HNH-00013565 IP26-00006889
Mrs AARTI WAGHRAY
21-05-1996 30 Y 1 M 29 D (F)
Dr. PADMAJA YELISETTY

Rainbow® Children's Hospital
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SURGERY DETAILS

Date : 20-07-26

Patient Name: Mrs. Aarti Waghray Date of Birth: 21-05-1996 Age: 30Yrs

Gender: Female Ward : OT UHID No.: HNH-00013565

Date of Surgery: 20-07-26 ☑ OT -1 ☐ OT -2 ☐ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : Elective Lower Segment Cesarean Section.

Time in : 9:30 Am Time Out : 11:00 Am

		NAME	AMOUNT
1.	Surgeon	Dr. Padmaja Yelisetty	
2.	Anaesthetist	Dr. Ayesha	
3.	Assistant Surgeon	Dr. Priyadarshi, Dr. Dha	
4.	OT Technician	Sr. Saraswathi	
5.	Circulating Nurse	Sr. Natasha Puja, Sr. Sangeetha	
6.	Assistant Nurse	Sr. Susheela, Sr. Natasha	

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

For Dr. Padmaja

Signature of the Surgeon

Natasha Charles.
Signature of Circulating Nurse

Order No: 26-00021534 Order by: Sushmita 20/7/26 @ 12:20pm.

HNH-00013565 IP26-00006889
Mrs AARTI WAGHRAY
21-05-1996 30 Y 1 M 29 D (F)
Dr. PADMAJA YELISETTY

El. CSY

CONSUMABLES OF OT

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Circulating staff : puja Technician : Saraswathi Date : 20/7/26 Time :

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube		*	Major Pack WSCS		1	Inj Vit.K		1
LMA			Sutures 2317, 2347	1+1	1	Cord Clamp		1
ECG leads : A / P / N		03	2518, 3650	1+1	1	Suction Catheter		
HME filter : A / P / N						Feeding Tube 5		1
Syringes : 10 cc		02				Vaccum Suction Set		
05 cc		02	Gloves sg. 6½, 6, 7	2+1	1+1	Surgical Gloves 6½, 7½	2+2	2+2
02 cc		02	Encore 6½		2	Gauze Pack 10×10		2
01 cc			sgpf 7		2	Syringe 1ml / 2ml		2
Cautery plate : A / P / N		01	Surgical blade 92		1	Surgical Blade # 20		1
IV set			NG tube			Koochies (S)		
RL		01	Cautery pencil		1			
NS : 10ml / 100ml / 500ml / 1000ml		01	Koochies Adult		1	Duoderm Ex Thin		1
oxytocine		03	Ointments					
* bupigesic		01	Suction Catheter					
Fentanyl		01	Cap, Mask	40+10		Order no.		
Morphine			Gauze Pack X-Ray 10×10	1+1		26-0000215363		
Ketamine			Mop Pack		2			
Propofol			Steristrip			HNH-00016692		
Rocuronium			Underpad		2			
Glycopyrolate			Draw sheet					
Myopyrolate			Abgel					
Ondansetron		01	Foleys catheter 14		1			
27g Pencan 25g / Spinal Needle 22		01	Urobag		1			
Bupivacaine 0.25%			Chest Drainage Catheter					
~~Bupivacaine~~ 0.25%(Heavy)		01	Romodrain bag					
Antibiotics			Bandage					
			Tegaderm					
Suppositories			Ioban Trichomer		1			
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg		01	Vaccum Suction set		1			
Justin : 12.5 mg / 25mg / 100mg		01	Plastic Bed Sheet Aprons		5			
Tab. Misoprost : 200mg		05	Betadine Solution		2			
encore glove 6.5		01	Microshield		2			
Gauze 10×10		01	Cotton Balls		1			
			Latex Gloves		20			
			Ramdione Scrub					
			Saral					

Surgeon Anaesthesiologist Nurse OT Technician

Order No. 26-00002153 52/353 Ordered by : Sushma 20/7/26 1.03 Pm

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

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040-48873000, info@rainbowhospitals.in

ELECTRONIC MEDICINE PRESCRIPTION

MRN	: HNH-00013585	**Name**	: Mrs AARTI WAGHRAY
Age / Sex	: 30 Y 1 M 29 D / Female	**Doctor**	: PADMAJA YELISETTY
Adm/Reg Date/Time	: 20/07/2026 06:30	**Payor**	: MEDI ASSIST INSURANCE TPA PVT LTD
Order Date	: 20/07/2026 12:58	**Ordernumber**	: 26-0000215352
Visit ID	: IP26-00006889	**Ward/Bed No**	: 4F -OT / PDA-412
Patient Address	: 8-1-328/b, shakepet nala, opp aditya empress towers, Golconda, Hyderabad, Telangana, INDIA, 500008		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	EVATOCIN (OXYTOCIN) INJ 5 IU 1 ML		1 Vial	Injection / Once Daily	1 Days		3 Vial	Dispensed
2	MISOPROST TAB 200MCG 4S		1 Tabs	Rectal / Once Daily	1 Days		5 Tabs	Dispensed
3	BACTOPREP SOLUTIONS 100 ML		1 mL	/ Once Daily	2 Days		2 Nos	Dispensed
4	TIP CLEANER ELECTRO BRASIVE(REF:E2401)		1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
5	UROBAG (ADULT) - URODYNE		1 Nos	External / 1-2 TIMES A DAY	1 Days		1 Nos	Dispensed
6	GAUZE PACK STERILE 10X10X12 PLY 5S	GAUZE PACK STERILE 10X10X12 PLY 5 PACK	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
7	MOPS 30X30 8PLY 5S X-RAY	MOPS 30X308 PLYDATT	1 Nos	/ Once Daily	2 Days		2 Nos	Dispensed
8	SURGICAL BLADE 22	SURGICAL BLADE 22	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
9	VACCUME SUCTION SET		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
10	DSYRINGE 5ML (NIPRO)	SYRINGE 5ML	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
11	DSYRINGS 2.5ML(NSPRO)	SYRINGE 2ML	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
12	ONDOKIND INJ 4 MG 2 ML		1 Nos	/ Once Daily	1 Days		1 Vial	Dispensed
13	Encore Microptic gloves-6.5		1 Nos	/ Once Daily	1 Days		3 Nos	Dispensed
14	SGLOVE # 6 (SURGICARE)	SURGICAL GLOVES 6.0	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
15	VICRYL USP-0 VP2518		1 Nos	External / 1-2 TIMES A DAY	1 Days		1 Nos	Dispensed
16	CAUTERY PENCIL (ADVANCE)		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
17	FOLEYS CATHETER 14-URO CATH		1 Nos	External / 1-2 TIMES A DAY	1 Days		1 Nos	Dispensed
18	NS 100ML ACCULIFE - EH	NORMALSALINE 0.9% SODIUMCHLORIDE100ML CLO	1 mL	/ Once Daily	1 Days		1 mL	Dispensed
19	SGLOVE # 6.5 (SURGICARE)	SURGICAL GLOVES 6.5	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
20	JUSTIN SUPPOSITORIES 100 MG 5 S		1 Nos	Rectal / Once Daily	1 Days		1 Nos	Dispensed
21	VICRYL PLUS 1 VP - (2347)	VICRYL PLUS 1 VP 2347	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
22	E.C.G ELECTRODES (ADULT)	ELECTRODES ADULT	1 Nos	External / Once Daily	1 Days		3 Nos	Dispensed
23	SGLOVE # 7.0(SURGICARE)	SURGICAL GLOVES 7.0	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
24	VICRYL 2-0 VP 2317	VICRYL 2-0 VP 2317	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
25	PENCAN 27G (B/BRAUN)		1 Nos	External / 1-2 TIMES A DAY	1 Days		1 Nos	Dispensed
26	ENCORE LATEX TEXTURED 7		1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
27	COTTON BALLS 2 GM 5 NOS		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
28	SUPRIDOL SUPPOSITORIES 100 MG 5 S		1 Nos	Rectal / Once Daily	1 Days		1 Nos	Dispensed
29	POVINANZ SOLUTION 10% 100 ML		1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
30	DISPOSABLE APRONS STERILE XL	DISPOSABLE APPRON STERILE XL	1 Nos	/ Once Daily	5 Days		5 Nos	Dispensed
31	DSYRINGE 10ML (NIPRO)	SYRINGE 10ML	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
32	RL 500 ML CLOSED SYSTEM	RINGER LACTATE 500ML CLOSED	1 Bottle	/ Once Daily	1 Days		1 Bottle	Dispensed
33	ANAWIN HEAVY 5 MG INJ 4 ML		1 Vial	Injection / Once Daily	1 Days		1 Vial	Dispensed
34	PREGELLED SURGICAL PLATES(ADULT)	PREGELLED PLATED ADULT	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed

PADMAJA YELISETTY

Reg No : 52427

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

Note

* This prescription is valid only for specified duration.

* Do not refill medicines.

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040-48873000, info@rainbowhospitals.in

ELECTRONIC MEDICINE PRESCRIPTION

MRN	: HNH-00013565	**Name**	: Mrs AARTI WAGHRAY
Age / Sex	: 30 Y 1 M 29 D / Female	**Doctor**	: PADMAJA YELISETTY
Adm/Reg Date/Time	: 20/07/2026 06:30	**Payor**	: MEDI ASSIST INSURANCE TPA PVT LTD
Order Date	: 20/07/2026 13:02	**Ordernumber**	: 26-0000215353
Visit ID	: IP26-00006889	**Ward/Bed No**	: 4F -OT / PDA-412
Patient Address	: 8-1-328/b, shakepet nala, opp aditya empress towers, Golconda, Hyderabad, Telangana, INDIA, 500008		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	BUPRIGESIC INJ AMP 0.3 MG 1 ML	BUPRENORPHINE 0.3 MG 1ML INJ	1 Ampule	External / Once Daily	1 Days		1 Ampule	Dispensed
2	LSCS DRAPE PACK SAFE SECURE		1 Nos	External / 1-2 TIMES A DAY	1 Days		1 Nos	Dispensed

PADMAJA YELISETTY

Reg No : 52427

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040-48873000, info@rainbowhospitals.in

ELECTRONIC MEDICINE PRESCRIPTION

MRN	: HNH-00016692	**Name**	: Baby Of AARTI WAGHRAY
Age / Sex	: 0 Y 0 M 0 D 8 H / Male	**Doctor**	: SPANDANA PASUPULETI
Adm/Reg Date/Time	: 20/07/2026 10:32	**Payor**	: SELFPAY
Order Date	: 20/07/2026 13:18	**Ordernumber**	: 26-0000215363
Visit ID	: IP26-00006893	**Ward/Bed No**	: 4F -OT / CRDL-HNPDA-412-1
Patient Address	: 8-1-328/b, shakepet nala, opp aditya empress towers, Golconda, Hyderabad, Telangana, INDIA, 500008		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	SURGICAL BLADE 20	SURGICAL BLADE 20	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
2	SGLOVE # 6 (SURGICARE)	SURGICAL GLOVES 6.0	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
3	CORD CLAMP-ALPHAMEDICARE		1 Nos	External / 1-2 TIMES A DAY	1 Days		1 Nos	Dispensed
4	SGLOVE # 7.5 (SURGICARE)	SURGICAL GLOVES 7.5	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
5	INFANT FEEDING TUBE-5	INFANT FEEDING TUBE 5	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
6	DUODERM EXTRA THIN 10X10 CM(187955)	HYDROCOL THIN EXTRA 10X10	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
7	INJEK INJ 1 MG 0.5 ML		1 Nos	/ Once Daily	1 Days		1 Vial	Dispensed
8	DSYRINGE 1ML (NIPRO)	SYRINGE 1ML	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
9	GAUZE PACK STERILE 10X10X12 PLY 5S	GAUZE PACK STERILE 10X10X12 PLY 5 PACK	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed

SPANDANA PASUPULETI

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Note

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*** Do not refill medicines.**

Dr. Padmaja.Y

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ESTIMATION SLIP

Date : 29/4/26 **UHID / IP No. :** HNH-0001356S **Sl No.** 1474

Name of Patient : Mrs. Aarti Waghray **Age:** 34y **Gender:** F

Father's / Husband's Name : Mr. Vineet Raj **Corporate / Occupation :**

Address : Shakpet **Phone :** 9916680719 **Email :** 970356D4J2

Procedure / Plan : ND/ LSCS **EDD/Dos:** Aug-26

MODE OF PAYMENT : ☐ SELF ☑ TPA : United India + M.A ☐ GIPSA : _____ OTHER

TARIFF INFORMATION :

Particulars	Package Amounts (Rs.)	
Room Category	Normal Delivery	LSCS
Multi Shared Ward		
Shared Ward		
Twin Shared Ward →	85 k	95k
Private Room →	95k	1.05 k
Super Deluxe Room		
Suite Room	+ Non Payables	Extra 15k to 20k
Package includes (Package starts from the time of admission)	Room Rent, Nursing Charges, Doctors Fee, Surgeon's Fee and Labour Ward Charges	Room Rent, Nursing Charges, Doctors Fee, Surgeon's Fee Anesthetist's Fees and OT Charges
	Length of Stay for : 2 Days	Length of Stay for : 3 Days
	Pharmacy up to 9,000/-	Pharmacy up to 12,000/-
	Investigations up to 2,500/-	Investigations up to 3,000/-
Others	Well baby care	25k to 35k

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

Initial Minimum Deposit : 10,000/- Advance

REMARKS : Vaccination, Neonatal, BIG, SBK

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

DECLARATION

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

Signature of the Client

Husband
Signatory Relationship

Signature of the financial Counselor

Name	Mrs AARTI WAGHRAY	**UHID**	HNH-00013565
Father/Guardian	Mr VINIT RAJ MAHENDRA	**Age/Gender**	30 Y 1 M 29 D/ Female
Address	8-1-328/b, shakepet nala, opp aditya empress towers, Golconda, Hyderabad, Telangana, INDIA, 500008		
IP No	IP26-00006889	**Admission Date**	20-07-2026
Ref Doctor	Self.		
Discharge Date	23.07.2026		

DISCHARGE SUMMARY

Consultant:
Dr. Padmaja Yelisetty,
MBBS, MD, MRCOG, FRCOG
52427

Diagnosis: PRIMIGRAVIDA AT 37^{+3} WEEKS WITH FETAL GROWTH RESTRICTION WITH GESTATIONAL DIABETES MELLITUS (ON DIET) FOR ELECTIVE LOWER SEGMENT CESAREAN SECTION

ELECTIVE LOWER SEGMENT CESAREAN SECTION DONE ON 20.07.2026

History:
LMP: 31.10.2025
EDD: 07.08.2026
Obstetric formula: Primi
Gestation at admission: 37^{+3} weeks

Name	Mrs AARTI WAGHRAY	**UHID**	HNH-00013565
IP No	IP26-00006889	**Admission Date**	20-07-2026

Obstetric History:
G1 -Present Pregnancy, Spontaneous conception.

Medical History: Nil
Family History : Mother-HTN, Maternal GM- had by pass surgery
Surgical History: Nil
Allergies **:** Nil

Antenatal Details:

Mrs AARTI WAGHRAY was booked to Rainbow hospital at 14^{+2} weeks of gestation. She had regular antenatal checkups and investigations as advised. NT scan was normal. FTS was low risk. TIFFA was normal with placenta posterior low. In view of consanguineous marriage counselled, offered couple carrier screening. Couple declined any testing. OGTT done was: 84/177/157- diagnosed with GDM at 25+5 weeks, started on Medical Nutritional Therapy. Monitoring sugars at home and well controlled. Growth scan was done on 20/5/26 at 28^{+5} weeks: SLF, Breech, EFW: 1080 g (8 % centile), AC 5 %, Fetal growth suggestive of SGA, AFI: 15.5 cms, Placenta: Posterior /High Fetal and uterine artery doppler: Normal. Fetal surveillance done by serial growth scans. Growth scan was done on 15/7/26 at 36^{+5} weeks: SLF, cephalic, EFW:2317 g (5%centile), AC < 1 % AFI: 10.6cms, Placenta: Posterior, High few placental lakes noted, SGA baby, Fetal and uterine artery doppler: Normal. She was admitted at 37^{+3} weeks for Elective LSCS.

Investigations: Enclosed.

Name	Mrs AARTI WAGHRAY	**UHID**	HNH-00013565
IP No	IP26-00006889	**Admission Date**	20-07-2026

Blood group: "B" Positive

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

Surgery Notes:
Under spinal anesthesia she was painted and draped as per hospital protocol. Abdomen opened in layers. The parietal and visceral peritoneum carefully opened after identifying the urachus. Bladder was reflected. A Lower segment curvilinear incision given on the uterus. Baby delivered. Cord clamped and cut and cord blood collected for blood grouping and Rh typing. Baby handed over to pediatrician. Placenta delivered with controlled cord traction. Uterus closed in layers. Hemostasis secured. Instruments and swab count checked. Rectus sheath closed. Skin closed with subcuticular sutures. Wound dressing done. Vagina cleaned with Betadine solution after expelling clots. Misoprostol 1000 mcg given per rectum as prophylaxis against Postpartum hemorrhage. Patient was shifted out of theatre to post operative recovery room.
*** Liqour excess**
*** Single loop of cord around neck.**

Name	Mrs AARTI WAGHRAY	**UHID**	HNH-00013565
IP No	IP26-00006889	**Admission Date**	20-07-2026

Delivery Details:

Date : 20.07.2026
Time of Delivery : 09:54am
Type of Delivery : Elective lower segment caesarean section
Indication : Fetal Growth Restriction
Anaesthesia : Spinal

Baby Details:

Date : 20.07.2026
Time : 09:54am
Sex : Male
Weight : 2.3kg
Apgar : 8,9
Gestational Age: 37^{+3} weeks
NICU Admission: No

Post-Operative Notes:

She was closely monitored. Her vital signs remained stable. Uterus was well retracted with no postpartum hemorrhage. Breast feeding initiated.GRBS monitoring was done. She was shifted to room. Her postoperative period following that was uneventful. On second postoperative day dressing was changed. On inspection wound was healthy. **On POD 2, FBS 86mg per dl and PPBS 123mg per dl** Her general condition was satisfactory and she was found to be fit for discharge. Wound care and medications were explained to patient supplemented by written information. She was given the postpartum

Name	Mrs AARTI WAGHRAY	UHID	HNH-00013565
IP No	IP26-00006889	Admission Date	20-07-2026

book for further reference.

Advice:

1. Tab. Taxim O 200mg twice daily till 26.07.2026 (9am-9pm) after food.
2. Tab. Calpol (Paracetamol 500mg) 2 tablets thrice daily till 24.07.2026 (8am-2pm-10pm) after food.
3. Tab. Voveran (Diclofenac-50mg) 1 tablet thrice daily till 24.07.2026 (9am-3pm-11pm) after food.
4. Tab. Pantodac (Pantoprazole - 40mg) 1 tablet twice daily till 26.07.2026(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. Repeat FBS and PPBS after 6 weeks and review.

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. Padmaja Yelisetty,** after 2 **weeks** on05.08.2026 at Rainbow Children's Hospital with prior appointment **(Review consultation will be**

Name	Mrs AARTI WAGHRAY	UHID	HNH-00013565
IP No	IP26-00006889	Admission Date	20-07-2026

charged)

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

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

Rainbow Children's Medicare Ltd. Himayathnagar Hyderabad

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Your Right to a Safe Delivery

Name	Mrs AARTI WAGHRAY	**UHID**	HNH-00013565
IP No	IP26-00006889	**Admission Date**	20-07-2026

Consultant:
Dr. Padmaja Yelisetty,
MBBS, MD, MRCOG,FRCOG
52427

Rainbow® Children's Hospital
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(1)

ACTIVITY RECORD FOR BILLING

Name: ----------

HNH-00013565 IP26-00006889
Mrs AARTI WAGHRAY
21-05-1996 30 Y 1 M 29 D (F)
Dr. PADMAJA YELISETTY

UHID No : ---------- IP No ---------- Dept : ----------

Date of Admission : ---------- e of Discharge : ---------- Time: ----------

Room / Bed No : ---------- Ward : gested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
20/7/26	9.19 AM	pre & Post	OT	Sujatha / Sangeetha
20/7/26	11.05 AM	OT	Pre-Post	Natalia /
20/7/26		Pre-post	Room	

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	Dr. Tejaswi Reddy (Lactn)	21/7/26	15764	
2.				
3.				
4.	Cross ded by	22/7/26 12P		
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Sign
20/7/26	UST - (1)	008789	
20/7	GRBS - 104 mg/dl @8AM	12141	
20/7	GRBS - @2PM 74 mg/dl	22142	
		Cross checked done	
		20/7/26	3:30 pm
20/7/26	GRBS - 8pm - 72 mg/dl	21057	
21/7/26	~~GRBS - 8AM~~		
	GRBS - 8AM 96 mg/dl	Self	
		Cross checked done	
22/7/26	FBS - 6:30 AM 86 mg/dl	Self	
	PPBS - 10AM 123 mg/dl	Self	
		Cross checked by	22/7/26

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
20/7	Infusion pump	11Am	3:30pm	225371	Sujatha
20/7	Cardiac monitor	11Am			
				Cross checked done	
				Cross checked done	
				20/7/26	3:40 pm
	Cross chy Do				

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
2017	Implacement	(1)	215269	
2017	Catheterisation PAC (OP)	(1)	OCS26-0012 4339	Sujatha Suj.
			Cross checked done 2017/7/26 @ 3:40pm	
2017/7/26	NHA	(1)	5475 Cross checked done	

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

HNH-00013565 IP26-00006889
Mrs AARTI WAGHRAY
11-05-1996 30 Y 1 M 29 D (F)
Dr. PADMAJA YELISETTY

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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints
Came for Sale Confinement

LMP: 31/10/2025 EDD: 7/8/2026
Corrected EDD: 7/8/2026 GA: 37w3days.

Obstetric Formula: Primi.
34+5, NCM

Menstrual History: Regular : ☒ Yes ☐ No

Obstetric Hostory:
1st: PP, Spontaneous Conception.

Obstetric Examination

Fundal Height: Term

Ut. Activity: ☒ Relaxed ☐ Mild ☐ Mod ☐ Severe

Liquor: ☒ Adequate ☐ Oligo ☐ Poly

PP: ☒ Cephalic ☐ Breech Others _____

Head Fifths Palpable: 5/5th

FHS: ☒ Normal ☐ Tachy ☐ Brady ☐ Absent

Present Pregnancy Record:
NT-Scan-(N) c efts-low risk.
TIFFA-(N), c placenta-posterior low

RISK FACTORS:
OGTT @ 22/4
84/177/157
diagnosed c GDM & started on MNT.

Per Speculum Examination not done

Draining: ☐ Present ☐ Absent ☐ Bleeding

Colour of Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Vaginal Examination not done.

Cervix: ☐ Long ☐ Partially effaced ☐ Effaced

Os: Closed _____ Dilated _____

Membranes: ☐ Present ☐ Absent

Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Presenting Part: ☐ Vertex ☐ Breech ☐ Others

Sutton: ☐ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2

Pelvis: ☐ Adequate ☐ Doubtful

eight: 154 cm
/eight: 74.2 kg
llergies: Nil

Breast: ☒ Normal ☐ Abnormal

General Examination:

Consciousness: clc
Pallor: -ve.
Icterus: -ve
Edema: (-)
Temp: Afebrile.
PR: 80
BP: 110/89
DTR: (N)
CVS: S1S2(+)normal
RS BL NVBS(+)
Liver/Spleen: (N)
Urine Output: Adequate

DIAGNOSIS
Primigravida with 37w3days POG with GDM (on diet) for elective LSCS

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Family History:
Mother - HTN
Maternal GM - had Bypass Surgery.

Surgical History:
Nil

Medical History:
Nil

Medication History:
T. IRON
T. CALCIUM

Plan of Care:
Admission NST.
Informed Consent
Parts preparation
Drugs as Charted
(GRBS - 104)
PAC.
Paediatrician Call
Foley's Catheterisation
Strict FHR monitoring
Monitor Vitals
Inform SOS

Investigations: BG T - 'B' Pos

CBP (16/7/2026)

Hb - 11.8	HIV	NR
PCV - 35.8	HbsAg	
TLC - 9860	HCV	
plt - 2.20	VDRL	

USG on 15/7/2026

SLIUF 36^+5 wks.
Cephalic
EFW - 2317gms (5% (entile) CSGA) AC < 1%
AFI - 10.6cm
Placenta - Posterior, high lying placental Cakes noted
Doppler - normal

Dr. Padmaja Yelisetty
Consultant Obstetrics and Gynecology
Reg. No. 52423

Doctor Name: Dr. Naveena
Signature:
Date & Time: 20/7/2026 @. 7:30am

Consultant Name: Dr. Padmaja Yelisetty
Signature: Y. Padmaja Yelisetty 52423
Date & Time: 20/7/2026 @.

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/7/26 10:55pm	C/S/B Dr. Dha.	
	POD-0 P,L /GDM.	
		Adv
	a c fair	- NBM till further order
	Afebrile	- IVF
SpO2: 99% c RA	BP: 92/..mm	- Drugs as charted
	PR: 119/86 bpm	- Urine I/O charting
	P/A Uterus Retracted	- Inform SOS
Baby c mother	well	- Monitor vitals
	C/E NAD	- W/F bleeding PV
U/O.		- Inform SOS
	[signature]	
20/7/2026 12:15pm	C/S/b Dr Monika	
	POD-0 / GDM on OHA	
	CC Fair Afebrile	Adv.
	Bp - 129/86	- NBM till further order
	PR 74	- IVF/Analgesics/Thromboprophylaxis as per ...
Baby M/S	P/A ut well retracted	- POD-2 FBS, PPBS to do
	PV Bleeding wave	- I/O monitoring
	u/o 100cc/hr clear	- GRBS 6th hourly today
		- W/F vitals / BP
		- Inform SOS

[signature] Dr. Monika

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

INH-00013565 IP26-00006889
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11-05-1996 30 Y 1 M 29 D (F)
Dr. PADMAJA YELISETTY

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GRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/7/26 3pm	C/B Dr. Mandala	
	POD-0 c GDM	
	[illegible]	Adv
	[illegible]	1. NBM till further order
UO: 250 @ 11am	SpO2-99% PR-84bpm	2. Drugs as charted
Baby c mother side	BP-129/86	3. I/O charting
BS- sluggish	P/A - uterus [illegible] well	4. w/f p/v bleeding
	LE. P/v bleeding WNL.	5. monitor vitals
		6. Inform SOS
20/7/2026 3:30pm	C/S/B Dr Padmaja Yelisetty	
	POD-0	GDM
	CC For [illegible]	Adv
	Vitals Stable	- Allow sips of water.
	P/A [illegible] well [illegible]	if tolerates → liquid diet
	BS ⊕	- Drugs as charted
	P/v bleeding WNL	- I/O monitoring
GRBS - 74mg/dl	U/O ~ 60 cc/hr	- w/f vitals, BGV
		GRBS 6th hourly
		Shift to room
		Inform SOS
		N/B 3:38 pm [illegible]
	Dr. Padmaja Yelisetty Consultant Obstetrics and Gynecology Reg. No: 52427	
	Noted by [illegible]	Y Padmaja P. Yelisetty 52427

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21-05-1996 30 Y 1 M 29 D (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/7/26	C/o/b Dr. Memdula	
8pm 7:45pm		
	POD-0 / GDM	Adv
	No Complaints	1. Liquid diet
	O/E pt c/c/c	2. IV fluids
Fx	afebrile	3. Drugs as charted
Sx	PR-71bpm	4. GRBS 6th hrly
	BP-122/78mmHg	5. foleys removal @
Baby ē motherside	P/A-uterus Retracted well	6am tomorrow
	L/E - P/v bleeding WNL	6. Monitor Vital
	UO - 250ml :: 3hrs	7. Surgeon Os.
		Noted by [illegible]
		Dr Memdula
20/7/26		
11pm	O-POD	
		Adv
	PA: soft, UWR	1) sofr diet to be given
GRBS:	BS ⊕	2) Surgeon Os
@ 8:30pm 72mg/dl	U/O: normal/hr	
		[illegible]
		Dr. Ramya
		Noted by Swetha
		21/7/26 @ 8:30Am

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05-1996 30 Y 1 M 30 D (F)
PADMAJA YELISETTY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/2/26 8:30 AM	C/S/B Dr. DNG	
	POD-1 P4/GDM.	
	CC Fair	Adv
Baby & Mother	Afebrile	- Soft diet
	BP: 110/72 mmHg	- Adequate hydration
	PR: 85 bpm.	- Drugs as charted
	SpO2: 100% on RA.	- Ambulation
U ✓	P/A Uterus Retracted well, BS (F)	- Stop GRBS Monitoring
F ✓		- FBS, PPBS on POD-2
	L/E PV bleed WNL.	- Monitor vitals
		- W/F PV bleed
GRBS - 96 mg/dl.		- Inform SOS
@8AM	B/L Breast-soft	
	Milk secretion +	
21/2/2026	C/O/B Dr Padmaja Yelisetty	
11 AM	Dr Priyadarshini	
	POD-1 / P4 / GDM	
	CC - Pain: Afebrile	Adv
Baby mother shifted	Vitals Stable	- Soft Diet / Adequate Hydration
	P/A ut well retracted	- Drugs as charted
U passed	BS (F)	- Ambulation
F	L/E Bleeding WNL	- Lactation Counselling
		- Dulcolax Supp (2) PR at night
B/L Breast milk (P)	Dr. Padmaja Yelisetty Consultant Obstetrics and Gynecology Reg. No: 52427	- POD-2 FBS, PPBS

Y. Padmaja 52427

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05-1996 30 Y 1 M 30 D (F)
PADMAJA YELISETTY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/7/2026	C/S/B Dr Mandula	
12pm	POD-1 / GDM (Out)	
	Ac for Afebrile	Adv
	vitals stable	- Soft Diet / Adeq Hydration
Bms	P/A uterus well retracted	- Drugs as charted
B/L Breast soft milk (+)	BS (+) / soft	- w/f vitals & BDV
Uc	PV bleeding WNL	- Ambulation (3rd hourly)
Pv		POD-2 - FBS, PPBS
SX	(Plan) Dulcolax supp (2) PR @ night (if motions not passed)	
		[signature]
		N.B. Amrutha 21/7/26 @ 2:31pm.
21/7/26 7:30pm	C/S/B Dr Mandula	
	POD-1 / GDM	Adv
V✓	No Complaints	1. Soft diet
F✓	off GC-fair	2. Adequate hydration
SX	PR - 82bpm	3. Drugs as charted
Baby mother side	BP - 119/61mmHg	4. FBS, PLBS - tomorrow
B/L Breast soft milk (+)	P/A - Uterus contracted well	5. Dulcolax Suppositories (2) PR @ 10pm.
	L/E - P/v bleeding WNL	6. monitor vitals
	Bowel sounds - well heard	Emyorm SOS.
		Dr. Mandula N.B. Maheshwari 21/7/26 @ 8:40pm

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AARTI WAGHRAY (F)
05-1996 30 Y 2 M 0 D
PADMAJA YELISETTY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/7	C/w Dr Mandula	
9am	POD-2 / GDM	
	No Complaints	Adv
V ✓	o/f GC-fair	→ Regular diet
F ✓	PR-84bpm	→ Drugs as charted
S ✓	BP-120/76mmHg	→ Ambulation
	P/A-uterus retracted well	→ FBS and PLBS
Baby mother side	L/E-p/v bleeding WNL	→ monitor vitals
NLL Breast soft	Bowel sound-well heard	→ Dujorm 101.
milk (+)		
		Dr Mandula
22/7/2026	Dr-KIRAN (Dietitian & Lactation)	
9:30am	GDM Normal Diet is Recommended.	
	Normal ~~Soft~~ Solid Diet with antioxidant	
	rich foods in the diet.	
	→ Plenty of oral fluids & low GI	
	foods to be included.	
	→ Breast feeding positions explained,	
	→ lactation counselling given.	

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

H-00013565 IP26-00006889
AARTI WAGHRAY
Pa 05-1996 30 Y 2 M 0 D (F)
PADMAJA YELISETTY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/7/26 3:15pm	Reviewed the couple with her parents.	
	vitals stable	
	no complaints	
		Adv
		- can be discharged tomorrow morning
		→ Tegaderm dressing to be done by sister Balasani
		→ send file for processing.
		Noted by Divya 22/7/26
		P. Padmaja P. Yelisetty 52423

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

H-00013565 IP26-00006889
AARTI WAGHRAY
05-1996 30 Y 2 M 0 D (F)
PADMAJA YELISETTY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

HNH-00013565 IP26-00006889
Mrs AARTI WAGHRAY
21-05-1996 30 Y 1 M 29 D (F)
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DRUG CHART

Date of Admission: 20/7/2016 Drug Allergies: Nil ☑ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

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

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

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

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

HNH-00013565 IP26-00006889
Mrs AARTI WAGHRAY
21-05-1996 30 Y 1 M 29 D (F)
Dr. PADMAJA YELISETTY

REGULAR PRESCRIPTIONS

Weight. 74kg Ward. ....

Verified by Dr. Dhakshayani

DRUG : INJ. CEFOTAXIME

Dose	Route	Frequency	Start Date
1Gm	IV	BD	20/7

Date: 20/7, 21/7
Time: 9am, 8.30am; 9pm

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

Additional Instructions: ATD

STOP

Daily Doctor's Endorsement by a Sign

Verified by Dr. Dhakshayani

DRUG : Inj. PARACETAMOL

Dose	Route	Frequency	Start Date
1gm	IV	TID	20/7/26

Date: 20/7, 21/7
Time: 6AM, 2pm, 10pm

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

Additional Instructions: To be converted to Oral after 24 hr.

stop
Dr. Dr...

Daily Doctor's Endorsement by a Sign

Verified by Dr. Dhakshayani

DRUG : T. DICLOFENAC

Dose	Route	Frequency	Start Date
50 mg	PO	BD	20/7/26

Date: 20/7, 21/7, 22/7
Time: 11AM, 11pm

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Verified by Dr. Dhakshayani

DRUG : T. TRAMADOL

Dose	Route	Frequency	Start Date
100 mg	PO	BD	20/7/26

Date: 20/7, 21/7, 22/7
Time: 11AM, 11pm

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

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Verified by Dr. Dhakshayani

Sheet No: ....

REGULAR PRESCRIPTIONS

Weight 74kg Ward ....

DRUG: PANTOPRAZOLE				Date/Time	20/7	21/7	22/7	23/7
Dose	Route	Frequency	Start Dt.					
40mg	PO	OD	20/7					
Name & Signature of the Doctor Starting the Drugs: Dr. Dra				6AM	Empty ✓	✓	✓	
Additional Instructions:								
Daily Doctor's Endorsement by a Sign					✓	✓	✓	✓

DRUG: PARACETAMOL				Date/Time	21/7	22/7
Dose	Route	Frequency	Start Dt.			
1g	PO	TID	21/7/26			
Name & Signature of the Doctor Starting the Drugs: Dr. Dra				6AM	X	✓
				2PM	✓	✓
Additional Instructions:				10PM	✓	
Daily Doctor's Endorsement by a Sign					✓	✓

DRUG: T. CEFIXIME				Date/Time	21/7	22/7
Dose	Route	Frequency	Start Dt.			
200mg	PO	BD	21/7			
Name & Signature of the Doctor Starting the Drugs: Dr. Manasa				9AM	✓	✓
Additional Instructions:				9PM	✓	
Daily Doctor's Endorsement by a Sign					✓	✓

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

Verified by Dr. Dhakshayani

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

HNH-00013585 IP26-00006889
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Sheet No: .... **REGULAR PRESCRIPTIONS** Weight .... Ward ....

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

DRUG : Date / Time

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG : Date / Time

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG : Date / Time

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG : Date / Time

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

HNH-00013565 IP26-00006889
Mrs AARTI WAGHRAY
21-05-1996 30 Y 1 M 29 D (F)
Dr. PADMAJA YELISETTY

Weight. 74kg Ward. ....

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
20/7	8.45AM	INJ. METOCLOPROMIDE	10MG	IV	[signature]	Madhu
20/7	8.46AM	INJ. PANTOPRAZOLE	40MG	IV	[signature]	Madhu
20/7	9:54Am	Inj. OXYTOCIN	3IU	IV	[signature]	Natasha, Susheela
20/7	9:56Am	Inj. OXYTOCIN	9IU in 500 ml RL	IV	[signature]	Susheela, Natasha
20/7	10:00Am	Inj. ONDANSETRON	4mg	IV	[signature]	Susheela, Natasha
20/7	11Am	DICLOFENAC Suppository	100 mg	PR	[signature]	Susheela, Natasha
20/7	11Am	TRAMADOL Suppository	100mg	PR	[signature]	Susheela, Natasha

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Mrs AARTI WAGHRAY
21-05-1996 30 Y 1 M 29 D (F)
Dr. PADMAJA YELISETTY

I.V. FLUIDS CHART

Weight. 74kg Ward. .....

		position 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
20/7	7AM	RINGER LACTATE	IV	100 ml/hr			20/7		
20/7	8:50 ~~Am~~	RINGER LACTATE	IV	50P ml/hr			20/7		
20/7	10:45 am	RINGER LACTATE	IV	100					
20/7	1:00pm	RINGER LACTATE	IV	100 ml/hr			20/7		
20/7	3:40pm	RINGER LACTATE	IV	100ml/hr					
21/7	1:40 pm	RINGER LACTATE	IV	100ml/hr					
~~1:50~~ 21/7	1:50 AM	RINGER LACTATE	IV	100ml/hr					
		Stop							
		Dr. Dna							

INH-00013565 IP26-00006889
Mrs AARTI WAGHRAY
21-05-1996 30 Y 1 M 29 D (F)
Dr. PADMAJA YELISETTY

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Rainbow® Children's Hospital
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BirthRight™ BY RAINBOW HOSPITALS
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RESULT SHEET

Date	16/7/26					
Time						
Hb	11.8					
PCV	35.8					
RBC	.					
WBC	9860					
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 = B' positive						
HIV, HBsAg, HCV } NR						

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

HNH-00013565 IP26-00006889
Mrs AARTI WAGHRAY
21-05-1996 30 Y 1 M 29 D (F)
Dr. PADMAJA YELISETTY

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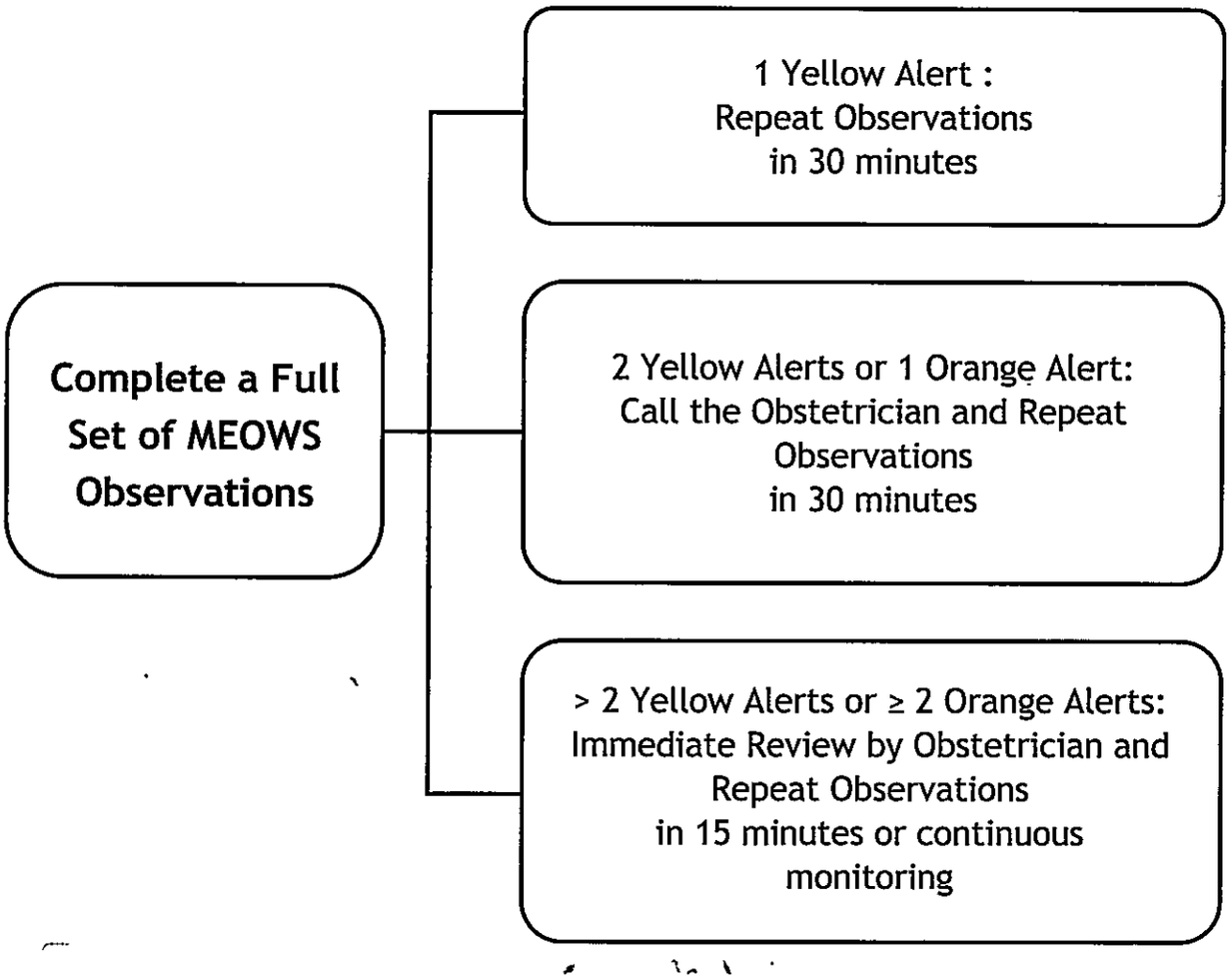
Early Warning Observation Score Chart - Obstetrics

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

20/7	Date																							
	Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20	20		18		18		19	20			22				20				20				20	
	0 - 10																								
Saturations	94 - 100 %	99%		99		99		99	97			99%				99%				100%				100%	
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37																								
	36	97F		97.4F				95.0F				99.3F				98.2F				98.5F				98.6F	
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80	80																							
	70			75				80-74				71				82b/m				89b/m				88b/m	
	60																								
	50																								
	40																								
Systolic Blood Pressure ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110	110						119	129			122				112				120				110	
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
	40																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
	60							80	62			78				70				67				72	
	50	65																							
	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				1				1				1	
TOTAL ORANGE SCORES		0										0				0				0				0	
Nurse Initial																									

Obstetrics and Gynaecology Early Warning Signs



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

HNH-00013565 IP26-00006889
Mrs AARTI WAGHRAY
21-05-1996 30 Y 1 M 29 D (F)
Dr. PADMAJA YELISETTY

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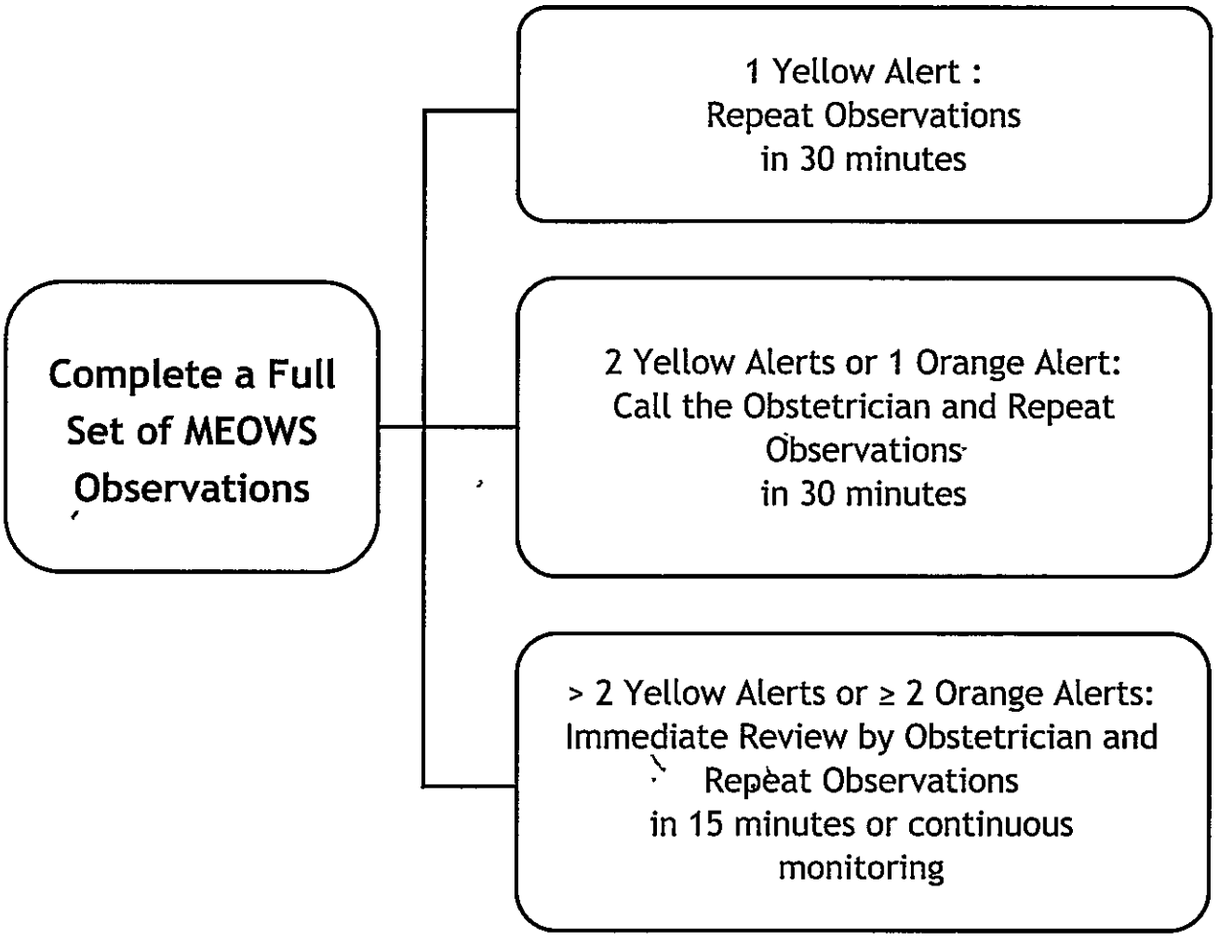
Early Warning Observation Score Chart - Obstetrics

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

21/7/26	Date																					
	Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20			20				20				20				20				20				20	
	0 - 10																								
Saturations	94 - 100 %			98%				97%				98%				98%				99%				100%	
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37			97.2				98.4				98.3				98.7				98.2				98.5	
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90				79			86				82				88				88				88	
	80																								
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130				112			121				119				106				112				120	
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80				69			70				61				72				70				74	
	70																								
	60																								
	50																								
	40																								
NEURO RESPONSE [✓]	Alert				—			—				—				—				—				—	
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30				—			—				—				—				—				—	
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal				—			—				—				—				—				—	
	Heavy / Foul																								
Liquor	Clear / Pink				—			—				—				—				—				—	
	Green																								
TOTAL YELLOW SCORES					0			0				1				2				1				0	
TOTAL ORANGE SCORES					0			0				0				0				0				0	
Nurse Initial																									

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

H-00013565 IP26-00006889
AARTI WAGHRAY
05-1996 30 Y 2 M 0 D (F)
PADMAJA YELISETTY

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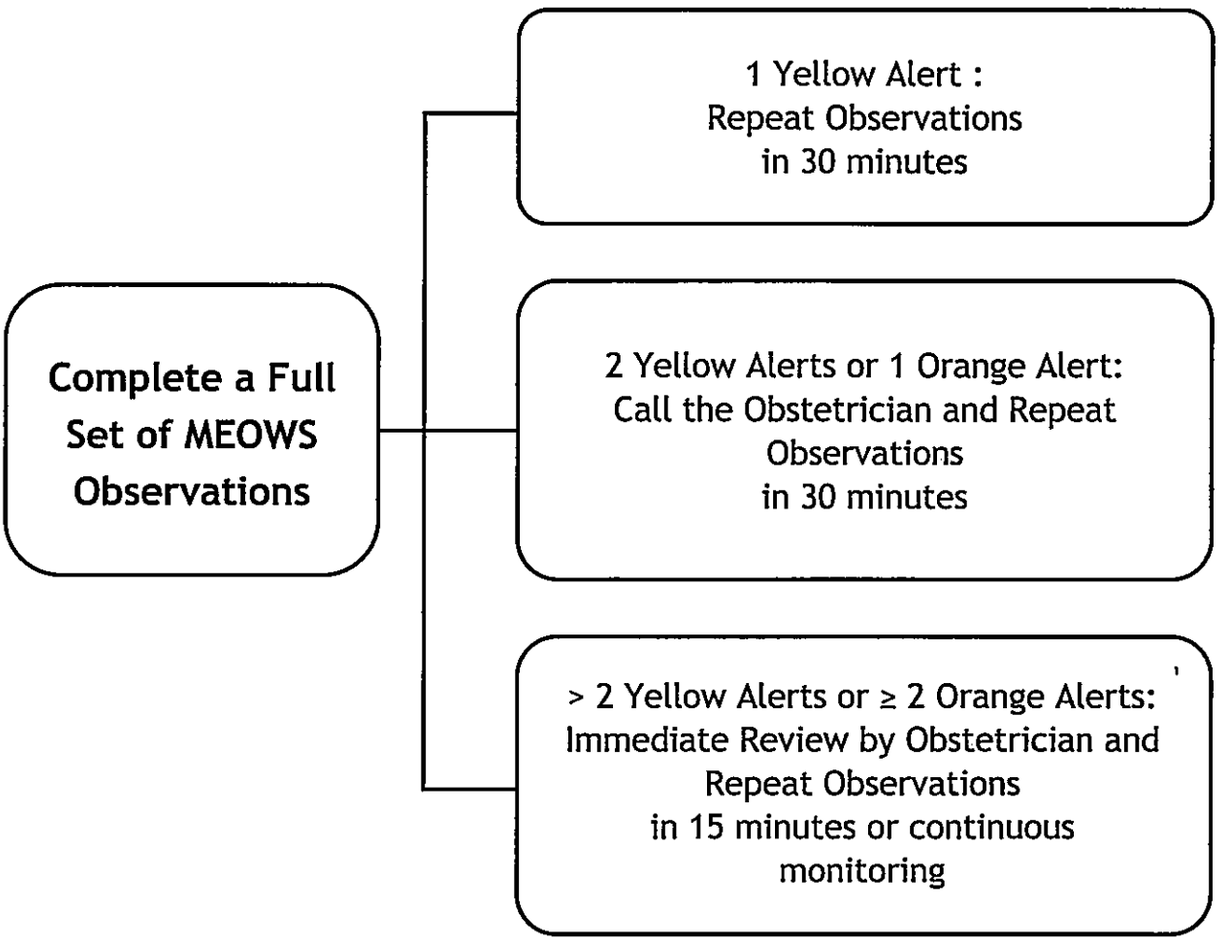
Early Warning Observation Score Chart - Obstetrics

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																									
	0 - 10																									
Saturations	94 - 100 %																									
	< 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																									
	60																									
	50																									
	40																									
Systolic Blood Pressue ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
	40																									
NEURO RESPONSE [✓]	Alert																									
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30																									
	< 30																									
Proteinuria	Protein + +																									
	Protein > + +																									
Lochia	Normal																									
	Heavy / Foul																									
Liquor	Clear / Pink																									
	Green																									
	TOTAL YELLOW SCORES																									
	TOTAL ORANGE SCORES																									
	Nurse Initial																									

Obstetrics and Gynaecology Early Warning Signs



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

HNH-00013565 IP26-00006889
Mrs AARTI WAGHRAY
21-05-1996 30 Y 1 M 29 D (F)
Dr. PADMAJA YELISETTY

Rainbow® Children's Hospital
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BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : .....

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

20/7/26		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	R2		100ml								
	09:00 am	R2	M	100ml								
	10:00 am	R2		100ml								
	11:00 am	R2	A	100ml						200ml		
	12:00 pm	R2	N	100ml								
	01:00 pm	RL		100ml						150ml		
Total Intake : Total 600ml						Total Output : Pass 350ml						
	02:00 pm	RL		100ml								
	03:00 pm	RL Sips		100ml						350ml		3:35 Empty
	04:00 pm	RL		100ml								
	05:00 pm	RL		100ml						100ml		
	06:00 pm	RL		100ml								
	07:00 pm	RL		100ml								
Total Intake : Taken						Total Output :						
	08:00 pm	RL		100ml								
	09:00 pm	RL		100ml						50ml		Empty.
	10:00 pm	RL	Sips	100ml								
	11:00 pm	RL	+	100ml								
	12:00 am	RL	H2O	100ml								
	01:00 am	RL		100ml						25ml		Empty
Total Intake : Taken						Total Output : Taken						
	02:00 am	RL		100ml								
	03:00 am	RL		100ml								
	04:00 am	RL	H2O	100ml						25ml		
21/7	05:00 am	RL		100ml								
	06:00 am	RL		100ml								
	07:00 am	RL		100ml						50ml		Removed
Total Intake :						Total Output :						

Total 24 hrs. Intake		Total 24 hrs. Output	

H-00013565 IP26-00006889
AARTI WAGHRAY
05-1996 30 Y 1 M 30 D (F)
PADMAJA YELISETTY

Rainbow® Children's Hospital
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BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 2

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
21/7	08:00 am											
	09:00 am		Idly					NA		✓		
	10:00 am	0		NA			0				0	[signature]
	11:00 am		+									
	12:00 pm		H2O							✓		
	01:00 pm											
Total Intake : Taken						Total Output : M-0					U-2	
21/7	02:00 pm											
	03:00 pm		kichidi							✓		
	04:00 pm		+								0	[signature]
	05:00 pm		H2O	NA			0	NA		✓		
	06:00 pm											
	07:00 pm									✓		
Total Intake :						Total Output :						
21/7	08:00 pm											
	09:00 pm									✓		
	10:00 pm	0									0	
	11:00 pm		Idly				✓					[signature]
	12:00 am		+ H2O	NA				NA		✓		
	01:00 am											
Total Intake : Taken						Total Output : U-2					M-1	
22/7	02:00 am											
	03:00 am									✓		
	04:00 am											
	05:00 am	0	H2O	NA				NA			0	[signature]
	06:00 am									✓		
	07:00 am											
Total Intake : Taken						Total Output :				U-2	M-0	

Total 24 hrs. Intake			Total 24 hrs. Output	

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

H-00013565 IP26-00006889
AARTI WAGHRAY
05-1996 30 Y 1 M 30 D (F)
PADMAJA YELISETTY

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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	

H-00013565 IP26-00006889
AARTI WAGHRAY
05-1995 30 Y 1 M 30 D (F)
PADMAJA YELISETTY

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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	

HNH-00013585
Mrs AARTI WAGHRAY IP26-00006889
21-05-1996 30 Y 1 M 29 D (F)
Dr. PADMAJA YELISETTY

NURSING CARE RECORD

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 20/1/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8Am / 2pm	→Assess the pt condition →monitor the vitals & record →Administration of medication → maintain I/O chart & urine.	8Am / 2pm	→Assessed the pt condition →monitored the vitals & recorded →Administered medication as per doctors →maintain I/O chart & urine.	pt is stable	maintain I/O chart & urine	AKG
Afternoon	2pm / 8pm	- Assess the patient condition) - plan for vitals & record - plan for I/V fluids - plan for I/O chart	2pm / 8pm	- Assessed the Patient condition) - Maintained vitals - continued I/V fluids - Maintained I/O chart	- patient stable	- urine Normal	AKG
Night		⇒ Assess the pt condition ⇒ Monitor vital & record ⇒ Maintain I/O chart ⇒ Rechecked vitals ⇒ Administer medication as per drug chart		⇒ Assessed the pt Condition ⇒ Monitored vitals & recorded ⇒ Maintained I/O chart ⇒ Administer medication as per drug chart.	⇒ Pt is stable	⇒ Rechecked vitals	

H-00013565 IP26-00006889
AARTI WAGHRAY
05-1996 30 Y 1 M 30 D (F)
PADMAJA YELISETTY

Patien

NURSING CARE RECORD

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 21/7/26

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	8 Am | 2 pm	→ Assess the pt condition → monitoring vitals checked and recorded → I/O chart maintained	8 Am | 2 pm	→ Assessed the pt condition → Administering medication given as per doctor orders	→ Pt is stable	→ Re-Checked vitals	
Afternoon	2 pm	→ Assess the pt condition. → monitor the vitals. → maintain I/O chart. → drugs give as per drug chart	2 pm	→ Assessed the pt condition. → monitored the vitals. → Maintain I/O chart. → drugs given as per drug chart.	→ pt is stable now.	→ Re assessed the vitals	
Night	8 pm to 8 am	⇒ Assess the pt condition ⇒ monitor vital & record ⇒ Maintain I/O chart ⇒ Administered medication as per drug chart	8 pm to 8 am	⇒ Assessed the pt condition ⇒ monitored vitals recorded ⇒ Maintained I/O chart ⇒ Administered medication as per drug chart	⇒ Pt is stable	⇒ Rechecked vitals	

H-00013565 IP26-00006889
AARTI WAGHRAY
05-1996 30 Y 2 M 0 D (F)
PADMAJA YELISETTY

NURSING CARE RECORD

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: .....

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							

H-00013565 IP26-00006889
AARTI WAGHRAY
05-1998 30 Y 2 M 0 D (F)
Patie PADMAJA YELISETTY

NURSING CARE RECORD

Rainbow® Children's Hospital
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BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: .....

Goals

- ☐ Maintain Airway and Oxygenation
- ☐ Relieve Pain & Discomfort
- ☐ Maintain Fluid Balance
- ☐ Improve Activity Tolerance
- ☐ Maintain Good Nutritional Status
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- ☐ Prevent Infection
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- ☐ Early Ambulation Reduce Anxiety
- ☐ Patient & Family Education
- ☐ Identify Potential Complications
- ☐ Any Others. Specify.....

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

HNH-00013565 IP26-00006889
Mrs AARTI WAGHRAY
21-05-1996 30 Y 1 M 29 D (F)
Dr. PADMAJA YELISETTY

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SING SHIFT HAND OVER FORM - WARD

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

SITUATION

Diagnosis: Primi c 37 weeks

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

BACKGROUND

Area / Shift Time	46	20/7/26 2pm	20/7 N1	21/7 m6	21/7 6n	22/7 N
Medical Condition (Any special condition to be noted):	NA	NA	NA	NA	NA	NA

ASSESSMENT

Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Vital Signs: Temp:	97°F	97.6°F	98.5°F	98.4°F	98.1°F	98.2°F
Res:	20/mt	20	20	20b/m	20/7	20b/m
SpO_2:	99%	100	100	98%	99%	99%
Pulse:	82/mt	86 b/m	87 b/m	79b/m	71b/7	80b/m
BP:	110/70	115/73	66/77	109/72	110/70	106/70
Fall Risk Score:	—	—	—	—	—	—
Pain Score:	—	—	—	—	—	—

Recommendations

Safety Needs:	Yes	Yes	Yes	Yes	Yes	Yes
Physiotherapy	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Others Specify:	—	—	—	—	—	—
Special Diet:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Other Special Orders / Medications:	—	—	—	NA	—	—
Post Operative Procedure Special Orders:	—	—	—	NA	—	—
Handed Over By Name :	Alex	Alex	Swetha	Amrutha	mahi	Swetha
Signature :						
Date:	20/7/26	20/7/26	21/7/26	21/7	21/7	22/7/26
Time:	8am.	8pm	8am	2pm	8pm	8AM
Taken Over By Name :	Alex	Swetha	Amrutha	mahi	Swetha	
Signature :						
Date:	20/7/26	20/7	21/7	21/7	21/7/26	
Time:	2pm	8pm	8am	2pm	8pm	

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

Patient Sticker

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NURSING SHIFT HAND OVER FORM - WARD

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

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

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CHECKLIST FOR THROMBOPHLEBITIS

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

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

Signature of Shift In Charge :

Signature : ..... Name : Akeila

Signature of Ward In Charge :

Signature : ..... Name : Kasturi

Patient Sticker

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

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

Signature of Shift In Charge :

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

Signature of Ward In Charge :

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

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BRADEN 'Q' SCALE

					Date : 20/7/26	20/7	20/7	21/7
					Time : N6	9pm	D1	M6
Mobility	...mobile: 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	[illegible]	[illegible]	[illegible]	[illegible]

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

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

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Morse Fall Risk Assessment Form

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Choose Highest Applicable Score from each Category		Date / Time	20/7/20	20/7/20	20/7
		Score	M6	2pm	N1
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0			
Secondary Diagnosis (more than one diagnosis)	Yes	15			
	No	0	0	0	0
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0			
IV / Heparin Lock or Saline	Yes	20	20	20	20
	No	0			
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10			
	Normal /On Bed Rest /Immobile	0			
Mental Status	Forgets limitations	15			
	Oriented to own ability	0			
Total Morse Fall Scale Score:			20	20	20
		Signature			

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

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

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

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

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

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

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

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PAIN ASSESSMENT FORM

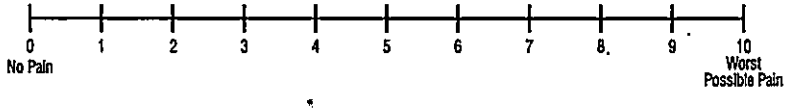
Date	Time	ore (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
20/7	8am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
20/7	12pm	0/10	None	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
20/7/26	4pm	0/10	None	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
20/7/26	10pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
21/7	10 AM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
21/7	6pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
21/7	10pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

Re-assessment Frequency:

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

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

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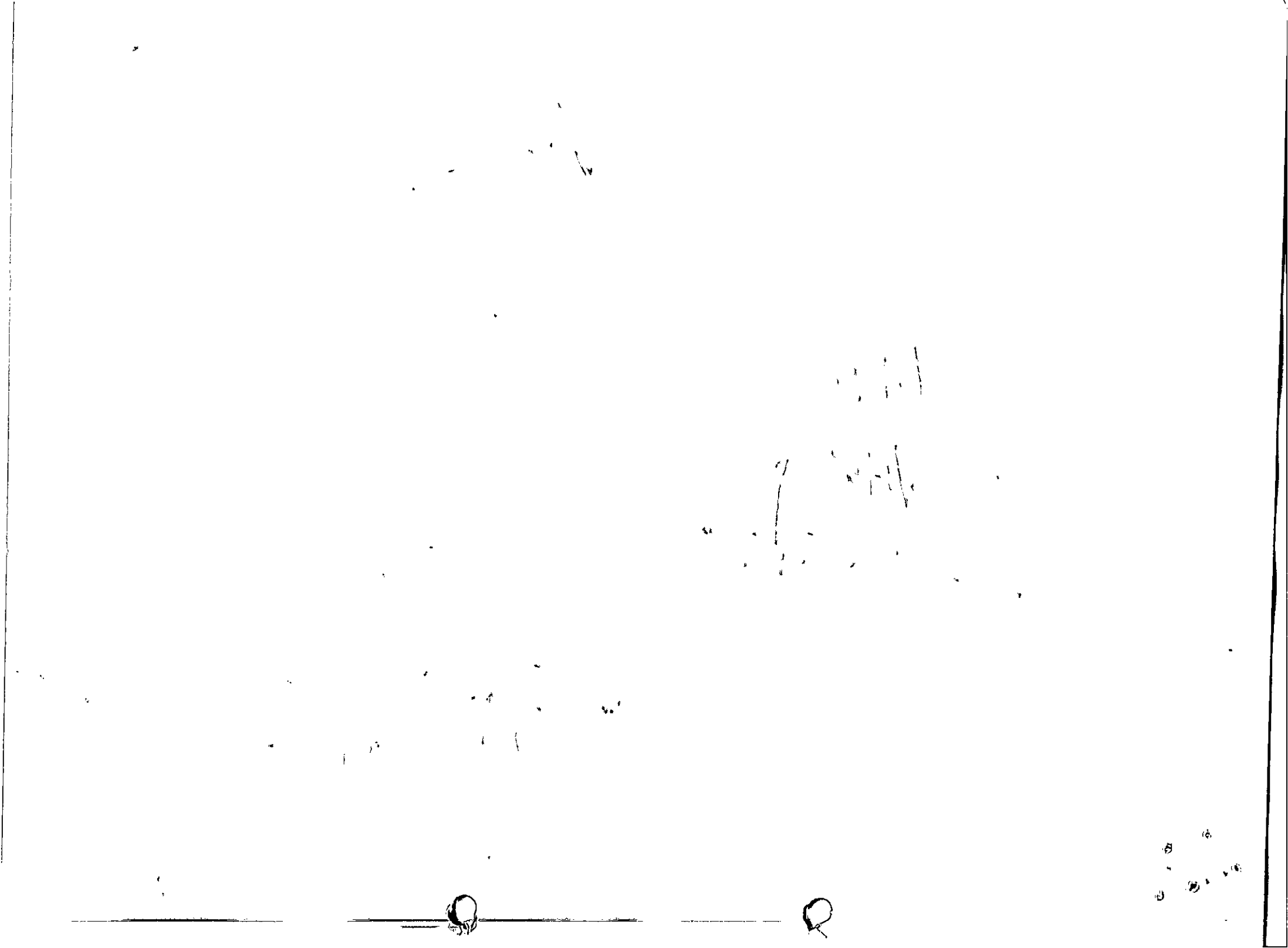
URINARY CATHETER BUNDLE CHECK LIST

Date of Insertion: 20/7/26 Date of Removal: .....

Parameters	Date / Shift Time	20/7/26 8AM	20/7 N					
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		[illegible]	[illegible]					
Signature of the Nurse		[signature]	[signature]					

Foley's Removed 31/7/26 @ 8AM

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



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CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: Dr. Padmaja Yeliselty	Date of Delivery: 20/7/26.
Assistant Surgeon: Dr. priyadarshini, Dr. Dha.	Time of Delivery: 9:54AM
Anaesthetist's Name: Dr. Ayesha.	Gender of Baby: MALE
Type of Anaesthesia: Spinal	Weight of Baby: 2.3kg
Neonatologist: Dr. Sreegan.	AGPAR Score: 8, 9
Scrub Nurse: Natasha, Susheela.	NICU Admission: ☐ Yes ☐ No

Pre-Operative Diagnosis: Primi | 37+2 wk | GDM | FGR (Polyhydramnios)

☑ Elective ☐ Emergency Indication: FGR

Urgency

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

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

CTG Description: Reactive.

If there was a delay give the reasons: .....

Surgical Procedure: Elective. Lower Segment Cesarean Section.

Post Operative Diagnosis: POD-0 P1L1 / GDM.

Peri-Operative Complications:

Amount of Blood Loss:	Blood Transfused (in ML):

Name and Number of Surgical Specimen sent for examination:

Baby delivered by - Dr. Padmaja
Uterine closure by - Dr. Priyadarshini

Examination Findings when Appropriate:

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

5th Palpable: ..... Fetal Position: .....

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

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

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

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

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

Previous Scar: ☐ Intact ☐ Thinnedout ☐ Ruptured ☑ No Scar

Incision Through Placenta: ☐ Yes ☑ No Liquor - excess.

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

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

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

Cord Appearance: Normal Hypercoiling (+) Cord around the neck ☑ Yes ☐ No

Appearance of placenta: Normal Cavity explored ☑ Yes ☐ No

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

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

Peritoneal Closure: ☑ Pelvic ☐ Abdominal ☐ None ..... Vicryl No-2 ..... Suture

Sheath Closure: ..... Vicryl No. 1 ..... Suture

Fat Closure: ☑ Yes ☐ No ..... Monocry - No. 1 ..... Suture

Skin Closure: ☑ Subcuticular ☐ Mattress ..... Monocryl No. 1 ..... Suture

Vaginal Evacuated ☑ Yes ☐ No

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

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

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

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

Post-Operative Notes:
- NBM till 4hours
- IVF
- Drugs as charted
- Urine I/O Charting
- W/F PV bleed
- Monitor vitals
- Inform SOS.

Doctor Name: Dr. Padmaja Doctor Signature: Padmaja

Date & Time: 20/7/22.

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00013565 IP26-00006889 Mrs AARTI WAGHRAY 21-05-1996 30 Y 1 M 29 D (F) Dr. PADMAJA YELISETTY	20/12/26 @ 6:30pm	20/12/26 @
	Transfer Ordered by Dr Manisha.	Reason for Transfer OBS
From Unit Pre-post	To Unit Room	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 35	Number of Imaging Films - V —	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	RL 500ml — (1)	
2.		
3.		
4.		
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sindhuja	Dr Manisha

Patient & Clinical Records Received by : Madhuri 20/12/26

Date & Time of Patient Received : @ 2PM

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

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

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00013565 IP26-00006889 Mrs AARTI WAGHRAY 21-05-1996 30 Y 1 M 29 D (F) Dr. PADMAJA YELISETTY	20/4/26 @ 6:30AM.	20/4/26 @ 9:10AM
	Transfer Ordered by Dr. Naveena	Reason for Transfer F/U LSCS
From Unit Pre Post	To Unit	Information to Attendant Yes ☐ No ☐
Number of Sheets in Clinical File 30	Number of Imaging Films USG - 1	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

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

Patient & Clinical Records Received by : Puja 20/4/26 @ 9:19am.

Date & Time of Patient Received :

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

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

HNH-00013565 IP26-00006889
Mrs AARTI WAGHRAY
21-05-1996 30 Y 1 M 29 D (F)
Dr. PADMAJA YELISETTY

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MEDICATION RECONCILIATION FORM

Drug Allergies: Nil ☐ Not known any Drug Allergies

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

Shifting From: ..... Shifted to: .....

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	T- IRON	1TAB	PO	OD	19/7	☐ C ☑ DC
2	T-CALCIUM	1TAB	PO	OD	19/7	☐ C ☑ DC
3	CAP. VITAMIN D	1CAP	PO	OD	19/7	☐ C ☑ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature: Dr. Naveena

Date & Time : 20/7/2026 @.

Nurse Name & Signature: Sujatha S.

Date & Time : 20/7/26 @ 5:40 AM

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

HNH-00013565 IP26-00006889
Mrs AARTI WAGHRAY
21-05-1996 30 Y 1 M 29 D (F)
Dr. PADMAJA YELISETTY

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OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 20/2/26 Time of Arrival: 6:30 AM Time Seen by Nurse: 6:30 AM.

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

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

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

3) **Vital Signs:** Temperature: 97.1°F Pulse: 89 RR: 20bmt SpO_2: 99% BP: 110/70 Weight: .....

4) **Gestational Criteria:**

Gravida:	G	P 1	L	A

LMP: 31/10/25 EDD: 7/8/26 Gestational Age: 37+3 days

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

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

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

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

6) **Past History:**

a) Surgeries: Nil

b) Medical: Nil

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Mrs AARTI WAGHRAY
21-05-1996 30 Y 1 M 29 D (F)
Dr. PADMAJA YELISETTY

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

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

9) **Prenatal Medical History:**

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

Triage Category: (Please tick on the category)

Refer to OBSTETRICAL TRIAGE ACUITY SCALE (OTAS)

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

OBCU Obstetrical Triage Acuity Scale (OTAS)

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

Time seen by Doctor: .....

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

Date: 2017/12/6 Time: .....

HNH-00013565 IP26-00006889
Mrs AARTI WAGHRAY
21-05-1996 30 Y 1 M 29 D (F)
Dr. PADMAJA YELISETTY

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OBSTETRICS / GYNECOLOGY
NURSING INITIAL ASSESSMENT FORM

Date of Admission: 20/7/26

Baseline Information:

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

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

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

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

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

If yes , identify .....

Chief Complaints: .....

came for delivery

Doctor Notified on Admission: ☑ Yes ☐ No

Name of the Doctor: Dr.

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: .....

Regular

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: NO

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: 97.7F HR: 75bmt RR: 20bmt

BP: 110/70 Weight: ..... Height: ..... BMI: .....

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

HNH-00013565 IP26-00006889
Mrs AARTI WAGHRAY
21-05-1996 30 Y 1 M 29 D (F)
Dr. PADMAJA YELISETTY

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 ..Family members.....

Orientation has been given regarding the following aspects:

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

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

Above information given to ..Pt.....

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

Orientation not given Reason: .....

Nurse Signature: .....

Nurse Name: ..Akshy.....

Date & Time: ..20/7/20.....

HNH-00013565 IP26-00006889
Mrs AARTI WAGHRAY
21-05-1996 30 Y 1 M 29 D (F)
Dr. PADMAJA YELISETTY

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NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 20/7/26 Time: 5:40pm

Origin: Indian Height: 154cms. Weight: 74.2kg BMI: ☐ ~ 26 kg/m² ☐ ~ 28 kg/m² ☐ ~ 30 kg/m²
31.30 kg/m²

Food Allergies: NO

Diagnosis: LSCS

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

Diet Advised:

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

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

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

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

Patient's / Attendant's	Dietician's
Signature: Aarti	Signature: S
Name: Aarti	Name: Sathvika-G
Date & Time: 20/7/26, 5:40pm	Date & Time: 20/7/26, 5:40pm

DIETARY NOTES

Date	Time	Notes	Sign

H-00013565 IP26-00006889
: AARTI WAGHRAY
05-1996 30 Y 1 M 30 D (F)
PADMAJA YELISETTY

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CROSS CONSULTATION FORM

Doctor Name : Dr. padmaja Date : 21/7/26 Time : 2:13 pm

Diagnosis : LSCS

Hospital : RCH - HMNR

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

Type of Referral :
☐ Emergency
☐ Urgent
☐ Non Urgent

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

Signature:

Findings and Recommendations :

Lactation care plan

- well formed Breast & Nipples
- colostrum seen
- primi, Term
- Aim for deep latch as demonstrated in cross cradle / cradle hold
- Baby is not sucking continuously, starting to suck with strong stimulation.
- Demand feeding not exceed 2½ hours as per early hunger cues. on each side 15-20 mins
- Advice DBF & f/b Burping.

Consultant :

Name : Sathwika-G Signature : S Date & Time : 21/7/26, 2:13 pm

HNH-00013565 IP26-00006889
Mrs AARTI WAGHRAY
21-05-1996 30 Y 1 M 29 D (F)
Dr. PADMAJA YELISETTY

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BREAST FEEDING HANDOVER AND ASSESSMENT FORM

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

2. If No, Reason .....

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

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

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

Feeding Positions:
Cross Cradle

Feeding Positions:
Football / Clutch

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

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

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

9. Additional notes: Baby breast-feed ever 2-3rd hourly given.

Continuity of Care: Date: 20/2/26

Handover given by ....

Signature ....

Date & Time: 20/2/26 2.40

Handover taken by ....

Signature ....

Date & Time: ....

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

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Patient Name : MRS. AARTI WAGHRAY Gender: ☐ Male ☑ Female Age : 29 YRS

UHID No : HNH - 0001/3565 Date : 20/7/2026

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)

ELECTIVE LOWER SEGMENT CAESERIAN SECTION

upon

MRS. AARTI WAGHRAY (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.

Bleeding, wound infection, wound breakdown, need for Blood tanslasion, chances of injury to adjacent Organs like Bowel, Bladder, ureter, Bloodvessels; UTI, DVT, PE, future Pregnancy, uterine rupture, placenta Acreta Spectrum, possibility of return to theatre, skin laceration, cut to baby

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. Padmaja Yelisetty

Consentee :

Signature : Aarti

Name : AARTI WAGHRAY

Date & Time : 20/7/2026 @ 7:30am

Patient Attendant :

Signature : Vinit

Name : VINIT RAJ MAHENDRA

Relationship with Patient: HUSBAND

Date & Time : 20/7/2026 @ 7:30am

Witness :

Signature : Madhu

Name : Madhunitha

Date & Time : 20/7/26 @ 7:30Am

Doctor (who is taking the consent) :

Signature :

Name : Dr. Nayeena

Date & Time : 20/7/2026 @ 7:30am

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE

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Patient Name : Mrs. AARTI. WAGHRAY Age : 30 Yr. Gender : Male ☐ Female ☑

UHID NO: HNH-0013565 Surgeon Name: Dr. PADMAJA. Y

Anaesthesiologist : Dr. SAMIR

Operative procedure planned : EL-LSCS

PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA

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

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

☐ Heart disease ☐ Hypertension ☐ Diabetes mellitus ☐ Renal failure

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

☐ Incapacitating Cronic Obstructive Pulmonary Disease

☐ Others : .....

Comments : .....

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

DECLARATION BY PATIENT / GUARDIAN / PROXY

I hereby authorize Rainbow Hospital & its authorized doctors to perform upon me / my patient Mrs. AARTI. WAGHRAY the above mentioned operation / Diagnostic / Therapeutic procedures EL-LSCS

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 : Aarti

Name : AARTI WAGHRAY

Relationship with Patient: .....

Date & Time : .....

Witness :

Signature : Vinit

Name : VINIT RAJ MAHENDRA

Date & Time : 20/7/26

Doctor (who is taking the consent) :

Signature : SV

Name : Dr. SAIRAS. V

Date & Time : 20/07/2026 7:15 AM.

SURGICAL SAFETY CHECKLIST

HNH-00013565 IP26-00006889
Mrs AARTI WAGHRAY
21-05-1996 30 Y 1 M 29 D (F)
Dr. PADMAJA YELISETTY

Surgeon : Dr. Padmaja Yelisetty
Asst. Surgeon : Dr. Priyadarshini Bradu
Anaesthetist : Dr. Ayesha.
Scrub Nurse : Sr. Susheela, Sr. Vishnu

..... Age : 30 Yrs. Gender : F
...ery Name : EL. LSCS
Date : 20/7/26 In-time : 9:30 Am Out-time : 11:00 Am

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Before Induction of Anaesthesia ➤➤

SIGN IN Time: 9:23 Am

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

Site Marked ☐ Yes ☐ No ☑ NA

Anaesthesia Safety Check Completed ☑ Yes ☐ No

Pulse Oximeter on Patient & Functioning ☑ Yes ☐ No

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

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

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

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

Signature : Dr. Ayesha
Name : Dr. SK. Ayesha

Before Skin Incision ➤➤

TIME OUT Time: 9:46 Am

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

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

Anticipated Critical Events

Surgeon Reviews:
- What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss? 1½ hr bleeding 300ml ☑ 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

Signature : S
Name : Sarayu

Before Patient Leaves Operating Room

SIGN OUT Time: 9:50 Am

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 : For Dr. Padmaja
Name :

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00013565 IP26-00006889 Mrs AARTI WAGHRAY 21-05-1996 30 Y 1 M 29 D (F) Dr. PADMAJA YELISETTY	20/07/26 @6:30Pm	Natasha 20/07/26 @11:10Am
	Transfer Ordered by Dr. Ayesha.	Reason for Transfer Observation
From Unit OT	To Unit Pre-Post	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 34	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
Sr. Natasha Natasha	Dr. Ayesha

Patient & Clinical Records Received by :

Date & Time of Patient Received : 29/7/26 21

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

Department of Anaesthesiology

PRE-ANAESTHETIC EVALUATION

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Name: Mrs. Aarti Waghray Age: 30y Sex: female UHID.No : HNH-13565

Date: 8/7 Time: 1200pm. Proposed Operation: LSCS (17/7)

Diagnosis: Primi

B.P / CRT: ..... H.R: ..... Weight: 74 kg ASA Physical Status: ☐ 1 ☑ 2 ☐ 3 ☐ 4 ☐ 5

Laboratory Data:

Hgb: 11.8	Glucose:	Protein:	HIV:	X-Ray:
PCV: 35.8	Urea:	Alb:	HBS Ag: NR.	ECG:
WBC: 9860	Creat:	Total Bill:	HCV:	2D Echo:
Plate: 2.2 Lakh.	Na:	Dir. Bill:	Blood group: B pos.	Stress/Anglo:
PT:	K:	LDH:	T3	Other: placenta - post. RT
PTT:	Ca++:	Alk phos:	T4	
INR:	Mg++:	Amylase:	TSH	
	Cl -:	SGOT/SGPT:		

Allergies: NKDA.

Medical History: CVS : /

RESP : patient fit & healthy. Diabetes : GDM on diet control.

CNS : No significant medical history.

Renal : Regular - AKCS - uneventful - vaccinated.

Hepatic / GE : / Physical Activity: active / NYHA-I.

Others : /

Past Anaesthetic History: Dental procedures + LS.

Physical Exam: coherent.

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

Lungs : / clear clinically.

Heart:

CNS:

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

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

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

12AM ← solids → 9AM

7AM = WATER

CURRENT MEDICATIONS	DOSAGE
D3 / Fe / Ca.	

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:
   - CBP.

Signature: Name: Dr. Sanin Khayath.

HNH-00013565 IP26-00006889
Mrs AARTI WAGHRAY
21-05-1996 30 Y 1 M 29 D (F)
Dr. PADMAJA YELISETTY

ANAESTHESIA CHART

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Pre Induction Assessment

Change in Patient Condition: ☐ Yes ☑ No	Fasting Status: Adequate

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

H.R: 94/min	B.P / CRT: 125/94	SpO_2: 98% ̄c RA	R.R: 18/min	Last Feed: >6 hrs

Pre-OP Diagnosis: Primi, 37+3wks with GDM on diet Operation: ELECTIVE LSCS Date: 20/7/26

Surgeon: Dr. Padmaja, Dr. Priyadarshini Anaesthesiologist: Dr. Ayesha Technician: Pallavi, Saraswathy

TIME	9:30	9:40	9:50	10:00		10:30		
N_2O /AIR /O_2 LPM								
HALO /SO /SEVO								
Drugs:								
FIO_2 / (SaO_2)	100	100	100	100	100	100	100	100
$ETCO_2$								
ECG	SR	SR	SR	SR	SR	SR	SR	SR
Temperature								
Urine Output								
Fluids / Blood	2 RL							

Antibiotic

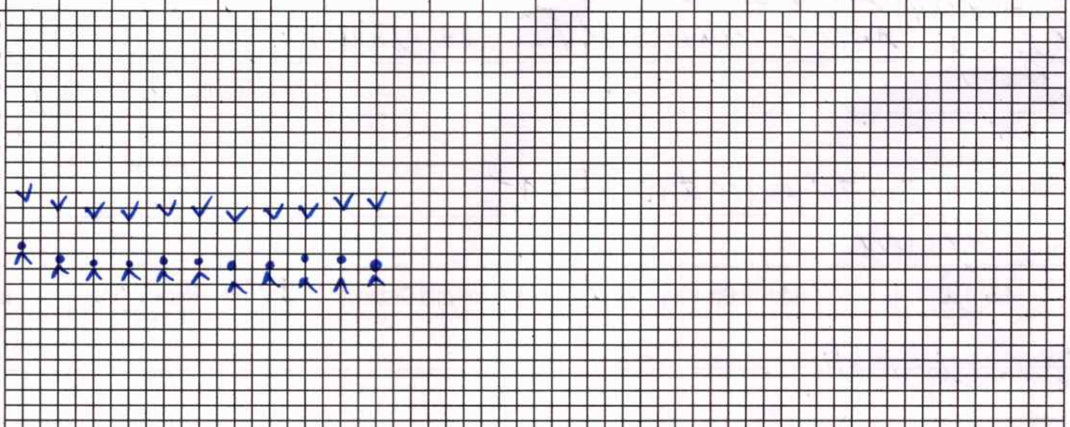
Suppository: DICLOFENAC 100mg PR, TRAMADOL 100mg PR

Blood Loss: 350ml

NOTES

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

Tourniquet on Time
Tourniquet off Time
Throat Pack In
Throat Pack Out



LAB Values
ABG
GRBS
Others

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

Position:
☑ Pressure Points Checked

Eye Care:
☐ Oint
☐ Tape
☐ Padding
☑ Awake

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

Times:
Anaes Start: 9:30Am
OP Start: 9:45Am
OP End: 10.45
Leave OR: 11Am

Anaesthesia:
☐ GA
☐ Monitored Anaesthesia Care
☑ Regional

Line (Size & Location)
☐ CVP:
☐ ART:
☑ IV: 18G on (Lt) UL
☐ IV:
☐ IV:

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

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

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

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

Regional:
Extremity Specify: SAB
☑ Spinal ☐ Epidural ☐ Caudal
Others:
Position: Sitting
Site: L_3-L_4
Needle Size: 27G PP Depth:
Parasthesia ☐ Yes ☑ No
Catheter at skin .... cm
Drug Name & Conc: 0.5% HEAVY BUPIVACAINE
Bolus: 2ml + 90mcg BUPRENORPHINE
Infusion:
Block Level: T_4 – T_4
Comments:

Transportation to
☐ PACU ☐ ICU ☐ Other
Relaxant Reversed ☐ Yes ☐ No ☐ NA
Name of the Doctor: Dr. Ayesha
Signature of the Doctor: [signature]

HNH-00013565 IP26-00006889
Mrs AARTI WAGHRAY
21-05-1996 30 Y 1 M 29 D (F)
Dr. PADMAJA YELISETTY

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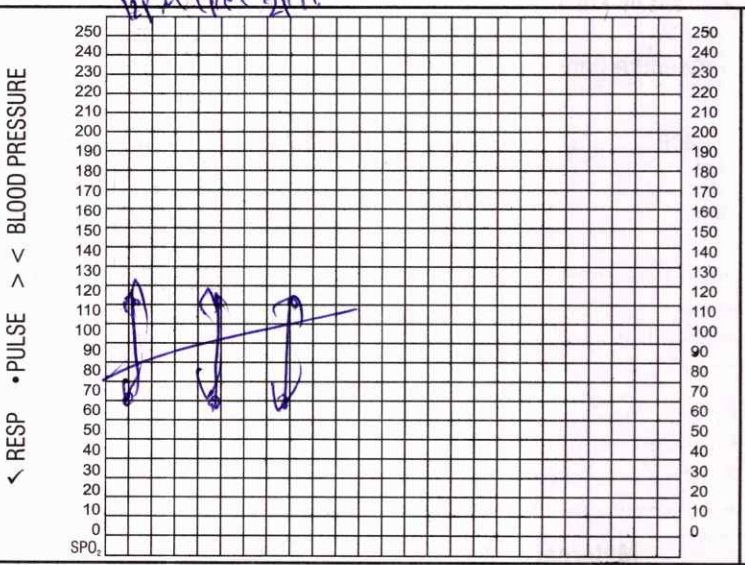
POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Madhu Time Received : 11 AM Time Discharged : 11 AM



IV Cannula Site : Rt hand

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

Vomiting : ☐ Yes ☑ No Drug:
NG Tube : ☐ Yes ☑ No
Drain: ☐ Yes ☑ No
Urinary Catheter: ☐ Yes ☑ No
Chest Tube: ☐ Yes ☑ No
Nil Oral ☐ Yes ☑ No
IV Fluids: RL 500ml
Oral Feeds:

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

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
20/7	11Am	0/10	Patient comfortable	
20/7	12pm	0/10	None	
20/7/26	1pm	0/10	None	
20/7/26	2pm	0/10	None	

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

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

Anaesthesiologist Name : Dr. Ayesha
Anaesthesiologist Signature: Ayesha
Date & Time: 20/7/26

PACU Nurse Name : Aarti 3:40pm
PACU Nurse Signature:
Date & Time: 20/7/26 3:40pm

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

Patient Sticker

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Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

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

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

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

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

Solution Composition : .....

Any other issues :

a) .....

b) .....

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

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

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

Patient Satisfaction : .....

Discharge /Shifting ordered by

Doctor Signature: .....

Doctor Name: .....

Date and Time : .....

26-00002152

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NARCOTIC PRESCRIPTION FORM
(PATIENT COPY)

Patient Name:	Mrs Aarti Waghray	Age:	30Y	Gender:	F
UHID No:	HNH - 0001356	IP No:	26-00006889	Date:	20/7/26
Time:	7:19 Am				
Diagnosis:	tscs (Dual - DT)				

PRESCRIPTION DETAILS (Tick only one of the following)

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

Doctor Name: Dr. Sriram ✓ Doctor Registration No: Apmc 75177

Signature: ✓

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

IP Registration No: 26-00006889 **Date:** 20/7/26

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

1.	**Name :** Mrs Aarti Waghray	**Remarks**
2.	Complete postal address (with contact number, if any)	Gotconda Hyderabad
3.	Brief description of the illness	tscs
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	INJ: Fentanyl

Date	Name of the Essential Narcotic Drugs	Quantity	Signature / Thumb Impression of the patient / Patient Attender	Remarks, if any
20/7	INJ: Fentanyl	01	Aarti	

Dispensed by (Name & ID No.): Sawa (018422) Signature: .....

Received by (Name & ID No.): M Arvind Kumar (021257) Signature: Arv

Time: .....

26-00002157

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BirthRight BY RAINBOW HOSPITALS
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NARCOTIC PRESCRIPTION FORM
(MEDICAL RECORD)

Patient Name: Mrs Aadi Waghray		Age: 30Y	Gender: F
UHID No: HNH – 00013565	IP No: 26-00006889	Date: 20/7/26	Time: 7:19 Am
Diagnosis: JSCS (Wound - 07)			

PRESCRIPTION DETAILS (Tick only one of the following)

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

Doctor Name: Dr. Sriram ✓ Doctor Registration No: APMC 75177

Signature: ✓

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

IP Registration No: 26-00006889 Date: 20/7/26

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

1.	Name : Mrs Aadi Waghray	Remarks
2.	Complete postal address (with contact number, if any)	Gachibowli Hyderabad
3.	Brief description of the illness	JSCS
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	INJ: Fentanyl

Date	Name of the Essential Narcotic Drugs	Quantity	Signature / Thumb Impression of the patient / Patient Attender	Remarks, if any
20/7	INJ: Fentanyl	01	Aadi	

Dispensed by (Name & ID No.): Sowa (018422) Signature: .....

Received by (Name & ID No.): M Arvind Kumar (021257) Signature: AK

Time: .....

Docu. No: RCH / FRM / CLINICAL / 133