Fatima - 9154865024. Dr. Padmaja. Y.

040 - 48873001

ESTIMATION SLIP

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

Date: 17/01/2026 UHID / IP No.: 25597

Name of Patient: Mrs. Sadia Begum Age: 32yrs Gender: F

Father's / Husband's Name: Mr. Syed Fataz Corporate / Occupation:

Address: Nampally Phone: 9885810040 Email:

Procedure / Plan: LSCS P2 7893594523 Dos: Aug 2026

MODE OF PAYMENT: ☐ SELF ☐ TPA : New India E M.A. ☐ GIPSA : ☐ OTHER

TARIFF INFORMATION:

Particulars	Package Amounts (Rs.)	
Room Category	Normal Delivery	LSCS
M Shared Ward		
Shared Ward		
Twin Shared Ward		
Private Room →	90K.	1 lac.
Super Deluxe Room		Non-payables - 15K to 20K
Suite Room		
Package includes (Package Starts from the time of admission)	*Room Rent, Nursing Charges, Doctors For Surgeon's Fee and Labour Ward Charge*	*Room Rent, Nursing Charges, Doctors For Surgeon's Fee and Labour Ward Charge* Tubectomy
	Length of Stay for: 2 days	*Length of Stay for:* 3 days.
	Pharmacy up to } extra.	*Pharmacy up to*
	Investigations up to }	*Investigations up to*
Others	Well Baby Bill - 25K to 35K app	Anti Di Inj excluded.

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

Initial Minimum Deposit: 20K.

REMARKS Neonatologist, Gynaing, SBR Vaccinations. BCG, Hepatid

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 refunds 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, epidural pump[, Food & Beverages, Insurance Process Fee, Etc. credit cannot be extended. 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 Super Deluxe & Suite Room and only one attendant is permitted in the semi private and private room and no attendant's are 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 & Non-working days - (Sundays and Public Holidays)

DECLARATION

I Dr. Sadia Begum have amended 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 with out any ambiguity.

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

D. Padmaja Y.

Fatima - 9151137502u .

9110 - 4587 3001

17/01/2026

Mrs Safia Begum

23yrs F

W/o Syed Fahad

Nampally

9553100040

Multiples Pr 7337595923

Aug 2026

Neonatologist & M.A .

40k . ←

1 lac .

Non - packages . 15k to 2

ML - 25k .

Tubectomy

2 days

3 days .

} Incl

Well baby Bill - 25k to 35k app Antibiotics excluded .

20k .

Neonatologist , Circumcising , SK Vaccinations . BTG , Hepatol

Dr. Sadia Begum

HNH-00012649
Dr. SADIA
02-08-1992 33 Y 11 M 13 D (F)
Dr. PADMAJA YELISETTY
IP26-00006847

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SURGERY DETAILS

Date : 15/7/26

Patient Name: Dr Sadia Date of Birth: 02-08-1992 Age: 33yrs

Gender: female Ward : OT-2 UHID No.: HNH-00012649

Date of Surgery: 15/7/26 ☑ OT -1 ☐ OT -2 ☐ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : Elective LSCS & B/L tubal ligation

Tubectomy charges *26-00002/4038*

Time in : 9:15 Am Time Out : 10:45 am.

		NAME	AMOUNT
1.	Surgeon	Dr. Padmaja	
2.	Anaesthetist	Dr. Samir	
3.	Assistant Surgeon	Dr. Priyadarshini, Dr. Manisha	
4.	OT Technician	Br. Arvind	
5.	Circulating Nurse	Sr. Natasha Sr. Karuna	
6.	Assistant Nurse	Sr. Susheela	

Dr. SADIA (33 Y 11 M 13 D/ F)
TUBES
NINV04329
HN26011776TUBES

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

Signature of the Surgeon
Dr Padmaja Yelisetty

Signature of Circulating Nurse
Karuna.

Order No: 26-00002/4038

Order by: Susheela 15/7/26 @ 1.08pm.

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

HNH-00012649 IP26-00006847
Dr. SADIA
02-08-1992 33 Y 11 M 13 D (F)
Dr. PADMAJA YELISETTY

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CONSUMABLES OF OT

Circulating staff : Kaluna Technician : Br. Arvind Date : 15/7/26 Time :

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube 6.5 cuffed		01	Major Pack LSCS		1	Inj Vit.K		01
LMA			Sutures 2518, 2317		1	Cord Clamp		01
ECG leads : A / P / N		03	2347		2	Suction Catheter		
HME filter : A / P / N			883		1	Feeding Tube NO-6		01
Syringes : 10 cc		01	3650		1	Vaccum Suction Set		
05 cc		05	Gloves 6.5 Enore		1	Surgical Gloves Encore 6.5		02
02 cc		02	60 SG		4	Gauze Pack 7.5		01
01 cc			7.0 Enore (70-0008465)		1	Syringe 1ml / 2ml		01
Cautery plate : A / P / N		01	Surgical blade 22no		1	Surgical Blade # 20		01
IV set		01	NG tube			Koochies (S)		01
RL		05	Cautery pencil		1	Introcan 24G		01
NS : 10ml / 100ml / 500ml / 1000ml	01		Koochies XXL		1			
MIDazolam		01	Ointments					
Oxytocin		12	Suction Catheter					
Fentanyl		01	Cap, Mask		10+10			
Morphine			Gauze Pack		2	26-0000214081		
Ketamine Nasal Airway (28)		01	Mop Pack		2			
Propofol		02	Steristrip					
Rocuronium		01	Underpad		2			
Glycopyrolate		01	Draw sheet					
Myopyrolate		01	Abgel		1			
Ondansetron O2 mask (A)		01	Foleys catheter No. 16		1			
Quinsy Pencan 25g/ Spinal Needle 22		01	Urobag		1			
Bupivacaine 0.25%		01	Chest Drainage Catheter					
Bupivacaine 0.25%(Heavy)			Romodrain bag					
Antibiotics			Bandage D-water		02			
Anwinheaur (Neon)		01	Tegaderm					
Suppositories			Ioban Lox jelly		01			
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 Aprons		04			
Tab. Misoprost : 200mg		06	Betadine Solution		2			
Encore 7.0		01	Microshield		2			
Encore 7.5		01	Cotton Balls		1			
Atropine		01	Latex Gloves		02			
Adrenaline		01	Ramdione Scrub					
			Saral					

Surgeon Anaesthesiologist Nurse OT Technician

Order No. 26-0000214080/079 Ordered by :

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

Rainbow Childrens Hospital-Himayatnagar

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040-48873000, info@rainbowhospitals.in

ELECTRONIC MEDICINE PRESCRIPTION

MRN	: HNH-00012649	Name	: Dr. SADIA
Age / Sex	: 33 Y 11 M 13 D / Female	Doctor	: PADMAJA YELISETTY
Adm/Reg Date/Time	: 15/07/2026 06:55	Payor	: MEDI ASSIST INSURANCE TPA PVT LTD
Order Date	: 15/07/2026 16:38	Ordernumber	: 26-0000214079
Visit ID	: IP26-00006847	Ward/Bed No	: 4F -OT / LDR-415
Patient Address	Nampally, Mallepally North, Hyderabad, Telangana, INDIA, 500001		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	LSCS DRAPE PACK (PROTECTCARE)		1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
2	BLOOD SET WITH LUER LOCK		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
3	MYOPYROLATE-INJ-5ML		1 Nos	/ Once Daily	1 Days		1 Ampule	Dispensed
4	SUPRIDOL SUPPOSITORIES 100 MG 5 S		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
5	UNDER PAD 60X90 10's Pack - MEDICUBE		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
6	ANAWIN HEAVY 5 MG INJ 4 ML		1 Vial	External / Once Daily	1 Days		1 Vial	Dispensed
7	ROCURIUM INJ 50 MG 5 ML		1 Vial	External / Once Daily	1 Days		1 Vial	Dispensed
8	DISPOSABLE APRONS STERILE XL	DISPOSABLE APPRON STERILE XL	1 Nos	/ Once Daily	4 Days		4 Nos	Dispensed
9	RL 500 ML CLOSED SYSTEM	RINGER LACTATE 500ML CLOSED	1 Bottle	/ Once Daily	5 Days		5 Bottle	Dispensed
10	ET TUBE - 6.5 MM CUFFED (WELCO (IFE)		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
11	ABGEL BURGI PAD (BIG) (GELSPON)	ABGEL	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
12	GAUZ SWAB 10 X 10 CM 12PLY SS X-RAY		1 Pkt	External / Once Daily	1 Days		1 Pkt	Dispensed
13	CAUTERY PENCIL (ADVANCE)		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
14	VICRYL 2-0 VP 2317	VICRYL 2-0 VP 2317	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
15	FOLEYS CATHETER 16-UROCATH		1 Nos	External / 1-2 TIMES A DAY	1 Days		1 Nos	Dispensed
16	PROLENE 1 NW 893	PROLENE 1 NW 893	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
17	NS 100ML ACCULIFE - EH	NORMALSALINE 0.9% SODIUMCHLORIDE100MI + CLO	1 mL	/ Once Daily	1 Days		1 mL	Dispensed
18	ENCORE MICROPTIC GLOVES-7 PF		1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
19	VICRYL USP-0 VP2518		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
20	JUSTIN SUPPOSITORIES 100 MG 5 S		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
21	DSYRINGE 5ML.(NIPRO)	SYRINGE 5ML	1 Nos	External / Once Daily	1 Days		5 Nos	Dispensed
22	MISOPROST TAB 200MCG 4S		1 Tabs	External / Once Daily	1 Days		6 Tabs	Dispensed
23	D WATER 10 ML AMPULE	OSTIL WATER10ML	1 Bottle	External / Once Daily	1 Days		2 Bottle	Dispensed
24	THEMPYRRNOM 0 2MG INJ		1 Nos	External / 1-2 TIMES A DAY	1 Days		1 Nos	Dispensed
25	OxygenMask With Tubing - Adult ROMSONS-FC		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
26	POVINANZ SOLUTION 10% 100 ML		1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
27	Encore Micropic gloves-6.5		1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
28	E.C.G ELECTRODES (ADULT)	ELECTRODES ADULT	1 Nos	External / Once Daily	1 Days		3 Nos	Dispensed
29	NASOPHARYNGEAL TUBES 28	NASOPHARYNGEAL TUBE28	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
30	EVATOCIN (OXYTOCIN) INJ 5 IU 1 ML		1 Vial	External / Once Daily	1 Days		12 Vial	Dispensed
31	Monocryl 3-0 W3650		1 Nos	/ 10 AM	1 Days		1 Nos	Dispensed
32	SPINAL NEEDLE 25	SPINAL NEEDLE 25G	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
33	THEMICAINE 30GM JELLY		1 On Application	/ Once Daily	1 Days		1 Nos	Dispensed
34	MEZOLAM INJ 5 MG 5 ML		1 Vial	External / Once Daily	1 Days		1 Vial	Dispensed
35	VACCUME SUCTION SET		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
36	SGLOVE # 8 (SURGICARE)	SURGICAL GLOVES 8.0	1 Nos	External / Once Daily	1 Days		4 Nos	Dispensed
37	SURGICAL BLADE 22	SURGICAL BLADE 22	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
38	DSYRINGS 2.5ML(NIPRO)	SYRINGE 2ML	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
39	PREGELLED SURGICAL PLATES(ADULT)	PREGELLED PLATED ADULT	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
40	COTTON BALLS 2 GM 5 NOS		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
41	ENCORE LATEX TEXTURED 7		1 Nos	External / Once Daily	1 Days		3 Nos	Dispensed
42	VICRYL PLUS 1 VP - (2347)	VICRYL PLUS 1 VP 2347	1 Nos	/ Once Daily	2 Days		2 Nos	Dispensed
43	BACTOPREP SOLUTIONS 100 ML		1 mL	/ Once Daily	1 Days		1 Nos	Dispensed
44	DSYRINGE 1ML (NIPRO)	SYRINGE 1ML	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
45	UROBAG (ADULT) - URODYNE		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
46	SGLOVE # 7.5 (SURGICARE)	SURGICAL GLOVES 7.5	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
47	MOPS 30X30 8PLY 6S X-RAY	MOPS 30X308 PLYDATT	1 Nos	/ Once Daily	2 Days		2 Nos	Dispensed
48	MCT-ROF 100MG 10ML		1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed

PADMAJA YELISETTY

Reg No : 52427

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

Note

* This prescription is valid only for specified duration.

* Do not refill medicines.

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040-48873000, info@rainbowhospitals.in

ELECTRONIC MEDICINE PRESCRIPTION

MRN	: HNH-00012649	**Name**	: Dr. SADIA
Age / Sex	: 33 Y 11 M 13 D / Female	**Doctor**	: PADMAJA YELISETTY
Adm/Reg Date/Time	: 15/07/2026 06:55	**Payor**	: MEDI ASSIST INSURANCE TPA PVT LTD
Order Date	: 15/07/2026 16:38	**Ordernumber**	: 26-0000214080
Visit ID	: IP26-00006847	**Ward/Bed No**	: 4F -OT / LDR-415
Patient Address	: Nampally, Mallepally North, Hyderabad, Telangana, INDIA, 500001		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	NITRILE EXAMINATION GLOVES P F- MEDIUM		1 Nos	External / Once Daily	1 Days		20 Nos	Dispensed
2	FACE MASK 3 LAYER - ELASTIC	FACE MASK 3 LAYER	1 Nos	External / Once Daily	1 Days		10 Nos	Dispensed
3	SURGEONS CAP	SURGEONS CAP	1 Cap	Oral / Once Daily	1 Days		10 Cap	Dispensed

PADMAJA YELISETTY

Reg No : 52427

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040-48873000, info@rainbowhospitals.in

ELECTRONIC MEDICINE PRESCRIPTION

MRN	: HNH-00016586	**Name**	: Baby Of SADIA
Age / Sex	: 0 Y 0 M 0 D 7 H / Female	**Doctor**	: S TEJASWI REDDY
Adm/Reg Date/Time	: 15/07/2026 10:11	**Payor**	: SELFPAY
Order Date	: 15/07/2026 16:41	**Ordernumber**	: 26-0000214081
Visit ID	: IP26-00006849	**Ward/Bed No**	: 4F -NICU 2 / NICU2-408
Patient Address	: Nampally, Mallepally North, Hyderabad, Telangana, INDIA, 500001		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	CORD CLAMP-ALPHAMEDICARE		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
2	INFANT FEEDING TUBE-6	INFANT FEEDING TUBE 6	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
3	INJEK INJ 1 MG 0.5 ML		1 Nos	/ Once Daily	1 Days		1 Vial	Dispensed
4	Encore Microptic gloves-6.5		1 Nos	/ Once Daily	1 Days		2 Nos	Dispensed
5	DSYRINGE 1ML (NIPRO)	SYRINGE 1ML	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
6	INTROCAN 24G	IV CANULLA 24	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
7	KOOCHEES- SMALL 5 S		1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed

S TEJASWI REDDY

Reg No : APMC/FMR/94068

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Note

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*** Do not refill medicines.**

305
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Your Right to a Safe Delivery

Name	Dr. SADIA	**UHID**	HNH-00012649
Father/Guardian	Mr SYED MOHD ALI FARAZ	**Age/Gender**	33 Y 11 M 13 D/ Female
Address	Nampally, Mallepally North, Hyderabad, Telangana, INDIA, 500001		
IP No	IP26-00006847	**Admission Date**	15-07-2026
Ref Doctor	Self.		
Discharge Date	18.07.2026		

DISCHARGE SUMMARY

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

Diagnosis: G2P1L2 WITH 37 WEEKS PERIOD OF GESTATION WITH PREVIOUS LSCS WITH FETAL R.V DYSFUNCTION FOR ELECTIVE LOWER SEGMENT CAESERIAN SECTION WITH BILATERAL TUBECTOMY.

ELECTIVE LOWER SEGMENT CAESAREAN SECTION AND BILATERAL TUBECTOMY WITH UMBILICAL HERNIA REPAIR DONE ON 15.07.2026

History:
LMP: 29.10.2025
EDD: 05.08.2026
Obstetric formula: G2P1L1
Gestation at admission: 37 weeks

Obstetric History:
G1 - 2018/Spontaneous Conception/DCDA/ Elective LSCS(Indi.: DCDA twins) /

Name	Dr. SADIA	UHID	HNH-00012649
IP No	IP26-00006847	Admission Date	15-07-2026

male - 1.7kg ,Female - 2.6kg /Both Alive and Healthy
G2 - Present Pregnancy, Spontaneous conception.

Medical History: K/C/O Endometriosis (took dinogest for 4 month)
Family History : Both parents - T2DM,
Patient grandparents - HTN,
Maternal Grandmother-Breast cancer (passed away)
Surgical History: 2018 - LSCS- 7 years back.
2019 - for Spinal schwannoma D10-D11
2024 - Bartholin cyst marsupialization at Nisa ,
Allergies : Nil

Antenatal Details:
Dr. SADIA was booked to Rainbow hospital at 7 weeks of gestation. She had regular antenatal checkups and investigations as advised. NT scan (Outside by Dr.Madhavi Nori) and was normal. eFTS low risk. TIFFA showed Tricuspid Regurgitation at septal leaflet of Tricuspid Valve (PSV - 106 cm /sec) with small mid muscular VSD. Fetal 2D echo done at 21 weeks showed small muscular VSD, RV dilated with mild RV dysfunction , Mild TR. Amniocentesis done at 24^{+3} weeks showed MYH7 Heterozygous AD, for which Multiple opinions were seeked and councelled for couple screen which showed that Mrs.sadia begum was heterozygous and her husband as homozygous of MYH7 gene. Couple 2D Echo done and Dr.Sadia showed Trivial TR. Fetal monitoring was done by serial growth scan. Scan done on 08.07.2026 showed Single live intrauterine fetus at 36 weeks with cephalic presentation with EFW: 2.366kg (12%) AC: (10%) with AFI: 9.2cm with placenta- anterior high with Fetal Tricuspid Regurgitation at

Name	Dr. SADIA	**UHID**	HIN-000012649
IP No	IP26-00006847	**Admission Date**	15-07-2026

septal leaflet of tricuspid valve ,Right Ventricular dysfunction and normal Dopplers. She was admitted at 37 weeks with previous LSCS for Elective LSCS and bilateral tubectomy.

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

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

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

Name	Dr. SADIA	UHID	HNH-00012649
IP No	IP26-00006847	Admission Date	15-07-2026

to post operative recovery room.
* **LUS- Thinned out.**
* **Liqour - Scanty and Clear.**
* **Bilateral Tubal Ligation done by Modified Pomeroy's Method, sample sent for HPE.**
* **Umbilical Hernia repair done by Prolene No-1.**

Delivery Details:
Date : 15.07.2026
Time of Delivery : 09:44 AM
Type of Delivery : Elective Lower Segment Caesarean Section with bilateral tubal ligation with umbilical hernia repair.
Indication : Previous LSCS.
Anaesthesia : GA + SA

Baby Details:
Date : 15.07.2026
Time : 09:44 AM
Sex : Female
Weight : 2.5kg
Apgar : 7,9
Gestational Age: 37 weeks
NICU Admission: Yes

Post-Operative Notes:
She was closely monitored. Her vital signs remained stable. Uterus was well

Name	Dr. SADIA	**UHID**	RCHP00012649
IP No	IP26-00006847	**Admission Date**	15-07-2026

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

Advice:

1. Tab. Taxim O 200mg twice daily till 21.07.2026 (9am-9pm) after food.
2. Tab. Calpol (Paracetamol 500mg) 2 tablets thrice daily till 19.07.2026 (8am-2pm-10pm) after food.
3. Tab. Voveran (Diclofenac-50mg) 1 tablet thrice daily till 19.07.2026 (9am-3pm-11pm) after food.
4. Tab. Pantodac (Pantoprazole - 40mg) 1 tablet twice daily till 21.07.2026 (7am-7pm) before food.
5. Tab. Livogen (Elemental Iron - 50mg, folic acid 1.5mg) once daily (7am) for three months before breakfast.
6. Tab. Shelcal (Elemental Calcium 500mg, vitamin D3 250 IU) once daily (2pm) till breast feeding after food.
7. Nebasulf Powder for local application.
8. Collect HPE report.

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

Name	Dr. SADIA	UHID	HNH-00012649
IP No	IP26-00006847	Admission Date	15-07-2026

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

Review with **Dr. PADMAJA YELISETTY,** after **1 Week** on **24.07.2026** Rainbow Children's Hospital with prior appointment **(Review consultation will be charged).@ 11:45am**

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

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

Patient/ Attender

In case of emergency like bleeding, fever [please refer to postpartum book for

Name	Dr. SADIA	**UHID**	RAH-00012649
IP No	IP26-00006847	**Admission Date**	15-07-2026

further details - Chapter II page 6] kindly contact 9154865045 at Rainbow Children's Hospital just dial one toll free number - 18002122.
You can also take appointments at any time by going online to our website **www.rainbowhospitals.in**

Registrar/Resident/C.M.O

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

HNH-00012649 IP26-00006847
Dr. SADIA
02-08-1992 33 Y 11 M 16 D (F)
Dr. PADMAJA YELISETTY

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DEFICIENCY CHECK LIST OF CASE SHEET

Sl.No.	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission sheet	1			
2	Discharge Summary	1			
3	Nursing Initial assessment	1			
4	Patient Transfer form	1			
5	In-patient Medical record	1			
6	Doctors progress sheets	4			
7	Nursing plan of care and handover sheets	2			
8	Consultation sheet				
9	General consent for treatment	1			
10	Consent for Surgery	1			
11	Consent for blood transfusion				
12	Consent for chemotherapy				
13	Consent for high risk				
14	Consent for Restraint				
15	~~LAMA consent~~ AVC Cancel	1			
16	Consent for special procedure / Sedation				
17	Consent for Formula feed				
18	Consent for MTP				
19	Consent for Radiological Investigations				
20	Consent for HIV test				
21	Anaestesia notes (Pre Anaesthesia& post)	1			
22	Neonatal Admission/Delivery/Physical Exam	1			
23	Medication Reconciliation				
24	Emergency Triage record				
25	Pre operative check list	1			
26	Surgical safety checklist	1			
27	Operation Theatre notes	1			
28	Nurses clinical Presentation				
29	TPR & BP chart	3			
30	Intake and Out take chart (fluid chart)	1			
31	Drug chart (Regular Prescription)	1			
32	Investigation Values (result sheet)	1			
33	Nebulization chart				
34	Nutritional review chart	1			
35	Intensive care unit (ICU Charts)				
36	Consent for Admission in PICU / NICU				
37	The Humpty dumpty scale				
38	Braden Q Scale	1			
39	Bed side check list				
40	PICU bed formula Dilution feeds				
41	Gastro monitoring chart				
42	Rch ED doctors note				
43	BP Monitoring chart				
44	RBS monitoring chart				
	Billing	1			
	Others	5			
	Total No. of Pages	33			

Doc. No. : RCH/ FRM / GENERAL / 126

Signature and Date : 17/07/26

Jyotsna (P.T.O)

ERROR LOG

LOCATION : OT / Birthing Centre / BirthRight Premium / 3rd Floor (Zone A,B,C) / NICU / PICU / 2nd Floor Ward / Oncology / 1st Floor Wards.

OBSERVATION :

DATE :

SIGNATURE OF MRD INCHARGE / EXECUTIVE

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Childrens Hospital-Himayatnagar

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

ADMISSION SHEET

Registration Details :

Admission No : IP26-00006847 **Admit Date** : 15-Jul-2026 **Admit Time** : 06:55 AM **UHID** : HNH-00012649

Patient Details :

Patient Name	: Dr. SADIA	**Age**	: 33 Y 11 M 13 D
Guardian	: Mr SYED MOHD ALI FARAZ	**DOB**	: 02-08-1992
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: Nampally Mallepally North Hyderabad Telangana INDIA 500001	**Phone No**	: 9885810040/ 7893594523
		E-mail	: sma.faraz@gmail.com

Admission Details :

Bed Type : TWIN SHARING **Bed No** : LDR-415 **Ward Name** : 4F -OT

Room No : LDR-415 **Admission Type** : First Visit

Contact Details :

Name : Mr SYED MOHD ALI FARAZ **Relationship** : Husband

Contact Address : Nampally Mallepally North Hyderabad Telangana INDIA 500001 **Phone No** : 9885810040

Signature

Doctor Details :

Doctor Name : Dr. PADMAJA YELISETTY **Specialisation** : OBSTETRICS AND GYNECOLOGY

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

Co-Consultant :

Payment Details :

Deposit Amount : 10000.00

Payment Mode : Cash **Payor Name** : MEDI ASSIST INSURANCE TPA PVT LTD

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ACTIVITY RECORD FOR BILLING

Name :_____

HNH-00012649 IP26-00006847
Dr. SADIA
02-08-1992 33 Y 11 M 13 D (F)
Dr. PADMAJA YELISETTY

UHID No. : _____ onsultant: _____ Dept : _____

Date of Admission: ___ ate of Discharge : _____ Time: _____

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
15/7/26	9AM	Pre-post	OT	
15/7/26	10:00Pm	OT	Pre-Post	
15/7/26	6 pm	pre-post	Room	

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	Dr. S Tejeswi Reddy	16/7/26	14443	
2				
3				
4				
5				
6				
7				
8				
9				
10				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
15/7	NST	8532 ✓	Sui
		Cross checked done	
17/7/26	Biopsy for histopathology	~~1177~~ 6	~~A~~
	Cross checked done by		
	Amrutha 17/7/26 @10AM		

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
15/7	Infusion pump	11AM	5PM	A003	Ck
15/7	cardiac monitor	11.Am	5PM		
15/7	oxygen	11 AM	12pm		

Cross check done.

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
15/7	IV placement	(1) ✓	13917 ✓	✓
15/7	catheterization	(1)		✓
15/7	PAC	(1)	13916 ✓	✓
		Cross check done.		
16/7/26	NHA	(1)	14358	✓
		Cross	checked	done by
				Amruth
				17/7/26 @ 10AM

ANY OTHER INFORMATION

.....

.....

.....

.....

.....

.....

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

HNH-00012649 IP26-00006847
Dr. SADIA
02-08-1992 33 Y 11 M 13 D (F)
Dr. PADMAJA YELISETTY

Patient

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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints
Admitted for El. LSCS.

LMP: 29/10/25 EDD: 5/8/26.
Corrected EDD: 5/8/26. GA:

Obstetric Formula: G2P1L2 c̄ 1 prev LSCS

Menstrual History: Regular: ☑ Yes ☐ No

Obstetric Hostory: I - 2018 | DCDA LSCS at 35wk | Boy 1 - 1.7 kg, Girl - 2.6 kg. Both doing well.

Present Pregnancy Record:
II - PP, Spont Conception
NT Scan - (N)

RISK FACTORS: FTS - Low risk.
TIFFA - (N).
Amniocentesis done - MYH7 heterozygous Autosomal dominant.
Fetal - Echo - (25/3/26) Small muscular VSD
RV dilated c̄ Mild RV dysfunction
Right atrial enlargement (+).
29/4/26 (Fetal genetic testing done) MYH7 (-) (VUS)
CMA - Normal.

Obstetric Examination
Fundal Height: UT Term.
Ut. Activity: ☑ Relaxed ☐ Mild ☐ Mod ☐ Severe
Liquor: ☑ Adequate ☐ Oligo ☐ Poly
PP: ☑ Cephalic ☐ Breech Others ____
Head Fifths Palpable: ____
FHS: ☑ Normal ☐ Tachy ☐ Brady ☐ Absent
SPTS (+) NO SP

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

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

Height: 161 cm
Weight: .... kg
Allergies: ....
Breast: ☑ Normal ☐ Abnormal
General Examination:
Consciousness: Pallor: -
Icterus: Edema: -
Temp: Afebrile PR: 85 bpm
BP: 90/66 mmHg DTR:
CVS: S1S2 (+) RS BAE (+).
Liver/Spleen: Urine Output:

DIAGNOSIS
G2P1L2 c̄ 36+6 week | 1 prev LSCS
c̄ Fetal R.V. dysfunction.
for El. LSCS + B/L tubectomy

HNH-00012649 IP26-00006847
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Dr. PADMAJA YELISETTY

Family History:
Both parents - DM.
Pat GP's - HTN.
Mat GM - Breast cancer. (passed away)

Surgical History:
- Spinal Schwannoma D10-D11 in 2019
- Bartholin cyst Marsupialisation - 2024
- LSCS - 2 yrs back.

Medical History:
K/C/O Endometriosis (took Dinoget for 4 months)

Medication History:
Tab IRON.
Tab CALCIUM
Vitamin-D
} OD.

Plan of Care:
- Admission CTG
- Informed consent
- Baths preparation
- Pre-Op medication
- Review PAC
-
- Shift to OT on call.

Investigations:
B+ve

HIV
HBsAg
HCV
VDRL
} NR.

CBC (13/7/26)
Hb - 10.8.
WBC - 13.32
PLT - 2.03 lakh
PCV - 32

Genetic counselling done.

Scan (8/7/26.)
SUF
Cephalic
PL Ant high
AFI - 9.2cm.
EFW: 2.366 kg (12%.)
AC (10%)
Dopplee - (N).
Fetal Tricuspid Regurgitation at septal leaflet of Tricuspid valve, Rt Ventricular dysfunction

Dr. Padmaja Yelisetty
Consultant Obstetrician & Gynaecologist
Reg. No. 62427

Doctor Name: Dr Dna
Signature:
Date & Time: 15/7/26 @ 7:10 Am

Consultant Name: Dr.
Signature:
Date & Time: 15/7/2026 @ 7:10 AM

HNH-00012649 IP26-00006847
Dr. SADIA
02-08-1992 33 Y 11 M 13 D (F)
Dr. PADMAJA YELISETTY

Patient

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/7/2026	C/S/b	Dr Manisha
11:10 AM	POD-0	
		Adv.
	CC For Afebrile	
	BP 110/60	- NBM x4-6h
	PR 86	- Drugs as charted
	P/A ut well retracted	- I/O monitoring
	PV Bleeding WNL	- Drugs as charted.
	U/o 300 ml (OT-empty)	- Ambulation > CAm C/m.
		- Foley Removal C/m 6Am (16/7)
	Baby - NICU	- Inform SR
	HPE (BTL Segments) - Sent	
		Dr manisha
15/7/2026	C/S/b Dr Manisha C/S/B Dr. Padmaja	
(2pm)	POD-0	
		Adv.
	CC For Afebrile	
	BP - 106/70	NBM till further orders
	PR - 98	- I/O monitoring
	P/A ut well retracted	- Drugs as charted
	BS sluggish	- Foley's removal CAm 6Am
	PV Bleeding WNL	- limb mobilization
	U/o - 350 cc (in bag)	- inform Dr. SR
		Dr. Padmaja Yelisetty, Consultant Obstetrics and Gynecology, Reg. No: 52427
	Baby NICU	Dr manisha
		Y. Padmaja, P. Yelisetty 52427

HNH-00012649 IP26-00006847
Dr. SADIA
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Dr. PADMAJA YELISETTY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/7/26	C/I/B - Dr. Mandulatha	
3pm	P_2L_3 c̄ POD-0	
	O/H pt c/c/c	
	afebrile	Rx
	SpO_2 - 97% c̄ RA	1. Allow oral sips
	PR - 68 bpm	2. Drugs as charted
	BP - 98/86 mmHg	3. I/O charting
	P/A - URW	4. monitor vitals
Baby in SNCU.	L/E - NAB	5. watch for P/v bleed
	Bowel sound (+)	6. Emeform SOS.
	U/O - 500ml : 1½ hr.	
		Shift to Room
		(signature)

HNH-00012649 IP26-00006847
Dr. SADIA
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Dr. PADMAJA YELISETTY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/7/2026 7:00pm	c/s/by	Dr. Naveena
		POD1.
	O/E GC - fair	Adv
	Afebrile SpO2 - 100% on RA	- liquid diet till
	PR: 87bpm	Soft diet @ 10pm
	BP: 110/80mmHg	- Adequate hydration
	CVS/RS: NAD	- drugs as charted
	PA: ut retracted well	- w/f PV bleeding
	Soft, NT	- Urine I/O charting.
	Dressing: dry & clean	- Monitor Vitals
	L/E: PV bleeding WNL	- Inform SOS
	U/O: adequate	- Foley's removal T/M Gar
	Baby: NICU on RA	
	B/L breasts: soft	Dr Naveena.
	minimal milk.	
	Secretions (+)	
		NB. Anusha @ 8:25PM

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

HNH-00012649 IP26-00006847
Dr. SADIA
02-08-1992 33 Y 11 M 13 D (F)
Dr. PADMAJA YELISETTY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/07/2026 8:00am	c/s by Dr. Naveena. POD1.	
	O/E: GC-fair	Adv
	Afebrile SpO2-99% on RA	- Soft diet
	PR: 85bpm	- Adequate hydration
U-✗	BP: 115/79 mmHg	- drugs as charted
P-✗	CVS/RS: NAD	- w/f PV bleeding
	PA: ut retracted well	- Ambulation
S-✗	Soft, NT	- Monitor Vitals
	Dressing: dry & clean	- Inform SOS.
	I/E: PV bleeding WNL	
	I/O: adequate	
	Baby: NICU on RA	
	B/L Breasts: soft	
	minimal Secretions (+)	
		Dr. Naveena.

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

(P.T.O)

HNH-00012649 IP26-00006847
Dr. SADIA
02-08-1992 33 Y 11 M 13 D (F)
Dr. PADMAJA YELISETTY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/7/26	C/S/B Dr.	Priyadarshini
	POD- 1	
	O/E	
V ✓	pt c/c	Rx
F ✓	Lactation	1. Soft diet
S ✗	PR- 84/mt	2. Adequate hydration
	BP- 110/80	3. Ambulation
B/C/O NICU.	H/L NAD	4. drugs as per drug chart
	P/A- Soft, BS (+)	5. N/F Study PV
	ut well retracted	6. Inform SO
	P/V NO A/B	
	- Remove Cannula	Dr. Priyadarshini
		Dr. Pampana Priyadarshini Consultant Obstetrics and Gynecology Reg. No: 63596
		- Cap Lactare 2tab TID
		N-D- Maheshwari 16/7/26

HNH-00012649 IP26-00006847
Dr. SADIA
02-08-1992 33 Y 11 M 13 D (F)
Dr. PADMAJA YELISETTY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/7	POD-1 c/s/8 Dr. Mrudula	
7pm		
	POD -1	
	O/E	
UV	GC-fair SpO2-99% RA	Adv
FV	Temp- afebrile	1. Soft diet
SO	PR- 85bpm	2. Adequate Hydration
	BP- 113/79mmHg	3. Ambulation
	CVS/RS-NAD	4. Drugs as charted
	P/A- Ut. Retracted well	5. monitor Vitals
	LE- P/V bleeding WNL	6. Inform SOS.
Baby-mother side		7. T. DULCOLAX Suppository 1tab P/R @ 10pm.
B/L Breast - Soft		
		Noted by Madhuri 16/7/26
17/7/2026	c/s/8 by Dr. Naveena	
8:45am	O/E GC-fair	Adv
	Afebrile SpO2-99% RA	- Regular diet
	PR: 76bpm	- Adequate hydration
	BP: 102/60mm Hg.	- drugs as charted
	CVS/RS: NAD	- W/F PV bleeding
	PA: Ut. retracted well	- Ambulation
	Soft, NT	- Monitor Vitals
	Dressing: dry & clean	- Inform SOS.
	LE: PV bleeding WNL	
	B/L breasts: soft, milk secretion minimum	
	Baby: Mother side	Dr. Naveena

HNH-00012649 IP26-00006847
Dr. SADIA
02-08-1992 33 Y 11 M 13 D (F)
Dr. PADMAJA YELISETTY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/7/2026 11:00am	cls/by. Dr. Padmaja Yelisetty	
	o/E GC-fair	Adv
	Afebrile SpO2-99% on RA	- Regular diet
	PR: 86bpm	- Adequate hydration
U-✓	BP: 110/70mm Hg	- drugs as charted
P-✓	CVS/RS: NAD	- w/f PV bleeding
S-✓	PA: ut retracted well.	- Ambulation
	Soft, NT.	- T. Domperidone 10mg PO TID.
	LSCS wound:	- Monitor Vitals
	LLE: PV bleeding WNL	- Inform SOS
	Baby: Mother side.	
	Bilateral Breasts: soft minimal milk Secretions	patient can be discharged

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

HNH-00012649 IP26-00006847
Dr. SADIA
02-08-1992 33 Y 11 M 14 D (F)
Dr. PADMAJA YELISETTY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

HNH-00012649 IP26-00006847
Dr. SADIA
02-08-1992 33 Y 11 M 14 D (F)
Dr. PADMAJA YELISETTY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

HNH-00012649 IPZ6-00006847
Dr. SADIA
02-08-1992 33 Y 11 M 14 D (F)
Dr. PADMAJA YELISETTY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

HNH-00012649 IP26-00006847
Dr. SADIA
02-08-1992 33 Y 11 M 13 D (F)
Dr. PADMAJA YELISETTY

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MEDICATION RECONCILIATION FORM

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

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

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

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

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Dha.

Date & Time : 15/7/26 @ 8Am

Nurse Name & Signature: Madhumitha

ate & Time : Madhu 15/7/26 @ 8Am

HNH-00012649 IP26-00006847
Dr. SADIA
02-08-1992 33 Y 11 M 13 D (F)
Patien Dr. PADMAJA YELISETTY

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DRUG CHART

Date of Admission: 15/7/26. Drug Allergies: Nil ☑ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

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

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

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

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

Dr. SADIA
02-08-1992 33 Y 11 M 13 D (F)
Dr. PADMAJA YELISETTY

REGULAR PRESCRIPTIONS

Weight. 63kgs Ward. ....

Verified by Dr. Dhakshayani

				Date / Time	15/7	16/7
DRUG : CEFOTAXIME						
Dose	Route	Frequency	Start Date	9AM		
1g	IV	BD	15/7			
Name & Signature of the Doctor Starting the Drugs: Dr. Dua						
Additional Instructions: x24h - ... After test dose				9pm		
Daily Doctor's Endorsement by a Sign						

stop

Verified by Dr. Dhakshayani

				Date / Time	15/7	16/7
DRUG : PARACETAMOL						
Dose	Route	Frequency	Start Date	10AM	OT	
1gm	IV	TID	15/7			
Name & Signature of the Doctor Starting the Drugs: Dr. Amir				6Pm		
Additional Instructions:				2AM	x	
Daily Doctor's Endorsement by a Sign						

stop

Verified by Dr. Dhakshayani

				Date / Time	15/7	16/7	17/7
DRUG : DICLOFENAC							
Dose	Route	Frequency	Start Date	10am	x		
50mg	P/O	TID	15/7				
Name & Signature of the Doctor Starting the Drugs: Dr. Amir				3pm	✓		
Additional Instructions:				11pm			
Daily Doctor's Endorsement by a Sign							

Verified by Dr. Dhakshayani

				Date / Time	15/7	16/7	17/7
DRUG : TRAMADOL							
Dose	Route	Frequency	Start Date	12AM	x		
100mg	P/O	TID	15/7				
Name & Signature of the Doctor Starting the Drugs: Dr. Amir				8AM			
Additional Instructions:				4pm	x		
Daily Doctor's Endorsement by a Sign							

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Sheet No. .....

REGULAR PRESCRIPTIONS

Weight 63kgs Ward .....

DRUG : T PANTOPRAZOLE

Dose	Route	Frequency	Start Dt.
40mg	PO	BD	15/7

Name & Signature of the Doctor Starting the Drugs: Dr Dhanush

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date	15/7	16/7	17/7
Time			
	6am X		
		6pm	

DRUG : T. CEFIXIME

Dose	Route	Frequency	Start Dt.
200mg	PO	BD	16/7

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

Additional Instructions: FROM 9pm

Daily Doctor's Endorsement by a Sign

Date	16/7	17/7
Time		
	9am	
		9pm

DRUG : T PARACETAMOL

Dose	Route	Frequency	Start Dt.
1g	PO	TID	16/7

Name & Signature of the Doctor Starting the Drugs: Dr Dhanush

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date	16/7	17/7
Time		
	6am	
	2pm	
	10pm	

DRUG : Cap Lactace.

Dose	Route	Frequency	Start Dt.
2cap	PO	TID	16/7

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date	16/7	17/7
Time		
	8am X	
	2pm	
		10pm

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

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

(P.T.O.)

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

DRUG : T. DOMPERIDONE

Date ▸ Time ▾

Dose	Route	Frequency	Start Dt.
10MG	PO	TID	17/7

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Date ▸ Time ▾

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Date ▸ Time ▾

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Date ▸ Time ▾

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

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

Patient Sticker

Weight. 63kgs Ward. .....

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

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

Signature .....

VERIFIED BY : Name .....

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
15/7/26	8.50Am	METOCLOPROMIDE	10mg	IV		
15/7/26	8.55Am	PANTOPRAZOLE	40mg	IV		
15/7	945am	ONDANSETRON	4mg	IV		
15/7	945am	METHERGINE	0.2mg	IV		
15/7	945am	DEXAMETHASONE	8mg	IV		
15/7	1045am	LIGNOCAINE	5%	SKIN PATH		
15/7	1045am	LIGNOCAINE	5%	SKIN PATCH		
15/7	1045am	DICLOFENAC	100mg	PR		
15/7	1045am	TRAMADOL	100mg	PR		

Verified by Dr. Dhakshayani

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I.V. FLUIDS CHART

Weight. 63 kgs Ward. .....

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
15/7	8AM	RINGER LACTATE	IV	500			15/7		
15/7	9AM	RINGER LACTATE	IV	1000			15/7		
15/7	9AM	RINGER LACTATE + 20U OXYTOCIN	IV	500			15/7		
15/7	9:30AM	RINGER LACTATE + 40U OXYTOCIN	IV	200			15/7		
15/7	11AM	RINGER LACTATE	IV	100 ml/h			15/7		
15/7	2PM	RINGER LACTATE	IV	100ml/h			15/7		
15/7	7PM	RINGER LACTATE	IV	100ml/h			16/7		
16/7	12AM	RINGER LACTATE	IV	100ml/h			16/7		
16/7	5AM	RINGER LACTATE	IV	100ml/h			16/7		
		Stop 16/7/24.							

Signature .....

VERIFIED BY : Name .....

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STAT / ONCE ONLY DRUGS

Name: ..... Weight: ..... kgs

Sheet No: .....

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
16/7	10pm	DULCOLAX	Hab	P/R			

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RESULT SHEET

Date	13/7/26					
Time						
Hb	10.8					
PCV	32					
RBC	3.87					
WBC	13.32					
N/L						
Platelets	2.37					
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						

OP

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
blood group	B+ve	1 ⊕ PRBC Reserve (Surya Blood				
HIV						
HCV						
VDRL } NR						
HbA1c						

Culture and Sensitivities : ....

....

....

....

Radiology : USG : ....

X-Ray : ....

ECHO : ....

CT : ....

MRI ....

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

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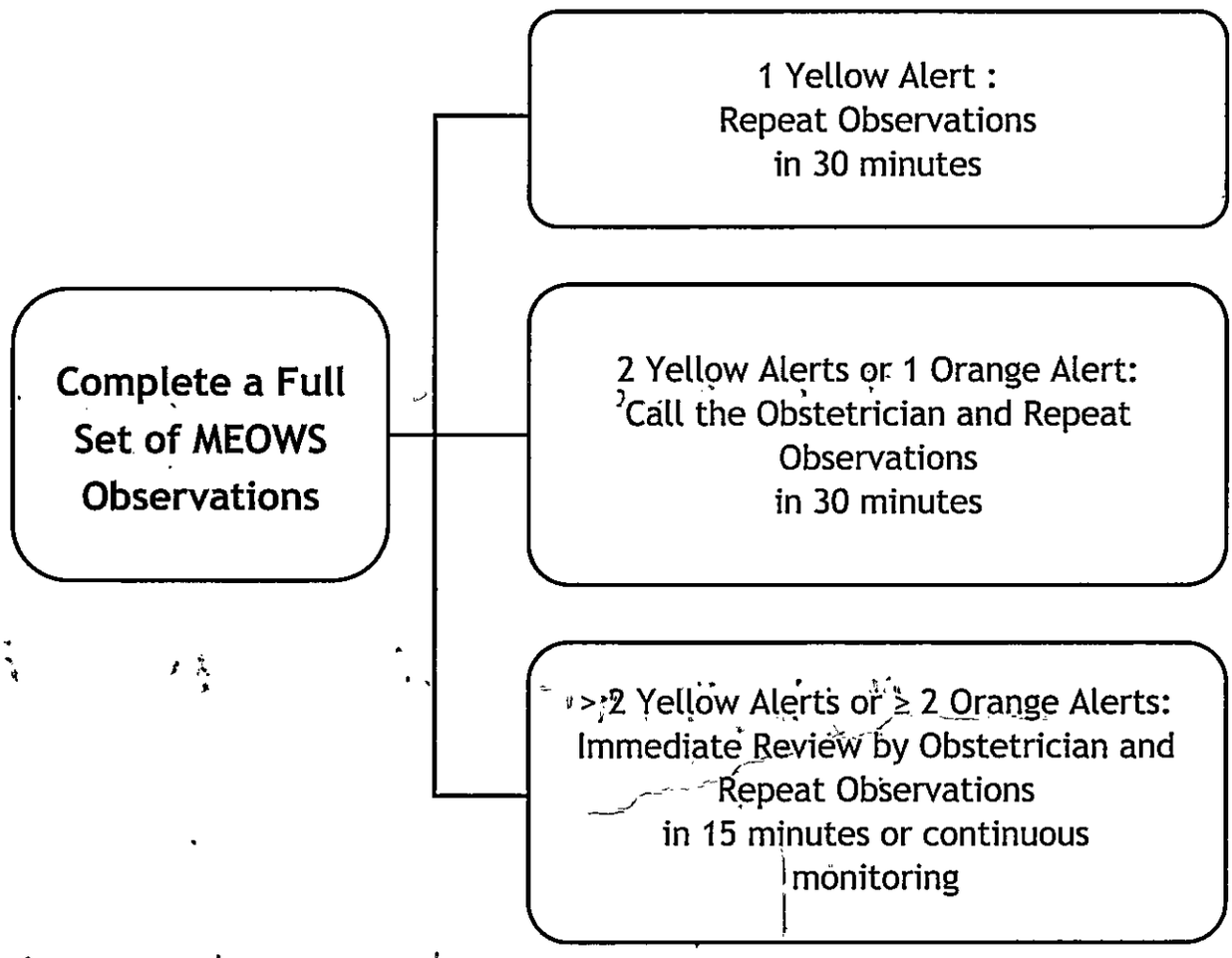
Early Warning Observation Score Chart - Obstetrics

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

15/7	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	00			20	20	20	20	20	20	20	20				20				20				20	
	0 - 10																								
Saturations	94 - 100 %	99%			100	100	99	100	100	100	97	98				99%				99%				99%	
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37																								
	36	36.1														36°C				36.2				36.1	
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80	81			84	76	80	76	79	86	88	87				88				86				85	
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120	116														116				112				113	
	110				100	100	100	102	100	110	100	110													
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70	74			60	63	60	60	60	80	80	80				81				78				79	
	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	0				1				1				0	
TOTAL ORANGE SCORES		0			0	0	0	0	0	0	0	0				0				0				0	
Nurse Initial																									

Obstetrics and Gynaecology Early Warning Signs



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

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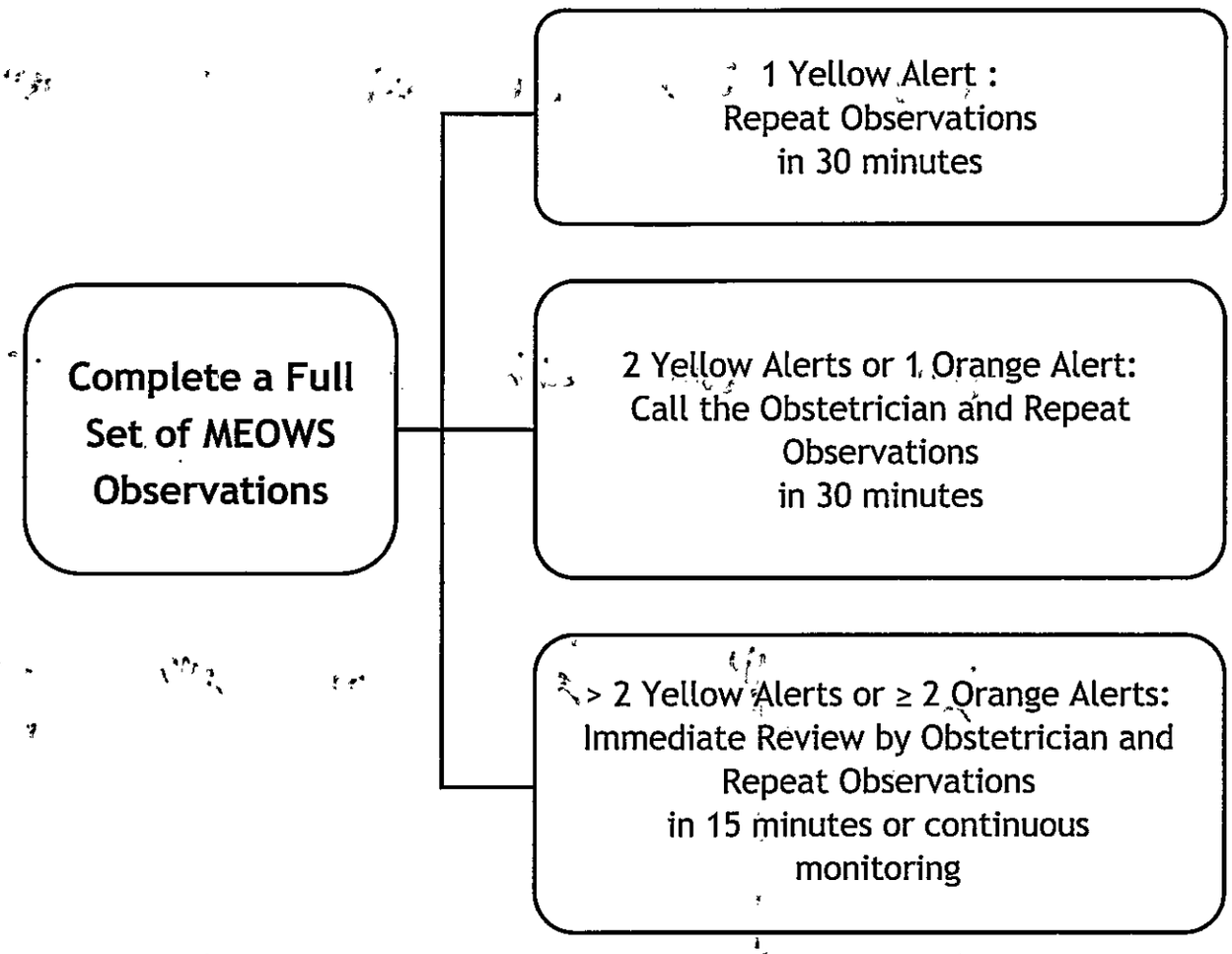
Early Warning Observation Score Chart - Obstetrics

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

16/7/26

		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					26				20				20				20	
	0 - 10																									
Saturations	94 - 100 %															99%				99%				99%	
	< 94 %																									
Administered O_2 (L/min.)				99%				100%					99%			6										
Temp °c	40																									
	39																									
	38																									
	37			98.5°F				98.2°F					98.2°F			97.7°F				98.6°F				98.4°F	
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80			84bpm				80bpm					82bpm			78bpm				88				76	
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressue ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120												142													
	110			112				114									100				110				102	
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70			70				72					82				60				70				60	
	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			1				0				0	
TOTAL ORANGE SCORES				0				0					0			0				0				0	
Nurse Initial																										

Obstetrics and Gynaecology Early Warning Signs



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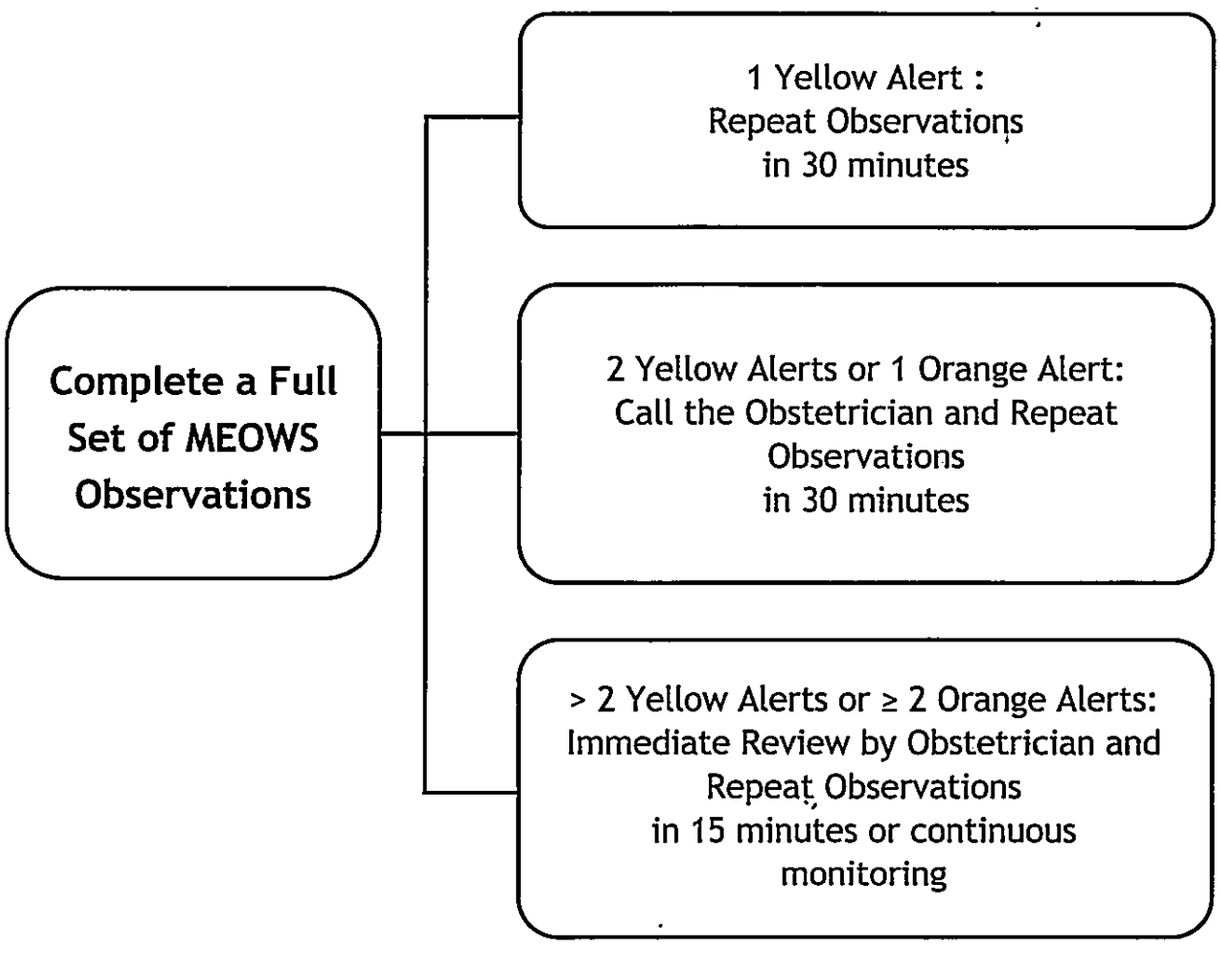
Early Warning Observation Score Chart - Obstetrics

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

		Date																								
17/7/26		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				18																					
	0 - 10																									
Saturations	94 - 100 %				99																					
	< 94 %																									
Administered O_2 (L/min.)																										
Temp°c	40																									
	39																									
	38																									
	37																									
	36				98.4°F																					
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70				96.4°F																					
	60																									
	50																									
	40																									
Systolic Blood Pressue ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120				110																					
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70				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																					
TOTAL ORANGE SCORES					0																					
Nurse Initial																										

Obstetrics and Gynaecology Early Warning Signs



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

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FLUID CHART

Sheet No. : 1

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
15/7/26	08:00 am	RL	N	100ml								
	09:00 am	RL		100ml								
	10:00 am	RL	B	100ml								
	11:00 am	RL		100ml		NA				300ml	0	Emty
	12:00 pm	RL	M	100ml								
	01:00 pm	RL		100ml								
Total Intake :						Total Output :						
15/7/26	02:00 pm	RL		100ml						500ml		Emty
	03:00 pm	RL	Sips	100ml								
	04:00 pm	RL	Sips	100ml								
	05:00 pm	RL		100ml		NA		0		300ml	0	Emty
	06:00 pm	RL		100ml								5pm
	07:00 pm	RL		100ml								
Total Intake :						Total Output :						
15/7/26	08:00 pm			100ml								
	09:00 pm			100ml								
	10:00 pm	RL		100ml		NA						
	11:00 pm		2dly	100ml			0	0	NA	600ml	0	Empty
	12:00 am			100ml								
	01:00 am		Ho	100ml								
Total Intake :						Total Output :						
16/7/26	02:00 am			100ml								
	03:00 am			100ml								
	04:00 am	RL	2dly	100ml						400ml		Empty
	05:00 am			100ml			0	0	NA		0	
	06:00 am		(Ho	100ml						350ml		Empty
	07:00 am			100ml						200ml		Removed
Total Intake :						Total Output :						

Total 24 hrs. Intake		Total 24 hrs. Output	

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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							
16/7	08:00 am											
	09:00 am											
	10:00 am	0	Jelly & HW		NA			NA			0	
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake : Nil								**Total Output :** U-2 M-0				
16/7	02:00 pm		Jelly									
	03:00 pm		H2O									
	04:00 pm											
	05:00 pm		Apple Soup		NA			NA				Maalika
	06:00 pm											
	07:00 pm											
Total Intake :								**Total Output :**				
16/7/26	08:00 pm											
	09:00 pm											
	10:00 pm	0	Jelly 120		NA			NA			0	
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake : Taken.								**Total Output :** U — M —				
17/7/26	02:00 am											
	03:00 am											
	04:00 am	0	H2O		NA			NA			0	
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake : Taken								**Total Output :** U — M —				

Total 24 hrs. Intake		Total 24 hrs. Output	

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FLUID CHART

Sheet No. : 3

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

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

Total 24 hrs. Intake		**Total 24 hrs. Output**	

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02-08-1992 33 Y 11 M 14 D (F)
Dr. PADMAJA YELISETTY

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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							
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Total Intake :						**Total Output :**						
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	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	

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NURSING CARE RECORD

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Date: 15/7

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 1 2pm	→ Plan for vitals → Plan for I/O chart. → Plan for medication.	8AM 2pm	→ Vitals checked & recorded. → Maintain I/O Chart → All medication given	→ vitals is normal	→ vitals is normal	Marilyn
Afternoon	2pm to 8pm	→ Assess the patient condition → plan for vitals → plan for I/O charts	2pm to 8pm	→ Assessed the patient condition → maintain vitals & Record → maintain I/O charts	patient is stable	vitals is normal	Cloud
Night	8pm 8A	→ Assess the pt Condition → Monitor vitals & I/O charts → drug as per dr		→ Assessed the pt Condition → monitored vitals & I/O charts → drug as per dr	pt is stable	Recorded vitals	

Patient Sticker

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NURSING CARE RECORD

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Date: 16.1.17

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8AM to 2pm	→ Assess the pt condition → monitor vital & neuro → Maintain I/O chart → Administer medication as per drug chart	8pm to 2pm	→ Assessed pt condition → monitored vitals → maintained I/O ch → administered medication as per dr	→ Pt is stable	→ Rechecked VS ted	
Afternoon	2pm to 8pm	→ Assess the pt condition → Monitored vitals → Maintained I/O Chart	2pm to 8pm	→ Assess the pt condition → Monitored vitals → Maintained I/O Chart	→ pt is a stable	Re-check the vitals	Neelu
Night	8pm 2pm	→ Assess the Pt condition → monitored vitals → maintain I/O chart → Administers medication as per drug chart → Pt on soft diet	8pm 8am	→ Assessed the Pt condition → monitored vitals recorded → maintained I/O chart → medication as per drug chart	→ Pt is stable	→ rechecked vitals	

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CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	15/7 DAY-1			DAY-2			17/6 DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0	NA	NA	NL	NA	NA	NA	NA			
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1	NA	NA	NL	0	NA	NA	NA			
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2	NA	NA	NL	0	NA	NA	NA			
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3	NA	NA	NL	0	NA	NA	NA			
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4	NA	NA	NL	0	0	0	NA			
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5	NA	NA	NL	0	0	0	NA			
			Signature of the Nurse										

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

Signature of Shift In Charge :

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

Signature of Ward In Charge :

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

Patient Sticker

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CHECKLIST FOR THROMBOPHLEBITIS

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

Signature of Ward In Charge :

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

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BRADEN 'Q' SCALE

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					Date : 13/7			
					Time : 8am	2pm	8pm	12a
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	3	3
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
				TOTAL SCORE	28	28	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
13-14	Moderate Risk	• Use the Same Protocol as for **"At Risk"** Patients • Position patient at 30 degree lateral incline using foam wedges	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
10-12	High Risk	• Follow the same protocol as for **"Moderate Risk"** Patients • In addition to regular turning schedule • Make small shifts in their position frequently	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
Less than 9	Severe Risk	• Use same protocol as for **"High Risk"** Patients • Add a pressure redistribution surface for patients with severe pain or with additional risk factors.	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay

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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	15/7	15/7	15/7
		Score	8Am	2pm	8pm
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0			
Secondary Diagnosis (more than one diagnosis)	Yes	15			
	No	0	0	0	0
Ambulatory Aid	Furniture	30			
	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			
Mental Status	Forgets limitations	15			
	Oriented to own ability	0	0	0	0
Total Morse Fall Scale Score:			20	20	20
		Signature	Sri		

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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PAIN ASSESSMENT FORM

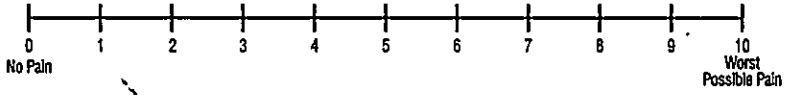
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
15/7	9AM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
15/7	11Pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
15/7	2Pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
15/7	6Pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
16/7	10AM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
16/7	2Pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
16/7/26	10Pm	0	N.D	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	N.D	
17/7/26	6Pm	0/10	ND	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

Re-assessment Frequency:

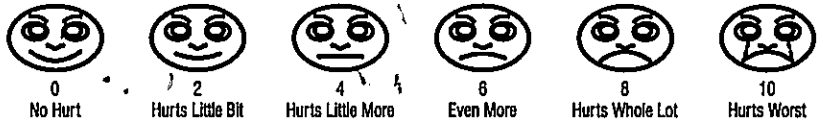
1. Every eight hours for all hospitalized patients.
2. For post-surgical patients, patients with chronic pain, patient with severe pain:
   a) At least every 2 hours for the first 24 hours
   b) Then every 4 hours.
   c) Prior to pain pain-relieving intervention.
   d) Within 30 – 60 minutes after pain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

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



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

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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	15/7 8AM	15/7 2PM	15/7 N	16/7 AM	16/7/26 2PM	16/7/26 NI
	Medical Condition (Any special condition to be noted):	NA	NA	Nr	NA	No	NA
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:	97F	97.6F	98.1F	98.5F	99.3F	98.2F
	Res:	20	20	20	20bm	26bm	20bm
	SpO_2:	99%	99%	99%	99%	99	98%
	Pulse:	87	86	87bm	85bm	85bm	92bm
	BP:	110/75	116/70	110/70	110/70	112/76	106/82
	Fall Risk Score:	—	—	—	—	—	—
	Pain Score:	—	—	—	—	—	—
Recommendations	Safety Needs:	NA	NA	NA	NA	—	—
	Physiotherapy	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Others Specify:	NA	NA	No	—	—	No
	Special Diet:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Other Special Orders / Medications:	NA	NA	No	—	—	—
Post Operative Procedure Special Orders:		NA	NA	No	—	—	—
Handed Over By Name :		Sujatha	Chandu			Madhu	Divya
Signature :							
Date:		15/7/26	15/7/26	16/7/26	16/7	16/7/26	17/7/26
Time:		8PM	8PM	8AM	2PM	8PM	8AM
Taken Over By Name :		Chandu			Madhu	Divya	Mahi
Signature :							
Date:		15/7/26	15/7/26	16/7/26	16/7/26	16/7/26	17/7/26
Time:		2PM	8PM	8AM	8PM	8PM	8AM

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NURSING SHIFT HAND OVER FORM - WARD

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

SITUATION	Diagnosis: LICS						Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify: .....
BACKGROUND	Area / Shift Time	17/7 M					
	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:	98.4					
	Res:	20b/m					
	SpO_2:	100%					
	Pulse:	71					
	BP:	—					
	Fall Risk Score:	—					
	Pain Score:	10					
Recommendations	Safety Needs:	Yes					
	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 :		Mahi					
Signature :							
Date:		17/7/25					
Time:		2pm					
Taken Over By Name :							
Signature :							
Date:							
Time:							

HNH-00012649 IP26-00006847
Dr. SADIA
02-08-1992 33 Y 11 M 13 D (F)
Dr. PADMAJA YELISETTY

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URINARY CATHETER BUNDLE CHECK LIST

Date of Insertion: 15/7/26 Date of Removal: .....

Parameters / Date / Shift Time	15/7 8Am	15/7 2pm	15/7 8pm				
Need for the Catheter	☐Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Hand Hygiene	☐Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Usage of Sterile Equipment	☐Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐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	Sujatha	Uma					
Signature of the Nurse							

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

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00012649 IP26-00006847 Dr. SADIA 02-08-1992 33 Y 11 M 13 D (F) Dr. PADMAJA YELISETTY	15/7/26 @ 6:55 AM	15/7/26. @6pm
	Transfer Ordered by DR. manisha	Reason for Transfer observation
From Unit Pre-past	To Unit ROOM	Information to Attendant Yes ☐ No ☐
Number of Sheets in Clinical File 30	Number of Imaging Films -1-	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sis. Chandrakala	DR. manisha

Patient & Clinical Records Received by : Anusha

Date & Time of Patient Received : 15/7/26 @ 6:10pm

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

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

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Patient Name : Dr Sadia Gender: ☐ Male ☑ Female Age : 33y

UHID No : HNH-00012649 Date : 15/7/2024

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)

UMBILICAL HERNIA REPAIR

upon

(Name of the Patient) Dr Sadia

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.

Recurrence, Pain, Intestinal Obstruction chances
risk of Strangulation / gangrene

My signature on this form indicates that

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

Name of the Doctor who is performing the Surgery / Procedure: Dr Padmaja Yelisetty / Dr Nageshwar Rao.

Consentee :

Signature : Sadia

Name : Dr Sadia

Date & Time : 15/7/2024 @ 9:30Am

Patient Attendant :

Signature :

Name : Syed Faraz

Relationship with Patient: Husband

Date & Time : 15/7/2024 @ 9:30Am

Witness :

Signature :

Name :

Date & Time :

Doctor (who is taking the consent) :

Signature :

Name : Dr. S. Mandala Sree

Date & Time : 15/7/2024 @ 9:30Am

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OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 15/7/26 Time of Arrival: 7.05m Time Seen by Nurse: 7.10Am

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: 97F Pulse: 85 RR: 20 SpO_2: 99% BP: 115/75 Weight: .....

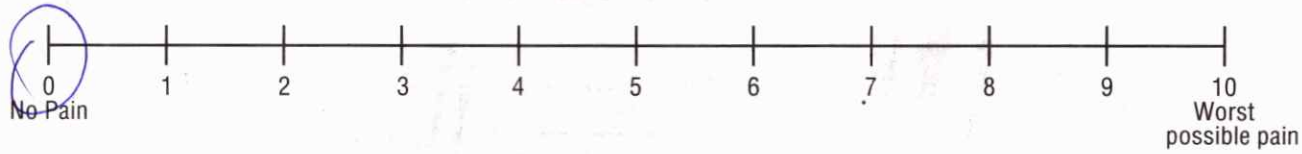
4) **Gestational Criteria:**

Gravida:	G	P	L	A

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

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

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



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

.....

6) **Past History:**

a) Surgeries: .....

b) Medical: Nil

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: ..... 7:15 AM

Nurse Name : Sujatha ..... Nurse Signature: .....

Date: 15/7/26 ..... Time: 7:10 AM

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OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 15/7/26

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: E L LSCS

Doctor Notified on Admission: ☐ Yes ☐ No

Name of the Doctor: Padmaja

Time Notified: ....

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

Past Medical History	Past Surgical History	Previous Hospital Admission
Nil	Nil	Nil

Gynecology Assessment: ☐ Not Applicable	**Gynecology Surgical History:**	**Gynecological History:**
Menstrual History: Regular	Caesarean Section: ☐ No ☐ Yes	Contraceptives: ☐ No ☐ Yes
Onset of Menarche:	Cervical Cerclage: ☐ No ☐ Yes	Vaginal Discharge: ☐ No ☐ Yes
Menstrual Cycle: ☑ Regular ☐ Irregular	Ectopic Pregnancy: ☐ No ☐ Yes	Post-Coital Bleeding: ☐ No ☐ Yes
Last Menstrual Period:	Myomectomy: ☐ No ☐ Yes	**Infertility:** ☐ No ☐ Yes
	Others: ________	**If Yes** Type: ☐ Primary ☐ Secondary

Obstetric History: G 3 P 1 L 2 A —

Previous LSCS: ....

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: 97F HR: 20 RR: 20

BP: 115/75 Weight: .... Height: .... BMI: ....

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

Patient Sticker

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 ....Patient....

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

Orientation not given Reason: ....NA....

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

Nurse Name: ....Sujatha....

Date & Time: 15/7/26 @ 8Am

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CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: Dr Padmaja Yelisetty	Date of Delivery: 15/7/2026
Assistant Surgeon: Dr Nageshwar Rao (Surgeon) Dr Priyadarshini, Dr Manisha	Time of Delivery: 9:44 AM
Anaesthetist's Name: Dr Samir	Gender of Baby: Female
Type of Anaesthesia: ~~SA + CA~~	Weight of Baby: 2.5 kg
Neonatologist: Dr Tejaswi	AGPAR Score: 7/9
Scrub Nurse: Sushmita	NICU Admission: ☑ Yes ☐ No

Pre-Operative Diagnosis: G2P1L1 / 38 Weeks / Prev LSCS / Fetal RV dysfunction

☑ Elective ☐ Emergency Indication: Prev LSCS + BTL

Urgency

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

Decision time: NA Knief to rectus: 2min

CTG Description: Reactive

If there was a delay give the reasons:

Surgical Procedure: Elective LSCS + B/L tubal ligation + Fleomen Repair

Post Operative Diagnosis: PUBO

Peri-Operative Complications: —

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

Name and Number of Surgical Specimen sent for examination:

B/L tubal Segments

Baby out by Dr Padmaja man tilla uterus closure.
Peritoneum & Sterilization conducted done by Dr Priyadarshini.

Examination Findings when Appropriate:

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

5th Palpable: ....
Fetal Position: ....

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

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

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

Skin Incision: ☑ Pfannensteil ☐ Transverse ☐ Midline ☐ Other ....
Uterine Incision: ☑ Lower Segment ☐ Classical ☐ Inverted T ☐ J Incision – B/L tubal ligation done by modified Pomeroy's method
Previous Scar: ☐ Intact ☑ Thinnedout ☐ Ruptured ☐ No Scar
Incision Through Placenta: ☐ Yes ☐ No
– LUS thinned out
– liquor scanty
– hernia Repair by Prolene no 1 (Dr Nageshwar Rao Sir)
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 1-0..... Suture
Peritoneal Closure: ☐ Pelvic ☑ Abdominal ☐ None .....Vicryl 1-0 (Hernia Repair → Prolene no 1)..... Suture
Sheath Closure: .....vicryl no 1..... Suture
Fat Closure: ☐ Yes ☐ No .....monocryl 3-0..... Suture
Skin Closure: ☐ Subcuticular ☐ Mattress .....monocryl 3-0..... Suture

Vagineal Evacuated ☑ Yes ☐ No
Drain: ☐ Yes ☑ No ☐ Remove in .... days ☐ Await instructions
Ctheter ☑ Yes ☐ No ☐ Remove in .....1..... 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 x 4-6 h
Drugs as charted
– watch vitals & BP
– Foley's in situ till 1 day
– Inform SM

Doctor Name: .....Dr Padmaja..... Doctor Signature: .....Y.Padmaja.....

Date & Time: .....15/7/2020.....

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NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 16/7/26 Time: 9:00 am

Origin: Indian Height: 165 cm Weight: 62.5 kg. BMI: ☐ ~ 26 kg/m² ☐ ~ 28 kg/m² ☐ ~ 30 kg/m²

22 kg/m²

Food Allergies: NO

Diagnosis: LSCS.

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

Diet Advised:

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

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

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

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

Patient's / Attendant's

Signature: .....

Name: Dr. Sadia

Date & Time: 16/7/26; 9:00 am

Dietician's

Signature: Syeda Sobiya Zaheer

Name: Syeda Sobiya Zaheer

Date & Time: 16/7/26; 9:00 am

(P. T. O)

DIETARY NOTES

Date	Time	Notes	Sign

Patient Sticker

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CROSS CONSULTATION FORM

Doctor Name : Dr. padmaja Date : 16/7/26 Time : 12pm

Diagnosis : LSCS

Hospital : RCH - HM NR

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:

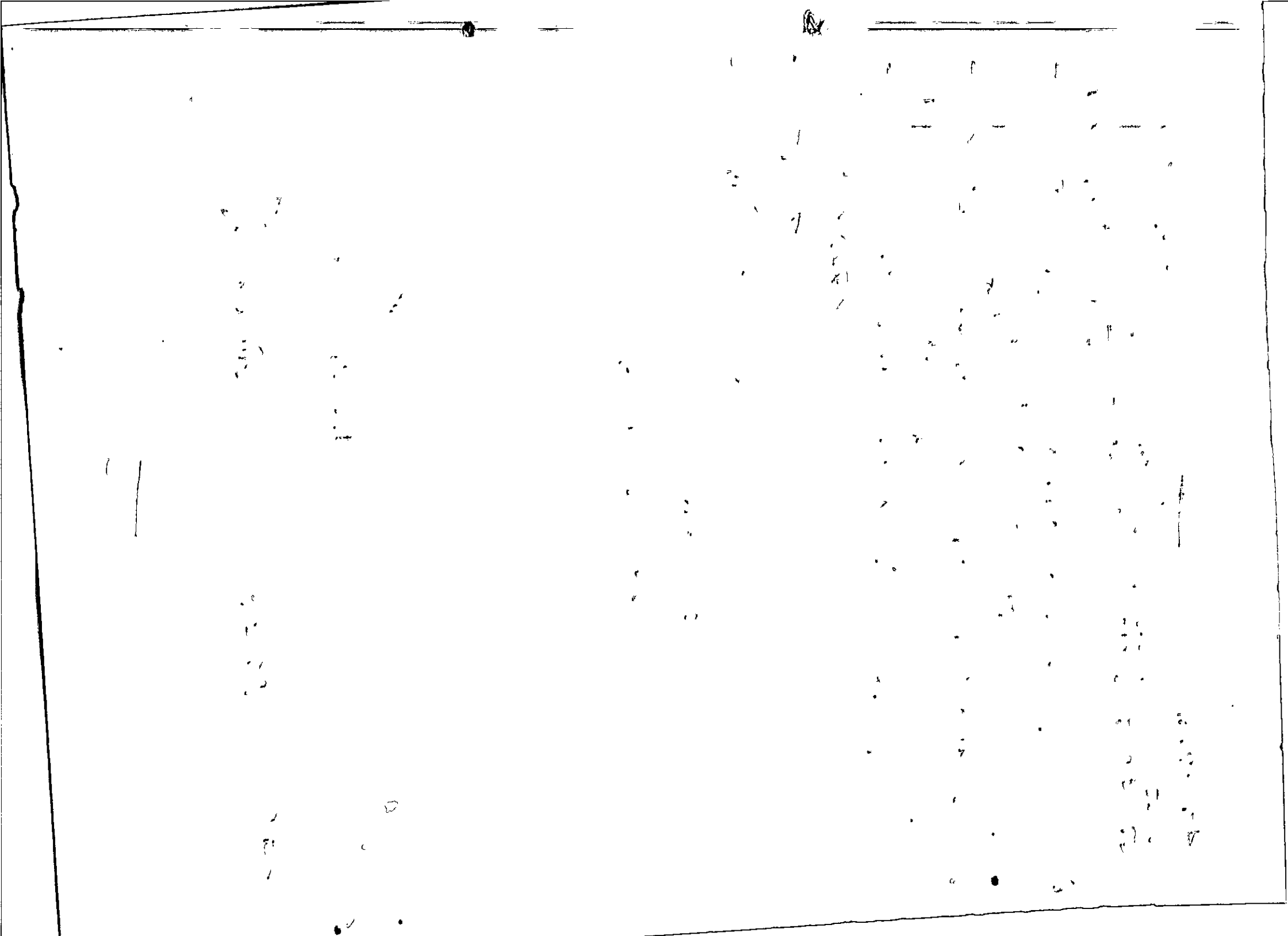
Findings and Recommendations :

Lactation care plan

- well formed Breast & Nipples
- Suckling observed
- G2P1L2
- colostrum seen
- baby is not sucking continuously, starting to suck with strong stimulation.
- Aim for deep latch as demonstrated in cradle hold / cross cradle.
- demand feeding not exceed 2½ hours as per early hunger cues.
- TO start galact granules 2Scoops (BD)
- TO start lactare cap 2 tab (TID) adv by Doctor

Consultant :

Name : Sathwika-G Signature : SG Date & Time : 16/7/26 / 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:
   - ☑ a. Mother needs to stimulate her breast for 2 min every 2 hours

9. Additional notes: ..... RD .....

Continuity of Care: Date: 15/7/26

Handover given by .....

Signature .....

Date & Time: .....

Handover taken by .....

Signature .....

Date & Time: .....

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Padmaja
Asst. Surgeon : Dr. Priyadarshini
Anaesthetist : Dr. Samir
Scrub Nurse : Sr. Sushmita

HNH-00012649 IP26-00006847
Dr. SADIA
02-08-1992 33 Y 11 M 13 D (F)
Dr. PADMAJA YELISETTY

Patient Name
UHID No. :
Date : 13/7/22 In-time : 9:15 am Out-time : 10:45 am
Gender : F
EL: LSCS

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Before Induction of Anaesthesia ➤➤

SIGN IN Time: 9.07

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

Site Marked ☑ Yes ☐ No ☐ NA

Anaesthesia Safety Check Completed ☑ Yes ☐ No

Pulse Oximeter on Patient & Functioning ☐ Yes ☑ No

Does Patient have a:
- Known Allergy? ☐ Yes ☐ No

Difficult Airway / Aspiration Risk?
- Yes, & Equipment / Assistance Available ☑ Yes ☐ No

Risk of > 500ml Blood Loss (7ml/kg In Children)?
- Yes, and Adequate Intravenous Access and Fluids Planned ☑ Yes ☐ No ☐ NA
- Blood Units Reserved ☐ Yes ☑ No ☐ NA

Has Antibiotic Prophylaxis been given within the last 60 minutes? ☐ Yes ☐ No ☐ NA

Signature : Adula
Name : Dr Adula VV

Before Skin Incision ➤➤

TIME OUT Time: 9.40AM

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? Addition bleeding 1½ hours 500ml ☑ Yes ☐ No ☐ NA

Anaesthesia Team Reviews:
- Are There Any Patient-specific Concerns? Not Required ☑ 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 : Karuna
Name : Karuna @ 9:40AM

Before Patient Leaves Operating Room

SIGN OUT Time: 9:45 Am

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 : Dr Padmaja Mandula
Name : Dr. S. Mandula Sree

PATIENT TRANSFER FORM

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HNH-00012649 IP26-00006847
Dr. SADIA
02-08-1992 33 Y 11 M 13 D (F)
Dr. PADMAJA YELISETTY

Treating Consultant Name	Date & Time of Admission 15/7/26	Date & Time of Transfer Order 15/7/26 @ 1PM Sm
	Transfer Ordered by Dr. Samir	Reason for Transfer Observation
From Unit OT	To Unit Pre - Post	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 34	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	—
2.		
3.		
4.		
5.		

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

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

Patient & Clinical Records Received by : Akhila

Date & Time of Patient Received : 15/7/26

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

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

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00012649 IP26-00006847 Dr. SADIA 02-08-1992 33 Y 11 M 13 D (F) Dr. PADMAJA YELISETTY	15/7/26 @ 6:55Am	15/7/26 @ 9Am
	Transfer Ordered by DR. Padmaja	Reason for Transfer EL - LSCS
From Unit pre - post	To Unit Room	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 - 500ml	(1)
2.		
3.		
4.		
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sis. Madhumitha	DR. Padmaja

Patient & Clinical Records Received by : Natasha

Date & Time of Patient Received : Natasha @ 9Am 15/7/26

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

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

Duty mobile 92461 60961

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Department of Anaesthesiology

PRE-ANAESTHETIC EVALUATION

Name: Dr. Sadia Age: 33y Sex: Female UHID.No : HNH-12649

Date: 20/6 Time: 1pm Proposed Operation: LSCS. (15/7)

Diagnosis: G2P1L1 ♀ prev. LSCS

B.P / CRT: ..... H.R: ..... Weight: 63 ASA Physical Status: ☐1 ☑2 ☐3 ☐4 ☐5

Laboratory Data:

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

Allergies: NKDA. (? COMBIFLAM)

Medical History: CVS : chr. anaemia + Fe supplement parentrally.

RESP : ✓ Diabetes :

CNS : T10-L1 schwanoma - (L) leg pain + No residual effects - functionally WNL

Renal : ✓

Hepatic / GE : ✓ Physical Activity: NYHA-I, METS > 4.

Others : ✓

Past Anaesthetic History: Spinal schwanoma excision - 2019 / Bartholins cyst excision + GA 2024.

Physical Exam: LSCS + 2018 (Hypotension)

Airway: MP 1 (2) 3 4 Mouth Opening: adq Mentohyoid Distance: 3CB Neck: (N) Teeth: intact

Lungs : ✓

Heart:

CNS:

Pregnant: ☐Yes ☐No ☐NA | Venous Access Site peripheral | Spine Exam for regional : TO BE EXAMINED

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

Peri-Operative Plan Explained to the Patient: ☐Yes ☐No 12am ← SOLIDS 9am

CURRENT MEDICATIONS	DOSAGE
Ca/Vit-D/Fe.	

Pre-Operative Instructions:

1. DVT Prophylaxis : 6 - FOOD/MILK/JUICE
2. NIL ORAL → Water / ORS 2 Hours; Others 6 Hours — 2 - WATER/ORS
3. Informed Consent: ☐Standard ☐High Risk
4. Post Operative Pain Management: ☐Discussed with Patient
5. Other Instructions:
   - CBP.
   - MRI reports for review.

Signature: ..... Name: Dr Samir Nayath.

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

HNH-00012649 IP26-00006847
Dr. SADIA
02-08-1992 33 Y 11 M 13 D (F)
Dr. PADMAJA YELISETTY

patient explained need for GA in PAC clinic & on table

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.: 68/m B.P / CRT: 92/56 SpO_2: 98% @RA R.R.: 16/m Last Feed: >6hrs.

Pre-OP Diagnosis: G2P1L1 ē prev. LSCS Operation: .... Date: 15/7/26

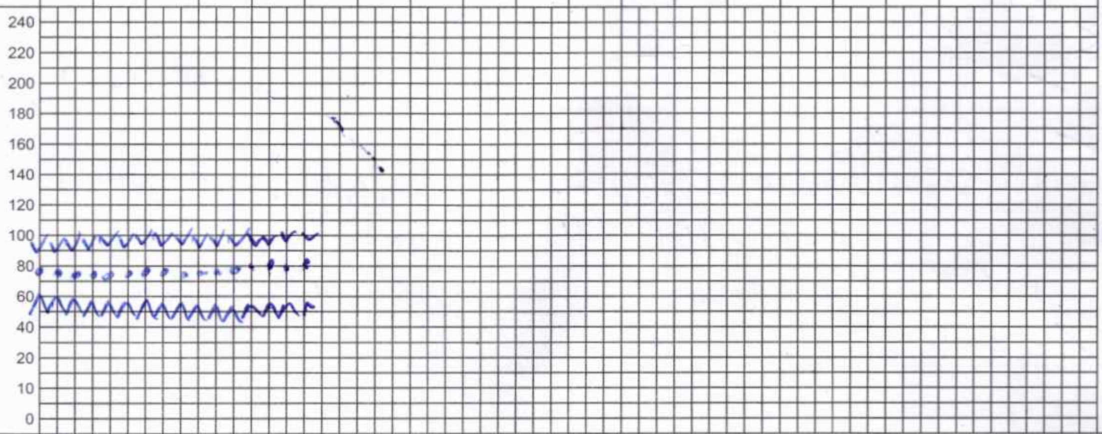
Surgeon: Dr P.Y / Dr Priya / Dr Najedhna Anaesthesiologist: Dr. SAMIR / Dr AH Technician: Br Aravind

TIME	9:15	(48)	10:15	(48)
N_2O /AIR /O_2 LPM				
HALO /SO /SEVO				
Drugs:				
OXYTOCIN	3U + 20U infusion + 20U infusion			
METHERGINE	0.2mg iv			
PROPOFOL	100mg			
SCHOLINE	75mg iv			
MIDAZOLAM	2mg iv			
FENTANYL	75mcg iv			
ROCURONIUM	30mg iv			
PARACETAMOL	1gm iv	ONDAN 4mg + DEXAMETHASONE 8mg iv		
FIO_2 / SaO_2	100	100	100	100
$ETCO_2$	37	36	38	38
ECG	SR	SR	SR	SR
Temperature				
Urine Output				
Fluids / Blood	PL ① ② ③ →			

Antibiotic: given.
Suppository: DICLOFENAC 100mg
TRAMADOL 100mg
Blood Loss: ~150mL

NOTES: SAB + USG done. CSF⊕ Drug given ↓ 20mins ↓ level only T10 ↓ Decision to convert to GA.

B.P
V Systolic
Λ Diastolic
X Mean
• Heart Rate
Tourniquet on Time
Tourniquet off Time
Throat Pack In
Throat Pack Out



LAB Values: ABG / GRBS / Others

☑ Equipment Checked and Functional ☑ BP ☐ Cuff Site: (R) UL ☐ Art Site: .... ☑ EKG Lead 3 leads ☑ Temp Site skin ☑ FIO_2 Monitor ☑ Agent Monitor ☑ Pulse Oximeter ☑ Capnograph ☑ Ventilator ☐ Nerve Stimulator **Position:** supine ☑ Pressure Points Checked **Eye Care:** ☐ Oint ☑ Tape ☐ Padding ☐ Awake	**Temp:** ☑ HME ☐ Fluid Warmer ☐ Cling Film ☐ OH Warmer ☑ Hugger's ☐ Cotton Wool ☑ Other sheets **Times:** Anaes Start: 9:15 am OP Start: ↓ OP End: ↓ Leave OR: 10:45 am **Anaesthesia:** ☑ GA ☐ Monitored Anaesthesia Care ☐ Regional **Line (Size & Location)** ☐ CVP: .... ☐ ART: .... ☑ IV: 18G (L) UL ☐ IV: .... ☐ IV:	**Induction** ☑ IV ☑ Inhal ☑ Pre O_2 ☐ RSI ☐ Others ☐ Mask ☐ SGA ☐ Airway ☐ Oral ☐ Nasal ETT# 6.5 at 18 cm ☑ Oral ☐ Nasal ☑ Cuff ☐ Tracheostomy ☐ Topical ☐ Drug: .... ☐ Awake ☐ Direct Vision ☑ Video Laryngoscopy ☑ Stylette / Bougie ☐ Fiberoptic Blade# 4 Attempts: ×1 Difficulty Why? .... ☐ **Bilat = BS** ☐ Semi-Closed Circle ☑ Closed Circle ☐ Other	**Regional:** Extremity ☑ Specify: .... ☑ Spinal ☐ Epidural ☐ Caudal Others: .... Position: sitting + USG marking **Site:** L3-4 Needle Size: 25G QB Depth: .... Parasthesia ☐ Yes ☐ No Catheter at skin .... cm Drug Name & Conc: 10mg BUPIVACAINE (H) Bolus: + 10mcg FENTANYL Infusion: .... Block Level: T12 - T10 - partial effect Comments: to pin prick Transportation to ☑ PACU ☐ ICU ☐ Other Relaxant Reversed ☑ Yes ☐ No ☐ NA Name of the Doctor: Dr Mani Signature of the Doctor: [signature]

HNH-00012649 IP26-00006847
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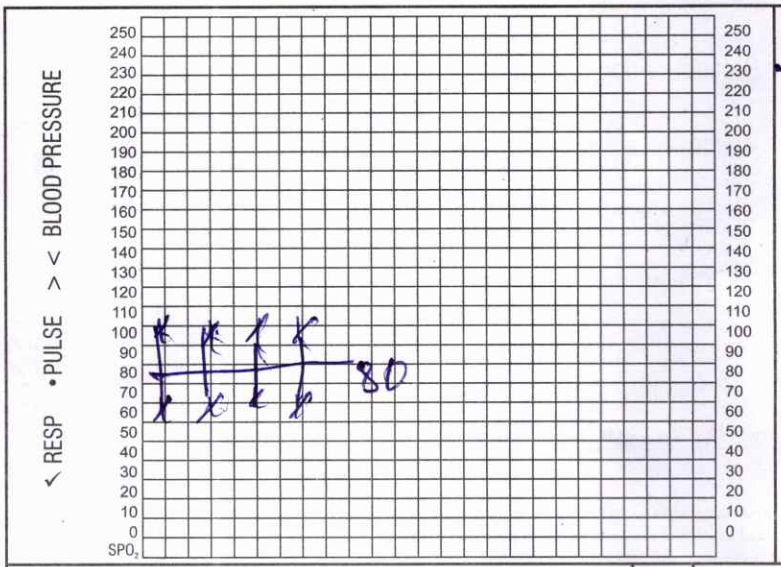
POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Chumbakala Time Received : 11 Am Time Discharged : .....



IV Cannula Site : Lt hand

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

Vomiting : ☐ Yes ☑ No Drug: Inj Tramadol

NG Tube : ☐ Yes ☑ No

Drain: ☐ Yes ☐ No

Urinary Catheter: ☐ Yes ☐ No

Chest Tube: ☐ Yes ☐ No

Nil Oral ☐ Yes ☐ No

IV Fluids: RL

Oral Feeds: WBP

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

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
15/7/26	11Am	0	normal	CA
15/7/26	12pm	0	normal	CA
15/7/26	1pm	0	normal	CA
15/7/26	2pm	0	normal	CA

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

Anaesthesiologist Name : Dr Adithi N.

Anaesthesiologist Signature: Adithi

Date & Time: 15/7/26 5:24

PACU Nurse Name : Chumbakala

PACU Nurse Signature: CA

Date & Time: 15/7/26 @

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): 3rd floor

Date & Time: 15/7/26 @ 5pm

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		Maternal		FHR	Comments
			Left	Right	BP	Pulse		

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

Catheter Removed by and Tip Inspected : .....

Patient Satisfaction : .....

Discharge /Shifting ordered by

Doctor Signature: .....

Doctor Name: .....

Date and Time : .....

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE

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Patient Name : Dr. Radia Age : 33 Gender : Male ☐ Female ☐

UHID NO: HNH-12649 Surgeon Name: Dr padmaja Yellurlly

Anaesthesiologist : Dr. Rani Nayak

Operative procedure planned : 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 : Need for GA sos / Bleeding / transfusion sos

Comments : .....

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

DECLARATION BY PATIENT / GUARDIAN / PROXY

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

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

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

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

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

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

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

- Pregnant : ☐ Yes ☐ No

DECLARATION BY THE ANAESTHETISTS PROVIDING INFORMATION FOR THIS CONSENT

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

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

Patient / Patient Attendant :

Signature : .....

Name : Dr. Radha

Relationship with Patient: Self

Date & Time : 15/7 830am.

Witness :

Signature : .....

Name : Syed Faraz (husband)

Date & Time : 15/7 830am

Doctor (who is taking the consent) :

Signature : .....

Name : Dr. Lanu Unayak

Date & Time : 15/7 900am

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

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Patient Name : Dr. Sadia Begum Gender: ☐ Male ☑ Female Age : 33yr

UHID No : HNH 00012649. Date : 15/7/26.

Instruction:

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

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

BILATERAL TUBECTOMY.

upon

Dr. Sadia Begum. (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.

bleeding., permanent, irreversible, chances of failure 1:300., possibility of ectopic in case of failure

My signature on this form indicates that

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

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

Consentee :

Signature : Sadia

Name : Md Sadia

Date & Time : 15/7/2026 @ 8AM

Patient Attendant :

Signature :

Name : Syed Faraj

Relationship with Patient: Husband.

Date & Time : 15/7/2026 @ 8AM

Witness :

Signature :

Name : Chandrakala

Date & Time : 15/7/26 at 8AM

Doctor (who is taking the consent) :

Signature :

Name : Dr. Dna

Date & Time : 15/7/26 @ 8AM

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

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Patient Name : Dr. Sadia Begum. Gender: ☐ Male ☑ Female Age : 33yrs

UHID No : HNH-0001 2649 Date : 15/7/26.

Instruction:

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

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

ELECTIVE LOWER SEGMENT CESAREAN SECTION.

upon

Dr. Sadia Begum (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.

bleeding, wound infection, wound breakdown, need for blood transfusion, chances of injury to adjacent organs like bowel, bladder, ureter & blood vessels; future pregnancy uterine rupture, accidental injury to baby

My signature on this form indicates that

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

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

Consentee :

Signature : Sadia

Name : Mrs Sadia Begum

Date & Time : 15/7/2026 @ 8AM

Patient Attendant :

Signature :

Name : Syed Faraz

Relationship with Patient: Husband

Date & Time : 15/7/2026 @ 8AM

Witness :

Signature :

Name :

Date & Time :

Doctor (who is taking the consent) :

Signature :

Name : Dr. Dua

Date & Time : 15/7/26. @ 8AM

H 26-00002139

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NARCOTIC PRESCRIPTION FORM
(PATIENT COPY)

Patient Name:	Dr. Sadia		Age:	33Y	Gender: Female
UHID No:	HNH-00012614	IP No:	26-00006847	Date: 15/07/26	Time: 7:52 Am
Diagnosis:	TSCS + Tubectomy		(Ward-07)		

PRESCRIPTION DETAILS (Tick only one of the following)

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

Doctor Name: Dr. SNIPAS. V

Doctor Registration No: APMC 75727

Signature:

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

IP Registration No: 26-00006847 Date: 15/7/26

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

1.	Name : Dr. Sadia	Remarks
2.	Complete postal address (with contact number, if any)	Nampally Mallepally North Hyderabad
3.	Brief description of the illness	TSCS + Tubectomy
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
15/7	INJ: Fentanyl	01		

Dispensed by (Name & ID No.): Samia (CO3442) M Arvind Kumar (021257) Signature:

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

Time: 8.00

Docu. No: RCH / FRM / CLINICAL / 133

#H 26-0000213925

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NARCOTIC PRESCRIPTION FORM
(MEDICAL RECORD)

Patient Name: Dr. Sadia		Age: 37Y	Gender: Female
UHID No: HNH-00012619	IP No: 26-00006847	Date: 15/07/26	Time: 7:52 Am
Diagnosis: LSCS + Tubectomy (Ward-07)			

PRESCRIPTION DETAILS (Tick only one of the following)

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

Doctor Name: Dr. Sripa. V

Doctor Registration No: APMC 75177

Signature: [signature]

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

IP Registration No: 26-00006847 **Date:** 15/7/26

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

1.	**Name :** Dr. Sadia	**Remarks**
2.	Complete postal address (with contact number, if any)	Nampally, Mallepally, North Hyderabad
3.	Brief description of the illness	LSCS + Tubectomy
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
15/7	INJ: Fentanyl	01	[signature]	

Dispensed by (Name & ID No.): Savita (92442) Signature: ....

Received by (Name & ID No.): M Arvind kumar (02125-7) Signature: [signature]

Time: 8:00

Docu. No: RCH / FRM / CLINICAL / 133