Dr. Indira Rani

ESTIMATION SLIP

Rainbow® Children's Hospital | BirthRight BY RAINBOW HOSPITALS

25551

Date: 18/11/2025 UHID / IP No.: New

Name of Patient: Mrs. Beerla Anjali Age: 29 Gender: F

Father's / Husband's Name: Mr. Tarun Corporate / Occupation:

Address: Laal Darwaza Phone: 9502183135 Email: GOD: July 2026

Procedure / Plan: ND/Lscs Primi 7036467296 Dost

MODE OF PAYMENT: ☐ SELF ☐ TPA: Oriental Ins (M.A) ☐ GIPSA: _____ OTHER

5 wks 6 days.

TARIFF INFORMATION:

Particulars	Package Amounts (Rs.)	
Room Category	Normal Delivery	LSCS
M Shared Ward		
Shared Ward		
Twin Shared Ward		
Private Room	90,000/-	1,00,000/-
Super Deluxe Room		Non-payables. 15k to 20k
Suite Room		
Package includes (Package Starts from the time of admission)	*Room Rent, Nursing Charges, Doctors For Surgeon's Fee and Labour Ward Charge*	*Room Rent, Nursing Charges, Doctors For Surgeon's Fee and Labour Ward Charge*
	Length of Stay for: 2 days	*Length of Stay for:* 3 days
	Pharmacy up to } entire	*Pharmacy up to*
	Investigations up to }	*Investigations up to*
Others Well Baby Bill - 25 to 35K approx		

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

Initial Minimum Deposit: 20K.

REMARKS Investigations + Vaccinations.

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

DECLARATION

I _____ have amended 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 with out any ambiguity.

S.T
Signature of the Client

Husband
Signatory Relationship

Signature of the Financial Counselor

HNH-00012389 IP26-00006665
Mrs BEERLA ANJALI
02-06-1996 30 Y 0 M 25 D (F)
Dr. Y.INDIRA RANI

Rainbow® Children's Hospital
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SURGERY DETAILS

Date : 27/6/26

Patient Name: Mrs. Beerla Anjali Date of Birth: 02-06-1996 Age: 30 Yr

Gender: Female Ward : OT UHID No.: HNH-00012389

Date of Surgery: 27/6/26 ☑ OT -1 ☐ OT -2 ☐ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : Elective LSCS

Time in : 11:30 AM Time Out : 12:30 PM

		NAME	AMOUNT
1.	Surgeon	: Dr. Y. Indira Rani	
2.	Anaesthetist	: Dr. Samir	
3.	Assistant Surgeon	: Dr. Ramya Thuja / Dr. Manisha	
4.	OT Technician	: Sr. Pallavi	
5.	Circulating Nurse	: Sr. Natasha	
6.	Assistant Nurse	: Sr. Archana	

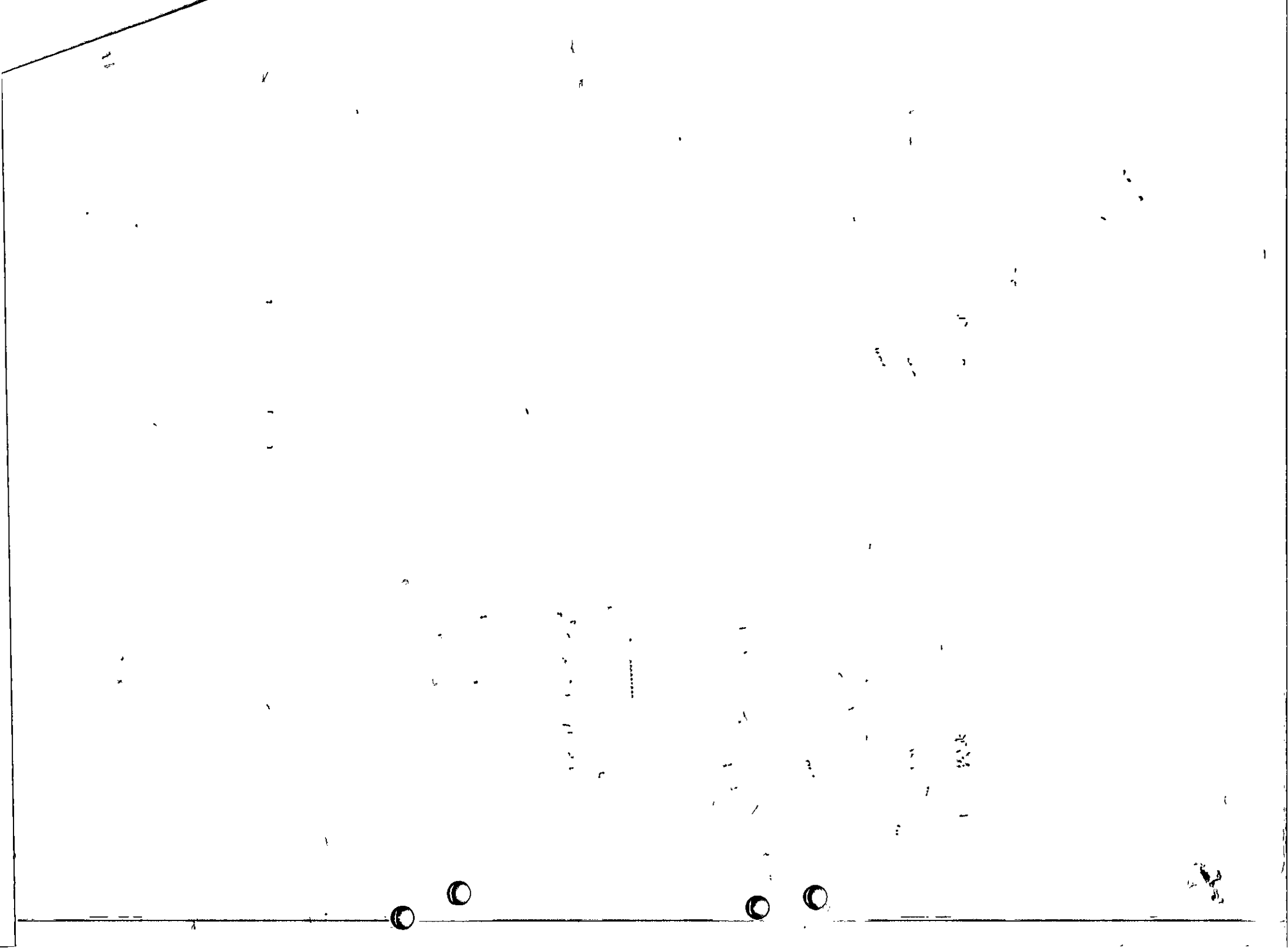
Special Equipment: ☐ Laparascopy ☐ Broncoscope ☐ Harmonic ☐ Morcelator
☐ C-ARM ☐ Cystoscopy ☐ Versa Point ☐ Liver Cusa
☐ Neuro Cusa ☐ Others .....

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 26-0000208666 Order by: Archana 27/6/26 @.

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



Mrs BEERLA ANJALI
02-06-1996 30 Y 0 M 25 D (F)
Dr. Y.INDIRA RANI

LSCS.

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CONSUMABLES OF OT

Circulating staff : Sr. Natasha, Sr. Karuna Technician : Sr. Pallavi Sai Chandu Date : 27/6/26 Time :

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube			Major Pack LSCS	1		Inj Vit.K		1
LMA			Sutures 2346, [illegible]	1		Cord Clamp		1
ECG leads : A / P / N		03	4242, 2762	1+1		Suction Catheter		
HME filter : A / P / N			404 Stratafix	1		Feeding Tube 6		1
Syringes : 10 cc		03				Vaccum Suction Set		
05 cc		03	Gloves S.G - 6.5, 6	1+1	3+1	Surgical Gloves Encore 6½		1+1
02 cc		03	Encore - 6.5		1	Gauze Pack S.G 6½ 7.5 x 7.5		1
01 cc						Syringe 1ml / 2ml		2
Cautery plate : A / P / N		01	Surgical blade no. 22		1	Surgical Blade # 20		1
IV set			NG tube			Koochies (S)		1
RL		02	Cautery pencil		1			
NS : 10ml / 100ml / 500ml / 1000ml			Koochies XXL		1	Baby Said		
Inj Lox 2%		01	Ointments					
Inj oxytocin		06	Suction Catheter		1	26-000020867		
Fentanyl		01	Cap, Mask		1+1			
Morphine			Gauze Pack 10x10		2			
Ketamine			Mop Pack		2			
Propofol			Steristrip					
Rocuronium			Underpad		2			
Glycopyrolate			Draw sheet					
Myopyrolate			Abgel					
Ondansetron			Foleys catheter					
Pencan 26g/ Spinal Needle 22		01	Urobag					
Bupivacaine 0.25%			Chest Drainage Catheter					
Bupivacaine 0.25%(Heavy)		01	Romodrain bag					
Antibiotics			Bandage					
Spinal Needle 25 Quincke		01	Tegaderm					
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg		01	Vaccum Suction set		1			
Justin : 12.5 mg / 25mg / 100mg		01	Plastic ~~Bed Sheet~~ Apron		4			
Tab. Misoprost : 200mg		01	Betadine Solution		2			
Gauze		01	Microshield		2			
Encore Glove 6½, 7	1+1	01	Cotton Balls		1			
Lox patch		1	Latex Gloves		20			
			Ramdione Scrub					
			Saral					

Surgeon Anaesthesiologist Nurse OT Technician

Order No. : 26-0000208670 / 669 Ordered by : Archana 27/6/26 @ 11:42 pm

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

Rainbow Childrens Hospital-Himayatnagar

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

ELECTRONIC MEDICINE PRESCRIPTION

MRN	RNH-00012389	Name	Mrs BEERLA ANJALI
Age / Sex	30 Y 0 M 25 D / Female	Doctor	Y.INDIRA RANI
Adm/Reg Date/Time	27/06/2026 08:49	Payor	MEDI ASSIST INSURANCE TPA PVT LTD
Order Date	27/06/2026 13:41	Ordernumber	26-0000208670
Visit ID	IP26-00006665	Ward/Bed No	4F -OT / PDA-412
Patient Address	lal darwaza, hyderabad, Lal Darwaza, Hyderabad, Telangana, INDIA, 500085		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	SURGICAL BLADE 22	SURGICAL BLADE 22	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
2	TRUGUT CHROMIC CATGUT SN4242	TRUGUT CHROMIC CATGUT SN4242	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
3	LOX-LIDOCAIN-5PER PATCH 2S		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
4	GAUZE PACK STERILE 10X10X12 PLY 5S	GAUZE PACK STERILE 10X10X12 PLY 5 PACK	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
5	COTTON BALLS 2 GM 5 NOS		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
6	DSYRINGS 2.5ML(NIPRO)	SYRINGE 2ML	1 Nos	External / Once Daily	1 Days		3 Nos	Dispensed
7	STRATAFIX-SXPP1A404		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
8	Encore Micropic gloves-6.5		1 Nos	/ Once Daily	1 Days		2 Nos	Dispensed
9	MISOPROST TAB 200MCG 4S		1 Tabs	External / Once Daily	1 Days		4 Tabs	Dispensed
10	DISPOSABLE APRONS STERILE XL	DISPOSABLE APRON STERILE XL	1 Nos	/ Once Daily	4 Days		4 Nos	Dispensed
11	VICRYL 1-0 VP 2346	VICRYL 1-0 VP 2346	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
12	GAUZE 7.5X7.5 12 PLY (5 NOS) NON XRAY	GAUZE 7.5X7 5 12 PLY 5 NOS	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
13	BUPICAIN HEAVY 80MG INJ 4ML		1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
14	PENCAN 27G (B/BRAUN)		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
15	ENCORE MICROPTIC GLOVES-7 PF		1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
16	E C G ELECTRODES (ADULT)	ELECTRODES ADULT	1 Nos	External / Once Daily	1 Days		3 Nos	Dispensed
17	UNDER PAD 60X90 10's Pack - MEDICUBE		1 Nos	External / 10 AM	1 Days		2 Nos	Dispensed
18	POVINANZ SOLUTION 10% 100 ML		1 Nos	/ Once Daily	1 Days		2 Nos	Dispensed
19	VACCUME SUCTION SET		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
20	SPINAL NEEDLE 25	SPINAL NEEDLE 25G	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
21	DSYRINGE 10ML (NIPRO)	SYRINGE 10ML	1 Nos	External / Once Daily	1 Days		3 Nos	Dispensed
22	SGLOVE # 6.5 (SURGICARE)	SURGICAL GLOVES 6.5	1 Nos	External / Once Daily	1 Days		4 Nos	Dispensed
23	EVATOCIN (OXYTOCIN) INJ 5 IU 1 ML		1 Vial	External / Once Daily	1 Days		6 Vial	Dispensed
24	ADULT DIAPERS-XXL		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
25	BACTOPREP SOLUTIONS 100 ML		1 ml	/ Once Daily	2 Days		2 Nos	Dispensed
26	MOPS 30X30 8PLY 5S X-RAY	MOPS 30X308 PLYDATT	1 Nos	/ Once Daily	2 Days		2 Nos	Dispensed
27	JUSTIN SUPPOSITORIES 100 MG 5 S		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
28	CAUTERY PENCIL (ADVANCE)		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
29	SGLOVE # 6 (SURGICARE)	SURGICAL GLOVES 6.0	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
30	VICRYL 2-0 NW 2762	VICRYL 2-0 NW 2762	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
31	DSYRINGE 5ML(NIPRO)	SYRINGE 5ML	1 Nos	External / Once Daily	1 Days		3 Nos	Dispensed
32	LSCS DRAPE PACK (PROTECTCARE)		1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
33	THEMICAINE 2% 30ML INJ		1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
34	RL 500 ML CLOSED SYSTEM	RINGER LACTATE 500ML CLOSED	1 Bottle	/ Once Daily	2 Days		2 Bottle	Dispensed
35	PREGELLED SURGICAL PLATES(ADULT)	PREGELLED PLATES ADULT	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed

Y.INDIRA RANI

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

Note

* This prescription is valid only for specified duration.

* Do not refill medicines.

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ELECTRONIC MEDICINE PRESCRIPTION

MRN	HNH-00012389	**Name**	: Mrs BEERLA ANJALI
Age / Sex	30 Y 0 M 25 D / Female	**Doctor**	: Y.INDIRA RANI
Adm/Reg Date/Time	27/06/2026 08:49	**Payor**	: MEDI ASSIST INSURANCE TPA PVT LTD
Order Date	27/06/2026 13:41	**Ordernumber**	: 26-0000208669
Visit ID	: IP26-00006665	**Ward/Bed No**	: 4F -OT / PDA-412
Patient Address	. lal darwaza, hyderabad, Lal Darwaza, Hyderabad, Telangana, INDIA, 500065		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	FACE MASK 3 LAYER - ELASTIC	FACE MASK 3 LAYER	1 Nos	External / Once Daily	1 Days		10 Nos	Ordered
2	NITRILE EXAMINATION GLOVES P F- MEDIUM		1 Nos	External / Once Daily	1 Days		20 Nos	Ordered
3	SURGEON CAP(FEMALE) (PROTECTCARE)		1 Nos	External / Once Daily	1 Days		10 Nos	Ordered

Y.INDIRA RANI

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Note

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Birth Rainbow

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040-48873000, info@rainbowhospitals.in

ELECTRONIC MEDICINE PRESCRIPTION

MRN	: HNH-00016204	**Name**	: Baby Of BEERLA ANJALI
Age / Sex	: 0 Y 0 M 0 D 2 H / Female	**Doctor**	: S TEJASWI REDDY
Adm/Reg Date/Time	: 27/06/2026 12:33	**Payor**	: SELFPAY
Order Date	: 27/06/2026 13:49	**Ordernumber**	: 26-0000208671
Visit	: IP26-00006666	**Ward/Bed No**	: 4F -OT / CRDL-HNPDA-412-1
Patient Address	lal darwaza, hyderabad, Lal Darwaza, Hyderabad, Telangana, INDIA, 500065		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	INFANT FEEDING TUBE-6	INFANT FEEDING TUBE 6	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
2	SGLOVE # 6.5 (SURGICARE)	SURGICAL GLOVES 6.5	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
3	DSYRINGE 1ML (NIPRO)	SYRINGE 1ML	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
4	FASYCLOT-K1 1MG INJ 0 5 ML		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
5	CORD CLAMP-ALPHAMEDICARE		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
6	GAUZE 7.5X7.5 12 PLY (5 NOS) NON XRAY	GAUZE 7.5X7.5 12 PLY 5 NOS	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
7	Encore Microptic gloves-6.5		1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
8	SURGICAL BLADE 20	SURGICAL BLADE 20	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed

S TEJASWI REDDY

Reg No : APMC/FMR/94068

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ted Date/Time : 27/06/2026 14:12 Printed By : BODIGADDA KARUNA

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Name	Mrs BEERLA ANJALI	**UHID**	HNH-00012389
Father/Guardian	Mr TARUN SUTRAVE	**Age/Gender**	30 Y 0 M 25 D/ Female
Address	lal darwaza, hyderabad, Lal Darwaza, Hyderabad, Telangana, INDIA, 500065		
IP No	IP26-00006665	**Admission Date**	27-06-2026
Ref Doctor	Self.		
Discharge Date	30.06.2026		

DISCHARGE SUMMARY

Consultant:
Dr. INDIRA RANI Y
MBBS, DGO
700113

Diagnosis: PRIMIGRAVIDA WITH 38^{+3} WEEKS WITH HYPOTHYROIDISM WITH GESTATIONAL DIABETES MELLITUS ON ORAL HYPOGLYCEMIC AGENTS AND INSULIN FOR ELECTIVE LOWER SEGMENT CAESAREAN SECTION.

ELECTIVE LOWER SEGMENT CAESAREAN SECTION DONE ON 27.06.2026

History:

LMP: 01.10.2025
EDD: 08.07.2026

Obstetric formula: Primigravida
Gestation at admission: 38^{+3}weeks

Name	Mrs BEERLA ANJALI	**UHID**	HNH-00012389
IP No	IP26-00006665	**Admission Date**	27-06-2026

Obstetric History:
G1 - Present Pregnancy, Spontaneous conception.

Medical History: Nil
Family History : Mother-hypothyroid (12 years)
Surgical History: Nil
Allergies : Nil

Antenatal Details:

Mrs BEERLA ANJALI was booked to Rainbow hospital at 8^{+6} weeks of gestation. She had regular antenatal checkups and investigations as advised. NT scan was normal, FTS was low risk. TIFFA was normal. Fetal 2D echo normal. Her OGTT (07.03.2026) was deranged 95/177/166 mg/dl and she was started on diabetic diet. Physician opinion sought and she was started on Tab. Glycomet SR at 20 weeks of gestation ,titrated the dose and was started on Inj Insulin mixtard at 32 weeks . Fetal surveillance done with serial growth scans. Inj Betamethasone 12 mg IM 2 Doses given on 24.06.2026 and 25.06.2026. Scan was done on 10.06.2026 showed Single live intrauterine fetus at 35^{+2} weeks , Placenta: Anterior ,High, with cephalic presentation with EFW: 2.490 kg(32%) AC: 20% AFI-8 cms with normal Doppler. AFI+ Doppler on 18.06.2026 ,AFI-9.5 cms ,doppler normal. She was admitted at 38^{+3}weeks weeks for Elective LSCS.

Investigations: Enclosed.
Blood group: "AB" Positive

Management: Course in hospital:

Name	Mrs BEERLA ANJALI	**UHID**	HNH-00012389
IP No	IP26-00006665	**Admission Date**	27-06-2026

At admission, her vitals were stable, uterus was relaxed. Fetal wellbeing 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. Scanty liquor noted. Baby delivered. One loop of cord around neck noted, Cord clamped and cut and cord blood collected for blood grouping and Rh typing. Baby handed over to pediatrician. Placenta delivered with controlled cord traction. Uterus closed in layers. Hemostasis secured. Instruments and swab count checked. Rectus sheath closed. Skin closed with subcuticular sutures. Wound dressing done. Vagina cleaned with Betadine solution after expelling clots. Misoprostol 600 mcg given per rectum as prophylaxis against Postpartum hemorrhage. Patient was shifted out of theatre to post operative recovery room.

***Lower uterine segment not formed**

***Single loop of cord around neck**

***Liquor less**

Delivery Details:

Name	Mrs BEERLA ANJALI	**UHID**	HNH-00012389
IP No	IP26-00006665	**Admission Date**	27-06-2026

Date : 27.06.2026
Time of Delivery : 12:01pm
Type of Delivery : Elective Lower Segment Cesarean Section
Indication : Poor bishop score with oligohydramnios

Anaesthesia : Spinal

Baby Details:
Date : 27.06.2026
Time : 12:01pm
Sex : Female
Weight : 2.920kg
Apgar : 8,9
Gestational Age: 38^{+3} weeks
NICU Admission: No

Post-Operative Notes:
She was closely monitored. Her vital signs remained stable. Uterus was well retracted with no postpartum hemorrhage. Breast feeding initiated. She was shifted to room. Thromboprophylaxis given. Her postoperative period following that was uneventful. Bladder and bowel habits regained. On second postoperative day dressing was changed. Her FBS/PPBS on second postoperative day was 85/83mg/dl. On inspection wound was healthy. Her general condition was satisfactory and she was found to be fit for discharge. Wound care and medications were explained to patient supplemented by written information. She was given the postpartum book for further reference.

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Name	Mrs BEERLA ANJALI	**UHID**	HNH-00012389
IP No	IP26-00006665	**Admission Date**	27-06-2026

Advice:

1. Tab. Taxim O 200mg twice daily till 03.07.2026 (9am-9pm) after food.
2. Tab. Calpol (Paracetamol 500mg) 2 tablets thrice daily till 01.07.2026 (8am-2pm-10pm) after food.
3. Tab. Voveran (Diclofenac-50mg) 1 tablet thrice daily till 01.07.2026 (9am-3pm-11pm) after food.
4. Tab. Pantodac (Pantoprazole - 40mg) 1 tablet twice daily till 03.07.2026 (7am-7pm) before food.
5. Tab. Livogen (Elemental Iron - 50mg, folic acid 1.5mg) once daily (7am) for three months before breakfast.
6. Tab. Shelcal (Elemental Calcium 500mg, vitamin D3 250 IU) once daily (2pm) till breast feeding after food.
7. Nebasulf Powder for local application
8. Review with FBS and PPBS after 4 weeks.

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

Review with **Dr. INDIRA RANI Y,** after **1 weeks** on **06.07.2026** at postnatal clinic with prior appointment **(Review consultation will be charged).**

For Women Who Have Had a Caesarean Section
Care of the wound:

1.You can bath and shower.

Name	Mrs BEERLA ANJALI	**UHID**	HNH-00012389
IP No	IP26-00006665	**Admission Date**	27-06-2026

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 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 just dial one toll free number - 18002122.You can also take appointments at any time by going online to our website **www.rainbowhospitals.in**

Registrar/Resident/C.M.O

Consultant:
Dr. INDIRA RANI Y
MBBS, DGO
700113

Breast feeding summary.

Breast feeding is dependent on a basic principle of **"Demand and Supply"**, the mother's body responds to the baby's sucking by producing milk as per the need. However there may be a delay in establishment of a breast feeding pattern in some mothers, the key is to stay relaxed and positive. Have the baby on the breast for 10 to15 minutes every time the baby cries. Most babies cluster feed, they can actually be on the breast as many as 14 to 16 times in a day. In the first week it's necessary to wake up the baby every two-three hours and feed the baby; if the baby does not suck then the mother should squeeze out milk from her breast and give it to the baby with a spoon. This is to prevent the baby from being dehydrated.

Position and Attachment.

The most important aspect of breastfeeding is correct attachment and position; any complications that may arise in breastfeeding are as a result of bad attachment and position. Basic rules to follow while Breast feeding are:

- Baby goes to the breast.
- Mother sits with a good back support.
- It's important that the baby opens the mouth wide and takes the latch on the areola.
- Ear-shoulder-hip of the baby should be in a straight line (the mother's abdomen should be in contact with the baby's abdomen).

POSITIONS: the postpartum books explains the positions with pictures, the most common positions are the

Cross-cradle hold

Cradle hold

Foot ball hold (for c-section patients)

Flat / inverted nipples:

A mother with a flat or inverted nipple has to work a little hard while latching the baby, pulling out the nipple in a tea-cup hold and offering it to the baby can be helpful, nipple puller can be used to pull the nipple out, however when milk starts to flow the nipple softens and the baby looses grip. Nipple shield is recommended for such a situation.

NICU Admissions:

In the case of a NICU admission, the mother needs to constantly stimulate the breast and express milk manually or by using a breast pump. It is important that the demand is put on the breast even if the mother is not making any milk, manually expressing or pumping is a way to communicate to the body to produce milk. Information on rental pumps is available at the nursing station

Care of the Breast:

- Do not apply soap on the nipple, as soap tends to take away the moisture and make them dry, warm water rinsing is recommended.
- Make sure that you wear yours brassieres at all times (during night also) to avoid loss of muscle tone.
- After you are done feeding, squeeze out a little milk from your breast, apply it on the nipple and the areola and let it air dry for 5 – 10 min.
- In case of engorgement (lumps, heaviness) in the breast, use hot compress on the breast before a feed to melt the lumps and a cold compress after the feed for pain relief.

Key to know if baby's got enough:

- Assess baby for a proper latch.
- Look for rhythmic sucking with pause in jaw excursions.
- Baby should fall away from the breast sleepy and satisfied.
- What goes in must come out, reduced urine output means dehydration, keeping a count of no of urine the baby passes is important.
- For the first day (24 hours) the baby should pass at least one urine, on day 2-2 urines, day 3-3uirnes, day 4- 4urines, day 5-5 urines and from the 6th day, there should be a minimum of 6 – 7 wet nappies for a day.

Dehydration can be avoided if the baby is fed every two hours, if the baby refuses to latch after a two hours break, it is necessary to give expressed breast milk with a spoon for the first two weeks.
Feeding schedule for the infant is 15 minutes of active sucking on each breast whenever the baby demands i.e. a minimum of half hour gap or maximum of two and half hour gap. A different feeding schedule will be given at your lactation consultant appointment after a week.

Rainbow Children's Hospital | BirthRight by Rainbow

Rainbow Childrens Hospital-Himayatnagar

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

ADMISSION SHEET

Registration Details :

Admission No : IP26-00006665 **Admit Date** : 27-Jun-2026 **Admit Time** : 08:49 AM **UHID** : HNH-00012389

Patient Details :

Patient Name	: Mrs BEERLA ANJALI	**Age**	: 30 Y 0 M 25 D
Guardian	: Mr TARUN SUTRAVE	**DOB**	: 02-06-1996
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: lal darwaza, hyderabad Lal Darwaza Hyderabad Telangana INDIA 500065	**Phone No**	: 9502183135/ 7036467296
		E-mail	: tarun.sutrave009@GMAIL.COM

Admission Details :

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

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

Contact Details :

Name : Mr TARUN SUTRAVE **Relationship** : Husband

Contact Address : lal darwaza, hyderabad Lal Darwaza Hyderabad Telangana INDIA 500065 **Phone No** : 9502183135

S.Tarun
Signature

Doctor Details :

Doctor Name : Dr. Y.INDIRA RANI **Specialisation** : OBSTETRICS AND GYNECOLOGY

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

Co-Consultant :

Payment Details :

Payment Mode : Cash **Deposit Amount** : 20000.00

Payor Name : MEDI ASSIST INSURANCE TPA PVT LTD

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ACTIVITY RECORD FOR BILLING

Name :_____ HNH-00012389 IP26-00006665 Mrs BEERLA ANJALI 02-06-1996 30 Y 0 M 25 D (F) Dr. Y.INDIRA RANI _____

UHID No. : _____ IP N t: _____ Dept : _____

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
27/6/26	11:20Am	Pre-post	OT	Sujatha/Karuna
27/6/26	12:35Pm	OT	Pre-Post	Karuna/Sujatha
27/6	5:30Pm	PRE&POST	(305)	

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Signature
27/6	NST – ①	007624	Sri
27/6	GRBS 9Am 72mg/dl	10435	Sri
27/6	3Pm(GRBS) 75mg/dl	10468	②
			cross checked done
27/6/26	10pm (GRBS) 81 (mg/dl)	10536	
28/6/26	9Am (GRBS) 79 (mg/dl)	10537	
29/6/26	6Am (FBS) 85mg/dl	10568	Mahi
29/6/26	12Pm (PP1BS) 83mg/dl	0589	③
			cross check done by sr. sandhya

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
27/6	INFUSion pump	12:35pm	5pm	208672	
27/6	cardiac monitor	12:35pm			Sujatha

crosschecked done

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
~~28~~/6	IV placement	(1)	208619	
~~28~~/6	catherization	(1)	208619	Sujatha
~~28~~/6	PAC (OP)		PRS26-0006217359	
			cross checked done	
28/6/26	NHA	(1)	208986	
			cross check done by maheshwari	

ANY OTHER INFORMATION

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.....

.....

.....

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

HNH-00012389 IP26-00006665
Mrs BEERLA ANJALI
02-06-1996 30 Y 0 M 25 D (F)
Dr. Y.INDIRA RANI

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IP FOR OBSTETRICS

Presenting Complaints
Come for ELCUS
PFM (+)

Obstetric Formula: G_1

Obstetric Hostory:
G_1 – PP, Spont Conception

Present Pregnancy Record:
NT (N) FIS UR
TIFFA (N)
F 20 Echo (N)
Behavioral Course (19/6 – 20/6)

RISK FACTORS: AGE ≥ 40m (24wks)
OHA @ 28wks
Insulin @ 32wks

Height: ..... cm
Weight: ..... kg
Allergies: .....
Breast: ☑ Normal ☐ Abnormal
General Examination:
Consciousness: C|C Pallor:
Icterus: no Edema:
Temp: Afebrile PR:
BP: DTR: (N)
CVS: S1S2 (+) no murmurs RS B/L NVBS (+)
Liver/Spleen (N) Urine Output: Adequate

LMP: 1/Oct/15 EDD:
Corrected EDD: 8/7/2016 GA: 38 T3

Menstrual History: Regular : ☑ Yes ☐ No

Obstetric Examination

Fundal Height: N Term Size

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

Per Speculum Examination not done

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

Vaginal Examination not done.

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

DIAGNOSIS

Prim. / 38 T3 weeks / Hypothyroidism / GDM (OHA + Insulin)
for ELCUS

HNH-00012389 IP26-00006665
Mrs BEERLA ANJALI
02-06-1996 30 Y 0 M 25 D (F)
Dr. Y.INDIRA RANI

Family History: Mother - Hypothyro (12y)	Surgical History: Nil
Medical History: - GDM (~~Fab~~) (OMA + Insulin)	Medication History: - Thyronorm 12.5mg (2nd month) - T. Metformin 1000mg [ABF - After Breakfast] FB 500mg AD - Insulin (Actrapid) 6U (BBF) - Tab Iron / calcium
Plan of Care: Admission NST Parts preparation. Informed Consent Drugs as charted. Foleys Catheterisation. Review PAC Paediatrician Call. Shift to OT on Call. Monitor Vitals Inform SOS. - Postoperative course - Reserve 1 ⊕ PRBC	Investigations: BGT AB ⊕ve CBP (13/6/2026) Hb - 11.5 plt - 2.37 PCV - 36.8 TLC - 12.4 HIV, HbsAg, HCV, VDRL GRBS 72 mg/dl USG (10/6/2026) SLIUF / 35+2 / Vx AFI 8cm placenta - A1H EFW - 2.440 (32%) AC 20% Doppler Ⓝ USG (18/6/2026) SLF / 36+3 Cephalic AFI - 9.5cm Doppler Ⓝ

Doctor Name: Dr. Mansha
Signature: [signature]
Date & Time: 27/06/2026 @ 9Am

Consultant Name: Dr. Indira Rani
Signature: [signature]
Date & Time: 27/06/2026 @ 9Am

HNH-00012389 IP26-00006665
Mrs BEERLA ANJALI
02-06-1996 30 Y 0 M 25 D (F)
Dr. Y.INDIRA RANI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/6/2026		C/s/b Dr Monisha
1pm		POD-0 / El LSCS / GDM (0+2) / Hypothyroidism
		Adv
	AC - Fair Afebrile	
	BP - 100/60mmHg	- NBM x 4-6 hrs
	PR - 72bpm	- Drugs as charted
Baby M.Ahmed	P/A Ut well retracted	- IVF / Analgesics / thromboprophylaxis
	ASD - Dry	as per Anaes
	PV Bleeding WNL	(*) Early Ambulation Tonight
	u/o - 200 cc (OT-Clear) Empty	- TED Stockings
		- I/O Monitoring
		- Foley's removal @ 6Am c/m (28/6)
		- GRBS monitoring 6th hourly x 24hrs
		F/b POD-2 - FBS, PPBS
		(Physician Opinion if deranged)
		- Inform SOS
		Signature (Amanda)

HNH-00012389 IP26-00006665
Mrs BEERLA ANJALI
02-06-1996 30 Y 0 M 25 D (F)
Dr. Y.INDIRA RANI

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. ROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/6/26. 5:30pm.	C/S/B Dr. Dua	
	POD-0 P,4 ē GDM	
		Adv
	AC Fair, Afebrile	- Oral sips allowed
Baby ē Mother.	BP: 116/77mmHg.	- IVF
	PR: 78 bpm	- Drugs as charted
	SPO_2: 99% on RA	- TED stockings
	P/A Uterus Retracted well.	
	BS(F).	- Early Ambulation. tonight
	L/E NAB	- I/o charting
	U/o - clear.	- Foleys Removal @ 6Am (28/6/26)
	100ml/hr.	- GRBS Monitoring 6th hourly
Pt can be shifted to room		- FBS, PPBS on POD-2
		- Vitals Monitoring
		- Inform SOS
	Inj Thiamine.	
29/6/26 8pm.	C/S/B Dr. Dua	
	POD-0 - P,4 ē GDM.	Adv
		- Liquid diet
Baby ē Mother.	AC Fair Afebrile	- IVF
	BP: 115/70mmHg	- Drugs as charted
	PR: 87/min	- TED stockings
U/o - clear.	SPO_2: 99% on RA	- GRBS Monitoring 6th hourly
300ml	P/A - Uterus Retracted well. BS(F)	- FBS, PPBS on POD-2
		- Foleys Removal @ 6Am
	L/E NAB	- Vital Monitoring, Inform SOS
		: Sweta Nurse

HNH-00012389 IP26-00006665
Mrs BEERLA ANJALI
02-06-1996 30 Y 0 M 25 D (F)
Dr. Y.INDIRA RANI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/6/26	C/s/B Dr. Dug	
7:30AM	POD-1 P1L1 ē GDM.	Adv
		- Soft diet
	C/C fair Afeb	- Ambulation
U- Yet to void	BP: 114/70 mmHg	- TED stockings
	PR: 72 bpm.	- FBS, PPBS on POD-2.
F ✓	SpO2: 97% on RA	- Vital Monitoring
S ✗	P/A URW.	- Drugs as charted.
	L/E NAB	- W/f PV bleed
Baby ē Mother.		- Inform s/os.
		- Encourage to void urine
	[signature]	Noted by madhu
28/6/2026	C/s/b Dr Manisha	
3pm	POD 1	
		Adv
	C/C Fair Afebrile	- Soft Diet / Adeq Hydration
	BP 115/60	- Drugs as charted
BMs	PR - 88	- TED Stocking
	P/A Ut well Retracted	- Vitals monitoring
	L/E Bleeding WNL	- Inform SOS
U ✓		- POD(2) - FBS, PPBS
F ✓		[signature]
S ✗		

HNH-00012389 IP25-00006665
Mrs BEERLA AN..ALI
02-06-1996 30 Y 0 M 25 D (F)
Dr. Y.INDIRA RANI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/06/2026	C/S/D Dr Manisha	
7pm	POD-1	
		Adv
	QC Fair Afebrile	- Soft Diet / Adeq Hydration
	Vitals Stable	- Drugs as charted
	P/A soft well retracted	- Vital Monitory
	BSL	POD (2) - FBS, PPBS
	LE Bleeding wnl	- Dulcolax Supp (2) PR
UV		@ 10pm if motion Not passed
FV		- Ambulation
SV		- Inform SOS
		M Amara
29/6/2026	C/S/D Manisha	
7.30 Am	POD 2.	
		Adv
	QC fair Afebrile	- Adeq Hydration
	Vitals Stable	- Drugs as charted
	P/A WNR	- PPBS to do.
	BSL	- Ambulation
UV	PV. Bleeding wnl	- Inform SOS
SV		
		M Amara
FBS- 85 mg/dl		N.B. Maheshwari

HNH-00012389 IP26-00006665
Mrs BEERLA ANJALI
02-06-1996 30 Y 0 M 26 D (F)
Dr. Y.INDIRA RANI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/6/26	c/s/B Dr. Veena	
12:15pm		
	POD-2 / El. LSCS	
	Pt is stable, No c/o	Adv
Baby @ ms	o/e GC fair	- Regular diet
	Vitals - stable	- ASD (regaderm to do)
FBS - 85	P/A - Soft, NT	- Drugs as charted
PPBS - 83 mg/dl	BS (+)	- Vital monitoring
	U/e - NAD / BWNL	- [illegible]
U ✓	B/L Breasts - Soft	- Ambulation
F ✓	MS (+)	- Adequate hydration
S ✓		- Can be discharged

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

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

HNH-00012389 IP26-00006665
Mrs BEERLA ANJALI
02-06-1996 30 Y 0 M 26 D (F)
Dr. Y.INDIRA RANI

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NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 28/6/26 Time: 11:50 AM

Origin: Indian Height: 160 cm Weight: 85 Kg BMI: ☐ ~ 26 kg/m² ☐ ~ 28 kg/m² ☐ ~ 30 kg/m²

33 Kg/m²

Food Allergies: NO

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: S.Anjali

Name: Anjali

Date & Time: 28/6/26; 11:50 am

Dietician's

Signature: Sabiya

Name: Syeda Sabiya Zaheen

Date & Time: 28/6/26; 11:50 am

DIETARY NOTES

Date	Time	Notes	Sign

HNH-00012389 IP26-00006665
Mrs BEERLA ANJALI
02-06-1996 30 Y 0 M 25 D (F)
Dr. Y.INDIRA RANI

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DRUG CHART

Date of Admission: 27/06/2025 Drug Allergies: Nil ☑ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

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

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

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

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

HNH-00012389 IP26-00006665
Mrs BEERLA ANJALI
02-06-1996 30 Y 0 M 25 D (F)
Dr. Y.INDIRA RANI

REGULAR PRESCRIPTIONS

Weight. 84.8kg Ward. ....

DRUG: INJ- CEFOTAXIME				Date/Time	27/6	28/6
Dose	Route	Frequency	Start Date			
1Gm	IV	BD	27/6	11AM		
Name & Signature of the Doctor Starting the Drugs: (N) Dr-Naveena						
Additional Instructions: ATD x24hr F/B oral				11PM		
Daily Doctor's Endorsement by a Sign						

STOP

DRUG: TAB THYRONORM				Date/Time	28/6	29/6
Dose	Route	Frequency	Start Date			
12.5mg	P/O	OD	28/6			
Name & Signature of the Doctor Starting the Drugs:				6AM		
Additional Instructions:						
Daily Doctor's Endorsement by a Sign						

DRUG: PARACETAMOL				Date/Time	27/6	28/6
Dose	Route	Frequency	Start Date			
1gm	IV	TID	27/6	6AM		
Name & Signature of the Doctor Starting the Drugs: Dr.Amir				2pm		
Additional Instructions: IV for 24 hours followed by orals				10PM		
Daily Doctor's Endorsement by a Sign						

STOP

DRUG: DICLOFENAC				Date/Time	27/6	28/6	29/6
Dose	Route	Frequency	Start Date				
50mg	P/O	TID	27/6	6AM			
Name & Signature of the Doctor Starting the Drugs: Dr.Amir				3pm			
Additional Instructions:				11PM			
Daily Doctor's Endorsement by a Sign							

HNH-00012389
Mrs BEERLA ANJALI IP26-00006665
02-06-1996 30 Y 0 M 25 D
Dr. Y.INDIRA RANI (F)

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Verified by Dr. Dhakshayani

Sheet No: ....

REGULAR PRESCRIPTIONS

Weight 84.8kg Ward ....

DRUG : TAB PANTOPRAZOLE

Dose	Route	Frequency	Start Dt.
40mg	P/O	OD	27/6

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign [signature]

Date/Time	28/6	29
6AM	[signature]	[signature]

DRUG : INJ ENOXAPARIN

Dose	Route	Frequency	Start Dt.
60U	S/C	OD	27/6

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

Additional Instructions: x 5 days (9pm)

Daily Doctor's Endorsement by a Sign [signature]

Date/Time	27/6	28/6
9pm	[signature]	[signature]

DRUG : TAB CEFIXIME

Dose	Route	Frequency	Start Dt.
200mg	P/O	BD	28/6

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign [signature]

Date/Time	28/6
9AM	[signature]
9pm	[signature]

DRUG : T. PARACETAMOL

Dose	Route	Frequency	Start Dt.
1g	P/O	TID	28/6

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign [signature]

Date/Time	28/6	29/6
6AM	[signature]	[signature]
2pm	[signature]	
10pm	[signature]	

Docu. No. : RCH /FRM / CLINICAL / 108

Patient Sticker

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Sheet No: .... **REGULAR PRESCRIPTIONS** Weight .... Ward ....

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

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

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

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

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

Docu. No. : RCH /FRM / CLINICAL / 108

(P.T.O.)

HNH-00012389 IP26-00006665
Mrs BEERLA ANJALI
02-06-1996 30 Y 0 M 25 D (F)
Dr. Y.INDIRA RANI

Weight. 84.8/9 Ward. ....

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
27/6	11AM	INJ. METOCLOPROMIDE	10MG	IV	[illegible]	Sujatha / Mounika
27/6	11AM	INJ. PANTOPRAZOLE	40mg	IV	[illegible]	Sujatha / Mounika
27/6	9:30AM	PROLIOLYSIS ENEMA	100mg	PR	[illegible]	Sujatha / Mounika
27/6	1230pm	DICLOFENAC	100MG	PR	[illegible]	[illegible]
27/6	1230pm	TRAMADOL	100MG	PR	[illegible]	[illegible]
27/6	1230pm	LIGNOCAINE	5%	SKIN PATCH	[illegible]	[illegible]
27/6	6:00pm	ONDANSETRON	4mg	IV	[illegible]	[illegible]
28/6	10pm	DULCOLAX SUPPOSITORY	20mg	PR	[illegible]	[illegible]

Verified by Dr. Dhakshayani

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

HNH-00012389 IP26-00006665
Mrs BEERLA ANJALI
02-06-1996 30 Y 0 M 25 D (F)
Dr. Y.INDIRA RANI

I.V. FLUIDS CHART

Weight. 84.8kg Ward. ....

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
27/6	9AM	RINGER LACTATE	IV	100 ml/hr	[signature]	[signature] [signature]	27/6	[signature]	[signature] [signature]
27/6	1130 am	RINGER LACTATE +6 U OXYTOCIN	IV	150	[signature]	[signature] [signature]	27/6	[signature]	[signature] [signature]
27/6	1130 am	RINGER LACTATE	IV	1000	[signature]	[signature] [signature]	27/6	[signature]	[signature] [signature]
27/6	12:30 pm	RINGER LACTATE	IV	100 ml/hr	[signature]	[signature] [signature]	27/6	[signature]	[signature] [signature]
27/6	3pm	RINGER LACTATE	IV	FF	[signature]	[signature] [signature]	27/6	[signature]	[signature] [signature]
27/6	4pm	RINGER LACTATE	IV.	FF	[signature]	[signature] [signature]	27/6	[signature]	
		STOP Dr. Manasa							

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

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Mrs BEERLA ANJALI
02-06-1996 30 Y 0 M 25 D (F)
Dr. Y.INDIRA RANI

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MEDICATION RECONCILIATION FORM

Drug Allergies: 27/6/2026 ☐ Not known any Drug Allergies

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

Shifting From: NA Shifted to: NA

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	T. IRON	1TAB	PO	OD	26/6	☐C ☑DC
2	T. CALCIUM	1TAB	PO	OD	26/6	☐C ☑DC
3	T Thyronorm	12.5mg	P/O	OD	26/6	☑C ☐DC
4	Inj Insulin (EGLUCENT)	6U	S/C	BBF	26/6	☐C ☑DC
5						☐C ☐DC
6						☐C ☐DC
7						☐C ☐DC
8						☐C ☐DC
9						☐C ☐DC
10						☐C ☐DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Manohar.

Date & Time : 27/6/2026 @ 10 Am

Nurse Name & Signature: Sujatha Sj

Date & Time : 27/6/26 @ 9 AM

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

HNH-00012389 IP26-00006665
Mrs BEERLA ANJALI
02-08-1996 30 Y 0 M 25 D (F)
Dr. Y.INDIRA RANI

305

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RESULT SHEET

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

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
blood grouping AB' POSITIVE						
		10 PRBCs reserve in surya blood bank				
HIV, HCV, VDRL NR						

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

AP

CSF

Cells

N/L

Vo. : RCH/F

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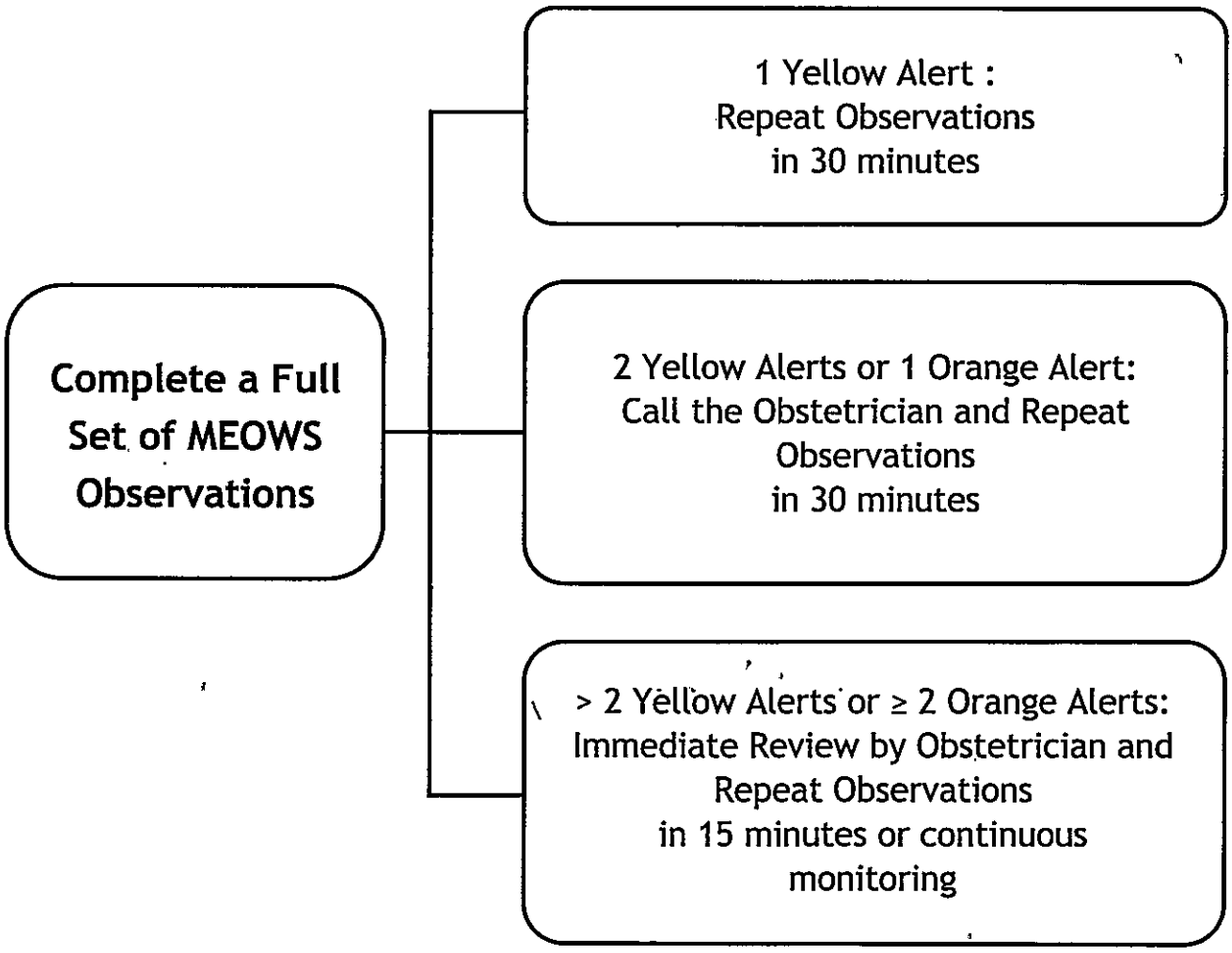
Early Warning Observation Score Chart - Obstetrics

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

27/6	Date																							
	Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20		20	20	20		20	20	20	20	20	20				20				20				20	
	0 - 10																								
Saturations	94 - 100 %		99	99	99		99	99	99	99	99	99				94				99				99	
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37																								
	36		98	98	98		98	98	98	98	98	98				98				98				98	
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80		80	78	80		78	78	78	78	78	78				85				80				82	
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100		110	112			109	112	111	113	116	114				110				113				114	
	90																								
	80																								
	70																								
	60																								
	50																								
	40																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70		65	72			65	72	74	76	80	78				75				69				70	
	60																								
	50																								
	40																								
NEURO RESPONSE [✓]	Alert		✓	✓			✓	✓	✓	✓	✓	✓				✓				✓				✓	
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30		✓	✓			✓	✓	✓	✓	✓	✓				✓				✓				✓	
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal		✓	✓			✓	✓	✓	✓	✓	✓				✓				✓				✓	
	Heavy / Foul																								
Liquor	Clear / Pink		✓	✓			✓	✓	✓	✓	✓	✓				✓				✓				✓	
	Green																								
TOTAL YELLOW SCORES			0	0			0	0	0	0	0	0				0				0				0	
TOTAL ORANGE SCORES			0	0			0	0	0	0	0	0				0				0				0	
Nurse Initial																									

Obstetrics and Gynaecology Early Warning Signs



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

HNH-00012389 IP26-00006665
Mrs BEERLA ANJALI
02-06-1996 30 Y 0 M 25 D (F)
Dr. Y.INDIRA RANI

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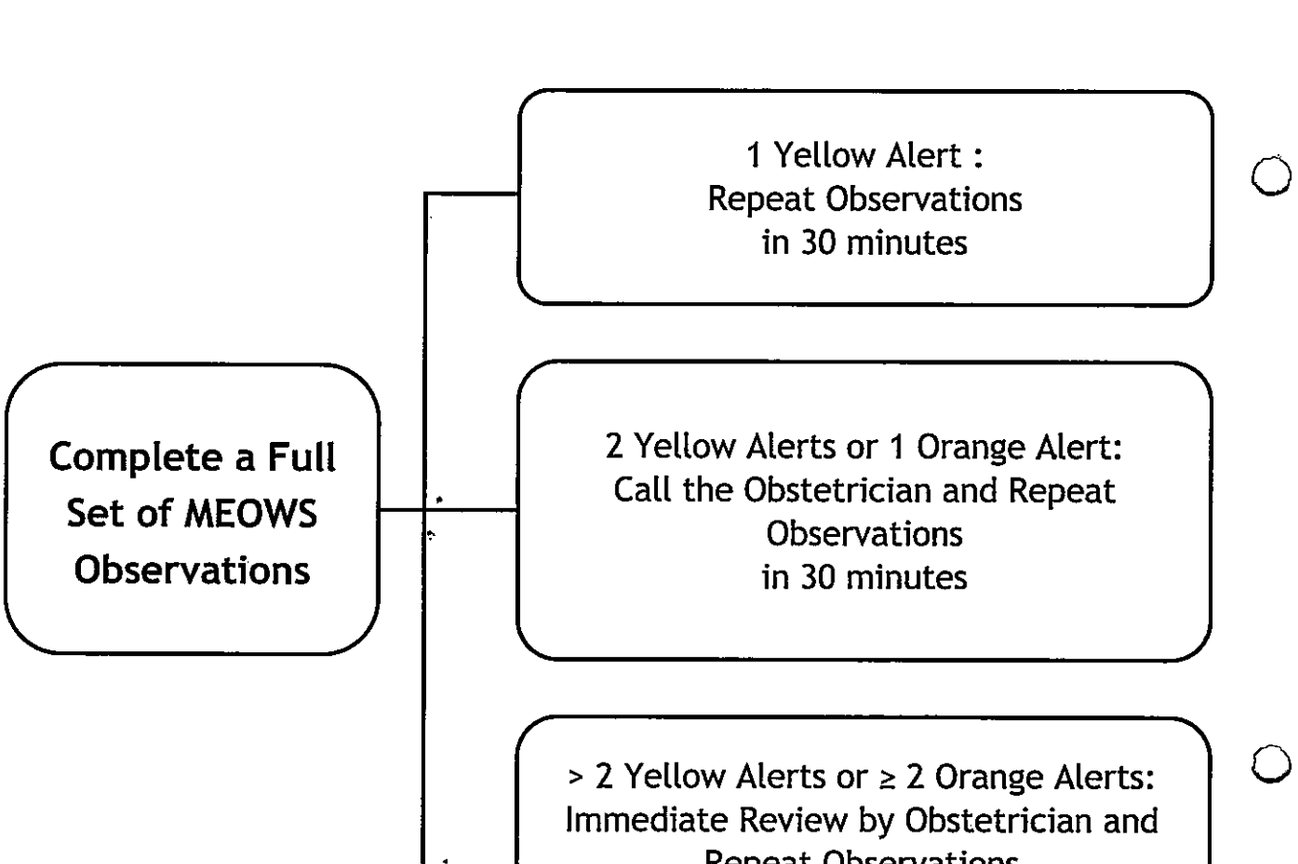
Early Warning Observation Score Chart - Obstetrics

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

28/6/26	Date																								
	Time	8	9	(10)	11	12	1	(2)	3	4	5	(6)	7	8	9	(10)	11	12	1	(2)	3	4	5	(6)	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30			20				20				20													
	11 - 20															20				20				20/m	
	0 - 10																								
Saturations	94 - 100 %																								
	< 94 %			99%				99%																	
Administered O_2 (L/min.)												99%				99				99%				99%	
Temp°c	40																								
	39																								
	38																								
	37																								
	36			97.3°F				98.4°F				98.5°F				98.4°F				98.1				97.1°F	
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100			85				88				85 b/m													
	90																								
	80															80 b/m				85					
	70																								
	60																							67 b/m	
	50																								
	40																								
↑ Systolic Blood Pressure	190																								
	180																								
	170																								
	160																								
	150																								
	140			119				115				120													
	130															110									
	120																			115				105	
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
	60			80				60				71				75				64				75	
	50																								
	40																								
NEURO RESPONSE [✓]	Alert			✓				—				—				—				—				—	
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30			—				—				—				—				—				—	
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal			—				—				—				—				—				—	
	Heavy / Foul																								
Liquor	Clear / Pink															—				—				—	
	Green			—				—				—													
TOTAL YELLOW SCORES				0				0				0				0				0				0	
TOTAL ORANGE SCORES				0				0				0				0				0				0	
Nurse Initial				[illegible]				[illegible]				[illegible]				[illegible]				[illegible]				[illegible]	

Obstetrics and Gynaecology Early Warning Signs



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

HNH-00012389
Mrs BEERLA ANJALI
02-06-1996 30 Y 0 M 25 D (F)
Dr. Y.INDIRA RANI
IP26-00006665

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FLUID CHART

Sheet No. : .....

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
27/6	08:00 am	RL	N	100ml						✓		
	09:00 am	RL	B	100ml								
	10:00 am	RL		100ml								
	11:00 am	RL	M	100ml								
	12:00 pm	RL		100ml								
	01:00 pm	RL		100ml						200ml		
Total Intake : taken						**Total Output :** 200 ml						
27/6	02:00 pm	RL	N	100ml								
	03:00 pm	RL	B	100ml								
	04:00 pm	RL	M	100ml						150 ml		
	05:00 pm	RL	H2O	100ml								
	06:00 pm	RL	skipper water	100ml								
	07:00 pm	RL		100ml								
Total Intake : Taken						**Total Output :** U - 450 M - 0						
27/6	08:00 pm	RL		100ml						100ml		
	09:00 pm	RL		100ml								
	10:00 pm	RL		100ml						10:45pm 300ml		
	11:00 pm	RL		100ml								
	12:00 am	RL		100ml								
	01:00 am	RL		100ml								
Total Intake :						**Total Output :** U - 400						
28/6/16	02:00 am	RL		100ml								
	03:00 am	RL		100ml						600ml		
	04:00 am	RL		100ml								
	05:00 am	RL		100ml								
	06:00 am	RL		100ml						700ml		
	07:00 am	RL		100ml								
Total Intake :						**Total Output :** U - 1300.						

Total 24 hrs. Intake		Total 24 hrs. Output	2'050

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Dr. Y.INDIRA RANI

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FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
28/6/26	08:00 am											
	09:00 am		Idly									
	10:00 am		H2O		NA			NA			0	
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake : Taken						**Total Output :** U-2 M-0						
28/6/26	02:00 pm											
	03:00 pm											
	04:00 pm		Idly									
	05:00 pm		+		NA			NA			0	
	06:00 pm		H2O									
	07:00 pm											
Total Intake :						**Total Output :** U-3 M-0						
29/6/26	08:00 pm											
	09:00 pm											
	10:00 pm		Idly									
	11:00 pm		+		NA			NA			0	
	12:00 am		H2O									
	01:00 am											
Total Intake :						**Total Output :**						
29/6/26	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am				NA			NA			0	
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :** U-3 M-1						

Total 24 hrs. Intake		Total 24 hrs. Output	

HNH-00012389 IP26-00006665
Mrs BEERLA ANJALI
02-06-1996 30 Y 0 M 25 D (F)
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NURSING CARE RECORD

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Date: 27/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8AM To 2PM	→ Assessed the pt condition → plan for vitals → plan for I/o chart → plan for IV placent	8AM To 2PM	→ Assessed the pt condition → vital are checked & recorded → IV placemet done → I/o chart maintained	I/o chart maintained	Patient is Stable	Sri Sujatha
Afternoon				day - duty			
Night	8pm to 8AM	→ Assess the pt condition → vitals are checked as recorded → IV placent done	8pm to 8AM	→ Assess the pt condition → vitals are checked as recorded → IV placemet done	I/o chart Maintained	pt is a Stable	Akash

Pati

HNH-00012389 IP26-00006665
Mrs BEERLA ANJALI
02-06-1996 30 Y 0 M 25 D (F)
Dr. Y.INDIRA RANI

NURSING CARE RECORD

Rainbow® Children's Hospital
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Date: 28/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am to 2pm	- Assess the patient Condition - Monitor the v/s - Maintain the I/O - Drug as per chart	8am to 2pm	- Assess the patient Condition - Monitor the v/s - Maintain the I/o - Drug as per chart	- Now patient is stable	- Rechecked the v/s	SN
Afternoon	2pm to 8pm	⇒ Assess the pt condition ⇒ monitor vitals & record ⇒ maintain I&O chart ⇒ Administer medication as per drug chart	2pm to 8pm	⇒ Assessed the pt condition ⇒ monitored vitals & record ⇒ Maintained I&O chart ⇒ Administered medication as per drug chart	⇒ Pt is stable	⇒ Rechecked vital	
Night	8pm 8AM	→ Assess the pt condition → monitor the vitals → maintain I&O chart. → medication give as per chart.	8pm 8AM	→ Assessed the pt condition. → Monitored the vitals → maintained I&O chart. → medications given as per chart.	→ pt is stable now	→ Reassessed the vitals	

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Mrs BEERLA ANJALI
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Dr. Y.INDIRA RANI

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CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	27/6 DAY-1			28/6 DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0	NA	0	0	0	0	0				
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1	NA	NA	0	NA	0	NA				
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2	NA	NA	0	NA	0	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	0	NA	0	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	0	NA	NA	NA				
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5	NA	NA	0	NA	NA	NA				
		Signature of the Nurse		Sj	L								

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 : Sj Name : Sujatha

Signature of Ward In Charge :
Signature : Name : Kasthuri

Patient Sticker

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CHECKLIST FOR THROMBOPHLEBITIS

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

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

Signature of Shift In Charge :

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

Signature of Ward In Charge :

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

HNH-00012389 IP26-00006685
Mrs BEERLA ANJALI
02-06-1996 30 Y 0 M 25 D (F)
Dr. Y.INDIRA RANI

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CHECKLIST FOR THROMBOPHLEBITIS

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

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

Signature of Shift In Charge :

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

Signature of Ward In Charge :

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

Patient Sticker

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CHECKLIST FOR THROMBOPHLEBITIS

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

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

Signature of Shift In Charge :

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

Signature of Ward In Charge :

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

HNH-00012389 IP26-00006665
Mrs BEERLA ANJALI
02-08-1996 30 Y 0 M 25 D (F)
Dr. Y.INDIRA RANI

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PAIN ASSESSMENT FORM

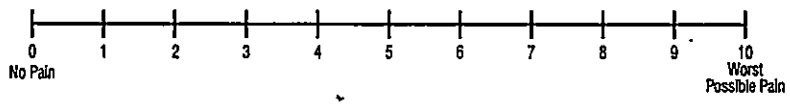
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
26/6	10Am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
27/6	2Pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
27/6	4Pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
27/6	8Pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
28/6	10Pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
28/6	10am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
28/6	4pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
29/6/20	6Am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

Re-assessment Frequency:

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

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

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URINARY CATHETER BUNDLE CHECK LIST

Date of Insertion: 27/6 Date of Removal: .....

Parameters	Date / Shift Time	27/6 M6	27/6 E2	28/6 M6				
Need for the Catheter		☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Hand Hygiene		☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Usage of Sterile Equipment		☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is the Collection bag below the level of bladder		☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Check the Tube for Obstruction (Free of Kinking)		☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is Catheter dated as policy		☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Collecting bag is been emptied regularly?		☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Maintenance of closed system for the catheter		☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Dressing clean and dry?		☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is the line removed as Policy?		☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Performance of Perineal Care		☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Onset of New Fever		☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Asses for the leakage at the site of insertion		☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Name of the Nurse		Sujatha	Madhu					
Signature of the Nurse								

Catheter Removed on 6/7

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

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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	27/6	27/6	28/6
		Score	M8	E2	M6
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0	0	0	0
Secondary Diagnosis (more than one diagnosis)	Yes	15			
	No	0	0	0	0
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0	0	0	0
IV / Heparin Lock or Saline	Yes	20	20	20	20
	No	0	0	0	0
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10			
	Normal /On Bed Rest /Immobile	0	0	0	0
Mental Status	Forgets limitations	15			
	Oriented to own ability	0	0	0	0
Total Morse Fall Scale Score:			20	20	20
		Signature			

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

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

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

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

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

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

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

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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category						
		Date / Time	28/6			
		Score	52			
History of Falling (immediately or w/in 3 months)	Yes	25				
	No	0				
Secondary Diagnosis (more than one diagnosis)	Yes	15				
	No	0				
Ambulatory Aid	Furniture	30				
	Crutches, Cane(S), Walker	15				
	None /Bed Rest /Nurse Assist	0				
IV / Heparin Lock or Saline	Yes	20	20			
	No	0	0			
GAIT / Transferring	Impaired	20				
	Weak (uses touch for balance)	10				
	Normal /On Bed Rest /Immobile	0				
Mental Status	Forgets limitations	15				
	Oriented to own ability	0				
Total Morse Fall Scale Score:			70			
		Signature				

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

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

- ☐ Ensure patients use their prescribed eye glasses if any, in the hospital
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- ☐ Assess patient after visitors, leave to ensure safety measures in place

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

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

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BRADEN 'Q' SCALE

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

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

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

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BRADEN 'Q' SCALE

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

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

Risk Score	Category	Action	Support Surfaces (**Please Note:** Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice
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13-14	Moderate Risk	• Use the Same Protocol as for **"At Risk"** Patients • Position patient at 30 degree lateral incline using foam wedges	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
10-12	High Risk	• Follow the same protocol as for **"Moderate Risk"** Patients • In addition to regular turning schedule • Make small shifts in their position frequently	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
Less than 9	Severe Risk	• Use same protocol as for **"High Risk"** Patients • Add a pressure redistribution surface for patients with severe pain or with additional risk factors.	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay

HNH-00012389 IP26-00006665
Mrs BEERLA ANJALI
02-06-1996 30 Y 0 M 25 D (F)
Dr. Y.INDIRA RANI

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NURSING SHIFT HAND OVER FORM - WARD

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

SITUATION	Diagnosis:	Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:					
BACKGROUND	Area / Shift Time	27/6 M8	27/6 E2	28/6/26 N1	28/6/26 M6	29/6 E2	28/6 N1
	Medical Condition (Any special condition to be noted):	NA	NA	NA	NA	NA	NA
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Tubes/Drains/Catheter:	☑ Yes ☑ No	☑ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Vital Signs: Temp:	98F	98°F	98.3	98.4°F	98.4°F	98.1°
	Res:	20	20	20 b/m	22 b/m	22 b/m	20 b/m
	SpO_2:	99%	99%	99%	99%	99%	99%
	Pulse:			—	—	—	—
	BP:	115/75	116/71	117/69	112/62	120/78	110/70
	Fall Risk Score:	—	—	—	—	—	—
	Pain Score:	NA	—	—	—	—	—
Recommendations	Safety Needs:	NA	—	—	Yes	Yes	Yes
	Physiotherapy	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Others Specify:	NA	—	—	—	—	—
	Special Diet:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Other Special Orders / Medications:	NA	—	—	—	—	—
Post Operative Procedure Special Orders:		NA	—	—	—	—	—
Handed Over By Name :		Sujatha	Madhu	Madhu	Sunanda	Swetha	mahi
Signature :		[signature]	[signature]	[signature]	[signature]	[signature]	[signature]
Date:		27/6/26	27/6	28/6	28/6/26	28/6/26	29/6/26
Time:		8pm	2pm	8AM	2pm	8pm	8Am
Taken Over By Name :		Madhu	Madhu	Sunanda	Swetha	mahi	
Signature :		[signature]	[signature]	[signature]	[signature]	[signature]	
Date:		27/6	27/6/26	28/6/26	28/6/26	28/6/26	
Time:		2pm	8pm	8am	2pm	8pm	

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

Patient Sticker

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NURSING SHIFT HAND OVER FORM - WARD

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

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

HNH-00012389 IP26-00006665
Mrs BEERLA ANJALI
02-06-1996 30 Y 0 M 25 D (F)
Dr. Y.INDIRA RANI

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CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: Dr Indira Rani Y	Date of Delivery: 27/06/2024
Assistant Surgeon: Dr Ramya Theja / Dr Mamata	Time of Delivery: 12:01 pm
Anaesthetist's Name: Dr Samir / Dr Ayesha	Gender of Baby: Female
Type of Anaesthesia: Spinal	Weight of Baby: 2.920 kg
Neonatologist: Dr Anusha	AGPAR Score: 8, 9
Scrub Nurse: SN Archana	NICU Admission: ☐ Yes ☑ No

Pre-Operative Diagnosis: Primi / 38+3 wks / Hypothyroidism / GDM (OHA + Insulin)

☑ Elective ☐ Emergency Indication: Poor Bishop Score c̄ Oligohydramnios

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: NA Knief to rectus: 2 min

CTG Description: Reactive

If there was a delay give the reasons: No delay

Surgical Procedure: Elective LSCS

Post Operative Diagnosis: PUND

Peri-Operative Complications: –

Amount of Blood Loss: ~ 200 cc	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: 5/5 ..... Fetal Position: .....

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

Caput: ✗ ☐ + ☐ ++ ☐ +++ Meconium: ☐ None ☐ + ☐ ++ ☐ +++

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

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

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

Previous Scar: ☐ Intact ☐ Thinnedout ☐ Ruptured ☑ No Scar 'LUS not formed

Incision Through Placenta: ☐ Yes ☑ No - liquor loss

Delivery of head: ☐ Manual ☑ Forceps - 1 loop of cord around neck

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

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

Cord Appearance: Normal ..... Cord around the neck ☑ Yes ☐ No 1 loop

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

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

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

Peritoneal Closure: ☐ Pelvic ☑ Abdominal ☐ None ..... Catgut no. 1 ..... Suture

Sheath Closure: ..... Vicryl no1 ~~Catgut no1~~ ..... Suture

Fat Closure: ☑ Yes ☐ No ..... Rapid Vicryl 2-0 ..... Suture

Skin Closure: ☑ Subcuticular ☐ Mattress ..... Rapid Vicryl 2-0 ..... Suture

Vaginal Evacuated ☑ Yes ☐ No

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

Ctheter ☐ Yes ☐ No ☐ Remove in ..... days ☐ Await instructions

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

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

Post-Operative Notes:

- NBM x 4-6 hrs
- Drugs as chart
- CBGS monitoring 6th hourly ~~X4h~~ PID POD 2 · FBS, PPBS
- IVF / Analysics / thromboprophylaxis as per Axon
- If deranged sugar ready (Physician Opinion)
- H/O monitoring
- Early Ambulation
- Foley's Removal @ 6Am on

Doctor Name: Dr. Indira Rani Doctor Signature: .....

Date & Time: 27/6/2012

HNH-00012389 IP26-00006665
PEERLA ANJALI
02-06-1996 30 Y 0 M 2[illegible] D (F)
Dr. Y.INDIRA RANI

...ECKLIST

Surgeon : Dr. Indira
Asst. Surgeon : Dr. Ramya Thej
Anaesthetist : Dr Samir
Scrub Nurse : Sr. Archana

..... Age : 30Y ... Gender : F
...y Name : LSCS
Date : 22/6/26 ... In-time : ..... Out-time : .....

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Before Induction of Anaesthesia ➤ ➤

SIGN IN Time: 1130am

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

Site Marked ☐ Yes ☐ No ☑ NA

Anaesthesia Safety Check Completed ☑ Yes ☐ No

Pulse Oximeter on Patient & Functioning ☑ Yes ☐ No

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

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

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

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

Signature : .....

Name : .....

Before Skin Incision ➤ ➤

TIME OUT Time: 11:45 AM

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

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

Anticipated Critical Events

Surgeon Reviews:
- What are the Critical or Unexpected Steps, Operative Duration, Bleeding 1hrs Anticipated Blood Loss? 200ml ☑ Yes ☐ No ☐ NA

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

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

Signature : Karuna

Name : Karuna @11:45AM

Before Patient Leaves Operating Room

SIGN OUT Time: .....

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

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

Signature : .....

Name : .....

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
27/6/26 @	27/6/26 @ 8:4pm	27/6/26 @ 12:30pm
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
Dr Indira Rani	Dr. Samir	Observation
From Unit	**To Unit**	**Information to Attendant**
OT	Pre - Post	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant** Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Harini	Dr Samir.

Patient & Clinical Records Received by : Sindhu L

Date & Time of Patient Received : 27/6/26 @ 12:45 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

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Mrs BEERLA ANJALI
02-06-1996 30 Y 0 M 25 D (F)
Dr. Y.INDIRA RANI

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STETRICS / GYNECOLOGY
NURSING INITIAL ASSESSMENT FORM

Date of Admission: 27/6/26

Baseline Information:

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

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

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

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

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

If yes , identify .....

Chief Complaints: ..... Doctor Notified on Admission: ☐ Yes ☐ No

..... painful. Name of the Doctor: Dr naveen g.

..... Time Notified: 11 pm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
—	—	—

Gynecology Assessment: ☐ Not Applicable

Menstrual History: .....

.....

Onset of Menarche: .....

Menstrual Cycle: ☐ Regular ☐ Irregular

Last Menstrual Period: .....

Gynecology Surgical History:

Caesarean Section: ☐ No ☐ Yes

Cervical Cerclage: ☐ No ☐ Yes

Ectopic Pregnancy: ☐ No ☐ Yes

Myomectomy: ☐ No ☐ Yes

Others: _____

Gynecological History:

Contraceptives: ☐ No ☐ Yes

Vaginal Discharge: ☐ No ☐ Yes

Post-Coital Bleeding: ☐ No ☐ Yes

Infertility: ☐ No ☐ Yes

If Yes Type: ☐ Primary ☐ Secondary

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

Previous LSCS: .....

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

Family History: ☐ No Abnormalities Detected

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

☐ Liver disease ☐ Other .....

Vital Signs / Measurements: Temp: 97F HR: 85 RR: 20

BP: 115/75 Weight: ..... Height: ..... BMI: .....

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

HNH-00012389 IP26-00006665
Mrs BEERLA ANJALI
02-06-1996 30 Y 0 M 25 D (F)
Dr. Y.INDIRA RANI

PHYSICAL ASSESSMENT

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

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: ☑ No Abnormality Detected

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

☐ Under Weight ☐ Diabetes Mellitus ☐ Hyperemesis Gravidarum

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

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

☐ Others .....

Inform consultant for positive criteria

SOCIAL SCREENING:

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

Social History: Lives With .....

Orientation has been given regarding the following aspects:

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

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

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

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

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

Nurse Signature: ..... Suj .....

Nurse Name: ..... Suvatha .....

Date & Time: ..... 27/6/26 @ 9am .....

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00012389 IP26-00006665 Mrs BEERLA ANJALI 02-06-1996 30 Y 0 M 25 D (F) Dr. Y.INDIRA RANI	27/6/26 @ 8:49 Am	27/6/26 @ 5:40 pm
	Transfer Ordered by Dr. Verma	Reason for Transfer OBG
From Unit PNS & POST	To Unit (305)	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File Nil	Number of Imaging Films NST-1	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Madhumita @ Madhu	Dr. Verma

Patient & Clinical Records Received by : Sruthi

Date & Time of Patient Received : 27/6/26 @ 5:40 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

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00012389 IP26-00006665 Mrs BEERLA ANJALI 02-06-1996 30 Y 0 M 25 D (F) Dr. Y.INDIRA RANI	27/6/26 @ 8:49 AM	27/6/26 @ 11:20 AM
	Transfer Ordered by DR. manisha	Reason for Transfer El - LSCS
From Unit MICU	To Unit OT	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 30	Number of Imaging Films —	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	RL - 500ML	1
2.		
3.		
4.		
5.		

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

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

Patient & Clinical Records Received by : Kasuma @ 27/6/26 11:25 AM

Date & Time of Patient Received :

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

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

HNH-00012389 IP26-00006665
Mrs BEERLA ANJALI
02-08-1996 30 Y 0 M 25 D (F)
Dr. Y.INDIRA RANI

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BREAST FEEDING HANDOVER AND ASSESSMENT FORM

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

2. If No, Reason .....

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

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

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

Feeding Positions:
Cross Cradle

Feeding Positions:
Football / Clutch

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

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

8. NICU admission: NO
   - ☐ a. Mother needs to stimulate her breast for 2 min every 2 hours

9. Additional notes: .....

Continuity of Care: Date: 27/6

→ Assess the pt condition
→ Vital sr checked & recorded
→ I/o chart maintained
→ 2nd hourly DBP given

Handover given by ..... Handover taken by .....

Signature ..... Signature .....

Date & Time: 27/6/26 @ 2pm Date & Time: 27/6/26 @ 8pm

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

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Patient Name : MRS. BEERLA ANJALI Gender: ☐ Male ~~☐ Female~~ Age : 36 YRS.

UHID No : HNH - 000 12389. Date : 27/06/2026.

Instruction:

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

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

ELECTIVE LOWER SEGMENT CAESERIAN SECTION

upon

MRS. Beerla. Anjali (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.

Haemorrhage, Injury to adjacent organs- Ureter, Bladder, Intestines, need for Blood and Blood products transfusions.

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. Indira Rani

Consentee :

Signature :

Name : Mrs B. Anjali

Date & Time : 27/June/2026 @ 9 AM

Witness :

Signature : Suj

Name : Sujatha

Date & Time : 27/06/2026 @ 9 AM

Patient Attendant :

Signature : S.Tarun

Name : TARUN SUTRAVE

Relationship with Patient: HUSHAND

Date & Time : 27/06/2026 @ 9 AM

Doctor (who is taking the consent) :

Signature :

Name : Dr. Manisha

Date & Time : 27/06/2026 @ 9 AM

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE

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Patient Name : Mrs. Beerla Anjali Age : 30y Gender : Male ☐ Female ☑

UHID NO: HNH-12389 Surgeon Name: Dr. Chandria Rani

Anaesthesiologist : Dr. Samir Trayalk

Operative procedure planned : LSCS

PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA

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

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

☐ Heart disease ☐ Hypertension ☑ Diabetes mellitus ☐ Renal failure

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

☐ Incapacitating Cronic Obstructive Pulmonary Disease

☑ Others : Bleeding / Need for transfusion.

Comments : ...

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

DECLARATION BY PATIENT / GUARDIAN / PROXY

I hereby authorize Rainbow Hospital & its authorized doctors to perform upon (me) / my patient ... the above mentioned operation / Diagnostic / Therapeutic procedures ...

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 : BEERLA ANJALI

Relationship with Patient: ....

Date & Time : 27/6/26 @ 9:45 Am

Witness :

Signature : S. Tarun

Name : TARUN SUTRAVE

Date & Time : 27/6/26 @ 9:45 AM

Doctor (who is taking the consent) :

Signature : ....

Name : Dr Lani Gnayalt

Date & Time : 27/6 at 945 am.

Department of Anaesthesiology

PRE-ANAESTHETIC EVALUATION

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Name: Mrs. B. Anjali Age: 30 Sex: Female UHID.No: HNH-12389

Date: 24/6 Time: 130pm Proposed Operation: LSCS (27/06 - 1030am)

Diagnosis: Primi at 37+3

B.P / CRT: 106/65 H.R: ..... Weight: 84.8 ASA Physical Status: ☐ 1 ☐ 2 ☑ 3 ☐ 4 ☐ 5

Laboratory Data:

13/6

Hgb: 11.5	Glucose: 76 / 183	Protein:	HIV:	X-Ray:
PCV: 36.8	Urea:	Alb:	HBS Ag:	ECG:
WBC: 12400	Creat:	Total Bill:	HCV:	2D Echo:
Plate: 2.37	Na:	Dir. Bill:	Blood group: AB	Stress/Anglo:
PT: 14.7	K:	LDH:	T3 (POS)	Other: placenta - Ant. High.
PTT: 31.9	Ca++:	Alk phos:	T4	
INR: 1.05	Mg++:	Amylase:	TSH	
BT - 02' 30" CT - 08' 30"	Cl -:	SGOT/SGPT:		

Allergies: NKDA.

Medical History: CVS: /

RESP: No significant medical history Diabetes: GDM on OHA + HAI.

CNS: Regular ANCS - uneventful - Vaccinated

Renal:

Hepatic / GE: / MYOPIC - (-7.0). Physical Activity: NYHA - I

Others: hypothyroid on medication. METS > 4.

Past Anaesthetic History: nil

Physical Exam: Coherent

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

Lungs: / clear clinically.

Heart:

CNS:

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

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

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

CURRENT MEDICATIONS	DOSAGE
THYRONORM	12.5 mcg.
GLYCOMET SR 1000mg	1 — x — ½
ACTRAPID	6U — x — x

Pre-Operative Instructions:

1. DVT Prophylaxis :
2. NIL ORAL → Water / ORS 2 Hours; Others 6 Hours
3. Informed Consent: ☐ Standard ☐ High Risk
4. Post Operative Pain Management: ☐ Discussed with Patient
5. Other Instructions:
   - GRBS
   - TO TAKE THYRONORM.
   - DONOT TAKE INSULIN / METFORMIN ON DAY OF SURGERY.
   - CHECK AVAILABILITY OF PRBC.

2AM FOOD MILK JUICE

8AM WATER ORS (X)

Signature: Name: Dr. Samir Inamdar

HNH-00012389 IP26-00006665
Mrs BEERLA ANJALI
02-06-1996 30 Y 0 M 25 D (F)
Dr. Y.INDIRA RANI

ANAESTHESIA CHART

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Change in Patient Condition: ☐ Yes ☑ No	Fasting Status: ok.

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

H.R: 79/m	B.P / CRT: 96/64	SpO_2: 100%.	R.R: 18/m	Last Feed: >6 hrs

Pre-OP Diagnosis: Primi Operation: LSCS Date: 27/6

Surgeon: Dr Indira / Dr RT / Dr Manasa Anaesthesiologist: Dr Samir / Dr Ayesha Technician: Sai Chandu

TIME	1/30 — 1230		
N_2O /AIR /O_2 LPM			
HALO /SO /SEVO			
Drugs:			
OXYTOCIN 3U + 6U infusion			
FIO_2 / SaO_2	100	100	100
$ETCO_2$			
ECG	SR	SR	SR
Temperature			
Urine Output			
Fluids / Blood	RL		

Antibiotic: given
Suppository: DICLOFENAC 100mg, TRAMADOL 100mg
Blood Loss: ~150ml
NOTES

B.P: V Systolic, Λ Diastolic, X Mean, • Heart Rate (scale 0–240)
Tourniquet on Time
Tourniquet off Time
Throat Pack In
Throat Pack Out

LAB Values: ABG / GRBS / Others

☑ Equipment Checked and Functional
☑ BP (R) UL
☐ Cuff Site: ....
☐ Art Site: ....
☑ EKG Lead 3 lead
☐ Temp Site
☐ FIO_2 Monitor
☐ Agent Monitor
☑ Pulse Oximeter
☐ Capnograph
☐ Ventilator
☐ Nerve Stimulator
Position: Supine
☑ Pressure Points Checked

Eye Care:
☐ Oint
☐ Tape
☐ Padding
☑ Awake

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

Times:
Anaes Start: 1/30am
OP Start: ↓
OP End: ↓
Leave OR: 1230 pm

Anaesthesia:
☐ GA
☐ Monitored Anaesthesia Care
☑ Regional

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

Induction
☐ IV ☐ Inhal
☐ Pre O_2 ☐ RSI
☐ Others
☐ Mask ☐ SGA
☐ Airway ☐ Oral ☐ Nasal
ETT# .... at .... cm
☐ Oral ☐ Nasal ☐ Cuff
☐ Tracheostomy ☐ Topical
☐ Drug: ....
☐ Awake ☐ Direct Vision
☐ Video Laryngoscopy ☐ Stylette / Bougie
☐ Fiberoptic
Blade# .... Attempts: ....
Difficulty Why? ....
☐ **Bilat = BS**
☐ Semi-Closed Circle
☐ Closed Circle
☐ Other

Regional:
Extremity Specify: ....
☑ Spinal ☐ Epidural ☐ Caudal
Others: ....
Position: sitting
Site: L3-4
Needle Size: 25G QB Depth: ....
Parasthesia ☐ Yes ☐ No
Catheter at skin .... cm
Drug Name & Conc: 1.0ml Bupivacaine (H)
Bolus: +25mcg FENTANYL
Infusion: ....
Block Level: T4 – B/L equal
Comments: multiple pokes, no dural puncture
Transportation to
☑ PACU ☐ ICU ☐ Other
Relaxant Reversed ☐ Yes ☐ No ☑ NA
Name of the Doctor: Dr. Manasa
Signature of the Doctor: [signature]

HNH-00012389
Mrs BEERLA ANJALI
02-06-1996 30 Y 0 M 25 D (F)
Dr. Y.INDIRA RANI
IP26-00006665

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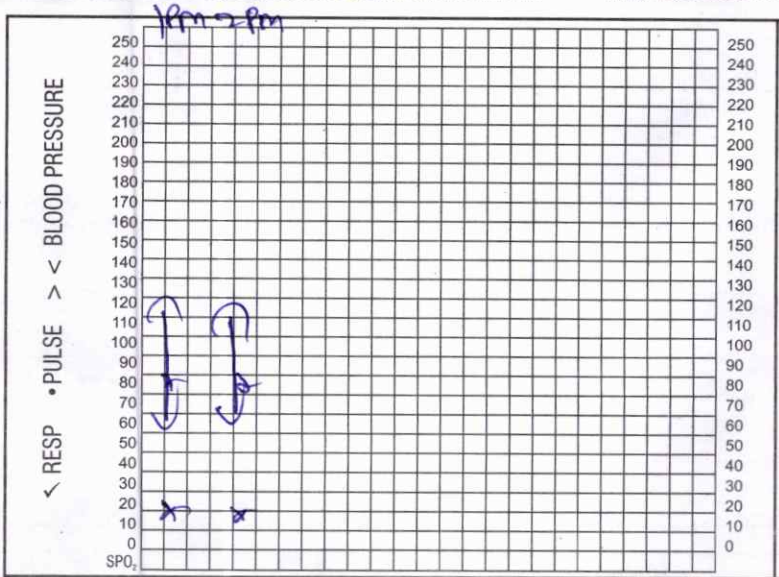
POST-ANAESTHESIA UNIT RECORD

Received in PACU by : Sujatha Time Received : 12:45Pm Time Discharged : .....



IV Cannula Site : .....

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

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

IV Fluids: RL
Oral Feeds: NBM

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

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
27/6	1Pm	0	NA	S.
27/6	2Pm	0	NA	S.
27/6	5Pm	0	NA	
27/6	6Pm	0	NA	

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

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

Anaesthesiologist Name : Dr. SK. Ayesha
Anaesthesiologist Signature: .....
Date & Time: 27/6/26 @ 5:30Pm

PACU Nurse Name : Madhumitha
PACU Nurse Signature: Madhu
Date & Time: 27/6/26 @ 5:38Pm

Transferred to Unit by (PACU): (305)
Date & Time: 27/6/26 @ 5:30Pm

Patient Sticker

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Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

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

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

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

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

Solution Composition : .....

Any other issues :

a) .....

b) .....

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

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

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

Patient Satisfaction : .....

Discharge /Shifting ordered by

Doctor Signature: .....

Doctor Name: .....

Date and Time : .....

26-000020 8603.

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NARCOTIC PRESCRIPTION FORM
(PATIENT COPY)

Patient Name:	Mrs. Beerla Anjali	Age:	30 Y/S	Gender:	Female
UHID No:	HOH-0001 2389	IP No:	26-00006665	Date:	27/6/26 Time: 9:57 AM
Diagnosis:	LSCS				

PRESCRIPTION DETAILS (Tick only one of the following)

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

Doctor Name: Dr. Sk. Ayesha

Doctor Registration No: TSMC/FMR/07727

Signature:

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

IP Registration No: 26-00006665 **Date:** 27/6/26

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

		Remarks
1.	Name : Mrs. Beerla Anjali	
2.	Complete postal address (with contact number, if any)	Saidabad Hyderabad.
3.	Brief description of the illness	LSCS
4.	Whether registered with any other registered medical practioner / recognized medical institution (If yes, details of the recorded)	No
5.	Details of essential Narcotic drug dispensed	Fentanyl

Date	Name of the Essential Narcotic Drugs	Quantity	Signature / Thumb Impression of the patient / Patient Attender	Remarks, if any
27/6/26	Fentanyl	01		

Dispensed by (Name & ID No.): Rama (015442) Signature:

Received by (Name & ID No.): U. Pallavi 017921 Signature:

Time: .....

Docu. No: RCH / FRM / CLINICAL / 133