumental / LSCS (if LSCS Details)

Catheter Removed by and Tip Inspected : Yes

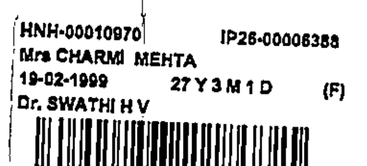
Patient Satisfaction : Moderate.

Discharge /Shifting ordered by

Doctor Signature: [signature]

Doctor Name: Dr Heena .

Date and Time : 21/5/26 @ 2Am



BREAST FEEDING HANDOVER AND ASSESSMENT FORM

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

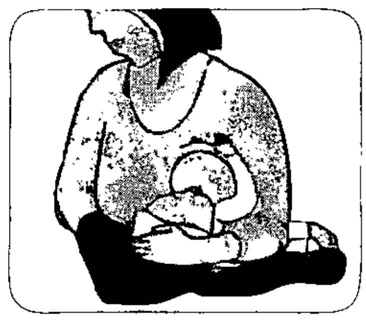
2. If No, Reason ....

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: 20/5/26

→ Assess the baby condition

→ Plan for DBF 2nd hrly & burping

→ maintain I/O chart & records

→ provide warm care to the pt

Handover given by ....[signature]..........

Signature ....Akila..........

Date & Time: ....20/5/26..........

Handover taken by ....

Signature ....

Date & Time: ....

HNH-00010970 IP26-00006388
Mrs CHARMI MEHTA
19-02-1999 27 Y 3 M 1 D (F)
Dr. SWATHI H V

URINARY CATHETER BUNDLE CHECK LIST

Date of Insertion: 20/5/26 Date of Removal: ....

Parameters	Date / Shift Time: 20/5/26 N1						
Need for the Catheter	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Hand Hygiene	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Usage of Sterile Equipment	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is the Collection bag below the level of bladder	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Check the Tube for Obstruction (Free of Kinking)	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is Catheter dated as policy	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No Removed	☐ 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	Akila						
Signature of the Nurse	[signature]						

NARCOTIC PRESCRIPTION FORM

#126-00007009444#

(PATIENT COPY)

Patient Name:	Mrs Charmi Mehta	Age:	29y	Gender:	Female
UHID No:	#NH1-000974	IP No: 26-000[illegible]	Date: 20/1/26	Time:	6:58
Diagnosis:	Primi 39+4 wks / PROM for delivery				
PRESCRIPTION DETAILS (Tick only one of the following)				Ward : LDR	

S.No	Drug Name	Dosage	Remarks
1.	Fentanyl Citrate Inj. 50mcg/Ml	100mcg	01
2.	Morphine Sulphate Inj. 15mg/Ml		
3.	Remifentanil Hydrochloride Inj. 2MG		
	Remifentanil Hydrochloride inj. 1MG		

Doctor Name: Dr. HEENA — Doctor Registration No: 2238

Signature: [signature]

NARCOTIC DISPENSING FORM

APPENDIX 4 – FORM NO. 3E

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

IP Registration No: 26-00010970 **Date:** 20/1/26

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

		Remarks
1.	Name : Mrs Charmi Mehta	
2.	Complete postal address (with contact number, if any)	H.No: 3-6-581, Flat No. 503, Himayath nagar, Hyderabad, Telangana, [illegible] 500029
3.	Brief description of the illness	PROM
4.	Whether registered with any other registered medical practioner / recognized medical institution (If yes, details of the recorded)	-
5.	Details of essential Narcotic drug dispensed	Fentanyl

Date	Name of the Essential Narcotic Drugs	Quantity	Signature / Thumb Impression of the patient / Patient Attender	Remarks, if any
20/1/26	inj Fentanyl	01	[signature]	

Dispensed by (Name & ID No.): Sana Saba (15442) Signature: Sana

Received by (Name & ID No.): K Anusha Signature: [signature]

Time: ....

Docu. No: RCH / FRM / CLINICAL / 133

NARCOTIC PRESCRIPTION FORM
(MEDICAL RECORD)

#26-00002091447

Patient Name: Mrs Charmi mehta		Age: 29y	Gender: female
UHID No: 11411-00892C	IP No: 26-0000638	Date: 20/1/26	Time: 6:38
Diagnosis: Primi 13+4 wks	Preterm for delivery		

PRESCRIPTION DETAILS (Tick only one of the following)

S.No	Drug Name	Dosage	Remarks
1.	Fentanyl Citrate Inj. 50mcg/Ml	100 mcg	01
2.	Morphine Sulphate Inj. 15mg/Ml		
3.	Remifentanil Hydrochloride Inj. 2MG		
4.	Remifentanil Hydrochloride inj. 1MG		

Doctor Name: Dr HEENA

Doctor Registration No: 2058

Signature:

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

IP Registration No: 26-0000[illegible] **Date:** 20/1/26

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

		Remarks
1.	**Name :** Mrs charmi mehta	
2.	Complete postal address (with contact number, if any)	H.No 56 S.No [illegible] Flat no 503 [illegible] Hyderabad
3.	Brief description of the illness	[illegible]
4.	Whether registered with any other registered medical practioner / recognized medical institution (If yes, details of the recorded)	
5.	Details of essential Narcotic drug dispensed	Fentanyl

Date	Name of the Essential Narcotic Drugs	Quantity	Signature / Thumb Impression of the patient / Patient Attender	Remarks, if any
20/1/26	inj Fentanyl	01	[signature]	

Dispensed by (Name & ID No.): Sana [illegible] Signature: Sana

Received by (Name & ID No.): K Anusha Signature: [signature]

Time: ...

Docu. No: RCH / FRM / CLINICAL / 133

NARCOTIC PRESCRIPTION FORM

(MEDICAL RECORD)

Patient Name:		Age:	Gender:
UHID No:	IP No:	Date:	Time:
Diagnosis:			
PRESCRIPTION DETAILS (Tick only one of the following)			

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

Doctor Name: Doctor Registration No:

Signature:

NARCOTIC DISPENSING FORM

APPENDIX 4 - FORM NO. 3E

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

IP Registration No. .... Date ....

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

		Remarks
1.	Name	
2.	Complete postal address (with contact number if any)	
3.	Brief Description of the illness	
4.	Whether registered with any other registered medical practitioner / recognized medical institution (If yes, details of the recorded)	
5.	Details of essential narcotic drug dispensed	

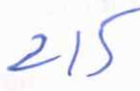
Date	Name of the Essential Narcotic Drugs	Quantity	Signature / Thumb Impression of the patient / Patient Attender	Remarks, if any

Dispensed by (Name & ID No.) .... Signature ....

Received by (Name & ID No.) .... Signature ....

Time

Doc. No.:RCH-FRM-PHARM-[illegible]



NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 21/5/26 Time: 10:15 am

Origin: Indian Height: 162 cm Weight: 67 kg BMI: ☐ ~ 26 kg/m² ☐ ~ 28 kg/m² ☐ ~ 30 kg/m² 25 kg/m²

Food Allergies: No FA

Diagnosis: NVD

Type of Diet: ☐ Liquid ☐ Soft ☑ Normal ☐ Diabetic

☐ Vegetarian ☑ Non-Vegetarian ☐ Vegan

Diet Advised:

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

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

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

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

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

Name:

Date & Time: 21/5/26; 10:15 am

Dietician's Signature: Sobiya

Name: Syeda Sobiya Zaheer

Date & Time: 21/5/26; 10:15 am

Doc. No. : RCH / FRM / CLINICAL / 195

(P. T. O)

DIETARY NOTES

Date	Time	Notes	Sign