210F/C

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Name	Mrs V P S PRANEETHA	**UHID**	HNH-00014102
Father/Guardian	Mr V V N VINAYAKA PRASAD	**Age/Gender**	34 Y 11 M 10 D/ Female
Address	HNO:- 10-282/7/1 SRI SURYA NILAYAM, VASANTHAPURI COLONY, Malkajgiri, Hyderabad, Telangana, INDIA, 500047		
IP No	IP26-00006815	**Admission Date**	11-07-2026
Ref Doctor	Self.		
Discharge Date	14.07.2026		

DISCHARGE SUMMARY

Consultant:
Dr. Dr. Swathi Sagi,
MBBS, DNB (OBG)

Diagnosis: PRIMI AT 36^{+5} WEEKS WITH IUI CONCEPTION WITH CERVICAL CERCLAGE INSITU WITH HIGH BMI WITH GESTATIONAL DIABETES MELLITUS ON ORAL HYPOGLYCEMIC AGENTS AND INSULIN WITH HYPOTHYROIDISM FOR ELECTIVE LOWER SEGMENT CESAREAN SECTION

ELECTIVE LOWER SEGMENT CESAREAN SECTION WITH CERVICAL CERCLAGE REMOVAL DONE ON 12.07.2026

History:

Name	Mrs V P S PRANEETHA	UHID	HNH-00014102
IP No	IP26-00006815	Admission Date	11-07-2026

LMP: 27.10.2026 Obstetric formula: Primi
EDD: 03.08.2026 Gestation at admission: 36^{+5} weeks

Obstetric History:
G1 - Present pregnancy, IUI conception.

Medical History: Hypothyroidism since 2 years (Tab. Thyronorm 100mcg)
Surgical History: Cervical cerclage
Family History : Both parents- DM, CAD
Allergies : Nil

Antenatal Details:

Mrs V P S PRANEETHA was booked to Rainbow hospital at 18^{+3} weeks of gestation. She had regular antenatal checkups and investigations as advised. She had an uneventful antenatal period. NT scan was normal. FTS was low risk. Scan done at 18+3 weeks showed AGA fetus with Normal doppler with cervical length 27mm, no funneling. Cervical cerclage done at 18+4 weeks in view of short cervix. Fetal echo was normal. TIFFA Scan was normal. OGTT done - 119/219/224 mg/dl. Physician opinion was sought in view of deranged OGTT - started on Insulin. Home sugar monitoring done - suboptimal control. As per physician advice - Insulin with OHA (Tab glycomet) added. Antenatal corticosterod coverage (inj dexamethasone 6mg 4doses) done at 31^{+1} weeks (02.06-03.06.2026) for fetal lung maturation. Fetal monitoring done by serial growth scans. Scan done on 07.07.2026 at 36+1 weeks showed SLIUP with AFI 8.8 cm, EFW 2.95 kg(61%), AC 90 % with anterior high placenta with normal doppler. She was admitted at 36^{+5} weeks for Elective preterm LSCS with

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cerclage removal.

Investigations: Enclosed.
Blood Group : "O" Positive

Management: Course in hospital:
At admission on clinical examination the vitals were stable, uterus was relaxed. Fetal well being was confirmed by an admission NST which was found to be reactive. Fetal heart rate monitoring was done overnight. She was prepared for elective C- section with indwelling Foley's catheter and IV canula under aseptic conditions. Written informed consent for surgery taken. Preanesthetic check up done. Anesthetic premedication (IV Pantop and Perinorm) given. Antibiotic prophylaxis with Inj. Monocef 1 gm IV given. Patient shifted to theatre.

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

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was shifted out of theatre to post operative recovery room.
***Cervical cerclage removed**
***Single loop of cord around neck**

Delivery Details:
Date : 12.07.2026
Time of Delivery : 08:45am
Type of Delivery : Elective lower segment caesarean section with Cervical cerclage removal
Indication : Precious pregnancy
Anaesthesia : Spinal

Baby Details:
Date : 12.07.2026
Time : 08:45am
Sex : Female
Weight : 3.140kg
Apgar : 7,8
Gestational Age: 36+6 weeks
NICU Admission: No

Post-Operative Notes:
She was closely monitored. Her vital signs remained stable. Uterus was well retracted with no postpartum hemorrhage. Breast feeding initiated. She was shifted to room. Regular GRBS monitoring was done. Her postoperative period

Name	Mrs V P S PRANEETHA	UHID	HNH-00014102
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following that was uneventful. On POD 2 , FBS was 78mg/dl and PPBS was 123mg/dl. 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. Monocef O 200mg twice daily till 18.07.2026 (9am-9pm) after food.
2. Inj Metronidazole 400mg thrice daily (8am-3pm-10pm) till 18.07.2026 after food. ????
3. Tab. Calpol (Paracetamol 500mg) 2 tablets thrice daily till 16.07.2026 (8am-2pm-10pm) after food.
4. Tab. Voveran (Diclofenac-50mg) 1 tablet thrice daily till 16.07.2026 (9am-3pm-11pm) after food.
5. Tab. Pantodac (Pantoprazole - 40mg) 1 tablet twice daily till 18.07.2026 (7am-7pm) before food.
6. Tab. Livogen (Elemental Iron - 50mg, folic acid 1.5mg) once daily (7am) for three months before breakfast.
7. Tab. Shelcal (Elemental Calcium 500mg, vitamin D3 250 IU) once daily (2pm) till breast feeding after food.
8. Inj Clexane (Enoxaparin) once daily subcutaneously (8pm) till 18.07.2026.
9. Continue Tab Thyronorm 100mcg till further order.
10. Nebasulf Powder for local application.
11. Repeat FT3, FT4 and TSH after 6 weeks and review.
12. Repeat FBS and PPBS after 2 weeks and review.

Name	Mrs V P S PRANEETHA	**UHID**	HNH-00014102
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13. Review with physician in view of high sugar reading immidiately after discharge.

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

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

Review with **Dr. Dr. Swathi Sagi,** after **1 weeks** on **20.07.2026** Postnatal Clinic.

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

The content of the patient discharge summary, medication, food & drug interaction, care to be provided at home, nutrition, when and how to obtain

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emergency care etc also have been explained by doctor ..... in a language that I can understand and I acknowledge.

Attender

Patient/

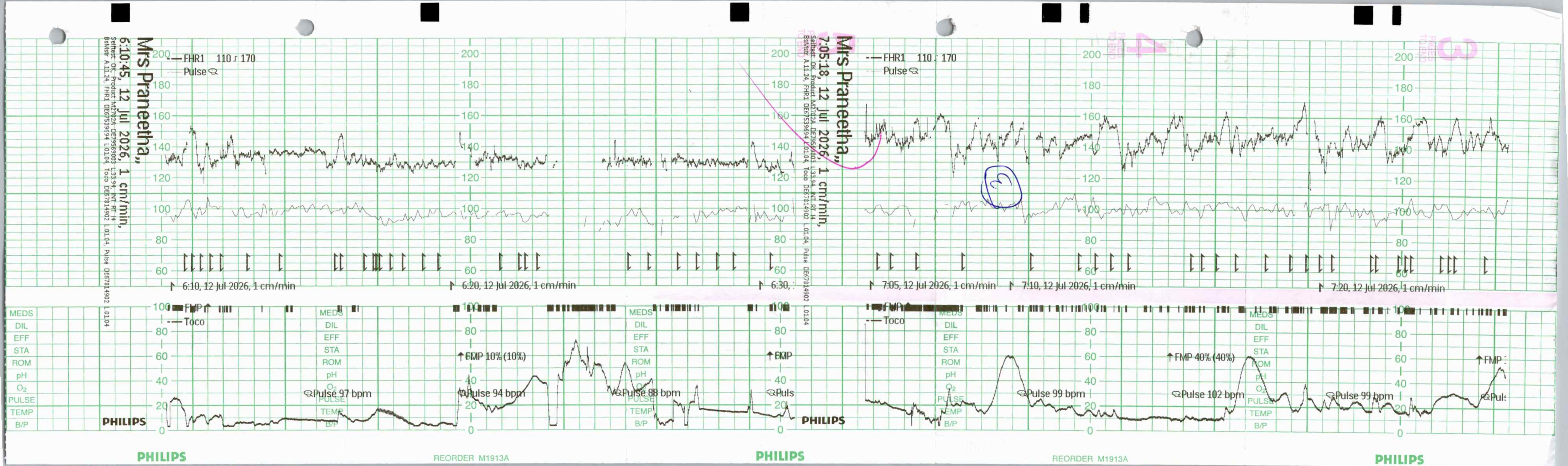
In case of emergency like bleeding, fever [please refer to postpartum book for further details - Chapter II page 6] kindly contact 9154865045 at Rainbow Children's Hospital just dial one toll free number - 18002122.

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

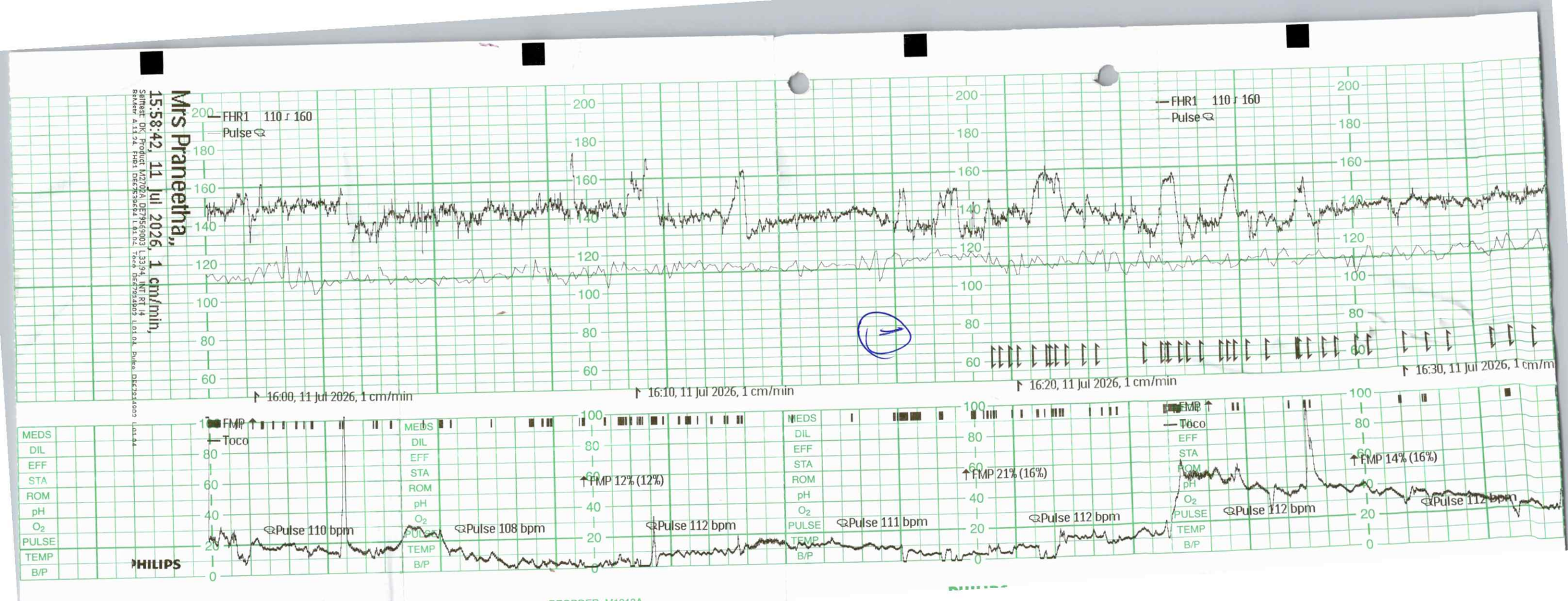
RAINBOW CHILDREN'S MEDICARE LIMITED HYDERABAD

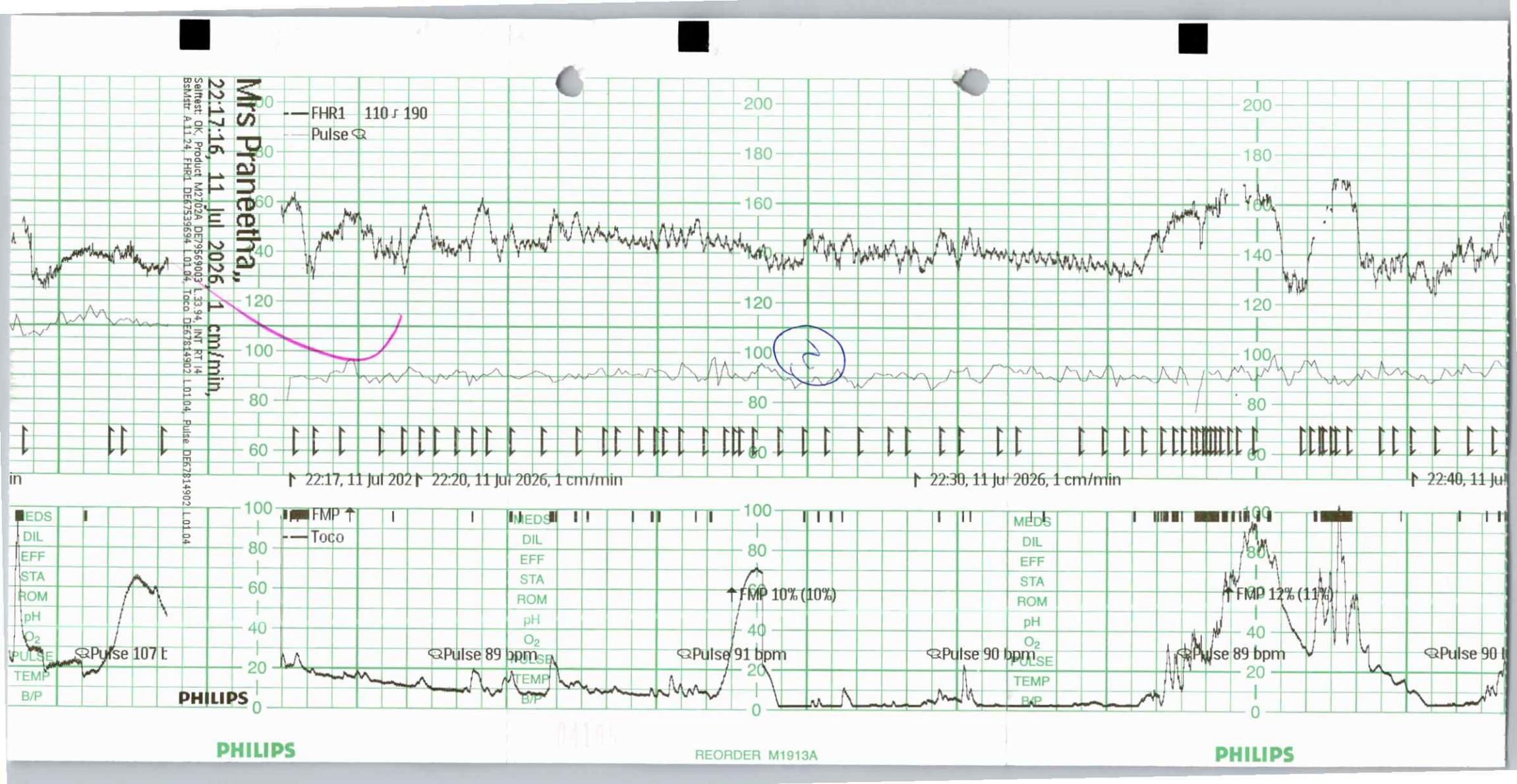
Registrar/Resident/C.M.O

Consultant:
Dr. Dr. Swathi Sagi,
MBBS, DNB (OBG)



Mrs Praneetha,
6:10:45, 12 Jul 2026, 1 cm/min,
FHR1 110 - 170
Pulse
6:10, 12 Jul 2026, 1 cm/min
6:20, 12 Jul 2026, 1 cm/min
6:30,
FMP
Toco
MEDS
DIL
EFF
STA
ROM
pH
O2
PULSE
TEMP
B/P
Pulse 97 bpm
FMP 10% (10%)
Pulse 94 bpm
Pulse 88 bpm
FMP
PHILIPS
Mrs Praneetha,
7:05:18, 12 Jul 2026, 1 cm/min,
FHR1 110 - 170
Pulse
7:05, 12 Jul 2026, 1 cm/min
7:10, 12 Jul 2026, 1 cm/min
7:20, 12 Jul 2026, 1 cm/min
FMP
Toco
Pulse 99 bpm
FMP 40% (40%)
Pulse 102 bpm
Pulse 99 bpm
FMP
PHILIPS
REORDER M1913A
PHILIPS
REORDER M1913A
PHILIPS


Mrs Praneetha,
15:58:42, 11 Jul 2026, 1 cm/min,
FHR1 110 r 160
Pulse
16:00, 11 Jul 2026, 1 cm/min
16:10, 11 Jul 2026, 1 cm/min
16:20, 11 Jul 2026, 1 cm/min
16:30, 11 Jul 2026, 1 cm/min
FMP
Toco
MEDS
DIL
EFF
STA
ROM
pH
O2
PULSE
TEMP
B/P
Pulse 110 bpm
Pulse 108 bpm
FMP 12% (12%)
Pulse 112 bpm
Pulse 111 bpm
FMP 21% (16%)
Pulse 112 bpm
Pulse 112 bpm
FMP 14% (16%)
Pulse 112 bpm
PHILIPS


Mrs Praneetha,,
22:17:16, 11 Jul 2026, 1 cm/min,
Selftest: OK, Product M2702A, DE79569003, L 33.94, INT RT I4
BsMstr A.11.24, FHR1 DE75539694, L 01.04, Toco DE67814902, L 01.04, Pulse DE67814902, L 01.04
FHR1 110 ♪ 190
Pulse
FMP
Toco
22:17, 11 Jul 202
22:20, 11 Jul 2026, 1 cm/min
22:30, 11 Jul 2026, 1 cm/min
22:40, 11 Jul
MEDS
DIL
EFF
STA
ROM
pH
O2
PULSE
TEMP
B/P
Pulse 107 b
Pulse 89 bpm
FMP 10% (10%)
Pulse 91 bpm
Pulse 90 bpm
FMP 12% (11%)
Pulse 89 bpm
Pulse 90 b
PHILIPS
PHILIPS
REORDER M1913A
PHILIPS

Rainbow Childrens Hospital-Himayatnagar

Rainbow Children's Hospital

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 : IP26-00006815 **Admit Date** : 11-Jul-2026 **Admit Time** : 03:49 PM **UHID** : HNH-00014102

Patient Details :

Patient Name	: Mrs V P S PRANEETHA	**Age**	: 34 Y 11 M 9 D
Guardian	: Mr V V N VINAYAKA PRASAD	**DOB**	: 02-08-1991
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: HNO:- 10-282/7/1 SRI SURYA NILAYAM, VASANTHAPURI COLONY Malkajgiri Hyderabad Telangana INDIA 500047	**Phone No**	: 9963894547/ 9989521747
		E-mail	: vinayakaprasad99@gmail.com

Admission Details :

Bed Type : TWIN SHARING **Bed No** : PDA-412 **Ward Name** : 4F -OT

Room No : PDA-412 **Admission Type** : First Visit

Contact Details :

Name : Mr V V N VINAYAKA PRASAD **Relationship** : Husband

Contact Address : HNO:- 10-282/7/1 SRI SURYA NILAYAM, VASANTHAPURI COLONY Malkajgiri Hyderabad Telangana INDIA 500047 **Phone No** : 9963894547

Signature

Doctor Details :

Doctor Name : Dr. Dr. Swathi Sagi **Specialisation** : OBSTETRICS AND GYNECOLOGY

Referral Doctor : Self. **Phone No** :

Co-Consultant

Payment Details :

Deposit Amount : 100000.00

Payment Mode : DC/CC Card **Payor Name** : SELFPAY

Dr. Swathi Sagi

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ESTIMATION SLIP

Date : 9/7/26 **UHID / IP No. :** NEW **Sl No.** 1678

Name of Patient : Mrs. Praneeta **Age:** 34yrs **Gender:** F

Father's / Husband's Name : Mr. Virajat Pant **Corporate / Occupation :**

Address : Malkajgiri **Phone :** 9963894547 **Email :** 9989521747

Procedure / Plan : NDLSCS **EDD/Dos:** July-26

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 →	1.50k	1.60k
Super Deluxe Room		
Suite Room		
Package includes (Package starts from the time of admission)	Room Rent, Nursing Charges, Doctors Fee, Surgeon's Fee and Labour Ward Charges	Room Rent, Nursing Charges, Doctors Fee, Surgeon's Fee Anesthetist's Fees and OT Charges
	Length of Stay for : 2 Days	Length of Stay for : 3 Days
	Pharmacy up to 9,000/-	Pharmacy up to 12,000/-
IVI, CBP ←	Investigations up to 25001-	Investigations up to 3,000/-
Others	Well baby care	25k to 35k

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

Initial Minimum Deposit : 80/- Advance time of Admission

REMARKS : Vaccination, Neonatal SBR, DLG

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 V.P.S. Praneetha 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

Self
Signatory Relationship

Signature of the financial Counselor

HNH-00014102 IP26-00006815
Mrs V P S PRANEETHA
02-08-1991 34 Y 11 M 9 D (F)
Dr. Dr. Swathi Sagi

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SURGERY DETAILS

Date : 12/7/26 ~~02-08-1991~~

Patient Name: Mrs. Praneetha Date of Birth: 02-08-1991 Age: 34 yrs

Gender: female Ward : OT-II UHID No.: HNH - 00014102 2D

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

Name of the Surgery : Elective LSCS

Time in : 8:15 Am Time Out : 9:15 Am

		NAME	AMOUNT
1.	Surgeon	Dr. Swathi Sagi	
2.	Anaesthetist	Dr. Sai Ray	
3.	Assistant Surgeon	Dr. Naveena	
4.	OT Technician	Sr. Arind	
5.	Circulating Nurse	Sr. Karuna	
6.	Assistant Nurse	Sr Archana	

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

J. Swathi
Signature of the Surgeon

Karuna
Signature of Circulating Nurse

Order No: 26-0000213009 Order by: Archana 12/7/26 @ 11:12 Am

HNH-00014102 IP26-00006815
Mrs V P S PRANEETHA
02-08-1991 34 Y 11 M 10 D (F)
Dr. Dr. Swathi Sagi

El. Uses

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CONSUMABLES OF OT

Technician : Arvind Date : 12/7/26 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 Drapelet		01	Inj Vit.K		01
LMA			Sutures 2367, 4242	1+1		Cord Clamp		1
ECG leads : A / P / N		03	4241, 4248	1+1		Suction Catheter		
HME filter : A / P / N			1326, 3348	1+1		Feeding Tube no-6		02
Syringes : 10 cc		04				Vaccum Suction Set		
05 cc		04	Gloves S.G 6½, 7	2+1		Surgical Gloves S.G 6.5		01
02 cc		02	6 S.G	1		Gauze Pack 10*10		01
01 cc		02	Encore 6½	1		Syringe 1ml / 2ml		01
Cautery plate : A / P / N		01	Surgical blade 22	1		Surgical Blade # 20		01
IV set			NG tube			Koochies (S)		
RL		02	Cautery pencil	1		Encore 6.5		01
NS : 10ml / 100ml / 500ml / 1000ml		01	Koochies 8×L	1				
Oxytocin		01	Ointments					
Tox patch		01	Suction Catheter			Baby Said		
Fentanyl		01	Cap, Mask	10+10				
Morphine			Gauze Pack 10×10	2		26-000.0213130		
Ketamine			Mop Pack	2				
Propofol			Steristrip					
Rocuronium			Underpad	12				
Glycopyrolate			Draw sheet					
~~Myopyrolate~~ Quinicky 25		01	Abgel	1				
~~Ondansetron~~ Vigon 22G		01	Foleys catheter					
~~Pentazocine~~/ Spinal Needle 22			Urobag					
Bupivacaine 0.25%			Chest Drainage Catheter					
~~Bupivacaine 0.25%~~ (Heavy)			Romodrain bag					
Antibiotics			Bandage					
Anwin Heavy		01	Tegaderm					
Suppositories			~~Ioban~~ Aprons	15				
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg		01	Vaccum Suction set	1				
Justin : 12.5 mg / 25mg / 100mg		01	Plastic Bed Sheet					
Tab. Misoprost : 200mg		06	Betadine Solution	2				
Encore 6.5		04	Microshield	2				
S.Gloves 7.5		01	Cotton Balls	4				
Gauze 10×10		01	Latex Gloves	20				
			Ramdione Scrub					
			Saral					

Surgeon Anaesthesiologist Nurse OT Technician

Order No. : 26-000.0213013 / 012 / 13148 Ordered by : Archana 12/7/26 @ 11:27 Am

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

Rainbow Childrens Hospital-Himayatnagar

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

ELECTRONIC MEDICINE PRESCRIPTION

MRN	HNH-00014102	Name	: Mrs V P S PRANEETHA
Age / Sex	34 Y 11 M 10 D / Female	Doctor	: Dr. Dr. Swathi Sagi
Adm/Reg Date/Time	11/07/2026 15:49	Payer	: SELFPAY
Order Date	12/07/2026 11:26	Or [illegible]umber	: 26-0000213013
Visit ID	IP26-00006815	Ward/Bed No	: 4F-OT / PDA-412
Patient Address	HNO: 10-282/7/1 SRI SURYA NILAYAM, VASANTHAPURI COLONY, Malkajgiri, Hyderabad, Telangana, INDIA, 500047		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	UNDER PAD 60X90 10's Pack - MEDICUBE		1 Nos	External / 10 AM	1 Days		2 Nos	Dispensed
2	POVINANZ SOLUTION 10% 100 ML		1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
3	MOPS 30X30 8PLY 5S X-RAY	MOPS 30X308 PLYDATT	1 Nos	/ Once D.	2 Days		2 Nos	Dispensed
4	SUPRIDOL SUPPOSITORIES 100 MG 5 S		1 Nos	External [illegible]ily	1 Days		Nos	Dispensed
5	MONOCRYL 3-0 NW 1328	MONOCRYL 1328	1 Nos	/ Once D.	1 Days		Nos	Dispensed
6	RACTOPREP SOLUTIONS 100 ML		1 mL	/ Once D[illegible]	2 Days		2 Nos	Dispensed
7	Encore Micropic gloves-6.5		1 Nos	/ Once Daily	1 Days		2 Nos	Dispensed
8	TRUGUT CHROMIC CATGUT SN4241	TRUGUT CHROMIC CATGUT SN4241	1 Nos	/ Once D	1 Days		1 Nos	Dispensed
9	JUSTIN SUPPOSITORIES 100 MG 5 S		1 Nos	External / [illegible]aily	1 Days		1 Nos	Dispensed
10	COTTON BALLS 2 GM 5 NOS		1 Nos	External	1 Days		1 Nos	Dispensed
1	[illegible]A,C JME SUCTION SET		1 Nos	External [illegible]ily	1 Days		Nos	Dispensed
1	SGLOVE # 6 (SURGICARE)	SURGICAL GLOVES 6.0	1 Nos	[illegible]	1 Days		Nos	Dispensed
13	ADULT DIAPERS-XXL		1 Nos	External	1 Days		Nos	Dispensed
14	SGLOVE # 7.5 (SURGICARE)	SURGICAL GLOVES 7.5	1 Nos	External	1 Days		1 Nos	Dispensed
15	PREGELLED SURGICAL PLATES(ADULT)	PREGELLED PLATED ADULT	1 Nos	External / Daily	1 Days		Nos	Dispensed
16	SURGICAL BLADE 22	SURGICAL BLADE 22	1 Nos	[illegible]	1 Days		Nos	Dispensed
17	DSYRINGE 1ML (NIPRO)	SYRINGE 1ML	1 Nos	[illegible]	1 Days		2 Nos	Dispensed
18	[illegible]S DRAPE PACK (PROTECTCARE)		1 Nos	[illegible]	[illegible]ys		Nos	Dispensed
19	NS 1000 ML CLOSED EUROFLEX		1 Nos	[illegible]	[illegible] Days		1 Nos	Dispensed
20	DSYRINGS 2.5ML(NIPRO)	SYRINGE 2ML	1 Nos	[illegible]	1 Days		Nos	Dispensed
21	DSYRINGE 10ML (NIPRO)	SYRINGE 10ML	1 Nos	[illegible]	[illegible] Days		1 Nos	Dispensed
22	GAUZE PACK STERILE 10X10X12 PLY 5S	GAUZE PACK STERILE 10X10X12 PLY 5 PACK	1 Nos	[illegible]	1 Days		3 Nos	Dispensed
23	MISOPROST TAB 200MCG 4S		1 Tabs	[illegible]	1 Days		8 Tabs	Dispensed
24	CATGUT 1-0 4248		1 Nos	[illegible]	[illegible] Days		1 Nos	Dispensed
25	EVATOCIN (OXYTOCIN) INJ [illegible] ML		1 Vial	[illegible]	1 Days		1 Vial	Dispensed
26	DSYRINGE 5ML (NIPRO)	SYRINGE 5ML	1 Nos	[illegible]	[illegible] Days		4 Nos	Dispensed
27	SPINAL 25 G 30MM 5180.35		1 Nos	[illegible]	[illegible]ys		Nos	Dispensed
28	ABSEL SURGI PAD (BIG) (RELISPON)	ABGEL	1 Nos	[illegible]	[illegible] Days		Nos	Dispensed
29	LIDOCAINE-SPER PATCH 2S		1 Nos	[illegible]	[illegible]ys		1 Nos	Dispensed
30	ETHILON 1 NW 3348	ETHILON 1 NW 3348	1 Nos	[illegible]	1 Days		1 Nos	Dispensed
31	ANAWIN HEAVY 5 MG INJ 4 ML		1 Vial	[illegible]	[illegible] Days		1 Vial	Dispensed
32	VICRYL 1-0 NW 2364	VICRYL 1-0 NW 2364	1 Nos	[illegible]	[illegible]ys		1 Nos	Dispensed
33	SGLOVE # 7.0(SURGICARE)	SURGICAL GLOVES 7.0	1 Nos	[illegible]	[illegible] Days		1 Nos	Dispensed
34	[illegible]L G ELECTRODES (ADULT	ELECTRODES ADULT	1 Nos	[illegible]	[illegible]ys		3 Nos	Dispensed
35	SGLOVE # 6.5 (SURGICARE)	SURGICAL GLOVES 6.5	1 Nos	[illegible]	[illegible]ys		4 Nos	Dispensed
36	TRUGUT CHROMIC CATGUT SN4242	TRUGUT CHROMIC CATGUT SN4242	1 Nos	[illegible]	[illegible]ys		Nos	Dispensed
37	RL 500 ML CLOSED SYSTEM	RINGER LACTATE 500ML CLOSED	1 Bottle	[illegible]	[illegible]ys		2 Bottle	Dispensed

Dr. Dr. Swathi Sagi

This document is just for reference purpose only. Not to be consider

Note

* This prescription is valid only for specified duration.

* Do not refill medicines.

Rainbow Children's Hospital

Birth Rainbow

Rainbow Childrens Hospital-Himayatnagar

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

ELECTRONIC MEDICAL PRESCRIPTION

MRN	: HNH-00014102		: Mrs V P S PRANEETHA
Age / Sex	: 34 Y 11 M 10 D / Female	Doctor	: Dr. Dr. Swathi Sagi
Adm/Reg Date/Time	: 11/07/2026 15:49	Payer	: SELFPAY
Order Date	: 12/07/2026 11:26	Phone number	: 26-0000213012
Visit ID	: IP26-00006815	Bed No	: 4F -OT / PDA-412
Patient Address	: HNO:- 10-282/7/1 SRI SURYA NILAYAM, V S	PURI COLONY, Malkajgiri, Hyderabad, Telangana, INDIA, 500047	

S.No	Description	Generic Name	Dosage	R	quency	Duration	Instruction	Qty	Status
1	SURGEON CAP FEMALE SAFE SECURE		1 Nos	Ex		1 Days		10 Nos	Dispensed
2	CAUTERY PENCIL	CAUTERY PENCIL	1 Nos	/		1 Days		1 Nos	Dispensed
3	NITRILE EXAMINATION GLOVES P F- MEDIUM		1 Nos			1 Days		20 Nos	Dispensed
4	FACE MASK 3 LAYER - ELASTIC	FACE MASK 3 LAYER	1 Nos			1 Days		10 Nos	Dispensed

Dr. Dr. Swathi Sagi

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Note

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Printed Date/Time : 12/07/2026 18:42 Printed V S PRANEETHA

Rainbow Children's Hospital

Birth of Rainbow

Rainbow Childrens Ho[illegible]tal-Himayatnagar

Rainbow Children's Hospital, Door no. 3-6-267, opp. Cafe niloufer, Old MLA quarters road AP State Ho[illegible]sing Bo[illegible] Himayatnagar ,Hyderabad , Telan[illegible] INL[illegible] 500029.
040-48873000, info@[illegible]rainbowhospitals.in

ELECTRONIC [illegible]PRESCRIPTION

MRN	: HNH-00016526		: Baby Of V P S PRANEETHA
Age / Sex	: 0 Y 0 M 0 D 9 H / Female	[illegible]	: DILNAAZ FAROOQUI
Adm/Reg Date/Time	: 12/07/2026 10:29	[illegible]	: SELFPAY
Order Date	: 12/07/2026 16:47	[illegible]	: 26-0000213130
Visit ID	: IP26-00006822		: 4F -OT / CRDL-HNPDA-412-1
Patient Address	: HNO:- 10-282/7/1 SRI SURYA NILAY [illegible] SAI		LONY, Malkajgiri, Hyderabad, Telangana, INDIA, 500047

S.No	Description	Generic Name	Dosage	Rou[illegible]	Duration	Instruction	Qty	Status
1	SURGICAL BLADE 20	SURGICAL BLADE 20	1 Nos	[illegible]ma'	1 Days		1 Nos	Dispensed
2	SGLOVE # 6.5 (SURGICARE)	SURGICAL GLOVES 6.5	1 Nos	[illegible]oma	1 Days		1 Nos	Dispensed
3	INFANT FEEDING TUBE-6	INFANT FEEDING TUBE 6	1 [illegible]os	[illegible]m/	1 Days		2 Nos	Dispensed
4	DSYRINGE 1ML (NIPRO)	SYRINGE 1ML	1 Nos	[illegible]m[illegible]	1 Days		1 Nos	Dispensed
5	GAUZE PACK STERILE 10X10X12 PLY 5S	GAUZE PACK STERILE 10X10X12 PLY 5 PACK	1 Nos	[illegible]	1 Days		1 Nos	Dispensed
6	Encore Microptic gloves-6.5		1 [illegible]os	[illegible]	1 Days		1 Nos	Dispensed
7	INJEK INJ 1 MG 0.5 ML		1 [illegible]os	[illegible]	1 Days		1 Vial	Dispensed
8	CORD CLAMP-ALPHAMEDICARE		1		1 Days		1 Nos	Dispensed

DILNAAZ FAROOQUI

Reg No : 56763

* This document is just for reference purpose only. Not to b[illegible]

Note

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*** Do not refill medicines.**

Rainbow Children's Hospital

Rainbow

Rainbow Childrens Hospital-Himayatnagar

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

ELECTRONIC MEDICINE PRESCRIPTION

MRN	: HNH-00014102	Name	: Mrs V P S PRANEETHA
Age / Sex	. 34 Y 11 M 10 D / Female	Doctor	: Dr. Dr. Swathi Sagi
Adm/Reg Date/Time	. 11/07/2026 15:49	Payor	: SELFPAY
Order Date	12/07/2026 17:50	Ordernumber	: 26-0000213148
	15		VATE ROOM / PVT-210
			INDIA, 500047

		1 Nos		Day		1 Nos	Dispensed
2	STERILE XL	STERILE XL	1 Nos	1 Once Daily	3 Days	3 Nos	Dispensed

Dr. Dr. Swathi Sagi

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Note

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*** Do not refill medicines.**

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
12/7	IV placement	1		
12/7	Catheterization	1	12967	Asha
12/7	PAC (IP)	1	212966	
13/7/26	NHA	(1)	3500	
14/7/26	IV placement	(1)	13636	
			Cross checked done 14/7/26	

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
12/7	Infusion pump	12AM	5.30PM	12965	Arhed
12/7	Infusion pump	10AM		3020	

Core chucked Lux.
Cross checked done
14/7/26.

INVESTIGATIONS

Date	Investigations	Order No.	Signature
11/7/26	NST ——— (1)	8395	
11/7/26	GRBS - 105mg/dl @7pm	self	
11/7/26	NST ——— (2)	8400	Archa
12/7/26	NST ——— (3)	8401	Archa
11/7/26	CBP	11524	
12/7/26	FBS @ 6Am - 79mg/dl -	self	Archa
12/7/26	GRBS @ 11Am 90mg/dl	self	
12/7/26	GRBS 3pm 79mg/dl	self	
	Cross checked done by Anusha		
12/7/26	GRBS - 7pm 80mg/dl	self	
13/7/26	GRBS - 1:am - 125mg/dl	self	
13/7/26	GRBS - 7-am. 124mg/dl	self	
13/7/26	GRBS 1:pm. 151mg/dl	self	
14/7/26	FBS - 78 6Am mg/dl	self	Madhu
14/7/26	PBBS — 123mg/dl	self	
	Cross checked done 14/7/26		

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ACTIVITY RECORD FOR BILLING

Name :_____ HNH-00014102 IP26-00006815
Mrs V P S PRANEETHA
02-08-1991 34 Y 11 M 9 D (F)
Dr. Dr. Swathi Sagi

UHID No. : _____ _____ Consultant: _____ Dept : _____

Date of Admission: _____ Time : _____ Date of Discharge : _____ Time: _____

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
12/7/26	8 AM	pre-past	O.T	Che Karuna / Kam
12/7/26	@ 9:40am	OT	Pre Post	Monika
12/7/26	5:30pm	pre & post	210	Anuk

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	Dr. Tejaswini	13/7/26	3499	
2				
3				
4				
5				
6				
7				
8				
9				
10				

HNH-00014102 IP26-00006815
Mrs V P S PRANEETHA
02-08-1991 34 Y 11 M 9 D (F)
Dr. Dr. Swathi Sagi

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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints
Came for Bleeding PVS

Obstetric Formula: P0+0

Obstetric Hostory:
G1 P0 IUI Conception

Present Pregnancy Record:
NT - (N) FTS - LL Fetal Echo (N)
TIFFA - (N)
Antenatal Steroid (Inj Dexa - 4 doses)
2nd - 3/6 done

RISK FACTORS:
Asw - Conn C 8th month - Lap dye / Insulin
~~GDM~~ → Insulin + OHA @ Physician opinion
Consult @ 5th month → insulin now
College

- Myo BMI
- Preterm Prg.
- Cervical Cerclage in situ

Height: ..... cm
Weight: ..... kg
Allergies: Tab DART (DOC)
Breast: ☑ Normal ☐ Abnormal
General Examination: (T)
Consciousness: Pain Pallor: (-)
Icterus: (-) Edema: (-)
Temp: PR:
BP: 137/82 DTR: +
CVS: (-) RS (+)
Liver/Spleen: (-) Urine Output: Adq

LMP: 27/10/2021 EDD: 3/8/2022
Corrected EDD: GA:

Menstrual History: Regular : ☑ Yes ☐ No

Obstetric Examination

Fundal Height: ~ 36 wks
Ut. Activity: ☑ Relaxed ☐ Mild ☐ Mod ☐ Severe
Liquor: ☑ Adequate ☐ Oligo ☐ Poly
PP: ☑ Cephalic ☐ Breech Others _____
Head Fifths Palpable: _____
FHS: ☑ Normal ☐ Tachy ☐ Brady ☐ Absent

Per Speculum Examination not done
Draining: ☐ Present ☐ Absent ☐ Bleeding
Colour of Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Vaginal Examination not done
Cervix: ☐ Long ☐ Partially effaced ☐ Effaced
Os: Closed _____ Dilated _____
Membranes: ☐ Present ☐ Absent
Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained
Presenting Part: ☐ Vertex ☐ Breech ☐ Others
Sutton: ☐ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2
Pelvis: ☐ Adequate ☐ Doubtful

DIAGNOSIS
Prim. / 36+5 weeks / IUI conception / Cervical Cerclage in situ / Pregnancy
Comm (STL) / Hypothyroidism / for EL LSS

HNH-00014102 IP26-00006815
Mrs V P S PRANEETHA
02-08-1991 34 Y 11 M 9 D (F)
Dr. Dr. Swathi Sagi

Family History:

Both Parents - DM / CAD
In-laws - HTN / DM
(Consanguineous Marriage)

Surgical History:

Cervical Cerclage @ —

Medical History:

GDM : 8th Month

Hypothyroidism : 2yr - Thyronorm 100mg

Medication History:

Glycomet SR 1gm BD → TID (- / week)
Insulin (Novorapid) 14U TID
Thyronorm 100mg OD
- T. Iron / Cal. OD

Plan of Care:

NBM from Midnight
Admission NST
Drugs as charted
Informed consent
Parts prepare
NST monitory ~~IP hourly~~ 10pm 4pm
FHS 2nd hourly
- Inform Pediatrician / ~~Anesthetist~~
- Check for Blood availability
- PAC
- Shift to OT on call (Tomorrow)
- Stop Insulin 4pm
- FBS 4pm

Investigations:

BGT — O Positive

+PIV
+HbsAg } NR
VDRL

CBP
Hb - 9.9
PCV - 28
TLC - 11.07
plt - 2.53

USG (7/7/2026)
SLUP / 36+1 / Vx.
PL - ~~AIH~~
AFI 8.8cm
AC - 90%
CxL - 29mm - Cx stitch in situ

EFW - 2.951 kg (61%)

UAD - (N)

Doctor Name: Dr. Mamtha
Signature:
Date & Time: 11/7/2026 @ 3:50 pm

Consultant Name: Dr. Swathi Sagi
Signature:
Date & Time: 11/5/2026

HNH-00014102 IP26-00006815
Mrs V P S PRANEETHA
02-08-1991 34 Y 11 M 9 D (F)
Dr. Dr. Swathi Sagi

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/07/2026 7:00pm	c/s by Dr. Naveena	
	O/E GC-fair	Adv
	Afebrile	- Soft diet ffb
	Vitals - stable	NBM from 12am
	PA: ut. fem size	- Adequate hydration
	Relaxed	- drugs as charted
	Cephalic	- LLP
RBS - 105mg/dl	FHR (+) 142bpm	- NST BP
		- strict FHR monitor 6th hrly
		- Monitor Vitals
		- Inform SOS
	Dr. Naveena	
12/07/2026 1:00am	c/s by Dr. Naveena	
	O/E GC-fair	Adv
	Afebrile	- NBM
	Vitals - stable	- drugs as charted
	PA: ut. fem size	- LLP, NST BD
	Relaxed	- strict FHR monitoring 6th
	Cephalic	- Monitor Vitals
	FHR (+) 150bpm	- Inform SOS
		Dr Naveena

HNH-00014102 IP26-00006815
Mrs V P S PRANEETHA
02-08-1991 34 Y 11 M 9 D (F)
Dr. Dr. Swathi Sagi

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/07/2026 9:30am	c/s/by Dr Naveena	
	O/E GC-fair	Adv
	Afebrile SpO2-99% on RA	- NBM
	PR: 92bpm	- drugs as charted
FBS - 73mg/dl	BP: 132/83mmHg	- Informed Consent
NST - Reactive	CVS/RS: NAD	- foley's catheterisation
	PA: ut. term size	- Blood Reserve
	Relaxed	- shift to OT on call.
	Cephalic	
	FHR (+) 142 bpm	
	L/E: NAD	
12/07/2026 10:15am	c/s/by Dr Naveena	
	O/E GC-fair	Adv
	Afebrile SpO2-100% on RA	- NBM for 6hrs
	PR: 78bpm.	- ivf & drugs ~~for~~
	BP: 142/83	as charted
	CVS/RS: NAD	- Urine I/O charting
	PA: ut. retracted well	- w/f PV bleeding
	Soft, NT	- TED STOCKINGS
	Dressing: dry & clean	- Inj. Tranexamic
	L/E: PV bleeding WNL	acid 1gm iv stat
	U/O: 300ml clear	- Inj. CLEXANE 60
		S/C OD x7days
	Baby: M.S.	start after 8hrs
		- Monitor Vitals
	Dr Naveena	- Inform SOS

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

HNH-00014102
Mrs V P S PRANEETHA IP26-00006815
02-08-1991 34 Y 11 M 9 D (F)
Dr. Dr. Swathi Sagi

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		- GRBS - 4th hrly. f/b 6th hrly after soft diet
		- FBS, PPBS on POD2.
12/7/20..	C/S/b	Dr Monisha
2pm		
	GC fair Afebrile	Adv
	vitals stable	- Allow sips of water >3pm.
	BP 146/81 → 140/80	if tolerates liq Diet > 6pm
	PR 91	Soft Diet >9pm
	P/A soft : WCWR	- I/O monitoring
	BS(+)	- Drugs as charted
	P/V Bleeding WNL	- Inform SOS
GRBS 11 AM 90mg/dl	U/O: 50-60 cc/hr	
		Sd/ Dr. ...
12/7/2026	C/S/b Dr Monisha	
4:15pm		Adv
	GC fair Afebrile	- Allow sips of water → liquid diet > 6pm
	BP- 130/86 PR - 86	- Soft Diet >9pm
	P/A uterus well retracted	- I/O monitoring
GRBS 74mg/dl	BS(+)	- GRBS 4th hourly today - POD 2 FBS/PPBS
	Bleeding WNL	- Inform
		Sd/ Dr. ...

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

HNH-00014102 IP26-00006815
Mrs V P S PRANEETHA
02-08-1991 34 Y 11 M 9 D (F)
Dr. Dr. Swathi Sagi

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/7/2021	Cesarean Delivery	
6pm		
	CC Pain Afebrile	Tab
	Vitals Stable BP 136/70	- Alarm Signs of mother
	PA uterus well retracted	- Liq Diet > 6pm
	BSE	- Soft Diet > 9pm
	Per Bleeding WNL	- I/O monitoring
		- GRBS 4th hourly → after Soft Diet → 6th hourly
	Plan - Foley's removal @ 6Am/Pm	POD-2 - FBS / PPBS
		- I/O monitoring
		- Foley's full 6pm 6Am.
		- Inform SNS
		- Shift to Room
		- TED Stocking. My Amarnadh
		Noted by Dr

HNH-00014102 IP26-00006815
Mrs V P S PRANEETHA
02-08-1991 34 Y 11 M 9 D (F)
Dr. Dr. Swathi Sagi

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/7/2026 8 AM	C/S/b @ mamlu POD-1	
		Adv
	GC - Fair Afebrile	- Soft Diet / Adequate hydration
	Vitals: Stable	- Drugs as charted.
	BP 130/80	- I/O, vitals 4 hrly
	PIA ut well retracted	- GCBS monitoring 6th hourly
	BS (+)	POD-2 FBS, PPBS to do.
F ✓	PV Bloody well urine - yet to void	- Encourage to void - TED Stockings
GCBS 124 mg/dl (After Soft Diet)		- Inform SOS
		My Orders
		noted by Sr. Sandhya
12/7/2026 10:00am	c/s/b by	Dr. Naveena
	O/E GC-fair	Adv
V ✓	Afebrile	- Soft diet
F ✓	Vitals - stable	- Adequate hydration
S-F	PA-ut retracted well Soft, NT	- drugs as charted.
	Dressing: dry & clean	- FBS & PPBS on POD 2.
	UE: P/bleeding WNL.	- TED STOCKINGS
		- Monitor Vitals
	Baby: MS	- Inform SOS

Dr Naveena

HNH-00014102 IP26-00006815
Mrs V P S PRANEETHA
02-08-1991 34 Y 11 M 9 D (F)
Dr. Dr. Swathi Sagi

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/7/2026 10:45am	c/s/by Dr. Naveena	
	O/E GC-fair	Adv
	Afebrile	- Soft diet
V-✓	Vitals-stable	- Adequate hydration
F-✓	PA: ut. retracted well	- drugs as charted
S-✓	Soft, NT	on POD2 - FBS, PPBS
	Dressing: dry & clean	- lactational counselling
	LE: PV bleeding WNL	- M/U & I/sos
	Baby: MS	
		S. Swathi
13/7/26 2pm	c/s/B Dr. Dna	
	POD - 1 P,4 GDM.	
Baby & Mother	GC fair	Adv - Soft diet
	Afebrile	- Adequate hydration
V✓	Vitals-stable.	- Drugs as charted
	PA Ut: Retracted well	- POD-2-FBS, PPBS
F✓	Non tender.	- Lactational Counselling
	LE NAB	- Ted stockings
		- Monitor vitals
		- Inform sos
		N.P. maheshwari @13/7/26 @2:49 PM

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

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/7/26	C/S/B Dr. Divya	
7:30pm	CC fair Afebrile Vitals - stable. P/A Uterus Retracted well. L/E NAD	Adv - Soft diet - Adequate hydration - Drugs as charted - POD-2 FBS, PPBS - Ted stockings. - Monitor vitals - Inform SOS. Noted by Divya 13/7/26
Baby & Mother		
UV		
FV		
SV		
14/7/26		
14/7/2026	C/S/B Dr Monisha	
9Am		
Baby well	CC - Fair Afebrile Vitals Stable P/A - Uterus well retracted L/E - NAD	Adv - Regular diet / Adeq Hydration - Drugs as charted - W/F vitals & BP - PPBS to do → inform - TED Stocking - Ambulate - Inform SOS Noted by Divya 14/7/26
UV		
FV		
SV		
FBS - 78		

HNH-00014102 IP26-00006815
Mrs V P S PRANEETHA
02-08-1991 34 Y 11 M 12 D (F)
Dr. Dr. Swathi Sagi

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/07/2026 10:35am	c/s/ by Dr Naveena	
	O/E GC - fair	Adv
U - ✓	Afebrile	- Regular diet
	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
		- MIVE & I.S.O.S
	Baby: MS	- Remove canula
	Kindly discharge the patient	Noted by Divya 14/7/26

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

HNH-00014102 IP26-00006815
Mrs V P S PRANEETHA
02-08-1991 34 Y 11 M 9 D (F)
Dr. Dr. Swathi Sagi

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DRUG CHART

Date of Admission: 11/7/2002 Drug Allergies: 1. DART (PCM) (PCM + Propyphenazone + caffeine) ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

DOCTOR - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).

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

NURSES - Nurses must follow strictly the FIVE RIGHTS before administration of medication.

1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time

- AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

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

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

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

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

HNH-00014102 IP26-00006815
Mrs V P S PRANEETHA
02-08-1991 34 Y 11 M 9 D (F)
Dr. Dr. Swathi Sagi

REGULAR PRESCRIPTIONS

Weight. 106kgs Ward. .....

DRUG : INJ MONOCEF

Dose	Route	Frequency	Start Date
1g	IV	BD	12/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:
FOR 24HRS.

Date/Time: 12/7 13/7

Stop

Daily Doctor's Endorsement by a Sign

DRUG : T. THYRONORM

Dose	Route	Frequency	Start Date
100MCG	PO	OD	12/7

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

Additional Instructions:

Date/Time: 12/7 13/7 14/7

Daily Doctor's Endorsement by a Sign

DRUG : T. PARACETAMOL

Dose	Route	Frequency	Start Date
1gm	ORAL	QID	12/7/26

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

Additional Instructions:

Date/Time: STOP.

Daily Doctor's Endorsement by a Sign

DRUG : T. TRAMADOL

Dose	Route	Frequency	Start Date
100mg	ORAL	~~BD~~ TID	12/7/26

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

Additional Instructions:

Date/Time: 12/7 13/7 14/7/26

Daily Doctor's Endorsement by a Sign

Verified by Dr. Dhakshayani

Verified by Dr. Dhakshayani

HNH-00014102 IP26-00006815
Mrs V P S PRANEETHA
02-08-1991 34 Y 11 M 10 D (F)
Dr. Dr. Swathi Sagi

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Sheet No: .....

REGULAR PRESCRIPTIONS

Weight 1.06kgs Ward .....

DRUG : 1. DICLOFENAC

Dose	Route	Frequency	Start Dt.
50 mg	ORAL	TID	12/17

Name & Signature of the Doctor Starting the Drugs: Dr. Ameera 1PM

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	12/17	13/17	14/17
6AM	X		
2PM	X		
10PM	X		

DRUG : INJ. CLEXANE

Dose	Route	Frequency	Start Dt.
60 mg	S/C	OD	12/17

Name & Signature of the Doctor Starting the Drugs: Dr. Ameera 1PM

Additional Instructions: @ 8pm
After checking Bleeding status.
FOR 7 days

Daily Doctor's Endorsement by a Sign

Date / Time	12/17	13/17
8PM		

DRUG : INJ. METROGYL

Dose	Route	Frequency	Start Dt.
500mg	IV	TID.	12/17

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

Additional Instructions:
FOR 24HRS.

Daily Doctor's Endorsement by a Sign

Date / Time	12/17	13/17	14/17
6AM	X		
3PM	X		
10PM	X		

STOP 14/12/17

DRUG : INJ PANTOPRAZOLE

Dose	Route	Frequency	Start Dt.
40 mg	IV	OD	12/17

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

STOP 14/12/17

Verified by Dr. Dhakshayani

Verified by Dr. Dhakshayani

Verified by Dr. Dhakshayani

(P.T.O.)

HNH-00014102 IP26-00006815
Mrs V P S PRANEETHA
02-08-1991 34 Y 11 M 10 D (F)
Dr. Dr. Swathi Sagi

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Sheet No: .....

REGULAR PRESCRIPTIONS

Weight 10.6 kg Ward .....

DRUG : INJ. PARACETAMOL

Dose	Route	Frequency	Start Dt.
1gm	IV	TID	12/7

Name & Signature of the Doctor Starting the Drugs: Dr. Ameer. 1/m

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time: 12/7 13/7

6AM ✗ ✗

2pm 4pm ✗ ✗

10pm ✗

STOP 14/7

Verified by Dr. Dhakshayani

DRUG : TAB PANTOPRAZOLE

Dose	Route	Frequency	Start Dt.
40mg	P/O	OD	12/7

Name & Signature of the Doctor Starting the Drugs: M1 Dhanu

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time: 13/7 14/7 15

6AM ✗ ✗

Verified by Dr. Dhakshayani

DRUG : T. MONOCEF-O

Dose	Route	Frequency	Start Dt.
200mg	P.O	BD	13/7

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

Additional Instructions: (Cefpodoxime)

Daily Doctor's Endorsement by a Sign

Date / Time: 13/7 14/7

8AM ✗ ✗

8PM ✗ ✗

Verified by Dr. Dhakshayani

DRUG : T. PARACETAMOL

Dose	Route	Frequency	Start Dt.
1g	P/O	TID	13/7

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

Additional Instructions: Freq - TID

Daily Doctor's Endorsement by a Sign

Date / Time: 13/7 14/7

6AM ✗ ✗

2pm ✗

10pm

Verified by Dr. Dhakshayani

HNH-00014102 IP26-00006815
Mrs V P S PRANEETHA
02-08-1991 34 Y 11 M 9 D (F)
Dr. Dr. Swathi Sagi

Weight. 106kgs Ward. ....

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
12/7	8Am	INJ PANTOPRAZOLE	40mg	IV	[illegible]	[illegible]
12/7	8Am	INJ METOCLOPRAMIDE	10mg	iv	[illegible]	[illegible]
11/7	10pm	PC ENEMA	100ml	PR	[illegible]	[illegible]
12/7	8:45AM	Inj. OXYTOCIN	15U	IV	[illegible]	[illegible]
12/7	9:30AM	Sup. DICLOFENAC	100mg	P/R	[illegible]	[illegible]
12/7	9:30Am	Sup. TRAMADOL	100mg	P/R	[illegible]	[illegible]
12/7	10:30 AM	INJ-TRANEXAMIC ACID	1gm	iV	[illegible]	Mou
~~13/7~~	~~[illegible]~~	~~DULCOLAX suppository~~	~~1tab~~	~~PR~~	[illegible]	
13/7	10pm	DULCOLAX suppository	1tab	PR	[illegible]	Sandhya

Verified by Dr. Dhakshayani

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

HNH-00014102 IP26-00006815
Mrs V P S PRANEETHA
02-08-1991 34 Y 11 M 9 D (F)
Dr. Dr. Swathi Sagi

I.V. FLUIDS CHART

Weight. 106kg Ward. .....

Date	Time	sition 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
12/7	12 AM	RINGER LACTATE	IV	100 ml/hr			12/7		
12/7	7 AM	RINGER LACTATE	IV	100ml/hr			12/7		
12/7	7AM	DNS DEXTROSE NORMAL SALINE	IV	100ml/hr			12/7		
12/7	11AM	RINGER LACTATE	IV	100 ml/hr			12/7		
12/7	1PM	RINGER LACTATE	IV	100 ml/hr			12/7		
12/7	3PM	RINGER LACTATE	IV	100 ml/hr			12/7		
12/7		RINGER LACTATE	IV	100 ml/hr			13/7		
13/7		RINGER LACTATE	IV	100 ml/hr			13/7		
		STOP M bmonk							

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MEDICATION RECONCILIATION FORM

Drug Allergies: ..... Nil ..... ☐ Not known any Drug Allergies

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

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

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	T-IRON	1 TAB	PO	OD	11/7	☐ C ☐ DC
2	T-CALCIUM	1 TAB	PO	OD	11/7	☐ C ☐ DC
3	T. Thyronorm	100mg	PO	OD	11/7	☐ C ☐ DC
4	T-GLYCOMET	500mg	PO	BD	11/7	☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Naveena @

Date & Time : 11/7/2026 @ 7:00pm

Nurse Name & Signature: Madhumitha Maddy

Date & Time : 11/7/26 @ 7pm

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

HNH-00014102 IP26-00006815
Mrs V P S PRANEETHA (F)
02-08-1991 34 Y 11 M 9 D
Dr. Dr. Swathi Sagi

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RESULT SHEET

Date	11/7/26					
Time	8.57pm					
Hb	9.9					
PCV	28.0					
RBC	3.53					
WBC	11.07					
N/L	75/17.3					
Platelets	253					
CRP						
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
Blood group= O+ve			10 PRBC Reserved			
HIV HbsAg VDRL } NR						

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

HNH-00014102 IP26-00006815
Mrs V P S PRANEETHA
02-08-1991 34 Y 11 M 9 D (F)
Dr. Dr. Swathi Sagi

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Early Warning Observation Score Chart - Obstetrics

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

		Date																						
		Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																									
	21 - 30																									
	11 - 20										20		20		20		20			20			20			20
	0 - 10																									
Saturations	94 - 100 %										98		98		98		99			99			99			99
	< 94 %																									
Administered O_2 (L/min.)																										
Temp °c	40																									
	39																									
	38																									
	37																									
	36										-		-		-		-			-			-			-
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80										75		77		85		90			84			89			90
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressue ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120										125		120		122		130			122			119			117
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70										90		71		75		70			81			72			
	60																									
	50																									
	40																									90
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
TOTAL ORANGE SCORES											0		0		0		0			0			0			0
Nurse Initial																										

11/7/26

FHR

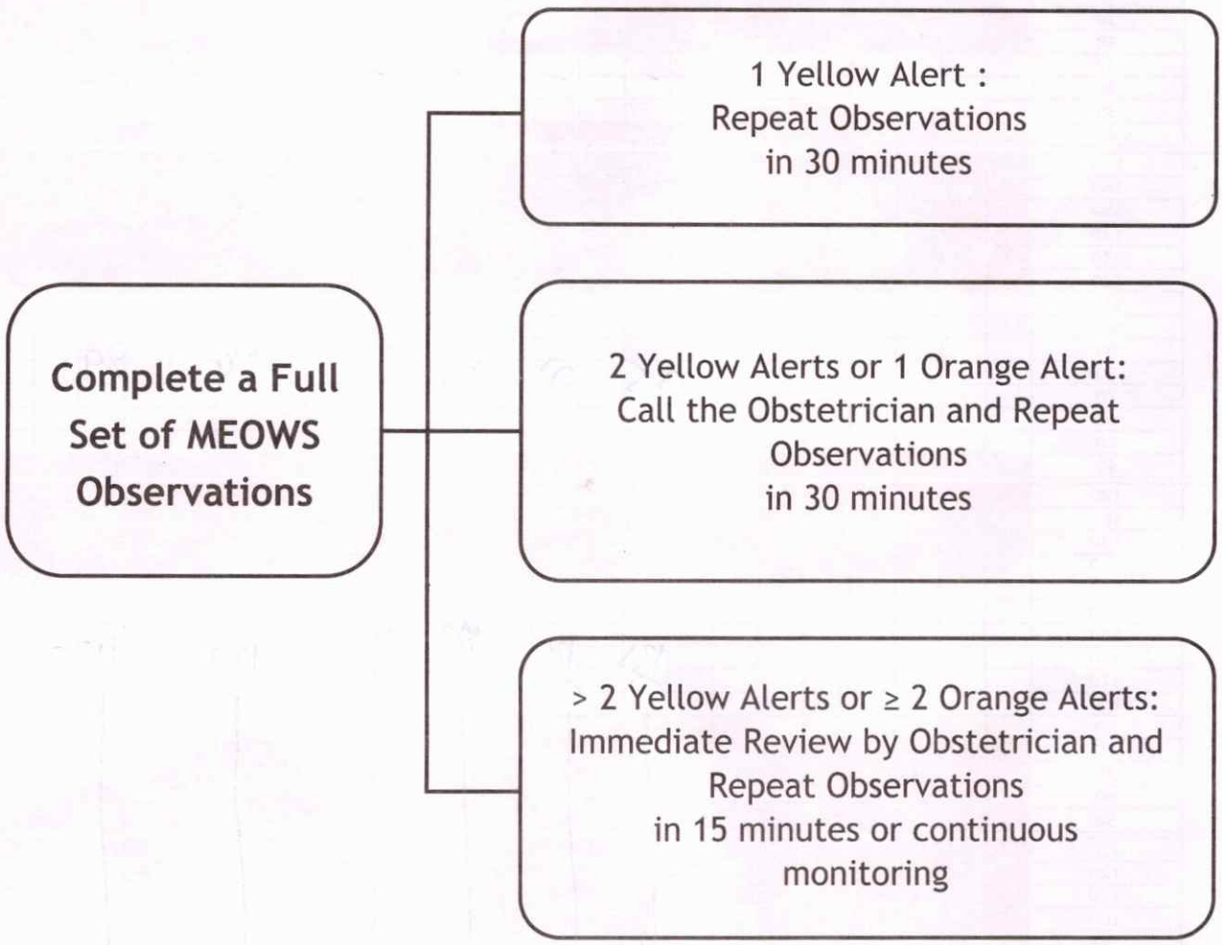
7pm - 130bmt

11pm - 140bmt

12/7/26
2Am — 150bmt

6Am — 152bmt

Obstetrics and Gynaecology Early Warning Signs



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

HNH-00014102 IP26-00006815
Mrs V P S PRANEETHA
02-08-1991 34 Y 11 M 9 D (F)
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Early Warning Observation Score Chart - Obstetrics

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

12/7

		Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																									
	21 - 30																									
	11 - 20	20			20	20	20	20	20	20	20	20		20							20				20	
	0 - 10																									
Saturations	94 - 100 %	99%										98		99			99%				99%				99%	
	< 94 %																									
Administered O_2 (L/min.)																										
Temp°c	40																									
	39																									
	38																									
	37																									
	36					36			36					36			36.4				36.3				36.6	
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70	84			85	85	85	85	87	80	84	80		84			83				85				82	
	60																									
	50																									
	40																									
Systolic Blood Pressure ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130					134	130	140	140	132	130	137		134			130				120				130	
	120	130																								
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70	83				80	69	67	70	69		68		76			70				80				70	
	60																									
	50																									
	40																									
NEURO RESPONSE [✓]	Alert																									
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30																									
	< 30																									
Proteinuria	Protein + +																									
	Protein > + +																									
Lochia	Normal																									
	Heavy / Foul																									
Liquor	Clear / Pink																									
	Green																									
TOTAL YELLOW SCORES						0	0	0	0		0			0							0				0	
TOTAL ORANGE SCORES																										
Nurse Initial																										

HNH-00014102 IP26-00006815
Mrs V P S PRANEETHA
02-08-1991 34 Y 11 M 10 D (F)
Dr. Dr. Swathi Sagi

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Early Warning Observation Score Chart - Obstetrics

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

10/7/26	Date																							
	Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20			20				20				20				20				19				19	
	0 - 10																								
Saturations	94 - 100 %			99%				100%				99%				99%				99%				99%	
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37			98.1°F				97.8°F				98.1°F				CH-98°F				98°F				98.2°F	
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80			78bpm				81bpm				92				83				85				91	
	70																								
	60																								
	50																								
	40																								
↑ Systolic Blood Pressue	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120			120				125				132				139				125				110	
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
↓ Diastolic Blood Pressure	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70			71				75				83				70				80				77	
	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				1				1				0				0	
TOTAL ORANGE SCORES				0				0				0				0				0				0	
Nurse Initial				e				e				[illegible]				[illegible]				[illegible]				[illegible]	

HNH-00014102 IP26-00006815
Mrs V P S PRANEETHA 34 Y 11 M 12 D (F)
02-08-1991
Dr. Dr. Swathi Sagi

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Early Warning Observation Score Chart - Obstetrics

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

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

HNH-00014102 IP26-00006815
Mrs V P S PRANEETHA
02-08-1991 34 Y 11 M 9 D (F)
Dr. Dr. Swathi Sagi

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BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : C

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
			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 :**						
11/2	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm	–	Khichdi	–	–							
Total Intake :		Taken				**Total Output :**				Passed.		
11/2	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am	RL	NBM	100ml								
	01:00 am	RL		100ml								
Total Intake :		Taken				**Total Output :**				Passed		
	02:00 am	RL	N	100ml								
	03:00 am	RL	B	100ml								
	04:00 am	RL	M	100ml								
	05:00 am	RL	N	100ml								
	06:00 am	RL	M	100ml								
	07:00 am	RL	M	100ml								
Total Intake :		Taken				**Total Output :**				Passed		

Total 24 hrs. Intake		Total 24 hrs. Output	

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Mrs V P S PRANEETHA
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FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
12/7/26	08:00 am	DNS		100ml								
	09:00 am	RL		100ml								
	10:00 am	RL	IV	100ml						300ml		
	11:00 am	RL	IS	100ml								
	12:00 pm	RL		100ml						900ml		
	01:00 pm	RL	M	100ml								
Total Intake :						**Total Output :**						
12/7/26	02:00 pm	RL		100ml						300ml		
	03:00 pm	RL		100ml								
	04:00 pm	RL	Soup	100						200ml		
	05:00 pm	RL		100								
	06:00 pm	RL	J	100ml								
	07:00 pm	RL	H2O	100ml								
Total Intake : Full						**Total Output :**						
12/7/26	08:00 pm	RL		100ml								
	09:00 pm	RL		100ml								
	10:00 pm	RL	Rolly	100ml						500		
	11:00 pm	RL	+	100ml								
	12:00 am	RL	H2O	100ml								
	01:00 am	RL		100ml						500		
Total Intake : Taken						**Total Output :** U-1000 - M-0						
13/7/26	02:00 am	RL		100ml								
	03:00 am	RL		100ml						600		
	04:00 am	RL		100ml								
	05:00 am	RL		100ml								
	06:00 am	RL		100ml								
	07:00 am	RL		100ml						500		Foley's Removed
						Total Output : U-1100 M-						

Total Intake : Taken

Total 24 hrs. Output	

Intake

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Dr. Dr. Swathi Sagi

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FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
12/2/26	08:00 am											
	09:00 am											
	10:00 am	O	IDly + Mlo									
	11:00 am				N/A							
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :** U- 1 M- 0						
13/2/26	02:00 pm											
	03:00 pm											
	04:00 pm		UPMg + H2O									
	05:00 pm	O			N/A		O	N/A			O	
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :** U - M -						
13/2/26	08:00 pm											
	09:00 pm		UPMg									
	10:00 pm											
	11:00 pm	O	H2O									
	12:00 am		Soup		N/A			N/A			O	Vomit
	01:00 am											
Total Intake :						**Total Output :** U- 3 M- 1						
14/2/26	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am		H2O		N/A			N/A				Vomit
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :** U-2 M-0						

Total 24 hrs. Intake		Total 24 hrs. Output	

00006815

11 M 12 D (F)

Dr.

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FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
14/7/26	08:00 am											
	09:00 am	1	Daily 7/26			—				—		
	10:00 am	0			NA			NA			0	
	11:00 am											
	12:00 pm											
	01:00 pm	1									1	
Total Intake :		taken				**Total Output :**				U — M —		
	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-00014102
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02-08-1991 34 Y 11 M 9 D (F)
Dr. Dr. Swathi Sagi

NURSING CARE RECORD

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Date: 11/7/26

Goals

- ☐ Maintain Airway and Oxygenation
- ☐ Maintain Personal Hygiene
- ☐ Identify Potential Complications
- ☐ Believe 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	2pm | 8pm	→ Assess the RI condition → monitor the vitals 6 hrly → maintain I/O chart & nd → NST & FHR monitoring → NST & THR main	2pm | 8pm	→ Assessed the PT Condition → monitor monitored the vitals 6 hrly → Administered medication as Prescribed → NST & thrly.	RI is stable	maintain I/O chart & hrly	Akhila
Night	8pm | 8am	→ plan for vitals → plan for medication → plan for I/O chart → plan for NST	8pm | 8am	→ vitals Normal → Medication given → I/O chart Maintained → NST done	stable	Normal	Anusha,

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NURSING CARE RECORD

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Date: 12/7/26

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		→ Plan for vitals → Plan for I/O chart. → Plan for medications.		→ Vitals checked & recorded. → Maintain I/O chart. → Maintain I/O chart.	→ Vitals normal	→ Pt's Stable	Madhu
Afternoon		—		Day duty	—		
Night	8PM ↓ 8am	→ Assess the patient general condition → Monitor vitals → Administer medications as per doctor's orders	8PM ↓ 8am	→ Assessed the patient general condition → monitored vitals → Administered medications as per doctor's orders	Patient is stable	Rechecked vitals	

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NURSING CARE RECORD

Date: 13/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8AM 2pm	→Assess the pt condition →monitor the vitals →maintain I/O chart. →drugs give as per drug chart :	8AM 2pm	→Assessed the pt condition. →monitored the vitals. →maintained I/O chart. →drugs given as per drug chart.	→pt is stable now	→Re assessed the vitals.	
Afternoon	2PM 8PM	→Assess the Pt condition →monitor vitals →maintain I/O chart →medication as per drug chart	2PM 8PM	→Assessed the Pt condition →monitored vitals recorded →maintained I/O chart →drug as per chart →IV cannula Present	→Pt is Stable	→rechecked vitals	
Night		→Assess the pt condition →monitained the vitals →drug as pr. chart	8pm to 8am	→Assess the pt condition →monitained I/O chart →drug as pr. chart	pt PS 9 stable	Re-check the Vitals	

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NURSING CARE RECORD

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Date: 14/7/26

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 → maintain Io chart → pt on regulardiet → Administer medication as per drug chart	8am 2pm	→ Assessed the pt condition → monitored vitals recorded → maintained Io chart → medication as per drug chart	→ pt is stable	→ rechecked vitals	
Afternoon							
Night							

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CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1			DAY-2			12/6 DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0		0	0	0	0	0	0	0	–	
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1		–	–	–	–	–	–	–	–	
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2		–	–	–	–	–	–	–	–	
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3		–	–	–	–	–	–	–	–	
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4		–	–	–	–	–	–	–	–	
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5		–	–	–	–	–	–	–	–	
			Signature of the Nurse										

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

Signature of Shift In Charge :

Signature : Anushea Name : Anushea

Signature of Ward In Charge :

Signature : Kasturi Name : Kasturi

Patient Sticker

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CHECKLIST FOR THROMBOPHLEBITIS

14/7/26

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1			DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0	0									
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	ND									
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2	ND									
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	ND									
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	ND									
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	ND									
			Signature of the Nurse										

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

Signature of Shift In Charge :

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

Signature of Ward In Charge :

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

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Mrs V P S PRANEETHA
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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	11/12/26	11/1	12/1
		Score	E	N	MG
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	0	0	0
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0	0	0	0
IV / Heparin Lock or Saline	Yes	20	20	20	20
	No	0	0	0	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	0	0	0
Total Morse Fall Scale Score:			20	20	20
		Signature			

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

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

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

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

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

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

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

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02-08-1991 34 Y 11 M 9 D (F)
Dr. Dr. Swathi Sagi

Morse Fall Risk Assessment Form

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Choose Highest Applicable Score from each Category		Date / Time	7/7	12/7	13/7/26
		Score		MG	E2
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0			
Secondary Diagnosis (more than one diagnosis)	Yes	15			
	No	0			
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0	0	0	0
IV / Heparin Lock or Saline	Yes	20	20	20	20
	No	0	0		
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10			
	Normal /On Bed Rest /Immobile	0			
Mental Status	Forgets limitations	15			
	Oriented to own ability	0			
Total Morse Fall Scale Score:			20	20	20
		Signature			

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

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

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

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

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

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

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

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BRADEN 'Q' SCALE

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					Date : 11/12	11/12	11/12	12/12
					Time : 02	10	06	02
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	4	4
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
				TOTAL SCORE	28	28	28	28
				Evaluator's Name				

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

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

HNH-00014102 IP26-00006815
Mrs V P S PRANEETHA
02-08-1991 34 Y 11 M 9 D (F)
Dr. Dr. Swathi Sagi

BRADEN 'Q' SCALE

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				Date : 12/2 / 13/7/26 / 13/7 / 14/7/26 Time : 08 / 12 / 01 / 11
Mobility	**mmobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4 / 4 / 4 / 4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4 / 4 / 4 / 4
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4 / 4 / 4 / 4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4 / 4 / 4 / 4
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4 / 4 / 4 / 4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4 / 4 / 4 / 4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	3 / 4 / 4 / 4
				TOTAL SCORE	27 / 28 / 28 / 28
				Evaluator's Name	

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

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
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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-00014102 IP26-00006815
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02-08-1991 34 Y 11 M 9 D (F)
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PAIN ASSESSMENT FORM

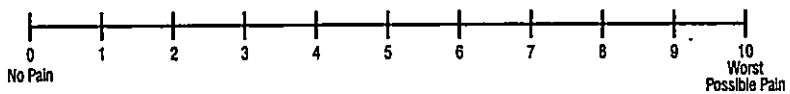
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
11/7	5Pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
11/7	10pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	N/A	
12/7	12Am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
12/7	2Am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
12/7	8Am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	N/A	
12/7	3Pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
12/7/26	10pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
13/7/26	12pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
13/7/26	6Pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
13/7/26	10pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	

Re-assessment Frequency:

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

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

HNH-00014102
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URINARY CATHETER BUNDLE CHECK LIST

Date of Insertion: 12/7/26 Date of Removal: .....

Parameters / Date / Shift Time	12/7 M	12/7 M6	12/7/26 N8				
Need for the Catheter	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Hand Hygiene	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Usage of Sterile Equipment	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is the Collection bag below the level of bladder	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Check the Tube for Obstruction (Free of Kinking)	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is Catheter dated as policy	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Collecting bag is been emptied regularly?	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Maintenance of closed system for the catheter	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Dressing clean and dry?	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is the line removed as Policy?	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Performance of Perineal Care	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Onset of New Fever	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Asses for the leakage at the site of insertion	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Name of the Nurse	Anshu	Maddy	Sandhya				
Signature of the Nurse							

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

HNH-00014102 IP26-00006815
Mrs V P S PRANEETHA
02-08-1991 34 Y 11 M 10 D (F)
Dr. Dr. Swathi Sagi

Patient Sticker

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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: LSCS

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

Surgery / Procedure:

Post OP Day:

		Date / Shift	12/7 M5	12/7/26 M8	13/7 M6	13/7/26 E2	13/7/26 M7	14/7/26 M5
BACKGROUND		Medical Condition (Any special condition to be noted):	—	—	—			—
		Diet:	Soft	Soft	Soft	soft diet	Soft	Soft
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:	96.5°F	98.3°F	98.1°F	97.2°F	98.3°	97.4°F
		Res:	20b/m	20b/m	20b/m	20b/m	20b/m	20b/m
		SpO_2:	99%	99%	99%	100%	100%	99%
		Pulse:	85b/m	85b/m	85b/m	86b/m	83	80b/m
		BP:	120/70	120/80	110/75	106/72	—	100/70
		LOC:	—	—	—	—	—	—
		Fall Risk Score:	—	—	—	—	—	—
		Pain Score:	—	—	—	—	—	—
		Skin Integrity	—	—	yes	yes	yes	yes
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:			—	—	—	—	—	Divya
Handed Over By Name :			Swetha	Sandhya	mahi	Divya	Neelu	Divya
Signature / ID :								
Date:			12/7/26	13/7/26	13/7/26	13/7/26	14/7/26	14/7/26
Time:			8PM	8am	2pm	8PM	8PM	8am
Taken Over By Name :			Sandhya	mahi		Neelu	Divya	
Signature / ID :								
Date:			12/7/26	13/7/26		13/7/26	14/7/26	
Time:			8PM	8AM		8pm	8am	

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

Patient Sticker

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NURSING SHIFT HAND OVER FORM

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

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00014102 IP26-00006815 Mrs V P S PRANEETHA 02-08-1991 34 Y 11 M 10 D (F) Dr. Dr. Swathi Sagi	12/07/2026 @ 3:49 PM	12/7/2026 @ 5:40PM
	Transfer Ordered by Dr. Manisha	Reason for Transfer Observation
From Unit pre & post	To Unit 210	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 32	Number of Imaging Films NST (3)	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	500 ml
2.		
3.		
4.		
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
	Dr. Manisha
Patient & Clinical Records Received by :	
Date & Time of Patient Received :	12/7/26 @ 5:40 pm

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

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

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00014102 IP26-00006815 Mrs V P S PRANEETHA 02-08-1991 34 Y 11 M 9 D (F) Dr. Dr. Swathi Sagi	11/7/26 @ 3:49 pm	12/7/26 @ 8AM
	Transfer Ordered by Dr. Naveena.	Reason for Transfer EL-LSCS
From Unit pre-post	To Unit OT	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 28	Number of Imaging Films NST (1)	Personal belongings including clinical documents. If any handed over to attendant Yes ☑ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	RL on flow	(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
Chowdakala	Dr naveena

Patient & Clinical Records Received by : 12/7/26.

Date & Time of Patient Received :

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

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

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CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: Dr. Swathi Sagi	Date of Delivery: 12/07/2026
Assistant Surgeon: Dr Naveena	Time of Delivery: 8:45am
Anaesthetist's Name: Dr. Sai Raj	Gender of Baby: Female
Type of Anaesthesia: Spinal.	Weight of Baby: 3.140kg.
Neonatologist: Dr. Naipunya	AGPAR Score: 7	8
Scrub Nurse: Archana	NICU Admission: ☐ Yes ☒ No

Pre-Operative Diagnosis: Primigravida with 36[+6] wks; POG & GDM on. OHA+I cervical ~~Cerclage~~ insitu. & precious pregna

☒ Elective ☐ Emergency Indication: Precious Pregnancy.

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: Reactive.

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

Surgical Procedure: Elective. LSCS with. Cervical. Circlage. Removal.

Post Operative Diagnosis: P1L1 on. POD0 following Elective LSCS. with Cervical Circlage insitu.

Peri-Operative Complications:

Amount of Blood Loss: 200ml.	Blood Transfused (in ML):

Name and Number of Surgical Specimen sent for examination:

Examination Findings when Appropriate:

Presentation: ☑ Cephalic ☐ Breech ☐ Other ..... Cervical Dilatation: – cm

5th Palpable: 5/5th Fetal Position: –

Station: ☐ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2 Moulding: ☑ None ☐ + ☐ ++ ☐ +++

Caput: ☐ + ☐ ++ ☐ +++ Meconium: ☑ None ☐ + ☐ ++ ☐ +++

Bladder Catheterized : ☑ Yes ☐ No Urine: ☑ Clear ☐ Blood Stained

---

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

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

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

Incision Through Placenta: ☐ Yes ☑ No • Cervical cerclage removed

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 & Catgut no. 1 ..... Suture

Peritoneal Closure: ☐ Pelvic ☑ Abdominal ☐ None Catgut no. 1. ..... Suture

Sheath Closure: Yes ~~Polene~~. Ethylon. ..... Suture

Fat Closure: ☑ Yes ☐ No Catgut ..... Suture

Skin Closure: ☑ Subcuticular ☐ Mattress Monocryl 3-0. ..... Suture

Vaginal Evacuated ☑ Yes ☐ No

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

Ctheter ☑ Yes ☐ No ☐ Remove in 24hrs 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
ivfe & drugs as charted.
Inj. Tranexamic Acid 1gm PV stat
GRBS 4th hrly Urine I/O charting
till night wlf PV bleeding.
flb 6th hrly Inj. CLEXANE 60U sc after 8hrs x 7days.
till Salt diet Monitor Vitals
FBS, PPBS on POD2 Inform SOS

Doctor Name: Dr. Swathi Sagi Doctor Signature:

Date & Time: 12/07/2026

SURGICAL SAFETY CHECKLIST

HNH-00014102 IP26-00006815
Mrs V P S PRANEETHA
02-08-1991 34 Y 11 M 10 D (F)
Dr. Dr. Swathi Sagi

Surgeon : Dr. Swathi Sagi
Asst. Surgeon : Dr. Naveena
Anaesthetist : Dr. Sai Ram
Scrub Nurse : St. Archana

..... Age : ..... Gender : .....
UHID No. : ..... Surgery Name : .....
Date : 12/7/26 In-time : ..... Out-time : .....

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Before Induction of Anaesthesia ➤ ➤

SIGN IN Time: 8:15 AM

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

Site Marked ☑ Yes ☐ No ☐ NA

Anaesthesia Safety Check Completed ☑ Yes ☐ No

Pulse Oximeter on Patient & Functioning ☑ Yes ☐ No

Does Patient have a:
- Known Allergy? ☑ Yes (DART) ☐ 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 : 1M.
Name : Dr. Ameen

Before Skin Incision ➤ ➤

TIME OUT Time: .....

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 : .....
Name : Jaswanth 8:38 AM

Before Patient Leaves Operating Room

SIGN OUT Time: .....

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 : .....
Name : Dr. Swathi Sagi

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PATIENT TRANSFER FORM

HNH-00014102 IP26-00006815
Mrs V P S PRANEETHA
02-08-1991 34 Y 11 M 10 D (F)
Dr. Dr. Swathi Sagi

Date & Time of Admission	Date & Time of Transfer Order
12/7/26 @	12/7/26 @ 9:40 pm.

Treating Consultant Name	Transfer Ordered by	Reason for Transfer
Dr.	Dr. Sairam	Observation

From Unit	To Unit	Information to Attendant
OT	Pre-Port	Yes ☑ No ☐

Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant
		Yes ☐ No ☑
		If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	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
Kalyani	Dr. manisha.

Patient & Clinical Records Received by :

Date & Time of Patient Received :

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

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

HNH-00014102 IP26-00006815
Mrs V P S PRANEETHA
02-08-1991 34 Y 11 M 9 D (F)
Dr. Dr. Swathi Sagi

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OBSTETRICS / GYNECOLOGY
NURSING INITIAL ASSESSMENT FORM

Date of Admission: 11/2/26

Baseline Information:

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

Primary Language: ☐ Telugu ☐ English ☐ Hindi ☐ Others, specify .....

Do you require an interpreter? ☐ Yes ☑ No if Yes specify .....

Source of Information: ☑ Patient ☐ Family ☐ Others, specify .....

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

If yes , identify .....

Chief Complaints: came for delivery

Doctor Notified on Admission: ☑ Yes ☐ No

Name of the Doctor: Dr. Manisha.

Time Notified: 4 PM

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

Past Medical History	Past Surgical History	Previous Hospital Admission
–	–	–

Gynecology Assessment: ☐ Not Applicable

Menstrual History: Regular

Onset of Menarche: .....

Menstrual Cycle: ☐ Regular ☐ Irregular

Last Menstrual Period: .....

Gynecology Surgical History:

Caesarean Section: ☐ No ☐ Yes

Cervical Cerclage: ☐ No ☐ Yes

Ectopic Pregnancy: ☐ No ☐ Yes

Myomectomy: ☐ No ☐ Yes

Others: _____

Gynecological History:

Contraceptives: ☐ No ☐ Yes

Vaginal Discharge: ☐ No ☐ Yes

Post-Coital Bleeding: ☐ No ☐ Yes

Infertility: ☐ No ☐ Yes

If Yes Type: ☐ Primary ☐ Secondary

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

Previous LSCS: NO

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

Family History: ☑ No Abnormalities Detected

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

☐ Liver disease ☐ Other .....

Vital Signs / Measurements: Temp: 98°F HR: 87bmt RR: 20bmt

BP: 110/75 Weight: ..... Height: ..... BMI: .....

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

HNH-00014102 IP26-00006815
Mrs V P S PRANEETHA
02-08-1991 34 Y 11 M 9 D (F)
Dr. Dr. Swathi Sagi

PHYSICAL ASSESSMENT

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

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: ☑ No Abnormality Detected

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

☐ Under Weight ☐ Diabetes Mellitus ☐ Hyperemesis Gravidarum

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

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

☐ Others .....

Inform consultant for positive criteria

SOCIAL SCREENING:

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

Social History: Lives With .....

Orientation has been given regarding the following aspects:

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

Infusion Pump : ☐ Yes ☐ No Hand Hygiene Explained: ☐ Yes ☐ No ☐ Others

Above information given to ..... PT .....

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

Orientation not given Reason: 11/12/26 .....

Nurse Signature: .....

Nurse Name: Akhila .....

Date & Time: 11/12/26 @ 4pm

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02-08-1991 34 Y 11 M 9 D (F)
Dr. Dr. Swathi Sagi

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OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 11/12/26 Time of Arrival: 3:40pm Time Seen by Nurse: 3:40pm

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

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

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

3) **Vital Signs:** Temperature: 97°F Pulse: 82bpm RR: 20bpm SpO_2: 99% BP: 110/70 Weight: .....

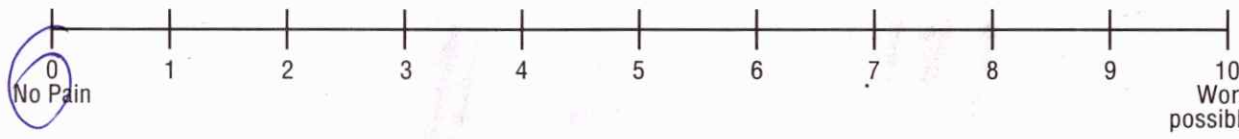
4) **Gestational Criteria:**

Gravida:	G	P	L	A
		1		

LMP: 27/10/26 EDD: 3/8/26 Gestational Age: 36+5weeks

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

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



- Location: .....
- Duration: ..... Days / Weeks/ Months (Strike out which is not applicable)
- Character: .....
- Frequency: 10pi/y
- Interventions: .....

.....

6) **Past History:**

a) Surgeries: NIL

b) Medical: GDM, Hypothyroidism

Patient Sticker

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

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

9) **Prenatal Medical History:**

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

Triage Category: (Please tick on the category)

Refer to OBSTETRICAL TRIAGE ACUITY SCALE (OTAS)

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

OBCU Obstetrical Triage Acuity Scale (OTAS)

OTAS	Level 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: 4PM

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

Date: 11/12/26 Time: 4PM

Patient Sticker

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NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 13/7/26 Time: 11:30Am

Origin: Indian Height: 5.5 Weight: 104 kg BMI: ☐ ~ 26 kg/m² ☐ ~ 28 kg/m² ☐ ~ 30 kg/m²

Food Allergies: NO

Diagnosis: LSCS

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

3.14 kg

Diet Advised:

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

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

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

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

Patient's / Attendant's	Dietician's
Signature:	Signature:
Name: pranaatha. V	Name: sathwika. G
Date & Time: 13/7/26 ; 11:30Am	Date & Time: 13/7/26 ; 11:30Am

Patient Sticker

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CROSS CONSULTATION FORM

Doctor Name : Dr. Swathi Date : 13/7/26 Time : 12pm

Diagnosis : LSCS

Hospital : RCH - HMNR

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

Type of Referral :
☐ Emergency
☐ Urgent
☐ Non Urgent

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

Signature:

Findings and Recommendations :

Lactation care plan

- well formed Breast & Nipple's
- colostrum seen
- Sucking observed
- primi
- Advice Direct Breast feeding as demonstrated in football (or) cradle hold
- Aim for deep latch & stimulate baby continuously while feeding.
- warm care
- monitor output & weight
- every 2 - 2½ hours on each side 15-20 mints alt f/b Burping

Consultant :

Name : Sathwika. G Signature : Date & Time : 13/7/26 ; 12pm

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BREAST FEEDING HANDOVER AND ASSESSMENT FORM

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

2. If No, Reason .....

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

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

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

Feeding Positions:
Cross Cradle

Feeding Positions:
Football / Clutch

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

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

8. NICU admission: NO
   - ☐ a. Mother needs to stimulate her breast for 2 min every 2 hours

9. Additional notes: .....

Continuity of Care: Date: 12/07/2026

→ Assess the pt condition
→ Check the vital's & Recorded
→ Maintain Product
→ 2nd hrly DBF

Handover given by ..... Anusha.B. Handover take .....

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

Date & Time: 12/07/2026 @ 3pm Date & Time: .....

HNH-00014102 IP26-00006815
Mrs V P S PRANEETHA
02-08-1991 34 Y 11 M 9 D (F)
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NURSING SHIFT HAND OVER FORM - WARD

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

SITUATION

Diagnosis: PPROM 36+5 wks. EL-LSCS.

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

BACKGROUND

Area / Shift Time	11/7 E2	11/7 N	12/7 E2			
Medical Condition (Any special condition to be noted):	NA	NA T96 DOL Fab. DOL	–			

ASSESSMENT

Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Vital Signs: Temp:	98.1°F	98.6°F	98.1°F				
Res:	20bpm	20	20				
SpO_2:	99%	99%	98%				
Pulse:	84bpm	89	89				
BP:	120/70	122/62	114/76				
Fall Risk Score:	–	–	–				
Pain Score:	–	–	–				

Recommendations

Safety Needs:	Yes	Yes					
Physiotherapy	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Others Specify:	–	–	–				
Special Diet:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Other Special Orders / Medications:	NA	Yes GDM	–				
Post Operative Procedure Special Orders:	NA	NA	–				
Handed Over By Name :	Akila	Anitha	Anitha				
Signature :							
Date:	11/7/26	11/7	12/7/26				
Time:	8pm		8pm				
Taken Over By Name :	Anitha 01:25	01:25					
Signature :							
Date:	01/26						
Time:							

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NURSING SHIFT HAND OVER FORM - WARD

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

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

HNH-00014102 IP26-00006815
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02-08-1991 34 Y 11 M 9 D (F)
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EL-LSCS.

PRE - OPERATIVE CHECK LIST

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Date: 11/7/26

Patient's Name : Mrs. V P S praneetha Age : Gender : ☐ M ☑ F

Blood Group : OTVE UHID : HNH-00014102

Planned Surgery : EL-LSCS. Surgeon : Dr. Swathi Sagi.

Anesthetist : Dr. Sahaj Date & Time of Operation : 11/7/2026

Tick Appropriate Boxes, To be filled by Nurse Incharge / Senior Nurse :

S.No	INSTRUCTIONS	ER/Ward. Nurse			OT Nurse		
		Yes	No	NA	Yes	No	NA
1.	Weight checked and recorded?	☑	☐	☐	☐	☐	☐
2.	Is the patient fasting for over 6 hours Pre-Operatively?	☐	☐	☐	☐	☐	☐
3.	Check Pre-OP Investigations & Results (CBP, Blood Group, BT, CT, PT / APTT, Viral Screening, CXR etc) available before starting the procedure	☑	☐	☐	☐	☐	☐
4.	Enema given / Bowel Preparation	☐	☐	☐	☐	☐	☐
5.	Remove all ornaments, earrings, toe rings, nose rings etc and implants, dentures	☑	☐	☐	☐	☐	☐
6.	Sterile Gown Given	☐	☐	☐	☐	☐	☐
7.	Is Blood arranged as required?	☑	☐	☐	☐	☐	☐
8.	If Blood has been ordered - is Blood bag ready?	☐	☐	☐	☐	☐	☐
9.	IV Cannula to be placed / IV fluids if Indicated	☑	☐	☐	☐	☐	☐
10.	Pre Anesthetic consultation with anesthesiologist	☐	☐	☐	☐	☐	☐
11.	Pre Medications Given? (Sedatives / etc)	☐	☐	☐	☐	☐	☐
12.	Skin Preparation	☑	☐	☐	☐	☐	☐
13.	Site is marked	☐	☐	☐	☐	☐	☐
14.	Surgery consent / High Risk consent taken by surgeon? (Consent should be taken by the operating surgeon only)	☑	☐	☐	☐	☐	☐
15.	Implants are available	☐	☐	☐	☐	☐	☐
16.	Equipment is avaialble	☑	☐	☐	☐	☐	☐
17.	Antibiotic Prophylaxis is given within the last 60 minutes	☐	☐	☐	☐	☐	☐
18.	Other (if any)	☐	☐	☐	☐	☐	☐

NOTE: if any of above is ticked "NO" Discuss with the registrar / consultant immediately

Billing Clearance Taken : ☐ Yes ☐ No

Billing Executive Name : OT Nurse Name : Anusha ER/Ward Nurse Name :

Billing Executive Signature : Signature of OT Nurse : Signature of ER/Ward Nurse :

Date & Time : Date & Time : 11/7/26 Date & Time :

Doc. No. : RCH / FRM / CLINICAL / 107

Rainbow Children's Medicare Ltd. Himayathnagar Hyderabad 500029

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE

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Patient Name : Mrs. V.P.S. PRANEETHA Age : 34 Yrs Gender : Male ☐ Female ☑

UHID NO: HNH-0014102 Surgeon Name: Dr. SWATHI SAGI

Anaesthesiologist : Dr. SAMIR

Operative procedure planned : EL-LSCS

PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA

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

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

☐ Heart disease ☐ Hypertension ☐ Diabetes mellitus ☐ Renal failure

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

☐ Incapacitating Cronic Obstructive Pulmonary Disease

☐ Others : HIGH BMI

Comments :

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

DECLARATION BY PATIENT / GUARDIAN / PROXY

I hereby authorize Rainbow Hospital & its authorized doctors to perform upon me / my patient Mrs. V.P.S. PRANEETHA the above mentioned operation / Diagnostic / Therapeutic procedures EL-LSCS

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 : Praveetha

Relationship with Patient: Self

Date & Time : 12/7/26

Witness :

Signature : .....

Name : V.V.N. Vinayaka Perera

Date & Time : 12/7/26 ; 7.20am

Doctor (who is taking the consent) :

Signature : .....

Name : Dr. Sathsi

Date & Time : 11/07/2026 7:30pm

HNH-00014102 IP26-00006815
Mrs V P S PRANEETHA
02-08-1991 34 Y 11 M 9 D (F)
Dr. Dr. Swathi Sagi

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Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION

Name: Mrs. V.P.S. PRANEETHA Age: 34 yrs Sex: female UHID.No : HNH-0014102

Date: 11/07/2026 Time: 7:00 pm Proposed Operation: EL-LSCS

Diagnosis: PRIMI, 36 wks, IUI Conception, GDM, Hypothyroid

B.P / CRT: ..... H.R: ..... Weight: 106 kgs ASA Physical Status: ☐1 ☐2 ☑3 ☐4 ☐5

Laboratory Data:

Hgb: 9.9	Glucose: FBS-73	Protein:	HIV: NR	X-Ray:
PCV: 28	Urea:	Alb:	HBS Ag: NR	ECG:
WBC: 11070	Creat:	Total Bill:	HCV:	2D Echo:
Plate: 2.53	Na:	Dir. Bill:	Blood group: O+ve	Stress/Anglo:
PT:	K:	LDH:	T3	Other:
PTT:	Ca++:	Alk phos:	T4	
INR:	Mg++:	Amylase:	TSH	
	Cl -:	SGOT/SGPT:		

Allergies: TAB. DART

Medical History: CVS :

RESP : NAD.

CNS :

Renal :

Hepatic / GE :

Others : (1) Hypothyroidism : 2yrs on Thyronorm 100 mcg.

Diabetes : (1) GDM on TAB METFORMIN 500mg TID :: 8 months INSULIN 14 TID.

Physical Activity:

Past Anaesthetic History: Cervical Cerclage @ 5 months ↓ MAC & DRUGS.

Physical Exam: High BMI

Airway: MP 1 (2) 3 4 Mouth Opening: 3FB Mentohyoid Distance: 3FB Neck: Short Teeth: No loose teeth

Lungs : BL AEE, clear

Heart: S1S2 +

CNS: NAD.

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

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

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

CURRENT MEDICATIONS	DOSAGE
1. Thyronorm	100 mcg OD
2. Novo Rapid	14 U TID
3. METFORMIN	500mg TID.

Pre-Operative Instructions:

1. DVT Prophylaxis :
2. NIL ORAL → Water / ORS 2 Hours; → Others 6 Hours
3. Informed Consent: ☐ Standard ☐ High Risk
4. Post Operative Pain Management: ☑ Discussed with Patient
5. Other Instructions:
   - Adv. I/V CBP.
   - 2. FBS on Day of Sx
   - 3. Reserve 10 PRBC.
   - 4. SKIP INSULIN & OHA ON MORNING of Sx.

Signature: ..... Name: Dr. SAIRAM.V

HNH-00014102 IP26-00006815
Mrs V P S PRANEETHA
02-08-1991 34 Y 11 M 10 D (F)
Dr. Dr. Swathi Sagi

ANAESTHESIA CHART

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Pre Induction Assessment:

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

H.R: 100/mt.	B.P / CRT: 130/60 mg	SpO_2: 100%.	R.R: 22/Mt.	Last Feed:

Pre-OP Diagnosis: 36 weeks c High BP Operation: Elective LSCS Date: 36 hr.

Surgeon: Dr. Anaesthesiologist: Dr. SAIRAJ / Dr. Anjali(?) Technician: Venkat

TIME	8:15	→ 8:45	→ 9:15
N_2O /AIR /O_2 LPM			
HALO /SO /SEVO			
Drugs:			
8. OXYTOCIN	3U	+ 3U.	
FIO_2 / SaO_2	100	100	100 / 100
$ETCO_2$			
ECG	SR	— SR	— SR
Temperature			
Urine Output			
Fluids / Blood: RINGER LACTATE	1L →	→	1L →

Antibiotic

Suppository

Blood Loss: ~ 400 ml

NOTES: Girl baby @ 8:45 AM

B.P: V Systolic, Λ Diastolic, X Mean, • Heart Rate — scale 240, 220, 200, 180, 160, 140, 120, 100, 80, 60, 40, 20, 10, 0
(Plotted: systolic ~130–140, heart rate ~100, diastolic ~80)

Tourniquet on Time
Tourniquet off Time
Throat Pack In
Throat Pack Out

LAB Values: ABG / GRBS / Others

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

Position: Supine
☑ Pressure Points Checked

Eye Care:
☐ Oint
☐ Tape
☐ Padding
☑ Awake

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

Times:
Anaes Start: 8:15 AM
OP Start:
OP End:
Leave OR: 9:15 AM

Anaesthesia:
☐ GA
☐ Monitored Anaesthesia Care
☑ Regional

Line (Size & Location)
☐ CVP:
☐ ART: 18G
☑ IV: (R) 20G.
☐ IV:
☐ IV:

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

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

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

Regional:
Extremity Specify: ....
☑ Spinal ☐ Epidural ☐ Caudal
Others: ....
Position: Sitting
Site: L3 L4
Needle Size: 25G Quincke spinal needle Depth:
Parasthesia ☐ Yes ☐ No
Catheter at skin .... cm
Drug Name & Conc: 0.5% Bupivacaine (H)
Bolus: 1.8cc
Infusion: 25mcg Fentanyl
Block Level:
Comments: Attempts - 2
Transportation to
☐ PACU ☐ ICU ☑ Other
Relaxant Reversed ☐ Yes ☐ No ☑ NA
Name of the Doctor: Dr. Anjali(?)
Signature of the Doctor: [signature]

HNH-00014102
Mrs V P S PRANEETHA IP26-00006815
02-08-1991 34 Y 11 M 10 D (F)
Dr. Dr. Swathi Sagi

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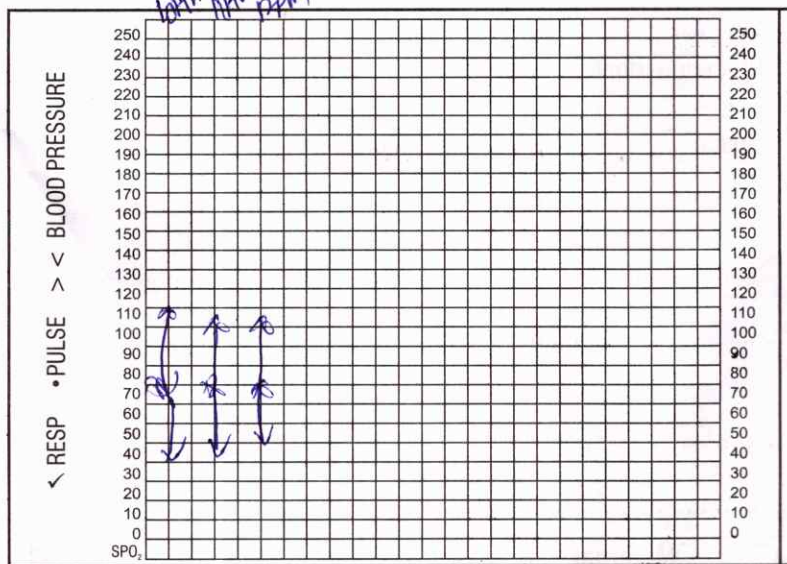
POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Anusha Time Received : 9:40 AM Time Discharged : .....



IV Cannula Site : Left hand

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

Vomiting :	☐ Yes	☑ No	Drug: .....
NG Tube :	☐ Yes	☑ No	
Drain:	☐ Yes	☑ No	
Urinary Catheter:	☑ Yes	☐ No	
Chest Tube:	☐ Yes	☑ No	
Nil Oral	☐ Yes	☑ No	

IV Fluids: RL
Oral Feeds: NBM

POST ANAESTHESIA SCORE (Modified Aldrete Score)			IN	MINUTES 30	60	90	OUT	SCORING INTERPRETATION
Able to move 4 extremities voluntary or on command Able to move 2 extremities voluntary or on command Able to move 0 extremities voluntary or on command	= 2 = 1 = 0	ACTIVITY	1	2	2	2	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	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	2	
Fully awake Arousable on calling Not responding	= 2 = 1 = 0	CONSCIOUSNESS	2	2	2	2	2	
Pink Pale, dusky, blotchy, jaundiced, other Cyanotic	= 2 = 1 = 0	COLOR	2	2	2	2	2	
		TOTAL	9	10	10	10	10	

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
12/7		'0'	Normal	
12/7		'0'	Normal	Anusha RN
12/7		'0'	Normal	

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

Anaesthesiologist Name : Dr Aneela

Anaesthesiologist Signature: Jm

Date & Time: .....

PACU Nurse Name : Anusha

PACU Nurse Signature:

Date & Time: 12/7

Reassessment Frequency:

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

Transferred to Unit by (PACU): 210

Date & Time: 12/7/2020

Patient Sticker

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Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

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

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

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

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

Solution Composition : .....

Any other issues :

a) .....

b) .....

Time	Infusion Rate (ml/hr)	Bolus (ml)	Level Left 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 : .....

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

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Patient Name : MRS - V P S PRANEETHA Gender: ☐ Male ☑ Female Age : 34 YRS.

UHID No : HNH - 0001 4102 Date : 12/07/2026

Instruction:

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

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

ELECTIVE LOWER SEGMENT CAESERIAN SECTION

upon

MRS-V P S Praneetha. (Name of the Patient)

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

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

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

Haemorrhage, PPH, Injury to Bowel and Bladder, DVT, Need for Blood and Blood products transfusion.

My signature on this form indicates that

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

Name of the Doctor who is performing the Surgery / Procedure: Dr. SWATHI. SAGI

Consentee :

Signature :

Name : MRS. V P S PRANEETHA

Date & Time : 12/7/2026 @ 7:20am

Patient Attendant :

Signature :

Name : V.V.N. Vinayaka Prasad.

Relationship with Patient: Husband.

Date & Time : 12/7/26 7.20 Am

Witness :

Signature :

Name : Mounica

Date & Time : 12/7/26

Doctor (who is taking the consent) :

Signature :

Name : Dr- Naveena.

Date & Time : 12/07/2026 @. 7:20am

H 26-0000212975 H

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NARCOTIC PRESCRIPTION FORM
(PATIENT COPY)

Patient Name:	Mrs. V P S pranetha	Age:	34y	Gender:	Female
UHID No:	HNH.00014102	IP No:	IP26-0000681	Date: 12/1/26	Time: 8:00 Am
Diagnosis:	LSCS			word-01	

PRESCRIPTION DETAILS (Tick only one of the following)

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

Doctor Name: Dr Sairam

Doctor Registration No: APMC 75177

Signature:

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

IP Registration No: IP26-0000681 **Date:** 12/1/26

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

1.	**Name :** Mrs. V P S pranetha	**Remarks**
2.	Complete postal address (with contact number, if any)	H.NO 10-282/1/1 Sri Surya Nilayam Vasanthapuri colony malkajgiri hyd 500047
3.	Brief description of the illness	LSCS
4.	Whether registered with any other registered medical practioner / recognized medical institution (If yes, details of the recorded)	NO
5.	Details of essential Narcotic drug dispensed	Fentanyl

Date	Name of the Essential Narcotic Drugs	Quantity	Signature / Thumb Impression of the patient / Patient Attender	Remarks, if any
12/1/26	Fentanyl	1 amp		

Dispensed by (Name & ID No.): Rama (01SH03) Signature: Rama

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

Time: .....