Suite 308

Dr. meera Ugale

Rainbow® Children's Hospital
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ESTIMATION SLIP

Date : 20/4/26 **UHID / IP No. :** NEW **Sl No.** 1475

Name of Patient : Mrs. Sparsha Reddy **Age:** 34yr **Gender:** F

Father's / Husband's Name : mr. Pattipaatla Bhargav Reddy **Corporate / Occupation :**

Address : Habsiguda **Phone :** 8978497883 **Email :** 7893239944

Procedure / Plan : ND/LSCS **EDD/Dos:** July-26

MODE OF PAYMENT : ☑ SELF ☐ TPA : ☐ GIPSA : OTHER

TARIFF INFORMATION :

Particulars	Package Amounts (Rs.)	
Room Category	**Normal Delivery**	**LSCS**
Multi Shared Ward		
Shared Ward		
Twin Shared Ward		
Private Room		
Super Deluxe Room		
Suite Room →	2.60L (M+B) 4 Days	
Package includes (Package starts from the time of admission)	Room Rent, Nursing Charges, Doctors Fee, Surgeon's Fee and Labour Ward Charges	Room Rent, Nursing Charges, Doctors Fee, Surgeon's Fee Anesthetist's Fees and OT Charges
	Length of Stay for : 2 Days	Length of Stay for : 3 Days
	Pharmacy up to	Pharmacy up to
	Investigations up to	Investigations up to
Others		

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

Initial Minimum Deposit : 80% Advance time of Admission

REMARKS :

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

DECLARATION

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

Signature of the Client — Signatory Relationship: Self — Signature of the financial Counselor

HNH-00016271 IP26-00006695
Mrs M. SPARSHA REDDY
29-05-1994 32 Y 1 M 1 D (F)
Dr. MEENA UGALE

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SURGERY DETAILS

Date : 26/06/26

Patient Name: Mrs. M. Sparsha Reddy Date of Birth: 29-05-1994 Age: 32 yr

Gender: Female Ward : OT UHID No. HNH-0001627

Date of Surgery: ☑ OT -1 ☐ OT -2 ☐ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : Emergency LSCS.

Time in : 5:35pm Time Out : 6:20pm

		NAME	AMOUNT
1.	Surgeon	Dr. Meena Ugale	
2.	Anaesthetist	Dr. Purnda	
3.	Assistant Surgeon	Dr. Sudha	
4.	OT Technician	Sri. Saraswathi	
5.	Circulating Nurse	Sri. Madhumathi	
6.	Assistant Nurse	Sri. Sangeetha	

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

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 26-0000209598 Order by: Sangeetha

MRS M. SPARSHA REDDY
29-05-1994 32 Y 1 M 1 D (F)
Dr. MEENA UGALE

EM 28cs.

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CONSUMABLES OF OT

Circulating staff :..... Technician : Saraswathi Date : 30/6/26 Time :.....

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube			Major Pack 28cs drape		01	Inj Vit.K		01
LMA			Sutures 2346.883		01	Cord Clamp		01
ECG leads : (A) / P / N		03	2462		01	Suction Catheter		
HME filter : A / P / N						Feeding Tube		
Syringes : 10 cc		01				Vaccum Suction Set		1
05 cc		02	Gloves S-6 6½		01	Surgical Gloves S.6 6½		02
02 cc		02	Encore 6½		01	Gauze Pack		
01 cc		02				Syringe 1ml / 2ml		01
Cautery plate : (A) / P / N		01	Surgical blade 22		01	Surgical Blade # 20		01
IV set			NG tube			Koochies (S)		
RL		02	Cautery pencil		01			
NS : 10ml / 100ml / 500ml / 1000ml			Koochies XXL		01			
Tranexa		02	Ointments			Baby Said		
Carbitocine (Rilgol)		01	Suction Catheter					
Fentanyl		01	Cap, Mask	10	10	26-0000209630/		
~~Morphine~~ oxytocin		03	Gauze Pack 7.5X7.5		02	633		
Ketamine			Mop Pack		02			
Propofol			Steristrip					
Rocuronium			Underpad		01			
Glycopyrolate			Draw sheet					
Myopyrolate			Abgel					
Ondansetron		01	Foleys catheter					
27g Pencan 25g/ Spinal Needle 22		01	Urobag					
Bupivacaine 0.25%			Chest Drainage Catheter					
~~Bupivacaine~~ Anavon 0.25%(Heavy)		01	Romodrain bag					
Antibiotics			Bandage					
Encore 6.5		01	Tegaderm					
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg		01	Vaccum Suction set		01			
Justin : 12.5 mg / 25mg / 100mg		01	Plastic Bed Sheet		03			
Tab. Misoprost : 200mg		01	Betadine Solution		02			
Grease 7.5X7.5		01	Microshield		01			
~~Tab~~ Midaz		01	Cotton Balls		01			
			Latex Gloves		20			
			Ramdione Scrub					
			Saral					

Surgeon Anaesthesiologist Nurse OT Technician

Order No. : 26-0000209629/628 Ordered by : Archana 30/6/26 @ 23:25pm

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

Rainbow Children's Hospital

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040-48873000, info@rainbowhospitals.in

ELECTRONIC MEDICINE PRESCRIPTION

MRN	: HNH-00016271	**Name**	: Mrs M. SPARSHA REDDY
Age / Sex	32 Y 1 M 1 D / Female	**Doctor**	: MEENA UGALE
Adm/Reg Date/Time	30/06/2026 13:31	**Payor**	: SELFPAY
Order Date	30/06/2026 23:24	**Ordernumber**	: 26-0000209628
Visit ID	: IP26-00006695	**Ward/Bed No**	: 3F -SUITE / SUITE-308
Patient Address	: H.NO: 14-90/6 ST.NO: 8, SNEHA NAGAR, Habsiguda, Hyderabad, Telangana, INDIA, 500007		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	GAUZE 7.5X7.5 12 PLY (5 NOS) NON XRAY	GAUZE 7.5X7.5 12 PLY 5 NOS	1 Nos	External / Once Daily	1 Days		3 Nos	Dispensed
2	E.C G ELECTRODES (ADULT)	ELECTRODES ADULT	1 Nos	External / Once Daily	1 Days		3 Nos	Dispensed
3	SURGEON CAP(FEMALE) (PROTECTCARE)		1 Nos	External / Once Daily	1 Days		10 Nos	Dispensed
4	NITRILE EXAMINATION GLOVES P F- MEDIUM		1 Nos	External / Once Daily	1 Days		20 Nos	Dispensed
5	FACE MASK 3 LAYER - ELASTIC	FACE MASK 3 LAYER	1 Nos	External / Once Daily	1 Days		10 Nos	Dispensed
6	DSYRINGS 2.5ML(NIPRO)	SYRINGE 2ML	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
7	SUPRIDOL SUPPOSITORIES 100 MG 5 S		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
8	ADULT DIAPERS-XXL		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed

MEENA UGALE

Reg No : 18967

* This document is just for reference purpose only. Not to be considered as primary report.

Note

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

*** Do not refill medicines.**

Printed Date/Time 30/06/2026 23:45 Printed By : SUNKARI SANGEETHA

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ELECTRONIC MEDICINE PRESCRIPTION

MRN	HNH-00016271	**Name**	Mrs M. SPARSHA REDDY
Age / Sex	32 Y 1 M 1 D / Female	**Doctor**	MEENA UGALE
Adm/Reg Date/Time	30/06/2026 13:31	**Payor**	SELFPAY
Order Date	30/06/2026 23:24	**Ordernumber**	26-0000209629
Visit ID	IP26-00006695	**Ward/Bed No**	3F -SUITE / SUITE-308
Patient Address	H.NO: 14-90/6 ST.NO: 8, SNEHA NAGAR, Habsiguda, Hyderabad, Telangana, INDIA, 500007		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	PREGELLED SURGICAL PLATES(ADULT)	PREGELLED PLATED ADULT	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
2	DISPOSABLE APRONS STERILE XL	DISPOSABLE APPRON STERILE XL	1 Nos	/ Once Daily	3 Days		3 Nos	Dispensed
3	UNDERPADS 60X90 BUTTERFLY		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
4	VICRYL 2-0 NW 2762	VICRYL 2-0 NW 2762	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
5	DSYRINGE 10ML (NIPRO)	SYRINGE 10ML	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
6	SURGICAL BLADE 22	SURGICAL BLADE 22	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
7	MEZOLAM INJ 5 MG 5 ML		1 Vial	External / Once Daily	1 Days		1 Vial	Dispensed
8	BIOXAMIC 500 MG INJ		1 Ampule	/ Once Daily	1 Days		2 Ampule	Dispensed
9	SGLOVE # 6.5 (SURGICARE)	SURGICAL GLOVES 6.5	1 Nos	External / Once Daily	1 Days		6 Nos	Dispensed
10	JUSTIN SUPPOSITORIES 100 MG 5 S		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
11	VICRYL 1-0 NW 2364	VICRYL 1-0 NW 2364	1 Nos	Once Daily	1 Days		1 Nos	Dispensed
12	COTTON BALLS 2 GM 5 NOS		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
13	EVATOCIN (OXYTOCIN) INJ 5 IU 1 ML		1 Vial	Injection / Once Daily	1 Days		3 Vial	Dispensed
14	VICRYL 1-0 VP 2346	VICRYL 1-0 VP 2346	1 Nos	/ Once Daily	2 Days		2 Nos	Dispensed
15	RL 500 ML CLOSED SYSTEM	RINGER LACTATE 500ML CLOSED	1 Bottle	/ Once Daily	2 Days		2 Bottle	Dispensed
16	DSYRINGE 1ML (NIPRO)	SYRINGE 1ML	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
17	ONDOKIND INJ 4 MG 2 ML		1 Nos	/ Once Daily	1 Days		1 Vial	Dispensed
18	LSCS DRAPE PACK (PROTECTCARE)		1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
19	MOPS 30X30 8PLY 5S X-RAY	MOPS 30X308 PLYDATT	1 Nos	/ Once Daily	2 Days		2 Nos	Dispensed
20	MISOPROST TAB 200MCG 4S		1 Tabs	External / Once Daily	1 Days		4 Tabs	Dispensed
21	CAUTERY PENCIL (ADVANCE)		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
22	BACTOPREP SOLUTIONS 100 ML		1 mL	/ Once Daily	1 Days		1 Nos	Dispensed
23	RILIGOL 100 MCG INJ CARBITOCIN		1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
24	PENCAN 27G (B/BRAUN)		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
25	POVINANZ SOLUTION 10% 100 ML		1 Nos	Once Daily	1 Days		2 Nos	Dispensed
26	ANAWIN HEAVY 5 MG INJ 4 ML		1 Vial	External / Once Daily	1 Days		1 Vial	Dispensed
27	VACCUME SUCTION SET		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
28	DSYRINGE 5ML(NIPRO)	SYRINGE 5ML	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
29	Encore Microptic gloves-6.5		1 Nos	/ Once Daily	1 Days		2 Nos	Dispensed

MEENA UGALE

Reg No : 18967

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040-48873000, info@rainbowhospitals.in

ELECTRONIC MEDICINE PRESCRIPTION

MRN	: HNH-00016278	**Name**	: Baby Of M. SPARSHA REDDY
Age / Sex	: 0 Y 0 M 0 D 5 H / Female	**Doctor**	: S TEJASWI REDDY
Adm/Reg Date/Time	: 30/06/2026 18:11	**Payor**	: SELFPAY
Order Date	: 30/06/2026 23:36	**Ordernumber**	: 26-0000209633
Visit ID	: IP26-00006698	**Ward/Bed No**	: 3F -SUITE / CRDL-HNSUITE-308-1
Patient Address	: H.NO: 14-90/6 ST.NO: 8, SNEHA NAGAR, Habsiguda, Hyderabad, Telangana, INDIA, 500007		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	CAPRIN INJ VIAL 5000 IU 5 ML		1 Nos	/ Once Daily	1 Days		1 Vial	Ordered

S TEJASWI REDDY

Reg No : APMC/FMR/94068

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Birth of Rainbow

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040-48873000, info@rainbowhospitals.in

ELECTRONIC MEDICINE PRESCRIPTION

MRN	. HNH-00016278	**Name**	: Baby Of M. SPARSHA REDDY
Age / Sex	: 0 Y 0 M 0 D 5 H / Female	**Doctor**	: S TEJASWI REDDY
Adm/Reg Date/Time	: 30/06/2026 18:11	**Payor**	: SELFPAY
Order Date	: 30/06/2026 23:29	**Ordernumber**	: 26-0000209630
Visit ID	: IP26-00006698	**Ward/Bed No**	: 3F -SUITE / CRDL-HNSUITE-308-1
Patient Address	. H.NO: 14-90/6 ST.NO: 8, SNEHA NAGAR, Habsiguda, Hyderabad, Telangana, INDIA, 500007		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	EASYCLOT-K1 1MG INJ 0.5 ML		1 Nos	Injection / 10 AM	1 Days		2 Nos	Dispensed
2	VACCUME SUCTION SET		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
3	DSYRINGE 1ML (NIPRO)	SYRINGE 1ML	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
4	SGLOVE # 6.5 (SURGICARE)	SURGICAL GLOVES 6.5	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
5	SURGICAL BLADE 20	SURGICAL BLADE 20	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
6	CORD CLAMP-ALPHAMEDICARE		1 Nos	External / 10 AM	1 Days		2 Nos	Dispensed

S TEJASWI REDDY

Reg No : APMC/FMR/94068

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Name	Mrs M. SPARSHA REDDY	**UHID**	HNH-00016271
Father/Guardian	Mr GUMMADI SRI KRISHNA REDDY	**Age/Gender**	32 Y 1 M 1 D/ Female
Address	H.NO: 14-90/6 ST.NO: 8, SNEHA NAGAR, Habsiguda, Hyderabad, Telangana, INDIA, 500007		
IP No	IP26-00006695	**Admission Date**	30-06-2026
Ref Doctor	SELF		
Discharge Date	04.07.2026		

DISCHARGE SUMMARY

Consultant:
Dr. MEENA UGALE,
MBBS,MD
18967

Diagnosis: PRIMIGRAVIDA AT 39 WEEKS WITH OI CONCEPTION WITH PREMATURE RUPTURE OF MEMBRANES WITH CEPHALO PELVIC DISPROPORTION FOR FURTHER MANAGEMENT

EMERGENCY LOWER SEGMENT CAESAREAN SECTION DONE ON 30.06.2026

History:
LMP: 30.09.2025
EDD: 07.07.2026
Obstetric formula: Primigravida
Gestation at admission: 39 weeks

Name	Mrs M. SPARSHA REDDY	UHID	HNH-00016271
IP No	IP26-00006695	Admission Date	30-06-2026

Obstetric History:
G1 - Present Pregnancy, OI Conception

Medical History: K/C/O IBS since 5 years, H/o Anal Fissure
Surgical History: Nil
Family History: Father - T2DM+HTN+Thyroid disorders
Allergies: Nil

Antenatal Details:
Mrs SPARSHA REDDY was booked to Rainbow hospital at 39 weeks of gestation. She had regular antenatal checkups and investigations as advised by Dr Meena Ugale. NT-normal. FTS-Low risk. TIFFA- normal. Fetal 2D Echo -normal. Parenteral iron therapy taken at 6 MOA in view of moderate anaemia (Hb 8.7gm/dl). Fetal growth monitoring was done by serial growth scan. Scan done 30.06.2026 showed single live intrauterine fetus at 39 weeks with cephalic presentation with fundal high with AFI: 10cm with EFW: 3.612kg. She was admitted at 39 weeks in view of leaking per vaginum.

Investigations: Enclosed
Blood group: "A" Positive

Management:
Course in hospital and Delivery Details:
At admission on clinical examination the vitals were stable. Fetal well being was confirmed by an admission CTG which was found to be reactive. As per

Name	Mrs M. SPARSHA REDDY	**UHID**	HNH-00016271
IP No	IP26-00006695	**Admission Date**	30-06-2026

hospital protocol she was started on IV. Taxim in view of ruptured membranes. She was decided for emergency C- section in view of PROM with CPD. She was prepared with indwelling Foley's catheter and IV canula under aseptic conditions. Written informed consent for surgery taken. Preanesthetic check up done. Anaesthetic premedication (IV Pantop and Perinorm) given. Patient shifted to theatre.

Surgery Notes:

Under spinal anaesthesia she was painted and draped as per hospital protocol. Abdomen opened in layers. The parietal and visceral peritoneum carefully opened after identifying the urachus. Bladder was reflected. A lower segment curvilinear incision given on the uterus. Baby delivered. Cord clamped and cut and cord blood collected for blood grouping and Rh typing. Baby handed over to pediatrician. Placenta delivered with controlled cord traction. Uterus closed in layers. Hemostasis secured. Instruments and swab count checked. Rectus sheath closed. Skin closed with subcuticular sutures. Wound dressing done. Vagina cleaned with Betadine solution after expelling clots. Misoprostol 600 mcg given per rectum as prophylaxis against Postpartum hemorrhage. Patient was shifted out of theatre to post operative recovery room.

***LUS Vascular.**

***Scanty liqour.**

***Mild Uterine Atonicity noted, managed medically.**

Delivery Details :

Date : 30.06.2026

Time of Delivery: 05:48pm

Name	Mrs M. SPARSHA REDDY	UHID	HNH-00016271
IP No	IP26-00006695	Admission Date	30-06-2026

Type of Delivery: Emergency lower segment caesarean section
Indication : PROM with CPD
Anaesthesia : Spinal

Baby Details:
Date : 30.06.2026
Time : 05:48Pm
Sex : Female
Weight : 3.2kg
Apgar : 8,9
Gestational Age: 39 weeks
NICU Admission: NO

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

Advice:
1. Tab. Taxim O 200mg twice daily till 06.07.2026 (9am-9pm) after food.
2. Tab. Calpol 500mg (Paracetamol 500mg) (2tabs) thrice daily till

Name	Mrs M. SPARSHA REDDY	**UHID**	HNH-00016271
IP No	IP26-00006695	**Admission Date**	30-06-2026

05.07.2026 (8am-2pm-10pm) after food.
3. Tab. Voveran 50 mg (Diclofenac 50mg) thrice daily till 05.07.2026 (9am-3pm-11pm) after food.
4. Tab. Pantop 40mg twice daily till 06.07.2026(7am-7pm) before food.
5. Tab. Livogen (Elemental Iron - 50mg, folic acid 1.5mg) once daily (7am) for three months before breakfast.
6. Tab. Shelcal (Elemental Calcium 500 mg, Vitamin D3 250 IU) once daily (2pm) till breast feeding for after food.
7. Cap. Lactare 2tabs thrice daily (8am-2pm-10pm) for 1 week
8. Nebasulf Powder for local application.

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

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

Review with **Dr. MEENA UGALE** after **2 weeks** on **18.07.2026** at postnatal clinic with prior appointment **(Review consultation will be charged).**

For Women Who Have Had a Caesarean Section
Care of the wound:
1.You can bath and shower.
2.The wound can get wet during a bath or shower. Dry it thoroughly and gently by dabbing with a gauze piece. Do not rub the wound.

Name	Mrs M. SPARSHA REDDY	UHID	HNH-00016271
IP No	IP26-00006695	Admission Date	30-06-2026

3.This gauze piece needs to be discarded after one use.
4.Prior to touching the wound clean hands thoroughly with Microshield solution and allow them to air dry or use disposable paper napkins.
5.Apply Nebasulf or Neomycin dusting powder on the wound after it is dry.
6.Do not touch the wound with unwashed hands.

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

Patient/ Attender

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

Rainbow Children's Medicare Ltd. Himayathnagar 500029 Hyderabad

Registrar/Resident/C.M.O

Consultant:
Dr. MEENA UGALE,
MBBS,MD
18967

Rainbow Childrens Hospital-Himayatnagar

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TEL NO :040-48873000
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP26-00006695 **Admit Date** : 30-Jun-2026 **Admit Time** : 01:31 PM **UHID** : HNH-00016271

Patient Details :

Patient Name	: Mrs M. SPARSHA REDDY	**Age**	: 32 Y 1 M 1 D
Guardian	: Mr GUMMADI SRI KRISHNA REDDY	**DOB**	: 29-05-1994
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: H.NO: 14-90/6 ST.NO: 8, SNEHA NAGAR Habsiguda Hyderabad Telangana INDIA 500007	**Phone No**	: 8978997883/ 7893239944
		E-mail	: NA@GMAIL.COM

Admission Details :

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

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

Contact Details :

Name : Mr GUMMADI SRI KRISHNA REDDY **Relationship** : Husband

Contact Address : H.NO: 14-90/6 ST.NO: 8, SNEHA NAGAR Habsiguda Hyderabad Telangana INDIA 500007 **Phone No** : 8978997883

Signature

Doctor Details :

Doctor Name : Dr. MEENA UGALE **Specialisation** : OBSTETRICS AND GYNECOLOGY

Referral Doctor : SELF **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 100000.00

Payment Mode : DC/CC Card **Payor Name** : SELFPAY

PATIENT TRANSFER FORM

Rainbow® Children's Hospital
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HNH-00016271 IP26-00006695 Mrs M. SPARSHA REDDY 29-05-1994 32 Y 1 M 1 D (F) Dr. MEENA UGALE	Date & Time of Admission 30/6/26	Date & Time of Transfer Order 30/6/26 @ 10pm
	Transfer Ordered by Dr. Meena	Reason for Transfer
From Unit pre-post	To Unit 308	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 30	Number of Imaging Films NST	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Chandra Kala	Dr Meena

Patient & Clinical Records Received by : 30/6/26 @ 10pm

Date & Time of Patient Received :

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

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

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ACTIVITY RECORD FOR BILLING

Name :_____

HNH-00016271 IP26-00006695
Mrs M. SPARSHA REDDY
29-05-1994 32 Y 1 M 1 D (F)
Dr. MEENA UGALE

UHID No. : _____ sultant: _____ Dept : _____

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
30/6/26	5:17pm	LDR	OT	Akhila / Sangeetha
30/6/26	6:30pm	OT	Pre Post	Sangeetha / Akhila
30/6/26	10pm	BDR	308	Check.

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	Dr. Tejaswi	1/7/26	9772	
2				
3				
4				
5				
6				
7				
8				
9				
10				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
30/6/20	NST ①	7807 ✓	[illegible]
30/6	NST - ②	7806 ✓	[illegible]

Status checked done
([illegible])

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
3/6	Cardiac monitor	6:30pm	10pm	209597	[illegible]
3/6	Infusion pump	6:30pm	10pm	209597	[illegible]
				[illegible] check done (Chubakar)	
		[illegible]			

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
30/6	S/R placement	1	9585	[illegible]
30/6	catheterization	1		Akul.
30/6	IAC - IP	1	9584	[illegible]
			vrans check done	
1/7/20	NHA	1	9771	[illegible]

ANY OTHER INFORMATION

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....

....

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

HNH-00016271 IP26-00006695
Mrs M. SPARSHA REDDY
29-05-1994 32 Y 1 M 1 D (F)
Dr. MEENA UGALE

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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints
Came fr EMLHS PPROM (+)
LOV: 9 AM

Obstetric Formula: G1

Obstetric Hostory: OE
G1 – PP, Sup. Conception

Present Pregnancy Record:
NT (N) FTS – LR
TIFFA (N)
Fetal 2D Echo – (N)

RISK FACTORS:

Height: ..... cm
Weight: ..... kg
Allergies: .....
Breast: ☑ Normal ☐ Abnormal
General Examination: Fair
Consciousness: (+) Pallor: (-)
Icterus: (-) Edema: ~~Pedal~~ (-)
Temp: Afeb PR: 74
BP: 111/74 DTR: (+)
CVS: NAD RS ~~SOB~~ (-)
Liver/Spleen: Urine Output: Adeq

LMP: 30/9/2025 EDD:
Corrected EDD: 7/7/2026 GA: 39wk
Menstrual History: Regular : ☒ Yes ☑ No

Obstetric Examination

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 _____
Membranes: ☐ Present ☐ Absent
Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained
Presenting Part: ☐ Vertex ☐ Breech ☐ Others
Sutton: ☐ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2
Pelvis: ☐ Adequate ☐ Doubtful

DIAGNOSIS

G1 | 39wk | PROM | CPD
fr EMLHS

HNH-00016271 IP26-00006695
Mrs M. SPARSHA REDDY
29-05-1994 32 Y 1 M 1 D (F)
Dr. MEENA UGALE

Family History:	Surgical History:
Father - DM / HTN / Thyroid O/o	Nil

Medical History:	Medication History:
H/o IBS / PCOD - Took Revofer 1g @ 25/3/2026 / 20/5/2026 @ 8.79/dl H/o Anal fissure ? → sp resolved Took Nicardia for 1 day	T. Iron / Calc / MV

Plan of Care:	Investigations:
- NBM - Admission NST - Drugs as charted - Informed consent - Parts preparation - Enema (Soap water) - Reserve 1 @ PRBC - Inform Pediatrician & Anaes. - Foley's catheterization - Shift to OT on call (~~1:30pm~~)	BGT A+ 20/Jun/2026 Hb - 11.80 WBC 8 20 Plt - 254 HIV, HBsAg, VDRL, HCV } NR 30/6/2026 SLIUP / 38-39wks / Vx Pl - Fundal US EFW - 3.612 kg / AFI - 10 cm BPP - 8/8

Doctor Name: Dr Mansha

Signature: ....

Date & Time: 30/6/2026 @ 1:30 pm

Dr. MEENA UGALE Reg. No. ...

Consultant Name: Dr Meena Ugale

Signature: ....

Date & Time: 30/6/2026 @ 1:30pm

HNH-00016271 IP26-00006695
Mrs M. SPARSHA REDDY
29-05-1994 32 Y 1 M 1 D (F)
Dr. MEENA UGALE

(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/6/2026 6:45pm	Cls/by Dr. Naveena	
	O/E GC-fair Afebrile SpO2-100% on RA PR: 86bpm BP: 110/64mmHg CVS/RS: NAD PA: ut retracted well S/f, N.T Dressing: dry & clean PE: PV bleeding WNL USG: 2cm/emptied in OT. Baby: Mother & de.	Adv - NBM for 4-6hrs - inf & drugs as charted - Urine IO charting. - w/f PV bleeding. - Inj: Tranexamic Acid 1gm IV stat @ 6am (1/07/2026) - Monitor Vitals - Inform SOS Dr. Naveena.

HNH-00016271 IP26-00006695
Mrs M. SPARSHA REDDY (F)
29-05-1994 32 Y 1 M 1 D
Dr. MEENA UGALE

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/01/2026 9:30pm	clsd by Dr. Naveena	
	O/E GC-fair Afebrile, SpO2-99% on RA PR: 75bpm BP: 103/63mmHg. CVS/RS: NAD PA: ut retracted Soft, NT. Dressing: dry & clean UE: PV bleeding WNL Bowel sounds: present Baby: mother side	Adv - Sips of water f/b liquid in the morning. - Adequate hydration - drugs as charted. - Urine IO charted. - c/o PV bleeding. - Monitor vitals - Inform SOS
	Kindly shift the patient to room	Dr. Naveena. M/R Chandralaya.

HNH-00016271 IP26-00006695
Mrs M. SPARSHA REDDY
29-05-1994 32 Y 1 M 1 D (F)
Dr. MEENA UGALE

Patient St

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/7/2026		C/s by Dr. Naveena
9:00 PM		
	O/E GC - fair	Adv
		Soft diet
	Vitals - stable	- Adequate hydration
	PA:	- drugs as charted
	well	- w/f PV bleeding
	Soft, NT	- Urine output charting
	Dressing: dry & clean	- Ambulation
		- Monitor Vitals
	WNL	- Inform SOS
	U/O adequate	
	Baby: mother side	
		Dr. Naveena
1/7/26	Seen by Dr Meena Ugale	
8AM	POD 1	
	GC good	Soft diet
	BS sluggish	
	Dr. MEENA UGALE Reg. No: 18967	[signature]

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

HNH-00016271 IP26-00006695
Mrs M. SPARSHA REDDY
29-05-1994 32 Y 1 M 1 D (F)
Dr. MEENA UGALE

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/7/2026 / 9:30 am	Dr. KIRAN (Dietitian & Lactation)	
	Soft Solid Diet is	Recommended.
	Include lactogogues &	Galactogues in
	the diet. Antioxidant	rich fruits are
	recommended.	
	Detailed lactation	counselling Given
	& explained breast	feeding
	Positions.	

HNH-00016271 IP26-00006695
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29-05-1994 32 Y 1 M 1 D (F)
Dr. MEENA UGALE

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/7/2026	C/s/b Dr	Manasha
1:30pm	POD-1	
		Adv:
	Ae fav Afebrile	
	Vitals stable	- Soft Diet / Adeq Hydration
	P/A ut well retracted	- Drugs as charted
Baby mothers side	BS (+)	- W/F vitals & BP
	L/E Bleeding wnl	- I/O monitoring
	u/o Adeq (clear)	- Ambulation
		- Inform SOS
	No Complaints	- IV AB x48h
		up Dr Manasha
1/7/26 7:30PM	C/s/B Dr Veena	
	POD-1 / Em LSCS	
	Pt is stable, No c/o	Adv
	Vitals-stable.	✓ Regular diet
	Pallor (-), Afebrile	✓ Ambulation
U ✓ F ✓	P/A - Ut well retracted	✓ Adequate hydration
	BS (+)	✓ Vital monitoring
S/x.	L/E - BWNL.	✓ Drugs as charted
Baby @ MS	B/c Breasts - Soft	✓ Inform SOS
	Low MS (+)	Dulcolax c/m (after BF)
		(if didn't pass stools).
		N/B Supriya 1/7/26

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Mrs M. SPARSHA REDDY
29-05-1994 32 Y 1 M 1 D (F)
Dr. MEENA UGALE

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/7/26	o/s/B Dr. Veena	
7am	POD-2 / Em. LSCS	
Baby @ ms	Pt No c/o	Adv
	O/E GC-fair, Vitals stable	- Regular diet
	Afebrile	- Ambulation
U ✓	Pallor (-)	- Adequate hydration.
F ✓	P/A - Ut well retracted	- Drugs as charted.
S ✓	BS (+)	- Vital monitoring.
B/L Breasts Soft ms (+)	L/E - BUNL	- Inform SOS
		N/B Maheshwari @ 7:10pm
2/7/26	2nd POD	
	Seen by Dr Meena Ugale	
	GC good	
	Stop IV antibiotics	
	tonight & remove intracath	
	oral antibiotics ANV	
	tomorrow morning.	

Dr. MEENA UGALE
Reg. No: 18967

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

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Mrs M. SPARSHA REDDY
29-05-1994 32 Y 1 M 3 D (F)
Dr. MEENA UGALE

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/7/2026	C/S/D Dr Mamatha	
2pm	POD - 2	
	C/C Fair Afebrile	Adv
	Vitals Stable	- Regular Diet
	P/A wnl	Adeq hydration
BMS	SS (P)	Drugs as charted
	L/E Bleeding wnl	w/f vitals & BP
4th SV		IAPM SOS
		Noted by nurse
2/7/26	C/S/B Dr. Dna	
	POD-2	
8pm		Adv.
	C/C fair Afebrile	- Regular diet
Baby c Mother	Vitals - Normal	- Adequate hydration
	P/A Uterus [illegible] retracted well	- Drug as charted
urine / passed		- W/F bleeding PV
status / stool	L/E Bleeding WNL.	- Vitals Monitoring
		Infusion SOS
		- ASD [illegible]

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

HNH-00016271 IP26-00006695
Mrs M. SPARSHA REDDY
29-05-1994 32 Y 1 M 3 D (F)
Dr. MEENA UGALE

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/1/26	C/S/B. Dr. Dhanya	
10am	POD-3	
		Adv
Baby & Mother	GC Fair	- Regular diet
	Afeb.	- Adequate hydration
UV	Vitals-Stable.	- Drugs as charted
FV	P/A Uterus Retracted well.	- W/F bleeding PV
SV	L/E NAD	Vital Monitoring
		Informed
		Open dressing today
	TV	N/B priyanka
3/1/26 3pm	C/S/B Dr. Veena	
	POD-3 / Emg. LSCS	
Baby @ NICU	Pt is stable, No c/o	Adv
UV	o/e GC-fair	- Regular diet
FV	Vitals-stable.	- Adequate hydration
SV	Pallor (-)	- Drugs as charted
	P/A - Ut well retracted	- Vital monitoring
	PS (+), Wound-healthy	- Ambulation
	UE - BWNL	- Inform SOS
	B/L Breasts Soft	- C. Lactare 2 tabs TID
	No ms.	

HNH-00016271 IP26-00006695
Mrs M. SPARSHA REDDY
29-05-1994 32 Y 1 M 3 D (F)
Dr. MEENA UGALE

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/7/2026 6:30pm	c/s/by	Dr- Naveena
	o/E GC-fair	Adv
	Afebrile	- Regular diet
	Vitals-stable	- Adequate hydration
V-✓	PA: ut retracted well	- drugs as charted
P-✓	Soft, NT	- Ambulation
S-✓	LSCS wound: clean & healthy.	- w/f PV bleeding
	I/E: PV bleeding WNL.	- Monitor Vitals
		- Inform SOS
	Baby: MS	Dr Naveena.
4/7/2026 7:00am	c/s/by	Dr. Naveena
	o/E GC-fair	Adv.
	Afebrile	- Regular diet
	Vitals - stable	- Adequate hydration
	PA: ut retracted well	- drugs as charted
	Soft, NT	- Ambulation
	LSCS wound clean & healthy	- w/f PV bleeding
	I/E: PV bleeding WNL.	- Monitor Vitals
		- Inform SOS
		Dr Naveena.

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Mrs M. SPARSHA REDDY
29-05-1994 32 Y 1 M 3 D (F)
Dr. MEENA UGALE

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	4/7/26 POD 4	
	seen by Dr Meena ugale	
	GC good	
	Can be discharged this morning meenaugale	

Dr. MEENA UGALE
Reg. No: 18967

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

HNH-00016271 IP26-00006695
Mrs M. SPARSHA REDDY
29-05-1994 32 Y 1 M 1 D (F)
Dr. MEENA UGALE

Patient St

308

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RESULT SHEET

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

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
Blood group: A+ve 1⊖PRBC Reserve in surya bloodbank						
HIV HBsAg HCV } NR						

Culture and Sensitivities : .....

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Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

HNH-00016271 IP26-00006695
Mrs M. SPARSHA REDDY
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Dr. MEENA UGALE

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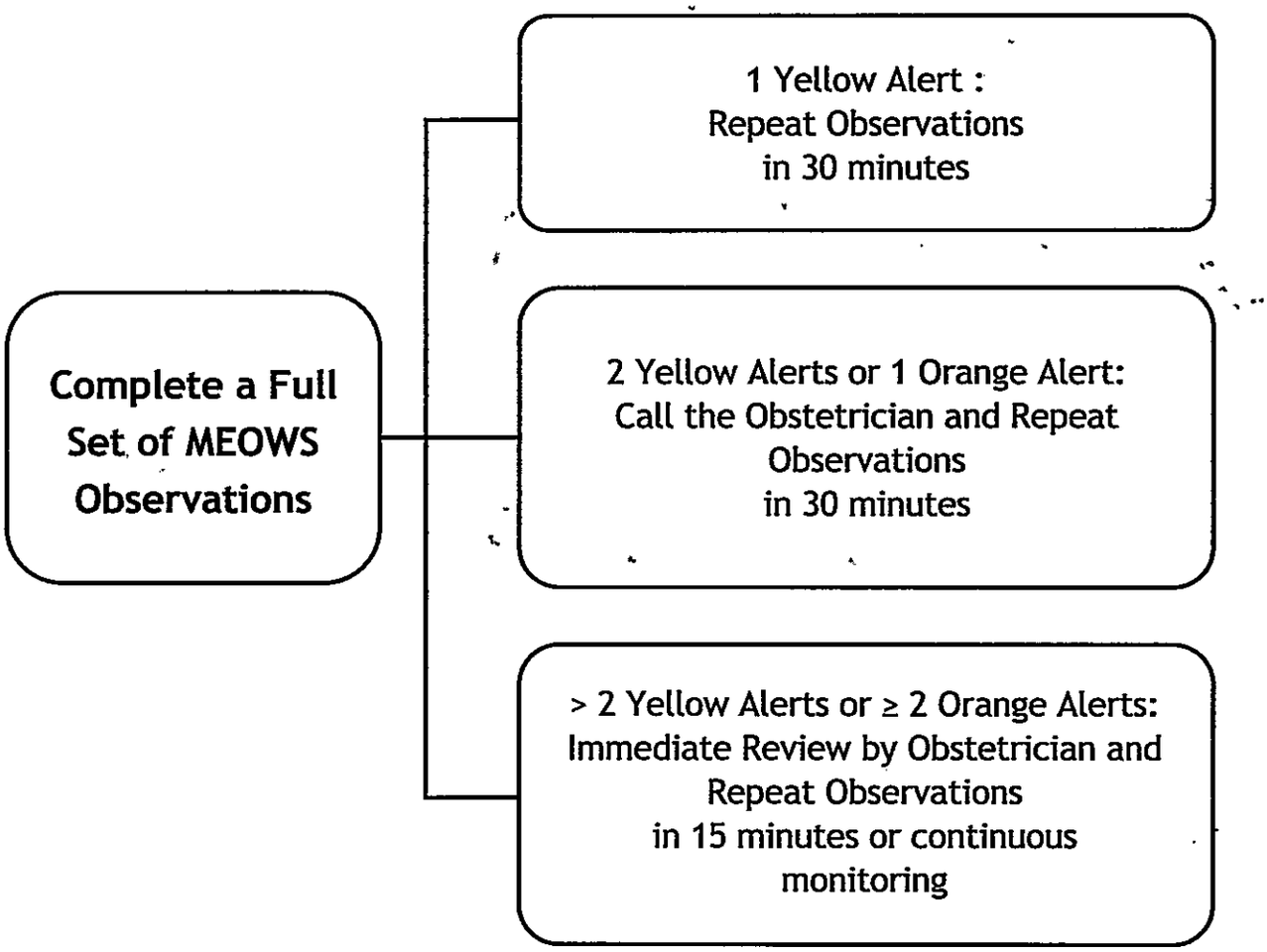
Early Warning Observation Score Chart - Obstetrics

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

2016	Date																							
	Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20							20	20	20	20	20	20	20		20				20				20	
	0 - 10																								
Saturations	94 - 100 %							99	99	99	99	99	99	99		99				99				99	
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37																								
	36							36		36						36				36				36	
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80							84	86	85	87	85	87	88		79				78				79	
	70																								
	60																								
	50																								
	40																								
↑ Systolic Blood Pressue	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120							116	114	112	114	115	100	112		114				110				112	
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
↓ Diastolic Blood Pressure	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
	40							74	76	79	76	80	90	91		76				64				72	
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								2	2	2	2	1	1	1		2				1				2	
TOTAL ORANGE SCORES																									
Nurse Initial																									

Obstetrics and Gynaecology Early Warning Signs



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

HNH-00016271 IP26-00006695
Mrs M. SPARSHA REDDY
29-05-1994 32 Y 1 M 1 D (F)
Dr. MEENA UGALE

Patient Stick

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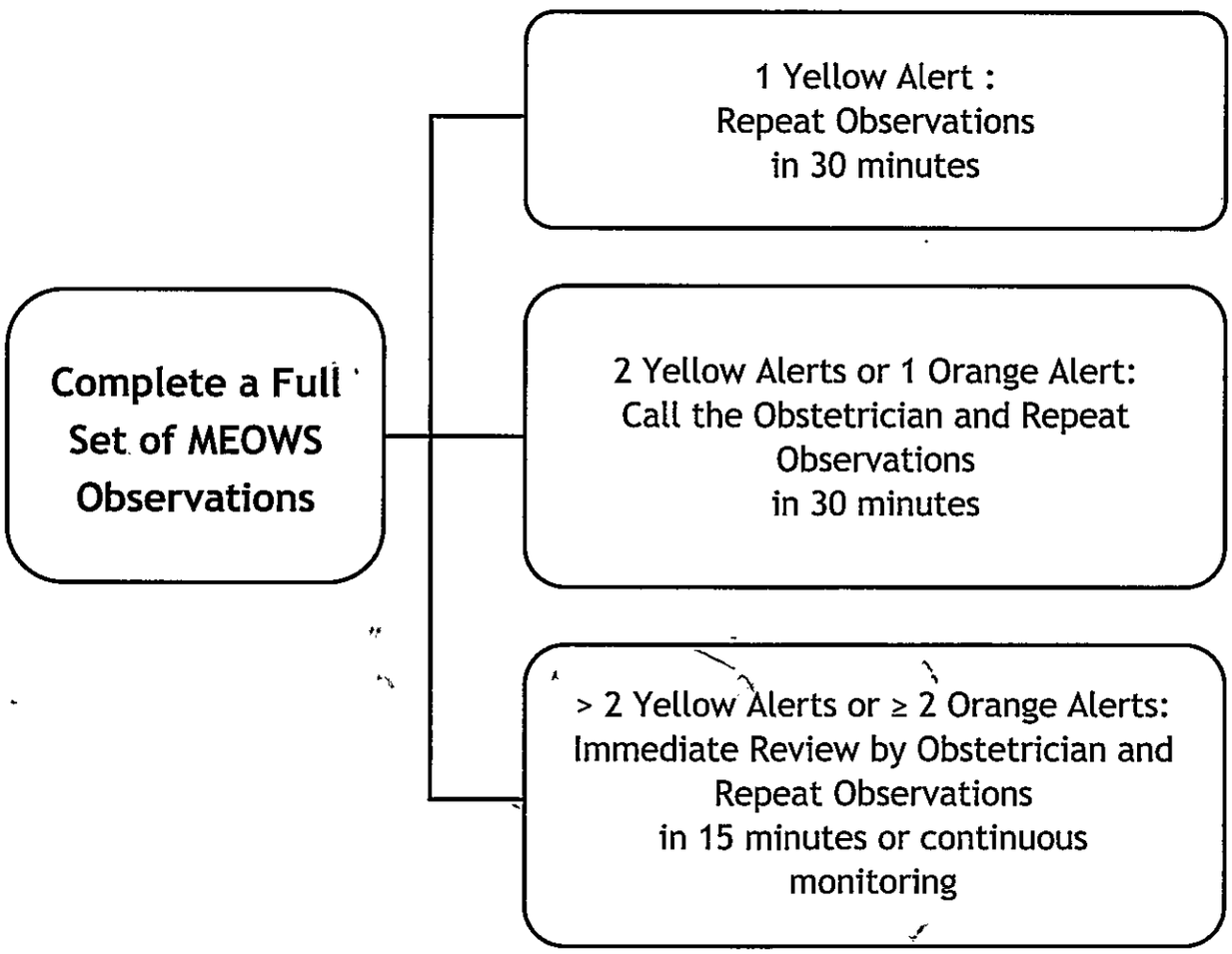
Early Warning Observation Score Chart - Obstetrics

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

10/7/26

		Date																						
		Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																									
	21 - 30																									
	11 - 20				20				20				20				20bpm				20bpm				20bpm	
	0 - 10																									
Saturations	94 - 100 %				100%				100%				99%				99%				99%				99%	
	< 94 %																									
Administered O_2 (L/min.)																										
Temp°c	40																									
	39																									
	38																									
	37				37°C				36°C				98.1°F				98.1°F				98.1°F				98.1°F	
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80				79				76				68				65bpm				70bpm				69bpm	
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressue ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130				109				112				114				112				111				115	
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50												(43)													
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80				82				69				68				72				75				68	
	70																									
	60																									
	50																									
	40																									
NEURO RESPONSE [✓]	Alert				✓				✓				✓				—								—	
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30				✓				✓				✓				—								—	
	< 30																									
Proteinuria	Protein + +																									
	Protein > + +																									
Lochia	Normal				✓				✓				✓				—								—	
	Heavy / Foul																									
Liquor	Clear / Pink				✓				✓				✓				—								—	
	Green																									
TOTAL YELLOW SCORES					0				0				0				0								0	
TOTAL ORANGE SCORES																									0	
Nurse Initial																										

Obstetrics and Gynaecology Early Warning Signs



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

HNH-00016271 IP26-00006695
Mrs M. SPARSHA REDDY
29-05-1994 32 Y 1 M 1 D (F)
Dr. MEENA UGALE

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

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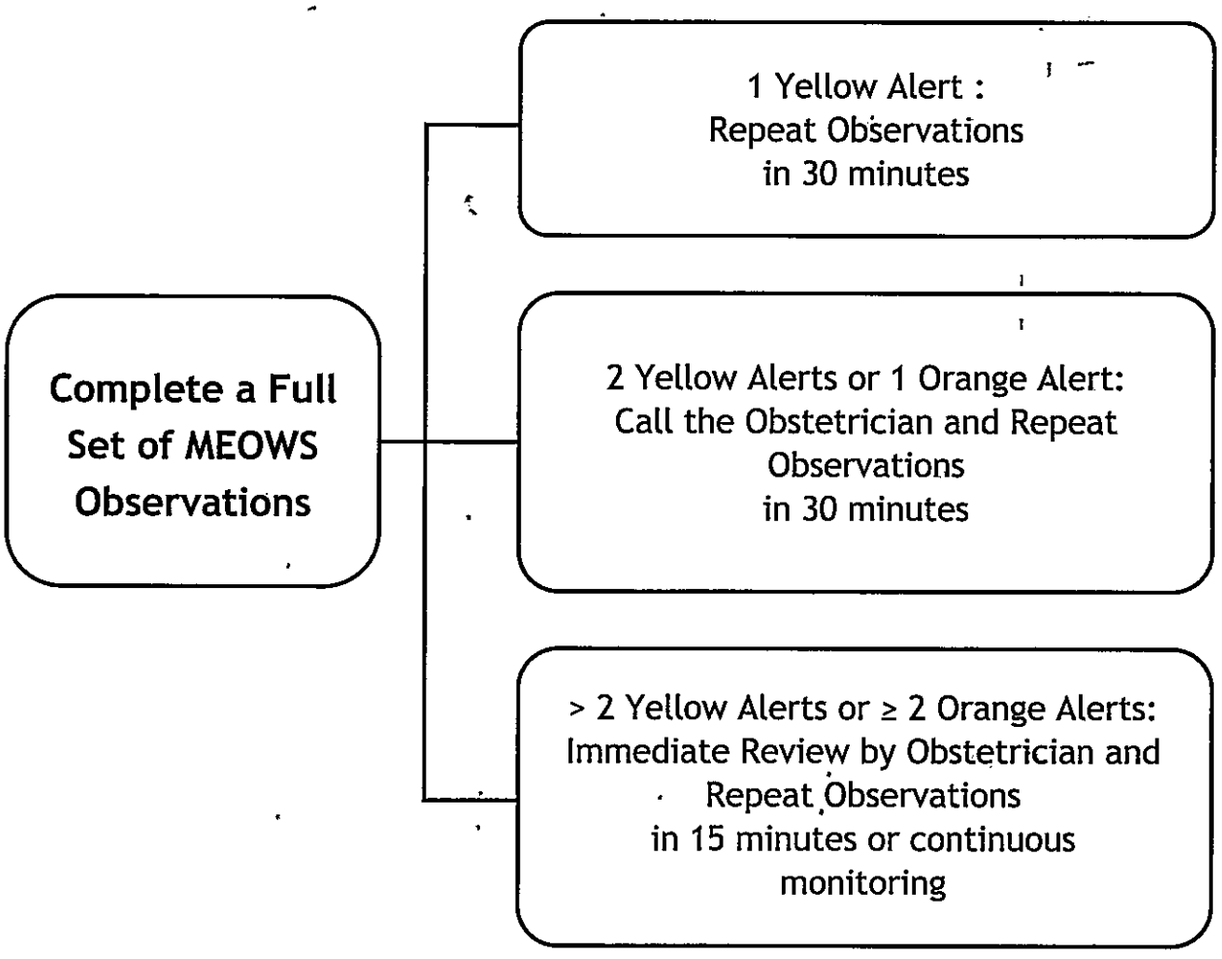
...ing Observation Score Chart - Obstetrics

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

2/7/26	Date																							
	Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20			20				20				20				20				20				20	
	0 - 10																								
Saturations	94 - 100 %			100				100				100				100									
	< 94 %																			99					
Administered O_2 (L/min.)																								100%	
Temp°c	40																								
	39																								
	38																								
	37			98.8				98.3				98.2				99.1				97.8				97.8	
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80			85				85				83				64				86				83	
	70																								
	60																								
	50																								
	40																								
↑ Systolic Blood Pressue	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120															103				107				112	
	110			110				120				112													
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
↓ Diastolic Blood Pressure	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70			72				69				73				72				68				70	
	60																								
	50																								
	40																								
NEURO RESPONSE [✓]	Alert			—				—				—													
	Voice																							—	
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30			—				—				—				—				—				—	
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal			—				—				—				—				—				—	
	Heavy / Foul																								
Liquor	Clear / Pink															—									
	Green																								
TOTAL YELLOW SCORES				0				0				0				0				0				0	
TOTAL ORANGE SCORES				0				0				0				0				0				0	
Nurse Initial																									

Obstetrics and Gynaecology Early Warning Signs



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

HNH-00016271 IP26-00006695
Mrs M. SPARSHA REDDY
29-05-1994 32 Y 1 M 1 D (F)
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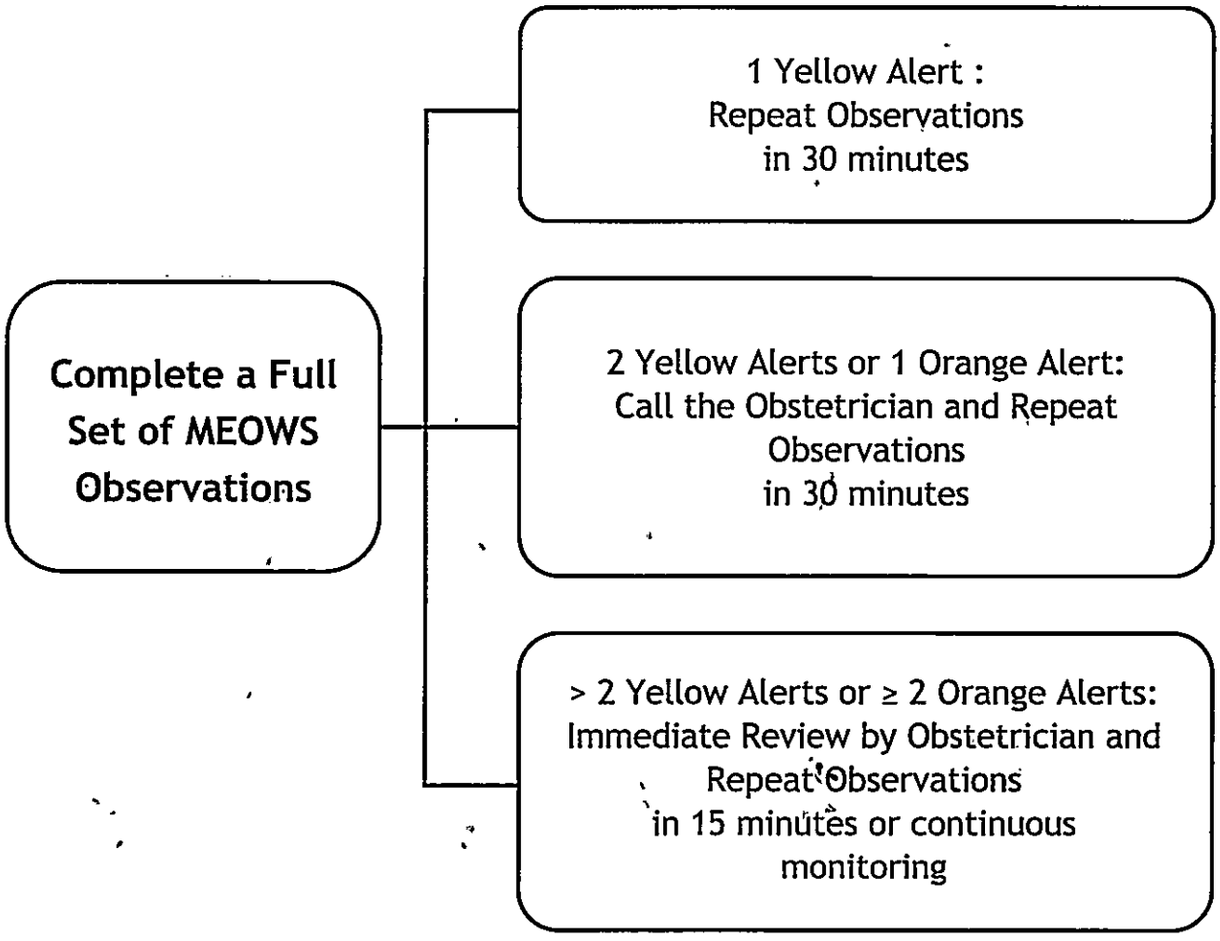
Early Warning Observation Score Chart - Obstetrics

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

3/07/26	Date																							
	Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20			20				20				20				20				20				20	
	0 - 10																								
Saturations	94 - 100 %			100				100				100				100				100				100	
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37			98.4				98.2				98.4				98.3									
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80			85				80				85				84				80				76	
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120			120				125				120				114				110				110	
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
	40																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70			70				69				75				78				70				80	
	60																								
	50																								
	40																								
NEURO RESPONSE [✓]	Alert			✓				✓				✓				✓									
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30			✓				✓				✓				✓									
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal			✓				✓				✓				✓									
	Heavy / Foul																								
Liquor	Clear / Pink			✓				✓				✓				✓									
	Green																								
TOTAL YELLOW SCORES				0				0				0				0				0				0	
TOTAL ORANGE SCORES				0				0				0				0				0				0	
Nurse Initial																									

Obstetrics and Gynaecology Early Warning Signs



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

HNH-00016271 IP26-00006695
Mrs M. SPARSHA REDDY
P: 29-05-1994 32 Y 1 M 1 D (F)
Dr. MEENA UGALE

Rainbow® Children's Hospital
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BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 1

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am				NA							
	11:00 am											
	12:00 pm											
	01:00 pm	RL		100ml								
Total Intake :						**Total Output :**						
30/6	02:00 pm	RL	M	100ml								
	03:00 pm	RL		100ml								
	04:00 pm	RL	B	100ml							0	
	05:00 pm	RL		100ml								
	06:00 pm	RL	M	100ml						250ml		Emptied 6:30 pm
	07:00 pm	RL		100ml								
Total Intake :			600ml			**Total Output :**				Passed		
30/6	08:00 pm	RL	Water	100ml								
	09:00 pm	RL	Sprite	100ml								
	10:00 pm	RL		100ml						350ml		Emptied
	11:00 pm	RL	Liquid	100ml								
	12:00 am	RL	J	100ml								
	01:00 am	RL	Hw	100ml	NA					200ml		Emptied
Total Intake :						**Total Output :**						
1/6	02:00 am	RL		100ml								
	03:00 am	RL		100ml						150ml		Emptied
	04:00 am	RL	Hw	100ml								
	05:00 am	RL	Soup	100ml	NA							
	06:00 am	RL		100ml								
	07:00 am	RL		100ml						600ml		Emptied
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

HNH-00016271 IP26-00006695
Mrs M. SPARSHA REDDY
29-05-1994 32 Y 1 M 1 D (F)
Dr. MEENA UGALE

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							
1/7/26	08:00 am	RL	Idly	100ml								
	09:00 am	RL	+ H2O	100ml						500ml		
	10:00 am	RL		100ml							0	
	11:00 am	RL		100ml		NA		NA				
	12:00 pm											
	01:00 pm									1000ml		
Total Intake :						Total Output :				0 - 1500ml M -		
1/7/26	02:00 pm		Khichdi									Foley Removed
	03:00 pm		+ H2O							500ml		
	04:00 pm											
	05:00 pm				NA							
	06:00 pm		Soup									
	07:00 pm											
Total Intake :						Total Output :						
1/7/26	08:00 pm											
	09:00 pm											
	10:00 pm		Khichdi									
	11:00 pm		+ H2O.		NA			NA				
	12:00 am											
	01:00 am											
Total Intake :						Total Output :						
2/7/26	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am		H2O		NA			NA				
	06:00 am											
	07:00 am											
Total Intake :						Total Output :						

Total 24 hrs. Intake		Total 24 hrs. Output	

HNH-00016271 IP26-00006695
Mrs M. SPARSHA REDDY
29-05-1994 32 Y 1 M 1 D (F)
Dr. MEENA UGALE

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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							
2/7/26	08:00 am											
	09:00 am											
	10:00 am		Idly H2O									
	11:00 am			NA				NA				
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :** O-3 M-0						
2/7/26	02:00 pm											
	03:00 pm		Soup									
	04:00 pm		H2O Khichdi									
	05:00 pm			NA				NA				
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
2/7/26	08:00 pm											
	09:00 pm											
	10:00 pm	0	Rice H2O									
	11:00 pm											
	12:00 am			NA				NA				
	01:00 am											
Total Intake :						**Total Output :**						
2/7/26	02:00 am											
	03:00 am											
	04:00 am	0	H2O									
	05:00 am											
	06:00 am			NA				NA				
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

HNH-00016271 IP26-00006695
Mrs M. SPARSHA REDDY (F)
29-05-1994 32 Y 1 M 1 D
Dr. MEENA UGALE

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							
3/7/26	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :								**Total Output :**				
3/7/26	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :								**Total Output :**				
3/7/26	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :								**Total Output :**				
4/7/26	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :								**Total Output :**				

Total 24 hrs. Intake		Total 24 hrs. Output	

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

HNH-00016271 IP26-00006695
Mrs M. SPARSHA REDDY
29-05-1994 32 Y 1 M 1 D (F)
Dr. MEENA UGALE

NURSING CARE RECORD

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 30/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning				MA			
Afternoon	8pm	→ Plan for vital → Plan for I/O chart. → Plan for medication.	2pm	→ vital checked & recorded. → Maintain I/O Chart. 8pm → All medication given	→ vital is normal	→ Pt is stable	Madhu ✓
Night	8pm	→ Plan for vital → Plan for I/O chart. → Plan for medication.	8pm	→ vital checked & recorded. → Maintain I/O Chart. → All medication given	→ vital is normal	→ Pt is stable	Madhu ✓

HNH-00016271 IP26-00006695
Mrs M. SPARSHA REDDY
29-05-1994 32 Y 1 M 1 D (F)
Dr. MEENA UGALE

NURSING CARE RECORD

Rainbow® Children's Hospital — it takes a lot to treat the little.
BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

Date: 1/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8AM / 2PM	→ Assess the general condition of pt → Monitor vitals. → Maintain I/o chart → Administer medication.	8AM / 2pm.	→ Assessed the general condition of pt → Monitored vitals. → Maintained I/o chart. → Administered medication	Pt is stable.	Re-assess vitals.	
Afternoon	2PM to 8PM	→ To assess the pt condition → To check the vitals & record → To administer the medication as per drug chart → I/o chart maintain	2PM to 8PM	→ To assessed the pt condition → To checked the vitals & recorded → To administered the medication as per drug chart → I/o chart maintained	→ Patient is stable → Foley's removed at 3pm	→ Re-checked the vitals → I/O	Supriya
Night	8PM / 8AM	→ Assess the pt condition. → monitor the vitals. → maintain I/o chart. → plan medications give as per drug chart.	8PM / 8AM	→ Assessed the pt condition. → monitored the vitals. → maintained I/o chart. → medications given as per drug chart.	→ pt is stable now	→ Reassessed the vitals.	

HNH-00016271 IP26-00006695
Mrs M. SPARSHA REDDY
29-05-1994 32 Y 1 M 1 D (F)
Dr. MEENA UGALE

NURSING CARE RECORD

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 2/[illegible]/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 to 8pm	→ Assess the pt condition → Monitor vitals → maintain I/O chart	8Am to 8pm	→ Assess the pt condition. → & monitor vitals → Maintain I/O chart → Etc.	pt is a stable.	check the vitals	[signature]
Afternoon		——		day ——	——	——	
Night	8pm to 8Am	Assess the pt condition - Monitor vitals & record - Maintain I/O chart - Give medications as prescribed by doctor	8pm to 8Am	Assessed the pt condition - Monitored vitals & record - Maintained I/O chart - Given medications as prescribed by doctor	patient is Stable now	Re-checked vitals	[signature]

Patient Stic

HNH-00016271 IP26-00006695
Mrs M. SPARSHA REDDY
29-05-1994 32 Y 1 M 1 D (F)
Dr. MEENA UGALE

NURSING CARE RECORD

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 3/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning		→ Assess the pt condition. → Maintain I&O chart → check the vitals.		→ Assess the pt condition → maintain I&O chart → check the vitals	pt is a stable.	check the vitals	Madhu
Afternoon				day			
Night	8pm | 8am	- Assess the pt. condition - Monitor vitals 6 hourly - Maintain I/o chart - Give medications as prescribed by doctor	8pm | 8am	- Assessed the pt. condition - Monitored vitals 6 hourly - Maintained I/o chart - Given medication as prescribed by doctor	Patient is Stable now	Re-checked vitals	

HNH-00016271 IP26-00006695
Mrs M. SPARSHA REDDY
29-05-1994 32 Y 1 M 1 D (F)
Dr. MEENA UGALE

BRADEN 'Q' SCALE

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It takes a lot to treat the little.

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Your Right to a Safe Delivery

					Date : 30/6	30/6	1/7	1/7
					Time : 12	N	M6	N
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	4	4
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	3
					TOTAL SCORE 28	28	28	27
					Evaluator's Name			

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

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

HNH-00016271 IP26-00006695
Mrs M. SPARSHA REDDY
29-05-1994 32 Y 1 M 1 D (F)
Dr. MEENA UGALE

BRADEN 'Q' SCALE

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					Date : 2/7/26	2/7	3/7	3/7
					Time : M5	N	M5	N
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	4	4
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
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CHECKLIST FOR THROMBOPHLEBITIS

2/7

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

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

Signature of Shift In Charge :

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

Signature of Ward In Charge :

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

Patient Sticke

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CHECKLIST FOR THROMBOPHLEBITIS

3/7.

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

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

Signature of Shift In Charge :

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

Signature of Ward In Charge :

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

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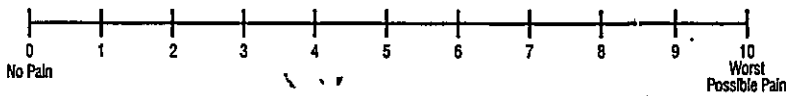
PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
30/6	2Am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
30/6	4Am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
30/6	8Am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
30/6	11Am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
1/7	2Am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
~~30~~ 1/7	4Am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
~~30/6~~	8Am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
1/7/26	~~10~~ AM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
1/7/26	6pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
2/7/26	6Am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	

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

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

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PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
2/7/26	10AM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
2/7/26	6PM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
2/7	10pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
3/7	2Am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
3/7	6Am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
3/7	10Am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Medley
3/7	10pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
4/7	2Am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
4/7	6Am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

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PAIN ASSESSMENT TOOLS

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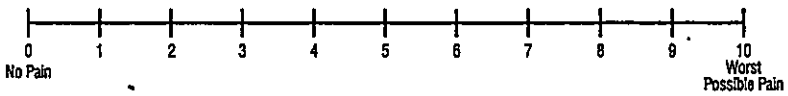

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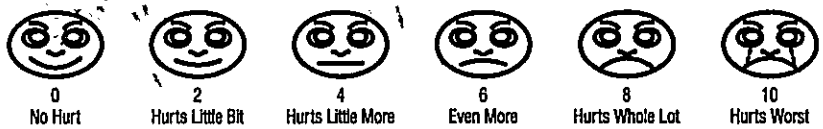

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Morse Fall Risk Assessment Form

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Choose Highest Applicable Score from each Category		Date / Time	30/6	30/6	1/7
		Score	£2	MJ	M6
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0	0	0	0
Secondary Diagnosis (more than one diagnosis)	Yes	15			
	No	0	0	0	0
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0	0	0	0
IV / Heparin Lock or Saline	Yes	20	20	20	20
	No	0			
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10			
	Normal /On Bed Rest /Immobile	0	0	0	0
Mental Status	Forgets limitations	15			
	Oriented to own ability	0	0	0	0
Total Morse Fall Scale Score:			20	20	20
		Signature			

Fall Risk Grading

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

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

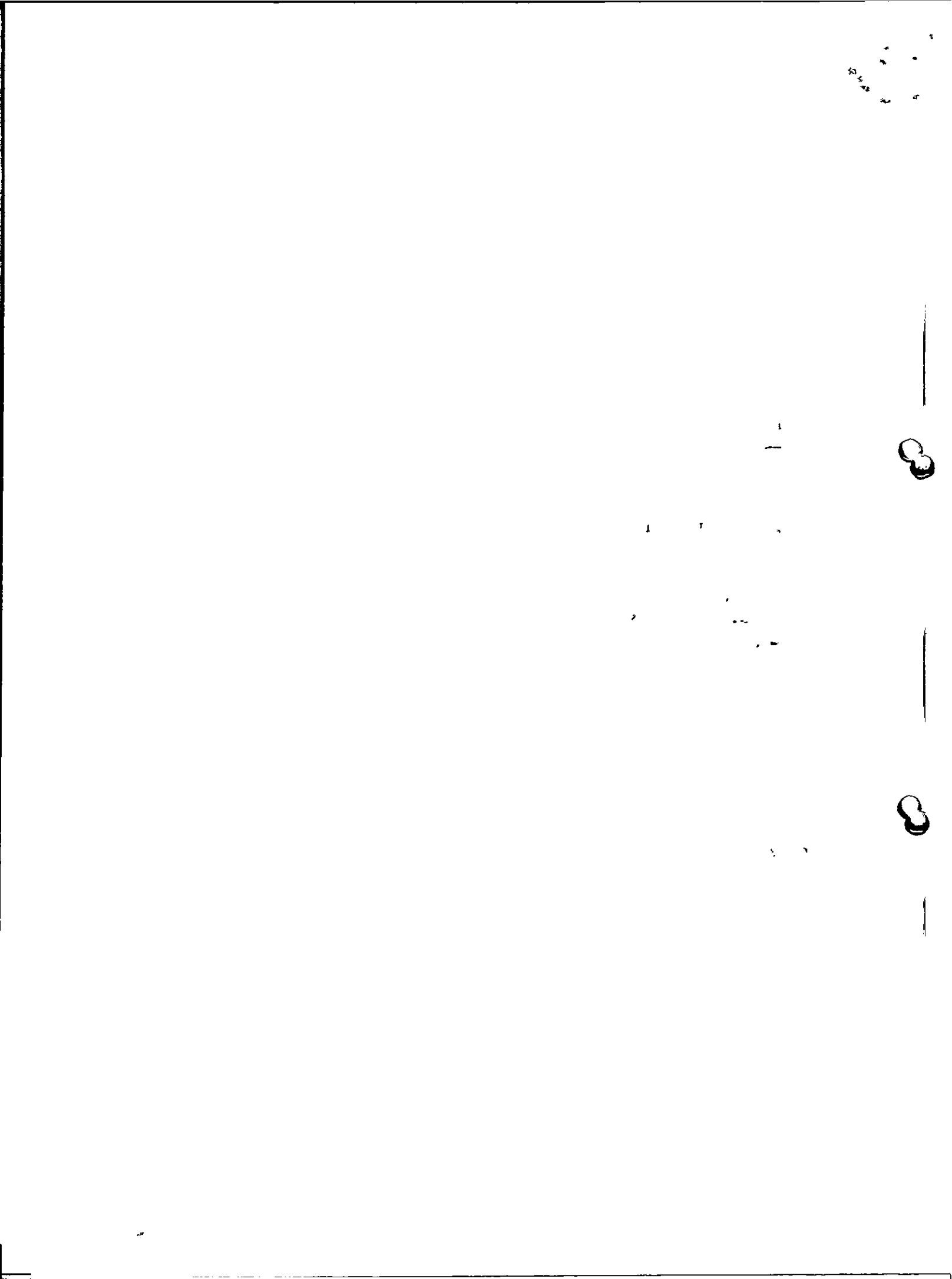
- ☐ Ensure patients use their prescribed eye glasses if any, in the hospital
- ☐ Use chairs with arm rests
- ☐ Use safety straps on stretchers and wheelchairs while transporting patients

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

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

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

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



HNH-00016271 IP26-00006695
Mrs M. SPARSHA REDDY
29-05-1994 32 Y 1 M 3 D (F)
Dr. MEENA UGALE

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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	1/7/26	1/7/26	2/7
		Score	0	15	
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	0	0	0
GAIT / Transferring	Impaired	20	20	20	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:			20	20	20
		Signature			

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

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

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

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

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

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

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

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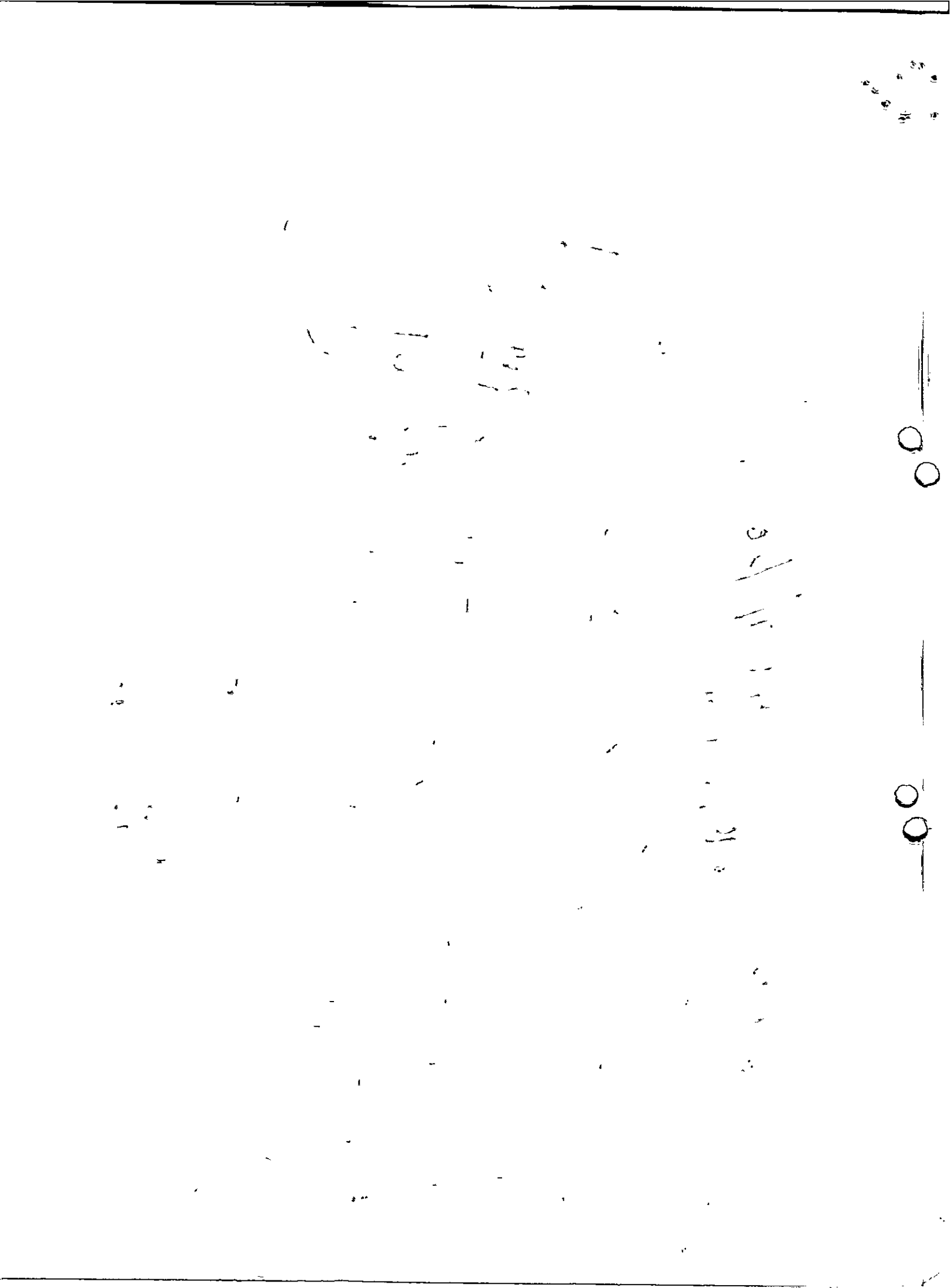
URINARY CATHETER BUNDLE CHECK LIST

Date of Insertion: 30/6/26 Date of Removal: 3pm @ 2/07/26

Parameters	Date / Shift Time	30/6 E2	1/7 N					
Need for the Catheter		☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Hand Hygiene		☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Usage of Sterile Equipment		☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is the Collection bag below the level of bladder		☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Check the Tube for Obstruction (Free of Kinking)		☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is Catheter dated as policy		☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Collecting bag is been emptied regularly?		☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Maintenance of closed system for the catheter		☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Dressing clean and dry?		☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is the line removed as Policy?		☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Performance of Perineal Care		☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Onset of New Fever		☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Asses for the leakage at the site of insertion		☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Name of the Nurse		Madhu	Chandana					
Signature of the Nurse								

Removed by Nurse

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



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NURSING SHIFT HAND OVER FORM - WARD

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

SITUATION

Diagnosis: EM - LSCS

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

BACKGROUND

Area / Shift Time	30/6 E2	1/7 N1	1/7 M5	1/7/26 E2	1/7/26 N1	2/7/26 M5
Medical Condition (Any special condition to be noted):	NIL	Liquid	Liquid	Soft	30 W	Solid

ASSESSMENT

Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Vital Signs: Temp:	98.4F	98.1F	98.4F	97.9°F	98.1	98.1F
Res:	20	20	20	20b/m	20b/m	20b/m
SpO_2:	99%	99%	99%	99%	98%	99%
Pulse:	87	82	81b/m	84b/m	85b/m	82b/m
BP:	116/81	100/71	110/76	103/71	110/71	110/72
Fall Risk Score:	—	—	—	—	—	—
Pain Score:	—	—	—	"0"	10	0

Recommendations

Safety Needs:	—	—	—	Yes	Yes	Yes
Physiotherapy	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Others Specify:	—	—	—	—	—	—
Special Diet:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Other Special Orders / Medications:	—	—	—	—	—	✓
Post Operative Procedure Special Orders:	—	—	—	—	—	—
Handed Over By Name :	Madhu	—	—	Supriya	mahi	
Signature :		Chandu	Mouthushi			
Date:	30/6	1/7		1/7/26	2/7/26	2/7/26
Time:	8pm	8pm	8pm	8PM	8AM	8PM
Taken Over By Name :	Chandu	Mouthushi	Supriya	mahi	Mouthushi	Priyanka
Signature :	30/6					
Date:	30/6	1/7/26	1/7/26	1/7/26	2/7/26	2/7/26
Time:	8pm	8AM	2pm	8pm	8AM	8pm

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

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NURSING SHIFT HAND OVER FORM - WARD

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

SITUATION	Diagnosis: EM. LSCS				Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:		
BACKGROUND	Area / Shift Time	2/7 N1	3/7/26 N5	3/7/26 N1	4/7/26 D26		
	Medical Condition (Any special condition to be noted):	—	/	—	/		
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	97.8F	97.8	97.8F	97F		
	Res:	20bm	20bm	20bm	20		
	SpO_2:	100%	100%	100%	100%		
	Pulse:	68bm	69bm	70bm	62		
	BP:	121/70	123/69	120bm	110/70		
	Fall Risk Score:	—	—	—	—		
	Pain Score:	—	—	—	—		
Recommendations	Safety Needs:	—	—	—	—		
	Physiotherapy	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Others Specify:	—	/	—	/ —		
	Special Diet:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Other Special Orders / Medications:	—	/	/	—		
Post Operative Procedure Special Orders:		—	/	—	—		
Handed Over By Name :		Priyanka B	Madhu	Priyanka B	Vinuda CA		
Signature :							
Date:		3/7/26	3/7/26	4/7/26	4/7/26		
Time:		8AM	8pm	8AM			
Taken Over By Name :		Madhu	Priyanka B	Vinuda CA			
Signature :							
Date:		3/7/26	3/7/26	4/7/26			
Time:		8AM	8pm	8AM			

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DRUG CHART

Date of Admission: 30/6/2026 Drug Allergies: Nil ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

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

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

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

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

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Dr. MEENA UGALE

REGULAR PRESCRIPTIONS Weight. 60kg Ward. ....

DRUG : INJ CEFOTAXIME				Date/Time	30/6	1/7	2/7	3/7
Dose	Route	Frequency	Start Date					
1g	IV	BD	30/6	8AM	X	✓	✓	✓ STOP
Name & Signature of the Doctor Starting the Drugs:				8PM	✓	✓	✓	
Additional Instructions: AST (test dose) FOR 48HRS								
Daily Doctor's Endorsement by a Sign					✓	✓	✓	

DRUG : TAB. PARACETAMOL				Date/Time	30/6	1/7	2/7	3/7	4/7
Dose	Route	Frequency	Start Date						
1GM	PO	6TH HOURLY	30/6	12AM		X	✓	✓	✓
Name & Signature of the Doctor Starting the Drugs: Dr. BRUNDA				6AM	X	5AM ✓	✓	✓	✓
Additional Instructions:				12pm	X	✓	Need	Need	
				6pm	9:30pm ✓	✓	Need	Need	
Daily Doctor's Endorsement by a Sign					✓	✓	✓		

DRUG : TAB. DICLOFENAC				Date/Time	30/6
Dose	Route	Frequency	Start Date		
50MG	PO	8TH HOURLY	30/6	6AM	X
Name & Signature of the Doctor Starting the Drugs: Dr. BRUNDA				2pm	X
Additional Instructions:				10pm	✓
Daily Doctor's Endorsement by a Sign					

STOP — Dr. Naveena

DRUG : TAB. TRAMADOL				Date/Time	1/7
Dose	Route	Frequency	Start Date		
100MG	PO	8TH HOURLY	30/6	7AM	X
Name & Signature of the Doctor Starting the Drugs: Dr. BRUNDA				3pm	X
Additional Instructions:				11pm	✓
Daily Doctor's Endorsement by a Sign					

STOP — Dr. Naveena

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Sheet No: .....

REGULAR PRESCRIPTIONS

Weight 60kg Ward .....

DRUG : INJ. PANTOPRAZOLE

Dose	Route	Frequency	Start Dt.
40mg	IV	BD	30/6

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ Time	1/7													
	GM													
	6pm													

SNDH 1/7/26

DRUG : T. PANTAPRAZOLE

Dose	Route	Frequency	Start Dt.
40mg	P/O	OD	30/6/26

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions: Before food.

Daily Doctor's Endorsement by a Sign

Date ▸ Time	2/7	3/7	4/7											
	GM													

DRUG : CEFIXIME

Dose	Route	Frequency	Start Dt.
200mg	PO	BD	3/7

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ Time	3/7	4/7												
	8AM	Medi.												
	8pm	Medi.												

DRUG : G. LACTARE

Dose	Route	Frequency	Start Dt.
2tabs	P/O	TID	3/7/26

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions: X 1 week.

Daily Doctor's Endorsement by a Sign

Date ▸ Time	3/7	4/7												
	6AM	X												
	2pm	X												
		8pm												
	10pm													

Patient Sticker

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REGULAR PRESCRIPTIONS

Sheet No: .... Weight .... Ward ....

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

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

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

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

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

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STAT / ONCE ONLY DRUGS

Weight: 60 kgs

Name: .....

Sheet No: .....

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
30/6	9-50PM	INJ. PARACETAMOL	1GM	IV			

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Weight. 60/G Ward. .....

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
30/6	4.25PM	INJ PANTOPRAZOLE	40mg	IV		Akhila madhu
30/6	4.26PM	INJ METOCLOPRAMIDE	10mg	IV		Akhila madhu
30/6	5PM	INJ. CEFOTAXIME (CAT D)	1g	IV		Akhila madhu
30/6	5:48PM	INJ. OXYTOCIN	3+3IU	IV	B d	
30/6	5:58PM	INJ. CARBETOCIN	100µG	IV	B d	
30/6	5:40PM	INJ. TRANEXAMIC ACID	1GM	IV	B d	
30/6	6:20PM	SUPP. TRAMADOL	100MG	P/R	B d	
30/6	6:20PM	SUPP. DICLOFENAC	100MG	P/R	B d	
1/7	6AM.	INJ. TRANEXAMIC ACID	1GM	IV		

Verified by Dr. Dhakshayani

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

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I.V. FLUIDS CHART

Weight. 60kg Ward. .....

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
30/6	1:30 pm	RINGER LACTATE	IV	100 ml/hr			30/6		
30/6	5:00 pm	RINGER LACTATE	IV	100ml/hr			30/6	B dg	
30/6	5:50PM	RINGER LACTATE	IV	FF	B dg		30/6	B dg	
30/6	6:15PM	RINGER LACTATE	IV	500ML/HR	B dg		30/6		
30/6	8pm	RINGER LACTATE	IV.	100ml/hr			1/7/24		
30/6/24	2AM	RINGER LACTATE	IV	100 ml/hr			1/7		
1/7		RINGER LACTATE	IV	100 ml/hr			1/7		
1/7		RINGER LACTATE	IV	100 ml/hr			1/7		
		STOP IV Sparsha							

Page: 4/4

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

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NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 1/7/26 Time: 11:10 am

Origin: Indian Height: 156cm Weight: 59 Kg BMI: ☐ ~ 26 kg/m² ☐ ~ 28 kg/m² ☐ ~ 30 kg/m² 22 kg/m²

Food Allergies: Cabbage, Cauliflower, Capsicum, Brinjal

Diagnosis: LSCS

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

Diet Advised:

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

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

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

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

Patient's / Attendant's

Signature: .....

Name: Sparsha Reddy

Date & Time: 1/7/26; 11:10 am

Dietician's

Signature: Sabiya

Name: Syeda Sabiya Zaheer

Date & Time: 1/7/26; 11:10am

(P. T. O)

DIETARY NOTES

Date	Time	Notes	Sign

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MEDICATION RECONCILIATION FORM

Drug Allergies: ..... Nil ..... ☐ Not known any Drug Allergies

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

Shifting From: ..... 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	1tab	P/O	OD	30/6	☐ C ☑ DC
2	T-Calcem	1tab	P/O	OD	30/6	☐ C ☐ DC
3						☐ C ☐ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : ..... Dr Monisha .....

Date & Time : ..... 30/6/2024 @ 1:30 pm .....

Nurse Name & Signature: ..... Akhila .....

Date & Time : ..... 30/6/24 .....

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

HNH-00016271 IP26-00006695
Mrs M. SPARSHA REDDY
29-05-1994 32 Y 1 M 1 D (F)
Dr. MEENA UGALE

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CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: Dr. Meena Ugale.	Date of Delivery: 30/06/2026
Assistant Surgeon: Dr. Sudha	Time of Delivery: 5:48 PM.
Anaesthetist's Name: Dr. Rama Brenda	Gender of Baby: FEMALE
Type of Anaesthesia: Spinal	Weight of Baby: 3.2 kg.
Neonatologist: Dr. Spandana.	AGPAR Score: 8, 9.
Scrub Nurse: Sangeetha.	NICU Admission: ☐ Yes ☑ No

Pre-Operative Diagnosis: Primigravida with 39wks POG. with PROM & CPD

☐ Elective ☑ Emergency Indication: CPD with PROM.

Urgency

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

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

CTG Description: .....

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

Surgical Procedure: Emergency LSCS

Post Operative Diagnosis: Pili on POD0 following Emergency LSCS.

Peri-Operative Complications: mild Atonic.

Amount of Blood Loss: 300ml	Blood Transfused (in ML): —

Name and Number of Surgical Specimen sent for examination:

—

Examination Findings when Appropriate:

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

5th Palpable: 4/5th Fetal Position: .....

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

Caput: ☐ + ☐ ++ ☐ +++ no Meconium: ☑ None ☐ + ☐ ++ ☐ +++

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

---

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

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

Previous Scar: ☐ Intact ☐ Thinnedout ☐ Ruptured ☑ No Scar Vascular LUS.

Incision Through Placenta: ☐ Yes ☑ No

Delivery of head: ☐ Manual ☐ Forceps mild. Scanty liquor. Atonicity - managed Conservatively

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

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

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

Appearance of placenta: normal Cavity explored ☑ Yes ☐ No

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

---

Uterine Closure: ☐ One Layer ☐ Two Layers Vicryl 1-0 Suture

Peritoneal Closure: ☐ Pelvic ☐ Abdominal ☐ None Rapid Vicryl Suture

Sheath Closure: Prolene Suture

Fat Closure: ☐ Yes ☑ No ..... Suture

Skin Closure: ☑ Subcuticular ☐ Mattress Rapid Vicryl Suture

Vagineal Evacuated ☑ Yes ☐ No

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

Ctheter ☑ Yes ☑ No ☐ Remove in 24hrs days ☐ Await instructions

Swap & Instruments count correct? ☑ Yes ☐ No ☐ Post-op Antibiotics ☑ Yes ☐ No

Intra-Operative Antibiotics Cover: ☑ Yes ☐ No ☐ Thromboprophylaxis ☐ Yes ☐ No

Post-Operative Notes:

NBM for 4-6hrs.
ivf and drugs as charted.
iv Antibiotics for 48hrs.
Inj. Tranexamic Acid 1gm iv. stat @ 6am T/N
Urine IIo charting.
wlf PV bleeding.
Monitor Vitals, Inform SOS.

Doctor Name: Dr. Meena Ugale. Doctor Signature: meenaugale

Date & Time: 30/6/2026 @ 6:30pm.

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Dr. MEENA UGALE

Patient Sticker

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OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 30/6/26 Time of Arrival: 1:30 PM Time Seen by Nurse: 1:30 PM

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

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

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

3) **Vital Signs:** Temperature: 97.1°F Pulse: 87 RR: 20bmt SpO_2: 99% BP: 110/70 Weight: .....

4) **Gestational Criteria:**

Gravida:	G_1	P_1	L	A

LMP: 30/9/25 EDD: 07/7/26 Gestational Age: 39 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 1 2 3 4 5 6 7 8 9 10 Worst possible pain

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

.....

6) **Past History:**

a) Surgeries: Nil

b) Medical: Nil

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Mrs M. SPARSHA REDDY
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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: 1:30 PM

Nurse Name : ANUSHA Nurse Signature: A

Date: 30/6/26 Time: 1:25 PM

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Pati

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OBSTETRICS / GYNECOLOGY
NURSING INITIAL ASSESSMENT FORM

Date of Admission: 30/6/26

Baseline Information:

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

Primary Language: ☐ Telugu ☑ English ☐ Hindi ☐ Others, specify .....

Do you require an interpreter? ☐ Yes ☑ No if Yes specify .....

Source of Information: ☐ Patient ☑ Family ☐ Others, specify .....

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

If yes , identify .....

Chief Complaints: .....

.....

.....

Doctor Notified on Admission: ☐ Yes ☐ No

Name of the Doctor: .....

Time Notified: .....

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

Past Medical History	Past Surgical History	Previous Hospital Admission
NIL	NIL	NIL

Gynecology Assessment: ☐ Not Applicable

Menstrual History: .....

Regular

Onset of Menarche: .....

Menstrual Cycle: ☑ Regular ☐ Irregular

Last Menstrual Period: .....

Gynecology Surgical History:

Caesarean Section: ☐ No ☐ Yes

Cervical Cerclage: ☐ No ☐ Yes

Ectopic Pregnancy: ☐ No ☐ Yes

Myomectomy: ☐ No ☐ Yes

Others: _____

Gynecological History:

Contraceptives: ☐ No ☐ Yes

Vaginal Discharge: ☐ No ☐ Yes

Post-Coital Bleeding: ☐ No ☐ Yes

Infertility: ☐ No ☐ Yes

If Yes Type: ☐ Primary ☐ Secondary

Obstetric History: G ..... P ..... L ..... A .....

Previous LSCS: .....

Current Medication: ☐ None ☐ Yes, If Yes, Fill the reconciliation form

Family History: ☑ No Abnormalities Detected

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

☐ Liver disease ☐ Other .....

Vital Signs / Measurements: Temp: 98.1 F HR: 80 RR: 20

BP: 116/71 Weight: ..... Height: ..... BMI: .....

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

HNH-00016271 IP26-00006695
Mrs M. SPARSHA REDDY
29-05-1994 32 Y 1 M 1 D (F)
Dr. MEENA UGALE

PHYSICAL ASSESSMENT

General Appearance: ☑ Healthy ☐ ill looking ☐ Anxious ☐ Agitated ☐ Others: .....

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

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

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

☐ Mobility problem ☐ Walking Problem ☑ No Abnormality Detected

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING: ☑ No Abnormality Detected

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

☐ Under Weight ☐ Diabetes Mellitus ☐ Hyperemesis Gravidarum

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

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

☐ Others .....

Inform consultant for positive criteria

SOCIAL SCREENING:

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

Social History: Lives With .....

Orientation has been given regarding the following aspects:

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

Infusion Pump : ☐ Yes ☐ No Hand Hygiene Explained: ☐ Yes ☐ No ☐ Others

Above information given to ..... Patient .....

Name of Person Orientation was given to: ..... Sparsha .....

Orientation not given Reason: ..... NA .....

Nurse Signature: ..... Madhu .....

Nurse Name: ..... Madhumitha .....

Date & Time: ..... 2016/2/26 @ 1pm .....

HNH-00016271 IP26-00006695
Mrs M. SPARSHA REDDY
29-05-1994 32 Y 1 M 1 D (F)
Dr. MEENA UGALE

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BREAST FEEDING HANDOVER AND ASSESSMENT FORM

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

2. If No, Reason .....

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

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

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

Feeding Positions:
Cross Cradle

Feeding Positions:
Football / Clutch

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

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

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

9. Additional notes: .....

Continuity of Care: Date: 30/6

* Plan for vital
* vital checked & recorded
* Plan for DBF
* Provided DBF
* Plan for warmcare
* Provided warmcare.

Handover given by Madhumita Handover taken by Chadnakala

Signature Madhu Signature Chadna

Date & Time: 30/6/26 @ 6 Pm Date & Time: 30/6/26 @ 8 Pm

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

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Patient Name : Ms Sparsha Reddy Gender: ☐ Male ☑ Female Age : ....

UHID No : .... Date : 30/6/2026

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

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

EMERGENCY LOWER SEGMENT CESAREAN SECTION

.... upon ....

(Name of the Patient) Ms Sparsha Reddy

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

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

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

Bleeding, Infection
Injury to Bowel, Bladder or Blood vessel
Chance of Blood or Blood Product transfusion

My signature on this form indicates that

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

Name of the Doctor who is performing the Surgery / Procedure: Dr Meena Ugale

Consentee :

Signature : [signature]

Name : Mrs Sparsha

Date & Time : 30/6/26 @ 2pm

Witness :

Signature : Madhu

Name : Madhumita

Date & Time : 30/6/26 @ 2pm

Patient Attendant :

Signature : [signature]

Name : G. Sri Krishna Reddy

Relationship with Patient: Spouse

Date & Time : 30/6/26 @ 4pm

Doctor (who is taking the consent) :

Signature : [signature]

Name : Dr Manisha

Date & Time : 30/6/2026 @ 2pm

Docu. No. : RCH /FRM / CLINICAL / 027

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE

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Patient Name : Mrs. M. SPARSHA REDDY Age : 32 Gender : Male ☐ Female ☑

UHID NO: MNH-0001621 Surgeon Name: Dr. MEENA VAALE

Anaesthesiologist : Dr. Rama / Dr. Ayesha

Operative procedure planned : EMERGENCY LOWER SEGMENT CESAREAN SECTION

PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA

General anaesthesia involves rendering a patient unconscious before an operation. This ensures the patient is not aware of events and does not feel pain during the operation. Drugs given through a vein and / or inhaled from an anaesthesia machine produce it. Regional anaesthesia involves using a local anaesthetic to numb a specific area of the body for surgery: Prolonged pain relief without numbness can be achieved by infusing weak solutions of local anesthetics arid narcotic drugs to particular parts of the body after surgery or injury, using catheters.

Specific High Risk (s) : The doctors have explained to me the details of the high risk involved due to the following medical problems and I have sought necessary clarification on all my doubts.

☐ Heart disease ☐ Hypertension ☐ Diabetes mellitus ☐ Renal failure

☐ Hepatic disorders ☐ Shock ☐ Multiple organ failure ☐ Polytrauma / Renal Tubular Aacidosis

☐ Incapacitating Cronic Obstructive Pulmonary Disease

☑ Others : Hypotension, Bleeding, Need for transfusion

Comments : .....

- Doctor to document in medical record also if necessary (Cross-out if not applicable)

DECLARATION BY PATIENT / GUARDIAN / PROXY

I hereby authorize Rainbow Hospital & its authorized doctors to perform upon (me) my patient Mrs. M. SPARSHA REDDY the above mentioned operation / Diagnostic / Therapeutic procedures EMERGENCY LOWER SEGMENT CESAREAN SECTION

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

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

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

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

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

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

- Pregnant : ☐ Yes ☐ No

DECLARATION BY THE ANAESTHETISTS PROVIDING INFORMATION FOR THIS CONSENT

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

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

Patient / Patient Attendant :

Signature : .....

Name : .....

Relationship with Patient: .....

Date & Time : 30/6/26

Witness :

Signature : .....

Name : G. Sri Krishna Reddy

Date & Time : 30/6/26

Doctor (who is taking the consent) :

Signature : .....

Name : Dr. SK. Ayesha

Date & Time : 30/6/26, 2.35 pm

Department of Anaesthesiology

PRE-ANAESTHETIC EVALUATION

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Name: Mrs. M SPARSHA REDDY Age: 32 Sex: F UHID.No : HNH - 00016271

Date: 30/6/25 Time: 2:20pm Proposed Operation: EMERGENCY LSCS

Diagnosis: Primi | 39wks | PROM | CPD

B.P / CRT: 114/74 mmHg H.R: 97/min Weight: 60kg ASA Physical Status: ☐ 1 ☑ 2 ☐ 3 ☐ 4 ☐ 5

Laboratory Data:

Hgb: 11.8 gm%	Glucose:	Protein:	HIV:	X-Ray:	
PCV: 35.3	Urea:	Alb:	HBS Ag: NR	ECG:	
WBC: 8200	Creat:	Total Bill: 0.6	HCV:	2D Echo:	
Plate: 2.54 lakhs	Na:	Dir. Bill:	Blood group: A+VE	Stress/Anglo:	
PT: 13.2	K:	LDH:	T3	Other:	
PTT: 27	Ca++:	Alk phos:	T4		
INR: 1.02	Mg++:	Amylase:	TSH		
	Cl -:	SGOT/SGPT: 0-67			

Allergies: NIL

Medical History: CVS : H/o 2 high BP recordings & Pedal edema

RESP : Diabetes : - Now resolved

CNS : NIL SIGNIFICANT

Renal :

Hepatic / GE : Physical Activity:

Others : H/o Irritable Bowel syndrome (Avoids Milk | high fibre diet | spicy food)

Past Anaesthetic History:

Physical Exam:

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

Lungs : BAE (+), Clear

Heart: S1S2 (+)

CNS: NAD

Pregnant: ☐ Yes ☐ No ☐ NA

Peripheral (+)

Venous Access Site :

Spine Exam for regional : Midline

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

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

CURRENT MEDICATIONS	DOSAGE
Tab. Calcium	OD
Tab. Iron	OD
Tab. INCONT.	OD.

Pre-Operative Instructions:

1. DVT Prophylaxis :
2. NIL ORAL → Water / ORS 2 Hours; Others 6 Hours — Last 10-10:30am Solid
3. Informed Consent: ☐ Standard ☐ High Risk
4. Post Operative Pain Management: ☑ Discussed with Patient
5. Other Instructions:
   (1) Check Availability 10 PRBC.

Signature: Name: Dr. SK Ayesha

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Mrs M. SPARSHA REDDY
29-05-1994 32 Y 1 M 1 D (F)
Dr. MEENA UGALE

ANAESTHESIA CHART

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Pre Induction Assessment:

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

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

H.R: 92bpm | B.P / CRT: 111/68 mmHg | SpO_2: 100% on RA | R.R: 16/min | Last Feed: 7 6 hrs ago

Pre-OP Diagnosis: Primi 39 wks + PROM + CPD | Operation: Emergency LSCS | Date: 30/5/26

Surgeon: Dr. Meena | Anaesthesiologist: Dr. Brunda | Technician: Saraswati

TIME: 5:35 5:50 6:05 6:20 6:35

N_2O /AIR /O_2 LPM
HALO /SO /SEVO
Drugs:
Inj. CABETOCIN 100 µg IV
OXYTOCIN 3+3 DU IV
TRANEXAMIC ACID 1 GM IV

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

Fluids / Blood: RINGER LACTATE →

Antibiotic given
Suppository: DICLOFENAC 100MG PR; TRAMADOL 100 MG PR
Blood Loss: 300-350 ml.
NOTES

B.P
V Systolic
Λ Diastolic
X Mean
• Heart Rate
Tourniquet on Time
Tourniquet off Time
Throat Pack In
Throat Pack Out

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

LAB Values: ABG; GRBS; Others

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

Position: Supine
☐ Pressure Points Checked

Eye Care:
☐ Oint
☐ Tape
☐ Padding
☑ Awake

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

Times:
Anaes Start: 5:35pm
OP Start: ↓
OP-End: ↓
Leave OR: 6:20pm

Anaesthesia:
☐ GA
☐ Monitored Anaesthesia Care
☑ Regional

Line (Size & Location)
☐ CVP:
☐ ART:
☑ IV: 18G left UL
☐ IV:
☐ IV:

Induction
☐ IV ☐ Inhal
☑ Pre O_2 ☐ RSI
☐ Others

☐ Mask ☐ SGA
☐ Airway ☐ Oral ☐ Nasal
ETT# at cm
☐ Oral ☐ Nasal ☐ Cuff
☐ Tracheostomy ☐ Topical
☐ Drug:

☐ Awake ☐ Direct Vision
☐ Video Laryngoscopy ☐ Stylette / Bougie
☐ Fiberoptic
Blade# Attempts:
Difficulty Why?

☐ **Bilat = BS**
☐ Semi-Closed Circle
☐ Closed Circle
☐ Other

Regional:
Extremity Specify:
☑ Spinal ☐ Epidural ☐ Caudal
Others:
Position: Sitting
Site: L3-L4
Needle Size: 27G PENCAN Depth:
Parasthesia ☐ Yes ☑ No
Catheter at skin cm
Drug Name & Conc: Inj. 0.5% H.
Bolus: BUPIVACAINE 10MG + 25µG FENTANYL
Infusion:
Block Level: T12 — T4
Comments:

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

HNH-00016271 IP26-00006695
Mrs M. SPARSHA REDDY
29-05-1994 32 Y 1 M 1 D (F)
Dr. MEENA UGALE

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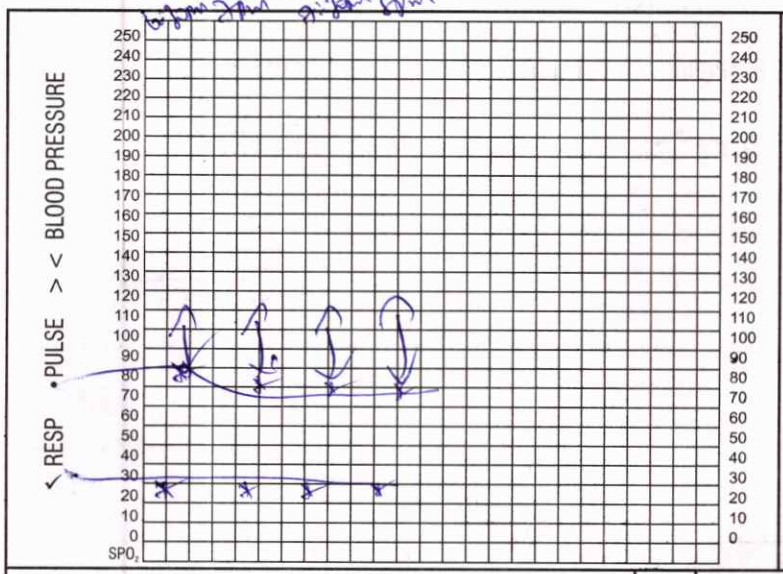
POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Sis Akhila Time Received : 6:30 PM Time Discharged : 10pm



IV Cannula Site : left side

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

Vomiting : ☐ Yes ☐ No Drug: Inj Taxim

NG Tube : ☐ Yes ☐ No

Drain: ☐ Yes ☐ No

Urinary Catheter: ☐ Yes ☐ No

Chest Tube: ☐ Yes ☐ No

Nil Oral ☐ Yes ☐ No

IV Fluids: RL

Oral Feeds: NBM

POST ANAESTHESIA SCORE (Modified Aldrete Score)		IN	MINUTES 30	60	90	OUT	SCORING INTERPRETATION
Able to move 4 extremities voluntary or on command Able to move 2 extremities voluntary or on command Able to move 0 extremities voluntary or on command	= 2 = 1 = 0 ACTIVITY		1	2	2		A Minimum Total Score of 8 is Required for Discharge
Able to deep breathe & cough freely Dyspnea or limited breathing Apneic	= 2 = 1 = 0 RESPIRATION		2	2	2		Exceptions to this, are to be explained in the space below by the Discharging Physician:
BP ± 20 of Pre Anaesthetic leve BP ± 20-50 of Pre Anaesthetic leve BP ± 50 of Pre Anaesthetic leve	= 2 = 1 = 0 CIRCULATION		2	2	2		
Fully awake Arousable on calling Not responding	= 2 = 1 = 0 CONSCIOUSNESS		2	2	2		
Pink Pale, dusky, blotchy, jaundiced, other Cyanotic	= 2 = 1 = 0 COLOR		2	2	2		
	TOTAL		7	10	10		

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
30/6	6:30pm	0/10	NA	
30/6	7:30pm	0/10	NA	
30/6		0/10	NA	

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

Anaesthesiologist Name : Dr. Bhanda

Anaesthesiologist Signature:

Date & Time: 30/6/26

PACU Nurse Name : Chandrakala

PACU Nurse Signature:

Date & Time: 30/6/26

Reassessment Frequency:

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

Transferred to Unit by (PACU):

Date & Time: 30/6/26 at 10pm

Patient Sticker

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Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

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

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

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

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

Solution Composition : .....

Any other issues :

a) .....

b) .....

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

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

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

Patient Satisfaction : .....

Discharge /Shifting ordered by

Doctor Signature: .....

Doctor Name: .....

Date and Time : .....

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00016271 IP26-00006695 Mrs M. SPARSHA REDDY 29-05-1994 32 Y 1 M 1 D (F) Dr. MEENA UGALE	30/6/26 @ 1:31PM	30/6/26 @5:17p
	Transfer Ordered by Dr. Veena	Reason for Transfer tw. LSS
From Unit LDR	To Unit OT	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 30	Number of Imaging Films NCT - (1)	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Akhila (A)	Dr. Veena.

Patient & Clinical Records Received by : Sweeta

Date & Time of Patient Received : 30/6/26

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

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

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Meena Ugale
Asst. Surgeon : Dr. Sudha
Anaesthetist : Dr. Aruna
Scrub Nurse : Sr. Sangeetha

HNH-00016271 IP26-00006695
Mrs M. SPARSHA REDDY
29-05-1994 32 Y 1 M 1 D
Dr. MEENA UGALE

..... Age : ..... Gender : .....
y Name : .....
Date : 30/6/26 In-time : 5:35pm Out-time : 6:20pm

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Before Induction of Anaesthesia ➤ ➤

SIGN IN Time: 5:20 pm

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

Site Marked ☐ Yes ☐ No ☑ NA

Anaesthesia Safety Check Completed ☑ Yes ☐ No

Pulse Oximeter on Patient & Functioning ☑ Yes ☐ No

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

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

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

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

Signature : B
Name : Dr Brunda 30/6

Before Skin Incision ➤ ➤

TIME OUT Time: 5:25

Confirm all team members have introduced themselves by Name and Role ☐ Yes ☐ No

Surgeon, Anaesthesia Professional and Nurse Verbally Confirm
- Correct Patient (Check ID Band) ☑ Yes ☐ No
- Correct Site ☑ Yes ☐ No
- Correct Procedure ☑ Yes ☐ No

Anticipated Critical Events

Surgeon Reviews:
- What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss? ☐ Yes ☐ No ☐ NA

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

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

Signature : S
Name : Sangeetha

Before Patient Leaves Operating Room

SIGN OUT Time: .....

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

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

Signature : Meenaugale
Name : Dr. Meena Ugale

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00016271 IP26-00006695 Mrs M. SPARSHA REDDY 29-05-1994 32 Y 1 M 1 D (F) Dr. MEENA UGALE	20/6/26	30/6/26 @6:30p
	Transfer Ordered by Dr. Bruda	Reason for Transfer Observation
From Unit OT	To Unit Pre Post	Information to Attendant Yes ☐ No ☐
Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	R2	(2)
2.		
3.		
4.		
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sangeetha	Dr. Bruda

Patient & Clinical Records Received by : Akhila

Date & Time of Patient Received : 30/6/26 @ 6:30 PM

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

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

Rainbow Childrens Hospital-Himayatnagar

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

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Mrs M. SPARSHA REDDY**	**Age :**	**32 Y 1 M 1 D**
IP No:	**IP26-00006695**	**Sex:**	**Female**
Consultant:	**Dr. MEENA UGALE**	**Ward/Bed No:**	**4F -OT/PDA-412**

The undersigned patient and I or responsible relative or person hereby consent to and authorize Rainbow Hospitals doctors and medical personnel to perform medical examinations, conduct routine investigations and administer medical treatments, outpatient procedures, minor dressings, vaccinations and immunizations during the course of the patient's care, as in patient.

Patient, be deemed advisable or necessary.

I understand that the confidentiality of all medical records shall be protected to the full extent of the Law. The undersigned also consent to the use of health related information/ audiovisuals of the patient for research & training purpose or for insurance coverage and while doing so confidentiality of the patient will be maintained at all times and this will not affect the care of the patient.

In giving my general consent to treatment, I understand that I retain the right to refuse any particular examinations, test, procedure, treatment, therapy or medication recommended or deemed medically necessary by treating doctors. I also understand that the practice of medicine is not an exact science and that no guarantee have been made to me as the results of my evaluation and I or treatment.

I understand that I shall not bring valuables to the Hospitals and that the Hospital will not be responsible for the loss, destruction or theft of my personal belongings. I assume full responsibility for all my personal items and release the Hospital from responsibility and liability for such personal items and valuables.

"I am aware that during the patient care it is inevitable that certain re-useable equipment shall be re-used after sterilization and disinfection. I am informed that the hospital assures maximum level of precaution and care in sterilizing and disinfecting the equipment and monitors the whole process as per evidence based guidelines".

Note:
1 We do not allow use of medication brought from outside by the patient.
2 I have received attendant passes as per my room category. I understand that I have to return it back at the time of final bill clearance. In case of failing the submission, I will pay 200/- Rs.
(Receivers Signature:.....)

3 IP Guide book has been given to me and I have been explained about the Hospitals rules and policies.
4 Financial and billing counseling has been done to me.

Signature of Patient/Relative:

Name: G. Sri Krishna Reddy
Relationship: Spouse
Date: 30/06/26 Time: 01:31 Pm
Witness Name:
Witness Signature: Puja

Patient Address:
H.NO: 14-90/6 ST.NO: 8, SNEHA NAGAR Habsiguda Hyderabad Telangana INDIA 500007

HNH-00016271 IP26-00006695
Mrs M. SPARSHA REDDY
29-05-1994 32 Y 1 M 1 D (F)
Dr. MEENA UGALE

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25 years

BILLING POLICY

- Billing cycle: - With effective from 1st January 2020, Our billing cycle to be start from 12 PM to 12 PM, Settlement post 12 PM, room rent will be charge for half day extra & post 6 pm, it will be charge for full day. Less than 24 hours stay will be considered as one day.
- As per the GOI guidelines, we can collect Rs 1,99,999/- only in cash mode, balance patient can pay through Card tpaIn the event of TPA/ Cashless denial or approval not received due to any reason then hospital tariff will be applicable and any discount or special rates given to TPA's / corporates won't be applicable.
- If the surgery / scans performed in Emergency hours (8pm - 7am), public holiday and on Sunday will be charged TPA processing charges Rs.720 for every TPA route cases.
- All charges vary as per Room category, except Pharmacy and consumables.
- We follows a "No Discounts Policy" kindly cooperate.
- No Duplicate/Second copy of OP OR IP bill is issued.
- ICU/Ward Charges DO NOT INCLUDE - Air Mattress, Monitor, Consultants/ Specialty Doctors Visit, Infusion/syringe pump, Ventilator/C pap, Oxygen, Investigations, Procedures, Consumables, Medicines or any other bedside equipment's/devices etc. (Detailed list can be taken from billing department).

Patient attendant can collect for Interim/provisional bill of the patient from the billing section on daily basis. Interim Bill shall be based on the acknowledged services in HIS. Final Bill of the patient may vary from the Interim bill based on actual update taken on the day of discharge. It is requested that patients/attendants inquire daily about the bill amount from billing section and pay the outstanding as on that day.

Patient bill outstanding should not be increase more than 10,000/-

You are requested to clear your outstanding amount on daily basis before 12 PM.

MODE OF PAYMENT & REFUNDS

- We accept payments by cash (up to Rs 1,99,999/- only), cards, online transfer and Demand Drafts.
- All refund more than Rs.2,000/- will be refund through NEFT in three Bank working days.

G Sri Krishna Reddy 18th

Name & signature of Patient/Attendant

Puja

(Signature of Admission Desk executive)

NOTE: Self - attested Govt. ID proof is mandatory whosoever is signing the undertaking.

RAINBOW CHILDREN'S MEDICARE PRIVATE LIMITED

Registered Office: Road No.2, Banjara hills, Near Hotel Park Hyatt, Hyderabad - 500 034, T: +91 40 2233 4455.
Corporate Office: 8-2-19/1/A, Daulet Arcade, Karvy Line, Road No.11, Banjara Hills, Hyderabad - 500 034.
Branches : BANJARA HILLS - T: 2233 4455 | VIKRAMPURI - T: 4246 2200 | KONDAPUR - T: 4246 2400 | MADHAPUR - T: 6464 2020 |KUKATPALLY - T: 4246 2300 | L B NAGAR - T: 7111 1333 | MARATHAHALLI, BENGALURU - T: +91 80 7111 2345 | BANNERGHATTA ROAD, BENGALURU - T: +91 80 2551 2345, HIMAYATNAGAR- T:- 40 48873000

CIN: U85110 TG1998 PTC029914 email : info@rainbowhospitals.in **www.rainbowhospitals.in**

26-000020956S

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NARCOTIC PRESCRIPTION FORM
(PATIENT COPY)

Patient Name: Mrs. M. Sparsha reddy		Age: 32y	Gender: Female
UHID No: HNH-00016271	IP No: IP26-00006695	Date: 30/6/26	Time: 4:14 pm
Diagnosis: CM.LSCS		word - 01	

PRESCRIPTION DETAILS (Tick only one of the following)

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

Doctor Name: Dr. Spandana

Doctor Registration No: 30925.

Signature: [signature]

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

IP Registration No: IP26-00006695 **Date:** 30/6/26

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

1.	**Name :** Mrs. M. Sparsha reddy	**Remarks**
2.	Complete postal address (with contact number, if any)	H.NO: 14-90/6 S1 NCB Shrbha nagar Hafsiguda Telangana 500007
3.	Brief description of the illness	CM.LSCS
4.	Whether registered with any other registered medical practioner / recognized medical institution (If yes, details of the recorded)	NO
5.	Details of essential Narcotic drug dispensed	Fentanyl

Date	Name of the Essential Narcotic Drugs	Quantity	Signature / Thumb Impression of the patient / Patient Attender	Remarks, if any
30/6/26	Fentanyl	1Amp	M. Padmaja	

Dispensed by (Name & ID No.): Sama 0154421 Signature: [signature]

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

Time: ....

Docu. No: RCH / FRM / CLINICAL / 133

26-000020951-S

NARCOTIC PRESCRIPTION FORM
(MEDICAL RECORD)

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Patient Name: Mrs. M. Sparsha reddy		Age: 24	Gender: Female
UHID No:	IP No: IP26-0006695	Date: 20/6/26	Time: 4:14 pm
Diagnosis: CM:1SU		ward: 01	

PRESCRIPTION DETAILS (Tick only one of the following)

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

Doctor Name: Dr. Spandana Doctor Registration No: 30925.

Signature:

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

IP Registration No: IP26-0006695 **Date:** 20/6/26

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

1.	Name : Mrs. M. Sparsha reddy	**Remarks**
2.	Complete postal address (with contact number, if any)	H.No: 14-9/1/51 ...
3.	Brief description of the illness	CM:1SU
4.	Whether registered with any other registered medical practioner / recognized medical institution (If yes, details of the recorded)	NO
5.	Details of essential Narcotic drug dispensed	Fentanyl

Date	Name of the Essential Narcotic Drugs	Quantity	Signature / Thumb Impression of the patient / Patient Attender	Remarks, if any
20/6/26	Fentanyl	1 Amp	M Padmaja	

Dispensed by (Name & ID No.): Rama (21591) Signature: Rama

Received by (Name & ID No.): Srilatha (21006) Signature:

Time: ....

Docu. No: RCH / FRM / CLINICAL / 133