HNH-00008024 IP26-00006421
Mrs NISHATH UNISSA
27-09-1994 31 Y 7 M 27 D (F)
Dr. SWATHI H V

SURGERY DETAILS

Date : 24/5/26

Patient Name: Mrs. Nishanth unissa Date of Birth: 27/9/1994 Age: 31 yrs

Gender: female Ward : OT UHID No.: HNH-00008024

Date of Surgery: female ☐ OT -1 ~~☐ OT -2~~ ☐ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : Emergency LSCS.

Time in : 12:00am Time Out : 1:00am.

		NAME	AMOUNT
1.	Surgeon	: Dr. Swathi	
2.	Anaesthetist	: Dr. samir	
3.	Assistant Surgeon	: Dr. Dua / Dr SWATHI. HV	
4.	OT Technician	: Br. Arvind	
5.	Circulating Nurse	: Sr. puja	
6.	Assistant Nurse	: Sr. Sangeetha	

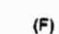
Special Equipment: ☐ Laparascopy ☐ Broncoscope ☐ Harmonic ☐ Morcelator
☐ C-ARM ☐ Cystoscopy ☐ Versa Point ☐ Liver Cusa
☐ Neuro Cusa ☐ Others ....

Signature of the Surgeon Signature of Circulating Nurse puja.

Order No: 26-00020196 Order by: Sangeetha

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

HNH-00008024 IP26-00006421
Mrs NISHATH UNISSA
27-09-1994 31 Y 7 M 27 D (F)
Dr. SWATHI H V



Em. lics.

CONSUMABLES OF OT

Circulating staff : Puja Technician : Arvind Date : 25/5/26 Time :

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube			~~Major Pack~~ LSCS		01	Inj Vit.K		01
LMA			Sutures 1326, 2762	01+1		Cord Clamp		01
ECG leads : (A) / P / N		03	2346, 2364	1+1		Suction Catheter		
HME filter : A / P / N			1242	01		Feeding Tube 6		01
Syringes : 10 cc		04				Vaccum Suction Set		
05 cc		03	Gloves 6, 6½	02+02		Surgical Gloves 6, 6½	1+1	
02 cc		02	encore 6½		02	Gauze Pack 7.5		01
01 cc						Syringe 1ml / 2ml		02
Cautery plate : (A) / P / N		01	Surgical blade 22		01	Surgical Blade # 20		01
IV set			NG tube			Koochies (S)		01
RL		02	Cautery pencil		01	venflon 24		02
NS : 10ml / 100ml / 500ml / 1000ml			Koochies XXL		01			
Oxytocin		01	Ointments					
Methergel		01	Suction Catheter					
Fentanyl		01	Cap, Mask	10+10				
~~Morphine~~ Atropine		01	Gauze Pack 7.5		02			
~~Ketamine~~ Blood 3.5		01	Mop Pack		02			
Propofol			Steristrip					
Rocuronium			Underpad		02			
Glycopyrolate			Draw sheet					
Myopyrolate			Abgel		01			
Ondansetron			Foleys catheter					
27G Pencan ~~25G~~ / ~~Spinal Needle 22~~		01	Urobag					
Bupivacaine 0.25%			Chest Drainage Catheter					
Bupivacaine 0.25%(Heavy)		01	Romodrain bag					
Antibiotics			Bandage					
			Tegaderm					
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg		01	Vaccum Suction set		01			
Justin : 12.5 mg / 25mg / 100mg		01	Plastic Bed Sheet					
Tab. Misoprost : 200mg		04	Betadine Solution		02			
6 Gloves 7.0		02	Microshield		2			
Gauze 7.5x7.5		01	Cotton Balls		01			
Jox patch		01	Latex Gloves		20			
PCM		01	Ramdione Scrub					
			Saral					

Surgeon Anaesthesiologist Nurse OT Technician

Order No. : 26-000020201 / 9010 Ordered by : Archana 25/5/26 @ 11.55 am

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

Rainbow Childrens Hospital-Himayatnagar

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040-48873000, info@rainbowhospitals.in

ELECTRONIC MEDICINE PRESCRIPTION

MRN	: HNH-00008024	Name	: Mrs NISHATH UNISSA
Age / Sex	: 31 Y 7 M 28 D / Female	Doctor	: SWATHI H V
Adm/Reg Date/Time	: 24/05/2026 21:34	Payor	: Paramount Health Services&Insurance TPA Pvt Ltd
Order Date	: 25/05/2026 11:42	Ordernumber	: 26-0000202011
Visit ID	: IP26-00006421	Ward/Bed No	: 1F -PRIVATE ROOM / PVT-103
Patient Address	: 2-2-185/14/1 r k nagar, Amberpet, Hyderabad, Telangana, INDIA, 500013		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	PENCAN 27G (B/BRAUN)		1 Nos	External / 10 AM	1 Days		1 Nos	Ordered
2	ADULT DIAPERS-XXL		1 Nos	External / 10 AM	1 Days		1 Nos	Ordered
3	ACUGYL 500MG INJ		1 Nos	External / Once Daily	1 Days		1 Nos	Ordered
4	MONOCRYL 3-0 NW 1326	MONOCRYL 1326	1 Nos	/ Once Daily	1 Days		1 Nos	Ordered
5	SGLOVE # 6.5 (SURGICARE)	SURGICAL GLOVES 6.5	1 Nos	External / Once Daily	1 Days		2 Nos	Ordered
6	Encore Microptic gloves-6.5		1 Nos	/ Once Daily	1 Days		2 Nos	Ordered
7	VACCUME SUCTION SET	VACCUME SUCTION SET	1 Nos	/ Once Daily	1 Days		1 Nos	Ordered
8	SGLOVE # 7.0(SURGICARE)	SURGICAL GLOVES 7.0	1 Nos	External / Once Daily	1 Days		1 Nos	Ordered
9	TRUGUT CHROMIC CATGUT SN4242	TRUGUT CHROMIC CATGUT SN4242	1 Nos	/ Once Daily	1 Days		1 Nos	Ordered
10	SGLOVE # 6 (SURGICARE)	SURGICAL GLOVES 6.0	1 Nos	External / Once Daily	1 Days		2 Nos	Ordered
11	MISOPROST TAB 200MCG 4S		1 Tabs	External / Once Daily	1 Days		4 Tabs	Ordered
12	VICRYL 1-0 NW 2364	VICRYL 1-0 NW 2364	1 Nos	/ Once Daily	1 Days		1 Nos	Ordered
13	LOX-LIDOCAIN-5PER PATCH 2S		1 Nos	External / 10 AM	1 Days		1 Nos	Ordered
14	SURGICAL BLADE 22	SURGICAL BLADE 22	1 Nos	External / Once Daily	1 Days		1 Nos	Ordered
15	MOPS 30X30 8PLY 5S X-RAY	MOPS 30X308 PLYDATT	1 Nos	/ Once Daily	2 Days		2 Nos	Ordered
16	JUSTIN SUPPOSITORIES 100 MG 5 S		1 Nos	External / Once Daily	1 Days		1 Nos	Ordered
17	BLOOD SET WITH LUER LOCK	BLOOD SET LUER LOCK	1 Nos	External / Once Daily	1 Days		1 Nos	Ordered
18	EVATOCIN (OXYTOCIN) INJ 5 IU 1 ML		1 Nos	/ Once Daily	1 Days		1 Vial	Ordered
19	COTTON BALLS 2 GM 5 NOS	COTTON BALLS 2G- 5 NOS	1 Nos	External / Once Daily	1 Days		1 Nos	Ordered
20	E.C.G ELECTRODES (ADULT)	ELECTRODES ADULT	1 Nos	External / Once Daily	1 Days		3 Nos	Ordered
21	BUPICAIN HEAVY 80MG INJ 4ML	BUPIVACAINE 80MG INJ	1 Nos	/ Once Daily	1 Days		1 Nos	Ordered
22	VICRYL 1-0 VP 2346	VICRYL 1-0 VP 2346	1 Nos	/ Once Daily	1 Days		1 Nos	Ordered
23	RL 500 ML CLOSED SYSTEM	RINGER LACTATE 500ML CLOSED	1 Bottle	/ Once Daily	2 Days		2 Bottle	Ordered
24	ABGEL SURGI PAD (BIG) (GELSPON)	ABGEL	1 Nos	/ Once Daily	1 Days		1 Nos	Ordered
25	BACTOPREP SOLUTIONS 100 ML	CHLORHEXIDINE GLUCONATE2% &ALCOHOL80% 500	1 mL	/ Once Daily	2 Days		2 Nos	Ordered
26	LSCS DRAPE PACK	LSCS DRAPE PACK	1 Nos	/ 10 AM	1 Days		1 Nos	Ordered
27	PREGELLED SURGICAL PLATES(ADULT)	PREGELLED PLATED ADULT	1 Nos	/ Once Daily	1 Days		1 Nos	Ordered
28	DSYRINGS 2.5ML(NIPRO)	SYRINGE 2ML	1 Nos	External / Once Daily	1 Days		2 Nos	Ordered
29	RELIPARA(PARACETAMOL) 1000MG 100ML BOTTLE		1 Nos	Injection / Once Daily	1 Days		1 Nos	Ordered
30	VICRYL 2-0 NW 2762	VICRYL 2-0 NW 2762	1 Nos	/ Once Daily	1 Days		1 Nos	Ordered
31	SUPRIDOL SUPPOSITORIES 100 MG 5 S		1 Nos	External / Once Daily	1 Days		1 Nos	Ordered

SWATHI H V
OBSTETRICS AND GYNECOLOGY
Reg No : TSMC/FMR/15501

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Note

* This prescription is valid only for specified duration.

* Do not refill medicines.

Rainbow Childrens Hospital-Himayatnagar

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040-48873000, info@rainbowhospitals.in

ELECTRONIC MEDICINE PRESCRIPTION

MRN	: HNH-00008024	**Name**	: Mrs NISHATH UNISSA
Age / Sex	: 31 Y 7 M 28 D / Female	**Doctor**	: SWATHI H V
Adm/Reg Date/Time	: 24/05/2026 21:34	**Payor**	: Paramount Health Services&Insurance TPA Pvt Ltd
Order Date	: 25/05/2026 11:42	**Ordernumber**	: 26-0000202010
Visit ID	: IP26-00006421	**Ward/Bed No**	: 1F -PRIVATE ROOM / PVT-103
Patient Address	: 2-2-185/14/1 r k nagar, Amberpet, Hyderabad, Telangana, INDIA, 500013		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	DSYRINGE 10ML (NIPRO)	SYRINGE 10ML	1 Nos	External / Once Daily	1 Days		4 Nos	Ordered
2	FACE MASK 3 LAYER - ELASTIC	FACE MASK 3 LAYER	1 Nos	/ Once Daily	10 Days		10 Nos	Ordered
3	CUROPINE (ATROPINE) INJ 1 ML		1 Vial	External / Once Daily	1 Days		1 Vial	Ordered
4	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	Ordered
5	UNDERPADS 60X90 BUTTERFLY		1 Nos	External / 10 AM	1 Days		2 Nos	Ordered
6	POVINANZ SOLUTION 10% 100 ML		1 Nos	External / Once Daily	1 Days		2 Nos	Ordered
7	NITRILE EXAMINATION GLOVES P F- MEDIUM	NITRILE GLOVES M	1 Nos	/ Once Daily	20 Days		20 Nos	Ordered
8	DSYRINGE 5ML.(NIPRO)	SYRINGE 5ML	1 Nos	External / Once Daily	1 Days		3 Nos	Ordered
9	SURGEON CAP(FEMALE)	FEMALE CAP	1 Cap	/ Once Daily	10 Days		10 Cap	Ordered
10	CAUTERY PENCIL (ADVANCE)	CAUTERY PENCIL (ADVANCE)	1 Nos	External / Once Daily	1 Days		1 Nos	Ordered

SWATHI H V
OBSTETRICS AND GYNECOLOGY
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ELECTRONIC MEDICINE PRESCRIPTION

MRN	: HNH-00015603	Name	: Baby Of NISHATH UNISSA
Age / Sex	: 0 Y 0 M 0 D 11 H / Female	Doctor	: S TEJASWI REDDY
Adm/Reg Date/Time	: 25/05/2026 01:05	Payor	: SELFPAY
Order Date	: 25/05/2026 11:51	Ordernumber	: 26-0000202015
Visit ID	: IP26-00006422	Ward/Bed No	: 4F -NICU 1 / NICU1-401
Patient Address	: 2-2-185/14/1 r k nagar, Amberpet, Hyderabad, Telangana, INDIA, 500013		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	SGLOVE # 6.5 (SURGICARE)	SURGICAL GLOVES 6.5	1 Nos	External / Once Daily	1 Days		1 Nos	Ordered
2	SGLOVE # 6 (SURGICARE)	SURGICAL GLOVES 6.0	1 Nos	External / Once Daily	1 Days		1 Nos	Ordered
3	SURGICAL BLADE 20	SURGICAL BLADE 20	1 Nos	/ Once Daily	1 Days		1 Nos	Ordered
4	CORD CLAMP-ALPHAMEDICARE		1 Nos	External / 10 AM	1 Days		1 Nos	Ordered
5	INFANT FEEDING TUBE-6	INFANT FEEDING TUBE 6	1 Nos	External / Once Daily	1 Days		1 Nos	Ordered
6	EASYCLOT-K1 1MG INJ 0.5 ML		1 Nos	External / 10 AM	1 Days		1 Nos	Ordered

S TEJASWI REDDY

Reg No : APMC/FMR/94068

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040-48873000, info@rainbowhospitals.in

ELECTRONIC MEDICINE PRESCRIPTION

MRN	: HNH-00015603	**Name**	: Baby Of NISHATH UNISSA
Age / Sex	: 0 Y 0 M 0 D 11 H / Female	**Doctor**	: S TEJASWI REDDY
Adm/Reg Date/Time	: 25/05/2026 01:05	**Payor**	: SELFPAY
Order Date	: 25/05/2026 11:51	**Ordernumber**	: 26-0000202014
Visit ID	: IP26-00006422	**Ward/Bed No**	: 4F -NICU 1 / NICU1-401
Patient Address	: 2-2-185/14/1 r k nagar, Amberpet, Hyderabad, Telangana, INDIA, 500013		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	VENFLON I-20G	IV CANULLA 20	1 Nos	External / Once Daily	1 Days		2 Nos	Ordered
2	DSYRINGE 1ML (NIPRO)	SYRINGE 1ML	1 Nos	External / Once Daily	1 Days		2 Nos	Ordered
3	GAUZE 7.5X7.5 12 PLY (5 NOS)	GAUZE 7.5X7.5 12 PLY 5 NOS	1 Nos	External / Once Daily	1 Days		1 Nos	Ordered

S TEJASWI REDDY

Reg No : APMC/FMR/94068

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Printed Date/Time : 25/05/2026 11:51   Printed By : SUNKARI SANGEETHA

Dr. Swathi

ESTIMATION SLIP

Date : 25/5/26 UHID / IP No. : HNIH-00008024 Sl No. 1536

Name of Patient : Mrs. Nishath Unnisa Age: ______ Gender: F

Father's / Husband's Name : Mr Abdul Bari Corporate / Occupation : ______

Address : Amberpet Phone : 7981945720 Email : 9550444406

Procedure / Plan : ND / LSCS EDD/Dos: ______

MODE OF PAYMENT : ☐ SELF ☑ TPA : ______ ☐ GIPSA : ______ OTHER

TARIFF INFORMATION :

Particulars	Package Amounts (Rs.)	
Room Category	Normal Delivery	LSCS
Multi Shared Ward		
Shared Ward		
Twin Shared Ward		
Private Room →	1.45k	1.65k
Super Deluxe Room		
Suite Room	+ Non Payable	Extra 15k to 20k
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 Day	Length of Stay for : 3 Day
	Pharmacy up to 12,000/-	Pharmacy up to 12,000/-
	Investigations up to 3,000/-	Investigations up to 3,000/-
Others	Well baby Care	25% to 35k

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

Initial Minimum Deposit : 10,000/- Advance

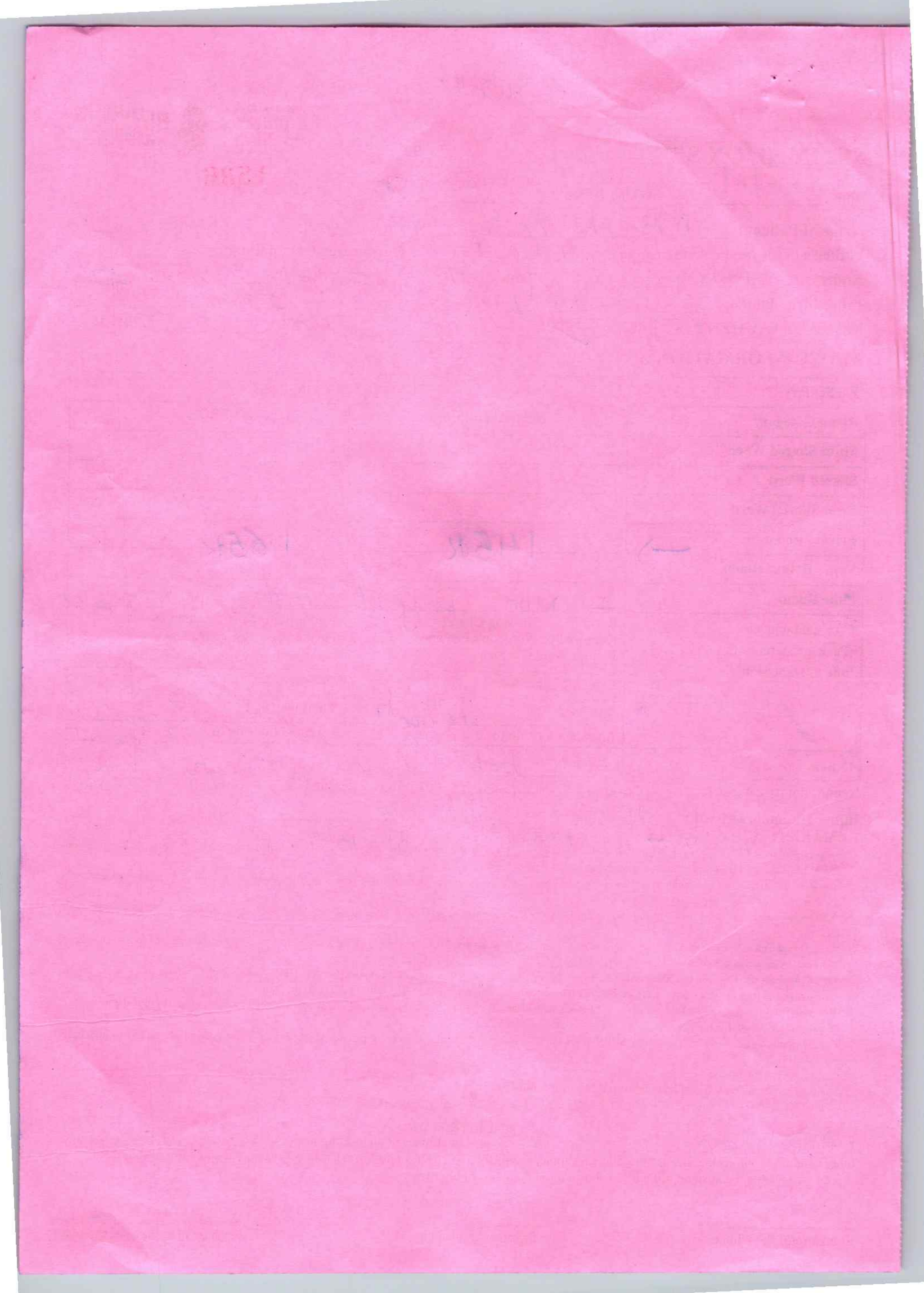
REMARKS : Vaccination, Neonatal SBR, B/G

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 Abdul Bari 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



Name	Mrs NISHATH UNISSA	UHID	HNH-00008024
Father/Guardian	Mr ABDUL BARI	Age/Gender	31 Y 7 M 28 D/ Female
Address	2-2-185/14/1 r k nagar, Amberpet, Hyderabad, Telangana, INDIA, 500013		
IP No	IP26-00006421	Admission Date	24-05-2026
Ref Doctor	Self.		
Discharge Date	27.05.2026		

DISCHARGE SUMMARY

Consultant
Dr. Swathi H V
MBBS/MS
TSMC/FMR/15501

Diagnosis: G3P1D1A1 WITH 37 WEEKS WITH BAD OBSTETRIC HISTORY WITH HYPOTHYRIODISM WITH APLA WITH DECREASED FETAL MOVEMENTS WITH INTRAHEPATIC CHOLESTASIS IN PREGNANCY WITH PATHOLOGICAL CARDIOTOCOGRAPHY

EMERGENCY LOWER SEGMENT CAESAREAN SECTION DONE ON 25.05.2026

History:
LMP: 23.08.2025

Obstetric formula: G3P1D1A1

Name	Mrs NISHATH UNISSA	UHID	HNH-00008024
IP No	IP26-00006421	Admission Date	24-05-2026

EDD: 14.06.2026 Gestation at admission: 37 weeks

Obstetric History:
G1 - PTVD, IUD at 28 weeks, GDM on diet, H/O fall 3 days before IUD,TORCH Negative.
G2 - 2024, Missed miscarriage at 11 weeks, SERPC done,Chromosomal Micro Array of Products of Conception- Trisomy - 16 positive .
Interpregnancy period: Lupas Anticoagulant Positive(protein C).
G3 - Present Pregnancy , Spontaneous Conception.

Medical History: K/C/O Hypothyroidism and on T.Thyronorm 75 mcg. since 2016. Diagnosed with APLA ,Protein C positive in june 2026.
Surgical History: SERPC in 2024
Family History: Mother - Hypothyroidism and Hypertensive, Father - DM.
Allergies: Nil

Antenatal Details:
Mrs NISHATH UNISSA was booked to Rainbow hospital at 8^{+6}weeks of gestation. She had regular antenatal checkups and investigations as advised. NT-normal. FTS- low Risk. NIPS-low risk. TIFFA-normal. Fetal 2D Echo- normal. She was started on T.Ecospirin 150 mg once daily from 8^{+6} weeks, Inj. LMWH 40 MG S/C once daily from 11 weeks, Inj.BHARGLOB IM once every 3 weeks from 12^{+6} weeks in view of APLA Positive status. At 17 weeks patient came with complaints of forceful vomiting followed by haematemesis and gastritis for which she was manage conservatively. Fetal growth monitoring done by serial scans. She was admitted at 33+3 weeks with complaints of Decreased fetal Movements and received steroid coverage for fetal lung maturity.At 34^{+1} weeks she had complaints of itching over apalma and soles,Total bile acids-11.4(raised) advised T.Udiliv 150mg twice daily.She was admitted at 34+1

Name	Mrs NISHATH UNISSA	UHID	HNH-00008024
IP No	IP26-00006421	Admission Date	24-05-2026

weeks with in view of Gastroenteritis,medically managed.Scan done on 16.05.2026 at 35^{+6} weeks showed single live fetus with cephalic presentation ,placenta- anterior high, AFI-24cms, EFW- 2.36kg(13%),AC at 3% with normal dopplers.She was admitted for elective LSCS prior day.

Investigations: Enclosed
Blood group: "O" Positive

Management:
Course in hospital and Delivery Details:
At admission on clinical examination the vitals were stable, uterus was relaxed, cervix was long and Os closed.Admission CTG was found to be Pathological (reduced BTBV for > 40 min) .No improvement on conservative treatment. She was decided for emergency C- section in view of pathological CTG (persumed fetal compromise) and prepared for emergency LSCS with indwelling Foley's catheter and IV canula under aseptic conditions. Written informed consent for surgery taken. Preanesthetic check up done.Last dose of INJ Clexane taken on 23/5/2026 at 9 pm. Anesthetic premedication (IV Pantop and Perinorm) given. Patient shifted to theatre.

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

Name	Mrs NISHATH UNISSA	UHID	HNH-00008024
IP No	IP26-00006421	Admission Date	24-05-2026

in layers. Hemostasis secured. Instruments and swab count checked. Rectus sheath closed. Skin closed with subcuticular sutures. Wound dressing done. Vagina cleaned with Betadine solution after expelling clots. Misoprostol 600 mcg given per rectum as prophylaxis against Postpartum hemorrhage. Patient was shifted out of theatre to post operative recovery room.
*** 2 Tight loops of cord around neck**

Delivery Details :
Date : 25.05.2026
Time of Delivery : 12:12am
Type of Delivery: Emergency lower segment caesarean section
Indication : Pathological CTG
Anaesthesia : Spinal

Baby Details:
Date : 25.05.2026
Time :12:12am
Sex : Female
Weight : 2.7kg
Apgar : 8,9
Gestational Age: 37 weeks
NICU Admission: Yes

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

Name	Mrs NISHATH UNISSA	UHID	HNH-00008024
IP No	IP26-00006421	Admission Date	24-05-2026

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 30.05.2026 (9am-9pm) after food.
2. Tab. Calpol 500mg (Paracetamol 500mg) (2tabs) thrice daily till 28.05.2026(8am-2pm-10pm) after food.
3. Tab. Voveran 50 mg (Diclofenac 50mg) thrice daily till 28.05.2026 (9am-3pm-11pm) after food.
4. Tab. Pantop 40mg twice daily till 31.05.2026 (7am-7pm) before food.
5. Tab. SOFTERON GOLD (Elemental Iron - 50mg, folic acid 1.5mg) once daily (1pm) for three months before lunch.
6. Tab. Shelcal-XT (Elemental Calcium 500 mg, Vitamin D3 250 IU) once daily (8pm) till breast feeding for after dinner.
7. Inj.Clexane 40mg(Enoxaparin 40mg) once daily over thigh at 1pm for 6 weeks
8. T.Thyronorm 75mcg once daily before breakfast at 7am..
9. Review with FT3,FT4,TSH after 6weeks

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

Name	Mrs NISHATH UNISSA	UHID	HNH-00008024
IP No	IP26-00006421	Admission Date	24-05-2026

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

Review with **Dr. SWATHI H V** after **1** week on **01/6/2026** at Gynac OP with prior appointment **(Review consultation will be charged).**

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

Dr. SWATHI H V
MBBS/MS
TSMC/FMR/15501

Rainbow Children's Hospital

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 : IP26-00006421 **Admit Date** : 24-May-2026 **Admit Time** : 09:34 PM **UHID** : HNH-00008024

Patient Details :

Patient Name	: Mrs NISHATH UNISSA	**Age**	: 31 Y 7 M 28 D
Guardian	: Mr ABDUL BARI	**DOB**	: 27-09-1994
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	: Married
Address (H)	: 2-2-185/14/1 r k nagar Amberpet Hyderabad Telangana INDIA 500013	**Phone No**	: 7981945729/ 9550449406
		E-mail	: nishu.nish27@gmail.com

Admission Details :

Bed Type	: TWIN SHARING	**Bed No**	: LDR-415	**Ward Name**	: 4F -OT
Room No	: LDR-415	**Admission Type**	: First Visit		

Contact Details :

Name	: Mr ABDUL BARI	**Relationship**	: Husband
Contact Address	: 2-2-185/14/1 r k nagar Amberpet Hyderabad Telangana INDIA 500013	**Phone No**	: 7981945729

Signature

Doctor Details :

Doctor Name	: Dr. SWATHI H V	**Specialisation**	: OBSTETRICS AND GYNECOLOGY
Referral Doctor	: Self.	**Phone No**	:
Co-Consultant	:		

Payment Details :

Payment Mode	: DC/CC Card	**Deposit Amount**	: 10000.00
		Payor Name	: Paramount Health Services&Insurance TPA Pvt Ltd

LSCS

ACTIVITY RECORD FOR BILLING

Name: - HNH-00008024 IP26-00006421 Mrs NISHATH UNISSA 27-09-1994 31 Y 7 M 27 D (F) Dr. SWATHI H V

UHID No: ------------- Consultant : ------------------------- Dept : -----------------

Date of ...me : -------------- Date of Discharge : ----------------- Time: -----------

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
24/5/26	11:45PM	Pre-post	OT	[signature]
25/5/26	1:10am	OT	Prepost	[signature]
25/5/26	7:30Am	pre post	215	[signature]

Cross Consultation Visit

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

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

INVESTIGATIONS

Date	Investigations	Order No.	Sign
24/5/26	NST – ①	6306	Ali
24/5/26	CBP	26008786	Ali
24/5/26	HCV		Ali
24/5/26	NST – ②	6307	Ali

Crosschecked by [illegible]

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
25/5/26	cardiac moniter	1.10 Am	25/5/26 7Am	26-0000	[illegible]
25/5/26	Infusion pump	1.10Am	7Am	201945	[illegible]

Cross cheked by [illegible]

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
24/5/26.	IV placement	1	1946	[illegible]
25/5/26	Catheterisation	1		[illegible]
24/5/26	PAC	1 (Pre)	(OP Bases)	[illegible]
25/5/26	NHA	1	2092	[illegible]

ANY OTHER INFORMATION

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

HNH-00008024 IP26-00006421
Mrs NISHATH UNISSA
27-09-1994 31 Y 7 M 27 D (F)
Dr. SWATHI H V

IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints
No complaints
Admitted for Elective LSCS

LMP: 23/8/25 EDD: 14/6/2026
Corrected EDD: 14/6/2026 GA: 37 week

Obstetric Formula: $G_3P_1D_1A_1$

Menstrual History: Regular : ☑ Yes ☐ No

Obstetric Hostory:
G_1 - IUFD @28wk h/o GDM on diet
NVD - h/o fall 3days prior to IUD
G_2 - Missed Miscarriage at 11wk.
SERPC done.
(triploidy)

Present Pregnancy Record:
G_3 :- PP, spont Conception.
NT scan (N), FTS - low risk.
TIFFA (N) NIPS done @ 15wk.
low risk.

Obstetric Examination
Fundal Height: Ut ≈ TG.
Ut. Activity: ☑ Relaxed ☐ Mild ☐ Mod ☐ Severe
Liquor: ☑ Adequate ☐ Oligo ☐ Poly
PP: ☑ Cephalic ☐ Breech Others ___
Head Fifths Palpable: ___
FHS: ☑ Normal ☐ Tachy ☐ Brady ☐ Absent

RISK FACTORS:
- APLA
- BOH
- HYPOTHYROIDISM

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

Height: 159 cm
Weight: 63.5 kg
Allergies: NK
Breast: ☑ Normal ☐ Abnormal
General Examination:
Consciousness: Pallor: –
Icterus: – Edema: –
Temp: Afebrile PR: 86/min
BP: 110/70 mmHg DTR:
CVS: S_1S_2 (+) RS B/L AE (+)
Liver/Spleen: (N) Urine Output:

DIAGNOSIS
$G_3P_1D_1A_1$ c̄ 37week c̄ BOH c̄ APLA for Elective LSCS c̄ Hypothyroidism

...00006421
...UNISSA
27-09-1994 31 Y 7 M 27 D (F)
Dr. SWATHI H V

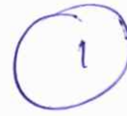
Family History: Mother: Hypothyroidism (+). HTN (+).	Surgical History: –
Medical History: HYPOTHYROIDISM on thyronorm 75mcg	Medication History: T THYRONORM 75 MCG. OD; INJ Low Molecular wt Heparin
Plan of Care: - Admission CTG. - Informed Consent. - Parts preparation - Pre op Medications. - CBP. to be sent. - HCV shift to OT on call. - Monitor vitals, Inform SOS	Investigations: O+ve; HIV, HbsAg, VDRL } NR. 30/4: 74/133/95; 16/5/26: Single, cephalic, PL- Ant high, AFI - 24cm. EFW - 2,360g (13%), AC - 3%. Doppler - (N)

Doctor Name: Dr. Dna
Signature: [signature]
Date & Time: 24/5/26 9:45pm.

Dr. Swathi H V, Consultant Obstetrics and Gynecology, Reg. No. 5550...

Consultant Name: Dr. Swathi H.V.
Signature: [signature]
Date & Time: 24/05/2026 @ 11pm

HNH-00008024 IP26-00006421
Mrs NISHATH UNISSA
27-09-1994 31 Y 7 M 27 D (F)
Dr. SWATHI H V



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/05/2026 11:30pm	U/B Dr Swathi HV	
	- G3 P1 L0 D1 A1 @ 37wks	
	→ c/o ↓ FM	
	- CTG → pathological. ↓ variability ~ >40 min.	
	Cno improvement on resuscitative measures.	
	- O/E: vitals @	
	PA: ut TS	
	ceph	
	FHS ⊕	
	relaxed	
	- Findings explained to the patient & husband. Emergency LSCS.	Advice
		- Inform Anaesthesia
	- Risks explained regarding inadequate NBM	+ Inv Ab.
		+ pre op meds
		- Foleys catheterisation
		- Inform neonatologist
		- Shift to OT immediately

Dr. Swathi H V
Consultant Obstetrics and Gynecology
Reg. No: 15501

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

HNH-00008024 IP26-00006421
Mrs NISHATH UNISSA
27-09-1994 31 Y 7 M 28 D (F)
Dr. SWATHI H V

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/5/26	C/S/B Dr. Dua	
1AM	POD-0 $P_2L_4A_1$ c̄ APLA c̄ Hypothyroid.	
	GC fair Afebrile	
	Baby c̄ Mother. BP: 98/60 mmHg	Adv
	PR: 100 bpm.	- NBM
	SpO_2: 100% on RA	- IVF
	U/O 300ml P/A Ut: Retracted well	- Drugs as charted
	clear L/E - NAD	- Urine I/O charting
		- Monitor vital
		- Infusion SOS
	[signature]	
25/5/26	C/S/B Dr. Dua	
	POD-0 $P_2L_4A_1$ c̄ APLA	Adv
7AM	GC fair Afebrile	- Oral sips allowed
	BP: 100/66 mmHg	- IV fluids
	Baby @ NICU. PR: 90 bpm.	- Drugs as charted
	SpO_2: 100% on RA	- Urine I/O charting
	U/O-300ml P/A Ut: Retracted well BS(+)	Monitor vitals
	emptied @ 6am. L/E NAD	Infusion SOS
		D/B Priyanka
	Pt can be shifted to room.	[signature]

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

HNH-00008024 IP26-00006421
Mrs NISHATH UNISSA
27-09-1994 31 Y 7 M 27 D (F)
Dr. SWATHI H V

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/B Dr. Swathi HV	
28/8/2026 10:15AM	- POD-0, P2L4A1, APLA / hypothyroidism	
	- pt reviewed	
	O/E: vitals	Adv
	BP 100/60	- Vitals
	P - 88bpm	- Ambulation
	PA - soft, uterus well	- plenty of fluids
N/b adequate	D.ky	+ soft diet
	M + (P)	+ w/f pain/bleed pv fever
	LE: NAD	- Perfundus
		- Remove foley after ambulation
	Dr. Swathi H V, Consultant Obstetrics and Gynecology, Reg. No: 15501	N/B priyanka

HNH-00008024 IP26-00006421
Mrs NISHATH UNISSA
27-09-1994 31 Y 7 M 28 D (F)
Dr. SWATHI H V

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/5/26 7:30pm	c/s/B Dr. Veena	
	POD-0 / P2L1 / APLA / Hypothyroidism	
Baby @ in NICU	Pt is stable, No c/o	
	o/e GC-fair, Afebrile	Adv
	Vitals-stable	- Soft diet
	Pallor (-)	- Drugs as charted
U ✓	P/A - Ut well retracted	- Ambulation
F ✓	BS (+)	- Adequate hydration
Sx	L/E - BWNL	- w/f excessive bleeding p/v.
		- Inform SOS.
		- Vital monitoring
26/5/26 8:15am	c/s/B Dr. Veena	
	POD-1 / P2L1 / Hypothyroidism / APLA	noted by [illegible] @ 7:30pm
Baby in NICU	Pt is stable, No c/o	
	o/e GC-fair, Afebrile	Adv
	Vitals-stable	- Regular diet
	Pallor (-)	- Drugs as charted
U ✓	P/A - Ut well retracted	- Ambulation
F ✓	BS (+)	- Adequate hydration
S.X.	L/E-BWNL.	- Vital monitoring
		- Inform SOS
		NB [illegible]

HNH-00008024 IP26-00006421
Mrs NISHATH UNISSA
27-09-1994 31 Y 7 M 28 D (F)
Dr. SWATHI H V

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/5	C/o/b	Dr Manasha
12:30pm	POD 1	
	GC Fair Afebrile	Soft Diet / Adeq hydration
Baby NICU	vitals stable	Drugs as charts
	PA ut well retracted	Ambulation
	BS ⊕	W/F vitals + BPV
U ✓	L/E bleeding wnl	Inform SOS
F ✓		Noted by Amrutha
		MJ
		[illegible]
	R/B Dr Swathi HV.	
20/05 8:30pm	- POD 1, Em LSCS / APLA Syndrome	
	hypothyroidism	
	O/E: vitals ⊕.	Advice:
Baby in NICU for observation.	PA: soft ut well ⊕	→ ⊕ vitals.
	D'day,	→ Soft diet.
	L/E: NAB	→ drugs ascharted.
U ✓		→ Ambulation.
F ✓		→ Inj Tranexa (Bleed:) PV.
flatus		→ Emeset [illegible]
	Dr Swathi	→ Eryon sos
		→ CAP Duclolac 2tab

Stamp: Dr. Swathi H V, Consultant Obstetrics and Gynecology, Reg. No: 15501

Noted by Divya @ 2.30PM P/n @ 10pm

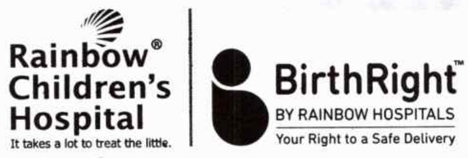
HNH-00008024 IP26-00006421
Mrs NISHATH UNISSA
27-09-1994 31 Y 7 M 28 D (F)
Dr. SWATHI H V

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/05/2026 8:15pm	c/s/by Dr. Naveena	
	O/E GC - fair	Adv
	Afebrile	- Soft diet
U-✓	Vitals - stable	- Adequate hydration
F-✓	PA: ut retracted well	- drugs as charted
S-✗	Soft, NT	- w/f PV bleeding
	Dressing dry & clean	- Ambulation.
	L/E: PV bleeding WNL	- Tegaderm dressing T/M.
	Baby: ~~Mother~~ NICU	- Supp. Dulcolax 2 PR stat @ 10pm
		- Monitor Vitals
		- Inform SOS
		NB Maitushi @ 10PM
	Dr. Naveena	

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

HNH-00008024 IP26-00006421
Mrs NISHATH UNISSA
27-09-1994 31 Y 7 M 28 D (F)
Dr. SWATHI H V



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/05/2026 7:30am	c/s/by	Dr. Naveena
	O/E GC-fair	Adv
	Afebrile.	- Regular diet
V-✓	Vitals - stable.	- Adequate hydration
F-✓	PA: ut. retracted well	- drugs as charted
S-✓	Soft, NT	- w/f PV bleeding
	Dressing: dry & clean	- Ambulation
	L/E: PV bleeding WNL	- Tegaderm dressing
		- Monitor Vitals
	Baby: NICU	- Inform SOS
		Dr. Naveena.
		N.B. Maheshwari
28/05/2026	S/B Dr. Swathi HV	
9:40AM	→ day 2 of Em LSCS	Advice:
	- P1L1.	- (N) diet
	- Baby in NICU. [?]	- plenty of fluids
		+ w/f pain/fever/
V✓	O/E: vitals @	bleeding
S✓	PA: soft, ut. retracted @	- Inform SOS
	L/E: NAD	- ASD today
		- plan D/S today

Dr. Swathi H V
Consultant Obstetrics and Gynecology
Reg. No: 15501

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

HNH-00008024 IP26-00006421
Mrs NISHATH UNISSA
27-09-1994 31 Y 7 M 28 D (F)
Dr. SWATHI H V

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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

HNH-00008024 IP26-00006421
Mrs NISHATH UNISSA
27-09-1994 31 Y 7 M 27 D (F)
Dr. SWATHI H V

RESULT SHEET

Date	24/5/26					
Time						
Hb	10.5					
PCV	31.5					
RBC	4.26					
WBC	8.70					
N/L	72.0					
Platelets	333					
CRP						
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
Blood grouping		O+ve				
HIV	NR					
HbsAg						
HCV						

Culture and Sensitivities : ....

....

....

....

Radiology : USG : ....

X-Ray : ....

ECHO : ....

CT : ....

MRI ....

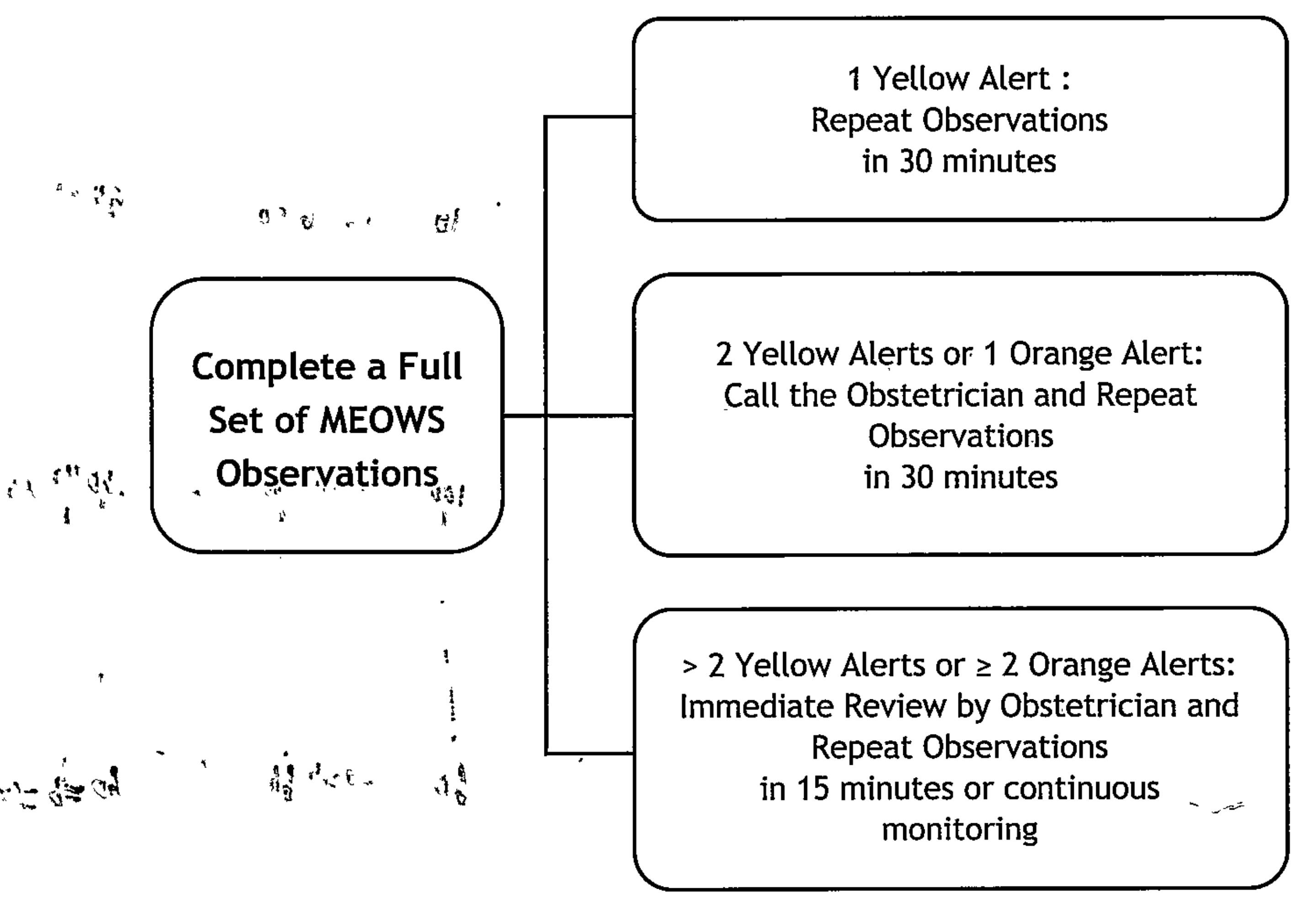
Others (ECG, Contrast Studies etc.,) : ....

Early Warning Observation Score Chart - Obstetrics

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

27/5/26	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
	0 - 10																								
Saturations	94 - 100 %														100		100	100	100	95	97	97	100	100	100
	< 94 %																								
Administered O_2 (L/min.)																									
Temp °c	40																								
	39																								
	38																								
	37																								
	36														97.8F				97.8F						
	35																								
	< 35																								
Heart Rate	170–40														90		86	86	86	93	100	99	80	86	
Systolic Blood Pressure ↑	190–50														100		100	100	100	97	110	114	100	114	106
Diastolic Blood Pressure ↓	130–40														60		80	70	66	68	66	68	60	76	77
NEURO RESPONSE [✓]	Alert																✓	✓	✓	✓	✓				
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30																✓	✓		✓	✓	✓			
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal																✓	✓	✓			✓			
	Heavy / Foul																								
Liquor	Clear / Pink																✓	✓	✓						
	Green																								
TOTAL YELLOW SCORES															0		0	0	0		0	0	0	0	0
TOTAL ORANGE SCORES															0		0	0	0		0	0	0	0	0
Nurse Initial																									

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

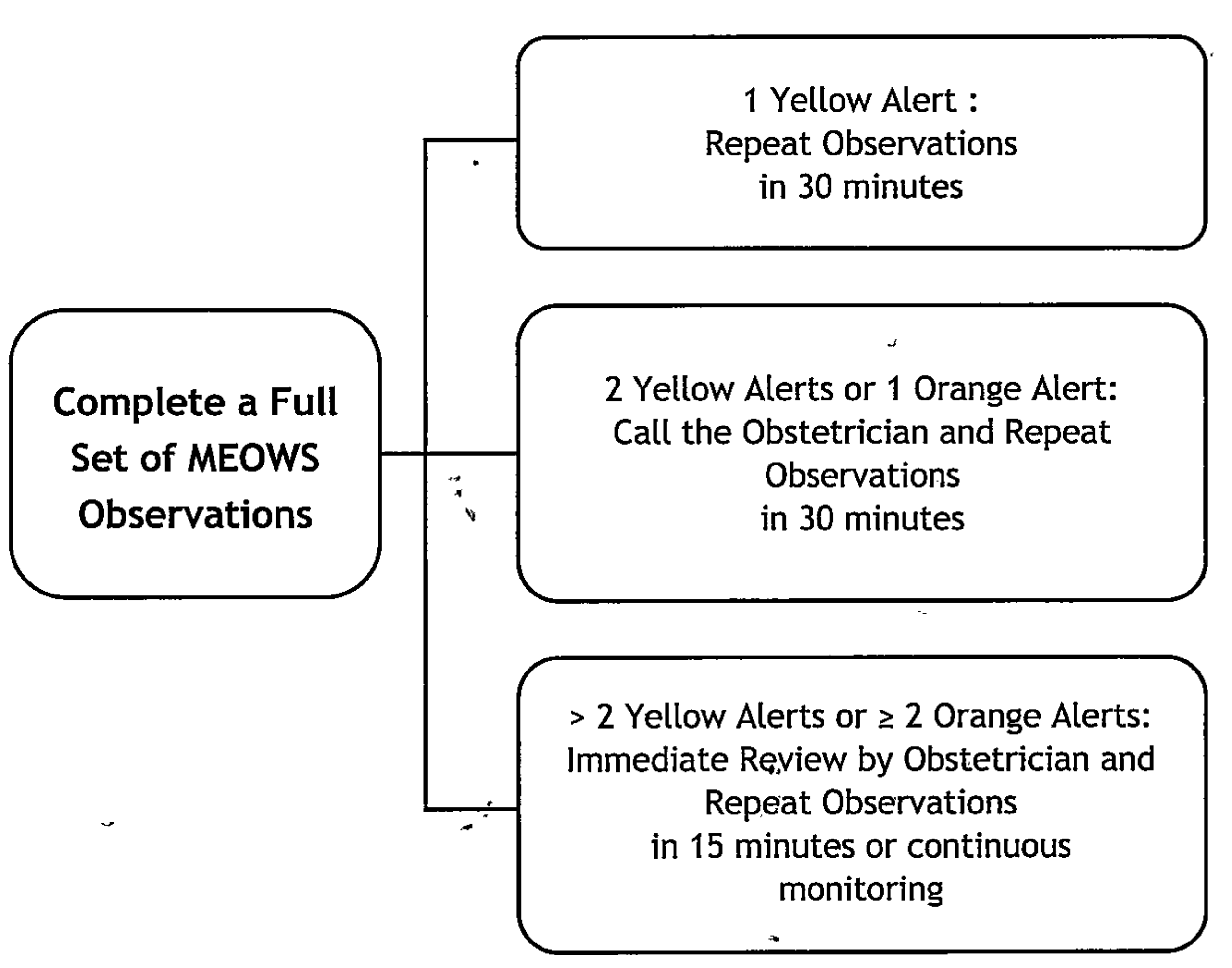
HNH-00008024 IP26-00006421
Mrs NISHATH UNISSA
27-09-1994 31 Y 7 M 28 D (F)
Dr. SWATHI H V

Early Warning Observation Score Chart - Obstetrics

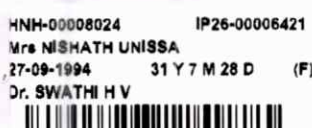
CONTACT DOCTOR FOR EARLY INTERVENTION IF PATIENT TRIGGERS ONE ORANGE OR TWO YELLOW SCORES AT ANY ONE TIME

25/5/26	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	
	0 - 10																								
Saturations	94 - 100 %																								
	< 94 %			99%				100%				100%													
Administered O_2 (L/min.)																99%				99%				99%	
Temp°c	40																								
	39																								
	38																								
	37			97.8°F				98.3°F																	
	36											98.4°F				98.1°F				97.5°F				98.3°F	
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110							78																	
	100				86							79													
	90																								
	80															85 b/m				80 b/m				82 b/m	
	70																								
	60																								
	50																								
	40																								
↑ Systolic Blood Pressure	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130				124			109				110				104				110				100	
	120																								
	110																								
	100																								
	90																								
	80								(89)																
	70																								
	60																								
	50															(79)								(76)	
↓ Diastolic Blood Pressure	130																								
	120																								
	110																								
	100																								
	90																								
	80				78			66																	
	70																								
	60											79				68				70				64	
	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				[signature]			[signature]				[signature]				[signature]				[signature]				[signature]	

Obstetrics and Gynaecology Early Warning Signs



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



HNH-00008024 IP26-00006421
Mrs NISHATH UNISSA
27-09-1994 31 Y 7 M 28 D (F)
Dr. SWATHI H V

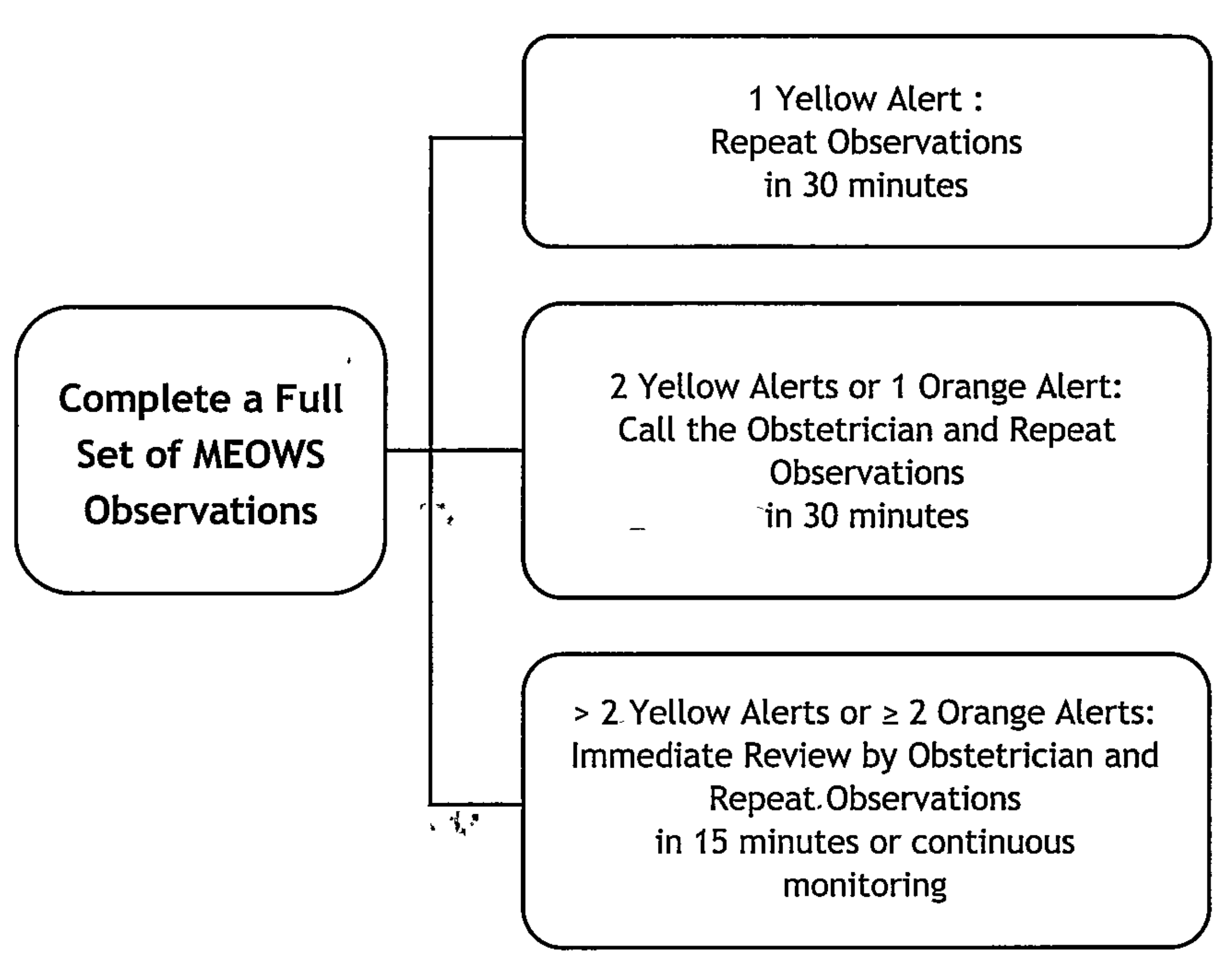
Early Warning Observation Score Chart - Obstetrics

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

Date: 26/5/20

Parameter	Range	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				20b/m				20				20b/m	
	0 - 10																								
Saturations	94 - 100 %			99%				99%				98%				98%				98%				99%	
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37																								
	36			36°C				36°C				97.4°F				97.5°F				98°F				98.4°F	
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80			87				82				72				87b/m				85b/m				86b/m	
	70																								
	60																								
	50																								
	40																								
↑ Systolic Blood Pressure	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110			111				116				109				107				110				109	
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
↓ Diastolic Blood Pressure	130																								
	120															(81)				(82)					
	110																								
	100																								
	90																								
	80																								
	70			69				80				56				69				68				66	
	60																								
	50																								
	40																								
NEURO RESPONSE [✓]	Alert			✓				✓				✓				✓				✓				✓	
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30			✓				✓				✓				✓				✓				✓	
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal			✓				✓				✓				✓				✓				✓	
	Heavy / Foul																								
Liquor	Clear / Pink			✓				✓				✓				✓				✓				✓	
	Green																								
TOTAL YELLOW SCORES				0				0				0				0				0				0	
TOTAL ORANGE SCORES				0				0				0				0				0				0	
Nurse Initial				[illegible]				[illegible]				[illegible]				[illegible]				[illegible]				[illegible]	

Obstetrics and Gynaecology Early Warning Signs



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

HNH-00008024 IP26-00006421
Mrs NISHATH UNISSA
27-09-1994 31 Y 7 M 28 D (F)
Dr. SWATHI H V

FLUID CHART

Sheet No. : ......(1)......

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

Date	Time	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
25/5/26	08:00 am	RL	Sips of	100ml		NA			NA	300ml		
	09:00 am	RL	H2O	100ml						300ml		
	10:00 am	RL	+	100ml								
	11:00 am	RL	Soup	100ml						400ml		
	12:00 pm	RL		100ml								
	01:00 pm	RL										
Total Intake :						Total Output :						
25/5/26	02:00 pm					NA			NA			
	03:00 pm		Idly							500ml		
	04:00 pm		+									
	05:00 pm		H2O									
	06:00 pm											
	07:00 pm									✓		
Total Intake :						Total Output :						
25/5/26	08:00 pm					NA			NA			
	09:00 pm											
	10:00 pm		kichidi							✓		
	11:00 pm		+									
	12:00 am		H2O									
	01:00 am											
Total Intake :						Total Output :						
26/5/26	02:00 am					NA			NA			
	03:00 am									✓		
	04:00 am											
	05:00 am		H2O									
	06:00 am											
	07:00 am									✓		
Total Intake :						Total Output :						

Total 24 hrs. Intake	

Total 24 hrs. Output	

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

HNH-00008024 IP26-00006421
Mrs NISHATH UNISSA
27-09-1994 31 Y 7 M 28 D (F)
Dr. SWATHI H V

FLUID CHART

Sheet No. : 2

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

Date	Time	Intake				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
26/5/26	08:00 am		jelli									
	09:00 am		Sup							✓		
	10:00 am	0			NA				NA		0	[signature]
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						Total Output :				U-	M-	
26/5/26	02:00 pm											
	03:00 pm		UPNG									
	04:00 pm	0	+ H2O		NA		0	NA		✓	0	D
	05:00 pm											
	06:00 pm									✓		
	07:00 pm											
Total Intake : taken						Total Output :				U — 2M — 0		
26/5/26	08:00 pm											
	09:00 pm									✓		
	10:00 pm	0									0	[signature]
	11:00 pm				NA			NA				
	12:00 am						✓			✓		
	01:00 am											
Total Intake :						Total Output :						
27/5/26	02:00 am											
	03:00 am									✓		
	04:00 am										0	[signature]
	05:00 am	0			NA			NA				
	06:00 am									✓		
	07:00 am											
Total Intake :						Total Output :						

Total 24 hrs. Intake		Total 24 hrs. Output	

HNH-00014097 IP26-00006425
Baby JAANVI MAKADIA
21-03-2025 1 Y 2 M 6 D (F)
Dr. VINAY KUMAR M

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						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
27/5/20	08:00 am											
	09:00 am		Sup		NA				NA			
	10:00 am	0									0	
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :		Taken				Total Output :						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						Total Output :						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						Total Output :						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						Total Output :						

Total 24 hrs. Intake	

Total 24 hrs. Output	

Patient Sticker

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-00008024 IP26-00006421
Mrs NISHATH UNISSA
27-09-1994 31 Y 7 M 27 D (F)
Dr. SWATHI H V

PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
22/5/26		0/10	Normal	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	[illegible]	[illegible]
23/5/26	3pm	0/10	NA	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☑ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	NA	[illegible]
26/5/26	6Am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[illegible]
26/5/26	10AM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[illegible]
26/5/26	4PM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[illegible]
27/5/26	6AM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[illegible]
27/5/26	10Am	0/10	NA	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☑ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	NA	[illegible]
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

Re-assessment Frequency:

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

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)

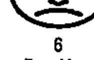
0 No Pain — 1 — 2 — 3 — 4 — 5 — 6 — 7 — 8 — 9 — 10 Worst Possible Pain

Wong - Baker (Pediatrics) Above 7 Years

0
No Hurt

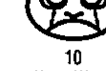
2
Hurts Little Bit

4
Hurts Little More



6
Even More

8
Hurts Whole Lot



10
Hurts Worst

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

HNH-00008024 IP26-00006421
Mrs NISHATH UNISSA
27-09-1994 31 Y 7 M 27 D (F)
Dr. SWATHI H V

BRADEN 'Q' SCALE

				Date :	25/4/26	25/5/26	25/5	25/5
				Time :	8 AM	3 PM	6 AM	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	3	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	3	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 oply requires changing every 24 hours.	4	3	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	3	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	3	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	2	4
				TOTAL SCORE	28	23	28	28
				Evaluator's Name	[signature]	[signature]	[signature]	[signature]

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

HNH-00008024 IP26-00006421
Mrs NISHATH UNISSA
27-09-1994 31 Y 7 M 28 D (F)
Dr. SWATHI H V

BRADEN 'Q' SCALE

				Date :	26/5/26	26/5	27/5/26	
				Time :	4PM	BN	MC	
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	4	
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	
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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	
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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	
				TOTAL SCORE	28	28	28	
				Evaluator's Name	[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

HNH-00008024 IP26-00006421
Mrs NISHATH UNISSA
27-09-1994 31 Y 7 M 27 D (F)
Dr. SWATHI H V

Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	25/5/26	25/5/26	25/5/26
		Score		2pm	8pm
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0	0	0	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			
IV / Heparin Lock or Saline	Yes	20	20	20	20
	No	0			
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10			
	Normal /On Bed Rest /Immobile	0	0	0	0
Mental Status	Forgets limitations	15			
	Oriented to own ability	0			
Total Morse Fall Scale Score:			20	20	20
		Signature	[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

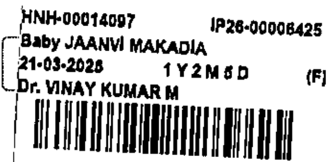
Moderate Risk (25-50) Apply all low risk intervention and

- ☐ 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

Docu. No. : RCH /FRM / CLINICAL / 006



Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	27/5/26		
		Score			
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0			
Secondary Diagnosis (more than one diagnosis)	Yes	15			
	No	0	0		
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0	0		
IV / Heparin Lock or Saline	Yes	20	20		
	No	0			
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10			
	Normal /On Bed Rest /Immobile	0			
Mental Status	Forgets limitations	15			
	Oriented to own ability	0	0		
Total Morse Fall Scale Score:			20		
		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

Docu. No. : RCH /FRM / CLINICAL / 006

CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1 (25/5/26)			DAY-2 (26/5/26)			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0	–	–	–	–	–	–	–			
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1	NA	NA	NA	NA	NA	NA	NA			
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2	NA	NA	NA	NA	NA	NA	NA			
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3	NA	NA	NA	NA	NA	NA	NA			
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4	NA	NA	NA	NA	NA	NA	NA			
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5	NA	NA	NA	NA	NA	NA	NA			
		Signature of the Nurse		[signature]	[signature]	[signature]	[signature]	[signature]	[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.

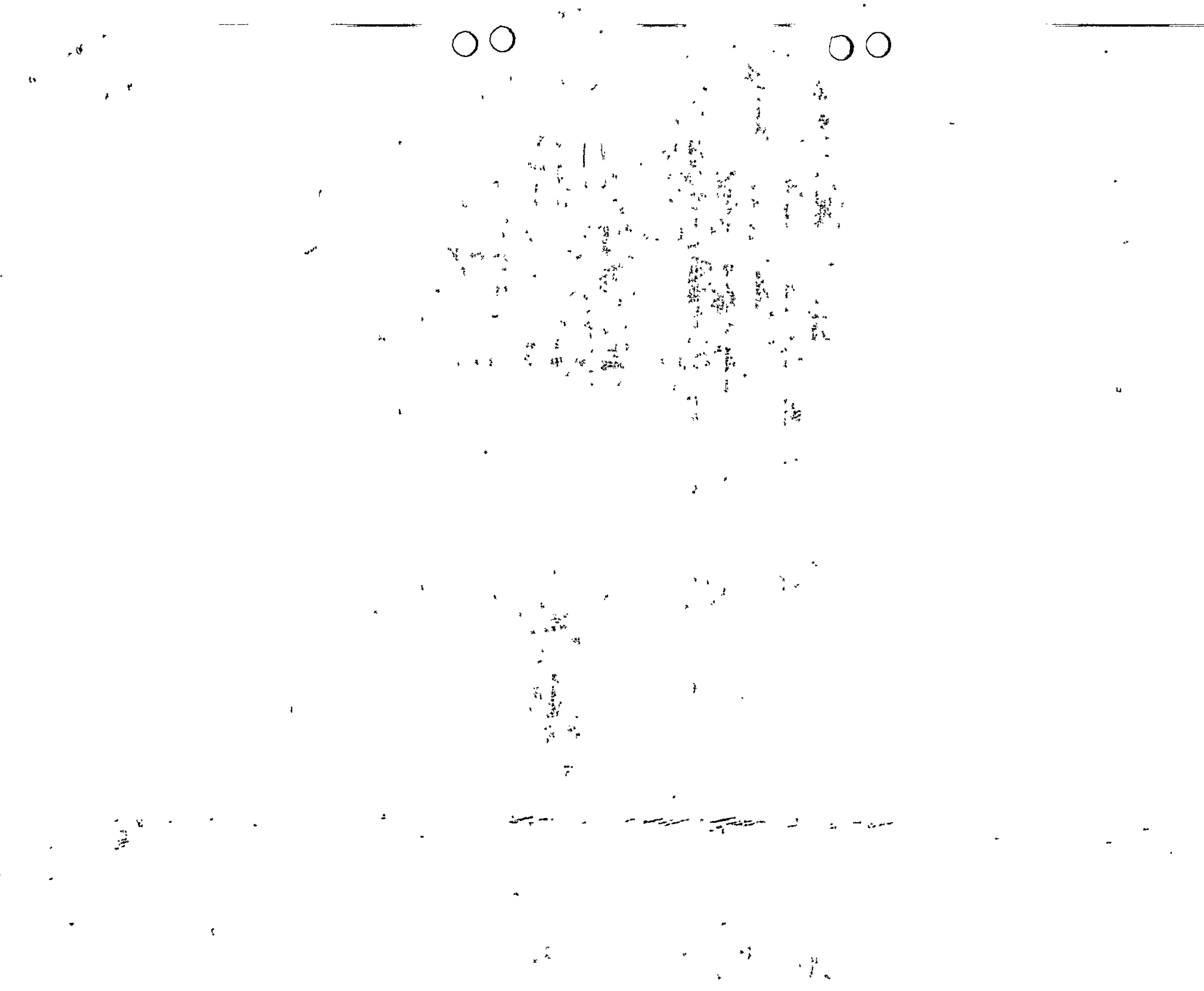
Signature of Shift In Charge :

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

Signature of Ward In Charge :

Signature : Kasturi Name : Kasturi

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



HNH-00008024 IP26-00006421
Mrs NISHATH UNISSA
27-09-1994 31 Y 7 M 27 D (F)
Dr. SWATHI H V

NURSING CARE RECORD

Date: 24/5/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night	8pm to 8pm	=> Assess the patient condition => plan for vitals => plan for Ilochart	8pm to 8pm	=> Assessed the patient condition => maintain vitals & Record => maintain Ilochart	patient is stable	vitals is normal	[illegible] CP

HNH-00008024 IP26-00006421
Mrs NISHATH UNISSA
27-09-1994 31 Y 7 M 28 D (F)
Dr. SWATHI H V

NURSING CARE RECORD

Date: 25/5/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am – 2pm	- Assess the patient condition - plan for vital & recored - plan for IV fluids - plan for flo chart	8am – 2pm	- Assessed the patient condition - maintain vital & recored - continue IV fluids - maintain flo chart	- patient stable	- vital normal	[signature]
Afternoon	2pm – 8pm	- Assess the pt condition - Monitor vitals & I/O chart - provied comfortable position - drug as per chart		- Assessed the pt condition - Monitored vitals & I/O chart - provided comfortable position - druged as per chart	pt is stable	Rechecked vitals	[signature]
Night	8pm – 8AM	→ Assess pt condition. → Monitor the vitals. → maintain I/O chart. → drugs given as per drug chart.	8pm – 8AM	→ Assessed the pt condition → monitored the vitals. → maintained I/O chart. → drugs given as per drug chart.	→ pt is stable now	→ Reassessed the vitals	[signature]

HNH-00008024 IP26-00006421
Mrs NISHATH UNISSA
27-09-1994 31 Y 7 M 28 D (F)
Dr. SWATHI H V

NURSING CARE RECORD

Date: 26/5/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8AM – 2pm	- Assess the pt. condition - Monitor vitals & records - Maintain I/O chart - Give medication as prescribed by doctor.	8AM – 2pm	- Assessed the baby condition - Monitored vitals & recorded - Maintained I/O chart - Given medication as prescribed by doctor.	- patient is stable now	Re-checked vitals	[signature]
Afternoon	2Pm – 8Pm	→ Assess the Pt condition → monitor vitals → maintain I/O chart → Pt on soft diet → Administer medication as per drug chart → IV cannula present → IV fluid stop	2Pm – 8Pm	→ Assessed the Pt condition → monitored vitals & recorded → maintained I/O chart → medication as per drug chart → pt on soft diet → IV cannula presented	→ Pt is stable	rechecked vitals	[signature]
Night	8pm – 8Am	→ Assess the pt condition. → monitor the vitals → Maintain I/O chart. → plan T/M tegaderm dressing.	8pm – 8Am	→ Assessed the pt condition. → Monitored the vitals. → maintained I/O chart. → planed T/M tegaderm dressing.	→ pt is stable now	→ Reassessed the vitals	[signature]

HNH-00014097 IP26-00006425
Baby JAANVI MAKADIA
21-03-2025 1 Y 2 M 5 D (F)
Dr. VINAY KUMAR M

Patient

NURSING CARE RECORD

Date: 27/5/20

Goals

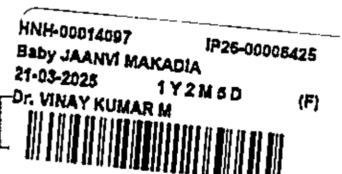
- ☐ Maintain Airway and Oxygenation
- ☐ Relieve Pain & Discomfort
- ☑ Maintain Fluid Balance
- ☑ Improve Activity Tolerance
- ☑ Maintain Good Nutritional Status
- ☐ Maintain Skin Integrity
- ☑ Maintain Personal Hygiene
- ☑ Prevent Infection
- ☐ Meet Elimination Needs
- ☐ Ensure Safety
- ☐ Early Ambulation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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8 Am – 2 pm	- Assess the Pt condition - Monitor vitals - Maintain I/O Chart - Administer Medication as per drug chart	8 Am – 2 pm	- Assessed the Pt condition - Monitored vitals - Maintained I/O Chart - Administered Medication as per drug chart	Pt is Stable	Rechecked vitals	[illegible]
Afternoon							
Night							

NURSING SHIFT HAND OVER FORM

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

Section	Item	24/5 8pm	25/5 2pm	26/5/26 N	26/5/26 M6	26/5/26 E2	26/5/26 N
BACKGROUND	Medical Condition (Any special condition to be noted):	-	-	-	-	-	-
	Diet:	NBM	soft	soft	-	-	soft
ASSESSMENT	Allergy:	No	No	No	No	No	No
	Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	-	-	-
	Tubes/Drains/Catheter:	Yes	Yes	No	No	No	No
	Vital Signs: Temp:	98°F	98.F	98.1°F	97.8°F	98.7°F	98.1°F
	Res:	20	21b/m	20b/m	20b/m	20b/m	20b/m
	SpO_2:	100	99%	100%	100%	99%	99%
	Pulse:	98	89b/m	85b/m	86b/m	87b/m	87b/m
	BP:	100/60	103/65	101/69	118/73	110/60	110/61
	LOC:	-	-	-	-	-	-
	Fall Risk Score:	-	-	-	-	-	-
	Pain Score:	-	-	-	-	-	-
	Skin Integrity	Good	-	Good	-	-	Good
Recommendations	Safety Needs:	Yes	Yes	Yes	Yes	[illegible]	Yes
	Physiotherapy:	-	-	-	-	-	-
	Others Specify:	No	No	No	No	No	No
	Special Diet:	NBM	Soft	soft	-	-	-
	Critical Lab Test / Values:	-	-	-	-	-	-
	Other Special Orders / Medications:	No	No	No	No	No	No
	PU Prophylaxis:	No	No	No	No	No	No
	DVT Prophylaxis:	No	No	No	No	No	No
	ADL (Dependent / Non Dependent):	yes	yes	yes	-	-	-
Post Operative Procedure Special Orders:		-	-	-	-	-	-
Handed Over By Name :		[illegible]	Aparna	mahi	Priyanka	Divya	mahi
Signature / ID :		[signature]	[signature]	[signature]	[signature]	[signature]	[signature]
Date:		25/5/26	25/5/26	26/5/26	26/5/26	26/5/26	27/5/26
Time:		8am	8pm	8AM.	2pm	8pm	8AM
Taken Over By Name :		Aparna	mahi	Priyanka	Divya	mahi	Manisha
Signature / ID :		[signature]	[signature]	[signature]	[signature]	[signature]	[signature]
Date:		25/5/26	25/5/26	26/5/26	26/5/26	26/5/26	27/5/26
Time:		2pm	8pm	8AM	2pm	8pm	8am



NURSING SHIFT HAND OVER FORM

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

BACKGROUND	Date / Shift	27/5/26 M					
	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/Catheter:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.6°F					
	Res:	28 b/m					
	SpO_2:	99%					
	Pulse:	82 b/m					
	BP:	108/64					
	LOC:	–					
	Fall Risk Score:	–					
	Pain Score:	"0"					
	Skin Integrity	Good					
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 :		Manisha					
Signature / ID :		[signature]					
Date:		27/5/26					
Time:		2pm					
Taken Over By Name :							
Signature / ID :							
Date:							
Time:							

Docu. No. : RCH /FRM / CLINICAL / 097

HNH-00008024 IP26-00006421
Mrs NISHATH UNISSA
27-09-1994 31 Y 7 M 28 D (F)
Dr. SWATHI H V

URINARY CATHETER BUNDLE CHECK LIST

Date of Insertion: 24/5/26 Date of Removal: ....

Parameters / Date / Shift Time	24/5/26 8pm	25/5/26 8pm					
Need for the Catheter	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Hand Hygiene	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Usage of Sterile Equipment	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No Foley's	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is the Collection bag below the level of bladder	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No removed	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Check the Tube for Obstruction (Free of Kinking)	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is Catheter dated as policy	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Collecting bag is been emptied regularly?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Maintenance of closed system for the catheter	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Dressing clean and dry?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is the line removed as Policy?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Performance of Perineal Care	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Onset of New Fever	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Asses for the leakage at the site of insertion	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Name of the Nurse	[illegible]	[illegible]					
Signature of the Nurse	[signature]	[signature]					

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

HNH-00008024 IP26-00006421
Mrs NISHATH UNISSA
27-09-1994 31 Y 7 M 27 D (F)
Dr. SWATHI H V

DRUG CHART

Date of Admission: .... Drug Allergies: .... ☑ 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 ....

REGULAR PRESCRIPTIONS

Weight. 63.5 Ward. LD4

DRUG : INJ CEFOTAXIME				Date/Time	24/5	25/5	26/5
Dose	Route	Frequency	Start Date				
1g	IV	BD	24/5	11AM			
Name & Signature of the Doctor Starting the Drugs: Dr. Dna							
Additional Instructions: ATD				11pm	11:15pm		
STOP Inj Cefotaxime 26/5							
Daily Doctor's Endorsement by a Sign							

DRUG : PARACETAMOL				Date/Time	25/5	26/5
Dose	Route	Frequency	Start Date			
1gm	IV	TID	25/5	6AM		
Name & Signature of the Doctor Starting the Drugs: Drummir				2pm		
Additional Instructions: IV FOR 24 HOURS FOLLOWED BY ORALS				10pm		
STOP 26/5/26						
Daily Doctor's Endorsement by a Sign						

DRUG : DICLOFENAC				Date/Time	25/5	26/5	27/5
Dose	Route	Frequency	Start Date				
50mg	P/O	TID	25/5	7AM			
Name & Signature of the Doctor Starting the Drugs: Drummir				3pm		11AM	
Additional Instructions:				11pm			
Daily Doctor's Endorsement by a Sign							

DRUG : TRAMADOL				Date/Time	25/5	26/5	27/5
Dose	Route	Frequency	Start Date				
100mg	P/O	TID	25/5	7AM			
Name & Signature of the Doctor Starting the Drugs: Drummir				3pm			
Additional Instructions:				11pm			
Daily Doctor's Endorsement by a Sign							

HNH-00008024 IP26-00006421
Mrs NISHATH UNISSA
27-09-1994 31 Y 7 M 27 D (F)
Dr. SWATHI H V

Sheet No: ....

REGULAR PRESCRIPTIONS

Weight 63.5 Ward LDR

DRUG: ENOXAPARIN				Date/Time	25/5	26/5
Dose	Route	Frequency	Start Dt.			
40 U	S/C	OD	25/5	10PM	[signature]	[signature]
Name & Signature of the Doctor Starting the Drugs: Mamir [signature]						
Additional Instructions: TO START AFTER OBGYN CONSULTATION FOR 14 DAYS.						
Daily Doctor's Endorsement by a Sign						

DRUG: INJ PANTOPRAXOLE				Date/Time	25/5
Dose	Route	Frequency	Start Dt.		
40mg	IV	OD	25/5		
Name & Signature of the Doctor Starting the Drugs: Dr. Dra. [signature]				6AM	[signature] — STOP [signature]
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					

DRUG: T. PANTAPRAZOLE				Date/Time	26/5	27/5
Dose	Route	Frequency	Start Dt.			
40mg	P/O	OD	26/5/26			
Name & Signature of the Doctor Starting the Drugs: [signature]				6AM	[signature]	[signature]
Additional Instructions:						
Daily Doctor's Endorsement by a Sign						

DRUG: T. THYROXINE				Date/Time	26/5	27/5
Dose	Route	Frequency	Start Dt.			
75mcg	P/O	OD	26/5/26			
Name & Signature of the Doctor Starting the Drugs: [signature]				6AM	[signature]	[signature]
Additional Instructions: On Empty stomach						
Daily Doctor's Endorsement by a Sign						

Sheet No: ....

REGULAR PRESCRIPTIONS

Weight 63.5 Ward UDF

DRUG : T. PARACETAMOL

Dose	Route	Frequency	Start Dt.
1g	P/O	TID	26/5/26

Name & Signature of the Doctor Starting the Drugs: [signature]

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	26/5	27/5
6AM	✓	[initials]
2pm	[initials]	
10pm	[initials]	

DRUG : T. CEFIXIME

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

Name & Signature of the Doctor Starting the Drugs: M Amarali

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	26/5/26	27/5
10AM	✓	
10PM	[initials]	

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

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

Patient Sticker

Weight. 63.5 Ward. LDK

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.	

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
24/5	11:30pm	INJ PANTOPRAZOLE	40mg	IV.	[signature]	[signature]
24/5	11:30pm	INJ METOCLOPROMIDE	10mg	IV.	[signature]	[signature]
24/5	11:30pm	ONDANSETRON	4mg	IV	[signature]	[signature]
25/5	1am	DICLOFENAC	100mg	PR	[signature]	[signature]
25/5	1am	TRAMADOL	100mg	PR	[signature]	[signature]
26/5	10pm.	suppository DULCOLAX.	2tab	PR	[signature].	Not given

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

Patient Sticker

I.V. FLUIDS CHART

Weight. 63.5 Ward. LDR

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
24/5	10.30pm	Stry RINGER LACTATE	IV.	FF	[signature]	[signature] / [signature]		[signature]	[signature] / [signature]
24/5	11.15pm	RINGER LACTATE	IV	100ml/hr	[signature]	[signature] / [signature]	25/5	[signature]	[signature] / [signature]
25/5	12AM	RINGER LACTATE	IV	200	[signature]	[signature] / [signature]	25/8	[signature]	[signature] / [signature]
25/5/26	6AM	RINGER LACTATE	IV	100ml/hr	[signature]	[signature] / [signature]	25/8	[signature]	[signature] / [signature]
		STOP [signature] 25/5/26							

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

HNH-00008024 IP26-00006421
Mrs NISHATH UNISSA
27-09-1994 31 Y 7 M 27 D (F)
Dr. SWATHI H V

MEDICATION RECONCILIATION FORM

Drug Allergies: .... ☑ Not known any Drug Allergies

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

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

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	Tab THYROXINE	75mcg	PO	OD		☐ C ☐ DC
2	INJ. LOW MOLECULAR WEIGHT HEPARIN	40mg	SC	OD	23/5/26	☐ C ☐ DC
3	Tab IRON	1tab	PO	OD		☐ C ☐ DC
4	Tab CALCIUM	1tab	PO	OD		☐ C ☐ DC
5	Tab ECOSPIRIN	150mg	PO.	OD	23/5/26	☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Dua [signature]

Date & Time : 24/5/26 9:45pm.

Nurse Name & Signature: [signature]

Date & Time : 24/5/26 @ 9:45 pm

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

HNH-00008024 IP26-00006421
Mrs NISHATH UNISSA
27-09-1994 31 Y 7 M 28 D (F)
Dr. SWATHI H V

BREAST FEEDING HANDOVER AND ASSESSMENT FORM

1. Breastfeeding initiated?
   - ☑ a. Yes
   - ☐ b. No

2. If No, Reason ....

3. Nipple condition:
   - ☑ a. Nipple well formed
   - ☐ b. Flat nipple
   - ☐ c. Inverted nipple
   - ☐ d. Short nipple

4. Milk flow:
   - ☑ a. Good
   - ☐ b. Drops of colostrums
   - ☐ c. Dry

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

Feeding Positions:
Cross Cradle

Feeding Positions:
Football / Clutch

6. Was the position explained:
   - ☐ a. Yes ✓
   - ☐ b. No

7. For Caesarian mothers:
   - ☐ a. Mother is required sit and feed from the 4th feed ✓
   - ☐ b. Please explain football hold

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

9. Additional notes: ....

Continuity of Care: Date: 25/5/26

- Assess the Patient condition
- Explained position
- 2nd hourly feeding given
- milk flow good

Handover given by: Alei

Handover taken by: ....

Signature: Alei

Signature: ....

Date & Time: 25/5/26 1:00 AM

Date & Time: ....

HNH-00008024 IP26-00006421
Mrs NISHATH UNISSA
27-09-1994 31 Y 7 M 27 D (F)
Dr. SWATHI H V

CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: Dr. Swathi HV	Date of Delivery: 25/5/26.
Assistant Surgeon: Dr. Swapna, Dr. Dna.	Time of Delivery: 12:12 AM
Anaesthetist's Name:	Gender of Baby: FEMALE
Type of Anaesthesia: Spinal.	Weight of Baby: 2.7kg.
Neonatologist:	AGPAR Score: 8, 9.
Scrub Nurse:	NICU Admission: ☐ Yes ☑ No

Pre-Operative Diagnosis: G3P1L0A1 c̄ 37wk c̄ BOH c̄ APLA c̄ Hypothyroidism

☐ Elective ☑ Emergency Indication: c̄ pathological CTG.

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: .... Knief to rectus: ....

CTG Description: Pathological CTG.

If there was a delay give the reasons: ....

Surgical Procedure: EMERGENCY LOWER SEGMENT CESAEREAN SECTION.

Post Operative Diagnosis: POD-0 P2L1A1 c̄ APLA c̄ Hypothyroidism.

Peri-Operative Complications: —

Amount of Blood Loss:	Blood Transfused (in ML):

Name and Number of Surgical Specimen sent for examination:

Examination Findings when Appropriate:

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

Cervical Dilatation: closed cm

5th Palpable: 5/5

Fetal Position: ....

Station: ☑ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2

Moulding: ☑ None ☐ + ☐ ++ ☐ +++

Caput: ☐ + ☐ ++ ☐ +++

Meconium: ☑ None ☐ + ☐ ++ ☐ +++

Bladder Catheterized : ☑ Yes ☐ No

Urine: ☑ Clear ☐ Blood Stained

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

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

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

Incision Through Placenta: ☐ Yes ☑ No

2 tight loops of cord around neck

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: Normal

Cord around the neck ☑ Yes ☐ No

Appearance of placenta: Normal

Cavity explored ☑ Yes ☐ No

Uterus, tubes and ovaries: ☑ Normal ☐ Not Normal

Sterilization: ☐ Yes ☑ No

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

Peritoneal Closure: ☑ Pelvic ☐ Abdominal ☐ None — Vicryl No-1 Suture

Sheath Closure: — Vicryl No-1 Suture

Fat Closure: ☑ Yes ☐ No — Vicryl No-1 Suture

Skin Closure: ☑ Subcuticular ☐ Mattress — Monocryl No-1 Suture

Vagineal Evacuated ☑ Yes ☐ No

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

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

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

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

Post-Operative Notes:
- NBM for 6hrs
- IV fluids
- Drugs as charted
- IV Antibiotic for 24hrs
- urine I/O charting
- Analgesics & thromboprophylaxis as per ANON
- Monitor vitals

Inform SOS

Doctor Name: Dr. Swathi

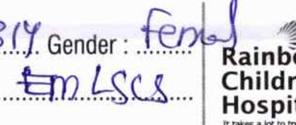
Doctor Signature: [signature]

Date & Time: 25/5/26. 1AM

SURGICAL SAFETY CHECKLIST

Surgeon : Dr-Swathi
Asst. Surgeon : Dr- Puja
Anaesthetist : Dr-Samir
Scrub Nurse : Sr-Sangeetha

Patient Name : HNH-00008024 IP26-00006421 Mrs NISHATH UNISSA 27-09-1994 31 Y 7 M 27 D (F) Dr. SWATHI H V
Age: 31Y Gender : Female
UHID No. : ..... EmLSCS
Date : 24/5/26
...le : ....



Before Induction of Anaesthesia ➢ ➢

SIGN IN Time: 11:55pm

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 : Nimmi

Name : Nimmi

Before Skin Incision ➢ ➢

TIME OUT Time: 12:05am

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@ 12:05am

Name : Puja.

Before Patient Leaves Operating Room

SIGN OUT Time: 1AM

Nurse Verbally Confirms with the Team:

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

To Surgeon, Anaesthetist and Nurse:

What are the key concerns for recovery and management of this patient?	☑ Yes	☐ No	

Signature : [signature]

Name : Dr. Swathi HV.

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

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PATIENT TRANSFER FORM

Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00008024 IP26-00006421 Mrs NISHATH UNISSA 27-09-1994 31 Y 7 M 27 D (F) Dr. SWATHI H V	24/5/26	25/5/26 @ 1:10am.
	Transfer Ordered by Dr Samir	Reason for Transfer observation.
From Unit OT	To Unit Prep & R	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 7	Number of Imaging Films 30	Personal belongings including clinical documents. If any handed over to attendant Yes ☑ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Puja	Dr. Samir

Patient & Clinical Records Received by : Chandrakala

Date & Time of Patient Received : 25/5/26 @ 1-30AM

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

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

OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 28/5/26. Time of Arrival: .... Time Seen by Nurse: ....

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

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

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

3) **Vital Signs:** Temperature: .... Pulse: .... RR: .... SpO_2: .... BP: .... Weight: ....

4) **Gestational Criteria:**

Gravida:	G	P	L	A

LMP: 23/8/25 EDD: 14/6/26. Gestational Age: 37 weeks

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

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

0 (No Pain) — circled, 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: N/A
- Frequency: ....
- Interventions: ....

....

6) **Past History:**

a) Surgeries: ....

Medical: .... N/A

Mrs NISHATH UNISSA
27-09-1994 31 Y 7 M 27 D (F)
Dr. SWATHI H V

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. nuo

Nurse Name : Chembakeela Nurse Signature: cb

Date: 24/5/26 Time: 9 pm

HNH-00008024 IP26-00006421
Mrs NISHATH UNISSA
27-09-1994 31 Y 7 M 27 D (F)
Dr. SWATHI H V

LABOUR AND DELIVERY NURSING ASSESSMENT

Date of Admission: 24/5/26.

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: .... EM LSCS ....

Doctor Notified on Admission: ☐ Yes ☐ No

Name of the Doctor: Dr. DVA

Time Notified: ....

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: NO Vaginal Discharge: NO

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

Height: .... Weight: .... BMI: ....

Temp: .... HR: .... RR: .... BP: .... SpO_2 ....

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	

Patient Sticker

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 ....Family member....

Orientation has been given regarding the following aspects:

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

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

Above information given to ....Patient....

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

Orientation not given Reason: ....

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

Nurse Name: ....Chembrakala....

Date & Time: ....24/5/26 @ 9pm....

PATIENT TRANSFER FORM

Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00008024 IP26-00006421 Mrs NISHATH UNISSA 27-09-1994 31 Y 7 M 28 D (F) Dr. SWATHI H V	24/5/26 @	25/5/26 @ 8 Am
	Transfer Ordered by Dr. Dug	Reason for Transfer obs
From Unit pre-post	To Unit 215	Information to Attendant Yes ☐ No ☐
Number of Sheets in Clinical File 30	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Rb	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. Dug

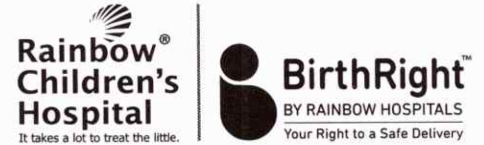
Patient & Clinical Records Received by : Sneha 25/5/26 @ 8Am

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-00008024 IP26-00006421 Mrs NISHATH UNISSA 27-09-1994 31 Y 7 M 27 D (F) Dr. SWATHI H V	24/5/26 @ 9:34 pm	24/5/26 11:45 PM
	Transfer Ordered by	**Reason for Transfer**
	DR Dua DR Swathi	EM-LSCS
From Unit	**To Unit**	**Information to Attendant**
Pre-post	OT	Yes ☐ ← No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
35	2	Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.		
2.	Plroom — (1)	
3.		
4.		
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sr. Anjali - [signature]	Dr swathi

Patient & Clinical Records Received by : pooja 25/5/26 12:40

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

Sheet 2

Department of Anaesthesiology

PRE-ANAESTHETIC EVALUATION

Name: Mrs Nishath Unnsa Age: 31Y Sex: F UHID.No :

Date: Time: Proposed Operation: Elective LSCS

Diagnosis: G3P2L0 IUD, - APLA, IHCP 38W 6D -

B.P / CRT: 103/74 H.R: 89/m Weight: 70.08kg ASA Physical Status: ☐ 1 ☑ 2 ☐ 3 ☐ 4 ☐ 5

Laboratory Data:

Hgb: 10.3	Glucose:	Protein:	HIV: - NR	X-Ray:
PCV: 31.5	Urea:	Alb:	HBS Ag: - NR	ECG:
WBC: 8700	Creat:	Total Bill:	HCV: - NR	2D Echo:
Plate: 1.33	Na:	Dir. Bill:	Blood group: O +ve	Stress/Anglo:
PT:	K:	LDH:	T3	Other: pl- ant thigh
PTT:	Ca++:	Alk phos:	T4	
INR:	Mg++:	Amylase:	TSH	
	Cl -:	SGOT/SGPT:	**Allergies:** NKDA	

Medical History: CVS : Antenatal - U/E, routine

RESP : On Ecosprin 150mg - OD, Diabetes : Clexane 40mg OD -

CNS : APLA (+) / protein C def.

Renal :

Hepatic / GE : GERD (+)

Physical Activity: good ET

Others : hypothyroid :: 7yrs .

Past Anaesthetic History: - prev IUD @ 28W - 2024 (?) | SERPC - 2025 (11W) - MAC - U/E

Physical Exam:

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

Lungs : clinically (N)

Heart:

CNS:

Pregnant: ☑ Yes ☐ No ☐ NA | Venous Access Site : (+) | Spine Exam for regional : (N)

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

Peri-Operative Plan Explained to the Patient: ☑ Yes ☐ No last dose of LMWH - on 23/5

CURRENT MEDICATIONS	DOSAGE
Aspirin 150mg	x - 1 - x
inj Clexane 40mg	x - x - 1
UDILIV / THYRONORM 75MCG.	
Fe/Ca.	

Pre-Operative Instructions: 25/5/26

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, serology, HCV ✓
   i. consent pending.
   i. to skip inj. clexane 40mg on Sunday night.

Signature: [signature] Name: Dr Heena

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

HNH-00008024 IP26-00006421
Mrs NISHATH UNISSA
27-09-1994 31 Y 7 M 27 D (F)
Dr. SWATHI H V

ANAESTHESIA CHART

Pre Induction Assessment:

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

H.R: 96/m | B.P / CRT: 107/63 | SpO_2: 100% | R.R: 18/m | Last Feed: 3 hours ago

Pre-OP Diagnosis: G3P2A1D1 ..... Operation: LSCS CAT II ..... Date: 25/5

Surgeon: Dr HEV / Dr SS / Dr DUS ..... Anaesthesiologist: Dr Samu ..... Technician: Br Arvind

TIME	1200	30	100	
N_2O / AIR / O_2 LPM	4L/min →			
HALO / SO / SEVO				
Drugs:				
OXYTOCIN	3U + 3U infusion + 6U infusion			
FIO_2 / SaO_2	100	100	100	100
$ETCO_2$				
ECG	SR	SR	SR	SR
Temperature				
Urine Output				
Fluids	RL →			
Blood				

Antibiotic: given.

Suppository: DICLOFENAC 100mg, TRAMADOL 100mg

Blood Loss: ~100ml

NOTES

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

Tourniquet on Time
Tourniquet off Time

Throat Pack In
Throat Pack Out

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

LAB Values
ABG
GRBS
Others

☑ Equipment Checked and Functional
☑ BP
☐ Cuff Site: (R) UL
☐ Art Site:
☑ EKG Lead 2/lead
☐ Temp Site
☐ FIO_2 Monitor
☐ Agent Monitor
☑ Pulse Oximeter
☐ Capnograph
☐ Ventilator
☐ Nerve Stimulator

Position: Supine
☑ Pressure Points Checked

Eye Care:
☐ Oint
☐ Tape
☐ Padding
☑ Awake

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

Times:
Anaes Start: 12AM
OP Start: ↓
OP End:
Leave OR: 1AM

Anaesthesia:
☐ GA
☐ Monitored Anaesthesia Care
☑ Regional

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

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

HNH-00008024 IP26-00006421
Mrs NISHATH UNISSA
27-09-1994 31 Y 7 M 27 D (F)
Dr. SWATHI H V

POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Chandrakala Time Received : 1.15AM Time Discharged : ....

(Chart: ✓ RESP • PULSE > < BLOOD PRESSURE, scale 0–250, SPO_2; handwritten entry: 86)

IV Cannula Site : Lt hand.

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

Vomiting : ☐ Yes ☑ No Drug: Inj Taxim 1gm
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
25/5/26	1 AM	0/10	normal	[signature]
25/5/26	2 AM	0/10	normal	[signature]
25/5/26	3 AM	0/10	normal	[signature]
25/5/26		0/10	normal	[signature]

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

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

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

PACU Nurse Name : Chandrakala
PACU Nurse Signature: [signature]
Date & Time: 25/5/26 @ 7.30AM

Transferred to Unit by (PACU): 218
Date & Time: 25/5/26

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 Left	Level Right	Maternal BP	Maternal Pulse	FHR	Comments

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

Catheter Removed by and Tip Inspected : ....

Patient Satisfaction : ....

Discharge /Shifting ordered by

Doctor Signature: ....

Doctor Name: ....

Date and Time : ....

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE

Patient Name : Mrs. Nilehatunnisa Age : 31 Gender : Male ☐ Female ☑

UHID NO: HNH - 8024 Surgeon Name: Dr. Swathi HV

Anaesthesiologist : Dr Sami Irayath

Operative procedure planned : MCS cat II

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 / Aspiration / Need for post-op ICU care

Comments : ....

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

DECLARATION BY PATIENT / GUARDIAN / PROXY

I hereby authorize Rainbow Hospital & its authorized doctors to perform upon (me) my patient .... the above mentioned operation / Diagnostic / Therapeutic procedures ....

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

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

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

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

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

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

- Pregnant : ☐ Yes ☐ No

DECLARATION BY THE ANAESTHETISTS PROVIDING INFORMATION FOR THIS CONSENT

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

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

Patient / Patient Attendant :

Signature : ....

Name : Mrs Nishath Unissa

Relationship with Patient: Self

Date & Time : 24/5/2025 11:30pm

Witness :

Signature : ....

Name : Abdul Bari

Date & Time : 24/05/2025 11:30pm

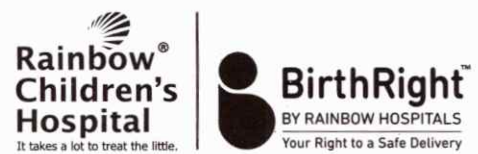
Doctor (who is taking the consent) :

Signature : ....

Name : Dr Sanni Vinayak

Date & Time : 24/5 at 1130pm

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE



Patient Name : Mrs Nishath Unissa Gender: ☐ Male ☑ Female Age : 31yrs

UHID No : HNH-00008024 Date : 24/5/26

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)

EMERGENCY LOWER SEGMENT CESAREAN SECTION

upon

Mrs Nishath Unissa (Name of the Patient)

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

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

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

Excessive bleeding, wound infection, injury to adjacent organs, Risk of blood transfusion, thromboembolism DVT, Injury to baby

My signature on this form indicates that

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

Name of the Doctor who is performing the Surgery / Procedure: Dr. Swathi HV.

Consentee :

Signature : [signature]

Name : Mrs Nishath Unissa

Date & Time : 24/5/26 @ 11:40pm

Patient Attendant :

Signature : [signature]

Name : Abdul Bari

Relationship with Patient: Husband

Date & Time : 11:40 PM 24/05/2026

Witness :

Signature : [signature]

Name : Chandrakala

Date & Time : 24/5/26 at 11:50pm

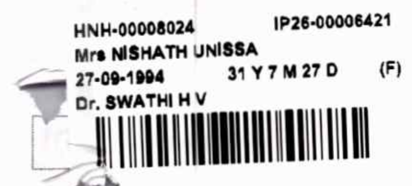
Doctor (who is taking the consent) :

Signature : [signature]

Name : Dr. Dina

Date & Time : 24/5/26

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



FLUID CHART

Sheet No. : 1

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

Date	Time	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
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am				NA							
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm					NA						
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
28/5/26	08:00 pm									✓		
	09:00 pm	RL	N	100ml								
	10:00 pm	RL		100ml								
	11:00 pm	RL	B	100ml		D					0	D
	12:00 am	RL		100ml								
	01:00 am	RL	M	100ml						300ml		
Total Intake :						**Total Output :**						
29/5/26	02:00 am	RL	N	100ml								
	03:00 am	RL		100ml								
	04:00 am	RL	B	100ml		0						
	05:00 am	RL	M	100ml							0	CH
	06:00 am	RL		100ml						300ml		
	07:00 am	RL		100ml						150ml		
Total Intake :						**Total Output :**						

Empty 1.15 Am

Empty 6Am

Total 24 hrs. Intake		Total 24 hrs. Output	750ml

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

Patient Sticker

FLUID CHART

Sheet No. : 8

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	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
28/5/26	08:00 am	RL	.	100ml								
	09:00 am	RL		100ml								A
	10:00 am	RL	N	100ml	Nil				0	300ml		Empty
	11:00 am	RL	B	100ml								
	12:00 pm		M									
	01:00 pm											
Total Intake :		Taken				**Total Output :**						
28/5/26	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-00008024 IP26-00006421
Mrs NISHATH UNISSA
27-09-1994 31 Y 7 M 28 D (F)
Dr. SWATHI H V

2/5

NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 25/5/26 Time: 9:55am

Origin: Indian Height: 159cm Weight: 71kg BMI: ☐ ~ 26 kg/m² ☑ ~ 28 kg/m² ☐ ~ 30 kg/m²

Food Allergies: No FA

Diagnosis: LSCS

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

Diet Advised:

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

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

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

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

Patient's / Attendant's

Signature: [signature]

Name: Abdul Bari

Date & Time: 25/5/26; 9:55am

Dietician's

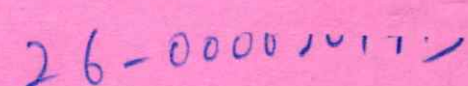
Signature: Sobiya

Name: Syeda Sobiya Zaheer

Date & Time: 25/5/26; 9:55am

DIETARY NOTES

Date	Time	Notes	Sign



NARCOTIC PRESCRIPTION FORM
(PATIENT COPY)

Patient Name: Mrs Nishath Unissa		Age: 31Y	Gender: Female
UHID No: HNH-00008024	IP No: 26-00006421	Date: 24/05/26	Time: 11:55 PM
Diagnosis: Em LSCS (Ward - OT)			

PRESCRIPTION DETAILS (Tick only one of the following)

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

Doctor Name: Dr. Samir   Doctor Registration No: 67529

Signature: [signature]

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

IP Registration No: 26-00006421   Date: 24/05/26

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

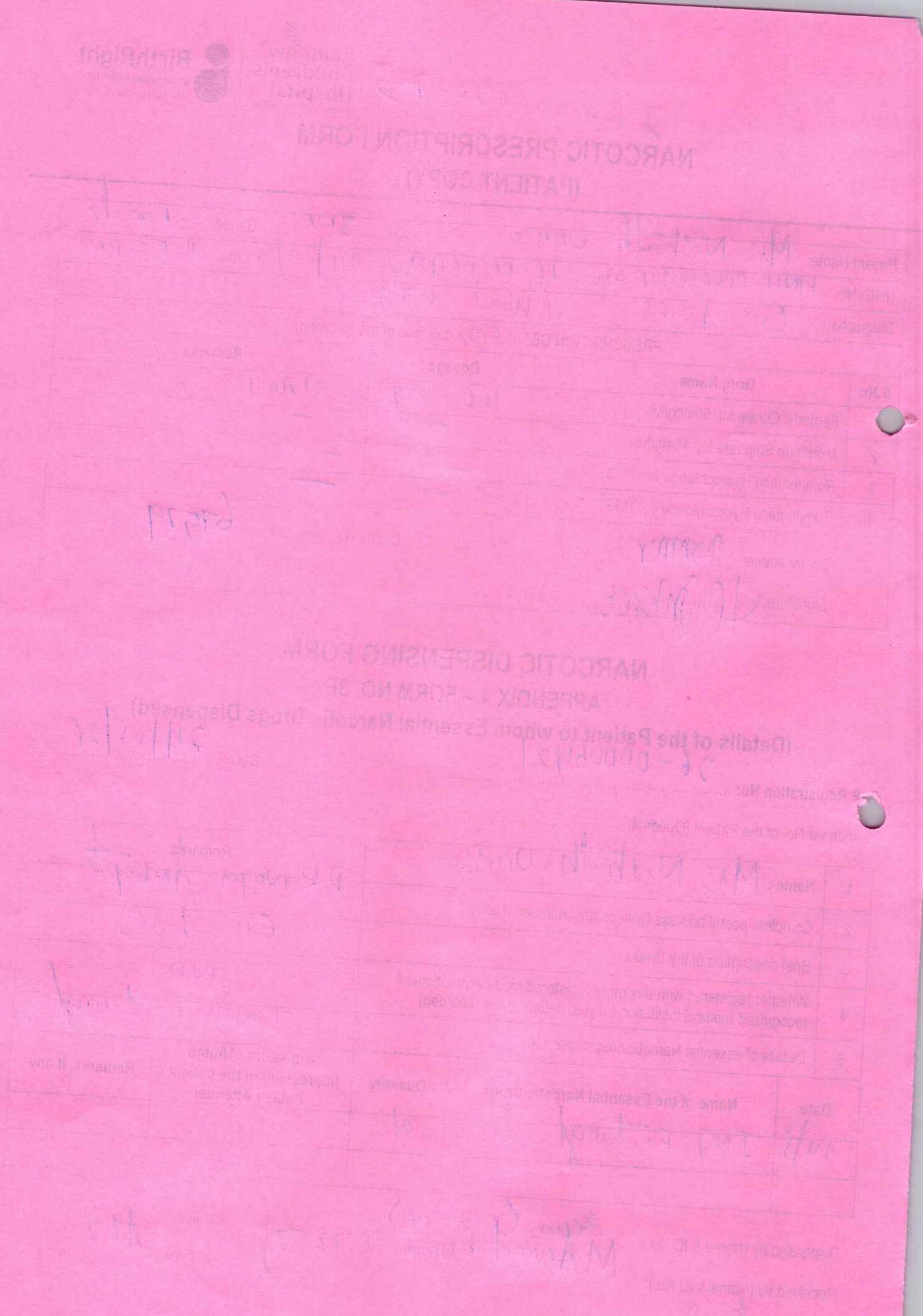
		Remarks
1.	Name : Mrs Nishath Unissa	
2.	Complete postal address (with contact number, if any)	R.K. Nagar Ambapet
3.	Brief description of the illness	Em LSCS
4.	Whether registered with any other registered medical practioner / recognized medical institution (If yes, details of the recorded)	NO
5.	Details of essential Narcotic drug dispensed	INJ: Fentanyl

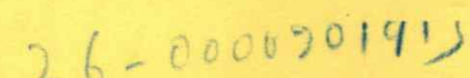
Date	Name of the Essential Narcotic Drugs	Quantity	Signature / Thumb Impression of the patient / Patient Attender	Remarks, if any
24/5	INJ: Fentanyl	01		

Dispensed by (Name & ID No.): Sajin (0187442) .... Signature: ....

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

Time: 6:30





NARCOTIC PRESCRIPTION FORM
(MEDICAL RECORD)

Patient Name: Mrs Nishath Unissa		Age: 31Y	Gender: Female
UHID No: HNH-00008094	IP No: 26-00006421	Date: 24/05/26	Time: 11:55 pm
Diagnosis: Em LSCS (Ward - OT)			

PRESCRIPTION DETAILS (Tick only one of the following)

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

Doctor Name: Dr. Amir   Doctor Registration No: 67529

Signature: [signature]

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

IP Registration No: 26-00006421   **Date:** 24/05/26

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

		Remarks
1.	Name : Mrs Nishath Unissa	
2.	Complete postal address (with contact number, if any)	R.K. Nagar Ambur
3.	Brief description of the illness	Em LSCS
4.	Whether registered with any other registered medical practioner / recognized medical institution (If yes, details of the recorded)	NO
5.	Details of essential Narcotic drug dispensed	INJ: Fentanyl

Date	Name of the Essential Narcotic Drugs	Quantity	Signature / Thumb Impression of the patient / Patient Attender	Remarks, if any
24/5	INJ: Fentanyl	01		

Dispensed by (Name & ID No.): Sejin (0187442) .... Signature: ....

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

Time: 6:30

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