

Dr. Padmaja.



ESTIMATION SLIP

Date : 21/3/26 UHID / IP No. : BAH-00601934 SI No. **1273**
 Name of Patient : Mrs. Chandana Gopppu Age: 24y2 Gender: F
 Father's / Husband's Name : Mr. Sreevandan Corporate / Occupation : _____
 Address : babtingampally Phone : 980 700780 Email : 3988/8367006955
 Procedure / Plan : NIS / LSCS EDD/Dos: _____
 MODE OF PAYMENT : SELF TPA : Oriental + vidal GIPSA : _____ OTHER _____

TARIFF INFORMATION :

Particulars	Package Amounts (Rs.)	
	Normal Delivery	LSCS
Multi Shared Ward		
Shared Ward		
Twin Shared Ward		
Private Room	<u>90k</u>	<u>1 lac</u>
Super Deluxe Room	<u>+ non payables</u>	<u>extra</u>
Suite Room		
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 : <u>2 Days</u>	Length of Stay for : <u>3 Days</u>
	Pharmacy up to <u>9,000/-</u>	Pharmacy up to <u>12,000/-</u>
	Investigations up to <u>2,000/-</u>	Investigations up to <u>3,000/-</u>
Others	<u>well baby care</u>	<u>20k to 35k</u>

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

Initial Minimum Deposit : _____

REMARKS : Neonatal, vaccinations, SBR, BIG

- 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.
- 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.
- Total baby charges are extra which include admission, pharmacy, vaccinations, investigations, disposables, consumables, equipments, speciality consultations, etc.
- 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
- 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.
- 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.
- 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
- Tariffs are subject to revision
- Kindly check your billing status on day to day basis at IP Billing Department.
- Additional Charges on package are applicable for Non-working hours and Non-working days (sundays and public holidays)

DECLARATION

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

[Signature]
Signature of the Client

[Signature]
Signatory Relationship

[Signature]
Signature of the financial Counselor

BAH-00641934 IP26-00006410
Mrs CHANDANA GURAPPU
01-09-1996 29 Y 8 M 22 D (F)
Dr. PADMAJA YELISETTY



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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

SURGERY DETAILS

Date : 23/5/26

Patient Name: Mrs. Chandana Gurappu Date of Birth: 01/09/1996 Age: 29Y

Gender: Female Ward: OT UHID No.: BAH-00641934

Date of Surgery: 23/5/26 OT-1 OT-2 OT-3 OT-4 OBG OT-1 OBG OT-2

Name of the Surgery : Emergency LSCS

Time in : 9:15 AM

Time Out : 10:30 AM

	NAME	AMOUNT
1. Surgeon	Dr. Padmaja	
2. Anaesthetist	Dr. Shini, Dr. Heena	
3. Assistant Surgeon	Dr. Priyadarshini, Dr. Naveena	
4. OT Technician	Sr. Saraswathi	
5. Circulating Nurse	Dr. Sudipta	
6. Assistant Nurse	Sr. Susheela	

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


Signature of the Surgeon


Signature of Circulating Nurse

Order No: 26-0000201602

Order by: Archana 23/5/26 @ 11:08 AM

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



El. 15/4

CONSUMABLES OF OT

Circulating staff : B.S. Sudipta Technician : Sr. Saraswathi Date : 23/5/26 Time :

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube			Major Pack LSCS	01		Inj Vit.K		1
LMA			Sutures 2347	02		Cord Clamp		1
ECG leads (A/P/N)		03	2317, 2518	1	1	Suction Catheter		
HME filter : A/P/N			1326	01		Feeding Tube		
Syringes : 10 cc		03				Vaccum Suction Set		
05 cc		04	Gloves ENCORE-6'S	02		Surgical Gloves 5.5x7.5	1	1
02 cc		02	5.5x7.5	06		Gauze Pack 7.5	1	1
01 cc			Surgicare-P.F-70	02		Syringe 1ml/2ml		2
Cautery plate (A/P/N)		01	Surgical blade 22	01		Surgical Blade # 20		1
IV set		101	NG tube			Koochies (S)		1
RL		03	Cautery pencil	01		duo perm		1
NS : 10ml / 100ml / 500ml / 1000ml		01	Koochies (WAL)	01		D. water 10ML		02
Oxytocine	1	01	Ointments walaadlin	01				
Buprenexin		01	Suction Catheter			Baby said		
Fentanyl			Cap, Mask	01				
Morphine			Gauze Pack X-Ray 7.5	1	1	26-0000201592/		
Ketamine			Mop Pack	02		1591		
Propofol			Steristrip					
Rocuronium			Underpad	02		(ANH-001557)		
Glycopyrolate			Draw sheet					
Myopyrolate			Abgel	01				
Ondansetron		01	Foleys catheter 14	01				
Pencan 20g/ Spinal Needle 22		01	Urobag	01				
Bupivacaine 0.25%			Chest Drainage Catheter					
Bupivacaine 0.25%(Heavy)		01	Romodrain bag					
Antibiotics			Bandage					
Phenpress coml		01	Tegaderm					
Suppositories			Joban D. water 10ML	04				
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg		01	Vaccum Suction set	01				
Justin : 12.5 mg / 25mg / 100mg		01	Plastic Bed Sheet					
Tab. Misoprost : 200mg		06	Betadine Solution	02	1			
LOK-JELLY		01	Microshield	02				
Transfix		01	Cotton Balls	01				
Encore glove 6.5		101	Latex Gloves	20				
Gauze 7.5x7.5		01	Randione Scrub					
Metho-gen		01	Sara Plastic Apron	04				



Rainbow Childrens Hospital-Himayatnagar

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



ELECTRONIC MEDICINE PRESCRIPTION

MRN : HNH-00015575 Name : Baby Of CHANDANA GURAPPU
Age Sex : 0 Y 0 M 0 D 1 H / Female Doctor : SPANDANA PASUPULETI
Adm/Reg Date/Time : 23/05/2026 10:32 Payor : SELFPAY
Order Date : 23/05/2026 10:49 Ordernumber : 26-0000201592
Visit ID : IP26-00006412 Ward/Bed No : 4F -OT / CRDL-HNPDA-412-1
Patient Address : HIG,BLOCK-6,FLAT-15,Baghlingampally,HYDERABAD, Bagh Lingampally, Hyderabad, Telangana, INDIA, 500044

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	SGLOVE # 7.0(SURGICARE)	SURGICAL GLOVES 7.0	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
2	DUODERM EXTRA THIN 10X10 CM(187955)	HYDROCOL THIN EXTRA 10X10	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
3	GAUZE 7.5X7.5 12 PLY (5 NOS)	GAUZE 7.5X7.5 12 PLY 5 NOS	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
4	SGLOVE # 6.5 (SURGICARE)	SURGICAL GLOVES 6.5	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
5	DSYRINGE 1ML (NIPRO)	SYRINGE 1ML	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed

SPANDANA PASUPULETI

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Note

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* Do not refill medicines.

Printed Date/Time : 23/05/2026 10:59

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Patient Address : HIG,BLOCK-6,FLAT-15,Baghlingampally,HYDERABAD, Bagh Lingampally, Hyderabad, Telangana, INDIA, 500044

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	CORD CLAMP-ALPHAMEDICARE		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
2	D WATER 10 ML AMPULE	DISTIL WATER10ML	1 Bottle	External / Once Daily	1 Days		2 Bottle	Dispensed
3	SURGICAL BLADE 20	SURGICAL BLADE 20	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
4	EASYCLOT-K1 1MG INJ 0.5 ML		1 Nos	Injection / 10 AM	1 Days		1 Nos	Dispensed

SPANDANA PASUPULETI

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Printed Date/Time : 23/05/2026 10:59

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Page 1 of 1



ELECTRONIC MEDICINE PRESCRIPTION

MRN : BAH-00641934 Name : Mrs CHANDANA GURAPPU
 Age / Sex : 29 Y 8 M 22 D / Female Doctor : PADMAJA YELISETTY
 Adm/Reg Date/Time : 23/05/2026 06:56 Payor : VIDAL HEALTH INSURANCE TPA PVT LTD
 Order Date : 23/05/2026 10:45 Ordernumber : 26-0000201587
 Visit ID : IP26-00006410 Ward/Bed No : 4F -OT / PPO-417
 Patient Address : HIG,BLOCK-6,FLAT-15,Baghlingampally,HYDERABAD, Bagh Lingampally, Hyderabad, Telangana, INDIA, 500044

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	SURGEON CAP(FEMALE)	FEMALE CAP	1 Cap	/ Once Daily	10 Days		10 Cap	Dispensed
2	DSYRINGE 10ML (NIPRO)	SYRINGE 10ML	1 Nos	External / Once Daily	1 Days		3 Nos	Dispensed
3	THEMICAINE 30GM JELLY		1 On Application	/ Once Daily	1 Days		1 Nos	Dispensed
4	ADULT DIAPERS-XXL		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
5	BACTOPREP SOLUTIONS 100 ML	CHLORHEXIDINE GLUCONATE2% &ALCOHOL80% 500	1 mL	/ Once Daily	2 Days		2 Nos	Dispensed
6	SUPRIDOL SUPPOSITORIES 100 MG 5 S		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
7	NITRILE EXAMINATION GLOVES P F- MEDIUM	NITRILE GLOVES M	1 Nos	/ Once Daily	20 Days		20 Nos	Dispensed
8	VICRYL 2-0 VP 2317	VICRYL 2-0 VP 2317	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
9	FACE MASK 3 LAYER - ELASTIC	FACE MASK 3 LAYER	1 Nos	/ Once Daily	10 Days		10 Nos	Dispensed
10	SGLOVE # 6.5 (SURGICARE)	SURGICAL GLOVES 6.5	1 Nos	External / Once Daily	1 Days		6 Nos	Dispensed
11	Encore Microptic gloves-6.5		1 Nos	/ Once Daily	1 Days		3 Nos	Dispensed
12	GAUZ SWAB 10 X 10 CM 12PLY 5S X-RAY	GAUZE SWABS-510X10 12 PLY XRAY STERILE	1 Pkt	External / Once Daily	1 Days		1 Pkt	Dispensed
13	DISPOSABLE APRONS STERILE XL	DISPOSABLE APPRON STERILE XL	1 Nos	/ Once Daily	4 Days		4 Nos	Dispensed
14	EVATOCIN (OXYTOCIN) INJ 5IU 1 ML		1 Nos	/ Once Daily	7 Days		7 Vial	Dispensed
15	UNDERPADS 60X90 BUTTERFLY		1 Nos	External / 10 AM	1 Days		2 Nos	Dispensed
16	GAUZE 7.5X7.5 12 PLY (5 NOS)	GAUZE 7.5X7.5 12 PLY 5 NOS	1 Nos	External / Once Daily	1 Days		3 Nos	Dispensed
17	BCV-INTRAFIX SAFESET		1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
18	POVINANZ SOLUTION 10% 100 ML		1 Nos	External / Once Daily	1 Days		3 Nos	Dispensed
19	NS 100ML ACCULIFE - EH		1 mL	External / 10 AM	1 Days		1 mL	Dispensed
20	WOKADINE 10% OINT 15GM	POVIDONE IODINE 10% 15GM	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
21	E.C.G ELECTRODES (ADULT)	ELECTRODES ADULT	1 Nos	External / Once Daily	1 Days		3 Nos	Dispensed
22	DSYRINGE 5ML.(NIPRO)	SYRINGE 5ML	1 Nos	External / Once Daily	1 Days		4 Nos	Dispensed

PADMAJA YELISETTY

Reg No : 52427

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ELECTRONIC MEDICINE PRESCRIPTION

MRN : BAH-00641934 Name : Mrs CHANDANA GURAPPU
Age / Sex : 29 Y 8 M 22 D / Female Doctor : PADMAJA YELISETTY
Adm/Reg Date/Time : 23/05/2026 06:56 Payor : VIDAL HEALTH INSURANCE TPA PVT LTD
Order Date : 23/05/2026 10:45 Ordernumber : 26-0000201589
Visit ID : IP26-00006410 Ward/Bed No : 4F -OT / PPO-417
Patient Address : HIG,BLOCK-6,FLAT-15,Baghlimgampally,HYDERABAD, Bagh Lingampally, Hyderabad, Telangana, INDIA, 500044

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	SGLOVE 7.0(POWDER FREE)			/	1 Days		2 Nos	Dispensed

PADMAJA YELISETTY

Reg No : 52427

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ELECTRONIC MEDICINE PRESCRIPTION

MRN : BAH-00641934 Name : Mrs CHANDANA GURAPPU
 Age / Sex : 29 Y 8 M 22 D / Female Doctor : PADMAJA YELISETTY
 Adm/Reg Date/Time : 23/05/2026 06:56 Payor : VIDAL HEALTH INSURANCE TPA PVT LTD
 Order Date : 23/05/2026 10:45 Ordernumber : 26-000201588
 Visit ID : IP26-00006410 Ward/Bed No : 4F -OT / PPO-417
 Patient Address : HIG,BLOCK-6,FLAT-15,Baghlimgampally,HYDERABAD, Bagh Lingampally, Hyderabad, Telangana, INDIA, 500044

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	D WATER 10 ML AMPULE	DISTIL WATER10ML	1 Bottle	External / Once Daily	1 Days		4 Bottle	Dispensed
2	FOLEYS CATHETER 14-URO CATH		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
3	MOPS 30X30 8PLY 5S X-RAY	MOPS 30X308 PLYDATT	1 Nos	/ Once Daily	2 Days		2 Nos	Dispensed
4	PHEN PRESS LS 50MCG IN ML 10ml	PHENYLEPHRINE	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
5	JUSTIN SUPPOSITORIES 100 MG 5 S		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
6	VICRYL USP-0 VP2518		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
7	PENCAN 27G (B/BRAUN)		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
8	ONDOKIND INJ 4 MG 2 ML	ONDANSETRON 4MG 2ML INJ	1 Nos	/ Once Daily	1 Days		1 Vial	Dispensed
9	DSYRINGS 2.5ML(NIPRO)	SYRINGE 2ML	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
10	CAUTERY PENCIL (ADVANCE)	CAUTERY PENCIL (ADVANCE)	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
11	MISOPROST TAB 200MCG 4S		1 Tabs	External / Once Daily	1 Days		6 Tabs	Dispensed
12	MONOCRYL 3-0 NW 1326	MONOCRYL 1326	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
13	COTTON BALLS 2 GM 5 NOS	COTTON BALLS 2G- 5 NOS	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
14	VACCUME SUCTION SET	VACCUME SUCTION SET	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
15	SURGICAL BLADE 22	SURGICAL BLADE 22	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
16	PREGELLED SURGICAL PLATES(ADULT)	PREGELLED PLATED ADULT	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
17	TRANSOFIX DEVICE-4090500		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
18	UROBAG (ADULT)-URODYNE		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
19	RL 500 ML CLOSED SYSTEM	RINGER LACTATE 500ML CLOSED	1 Bottle	/ Once Daily	4 Days		4 Bottle	Dispensed
20	METHERGIN INJ 1 ML		1 Vial	/ Once Daily	1 Days		1 Vial	Dispensed
21	BUPRIGESIC INJ AMP 0.3 MG 1 ML	BUPRENORPHINE 0.3 MG 1ML INJ	1 Ampule	External / Once Daily	1 Days		1 Ampule	Dispensed
22	VICRYL PLUS 1 VP- (2347)	VICRYL PLUS 1 VP 2347	1 Nos	/ Once Daily	2 Days		2 Nos	Dispensed
23	BUPICAIN HEAVY 80MG INJ 4ML	BUPIVACAINE 80MG INJ	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
24	LSCS DRAPE PACK	LSCS DRAPE PACK	1 Nos	/ 10 AM	1 Days		1 Nos	Dispensed
25	ABGEL SURGI PAD (BIG) (GELSPON)	ABGEL	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed

PADMAJA YELISETTY

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213-M

Name	Mrs CHANDANA GURAPPU	UHID	BAH-00641934
Father/Guardian	Mr SRINANDAN MOTURI	Age/Gender	29 Y 8 M 22 D/ Female
Address	HIG,BLOCK-6,FLAT-15,Baghlimgampally,HYDERABAD, Bagh Lingampally, Hyderabad, Telangana, INDIA, 500044		
IP No	IP26-00006410	Admission Date	23-05-2026
Ref Doctor	Self		
Discharge Date	26.05.2026		

DISCHARGE SUMMARY

Consultant:

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

Diagnosis: G2A1 WITH 35⁺¹ WEEKS PERIOD OF GESTATION WITH PRETERM PREMATURE RUPTURE OF MEMBRANES WITH GESTATIONAL DIABETES MELLITUS ON ORAL HYPOGLYCEMIC AGENTS WITH OI CONCEPTION FOR DELIVERY

EMERGENCY LOWER SEGMENT CAESAREAN SECTION DONE ON 23.05.2026

History:

LMP: 22.09.2025

Obstetric formula:

EDD: 29.06.2026

Gestation at admission: 35⁺¹weeks

Obstetric History:

G1 - 2024 - Biochemical pregnancy at 5 weeks.

G2 - Present pregnancy, 3rd cycle- OI conception.

Medical History: Nil.

Surgical History: Nil.

Family History: Father - Hypertensive.

Allergies: Mushroom.

Name	Mrs CHANDANA GURAPPU	UHID	BAH-00641934
IP No	IP26-00006410	Admission Date	23-05-2026

Antenatal Details:

Mrs CHANDANA GURAPPU was booked to Rainbow hospital at 21⁺³ weeks of gestation. She had regular antenatal checkups and investigations as advised. NT scan was normal. FTS showed Screen Positive for PE, hence started on T.Ecospirin 150 mg once daily from 12⁺³ weeks. TIFFA was normal. She was diagnosed with gestational diabetes at 25⁺² Weeks - OGTT (100/201/151), advised Diabetic diet and sugar monitoring at home. At 33⁺¹ weeks Endocrinologist opinion taken in view of poor Glycemic control and started on T.Metformin 500 mg twice daily. At 26⁺¹ weeks Growth scan showed Polyhydramnios (19.6cms) with breech presentation with normal dopplers. Fetal growth monitoring done by serial growth scan. Growth scan done 18.05.2026 showed SLIUF at 34⁺³ weeks with Placenta Anterior and lft Lateral high, Cephalic presentation with AFI 19.6cm (Polyhydramnios) with EFW 2453gm, (48%/AC-59%) with Dopplers normal. She was admitted at 35⁺¹ weeks with PPRM for Emergency LSCS.

Investigations: Enclosed

Blood group: "O" Positive

Management:

Course in hospital and Delivery Details:

At admission on clinical examination the vitals were stable, uterus was relaxed, Per speculum examination revealed active leak of clear liquor, cervix was long, posterior, soft and os closed. Fetal well being was confirmed by an admission NST which was found to be reactive. Neonatal counselling was done by senior pediatrician. She was decided for emergency C- section in view of PPRM prepared with indwelling Foley's catheter and IV canula under aseptic conditions. Written informed consent for surgery taken. Preanesthetic check up done. Antibiotics and Anesthetic 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

Name	Mrs CHANDANA GURAPPU	UHID	BAH-00641934
IP No	IP26-00006410	Admission Date	23-05-2026

curvilinear incision given on the uterus. Baby delivered. Cord clamped and cut and cord blood collected for blood grouping and Rh typing. Baby handed over to pediatrician. Placenta delivered with controlled cord traction. Uterus closed in layers. Hemostasis secured. Instruments and swab count checked. Rectus sheath closed. Skin closed with subcuticular sutures. Wound dressing done. Vagina cleaned with Betadine solution after expelling clots. Misoprostol 1000 mcg given per rectum as prophylaxis against Postpartum hemorrhage. Patient was shifted out of theatre to post operative recovery room.

- ***LUS - thick and Vascular**
- ***2 loops of cord around neck**
- ***Excess Liquor**

Delivery Details :

Date : 23.05.2026
Time of Delivery: 09:39 am
Type of Delivery: Emergency Lower Segment Caesarean Section
Indication : PPRM
Anaesthesia : Spinal

Baby Details:

Date : 23.05.2026
Time : 09:39 am
Sex : Female
Weight : 2.640kg
Apgar : 8,9
Gestational Age: 35⁺¹ weeks
NICU Admission: No

Post-Operative Notes:

She was closely monitored. Her vital signs remained stable. Uterus was well retracted with no Postpartum hemorrhage. Breast feeding initiated. She was shifted to room. Regular vital monitoring was done, Consecutive High BP recordings were recorded, Antihypertensive started. On second postoperative day, FBS- 86mg/dl and PPBS-108 mg/dl. 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.

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IP No	IP26-00006410	Admission Date	23-05-2026

Advice:

1. Tab. Taxim O 200mg twice daily till 28.05.2026 (9am-9pm) after food.
2. Tab. Calpol 500mg (Paracetamol 500mg) (2tabs) thrice daily till 26.05.2026(8am-2pm-10pm) after food.
3. Tab. Voveran 50 mg (Diclofenac 50mg) thrice daily till 26.05.2026 (9am-3pm-11pm) after food.
4. Tab. Pantop 40mg twice daily till 28.05.2026 (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. Tab Labetalol 100mg Twice daily (8am-8pm) till 31.05.2026
8. Repeat FBS and PPBS after 6 weeks and review.
9. Nebasulf Powder for local application.

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

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

Review with **Dr. Padmaja Yelisetty**, after **1 week** on **01.06.2026** at **11:00 am** 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.

Name	Mrs CHANDANA GURAPPU	UHID	BAH-00641934
IP No	IP26-00006410	Admission Date	23-05-2026

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

Patient/ Attender

In case of emergency like bleeding, fever [please refer to postpartum book for further details - Chapter II page 6] kindly contact 9154865045 at Rainbow Children's Hospital just dial one toll free number - 18002122.

You can also take appointments at any time by going online to our website **www.rainbowhospitals.in**




Registrar/Resident/C.M.O

Consultant:

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



Rainbow Childrens Hospital-Himayatnagar

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

ADMISSION SHEET

Registration Details :



Admission No : IP26-00006410 Admit Date : 23-May-2026 Admit Time : 06:56 AM UHID : BAH-00641934

Patient Details :

Patient Name : Mrs CHANDANA GURAPPU Age : 29 Y 8 M 22 D
Guardian : Mr srinandan moturi DOB : 01-09-1996
Gender : Female Religion :
Occupation : Martial Status : Married
Address (H) : HIG,BLOCK-6,FLAT-15,Baghlingampally,
HYDERABAD Bagh Lingampally Hyderabad
Telangana INDIA 500044 Phone No : 8367006955/ 8367006955
E-mail : srinandan594@gmail.com

Admission Details :

Bed Type : TWIN SHARING Bed No : PPO-417 Ward Name : 4F -OT
Room No : PPO-417 Admission Type : First Visit

Contact Details :

Name : Mr srinandan moturi Relationship : Husband
Contact Address : Phone No : 8367006955


Signature


Doctor Details :

Doctor Name : Dr. PADMAJA YELISETTY Specialisation : OBSTETRICS AND GYNECOLOGY
Referral Doctor : Self Phone No :
Co-Consultant :

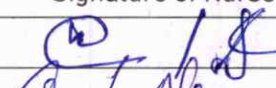
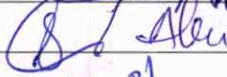
Payment Details :

Payment Mode : DC/CC Card Deposit Amount : 20000.00
Payor Name : VIDAL HEALTH INSURANCE TPA PVT LTD


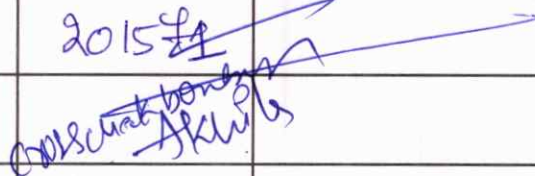
ACTIVITY RECORD FOR BILLING

BAH-00841934 IP26-00006410
 Mrs CHANDANA GURAPPU
 01-09-1996 29 Y 8 M 22 D (F)
 Name: -- Dr. PADMAJA YELISETTY -----
 UHID 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
23/5	9 AM	Pre post	(OT)	
23/5/26	10:00 AM	OT	pre-post	
23/5/26	5:40 PM	pre post	room(213)	Nouni.

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	(NNC) Tejaswini	23/5/26	26-0000	
2.			2015/4	
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
23/5	IV Placement	①		
23/5	Catheterisation	①	201559	
23/5	PAC	①	201558	
24/5/20	NHA	①	2001	
<p>Case checked by Syntia on 25/5/20</p>				

cos check done by Akhila

ANY OTHER INFORMATION

.....

.....

.....

.....

.....

.....

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
-------------	--------------	-------------------	--------------------



IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

Came to CLU - 1st time
 PM (+)

Obstetric Formula: G2A1

Obstetric History:

G1 - Biochemical loss @ 5 weeks
 G2 - PP, 3rd cycle OI

Present Pregnancy Record:

NT + cETS (L) / (R)
 TIFPA (+)
 Polyhydram @ 20th

RISK FACTORS:

GDM on OHA
 OI conceptus
 PPRDM

Height: cm

Weight: kg

Allergies: Nil

Breast: Normal Abnormal

General Examination: Few

Consciousness: (+) Pallor: (-)

Icterus: (-) Edema: (-)

Temp: Afebrile PR: 100

BP: 130/70 DTR: (+)

CVS: RS BAE (+)

Liver/Spleen: NAD Urine Output: Adeq

LMP: 22/9/25

EDD:

Corrected EDD: 29/6/2025

GA:

Menstrual History: Regular: Yes No

Obstetric Examination

Fundal Height: ~34-36cm

Ut. Activity: Relaxed Mild Mod Severe

Liquor: Adequate Oligo Poly

PP: Cephalic Breech Others _____

Head Fifths Palpable: _____

FHS: Normal Tachy Brady Absent

Per Speculum Examination

Draining: Present Absent Bleeding

Colour of Liquor: Clear Meconium Blood Stained

Vaginal Examination

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

G2A1 / 35th wk / OI conceptus / GDM (on OHA) / PPRDM
 for Em US



<p>Family History:</p> <p>Father + M</p>	<p>Surgical History:</p> <p>Nil</p>									
<p>Medical History:</p> <p>Nil</p>	<p>Medication History:</p> <p>T. Iron / Calce ? Ecosprin</p>									
<p>Plan of Care:</p> <ul style="list-style-type: none"> - NBM - Admission NST - Oxyg as checked - W/F vitals & BFAs - Pains prepare - Informed consent - Intra Pediatron / Anesthetist - PAC - Shift to OT (8:45 AM) 	<p>Investigations:</p> <p>B97 - O @</p> <p><u>GRBS - 120 mg/dl</u></p> <p><u>CBP (7/5/2026)</u></p> <table border="0"> <tr> <td>HIV</td> <td rowspan="4">} NR</td> <td>Hb - 11.8</td> </tr> <tr> <td>Hemat</td> <td>TLC - 10,300</td> </tr> <tr> <td>UOEL</td> <td>plt - 2.34 lak</td> </tr> <tr> <td>TCR</td> <td>PCV - 35.6</td> </tr> </table> <p><u>USG. (18/5/2026)</u></p> <p>SLE / 3UT3 / Vx</p> <p>Pl - M/L AC - 597.</p> <p>Efw - 2453 (48%)</p> <p>AP2 - 19.0 cm</p> <p>Oyph @.</p>	HIV	} NR	Hb - 11.8	Hemat	TLC - 10,300	UOEL	plt - 2.34 lak	TCR	PCV - 35.6
HIV	} NR	Hb - 11.8								
Hemat		TLC - 10,300								
UOEL		plt - 2.34 lak								
TCR		PCV - 35.6								

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

Doctor Name: D. Manohar

Signature: [Signature]

Date & Time: 23/5/2026 @ 6:50 AM

Consultant Name: Dr. Padmaja Yelisetty

Signature: [Signature]

Date & Time: 23/5/2026 @ 6:50 AM

Counselling

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/5/2026 8:10am	Mother name :- Sri Chandana.	35+4wks
	37wks → preterm	
	Breathing → feeding	Breathing problem tachypnoea RD
	vomitings / feeding intolerance	NICU shift CPAP / NIV
	wt :- 2.5	(delivery room)
	Dr. Tejan CBP CRP Blood %s.	PPRON since yesterday morning. 24hrs NICU stay for 2-3 days in case of RD Start the baby on antibiotics

Dr. S. TEJASWI REDDY
 Registration No: 94068



2

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/05/2026 11:15am	cls by Dr. Naveena.	
	<p>ole GC Fair Afebrile PR: 86bpm BP: 130/100 mmHg CusRS: NAD PA: ut. retracted Soft, NT Dressing: dry & clean UE: PV bleeding WNL UO: 200ml emptied in OT, (Blood stained).</p>	<p>Adv - NBM for 4-6 hrs. - ivf and drugs as charted - Urine I/O charted - w/f PV bleeding. - GRBS 6th hly. - FBS and PPBS on POD2. - w/f PV bleeding. - Monitor vitals - Infaem SOS</p>
	Baby: Mother's side.	
23/5/26 9:40pm	C/S/B Dr. Dng POD-0.	<p>2 Dr. Naveena Adv NBM.</p>
	<p>GC Fair Afebrile Baby: Mother BP: 137/97 mmHg. PR: 100 bpm. UO: 75ml clear since the P/A ut retracted well. U/w P/V bleed WNL.</p>	<p>- IVF, Drugs as charted - Urine I/O charted - CRBS 6th hly - w/f P/V bleed. - Monitor vitals Infaem SOS</p>



3

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/5/26	<u>c/s/B.Dr.Veena</u>	
7:30pm	POD-0 / P, L, A, Pt is stable, No clo o/e GC fair, Afebrile BP-126/84 mmHg PR-95 bpm SpO ₂ -100% on RA Pallor ⊖ P/A - Ut well retracted BS ⊕ L/E - B/WNL	Adv - Liquid diet - Soft diet from 10pm - Drugs as charted. - BP 2 nd hourly monitoring - Vital monitoring - GRBS 6 th hourly (stop c/m). - T/O charting - FBS/PPBS on POD-2 - Foley's removal c/m @ 6am - Inform SOS
Baby @ Mrs		
B/c Breast		
Soft MS ⊕		
GRBS @ 7pm → 79mg/dl w/o - 70ml/hr, e high coloured		
		NIB Sneha @ 8:30pm
24/5/26	<u>c/s/B.Dr.Veena</u>	
8:30am	POD-1 / P, L, A, Pt is stable, No clo o/e GC fair, Afebrile. BP-120/83 mmHg PR-75 bpm P/A - Ut well retracted BS ⊕ L/E - B/WNL.	Adv - Soft diet - Drugs as charted - BP 4 th hourly monitoring (Day) 6 th hourly (at night) - T/O Vital monitoring - POD-2 - FBS/PPBS. - Ambulation - Adequate hydration - Inform SOS
Baby @ Mrs		
B/c Breasts		
Soft MS ⊕		
GRBS @ 1am → 115mg/dl	Urine - Yellow void Flatus ✓	Foley's removed @ 6:30am

9

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/5/26 7:30 AM	<p>cls/B Dr. Dna</p> <p>POD-2 P, 4 A, F, H, N.</p> <p>CC Gau Afch.</p> <p>BP: 120/80 mmHg</p> <p>PR: 84</p> <p>SpO₂: 98% on RA</p> <p>P/A Uterus Retacted well</p> <p>R/E NAB</p>	<p>Adv</p> <ul style="list-style-type: none"> - Soft diet - Drugs as charted - BP H^h hourly (day) - 6th hourly (night) - PPBS to be sent - Ambulate - Adequate hydration - Vital Monitoring - Infor SOS
25/05/2026 10:53 am	<p>cls/by Dr. Naveena</p> <p>FBS - 86 mg/dl</p> <p>o/g GC - fair</p> <p>A/e bnle.</p> <p>PR: 82 bpm</p> <p>BP: 124/75 mm Hg.</p> <p>U-V CUSLAS: NIAD</p> <p>F-V PA: ut. unobscured</p> <p>Soft, NT</p> <p>Dressing: dry & clean</p> <p>UE: AC bleeding w/NC</p> <p>Baby: Mother side.</p> <p>BL breasts: soft</p> <p>minimal Secretions</p>	<p>Adv</p> <ul style="list-style-type: none"> - Soft diet - Adequate hydration - Ambulation - Drugs as charted - w/f AC bleeding - BP monitoring 2hrly - Monitor Vitals - Infor SOS - Trace PPBS <p>Dr. Naveena</p>

BAH-00641934 IP26-00006410
 Mrs CHANDANA GURAPPU
 01-09-1996 29 Y 8 M 22 D (F)
 Dr. PADMAJA YELISETTY



MEDICATION RECONCILIATION FORM

Drug Allergies: None 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: NA Shifted to: NA

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	7. Zm	1tbl	PO	OD	22/5	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
2	7 Calum	1tbl	PO	OD	22/5	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
3	7 Ecosprin	150mg	PO	OD	21/5	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
4	7 UNIBET IV (2ml)			BD	AD AD	<input type="checkbox"/> C <input type="checkbox"/> DC
5						<input type="checkbox"/> C <input type="checkbox"/> DC
6						<input type="checkbox"/> C <input type="checkbox"/> DC
7						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature: [Signature] Dr. Manish

Date & Time: 23/5/26 2:30 PM

Nurse Name & Signature: [Signature] Chandakala Ch

Date & Time: 23/5/26 @ 7 AM

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

BAH-00641934 IP26-00006410
 Mrs CHANDANA GURAPPU
 01-09-1996 29 Y 8 M 22 D (F)
 Dr. PADMAJA YELISETTY



DRUG CHART

Date of Admission: 23/5/2020 Drug Allergies: NADA Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

- GENERAL** - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.
- DOCTOR** - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
 - Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
 - Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
 - Discontinue a drug by drawing a line **I** through it and a similar line through subsequent recording panels.
 - The date and time of stopping the drug along with the doctors name and sign must be mentioned.
 - Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.
- NURSES** - Nurses must follow strictly the FIVE RIGHTS before administration of medication.
 1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time
 - AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

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

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

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

VERIFIED BY : Name



REGULAR PRESCRIPTIONS

Weight. Ward. LPL

DRUG : (N) CEFOTAXIME				Date Time																		
Dose	Route	Frequency	Start Date																			
1g	IV	BD	23/5	8 AM	9 AM	10 AM	11 AM	12 PM	1 PM	2 PM	3 PM	4 PM	5 PM	6 PM	7 PM	8 PM	9 PM	10 PM	11 PM	12 AM		
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Chandana</u>																						
Additional Instructions:																						
Daily Doctor's Endorsement by a Sign																						
DRUG : T-PARACETAMOL				Date Time																		
Dose	Route	Frequency	Start Date																			
1gm	P/O	QID	23/05	12 AM	6 AM	12 PM	6 PM	12 PM	6 PM	12 PM	6 PM	12 PM	6 PM	12 PM	6 PM	12 PM	6 PM	12 PM	6 PM	12 PM		
Name & Signature of the Doctor Starting the Drugs: <u>DR SHINY</u>																						
Additional Instructions:																						
Daily Doctor's Endorsement by a Sign																						
DRUG : T-TRAMADOL				Date Time																		
Dose	Route	Frequency	Start Date																			
100mg	P/O	TID	23/05	12 AM	3 PM	6 PM	12 PM	3 PM	6 PM	12 PM	3 PM	6 PM	12 PM	3 PM	6 PM	12 PM	3 PM	6 PM	12 PM	3 PM		
Name & Signature of the Doctor Starting the Drugs: <u>DR SHINY</u>																						
Additional Instructions:																						
Daily Doctor's Endorsement by a Sign																						
DRUG : T-DICLOFENAC				Date Time																		
Dose	Route	Frequency	Start Date																			
50mg	P/O	TID	23/05	7 AM	3 PM	11 PM	7 AM	3 PM	11 PM	7 AM	3 PM	11 PM	7 AM	3 PM	11 PM	7 AM	3 PM	11 PM	7 AM	3 PM		
Name & Signature of the Doctor Starting the Drugs: <u>DR SHINY</u>																						
Additional Instructions:																						
Daily Doctor's Endorsement by a Sign																						

Parent Sticker



Sheet No:

REGULAR PRESCRIPTIONS

Weight Ward 108

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																			

Patient Sticker

Weight. Ward. LDR

VARIABLE DOSE		Date Time					
			Nurse Sig.	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.	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
23/5	8:45AM	INJ METOCLOPRAMIDE	10mg	IV	[Signature]	Alley
23/5	8:45AM	INJ PANTOPRAZOLE	40mg	IV	[Signature]	Alley
23/05	9:40AM	INJ OXYTOCIN	3U + 3U + 3U	IV	[Signature]	[Signatures]
23/05	9:51AM	INJ METHERGIN	0.2mg	IV	[Signature]	[Signatures]
23/05	10:02AM	INJ ONDANSETRON	4mg	IV	[Signature]	[Signatures]
23/05	10:28AM	SUP TRAMADOL	100mg	PIR	[Signature]	[Signatures]
23/05	10:28AM	SUP DICLOFENAC	100mg	PIR	[Signature]	[Signatures]
24/5	10pm	SUP DILLOFFI				
24/5	10pm	SUP DULCLOLAX	1tab	P/R	[Signature]	[Signatures]

VERIFIED BY: Name Signature



I.V. FLUIDS CHART

Weight..... Ward. LD

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
23/5	8 AM	RINGER LACTATE	IV	100 ml/hr			23/5/20		
23/05	9:30 AM	RINGER LACTATE	IV	FF			23/5/20		
23/05	10:02 AM	RINGER LACTATE 500ml + 20 UNITS OXYTOCIN	IV	125 ml/hr			23/5/20		
23/05	10:05 AM	RINGER LACTATE	IV	500 ml/hr			23/5/20		
23/5	11:00 AM	RINGER LACTATE	IV	FF			23/5/20		
23/5	11:30 AM	RINGER LACTATE	IV	FF					
23/5/20	1:00 PM	RINGER LACTATE	IV	100 ml					
23/5/20	3 PM	RINGER LACTATE	IV	100 ml					
23/5/20	8 PM	RINGER LACTATE	IV	200 ml/hr					
STOP for day 24/5/20									

Signature

VERIFIED BY: Name

BAH-00641934 IP26-00006410
 Mrs CHANDANA GURAPPU
 01-09-1996 29 Y 8 M 22 D (F)
 Dr. PADMAJA YELISETTY



RESULT SHEET

Date	7/15/26				
Time					
Hb	11.8				
PCV	35.6				
RBC					
WBC	10,300				
N/L					
Platelets	2.34				
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					

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BAH-00641934 IP26-00006410
 Mrs CHANDANA GURAPPU
 01-09-1996 29 Y 8 M 22 D (F)
 Dr. PADMAJA YELISETTY



Early Warning Observation Score Chart - Obstetrics

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

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

20

100

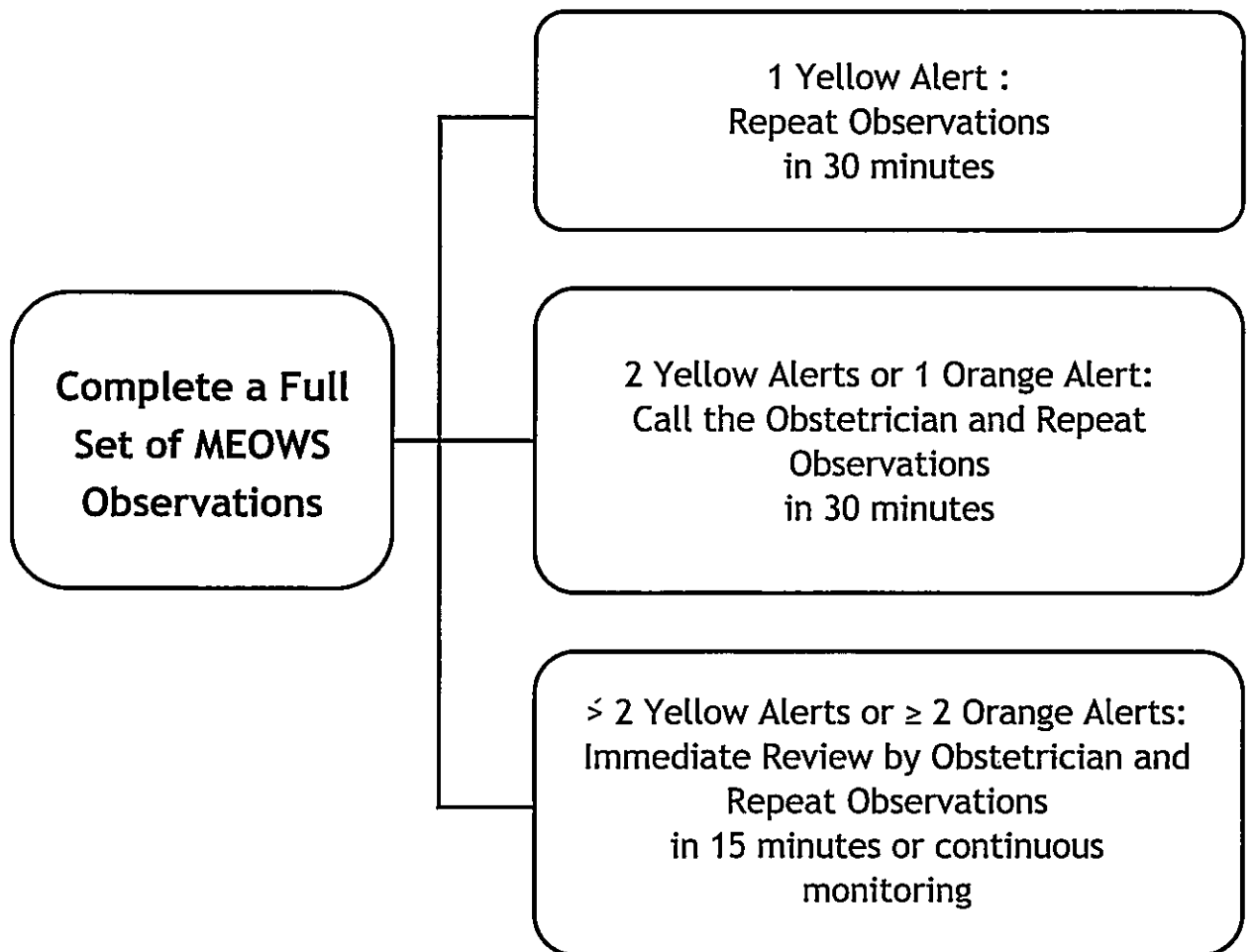
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120

80

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Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

BAH-00641934 IP26-00006410
 Mrs CHANDANA GURAPPU
 01-09-1996 29 Y 8 M 22 D (F)
 Dr. PADMAJA YELISETTY



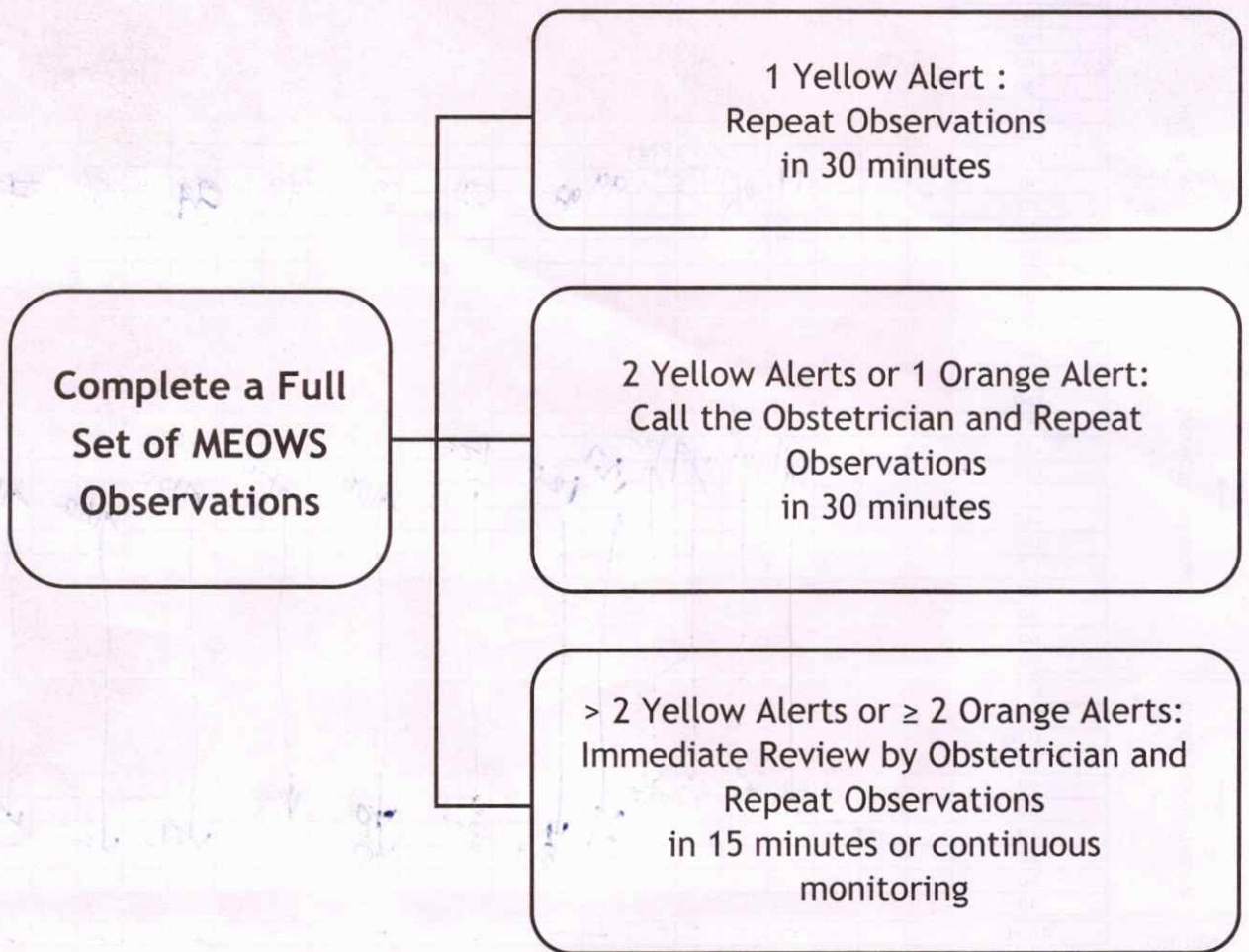
Early Warning Observation Score Chart - Obstetrics

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

		Date																							
		8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20				20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20
	0 - 10																								
Saturations	94 - 100 %				100	100	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	
	< 94 %																								
Administered O ₂ (L/min.)																									
Temp °C	40																								
	39																								
	38																								
	37				37.6	37.6	37.6	37.6	37.6	37.6	37.6	37.6	37.6	37.6	37.6	37.6	37.6	37.6	37.6	37.6	37.6	37.6	37.6	37.6	
	36																								
	35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90				94	86	93	100	99	92	87	82	72	81	86	70	75								
	80																								
	70																								
Systolic Blood Pressure	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
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Diastolic Blood Pressure	130																								
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	Heavy / Foul																								
Liquor	Clear / Pink																								
	Green																								
TOTAL YELLOW SCORES																									
TOTAL ORANGE SCORES																									
Nurse Initial																									

1 p q

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

11Am - BP - 121/75

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 Mrs CHANDANA GURAPPU
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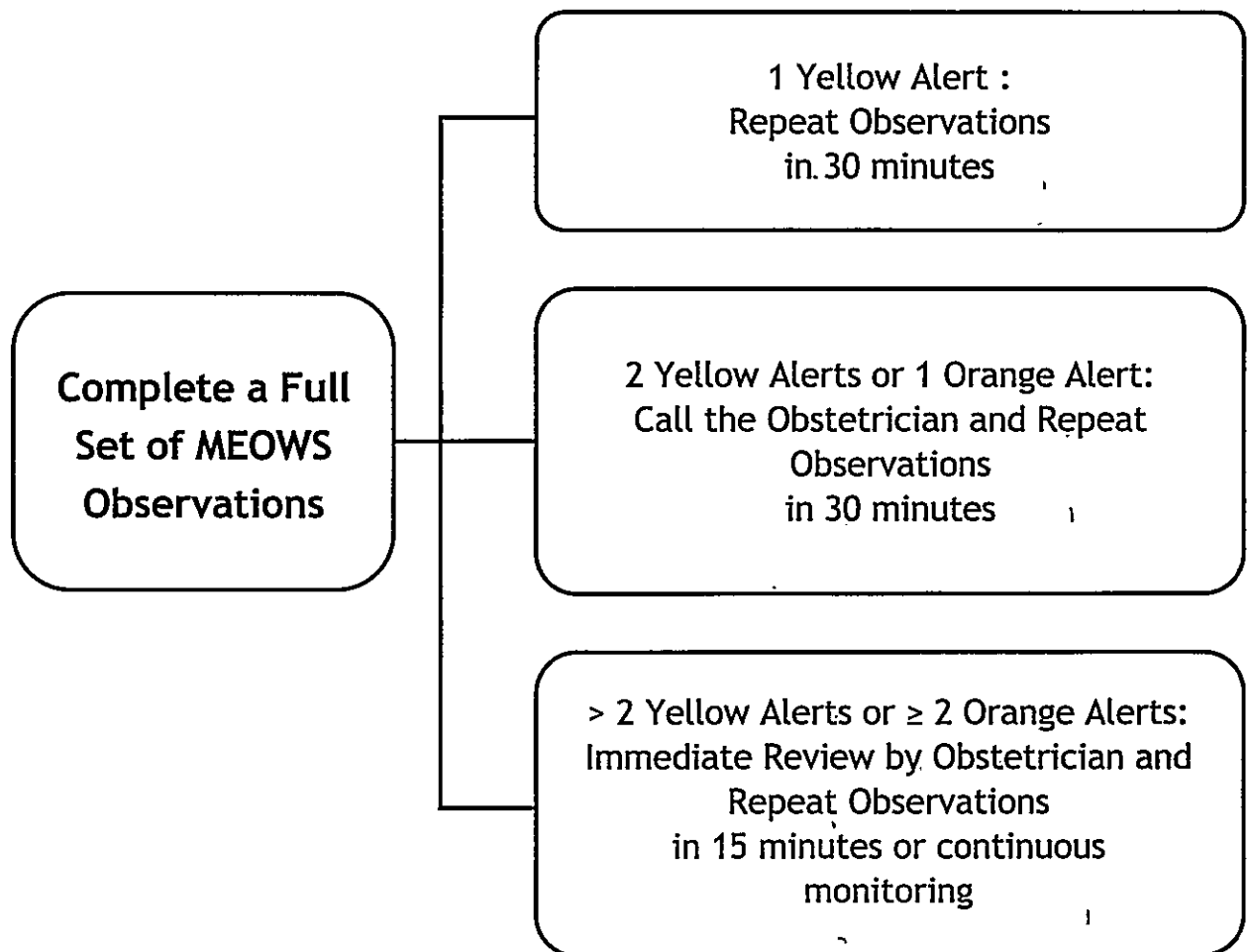


Early warning Observation Score Chart - Obstetrics

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

		Date																								
		Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																									
	21 - 30																									
	11 - 20				20			20				20				20										
	0 - 10																									
Saturations	94 - 100 %			100			100				100				99.6											
	< 94 %																									
Administered O ₂ (L/min.)																										
Temp °C	40																									
	39																									
	38																									
	37																									
	36			97.8				97.2				96.8				96.6						98.1				98.1
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80			85				80				87				92					90				90	
	70																									
	60																									
	50																									
40																										
Systolic Blood Pressure	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
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50																										
40																										
Diastolic Blood Pressure	130																									
	120																									
	110																									
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	90																									
	80																									
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	NEURO RESPONSE [✓]	Alert																								
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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				AK			AK				AK				AK					AK				AK		

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

FLUID CHART

Sheet No. : 1

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
23/5	08:00 am	RL		100ml								
	09:00 am	RL	N	100ml								
	10:00 am	RL	B	100ml								
	11:00 am	RL	M	100ml								
	12:00 pm	RL	M	100ml					200ml			
	01:00 pm	RL		100ml					100ml			
Total Intake :		Taken 600ml			Total Output : passed							
23/5	02:00 pm	RL	N	100ml								
	03:00 pm	RL	B	100ml								
	04:00 pm	RL	M	100ml					120ml			
	05:00 pm	RL	S/S	100ml					100ml			
	06:00 pm	RL		100ml								
	07:00 pm			100ml					500ml			
Total Intake :					Total Output :							
23/5/20	08:00 pm	RL		100ml								
	09:00 pm	RL		100ml								
	10:00 pm	RL		100ml								
	11:00 pm	RL		100ml					800ml			
	12:00 am	RL		100ml								
	01:00 am	RL		100ml					400ml			
Total Intake :					Total Output : U - M -							
24/5/20	02:00 am	RL		100ml								
	03:00 am	RL		100ml								
	04:00 am	RL		100ml								
	05:00 am	RL		100ml								
	06:00 am	RL		100ml					800ml			
	07:00 am	RL		100ml								
Total Intake :					Total Output : U - M -							

Total 24 hrs. Intake

Total 24 hrs. Output



FLUID CHART

Sheet No. :

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

Date	Time	Intake				Output					IV Site Thrombophlebitis Score	Sign. Nurse
		Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
24/5/26	08:00 am											
	09:00 am											
	10:00 am		idly									
	11:00 am		H2O									
	12:00 pm											
	01:00 pm											
Total Intake :		Taken				Total Output :					U-2 M-0	
29/5/26	02:00 pm											
	03:00 pm		Kichdi									
	04:00 pm											
	05:00 pm		H2O									
	06:00 pm											
	07:00 pm											
Total Intake :						Total Output :					U-2 M	
24/5/28	08:00 pm											
	09:00 pm		idly									
	10:00 pm		H2O									
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						Total Output :					U-2 M	
25/5/28	02:00 am											
	03:00 am											
	04:00 am		H2O									
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						Total Output :					U-1 M-	

Total 24 hrs. Intake

Total 24 hrs. Output

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 Mrs CHANDANA GURAPPU
 01-09-1996 29 Y 8 M 22 D (F)
 Dr. PADMAJA YELISETTY



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.

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
25/5/16	08:00 am					/	/	/	/	/	/	/	/
	09:00 am												
	10:00 am	0											
	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	
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Total 24 hrs. Output	
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Patient Sticker



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.

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	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	
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Total 24 hrs. Output	
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CHECKLIST FOR THROMBOPHLEBITIS

23/5/20 zult 25/5/26

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

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

Signature of Shift In Charge :

Signature : Name : Chandana Kave

Signature of Ward In Charge :

Signature : Name : Kausthub



Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	23/5	23/5	23/5/26	Fall Risk Grading		
		Score	8 AM	2 PM	10 PM	Risk Level	Morse Fall Score (MFS)	Action
History of Falling (immediately or w/in 3 months)	Yes	25						
	No	0						
Secondary Diagnosis (more than one diagnosis)	Yes	15				Moderate Risk	25 - 50	Implement Moderate Fall Prevention Intervention
	No	0						
Ambulatory Aid	Furniture	30				High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	Crutches, Cane(S), Walker	15						
	None /Bed Rest /Nurse Assist	0	0	0	0			
IV / Heparin Lock or Saline	Yes	20	20	20	20	Moderate Risk	25 - 50	Implement Moderate Fall Prevention Intervention
	No	0						
GAIT / Transferring	Impaired	20				High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	Weak (uses touch for balance)	10						
	Normal /On Bed Rest /Immobile	0						
Mental Status	Forgets limitations	15				High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	Oriented to own ability	0	0	0	0			
Total Morse Fall Scale Score:			20	20	20			
		Signature	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>			

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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 Dr. PADMAJA YELISETTY



BRADEN 'Q' SCALE



Date: 23/5 28/5 23/5 29/5
 Time: 10:15 12:00 10:15 11:00

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
FRICION-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 meat and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4

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

TOTAL SCORE	28	28	28	28
Evaluator's Name	[Signature]	[Signature]	[Signature]	[Signature]

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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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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Mrs CHANDANA GURAPPU

01-09-1996 29 Y 8 M 22 D (F)

Dr. PADMAJA YELISETTY



BRADEN 'Q' SCALE



					Date :	29/5/20	24/5	25/5	
					Time :	8:20	11	10:16	
Mobility	1. Completely immobile: Does not make even slight changes in body or extremity position without assistance.	2. Very limited: Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	3. Slightly limited: Makes frequent through slight changes in body or extremity position independently.	4. No limitations: Makes major and frequent changes in position without assistance.		4	4	4	
"Activity The degree of physical activity"	1. Bedfast : Confined to bed	2. Chairfast : Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	3. Walks occasionally: Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.		4	4	4	
Sensory Perception	1. Completely limited: Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	2. Very limited: responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	3. Slightly limited: Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	4. No impairment: Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.		4	4	4	
Moisture Degree to which skin is exposed to moisture	1. Constantly moist: Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	2. Very moist: Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	3. Occasionally moist: Skin is occasionally moist, requiring linen change every 12 hours.	4. Rarely moist: Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.		4	4	4	
FRICION-SHEAR Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide against 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	
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	
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	3	
TOTAL SCORE						28	28	28	
Evaluator's Name						B	Q	Q	

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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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



PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
23/5/20	6AM	0/10	None	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	C
23/5/20	10AM	0/10	None	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	D
23/5/20	2pm	0/10	None	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	C
23/5/20	10PM	0/10	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	D
24/5/20	10AM	0/10	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	D
24/5/20	2pm	0/10	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	D
24/5/20	6pm	0/10	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	D
24/5/20	10pm	0/10	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	D
25/5/20	10AM	0/10	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	D
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Re-assessment Frequency:

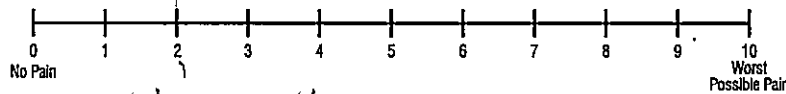
1. Every eight hours for all hospitalized patients.
2. For post-surgical patients, patients with chronic pain, patient with severe pain:
 - a) At least every 2 hours for the first 24 hours
 - b) Then every 4 hours.
 - c) Prior to pain pain-relieving intervention.
 - d) Within 30 – 60 minutes after pain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

PAIN ASSESSMENT TOOLS

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

Numerical Pain Scale (Obstetric and Gynecology)



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, SaO₂	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

Wong - Baker (Pediatrics) Above 7 Years



BAH-00641934
 Mrs CHANDANA GURAPPU
 01-09-1996 IP26-00006410
 29 Y 8 M 22 D (F)
 Dr. PADMAJA YELISETTY

NURSING CARE RECORD



Date: 22/5/26

- 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				N ↓			
Afternoon							
Night	8pm to 8am	=> Assess the patient condition => plan for vitals => plan for discharge	8pm to 8am	=> Assessed the patient condition => maintain vitals & Record => maintain discharge	patient is normal	vitals are normal	Cindy



NURSING CARE RECORD



Date: 23/5/20

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am 2pm	- Assess the patient condition - plan for vital & record - plan for I & fluids - Plan for Trochart	8am 2pm	- Assess the patient condition - maintain vital & record - continue I & fluids - maintain Trochart	- Patient stable	- vital record	
Afternoon	2pm to 8pm	-> Assess the pt condition -> Monitor vitals -> maintain I/O chart	2pm to 8pm	-> assessed the pt condition -> monitored vitals -> maintained I/O chart	Now pt is stable	Re-check vitals	
Night	8pm to 8am	-> Assess the pt condition -> monitor vitals -> maintain Trochart -> Pt on soft diet -> IV cannula present	8pm to 8am	-> assessed the pt condition -> monitored vitals & recorded -> maintained I/O chart -> IV cannula present -> IV fluids continue	-> Pt is stable -> foley's present	-> rechecked vitals -> BP monitoring 2nd hourly	

BAH-00841934 IP26-00006410
 Mrs CHANDANA GURAPPU
 01-09-1996 29 Y 8 M 22 D (F)
 Dr. PADMAJA YELISETTY



NURSING CARE RECORD



Date: 24/5/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8AM to 8PM	<ul style="list-style-type: none"> - Assess the pt condition - monitor vitals - maintain I/O chart 	8AM to 8PM	<ul style="list-style-type: none"> - Assessed the pt condition - monitored vitals - maintain I/O chart 	now pt is stable	Re-check vitals	Mous @
	Afternoon	<ul style="list-style-type: none"> - Assess the pt condition - monitor vitals - maintain I/O chart - Administer medication as per drug chart 					
Night	8PM to 8AM	<ul style="list-style-type: none"> - Assess the pt condition - Monitor the v/s - Maintain the I/O - Drug as per chart 	8PM to 8AM	<ul style="list-style-type: none"> - Assess the pt condition - Monitor the v/s - Maintain the I/O - Drug as per chart 	now baby is stable	Rechecked the v/s	@

BAH-00641934 IP26-00006410
 Mrs CHANDANA GURAPPU
 01-09-1996 29 Y 8 M 22 D (F)
 Dr. PADMAJA YELISETTY



NURSING CARE RECORD



Date: 25/5/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8AM	Assess the pt. condition - monitor vitals & records - maintain I/O chart - Give medication as prescribed by doctor	8AM	Assessed the pt. condition - Monitored vitals & records - maintained I/O chart - Given medication as prescribed by doctor - FBS, PPBS done	patient is Stable now	Re-checked vitals	
Afternoon	2pm		2pm				
Night							



URINARY CATHETER BUNDLE CHECK LIST

Date of Insertion: 22/5/20

Date of Removal: 24/5/20 @ 6 AM

Parameters	Date	Shift Time	<u>22/5/20</u> <u>8 AM - 2 PM</u>	<u>23/5/20</u> <u>10 PM</u>				
Need for the Catheter	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hand Hygiene	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Usage of Sterile Equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the Collection bag below the level of bladder	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Check the Tube for Obstruction (Free of Kinking)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is Catheter dated as policy	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Collecting bag is been emptied regularly?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Maintenance of closed system for the catheter	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dressing clean and dry?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the line removed as Policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Performance of Perineal Care	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Onset of New Fever	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Asses for the leakage at the site of insertion	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of the Nurse		<u>A. S.</u>	<u>Mani</u>	<u>Amey</u>				
Signature of the Nurse		<u>A</u>	<u>Mani</u>	<u>Amey</u>				

NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:	Entuss.						Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known
	Surgery / Procedure:							If Yes Specify:
BACKGROUND	Date	23/5	23/5	23/5	23/5	24/5	24/5	
	Shift	N1	N1	N2	N1	N6	N2	
	Medical Condition (Any special condition to be noted):	-	-	-	-	-	-	
Diet:	-	NBM	NBM	Soft diet	Soft diet	Soft	-	
ASSESSMENT	Allergy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):	-	-	-	-	-	-	
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Vital Signs:	Temp:	99°F	99.6	99.7	99.6	99.4	98.6
		Res:	20	20	20	20b/m	20b/m	20b/m
		SpO ₂ :	100%	99%	99%	99%	99%	99%
		Pulse:	80	103	103	82b/m	82b/m	82b/m
		BP:	120/80	137/97	110/70	124/60	120/60	112/74
		LOC:	-	-	-	-	-	-
	Fall Risk Score:	-	-	-	-	-	-	
Pain Score:	-	-	-	-	-	0		
Skin Integrity	-	Good	Good	Good	Good	Good		
Recommendations	Safety Needs:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Physiotherapy:	-	-	-	-	-	-	
	Others Specify:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Special Diet:	NBM	NBM	-	-	-	-	
	Critical Lab Test / Values:	-	-	-	-	-	-	
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	PU Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
DVT Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
ADL (Dependent / Non Dependent):	-	Yes	Depend	Depend	Depend	-		
Post Operative Procedure Special Orders:	-	-	NR	NA	NR	-		
Handed Over By Name :	Chud	Alex	Moni	Dinjer	Moni	Manisha		
Signature / ID :	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]		
Date:	23/5/26	23/5/26	23/5/26	23/5/26	24/5/26	24/5/26		
Time:	8am	8am	8pm	8pm	2pm	8pm		
Taken Over By Name :	Alex	Moni	Moni	Manisha	Manisha	Manisha		
Signature / ID :	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]		
Date:	23/5/26	23/5/26	24/5/26	24/5/26	24/5/26	24/5/26		
Time:	8:15am	2pm	8pm	8pm	2pm	8pm		

BAH-00641934 IP26-00006410
 Mrs CHANDANA GURAPPU
 01-09-1996 29 Y 8 M 24 D (F)
 Dr. PADMAJA YELUSETTY



ISING SHIFT HAND OVER FORM

SITUATION	Diagnosis: EM - LSCS	Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify:						
	Surgery / Procedure:	Post OP Day:						
BACKGROUND	Date	24/5						
	Shift	NI						
	Medical Condition (Any special condition to be noted):	-						
	Diet:	-						
ASSESSMENT	Allergy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):	-						
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Vital Signs:	Temp:	98.3 F					
		Res:	22b/m					
		SpO ₂ :	99%					
		Pulse:	122b/m					
		BP:	111/82					
		LOC:	-					
		Fall Risk Score:	0					
	Pain Score:	0						
	Skin Integrity:	Good						
Recommendations	Safety Needs:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Physiotherapy:	-						
	Others Specify:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Special Diet:	-						
	Critical Lab Test / Values:	-						
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	PU Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	DVT Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
ADL (Dependent / Non Dependent):	-							
Post Operative Procedure Special Orders:		NA						
Handed Over By Name :		Sneha						
Signature / ID :								
Date:		28/8/20						
Time:		2PM						
Taken Over By Name :								
Signature / ID :								
Date:								
Time:								

PATIENT TRANSFER FORM



Patient Name & UHID No. BAH-00641934 IP26-00006410 Mrs CHANDANA GURAPPU 01-09-1996 29 Y 8 M 22 D (F) Dr. PADMAJA YELISETTY 		Date & Time of Admission 23/11/26	Date & Time of Transfer Order 23/11/26 @ 5:00 PM
		Transfer Ordered by Dr. pranu	Reason for Transfer obs
From Unit pre part	To Unit Room 123	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, what ?	

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	LL + 100ml	@
2.		
3.		
4.		
5.		

Shifting Summary / Notes Written by Doctor : Yes No

Name & Signature of Person who is Transferring SIS. Manika	Name of Person Ordered Transfer Dr. pranu
---	--

Patient & Clinical Records Received by :

Amrutha

Date & Time of Patient Received :

@ 5 PM

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

BAH-00641934 IP26-00006410
 Mrs CHANDANA GURAPPU
 01-09-1996 29 Y 8 M 22 D (F)
 Dr. PADMAJA YELISETTY



CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: <i>Dr. Padmaja Yelisetty</i>	Date of Delivery: <i>23.05.2026.</i>
Assistant Surgeon: <i>Dr. Priyadarshini, Dr. Nareena</i>	Time of Delivery: <i>9:39 AM</i>
Anaesthetist's Name: <i>Dr. Meena</i>	Gender of Baby: <i>Female</i>
Type of Anaesthesia: <i>SPINAL.</i>	Weight of Baby: <i>2.640 Kg</i>
Neonatologist: <i>Dr. Pranav</i>	AGPAR Score: <i>8/10, 9/10</i>
Scrub Nurse: <i>Sr. Susheela</i>	NICU Admission: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pre-Operative Diagnosis: *G2A1, 35th wk PPRM, OI conceptus, GDM on ORA.*

- Elective Emergency Indication:
 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: Knife to rectus:

CTG Description:

If there was a delay give the reasons:

Surgical Procedure: *EMERGENCY LOWER SEGMENT CAESAREAN SECTION*

Post Operative Diagnosis: *POD-0 P/LA1, GDM.*

Peri-Operative Complications: *-*

Amount of Blood Loss:

Blood Transfused (in ML):

Name and Number of Surgical Specimen sent for examination:

Baby delivered by - Dr. Padmaja Heliselthy
 Uterine & Abdomen closure - Dr.

Examination Findings when Appropriate:

Presentation: Cephalic Breech Other Cervical Dilatation: cm
 5th Palpable: Fetal Position:
 Station: -3 -2 -1 0 +1 +2 Moulding: None + ++ +++
 Caput: + ++ +++ Meconium: None + ++ +++
 Bladder Catheterized: Yes No Urine: Clear Blood Stained

Skin Incision: Pfannenstiel Transverse Midline Other
 Uterine Incision: Lower Segment Classical Inverted T J Incision LUS - vasculature & thick.
 Previous Scar: Intact Thinned out Ruptured No Scar
 Incision Through Placenta: Yes No anty swabbed empty dxos opened.
 Delivery of head: Manual Forceps
 Liquor: Clear & excess Meconium: I II III Blood Offensive Not Offensive
 Delivery of Placenta: Manual CCT Complete Incomplete Piecemeal
 Cord Appearance: Cord around the neck Yes No 2 loops of cord around neck.
 Appearance of placenta: Cavity explored Yes No
 Uterus, tubes and ovaries: Normal Not Normal Sterilization: Yes No

Uterine Closure: One Layer Two Layers Vicyl No-1 Suture
 Peritoneal Closure: Pelvic Abdominal None Vicyl No-1 Suture
 Sheath Closure: Vicyl No-1 Suture
 Fat Closure: Yes No Monocryl - no Suture
 Skin Closure: Subcuticular Mattress Monocryl No 1 Suture
 Vaginal Evacuated Yes No
 Drain: Yes No Remove in days Await instructions
 Catheter Yes No Remove in days Await instructions
 Swap & Instruments count correct? Yes No Post-op Antibiotics Yes No
 Intra-Operative Antibiotics Cover: Yes No Thromboprophylaxis Yes No

Post-Operative Notes:

- NBM till 6hrs
- IV fluids
- Drugs as charted
- Analgesics & thromboprophylaxis as per AXON.

Doctor Name: Dr. Padmaja Heliselthy Doctor Signature: *Dr. Padmaja Heliselthy*

Date & Time: 23/5/26

52427

SURGICAL SAFETY CHECKLIST

BAH-00641934 IP26-00006410
 Mrs CHANDANA GURAPPU
 01-09-1996 29 Y 8 M 22 D (F)
 Dr. PADMAJA YELISETTY

Surgeon : Dr. Padmaja
 Asst. Surgeon : Dr. Priyadashini
 Anaesthetist : Dr. Shri
 Scrub Nurse : Dr. Sushreela

Age : 29y Gender : F
 Surgery Name : EM. LSCS
 Date : 23/5/26 In-time : 9:15AM Out-time : 10:30AM



Before Induction of Anaesthesia

SIGN IN Time: 9am

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 : [Signature]
 Name : Dr. Sushreela

Before Skin Incision

TIME OUT Time: 9:15AM

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? Yes No NA

Anaesthesia Team Reviews:

Are There Any Patient-specific Concerns? Yes No NA

Nursing Team Reviews:

Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns? Yes No NA

Is Essential Imaging Displayed? Yes No NA

Power Supply, Earthing, Power Backup and functioning of equipment checked. Yes No

Signature : [Signature]
 Name : Dr. Padmaja

Before Patient Leaves Operating Room

SIGN OUT Time: 10:30AM

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 : [Signature]
 Name : Dr. Priyadashini



OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 23/5/20 Time of Arrival: 8 AM Time Seen by Nurse: 8:10 AM

1) Level of Consciousness: Conscious Semi-Conscious Unconscious

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

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

3) Vital Signs: Temperature: 98.4 Pulse: 82 RR: 20 SpO₂: 99% BP: 116/71 Weight:

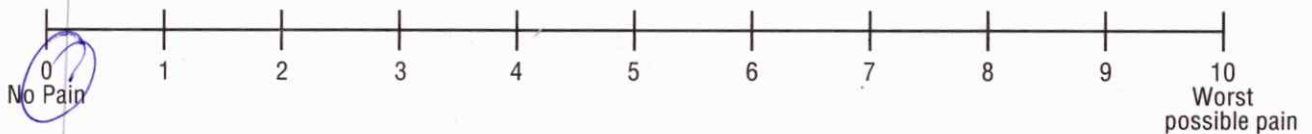
4) Gestational Criteria:

Gravida:	G <u>2</u>	P	L	A
----------	------------	---	---	---

LMP: 22/2/20 EDD: 29/6/20 Gestational Age: 35+1 weeks

Uterine Contraction	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> NA	Onset	Time	Frequency:
Membrane Rupture	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> NA	Onset	Time	Fluid Color:
Vaginal bleeding	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> NA	Onset	Time	Amount:
Pre Eclampsia Symptoms	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> NA	If Yes specify: Headache / Visual Symptoms / Pain Abdomen / Vomiting		
Good fetal Movement	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 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: Nil

6) Past History:

- a) Surgeries:
- b) Medical: 3 Med



7) Allergy: Yes No, If Yes :

8) Current Medications: Prenatal Vitamin None Others:

9) Prenatal Medical History:

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

Triage Category: (Please tick on the category)

Refer to OBSTETRICAL TRIAGE ACUITY SCALE (OTAS)

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

OBCU Obstetrical Triage Acuity Scale (OTAS)

OTAS	Level 1 (Resuscitative)	Level 2 (Emergent)	Level 3 (Urgent)	Level 4 (Less Urgent)	Level 5 (Non Urgent)
Level 1 (Resuscitative)	Immediate	≤ 15 minutes	≤ 30 minutes	≤ 60 minutes	≤ 120 minutes (2 Hours)
Re-Assessment	Continuous Nursing Care	Every 15 Minutes	Every 15 Minutes	Every 30 Minutes	Every 60 Minutes
Labour / Fluid	Imminent Birth	Suspected Pre-term Labour / PPRM < 37 Weeks	Signs of Active Labour > 37 weeks	Signs of Early Labour/ SRM > 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	<ul style="list-style-type: none"> • Acute onsite severe abdominal pain • Altered level of consciousness • Cord prolapse • Severe respiratory distress • Suspected sepsis 	<ul style="list-style-type: none"> • Major trauma • Shortness of breath • Unplanned and unattended birth 	<ul style="list-style-type: none"> • Abdominal/back pain greater than expected in pregnancy • Flank pain / hematuria • Nausea/vomiting and /or diarrhea with suspected dehydration 	<ul style="list-style-type: none"> • 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) 	<ul style="list-style-type: none"> • Anything that does not seem to pose threat to mother or fetus • Cervical ripening • Out patient placenta previa protocols • Pre-booked visits (ie Rh and progesterone injections, NST • Assessment for version • Rashes

Time seen by Doctor: 8:15 Am

Nurse Name : Madhura Jay Nurse Signature: Madhura Jay

Date: 23/10/16 Time: 2:00pm

BAH-00641034 IP26-00006410
 Mrs CHANDANA GURAPPU
 01-09-1996 29 Y 8 M 22 D (F)
 Dr. PADMAJA YELISETTY



LABOUR AND DELIVERY NURSING ASSESSMENT

Date of Admission: 23/5

Baseline Information:

Admission From: ER OPD Admission Desk Others: specify

Primary Language: Telugu English Hindi Others

Do you require an interpreter? Yes No

Source of Information: Patient Family Others

Personal belonging if any: Jewelry Nose Ring Bangles Anklets Finger Ring Bracelets handed over to

Allergies: Yes No Medications Blood Transfusion Food Other:
 If yes, identify

Chief Complaints: Doctor Notified on Admission: Yes No
 Name of the Doctor: Dr. Manisha
 Time Notified: 6:15 AM

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

Past Medical History	Past Surgical History	Previous Hospital Admission
<u>MH</u>	<u>MH</u>	<u>MH</u>

Blood Group: O+ve LMP: 22/1/15 EDD: 29/8/15 Gestational age during admission: 35 weeks
 Contractions: 10A Vaginal Discharge: PA

Obstetric History: G 2 P L A Previous LSCS

Height: Weight: BMI:
 Temp: 98.6 HR: 84 RR: 20 BP: 120/80 SpO₂: 99

High Risk Factors: (Please select by ticking (✓) the box as applicable)

<input type="checkbox"/> Hypothyroidism	<input type="checkbox"/> Rh Incompatibility	<input type="checkbox"/> Fertility Treatment
<input type="checkbox"/> Hyperthyroidism	<input type="checkbox"/> Previous LSCS	<input type="checkbox"/> Preterm Labour
<input type="checkbox"/> Hypertension	<input type="checkbox"/> Gestational Hypertension	<input type="checkbox"/> Others: (Specify)
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Bad Obstetric History	
<input type="checkbox"/> Anemia	<input type="checkbox"/> Obesity (BMI)	
	<input type="checkbox"/> Twins / Multiple Pregnancy	



General history. NO Abnormalities Detected

- Heart Disease Hypertension Diabetes Stroke Seizures Kidney disease
 Liver disease Other

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

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:

- Overweight Poor Appetite > 3 Days Needs Therapeutic Diet.
 Under Weight Diabetes Mellitus No Abnormality Detected

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

- Calm & Cooperative Restless Depressed Agitated Confused
 Others

Inform consultant for positive criteria

SOCIAL SCREENING:

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

Social History: Lives With *family member*

Orientation has been given regarding the following aspects:

- Call Bell in Reach : Yes No Waste Disposal Explained: Yes No
Infusion Pump : Yes No Hand hygiene Explained: Yes No Others

Above information given to *patient*
Name of Person Orientation was given to: *Chandana*
Orientation not given Reason: *N/A*

Nurse Signature: *Nadli*
Nurse Name: *Nadli*
Date & Time: *23/10/2016 8am*

1934 IP26-00006410
DANA GURAPPU
26 29 Y 8 M 22 D (F)
MAJA YELISETTY

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: 23/5/20

- Assess the Patient condition
- Explained Position
- milk flow good
- 2nd hourly feeding given
- maintain chart
- monitor vitals

Handover given by: Alex

Handover taken by:

Signature: Alex

Signature:

Date & Time: 23/5/20 2pm

Date & Time:

Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION



Name: Mrs. Chandana Curran Age: 29y Sex: F UHID.No: RAH-00641934

Date: 23/5/20 Time: 7:40am Proposed Operation: Emergency LSCS

Diagnosis: G1A1, 35 wks / OI Conception / GDM on OHA / PPRON

B.P / CRT: 130/74 H.R: 100/min Weight: ASA Physical Status: 1 2 3 4 5

Laboratory Data:			
Hgb: <u>11.8 gm/l</u>	Glucose: <u>RBS: 126 mg/dl</u>	Protein:	HIV: <u>+</u>
PCV: <u>35.6</u>	Urea:	Alb:	HBS Ag: <u>+</u>
WBC: <u>10,300</u>	Creat:	Total Bill:	HCV: <u>+</u>
Plate: <u>2.34 lakh</u>	Na:	Dir. Bill:	Blood group: <u>O+ve</u>
PT:	K:	LDH:	T3:
PTT:	Ca++:	Alk phos:	T4:
INR:	Mg++:	Amylase:	TSH:
	Cl-:	SGOT/SGPT:	

Allergies: NIL

Medical History: CVS: NIL SIGNIFICANT
 RESP: Diabetes: Affected OGTT, on OHA twice weekly
 CNS: on T. ECOSPRIN 150mg OD
 Renal:
 Hepatic / GE:
 Others: Physical Activity: METS 4

Past Anaesthetic History: 1st preg- Biochemical pregnancy

Physical Exam:
 Airway: MP 1 (2) 3 4 Mouth Opening: Adequate Mentohyoid Distance: 3FB Neck: (N) Teeth: (N)
 Lungs: BAC+, Clear
 Heart: S1S2+
 CNS: NAD
 Pregnant: Yes No NA Venous Access Site: peripheral+ Spine Exam for regional: Midline

Anaesthetic Plan: MAC REGIONAL GA-ETT LMA
 Peri-Operative Plan Explained to the Patient: Yes No

CURRENT MEDICATIONS	DOSAGE
<u>T. ECOSPRIN</u>	<u>150mg OD</u>
<u>T. METFORMIN</u>	<u>1500mg (flat on 21/5/20) twice weekly</u>

Pre-Operative Instructions: NIBU: 9pm
 1. DVT Prophylaxis: Water / ORS 2 Hours
 2. NIL ORAL Others 6 Hours } Explained
 Informed Consent: Standard High Risk
 4. Post Operative Pain Management: Discussed with Patient
 5. Other Instructions:
(1)

Signature: [Signature] Name: Dr. S.K. Agastha
 Docu. No. : RCH / RBM / CLINICAL / 044

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE

Patient Name : Mrs. CHANDANA CURAPPU Age : 29y Gender : Male Female

UHID NO: BAH-00641934 Surgeon Name: Dr. PADMAJA YELSETTY

Anaesthesiologist : Dr. Aysha / Dr. Heena

Operative procedure planned : EMERGENCY LOWER SEGMENT CESAREAN SECTION

PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA

General anaesthesia involves rendering a patient unconscious before an operation. This ensures the patient is not aware of events and does not feel pain during the operation. Drugs given through a vein and / or inhaled from an anaesthesia machine produce it. Regional anaesthesia involves using a local anaesthetic to numb a specific area of the body for surgery: Prolonged pain relief without numbness can be achieved by infusing weak solutions of local anesthetics and 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 Acidosis
 Incapacitating Chronic Obstructive Pulmonary Disease

Others : Hypotension, Bleeding, PPH, Need for transfusion, Transfusion reaction
Comments : reaction

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

DECLARATION BY PATIENT / GUARDIAN / PROXY

I hereby authorize Rainbow Hospital & its authorized doctors to perform upon me / my patient Mrs. CHANDANA CURAPPU the above mentioned operation / Diagnostic / Therapeutic procedures EMERGENCY LOWER SEGMENT CESAREAN SECTION.

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

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

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

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

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

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

- Pregnant : Yes No

DECLARATION BY THE ANAESTHETISTS PROVIDING INFORMATION FOR THIS CONSENT

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

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

Patient / Patient Attendant :

Signature : [Signature]

Name : Srinandan Motwani

Relationship with Patient : Husband

Date & Time : 23/5/26 @ 2:40pm

Witness :

Signature : [Signature]

Name : Chandana

Date & Time : 23/5/26 @ 2:40pm

Doctor (who is taking the consent) :

Signature : [Signature]

Name : Dr. SK Ayesha

Date & Time : 23/5/26, 4:40 AM

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE



Patient Name : Mrs Chandana Gureppu Gender: Male Female Age : 29y

UHID No : BAH-00641934 Date : 23/05/2020

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
 (Name of the Patient) Mrs Chandana

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

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

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

Bleeding, Wound infection, (inadvertent injury to Bowel, Bladder, Blood vessel, chances of Blood / Blood Product transfusion, DVT, UTI, PR, PMS (Placenta Accreta Spectrum), return to theatre, cut to skin or baby

My signature on this form indicates that

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

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

Consentee : [Signature]
 Signature :

Name : Mrs Chandana

Date & Time : 23/5/2020 @ 7AM

Patient Attendant : [Signature]
 Signature :

Name : Srinandan

Relationship with Patient: Husband

Date & Time : 23/5/2020 @ 7AM

Witness : [Signature]
 Signature :

Name : Madhuri


Date & Time : 23/5/20 @ 7AM

Doctor (who is taking the consent) : [Signature]
 Signature :

Name : Dr Manisha

Date & Time : 23/5/2020 @ 7AM


PATIENT TRANSFER FORM

Patient Name & UHID No. BAH-00641934 IP26-00006410 Mrs CHANDANA GURAPPU 01-09-1996 29 Y 8 M 22 D (F) Dr. PADMAJA YELISETTY 		Date & Time of Admission 23/5/26 @ 6:56 AM	Date & Time of Transfer Order 23/5/26 @ 9:00 AM
		Transfer Ordered by Dr. Mounisha	Reason for Transfer Emls
From Unit Inespos +	To Unit (OT)	Information to Attendant Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	
Number of Sheets in Clinical File 20	Number of Imaging Films NST-1	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, what ?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.	R2	①	
2.			
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes <input type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring Alanti @ Alanti		Name of Person Ordered Transfer Dr. Mounisha	
Patient & Clinical Records Received by : Sindipta			
Date & Time of Patient Received : 23/5/26 @ 9 AM			

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

- Unavailable Bed
 Nurse not Available
 Available Bed not ready

PATIENT TRANSFER FORM

Patient Name & UHID No. BAH-00641934 IP26-00006410 Mrs CHANDANA GURAPPU 01-09-1996 29 Y 8 M 22 D (F) Dr. PADMAJA YELISETTY 		Date & Time of Admission 23/5/26 @ 6:56 AM	Date & Time of Transfer Order 23/5/26 @ 11:40 AM
		Transfer Ordered by Dr. Heena	Reason for Transfer observation
From Unit OT	To Unit PRE-POST	Information to Attendant Yes <input type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File 35	Number of Imaging Films 1	Personal belongings including clinical documents. If any handed over to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, what ?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.	R.L IV fluids	01	
2.			
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring Sudipra/B		Name of Person Ordered Transfer Dr. Heena	
Patient & Clinical Records Received by : Alex 11:05 AM			
Date & Time of Patient Received : 23/5/26 @			

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

BAH-00641934 IP26-00006410
Mrs CHANDANA GURAPPU
01-09-1996 29 Y 8 M 22 D (F)
Dr. PADMAJA YELISETTY



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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 24/5/26 Time: 10:00am

Origin: Indian Height: 149cm Weight: 72kg BMI: ~ 26 kg/m²
 ~ 28 kg/m²
 ~ 30 kg/m²

Food Allergies: Mushroom 32 kg/m²

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: [Signature]

Name:

Date & Time: 24/5/26; 10:00am

Dietician's

Signature: [Signature]

Name: Syeda Sobija Zahed

Date & Time: 24/5/26; 10:00am

