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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery.

ACTIVITY RECORD FOR BILLING

IP-00060583
Mrs GANDURI LAHARI
23-09-1994 31 Y 9 M 13 D (F)
Dr. PADMINI PRASAD ORIGANTI

Name: ---------- Consultant : ---------- Dept : ----------

UHID N

Date of Admission : ---------- Time : 11:29AM Date of Discharge : ---------- Time: ----------

Room / Bed No : 220 ---------- Ward : CW ---------- Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
6/7/26	4:15 Pm	LW	O.T	
6/7/26	7:00 Pm	OT	MICU	
6/7/26	10:55pm	MICU	ROOM (102)	

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
6/7/26	NST at 11Am	826-010827	[signature]
6/7/26	CBP	V126022559	[signature]
	Cross checked by [illegible] 6/7/26 7.8pm		

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
6/7/26	Cardiac monit	4pm	10pm	3098056	[signature]
6/7/26	Infusion pump	12-30pm	10pm.		
	Cross	Checked	[illegible]		6/7/2026 8pm

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
6/7/26	I.V placement	1	3097973	[illegible]
6/7/26	Catheteri Stm	1	3098058	
6/7/26	PAC	1	3098057	
	cross Checked Charged 6/7/2026 8pm			

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

VIH-00206621 IP-00060583
Mrs GANDURI LAHARI
23-09-1994 31 Y 9 M 13 D (F)
Dr. PADMINI PRASAD ORIGANTI

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SURGERY DETAILS

Date : 6/7/26

Patient Name: Mrs. G. Lahari Date of Birth: 23/9/1994 Age: 31 y

Gender: Female Ward : OT UHID No.: 206621

Date of Surgery: 6/7/26 ☑ OT -1 ☐ OT -2 ☐ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : EMERGENCY LOWER SEGMENT CESAREAN SECTION

Time in : 4:30 Pm Time Out : 5:30 Pm

		NAME	AMOUNT
1.	Surgeon	: Dr. padmini prasad origanti	OT- Charge
2.	Anaesthetist	: Dr. Madhav	
3.	Assistant Surgeon	:	
4.	OT Technician	: Sr. Vaishnavi	
5.	Circulating Nurse	: Sr. Ruby. F	
6.	Assistant Nurse	: Br. Ratan / Br. Ajit	

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

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 3098377 / 3098378 Order by: .....

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

Em. LSCS

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CONSUMABLES OF OT

Em. LSCS (2)

Ref. No. F/CONB/SUR/OT/02

VIH-00206621 IP-00060583
Mrs GANDURI LAHARI
23-09-1994 31 Y 9 M 13 D (F)
Dr. PADMINI PRASAD ORIGANTI

Patient Name : .....

Gender ☐ M ☐ F UHIS/IF

Date : 06/7/26

Circulating Staff : Ruby. F Technician : Vaishnavi

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical disposables	Qty Issued	Qty Used	Disposables (Baby side)	Qty Issued	Qty Used
ET tube			Major Pack LSCS		1	Inj. Vit. K		1
LMA			Sutures 2347		2	Cord Clamp		1
ECG leads : ~~A~~/P/N		3	2364		1	Suction Catheter		
HME filter : A/P/N			1326		1	Feeding Tube		
Syringe 10 cc		4				Vaccum Suction Set		
05 cc		2	Gloves PF 7+6½		3+2	Surgical Gloves 7, PF 6½ H		
02 cc		2	Sal 6½		2	Gauze Pack		
01 cc						Syringe 1 m/ 2 ml		1
Cautery Plate : ~~A~~/P/N		1	Surgical blade 22		1	Surgical Blade # 20		1
IV set			NG tube			Koochies (S)		
RL		3	Cautery Pencil		1			
NS : 10ml/100 ml/ 500ml/1000ml			Koochies			proto gown		2
Rilgol		1	Ointments					
Bioxamic		2	Suction Catheter			+ Mask		2+2
Fentanyl			~~Sup~~. Mask		10 ~~10~~	Latex Glove		4
Morphine			Gauze Pack		1			
Ketamine			Mop Pack		2			
Propofol			Steristrip					
Rocuronium			Underpad		1			
Glycopyrolate			Draw Sheet			30983827		
Myopyrolate			~~Abgel~~ Sterizone		1			
Ondansetron			Foleys Catheter					
~~P~~encan 25g/Spinal Needle 22		1	Urobag					
Bupivacine 0.25%			Chest Drinage Catheter					
Bupivacine 0.25%(Heavy)		1	Romodrain bag					
Antibiotics			~~Bandage~~ Allevorb		1			
			Tegaderm					
Suppositories			Ioban					
Anamol : 80mg/250mg/170 mg			Double J Stent					
Supridol 100 mg		1	Vaccum Suction set		1			
Justin : 12.5 mg/25 mg/ 100 mg		1	Plastic Bed Sheet D/A		4			
Tab. Misoprost : 200 mg		4	Betadine Solution		2			
PF (7)		1	Microshield		2			
			Cotton Balls					
			Latex Gloves		16			
			Ramdione Scrub					
			Saral					

Surgeon Dr. Padmini Pr. Anaesthesiologist Dr. Madhav Nurse Ratan, Asirb OT Technician

Order No. : 30983398 Ordered by : Ruby. F

RAINBOW CHILDREN'S MEDICARE LIMITED

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
Tel No : 040-42462200, Ext 2000,2001,2002

VAT TIN : 36920283145 **CIN :** L85110TG1998PLC029914

DL NO :

Registered Office: 8-2-120/103/1,Survey No.403,Road No.2,Banjara Hills, Hyderabad 500034, Telangana.

INPATIENT ISSUES AGAINST ORDERS

IP No	IP-00060583	**Ward**	N 1F-FIRST FLOOR
Patient Name	Mrs GANDURI LAHARI	**Bed Name**	SR 102
Age/Sex	31 Y 9 M 14 D / Female	**Order No**	0003098398
Date	07/07/2026 11:48	**Prescription No**	PRIP-1294793
Payor	MEDI ASSIST INSURANCE TPA PVT LTD	**Dispensed Date**	07/07/2026 11:50
UHID	VIH-00206621		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	ALLESORB CORE TURNAROUND COVER 40x102IN			26O525I	05/31	1	563.00	563.00
2	ANAWIN HEAVY 5 MG INJ 4 ML	Neon Laboratories Ltd	H	KP1713922	12/27	1	31.47	31.47
3	BACTOPREP SOLUTIONS 100 ML	RAMAN & WEIL PVT LTD		RTBP26002	02/29	2	229.00	458.00
4	BETADINE SOLUTION 10% 100 ML	Win-MedicarePvtLtd	GENERAL	MD05926	03/28	2	103.95	207.90
5	BIOXAMIC 500 MG INJ	Biocare Pharmaceuticals	H	C3BIO004	01/28	2	73.23	146.46
6	CAUTERY PENCIL (ADVANCE)	The Advanced cadiomed	GENERAL	250303005	03/28	1	1,153.00	1,153.00
7	DISPOSABLE APRONS STERILE XL	Mediblue		26060103	05/28	4	120.00	480.00
8	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	26D29K49	03/31	4	28.13	112.52
9	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26D20K25	03/31	2	21.56	43.12
10	DSYRINGS 2.5ML(NIPRO)	NIPRO	GENERAL	26A05K04	12/30	2	11.25	22.50
11	E.C.G ELECTRODES (ADULT)	JMS	GENERAL	EB260031	05/29	3	61.00	183.00
12	ENCORE MICROPTIC GLOVES-7 PF	ANSEL		260301111T	03/29	4	128.00	512.00
13	FACE MASK-3LAYER THREADED	Sunrise	GENERAL	012605O2	04/29	10	10.00	100.00
14	GAUZ SWAB 10 X 10 CM 12PLY 5S X-RAY	Bapuji Surgicals	GENERAL	VI16052026	10/27	1	100.00	100.00
15	JUSTIN SUPPOSITORIES 100 MG 5 S	Neon Laboratories Ltd	H	BLNP274055	12/28	1	18.74	18.74
16	LSCS DRAPE PACK SAFE SECURE			VI02072026	12/30	1	2,000.00	2,000.00
17	MISOPROST TAB 200MCG 4S	CIPLA LIMITED	H	5GH0384	12/26	4	20.26	81.04
18	MONOCRYL 3-0 NW 1326	ETHICON SUTURES-J&J	C1	T5115	09/30	1	997.00	997.00
19	MOPS 30X30 8PLY 5S X-RAY	DATT MEDI PRODUCTS	H	M2642SF046	05/30	2	949.00	1,898.00
20	NITRILE EXAMINATION GLOVES P F- MEDIUM	ELITE MEDICALS	GENERAL	26FB001	01/29	1	23.43	23.43
21	PENCAN 25G*3 1 2	Bbraun Medical PvtLtd	GENERAL	25A25G82I7	01/30	1	469.69	469.69
22	PREGELLED SURGICAL PLATES(ADULT)	Erbee	GENERAL	22510302406	10/27	1	1,195.00	1,195.00
23	RILIGOL 100 MCG INJ CARBITOCIN		H	FF712501G	03/28	1	566.05	566.05
24	RL 500 ML CLOSED SYSTEM	Fresenius Kabi India Pvt Ltd		1D262112	03/29	3	69.39	208.17
25	SGLOVE # 6.5 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26E8073M	04/31	2	91.00	182.00
26	STERIZONE PAD ST-91 9X25(4151-012)	DYNAMIC TECHNO	GENERAL	155627	03/29	1	845.00	845.00
27	SUPRIDOL SUPPOSITORIES 100 MG 5 S	Neon Laboratories Ltd	H	BLNP349016	10/27	1	36.92	36.92
28	SURGICAL BLADE 22	Surgeon	GENERAL	22C100126	12/30	1	7.67	7.67
29	SURGICARE NEURO STERILE GLOVE-6.5 PF		GENERAL	26B7017D10	01/29	2	140.00	280.00
30	UNDER PAD 60X90 10's Pack - MEDICUBE		GENERAL	06260606	05/29	1	146.20	146.20
31	VACCUME SUCTION SET	ROMSONS	GENERAL	K26C010330	02/31	1	739.00	739.00
32	VICRYL 1-0 NW 2364	ETHICON SUTURES-J&J	C1	T5009	10/30	1	988.00	988.00

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INPATIENT ISSUES AGAINST ORDERS

IP No	IP-00060583	**Ward**	N 1F-FIRST FLOOR
Patient Name	Mrs GANDURI LAHARI	**Bed Name**	SR 102
Age/Sex	31 Y 9 M 14 D / Female	**Order No**	0003098398
Date	07/07/2026 11:48	**Prescription No**	PRIP-1294793
Payor	MEDI ASSIST INSURANCE TPA PVT LTD	**Dispensed Date**	07/07/2026 11:50
UHID	VIH-00206621		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
33	VICRYL PLUS 1 VP - (2347)	ETHICON SUTURES-J&J	C1	T5O55	07/30	2	951.00	1,902.00
						Total :	**12,886.94**	**16,696.88**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : RUBY FLORENCE VELPULA

RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital - Secunderabad

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DL NO :

Registered Office: 8-2-120/103/1,Survey No.403,Road No.2,Banjara Hills, Hyderabad 500034, Telangana.

INPATIENT ISSUES AGAINST ORDERS

IP No	IP-00060589	**Ward**	N 1F-FIRST FLOOR
Patient Name	Baby B/O GANDURI LAHARI	**Bed Name**	CRDL-SR-102-1
Age/Sex	0 Y 0 M 0 D 19 H / Female	**Order No**	0003098382
Date	07/07/2026 11:03	**Prescription No**	PRIP-1294787
Payor	SELFPAY	**Dispensed Date**	07/07/2026 11:04
UHID	VIH-00206652		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	CORD CLAMP-ALPHAMEDICARE		GENERAL	UC25E01	04/28	1	41.00	41.00
2	DSYRINGE 1ML (BD)	BECTON DICKINSON (BD)	GENERAL	6072542	02/31	1	24.00	24.00
3	EASYCLOT-K1 1MG INJ 0.5 ML		H	L1152508A	10/27	1	31.75	31.75
4	FACE MASK 3 LAYER - ELASTIC	Local	GENERAL	VI16062026	04/29	2	10.00	20.00
5	NITRILE EXAMINATION GLOVES P F- MEDIUM	ELITE MEDICALS	GENERAL	26FB001	01/29	4	23.43	93.72
6	PROTO GOWN SAFE SECURE			VI27062026	12/30	2	450.00	900.00
7	SGLOVE # 7.5 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	25J9072M	09/30	1	91.00	91.00
8	SURGICAL BLADE 20	Surgeon	GENERAL	20C240226	01/31	1	7.67	7.67
9	SURGICARE NEURO STERILE GLOVE-6.5 PF		GENERAL	26B7017D10	01/29	1	140.00	140.00
						Total :	**818.85**	**1,349.14**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : SHEEPA PALANI

Name	Mrs GANDURI LAHARI	**UHID**	VIH-00206621
Father/Guardian	Mr P.V.MURTHY	**Age/Gender**	31 Y 9 M 13 D/Female
Address	PLOT NO:124,FLAT NO:201,SRI VENKATESWARA NILAYAM,VANI NAGAR,MALKAJGIRI,HYDERABAD., Malkajgiri, Hyderabad, Telangana, INDIA, 500047		
IP No	IP-00060583	**Admission Date**	06-07-2026
Ref Doctor		**Discharge Date**	08-07-2026

DISCHARGE SUMMARY

Consultant: Dr. PADMINI PRASAD ORIGANTI, CONSULTANT GYNECOLOGIST & OBSTETRICIAN

Diagnosis: Primigravida with 38+6 weeks with Gestational Hypertension for Induction of labor.

EMERGENCY LOWER SEGMENT CESAREAN SECTION DONE UNDER SPINAL ANAESTHESIA ON 06.07.2026.

History:
LMP: 01.10.2025
Obstetric formula: Primigravida
EDD: 08.07.2026
Gestation at admission: 38+6 weeks

Obstetric History:
G1 - Present pregnancy Spontaneous conception.

Medical History: Nil
Family History: Father - HTN
Surgical History: Scalp surgery in view of Accident in 2015
Allergies: Nil

Name	Mrs GANDURI LAHARI	UHID	VIH-00206621

Antenatal Details: Mrs. GANDURI LAHARI was unbooked to Rainbow Hospital. Previous ANCs at Secunderabad Nursing Home. She had regular antenatal checkups and investigations as advised. She was diagnosed with Gestational Hypertension since conception & managed with Tab Labetalol 100mg BD. She was on Tablet Ecospirin 150mg since 28 weeks & stopped at 37 weeks. She was admitted at 38+6 weeks with Gestational Hypertension for Induction of labor.

Investigations: Enclosed
Blood group: **'AB' POSITIVE**

Management: <u>Course in hospital and Delivery Details:</u>
At admission on clinical examination the vitals were stable, uterus was relaxed, cervix was long and os closed. Fetal well being was confirmed by an admission CTG which was found to be reactive. short trial of labour given. Informed consent taken for Induction of labour. labour was induced with Inj oxytocin. Patient and attenders have been explained regarding Borderline CPD with Term pregnancy with failed induction and risk of continuing with vaginal delivery and need for Emergency LSCS and they opted to emergency LSCS.

She was decided for emergency C-section in view of Borderline CPD with Term pregnancy with failed induction, prepared with indwelling Foley's catheter and IV cannula 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. 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 forceps. Cord clamped and cut and cord blood collected for blood grouping and

Rh typing. Baby handed over to pediatrician. Placenta delivered with controlled cord traction. Uterus closed in layers. Hemostasis secured. Instruments and swab count checked. Rectus sheath closed. Skin closed with subcuticular sutures. Wound dressing done. Vagina cleaned with Betadine solution after expelling clots. Misoprostol 800 mcg given per rectum as prophylaxis against postpartum hemorrhage. Patient was shifted out of theatre to post operative recovery room.

Delivery Details:
Date: 06.07.2026
Time of Delivery: 4:40:46 PM
Type of Delivery: Emergency LSCS
Indication: Borderline CPD with Term pregnancy with failed induction.
Analgesia: Spinal

Baby Details:
Date: 06.07.2026
Time: 4:40:46 PM
Sex: Female
Weight: 3.079kg
Apgar: 7/10, 8/10
Gestational Age: 38+6 weeks
NICU Admission: No

Post-Operative Notes: Post Operative Period:

She was closely monitored. Her vital signs remained stable. Uterus was well retracted with no Postpartum hemorrhage. Breastfeeding initiated. She was shifted to room. Her 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.

Name	Mrs GANDURI LAHARI	UHID	VIH-00206621

Advice:

1. Normal diet.
2. Tab. Taxim-O 200mg (Cefixime-200mg) twice daily till 11.07.2026 (9am-9pm) after food.
3. Tab. Pantoprazole 40 mg once daily till 12.07.2026 (7am) before food.
4. Continue Tab Labetalol 100mg twice daily (9am-9pm) after food till further orders.
5. Tab. Hifenac-P (if required) maximum 8th hourly for pain.
6. Tab. Becozym C Forte once daily till further advice.
7. Home BP monitoring.
8. Review SOS if BP > 140/90 mmHg, nausea, vomiting, headache, blurring of vision, decreased urine output, epigastric pain.
9. Nebasulf powder for local application.
10. HPV vaccine after 6 weeks of delivery.

Review after one week on 12.07.2026 at postnatal clinic with prior appointment (This consultation will be charged).

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 doctor .....in the language that I understand and I have understood the same.

Name: Signature:

Relationship:

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

Registrar/Resident/C.M.O

Dr. PADMINI PRASAD ORIGANTI
CONSULTANT GYNECOLOGIST & OBSTETRICIAN

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INSURANCE COPY

BirthRight™ BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

PatientName	: Mrs GANDURI LAHARI	**Inpatient No.**	: IP-00060583
Age/Gender	: 31 Y 9 M 13 D/ Female	**Admit Date**	: 06-07-2026
Ward/Bed	: N 2F-LABOUR WARD/ LW 220	**Discharge Date**	:

COMPLETE BLOOD PICTURE (Specimen : BLOOD) — **TEST RESULT STATUS : REPORT AUTHORISED**

Order Date :06-07-2026 12:10

Investigation	Result	Unit		Biological Reference Interval
HEMOGLOBIN (Colorimetry)	12.1	g/dL		12 - 16
RBC COUNT (DC detection method)	4.42	10^12/L		4 - 5.2
PCV/HCT (Calculated)	34.4	VOL%		33 - 51
MCV (Calculated)	**77.9**	**fL**	L	80 - 100
MCH (Calculated)	27.3	pg/cells		26 - 34
MCHC (Calculated)	35.0	g/dL		32 - 36
RDW-CV (Calculated)	**14.9**	%	H	11.5 - 13.1
PLATELET COUNT (DC Detection Method)	309	10^9/L		150 - 450
MPV (Calculated)	9.3	fL		6.5 - 10
WBC COUNT (DC Detection Method)	**14.85**	**10^9/L**	H	4.5 - 11
Differential Count				
NEUTROPHILS (Microscopy, Leishman stain)	**76**	%	H	35 - 66
LYMPHOCYTES (Microscopy, Leishman stain)	**20**	%	L	24 - 44
MONOCYTES (Microscopy, Leishman stain)	**3**	%	L	4 - 10
EOSINOPHILS (Microscopy, Leishman stain)	1	%		1 - 4
PERIPHERAL SMEAR (Microscopy, Leishman stain)	**RBC - NORMOCYTIC / NORMOCHROMIC** **WBC - LEUCOCYTOSIS** **PLATELETS - ADEQUATE**			

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

DEFICIENCY CHECK LIST OF MEDICAL CASE SHEET

Rainbow Children's Hospital | BirthRight BY RAINBOW HOSPITALS

VIH-00206621 IP-00060583
Mrs GANDURI LAHARI
23-09-1994 31 Y 9 M 15 D (F)
Dr. PADMINI PRASAD ORIGANTI

Patient Name :

IP.No:

Ward:

DOA:

Sl.No	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission Sheet	1	—	—	
2	Discharge Summary	3	—	—	
3	Nursing Initial assessment form	1	—	—	
4	Patient Trasfer Forms	2	—	—	
5	In-patient Medical Record	1	—	—	
6	Doctors Progress Sheets	3	—	—	
7	Nurses Progress notes	3	—	—	
8	Consultation Sheets				
9	General Consent for Treatment	1	—	—	
	Conset for Surgery				
	Consent for Blood Transfusion				
?	Consent forChemotherapy				
13	Consent for High Risk	1			
14	Consent for Restraint	1			
15	DAMA Consent				
16	Consent for Special Procedure	1			
17	Consent for Radiological Investigations				
18	Consent for HIV Test				
19	Anaesthesia consent form	1			
20	Anaesthesia notes(Pre Anaesthesia & Post)	2			
21	Pre Operative checklist	1			
22	Surgical safety Checklist	1			
23	Operation Theatre notes	1			
24	Nurses Clinical Presentation	1			
25	TPR & BP chart	8	—	—	
	Intake and Output chart (fluid Chart)	2	—	—	
7	Drug Chart (Regular prescription)	3	—	—	
8	Daily Investigation sheet				
29	Investigation Values (Result Sheet)	1			
30	Nebulization Chart				
31	Diabetic chart				
32	Nutritional Review chart	1	—	—	
33	MLC form (in case of MLC)				
34	Patient Educatlon Form				
	Braden Score	1	—	—	
	Thrombophlebetis	1	—	—	
	Pain Assessment	1	—	—	
	Others	13	—	—	
	Total No. of Pages	50			

Noted by
Bewnika
8/2/25
@ 2pm

Signature and Date :

ERROR LOG

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

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

...ow
...dren's
...ospital

BirthRight
by Rainbow

Check List for ICU shift Outs

CASH / TPA

VIH-00206621 IP-00060583
Mrs GANDURI LAHARI
23-09-1994 31 Y 9 M 13 D (F)
Dr. PADMINI PRASAD ORIGANTI

GM.GS

Special remarks

102

S.No	Parameters	Responsibility	Signature
1	Due clearence from **iP Billing & Financial Counselling** for the accomodation to be shifted	BILLING STAFF	
2	**Room Ready to Occupy** - Checking done for A/C , Lighting , Plumbing, Cleaning & Bedsheets	FLOOR COORDINATOR / MOD	
3	**Shift summary is prepared** or not Whether any Pharmacy Consumables are to be Replaced /Returns / Indent required **Pharmacy Clearence**	NURSING STAFF	

8523070348

accent Growth Scan 1-3pages

Rainbow Children's Hospital

BirthRight by Rainbow

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.
TEL NO :040-42462200, Ext 2000,2001,2002
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP-00060583 **Admit Date** : 06-Jul-2026 **Admit Time** : 11:29 AM **UHID** : VIH-00206621

Patient Details :

Patient Name	: Mrs GANDURI LAHARI	**Age**	: 31 Y 9 M 13 D
Guardian	: Mr P.V.MURTHY	**DOB**	: 23-09-1994
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: PLOT NO:124,FLAT NO:201,SRI VENKATESWARA NILAYAM,VANI NAGAR, MALKAJGIRI,HYDERABAD. Malkajgiri Hyderabad Telangana INDIA 500047	**Phone No**	: 9177993737/ 8801709023
		E-mail	: boopeshmurthy@gmail.com

Admission Details :

Bed Type : MICU **Bed No** : LW 220 **Ward Name** : N 2F-LABOUR WARD

Room No : LW 220 **Admission Type** : First Visit

Contact Details :

Name : Mr P.V.MURTHY **Relationship** : Husband

Contact Address : PLOT NO:124,FLAT NO:201,SRI VENKATESWARA NILAYAM,VANI NAGAR,MALKAJGIRI,HYDERABAD. Malkajgiri Hyderabad Telangana INDIA 500047 **Phone No** : 9177993737

Signature

Doctor Details :

Doctor Name : Dr. PADMINI PRASAD ORIGANTI **Specialisation** : OBSTETRICS AND GYNECOLOGY

Referral Doctor : **Phone No** :

Co-Consultant :

Payment Details :

Payment Mode : Cash **Deposit Amount** : 0.00

Payor Name : MEDI ASSIST INSURANCE TPA PVT LTD

PATIENT TRANSFER FORM

(3)

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
VIH-00206621 IP-00060583 Mrs GANDURI LAHARI 23-09-1994 31 Y 9 M 13 D (F) Dr. PADMINI PRASAD ORIGANTI	6/7/2026 @ 11.29 AM	6/7/26 @ 10:45pm
	Transfer Ordered by Dr. Rajani	Reason for Transfer observation
From Unit Lab	To Unit Room (102)	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File (38)	Number of Imaging Films NCT (1)	Personal belongings including clinical documents. If any handed over to attendant Yes ☑ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	T. Paracetamol 1gm - (15)	Saral pads - (1)
2.	T. Diclofenac - (9)	under Pad - (1)
3.	T. Tramadol - (10)	Bacirub - (1)
4.	T. Pantop - (15)	
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sis. Meghana	Dr. Rajini

Patient & Clinical Records Received by :

Date & Time of Patient Received : 6/7/25 @ 10.55pm

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

(1)

PATIENT TRANSFER FORM

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VIH-00206621 IP-00060583
Mrs GANDURI LAHARI
23-09-1994 31 Y 9 M 13 D (F)
Dr. PADMINI PRASAD ORIGANTI

Treating Consultant Name	Date & Time of Admission	Date & Time of Transfer Order
	6/7/26 at.	6/7/26 at 4:10PM
	Transfer Ordered by: Dr Greeshma	Reason for Transfer: for EOL
From Unit: ICU	To Unit: C	Information to Attendant: Yes ☑ No ☐
Number of Sheets in Clinical File: 35	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.	NIL	
4.		
5.		

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

DR. Greeshma

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
S/S. Kamala	DR. Greeshma

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

VIH-00206621 IP-00060583
Mrs GANDURI LAHARI
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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

LMP: 1/10/25 EDD:

Corrected EDD: 8/7/26 GA: 38+6 weeks

Obstetric Formula: Primigravida
ML-2yrs, NCM

Menstrual History: Regular : ☑ Yes ☐ No

Obstetric Hostory:
G1- PP, Spontaneous conception

Obstetric Examination

Fundal Height: ~ FG

Ut. Activity: ☑ Relaxed ☐ Mild ☐ Mod ☐ Severe

Present Pregnancy Record: Unbooked to RCH. Liquor: ☑ Adequate ☐ Oligo ☐ Poly
Previous ANCs at Secunderabad Nursing Home.
She was on T. Ecosprin 150mg since
28 weeks & stopped at 32 weeks.

PP: ☑ Cephalic ☐ Breech Others _____

Head Fifths Palpable: _____

RISK FACTORS: She was diagnosed with Gestational hypertension since conception. & is on T. LABETALOL 100mg BD

FHS: ☑ Normal ☐ Tachy ☐ Brady ☐ Absent
(+) 152 bpm

Per Speculum Examination Not done.

Draining: ☐ Present ☐ Absent ☐ Bleeding

Colour of Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

- Gestational HTN.

Vaginal Examination

Cervix: ☑ Long ☐ Partially effaced ☐ Effaced

Os: Closed ✓ Dilated _____

Height: 162 cm

Weight: 83 kg

Allergies: Nil

Membranes: ☐ Present ☐ Absent

Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Presenting Part: ☐ Vertex ☐ Breech ☐ Others

Sutton: ☑ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2

Pelvis: ☐ Adequate ☐ Doubtful

Breast: ☑ Normal ☐ Abnormal

General Examination:

Consciousness: Alert Pallor: (-)

Icterus: (-) Edema: (-)

Temp: Afebrile PR: 88 bpm

BP: 118/74 mmHg DTR: (+)

CVS: S1 S2 (+) RS BAE (+)

Liver/Spleen: (N) Urine Output: Adequate.

DIAGNOSIS

Primigravida with 38+6 weeks with Gestational Hypertension.
for Induction of labor.

VIH-00206621 IP-00060583
Mrs GANDURI LAHARI
23-09-1994 31 Y 9 M 13 D (F)
Dr. PADMINI PRASAD ORIGANTI

Family History:	Surgical History:
Father – HTN.	– Scalp surgery in h/o Accident in 2015
Medical History:	**Medication History:**
NIL	– T. LABETALOL 100mg BD
Plan of Care:	**Investigations:** BLOOD GROUP – 'AB' POSITIVE
C/I to Dr. Padmini Prasad – Admission – Consent – part preparation. – NBM after 11 Am. – ℞ NST 4th hrly – FHR monitoring – Monitor vitals – Follow drug chart – Send CBP – Inform SOS – Inj. Oxytocin 1U in ~~5% Dextrose~~ RL – ENEMA – Inj. Taxim 1g IV stat – Inj. TT IM stat Posted on 26/7/26 at 2pm	HIV, HBsAg, HCV, VDRL – NR 26/5/26 Hb – 11.5 g/dl RBS – 129 TIFFA Scan (2/3/26) SLIUF, 21 weeks CL – 42mm No anomalies GROWTH Scan (4/7/26) SLIUF, 38+2 weeks cephalic. EFW – 3437 gm Ac – 29%. AFI – 13.4cm Pl – Ant, Upper Doppler (N) NT Scan (1/1/26) SLIUF, 12+2 wks CL – 36mm NT – 1.1mm Nasal bone (+) FTS – low risk

Doctor Name: Dr. Greeshma.
Signature: [signature]
Date & Time: 6/7/26, 11 AM

Consultant Name: Dr. PADMINI PRASAD
Signature:
Date & Time: 6/7/26, 11 AM

VIH-00206621 IP-00060583
Mrs GANDURI LAHARI
23-09-1994 31 Y 9 M 13 D (F)
Dr. PADMINI PRASAD ORIGANTI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	O/E Pt is c/c/c	
6/7/26	GC - fair	Adv
11AM	Afebrile	- NBM
	BP - 118/74 mmHg	- W/F POL
	PR - 88 bpm	- Ambulation
	S/E - NAD	- Continuous FHR monitoring
	P/A - Ut ~ TG	- Monitor vitals
	cephalic	- Follow drug chart
	Relaxed	- Birthing ball exercise
	FHR ⊕ 156 bpm	- Inform SOS
	V/E - Cx: long	
	Os: closed	
Noted by [signature]	PIVX | -2	[signature] Dr. Greeshma
	11AM 6/7/26	
6/7/26 3PM	CBP - 12.1 | 14.85 | 3.09 L	
	Noted by [signature]	3PM 6/7/26
		[signature] Dr. Greeshma
	POD - 0 (Post LSCS)	
6/7/26 5:30PM	O/E Pt is c/c/c	
	GC - fair	Adv.
	Afebrile	- NBM x 4 hrs
	BP - 120/80 mmHg	- Rest
U/O - 250 ml Adequate, clear	PR - 76 bpm	- I/O charting
	S/E - NAD	- Monitor vitals
Noted by [signature] 5:30 PM	P/A - Ut ~ WIR	- Follow drug chart
	Soft, BS ⊖	- Inform SOS
	L/E - NAD	[signature] Dr. Greeshma
	Baby { A, M, BF ⊕	

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	POD-0 (Post LSCS)	
6/7/26		
9:30 PM	O/E Pt is c/c/c	Adv
	GC-fair	- Sips of oral fluids
	Afebrile	f/b clear liquids
	BP-119/78 mmHg	- Soft diet at 6 AM.
U/o - 800ml	PR-82 bpm	- W/F Bleeding PV
Adequate, clear	S/E-NAD	- Flo chart d/g
	P/A-Ut ↓ W/R	- Adequate hydration
	Soft BS +/+	- Monitor vitals
	+/+	- Follow drug chart
Shift to	U/E-NAB	- Inform SOS.
Room	Baby ♀ A/M, BF (+)	
	noted by manga 6/7/26 @ 9:30pm	Dr Praveen
	POD-1 (Post LSCS)	
7/7/26		
@ 7:30 Am.	O/E Pt is c/c/c	
	GC-fair	Adv
	Afebrile	- Clear liquids
U/o - 1800 ml	BP- 120/80 mmHg	- Soft diet at 6 Am
Adequate, clear	PR- 90 bpm	- W/F Bleeding PV
	S/E-NAD	- Flo charting
	P/A-Ut ↓ W/R	- Adequate hydration
Remove	Soft BS (+)	- Monitor vitals
foley's	U/E-NAB	- Follow drug chart
	Baby ♀ A/M, BF (+)	- Inform SOS

(P.T.O)

VIH-00206621 IP-00060583
Mrs GANDURI LAHARI
23-09-1994 31 Y 9 M 13 D (F)
Dr. PADMINI PRASAD ORIGANTI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/7/26	POD-1 (LLSCS)	
1pm		
	O/E pt is c/c/c	Adv
P,L,1 4(MTN)	GC fair	- soft diet
	Afebrile	- W/F bleeding PV
	BP- 120/80mmHg	- Monitor vitals
	PR- 76bpm	- Follow drug chart
Urine passed	S/E - NAD	- Adequate hydration
	P/A - Ut~WR	- Ambulation
Motion passed	Soft BS (+)	- Normal diet at night
	L/E - NAB	- Inform SOS
	Baby A, BF (+)	
		Dr Yogeshwari
		Noted by manisha 7/7/26 @8pm

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/7/26 9pm	POD-1 (LSCS)	
	O/E pt is c/c/c	Adv
	Gc fair	- Normal diet
	Afebrile	- W/F bleeding PV
	BP- 112/70 mmHg	- Monitor vitals
	PR- 82 bpm.	- Follow drug chart
Urine passed	S/E - NAD	- Adequate hydration
	P/A - Ut ~ WR	- Ambulation
Motion passed	Soft BS (+)	- Inform SOS
	L/E - NAB	
	Baby A/H. BF (+)	
		Dr. Yogeshwari
8/7/26 7am.	POD-2 (Post LSCS)	
	O/E	Adv
	Pt is c/c/c	- Normal diet
	Gc fair	- W/F bleeding PV
	Afebrile	- Monitor vitals
Urine & motion passed	BP- 118/70 mmHg	- Follow drug chart
	PR- 72 bpm.	- Adequate hydration
	S/E NAD	- Ambulation
	P/A - Ut ~ WR	- Inform SOS
	Soft BS (+)	
	L/E - NAB	
	Baby A/H, BF (+)	
		Dr Navaneeta

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

(P.T.O)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/7/26 7:15 Am.	c/o to DR Padmini Prasad mam	Adv - No Dressing - Rx medications - - T. Taxim O BD x 3 days - T. Nifuac P SOS - T. Bcozyme C forte OD - (N) Diet - Plan Discharge in Evening today Dr Navaneen
		Noted by Baanika 8/7/26 @2pm

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/7/26	POD-2	(LSCS)
1 pm.	O/E - pt is c/c/c	Adv:
	Gc - Fair	- (N) diet
P1L1	Afebrile.	- Adeq. Hydration
GHTN	BP - 120/80 mmHg.	- Ambulation
urine passed	PR - 80 bpm	- monitor vitals
	S/E - NAD	- follow drug chart
motion passed	P/A - Ut - W/R	- Inform SOS.
	Soft, BS (+)	
pt. can be discharged	L/E - NAD.	(R)
	Baby < A M BF (+)	Dr. Nikuita

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

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: primi c 38+6wk c Gestational Hypertension for 302			Any Infection: ☐ Yes ☑ No ☐ Not Known If Yes Specify:			
	Surgery / Procedure: Em-LSCS			Post OP Day:			
BACKGROUND	Date / Shift	6/7/26 M.	6/7/26 E	6/7/26 E	6/7/26 E	6/7/26 N	6/7/26 N
	Medical Condition (Any special condition to be noted):	GHTN	GHTN	GHTN	GHTN	GHTN	GHTN
	Diet:	NBM	NBM	NBM	NBM	clear liquid	clear liquid
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA	RA	RA
	Tubes/Drains/Catheter:	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No
	Vital Signs: Temp:	98.6F	98.6F	98.5°F	98.8°F	98.6°F	98.6°F
	Res:	18 b/m	18 b/m	18 b/m	18 b/m	19 b/m	20 b/m
	SpO₂:	99%	99%	98%	99%	99%	98%
	Pulse:	89 b/m	91 b/m	80 b/m	88 b/m	89 b/m	90 b/m
	BP:	110/80	120/70	120/80 mmHg	115/80 mmHg	119/79 mmHg	130/90
	LOC:	conscious	conscious	Conscious	Conscious	Conscious	Conscious
	Fall Risk Score:	10	15	15	15	15	15
	Pain Score:	0	0	0	4	0	0
	Skin Integrity	Integrity	Integrity	Intact	Intact	Intact	Intact
Recommendations	Safety Needs:	☑ Yes ☐ No	☐ Yes ☑ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No
	Physiotherapy:	Nil	—	—	—	—	Nil
	Others Specify:	☑ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Special Diet:	NBM	NBM	NBM	NBM	clear liquid	clear liquid
	Critical Lab Test / Values:	—	—	—	—	—	Nil
	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):	dependent	dependent	dependent	dependent	dependent	dependent
Post Operative Procedure Special Orders:		—	—			w/f Bleeding PV	w/f bleeding PV
Handed Over By Name :		pooja	Komal	Ruby	Kamala	Meghana	Manasa
Signature / ID :		[signature]	020573	[signature]	[signature]	[signature]	0019494
Date:		6/7/26	6/7/26	6/7/26	6/7/26	6/7/26	7/7/26
Time:		@ 2PM	@ 4:15pm	@ 6pm	@ 8pm	@ 10:45pm	@ 8AM
Taken Over By Name :		Komal	Ruby	Kamala	Meghana	Manasa	Berenika
Signature / ID :		[signature]	[signature]	[signature]	020232	0019494	018727
Date:		6/7/26	6/7/26	6/7/26	6/7/26	6/7/26	7/7/26
Time:		@ 2pm	@ 4:15pm	@ 6pm	@ 8pm	@ 10:45pm	@ 8am

VIH-00206621 IP-00060583
Mrs GANDURI LAHARI
23-09-1994 31 Y 9 M 13 D (F)
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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: Primigravida @ 38+6 wks @ gestational Hypertension for Induction of labor

Any Infection: ☐ Yes ☒ No ☐ Not Known
If Yes Specify: Nil

Surgery / Procedure: yes

Post OP Day: 1

BACKGROUND

Date / Shift	7/7/26 M	7/7/26 E	7/7 N	8/7/26 M		
Medical Condition (Any special condition to be noted):	Nil	Nil	Nil	Nil		
Diet:	Soft diet	S.diet	S.diet	S.diet		

ASSESSMENT

Allergy:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No
Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA		
Tubes/Drains/Catheter:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No
Vital Signs: Temp:	98.6°F	98.6°F	98.6°F	98.6°F		
Res:	19b/m	22b/m	20b/m	19b/m		
SpO_2:	100%	100%	98%	98%		
Pulse:	78	90b/m	92b/m	75b/m		
BP:	126/84	120b/m	120/80 (90)	121/81 (93)		
LOC:	conscious	conscious	Conscious	conscious		
Fall Risk Score:	0	0	0	0		
Pain Score:	0	0	0	0		
Skin Integrity	Intact	Intact	intact	Intact		

Recommendations

Safety Needs:	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Physiotherapy:	Nil	Nil	Nil	Nil		
Others Specify:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No
Special Diet:	S.diet	S.diet	S.diet	S.diet		
Critical Lab Test / Values:	Nil	Nil	Nil	Nil		
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):	Dependent	Dependent	Dependent	Dependent		
Post Operative Procedure Special Orders:	Nil	Nil	Nil	Nil		
Handed Over By Name :	Benorika	manisha	manasa	Benorika		
Signature / ID :	B018727	Mgaosaus	Manasa	B018727		
Date:	7/7/26	7/7/26	8/7/26	8/7/26		
Time:	@2pm	@8pm	@8AM	@2pm		
Taken Over By Name :	manisha	Manasa	Benorika			
Signature / ID :	Mgaosaus	Manasa	B018727			
Date:	7/7/26	7/7/26	8/7/26			
Time:	@2pm	@8PM	@8am			

Noted by Benorika 8/7 @2pm

VIH-00206621 IP-00060583
Mrs GANDURI LAHARI
23-09-1994 31 Y 9 M 15 D (F)
Dr. PADMINI PRASAD ORIGANTI

NURSING CARE RECORD

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Date: 6/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon	5pm	Ensure Safety		provide side rails	To prevent falls	patient is safe	Pooja 6/7/26 4:30pm
	7pm	maintain fluid balance		To provide RL as per doctor order	To prevent body dehydration	patient is safe	
Night	8pm	Maintain personal Hygiene	8:30 pm	personal Hygiene given	To prevent infection	patient is compostable	Meghana 6/7/26 at 10:30 pm
	9pm	Maintain fluid Balance	9:10 pm	Oral fluids given	To prevent dehydration	patient is well hydrated	

VIH-00206621 IP-00060583
Mrs GANDURI LAHARI
23-09-1994 31 Y 9 M 13 D (F)
Dr. PADMINI PRASAD ORIGANTI

NURSING CARE RECORD

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Date: 7/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	9:00	- maintain aseptic technique	9:30	maintained aseptic technique	- prevent from Infection	- patient is stable.	Benunika 7/7/26 @ 2pm
	1:00	- provide comfortable position	1:30	provided comfortable position	- to reduce discomfort	- no fresh complaints	
Afternoon	3pm	- provide comfortable position	4pm	- provided comfortable position	- TO reduce discomfort	- patient is stable	Manisha 7/7/26 @8pm
Night	10 pm	→ Relieve pain and discomfort	10:30 pm	→ Advise the patient to ambulate	→ to reduce pain	→ patient is stable	Manasa

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NURSING CARE RECORD

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Date: 8/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	11am	→ Maintain good Nutritional states		→ To Oral Intake is good	→ Provided soft diet	Patient is Stable	Bevanika
Afternoon				Discharge Note Doctor came for rounds and advice for discharge.			
Night							

Docu. No: RCH /FRM / CLINICAL / 148

Patient Sticker

NURSING CARE RECORD

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Date: .....

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							
Night							

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BRADEN 'Q' SCALE

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					Date : 6/7/26	6/7/26	6/7/26	7/7/26
					Time : 12pm	2pm	9pm	10AM
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	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.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
				TOTAL SCORE	28	26	27	27
				Evaluator's Name				

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

Docu. No. : RCH /FRM / CLINICAL / 119

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

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PAIN ASSESSMENT FORM

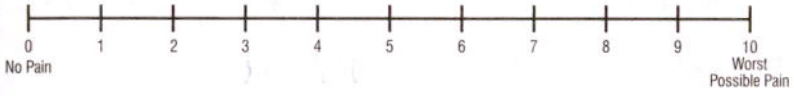
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
6/7/26	12 Pm	0 Score	No Pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Comfortable Position	
6/7/26	2pm	0	No pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Pt is Stable	
6/7/26	7pm	0	Surgical site	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Paracetamol	
6/7/26	7.30PM	0		☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Pt is Comfortable	
6/7/26	9pm	0 Score	surgical site	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Analgesia given	
6/7/26	10pm	0	No pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Comfortable	
7/7/26	10AM	0	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
7/7/26	3pm	0	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	manisha
7/7/26	10pm	0	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
8/7/26	12pm	0	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Ambulation	

Re-assessment Frequency:

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

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

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CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	6/7/26 DAY-1			7/7 DAY-2			8/7 DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0	0	0	0	0	0	0	0			
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1	—	—	—	—	—	—	—			
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2	—	—	—	—	—	—	—			
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3	—	—	—	—	—	—	—			
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4	—	—	—	—	—	—	—			
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5	—	—	—	—	—	—	—			
			Signature of the Nurse										

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

Signature of Shift In Charge :

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

Signature of Ward In Charge :

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

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TEL NO :040-42462200, Ext 2000,2001,2002
WEB : https://rainbowhospitals.in

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Mrs GANDURI LAHARI**	**Age :**	**31 Y 9 M 13 D**
IP No:	**IP-00060583**	**Sex:**	**Female**
Consultant:	**Dr. PADMINI PRASAD ORIGANTI**	**Ward/Bed No:**	**N 2F-LABOUR WARD/LW 220**

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 urance coverage and while doing so confidentiality of the patient will be maintained at all times and this will not affect the e 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.
eceivers Signature:.....)

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:

Name: P.V. Murthy
Relationship: Husband
Date: 6/7/26 Time: 11:29 AM.
Witness Name:
Witness Signature:

Patient Address:
PLOT NO:124,FLAT NO:201,SRI VENKATESWARA NILAYAM,VANI NAGAR,MALKAJGIRI,HYDERABAD. Malkajgiri Hyderabad Telangana INDIA 500047

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PRE

Date : 6/7/26

Patient's Name : Mrs. Age : 31 Gender : ☐ M ☒ F

Blood Group : AB positive HID :

Planned Surgery : NVD / LSCS Surgeon : Dr. Padmini Prasad

Anesthetist : Dr. Madhan Date & Time of Operation : 6/7/26 @12pm

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

S.No.	INSTRUCTIONS	ER/Ward,Nurse			OT Nurse		
		Yes	No	NA	Yes	No	NA
1	Weight checked recorded ? 85 Kgs	☒	☐	☐	☒	☐	☐
2	Is the patient fasting for over 6 hours Pre-Operatively ?	☒	☐	☐	☒	☐	☐
3	Check Pre-OP Investigations & Results (CBP, Blood Group, BT, CT, PT, APTT, Viral Screning, CXR etc) Available before starting the procedure	☒	☐	☐	☒	☐	☐
4	Enema given / Bowel Preparation	☐	☒	☐	☐	☒	☐
5	Remove all ornaments, earrings, toe rings, nose rings etc and implants, dentures	☒	☐	☐	☒	☐	☐
6	Sterile Gown Given	☒	☐	☐	☒	☐	☐
7	Is Blood arranged as required ?	☐	☒	☐	☐	☒	☐
8	If Blood has been ordered - is Blood bag ready ?	☐	☒	☐	☐	☒	☐
9	IV Cannula to be placed / IV fluids if Indicated	☒	☐	☐	☒	☐	☐
10	Pre Anesthetic consultation with anesthesiologist	☒	☐	☐	☒	☐	☐
11	Pre Medications Given ? (Sedatives / etc)	☐	☐	☐	☒	☐	☐
12	Skin Preparation	☒	☐	☐	☒	☐	☐
13	Site is marked	☐	☐	☐	☒	☐	☐
14	Surgery Consent / High Risk consent taken by surgeon? (Consent should be taken by the operating surgeon only)	☐	☒	☐	☒	☐	☐
15	Implants are available	☐	☒	☐	☐	☒	☐
16	Equipment is available	☐	☒	☐	☒	☐	☐
17	Antibiotic Prophylaxis is given within the last 60 minutes	☐	☐	☒	☒	☐	☐
18	Other (if any)	☐	☒	☐	☐	☒	☐

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

Billing Clearance Taken : ☒ Yes ☐ No

Billing Executive Name : Vaishnavi OT Nurse Name : Ruby ER/Ward Nurse Name : G Sharmila

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

Date & Time : Date & Time : 6/7/26 Date & Time : 6/7/26 @ 12pm

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

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

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Patient Name : Mrs. GANDURI LAHARI Gender: ☐ Male ☑ Female Age : 31 years

UHID No : VIH-00206621 | IP-00060583 Date : 6/7/26

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

(Name of the Patient) Mrs. GANDURI LAHARI

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, INFECTION, NEED FOR TRANSFUSION OF BLOOD AND BLOOD PRODUCTS AND ITS ASSOCIATED REACTIONS, BOWEL AND BLADDER INJURY, URETERIC INJURY, POST PARTUM HEMORRHAGE.

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. PADMINI PRASAD

Consentee :

Signature : Lahari

Name : G. Lahari

Date & Time : 6/7/26, 3:40 PM

Witness :

Signature : (Mother-in-law)

Name : P. Lakshmi Savitri

Date & Time : 6/7/26, 3:40 PM

Patient Attendant :

Signature :

Name : P.V.B. MURTHY

Relationship with Patient: Husband

Date & Time : 6/7/26, 3:40 PM

Doctor (who is taking the consent) :

Signature :

Name : Dr. Ashwini

Date & Time : 6/7/26, 3:40 PM

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Mrs GANDURI LAHARI
23-09-1964 31 Y 9 M 13 D (F)
Dr. PADMINI PRASAD ORIGANTI

Ref. No. : F / HW / CON / ANES / 02

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CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MAC

Patient Name : G. Lahari Age : 31y 9m
Gender : M ☐ F ☑ - IP No : VIH-00206621 Consultant : Dr. Padmini prasad
Ward / Bed No. : 2B Anaesthesiologist : Dr. Madhav
Operative procedure planned : Epidural labour analgesia / LSCS.

PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA

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

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

☐ Heart disease ☐ Hypertension ☐ Diabetes mellitus ☐ Renal failure

☐ Hepatic disorders ☐ Shock ☐ Multiple organ failure ☐ Polytrauma / RTA

☐ Incapacitating COPD ☐ Others : .....

Comments : hypotension, bradycardia, PDPH.

- 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 I my patient G. Lahari the above mentioned operation I Diagnostic I Therapeutic procedures epidural analgesia / LSCS.

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

I acknowledge that the anaesthetists have informed me about the anaesthetic procedure, 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, CVP 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 I 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 / MAC 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 : Lahari

Name : G. Lahari

Relationship with Patient: Self

Date & Time : 6/7/26, 3:40PM

Witness : Husband

Signature : Ramesh

Name : P.V.B. Murthy

Date & Time : 6/7/26, 3:40PM

Doctor (who is taking the consent) :

Signature : .....

Name : .....

Date & Time : .....

VIH-00206621 IP-00060583
Mrs GANDURI LAHARI
23-09-1994 31 Y 9 M 13 D (F)
Dr. PADMINI PRASAD ORIGANTI

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CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: Dr. PADMINI PRASAD	Date of Delivery: 06/07/2026
Assistant Surgeon:	Time of Delivery: 4:40 (PM): 46 SEC
Anaesthetist's Name: Dr. MADHAV	Gender of Baby: FEMALE
Type of Anaesthesia: SPINAL	Weight of Baby: 3.079 kg.
Neonatologist: Dr. SHIVA	AGPAR Score: 7/10, 8/10, 10/10
Scrub Nurse: BRO RATAN, BRO ARIF	NICU Admission: ☐ Yes ☑ No

Pre-Operative Diagnosis:

☐ Elective ☑ Emergency Indication: Borderline CPD & Term Pregnancy & Failed Induction

Urgency

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

Decision time: ..... Knief to rectus: .....

CTG Description: Reactive

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

Surgical Procedure: EMERGENCY LOWER SEGMENT CESAREAN SECTION

Post Operative Diagnosis:

Peri-Operative Complications:

Amount of Blood Loss: ~ 300 ml	Blood Transfused (in ML): -

Name and Number of Surgical Specimen sent for examination:

-

Examination Findings when Appropriate:

Presentation: ☑ Cephalic ☐ Breech ☐ Other ..... Cervical Dilatation: 1 cm

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

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

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

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

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

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

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

Incision Through Placenta: ☐ Yes ☑ No

Delivery of head: ☐ Manual ☑ Forceps

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

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

Cord Appearance: NORMAL Cord around the neck ☐ Yes ☑ No

Appearance of placenta: NORMAL Cavity explored ☑ Yes ☐ No

Uterus, tubes and ovaries: ☑ Normal ☐ Not Normal Sterilization: ☐ Yes ☑ No

Uterine Closure: ☐ One Layer ☑ Two Layers VICRYL 1-0 Suture

Peritoneal Closure: ☐ Pelvic ☐ Abdominal ☐ None ..... Suture

Sheath Closure: VICRYL 1-0 Suture

Fat Closure: ☐ Yes ☐ No ..... Suture

Skin Closure: ☑ Subcuticular ☐ Mattress MONOCRYL 3-0 Suture

Vagineal Evacuated ☑ Yes ☐ No

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

Ctheter ☑ Yes ☐ No ☐ Remove in 12 Hours days ☐ Await instructions

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

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

Post-Operative Notes: NBM x 4hrs, Rest, F/o charting, Monitor vitals, Follow drug chart, Inform SDS.

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

Date & Time: .....

PATIENT TRANSFER FORM

(2)

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
VIH-00206621 IP-00060583 Mrs GANDURI LAHARI 23-09-1994 31 Y 9 M 13 D (F) Dr. PADMINI PRASAD ORIGANTI	6/7/26 @ 11:29 AM	6/7/26 @ 7:00 Pm
	Transfer Ordered by Dr. Madhav	Reason for Transfer Post operative care
From Unit OT	To Unit MICU.	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 34	Number of Imaging Films —	Personal belongings including clinical documents. If any handed over to attendant Yes ☑ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Dr. Padmini Prasad Origanti

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
S/S. Ruby	Dr. Madhav

Patient & Clinical Records Received by : Kamala 6/7/26 @ 7pm

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

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Padmini prasad
Asst. Surgeon : Dr.
Anaesthetist : Dr. Madhav
Scrub Nurse : Br. Ratan / Br. Asit

VIH-00206621 IP-00060583
Mrs GANDURI LAHARI
23-09-1994 31 Y 9 M 13 D (F)
Dr. PADMINI PRASAD ORIGANTI

Date : ...
Age : 31Y Gender : F
Surgery Name : EM. LSCS
...30 Pm Out-time : 5:40 Pm

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Before Induction of Anaesthesia ➤➤

SIGN IN Time: 04:20pm

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 : [signature] Dr. Madhav
Name : Dr. Madhav 06/07/26

Before Skin Incision ➤➤

TIME OUT Time: 4:30 Pm

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

Surgeon, Anaesthesia Professional and Nurse Verbally Confirm

- Correct Patient (Check ID Band) Mrs. G. Lahari ☑ Yes ☐ No
- Correct Site lower abdomen ☑ Yes ☐ No
- Correct Procedure Em LSCS ☑ Yes ☐ No

Anticipated Critical Events

Surgeon Reviews:

- What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss? Bleeding 1 hr > 800ml ☐ Yes ☐ No ☐ NA

Anaesthesia Team Reviews: Gestational HTN

- 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 : [signature]
Name : [signature]

Before Patient Leaves Operating Room

SIGN OUT Time: 5:30 Pm

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 : Padmini
Name : ...

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

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BUNDLE CARE CHECKLIST TO PREVENT SURGICAL SITE INFECTION (SSI)

Date: 6/7/26

To Be Filled In By Assigned Nurse:

Department: labour ward Duration of Procedure : 1hour

Name of Surgeon: dr: padmini prasad Date of Admission : 6/7/26

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: Inj: cefotaxime	
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	
3.	Patient's body temperature immediately post operation (Recovery Room) 36.5 °C ☐ Oral Or ☑ Axilla (Goal: 36-37°C)	
4.	Name of doctor or staff administering the antibiotic: Sis Kamatha Date & Time of antibiotic administration: 6/7/26 @ 1:15pm Date & Time procedure started: 6/7/26 4:30 pm	

- 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

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INFORMED CONSENT FOR VAGINAL BIRTH

Patient Name : Mrs. GANDURI LAHARI UHID No : VIH- 20GG21 / IP- 60583

Gender: ☐ Male ☑ Female Date : 6/7/26 Time : 12:30 PM

I hereby authorized the performance of the following procedure:

- The Procedure has been explained to me in general terms and I understand that:
- The indication requiring the procedure of vaginal birth is pregnancy.
- The purpose of this procedure of vaginal birth pregnancy.
- The purpose of this procedure is to deliver the bay vaginally.

The outcome of the vaginal birth is the delivery of infant through birth canal either naturally or with possible use of force vacuum extraction. An episiotomy (a cut performed for enlarging of the vaginal opening in the space between the vaginal and the rectum) may be performed as part of a vaginal delivery.

Should vaginal delivery be unsuccessful, delivery by cesarean section with an abdominal incision under appropriate anesthesia may be necessary.

In an attempt to deliver the baby either naturally or with the help of instrument i.e. forceps or vacuum, there may be risks of: infection, allergic reaction, scarring, blood loss, need for blood transfusion, pain and discomfort, injury to urinary tract, possible injury to the baby (laceration, hematoma, skull fracture, nerve injury and brain injury) and possible future pelvic floor dysfunction,

I understand and accept that there are complications, benefits, alternatives including the remote risk of death or serious disability, which exists for me and my baby.

I am aware that in most cases, vaginal delivery results in a healthy mother and baby; however, I realize that there are no guarantees.

I voluntarily consent to the procedures described or otherwise referred to herein. I am aware that they will be performed by a qualified gynecologist.

Name of the Doctor performing the procedure: Dr. PADMINI PRASAD

Consentee :

Signature : Lahari

Name : G. Lahari

Date & Time : 6/7/26, 12:20 PM

Patient Attendant :

Signature : Bapuji

Name : P.V.B. MURTHY

Relationship with Patient: HUSBAND

Date & Time : 6/7/26, 12:30 PM

Witness :

Signature : Lahari

Name : G. Lahari

Date & Time : 6/7/26, 12:30 PM

Doctor (who is taking the consent) :

Signature :

Name : Dr. Geetha

Date & Time : 6/7/26, 12:30 PM

సహజ ప్రసవం కొరకు సమ్మతి పత్రము

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రోగి పేరు : ..... వయస్సు ..... లింగం పు స్త్రీ

యు.హెచ్.ఐ.డి. .....విభాగము .....

తేదీ .....

ఈ ప్రక్రియ యొక్క వివరములను నేను ఆమోదించాను:

- ఈ ప్రక్రియ నాకు సాధారణ పద్దతిలో వివరించబడింది మరియు నేను అర్థం చేసుకున్నాను:
- గర్భం దాల్చిన వారికీ సహజ ప్రసవ ప్రక్రియ అవసరమవుతుంది.
- ఈ ప్రక్రియ యొక్క ఉద్దేశ్యం (యోని) ద్వారా సహజ ప్రసవం చేయడం.
- ఈ ప్రక్రియ యొక్క ఉద్దేశ్యం బిడ్డను సహజమయిన పద్దతిలో ప్రసవించటం

సహజ ప్రసవం (యోని జననం) యొక్క ప్రక్రియ సహజంగా లేదా శక్తిని ఉపయోగించి గర్భాశయం ద్వారా శిశువును ప్రసవించడం. వాక్యూమ్ ద్వారా శిశువును వెలికితీయడం, ఎపిసియోటమీ (యోని మరియు యోని మధ్య ఖాళీలో యోని మార్గమును సుగమం చేయుట కొరకు చేసిన కోత (కట్). సహజ ప్రసవం కొరకు చేయు ప్రక్రియలలో భాగము.

సహజ ప్రసవం విజయవంతం కాకపోతే, తగిన అనస్థీషియా ఇచ్చి పాత్తికడుపు కోతతో సిజేరియన్ ద్వారా డెలివరీ చేయవలసిన అవసరం కలగవచ్చు

సహజంగా లేదా పరికరం సహాయంతో అంటే ఫోర్సెప్స్ లేదా వాక్యూమ్ సహాయంతో బిడ్డను ప్రసవించే ప్రయత్నంలో, ప్రమాదాలు ఉండవచ్చు: అంటువ్యాదులు, అలెర్జీ, మచ్చలు, రక్త నష్టం, రక్త మార్పిడి అవసరం పడటం, నొప్పి మరియు అసౌకర్యం, మూత్ర నాళానికి గాయం, శిశువుకు గాయం అయ్యే అవకాశం (లేసరేషన్, హెమటోమా, పుర్రె గాయం ఆయె అవకాశం, నరాలకు గాయం మరియు మెదడు గాయం) మరియు భవిష్యత్తులో కటి ప్రదేశంలోని ఎముకల వలయం పనిచేయకపోవడం

నాకు మరియు నా బిడ్డకు మరణం లేదా తీవ్రమైన వైకల్యం వంటి సమస్యలు తలెత్తు అవకాశం, ప్రయోజనాలు మరియు ప్రత్యామ్నాయాలు ఉన్నాయని నేను అర్థం చేసుకుని అంగీకరిస్తున్నాను.

చాలా సందర్భాలలో, యోని ద్వారా ప్రసవించడం వల్ల తల్లి మరియు బిడ్డ ఆరోగ్యంగా ఉంటారని నాకు తెలుసు; అయితే, ఎటువంటి హామీలు ఇవ్వలేరని నేను గ్రహించాను

ఇక్కడ వివరించిన లేదా సూచించిన విధానాలకు నేను స్వచ్ఛందంగా సమ్మతిస్తున్నాను. ఈ ప్రక్రియ అర్హతగల గైనకాలజిస్ట్ చేత నిర్వహించబడతాయని నేను తెలుసుకున్నాను

ఈ ప్రక్రియను నిర్వహించే డాక్టరు పేరు: .....

సహాయకుడు(అటెండెంట్)

సంతకము .....

పేరు .....

సాక్షి

సంతకము .....

పేరు .....

తేదీ మరియు సమయము .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....

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Induction of Labor Consent

Name: MRS. GANDURI LAHARI
Date of Birth: 23/9/94.
ANC No: —

Consulatant: DR. PADMINI PRASAD.
Registration Number: VLH - 206621 / IP-601783

You are scheduled for an induction of labor on 6/7/26 (date) at 38+6 (weeks of gestation).

The reason for your induction is ~~FERM~~ POST DATE GESTATION

The goal of induction of labor is to achieve vaginal delivery by starting uterine contractions before the spontaneous start of labor.

Induction of labor for a medical indication is done when continuation of pregnancy is considered detrimental to the health of the mother of fetus. This can be done at any stage of pregnancy irrespective of fetal maturity if there is a valid indication.

Elective induction of labor (scheduled induction without a medical indication) may not be done until you are at least 39 weeks. This is important so that your newborn does not have complications due to possible prematurity.

The alternative to induction of labor is to wait for labor to start spontaneously.

I have read the information provided and also discussed the process with my doctor.

I understand the risks and benefits of this procedure and wish to proceed.

Lahari

Parents Signature — Date: 6/7/26

Husband's Signature — Date: 6/7/26

Doctor's Signature — Date: 6/7/26.

VIH-00206621 IP-00060583
Mrs GANDURI LAHARI
23-09-1994 31 Y 9 M 13 D (F)
Dr. PADMINI PRASAD ORIGANTI

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OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 8/7/26 Time of Arrival: at 10.30 am Time Seen by Nurse: at 10.30 Am

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

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

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

3) **Vital Signs:** Temperature: 36.4C Pulse: 89bpm RR: 19bpm SpO_2: 99% BP: 118/70 Weight: 83 kg

4) **Gestational Criteria:**

Gravida:	G –	P –	L –	A –

LMP: 1/10/25 EDD: 8/7/26 Gestational Age: 38+6 weeks

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

5) **Pain Screening:**

Numerical Pain Scale (NPS)

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

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

–

6) **Past History:**

a) Surgeries: scalp surgery in 1x10 · accident in 2015

b) Medical: T. · LABETALOL · 100mg BD

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

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

9) **Prenatal Medical History:**

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

- **Triage Category:** (Please tick on the category)

Refer to OBSTETRICAL TRIAGE ACUITY SCALE (OTAS)

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

OBCU Obstetrical Triage Acuity Scale (OTAS)

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

Time seen by Doctor: 2d' 10'30 Pm

Nurse Name : Pooja Nurse Signature: .....

Date: 6/7/26 Time: 2d' 10'20Am

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OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 6/7/26

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 primigravida PA (-2yrs. NKM

Chief Complaints: primigravida. ML. 2yrs NCM

Doctor Notified on Admission: ☑ Yes ☐ No

Name of the Doctor: Dr. Greeshma

Time Notified: at 11 AM

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

Past Medical History	Past Surgical History	Previous Hospital Admission
T.labetalol BD	scalp surgery in v/o accident in 2015	Nil

Gynecology Assessment: ☐ Not Applicable	**Gynecology Surgical History:**	**Gynecological History:**
Menstrual History: —	Caesarean Section: ☑ No ☐ Yes	Contraceptives: ☑ No ☐ Yes
—	Cervical Cerclage: ☑ No ☐ Yes	Vaginal Discharge: ☑ No ☐ Yes
Onset of Menarche: —	Ectopic Pregnancy: ☑ No ☐ Yes	Post-Coital Bleeding: ☑ No ☐ Yes
Menstrual Cycle: ☑ Regular ☐ Irregular	Myomectomy: ☑ No ☐ Yes	**Infertility:** ☑ No ☐ Yes
Last Menstrual Period: 1/10/25	Others:	**If Yes** Type: ☐ Primary ☐ Secondary

Obstetric History: G — P — L — A —

Previous LSCS: —

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

Family History: ☑ No Abnormalities Detected

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

☐ Liver disease ☐ Other father HTN

Vital Signs / Measurements: Temp: 98°F HR: 82bmt RR: 19 bmt

BP: 118/70 Weight: 83 kgs Height: 162 BMI: 33.1

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

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PHYSICAL ASSESSMENT

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

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

Risk of Pressure Sore: ☐ Yes ☑ No Score ..19.. (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. Lahari..

Name of Person Orientation was given to: ..mrs. lahari..

Orientation not given Reason: ..mrs. lahari..

Nurse Signature: ..Vemal..

Nurse Name: ..Vemal..

Date & Time: ..6/9/26 @ 11AM..

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MS. Lahari

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	15	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/ antianxiety/within 2 hours post anesthesia/ sedation	X	25
	None	0	0
Total Score		15	
Signature of the Nurse			
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

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RISK ASSESSMENT TOOL FOR DEEP VEIN THROMBOSIS

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

Mrs. Lahari

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	1 ✓	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, postprtum sterilization	–	3
Hyperemesis	–	3
OHSS (first trimester only)	–	4
Current systemic infection	–	1
Immobility, dehydration	–	1
Total	–	
Signature of the Nurse		

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RISK ASSESSMENT TOOL FOR DEEP VEIN THROMBOSIS

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

ction 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 28weeks.
- ✓ 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.

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Early Wa… bservation Score Chart - Obstetrics

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

	Date																								
	Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20			19		19		18		18		18		18		19			18			19			18
	0 - 10																								
Saturations	94 - 100 %			99		99		100	100	100	100	100	100	100		99			98			98			97
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37			37		37		37		37		37		37		37°C			37°C			37°C			37°C
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																		90			86			88
	80		89			74	76	80	74	80	82	86	88	84		89									
	70																								
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	50																								
	40																								
↑ Systolic Blood Pressue	190																								
	180																								
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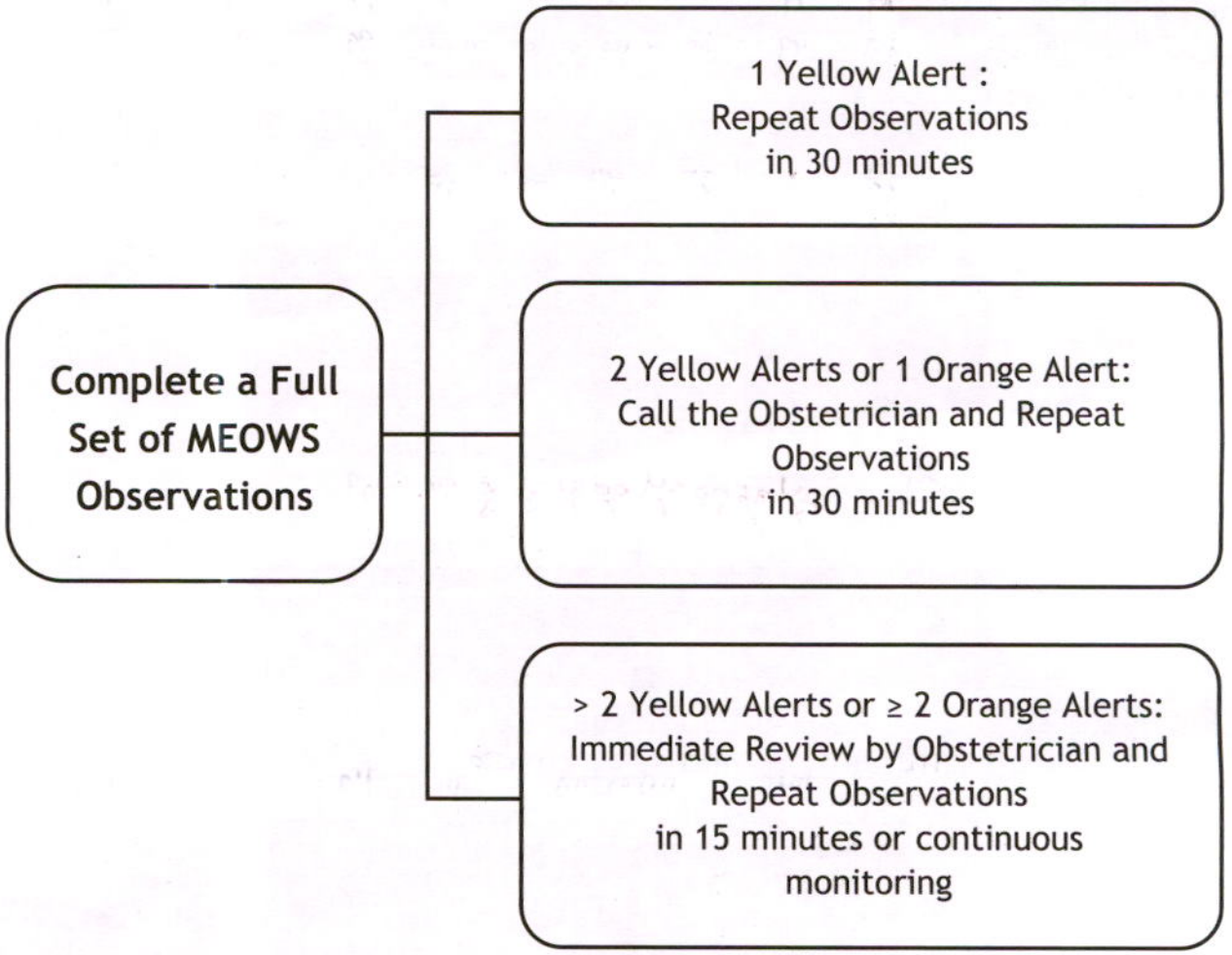
	110					114			110	112	110			116		119			120			116			
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
↓ Diastolic Blood Pressure	130																								
	120																								
	110																								
	100																								
	90																								
	80																								80
	70		70			74		80	72				70	72		79			80			76			
	60									64	66	68													
	50																								
	40																								
NEURO RESPONSE [✓]	Alert		✓			✓		✓	✓	✓	✓	✓	✓	✓		✓			✓			✓			✓
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30		✓			✓		✓	✓	✓	✓	✓	✓	✓		✓			✓			✓			✓
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal		NA			NA	NA		NA	NA	✓	✓	✓	✓		✓			✓			✓			✓
	Heavy / Foul																								
Liquor	Clear / Pink		NA			NA	NA		✓	✓	NA	NA	NA	NA		NA			NA			NA			[illegible]
	Green																								
TOTAL YELLOW SCORES			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			
Nurse Initial			[illegible]			ND	ND		[illegible]	NM	NM	NM	NM	P.		[illegible]			[illegible]			[illegible]			

Obstetrics and Gynaecology Early Warning Signs



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

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Early Warning Observation Score Chart - Obstetrics

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

		Date																						
		Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																									
	21 - 30																									
	11 - 20			19		18		19		19		19		19		18		19		20			19			19
	0 - 10																									
Saturations	94 - 100 %			98		99		99		99		98		99		96		97		98			98			99
	< 94 %																									
Administered O2 (L/min.)																										
Temp°c	40																									
	39																									
	38																									
	37			36°C		36°C		36°C		36°C		36°C		36°C		36°C		37°C		37°C		37°C				37°C
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
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	100																									
	90									82				82		90		92		88		96				84
	80							80				80														
	70			78		75																				
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Systolic Blood Pressue ↑	190																									
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	160																									
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	70							72		70		72		70				80		70						
	60																									
	50																									
	40																									
NEURO RESPONSE [✓]	Alert			✓		✓		✓		✓		✓		✓				✓		✓			✓			✓
	Voice																									
	Pain																									
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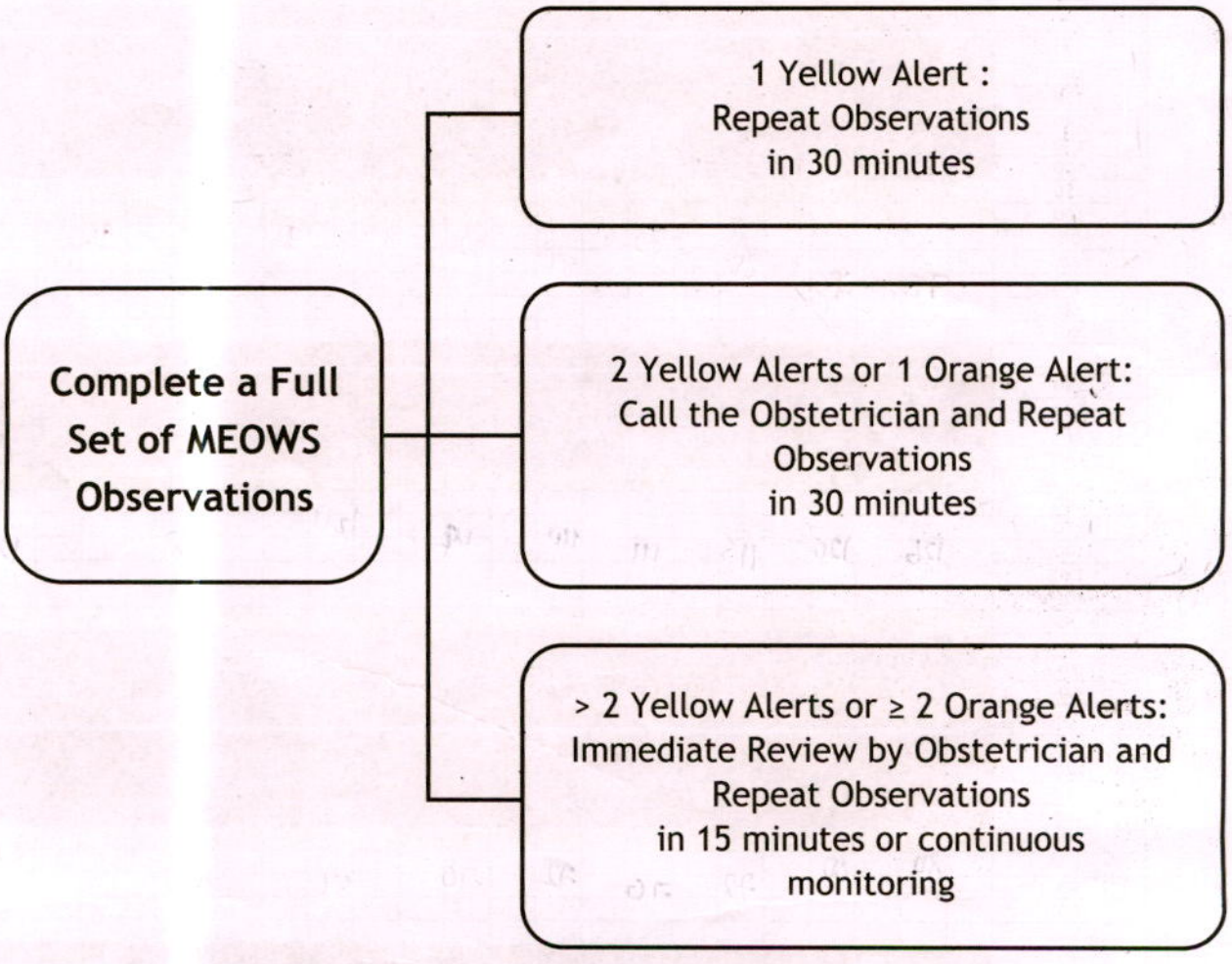
URINE mls / hour	> 30			✓		✓		✓		✓		✓		✓				✓		✓			✓			✓
	< 30																									
Proteinuria	Protein + +																									
	Protein > + +																									
Lochia	Normal			✓		✓		✓		✓		✓		✓				✓		✓			✓			✓
	Heavy / Foul																									
Liquor	Clear / Pink			✓		✓		✓		✓		✓		✓				✓		✓			✓			✓
	Green																									
TOTAL YELLOW SCORES				0		0		0		0		0		0				0		0			0			0
TOTAL ORANGE SCORES				0		0		0		0		0		0				0		0			0			0
Nurse Initial						B		B		M		M		M				NA		NA			NA			NA

Obstetrics and Gynaecology Early Warning Signs



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8/7/26	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																								
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Saturations	94 - 100 %		99			99																			
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	80		81			80																			
	70																								
	60																								
	50																								
	40																								
NEURO RESPONSE [✓]	Alert		✓			✓																			
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30		✓			✓																			
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal		✓			✓																			
	Heavy / Foul																								
Liquor	Clear / Pink		✓			✓																			
	Green																								
TOTAL YELLOW SCORES			0			0																			
TOTAL ORANGE SCORES			0			0																			
	Nurse Initial		B			B																			

Noted by Baranika 8/7/26 @ 2pm

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FLUID CHART

Sheet No. : Lahari (1)

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
6/7	08:00 am				Nil							
	09:00 am											
	10:00 am											
	11:00 am	H_2O + 100 RL Syst oxytocin								~	0	Manasa 6/7/26
	12:00 pm	H_2O + RL 100ml/hr								100ml	0	
	01:00 pm	H_2O + RL 100ml/hr								50ml	0	CLPR
Total Intake :		300ml				**Total Output :** 150ml						
6/7	02:00 pm	H_2O + RL 100ml/hr + Syst oxytocin								100ml	1	Manasa 6/7/26
	03:00 pm	H_2O + RL 100ml/hr								100ml	2	
	04:00 pm	H_2O + RL 100ml/hr								100ml	0	
	05:00 pm	NBM RL 100ml								50ml	0	
	06:00 pm	NBM RL 100ml								50ml	0	
	07:00 pm	NBM RL 100ml								120ml	0	
Total Intake :		1500ml				**Total Output :** 550ml						
6/7	08:00 pm	NBM RL 100ml								100ml	0	LD
	09:00 pm	H_2O 50ml + RL 100ml								100ml	0	Manasa 6/7/26
	10:00 pm	H_2O 100ml								80ml	0	
	11:00 pm									50ml		
	12:00 am									50ml		
	01:00 am		water							50ml		
Total Intake :						**Total Output :** 430 ml						
7/7	02:00 am									50 ml		Manasa 7/7/26
	03:00 am									50ml		
	04:00 am									50 ml		
	05:00 am									50ml		
	06:00 am		Dolly water							100ml		
	07:00 am									100ml		
Total Intake :						**Total Output :** 400ml						

Total 24 hrs. Intake		Total 24 hrs. Output	1530 ml

VIH-00206621 IP-00060583
Mrs GANDURI LAHARI
23-09-1994 31 Y 9 M 13 D (F)
Dr. PADMINI PRASAD ORIGANTI

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FLUID CHART

Sheet No. : .....

7/7/26

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						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
7/7	08:00 am		Idly + sambar								0	Renuka 7/7 @1pm
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
7/7/26	02:00 pm		Butt milk									
	03:00 pm											
	04:00 pm											
	05:00 pm										0	manisha 7/7/26 @8pm
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
7/7	08:00 pm		Rice + water									
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
8/7	02:00 am										0	Renuka 8/7 @7AM
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

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FLUID CHART

Sheet No. : .....

8/7/26

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						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
8/7/26	08:00 am											
	09:00 am		Jeera water							✓		
	10:00 am										0	Bennika 8/7 @1pm
	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 :**						

Noted by Bennika 8/7/26 @2pm

Total 24 hrs. Intake		Total 24 hrs. Output	

Patient Sticker

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FLUID CHART

Sheet No. : .....

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

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

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

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Mrs GANDURI LAHARI
23-09-1994 31 Y 9 M 13 D (F)
Dr. PADMINI PRASAD ORIGANTI

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MEDICATION RECONCILIATION FORM

Drug Allergies: Nil ☑ Not known any Drug Allergies

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

Shifting From: NIL Shifted to: OT.

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. LABETALOL	100 MG	PO	12TH HOURLY	6/7	☑ C ☐ DC
2	T. CALCIUM	1 TAB	PO	ONCE DAILY	5/7	☐ C ☑ DC
3	T. IRON	1 TAB	PO	ONCE DAILY	6/7	☐ 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. NIKHITA

Date & Time : 6/7/2026 10:30 AM.

Nurse Name & Signature: Meghna M

Date & Time : 6/7/26 10:30 AM

VIH-00206621 IP-00060583
Mrs GANDURI LAHARI
23-09-1994 31 Y 9 M 13 D (F)
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MEDICATION RECONCILIATION FORM

Drug Allergies: Nil ☐ Not known any Drug Allergies

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

Shifting From: Duo Shifted to: Room (102)

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	INJ. CEFOTAXIME	1GM	IV	12hrly	6/7/26	☑C ☐DC
2	T. THYROXINE	4cmD				☐C ☐DC
3	T. LABETALOL	100MG	PO	12hrly	6/7/26	☑C ☐DC
4	T. PARACETAMOL	1GM	PO	6hrly	6/7/26	☑C ☐DC
5	T. TRAMADOL	100MG	PO	8hrly	6/7/26	☑C ☐DC
6	T. DICLOFENAC	50MG	PO	8hrly	6/7/26	☑C ☐DC
7	T. PANTOPRAZOLE	40MG	PO	ONCE DAILY	6/7/26	☑C ☐DC
8						☐C ☐DC
9						☐C ☐DC
10						☐C ☐DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Gurcharan

Date & Time : 6/7/26, 9:30 pm

Nurse Name & Signature: Manga Devi,

Date & Time : 6/7/26 @ 9:30pm

Rainbow Children's Hospital

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

VIH-00206621 IP-00060583
Mrs GANDURI LAHARI
23-09-1994 31 Y 9 M 13 D (F)
Dr. PADMINI PRASAD ORIGANTI

Pa...	I.P. No.	Sheet No.	Wards	Weight (kg)
		1	GW	83 kgs.

REGULAR PRESCRIPTIONS

DRUG : T. PANTO PRAZOLE

Dose	Route	Frequency	Start Dt.
40MG	PO	ONCE DAILY	6/7/26

Name & Signature of the Doctor starting the Drugs: Dr. Geeetha

Additional Instructions: ON EMPTY STOMACH.

Daily Doctor's Endorsement by a Sign.

Date	7/7	8/7
6 AM	[signature]	GW [signature]

DRUG : INJ. CEFOTAXIME

Dose	Route	Frequency	Start Dt.
1GM	IV	12th hrly	6/7/26

Name & Signature of the Doctor starting the Drugs: Dr. Greeshma.

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date	6/7	7/7
10 AM		[signature]
10 PM	[signature]	

7/7/2026 9AM DR YOGESHWARI

DRUG : T. CEFIXIME

Dose	Route	Frequency	Start Dt.
200MG	PO	12TH HOURLY	7/7/26

Name & Signature of the Doctor starting the Drugs: DR YOGESHWARI

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date	7/7	8/7
10 AM		[signature]
10 PM	GW [signature]	

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Dr. Rishika, Clinical Pharmacologist

Verified Dr. Rishika 6/7/26

Rainbow® Children's Hospital — BirthRight

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

VIH-00206621 IP-00060583
Mrs GANDURI LAHARI 31 Y 9 M 13 D (F)
23-09-1994
Dr. PADMINI PRASAD ORIGANTI

Patient Name :	I.P. No.	Sheet No.	Wards	Weight (kg)
			MO	83.68

...LAR PRESCRIPTIONS

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

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Dr. PADMINI PRASAD ORIGANTI

(1)

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DRUG CHART

Date of Admission: 6/7/26 Drug Allergies: Nil ☑ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

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

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

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

SOS / PRN (As Required Medication)

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

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

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

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

VIH-00206621 IP-00060583
Mrs GANDURI LAHARI
23-09-1994 31 Y 9 M 13 D (F)
Dr. PADMINI PRASAD ORIGANTI

I.V. FLUIDS CHART

Weight. 83kg Ward. LW

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
6/7/26		INJ. OXYTOCIN 1U in 5% DEXTROSE	IV	5ml/hr		HOLD			
6/7/26	12:20 PM.	INJ. OXYTOCIN 1U in 500 ML RINGER LACTATE	IV	5ml/hr			6/7		
6/7/26	1pm	RINGER LACTATE	IV	FF			6/7		
6/7/26	7pm	RINGER LACTATE	IV	100ml/hr			06/07		
06/07	04:45 am	RINGER LACTATE	IV	900 ml/hr			6/7		

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

VIH-00206621 IP-00060583
Mrs GANDURI LAHARI
23-09-1994 31 Y 9 M 13 D (F)
Dr. PADMINI PRASAD ORIGANTI

Weight. 83/48 Ward. Lw.

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

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
6/7/26	12:5pm	Inj. TETANUS TOXOID	0.5MG	IM		
6/7/26	1:5pm	Inj. CEFOTAXIME (AFTER TEST DOSE)	1GM	IV		
6/7/26	12:00pm	ENEMA PROCTOCLYSIS	100 ML	PR		
6/7/26	3:11pm	INJ-PANTOPRAZOLE	40 MG	IV		
6/7/26	3:10pm	INJ-METOCLOPRAMIDE	10 MG	IV		
06/07	04:41 pm	Inj. CARBETOCIN	100mcg	IV		
06/07	05:30 pm	Sup. TRAMADOL	100mg	PR		
06/07	05:30 pm	Sup. DICLOFENAC	100mg	PR		
06/07	5:30pm	T-MISOPROSTOL	800mcg	PR		

Mrs GANDURI LAHARI
23-09-1994 31 Y 9 M 13 D (F)
Dr. PADMINI PRASAD ORIGANTI

REGULAR PRESCRIPTIONS

Weight. 83kg Ward.

DRUG: T. LABETALOL				Date	6/7	7/7	8/7
Dose	Route	Frequency	Start Date	Time			
100 MG	PO	12th hly	6/7	9 AM	patient taken		
Name & Signature of the Doctor Starting the Drugs: Dr. Geeshma				9 PM	Ms manga		
Additional Instructions:							
Daily Doctor's Endorsement by a Sign							

DRUG: Tab. PARACETAMOL				Date	7/7	8/7
Dose	Route	Frequency	Start Date	Time		
1gm	PO	6th hly	06/07	12 AM		
Name & Signature of the Doctor Starting the Drugs: Dr P Madhav				6 AM		
				12 PM		
Additional Instructions:				6 PM		
Daily Doctor's Endorsement by a Sign						

DRUG: Tab. TRAMADOL				Date	6/7	7/7	8/7
Dose	Route	Frequency	Start Date	Time			
100mg	PO	8th hly	06/07	12 AM			
Name & Signature of the Doctor Starting the Drugs: Dr P Madhav				8 AM			
Additional Instructions:				4 PM			
Daily Doctor's Endorsement by a Sign							

DRUG: Tab. DICLOFENAC				Date	6/7	7/7	8/7
Dose	Route	Frequency	Start Date	Time			
50mg	PO	8th hly	06/07	7 AM			
Name & Signature of the Doctor Starting the Drugs: Dr P Madhav				3 PM			
Additional Instructions:				11 PM	Ms manga		
Daily Doctor's Endorsement by a Sign							

Verified Dr. Rishika Clinical Pharmacologist