

VIH-00120482 IP-00060790
Mrs PRATIKSHA BHAGAT
28-02-1992 34 Y 4 M 28 D (F)
Dr. PRASHANTHI ELIZABETH

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

SURGERY DETAILS

Date : 22/7/26

Patient Name: Mrs. Pratiksha Bhagat Date of Birth: 26/2/1992 Age: 34 yrs

Gender: Female Ward: OT UHID No: 120482

Date of Surgery: 22/7/26 ☐ OT-1 ☒ OT-2 ☐ OT-3 ☐ OT-4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery: Emergency US US Jr SA

Time in: 7:58 AM

Time Out: 09:00 AM

	NAME	AMOUNT
1. Surgeon	Dr. Prashanthi Elizabeth	OT charges
2. Anaesthetist	Dr. Madhav	
3. Assistant Surgeon	Dr. Faruq	
4. OT Technician	Tech. Ajay	
5. Circulating Nurse	Sr. Ruby F / Sr. Parvona	
6. Assistant Nurse	Sr. Jyothi	

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

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 3104455/3104456

Order by: Ruby Florence

ACT VIH-00120482 IP-00060790
Mrs PRATIKSHA BHAGAT
26-02-1992 34 Y 4 M 26 D (F)
Dr. PRASHANTHI ELIZABETH

LING

Name



UHID I

Consultant :

Dept :

Date of Admission :

22/7/26

Time :

7:30 AM

Date of Discharge :

Time :

Room / Bed No :

240222

Ward :

219

Suggested Billable bed type :

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
22/7/26	7:50 AM	MICU	OT	Seetha
22/7/26	9:15 AM	OT	MICU	Me
23/7/26	12:30 PM	LW	Room (103)	Me
25/7/26	9:50 AM	2nd Floor	LW	Phis
25/7/26	1:15 PM	Yw	Room (103)	Phis

Cross Consultation Visit

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

INVESTIGATIONS			
Date	Investigations	Order No.	Sign
22/7/26	CBP, CUE, Urine - C/S, PT, APTT, INR, LFT, Creatine, LDH, Urea, Uric Acid, Electrolytes.	V12602472	Rami
22/7/26	Placenta Histopathology	V126024740	
22/7/26	NLST @ 7:30 AM - (i)	R26-011913	
Cross checked by mang		23/7/26 @ 11:55 AM	
24/7	CBP	26025018	

Date _____

Investigations

Order No.

Sign

22/7/26

CBP, CVP, Urine-c/s,
PT, APTT, INR, LFT,
Creatinine, LDH, Urea,
Uric Acid, Electrolytes.

V12602472

22/7/26

Placenta Histopathology

V126024740

22/7/21

NLST @ 7:30 Am

R26-011913

cross checked by manager 23/7/20 @ 11:58 AM

22/7

CBP

26025018



[illegible]

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
22/7/26	Iv. Placement	(1)		
22/7/26	Catheterisation	(1)	3104461	
22/7/26	PAC	(1)	3104462	Rani
Cross checked by Rani 22/7/26 @ 11 pm.				
25/7/26	Iv placement	(1)	3106040	
25/7/26	SV Sea Therapy	(1)	3106178	
Cross checked by a Sharmi 25/7/26 @ 1 pm				

ANY OTHER INFORMATION

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward 1st floor Karpang	Billing Assistant	Billing Supervisor
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Name	Mrs PRATIKSHA BHAGAT	UHID	VIH-00120482
Father/Guardian	Mr AMIT KUMAR BHAGAT	Age/Gender	34 Y 4 M 26 D/Female
Address	FLAT NO. 101, SRINIVASA NILAYAM, SHILPANAGAR, NAGARAM, HYDERABAD., Nagaram, Hyderabad, Telangana, INDIA, 500083		
IP No	IP-00060790	Admission Date	22-07-2026
Ref Doctor	Self	Discharge Date	26-07-2026

DISCHARGE SUMMARY

Consultant: Dr. PRASHANTHI ELIZABETH, OBSTETRICIAN & GYNAECOLOGIST

Diagnosis: G3P2L1D1 with 36+1 weeks with Previous NVD with Gestational Hypertension with Hypothyroidism with Abruptio Placenta for Emergency Lower Segment Cesarean Section

EMERGENCY LOWER SEGMENT CESAREAN SECTION UNDER SPINAL ANAESTHESIA DONE ON 22.07.2026.

History:

LMP: 07.11.2025

Obstetric formula: G3P2L1D1

EDD: 18.08.2026

Gestation at admission: 36+1 weeks

Obstetric History:

G1 - Male / IUFD / 9 months / assisted NVD (forcep) / 3 kg / GHTN/ Abruptio placenta/ 1 PRBC given / Sevagram / Maharashtra / 2018 .

G2 - Female/ 6 years / FTNVD / 2.23 kg/ A & H / Uneventful /RCH VKP/BF-1yr

G3- Present pregnancy Spontaneous conception.

Medical History: Nil

Family History: Nil

Name	Mrs PRATIKSHA BHAGAT	UHID	VIH-00120482
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Surgical History: Nil

Allergies: Nil

Antenatal Details: Mrs. PRATIKSHA BHAGAT was unbooked to Rainbow Hospital. Previous ANC's with Dr. Prashanthi Elizabeth. She had regular antenatal checkups and investigations as advised. She was diagnosed with hypothyroidism since conception and is on Tab Thyroxine 50mcg OD. She was diagnosed with gestational hypertension at 34 weeks & managed with Tab. Labetalol 100 mg TID. Two doses of steroids covered. She came with complaints of bleeding PV since 7am on 22.7.2026. She was admitted at 36+1 weeks with Previous NVD with Gestational Hypertension with Hypothyroidism with Abruptio Placenta for Emergency Lower Segment Cesarean Section.

Investigations: Enclosed

Blood group: ' B' POSITIVE

Management: Course in hospital and Delivery Details:

At admission on clinical examination the vitals were stable, uterus was relaxed, on per speculum examination, bleeding was noted. Fetal well being was confirmed by an admission CTG which was found to be non reassuring. Patient & attenders explained regarding abruptio placenta, risk of IUFD, need for emergency LSCS and they opted to emergency LSCS.

She was decided for emergency C-section in view of abruptio placenta, prepared with indwelling Foley's catheter and IV canula under aseptic conditions. Written informed consent for surgery taken. Preanesthetic check up done. Anesthetic premedication (IV Pantop and Perinorm) given. Antibiotic prophylaxis with Inj. Taxim 1 gm IV given. Patient shifted to theatre.

Surgery Notes: Operative Details:

Under spinal anesthesia she was painted and draped as per hospital protocol.

Name	Mrs PRATIKSHA BHAGAT	UHID
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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, clear Liquor seen. Baby delivered using vectis forcep. 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. Retroplacental 100 ml clots noted. Placenta sent for HPE. Uterus closed in layers. Hemostasis secured. Instruments and swab count checked. Rectus sheath closed. Skin closed with subcuticular sutures. Wound dressing done. Vagina cleaned with Betadine solution after expelling clots. Misoprostol 600 mcg given per rectum as prophylaxis against postpartum hemorrhage. Patient was shifted out of theatre to post operative recovery room.

Delivery Details:

Date: 22.07.2026

Time of Delivery: 8:05 AM

Type of Delivery: Emergency LSCS

Indication: Abruptio placenta.

Analgesia: Spinal

Baby Details:

Date: 22.07.2026

Time: 8:05 AM

Sex: Female

Weight: 2.12 kg

Apgar: 6/10, 8/10.

Gestational Age: 36+1 weeks

NICU Admission: Yes

Name	Mrs PRATIKSHA BHAGAT	UHID	VIH-00120482
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Post-Operative Notes: Post Operative Period:

She was closely monitored. Her vital signs remained stable. Uterus was well retracted with no Postpartum hemorrhage. She was given thromboprophylaxis. Breastfeeding initiated. She was shifted to room. Her hemoglobin was 7.3 gm% on POD-3. Injection FCM 1 gram given, no transfusion reactions noted. postoperative period following that was uneventful. On third 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.

Advice:

1. Tab. Taxim-O 200mg (Cefixime-200mg) twice daily till 28.07.2026 (9am-9pm) after food.
2. Tab. Calpol 500mg (2tabs) (Paracetamol 500mg) thrice daily till 28.07.2026 (9am-2pm-9pm) after food.
3. Tab. Voveran 50 mg (Diclofenac 50mg) thrice daily till 28.07.2026 (10am-4pm-10pm) after food.
4. Tab. Pantoprazole 40 mg once daily till 28.07.2026 (7am) 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) 1 tablet once daily (2pm) till breastfeeding after food.
7. Inj. Enoxaparin 40 mg SC once daily till 24.07.2026.
8. Tab. Labetalol 100 mg thrice daily till further orders.
9. Home BP monitoring. Review SOS if BP > 140 /90 mmHg or any imminent signs (Nausea, vomiting, epigastric pain, decreased urine output, blurring of vision).
10. Continue Tab. Thyroxine 50mcg once daily on empty stomach (7am) till further orders.
11. Repeat TSH after 6 weeks and review with reports.
12. Nebasulf powder for local application.
13. HPV vaccine after 6 weeks of delivery.

Name

Mrs PRATIKSHA
BHAGAT

UHID



Review after one week on 28.07.2026 at postnatal clinic with prior appointment (This consultation will be charged) / See Dr. Prashanthy at her clinic.

To take appointment for OPD consultation at Rainbow Children's Hospital, just dial one number 1800-2122 (between 8 a.m. to 8 p.m.) (or) log on to www.rainbowhospitals.in

In case of emergency like bleeding, fever - kindly contact 040-42462200. Extension 2220 (Rainbow Hospital, Karkhana).

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, immunization and safe parenting, when and how to obtain emergency care etc also have been explained by doctorin the language that I understand and I have understood the same.

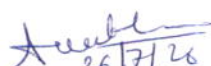
Name

Mrs PRATIKSHA
BHAGAT

UHID

VIH-00120482

Name: AMIT KUMAR BHAGAT

Signature: 
26/7/26

Relationship: HUSBAND

This summary was explained by:
Summary prepared by: Dr.

Registrar/Resident/C.M.O

Dr. PRASHANTHI ELIZABETH

MBBS

DNB Obstetrics & Gynaecology

OBSTETRICIAN & GYNAECOLOGIST

84534

PatientName : Mrs PRATIKSHA BHAGAT
Age/Gender : 34 Y 4 M 26 D/ Female
Ward/Bed : N 2F-LABOUR WARD/ LW 222

Inpatient No. : IP-00060790
Admit Date : 22-07-2026
Discharge Date :

Investigation	Result	Unit	Biological Reference Interval
COMPLETE BLOOD PICTURE (Specimen : BLOOD)		TEST RESULT STATUS : REPORT AUTHORISED	
		Order Date : 22-07-2026 07:39	
HEMOGLOBIN (Colorimetry)	9.6	g/dL	L 12 - 16
RBC COUNT (DC detection method)	3.76	10 ¹² /L	L 4 - 5.2
PCV/HCT (Calculated)	28.0	VOL%	L 33 - 51
MCV (Calculated)	74.4	fL	L 80 - 100
MCH (Calculated)	25.6	pg/cells	L 26 - 34
MCHC (Calculated)	34.3	g/dL	32 - 36
RDW-CV (Calculated)	14.5	%	H 11.5 - 13.1
PLATELET COUNT (DC Detection Method)	267	10 ⁹ /L	150 - 450
MPV (Calculated)	9.0	fL	6.5 - 10
WBC COUNT (DC Detection Method)	10.98	10 ⁹ /L	4.5 - 11
Differential Count			
NEUTROPHILS (Microscopy, Leishman stain)	77	%	H 35 - 66
LYMPHOCYTES (Microscopy, Leishman stain)	18	%	L 24 - 44
MONOCYTES (Microscopy, Leishman stain)	04	%	4 - 10
EOSINOPHILS (Microscopy, Leishman stain)	01	%	1 - 4
PERIPHERAL SMEAR (Microscopy, Leishman stain)	RBC - NORMOCYTIC / NORMOCHROMIC MICROCYTES(+) WBC - NEUTROPHIL PREDOMINANCE PLATELETS - ADEQUATE		

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
COMPLETE URINE EXAMINATION (Specimen : URINE)		TEST RESULT STATUS : REPORT AUTHORISED	
		Order Date :22-07-2026 07:39	
PHYSICAL			
COLOUR (Visual Examination)	PALE YELLOW		
APPEARANCE (Gross Examination)	CLEAR		
pH (Double pH Indicator)	6.0		5 - 8.5
SPECIFIC GRAVITY (PKA Reaction)	1.010		1.005 - 1.030
SEDIMENT (Microscopic Examination)	NIL		NIL
CHEMICAL			
PROTEIN (70% error of pH indicator)	NIL		NIL
GLUCOSE (GOD POD method)	NIL		NIL

Rainbow Children's Hospital - Secunderabad

H.No.3-7-222/223,Sy.No.51 to 54,Opp.Karkhana P S,Karkhana Main
Road,Kakaguda, Karkhana ,Hyderabad ,Telangana, INDIA ,500009.
040-42462200, Ext 2000,2001,2002,

PatientName : Mrs PRATIKSHA BHAGAT Inpatient No. : IP-00060790
Age/Gender : 34 Y 4 M 26 D/ Female Admit Date : 22-07-2026
Ward/Bed : N 2F-LABOUR WARD/ LW 222 Discharge Date :

Investigation	Result	Unit	Biological Reference Interval
KETONE BODIES (Acetoacetic acid reaction)	NEGATIVE		NEGATIVE
BILE SALTS (Hay's Sulfur Test)	ABSENT		ABSENT
BILE PIGMENTS (Diazo reaction)	ABSENT		ABSENT
NITRITE (Reflectance Photometry)	NEGATIVE		NEGATIVE
BLOOD (Peroxidase reaction)	PRESENT +		ABSENT
LEUCOCYTES (Esterase reaction)	NEGATIVE		NEGATIVE
MICROSCOPY			
PUS CELLS	3 - 5	HPF	L 0 - 5
EPITHELIAL CELLS	2 - 4	HPF	L 0 - 5
RBCS.	3 - 4	HPF	L 0 - 2

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
CREATININE (Specimen : SERUM)		TEST RESULT STATUS : REPORT AUTHORISED	
		Order Date :22-07-2026 07:39	
CREATININE (Enzymatic)	0.5	mg/dl	L 0.7 - 1.2

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
ELECTROLYTES (Specimen : SERUM)		TEST RESULT STATUS : REPORT AUTHORISED	
		Order Date :22-07-2026 07:39	
SODIUM (Direct ISE)	141	mmol/L	135 - 145
POTASSIUM (Direct ISE)	4.6	mmol/L	3.5 - 5.1
CHLORIDE (Direct ISE)	111	mmol/L	H 98 - 108

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356



MC-7373

Rainbow Children's Hospital - Secunderabad

3-7-222/223, Sy.No.51 to 54, Opp.Karkhana P S, Karkhana Main
Kakaguda, Karkhana, Hyderabad, Telangana, INDIA, 500009.
42462200, Ext 2000,2001,2002,



PatientName : Mrs PRATIKSHA BHAGAT
Age/Gender : 34 Y 4 M 26 D/ Female
Ward/Bed : N 2F-LABOUR WARD/ LW 222

Inpatient No. : IP-00060790
Admit Date : 22-07-2026
Discharge Date :

Investigation	Result	Unit	Biological Reference Interval
LDH (LACTATE DEHYDROGENASE) (Specimen : SERUM)	TEST RESULT STATUS : REPORT AUTHORISED Order Date :22-07-2026 07:39		
LDH (L to P-HIT Ref. PROC.,Calibrated)	257	U/L	H 135 - 220

Rashida

Dr. RASHIDA MA, MBBS,MD

CONSULTANT BIOCHEMIST, Reg No : HMC13081

Rainbow Children's Hospital - Secunderabad

H.No.3-7-222/223,Sy.No.51 to 54,Opp.Karkhana P S,Karkhana Main Road,Kakaguda, Karkhana ,Hyderabad ,Telangana, INDIA ,500009.
040-42462200, Ext 2000,2001,2002,

PatientName : Mrs PRATIKSHA BHAGAT Inpatient No. : IP-000607
Age/Gender : 34 Y 4 M 26 D/ Female Admit Date : 22-07-2026
Ward/Bed : N 2F-LABOUR WARD/ LW 222 Discharge Date :

Investigation	Result	Unit	Biological Reference Interval
LIVER FUNCTION TEST (Specimen : SERUM)		TEST RESULT STATUS : REVIEWED & AUTHORIZED Order Date : 27-07-2026 07:39	
TOTAL BILIRUBIN (Azobilirubin)	0.5	mg/dl	<1.3
CONJUGATED BILIRUBIN (Spectrophotometric)	0.2	mg/dl	<0.3
UNCONJUGATED BILIRUBIN (Spectrophotometric)	0.3	mg/dl	<1.1
SGOT (AST) (Kinetic with P5P)	52	U/L	H 14 - 36
SGPT (ALT) (Kinetic with P5P)	66	U/L	H 9 - 52
ALKALINE PHOSPHATASE (pNPP/AMP buffer) 101		U/L	53 - 141
PROTEIN (Biuret method)	5.3	g/dL	L 6.3 - 8.2
ALBUMIN (Bromocresol Green)	2.9	g/dL	L 3.5 - 5
GLOBULIN (Calculated)	2.4	g/dL	1.6 - 3.5
A/G RATIO (Calculated)	1.2		L 1.4 - 3.0

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
PT/APTT (PROTHROMBIN TIME / ACTIVATED PARTIAL THROMBOPLASTIN TIME) (Specimen : PLASMA)		TEST RESULT STATUS : REVIEWED & AUTHORIZED Order Date : 27-07-2026 07:39	
PT (Optical Clot Detection)	14.0	Seconds	
PT Calculated Biological Reference Interval	12.5 - 14.5 secs		
INR	1.0		
APTT (Optical Clot Detection)	27.0	Seconds	
APTT Calculated Biological Reference Interval	28.5 - 35.1 secs		

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
UREA (Specimen : SERUM)		TEST RESULT STATUS : REVIEWED & AUTHORIZED Order Date : 27-07-2026 07:39	
UREA (Kinetic, Urease)	18.1	mg/dl	15 - 36

Dr. SRUJANA SHYAMALA, MD, DNB

Printed Date / Time : 24/07/2026 11:38 AM

Dr. SRUJANA SHYAMALA, MD, DNB

Page 1 of 5

PatientName : Mrs PRATIKSHA BHAGAT
Age/Gender : 34 Y 4 M 26 D/ Female
Ward/Bed : N 2F-LABOUR WARD/ LW 222

Inpatient No. : IP-00060790
Admit Date : 22-07-2026
Discharge Date :

Investigation	Result	Unit	Biological Reference Interval
Consultant Pathology	Reg No : 39356		
Investigation	Result	Unit	Biological Reference Interval
URIC ACID (Serum) : SERUM			TEST RESULT STATUS : REPORT AUTHORISED Order Date : 22-07-2026 07:39
URIC ACID (Serum)	3.6	mg/dl	2.5 - 6.2

Dr. SRUJANA SINGH, MBLA, MD, DNB

Consultant Pathology, Reg No : 39356

Mrs PRATIKSHA BHAGAT

9182899179

34 Y 4 M 27 D

VI26024721

Female

22-07-2026 07:39 AM

IP-00060790

22-07-2026 09:21 AM

VIH-00120482

24-07-2026 10:35 AM

PRASHANTHI ELIZABETH

N 2F-LABOUR WARD / LW 222

URINE CULTURE AND SENSITIVITY (Specimen :URINE)

RESULT

Gross examination: Pale yellow in colour, clear.

Gram stained smear: Shows no polymorphs or organisms

Culture: No growth after 24 hrs of incubation

***** End of report *****



**Dr. RANGANATHAN N. IYER MD FRCPATH DNB
DPB**
(CONSULTANT MICROBIOLOGIST)

**Dr. VIJENDRA KAWLE
MD DNB
CONSULTANT MICROBIOLOGIST
Reg No :68234**

Laboratory Report

Mrs PRATIKSHA BHAGAT

9182899179

34 Y 4 M 28 D

VI26025018

Female

24-07-2026 11:32 AM

IP-00060790

24-07-2026 11:57 AM

VIH-00120482

24-07-2026 06:51 PM

Dr. PRASHANTHI ELIZABETH

N 1F-FIRST FLOOR / SR 103

Investigation	Result	Unit	Biological Reference Interval
COMPLETE BLOOD PICTURE (Specimen : BLOOD)		TEST RESULT STATUS : REPORT AUTHORISED	
HEMOGLOBIN (Colorimetry)	7.3	g/dL	L 12 - 16
RBC COUNT (DC detection method)	2.84	10 ¹² /L	L 4 - 5.2
PCV/HCT (Calculated)	20.9	VOL%	L 33 - 51
MCV (Calculated)	73.5	fL	L 80 - 100
MCH (Calculated)	25.8	pg/cells	L 26 - 34
MCHC (Calculated)	35.2	g/dL	32 - 36
RDW-CV (Calculated)	14.4	%	H 11.5 - 13.1
PLATELET COUNT (DC Detection Method)	294	10 ⁹ /L	150 - 450
MPV (Calculated)	8.7	fL	6.5 - 10
WBC COUNT (DC Detection Method)	13.97	10 ⁹ /L	H 4.5 - 11
Differential Count			
NEUTROPHILS (Microscopy, Leishman stain)	84	%	H 35 - 66
LYMPHOCYTES (Microscopy, Leishman stain)	10	%	L 24 - 44
MONOCYTES (Microscopy, Leishman stain)	4	%	4 - 10
EOSINOPHILS (Microscopy, Leishman stain)	2	%	1 - 4
PERIPHERAL SMEAR (Microscopy, Leishman stain)	RBC : MICROCYTIC / HYPOCHROMIC, NORMOCYTIC / NORMOCHROMIC WBC: NEUTROPHILIC LEUCOCYTOSIS PLATELETS : ADEQUATE		

Dr. SRUJANA SHYAMALA
MD, DNB
Consultant Pathologist
Reg No : 39356

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery



Signature and Date :

ERROR LOG

LOCATION: - NICU / PICU / HDU / OT / GENERAL WARD

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

ADMISSION SHEET

Registration Details :



Admission No : IP-00060790

Admit Date : 22-Jul-2026

Admit Time : 07:30 AM UHID : VIH-00120482

Patient Details :

Patient Name : Mrs PRATIKSHA BHAGAT

Age : 34 Y 4 M 26 D

Guardian : Mr AMIT KUMAR BHAGAT

DOB : 26-02-1992

Gender : Female

Religion :

Occupation :

Martial Status : Married

Address (H) : FLAT NO. 101, SRINIVASA NILAYAM,
SHILPANAGAR, NAGARAM, HYDERABAD.
Nagaram Hyderabad Telangana INDIA
500083

Phone No : 9182899179

E-mail : amitkumarbhagat9@gmail.com

Admission Details :

Bed Type : MICU

Bed No : LW 222

Ward Name : N 2F-LABOUR WARD

Room No : LW 222

Admission Type : First Visit

Contact Details :

Name : Mr AMIT KUMAR BHAGAT

Relationship : W/O

Contact Address : FLAT NO. 101, SRINIVASA NILAYAM,
SHILPANAGAR, NAGARAM, HYDERABAD.
Nagaram Hyderabad Telangana INDIA 500083

Phone No : 9182899179 / 9553746186

Signature
22-7-26
AMIT KUMAR BHAGAT

Doctor Details :

Doctor Name : Dr. PRASHANTHI ELIZABETH

Specialisation : OBSTETRICS AND GYNECOLOGY

Referral Doctor : Self

Phone No :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash

Payor Name : ELECTRONIC CORPORATION OF
INDIA



NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 22/7/26 Time: 2 PM

Origin: Indian Height: 156cm Weight: 78kg BMI: ☒ ~ 26 kg/m²
☒ ~ 28 kg/m²
☐ ~ 30 kg/m²

Food Allergies: Nil

Diagnosis: G3P1U0 with 36 weeks pre-eclampsia placenta Abru

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

Diet Advised: Normal

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: Pratiksha

Name: Pratiksha

Date & Time: 28/7/26 12 PM

Dietician's

Signature: Prashanthi

Name: Prashanthi

Date & Time: 22/7/26

DIETARY NOTES

Date	Time	Notes	Sign
2/21/22	9am	Normal	[Signature]
2/21/22	9am	Left side	[Signature]
2/21/22	9:25am	Normal did	[Signature]



IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

10-11 bleeding since 7 AM.

LMP: 18/7/11/25

EDD:

Corrected EDD: 18/8/26

GA: 36+1 week

Obstetric Formula:

G3P1L1D1A1

Menstrual History: Regular: ☒ Yes ☐ No

MS-

Obstetric History:

G1-0/11/20/9 month / NVD / 3 kg / Gest HTN / Abruption Placenta / 10 PRB given /
sevagran / maharashtra / 2018 / forcep delivery /
G2-6 yrs / 7 / FTNVD / 2.23 kg / ACH / uneventful / RCH VVP / AF-24rs
G3-PP. spont conception

Obstetric Examination

Fundal Height: ☒ Relaxed ☐ Mild ☐ Mod ☐ Severe
Liquor: ☐ Adequate ☐ Oligo ☐ Poly
PR: ☒ Cephalic ☐ Breech ☐ Others

Present Pregnancy Record:

Unbooked to RCH. Previous ANC's with Dr Prashanthi Edurand.

Diagnosed = Gestational HTN at 34 weeks on Tab

Head Fifts Palpable:

RISK FACTORS:

Labetalol 100mg BDD
2 doses of steroids covered at

FHS: ☒ Normal ☐ Tachy ☐ Brady ☐ Absent

138 bpm

Per Speculum Examination

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

Vaginal Examination

Cervix: ☐ Long ☐ Partially effaced ☐ Effaced

Os: Closed Dilated

Membranes: ☐ Present ☐ Absent

Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Presenting Part: ☐ Vertex ☐ Breech ☐ Others

Sutton: ☐ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2

Pelvis: ☐ Adequate ☐ Doubtful

Height: cm

Weight: 78 kg

Allergies:

Breast: ☒ Normal ☐ Abnormal

General Examination:

Consciousness: Alert

Pallor: (+)

Icterus: (-)

Edema: (-)

Temp: Afebrile

PR: 106 bpm

BP: 175/97

DTR: (+)

CVS: S1S2 (+)

RS: Bare (+)

Liver/Spleen: NAD

Urine Output: Adequate

DIAGNOSIS

G3P1L1D1 with 36 weeks with previous NVD with
Gestational Hypertension with Hypothyroidism & Abruption
Placenta for emergency CS & Steroids covered



Family History: Nil	Surgical History: Nil
Medical History: Nil	Medication History: Tab labetalol 100mg-TID
Plan of Care: C/I to Dr Prashanthi Edward - Admission - consent - PAC - post preparation - send CBP, CUE, uric acid, APPT/PT/INR/LDH/urea/so uric acid/creatinine/so electrolyte - 10 PRBC reserve at Tanna Blood Bank - follow drug chart - monitor vitals <i>Noted by Prashanthi</i>	Investigations: <u>BG - B POSITIVE</u> HIV } NR 19/7/26 HBsAg } Anti-HBc } Anti-HBe } CBP - 9.4/12.500/2.7L Creat - 0.5 AT - 1:30 CT - 8:00 CUE - Neg Urea - 15 TSH - 0.479 5/2/26 - NT scan - SLUR - 12+ 2 weeks - NT - 1.4mm - CL - 3.4cm 11/7/26 - (outside) Growth scan - SLUR - 34+ 1 week - cephalic - PL - post upper & mid segment - AFI - 10.7cm - AC - 39% - Doppler - (N) SBS - 108 LBT - (N) ALP - 111

Doctor Name: Dr. [Signature]

Signature: [Signature]

Date & Time: 22/7/26 7:30 AM

Consultant Name: Dr. Prashanthi

Signature: [Signature]

Date & Time: 22/7/26

PATIENT TRANSFER FORM

VIH-00120482 IP-00060790 Mrs PRATIKSHA BHAGAT 28-02-1992 34 Y 4 M 29 D (F) Dr. PRASHANTHI ELIZABETH 		Date & Time of Admission 22/7/26 at 3 ³⁰ am	Date & Time of Transfer Order 25/7/26 at 1 ¹⁵ pm
Treating Consultant Name 		Transfer Ordered by Dr. Faneer	Reason for Transfer Obstetric
From Unit Yw	To Unit 1st floor	Information to Attendant Yes ☒ No ☐	
Number of Sheets in Clinical File 20 pages	Number of Imaging Films nil	Personal belongings including clinical documents. If any handed over to attendant Yes ☒ No ☐ If yes, what ? op file & ornaments	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.			
2.			
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes ☒ No ☐			
Name & Signature of Person who is Transferring S. Premnath 25/7/26 at 1 ¹⁵ pm		Name of Person Ordered Transfer Dr. Faneer	
Patient & Clinical Records Received by :			
Date & Time of Patient Received :			

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

☐ Unavailable Bed

☐ Nurse not Available

☐ Available Bed not ready

PATIENT TRANSFER FORM

VIH-00120482 IP-00060790

Mrs PRATIKSHA BHAGAT
28-02-1992 34 Y 4 M 26 D (F)
Dr. PRASHANTHI ELIZABETH



Date & Time of Admission 22/7/26 at 7:30 AM		Date & Time of Transfer Order 23/7/26 @ 12:30 PM
Treating Consultant Name	Transfer Ordered by Dr. Nikitha	Reason for Transfer for observation
From Unit LW	To Unit Room 103	Information to Attendant Yes ☒ No ☐
Number of Sheets in Clinical File (35)	Number of Imaging Films (1)	Personal belongings including clinical documents. If any handed over to attendant Yes ☒ No ☐ (Patient file given) If yes, what?
Medications / Consumables / Surgicals / Hand over <i>Dr. Nikitha 23/7/26</i>		
Sl.No.	Item Name	Quantity
1.	T. Paracetamol 1gm - (10)	Surgical pads - (1)
2.	T. Paracetamol - (9)	under pad - (1)
3.	T. Pantop - (15)	
4.	T. Diclofenac - (10)	
5.		
Shifting Summary / Notes Written by Doctor : Yes ☒ No ☐ DR. Nikitha		
Name & Signature of Person who is Transferring Sis mangr		Name of Person Ordered Transfer Dr. Nikitha
Patient & Clinical Records Received by : Sr. Anitha		
Date & Time of Patient Received : @ 12:45 PM		

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

☐ Unavailable Bed

☐ Nurse not Available

☐ Available Bed not ready

DATE: 10/1/03

Page 1 of 2

10/1/03

10/1/03

(1) - [illegible]
(2) - [illegible]

(1) - [illegible]
(1) - [illegible]

(1) - [illegible]
(2) - [illegible]
(1) - [illegible]
(1) - [illegible]

10/1/03

10/1/03

10/1/03

(1) - [illegible]

PATIENT TRANSFER FORM

Patient Name & UHID No. VIH-00120482 IP-00060790 Mrs PRATIKSHA BHAGAT 28-02-1992 34 Y 4 M 28 D (F) Dr. PRASHANTHI ELIZABETH 		Date & Time of Admission 22/7/26 @ 07:30 AM	Date & Time of Transfer Order 22/7/26 @ 9:15 AM
		Transfer Ordered by Dr. Madhavi	Reason for Transfer Post op care
From Unit OT	To Unit MICU	Information to Attendant Yes ☒ No ☐	
Number of Sheets in Clinical File 	Number of Imaging Films NIL	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☐ If yes, what ?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.			
2.			
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes ☒ No ☐ Dr. Madhavi			
Name & Signature of Person who is Transferring Madhavi		Name of Person Ordered Transfer Dr. Madhavi	
Patient & Clinical Records Received by : Madhavi			
Date & Time of Patient Received : 22/7/26 11:00 AM			

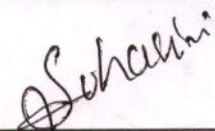
If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below :

☐ Unavailable Bed

☐ Nurse not Available

☐ Available Bed not ready

PATIENT TRANSFER FORM

VIH-00120482 IP-00060790 Mrs PRATIKSHA BHAGAT 28-02-1992 34 Y 4 M 26 D (F) Dr. PRASHANTHI ELIZABETH 		Date & Time of Admission 22/7/26 @ 7:30am	Date & Time of Transfer Order 22/7/26 @ 7:00am
Treating Consultant :	Transfer Ordered by Dr. Ashwini	Reason for Transfer Em - LSC	
From Unit ICU	To Unit OT	Information to Attendant Yes ☒ No ☐	
Number of Sheets in Clinical File 38	Number of Imaging Films 38 NST-11	Personal belongings including clinical documents. If any handed over to attendant Yes ☒ No ☐ If yes, what ?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.			
2.			
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes ☒ No ☐ Dr. Ashwini			
Name & Signature of Person who is Transferring 		Name of Person Ordered Transfer Dr. Ashwini	
Patient & Clinical Records Received by :			
Date & Time of Patient Received :			

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

☐ Unavailable Bed

☐ Nurse not Available

☐ Available Bed not ready

PATIENT TRANSFER FORM

VIH-00120482 IP-00060790 Mrs PRATIKSHA BHAGAT 28-02-1992 34 Y 4 M 29 D (F) Dr. PRASHANTHI ELIZABETH 		Date & Time of Admission 22/7/26 @ 7:30 AM	Date & Time of Transfer Order 25/7/26 @ 9:50 AM
Treating Unit 		Transfer Ordered by Dr. Prashanthi Elizabeth	Reason for Transfer Observation
From Unit 1st Floor	To Unit 2nd	Information to Attendant Yes ☒ No ☐	
Number of Sheets in Clinical File 40 pages	Number of Imaging Films Nil	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.	NS - 100ml	1	
2.	2-cc - Smol.	1	
3.	S-cc - 4ml		
4.	D-water - 2		
5.	inj - Pcedic - 2		
Shifting Summary / Notes Written by Doctor : Yes ☒ No ☐ Dr. Greahain			
Name & Signature of Person who is Transferring Sis. - Raja		Name of Person Ordered Transfer Dr. Greahain	
Patient & Clinical Records Received by : A. Greahain 25/7/26 at 1:15 PM			
Date & Time of Patient Received :			

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

☐ Unavailable Bed

☐ Nurse not Available

☐ Available Bed not ready



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/07/26 9 AM	POD-0 (LSCS)	
	o/e pt is c/c/c	Adv
	Uc fair	- NBM x 12 hr
	Afebrile	- Monitor vitals
Uo-200ml clear adequate	BP-115/72mmHg	- Follow drug chart
	PR-64 bpm.	- W/F bleeding PV
	S/E-NAD	- No charting
	P/A-Ut w/R	- Rest
	Soft BS -/-	- Inform sos
	HE-NAB	
	Baby - NICU	
	Noted by manager 22/7/26 9 AM	Dr Yogeshwar
22/7/26 1 PM.	POD-0 (Post LSCS)	
	o/e pt is c/c/c	Adv
	Uc fair	- NBM x 12 hr
	Afebrile	- W/F Bleeding PV
Uo-400 ml Adequate, clear.	BP-130/88 mmHg	- No charting
	PR-71 bpm	- Rest
	S/E-NAD	- Monitor vitals
	P/A-Ut w/R	- Follow drug chart
	Soft BS ⊕	- Inform sos
	HE-NAB	
	Baby - NICU	
	Noted by Rain 22/7/26 1 PM.	Dr. Ganesan



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	<u>POD-0 (Post LSCS)</u>	
22/12/26 5 PM	O/E Rt to cl/c GC - fair Afebrile BP - 114/78 mmHg PR - 86 bpm S/E - NAD P/A - Ut ~ w/R 6th BS (+) 4E - NAB <u>Baby - NICU</u>	ASV - NBM till 9 AM - WIF Bleeding PV - No clanking - Rest - Monitor vitals - Follow drug chart - Infusions
	U/O - 300 ml Adequate, clear Noted by Manoj 22/12/26 5 PM	Dr. Prashanthi
22/12/26 9 PM	<u>POD-0 (Post LSCS)</u> O/E Rt to cl/c GC - fair Afebrile BP - 114/72 mmHg PR - 83 bpm S/E - NAD P/A - Ut ~ w/R 6th BS (+) 4E - NAB <u>Baby - NICU</u>	ASV - NBM till 9 AM - WIF Bleeding PV - No clanking - Rest - Monitor vitals - Follow drug chart - Infusions
	U/O - 600 ml Adequate, clear Noted by Manoj 22/12/26 9 PM	Dr. Prashanthi



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/2/26 10:30 PM	C/I to Axon (Dr. Sai Bhargavi) o/e Rt to c/d e GC - fair Afebrile BP - 156/90 mmHg PR - 92 bpm S/E - NAD	Adv - T. LABETOLOL 100mg start - W/F Immune lips as symptomatic - Refer to S.
Noted by Ravi 22/2/26 10:30 PM		Dr. Bhargavi
23/2/26 1 AM	POD - 1 (Post Urd) o/e Rt to c/d e GC - fair Afebrile BP - 130/80 mmHg PR - 86 bpm S/E - NAD P/A - Urd w/R Soft BS (+) GE - NAB Baby - NICU	Adv - NIBP till 9 AM - W/F Bleeding PV - Discharge - Rest - Monitor vitals - Follow drug chart - Refer to S.
P2L2D, 2 Gcd HTH 2 Hypertensive U/O - 500 ml Adequate, clear		
Noted by Ravi 23/2/26 1 AM		Dr. Bhargavi



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/7/26 5 AM	POD - 1 (Post UCD) O/E Pt is c/c P/L/D: E GAD HTN E Hypothyroid U/O - 500 ml Adequate, clear.	Adv - Soft diet - NBM till 9 AM - W/F Bleeding PV - Adequate hydration - Monitor vitals. - Follows drug chart - Inform.
	BP - 142/85 mmHg PR - 65 bpm S/E - NAD PIA - Ut ~ w/R Soft BS (+) L/E - NAB Baby - NICU	
Noted by Ravi 23/7/26 25 AM		Dr. Prashanthi
23/7/26 11:30 AM	POD - 1 C/S/B Dr. Prashanthi mam O/E - pt is c/c/c G/c - Fair Afebrile BP - 139/81 mmHg PR - 88 bpm S/E - NAD PIA - Ut ~ w/R Soft, BS (+) L/E - NAB Baby - NICU	Adv: - water sips f/b clear liquids. - soft diet tomorrow morning - BP checking 2nd hourly - W/F bleeding PV - monitor vitals. - Follow drug chart - Inform SAS
		Dr. Nikhita



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/7/26 2:30 pm	POD-1 o/e pt is c/c/c eye fair afeb BP- 130/80 mmHg PR- 85 bpm S/E NAD P/A ut ~ w/R BS (+) L/E NAB Baby w/o	<u>Adu</u> - Sips of water f/b clearing - Soft diet tomorrow morning - BP charting 2nd hourly - w/f bleeding pu - Monitor vitals - Follow drug chart - Infuse s/s
23/7/26 9 pm	POD-1 o/e - pt is c/c/c eye - fair afeb BP- 134/86 mmHg PR- 84 bpm S/E - NAD P/A - ut ~ w/R BS (+) L/E - NAB Baby - afeb mother's side	<u>Adu:</u> - clear liquids - Adeq. Hydration - soft diet tomorrow - BP charting 2nd hourly - w/f bleeding pu - monitor vitals - Follow drug chart - Infuse s/s

[Signature]
 Dr. Nikhita

Noted by
 Dr. Nikhita
 23/7 @ 8pm

[Signature]
 Dr. Nikhita

Noted by
 Subh
 23/7 @ 8pm

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/7/26 9 AM	POD-2 (LSCS) O/E - pt is c/c/c Gc - Fair Afebrile BP - 132/75 mmHg PR - 77 bpm S/E - NAD PIA - Lt - W/R Soft, BS(+) L/E - NAB Baby ← ^A _M BF(+)	Adv: - soft diet - Adeq. Hydration - Ambulation - monitor vitals - w/F bleeding PV - BP charting 2nd hourly - Follow drug chart - Inform SAs
24/7/26 1 PM	POD2 O/E pt UUC again afebrile BP - 114/83 mmHg PR - 82 bpm S/E - NAD PIA - Lt - W/R BS(+)	Adv: - soft diet - BP charting 2nd hourly - ambulation - hydration - monitor vitals - follow drug chart - inform SAs

VIH-00120482
 Mrs PRATIKSHA BHAGAT
 28-02-1992 34 Y 4 M 27 D (F)
 Dr. PRASHANTHI ELIZABETH

IP-00060790

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

BirthRight[™]
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/2/26 5:30pm	c/s to Dr. Prashanthi Mam c/o Backache at spinal site. Vitals stable P/A - Utr w/R Gttr Be @ Ute - NAB CBP - 7.3 / 13.97 / 2.94L	Adv. - 2x Paracetamol 1gm. IV tomorrow morning - Diclofenac gel for local application - Hot water pack. - 2x FCM 1gm transfusion tomorrow morning. - Adequate hydration - Infuse eos.

Prashanthi

Note by
 Rgga
 24/2/26
 05:30

MH-00120482
 IP-00060790
 Mrs PRATIKSHA BHAGAT
 26-02-1992
 34 Y 4 M 28 D
 Dr. PRASHANTHI ELIZABETH
 (F)

PROGRESS NOTES AND DOCTOR'S ORDER

BirthRight
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

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

Date & Time	Progress Notes	Doctor's Order
24/4/26	2:30 PM Pod-2 (Post UCs) cc-fair Afebrile BP- 118/70 mmHg PR- 99 bpm S/E- NAD PIA- ut-vale soft RS ⊕ LE- vas Baby (M, RP ⊕) Woundy transverse Epifem 1g IV 2 Hypothyroid Ble Di. c gct HTH	Normal diet - BP checking and log - Ambulation - Adequate hydration - Monitor vitals - Follow drug chart - Inform SIs.
25/4/26	1 PM Pod- (Post UCs) cc-fair Afebrile BP- 110/79 mmHg PR- 85 bpm S/E- NAD PIA- ut-vale soft RS Baby (M, RP ⊕) Woundy transverse Epifem 1g IV 2 Hypothyroid Ble Di. c gct HTH	- BP checking and log - Ambulation - Adequate hydration - Monitor vitals - Follow drug chart - Inform SIs.
25/4/26	1 PM Pod- (Post UCs) cc-fair Afebrile BP- 110/79 mmHg PR- 85 bpm S/E- NAD PIA- ut-vale soft RS Baby (M, RP ⊕) Woundy transverse Epifem 1g IV 2 Hypothyroid Ble Di. c gct HTH	- BP checking and log - Ambulation - Adequate hydration - Monitor vitals - Follow drug chart - Inform SIs.



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/2/26 pm	Pop-3 <u>Pne transfusion notes</u> o/e pt is c/c/c eye fair Afb BP-110/79mmHg PR-72bpm SLE NAD P/A ut w/R BS ⊕ UENAB	Adv - w/f any transfusion reactions Monitor Vitals - Follow dry chart - Inform SSS Dr Nausheen
25/2/26 1:15pm	o/e pt is c/c/c eye fair Afb BP-112/73mmHg PR-72bpm SLE NAD P/A ut w/R BS ⊕ UENAB Baby HS BF ⊕	Adv - (N) Diet - BP charting and haly - Ambulation - Hydration - Monitor Vitals - Follow dry chart - Inform SSS Dr Nausheen

1gm fcm
 transfusion
 done
 No transfusion
 reactions

PR can be
 shifted to room
 and be discharged

25/2/26 at 1:15 pm

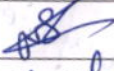
VH-00120482
 Mrs PRATIKSHA BHAGAT
 26-02-1992 34 Y 4 M 28 D (F)
 Dr. PRASHANTHI ELIZABETH


PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/7/26 9pm	<u>POD-3</u> o/e pt is c/c gct fair - Ab BP-112/70mmHg PR-78bpm P/A soft uterine UENAB Baby MS BF(+)	<u>Adv</u> - (N) Diet - W/F bleeding PV - Monitor Vitals - follow dry chart - Infusions
26/7/26 5AM	<u>POD-4</u> o/e pt is c/c gct fair - Ab BP-116/78mmHg PR-82bpm P/A soft uterine UENAB Baby MS BF(+)	<u>Adv</u> - (N) Diet - W/F bleeding PV - Monitor Vitals - follow dry chart - Infusions


 Dr. Nausheen

Pt can be
 discharged


 Dr. Nausheen

Noted by
 Subham
 26/7
 @ 5AM



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/12/26 5:30pm	CI to Dr. Prashanthi Mam c/o Backache at Spinal site. Vitals stable PA-Ur w/r Soft Bc ⊕ Wle-NAB CBP - 7.3 / 13.97 / 2.94L	Asv. - Ty: Paracetamol 1gm. - IV tomorrow morning ^{stat} - Diclofenac gel for local application - Hot water pack. - Ty: FCM 1gm transfusion. - tomorrow morning. - Adequate hydration - Inform cos. <i>[Signature]</i> Note by Raga 24/12/26 05:30M

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/1/26	Pod- 2 (Post UGS)	
7:30 PM	O/E Rt Lc 1/4c GC - fair Afebrile	Dr
P/L2 Di E Gut HTN	BP - 118/70 mmHg	- Normal diet
E Hypothyroid	PR - 79 bpm	- BP charting and hly
U-P	S/E - NAD	- Ambulation
M - RP	PIA - Ut no w/R	- Adequate hydration
	Soft BS (+)	- Monitor vitals
Ly FEM 1g IV	L/E - NAB	- Follow drug chart
tomorrow morning	Baby PA, BP (+)	- Inform doc.
	Aseptic Dressing Done	
25/1/26	Pod- 3 (Post UGS)	
7 AM	O/E Rt Lc 1/4c GC - fair Afebrile	Dr
P/L2 Di E Gut HTN	BP - 112/79 mmHg	- (N) diet
E Hypothyroid	PR - 85 bpm	- BP charting and hly
U-P	S/E - NAD	- Ambulation
M - RP	PIA - Ut no w/R	- Adequate hydration
	Soft BS (+)	- Monitor vitals
	L/E - NAB	- Follow drug chart
Shift to labor ward	Baby PA, BP (+)	- Inform doc
Ly FEM 1g at 9 AM		



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/7/26 12pm	Pop-3 Pre transfusion notes o/e pt is c/c/c efc fair Afb BP-110/79mmHg PR-72bpm S/E NAD P/A ut w/R BS ⊕ UENAB	Adv - w/ any transfusion reactions Monitor Vitals - Follow dry chart - Inform S/S
25/7/26 1:15pm	Post transfusion Notes o/e pt is c/c/c efc fair Afb BP-112/73mmHg PR-72bpm S/E NAD P/A ut w/R BS ⊕ UENAB	Adv - (N) Diet - BP charting and hily - Ambulation - Hydration - Monitor Vitals - Follow dry chart - Inform S/S
25/7/26 1:15pm	1gm FCM transfusion done No transfusion reactions Pt can be shifted to room and be discharged Baby HS BF ⊕	Dr. Nausheen



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/7/26 9pm	Pod-3 o/e pt is c/c gctai - Ab BP-112/70mmHg PR-78bpm P/A soft uterine R LLENAB Baby MS B F (D)	Adv - (N) Diet - WIF bleeding PV - Monitor Vitals - follow dry chart - Infuse SS Dr Nausheen
26/7/26 5AM	Pod-4 o/e pt is c/c gctai - Ab BP-116/70mmHg PR-82bpm P/A soft uterine R LLENAB Baby MS B F (D)	Adv - (N) Diet - WIF bleeding PV - Monitor Vitals - follow dry chart - Infuse SS Dr Nausheen
Noted by Subham 26/7 @ 5AM		

Patient Sticker

PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]

PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]



NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: <u>Em. LSC</u>		Any Infection: ☐ Yes ☒ No ☐ Not Known If Yes Specify:				
	Surgery / Procedure: <u>Lower Segment cesarean section</u>		Post OP Day: <u>POD,</u>				
BACKGROUND	Date	22/7/20	22/7/20	22/7/20	22/7/20	23/7/20	23/7/20
	Shift	M	M	Even	N	N	E
	Medical Condition (Any special condition to be noted):	<u>None</u>	<u>None</u>	<u>None</u>	<u>None</u>	<u>Hypok</u>	<u>Hypok</u>
	Diet:	<u>NBM</u>	<u>NBM</u>	<u>NBM</u>	<u>NBM</u>	<u>Clear liquid</u>	<u>Clear liquid</u>
ASSESSMENT	Allergy:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
	Ventilation (RA, NP, NIV, VENTI):	<u>RA</u>	<u>RA</u>	<u>RA</u>	<u>RA</u>	<u>RA</u>	<u>RA</u>
	Tubes/Drains/Catheter:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
	Vital Signs:	Temp: <u>98.4°F</u>	Temp: <u>98.4°F</u>	Temp: <u>98.4°F</u>	Temp: <u>98.6°F</u>	Temp: <u>98.4°F</u>	Temp: <u>98.6°F</u>
	Res:	<u>19b/min</u>	<u>19b/min</u>	<u>19b/min</u>	<u>20b/min</u>	<u>19b/min</u>	<u>20b/min</u>
	SpO ₂ :	<u>99%</u>	<u>98%</u>	<u>98%</u>	<u>99%</u>	<u>99%</u>	<u>98%</u>
	Pulse:	<u>79b/min</u>	<u>82b/min</u>	<u>79b/min</u>	<u>83b/min</u>	<u>83b/min</u>	<u>84b/min</u>
	BP:	<u>114/70</u>	<u>114/70</u>	<u>114/70</u>	<u>114/70</u>	<u>114/70</u>	<u>125/80</u>
	LOC:	<u>conscious</u>	<u>conscious</u>	<u>conscious</u>	<u>conscious</u>	<u>conscious</u>	<u>conscious</u>
	Fall Risk Score:	<u>15</u>	<u>15</u>	<u>15</u>	<u>15</u>	<u>15</u>	<u>15</u>
Pain Score:	<u>0</u>	<u>0</u>	<u>1</u>	<u>0</u>	<u>0</u>	<u>10</u>	
Skin Integrity	<u>intact</u>	<u>intact</u>	<u>intact</u>	<u>intact</u>	<u>intact</u>	<u>intact</u>	
Recommendations	Safety Needs:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
	Physiotherapy:	<u>Nil</u>	<u>Nil</u>	<u>Nil</u>	<u>Nil</u>	<u>Nil</u>	<u>Nil</u>
	Others Specify:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
	Special Diet:	<u>Nil</u>	<u>NBM</u>	<u>Nil</u>	<u>Nil</u>	<u>Nil</u>	<u>Nil</u>
	Critical Lab Test / Values:	<u>Nil</u>	<u>Nil</u>	<u>Nil</u>	<u>Nil</u>	<u>Nil</u>	<u>Nil</u>
	Other Special Orders / Medications:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
	PU Prophylaxis:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
	DVT Prophylaxis:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
ADL (Dependent / Non Dependent):	<u>Dependent</u>	<u>Dependent</u>	<u>Dependent</u>	<u>Dependent</u>	<u>Dependent</u>	<u>Dependent</u>	
Post Operative Procedure Special Orders:		<u>None</u>					
Handed Over By Name :		<u>Prashanthi</u>					
Signature / ID :		<u>[Signature]</u>					
Date:		<u>22/7/20</u>					
Time:		<u>@ 7:10</u>					
Taken Over By Name :		<u>Prashanthi</u>					
Signature / ID :		<u>[Signature]</u>					
Date:		<u>22/7/20</u>					
Time:		<u>@ 8:00</u>					



NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: <u>Em. LSCS</u> <u>63 P.L.I</u> <u>36+ weeks</u> <u>with previous NVD & Gestational hypertension</u> <u>& Hypothyroidism & Abruptio placenta.</u>		Any Infection: ☐ Yes ☒ No ☐ Not Known If Yes Specify:				
	Surgery / Procedure: <u>Em. LSCS</u>		Post OP Day: <u>01</u>				
BACKGROUND	Date	<u>23/2</u>	<u>24/2</u>	<u>24/2</u>	<u>24/2</u>	<u>25/2</u>	<u>25/2</u>
	Shift	<u>Night</u>	<u>M</u>	<u>G</u>	<u>Night</u>	<u>M</u>	<u>Morning</u>
	Medical Condition (Any special condition to be noted):	<u>Nil</u>	<u>Nil</u>	<u>Nil</u>	<u>Nil</u>	<u>Nil</u>	<u>Nil</u>
	Diet:	<u>C. liquid</u>	<u>Diet</u>	<u>Diet</u>	<u>N. diet</u>	<u>Diet</u>	<u>Diet</u>
ASSESSMENT	Allergy:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
	Ventilation (RA, NP, NIV, VENTI):	<u>RA</u>	<u>RA</u>	<u>RA</u>	<u>RA</u>	<u>RA</u>	<u>RA</u>
	Tubes/Drains/Catheter:	☒ Yes ☐ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
	Vital Signs:	Temp: <u>98.6°</u>	<u>98.7°</u>	<u>98.6°</u>	<u>98.6°</u>	<u>98.7°</u>	<u>98.6°</u>
	Res:	<u>19</u>	<u>20b/m</u>	<u>19b/m</u>	<u>20b/m</u>	<u>19b/m</u>	<u>20b/m</u>
	SpO ₂ :	<u>100%</u>	<u>99%</u>	<u>98%</u>	<u>92%</u>	<u>98%</u>	<u>99%</u>
	Pulse:	<u>82b/m</u>	<u>75b/m</u>	<u>80b/m</u>	<u>81b/m</u>	<u>80b/m</u>	<u>80b/m</u>
	BP:	<u>116/20</u>	<u>124/75mmHg</u>	<u>136/79mmHg</u>	<u>128/92</u>	<u>121/79(70)</u>	<u>118/71</u>
	LOC:	<u>Conscious</u>	<u>Conscious</u>	<u>Conscious</u>	<u>Conscious</u>	<u>Conscious</u>	<u>Conscious</u>
	Fall Risk Score:	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Pain Score:	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	
Skin Integrity	<u>Intact</u>	<u>Intact</u>	<u>Intact</u>	<u>Intact</u>	<u>Intact</u>	<u>Intact</u>	
Recommendations	Safety Needs:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
	Physiotherapy:	<u>Nil</u>	<u>Nil</u>	<u>Nil</u>	<u>Nil</u>	<u>Nil</u>	<u>Nil</u>
	Others Specify:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
	Special Diet:	<u>C. liquid</u>	<u>Diet</u>	<u>Diet</u>	<u>N. diet</u>	<u>Diet</u>	<u>Diet</u>
	Critical Lab Test / Values:	<u>Nil</u>	<u>Nil</u>	<u>Nil</u>	<u>Nil</u>	<u>Nil</u>	<u>Nil</u>
	Other Special Orders / Medications:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
	PU Prophylaxis:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
	DVT Prophylaxis:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
ADL (Dependent / Non Dependent):	<u>dependent</u>	<u>dependent</u>	<u>dependent</u>	<u>dependent</u>	<u>dependent</u>	<u>dependent</u>	
Post Operative Procedure Special Orders:		<u>Nil</u>	<u>-</u>	<u>Nil</u>	<u>inf. for today</u>	<u>inf.</u>	
Handed Over By Name :		<u>Subham</u>	<u>Raj</u>	<u>Raj</u>	<u>Subham</u>	<u>Raj</u>	<u>Subham</u>
Signature / ID :		<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>
Date:		<u>24/2/26</u>	<u>24/2/26</u>	<u>24/2/26</u>	<u>25/2</u>	<u>25/2/26</u>	<u>25/2/26</u>
Time:		<u>@ 8AM</u>	<u>@ 2PM</u>	<u>@ 8PM</u>	<u>@ 8AM</u>	<u>@ 9:30AM</u>	<u>1PM</u>
Taken Over By Name :		<u>Raj</u>	<u>Raj</u>	<u>Subham</u>	<u>Raj</u>	<u>Subham</u>	<u>Subham</u>
Signature / ID :		<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>
Date:		<u>24/2/26</u>	<u>24/2/26</u>	<u>24/2/26</u>	<u>25/2/26</u>	<u>25/2/26</u>	<u>25/2/26</u>
Time:		<u>@ 8AM</u>	<u>@ 2PM</u>	<u>@ 8PM</u>	<u>@ 8AM</u>	<u>@ 9:30AM</u>	<u>@ 2PM</u>

NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: <u>Em LSCS - PDA - 3</u>		Any Infection: ☐ Yes ☒ No ☐ Not Known If Yes Specify: <u>Nil</u>				
	Surgery / Procedure: <u>yes</u>		Post OP Day: <u>3</u>				
BACKGROUND	Date	<u>25/7</u>	<u>25/7/26</u>				
	Shift	<u>G</u>	<u>Night</u>				
	Medical Condition (Any special condition to be noted):	<u>Nil</u>	<u>Nil</u>				
	Diet:	<u>No diet</u>	<u>N.diet</u>				
ASSESSMENT	Allergy:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	Ventilation (RA, NP, NIV, VENTI):	<u>RA</u>	<u>RA</u>				
	Tubes/Drains/Catheter:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	Vital Signs:	Temp:	<u>98.6</u>	<u>98.6°F</u>			
		Res:	<u>20b/m</u>	<u>19 b/m</u>			
		SpO ₂ :	<u>99</u>	<u>95b/m</u>			
		Pulse:	<u>80b/m</u>	<u>84b/m</u>			
		BP:	<u>130/79</u>	<u>127/63/88</u>			
		LOC:	<u>conscious</u>	<u>conscious</u>			
		Fall Risk Score:	<u>0</u>	<u>0</u>			
	Pain Score:	<u>0</u>	<u>0</u>				
	Skin Integrity	<u>Intact</u>	<u>Intact</u>				
	Recommendations	Safety Needs:	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
		Physiotherapy:	<u>Nil</u>	<u>Nil</u>			
Others Specify:		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
Special Diet:		<u>N.diet</u>	<u>N.diet</u>				
Critical Lab Test / Values:		<u>Nil</u>	<u>Nil</u>				
Other Special Orders / Medications:		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
PU Prophylaxis:		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
DVT Prophylaxis:		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
ADL (Dependent / Non Dependent):	<u>dependent</u>	<u>dependent</u>					
Post Operative Procedure Special Orders:		<u>Nil</u>	<u>Nil</u>				
Handed Over By Name :		<u>Bernika</u>	<u>Subham</u>				
Signature / ID :		<u>8018727</u>	<u>812444</u>				
Date:		<u>25/7/26</u>	<u>26/7</u>				
Time:		<u>@ 8pm</u>	<u>@ 5AM</u>				
Taken Over By Name :		<u>Subham</u>					
Signature / ID :		<u>812444</u>					
Date:		<u>25/7/26</u>					
Time:		<u>@ 8pm</u>					

NURSING SHIFT HAND OVER FORM

SITUATION		Diagnosis: ☐ Yes ☐ No ☐ Not Known		Any Infection: ☐ Yes ☐ No ☐ Not Known		If Yes Specify:	
Surgery / Procedure:		Post OP Day:		Surgery / Procedure:		Post OP Day:	
BACKGROUND	Date						
	Shift						
	Medical Condition (Any special condition to be noted):						
ASSESSMENT	Diet:						
	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):						
RECOMMENDATIONS	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs:	Temp:		Res:		SpO ₂ :	
		Pulse:		BP:		LOC:	
		BP:		LOC:		Fall Risk Score:	
		Pain Score:		Skin Integrity			
		Safety Needs:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
		Physiotherapy:					
		Others Specify:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
		Special Diet:					
		Critical Lab Test / Values:					
	Other Special Orders / Medications:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	PU Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	DVT Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	ADL (Dependent / Non Dependent):						
Post Operative Procedure Special Orders:							
Handed Over By Name :							
Signature / ID :							
Date:							
Time:							
Taken Over By Name :							
Signature / ID :							
Date:							
Time:							



NURSING CARE RECORD

Date: 22/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8 AM	maintain fluid balance.	8 AM	RL 100ml/hr	Prevent dehydration	patient well hydrated	nupha 22/7/26 1 PM
	4 PM	Relieve pain & Discomfort	4 PM	Analgesic given	Pain relite	patient calm.	
Afternoon	3 PM	⇒ Ensure safety	3:10 PM	⇒ provided side rails	⇒ patient safety	⇒ patient safe & comfortable	T Teg 22/7/26 @ 0130 PM
	6 PM	⇒ Relieve Pain & Discomfort	6:10 PM	⇒ Administered medication as per doctor	⇒ Ash analgesic given	⇒ patient well & patient comfortable	
Night	9 PM	Relieve pain Discomfort → ensure safety		→ provided intravenous analgesic medication as per doctor order provided side rails	→ given by pain clinic TO prevent bed fall	→ patient better comfortable → patient is well	Pooja 22/7 2 PM

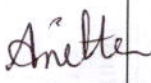
Patient Sticker

NURSING CARE RECORD

Date: 23/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	9pm	⇒ Ensure safety	9Am	⇒ provided side rails	⇒ patient safety	⇒ patient safe & comfortable	 @manga 23/7/26 @
	12pm	⇒ maintain fluid balance	12pm	⇒ maintained orals	⇒ encourage to take more orals	⇒ patient to take more orals patient hydrated	
Afternoon	4pm	⇒ maintain personal Hygiene		→ Educated about personal Hygiene	→ To prevent infection	→ patient is stable	 23/7 @ 8pm
Night	9pm	⇒ Relieve pain and discomfort	9pm	→ Provided by comfortable position	→ To reduce pain	→ Patient is stable	Subm 24/2 @ 8Am

VIH-00120482
Mrs PRATIKSHA BHAGAT
26-02-1992 34 Y 4 M 27 D (F)
Dr. PRASHANTHI ELIZABETH

IP-00060790

NURSING CARE RECORD

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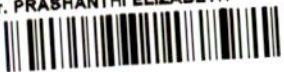
Date: 24/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	10 AM	+ maintain fluid balance	1 PM	+ encourage to oral intake fluid balance	+ prevent dehydration	+ Re-assessment was done every 4th hourly vital monitor	Rajg 24/7/26 @2 PM
Afternoon	3 PM	+ Relieve Pain & Discomfort + ensure safety	4 PM	+ Analgesics given as per doctor order + provided side diet	+ Reduce Pain + prevent fall risk	+ Re-assessment was done every 4th hourly vital monitor	Rajg 24/7/26 @5 PM
Night	9 PM	→ maintain good nutritional status	9 PM	→ oral intake is good	→ Provided by soft diet	→ patient is stable	Subhr 25/2 @8 AM

VIH-00120482 IP-00060790
 Mrs PRATIKSHA BHAGAT
 28-02-1992 34 Y 4 M 28 D (F)
 Dr. PRASHANTHI ELIZABETH



NURSING CARE RECORD

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Date: 25/7/26

Goals

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

Assess the patient condition

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	7am 12pm	+ Relieve pain & DIS-comfort Patient received from floor & started no any reaction	12pm	+ Analgesic given as per doctor order Patient is fine & ended at 1:15pm	+ To reduce pain Patient is comfortable	+ Patient is stable no any allergic reaction	25/7/26 @ 12pm A. Sharmar
Afternoon		Discharge Notes:		Doctor came for rounds, patient is stable and advice discharge.			
Night							Noted by Raja 25/7/26 @ 2pm

VIH-00120482 IP-00060790
 Mrs PRATIKSHA BHAGAT
 26-02-1992 34 Y 4 M 29 D (F)
 Dr. PRASHANTHI ELIZABETH


NURSING CARE RECORD


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Date: 25/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon	4pm	Maintain good Nutritional status		→ To oral Intake is good	→ Provided soft diet	Patient is stable	Beswanta
	6pm	Maintain Personal Hygiene.		→ Provided daily bath & Bed change.	→ Prevent Infection		25/7 @ 8pm
Night	9pm	Relieve Pain & Discomfort Discharge Note	9pm	→ Provided by ambulation → Doctor come for round and advised to discharge	→ To reduce pain	→ patient is stable	Subhan 26/7 @ 5am

Patient Sticker

NURSING CARE RECORD



Date:

Goals

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

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

VIH-00120482

IP-00060790

Mrs PRATIKSHA BHAGAT

26-02-1992 34 Y 4 M 26 D (F)

Dr. PRASHANTHI ELIZABETH



BRADEN 'Q' SCALE

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BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

					Date :	22/3/20	22/3/20	22/3	23/3/20
					Time :	8 AM	2 PM	8 PM	8 AM
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.		9	4	4	4
"Activity The degree of physical activity"	1. Bedfast : Confined to bed	2. Chairfast : Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	3. Walks occasionally: Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.		4	4	4	4
Sensory Perception	1. Completely limited: Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	2. Very limited: responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	3. Slightly limited: Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	4. No impairment: Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.		4	4	4	4
Moisture Degree to which skin is exposed to moisture	1. Constantly moist: Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	2. Very moist: Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	3. Occasionally moist: Skin is occasionally moist, requiring linen change every 12 hours.	4. Rarely moist: Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.		4	4	4	4
FRICION-SHEAR Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	1. Significant problem: Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	2. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	3. Potential problem: Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	4. No apparent problem: Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."		4	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 meat 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						A	Jai	R	o

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

VIH-00120482

IP-00060790

Mrs PRATIKSHA BHAGAT

26-02-1992

34 Y 4 M 28 D

(F)

Dr. PRASHANTHI ELIZABETH



BRADEN 'Q' SCALE

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

				Date :	23/7/23	24/7	24/7
				Time :	7 pm	11 PM	10 AM
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.	2	2	2
"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.	1	1	1
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.	3	3	3
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.	3	3	3
FRICITION-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."	3	3	3
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Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4
TOTAL SCORE				18	18	18	18
Evaluator's Name				A	8	000	001

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

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26-02-1992 34 Y 4 M 28 D (F)
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It takes a lot to treat the little.

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Your Right to a Safe Delivery

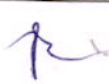
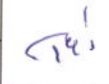
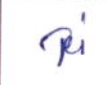
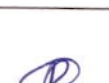
				Date :	24/2	25/2	26/2	27/2
				Time :	11pm	7am	8pm	11pm
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				TOTAL SCORE	28	28	26	28
				Evaluator's Name	[Signature]	[Signature]	Brigit	Subh

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

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PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
22/7/26	8 am	8 Score	Abdomen	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Comfortable	
22/7/26	10 am	10 Score	Abdomen	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Comfortable	
22/7/26	1 pm	10 Score	Abdomen	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Comfortable	
22/7/26	5 pm	10 Score	Side	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Comfortable	
22/7/26	8 pm	12 Score	Side	☐ Continuous ☒ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☒ Dull ☐ Aching ☐ Burning	☐ Increasing ☒ Decreasing	☒ Yes ☐ No	Comfortable	
22/7/26	10 pm	12 Score	Side	☐ Continuous ☒ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☒ Dull ☐ Aching ☐ Burning	☐ Increasing ☒ Decreasing	☒ Yes ☐ No	Given pain killer	
22/7/26	12 am	12 Score	Side	☐ Continuous ☒ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☒ Dull ☐ Aching ☐ Burning	☐ Increasing ☒ Decreasing	☒ Yes ☐ No	Given pain killer	
22/7/26	2 AM	12 Score	Side	☐ Continuous ☒ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☒ Dull ☐ Aching ☐ Burning	☐ Increasing ☒ Decreasing	☒ Yes ☐ No	Comfortable	
22/7/26	4 AM	11 Score	Side	☐ Continuous ☒ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☒ Dull ☐ Aching ☐ Burning	☐ Increasing ☒ Decreasing	☒ Yes ☐ No	Given pain	
22/7/26	10 AM	11 Score	Side	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Given	

Re-assessment Frequency:

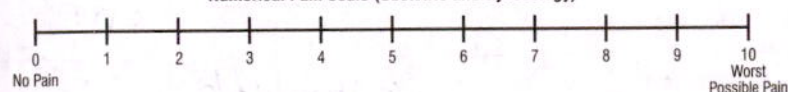
- Every eight hours for all hospitalized patients.
- For post-surgical patients, patients with chronic pain, patient with severe pain:
 - At least every 2 hours for the first 24 hours
 - Then every 4 hours.
 - Prior to pain relieving intervention.
 - Within 30 – 60 minutes after pain relief intervention.

PAIN ASSESSMENT TOOLS

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

Numerical Pain Scale (Obstetric and Gynecology)



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

Assessment Criteria	Sedation		Normal	Pain / Agitation	
	-2	-1	0	1	2
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense
Vital Signs HR, RR, BP, SaO₂	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO ₂ 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO ₂ less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator

Wong - Baker (Pediatrics) Above 7 Years



PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
23/7	7 pm	0	Swollen side	☐ Continuous ☐ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☐ Dull ☒ Aching ☐ Burning	☒ Increasing ☐ Decreasing	☒ Yes ☐ No	Comfortable position	dy
24/7/20	10 am	0	No Pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	change position	Phil
24/7/20	2 pm	0	No Pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Comfortable position	Phil
24/7/20	6 pm	0	No Pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	change position	Phil
24/7	11 pm	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	nil	Subh
25/7	3 am	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	ambulation	Subh
25/7	7 am	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	position changed	Subh
25/7	10 am	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	nil	Raga
25/7	8 pm	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Smirf
26/7	2 am	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Subh

Re-assessment Frequency:

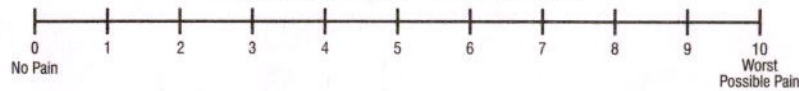
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- For post-surgical patients, patients with chronic pain, patient with severe pain:
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 - Prior to pain-relieving intervention.
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	0	1	2
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Legs	Normal Position or Relaxed	Uneasy, restless, tense	Kicking, or legs brawn up
Activity	Laying quietly normal position, moves easily	Squirming shifting back and forth, tense	Arched, right, or Jerking
Cry	No Cry (Awake or asleep)	Moans or whimpers occasional complaint	Crying steadily, screams of sobs, frequent complaints
Consolability	Content, relaxed	Reassured by occasional touching, hugging, or being talked to, distractible	Difficult to console or comfort

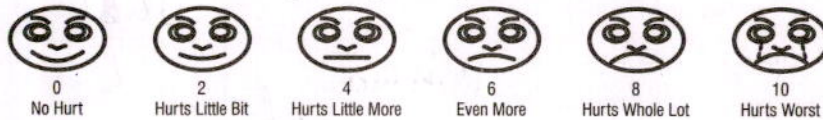
Numerical Pain Scale (Obstetric and Gynecology)



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

Assessment Criteria	Sedation		Normal	Pain / Agitation	
	-2	-1	0	1	2
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense
Vital Signs HR, RR, BP, SaO₂	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO ₂ 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO ₂ less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator

Wong - Baker (Pediatrics) Above 7 Years





CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1 22/3/24			DAY-2 23/2			DAY-3 24/2			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0	0	0	0	0	0	0	0	0		
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1	-	-	-	-	-	-	-	-		
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2	-	-	-	-	-	-	-	-		
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3	-	-	-	-	-	-	-	-		
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4	-	-	-	-	-	-	-	-		
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord pyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5	-	-	-	-	-	-	-	-		
Signature of the Nurse				[Signature]									

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

Signature of Shift In Charge :

Signature : [Signature] Name : Teta

Signature of Ward In Charge :

Signature : [Signature] Name : Lashmini



CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1 05/2			DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0	0	0	0							
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1	-	-	-							
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2	-	-	-							
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3	-	-	-							
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4	-	-	-							
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5	-	-	-							
Signature of the Nurse				P. Brin Subh									

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 : Sadiga

Signature of Ward In Charge :

Signature : Elizebeth Name : Elizebeth

Morse Fall risk Assessment tool for Adults

Parameter	Interpretation	Tick	Score
1. HISTORY OF FALLING (immediately or w/in 3 months)	Yes	X	25
	No	0	0
2. OLDER THAN 60	Yes	X	15
	No	0	0
3. SECONDARY DIAGNOSIS (more than one diagnosis)	Yes	X	15
	No	0	0
4. AMBULATORY AID	Furniture	X	30
	Crutches, Cane(S), Walker	X	15
	None/Bed Rest/Nurse Assist	0	0
5. IV / HEPARIN LOCK OR SALINE	Yes	X	20
	No	0	0
6. GAIT / TRANSFERRING	Impaired	X	20
	Weak (uses touch for balance)	X	10
	Normal/On Bed Rest/Immobile	0	0
7. MENTAL STATUS	Impaired Vision/ Hearing	X	20
	Forgets limitations / Dizziness	X	15
	Oriented to own ability	0	0
8. MEDICATION USE	Anti-hypertensives/ diuretics/ anxiety/within 2 hours post anesthesia/ sedation	X	25
	None	0	0
Total Score		0	
Signature of the Nurse		<i>[Signature]</i>	
Action Plan		Good Basic Nursing Care	

Risk Level	MFS Score	Action
No Risk	0 - 24	Good Basic Nursing Care
Low Risk	25 - 50	Implement Standard Fall
High Risk	≥ 51	Implement High Risk Fall



RISK ASSESSMENT TOOL FOR DEEP VEIN THROMBOSIS

(Postnatal assessment and management (to be assessed on delivery suite))

C	Pre-existing risk factors	Tick	Score
	Previous VTE (except a single event related to major surgery)	—	4
	Previous VTE provoked by major surgery	—	3
	Known high-risk thrombophilia	—	3
	Medical comorbidities e.g. cancer, heart failure; active systemic lupus erythematosus, inflammatory polyarthropathy or inflammatory bowel disease; nephrotic syndrome; type I diabetes mellitus with nephropathy; sickle cell disease; current intravenous drug user	—	3
	Family history of unprovoked or estrogen-related VTE in first-degree relative	—	1
	Known high-risk thrombophilia (no VTE)	—	1
	Age (? 35 years)	—	1
	Obesity	—	1 or 2
	Parity ≥3	—	1
	Smoker	—	1
	Gross varicose veins	—	1
Obesity risk factors			
	Pre-eclampsia in current pregnancy	—	1
	ART/IVF (antenatal only)	—	1
	Multiple pregnancy	—	1
	Caesarean section in labour	2	2
	Elective caesarean section	—	1
	Mid-cavity or rotational operative delivery	—	1
	Prolonged labour (24 hours)	—	1
	PPH (1 litre or transfusion)	—	1
	Preterm birth ? 37+0 weeks in current pregnancy	—	1
	Stillbirth in current pregnancy	—	1
Transient risk factors			
	Any surgical procedure in pregnancy or puerperium except immediate repair of the perineum, e.g. appendectomy, postpartum sterilization	—	3
	Hyperemesis	—	3
	OHSS (first trimester only)	—	4
	Current systemic infection	—	1
	Immobility, dehydration	—	1
	Total	02	
	Signature of the Nurse		



RISK ASSESSMENT TOOL FOR DEEP VEIN THROMBOSIS

(Postnatal assessment and management (to be assessed on delivery suite))

Action Plan	Early Ambulation.
-------------	-------------------

Risk assessment for venous thromboembolism (VTE)

- ✓ If total score ≥ 4 antenatally, consider thromboprophylaxis from the first trimester.
- ✓ If total score 3 antenatally, consider thromboprophylaxis from 28 weeks.
- ✓ If total score ≥ 2 postnatally, consider thromboprophylaxis for at least 10 days.
- ✓ If admitted to hospital antenatally consider thromboprophylaxis.
- ✓ If prolonged admission (≥ 3 days) or readmission to hospital within the puerperium consider thromboprophylaxis.

For patient with an identified bleeding risk, the balance of risks of bleeding and thrombosis should be discussed in consultation with a haematologist with expertise in thrombosis and bleeding in pregnancy.

VIH-00120482
Mrs PRATIKSHA BHAGAT
28-02-1992 34 Y 4 M 26 D
Dr. PRASHANTHI ELIZABETH (F)

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Hospital
It takes a lot to treat the little.

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

SAREAN SECTION OPERATIVE NOTES

Surgeon's Name: Dr Prashanthi Elizabeth.	Date of Delivery: 22/7/26.
Assistant Surgeon: Dr farnez Khan	Time of Delivery: 8:05 AM
Anaesthetist's Name: Dr madhar	Gender of Baby: female.
Type of Anaesthesia: spiral	Weight of Baby: 2.12 kg.
Neonatologist: Dr Sharina	AGPAR Score: 6/10, 8/10.
Scrub Nurse: Tyothi	NICU Admission: ☒ Yes ☐ No

Pre-Operative Diagnosis:

☐ Elective

☒ Emergency

Indication: G3P1L1D1 E 34 weeks E
per N11D E G3 H1TN
E Abruption placenta.

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: Knife to rectus:

CTG Description: Non reassuring

If there was a delay give the reasons:

Surgical Procedure:

Emergency LSCS In SA

Post Operative Diagnosis:

Peri-Operative Complications:

Amount of Blood Loss: 200 mL.

Blood Transfused (in ML): -

Name and Number of Surgical Specimen sent for examination:

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

Cervical Dilatation: cm

5th Palpable:

Fetal Position:

Station: ☐ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2Moulding: ☐ None ☐ + ☐ ++ ☐ +++Caput: ☐ + ☐ ++ ☐ +++Meconium: ☐ None ☐ + ☐ ++ ☐ +++Bladder Catheterized: ☒ Yes ☐ NoUrine: ☒ Clear ☐ Blood StainedSkin Incision: ☒ Pfannenstiel ☐ Transverse ☐ Midline ☐ OtherUterine Incision: ☒ Lower Segment ☐ Classical ☐ Inverted T ☐ J IncisionPrevious Scar: ☐ Intact ☐ Thinned out ☐ Ruptured ☒ No ScarIncision Through Placenta: ☐ Yes ☒ NoDelivery of head: ☐ Manual ☒ Forceps VECTISRETROPLACENTAL
CLOT - 100ML (+)Liquor: ☒ Clear ☐ Meconium: ☐ I ☐ II ☐ III ☐ Blood ☐ Offensive ☐ Not OffensiveDelivery of Placenta: ☐ Manual ☒ CCT ☒ Complete ☐ Incomplete ☐ PiecemealCord Appearance: NORMAL Cord around the neck ☐ Yes ☒ NoAppearance of placenta: NORMAL - SENT FOR HPE Cavity explored ☒ Yes ☐ NoUterus, tubes and ovaries: ☒ Normal ☐ Not Normal Sterilization: ☐ Yes ☒ NoUterine Closure: ☐ One Layer ☒ Two Layers VICRYL 1-0 SuturePeritoneal Closure: ☒ Pelvic ☒ Abdominal ☐ None CATGUT SutureSheath Closure: VICRYL - 1 SutureFat Closure: ☒ Yes ☐ No MONOCRYL 3-0 SutureSkin Closure: ☒ Subcuticular ☐ Mattress SutureVaginal Evacuated ☒ Yes ☐ NoDrain: ☐ Yes ☒ No ☐ Remove in days ☐ Await instructionsCatheter ☒ Yes ☐ No ☐ Remove in 12 hours days ☐ Await instructionsSponge & Instruments count correct? ☒ Yes ☐ No ☐ Post-op Antibiotics ☒ Yes ☐ NoIntra-Operative Antibiotics Cover: ☐ Yes ☒ No ☐ Thromboprophylaxis ☒ Yes ☐ NoPost-Operative Notes: NBM x 12 hours, Rest, T/O cherting, w/f PVbleeding, follow drug chert, monitor vitals, labson 505Doctor Name: Dr. Farmer Doctor Signature: [Signature]Date & Time: 2/2/24 9:AM

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Prashanthi Elizabeth
Asst. Surgeon : Dr. Faruq
Anaesthetist : Dr. Meelhan
Scrub Nurse : Seer. Jyothi

Patient Name :
UHID No. :
Date :

VIH-00120482 IP-00060790
Mrs PRATIKSHA BHAGAT
26-02-1992 34 Y 4 M 26 D (F)
Dr. PRASHANTHI ELIZABETH

Gender : F

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Before Induction of Anaesthesia ➤ ➤

SIGN IN	Time: <u>7:40 am</u>
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 : <u>Dr. Brunda</u>	
Name : <u>Dr. Brunda</u> <u>22/7/20</u>	

Before Skin Incision ➤ ➤

TIME OUT	Time: <u>7:58 AM</u>
Confirm all team members have introduced themselves by Name and Role ☒ Yes ☐ No	
Surgeon, Anaesthesia Professional and Nurse Verbally Confirm <u>Mrs. Pratiksha Bhagat</u>	
Correct Patient (Check ID Band)	☒ Yes ☐ No
Correct Site	☒ Yes ☐ No
Correct Procedure	☒ Yes ☐ No
Anticipated Critical Events	
Surgeon Reviews: <u>Bleeding</u>	
What are the Critical or Unexpected Steps, Operative Duration, <u>1hr</u> Anticipated Blood Loss? <u>500ml</u> ☒ Yes ☐ No ☐ NA	
Anaesthesia Team Reviews:	
Are There Any Patient-specific Concerns? ☒ Yes ☐ No ☐ NA	
Nursing Team Reviews:	
Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns? ☒ Yes ☐ No ☐ NA	
Is Essential Imaging Displayed? ☐ Yes ☐ No ☐ NA	
Power Supply, Earthing, Power Backup and functioning of equipment checked. ☐ Yes ☐ No	
Signature : <u>Ruby.F</u>	
Name : <u>Dr. Ruby.F</u>	

Before Patient Leaves Operating Room

SIGN OUT	Time: <u>9:00 AM</u>
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 : <u>Dr. Brunda</u>	
Name : <u>Dr. Brunda</u>	

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

Patient Name : Mrs. Pratiksha Bhagat Gender: ☐ Male ☒ Female Age : 34 YEARS
UHID No : V14-001204821 IP-60790 Date : 22/7/26

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)

EMERGENCY LOWER SEGMENT CESAREAN SECTION
upon MRS PRATIKSHA BHAGAT
(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, POST PARTUM HEMORRHAGE, NEED FOR TRANSFUSION OF BLOOD AND BLOOD PRODUCTS AND ITS ASSOCIATED REACTION, BOWEL AND BLADDER INJURY, URETRIC INJURY,

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 PRASHANTHI EDWARD.

Consentee :

Signature : [Signature]

Name : Mrs Pratiksha

Date & Time : 22/7/26

Patient Attendant :

Signature : [Signature]

Name : [Name]

Relationship with Patient: husband

Date & Time :

Witness :

Signature :

Name :

Date & Time :

Doctor (who is taking the consent) :

Signature : [Signature]

Name : Dr. Ashwini

Date & Time : 22/7/26 7:30am

**CONSENT FORM FOR GENERAL /
REGIONAL ANAESTHESIA /
MONITORED ANESTHESIA CARE**

Patient Name : PRATIKSHA BHAGAT Age : 34yr. Gender : Male ☐ Female ☒

UHID NO: Surgeon Name: Dr. Prashantny Edwards

Anaesthesiologist : Dr. Madhavi

Operative procedure planned : Emergency Caesarean Section

PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA

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

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

- | | | | |
|---|---------------------------------------|---|--|
| ☐ Heart disease | ☐ Hypertension | ☐ Diabetes mellitus | ☐ Renal failure |
| ☐ Hepatic disorders | ☐ Shock | ☐ Multiple organ failure | ☐ Polytrauma / Renal Tubular Acidosis |
| ☐ Incapacitating Chronic Obstructive Pulmonary Disease | | | |
| ☐ Others : <u>Bleeding, Blood transfusion.</u> | | | |

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 PRATIKSHA BHAGAT the above mentioned operation / Diagnostic / Therapeutic procedures Emergency Caesarean Section

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

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

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

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

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

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

- Pregnant : ☒ Yes ☐ No

DECLARATION BY THE ANAESTHETISTS PROVIDING INFORMATION FOR THIS CONSENT

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

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

Patient / Patient Attendant :

Signature : [Signature]

Name : Buddheshwar Bhagat

Relationship with Patient : self

Date & Time : 22/7/26

Witness :

Signature : [Signature]

Name : AMIT KUMAR BHAGAT

Date & Time : 22/7/26

Doctor (who is taking the consent) :

Signature : [Signature]

Name : D. P. Madhwar

Date & Time : 22/07/26

BUNDLE CARE CHECKLIST TO PREVENT SURGICAL SITE INFECTION (SSI)

Date: 22/12/26

To Be Filled In By Assigned Nurse:

Department: New Duration of Procedure: 1hr 2 min

Name of Surgeon: Dr. Prashanthi Elizabeth Date of Admission: 22/12/26

Bundle Care Criteria: (Tick (✓) if done)

		Staff Signature
1.	Antibiotic given prior to surgery? ☒ Yes ☐ No ☐ Single Dose Antibiotic Or ☐ Long Antibiotic Regime Antibiotic administered within 60 minutes prior to incision? ☐ Yes ☐ No Name of the Antibiotic: 2mg - Cefotaxime 2gm /	P
2.	Hair Removal ☒ Yes ☐ No If Yes: ☐ Surgical Clipper Department where Hair Removed: ☐ Ward ☐ Operating Room ☐ Other: _____ Skin preparation done (cleanse surgical area with antiseptic agent)? ☐ Yes ☐ No	D
3.	Patient's body temperature immediately post operation (Recovery Room) 37°C ☐ Oral Or ☒ Axilla (Goal: 36-37°C)	
4.	Name of doctor or staff administering the antibiotic: Dr. Raksh Date & Time of antibiotic administration: 22/12/26 @ Date & Time procedure started: 22/12/26 @ 7:58 am.	Re. D

- Ensure form is filled in completely by assigned staff whenever patient had surgery
- If any bundle care criteria has not been observed or unmet, assigned staff must inform infection control nurse for management
- All forms (Bundle care and when required SSI form) are completed properly
- Forms must always be kept in Infection Control folder in respective department



OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 22/7/26 Time of Arrival: 7am Time Seen by Nurse: 7am

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

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

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

3) Vital Signs: Temperature: 98.5 Pulse: 98 RR: 20 SpO₂: 98% BP: 110/70 Weight: 78kg

4) Gestational Criteria:

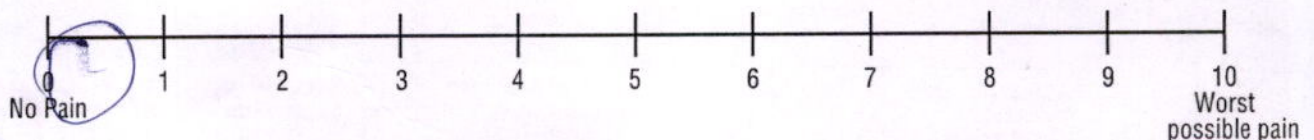
Gravida:	G <u>3</u>	P <u>1</u>	L <u>1</u>	A <u>D1</u>
----------	------------	------------	------------	-------------

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:

6) Past History:

- a) Surgeries: USG
 b) Medical: USG



7) Allergy: ☐ Yes ☒ No, If Yes :

8) Current Medications: ☐ Prenatal Vitamin ☒ None ☐ Others:

9) Prenatal Medical History:

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

Triage Category: (Please tick on the category)

Refer to **OBSTETRICAL TRIAGE ACUITY SCALE (OTAS)**

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

OBCU Obstetrical Triage Acuity Scale (OTAS)

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

Time seen by Doctor: 2:30am

Nurse Name : Pratiksha Nurse Signature: P

Date: 22/02/26 Time: 3:00am

OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 22/7/26

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: bleeding pv. Doctor Notified on Admission: ☒ Yes ☐ No
 Name of the Doctor: Dr. Farhan
 Time Notified: 7:30am

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

Past Medical History	Past Surgical History	Previous Hospital Admission
<u>nil</u>	<u>nil</u>	<u>no</u>

Gynecology Assessment: ☒ Not Applicable	Gynecology Surgical History:	Gynecological History:
Menstrual History:	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: <u>7/1/05</u>	Myomectomy: ☐ No ☐ Yes	Infertility: ☒ No ☐ Yes
	Others:	If Yes Type: ☐ Primary ☐ Secondary

Obstetric History: G 3 P 1 L 1 A D

Previous LSCS: yes

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

Family History: ☒ No Abnormalities Detected

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

☐ Liver disease ☐ Other

Vitals / Measurements: Temp: 98.2 F HR: 96 bpm RR: 20
 BP: 130/80 Weight: 95 kg Height: 5'6" BMI:

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



PHYSICAL ASSESSMENT

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

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

Risk of Pressure Sore: ☐ Yes ☒ No Score (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 Family

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: Mrs Pratiksha Bhagat

Name of Person Orientation was given to: Mrs Pratiksha Bhagat

Orientation not given Reason:

Nurse Signature:

Nurse Name: Pratiksha

Date & Time: 22/02/2020 @ 3PM

GENERAL CONSENT FOR TREATMENT

Patient Name: Mrs PRATIKSHA BHAGAT

Age : 34 Y 4 M 26 D

IP No: IP-00060790

Sex: Female

Consultant: Dr. PRASHANTHI ELIZABETH

Ward/Bed No: N 2F-LABOUR WARD/LW 222

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

Patient, be deemed advisable or necessary.

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

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

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

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

Note:

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

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

(Receivers Signature:.....)

Dr. Anurag Kumar

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

4 Financial and billing counseling has been done to me.

Signature of Patient/Relative:

Amit Kumar

Name: AMIT KUMAR BHAGAT

Relationship: SPOUSE

Date: 22-07-2026

Time: 02:30 PM

Witness Name: *[Signature]*

Witness Signature: *[Signature]*

Patient Address:

FLAT NO. 101, SRINIVASA NILAYAM,
SHILPANAGAR, NAGARAM,
HYDERABAD. Nagaram Hyderabad
Telangana INDIA 500083

VIH-00120482
 Mrs PRATIKSHA BHAGAT
 28-02-1992 34 Y 4 M 26 D (F)
 Dr. PRASHANTHI ELIZABETH



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

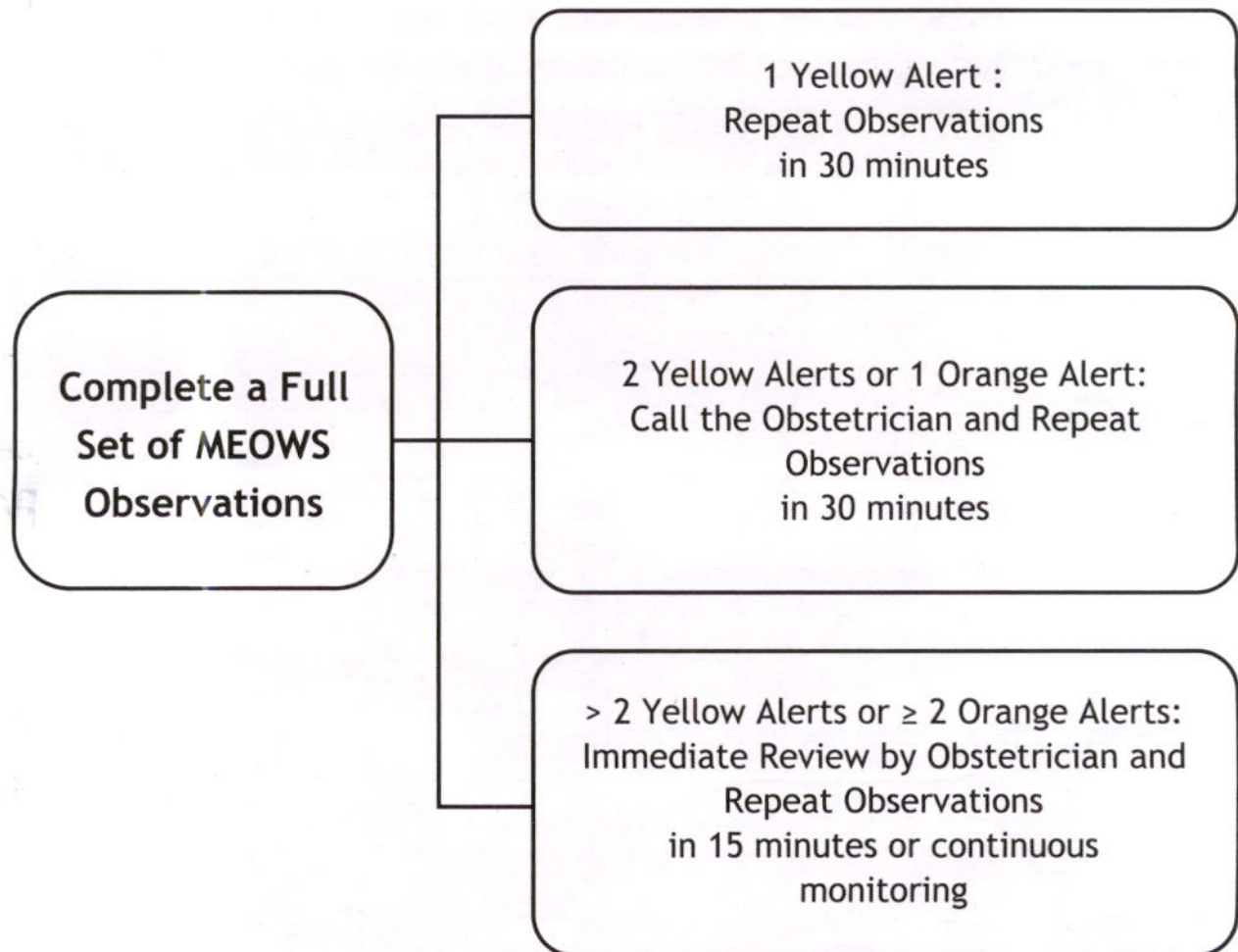
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 BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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 22/7/26		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																												
	0 - 10																												
Saturations	94 - 100 %																												
	< 94 %																												
Administered O ₂ (L/min.)																													
Temp ^{°C}	40																												
	39																												
	38																												
	37																												
	36																												
	35																												
	< 35																												
Heart Rate	170																												
	160																												
	150																												
	140																												
	130																												
	120																												
	110																												
	100																												
	90																												
	80																												
	70																												
	60																												
	50																												
↑ Systolic Blood Pressure	190																												
	180																												
	170																												
	160																												
	150																												
	140																												
	130																												
	120																												
	110																												
	100																												
	90																												
	80																												
	↓ Diastolic Blood Pressure	130																											
120																													
110																													
100																													
90																													
80																													
70																													
NEURO RESPONSE [✓]	Alert																												
	Voice																												
	Pain																												
	Unresponsive																												
URINE mls / hour	> 30																												
	< 30																												
Proteinuria	Protein ++																												
	Protein > ++																												
Lochia	Normal																												
	Heavy / Foul																												
Liquor	Clear / Pink																												
	Green																												
TOTAL YELLOW SCORES																													
TOTAL ORANGE SCORES																													
Nurse Initial																													

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

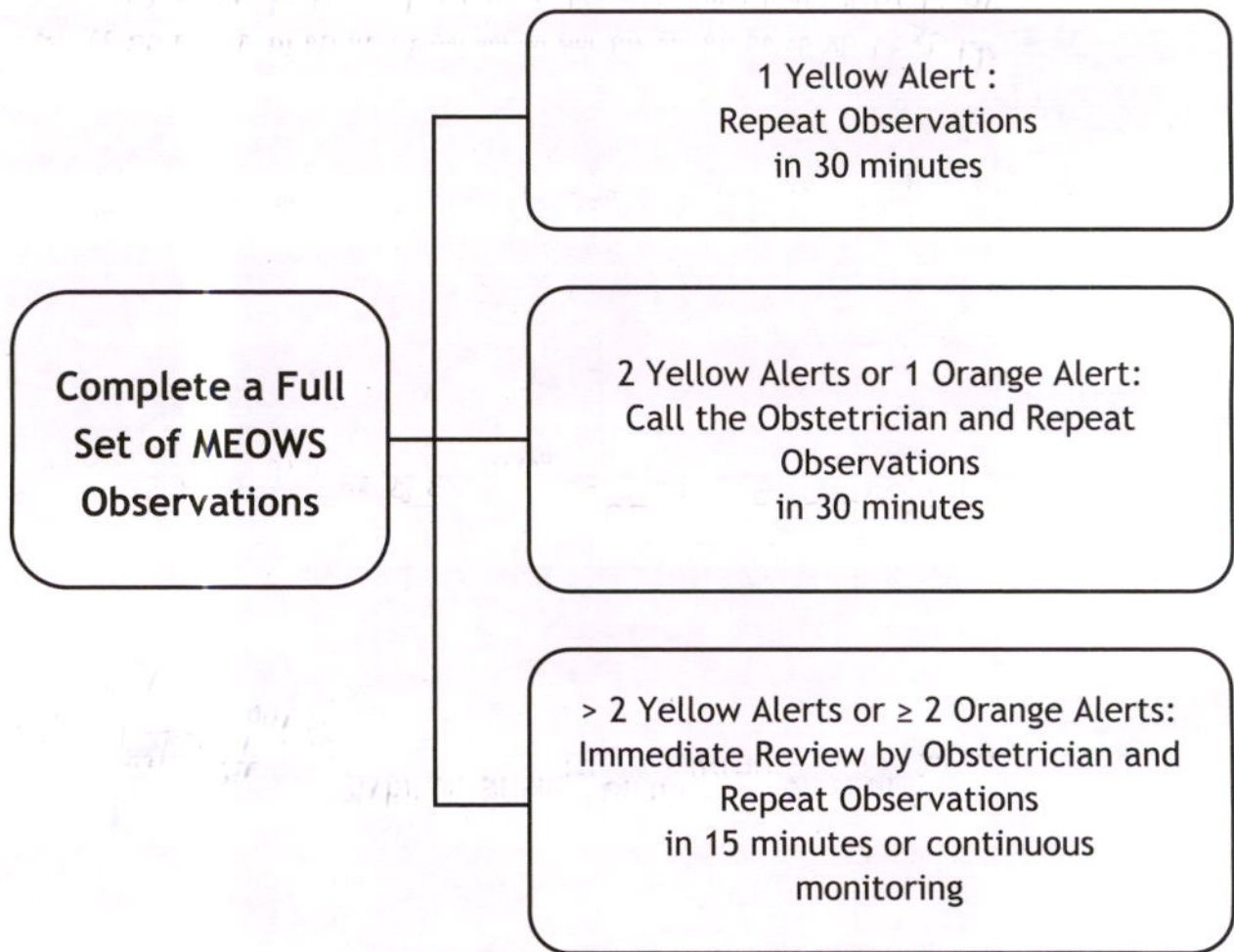
2

Early Warning Observation Score Chart - Obstetrics

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

22/7/26		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	18	19	19	18	19	19	18	19	19	19	18	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19
	11 - 20																										
	0 - 10																										
Saturations	94 - 100 %	97	98	99	98	98	99	99	98	99	99	100	100	100	100	99	99	99	99	99	99	99	99	99	99	99	99
	< 94 %																										
Administered O ₂ (L/min.)																											
Temp °C	40																										
	39																										
	38																										
	37	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	
	36																										
	35																										
	< 35																										
Heart Rate	170																										
	160																										
	150																										
	140																										
	130																										
	120																										
	110																										
	100																										
	90																										
	80	81	80	83	79	73	81	83	89	79	89	90	93	83	85	86	91	92	81	85	82	85	90	86	90		
	70																										
	60																										
	50																										
40																											
Systolic Blood Pressure	190																										
	180																										
	170																										
	160																										
	150																										
	140																										
	130																										
	120	114	110	110	115	110	119	120	114	119	121	119	118	119	114	118	138	140	140	140	140	140	140	140	140		
	110																										
	100																										
	90																										
	80																										
	70																										
60																											
50																											
Diastolic Blood Pressure	130																										
	120																										
110																											
100																											
90																											
80	71	74	71	79	80	73	71	63	63	69	71	73	72	80	75	70	78	84	80	80	80	80	80	80	80		
70																											
60																											
50																											
40																											
NEURO RESPONSE [✓]	Alert	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
	Voice	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
URINE mls / hour	> 30	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
	< 30																										
Proteinuria	Protein ++																										
	Protein > ++																										
Lochia	Normal	NA	NA	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
	Heavy / Foul																										
Liquor	Clear / Pink	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA		
	Green																										
TOTAL YELLOW SCORES		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
TOTAL ORANGE SCORES		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Nurse Initial		2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	

Obstetrics and Gynaecology Early Warning Signs



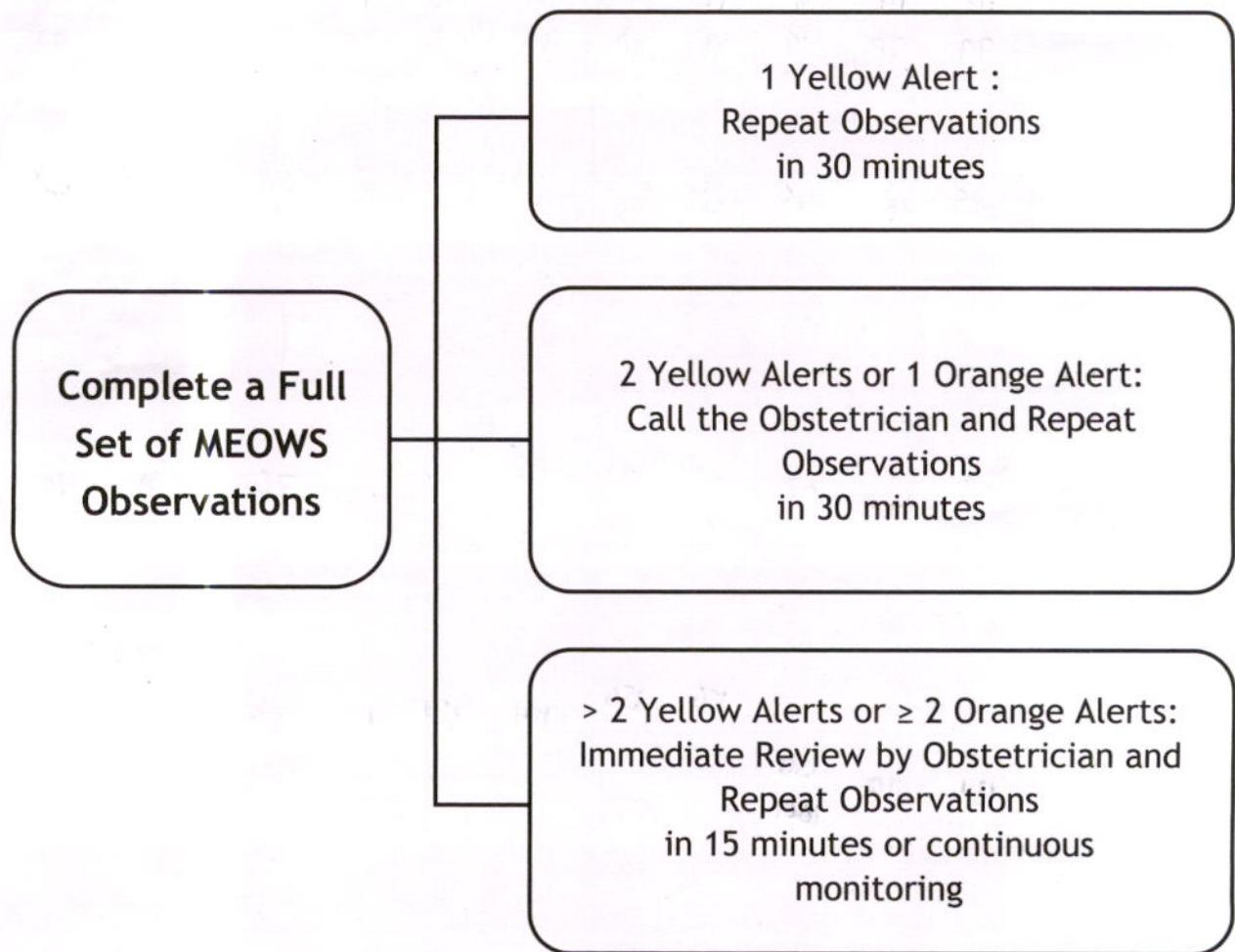
* The Modified Early Warning Score (MEOWS)



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

Docu. No. : RCHBH /FRM / CLINICAL / 053

Obstetrics and Gynaecology Early Warning Signs



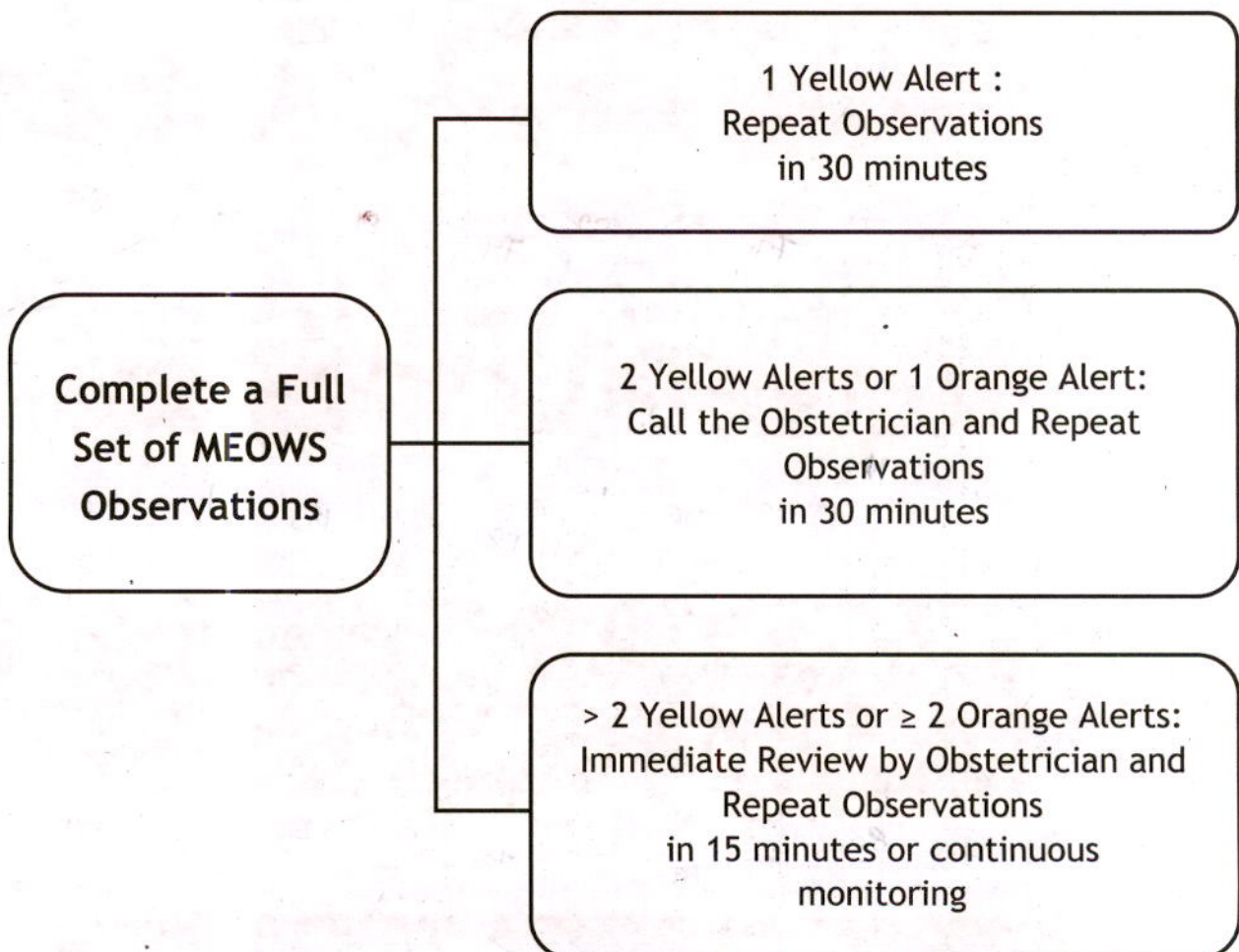
* The Modified Early Warning Score (MEOWS)

Early Warning Observation Score Chart - Obstetrics

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

24/7/20		Date	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
		Time																								
RESP (write rate in corresp. box)	> 30																									
	21 - 30																									
	11 - 20																									
	0 - 10																									
Saturations	94 - 100 %																									
	< 94 %																									
Administered O ₂ (L/min.)																										
Temp °C	40																									
	39																									
	38																									
	37																									
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
40																										
↑ Systolic Blood Pressure	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
60																										
50																										
↓ Diastolic Blood Pressure	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
60																										
50																										
40																										
NEURO RESPONSE [✓]	Alert																									
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30																									
	< 30																									
Proteinuria	Protein ++																									
	Protein > ++																									
Lochia	Normal																									
	Heavy / Foul																									
Liquor	Clear / Pink																									
	Green																									
TOTAL YELLOW SCORES			6	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL ORANGE SCORES			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Nurse Initial			AK	AK	AK	AK	AK	AK	AK	AK	AK	AK	AK	AK	AK	AK	AK	AK	AK	AK	AK	AK	AK	AK	AK	AK

Obstetrics and Gynaecology Early Warning Signs

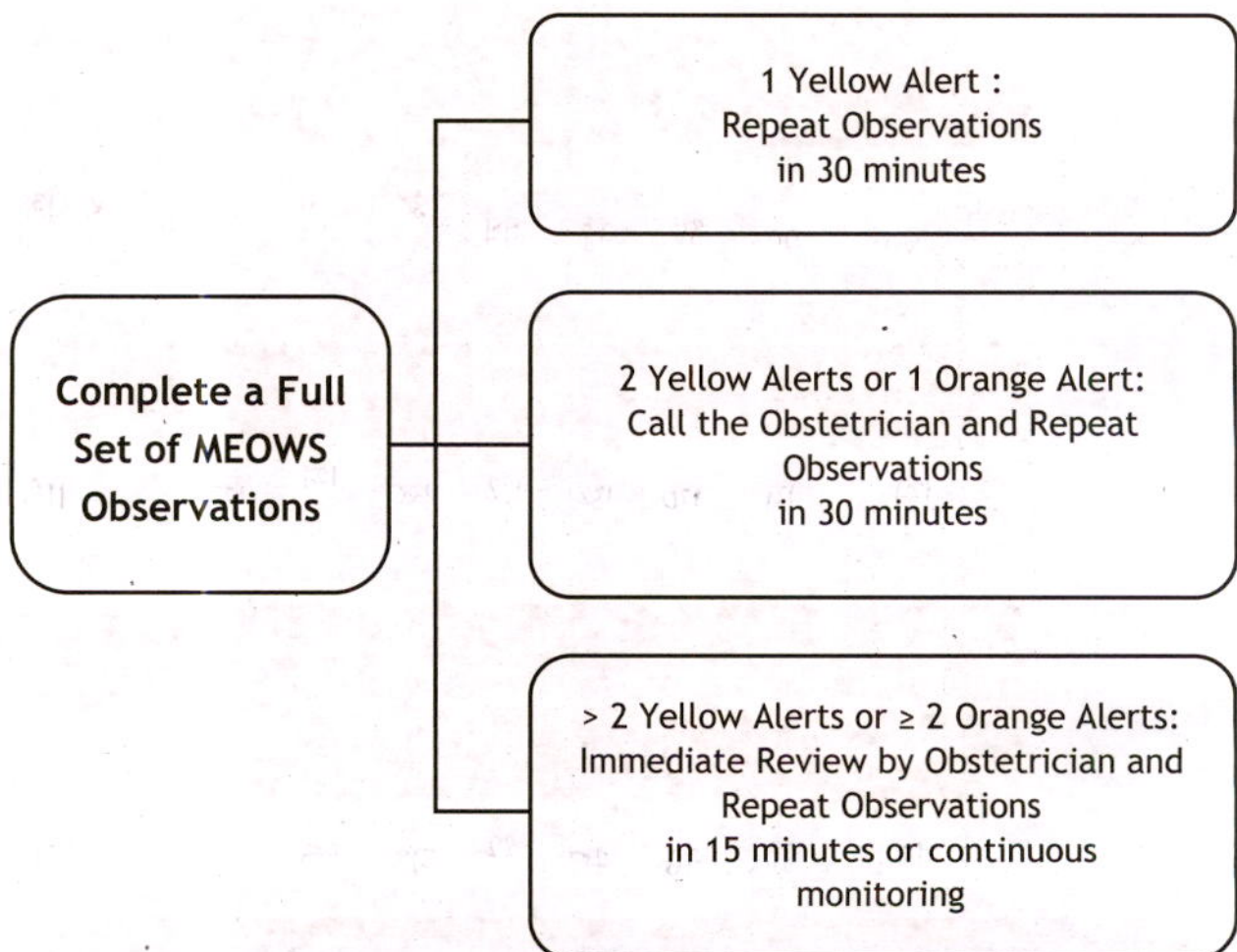


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CONTACT DOCTOR FOR EARLY INTERVENTION IF PATIENT TRIGGERS ONE ORANGE OR TWO YELLOW SCORES AT ANY ONE TIME

Docu. No. : RCHBH /FRM / CLINICAL / 053

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

FLUID CHART

Sheet No. : 1

22/7/26

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
22/7/26	08:00 am	NBM + RL 900ml/h										
	09:00 am	NBM + RL 100ml/h							300ml	0		
	10:00 am	NBM + RL 100ml/h							50ml	0		
	11:00 am	NBM + RL 100ml/h							50ml	0		
	12:00 pm	NBM + RL 100ml							100ml	0		
	01:00 pm	NBM + RL 100ml							50ml	0		
Total Intake : 1400ml			Total Output : 550ml									
22/7/26	02:00 pm	NBM + RL 100ml							50ml	0		
	03:00 pm	NBM + RL 100ml							50ml	0		
	04:00 pm	NBM + RL 100ml							50ml	0		
	05:00 pm	NBM + RL 100ml							50ml	0		
	06:00 pm	NBM + RL 100ml							50ml	0		
	07:00 pm	NBM + RL 100ml							50ml	0		
Total Intake : 600ml			Total Output : 300ml									
22/7/26	08:00 pm	NBM + RL 100ml							100ml	0		
	09:00 pm	NBM + RL 100ml							50ml	0		
	10:00 pm	NBM + RL 100ml							50ml	0		
	11:00 pm	NBM + RL 100ml							50ml	0		
	12:00 am	NBM + RL 100ml							50ml	0		
	01:00 am	NBM + RL 100ml							50ml	0		
Total Intake : 600ml			Total Output : 400ml									
23/7	02:00 am	NBM - RL 100ml							50ml	0		
	03:00 am	NBM - RL 100ml							50ml	0		
	04:00 am	NBM - RL 100ml							50ml	0		
	05:00 am	NBM - RL 100ml							50ml	0		
	06:00 am	NBM - RL 100ml							100ml	0		
	07:00 am	NBM - RL 100ml							100ml	0		
Total Intake : 600ml			Total Output : 400ml									
Total 24 hrs. Intake		3200 ml										
Total 24 hrs. Output		1680 ml										

Patient Sticker

FLUID CHART

Sheet No. :

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

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

VIH-00120482 IP-00060790
Mrs PRATIKSHA BHAGAT
26-02-1992 34 Y 4 M 26 D (F)
Dr. PRASHANTHI ELIZABETH

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.....ICATION RECONCILIATION FORM

Drug Allergies:N/L.....

☐ 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:NLU.....

Shifted to:DI.....

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	T. IRON	1TAB	PO	ONCE DAILY	21/7/26	☐ C ☒ DC
2	T. CALCIUM	1TAB	PO	ONCE DAILY	21/7/26	☐ C ☒ DC
3	T. LABETALOL	100mg	PO	8TH HOURLY	21/7/26	☐ 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 YOGESHWARI.....

Date & Time :22/7/2026 9AM.....

Nurse Name & Signature:Teja.....

Date & Time :22/7/26.....

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

MEDICATION ROUTINATION FORM

DATE
TIME
BY

NAME
AGE
SEX
WGT
HT

Medication	Frequency	Time	Initials
Penicillin	q4h	8:00	
Aspirin	q4h	8:00	
Insulin	q4h	8:00	

THESE RECORDS ARE KEPT IN THE MEDICAL RECORDS DEPARTMENT

DR. J. H. JOHNSON

CHIEF OF MEDICAL STAFF

10/1/50

VIH-00120482 IP-00060790

Mrs PRATIKSHA BHAGAT

26-02-1992 34 Y 4 M 26 D (F)

Dr. PRASHANTHI ELIZABETH



②

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 It takes a lot to treat the little.

BirthRight[™]
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

MEDICATION RECONCILIATION FORM

Drug Allergies: Nil☐ Not known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.

(Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From: ICUShifted to: Room (703)

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						☐ C ☐ DC
2						☐ C ☐ DC
3						☐ C ☐ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

* C - Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature :

Date & Time :

Nurse Name & Signature:

Date & Time :

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

FLUID CHART

Sheet No. : 2

23/7/28

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
23/7/28	08:00 am	H2O 100ml									0	Mangan 23/7/28 @ 11:40 AM
	09:00 am	H2O 100ml									0	
	10:00 am	H2O 50ml									0	
	11:00 am	H2O 10ml									0	
	12:00 pm	H2O 100ml									0	
	01:00 pm											

Total Intake :

Total Output :

23/7	02:00 pm											Anitha 23/7 @ 8 PM
	03:00 pm	ORS										
	04:00 pm											
	05:00 pm	Juice										
	06:00 pm											
	07:00 pm	Soup										

Total Intake :

Total Output :

23/7	08:00 pm											Gargi 23/7 @ 1 AM
	09:00 pm	ORS										
	10:00 pm											
	11:00 pm	water										
	12:00 am											
	01:00 am											

Total Intake :

Total Output :

24/7	02:00 am											Gargi 24/7 @ 8 AM
	03:00 am	water										
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											

Total Intake :

Total Output :

Total 24 hrs. Intake

Total 24 hrs. Output

5 times

FLUID CHART

Sheet No. : 3

24/7/26

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

		Intake			Output						IV Site Thrombo- phlebitis Score	Sign. Nurse	
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G								
24/7/26	08:00 am											24/7/26 24/7/26 24/7/26 24/7/26 24/7/26 24/7/26	
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
Total Intake :						Total Output :							
24/7/26	02:00 pm											24/7/26 24/7/26 24/7/26 24/7/26 24/7/26 24/7/26	
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
Total Intake :						Total Output :							
24/7/26	08:00 pm											24/7/26 24/7/26 24/7/26 24/7/26 24/7/26 24/7/26	
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
Total Intake :						Total Output :							
25/7/26	02:00 am											25/7/26 25/7/26 25/7/26 25/7/26 25/7/26 25/7/26	
	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



FLUID CHART

Sheet No. : 4

25/7/26

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

		Intake			Output						IV Site Thrombo- phlebitis Score	Sign. Nurse				
Date	Time	Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine							
25/7/26			Mouth	I.V	N.G							Refg Eur 25/7/26 @				
	08:00 am															
	09:00 am															
	10:00 am															
	11:00 am															
	12:00 pm															
	01:00 pm															
Total Intake :					Total Output :											
25/7	02:00 pm											Boumika 25/7 @ 7pm				
	03:00 pm															
	04:00 pm															
	05:00 pm															
	06:00 pm															
	07:00 pm															
Total Intake :					Total Output :											
25/7	08:00 pm											Subhr 26/7 @ 8am				
	09:00 pm															
	10:00 pm															
	11:00 pm															
	12:00 am															
	01:00 am															
Total Intake :					Total Output :											
26/7	02:00 am											noted by Subhr 26/7 @ 5am				
	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		4 times	



FLUID CHART

Sheet No. :

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

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

Patient Name :



I.P. No.

Sheet No.

Wards

Weight (kg)

11

CLW

78kg

JLAB PRESCRIPTIONS

DRUG : INT CEFOTAXIME				Date																
				Time	22/7/2026															
Dose	Route	Frequency	Start Dt.																	
1gm	IV	12th Hourly	22/7																	
Name & Signature of the Doctor starting the Drugs:				STOP																
Additional Instructions:				23/7/2026 9 PM.																
Daily Doctor's Endorsement by a Sign.																				

DRUG : INT METRONIDAZOLE				Date																
				Time	22/7/2026															
Dose	Route	Frequency	Start Dt.																	
500mg	IV	8th Hourly	22/7																	
Name & Signature of the Doctor starting the Drugs:				STOP DR Nandha 25/7/2026																
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign.																				

DRUG : TAB RANTOPRAZOLE				Date																
				Time	23/7/2026															
Dose	Route	Frequency	Start Dt.																	
400mg	PO	ONCE DAILY	22/7																	
Name & Signature of the Doctor starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign.																				

DRUG : T. LABETALOL				Date																
				Time	22/7/2026															
Dose	Route	Frequency	Start Dt.																	
100mg	PO	8th Hourly	22/7																	
Name & Signature of the Doctor starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign.																				



Rainbow
Childrer
Hospital

VIH-00120482 IP-00060790
Mrs PRATIKSHA BHAGAT
26-02-1992 34 Y 4 M 26 D (F)
Dr. PRASHANTHI ELIZABETH

Ref. No. : F / HW / DC / RP / INPR / 05.a

Patient N



I.P. No.

Sheet No.

Wards

Weight (kg)

REGULAR PRESCRIPTIONS

DRUG : T. THYROXINE				Date															
				Time	22/7/26														
Dose	Route	Frequency	Start Dt.																
50mcg	PO	ONCE DAILY	22/7/26																
Name & Signature of the Doctor starting the Drugs:																			
DR NAUSH EEN																			
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign.																			

DRUG : T. CEFIXIME				Date															
				Time	23/7														
Dose	Route	Frequency	Start Dt.																
200 MG	PO	12TH HOURLY	23/7																
Name & Signature of the Doctor starting the Drugs:																			
DR. NIKHITA																			
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.																			

PRATI KSHAN

FOR THE SAFETY OF THE PATIENT

- | | | |
|---------|---|--|
| GENERAL | - | Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS. |
| DOCTOR | - | Please use only approved abbreviations (refer to Hospital's approved list of abbreviations). |
| | - | Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions. |
| | - | Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions. |
| | - | Discontinue a drug by drawing a line I through it and a similar line through subsequent recording panels. |
| | - | The date and time of stopping the drug along with the doctors name and sign must be mentioned. |
| | - | Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder. |
| NURSES | - | Nurses must follow strictly the FIVE RIGHTS before administration of medication. |
| | | 1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time |
| | - | AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy. |

VERIFIED BY: Name _____ Signature _____

[illegible][illegible][illegible]

Mrs PRATIKSHA BHAGAT

28-02-1992

34 Y 4 M 28 D

(F)

Dr. PRASHANTHI ELIZABETH



I.V. FLUIDS CHART

Weight. Ward.

Date	Time	Indication 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
22/07	08:00 Am	RINGER LACTATE	IV	900 ml/hr	[Signature]	[Signature]	22/7	[Signature]	[Signature]
22/7	09:00	INT OXYTOCIN. 10 UNITS IN RINGER LACTATE.	IV	75ml/ hour	[Signature]	[Signature]	22/7	[Signature]	[Signature]
22/7	09:00pm	↓ + 1b INT OXYTOCIN 10 UNITS IN RINGER LACTATE	IV	75ml/ hour	[Signature]	[Signature]	22/7	[Signature]	[Signature]
22/7	08pm	RINGER LACTATE	IV	100ml/ hr	[Signature]	[Signature]	22/7	[Signature]	[Signature]
22/7	10 pm.	RINGER LACTATE	IV	100ml/ HR	[Signature]	[Signature]	22/7	[Signature]	[Signature]

Signature

VERIFIED BY : Name

Weight. Ward.

[illegible]

VERIFIED BY : Name:

IP-00060790
 Mrs PRATIKSHA BHAGAT
 26-02-1992 34 Y 4 M 26 D (F)
 Dr. PRASHANTHI ELIZABETH



Weight. 78.4 Ward. CC

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
22/07	08:06 AM	Oral-CARBETOCIN	100mcg	W	[Signature]	[Signature]
22/07	08:10 AM	Oral-TRANEXAMIC ACID	1gm	W	[Signature]	[Signature]
22/07	09:00 AM	Sup-TRAMADOL	100mg	PR	[Signature]	[Signature]
22/07	09:00 AM	Sup-DICLOFENAC	100mg	PR	[Signature]	[Signature]
22/7	9 AM	TAB MISOPROSTOL	600 mcg	PR	[Signature]	[Signature]
22/7	8 PM	INT-TRANEXAMIC ACID	1 GM	IV	[Signature]	[Signature]
22/7/26	8:30 AM	INT-CERETAXIME	1gm	IV	[Signature]	[Signature]
22/7	7:30 AM	INT-PANTOPRAZOLE	40mg	IV	[Signature]	[Signature]
22/7	7:40 AM	INT-METOCLOPRAMIDE	10 mg	IV	[Signature]	[Signature]

Signature
 VERIFICATION : Name

Dr. Rishika
 Clinical Pharmacologist
 Dr. Rishika
 Clinical Pharmacologist



REGULAR PRESCRIPTIONS

Weight. 78kg Ward. 11W

Verified 2/2/26
10/30
Dr. Rishika
Clinical Pharmacologist

DRUG : Tab. PARACETAMOL				Date Time	22/7/2025
Dose 1gm	Route PO	Frequency 8th hourly	Start Date 22/07	6AM	9AM
Name & Signature of the Doctor Starting the Drugs: <i>Dr. Prashanthi Elizabeth</i>				2PM	5PM
Additional Instructions:				10PM	11PM
Daily Doctor's Endorsement by a Sign					
DRUG : Tab. TRAMADOL				Date Time	22/7/2025
Dose 100mg	Route PO	Frequency 8th hourly	Start Date 22/07	7AM	9AM
Name & Signature of the Doctor Starting the Drugs: <i>Dr. Prashanthi Elizabeth</i>				2PM	5PM
Additional Instructions:				11PM	12PM
Daily Doctor's Endorsement by a Sign					
DRUG : Tab. DICLOFENAC				Date Time	22/7/2025
Dose 50mg	Route PO	Frequency 8th hourly	Start Date 22/07	12AM	12PM
Name & Signature of the Doctor Starting the Drugs: <i>Dr. Prashanthi Elizabeth</i>				8AM	4PM
Additional Instructions:				STOP	
Daily Doctor's Endorsement by a Sign					
DRUG : Lj. ENOXAPARIN				Date Time	23/7/2025
Dose 40mg	Route SC	Frequency ONCE DAILY	Start Date 22/07	2PM	9PM
Name & Signature of the Doctor Starting the Drugs: <i>Dr. Prashanthi Elizabeth</i>				2PM	9PM
Additional Instructions: administer after 02:00 pm after checking for active bleeding				STOP DR. Naveen 25/7/26 9pm	
Daily Doctor's Endorsement by a Sign					

KASHANTHI ELIZABETH

A standard linear barcode located at the bottom right of the document, below the name KASHANTHI ELIZABETH. It consists of vertical black bars of varying widths on a white background.

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Name:

Weight: kgs

Sheet No:

[illegible]

Docu. No. : RCH /FRM / CLINICAL / 136

22/2/2022
Dr. Rishika
Clinical Pharmacologist

VIH-00120482 IP-00060790
 Mrs PRATIKSHA BHAGAT
 28-02-1992 34 Y 4 M 26 D (F)
 Dr. PRASHANTHI ELIZABETH



RESULT SHEET

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

BirthRight™
BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

Date	22/7					
Time						
Hb	9.6					
PCV						
RBC						
WBC	10.98					
N/L						
Platelets	2.67					
CRP						
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea	18.1					
Creatinine	0.5					
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid	3.8					
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR	14.0/1.0					
APTT	27.0					
CSF Protein/Sugar						
Cells						
N/L						

Date						
Time						
CUE-Alb						
CUE-Sugar						
CUE - Ketones						
CUE-PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA/Cyst						
Occult Blood						
Blood grouping → B' Positive.						
HIV	}	Non-Reactive				
HBSAg						
HCV						

Raw

Culture and Sensitivities :

.....

.....

.....

Radiology: USG :

X-Ray:.....

ECHO:

CT:

MRI

Others (ECG, Contrast Studies etc.) :