Dr. Supra

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

BirthRight™ BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

ESTIMATION SLIP

Date : 12/6/26 **UHID / IP No. :** LBH-00116045 **Sl No.** 1590

Name of Patient : Mrs. Shri lavani Priyanka **Age:** 29yr **Gender:** F

Father's / Husband's Name : Mr Revikanth **Corporate / Occupation :**

Address : Hayathnagar **Phone :** **Email :**

Procedure / Plan : NDL LSCS **EDD/Dos:** June-26

MODE OF PAYMENT : ☐ SELF ☑ TPA : Medi Assist ☐ GIPSA : ☐ OTHER

TARIFF INFORMATION : New India

Particulars	Package Amounts (Rs.)	
Room Category	**Normal Delivery**	**LSCS**
Multi Shared Ward		
Shared Ward		
Twin Shared Ward →	90k	1.1ac
Private Room →	1.05k	1.15k
Super Deluxe Room		
Suite Room	+ non Payables	Extra 15k to 25k
Package includes (Package starts from the time of admission)	Room Rent, Nursing Charges, Doctors Fee, Surgeon's Fee and Labour Ward Charges	Room Rent, Nursing Charges, Doctors Fee, Surgeon's Fee Anesthetist's Fees and OT Charges
	Length of Stay for : 2 Days	Length of Stay for : 3 Days
	Pharmacy up to 9,000/-	Pharmacy up to 12,000/-
CBP, NST ←	Investigations up to 2,500/-	Investigations up to 3,000/-
Others	Well baby Care	25k to 35k

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

Initial Minimum Deposit : 10,000/- Advance time of Admission

REMARKS :

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

DECLARATION

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

(Husband)

Signature of the Client | Signatory Relationship | Signature of the financial Counselor

LBH-00116045 IP26-00006690
Mrs ANANTHAGIRI SRI LAXMI
22-11-1996 29 Y 7 M 8 D (F)
Dr. SWAPNA SAMUDRALA

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SURGERY DETAILS

Date : 30/6/26

Patient Name: Mr Ananthagiri Date of Birth: 22-11-1996 Age: 29

Gender: female Ward : OT - 1 UHID No.: LBH-00116045

Date of Surgery: 30/6/26 ☑ OT -1 ☐ OT -2 ☐ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : Elective Lower Segment Cesarean Section

Time in : 10:45AM Time Out : 11:45AM

		NAME	AMOUNT
1.	Surgeon	: Dr. Swapna. S	
2.	Anaesthetist	: Dr. Brunda / Dr. Ayesha	
3.	Assistant Surgeon	: Dr. manisha	
4.	OT Technician	: Arvind	
5.	Circulating Nurse	: Sushmita, Natasha	
6.	Assistant Nurse	: Sandhya	

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

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 26-0000209528

Order by: Sandhya 30/6/26 @ 2:10pm
(Or record saved)

LBH-00116045 IP26-00006690
Mrs ANANTHAGIRI SRI LAXMI
22-11-1996 29 Y 7 M 8 D (F)
Dr. SWAPNA SAMUDRALA

Pt. Sri Laxmi

A-D.

CONSUMABLES OF OT

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Circulating staff :............ Technician : Arvind .... Date : .... 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 2364			Cord Clamp	2	✓
ECG leads : (A) (P) / N		[illegible]	1326, 4242	01+1	1 ✓	Suction Catheter		
HME filter : A / P / N						Feeding Tube		
Syringes : 10 cc		02 ✓				Vaccum Suction Set		
05 cc		02 ✓	Gloves S 6½	3 ✓		Surgical Gloves S-6½		2 ✓
02 cc		01 ✓	Extra 6½	1 ✓		Gauze Pack		
01 cc		1				Syringe 1ml / 2ml	2 ✓	
Cautery plate (A) / P / N		01 ✓	Surgical blade 22	1+01 ✓		Surgical Blade # 20		01 ✓
IV set			NG tube			Koochies (S)		
RL		01	Cautery pencil		01 ✓	Capnin	01 ✓	
NS : 10ml / 100ml / 500ml / 1000ml ✓	01	✓	Koochies XXL		01 ✓	26-0000209605		
~~[illegible]~~		[illegible]	Ointments					
Ilonexa		01 ✓	Suction Catheter					
Fentanyl		01	Cap, Mask	5+5 ✓				
~~Morphine~~ Phenpress 10mg		01 ✓	Gauze Pack		02			
Ketamine			Mop Pack		2			
Propofol			Steristrip					
Rocuronium			Underpad		01 ✓			
Glycopyrolate			Draw sheet					
Myopyrolate			Abgel					
Ondansetron		2 ✓	Foleys catheter					
27G Pencan ~~26g / Spinal Needle~~ 22	01 ✓	[illegible]	Urobag					
Bupivacaine 0.25%			Chest Drainage Catheter					
Anawin ~~Bupivacaine 0.25%~~ (Heavy) (Neon)		01 ✓	Romodrain bag					
Antibiotics			Bandage					
			Tegaderm					
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg		01 ✓	Vaccum Suction set		01 ✓			
Justin : 12.5 mg / 25mg / 100mg		01 ✓	Plastic ~~Bed Sheet~~		2 ✓			
Tab. Misoprost : 200mg		4 ✓	Betadine Solution		02 ✓			
~~Gloves 6.5~~		01	Microshield		01 ✓			
Gauze 7.5x7.5		01 ✓	Cotton Balls		✓			
~~[illegible]~~		04	Latex Gloves		20 ✓			
Neostigmine		01	Ramdione Scrub					
Relipara		1	Saral					

Surgeon Anaesthesiologist Nurse OT Technician

Order No. 26-0000209602 / 209605 Ordered by : Sangeetha

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

Rainbow Children's Hospital

Birth of Rainbow

Rainbow Childrens Hospital-Himayatnagar

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

ELECTRONIC MEDICINE PRESCRIPTION

MRN	LBH-00116045	**Name**	: Mrs ANANTHAGIRI SRI LAXMI PRIYANKA
Age / Sex	29 Y 7 M 8 D / Female	**Doctor**	: SWAPNA SAMUDRALA
Adm Reg Date/Time	30/06/2026 08:23	**Payor**	: MEDI ASSIST INSURANCE TPA PVT LTD
Order Date	30/06/2026 19:42	**Ordernumber**	: 26-0000209603
Visit ID	IP26-00006690	**Ward/Bed No**	: 2F -PRIVATE ROOM / PVT-213
Patient Address	h no:1-120, , plot no:60, shantinagar hayathnagar, Hyderabad, Hyderabad, Telangana, INDIA, 500001		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	DSYRINGS 2.5ML(NIPRO)	SYRINGE 2ML	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
2	BUPICAIN HEAVY 80MG INJ 4ML		1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
3	SURGEON CAP(FEMALE) (PROTECTCARE)		1 Nos	External / Once Daily	1 Days		5 Nos	Dispensed
4	SUPRIDOL SUPPOSITORIES 100 MG 5 S		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
5	NITRILE EXAMINATION GLOVES P F- MEDIUM		1 Nos	External / Once Daily	1 Days		20 Nos	Dispensed
6	FACE MASK 3 LAYER ELASTIC	FACE MASK 3 LAYER	1 Nos	External / Once Daily	1 Days		5 Nos	Dispensed

SWAPNA SAMUDRALA

Reg No : 69924

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

Note

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

*** Do not refill medicines.**

Rainbow Childrens Hospital-Himayatnagar

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040-48873000, info@rainbowhospitals.in

ELECTRONIC MEDICINE PRESCRIPTION

MRN	LBH-00116045	Name	Mrs ANANTHAGIRI SRI LAXMI PRIYANKA
Age / Sex	29 Y 7 M 8 D / Female	Doctor	: SWAPNA SAMUDRALA
Adm/Reg Date/Time	30/06/2026 08:23	Payor	MEDI ASSIST INSURANCE TPA PVT LTD
Order Date	30/06/2026 19:42	Ordernumber	26-0000209602
Visit ID	IP26-00006690	Ward/Bed No	2F -PRIVATE ROOM / PVT-213
Patient Address	h no:1-120, plot no:60, shantinagar hayathnagar, Hyderabad, Hyderabad, Telangana, INDIA, 500001		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	MOPS 30X30 8PLY 5S X-RAY	MOPS 30X308 PLYDATT	1 Nos	/ Once Daily	2 Days		2 Nos	Dispensed
2	ADULT DIAPERS-XXL		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
3	VACCUME SUCTION SET		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
4	DSYRINGE 1ML (NIPRO)	SYRINGE 1ML	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
5	TRUGUT CHROMIC CATGUT SN4242	TRUGUT CHROMIC CATGUT SN4242	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
6	DSYRINGE 10ML (NIPRO)	SYRINGE 10ML	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
7	ONDOKIND INJ 4 MG 2 ML		1 Nos	/ Once Daily	2 Days		2 Vial	Dispensed
8	NS 1000 ML CLOSED EUROFLEX		1 Nos	IV Infusion / Once Daily	1 Days		1 Nos	Dispensed
9	MYOSTIGMIN INJ 1ML		1 Nos	/ Once Daily	1 Days		1 Ampule	Dispensed
10	CAUTERY PENCIL (ADVANCE)		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
11	RELIPARA(PARACETAMOL) 1000MG 100ML BOTTLE		1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
12	RL 500 ML CLOSED SYSTEM	RINGER LACTATE 500ML CLOSED	1 Bottle	/ Once Daily	1 Days		1 Bottle	Dispensed
13	VICRYL 1-0 NW 2364	VICRYL 1-0 NW 2364	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
14	MISOPROST TAB 200MCG 4S		1 Tabs	External / Once Daily	1 Days		4 Tabs	Dispensed
15	JUSTIN SUPPOSITORIES 100 MG 5 S		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
16	DSYRINGE 5ML.(NIPRO)	SYRINGE 5ML	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
17	BACTOPREP SOLUTIONS 100 ML		1 mL	/ Once Daily	1 Days		1 Nos	Dispensed
18	Encore Micropic gloves-6.5		1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
19	PREGELLED SURGICAL PLATES(ADULT)	PREGELLED PLATED ADULT	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
20	UNDERPADS 60X90 BUTTERFLY		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
21	GAUZE 7 5X7.5 12 PLY (5 NOS) NON XRAY	GAUZE 7.5X7.5 12 PLY 5 NOS	1 Nos	External / Once Daily	1 Days		3 Nos	Dispensed
22	DIOXAMIC 500 MG INJ		1 Ampule	/ Once Daily	1 Days		4 Ampule	Dispensed
23	COTTON BALLS 2 GM 5 NOS		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
24	DISPOSABLE APRONS STERILE XL	DISPOSABLE APPRON STERILE XL	1 Nos	/ Once Daily	2 Days		2 Nos	Dispensed
25	SGLOVE # 6 (SURGICARE)	SURGICAL GLOVES 6 0	1 Nos	External / Once Daily	1 Days		3 Nos	Dispensed
26	POVINANZ SOLUTION 10% 100 ML		1 Nos	/ Once Daily	1 Days		2 Nos	Dispensed
27	PHEN PRESS LS 50MCG IN ML 10ml		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
28	SURGICAL BLADE 22	SURGICAL BLADE 22	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
29	MONOCRYL 3-0 NW 1326	MONOCRYL 1326	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
30	PENCAN 27G (B/BRAUN)		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed

SWAPNA SAMUDRALA

Reg No : 69924

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ELECTRONIC MEDICINE PRESCRIPTION

MRN	HNH-00016265	**Name**	: Baby Of ANANTHAGIRI SRI LAXMI PRIYANKA
Age / Sex	0 Y 0 M 0 D 12 H / Male	**Doctor**	: S TEJASWI REDDY
Adm/Reg Date/Time	30/06/2026 12:00	**Payor**	: SELFPAY
Order Date	30/06/2026 19:46	**Ordernumber**	26-0000209605
Visit ID	IP26-00006692	**Ward/Bed No**	. 2F -PRIVATE ROOM / CRDL-HNPVT-213-1
Patient Address	h no:1-120, , plot no:60, shantinagar hayathnagar, Hyderabad, Hyderabad, Telangana, INDIA, 500001		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	INJEK INJ 1 MG 0.5 ML		1 Nos	/ Once Daily	1 Days		1 Vial	Dispensed
2	SURGICAL BLADE 20	SURGICAL BLADE 20	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
3	CORD CLAMP-ALPHAMEDICARE		1 Nos	External / 10 AM	1 Days		2 Nos	Dispensed
4	SGLOVE #6.5 (SURGICARE)	SURGICAL GLOVES 6.5	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
5	DSYRINGE 1ML (NIPRO)	SYRINGE 1ML	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
6	CAPRIN INJ VIAL 5000 IU 5 ML		1 Nos	/ Once Daily	1 Days		1 Vial	Dispensed

S TEJASWI REDDY

Reg No : APMC/FMR/94068

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Note

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Name	Mrs ANANTHAGIRI SRI LAXMI PRIYANKA	**UHID**	LBH-00116045
Father/Guardian	Mr RAVIKANTH	**Age/Gender**	29 Y 7 M 8 D/ Female
Address	h no:1-120, , plot no:60, shantinagar hayathnagar, Hyderabad, Hyderabad, Telangana, INDIA, 500001		
IP No	IP26-00006690	**Admission Date**	30-06-2026
Ref Doctor	Self		
Discharge Date	03.07.2026		

DISCHARGE SUMMARY

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

Diagnosis: G2A1 AT 38^{+5} WEEKS WITH K/C/O HYPOTHYROIDISM WITH CEPHALOPELVIC DISPROPORTION FOR ELECTIVE LOWER SEGMENT CAESAREAN SECTION

ELECTIVE LOWER SEGMENT CAESAREAN SECTION DONE ON 30.06.2026

History:
LMP: 02/10/2025
EDD: 09.07.2026
Obstetric formula: G2A1
Gestation at admission: 38^{+5} weeks

Name	: Mrs ANANTHAGIRI SRI LAXMI PRIYANKA	**UHID**	LBH-00116045
IP No	IP26-00006690	**Admission Date**	30-06-2026

Obstetric History:
G1 - 2025 - 6 wks - Missed Miscarriage, MERPC done
G2 - Present pregnancy Spontaneous conception.

Medical History: H/o Anaemia (Hb 7 gm - Taken Inj OROFER S in 2025) , K/C/O Hypothyroid since 2025 (On T. Eltroxin 50/75 mcg)
Family History : Nil
Surgical History: Nil
Allergies **:** Nil

Antenatal Details:
Mrs ANANTHAGIRI SRI LAXMI PRIYANKA was booked to Rainbow hospital at 20+5 weeks of gestation. She had regular antenatal checkups and investigations as advised. NT scan was normal. FTS was low risk. TIFFA done at 20+5 weeks was normal with EFW 456g (94%) and normal doppler. Fetal monitoring was done by serial growth scan. Scan done on 12.06.2026 showed SLIUP at 36+1 weeks with cephalic presentation with AFI 20.9cm with EFW 3.150kg (79%), AC 85% with normal doppler. She was admitted at 38^{+5} weeks for EL.LSCS.

Investigations: Enclosed.
Blood group: "O" Positive

Management: Course in hospital:
At admission on clinical examination the vitals were stable, uterus was

Name	Mrs ANANTHAGIRI SRI LAXMI PRIYANKA	**UHID**	LBH-00116045
IP No	IP26-00006690	**Admission Date**	30-06-2026

relaxed. Fetal well being was confirmed by an admission NST which was found to be reactive. She was prepared for elective C- section with indwelling Foley's catheter and IV canula under aseptic conditions. Written informed consent for surgery taken. Preanesthetic check up done. Anesthetic premedication (IV Pantop and Perinorm) given. Antibiotic prophylaxis with Inj. Taxim 1 gm IV given. Patient shifted to theatre.

Surgery Notes:

Under spinal anesthesia she was painted and draped as per hospital protocol. Abdomen opened in layers. The parietal and visceral peritoneum carefully opened after identifying the urachus. Bladder was reflected. A Lower segment curvilinear incision given on the uterus. Baby delivered. Cord clamped and cut and cord blood collected for blood grouping and Rh typing. Baby handed over to pediatrician. Placenta delivered with controlled cord traction. Antibiotic prophylaxis with Inj. Taxim 1 gm IV given. Uterus closed in layers. Hemostasis secured. Instruments and swab count checked. Rectus sheath closed. Skin closed with subcuticular sutures. Wound dressing done. Vagina cleaned with Betadine solution after expelling clots. Misoprostol 600 mcg given per rectum as prophylaxis against Postpartum hemorrhage. Patient was shifted out of theatre to post operative recovery room.

***One loop of cord around neck.**

***One small seedling fibroid over anterior wall of uterus.**

Delivery Details:

Date : 30.06.2026

Time of Delivery : 10:57am

Name	Mrs ANANTHAGIRI SRI LAXMI PRIYANKA	**UHID**	LBH-00116045
IP No	IP26-00006690	**Admission Date**	30-06-2026

Type of Delivery : Elective Lower segment caesarean section
Indication : Cephalopelvic Disproportion (CPD)
Anaesthesia : Spinal

Baby Details:
Date : 30.06.2026
Time : 10:57am
Sex : Male
Weight : 3.52kg
Apgar : 8,9
Gestational Age: 38^{+5} weeks
NICU Admission: No

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

Advice:
1. Tab. Taxim O 200mg twice daily till 06.07.2026 (9am-9pm) after food.
2. Tab. Calpol (Paracetamol 500mg) 2 tablets thrice daily till 04.07.2026

Name	Mrs ANANTHAGIRI SRI LAXMI PRIYANKA	**UHID**	LBH-00116045
IP No	IP26-00006690	**Admission Date**	30-06-2026

(8am-2pm-10pm) after food.

3. Tab. Voveran (Diclofenac-50mg) 1 tablet thrice daily till 04.07.2026 (9am-3pm-11pm) after food.
4. Tab. Pantodac (Pantoprazole - 40mg) 1 tablet twice daily till 06.07.2026 (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. Continue Tab Eltroxin (50/75mcg) till further advice.
9. Repeat FT4 & TSH after 6 weeks and review.

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

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

Review with **Dr. SWAPNA SAMUDRALA,** after **1** weeks on **09.07.2026** at Rainbow Children's Hospital with prior appointment **(Review consultation will be charged).**

For Women Who Have Had a Caesarean Section
Care of the wound:
1.You can bath and shower.

Name	Mrs ANANTHAGIRI SRI LAXMI PRIYANKA	**UHID**	LBH-00116045
IP No	IP26-00006690	**Admission Date**	30-06-2026

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

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

Patient/ Attender

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

Registrar/Resident/C.M.O

RAINBOW CHILDREN'S MEDICARE LIMITED HYDERABAD

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

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Childrens Hospital-Himayatnagar

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

ADMISSION SHEET

Registration Details :

Admission No : IP26-00006690 **Admit Date** : 30-Jun-2026 **Admit Time** : 08:23 AM **UHID** : LBH-00116045

Patient Details :

Patient Name	: Mrs ANANTHAGIRI SRI LAXMI PRIYANKA	**Age**	: 29 Y 7 M 8 D
Guardian	: Mr RAVIKANTH	**DOB**	: 22-11-1996
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: h no:1-120, , plot no:60, shantinagar hayathnagar Hyderabad Hyderabad Telangana INDIA 500001	**Phone No**	: 7995571176
		E-mail	: srilaxmiananthagiri1997@gmail.com

Admission Details :

Bed Type : TWIN SHARING **Bed No** : PPO-417 **Ward Name** : 4F -OT

Room No : PPO-417 **Admission Type** : First Visit

Contact Details :

Name : Mr RAVIKANTH **Relationship** : Husband

Contact Address : h no:1-120, , plot no:60, shantinagar hayathnagar Hyderabad Hyderabad Telangana INDIA 500001 **Phone No** : 7995571176

Signature

Doctor Details :

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

Referral Doctor : Self **Phone No** :

Co-Consultant :

Payment Details :

Payment Mode : DC/CC Card **Deposit Amount** : 10000.00

Payor Name : MEDI ASSIST INSURANCE TPA PVT LTD

LBH-00116045 IP26-00006690
Mrs SHRI LAXMI PRIYANKA
22-11-1996 29 Y 7 M 8 D (F)
Dr. SWAPNA SAMUDRALA

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ACTIVITY RECORD FOR BILLING

Name :_____

UHID No. : _____ IP No : _____Consultant: _____ Dept : _____

Date of Admission: _____ Time : _____Date of Discharge : _____ Time: _____

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
30/6/26	10:30Am	ITU-Post	O.T	Sujatha / Natasha
30/6/26	11:50Am	OT	Pre-Post	Natasha
30/6/26	2:50PM	NICU	Floor	Akhila

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
30/6/26	NST — (1)	7776	(signature)

Cross checked done by Supriya 10:06PM @ 2/7/24

Cross check done by Akeela

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
30/6	Cordiac monitor	12PM	2:40pm	9488	
30/6	Infusion pump	12PM	2:40pm	9488	Sujatha

cross checked done by Anila.

cross checked done by Supriya

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
30/6/26	IV placement	1	9489	
30/6/26	catheorization	1	9489	Sujatha
30/6/26	PAC (OP)		18056	
				cross checked done by Akira
30/6/26 (5:30pm)	NHA	1	9595	
	cross checked done by Supriya			

ANY OTHER INFORMATION

....

....

....

....

....

....

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

LBH-00116045 IP26-00006690
Mrs ANANTHAGIRI SRI LAXMI
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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints
Came for Safe Confinement

LMP: 21/3/2025. EDD:

Corrected EDD: 9/7/2026 GA: 38 wks days.

Obstetric Formula: G2A1.
ML – 2023, NCM.

Menstrual History: Regular: ☑ Yes ☐ No

Obstetric Hostory:
1st – 2025, missed miscarriage @ 6 wks, MERPC done – [illegible]
2nd: PP, Spontaneous Conception

Obstetric Examination

Fundal Height: Term

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

Present Pregnancy Record:
NT + FTS – low risk.
MTAS – (N)
Booked @ 20+5 wks.

Liquor: ☐ Adequate ☐ Oligo ☐ Poly

PP: ☐ Cephalic ☐ Breech Others ________

Head Fifths Palpable: ____________________

RISK FACTORS:

FHS: ☐ Normal ☐ Tachy ☐ Brady ☐ Absent

Per Speculum Examination not done

Draining: ☐ Present ☐ Absent ☐ Bleeding

Colour of Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Vaginal Examination not done.

Cervix: ☐ Long ☐ Partially effaced ☐ Effaced

Height: 150 cm

Weight: .... kg

Allergies: Nil

Breast: ☑ Normal ☐ Abnormal

General Examination:

Consciousness: c/c

Icterus: no

Temp: Afebrile

BP:

CVS: S1S2 (+) no murmur

Liver/Spleen: (N)

Pallor: ⎤ (–)

Edema: ⎦

PR:

DTR: (N)

RS: B/L NVBS (+)

Urine Output: Adequate

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

G2A1 with 38 wks 5 days POG. with k/c/o hypothyroidism for El. LSCS

LBH-00116045 IP26-00006690
Mrs ANANTHAGIRI SRI LAXMI
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Family History:

Nil.

Surgical History:

Nil.

Medical History: in 2025.
h/o Anaemia (Hb-7gm%).
for which Inj: Orofers taken
K/C/O hypothyroidism : 2025
T. Eltroxin 50/75mcg

Medication History:
T. IRON
T. CALCIUM
T. ELTROXIN — 50mcg x 3d F-S
75mcg x 4d M-Thurs

Plan of Care:

Admission NST
Informed Consent
Pats Preparation
Drugs as chaated
Foley's Catheterisation
Review PAC
Paediatrician Call
Monitor Vitals
Inform SOS

Investigations: BgT 'O' Positive

CBP (17/6/2026

Hb - 10.6
plt - 2.27
TLC
PCV

HIV
HbsAg
HCV
VDRL
} NR.

TSH - 2.66

USG (12/6/2026

SIUF / 3C+1 wks) Vx.

AFI - 20.9cm
EFW - 3.150 (79%) AC. 85%.
placenta. P/H
Dopplers (N)

Doctor Name: Dr. Manoha
Signature:
Date & Time: 21/6/2026 @ 8AM

Dr. SWAPNA SAMUDRALA
Reg. No: 69924

Consultant Name: Dr Swapna. S
Signature:
Date & Time: 30/06/2026 @.

LBH-00116045 IP26-00006690
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/6/26. 11:55 AM.	C/S/B Dr. Swapna.	
		Adv.
	POD-0:	
		- NBM till 4-6hr
	GC fair Afebrile	- IVF.
	BP: 108/80	- Drugs as charted.
Baby MS	PR: 74	- Urine I/O charting
	SpO2: 99% on RA	- Monitor vitals
	P/A: ut well retracted	- Inform SOS.
	L/E: Bleeding wnl.	- W/F bleeding P.V.
		- Injection [illegible].
	U/O - 200 cc (UT - clear)	
		Dr. SWAPNA SAMUDRALA Reg. No: 69924 [signature]
30/6/2026	C/s/b Dr Manisha	
2pm	POD-0	
		Adv
	GC - Fair Afebrile	- Allow sips > 4pm.
	Vitals stable	- I/O monitoring
	P/A ut well retracted	- Drugs as charted
Baby Mother side	BS ⊕ ~~sluggish~~	- Vital monitoring
	PV Bleeding WNL	- W/F excessive bleeding
	U/O ~40 cc/hr clear	- Inform SOS
		- Shift to Room
	D/B Priyanka	Dr Manisha

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

(P.T.O)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/06/2026 7:00pm	c/s/by Dr Naveena	
	O/E GC-fair	Adv
	Afebrile	Soft diet
	Vitals - stable	Adequate hydration
	PA: ut. retracted well	
	Soft, NT	drugs as charted
	Dressing: dry & clean	w/f PV bleeding
	LE: PV bleeding WNL	Urine I/O charting
	U/O: adequate clear	~~Ambulate~~
		Monitor Vitals
		Remove foleys
	Baby: Mother side	T/M @ 6am
		Inform SOS
		Dr Naveena. Dr B priyanka

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/7/2026 7:00am	c/s/by	Dr. Naveena
	O/E GC-fair	Adv
	Afebrile	- Soft diet
V -	Vitals-stable	- Adequate hydration.
	PA: ut. retracted well	- drugs as charted
F -	Soft, NT	- w/f PV bleeding.
S -	Dressing: dry & clean.	- Ambulation.
	L/E: PV bleeding WNL	- Monitor Vitals
	U/O: adequate	- Inform SOS
	Baby: mothers side.	Dr. Naveena N.B. [illegible]
1/7/26 12:15 pm	POD - 2	
	No Comp	Adv.
	O/E: G.C Fair	- Soft Diet
	Afebrile	- Oral hydration
Baby - well	O_2 sat - 99% RA	- Ambulation
	Vitals - (N)	- Drugs as charted
	P/A - Ut well retracted	- monitor vitals
Urine ✓	Soft, BS +	- Inform SOS
Flatus +	L/E - NAD	
	Remove IV Cannula	
	N.B - Anusha @ 2pm	(Dr. Swapna)

Dr. SWAPNA SAMUDRALA Reg No: 69924

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/7/26 7:45AM	c/s/B Dr. Veena	
	POD-1 / El. LSCS	
	Pt is stable, Nbc/o	Adv
	o/e GC-fair, Afebrile	- Soft diet
	Vitals - stable	- T. Dulcolax 2 tabs stat
Baby @ NS	Pallor (-)	- Drugs as charted
	P/A - S Ut well retracted	- Ambulation 2nd hourly
	Abd. distention (+)	- Adequate hydration
UV	BS (+)	- Inform SOs
FX	L/E - BWNL.	- Vital monitoring
SX		N.B. Monitoring by 8:30pm
2/7/26 1:30AM	c/s/B Dr. Veena	
	POD-2) El. LSCS	
	c/o low mood & fatigue	Adv
UV	P/A o/e GC-fair, Afebrile	- Re Soft diet
FV	Pallor (-)	- T. Dulcolax 2 tabs p/r @ 8am
	Vitals - stable	- Ambulation
SX	P/A - Ut well retracted	- Adequate hydration
Baby @ NS	BS (+)	- Inform SOs
	mild abd. distention (+)	
	L/E - BWNL	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	POD - 1	
2/2/26	C/o Depression (	
1:30 pm	low mood.	
		Adv
	O/E - G/c fair	- Regular Diet
Baby well	Afebrile	- Oral hydration
	O_2 sat - 99% RA	- Drugs as charted
	Vitals - (N)	- Monitor vitals.
uterus ✓	P/A - UV well contracted	- Psychologist opinion -
latch ✓	Soft, BS +	Dr. Megha Soni.
Smile ✓	L/E - NAB.	- Ambulation
		- [illegible]
Can be discharged		
		Dr. Swapna S

Dr. SWAPNA SAMUDRALA Reg. No: 69924

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

LBH-00116045 IP26-00006690
Mrs ANANTHAGIRI SRI LAXMI
22-11-1996 29 Y 7 M 8 D (F)
Dr. SWAPNA SAMUDRALA

IP26-00006690 LBH-00116045

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DRUG CHART

Date of Admission: 30/6/2026 Drug Allergies: NKDA ☑ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

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

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

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

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

Mrs ANANTHAGIRI SRI LAXMI
22-11-1996 29 Y 7 M 8 D (F)
Dr. SWAPNA SAMUDRALA

REGULAR PRESCRIPTIONS

Weight. 61 kg Ward. ....

Verified by Dr. Dhakshayani

DRUG : INJ. CEFOTAXIME

Dose	Route	Frequency	Start Date
1GM	IV	BD	30/6

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

Additional Instructions: x 24 hrs ATD TTD oral

Date ▸ / Time	30/6	1/7
10AM	[signature]	[signature]
10PM	[signature]	

STOP [signature] 1/7/26 @ 12pm

Daily Doctor's Endorsement by a Sign

Verified by Dr. Dhakshayani

DRUG : TAB. PARACETAMOL

Dose	Route	Frequency	Start Date
1GM	PO	6TH HOURLY	30/6/26

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

Additional Instructions:

Date ▸ / Time	30/6	1/7	2/7
12AM	X	[signature]	AA
6AM	X	[signature]	AA
12PM	X	[signature]	[signature]
6PM	X	[signature]	

Daily Doctor's Endorsement by a Sign

Verified by Dr. Dhakshayani

DRUG : TAB. DICLOFENAC

Dose	Route	Frequency	Start Date
50MG	PO	8TH HOURLY	30/6/26

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

Additional Instructions:

Date ▸ / Time	30/6	1/7	2/7
7AM	X	[signature]	AA
3PM	X	[signature]	
11PM	8pm	AA	

Daily Doctor's Endorsement by a Sign

Verified by Dr. Dhakshayani

DRUG : TAB. TRAMADOL

Dose	Route	Frequency	Start Date
50 MG	PO	8TH HOURLY	30/6/26

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

Additional Instructions:

Date ▸ / Time	30/6	1/7	2/7
7AM	X	[signature]	AA
3PM	X	[signature]	
11PM	[signature]	AA	

STOP 2/7/26

Daily Doctor's Endorsement by a Sign

LBH-00116045 IP26-00006690
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Sheet No: .....

REGULAR PRESCRIPTIONS

Weight 6.1 kgs Ward .....

DRUG : T PANTOPRAZOLE

Dose	Route	Frequency	Start Dt.
40mg	P/O	OD	30/6

Name & Signature of the Doctor Starting the Drugs: My Dhanush

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	30/6	1/7	2/7
6AM	✓	✓	AA

DRUG : T THYRONORM

Dose	Route	Frequency	Start Dt.
75mg	P/O	OD	30/6

Name & Signature of the Doctor Starting the Drugs: My Dhanush

Additional Instructions: EUTROXIN (Monday to Thursday)

Daily Doctor's Endorsement by a Sign

Date / Time	30/6
6AM	✓

Changed to 1/7/26 @ 10PM

DRUG : T. THYRONORM

Dose	Route	Frequency	Start Dt.
50mg	P/O	OD	30/6

Name & Signature of the Doctor Starting the Drugs: My Dhanush

Additional Instructions: Friday / Sat / Sunday

Daily Doctor's Endorsement by a Sign

Date / Time	30/6	1/7	2/7
6AM	✓	✓	AA

DRUG : T. CEFIXIME

Dose	Route	Frequency	Start Dt.
200mg	P/O	BD	1/7

Name & Signature of the Doctor Starting the Drugs: My Dhanush

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	1/7	2/7
10PM	✓	AA

Verified by Dr. Dhakshayani

Verified by Dr. Dhakshayani

Signature

VERIFIED BY : Name

(P.T.O.)

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

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

LBH-00116045 IP26-00006690
Mrs ANANTHAGIRI SRI LAXMI
22-11-1996 29 Y 7 M 8 D (F)
Dr. SWAPNA SAMUDRALA

Weight. 61kgs Ward. .....

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
30/6	10AM	INJ. METOCLOPRAMIDE	10mG	IV		moonika / Sujatha
30/6	10 AM	INJ. PANTOPRAZOLE	40mG	IV		Sujatha / moonika
30/6	10:57AM	INJ. OXYTOCIN	3+3IU	IV		Sandhya / Natasha
30/6	11 AM	INJ. TRANEXAMIC ACID	1GM	IV		Sandhya / Natasha
30/6	11:45AM	SUPP. TRAMADOL	100MG	P/R		Sandhya / Natasha
30/6	11:45AM	SUPP. DICLOFENAC	100 MG	P/R		Sandhya / Natasha
1/7	12 pm	INJ METOCLOPRAMIDE	10mg	IV slow		Anusha / Amutha
1/7/26	10 pm	DULCOLAX SUPPOSITORY	2tabs	P/R		Manisha / Manisha
2/7/26	9pm	INJ. METOCLOPRAMIDE	10mg	IV		
2/7/26	9pm	DULCOLAX SUPPOSITORY	2tabs	P/R		

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

Dr. Dhakshayani

22-11-1996 29 Y 7 M 8 D (F)
Dr. SWAPNA SAMUDRALA

I.V. FLUIDS CHART

Weight. 61Kgs Ward. .....

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
30/6	9AM	RINGER LACTATE	IV	100 ml/hr	1		30/6	B	
30/6	11AM	RINGER LACTATE	IV	ff	B	Sindhy	30/6	B	
30/6	11:30AM	RINGER LACTATE	IV	500ML/HR	B	Pallavi	30/6		
30/6	2:30PM	RINGER LACTATE	IV	100ML			3/6		
30/6	8PM	RINGER LACTATE	IV	100ML/hr.			1/7		
1/7/26	2AM	RINGER LACTATE	IV	100ML/hr			1/7		
		STOP Dr Archana							

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

LBH-00116045 IP26-00006690
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MEDICATION RECONCILIATION FORM

Drug Allergies: No ☐ Not known any Drug Allergies

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

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

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	T. IRON	1TAB	PO	OD	29/6	☐C ☑DC
2	T. CALCIUM	1TAB	PO	OD	29/6	☐C ☑DC
3	T. ELTROXIN	50/75 mcg	PO	OD	29/6	☑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 Manisha

Date & Time : 30/6/2025 @ 8AM

Nurse Name & Signature: Sujatha Sj

Date & Time : 30/6/25 @ 8AM

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

LBH-00116045 IP26-00006690
Mrs SHRI LAXMI PRIYANKA
22-11-1996 29 Y 7 M 8 D (F)
Dr. SWAPNA SAMUDRALA

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RESULT SHEET

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

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
Blood Grouping = O+ve						
HIV, HbSAg, HCV, VDRL } NR						

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

LBH-00116045 IP26-00006690
Mrs SHRI LAXMI PRIYANKA
22-11-1996 29 Y 7 M 8 D (F)
Dr. SWAPNA SAMUDRALA

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

BirthRight™ BY RAINBOW HOSPITALS
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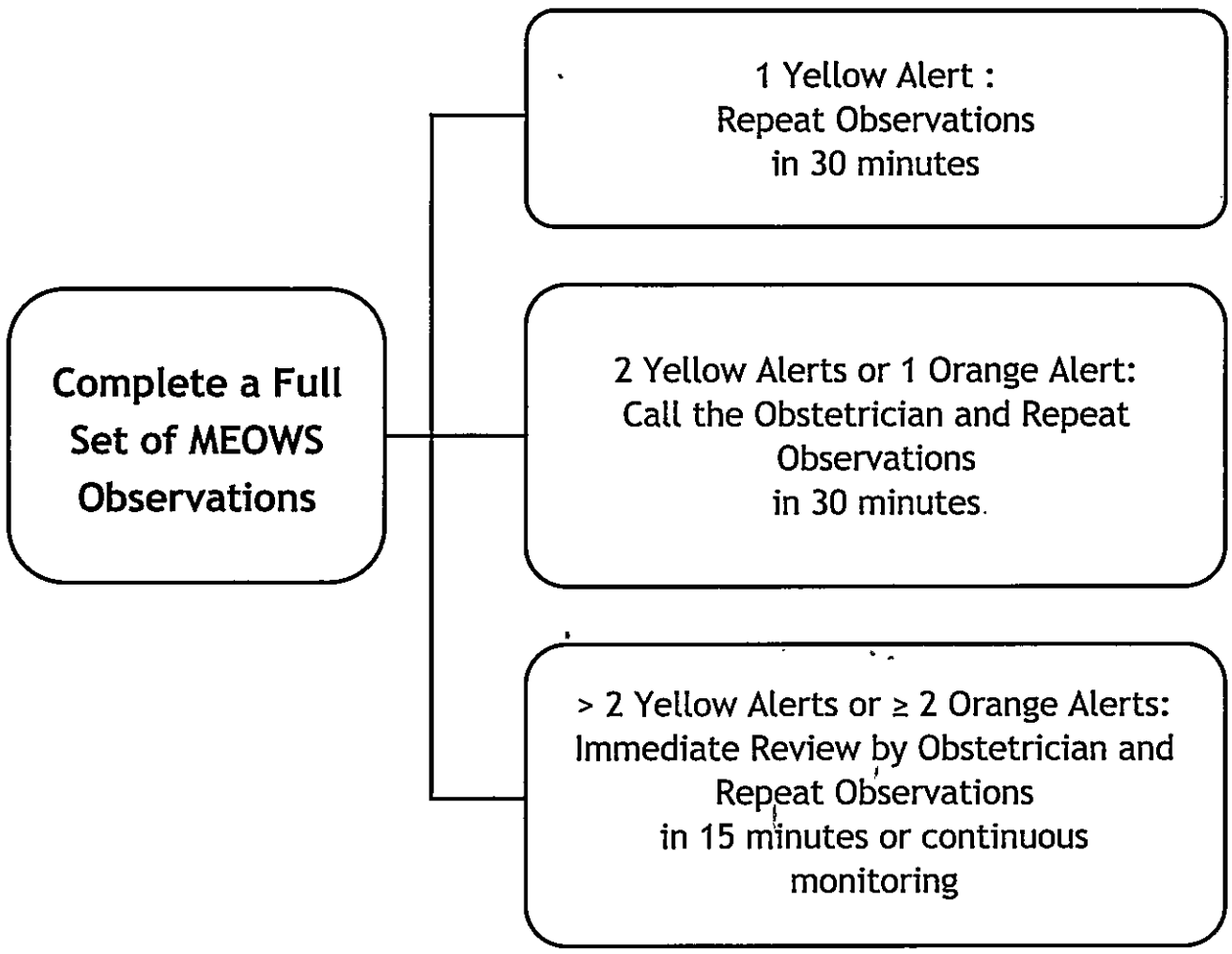
Early Warning Observation Score Chart - Obstetrics

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

30/6/26

		Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																									
	21 - 30																									
	11 - 20		20	20	20	20	20	20	20				20				20				20				20	
	0 - 10																									
Saturations	94 - 100 %		99%	99%	99%	98	98	98	98				98%				98%				98%				98%	
	< 94 %																									
Administered O_2 (L/min.)																										
Temp°c	40																									
	39																									
	38																									
	37																									
	36		97.8		97.8			98					97.3				97.5°F				98.4				97.5°F	
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90												81													
	80		80		82	83	74	90									71				78				eqbl	
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressue ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110		110		112	113	114	115					117				109				100				104	
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60		65		67	61	64	70					71				58				60				72	
	50																									
	40																									
NEURO RESPONSE [✓]	Alert		✓		✓	✓	✓	✓					✓				✓				✓				✓	
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30		✓		✓	✓	✓	✓					✓				✓				✓				✓	
	< 30																									
Proteinuria	Protein + +																									
	Protein > + +																									
Lochia	Normal		✓		✓	✓							✓				✓				✓				✓	
	Heavy / Foul																									
Liquor	Clear / Pink		✓		✓	✓							✓				✓				✓				✓	
	Green																									
TOTAL YELLOW SCORES			0		0	0	0	0					0				0				0				0	
TOTAL ORANGE SCORES			0		0	0	0	0					0				0				0				0	
Nurse Initial																										

Obstetrics and Gynaecology Early Warning Signs



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

LBH-00116045 IP26-00006690
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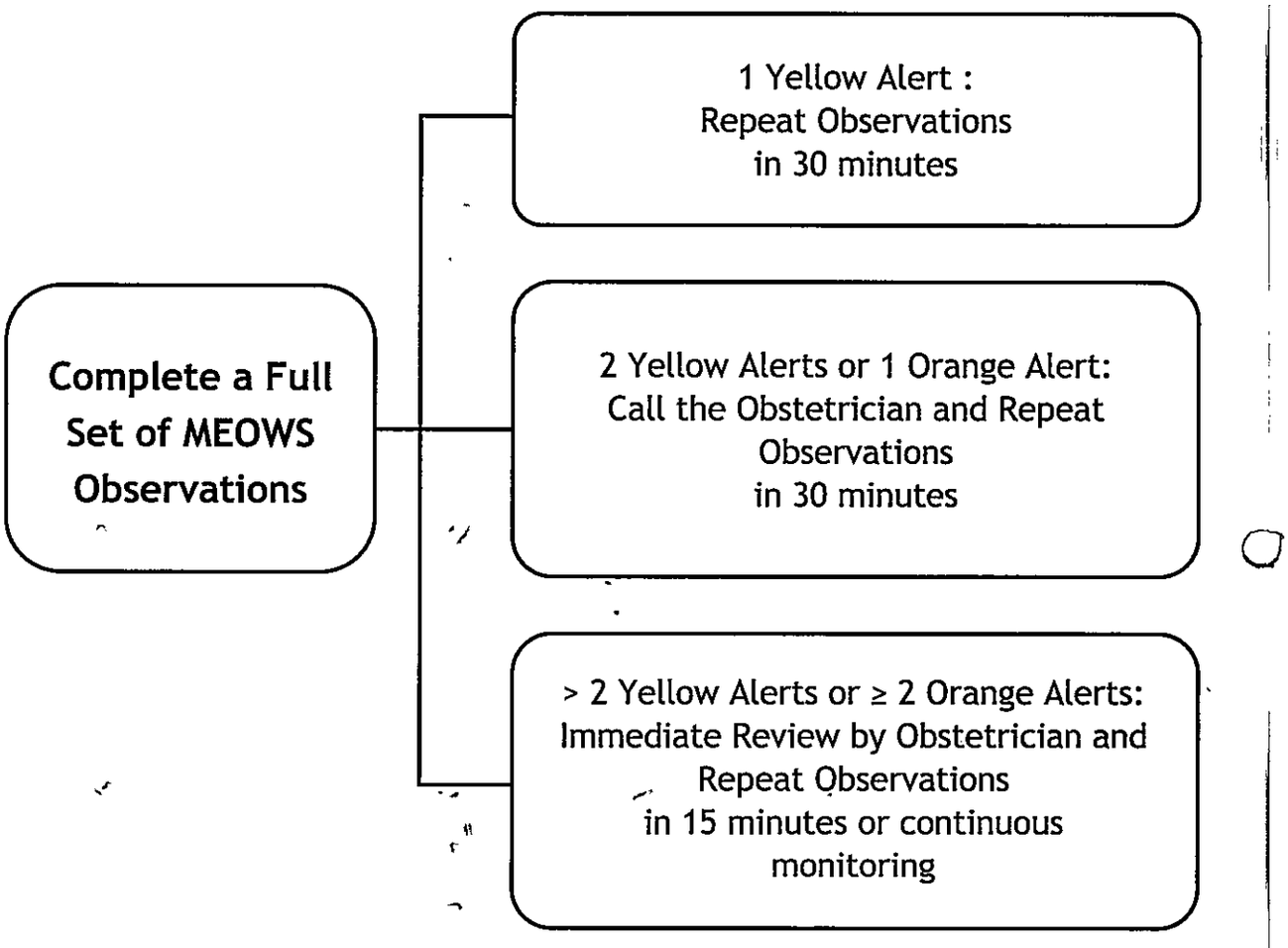
Early Warning Observation Score Chart - Obstetrics

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

1/7/26	Date																						
	Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20			22				23				20				20				20				20	
	0 - 10																								
Saturations	94 - 100 %			98%				99%				99%				99%				99%				99%	
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37			97.7°F				97.5°F				98				36°C				36°C				96.8°F	
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80			77				80				85				76				79				82	
	70																								
	60																								
	50																								
	40																								
↑ Systolic Blood Pressure	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100			102				110				115				110				119				104	
	90																								
	80																								
	70																								
	60																								
	50																								
↓ Diastolic Blood Pressure	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70			69				72				64				72				88				76	
	60																								
	50																								
	40																								
NEURO RESPONSE [✓]	Alert			—				—				—				—				—				—	
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30			—				—				—				—				—				—	
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal			—				—				—				—				—				—	
	Heavy / Foul																								
Liquor	Clear / Pink			—				—				—				—				—				—	
	Green																								
TOTAL YELLOW SCORES				0				0				0				0				0				0	
TOTAL ORANGE SCORES				0				0				0				0				0				0	
Nurse Initial				SN				SN				SN				SN				SN				SN	

Obstetrics and Gynaecology Early Warning Signs



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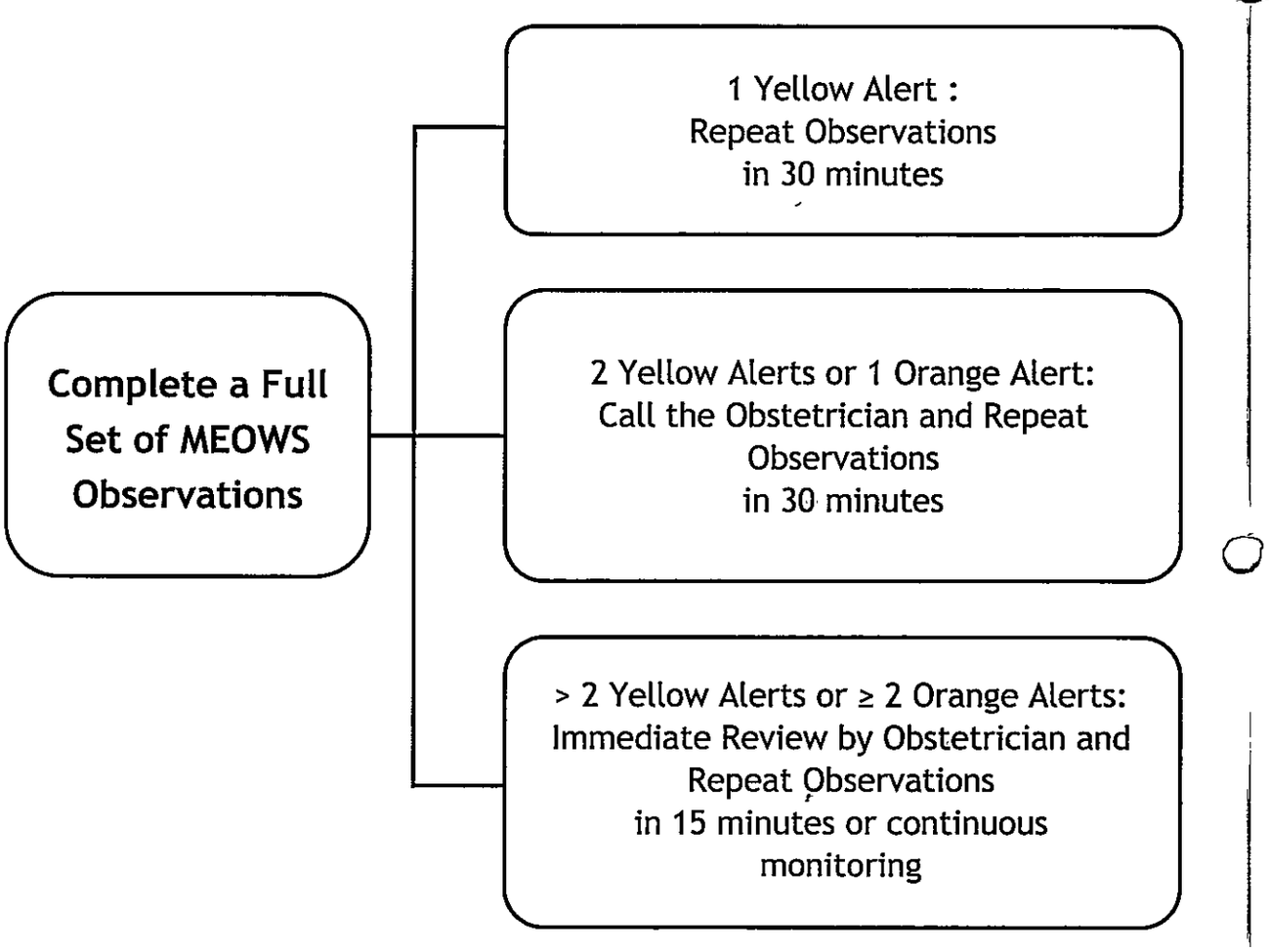
CONTACT DOCTOR FOR EARLY INTERVENTION IF PATIENT TRIGGERS ONE ORANGE OR TWO YELLOW SCORES AT ANY ONE TIME

		Date																							
2/7/26		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				23																					
	0 - 10																									
Saturations	94 - 100 %				99%																					
	< 94 %																									
Administered O_2 (L/min.)																										
Temp°c	40																									
	39																									
	38																									
	37				97.8F																					
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80				78																					
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressue ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120				112																					
	110																									
	100																									
	90																									
	80																									
	70																									
	60				(85)																					
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70				76																					
	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																					
TOTAL ORANGE SCORES					0																					
Nurse Initial					A																					

Obstetrics and Gynaecology Early Warning Signs



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

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Mrs SHRI LAXMI PRIYANKA
22-11-1996 29 Y 7 M 8 D (F)
Dr. SWAPNA SAMUDRALA

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FLUID CHART

Sheet No. : 1

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

30/6/26		Intake				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
	08:00 am	RL	N	100ml						✓		
	09:00 am	RL	B	100ml								
	10:00 am	RL	M	100ml								Sig
	11:00 am	RL		100ml								
	12:00 pm	RL		100ml						250		Empty 12 PM
	01:00 pm	RL		100ml								
Total Intake : Taken						Total Output : Passed						
30/6	02:00 pm	RL	N	100ml						200 ml		2:30 PM
	03:00 pm	RL	B	100ml								
	04:00 pm	RL	M	100ml								
	05:00 pm	RL	H_2O	100ml								
	06:00 pm	RL		100ml						200ml		
	07:00 pm	RL		100ml								
Total Intake : Taken						Total Output :						
	08:00 pm			100ml						300ml		Empty
	09:00 pm			100ml								
	10:00 pm	RL	Pu	100ml								
	11:00 pm		Hrs	100ml								
	12:00 am			100ml								
	01:00 am			100ml						400ml		empty 1:10 AM
Total Intake :						Total Output :						
	02:00 am			100ml								
	03:00 am			100ml								
	04:00 am	RL	Hrs	100ml						1000ml		4:30 AM.
	05:00 am			100ml								
	06:00 am			100ml								
	07:00 am			100ml						200ml		7:00 AM.
Total Intake :						Total Output :						

Total 24 hrs. Intake		Total 24 hrs. Output	

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Dr. SWAPNA SAMUDRALA

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FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
1/7/26	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
1/7/26	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											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
2/7/26	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							
2/7/26	08:00 am										0	
	09:00 am		Jelly + H2O								0	
	10:00 am	0			NA		✓			✓	0	SD
	11:00 am							NA			0	
	12:00 pm			✓							0	
	01:00 pm									✓	0	
Total Intake : Taken						**Total Output :** U-2 M-1						
2/7/26	02:00 pm										0	
	03:00 pm										0	
	04:00 pm										0	
	05:00 pm										0	SD
	06:00 pm										0	
	07:00 pm										0	
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

Patient Sticker

Rainbow® Children's Hospital
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FLUID CHART

Sheet No. : .....

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

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

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

LBH-00116045 IP26-00006690
Mrs SHRI LAXMI PRIYANKA
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NURSING CARE RECORD

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

Date: 30/6/26

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	8pm to 2pm	=> Assess the patient condition => plan for vitals => plan for discharge	8Am to 2pm	=> Assessed the pt condition => maintain vitals & Record => maintain I/O chart	patient is stable	vitals is normal	[illegible]
Afternoon	2pm | 8pm	→ Assess the pt condition → monitoring vitals checked and recorded → I/O chart maintained	2pm | 8pm	→ Assessed the pt condition → Administration & medication given as per doctor orders	→ Pt. is stable	~~→ pt is stab~~ Re-checked vitals	[signature]
Night	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

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NURSING CARE RECORD

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

Date: 1/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8AM to 2PM	→ Assess pt condition → monitor the vitals → maintain I/O chart → Administer medication as per drug chart	8AM to 2PM	→ Assessed pt condition → Monitored vitals → Maintained I/O chart → Administered medication as per drug chart	Patient is stable	Re-checked vitals	Asuff
Afternoon	2pm to 8pm	⇒ Assess the pt condition ⇒ maintained vitals ⇒ maintained IO Chart	2pm to 8pm	⇒ Assess the pt condition ⇒ Maintained vitals ⇒ Maintained IO chart ⇒ Administer medications	pt is a stable	Re-checked vitals	Made
Night	8pm to 8AM	- Assess the pt Condition - monitor vitals - Medication Given as per drug chart	8pm to 8AM	⇒ Assessed the pt condition ⇒ Maintained vitals - Medication Given as per drug chart	pt is a stable.	Re-checked vitals	Made

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NURSING CARE RECORD

Date: 2/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8AM →	→ To assess the pt. condition → To check the vitals & record → To administer the medication as per drug chart → I/O chart maintain	8AM →	→ To assessed the pt. condition → To checked the vitals & recorded → To administered the medication as per drug chart → I/O chart maintained	→ Patient is stable	→ Re-checked the vitals → I/O	Supriya
Afternoon				DAY			
Night							

Patient Sticker

NURSING CARE RECORD

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

Date: .....

Goals

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

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

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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	30/6 M	30/6 E	1/7 N	1/7 8AM	1/7/26 E	1/7/26 N
Medical Condition (Any special condition to be noted):	NA	NA	NA	NA	NA	NA

ASSESSMENT

	30/6 M	30/6 E	1/7 N	1/7 8AM	1/7/26 E	1/7/26 N
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:	98F	98.3F	98.6F	97.3F	98°	98.6°F
Res:	20	20b/m	22	23b/m	23b/m	20b/m
SpO_2:	99%	100%	99%	99%	99%	99%
Pulse:	85	81b/m	72	85b/m	86b/m	96b/m
BP:	110/75	117/72	WNL	102/69	103/64	119/77
Fall Risk Score:	—	—	—	—	—	—
Pain Score:	—	—	—	—	—	—

Recommendations

	30/6 M	30/6 E	1/7 N	1/7 8AM	1/7/26 E	1/7/26 N
Safety Needs:	NA	NA	—	—	—	—
Physiotherapy	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Others Specify:	NA	NA	—	—	—	—
Special Diet:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Other Special Orders / Medications:	NA	NA	—	—	—	—
Post Operative Procedure Special Orders:	NA	NA	—	—	—	—
Handed Over By Name :	Claude	Anuradha	[illegible]	Anusha	Madhu	Manisha
Signature :	[signature]	[signature]	[signature]	[signature]	[signature]	[signature]
Date:	30/6	30/6	1/7	1/7/26	1/7/26	2/7/26
Time:	2PM	8PM	8AM	2PM	8PM	8AM
Taken Over By Name :	Anuradha	[signature]	Anusha	Madhu	Manisha	Anusha
Signature :	[signature]	[signature]	[signature]	[signature]	[signature]	[signature]
Date:	30/6	30/6	1/7/26	1/7/26	1/7/26	2/7/26
Time:	2PM	[illegible]	8AM	8AM	8PM	8AM

BH-00116045 IP26-00006690
Mrs ANANTHAGIRI SRI LAXMI
12-11-1996 29 Y 7 M 8 D (F)
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ING SHIFT HAND OVER FORM - WARD

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

SITUATION	Diagnosis: LSCS	Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:					
BACKGROUND	Area / Shift Time	2/7/26 MS					
	Medical Condition (Any special condition to be noted):	-					
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.1°F					
	Res:	20 b/m					
	SpO_2:	99%					
	Pulse:	86 b/m					
	BP:	110/72					
	Fall Risk Score:	-					
	Pain Score:	"0"					
Recommendations	Safety Needs:	Yes					
	Physiotherapy	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Others Specify:	-					
	Special Diet:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Other Special Orders / Medications:	-					
Post Operative Procedure Special Orders:		-					
Handed Over By Name :		Anusha					
Signature :							
Date:		2/7/26					
Time:		8pm					
Taken Over By Name :			"				
Signature :							
Date:							
Time:							

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BRADEN 'Q' SCALE

					Date :	30/6	30/6	1/7	1/7
					Time :	2m	12	8m	2m
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.		4	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.		4	4	4	4
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.		4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.		4	4	4	4
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."		4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.		4	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.		4	4	4	4
					TOTAL SCORE	28	28	28	24
					Evaluator's Name				

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

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

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PAIN ASSESSMENT FORM

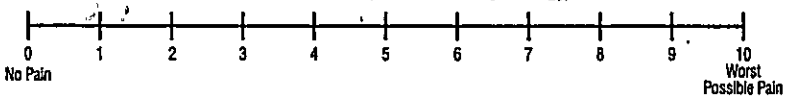
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
30/6	8Am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
30/6	2pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
1/7	8am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
1/7/26	2pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
1/7/26	8pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
1/7/26	10pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
2/7/26	6Am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
2/7/26	10AM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
2/7/26	2pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

Re-assessment Frequency:

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

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

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CHECKLIST FOR THROMBOPHLEBITIS

30/6 1/7/26 2/7

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

Signature of Ward In Charge :

Signature : Kavitha Name : Kavitha

Patient Sticker

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CHECKLIST FOR THROMBOPHLEBITIS

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

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

Signature of Shift In Charge :

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

Signature of Ward In Charge :

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

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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	30/6	1/7	
		Score	m6	8	
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0			
Secondary Diagnosis (more than one diagnosis)	Yes	15			
	No	0			
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0	0	0	
IV / Heparin Lock or Saline	Yes	20	20	20	
	No	0			
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	
Total Morse Fall Scale Score:			20	20	
		Signature	[illegible]	[illegible]	

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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URINARY CATHETER BUNDLE CHECK LIST

Date of Insertion: 30/6/26 Date of Removal: .....

Parameters	Date / Shift Time	30/6/26 8AM						
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		Suiatha						
Signature of the Nurse		Sri						

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CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: Dr. Swapna.	Date of Delivery: 30/6/2024
Assistant Surgeon: Dr Manisha	Time of Delivery: 10:57 Am
Anaesthetist's Name: Dr Brunda	Gender of Baby: Male
Type of Anaesthesia: Spinal	Weight of Baby: 3.520 kg
Neonatologist: Dr Pranav	AGPAR Score: 8, 9
Scrub Nurse: SN Savithya	NICU Admission: ☐ Yes ☑ No

Pre-Operative Diagnosis: G2A1 | 38+5 | CPD | Hypothyroidism.

☑ Elective ☐ Emergency Indication: CPD

Urgency

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

Decision time: NA Knief to rectus: 2min

CTG Description: ~~No Delay~~ Reactive

If there was a delay give the reasons: No Delay

Surgical Procedure:

Elective LSCS

Post Operative Diagnosis: POD 0

Peri-Operative Complications: –

Amount of Blood Loss: ~150-200cc	Blood Transfused (in ML): –

Name and Number of Surgical Specimen sent for examination:

–

Examination Findings when Appropriate:

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

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

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

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

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

---

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

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

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

Incision Through Placenta: ☐ Yes ☑ No

Delivery of head: ☐ Manual ☑ Forceps

- 1 loop of cord around neck
- 1 Seedling fibroid over Ant wall of uterus

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

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

Cord Appearance: ....Normal.................... Cord around the neck ☑ Yes ☐ No 1 loop

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

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

---

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

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

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

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

Skin Closure: ☑ Subcuticular ☐ Mattress ....Monocryl 3.0.... Suture

Vagineal Evacuated ☑ Yes ☐ No

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

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

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

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

Post-Operative Notes: ....

- NBM x4-6 hr
- Drugs as charted
- IVF / Analgesics / thromboprophylaxis as per Axon
- Foley's in situ till further order
- Vitals monitoring
- w/f vitals & Excess BPV
- Inform SOS

Doctor Name: Dr Swapna Doctor Signature: [signature]

Date & Time: 30/6/2022 @ 11:30pm

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Swapna
Asst. Surgeon : Dr. manisha
Anaesthetist : Dr. Brunda
Scrub Nurse : Samdhya

LBH-00116045 IP26-00006690
Mrs ANANTHAGIRI SRI LAXMI
22-11-1996 29 Y 7 M 8 D (F)
Dr. SWAPNA SAMUDRALA

..... Age : 29y ..... Gender : female
y Name : .....
Date : 30/6/26 In-time : 10:45 Am Out-time : 11:45 Am

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Before Induction of Anaesthesia ➤ ➤

SIGN IN Time: 10:30 am

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

Site Marked ☐ Yes ☐ No ☐ NA

Anaesthesia Safety Check Completed ☑ Yes ☐ No

Pulse Oximeter on Patient & Functioning ☑ Yes ☐ No

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

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

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

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

Signature : Brunda
Name : Dr. Brunda 30/6/26.

Before Skin Incision ➤ ➤

TIME OUT Time: 10:49 AM

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

Surgeon, Anaesthesia Professional and Nurse Verbally Confirm Mrs. Anathagiri Sri Laxmi
- Correct Patient (Check ID Band) ☑ Yes ☐ No
- Correct Site Abd ☑ Yes ☐ No
- Correct Procedure GLLS. ☑ Yes ☐ No

Anticipated Critical Events

Surgeon Reviews:
- What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss? ☑ Yes ☐ No ☐ NA — 500ml / NORM. NIL

Anaesthesia Team Reviews:
- Are There Any Patient-specific Concerns? ☐ Yes ☑ No ☐ NA — Inj. cefotaxime 1gm @10Am, 10 PRBC Availability @Surya Blood Bank.

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 : Sushmila
Name : Sushmila 30/1/26

Before Patient Leaves Operating Room

SIGN OUT Time: 11:45 Am

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

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

Signature : Swapna
Name : Dr. Swapna S.

PATIENT TRANSFER FORM

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LBH-00116045 IP26-00006690 Mrs ANANTHAGIRI SRI LAXMI 22-11-1998 29 Y 7 M 8 D (F) Dr. SWAPNA SAMUDRALA	Date & Time of Admission 30/6/26 @ 8.23 Am	Date & Time of Transfer Order 30/6/26 @ 11.30 Am.
	Transfer Ordered by Dr. Brundha.	Reason for Transfer post-op for observation.
From Unit OT	To Unit Post-OP	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 32	Number of Imaging Films nil	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
Sushmita	Dr. Brundha.

Patient & Clinical Records Received by : Sisadhar/RN

Date & Time of Patient Received : 30/6/26 @ 1PM

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

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

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
LBH-00116045 IP26-00006690 Mrs ANANTHAGIRI SRI LAXMI 22-11-1996 29 Y 7 M 8 D (F) Dr. SWAPNA SAMUDRALA	30/6/26 @ 8:25Am	30/6/26 @ 2:50Pm
	Transfer Ordered by Dr. Veena	Reason for Transfer observation
From Unit MICU	To Unit Floor	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	0
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 : Priyanka.

Date & Time of Patient Received : 30/6/26 @3pm

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

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

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
LBH-00116045 IP26-00006690 Mrs SHRI LAXMI PRIYANKA 22-11-1996 29 Y 7 M 8 D (F) Dr. SWAPNA SAMUDRALA	30/6/26 @ 8:22 Am	30/6/26 @ 10:30 Am
	Transfer Ordered by DR. Manisha	Reason for Transfer EL--ISCS
From Unit Pre-post	To Unit OT	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 30	Number of Imaging Films -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.	Rh	1D
2.		
3.		
4.		
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sis. Sujatha Rj	DR. manisha

Patient & Clinical Records Received by : Sandhya R

Date & Time of Patient Received : 30/6/26 @ 10:30 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

LBH-00116045 IP26-00006690
Mrs SHRI LAXMI PRIYANKA
22-11-1996 29 Y 7 M 8 D (F)
Dr. SWAPNA SAMUDRALA

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OBSTETRIC TRIAGE ASSESSMENT FORM

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

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

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

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

3) Vital Signs: Temperature: 97F Pulse: 85 RR: 20 SpO_2: 99% BP: 110/75 Weight: .....

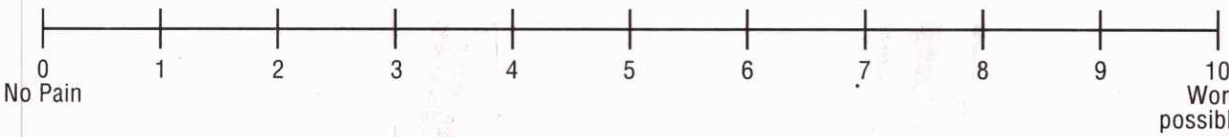
4) Gestational Criteria:

Gravida:	G	P	L	A

LMP: ..... EDD: ..... Gestational Age: .....

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

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



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

.....

6) Past History:

a) Surgeries: .....

b) Medical: .....

Patient Sticker

7) Allergy: ☐ Yes ☐ No, If Yes : ....

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

9) Prenatal Medical History:

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

Triage Category: (Please tick on the category)

Refer to OBSTETRICAL TRIAGE ACUITY SCALE (OTAS)

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

OBCU Obstetrical Triage Acuity Scale (OTAS)

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

Time seen by Doctor: ....

Nurse Name : C. Chandrakala .... Nurse Signature: ....

Date: 30/12/20 .... Time: 10 AM

LBH-00116045 IP26-00006690
Mrs SHRI LAXMI PRIYANKA
22-11-1996 29 Y 7 M 8 D (F)
Dr. SWAPNA SAMUDRALA

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OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 30/6/26.

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

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

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

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

Past Medical History	Past Surgical History	Previous Hospital Admission

Gynecology Assessment: ☐ Not Applicable

Menstrual History: .....

..... Regular

Onset of Menarche: .....

Menstrual Cycle: ☐ Regular ☐ Irregular

Last Menstrual Period: .....

Gynecology Surgical History:

Caesarean Section: ☐ No ☐ Yes

Cervical Cerclage: ☐ No ☐ Yes

Ectopic Pregnancy: ☑ No ☐ Yes

Myomectomy: ☑ No ☐ Yes

Others: _____

Gynecological History:

Contraceptives: ☐ No ☐ Yes

Vaginal Discharge: ☐ No ☐ Yes

Post-Coital Bleeding: ☐ No ☐ Yes

Infertility: ☐ No ☐ Yes

If Yes Type: ☐ Primary ☐ Secondary

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

Previous LSCS: .....

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

Family History: ☑ No Abnormalities Detected

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

☐ Liver disease ☐ Other .....

Vital Signs / Measurements: Temp: 97 HR: 84 RR: .....

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

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

Patient Sticker

PHYSICAL ASSESSMENT

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

Fall Assessment: ☑ Yes ☐ No Score ...0/10... (complete the Morse Fall Risk Assessment Sheet)

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

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

☐ Mobility problem ☐ Walking Problem ☑ No Abnormality Detected

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING: ☐ No Abnormality Detected

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

☐ Under Weight ☐ Diabetes Mellitus ☐ Hyperemesis Gravidarum

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

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

☐ Others ....

Inform consultant for positive criteria

SOCIAL SCREENING:

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

Social History: Lives With ....

Orientation has been given regarding the following aspects:

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

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

Above information given to ...patient...

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

Orientation not given Reason: ....

Nurse Signature: ...(signature)...

Nurse Name: ...Thembakule...

Date & Time: ...3/9/6/26 @...

LBH-00116045 IP26-00006696
Mrs SHRI LAXMI PRIYANKA
22-11-1996 29 Y 7 M 8 D (F)
Dr. SWAPNA SAMUDRALA

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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:
   - ☐ a. Mother needs to stimulate her breast for 2 min every 2 hours

9. Additional notes: .....

Continuity of Care: Date: 30/6

- Assesses the pt condition
- monitor vitals
- maintain I/O chart

Handover given by Mounika

Signature

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

Handover taken by Madhumita

Signature Madhu

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

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE

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Patient Name : ....MRS. SRILAXMI PRIYANKA..... Age : ....29.... Gender : Male ☐ Female ☑

UHID NO: ..2BH-0011604 8... Surgeon Name: ....Dr. Swapna.....

Anaesthesiologist : ....Dr. Ayesha.....

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 transfusion

Comments : .....

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

DECLARATION BY PATIENT / GUARDIAN / PROXY

I hereby authorize Rainbow Hospital & its authorized doctors to perform upon me / my patient Mrs. SRILAXMI PRIYANKA..... 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 : .....

Name : Sri. Laxmi priyanka

Relationship with Patient: Self

Date & Time : 30/6/26, 9:00Am

Witness :

Signature : .....

Name : (M. Ravi Kanth)

Date & Time : 30/6/26

Doctor (who is taking the consent) :

Signature : .....

Name : Dr. Ayesha

Date & Time : 30/6/26, 9:05Am

Department of Anaesthesiology

PRE-ANAESTHETIC EVALUATION

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Name: Mrs. SHRILAXMI PRIYANKA Age: 29 Sex: F UHID.No: LBH-0011604

Date: 26.6.26 Time: 4:30 PM. Proposed Operation: ELECTIVE LCCS.

Diagnosis: Primi at 38 weeks. G2 A1 @ 38 weeks c Hypothyroidism.

B.P / CRT: 103/62 mmHg. H.R. .... Weight: 61 kg. ASA Physical Status: ☐ 1 ☑ 2 ☐ 3 ☐ 4 ☐ 5

Laboratory Data:

17/6

Hgb: 10.6.	Glucose: 78.	Protein:	HIV:	X-Ray:
PCV:	Urea:	Alb:	HBS Ag:	ECG:
WBC: 11,600	Creat:	Total Bill:	HCV:	2D Echo:
Plate: 2.27.	Na:	Dir. Bill:	Blood group: O +ve	Stress/Anglo:
PT:	K:	LDH:	T3	Other:
PTT:	Ca++:	Alk phos:	T4	USG → placenta - Fundoposterior-high
INR:	Mg++:	Amylase:	TSH 2.66	
	Cl -:	SGOT/SGPT:		

Allergies: NKDA

Medical History: CVS: (–) — ANC - uneventful. k/c Gestational Hypothyroidism from 1st trimester.

RESP: NO URI, fever, cough. Diabetes: (–)

CNS: (–)

Renal: (–)

Hepatic / GE: (–) Physical Activity: Active.

Others:

Past Anaesthetic History: Nil. / H/o Miscarriage → spontaneous Abortion in 2025 @ 6 weeks

Physical Exam: afebrile.

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

Lungs: BAE (+)

Heart: S1S2 (+)

CNS: NFND

Pregnant: ☑ Yes ☐ No ☐ NA Venous Access Site: (+) Spine Exam for regional: well palpable.

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

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

CURRENT MEDICATIONS	DOSAGE
T. THYRONORM	75 mcg x 4 days
	50 mcg x 3 days.

Pre-Operative Instructions:

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

(1–4: explained.)

- To reserve 1 O PRBC
- To send CBP on admission.
- To cont.

Signature: Am Name: Dr Ameen

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

LBH-00116045 IP26-00006690
Mrs ANANTHAGIRI SRI LAXMI
22-11-1996 29 Y 7 M 8 D (F)
Dr. SWAPNA SAMUDRALA

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: 96bpm | B.P / CRT: 120/60 mm Hg | SpO_2: 99% on RA | R.R: 16/min | Last Feed: last night

Pre-OP Diagnosis: G2A1 @ 38wks | Operation: Elective LSCS | Date: 30/6/26

Surgeon: Dr. Swapna | Anaesthesiologist: Dr Brunda | Technician: Aravind

TIME	10:45 (11)	11:30 (12)
N_2O /AIR /O_2 LPM		
HALO /SO /SEVO		
Drugs:		
Inj. OXYTOCIN 3+3 20 IV		
Inj. TRANEXAMIC ACID 1GM IV		
FIO_2 / SaO_2	100	100 100 100
$ETCO_2$		
ECG	NSR	NSR NSR NSR
Temperature		
Urine Output		
Fluids / Blood	RINGER LACTATE →	

Antibiotic given
Suppository
TRAMADOL 100 MG P/R
DICLOFENAC 100 MG P/R
Blood Loss
NOTES

B.P
V Systolic
Λ Diastolic
X Mean
• Heart Rate
Tourniquet on Time
Tourniquet off Time
Throat Pack In
Throat Pack Out

240 220 200 180 160 140 120 100 80 60 40 20 10 0

LAB Values: ABG | GRBS | Others

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

Position: Supine
☐ Pressure Points Checked

Eye Care:
☐ Oint
☐ Tape
☐ Padding
☑ Awake

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

Times:
Anaes Start: 10:45AM
OP Start:
OP End:
Leave OR: 11:45AM

Anaesthesia:
☐ GA
☐ Monitored Anaesthesia Care
☑ Regional

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

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

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

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

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

Regional:
Extremity Specify: .....
☑ Spinal ☐ Epidural ☐ Caudal
Others: .....
Position: Sitting
Site: L3-L4 PENCAN
Needle Size: 27G Depth: .....
Parasthesia ☐ Yes ☑ No
Catheter at skin ..... cm
Drug Name & Conc: Inj. 0.5% H
Bolus: BUPIVACAINE 10MG
Infusion: + 25mcg FENTANYL
Block Level: T4
Comments: .....

Transportation to
☑ PACU ☐ ICU ☐ Other
Relaxant Reversed ☐ Yes ☑ No ☑ NA
Name of the Doctor: Dr. Brunda
Signature of the Doctor: B

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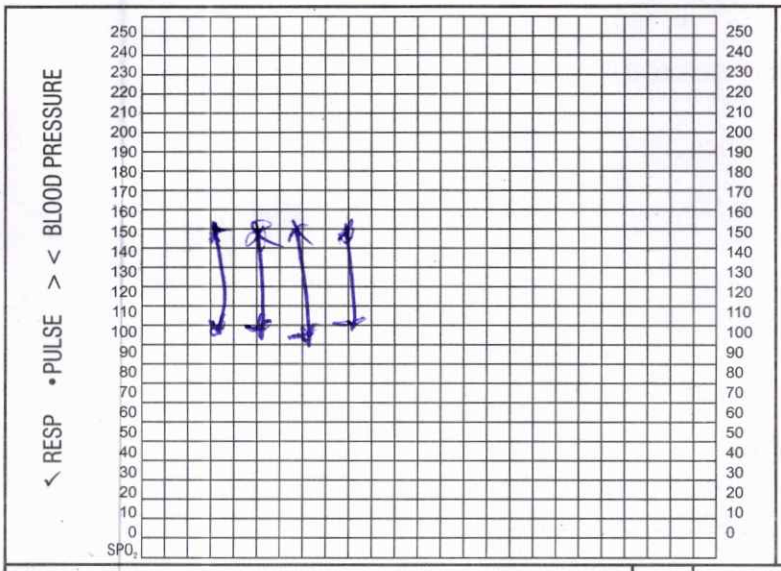
POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Monica Time Received : 12pm Time Discharged : .....



IV Cannula Site : left

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

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

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

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
30/6	12pm	0/10	NA	Mon
30/6	12:30pm	0/10	NA	Mon
30/6	1pm	0/10	NA	Mon
30/6	1:30pm	0/10	NA	Mon

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

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

Anaesthesiologist Name : Dr. SK. Ayesha
Anaesthesiologist Signature: Ayesha
Date & Time: 30/6/26 @ 2.50pm

PACU Nurse Name : Madhumidya
PACU Nurse Signature: Madhu
Date & Time: 30/6/26 @ 2.50pm

Transferred to Unit by (PACU): (213)
Date & Time: 30/6/26 @ 2.50pm

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 : .....

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

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Patient Name : MRS. SHRI LAXMI PRIYANKA Gender: ☐ Male ☑ Female Age : 30 YRS.

UHID No : LBH – 00116045 Date : 30/06/2026

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

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

ELECTIVE LOWER SEGMENT CAESERIAN SECTION

upon

MRS. Shri laxmi Priyanka
(Name of the Patient)

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

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

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

Haemorrhage, Injury to adjacent organs - Ureter, Bladder, Intestines etc., Need for Blood and Blood products transfusion.

My signature on this form indicates that

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

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

Consentee :

Signature : 30 October 2026

Name : Mrs Shri laxmi

Date & Time : 30/6/2026 @ 8'30 Am

Witness :

Signature :

Name : Sujatha

Date & Time : 30/6/26 @ 8:30 Am

Patient Attendant :

Signature :

Name : M. RAVI KANTH

Relationship with Patient: Husband

Date & Time : 30/6/2026 @ 8:30 Am

Doctor (who is taking the consent) :

Signature :

Name : Dr Mamsha

Date & Time : 30/6/2026 @ 8:30 Am

LBH-00116045 IP26-00006690
Mrs ANANTHAGIRI SRI LAXMI
22-11-1996 29 Y 7 M 8 D (F)
Dr. SWAPNA SAMUDRALA

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NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 30/6/26 Time: 5:30pm

Origin: Indian Height: 150cms Weight: 62 kg BMI: ☑ ~26 kg/m² ☐ ~28 kg/m² ☐ ~30 kg/m²

Food Allergies: NO

Diagnosis: LSCS

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

Diet Advised:

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

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

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

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

Patient's / Attendant's	Dietician's
Signature: M.Varalaxmi	Signature:
Name: Sai Laxmi	Name: Sathvika-G
Date & Time: 30/6/26, 5:30pm	Date & Time: 30/6/26, 5:30pm

DIETARY NOTES

Date	Time	Notes	Sign

LBH-00116045 IP26-00006690
Mrs ANANTHAGIRI SRI LAXMI
22-11-1996 29 Y 7 M 8 D (F)
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CROSS CONSULTATION FORM

Doctor Name : Dr: Swapna Date : 30/6/26 Time : 6pm

Diagnosis : LSCS

Hospital : RCH - HMNR

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

Type of Referral :
☐ Emergency
☐ Urgent
☐ Non Urgent

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

Signature:

Findings and Recommendations :

Lactation care plan

- Well formed breast
- Inverted Nipple's
- Aim for deep latch as demonstrated in side laying down position.
- make baby suck 15-20 mints on each side every 2nd holy
- stimulate baby continuously

Consultant :

Name : Sathwika G Signature : S Date & Time : 30/6/26/6pm

26-00002094J1

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NARCOTIC PRESCRIPTION FORM
(PATIENT COPY)

Patient Name: Mrs Ananthagiri Sri laxmi priyanka	Age: 29Y	Gender: Female	
UHID No: LBH - 00116045	IP No: 26-00006690	Date: 30/6/26	Time: 8:35 Am
Diagnosis: LSCS (Ward - OT)			

PRESCRIPTION DETAILS (Tick only one of the following)

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

Doctor Name: Dr. SK Ayesha

Doctor Registration No: TSMC/FMR/07725

Signature: [signature]

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

IP Registration No: 26-00006690 **Date:** 30/6/26

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

1.	**Name :** Mrs Ananthagiri Sri laxmi priyanka	**Remarks**
2.	Complete postal address (with contact number, if any)	Shantinagar Hayathnagar Hyderabad
3.	Brief description of the illness	LSCS
4.	Whether registered with any other registered medical practioner / recognized medical institution (If yes, details of the recorded)	NO
5.	Details of essential Narcotic drug dispensed	INJ: Fentanyl

Date	Name of the Essential Narcotic Drugs	Quantity	Signature / Thumb Impression of the patient / Patient Attender	Remarks, if any
30/6/26	INJ: Fentanyl	01	m.varalaxmi	

Dispensed by (Name & ID No.): Sania (0/8442) M Arvind kumar (021257) Signature: AW

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

Time: 8:48

Docu. No: RCH / FRM / CLINICAL / 133