

Fatima - 9154865024.

Dr. Padmaja. Y.

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

Date: 16/02/2026 UHID / IP No.: HNH-00012548 SI No. 1145
 Name of Patient: Mrs. Shayella M. Van Age: 31 yrs Gender: F
 Father's / Husband's Name: Mrs. Mohd. Sayidulla Corporate / Occupation:
 Address: Shahpet Phone: 6281881686 Email:
 Procedure / Plan: Normal EDD/Dos:
 MODE OF PAYMENT: ☒ SELF ☐ TPA: Self ☐ GIPSA: OTHER:

TARIFF INFORMATION:

Particulars	Package Amounts (Rs.)	
Room Category	Normal Delivery	LSCS
Multi Shared Ward		
Shared Ward		
Twin Shared Ward		
Private Room	1.35K	1.45K
Super Deluxe Room	1.55K	1.65K
Suite Room	2.60K 4 days	
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>2,600</u>	Investigations up to <u>3,000</u>
Others <u>Well Baby Bill</u>	<u>25K to 35K approx</u>	

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

Initial Minimum Deposit: 80%

MARKS: Neonatologist, Grouping, SSB, Vaccinations, LSCS, Hepatitis B, Pethio

- 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

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.

In case of any difference 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 cash tariff would be applicable.

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

Estimates are subject to revision

Please 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 conditions applicable. In case the TPA / Insurance Company rejects the claim for whatsoever reasons at any point of time I will settle the hospital bill with the hospital without any ambiguity.

Signature of the Client

Signatory Relationship

Signature of the financial Counselor

2000

HNH-00012548 IP26-00006823
Mrs SHAYESTA
19-03-1994 32 Y 3 M 23 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 : 12/7/26

Patient Name: Mrs. Shayesta Date of Birth: 19/3/1994 Age: 32 Yrs

Gender: Female Ward: OT-11 UHID No: HNH-00012548

Date of Surgery: 12/7/26 ☐ OT-1 ☒ OT-2 ☐ OT-3 ☐ OT-4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery: Emergency CS

Time in : 11:30am

Time Out : 2:15pm

	NAME	AMOUNT
1. Surgeon	Dr Padmaja	
2. Anaesthetist	Dr. Prigadashtur Dr. Suresh	
3. Assistant Surgeon	Dr. Prigadashtur Dr. Rungathur	
4. OT Technician	Br. Arund	
5. Circulating Nurse	Pooja Sangeetha	
6. Assistant Nurse	Sr. Archana	

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

Signature of the Surgeon
Dr. Padmaja

Signature of Circulating Nurse
Archana

Order No: 26-0000243136

Order by: Archana 12/7/26 @ 17:23pm

Docu. No. : RCHL-1/FRM / GENERAL / 114



11. April 1911
1/10 100

1000



100 100

1000 1000



CONSUMABLES OF OT

Circulating staff : gula Technician : Anwin Date : 12/12/26 Time :

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube			Major Pack <u>uses</u>	<u>1</u>	<u>1</u>	Inj Vit.K	<u>4</u>	<u>4</u>
LMA			Sutures <u>2347</u>	<u>14</u>	<u>14</u>	Cord Clamp	<u>4</u>	<u>4</u>
ECG leads : <u>A / P / N</u>		<u>03</u>	<u>2317, 2518</u>	<u>04</u>	<u>04</u>	Suction Catheter		
HME filter : A / P / N			<u>3050</u>	<u>1</u>	<u>1</u>	Feeding Tube <u>5</u>	<u>4</u>	<u>4</u>
Syringes : 10 cc		<u>05</u>				Vaccum Suction Set	<u>1</u>	<u>1</u>
05 cc		<u>04</u>	Gloves <u>S.G 6 1/2</u>	<u>18</u>	<u>18</u>	Surgical Gloves <u>S.G 6 1/2</u>	<u>13</u>	<u>13</u>
02 cc		<u>04</u>	<u>encore 6 1/2</u>	<u>1</u>	<u>1</u>	Gauze Pack <u>10x10</u>	<u>2</u>	<u>2</u>
01 cc		<u>01</u>	<u>(PS) 7</u>	<u>4</u>	<u>4</u>	Syringe 1ml / 2ml	<u>2</u>	<u>2</u>
Cautery plate : A / P / N		<u>01</u>	Surgical blade <u>22</u>	<u>1</u>	<u>1</u>	Surgical Blade # 20	<u>1</u>	<u>1</u>
IV set		<u>01</u>	NG tube			Koochies (S)		
RL		<u>106</u>	Cautery pencil	<u>1</u>	<u>1</u>			
NS : 10ml / 100ml / 500ml / 1000ml			Koochies <u>xxl</u>	<u>1</u>	<u>1</u>	<u>Baby Said</u>		
<u>Oxytocin</u>		<u>15</u>	Ointments			<u>26-000021317 0</u>		
<u>Tianexa</u>		<u>02</u>	Suction Catheter					
Fentanyl		<u>01</u>	Cap, Mask	<u>10</u>	<u>10</u>			
Morphine			Gauze Pack <u>8-20x10</u>	<u>10</u>	<u>10</u>			
<u>Ketamine Methargen</u>		<u>10</u>	Mop Pack	<u>4</u>	<u>4</u>	<u>Bakri balloon</u>	<u>1</u>	<u>1</u>
Propofol			Steristrip					
Rocuronium			Underpad	<u>2</u>	<u>2</u>			
Glycopyrolate			Draw sheet					
Myopyrolate			Abgel	<u>1</u>	<u>1</u>			
Ondansetron			Foleys catheter					
Pencan 25g/ Spinal Needle 22		<u>01</u>	Urobag					
Bupivacaine 0.25%			Chest Drainage Catheter					
Bupivacaine 0.25%(Heavy)			Romodrain bag					
Antibiotics			Bandage					
<u>Anwin heavy</u>		<u>04</u>	Tegaderm					
Suppositories			<u>loban</u> <u>Tip cleaners</u>	<u>1</u>	<u>1</u>			
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg		<u>01</u>	Vaccum Suction set	<u>1</u>	<u>1</u>			
Justin : 12.5 mg / 25mg / 100mg		<u>01</u>	Plastic Bed Sheet					
Tab. Misoprost : 200mg		<u>15</u>	Betadine Solution	<u>2</u>	<u>2</u>			
<u>Encore 6-5</u>		<u>01</u>	Microshield	<u>2</u>	<u>2</u>			
<u>Gauze 7.5x7.5</u>		<u>04</u>	Cotton Balls	<u>1</u>	<u>1</u>			
<u>fox patch</u>		<u>02</u>	Latex Gloves	<u>20</u>	<u>20</u>			
<u>O2 mask (A)</u>		<u>01</u>	Ramdione Scrub					
<u>Themacaine 2%</u>		<u>01</u>	Saral					

Surgeon

Anaesthesiologist

Nurse

OT Technician

Order No. : 26-0000213167 / 66 / 65

Ordered by : Arihana 12/12/26 @ 18:38 pm

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



Rainbow Children's Hospital-Himayatnagar

Rainbow Children's Hospital, Plot no. 3 & 4, opp. Cafe niloufer, Old MLA
quarters road AP State High School Building, Himayatnagar, Hyderabad.

040 1234 5678 info@rainbowhospitals.in



ELECTRONIC MEDICAL PRESCRIPTION

MRN : HNH-00012548 Patient : Mrs SHAYESTA
Age / Sex : 32 Y 3 M 23 D / Female Doctor : PADMAJA YELISETTY
Adm/Reg Date/Time : 12/07/2026 11:11 Payer : SELF PAY
Order Date : 12/07/2026 18:36 Patient ID : 26-0000213166
Visit ID : IP26-00006823 Address : 4F -OT / LDR-416
Patient Address : 8-1-299/b/19 madhur hills, Hyderabad, India, 500008

S.No	Description	Generic Name
1	SUPRIDOL SUPPOSITORIES 100 MG 5 S	
2	FACE MASK 3 LAYER - ELASTIC	FACE MASK 3 LAYER
3	SURGEON CAP FEMALE SAFE SECURE	
4	NITRILE EXAMINATION GLOVES P F- MEDIUM	
5	VICRYL PLUS 1 VP (2347)	VICRYL PLUS 1 VP 2347
6	IRL 500 ML CLOSED SYSTEM	RINGIER LACTATE 500ML CLOSED
7	DSYRINGE 10ML (NIPRO)	SYRINGE 10ML

Duration	Instruction	Qty	Status
1 Days		1 Nos	Ordered
1 Days		10 Nos	Ordered
1 Days		10 Nos	Ordered
1 Days		20 Nos	Ordered
4 Days		4 Nos	Ordered
6 Days		6 Bottle	Ordered
1 Days		5 Nos	Ordered

PADMAJA YELISETTY

Reg No : 52427

* This document is just for reference purpose only. Not

Note

* This prescription is valid only for specified duration

* Do not refill medicines.



ELECTRONIC MEDICINE PRESCRIPTION

MRN	: HNH-00012548	Name	: Mrs SHAYESTA
Age	: 22 3 M 22 D / Female	Doctor	: PADMAJA YELISETTY
Ad	: 25 11 11	Payor	: SELF PAY
Y	: 2013		
City	: Hyderabad		
State	: Telangana, INDIA, 500008		

		y		status
				Done

PADMAJA YELISETTY

Reg No : 52427

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

Note

* This prescription is valid only for specified duration.

* Do not refill medicines.



附：中国书画函授大学肇庆分校建校二十周年纪念册

MEDICAL SECTION

MRN	HNH-000124
Age / Sex	32 Y 3 M 23
Adm/Reg Date/Time	12/07/2026
Order Date	12/07/2026
Visit ID	IP26-000068
Patient Address	8-1-299/b/16

F	SHAYESTA
G	MAAJA YELISETTY
H	I PAY
C	0000213185
V	OT / LDR-416
ki, Hy	INDIA, 500008

S.No	Description	Gen
1	ENCORE MICROPTIC GLOVES-6.5	
2	PENCAN 2% G 3 1 2	PENCAN
3	BACTOPHILIC SOLUTIONS 100 ML	
4	OSYRINGIC 1% ML (NIPRO)	SYRINGIC
5	BIOXAMIC 5% MG INJ	
6	LSCS DRAPPE PACK (PROTECTICARE)	
7	EVATOCIN 1% XYTOCIN INJ 5 IU 1 ML	
8	ABGEL 50% IN PAD (BIG) (GELSPON)	ABGEL
9	LOX-LIDOLAIN 5% PAPER PATCH 25	
10	VACUUM SOLUTION SET	
11	VICRYL 2% USP 2317	VICRYL
12	UNDERPAD 60X90 10's Pack + MEDICUBE	
13	MOPS 30X 10RPLY 55 X-RAY	MOPS 30X
14	TIP CLEANER ELECTRO BRASIVE (REF E2401)	
15	BCV-INTRAMIX SAFE SET	
16	Oxygenator with Tubing Adult ROMIONS-FC	
17	METHYRLIN INJ 1 ML	
18	OSYRINGIC 1% ML (NIPRO)	SYRINGIC
19	MISOPROSTOL TAB 200MG 45	
20	CAUTERY PEN (ADVANTAGE)	
21	SURGICAL BLADE 22	SURGICAL
22	COTTON TAPE 2 CM 5 NOS	
23	POVINAM/ 5% SOLUTION 10% 100 ML	
24	JUSTIN'S 1% STORIES 100 MG 5'S	
25	ANAWIN 1% 5 MG INJ 4 ML	
26	ECCGELLETT (KODAS) (ADULT)	
27	VICRYL USP 1% VP2518	
28	GAUZE SWAB 10 X 10 CM 12PLY 55 X-RAY	
29	PREGELLETT SURGICAL PLATE (ADULT)	PREGELLETT
30	ADULT DIAPHRAGM-XXL	
31	SGLOVE 5% (SURGICARE)	SURGICARE
32	Mometrol 3-1 23650	
33	THEMIGAN 1% 30ML INJ	
34	BAKRI (BA) 10050X	

Location	Instruction	Qty	Status
P5		2 Nos	Dispensed
		1 Nos	Dispensed
		2 Nos	Dispensed
		3 Nos	Dispensed
		2 Ampule	Dispensed
		1 Nos	Dispensed
		1% Vial	Dispensed
		1 Nos	Dispensed
		2 Nos	Dispensed
		1 Nos	Dispensed
		2 Nos	Dispensed
		2 Nos	Dispensed
		4 Nos	Dispensed
		1 Nos	Dispensed
		1 Nos	Dispensed
		1 Nos	Dispensed
		2 Vial	Dispensed
		3 Nos	Dispensed
		5 Tabs	Dispensed
		1 Nos	Dispensed
	1 Nos	Dispensed	
	1 Nos	Dispensed	
	1 Nos	Dispensed	
	7 Nos	Dispensed	
	1 Nos	Dispensed	
	1 Vial	Dispensed	
	2 Nos	Dispensed	
	1 Nos	Dispensed	
	3 Pak	Dispensed	
	1 Nos	Dispensed	
	1 Nos	Dispensed	
	6 Nos	Dispensed	
	1 Nos	Dispensed	
	1 Nos	Dispensed	
	1 Nos	Dispensed	

PADMAJA YELISETTY

Reg No ' 52427

* This document is just for reference & purr

Note

* This prescription is valid only

- Do not refill medicines.

ELEC⁷

'CI DESCRIPTION

MRN	HNH-00016537
Age / Sex	0 Y 0 M 0 D 7 H / Fem
Adm/Reg Date/Time	12/07/2026 12:40
Order Date	12/07/2026 18:50
Visit ID	IP26-00006824
Patient Address	8-1-299/b/19 madhur i

: Baby Of SHAYESTA
: DILNAAZ FAROOQUI
: SELFPAY
: 26-0000213170
: 4F -OT / CRDL-HNPDA-413-1
gana, INDIA, 500008

S.No	Description	Generic Name
1	INJ-F K INJ 1 MG 0.5 ML	
2	VACCUME SUCTION SET	
3	INFANT FEEDING TUBE-5	INFANT FEEDING 5
4	10 SYRINGE 1ML (NIPRO)	SYRINGE 1ML
5	SURGICAL BLADE 20	SURGICAL BLADE
6	SG GLOVE # 6.5 (SURGICARE)	SURGICAL GLOVE
7	CORD CLAMP- ALPHAMEDICARE	

Row	Duration	Instruction	Qty	Status
1	1 Days		1 Vial	Ordered
2	1 Days		1 Nos	Ordered
3	1 Days		1 Nos	Ordered
4	1 Days		1 Nos	Ordered
5	1 Days		1 Nos	Ordered
6	1 Days		2 Nos	Ordered
7	1 Days		1 Nos	Ordered

DILNAAZ FAROOQUI

Reg No : 56763

* This document is just for reference purpose only

Note

* This prescription is valid only for specified class

* Do not refill medicines.

Name	Mrs SHAYESTA	UHID	HNH-00012548
Father/Guardian	Mr MOHD SAIF KHAN	Age/Gender	32 Y 3 M 24 D/ Female
Address	8-1-299/b/19 madhur hills shaikpet, Tolichowki, Hyderabad, Telangana, INDIA, 500008		
IP No	IP26-00006823	Admission Date	12-07-2026
Ref Doctor	SELF		
Discharge Date	15.07.2026		

DISCHARGE SUMMARY

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

Diagnosis: G3P1L1A1 AT 36⁺6 WEEKS WITH MILD ANEMIA WITH BETA THALASSEMIA TRAIT WITH GESTATIONAL DIABETES MELLITUS ON DIET WITH PLACENTA PREVIA WITH SEVERE ANTEPARTUM HEMORRHAGE FOR EMERGENCY LOWER SEGMENT CAESAREAN SECTION

EMERGENCY LOWER SEGMENT CAESAREAN SECTION DONE ON 12.07.2026

History:

LMP: 27.10.2025
EDD: 03.08.2026

Obstetric formula: G3P1L1A1
Gestation at admission: 36⁺6 weeks

Name	Mrs SHAYESTA	UHID	HNH-00012548
IP No	IP26-00006823	Admission Date	12-07-2026

Obstetric History:

G1 - 2023 - FTVND, history of GDM on diet and PROM , 2.84kg, A&H.

G2 - 2025 - Spontaneous miscarriage (9⁺⁶ weeks), MERPC done

G3 - Present Pregnancy, Spontaneous conception.

Medical History: Beta Thalassemia trait on 2023, GDM since

Surgical History: Nil

Family History: Father-HTN+DM, Mother-DM

Allergies: Nil

Antenatal Details:

Mrs SHAYESTA was booked to Rainbow hospital at 7 weeks of gestation. She had regular antenatal checkups and investigations as advised. NT scan normal. FTS-Low risk, TIFFA was normal, posterior low lying placenta, reaching os. Fetal echo normal. She was diagnosed with gestational diabetes mellitus (OGTT 98/176/155) at 20+2 week. She was started on diabetic diet, following which her home GRBS monitoring were normal. Fetal monitoring done by serial growth scans. Scan done on 03.07.2026 at 35⁺⁴ showed single live fetus with cephalic presentation, AFI- 15cm Placenta-posterior low reaching the os, EFW- 2.640kg (41%) AC -62% with normal dopplers. Couple were counselled in detail regarding need for planned elective LSCS, contraindication to trial of vaginal delivery, risk of postpartum hemorrhage, need for blood and blood products transfusion. She was admitted at 36⁺⁶ with complaints of bleeding per vaginum.

Name	Mrs SHAYESTA	UHID	HNH-00012548
IP No	IP26-00006823	Admission Date	12-07-2026

Investigations: Enclosed.
Blood group: "B" Positive.

Management:

Course in hospital and Delivery Details:

At admission, on clinical examination the vitals were BP -119/70 mmHg, PR-105 bpm, uterus was irritable, on vaginal examination Active bleeding present associated with clots passage. Fetal well being was confirmed by an admission CTG which was found to be reactive. Family was recounselled regarding need for emergency LSCS in view of placenta previa and active bleeding. Blood and blood products were reserved. She was decided for emergency C- section in view of Placenta previa with APH and was prepared with indwelling Foley's catheter and IV canula under aseptic conditions. Written informed consent for surgery taken. Preanesthetic check up done. Anesthetic premedication (IV Pantop and Perinorm) given. Patient shifted to theatre.

Surgery Notes:

Under general anesthesia she was painted and draped as per hospital protocol. Abdomen opened in layers. The parietal and visceral peritoneum carefully opened after identifying the urachus. Bladder was reflected. A lower segment curvilinear incision given on the uterus. Baby delivered. Cord clamped and cut and cord blood collected for blood grouping and Rh typing. Baby handed over to pediatrician. Placenta delivered with controlled cord traction. Uterus closed in layers. Hemostasis secured. Instruments and swab count checked. Rectus sheath closed. Subcutaneous fat approximated. Skin closed with Mattress sutures. Wound dressing done. Vagina cleaned with Betadine solution after

Name	Mrs SHAYESTA	UHID	HNH-00012548
IP No	IP26-00006823	Admission Date	12-07-2026

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 Well formed.**
- * **placenta posterior low reaching the os**
- * **Transverse vessels seen over cervix.**
- * **Multiple Hemostatic sutures applied.**
- * **Bilateral Uterine artery ligation done.**
- * **Modified B- Lynch sutures applied.**
- * **Vaginal pack kept**
- * **Bakri balloon inserted (30cc inflated)**
- * **1 Unit PRBC transfusion started intraoperatively**
- * **Oxytocics given Hemostatis achieved.**

Delivery Details :

Date : 12.07.2026

Time of Delivery: 11:45am

Type of Delivery: Emergency lower segment caesarean section

Indication : Placenta previa with severe APH

Anaesthesia : Spinal

Baby Details:

Date : 12.07.2026

Time : 11:45am

Sex : Female

Weight : 2.940kg

Name	Mrs. SHAYESTA	UHID	HNH-00012548
IP No	IP26-00006823	Admission Date	12-07-2026

Apgar : 8,9
Gestational Age: 36⁺⁶ weeks
NICU Admission: No

Post-Operative Notes:

She was closely monitored. Her vital signs remained stable. Uterus was well retracted with no Postpartum hemorrhage. Breast feeding initiated. On next day CBC was done, Hb- 9.8 g, WBC- 16,040, PLT-1.64 Lakh . Bakri balloon and vaginal pack removed on first postoperative day. She was shifted to room. Her postoperative period following that was uneventful. On POD 2, FBS was 101mg/dl and PPBS was 150 mg/dl for which physician opinion sought and advise was (no active intervention) followed, in view of anemia physician opinion sought ,advised Inj. FCM 500 mg I.V. (given on 15.07.2026). On second postoperative day dressing was changed. On inspection wound was healthy. Her general condition was satisfactory and she was found to be fit for discharge. Wound care and medications were explained to patient supplemented by written information. She was given the postpartum book for further reference.

Advice:

1. Inj. Magnex forte 1.5 g twice daily till 16.07.2026 (9am-9pm) after food. (Must be taken at hospital)
2. Tab Metronidazole 400mg thrice daily (8am-3pm-10pm),till 18.07.2026 after food.
3. Tab. Calpol 500mg (Paracetamol 500mg) (2tabs) thrice daily till 16.07.2026 (8am-2pm-10pm) after food.

Name	Mrs SHAYESTA	UHID	HNH-00012548
IP No	IP26-00006823	Admission Date	12-07-2026

4. Tab. Voveran 50 mg (Diclofenac 50mg) thrice daily till 16.07.2026 (9am-3pm-11pm) after food.
5. Tab. Pantop 40mg twice daily till 18.07.2026 (7am-7pm) before food.
6. Tab. Livogen (Elemental Iron - 50mg, folic acid 1.5mg) once daily (7am) for three months before breakfast.
7. Tab. Shelcal (Elemental Calcium 500 mg, Vitamin D3 250 IU) once daily (2pm) till breast feeding for after food.
8. Tab Zofer 4mg SOS (for nausea / vomitings)
9. Inj. Clexane 40 units subcutaneously till 19.07.2026.
10. Nebasulf Powder for local application.
11. Repeat FBS and PPBS after 2 weeks and review.

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

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

Review with **Dr. Padmaja Yelisetty**, afterafter **1 week** on **22.07.2026** Rainbow Children's Hospital with prior appointment (**Review consultation will be charged**).@09:00AM

For Women Who Have Had a Caesarean Section

Care of the wound:

- 1.You can bath and shower.

Name	Mrs SHAYESTA	UHID	HNH-00012548
IP No	IP26-00006823	Admission Date	12-07-2026

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

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

Patient/ Attender

In case of emergency like bleeding, fever [please refer to postpartum book for further details - Chapter II page 6] kindly contact 9154865045 at Rainbow Children's Hospital Himayathnagar 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

PATI

HNH-00012548

IP26-00006823

Mrs SHAYESTA

19-03-1994

32 Y 3 M 26 D

(F)

M

Dr. PADMAJA YELISETTY



	Date & Time of Admission	Date & Time of Transfer Order 19/7 Ea Am
Treating Consultant Name	Transfer Ordered by Dr. Dhruva	Reason for Transfer FCM Ins
From Unit 209	To Unit LDR	Information to Attendant Yes ☐ No ☐
Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☐ If yes, what ?
Medications / Consumables / Surgicals / Hand over		
Sl.No.	Item Name	Quantity
1.		
2.		
3.		
4.		
5.		
Shifting Summary / Notes Written by Doctor : Yes ☐ No ☐		
Name & Signature of Person who is Transferring		Name of Person Ordered Transfer
Patient & Clinical Records Received by :		
Date & Time of Patient Received :		

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

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

HNH-00012548 IP26-00006823
Mrs SHAYESTA
19-03-1994 32 Y 3 M 23 D (F)
Dr. PADMAJA YELISETTY




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BLOOD TRANSFUSION REACTION FORM

Blood Group of the Patient: B+ve Blood Group on the Blood Bag: B+ve
Blood Bank Issue No: 1349 Date of Collection: 23/6/26 Date of Expire: 4/8/26
Date & Time of Starting Transfusion: 12/7/26 @ 1:45 Date & Time of Stopping of Transfusion: 12/8/26 @ 5 PM

PLEASE TICK MARK IF ANY DURING THE TRANSFUSION

Was the patient monitored during transfusion and the monitoring form filled completely? Yes ☐ No ☐

Fever: ☐ Yes ☒ No

Hypotension: ☐ Yes ☒ No

Jaundice: ☐ Yes ☒ No

Chills: ☐ Yes ☒ No

Hypertension: ☐ Yes ☒ No

Shock: ☐ Yes ☒ No

Rigor: ☐ Yes ☒ No

Breathlessness: ☐ Yes ☒ No

Cyanosis: ☐ Yes ☒ No

Hematuria: ☐ Yes ☒ No

Comments: No Reaction.

Nurse Name: Arvind Nurse Signature: [Signature]

Doctor Name: Dr. Anurag Doctor Signature: [Signature]

- NOTE:**
1. Please send this duly filled form to laboratory along with empty blood bag.
 2. In case of transfusion reaction, stop the transfusion immediately keeping the I.V. line patent.
 3. In case of suspected transfusion reaction please send the following immediately to the laboratory along with the blood bag i.e. patient's urine sample and patient blood sample in EDTA.

ADMISSION SHEET

Registration Details :



Admission No : IP26-00006823 **Admit Date** : 12-Jul-2026 **Admit Time** : 11:11 AM **UHID** : HNH-00012548

Patient Details :

Patient Name :	Mrs SHAYESTA	Age :	32 Y 3 M 23 D
Guardian :		DOB :	19-03-1994
Gender :	Female	Religion :	
Occupation :		Martial Status :	
Address (H) :	8-1-299/b/19 madhur hills shaikpet Tolichowki Hyderabad Telangana INDIA 500008	Phone No :	6281881686/ 9676860646
		E-mail :	shayestavasi@gmail.com

Admission Details :

Bed Type : TWIN SHARING **Bed No** : LDR-416 **Ward Name** : 4F -OT
Room No : LDR-416 **Admission Type** : First Visit

Contact Details :

Name : **Relationship** :
Contact Address : **Phone No** :



Signature

Doctor Details :

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

Payment Details :

Deposit Amount : 50000.00
Payment Mode : DC/CC Card **Payor Name** : SELFPAY



BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 12/7/26 Time: 1:48
 Blood Group of the Patient: B+ve Blood Group on the Blood Bag: B+ve
 Blood Bank Issue No: 1349 Date of Collection: 23/6/26 Date of Expiry: 4/8/26
 Date & Time of Starting Transfusion: 12/7/26 @ 1:48 Planned duration of Transfusion: 12/7/26 @ 5pm.
 Check for Correct Unit: ☐ Correct Patient: ☐
 Blood products cross checked by: Nurse 1: Arvind Nurse 2: Archan
 Before starting transfusion vitals: Temp: 97.8 HR 75 RR: 20bmt BP: 107/65 SpO₂ 100%

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO ₂	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
12/7/26	15 Min	70	97.8	103/60	100	-	-	-	-
12/7/26	15 Min	71	97.8	117/79	100	-	-	-	-
12/7/26	30 Min	75	97.8	110/70	99%	-	-	-	-
12/7/26	30 Min	85	98.8	99/69	99%	-	-	-	-
12/7/26	30 Min	82	97.8	100/50	98%	-	-	-	-
12/7/26	30 Min	88	97.8	98/69	98%	-	-	-	-
12/7/26	1 Hr	85	97.8	99/60	98%	-	-	-	-

Comments: No Reaction

Name of the Incharge-Nurse: Akhila Name of the Nurse: Arvind
 Signature of the Incharge-Nurse: Akhila Signature of the Nurse: Arvind
 Date & Time: 12/7/26 @ 5pm Date & Time: 12/7/26 @ 5pm

Phone : 8790221175 , 8341711775

SURYA BLOOD CENTRE

(A unit of Telangana Development Committee)

#3-6-150, First Floor, Above Indian Bank, Main Road, Himayatnagar, Hyderabad-29.

Lic No. 111/HD/TS/2021/BC/G

✓ **PACKED RED CELLS I.P. 220-280 ml**

Anticoagulant : CPDA Solution U.S.P. 49 ml / 63ml

Prepared from a **VOLUNTARY DONOR / REPLACEMENT**

Blood Group.: **' B ' Rh (D) Type : POSITIVE**

Blood Bag No.: **1349** Volume: **250ml** Collection Date: **23/6/26**

Tested Date: **23/6/26** Expiry Date: **4/8/26**

Tested and Found Negative for HIV I & II antibodies, HBsAg, HCV antibodies, VDRL & Malaria Parasites.

CAUTION 1) Do not use if there is any visible evidence of deterioration like haemolysis, clotting & discolourisation.

2) Storage temperature 2°-6° C.

3) Bring the Blood bag to room temperature before transfusion.

4) Do not keep the Blood Bag in De-Freezer compartment in refrigerator.

5) Shake gently before use. 6) Administer without warming.

7) Transfuse under medical supervision only.

8) Do not add any medicine to the blood.

9) Use a fresh, sterile pyrogen free disposable transfusion set with filter.

10) Do not dispense without prescription.

11) Check Blood Group & Rh Type on label and Recipient Group & Rh type before administration.

12) Cross match before use. 13) Appropriate compatible, cross matched blood without a typical antibody in recipient should be used.

14) If Hemolysin is present in D-Negative blood units it should be transfused to the same blood group recipient only.

Please Note : It is advised that this Blood Bag which is stored in our Blood Centre refrigerator at ideal temperature must be transfused immediately without further storing it. This Blood Bank bears no responsibility if this bag is further stored with-

ACTIVITY RECORD FOR BILLING

Name : _____ HNH-00012548 IP26-00006823
Mrs SHAYESTA
UHID No. : _____ 19-03-1994 32 Y 3 M 23 D (F) sultant: _____ Dept : _____
Dr. PADMAJA YELISETTY
Date of Admission: _____ e of Discharge : _____ Time: _____
Room / Bed No : _____ Ward : _____ Suggested Billable bed type : _____

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
12/7/26	11:30 AM	PRe - Post	OT	Suialtha/Kanuka
12/7/26	2:30 PM	OT	Prepost	Pia/Suialtha
13/7	11:20 AM	Prepost	(Room)	Dinika

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	Dr. Tejswini	13/7/26	13680	Dr. Tejswini
2				
3				
4				
5				
6				
7				
8				
9				
10				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
12/7	RBS CBP ✓	11555 ✓	Sri
12/7	NST ✓	008410 ✓	hi
12/7	GRBS - 102 mg/dl (11AM) ✓	11560 ✓✓	hi
12/7	LRBS - 86 mg/dl (6PM) ✓	11581 ✓✓	A
12/7	CBP 10pm ✓	11587 ✓	
13/7	GRBS - 98 mg/dl (12AM) ✓	11593 ✓✓	Anu
13/7	RBS - GAm 88 mg/dl ✓	11594 ✓	Anu
			Cross checked by Sunita 13/7/26 @ 3:39 pm
14/7	FBS. GURBS - 101 mg/dl (6am) ✓	11686 ✓	Sandhya
14/7/26	PPBS - 60 mg/dl (11AM) ✓	11727 ✓	Qm
		Cross checked done 15/7/25	

MEDICAL EQUIPMENT (WARD & ICU)

[illegible]

[illegible]

Prepared By :

Billing Supervisor

ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

Can't clo BPV: 1 hr
Eclamps

Obstetric Formula: G3P1A1

LMP: 27/10/2015

EDD: 31/8/2020

Corrected EDD:

GA:

Menstrual History: Regular: ☒ Yes ☐ No

Obstetric History:

G1, 21/5/2013 / FIVD / 37th / Comm on 2nd / Preterm 2-84 - AHA

G2 - Sp miscarriage (9th) / MEAPCE
G3 - PP, Spm Contraception

Obstetric Examination

Fundal Height: ~ 36 cm

Present Pregnancy Record:

NT - @

PP -

TIFP -

2 D Feels - Deceased

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

Liquor: ☒ Adequate ☐ Oligo ☐ Poly

PP: ☒ Cephalic ☐ Breech Others _____

Head Fifts Palpable: _____

FHS: ☒ Normal ☐ Tachy ☐ Brady ☐ Absent

RISK FACTORS:

1. Preterm labor

Per Speculum Examination

not done

Draining: ☐ Present ☐ Absent ☐ Bleeding

Colour of Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Vaginal Examination

not done

4/8

Active

20V @ 0 Clots

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

Height: cm

Weight: kg

Allergies: Nil

Breast: ☒ Normal ☐ Abnormal

General Examination: Poor

Consciousness: (+)

Pallor: 70

Icterus: (+)

Edema: 70

Temp: Afebrile

PR: 129 → 105

BP: 119/70

DTR: (+)

CVS: 70

RS 3A (+)

Liver/Spleen: 70

Urine Output: Adeq

DIAGNOSIS

G3 P1A1 / 36th wk / Preterm SUB / Bthal tract / Comm on 2nd -
E APR for EMUS



Family History:

Father - H/W / DM
Mother - DM
Met 9 out Side H/W / DM

Surgical History:

Nil

Medical History:

9 B Thel for
Com. :-

Medication History:

7 - Iron / Calum.

Plan of Care:

- NBM
- Pains Precaution
- Informed consent
- Wounds as check
- 2 @ PRBC Cross match
- Check for Availability
- Inform Anest / Pedestrian
- Frey's catheter
- Start to off on call

Investigations:

BH - B Positive

Feb - 10.8
WBC - 12.10
Plt - 177

H/W
Hb 12g
VDR } VR

Use (3/7 hours)

SWT 35+4 / Vx
Pl. Portr / low for the ready
the OS

APR - 15cm

AC - 62% BPO - 2.64 (Vx)

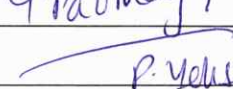
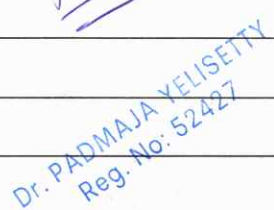
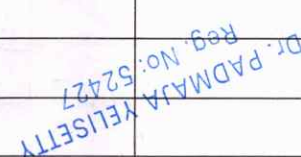
Doctor Name: Dr. Manish
Signature:
Date & Time:

Dr. PADMAJA YELISETTY
Reg. No: 52427

Consultant Name: Dr.
Signature:
Date & Time:



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/2/26 2:20pm	Explained to the husband in detail the events since admission → Placenta previa cause to bleeding. - Emergency LSCS done. → Baby in good condition. → Bleeding ++ several times. Given → Haemostatic sutures taken in placental bed → Uterine artery ligation done bilaterally → Modified Hayman's stitch put → Balloon inserted for balloon tamponade → Bleeding under control. → 24hr ICU observation. - The unit blood on flow - will check Hb and decide about further transfusion → Infection control by antibiotics	
	Husband's Signature 	Y. Padmaja's  P. Yelisetty 52427
		



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/11/2016	C/S 1b & mmm	
2:30pm	P500	
		<u>Ad</u>
	CC for Afebrile	NBM x 4-6h
	vitals Stable BP 115/68 PR 80	Drugs as chart
	PIA ut well retained	- W/F vitals & BP
	PW & Bleedy wire	- Ho monitoring
	40-300cc (or - Chem)	- GRBS 6th hourly → P500 @ PBS,
BMS		PBS to do
10 PBOC going on (Starts introp)		- Inform son
Baker's Balloon insitu		- CBP @ 10pm → clearw-fd
Vg and Pack insitu		- direct after that
		- Inform son
		<u>My</u> <u>Amend</u>
12/11/2016	C/S 1b Amm	
7pm	P500-0	
		<u>Ad</u>
	CC for Afebrile	
	vitals Stable BP 99/65 PR 75	- Allow sip > 7:30pm
		- Drugs as charted
GRBS	PIA ut well retained	- W/F vitals & BP
<u>86mg/24h</u>	BS @	- Send CBP @ 10pm
	PW Bleedy wire	- GRBS 6th hourly today
	40 300cc/hr	- Inform son
		- Foley's insitu till <u>My</u>
Baker's Balloon to remove c/m 6AM		Final order. <u>Amend</u>

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Mrs SHAYESTA

19-03-1994

32 Y 3 M 23 D

(F)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/7/2016	C/S/b & Mambhe	
12pm	Pon-O	
		Adh
	Ce For Afetmule	
	Vitals stable	- Allow liquid diet tonight
	PIA ut well retracted	- Collect CBP
	BB ⊕	- GEBS 6th hourly today
	PR: Bleeding wound	Pon 2 PBS, PPBS
	U. Pack mild soiled	- Foley's in situ full Pathwarden
		- Drugs as chart
		- Inform SD
	<u>Plan:</u> Vag Pack & Bani Blem	<u>my</u> <u>amman</u>
	removed qm 6AM	
	Pb Plan for cleaner & Soft Diet	
12/24/2016		
	Hb - 9.8	
	WBC - 16.04	} Inform Adh
	PIA - 164	
13/7/2016	Vitals stable	
4AM	ut well retracted	
	PR: Bleeding wound	
	GEBS - 28mg/ld (12pm)	
	U/S - no cells	<u>my</u> <u>amman</u>

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 Dr. PADMAJA YELISETTY



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/7/2026	Congo Dumbash	
6:36 AM	POD-0	
		<u>Adh</u>
	CC-Pow Afabrele	
	Uterus Stable	- Allow Soft Diet
	PIA Uterus retracted	- WIF vitals & BPV
	BS⊕	- Drugs as charted
	→ Bokeri Balloon deflated (~30w)	- Ambulation
	Vaginal Pack removed	- POD 2 - FBS & BPBS today
	observed for ~15min	- IVF/Analgesics / <u>Thromboprophylaxis</u>
	no Active Bleeding - vaginal as per Axene	
	Cavity found Empty	- Ifo monitoring
	Bokeri Balloon removed	- Foley insert till further order
	No Bleeding PR noted	- Exclusive Breast Feeding
		- Inform son
	NO Complaints	
		<u>My Dumbash</u>
	UFI Dr Padmaja Yelisetty	
	Dr Prayadashini	
	<u>Adh</u>	
	- Remove Foley's catheter	
	- Ambulation	
	- In clearance 400 @ 10 AM x 2d	
	- To keep in MICU	

BLA Not Soft milk
Baby well
Wt-500g
GRBS - 84

HNH-00012548

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IS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/7/26 7AM	cls/B. Axon Anesthesia team S/P → D/LA / Emergency LSCE. No fresh complement. O/E pt. conscious, afebrile. V/S → HR → 82/min BP → 96/65 mmHg. T - N, SpO ₂ - 98% on RA. C/E - CUC - S/S @ RS - BACF, clear. - NO Bleeding / Bactri Belon removed.	Adm: 1) Drugs as charted 2) Ambulation 3) Allow soft diet. 4) Vital monitoring 5) I/O monitoring. 6) Inform S/S.
13/7/2026 9:45am	cls/by. Dr. Naveena O/E GC - fair Afebrile SpO ₂ - 99% on RA PR: 84 bpm BP: 104/72 mmHg CULRS: NAD PA: ut. aetac fed well. Soft, NT Dress: q. dry & clean IIE: PV bleeding w/ Nk.	Adm - Soft diet - Adequate hydration - drugs as charted. - Ambulation - Encourage to void. - w/ F/V bleeding - Monitor Vitals - Inform S/S
		Dr. Naveena



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/7/26 2:35pm	C/S/B Dr. Padmaja POD -1	Adm
Baby & Mother	AC/aei afebrile BP: 113/67 mmHg PR: 85bpm P/A - Uterus Retracted well BSF L/E NAB.	- Soft diet - Adequate hydration - Drugs as charted - Ambulation - W/F bleeding P.V. - Monitor. vitals - Inform sos - Thromboprophylaxis as per AXON
Urine-passed Flatus-passed.	B/L Breast - soft	- PT can be shifted to Room
		Noted by Divya 2:35pm
	YELISETTY 52427	Dr. Padmaja P. Yelisetty 52427
	Dr. PADMAJA YELISETTY Reg. No: 52427	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/7/26 7:20pm	C/S/B Dr. Dina.	
	POD-1 P ₂ L ₂ A ₁ / arm.	
	C/C Fair	<u>Adv</u>
Baby & Mother	Afebrile	✓ soft diet now
	BP: 106/64 mmHg	✓ F/B Regular diet tomorrow
Urine /	PR: 77 bpm	✓ Adequate hydration
status / passed.	P/A uterus retracted	✓ Drugs as charted
stool	well.	✓ Ambulation.
	L/E NAB.	✓ w/f bleeding PV.
		✓ Monitor vitals
		✓ Inform SCS
		✓ FBS, PPBS on 14/7/26.
		Noted by Divya 13/7/26
14/7/26 8:30am	C/S/B Dr. Monisha Pod-2	
	QC for Afebrile	<u>Adv</u>
	vitals stable	✓ Regular Diet / Adeq Hydration
Baby well	P/A ut well retracted	✓ Drugs as charted
	BS ⊕	✓ Ambulation
	PV Bleedy wax	✓ w/f vitals & gov.
FBS 101 mg/dl		✓ PPBS today → (inform)
U ✓		✓ Inform SCS
P ✓		Noted by Divya
S ✓		14/7/26
		by Monisha

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/07/2026 4:15pm.	Teleconsultation by Dr Padmaja Yelisetty	
	OLE 6L-fair Afebrile SpO₂-100% on RA PR: 87bpm BP: 114/67mmHg. CUS/RS: NAD PA: ut. well retracted Soft, NT Dressing: dry & clean HE: PV bleeding WNL Baby: Mother's side BL breasts: soft minimal secretions	Ado Regular diet Adequate hydration drugs as charted w/ PV bleeding Ambulation physician opinion for parenteral Iron therapy Cirilo β-thalassemia trait Continue ix Ant Magnex forte for 2 more days Inj. Metrogyl to Oral Metrogyl Lap lactase 2-2-2 T. Domperidone 10mg 1-1-1 Tegaderm dressing TLM plan for discharge TLM after Parenteral Iron therapy

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/12/2026 4:30pm		<u>Adv</u> - Imq. FGM Soome in loom/N TLM < Monitor Vitals - Pn/um Sc.s Noted by Divya 14/12/26 Dr. Naveena.



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/7/26	C/S / B.D. / DUG	
8pm	POD-2 P ₂ L ₂ A ₁ / GDM.	
urine } Platus } stool }	CC fair Afebrile. BP: 105/75 mmHg PR: 70 bpm P/A Uterus retracted well U.EWNL PV bleed	Adv Regular diet Adequate hydration Drugs as charted Ambulation Tegaderm dressing tomorrow (15/7/26) Inj fcm 500mg IV on 15/7/26
Baby & Mother.	B/L Breast soft - Minimal secretion	Monitor vitals w/F PV bleed Inform SAs Noted by Divya 14/7/26
		

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Date & Time	Progress Notes	Doctor's Order
15/7/26 6:30 AM	C/S B.D. Dong POD-2 P ₂ L ₂ A ₁ / CDM.	
Urine stasis passed stool	Ce-fain Afebrile BP: 100/70 mmHg PR: 84/min P/A Uterus Retracted well. L/E PV bleed WNL.	Adv ✓ Regular diet ✓ Adequate hydration ✓ Drugs as charted ✓ Ambulation ✓ Tegaderm dressing today ✓ Inj Fern 500mg IV today ✓ Monitor vitals ✓ W/F PV bleed ✓ Infirm s/s.
	Baby & Mother: B/L Breast soft - Normal secretion	
15/7/26 10:40 AM	C/S B.D. S. Muralidhara POD-2 P ₂ L ₂ A ₁ / CDM Ce-fain Afebrile PR: 68/min BP: 110/80 mmHg P/A - Uterus retracted well L/E - PV bleed WNL	noted by Sr. Sandhya 15/7/26

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Date & Time	Progress Notes	Doctor's Order
	K/I Breant soft	R
		1. Regular diet
		2. Adequate Hydration
		3. Drugs as charted
		4. Ambulation
		5. Tegaderm changing
		6. w/4 prv Stools
		→ monitor vital
	Urine Stool } anal status	
	AC-Pur Afabule	
	vitals stable	
	P/A at well returned	
	B&P	
	R Bleeding case	
	by Fern completed → <u>pt comfortable</u>	
	Can be discharged	
	by omman	4. Padmagi T. Yelisetty 52427
	MAJA YELISETTY Reg. No: 52427	

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DRUG CHART

Date of Admission: 12/7 Drug Allergies: nil ☒ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

- GENERAL** - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.
- DOCTOR** - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
- Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
- Discontinue a drug by drawing a line **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:																			



REGULAR PRESCRIPTIONS

Weight. 74kg Ward.

DRUG : INJ CEFOTAXIME				Date Time	12/7
Dose 1g	Route IV	Frequency BD	Start Date 12/7	11AM	8/
Name & Signature of the Doctor Starting the Drugs: <u>M. Ammal</u>				STOP	
Additional Instructions: <u>tot den 8/</u>					
Daily Doctor's Endorsement by a Sign					
DRUG : INJ METRONIDAZOLE				Date Time	12/7 13/7 14/7
Dose 500mg	Route IV	Frequency TID	Start Date 12/7	6AM	10AM
Name & Signature of the Doctor Starting the Drugs: <u>M. Ammal</u>				STOP	
Additional Instructions: (tot den) <u>x48h</u>				Dr. Ammal	
Daily Doctor's Endorsement by a Sign					
DRUG : INJ PANTOPRAZOLE				Date Time	12/7 13/7 14/7
Dose 40mg	Route IV	Frequency BD	Start Date 12/7	7AM	10AM
Name & Signature of the Doctor Starting the Drugs: <u>M. Ammal</u>				STOP	
Additional Instructions: <u>x48h → FIB oral</u>				Dr. Ammal	
Daily Doctor's Endorsement by a Sign					
DRUG : INJ. PARACETAMOL				Date Time	12/7 13/7
Dose 1gm	Route IV	Frequency TID	Start Date 12/7	7AM	10AM
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Ammal</u>				STOP	
Additional Instructions:				Dr. Ammal	
Daily Doctor's Endorsement by a Sign					

Verified by Dr. Dhakshayani
 Verified by Dr. Dhakshayani
 Verified by Dr. Dhakshayani
 Verified by Dr. Dhakshayani

REGULAR PRESCRIPTIONS

Weight

Ward

DRUG : ENJ. MAGNEX FORTE				Date Time
Dose 1.5gm	Route IV	Frequency BD	Start Dt. 12/7	11 AM X 12/7 MT
Name & Signature of the Doctor Starting the Drugs: Dr. Amreen				STOP M Amreen
Additional Instructions: KSH				
Daily Doctor's Endorsement by a Sign				

DRUG : T. TRAMADOL				Date Time
Dose 100mg	Route ORAL	Frequency TID	Start Dt. 12/7	7 AM X 12/7 STOP
Name & Signature of the Doctor Starting the Drugs: Dr. Amreen				STOP M Amreen
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG : T. DICLOFENAC				Date Time
Dose 50mg	Route ORAL	Frequency TID	Start Dt. 12/7	6 AM X 12/7 STOP
Name & Signature of the Doctor Starting the Drugs: Dr. Amreen				STOP M Amreen
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG : (N) TRANEXAMIC Acid				Date Time
Dose 1g	Route IV	Frequency TID	Start Dt. 12/7	10 AM X 12/7 STOP
Name & Signature of the Doctor Starting the Drugs: Dr. Amreen				STOP M Amreen
Additional Instructions: (First dose - 11 AM) (Stop After 3 doses)				
Daily Doctor's Endorsement by a Sign				

Verified by
Dr. Dhakshayani

Verified by
Dr. Dhakshayani

Verified by
Dr. Dhakshayan

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REGULAR PRESCRIPTIONS

Weight Ward

Weight Ward

DRUG : INSJ MAGNEX FORTE				Date Time	14/7/2015
Dose 1-Sgm	Route IV	Frequency BD	Start Dt. 12/7	11AM	✓
Name & Signature of the Doctor Starting the Drugs: @Dr. Naveena					
Additional Instructions: FOR 5 days from 12/7				11PM	✓
Daily Doctor's Endorsement by a Sign					
DRUG : CAP. LACTARE				Date Time	14/7/2015
Dose 2CAP	Route PO	Frequency TID	Start Dt. 12/7	6AM	✓
Name & Signature of the Doctor Starting the Drugs: @Dr. Naveena				7PM	✓
Additional Instructions:				10PM	✓
Daily Doctor's Endorsement by a Sign					
DRUG : T-DOMPERIDONE				Date Time	14/7/2015
Dose 10mg	Route PO	Frequency TID	Start Dt. 12/7	6AM	✓
Name & Signature of the Doctor Starting the Drugs: @Dr. Naveena				7PM	✓
Additional Instructions:				10PM	✓
Daily Doctor's Endorsement by a Sign					
DRUG : METRONIDAZOLE				Date Time	14/7/2015
Dose 400mg	Route PO	Frequency TID	Start Dt. 14/7	6AM	✓
Name & Signature of the Doctor Starting the Drugs: Dr. Dina				2PM	✓
Additional Instructions:				10PM	✓
Daily Doctor's Endorsement by a Sign					

Patient Sticker

Sheet No:

REGULAR PRESCRIPTIONS

Weight Ward.....

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

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

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

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

VERIFIED BY: Name: Signature

IP26-00006823

18-03-1994 32 Y 3 M 24 D (F)

19-03-1994

32 Y 3 M 24 D

(F)

Dr. PADMAJA YELISETTY



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I.V. FLUID CHART

[illegible]

HNH-00012548

IP26-00006823

Mrs SHAYESTA

19-03-1994

32 Y 3 M 23 D

(F)

Dr. PADMAJA YELISETTY

Weight. 70kg Ward.

DRUG :

Route

Start Date

Name & Signature of the Doctor

Additional Instructions:

VARIABLE DOSE

DRUG :

Route

Start Date

Name & Signature of the Doctor

Additional Instructions:

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
12/7	11 AM	100 PANLOPENEZOLE	40mg	IV	me	Sujatha chandrababu
12/7	11 AM	100 METOXETILPERMIDE	10mg	IV	2	Sujatha chandrababu
12/7	11 AM	100 TRANEXAMIC ACID	1g	IV	2	Sujatha chandrababu
12/7/26	11:50 AM	INJ. METHERGIN	0.2 mg	IV	Am	Verified by Dr. Dhakshayani
12/7/26	12:00 PM	INJ. OXYTOCIN	200 in Infusion	IV	Ajane	
12/7/26	12:30 PM	INJ. METHERGIN	0.2 mg	IV	Am	
12/7/26	1:45 PM	Sup. TRAMADOL	100mg	P/R	Am	
12/7/26	1:45 PM	Sup. DICLOFENAC	100mg	P/R	Am	
12/7/26	7 PM	INJ. 10% CALCIUM GLUCONATE	10 ml	SLOW IV	Am	

I.V. FLUIDS CHART

Weight. 45kg Ward.



Composition of I.V. Fluid
 (mention ml/hr = Mcg/kg/min. etc)

Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
-------	-----------------	-------------	------------	------------------	-------------	------------

12/2	9AM	RINGER LACTATE	IV	100 ml/hr	1	Li	12/7	14	(1)
						(M)			(W)
12/7/26	11:50AM	RINGER LACTATE + INJ. OXYTOCIN 20U	IV	125ml/hr	1m	(P)	12/7	Am	(P)
						(P)			(S)
12/7/26	11:30AM	RINGER LACTATE	IV	200ml/hr	1m	(P)	12/7	L	(P)
						(P)			(P)
12/7/26	12: PM	RINGER LACTATE	IV	1000ml/hr.	1m	(P)	12/7	h	(P)
						(P)			(P)
12/7/26	12:30PM	RINGER LACTATE	IV	500 ml	1m	(P)	12/7	12	(P)
						(P)			(P)
12/7/26	1 PM	RINGER LACTATE	IV	150ml/hr	1m	(P)	12/7	1	(P)
						(P)			(P)
12/7/26	1:45PM	10PRBC	IV	75ml/hr	1k	(P)	12/7	2	(P)
						(P)			(P)
12/7	6PM	RINGER LACTATE	IV	100 ml/hr	1	(P)	12/7	8	(P)
						(P)			(P)
12/7	9pm	RINGER LACTATE	IV	FF		Anko	12/7	2	(P)
						(P)			(P)
12/7	10pm	RINGER LACTATE	IV	PP		Anko	12/7	2	(P)
						(P)			(P)

HNH-00012548
Mrs SHAYESTA
19-03-1994
Dr. PADMAJA

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32 Y 3 M 25 D

(F)



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Weight: kgs

Name:

Sheet No:

SIGNATURE

Doctor

Nurse-1

Nurse-2

$$15 \mid 7 \mid 26$$

9.50 Am

Eng. FCM

500mg

15

July

clouds

Akhiq

HNH-00012548

Mrs SHAYESTA

IP26-00006823

19-03-1994

32 Y 3 M 23 D

(F)

Dr. PADMAJA YELISETTY



209

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RESULT SHEET

Date	12/7	12/7			
Time		10pm			
Hb	10.8	9.8			
PCV		28.3			
RBC		3.68			
WBC	12.20	16.04			
N/L					
Platelets	177	1.64			
CRP					
ESR					
PCT					
RBS					
Na					
K					
Cl					
Ca/Mg					
Phosphate					
Urea					
Creatinine					
ALP					
SGPT					
SGOT					
T.Bill/Conj					
T.Protein					
S.Albumin					
S.Globulin					
A/G Ratio					
Uric Acid					
S.Amylase					
Sr.Lipase					
Blood Lactate					
S.Cholesterol					
PT/INR					
APTT					
CSF Protein / Sugar					
Cells					
N/L					

Date					
Time					
CUE - Alb					
CUE - Sugar					
CUE - Ketones					
CUE - PUS Cells					
CUE - RBC Cells					
CUE					
Stool Pus Cell					
OVA / Cyst					
Occult Blood					
Blood grouping = B+ve					
HIV } NR					
HbsAg }					
HCV }					
10 PRBC issue done ✓					
10 PRBC Reserve					

Culture and Sensitivities :

Radiology : USG :

ECHO :

CT :

MRI

Others (ECG, Contrast Studies etc.) :

03-1994

IP26-00006823

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(F)

32 Y 3
PADMAJA YELISETTV



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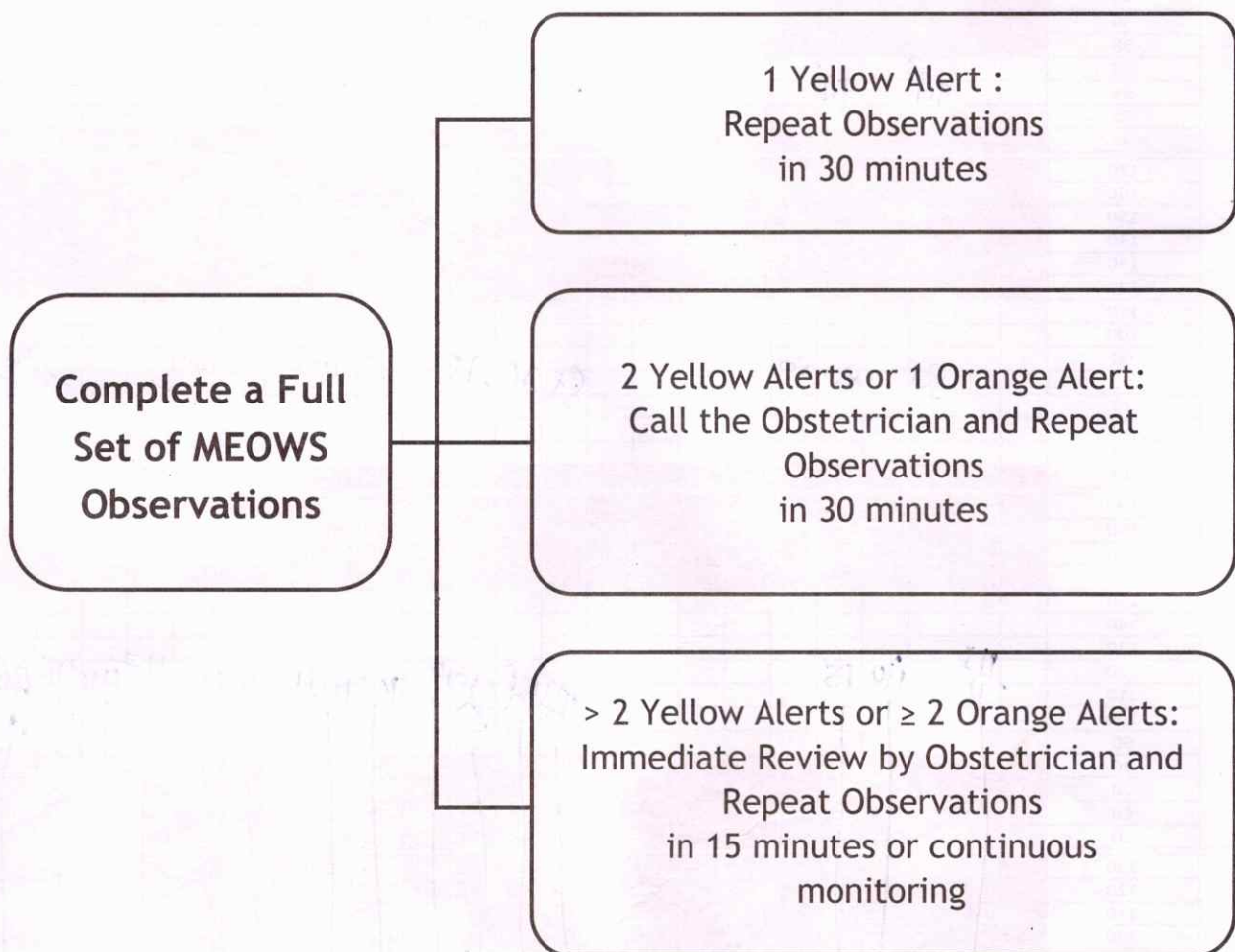
g Observation Score Chart - Obstetrics

CONTACT DOCTOR FOR EARLY INTERVENTION IF PATIENT

TRIGGER: ONE ORANGE OR TWO YELLOW SCORES AT ANY ONE TIME

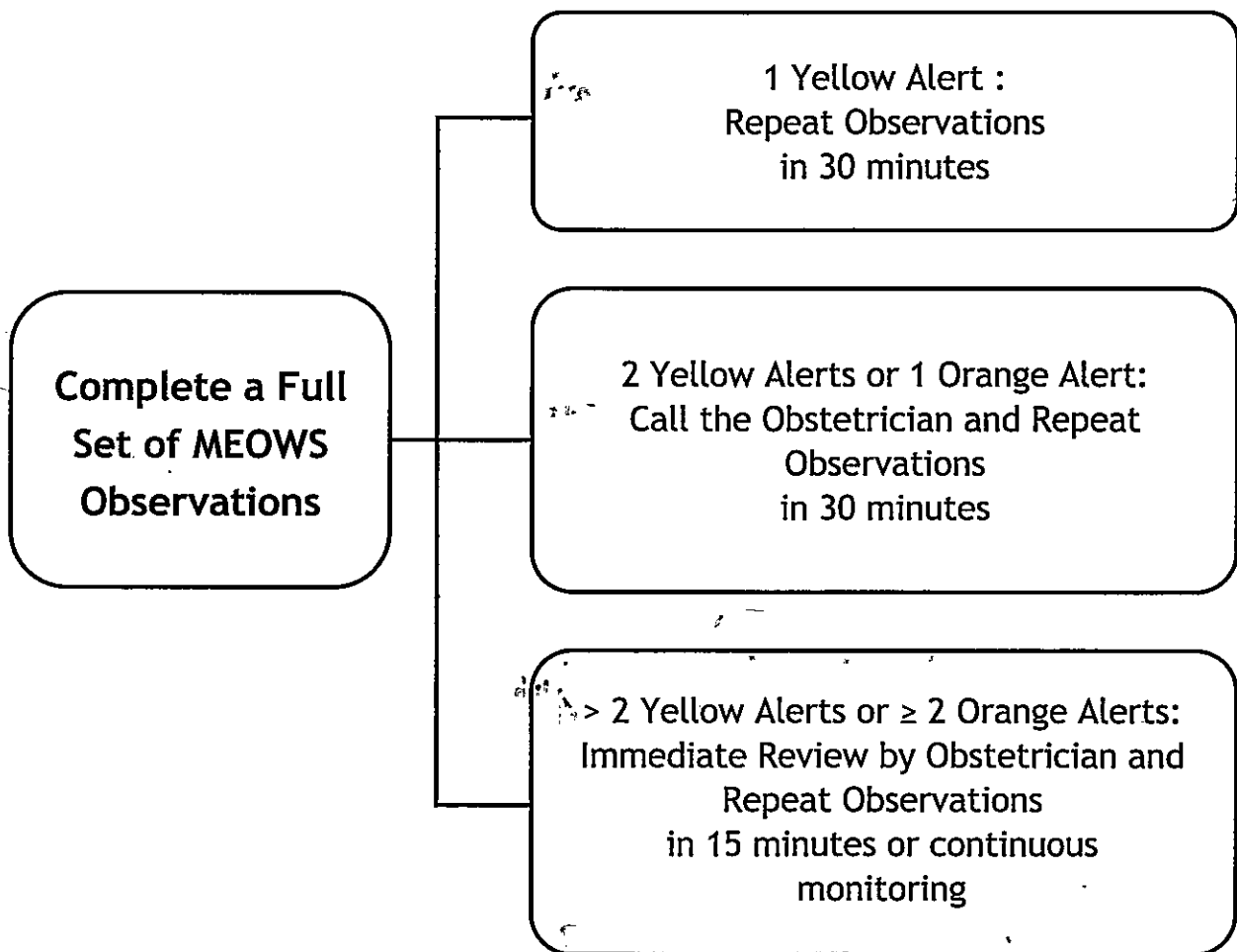
[illegible]

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

IP26-00006823

18-03-1994

32 Y 3 M 24 D

(F)

18-03-1994

Dr. PADMAJA YELISETTY



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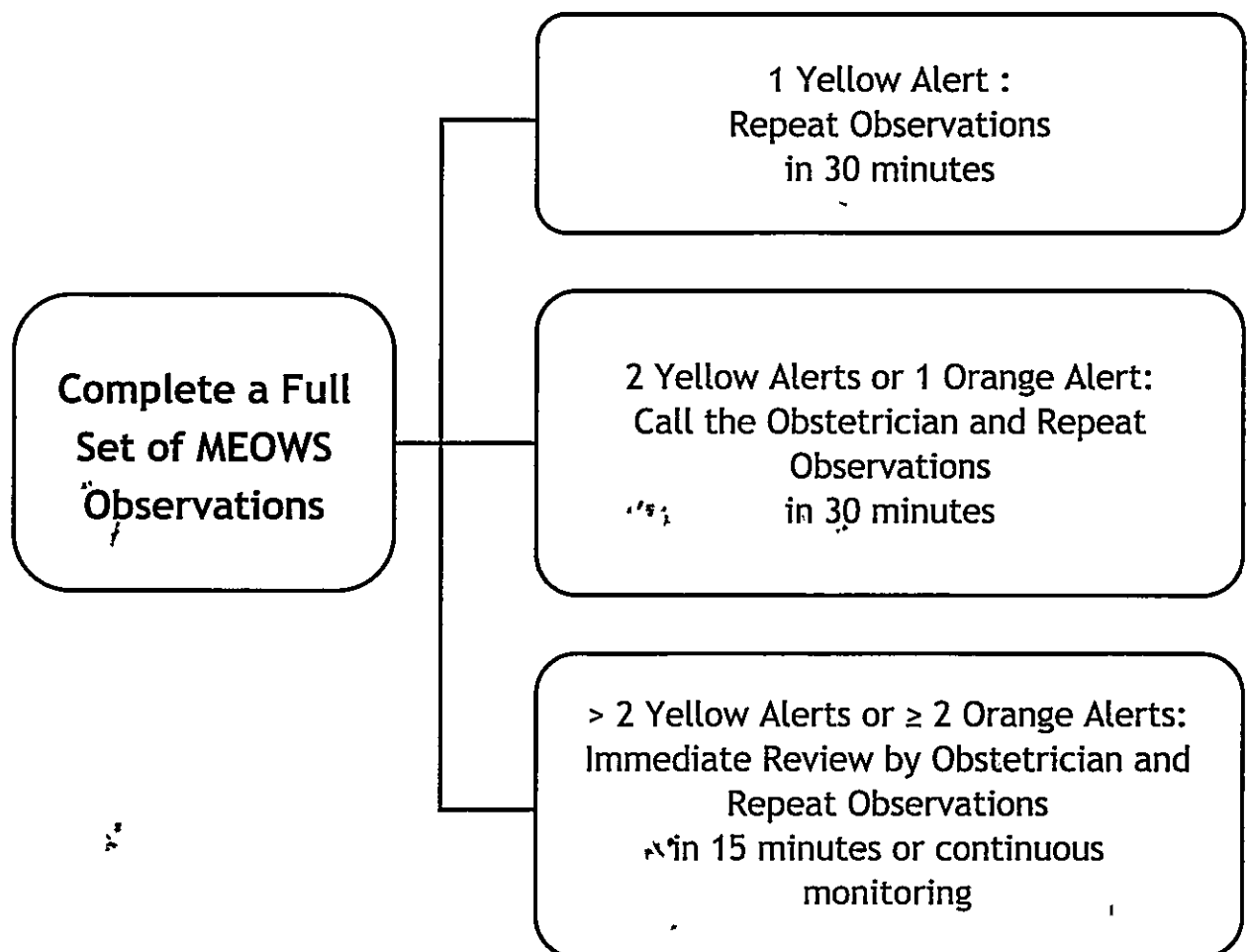


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CONTACT DOCTOR FOR EARLY INTERVENTION IF PATIENT TRIGGERS ONE ORANGE OR TWO YELLOW SCORES AT ANY ONE TIME

Date		Time																										
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 °C	40																											
	39																											
	38																											
	37																											
	36																											
	35																											
	< 35																											
Heart Rate	170																											
	160																											
	150																											
	140																											
	130																											
	120																											
	110																											
	100																											
	90																											
	80																											
	70																											
	60																											
	50																											
40																												
Systolic Blood Pressure ↑	190																											
	180																											
	170																											
	160																											
	150																											
	140																											
	130																											
	120																											
	110																											
	100																											
	90																											
	80																											
	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																												

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

FLUID CHART

Sheet No. : 1

- 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	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
				Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
12/7/20		08:00 am										1	
		09:00 am										0	
		10:00 am	RL	N	100ml						✓	1	
		11:00 am	RL	B	100ml							0	
		12:00 pm	RL	M	100ml							1	
		01:00 pm	RL	M	100ml							1	
Total Intake : taken				Total Output :									
12/7/20		02:00 pm	RL+PR	N	50+25						300ml		Empty
		03:00 pm	RL+PR	B	50+25							0	2:30pm
		04:00 pm	RL+PR	M	50+25								
		05:00 pm	RL+PR	N	50+25						200ml		Empty
		06:00 pm	RL	B	100ml								3pm
		07:00 pm	RL	SPS	100ml						100ml		Empty
Total Intake : Taken 650ml				Total Output : 600ml									
12/7		08:00 pm	RL	water	100ml								
		09:00 pm	RL		100ml								
		10:00 pm	RL		100ml								
		11:00 pm	RL	120	100ml								
		12:00 am	RL		100ml						600ml		Empty
		01:00 am	RL		100ml								
Total Intake : Taken 600ml				Total Output : passed. 600ml									
		02:00 am	RL		100ml								
		03:00 am	RL	120	100ml								
		04:00 am	RL		100ml								
		05:00 am	RL		100ml								
		06:00 am	RL		100ml						400ml		Empty
		07:00 am	RL		100ml								
Total Intake : 600ml				Total Output : 400ml									
Total 24 hrs. Intake		1850ml											
Total 24 hrs. Output		1600ml											



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.

		Intake			Output						IV Site Thrombo- phlebitis Score	Sign. Nurse	
Date	Time	Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine				
			Mouth	I.V	N.G								
13/7/26	08:00 am	PL		100ml									
	09:00 am		Jelly										
	10:00 am		x H2O										
	11:00 am												
	12:00 pm												
	01:00 pm												
Total Intake :					Total Output :								
	02:00 pm												
	03:00 pm		idly										
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
Total Intake :					Total Output : Passed								
13/7/26	08:00 pm												
	09:00 pm		Rice										
	10:00 pm		x H2O										
	11:00 pm												
	12:00 am												
	01:00 am												
Total Intake : Taken					Total Output : 4-2 M-								
14/7/26	02:00 am												
	03:00 am												
	04:00 am		H2O										
	05:00 am												
	06:00 am												
	07:00 am												
Total Intake : Taken					Total Output : 02 M-								
Total 24 hrs. Intake													
Total 24 hrs. Output													

HNH-00012548 IP26-00006823
 Mrs SHAYESTA
 19-03-1994 32 Y 3 M 24 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			
12/17/26	08:00 am												
	09:00 am	1											
	10:00 am	1	ally										
	11:00 am	1	H2O										
	12:00 pm	1											
	01:00 pm	1											
Total Intake : taken						Total Output : 0-1M-0							
14/7/26	02:00 pm												
	03:00 pm	1											
	04:00 pm	1	Rice										
	05:00 pm	1	H2O										
	06:00 pm	1											
	07:00 pm	1											
Total Intake : taken						Total Output : 0-1M-0							
24/7/26	08:00 pm												
	09:00 pm	1											
	10:00 pm	1	Rice										
	11:00 pm	1	H2O										
	12:00 am	1											
	01:00 am	1											
Total Intake : Taken						Total Output : 0-2M-0							
15/7/26	02:00 am												
	03:00 am	1											
	04:00 am	1											
	05:00 am	1	H2O										
	06:00 am	1											
	07:00 am	1											
Total Intake : Taken						Total Output : 0-2M-0							
Total 24 hrs. Intake						Total 24 hrs. Output							

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.

		Intake				Output					IV Site Thrombo- phlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						Total Output :						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						Total Output :						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						Total Output :						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						Total Output :						
Total 24 hrs. Intake						Total 24 hrs. Output						

HNH-00012548
 Mrs SHAYESTA
 19-03-1994 32 Y 3 M 23 D (F)
 Dr. PADMAJA YELISETTY

IP26-00006823

NURSING CARE RECORD

Rainbow
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Date: 12/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8AM 10 2PM	→ ASSESS the pt condition → plan for vitals → plan for IV placement → plan for I/O chart	8AM 10 2PM	→ ASSESS the pt condition → vitals are checked & recorded → IV placement done	I/O chart maintained	Patient is stable	Li Sujatha
Afternoon				DAY DUTY			
Night	8PM 11PM 8AM	→ plan for vitals → plan for I/O chart → plan for medication → plan for	8PM 11PM 8AM	→ vitals Normal → I/O chart maintained → medication given as per chart	Normal	stable	Anusha

NURSING CARE RECORD

Date: 12/2

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 2pm → maintain I/O chart	8AM	→ assessed the pt condition → monitored vitals → maintained I/O chart	Now pt is stable	Re-check vitals	moni 4
Afternoon				day duty			
Night	8PM	→ Assess the patient general condition → monitor vitals → Administer medications as per doctor's orders	8PM	→ Assess the pt condition → monitored vitals → maintained I/O chart	Now pt is stable.	Re-check the vitals	Needle



NURSING CARE RECORD

Date: 14/7/20

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	→ Assess the pt condition → monitor vitals → maintain glucose → administer medication as per doctor's order. 2pm	8am	→ assessed the pt condition → monitored vitals → maintained glucose → medication as per doctor's order	→ Pt is stable	→ rechecked vitals	<i>[Signature]</i>
Afternoon				DAY			
Night	8pm	→ Assess the patient general condition → monitor vitals → Administer medication as per doctor's orders	8pm	→ Assessed the patient general condition → monitored vitals → Administered medications as per doctor's order	Patient is stable	Rechecked vitals	<i>[Signature]</i>

Patient Sticker

NURSING CARE RECORD

Date:

Goals

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

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

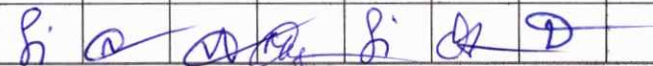
HNH-00012548 IP26-00006823
 Mrs SHAYESTA
 19-03-1994 32 Y 3 M 23 D (F)
 Dr. PADMAJA YELISETTY



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CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	13/7 DAY-1			13/7 DAY-2			14/7/20 DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0	NA	0	0	0	NA	NA	NA			
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1	NA	-	-	-	NA	NA	NA			
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2	NA	-	-	-	NA	NA	NA			
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3	NA	-	-	-	NA	NA	NA			
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4	NA	-	-	-	NA	NA	NA			
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord pyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5	NA	-	-	-	NA	NA	NA			
Signature of the Nurse													

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

Signature of Shift In Charge :

Signature :  Name : 

Signature of Ward In Charge :

Signature :  Name : 

Patient Sticker

CHECKLIST FOR THROMBOPHLEBITIS

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

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

Signature of Shift In Charge :

Signature of Ward In Charge :

Signature : Name :

Signature : Name :

HNH-00012548

IP26-00006823

Mrs SHAYESTA

19-03-1994

32 Y 3 M 23 D

(F)

Dr. PADMAJA YELISETTY

BRADEN 'Q' SCALE

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		Date : 12/7 12/7 12/7 12/7			
		Time : 8 PM 9 PM 10 2 PM			
Mobility	ly immobile: Does not make even slight changes in body or extremity position without assistance.	2. Very limited: Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	3. Slightly limited: Makes frequent through slight changes in body or extremity position independently.	4. No limitations: Makes major and frequent changes in position without assistance.	4
"Activity The degree of physical activity"	1. Bedfast : Confined to bed	2. Chairfast : Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	3. Walks occasionally: Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4
Sensory Perception	1. Completely limited: Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	2. Very limited: responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	3. Slightly limited: Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	4. No impairment: Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4
Moisture Degree to which skin is exposed to moisture	1. Constantly moist: Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	2. Very moist: Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	3. Occasionally moist: Skin is occasionally moist, requiring linen change every 12 hours.	4. Rarely moist: Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4
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
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
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4
TOTAL SCORE					28
Evaluator's Name					RA

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

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

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

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BRADEN 'Q' SCALE

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				Date : 13/7/26	Time : 11:00 AM		
				7	4		
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.			
"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	
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.	7	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	
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				TOTAL SCORE	28	24	
				Evaluator's Name	25	24	

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

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

Risk Score	Category	Action	Support Surfaces (Please Note: Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice)
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HNH-00012548
Mrs SHAYESTA
19-03-1994 32 Y 3 M 23 D (F)
Dr. PADMAJA YELISETTY
IP26-00006823

Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	12/7	12/2/26	12/2/26	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						
	No	0	0	0	0			
Ambulatory Aid	Furniture	30				Low Risk	0 - 24	Standard Fall Precaution
	Crutches, Cane(S), Walker	15						
	None /Bed Rest /Nurse Assist	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						
	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						
Total Morse Fall Scale Score:			20	20	20			
Signature			Fi	A	W			

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



Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	13/2/26	13/7	14/7/26	Fall Risk Grading		
		Score	M6	2PM	MS	Risk Level	Morse Fall Score (MFS)	Action
History of Falling (immediately or w/in 3 months)	Yes	25				Low Risk	0 - 24	Standard Fall Precaution
	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						
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

1

1

PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
12/7	10AM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Li
12/7	5PM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Q
12/7	10PM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	A
13/7	2AM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Q
13/7	8AM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Q
13/7	8AM	0/10	Lower back	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	IMPAD	Q
13/7/26	10PM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Q
NA/20	10AM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Q
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

Re-assessment Frequency:

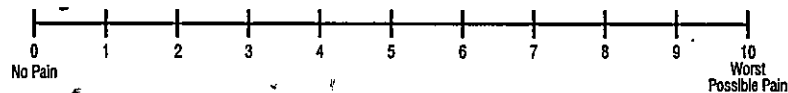
- Every eight hours for all hospitalized patients.
- For post-surgical patients, patients with chronic pain, patient with severe pain:
 - At least every 2 hours for the first 24 hours
 - Then every 4 hours.
 - Prior to pain pain-relieving intervention.
 - Within 30 – 60 minutes after pain relief intervention.

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



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SHIFT HAND OVER FORM - WARD

Treating Doctor: Department: Date of Admission:

SITUATION	Diagnosis: <i>EM-1508</i>		Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:					
BACKGROUND	Area	<i>2/7</i>	<i>12/7</i>	<i>13/7</i>	<i>13/7/26</i>	<i>14/7/26</i>		
	Shift Time	<i>8AM</i>	<i>10PM</i>	<i>7PM</i>	<i>N8</i>	<i>N5</i>		
	Medical Condition (Any special condition to be noted):	<i>NA</i>	<i>pregnant</i>	<i>NA</i>	<i>-</i>	<i>-</i>		
ASSESSMENT	Allergy:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	Tubes/Drains/Catheter:	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	
	Vital Signs:	Temp:	<i>98.6</i>	<i>98.6</i>	<i>97.0</i>	<i>97.3</i>	<i>97.2</i>	
		Res:	<i>20</i>	<i>20</i>	<i>20</i>	<i>20</i>	<i>20</i>	
		SpO ₂ :	<i>99.1</i>	<i>99.1</i>	<i>99.1</i>	<i>99.1</i>	<i>99.1</i>	
		Pulse:	<i>85</i>	<i>89</i>	<i>89</i>	<i>85</i>	<i>86</i>	
		BP:	<i>115/75</i>	<i>120/82</i>	<i>105/60</i>	<i>120/80</i>	<i>115/75</i>	
	Fall Risk Score:							
Pain Score:	<i>NA</i>	<i>NA</i>	<i>NA</i>	<i>NA</i>	<i>NA</i>			
Recommendations	Safety Needs:	<i>NA</i>	<i>NA</i>	<i>NA</i>	<i>NA</i>	<i>NA</i>		
	Physiotherapy	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	Others Specify:	<i>NA</i>	<i>NA</i>	<i>NA</i>	<i>NA</i>	<i>NA</i>		
	Special Diet:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	Other Special Orders / Medications:	<i>NA</i>	<i>NA</i>	<i>NA</i>	<i>NA</i>	<i>NA</i>		
Post Operative Procedure Special Orders:		<i>NA</i>	<i>NA</i>	<i>NA</i>	<i>NA</i>	<i>NA</i>		
Handed Over By Name :		<i>Sujath</i>	<i>Anusha</i>	<i>mon</i>	<i>Sandhya</i>	<i>Divy</i>		
Signature :		<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>		
Date:		<i>12/7/26</i>	<i>12/7/26</i>	<i>13/7</i>	<i>14/7/26</i>	<i>14/7/26</i>		
Time:		<i>8PM</i>	<i>10PM</i>	<i>8PM</i>	<i>8AM</i>			
Taken Over By Name :		<i>Anusha</i>	<i>mon</i>	<i>Sandhya</i>				
Signature :		<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>				
Date:				<i>13/7/26</i>				
Time:				<i>8AM</i>				

NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Department: Date of Admission:

SITUATION	Diagnosis:		Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:				
BACKGROUND	Area	Shift Time	12/17	PM			
	Medical Condition (Any special condition to be noted):						
ASSESSMENT	Allergy:		☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Tubes/Drains/Catheter:		☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs:	Temp:	97.8				
		Res:	20				
		SpO ₂ :	100%				
		Pulse:	86				
		BP:	113/88				
		Fall Risk Score:	—				
Pain Score:		—					
Recommendations	Safety Needs:		—				
	Physiotherapy		☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Others Specify:		—				
	Special Diet:		☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Other Special Orders / Medications:		—				
Post Operative Procedure Special Orders:			—				
Handed Over By Name :			C. Anderson				
Signature :			CA				
Date:							
Time:							
Taken Over By Name :							
Signature :							
Date:							
Time:							

URINARY CATHETER BUNDLE CHECK LIST

Date of Insertion: 12/7/20

Date of Removal: 12/7/20

Parameters	Date	Shift Time	12/7 8AM	12/7 2PM	12/7 5PM	12/7 8PM	12/7 11PM	12/7 2AM
Need for the Catheter	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Hand Hygiene	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Usage of Sterile Equipment	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is the Collection bag below the level of bladder	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Check the Tube for Obstruction (Free of Kinking)	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is Catheter dated as policy	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Collecting bag is been emptied regularly?	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Maintenance of closed system for the catheter	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Dressing clean and dry?	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is the line removed as Policy?	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Performance of Perineal Care	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Onset of New Fever	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Asses for the leakage at the site of insertion	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Name of the Nurse	Pritha	Akshita	Anurag					
Signature of the Nurse	[Signature]	[Signature]	[Signature]					

HNH-00012548 IP26-00006823
Mrs SHAYESTA
19-03-1994 32 Y 3 M 23 D (F)
Dr. PADMAJA YELISETTY



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CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: <i>Dr Padmaja Yelisetty</i>	Date of Delivery: <i>12/7/2022</i>
Assistant Surgeon: <i>Dr Prasadashini / Dr Ranya</i>	Time of Delivery: <i>11:45 AM</i>
Anaesthetist's Name: <i>Dr Amreen</i>	Gender of Baby: <i>Female</i>
Type of Anaesthesia: <i>Spinal</i>	Weight of Baby: <i>2.940 kg</i>
Neonatologist: <i>Dr Aniket</i>	AGPAR Score: <i>8, 9</i>
Scrub Nurse: <i>Archana</i>	NICU Admission: ☐ Yes ☒ No

Pre-Operative Diagnosis:

☐ Elective ☒ Emergency

Indication: *# Placenta previa & APH*

Urgency

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

Decision time: *10 min* Knife to rectus: *2 min*

CTG Description: *Reactive*

If there was a delay give the reasons: *No delay*

Surgical Procedure:

Emergency LSCS

Post Operative Diagnosis:

PDO

Peri-Operative Complications:

Amount of Blood Loss: *—*

Blood Transfused (in ML):

Name and Number of Surgical Specimen sent for examination:

Examination Findings when Appropriate:Presentation: ☒ Cephalic ☐ Breech ☐ Other

Cervical Dilatation: cm

5th Palpable:

Fetal Position:

Station: ☐ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2Moulding: ☐ None ☐ + ☐ ++ ☐ +++Caput: ☐ + ☐ ++ ☐ +++Meconium: ☐ None ☐ + ☐ ++ ☐ +++Bladder Catheterized: ☐ Yes ☐ NoUrine: ☐ Clear ☐ Blood StainedSkin Incision: ☒ Pfannenstiel ☐ Transverse☐ Midline ☐ Other - LUS well removedUterine Incision: ☒ Lower Segment☐ Classical☐ Inverted T☐ J Incision

Transverse vessels seen

Previous Scar: ☐ Intact☐ Thinned out☐ Ruptured☐ No Scar

over cervix - multiple

Incision Through Placenta: ☐ Yes ☐ No

- 9/1 Uterine Artery ligation done

+ Vaginal Pack kept

Delivery of head: ☐ Manual☐ Forceps

- modified Blynch suture Applied in situ

10 PRBC started

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

Intraop

Delivery of Placenta: ☐ Manual☐ CCT☐ Complete☐ Incomplete☐ PiecemealCord Appearance: Cord around the neck ☐ Yes ☐ No

Oxytocin given

Appearance of placenta: Cavity explored ☐ Yes ☐ NoUterus, tubes and ovaries: ☐ Normal☐ Not NormalSterilization: ☐ Yes ☐ No

- Hemostasis achieved

Uterine Closure: ☐ One Layer ☒ Two Layers

..... Suture

Peritoneal Closure: ☐ Pelvic☒ Abdominal☐ None

..... Suture

Sheath Closure:

..... Suture

Fat Closure: ☒ Yes ☐ No

..... Suture

Skin Closure: ☒ Subcuticular ☐ Mattress

..... Suture

Vaginal Evacuated ☒ Yes ☐ NoDrain: ☐ Yes ☐ No☐ Remove in days☐ Await instructionsCatheter ☒ Yes ☐ No☐ Remove in days☐ Await instructionsSwap & Instruments count correct? ☒ Yes ☐ No☐ Post-op Antibiotics☒ Yes ☐ NoIntra-Operative Antibiotics Cover: ☒ Yes ☐ No☐ Thromboprophylaxis☒ Yes ☐ No

Post-Operative Notes:

- NBM till further orders

- CBP @ 10pm

- Foley's till 4pm

- Vg Pack to remove 6 AM 4pm

- Drains as closed / w Mgnet + mtrk x 48h

- WIF vitals + BP

- 100 monitoring

- GRBS monitoring CR hourly today P/O 20-2 FOS, PRBS

- WIF Analgesics / Thromboprophylaxis as per AXON

- Oxytocin Drops x 4h

Doctor Name: Dr Padmaja

Doctor Signature: Y. Padmaja

Date & Time: 12/1/2011 @ 2:30 pm

P. Padmaja
32420

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Padma
Asst. Surgeon : Dr. Priyadarshi
Anaesthetist : Dr. Anjeen
Scrub Nurse : Dr. Arhana

Patient Name : Shayesta Age : 32 Gender : F
UHID No. : 4111-00012548 Surgery Name : EM-122
Date : 12/12/16 In-time : 11:41 AM Out-time : 2:15 PM



Before Induction of Anaesthesia ➤ ➤

SIGN IN

Time: 11:30 AM

Patient Has Confirmed

Identity ☒ Yes ☐ No
Site ☒ Yes ☐ No
Procedure ☒ Yes ☐ No
Consent ☒ Yes ☐ No

Site Marked

☒ Yes ☐ No ☐ NA

Anaesthesia Safety Check Completed

☒ Yes ☐ No

Pulse Oximeter on Patient & Functioning

☒ Yes ☐ No

Does Patient have a:

Known Allergy? ☐ Yes ☒ No

Difficult Airway / Aspiration Risk?

Yes, & Equipment / Assistance Available ☒ Yes ☐ No

Risk of > 500ml Blood Loss (7ml/kg In Children)?

Yes, and Adequate Intravenous Access and Fluids Planned ☐ Yes ☐ No ☐ NA
Blood Units Reserved ☒ Yes ☐ No ☐ NA

Has Antibiotic Prophylaxis been given within the last 60 minutes?

☒ Yes ☐ No ☐ NA

Signature : [Signature]

Name : Dr. Anjeen

Before Skin Incision ➤ ➤

TIME OUT

Time: 11:41 AM

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? 1h 10m 50min ☐ 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 : Karim

Before Patient Leaves Operating Room

SIGN OUT

Time: 2:15 PM

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 : [Name]

PATIENT TRANSFER FORM

Patient Name & UHID No. HNH-00012548 IP26-00006823 Mrs SHAYESTA 19-03-1994 32 Y 3 M 23 D (F) Dr. PADMAJA YELISETTY 		Date & Time of Admission 12/7/26	Date & Time of Transfer Order 12/7/26
		Transfer Ordered by Dr. Manjula	Reason for Transfer OBS
From Unit OT	To Unit MICU	Information to Attendant Yes ☒ No ☐	
Number of Sheets in Clinical File 28	Number of Imaging Films RIST - ①	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☐ If yes, what ?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.	RL on Flow	①	
2.			
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes ☒ No ☐			
Name & Signature of Person who is Transferring Aravind		Name of Person Ordered Transfer Dr. Manjula	
Patient & Clinical Records Received by : 12/7/26			
Date & Time of Patient Received :			

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

☐ Unavailable Bed

☐ Nurse not Available

☐ Available Bed not ready



OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 12/8/26 Time of Arrival: 12pm Time Seen by Nurse: 01x

1) **Level of Consciousness:** ☒ Conscious ☐ Semi-Conscious ☐ Unconscious

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

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

3) **Vital Signs:** Temperature: 98.6 Pulse: 85 RR: 20 SpO₂: 99.1 BP: 115/70 Weight:

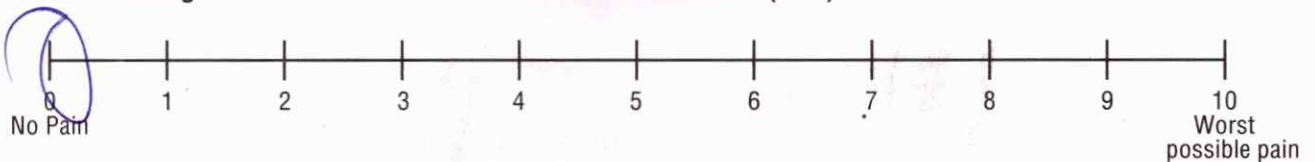
4) **Gestational Criteria:**

Gravida:	<u>G3</u>	P	<u>4</u>	A	<u>1</u>
----------	-----------	---	----------	---	----------

LMP: 27/10/26 EDD: 3/8/26 Gestational Age: 26+6 weeks

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

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



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

6) **Past History:**

- a) Surgeries: 2 ces
b) Medical: hypertension



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

Time seen by Doctor: 11 AM

Nurse Name : Sujatha Nurse Signature: Li

Date: 12/7/26 Time: 12 PM

HNH-00012548 IP26-00006823
Mrs SHAYESTA
19-03-1994 32 Y 3 M 23 D (F)
Dr. PADMAJA YELISETTY




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OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 12/7

Baseline Information:

Admission From: ☐ ER ☐ OPD ☒ Admission Desk ☐ Others, specify
Primary Language: ☒ Telugu ☒ English ☒ Hindi ☐ Others, specify
Do you require an interpreter? ☐ Yes ☐ No if Yes specify
Source of Information: ☐ Patient ☐ Family ☐ Others, specify

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

Chief Complaints: Doctor Notified on Admission: ☒ Yes ☐ No
Name of the Doctor:
Time Notified:

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

Past Medical History	Past Surgical History	Previous Hospital Admission
Gynecology Assessment: ☐ Not Applicable Menstrual History: <u>Regular</u> Onset of Menarche: Menstrual Cycle: ☐ Regular ☐ Irregular Last Menstrual Period:	Gynecology Surgical History: Caesarean Section: ☒ No ☐ Yes Cervical Cerclage: ☒ No ☐ Yes Ectopic Pregnancy: ☒ No ☐ Yes Myomectomy: ☒ No ☐ Yes Others:	Gynecological History: Contraceptives: ☐ No ☐ Yes Vaginal Discharge: ☐ No ☐ Yes Post-Coital Bleeding: ☐ No ☐ Yes Infertility: ☐ No ☐ Yes If Yes Type: ☐ Primary ☐ Secondary

Obstetric History: G 3 P L 1 A 1

Previous LSCS: Yes

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

Family History: ☒ No Abnormalities Detected

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

Vital Signs / Measurements: Temp: 98.4 HR: 85 RR: 20
BP: 115/75 Weight: Height: BMI:

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



PHYSICAL ASSESSMENT

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

Fall Assessment: ☐ Yes ☒ No Score0..... (complete the Morse Fall Risk Assessment Sheet)

Risk of Pressure Sore: ☐ Yes ☒ No Score0..... (complete the Braden Q Sheet)

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

- ☐ Mobility problem ☐ Walking Problem ☒ No Abnormality Detected
☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING: ☒ No Abnormality Detected

- ☐ Overweight ☐ Poor Appetite > 3 Days ☐ Needs Therapeutic Diet.
☐ Under Weight ☐ Diabetes Mellitus ☐ Hyperemesis Gravidarum

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

- ☐ Calm & Cooperative ☐ Restless ☐ Depressed ☐ Agitated ☐ Confused
☐ Others

Inform consultant for positive criteria

SOCIAL SCREENING:

1. **Marital Status:** ☐ Single ☐ Married ☐ Divorced ☐ Widow

2. **Special Habits:** **Smoker:** ☐ Yes ☒ No **Alcohol Abuse:** ☐ Yes ☒ No **Drug Abuse:** ☐ Yes ☒ No

Social History: Lives With

Orientation has been given regarding the following aspects:

Call Bell in Reach : ☐ Yes ☐ No Waste Disposal Explained: ☐ Yes ☐ No
Infusion Pump : ☐ Yes ☐ No Hand Hygiene Explained: ☐ Yes ☐ No ☐ Others

Above information given topatient.....

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

Orientation not given Reason:

Nurse Signature:Sri.....

Nurse Name:Sriatha.....

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

HNH-00012548 IP26-00006823
Mrs SHAYESTA
19-03-1994 32 Y 3 M 24 D (F)
Dr. PADMAJA YELISETTY



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NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 13/7/26

Time: 5pm

Origin: Indian

Height: 154cm

Weight: 73kg

BMI: ☐ ~ 26 kg/m²
☒ ~ 28 kg/m²
☐ ~ 30 kg/m²

Food Allergies: NO

Diagnosis: LSCAS

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: Shayesta

Date & Time: 13/7/26; 5pm

Doc. No. : RCH / FRM / CLINICAL / 195

Dietician's

Signature: (Signature)

Name: Sathwikar G

Date & Time: 13/7/26; 5pm

(P. T. O)

DIETARY NOTES[illegible]



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CROSS CONSULTATION FORM

Doctor Name: Dr. padmaja Date: 13/7/26 Time: 6pm
Diagnosis: LSCS

Hospital: RCH - HMNR

Type of Referral :

- ☐ Emergency
☐ Urgent
☐ Non Urgent

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

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

Signature: _____

Findings and Recommendations :

- Lactation care plan
- well formed Breast & Nipple's
 - Colostrom seen
 - Aim for deep latch as demonstrated by cross cradle / cradle hold
 - warm care
 - monitor output & weight
 - Demand feeding not exceed 2 1/2 hours as per early hunger cues.
 - Stimulate baby continuously.

Consultant :

Name: Sathya Lakshmi Signature: [Signature] Date & Time: 13/7/26 / 6pm

BREAST FEEDING HANDOVER AND ASSESSMENT FORM

1. Breastfeeding initiated?

- ☒ a. Yes ☐ b. No

2. If No, Reason

3. Nipple condition:

- ☒ a. Nipple well formed
☐ b. Flat nipple
☐ c. Inverted nipple
☐ d. Short nipple

4. Milk flow:

- ☒ a. Good
☐ b. Drops of colostrums
☐ c. Dry

5. Steps for Positioning and attachment:

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



Feeding Positions:
Cross Cradle



Feeding Positions:
Football / Clutch

6. Was the position explained:

- ☐ a. Yes
- ☐ b. No

7. For Caesarian mothers:

- ☐ a. Mother is required sit and feed from the 4th feed
- ☐ b. Please explain football hold

8. NICU admission: **NO**

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

9. Additional notes:

Continuity of Care:

Date: **12/7**

→ ASSESS the pt condition

→ vital are checked & recorded

→ ILO chart maintained

→ 2nd hourly DBF given

Handover given by **Seiatha**

Handover taken by **Madhumita**

Signature **Ri**

Signature **Madhu**

Date & Time: **12/7/25 @ 2pm**

Date & Time: **12/7/26 @ 8pm**

PATIENT TRANSFER FORM

Patient Name & UHID No. HNH-00012548 IP26-00006823 Mrs SHAYESTA 19-03-1994 32 Y 3 M 23 D (F) Dr. PADMAJA YELISETTY 		Date & Time of Admission 12/7/26 @ 11:11AM	Date & Time of Transfer Order 12/7/26 @ 11:30AM
		Transfer Ordered by DR. manisha	Reason for Transfer GL - LSCS
From Unit Pre - post	To Unit OT	Information to Attendant Yes ☒ No ☐	
Number of Sheets in Clinical File 30	Number of Imaging Films - 1 -	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☐ If yes, what ?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.	RL - 500ml	①	
2.			
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes ☐ No ☐			
Name & Signature of Person who is Transferring Sis. Sujatha J		Name of Person Ordered Transfer DR. Manisha	
Patient & Clinical Records Received by :  12/7/26			
Date & Time of Patient Received : 12/7/26			

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

CONSENT FOR BLOOD TRANSFUSION

Name: Mrs Shavesta Age: 32y Gender: Male ☐ Female ☒
UHID.No: HNH-00012548 Date: 12/07/26

Type of Blood Product: ☐ Fresh Frozen Plasma ☐ Packed Red Blood Cells ☐ Random Donor Platelets
☐ Cryoprecipitate ☐ Single Donor Platelet ☐ Whole Blood
☐ Albumin ☐ Red Blood Cell ☐ Others

I hereby give my consent for whole blood transfusion or the blood components as part of treatment of myself / my patient while being admitted at Rainbow Hospital. I have been explained all the known risks of transfusion reactions. I have also been explained that the donor blood has been screened for Human Immunodeficiency Virus antibodies, Hepatitis B surface antigen, Hepatitis C antibodies, Malaria and Syphilis. I have also been explained that transfusion transmitted infections occur even with screened blood, especially if it is in the "window period" and also due to various other infections which have not been screened for. I also understand that any blood components transfusions carries risk of transfusion associated reactions, fluid overload etc. which are generally rare. The same risks apply for multiple transfusions too.

The doctor has explained to me about the alternative for this procedure which is

All the above-mentioned risk, benefits and alternatives have been explained to me by the doctor treating me / my patient in the language that I fully understand and I accept the same and give my consent for all transfusions (the whole blood / or blood components Packed Red Blood Cells, Red Blood Cell, Platelets, Fresh Frozen Plasma, Cryoprecipitate etc.) to me / my Patient during he present hospital stay and treatment.

Patient (Or Patient Relative / Guardian):

Signature: [Signature]
Name: SHAVESTA
Date & Time

Doctor (Who is talking the consent)

Signature: [Signature]
Name: Dr. Anjeen
Date & Time 12/7/26

Witness

Signature: [Signature]
Name: Karuna
Date & Time 12/7/26

Q.

Q.

Q.

Q.

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

HO...
It takes a lot to treat your illness. Your Right to a Safe Delivery

Patient Name : Ms. Shayeste Gender: ☐ Male ☒ Female Age : 32y

UHID No : 1011 -00012548 Date : 12/7/2026

Instruction:

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

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

EMERGENCY LOWER SEGMENT CESAREAN SECTION

upon

(Name of the Patient)

Ms. Shayeste

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, Infection, Injury to Adjacent Organs - Bowel, Bladder or Blood vessel, DVT, UTI, Chances of Blood or Blood Product transfusion, Progressive devascularization, Chances of B.lynch, Suture application Chances, Balloon tamponade requirement, Possibility of hysterectomy, P.B. 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. Roshmajeer Yelsetty

Consentee :

Signature : [Signature]

Name : Ms. Shayeste

Date & Time : 12/7/2026 @ 10:40 AM

Witness :

Signature : [Signature]

Name : [Signature]

Date & Time : 12/7/2026 @ 10:40 AM

Docu. No. : RCH / FRM / CLINICAL / 027

Patient Attendant:

Signature : [Signature]

Name : Mohd Saifuddin Khan

Relationship with Patient: Husband

Date & Time : 12/7/2026 @ 10:40 AM

Doctor (who is taking the consent) :

Signature : [Signature]

Name : Dr. Manohar

Date & Time : 12/7/2026 @ 10:40 AM

INFORMED CONSENT FOR HIGH RISK

Patient Name : Dr. Shagasta Age :

Gender : ☐ M ☐ F - IP No. :

Ward / Bed No. : Date : 12/7/2011

I/We Mrs. Shagasta have been explained by Dr. Mansha about the medical condition and the proposed procedure.

I/We have been told that our patienthas the

Following Medical Condition / Diagnosis

G3P4A1 (3610 wt / 1800 SUB) B胎 front / 40cm cmD.1
Placenta low lying & active APH

Proposed treatment / Procedure / Operation:

EMERGENCY LOWER SEGMENT CESAREAN SECTION

I / (We the relative / legal guardian) have been explained in the language understood by me / us,

about the medical condition mentioned above and that our patient has following risks involved

Chances of Progressive Devascularization, B-lymph Suture, chances of Bolein
Temporally, chances of inadvertent injury to Bowel, Bladder, Blood vessel, hysterectomy so

I / We have been explained that our patient carrier a higher risk than usual and there reason for the I / We have been informed that the ongoing treatment in the ICU involves the risk of unsuccessful result, complication, temporary or permanent injury or disability and even fatality from known or unforeseen causes and no guarantee or promises have been made to me / us concerning the results I / We have understood the consequences of not undergoing the proceed treatment. I / We hereby give (my / our) full consent for the above -mentioned treatment.

Name of the Doctor performing the procedure : Dr. Mansha Yakub

Patient Attendant :

Signature : Mohd Saifuddin Khan

Name : Mohd Saifuddin Khan

Relationship with Patient: HUS BAND

Date & Time :

Witness :

Signature :

Name :

Date & Time :

Doctor (who is taking the consent) :

Signature : Dr. Mansha

Name : Dr. Mansha

Date & Time : 12/7/2011



[Faint, illegible text covering the majority of the page, likely bleed-through from the reverse side.]



CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE

Patient Name : Mrs. Sakshita Age : Gender : Male ☐ Female ☒

UHID NO: HN14-00012548 Surgeon Name: Dr. Padmapa

Anaesthesiologist : Dr. SAMIR / 1

Operative procedure planned : Emergency LSC

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, Hemodynamic instability, Bleeding,

Comments : Blood transfusion, PDPH

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

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

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

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

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

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

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

- Pregnant : ☒ Yes ☐ No

DECLARATION BY THE ANAESTHETISTS PROVIDING INFORMATION FOR THIS CONSENT

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

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

Patient / Patient Attendant :

Signature : [Signature]

Name : Mrs. Shabeta

Relationship with Patient : Self

Date & Time : 12/7/26

Witness :

Signature : [Signature]

Name : Husband

Date & Time : 12/7/26

Doctor (who is taking the consent) :

Signature : [Signature]

Name : Dr. Anjeena

Date & Time : 12/7/26 @ 10:30 AM

Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION

Name: Mr. Shaleeta Age: Sex: F UHID.No: 40012548

Date: 12/17/26 Time: 10:30 AM Proposed Operation: Emergency C-section

Diagnosis: G3P1A1 Previous SVD & GDM on 36 weeks

B.P / CRT: H.R: Weight: 74 kgs ASA Physical Status: ☐ 1 ☒ 2 ☐ 3 ☐ 4 ☐ 5

Laboratory Data:

12/17 Hgb: 10.8 Glucose: Protein: HIV: X-Ray:
PCV: Urea: Alb: HBS Ag: ECG:
WBC: 12.20 Creat: Total Bill: HCV: 2D Echo:
Plate: 197 Na: Dir. Bill: Blood group: B+ve Stress/Angio:
PT: K: LDH: T3: Other:
PTT: Ca++: Alk phos: T4:
INR: Mg++: Amylase: TSH:
Cl -: SGOT/SGPT:

Allergies: -

Medical History: CVS: no cardiac issues

RESP: no VAD / trach Diabetes: GDM on Diet

CNS: ⊖

Renal: ⊖

Hepatic / GE: ⊖ Physical Activity: Active

Others: ⊖

Past Anaesthetic History: No Spont. Muscamps / No MVRPC & LA

Physical Exam: afebr

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

Lungs: BATE

Heart: Size

CNS:

Pregnant: ☒ Yes ☐ No ☐ NA Venous Access Site: Ⓢ Spine Exam for regional: palpable

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

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

CURRENT MEDICATIONS	DOSAGE

Pre-Operative Instructions:

- DVT Prophylaxis: Water / ORS 2 Hours / Last meal @ 5AM
- NIL ORAL Others 6 Hours
- Informed Consent: ☒ Standard ☐ High Risk
- Post Operative Pain Management: ☐ Discussed with Patient
- Other Instructions: To resume 20PRBC, 20FFP
To send CBP, CX Marking
To give IV TRANEXEMIC ACID 18m

Signature: [Signature] Name: Dr. Amman



ANAESTHESIA CHART



Pre Induction Assessment:

Change in Patient Condition: ☐ Yes ☒ No

Fasting Status: Adequate

Physical Status:

☒ Patient Identified

☒ Consent Present

☒ Chart Reviewed

H.R: 130/mt

B.P / CRT: 116/70 mm

SpO₂: 100%

R.R: 16/mt

Last Feed: 56 hr

Pre-OP Diagnosis: G3 P1 L1 A1

Operation: Emergency LSCS

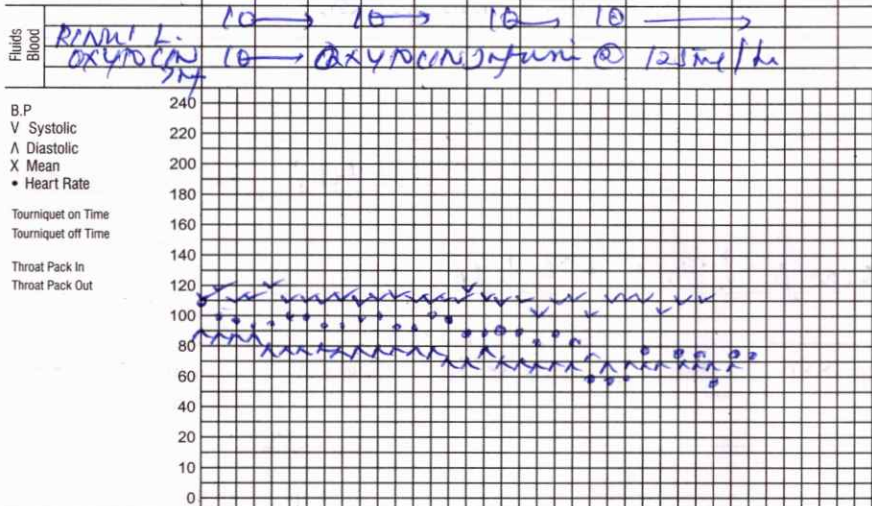
Date: 56 hr

Surgeon: Dr. Padmaja

Anaesthesiologist: Dr. Suman R. Anand

Technician: Alanid

TIME	11:30	12:30	1:30	2:30	3:30	4:30	5:30
N ₂ O / AIR / O ₂ LPM							
HALO / SO / SEVO							
Drugs:							
1. TRANSDERMAL 17m. IV							
2. METHERGOLIN 0.2mg IV, repeated by METHERGOLIN 0.2mg IV							
3. OXYGEN DRIP 20% infusion @ 12ml/hr							
4. MIDAZOLAM 1mg IV							
FiO ₂ (SaO ₂)	100	100	100	100	100	100	100
ETCO ₂	35	35	35	35	35	35	35
ECG	PR	PR	PR	PR	PR	PR	PR
Temperature							
Urine Output							



LAB Values

- ☒ Equipment Checked and Functional
- ☒ BP
- ☒ Cuff Site: RU
- ☒ Art Site: 3-4 cm
- ☐ EKG Lead
- ☐ Temp Site
- ☐ FiO₂ Monitor
- ☐ Agent Monitor
- ☐ Pulse Oximeter
- ☐ Capnograph
- ☐ Ventilator
- ☐ Nerve Stimulator
- Position: supine
- ☒ Pressure Points Checked

- Temp: ☐ HME ☐ Fluid Warmer ☐ Cling Film ☐ OH Warmer ☐ Hugger's ☐ Cotton Wool ☒ Other
- Times: Anaes Start: 11:30 AM OP Start: 1:30 PM OP End: 2:15 PM Leave OR: 2:15 PM
- Anaesthesia: ☐ GA ☐ Monitored Anaesthesia Care ☒ Regional
- Line (Size & Location) ☐ CVP: ☐ ART: ☒ IV: 18G ☒ IV: 18G ☐ IV: ☐ IV: ☐

- Induction ☐ IV ☐ Inhal ☐ Pre O₂ ☐ RSI ☐ Others
- ☐ Mask ☐ SGA ☐ Airway ☐ Oral ☐ Nasal ☐ ETT# ☐ at ☐ cm ☐ Oral ☐ Nasal ☐ Cuff ☐ Tracheostomy ☐ Topical ☐ Drug: ☐ Awake ☐ Direct Vision ☒ Video Laryngoscopy ☐ Stylette / Bougie ☐ Fiberoptic ☐ Blade# ☐ Attempts: ☐ Difficulty Why?
- ☐ Bilat = BS ☐ Semi-Closed Circle ☐ Closed Circle ☐ Other

- Regional: Extremity ☐ Specify: ☐ Epidural ☐ Caudal ☒ Spinal
- Others: ☐ Others: ☐
- Position: supine
- Site: 3-4 cm
- Needle Size: 25G Depth: 2.5 cm
- Paresthesia ☐ Yes ☐ No
- Catheter at skin ☐ cm
- Drug Name & Conc: 0.5% Bupivacaine (H)
- Bolus: 10mg + 2mg PENTANE
- Infusion: ☐
- Block Level: T4
- Comments: Attempt 1
- Transportation to ☐ PACU ☐ ICU ☒ Other
- Relaxant Reversed ☐ Yes ☐ No ☐ NA
- Name of the Doctor: Dr. Suman R. Anand
- Signature of the Doctor: [Signature]



POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by: Siti Sugatha Time Received: 2:30 PM Time Discharged:

BLOOD PRESSURE PULSE RESP SPO ₂		IV Cannula Site: <u>left site</u> ☐ O ₂ Mask ☐ Nasal Prongs ☐ Tracheostomy ☐ T-Piece ☐ Oral Airway ☐ Nasal Airway Vomiting: ☐ Yes ☒ No NG Tube: ☐ Yes ☒ No Drain: ☐ Yes ☒ No Urinary Catheter: ☒ Yes ☐ No Chest Tube: ☐ Yes ☒ No Nil Oral: ☐ Yes ☒ No IV Fluids: <u>RL</u> Oral Feeds: <u>NB</u>
	Drug: <u>Aug Maxin</u>	

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

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
12/7	2:30pm	0/10	NA	Q
12/7	3pm	0/10	NA	Q
12/7	4pm	0/10	NA	Q
13/7	3pm	0	NA	8

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

Anaesthesiologist Name: Dr. Ayesha

Anaesthesiologist Signature: [Signature]

Date & Time: 13/7/20

PACU Nurse Name: Sugatha

PACU Nurse Signature: [Signature]

Date & Time: 13/7/20 @ 3:30pm

Reassessment Frequency:

- Every eight hours for all hospitalized patients.
- For post surgical patient, patient with chronic pain, patient with severe pain
 - Every 2 hours for first 24 hours
 - After 24 hours every 4 hours
 - Prior to pain relieving intervention
 - With in 30-60 minutes after pain relief intervention

Transferred to Unit by (PACU): 2nd floor (209)

Date & Time: 13/7/20 @ 3:30pm

Patient Sticker

Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

Date: Time: Procedure done by

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

Depth: Catheter at Skin: Attempts :

Parasthesia : Yes/No if yes details :

Solution Composition :

Any other issues :

a)

b)

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

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

Catheter Removed by and Tip Inspected :

Patient Satisfaction :

Discharge /Shifting ordered by

Doctor Signature:

Doctor Name:

Date and Time :

GENERAL CONSENT FOR TREATMENT

Patient Name: Mrs SHAYESTA

Age : 32 Y 3 M 23 D

IP No: IP26-00006823

Sex: Female

Consultant: Dr. PADMAJA YELISETTY

Ward/Bed No: 4F -OT/LDR-416

The undersigned patient and I or responsible relative or person hereby consent to and authorize Rainbow Hospitals doctors and medical personnel to perform medical examinations, conduct routine investigations and administer medical treatments, outpatient procedures, minor dressings, vaccinations and immunizations during the course of the patient's care, as in patient.

Patient, be deemed advisable or necessary.

I understand that the confidentiality of all medical records shall be protected to the full extent of the Law. The undersigned also consent to the use of health related information/ audiovisuals of the patient for research & training purpose or for insurance coverage and while doing so confidentiality of the patient will be maintained at all times and this will not affect the care of the patient.

In giving my general consent to treatment, I understand that I retain the right to refuse any particular examinations, test, procedure, treatment, therapy or medication recommended or deemed medically necessary by treating doctors. I also understand that the practice of medicine is not an exact science and that no guarantee have been made to me as the results of my evaluation and I or treatment.

I understand that I shall not bring valuables to the Hospitals and that the Hospital will not be responsible for the loss, destruction or theft of my personal belongings. I assume full responsibility for all my personal items and release the Hospital from responsibility and liability for such personal items and valuables.

"I am aware that during the patient care it is inevitable that certain re-useable equipment shall be re-used after sterilization and disinfection. I am informed that the hospital assures maximum level of precaution and care in sterilizing and disinfecting the equipment and monitors the whole process as per evidence based guidelines".

Note:

1 We do not allow use of medication brought from outside by the patient.

2 I have received attendant passes as per my room category. I understand that I have to return it back at the time of final bill clearance. In case of failing the submission, I will pay 200/- Rs.

(Receivers Signature:.....)

3 IP Guide book has been given to me and I have been explained about the Hospitals rules and policies.

4 Financial and billing counseling has been done to me.

Signature of Patient/Relative:

Name:

Relationship:

Date:

Time: 11:11 am

Witness Name:

Witness Signature:

Puja

Patient Address:

8-1-299/b/19 madhur hills shaikpet
Tolichowki Hyderabad Telangana
INDIA 500008

BILLING POLICY

- **Billing cycle:** - With effective from 1st January 2020, Our billing cycle to be start from 12 PM to 12 PM, Settlement post 12 PM, room rent will be charge for half day extra & post 6 pm, it will be charge for full day. Less than 24 hours stay will be considered as one day.
- As per the GOI guidelines, we can collect Rs 1,99,999/- only in cash mode, balance patient can pay through Card tpain the event of TPA/ Cashless denial or approval not received due to any reason then hospital tariff will be applicable and any discount or special rates given to TPA's / corporates won't be applicable.
- If the surgery / scans performed in Emergency hours (8pm - 7am), public holiday and on Sunday will be charged TPA processing charges Rs.720 for every TPA route cases.
- All charges vary as per Room category, except Pharmacy and consumables.
- We follows a "No Discounts Policy" kindly cooperate.
- No Duplicate/Second copy of OP OR IP bill is issued.
- ICU/Ward Charges DO NOT INCLUDE - Air Mattress, Monitor, Consultants/ Specialty Doctors Visit, Infusion/syringe pump, Ventilator/C pap, Oxygen, Investigations, Procedures, Consumables, Medicines or any other bedside equipment's/devices etc. (Detailed list can be taken from billing department).

Patient attendant can collect for Interim/provisional bill of the patient from the billing section on daily basis. Interim Bill shall be based on the acknowledged services in HIS. Final Bill of the patient may vary from the Interim bill based on actual update taken on the day of discharge. It is requested that patients/attendants inquire daily about the bill amount from billing section and pay the outstanding as on that day.

Patient bill outstanding should not be increase more than 10,000/-

You are requested to clear your outstanding amount on daily basis before 12 PM.

MODE OF PAYMENT & REFUNDS

- We accept payments by cash (up to Rs 1,99,999/- only), cards, online transfer and Demand Drafts.
- All refund more than Rs.2,000/- will be refund through NEFT in three Bank working days.

Name & signature of Patient/Attendant

Pya
(Signature of Admission Desk executive)

NOTE: Self - attested Govt. ID proof is mandatory whosoever is signing the undertaking.

RAINBOW CHILDREN'S MEDICARE PRIVATE LIMITED

Registered Office: Road No.2, Banjara hills, Near Hotel Park Hyatt, Hyderabad - 500 034, T: +91 40 2233 4455.

Corporate Office: 8-2-19/1/A, Daulet Arcade, Karvy Line, Road No.11, Banjara Hills, Hyderabad - 500 034.

Branches : BANJARA HILLS - T: 2233 4455 | VIKRAMPURI - T: 4246 2200 | KONDAPUR - T: 4246 2400 | MADHAPUR - T: 6464 2020 | KUKATPALLY - T: 4246 2300 | L B NAGAR - T: 7111 1333 | MARATHAHALLI, BENGALURU - T: +91 80 7111 2345 | BANNERGHATTA ROAD, BENGALURU - T: +91 80 2551 2345, HIMAYATNAGAR- T:- 40 48873000

26-0000213118

NARCOTIC PRESCRIPTION FORM (PATIENT COPY)

Patient Name: Mrs Shrivasta	Age: 32y	Gender: Female	
UHID No: HNH-00012548	IP No: 26-00006825	Date: 12/7/26	
Diagnosis: ISCS	(Ward-OT)		
PRESCRIPTION DETAILS (Tick only one of the following)			
S.No	Drug Name	Dosage	Remarks
1.	Fentanyl Citrate Inj. 50mcg/ML	100 Mcg	01 Amp
2.	Morphine Sulphate Inj. 15mg/ML	—	—
3.	Remifentanyl Hydrochloride Inj. 2MG	—	—
4.	Remifentanyl Hydrochloride inj. 1MG	—	—
Doctor Name: Dr. SAIRAS.V		Doctor Registration No: APMC 75772	
Signature: [Signature]			

NARCOTIC DISPENSING FORM APPENDIX 4 – FORM NO. 3E

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

IP Registration No:

Date: **12/7/26**

Aadhaar No. of the Patient (Optional):

1.	Name: Mrs Shrivasta	Remarks: Medhwa hills, Thakurpet, Tolichowki, Hyderabad		
2.	Complete postal address (with contact number, if any)	ISCS		
3.	Brief description of the illness	NO		
4.	Whether registered with any other registered medical practitioner / recognized medical institution (If yes, details of the recorded)	INJ: Fentanyl		
5.	Details of essential Narcotic drug dispensed			
Date	Name of the Essential Narcotic Drugs	Quantity	Signature / Thumb Impression of the patient / Patient Attender	Remarks, if any
12/7	INJ: Fentanyl	01	[Signature]	

Dispensed by (Name & ID No.): **Sania 018442** Signature:Received by (Name & ID No.): **M Arvind Kumar (021257)** Signature: **Anu**

Time:

#1 26-0000213118 #

NARCOTIC PRESCRIPTION FORM (MEDICAL RECORD)

Patient Name: <u>Mrs Shrivasta</u>		Age: <u>32y</u>	Gender: <u>Female</u>
UHID No: <u>INH-00012548</u>	IP No: <u>26-00006823</u>	Date: <u>12/7/26</u>	Time: <u>4:29</u>
Diagnosis: <u>ISCS (1200-OT)</u>			
PRESCRIPTION DETAILS (Tick only one of the following)			
S.No	Drug Name	Dosage	Remarks
1.	Fentanyl Citrate Inj. 50mcg/ML	<u>100 mcg</u>	<u>01 Amp</u>
2.	Morphine Sulphate Inj. 15mg/ML	<u>—</u>	<u>—</u>
3.	Remifentanyl Hydrochloride Inj. 2MG	<u>—</u>	<u>—</u>
4.	Remifentanyl Hydrochloride inj. 1MG	<u>—</u>	<u>—</u>
Doctor Name: <u>Dr. S. N. K. V.</u>		Doctor Registration No: <u>APMC 75772</u>	
Signature: <u>[Signature]</u>			

NARCOTIC DISPENSING FORM

APPENDIX 4 – FORM NO. 3E

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

IP Registration No: 26-0000 Date: 12/7/26

Aadhaar No. of the Patient (Optional):

1.	Name: <u>Mrs Shrivasta</u>	Remarks		
2.	Complete postal address (with contact number, if any)	<u>Medhvi hills, Ghatkopar, Telichhavi, Mumbai</u>		
3.	Brief description of the illness	<u>ISCS</u>		
4.	Whether registered with any other registered medical practitioner / recognized medical institution (If yes, details of the recorded)	<u>NO</u>		
5.	Details of essential Narcotic drug dispensed	<u>INT. Fentanyl</u>		
Date	Name of the Essential Narcotic Drugs	Quantity	Signature / Thumb Impression of the patient / Patient Attender	Remarks, if any
<u>12/7</u>	<u>INT. Fentanyl</u>	<u>01</u>	<u>[Signature]</u>	

Dispensed by (Name & ID No.): Sania 018442 Signature:

Received by (Name & ID No.): M. Asvin Kumar (021257) Signature: [Signature]

Time:

NARCOTIC PRESCRIPTION FORM **(MEDICAL RECORD)**

Patient Name: _____		IP No: _____	
Date: _____		Time: _____	
Diagnosis: _____			
PRESCRIPTION DETAILS (tick only one of the following)			
2 No	Drug Name	Dosage	Remarks
1	Paralgin Orale Int. 50mg/ml		
2	Morphine Sulphate Int. 10mg/ml		
3	Rentonan Hydrochloride Int. 2MG		
4	Rentonan Hydrochloride Int. 1MG		
Doctor Name: _____		Subscription No: _____	
Signature: _____			

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

IP Registration No: _____ Date: _____

Address No. of the Patient (Optional): _____

1	Name: _____	Remarks: _____		
2	Complete postal address (with contact number, if any)			
3	Brief description of the illness			
4	Whether registered with any other hospital or medical institution (If yes, details to be recorded)			
5	Details of essential narcotic drugs dispensed			
Date	Name of the Essential Narcotic Drugs	Quantity	Signature of the patient / Patient Attender	Remarks, if any

Dispensed by (Name & ID No): _____

Received by (Name & ID No): _____

Time: _____