

Dr. Suchitra



ESTIMATION SLIP

Date : 22/5/26 UHID / IP No. : HINH-00015536 SI No. **1529**
 Name of Patient : Mrs. Rubsai Wagneer Age: _____ Gender: F
 Father's / Husband's Name : Mr. Tipu Khan Corporate / Occupation : _____
 Address : _____ Phone : 9346170210 Email : 8125636552
 Procedure / Plan : LSCS EDD/Dos: _____
 MODE OF PAYMENT : SELF TPA : _____ GIPSA : _____ OTHER _____

TARIFF INFORMATION :

Particulars	Package Amounts (Rs.)	
	Normal Delivery	LSCS
Room Category		
Multi Shared Ward		
Shared Ward		
Twin Shared Ward		
Private Room		<u>1.35k</u>
Super Deluxe Room		
Suite Room		
Package includes (Package starts from the time of admission)	Room Rent, Nursing Charges, Doctors Fee, Surgeon's Fee and Labour Ward Charges	Room Rent, Nursing Charges, Doctors Fee, Surgeon's Fee Anesthetist's Fees and OT Charges
	Length of Stay for :	Length of Stay for : <u>3 Days</u>
	Pharmacy up to	Pharmacy up to <u>12,000/-</u>
	Investigations up to <u>NSG, CBC</u>	Investigations up to <u>3,000/-</u>
Others	<u>Well baby care</u>	<u>15k</u>

Neonatologist Charges : Covered Not Covered Epidural / Entonox : Covered Not Covered
 Initial Minimum Deposit : 1. lac Paid Vaccination, B/G

REMARKS :

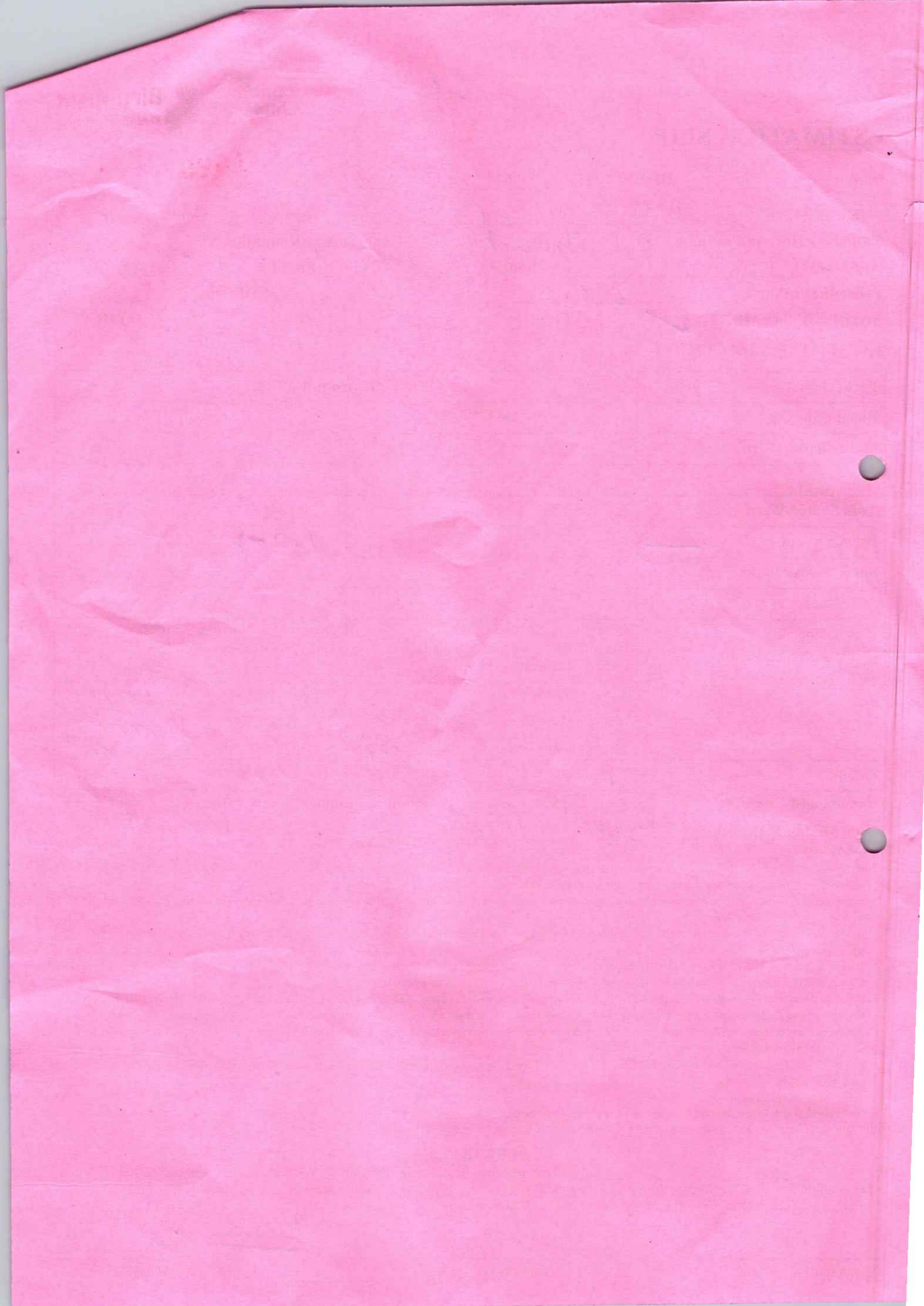
- Room eligibility is purely subject to TPA approval and the Package / Room Tariff starts from the time of admission. The estimated amount may Change according to duration of stay, medical condition, investigations, pharmacy and any other procedure.
- Proportionate difference of bill amount is applicable 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.
- Total baby charges are extra which include admission, pharmacy, vaccinations, investigations, disposables, consumables, equipments, speciality consultations, etc.
- 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
- 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.
- 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.
- 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
- Tariffs are subject to revision
- Kindly check your billing status on day to day basis at IP Billing Department.
- 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.

Husband [Signature]

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



HNH-00015536 IP26-00006402
 Mrs RUKHSAR NAZNEEN
 31-10-1993 32 Y 6 M 22 D (F)
 Dr. SUCHITRA SRIRAMPUR



SURGERY DETAILS

Date : 22/5/26

Patient Name: Mrs. Rukhsar Nazneen Date of Birth: 31/10/1993 Age: 32y 6m/F

Gender: Female Ward: OT UHID No.: HNH-00015536

Date of Surgery: 22/5/26 OT-1 OT-2 OT-3 OT-4 OBG OT-1 OBG OT-2

Name of the Surgery : Elective LSCS + Tubectomy on Rt. by modified Pomeyoyls technique.

Time in : 12:55 PM

Time Out : 2:00 PM

	NAME	AMOUNT
1. Surgeon	Dr. Suchitra	
2. Anaesthetist	Dr. Samir	
3. Assistant Surgeon	Dr. J V Reddy / Dr. Ramya	
4. OT Technician	Sr. Saraswathi	
5. Circulating Nurse	Sr. Archana	
6. Assistant Nurse	Sr. Sushela	

Mrs RUKHSAR NAZNEEN (32 Y 6 M 22 D)
 TUBES
 NIN04329
 HN26008655TUBES

Tubectomy charges: 26-0000 201487

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

@ for Dr. Suchitra

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 26-0000201487

Order by: Surgeon



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Uses.

CONSUMABLES OF OT

Circulating staff : Archana Technician : Saravalli Date : 22/5/26 Time :

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube			Major Pack <u>LSCG dreg</u>	<u>4</u>	<u>4</u>	Inj Vit.K	<u>4</u>	<u>4</u>
LMA			Sutures <u>2346, 4242, 247</u>	<u>4</u>	<u>4</u>	Cord Clamp	<u>4</u>	<u>4</u>
ECG leads (A) P/N		<u>03</u>	<u>1326, 883</u>	<u>4</u>	<u>4</u>	Suction Catheter		
HME filter : A/P/N						Feeding Tube <u>6</u>	<u>4</u>	<u>4</u>
Syringes : 10 cc		<u>03</u>	<u>plastic Apron</u>	<u>5</u>	<u>5</u>	Vaccum Suction Set		
05 cc		<u>03</u>	Gloves <u>S.G 6 1/2, 7</u>	<u>4</u>	<u>4</u>	Surgical Gloves <u>S.G 6 1/2</u>	<u>2</u>	<u>2</u>
02 cc		<u>02</u>	<u>Endic 6 1/2</u>	<u>2</u>	<u>2</u>	Gauze Pack <u>7.5x7.5</u>	<u>2</u>	<u>2</u>
01 cc						Syringe 1ml / 2ml	<u>2</u>	<u>2</u>
Cautery plate (A) P/N		<u>1</u>	Surgical blade <u>22</u>	<u>4</u>	<u>4</u>	Surgical Blade # 20	<u>4</u>	<u>4</u>
IV set			NG tube			Koochies (S)		
RL		<u>02</u>	Cautery pencil	<u>4</u>	<u>4</u>	Nasoclear	<u>4</u>	<u>4</u>
NS : 10ml / 100ml / 500ml / 1000ml			Koochies <u>xXL</u>	<u>4</u>	<u>4</u>			
<u>carbido cine</u>		<u>01</u>	Ointments	<u>4</u>	<u>4</u>	(HNH-00015563)		
			Suction Catheter			<u>Baby Said</u>		
Fentanyl		<u>01</u>	Cap, Mask					
Morphine			Gauze Pack <u>7.5x7.5</u>	<u>2</u>	<u>2</u>	<u>26-00002014911</u>		
Ketamine			Mop Pack	<u>2</u>	<u>2</u>	<u>493</u>		
Propofol			Steristrip					
Rocuronium			Underpad	<u>2</u>	<u>2</u>			
Glycopyrolate			Draw sheet					
Myopyrolate			Abgel	<u>4</u>	<u>4</u>			
Ondansetron			Foleys catheter					
<u>229</u> Pencan <u>25g</u> / Spinal Needle <u>22</u>		<u>01</u>	Urobag					
Bupivacaine 0.25%			Chest Drainage Catheter					
Bupivacaine 0.25%(Heavy)		<u>01</u>	Romodrain bag					
Antibiotics			Bandage					
<u>w cannula 18g</u>		<u>01</u>	Tegaderm					
Suppositories			loban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg		<u>01</u>	Vaccum Suction set	<u>4</u>	<u>4</u>			
Justin : 12.5 mg / 25mg / 100mg		<u>01</u>	Plastic Bed Sheet					
Tab. Misoprost : 200mg		<u>01</u>	Betadine Solution	<u>2</u>	<u>2</u>			
<u>3way 10cm</u>		<u>01</u>	Microshield	<u>2</u>	<u>2</u>			
<u>Encore glove 7</u>		<u>01</u>	Cotton Balls	<u>4</u>	<u>4</u>			
<u>Gauze 7.5x7.5</u>		<u>01</u>	Latex Gloves	<u>10</u>	<u>10</u>			
			Ramdione Scrub					
			Saral					

Surgeon _____ Anaesthesiologist _____ Nurse _____ OT Technician _____
 Order No. : 26-0000201492 / 491 Ordered by : Archana 22/5/26 @ 19:27pm
 Doc. No. : RCH / FRM / GENERAL / 125



ELECTRONIC MEDICINE PRESCRIPTION

MRN : HNH-00015536 Name : Mrs RUKHSAR NAZNEEN
 Age / Sex : 32 Y 6 M 22 D / Female Doctor : SUCHITRA SRIRAMPUR
 Adm/Reg Date/Time : 22/05/2026 10:19 Payor : SELFPAY
 Order Date : 22/05/2026 19:27 Ordernumber : 26-0000201492
 Visit ID : IP26-00006402 Ward/Bed No : 4F -OT / PDA-413
 Patient Address : BANDLAGUDA JAGIR, Hyderabad, Telangana, INDIA, 500086

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	TRUGUT CHROMIC CATGUT SN4242	TRUGUT CHROMIC CATGUT SN4242	1 Nos	/ Once Daily	1 Days		1 Nos	Ordered
2	PROLENE 1 NW 883	PROLENE 1 NW 883	1 Nos	/ Once Daily	1 Days		1 Nos	Ordered
3	MOPS 30X30 8PLY 6S X-RAY	MOPS 30X308 PLYDATT	1 Nos	/ Once Daily	2 Days		2 Nos	Ordered
4	CAUTERY PENCIL (ADVANCE)	CAUTERY PENCIL (ADVANCE)	1 Nos	External / Once Daily	1 Days		1 Nos	Ordered
5	MISOPROST TAB 200MCG 4S		1 Tabs	External / Once Daily	1 Days		4 Tabs	Ordered
6	VENFLON I -18 G	IV CANULLA 18	1 Nos	/ Once Daily	1 Days		1 Nos	Ordered
7	JUSTIN SUPPOSITORIES 100 MG 5 S		1 Nos	External / Once Daily	1 Days		1 Nos	Ordered
8	MONOCRYL 3-0 NW 1326	MONOCRYL 1326	1 Nos	/ Once Daily	1 Days		1 Nos	Ordered
9	LSCS DRAPE PACK (PROTECTCARE)		1 Nos	External / Once Daily	1 Days		1 Nos	Ordered
10	COTTON BALLS 2 GM 5 NOS	COTTON BALLS 2G- 5 NOS	1 Nos	External / Once Daily	1 Days		1 Nos	Ordered
11	RL 500 ML CLOSED SYSTEM	RINGER LACTATE 500ML CLOSED	1 Bottle	/ Once Daily	2 Days		2 Bottle	Ordered
12	WOKADINE 10% OINT 15GM	POVIDONE IODINE 10% 15GM	1 Nos	External / Once Daily	1 Days		1 Nos	Ordered
13	PREGELLED SURGICAL PLATES(ADULT)	PREGELLED PLATED ADULT	1 Nos	/ Once Daily	1 Days		1 Nos	Ordered
14	ABGEL SURGI PAD (BIG) (GELSPON)	ABGEL	1 Nos	/ Once Daily	1 Days		1 Nos	Ordered
15	BACTOPREP SOLUTIONS 100 ML	CHLORHEXIDINE GLUCONATE2% &ALCOHOL80% 500	1 mL	/ Once Daily	2 Days		2 Nos	Ordered
16	SURGICAL BLADE 22	SURGICAL BLADE 22	1 Nos	External / Once Daily	1 Days		1 Nos	Ordered
17	ENCORE MICROPTIC GLOVES-7 PF		1 Nos	/ Once Daily	1 Days		1 Nos	Ordered
18	PENCAN 27G (B/BRAUN)		1 Nos	External / 10 AM	1 Days		1 Nos	Ordered
19	VICRYL 1-0 VP 2346	VICRYL 1-0 VP 2346	1 Nos	/ Once Daily	2 Days		2 Nos	Ordered
20	RLIGOL 100 MCG INJ CARBITOCN		1 Nos	Injection / Once Daily	1 Days		1 Nos	Ordered
21	E.C.G ELECTRODES (ADULT)	ELECTRODES ADULT	1 Nos	External / Once Daily	1 Days		3 Nos	Ordered
22	BUPIVACAIN HEAVY 80MG INJ 4ML	BUPIVACAINE 80MG INJ	1 Nos	/ Once Daily	1 Days		1 Nos	Ordered
23	VACCUME SUCTION SET	VACCUME SUCTION SET	1 Nos	/ Once Daily	1 Days		1 Nos	Ordered
24	POVINANZ SOLUTION 10% 100 ML		1 Nos	External / Once Daily	1 Days		2 Nos	Ordered
25	VEIN-O-LINE 10CM ROMSONS		1 Nos	External / Once Daily	1 Days		1 Nos	Ordered

SUCHITRA SRIRAMPUR

Reg No : HMC10563

* 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.



ELECTRONIC MEDICINE PRESCRIPTION

MRN : HNH-00015536 Name : Mrs RUKHSAR NAZNEEN
 Age / Sex : 32 Y 6 M 22 D / Female Doctor : SUCHITRA SRIRAMPUR
 Adm/Reg Date/Time : 22/05/2026 10:19 Payor : SELFPAY
 Order Date : 22/05/2026 19:27 Ordernumber : 26-0000201491
 Visit ID : IP26-00006402 Ward/Bed No : 4F -OT / PDA-413
 Patient Address : BANDLAGUDA JAGIR, Hyderabad, Telangana, INDIA, 500086

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	SGLOVE # 6.5 (SURGICARE)	SURGICAL GLOVES 6.5	1 Nos	External / Once Daily	1 Days		4 Nos	Ordered
2	NITRILE EXAMINATION GLOVES P F- MEDIUM	NITRILE GLOVES M	1 Nos	/ Once Daily	10 Days		10 Nos	Ordered
3	SGLOVE # 7.0(SURGICARE)	SURGICAL GLOVES 7.0	1 Nos	External / Once Daily	1 Days		1 Nos	Ordered
4	GAUZE 7.5X7.5 12 PLY (5 NOS)	GAUZE 7.5X7.5 12 PLY 5 NOS	1 Nos	External / Once Daily	1 Days		3 Nos	Ordered
5	Encore Microptic gloves-6.5		1 Nos	/ Once Daily	1 Days		2 Nos	Ordered
6	UNDERPADS 60X90 BUTTERFLY		1 Nos	External / 10 AM	1 Days		2 Nos	Ordered
7	SUPRIDOL SUPPOSITORIES 100 MG 5 S		1 Nos	External / Once Daily	1 Days		1 Nos	Ordered
8	DSYRINGS 2.5ML(NIPRO)	SYRINGE 2ML	1 Nos	External / Once Daily	1 Days		2 Nos	Ordered
9	ADULT DIAPERS-XXL		1 Nos	External / 10 AM	1 Days		1 Nos	Ordered
10	DSYRINGE 5ML.(NIPRO)	SYRINGE 5ML	1 Nos	External / Once Daily	1 Days		3 Nos	Ordered
11	DSYRINGE 10ML (NIPRO)	SYRINGE 10ML	1 Nos	External / Once Daily	1 Days		3 Nos	Ordered
12	DISPOSABLE APRONS STERILE XL	DISPOSABLE APRON STERILE XL	1 Nos	/ Once Daily	5 Days		5 Nos	Ordered

SUCHITRA SRIRAMPUR

Reg No : HMC10563

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* Do not refill medicines.

HNH-00015536 IP26-00006402
 Mrs RUKHSAR NAZNEEN
 31-10-1993 32 Y 6 M 23 D (F)
 Dr. SUCHITRA SRIRAMPUR



DEFICIENCY CHECK LIST OF CASE SHEET

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

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

Signature and Date :

S. Daisy (P.T.O)
 24/11/20

Name	Mrs RUKHSAR NAZNEEN	UHID	HNH-00015536
Father/Guardian	Mr MOHAMMED TIPU KHAN	Age/Gender	32 Y 6 M 22 D/ Female
Address	BANDLAGUDA JAGIR, Hyderabad, Telangana, INDIA, 500086		
IP No	IP26-00006402	Admission Date	22-05-2026
Ref Doctor	Self.		
Discharge Date	25.05.2026		

DISCHARGE SUMMARY

Consultant:

Dr. SUCHITRA SRIRAMPUR
MBBS, MD (OBGYN)
HMC10563

Diagnosis: G5P3L3E1 WITH 35⁺⁴ WEEKS PERIOD OF GESTATION WITH 3 PREVIOUS CAESAREAN SECTIONS WITH LAPAROSCOPIC SALPINGECTOMY WITH OLIGOHYDRAMNIOS WITH GESTATIONAL HYPERTENSION WITH GESTATIONAL DIABETIS MELLITUS ON DIET WITH MILD ANAEMIA FOR ELECTIVE LOWER SEGMENT CAESAREAN SECTION AND BILATERAL TUBECTOMY

ELECTIVE LOWER SEGMENT CAESAREAN SECTION WITH BILATERAL TUBECTOMY DONE ON 22.05.2026

History:

Name	Mrs RUKHSAR NAZNEEN	UHID	HNH-00015536
IP No	IP26-00006402	Admission Date	22-05-2026

LMP: UNKNOWN
 EDD: 22.06.2026

Obstetric formula: G5P3L3E1
 Gestation at admission: 35⁺⁴ weeks

Obstetric History:

- G1 - 2014, FT/LSCS (Indi.: cord around neck), Female, B.Wt.: 2.8Kgs, A & H.
- G2 - 2016, FT/LSCS (Indi.: Previous LSCS), Male, B.Wt.: 2.7Kgs, A & H, H/O GDM on diet.
- G3 - 2017, FT/LSCS (Indi.: Previous 2 LSCS), Female, B.Wt.: 2.8Kgs A & H.
- G4 - 2022, Left ctopic Pregnancy, Laparoscopic salpingectomy done.
- G5 - Present pregnancy, Spontaneous conception.

Medical History: Nil

Surgical History: 3 LSCS (2014,2016,2017), Laproscopic Salpingectomy (2022)

Family History : Father - Hypertensive and T2DM, Mother - Hypertensive and T2DM.

Allergies : Nil

Antenatal Details:

Mrs RUKHSAR NAZNEEN was booked to Rainbow hospital at 35⁺⁴ weeks of gestation. She had regular antenatal checkups and investigations as advised. Early OGTT was normal (82/142/96). NT scan was normal. Qudraple marker was low risk. TIFFA was normal. She was diagnosed with gestational diabetes at 24 Weeks - FBS (101) PPBS(145), hence advised Diabetic diet. Sugars monitored throughout pregnancy. High BP recordings noted at 33 weeks advised Home BP monitoring, Started on T.Labetolol 100mg Once daily since 34 weeks in view of persistent High BP recordings. Steroid covered at 34⁺⁴

Name	Mrs RUKHSAR NAZNEEN	UHID	HNH-00015536
IP No	IP26-00006402	Admission Date	22-05-2026

weeks (1st dose) and 35⁺³ weeks (2nd dose) for fetal lung maturity in view of anticipated preterm delivery. Fetal growth monitoring done by serial growth scan. Growth scan done at 21.05.2026 showed SLIUF at 35⁺³ weeks with Placenta posterior High 3 cms away from OS, Cephalic presentation with AFI 6cm (Oligohydramnios) with EFW 2080gm, (4%/AC-4%) with Dopplers normal. She was admitted at 35⁺⁴ weeks with previous 3LSCS for EL.LSCS with tubectomy.

Investigations: Enclosed.

Blood Grouping : "A Positive"

Management: Course in hospital:

At admission on clinical examination the vitals were stable, uterus was relaxed. Fetal well being was confirmed by an admission CTG which was found to be reactive. She was prepared for elective C- section with indwelling Foley's catheter and IV canula under aseptic conditions. Written informed consent for surgery taken. Preanesthetic check up done. Anesthetic premedication (IV Pantop and Perinorm) given. Antibiotic prophylaxis with Inj. Taxim 1 gm IV given. Patient shifted to theatre.

Surgery Notes:

Under spinal anesthesia she was painted and draped as per hospital protocol. 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

Name	Mrs RUKHSAR NAZNEEN	UHID	HNH-00015536
IP No	IP26-00006402	Admission Date	22-05-2026

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.

***Intraop 1 unit blood transfusion done**

***Bladder drawn up, adherent to lower uterine segment**

***True knot in umbilical cord**

***Meconium stained liquor grade 2**

***Left fallopian tube post salpingectomy status**

***Right side tubectomy done by Modified Pomeroy technique**

***Bilateral ovaries-Normal**

Delivery Details:

Date : 22.05.2026

Time of Delivery : 1.06 pm

Type of Delivery : Elective LSCS with tubectomy

Indication : Previous 3 LSCS with tubectomy

Anaesthesia : Spinal

Baby Details:

Date : 22.05.2026

Time : 1.06 pm

Sex : Female

Weight : 2.22 kg

Name	Mrs RUKHSAR NAZNEEN	UHID	HNH-00015536
IP No	IP26-00006402	Admission Date	22-05-2026

Apgar : 8,9
 Gestational Age: 35⁺⁴ 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. On POD2, FBS-92 PPBS was 102mg/dl. Her general condition was satisfactory and she was found to be fit for discharge. Wound care and medications were explained to patient supplemented by written information. She was given the postpartum book for further reference.

Advice:

1. Tab. Augmentin 625 mg twice daily till 29.05.2026 (9am-9pm) after food.
2. Tab. Metronidazole 400 mg thrice daily till 29.05.2026 (9am-9pm) after food.
3. Tab. Calpol (Paracetamol 500mg) 2 tablets thrice daily till 27.05.2026 (8am-2pm-10pm) after food.
4. Tab. Voveran (Diclofenac-50mg) 1 tablet thrice daily till 27.05.2026 (9am-3pm-11pm) after food.
5. Tab. Pantodac (Pantoprazole - 40mg) 1 tablet twice daily till 29.05.2026 (7am-7pm) before food.
6. Inj Clexane 60mg (Enoxaparin) once daily (10pm) subcutaneously till 28.05.2026

Name	Mrs RUKHSAR NAZNEEN	UHID	HNH-00015536
IP No	IP26-00006402	Admission Date	22-05-2026

7. Tab. Livogen (Elemental Iron - 50mg, folic acid 1.5mg) once daily (7am) for three months before breakfast.
8. Tab. Shelcal (Elemental Calcium 500mg, vitamin D3 250 IU) once daily (2pm) till breast feeding after food.
9. Nebasulf Powder for local application.
10. T.Nicardia Retard 10mg twice daily 8am-8pm after food
11. Review after 6 weeks with FBS and PPBS reports.

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

Review with **Dr. SUCHITRA SRIRAMPUR** after **10** week on **03.06.2026**

For Women Who Have Had a Caesarean Section

Care of the wound:

- 1.You can bath and shower.
- 2.The wound can get wet during a bath or shower. Dry it thoroughly and gently by dabbing with a gauze piece. Do not rub the wound.
- 3.This gauze piece needs to be discarded after one use.
- 4.Prior to touching the wound clean hands thoroughly with Microshield solution and allow them to air dry or use disposable paper napkins.
- 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

Name	Mrs RUKHSAR NAZNEEN	UHID	HHN-00015536
IP No	IP26-00006402	Admission Date	22-05-2026

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

Consultant:

Dr. SUCHITRA SRIRAMPUR,
MBBS, MD (OBS & GYN)
HMC10563


Registrar/Resident/C.M.O



ADMISSION SHEET

Registration Details :



Admission No : IP26-00006402 Admit Date : 22-May-2026 Admit Time : 10:19 AM UHID : HNH-00015536

Patient Details :

Patient Name : Mrs RUKHSAR NAZNEEN Age : 32 Y 6 M 22 D
Guardian : Mr MOHAMMED TIPU KHAN DOB : 31-10-1993
Gender : Female Religion :
Occupation : Martial Status :
Address (H) : BANDLAGUDA JAGIR Hyderabad Telangana Phone No : 9346170340/ 8125636552
INDIA 500086 E-mail : na@gamil.com

Admission Details :

Bed Type : TWIN SHARING Bed No : PDA-413 Ward Name : 4F -OT
Room No : PDA-413 Admission Type : First Visit

Contact Details :

Name : Mr MOHAMMED TIPU KHAN Relationship : Husband
Contact Address : BANDLAGUDA JAGIR Hyderabad Telangana Phone No : 9346170340
INDIA 500086

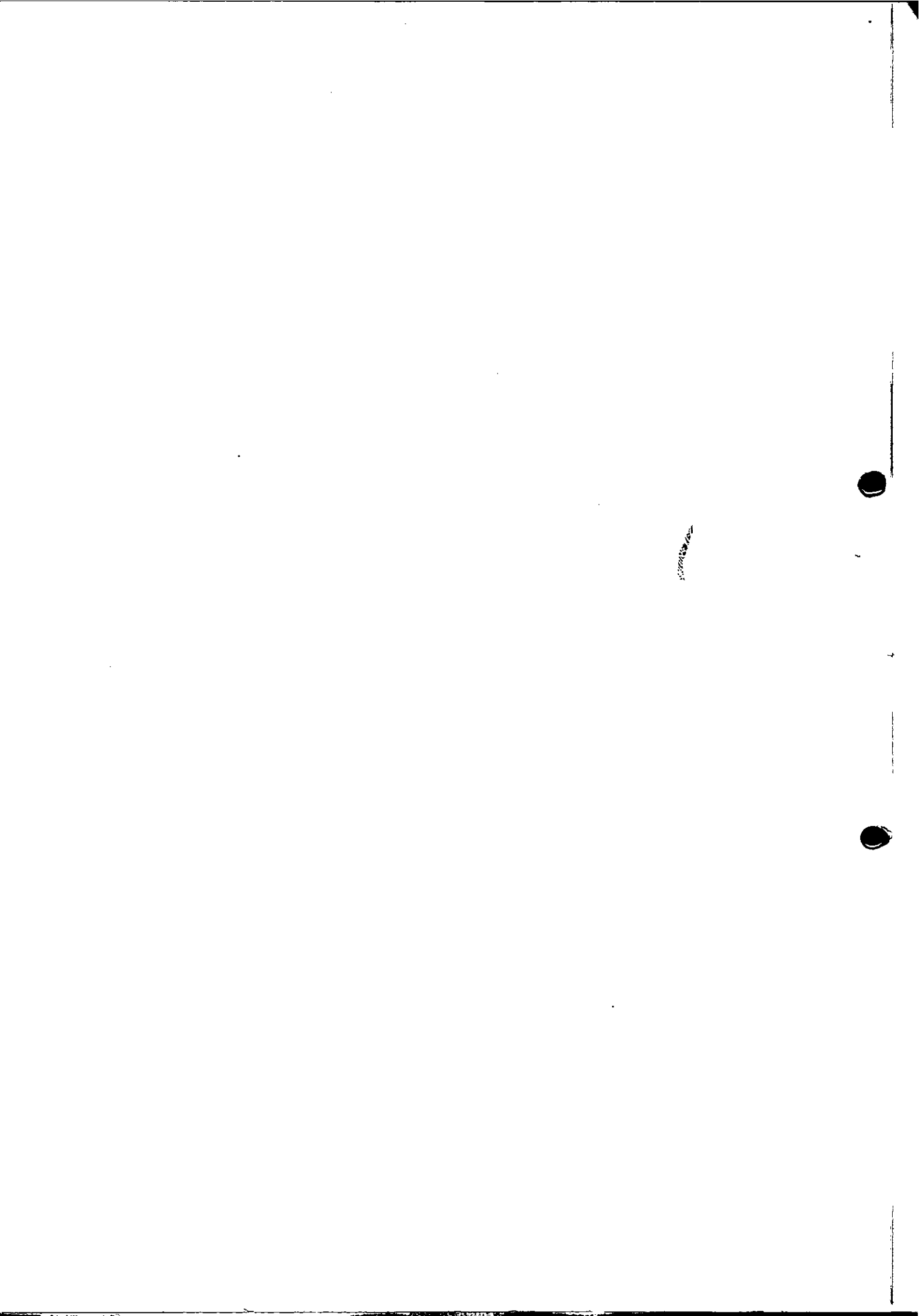

Signature

Doctor Details :

Doctor Name : Dr. SUCHITRA SRIRAMPUR Specialisation : OBSTETRICS AND GYNECOLOGY
Referral Doctor : Self. Phone No :
Co-Consultant :

Payment Details :

Payment Mode : Cash Deposit Amount : 100000.00
Payor Name : SELFPAY



NSU

ACTIVITY RECORD FOR BILLING

Name: -----
 UHID No: ----- IP
 Date of Admission: -----
 Room / Bed No: ----- Ward: ----- Suggested Billable bed type: -----

HNH-00015536 IP26-00006402
 Mrs RUKHSAR NAZNEEN
 31-10-1993 32 Y 6 M 22 D (F)
 Dr. SUCHITRA SRIRAMPUR

tant: ----- Dept: -----
 Date of Discharge: ----- Time: -----

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
22/5/26	12:50pm	pre - post	Room	Sujatha / S
22/5/26	2:10 PM	OT	pre-post	A / Anur
22/5/26	6 pm	pre & post	212	Anur

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	Others.	22/5/26	1355	Sujatha
2.	urine albumin			
3.	(negative)			
4.				
5.				
6.				
7.				
8.				
9.				
10.				



IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

G5P3L3E1 with pre-3LSC
for safe confinement

Obstetric Formula:

MC: 13yrs G5P3L3E1

Obstetric History:

1st - 2014, ♀, LSCS (h/o cord around neck)

2nd: 2016, ♂; A&H; GDM on diet; LSCS (pre-LSCS)

3rd: 2015; ♀; LSCS (pre-2LSCS) A&H

4th: 2022 ectopic preg, left Salpingectomy done

RISK FACTORS:

GHTN
GDM on diet
HOPP NT (N), steroid covered
TIFFA-normal
Quadruple test-negative

LMP: ~~22/06/2025~~ ?? EDD:

Corrected EDD: 22/06/2025 GA: 35w 4days

Menstrual History: Regular: Yes No

Obstetric Examination

Fundal Height: term

Ut. Activity: Relaxed Mild Mod Severe

Liquor: Adequate Oligo Poly

PP: Cephalic Breech Others _____

Head Fifths Palpable: 5/5+^b

FHS: Normal Tachy Brady Absent

Per Speculum Examination

not done

Draining: Present Absent Bleeding

Colour of Liquor: Clear Meconium Blood Stained

Vaginal Examination

not done

Cervix: Long Partially effaced Effaced

Os: Closed _____ Dilated _____

Membranes: Present Absent

Liquor: Clear Meconium Blood Stained

Presenting Part: Vertex Breech Others

Sutton: -3 -2 -1 0 +1 +2

Pelvis: Adequate Doubtful

Height: cm

Weight: 60 kg

Allergies: Nil

Breast: Normal Abnormal

General Examination:

Consciousness: c/c

Pallor: No

Icterus: no

Edema: present

Temp: Afebrile

PR:

BP: 132/85 mmHg

DTR: normal

CVS: S1S2

RS: B/L WUBS (+)

Liver/Spleen: (N)

Urine Output: Adequate

DIAGNOSIS

G5P3L3E1 with 35w 4days POG with 3 Previous LSCS with GHTN with GDM on diet with oligohydramnion with h/o lap. Salpingectomy. For Elective LSCS + BTL

<p>Family History: father } HTN, T2DM. mother }</p>	<p>Surgical History: 3 LSCS ← 2014 2016 2015. 1 lap Salpingectomy</p>
<p>Medical History: 2nd preg - GDM on diet PP - GDM on diet</p>	<p>Medication History: T. labetalol 100mg PO BD. T. IRON T. CALCIUM.</p>
<p>Plan of Care: Admission NST. Informed Consent Pacts preparation GRBS Urine Albumin (Dipstick) Send CBP Review PAC. MS Strict FHR monitoring. drugs as charted Monitor Vitals Inform SOS.</p>	<p>Investigations: BGT: 'A' positive.</p> <p>CBP HB- PLT- TLC- PCV HIV } HbsAg } NR HCV } WDR PT-16.9 INR-1.5 APTT-27.6 LDH-228 LFT-ALP-174, rest (M) USG. (21/05/2026) SCUF 35w 3days. placenta - post-high (3cm away from O) AFI - 6cm (oligo) EFW - 2.080kg (4%) AC-4% Dopplers - normal.</p>

Doctor Name: Dr. Naveena
 Signature: (Signature)
 Date & Time: 22/05/2026

Consultant Name: Dr. Suchitra Sanyal
 Signature: (Signature)
 Date & Time: 22/05/2026

HNH-00015536

IP26-00006402

Mrs RUKHSAR NAZNEEN

31-10-1993

32 Y 6 M 22 D

(F)

Dr. SUCHITRA SRIRAMPUR



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/05/2026		
1:15pm	Husband updated	about Intra OP
	findings which are.	
		True knot
		Meconium stained liquor
	Baby details -	female
		B.wt 2.22kg.
	and asked for Tubectomy	consent and
	taken.	
		Dr. Naveena



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/05/2026 2:10pm	cls by Dr. Naveena	
	OG GC Fair	- Ado
	Alebrile SpO ₂ -	- NBM
	PR: 1	- drugs & iv f as
	BP: 136/94	charted
	COSTRS: NAD	- TED STOCKINGS
	PA: ut retracted well	- Inf. Clezane 600
	Soft, NT	SLC OD x 7 days
	Dressing: dry & clean	from 10pm
	UF: PV bleeding WNL	- BT - on flow
	UO: 400 ml, (or empty)	- w/f PV bleeding
	Baby: Mother side	- Urine I/O charting
		- Monitor Vital
		- strict BP monitoring
		2hrly
		- M Inj/sem SOS

N
 Dr. Naveena

HNH-00015536 IP26-00006402
 Mrs RUKHSAR NAZNEEN 32 Y 6 M 22 D (F)
 31-10-1993
 Dr. SUCHITRA SRIRAMPUR



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/5	CS/b Dr Mansha	
7pm	POD-0 (ECUSCBI/GHIN/GOM(dew))	
		Ad
	CC For Afebrile	- Allow sips > 7:30pm
	BP 139/95	- if tolerate - leg diet
	PR SS	Soft Diet > 10pm
<u>Baby MS</u>	PIA intwell retraid	- TED stocking
	obscure ⊕ BS ⊕ ⊕	⊕ Strict BP monitoring (if BP > 140/90 → Inform)
	PU bloody WBC	⊕ If no monitoring strictly (if up < 30 cells) - Inform
	u/p 40-50 cc/w (high color)	- Days as charted
		- POD-2 PRS, PABS
		- Inform SCS
		- Shift to room
		<u>my</u> <u>onmantra</u>
	[C/O/A Axon → Inj Casin 10mg stat → u/p monitoring - monitor BP y > 140/90 - label SCS]	<u>my</u> <u>onmantra</u>
		Noted <u>Sum</u>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/05/2026 11:45am	cls/by. Dr. Suchitra	
U ✓ F ✓ S ✓	O/G GC - fair Afebrile Vitals - stable BP - 140/90 mmHg PA - ut. unobstructed. Soft, NT. Dressing: dry & clean HE: PV bleeding WNL.	Ado - Soft diet - Adequate hydration - drugs as charted - Ambulation - strict BP monitoring qhrly
	Baby: Motherside.	- Py. Tramadol. iv stat @ night - Py. Zofen. 4mg iv stat @ night. - Monitor Vitals - Inlarm SOS - TED STOCKINGS.
		Dr. Nazneen NIB of parents



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/5/26 7pm	cls/B Dr. Neena POD-1 / P ₄ L ₄ E ₁	
	Pt is stable, a. No clo.	
Baby @ JMS	ole GC-fair, Afebrile BP - 134/84 mmHg PR - 84 bpm	Adv - Regular diet. - Drugs as charted - BP 4 th hourly monitoring
C ✓ F ✓ S ✓	SpO ₂ - 100% on RA P/A - Ut well retracted BS (+)	- Ambulation - Adequate hydration - BP 2 nd hourly monitoring
	LE - BUNL	- Ted stockings - Pnj: Tramadol E 2mg 2ofr @night
	cls/B Dr. Neena (AXON RW) - Adv: Start N. Nicardipine Retard 10mg BD Stop N. labetalol 100mg BD	- Perform SOI - FBS / PPBS @ Tomorrow
24/5/26 8:30am	cls/B Dr. Neena POD-2 / P ₄ L ₄ E ₁	
	Pt is stable, No clo	
Baby @ JMS	ole GC-fair, Afebrile BP - 140/84 mmHg P/A - Ut well retracted BS (+)	Adv - Regular diet - Drugs as charted - BP 4 th hourly monitoring - Ambulation
C ✓ F ✓ S ✓	LE - BUNL.	- Adequate hydration - ASD today.
	FBS - 92mg/dl PPBS -	- Ted stockings - PPBS to follow

HNH-00015536 IP26-00006402

Mrs RUKHSAR NAZNEEN
31-10-1993 32 Y 6 M 23 D (F)
Dr. SUCHITRA SRIRAMPUR



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/5/26	C/S/B Dr. Anu	
1:25 PM	POD-2	
Baby & Mother	C/C Fair Afekuh vitals - (N)	Adv.
uv	P/A ut - Rechecked well.	- Regular diet
fv	L/E B WNL	- Surgs as charted
sv	Open dressing done.	- BP 4th hly must
		- Ambulate
		- Ted stools
		- Monitor vitals
	P - can be discharged	Infu sos

HNH-00015536 IP26-00006402
Mrs RUKHSAR NAZNEEN
31-10-1993 32 Y 6 M 22 D (F)
Dr. SUCHITRA SRIRAMPUR



2/2

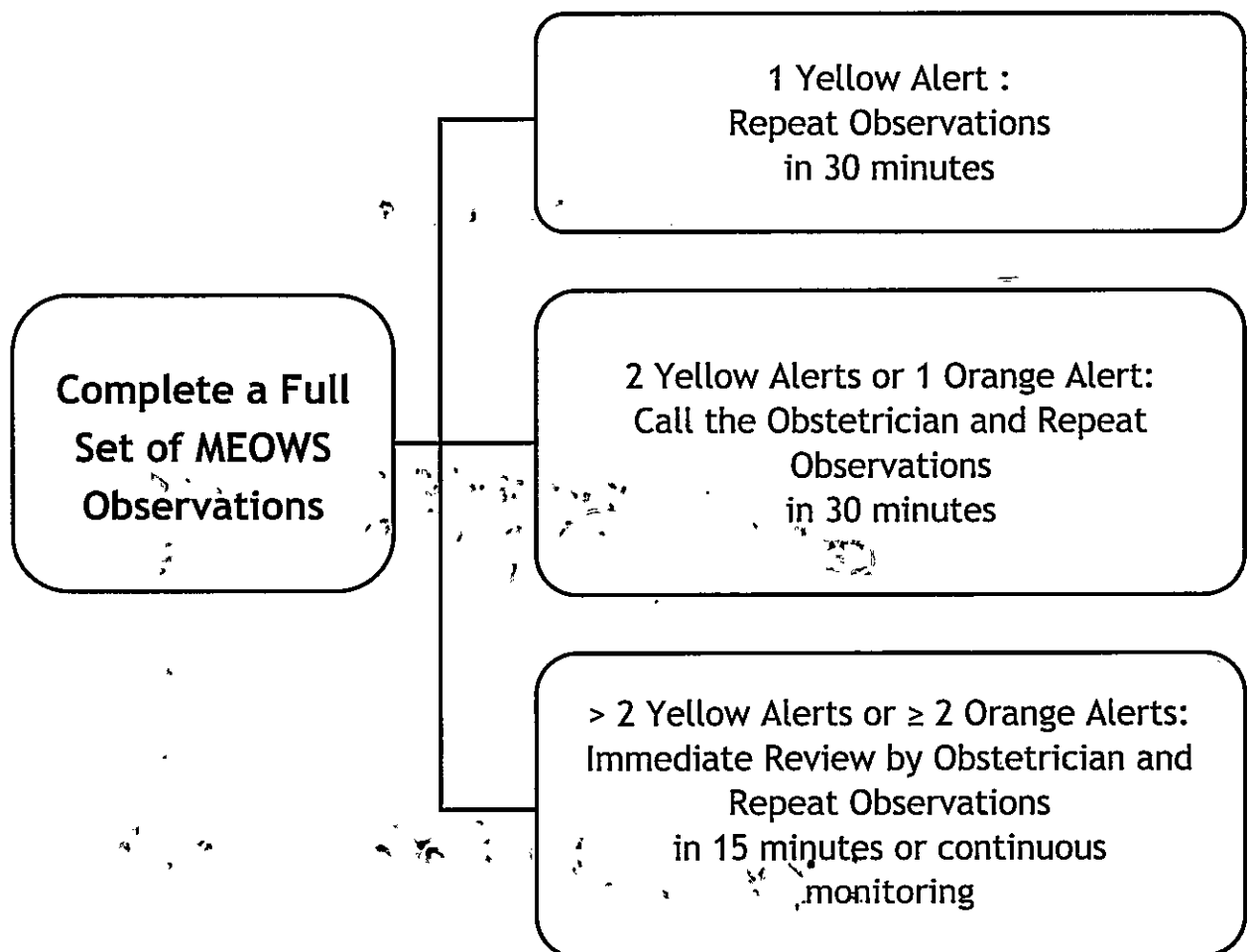
Rainbow[®]
Children's
Hospital
It takes a lot to treat the little.

BirthRight[™]
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

RESULT SHEET

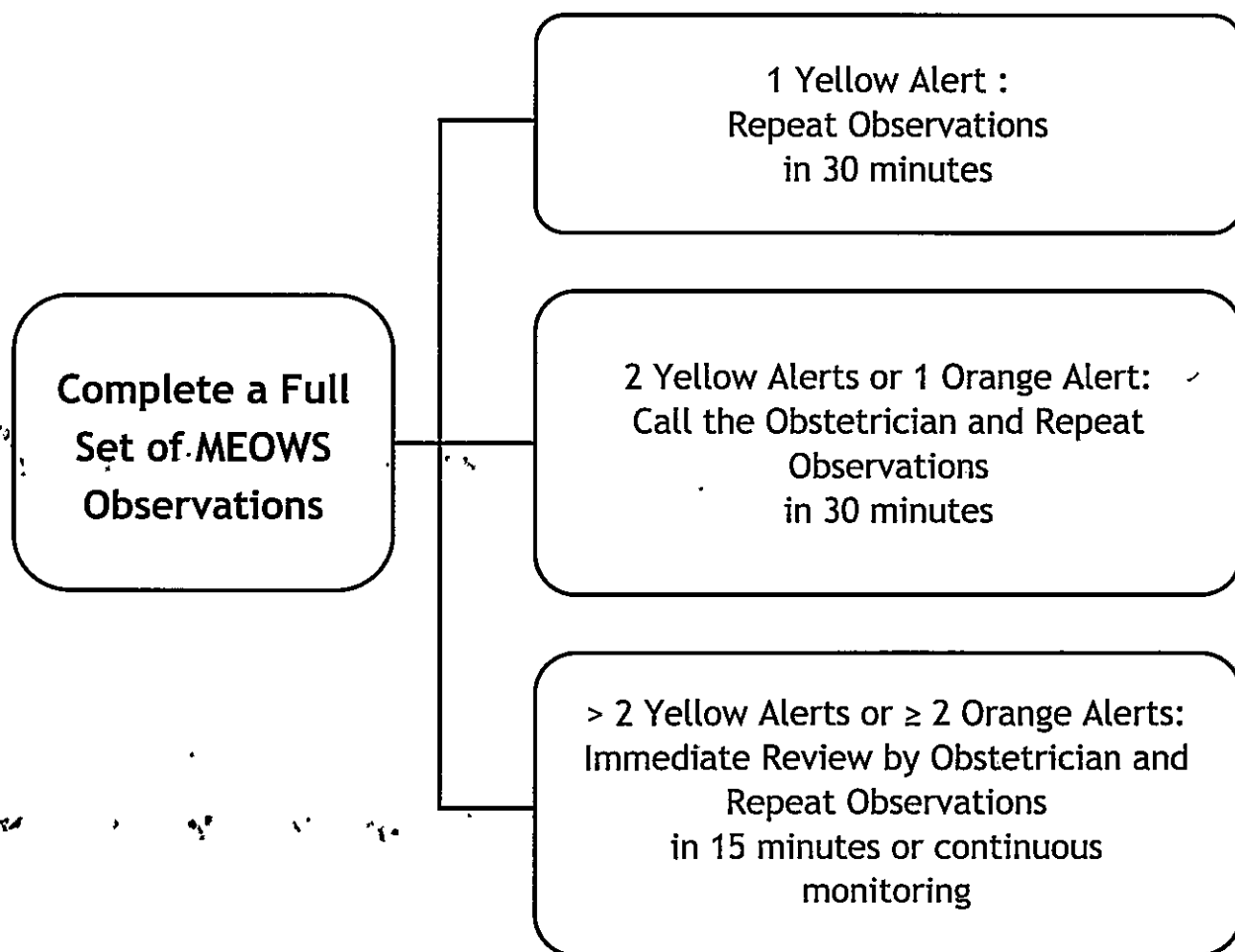
Date	22/5/26				
Time	8 AM				
Hb	8.7				
PCV	25.9				
RBC	3.63				
WBC	13.33				
N/L					
Platelets	4.60				
CRP					
ESR					
PCT					
RBS					
Na					
K					
Cl					
Ca/Mg					
Phosphate					
Urea					
Creatinine					
ALP					
SGPT					
SGOT					
T.Bill/Conj					
T.Protein					
S.Albumin					
S.Globulin					
A/G Ratio					
Uric Acid					
S.Amylase					
Sr.Lipase					
Blood Lactate					
S.Cholesterol					
PT/INR					
APTT					
CSF Protein / Sugar					
Cells					
N/L					

Obstetrics and Gynaecology Early Warning Signs



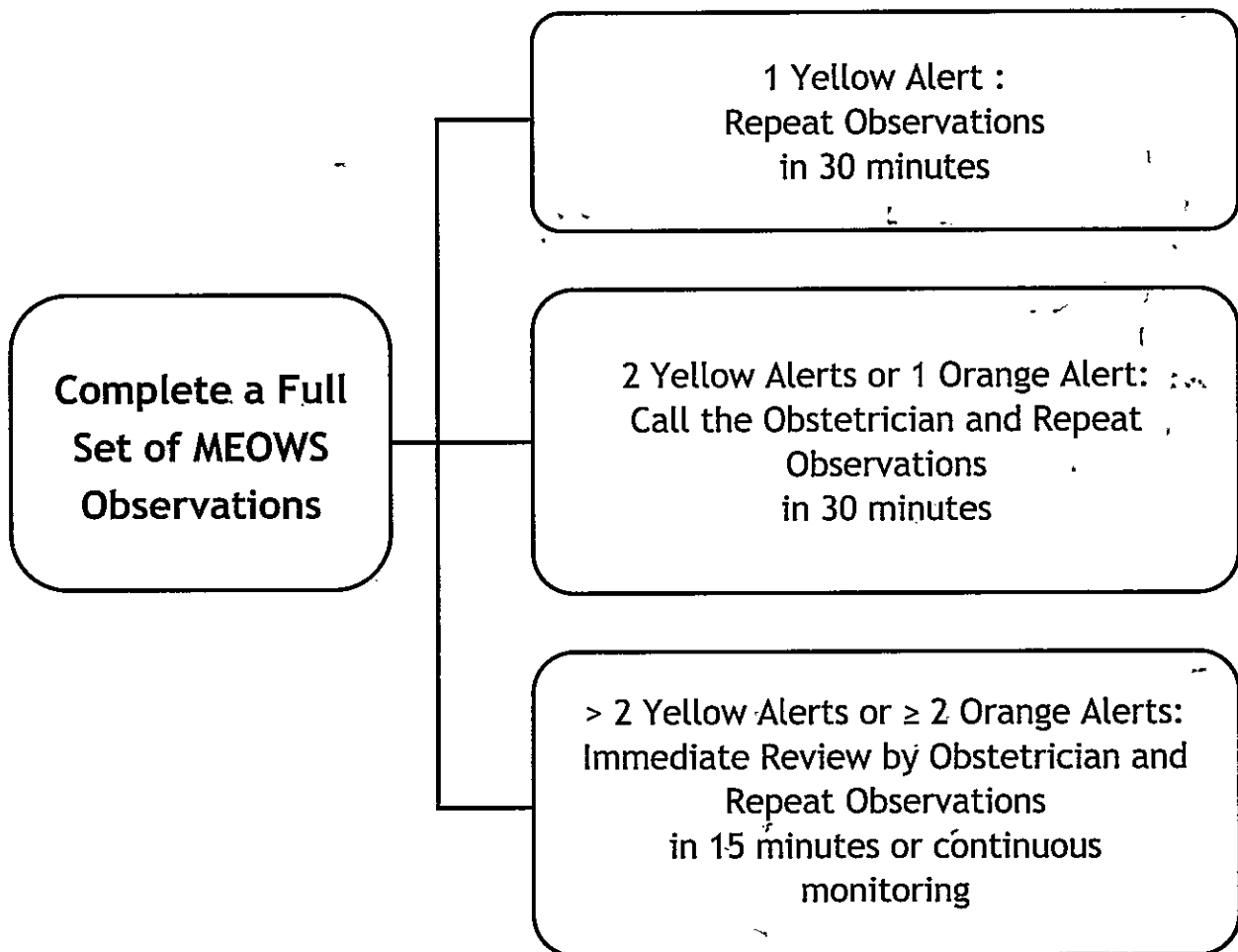
* The Modified Early Warning Score (MEOWS)

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)



FLUID CHART

Sheet No. :

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

Date		Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
				Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
22/5		08:00 am	RL										
		09:00 am	RL										
		10:00 am	RL	N	100ml								
		11:00 am	RL	B	100ml								
		12:00 pm	RL	M	100ml								
		01:00 pm	RL	M	100ml								
		Total Intake : Taken 600ml				Total Output : Passed 400ml							
22/5		02:00 pm	RL	N	100								
		03:00 pm	RL	N	100								
		04:00 pm	RL	B	100								
		05:00 pm	RL	M	100								
		06:00 pm	RL	M	100								
		07:00 pm	RL	M	100								
		Total Intake : Taken 600ml				Total Output : passed 500ml							
22/5		08:00 pm	RL	H2O	100ml								
		09:00 pm	RL	Soup	100ml								
		10:00 pm	RL	Soft (Jelly)	100ml								
		11:00 pm	RL	dust	100ml								
		12:00 am	RL	f	100ml								
		01:00 am	RL	H2O	100ml								
		Total Intake : 600ml				Total Output : U-1500ml - 200ml							
23/5		02:00 am	RL		100ml								
		03:00 am	RL	H2O	100ml								
		04:00 am	RL	f	100ml								
		05:00 am	RL	H2O	100ml								
		06:00 am	RL	H2O	100ml								
		07:00 am	RL		100ml								
		Total Intake : 600ml				Total Output : U-1000ml - 500ml							
Total 24 hrs. Intake				2200ml			Total 24 hrs. Output					U-2100ml - 200ml	

HNH-00015536 IP26-00006402
 Mrs RUKHSAR NAZNEEN
 31-10-1993 32 Y 6 M 22 D (F)
 Dr. SUCHITRA SRIRAMPUR



FLUID CHART

Sheet No. :

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

Date	Time	Intake				Output					IV Site Thrombophlebitis Score	Sign. Nurse	
		Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine			
23/5			Mouth	I.V	N.G								
	08:00 am												
	09:00 am												
	10:00 am	o	Tea	NA									
	11:00 am												
	12:00 pm		A20										
01:00 pm													
Total Intake : <i>talkum</i>						Total Output :							
23/5	02:00 pm												
	03:00 pm		Refr										
	04:00 pm	o	Chapati										
	05:00 pm												
	06:00 pm												
	07:00 pm												
Total Intake :						Total Output : <i>U-2 M-</i>							
23/5	08:00 pm												
	09:00 pm	o	Rice										
	10:00 pm	o	Tea										
	11:00 pm												
	12:00 am												
	01:00 am												
Total Intake :						Total Output : <i>U - M -</i>							
24/5	02:00 am												
	03:00 am												
	04:00 am	o											
	05:00 am												
	06:00 am												
	07:00 am												
Total Intake :						Total Output : <i>U - M -</i>							
Total 24 hrs. Intake								Total 24 hrs. Output					



CHECKLIST FOR THROMBOPHLEBITIS

22/5/26

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1			DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0	0	NA	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				
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				
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				
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				
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord pyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5	NA	NA	NA	NA	NA	NA				
Signature of the Nurse				[Signature]			[Signature]			[Signature]			

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 : [Signature] Name : Sushalika

Signature of Ward In Charge :

Signature : [Signature] Name : Kashi

BRADEN 'Q' SCALE

					Date :	22/8	22/5	23/5	23/5
					Time :	12/6	12	N	M6
Mobility	1. Completely immobile: Does not make even slight changes in body or extremity position without assistance.	2. Very limited: Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	3. Slightly limited: Makes frequent through slight changes in body or extremity position independently.	4. No limitations: Makes major and frequent changes in position without assistance.		4	4	4	4
"Activity The degree of physical activity"	1. Bedfast : Confined to bed	2. Chairfast : Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair.*	3. Walks occasionally: Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.		4	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
FRICION-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	4
TOTAL SCORE						28	28	28	28
Evaluator's Name						[Signature]	[Signature]	[Signature]	[Signature]

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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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



Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	22/5	22/5	22/5	Fall Risk Grading		
		Score	N6	52	N1	Risk Level	Morse Fall Score (MFS)	Action
History of Falling (immediately or w/in 3 months)	Yes	25				Low Risk	0 - 24	Standard Fall Precaution
	No	0						
Secondary Diagnosis (more than one diagnosis)	Yes	15				Moderate Risk	25 - 50	Implement Moderate Fall Prevention Intervention
	No	0						
Ambulatory Aid	Furniture	30				High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	Crutches, Cane(S), Walker	15						
	None /Bed Rest /Nurse Assist	0	0	0	0			
IV / Heparin Lock or Saline	Yes	20	20	20	20	Moderate Risk	25 - 50	Implement Moderate Fall Prevention Intervention
	No	0	0	0	0			
GAIT / Transferring	Impaired	20				High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	Weak (uses touch for balance)	10						
	Normal /On Bed Rest /Immobile	0						
Mental Status	Forgets limitations	15				High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	Oriented to own ability	0						
Total Morse Fall Scale Score:			0	20	20			
Signature			ganj	[Signature]	[Signature]			

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

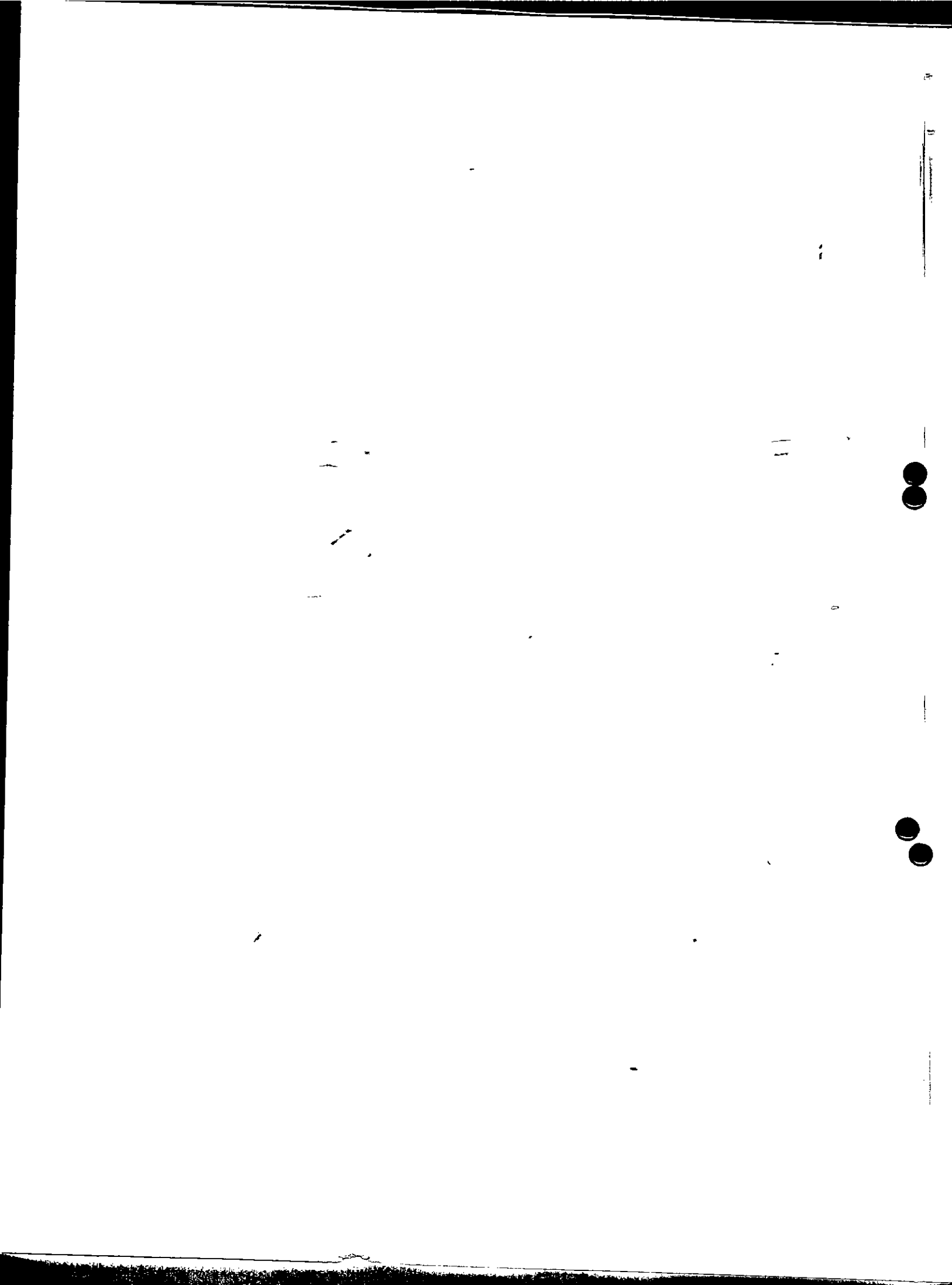
- Ensure patients use their prescribed eye glasses if any, in the hospital
- Use chairs with arm rests
- Use safety straps on stretchers and wheelchairs while transporting patients

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-00015536 IP26-00006402
 Mrs RUKHSAR NAZNEEN
 31-10-1993 32 Y 6 M 22 D (F)
 Dr. SUCHITRA SRIRAMPUR



Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	29/5/26	29/5	Fall Risk Grading		
		Score	10PM	10AM	Risk Level	Morse Fall Score (MFS)	Action
History of Falling (immediately or w/in 3 months)	Yes	25			Low Risk	0 - 24	Standard Fall Precaution
	No	0					
Secondary Diagnosis (more than one diagnosis)	Yes	15			Moderate Risk	25 - 50	Implement Moderate Fall Prevention Intervention
	No	0					
Ambulatory Aid	Furniture	30			High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	Crutches, Cane(S), Walker	15					
	None /Bed Rest /Nurse Assist	0	0	0			
IV / Heparin Lock or Saline	Yes	20	20	20	Moderate Risk	25 - 50	Implement Moderate Fall Prevention Intervention
	No	0					
GAIT / Transferring	Impaired	20			High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	Weak (uses touch for balance)	10					
	Normal /On Bed Rest /Immobile	0	0	0			
Mental Status	Forgets limitations	15	15	20	High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	Oriented to own ability	0					
Total Morse Fall Scale Score:							
		Signature					

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

6
21

1
2
3
4

1
2
3
4

11

1
2
3
4

1
2
3
4



PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
22/5	12pm	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	Li
22/5	3pm	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	Li
22/5	8pm	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	Li
23/5	2Am	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	Li
23/5	8Am	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	Li
23/5	2pm	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	Li
23/5/26	6pm	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	Li
23/5/26	6pm	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	Li
24/5/26	10am	0/10	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	Li
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Re-assessment Frequency:

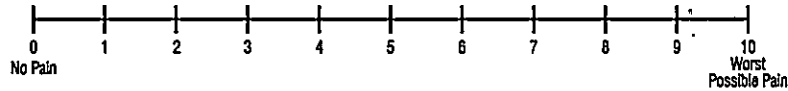
- Every eight hours for all hospitalized patients.
- For post-surgical patients, patients with chronic pain, patient with severe pain:
 - At least every 2 hours for the first 24 hours
 - Then every 4 hours.
 - Prior to pain relieving intervention.
 - Within 30 – 60 minutes after pain relief intervention.

PAIN ASSESSMENT TOOLS

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

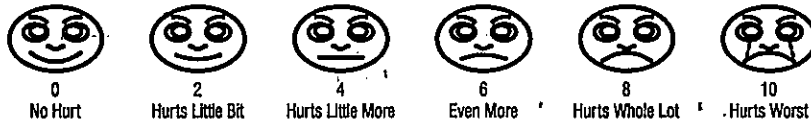
Numerical Pain Scale (Obstetric and Gynecology)



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

Assessment Criteria	Sedation		Normal	Pain / Agitation	
	-2	-1	0	1	2
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense
Vital Signs HR, RR, BP, SaO₂	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO ₂ 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO ₂ less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator

Wong - Baker (Pediatrics) Above 7 Years



HNH-00015536 IP26-00006402
 Mrs RUKHSAR NAZNEEN
 31-10-1993 32 Y 6 M 22 D (F)
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NURSING CARE RECORD

Date: 22/5/21

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am to 8pm	=> Assess the patient => plan for vitals => plan for Biochart	8am to 2pm	=> Assessed the patient condition => main tabs vitals & record => maintain Biochart	patient is stable	vitals is warm	Candy
	2pm to 8pm	=> Assess the pt condition => check the vital's => Biochart maintenance => plan for DBP	2pm to 8pm	=> Assessed pt condition => checked vital's (Pur) => Maintained Bio chart => 2nd hly DBP	vital's is normal	pt is stable	Anushka
Night	8pm to 8am	Assess the pt condition maintain vitals record Provide the comfortable position. medication given as per as doctor order.	8pm to 8am	Assessed the pt condition monitor vital's maintained Biochart provided the comfort position. medication given as per as doctor order.	pt is stable vitals normal	monitor vitals maintain Bio chart	Snob



NURSING CARE RECORD

Date: 23/5/36

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	→ Assess pt condition → Monitor the vitals → Maintain I/O chart → Administer medication on as per drug chart	8am	→ Assessed pt condition → Monitored vitals → Maintained I/O chart → Administered medication as per drug chart	Patient is stable G. Labetalol (100mg) given @ 11:00pm	Re-checked vitals	Anusha <i>[Signature]</i>
	2pm		2pm				
Afternoon	2pm	- Assess the pt condition - Monitor the vitals - Maintain I/O chart - Administer medication as per drug chart	2pm	- Assessed the pt condition - Monitored vitals - Maintain I/O chart - Administered medication as per drug chart	pt is stable	Rechecked	<i>[Signature]</i>
	8pm		8pm				
Night	8pm	→ Assess the pt condition → Monitor vitals → maintain I/O chart → medication as per drug chart → W Cannulas Present	8pm	→ Assessed the pt condition → Monitored vitals & recorded → maintained I/O chart → medication as per drug chart	→ pt is stable	→ rechecked vitals BP and hourly	<i>[Signature]</i>
	8am		8am				

HNH-00015536 IP26-00006402
 Mrs RUKHSAR NAZNEEN
 31-10-1993 32 Y 6 M 22 D (F)
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NURSING CARE RECORD



Date: 24/5/26

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 to 2pm	→ Assess the pt condition → monitor vitals → maintained BLo chart	8AM to 2pm	→ Assessed the pt condition → monitor vitals → maintain BLo chart	Now pt is stable	Re-check vitals	meeri
Afternoon							
Night							

Patient Sticker

NURSING CARE RECORD

Date:

Goals

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

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

HNH-00015536 IP26-00006402
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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: EL-LSCS	Any Infection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify:						
	Surgery / Procedure:	Post-OP Day:						
BACKGROUND	Date	22/5	22/5	22/5	23/5	23/5	23/5	
	Shift	8AM	Ev	NI	M6	Ev	NI	
	Medical Condition (Any special condition to be noted):	NA	NA	Lscs	LSCS	LSCS	LSCS	
Diet:	NBM	NBM	soft	soft	soft	Regular diet		
ASSESSMENT	Allergy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
	Ventilation (RA, NP, NIV, VENTI):	NA						
	Tubes/Drains/Catheter:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
	Vital Signs:	Temp:	97.7	98.0	98.2	97.5	98.6	97.8
		Res:	20	20	20	22b/m	20b/m	20b/m
		SpO ₂ :	99.5	99.7	98.2	99%	99%	98%
		Pulse:	85	85	85	82b/m	87b/m	87b/m
		BP:	130/85	120/76	121/62	120/65	144/87	134/60
		LOC:	-	-	-	-	-	-
	Fall Risk Score:	-	-	-	-	0	-	
Pain Score:	-	-	-	-	0	-		
Skin Integrity	-	-	-	-	-	-		
Recommendations	Safety Needs:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
	Physiotherapy:	NA						
	Others Specify:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
	Special Diet:	NBM						
	Critical Lab Test / Values:	-						
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
	PU Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
DVT Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
ADL (Dependent / Non Dependent):	NA							
Post Operative Procedure Special Orders:	NA	-	POD-2 FBS PBB S	-	-	-		
Handed Over By Name :	Sujatha	Anusha	Sujatha	Anusha	Manisha	Divya		
Signature / ID :	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]		
Date:	22/5/20	22/5/20	23/5/20	23/5/20	23/5/20	24/5/20		
Time:	2 PM	8 PM	8 AM	2 PM	8 PM	8 AM		
Taken Over By Name :	Anusha	Sujatha	Anusha	Manisha	Divya	-		
Signature / ID :	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	-		
Date:	22/5/20	22/5	23/5	23/5/20	23/5/20	-		
Time:	2 PM	8 PM	8 AM	2 PM	8 PM	-		

Patient Sticker



NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:		Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify:				
	Surgery / Procedure:		Post OP Day:				
BACKGROUND	Date	Shift	2ulr nls				
	Medical Condition (Any special condition to be noted):						
	Diet:		soft				
ASSESSMENT	Allergy:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Ventilation (RA, NP, NIV, VENTI):						
	Tubes/Drains/Catheter:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Vital Signs:		Temp:	98.6			
			Res:	20h			
			SpO ₂ :	99%			
			Pulse:	66			
			BP:	110/70			
			LOC:	-			
	Fall Risk Score:		-				
Pain Score:		-					
Skin Integrity		good					
Recommendations	Safety Needs:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Physiotherapy:						
	Others Specify:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Special Diet:		-				
	Critical Lab Test / Values:						
	Other Special Orders / Medications:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	PU Prophylaxis:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
DVT Prophylaxis:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
ADL (Dependent / Non Dependent):		dependent					
Post Operative Procedure Special Orders:		NR					
Handed Over By Name :		Nora					
Signature / ID :		(Signature)					
Date:		2/2/15					
Time:		2pm					
Taken Over By Name :							
Signature / ID :							
Date:							
Time:							



URINARY CATHETER BUNDLE CHECK LIST

Date of Insertion: 22/5/26 @ 11AM Date of Removal: 23/5 @ 6AM

Parameters	Date		Shift Time							
	22/5	23/5	8AM	NI						
Need for the Catheter	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hand Hygiene	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Usage of Sterile Equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the Collection bag below the level of bladder	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Check the Tube for Obstruction (Free of Kinking)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is Catheter dated as policy	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Collecting bag is been emptied regularly?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Maintenance of closed system for the catheter	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dressing clean and dry?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the line removed as Policy?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Performance of Perineal Care	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Onset of New Fever	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Asses for the leakage at the site of insertion	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of the Nurse	Sujatha		Sujatha							
Signature of the Nurse	<i>[Signature]</i>		<i>[Signature]</i>							

HNH-00015538 IP26-00006402
 Mrs RUKHSAR NAZNEEN
 31-10-1993 32 Y 6 M 22 D (F)
 Dr. SUCHITRA SRIRAMPUR



DRUG CHART

Date of Admission: Drug Allergies: Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

- GENERAL** - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.
- DOCTOR** - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
 - Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
 - Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
 - Discontinue a drug by drawing a line **I** through it and a similar line through subsequent recording panels.
 - The date and time of stopping the drug along with the doctors name and sign must be mentioned.
 - Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.
- NURSES** - Nurses must follow strictly the FIVE RIGHTS before administration of medication.
 1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time
 - AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospital'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



REGULAR PRESCRIPTIONS

Weight. Ward.

DRUG : INJ- CEFOTAXIME				Date Time	22/5 23/5																		
Dose	Route	Frequency	Start Date																				
1g	IV	BD	22/5/26	11AM	23/5																		
Name & Signature of the Doctor Starting the Drugs:				<p>Signature: [Handwritten Signature]</p> <p>Additional Instructions: x 4 sub ATD FID (T. Augmentin)</p> <p>11PM 5ml [Handwritten]</p> <p>STOP [Handwritten]</p>																			
Daily Doctor's Endorsement by a Sign																							
DRUG : PARACETAMOL				Date Time	22/5 23/5																		
Dose	Route	Frequency	Start Date																				
1gm	IV	TID	22/5	6AM	23/5																		
Name & Signature of the Doctor Starting the Drugs:				<p>Signature: [Handwritten Signature]</p> <p>Additional Instructions: IV FOR 24 HOURS FOLLOWED BY ORALS.</p> <p>2PM X [Handwritten]</p> <p>STOP [Handwritten]</p>																			
Daily Doctor's Endorsement by a Sign																							
DRUG : DICLOFENAC				Date Time	22/5 23/5	24/5																	
Dose	Route	Frequency	Start Date																				
50mg	P/O	TID	22/5	4PM	23/5	24/5																	
Name & Signature of the Doctor Starting the Drugs:				<p>Signature: [Handwritten Signature]</p> <p>Additional Instructions:</p> <p>3PM X [Handwritten]</p> <p>11PM 20mg [Handwritten]</p>																			
Daily Doctor's Endorsement by a Sign																							
DRUG : TRAMADOL				Date Time	22/5 23/5	24/5																	
Dose	Route	Frequency	Start Date																				
100mg	P/O	TID	22/5	8PM	23/5	24/5																	
Name & Signature of the Doctor Starting the Drugs:				<p>Signature: [Handwritten Signature]</p> <p>Additional Instructions:</p> <p>4PM X [Handwritten]</p> <p>11PM X [Handwritten]</p>																			
Daily Doctor's Endorsement by a Sign																							

HNH-00015536 IP26-00006402
 Mrs RUKHSAR NAZNEEN
 31-10-1993 32 Y 6 M 22 D (F)
 Dr. SUCHITRA SRIRAMPUR



Sheet No:

REGULAR PRESCRIPTIONS

Weight Ward

DRUG : ENOXAPARIN				Date Time	22/5/15																
Dose	Route	Frequency	Start Dt.																		
60v	s/c	on	22/5																		
Name & Signature of the Doctor Starting the Drugs:																					
Additional Instructions:				TO START AFTER 7d ORSU CONSULT.																	
Daily Doctor's Endorsement by a Sign																					
DRUG : (M) METRONIDAZOLE				Date Time	22/5	23/5	24/5														
Dose	Route	Frequency	Start Dt.																		
500mg	PO	710	22/5																		
Name & Signature of the Doctor Starting the Drugs:																					
Additional Instructions:				X48h P/b oral (T. METRONIDAZOLE)																	
Daily Doctor's Endorsement by a Sign																					
DRUG : T. PANIOPRACOL				Date Time	22/5	23/5	24/5														
Dose	Route	Frequency	Start Dt.																		
40mg	P/O	BD	22/5																		
Name & Signature of the Doctor Starting the Drugs:																					
Additional Instructions:																					
Daily Doctor's Endorsement by a Sign																					
DRUG : T. LABETALOL				Date Time																	
Dose	Route	Frequency	Start Dt.																		
100mg	P/O	BD	23/5/26																		
Name & Signature of the Doctor Starting the Drugs:																					
Additional Instructions:				STOP. 23/5/26																	
Daily Doctor's Endorsement by a Sign																					

VERIFIED BY: (Name) Signature

HNH-00015536 IP26-00006402
 Mrs RUKHSAR NAZNEEN
 31-10-1993 32 Y 6 M 22 D (F)
 Dr. SUCHITRA SRIRAMPUR



REGULAR PRESCRIPTIONS

Sheet No: Weight Ward

DRUG : T. NIFEDIPINE - SUSTAINED RELEASE				Date Time	23/5/26	10PM														
Dose	Route	Frequency	Start Dt.																	
10mg	P/O	BD	23/5/26																	
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				

DRUG : P. AMOXICILLIN CAWONATE				Date Time	24/5/26	10PM														
Dose	Route	Frequency	Start Dt.																	
625mg	P/O	BD	24/5/26																	
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				

DRUG : T. PARACETAMOL				Date Time	24/5/26	10PM														
Dose	Route	Frequency	Start Dt.																	
1g	P/O	TID	24/5/26																	
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																				

Signature



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		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route	Start Date	Dose		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Name & Signature of the Doctor		Dose		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Additional Instructions:		Dose		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
22/5/20	12 PM	INS. PANTOPRAZOLE	40 mg	IV	[Signature]	Sujatha Anusha P
22/5/20	12 PM	INS. METOCLOPRIMIDE	10 mg	IV	[Signature]	Anusha P Sujatha
22/5	1:15 PM	inj. TRANEXAMIC ACID	1 gm	IV	B de	[Signature]
22/5	1:06 PM	INS. CARBETOCON	100 MCG	IV	B de	[Signature]
22/5	2 PM	SUPP. TRAMADOL	100 MG	PR	B de	[Signature]
22/5	2 PM	SUPP. DICLOFENAC	100 MG	PR	B de	[Signature]
22/5	7:45 PM	INS. FUROSEMIDE	10 mg	IV	[Signature]	[Signature]
23/5	1 AM	T. LABETALOL	100 mg	PO	[Signature]	[Signature]
23/5		T. NARXOXEN	250 mg	PO	[Signature]	not written

VERIFIED BY : Name Signature

I.V. FLUIDS CHART

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



Position of I.V. Fluid (In infusion, mention ml/hr = Mcg/kg/min. etc)		Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
22/5	10:30 AM	IV	100ml/hr	[Signature]	[Signature] Anish	22/5	[Signature]	[Signature]
22/5	1PM	IV	FF	[Signature]	[Signature]	22/5	[Signature]	[Signature]
22/5	1:30PM	IV	SDOML HR	[Signature]	[Signature]	22/5	[Signature]	[Signature]
22/5	1PM	IV	100ML HR	[Signature]	[Signature]	22/5 4:30PM	[Signature]	[Signature]
22/5	6:40 PM	IV	100 ml/hr	[Signature]	[Signature]	22/5	[Signature]	[Signature]
22/5	7:35 PM	IV	FF	[Signature]	[Signature]	23/5	[Signature]	[Signature]
22/5	11PM	IV	100 ml/hr	[Signature]	[Signature]	22/5	[Signature]	[Signature]
23/5	5AM	IV	100 ml/hr	[Signature]	[Signature]	23/5	[Signature]	[Signature]
← stop @ Dr. Naveen →								

VERIFIED BY : Name Signature



BREAST FEEDING HANDOVER AND ASSESSMENT FORM

1. Breastfeeding initiated?

- a. Yes b. No

2. If No, Reason

3. Nipple condition:

- a. Nipple well formed
 b. Flat nipple
 c. Inverted nipple
 d. Short nipple

4. Milk flow:

- a. Good
 b. Drops of colostrums
 c. Dry

5. Steps for Positioning and attachment:

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



Feeding Positions:
Cross Cradle



Feeding Positions:
Football / Clutch

6. Was the position explained:

- a. Yes
- b. No

7. For Caesarian mothers:

- a. Mother is required sit and feed from the 4th feed
- b. Please explain football hold

8. NICU admission: NO

- a. Mother needs to stimulate her breast for 2 min every 2 hours

9. Additional notes:

Continuity of Care:

Date: 22/5/2026

→ assessed pt condition
 → checked vital's & hrucod
 → 200 clart machine
 → 2nd hly DBR

Handover given by A. Amisha

Handover taken by Sueh

Signature [Signature]

Signature [Signature]

Date & Time: 22/5/2026 @ 3pm

Date & Time: 22/5/26 @ 4pm

HNH-00015536 IP26-00006402
 Mrs RUKHSAR NAZNEEN
 31-10-1993 32 Y 6 M 22 D (F)
 Dr. SUCHITRA SRIRAMPUR



CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: <u>Dr. Suchitra S.</u>	Date of Delivery: <u>22/08/2026</u>
Assistant Surgeon: <u>Dr. JV Reddy / Dr. Ramya</u>	Time of Delivery: <u>1:06 PM.</u>
Anaesthetist's Name: <u>Dr. Samir / Dr. Ayesha.</u>	Gender of Baby: <u>Female</u>
Type of Anaesthesia: <u>Spinal.</u>	Weight of Baby: <u>2.22 Kg</u>
Neonatologist: <u>DR. PRANAV.</u>	AGPAR Score: <u>8, 9.</u>
Scrub Nurse: <u>Susheela.</u>	NICU Admission: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pre-Operative Diagnosis: G5P3L3E1 with 35w 4 days POG with prep 3LSCS
~~with oligo with GHTN with GDMondiet for Elective~~
 Elective Emergency Indication: Pre-3LSCS with oligo with GHTN, GDMondiet + Tube

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

Decision time: Knief to rectus:

CTG Description: Reactive

If there was a delay give the reasons:

Surgical Procedure: Elective 1SCS with Right Tubectomy.

Post Operative Diagnosis: P4L4E1 with on PODO following Elective 1SCS with Right Tubectomy & ~~also~~ GHTN + GDMondiet

Peri-Operative Complications: —

Amount of Blood Loss: 200-300ml 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: slsth Fetal Position: ROT
 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 - Bladder drawn up
 Previous Scar: Intact Thinned out Ruptured No Scar & adherent to
 Incision Through Placenta: Yes No - True knot, meconium grade II
 Delivery of head: Manual Forceps - 4 ft post Salpingectomy status
 Liquor: Clear Meconium: I II III Blood Offensive Not Offensive
 Delivery of Placenta: Manual CCT Complete Incomplete Piecemeal
 Cord Appearance: ~~Normal~~ true knot Cord around the neck Yes No
 Appearance of placenta: normal Cavity explored Yes No
 Uterus, tubes and ovaries: Normal Not Normal Right Tubectomy done
 Sterilization: Yes No

Uterine Closure: One Layer Two Layers Vicryl no. 1 modified Suture
 Peritoneal Closure: Pelvic Abdominal None Prolene no. 1 Suture
 Sheath Closure: Monocryl 3-0 Suture
 Fat Closure: Yes No
 Skin Closure: Subcuticular Mattress
 Vaginal Evacuated Yes No
 Drain: Yes No Remove in days Await instructions
 Catheter Yes No Remove in days Await instructions
 Swap & Instruments count correct? Yes No Post-op Antibiotics Yes No
 Intra-Operative Antibiotics Cover: Yes No Thromboprophylaxis Yes No

Post-Operative Notes:
 NBM for 4-6 hours.
 ivf and drugs as charted
 Urine I/O charting
 BT-onflow w/f PC bleeding
 strict BP monitoring 2th hly.
 Monitor Vitals, Foley's removal ch. @ 6am
 Inform SOS
 TED STOCKINGS, INJ- CLEXANE 600 from 1pm
 X 7 days.

Doctor Name: Dr Suchitra Doctor Signature: Suchitra
 Date & Time: 22/05/2026 @ 2:30pm

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Suchitra
 Asst. Surgeon : Dr. J.V. Reddy
 Anaesthetist : Dr. Sameer
 Scrub Nurse : So. Susheela

Patient Name :
 UHID No. :
 Date :

HNH-00015536 IP26-00006402
 Mrs RUKHSAR NAZKIN
 31-10-1993 32 Y 6 M 22 D (F)
 Dr. SUCHITRA SRIRAMPUR



Gender : F
ED 1505
 Date :



in-time : 12:50 PM Out-time : 2:00 PM

Before Induction of Anaesthesia >>

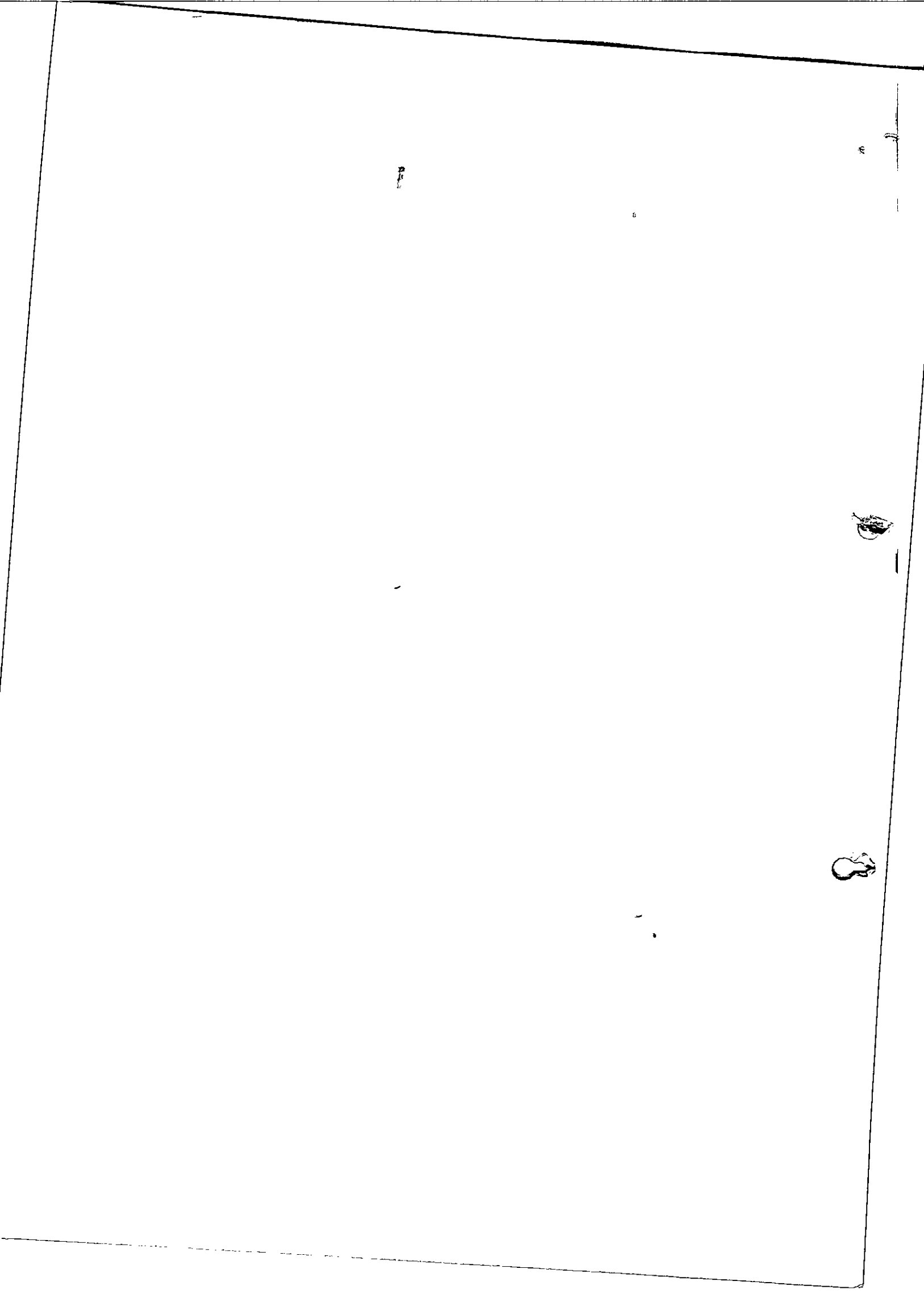
Before Skin Incision >>

Before Patient Leaves Operating Room


SIGN IN	Time: <u>12:50 PM</u>
Patient Has Confirmed	
Identity <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Site <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Procedure <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Consent <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Site Marked <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	
Anaesthesia Safety Check Completed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Pulse Oximeter on Patient & Functioning <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Does Patient have a:	
Known Allergy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Difficult Airway / Aspiration Risk?	
Yes, & Equipment / Assistance Available <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Risk of > 500ml Blood Loss (7ml/kg In Children)?	
Yes, and Adequate Intravenous Access and Fluids Planned <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Blood Units Reserved <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Has Antibiotic Prophylaxis been given within the last 60 minutes? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Signature : <u>[Signature]</u>	
Name : <u>Dr. Brunda</u> <u>22/1/26</u>	

TIME OUT	Time: <u>1:00 PM</u>
Confirm all team members have introduced themselves by Name and Role <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Surgeon, Anaesthesia Professional and Nurse Verbally Confirm	
Correct Patient (Check ID Band) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Correct Site <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Correct Procedure <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Anticipated Critical Events	
Surgeon Reviews:	
What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss? <u>Bleeding 1hr 5 300ml</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	
Anaesthesia Team Reviews:	
Are There Any Patient-specific Concerns? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	
Nursing Team Reviews:	
Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Is Essential Imaging Displayed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	
Power Supply, Earthing, Power Backup and functioning of equipment checked. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Signature : <u>[Signature]</u>	
Name : <u>Suchitra</u>	

SIGN OUT	Time: <u>2:00 PM</u>
Nurse Verbally Confirms with the Team:	
The Name of the Procedure Recorded <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
That Instrument, Sponge and Needle Counts are Correct (or Not Applicable) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
The Specimen is Labelled (including patient name) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Whether there are any Equipment Problems to be addressed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	
To Surgeon, Anaesthetist and Nurse:	
What are the key concerns for recovery and management of this patient? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Signature : <u>[Signature]</u>	
Name : <u>Dr. Suchitra</u>	



PATIENT TRANSFER FORM

Patient Name & UHID No. HNH-00015536 IP26-00006402 Mrs RUKHSAR NAZNEEN 31-10-1993 32 Y 6 M 22 D (F) Dr. SUCHITRA SRIRAMPUR 		Date & Time of Admission 22/05/26 @ 10:19 AM	Date & Time of Transfer Order 22/05/26 @ 2:10 PM
		Transfer Ordered by Dr. Samir	Reason for Transfer observation
From Unit OT	To Unit pre-post	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, what ?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.	R-L IV fluids	01	
2.			
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring Sudipra / S		Name of Person Ordered Transfer Dr. Samir	
Patient & Clinical Records Received by :			
Date & Time of Patient Received :			

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

- Unavailable Bed Nurse not Available Available Bed not ready

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE



Patient Name : Mrs. Rukhsar Gender: Male Female Age : 31 years
 UHID No : HNH - 00015536 Date : 22/5/26

Instruction:

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

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

BILATERAL TUBAL LIGATION

upon

MRS. RUKHSAR

(Name of the Patient)

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

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

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

Excessive bleeding, irreversible sterilisation, chances of failure, chances of ectopic pregnancy.

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. Suchithra

Consentee :

Signature : [Signature]

Name : Rukhsar

Date & Time : 22/05/2026 @ 10:50am

Patient Attendant :

Signature : [Signature]

Name : Mohammed Tipu Khan.

Relationship with Patient: Husband.

Date & Time : 22/05/2026 @ 10:50am

Witness :

Signature : [Signature]

Name : Sujatha

Date & Time : 22/5/26 @ 10:50AM

Doctor (who is taking the consent) :

Signature : [Signature]

Name : Dr. C. Veena

Date & Time : 22/5/26 @ 10:50am

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE



Patient Name : Mrs. RUKHSAR Gender: Male Female Age : 31 years
UHID No : HNH-00015538 Date : 22/5/26

Instruction:

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

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

ELECTIVE LOWER SEGMENT CAESAREAN SECTION

upon

MRS. RUKHSAR.

(Name of the Patient)

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

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

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

Excessive bleeding, post-partum hemorrhage, need for transfusion of blood or blood products, inadvertent injury to bowel, bladder or ureter, wound infection

My signature on this form indicates that

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

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

Consentee :

Signature : [Signature]

Name : Rukhsar

Date & Time : 22/5/2026 @ 10:50am

Witness :

Signature : [Signature]

Name : Sujathra

Date & Time : 22/5/26 @ 10:50AM

Patient Attendant :

Signature : [Signature]

Name : Mohammed Tahir Khan

Relationship with Patient : Husband

Date & Time : 22/05/2026 @ 10:50am

Doctor (who is taking the consent) :

Signature : [Signature]

Name : Dr. G. Veena

Date & Time : 22/5/26 @ 10:50am

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE

Patient Name : Mrs. RUKHSAR Age : 31 y Gender : Male Female

UHID NO: HNH-0015539 Surgeon Name: Dr. SUCJITRN

Anaesthesiologist : Dr. Ayesha / Dr. Samir

Operative procedure planned : ELECTIVE LOWER SEGMENT CESAREAN SECTION

PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA

General anaesthesia involves rendering a patient unconscious before an operation. This ensures the patient is not aware of events and does not feel pain during the operation. Drugs given through a vein and / or inhaled from an anaesthesia machine produce it. Regional anaesthesia involves using a local anaesthetic to numb a specific area of the body for surgery: Prolonged pain relief without numbness can be achieved by infusing weak solutions of local anesthetics and 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 Acidosis
 Incapacitating Chronic Obstructive Pulmonary Disease

Others : Hypotension, Anemia, Bleeding, Need for transfusion, PPH,
Comments : Transfusion Reaction

- 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. RUKHSAR the above mentioned operation / Diagnostic / Therapeutic procedures ELECTIVE 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 : Rukhsar Nazneen

Relationship with Patient :

Date & Time : 22/5/26 @ 12 pm

Witness :

Signature : 

Name : Mohammed Taze Khan

Date & Time : 22/5/26 @ 12 pm

Doctor (who is taking the consent) :

Signature : 

Name : Dr. SK Ayesh

Date & Time : 22/5/26, 11:40 am

Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION



Name: Mrs. Rukhsar Age: 31 Sex: Female UHID No: MNH-15536

Date: 21/5 Time: 11 AM Proposed Operation: WCO

Diagnosis: G4P3L3E1 35+3

B.P / CRT: 100/100 H.R: 93/m Weight: 101kg ASA Physical Status: 1 2 3 4 5

Laboratory Data:

Hgb: <u>8.7</u>	Glucose: <u>8/4</u>	Protein: <u> </u>	HIV: <u> </u>	X-Ray: <u> </u>
PCV: <u>25.9</u>	Urea: <u> </u>	Alb: <u> </u>	HBS Ag: <u> </u>	ECG: <u> </u>
WBC: <u>13330</u>	Creat: <u>0.5</u>	Total Bill: <u>0.4</u>	HCV: <u> </u>	2D Echo: <u> </u>
Plate: <u>4.6 lakhs</u>	Na: <u> </u>	Dir. Bill: <u>0.1</u>	Blood group: <u>Apos</u>	Stress/Angio: <u> </u>
PT: <u>16.9</u>	K: <u> </u>	LDH: <u> </u>	T3: <u> </u>	Other: <u> </u>
PTT: <u>27.6</u>	Ca++: <u> </u>	Alk phos: <u>124</u>	T4: <u> </u>	<u>placenta-post high</u>
INR: <u>1.5</u>	Mg++: <u> </u>	Amylase: <u> </u>	TSH: <u> </u>	<u>AFI-6.0, oligo</u>
	Cl-: <u> </u>	SGOT/SGPT: <u> </u>		

COH-181

Allergies: NKDA

Medical History: CVS: No significant medical history in the past

RESP: prev pregnancies largely uneventful Diabetes:

CNS: present pregnancy - GDM - on strict diet control -> values < 100 mg/dl

Renal: PIH - 15 days - on medication

Hepatic / GE: No ST/IE Physical Activity: active, NYHA-2

Others: LCB - 8 years ago

Past Anaesthetic History: prev WCO 2013 -> SAB, 2015 -> SAB, 2017 -> SAB, open ectopic 2022 -> SAB

Physical Exam: conclusion, coherent

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

Lungs: RPE+ clean clinically

Heart: S1+S2+ M0

CNS:

Pregnant: Yes No NA Venous Access Site: Right hand Spine Exam for regional: spaces felt, larders (+)

Anaesthetic Plan: MAC REGIONAL GA-ETT LMA

Peri-Operative Plan Explained to the Patient: Yes No PLAN-A -> USG guidance SAB

CURRENT MEDICATIONS	DOSAGE
<u>CARBETACOL 100mg</u>	<u>- x - x - 1</u>
<u>VITE / Fe / Ca</u>	
<u>Orgime Sachets</u>	

Pre-Operative Instructions:

- DVT Prophylaxis: Food/ Juice - 6 hours
- NIL ORAL: Water / ORS 2 hours, WATER - 2 hours, Others 6 hours
- Informed Consent: Standard High Risk
- Post Operative Pain Management: Discussed with Patient
- Other Instructions: PLAN-A -> USG guidance SAB

Signature: [Signature] Name: Dr. Parin Coayath



ANAESTHESIA CHART



Pre Induction Assessment:

Change in Patient Condition: Yes No Fasting Status: Adequate

Physical Status: Patient Identified Consent Present Chart Reviewed

H.R: 102/min B.P / CRT: 133/76 SpO₂: 98% 2 RA R.R: 20/min Last Feed: > 6 hrs

Pre-OP Diagnosis: C14 P3 h3 E1 2 3.5 weeks 3 pre Operation: ELECTIVE LOWER SEGMENT Date: 22/5/26

Surgeon: Dr. Suchitra / Dr. J.V. Reddy Anaesthesiologist: Dr. Samir / Dr. Ayesha Technician: Saravathi

TIME	12:50 pm	1:00 pm	1:10 pm	1:20 pm	1:30 pm	1:45 pm	2 pm													
N/O / AIR / O ₂ LPM																				
HALO / SO / SEVO																				
Drugs:	<u>3ml CARBETOICIN 100mg IV</u> <u>3ml TRANEXAMIC ACID 1gm IV</u> <u>DICLOFENAC suppository 100mg PR</u>																			
Antibiotic																				
Suppository																				
Blood Loss																				
FI _{o2} / SaO ₂	100/100	100/100	100/100	100/100	100/100	100/100	100/100	100/100	100/100	100/100	100/100	100/100	100/100	100/100	100/100	100/100	100/100	100/100	100/100	100/100
ETCO ₂	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR
ECG	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR
Temperature																				
Urine Output																				
Fluids	<u>10 RL</u> <u>10 PRBC</u>																			
B.P																				
V Systolic																				
A Diastolic																				
X Mean																				
• Heart Rate																				
Tourniquet on Time																				
Tourniquet off Time																				
Throat Pack In																				
Throat Pack Out																				

LAB Values

ABG

GRBS

Others

Equipment Checked and Functional

BP

Cuff Site: RT UL

Art Site: 3 lead

EKG Lead

Temp Site

FIO₂ Monitor

Agent Monitor

Pulse Oximeter

Capnograph

Ventilator

Nerve Stimulator

Position: Sitting

Pressure Points Checked

Eye Care:

Oint

Tape

Padding

Awake

Temp:

HME Fluid Warmer

Cling Film OH Warmer

Hugger's Cotton Wool

Other

Times:

Anaes Start: 12:55pm

OP Start: 1:00pm

OP End: 2pm

Leave OR: 2pm

Anaesthesia:

GA

Monitored Anaesthesia Care

Regional

Line (Size & Location)

CVP

ART

IV: 18G IV on RT UL

IV: 18G IV on RT UL

IV

Induction

IV Inhal

Pre O₂ 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 Spinal Epidural Caudal

Specify: SAB

Others:

Position: sitting

Site: L3-L4

Needle Size: 27G PP Depth:

Parasthesia Yes No

Catheter at skin cm

Drug Name & Conc: 0.5% HEAVY BUPIVACAINE

Bolus: 10mg (2ml) + 25mcg FENTANYL

Infusion: T4-T6

Block Level: T4-T6

Comments:

Transportation to

PACU ICU Other

Relaxant Reversed Yes No NA

Name of the Doctor: Dr. Ayesha

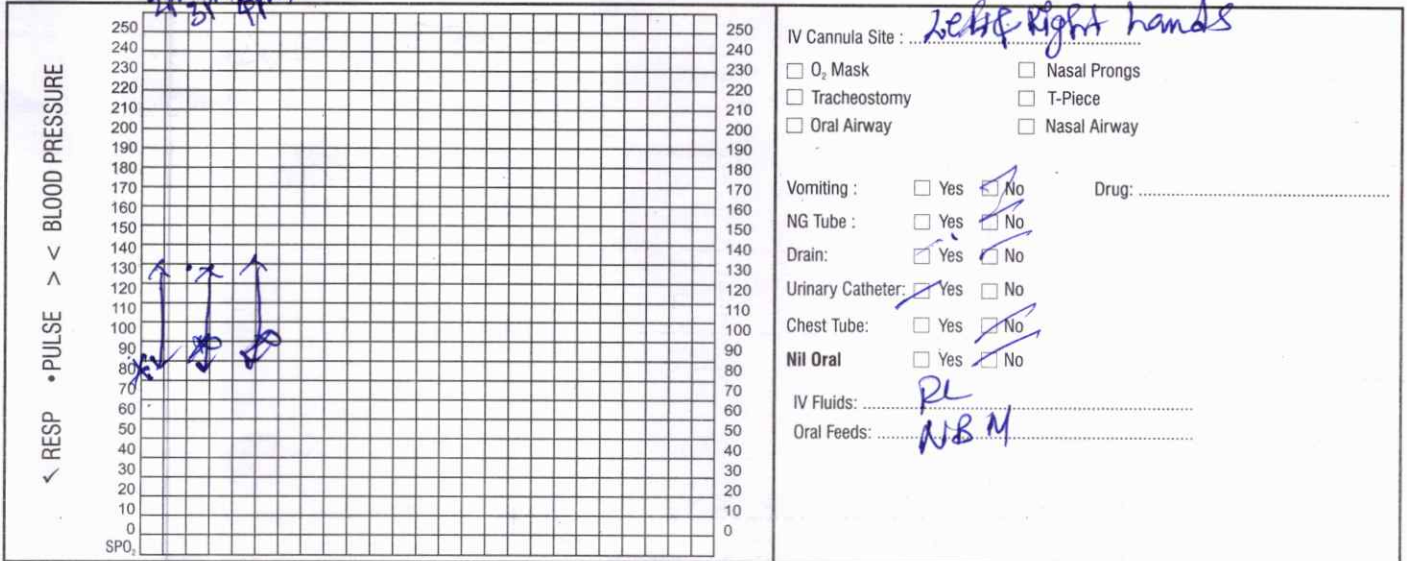
Signature of the Doctor: [Signature]

HNH-00015536
 Mrs RUKHSAR NAZNEEN
 31-10-1993 32 Y 6 M 22 D (F)
 Dr. SUCHITRA SRIRAMPUR



POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by: Amisha-b Time Received: 2:10 PM Time Discharged:



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

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
22/5		0	Normal	<u>Amisha</u>
22/5		0	Normal	
22/5		0	Normal	

Pain Tool Used: N PASS FLACC Wong Baker NPS

Reassessment Frequency:

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

Anaesthesiologist Name: Dr. SK. Ajesho

Anaesthesiologist Signature: [Signature]

Date & Time:

PACU Nurse Name: Amisha


PACU Nurse Signature: [Signature]

Date & Time:

Transferred to Unit by (PACU): 212

Date & Time: 22/5/2026

PATIENT TRANSFER FORM

Patient Name & UHID No. HNH-00015536 IP26-00006402 Mrs RUKHSAR NAZNEEN 31-10-1993 32 Y 6 M 22 D (F) Dr. SUCHITRA SRIRAMPUR 		Date & Time of Admission 22/5/26 @ 10:19 AM	Date & Time of Transfer Order 22/5/26 @ 12:50 PM
		Transfer Ordered by DR. NAVEENA	Reason for Transfer EL-LSCS
From Unit pre-part	To Unit O.T	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File 30	Number of Imaging Films - 1 -	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what ?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.	Rb	10	
2.			
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring Sis. Sujatha		Name of Person Ordered Transfer DR. NAVEENA	
Patient & Clinical Records Received by : Sudipta			
Date & Time of Patient Received : 22/5/26 @ 12:50 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

PATIENT TRANSFER FORM

Patient Name & UHID No. HNH-00015536 IP26-00006402 Mrs RUKHSAR NAZNEEN 31-10-1993 32 Y 6 M 22 D (F) Dr. SUCHITRA SRIRAMPUR 		Date & Time of Admission 22/5/2026 @	Date & Time of Transfer Order 22/5/2026 @ 8 PM
		Transfer Ordered by Dr. Manisha	Reason for Transfer observation
From Unit pre & post	To Unit 212	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File 32	Number of Imaging Films NST - 1	Personal belongings including clinical documents. If any handed over to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, what ?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.	Re	500ml	
2.			
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes <input type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring Ansha B & A		Name of Person Ordered Transfer Dr. Suchitra srirampur	
Patient & Clinical Records Received by : Sneha 22/5/2026 @ 8.10 PM			
Date & Time of Patient Received :			

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

- Unavailable Bed Nurse not Available Available Bed not ready

Handwritten notes on the left page, including a small circular mark at the bottom center.

Handwritten notes on the right page, including a small circular mark at the bottom center.

Handwritten notes on the far right page, including a small circular mark at the bottom center.



BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 22/5/26 Time: 1:17pm

Blood Group of the Patient: A+ve Blood Group on the Blood Bag: 997

Blood Bank Issue No: 997 Date of Collection: 20/5/26 Date of Expiry: 1/7/26

Date & Time of Starting Transfusion: 22/5/26 1:17pm Planned duration of Transfusion: 22/5/26 @ 4:30pm

Check for Correct Unit: Correct Patient:

Blood products cross checked by: Nurse 1: _____ Nurse 2: _____

Before starting transfusion vitals: Temp: 37.0 HR: 116 RR: 20 BP: 148/81 SpO₂: 97

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO ₂	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
22/5/26	1:17pm 15 Min	103	97.0 F	146/81	97	NO	NO	NO	NO
22/5/26	1:32pm 15 Min	118	98.2 F	142/68	97	NO	NO	NO	NO
22/5/26	1:57pm 30 Min	116	98.0 F	148/69	94	NO	NO	NO	NO
22/5/26	1:22pm 30 Min	106	98.0 F	145/79	98	NO	NO	NO	NO
22/5/26	1:47pm 30 Min	100	98.0 F	136/79	98	-	-	-	-
22/5/26	2:02pm 1 Hr	88	.	146/76	100	-	-	-	-
22/5/26	3pm 1 Hr								

Comments: on going blood No reaction

Name of the Incharge-Nurse: Kushvi

Name of the Nurse: Amisha

Signature of the Incharge-Nurse: Kushvi

Signature of the Nurse: Amisha

Date & Time: 22/5/26

Date & Time: 22/5/26

Phone : 8790221175 , 8341711775

SURYA BLOOD CENTRE
 (A unit of Telangana Development Committee)
 #3-6-150, First Floor, Above Indian Bank, Main Road, Himayatnagar, Hyderabad-29.
 Lic No. 111/HD/TS/2021/BC/G

PACKED RED CELLS I.P. 220-280 ml
 Anticoagulant : CPDA Solution U.S.P. 49 ml / 63ml
 Prepared from a **VOLUNTARY DONOR / REPLACEMENT**

Blood Group: **'A'** Rh (D) Type: **POSITIVE**

Blood Bag No. **997** Volume **250ml** Collection Date **2015/26**

Tested Date : **2015/26** Expiry Date : **01/7/26**

Tested and Found Negative for HIV I & II antibodies, HBsAg, HCV antibodies, VDRL & Malaria Parasites.

CAUTION 1) Do not use if there is any visible evidence of deterioration like haemolysis, clotting & discolourisation.
 2) Storage temperature 2°-6° C.
 3) Bring the Blood bag to room temperature before transfusion.
 4) Do not keep the Blood Bag in De-Freezer compartment in refrigerator.
 5) Shake gently before use. 6) Administer without warming.
 7) Transfuse under medical supervision only.
 8) Do not add any medicine to the blood.
 9) Use a fresh, sterile pyrogen free disposable transfusion set with filter.
 10) Do not dispense without prescription.
 11) Check Blood Group & Rh Type on label and Recipient Group & Rh type before administration.
 12) Cross match before use. 13) Appropriate compatible, cross matched blood without a typical antibody in recipient should be used.
 14) If Hemolysis is present in ABO negative blood units it should be transfused to the same blood group recipient only.

Please Note : It is advised that this Blood Bag which is stored in our Blood Centre refrigerator at ideal temperature must be transfused immediately without further storing it. This Blood Bank bears no responsibility if this bag is further stored with-

Handwritten note: 2015/26

Handwritten notes:
 2015/26
 2015/26
 2015/26



CONSENT FOR BLOOD TRANSFUSION

Name: Mrs. RUKHSAR Age: 31y Gender: Male Female
UHID.No : Date: 22/5/26

- Type of Blood Product:**
- Fresh Frozen Plasma
 - Packed Red Blood Cells
 - Random Donor Platelets
 - Cryoprecipitate
 - Single Donor Platelet
 - Whole Blood
 - Albumin
 - Red Blood Cell
 - Others

I Mrs. RUKHSAR hereby give my consent for whole blood transfusion or the blood components as part of treatment of myself / my patient while being admitted at Rainbow Hospital. I have been explained all the known risks of transfusion reactions. I have also been explained that the donor blood has been screened for Human Immunodeficiency Virus antibodies, Hepatitis B surface antigen, Hepatitis C antibodies, Malaria and Syphilis. I have also been explained that transfusion transmitted infections occur even with screened blood, especially if it is in the "window period" and also due to various other infections which have not been screened for. I also understand that any blood components transfusions carries risk of transfusion associated reactions, fluid overload etc. which are generally rare. The same risks apply for multiple transfusions too.

The doctor has explained to me about the alternative for this procedure which is

All the above-mentioned risk, benefits and alternatives have been explained to me by the doctor treating me / my patient in the language that I fully understand and I accept the same and give my consent for all transfusions (the whole blood / or blood components Packed Red Blood Cells, Red Blood Cell, Platelets, Fresh Frozen Plasma, Cryoprecipitate etc.) to me / my Patient during he present hospital stay and treatment.

Patient (Or Patient Relative / Guardian):

Doctor (Who is talking the consent)

Signature:
Name:
Date & Time

Signature: [Signature]
Name: Dr. SK. Ayasha
Date & Time 22/5/26, 1:10pm

Witness

Signature: [Signature]
Name: Mohammed Tipse Khan.
Date & Time 22/May/26

HNH-00015536 IP26-00006402
 Mrs RUKHSAR NAZNEEN
 31-10-1993 32 Y 6 M 22 D (F)
 Dr. SUCHITRA SRIRAMPUR



OBSTETRIC ASSESSMENT FORM

Date: 22/5/26 Time of Arrival: Time Seen by Nurse:

1) Level of Consciousness: Conscious Semi-Conscious Unconscious

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

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

3) Vital Signs: Temperature: 97.8 Pulse: 85 RR: 20 SpO₂: 99.1 BP: 115/75 Weight:

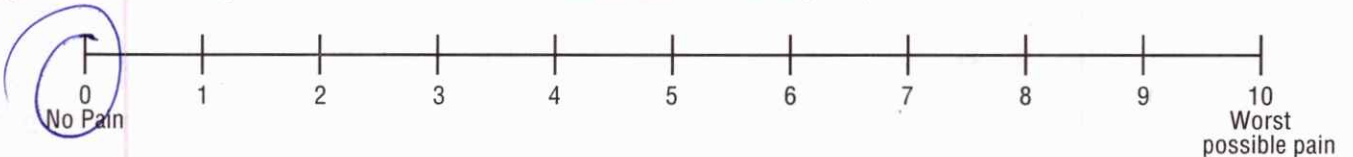
4) Gestational Criteria:

Gravida:	G <u>5</u>	P <u>3</u>	L <u>3</u>	A
----------	------------	------------	------------	---

LMP: EDD: 22/6/25 Gestational Age: 35 w 4 days

Uterine Contraction	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> NA	Onset	Time	Frequency:
Membrane Rupture	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> NA	Onset	Time	Fluid Color:
Vaginal bleeding	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> NA	Onset	Time	Amount:
Pre Eclampsia Symptoms	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> NA	If Yes specify: Headache / Visual Symptoms / Pain Abdomen / Vomiting		
Good fetal Movement	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	If No specify:		

5) Pain Screening: Numerical Pain Scale (NPS)



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

6) Past History:

- a) Surgeries:
- b) Medical:



1) **Emergency:** No, If Yes :

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

9) **Prenatal Medical History:**

- None Gestational Diabetes
- Chronic Hypertension Low placenta
- Gestational Hypertension Others if yes, specify
- Diabetes

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	<ul style="list-style-type: none"> • Acute onsite severe abdominal pain • Altered level of consciousness • Cord prolapse • Severe respiratory distress • Suspected sepsis 	<ul style="list-style-type: none"> • Major trauma • Shortness of breath • Unplanned and unattended birth 	<ul style="list-style-type: none"> • Abdominal/back pain greater than expected in pregnancy • Flank pain / hematuria • Nausea /vomiting and /or diarrhea with suspected dehydration 	<ul style="list-style-type: none"> • 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) 	<ul style="list-style-type: none"> • Anything that does not seem to pose threat to mother or fetus • Cervical ripening • Out patient placenta previa protocols • Pre-booked visits (ie Rh and progesterone injections, NST • Assessment for version • Rashes

Time seen by Doctor:

Nurse Name : Sujatha Nurse Signature: [Signature]

Date: 22/5/26 Time: 10 AM



LABOUR AND DELIVERY NURSING ASSESSMENT

Date of Admission: 22/5/26

Baseline Information:

Admission From: ER OPD Admission Desk Others: specify

Primary Language: Telugu English Hindi Others

Do you require an interpreter? Yes No

Source of Information: Patient Family Others

Personal belonging if any: Jewelry Nose Ring Bangles Anklets Finger Ring Bracelets
 handed over to

Allergies: Yes No Medications Blood Transfusion Food Other:
 If yes, identify

Chief Complaints: 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

Blood Group: **LMP:** **EDD:** **Gestational age during admission:**
Contractions: **Vaginal Discharge:**

Obstetric History: G 5 P 3 L 3 A Previous LSCS

Height: Weight: BMI:
 Temp: 96.8 HR: 85 RR: 20 BP: 110/72 SpO₂ 99.1

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

<input type="checkbox"/> Hypothyroidism	<input type="checkbox"/> Rh Incompatibility	<input type="checkbox"/> Fertility Treatment
<input type="checkbox"/> Hyperthyroidism	<input type="checkbox"/> Previous LSCS	<input type="checkbox"/> Preterm Labour
<input type="checkbox"/> Hypertension	<input type="checkbox"/> Gestational Hypertension	<input type="checkbox"/> Others: (Specify)
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Bad Obstetric History	
<input type="checkbox"/> Anemia	<input type="checkbox"/> Obesity (BMI)	
	<input type="checkbox"/> Twins / Multiple Pregnancy	

HNH-00015536 IP26-00006402
Mrs RUKHSAR NAZNEEN
31-10-1993 32 Y 6 M 22 D (F)
Dr. SUCHITRA SRIRAMPUR



es Detected

- Heart Disease Hypertension Diabetes Stroke Seizures Kidney disease
 Liver disease Other

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

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

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

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

- Mobility problem Walking Problem No Abnormality Detected
 Developmental Delay Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING:

- Overweight Poor Appetite > 3 Days Needs Therapeutic Diet.
 Under Weight Diabetes Mellitus No Abnormality Detected

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

- Calm & Cooperative Restless Depressed Agitated Confused
 Others

Inform consultant for positive criteria

SOCIAL SCREENING:

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

Social History: Lives With

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:

Orientation not given Reason: self

Nurse Signature: Sui

Nurse Name: Suiatha

Date & Time: 22/5/20 @ 10AM

26-0000202331

**NARCOTIC PRESCRIPTION FORM
(PATIENT COPY)**

Patient Name:	MRS RUKHSAR NAZNEEN	Age:	32Y	Gender:	F
UHID No:	MNH-0005536	IP No:	26-00006402	Date:	22/5/26
Time:	11:28 AM				
Diagnosis:	BL. LSCS				
PRESCRIPTION DETAILS (Tick only one of the following)					
S.No	Drug Name	Dosage	Remarks		
1.	Fentanyl Citrate Inj. 50mcg/ML	100 mcg	0.05 Amp		
2.	Morphine Sulphate Inj. 15mg/ML	-	-		
3.	Remifentanyl Hydrochloride Inj. 2MG	-	-		
4.	Remifentanyl Hydrochloride inj. 1MG	-	-		
Doctor Name:	DR. SK. AYESHA		Doctor Registration No:	TSMC / FMR / 107725	
Signature:					

**NARCOTIC DISPENSING FORM
APPENDIX 4 – FORM NO. 3E**

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

IP Registration No: 26-00006402 Date: 22/5/26

Aadhaar No. of the Patient (Optional):

Name:	MRS. RUKHSAR NAZNEEN		Remarks
2.	Complete postal address (with contact number, if any)		BANDLAGUDA JAGIR. HYD
3.	Brief description of the illness		BL. LSCS
4.	Whether registered with any other registered medical practitioner / 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
22/5/26	FENTANYL	0.05 Amp		

Dispensed by (Name & ID No.): Sania (018442) Signature: Sania

Received by (Name & ID No.): SAI UTHANU 021153 Signature:

Time:

HNH-00015536 IP26-00006402
Mrs RUKHSAR NAZNEEN
31-10-1993 32 Y 6 M 22 D (F)
Dr. SUCHITRA SRIRAMPUR



212



NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 24/5/26

Time: 9:55am

Origin: Indian

Height: 162cm

Weight: 100kg

BMI: ~ 26 kg/m²
 ~ 28 kg/m²
 ~ 30 kg/m²

38 kg/m²

Food Allergies: No FA

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: [Signature]

Name: _____

Date & Time: 24/5/26; 9:55am

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

Dietician's

Signature: Sabiya

Name: Syeda Sabiya Zaheer

Date & Time: 24/5/26; 9:55am

(P. T. O)

