MAH-00339626 IP26-00006709
Mrs PRAVA SAI SREE RAVI
25-01-1996 30 Y 5 M 7 D (F)
Dr. PADMAJA YELISETTY

Rainbow® Children's Hospital
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SURGERY DETAILS

Date : 2/7/26

Patient Name: Mrs. Susmitha Date of Birth: 25/1/1996 Age: 30yrs

Gender: Female Ward : OT UHID No.: MAH-00339626

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

Name of the Surgery : Elective LSCS + Tubectomy

Time in : 8:10Pm Time Out : 9:10Pm

		NAME	AMOUNT
1.	Surgeon	: Dr. Padmaja	
2.	Anaesthetist	: Dr. Ayeesha	
3.	Assistant Surgeon	: Dr. Priyadarini / Dr. Veena	
4.	OT Technician	: Br. Suchandu	
5.	Circulating Nurse	: Sr. Archana	
6.	Assistant Nurse	: Sr. Sandya	

Mrs PRAVA SAI SREE RAVI SUSMITHA (F)
TUBES
NINV04329
HN26010784TUBES

Special Equipment:
☐ Laparascopy ☐ Broncoscope ☐ Harmonic ☐ Morcelator
☐ C-ARM ☐ Cystoscopy ☐ Versa Point ☐ Liver Cusa
☐ Neuro Cusa ☐ Others Tubectomy → 26-0000210000

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 26-0000209999

Order by: Sandya 2/7/26 @ 12:40pm (or record Saved)

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

MAH-00339626 IP26-00006709
Mrs PRAVA SAI SREE RAVI
25-01-1996 30 Y 5 M 7 D (F)
Dr. PADMAJA YELISETTY

EL. LSCS + Tubectomy

CONSUMABLES OF OT

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Circulating staff : J Sandya Technician : Sai chandu Date : 2/7/26 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	01		Inj Vit.K		01
LMA			Sutures 2347, 2548	01 + 01		Cord Clamp		01
ECG leads : A / P / N		03	2317, 1326	02 + 01		Suction Catheter		
HME filter : A / P / N						Feeding Tube 5	01	
Syringes : 10 cc		02	Dip cleaner	01		Vaccum Suction Set		
05 cc		02	Gloves S.G 6½, 6 LB + 1			Surgical Gloves 6.5		01
02 cc		02	Encore 6½	01		Gauze Pack 7.5		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 500		01	Cautery pencil	01				
NS : 10ml / 100ml / 500ml / 1000ml			Koochies XXL	01		Encore 6.5		01
Tranexa 1gm		02	Ointments					
oxytocine		03	Suction Catheter					
Fentanyl		01	Cap, Mask	10 + 10		26-0000210048 / 247		
Morphine			Gauze Pack 1000 x-ray; 02 + 1					
Ketamine			Mop Pack	2				
Propofol			Steristrip					
Rocuronium			Underpad	2				
Glycopyrolate			Draw sheet					
Myopyrolate			Abgel	01				
Ondansetron			Foleys catheter 14F	01				
Pencan 25g/ Spinal Needle 22		01	Urobag	01				
Bupivacaine 0.25%			Chest Drainage Catheter					
~~Bupivacaine~~ 0.25%(Heavy)		01	Romodrain bag					
~~Antibiotics~~ ~~Total air way 26 G~~		~~01~~	~~Bandage~~ lox jelly	1				
O2 mask (A)		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~~ Aprons	03				
Tab. Misoprost : 200mg		04	Betadine Solution					
Encore glove 7.0		01	Microshield	01				
Gauze 7.5 & 7.5		01	Cotton Balls	01				
Lox gel patch		01	Latex Gloves	20				
			Ramdione Scrub					
			Saral					

Surgeon Anaesthesiologist Nurse OT Technician

Order No. : ~~Ka~~ 26-0000210041 Ordered by : Karuna @ 2/7/26 @ 2:30 PM

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

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Telangana, INDIA ,500029.
040-48873000, info@rainbowhospitals.in

ELECTRONIC MEDICINE PRESCRIPTION

MRN	MAH-00339626	**Name**	Mrs PRAVA SAI SREE RAVI SUSMITHA
Age / Sex	30 Y 5 M 7 D / Female	**Doctor**	PADMAJA YELISETTY
Adm/Reg Date/Time	01/07/2026 21:09	**Payor**	VIDAL HEALTH INSURANCE TPA PVT LTD
Order Date	02/07/2026 14.29	**Ordernumber**	26-0000210041
Visit ID	IP26-00006709	**Ward/Bed No**	3F -PRIVATE ROOM / PVT-307
Patient Address	FLAT NO-201, PLOT NO-81 NEW HAFEEZPET,,MARTHANADA NAGAR, Kondapur, Hyderabad, Telangana, INDIA.		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	SGLOVE # 6 (SURGICARE)	SURGICAL GLOVES 6 0	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
2	TIP CLEANER ELECTRO BRASIVE(REF:E2401)		1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
3	LSCS DRAPE PACK (PROTECTCARE)		1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
4	THEMICAINE 30GM JELLY		1 On Application	/ Once Daily	1 Days		1 Nos	Dispensed
5	ABGEL SURGI PAD (BIG) (GELSPON)	ABGEL	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
6	MONOCRYL 3-0 NW 1326	MONOCRYL 1326	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
7	DSYRNGS 2.5ML(NIPRO)	SYRINGE 2ML	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
8	Encore Microptic gloves-6.5		1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
9	VICRYL PLUS 1 VP - (2347)	VICRYL PLUS 1 VP 2347	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
10	ADULT DIAPERS-XXL		1 Nos	External / 1-2 TIMES A DAY	1 Days		1 Nos	Dispensed
11	COTTON BALLS 2 GM 5 NOS		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
12	DSYRINGE 10ML (NIPRO)	SYRINGE 10ML	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
13	E.C.G ELECTRODES (ADULT)	ELECTRODES ADULT	1 Nos	External / Once Daily	1 Days		3 Nos	Dispensed
14	SURGICAL BLADE 22	SURGICAL BLADE 22	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
15	BIOXAMIC 500 MG INJ		1 Ampule	External / Once Daily	1 Days		2 Ampule	Dispensed
16	OxygenMask With Tubing - Adult ROMSONS-FC		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
17	VICRYL 2-0 VP 2317	VICRYL 2-0 VP 2317	1 Nos	/ Once Daily	2 Days		2 Nos	Dispensed
18	VICRYL USP-0 VP2518		1 Nos	External / 1-2 TIMES A DAY	1 Days		1 Nos	Dispensed
19	DISPOSABLE APRONS STERILE XL	DISPOSABLE APPRON STERILE XL	1 Nos	/ Once Daily	3 Days		3 Nos	Dispensed
20	ANAWIN HEAVY 5 MG INJ 4 ML		1 Vial	External / Once Daily	1 Days		1 Vial	Dispensed
21	VACCUME SUCTION SET		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
22	CAUTERY PENCIL (ADVANCE)		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
23	FACE MASK 3 LAYER - ELASTIC	FACE MASK 3 LAYER	1 Nos	External / Once Daily	1 Days		10 Nos	Dispensed
24	UNDERPADS 60X90 BUTTERFLY		2 Nos	External / 1-2 TIMES A DAY	1 Days		2 Nos	Dispensed
25	PENCAN 27G (BBRAUN)		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
26	DSYRINGE 1ML (NIPRO)	SYRINGE 1ML	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
27	FOLEYS CATHETER 14-URO CATH		1 Nos	External / 1-2 TIMES A DAY	1 Days		1 Nos	Dispensed
28	JUSTIN SUPPOSITORIES 100 MG 5 S		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
29	MOPS 30X30 8PLY SS X-RAY	MOPS 30X30 8 PLYDATT	1 Nos	/ Once Daily	2 Days		2 Nos	Dispensed
30	PREGELLED SURGICAL PLATES(ADULT)	PREGELLED PLATED ADULT	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
31	MISOPROST TAB 200MCG 4S		4 Tabs	External / Once Daily	1 Days		4 Tabs	Dispensed
32	UROBAG (ADULT) UHODYNE		1 Nos	External / 1-2 TIMES A DAY	1 Days		1 Nos	Dispensed
33	ENCORE MICROPTIC GLOVES-7 PF		1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
34	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	Ordered
35	SGLOVE # 6.5 (SURGICARE)	SURGICAL GLOVES 6.5	1 Nos	External / Once Daily	1 Days		5 Nos	Dispensed
36	SUPRIDOL SUPPOSITORIES 100 MG 5 S		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
37	EVATOCIN (OXYTOCIN) INJ 5 IU 1 ML		1 Vial	External / Once Daily	1 Days		3 Vial	Dispensed

PADMAJA YELISETTY

Reg No : 52427

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

Note

* This prescription is valid only for specified duration.

* Do not refill medicines.

Rainbow Children's Hospital

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040-48873000, info@rainbowhospitals.in

ELECTRONIC MEDICINE PRESCRIPTION

MRN	: HNH-00016299	**Name**	: Baby Of PRAVA SAI SREE RAVI SUSMITHA
Age / Sex	: 0 Y 0 M 0 D 9 H / Male	**Doctor**	: SINDHURA MUNUKUNTLA
Adm/Reg Date/Time	: 02/07/2026 09:13	**Payor**	: SELFPAY
Order Date	: 02/07/2026 14:39	**Ordernumber**	: 26-0000210048
Visit ID	: IP26-00006713	**Ward/Bed No**	: 3F -PRIVATE ROOM / CRDL-HNPVT-307-1
Patient Address	: FLAT NO-201, PLOT NO-81 NEW HAFEEZPET,,MARTHANADA NAGAR, Kondapur, Hyderabad, Telangana, INDIA,		

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

SINDHURA MUNUKUNTLA

Reg No : 66970

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Note

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*** Do not refill medicines.**

Rainbow Childrens Hospital-Himayatnagar

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Hyderabad ,Telangana, INDIA ,500029.
040-48873000, info@rainbowhospitals.in

ELECTRONIC MEDICINE PRESCRIPTION

MRN	: HNH-00016299	**Name**	: Baby Of PRAVA SAI SREE RAVI SUSMITHA
Age / Sex	: 0 Y 0 M 0 D 9 H / Male	**Doctor**	: SINDHURA MUNUKUNTLA
Adm/Reg Date/Time	: 02/07/2026 09:13	**Payor**	: SELFPAY
Order Date	: 02/07/2026 14:39	**Ordernumber**	: 26-0000210047
Visit ID	: IP26-00006713	**Ward/Bed No**	: 3F -PRIVATE ROOM / CRDL-HNPVT-307-1
Patient Address	: FLAT NO-201, PLOT NO-81 NEW HAFEEZPET,,MARTHANADA NAGAR, Kondapur, Hyderabad, Telangana, INDIA,		

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

SINDHURA MUNUKUNTLA

Reg No : 66970

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Note

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*** Do not refill medicines.**

f.c

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Name	Mrs PRAVA SAI SREE RAVI SUSMITHA	**UHID**	MAH-00339626
Father/Guardian	Mr SRIVASTHAVA	**Age/Gender**	30 Y 5 M 7 D/ Female
Address	FLAT NO-201, PLOT NO-81 NEW HAFEEZPET,,MARTHANADA NAGAR, Kondapur, Hyderabad, Telangana, INDIA		
IP No	IP26-00006709	**Admission Date**	01-07-2026
Ref Doctor	Self		
Discharge Date	04.07.2026		

DISCHARGE SUMMARY

Consultant:
Dr. PADMAJA YELISETTY
MBBS, MD, MRCOG, FRCOG
52427

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

ELECTIVE LOWER SEGMENT CAESAREAN SECTION DONE ON 02.07.2026

History:

LMP: 09.10.2025 Obstetric formula: G2P1L1

EDD: 16.07.2026 Gestation at admission: 37^{+6} weeks

Obstetric History:

G1-2022- FT-LSCS(Ind: Meconium stained liqour), Male,3kgs,A&H
G2 -2025- Present Pregnancy, Spontaneous conception.

Name	Mrs PRAVA SAI SREE RAVI SUSMITHA	**UHID**	MAH-00339626
IP No	IP26-00006709	**Admission Date**	01-07-2026

Medical History: Nil
Family History : Both parents-DM and HTN
Surgical History: LSCS-2022
Allergies : Nil

Antenatal Details:

Mrs PRAVA SAI SREE RAVI SUSMITHA was booked to Rainbow hospital at 22^{+4} weeks of gestation. She had regular antenatal checkups and investigations as advised elsewhere.NT scan normal.eFTS low risk.TIFFA normal.OGTT normal. Fetal monitoring was done by serial growth scan. A growth scan was done on 27.06.2026 at 37 + 2 weeks showed single live fetus with cephalic presentation with AFI: 16.4cms, EFW:2898 g (32%), Placenta: Posterior, High, with normal dopplers. She was admitted at 37^{+6} weeks for EL.LSCS.

Investigations: Enclosed.
Blood group: "AB" 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:

Name	Mrs PRAVA SAI SREE RAVI SUSMITHA	**UHID**	MAH-00339626
IP No	IP26-00006709	**Admission Date**	01-07-2026

Under spinal anesthesia she was painted and draped as per hospital protocol. Abdomen opened in layers. The parietal and visceral peritoneum carefully opened after identifying the urachus. Bladder was reflected. A Lower segment curvilinear incision given on the uterus. Baby delivered. Cord clamped and cut and cord blood collected for blood grouping and Rh typing. Baby handed over to pediatrician. Placenta delivered with controlled cord traction. Uterus closed in layers. Hemostasis secured. Instruments and swab count checked. Bilateral tubal ligation done by Modified Pomeroy's technique.Tubal segments sent for HPE. 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 formed.**
* **Grade-1 Meconium Stained Liqour.**
* **Omental adhesions noted to anterior abdominal wall.**
* **1 Loop of cord around neck.**
* **Bilateral tubal ligation by modified pomeroy's technique.**

Delivery Details:

Date : 02.07.2026
Time of Delivery : 08:28am
Type of Delivery : Elective Lower Segment Caesarean Section + Bilateral tubal ligation
Indication : Previous LSCS
Anaesthesia : Spinal

Name	Mrs PRAVA SAI SREE RAVI SUSMITHA	**UHID**	MAH-00339626
IP No	IP26-00006709	**Admission Date**	01-07-2026

Baby Details:

Date : 02.07.2026
Time : 08:28am
Sex : Male
Weight : 3.140kg
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 first postoperative day High BP recordings(150/90-130/90mm Hg) noted hence started on T.Labetalol 100mg twice daily. On second postoperative day dressing was changed. On inspection wound was healthy. Her general condition was satisfactory and she was found to be fit for discharge. Wound care and medications were explained to patient supplemented by written information. She was given the postpartum book for further reference.

Advice:

1. Tab. Taxim O 200mg twice daily till 08.07.2026 (9am-9pm) after food.
2. Tab. Calpol (Paracetamol 500mg) 2 tablets thrice daily till 06.07.2026 (8am-2pm-10pm) after food.
3. Tab. Voveran (Diclofenac-50mg) 1 tablet thrice daily till 06.07.2026 (9am-

Name	Mrs PRAVA SAI SREE RAVI SUSMITHA	UHID	MAH-00339626
IP No	IP26-00006709	Admission Date	01-07-2026

3pm-11pm) after food.

4. Tab. Pantodac (Pantoprazole - 40mg) 1 tablet twice daily till 08.07.2026 (7am-7pm) before food.
5. Tab. Livogen (Elemental Iron - 50mg, folic acid 1.5mg) once daily (7am) for three months before breakfast.
6. Tab. Shelcal (Elemental Calcium 500mg, vitamin D3 250 IU) once daily (2pm) till breast feeding after food.
7. Nebasulf Powder for local application.
8. T. Labetalol 100mg twice daily (10am-10pm) after food for 2 weeks.
9. Collect HPE reports

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

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

Review with **Dr. PADMAJA YELISETTY,** after **2 Weeks** on **18.07.2026** Rainbow Children's Hospital with prior appointment **(Review consultation will be charged).**

For Women Who Have Had a Cesarean 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

Name	Mrs PRAVA SAI SREE RAVI SUSMITHA	**UHID**	MAH-00339626
IP No	IP26-00006709	**Admission Date**	01-07-2026

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**

Registrar/Resident/C.M.O

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

Rainbow Childrens Hospital-Himayatnagar

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

ADMISSION SHEET

Registration Details :

Admission No : IP26-00006709 **Admit Date** : 01-Jul-2026 **Admit Time** : 09:09 PM **UHID** : MAH-00339626

Patient Details :

Patient Name	: Mrs PRAVA SAI SREE RAVI SUSMITHA	**Age**	: 30 Y 5 M 6 D
Guardian	: Mr SRIVASTHAVA	**DOB**	: 25-01-1996
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	: Married
Address (H)	: FLAT NO-201, PLOT NO-81 NEW HAFEEZPET,, MARTHANADA NAGAR Kondapur Hyderabad Telangana INDIA	**Phone No**	: 9014112216/ 7416536082
		E-mail	: susmithaprava10@gmail.com

Admission Details :

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

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

Contact Details :

Name : Mr SRIVASTHAVA **Relationship** : Husband

Contact Address : FLAT NO-201, PLOT NO-81 NEW HAFEEZPET,,MARTHANADA NAGAR Kondapur Hyderabad Telangana INDIA **Phone No** : 9014112216

D. Srivasthava
Signature

Doctor Details :

Doctor Name : Dr. PADMAJA YELISETTY **Specialisation** : OBSTETRICS AND GYNECOLOGY

Referral Doctor : Self **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 20000.00

Payment Mode : DC/CC Card **Payor Name** : VIDAL HEALTH INSURANCE TPA PVT LTD

MAH-00339626 IP26-00006709
Mrs PRAVA SAI SREE RAVI
25-01-1996 30 Y 5 M 7 D (F)
Dr. PADMAJA YELISETTY

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CROSS CONSULTATION FORM

Doctor Name : Dr. padmaja yelisetty Date : 3/7/26 Time : 11:40 am

Diagnosis : LSCS

Hospital : RCH - HNINR

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

Type of Referral :
☐ Emergency
☑ Urgent
☐ Non Urgent

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

Signature:

Findings and Recommendations :

Lactation care plan

- well formed breast & Nipple's
- Aim for deep latch as demonstrated in cross cradle
- suck & latch observed, starting to suck with strong stimulation
- Demand feeding do not exceed more than 2 - 2½ hours as per early hunger cues.
- stimulate baby continuously while feeding
- Advice sitting feeds.

Consultant :

: Sathwika.G Signature : SG Date & Time : 3/7/26, 11:40 am

MAH-00339626 IP26-00006709
Mrs PRAVA SAI SREE RAVI
25-01-1996 30 Y 5 M 7 D (F)
Dr. PADMAJA YELISETTY

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NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 3/7/26 Time: 9:50 am

Origin: Indian Height: 155cm Weight: 60 Kg BMI: ☐ ~ 26 kg/m² ☐ ~ 28 kg/m² ☐ ~ 30 kg/m²
24 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)

Desiraffar

Patient's / Attendant's

Signature: .....

Name: Prava Sai Sree Ravi

Date & Time: 3/7/26; 9:50 am

Dietician's

Signature: Sobiya

Name: Syeda Sobiya Zaheer

Date & Time: 3/7/26; 9:50 am

DIETARY NOTES

Date	Time	Notes	Sign

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ACTIVITY RECORD FOR BILLING

Name :_____ MAH-00339626 IP26-00006709
Mrs PRAVA SAI SREE RAVI
25-01-1996 30 Y 5 M 6 D (F)
UHID No. : _____ IP No : Dr. PADMAJA YELISETTY _____ Dept : _____

Date of Admission: _____ T ıarge : _____ Time: _____

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
2/7/26	7:50am	pre & post	OT	Akhila / Sandhya
2/7/26	9:20am	OT	pre & post	Sandhya / Anusha
2/7/26	12:50pm	pre & post	30	Anusha /

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	Dr. Tejasvi Reddy	2/7/26	21058	
2				
3				
4				
5				
6				
7				
8				
9				
10				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
1/7/26	NST - (1)	7869 ✓	A
2/7/26	NST - (2)	7870 ✓	A
1/7	CBP	10759 ✓	A
2/7/26	NST - (3)	7872 ✓	A

Cross checked by [illegible]

checked by [illegible]

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
2/7	Cardiac monitor	9:20 AM	12:40 PM	20999	[illegible]
2/7	Infusion pump				

Coor checked done by [illegible]

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
1/7/26	IV placement	①	9882 ✓	Akcila
6/6/26	PAC – (OP)	①	PR26-000 210987 ✓	
2/7/26	catheterisation	①	209992	[illegible]
3/7/26 9:30am	NHA	①	10579 ✓	

cross check by Roni

ANY OTHER INFORMATION

....

....

....

....

....

....

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

MAH-00339626 IP26-00006709
Mrs PRAVA SAI SREE RAVI
25-01-1996 30 Y 5 M 6 D (F)
Dr. PADMAJA YELISETTY

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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

for safe confinement

Obstetric Formula: $G_2P_1L_1$

Obstetric Hostory:

1st preg (2022) - FT - LSCS | MSL | 1♂ | 3kgs.

Present preg - Sp. conceptn.

Booked @ 22^{+4} wks.

Present Pregnancy Record:

T - (N), FTS - Low risk.

TIFFA - (N), OGTT - (N).

Growth (N)

RISK FACTORS:

- Prev LSCS

Height: 155 cm

Weight: 60 kg

Allergies: Nil

Breast: ☑ Normal ☐ Abnormal

General Examination:

Consciousness: (+) Pallor: (−)

Icterus: (−) Edema: (−)

Temp: Afebrile PR: 92 bpm

BP: 130/80 mmHg DTR: (N)

CVS: S_1S_2 (+) RS B/L NVBS

Liver/Spleen: (N) Urine Output: (N)

LMP: 9/10/25. EDD:

Corrected EDD: 16/7/26. GA: 37^{+6} wks

Menstrual History: Regular : ☑ Yes ☐ No

Obstetric Examination

Fundal Height: UI ~ Term

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

Liquor: ☑ Adequate ☐ Oligo ☐ Poly

PP: ☑ Cephalic ☐ Breech Others _____

Head Fifths Palpable: 5/5

FHS: ☑ Normal ☐ Tachy ☐ Brady ☐ Absent

Per Speculum Examination - N/A

Draining: ☐ Present ☐ Absent ☐ Bleeding

Colour of Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Vaginal Examination - N/A

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

$G_2P_1L_1$ | 37^{+6} wks. | prev LSCS c/o LSCS

MAH-00339626 IP26-00006709
Mrs PRAVA SAI SREE RAVI
25-01-1996 30 Y 5 M 6 D (F)
Dr. PADMAJA YELISETTY

Family History:	Surgical History:
Both parents - DM & HTN	LSCS (2022)
Medical History:	**Medication History:**
Nil	On T. Fe / T. Ca.
Plan of Care:	**Investigations:**

Elective LSCS

- Informed consent
- Admission CTG
- Prepare parts
- T. Pan 40mg & T. Betnorm 10mg @night
- Preop medications orchated
- Inform OT, Anesthetist & Pediatrician
- Shift to OT on call
- CBP
- Check for blood availability

Blood Group - "AB positive"

Hb - 11.5 g/dl
Plt - 1.81 Lkh.
PCV - 38.5
WBC - 8.8 k
} 1/7/26

HIV
HbsAg
HCV
} NR.

USG (27/6/26) ~ 37+2 wks

SLF, Cephalic
Pl - Post. high, AFI - 16.4 cm
EFW - 2.8 kg (32%)
AC @ 15%

Dr. Padmaja Yelisetty
Consultant Obstetrics and Gynecology
Reg. No: 52427

Doctor Name: Dr. G. Veena
Signature:
Date & Time: 1/7/26 @ 9pm.

Consultant Name: Dr. Padmaja Yelisetty
Signature:
Date & Time: 2/7/26

MAH-00339626 IP26-00006709
Mrs PRAVA SAI SREE RAVI
25-01-1996 30 Y 5 M 7 D (F)
Dr. PADMAJA YELISETTY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/7/26	Patient (Mrs. Sushmitha) and her husband were counselled regarding interval sterilization, vasectomy and DMPA inj. for contraception. They wish to go & proceed further c̄ Bilateral tubectomy.	
	Patient sign →	[signature] (Dr. G. Veena)
	Patient Attender sign → D. Sravantha	Doctor's Sign
	Pt: Prava Susmitha	[signature] P. Yelisetty 52427
		Dr. Padmaja Yelisetty Consultant Obstetrics and Gynecology Reg. No: 52427

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

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

MAH-00339626 IP26-00006709
Mrs PRAVA SAI SREE RAVI
25-01-1996 30 Y 5 M 6 D (F)
Dr. PADMAJA YELISETTY

(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	c/s/B Dr. Veena - c/D/u Dr. Padmaja Yelisetty	
21/7/26 10PM	$G_2P_1L_1$ / 37^{+6} wks / prev LSCS	
	c/o pain abd. & backache No other c/o O/E GC-fair, Afebrile Pallor (-) BP- 130/80mmHg PR- 92bpm P/A - Ut ~Term, Irritable FHS (+) P/V- ext os closed, firm	Adv - NBM - Prepare parts - NST 4th hourly - FHR 2nd hourly monitoring - Inj-Tramadol 100mg IV stat - w/f labour pains. - Inform SOs - Plan for Emr. LSCS in case of increased symptoms.
NST-Reactive		
2/7/26 2AM	c/s/R Dr. Veena $G_2P_1L_1$ / 35wks / prev LSCS Prm well (+) Pain abd. subsided O/E GC-fair Vitals - stable P/A - Ut ~Term, Relaxed FHS (+). L/E - NAD	Adv - NBM - NST 4th hourly - FHR 2nd hourly monitoring - P Inform SOs - Vital monitoring. - Plan for Emr LSCS SOs.
Reactive		

MAH-00339626 IP26-00006709
Mrs PRAVA SAI SREE RAVI
25-01-1996 30 Y 5 M 6 D (F)
Dr. PADMAJA YELISETTY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/7/26 6:30AM	c/s/B Dr. Veena	
	G2P1L1 / 38 wks / prev. LSCS	
	Pt is stable, No c/o	
	No c/o pain abd / backache	Adv
	PFM well (+)	- NBM
	O/E G.C - fair, Pallor (-)	- Preop medications as charted
NST -	Vitals - stable	- Shift to OT on call
	P/A Ut ~ Term	- Inform SOS.
	Relaxed	
	Cephalic, FHS (+)	
	L/E - NAD.	[signature]
2/7/2026	C/s/b Dr Manisha	
9:30 AM	POD-0	
		Adv
	GC fair Afebrile	- NBM x 4-6h
	BP - 124/99	- Drugs as charted
	PR - 74	- W/F vitals & BDV
Baby M/S	PA Ut well retracted	- I/O monitoring
	PV Bleeding WNL	- Foley's removal @ 6Am C/W
	U/O 100 (OT - Clear)	

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

MAH-00339626 IP26-00006709
Mrs PRAVA SAI SREE RAVI
25-01-1996 30 Y 5 M 6 D (F)
Dr. PADMAJA YELISETTY

(2)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/7/2026	C/s/b Dr Manisha	
1pm	~~[illegible]~~	
	POD-0 / EL US	
	GC- fair Afebrile	Adv
	BP - 140/180 → 129/80	- Allow sip of water > 2pm
	PR 90	- Drugs as charted
	P/A ut well retracted	- W/F vitals & BPR
BMS	BS ⊕	- I/O monitoring strict
	PV bleeding WNL	- Strict BP monitoring 2 hourly
	h/o NICU care (high concern)	(if >140/90 mmHg - inform)
		- Foley's removed @ 6Am C/m.
		- Inform SUS
		Dr Manisha

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

MAH-00339626 IP26-00006709
Mrs PRAVA SAI SREE RAVI
25-01-1996 30 Y 5 M 7 D (F)
Dr. PADMAJA YELISETTY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/7/26 2:15pm	C/S/B Dr. Priyadarshini	
	P2L2 / POD-0 / El. LSCS + B/L Tubectomy.	
	O/E	Rx
	Pt c/c	1. Sips of oral fluids
	G/C fair	2. Monitor BP 2nd hrly (>140/90 - inform)
B/L Breast	afebrile	3. W/F bleeding P/V
→ soft	P0 / PE0	4. follow drug chart
→ BA, BF (+)	P.R - 89 bpm	5. Inform SOS.
U/O good, clear.	B.P - 130/76	
	SPO2 - 99% @ RA	
	H/L - clear	
	P/A - ut well retracted	Dr. Priyadarshini
	BS (+), soft	
	P/V No Active bleeding.	

Dr. Rampana Priyadarshini
Consultant Obstetrics and Gynecology
Reg. No: 63596

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

(P.T.O)

MAH-00339626 IP26-00006709
Mrs PRAVA SAI SREE RAVI
25-01-1996 30 Y 5 M 7 D (F)
Dr. PADMAJA YELISETTY

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RESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/S/ B Dr. Dng	
2/7/26 8pm		
	POD-0 · P2L2 ĒEl.LSCS + tubectomy)	
	No complaints	
	GC fair Afebrile	Adv
	BP: 137/72 mmHg	- Liquid diet
	PR: 85/min	- Adequate hydration
Baby c̄ Mother	P/A - Uterus Retracted well	- Drugs as charted
	BS(+)	- Urine I/O charting
	L/E - bleeding P/V WNL	- Strict BP Monitoring 2nd hourly.
U/O - 75ml/hr. clear		(Inform > 140/90)
	B/L Breast soft Milk secretion(+).	- Foleys Removal @ 6AM tomorrow.
		- Inform SOS.
	[signature]	N/B Swetha @8pm

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

MAH-00339626 IP26-00006709
Mrs PRAVA SAI SREE RAVI
25-01-1996 30 Y 5 M 7 D (F)
Dr. PADMAJA YELISETTY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/7/26	C/S/B Dr. D ng	
7am	POD-1 P2L2 (El. LSCS + tubectomy)	
		Adv
	GC fair, Afebrile	- Soft diet
	BP: 130/72 mmHg	- Adequate hydration
	PR: 82/min	- Drugs as charted
Baby c Mother.	P/A uterus Retracted	- Strict BP Monitoring 2nd hrly
	well. BS (+)	- (Inform ≥ 140/90)
	L/E bleeding PV WNL.	- Monitor vitals
Urine ~~[illegible]~~		- Inform SOS
Flatus passed	B/L Breast soft	
	Milk secretion (+).	Noted by [signature]
		[signature]
3/7/2026		C/s/b Dr Padmaja Yelisetty
10:30am		POD-1
		Adv
	GC - Fair Afebrile	- Soft Diet → Regular Diet (Lunch)
BMS	BP - 119/70	- Adeq Hydration
	PR - 88	- Drugs as charted
	P/A Ut well Retracted	- W/F vitals & BP
4✓	BS (+) : ASD - Dry	- Strict BP monitoring - 7. Cobalt ...
SV	L/E Bleeding WNL	- Inform SOS.
		Dr. Padmaja Yelisetty Consultant Obstetrics and Gynecology Reg. No: 52427 [signature] P. Yelisetty 52427

MAH-00339626 IP26-00006709
Mrs PRAVA SAI SREE RAVI (F)
25-01-1996 30 Y 5 M 7 D
Dr. PADMAJA YELISETTY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/7/2026 6:30pm	c/s/by Dr. Naveena.	
	Pt. on POD 1 foll.	El. LSCS.
	O/E GC-fair	Adv
	Afebrile	Regular diet
	PR: 80bpm	Adequate hydration
V ✓	BP: 115/80mmHg.	drugs as charted
F ✓	CVS/RS: NAD	w/f PV bleeding
S ✓	PA: ut-retracted well	Ambulation
	Soft, NT	strict BP monitoring
	Dressing: dry & clean	4th hrly
	L/E: PV bleeding WNL	Monitor Vitals
		Inform SOS.
	Baby: Motherside.	
	B/L breasts: Soft	
	milk Secretions present	
		Dr. Naveena.
		NB/ Supriya

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

(P.T.O)

MAH-00339626 IP26-00006709
Mrs PRAVA SAI SREE RAVI
25-01-1996 30 Y 5 M 8 D (F)
Dr. PADMAJA YELISETTY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/7/2026 7:00am	cls/by Dr. Naveena	
	R/k on POD2. Joll. El-LSCS.	
	O/E - GC-fair Afebrile PR: 85 bpm. V-✓ BP: 123/80 mm Hg. F-✓ CVS/RS: NAD S-✓ PA: ut. retracted well Soft, NT Dressing: dry & clean I/E: PV bleeding WNL	Adv - Regular diet - Adequate hydration - drugs as chalked - w/f PV bleeding - Ambulation - strict BP monitoring 4th hrly - Monitor Vitals - Inform SOS
	Baby: Mother's de B/L breasts: soft milk secretions present.	Dr. Naveena.

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

MAH-00339626 IP26-00006709
Mrs PRAVA SAI SREE RAVI
25-01-1996 30 Y 5 M 8 D (F)
Dr. PADMAJA YELISETTY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	c/o/B Dr. Padmaja Yelisetty	
4/7/26 9:45Am	POD-2 / P2L2	
		Adv
	Pt is stable, No c/o	- Regular diet
	No imminent signs	- Ambulation
Baby @ MS	O/E GC fair	- Adequate hydration
	BP- 110/70 mmHg	- Drugs as charted
	PR - 86 bpm	- Cont. T. labetalol 100mg BD
U✓	SpO_2 - 100% on RA	- Vital monitoring
F✓	P/A - Ut well retracted	- Can be discharged
S✓	L/E - BWNL.	Send file for discharge
		Y. Padmaja P Yelisetty 52427
		noted by sr-sandhya 4/7/26 10:a

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

MAH-00339626 IP25-00006709
Mrs PRAVA SAI SREE RAVI
25-01-1996 30 Y 5 M 6 D (F)
Dr. PADMAJA YELISETTY

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MEDICATION RECONCILIATION FORM

Drug Allergies: ..... ☑ Not known any Drug Allergies

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

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

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	TAB. IRON	1 tab	PO	OD	~~30~~ 1/7/26	☐ C ☑ DC
2	TAB. CALCIUM	1 tab	PO	OD	1/7/26.	☐ 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. G. Veena.

Date & Time : 1/7/26 @ 9pm

Nurse Name & Signature: Akila

Date & Time : 1/7/26 @ 10PM

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

MAH-00339626 IP26-00006709
Mrs PRAVA SAI SREE RAVI
25-01-1996 30 Y 5 M 6 D (F)
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DRUG CHART

Date of Admission: 1/7/26 Drug Allergies: NIL ☑ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

DOCTOR
- Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
- Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
- Discontinue a drug by drawing a line / 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 ....

MAH-00339626 IP26-00006709
Mrs PRAVA SAI SREE RAVI
25-01-1996 30 Y 5 M 6 D (F)
Dr. PADMAJA YELISETTY

REGULAR PRESCRIPTIONS

Weight. 65.6/Cg Ward. .....

DRUG : INJ. CEFOTAXIME

Dose	Route	Frequency	Start Date
1g	IV	BD	2/7/26

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions: (ATD)

Date/Time	2/7	3/7
6AM	now	
5PM		stop
Daily Doctor's Endorsement by a Sign		

DRUG : PARACETAMOL

Dose	Route	Frequency	Start Date
1gm	P/O	TID	2/7

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

Additional Instructions:

Date/Time	2/7	3/7	4/7
6AM			
2PM	3pm		
10PM			
Daily Doctor's Endorsement by a Sign			

DRUG : TRAMADOL

Dose	Route	Frequency	Start Date
100mg	P/O	TID	2/7

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

Additional Instructions:

Date/Time	2/7	3/7	4/7
10AM	X		
8AM	X		
4PM	X		
Daily Doctor's Endorsement by a Sign			

DRUG : DICLOFENAC

Dose	Route	Frequency	Start Date
50mg	P/O	TID	2/7

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

Additional Instructions:

Date/Time	2/7	3/7	4/7
7AM	X		
3PM			
11PM			
Daily Doctor's Endorsement by a Sign			

Verified by Dr. Dhakshayani

MAH-00339626 IP26-00006709
Mrs PRAVA SAI SREE RAVI
25-01-1996 30 Y 5 M 6 D (F)
Dr. PADMAJA YELISETTY

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Verified by Dr. Dhakshayani

REGULAR PRESCRIPTIONS

Sheet No: .... Weight 65.6kg Ward ....

				Date/Time	3/7	4/7
DRUG: Tab Pantoprazole						
Dose	Route	Frequency	Start Dt.			
40mg	PO	OD	3/7	6AM	(signed)	(signed)
Name & Signature of the Doctor Starting the Drugs: Dr. Dra (signed)						
Additional Instructions:						
Daily Doctor's Endorsement by a Sign					(signed)	

				Date/Time	3/7	4/7
DRUG: Tab CEFIXIME						
Dose	Route	Frequency	Start Dt.			
200mg	PO	BD	3/7	9AM	✓	
Name & Signature of the Doctor Starting the Drugs: Dr. Dra (signed)				9pm	(signed)	
Additional Instructions:						
Daily Doctor's Endorsement by a Sign					(signed)	

				Date/Time	3/7
DRUG: T LABETALOL					
Dose	Route	Frequency	Start Dt.		
100mg	P/O	BD	3/7	11AM	(signed)
Name & Signature of the Doctor Starting the Drugs: Dr. Bhavani (signed)					
Additional Instructions: X1wk				11PM	(signed)
Daily Doctor's Endorsement by a Sign					(signed)

				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				

Patient Sticker

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

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

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

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

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

MAH-00339626 IP26-00006709
Mrs PRAVA SAI SREE RAVI
25-01-1996 30 Y 5 M 6 D (F)
Dr. PADMAJA YELISETTY

Weight. 65.6/9 Ward. .....

DRUG :	Date▸ Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
		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
1/7/26	10PM	T. PANTAPRAZOLE	40mg	P/O		Not given
1/7/26	10PM	T. METOCLOPRAMIDE	10mg	P/O		~~Not given~~
1/7/26	10PM	INJ. PANTAPRAZOLE	40mg	IV		~~Akhila~~ Mounika
1/7/26	10PM	INJ. METOCLOPRAMIDE	10mg	IV		~~Akhila~~ Mounika
1/7/26	9:30PM	INJ-TRAMADOL	100mg	IV		~~Mounika~~ Akhila
1/7/26	9:25PM	INJ. ONDANSETRON	4mg	IV		Mounika Akhila.
2/7/26	7.45AM	INJ. PANTAPRAZOLE	40mg	IV		Mounika Akhila
2/7/26	7:45AM	INJ. METOCLOPRAMIDE	10mg	IV		Mounika Akhila.
2/7	9AM	LIGNOCAINE	5%	SKIN PATCH		

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

MAH-00339626 IP26-00006709
Mrs PRAVA SAI SREE RAVI
25-01-1996 30 Y 5 M 6 D (F)
Dr. PADMAJA YELISETTY

I.V. FLUIDS CHART

Weight. 60kg Ward. LDR

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
2/7/26	10:30 PM	RINGER LACTATE	IV	100ml/hr			2/7		
2/7/26	1 Am	RINGER LACTATE	IV	100 ml/hr			2/7		
2/7/26	6 AM	RINGER LACTATE	IV	1000			2/7		
2/7	830 am	RINGER LACTATE +9U OXYTOCIN	IV	150			2/7		
2/7	10 Am	RINGER LACTATE	IV	100ml			2/7		
2/7	12 Pm	RINGER LACTATE	IV	100ml			2/7		
2/7	10:30pm	RINGER LACTATE	IV	100ml/hr					
3/7		RINGER LACTATE	IV	100ml/hr					
		STOP 3/7/26							

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

MAH-00339626 IP26-00006709
Mrs PRAVA SAI SREE RAVI
25-01-1996 30 Y 5 M 7 D (F)
Dr. PADMAJA YELISETTY

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STAT / ONCE ONLY DRUGS

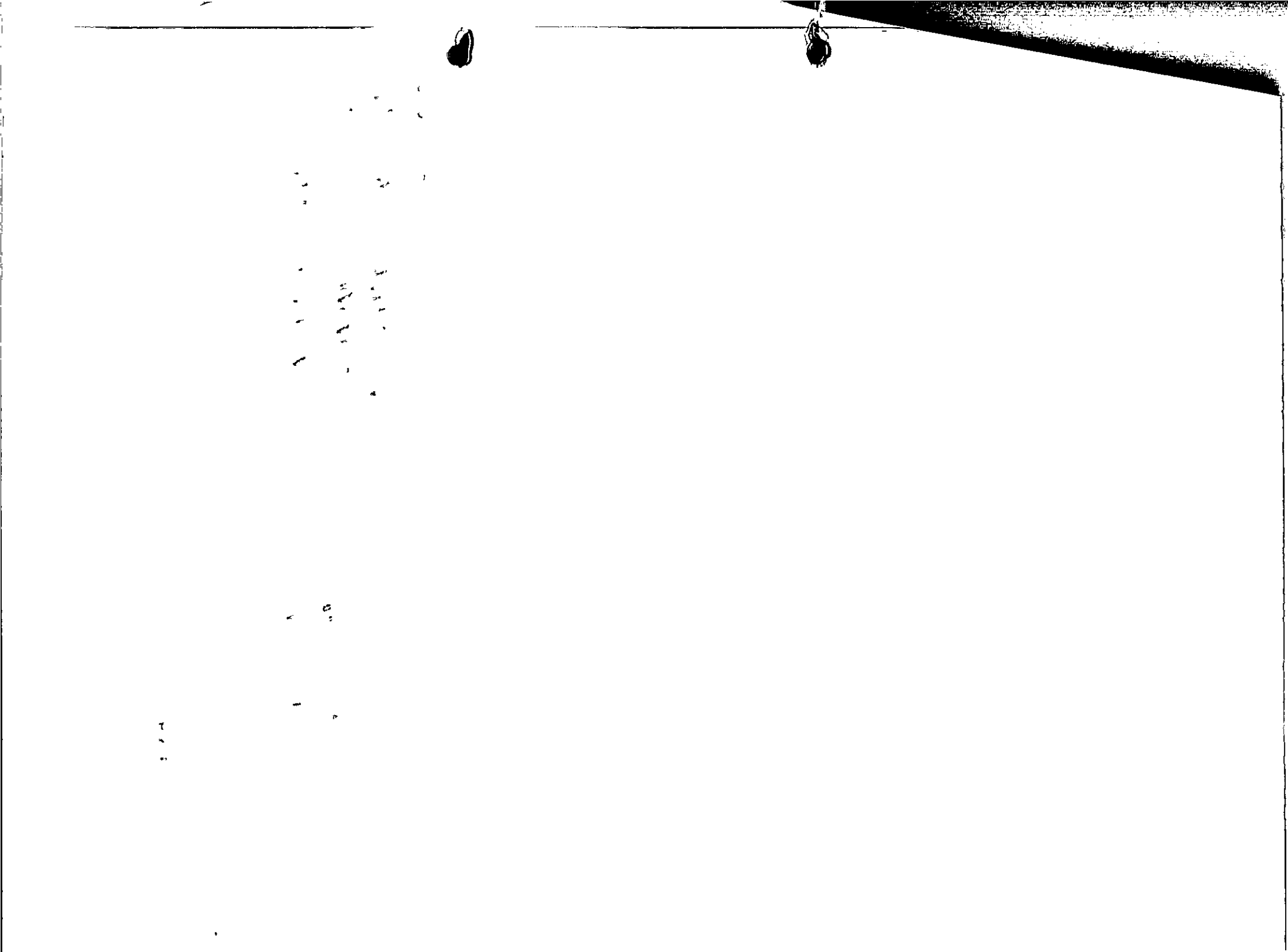
Weight: 65.6 kgs

Name: .....

Sheet No: .....

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
2/7	9AM	DICLOFENAC	100mg	PR			
2/7	9AM	TRAMADOL	100mg	PR			
2/7	9AM	TRANEXAMIC ACID	1gm	IV			
2/7	5pm	INJ TRANEXAMIC ACID	1gm	IV			

Verified by Dr. Dhakshayani



MAH-00339626 IP26-00006709
Mrs PRAVA SAI SREE RAVI
25-01-1996 30 Y 5 M 6 D (F)
Dr. PADMAJA YELISETTY

307

DP Basic

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RESULT SHEET

Date	11/7/26					
Time	10:00PM					
Hb	11.5					
PCV	33.5					
RBC	3.97					
WBC	8.81					
N/L						
Platelets	189					
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 = ABRh+ve (Availability in surya blood bank).						
HIV HBsAg HCV } NR						

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

MAH-00339626 IP26-00006709
Mrs PRAVA SAI SREE RAVI
25-01-1996 30 Y 5 M 6 D (F)
Dr. PADMAJA YELISETTY

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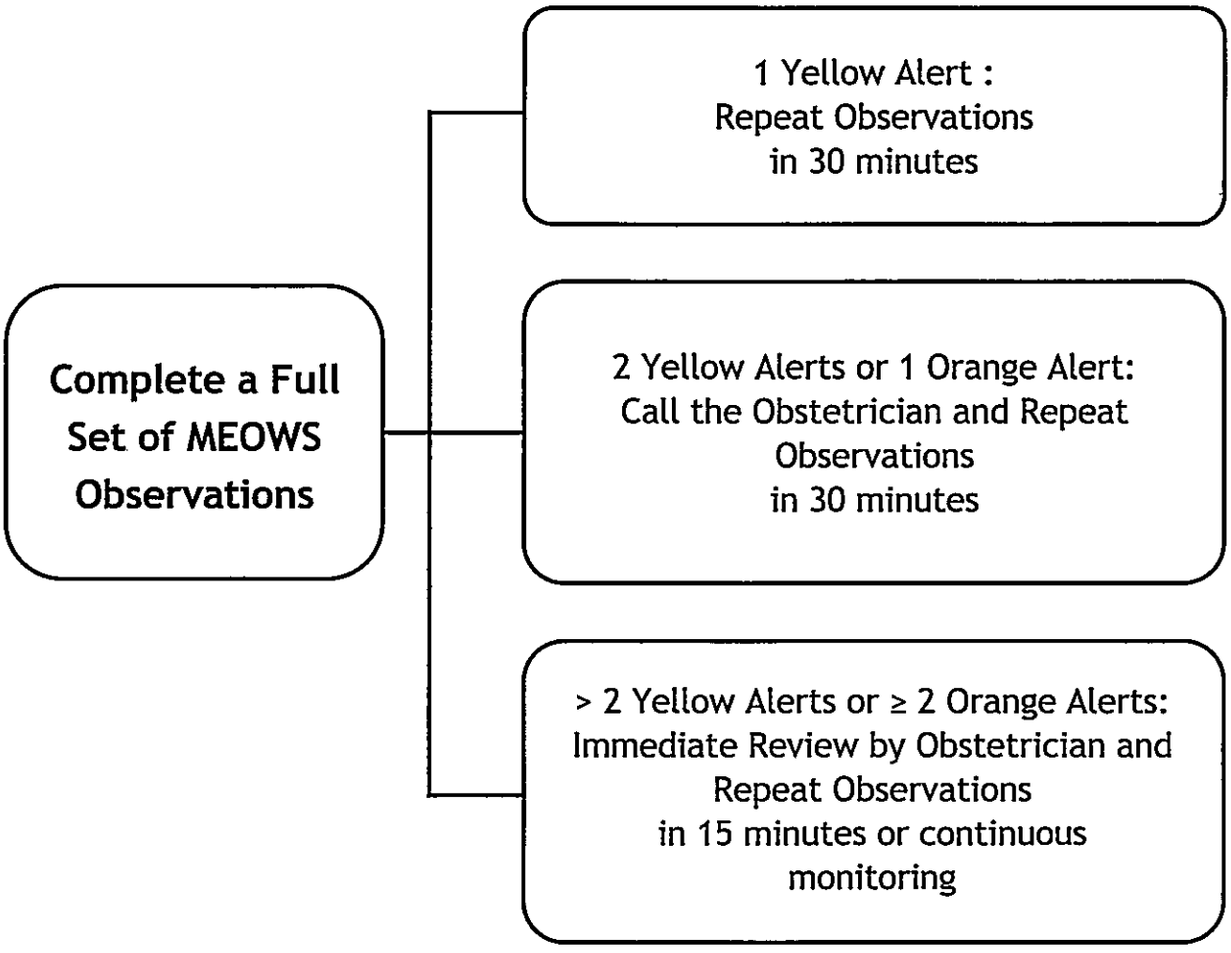
Early Warning Observation Score Chart - Obstetrics

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

11/12/26

		Date																						
		Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9 PM	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
	0 - 10																									
Saturations	94 - 100 %															99%				99%				98%		99%
	< 94 %																									
Administered O_2 (L/min.)																										
Temp°c	40																									
	39																									
	38																									
	37															–				99.4°				99.4°		–
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80															87				88				81		87
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressue ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90															116				129				131		129
	80																									
	70																									
	60																									
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70															71				72				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																2				2				0		0
TOTAL ORANGE SCORES																0				0				0		0
Nurse Initial																										

Obstetrics and Gynaecology Early Warning Signs



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

MAH-00339626 IP26-00006709
Mrs PRAVA SAI SREE RAVI
25-01-1996 30 Y 5 M 6 D (F)
Dr. PADMAJA YELISETTY

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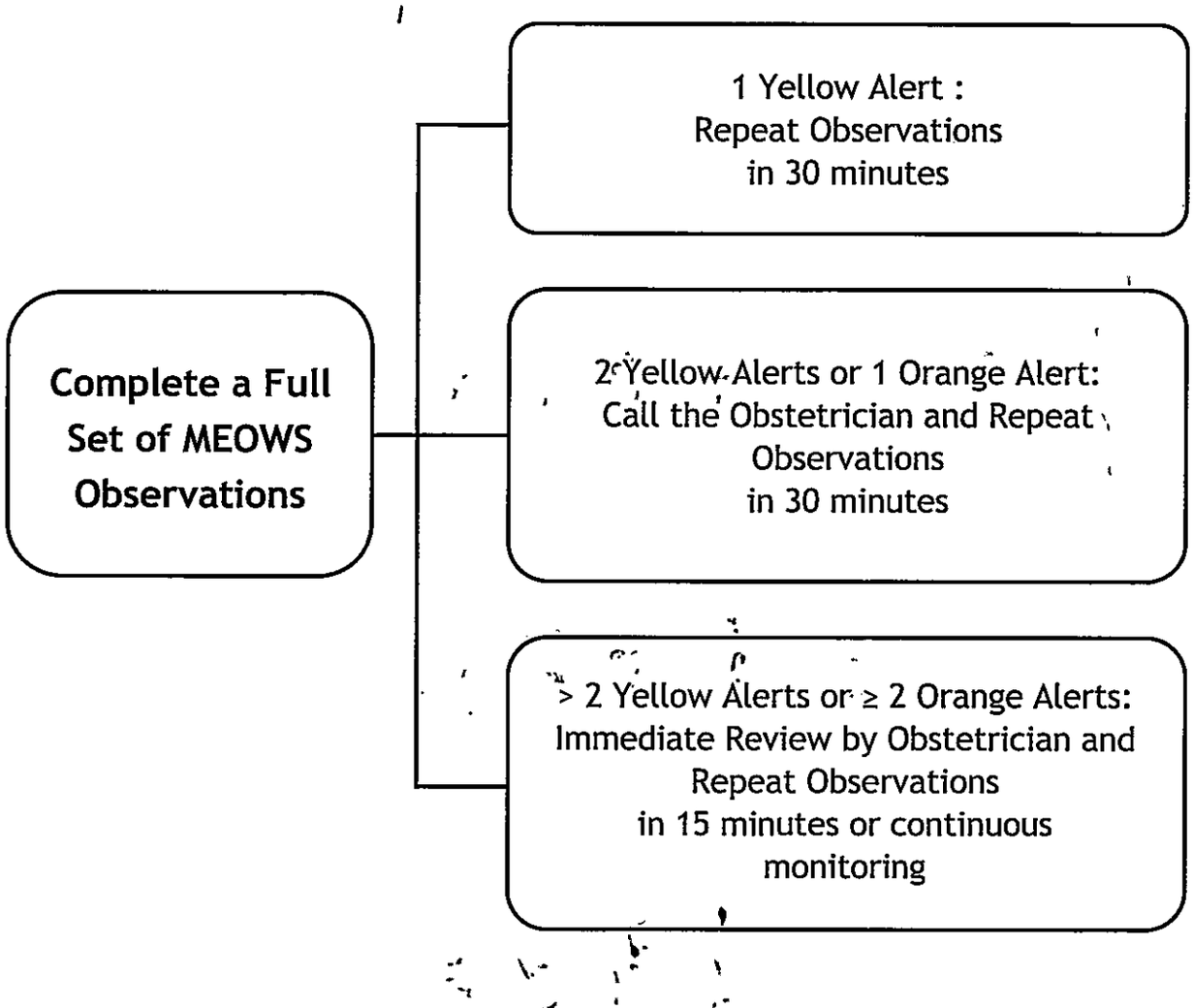
Early Warning Observation Score Chart - Obstetrics

2/2/26

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

		Date																						
		Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																									
	21 - 30																									
	11 - 20	20	20	20	20	20		20		20		20		20		20				20				20		
	0 - 10																									
Saturations	94 - 100 %	99	100	98	99	99		99		99		98		98		98%				99%				99%		
	< 94 %																									
Administered O_2 (L/min.)																										
Temp°c	40																									
	39																									
	38																									
	37																									
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80	79	86	77	81	91		95		86		85		80		80				82				84		
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressue ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130								130																	
	120	116	120	131	124	126				132		134		124		125				127				130		
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70	71	69	71	50	68		76		69		72		75		70				76				72		
	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		1		1		0				0				0		
TOTAL ORANGE SCORES		0	0	0	0	0		0		0		0		0		0				0				0		
Nurse Initial																										

Obstetrics and Gynaecology Early Warning Signs



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

MAH-00338826 IP26-00006709
Mrs PRAVA SAI SREE RAVI
25-01-1996 30 Y 5 M 7 D (F)
Dr. PADMAJA YELISETTY

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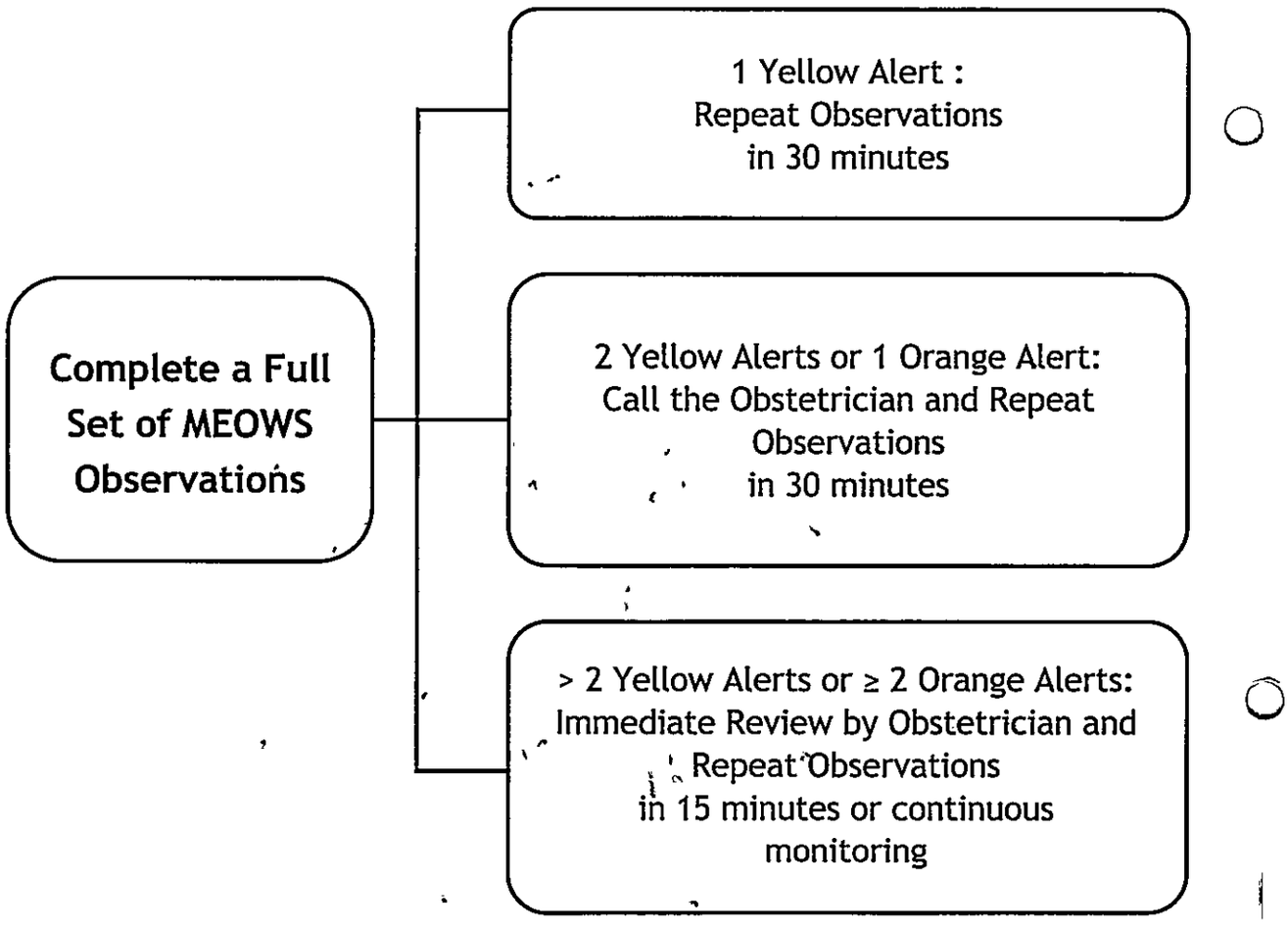
Early Warning Observation Score Chart - Obstetrics

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

3/7	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	
	0 - 10																								
Saturations	94 - 100 %			100%			99%																		
	< 94 %																								
Administered O_2 (L/min.)										99%			99%			99%				99%				99%	
Temp°c	40																								
	39																								
	38																								
	37																								
	36			98.3			98			97.6°F			97.6			97.2				98.1				98.1	
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80			85			89			90			86			87				88				87	
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressure ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																							124	
	130						123			128			115			116				125					
	120																								
	110			119																					
	100																								
	90																								
	80												(92)												
	70																								
	60							(91)			(96)														
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90												80												
	80			89																					
	70						86			82						79									
	60																								
	50																			70				72	
	40																								
NEURO RESPONSE [✓]	Alert			–			✓						✓			–				–					
	Voice																							–	
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30			–			✓						✓											–	
	< 30															–				–					
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal			–									✓			–				–				–	
	Heavy / Foul																								
Liquor	Clear / Pink			–			'																		
	Green												0												
TOTAL YELLOW SCORES				0			0						0			0				0				0	
TOTAL ORANGE SCORES				0			0						0			0				0				0	
Nurse Initial				[illegible]			[illegible]						[illegible]			[illegible]				[illegible]				[illegible]	

Obstetrics and Gynaecology Early Warning Signs



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

MAH-00339626 IP26-00006709
Mrs PRAVA SAI SREE RAVI
25-01-1996 30 Y 5 M 8 D (F)
Dr. PADMAJA YELISETTY

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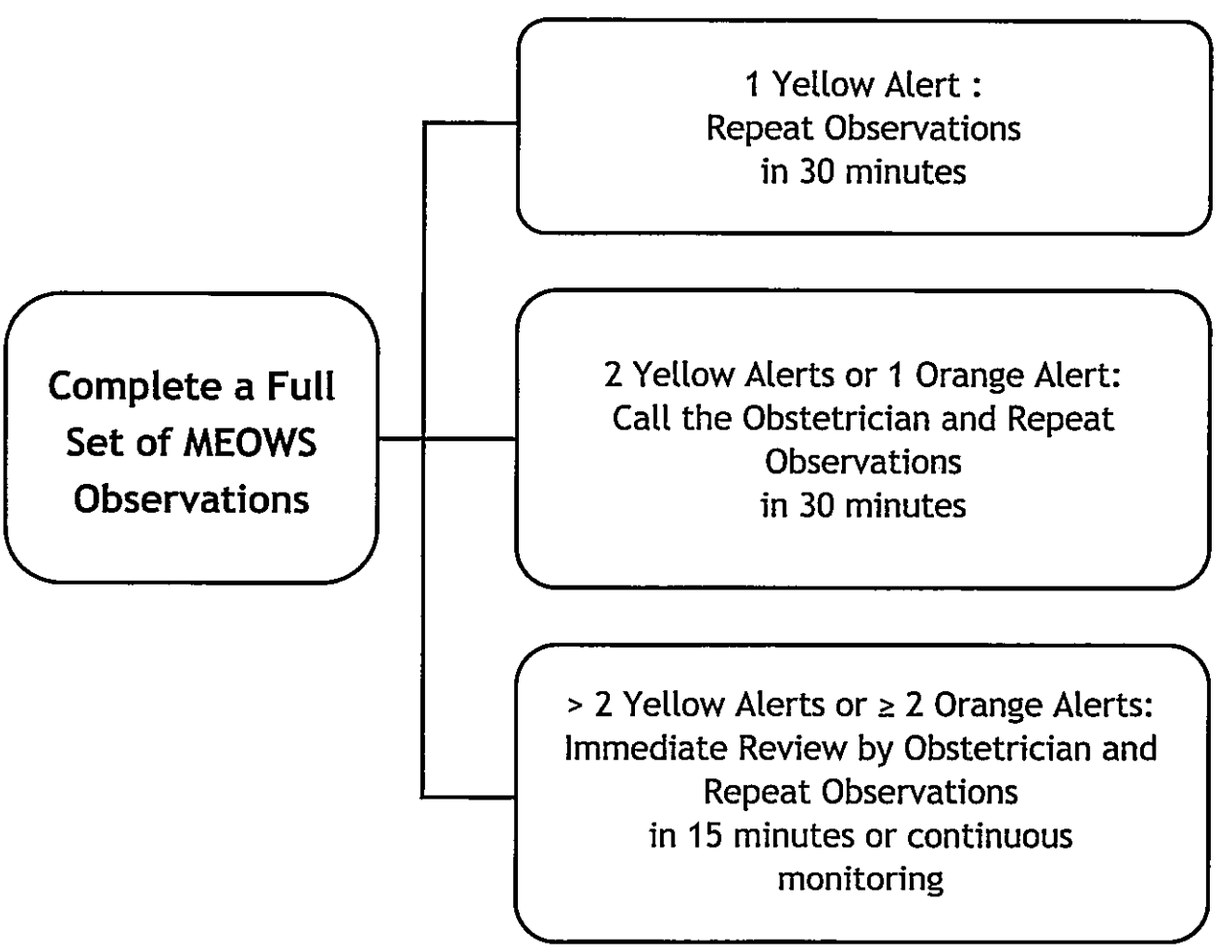
Early Warning Observation Score Chart - Obstetrics

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

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

Obstetrics and Gynaecology Early Warning Signs



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

MAH-00339626 IP26-00006709
Mrs PRAVA SAI SREE RAVI
25-01-1996 30 Y 5 M 6 D (F)
Dr. PADMAJA YELISETTY

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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
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
1/7/26	08:00 pm											
	09:00 pm											
	10:00 pm	RL	N									
	11:00 pm	RL	B				NA					
	12:00 am	RL	M	100ml								
	01:00 am	RL		100ml								
Total Intake :		200ml				**Total Output :**				Passed		
2/7/26	02:00 am	RL	N	100ml								
	03:00 am	RL	B	100ml								
	04:00 am	RL	M	100ml								
	05:00 am	RL	N	100ml			NA					
	06:00 am	RL	B	100ml								
	07:00 am	RL	M	100ml								
Total Intake :		600ml				**Total Output :**				Passed		

Total 24 hrs. Intake		Total 24 hrs. Output	

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FLUID CHART

Sheet No. : ......(2)......

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

Date	Time	Intake: Nature of Fluid	Route: Mouth	Route: I.V	Route: N.G	Output: NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
2/2	08:00 am	RL		100								
	09:00 am	RL		100						300ml	0	
	10:00 am	RL		100								
	11:00 am	RL		FF		NA					0	
	12:00 pm	RL		FF						250 ml		
	01:00 pm											
Total Intake :						Total Output :						
2/2	02:00 pm	RL		100ml						100ml		
	03:00 pm	RL		100ml								
	04:00 pm	RL		100ml			0					
	05:00 pm	RL		100ml		NA		NA			0	
	06:00 pm	RL		100ml						350ml		
	07:00 pm	RL		100ml								
Total Intake :						Total Output :						
2/2	08:00 pm			100ml								
	09:00 pm			100ml								
	10:00 pm	RL	Barli water	100ml							0	
	11:00 pm			100ml		NA	0	NA		600ml		
	12:00 am		H2O	100ml								
	01:00 am			100ml								
Total Intake :						Total Output :						
3/2	02:00 am			100ml								
	03:00 am			100ml								
	04:00 am	RL	H2O	100ml		NA		NA			0	
	05:00 am			100ml			0					
	06:00 am			100ml						1000ml		
	07:00 am			100ml						100ml		
Total Intake :						Total Output :						

Total 24 hrs. Intake		Total 24 hrs. Output	

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

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Dr. PADMAJA YELISETTY

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FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
3/7/26	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :										**Total Output :**		
3/7/26	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :										**Total Output :**		
3/7/26	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :										**Total Output :**		
4/7/26	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :										**Total Output :**		

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

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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							
24/7/26	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

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

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CHECKLIST FOR THROMBOPHLEBITIS

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

Signature of Ward In Charge :

Signature : ..... Name : Kasthuri

Patient St

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CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1			DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0	0									
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									
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2	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									
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									
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									
			Signature of the Nurse										

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

Signature of Shift In Charge :

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

Signature of Ward In Charge :

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

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BRADEN 'Q' SCALE

				Date : / Time :	1/2 / N2	1/2 / M6	2/2 / E2	3/2 / M8
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	4	1
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	3
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	3
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	2
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
				TOTAL SCORE	28	28	28	22
				Evaluator's Name	[illegible]	[illegible]	[illegible]	[illegible]

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

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

MAH-00339626 IP26-00006709
Mrs PRAVA SAI SREE RAVI
25-01-1996 30 Y 5 M 7 D (F)
Dr. PADMAJA YELISETTY

BRADEN 'Q' SCALE

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					Date : 3/1/26	3/1	4/1	
					Time : MS	AN	MG	
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	
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				TOTAL SCORE	28	28	28	
				Evaluator's Name				

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

Risk Score	Category	Action	Support Surfaces (**Please Note:** Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice
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MRN-00339626 IP26-00006709
Mrs PRAVA SAI SREE RAVI
25-01-1996 30 Y5 M6 D (F)
Dr. PADMAJA YELISETTY

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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	1/7/26	1/8/26	2/7/26
		Score	E2	N6	N1
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0			
Secondary Diagnosis (more than one diagnosis)	Yes	15			
	No	0	0	0	0
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0			
IV / Heparin Lock or Saline	Yes	20	20	20	20
	No	0			
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10			
	Normal /On Bed Rest /Immobile	0			
Mental Status	Forgets limitations	15			
	Oriented to own ability	0	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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Morse Fall Risk Assessment Form

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Choose Highest Applicable Score from each Category		Date / Time	3/7/26	3/7	4/7/26
		Score	M5	N1	M6
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0			
Secondary Diagnosis (more than one diagnosis)	Yes	15			
	No	0	0	0	0
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0	20	20	20
IV / Heparin Lock or Saline	Yes	20			
	No	0	0	0	0
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10			
	Normal /On Bed Rest /Immobile	0			
Mental Status	Forgets limitations	15			
	Oriented to own ability	0	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
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Tick (✓) whichever precaution taken.

Risk Level and Interventions

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- ☐ 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.

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PAIN ASSESSMENT FORM

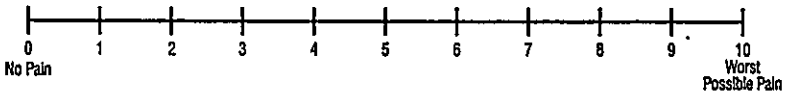
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
1/7/26	11PM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
2/7/26	5AM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
2/7/26	10 AM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
3/7/26	10AM	0/10		☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
3/7/26	6PM	0/10		☐ 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	
3/7/26	10PM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
4/7/26	2AM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
4/7/26	6AM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
4/7/26	10PM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	

Re-assessment Frequency:

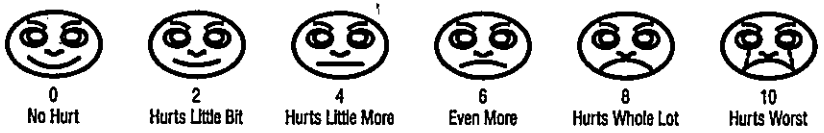
1. Every eight hours for all hospitalized patients.
2. For post-surgical patients, patients with chronic pain, patient with severe pain:
   a) At least every 2 hours for the first 24 hours
   b) Then every 4 hours.
   c) Prior to pain pain-relieving intervention.
   d) Within 30 – 60 minutes after pain 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 brawn up
Activity	Laying quietly normal position, moves easily	Squirming shifting back and forth, tense	Arched, right, or Jerking
Cry	No Cry (Awake or asleep)	Moans or whimpers occasional complaint	Crying steadily, screams of sobs, frequent complaints
Consolability	Content, relaxed	Reassured by occasional touching, hugging, or being talked to, distractible	Difficult to console or comfort

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

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

MAH-00339626 IP26-00006709
Mrs PRAVA SAI SREE RAVI
25-01-1996 30 Y 5 M 6 D (F)
Dr. PADMAJA YELISETTY

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NURSING CARE RECORD

Date: 1/2/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night	8Pm – 8AM	→Assess the pt condition →monitor the vitals & record →Administration of medication →maintain I/O chart & record →Pt is on NBM	8Pm – 8AM	→Assessed the pt condition →monitored the vitals & recorded →Administered medication as per doctor order →maintained I/O chart & recorded →Pt is NBM	Pt is stable	maintain I/O chart & record	Akhila

Docu. No: RCH /FRM / CLINICAL / 148

MAH-00339626 IP26-00006709
Mrs PRAVA SAI SREE RAVI
25-01-1996 30 Y 5 M 6 D (F)
Dr. PADMAJA YELISETTY

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NURSING CARE RECORD

Date: 2/7/2026

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8AM – 2pm	→ Assess the pt condition → Check the vital's → I/O chart Maintain → Plan for Medication	8AM – 2pm	→ Assesed pt condition → Checked vital's & Run → Maintained I/O chart → given Medications as per doctor's order	pt is stable	Vital's is Normal	Anyla [signature]
Afternoon		day					
Night	8pm – 8Am	Assess the pt condition – monitor vital & I/O – drug 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	Rechecked vitals	[signature]

MAH-00339626 IP26-00006709
Mrs PRAVA SAI SREE RAVI
25-01-1996 30 Y 5 M 8 D (F)
Dr. PADMAJA YELISETTY

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NURSING CARE RECORD

Date: .....

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 8pm	→ Assess the Pt condition. → Maintain Ho chart → Check the vitals → Inform SOS	8pm to 8pm	→ Assess the Pt condition → Maintain I/o chart → Check the vitals → Monitoring Bp. pulse → Inf.	pt is stable	check the vitals	Madhu
Afternoon		← Day →					
Night	8pm to 8Am	- Assess the pt. condition - Monitor vitals & records - Maintain I/o chart - Give medication as prescribed by doctor	8pm to 8Am	- Assess the pt. condition - Monitored vitals & records - Maintained I/o chart - Given medications as prescribed by doctor	patient is stable now	Re-checked vitals	

MAH-00339626 IP26-00006709
Mrs PRAVA SAI SREE RAVI
25-01-1996 30 Y 5 M 8 D (F)
Dr. PADMAJA YELISETTY

NURSING CARE RECORD

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Date: 4/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8Am to 2pm	⇒ Assess the patient condition ⇒ maintain vital & Record ⇒ maintain Flowchart	8Am to 2pm	⇒ Assessed the patient condition ⇒ maintain vital & Record ⇒ maintain Flowchart	patient is stable	vital is warmed	Linda
Afternoon							
Night							

MAH-00339626 IP26-00006709
Mrs PRAVA SAI SREE RAVI
25-01-1996 30 Y 5 M 6 D (F)
Dr. PADMAJA YELISETTY

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NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Dr. Padmaja Yelisetty Department: CDR Date of Admission: 1/7/26

SITUATION	Diagnosis: G2P1L1 37+6 weeks For LSCS			Any Infection: ☐ Yes ☑ No ☐ Not Known If Yes Specify:			
BACKGROUND	Area / Shift Time	1/7 N2	2/7 M6	2/7 N1	3/7 N1	4/7 M6	
	Medical Condition (Any special condition to be noted):	NA	NA	NA	—	NA	
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
	Vital Signs: Temp:	97.1°F	97.7°F	97.6	97.8°F	97°F	
	Res:	20b/mt	20/m	20b/m	20b/m	20	
	SpO_2:	99%	99	99%	100%	100%	
	Pulse:	87b/mt	88	86	86b/m	86	
	BP:	110/75	111/76	110/76	112/70	110/76	
	Fall Risk Score:	0/NA	—		—	—	
	Pain Score:	0/10	—	—	—	—	
Recommendations	Safety Needs:	yes	—	yes	—	—	
	Physiotherapy	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
	Others Specify:	—	—	—	—	—	
	Special Diet:	☐ Yes ☑ No	☐ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Other Special Orders / Medications:	NA	NA	NA	NA	NA	
Post Operative Procedure Special Orders:		NA	NA	NA	NA	NA	
Handed Over By Name :		Akhila	Anusha	Swetha	Priyanka	Chandu	
Signature :		[signature]	[signature]	[signature]	[signature]	[signature]	
Date:		2/7/26	2/7/26	3/7/26	4/7/26		
Time:		8Am	8PM	8Am	8Am		
Taken Over By Name :		Anusha	Swetha	Madhavi	Chandu		
Signature :		[signature]	[signature]	[signature]	[signature]		
Date:		2/7/26	2/7/26	3/7/26	4/7/26		
Time:		8Am	8pm	8PM	8Am		

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

Patient Sticker

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NURSING SHIFT HAND OVER FORM - WARD

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

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

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
Mrs prakusai sree Ravi	1/07/2026 @	2/07/2026 @ 12:30 pm
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
Dr. padmaja yelsetty	Dr. Naisha	observation
From Unit	**To Unit**	**Information to Attendant**
pre & post	309	Yes ☐ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
32	NST - 1	Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Anusha	Dr. Naisha.

nt & Clinical Records Received by :

of Patient Received :

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

☐ Nurse not Available ☐ Available Bed not ready

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
MAH-00339626 IP26-00006709 Mrs PRAVA SAI SREE RAVI 25-01-1996 30 Y 5 M 6 D (F) Dr. PADMAJA YELISETTY	1/7/26 @ 9:09PM	2/7/26 @ 7:50 AM
	Transfer Ordered by Dr. veena	Reason for Transfer FL. ESCS
From Unit Pre & Post	To Unit (OT)	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 30	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.	RL 500ml	1
2.		
3.		
4.		
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Akhila @	Dr. veena

Patient & Clinical Records Received by : Kanuma

Date & Time of Patient Received : 2/7/26 @ 7:50 AM

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

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

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

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Patient Name : Mrs Sushmitha Prava Gender: ☐ Male ☐ Female Age : 30 yrs

UHID No : MAH-00339626 Date : 2/7/26

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

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

BILATERAL TUBECTOMY

upon

MRS SUSHMITHA PRAVA (Name of the Patient)

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

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

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

Bleeding, permanent irreversible, chances of failure (1:300), possibility of ectopic in case of failure.

My signature on this form indicates that

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

Name of the Doctor who is performing the Surgery / Procedure: Dr. Padmaja Yelisetty

Consentee :

Signature : Prava Sushmitha

Name : Mrs Sushmitha

Date & Time : 2/7/26 @6:30am

Patient Attendant :

Signature : D Saivardhana

Name : D Saivardhana

Relationship with Patient: Husband

Date & Time : 2nd July 2026

Witness :

Signature : Akhila

Name :

Date & Time : 2/7/26 @ 6:30AM

Doctor (who is taking the consent) :

Signature :

Name : Dr. G. Veena

Date & Time : 2/7/26 @6:30am

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

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Patient Name : Mrs. Sushmitha Peava Gender: ☐ Male ☑ Female Age : 30 yrs

UHID No : MAH-00339626 Date : 2/7/26

Instruction:

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

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

ELECTIVE LOWER SEGMENT CAESAREAN SECTION

upon

MRS. SUSHMITHA PEAVA. (Name of the Patient)

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

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

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

Bleeding, wound infection, need for blood transfusion, chances of injury to adjacent organ like bowel, bladder, ureter & blood vessels, DTI, DVT, PE, future pregnancy uterine rupture, placenta accreta spectrum, possibility to return to theatre, skin laceration, cut to baby

My signature on this form indicates that

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

Name of the Doctor who is performing the Surgery / Procedure: Dr. Padmaja Yelisetty

Consentee :

Signature : Pshya Susmitha

Name : Mrs. Sushmitha

Date & Time : 2/7/26 @ 6:30am

Patient Attendant :

Signature : D Srivathsav

Name : D Srivathsav

Relationship with Patient: Husband

Date & Time : 2nd July 2026

Witness :

Signature : Akhila

Name : Akhila

Date & Time : 2/7/26 @ 6:30AM

Doctor (who is taking the consent) :

Signature :

Name : Dr. G. Veena

Date & Time : 2/7/26 @ 6:30pm

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE

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Patient Name : Mau: SUSMITHA PRAVA Age : 30yrs. Gender : Male ☐ Female ☑

UHID NO: MAU-00339626 Surgeon Name: Dr: PADMAJA YELISETTY

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 : Hypotension, Bleeding, Need for tranfusion

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 Mau. SUSMITHA PRAVA 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 : Prem Sumitha

Name : Sumitha

Relationship with Patient: .....

Date & Time : 2/7/26 @ 7:30Am

Witness :

Signature : D. Saivantha

Name : D - Saivantha

Date & Time : 2nd July 2026

Doctor (who is taking the consent) :

Signature : Ayesha

Name : Dr. SK. Ayesha

Date & Time : 01/07/26, 9:15pm

Dr. Padmaja

Department of Anaesthesiology

PRE-ANAESTHETIC EVALUATION

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Name: Mrs. Sucmitha Bora Age: 30 yr. Sex: female UHID.No : MAH-00239626.

Date: 06/06/2026 Time: 12.10 pm. Proposed Operation: ELECTIVE CAESAREAN SECTION

Diagnosis: G2P1L1 C previous LSCS. (34+2 wks).

B.P / CRT: 103/76 mHg H.R: ..... Weight: 65.6kg. ASA Physical Status: ☐ 1 ☑ 2 ☐ 3 ☐ 4 ☐ 5

Laboratory Data:

Hgb:	10.9	1/7 11.5	Glucose:	89	Protein:	HIV:	X-Ray:
PCV:		33.5	Urea:		Alb:	HBS Ag: NR	ECG:
WBC:	10100	8800	Creat:		Total Bill:	HCV:	2D Echo:
Plate:	2.02L	1.89	Na:		Dir. Bill:	Blood group: AB positive	Stress/Anglo:
PT:			K:		LDH:	T3	Other:
PTT:			Ca++:		Alk phos:	T4	
INR:			Mg++:		Amylase:	TSH	
			Cl -:		SGOT/SGPT:		

Flow.

Allergies: NSAIDs.

Medical History: CVS : no active cardio respiratory complaints. Placenta - Posterior, High.

RESP : no H/o Asthma/TB/DM/HTN Diabetes : (-).

CNS : no H/o CVA / Anesthesia / palpitations / chest pain.

Renal :

Hepatic / GE : nil significant.

Physical Activity: METS 7+

Others :

Past Anaesthetic History: H/o 1 LSCS & SAB — uneventful.

Physical Exam:

Airway: MP 1 (2) 3 4 Mouth Opening: 3F Mentohyoid Distance: (W) Neck: (W) Teeth: Intact.

Lungs : BL AE (+), clear.

Heart: S1 S2 (+)

CNS: Hand (+).

Pregnant: ☑ Yes ☐ No ☐ NA Venous Access Site : accessible Spine Exam for regional : Midline normal space felt

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 — explained.
3. Informed Consent: ☑ Standard ☐ High Risk
4. Post Operative Pain Management: ☑ Discussed with Patient
5. Other Instructions:
   - ✓ CBC / viral markers.
   - ✓ consent to be taken.

Signature: Name: DR. M. VINEETHA

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

MAH-00339626 IP26-00006709
Mrs PRAVA SAI SREE RAVI
25-01-1996 30 Y 5 M 7 D (F)
Dr. PADMAJA YELISETTY

ANAESTHESIA CHART

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Pre Induction Assessment:

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

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

H.R: B.P / CRT: SpO_2: R.R: 18/min Last Feed: >6hr

Pre-OP Diagnosis: $G_2P_1L_1$ c̄ prev LSCS Operation: EL LSCS Date: 2/7/26

Surgeon: Dr. Padmaja Anaesthesiologist: Dr. Ayesha Samia Technician: Sri Chand

TIME	800	(15)	900	(30)
N_2O /AIR / O_2 LPM				
HALO /SO /SEVO				
Drugs:				
OXYTOCIN 3U + 9U infusion				
TRANEXAMIC ACID 1gm IV.				
FIO_2 / SaO_2	100	100	100	100
$ETCO_2$				
ECG	SR	SR	SR	SR
Temperature				
Urine Output				
Fluids / Blood	RL			

Antibiotic: Given
Suppository: DICLOFENAC 100mg
TRAMADOL 100mg
Blood Loss: ~150mL
NOTES

B.P — V Systolic, Λ Diastolic, X Mean, • Heart Rate
Tourniquet on Time
Tourniquet off Time
Throat Pack In
Throat Pack Out
Scale: 240, 220, 200, 180, 160, 140, 120, 100, 80, 60, 40, 20, 10, 0
(Systolic ~120, heart rate ~100, diastolic ~70 plotted)

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: 8:10AM
OP Start: 8:20AM
OP End:
Leave OR: 910AM

Anaesthesia:
☐ GA
☐ Monitored Anaesthesia Care
☑ Regional

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

(Induction section struck through)

Regional:
Extremity Specify: SAB
☑ Spinal ☐ Epidural ☐ Caudal
Others:
Position: Sitting
Site: L_3–L_4
Needle Size: 27G PP Depth:
Parasthesia ☐ Yes ☑ No
Catheter at skin .... cm
Drug Name & Conc: 0.5% HEAVY
Bolus: BUPIVACAINE 2ml
Infusion: +60mcg BUPRENORPHINE
Block Level: T_4 – T_4
Comments:

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

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PC ... UNIT RECORD

Received in PACU by : Anusha Time Received : 9:20AM Time Discharged : .....

9AM 10AM 11AM 12PM

< RESP • PULSE > < BLOOD PRESSURE >

250 240 230 220 210 200 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50 40 30 20 10 0
SPO2

IV Cannula Site : Left Hand

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

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

IV Fluids: RL
Oral Feeds: NB

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	2	A Minimum Total Score of 8 is Required for Discharge
Able to deep breathe & cough freely Dyspnea or limited breathing Apneic	= 2 = 1 = 0	RESPIRATION	2	2	2	2	2	Exceptions to this, are to be explained in the space below by the Discharging Physician:
BP ± 20 of Pre Anaesthetic leve BP ± 20-50 of Pre Anaesthetic leve BP ± 50 of Pre Anaesthetic leve	= 2 = 1 = 0	CIRCULATION	2	2	2	2	2	
Fully awake Arousable on calling Not responding	= 2 = 1 = 0	CONSCIOUSNESS	2	2	2	2	2	
Pink Pale, dusky, blotchy, jaundiced, other Cyanotic	= 2 = 1 = 0	COLOR	2	2	2	2	2	
		TOTAL	9	10	10	10	10	

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
2/7	9:20AM	'0'	Normal	
2/7	10 AM	'0'	Normal	Anusha
2/7	11 AM	'0'	Normal	

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

Anaesthesiologist Name : .....
Anaesthesiologist Signature: .....
Date & Time: 2/7/26 @ 2pm

PACU Nurse Name : Anusha
PACU Nurse Signature: .....
Date & Time: 2/2/2026 @ 2pm

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): 307
Date & Time: 2/2/2026 @ 2pm

Patient Sticker

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Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

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

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

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

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

Solution Composition : .....

Any other issues :

a) .....

b) .....

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

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

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

Patient Satisfaction : .....

Discharge /Shifting ordered by

Doctor Signature: .....

Doctor Name: .....

Date and Time : .....

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OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 1/7/26 Time of Arrival: 9PM Time Seen by Nurse: 9PM

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

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

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

3) **Vital Signs:** Temperature: 97.1°F Pulse: 87bmt RR: 20bmt SpO_2: 99% BP: 119/70 Weight: 60kg

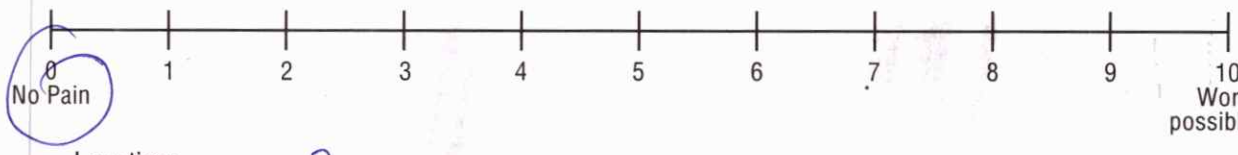
4) **Gestational Criteria:**

Gravida:	G_2	P_1	L_1	A

LMP: 9/10/25 EDD: 16/7/26 Gestational Age: 37+6 weeks

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

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



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

.....

6) **Past History:**

a) Surgeries: LSCS (2022)

b) Medical: Nil

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

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

9) **Prenatal Medical History:**

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

Triage Category: (Please tick on the category)

Refer to OBSTETRICAL TRIAGE ACUITY SCALE (OTAS)

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

OBCU Obstetrical Triage Acuity Scale (OTAS)

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

Time seen by Doctor: ..... aPM .....

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

Date: 1/12/26 ..... Time: 9PM .....

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OBSTETRICS / GYNECOLOGY
NURSING INITIAL ASSESSMENT FORM

Date of Admission: 1/2/26

Baseline Information:

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

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

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

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

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

If yes , identify .....

Chief Complaints: ..... care for delivery

Doctor Notified on Admission: ☑ Yes ☐ No

Name of the Doctor: Dr. Veena

Time Notified: 9 PM

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

Past Medical History	Past Surgical History	Previous Hospital Admission
Nil	LSCS (2022)	—

Gynecology Assessment: ☐ Not Applicable

Menstrual History: Regular

Onset of Menarche: .....

Menstrual Cycle: ☑ Regular ☐ Irregular

Last Menstrual Period: 9/10/25

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 2 P 1 L 1 A .....

Previous LSCS: 2022

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: 98.1°F HR: 87bmt RR: 20bmt

BP: 112/71 Weight: 60kg Height: 160cm BMI: .....

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

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PHYSICAL ASSESSMENT

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

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

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

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

☐ Mobility problem ☐ Walking Problem ☑ No Abnormality Detected

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING: ☑ No Abnormality Detected

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

☐ Under Weight ☐ Diabetes Mellitus ☐ Hyperemesis Gravidarum

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

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

☐ Others .....

Inform consultant for positive criteria

SOCIAL SCREENING:

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

Social History: Lives With ..family members..

Orientation has been given regarding the following aspects:

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

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

Above information given to ..Patient..

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

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

Nurse Signature: .....

Nurse Name: ..Akhila..

Date & Time: ..1/2/26..

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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: 9/7/26

→ assessed pt condition
→ checked vitals & ...
→ I/O chart newborn

Handover given by Anjlo

Signature [signature]

Date & Time: 9/7/2026 @ 9am

Handover taken by Madhani

Signature [signature]

Date & Time: 9/7/26 @ 9am

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URINARY CATHETER BUNDLE CHECK LIST

Date of Insertion: 9/2/2026 Date of Removal: .....

Parameters	Date / Shift Time	9/2/26						
Need for the Catheter		☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Hand Hygiene		☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Usage of Sterile Equipment		☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is the Collection bag below the level of bladder		☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Check the Tube for Obstruction (Free of Kinking)		☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is Catheter dated as policy		☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Collecting bag is been emptied regularly?		☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Maintenance of closed system for the catheter		☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Dressing clean and dry?		☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is the line removed as Policy?		☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Performance of Perineal Care		☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Onset of New Fever		☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Asses for the leakage at the site of insertion		☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Name of the Nurse		[signature]						
Signature of the Nurse		[signature]						

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

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CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name:	DR. PADMAJA YELISETTY	Date of Delivery:	2/07/2026
Assistant Surgeon:	DR. PRIYADARSHINI | DR. VEENA	Time of Delivery:	8:28 AM
Anaesthetist's Name:	DR. AYESHA	Gender of Baby:	MALE.
Type of Anaesthesia:	SPINAL ANESTHESIA	Weight of Baby:	3.140 kg.
Neonatologist:	DR. PRANAV	AGPAR Score:	8, 9.
Scrub Nurse:	Sandhya.	NICU Admission:	☐ Yes ☑ No

Pre-Operative Diagnosis: $G_2P_1L_1$ / 38 wks / prev LSCS

☑ Elective ☐ Emergency Indication: Previous LSCS

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: 2m Knief to rectus: 3mins

CTG Description: Reactive

If there was a delay give the reasons:

Surgical Procedure: Elective LSCS + B/L Tubectomy

Post Operative Diagnosis: POD - 0

Peri-Operative Complications: None

Amount of Blood Loss: 300ml	Blood Transfused (in ML): None

Name and Number of Surgical Specimen sent for examination:

B/L Tubal segments

Examination Findings when Appropriate:

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

Cervical Dilatation: None cm

5th Palpable: 5/5

Fetal Position: —

Station: ☑ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2

Moulding: ☑ None ☐ + ☐ ++ ☐ +++

Caput: ☑ + ☐ ++ ☐ +++ NO

Meconium: ☑ None ☐ + ☐ ++ ☐ +++

Bladder Catheterized : ☑ Yes ☐ No

Urine: ☑ Clear ☐ Blood Stained

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

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

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

Incision Through Placenta: ☐ Yes ☑ No

Delivery of head: ☐ Manual ☑ Forceps

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

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

Cord Appearance: Intact & normal

Cord around the neck ☑ Yes ☐ No

Appearance of placenta: Normal & Intact

Cavity explored ☑ Yes ☐ No

Uterus, tubes and ovaries: ☐ Normal ☑ Not Normal

Sterilization: ☑ Yes ☐ No

* LUS formed
* Grade-1 MSL
* Omental adhesions to ant. abdominal wall

loop of
* 1 Cord around neck

* B/L Tubal ligation by Modified Pomeroy's technique

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

Peritoneal Closure: ☐ Pelvic ☑ Abdominal ☐ None — Vicryl 2-0 Suture

Sheath Closure: — Vicryl 2-0 Suture

Fat Closure: ☑ Yes ☐ No — Monocryl 3-0 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 for 4-6 hours
- I/O charting
- Vital monitoring
- W/f excessive bleeding P/V
- Inj. Traxa after 8hrs.
- IV Ab. for 24hrs
- Foley's removal a/m @ 6am

Doctor Name: Dr. Padmaja Yelisetty

Doctor Signature: Y. Padmaja, P. Yelisetty 52020

Date & Time: 2/7/26

SURGICAL SAFETY CHECKLIST

MAH-00339626 IP26-00006709
Mrs PRAVA SAI SREE RAVI
25-01-1996 30 Y 5 M 7 D (F)
Dr. PADMAJA YELISETTY

Surgeon : Dr. padmaja
Asst. Surgeon :
Anaesthetist : Dr. Ayesha
Scrub Nurse : Sr. Archana Sandya.

Patient Name : ..... Gender : F
UHID No. : .....
Date : 2/1/26 In-time : ..... Out-time : .....

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Before Induction of Anaesthesia ➤ ➤

SIGN IN Time: 8:00am

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

Site Marked ☐ Yes ☐ No ☑ NA

Anaesthesia Safety Check Completed ☑ Yes ☐ No

Pulse Oximeter on Patient & Functioning ☑ Yes ☐ No

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

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

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

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

Signature : Dr. Sr. Ayesha
Name : Ayesha

Before Skin Incision ➤ ➤

TIME OUT Time: .....

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? Bleed, prolong surgery. ☑ Yes ☐ No ☐ NA

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

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

Signature : A
Name : Archana

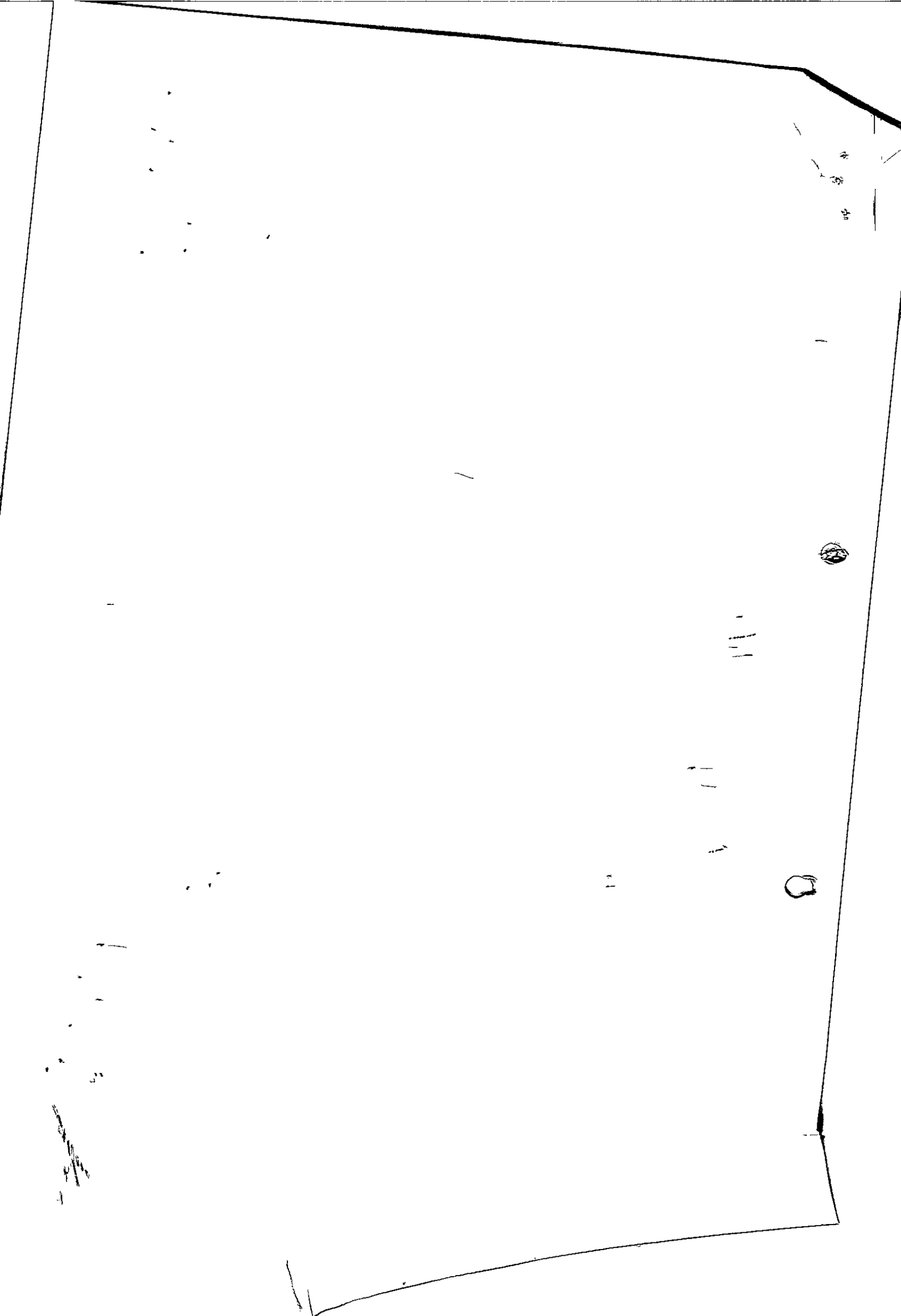
Before Patient Leaves Operating Room

SIGN OUT Time: .....

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 : Priya
Name : Dr. Priyadarshini



PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
MAH-00339626 IP26-00006709 Mrs PRAVA SAI SREE RAVI 25-01-1996 30 Y 5 M 7 D (F) Dr. PADMAJA YELISETTY	1/7/26 @ 9:09pm	2/7/26 @ 9:10 Am
	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
Sandya	Dr. Ayesha

Patient & Clinical Records Received by : Anusha K

Date & Time of Patient Received : 2/7/26 @ 9:10 Am

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