VIH-00164997 IP26-00006787
Mrs R. BHARGAVI
26-04-1996 30 Y 2 M 14 D (F)
Dr. SWAPNA SAMUDRALA

Rainbow® Children's Hospital
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Your Right to a Safe Delivery

SURGERY DETAILS

Date : 10/7/26

Patient Name: Mrs. Bhargavi Date of Birth: 26-04-1996 Age: 30 yrs

Gender: female Ward : OT-2 UHID No.: XRPH-00164997
DP26-00006789

Date of Surgery: 10/7/26 ☑ OT -1 ☐ OT -2 ☐ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : Elective LSCS

Time in : 11:00AM Time Out : 12:00Pm.

		NAME	AMOUNT
1.	Surgeon	: Dr. Swapna	
2.	Anaesthetist	: Dr. Ayesha	
3.	Assistant Surgeon	: Dr. Manisha	
4.	OT Technician	: Br. Arvind	
5.	Circulating Nurse	: Sr. Ratna Natasha	
6.	Assistant Nurse	: Sr. Susheela	

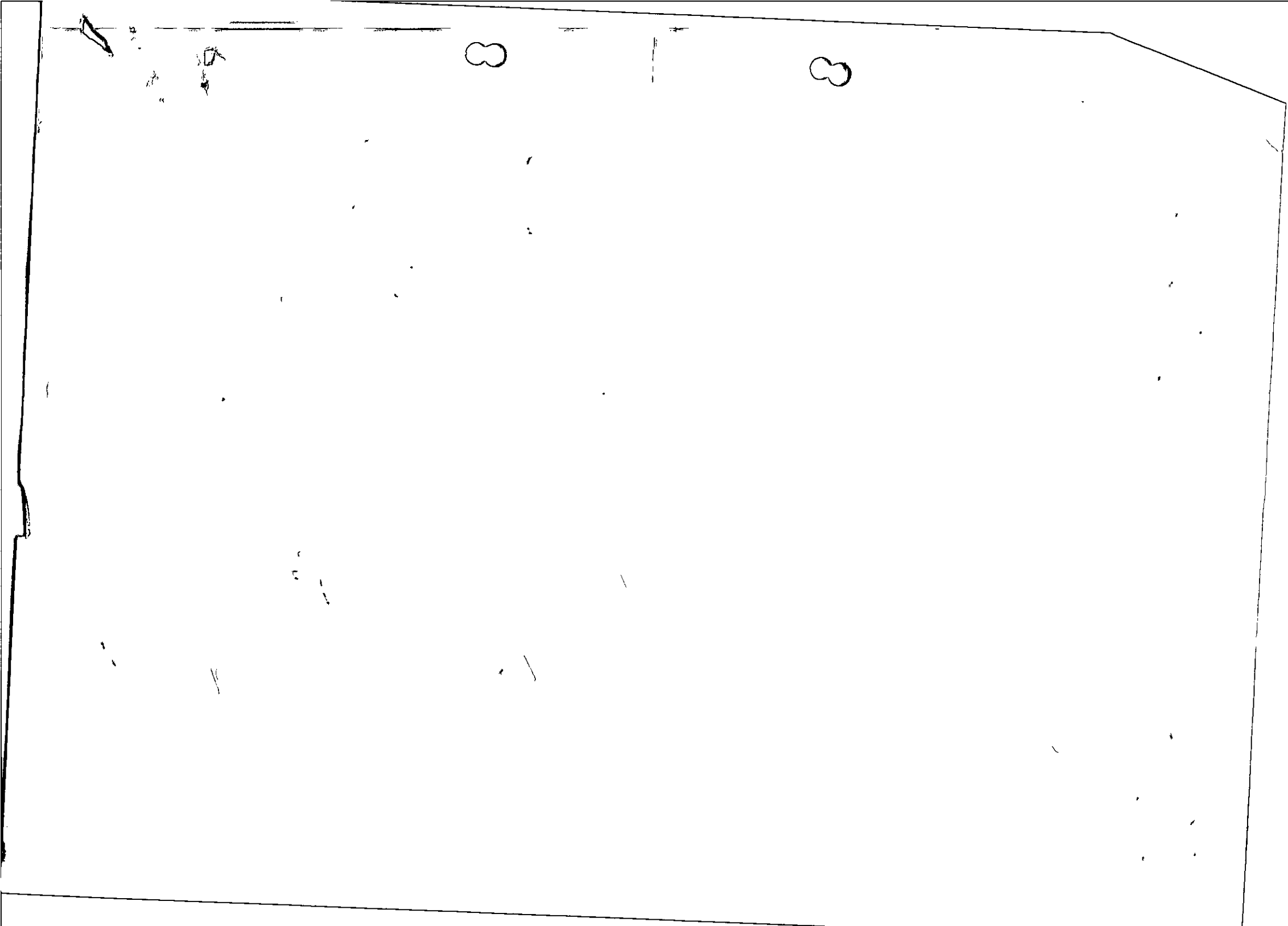
Special Equipment: ☐ Laparascopy ☐ Broncoscope ☐ Harmonic ☐ Morcelator
☐ C-ARM ☐ Cystoscopy ☐ Versa Point ☐ Liver Cusa
☐ Neuro Cusa ☐ Others .....

Mya Dr Manisha For Dr Swapna
Signature of the Surgeon

Signature of Circulating Nurse

Order No: 26-00002124 58 Order by: Susheela 10/7/26 @ 2:38 Pm.

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



VIH-00164997 IP26-00006787
Mrs R. BHARGAVI
26-04-1996 30 Y 2 M 14 D (F)
Dr. SWAPNA SAMUDRALA

LSCS .

CONSUMABLES OF OT

Rainbow Children's Hospital — It takes a lot to treat the little.
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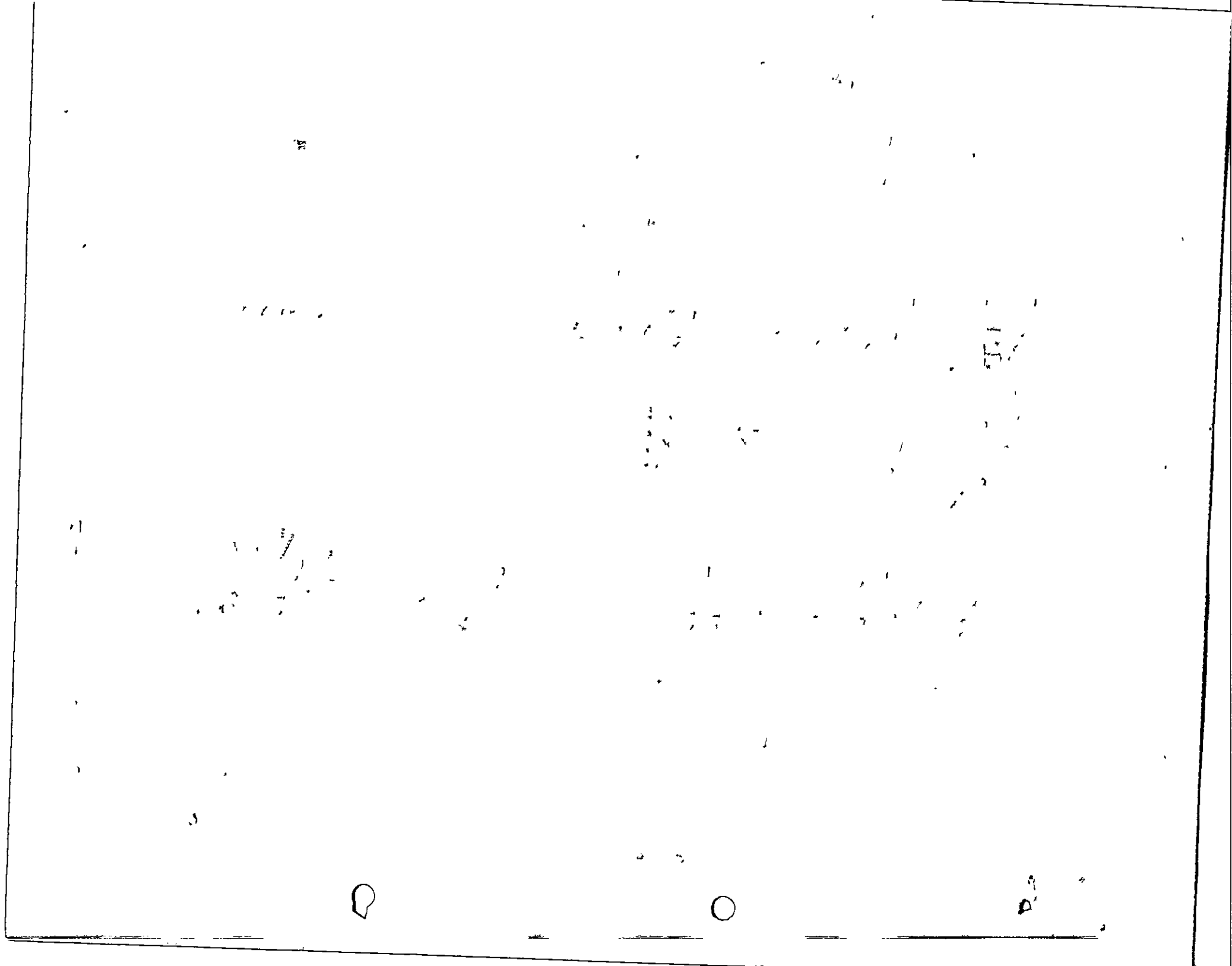
Circulating staff : Karuna Technician : Arvind Date : 10/7/26 Time : 11:12 AM

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube			Major Pack LSCS Drapekit		01	Inj Vit.K		01
LMA			Sutures 2346, 1326		2+1	Cord Clamp		01
ECG leads : A / P / N		03	2364, 4242		1+1	Suction Catheter ~~No 8~~		~~01~~
HME filter : A / P / N						Feeding Tube no 5		01
Syringes : 10 cc		02				Vaccum Suction Set		01
05 cc		03	Gloves SG 6.5		03	Surgical Gloves 6.5		01
02 cc		02	SG 6.0		02	Gauze Pack 10X10		02
01 cc		02	Encore 6.5		02	Syringe 1ml / 2ml		[illegible]
Cautery plate : A / P / N		01	Surgical blade 22		01	Surgical Blade # 20		[illegible]
IV set			~~NG tube~~			Koochies (S)		
RL 500		02	Cautery pencil		01			
NS : 10ml / 100ml / 500ml / 1000ml			Koochies XXL		01	Encore 6.5		01
Atropine		01	Ointments			Encore 7.0		01
Adrenaline		01	Suction Catheter					
Fentanyl		01	Cap, Mask		10+10			
Morphine			Gauze Pack 10X10 ~~7.5X7.5~~		02	~~Bactoprep~~		
Ketamine			Mop Pack		02	Baby Shield		
Propofol			Steristrip					
Rocuronium			Underpad		02	26-000021250		
Glycopyrolate			Draw sheet					
Myopyrolate			Abgel					
Ondansetron			Foleys catheter					
Pencan 25g/ Spinal Needle 22		01	Urobag					
Bupivacaine 0.25%			Chest Drainage Catheter					
Bupivacaine 0.25%(Heavy)		01	Romodrain bag					
Antibiotics			Bandage					
			Tegaderm					
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg		01	Vaccum Suction set		01			
Justin : 12.5 mg / 25mg / 100mg		01	Plastic Bed Sheet Apron		03			
Tab. Misoprost : 200mg		04	Betadine Solution		02			
Oxytocin		03	Microshield		02			
S. glove 6.0		01	Cotton Balls		01			
~~Mis~~			Latex Gloves		20			
			Ramdione Scrub					
			Saral					

Surgeon Anaesthesiologist Nurse OT Technician

Order No. : 26-0000212504 /503 Ordered by : Archana @10/7/26 5:40PM

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



Rainbow Childrens Hospital-Himayatnagar

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

ELECTRONIC MEDICINE PRESCRIPTION

MRN	VIH-00164997	**Name**	Mrs R BHARGAVI
Age / Sex	30 Y 2 M 14 D / Female	**Doctor**	SWAPNA SAMUDRALA
Adm/Reg Date/Time	09/07/2026 08:40	**Payor**	SELF-PAY
Order Date	10/07/2026 16:35	**Ordernumber**	26 0009212501
Visit ID	IP26-00006787	**Ward/Bed No**	4F -OT / PPC-419
Patient Address	: BVR RESIDENCY PLOT NO-69 BALAJI NAGAR ROAD NO-5 MEDCHAL Medchal Hyderabad, Telangana, INDIA 110005		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	CAUTERY PENCIL (ADVANCE)		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
2	SUPRIDOL SUPPOSITORIES 100 MG 5 S		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
3	MISOPROST TAB 200MCG 4S		1 Tabs	External / Once Daily	1 Days		4 Tabs	Dispensed
4	ANAWIN HEAVY 5 MG INJ 4 ML		1 Vial	External / Once Daily	1 Days		Vial	Dispensed
5	BACTOPREP SOLUTIONS 100 ML		1 mL	/ Once Daily	2 Days		2 Nos	Dispensed
6	ADROGLARE(ADRENALINE) INJ 1MG 1ML		1 Vial	Injection Once Daily	1 Days		1 Vial	Dispensed
7	DSYRINGE 10ML (NIPRO)	SYRINGE 10ML	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
8	TRUGUT CHROMIC CATGUT SN4242	TRUGUT CHROMIC CATGUT SN4242	1 Nos	/ Once Daily	1 Days		Nos	Dispensed
9	PREGELLED SURGICAL PLATES(ADULT)	PREGELLED PLATED ADULT	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
10	Encore Micropic gloves-6 5		1 Nos	External / Once Daily	1 Days		Nos	Dispensed
11	DSYRINGE 5ML (NIPRO)	SYRINGE 5ML	1 Nos	External Once Daily	Days		Nos	Dispensed
12	PENCAN 25G*3 1 2	PENCAN 25G*3 1 2	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
13	DISPOSABLE APRONS STERILE XL	DISPOSABLE APPRON STERILE XL	1 Nos	/ Once Daily	3 Days		3 Nos	Dispensed
14	E.C.G ELECTRODES (ADULT)	ELECTRODES ADULT	1 Nos	External / Once Daily	1 Days		3 Nos	Dispensed
15	ADULT DIAPERS-XXL		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
16	DSYRINGE 1ML (NIPRO)	SYRINGE 1ML	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
1	SGLOVE # 6 (SURGICARE)	SURGICAL GLOVES 6.0	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
18	VACCUME SUCTION SET		1 Nos	External Once Daily	Days		Nos	Dispensed
19	VICRYL 1-0 VP 2346	VICRYL 1-0 VP 2346	1 Nos	/ Once Daily	2 Days		2 Nos	Dispensed
20	COTTON BALLS 2 GM 5 NOS		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
21	JUSTIN SUPPOSITORIES 100 MG 5 S		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
22	MOPS 30X30 8PLY 5S X-RAY	MOPS 30X308 PLYDATT	1 Nos	/ Once Daily	2 Days		2 Nos	Dispensed
23	SGLOVE # 6.5 (SURGICARE)	SURGICAL GLOVES 6.5	1 Nos	External / Once Daily	1 Days		3 Nos	Dispensed
24	SURGICAL BLADE 22	SURGICAL BLADE 22	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
25	DSYRINGS 2 5ML(NIPRO)	SYRINGE 2ML	1 Nos	External Once Daily	1 Days		Nos	Dispensed
26	POVINANZ SOLUTION 10% 100 ML		1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
27	UNDER PAD 60X90 10's Pack - MEDICUBE		1 Nos	External / 10 AM	1 Days		2 Nos	Dispensed
28	VICRYL 1-0 NW 2364	VICRYL 1-0 NW 2364	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
29	LSCS DRAPE PACK (PROTECTCARE)		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
30	MONOCRYL 3-0 NW 1326	MONOCRYL 1326	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
31	EVATOCIN (OXYTOCIN) INJ 5 IU 1 ML		1 Vial	External / Once Daily	1 Days		1 Vial	Dispensed

SWAPNA SAMUDRALA

Reg No - 69924

* 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 Childrens Hospital-Himayatnagar

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040-48873000, info@rainbowhospitals.in

ELECTRONIC MEDICINE PRESCRIPTION

MRN	VIH-00164997	**Name**	: Mrs R. BHARGAVI
Age / Sex	: 30 Y 2 M 14 D / Female	**Doctor**	: SWAPNA SAMUDRALA
Adm/Reg Date/Time	: 09/07/2026 08:40	**Payor**	: SELFPAY
Order Date	: 10/07/2026 16:35	**Ordernumber**	: 26-0000212503
Visit ID	: IP26-00006787	**Ward/Bed No**	: 4F -OT / PPO-419
Patient Address	BVR RESIDENCY PLOT NO-69 BALAJI NAGAR ROAD NO-5 MEDCHAL , Medchal, Hyderabad, Telangana, INDIA, 110005		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	FACE MASK 3 LAYER - ELASTIC	FACE MASK 3 LAYER	1 Nos	External / Once Daily	1 Days		10 Nos	Ordered
2	RL 500 ML CLOSED SYSTEM	RINGER LACTATE 500ML CLOSED	1 Bottle	/ Once Daily	2 Days		2 Bottle	Ordered
3	GAUZE PACK STERILE 10X10X12 PLY 5S	GAUZE PACK STERILE 10X10X12 PLY 5 PACK	1 Nos	External / Once Daily	1 Days		2 Nos	Ordered
4	SURGEON CAP(FEMALE) (PROTECTCARE)		1 Nos	External / Once Daily	1 Days		10 Nos	Ordered
5	CUROPINE (ATROPINE) INJ 1 ML		1 Vial	Injection / Once Daily	1 Days		1 Vial	Ordered
6	NITRILE EXAMINATION GLOVES P F- MEDIUM		1 Nos	External / Once Daily	1 Days		20 Nos	Ordered

SWAPNA SAMUDRALA

Reg No : 69924

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040-48873000, info@rainbowhospitals.in

ELECTRONIC MEDICINE PRESCRIPTION

MRN	: HNH-00016477	**Name**	: Baby Of R. BHARGAVI
Age / Sex	0 Y 0 M 0 D 5 H / Male	**Doctor**	SPANDANA PASUPULETI
Adm/Reg Date/Time	10/07/2026 12:15	**Payor**	SELFPAY
Order Date	10/07/2026 16:42	**Ordernumber**	: 26-0000212507
Visit ID	: IP26-00006806	**Ward/Bed No**	4I -NICU 2 / NICU2-408
Patient Address	: BVR RESIDENCY PLOT NO-69 BALAJI NAGAR ROAD NO-5 MEDCHAL , Medchal, Hyderabad, Telangana, INDIA, 110005		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	Encore Microptic gloves-6.5		1 Nos	/ Once Daily	1 Days		1 Nos	Ordered
2	INFANT FEEDING TUBE-5	INFANT FEEDING TUBE 5	1 Nos	External / Once Daily	1 Days		1 Nos	Ordered
3	GAUZE PACK STERILE 10X10X12 PLY 5S	GAUZE PACK STERILE 10X10X12 PLY 5 PACK	1 Nos	External / Once Daily	1 Days		2 Nos	Ordered
4	INJEK INJ 1 MG 0.5 ML		1 Nos	/ Once Daily	1 Days		1 Vial	Ordered
5	SGLOVE # 6.5 (SURGICARE)	SURGICAL GLOVES 6.5	1 Nos	External / Once Daily	1 Days		1 Nos	Ordered
6	VACCUME SUCTION SET		1 Nos	External / Once Daily	1 Days		1 Nos	Ordered
7	CORD CLAMP-ALPHAMEDICARE		1 Nos	External / 10 AM	1 Days		1 Nos	Ordered
8	ENCORE MICROPTIC GLOVES-7 PF		1 Nos	/ Once Daily	1 Days		1 Nos	Ordered

SPANDANA PASUPULETI

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Note

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317-fc

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Name	Mrs R. BHARGAVI	**UHID**	VIH-00164997
Father/Guardian	R. BHARGAVI (HNH-00016477)	**Age/Gender**	30 Y 2 M 14 D/ Female
Address	BVR RESIDENCY PLOT NO-69 BALAJI NAGAR ROAD NO-5 MEDCHAL , Medchal, Hyderabad, Telangana, INDIA, 110005		
IP No	IP26-00006787	**Admission Date**	09-07-2026
Ref Doctor	Self.		
Discharge Date	12.07.2026		

DISCHARGE SUMMARY

Consultant:
Dr. SWAPNA SAMUDRALA
MBBS, MS (OBG)
69924

Diagnosis: PRIMI AT 34 WEEKS WITH BREECH PRESENTATION WITH IUI CONCEPTION WITH KNOWN CASE OF EPILEPSY FOR OBSERVATION AND FURTHER MANAGEMENT.

ELECTIVE LOWER SEGMENT CAESAREAN SECTION DONE ON 10.07.2026

History:
LMP: 13.11.2025 Obstetric formula: PRIMI
EDD: 20.08.2026 Gestation at admission: 34 weeks

Obstetric History:
G1 - Present Pregnancy, IUI Conception.

Medical History:K/C/O Epilepsy on RX (Dr Venkat Reddy) - 2014 (ON TAB. LEVERA 750MG BD, LAMOTRIGINE 50MG BD, CLOBA 10 MG BD) - Last Episode - 11.07.2026
Family History : Parents-DM
Surgical History: Hysteroscopy + Septal Resection - Sep 2025
Allergies : Nil

Antenatal Details:
Mrs R. BHARGAVI was booked to Rainbow hospital at 16+1 weeks of gestation.

She had regular antenatal checkups and investigations as advised. Neuro consultation done and advised to continue all 3 antiepileptics in pregnancy. NT scan was normal. FTS normal. TIFFA was normal. Fetal surveillance done by serial growth scans. Growth Scan at 32+6 weeks - SLF, Breech, 1830 gm (14 % / AC 14 %) , Placenta Anterior /High, Liquor Adequate, AFI 14.0 cm, UAD normal. At 34 weeks, she had an episode of Generalized tonic clonic seizure (GTCS) at 3am at home. She presented in emergency OP with complaint of decrease fetal movement with abdomen tightness and fever since 3 am, for which she took tab paracetamol, NST was reactive and vitals were stable, afebrile . While in observation, she developed another episode of generalised tonic clonic seizure (GTCS). She was admitted for further maternal and fetal monitoring and management .

Investigations: Enclosed.
Blood group: "O" Positive

Management: Course in hospital:
Following the seizure episode- BP 154/110mmHg, PR 96/min , the patient was managed with left lateral positioning, airway care, suctioning, O2 support , Intravenous access and appropriate investigations. She was managed with multidisciplinary care of Obstetrician, anesthesia, Physician/ neurology team with close maternal and fetal monitoring. PE profile was sent and traced to be normal. EEG done was normal. post seizure, vitals were stable, NST reactive. Antiepileptic medication revised as per neurologist advice. NICU counselling was done. Couple and attender was counselled regarding present maternal condition with plan for conservative management with Delivery SOS, complication of prematurity, NICU care, Steroid cover was explained. Antenatal steroid coverage (Inj Betamenthasone 12 mg Im 12 hours apart) was done in anticipation of preterm delivery. Strict fetal heart rate monitoring was done and NST done on regular interval. Her hospital stay thereafter was uneventful with no recurrence of seizures, and remained haemodynamically stable. She was prepared for elective C-section with indwelling Foley's catheter and IV canula under aseptic conditions. Written informed consent for surgery taken. Preanesthetic check up done. Anesthetic premedication (IV Pantop and Perinorm) given. Antibiotic prophylaxis with Inj. Taxim 1 gm IV given. Patient shifted to theatre.

Surgery Notes:

Name	Mrs R. BHARGAVI	**UHID**	VIH-00164997
IP No	IP26-00006787	**Admission Date**	09-07-2026

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

* **LUS not formed and highly vascular.**
* **Breech extraction done.**
* **Placenta adherent, membranes separated with difficulty.**

Delivery Details:

Date : 10.07.2026
Time of Delivery : 11:13am
Type of Delivery : Elective lower segment caesarean section
Indication : Decrease fetal movement with preterm breech

Anaesthesia : Spinal

Baby Details:

Date : 10.07.2026
Time : 11:13am
Sex : Male
Weight : 2.1kg
Apgar : 5,7
Gestational Age: 34 weeks
NICU Admission: Yes, IVO prematurity, RD

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. Repeat CBP done, Hb wastraced to be 10.6g/dl. Neurophysician opinion was

sought and antiepileptics revised. 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 16.07.2026 (9am-9pm) after food.
2. Tab. Calpol (Paracetamol 500mg) 2 tablets thrice daily till 14.07.2026 (8am-2pm-10pm) after food.
3. Tab. Voveran (Diclofenac-50mg) 1 tablet thrice daily till 14.07.2026 (9am-3pm-11pm) after food.
4. Tab. Pantodac (Pantoprazole - 40mg) 1 tablet twice daily till 16.07.2026 (7am-7pm) before food.
5. Tab. Livogen (Elemental Iron - 50mg, folic acid 1.5mg) once daily (7am) for three months before breakfast.
6. Tab. Shelcal (Elemental Calcium 500mg, vitamin D3 250 IU) once daily (2pm) till breast feeding after food.
7. Nebasulf Powder for local application.
8. Tab Levetiracetam 1g twice daily (8am-8pm) till further advice
9. Tab Lamotrigine 150mg twice daily (8am-8pm) till further advice.
10. Tab Clobazam 10mg twice daily (8am-8pm) till further advice.

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

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

Review with **Dr. SWAPNA SAMUDRALA** after **2 week** on **20.07.2026** at Rainbow Children's Hospital with prior appointment **(Review consultation will be charged).**

Review with neurophysician **Dr venkat reddy** after **2 weeks**.

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

Name	Mrs R. BHARGAVI	**UHID**	VIH-0016499
IP No	IP26-00006787	**Admission Date**	09-07-2026

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

The content of the patient discharge summary, medication, food & drug 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 Himayatnagar 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. SWAPNA SAMUDRALA
MBBS, MS (OBG)
69924

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
VIH-00164997 IP26-00006787 Mrs R. BHARGAVI 26-04-1996 30 Y 2 M 13 D (F) Dr. SWAPNA SAMUDRALA	9/7/2026 @ 8:40AM	11/7/2026 @ 7AM
	Transfer Ordered by Dr. Dua	Reason for Transfer observation
From Unit pre & post	To Unit 31	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 38	Number of Imaging Films NST (20)	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Anuha & LO	Dr. Dua

Patient & Clinical Records Received by : Amutha

Date & Time of Patient Received : 8AM, 11/7/26

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

Rainbow Childrens Hospital-Himayatnagar

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

ADMISSION SHEET

Registration Details :

Admission No : IP26-00006787 **Admit Date** : 09-Jul-2026 **Admit Time** : 08:40 AM **UHID** : VIH-00164997

Patient Details :

Patient Name	: Mrs R. BHARGAVI	**Age**	: 30 Y 2 M 13 D
Guardian	: Mr R. HARISH REDDY	**DOB**	: 26-04-1996
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	: Married
Address (H)	: BVR RESIDENCY PLOT NO-69 BALAJI NAGAR ROAD NO-5 MEDCHAL Medchal Hyderabad Telangana INDIA 110005	**Phone No**	: 8106301074/ 9052370424
		E-mail	: bhargavirededdychikki@gmail.cpm

Admission Details :

Bed Type : TWIN SHARING **Bed No** : PPO-419 **Ward Name** : 4F -OT

Room No : PPO-419 **Admission Type** : First Visit

Contact Details :

Name : Mr R. HARISH REDDY **Relationship** : Husband

Contact Address : BVR RESIDENCY PLOT NO-69 BALAJI NAGAR ROAD NO-5 MEDCHAL Medchal Hyderabad Telangana INDIA 110005 **Phone No** : 8106301074

R. Harish

Signature

Doctor Details :

Doctor Name : Dr. SWAPNA SAMUDRALA **Specialisation** : OBSTETRICS AND GYNECOLOGY

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

Co-Consultant :

Payment Details :

Deposit Amount : 20000.00

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

~~IETF~~

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ACTIVITY RECORD FOR BILLING

Name : VIH-00164997 IP26-00006787
Mrs R. BHARGAVI
26-04-1996 30 Y 2 M 13 D (F)
Dr. SWAPNA SAMUDRALA

UHID No. : __________ IP No : __________ Dept : __________

Date of Admission: __________ Date of Discharge : __________ Time: __________

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
9/7/26	10.45AM	Pre-Post	OT	Chandu / Karuna
10/7/26	12:00PM	OT	Pre-Post	Karuna / Chandu
11/7/26	AM	pre & post	312	Anu

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	Dr. Tejaswi sai	9/7/26	212142	
2	mam (NNC)			
3	Dr. Nishanth	9/7/26	12208.	Anhes
4	Reddy			
5	(physician)			
6				
7				
8				
9				
10				

Docu. No. RCH/FRM/GENERAL/145

INVESTIGATIONS

Date	Investigations	Order No.	Signature
9/7	NST - (1)	8228	(signature)
9/7	Spot protein creatine Ratio	HN26011316	(signature)
9/7	CFT, LDH, urea, uric Acid	HN26011302	(signature)
	creatinine, electrolytes		(signature)
	PT/APTT, calcium, CBP		(signature)
9/7	urine Albumin dipstic (++)	21641	(signature)
9/7	GRBS- 91 mg/dl @ 8:15Am	1313	(signature)
9/7	AFI+Doppler	8237	(signature)
9/7/26	EEG	12223	Anke
9/7/26	NST - (2)	8262	(signature)
10/7/26	NST - (3)	8263	
10/7	NST - (4)	8265	(signature)
10/7	CBP	11447	(signature)

Cross limited sig.

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
9/7/2026	Infusion pump	4pm	11/7 7Am	12210	[illegible]
	syringe				
10/7/26	Cardiac monitor	12pm		12435	[illegible]
					Cross checked done

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
9/7	IV Placement	(1)	2051	
10/7/26	catheterisation	(1)	12434	
10/7/26	PAC	(1)	12433	
11/7/26	NHA	(1)	1250	

ANY OTHER INFORMATION

.....

.....

.....

.....

.....

.....

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

00164997 IP26-00006787
R. BHARGAVI
04-1996 30 Y 2 M 13 D (F)
SWAPNA SAMUDRALA

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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints
Came c c/o Fever / ↓Fm / Abdomen tightness :: 3Am

Obstetric Formula: Prim.

Obstetric Hostory:
Ex- PP. / IUI

Present Pregnancy Record: Booked 16M
NT (N) (Took Neuro Consultation → On 3 Antiepileptics)
FB - UR
TIFFA (N)

RISK FACTORS: She had Episode of GTCS @ home 3Am f/Came c c/o ↓Fm & Abd tightness :: 3Am. kept observation → Developed GTCS @ Also involved in Monogamous. Investigation sent, Neurophysician & physician opinion was taken. Admitted for opinion & MAF

Height: .... cm
Weight: .... kg
Allergies: Nil

Breast: ☑ Normal ☐ Abnormal
General Examination: Fair : Conscious
Consciousness:
Icterus: ⊖
Temp: Afebrile
BP: /
CVS:
Liver/Spleen: ⊖
Pallor: ⊖
Edema: ⊖
PR:
DTR: (+)
RS: BTAE
Urine Output: Adeq

LMP: 13/11/2025
EDD:
Corrected EDD: 20/8/2026
GA: 34wk.
Menstrual History: Regular : ☐ Yes ☐ No

Obstetric Examination
Fundal Height: Ut ~ 32-34weeks
Ut. Activity: ☐ Relaxed ☐ Mild ☐ Mod ☐ Severe
Liquor: ☑ Adequate ☐ Oligo ☐ Poly
PP: ☐ Cephalic ☑ Breech Others ___________
Head Fifths Palpable: ___________
FHS: ☑ Normal ☐ Tachy ☐ Brady ☐ Absent

Per Speculum Examination n/a

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

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

DIAGNOSIS

Prim / 34wk / k/c/o Epilepsy / metroplasty / IUI / ~~Breech~~ Breech

for Observation

Docu. No. : RCH /FRM / CLINICAL / 087 (P.T.O)

VIH-00164997 IP26-00006787
Mrs R. BHARGAVI
26-04-1996 30 Y 2 M 13 D (F)
Dr. SWAPNA SAMUDRALA

Family History:	Surgical History:
Parent DM	Hysteroscopy + Septal Resection (2025 Sep)
Medical History:	**Medication History:**
- k/c/o Epilepsy (2018) - on Levetiracetam / Lamotrigine / Clobazam. Last Ep - 3AM (9/7/2026) - ~~[illegible]~~	T. Levetiracetam / Lamotrigine / Clonazepam ~~[illegible] 500mg BD~~ ~~[illegible] 5mg BD~~ T. Iron / Calc
Plan of Care: pt had fits @ 3AM (History given by Husband after she threw fits here) @7:30AM → pt threw fits (9/7/26) - mangement as per Adv: - NST monitoring - Left lateral position / Propped up or by mouth - Drugs as charted - Neurophysician Opinion stat - Inj Betamethasone 12mg im Stat f/b 2nd dose 24 hours Apart - PE profile - CBP, LFT, RFT, Coagulation profile, Electrolytes, LDH, S. calcium / CUE / LC&S / - EEG - Inform SOS - NICU counselling.	**Investigations:** BGT OPEN GRBS - 91 mg/dl Urine dipstick - +3 (@ Adm) 4/7 Hb - 12, WBC 5990, PLT - 1.59 | HIV, HbsAg, VDRL, HCV } (N) (3/7/2026) SLIUP / 32+6 / Breech EFW - 1.830 kg (14%) AC - 14% AFI - 14 cm UAD (N)

Doctor Name: Dr. Mounika
Signature: [signature]
Date & Time: 9/7/2026 @ 7:30Am

Consultant Name: Dr Swapna S
Signature: [signature]
Date & Time: 9/7/2026 @ 7:30Am

VIH-00164997 IP26-00006787
Mrs R. BHARGAVI
26-04-1996 30 Y 2 M 13 D (F)
Dr. SWAPNA SAMUDRALA

(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	(2) feeding → Slow	Initiate feeds
	2nd feeding	
	↳	slowly ~~up~~ increase the feed.
	(3) Brain Scan / Heart Scan	
	(4) Infection → Antibiotic	
	If Neg.	
	↓	
	Stop the Antibiotics	
	Duration of stay :—	5-7 days if RD (+). (mild).
	No RD	→ 3 to 4 days
		↓
	to Establish	feeding
	Reja Dr. Reja	L. R. Harikrishna

Patient Sticker

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F&to

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
09/07/26 10:30AM	Mother Name	- Bhargavi.
	Primi	
	K/c/o Epilepsy.	
	3/7/2026 →	1.86 Kg
		↳ PT.
	(34 wks)	
	37 wks & above →	(N) baby. (Term).
	< 37 wks → preterm	
	Lungs Stomach Heart Brain } > 37 wks	(35 - 37) wks. ↓ Sometimes.
	<35 wks.	Mother side. ← { > 2 kg, Cry
	(1) → Breathing → CPAP	- deliveryroom
	NIV	
	Ventilator.	

VIH-00164997 IP26-00006787
Mrs R. BHARGAVI
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/7 5:30 AM		
	Mrs Bhargavi Came c/o Fever / ↓FM/	
	Abdomen tightness :- 3Am	
(o/e)	BP - 112/72	
	PR - 82	
	SPO2 - 100% on RA	
	GC Fair Afebrile (T - 96.1°F)	
	NST - Reactive c ↓FM	
9/7 7:30AM		9/7/2026
	- Patient developed a Generalized Tonic Clonic Seizure @ 7:30 Am	
	- Staff C/S/b Dr Samir (Aeon)	(o/e)
	Dr Monisha (Duty Doctor)	BP-154/110
		PR - 96
-	Shifted to Left Lateral Position	SPO2 - 95% on RA
-	Airway Secured - Oropharyngeal Suctioning done	FHS ⊕ (140-150/m)
-	Oxygen administered via face mask @ 6l/min	
-	IV access secured; Sample taken; Inj levetiracetam 1g IV Stat given	
-	Blood Samples Sent for Investigation. (CBP,/ Electrolytes /RFT) ~~Stat~~	
-	Obst. assessment Performed → NST - Reactive	
-	~~Neurophysician Opinion - Call Sent~~	
-	Senior Obstetrician Informed (Dr Swapna)	
-	pt Stabilized - BP- 110/80	
	PR- 90b/m	
		CBP, Electrolyte, RFT
-	Neurologist Opinion → Call Sent - Advice	S Cal ; EEG,
-	Patient kept under observation	Previous Report - Imaging

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

(P.T.O)

VIH-00164997 IP26-00006787
Mrs R. BHARGAVI
26-04-1996 30 Y 2 M 13 D (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
-	pt's husband given H/o Fits @ 3am / pt said ✓	
-	History of Epilepsy & Current antiepileptic medication reviewed	
-	Anti Epileptic Medication Continued as advised	
	GC- Conscious / oriented to T/P/P	
	BP- 114/75	
	PR - 95	
	SPO2 - 95% on RA	
	Urine Dipstick - 3+ (3+++)	
	→ Tongue Bite noted on Rt Side	
	- Send PE Profile → Collect	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/3/2026 8:45AM	Patient & Relative were Counselled regarding high risk of nature of Pregnancy in view of Seizure episode ē k/c/o Epilepsy at 34 wks Gestation. Need for Admission, close monitoring, further management was Explained. Possibility of Emergency LSCS if indicated for Maternal or Fetal Condition was discussed. Risks, Benefits, & Possible outcome were Explained. They verbalized understanding & consented to Proposed management	
	R. Bhargavi Patient	[signature] Dr. Mounika
		R. Harishwar pt's husband

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/7/26 11 AM	c/s/b Dr. Swapna Samudrala	
	Pt is stable, No c/o No imminent signs (+) O/E GC-fair, Afebrile Temp - 97°F. BP - 110/70mmHg PR - 86 bpm P/A - Ut ~ 34 wks FHS (+) L/E - NAD	Adv - NBM - FHR 2nd hourly - NST 4th hourly - Flu all investigations (PC profile, S. Electrolytes, EGG, Serum Calcium) - w/f imminent signs - NICU counselling (Physician Opinion) - AFI + Doppler.
	c/d/w Dr. Venkat Reddy (Neurophysician) -	
	Adv :- - Inj. Levipil 1g BD (IV) - Change Tr. Lamotrigine 100mg → 150mg BD - Cont. Tr. Clobazam 10mg BD.	
	→ Couple / mother Counselled. → Lab reports awaited → Discussed regarding the present maternal condition. Plan: Conservative / Delivery Sos if Abnormal Lab parameters / fetal or Maternal Distress. → Counselled regarding Complications of prematurity / NICU care / Steroid cover	

NST - Reactive

Urine → NIL
P/C - 8-10

(P.T.O)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/2/26 4:10 pm	PV comfortable.	
	No comp. FM (+)	
	NST - R1 Non re -	
	AFI - 12.6 cm 2.10 kg	Adv
	NAD - (N).	- NST TID
	O/E - a.c. fair	- Strict I/O
	afebrile	- Drugs as charted
	O_2 sat - 99 % RA	- Physician opinion
P.E. profile WNL	PR - 85 b/m	(Dr. N. Chandra)
	B.P - 110/70 mmHg	- TPR / BP / FHR
	P/A - UT relaxed	monitoring
	Oblique lie	- Inj Betnesol 12 mg
	FHR 142 b/m	IM @ 9:30 pm (2nd dose)
		- NNC ✓
		- Nayan Sec ?
		(Dr. Swapna)

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

VIH-00164997 IP26-00006787
Mrs R. BHARGAVI
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/S / By Axon Anaesthesia	
9/2/26 10.00 AM	K/C/O of epilepsy	
	Primi / 34 weeks + Metroplasty	
	IVF conception	
	1 episode of seizure	
	tongue bite	
	unresponsiveness	
	1 sec → recovered	
	vitally stable	
		Adv :-
		neuro physician opinion
C/n Tab Luera 750 mg PO BD		PE profile
T Levetiracetam 100 mg P/O BD		
T Clobazam 10 mg BD		Dr Aditi
		Axon anaesthesia

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/7/26 6PM	C/S/B Anon Anaesthesia.	
	C/O of epilepsy	
	848 [illegible]	
	1 episode of seizure - in morning	
	vitals stable	
	no new episode.	
	C/D/W with neurophysician	
	T [illegible] dose increased to 150mg	
		T [illegible] dose
	increased to 1gm	
	PE profile -ve.	
		Adv:
		→ continue antiepileptic - as per new dose.
		→ monitor vitals
		Adite Dr Adite N

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

VIH-00164997 IP26-00006787
Mrs R. BHARGAVI
26-04-1996 30 Y 2 M 13 D (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/7/26.	C/S/B Dr. Dug.	
4pm	Primi / 34 weeks / k/c/o Epilepsy / h/o Metaplasty	
	101 conception	
	No complaints GC fair	
	Afebrile	Adv.
	BP: 108/60 mmHg.	- Soft diet
	PR: 80bpm.	- Drugs as charted
	SpO2: 98% on RA P/A Uterus - 34wks	- FHR Monitoring 2nd hourly
	FHS(+)	- NST TID
	Oblique lie	- Inj Betnasol 12mg I.M. @ 9:30pm (2nd dose)
	Relaxed.	- NBM from 11pm.
		- El. LSCS tomorrow.
		- NST @ 10pm
	[signature]	
9/7/2026. 9:30pm	S/B Dr Swathi ...	
	- primi 34 wks / Epilepsy / h/o septal resection	
2nd dose Inj Betnasol given @ 9:30pm	102 conception	
	O/E: vitals @	Adv
	PA: ut 34 wks	→ NBM from 12AM
	breech.	→ [struck through]
	FHS(+)	→ NST TID - (next @ 6AM).
	Relaxed.	→ Plan:
	CTG ongoing [signature]	El LSCS tom @ 10-11AM.

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

VIH-00164997 IP26-00006787
Mrs R. BHARGAVI
28-04-1996 30 Y 2 M 13 D (F)
Dr. SWAPNA SAMUDRALA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/B Dr SWATHI.DNB	
10/?/2026 7AM	- presents @ 34 wks / Epilepsy / septal resection / ? ...	
	- NOT Reactive	
	- APM well	
	- Received 2 dose of Inj BETNASOL 12mg IM	
	O/E: vitals @	
	PA: ut 34 wks	
	Breech	
	FHS @ ...	
	Relaxed	
	- patient & relatives requesting for ... i/v/o recent seizure episode.	
	- Explained pro's & cons of preterm delivery. Events associated in their language they ... understand.	Adv
PAC done	-	→ NBM
		- pre op medications
		- continue antiepileptics as per ...
	Dr. Swathi DNB	→ ... @ 7 ...
		- ... OT on call

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

VIH-00164997 IP26-00006787
Mrs R. BHARGAVI
26-04-1996 30 Y 2 M 13 D (F)
Dr. SWAPNA SAMUDRALA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7AM 10/7/26	C/S By Anon	Anaesthesia
	primi + 34 weeks	+ epilepsy IVF conceived
	c/o of	seizure
	? 1 episode	3AM.
	1 GTCS	morning 9/7/26 8AM
	2 minutes of	unresponsiveness
	→ Hun uneventful	
	Vitally	stable
	Preeclampsia	profile negative
	plan → Csection	
	C/D I/W	Neurosurgeon ~ antiepileptic dose under Advice
	P :- 103	
	BP :- 111/63	→ Continue Antiepileptic as per Dr Advice
	SPO₂ :- 97% on RA	→ give antiepileptic before shifting to OT
		Adit Dr Aditi W Anon anaesthes.

VIH-00164997 IP26-00006787
Mrs R. BHARGAVI
26-04-1996 30 Y 2 M 13 D (F)
Dr. SWAPNA SAMUDRALA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/o/b Dr	Swapna.
10/7/2026	C/o/b Dr	Monisha
12:30pm	POD-0	
	CC - fair	Adv
	BP - 106/68mmHg	- NBM 4-6h
	PR - 62bpm	- Drugs as charted
	P/A ut well retracted	- Foley's in situ till further order
	ABD - Dry	
	pv - Bleeding WNL	- I/O monitoring
	u/o - 200ml clear	- W/f vitals & BP
		- inform SOS
	A	
		[signatures]
10/7/2026	C/s/b Dr	Monisha
3:30pm	POD 0 / K/c/o	Epilepsy
		Adv
	CC-fair Afebrile	- Allow sips > 5:30pm
	vitals stable	- Drugs as charted
	P/A ut well retracted	- W/f vitals & BP
	BS ⊕	- I/O monitoring
	pv Bleeding WNL	- Foley's removed @ 6AM Clm
	u/o ~50 ml/hr	- Continue Anti Epileptics
(Tom-Adv - Scw & CBC @ 9pm)		- Inform SOS

VIH-00164997 IP26-00006787
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/7/26. 9pm	C/S/B Dr. Dua. POD-0. K/C/O Epilepsy	
Baby at NICU.	GC fair Afebrile BP: 107/72 mmHg PR: 76/min P/A Uterus Retracted well. L BS(+)	Adv - soft diet - Drugs as charted - Adequate hydration - Foleys removal at 6AM - W/F Bleeding P.V - I/O charting - Monitor vitals - Inform SOS
U/O - clear Adequate	LE: bleed WNL.	
	CBC - Hb-10.6. WBC - 13.23 PLT - 0.3 lakh PCV - 30.5	
11/7/26. 6:30am.	C/S/B Dr. Dua. POD-1 K/C/O Epilepsy	
Baby at NICU.	GC fair Afebrile BP: 110/69 mmHg PR: 81 bpm. P/A Uterus Retracted well. BS(+)	Adv - Soft diet - Adequate hydration. - Drugs as charted - W/F Bleeding PV - Monitor vitals - Inform SOS
Urine - flatus passed	LE: NAD	
Pt can be shifted to room		

VIH-00164997 IP26-00006787
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26-04-1996 30 Y 2 M 13 D (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	POD - 2	
11/7/26 11:30 Am		Adv
	No comp	
	O/E: G/C fair	- Sofl Diet
	Afebrile	- Oral hydration
Baby: NICU	Vitals - (N)	- Drugs as charted
	P/A - ut well retracted	- Monitor vitals
	Soft, BS +	- Ambulation
	L/E - MAB.	- Injur SOS
Breastfed ✓		
		(Dr. Swapna)
11/7/2026 3:30pm	Case discussed with	
	Dr Venkat Reddy Sir	(r/o Epi Antiepileptic medicines)
	Adv :-	
	- Tab levetiracetam 1g P/O BD	} till further advise
	- Tab Lamotrigine 100mg P/O BD	
	- Tab Clobazam 10 mg P/O BD	
	- Review After 2 weeks.	
		Dr. Manasa
11/7/2026 3:30pm	Vitals stable	
	Can be discharged - Send file for processing	

VIH-00164997 IP26-00006787
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26-04-1996 30 Y 2 M 13 D (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

(P.T.O)

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

VIH-00164997 IP26-00006787
Mrs R. BHARGAVI
28-04-1996 30 Y 2 M 14 D (F)
Dr. SWAPNA SAMUDRALA

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CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: Dr Swapna Samudrala	Date of Delivery: 10/7/2026
Assistant Surgeon: Dr Swathi(R) / Dr Manisha	Time of Delivery: 11:13 AM
Anaesthetist's Name: Dr Aditi	Gender of Baby: Male
Type of Anaesthesia: Spinal	Weight of Baby: 2.1 Kg
Neonatologist: Dr Tejaswi	AGPAR Score: 5, 7
Scrub Nurse: Sushila / Nirosha	NICU Admission: ☑ Yes ☐ No Prematurity

Pre-Operative Diagnosis: Primi / 34+1 wk / Breech / c/o Epilepsy / RS Hysteroscopy Metroplasty / IUI conc

☑ Elective ☐ Emergency Indication: Decreased Fetal Movements & Preterm Breech

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

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

CTG Description: Reactive

If there was a delay give the reasons: No delay

Surgical Procedure:
Elective LOWER SEGMENT CESAREAN SECTION

Post Operative Diagnosis: POD-0

Peri-Operative Complications: -

Amount of Blood Loss: ~200 ml | Blood Transfused (in ML): Nil

Name and Number of Surgical Specimen sent for examination:

N/A

Examination Findings when Appropriate:

Presentation: ☐ Cephalic ☑ Breech ☐ Other ....

Cervical Dilatation: ...... open ...... cm

5th Palpable: ....

Fetal Position: ....

Station: p ☐ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2

Moulding: ☐ None ☐ + ☐ ++ ☐ +++

Caput: p ☐ + ☐ ++ ☐ +++

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

Delivery of head: ☑ Manual ☐ Forceps

LUS
- LUS not formed. → highly vascular
- Breech extraction done.
- Placenta adherent → separated c̄ difficulty

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: 01 ...... Suture

Peritoneal Closure: ☐ Pelvic ☑ Abdominal ☐ None ...... Catgut 2-0 ...... Suture

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

Fat Closure: ☑ Yes ☐ No ...... Catgut no 2-0 ...... 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

W/F vitals 9 BPr

Foley's in situ till further order

I/O monitoring

Inform SOS

Doctor Name: Dr. Swapna S ....

Doctor Signature: ....

Date & Time: 10/9/2026 @ ....

SURGICAL SAFETY CHECKLIST

Surgeon : Dr Swapna
Asst. Surgeon :
Anaesthetist :
Scrub Nurse : Dr Sushmita

VIH-00164997 IP26 00006787
Mrs R. BHARGAVI
28-04-1996 30 Y 2 M 14 D (F)
Dr. SWAPNA SAMUDRALA

Patient Name :
UHID No. :
Date : 10/7/25 In-time : 11:00AM Out-time : 12:00PM
Gender :

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Before Induction of Anaesthesia ➤ ➤

SIGN IN Time: 10.00

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 : Adithi
Name : Dr Adithi N

Before Skin Incision ➤ ➤

TIME OUT Time: 11:08AM

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? Bleeding 1hour Tourniquet hypertension Bleeding suction ☐ Yes ☐ No ☐ NA

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

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

Signature : Karuna
Name : Karuna 11:08am

Before Patient Leaves Operating Room

SIGN OUT Time: 11:42AM

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. Swapna

PATIENT TRANSFER FORM

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VIH-00164997 IP26-00006787
Mrs R. BHARGAVI
26-04-1996 30 Y 2 M 14 D (F)
Dr. SWAPNA SAMUDRALA

	Date & Time of Admission: 10/7/26 @ 8:40 PM	Date & Time of Transfer Order: 10/7/26 @ 12:00 PM
Treating Consultant Name: Dr. Swapna	Transfer Ordered by: Dr. Samir	Reason for Transfer: observation
From Unit: ~~OT~~ 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
Karuna	Dr. Samir

Patient & Clinical Records Received by : Chandrakala

Date & Time of Patient Received : 10/7/26 at 12:15pm

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

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

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Mrs R. BHARGAVI
26-04-1996 30 Y 2 M 14 D (F)
Dr. SWAPNA SAMUDRALA

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Department of Anaesthesiology

PRE-ANAESTHETIC EVALUATION

Name: Mrs Bhargavi Age: .... Sex: .... UHID.No: ....

Date: 10/7/2026 Time: 9.13 AM Proposed Operation: ~~elective~~ emergency caesarean

Diagnosis: Primi /34 week / K/C/O epilepsy / H/O Metroplasty (uterine)

B.P / CRT: 111/63 H.R: 103 Weight: 9.18 (... aids) ASA Physical Status: ☐1 ☑2 ☐3 ☐4 ☐5

Laboratory Data:

Hgb: 13.7	Glucose:	Protein: 6.7	HIV: WNR	X-Ray:
PCV: 39.4	Urea: 6	Alb: 3.3	HBS Ag: WNR	ECG:
WBC: 13.65	Creat: 0.5	Total Bill: 0.4	HCV: WNR	2D Echo:
Plate: 1.8	Na: 137	Dir. Bill: 0.1	Blood group:	Stress/Anglo:
PT: 14	K: 4.1	LDH:	T3	Other:
PTT: 37 / 30	Ca++:	Alk phos: 155	T4	
INR:	Mg++:	Amylase:	TSH	
	Cl -:	SGOT/SGPT: 27/28		
		LDH 139		

Allergies: No known allergies.

Medical History: CVS: —

RESP: — Diabetes: —

CNS: K/C/O epilepsy since 2021

Renal: —

Hepatic / GE: — Physical Activity: ET >2 Floor

Others: —

Past Anaesthetic History: Hysteroscopy + septal resection

Physical Exam:

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

Lungs: B/L BAE

Heart: S1 S2

CNS: NAD

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

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

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

CURRENT MEDICATIONS	DOSAGE
T Clobazam	10mg BD
Inj Levetiracetam	1gm - BD
T Lamotrigine	150 mg BD
INJ Cefotaxime	

Pre-Operative Instructions:

1. DVT Prophylaxis:
2. ☑ NIL ORAL → Water / ORS 2 Hours; → Others 6 Hours
3. Informed Consent: ☑ Standard ☐ High Risk
4. Post Operative Pain Management: ☐ Discussed with Patient
5. Other Instructions:

Signature: Adithi Name: Dr. Adithi N

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

Patient Sticker

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Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

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

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

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

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

Solution Composition : .....

Any other Issues :

a) .....

b) .....

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

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

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

Patient Satisfaction : .....

Discharge /Shifting ordered by

Doctor Signature: .....

Doctor Name: .....

Date and Time : .....

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

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Patient Name : MRS R- BHARGAVI Gender: ☐ Male ☐ Female Age : 30 YRS.

UHID No : VIH -00164997 Date : 10/7/2026

Instruction:

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

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

EMERGENCY LOWER SEGMENT CAESERIAN SECTION

upon

MRS R- Bhargavi (Name of the Patient)

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

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

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

Haemorrhage, PPH, Intrapartum Convulsions, Injury to Bowel and Bladder, Need for Blood and Blood products transfusion Need for Multidisciplinary manag emer

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. SWAPNA SAMUDRALA.

Consentee :

Signature : R. Bhargavi

Name : Bhargavi

Date & Time : 10/7/2026 @ 8:45am.

Patient Attendant :

Signature : R. Harish Reddy

Name : R. Harish Reddy

Relationship with Patient: Husband.

Date & Time : 10/7/2026 @ 8:45am.

Witness :

Signature :

Name : Chaudhale

Date & Time : 10/7/26 at 8:45AM

Doctor (who is taking the consent) :

Signature :

Name : Dr. Naveena.

Date & Time : 10/7/2026 @ 8:45am.

VIH-00164997 IP26-00006787
Mrs R. BHARGAVI
26-04-1996 30 Y 2 M 14 D (F)
Dr. SWAPNA SAMUDRALA

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE

Patient Name : Mrs Bhargavi Age : ..... Gender : Male ☐ Female ☑

UHID NO: ..... Surgeon Name: Dr Swapna

Anaesthesiologist : Dr Adibi

Operative procedure planned : Emergency Lecture Cesarean Section

PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA

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

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

☐ Heart disease ☐ Hypertension ☐ Diabetes mellitus ☐ Renal failure

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

☐ Incapacitating Cronic Obstructive Pulmonary Disease

☐ Others : BRADYCARDIA, TACYCARDIA, HYPOTENSION, SHIVERING

Comments : PDPH, itching

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

DECLARATION BY PATIENT / GUARDIAN / PROXY

I hereby authorize Rainbow Hospital & its authorized doctors to perform upon me / my patient Mrs Bhargavi the above mentioned operation / Diagnostic / Therapeutic procedures Emergency Lecture Cesarean Section

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

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

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

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

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

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

- Pregnant : ☐ Yes ☐ No

DECLARATION BY THE ANAESTHETISTS PROVIDING INFORMATION FOR THIS CONSENT

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

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

Patient / Patient Attendant :

Signature : R. Bhargavi

Name : Mrs P Bhargavi.

Relationship with Patient: SELF

Date & Time : 10/7/26

Witness :

Signature : R. Harish Reddy

Name : P. Harish Reddy

Date & Time : 10/7/26

Doctor (who is taking the consent) :

Signature : Adhi

Name : Dr Adithi

Date & Time : 10/7/26

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
VIH-00164997 IP26-00006787 Mrs R. BHARGAVI 26-04-1996 30 Y 2 M 14 D (F) Dr. SWAPNA SAMUDRALA	10/7/26. 08	10/7/26. 08 10.45AM
	Transfer Ordered by Dr naveena.	Reason for Transfer hGS
From Unit pre-past	To Unit O.T	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 30	Number of Imaging Films EEG (1) Fetal growth (1) NST	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Nambakala	Dr naveena

Patient & Clinical Records Received by : Karuna.

Date & Time of Patient Received : 10/7/26 @ 10.45AM

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

VIH-00164997 IP26-00006787
Mrs R. BHARGAVI
26-04-1996 30 Y 2 M 13 D (F)
Dr. SWAPNA SAMUDRALA

Patient Sticker

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CROSS CONSULTATION FORM

Doctor Name : Dr. NISHANTH REDDY. I Date : 9/7/26 Time : 5:00PM

Diagnosis : Seizure Disorder complicating Pregnancy

Hospital : STAR HOSPITAL

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 :

POSTOP LSCS

- ? 2 Seizure Episode @ Home last night
  ↓ was brought to the Hospital
- 1 Episode of GTC @ Hospital
  - Tongue Bite (+)
  - Post Ictal confusion
- 2 H/o Fever

H – c/c
S.1 – fair
PR – 90/min
BP – 108/..mmHg
CVS – S1, S2 (+)
R – RA(+)

Rx
1) Tab. LEVIPIL 1000mg
   1 – x – 1
2) Tab. CLOBAZAM 10mg
   1 – x – 1
3) Tab. LAMOTRIGINE 100mg
   1 – x – 1

Consultant :

Name : Dr. NISHANTH REDDY. I Signature : [signature] Date & Time : 9/7/26; 5:10PM

Doc. No. : RCH / FRM / CLINICAL / 049

VIH-00164997 IP26-00006787
Mrs R. BHARGAVI
28-04-1995 30 Y 2 M 13 D (F)
Dr. SWAPNA SAMUDRALA

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RESULT SHEET

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

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
blood group						
HIV						
HCV						
VDRL						
HbSAg NR						

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

VIH-00164997 IP26-00006787

VIH-00164997 IP26-00006787
Mrs R. BHARGAVI
26-04-1996 30 Y 2 M 13 D (F)
Dr. SWAPNA SAMUDRALA

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DRUG CHART

Date of Admission: 9/7/26 Drug Allergies: .... ☑ ~~Not~~ known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

DOCTOR - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).

- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
- Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
- Discontinue a drug by drawing a line / 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 ....

Mrs R. BHARGAVI
26-04-1996 30 Y 2 M 13 D (F)
Dr. SWAPNA SAMUDRALA

REGULAR PRESCRIPTIONS Weight. 91.8kg Ward. .....

DRUG : T. LEVETIRACETAM

Dose	Route	Frequency	Start Date
750mg	P/O	BD	9/7/26

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions: 8am - 8pm

STOP 9/7/26

Daily Doctor's Endorsement by a Sign

Date / Time

DRUG : T. LAMOTRIGINE

Dose	Route	Frequency	Start Date
100mg	P/O	BD	9/7/26

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions: 8am - 8pm

STOP

Daily Doctor's Endorsement by a Sign

Date / Time

DRUG : T. CLOBAZAM

Dose	Route	Frequency	Start Date
10mg	P/O	BD	9/7/26

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions: 8am - 8pm

Date / Time 9/7 10/7 11/7
8 AM ✓ ✓ ✓
8 PM ✓ ✓ ✓

Daily Doctor's Endorsement by a Sign ✓ ✓

DRUG : INJ. LEVETIRACETAM

Dose	Route	Frequency	Start Date
1.0g	IV	BD	9/7/26

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Date / Time 9/7 10/7 11/7
8 AM ✓ ✓ ✓
8 PM ✓ ✓ ✓

Daily Doctor's Endorsement by a Sign ✓ ✓

VIH-00164997 IP26-00006787
Mrs R. BHARGAVI
26-04-1996 30 Y 2 M 13 D (F)
Dr. SWAPNA SAMUDRALA

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REGULAR PRESCRIPTIONS

Sheet No: .... Weight 91.8kg Ward ....

DRUG : T. LAMOTRIGINE

Dose	Route	Frequency	Start Dt.
150mg	P/O	BD	9/7/26

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date▸ / Time	9/7	10/7	11/7
8am	X	[sign]	[sign]
8pm	[sign]	[sign]	

DRUG : INJ. CEFOTAXIME

Dose	Route	Frequency	Start Dt.
1Gm	IV	BD	10/7

Name & Signature of the Doctor Starting the Drugs: @ Dr. Naveen

Additional Instructions: ATD ×24h F/b oral

Daily Doctor's Endorsement by a Sign

Date▸ / Time	10/7	11/7
10:30 AM	[sign]	[sign]
10:30 PM	[sign]	

DRUG : T PARACETAMOL

Dose	Route	Frequency	Start Dt.
1gm	PO	QID	10/7/26

Name & Signature of the Doctor Starting the Drugs: Dr Aditi N Adit

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date▸ / Time		
6 Am		
12 Pm	Stop	
6 pm		[sign]

DRUG : T DICLOFENAC.

Dose	Route	Frequency	Start Dt.
50mg	PO	TID	10/7/26

Name & Signature of the Doctor Starting the Drugs: Dr Aditi N Adit

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date▸ / Time	10/7	10/7
6am	X	[sign]
2pm	X	[sign]
10pm	[sign]	

Verified by Dr. Dhakshayani

Verified by Dr. Dhakshayani

Verified by Dr. Dhakshayani

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

Patient Sticker

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Sheet No: .....

REGULAR PRESCRIPTIONS

Weight 91.8kg Ward .....

DRUG : INJ-ENOXAPARIN

Dose	Route	Frequency	Start Dt.
40mg	S/C	OD	10/7/26

Name & Signature of the Doctor Starting the Drugs: Dr Ayesha 11:00pm X 5 days

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ Time	10/7 11pm

DRUG : INJ PANTOPRAZOLE

Dose	Route	Frequency	Start Dt.
40mg	IV	BD	10/7

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ Time	10/7 11/7
6am	✓
6pm	

DRUG : PARACETAMOL

Dose	Route	Frequency	Start Dt.
1g	PO	QID	11/7

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ Time	11/7
12am	
6am	
12pm	
6pm	

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ Time	

(P.T.O.)

VIH-00164997 IP26-00006787
Mrs R. BHARGAVI
26-04-1996 30 Y 2 M 13 D (F)
Dr. SWAPNA SAMUDRALA

Weight. 91.8 kg Ward. .....

DRUG :	Route	Start Date	Name & Signature of the Doctor	Additional Instructions:

Date ▸ Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
	Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
	Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
	Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
	Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	

VARIABLE DOSE

DRUG :	Route	Start Date	Name & Signature of the Doctor	Additional Instructions:

Date ▸ Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
	Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
	Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
	Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
	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
9/7/26	8AM	INJ. LEVETIRACETAM	(in 1g 100ml NS)	IV		Madhu
9/7	8:15AM	INJ LEVETIRACETAM	500mg	IV		Madhu
9/7	9.33AM	INJ BETAMETHASONE	12mg	IM		Madhu
9/7	9:30pm.	BETAMETHASONE	12mg	IM		Anuska Madhu
10/7	10AM	INJ. METOCLOPRAMIDE	10mg	IV		Madhu
10/7	10AM	INJ-PANTOPRAZOLE	40mg	IV		Madhu
10/7/26	11.15	INJ TRANEXAMIC ACID	1gm	IV		Kaur Kaur
10/7/26	12.00	DICLOFENAC SUPP	100mg	PR		Kaur Kaur
10/7/26	1.13	INJ OXYTOCIN	3U slow	IV		Kaur Kaur

VIH-00164997
Mrs R. BHARGAVI
26-04-1996 30 Y 2 M 13 D (F)
Dr. SWAPNA SAMUDRALA

I.V. FLUIDS CHART

Weight. 91.8kg Ward. .....

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
9/7/26	9 AM	RINGER LACTATE	IV	100ml/hr			9/7		
9/7	12 pm	RINGER LACTATE	IV	100ml/hr			9/7		
9/7	2 pm	RINGER LACTATE	IV	100ml/hr			9/7		
9/7	9pm	RINGER LACTATE	IV.	100ml/hr			9/7		
10/7	2 AM	RINGER LACTATE	IV	100ml/hr			10/7		
10/7	7AM	RINGER LACTATE	IV.	100ml/hr			10/7		
10/7	10/7/26	RINGER LACTATE + 6U oxytocin + 9U	IV	RF	Advl		10/7		
10/7	10/7/26	RINGER LACTATE + 10U oxytocin	IV	RF	Advl		10/7		
10/7	10/7/26 2pm	RINGER LACTATE	IV	RF	Advl		10/7		
10/7	7pm	RINGER LACTATE	IV	100 ml/hr			10/7		

Stop Drone

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

VIH-00164997 IP26-00006787
Mrs R. BHARGAVI
26-04-1996 30 Y 2 M 13 D (F)
Dr. SWAPNA SAMUDRALA

317

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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																						
		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	20	
	0 - 10																									
Saturations	94 - 100 %					99		99		99		99		99	99			99			95		99	98	99	
	< 94 %																									
Administered O_2 (L/min.)						✓		✓		✓		✓														
Temp°c	40																									
	39																									
	38																									
	37																									
	36	98.6				—		-		98.7		-														
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90	94		84		90		89		76		80		90	86		80	91			76		81	78	83	
	80																									
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressue ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110	93		108		103		92		119		108		109	100		107	111			114		100	109	111	
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70	71		74		84		72		70		70		71	76		74	70			76		79	69	76	
	60																									
	50																									
	40																									
NEURO RESPONSE [✓]	Alert	✓		✓		—		-		-		-		-			-	-			-		-	-	J	
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30																									
	< 30																									
Proteinuria	Protein + +																									
	Protein > + +																									
Lochia	Normal																									
	Heavy / Foul																									
Liquor	Clear / Pink																									
	Green																									
TOTAL YELLOW SCORES																										
TOTAL ORANGE SCORES																										
Nurse Initial																										

10/8/26

E-HS138

Obstetrics and Gynaecology Early Warning Signs

Complete a Full Set of MEOWS Observations

- 1 Yellow Alert : Repeat Observations in 30 minutes
- 2 Yellow Alerts or 1 Orange Alert: Call the Obstetrician and Repeat Observations in 30 minutes
- > 2 Yellow Alerts or ≥ 2 Orange Alerts: Immediate Review by Obstetrician and Repeat Observations in 15 minutes or continuous monitoring

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

VIH-00164997 IP26-00006787
Mrs R. BHARGAVI
28-04-1996 30 Y 2 M 14 D (F)
Dr. SWAPNA SAMUDRALA

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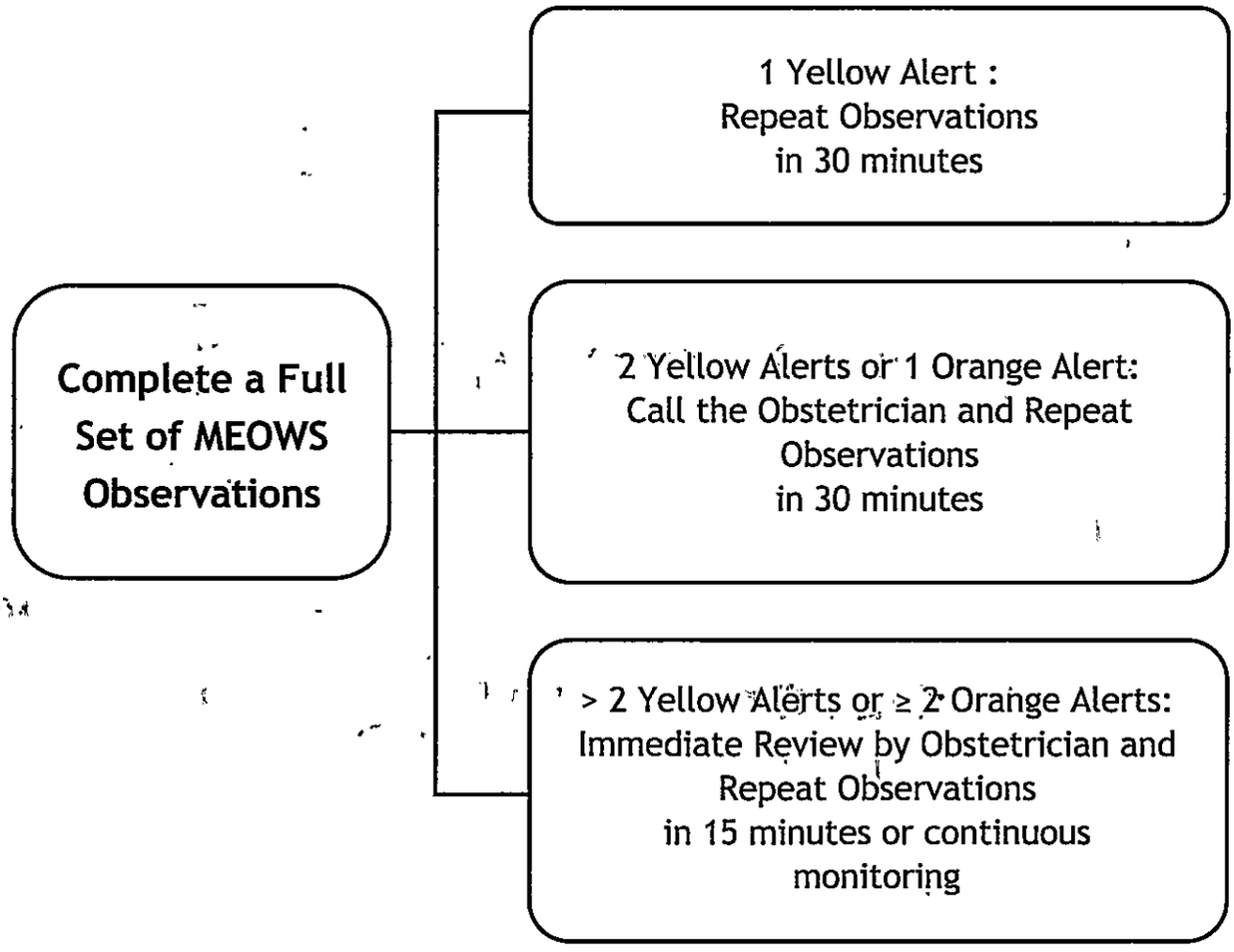
Early Warning Observation Score Chart - Obstetrics

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

10/7/26

		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	20	20	20	20	20	20	20		20		20	
	0 - 10																									
Saturations	94 - 100 %	100		100	100	100	100	100	99	99	98	99	99	99	98	99	99	99	98		98		99		98	
	< 94 %																									
Administered O_2 (L/min.)																										
Temp°c	40																									
	39																									
	38																									
	37																									
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70	103		83	90	90	84	90	90	87	76	77	90	76	83	81	76	83	74		80		79		81	
	60																									
	50																									
	40																									
Systolic Blood Pressue ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100	111		110	110	120	110	130	113	105	108	106	107	110	100	103	113	106	110		115		116			
	90																									
	80																									
	70																									
	60																									
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70	63		70	80	70	70	80	72	70	72	80	72	69	78	83	74	76		74		69			
	60																									
	50																									
	40																									
NEURO RESPONSE [✓]	Alert	✓		✓		✓		✓		✓	✓															
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30	✓																								
	< 30																									
Proteinuria	Protein + +																									
	Protein > + +																									
Lochia	Normal	✓																								
	Heavy / Foul																									
Liquor	Clear / Pink	✓																								
	Green																									
TOTAL YELLOW SCORES		0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0		0		0	
TOTAL ORANGE SCORES		0		0	1	0	1	1	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)

VIH-00164997 IP26-00006787
Mrs R. BHARGAVI
26-04-1996 30 Y 2 M 15 D (F)
Dr. SWAPNA SAMUDRALA

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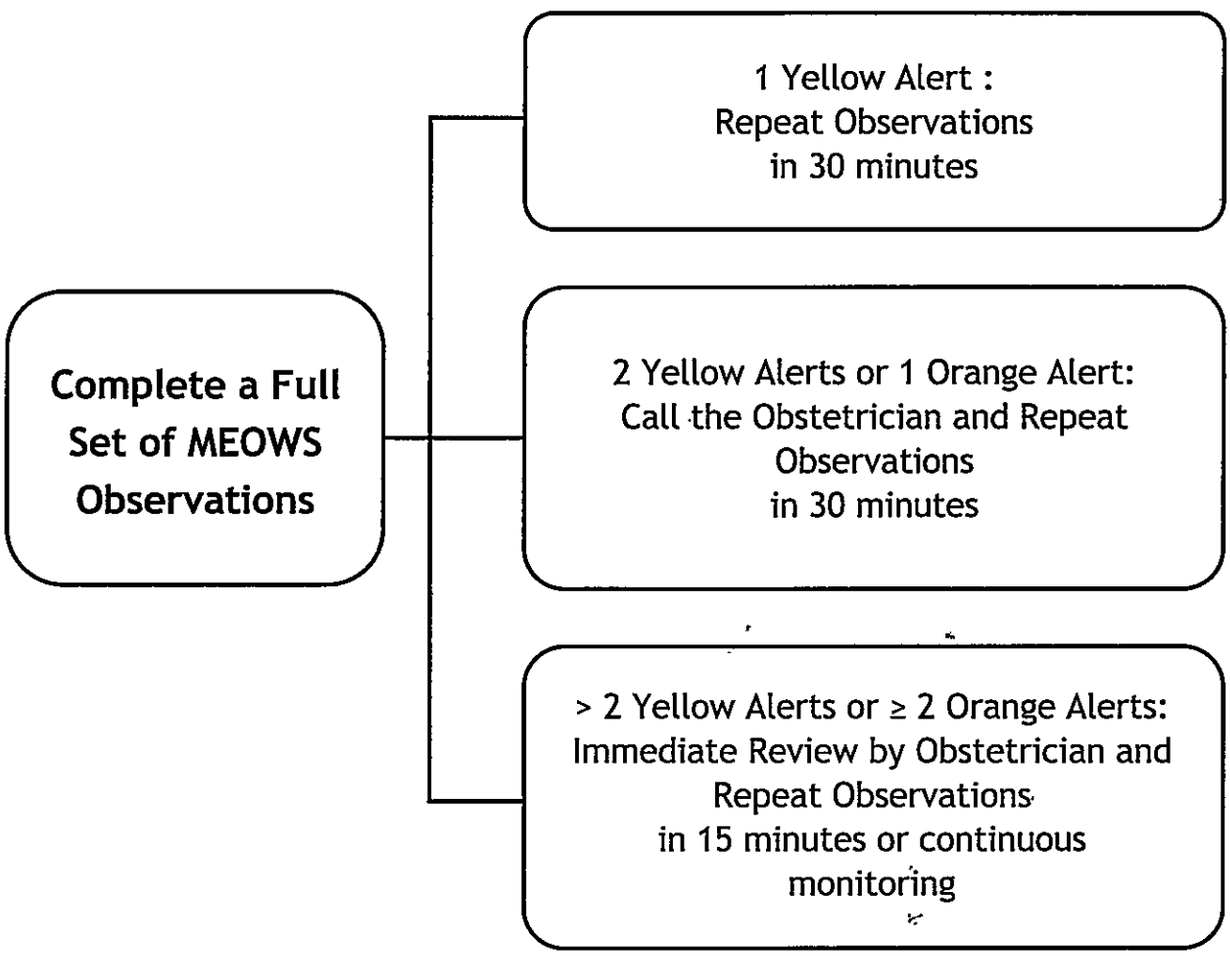
Early Warning Observation Score Chart - Obstetrics

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

		Date	11/7/26																							
		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																	
	0 - 10																									
Saturations	94 - 100 %				99%				98%																	
	< 94 %																									
Administered 0_2 (L/min.)																										
Temp°c	40																									
	39																									
	38																									
	37																									
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressue ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130			118					121																	
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80				71																					
	70																									
	60																				69					
	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																	
TOTAL ORANGE SCORES					0				0																	
Nurse Initial					S				S																	

Obstetrics and Gynaecology Early Warning Signs



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

VIH-00164997 IP26-00006787
Mrs R. BHARGAVI
26-04-1996 30 Y 2 M 13 D (F)
Dr. SWAPNA SAMUDRALA

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FLUID CHART

Sheet No. : 1

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
9/12	08:00 am	RL		100ml							1	
	09:00 am	RL	NBM	100ml						✓	0	
	10:00 am	RL		100ml								
	11:00 am	RL		100ml						✓	1	
	12:00 pm	RL		100ml								
	01:00 pm	RL		100ml								
Total Intake : Taken						**Total Output :** passed						
	02:00 pm	RL	NBM	100ml							1	Nurse
	03:00 pm	RL		100ml								
	04:00 pm	RL		100ml						✓	0	
	05:00 pm	RL		100ml								
	06:00 pm	RL	Idly	100ml						✓	1	
	07:00 pm	RL		100ml								
Total Intake : Taken						**Total Output :** passed						
	08:00 pm	RL		100							1	Nurse
	09:00 pm	RL	Idly	100						✓		
	10:00 pm	RL	NBM	100								
	11:00 pm	RL		100						✓		
	12:00 am	RL	NBM	100							0	
	01:00 am	RL		100							1	
Total Intake : Taken						**Total Output :** Passed						
	02:00 am	RL	NBM	100							1	Nurse
	03:00 am	RL		100						✓		
	04:00 am	RL		100							0	
	05:00 am	RL		100						✓		
	06:00 am	RL	NBM	100								
	07:00 am	RL		100							1	
Total Intake : Taken						**Total Output :** passed						

Total 24 hrs. Intake		Total 24 hrs. Output	

VIH-00164997
Mrs R. BHARGAVI IP26-00006787
28-04-1996 30 Y 2 M 15 D
Dr. SWAPNA SAMUDRALA (F)

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FLUID CHART

Sheet No. : ....

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

Date	Time	Intake: Nature of Fluid	Route: Mouth	Route: I.V	Route: N.G	Output: NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am	RL		100ml								
	09:00 am	RL		100ml								
	10:00 am	RL	B	100ml							0	
	11:00 am	RL		100ml								
	12:00 pm	RL	M	100ml								
	01:00 pm	RL		100ml						300ml		Empty
Total Intake : Taken						**Total Output :** passed						
	02:00 pm	RL	N	100ml								
	03:00 pm	RL		100ml						100ml		Empty
	04:00 pm	RL	B	100ml								
	05:00 pm	RL	M	100ml						100ml		Empty
	06:00 pm	RL	H2O	100ml								
	07:00 pm	RL		100ml								
Total Intake : Taken						**Total Output :**						
	08:00 pm	RL		100						150ml		Emptied
	09:00 pm	RL	[illegible]	100								
	10:00 pm	RL		100							0	
	11:00 pm	RL	H2O	100								
	12:00 am	RL	H2O	100								Emptied bag
	01:00 am	RL		100						200ml		
Total Intake :						**Total Output :**						
	02:00 am	RL		100								
	03:00 am	RL	H2O	100								
	04:00 am	RL		100						100ml	0	Emptied
	05:00 am	RL	H2O	100								
	06:00 am	RL	H2O	100								
	07:00 am			100						300ml		Emptied
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

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

VIH-00164997 IP26-00006787
Mrs R. BHARGAVI
28-04-1996 30 Y 2 M 15 D (F)
Dr. SWAPNA SAMUDRALA

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FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
11/7/26	08:00 am	RL	Idly + Milk		NA				NA	✓	0	✓
	09:00 am											
	10:00 am											
	11:00 am									✓		
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**				U –	M –	
	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**	

Patient Sticker

Rainbow® Children's Hospital
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FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	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 :**						
	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**	

VIH-00164997 IP26-00006787
Mrs R. BHARGAVI
26-04-1996 30 Y 2 M 13 D (F)
Dr. SWAPNA SAMUDRALA

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OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 9/7/2026. Time of Arrival: 9 AM Time Seen by Nurse: .....

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

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

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

3) **Vital Signs:** Temperature: 98°F Pulse: 90 RR: 20 SpO_2: 99% BP: 108/62 Weight: .....

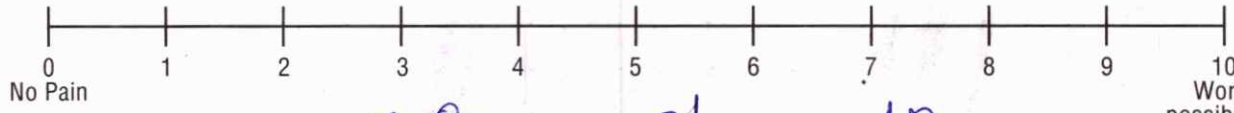
4) **Gestational Criteria:**

Gravida:	G	P	L	A

LMP: ..... EDD: ..... 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)**



Epilepsy observation

- 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: 9 Hrs

Nurse Name : Ashed Nurse Signature: .....

Date: 24/7/20 Time: 9

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NURSING SHIFT HAND OVER FORM - WARD

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

SITUATION

Diagnosis: epilepsy observation

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

Section	Item						
BACKGROUND	Area / Shift Time	9/7/26 E	9/7/26 N	10/7 MG	10/7 N	10/7/26 MG	
	Medical Condition (Any special condition to be noted):	NA	NA	NA	NA	NA	
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.7	98.1°F	97°F	97.0°F	97.6°F	
	Res:	20	20	20	20	20	
	SpO_2:	99%	98%	98%	96%	98%	
	Pulse:	90	90	103	103	103	
	BP:	108/60	108/74	111/63	113/70	114/70	
	Fall Risk Score:	0	0	0	-	-	
	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:			~~[illegible]~~	NA	-	-	
Handed Over By Name :		Ashed	Anusha	Clude	Anusha	Mounika	
Signature :		[signature]	[signature]	Clude	[signature]	[signature]	
Date:		9/7/26	10/7/26	10/7/26	11/7/26	11/7/26	
Time:		(MS)	@8am		@8am	2PM	
Taken Over By Name :		Anusha	Clude	Anusha	Mounika		
Signature :		[signature]	[signature]	[signature]	[signature]		
Date:		9/7/2026	10/7/26	10/7/26	11/7/26		
Time:		@8PM	8AM	8PM	8AM		

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

Patient Sticker

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NURSING SHIFT HAND OVER FORM - WARD

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

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

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NURSING CARE RECORD

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	8AM – 8pm	=> plan for vitals => plan for NST => plan for medication => plan for FHR	8AM – 8pm	=> vitals Normal => NST done => medication given => FHR checked	Normal	stable	Anuha
Afternoon		Day duty					
Night	8pm – 8am	> Assess the pt condition > vitals check the vitals > I/O chart Maintain > plan NST > plan for medication	8pm – 8am	> Assessed pt condition > checked vital's Normal > Maintained I/O chart > NST TID > given medication as per doctor's order	vital's is normal	pt is stable	Anusha

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NURSING CARE RECORD

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Date: 05/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am to 2pm	=> Assess the patient condition => maintain vitals => maintain I/o charts	8am to 2pm	=> Assessed the patient condition => maintained vitals & recorded => maintain I/o charts	patient is stable	vitals is normal	Cindy
Afternoon				day duty			
Night	8pm to 8am	=> Assess the pt condition => check the vitals => I/o chart maintain => plan for Medication	8pm to 8am	=> Assessed pt condition => checked vitals & recorded => maintained I/o chart => given medication as per doctors order	pt is stable	vitals is normal	Asha

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NURSING CARE RECORD

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Date: 11/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8AM / 2PM	→ Assess the general Condition abt pt → Monitor vitals → Maintain I/O chart → Administer medication	8AM / 2PM	→ Assessed the general Condition abt pt → Monitored vitals → Maintained I/O chart → Administered medication	Pt is Stable.	Re-assess vitals.	
Afternoon							
Night							

Patient Sticker

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							

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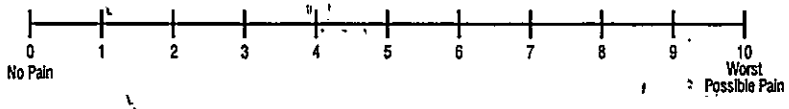
PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
9/7/26	3pm	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	N/A	Asha
9/7/26	6pm	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	N/A	
9/8/26	11PM	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
10/8/26	6AM	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
10/7/26	2pm	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	N/A	
10/8/26	11PM	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	ach	
11/7/26	6AM	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
11/7/26	10AM	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	N/A	
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

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

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

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BRADEN 'Q' SCALE

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					Date : 9/7 9/7 10/7 10/7
					Time : MS N1 E N1
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 :	11/7/6			
				Time :	16			
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			
"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			
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			
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			
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			
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			
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			
				TOTAL SCORE	36			
				Evaluator's Name	[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

VIH-00164997 IP26-00006787
Mrs R. BHARGAVI
26-04-1996 30 Y 2 M 13 D (F)
Dr. SWAPNA SAMUDRALA

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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	9/7/26	9/7/26	10/7
		Score	MS	N	E2
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0		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		0	
IV / Heparin Lock or Saline	Yes	20	20	20	20
	No	0		0	
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10			
	Normal /On Bed Rest /Immobile	0		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	10/7/26	10/7/26	
			Score	W1	M6	
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	0	0		
IV / Heparin Lock or Saline	Yes	20	20	20		
	No	0	0	0		
GAIT / Transferring	Impaired	20				
	Weak (uses touch for balance)	10				
	Normal /On Bed Rest /Immobile	0				
Mental Status	Forgets limitations	15				
	Oriented to own ability	0				
Total Morse Fall Scale Score:			20	20		
		Signature				

Fall Risk Grading

Risk Level	Morse Fall Score (MFS)	Action
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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 : Anhed Name : Anhed

Signature of Ward In Charge :
Signature : Kasturi Name : Kasturi

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	
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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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URINARY CATHETER BUNDLE CHECK LIST

Date of Insertion: 10/1/2026 Date of Removal: .....

Parameters / Date / Shift Time	10/1 E	10/1 10					
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							
Signature of the Nurse							

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OBSTETRICS / GYNECOLOGY
NURSING INITIAL ASSESSMENT FORM

Date of Admission: 9/7

Baseline Information:

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

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

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

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

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

If yes , identify .....

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

..... Name of the Doctor: .....

..... Time Notified: .....

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

Past Medical History	Past Surgical History	Previous Hospital Admission

Gynecology Assessment: ☐ Not Applicable

Menstrual History: .....

.....

Onset of Menarche: .....

Menstrual Cycle: ☐ Regular ☐ Irregular

Last Menstrual Period: .....

Gynecology Surgical History:

Caesarean Section: ☐ No ☐ Yes

Cervical Cerclage: ☐ No ☐ Yes

Ectopic Pregnancy: ☐ No ☐ Yes

Myomectomy: ☐ No ☐ Yes

Others: _____

Gynecological History:

Contraceptives: ☐ No ☐ Yes

Vaginal Discharge: ☐ No ☐ Yes

Post-Coital Bleeding: ☐ No ☐ Yes

Infertility: ☐ No ☐ Yes

If Yes Type: ☐ Primary ☐ Secondary

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

Previous LSCS: .....

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

Family History: ☐ No Abnormalities Detected

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

☐ Liver disease ☐ Other .....

Vital Signs / Measurements: Temp: 97F HR: 87 RR: 20

BP: 110/75 Weight: ..... Height: ..... BMI: .....

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

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Mrs R. BHARGAVI
26-04-1996 30 Y 2 M 13 D (F)
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PHYSICAL ASSESSMENT

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

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

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

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

☐ Mobility problem ☐ Walking Problem ☑ No Abnormality Detected

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING: ☑ No Abnormality Detected

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

☐ Under Weight ☐ Diabetes Mellitus ☐ Hyperemesis Gravidarum

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

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

☐ Others .....

Inform consultant for positive criteria

SOCIAL SCREENING:

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

Social History: Lives With .....

Orientation has been given regarding the following aspects:

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

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

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

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

Orientation not given Reason: .....

Nurse Signature: Anuhed

Nurse Name: Anuha

Date & Time: 9/7/26 2pm

R Bhargavi
Patient Sticker
30/2/M

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NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

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

Origin: Indian Height: 164 cms Weight: 74 kg. BMI: ☐ ~ 26 kg/m² ☐ ~ 28 kg/m² ☐ ~ 30 kg/m²
27.6 kg/m²

Food Allergies: NO

Diagnosis: LSCS

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

Diet Advised: 2-1 kg. 2-6 8

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: RSuguna	Signature: Sahvika
Name: Bhargavi	Name: Sahvika
Date & Time: 11/7/26; 11:10 am	Date & Time: 11/7/26; 11:10 am

DIETARY NOTES

Date	Time	Notes	Sign

Patient Sticker

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CROSS CONSULTATION FORM

Doctor Name : Dr: Swapna Date : 11/7/26 Time : 12pm

Diagnosis : LSCS

Hospital : RCH - HMNR

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

Type of Referral :
☐ Emergency
☐ Urgent
☐ Non Urgent

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

Signature:

Findings and Recommendations :

Lactation care plan

- K/C/O epilepsy.
- well formed Breast & Nipple's
- colostrum seen, primi
- Baby at NICU
- Advice Expressed Breast milk every 2 - 2½ hours on each side 15-20 mints
- can use electrical pump for Expression
- Advice spoon feeding to baby.

Consultant :

Name : Sathwika-G Signature : Date & Time : 11/7/26 / 12pm

26-0000212334

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NARCOTIC PRESCRIPTION FORM
(PATIENT COPY)

Patient Name: Mrs. Bhargavi		Age: 30y	Gender: Female
UHID No: VIH-00164997	IP No: IP26-00006787	Date: 10/7/26	Time: 8:19
Diagnosis: LSCS		word-OT	

PRESCRIPTION DETAILS (Tick only one of the following)

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

Doctor Name: Dr Samir

Doctor Registration No: 67729

Signature:

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

IP Registration No: IP26-00006787 **Date:** 10/7/26

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

1.	**Name :** Mrs. Bhargavi	**Remarks**
2.	Complete postal address (with contact number, if any)	BVR residency plot NO. 69 balaji nagar, road no-5 medchal hyderabad 110005
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
10/7/26	Fentanyl	1 Amp	R. Bhargavi	

Dispensed by (Name & ID No.): Sama (018447) Signature: Sama

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

Time: ....

Docu. No: RCH / FRM / CLINICAL / 133