Dr. Swapna
Dr. Sri Shrimathi

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 : 18/5/26 UHID / IP No. : HNH-00015482 Sl No. 1522

Name of Patient : Mrs. Sajja Amrita Age: 37yrs Gender: F

Father's / Husband's Name : Mr Kiran Kumar Corporate / Occupation :

Address : Vaishnavi Enclave Phone : 9000530546 Email : 8179781512

Procedure / Plan : ND / LSCS (Twins) EDD/Dos:

MODE OF PAYMENT : ☐ SELF ☑ TPA : Star Health ☐ GIPSA : ________ OTHER

TARIFF INFORMATION :

Particulars	Package Amounts (Rs.)	
Room Category	Normal Delivery	LSCS
Multi Shared Ward		
Shared Ward		
Twin Shared Ward		
Private Room →	85 K	95K
Super Deluxe Room →		
Suite Room	+ Non Payable	Extra
Package includes (Package starts from the time of admission)	Room Rent, Nursing Charges, Doctors Fee, Surgeon's Fee and Labour Ward Charges	Room Rent, Nursing Charges, Doctors Fee, Surgeon's Fee Anesthetist's Fees and OT Charges
	Length of Stay for : 2 Days	Length of Stay for : 3 Days
	Pharmacy up to 9,000/-	Pharmacy up to 12,000/-
	Investigations up to 2,000/-	Investigations up to 3,000/-
Others	Well baby care 25k to 35K (Per Baby)	

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

Initial Minimum Deposit : 10,000/- Advance Paid

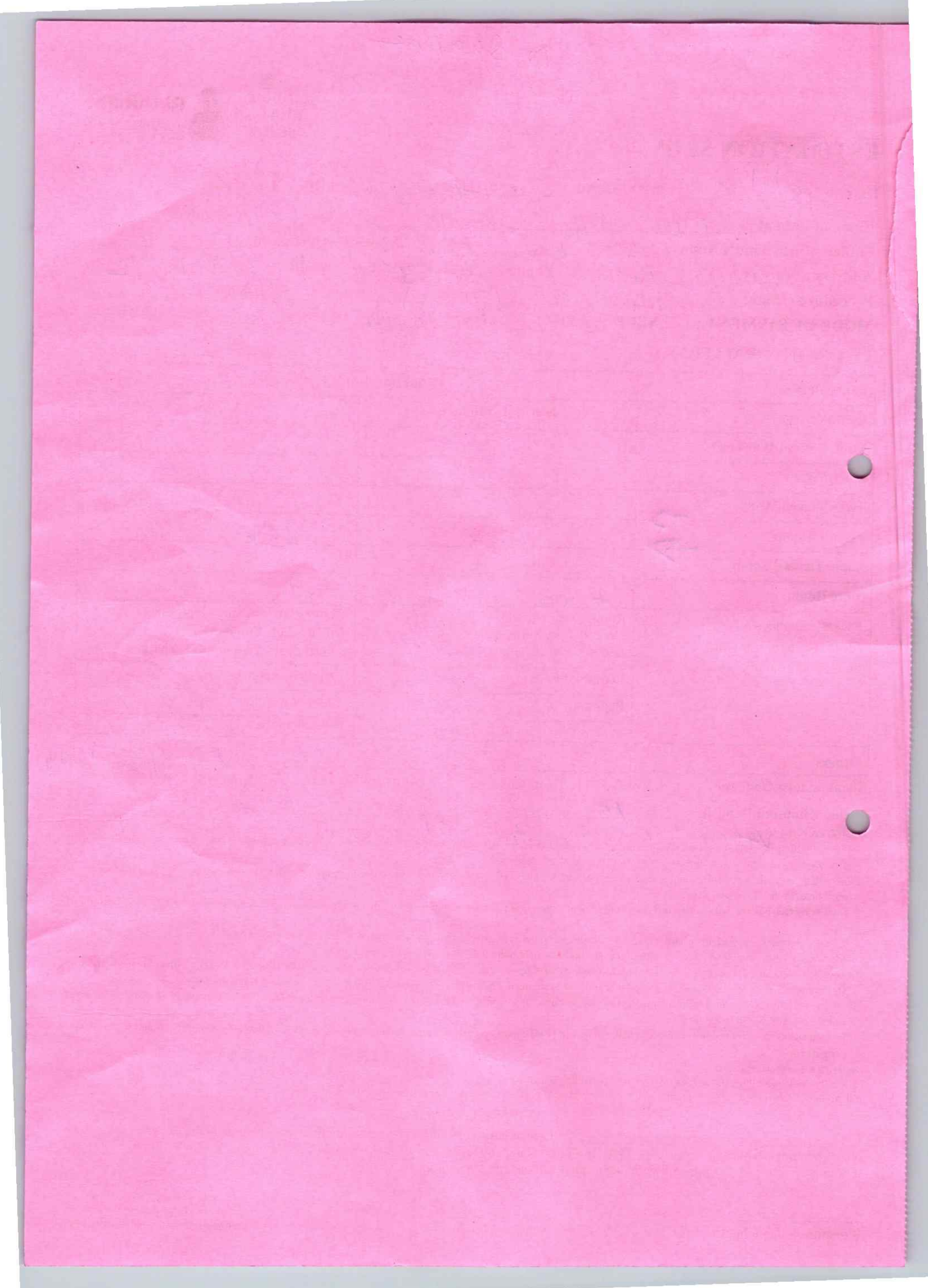
REMARKS : Vaccination, neonatal, Bld, SBR

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

DECLARATION

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

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



SURGERY DETAILS

Date : 19/05/26

Patient Name: Mrs. Sajja Amrita Date of Birth: 12/06/1988 Age: 37y

Gender: female Ward : OT UHID No.: HNH-00015482

Date of Surgery: 19/05/26 ☐ OT -1 ☑ OT -2 ☐ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : ELECTIVE LOWER SEGMENT CAESAREAN SECTION + BILATERAL TUBECTOMY ↓ SA

Time in : 6:40 Am Time Out : 8:30 Am

		NAME	**AMOUNT**
1.	Surgeon	Dr. Swapna	
2.	Anaesthetist	Dr. Brunda	
3.	Assistant Surgeon	Dr. Sri Srimathi / Dr Ramya thyagu	
4.	OT Technician	Sr. Saraswathi	
5.	Circulating Nurse	Br. Sudipta	
6.	Assistant Nurse	Sr. Sangeema	

Mrs SAJJA AMRITA (37 Y 11 M 7 D/ F)
TUBES
NINV04329
HN26008383TUBES
HNH-00015482

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

Tubectomy → 26-0000200596

Signature of the Surgeon Signature of Circulating Nurse

Order No: 26-0000200595 Order by: Sandhya 19/5/26 @ 9.Am (OT record saved)

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

HNH-00015482 IP26-00006367
Mrs SAJJA AMRITA
12-06-1988 37 Y 11 M 7 D (F)
Dr. SWAPNA SAMUDRALA

EL. LSCS + Tubectomy.

CONSUMABLES OF OT

Circulating staff : .... Technician : Sr. Saraswathi Date : 19/5/26 Time : ....

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side) Twin-I	Qty Issued	Qty Used
ET tube			~~Major~~ Pack LSCS		01	Inj Vit.K		01
LMA			Sutures 2346		02	Cord Clamp		01
ECG leads : (A) / P / N		05	2762		01	Suction Catheter		
HME filter : A / P / N			4242	01		Feeding Tube 5.0		01
Syringes : 10 cc		02				Vaccum Suction Set		
05 cc		02	Gloves Encore-6.5		01	Surgical Gloves 7.0, 6.5		1+3
02 cc		03	S.G-6.5, 6.0	4+	02	Gauze Pack 7.5		02
01 cc		02				Syringe 1ml / 2ml		01
Cautery plate : (A) / P / N		01	Surgical blade 22		01	Surgical Blade # 20		01
IV set			NG tube			Koochies (S)		01
RL		03	Cautery pencil		01			
NS : 10ml / 100ml / 500ml / 1000ml		01	Koochies (XXL)		0	26-0000200600		
oxytocine		03	Ointments					
			Suction Catheter					
Fentanyl		(01)	Cap, Mask	20+	20	Twin-II		
Morphine			Gauze Pack 7.5		02	Inj- vit.K		01
Ketamine			Mop Pack		02	~~Cord~~ clamp		01
Propofol ~~oxytocine~~		~~03~~	Steristrip			Feeding Tube 5.0		01
Recuronium Methergine		01	Underpad		02	S.G- 7.5, 6.0		1+2
Glycopyrolate			Draw sheet			Gauze 7.5		02
Myopyrolate			Abgel		01	DSY- 1ML		01
Ondansetron			Foleys catheter			S.Blade-20		01
Pencan 25G / Spinal Needle 22		01	Urobag			~~Koochies (S)~~		~~01~~
Bupivacaine 0.25%			Chest Drainage Catheter			26-0000200603		
Bupivacaine 0.25%(Heavy)		01	Romodrain bag					
Antibiotics			Bandage					
Pheopress LS		01	Tegaderm					
~~Suppositories~~ Lox 2%		01	Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg		01	Vaccum Suction set		01			
Justin : 12.5 mg / 25mg / 100mg		01	Plastic Bed Sheet					
Tab. Misoprost : 200mg			Betadine Solution		02			
Guaze 7.5x7.5		01	Microshield		01			
Encore glove 6.5		01	Cotton Balls		01			
			Latex Gloves		20			
			Ramdione Scrub					
			~~Sarat~~ Plastic Appron -		02			

Surgeon Anaesthesiologist Nurse OT Technician

Order No. : 26-0000200577/578/597 Ordered by : Sangeetha 19/5/26 @ 10Am

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

[illegible]

[illegible]

[illegible]

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040-48873000, info@rainbowhospitals.in

ELECTRONIC MEDICINE PRESCRIPTION

MRN	: HNH-00015482	Name	: Mrs SAJJA AMRITA
Age / Sex	: 37 Y 11 M 7 D / Female	Doctor	: SWAPNA SAMUDRALA
Adm/Reg Date/Time	: 18/05/2026 15:00	Payor	: STAR HEALTH AND ALLIED INSURANCE CO LTD
Order Date	: 19/05/2026 06:29	Ordernumber	: 26-0000200577
Visit ID	: IP26-00006367	Ward/Bed No	: 4F -OT / PRE/POST-423
Patient Address	: H.NO: 5-1/C SRI VAISHANAVI ENCLAVE., Kachivani Singaram, Hyderabad, Telangana, INDIA, 500088		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	SURGICAL BLADE 22	SURGICAL BLADE 22	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
2	POVINANZ SOLUTION 10% 100 ML		1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
3	PENCAN 25G*3 1 2	PENCAN 25G*3 1 2	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
4	DISPOSABLE APRONS STERILE XL	DISPOSABLE APPRON STERILE XL	1 Nos	/ Once Daily	5 Days		5 Nos	Dispensed
5	CAUTERY PENCIL (ADVANCE)	CAUTERY PENCIL (ADVANCE)	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
6	SGLOVE # 6 (SURGICARE)	SURGICAL GLOVES 6.0	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
7	SURGEON CAP(FEMALE) (PROTECTCARE)		1 Nos	/ Once Daily	1 Days		20 Nos	Dispensed
8	VICRYL 2-0 NW 2762	VICRYL 2-0 NW 2762	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
9	BACTOPREP SOLUTIONS 100 ML	CHLORHEXIDINE GLUCONATE2% &ALCOHOL80% 500	1 mL	/ Once Daily	1 Days		1 Nos	Dispensed
10	JUSTIN SUPPOSITORIES 100 MG 5 S		1 Nos	Rectal / Once Daily	1 Days		1 Nos	Dispensed
11	BUPICAIN HEAVY 80MG INJ 4ML	BUPIVACAINE 80MG INJ	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
12	Encore Microptic gloves-6.5		1 Nos	/ Once Daily	1 Days		2 Nos	Dispensed
13	FACE MASK 3 LAYER - ELASTIC	FACE MASK 3 LAYER	1 Nos	/ Once Daily	20 Days		20 Nos	Dispensed
14	GAUZE 7.5X7.5 12 PLY (5 NOS)	GAUZE 7.5X7.5 12 PLY 5 NOS	1 Nos	External / Once Daily	1 Days		3 Nos	Dispensed
15	ABGEL SURGI PAD (BIG) (GELSPON)	ABGEL	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
16	LSCS DRAPE PACK (PROTECTCARE)		1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
17	PREGELLED SURGICAL PLATES(ADULT)	PREGELLED PLATED ADULT	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
18	THEMICAINE 2% 30ML INJ		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
19	VICRYL 1-0 VP 2346	VICRYL 1-0 VP 2346	1 Nos	/ Once Daily	2 Days		2 Nos	Dispensed
20	MOPS 30X30 8PLY 5S X-RAY	MOPS 30X308 PLYDATT	1 Nos	/ Once Daily	2 Days		2 Nos	Dispensed
21	PHEN PRESS LS 50MCG IN ML 10ml	PHENYLEPHRINE	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
22	DSYRINGS 2.5ML(NIPRO)	SYRINGE 2ML	1 Nos	Injection / Once Daily	1 Days		3 Nos	Dispensed
23	VACCUME SUCTION SET	VACCUME SUCTION SET	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
24	ADULT DIAPERS-XXL		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
25	DSYRINGE 1ML (NIPRO)	SYRINGE 1ML	1 Nos	Injection / Once Daily	1 Days		2 Nos	Dispensed
26	E.C.G ELECTRODES (ADULT)	ELECTRODES ADULT	1 Nos	External / Once Daily	1 Days		5 Nos	Dispensed

SWAPNA SAMUDRALA

Reg No : 69924

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Note

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* **Do not refill medicines.**

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

ELECTRONIC MEDICINE PRESCRIPTION

MRN	: HNH-00015482	**Name**	: Mrs SAJJA AMRITA
Age / Sex	: 37 Y 11 M 7 D / Female	**Doctor**	: SWAPNA SAMUDRALA
Adm/Reg Date/Time	: 18/05/2026 15:00	**Payor**	: STAR HEALTH AND ALLIED INSURANCE CO LTD
Order Date	: 19/05/2026 06:29	**Ordernumber**	: 26-0000200578
Visit ID	: IP26-00006367	**Ward/Bed No**	: 4F -OT / PRE/POST-423

Patient Address : H.NO: 5-1/C SRI VAISHANAVI ENCLAVE., Kachivani Singaram, Hyderabad, Telangana, INDIA, 500088

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	NITRILE EXAMINATION GLOVES P F- MEDIUM	NITRILE GLOVES M	1 Nos	/ Once Daily	20 Days		20 Nos	Dispensed
2	SUPRIDOL SUPPOSITORIES 100 MG 5 S		1 Nos	Rectal / Once Daily	1 Days		1 Nos	Dispensed
3	DSYRINGE 5ML.(NIPRO)	SYRINGE 5ML	1 Nos	Injection / Once Daily	1 Days		4 Nos	Dispensed
4	UNDERPADS 60X90 BUTTERFLY		1 Nos	External / 10 AM	1 Days		2 Nos	Dispensed
5	EVATOCIN (OXYTOCIN) INJ 5 IU 1 ML		1 Nos	/ Once Daily	3 Days		3 Vial	Dispensed
6	NS 100ML ACCULIFE - EH		1 mL	External / 10 AM	1 Days		1 mL	Dispensed
7	RL 500 ML CLOSED SYSTEM	RINGER LACTATE 500ML CLOSED	1 Bottle	/ Once Daily	3 Days		3 Bottle	Dispensed
8	DSYRINGE 10ML (NIPRO)	SYRINGE 10ML	1 Nos	Injection / Once Daily	1 Days		2 Nos	Dispensed

SWAPNA SAMUDRALA

Reg No : 69924

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ELECTRONIC MEDICINE PRESCRIPTION

MRN	: HNH-00015482	**Name**	: Mrs SAJJA AMRITA
Age / Sex	: 37 Y 11 M 7 D / Female	**Doctor**	: SWAPNA SAMUDRALA
Adm/Reg Date/Time	: 18/05/2026 15:00	**Payor**	: STAR HEALTH AND ALLIED INSURANCE CO LTD
Order Date	: 19/05/2026 09:02	**Ordernumber**	: 26-0000200597
Visit ID	: IP26-00006367	**Ward/Bed No**	: 4F -OT / PDA-412

Patient Address : H.NO: 5-1/C SRI VAISHANAVI ENCLAVE., Kachivani Singaram, Hyderabad, Telangana, INDIA, 500088

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	METHERGIN INJ 1 ML		1 Vial	/ Once Daily	1 Days		1 Vial	Dispensed
2	SGLOVE # 6 (SURGICARE)	SURGICAL GLOVES 6.0	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
3	TRUGUT CHROMIC CATGUT SN4242	TRUGUT CHROMIC CATGUT SN4242	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed

SWAPNA SAMUDRALA

Reg No : 69924

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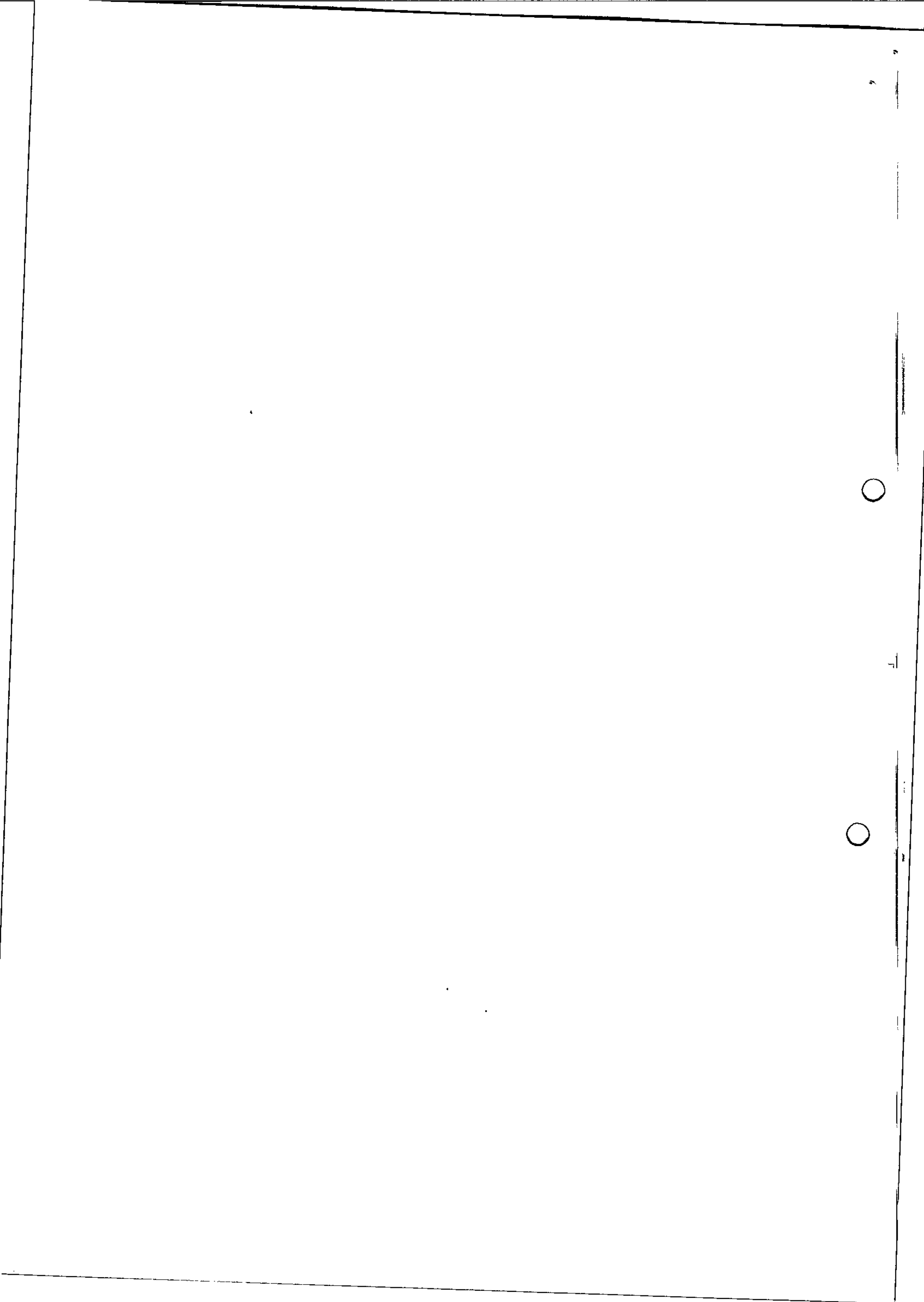

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ELECTRONIC MEDICINE PRESCRIPTION

MRN	: HNH-00015488	Name	: Baby Of SAJJA AMRITA TWIN 1
Age / Sex	: 0 Y 0 M 0 D 2 H / Male	Doctor	: SPANDANA PASUPULETI
Adm/Reg Date/Time	: 19/05/2026 08:06	Payor	: SELFPAY
Order Date	: 19/05/2026 09:10	Ordernumber	: 26-0000200600
Visit	: IP26-00006372	Ward/Bed No	: 4F -OT / CRDL-HNPDA-412-1
Patient Address	: H.NO: 5-1/C SRI VAISHANAVI ENCLAVE., Kachivani Singaram, Hyderabad, Telangana, INDIA, 500088		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	SGLOVE # 6 (SURGICARE)	SURGICAL GLOVES 6.0	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
2	EASYCLOT-K1 1MG INJ 0.5 ML		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
3	INFANT FEEDING TUBE-5	INFANT FEEDING TUBE 5	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
4	SGLOVE # 7.0(SURGICARE)	SURGICAL GLOVES 7.0	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
5	SURGICAL BLADE 20	SURGICAL BLADE 20	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
6	DSYRINGE 1ML (NIPRO)	SYRINGE 1ML	1 Nos	External / Once Daily	1 Days		1 Nos	Ordered
7	CORD CLAMP-ALPHAMEDICARE		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
8	GAUZE 7.5X7.5 12 PLY (5 NOS)	GAUZE 7.5X7.5 12 PLY 5 NOS	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed

SPANDANA PASUPULETI

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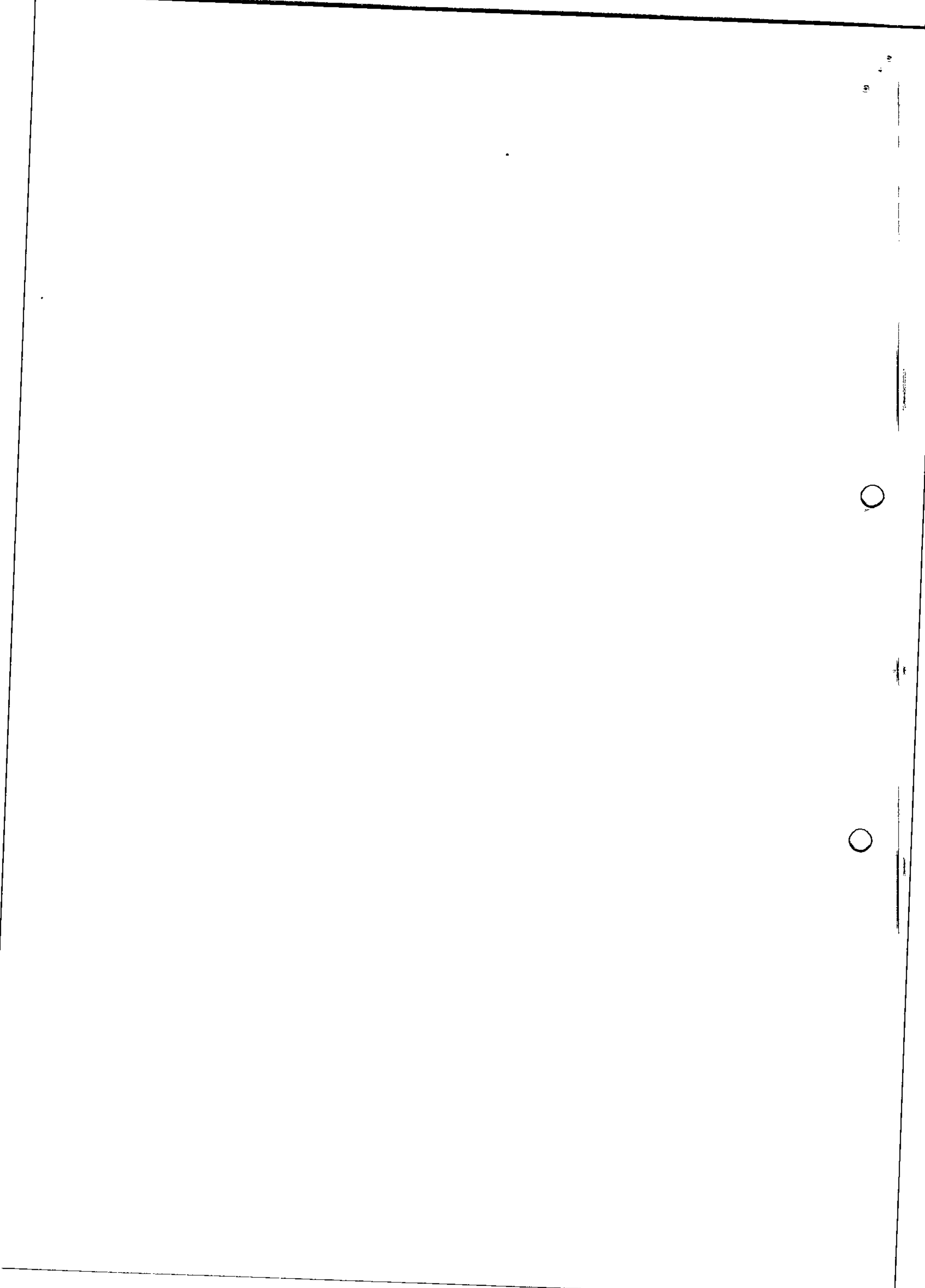

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ELECTRONIC MEDICINE PRESCRIPTION

MRN	: HNH-00015489	Name	: Baby Of SAJJA AMRITA TWIN 2
Age / Sex	: 0 Y 0 M 0 D 2 H / Male	Doctor	: SPANDANA PASUPULETI
Adm/Reg Date/Time	: 19/05/2026 08:08	Payor	: SELFPAY
Order Date	: 19/05/2026 09:15	Ordernumber	: 26-0000200603
VID	: IP26-00006373	Ward/Bed No	: 4F -OT / CRDL-HNPDA-412-2
Patient Address	: H.NO: 5-1/C SRI VAISHANAVI ENCLAVE., Kachivani Singaram, Hyderabad, Telangana, INDIA, 500088		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	SGLOVE # 6 (SURGICARE)	SURGICAL GLOVES 6.0	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
2	SGLOVE # 7.5 (SURGICARE)	SURGICAL GLOVES 7.5	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
3	INFANT FEEDING TUBE-5	INFANT FEEDING TUBE 5	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
4	CORD CLAMP-ALPHAMEDICARE		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
5	SURGICAL BLADE 20	SURGICAL BLADE 20	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
6	GAUZE 7.5X7.5 12 PLY (5 NOS)	GAUZE 7.5X7.5 12 PLY 5 NOS	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
7	EASYCLOT-K1 1MG INJ 0.5 ML		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
8	DSYRINGE 1ML (NIPRO)	SYRINGE 1ML	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed

SPANDANA PASUPULETI

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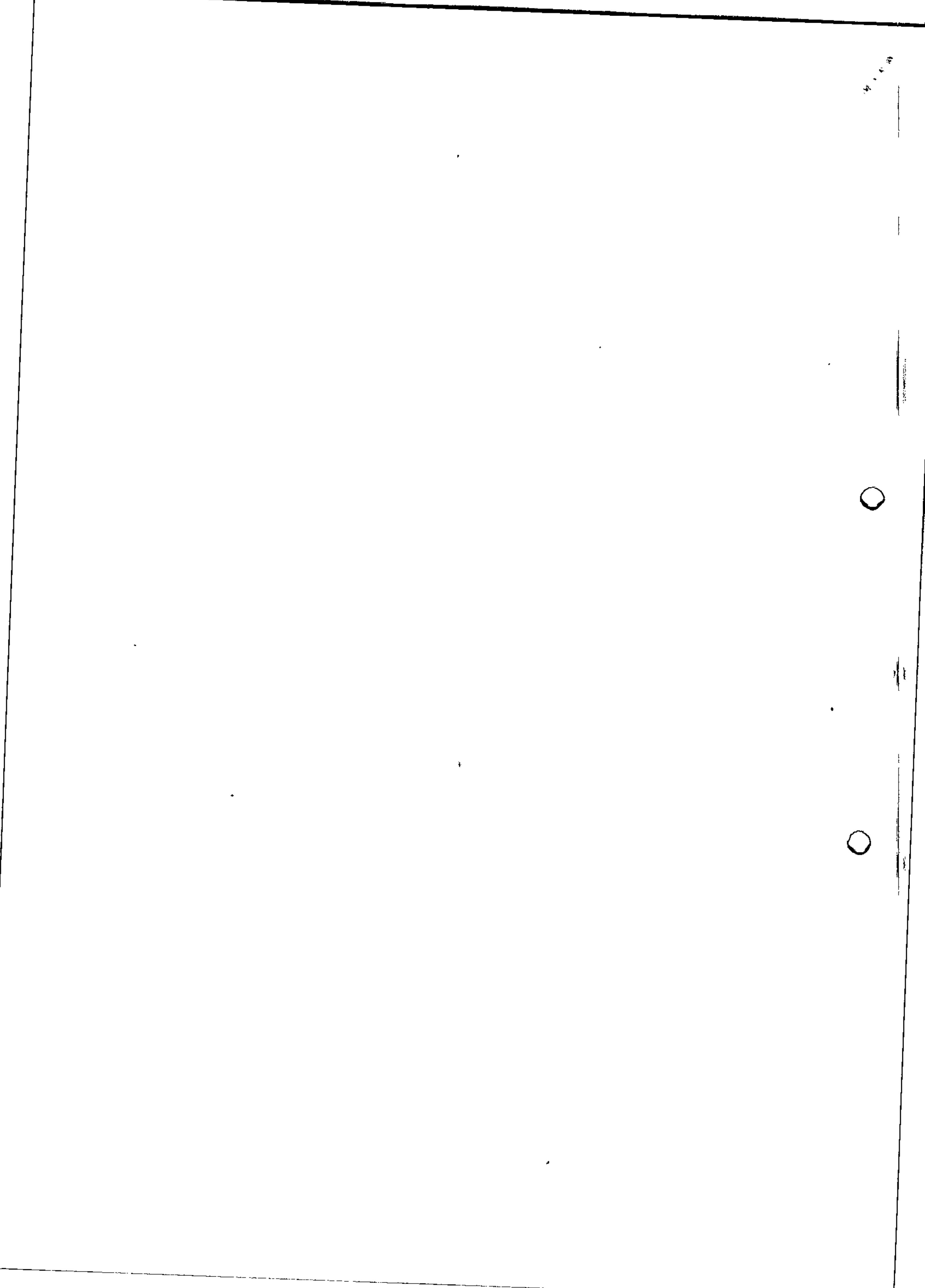

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Name	Mrs SAJJA AMRITA	UHID	HNH-00015482
Father/Guardian	Mr KIRAN KUMAR MANDRUMAKA	Age/Gender	37 Y 11 M 7 D/ Female
Address	H.NO: 5-1/C SRI VAISHANAVI ENCLAVE., Kachivani Singaram, Hyderabad, Telangana, INDIA, 500088		
IP No	IP26-00006367	Admission Date	18-05-2026
Ref Doctor	SELF		
Discharge Date	21.05.2026		

DISCHARGE SUMMARY

Consultant:
Dr. SWAPNA SAMUDRALA
69924

Diagnosis: G4P1L1A2 AT 35^{+4} WEEKS WITH DICHORIONIC DIAMNIOTIC TWIN GESTATION WITH ADVANCED MATERNAL AGE WITH PREVIOUS LOWER SEGMENT CAESAREAN SECTION FOR ELECTIVE LOWER SEGMENT CAESAREAN SECTION AND BILATERAL TUBAL LIGATION

ELECTIVE LOWER SEGMENT CAESAREAN SECTION WITH BILATERAL TUBAL LIGATION done on 19.05.2026

Name	Mrs SAJJA AMRITA	UHID	HNH-00015482
IP No	IP26-00006367	Admission Date	18-05-2026

History:

LMP: 15.09.2025 Obstetric formula: G4P1L1A3

EDD: 18.06.2026 Gestation at admission: 35^{+4} weeks

Obstetric History:

G1 - 2015, LSCS (Ind - Oligohydramnios), Male, Wt- 2 kg, A&H
G2 - 2023 - MERPC, in view of Early pregnancy failure
G3 - 2024 - MERPC, in view of Early pregnancy failure
G2 - Present pregnancy, Spontaneous conception.

Medical History: Nil
Surgical History: LSCS 2015
Family History : Mother: DM type 2
Allergies : Nil

Antenatal Details:

Mrs SAJJA AMRITA was booked to Rainbow hospital at 5+4 weeks of gestation. She had regular antenatal checkups and investigations as advised by Dr Suri Srimathi. NT scan was normal. FTS was low risk. TIFFA was normal. Antenatal steroid coverage was done (29.04.2026/ 30.04.2026) for fetal lung maturation. She received Inj Ferric carboxy maltose 250mg in view of mild anaemia (Hb- 9.4). Fetal growth monitoring done by serial growth scan. scan done at 27.04.2026 showed SLIUF at 33^{+1} weeks with Placenta posterior High, Twin 1, breech presentation with AFI 3.7cm, EFW 2012gm, Placenta Posterior high. Twin 2, Breech presentation with AFI 5.1cm, EFW 1.774 Kg with Placenta right lateral high. She was admitted at 35^{+4} weeks with previous LSCS for EL.LSCS

Name	Mrs SAJJA AMRITA	UHID	HNH-00015482
IP No	IP26-00006367	Admission Date	18-05-2026

with BTL.

Investigations: Enclosed.
Blood Group : "O" Positive

Management: Course in hospital:
She was prepared for elective C- section with indwelling Foley's catheter and IV canula under aseptic conditions. Written informed consent for surgery taken. Preanesthetic check up done. Anesthetic premedication (IV Pantop and Perinorm) given. Antibiotic prophylaxis with Inj. Taxim 1 gm IV given. Patient shifted to theatre.

Surgery Notes:
Under spinal anesthesia she was painted and draped as per hospital protocol. Abdomen opened in layers. The parietal and visceral peritoneum carefully opened after identifying the urachus. Bladder was reflected. A Lower segment curvilinear incision given on the uterus. Baby delivered. Cord clamped and cut and cord blood collected for blood grouping and Rh typing. Baby handed over to pediatrician. Placenta delivered with controlled cord traction. Uterus closed in layers. Hemostasis secured. Instruments and swab count checked. Rectus sheath closed. Skin closed with subcuticular sutures. Wound dressing done. Vagina cleaned with Betadine solution after expelling clots. Misoprostol 600 mcg given per rectum as prophylaxis against Postpartum hemorrhage. Patient was shifted out of theatre to post operative recovery room.
***Twin 1 : Cephalic, One loop of cord around neck**
***Twin 2 : Breech extraction done, one loop of cord around neck**

Name	Mrs SAJJA AMRITA	UHID	HNH-00015482
IP No	IP26-00006367	Admission Date	18-05-2026

***Dichorionic Diamniotic placenta**
***Bilateral tubal ligation done by Modified pomeroy's method, sample sent for HPE**

Delivery Details:
Date : 19.05.2026
Type of Delivery : Elective Lower segment caesarean section with Bilateral tubal ligation
Indication : Previous LSCS with DCDA twins
Anaesthesia : Spinal
Gestational Age : 35+4 weeks

Baby Details:
Twin 1
Date : 19.05.2026
Time : 07:16Am
Sex : Male
Weight : 2.34Kg
Apgar : 7,9
NICU Admission: No

Twin 2
Date : 19.05.2026
Time : 07:19Am
Sex : Male
Weight : 2.280Kg

Name	Mrs SAJJA AMRITA	UHID	HNH-00015482
IP No	IP26-00006367	Admission Date	18-05-2026

Apgar : 7,9
NICU Admission: No

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

Advice:
1. Tab. Taxim O 200mg twice daily till 25.05.2026 (9am-9pm) after food.
2. Tab. Calpol (Paracetamol 500mg) 2 tablets thrice daily till 23.05.2026 (8am-2pm-10pm) after food.
3. Tab. Voveran (Diclofenac-50mg) 1 tablet thrice daily till 23.05.2026 (9am-3pm-11pm) after food.
4. Tab. Pantodac (Pantoprazole - 40mg) 1 tablet twice daily till 25.05.2026 (7am-7pm) before food.
5. Inj Clexane 40mg (Enoxaparin) once daily subcutaneously (10pm) 21.05.2026.
6. Tab. Livogen (Elemental Iron - 50mg, folic acid 1.5mg) once daily (7am) for three months before breakfast.
7. Tab. Shelcal (Elemental Calcium 500mg, vitamin D3 250 IU) once daily

Name	Mrs SAJJA AMRITA	UHID	HNH-00015482
IP No	IP26-00006367	Admission Date	18-05-2026

(2pm) till breast feeding after food.

8. Nebasulf Powder for local application.
9. TED stocking x 2weeks
10. Collect HPE reports

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

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

Review with **Dr. Suri srimathi,** after 1 week on 27.05.2026 at postnatal clinic with prior appointment **(Review consultation will be charged).**

For Women Who Have Had a Cesarean Section
Care of the wound:

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

Name	Mrs SAJJA AMRITA	UHID	HNH-00015482
IP No	IP26-00006367	Admission Date	18-05-2026

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

Patient/ Attender

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

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

Registrar/Resident/C.M.O

Consultant:
Dr. SWAPNA SAMUDRALA,
69924

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Childrens Hospital-Himayatnagar

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

ADMISSION SHEET

Registration Details :

Admission No : IP26-00006367 **Admit Date** : 18-May-2026 **Admit Time** : 03:00 PM **UHID** : HNH-00015482

Patient Details :

Patient Name	: Mrs SAJJA AMRITA	**Age**	: 37 Y 11 M 6 D
Guardian	: Mr KIRAN KUMAR MANDRUMAKA	**DOB**	: 12-06-1988
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: H.NO: 5-1/C SRI VAISHANAVI ENCLAVE. Kachivani Singaram Hyderabad Telangana INDIA 500088	**Phone No**	: 9000530546/ 8179751512
		E-mail	: NA@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	: Mr KIRAN KUMAR MANDRUMAKA	**Relationship**	: Husband
Contact Address	: H.NO: 5-1/C SRI VAISHANAVI ENCLAVE. Kachivani Singaram Hyderabad Telangana INDIA 500088	**Phone No**	: 9000530546

Signature

Doctor Details :

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

Payment Details :

Deposit Amount : 10000.00

Payment Mode : Cash **Payor Name** : STAR HEALTH AND ALLIED INSURANCE CO LTD

ACTIVITY RECORD FOR BILLING

Name: HNH-00015482 IP26-00006367 Mrs SAJJA AMRITA

UHID No : 12-06-1988 37 Y 11 M 6 D (F) Dr. SWAPNA SAMUDRALA ------ Consultant : ------ Dept : ------

Date of Admis ------ Date of Discharge : ------ Time: ------

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
18/5/26	8:30pm	pre-post	208	[illegible]
19/5/26	4:40pm	208	LDR	[illegible]
19/5/26	6:30Am	M110	OT	[illegible]
19/5/26	8:45am	OT	MICU	[illegible]
19/5/26	2-pm	MICU	208	[illegible]

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Sign
18/5/26	CBP	60083624	Monika
18/5/26	NST (Twins-2 — ①)	6070	Monika
19/5/26	NST Twins — ②	6077	[illegible]
	Cross checked by [illegible] on 21/5/26 at 11		

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
19/5	cardiacmonitor	8.45am	200675	2pm stoped 19/5/26	Anushka
19/5	Infusion pump	8.45am			
	Cross checked by Sujatha on 21/5/26 at 11a				

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
19/5	IV placement	1		
19/5	catheterization	1	200579	Akriti
	PAC	1	200580	
20/5/24	NHA	1	0907	[illegible]
	Cross checked by Srijata on 20/5/24 [illegible]			

ANY OTHER INFORMATION

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

HNH-00015482 IP26-00006367
Mrs SAJJA AMRITA
12-06-1988 37 Y 11 M 6 D (F)
Dr. SWAPNA SAMUDRALA

IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints
Came for. Safe. Confinement

Obstetric Formula: G4 P1 L1 A2.

Obstetric Hostory:
1st: 2015, LSCS (i/v/o oligo): Male. B.wt 3.2kg.
2nd: 2023, MERPC i/v/o early preg. failure.
3rd. 2024 MERPC i/v/o Early preg. failure
4th. PP, Spont. Conception

Present Pregnancy Record:
NT Scan-(N), FTS-low risk
TIFFA - normal.
steroid coverage 29/4/30/4
Iy. FCM 250mg 2wks ago.

RISK FACTORS:
Pre LSCS
AMA
mild Anaemia.

Height: .... cm
Weight: .... kg
Allergies: Nil
Breast: ☑ Normal ☐ Abnormal
General Examination:
Consciousness: C/C
Pallor: No
Icterus: No
Edema: No
Temp: Afebrile.
PR: 89bpm
BP: 137/80mmHg.
DTR: Normal
CVS: S1S2⊕ no murmur
RS: B/L NVBS⊕
Liver/Spleen: (N)
Urine Output: adequate

LMP: 15/09/2025.
EDD:
Corrected EDD: 18/06/2026
GA: 35wks 4days.

Menstrual History: Regular: ☑ Yes ☐ No

Obstetric Examination

Fundal Height: Term
Ut. Activity: ☑ Relaxed ☐ Mild ☐ Mod ☐ Severe
Liquor: ☑ Adequate ☐ Oligo ☐ Poly
PP: ☐ Cephalic ☐ Breech Others T1- T2-
Head Fifths Palpable: ______
FHS: ☑ Normal ☐ Tachy ☐ Brady ☐ Absent

Per Speculum Examination not done

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

Vaginal Examination not done.

Cervix: ☐ Long ☐ Partially effaced ☐ Effaced
Os: Closed ______ Dilated ______
Membranes: ☐ Present ☐ Absent
Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained
Presenting Part: ☐ Vertex ☐ Breech ☐ Others
Sutton: ☐ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2
Pelvis: ☐ Adequate ☐ Doubtful

DIAGNOSIS
G4 P1 L1 A2 with 35wks 4days POG with DCDA twins. with previous LSCS for Safe Confinement

HNH-00015482 IP26-00006367
Mrs SAJJA AMRITA
12-06-1988 37 Y 11 M 6 D (F)
Dr. SWAPNA SAMUDRALA

Family History:	Surgical History:
Mother - T2DM.	LSCS - 2015.

Medical History:	Medication History:
Nil.	T. IRON T. CALCIUM

Plan of Care:	Investigations:
Admission NST. Parts preparation. Informed Consent CBC PAC. 1 ⊙ PRBC Reserve. NST - BD strict FHR's monitoring 4th hrly. Monitor Vitals Inform SOS.	BGT - 'O' positive. CBC (30/4/2026) Hb - 9.4 WBC - 15,000 plt - 2.73. PCV - 28.2% HIV, HbsAg, HCV, VDRL } NR. USG [27/4/2026]. Twin 1: SLIUF. 33w 1 day, placenta - Post - high AC - 56% AFI - 3.7cm (largest pool). EFW - 2012 gm. Breech. Twin 2: SLIUF. 31w 5 days Breech, AC - 20% EFW - 1774 gm. AFI - 5.1cm (largest pool) placenta - Right lateral, high.

Doctor Name: Dr. Naveena
Signature: [signature]
Date & Time: 18/05/2026 @ 3:10pm.

Consultant Name: Dr. Swapna. S.
Signature: [signature]
Date & Time: 18/05/2026

HNH-00015482 IP26-00006367
Mrs SAJJA AMRITA
12-06-1988 37 Y 11 M 6 D (F)
Dr. SWAPNA SAMUDRALA

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/05/2026 6:35pm	c/s/by Dr. Naveena	
	O/E GC-fair	Adv
	Afebrile	- NBM from 10pm
	BP: 124/80mmHg	- T. Dulcolax 2
	PR: 84bpm	PO stat
	CVS/RS: NAD.	- Soft diet
	PA: ut term size.	- Adequate hydration
	Relaxed	- Strict FHR's
	FHR twin1 - present 154bpm	monitoring 4th hrly
	Twin2 - present 148bpm.	- Monitor Vitals
	L/E: NAD.	- Inform SOS
	shift to room	Dr. Naveena
19/5/26 10pm	FHR checked on USG +/+ both cephalic. No complaints	
		Dr. RAMYA [illegible]

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

HNH-00015482 IP26-00006367
Mrs SAJJA AMRITA
12-06-1988 37 Y 11 M 6 D (F)
Dr. SWAPNA SAMUDRALA

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/5/26	No complaints	Adv
5 AM	GC fair, afebrile	1) NBM
	vitals (N)	2) IV fluids as advised
CBP: (N)	PA: ut relaxed	3) Preop medication as
	> POG.	advised
	FHR +/+ on USG.	4) NST
NBM: ✓		5) Monitor vitals
Consent: ✓		6) Foley's catheter
PAC: ✓		7) Shift to OT on call
1 unit Reserve: ✓		
	[signature]	
		Dr RAMYA THEJA.K
19/5/2026	C/S/b	
8:30 AM		
	POD-0 / ELUSD	
		Adv
	GC- Fair A/febrile	- NBM till Further order
	BP 130/90	- Drugs as charted
	PR 86	- IVF/Analgesics/Thromboprophylaxis
	P/A ut well retracted	as per Adv
	PV Scanty WNL	- I/O monitoring
	U/O 100 ml (OT-empty)	- Foley's removal @ 8Am 4pm
		- TED Stocking
		- Inform SS
		[signature]

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

HNH-00015482 IP26-00006367
Mrs SAJJA AMRITA
12-06-1988 37 Y 11 M 7 D (F)
Dr. SWAPNA SAMUDRALA

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/5/26 1:40pm	C/s/B Dr. Dne	
	POD-0.	
	GC fair	Adv
Baby I/II } NS	Afebrile	- Oral sips allowed
	BP: 110/84	- Drugs as charted
	PR. 92bpm	- IVF / Analgesic
U/O - 400ml clear.	P/A Ut = Retracted well	- Thromboprophylaxis
	BS (+)	as per ADON
	P/V NAB	- Urine I/O monitoring
		- TED stockings
Pt can be shifted to room.		- Inform SOS.
		Foleys removal @ 6AM t/m.
	[signature]	
19/5/26 7pm.	C/s/B Dr. Veena	
	POD-0 / P2L3 / LS	
	Pt is stable, No c/o	
	O/E GC-fair, Afebrile	Adv
Babies @ NS	Pallor (-).	- Liq diet.
	BP - 110/84 mmHg	- Soft diet from 9pm
	PR - 92 bpm.	- Drugs as charted
	SpO2 - 100% on RA	- Vital monitoring
	P/A - Ut well retracted	- I/O charting.
Plates ✓	BS (+)	- Ted stockings
	L/E - BWNL.	- W/f excessive bleeding P/v.
	U/O - 40ml/hr, clear.	- Foley's removal c/m @ 6am
		- Inform SOS
		- Inj. Clexane 40U @ 10pm S/C. [signature]

NB Mouthwash @ 8 PM

HNH-00015482 IP26-00006367
Mrs SAJJA AMRITA
12-06-1988 37 Y 11 M 8 D (F)
Dr. SWAPNA SAMUDRALA

PROGRESS NOTES AND DOCTOR'S ORDER

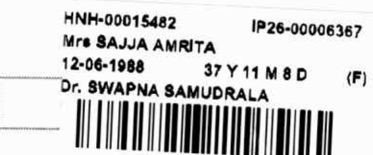
Date & Time	Progress Notes	Doctor's Order
20/5/26	c/s/B Dr. Veena	
7:30 am	POD-1 | P_2L_3	
Babies @ ms	Pt is stable, No c/o	Adv
	o/e C-fair, Afebrile	- Soft diet
	Vitals - stable	- Ambulation
	No Pallor	- Adequate hydration
Urine ✓	P/A - Ut well retracted	- Vital monitoring
F ✓	BS (+)	- Drugs as charted
S ✓	MC - BWNL	- Inform COs
	B/L Breasts - Soft, ms (+)	- Ted stockings
		NB Sm c SM
20/5/26	POD-2	
11:30 AM		Adv
	No Comp	- Soft Diet
	O/E G.C fair	- Oral hydration
	Afebrile	- Drugs as charted
Babies - well	Vitals - (N)	- monitor vitals
	P/A - UT well Retracted	- Ambulation
Urine ✓	Soft, BS +	- Oxygen [illegible]
Flatus ✓	MC - NAD	
Stools ✓		
		Dr. Swapna

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

HNH-00015482 IP26-00006367
Mrs SAJJA AMRITA
12-06-1988 37 Y 11 M 8 D (F)
Dr. SWAPNA SAMUDRALA

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/5/ 12:00pm	I - POD	
	Temp - (N)	Soft diet -
	P.R 88/mt	continue same
	BP -	medicines
	No pallor	
	H/L (N)	Tab. lactare 2 TID
	Abd soft BS+	
	ut. involuting	N/B priyanka
	bleeding (N)	
	Passed urine & stools	
	Babies (N)	
20/5/26	C/S / B Dr. Dna	
8.30 pm	POD - 1	Adv:
	GC fair Afebrile	- soft diet
Baby I - Mother side, II - Nathan	Vitals - (N)	- Ambulation
	P/A Ut Retracted well	- Adequate hydration
	P/E WNL	- Drugs as charted
UV ✓		- Monitor vitals
FV ✓		- Infu sites
SV ✓		- Ted stocking



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/5/26	C/S/B Dr. Bng	
8 am	POD-2	Adv
	AC Fair Afeb	- Soft diet
Baby I/II Mother side	vitals (N)	- Ambulate
	P/A UFRW	- Adequate hydration
	P/V NAB.	- Drugs as charted
U ✓		- Monitor vitals
F ✓		Inform sos
S ✓		Ted stocking
21/5/2026	C/S/b Dr mamle.	
	POD 2	
		Adv
	GC Fair Afebrile	- Regular diet
Babies MD	vitals (N)	- Adeq hydration
	P/A ut well retracted	- Drugs as charted
	Bleeding WNR	- w/c vitals 9 BPV
U ✓		- Inform sos
F ✓		
S ✓		

HNH-00015482 IP26-00006367
Mrs SAJJA AMRITA
12-08-1988 37 Y 11 M 6 D (F)
Dr. SWAPNA SAMUDRALA

DRUG CHART

Date of Admission: 19/8/26 Drug Allergies: Nil ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

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

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

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

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

HNH-00015482 IP26-00006367
Mrs SAJJA AMRITA
12-06-1988 37 Y 11 M 7 D (F)
Dr. SWAPNA SAMUDRALA

REGULAR PRESCRIPTIONS

Weight. 75kgs Ward. ....

DRUG: Inj CEFOTAXIME				Date / Time	19/5	20/5
Dose	Route	Frequency	Start Date	6AM		
1g	IV	BD	19/5			
Name & Signature of the Doctor Starting the Drugs: Dr. Dra.						STOP 20/5/26
Additional Instructions: ATD' x24h				6PM		
Daily Doctor's Endorsement by a Sign						

DRUG: TAB PARACETAMOL				Date / Time	19/5	20/5	21/5
Dose	Route	Frequency	Start Date	12AM	X		
1GM	PO	6TH HOURLY	19/5/26				
Name & Signature of the Doctor Starting the Drugs: Dr. BRUNDA				6AM	X		
				12PM	X		
Additional Instructions:				6PM			
Daily Doctor's Endorsement by a Sign							

DRUG: TAB DICLOFENAC				Date / Time	19/5	20/5	21/5
Dose	Route	Frequency	Start Date	7AM	X		
50MG	PO	8TH HOURLY	19/5/26				
Name & Signature of the Doctor Starting the Drugs: Dr. BRUNDA				3PM	X		
Additional Instructions:				11PM			
Daily Doctor's Endorsement by a Sign							

DRUG: TAB. TRAMADOL				Date / Time	19/5	20/5	21/5
Dose	Route	Frequency	Start Date	12AM	X		
100MG	PO	8TH HOURLY	19/5/26				
Name & Signature of the Doctor Starting the Drugs: Dr. BRUNDA				8AM	X		
Additional Instructions:				4PM			
Daily Doctor's Endorsement by a Sign							

Verified by Dr. Dhakshayani

HNH-00015482 IP26-00006367
Mrs SAJJA AMRITA
12-06-1988 37 Y 11 M 8 D (F)
Dr. SWAPNA SAMUDRALA

Sheet No: ....

REGULAR PRESCRIPTIONS

Weight 75kg Ward ....

Verified by Dr. Dhakshayani

DRUG : Tab PANTOPRAZOLE

Dose	Route	Frequency	Start Dt.
40mg	PO	BD	19/5/26

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	19/5	20/5	21/5
6AM	X	Sign	Sign
6PM	Sign	Sign	

DRUG : Inj. ENOXAPARIN

Dose	Route	Frequency	Start Dt.
40mg	SC	OD	19/5/26

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:
@ 10pm x. ______ days.

Daily Doctor's Endorsement by a Sign

Date/Time	19/5	20/5
10PM	Sign	Sign

DRUG : T. CEFEXIME

Dose	Route	Frequency	Start Dt.
200mg	P/O	BD	20/5/26

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:
At 6pm

Daily Doctor's Endorsement by a Sign

Date/Time	20/5	21/5
10AM	Sign	Sign
10PM	Sign	

DRUG : T. LACTARE

Dose	Route	Frequency	Start Dt.
2tab	P/O	TID	20/5

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	20/5	21/5
6Am	X	Sign
2pm	X	
10Pm	Sign	

Docu. No. : RCH /FRM / CLINICAL / 108

(P.T.O.)

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															

VERIFIED BY Name Signature

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															

Docu. No.: RCH /FRM / CLINICAL / 108

HNH-00015482 IP26-00006367
Mrs SAJJA AMRITA
12-06-1988 37 Y 11 M 7 D (F)
Dr. SWAPNA SAMUDRALA

Weight. 75 kgs Ward. ....

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
19/5	6:15Am	Inj PANTOPRAZOLE	40mg	IV	[signature]	Akhila / mounika
19/5	6:20Am	Inj METOCLOPRAMIDE	10mg	IV	[signature]	Akhila / mounika
18/5	10Pm	T. DULCOLAX	2 TAB's	PO	[signature]	Mounika
19/5	7:19PM	INJ. METHERGINE	0.2MG	IV	[signature]	[signature]
19/5	8:25AM	SUPP- TRAMADOL	100MG	P/R	[signature]	[signature]
19/5	8:25Am	SUPP-DICLOFENAC	100MG	P/R	[signature]	[signature]
~~19/5/26~~	~~5pm~~					[signature]

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

Verified by Dr. Dhakshayani

HNH-00015482 IP26-00006367
Mrs SAJJA AMRITA
12-06-1988 37 Y 11 M 7 D (F)
Dr. SWAPNA SAMUDRALA

I.V. FLUIDS CHART

Weight. 75kgs Ward. ....

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
19/5/26	6AM	RINGER LACTATE	IV	100 ml/hr	[signature]	[signature]	19/5	[signature]	[signature]
19/5	7AM	RINGER LACTATE	IV	FF	[signature]	[signature]	19/5	[signature]	[signature]
19/5	7:20AM	RINGER LACTATE + 20 UNITS OXYTOCIN ADDED	IV	100 ML/HR	[signature]	[signature]	19/5	[signature]	[signature]
19/5	11AM	RINGER LACTATE	IV	10ml/HR	[signature]	[signature]	19/5	[signature]	[signature]
19/5	12PM	RINGER LACTATE	IV	100ml HR	[signature]	[signature]	19/5	[signature]	[signature]
19/5	6PM	RINGER LACTATE	IV	FF.	[signature]	[signature]		[signature]	[signature]
		STOP [signature] 20/5/26							

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

HNH-00015482 IP26-00006367
Mrs SAJJA AMRITA
12-06-1988 37 Y 11 M 7 D (F)
Dr. SWAPNA SAMUDRALA

RP

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

19/5/26

RESULT SHEET

Date	19/5/26					
Time						
Hb	11.1					
PCV	31.9					
RBC	3.85					
WBC	8.11					
N/L						
Platelets	182					
CRP						
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
Blood group = O+ve		1 PRBC Reserve in				
		surya blood bank				
HIV						
HbsAg } NR						
HCV						
VDRL						

Culture and Sensitivities : ....

....

....

....

Radiology : USG : ....

X-Ray : ....

ECHO : ....

CT : ....

MRI ....

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

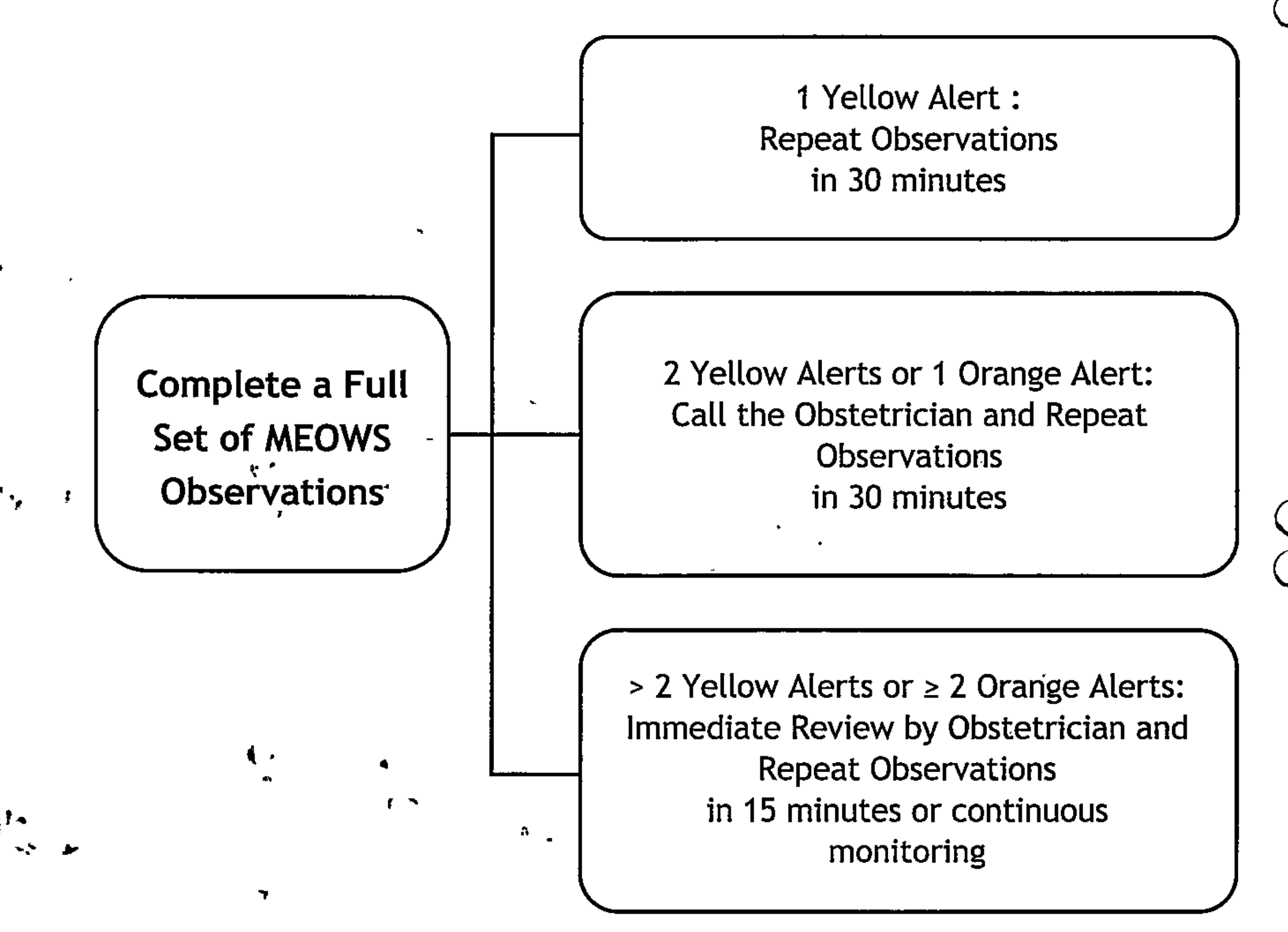
HNH-00015482 IP26-00006367
Mrs SAJJA AMRITA
12-06-1988 37 Y 11 M 6 D (F)
Dr. SWAPNA SAMUDRALA

Early Warning Observation Score Chart - Obstetrics

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

18/5/26.	Date																								
	Time	8	9	10	11	12	1	2	(3)	4	5	(6)	7	8	(9)	10	11	(12)	1	2	3	(4)	(5)	(6)	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20								20			20			20			20					20	18	
	0 - 10																								
Saturations	94 - 100 %								100			94			97			98					94	99	
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37																								
	36								97.8			97			—			-					98	97	
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80																	88							
	70								86			85			75										
	60																						79	69	
	50																								
	40																								
↑ Systolic Blood Pressure	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120																	115							
	110														119								118,	105	
	100								120			119													
	90																								
	80																								
	70																								
	60																								
	50																								
↓ Diastolic Blood Pressure	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70								87						70			69							
	60																							80	
	50											70											75		
	40																								
NEURO RESPONSE [✓]	Alert														✓			✓							
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30								✓			✓											✓	✓	
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal								✓			✓													
	Heavy / Foul																								
Liquor	Clear / Pink								✓														✓	✓	
	Green																								
TOTAL YELLOW SCORES									0			0			0			0					0	0	
TOTAL ORANGE SCORES									0			0			0								0	0	
Nurse Initial									[illegible]			[illegible]			[illegible]			[illegible]					[illegible]		

Obstetrics and Gynaecology Early Warning Signs



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

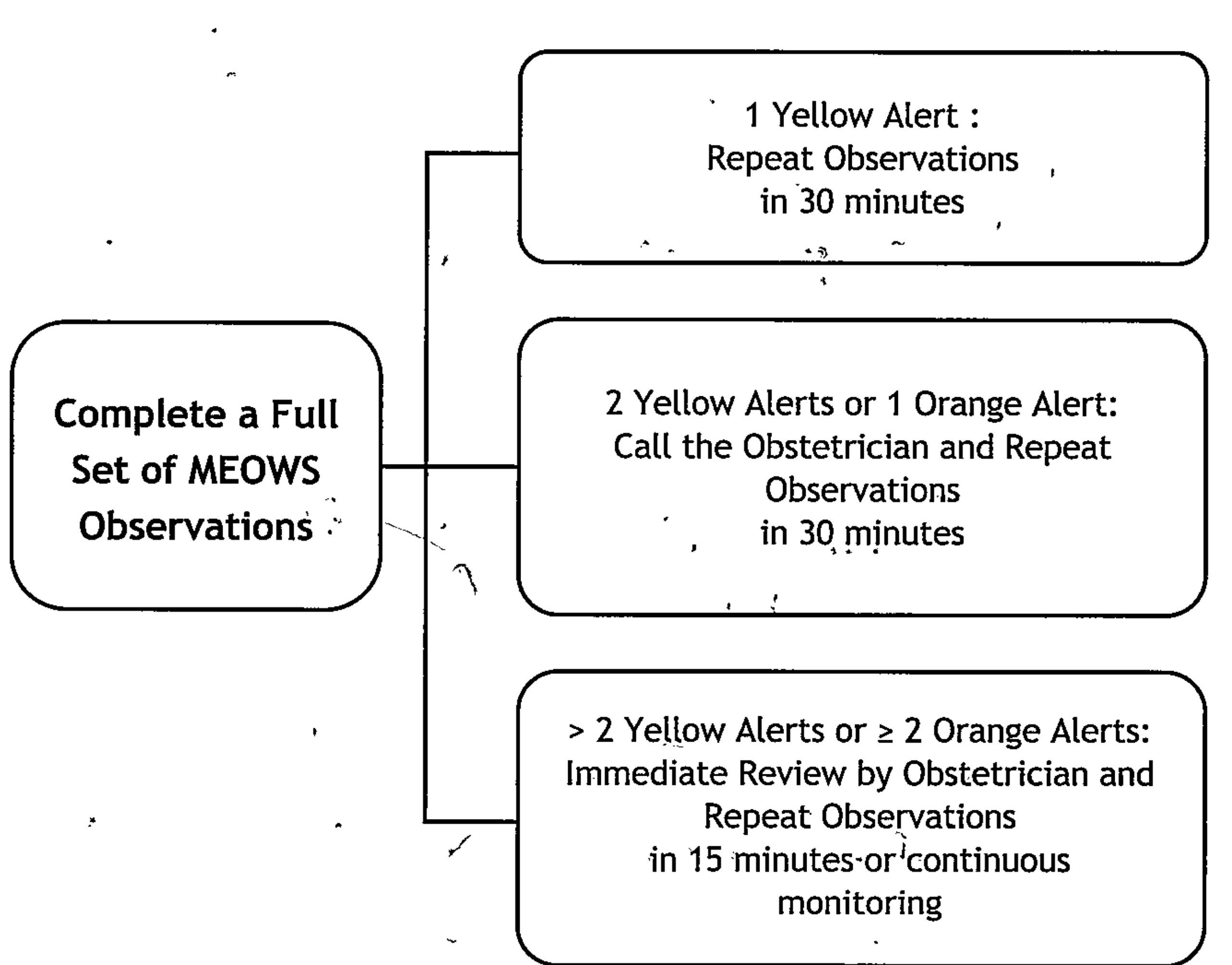
HNH-00015482 IP26-00006367
Mrs SAJJA AMRITA
12-06-1988 37 Y 11 M 7 D (F)
Dr. SWAPNA SAMUDRALA

Early Warning Observation Score Chart - Obstetrics

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

19/5/26	Date																								
	Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20	20	20	20	20	20	20	20				20				20				20			20		
	0 - 10																								
Saturations	94 - 100 %	99	100	100	100	100	100	100				100				100				99			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															83					82			87		
	70	86	80	80	90	72	90	92				81													
	60																								
	50																								
	40																								
Systolic Blood Pressure ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																				122			125		
	120															136										
	110											122													
	100	130	131	131	132	121	122	110																	
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110															(100)								(96)		
	100																								
	90																								
	80																								
	70	90	92													90								83		
	60			80	90	84	86	84				83									62					
	50																								
	40																								
NEURO RESPONSE [✓]	Alert											✓				✓					✓			✓		
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30											✓				✓					✓			✓		
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal	✓	✓									✓				✓								✓		
	Heavy / Foul																								
Liquor	Clear / Pink	✓	✓									✓				✓								✓		
	Green																								
TOTAL YELLOW SCORES		0	0									0				0								0		
TOTAL ORANGE SCORES		0	0									0				0					0			0		
Nurse Initial		[illegible]	[illegible]									[illegible]				[illegible]					[illegible]			[illegible]		

Obstetrics and Gynaecology Early Warning Signs



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

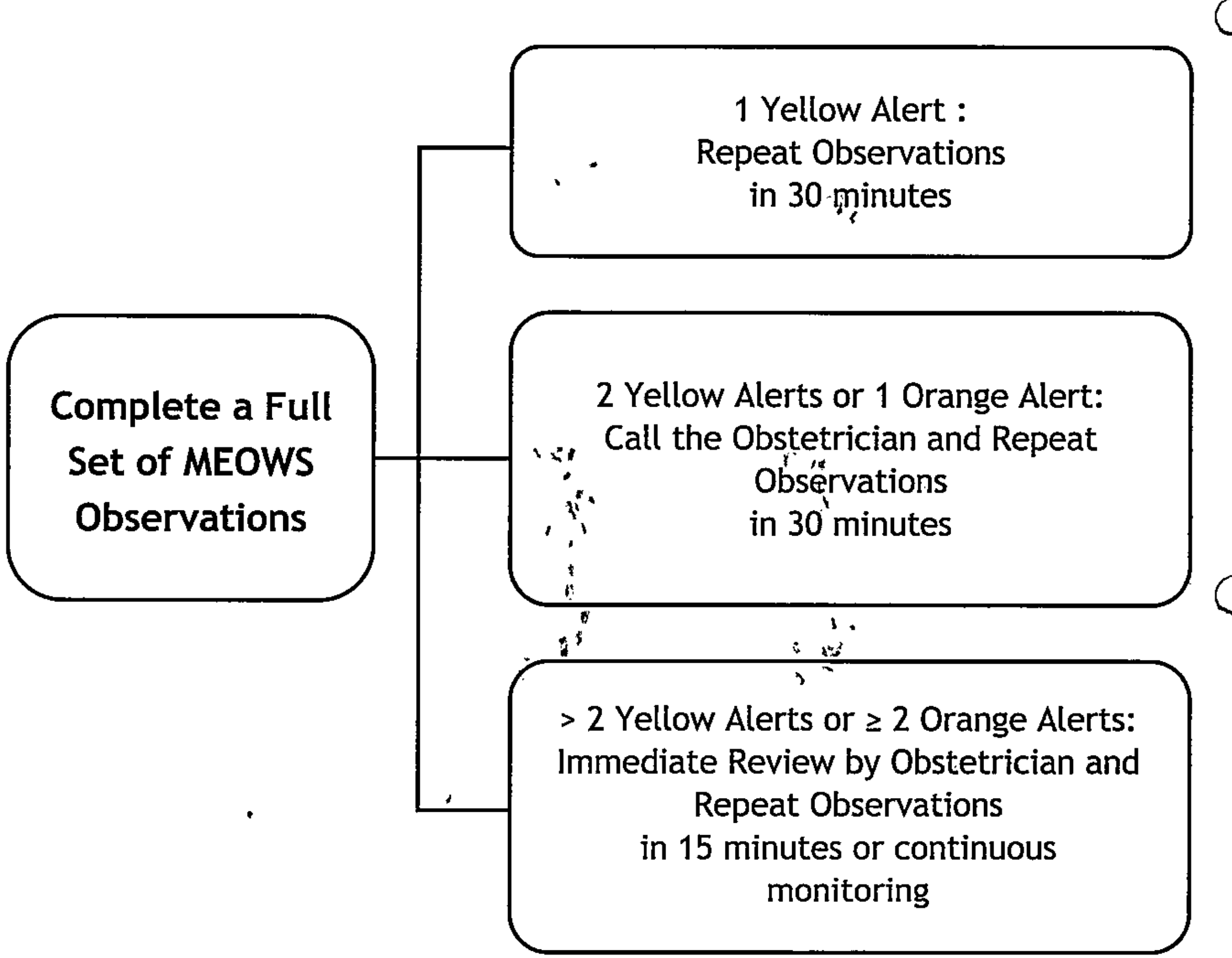
HNH-00015482 IP26-00006367
Mrs SAJJA AMRITA
12-06-1988 37 Y 11 M 8 D (F)
Dr. SWAPNA SAMUDRALA

Patient

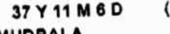
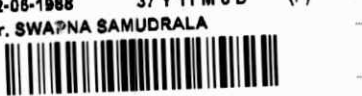
Early Warning Observation Score Chart - Obstetrics

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

20/5	Date																								
	Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20											20				20				20				20	
	0 - 10		20					20																	
Saturations	94 - 100 %											98				98%				100%				98%	
	< 94 %																								
Administered O_2 (L/min.)			99%					96%																	
Temp°c	40																								
	39																								
	38																								
	37															98.4°F				98.4°F				98.4°F	
	36		98.6°F					98.4°F				36°C													
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110							80																	
	100																								
	90		85													91									
	80											82													
	70																							86	
	60																								
	50																								
	40																								
↑ Systolic Blood Pressure	190																								
	180																								
	170																								
	160																								
	150							122																	
	140			120								126													
	130																								
	120															132								134	
	110																								
	100																								
	90																								
	80																								
	70																								
	60		70																						
	50							70																	
↓ Diastolic Blood Pressure	130																								
	120																							(99)	
	110																								
	100																								
	90																								
	80																								
	70											74												91	
	60															90									
	50																								
	40																								
NEURO RESPONSE [✓]	Alert			✓					✓			✓				✓				✓				✓	
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30			✓					✓			✓				✓				✓				✓	
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal			✓					✓			✓				✓				✓				✓	
	Heavy / Foul																								
Liquor	Clear / Pink			✓					✓							✓				✓				✓	
	Green																								
TOTAL YELLOW SCORES			0					0				0				0				0				0	
TOTAL ORANGE SCORES			0					0				0				0				0				0	
Nurse Initial			[illegible]					[illegible]				[illegible]				[illegible]				[illegible]				[illegible]	

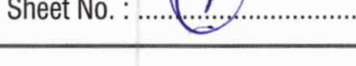


* The Modified Early Warning Score **(MEOWS)**

HNH-00015482 IP26-00006367
Mrs SAJJA AMRITA
12-06-1988 37 Y 11 M 6 D (F)
Dr. SWAPNA SAMUDRALA

FLUID CHART



Sheet No. : ①

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

		Intake				Output					IV Site Thrombo-phlebitis Score	
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
18/8/26	02:00 pm											
	03:00 pm		H_2O									
	04:00 pm		Juice								0	
	05:00 pm						NA			✓		Ø
	06:00 pm											
	07:00 pm											
Total Intake :		Taken.				**Total Output :**				Passed		
18/5	08:00 pm											
	09:00 pm		water									
	10:00 pm											
	11:00 pm		water				NA			✓	0	Ø
	12:00 am		B									
	01:00 am		BM									
Total Intake :						**Total Output :**				Passed		
19/5	02:00 am		B									
	03:00 am	RL										
	04:00 am											
	05:00 am	RL	B				NA				0	Ø
	06:00 am		M									
	07:00 am	RL										
Total Intake :		600ml				**Total Output :**				Passed.		

Total 24 hrs. Intake		Total 24 hrs. Output	

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

HNH-00015482 IP26-00006367
Mrs SAJJA AMRITA
12-06-1988 37 Y 11 M 8 D (F)
Dr. SWAPNA SAMUDRALA

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	Intake: Nature of Fluid	Route: Mouth	Route: I.V	Route: N.G	Output: NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
19/5/26	08:00 am	RL	N	100ml						100ml		
	09:00 am	RL	B	100ml								
	10:00 am	RL	B	100ml							0	
	11:00 am	RL	m	100ml								u
	12:00 pm	RL		100ml								
	01:00 pm	RL		100ml						200ml		
Total Intake :						**Total Output :**						
19/5/26	02:00 pm			100ml								
	03:00 pm			100ml		NA			NA			
	04:00 pm			100ml								
	05:00 pm	RL		100ml						50ml	0	
	06:00 pm			100ml								
	07:00 pm			100ml						50ml		
Total Intake :						**Total Output :**				U -	M -	
19/5	08:00 pm			100ml						100ml	0	
	09:00 pm			100ml						200ml	0	
	10:00 pm			100ml							0	
	11:00 pm	RL	Tolly	100ml					NA	600ml	0	
	12:00 am			100ml							0	
	01:00 am			100ml							0	
Total Intake :						**Total Output :**				U -	M - 2	
20/5	02:00 am			100ml						600ml		
	03:00 am			100ml								
	04:00 am	RL		100ml		NA			NA		0	
	05:00 am			100ml								
	06:00 am			100ml						1000ml		
	07:00 am											
Total Intake :						**Total Output :**				U -	M - 0	

Empty 2pm
Empty
Empty
Empty
Empty
Removed catheter

Total 24 hrs. Intake		Total 24 hrs. Output	

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

HNH-00015482 IP26-00006367
Mrs SAJJA AMRITA
12-06-1988 37 Y 11 M 8 D (F)
Dr. SWAPNA SAMUDRALA

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	Intake				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
		Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
20/5	08:00 am	0	soft diet	NA				NA				
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
20/5	02:00 pm	0	soft diet	NA				NA		✓	0	
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm									✓		
	07:00 pm											
Total Intake :						**Total Output :**				U-2	M-	
20/5/26	08:00 pm	0	Idly + H2O	NP				NP		✓	0	
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am									✓		
	01:00 am											
Total Intake :						**Total Output :**				U-	M-	
21/5/26	02:00 am	0	H2O	NP				NP		✓	0	
	03:00 am											
	04:00 am											
	05:00 am									✓		
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**				U-	M-	

Total 24 hrs. Intake		Total 24 hrs. Output	

HNH-00015482 IP26-00006367
Mrs SAJJA AMRITA
12-06-1988 37 Y 11 M 8 D (F)
Dr. SWAPNA SAMUDRALA

FLUID CHART

Sheet No. : ....

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

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

Total 24 hrs. Intake	

Total 24 hrs. Output	

HNH-00015482 IP26-00006367
Mrs SAJJA AMRITA
12-06-1988 37 Y 11 M 6 D (F)
Dr. SWAPNA SAMUDRALA

NURSING CARE RECORD

Date: 19/5/26

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon	2pm to 8pm	=> Assess the patient condition => plan for vital => plan for I/O chart	2pm to 8pm	=> Assessed the patient condition => maintain vital record => maintain I/O chart	patient is stable	vital is normal	[illegible]
Night	8pm to 8Am	Assess the Pt condition. Monitor vitals & care. Maintain I/O chart. Provide the comfortable position. Medication give as per as doctor order.	8pm to 8Am	Assessed the Pt condition. Monitored vitals & care. Maintained I/O chart. Provided the comfortable position. Medication given as per as doctor order	Pt is stable. vitals normal	Monitor vitals. Maintain I/O chart.	Snehy

HNH-00015482 IP26-00006367
Mrs SAJJA AMRITA
12-06-1988 37 Y 11 M 8 D (F)
Dr. SWAPNA SAMUDRALA

NURSING CARE RECORD

Date: ~~19/5/26~~ 20/5/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8Am to 2pm	→ Assess the pt condition → monitor vitals & record → maintain I/O chart → Administer medication on as per drug chart	8Am to 2pm	→ Assessed the pt condition → monitored vitals & recorded → maintained I/O chart → Administer medication on as per drug chart	→ Pt is stable	→ Rechecked vital	[signature]
Afternoon	2pm to 8pm	- Assess the pt. condition - Monitor vitals & records - Maintain I/O chart - Give medication as prescribed by doctor.	2pm to 8pm	- Assessed the pt. condition - Monitored vitals & records - Maintained I/O chart - Given medication as prescribed by doctor.	patient is stable now	Re-checked vitals	[signature]
Night	8PM to 8AM	Assess the Pt condition monitor vitals maintain I/O chart Give medication as per doctor order	8PM to 8AM	Assessed the Pt. condition monitored vitals Maintained I/O chart Given medication as per doctor order	Patient is stable Now	Vitals is Normal	[signature]

PAIN ASSESSMENT FORM

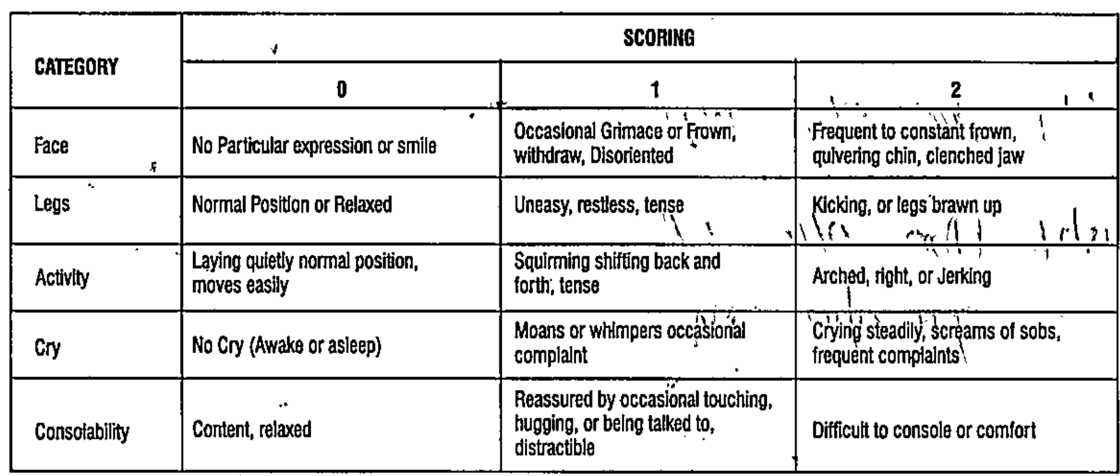
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
18/5/26	3pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
19/5/26	9 Am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
19/5/26	6PM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
19/5	10Pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
20/5	2Am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
20/5	6Am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
20/5	10Am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
20/5	2pm	0/10	NA	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☑ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	NA	[signature]
20/5	6pm	0/10	NA	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☑ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	NA	[signature]
21/5	10P	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]

Re-assessment Frequency:

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

PAIN ASSESSMENT TOOLS

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)



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

Numerical Pain Scale (Obstetric and Gynecology)

0 No Pain — 1 — 2 — 3 — 4 — 5 — 6 — 7 — 8 — 9 — 10 Worst Possible Pain

Wong - Baker (Pediatrics) Above 7 Years

0	2	4	6	8	10
No Hurt	Hurts Little Bit	Hurts Little More	Even More	Hurts Whole Lot	Hurts Worst

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

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

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BRADEN 'Q' SCALE

				Date :	18/5	19/5	20/5	2?/5
				Time :	E2	M5	N1	M6
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	3	3
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
				TOTAL SCORE	28	28	27	26
				Evaluator's Name	[illegible]	[illegible]	[illegible]	[illegible]

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

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

BRADEN 'Q' SCALE

					Date :	20/5	21/5		
					Time :	E2	N1		
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.		4	4		
"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.		4	4		
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					TOTAL SCORE	28	28		
					Evaluator's Name	[illegible]	[illegible]		

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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	18/5	19/5/26	20/5/26
		Score	E2	M5	M6
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0			
Secondary Diagnosis (more than one diagnosis)	Yes	15			
	No	0			
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0	0	0	0
IV / Heparin Lock or Saline	Yes	20	20	20	20
	No	0			
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10			
	Normal /On Bed Rest /Immobile	0			
Mental Status	Forgets limitations	15			
	Oriented to own ability	0			
Total Morse Fall Scale Score:			20	20	20
		Signature	[signature]	[signature]	[signature]

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

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

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

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

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

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

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

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Mrs SAJJA AMRITA
12-06-1988 37 Y 11 M 6 D (F)
Dr. SWAPNA SAMUDRALA

NURSING SHIFT HAND OVER FORM

SITUATION		
	Diagnosis: LSCS	Any Infection: ☐ Yes ☐ No ☑ Not Known If Yes Specify: ....
	Surgery / Procedure:	Post OP Day:

	Date / Shift	18/5 E2	19/5/26 MS	19/5 N1	20/5 M6	20/5 E2	20/5 N1
BACKGROUND	Medical Condition (Any special condition to be noted):	—	—	LSCS	LSCS	LSCS	LSCS
	Diet:	—	—	—	—	—	—
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Ventilation (RA, NP, NIV, VENTI):	—	NBM	—	—	—	—
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☑ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Vital Signs: Temp:	97°F	97°F	98.2°F	98.5°F	97.8°F	98.1°F
	Res:	20	20	20	20 bpm	20 bpm	20 bpm
	SpO_2:	100	99	98%	99%	99%	100%
	Pulse:	80	89	82	85 bpm	86 bpm	82 bpm
	BP:	120/83	130/90	120/62	120/77	118/78	114/75
	LOC:	—	—	—	—	—	—
	Fall Risk Score:	—	—	—	—	—	—
	Pain Score:	—	—	—	—	—	—
	Skin Integrity	—	—	—	—	—	—
Recommendations	Safety Needs:	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Physiotherapy:	—	—	—	—	—	—
	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Special Diet:	soft	NBM	—	—	—	—
	Critical Lab Test / Values:	—		—	—		—
	Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	ADL (Dependent / Non Dependent):	—	—	—	—	—	—
	Post Operative Procedure Special Orders:	—	—	—	—	—	—
	Handed Over By Name :	[illegible]	Chandu	Sri[illegible]	Swetha	Priyanka	Sneha
	Signature / ID :	[signature]	[signature]	[signature] (60/603)	[signature]	[signature]	[signature]
	Date:	18/5/26	19/5/26	20/5/26	20/5/26	20/5/26	21/5/26
	Time:	8pm	8pm	8pm	8pm	8pm	8pm
	Taken Over By Name :	Chandu	Sri[illegible]	Swetha	Priyanka	Sneha	
	Signature / ID :	[signature]	[signature] (60/603)	[signature]	[signature]	[signature]	
	Date:	19/5/26	19/5	20/5/26	20/5/26	20/5/26	
	Time:	2pm	8pm	8am	8pm	8pm	

Patient Sticker

NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:			Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:			
	Surgery / Procedure:			Post OP Day:			
BACKGROUND	Date / Shift						
	Medical Condition (Any special condition to be noted):						
	Diet:						
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):						
	Tubes/Drains/Catheters:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:						
	Res:						
	SpO_2:						
	Pulse:						
	BP:						
	LOC:						
	Fall Risk Score:						
	Pain Score:						
	Skin Integrity						
Recommendations	Safety Needs:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:						
	Others Specify:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:						
	Critical Lab Test / Values:						
	Other Special Orders / Medications:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):						
Post Operative Procedure Special Orders:							
Handed Over By Name :							
Signature / ID :							
Date:							
Time:							
Taken Over By Name :							
Signature / ID :							
Date:							
Time:							

PATIENT TRANSFER FORM

Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
	19/5/26 @	19/5/26 @ 2pm
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
	Dr manisha.	obs
From Unit	**To Unit**	**Information to Attendant**
pre-past	208	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
30		Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	RL	10
2.		
3.		
4.		
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Chowdreu Eu	Dr manisha.

Patient & Clinical Records Received by : Madhu

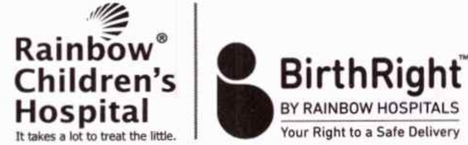
Date & Time of Patient Received : @ 2:20pm 19/05/26

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

Docu. No. : RCH /FRM / CLINICAL / 102

PATIENT TRANSFER FORM



Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00015482 IP26-00006367 Mrs SAJJA AMRITA 12-06-1988 37 Y 11 M 6 D (F) Dr. SWAPNA SAMUDRALA	18/5/26 @ 8pm	19/5/26
	Transfer Ordered by Dr. Ramya Thejs	**Reason for Transfer** Ch-LSCS
From Unit MICU	**To Unit** OT	**Information to Attendant** Yes ☑ No ☐
Number of Sheets in Clinical File 30	**Number of Imaging Films** NST Tracing (2)	**Personal belongings including clinical documents. If any handed over to attendant** Yes ☑ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sis. Akhila	Dr. Ramya Thejs

Patient & Clinical Records Received by : Sudeepta.

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

Docu. No. : RCH /FRM / CLINICAL / 102

PATIENT TRANSFER FORM

Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00015482 IP26-00006367 Mrs SAJJA AMRITA 12-06-1988 37 Y 11 M 6 D (F) Dr. SWAPNA SAMUDRALA	18/5/26 @ 3pm	19/5/26 @ 4:48pm
	Transfer Ordered by	**Reason for Transfer**
	DR. Ramya	LSCS
From Unit	**To Unit**	**Information to Attendant**
208	LDR	Yes ☐ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
15	NSS – 0	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
[signature]	DR. Ramya

Patient & Clinical Records Received by : S/S. Mounika

Date & Time of Patient Received : 19/5/26

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

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

PATIENT TRANSFER FORM

HNH-00015482 IP26-00006367 Mrs SAJJA AMRITA 12-06-1988 37 Y 11 M 6 D (F) Dr. SWAPNA SAMUDRALA	Date & Time of Admission 18/5/26 3pm	Date & Time of Transfer Order 18/5/26 @ 8:30pm
	Transfer Ordered by Dr. Ramya	Reason for Transfer Observation
From Unit prepast	To Unit Room (20C)	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 35	Number of Imaging Films NST - 1	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.		
2.		
3.		
4.		
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Chandrakala.	Dr. Ramya Teja.

Patient & Clinical Records Received by : [signature]

Date & Time of Patient Received : 18/5/26 @ 8:39pm

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

Docu. No. : RCH /FRM / CLINICAL / 102

HNH-00015482 IP26-00006367
Mrs SAJJA AMRITA
12-06-1988 37 Y 11 M 6 D (F)
Dr. SWAPNA SAMUDRALA

MEDICATION RECONCILIATION FORM

Drug Allergies: NIL ☑ Not known any Drug Allergies

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

Shifting From: NA Shifted to: NA

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	Tab IRON	1 tab	PO	OD		☐ C ☐ DC
2	Tab CALCIUM	1 tab	PO	OD		☐ C ☐ DC
3						☐ C ☐ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : [signature] DR RAMYA

Date & Time : 18/5/26 @ 4pm

Nurse Name & Signature: [signature]

Date & Time : 15/5/26

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

HNH-00015482 IP26-00006367
Mrs SAJJA AMRITA
12-06-1988 37 Y 11 M 7 D (F)
Dr. SWAPNA SAMUDRALA

CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name:	Dr Suri Srimathi	Date of Delivery:	19/5/26
Assistant Surgeon:	Dr. Swapna / Dr Ramya	Time of Delivery:	I: 7:16AM II: 7:19AM
Anaesthetist's Name:	Dr Brinda	Gender of Baby:	male male
Type of Anaesthesia:	Spinal	Weight of Baby:	2.34kg 2.28kg
Neonatologist:	Dr Spandana	AGPAR Score:	7/9 7/9
Scrub Nurse:	Sangeetha	NICU Admission:	☐ Yes ☑ No

Pre-Operative Diagnosis: G4P1L1A2 / 38+4 wks / prev CS / DCDA / for delivery

☑ Elective ☐ Emergency Indication: prev CS c̄ DCDA twins

Urgency

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

Decision time: NA Knief to rectus: 2 min

CTG Description: Reactive

If there was a delay give the reasons: No delay

Surgical Procedure: Elective LSCS + Bilateral tubectomy

Post Operative Diagnosis: 0 POD / P2L3A2

Peri-Operative Complications: Nil

Amount of Blood Loss: ~500ml	Blood Transfused (in ML): None

Name and Number of Surgical Specimen sent for examination:

bilateral tubal segments

Examination Findings when Appropriate: NA

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

Cervical Dilatation: .... cm

5th Palpable: ....

Fetal Position: ....

Station: ☐ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2

Moulding: ☐ None ☐ + ☐ ++ ☐ +++

Caput: ☐ + ☐ ++ ☐ +++

Meconium: ☐ None ☐ + ☐ ++ ☐ +++

Bladder Catheterized : ☐ Yes ☐ No

Urine: ☐ Clear ☐ Blood Stained

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

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

* twin 1: cephalic, 1 loop of cord round neck.
* twin 2: breech extraction done, 1 loop of cord round neck.

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

Incision Through Placenta: ☐ Yes ☑ No

Delivery of head: ☐ Manual ☑ Forceps

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

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

Cord Appearance: ⓝ Dichorionic ....

Cord around the neck ☑ Yes ☐ No

Appearance of placenta: ✓ Ⓝ ....

Cavity explored ☑ Yes ☐ No

Uterus, tubes and ovaries: ☑ Normal ☐ Not Normal

Sterilization: ☑ Yes ☐ No - modified Pomeroy's method

Uterine Closure:	☐ One Layer	☑ Two Layers		vicryl No 1 Suture
Peritoneal Closure:	☐ Pelvic	☑ Abdominal	☐ None	rapid vicryl 2-0 Suture
Sheath Closure:				vicryl No 1 Suture
Fat Closure:	☑ Yes	☐ No		rapid vicryl 2-0 Suture
Skin Closure:	☑ Subcuticular	☐ Mattress		rapid vicryl 2-0 Suture

Vagineal Evacuated ☑ Yes ☐ No

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

Ctheter ☑ Yes ☐ No ☐ Remove in 24 hrs ~~days~~ ☐ Await instructions

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

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

Post-Operative Notes:
1) NBM till further orders.
2) IV fluids as advised
3) Monitor vitals.
4) drugs as charted
5) W/F uterus bleed PV
6) S/O charting
7) Inform SOS.

Doctor Name: Dr Ramya Thyagarajan

Doctor Signature: [signatures] (Dr. Thyagarajan)

Date & Time: 19/3/26 @ 8:30pm

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Swapna
Asst. Surgeon : Dr. Susi Srimathi
Anaesthetist : Dr. Brunda
Scrub Nurse : Sr. Sangeetha

HNH-00015482 IP26-00006367
Mrs SAJJA AMRITA
12-06-1988 37 Y 11 M 7 D (F)
Dr. SWAPNA SAMUDRALA

Age : 37 Y Gender : F
Surgery Name : EL LSCS
Date : 19/5/26 In-time : .... Out-time : ....

Before Induction of Anaesthesia ➢ ➢

SIGN IN Time: 6:25am

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 : B dr
Name : Dr Brunda 19/5/26

Before Skin Incision ➢ ➢

TIME OUT Time: 8:35am

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

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

Anticipated Critical Events

Surgeon Reviews:
- What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss? ☑ Yes ☐ No ☐ NA

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

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

Is Essential Imaging Displayed? ☑ Yes ☐ No ☐ NA

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

Signature : Puja @ 6:35am
Name : Puja.

Before Patient Leaves Operating Room

SIGN OUT Time: 8:30am

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

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

Signature : Ramya
Name : Dr RAMYA THOMAS

Doc. No. : RCH / FRM / CLINICAL / 111

PATIENT TRANSFER FORM

Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00015482 IP26-00006367 Mrs SAJJA AMRITA 12-06-1988 37 Y 11 M 7 D (F) Dr. SWAPNA SAMUDRALA	18/5/26@3pm.	19/5/26 @ 8:45am
	Transfer Ordered by	**Reason for Transfer**
	Dr. Brunda	observation
From Unit	**To Unit**	**Information to Attendant**
OT	pre-post	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
Twins (2)	(30)	Yes ☑ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	R.L IV Fluide	01
2.		
3.		
4.		
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
S/S. puja.	Dr. Brunda

Patient & Clinical Records Received by : Chandrakala

Date & Time of Patient Received : 19/5/26 @ 8:45AM

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

Docu. No. : RCH /FRM / CLINICAL / 102

HNH-00015482
Mrs SAJJA AMRITA
12-06-1988 37 Y 11 M 6 D (F)
Dr. SWAPNA SAMUDRALA
IP26-00006367

OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 18/5/26 Time of Arrival: 3pm Time Seen by Nurse: ....

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

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

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

3) **Vital Signs:** Temperature: 97°F Pulse: 86 RR: 20 SpO_2: 100 BP: 120/85 Weight: ....

4) **Gestational Criteria:**

Gravida:	G	P	L	A

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

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

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

0 No Pain — 1 — 2 — 3 — 4 — 5 — 6 — 7 — 8 — 9 — 10 Worst possible pain

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

....

6) **Past History:**

a) Surgeries: ....

b) Medical: ....

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Mrs SAJJA AMRITA
12-08-1988 37 Y 11 M 6 D (F)
Dr. SWAPNA SAMUDRALA

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

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

9) **Prenatal Medical History:**

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

Triage Category: (Please tick on the category)

Refer to OBSTETRICAL TRIAGE ACUITY SCALE (OTAS)

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

OBCU Obstetrical Triage Acuity Scale (OTAS)

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

Time seen by Doctor: Dr. Naveena

Nurse Name : Chundara Nurse Signature: [signature]

Date: 18/8/26 Time: 3pm

HNH-00015482 IP26-00006367
Mrs SAJJA AMRITA
12-06-1988 37 Y 11 M 6 D (F)
Dr. SWAPNA SAMUDRALA

LABOUR AND DELIVERY NURSING ASSESSMENT

Date of Admission: 18/8/26

Baseline Information:

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

Primary Language: ☑ Telugu ☐ English ☐ Hindi ☐ Others

Do you require an interpreter? ☐ Yes ☐ No

Source of Information: ☐ Patient ☑ Family ☐ Others

Personal belonging if any: ☐ Jewelry ☑ Nose Ring ☐ Bangles ☐ Anklets ☐ Finger Ring ☐ Bracelets

handed over to

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

If yes, identify

Chief Complaints: [illegible]

Doctor Notified on Admission: ☑ Yes ☐ No

Name of the Doctor: Dr. [illegible]

Time Notified: 3pm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
—	—	—

Blood Group: LMP: EDD: Gestational age during admission:

Contractions: Vaginal Discharge:

Obstetric History: G P L A Previous LSCS

Height: Weight: BMI:

Temp: 97°F HR: 86 RR: 20 BP: 120/87 SpO$_2$ 100

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

☐ Hypothyroidism	☐ Rh Incompatibility	☐ Fertility Treatment
☐ Hyperthyroidism	☐ Previous LSCS	☐ Preterm Labour
☐ Hypertension	☐ Gestational Hypertension	☐ Others: (Specify)
☐ Diabetes	☐ Bad Obstetric History	
☐ Anemia	☐ Obesity (BMI)	
	☐ Twins / Multiple Pregnancy	

HNH-00015482 IP26-00006367
Mrs SAJJA AMRITA
12-06-1988 37 Y 11 M 6 D (F)
Dr. SWAPNA SAMUDRALA

Family History: ☐ No Abnormalities Detected

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

☐ Liver disease ☐ Other ....

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

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

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

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

☐ Mobility problem ☐ Walking Problem ☑ No Abnormality Detected

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING:

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

☐ Under Weight ☐ Diabetes Mellitus ☑ No Abnormality Detected

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

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

☐ Others ....

Inform consultant for positive criteria

SOCIAL SCREENING:

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

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

Social History: Lives With ....

Orientation has been given regarding the following aspects:

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

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

Above information given to ....patient....

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

Orientation not given Reason: ....self....

Nurse Signature: ....[signature]....

Nurse Name: ....[handwritten name]....

Date & Time: ....18/5/26....

HNH-00015482 IP26-00006367
Mrs SAJJA AMRITA
12-06-1988 37 Y 11 M 6 D (F)
Dr. SWAPNA SAMUDRALA

CHECKLIST FOR THROMBOPHLEBITIS

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

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 : [signature] Name : Chandrakala

Signature of Ward In Charge :

Signature : Keerthi Name : Keerthi

Docu. No. : RCH /FRM / CLINICAL / 137

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

Patient Name : Mrs. Sajja Amrita Gender: ☐ Male ☑ Female Age : 37 yrs

UHID No : HNH - 00015482 Date : 19/5/26

Instruction:

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

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

BILATERAL TUBECTOMY

upon

(Name of the Patient) Sajja Amrita

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.

- permanent irreversible
- rare possibility of failure (1 in 300)
- rare possibility of ectopic pregnancy

My signature on this form indicates that

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

Name of the Doctor who is performing the Surgery / Procedure: Dr SWAPNA S / Dr SRIMATHI

Consentee :

Signature : [signature]

Name : Mrs. Amrita

Date & Time : 19/5/26

Witness :

Signature : Akhila

Name : @

Date & Time : 19/5/26

Patient Attendant :

Signature : [signature]

Name : M. Kiran Kumar

Relationship with Patient: Husband

Date & Time : 19/5/26 ; 5.am.

Doctor (who is taking the consent) :

Signature : [signature]

Name : Dr RAMYA THEJA. R

Date & Time : 19/5/26 @ 5Am

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

Patient Name : MRS. SAJJA AMRITHA Gender: ☐ Male ☑ Female Age : 37 YRS

UHID No : HNH - 00015482. Date : 19/05/2026

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

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

ELECTIVE LOWER SEGMENT CAESERIAN SEGMENT.

upon

Mrs. Sajja Amritha. (Name of the Patient)

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

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

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

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

My signature on this form indicates that

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

Name of the Doctor who is performing the Surgery / Procedure: Dr. SWAPNA. S | Dr SRIMATHI

Consentee :

Signature : [signature]

Name : Mrs. Amrita

Date & Time : 19/5/26

Witness :

Signature : [signature]

Name :

Date & Time : 19/5/26

Patient Attendant :

Signature : [signature]

Name : M. Kiran Kumar

Relationship with Patient: Husband

Date & Time : 19/5/26, 5.00AM.

Doctor (who is taking the consent) :

Signature : [signature]

Name : Dr RAMYA [illegible]

Date & Time : 19/5/26 @ 5AM

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

Department of Anaesthesiology

PRE-ANAESTHETIC EVALUATION

Name: Mrs. Amritha Age: 37y Sex: F UHID.No : HVH-000 15482

Date: 18/5/26 Time: 3pm Proposed Operation: Elective LSCS + B/L Tubal ligation

Diagnosis: G4 P1 L1 A2 35th POG, DCDA Twins c̄ prev-LSCS

B.P / CRT: 137/80 mmHg H.R: 89bpm Weight: ≈ 75kgs ASA Physical Status: ☐ 1 ☑ 2 ☐ 3 ☐ 4 ☐ 5

Laboratory Data:

30/4

Hgb: 9.4 g%	Glucose:	Protein:	HIV:	X-Ray:
PCV:	Urea:	Alb:	HBS Ag: -ve	ECG:
WBC: 13,000 cells	Creat:	Total Bill:	HCV:	2D Echo:
Plate: 2.73 lakh	Na:	Dir. Bill:	Blood group: O +ve	Stress/Anglo:
PT:	K:	LDH:	T3	Other:
PTT:	Ca++:	Alk phos:	T4	
INR:	Mg++:	Amylase:	TSH	
	Cl -:	SGOT/SGPT:	**Allergies:** NKDA.	

Medical History: CVS : USG: Twin 1:- Breech, Placenta-Post, high

RESP : No Medical Issues. Diabetes : —

CNS : Anemic (P), given IV Iron. Twin 2 : Breech, Placenta-Right lateral, high.

Renal :

Hepatic / GE : Physical Activity: Active

Others :

Past Anaesthetic History: 1 prev LSCS 11 yrs ago ↓SA, Uneventful.

Physical Exam:

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

Lungs : B/L AE (+) clear

Heart: S1S2 (+)

CNS: NAD.

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

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

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

CURRENT MEDICATIONS	DOSAGE
T. Fe	
T. Calcium	

Pre-Operative Instructions:

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

Signature: [signature] Name: Dr. Brunda

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

HNH-00015482 IP26-00006367
Mrs SAJJA AMRITA
12-06-1988 37 Y 11 M 6 D (F)
Dr. SWAPNA SAMUDRALA

ANAESTHESIA CHART

Pre Induction Assessment:

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

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

H.R: 82bpm — B.P / CRT: 132/81 mmHg — SpO_2: 100/ on RA — R.R: 16/min — Last Feed: Last night

Pre-OP Diagnosis: G4P1L4A2 DCDA twins — Operation: Elective LSCS + B/L Tubectomy — Date: 19/5/26

Surgeon: Dr. Sun Srimathi / Dr. Swapna / Dr. Ramya Teja — Anaesthesiologist: Dr. Brunda — Technician: Saraswathi

TIME	6:40	6:55	7:10	7:25	7:40	7:55	8:10	8:25	8:40
N_2O /AIR /O_2 LPM									
HALO /ISO /SEVO									
Drugs:									
Inj. OXYTOCIN 3+3+3 IU									
Inj. METHERGINE 0.2MG IV									
FIO_2 / SaO_2	100	100	100	100	100	100	100		
$ETCO_2$									
ECG	NSR	—	NSR	—	NSR				
Temperature									
Urine Output									
Fluids / Blood	RINGER LACTATE →								

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

B.P — V Systolic, Λ Diastolic, X Mean, • Heart Rate (scale 0–240)
Tourniquet on Time
Tourniquet off Time
Throat Pack In
Throat Pack Out

LAB Values: ABG / GRBS / Others

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

Position: Supine
☐ Pressure Points Checked

Eye Care:
☐ Oint
☐ Tape
☐ Padding
☑ Awake

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

Times:
Anaes Start: 6:40 am
OP Start: ↓
OP End:
Leave OR: 8:30 am

Anaesthesia:
☐ GA
☐ Monitored Anaesthesia Care
☑ Regional

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

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

☐ Mask ☐ SGA
☐ Airway ☐ Oral ☐ Nasal
ETT# .... at .... cm
☐ Oral ☐ Nasal ☐ Cuff
☐ Tracheostomy ☐ Topical
☐ Drug:
☐ Awake ☐ Direct Vision
☐ Video Laryngoscopy ☐ Stylette / Bougie
☐ Fiberoptic
Blade# .... Attempts: ....
Difficulty Why? ....

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

Regional:
Extremity — Specify:
☑ Spinal ☐ Epidural ☐ Caudal
Others:
Position: Sitting
Site: L3-L4
Needle Size: 25G PENCAN Depth:
Parasthesia ☐ Yes ☑ No
Catheter at skin .... cm
Drug Name & Conc: Inj. 0.5% H
Bolus: BUPIVACAINE 10MG
Infusion: + 25µG FENTANYL
Block Level: T4 DERMATOME
Comments:
Transportation to ☑ PACU ☐ ICU ☐ Other
Relaxant Reversed ☐ Yes ☐ No ☑ NA
Name of the Doctor: Dr. Brunda
Signature of the Doctor: [signature]

Patient Sticker

POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Chandrakala. Time Received : 8:45 AM. Time Discharged : 2 pm.

✓ RESP • PULSE > < BLOOD PRESSURE (chart 0–250, SPO_2); 80

IV Cannula Site : Left hand.

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

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

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

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
19/5/26	8:45Am	0/10	normal	[signature]
19/5/26	9:45Am	0/10	normal	[signature]
19/5/26	10 pm	0/10	norm	[signature]
19/5/26	11Am	0/10	norm	[signature]

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

Anaesthesiologist Name : [signature]

Anaesthesiologist Signature: ...

Date & Time: ...

PACU Nurse Name : Chandrakala

PACU Nurse Signature: ...

Date & Time: 19/5/26 2pm

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

Transferred to Unit by (PACU): 208

Date & Time: 19/5/26 at 2pm

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 : ....

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE

Patient Name : Mrs. Amritha Age : 37y Gender : Male ☐ Female ☑

UHID NO: HNH-00015482 Surgeon Name: Dr. Suri Srimathi | Dr. Swapna.S

Anaesthesiologist : Dr. Brunda

Operative procedure planned : Elective Cesarean delivery & Bilateral Tubal ligation

PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA

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

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

☐ Heart disease ☐ Hypertension ☐ Diabetes mellitus ☐ Renal failure

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

☐ Incapacitating Cronic Obstructive Pulmonary Disease

☐ Others : Bleeding, need for blood transfusion

Comments : ....

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

DECLARATION BY PATIENT / GUARDIAN / PROXY

I hereby authorize Rainbow Hospital & its authorized doctors to perform upon me / my patient Mrs. Amritha the above mentioned operation / Diagnostic / Therapeutic procedures Elective Cesarean delivery & Bilateral Tubal ligation.

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 : M. Kiran.

Relationship with Patient: ....

Date & Time : 19/5/26

Witness :

Signature : [signature]

Name : M. Kiran Kumar

Date & Time : 19/5/26 ; 5.50am.

Doctor (who is taking the consent) :

Signature : [signature]

Name : Dr. Brunda

Date & Time : 18/5/26, 3pm

26-000020057 2

NARCOTIC PRESCRIPTION FORM
(PATIENT COPY)

Patient Name: Mrs. Sajja Amrita		Age: 37Y	Gender: Female
UHID No: HNH 0005482	IP No: IP26-0000636	Date: 19/5/26	Time: 6Am
Diagnosis: LSCS			Ward - OT

PRESCRIPTION DETAILS (Tick only one of the following)

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

Doctor Name: Dr. [illegible] Doctor Registration No: [illegible]

Signature: [signature]

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

IP Registration No: IP26-00006367 **Date:** 19/5/26

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

		Remarks
1.	**Name :** Mrs. Sajja Amrita	
2.	Complete postal address (with contact number, if any)	H NO [illegible] Sri [illegible] kachivari singaram hyderabad telangana 500088
3.	Brief description of the illness	CL LSCS
4.	Whether registered with any other registered medical practioner / recognized medical institution (If yes, details of the recorded)	NO
5.	Details of essential Narcotic drug dispensed	Fentanyl

Date	Name of the Essential Narcotic Drugs	Quantity	Signature / Thumb Impression of the patient / Patient Attender	Remarks, if any
19/5/26	Fentanyl	1Amp	[signature]	
-	-	-		

Dispensed by (Name & ID No.): Sania (184[illegible]) Signature: Sania.

Received by (Name & ID No.): Saraswathi (021006) Signature: [signature]

Time: 6:02

Docu. No: RCH / FRM / CLINICAL / 133

HNH-00015482 IP26-00006367
Mrs SAJJA AMRITA
12-06-1988 37 Y 11 M 8 D (F)
Dr. SWAPNA SAMUDRALA

208

NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 20/5/26 Time: 10:15am

Origin: Indian Height: 160cm Weight: 84kg BMI: ☐ ~ 26 kg/m² ☐ ~ 28 kg/m² ☐ ~ 30 kg/m² 32kg/m²

Food Allergies: NOFA

Diagnosis: LSCS

Type of Diet: ☐ Liquid ☑ Soft ☐ Normal ☐ Diabetic

☐ Vegetarian ☑ Non-Vegetarian ☐ Vegan

Diet Advised:

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

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

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

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

Patient's / Attendant's	Dietician's
Signature: [signature]	Signature: Sofiya
Name: M. Kirankumar	Name: Syeda Sofiya Zaheer
Date & Time: 20/5/26, 10:15am	Date & Time: 20/5/26, 10:15am

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

(P. T. O)

DIETARY NOTES

Date	Time	Notes	Sign

26-0000200572

NARCOTIC PRESCRIPTION FORM
(MEDICAL RECORD)

Patient Name: Mrs. Sajja Amila		Age: 31y	Gender: Female
UHID No: UNH.0005462	IP No: IP26-00006367	Date: 19/1/26	Time: 6 Am
Diagnosis: LSCS			

PRESCRIPTION DETAILS (Tick only one of the following)

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

Doctor Name: Dr. [illegible] Doctor Registration No: [illegible]

Signature: [illegible]

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

IP Registration No: IP26-00006367 **Date:** 19/1/26

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

		Remarks
1.	**Name :** Mrs. Sajja Amila	
2.	Complete postal address (with contact number, if any)	H NO [illegible] sri vaishnavi enclave [illegible] hyderabad telangana 500[illegible]
3.	Brief description of the illness	CI LSCS
4.	Whether registered with any other registered medical practioner / recognized medical institution (If yes, details of the recorded)	NO
5.	Details of essential Narcotic drug dispensed	Fentanyl

Date	Name of the Essential Narcotic Drugs	Quantity	Signature / Thumb Impression of the patient / Patient Attender	Remarks, if any
19/1/26	Fentanyl	1 Amp	[illegible]	

Dispensed by (Name & ID No.): Sania (124...) Signature: Sania

Received by (Name & ID No.): [illegible] (7021006) Signature: [illegible]

Time: 6:02

Docu. No: RCH / FRM / CLINICAL / 133

NARCOTIC PRESCRIPTION FORM
(MEDICAL RECORD)

Patient Name	Age	Gender
UHID No	IP No	Date / Time
Diagnosis		
PRESCRIPTION DETAILS (Tick only one of the following)		

S No	Drug Name	Dosage	Remarks
1	Fentanyl Citrate Inj. 50mcg/Ml		
2	Morphine Sulphate Inj. 10mg/ml		
3	Remifentanil Hydrochloride Inj. 2MG		
4	Remifentanil Hydrochloride Inj. 1MG		

Doctor Name	Doctor Registration No:
Signature	

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

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

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

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

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

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

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

Time: ....