Dr. Swapna

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

ESTIMATION SLIP

Date : 22/6/26 **UHID / IP No. :** BAH-0057606 **Sl No.** 1638

Name of Patient : Mrs. Saloni Bansal **Age:** 29yr **Gender:** F

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

Address : _____ **Phone :** 9160422805 **Email :** 9396520640

Procedure / Plan : NDL LSCS **EDD/Dos:** July-6th

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

TARIFF INFORMATION :

Particulars	Package Amounts (Rs.)	
Room Category	Normal Delivery	LSCS
Multi Shared Ward		
Shared Ward		
Twin Shared Ward		
Private Room		
Super Deluxe Room		
Suite Room →	2.60 (M+B)	
Package includes (Package starts from the time of admission) 4 Days Stay	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 :	Length of Stay for :
	Pharmacy up to	Pharmacy up to
	Investigations up to	Investigations up to
Others	Well baby Cour	2.5L to 3L

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

Initial Minimum Deposit : 50% Advance time of Admission

REMARKS :

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	Signature of the financial Counselor
	Signatory Relationship	

BAH-00576069 IP26-00006702
Mrs SALONI BANSAL
08-01-1997 29 Y 5 M 23 D (F)
Dr. SWAPNA SAMUDRALA

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SURGERY DETAILS

Date : 11/7/26

Patient Name: Mrs. Saloni Bansal Date of Birth: 8-01-1997 Age: 29 Yrs

Gender: Female Ward : OT UHID No: BAH-00576689

Date of Surgery: 11/07/26 ☐ OT -1 ☐ OT -2 ☐ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : Elective LSCS Ju S.A

Time in : 2:30 pm Time Out : 4pm

		NAME	AMOUNT
1.	Surgeon	: Dr Swapna S.	
2.	Anaesthetist	: Dr Ayesha	
3.	Assistant Surgeon	: Dr Manisha -	
4.	OT Technician	: Sr. Saraswathi	
5.	Circulating Nurse	: Natasha	
6.	Assistant Nurse	: SN Sangeeta / Kavitha	

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

Dr Manisha
For Dr Swapna
Signature of the Surgeon

Signature of Circulating Nurse

Order No: 26-00020982 Order by: Sangeetha

BAH-00576069 IP26-00006702
Mrs SALONI BANSAL
08-01-1997 29 Y 5 M 23 D (F)
Dr. SWAPNA SAMUDRALA

EL LSCS

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CONSUMABLES OF OT

Circulating staff : Natasha Technician : Saraswathi Date : 1/7/26 Time :

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube			Major Pack LSCS drap		01	Inj Vit.K		01
LMA			Sutures 2346 . 2364	2	1+1	Cord Clamp		01
ECG leads : A / P / N		03	1242 + 1326	1+1		Suction Catheter		
HME filter : A / P / N						Feeding Tube		
Syringes : 10 cc		02				Vaccum Suction Set		
05 cc		02	Gloves S.G 6½		04	Surgical Gloves S.G 6½		02
02 cc		01	Encore G 6½		01	Gauze Pack		01
01 cc		01				Syringe 1ml / 2ml		01
Cautery plate : A / P / N		01	Surgical blade 22		01	Surgical Blade # 20		01
IV set			NG tube			Koochies (S)		
RL		01	Cautery pencil		01	26-00002098[illegible]		
NS : 10ml / 100ml / 500ml / 1000ml			Koochies XXL		01			
Oxytocin		2	Ointments					
Tranexa 1gm		2	Suction Catheter					
Fentanyl		01	Cap, Mask		10+10			
Morphine			Gauze Pack 7.5x7.5		02			
Ketamine			Mop Pack		02			
Propofol			Steristrip					
Rocuronium			Underpad		01			
Glycopyrolate			Draw sheet					
Myopyrolate			Abgel		01			
Ondansetron		01	Foleys catheter					
27 Pencan 25g / Spinal Needle 22		01	Urobag					
Bupivacaine 0.25%			Chest Drainage Catheter					
Inc with Bupivacaine 0.25%(Heavy)		01	Romodrain bag					
Antibiotics			Bandage					
~~Vkan~~ Vancomycin 1gm		01	Tegaderm					
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg		01	Vaccum Suction set		01			
Justin : 12.5 mg / 25mg / 100mg		01	Plastic Bed Sheet					
Tab. Misoprost : 200mg		04	Betadine Solution		02			
Encore glove 6.5		01	Microshield		01			
Gauze 7.5x7.5		01	Cotton Balls		01			
			Latex Gloves		20			
			Ramdione Scrub					
			Saral					

Surgeon Anaesthesiologist Nurse OT Technician

Order No. 26-00002098[illegible]/2098[illegible] Ordered by : Surgeon

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

Rainbow Childrens Hospital-Himayatnagar

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

ELECTRONIC MEDICINE PRESCRIPTION

MRN	BAH-00576069	Name	Mrs SALONI BANSAL
Age / Sex	29 Y 5 M 23 D / Female	Doctor	SWAPNA SAMUDRALA
Adm/Reg Date/Time	01/07/2026 12:14	Payor	SELFPAY
Order Date	01/07/2026 17:48	Ordernumber	26-0000209814
Visit ID	IP26-00006702	Ward/Bed No	4F -OT / PDA-412
Patient Address	H.NO: 3-5-575, ROYAL HOME SUMMIT APT., Narayanguda, Hyderabad, INDIA, 500029		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	PENCAN 27G (B/BRAUN)		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
2	MONOCRYL 3-0 NW 1326	MONOCRYL 1326	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
3	SURGICAL BLADE 22	SURGICAL BLADE 22	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
4	VICRYL 1-0 VP 2346	VICRYL 1-0 VP 2346	1 Nos	/ Once Daily	2 Days		2 Nos	Dispensed
5	JUSTIN SUPPOSITORIES 100 MG 5 S		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
6	MOPS 30X30 8PLY 5S X-RAY	MOPS 30X308 PLYDATT	1 Nos	/ Once Daily	2 Days		2 Nos	Dispensed
7	VACCUME SUCTION SET		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
8	POVINANZ SOLUTION 10% 100 ML		1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
9	SGLOVE # 6.5 (SURGICARE)	SURGICAL GLOVES 6.5	1 Nos	External / Once Daily	1 Days		4 Nos	Dispensed
10	LSCS DRAPE PACK (PROTECTCARE)		1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
11	GAUZE 7.5X7.5 12 PLY (5 NOS) NON XRAY	GAUZE 7.5X7 5 12 PLY 5 NOS	1 Nos	External / Once Daily	1 Days		3 Nos	Dispensed
12	TRUGUT CHROMIC CATGUT SN4242	TRUGUT CHROMIC CATGUT SN4242	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
13	ONDOKIND INJ 4 MG 2 ML		1 Nos	/ Once Daily	1 Days		1 Vial	Dispensed
14	DSYRINGE 1ML (NIPRO)	SYRINGE 1ML	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
15	RL 500 ML CLOSED SYSTEM	RINGER LACTATE 500ML CLOSED	1 Bottle	/ Once Daily	1 Days		1 Bottle	Dispensed
16	DSYRINGE 5ML;(NIPRO)	SYRINGE 5ML	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
17	BACTOPREP SOLUTIONS 100 ML		1 mL	/ Once Daily	1 Days		1 Nos	Dispensed
18	MISOPROST TAB 200MCG 4S		1 Tabs	External / Once Daily	1 Days		4 Tabs	Dispensed
19	VENFLON I -18 G	IV CANULLA 18	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
20	CAUTERY PENCIL (ADVANCE)		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
21	VICRYL 1-0 NW 2364	VICRYL 1-0 NW 2364	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
22	Encore Micropte gloves-6.5		1 Nos	/ Once Daily	1 Days		2 Nos	Dispensed
23	BIOXAMIC 500 MG INJ		1 Ampule	External / Once Daily	1 Days		2 Ampule	Dispensed
24	PREGELLED SURGICAL PLATES(ADULT)	PREGELLED PLATED ADULT	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
25	DSYRINGE 10ML (NIPRO)	SYRINGE 10ML	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
26	EVATOCIN (OXYTOCIN) INJ 5 IU 1 ML		1 Vial	External / Once Daily	1 Days		2 Vial	Dispensed
27	COTTON BALLS 2 GM 5 NOS		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
28	ABGEL SURGI PAD (BIG) (GELSPON)	ABGEL	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed

SWAPNA SAMUDRALA

Reg No : 69924

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

Note

* This prescription is valid only for specified duration.

* Do not refill medicines.

Rainbow Children's Hospital

Rainbow Childrens Hospital-Himayatnagar

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040-48873000, info@rainbowhospitals.in

ELECTRONIC MEDICINE PRESCRIPTION

MRN	BAH-00576069	**Name**	: Mrs SALONI BANSAL
Age / Sex	: 29 Y 5 M 23 D / Female	**Doctor**	: SWAPNA SAMUDRALA
Adm/Reg Date/Time	: 01/07/2026 12:14	**Payor**	: SELFPAY
Order Date	: 01/07/2026 17:48	**Ordernumber**	: 26-0000209813
Visit ID	: IP26-00006702	**Ward/Bed No**	: 4F -OT / PDA-412
Patient Address	H.NO: 3-5-575, ROYAL HOME SUMMIT APT., Narayanguda, Hyderabad, INDIA, 500029		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	SURGEON CAP(FEMALE) (PROTECTCARE)		1 Nos	External / Once Daily	1 Days		10 Nos	Ordered
2	SUPRIDOL SUPPOSITORIES 100 MG 5 S		1 Nos	External / Once Daily	1 Days		1 Nos	Ordered
3	E.C.G ELECTRODES (ADULT)	ELECTRODES ADULT	1 Nos	External / Once Daily	1 Days		3 Nos	Ordered
4	FACE MASK 3 LAYER - ELASTIC	FACE MASK 3 LAYER	1 Nos	External / Once Daily	1 Days		10 Nos	Ordered
5	UNDERPADS 60X90 BUTTERFLY		1 Nos	External / 10 AM	1 Days		1 Nos	Ordered
6	ADULT DIAPERS-XXL		1 Nos	External / 10 AM	1 Days		1 Nos	Ordered
7	DSYRINGS 2.5ML(NIPRO)	SYRINGE 2ML	1 Nos	External / Once Daily	1 Days		1 Nos	Ordered
8	NITRILE EXAMINATION GLOVES P F- MEDIUM		1 Nos	External / Once Daily	1 Days		20 Nos	Ordered

SWAPNA SAMUDRALA

Reg No : 69924

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Note

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

*** Do not refill medicines.**

Printed Date/Time : 01/07/2026 17:57 Printed By : SUNKARI SANGEETHA

Rainbow Children's Hospital

Rainbow Childrens Hospital-Himayatnagar

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

ELECTRONIC MEDICINE PRESCRIPTION

MRN	HNH-00016290	**Name**	: Baby Of SALONI BANSAL
Age / Sex	0 Y 0 M 0 D 2 H / Male	**Doctor**	: SINDHURA MUNUKUNTLA
Adm/Reg Date/Time	: 01/07/2026 15:56	**Payor**	: SELFPAY
Order Date	: 01/07/2026 17:50	**Ordernumber**	: 26-0000209817
Visit ID	IP26-00006706	**Ward/Bed No**	: 4F -OT / CRDL-HNPDA-412-1
Patient Address	H.NO: 3-5-575, ROYAL HOME SUMMIT APT., Narayanguda, Hyderabad, INDIA, 500029		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	GAUZE 7.5X7.5 12 PLY (5 NOS) NON XRAY	GAUZE 7.5X7.5 12 PLY 5 NOS	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
2	SGLOVE # 6.5 (SURGICARE)	SURGICAL GLOVES 6.5	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
3	SURGICAL BLADE 20	SURGICAL BLADE 20	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
4	DSYRINGE 1ML (NIPRO)	SYRINGE 1ML	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
5	INJEK INJ 1 MG 0.5 ML		1 Nos	/ Once Daily	1 Days		1 Vial	Dispensed
6	CORD CLAMP-AI PHAMEDICARE		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed

SINDHURA MUNUKUNTLA

Reg No : 66970

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

Note

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

*** Do not refill medicines.**

309
fc

Name	Mrs SALONI BANSAL	**UHID**	BAH-00576069
Father/Guardian	Mr SUBHAM BANSAL	**Age/Gender**	29 Y 5 M 23 D/ Female
Address	H.NO: 3-5-575, ROYAL HOME SUMMIT APT., Narayanguda, Hyderabad, INDIA, 500029		
IP No	IP26-00006702	**Admission Date**	01-07-2026
Ref Doctor	Self.		
Discharge Date	05.07.2026		

DISCHARGE SUMMARY

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

Diagnosis: G2P1L1 AT 37^{+6} WEEKS WITH PREVIOUS LOWER SEGMENT CAESAREAN SECTION FOR ELECTIVE LOWER SEGMENT CAESAREAN SECTION

ELECTIVE LOWER SEGMENT CAESAREAN SECTION DONE ON 01.07.2026

History:
LMP: 01.10.2025 Obstetric formula:G2P1L1
EDD: 16.07.2026 Gestation at admission: 37^{+6} weeks

Obstetric History:
G1 - 2024- FT- LSCS (Ind:Maternal request),Female,3kg,A&H
G2 - 2025- Present pregnancy Spontaneous conception.

Medical History: Nil
Family History : Nil
Surgical History: LSCS- 2024
Allergies : Nil

Antenatal Details:

Name	Mrs SALONI BANSAL	**UHID**	BAH-00576069
IP No	IP26-00006702	**Admission Date**	01-07-2026

Mrs SALONI BANSAL was booked to Rainbow hospital at 8^{+6}weeks of gestation. She had regular antenatal checkups and investigations as advised. NT scan normal. FTS low risk. TIFFA normal. Fetal monitoring was done by serial growth scan. Scan done on 27.06.2026 showed Single live intrauterine fetus at 37^{+2} weeks with cephalic presentation with EFW: 2650gm (14%) AC:11%with AFI:10.6cm with placenta- anterior high and with normal Dopplers normal She was admitted at 37^{+6} weeks with previous LSCS for EL.LSCS.

Investigations: Enclosed.
Blood group: "O Positive"

Management: Course in hospital:
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 600 mcg given per rectum as prophylaxis against Postpartum hemorrhage. Patient was shifted out of theatre to post operative recovery room.
***LUS thinned out**
***Omentum adherent to anterior left lateral wall of uterus**

Delivery Details:
Date : 01.07.2026
Time of Delivery :3:01 PM
Type of Delivery : Elective Lower Segment Caesarean Section

Name	Mrs SALONI BANSAL	UHID	BAH-00576069
IP No	IP26-00006702	Admission Date	01-07-2026

Indication : Previous LSCS
Anaesthesia : Spinal

Baby Details:
Date : 01.07.2026
Time : 3:01PM
Sex : Male
Weight : 2.88kg
Apgar : 8,9
Gestational Age: 37+6 weeks
NICU Admission: No

Post-Operative Notes:
She was closely monitored. Her vital signs remained stable. Uterus was well retracted with no postpartum hemorrhage. Breast feeding initiated. She was shifted to room. Her postoperative period following that was uneventful. On POD 2 , Inj FCM 1g was given in view of anemia. On third postoperative day dressing was changed. On inspection wound was healthy. Her general condition was satisfactory and she was found to be fit for discharge. Wound care and medications were explained to patient supplemented by written information. She was given the postpartum book for further reference

Advice:
1. Tab. Taxim O 200mg twice daily till 07.07.2026(9am-9pm) after food.
2. Tab. Calpol (Paracetamol 500mg) 2 tablets thrice daily till 05.07.2026 (8am-2pm-10pm) after food.
3. Tab. Voveran (Diclofenac-50mg) 1 tablet thrice daily till 05.07.2026(9am-3pm-11pm) after food.
4. Tab. Pantodac (Pantoprazole - 40mg) 1 tablet twice daily till 07.07.2026(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.

Home Blood pressure monitoring to be done **twice daily** for **two weeks**. Report to emergency if **BP >140/90mmHg**, presence of headache, vomitings,

blurred vision, reduced urine output, epigastric pain, seizures.

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

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

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

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

Patient/ Attender

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

RAINBOW CHILDREN'S MEDICARE LIMITED ★ HYDERABAD

Registrar/Resident/C.M.O

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

Rainbow Childrens Hospital-Himayatnagar

Rainbow Children's Hospital

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

ADMISSION SHEET

Registration Details :

Admission No : IP26-00006702 **Admit Date** : 01-Jul-2026 **Admit Time** : 12:14 PM **UHID** : BAH-00576069

Patient Details :

Patient Name	: Mrs SALONI BANSAL	**Age**	: 29 Y 5 M 23 D
Guardian	: Mr SUBHAM BANSAL	**DOB**	: 08-01-1997
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	: Married
Address (H)	: H.NO: 3-5-575, ROYAL HOME SUMMIT APT. Narayanguda Hyderabad INDIA 500029	**Phone No**	: 9160422805/ 9396520640
		E-mail	: SHUBHAMBANSAL303@GMAIL.COM

Admission Details :

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

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

Contact Details :

Name	: Mr SUBHAM BANSAL	**Relationship**	: Husband
Contact Address	: H.NO: 3-5-575, ROYAL HOME SUMMIT APT. Narayanguda Hyderabad INDIA 500029	**Phone No**	: 9160422805

Signature

Doctor Details :

Doctor Name	: Dr. SWAPNA SAMUDRALA	**Specialisation**	: OBSTETRICS AND GYNECOLOGY
Referral Doctor	: Self.	**Phone No**	:
Co-Consultant	:		

Payment Details :

Deposit Amount : 100000.00

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

PATIENT TRANSFER FORM

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
BAH-00576069 IP26-00006702 Mrs SALONI BANSAL 08-01-1997 29 Y 5 M 23 D (F) Dr. SWAPNA SAMUDRALA	3/7/26	1/7/26 @ 9pm
	Transfer Ordered by Dr. Veena	Reason for Transfer Observation
From Unit POE part	To Unit Room (309)	Information to Attendant Yes ☐ No ☐
Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sis. Monika.	Dr. Veena

Patient & Clinical Records Received by : Sis. Priya 9 pm 2/7/26.

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

PATIENT TRANSFER FORM

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It takes a lot to treat the little.

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
BAH-00576069 IP26-00006702 Mrs SALONI BANSAL 08-01-1997 29 Y 5 M 23 D (F) Dr. SWAPNA SAMUDRALA	01/07/2026 @	01/07/2026 @ 2:28 PM
	Transfer Ordered by Dr. Manisha.	Reason for Transfer FL LSCS
From Unit pre & post	To Unit	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 32	Number of Imaging Films NST - 1	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

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

Patient & Clinical Records Received by : Reema 2/07/26

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

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ACTIVITY RECORD FOR BILLING

Name :_____ BAH-00576069 IP26-00006702 _____
Mrs SALONI BANSAL
08-01-1997 29 Y 5 M 23 D (F)
Dr. SWAPNA SAMUDRALA

UHID No. : ___ ____Consultant: _____ Dept : _____

Date of Admissi ____Date of Discharge : _____ Time: _____

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
01/07/2026	2:28pm	pre & post	OT	Anusha / Sangeetha
1/07/26	4 pm	OT	pre post (309)	Sangeetha / Sujatha
1/7	9pm	pre & post		Anusha / Supriya

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	Kiranmayi (Lactation)	2/7/26	9989	
2	Cross checked by Mounika @ 10AM			
3				
4				
5				
6				
7				
8				
9				
10				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
1/7/26	CBP	10731	
1/7/26	NST (1)	0078444	
		cross checked	
		by Swathi	
		1/7/26 @	
		7:42PM	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
1/7	Infusion pump	4:30PM	8:30 pm	209843	Siatha
1/7	Cardiac monitor	4:30PM		209843	

Cross checked

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
1/7	IV placement	209774		
1/7	catheterization	209774		Sujatha
1/7	PAC (IP)	209845		
2/7	NHA	(1)	9988	
			Cross check	
3/7/26	IV placement	10426	(1)	
	IV Iron therapy		(1)	
	Crosschecked by Mounika @ 10AM			

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

BAH-00576069 IP26-00006702
Mrs SALONI BANSAL
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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints
Came for Sale Confinement
PPM well

Obstetric Formula: G2 P1 L1
ML: 2023, NCM

Obstetric History:
1st - 2024 Sep - LSCS, F, B wt 3kg @ RH HMNR
2nd: PP, Spontaneous pregnancy

Present Pregnancy Record:
Booked at 8+6 wks.
NT - (N) eFTS - lowerish
TIFFA (N)

RISK FACTORS:
Previous LSCS.

Height: 151 cm
Weight: ..... kg
Allergies: Nil.
Breast: ☑ Normal ☐ Abnormal

General Examination:
Consciousness: clc Pallor: no
Icterus: no Edema:
Temp: Afebrile PR:
BP: DTR: (N)
CVS: S1S2 (+) no murmur RS BL NVBS (+)
Liver/Spleen: (N) Urine Output: Adequate

LMP: 1/10/2025. EDD:
Corrected EDD: 16/7/2026 GA:

Menstrual History: Regular : ☐ Yes ☐ No

Obstetric Examination
Fundal Height: term ; NOST
Ut. Activity: ☑ Relaxed ☐ Mild ☐ Mod ☐ Severe
Liquor: ☑ Adequate ☐ Oligo ☐ Poly
PP: ☑ Cephalic ☐ Breech Others _____
Head Fifths Palpable: _____
FHS: ☑ Normal ☐ Tachy ☐ Brady ☐ Absent

Per Speculum Examination not done
Draining: ☐ Present ☐ Absent ☐ Bleeding
Colour of Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Vaginal Examination not done
Cervix: ☐ Long ☐ Partially effaced ☐ Effaced
Os: Closed _____ Dilated _____
Membranes: ☐ Present ☐ Absent
Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained
Presenting Part: ☐ Vertex ☐ Breech ☐ Others
Sutton: ☐ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2
Pelvis: ☐ Adequate ☐ Doubtful

DIAGNOSIS
G2P1L1 / 37+6 wks / Prev LSCS
for EL CS

BAH-00576069 IP26-00006702
Mrs SALONI BANSAL
08-01-1997 29 Y 5 M 23 D (F)
Dr. SWAPNA SAMUDRALA

Family History:	Surgical History:
Nil.	LSCS - 2024
Medical History:	**Medication History:**
Nil.	T- IRON T- CALCIUM.
Plan of Care:	**Investigations:** BGT 'O' Positive.
Admission NST Informed Consent Parts preparation. drugs as chalted. Foley's Catheterisation Review PAC. Paediatrician Call Monitor Vitals Inform SOS. Send CBC	CBP Hb - 9.9 plt 294 PCV - 29.4 TLC HIV, HbsAg, HCV, VDRL } NR. USG (27/06/2026). SLIUF 37+2 wks. Cephalic. Pl. A/H AFI - 10.6 cms. EFW - 2650 gms. (14%) (AC - 11%) Doppler's - normal.

Doctor Name: Dr Manisha
Signature:
Date & Time: 1/7/2026 @ 12:30pm

Dr. SWAPNA SAMUDRALA
Reg. No: 69924

Consultant Name: Dr. Swapna. S.
Signature:
Date & Time: 1/07/2026 @ 12:30pm

BAH-00576069
Mrs SALONI BANSAL IP26-00006702
08-01-1997 29 Y 5 M 23 D (F)
Dr. SWAPNA SAMUDRALA

(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/7/2026	C/S/b Dr Manisha	Dr. Swapna's
4:30pm	POD-0	
		Adv
	GC fair Afebrile	NBM x4 hrs
	BP-100/70mmHg	Drugs as charted
	PR -86bpm.	w/f vitals & BPV
	P/A Ut well retracted	I/O monitoring
	PV Bleeding WNL	Foley's in situ till further order
	U/O	IVF/Analgesics/thromboprophylaxis
		as per Axon
		Inform SOS
		Dr Manisha
1/7/26		
7:30PM	c/s/b Dr. Veena	Dr. SWAPNA SAMUDRALA Reg. No: 09924 (Dr. Swapna's)
	POD-0	
	Pt is stable, [illegible]	Adv: [illegible]
	O/E: GC fair [illegible]	- Oral sips f/b liquid diet today
Baby @ NMS	BP-110/70mmHg	- Soft diet c/m
	PR - 78bpm	- Vital monitoring
	SpO_2 - 100% on RA	I/O charting
	P/A - Ut well retracted	Foley's removal c/m @ 6am
	BS (+)	- Continue IV fluids
	I/C - BWNL	- Inform SOS
	U/O - 80ml/hr, clear.	- Shift to Room.
		- Cont. Tranexa x24 hrs

N/B Sup [illegible] Bpr

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/7/26 7AM	c/s/B Dr. Veena	
	POD-1 / Prev. LSCS / P_2L_2	
Foley's removed @7am	Pt is stable, No c/o	Adv
	O/E GC-fair	- Salt diet
	Vitals-stable	- Ambulation
O-Yet to void	Pallor (-)	- Adequate hydration
	P/A-Ut well retracted	- Encourage to void
	BS (+)	- Vital monitoring
	UE-BUNC	- Drugs as charted
		- Inform SOS
		N/B Supriya @7AM
2/7/2026 9:50 am	Dr. KIRAN (Dietitian)	
	→ Soft Solid Diet is Recommended.	
	→ Include more of antioxidant rich foods in the diet.	
	→ Detailed lactation counselling given	
	→ Including lactating portions.	

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

BAH-00576069 IP26-00006702
Mrs SALONI BANSAL
08-01-1997 29 Y 5 M 23 D (F)
Dr. SWAPNA SAMUDRALA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/7/2026	C/S/b Dr	Swapna Samudrala
1:30pm	POD-1	
	CC - fair Afebrile	Adv
	Vitals stable	- Soft Diet / Adeq Hydration
	P/A - ut well retracted	- Ambulation
	BSP	- Drugs as charted
Urine	P/V Bleeding WNL	- Vitals monitoring
Flatus } Passed		- W/F excessive BPV
		- Inform SR
Baby Mothside	* Plan:- IV Iron dr / C/M	NB - Monitored @3pM.
		Dr. SWAPNA SAMUDRALA Reg. No: 69424 [signature]
2/7/2026.	C/S/B Dr. Dua	
	POD-1	
8pm		Adv
	CC fair Afebrile	- Soft diet
	BP: 110/71 mmHg.	- Adequate hydration
Baby ē Mother	PR: 71 bpm	- Drugs as charted
	H/C NAD	- Vital Monitoring
Urine } passed.	P/A uterus Retracted	- W/F excessive Bleeding PV
Flatus	well.	- Inform SRs
Stool Not passed	L/E - WNL bleed.	- I.V. Iron tomorrow.
		[signature]. N/B Supriya @ 8:30pm

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Mrs SALONI BANSAL
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/7/26 7AM.	C/S/B Dr. Dhq	Adv
	POD - 2.	- soft diet
Baby: Mother	GC Fair	- Adequate hydration
	Afeb	- Drugs as charted
	B vitals (N)	- Monitor vitals
U ✓	P/A URW	- W/F bleeding P.V.
F ✓	L/E NAD	- I.V. Iron today
S ✓		N/B Surgeon @7A
3/7/26 11:30 AM	POD - II	
	NO comp	Adv
	O/E - GC Fair	- Regular Diet
Baby - well	Afebrile	- Oral hydration
	Vitals - N	- Drugs as charted
	P/A - UV well retracted - Soft, BS +	- Ambulation
Breast ✓	L/E - NAD	- Inj Tem. 1 gm, IV in 100 ml NS @ 100 ml/hr (BPD) -
		- Monitor vitals
		- Oxygen SOS

Dr. SWAPNA SAMUDRALA
Reg. No: 69924

BAH-00576069 IP26-00006702
Mrs SALONI BANSAL
08-01-1997 29 Y 5 M 23 D (F)
Dr. SWAPNA SAMUDRALA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/7/26 1:30pm	c/s/b Dr. Veena	
	Inj-Fem 1g IV given.	
	- No transfusion Rx^{s}	
	- O/E GC-fair	
	BP-100/70mmHg	
	PR-80bpm	
	SpO_2-98% on RA	
3/7/2026 6:30pm	c/s/b by.	Dr- Naveena.
	O/E GC-fair	Adv
	Afebrile	- Regular diet
V-✓	Vitals-stable	- Adequate hydration
S-✓	PA: ut-retracted well	- drugs as charted
P-✓	Soft, NT	- Ambulation
	Dressing: dry & clean	- w/f PV bleeding.
	LLE: PV bleeding.	- Monitor Vitals
	WNL.	- Inform SOS
	Baby: MS	Dr. Naveena.

BAH-00576069
Mrs SALONI BANSAL IP26-00006702
08-01-1997 29 Y 5 M 24 D (F)
Dr. SWAPNA SAMUDRALA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/7/2026 7:00am	C/s by Dr Naveena	
		POD-3
	O/E GC - fair	Adv
	Afebrile	- Regular dressing
	Vitals - stable	- Adequate hydration
	PA: ut. retracted well.	- w/f PV bleeding
U ✓	Soft, NT	- Ambulation
F ✓	Dressing: dry & clean	- drugs as charted
S ✓	L/E: PV bleeding WNL	- ~~Tegaderm~~ Aquacel Tenzone Dressing today.
		- Monitor Vitals
	Baby: Motherside.	- Inform SOS
		Dr Naveena. N/B @ Am Supriya
4/7/26 11:10 AM	POD - III	
	No comp	Adv
	O/E - G/C fair	- Regular Drs
	Afebrile	- Oral hydration
Baby - well	Vitals - ©	- Drugs as charted
	P/A - ut well contracted	- monitor vitals
	L/E - NAD	- Ambulation
Shalu ✓		- Inform SOS
Can be discharged		Dr. SWAPNA SAMUDRALA Reg. No: 69924
		Dr. Swapna

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

BAH-00576069 IP26-00006702
Mrs SALONI BANSAL
08-01-1997 29 Y 5 M 24 D (F)
Dr. SWAPNA SAMUDRALA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/7/2026	C/s/b Dr Manisha	
7pm	POD 3	
	GC fair Afebrile	Adv
	Vitals stable	Regular diet / Adeq Hydration
Baby well	P/A ut well retracted	Drugs as charted
	L/E NAD	Vitals monitoring
U✓		Ambulation
S✓		Inform SOS
	Plan:- Discharge 4/m	Send file for Processing 4/m
		NB Mounika @ 7:20PM. M/ Amanda
5/7/2026	C/s/b Dr Manisha	
8am	POD 4	
		Adv
	GC fair Afebrile	Regular Diet / Adeq Hydration
Baby well	Vitals Stable	Drugs as Charted
	P/A ut well Retracted	vitals monitoring
	L/E Bleeding WNL	Ambulation
U✓		Can be Discharged today
S✓		Send file for Processing
		N/B Swapna @ 8Am M/ Amanda

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

BAH-00576069 IP26-00006702
Mrs SALONI BANSAL
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OGRESS 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

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Mrs SALONI BANSAL
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Dr. SWAPNA SAMUDRALA

30y

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NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 2/7/26 Time: 11:10 Am

Origin: Indian Height: 152 cm Weight: 65 kg BMI: ☐ ~26 kg/m² ☑ ~28 kg/m² ☐ ~30 kg/m²

Food Allergies: No

Diagnosis: LSCS

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

Diet Advised:

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

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

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

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

Patient's / Attendant's

Signature: Saloni

Name: Saloni Bansal

Date & Time: 2/7/26 ; 11:15 Am

Dietician's

Signature: SS

Name: Sathwika. G

Date & Time: 2/7/26 ; 11:15Am

DIETARY NOTES

Date	Time	Notes	Sign

BAH-00576069 IP26-00006702
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Dr. SWAPNA SAMUDRALA

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DRUG CHART

Date of Admission: 11/2/26 Drug Allergies: .... ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

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

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

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

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

BAH-00576069 IP26-00006702
Mrs SALONI BANSAL
08-01-1997 29 Y 5 M 23 D (F)
Dr. SWAPNA SAMUDRALA

REGULAR PRESCRIPTIONS

Weight. 65 kgs Ward. ....

Verified by Dr. Dhakshayani

DRUG: Inj. CEFOTAXIME				Date / Time	1/7	2/7
Dose	Route	Frequency	Start Date			
1gm	IV	BD	1/7	6 AM	x	[signature]
Name & Signature of the Doctor Starting the Drugs: Dr. Naveena						
Additional Instructions: ATD				6pm	[signature]	
Daily Doctor's Endorsement by a Sign					[signature]	[signature]

STOP

DRUG: Inj. PARACETAMOL				Date / Time	1/7	2/7
Dose	Route	Frequency	Start Date			
1gm	IV	TID	1/7/26	6AM	x	[signature]
Name & Signature of the Doctor Starting the Drugs: Dr. Ayesha [signature]				2pm	x	
Additional Instructions: To be converted to oral after 24 hr.				10pm	8PM [signature]	
Daily Doctor's Endorsement by a Sign					[signature]	[signature]

STOP

DRUG: Inj. DICLOFENAC				Date / Time	1/7	2/7
Dose	Route	Frequency	Start Date			
75mg	IV	BD	1/7/26	9AM	x	2AM [signature]
Name & Signature of the Doctor Starting the Drugs: Dr. Ayesha [signature]						
Additional Instructions: To be converted to oral after 24 hr.				9pm	✓	
Daily Doctor's Endorsement by a Sign					[signature]	[signature]

STOP

DRUG: Inj. TRAMADOL				Date / Time	1/7	
Dose	Route	Frequency	Start Date			
100 mg	IV	BD	1/7/26	9AM	x	
Name & Signature of the Doctor Starting the Drugs: Dr. Ayesha [signature]						
Additional Instructions:				9pm	✓	
Daily Doctor's Endorsement by a Sign					[signature]	

STOP

BAH-00576069 IP26-00006702
Mrs SALONI BANSAL
08-01-1997 29 Y 5 M 23 D (F)
Dr. SWAPNA SAMUDRALA

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Sheet No: .....

REGULAR PRESCRIPTIONS

Weight 66 kgs Ward .....

DRUG : T. PANTOPRAZOLE

Dose	Route	Frequency	Start Dt.
40mg	P/O	OD	2/7/26

Name & Signature of the Doctor Starting the Drugs: by Dr. Swapna

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	2/7	3/7	4/7	5/7
6AM	✓	✓	✓	✓
	✓	✓		1

DRUG : INJ TRANEXAMIC ACID

Dose	Route	Frequency	Start Dt.
1gm	IV	8th	1/7/26

Name & Signature of the Doctor Starting the Drugs: Dr. (Dr. Swapna)

Additional Instructions: in 100 ml NS

Daily Doctor's Endorsement by a Sign

Date / Time	1/7	2/7
7AM	X	✓
3PM	✓	
11PM	✓	
	1	1

STOP by Dr. Swapna

DRUG : T. PARACETAMOL

Dose	Route	Frequency	Start Dt.
1g	P/O	TID	2/7/26

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	2/7	3/7	4/7	5/7
6AM	✓	✓	✓	✓
2PM	✓	✓	✓	✓
10PM	✓	✓	✓	
	1	1	1	

DRUG : T. DICLOFENAC

Dose	Route	Frequency	Start Dt.
50mg	P/O	BD	2/7/26

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	2/7	3/7	4/7	5/7
8AM	✓	✓	✓	✓
8PM	✓	✓	✓	
	1	1	1	

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

(P.T.O.)

BAH-00576069 IP26-00006702
Mrs SALONI BANSAL
08-01-1997 29 Y 5 M 23 D (F)
Dr. SWAPNA SAMUDRALA

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Sheet No: .....

REGULAR PRESCRIPTIONS

Weight 65kgs Ward .....

Verified by Dr. Dhakshayani

Verified by Dr. Dhakshayani Signature

VERIFIED BY : Name .....

DRUG : T. TRAMADOL

Dose	Route	Frequency	Start Dt.
100mg	P/O	BD	2/7/26

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time: 2/7 3/7 4/7 5/7

9AM

9PM

DRUG : T. CEFIXIME

Dose	Route	Frequency	Start Dt.
200mg	P/O	BD	2/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time: 2/7 3/7 4/7 5/7

8AM

8PM

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

BAH-00576069 IP26-00006702
Mrs SALONI BANSAL
08-01-1997 29 Y 5 M 25 D (F)
Dr. SWAPNA SAMUDRALA

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STAT / ONCE ONLY DRUGS

Name: ....

Weight: .... kgs

Sheet No: ....

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
2/7	2.10pm	INJ FERRIC (Fcm) CARBOXYMALTOSE	1g	IV (@ 100ml/hr)	[illegible]	Clude	readlu

AH-00576069 IP26-00006702
Mrs SALONI BANSAL
08-01-1997 29 Y 5 M 23 D (F)
Dr. SWAPNA SAMUDRALA

Weight. 65kg 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
1/7	2:10pm	Inj. PANTOPRAZOLE	40mg	IV	[signature]	Kar / Kar
1/7	2:10pm	Inj. METACLOPROMIDE	10mg	IV	[signature]	Kar / Kar
1/7	2:55pm	Inj. TRANEXAMIC ACID	1gm	IV	[signature]	[signature] / Kar
1/7	3:02pm	Inj. OXYTOCIN	3IU	IV	[signature]	[signature] / Kar
1/7	3:05pm	Inj. OXYTOCIN	12IU in RL	IV	[signature]	[signature] / Kar
1/7	3:40pm	DICLOFENAC Suppository	100mg	PR	[signature]	[signature] / Kar
1/7	3:40pm	TRAMADOL Suppository	100mg	PR	[signature]	[signature] / Kar
1/7	3:40pm	Inj. ONDANSETRON	4mg	IV	[signature]	[signature] / Kar
2/7	[illegible]	DULCOLAX Suppository	1tab	PR	[signature]	not given [illegible]

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

Verified By Dr. Dhakshayani

BAH-00576069 IP26-00006702
Mrs SALONI BANSAL
08-01-1997 29 Y 5 M 23 D (F)
Dr. SWAPNA SAMUDRALA

I.V. FLUIDS CHART

Weight. 65kgs Ward. .....

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
1/7	12:00pm	RINGER LACTATE	IV	100ml/hr			1/7		
1/7	2:10pm	RINGER LACTATE	IV	2000 ml/hr			1/7		
1/7	3:30pm	RINGER LACTATE	IV	1000 ml/hr			1/7		
1/7	4:30pm	RINGER LACTATE	IV	FF			1/7		
1/7	5pm	RINGER LACTATE	IV	100ml			1/7		
		STOP	2/7/26						

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

BAH-00576069 IP26-00006702
Mrs SALONI BANSAL
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Dr. SWAPNA SAMUDRALA

309

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RESULT SHEET

Date	1/7/26					
Time						
Hb	9.9					
PCV	29.4					
RBC						
WBC	12.02					
N/L						
Platelets	294					
CRP						
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
Blood group O+ve						
HIV						
HBsAg						
HCV	NR.					
VDRL						

Culture and Sensitivities : ....

....

....

....

Radiology : USG : ....

X-Ray : ....

ECHO : ....

CT : ....

MRI ....

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

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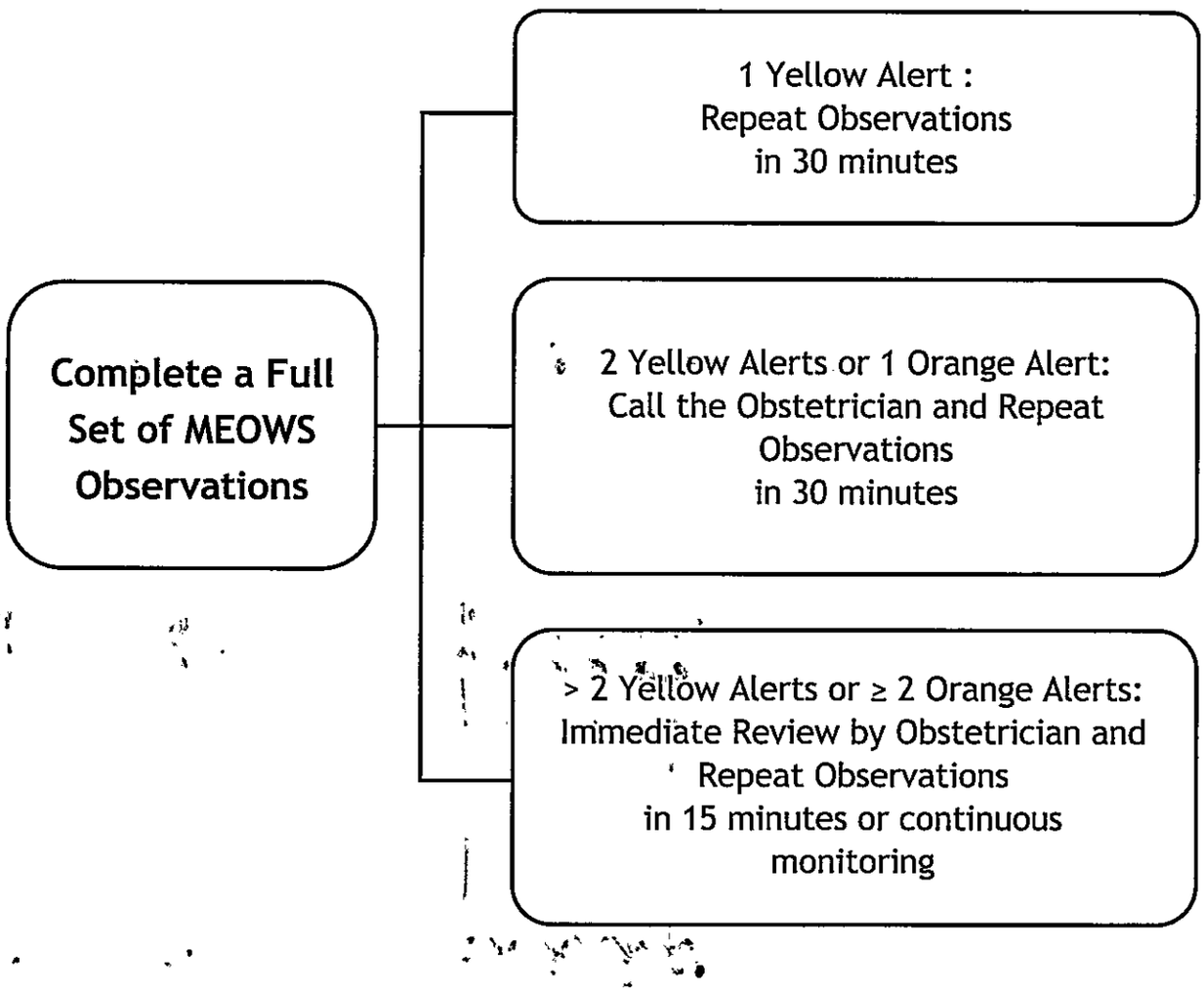
Early Warning Observation Score Chart - Obstetrics

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

L/7	Date																							
	Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20					20			20	20	20	20	20	20		20				20				20	
	0 - 10																								
Saturations	94 - 100 %					95%			99%	99%	99%	99%	99%	99%		98%				99%				99%	
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37																								
	36															98.1°F				98.2°F				98.3°F	
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90					82			84	86	88	84	84	86		83bpm				82bpm				82bpm	
	80																								
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130					129			112	116	118	117	119	118		118				115				112	
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80					70			72	74	76	77	77	77		70				76				75	
	70																								
	60																								
	50																								
	40																								
NEURO RESPONSE [✓]	Alert																								
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30																								
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal																								
	Heavy / Foul																								
Liquor	Clear / Pink																								
	Green																								
TOTAL YELLOW SCORES						0			0	0	0	0	0	0		0				0				0	
TOTAL ORANGE SCORES						0			0	0	0	0	0	0		0				0				0	
Nurse Initial																									

Obstetrics and Gynaecology Early Warning Signs



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

BAH/0576069 IP26-00006702
Mrs SALONI BANSAL
05-01-1997 29 Y 5 M 23 D (F)
Dr. SWAPNA SAMUDRALA

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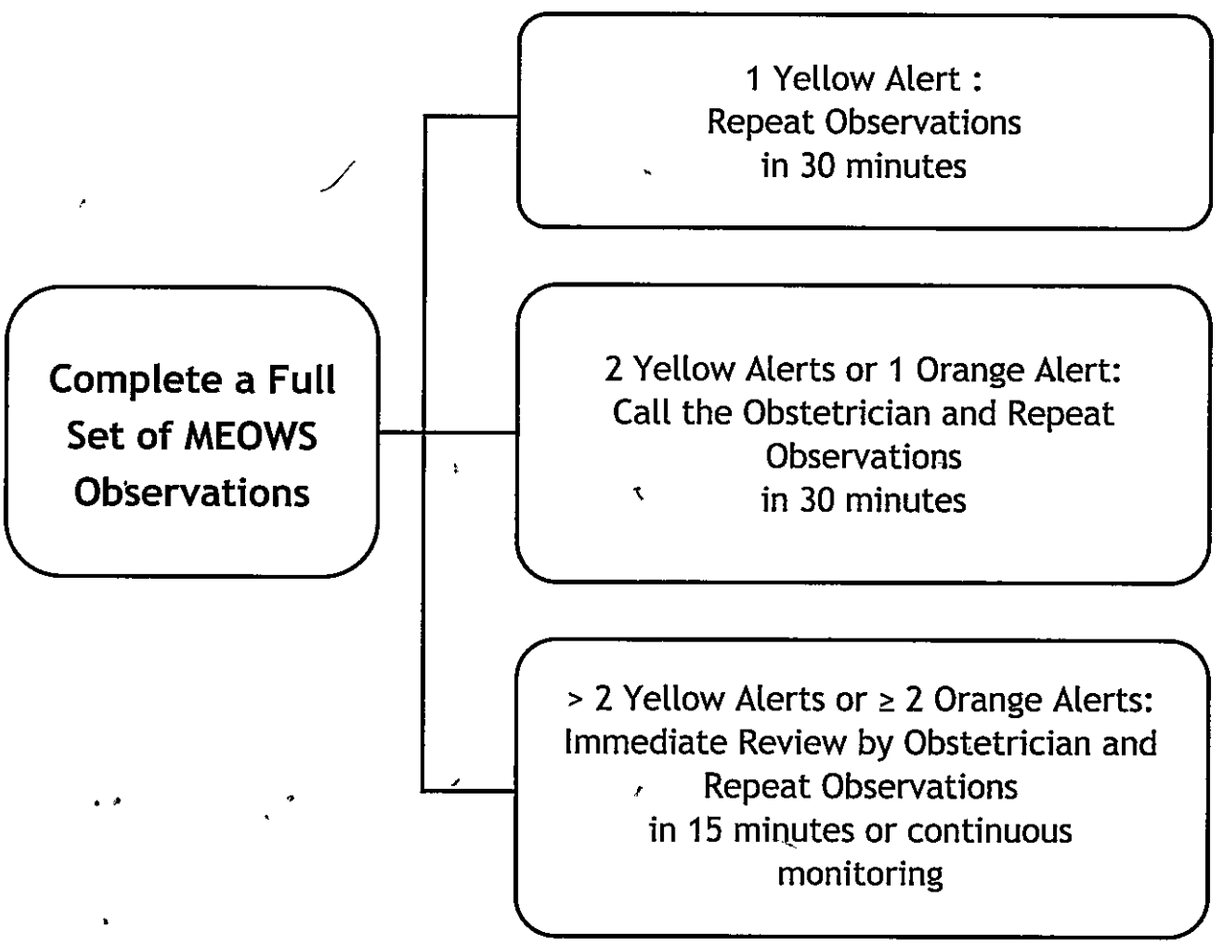
Early Warning Observation Score Chart - Obstetrics

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

2/7/26	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																								
	0 - 10																								
Saturations	94 - 100 %			100%				99%				99%				99%				99%				100%	
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37			37°				36°				36°				36°				36°				36°	
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90			81				76				71				75				78				79	
	80																								
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130							109				110				111				109				110	
	120			114																					
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
	60			72				69				71				72				75				86	
	50																								
	40																								
NEURO RESPONSE [✓]	Alert			✓				✓				—				—				—				—	
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30			✓				✓				—				—				—				—	
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal			✓				✓				—				—				—				—	
	Heavy / Foul																								
Liquor	Clear / Pink			✓				✓				—				—				—				—	
	Green																								
TOTAL YELLOW SCORES				0				0				0				0				0				0	
TOTAL ORANGE SCORES				0				0				0				0				0				0	
Nurse Initial																									

Obstetrics and Gynaecology Early Warning Signs



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

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Mrs SALONI BANSAL
08-01-1997 29 Y 5 M 24 D (F)
Dr. SWAPNA SAMUDRALA

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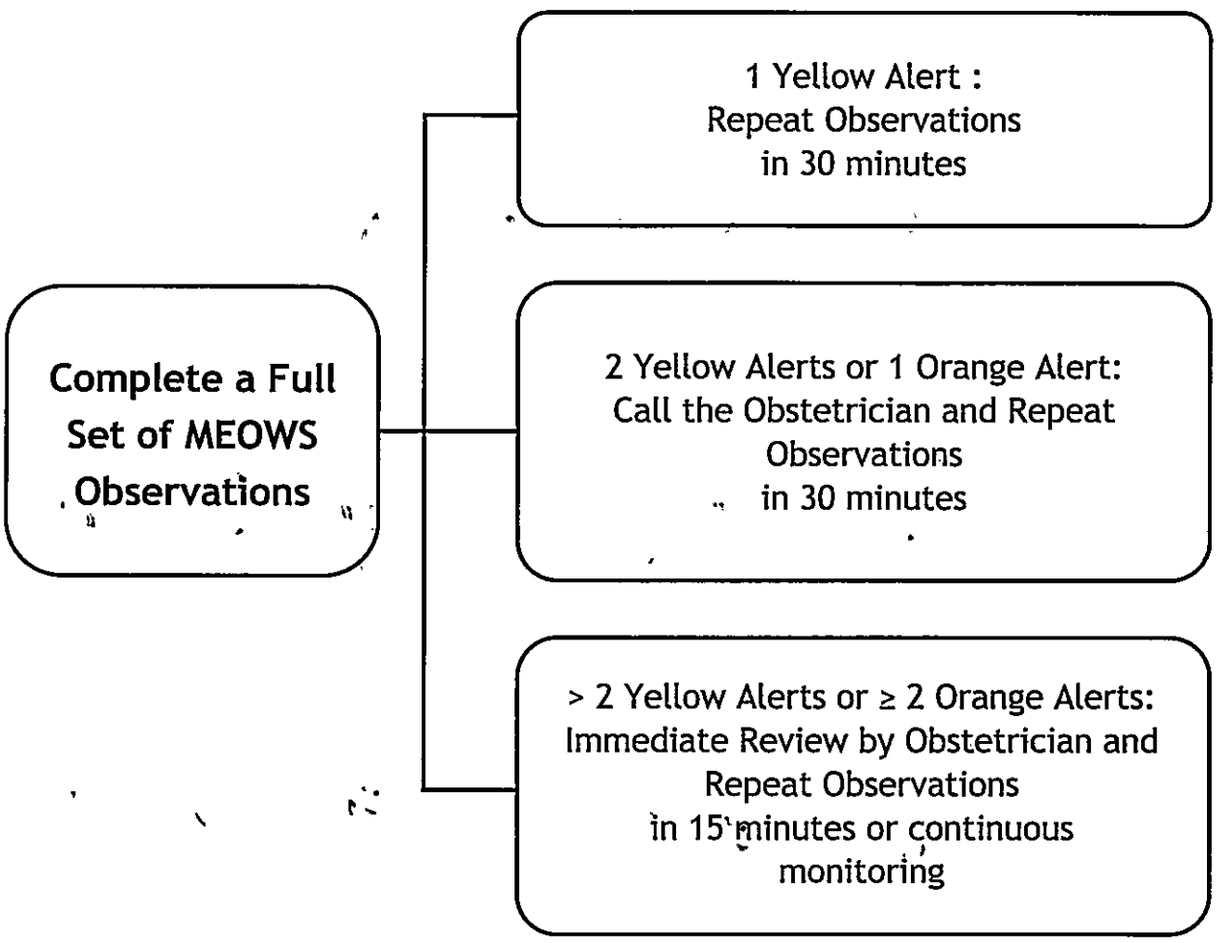
Early Warning Observation Score Chart - Obstetrics

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

3/7/26

		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			20				20	
	0 - 10																									
Saturations	94 - 100 %	100					100		100			100			100			100			100				100	
	< 94 %																									
Administered O_2 (L/min.)																										
Temp°c	40																									
	39																									
	38																									
	37																									
	36	97							98°F			97			98°F			98°F			98.2°F				98.1°F	
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70	96					96		99			96			95			87			83				85	
	60																									
	50																									
	40																									
Systolic Blood Pressue ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110	91					110		100			110			110			112			115				109	
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60	66					70		70			70			70			71			69				72	
	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		1					0		0			0			0			0			0				0	
TOTAL ORANGE SCORES		0					0		0			0			0			0			0				0	
Nurse Initial																										

Obstetrics and Gynaecology Early Warning Signs



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

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Mrs SALONI BANSAL
08-01-1997 29 Y 5 M 25 D (F)
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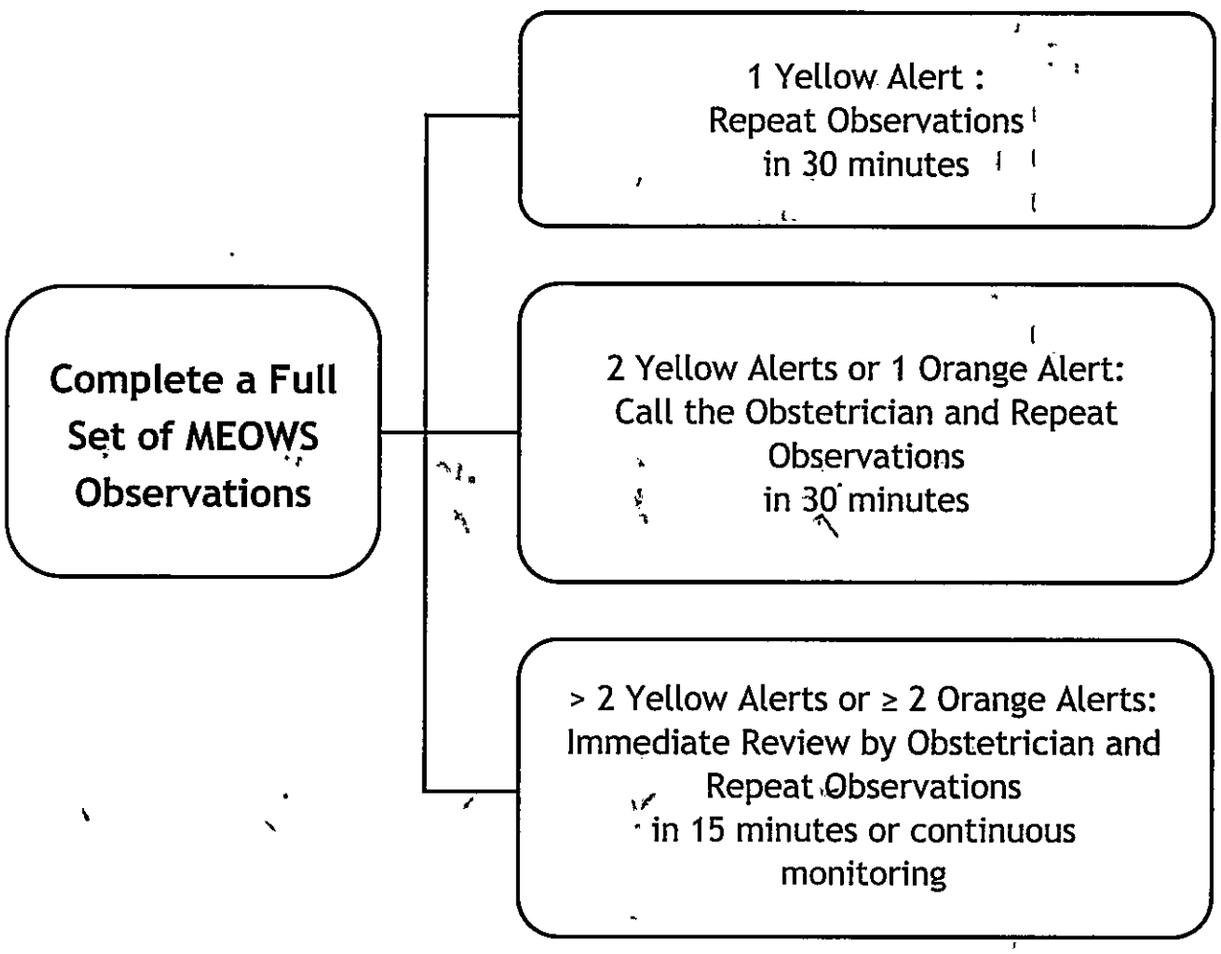
g Observation Score Chart - Obstetrics

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

4/7/26	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 %			100%				99%				99%				99%				99%				99%	
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37			36°				36°				36°				36°				36°				36°	
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90			79				81				79				80				82				83	
	80																								
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130			113				109				110				112				115				116	
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70			70				69				75				73				80				91	
	60																								
	50																								
	40																								
NEURO RESPONSE [✓]	Alert			✓				–				✓				✓				✓				–	
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30			✓				–				✓				✓				✓				–	
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal			✓				–				✓				✓				✓				–	
	Heavy / Foul																								
Liquor	Clear / Pink			✓				–				✓				✓				✓					
	Green																								
TOTAL YELLOW SCORES				0				0				0				0				0				0	
TOTAL ORANGE SCORES				0				0				0				0				0				0	
Nurse Initial																									

Obstetrics and Gynaecology Early Warning Signs



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

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Mrs SALONI BANSAL
08-01-1997 29 Y 5 M 23 D (F)
Dr. SWAPNA SAMUDRALA

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FLUID CHART

Sheet No. : 1

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
1/7	08:00 am										1	
	09:00 am											
	10:00 am										0	
	11:00 am											
	12:00 pm	RL		100ml						✓	1	
	01:00 pm	RL		100ml								
Total Intake :						**Total Output :** Passed						
1/7	02:00 pm	RL	N	100ml								
	03:00 pm	RL		100ml								
	04:00 pm	RL	B	100ml						100ml		4.30pm Passed
	05:00 pm	RL		100ml								
	06:00 pm	RL	N	100ml						100ml		6PM Passed
	07:00 pm	RL	H2O	100ml								
Total Intake :		Taken				**Total Output :** 200 ml						
1/7/26	08:00 pm			100ml						200ml		Empty
	09:00 pm			100ml								
	10:00 pm		Soup + H2O	100ml								
	11:00 pm	RL		100ml						150ml		Empty
	12:00 am			100ml								
	01:00 am			100ml								
Total Intake :						**Total Output :**						
2/7/26	02:00 am			100ml						100ml		Empty
	03:00 am			100ml								
	04:00 am			100ml								
	05:00 am	RL	H2O	100ml								
	06:00 am			100ml						300ml		Empty
	07:00 am			100ml								
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

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

BAH-00576069 IP26-00006702
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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							
2/7/26	08:00 am											
	09:00 am		Jelly H2O							✓		
	10:00 am										0	
	11:00 am			NA			P-	NA				
	12:00 pm									✓		
	01:00 pm											
Total Intake :						**Total Output :** U- M-						
2/7/26	02:00 pm											
	03:00 pm											
	04:00 pm		Rice									
	05:00 pm			NA			P	NA		✓	0	
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :** U- M-						
2/7/26	08:00 pm											
	09:00 pm		Rice									
	10:00 pm						✓	NA		✓		
	11:00 pm		H2O	NA							0	
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
3/7/26	02:00 am											
	03:00 am											
	04:00 am		Jelly H2O									
	05:00 am			NA				NA			0	
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

BAH-00576069 IP26-00006702
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FLUID CHART

Sheet No. : 12

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							
3/7/26	08:00 am		Tally									
	09:00 am		H2O.									
	10:00 am											
	11:00 am		H2O									
	12:00 pm											
	01:00 pm		milk									
Total Intake :						Total Output :						
3/7/26	02:00 pm		H2O									
	03:00 pm		Milk.									
	04:00 pm											
	05:00 pm		Milk									
	06:00 pm											
	07:00 pm											
Total Intake :						Total Output :						
3/7/26	08:00 pm		dal									
	09:00 pm		+									
	10:00 pm		Rice									
	11:00 pm		+									
	12:00 am		H2O									
	01:00 am											
Total Intake :						Total Output :						
4/7/26	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am		H2O									
	06:00 am											
	07:00 am											
Total Intake :						Total Output :						

Total 24 hrs. Intake		Total 24 hrs. Output	

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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							
3/7/26	08:00 am											
	09:00 am	0	Milk									
	10:00 am		+120		NA				NA		0	
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :								**Total Output :**		U –	M –	
4/7/26	02:00 pm											
	03:00 pm											
	04:00 pm	0	Milk									
	05:00 pm		+120		NA				NA		0	
	06:00 pm											
	07:00 pm											
Total Intake :								**Total Output :**				
4/7/26	08:00 pm											
	09:00 pm											
	10:00 pm	0			NA				NA		0	
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :								**Total Output :**				
5/7/26	02:00 am											
	03:00 am											
	04:00 am	0			NA				NA		0	
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :								**Total Output :**				

Total 24 hrs. Intake		Total 24 hrs. Output	

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NURSING CARE RECORD

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Date: 3/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8Am to 2pm	=> Assess the patient condition => plan for vital => plan for Blochart	8Am to 2pm	=> Assessed the patient condition => maintain vital & Record => maintain Blochart	patient is stable	vital is normal	Chandy
Afternoon				day duty			Chandy C.
Night	8pm 8Am	- Assess the pt Condition - Monitor vitals & I/o chart - drugs as per chart. -> provide Comfortable position		=> Assessed the pt Condition - Monitored vitals & I/o chart - drugs as per chart -> provided Comfortable position	pt is stable	Recorded vitals	

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NURSING CARE RECORD

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Date: 4/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8AM / 2PM	→ Assess the general Condition of pt. → Monitor vitals → Maintain I/o chart → Administer medication	8AM / 2PM	→ Assessed the general Condition of pt. → Monitored vitals → Maintained I/o chart. → Administered medication	Pt is stable.	Re-assess vitals	Moutushi
Afternoon		Day Duty					
Night	8pm / 8AM	- Assess the pt Condition - Monitor vitals & I/o chart → drug as per chart → proved Comfortable position		→ Assessed the pt Condition - Monitored vitals & I/o chart. → drugs as per chart → proved Comfortable position	pt is stable	Rechecked vitals	

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PAIN ASSESSMENT FORM

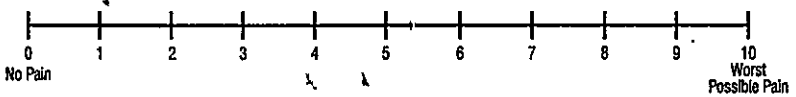
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
01/7/26	8pm	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
1/7	12pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
1/7	4pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
1/7	8pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
2/7/26	10AM	0	NA	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	NA	
2/7/26	6pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	NA	
2/7/26	10pm	3/10	Surgical site	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	Tab Combiflam 1gm - given	
3/7/26	10Am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
3/7/26	10pm	0/10	NA	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☑ Sharp ☑ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	NA	
4/7/26	10AM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	

Re-assessment Frequency:

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

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

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BRADEN 'Q' SCALE

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					Date : 01/7/26	1/7	1/7	2/7
					Time : 06	02	10	05
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	1	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	3	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	24	25
					Evaluator's Name			

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

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

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BRADEN 'Q' SCALE

					Date : 3/4 / 3/4 / 4/4			
					Time : 1115 / AM / AM			
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	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	
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	
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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	
					TOTAL SCORE	28	28	
					Evaluator's Name			

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

Risk Score	Category	Action	Support Surfaces (**Please Note:** Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice
15-18	At Risk	• Regular Turning Schedule • Enable as much activity as possible • Protect the heels • Use pressure redistribution surfaces • Manage moisture, friction and shear • Advance to a higher level of risk if other major risk factors are present	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	1/07/2026	1/7	1/7
		Score	MG	52	21
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0	0	0	0
Secondary Diagnosis (more than one diagnosis)	Yes	15			
	No	0			
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0	0	0	0
IV / Heparin Lock or Saline	Yes	20	20	20	20
	No	0	0	0	0
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10			
	Normal /On Bed Rest /Immobile	0	0	0	0
Mental Status	Forgets limitations	15			
	Oriented to own ability	0	0	0	0
Total Morse Fall Scale Score:			20	20	20
		Signature			

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

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

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

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

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

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

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

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CHECKLIST FOR THROMBOPHLEBITIS

3/6/20

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1			DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0	0	0	0	0	0		0	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		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		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		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		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		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 : Anusha Ee

Signature of Ward In Charge :

Signature : Kushori Name : Kushori

Docu. No. : RCH /FRM / CLINICAL / 137

Patient Sticker

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CHECKLIST FOR THROMBOPHLEBITIS

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

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

Signature of Shift In Charge :

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

Signature of Ward In Charge :

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

BAH-00576069 IP26-00006702
Mrs SALONI BANSAL
08-01-1997 29 Y 5 M 23 D (F)
Dr. SWAPNA SAMUDRALA

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NURSING SHIFT HAND OVER FORM - WARD

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

SITUATION	Diagnosis: LSCS				Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:		
BACKGROUND	Area / Shift Time	01/07/2026 M6	1/7 E2	1/7 N1	2/7/26 M5	3/7/26 M5	4/7/26 N
	Medical Condition (Any special condition to be noted):	—	Liquid	Liquid	Soft	soft	Soft
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☑ No
	Tubes/Drains/Catheter:	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☑ No
	Vital Signs: Temp:	98.5	98.5	98.2	98.4	98.6	98.2
	Res:	20	20	20	20	20	20
	SpO_2:	99%	99%	99%	99%	99%	99%
	Pulse:	82	84	84	86	86	86
	BP:	116/71	116/71	115/65	114/71	110/70	110/70
	Fall Risk Score:	—	—	—	—	—	—
	Pain Score:	—	—	—	—	—	—
Recommendations	Safety Needs:	—	—	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:	—	—	—	—	—	—
Post Operative Procedure Special Orders:		—	—	—	—	—	—
Handed Over By Name :		Anusha	Madhu	Apr	Mouthushi	Chudu	Apr
Signature :		[signature]	[signature]	[signature]	[signature]	[signature]	[signature]
Date:		01/07/2026	1/7	2/7/26	2/7/26	3/7/26	4/7/26
Time:		8pm	8Am	8Am	8PM	8pm	8Am
Taken Over By Name :		Madhu	Apr	Mouthushi	Chudu	Apr	Mouthushi
Signature :		[signature]	[signature]	[signature]	[signature]	[signature]	[signature]
Date:		1/7	1/7	2/7/26	3/7/26	3/7/26	4/7/26
Time:		8Am	8pm	8AM	8AM	8pm	8AM

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NURSING SHIFT HAND OVER FORM - WARD

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

SITUATION	Diagnosis: LSCS						Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify: .....
BACKGROUND	Area / Shift Time	4/7/26 MG					
	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:	98.4F					
	Res:	40b/m					
	SpO_2:	100%					
	Pulse:	71					
	BP:	-					
	Fall Risk Score:	0					
	Pain Score:	0					
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 :		Mouthali					
Signature :							
Date:		4/7/26					
Time:		8 2pm					
Taken Over By Name :							
Signature :							
Date:							
Time:							

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

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URINARY CATHETER BUNDLE CHECK LIST

Date of Insertion: 01/07/2026 Date of Removal: ....

Parameters / Date / Shift Time	01/07/2026 M	1/7 E	1/7 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	Anitha	Madhu	Apna				
Signature of the Nurse	[signature]	[signature]	[signature]				

Stop @ 6AM Catheter removed

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MEDICATION RECONCILIATION FORM

Drug Allergies: No ☐ 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	1 TAB	PO	OD	30/6	☐ C ☐ DC
2	T- CALCIUM	1 TAB	PO	OD	30/6	☐ C ☐ DC
3						☐ 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 : 1/7/2026 @ 12.30 PM

Nurse Name & Signature: Karthik.G

Date & Time : 1/7/26 @ 12:35 PM

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CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: Dr Swapna Samudrala	Date of Delivery: 1/7/2020
Assistant Surgeon: Dr Manisha	Time of Delivery: 3:01 pm
Anaesthetist's Name: Dr Aryesha	Gender of Baby: Male
Type of Anaesthesia: Spinal	Weight of Baby: 2.88 kg
Neonatologist: Dr Anusha	AGPAR Score: 8, 9
Scrub Nurse: SN Sangeeta	NICU Admission: ☐ Yes ☑ No

Pre-Operative Diagnosis: G2P1L1 | 37+6 | Breech USG

☑ Elective ☐ Emergency Indication: Breech/USG

Urgency

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

Decision time: NA Knief to rectus: 2mm

CTG Description: Reactive

If there was a delay give the reasons: Nurdely

Surgical Procedure:

Elective LSCS

Post Operative Diagnosis: POD-0

Peri-Operative Complications: —

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

Name and Number of Surgical Specimen sent for examination:

—

Examination Findings when Appropriate:

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

Cervical Dilatation: Open cm

5th Palpable: ....

Fetal Position: ....

Station: ☐ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2

Moulding: ☐ None ☐ + ☐ ++ ☐ +++

Caput: ☒ + ☐ ++ ☐ +++

Meconium: ☐ None ☐ + ☐ ++ ☐ +++

Bladder Catheterized : ☐ Yes ☐ No

Urine: ☐ Clear ☐ Blood Stained

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

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

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

Incision Through Placenta: ☐ Yes ☑ No

- LUS thinned out
- Omentum adherent to Antr left lateral wall of ut

Delivery of head: ☐ Manual ☑ Forceps

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

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

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

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

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

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

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

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

Fat Closure: ☑ Yes ☐ No .... Catgut no -1-0 .... Suture

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

Vagineal Evacuated ☑ Yes ☐ No

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

Ctheter ☑ Yes ☐ No ☐ Remove in ....1.... days ☐ Await instructions

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

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

Post-Operative Notes: ....

NBM x 4-6h,
Drugs as charted
W/F vitals & BSN
IV/P Analgesics / thromboprophylaxis as per Anaes
I/O monitoring
Foley removal on further order.

Doctor Name: Dr Manshe (For Dr Swapna) Doctor Signature: [signature]

Date & Time: 1/7/2016

SURGICAL SAFETY CHECKLIST

BAH-00576069 IP26-00006702
Mrs SALONI BANSAL
08-01-1997 29 Y 5 M 23 D (F)
Dr. SWAPNA SAMUDRALA

Surgeon: Dr. Swapna Samudrala
Asst. Surgeon: Dr. Manpreet Sha
Anaesthetist: Dr. Ayesha
Scrub Nurse: Sr. Sangeetha
Age : ..... Gender : .....
Surgery Name : .....
Date: 1/7/26 In-time: 2:50pm Out-time: 4pm

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Before Induction of Anaesthesia ➤ ➤

SIGN IN Time: 12:30 pm

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

Site Marked ☐ Yes ☑ No ☐ NA

Anaesthesia Safety Check Completed ☑ Yes ☐ No

Pulse Oximeter on Patient & Functioning ☑ Yes ☐ No

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

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

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

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

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

Before Skin Incision ➤ ➤

TIME OUT Time: 12:56 pm

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

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

Anticipated Critical Events

Surgeon Reviews:
- What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss? Adensia 1hr 30ml ☑ Yes ☐ No ☐ NA

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

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

Signature : .....
Name : Natasha

Before Patient Leaves Operating Room

SIGN OUT Time: 4 p.m

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

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

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

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
BAH-00576069 IP26-00006702 Mrs SALONI BANSAL 08-01-1997 29 Y 5 M 23 D (F) Dr. SWAPNA SAMUDRALA	1/7/26	01/7/26 @ 4pm
	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	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
Sangeetha	Dr. Ayesha

Patient & Clinical Records Received by : Madhumita

Date & Time of Patient Received : 1/7/26 @ 4pm

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

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

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OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 01/07/2020

Baseline Information:

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

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

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

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

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

If yes , identify .....

Chief Complaints: .....

.....

.....

Doctor Notified on Admission: ☑ Yes ☐ No

Name of the Doctor: Dr. Manisha

Time Notified: .....

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

Past Medical History	Past Surgical History	Previous Hospital Admission
-	-	-

Gynecology Assessment: ☐ Not Applicable

Menstrual History: .....

.....

Onset of Menarche: .....

Menstrual Cycle: ☐ Regular ☐ Irregular

Last Menstrual Period: .....

Gynecology Surgical History:

Caesarean Section: ☐ No ☐ Yes

Cervical Cerclage: ☐ No ☐ Yes

Ectopic Pregnancy: ☐ No ☐ Yes

Myomectomy: ☐ No ☐ Yes

Others: _____

Gynecological History:

Contraceptives: ☐ No ☐ Yes

Vaginal Discharge: ☐ No ☐ Yes

Post-Coital Bleeding: ☐ No ☐ Yes

Infertility: ☐ No ☐ Yes

If Yes Type: ☐ Primary ☐ Secondary

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

Previous LSCS: .....

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

Family History: ☐ No Abnormalities Detected

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

☐ Liver disease ☐ Other .....

Vital Signs / Measurements: Temp: 98.4 HR: 82 RR: 20

BP: 116/71 Weight: ..... Height: ..... BMI: .....

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

BAH-00576069 IP26-00006702
Mrs SALONI BANSAL
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Dr. SWAPNA SAMUDRALA

PHYSICAL ASSESSMENT

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

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

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

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

☐ Mobility problem ☐ Walking Problem ☐ No Abnormality Detected

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING: ☑ No Abnormality Detected

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

☐ Under Weight ☐ Diabetes Mellitus ☐ Hyperemesis Gravidarum

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

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

☐ Others .....

Inform consultant for positive criteria

SOCIAL SCREENING:

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

Social History: Lives With .....

Orientation has been given regarding the following aspects:

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

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

Above information given to ..Patient..

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

Orientation not given Reason: ..N.A..

Nurse Signature: .....

Nurse Name: .....

Date & Time: ..01/07/2026..

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OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 01/07/2026 Time of Arrival: 8AM Time Seen by Nurse: 8-10 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: 98.1F Pulse: 80 RR: 20 SpO_2: 99% BP: 116/74 Weight: .....

4) **Gestational Criteria:**

Gravida:	G	P	L	A

LMP: 01/10/2025 EDD: 16/07/2026 Gestational Age: .....

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

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

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

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

.....

6) **Past History:**

a) Surgeries: .....

b) Medical: NIL

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Dr. SWAPNA SAMUDRALA

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: 8.15Am

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

Date: 01/01/2026 Time: 8.10am

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BREAST FEEDING HANDOVER AND ASSESSMENT FORM

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

2. If No, Reason .....

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

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

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

Feeding Positions:
Cross Cradle

Feeding Positions:
Football / Clutch

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

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

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

9. Additional notes: ....

Continuity of Care: Date: 1/7

*Plan for vital
*vital checked seconded
*Plan for DBF
*provided DBF
*Plan for warm care
*provided warm care.

Handover given by Madhu

Handover taken by Madhumita

Signature Madhumita

Signature Madhu

Date & Time: 1/7/26 @ 8pm

Date & Time: 1/7/26 @ 8pm

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE

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Patient Name : Mrs. SAIONI BANSAL Age : 29yrs. Gender : Male ☐ Female ☐

UHID NO: BAH-00576069 Surgeon Name: Dr. Swapna

Anaesthesiologist : Dr. Ayesha / Dr. Samir

Operative procedure planned : ELECTIVE LOWER SEGMENT CESAREAN SECTION

PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA

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

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

☐ Heart disease ☐ Hypertension ☐ Diabetes mellitus ☐ Renal failure

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

☐ Incapacitating Cronic Obstructive Pulmonary Disease

☐ Others : .....

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. SAIONI BANSAL the above mentioned operation / Diagnostic / Therapeutic procedures ELECTIVE LOWER SEGMENT CESAREAN SECTION

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

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

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

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

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

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

- Pregnant : ☑ Yes ☐ No

DECLARATION BY THE ANAESTHETISTS PROVIDING INFORMATION FOR THIS CONSENT

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

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

Patient / Patient Attendant :

Signature : Saloni

Name : SALONI BANSAL

Relationship with Patient: .....

Date & Time : 1/7/2026

Witness :

Signature : .....

Name : Sutham Bansal

Date & Time : 1/7/26

Doctor (who is taking the consent) :

Signature : .....

Name : Dr. Sk Ayesha

Date & Time : 01/07/26

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

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Patient Name : MRS. SALONI BANSAL Gender: ☐ Male ☒ Female Age : 28 YRS

UHID No : BAH-00576069 Date : 1/07/2026

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 Saloni Bansal (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.

Infection, Bleeding, Haemorrhage, Injury to Bowel, Ureter, Bladder, Need for Blood and Blood products transfusion

My signature on this form indicates that

1. I have read and understood the information provided in this form
2. My doctor had adequately explained to me the operation or procedure along with the complications written above, along with the risks, benefits and other information.
3. I have had a chance to ask my surgeon questions.
4. I have received all the information I desire concerning the operation or procedure and
5. I authorize the consent to the performance of the operation or procedure.

Name of the Doctor who is performing the Surgery / Procedure: Dr. Swapna S.

Consentee :

Signature : Saloni

Name : Mrs Saloni Bansal

Date & Time : 1/7/2026 @ 12:15pm

Patient Attendant :

Signature : Subham

Name : Subham Bansal

Relationship with Patient: Husband

Date & Time : 1/7/2026 @ 12:15pm

Witness :

Signature : Swati

Name : Swatha

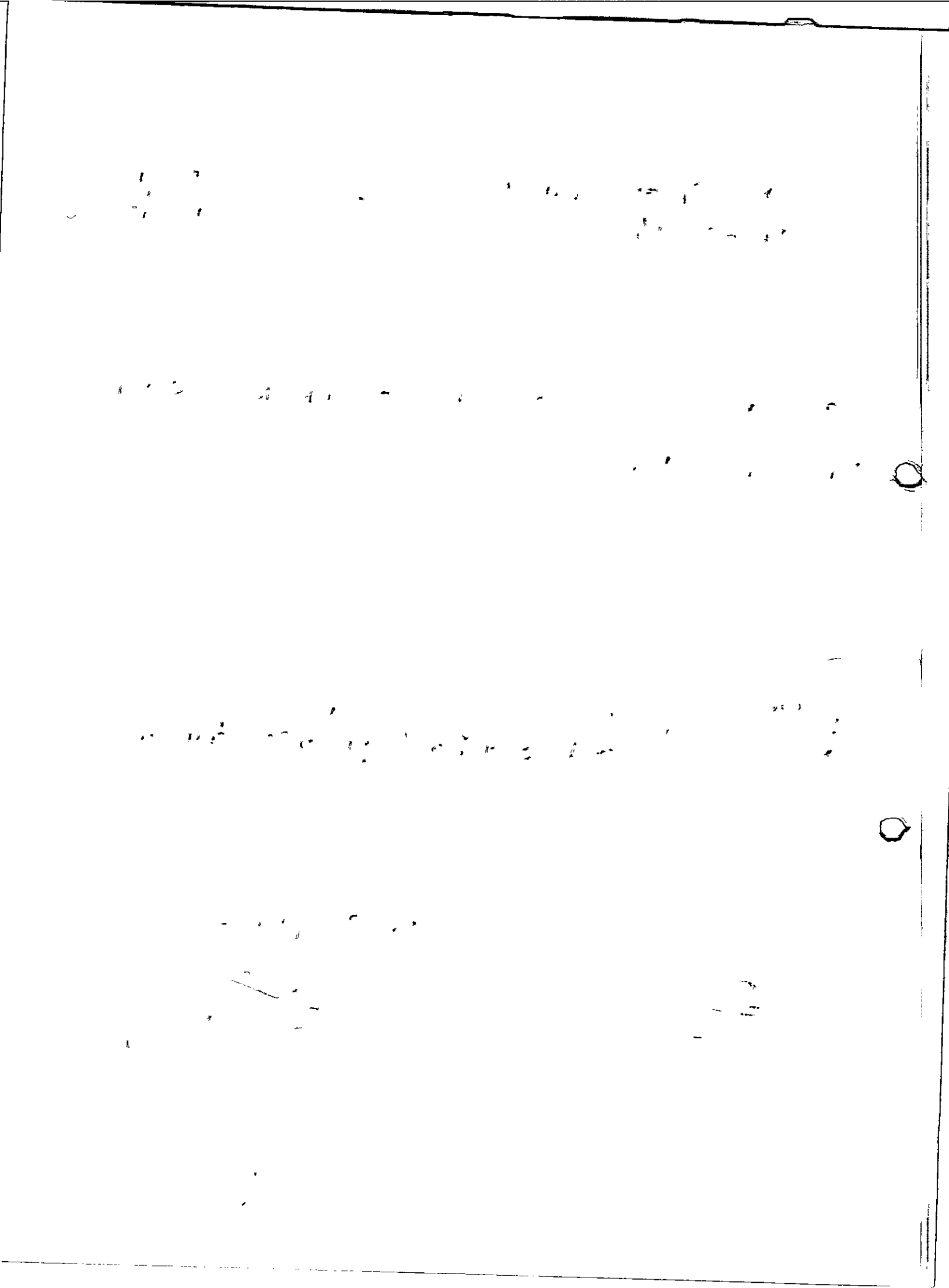
Date & Time : 1/7/2026 @ 12:15pm

Doctor (who is taking the consent) :

Signature :

Name : Dr Manisha

Date & Time : 1/7/2026 @ 12:15pm



Department of Anaesthesiology

PRE-ANAESTHETIC EVALUATION

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Name: Mrs. SAloni BANSAL Age: 28 Sex: F UHID.No : BAH-0057.6069

Date: 01/07/26 Time: 2:05pm Proposed Operation: ELECTIVE LSCS

Diagnosis: G3 P2 L1 / 37+wks / prev LSCS

B.P / CRT: 110/80 H.B: 1/7/26 9.9 anemia Weight: 65kg ASA Physical Status: ☐1 ☑2 ☐3 ☐4 ☐5

SHORT STATURE

Laboratory Data:

Hgb: 1/7/26 9.9	Glucose:	Protein:	HIV: ?	X-Ray:
PCV: 29.4	Urea:	Alb:	HBS Ag: NR	ECG:
WBC: 12020	Creat:	Total Bill:	HCV:	2D Echo:
Plate: 2.94 lakh	Na:	Dir. Bill:	Blood group: O +ve	Stress/Anglo:
PT:	K:	LDH:	T3	Other:
PTT:	Ca++:	Alk phos:	T4	
INR:	Mg++:	Amylase:	TSH	
	Cl -:	SGOT/SGPT:		

Allergies: NIL

Medical History: CVS : NIL SIGNIFICANT

RESP : Diabetes :

CNS :

Renal :

Hepatic / GE : Physical Activity:

Others :

Past Anaesthetic History: prev LSCS + SAB UE

Physical Exam:

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

Lungs : BAE (+), clear

Heart: $S_1 S_2$ (+)

CNS: NAD

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

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

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

CURRENT MEDICATIONS	DOSAGE

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:
   (1) CBC

Signature: Ayesha Name: Dr. Ayesha

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

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Dr. SWAPNA SAMUDRALA

ANAESTHESIA CHART

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Change in Patient Condition: ☐ Yes ☑ No	Fasting Status: Adequate
Physical Status: ☑ Patient Identified	☑ Consent Present	☑ Chart Reviewed

H.R.: B.P / CRT: 110/80 SpO₂: 99% on RA R.R.: Last Feed: > 6 hrs

Pre-OP Diagnosis: G2P1L1 /37wks / Prev. LSCS Operation: Elective LSCS Date: 1/7/26

Surgeon: Dr. Swapna, Dr. Manish Anaesthesiologist: Dr. Ayesha Technician: Saraswathi

TIME	2:50	3:00	3:10	3:20	3:30	3:40	3:50
N_2O /AIR /O_2 LPM							
HALO /SO /SEVO							

Drugs:
- Inj. OXYTOCIN 3IU IV
- Inj. OXYTOCIN 9IU IV in RL
- Inj. TRANEXAMIC ACID 1gm IV

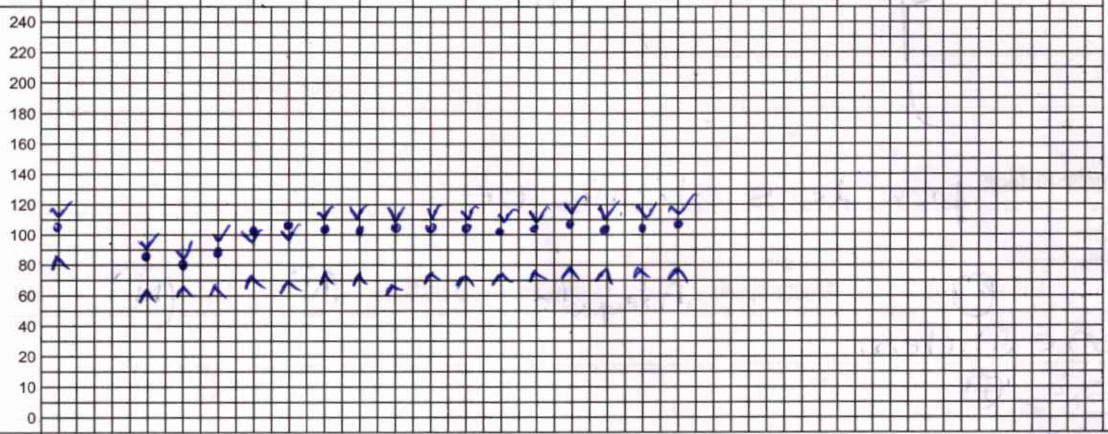
Antibiotic:
Suppository: DICLOFENAC 100mg PR; TRAMADOL 100mg PR
Blood Loss: 500ml

FIO₂ / SaO₂: 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100%
ETCO₂:
ECG: SR SR SR SR SR SR SR SR SR SR SR SR
Temperature:
Urine Output:

NOTES

Fluids / Blood: 2 RL

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: 2:50 pm
OP Start: 2:55 pm
OP End: 3:50 pm
Leave OR: 4:00 pm

Anaesthesia:
☐ GA
☐ Monitored Anaesthesia Care
☑ Regional

Line (Size & Location)
☐ CVP: ....
☐ ART: ....
☑ IV: 18 G on (Rt) 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: L3-L4
Needle Size: 27G PP Depth: ....
Parasthesia ☐ Yes ☑ No
Catheter at skin .... cm
Drug Name & Conc: 0.5% Heavy Anawin
Bolus: 1.8ml + 25mcg FENTANYL
Infusion: ....
Block Level: T4 - T4
Comments: ....
Transportation to
☐ PACU ☐ ICU ☐ Other
Relaxant Reversed ☐ Yes ☐ No ☐ NA
Name of the Doctor: Dr. Ayesha
Signature of the Doctor: [signature]

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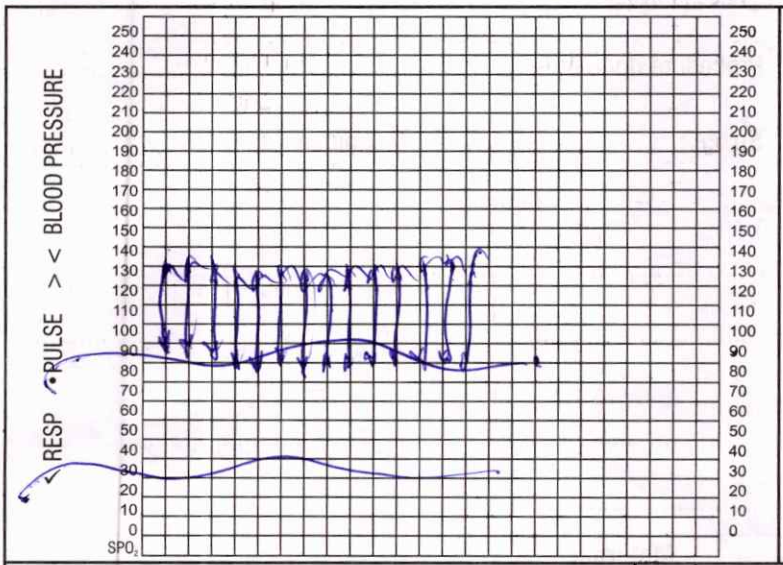
POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Madly Time Received : 4pm Time Discharged : .....



IV Cannula Site : Right

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

Vomiting : ☐ Yes ☑ No Drug: Taxiem
NG Tube : ☐ Yes ☑ No
Drain: ☐ Yes ☑ No
Urinary Catheter: ☑ Yes ☐ No
Chest Tube: ☐ Yes ☑ No
Nil Oral ☐ Yes ☑ No
IV Fluids: R2
Oral Feeds: NIL

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

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
1/7	4pm	0	Normal	
1/7	5pm	0	Normal	
1/7	6pm	0	NA	

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

Anaesthesiologist Name : Dr. Ayesha
Anaesthesiologist Signature:
Date & Time: 01/07/26

PACU Nurse Name : Mavis
PACU Nurse Signature:
Date & Time: 1/7/26

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

Transferred to Unit by (PACU): 3rd floor (304)
Date & Time: 1/7/26

Patient Sticker

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EPIDURAL ANALGESIA RECORD

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

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

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

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

Solution Composition : .....

Any other issues :

a) .....

b) .....

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

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

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

Patient Satisfaction : .....

Discharge /Shifting ordered by

Doctor Signature: .....

Doctor Name: .....

Date and Time : .....

H 26-00002097 48

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NARCOTIC PRESCRIPTION FORM

(PATIENT COPY)

Patient Name:	MRS SAIONI BANSAL	Age:	29Y	Gender:	FEMALE
UHID No:	BAH-00576069	IP No:	26-00006702	Date:	01/07/26 Time: 1:32 PM
Diagnosis:	LSCS (WARD-OT)				

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. SAMIR

Doctor Registration No: 67529

Signature:

NARCOTIC DISPENSING FORM

APPENDIX 4 – FORM NO. 3E

(Details of the Patient to whom Essential Narcotic Drugs Dispensed)

IP Registration No: 26-00006702 Date: 01/07/2026

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

1.	Name : MRS SAIONI BANSAL	Remarks
2.	Complete postal address (with contact number, if any)	ROYAL HOME SUMIT APT NARAYANGUDA
3.	Brief description of the illness	LSCS
4.	Whether registered with any other registered medical practioner / recognized medical institution (If yes, details of the recorded)	NO
5.	Details of essential Narcotic drug dispensed	INJ: FENTANYL

Date	Name of the Essential Narcotic Drugs	Quantity	Signature / Thumb Impression of the patient / Patient Attender	Remarks, if any
01/07	INJ: FENTANYL	01		

Dispensed by (Name & ID No.): Sania (018662) Signature: Sania.

Received by (Name & ID No.): MARVIND KUMAR (021957) Signature:

Time: .....