Dr. Ramya

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ESTIMATION SLIP

Date : 7/5/26 **UHID / IP No. :** HNH-0001296 **Sl No.** 1496

Name of Patient : Mrs. Shalini **Age:** _____ **Gender:** F

Father's / Husband's Name : Mr. Goutham **Corporate / Occupation :** _____

Address : Madhuc Nagar **Phone :** 8341139510 **Email :** 8155841658

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

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

TARIFF INFORMATION :

Particulars	Package Amounts (Rs.)	
Room Category	Normal Delivery	LSCS
Multi Shared Ward		99,999/-
Shared Ward		Ptn given
Twin Shared Ward		
Private Room →	1 Lac	1.10 k
Super Deluxe Room		
Suite Room		
Package includes (Package starts from the time of admission)	Room Rent, Nursing Charges, Doctors Fee, Surgeon's Fee and Labour Ward Charges	Room Rent, Nursing Charges, Doctors Fee, Surgeon's Fee Anesthetist's Fees and OT Charges
	Length of Stay for : 2 Days	Length of Stay for : 3 Days
	Pharmacy up to 9,000/-	Pharmacy up to 12,000/-
CBP, NST ←	Investigations up to 2,500/-	Investigations up to 3,000/-
Others	Well baby Care	25k to 35k

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

Initial Minimum Deposit : 80% Advance time of Admission

REMARKS : Vaccination, Neonatal, SBP, B/G

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

DECLARATION

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

V. Shalini — Signature of the Client

Self — Signatory Relationship

Signature of the Financial Counselor

HNH-00015299 IP26-00006731
Mrs VOONNA SHALINI
21-05-1994 32 Y 1 M 13 D (F)
Dr. KADIYALA RAMYA THEJA

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SURGERY DETAILS

Date : 4/7/26

Patient Name: Mrs. voonna shalini Date of Birth: 21-5-1994 Age: 32Y

Gender: F Ward : LDR UHID No.: HNH-00015299

Date of Surgery: 4/7/26 ~~OT -1~~ ~~OT -2~~ ~~OT -3~~ ☐ OT -4 ~~OBG OT-1~~ ~~OBG OT-2~~ LDR II

Name of the Surgery : Normal Delivery with Epidural.

Time in : 12Am Time Out : ~~1pm~~ 1AM

	NAME	AMOUNT
1. Surgeon	: Dr. Ramya Theja.	
2. Anaesthetist	: Dr. Subrahmanyam	
3. Assistant Surgeon	:	
4. OT Technician	:	
5. Circulating Nurse	: Akhila	
6. Assistant Nurse	: Monika	

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: 26-0000210525 Order by: Akhila.

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DEFICIENCY CHECK LIST OF CASE SHEET

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

Signature and Date :

(P.T.O)

5/7/26

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 : IP26-00006731 **Admit Date** : 03-Jul-2026 **Admit Time** : 02:27 PM **UHID** : HNH-00015299

Patient Details :

Patient Name	: Mrs VOONNA SHALINI	**Age**	: 32 Y 1 M 12 D
Guardian	: Mr V GOWTHAM KRISHNA	**DOB**	: 21-05-1994
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: SESHADRI TOWERS,1ST FLOOR ,MADHURA NAGAR Yousufguda Hyderabad Telangana INDIA 500045	**Phone No**	: 8341139510
		E-mail	: gudlashalini2010@gmail.com

Admission Details :

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

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

Contact Details :

Name : Mr V GOWTHAM KRISHNA **Relationship** : Husband

Contact Address : SESHADRI TOWERS,1ST FLOOR ,MADHURA NAGAR Yousufguda Hyderabad Telangana INDIA 500045 **Phone No** : 8341139510

T.Divya
Signature

Doctor Details :

Doctor Name : Dr. KADIYALA RAMYA THEJA **Specialisation** : OBSTETRICS AND GYNECOLOGY

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

Co-Consultant :

Payment Details :

Deposit Amount : 50000.00

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

213 fc

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Name	Mrs VOONNA SHALINI	**UHID**	HNH-00015299
Father/Guardian	Mr V GOWTHAM KRISHNA	**Age/Gender**	32 Y 1 M 13 D/ Female
Address	SESHADRI TOWERS,1ST FLOOR ,MADHURA NAGAR, Yousufguda, Hyderabad, Telangana, INDIA, 500045		
IP No	IP26-00006731	**Admission Date**	03-07-2026
Ref Doctor	Self.		
Discharge Date	05.07.2026		

DISCHARGE SUMMARY

Consultant:
Dr. Kadiyala Ramya Theja
MBBS, DNB
TSMC/FMR/01458

Diagnosis: G2A1 AT 38+1 WEEKS WITH SMALL FOR GESTATIONAL AGE FETUS WITH PREMATURE RUPTURE OF MEMBRANES FOR DELIVERY

SPONTANEOUS VAGINAL DELIVERY ON 03.07.2026

History:
LMP: 29.09.2025
EDD: 05.07.2026
Obstetric formula: G2A1
Gestation at admission: 38+1 weeks

Obstetric History:
G1 - 2021- Spontaneous conception, Complete miscarriage at 7-8weeks, SERPC done.
G2 - 2025 - Present pregnancy, Spontaneous conception

Medical History : Hypothyroidism since 2021- On T.Thyronorm 62.5mcg OD

Surgical History: Diagnostic Laparoscopy and Hysteroscopy in 2025, D&C-2021 **Family History :** Father-HTN

Name	Mrs VOONNA SHALINI	**UHID**	HNH-00015299
IP No	IP26-00006731	**Admission Date**	03-07-2026

Allergies : Nil

Antenatal Details:

Mrs VOONNA SHALINI was booked to Rainbow hospital at 29^{+6} weeks of gestation. She had regular antenatal checkups and investigations as advised elsewhere. NT scan normal. FTS low risk. TIFFA normal. She had history of anemia at 26 weeks and received Parenteral Iron 1gm. She had history of ? Leaking PV at 30 weeks, she received 2 doses of steroids and managed conservatively. Scan done on 19.06.2026 showed single live fetus with cephalic presentation with AFI-10.6cms, EFW-2.3kg(8%), AC-<1%, Placenta-anterior high, normal dopplers s/o Small for gestational age. She was admitted at 38+1 weeks with leaking per vaginum.

Investigations: Enclosed
Blood group- "O" Positive

Management: Course in hospital and Delivery Details:

At admission on clinical examination the vitals were stable, uterus was irritable, cervix was 1 finger dilated and clear leak noted. Fetal well being was confirmed by an admission CTG which was found to be reactive. As per hospital protocol she was started on IV. Taxim in view of ruptured membranes. Informed consent taken for Induction of labour. Labour induced with 2 doses of PGE1. Partographic monitoring of labour was done. Patient opted for epidural analgesia at 3-4cm dilatation for pain relief. The same was sited by an anesthetist after informed consent. Further augmentation was done by oxytocin infusion. She progressed to full dilatation at 11pm. Passive descent of fetal head was allowed post full dilatation. She was put into position for vaginal birth at 11pm. Parts painted with betadine solution and draped to ensure full asepsis. She was encouraged to bear down. At crowning of head episiotomy was given under local anesthesia (10 ml of 2 % xylocaine solution). Baby was

Name	Mrs VOONNA SHALINI	UHID	HNH-00015299
IP No	IP26-00006731	Admission Date	03-07-2026

delivered by induced vaginal delivery, Cord clamped and cut and baby handed over to pediatrician. Cord blood collected for blood grouping and Rh typing. Placenta and membranes delivered completely with controlled cord traction. Prophylactic syntocinon given. Episiotomy inspected. No extensions or additional vaginal tears found. Episiotomy sutured in layers. Instrument and swab count checked. 600 mcg of misoprostol given per rectally as prophylaxis against post partum hemorrhage. Vagina cleaned with betadine solution.
***Manual removal of placenta done in view of retained placenta - left cornual implantation**

Delivery Details:
Date : 03.07.2026
Time of Delivery: 11:20pm
Type of Labour : Induced vaginal delivery
Type of Delivery: Induced
Analgesia :Epidural
Indication : PROM

Baby Details:

Date : 03.07.2026
Time : 11:20PM
Sex : Female
Weight : 2.4Kg
Apgar :6,8
Gestational Age: 38+1 weeks
NICU Admission: No

Post-Partum Notes: She was closely monitored for post partum hemorrhage. Breast feeding initiated. Vitals were stable; patient ambulated and was shifted

Name	Mrs VOONNA SHALINI	UHID	HNH-00015299
IP No	IP26-00006731	Admission Date	03-07-2026

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

Advice:

1. Tab. Taxim - O 200mg (Cefixime 200mg) twice daily till 08.07.2026 (9am-9pm) after food.
2. Tab.Metrogyl 400mg thrice daily (8am-2pm-10pm) till 08.07.2026 after food
3. Tab. Calpol 500mg (Paracetamol 500mg) (2tabs) thrice daily till 06.07.2026 (8am-2pm-10pm) after food.
4. Tab. Pantodac (Pantoprazole - 40mg) 1 tablet twice daily till 08.07.2026 (7am-7pm) before food.
5. Tab. Voveran 50 mg (Diclofenac 50mg) thrice daily till 06.07.2026(9am-3pm-11pm) after food.
6. Tab. Livogen (Elemental iron - 50mg, folic acid 1.5mg) once daily (7am) for three months before breakfast.
7. Tab. Shelcal (Elemental Calcium 500 mg, vitamin D3 250 IU) once daily (2pm) till breast feeding after food.
8. Metro-P ointment for local application.
9. Syp. Duphalac 15 ml (Lactulose 3.33gm/5ml) at bed time for one week.
10. Continue T.Thyronorm 62.5mcg once daily
11. FT3,FT4,TSH after 6 weeks

Home Blood pressure monitoring to be done **twice daily** for **two weeks.**

Name	Mrs VOONNA SHALINI	**UHID**	HNH-00015299
IP No	IP26-00006731	**Admission Date**	03-07-2026

Report to emergency if **BP >140/90mmHg**, presence of headache, vomitings, blurred vision, reduced urine output, epigastric pain, seizures.

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

Review with **Dr. KADIYALA RAMYA THEJA** after **2** weeks on **18.07.2026** at Rainbow Children's Hospital with prior appointment **(Review consultation will be charged).**

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

Patient/ Attender

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

Registrar/Resident/C.M.O

Consultant:
Dr. Kadiyala Ramya Theja,
MBBS/DNB
TSMC/FMR/01458

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00015299 IP26-00006731 Mrs VOONNA SHALINI 21-05-1994 32 Y 1 M 13 D (F) Dr. KADIYALA RAMYA THEJA	3/7/26 @2:28pm	4/7/26 @ 5:40 Am
	Transfer Ordered by Dr. Naveena.	Reason for Transfer observation
From Unit	To Unit Floor	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 30	Number of Imaging Films DST 4	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.		
3.		
4.		
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Monika @	Dr. Naveena

Patient & Clinical Records Received by : 4/7/26 @ 6.00 am

Date & Time of Patient Received : Sunanda

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

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

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ACTIVITY RECORD FOR BILLING

Name :_____ HNH-00015299 IP26-00006731
Mrs VOONNA SHALINI
21-05-1994 32 Y 1 M 12 D (F)
Dr. KADIYALA RAMYA THEJA

UHID No. : _____ isultant: _____ Dept : _____

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
4/7/26	5:00Am	CDR	Floor	Moulika

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	Dr. Tejasvi Reddy	4/7/26	0731	
2			Cross checked done	
3			by Sunanda	
4				
5				
6				
7				
8				
9				
10				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
3/7	NST - (1)	7972	
3/7	NST - 2	7973	
3/7	NST - (3)	7974	
3/7	CBP	10872	
8/7	NST - (4)	7975	
		Cross checked done by Sunanda	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
3/7	Cardiac monitor	10PM	4/7/26 12AM	2/1052	Akuli G.
3/7	Infusion Pump	9:30PM	12AM		
3/7	Epidural Pump	9PM	12AM		
				Cross check done by Akuli G.	
		Cross checked done by Sunanda			

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
3/7	IV Placement	1	10456	[illegible]
3/7	Catheterization	1	10528	[illegible]
3/7	PAC	1	10527	[illegible]
			cross checked	Akils
4/7/25 9:40am	NHA	1	0732	[illegible]
	Cross checked done by Sunanda			

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

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Dr. KADIYALA RAMYA THEJA

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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

c/o leaking P/V.

Obstetric Formula: G_2A_1

Obstetric Hostory:

1st Preg (2021) :- Sp. conceptn. Complete miscarriage D&C done

Present preg (2025):- Sp. conceptn ANC's @ Bhumashwar.

Present Pregnancy Record: Booked @ 29+6 wks. NT (N)
FTS- low risk, TIFFA (N).
Growth (N), ? Ieak @ 18 wks + Steroids x2 doses.

RISK FACTORS: Received 1g IV Iron @ 26 wks

SGA @ 38+1 wks — SGA

Height: 151 cm
Weight: 64 kg
Allergies: N.I
Breast: ☑ Normal ☐ Abnormal

General Examination:

Consciousness: (+) Pallor: (-)
Icterus: (-) Edema: (-)
Temp: Afebrile PR: 82 bpm
BP: 100/70 mmHg DTR: (+)
CVS: S1S2 (+) RS B/L NVBS
Liver/Spleen: (-) Urine Output: (N)

LMP: 27/9/25 EDD:
Corrected EDD: 5/7/26 GA: 38+1 wks

Menstrual History: Regular : ☑ Yes ☐ No

Obstetric Examination

Fundal Height: U1 ~ Term
Ut. Activity: ☐ Relaxed ☑ Mild ☐ Mod ☐ Severe
Liquor: ☑ Adequate ☐ Oligo ☐ Poly
PP: ☑ Cephalic ☐ Breech Others _____
Head Fifths Palpable: 4/5
FHS: ☐ Normal ☐ Tachy ☐ Brady ☐ Absent

Per Speculum Examination

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

Vaginal Examination

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

DIAGNOSIS

Para G_2A_1 | 38+1 wks | SGA c PROM

HNH-00015299 IP26-00006731
Mrs VOONNA SHALINI
21-05-1994 32 Y 1 M 12 D (F)
Dr. KADIYALA RAMYA THEJA

Family History: -Father - HTN	Surgical History: Dx Laparoscopy - 2025 & Hysteroscopy DEC-2021
Medical History: K/C/O Hypothyroidism - 2021	Medication History: ~~NIL~~ On T. Fe / T. Ca / T. Thyronorm 62.5mcg
Plan of Care: Observation & IOL - Informed consent - ~~Admission~~ CTG. - Prepare pads - T. Miso prostol 25mcg @ 2pm - NST 3rd hrly - FHR 2nd hrly - Vital monitoring - ~~Sent~~ for CBC.	Investigations: - Blood Group - 'O positive' Hb - Plt - WBC - HIV HbsAg HCV USG. (19/6/26) ~ 37 + 4 wks SLF, Pl-Ant 'high. AFI - 10.6 cm Cephalic AC < 1% EFW - 2-3 kg (8%) SGA Dopplers (N).

Doctor Name: Dr. G. Veena
Signature:
Date & Time: 3/7/26 @ 2pm

Dr. RAMYA THEJA KADIYALA
Reg. No: 01458

Consultant Name: Dr. Ramya Theja
Signature:
Date & Time: 3/7/26 @ 3pm

HNH-00015299 IP26-00006731
Mrs VOONNA SHALINI
21-05-1994 32 Y 1 M 12 D (F)
Dr. KADIYALA RAMYA THEJA

(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/7/26 8pm	C/O leaking PV GC fair/afebrile Vitals (N) PA: ut relaxed FHR 140/min PV: Cx: long 1/2 inch posterior Os: 1cm Vx ++, DOP ⇒ confirmed on USG. Nil liquor	Adv 1) Tab Nifedipine @ 4pm 2) NVR 3) FHR monitoring 4) Inform RVO. Dr. RAMYA THEJA KADIYALA Reg. No. 101458 Dr RAMYA
CBP - due.		
3/7/2026 7:15pm	c/s by Dr. Ramya.	
NST-Reactive	o/E GC-fair Afebrile Vitals-normal PA: ut. term size. 2-3c/40-45"/lo Cephalic FHR(+) PV: Cx 2-3cm. 50% effaced Vx at -2 station. liquor clear.	Adv. - Proctolysis Enema. - Inj. Oxytocin 10U in 500ml RL @ 6ml/hr. after 8:00pm - strict FHR monitoring 2hrly - NST 4th hrly - wif POL - Epidural as per pt wishes - Monitor Vitals 1hrly SOS.

Dr Ramya

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Mrs VOONNA SHALINI
21-05-1994 32 Y 1 M 12 D (F)
Dr. KADIYALA RAMYA THEJA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/7/2026 10:15pm	clsby Dr. Ramya.	
	O/E GC-fair	Adv.
	Afebrile	- strict FHR monitoring
	Vitals-stable.	
	PA: ut. fem. size	- w/f POL
	Actively	- strict Vitals monitoring.
	Cephalic FHR (+)	
	PV: Cx 7-8cm.	- Monitor Vitals
	70-80% effaced	- Inform SOS
	Vx: -1 station.	
		Dr Naveena.
3/7/2026 11:45pm	O/E	
	GC-fair	Adv
	Afebrile SpO2-99% on RA	- Soft diet
	PR: 80bpm	- Adequate hydration
	BP: 131/67mmHg	- iv Antibiotics 24hrs [Inj: Taxim + Inj. METRO]
	CVS/RS: NAD	
	PA: ut. retracted Soft, NT. well	f/b oral Antibio x 7 days (Taxim+Metro)
	UE: PV bleeding WNL	
	Baby: mother side.	- w/f PV bleeding.
	Dr Naveena	- Monitor Vitals
		- Inform SOS.

HNH-00015299 IP26-00006731
Mrs VOONNA SHALINI
21-05-1994 32 Y 1 M 13 D (F)
Dr. KADIYALA RAMYA THEJA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/2/2026 5:30am	c/s/by Dr. Naveena.	
	o/G GC-fair Afebrile. SpO2. PR: 82 bpm BP: 104/72 mmHg PA: ut. retracted well Soft, NT. IIE: PV bleeding WNL episiotomy wound: clean & healthy.	Adv. ✓ Soft diet ✓ Adequate hydration. ✓ drugs as charted ✓ wlf PV bleeding. ✓ SITZ BATH ✓ Ambulation ✓ Monitor Vitals ✓ Inform SOS
	Baby. Mother side. Kindly shift the pt. to room.	Dr. Naveena. NB Sunanda

U-✓
F-✓
S-✓

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

INH-00015299 IP26-00006731
Mrs VOONNA SHALINI
11-05-1994 32 Y 1 M 13 D (F)
Dr. KADIYALA RAMYA THEJA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/7/26 10:30AM	O-PND	
baby well	No complaints	
	GC fair, afebrile	
	vitals (N)	
V: ✓	PA: soft, UWR	
	PV: lochia (N)	[signature]
		Dr RAMYA THEJA
	Dr. RAMYA THEJA KADIYALA Reg. No: 01458	
4/7/26 1:30pm	O-PND	
	explained wound care	
	No complaints	
		Adv
4/7/26 3pm		1) Can be discharged tomorrow.
	Dr. RAMYA THEJA KADIYALA Reg. No: 01458 [signature]	Dr RAMYA THEJA
	c/s/b Dr. Veena	
	PND-O / P1L	
	Pt is stable, No c/o	Adv
Baby @ ms	o/e GC-fair, Vitals-stable	- Regular diet
	Pallor ⊖	- Vital monitoring
V ✓	P/A - Ut well retracted	- Drugs as advised
St	BS ⊕	- Sitz bath, Ambulation
	L/E - BWNL	- Inform SOS

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

1NH-00015299 IP26-00006731
Mrs VOONNA SHALINI
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Dr. KADIYALA RAMYA THEJA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/7/2026 7:30pm	C/S/b Dr Manisha PND 1	
		Adv
	CC for Afebrile	✓ Drugs as charted
	Vitals Stable	✓ Regular Diet / Adeq Hydration
	P/A utwR	✓ Vital Monitoring
	BS ⊕	✓ Ambulation
	L/E Bleedy WNL	✓ Inform SOS
UV		
SA		Manisha
	Plan: Discharge c/m	NB Sunanda
5/7/2026 8AM	C/S/b Dr Manisha PND 2	
		Adv
	CC for Afebrile	
	Vitals Stable	- Drugs as charted
	P/A ut well retracted	- Regular Diet / Adeq Hydration
	BS ⊕	- Ambulation
	L/E Bleedy WNL	→ Can be discharged
UV		- Send file for Processing
SA		
		Manisha

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

1NH-00016340 IP26-00006734
Baby Of VOONNA SHALINI
13-07-2026 0Y0M0D7H (F)
Dr. SINDHURA MUNUKUNTLA

214

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NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 4/7/26 Time: 9:40 am

Origin: Indian Height: 150 cm Weight: 64 kg BMI: ☑ ~ 26 kg/m² ☐ ~ 28 kg/m² ☐ ~ 30 kg/m²

Food Allergies: No

Diagnosis: NVD

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

Diet Advised:

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

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

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

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

Patient's / Attendant's

Signature: T. Divya

Name: Voonna Shalini

Date & Time: 4/7/26, 9'40 am

Dietician's

Signature: Sabiya

Name: Syeda Sabiya Zaheer

Date & Time: 4/7/26; 9:40 am

DIETARY NOTES

Date	Time	Notes	Sign

INH-00015299 IP26-00006731
Irs VOONNA SHALINI
1-05-1994 32 Y 1 M 13 D (F)
Ir. KADIYALA RAMYA THEJA

2/4

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CROSS CONSULTATION FORM

Doctor Name : Dr: Ramya Date : 31/7/26 Time : 4pm

Diagnosis : LSCS

Hospital : RCH - HMNR

Referred for : ☐ Opinion ☑ Co-Management ☐ Transfer of care

Type of Referral :
☐ Emergency
☐ Urgent
☐ Non Urgent

Reason for Referral : If for concurrent care specify the particular need, especially in the absence of a second diagnosis:

Signature:

Findings and Recommendations :

Lactation care plan

- well formed Breast & Nipples
- Colostrum seen
- encourage orally Direct Breast feeding 15-20 mints on each side
- Demand feeding not exceeds 2½ hours as per early hunger cues
- Sucking observed
- Advice sitting feeds
- DBM & f/b Burping.

Consultant :

Name : Sathwika. G Signature : S Date & Time : 4/7/26; 4pm

Patient

HNH-00015299 IP26-000
Mrs VOONNA SHALINI (F)
21-05-1994 32 Y 1 M 12 D
Dr. KADIYALA RAMYA THEJA

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DRUG CHART

Date of Admission: 3/6/26 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 ....

INH-00016340 IP26-00006734
laby Of VOONNA SHALINI
3-07-2026 0 Y 0 M 0 D 7 H (F)
Dr. SINDHURA MUNUKUNTLA

REGULAR PRESCRIPTIONS

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

DRUG : INJ. CEFOTAXIME

Dose	Route	Frequency	Start Date
1gm	IV	BD	4/7

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

Additional Instructions: ATD F/b FOR 24hrs. oral

Daily Doctor's Endorsement by a Sign

Date	Time		
3/7	4/7		
	2:30 am		
	2:30 pm		

STOP 4/7/26

DRUG : INJ. METROGYL.

Dose	Route	Frequency	Start Date
100ml	IV	TID	4/7

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

Additional Instructions: FOR 24HRS F/b oral

Daily Doctor's Endorsement by a Sign

Date	Time		
3/7	4/7		
	6am		
	2pm		
	10pm		

STOP IV

DRUG : INJ. PANTOPRAZOLE

Dose	Route	Frequency	Start Date
40mg	IV	BD	4/7

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

Additional Instructions: FOR 24HRS

Daily Doctor's Endorsement by a Sign

Date	Time		
4/7			
	6am		

STOP

DRUG : T. PARACETAMOL

Dose	Route	Frequency	Start Date
1gm	PO	TID	4/7

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date	Time		
4/7	5/7		
	6am		
	2pm	Nausea	
	10pm		

HNH-00015299 IP26-00006731
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21-05-1994 32 Y 1 M 12 D (F)
Dr. KADIYALA RAMYA THEJA

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Sheet No: .....

REGULAR PRESCRIPTIONS

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

DRUG : T-DICLOFENAC

Dose	Route	Frequency	Start Dt.
75mg	PO	BD	4/7

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time: 4/7 8am ✓ 5/7 8am

4pm

DRUG : SYP-DUPHALAC

Dose	Route	Frequency	Start Dt.
15ml	PO	OD	4/7

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time: 4/7 10pm

DRUG : OINT-METROGYL-P

Dose	Route	Frequency	Start Dt.
	LA	BD	4/7

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time: 4/7 10am 5/7 10pm

DRUG : Tab PANTOPRAZOLE

Dose	Route	Frequency	Start Dt.
40mg	Po	BD	4/7/24

Name & Signature of the Doctor Starting the Drugs: Naveen

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time: 4/7 8AM 5/7 8AM

6PM

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

HNH-00015299 IP26-00006731
Mrs VOONNA SHALINI
21-05-1994 32 Y 1 M 12 D (F)
Dr. KADIYALA RAMYA THEJA

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Sheet No: .....

REGULAR PRESCRIPTIONS

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

DRUG : T. CEFEXIME

Dose	Route	Frequency	Start Dt.
200mg	P/O	BD	4/7/26

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date	4/7	5/7
Time		

DRUG : T. METRONIDAZOLE

Dose	Route	Frequency	Start Dt.
400mg	P/O	TID	4/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date	4/7	5/7
Time		

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date			
Time			

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date			
Time			

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

(P.T.O.)

HNH-00015299 IP26-00006731
Mrs VOONNA SHALINI
21-05-1994 32 Y 1 M 12 D (F)
Dr. KADIYALA RAMYA THEJA

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

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
3/7/26	2PM	T. MISOPROSTOL	25mcg	P/O		Nadly
3/7/26	2.30PM	INJ. CEFOTAXIME (ATD)	1g	IV		Nadly
3/7/26	4pm	Tab MISOPROSTOL	25mg	Po		Nadly
3/7/26	7:30PM	PROCTOLYSIS ENEMA	1 PACK	P/R		Archana Mehru
3/7	11:30PM	INJ. OXYTOCIN	40 U	IM		Akila Archana
3/7	11:35PM	INJ. METHERGIN		IV		Akila Archana
3/7	11:50PM	INJ. TRANEXAMIC ACID	1GM	IV		Akila Archana
3/7	11:40PM	INJ. METRONIDAZOLE	100ML	IV		Akila Archana
3/7	12AM	T. MISOPROSTOL	800mcg	P/R		Akila Archana

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

HNH-00015299 IP26-00006731
Mrs VOONNA SHALINI
21-05-1994 32 Y 1 M 12 D (F)
Dr. KADIYALA RAMYA THEJA

I.V. FLUIDS CHART

Weight. ..... 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
3/7/26	8:50 PM	RINGER LACTATE	IV	100 ML/hr	Ramya		3/7		
3/7	9:30PM	RINGER LACTATE + 10U OXYTOCIN +7.5U OXYTOCIN	IV.	6ml/hr			3/7		
3/7	10PM	RINGER LACTATE	IV	ff			3/7		
3/7	11:40 PM	RINGER LACTATE WITH 40U OXYTOCIN.	IV	125ml/hr					
←		STOP		3/7/26					

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

HNH-00015299 IP26-00006731
Mrs VOONNA SHALINI
21-05-1994 32 Y 1 M 13 D (F)
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STAT / ONCE ONLY DRUGS

Weight: ..... kgs

Name: .....

Sheet No: .....

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
3/7	11:05pm	INJ-TRAMADOL. IN 100ML NS.	50mG.	IV	[signature]	[signature]	[signature]
3/7.	11:40pm	INJ-ONDENSETRON	4MG	IV	[signature]	[signature]	[signature]

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MEDICATION RECONCILIATION FORM

Drug Allergies: Nil ☑ Not known any Drug Allergies

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

Shifting From: NA Shifted to: NA

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	TAB. IRON	1tab	P/O	OD	2/7/26	☐ C ☑ DC
2	TAB CALCIUM	1tab	P/O	OD	2/7/26	☐ C ☑ DC
3	TAB. THYRONORM	62mcg	P/O	OD	3/7/26	☑ C ☐ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. G. Veena

Date & Time : 3/7/26 @ 2:30pm

Nurse Name & Signature: Nadhumitha @ Madhy

Date & Time : 3/7/26 @ 2:30 PM

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

HNH-00015299 IP26-00006731
Mrs VOONNA SHALINI
21-05-1994 32 Y 1 M 12 D (F)
Dr. KADIYALA RAMYA THEJA

214 / 101 / 215

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RESULT SHEET

Date	3/12					
Time						
Hb	13.4					
PCV	38.7					
RBC	4.54					
WBC	14.36					
N/L	21.2 / 80.0					
Platelets	273					
CRP						
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
Blood group = O+ve						
HIV HbsAg HCV	XR					

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

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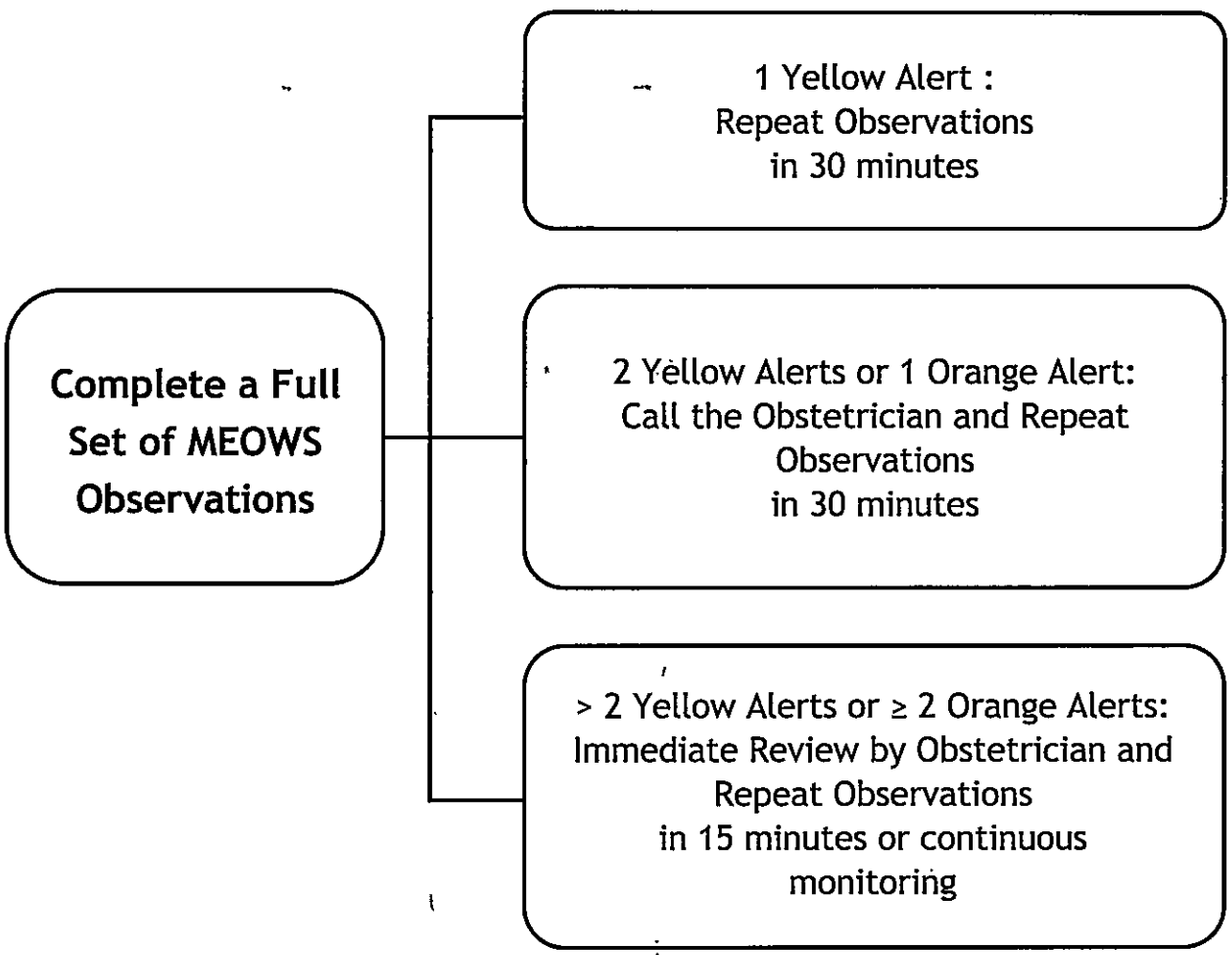
Early Warning Observation Score Chart - Obstetrics

8/7/26

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

		Date																						
		Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																									
	21 - 30																									
	11 - 20										20		20			20			20						20	
	0 - 10																									
Saturations	94 - 100 %										99%		99%			93%			99%						99	
	< 94 %																									
Administered O_2 (L/min.)											–		–													
Temp°c	40																									
	39																									
	38																									
	37																									
	36										–		–			–			–						–	
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90										90		89			95			87						89	
	80																									
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressue ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120										122		125			113			115					140		
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50										77		62			70			75					75		
	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					2		
TOTAL ORANGE SCORES											0		0			0			0					0		
Nurse Initial																										

Obstetrics and Gynaecology Early Warning Signs



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

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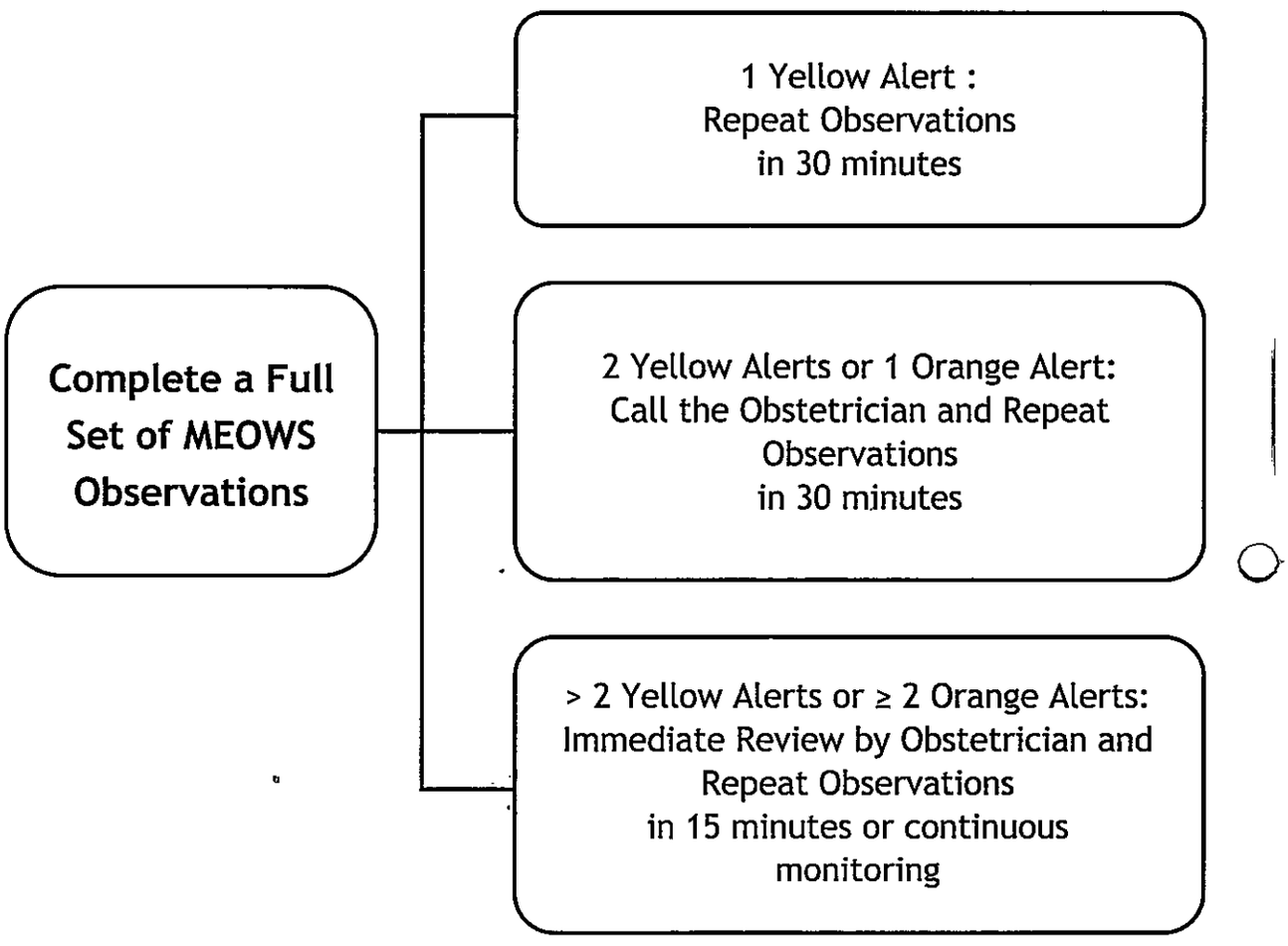
Early Warning Observation Score Chart - Obstetrics

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

4/8/26	Date																						
	Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20		24 b/m					20			20					20				20				20	
	0 - 10																								
Saturations	94 - 100 %															99%				99%				99%	
	< 94 %																								
Administered O2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37		-					98.4			98					36°				36°				98.1F	
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80							80			85					96				80				82	
	70		68 b/m																						
	60																								
	50																								
	40																								
Systolic Blood Pressure ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																							112	
	120																								
	110		110 (81)					112			114					111				108					
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70		70 b/m					62			65					89				65				65	
	60																								
	50																								
	40																								
NEURO RESPONSE [✓]	Alert																								
	Voice		-					/			+					-				-				-	
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30							/			+					-				-				-	
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal							/			+					-				-				-	
	Heavy / Foul																								
Liquor	Clear / Pink							/			+					-				-				-	
	Green																								
TOTAL YELLOW SCORES								0			0					0				0				0	
TOTAL ORANGE SCORES																									
Nurse Initial								>																	

Obstetrics and Gynaecology Early Warning Signs



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

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Mrs VOONNA SHALINI
21-05-1994 32 Y 1 M 12 D (F)
Dr. KADIYALA RAMYA THEJA

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FLUID CHART

Sheet No. : 1

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm	RL		100ml			—			✓		
	05:00 pm	RL	H2O	100ml						—	0	Anbp
	06:00 pm	RL		100ml			—					
	07:00 pm	RL		100ml								
Total Intake :		Taken				**Total Output :**	passed					
	08:00 pm	RL+Inj PAN		100ml								
	09:00 pm	RL+Inj PAN		100ml						—		
	10:00 pm	RL+Inj PAN		100ml			—				0	
	11:00 pm	RL	H2O									
	12:00 am	RL					NA					
	01:00 am	RL+Inj								—		
Total Intake :		Taken.				**Total Output :**				Passed	U-2m-	
	02:00 am											
	03:00 am											
	04:00 am		H2O									
	05:00 am						NA				0	
	06:00 am		H2O							—		
	07:00 am											
Total Intake :						**Total Output :**				U-1m		

Total 24 hrs. Intake		Total 24 hrs. Output	

INM-00016340 IP26-00006734
Baby Of VOONNA SHALINI
13-07-2026 0 Y 0 M 0 D 7 H (F)
Dr. SINDHURA MUNUKUNTLA

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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							
4/7/26	08:00 am											
	09:00 am		Idly									
	10:00 am											
	11:00 am		F		NA			NA				
	12:00 pm		H2O									
	01:00 pm											
Total Intake :								**Total Output :**				
4/7/26	02:00 pm											
	03:00 pm		Chapathi									
	04:00 pm		H2O		NA			NA				Made
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :								**Total Output :**				
4/7/26	08:00 pm											
	09:00 pm		Khichdi									
	10:00 pm		H2O									
	11:00 pm				NA			NA				
	12:00 am											
	01:00 am											
Total Intake :								**Total Output :**		U-3	m-0	
5/7/26	02:00 am											
	03:00 am											
	04:00 am		H2O									
	05:00 am				NA			NA				
	06:00 am											
	07:00 am											
Total Intake :								**Total Output :**		U-2	m-0	

Total 24 hrs. Intake		Total 24 hrs. Output	

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NURSING CARE RECORD

Date: 8/7/20

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				KIA			
Afternoon	2pm 8pm	→ plan for vitals → plan for NST → plan for medication → plan for I/O Chart	2pm 8pm	→ vitals Normal → NST done → medication as per chart → I/O Chart Maintained	Normal	stable	Akhila
Night	8pm 8pm	→ Assess the pt condition → monitor the vitals & record → Administration of medication → maintain I/O chart & record	8pm 8pm	→ Assess the pt condition → monitored the vitals & record. → Administered medications as per doctor order → maintaining I/O chart.	Pt is stable	Vitals WNL.	Akhila

INH-00016340 IP26-00006734
Baby Of VOONNA SHALINI
13-07-2026 0 Y 0 M 0 D 7 H (F)
Dr. SINDHURA MUNUKUNTLA

Patient

NURSING CARE RECORD

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Date: 4/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8AM to 2pm	→Assess the pt condition. → monitor the vitals. → maintain I/o chart. → drugs give as per drug chart.	8AM to 2pm	→Assessed the pt condition. → monitored the vitals. Maintain I/o chart Medications are given as per drug chart	stable	Re checked vital	Ckd
Afternoon	2pm to 8pm	→ Assess the pt condition → maintain I/o chart → medication are given as per drug chart	2pm to 8pm	→ Assess the pt condition → maintain I/o chart → medication are given as per drug chart	stable	Re-checked vitals	Modlee
Night	8pm to 8am	— Assess the patient Condition — monitor the v/s — maintain the I/O — Drug as per chart	8pm to 8am	— Assess the pt Condition — monitor the v/s — maintain the I/O — Drug as per chart	— Now baby is stable	— Rechecked v/s	ES

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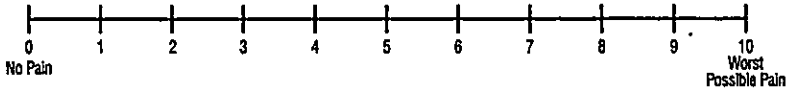
PAIN ASSESSMENT FORM

Date	Time	(0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
3/7	6pm	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[illegible]
3/7	9pm	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	[illegible]	[illegible]
4/7	5Am	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[illegible]
4/7	8Am	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[illegible]
4/7/16	10pm	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[illegible]
5/7/16	8am	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[illegible]
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ 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 drawn 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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BRADEN 'Q' SCALE

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					Date : 3/7 3/7 4/7 4/7
					Time : — E2 M6 E2
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4 4 4 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	23 28 28 28
				Evaluator's Name	

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

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

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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	3/7	3/7/26	4/7
		Score		[illegible]	M.
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	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			
IV / Heparin Lock or Saline	Yes	20	20	20	20
	No	0			
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10			
	Normal /On Bed Rest /Immobile	0			
Mental Status	Forgets limitations	15			
	Oriented to own ability	0			
Total Morse Fall Scale Score:			20	20	20
		Signature	[illegible]	[illegible]	[illegible]

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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CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1 (5/7)			DAY-2 (4/7)			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0		0	0	0	—	—				
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 : .....

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NURSING SHIFT HAND OVER FORM - WARD

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

SITUATION

Diagnosis: NVD

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

BACKGROUND

Area / Shift Time	3/7 E	4/7 M6	4/7 E	4/7 M1		
Medical Condition (Any special condition to be noted):	NA	NAD	NAD	NAD		

ASSESSMENT

Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
Vital Signs: Temp:	98.6	98.0 F	97	98.2 F		
Res:	20	22 b/m	25 b/m	20 b/m		
SpO_2:	99.1%	100%	100%	100%		
Pulse:	90	85 b/m	85 bpm	86 b/m		
BP:	122/62			112/62		
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:	—	NAD	—	—		
Post Operative Procedure Special Orders:	—	—	—	—		
Handed Over By Name :	Anitha	Sneha	Neeraja	Sravanthi		
Signature :						
Date:	04/07/16	4/7/16	4/7/16	5/7/16		
Time:		8pm	8pm	8am		
Taken Over By Name :	Sneha	Neeraja	Sravanthi			
Signature :						
Date:	4/7/16	4/7/16	4/7/16			
Time:	8pm	8pm	8pm			

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:							

INFORMED CONSENT FOR VAGINAL BIRTH

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Patient Name : Mrs. Voonna Shalini UHID No : HNH-0001529 9

Gender: ☐ Male ☑ Female Date : 3/7/26 Time : .....

I hereby authorized the performance of the following procedure:

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

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

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

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

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

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

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

Name of the Doctor performing the procedure: Dr. Ramya Teja.

Consentee :

Signature : V. Shalini

Name : Mrs. Shalini

Date & Time : 3/7/26 @ 2:30pm

Patient Attendant :

Signature : K Sagarika

Name : K. Sagarika

Relationship with Patient: Sister

Date & Time : 3/7/26, 2:28 PM

Witness :

Signature : Ramya

Name : Dr RAMYA THOMAS

Date & Time : 3/7/26 @ 3pm

Doctor (who is taking the consent) :

Signature :

Name : Dr. G. Veena

Date & Time : 3/7/26 @ 2:30pm

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INDUCTION OF LABOR CONSENT

Name: Mrs. Shalini Age: 32y Gender: Male ☐ Female ☑

UHID.No : ANH-0001529 9 Date: 3/7/26

You are scheduled for an induction of labor on 3/7/26 (date) at 38+1 (weeks of gestation).

The reason for your induction is PROM

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

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

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

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

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

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

Patient

Signature: V. Shalini

Name: Mrs. Shalini

Date & Time: 3/7/26 @ 2:30pm

Patient Attendant:

Signature: K. Sagarika

Name: K. Sagarika

Relationship with Patient: Sister

Date & Time: 3/7/26 , 2:28 PM

Doctor:

Signature:

Name: Dr. G. Veena

Date & Time: 3/7/26 @ 2:30pm

Witness

Signature: Madhu

Name: Madhu

Date & Time: 3/7/26 @ 2:28pm

Shanthi

PARTOGRAPH

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LABOUR

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

Indications for IOL-Accel: ☐ None ☑ Oxytocin

Memb. Repture Type: ☐ SROM ☑ PROM ☐ ARM

Presentation: ☑ Vertex ☐ Breech ☐ Others

INTRA PARTUM COMPLICATION

Maternal: ☑ Nome ☐ Pyrexia ☐ HTN ☐ Others

Liquor: ☑ Adequate ☐ Oligo ☐ Poly ☑ Clear

☐ Blood ☐ Meconium ☐ Cord: .....

Shoulder Dystocia: ☐ Yes ☑ No

DELIVERY DETAILS

Anesthesia: ☐ None ☑ Epidural

Non-epi: ☑ Local ☐ Spinal ☐ General

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

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

Indications: .....

Application, Locking & Traction: ..... N.A.

Duration of Instrumentation: .....

No. of Pulls: .....

Catherised: ☑ Yes ☐ No

Type: ☑ Fileys ☐ Plain

Perineum : ☐ Intact ☑ Episiotomy ☐ Tear

Suture Material Used: Rapid Vicryl 2-0

STAGE III

Placenta: ☑ Normal ☐ Abnormal ☐ RP Clots

☑ ECT ☐ Retained ☑ MRP

PPH : ☐ Atomic ☐ Traumatic ☑ None

Lacerations: —

Cervical: —

Perineal: —

Others: —

Prophylaxis: ☑ Synocinon Prostodin

Blood Loss: 4 cont. Inj-Methergin

Blood Transfusion: —

Other Details (if any): Lurda count correct

Ractal Examination: NAD rectal mucosa intact.

DURATION OF LABOUR

1st Stage: 8 hrs.

2nd Stage: 1 hr.

3rd Stage: 20mins.

Duration of Active Pushing: 20min.

No. of VE'S: .....

BABY DETAILS

Gender: Female

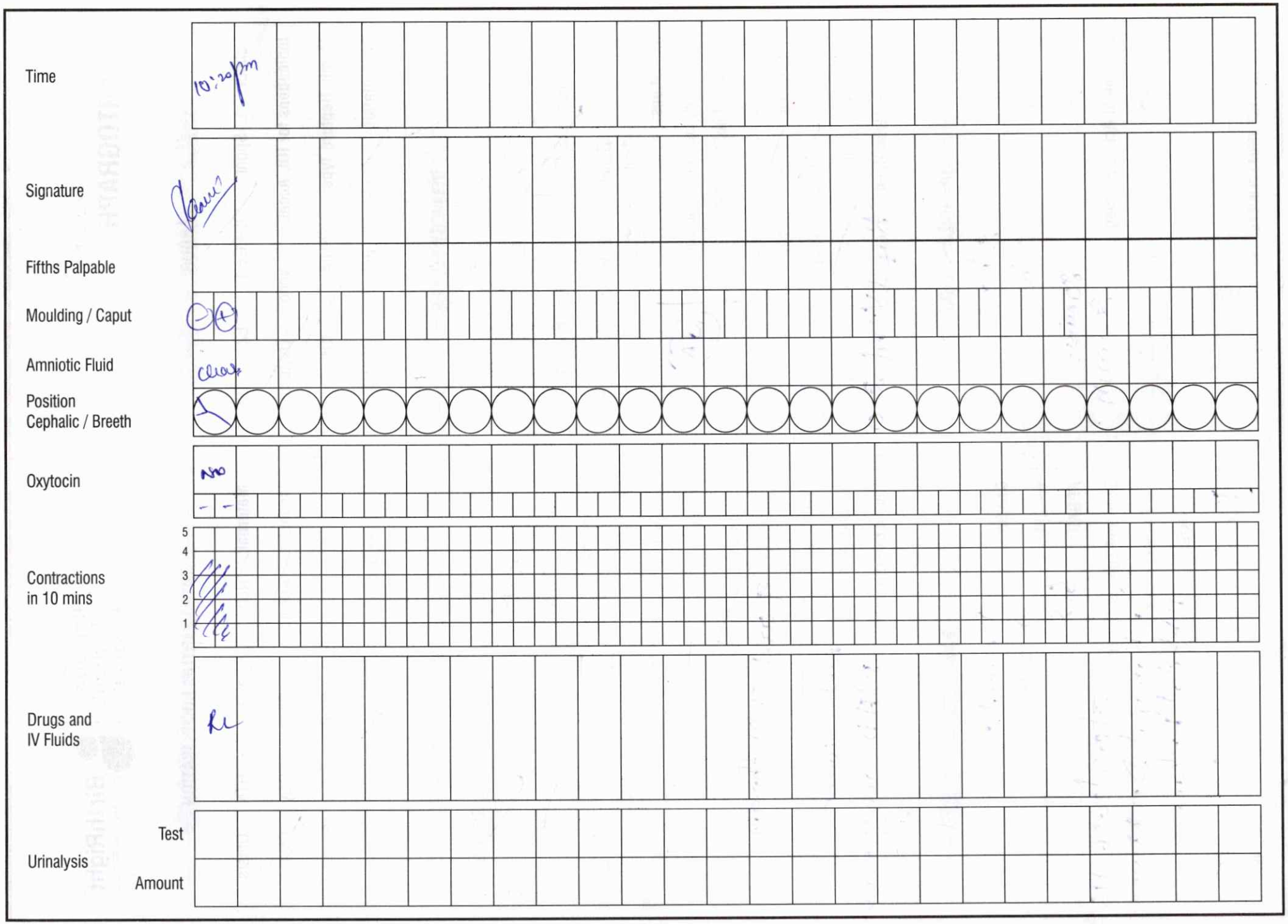
Weight: 2.4kg.

APGAR: 6,8

Date and Time of Delivery: 3/07/2026, 11:20p

LW Doctor: Dr. Ramya/ Dr. Naveena

LW Sister: Akhila/ Archana.


Time
10:20pm
Signature
Fifths Palpable
Moulding / Caput
Amniotic Fluid
clear
Position
Cephalic / Breeth
Oxytocin
Nil
Contractions
in 10 mins
5
4
3
2
1
Drugs and
IV Fluids
Urinalysis
Test
Amount

PARTOGRAPH

Name: Mrs. Rachi

Obstetrics Formula: G2A1

Blood Group Type: O Positive.

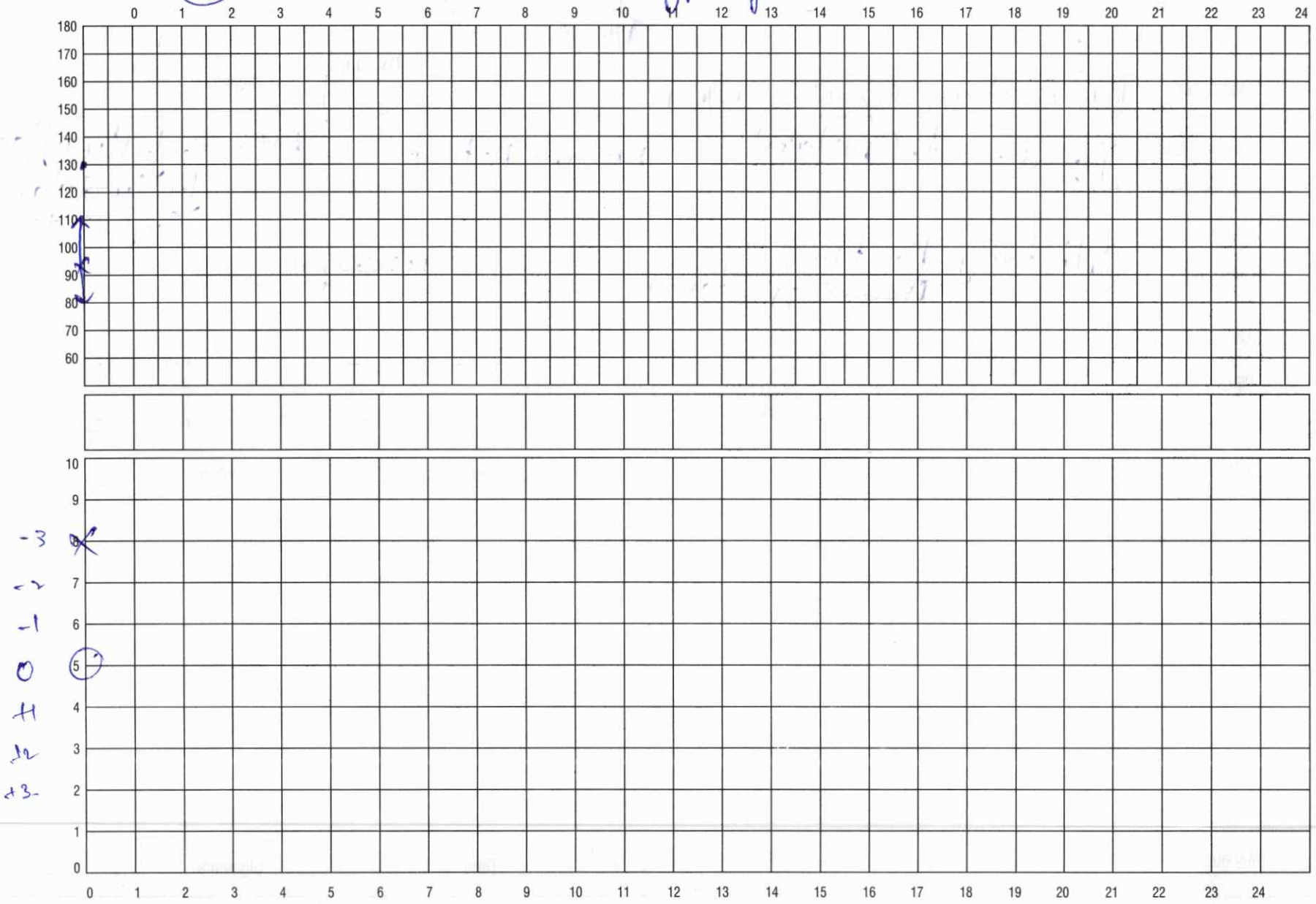
Memb. Ruptured: **SROM** **PROM** **ARM**

Risk Factors: hypothyroid

Fetal Heart ●

Maternal BP ↕

Maternal Pulse ×



Record of Labor:

Maternal Condition: Good ↓ epidural

Fetal Condition:

Progress of Labor: good

Management: FHR monitoring, hydration, W/F POL

PA: ut active cephalic FHR ⊕

PV: Cx effaced 7-8cm anus ⊖ clear bulk ⊕, caput ⊕

Time: 10:20 pm Signature: Jamil

Maternal Condition: Good. ↓ Epidural.

Fetal Condition:

Progress of Labor:

Management: Lithotomy Position, Bearing down.

PA: ut Active

PV: Cx fully effaced fully dilated caput +

Time: 11:00 pm Signature:

Maternal Condition:

Fetal Condition:

Progress of Labor:

Management:

Time: Signature:

Maternal Condition:

Fetal Condition:

Progress of Labor:

Management:

Time: Signature:

Maternal Condition:

Fetal Condition:

Progress of Labor:

Management:

Time: Signature:

CONSENT FOR SPECIAL PROCEDURES

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Patient Name : Mrs. Voonna Sathalini ..... Gender: ☐ Male ☑ Female

UHID No : ANH-0015299 ..... Department : ..... Date : 03/07/2026.

I Mrs. Voonna Sathalini S/D/W/O .....

Here by give consent for procedure of : Epidural Labor Analgesia

For my patient, Named : .....

The doctors have clearly explained to me that the procedure has following possible complications:

Unilateral Block, Patchy Block,
Post Dural Puncture Headache

The doctor have explained to me about the alternatives, risks and benefits for this procedure that :

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

Name of the Doctor performing the procedure: Dr. Sairas.v

Patient Attendant :

Signature : V. Sathi

Name : .....

Relationship with Patient: .....

Date & Time : .....

Witness :

Signature : T. Divya

Name : T. Divya

Date & Time : .....

Doctor (who is taking the consent) :

Signature : .....

Name : Dr. Sairas.v

Date & Time : 03/07/2026 8:30pm

HNH-00015299 IP26-00006731
Mrs VOONNA SHALINI
21-05-1994 32 Y 1 M 12 D (F)
Dr. KADIYALA RAMYA THEJA

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Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATIOI

Name: Mrs. VOONNA SHALINI Age: 32y Sex: female UHID.No : HNH-0015299

Date: 03/07/2026 Time: 8:00pm Proposed Operation: EPIDURAL LABOR ANALGESIA

Diagnosis: G2A1 @ 38+1wks @ PROM

B.P / CRT: 120/80 mmHg H.R: 122/m Weight: 64 kgs ASA Physical Status: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Laboratory Data:

Hgb: 13.4	Glucose:	Protein:	HIV:	X-Ray:
PCV: 38.7	Urea:	Alb:	HBS Ag:	ECG:
WBC: 14360	Creat:	Total Bill:	HCV:	2D Echo:
Plate: 2-72 Lakh.	Na:	Dir. Bill:	Blood group: O+ve	Stress/Anglo:
PT:	K:	LDH:	T3	Other:
PTT:	Ca++:	Alk phos:	T4	
INR:	Mg++:	Amylase:	TSH	
	Cl -:	SGOT/SGPT:		

Allergies: NKDA

Medical History: CVS :

RESP : Diabetes :

CNS : NAD

Renal :

Hepatic / GE : Physical Activity:

Others : Hypothyroidism (+) : 2021

Past Anaesthetic History:

Physical Exam: Mod Built & Nourished.

Airway: MP 1 2 3 4 Mouth Opening: Mentohyoid Distance: Neck: Teeth: NLT

Lungs : B/LAEA, clear

Heart: S1S2 (+)

CNS: NAD

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

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

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

CURRENT MEDICATIONS	DOSAGE

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:

Signature: Name: Dr. SAIRAM

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

Patient Sticker

ANAESTHESIA CHART

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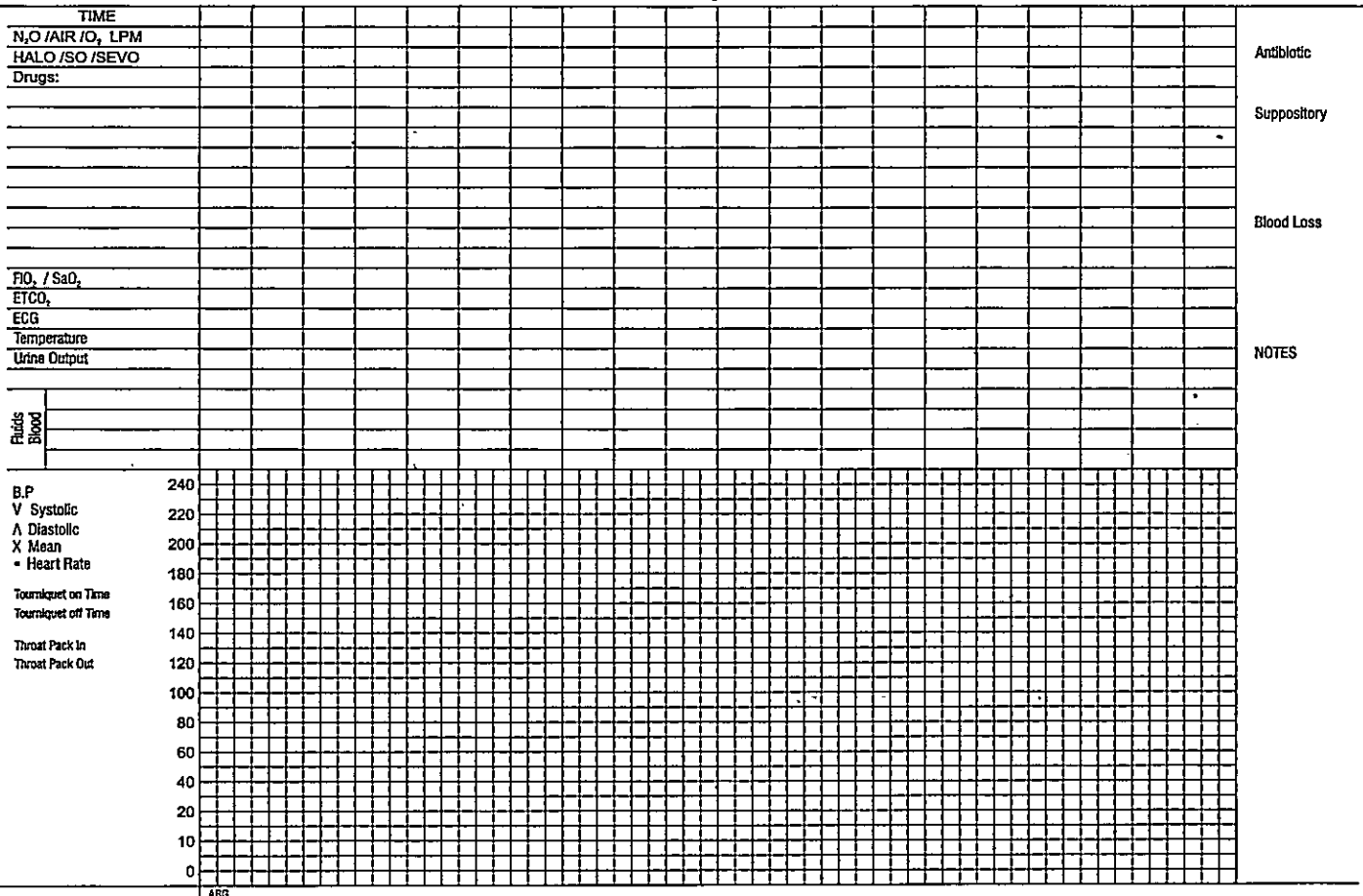
Pre Induction Assessment:

Change In Patient Condition: ☐ Yes ☐ No			Fasting Status:
Physical Status:	☐ Patient Identified	☐ Consent Present	☐ Chart Reviewed

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

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

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



LAB Values

ABG

GRBS

Others

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

Position: .....
☐ Pressure Points Checked

Eye Care:
☐ Oint
☐ Tape
☐ Padding
☐ Awake

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

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

Anaesthesia:
☐ GA
☐ Monitored Anaesthesia Care
☐ Regional

Line (Size & Location)
☐ CVP: .....
☐ ART: .....
☐ IV: .....
☐ IV: .....
☐ IV: .....

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

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

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

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

Regional:
Extremity Specify: .....
☐ Spinal ☐ Epidural ☐ Caudal
Others: .....
Position: .....
Site: .....
Needle Size: ..... Depth: .....
Parasthesia ☐ Yes ☐ No
Catheter at skin ..... cm
Drug Name & Conc: .....
Bolus: .....
Infusion: .....
Block Level: .....
Comments: .....

Transportation to
☐ PACU ☐ ICU ☐ Other
Relaxant Reversed ☐ Yes ☐ No ☐ NA

Name of the Doctor : .....

Signature of the Doctor : .....

Patient Sticker

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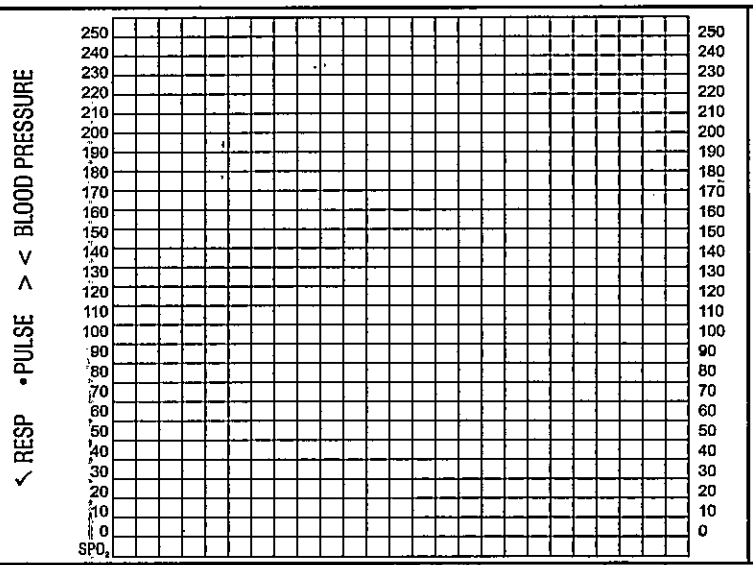
POST-ANAESTHESIA CARE UNIT RECORD

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



IV Cannula Site : .....

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

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

IV Fluids: .....
Oral Feeds: .....

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

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature

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

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

Anaesthesiologist Name : .....
Anaesthesiologist Signature: .....
Date & Time: .....

PACU Nurse Name : .....
PACU Nurse Signature: .....
Date & Time: .....

Transferred to Unit by (PACU): .....
Date & Time: .....

HNH-00015299 IP26-00006731
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Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

Date: 03/07/2025 Time: 9:45 pm Procedure done by Dr. SAIRAM ✓

CSE /Spinal /Epidural ✓ Position : Sitting ✓ Space : L3-L4 Technique (LOR/LOS) ✓ LOS

Depth: 4 1/2 cms Catheter at Skin: 9 cms Attempts : 01

Parasthesia : Yes/No if yes details : —

Solution Composition : 0.1% Bupivacaine + 2mcg/ml Fentanyl ✓

Any other issues :

a)

b)

Time	Infusion Rate (ml/hr)	Bolus (ml)	Level Left	Level Right	Maternal BP	Maternal Pulse	FHR	Comments
9:00 pm	—	8ml			120/80	98		
9:30 pm	6ml/hr	—	T8	T8	120/70	76		

Delivery Details : Time : 11:20 pm APGAR: SVD ✓ / Instrumental / LSCS (if LSCS Details)

Catheter Removed by and Tip Inspected : Dr. SAIRAM ✓

Patient Satisfaction : Sri Good ✓

Discharge /Shifting ordered by

Doctor Signature:

Doctor Name:

Date and Time :

HNH-00015299 IP26-00006731
Mrs VOONNA SHALINI
21-05-1994 32 Y 1 M 12 D (F)
Dr. KADIYALA RAMYA THEJA

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LABOUR AND DELIVERY NURSING ASSESSMENT

Date of Admission: 3/7/26

Baseline Information:

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

Primary Language: ☐ Telugu ☐ English ☐ Hindi ☐ Others

Do you require an interpreter? ☐ Yes ☐ No

Source of Information: ☐ Patient ☐ Family ☐ Others

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

handed over to .....

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

If yes , identify .....

Chief Complaints: .....

NVD 8 from 2 SCF

Doctor Notified on Admission: ☐ Yes ☐ No

Name of the Doctor: .....

Time Notified: .....

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

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

Blood Group: O+ve LMP: 21/9/25 EDD: 28/6/26 Gestational age during admission: 38+1 weeks

Contractions: ..... Vaginal Discharge: .....

Obstetric History: G 2 P ..... L ..... A 1 Previous LSCS .....

Height: 150 cm Weight: 64 BMI: .....

Temp: 97.2°F HR: 82 bpm RR: 20 bpm BP: 110/70 SpO_2 99%

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

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

Patient Sticker

Family History: ☑ No Abnormalities Detected

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

☐ Liver disease ☐ Other .....

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

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

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

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

☐ Mobility problem ☐ Walking Problem ☑ No Abnormality Detected

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING:

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

☐ Under Weight ☐ Diabetes Mellitus ☑ No Abnormality Detected

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

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

☐ Others .....

Inform consultant for positive criteria

SOCIAL SCREENING:

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

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

Social History: Lives With ..family members..

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. Shalini..

Orientation not given Reason: .....

Nurse Signature: ..A..

Nurse Name: ..Akila..

Date & Time: ..11/20..

HNH-00015299 IP26-00006731
Mrs VOONNA SHALINI
21-05-1994 32 Y 1 M 12 D (F)
Dr. KADIYALA RAMYA THEJA

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OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 3/7/26. Time of Arrival: ..... Time Seen by Nurse: .....

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

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

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

3) **Vital Signs:** Temperature: 98.6 Pulse: 90 RR: 90 SpO_2: 99% BP: 110/70 Weight: —

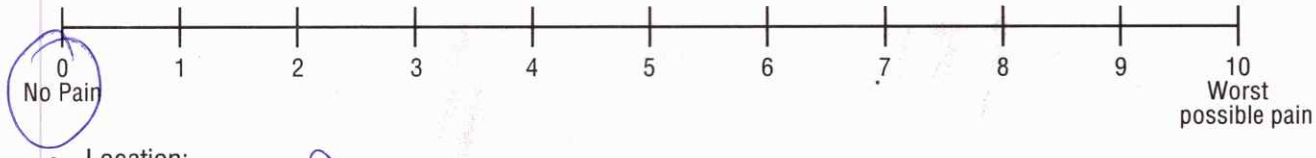
4) **Gestational Criteria:**

Gravida:	G	P	L	A

LMP: 21/9/25 EDD: 3/7/26 Gestational Age: 38+1 weeks.

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

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



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

.....

6) **Past History:**

a) Surgeries: NAD

b) Medical: NAD

HNH-00015299 IP26-00006731
Mrs VOONNA SHALINI
21-05-1994 32 Y 1 M 12 D (F)
Dr. KADIYALA RAMYA THEJA

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

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

9) **Prenatal Medical History:**

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

Triage Category: (Please tick on the category)

Refer to OBSTETRICAL TRIAGE ACUITY SCALE (OTAS)

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

OBCU Obstetrical Triage Acuity Scale (OTAS)

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

Time seen by Doctor: .....

Nurse Name : Arshad ..... Nurse Signature: .....

Date: 3/7 ..... Time: .....

INH-00016340 IP26-00006734
Baby Of VOONNA SHALINI
13-07-2026 0Y0M0D7H (F)
Dr. SINDHURA MUNUKUNTLA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

BREAST FEEDING HANDOVER AND ASSESSMENT FORM

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

2. If No, Reason .....

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

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

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

Feeding Positions:
Cross Cradle

Feeding Positions:
Football / Clutch

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

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

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

9. Additional notes: .....

Continuity of Care: Date: .....

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

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

Date & Time: ..... Date & Time: .....