HNH-00014806 IP26-00006752
Mrs AMBIKA SURYAVAMSHI
22-09-2000 25 Y 9 M 14 D (F)
Dr. SWATHI H V

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SURGERY DETAILS

Date : 6-07-2026

Patient Name: Mrs. Ambika Suryavamshi Date of Birth: 22-09-2000 Age: 25yrs

Gender: female Ward : OT UHID No.: HNH-000 14806
IP26-0000 6752

Date of Surgery: 6-07-2026 ☐ OT -1 ☑ OT -2 ☐ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : Emergency LSCS

Time in : 3:30pm Time Out : 4:30pm

		NAME	AMOUNT
1.	Surgeon	Dr. Swathi	
2.	Anaesthetist	Dr. Samir	
3.	Assistant Surgeon	Dr. manisha	
4.	OT Technician	Sr. pallavi	
5.	Circulating Nurse	Sr. Natasha, Sr. karuna, Sr. Puja	
6.	Assistant Nurse	Sr. Archana	

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

Mrs Ambika
For Dr Swathi
Signature of the Surgeon

Puja
Signature of Circulating Nurse

Order No: 26-00002112249 Order by: Archana 6/7/26 @ 17:08pm

Docu. No. : RCH[illegible]/FRM / GENERAL / 114

HNH-00014806 IP26-00006752
Mrs AMBIKA SURYAVAMSHI
22-09-2000 25 Y 9 M 14 D (F)
Dr. SWATHI H V

Em, Ues.

CONSUMABLES OF OT

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Circulating staff : Puja Technician : Arvind Date : 06-07-26 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		01	Inj Vit.K		01
LMA 3.0		02	Sutures 1326, 2346	4+	02	Cord Clamp		01
ECG leads : A / P / N		03	2364, 4242	4+	1	Suction Catheter		
HME filter : A / P / N						Feeding Tube 6 no		01
Syringes : 10 cc		04				Vaccum Suction Set		
05 cc		04	Gloves SG 6½, 6	03	1	Surgical Gloves 6½		02
02 cc		04	Encore 6½, 6	01	1	Gauze Pack 7.5		01
01 cc		2				Syringe 1ml / 2ml		02
Cautery plate : A / P / N		01	Surgical blade 22no	01		Surgical Blade # 20		01
IV set		01	NG tube			Koochies (S)		
RL		02	Cautery pencil	01		~~Neltop 10~~		~~01~~
NS : 10ml / 100ml / 500ml / 1000ml			Koochies 2xL	01		2ml CC Syringe		01
Atropine		01	Ointments			Encore 6½		01
Adrenaline		01	Suction Catheter					
Fentanyl		01	Cap, Mask	10+10		Baby ~~towel~~ said		
Morphine			Gauze Pack 10×10		02	=		
Ketamine			Mop Pack		02	26-00002112711		
Propofol		02	~~Steristrip~~					
~~Bocuronium~~ Atracil	02	02	Underpad		02			
Glycopyrolate		01	Draw sheet					
Myopyrolate		01	Abgel		01			
Ondansetron 8mg			Foleys catheter					
Pencan 26g/ Spinal Needle 22		01	Urobag					
Bupivacaine 0.25%			Chest Drainage Catheter					
Bupivacaine 0.25%(Heavy)			Romodrain bag					
Antibiotics			Bandage					
PCM		01	Tegaderm					
Suppositories			Ioban					1
Anamol : 80mg / 250mg / 170 mg			Double J Stent					1 8 26
Supridol : 100mg		01	Vaccum Suction set	01	01			
Justin : 12.5 mg / 25mg / 100mg		01	Plastic Bed Sheet		03			
Tab. Misoprost : 200mg		04	Betadine Solution		02			
Oxytocin		03	Microshield		02			
Oral airway No-1		01	Cotton Balls		01			
Amino phylline		01	Latex Gloves		20	Neltop No: 10		1
Ceftriaxone 1gm		02	Ramdione Scrub			Critidol		01
Mannitol		01	Saral			Dexwith adrenaline		01

Surgeon Anaesthesiologist Nurse OT Technician

Order No. : 26-00002112643 Ordered by : Archana 6/7/26 @ 17:38pm.

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

Rainbow Childrens Hospital-Himayatnagar

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040-48873000, info@rainbowhospitals.in

ELECTRONIC MEDICINE PRESCRIPTION

MRN	HNH-00014806	Name	Mrs AMBIKA SURYAVAMSHI
Age / Sex	25 Y 9 M 14 D / Female	Doctor	: SWATHI H V
Adm/Reg Date/Time	05/07/2026 22.39	Payor	VOLO HEALTH INSURANCE TPA PVT LTD
Order Date	06/07/2026 17 38	Ordernumber	26-0000211263
Visit ID	IP26-00006752	Ward/Bed No	4F -OT / LDR-415
Patient Address	3-6-714/2 street 12, Himayat Nagar East, Hyderabad, Telangana, INDIA, 500029		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	LSCS DRAPE PACK (PROTECTCARE)		1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
2	DSYRINGE 1ML (NIPRO)	SYRINGE 1ML	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
3	DSYRINGE 10ML (NIPRO)	SYRINGE 10ML	1 Nos	External / Once Daily	1 Days		4 Nos	Dispensed
4	NELTON CATHETER-10 POLYMED		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
5	DISPOSABLE APRONS STERILE XL	DISPOSABLE APRON STERILE XL	1 Nos	/ Once Daily	3 Days		3 Nos	Dispensed
6	POVIHANZ SOLUTION 10% 100 ML		1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
7	ADROGLARE(ADRENALINE) INJ 1MG 1ML		1 Vial	External / Once Daily	1 Days		Vial	Dispensed
8	CAUTERY PENCIL (ADVANCE		1 Nos	External Once Daily	1 Days		1 Nos	Dispensed
9	ADULT DIAPERS-XXL		1 Nos	External 10 AM	1 Days		Nos	Dispensed
10	AMINOPHYLLINE INJ25MG10ML		1 Vial	External / Once Daily	1 Days		1 Vial	Dispensed
11	LOX WITH ADRENALINE INJ 2 % 30 ML		1 Vial	External / Once Daily	1 Days		Vial	Dispensed
12	CRITIDOL INJ 50 MG 1 ML		1 Nos	/ Once Daily	1 Days		1 Vial	Dispensed
13	VICRYL 1-0 VP 2346	VICRYL 1-0 VP 2346	1 Nos	/ Once Daily	2 Days		2 Nos	Dispensed
14	SUPRIDOL SUPPOSITORIES 100 MG 5 S		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
15	ENCORE MICROPTIC GLOVES-6 PF		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
16	ARTACIL 25MG 2 5ML INJ		1 Nos	Injection / 10 AM	1 Days		1 Nos	Dispensed
17	RELIPARA(PARACETAMOL) 1000MG 100ML BOTTLE		1 Nos	Injection Once Daily	1 Days		1 Nos	Dispensed
18	MOPS 30X30 8PLY SS X-RAY	MOPS 30X30s PLYDATT	1 Nos	/ Once Daily	2 Days		2 Nos	Dispensed
19	PENCAN 27G (B/BRAUN)		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
20	MCT-ROF 100MG 10ML		1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
21	DSYRINGS 2.5ML(NIPRO)	SYRINGE 2ML	1 Nos	External / Once Daily	1 Days		4 Nos	Dispensed
22	VICRYL 1-0 NW 2364	VICRYL 1-0 NW 2364	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
23	MONOCRYL 3-0 NW 1326	MONOCRYL 1326	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
24	DSYRINGE 5ML(NIPRO)	SYRINGE 5ML	1 Nos	External / Once Daily	1 Days		4 Nos	Dispensed
25	COTTON BALLS 2 GM 5 NOS		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
26	SGLOVE # 6 (SURGICARE	SURGICAL GLOVES 6.0	1 Nos	External Once Daily	1 Days		1 Nos	Dispensed
27	VACCUME SUCTION SET		1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
28	MISOPROST TAB 200MCG 4S		1 Tabs	External / Once Daily	1 Days		4 Tabs	Dispensed
29	AIRWAY-1 70 MM (WHITE)	AIRWAY 1	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
30	BACTOPREP SOLUTIONS 100 ML		1 mL	/ Once Daily	2 Days		2 Nos	Dispensed
31	TRUGUT CHROMIC CATGUT SN4242	TRUGUT CHROMIC CATGUT SN4242	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
32	RL 500 ML CLOSED SYSTEM	RINGER LACTATE 500ML CLOSED	1 Bottle	/ Once Daily	2 Days		2 Bottle	Dispensed
33	BCV-INTRAFIX SAFESET		1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
34	SGLOVE # 6.5 (SURGICARE)	SURGICAL GLOVES 6.5	1 Nos	External Once Daily	1 Days		3 Nos	Dispensed
35	UNDER PAD 60X90 10's Pack - MEDICUBE		1 Nos	External / 10 AM	1 Days		2 Nos	Dispensed
36	E.C.G ELECTRODES (ADULT)	ELECTRODES ADULT	1 Nos	External / Once Daily	1 Days		3 Nos	Dispensed
37	ABGEL SURGI PAD (BIG) (GELSPON)	ABGEL	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
38	SURGICAL BLADE 22	SURGICAL BLADE 22	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
39	Encore Microptic gloves-6.5		1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
40	GAUZE PACK STERILE 10X10X12 PLY 5S	GAUZE PACK STERILE 10X10X12 PLY 5 PACK	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
41	MANNITOL 20 % IV 100 ML		1 Bottle	/ Once Daily	1 Days		1 Bottle	Dispensed
42	EVATOCIN (OXYTOCIN) INJ 5 IU 1 ML		1 Vial	Injection Once Daily	1 Days		3 Vial	Dispensed
43	JUSTIN SUPPOSITORIES 100 MG 5 S		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
44	PREGELLED SURGICAL PLATES(ADULT)	PREGELLED PLATED ADULT	1 Nos	External / Once Daily	1 Days		Nos	Dispensed

SWATHI H V
OBSTETRICS AND GYNECOLOGY
Reg No : TSMC/FMR/15501

* 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.

Rainbow Children's Hospital

Birth of a Rainbow

Rainbow Childrens Hospital-Himayatnagar

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040-48873000, info@rainbowhospitals.in

ELECTRONIC MEDICINE PRESCRIPTION

MRN	: HNH-00014806	**Name**	: Mrs AMBIKA SURYAVAMSHI
Age / Sex	: 25 Y 9 M 14 D / Female	**Doctor**	: SWATHI H V
Adm/Reg Date/Time	: 05/07/2026 22:39	**Payor**	: VOLO HEALTH INSURANCE TPA PVT LTD
Order Date	: 06/07/2026 17:38	**Ordernumber**	: 26-0000211264
Visit ID	: IP26-00006752	**Ward/Bed No**	: 4F -OT / LDR-415
Patient Address	: 3-6-714/2 street 12, Himayat Nagar East, Hyderabad, Telangana, INDIA, 500029		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	THEMIPYRRNOM 0.2MG INJ		1 Nos	External / 10 AM	1 Days		1 Nos	Ordered
2	CUROPINE (ATROPINE) INJ 1 ML		1 Vial	External / Once Daily	1 Days		1 Vial	Ordered
3	MYOPYROLATE-INJ-5ML		1 Nos	/ Once Daily	1 Days		1 Ampule	Ordered
4	SURGEON CAP(FEMALE) (PROTECTCARE)		1 Nos	External / Once Daily	1 Days		10 Nos	Ordered
5	FACE MASK 3 LAYER - ELASTIC	FACE MASK 3 LAYER	1 Nos	External / Once Daily	1 Days		10 Nos	Ordered

SWATHI H V
OBSTETRICS AND GYNECOLOGY
Reg No : TSMC/FMR/15501

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Note

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Printed Date/Time : 06/07/2026 17:59 Printed By : SUNKARI SANGEETHA

Rainbow Children's Hospital

Birth Rainbow

Rainbow Childrens Hospital-Himayatnagar

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ELECTRONIC MEDICINE PRESCRIPTION

MRN	: HNH-00016397	**Name**	: Baby Of AMBIKA SURYAVAMSHI
Age / Sex	: 0 Y 0 M 0 D 2 H / Male	**Doctor**	: SINDHURA MUNUKUNTLA
Adm/Reg Date/Time	: 06/07/2026 17:07	**Payor**	: SELFPAY
Order Date	: 06/07/2026 17:46	**Ordernumber**	: 26-0000211271
Visit ID	: IP26-00006761	**Ward/Bed No**	: 4F -OT / CRDL-HNPDA-412-1
Patient Address	: 3-6-714/2 street 12, Himayat Nagar East, Hyderabad, Telangana, INDIA, 500029		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	SGLOVE # 6.5 (SURGICARE)	SURGICAL GLOVES 6.5	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
2	INJI K INJ 1 MG 0.5 Ml		1 Nos	/ Once Daily	1 Days		1 Vial	Dispensed
3	Encore Microptic gloves-6.5		1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
4	INFANT FEEDING TUBE-6	INFANT FEEDING TUBE 6	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
5	SURGICAL BLADE 20	SURGICAL BLADE 20	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
6	DSYRINGE 1ML (NIPRO)	SYRINGE 1ML	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
7	CORD CLAMP-ALPHAMEDICARE		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
8	DSYRINGS 2.5ML(NIPRO)	SYRINGE 2ML	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
9	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

SINDHURA MUNUKUNTLA

Reg No : 66970

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

Note

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

*** Do not refill medicines.**

Printed Date/Time : 06/07/2026 18:00 Printed By : SUNKARI SANGEETHA

316
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Your Right to a Safe Delivery

Name	Mrs AMBIKA SURYAVAMSHI	**UHID**	HNH-00014806
Father/Guardian	Mr MAHESH WAGMARE	**Age/Gender**	25 Y 9 M 14 D/ Female
Address	3-6-714/2 street 12, Himayat Nagar East, Hyderabad, Telangana, INDIA, 500029		
IP No	IP26-00006752	**Admission Date**	05-07-2026
Ref Doctor	Self.		
Discharge Date	08.07.2026		

DISCHARGE SUMMARY

Consultant
Dr. Swathi H V
MBBS/MS
TSMC/FMR/15501

Diagnosis: PRIMI AT 38 WEEKS WITH GESTATIONAL HYPERTENSION FOR INDUCTION OF LABOUR

EMERGENCY LOWER SEGMENT CAESAREAN SECTION DONE ON 06.07.2026

History:
LMP: 09.10.2025
EDD:20.07.2026
Obstetric formula: Primi
Gestation at admission: 38 weeks

Obstetric History:
G1 - Present Pregnancy, Spontaneous conception.

Name	Mrs AMBIKA SURYAVAMSHI	**UHID**	HNH-00014806
IP No	IP26-00006752	**Admission Date**	05-07-2026

Medical History: Nil
Family History: Father-HTN
Surgical History: Nil
Allergies: Nil

Antenatal Details:
Mrs AMBIKA SURYAVAMSHI was booked to Rainbow hospital at 26+4 weeks of gestation. She had regular antenatal checkups and investigations as advised elsewhere. NT scan normal. FTS-Not done. TIFFA was normal.OGTT normal. Fetal monitoring done by serial growth scans. Scan done on 20.06.2026 at 35^{+5} weeks. showed showed single live fetus with cephalic presentation, Placenta-posterior,EFW: 2.7kg, AFI: 14.6cm, single loop of cord around neck with normal dopplers.At 37^{+6} weeks she had h/o High BP recordings(130/97mmhg),hence started on T.Labetalol 100mg twice daily.She was admitted at 38 weeks for Induction of labour.

Investigations: Enclosed.
Blood group: "B" Positive.

Management:
Course in hospital and Delivery Details:
At admission on clinical examination the vitals were stable, uterus was relaxed, cervix was partially effaced and 1 finger tight . Fetal well being was confirmed by an admission CTG which was found to be reactive. She received 4 doses of PGE1.She was decided for emergency C- section in view of failed induction of labour and was prepared with indwelling Foley's catheter and IV canula under

Name	Mrs AMBIKA SURYAVAMSHI	**UHID**	HNH-00014806
IP No	IP26-00006752	**Admission Date**	05-07-2026

aseptic conditions. Written informed consent for surgery taken. Preanesthetic check up done. Anesthetic premedication (IV Pantop and Perinorm) given. Patient shifted to theatre.

Surgery Notes:

Under general anesthesia she was painted and draped as per hospital protocol. Abdomen opened in layers. The parietal and visceral peritoneum carefully opened after identifying the urachus. Bladder was reflected. A lower segment curvilinear incision given on the uterus. Baby delivered. Cord clamped and cut and cord blood collected for blood grouping and Rh typing. Baby handed over to pediatrician. Placenta delivered with controlled cord traction. Uterus closed in layers. Hemostasis secured. Instruments and swab count checked. Rectus sheath closed. Subcutaneous fat approximated. Skin closed with subcuticular sutures. Wound dressing done. Vagina cleaned with Betadine solution after expelling clots. Misoprostol 800 mcg given per rectum as prophylaxis against Postpartum hemorrhage. Patient was shifted out of theatre to post operative recovery room.

* **LUS well formed.**
* **Occipiro-posterior Position**

Delivery Details :

Date : 06.07.2026
Time of Delivery: 03:48pm
Type of Delivery: Emergency lower segment caesarean section
Indication : Failed induction of labour
Anaesthesia : Spinal

Name	Mrs AMBIKA SURYAVAMSHI	**UHID**	HNH-00014806
IP No	IP26-00006752	**Admission Date**	05-07-2026

Baby Details:

Date : 06.07.2026
Time : 03:48PM
Sex : Male
Weight : 2.76kg
Apgar : 7,9
Gestational Age: 38 weeks
NICU Admission: No

Post-Operative Notes:

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

Advice:

1. Tab. Taxim O 200mg twice daily till 12.07.2026 (9am-9pm) after food.
2. Tab. Calpol 500mg (Paracetamol 500mg) (2tabs) thrice daily till 10.07.2026(8am-2pm-10pm) after food.
3. Tab. Voveran 50 mg (Diclofenac 50mg) thrice daily till 10.07.2026(9am-3pm-11pm) after food.

Name	Mrs AMBIKA SURYAVAMSHI	**UHID**	HNH-00014806
IP No	IP26-00006752	**Admission Date**	05-07-2026

4. Tab. Pantop 40mg twice daily till 12.07.2026(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 XT (Elemental Calcium 500 mg, Vitamin D3 250 IU) once daily (2pm) till breast feeding for after food.

Home Blood pressure monitoring to be done **twice daily** for **two weeks**. Report to emergency if **BP >140/90**mmHg, 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. SWATHI H V,** after **1 week** on **14.07.2026** at Rainbow Children's Hospital with prior appointment **(Review consultation will be charged).**

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

1.You can bath and shower.
2.The wound can get wet during a bath or shower. Dry it thoroughly and gently by dabbing with a gauze piece. Do not rub the wound.
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.

Name	Mrs AMBIKA SURYAVAMSHI	**UHID**	HNH-00014806
IP No	IP26-00006752	**Admission Date**	05-07-2026

6.Do not touch the wound with unwashed hands.

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

Patient/ Attender

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

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

Registrar/Resident/C.M.O

Consultant
Dr. Swathi H V
MBBS/MS
TSMC/FMR/15501

HNH-00014806 IP26-00006752
Mrs AMBIKA SURYAVAMSHI
22-09-2000 25 Y 9 M 13 D (F)
Dr. SWATHI H V

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ACTIVITY RECORD FOR BILLING

Name :_____

UHID No. : _____ IP No : _____ Consultant: _____ 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
6/7/26	3:30 pm	Prepost	OT	Anusha.D/ Karuna
06-07-26	4:40pm	OT	Prepost	Puja/ Anusha.D
06/07/26	@ 11:20pm	pre&post	307	Anusha /

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	Dr. Sindhura (Satwika Lactation)	7/7/26	11602.	
2				
3				
4				
5				
6				
7				
8				
9				
10				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
5/7	NST — (1)	8048 ✓	
6/7/26	NST — (2)	8052 ✓	
6/7/26	NST — (3)	8053 ✓	
6/7	NST — 4	8062 ✓	
6/7	NST — (5)	8109 ✓	
		Order dictated by Dr.	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
6/7/26	Cardiac monitor	5pm	11:20pm	211276	Cindy
6/7/26	Infusion pump	5pm	11:20pm	211276	Cindy

Cross checked by [illegible]

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
8/7/20	IV placement	1	211011	
8/7	catheterization		211278	
6/7	PAC		211277	
8/7/20	NHA			
			Cross checked and duly Auth	
8/7/20	NHA	1		

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

HNH-00014806 IP26-00006752
Mrs AMBIKA SURYAVAMSHI
22-09-2000 25 Y 9 M 13 D (F)
Dr. SWATHI H V

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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

for IOL.

Obstetric Formula: Primi

Obstetric History:

Booked @ 26+4 wks., NT - (N)
FTS - Not done, TIFFA - (N)
OGTT (31+5 wks) - (N)

Present Pregnancy Record:

H/o on & off high BP recordings (37+6 wks)
T. Cobet 100mg BD

RISK FACTORS:

- H/O High BP
GHTN

Height: 152 cm
Weight: ..... kg
Allergies: Nil
Breast: ☑ Normal ☐ Abnormal
General Examination:
Consciousness: (+) Pallor: (-)
Icterus: (-) Edema: (-)
Temp: Afebrile PR: (N)
BP: DTR: (N)
CVS: S1S2 (+) RS B/L NVBS
Liver/Spleen: (N) Urine Output: (N)

LMP: 9/10/25 EDD:
Corrected EDD: 20/7/26 GA: 38+6 wks.
Menstrual History: Regular: ☑ Yes ☐ No

Obstetric Examination

Fundal Height: Ut ~ Term
Ut. Activity: ☑ Relaxed ☐ Mild ☐ Mod ☐ Severe
Liquor: ☑ Adequate ☐ Oligo ☐ Poly
PP: ☑ Cephalic ☐ Breech Others _____
Head Fifths Palpable: 5/5
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 Finger tight
Membranes: ☑ Present ☐ Absent
Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained
Presenting Part: ☑ Vertex ☐ Breech ☐ Others
Sutton: ☑ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2
Pelvis: ☑ Adequate ☐ Doubtful

DIAGNOSIS

Primi | 38wks | GHTN for IOL.

HNH-00014806 IP26-00006752
Mrs AMBIKA SURYAVAMSHI
22-09-2000 25 Y 9 M 13 D (F)
Dr. SWATHI H V

Family History:

~~father~~ - HTN

Surgical History:

Nil

Medical History:

Nil

Medication History:

On T. Fe / T. Ca / T. Labetalol 100mg BD

Plan of Care:

INDUCTION OF LABOUR

- Informed consent
- Prepare parts
- Admission CTG.
- IOL ~~&~~ T. Misoprostol P/V ~~f/b~~ 4th hourly P/O
- NST 3rd hourly
- FHR 2nd hourly RD
- ~~D~~

Investigations:

Blood Group - "B positive"

Hb - 16.7
Plt - 1.61 LA
WBC - 5.6K
} 4/7/26

HIV
HbsAg
RPR
} NR.

USG (35+5 wks) (20/6/26)

SLF, EFW - 2.7 kg, Cephalic

AFI - 16.6 cm

Single loop of cord around neck

Dopplers - (N)

Doctor Name: Dr. G. Veena

Signature:

Date & Time: 5/7/26. @ 10pm

Consultant Name: Dr. Swathi H.V. Consultant Obstetrics and Gynaecology Reg. No. 15501

Signature:

Date & Time: 5/7/26 @

HNH-00014808 IP26-00006752
Mrs AMBIKA SURYAVAMSHI
22-09-2000 25 Y 9 M 13 D (F)
Dr. SWATHI H V

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/7/26	c/s/B Dr. Veena	
11pm	Primi / 38wks / G1P1N0L1	
	Ongoing IOL	
	Pt is stable, No c/o	
	o/e G/C fair, Afebrile	Adv
NST-Reactive	BP - 127/88 mmHg	- Soft diet
	PR - 86 bpm	- NST 3rd hourly
	P/A - UtnTerm	- FHR 2nd hourly
	Cephalic, 4/5th palpable	- Vital monitoring
	FHS (+)	- w/f progress
	P/v - Cx os closed, 1 finger tight	- Continue IOL. &
	2cm long	Next dose @ 3am
	Partially effaced	
	Ux - 3 station	
1st dose	- P/v Misoprostol 25mcg kept -	
6/7/26	c/s/B Dr. Veena	
3am	Primi / 38wks / G1P1N0L1	
	Ongoing IOL.	Adv
	Pt is stable, No c/o	- Soft diet
NST-Reactive	o/e G/C fair, Vitals-stable.	- NST 3rd hourly
	Pallor - (-)	- FHR 2nd hourly
	P/A - UtnTerm	- Vital monitoring
	Cephalic, 4/5th palpable	- BP monitoring 4th hourly
	Relaxed, FHS (+)	- w/f progress
2nd dose	- P/o misoprostol 25mcg given	- Continue IOL
		Next dose @ 7am

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/7/26	c/b/B Dr. Veena	
1 AM	Primi / 38+1 wks / G.HTN	
	Ongoing IOL.	Adv.
	B No c/o	- Soft diet
	o/E GC fair, Afebrile	- Vital monitoring
	BP - 117/77 mmHg	- BP 4th hourly monitoring
NST -	PR - 75 bpm	- w/f progress.
	P/A - Ut ~ Term, Cephalic	- NST 3rd hourly
	4/5th palpable	- FHR 2nd hourly.
	Irritable	- Continue IOL
	c/o	
3rd dose	- P/o misoprostol 25mcg given.	
6/7/26	C/S/B Dr. Naveena.	
10:30 am	Primi with 38w 1 day POG c GHTN	
	O/E GC fair. Afebrile	Adv
	Vitals - stable	- liquid diet
	PA: ut term size.	- Adequate hydration
	2-3c / 30-40"/10'	- NST 4th hrly
	Cephalic	- FHR 2nd hrly.
	FHR(+) 152bpm	- BP 4th hrly.
		- w/f PCL / PV leak /
		PV bleeding
		- Continue IOL

- Monitor Vitals
- Inform SOS

HNH-00014806 IP26-00006752
Mrs AMBIKA SURYAVAMSHI
22-09-2000 25 Y 9 M 14 D (F)
Dr. SWATHI H V

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/7/2026	C/s/b Dr	Swathi HV.
2:30pm	Dr	Manisha
	CC- Pow Afebrile	Couple counselled regarding
	vitals stable	PV finding. and
	P/A at Term size	Poor Bishops Score and
	Cephalic	need for Em LSCS vs Trial. program
	FHS ⊕R	Couple agreed for Em LSCS
	PV - Same findings	- NBM
		- PAC
	OS 1 FT, Cx long	- Drugs as charted
	Cx posterior	- Informed consent
	Vx ffa (-3)	- Inform Anaes / Pediatrician
		- Check for Blood availability
		- Foley's catheterization
		- Shift to OT on Call
		[signature]

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

HNH-00014606 IP26-00006752
Mrs AMBIKA SURYAVAMSHI
22-09-2000 25 Y 9 M 14 D (F)
Dr. SWATHI H V

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/7/2026	C/s/b Dr Manisha	
5pm	POD-0 / Em LSCS / GHTN	
	GC - Fair Afebrile	Adv
	BP 117/72	- NBM x 4-6hr
	PR 84	- Drugs as Charted
	P/A Ut well retracted	- IV Ab x 24hr → f/b oral
	ASD - Dry	- Continue Oxytocin drips x 6hr
	PV Bleeding WNL	- Inj Tranexamic Acid 1g IV TID x 24hr
	U/O - 100ml / OT clear	- Foley's removal @ 6Am c/m
		- I/O monitoring
Baby - M/S		- Strict BP monitoring x 2hour
		(inform if BP > 140/90 mmHg)
		- W/F vitals & BPV (excessive)
		- Inform SOS
		Dr Manisha [signature]

HNH-00014806 IP26-00006752
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22-09-2000 25 Y 9 M 14 D (F)
Dr. SWATHI H V

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6:47pm	c/s/b Dr Manisha	
7:30pm	POD 0 / Em LSCS / GHTN.	
	c/c for Afebrile	Adv
	Vitals stable	Allow sips > 10pm
	P/A wound well retracted	Drugs as charted
	BS ⊕ Sluggish	W/f vitals & BP
	PV Bleeding WNL	Foley's removal CGA in C/c
	U/O: 30-40 cc/hr clear	Inj Tranexamic Acid 1g 7:00 ×24H
		Continue Oxytocin Drip ×6h
Baby M/D		I/O monitoring
		⊛ Strict BP monitoring
		(If >140/90 — inform SR)
		- Inform SR
6/7/26	0-POD	Dr. Amar
11pm		Adv
	No complaints	
	c/c afebrile	1. Wound dressing
baby well	Vitals (N)	2) Soft diet > 12Am
	PR: 105/min	
V/D	BP: 110/70 mmHg	Can shift to room
N/S 80ml/hr	SpO2: 98%.	
	P/A: soft, UWR	Ramya Dr RAMYA THEJA
	BS ⊕	Dr. RAMYA THEJA Reg. No: 01458
	PV: bleeding (N)	

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

HNH-00014806 IP26-00006752
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Dr. SWATHI H V

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/7-	C/s/b Amandee	
8Am		
	GC - Fair Afebrile	Adv
	BP - 117/80	- Soft Diet / Adeq Hydration
Bms	PR - 89	- ~~W/F vitals & bms~~
	P/A U well retracted	- Encourage to void
	BS (+)	- W/F vitals & BPV
L X	PV Bleeding WNL	- Ambulation
Rx	U/O - yet to void	- Drugs as charted
		- Inform SOS
Nipple stretching	Syringing (Flat nipple)	
7/7/26	C/S/B Dr. DVG	
	POD - 1	
1pm		Adv
	GC fair, Afebrile	- soft diet
Baby c̄ Mother	BP: 110/70mmHg	- Adequate hydration
	PR: 82/min	- Drugs as charted
	P/A Uterus Retracted well	- Ambulation
urine passed	BS (+)	- W/F bleeding P.V
Flatus Not passed	L/E NAD.	- Monitor vitals,
		Inform SOS.

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Mrs AMBIKA SURYAVAMSHI
22-09-2000 25 Y 9 M 14 D (F)
Dr. SWATHI H V

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/7/2026	R/B Dr. Swathi HV	
5:30pm		
	-POD-1, for LSCS.	Adv
	- pt reviewed, comfortable.	- soft diet
		- plenty of fluids
	vitals ⓝ	
	PA: soft, ut well ⓡ	- w/f pain/bleed PV
U ✓	' D dry	fever
F ✓	L/E bleed WNL.	- Perfor xxx
	BL flat nipples.	Dr. Swathi H V Consultant Obstetrics and Gynecology Reg. No. 115801
8/7/2026		
7:00pm	c/s/by	Dr. ~~Swati~~ Naveena
	O/E GC - fair	Adv
	Afebrile	- Soft diet
	Vitals - stable.	- Adequate hydration
V - ✓	PA: ut retracted well	- Ambulation
F - ✗	Soft, NT	- w/f PV bleeding
S - ✓	Dressing: dry & clean	- drugs as charted
	L/E: PV bleeding	- Monitor Vitals
	WNL.	- Inform SOS
	Baby: MS	N.B. maheshwari
		Dr. Naveena.

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

HNH-00014806 IP26-00006752
Mrs AMBIKA SURYAVAMSHI
22-09-2000 25 Y 9 M 15 D (F)
Dr. SWATHI H V

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/7/2026 7:00am	c/s/by Dr. Naveena	
	O/E GC-fair	Adv
	Afebrile	- Regular diet
U- ✓	Vitals- stable	- Adequate hydration
	PA: ut. retracted well	- drugs as
F- ✓	Soft, NT	charting
S- ✓	Dressing: dry & clean.	- w/f PV bleeding
	L/E: PV bleeding	- Ambulation
	WNL.	- Monitor vitals
		- Inform SOS
	Baby - MS	- Tegaderm dressing today.
		Dr. Naveena
Can be discharged & send file for processing		Noted by [signature]
	V/B. Dr. SWATHI. HV	
8/7/2026 10AM	7 days L of Em LSCS	
	- pt comfortable	
		Baby - M/S
	O/E: vitals ©	on BF + FF
U/S ✓	PA: soft.	
	D dry.	

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

(P.T.O)

HNH-00014806 IP26-00006752
Mrs AMBIKA SURYAVAMSHI
22-09-2000 25 Y 9 M 15 D
Dr. SWATHI H V (F)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	ΨE: NAD.	Advice
		→ [illegible] today
		→ [illegible] today
[signature]	Dr. Swathi H V Consultant Obstetrics and Gynecology Reg. No: 15501	→ 8/w 7/wb

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

HNH-00014806 IP26-00006752
Mrs AMBIKA SURYAVAMSHI
22-09-2000 25 Y 9 M 13 D (F)
Dr. SWATHI H V

316

OP

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RESULT SHEET

Date	4/7/26					
Time						
Hb	14.7					
PCV	42.0					
RBC	5.03					
WBC	5.64					
N/L						
Platelets	162					
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:	B+ve					
HIV						
HBsAg	NR					
RPR						

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

HNH-00014806 IP26-00006752
Mrs AMBIKA SURYAVAMSHI
22-09-2000 25 Y 9 M 13 D (F)
Dr. SWATHI H V

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Early Warning Observation Score Chart - Obstetrics

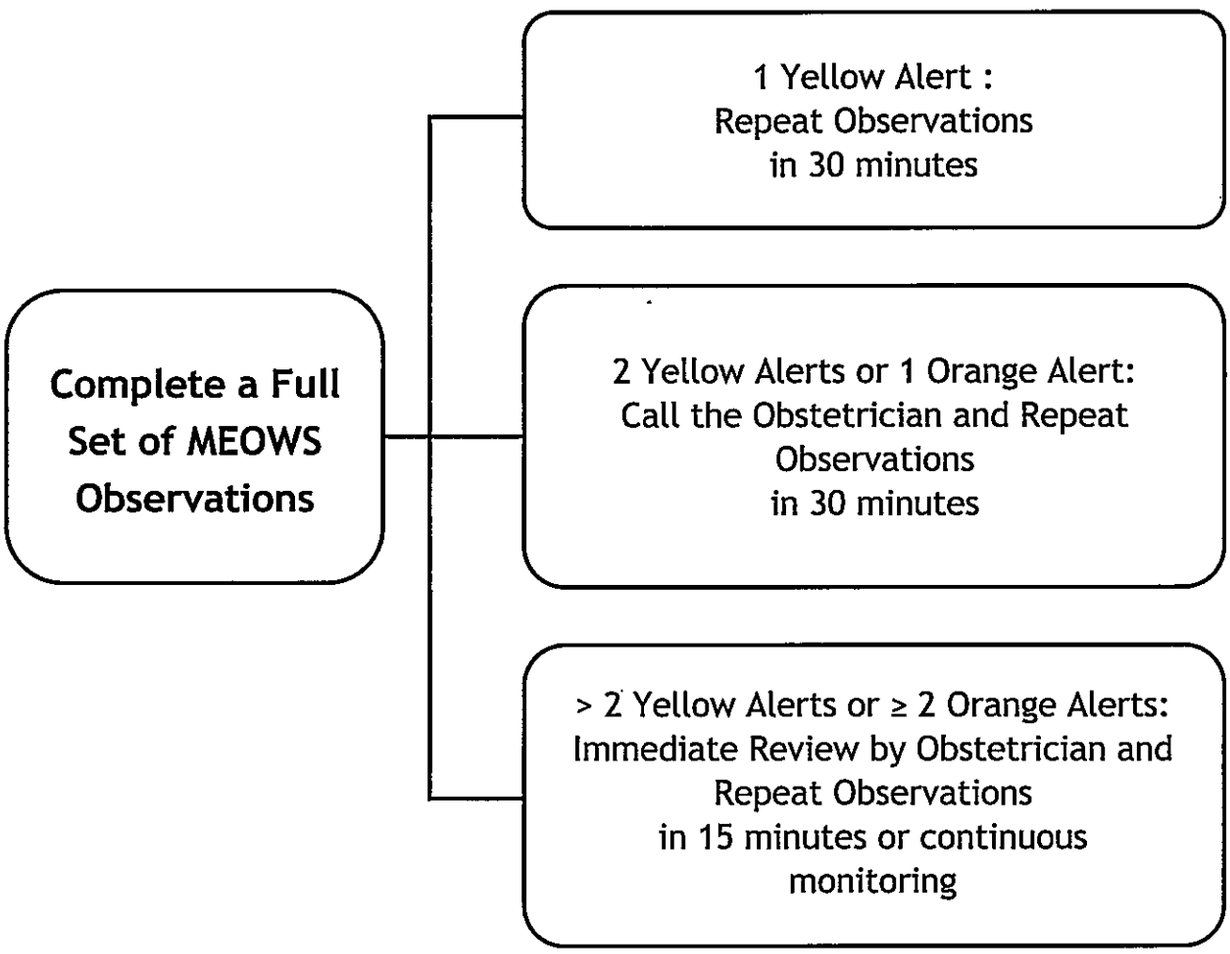
5/7/26

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	
	0 - 10																									
Saturations	94 - 100 %																									
	< 94 %																									
Administered O_2 (L/min.)																										
Temp°c	40																									
	39																									
	38																									
	37																									
	36																	36.0			7				36.0	
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60																	80			81				84	
	50																									
	40																									
Systolic Blood Pressure ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120																	126			117				117	
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																	58			60				77	
	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	
TOTAL ORANGE SCORES																		0			0				0	
Nurse Initial																										

N A

Obstetrics and Gynaecology Early Warning Signs



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

HNH-00014806 IP26-00006752
Mrs AMBIKA SURYAVAMSHI
22-09-2000 25 Y 9 M 15 D (F)
Dr. SWATHI H V

3H

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NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: Thu 9/7/20 Time: 10:30 am

Origin: Indian Height: 152cm Weight: 67 kg BMI: ☐ ~26 kg/m² ☑ ~28 kg/m² ☐ ~30 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	Dietician's
Signature: Shradhika	Signature: Sabiya
Name: Ambika.	Name: Syeda Sabiya Zaheer
Date & Time: 9/7/20 ; 10:30 am	Date & Time: 9/7/20 ; 10:30 am

DIETARY NOTES

Date	Time	Notes	Sign

HNH-00014806 IP26-00006752
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22-09-2000 25 Y 9 M 13 D (F)
Dr. SWATHI H V

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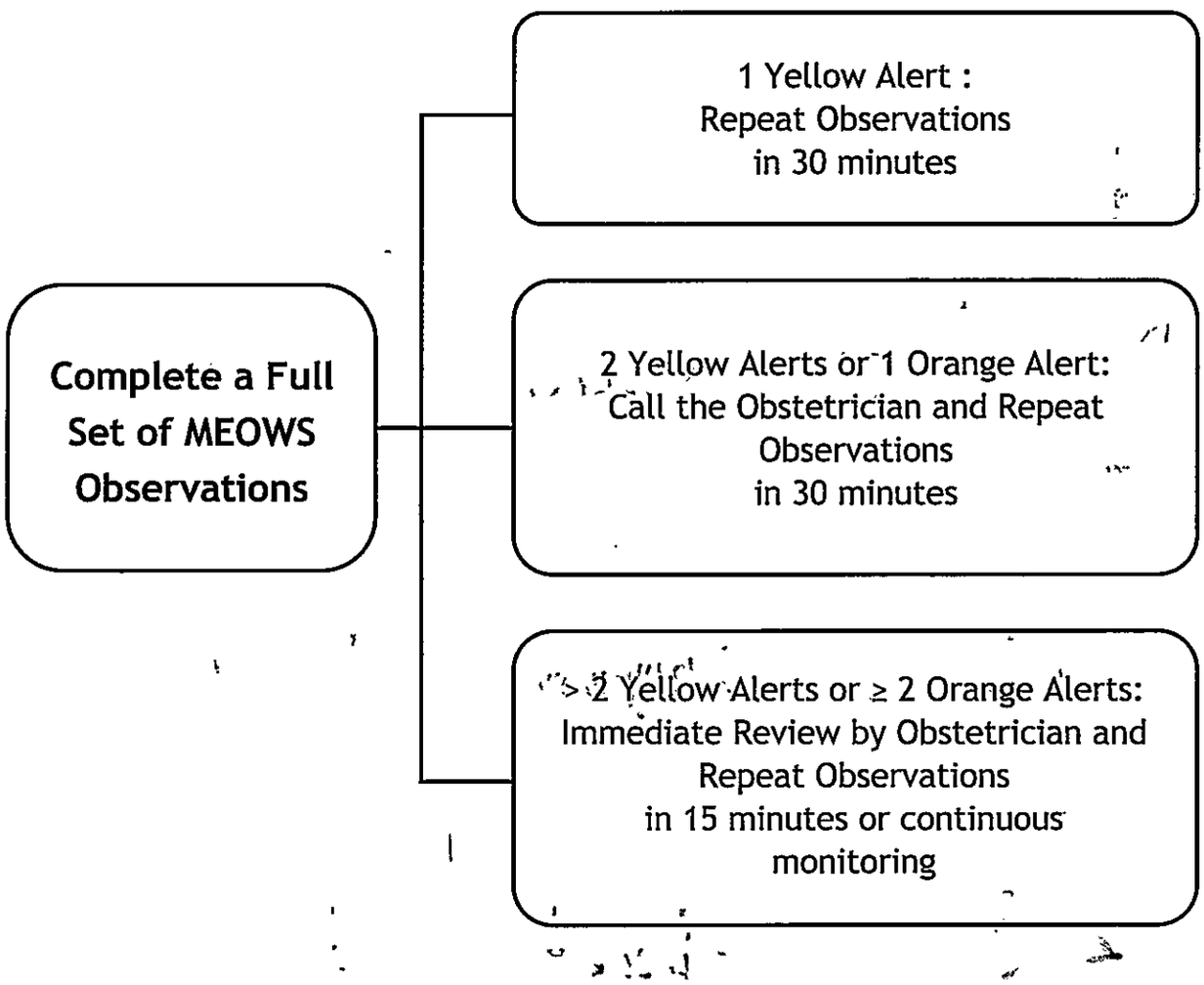
Early Warning Observation Score Chart - Obstetrics

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

6/7

		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%	100	100		100	100	99		98	98			98 b/m				98 b/m	
	< 94 %																									
Administered O_2 (L/min.)																										
Temp°c	40																									
	39																									
	38																									
	37																									
	36	36			36				36																	
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80	81			79				81	82	72	84	89		89	76	80	104			99 b/m				88 b/m	
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressue ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120	134			108				106	100	107	102	110		110	111	109	115			120				117	
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
	40																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90	91																								
	80				79				78	60	71	80	70		70	71	69	76			70				80	
	70																									
	60																									
	50																									
	40																									
NEURO RESPONSE [✓]	Alert	–			–				–																	
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30								+	–	–	–	.	0	–											
	< 30																									
Proteinuria	Protein + +																									
	Protein > + +																									
Lochia	Normal								–	–	+	–	–	–	–	–	–	✓								
	Heavy / Foul																									
Liquor	Clear / Pink								–	–	–	–	–	–		–	–	–								
	Green																									
TOTAL YELLOW SCORES		1			1				1	1	1	1	1	1	1	1	1	1			1				1	
TOTAL ORANGE SCORES		0			0				0	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-00014806 IP26-00006752
Mrs AMBIKA SURYAVAMSHI
22-09-2000 25 Y 9 M 15 D (F)
Dr. SWATHI H V

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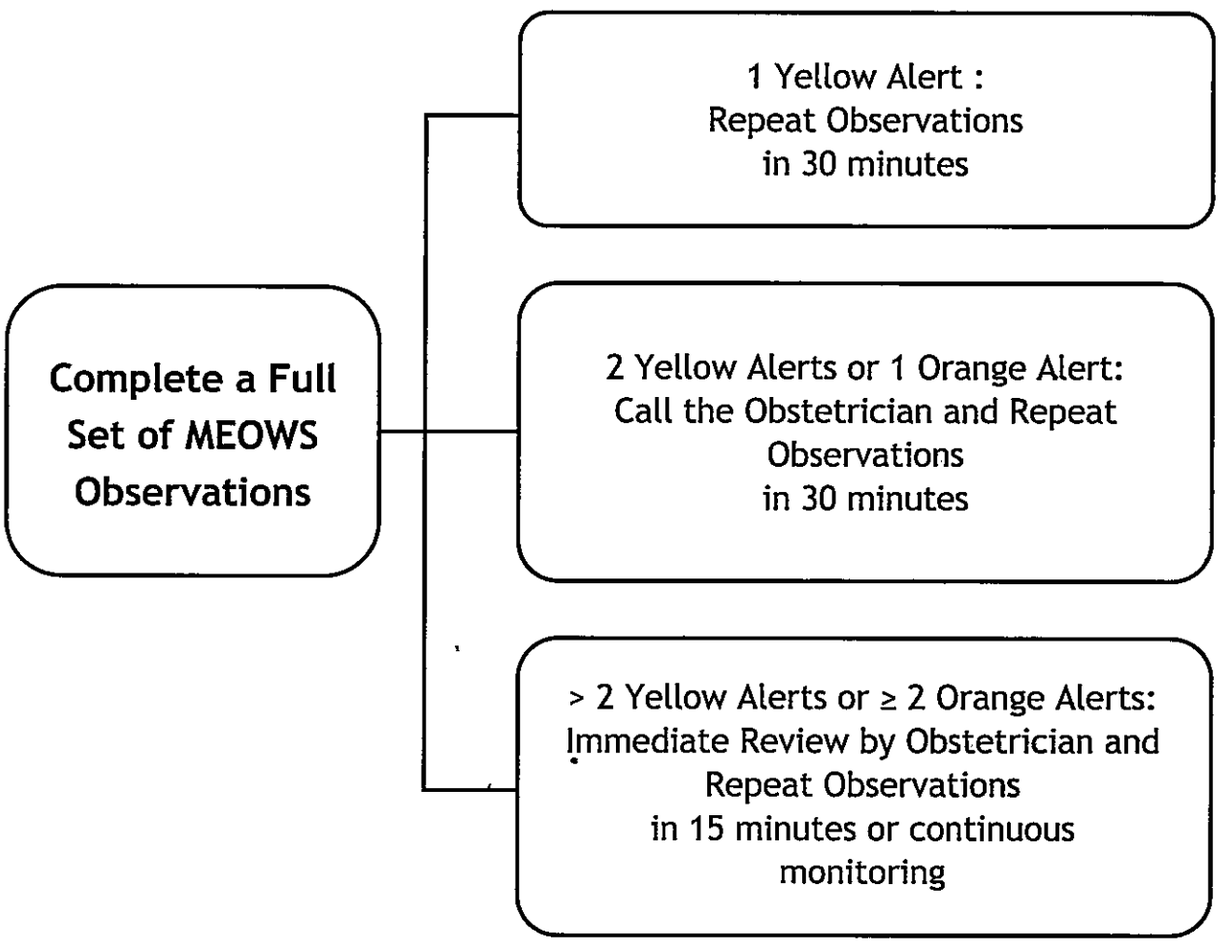
Early Warning Observation Score Chart - Obstetrics

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

		Date																						
7/7		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				20bpm				20bpm				20bpm				20				20				20	
	0 - 10																									
Saturations	94 - 100 %				96%				96%				95%				96%				100%				100%	
	< 94 %																									
Administered O_2 (L/min.)																										
Temp°c	40																									
	39																									
	38																									
	37				98.6°F				98.6°F				98.6°F				98.2°F				98.5°F				98.5°F	
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70				76bpm				78bpm				85bpm				(80bpm)				85				80	
	60																									
	50																									
	40																									
Systolic Blood Pressue ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120				115				110				128				120				117				114	
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80												(105)													
	70																									
	60				70				72				80				71				75				80	
	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				2				2	
TOTAL ORANGE SCORES					0				0				0				0				0				0	
Nurse Initial																										

Obstetrics and Gynaecology Early Warning Signs



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

HNH-00014806 IP26-00006752
Mrs AMBIKA SURYAVAMSHI
22-09-2000 25 Y 9 M 15 D (F)
Dr. SWATHI H V

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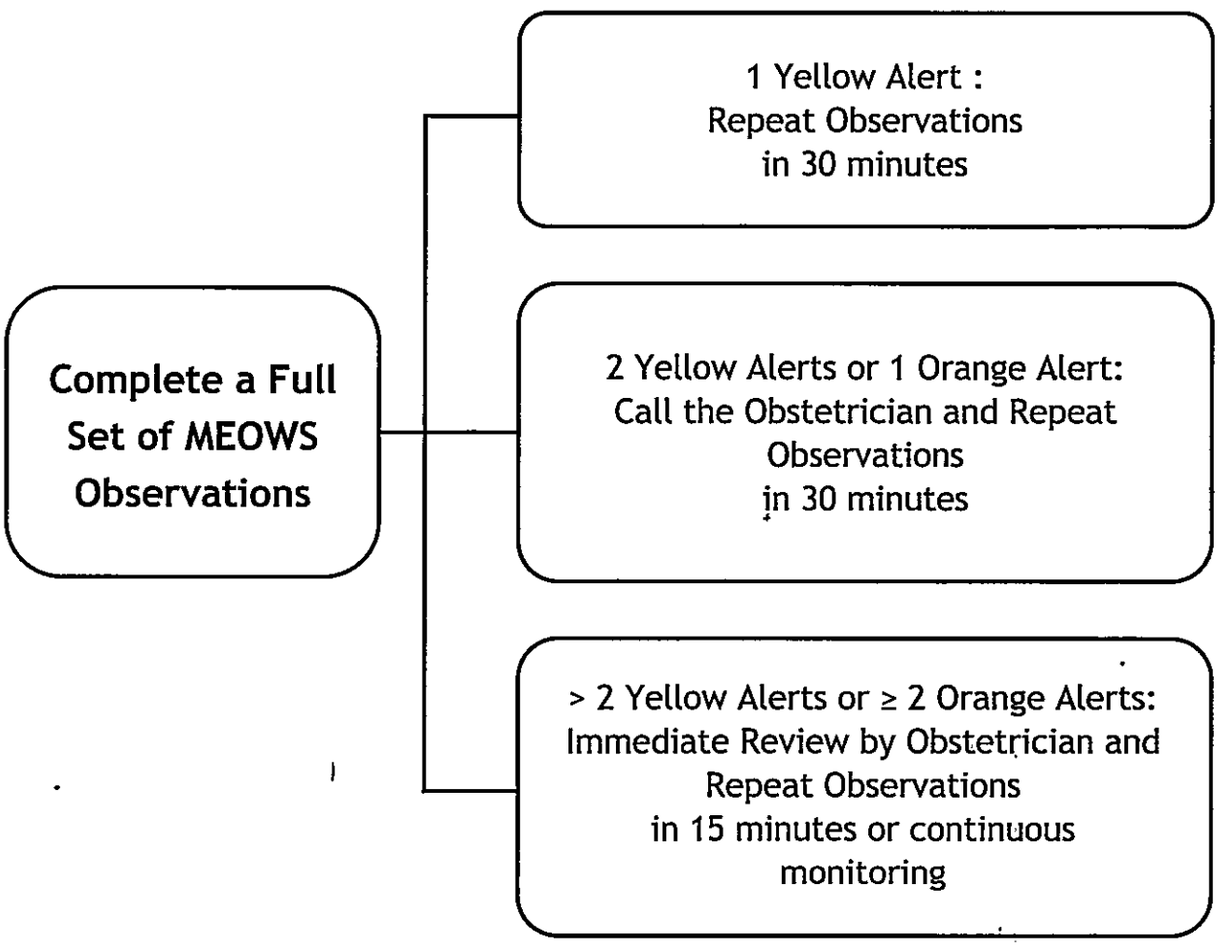
Early Warning Observation Score Chart - Obstetrics

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

8/7

		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																					
	0 - 10																									
Saturations	94 - 100 %				acc.																					
	< 94 %																									
Administered O_2 (L/min.)																										
Temp°c	40																									
	39																									
	38																									
	37																									
	36				96.1°F																					
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70				~~HR~~																					
	60				98/min																					
	50																									
	40																									
Systolic Blood Pressue ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120				115																					
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60				70																					
	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																						
TOTAL ORANGE SCORES				0																						
Nurse Initial				AC																						

Obstetrics and Gynaecology Early Warning Signs



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

HNH-00014806 IP26-00006752
Mrs AMBIKA SURYAVAMSHI
22-09-2000 25 Y 9 M 13 D (F)
Dr. SWATHI H V

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FLUID CHART

Sheet No. : 2

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :							**Total Output :**					
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :							**Total Output :**					
5/3/26	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm		H2O			NP				✓		
	12:00 am											
	01:00 am									✓		
Total Intake :							**Total Output :**					
6/3/26	02:00 am											
	03:00 am		UKhra									
	04:00 am		sH2O			NP				✓		
	05:00 am											
	06:00 am											
	07:00 am									✓		
Total Intake :							**Total Output :**					

Total 24 hrs. Intake		Total 24 hrs. Output	

HNH-00014806 IP26-00006752
Mrs AMBIKA SURYAVAMSHI
22-09-2000 25 Y 9 M 14 D (F)
Dr. SWATHI H V

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BirthRight™ BY RAINBOW HOSPITALS
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FLUID CHART

Sheet No. : 9

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							
6/3/26	08:00 am											
	09:00 am		Ryle									
	10:00 am											
	11:00 am		H2O									
	12:00 pm	RL	N	75ml		NA						
	01:00 pm	RL	B	75ml								
Total Intake :								**Total Output :** Passed				
6/3	02:00 pm	RL	M	75ml								
	03:00 pm	RL		100ml								
	04:00 pm	RL		100ml						100ml	0	4:40pm
	05:00 pm	RL		100ml		NA		NA				
	06:00 pm	RL		100ml								
	07:00 pm	RL		100ml								
Total Intake :								**Total Output :**				
6/3	08:00 pm	RL		100						75ml		
	09:00 pm	RL		100								
	10:00 pm	RL	Stop	100						100ml		
	11:00 pm	RL	H2O	100ml								
	12:00 am	RL		100ml		NA		NA				
	01:00 am	RL		100ml								
Total Intake : Saline								**Total Output :** 0 Passed on - 0.				
7/3	02:00 am	RL		100ml								
	03:00 am	RL		100ml								
	04:00 am	RL	Stop	100ml								
	05:00 am	RL	H2O	100ml		NA		NA		600ml	0	Empty
	06:00 am	RL		100ml								
	07:00 am	RL		100ml								
Total Intake : Saline								**Total Output :** U - Passed on - 0				

Total 24 hrs. Intake		Total 24 hrs. Output	

HNH-00014806 IP26-00006752
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Dr. SWATHI H V

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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				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
		Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
7/7	08:00 am	RL		100ml						300ml → empty		
	09:00 am	RL		100ml								
	10:00 am	RL	soft diet + H2O	100ml							0	[signature]
	11:00 am	RL		100ml	NA	NA	0	NA	NA			
	12:00 pm	RL		100ml						400ml → empty		
	01:00 pm	stop										
Total Intake :						Total Output :						
7/7	02:00 pm											
	03:00 pm						✓			✓		
	04:00 pm		Idichidi + H2O									[signature]
	05:00 pm	0			NA			NA	NA		0	
	06:00 pm									✓		
	07:00 pm									✓		
Total Intake :						Total Output :						
7/7	08:00 pm											
	09:00 pm											
	10:00 pm		H2O							✓		
	11:00 pm	0	upay	NA	NA			NA	NA		0	[signature]
	12:00 am											
	01:00 am									✓		
Total Intake : Folley						Total Output : U - L, M - O						
8/7	02:00 am		upay									
	03:00 am											
	04:00 am	0	+ H2O							✓		
	05:00 am				NA						0	[signature]
	06:00 am							NA	NA			
	07:00 am											
Total Intake : Folley						Total Output : U - L, M - O						

Total 24 hrs. Intake		Total 24 hrs. Output	

HNH-00014806 IP26-00006752
Mrs AMBIKA SURYAVAMSHI
22-09-2000 25 Y 9 M 15 D (F)
Dr. SWATHI H V

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BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am		Jelly									
	11:00 am		T									
8/12	12:00 pm		Rice									
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		**Total 24 hrs. Output**	

HNH-00014606 IP26-00006752
Mrs AMBIKA SURYAVAMSHI
22-09-2000 25 Y 9 M 13 D (F)
Dr. SWATHI H V

NURSING CARE RECORD

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

Date: 3/1/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night	8 Pm – 8 Am	-> Assess the pt condition -> monitor the vitals & record -> Administration of medication -> NST and vary & [illegible] -> maintain I/O chart & record	8pm – 8 Am	-> Assessed the pt condition -> monitored the vitals & recorded -> Administered medication as per doctor order -> maintained I/O chart & recorded -> NST [illegible]	pt is stable	FHR monitoring	Akhila

HNH-00014606 IP26-00006752
Mrs AMBIKA SURYAVAMSHI (F)
22-09-2000 25 Y 9 M 13 D
Dr. SWATHI H V

NURSING CARE RECORD

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

Date: 6/2/26

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 pt condition → monitor vitals → maintain Glo chart	8AM to 2pm	→ Assessed the pt condition → monitored vitals → Maintained Glo chart	Now pt is stable	Re-check VS+as	Navi
Afternoon	2pm to 8pm	=> Assess the patient condition => plan for vital => plan For Flowchart	2pm to 8pm	=> Assessed the patient condition => maintain vitals Record => maintain flowchart	patient is Stable	vital is normal	Lavanya
Night	8pm to 8AM	=> assess the pt condition => monitor vitals & record => Maintain Glo chart => Administer medication as per drug chart	8pm to 8pm	=> checked the pt condition => monitored vitals => Maintained Glo chart => Administer medication as per drug chart	=> Pt is Stable	=> Rechecked vitals	

HNH-00014806 IP26-00006752
Mrs AMBIKA SURYAVAMSHI
22-09-2000 25 Y 9 M 15 D (F)
Dr. SWATHI H V

NURSING CARE RECORD

Rainbow® Children's Hospital
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BirthRight BY RAINBOW HOSPITALS
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Date: 7/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8AM 2pm	→Assess the pt condition. →monitor the vitals. →maintain I/o chart. →drugs give as per drug chart.	8AM 2pm.	→Assessed the pt condition. →monitored the vitals. →maintained I/o chart. →drugs given as per drug chart.	→pt is stable now	→Reviewed the vitals.	
Afternoon				Day			
Night	8PM to 8AM	→Assess the pt condition →Monitor vitals & record →Maintain I/o chart →Administer medicati on as pr	8PM to 8AM	→Assessed the pt condition →Monitored vitals & recorded →Maintained I/o chart →Administer medicati on as Pr drug chart	→Pt is Stable	→ Reviewed vital	

HNH-00014808 IP26-00006752
Mrs AMBIKA SURYAVAMSHI
22-09-2000 25 Y 9 M 15 D (F)
Dr. SWATHI H V

NURSING CARE RECORD

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Date: .....

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							
Afternoon							
Night							

HNH-00014806 IP26-00006752
Mrs AMBIKA SURYAVAMSHI
22-09-2000 25 Y 9 M 13 D (F)
Dr. SWATHI H V

BRADEN 'Q' SCALE

Rainbow® Children's Hospital
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					Date : 5/11/26	6/11	6/11	6/11
					Time : 12	2	2	10
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	28	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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BRADEN 'Q' SCALE

				Date :	7/2	7/2	8/2	
				Time :	M5	N1	M6	
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	
"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.	3	3	3	
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	3	3	4	
				TOTAL SCORE	26	[illegible]	[illegible]	
				Evaluator's Name	[illegible]	[illegible]	[illegible]	

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

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

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

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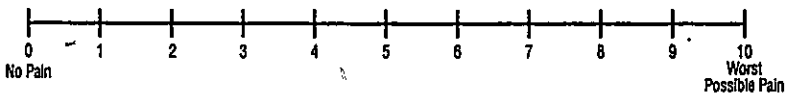
PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
5/7	11pm	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
6/7	6AM	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
6/7	9AM	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
6/7	12AM	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
6/7	3pm	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
6/7	6pm	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
6/7	10pm	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
7/7	12pm	0/10		☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
7/7	6pm	0/10		☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
7/7	10pm	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	

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

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	5/7/26	6/7	6/7
		Score	02	02	02
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			

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	5/1/26	7/2/26	7/1
		Score	N1	M5	N1
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0			
Secondary Diagnosis (more than one diagnosis)	Yes	15			
	No	0			
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0			
IV / Heparin Lock or Saline	Yes	20			
	No	0	0	0	0
GAIT / Transferring	Impaired	20	20	20	20
	Weak (uses touch for balance)	10			
	Normal /On Bed Rest /Immobile	0			
Mental Status	Forgets limitations	15			
	Oriented to own ability	0			
Total Morse Fall Scale Score:			20	20	20
		Signature			

Fall Risk Grading		
Risk Level	**Morse Fall Score (MFS)**	**Action**
Low Risk	0 - 24	Standard Fall Precaution
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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			0	0	0	0	0		0	
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1			—	—	NA	NA	NA		NA	
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2			—	—	NA	NA	NA		NA	
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3			—	—	NA	NA	NA		NA	
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4			—	—	NA	NA	NA		NA	
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5			—	—	NA	NA			NA	
			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 : Akhila

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 : .....

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NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: .... Department: LDR Date of Admission: 5/7

SITUATION	Diagnosis: IOL	Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:	

Section	Item	5/7/26 M1	6/7/26 M6	6/7 E2	6/7 N1	7/7 M5	7/7 N1
BACKGROUND	Area / Shift Time	5/7/26 M1	6/7/26 M6	6/7 E2	6/7 N1	7/7 M5	7/7 N1
	Medical Condition (Any special condition to be noted):	–	–	–	–	–	–
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Vital Signs: Temp:	97	97	97°F	98.5°F	98.1°F	98.4°F
	Res:	16	16	20	20b/m	20b/m	20b/m
	SpO_2:	99	99	99%	99%	99%	99%
	Pulse:	85	86	86	85b/m	85b/m	86b/m
	BP:	128/88	112/80	110/70	110/70	111/70	118/70
	Fall Risk Score:	–	–	–	–	–	–
	Pain Score:	–	–	–	–	–	–
Recommendations	Safety Needs:	–	–	–	–	yes.	yes
	Physiotherapy	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Others Specify:	–	–	–	–	–	–
	Special Diet:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Other Special Orders / Medications:	–	–	–	–	–	–
Post Operative Procedure Special Orders:		–	–	–	–	–	–
Handed Over By Name :		Movi	Movi	Cloud	Swetha	mahi	Swetha
Signature :		[signature]	[signature]	[signature]	[signature]	[signature]	[signature]
Date:		5/6/26	6/7/26	6/7/26	7/7/26	7/7/26	7/7/26
Time:		8pm	2pm	8pm	8AM	2pm	8AM
Taken Over By Name :		Movi	Cloud	Swetha	mahi	Swetha	
Signature :		[signature]	[signature]	[signature]	[signature]	[signature]	
Date:		5/7	6/7/26	6/7/26	7/7/26	7/7/26	
Time:		8pm	2pm	8pm	8AM	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:							

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URINARY CATHETER BUNDLE CHECK LIST

Date of Insertion: 6/7/26 Date of Removal: .....

Parameters	Date / Shift Time	6/7 E2	6/7 N1					
Need for the Catheter		☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Hand Hygiene		☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Usage of Sterile Equipment		☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is the Collection bag below the level of bladder		☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Check the Tube for Obstruction (Free of Kinking)		☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is Catheter dated as policy		☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ 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		Cruda	Sarita					
Signature of the Nurse								

Removed 7/7/26 @ 6 AM.

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

HNH-00014806 IP26-00006752
Mrs AMBIKA SURYAVAMSHI
22-09-2000 25 Y 9 M 13 D (F)
Dr. SWATHI H V

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DRUG CHART

Date of Admission: 5/7/26 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 *I* through it and a similar line through subsequent recording panels.
- The date and time of stopping the drug along with the doctors name and sign must be mentioned.
- Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.

NURSES - Nurses must follow strictly the FIVE RIGHTS before administration of medication.

1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time

- AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

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

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

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

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

IP26-00006752
Mrs AMBIKA SURYAVAMSHI
22-09-2000 25 Y 9 M 13 D (F)
Dr. SWATHI H V

REGULAR PRESCRIPTIONS

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

DRUG: T. LABETALOL				Date/Time	5/7	6/7
Dose	Route	Frequency	Start Date			
100mg	P/O	BD	5/7/26			10AM
Name & Signature of the Doctor Starting the Drugs: [signature]				11AM		
Additional Instructions:				11pm		
Daily Doctor's Endorsement by a Sign					[sign]	[sign]

Stop [illegible]

DRUG: CEFOTAXIME				Date/Time	6/7	7/7
Dose	Route	Frequency	Start Date			
1g	IV	BD.	6/7/26	3AM		
Name & Signature of the Doctor Starting the Drugs: [signature]						
Additional Instructions: (test dose) x 24hrs F/B oral				3pm		
Daily Doctor's Endorsement by a Sign					[sign]	[sign]

STOP Dr. [illegible]

DRUG: TAB. PARACETAMOL				Date/Time	6/7	7/7	8/7
Dose	Route	Frequency	Start Date				
1Gm	PO	TID	6/7/26	6AM			
Name & Signature of the Doctor Starting the Drugs: [signature] Dr. BRUNDA.				2pm			
Additional Instructions:				10pm	1AM		
Daily Doctor's Endorsement by a Sign					[sign]	[sign]	

DRUG: TAB. DICLOFENAC				Date/Time	6/7	7/7	8/7
Dose	Route	Frequency	Start Date				
50MG	PO	TID	6/7/26	7AM			
Name & Signature of the Doctor Starting the Drugs: [signature] Dr. BRUNDA.				3pm			
Additional Instructions:				11pm	1:30AM		
Daily Doctor's Endorsement by a Sign					[sign]	[sign]	

Verified by Dr. Dhakshayani

Verified by Dr. Dhakshayani

Verified by Dr. Dhakshayani

Verified by Dr. Dhakshayani

HNH-00014806 IP26-00006752
Mrs AMBIKA SURYAVAMSHI
22-09-2000 25 Y 9 M 15 D (F)
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Verified by Dr. Dhakshayani

Sheet No: .....

REGULAR PRESCRIPTIONS

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

DRUG : TAB. TRAMADOL

Dose	Route	Frequency	Start Dt.
100mg	PO	TID	6/7/26

Name & Signature of the Doctor Starting the Drugs: B de Dr BRUNDA

Additional Instructions:

Date / Time	6/7	7/7	8/7
7AM			
3pm			
11pm	1:00 AM		
Daily Doctor's Endorsement by a Sign	1		

DRUG : INJ TRANEXAMIC ACID

Dose	Route	Frequency	Start Dt.
1g	IV	TID	6/7

Name & Signature of the Doctor Starting the Drugs: Dr Manisha

Additional Instructions: X 24 hours → F/b → Stop

Date / Time	6/7	7/7
6AM	X	
3pm	X	
11pm		
Daily Doctor's Endorsement by a Sign		

STOP 7/7 AM Dr MS

DRUG : T. PANTOPRAZOLE

Dose	Route	Frequency	Start Dt.
40mg	P/O	OD	6/7

Name & Signature of the Doctor Starting the Drugs: Dr Manisha

Additional Instructions:

Date / Time	7/7	8/7
6AM		
Daily Doctor's Endorsement by a Sign	2	

DRUG : T. CEFIXIME

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

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

Additional Instructions: AFTER FOOD.

Date / Time	8/7
9AM 6AM	
3PM	
Daily Doctor's Endorsement by a Sign	

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

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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				

HNH-00014806 IP26-00006752
Mrs AMBIKA SURYAVAMSHI
22-09-2000 25 Y 9 M 13 D (F)
Dr. SWATHI H V

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
5/7/26	11 pm	T. MISOPROSTOL	25mcg	P/V		
6/7/26	3AM	T. MISOPROSTOL	25mcg	P/O		
6/7/26	7AM	T. MISOPROSTOL	25mcg	P/O		
6/7	10:30AM	T. MISOPROSTOL	25 mcg	PO		
6/7	3PM	PANTOPRAZOLE	40mg	IV		
6/7	3PM	METOCLOPROMIDE	10 mg	IV		
6/7	3:45PM	INJ. PARACETAMOL	1GM	IV		
6/7	3:48PM	INJ. OXYTOCIN	9IU	IV		
6/7	4:15PM	INJ. TRANEXAMIC ACID	1 GM	IV		

22-09-2000 25 Y 9 M 13 D (F)
Dr. SWATHI H V

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
6/7	10AM	RINGER LACTATE	IV	FF	[signature]	[signature]	6/7	[signature]	[signature]
6/7	5PM	RINGER LACTATE	IV	100 ml/hr	[signature]	[signature]	6/7	[signature]	[signature]
6/7	3:45PM	RINGER LACTATE + 9UNITS OXYTOCIN ADDED	IV	1000ml/HR	[signature]	[signature]	[illegible]	6/7	[signature]
6/7	4PM	RINGER LACTATE	IV	500ml/HR	[signature]	[signature]	[signature]	6/7	[signature]
6/7	6pm.	RINGER LACTATE + 9U OXYTOCIN	IV	100 ml/hr	[signature]	[signature]	6/7	6/7 [signature]	[signature]
6/7.	7.50pm	RINGER LACTATE	IV	FF	[signature] ml/hr	[signature]	6/7	[signature]	[signature]
6/7	9:30PM	RINGER LACTATE	IV	100 ml/hr	[signature]	[signature]	7/7	[signature]	[signature]
7/7	12AM	RINGER LACTATE	IV	100 ml/hr	[signature]	[signature]	7/7	[signature]	
		STOP [signature]							

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

HNH-00014806 IP26-00006752
Mrs AMBIKA SURYAVAMSHI
22-09-2000 25 Y 9 M 13 D (F)
Dr. SWATHI H V

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MEDICATION RECONCILIATION FORM

Drug Allergies: ..... ☐ 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: ..... Shifted to: .....

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	5/7/26	☐ C ☐ DC
2	TAB. CALCIUM	1tab.	P/O	OD	5/7/26	☐ C ☐ DC
3	TAB. LABETALOL	100mg	P/O	BD	5/7/26	☐ 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 : 5/7/26 @ 9 PM.

Nurse Name & Signature: AKM

Date & Time : 5/7/26 @ 9pm

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

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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
6/7	4:30pm	Supp. TRAMADOL	100 MG	P/R	[signature]	Arvind	Puja
6/7	4:30pm	Supp. DICLOFENAC	100 MG	P/R	[signature]	Arvind	Puja.
6/7	7-50pm	INJ PARACETAMOL	1g	IV	[signature]	[signature]	[signature]

HNH-00014806 IP26-00006752
Mrs AMBIKA SURYAVAMSHI
22-09-2000 25 Y 9 M 15 D (F)
Dr. SWATHI H V

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CROSS CONSULTATION FORM

Doctor Name : Dr. Swathi Date : 7/7/26 Time : 6 pm

Diagnosis : LSCS

Hospital : RCH - I + MNR

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 with flat Nipple's
- Aim for deep latch as demonstrated in cradle hold
- Demand feeding do not exceed 2½ hours as per early hunger cues
- stimulate baby continuously
- warm care
- monitor output & weight

Consultant :

Name : Sathvika G Signature : Date & Time : 7/7/26 ; 6 pm

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00014806 IP26-00006752 Mrs AMBIKA SURYAVAMSHI 22-09-2000 25 Y 9 M 13 D (F) Dr. SWATHI H V	5/7/2026 @ 10:39 PM	6/7/2026 @ 11:20 PM
	Transfer Ordered by Dr. Ramya Thya	Reason for Transfer observation
From Unit pre & post	To Unit 306	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 32	Number of Imaging Films NST (5)	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
2.		
3.		
4.		
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Anusha RN	Dr. Ramya Thya.

Patient & Clinical Records Received by : Swetha.

Date & Time of Patient Received : 6/7/26 @ 11:30pm.

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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CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name:	Dr Swathi HV	Date of Delivery:	6/7/2016
Assistant Surgeon:	Dr Manoha	Time of Delivery:	03:48 pm
Anaesthetist's Name:	Dr Samir; Dr Brunda	Gender of Baby:	Male
Type of Anaesthesia:	~~GA~~ (General)	Weight of Baby:	2.7 Kg
Neonatologist:	Dr Tanvi	AGPAR Score:	7, 9
Scrub Nurse:	Archana	NICU Admission:	☐ Yes ☐ No

Pre-Operative Diagnosis: Primi / 38wk / CHTN

☐ Elective ☑ Emergency Indication: Failed Induction of Labour FTOL

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: 10 min Knief to rectus: 2 min

CTG Description: Reactive

If there was a delay give the reasons: No delay

Surgical Procedure:

Emergency LSCS

Post Operative Diagnosis: POD-0

Peri-Operative Complications: –

Amount of Blood Loss: ~150cc	Blood Transfused (in ML): –

Name and Number of Surgical Specimen sent for examination:

–

Examination Findings when Appropriate:

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

5th Palpable: .... 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

Incision Through Placenta: ☐ Yes ☑ No - LUS Well Formed

Delivery of head: ☑ Manual ☐ Forceps - OP Position

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

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

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

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

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

Uterine Closure: ☐ One Layer ☑ Two Layers ....Vicryl no 1-0........ Suture

Peritoneal Closure: ☐ Pelvic ☑ Abdominal ☐ None ....Catgut no 1-0........ Suture

Sheath Closure: ....Vicryl no 1........ Suture

Fat Closure: ~~☑ Yes~~ ~~☑ No~~ (Yes) ....Vicryl no 1-0........ Suture

Skin Closure: ☑ Subcuticular ☐ Mattress ....Monocryl 3-0........ Suture

Vagineal Evacuated ☑ Yes ☐ No

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

Ctheter ☑ Yes ☐ No ☐ Remove in ....1.... 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 hr
Drugs as Charted
Oxytocin Drip x 6 hours
Inj Tranexamic Acid TID x 24 hr.
Foley's removal @ 6Am C/m.
I/O monitoring
W/f vitals & BOV
inform SOS

Doctor Name: Dr SWATHI.H.V. Doctor Signature: [signature]

Date & Time: 6/7/2016 @ 5pm

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OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 5/7/26 Time of Arrival: 10:30 pm Time Seen by Nurse: 10:30pm

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

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

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

3) **Vital Signs:** Temperature: 97 Pulse: 85 RR: ..... SpO_2: 99 BP: 127/88 Weight: .....

4) **Gestational Criteria:**

Gravida:	G 1	P	L	A

LMP: 9/10/25 EDD: 20/7/26 Gestational Age: .....

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

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

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

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

6) **Past History:**

a) Surgeries: .....

b) Medical: .....

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

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

9) **Prenatal Medical History:**

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

Triage Category: (Please tick on the category)

Refer to OBSTETRICAL TRIAGE ACUITY SCALE (OTAS)

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

OBCU Obstetrical Triage Acuity Scale (OTAS)

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

Time seen by Doctor: 10:45AM

Nurse Name : Madhumita Nurse Signature: Madhu

Date: 6/7/25 Time: 10:30AM

Patient Sticker

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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:
   - [x] 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: 6/7/2024

=> Assess the patient condition
=> maintain vital & Record
=> 2nd hourly PBF given
=> GRBS monitor.

Handover given by Chandrakala

Signature

Date & Time: 6/7/24

Handover taken by .....

Signature .....

Date & Time: .....

...ETY CHECKLIST

Surgeon : Dr. Swathi
Asst. Surgeon : Dr. Manisha
Anaesthetist : Dr. Sanjay
Scrub Nurse : Sr. Archana

Patient Name : HNH-00014806 IP26-00006752
Mrs AMBIKA SURYAVAMSHI
22-09-2000 25 Y 9 M 14 D (F)
Dr. SWATHI H V
UHID No. :
Date : 6/7/26

... Gender : F
.....
: .....

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Before Induction of Anaesthesia ➤ ➤

SIGN IN Time: 3:23pm

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 : Dr. Boyda
Name : Dr. Boyda 6/7/26

Before Skin Incision ➤ ➤

TIME OUT Time: 3:35 Pm

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

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

Anticipated Critical Events

Surgeon Reviews:
- What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss? 1hour Bleeding 500ml ☑ Yes ☐ No ☐ NA

Anaesthesia Team Reviews:
- Are There Any Patient-specific Concerns? Bleeding ☑ 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 @ 3:35 Pm

Before Patient Leaves Operating Room

SIGN OUT Time: 4:30pm

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 : Dr. SWATHI. H V.

Doc. No. : RCH / FRM / CLINICAL / 111

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00014806 IP26-00006752 Mrs AMBIKA SURYAVAMSHI 22-09-2000 25 Y 9 M 14 D (F) Dr. SWATHI H V	5/7/26 @	6/7/26 @ 4:40pm
	Transfer Ordered by Dr. Samir	Reason for Transfer Observation.
From Unit OT	To Unit Pre post	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File	Number of Imaging Films —	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	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
	Dr. Samir.

Patient & Clinical Records Received by :

Date & Time of Patient Received : 6/7/26 @

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

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

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00014806 IP26-00006752 Mrs AMBIKA SURYAVAMSHI 22-09-2000 25 Y 9 M 14 D (F) Dr. SWATHI H V	5/7/26	6/7/26
	Transfer Ordered by Dr. Naveen.	Reason for Transfer EM-LSCS
From Unit pre-post	To Unit OT	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 28	Number of Imaging Films NIST (5)	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 on flow	(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
Anitha D	Dr. Naveen

Patient & Clinical Records Received by : Kaveri 6/7/26 @3:24 PM

Date & Time of Patient Received :

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

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

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

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Patient Name : Mrs Ambika Suryavamshi Gender: ☐ Male ☑ Female Age : 25yrs.

UHID No : HNH-00014806. Date : 6/7/26.

Instruction:

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

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

EMERGENCY LOWER SEGMENT CESAREAN SECTION.

upon

Mrs Ambika Suryavamshi (Name of the Patient)

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

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

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

Excessive bleeding, infection, injury to adjacent organs like bowel, bladder, blood vessels, Need for blood transfusion DVT, Thromboembolism

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. Swathi H V

Consentee :

Signature : S Ambika

Name : Mrs S AMBIKA

Date & Time : 6/7/2026 @ 2:40pm

Witness :

Signature : [signature]

Name : Chandrakala

Date & Time : 6/7/26

Patient Attendant :

Signature : [signature]

Name : MAHESH - WAGMARE.

Relationship with Patient: Husband.

Date & Time : 6/7/2026 @ 2:40pm

Doctor (who is taking the consent) :

Signature : [signature]

Name : Dr Mounika

Date & Time : 6/7/2026 2:40pm

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE

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Patient Name : Mis. Ambika Surya Vanshi Age : 25 Gender : Male ☐ Female ☐

UHID NO: UNH-14806 Surgeon Name: Dr Swathi H V

Anaesthesiologist : Dr. Samir Unayath

Operative procedure planned : MCS

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 / Aspiration

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 : S. Ambika

Name : Ambika

Relationship with Patient: Self

Date & Time : 6/7/26 @ 3pm

Witness :

Signature : .....

Name : Mahesh Wagmare

Date & Time : 06/07/2026

Doctor (who is taking the consent) :

Signature : .....

Name : Dr Tanvi Prayak

Date & Time : 6/7 at 2.15pm

Department of Anaesthesiology

PRE-ANAESTHETIC EVALUATION

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Name: Mrs. Anvika Suryavanshi Age: 25 Sex: female UHID.No : HNH-14806

Date: 6/7 Time: 2pm Proposed Operation: LSCS Cat II

Diagnosis: Primi NPL

B.P / CRT: 120/78 H.R: 78 Weight: .... ASA Physical Status: ☐ 1 ☑ 2 ☐ 3 ☐ 4 ☐ 5

Laboratory Data:

Hgb: 14.7	Glucose:	Protein:	HIV: NR	X-Ray:
PCV:	Urea:	Alb:	HBS Ag: NR	ECG:
WBC: 5.6	Creat:	Total Bill:	HCV: NR	2D Echo:
Plate: 1.61	Na:	Dir. Bill:	Blood group: B POS	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 : NO significant prior med. history Diabetes :

CNS : Regular ANCs ↑ ↑ BP recordings :: 3days → labetalol 100mg BD

Renal : ↳ otherwise uneventful

Hepatic / GE : / Physical Activity: good NYHA I

Others :

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

Heart: clear

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
LABETALOL	100mg BD
Fe/Ca	

Pre-Operative Instructions: Juice at 10AM

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: - continue NPO

Signature: [signature] Name: Dr. Sanni Anayath

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: Adequate.

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

H.R: 90bpm	B.P / CRT: 138/82 mmHg	SpO_2: 99 % on RA	R.R: 16/min	Last Feed: >6hrs ago

Pre-OP Diagnosis: Primi c̄ NPL. Operation: Emergency LSCS Date: 6/7/26

Surgeon: Dr. Swathi Anaesthesiologist: Dr. Brinda Technician: Arvind

TIME	2:30	4		4:30
N_2O / (AIR) / (O_2) LPM	→			
HALO / SO / (SEVO)	→			
Drugs:				
Inj. OXYTOCIN 3+3IU+3IU IV.				
Inj. MIDAZOLAM 2mg IV				
PROPOFOL 100mg IV				
FENTANYL 75 µg IV.				
PARACETAMOL 1Gm IV.				
FIO_2 / SaO_2	100	100	100	100
$ETCO_2$				
ECG	NSR	→		NSR
Temperature				
Urine Output				
Fluids / Blood: RINGER LACTATE	→			

Antibiotic: given

Suppository: TRAMADOL 100mg P/R; DICLOFENAC 100mg P/R

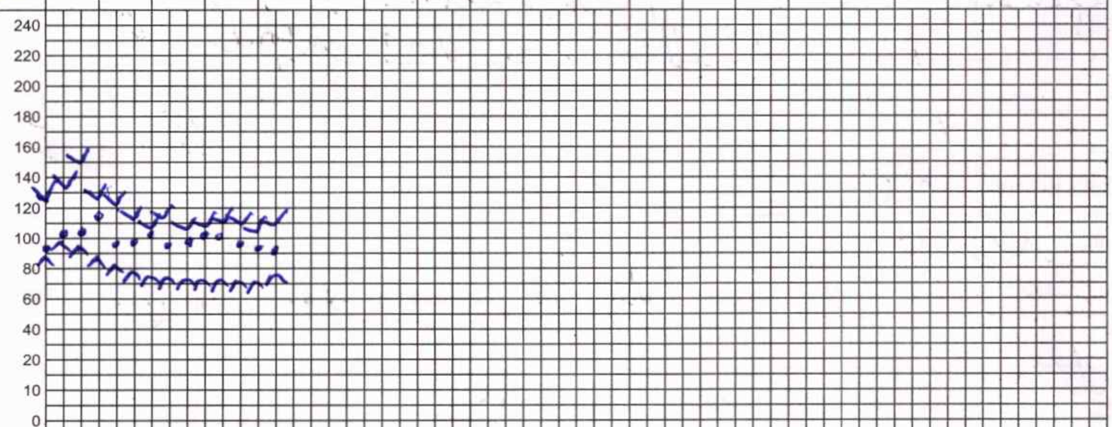
Blood Loss

NOTES

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

Tourniquet on Time
Tourniquet off Time

Throat Pack In
Throat Pack Out



LAB Values
ABG
GRBS
Others

☑ Equipment Checked and Functional
☑ BP
☐ Cuff Site: Rt UL
☐ 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: Drapes/Sheets.

Times:
Anaes Start: 3:30pm
OP Start: ↓
OP End:
Leave OR: 4:30pm.

Anaesthesia: converted to c̄ LMA c̄ Relaxant.
☐ GA
☐ Monitored Anaesthesia Care
☑ Regional

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

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

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

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

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

Regional:
Extremity Specify:
☑ Spinal ☐ Epidural ☐ Caudal
Others:
Position: Sitting.
Site: L_3-L_4
Needle Size: 27G PENCAN Depth:
Parasthesia ☐ Yes ☑ No
Catheter at skin .... cm
Drug Name & Conc: Inj. 0.5% H
Bolus: BUPIVACAINE 10mg
Infusion: + 25 µg FENTANYL
Block Level: → level is inadequate
Comments: (delayed)
Transportation to
☑ PACU ☐ ICU ☐ Other
Relaxant Reversed ☑ Yes ☐ No ☐ NA
Name of the Doctor: Dr. Brinda
Signature of the Doctor: [signature]

Patient Sticker

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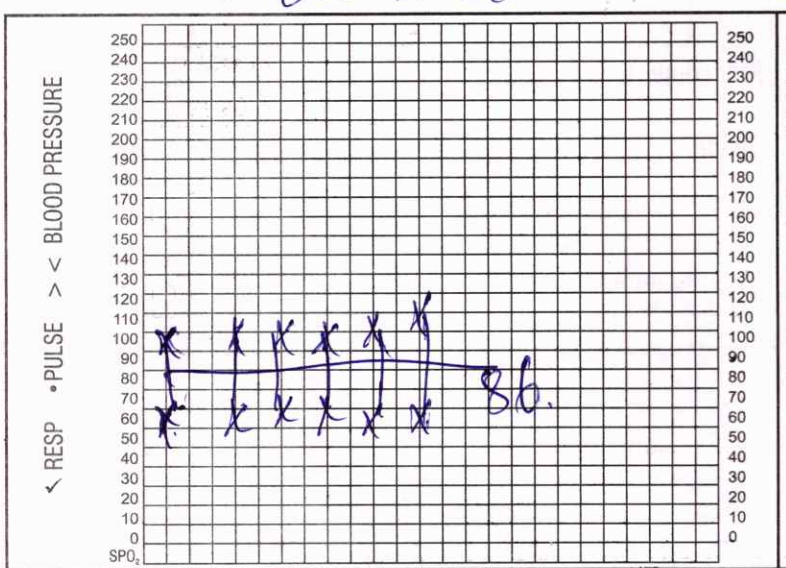
POST-ANAESTHESIA CARE UNIT RECORD

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



IV Cannula Site : Rt hand

- ☐ O_2 Mask
- ☐ Tracheostomy
- ☐ Oral Airway
- ☐ Nasal Prongs
- ☐ T-Piece
- ☐ 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 : 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		09	10	10	10	

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
6/7	4:30pm	0/10	normal	
6/7	5pm	0	normal	
6/7	6pm	0	normal	
6/7	7pm	0	normal	

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. Brunda

Anaesthesiologist Signature: B

Date & Time: 6/7/26

PACU Nurse Name : ...

PACU Nurse Signature: ...

Date & Time: 6/7/26

Transferred to Unit by (PACU): 3/10

Date & Time: 6/7/26

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 : .....

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INDUCTION OF LABOR CONSENT

Name: Mrs. Ambika Suryavanshi Age: 24yrs Gender: Male ☐ Female ☑

UHID.No : HNH-0001 4806 Date: 5/7/26

You are scheduled for an induction of labor on 5/7/26 (date) at 38 wks (weeks of gestation).

The reason for your induction is G1 HTN.

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: S. Ambika.
Name: Mrs. S. Ambika
Date & Time: 5/7/26 @ 11pm.

Patient Attendant:
Signature:
Name: Mahesh Waghmare
Relationship with Patient: Husband.
Date & Time: 5/7/26 @ 11pm

Doctor:
Signature:
Name: Dr. G. Veena
Date & Time: 5/7/26 @ 11pm

Witness
Signature:
Name: Akhila
Date & Time: 5/7/26

INFORMED CONSENT FOR VAGINAL BIRTH

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Patient Name : Mrs. Ambika Suryavanshi UHID No : ANH-0001.4.806

Gender: ☐ Male ☑ Female Date : 5/7/26 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. Swathi H.V

Consentee :

Signature : S. Ambika.

Name : Mrs. S. Ambika

Date & Time : 5/7/26 @ 11pm

Patient Attendant :

Signature : Mahesh

Name : Mahesh · Wagmale ·

Relationship with Patient: Husband

Date & Time : 5/7/26 @ 11pm

Witness :

Signature : Akhila

Name : Akhila.

Date & Time : 5/7/26

Doctor (who is taking the consent) :

Signature :

Name : Dr. G. Veena

Date & Time : 5/7/26 @ 11pm

#26-0000211212

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NARCOTIC PRESCRIPTION FORM
(PATIENT COPY)

Patient Name: Mrs. Ambika Suryavamshi	Age: 25 yrs	Gender: Female	
UHID No: HRDH-00014806 IP No: 26-0000 6752	Date: 6/7/26	Time: 2:44 PM	
Diagnosis: LSCS		OT	

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: Dhanvir

Doctor Registration No: 67529

Signature:

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

IP Registration No: 26-0000 6752 **Date:** 6/7/26

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

1.	**Name :** Mrs. Ambika Suryavamshi	**Remarks**
2.	Complete postal address (with contact number, if any) 3-6-714/2 Street 12 Himayat nagar 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
6/7/26	Fentanyl	01		

Dispensed by (Name & ID No.): Sonia (08442) Signature: .....

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

Time: 2:54