9154865024.

Dr. Swapna

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

ESTIMATION SLIP

Date : 17/03/2026 **UHID / IP No. :** BAH-00634486 **Sl No.** 1261

Name of Patient : Ms. Ashika Agarwal Agarwal **Age:** 32yrs **Gender:** F

Father's / Husband's Name : Mr. Nitin Kumar **Corporate / Occupation :**

Address : Himayatnagar **Phone :** 8125375495 **Email :**

Procedure / Plan : VND / LSCS 8500141100 **EDD/Dos:** 3rd Oct 2026

MODE OF PAYMENT : ☐ SELF ☐ TPA : New India C M.A ☐ GIPSA : _____ OTHER

TARIFF INFORMATION :

Particulars	Package Amounts (Rs.)	
Room Category	**Normal Delivery**	**LSCS**
Multi Shared Ward		
Shared Ward		
Twin Shared Ward	→ 81k Cash	90k
Private Room	→ Cash. 90k 1.35k	1 lac 1.45
Super Deluxe Room	→ 1.55k 1.65k	Non-Consumables - 15k
Suite Room	→ 2.60k 4 days.	to 20k approx
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	Pharmacy up to 12,000/-
	Investigations up to extra	Investigations up to 3,000/-
Others Well Baby Bill	- 25k to 35k approx	

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

Initial Minimum Deposit : 20,000/- at the time of adm

REMARKS : Neonatal const, BG, SBR, Vaccinations - BCG, Hepatitis B, Polio

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

Signature of the Client

[NITIN] HUSBAND
Signatory Relationship

Signature of the financial Couns

BAH-00634486 IP26-00006895
Mrs ASHIKA AGARWAL
05-08-1993 32 Y 11 M 15 D (F)
Dr. SWAPNA SAMUDRALA

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SURGERY DETAILS

Date : 20/7/26

Patient Name: Mrs. Ashika Date of Birth: 5/8/1993 Age: 32yrs.

Gender: female Ward : OT UHID No.: BAH-00634486

Date of Surgery: 20/7/26. ☐ OT -1 ☐ OT -2 ☐ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : Emg LSCS

Time in : 12:45pm Time Out : 1:45pm.

		NAME	AMOUNT
1.	Surgeon	Dr. Swapna	
2.	Anaesthetist	Dr. Sanir	
3.	Assistant Surgeon	Dr. manisha.	
4.	OT Technician	Sr. pallavi	
5.	Circulating Nurse	Sr. puja / Sr. Natasha	
6.	Assistant Nurse	Sr. sangeetha	

Mrs ASHIKA AGARWAL (32 Y 11 M 15 D/F)
PLACENTA
NINV00213
HN26012144097

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

Dr Manish For Dr Swapna
Signature of the Surgeon

Signature of Circulating Nurse

Order No: 26-0000215-107 Order by: Archana 20/7/26 @ 1:14pm

BAH-00634486 IP26-00006895
Mrs ASHIKA AGARWAL
05-08-1993 32 Y 11 M 15 D (F)
Dr. SWAPNA SAMUDRALA

val

G.M.L.S.C.S

CONSUMABLES OF OT

Rainbow® Children's Hospital
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Circulating staff : Ramana Technician : Pallavi Date : 20/7/26 Time : 2:10 PM

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube			~~Major~~ Pack LSU	1		Inj Vit.K		1
LMA			Sutures 2346, 2364	2+1		Cord Clamp		1
ECG leads : A / P / N		03	1326, 4242	1+1		Suction Catheter no-6		1
HME filter : A / P / N						Feeding Tube		
Syringes : 10 cc		03				Vaccum Suction Set		1
05 cc		03	Gloves S.G 6, 6½, 7	2+2+1		Surgical Gloves 6.5		02
02 cc		04	Endle 6½	2		Gauze Pack 7.5		02
01 cc		12				Syringe 1ml / 2ml		3
Cautery plate : A / P / N		01	Surgical blade 22	4		Surgical Blade # 20		1
IV set			NG tube			Koochies (S)		
RL		01	Cautery pencil	1		Canula 24		1
NS : 10ml / 100ml / 500ml / 1000ml			Koochies XXL	1		Distell Water		2
Atropine, Adrenaline		01	Ointments			Tegaderm 1610		1
		01	Suction Catheter			Entore 6.5		1
Fentanyl		01	Cap, Mask	10+10		S.G 7.5		01
Morphine			Gauze Pack 7.5x7.5	2		E.T.T tube 3.0		01
Ketamine			Mop Pack	3		Duoderm		01
Propofol			Steristrip					
Rocuronium			Underpad	2				
Glycopyrolate			Draw sheet			26-00002154571		
Myopyrolate			Abgel	1				
Ondansetron			Foleys catheter					
Pencan 25g Spinal Needle 22		01	Urobag					
Bupivacaine 0.25%			Chest Drainage Catheter					
Bupivacaine 0.25%(Heavy)		01	Romodrain bag					
Antibiotics			Bandage					
Oxytocin		03	Tegaderm					
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg		01	Vaccum Suction set	1				
Justin : 12.5 mg / 25mg / 100mg		01	Plastic Bed Sheet					
Tab. Misoprost : 200mg		6	Betadine Solution	2				
Encore 7.0		01	Microshield	2				
Gauze 7.5		01	Cotton Balls	1				
Tranexa		02	Latex Gloves	10				
IV cannula 18G		01	Ramdione Scrub					
			Saral					

Surgeon Anaesthesiologist Nurse Archana 20/7/26 OT Technician 171878

Order No. : 26-00002154447/446 Ordered by : .....

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

Rainbow Childrens Hospital-Himayatnagar

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

ELECTRONIC MEDICINE PRESCRIPTION

MRN	: BAH-00634486	**Name**	: Mrs ASHIKA AGARWAL
Age / Sex	: 32 Y 11 M 15 D / Female	**Doctor**	: SWAPNA SAMUDRALA
Adm/Reg Date/Time	: 20/07/2026 12:13	**Payor**	MEDI ASSIST INSURANCE TPA PVT LTD
Order Date	: 20/07/2026 17:28	**Ordernumber**	: 26-0000215447
Visit ID	: IP26-00006895	**Ward/Bed No**	: 4F -OT / PPO-419
Patient Address	Himayat, Himayat Nagar East, Hyderabad, Telangana, INDIA, 500029		

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		4 Nos	Dispensed
2	TRUGUT CHROMIC CATGUT SN4242	TRUGUT CHROMIC CATGUT SN4242	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
3	VENFLON I -18 G	IV CANULLA 18	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
4	MISOPROST TAB 200MCG 4S		1 Tabs	External / Once Daily	1 Days		8 Tabs	Dispensed
5	SUPRIDOL SUPPOSITORIES 100 MG 5 S		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
6	VICRYL 1-0 NW 2364	VICRYL 1-0 NW 2364	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
7	ANAWIN HEAVY 5 MG INJ 4 ML		1 Vial	External / Once Daily	1 Days		1 Vial	Dispensed
8	CUROPINE (ATROPINE) INJ 1 ML		1 Vial	External / Once Daily	1 Days		1 Vial	Dispensed
9	JUSTIN SUPPOSITORIES 100 MG 5 S		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
10	E.C.G ELECTRODES (ADULT)	ELECTRODES ADULT	1 Nos	External / Once Daily	1 Days		3 Nos	Dispensed
11	DSYRINGE 5ML-(NIPRO)	SYRINGE 5ML	1 Nos	External / Once Daily	1 Days		3 Nos	Dispensed
12	SGLOVE # 6 (SURGICARE)	SURGICAL GLOVES 6.0	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
13	SURGICAL BLADE 22	SURGICAL BLADE 22	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
14	ENCORE MICROPTIC GLOVES-7 PF		1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
15	MONOCRYL 3-0 NW 1326	MONOCRYL 1326	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
16	COTTON BALLS 2 GM 5 NOS		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
17	SGLOVE # 7.0(SURGICARE)	SURGICAL GLOVES 7.0	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
18	VICRYL 1-0 VP 2346	VICRYL 1-0 VP 2346	1 Nos	/ Once Daily	2 Days		2 Nos	Dispensed
19	LSCS DRAPE PACK SAFE SECURE		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
20	UNDER PAD 60X90 10's Pack - MEDICUBE		1 Nos	External / 10 AM	1 Days		2 Nos	Dispensed
21	SGLOVE # 6.5 (SURGICARE)	SURGICAL GLOVES 6.5	1 Nos	External / Once Daily	1 Days		4 Nos	Dispensed
22	BIOXAMIC 500 MG INJ		1 Ampule	External / Once Daily	1 Days		2 Ampule	Dispensed
23	CAUTERY PENCIL (ADVANCE)		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
24	PENCAN 27G (B/BRAUN)		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
25	PREGELLED SURGICAL PLATES(ADULT)	PREGELLED PLATED ADULT	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
26	DSYRINGE 1ML (NIPRO)	SYRINGE 1ML	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
27	Encore Microptic gloves-6.5		1 Nos	/ Once Daily	1 Days		2 Nos	Dispensed
28	POVINANZ SOLUTION 10% 100 ML		1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
29	EVATOCIN (OXYTOCIN) INJ 5 IU 1 ML		1 Vial	Injection / Once Daily	1 Days		3 Vial	Dispensed
30	BACTOPREP SOLUTIONS 100 ML		1 ml	/ Once Daily	2 Days		2 Nos	Dispensed
31	ADULT DIAPERS-XXL		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
32	ABGEL SURGI PAD (BIG) (GELSPON)	ABGEL	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
33	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
34	ADROGLARE(ADRENALINE) INJ 1MG 1ML		1 Vial	Injection / Once Daily	1 Days		1 Vial	Dispensed
35	VACCURE SUCTION SET		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
36	MOPS 30X30 6PLY 5S X-RAY	MOPS 30X308 PLYDATT	1 Nos	/ Once Daily	3 Days		3 Nos	Dispensed
37	DSYRINGE 10ML (NIPRO)	SYRINGE 10ML	1 Nos	External / Once Daily	1 Days		3 Nos	Dispensed

SWAPNA SAMUDRALA

Reg No : 69924

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Note

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ELECTRONIC MEDICINE PRESCRIPTION

MRN	: BAH-00634486	**Name**	: Mrs ASHIKA AGARWAL
Age / Sex	: 32 Y 11 M 15 D / Female	**Doctor**	: SWAPNA SAMUDRALA
Adm/Reg Date/Time	: 20/07/2026 12:13	**Payor**	: MEDI ASSIST INSURANCE TPA PVT LTD
Order Date	: 20/07/2026 17:28	**Ordernumber**	: 26-0000215446
Visit ID	: IP26-00006895	**Ward/Bed No**	: 4F -OT / PPO-419
Patient Address	: Himayat, Himayat Nagar East, Hyderabad, Telangana, INDIA, 500029		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	SURGEON CAP FEMALE SAFE SECURE		1 Nos	External / 10 AM	1 Days		10 Nos	Ordered
2	NITRILE EXAMINATION GLOVES P F- MEDIUM		1 Nos	External / Once Daily	1 Days		10 Nos	Ordered
3	FACE MASK 3 LAYER - ELASTIC	FACE MASK 3 LAYER	1 Nos	External / Once Daily	1 Days		10 Nos	Ordered
4	RL 500 ML CLOSED SYSTEM	RINGER LACTATE 500ML CLOSED	1 Bottle	/ Once Daily	1 Days		1 Bottle	Ordered

SWAPNA SAMUDRALA

Reg No : 69924

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040-48873000, info@rainbowhospitals.in

ELECTRONIC MEDICINE PRESCRIPTION

MRN	: HNH-00016703	**Name**	: Baby Of ASHIKA AGARWAL
Age / Sex	: 0 Y 0 M 0 D 4 H / Male	**Doctor**	: SPANDANA PASUPULETI
Adm/Reg Date/Time	: 20/07/2026 14:58	**Payor**	: SELFPAY
Order Date	: 20/07/2026 17:36	**Ordernumber**	: 26-0000215452
Visit ID	: IP26-00006898	**Ward/Bed No**	: 4F -NICU 1 / NICU1-401
Patient Address	: Himayat, Himayat Nagar East, Hyderabad, Telangana, INDIA, 500029		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	ET TUBE - 3.0 MM STERIMED		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed

SPANDANA PASUPULETI

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ELECTRONIC MEDICINE PRESCRIPTION

MRN	: HNH-00016703	**Name**	: Baby Of ASHIKA AGARWAL
Age / Sex	: 0 Y 0 M 0 D 4 H / Male	**Doctor**	: SPANDANA PASUPULETI
Adm/Reg Date/Time	: 20/07/2026 14:58	**Payor**	: SELFPAY
Order Date	: 20/07/2026 17:36	**Ordernumber**	: 26-0000215451
Visit ID	: IP26-00006898	**Ward/Bed No**	: 4F -NICU 1 / NICU1-401
Patient Address	: Himayat, Himayat Nagar East, Hyderabad, Telangana, INDIA, 500029		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	VACCUME SUCTION SET		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
2	CORD CLAMP-ALPHAMEDICARE		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
3	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		2 Nos	Dispensed
4	Encore Microptic gloves-6.5		1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
5	NEOFLON PRO 24G		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
6	SGLOVE # 7.5 (SURGICARE)	SURGICAL GLOVES 7.5	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
7	SGLOVE # 6.5 (SURGICARE)	SURGICAL GLOVES 6.5	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
8	SUCTION CATHETER 6 ROMSONS		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
9	DUODERM EXTRA THIN 10X10 CM(187955)	HYDROCOL THIN EXTRA 10X10	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
10	TEGADERM (PEAD) 1610	TEGADERM PEAD 1610	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
11	D WATER 10 ML AMPULE	DISTIL WATER10ML	1 Bottle	External / Once Daily	1 Days		2 Bottle	Dispensed
12	INJEK INJ 1 MG 0.5 ML		1 Nos	/ Once Daily	1 Days		1 Vial	Dispensed
13	SURGICAL BLADE 20	SURGICAL BLADE 20	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
14	DSYRINGE 1ML (NIPRO)	SYRINGE 1ML	1 Nos	External / Once Daily	1 Days		3 Nos	Dispensed

SPANDANA PASUPULETI

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Name	Mrs ASHIKA AGARWAL	**UHID**	BAH-00634486
Father/Guardian	Mr NITIN KUMAR	**Age/Gender**	32 Y 11 M 15 D/ Female
Address	Himayat, Himayat Nagar East, Hyderabad, Telangana, INDIA, 500029		
IP No	IP26-00006895	**Admission Date**	20-07-2026
Ref Doctor	Self		
Discharge Date	23.07.2026		

DISCHARGE SUMMARY

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

Diagnosis: PRIMI AT 29+2 WEEKS WITH FGR STAGE III WITH ABNORMAL DOPPLER (AEDF + REDF IN FEW LOOPS) FOR EMERGNECY LOWER SEGMENT CESAREAN SECTION

EMERGNECY LOWER SEGMENT CAESAREAN SECTION DONE ON 20.07.2026

History:
LMP: 27.12.2025
EDD: 03.10.2026

Obstetric formula: Primi
Gestation at admission: 29^{+2} weeks

Name	Mrs ASHIKA AGARWAL	**UHID**	BAH-00634486
IP No	IP26-00006895	**Admission Date**	20-07-2026

Obstetric History:
G1 - Present Pregnancy, Spontaneous conception.

Medical History: Nil
Surgical History: Nil
Allergies: Nil
Family History: Husband brother's 2 daughter - Downs Syndrome - congenital heart disorder with multiple cardiac surgeries

Antenatal Details:
Mrs ASHIKA AGARWAL was booked to Rainbow hospital at 12+4 weeks of gestation. She had regular antenatal checkups and investigations as advised. NT scan normal with double marker. FTS low risk. TIFFA scan showed increased resistance in uterine artery doppler ,rest normal for which she was started on Tab. Ecospirin 150 mg OD. At 23^{+3} weeks she came with complaint of right side abdomen pain, scan done showed - Mild dilatation of pelvicalyceal system and proximal ureter - relieved with medical management. Fetal growth monitoring done by serial growth scans. Growth Scan done at 29 weeks showed SLF, Cephalic presentation, EFW 1102 gm (6 % / AC <1 %) S/o FGR Stage 3, PI P/H, Liquor Adequate, AFI 13.5 cm, UAD - AEDF with Cerebral Redistribution, DV showed forward flow. She was kept under observation with close fetal surveillance with Daily AFI/ doppler scans. Neonatal counselling was done by senior neonatologist and explained regarding complications of prematurity and prolonged NICU Care. Antenatal corticosteroid coverage done (inj Betamethasone 12mg 2 doses) in anticipation of preterm delivery. Inj Mgso4 loading and maintenance dose given for fetal neuroprotection. Scan

Name	Mrs ASHIKA AGARWAL	**UHID**	BAH-00634486
IP No	IP26-00006895	**Admission Date**	20-07-2026

done on 20.07.2026 showed showing SLIUF transverse lie , AFI -11.9 cms, umbilical artery few loops -AEDF, few loops -REDF, CP ratio less than 1 centile. Uterine artery -increased resistance in blood flow. In view of FGR stage 3 with abnormal doppler findings, taken at 29^{+2} weeks decision of emergency LSCS taken.

Investigations: Enclosed.
Blood group: "B" Positive

Management: Course in hospital:
At admission on clinical examination the vitals were stable. On admission vitals stable, uterus was relaxed. Fetal well being was confirmed by an admission NST which was found to be reactive. She was decided for emergency C- section in view of FGR stage-3 with abnormal doppler (AEDF in few loops and REDF in few loops). She was prepared with indwelling Foley's catheter and IV canula under aseptic conditions. Written informed consent for surgery taken. Preanesthetic check up done. Anaesthetic premedication (IV Pantop and Perinorm) given. Patient shifted to theatre.

Surgery Notes:
Under spinal anesthesia she was painted and draped as per hospital protocol. Abdomen opened in layers. The parietal and visceral peritoneum carefully opened after identifying the urachus. Bladder was reflected. A lower segment curvilinear incision given on the uterus. Baby delivered. Cord clamped and cut and cord blood collected for blood grouping and Rh typing. Baby handed over to pediatrician. Placenta delivered with controlled cord traction. Uterus closed

Name	Mrs ASHIKA AGARWAL	UHID	BAH-00634486
IP No	IP26-00006895	Admission Date	20-07-2026

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 400 mcg given per rectum as prophylaxis against Postpartum hemorrhage. Patient was shifted out of theatre to post operative recovery room.

* **LUS Formed.**
* **Breech extraction done.**
* **Placenta small and unhealthy- sent for HPE.**

Delivery Details :

Date : 20.07.2026
Time of Delivery: 01:09pm
Type of Delivery: Emergency lower segment cesarean section
Indication : FGR Stage III with doppler changes(AEDF+REDF in few loops)
Anaesthesia : Spinal

Baby Details:

Date : 20.07.2026
Time : 01:09pm
Sex : Male
Weight : 960gms
Apgar : 6,8
Gestational Age: 29^{+2} weeks
NICU Admission: Yes, prematurity

Name	Mrs ASHIKA AGARWAL	**UHID**	BAH-00634486
IP No	IP26-00006895	**Admission Date**	20-07-2026

Post-Operative Notes:

She was closely monitored. Her vital signs remained stable. Uterus was well retracted with no Postpartum hemorrhage. Breast feeding initiated. She was shifted to room. Her postoperative period following that was uneventful. On 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 26.07.2026 (9am-9pm) after food.
2. Tab. Calpol 500mg (Paracetamol 500mg) (2tabs) thrice daily till 24.07.2026 (8am-2pm-10pm) after food.
3. Tab. Voveran 50 mg (Diclofenac 50mg) thrice daily till 24.07.2026(9am-3pm-11pm) after food.
4. Tab. Pantop 40mg twice daily till 26.07.2026 (7am-7pm) before food.
5. Tab. Livogen (Elemental Iron - 50mg, folic acid 1.5mg) once daily (7am) for three months before breakfast.
6. Tab. Shelcal (Elemental Calcium 500 mg, Vitamin D3 250 IU) once daily (2pm) till breast feeding for after food.
7. Nebasulf Powder for local application.
8. Collect HPE reports (Placenta).

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

Name	Mrs ASHIKA AGARWAL	UHID	BAH-00634486
IP No	IP26-00006895	Admission Date	20-07-2026

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

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

Review with **Dr. SWAPNA SAMUDRALA** after **2 weeks** on **05.08.2026 with HPE report** at Rainbow Children's Hospital with prior appointment **(Review consultation will be charged).**

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

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

Patient/ Attender

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Name	Mrs ASHIKA AGARWAL	**UHID**	BAH-00634486
IP No	IP26-00006895	**Admission Date**	20-07-2026

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

Registrar/Resident/C.M.O

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

BAH-00634486 IP26-00006895
Mrs ASHIKA AGARWAL
05-08-1993 32 Y 11 M 15 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
20/7/26	12:40pm.	Prepost	OT	Puja
20/7/26	1:55pm	OT	Prepost	Puja
20/7/26	7pm	MICU	Room 210	Mounika

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	Dr. Tejaswi Reddy	21/7/26	15754	[signature]
2.	(Lact)			
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Corr by 22/7/26

Docu. No. : RCH / FRM / GENERAL / 145

INVESTIGATIONS

Date	Investigations	Order No.	Sign
20/7/26	Biopsy for Histopathology - Large	12142	Moni
		Cross checked done	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
20/7/26	Cardiac monitor	2pm	7pm	5437	Moni
20/7/26	Infusion pump	2pm		5437	

Cross checked done by Swathi @ 3:30pm

Crosschecked by

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
28/7	IV placement (old file) (OP) -	(1)	4993	[illegible]
20/7	catheterization (IP) IP	(1)	5366	[illegible]
20/7	DAC (IP) IP	(1)	5367	[illegible]
		Cross checked		
		Cross checked		
			[illegible]	
21/7/20	NHA	(1)	15716	[illegible]
	cross by [illegible] 22/7 [illegible]			

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

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ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

Admitted for Emlscs

Obstetric Formula: Primi

Obstetric Hostory:
1 - PP IUI conception 3rd cycle.

Present Pregnancy Record: Booked @ 12+4 wk
NT + Double marker. Low risk
+ IFA - (N).

RISK FACTORS:

1. Ecospirin 150mg started @ 12wk+3 i/v/o uterine artery showing increased Resistance
- Growth scan @ 24wk - abnormal doppler.
- At 23+3 wk came to Hosp c/o pain abd managed conservatively

Height: 160 cm
Weight: 69.7 kg
Allergies: Nil
Breast: ☑ Normal ☐ Abnormal

General Examination:

Consciousness:
Icterus: -
Temp: Afebrile
BP: 110/70 mmHg
CVS: S1 S2 (+)
Liver/Spleen:

Pallor: Absent
Edema: -
PR: 76 bpm
DTR: +
RS: BAE (+).
Urine Output: (+)

LMP: 27/12/2025 EDD: 3/10/26.
Corrected EDD: 3/10/26 GA: 29+2 wk.

Menstrual History: Regular: ☑ Yes ☐ No

Obstetric Examination

Fundal Height: ≃ 28wk

Ut. Activity: ☑ Relaxed ☐ Mild ☐ Mod ☐ Severe
Liquor: ☑ Adequate ☐ Oligo ☐ Poly
PP: ☑ Cephalic ☐ Breech Others Transverse.
Head Fifths Palpable: _____
FHS: ☑ Normal ☐ Tachy ☐ Brady ☐ Absent

Per Speculum Examination Not done

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

Vaginal Examination Not done.

Cervix: ☐ Long ☐ Partially effaced ☐ Effaced
Os: Closed _____ Dilated _____

Membranes: ☐ Present ☐ Absent
Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained
Presenting Part: ☐ Vertex ☐ Breech ☐ Others
Sutton: ☐ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2
Pelvis: ☐ Adequate ☐ Doubtful

DIAGNOSIS

Primi / 29+2 wk / G III fGR. / Abnormal Doppler. AEDF + REDF in few loops.
For Emlscs.

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Mrs ASHIKA AGARWAL
05-08-1993 32 Y 11 M 15 D (F)
Dr. SWAPNA SAMUDRALA

Family History:	Surgical History:
Husbands. Brothers – 2 daughter. 1 Down. other – Congental heart disorder.	Nil
Medical History: with multiple cardiac surgeries Nil	Medication History: Nil
Plan of Care: - Admission NST - NICO - Informed consent - Parts preparation - Preop Medications - Foleys catheterization. - Shift to OT on call. - Inform Neonatologist	Investigations: B+ve 18/6 OGTT – 75 / 121 / 95. HIV, HbsAg, HCV, VDRL } NR. USG (18/7) SLF / Q2 P1 – Posterior AF1 – 13.5cm AC < 1%. EFW 1.1 kg (GA%) – FGR stage III UAD – ABDF c̄ cerebral redistribution CPR < 1 st centile DV – forward flow UtAD – ↑ resistance

Doctor Name: Dr. Durga
Signature: [signature]
Date & Time: 20/7/26

Consultant Name: Dr. Swapna.
Signature: [signature]
Date & Time:

Dr. Swapna Samudrala
Consultant Gynecologist

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/7/pm	Clelb D	Monsha
230pm	POD-O / PT	Emesis
		Adv
	CC	- NBM X 4-6 hr
	BP	- Drugs as charted
	PR	- w/f vitals + BPV
Baby-NNW	PA ut well retracted	- I/O monitoring
	PV Bleedy WNL	- Foley's insitu till further order
	U/O	- Inform SOS
(Placenta Sample → for HPE)		
		[signature]
		Dr. Swapna Samudrala Obstetrics and Gynecology Reg. No: 69924 [stamp]
		[signature] (Dr. Swapna...)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/7/26 3pm	C/S/B Dr. Mrudula	
	P1L1 ē POD-0 / LSCS	
	O/E pt c/c/c	Rx
	afebrile	1. NBM till further order
	PR- 86 bpm	2. IV fluids
	BP - 178/72 mmHg	3. foleys removal till further orders
Baby in NICU	P/A- uterus retracted well	
	L/E- p/v bleeding WNL	4. Drugs as charted
	UO = 150 ml	5. I/O charting
		6. monitor vitals
		7. Elyrum ...
20/7/26 6:15 pm	C/S/B Dr. Mrudula	
	P1L1 ē POD-0 / LSCS	Adv
	O/E pt c/c/c	1. NBM
	GC- fair	2. IV fluids
	SpO2 - 97% @ RA afebrile	3. Drugs as charted
	PR- 78 bpm	4. Allow sips of fluid @ 8pm.
Baby in SNCU	BP- 120/74 ...	
	P/A - uterus retracted well	5. Soft diet tomorrow
UO: 300ml : 3hrs.	L/E - p/v bleeding WNL	6. foleys removal @ 6am morning.
	BS- well heard	7. I/O charting
Shift to Room		8. w/f p/v bleeding
		9 monitor vitals
		Enquire ...

Dr Mrudula

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)GRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/7/26	C/I/B Dr. Mandala	
8pm	POD-0	
	pt clile	Rx
	afebrile	1) Allow oral sips
	Baby in NICU PR-82bpm	2. IV fluid
	BP- 110/70 bpm	3. Drugs as charted
	P/A - ol. retracted well	4. foley removal @ 6am tomorrow.
	UO= 150ml ÷ 2hr P/V - NAD	
	Bowel sounds - well heard	5. I/O charting
		6. monitor vitals
		Report SOS.
		Dr. Mandala
		Noted by Swetha 20/7/26 @ 8:30pm
20/7/26. 11pm	No complaints	Adv
	H/O: good	1) liquid diet, Amphis
		2) soft diet @ 6AM
	Dr. RAMYA THEJA KADIYALA Reg. No: 01458	Ramya Dr. RAMYA THEJA
		Noted by Swetha 21/7/26 @ 8:30 pm

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/S/B Dr. Dwa	
21/7/26	POD-1.	
8:30AM		Adv
	GC fair	← Soft diet
	Afebrile	← Adequate hydration
Baby @ NICU	V Vitals-stable	← Ambulation
	P/A Uterus Retracted well	← Drugs as charted
		← W/f PV bleed
U ✓	L/E NAD	← Monitor vitals
F ✓		← Inform SOS
S ✓		
	M	
	C/S/B Dr Swapna Samudrala	
21/7/2026	~~C/S/B~~ ~~Dr Swa~~	
12pm	POD-1	
		Adv
		← Soft Diet → Regular Diet (Dinner)
Baby-NICU	GC-Fair Afebrile	← Adeq Hydration
	Vitals Stable	← Drugs as charted
	P/A Ut well retracted	← W/F vitals & BPV
U ✓	CS ✓	← Ambulation
F ✓ Passed	PV Bleeding wnl	← Inform SOS
S ✓		
Remove 2 IV Cannula		N.B. Amrutha 21/7/26 @ 2:30pm.

Dr. Swapna Samudrala
Consultant Obstetrics and Gynecology
Reg. No. 60924

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/7 7:30pm	C/s/b Dr. Moundala	
	POD-1	
	O/E pt clinic	Adv
V ✓	afebrile	→ Regular diet
F ✓	PR 80bpm	→ Adequate hydration
S ✓	BP - 110/70mmHg	→ Drugs as charted
Baby in NICU	P/A - uterus contracted well	→ w/f p/v bleeding
	L/E - p/v bleeding normal	→ monitor vitals
		→ Support
		→ Ambulation
	Dr. Moundala.	
22/7 9am	C/s/b Dr. Moundala	
	POD-2	Adv
	O/E pt clinic	→ Regular diet
U ✓	afebrile	→ Drugs as charted
F ✓	PR-78bpm	→ Ambulation
S ✓.	BP- 110/70mmHg	→ monitor vitals
baby in NICU	P/A - ut - contracted well	Support.
	L/E - p/v bleeding normal	
		Dr. Moundala.

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

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08-1993
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/?/26 11:30 AM	POD - II	
	No comp	Adv
	O/E - G. C. fair	- Regular Diet
	Afebrile	- Oral hydration
Baby - NICU	Sol - 99 I RA	- [illegible] chart
	[illegible] - ®	- Monitor vitals
Stools -	P/A - UV well retracted	- Ambulation
	Soft	- [illegible]
	L/E - [illegible]	
Can be discharged		[signature] (Dr. Swapna's)
		Dr. Swapna Samudrala Consultant Obstetrics and Gynecology Reg. No: 69924

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: ASHIKA AGARWAL
08-1993 32 Y 11 M 17 D (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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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						

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

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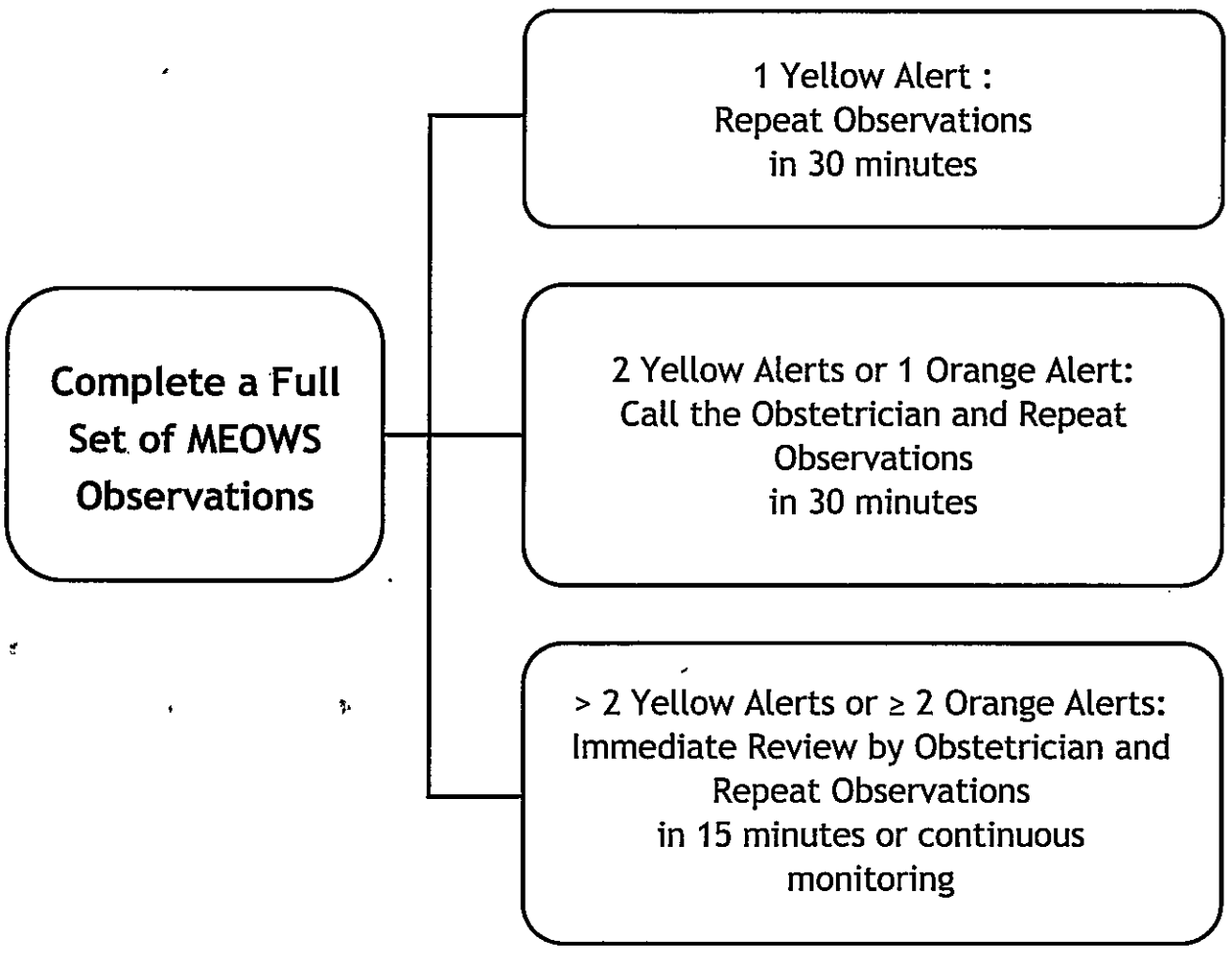
Early Warning Observation Score Chart - Obstetrics

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

20/4

		Date																						
		Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																									
	21 - 30																									
	11 - 20									20	20	20	20	20			20				20				20	
	0 - 10																									
Saturations	94 - 100 %																									
	< 94 %																									
Administered O_2 (L/min.)																										
Temp°c	40																									
	39																									
	38																									
	37																									
	36									36		36		36			36.5				36.2				36.2	
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80									82	82	96	96	96			150 bm				98 bm				90 bm	
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressue ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120									119	114	110	110	110			120				117				120	
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
	40																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
	40																									
NEURO RESPONSE [✓]	Alert									✓				✓				✓				✓				✓
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30									✓				✓				✓				✓				✓
	< 30																									
Proteinuria	Protein + +																									
	Protein > + +																									
Lochia	Normal									✓				✓				✓				✓				✓
	Heavy / Foul																									
Liquor	Clear / Pink									✓				✓				✓				✓				✓
	Green																									
TOTAL YELLOW SCORES										2				2				2				4				4
TOTAL ORANGE SCORES																										
Nurse Initial																										

Obstetrics and Gynaecology Early Warning Signs



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

BAH-00634486 IP26-00006895
Mrs ASHIKA AGARWAL
05-08-1993 32 Y 11 M 15 D (F)
Dr. SWAPNA SAMUDRALA

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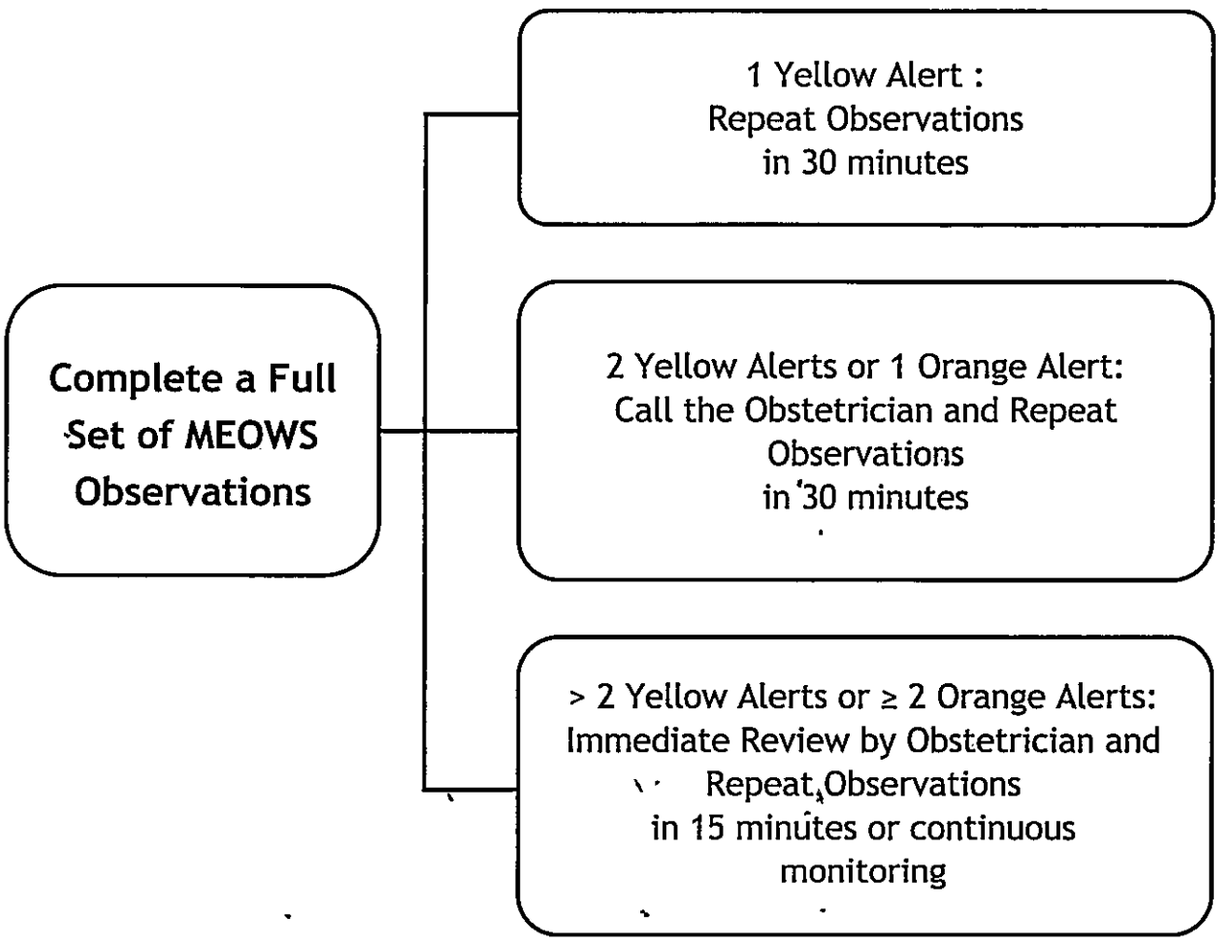
Early Warning Observation Score Chart - Obstetrics

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

21/7/26	Date																						
	Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20			20				20				20				20				20				20	
	0 - 10																								
Saturations	94 - 100 %			98%				97%				98%				98%				98%				100%	
	< 94 %																								
Administered O_2 (L/min.)																									
Temp °c	40																								
	39																								
	38																								
	37			97.3°F				98.4°F				98.6°F				98.5°F				98.5°F				98.2°F	
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80			81				79				80				85bpm				80bpm				80bpm	
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120			114				109				110				112				120				120	
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
	40																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70			72				71				70				71				78				80	
	60																								
	50																								
	40																								
NEURO RESPONSE [✓]	Alert			-				-								-						-		-	
	Voice											-													
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30			-				-				-					+			+				+	
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal			-				-				-					+			+				+	
	Heavy / Foul																								
Liquor	Clear / Pink			-				-				-					+			+				+	
	Green																								
TOTAL YELLOW SCORES				0				0				0				0				0				0	
TOTAL ORANGE SCORES				0				0				0				0				0				0	
Nurse Initial																									

Obstetrics and Gynaecology Early Warning Signs



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

BAH-00634486 IP26-00006879
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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.

20/7/26		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
20/7/26	02:00 pm	RL		100ml						200ml		
	03:00 pm	RL		100ml								
	04:00 pm	RL	N	100ml								
	05:00 pm	RL	B	100ml						30ml		
	06:00 pm	RL	M	100ml								
	07:00 pm	RL		10ml	NG					100ml		
Total Intake :						**Total Output :**						
20/7	08:00 pm			100ml								
	09:00 pm			100ml								
	10:00 pm	RL	Soup	100ml								
	11:00 pm		+	100ml								
	12:00 am		H2O	100ml								
	01:00 am			100ml						300ml		
Total Intake : Taken						**Total Output :** Passed						
21/7	02:00 am			100ml								
	03:00 am			100ml								
	04:00 am			100ml								
	05:00 am	RL	H2O	100ml						500ml		
	06:00 am			100ml								
	07:00 am			100ml								
Total Intake : Taken						**Total Output :** Passed						

Total 24 hrs. Intake		Total 24 hrs. Output	

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Mrs ASHIKA AGARWAL
05-08-1993 32 Y 11 M 15 D (F)
Dr. SWAPNA SAMUDRALA

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FLUID CHART

Sheet No. : 2

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

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

Total 24 hrs. Intake		Total 24 hrs. Output	

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

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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							
22/7	08:00 am		Tab Ator			NA		NA				
	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	

Patient Sticker

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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**	

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Mrs ASHIKA AGARWAL
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NURSING CARE RECORD

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Date: ...20/7.....

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	2pm to 8pm	→ Assess the pt condition → Monitor vitals → Maintain B/o chart	2pm to 8pm	→ Assessed the pt condition → Monitored vitals → Maintained B/O chart	Now pt is stable	Re-check vitals	NOV
Night	8pm to 8am	→ Assess the pt condition → monitor vital & record → Maintain B/o chart → Administered medication as per doctor chart	8pm to 8am	→ Assessed the pt condition → monitored vitals recorded → maintained B/O chart → Administered medication as per doctor chart	→ pt is stable	→ Rechecked vitals	

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SWAPNA SAMUDRALA

Patient

NURSING CARE RECORD

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Date: 21/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8 Am | 2 pm	→ Assess the pt condition → monitoring vitals checked and recorded → I/O chart maintain	8 Am | 2 pm	→ Assessed the pt condition → Administration & medication given as per doctor orders	→ Pt is stable	→ Pt checked vitals	
Afternoon	8pm	→Assess the pt condition → monitor the vitals. → maintain I/o chart. → drugs give as per drug chart.	8pm	→Assessed the pt condition. →Monitored the vitals. →Maintained I/o chart. → drugs given as per drug chart.	→pt is stable now.	→Reassessed the vitals.	
Night	8pm to 8AM	→Check the pt condition → monitor vital & record → maintain I/o chart →Administer medication →As per drug chart	8pm to 8AM	→Checked the pt condition →Monitored vitals & recorded →Maintain I/o chart →Administered medication →As per drug chart	→ Pt is stable	→Rechecked vitals	

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NURSING SHIFT HAND OVER FORM - WARD

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

SITUATION

Diagnosis: ZSG

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

BACKGROUND

Area / Shift Time	20/7 E2	20/7 N1	21/7 M6	21/7 E2	21/7 M6	
Medical Condition (Any special condition to be noted):	✓	—	NA	NA	—	

ASSESSMENT

Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
Vital Signs: Temp:	afr	98.2°F	98.3°F	97.8°F	98.4°F	
Res:	20	20	20b/m	20b/m	20	
SpO_2:	aa	99%	100%	100%	100%	
Pulse:	cn	88b/m	81b/m	81b/m	80b/m	
BP:	104/70	120/70	121/71	120/70	112/72	
Fall Risk Score:	-	—	-	—		
Pain Score:	-	—	—	1+	—	

Recommendations

Safety Needs:		—	—	Yes.	—	
Physiotherapy	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
Others Specify:	—	—	NA	—	—	
Special Diet:	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
Other Special Orders / Medications:	NA	NA	NA	—	—	
Post Operative Procedure Special Orders:	NA	NA	NA	—	—	
Handed Over By Name :	Mouni	Shwetha	Amrutha	Mahi	Swetha	
Signature :						
Date:	20/7	21/7	21/7	21/7	22/7	
Time:	8pm	8AM	2PM	8PM	8AM	
Taken Over By Name :	Shwetha	Amrutha	Mahi	Shwetha		
Signature :						
Date:	20/7	21/7	21/7	21/7		
Time:	8pm	8Am	2pm	8pm		

Patient Sticker

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NURSING SHIFT HAND OVER FORM - WARD

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

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

BAH-00634486 IP26-00006895
Mrs ASHIKA AGARWAL
05-08-1993 32 Y 11 M 15 D (F)
Dr. SWAPNA SAMUDRALA

BRADEN 'Q' SCALE

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					Date : 20/7	20/7	21/7	21/7
					Time : 8	10	06	2
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	3
				TOTAL SCORE	28	29	28	27
				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

Docu. No. : RCH /FRM / CLINICAL / 119

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

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ASHIKA AGARWAL
08-1993 32 Y 11 M 17 D (F)
SWAPNA SAMUDRALA

BRADEN 'Q' SCALE

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				Date : 21/7			
				Time :			
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4		
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4		
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4		
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4		
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4		
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4		
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4		
				TOTAL SCORE	28		
				Evaluator's Name			

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

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

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PAIN ASSESSMENT FORM

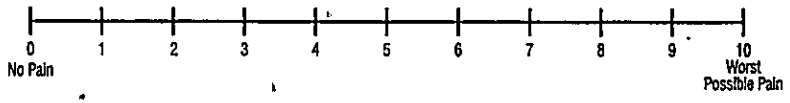
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
20/7	2pm	0/10	lower abdomen	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	[illegible] DCM	[illegible]
20/7	10pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[illegible]
21/7	10Am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[illegible]
21/7	2pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[illegible]
21/7	6pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[illegible]
21/7	10pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	[illegible]	[illegible]
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

Re-assessment Frequency:

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

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

BAH-00634486 IP26-00006879
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Dr. SWAPNA SAMUDRALA

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URINARY CATHETER BUNDLE CHECK LIST

Date of Insertion: ..... Date of Removal: .....

Parameters	Date / Shift Time	20/1 N						
Need for the Catheter		☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Hand Hygiene		☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Usage of Sterile Equipment		☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is the Collection bag below the level of bladder		☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Check the Tube for Obstruction (Free of Kinking)		☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is Catheter dated as policy		☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Collecting bag is been emptied regularly?		☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Maintenance of closed system for the catheter		☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Dressing clean and dry?		☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is the line removed as Policy?		☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Performance of Perineal Care		☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Onset of New Fever		☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Asses for the leakage at the site of insertion		☑ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Name of the Nurse		Durga						
Signature of the Nurse								

Foley's Removed 21/1/26 @ 6 pm

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

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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	20/7/26	21/7	21/7/26
		Score	N1	M6	Ea
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	0
IV / Heparin Lock or Saline	Yes	20	20	20	20
	No	0			
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10			
	Normal /On Bed Rest /Immobile	0	0	0	0
Mental Status	Forgets limitations	15			
	Oriented to own ability	0			
Total Morse Fall Scale Score:			20	20	20
		Signature			

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

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

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

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

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

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

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

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CHECKLIST FOR THROMBOPHLEBITIS

20/7/26 21/7

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				
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			0	0	0	0				
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2			0	0	0	0				
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			0	0	0	0				
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			0	0	0	0				
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			0	0	0	0				
		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 : Balaram

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CHECKLIST FOR THROMBOPHLEBITIS

2012

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

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 : Monika

Signature of Ward In Charge :

Signature : ..... Name : Kasthen

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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	20/2	21/7	8/1
		Score	0	0	0
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	0
IV / Heparin Lock or Saline	Yes	20	20	20	20
	No	0			
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10			
	Normal /On Bed Rest /Immobile	0			
Mental Status	Forgets limitations	15			
	Oriented to own ability	0	0		
Total Morse Fall Scale Score:			0	0	20
		Signature			

Fall Risk Grading

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

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

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

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

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

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

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

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MEDICATION RECONCILIATION FORM

Drug Allergies: Nil ☐ Not known any Drug Allergies

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

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

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	T IRON.	1tab	P/O	OD	18/7/26	☐ C ☐ DC
2	T. CALCIUM.	1tab	P/O	OD	18/7/26	☐ C ☐ DC
3	T ECOSPIRIN.	150mg	P/O.	OD	17/7/26.	☐ 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. Dua

Date & Time : 20/7/26 @ 12.1Pm

Nurse Name & Signature: Madhumeta @Madhu

Date & Time : 20/7/26 @12Pm

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NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 21/7/26 Time: 9:00 am

Origin: Indian Height: 160 cm Weight: 69.7 kg BMI: ☐ ~ 26 kg/m² ☐ ~ 28 kg/m² ☐ ~ 30 kg/m²

27 Kg/m²

Food Allergies: ND

Diagnosis: LSCS

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

Diet Advised:

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

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

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

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

Patient's / Attendant's

Signature: Ashika

Name: Ashika

Date & Time: 21/7/26

Dietician's

Signature: Sobiya

Name: Syeda Sobiya Zaheer

Date & Time: 21/7/26

DIETARY NOTES

Date	Time	Notes	Sign

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DRUG CHART

Date of Admission: 20/7/26 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 ....

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REGULAR PRESCRIPTIONS

Weight. 70kg Ward. ....

DRUG: CEFOTAXIME				Date/Time	20/7	21/7
Dose	Route	Frequency	Start Date			
1g	IV	BD	20/7/25	11AM	X	[illegible]
Name & Signature of the Doctor Starting the Drugs: Dr. Dra				11Am	12PM	
Additional Instructions: x 24h → IFB; After Test dose. oral						
Daily Doctor's Endorsement by a Sign					2	[signature]

Stop (in) 8PM

DRUG: PARACETAMOL				Date/Time	20/7	21/7
Dose	Route	Frequency	Start Date			
1gm	IV	TID	20/7	7AM	X	[signature]
Name & Signature of the Doctor Starting the Drugs: DrMAMIR				3pm	X	✓
Additional Instructions:				11pm	[signature]	
Daily Doctor's Endorsement by a Sign					2	[signature]

stop after afternoon dose
Dr. Dra

DRUG: DICLOFENAC				Date/Time	20/7	21/7	22/7
Dose	Route	Frequency	Start Date				
50mg	P/O	TID	20/7	6AM	X	[signature]	[signature]
Name & Signature of the Doctor Starting the Drugs: DrMAMIR				2pm	Inj ✓	[signature]	
Additional Instructions:				10pm	[signature]	[signature]	
Daily Doctor's Endorsement by a Sign					2	[signature]	

DRUG: TRAMADOL				Date/Time	20/7	21/7	22/7
Dose	Route	Frequency	Start Date				
100mg	P/O	TID	20/7	7AM	X	[signature]	[signature]
Name & Signature of the Doctor Starting the Drugs:				3pm	INJ 4:45pm	[signature]	
Additional Instructions:				11pm	X	[signature]	
Daily Doctor's Endorsement by a Sign					2	[signature]	

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Sheet No: .....

REGULAR PRESCRIPTIONS

Weight 40kgs Ward .....

DRUG : T. PANTOPRAZOLE

Dose	Route	Frequency	Start Dt.
40mg	P/O	OD	20/7

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ➤ Time	20/7	21/7	22/7
	6AM ✓	LOP	

DRUG : INJ TRANEXAMIC ACID

Dose	Route	Frequency	Start Dt.
1g	IV	TID	20/7

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

Additional Instructions: Flush

Daily Doctor's Endorsement by a Sign

Date ➤ Time		STOP Dr Dhanush

DRUG : PARACETAMOL

Dose	Route	Frequency	Start Dt.
1g	PO	TID	21/7/24

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

Additional Instructions: from Night

Daily Doctor's Endorsement by a Sign

Date ➤ Time	21/7	22/7
	6AM ✓	
	2PM	
	10PM	

DRUG : T. CEFIXIME

Dose	Route	Frequency	Start Dt.
200mg	P/O	BD	21/7

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ➤ Time	21/7	22/7
	11AM ✓	
	11PM	

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 ....

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Dr. SWAPNA SAMUDRALA

Weight. 70kgs Ward. .....

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
20/7/26	12:10pm	PANTOPRAZOLE	40mg	IV		
20/7/26	12:10pm	METOCLOPROMIDE	10mg	IV		
20/7	1:45pm	DICLOFENAC	100mg	PR		
20/7	1:45pm	TRAMADOL	100mg	PR		
20/7	1pm	TRANEXAMIC ACID	1gm	IV		
20/7	9pm	TRANEXAMIC ACID	1g	IV		

05-08-1993 32 Y 11 M 15 D (F)
Dr. SWAPNA SAMUDRALA

I.V. FLUIDS CHART

Weight. 70 kgs 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
20/7	11Pm	RINGER LACTATE	IV	100 ml/hr			21/7		
20/7	1pm	RINGER LACTATE + 6U OXYTOCIN	IV	100			20/7		
20/7	3pm	RINGER LACTATE	IV	100 ml/hr			20P		
20/7	9:00 pm.	RINGER LACTATE	IV	100 ml/hr			21/7		
21/7	2AM	RINGER LACTATE	IV	100 ml/hr			21/7		
		STOP							

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

BAH-00634486 IP26-00006895
Mrs ASHIKA AGARWAL
05-08-1993 32 Y 11 M 15 D (F)
Dr. SWAPNA SAMUDRALA

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OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 20/7/21

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: 1° labour. PPROM

Doctor Notified on Admission: ☐ Yes ☐ No

Name of the Doctor: .....

Time Notified: .....

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

Past Medical History	Past Surgical History	Previous Hospital Admission

Gynecology Assessment: ☐ Not Applicable

Menstrual History: .....

.....

Onset of Menarche: .....

Menstrual Cycle: ☐ Regular ☐ Irregular

Last Menstrual Period: .....

Gynecology Surgical History:

Caesarean Section: ☐ No ☐ Yes

Cervical Cerclage: ☐ No ☐ Yes

Ectopic Pregnancy: ☐ No ☐ Yes

Myomectomy: ☐ No ☐ Yes

Others: _____

Gynecological History:

Contraceptives: ☐ No ☐ Yes

Vaginal Discharge: ☐ No ☐ Yes

Post-Coital Bleeding: ☐ No ☐ Yes

Infertility: ☐ No ☐ Yes

If Yes Type: ☐ Primary ☐ Secondary

Obstetric History: G 1 P ..... L ..... A .....

Previous LSCS: .....

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

Family History: ☐ No Abnormalities Detected

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

☐ Liver disease ☐ Other .....

Vital Signs / Measurements: Temp: 98.1 HR: 72 RR: .....

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

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

BAH-00634488 IP26-00006895
Mrs ASHIKA AGARWAL
05-08-1993 32 Y 11 M 15 D (F)
Dr. SWAPNA SAMUDRALA

PHYSICAL ASSESSMENT

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

Fall Assessment: ☐ Yes ☐ No Score ..... (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 .....

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

Orientation not given Reason: .....

Nurse Signature: .....

Nurse Name: .....

Date & Time: .....

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OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 21/7/26 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: ..... Pulse: ..... RR: ..... SpO_2: ..... BP: ..... Weight: .....

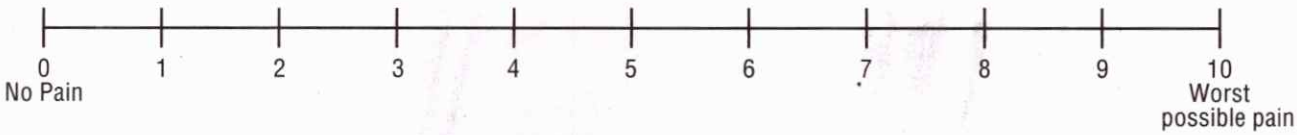
4) **Gestational Criteria:**

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

Time seen by Doctor: .....

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

Date: ..... Time: .....

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
BAH-00634486 IP26-00006895 Mrs ASHIKA AGARWAL 05-08-1993 32 Y 11 M 15 D (F) Dr. SWAPNA SAMUDRALA	20/7/26	20/7/26 7p
	Transfer Ordered by Dr. Madhuri	Reason for Transfer OBS
From Unit MICU	To Unit Room/210	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 35	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	IV L — 100ml	(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
Sis. Mounika	Dr. Mrudula.

Patient & Clinical Records Received by : Madhuri 20/7/26

Date & Time of Patient Received : @ 7.30PM

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 Sticker

210

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CROSS CONSULTATION FORM

Doctor Name : Dr. Swapna Date : 21/7/26 Time : 2:40pm

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 & Nipple's
- Colostoum seen
- Baby at 'NICU'
- Advice to start expressed feeds every 2 - 2½ hours on each side 15 - 20 mins.
- Explaind room temperature's & storing process.
- hydrated with plenty of fluids.
- start to eat all galactagogue foods to boost milk supply.

Consultant :

Name : Sathwika-G Signature : S Date & Time : 21/7/26; 2:40Pm

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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: .....

Handover given by ..... Handover taken by .....

Signature ..... Signature .....

Date & Time: ..... Date & Time: .....

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
BAH-00634486 IP26-00006895 Mrs ASHIKA AGARWAL 05-08-1993 32 Y 11 M 15 D (F) Dr. SWAPNA SAMUDRALA	2017/12/26 @	2017/12/26 @ 12:43 Pm
	Transfer Ordered by Dr. Dua	Reason for Transfer Emesis
From Unit Presspost	To Unit (07)	Information to Attendant Yes ☒ No ☐
Number of Sheets in Clinical File 20	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
Madhumita @Madh	Dr. Dua

Patient & Clinical Records Received by :

Date & Time of Patient Received :

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

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

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

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Patient Name : Mrs Ashika Agarwal Gender: ☐ Male ☐ Female Age : 32yr.

UHID No : BAH-00634486 Date : 20/7/26.

Instruction:

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

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

Emergency Lower Segment Cesarean Section

upon

Mrs Ashika Agarwal. (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.

excessive bleeding, infection, injury to adjacent organs, Need for blood 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.

Consentee :

Signature :

Name : Mrs Ashika

Date & Time : 20/07/2026 / 12pm

Patient Attendant :

Signature :

Name : NITIN KUMAR

Relationship with Patient: HUSBAND

Date & Time : 20/07/2026 / 12pm

Witness :

Signature : Madhu

Name : Madhumita

Date & Time : 20/7/26 @ 12pm.

Doctor (who is taking the consent) :

Signature :

Name : Dr. Dua.

Date & Time : 20/7/26 / 12 pm

Department of Anaesthesiology

PRE-ANAESTHETIC EVALUATION

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Name: Mrs. Ashika Agarwal Age: 32 Sex: Female UHID.No: BHH - 634486

Date: 20/7 Time: 11AM Proposed Operation: LSCS Cat II

Diagnosis: Primi 29 weeks FGR / AEDF

B.P / CRT: .... H.R: .... Weight: 69.7 ASA Physical Status: ☐1 ☐2 ☑3 ☐4 ☐5

Laboratory Data:

18/7

Hgb: 12.6	Glucose:	Protein:	HIV: NR	X-Ray:
PCV: 35.5	Urea:	Alb:	HBS Ag: NR	ECG:
WBC: 9740	Creat:	Total Bill:	HCV: NR	2D Echo:
Plate: 2.20	Na:	Dir. Bill:	Blood group: B pos.	Stress/Anglo:
PT:	K:	LDH:	T3	Other:
PTT:	Ca++:	Alk phos:	T4	
INR:	Mg++:	Amylase:	TSH	
LDH - 165	Cl -:	SGOT/SGPT:	**Allergies:** NKDA	

Medical History: CVS :

RESP : No significant medical history Diabetes :

CNS : Regular ANCs → ?UAR → AEDF

Renal :

Hepatic / GE : Physical Activity:

Others :

Past Anaesthetic History: nil.

Physical Exam: coherent

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

Lungs : clear

Heart:

CNS:

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

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

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

CURRENT MEDICATIONS	DOSAGE
Ecosprin 150 mg	
Steroid / MgSO4	given.

Pre-Operative Instructions:

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

....

Signature: [signature] Name: Dr Rani Inayat

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

BAH-00634486 IP26-00006895
Mrs ASHIKA AGARWAL
05-08-1993 32 Y 11 M 15 D (F)
Dr. SWAPNA SAMUDRALA

ANAESTHESIA CHART

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Pre Induction Assessment:

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

H.R: 61/m	B.P / CRT: 124/73	SpO_2: 100%	R.R: 18/m	Last Feed: 7½ hrs

Pre-OP Diagnosis: Primi c̄ DEDF
Operation: LSCS
Date: 20/07

Surgeon: Dr. SS / PESV / Manisha
Anaesthesiologist: Dr. Yamini Vinayak
Technician: Saraswati / Pallavi

TIME	1245	115	145
N_2O /AIR /O_2 LPM			
HALO /SO /SEVO			
Drugs:			
OXYTOCIN	3U + 6U Infusion		
FIO_2 / SaO_2	100	100	100 / 100
$ETCO_2$			
ECG	SR	SR	SR / SR
Temperature			
Urine Output	100ml, clear		
Fluids	RL		
Blood			

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

Tourniquet on Time
Tourniquet off Time

Throat Pack In
Throat Pack Out

Chart scale: 240, 220, 200, 180, 160, 140, 120, 100, 80, 60, 40, 20, 10, 0

Antibiotic: gmen.

Suppository: DICLOFENAC 100 mg, TRAMADOL 100 mg

Blood Loss: ~100ml

NOTES

LAB Values
ABG
GRBS
Others

☑ Equipment Checked and Functional
☑ BP
☐ Cuff Site: (R) UL
☐ Art Site: 3 leads
☑ EKG 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 sheets

Times:
Anaes Start: 1245 pm
OP Start: 1
OP End:
Leave OR: 145 pm

Anaesthesia:
☐ GA
☐ Monitored Anaesthesia Care
☑ Regional

Line (Size & Location)
☐ CVP:
☐ ART:
☑ IV: 18G (R) UL
☑ IV: 18G (L) UL
☐ 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: L3-4
Needle Size: 27G (P) Depth: ....
Parasthesia ☐ Yes ☐ No
Catheter at skin .... cm
Drug Name & Conc. 10mg BUPIVACAINE (H)
Bolus: +25 mcg FENTANYL
Infusion: ....
Block Level: T4 - B/L equal
Comments: ....

Transportation to
☑ PACU ☐ ICU ☐ Other
Relaxant Reversed ☐ Yes ☐ No ☑ NA

Name of the Doctor: Dr. [signature]
Signature of the Doctor: [signature]

BAH-00634486 IP26-00006895
Mrs ASHIKA AGARWAL
05-08-1993 32 Y 11 M 15 D (F)
Dr. SWAPNA SAMUDRALA

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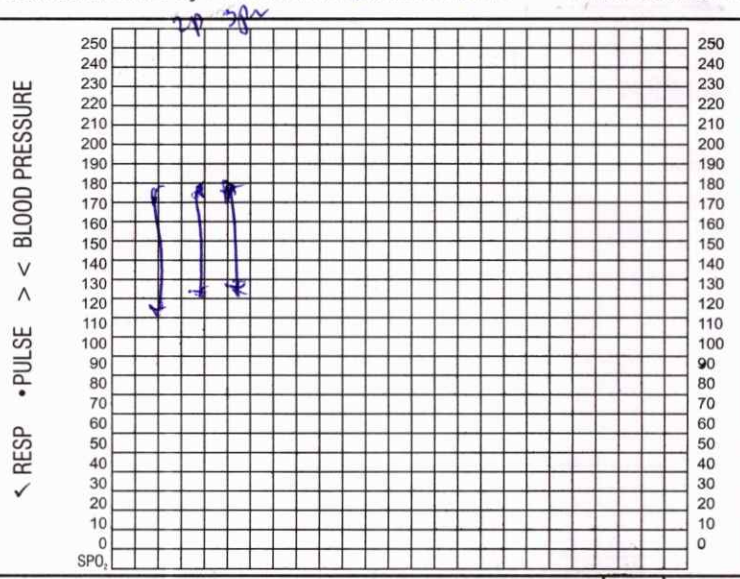
POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Monika Time Received : 1:55pm Time Discharged : .....



IV Cannula Site : left Side Right

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

Vomiting : ☐ Yes ☐ No Drug: Taxiam
NG Tube : ☐ Yes ☐ No
Drain: ☐ Yes ☐ No
Urinary Catheter: ☐ Yes ☐ No
Chest Tube: ☐ Yes ☐ No
Nil Oral ☐ Yes ☐ No
IV Fluids: RL - 100ml.
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
20/3/26	2pm	0/10	NP	Mani
20/3/26	2:30pm	0/10	NP	Mani
20/3/26	3pm	0/10	NP	Mani
20/3/26	3:30pm	0/10	NP	Mani

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 : .....
Anaesthesiologist Signature: .....
Date & Time: .....

PACU Nurse Name : Manila
PACU Nurse Signature: .....
Date & Time: 20/3/26

Transferred to Unit by (PACU): 2nd floor 210
Date & Time: 20/3/26

Patient Sticker

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Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

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

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

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

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

Solution Composition : .....

Any other issues :

a) .....

b) .....

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

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

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

Patient Satisfaction : .....

Discharge /Shifting ordered by

Doctor Signature: .....

Doctor Name: .....

Date and Time : .....

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE

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Patient Name : Mrs Athilea Agarwal ..... Age : 32 ..... Gender : Male ☐ Female ☑

UHID NO: BAH-63448 ..... Surgeon Name: Dr Lurapna Sanudrcalar .....

Anaesthesiologist : Dr Sanni Unayat .....

Operative procedure planned : LSCS .....

PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA

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

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

☐ Heart disease ☐ Hypertension ☐ Diabetes mellitus ☐ Renal failure

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

☐ Incapacitating Cronic Obstructive Pulmonary Disease

☑ Others : Bleeding / Transfusions (less) .....

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 ..... the above mentioned operation / Diagnostic / Therapeutic procedures .....

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 : Ms. Ashika Agarwal

Relationship with Patient: - Self -

Date & Time : 20/7 11 AM

Witness :

Signature : .....

Name : NITIN KUMAR AGARWAL

Date & Time : 20/7 at 11AM

Doctor (who is taking the consent) :

Signature : .....

Name : Dr Laxmi Narayan

Date & Time : 20/7 at 11AM

BAH-00634486 IP26-00006895
Mrs ASHIKA AGARWAL
05-08-1993 32 Y 11 M 15 D (F)
Dr. SWAPNA SAMUDRALA

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CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: Dr Swapna Samudrala	Date of Delivery: 20/7/2017
Assistant Surgeon: Dr Swati / Dr Manisha	Time of Delivery: 1:09 pm
Anaesthetist's Name: Dr Samir	Gender of Baby: Male
Type of Anaesthesia: Spinal	Weight of Baby: 960 gm
Neonatologist: Dr Sunalini / Dr Shreegeeta	AGPAR Score: 6, 8
Scrub Nurse: Sujatha	NICU Admission: ☑ Yes ☐ No Prematurity

Pre-Operative Diagnosis:

☐ Elective ☑ Emergency Indication: FGR Stage III ± Doppler Changes (ARDP+REDP in Ecw loops)

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: 10 min Knief to rectus: 2 min

CTG Description: Reactive

If there was a delay give the reasons: No delay

Surgical Procedure:

Emergency LSCS (Preterm)

Post Operative Diagnosis: Post-O

Peri-Operative Complications: –

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

Name and Number of Surgical Specimen sent for examination:

placenta for HPE

Examination Findings when Appropriate:

Presentation: ☐ Cephalic ☐ Breech ☐ Other Transverse lie

Cervical Dilatation: Closed cm

5th Palpable:

Fetal Position:

Station: ☐ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2

Moulding: ☐ None ☐ + ☐ ++ ☐ +++

Caput: ☐ + ☐ ++ ☐ +++

Meconium: ☐ None ☐ + ☐ ++ ☐ +++

Bladder Catheterized : ☐ Yes ☐ No

Urine: ☐ Clear ☐ Blood Stained

Skin Incision: ☑ Pfannensteil ☐ Transverse ☐ Midline ☐ Other

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

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

Incision Through Placenta: ☐ Yes ☑ No

- LUS Formed.
- Breech extraction done
- Placenta sent for HPE

Delivery of head: ☐ Manual ☐ Forceps

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

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

Cord Appearance: thin

Cord around the neck ☐ Yes ☑ No

Appearance of placenta: Abnormal / Small / Calcification (+)

Cavity explored ☑ Yes ☐ No

Uterus, tubes and ovaries: ☑ Normal ☐ Not Normal

Sterilization: ☐ Yes ☑ No

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

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

Sheath Closure: — Vicryl no 1 Suture

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

Skin Closure: ☑ Subcuticular ☐ Mattress — Monocryl no 3-0 Suture

Vagineal Evacuated ☑ Yes ☐ No

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

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

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

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

Post-Operative Notes:

NBM x 4-6 h

Drugs as charted

W/F vitals & BP

I/O monitoring

Foley's in-situ till further order

Inform SOS

Doctor Name: Dr Swapna Samudrala

Doctor Signature: [signature]

Date & Time: 20/7/2024 @ 2pm

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Swapna
Asst. Surgeon : Dr. Manisha
Anaesthetist : Dr. Samir
Scrub Nurse : Sr. Sangeetha

Patient Name : BAH-00634486 Mrs ASHIKA AGARWAL 05-08-1993 IP26-00006895 32 Y 11 M 15 D (F) 32y
UHID No. : Dr. SWAPNA SAMUDRALA
Date : 20/1/22

Gender : F
TM. LSCS

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Before Induction of Anaesthesia ➤ ➤

SIGN IN Time: 12.45pm

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

Site Marked ☐ Yes ☐ No ☑ NA

Anaesthesia Safety Check Completed ☑ Yes ☐ No

Pulse Oximeter on Patient & Functioning ☑ Yes ☐ No

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

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

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

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

Signature : Dr. Swapna
Name :

Before Skin Incision ➤ ➤

TIME OUT Time: 1:04pm.

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

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

Anticipated Critical Events

Surgeon Reviews:
- What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss? Bleeding difficult 1hr. 500ml ☑ Yes ☐ No ☐ NA

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

Nursing Team Reviews: Bleeding.
- Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns? ☑ Yes ☐ No ☐ NA

Is Essential Imaging Displayed? ☑ Yes ☐ No ☐ NA

Signature : Rufa @ 1:04pm
Name :

Before Patient Leaves Operating Room

SIGN OUT Time: 1:45pm.

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 : Dr. Manisha for Dr Swapna S
Name :

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
Mrs. Ankita Agarwal	20/7/26 @ 12:13pm.	20/7/26 @ 1:50pm.
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
Dr. Swapna	Dr. Samir	Observation
From Unit	**To Unit**	**Information to Attendant**
OT	Prepost	Yes ☐ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
23	NIL	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
Sis. Puja	Dr. Samir.

Patient & Clinical Records Received by :

Date & Time of Patient Received :

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

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

#26-0000215387

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NARCOTIC PRESCRIPTION FORM
(PATIENT COPY)

Patient Name:	Mrs. Ashika Agarwal	Age:	32 Yrs	Gender:	Female
UHID No:	BAH.00636486	IP No:	26-00006895	Date:	20/7/26 Time: 2:23 PM
Diagnosis:	EMLSCS				OT

PRESCRIPTION DETAILS (Tick only one of the following)

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

Doctor Name: Dr. SK Ayesha

Doctor Registration No: TSMC/EMR/07725

Signature:

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

IP Registration No: 26-00006895 **Date:** 20/7/26

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

1.	**Name :** Mrs. Ashika Agarwal	**Remarks**
2.	Complete postal address (with contact number, if any) Himayat nagar	Hyderabad.
3.	Brief description of the illness	EMLSCS
4.	Whether registered with any other registered medical practioner / recognized medical institution (If yes, details of the recorded)	NO
5.	Details of essential Narcotic drug dispensed	Fentanyl

Date	Name of the Essential Narcotic Drugs	Quantity	Signature / Thumb Impression of the patient / Patient Attender	Remarks, if any
20/7/26	Fentanyl	01		

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

Received by (Name & ID No.): U. Pallavi 017921 Signature: U. Pallavi

Time: .....

H 26-00002153 87

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NARCOTIC PRESCRIPTION FORM
(MEDICAL RECORD)

Patient Name: Mrs. Ashika Agarwal		Age: 32 Yrs	Gender: Female
UHID No: BNH.0006486	IP No: 26-00006895	Date: 20/7/26	Time: 2:23 PM
Diagnosis: CM LSCS			OT

PRESCRIPTION DETAILS (Tick only one of the following)

S.No	Drug Name	Dosage	Remarks
1.	Fentanyl Citrate Inj. 50mcg/Ml	100mcg	01
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/107725

Signature:

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

IP Registration No: 26-00006895 **Date:** 20/7/26

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

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

Date	Name of the Essential Narcotic Drugs	Quantity	Signature / Thumb Impression of the patient / Patient Attender	Remarks, if any
20/7/26	Fentanyl	01		

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

Received by (Name & ID No.): D. Pallavi 017921 Signature: D. Pallavi

Time: .....

NARCOTIC PRESCRIPTION FORM
(MEDICAL RECORD)

Patient Name		Age	Gender
UHID No	IP No.	Date	Time
Diagnosis			
PRESCRIPTION DETAILS (Tick only one of the following)			
S.No	Drug Name	Dosage	Remarks
1.	Fentanyl Citrate Inj. 50mcg/ml		
2.	Morphine Sulphate Inj. 10mg/ml		
3.	Pentazocine Hydrochloride Inj. 2MG		
4.	Ranitidine Hydrochloride Inj. 1MG		
Doctor Name ( )		Doctor Registration No	
Signature			

NARCOTIC DISPENSING FORM
APPENDIX 3- FORM NO. 32
(Details of the Patient to whom Essential Narcotic Drugs Dispensed)

IP Registration No ..... Date: .....

Address No. of the Patient (Optional)

1	Name	Remarks
2	Complete postal address (with contact number if any)	
3	Brief description of the illness	
4	Whether registered with any other registered medical practitioner / recognized medical institution (If yes, details of the recorded)	
5	Details of essential Narcotic drug dispensed	

Date	Name of the Essential Narcotic Drugs	Quantity	Signature / Thumb impression of the patient / Patient Attender	Remarks, if any

Dispensed by (Name & ID No.) Signature

Received by (Name & ID No.) Signature

Time

Date