

**ADMISSION SHEET**

**Registration Details :**



Admission No : IP5-00174566      Admit Date : 31-May-2026      Admit Time : 12:16 PM      UHID : BAH-00639699

**Patient Details :**

Patient Name	: Dr. POORMANI PRATHYUSHA REDDY	Age	: 29 Y 6 M 22 D
Guardian	: Dr. CHADRA KIRAN REDDY	DOB	: 09-11-1996
Gender	: Female	Religion	:
Occupation	:	Marital Status	: Married
Address (H)	: C- BLOCK 13G, JAIN BALAJI CASA WATERSIDE, Safilguda Hyderabad Telangana INDIA 500048	Phone No	: 8978941526/ 9177314248
		E-mail	: chandrakiran.co25@gamil.com

**Admission Details :**

Bed Type : SHARED WARD      Bed No : SW 416      Ward Name : 4F-BIRTHING CENTRE  
Room No : SW 416      Admission Type : First Visit

**Contact Details :**

Name	: Dr. CHADRA KIRAN REDDY	Relationship	: Husband
Contact Address	: C- BLOCK 13G, JAIN BALAJI CASA WATERSIDE, Safilguda Hyderabad Telangana INDIA 500048	Phone No	: 8978941526 / 9177314248

  
Signature

**Doctor Details :**

Doctor Name	: Dr. ANNIE PRANUTHA P	Specialisation	: OBSTETRICS AND GYNECOLOGY
Referral Doctor	: Self	Phone No	:
Co-Consultant	:		

**Payment Details :**


Payment Mode : Cash      Deposit Amount : 0.00      Payor Name : SELFPAY



**ACTIVITY RECORD FOR BILLING**

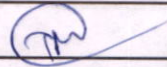
Name : \_\_\_\_\_

UHID No **BAH-00639699** **IP5-00174566** **Dr. POORMANI PRATHYUSHA** **09-11-1996** **29 Y 6 M 22 D** (F) **Dr. ANNIE PRANUTHA P** Consultant: \_\_\_\_\_ Dept : \_\_\_\_\_

Date of /  Date of Discharge : \_\_\_\_\_ Time: \_\_\_\_\_

Room / Bed No : \_\_\_\_\_ Ward : \_\_\_\_\_ Suggested Billable bed type : \_\_\_\_\_

**WARD TRANSFERS**

Date	Time	From	To	Signature of Nurse
01/06/20	9 AM	OPD	Room 318	

**Cross Consultation Visit**

	Doctors Name	Date	Order No.	Signature
1	Dr Rheena Shema	1/06/20	9637827	Seema
2				
3				
4				
5				
6				
7				
8				
9				
10				







Patient



# IP ADMISSION SHEET FOR OBSTETRICS

**Presenting Complaints**

clo. leaking PV - 10:30 AM

LMP: 30.8.25

EDD: 6.6.26

Corrected EDD: 17.6.26

GA: 37<sup>Wks</sup>

**Obstetric Formula:**

Primigravida

Menstrual History: Regular:  Yes  No

**Obstetric History:**

**Obstetric Examination**

Fundal Height: Term

Ut. Activity:  Relaxed  Mild  Mod  Severe

Liquor:  Adequate  Oligo  Poly

PP:  Cephalic  Breech  Others \_\_\_\_\_

Head Fifts Palpable: 4/5

**Present Pregnancy Record:**

Primigravida - spontaneous conception

Booked at 7<sup>th</sup> wk.

FHS:  Normal  Tachy  Brady  Absent

**RISK FACTORS:**

- Hypothyroid.

**Per Speculum Examination**

Draining:  Present  Absent  Bleeding

Colour of Liquor:  Clear  Meconium  Blood Stained

**Vaginal Examination**

Cervix:  Long  Partially effaced  Effaced

Os: Closed \_\_\_\_\_ Dilated top of cervix

Membranes:  Present  Absent

Liquor:  Clear  Meconium  Blood Stained

Presenting Part:  Vertex  Breech  Others

Sutton:  -3  -2  -1  0  +1  +2

Pelvis:  Adequate  Doubtful

Height: 160 cm

Weight: \_\_\_\_\_ kg

Allergies: Allergic to manganazine

Breast:  Normal  Abnormal

General Examination: fair

Consciousness: yes Pallor: absent

Icterus: absent Edema: absent

Temp: 96.3°F PR: 95 bpm

BP: 117/75 mmHg (7 months) DTR: Normal

CVS: S1S2 RS - BLUBBING

Liver/Spleen: not palpable Urine Output: Normal, SpO2 - 99% man

**DIAGNOSIS**

Primigravida | 37<sup>Wks</sup> | Hypothyroid | PROM.



<p>Family History:</p> <p>Parents - DM, HTN          Mother - Hypothyroid</p>	<p>Surgical History:</p> <p><del>the</del> Appendectomy -          20 yrs back</p>
<p>Medical History:</p> <p>Hypothyroid <sup>Apr.</sup> <sub>2025</sub></p>	<p>Medication History:</p> <p>see medical reconciliation form.</p>
<p>Plan of Care:</p> <ul style="list-style-type: none"> <li>- Admission</li> <li>- NST now <math>\rightarrow</math> 1b 3rd hly</li> <li>- vitals 4th hly</li> <li>- Send CBP &amp; Trace</li> <li>- Consent for <sup>10L</sup> vaginal Birth</li> <li>- Epidural 805</li> <li>- w/f progression of labour</li> <li>- w/f s/s chorioamnionitis</li> </ul> <p>Temp - 96.7 R</p>	<p>Investigations:</p> <p><u>19/5/26</u>          A positive CBP - 12.3 / 12.300 / 354</p> <p><u>21/4/26</u> - 11.1 / 10400 / 352          vitals NR.</p> <p><u>21/5/26</u>          - 36-12 wks., 2488 gms, cephalic          25C, AC-8C, placenta Anterior          AFI-9.8cm, (N) dopplers.</p> <ul style="list-style-type: none"> <li>- TFFA - (N)</li> <li>- NT Scan - (N)</li> </ul>

Doctor Name: ..... Dr. Annie Prathysa  
 Signature: ..... *Annie Prathysa*  
 Date & Time: ..... 21/5/26 @ 12pm

Consultant Name: ..... Dr. Annie Prathysa  
 Signature: ..... *Annie Prathysa*  
 Date & Time: ..... 21/5/26 12:30pm

Dr. ANNIE PRANLATHA P  
 Reg No. 1313

BAH-00639699 IP5-00174566  
 Dr. POORMANI PRATHYUSA  
 09-11-1996 29 Y 6 M 22 D (F)  
 Dr. ANNIE PRANUTHA P



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<p>21/5/26            12:30pm</p>	<p>C/S/B B. Annie</p> <p>Pt &amp; husband have been counselled regarding the present condition, need for WCB augmentation of labour. Explained the need for Antibiotics, SOS US in case of emergency.</p>	<p>AC full, afebrile            PR - 90bpm            BP - 108/72 mmHg (MAP-82)            SpO<sub>2</sub> - 99% on air            Plac. uterine relaxed</p> <p>Adm            - vitab CTemp, PR,            BP, SpO<sub>2</sub> - contin            w/f Sp POL            Epidural sos            - w/f Sp            Chorioamniotomy            - NST - 2 hourly            - Infuse NS            - Tab - ME1 domesnam</p> <p><i>[Signature]</i>            Dr. Samira</p>

0639699 IP5-00174566  
 ORMANI PRATHYUSHA  
 996 29 Y 6 M 22 D (F)  
 ANIE PRANUTHA P

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
31/5/2026		
3:15pm	Pt comfortable	<p><u>Adv</u></p> <ul style="list-style-type: none"> <li>- Tab PGE<sub>2</sub> 2mg, if <sup>PO</sup> NST reactive</li> </ul>
	O/E AC-fau, Temp - 96.8°F	- w/f progression of labours
	PR - 91bpm	- Epidural PDS
	BP - 109/72mmHg (MAP 80)	- NST - 3rd hly
	SpO <sub>2</sub> - 100% on RA	- vitals - Temp, PR, BP
	P/A - uterus mild aching	- SpO <sub>2</sub> (contin)
	FHR ⊕, 142 bpm	- w/f s/s chronic amnionitis
	↓ uterine	- FHR by doppler - 2nd hly
	NST → ongoing	- confirm PDS
	CBP → 12.1   14,950   3.36	
	<del>Noted by Dr. [Signature] 8/10/2026</del>	
31-5-2026	c/o mild pain	<p><u>Adv</u></p> <ul style="list-style-type: none"> <li>- NST - 3rd hly</li> </ul>
7pm	O/E AC-fau, Temp - 96.5°F	- w/f progression of labours
	PR - 81bpm	- vitals - Temp, PR, BP
	BP - 120/77mmHg (MAP 80)	- SpO <sub>2</sub> (contin)
	SpO <sub>2</sub> - 100% on RA	- Pain relief as
	P/A - uterus comfortable	- w/f s/s chronic amnionitis
	FHR ⊕	- confirm PDS
	NST → Reactive	
	3rd dose of (Karmeg)	
	Tab PGE <sub>2</sub> given @ 6:30pm	

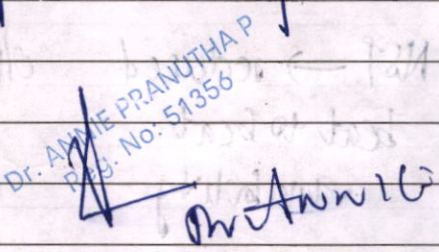
*[Signature]*  
 Dr. Samreena

Patient S

BAH-00639699 IP5-00174566  
Dr. POORMANI PRATHYUSHA  
09-11-1996 29 Y 6 M 22 D (F)  
Dr. ANNIE PRANUTHA P



### PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	31/5/26.	Gcfer. MR - Suh RSD-104/67 (80)
8:25 PM	Contractis - Mild	Pur → 1005 ml.
		Me - C <sub>2</sub> 1/4" long, 1 cgt as 1cm St - 2. Legin clear.
↑	NST Reachi 6:30 PM	<u>Ads</u> 1) PAc - epidural 2) water for pypres 3) Mentis Pur 4) NST 3rd handlp Add. 5) W Melijul sup 10910. Go Reasser at 10pm → 2xfer m.
	Counselled family to await the pypres. <del>no baby symptoms.</del>	 DR. ANNIE PRANUTHA P Reg. No: 51356 Dr. Annie



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
31/5/26		c/d/t Dr Annie Adv
10:50pm	A comfortable o/e u/fau,	- Start oxytocin 10U in 500ml RL @ 6ml/hr
↓ Epidural	Temp 99.7°F PR - 84bpm	- titrate as per protocol - CTG 8rdly
NST @ 10:30pm	BP - 116/70 mmHg CMAP 88%	- w/f progression of labour
Reactive	SpO2 - 99% on RA FA uterus mild	- vitals q 15mly - Drukolax sup stat PR now
	active FHR ⊕	- Inform us
	IV - Crampers 1/2 bruchlay	
	Clear liquor vs station	
1/6/26		c/d/t Dr Annie
11:20 AM	NST → reduced beat to beat variability	- post for aug-1625 c/fo NPO
	o/e u/fau stable PR - 85bpm BP - 96/60 mmHg SP2 99% on RA FA uterus	- vitals monitoring - continue FHR monitoring
	mild active, FHR ⊕	- Shift to UJ on call
	IV - Crampers thick envelopes	- Inform us
	minimal liquor vs - station	

~~Counselled  
couple  
No progress  
ETG → equivocal  
decrease  
variability  
vs - station~~

Dr. ANNIE PRANUTHA P  
 Reg. No. 51356

*[Signatures]*



Prathyushe



**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
1/6/20 8:20 AM	<p>POD0 / P.4 / -eng usn / Hypomaxed</p> <p>de ac - fair,afebrile            PR - 72 bpm            BP - 116/50 mmHg            (MAP 70)            SPO<sub>2</sub> - 100% on RA            P/A - uterus retracted well            U/G - Bleeding wnc</p>	<p>Adv</p> <ul style="list-style-type: none"> <li>- NBM for 4-6 hrs</li> <li>- IV fluids @ 100ml/hr</li> <li>- vitals every 15 min for 2 hrs + b</li> <li>- drugs as per <sup>meduly</sup> charted</li> <li>- w/f active Bleeding PV</li> <li>- I/O charting</li> <li>- Inform SGT</li> </ul>
<p>noted by Sr. Yamina (018268)</p>		
1/6/26 7 AM	<p>Pt. comfortable</p> <p>de ac - fair,afebrile            PR - 72 bpm            BP - 118/70 mmHg            SPO<sub>2</sub> - 99% on RA            P/A - uterus retracted well            BS (+)            U/G - Bleeding wnc</p>	<p>Adv</p> <ul style="list-style-type: none"> <li>- allow sips of water from 8 AM - if tolerating liquids</li> <li>- Soft stool from 12 pm</li> <li>- drugs as per charted</li> <li>- vitals utmly</li> <li>- I/O charting</li> <li>- w/f active Bleeding PV</li> <li>- Inform SGT</li> </ul>
<p>noted by Sr. Yamina (018268)</p>		

Dr. Prathyushe (P.T.O)



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/6/26 3 PM	POD-0/P14   EMLs/kypo legs	
1/6/26 10:40 AM Clear	Pt: Comfortable Gc. fair vitals: Stable P/A: Uterus Retracted	2) Soft diet & plenty of oral fluid
Q-well	soft BS ⊕ Atr: NAB	2) Drug as charted 3) w/ + PW Bleeding 4) Emulation 5) Trauma so's 6) I/O charting
	Remove Foley at 8 AM on 2/6/26	- Dr. Annie 1/3 seema
1/6/26 7:30 AM	⇒ POD-0   P14   Gm 2scs ⇒ Pt is stable ⇒ O/Gt Co-fair BP - 110/70 (94) PR - 94 bpm SpO <sub>2</sub> - 100% on RA Temp - 98°F P/A - ut well retracted BS ⊕ for BWNL 1/0-150ml/hr clear	Allow ① soft diet ② Adequate hydration ③ Drugs as charted ④ Monitor vital & I/O closely ⑤ w/ + bleeding pt. ⑥ Remove Foley @ 8 AM on 2/6/26

Sub



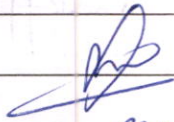
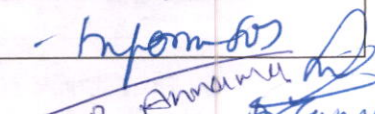
## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/6/26 8:45 Am.	- POD-1 - Pt is stable - no c/o - o/c: ac-faci BP - 116/72 [84] RR - 20 bpm SpO <sub>2</sub> - 100% on RA P/A - ut well (C) -/e BUNN	Active ① Soft diet ② Adequate hydrate & ambulate ③ Drugs as charted ④ Monitor vitals 6thly ⑤ W/p bleeding ph. ⑥ T.pain sos.
D <sub>2</sub> T <sub>2</sub> Cefotaxime 2 metrogyl.		Swollen NB Seema
2/6/26 2:40pm	Pt comfortable. o/c ac-faci vitals - stable P/A ut (C) well -/e - lochia healthy	Act - soft diet, plenty of oral fluids - drugs as per charted - vitals 6thly - ambulate - T.pain sos

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 Dr. POORMANI PRATHYUSHA 29 Y 6 M 23 D (F)  
 Dr. ANNIE PRANUTHA P



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/6/26	S/B Dr. Annie	
3:50pm	passed flatus & moved Bowels	<u>Adv</u>
	<p>OB vitals stable            PA uterus retracted well            BSEP            U - lochia healthy</p>	<p>- Stop IV Antibiotics            - Tab. Uprixone every BD            - Ambulate            - soft diet,            plenty of oral fluids            - Inform MD</p>
	Remove U canule	 Dr. Annie
2/6/26	Pt comfortable	<u>Adv</u>
7pm	<p>OB vitals - stable            PA uterus retracted well            U - lochia healthy</p>	<p>- soft diet,            plenty of oral fluids            - drop as per charted            - w/ active            - Bleeding per            - vitals stable            - Ambulate            - Inform MD</p>
<p>OK            ✓            ✓</p>	Baby too	 Dr. Annie







## CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: <i>Dr. Annie pranuthap.</i>	Date of Delivery: <i>1/6/2026</i>
Assistant Surgeon: <i>Dr. <del>Akhila</del> Kirthi Reddy</i>	Time of Delivery: <i>2:25 Am.</i>
Anaesthetist's Name: <i>Dr. Akhila</i>	Gender of Baby: <i>male</i>
Type of Anaesthesia: <i>↓ Epidural.</i>	Weight of Baby: <i>2.532</i>
Neonatologist: <i>Dr. Rupangali</i>	AGPAR Score: <i>9/10</i>
Scrub Nurse: <i>Sis. Rajeshwari</i>	NICU Admission: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pre-Operative Diagnosis:

- Elective       Emergency

Indication: *Non progressing*

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

*Labour with Equivocal CTG.*

Decision time: *1:30 Am*      Knief to rectus: *2 Am*

CTG Description: *Decreased beat to beat variability*

If there was a delay give the reasons: *no decelerations*

*Nil*

Surgical Procedure: *Emergency Lower Segment Cesarean Section.*

Post Operative Diagnosis: *post cesman.*

Peri-Operative Complications: *Nil*

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

Name and Number of Surgical Specimen sent for examination:  
*Nil*

**Examination Findings when Appropriate:**

Presentation:  Cephalic  Breech  Other .....  
5th Palpable: ..... 4/5  
Station:  -3  -2  -1  0  +1  +2  
Caput:  +  ++  +++ -  
Bladder Catheterized:  Yes  No

Cervical Dilatation: 2cm  
Fetal Position: LOP  
Moulding:  None  +  ++  +++  
Meconium:  None  +  ++  +++  
Urine:  Clear  Blood Stained

Skin Incision:  Pfannenstiel  Transverse  Midline  Other .....  
Uterine Incision:  Lower Segment  Classical  Inverted T  J Incision  
Previous Scar:  Intact  Thinned out  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: ..... 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 ..... Suture  
Peritoneal Closure:  Pelvic  Abdominal  None ..... Suture  
Sheath Closure: ..... Suture  
Fat Closure:  Yes  No ..... Suture  
Skin Closure:  Subcuticular  Mattress ..... Suture  
Vaginal Evacuated:  Yes  No  
Drain:  Yes  No  Remove in ..... days  Await instructions  
Catheter:  Yes  No  Remove in ..... days  Await instructions  
Swap & Instruments count correct?  Yes  No  Post-op Antibiotics  Yes  No  
Intra-Operative Antibiotics Cover:  Yes  No  Thromboprophylaxis  Yes  No

**Post-Operative Notes:**

1) Norm 6 hrs  
2) Trip up to room upon w AD  
3) Spl meluqyn 1500mg w AD  
4) IV RL @ 100ml/hr  
5) med: vitals & input-output chart  
6) w/ blood pr

Doctor Name: Dr. [Signature] Doctor Signature: [Signature]

Date & Time: 1/6/26 3 AM

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## POST-SURGICAL CARE PLAN FORM

Procedure Done:	Emergency lower segment cesarean section
Post-Surgical Diagnosis:	post cesarean day-0
Post-Operative Monitoring Parameters /Frequency:	HR, BP, SpO2, RR hourly for 2 hrs followed by 2 <sup>nd</sup> hr
Wound Care:	wash w/ soapy of dress
Drain /Special Lines/Catheters:	IV line Foley
Special Patient Positioning and Requirements:	Dorsal with 45° head elev
Nutritional Instructions:	Nil oral 6 hrs followed by clear oral liquids
When to Start Mobilization:	Aft 12 hrs
Special Referrals:	Nil
The new order for all required medications documented in the doctor order/medication sheet: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Any Other Post-Operative Care Needed including Required Follow Up nil	
Treating Surgeon (Signature & Stamp)	Date: 1/6/26 Time: 3.00
Note: Plan of care will be readjusted if necessary.	

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## RESULT SHEET

Date	31-05-26				
Time	12:30pm				
Hb	12.1				
PCV	36.3				
RBC	4.55				
WBC	14.95				
N/L	822/12.7				
Platelets	3.36				
CRP					
ESR					
PCT					
RBS					
Na					
K					
Cl					
Ca/Mg					
Phosphate					
Urea					
Creatinine					
ALP					
SGPT					
SGOT					
T.Bill/Conj					
T.Protein					
S.Albumin					
S.Globulin					
A/G Ratio					
Uric Acid					
S.Amylase					
Sr.Lipase					
Blood Lactate					
S.Cholesterol					
PT/INR					
APTT					
CSF Protein / Sugar					
Cells					
N/L					

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
<i>Blood group A+ve</i>						

Culture and Sensitivities : .....

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.....

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Radiology :    USG : .....

                  X-Ray : .....

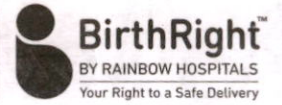
                  ECHO : .....

                  CT : .....

                  MRI : .....

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

BAM-00639699 IP5-00174566  
 Dr. POORMANI PRATHYUSHA  
 09-11-1996 29 Y 6 M 23 D (F)  
 Dr. ANNIE PRANUTHA P



Sheet No: ..... **REGULAR PRESCRIPTIONS** Weight ..... Ward .....

**DRUG : I-TRAMADOL** Date/Time 1/6 2/6 3/6

Dose	Route	Frequency	Start Dt.
100mg	oral	8 <sup>th</sup> mly	1/6/26

Name & Signature of the Doctor Starting the Drugs:  
 @misy Dr. Anil Kumar

Additional Instructions:  
 5 PM

Daily Doctor's Endorsement by a Sign

**DRUG : P. DICOFENAC** Date/Time 1/6 2/6 3/6

Dose	Route	Frequency	Start Dt.
50mg	oral	8 <sup>th</sup> mly	1/6/26

Name & Signature of the Doctor Starting the Drugs:  
 @misy Dr. Anil Kumar

Additional Instructions:  
 11 PM

Daily Doctor's Endorsement by a Sign

**DRUG : T. PANTOPRAZOLE** Date/Time 1/6 2/6 3/6

Dose	Route	Frequency	Start Dt.
40mg	PO	BD	1/6/26

Name & Signature of the Doctor Starting the Drugs:  
 Dr. Anil Kumar

Additional Instructions:  
 6 AM

Daily Doctor's Endorsement by a Sign

**DRUG : Tab. CEPHEXIME** Date/Time 2/6

Dose	Route	Frequency	Start Dt.
200mg	PO	BD	2/6/26

Name & Signature of the Doctor Starting the Drugs:  
 Dr. Anil Kumar

Additional Instructions:  
 10 PM

Daily Doctor's Endorsement by a Sign

VERIFIED  
 VERIFIED  
 VERIFIED BY: .....  
 VERIFIED

Patient Sticker



Sheet No: .....

**REGULAR PRESCRIPTIONS**

Weight .....

Ward .....

<b>DRUG :</b>				Date Time																	
Dose	Route	Frequency	Start Dt.																		
Name & Signature of the Doctor Starting the Drugs:																					
Additional Instructions:																					
<b>Daily Doctor's Endorsement by a Sign</b>																					


<b>DRUG :</b>				Date Time																	
Dose	Route	Frequency	Start Dt.																		
Name & Signature of the Doctor Starting the Drugs:																					
Additional Instructions:																					
<b>Daily Doctor's Endorsement by a Sign</b>																					

<b>DRUG :</b>				Date Time																	
Dose	Route	Frequency	Start Dt.																		
Name & Signature of the Doctor Starting the Drugs:																					
Additional Instructions:																					
<b>Daily Doctor's Endorsement by a Sign</b>																					

<b>DRUG :</b>				Date Time																	
Dose	Route	Frequency	Start Dt.																		
Name & Signature of the Doctor Starting the Drugs:																					
Additional Instructions:																					
<b>Daily Doctor's Endorsement by a Sign</b>																					

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

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 09-11-1996 29 Y 6 M 22 D (F)  
 Dr. ANNIE PRANUTHA P



## DRUG CHART

Date of Admission: 31.5.26 Drug Allergies: Allergic to Monocycline  Not known any Drug Allergies

### FOR THE SAFETY OF THE PATIENT

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

### SOS / PRN (As Required Medication)

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

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

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

VERIFIED BY : Name ..... Signatur



REGULAR PRESCRIPTIONS

Weight ..... Ward. Ble

VERIFIED

**DRUG :** by CEFOTAXIM Date/Time 31/5/16 1/6 2/6 3/6

Dose 1gm Route IV Frequency BD Start Date 31/5

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

Additional Instructions: After test dose 48 hrs follow up

Daily Doctor's Endorsement by a Sign: SK SK

*Handwritten notes: 12:30AM, Mandi, Namma, 2/6/16 @ 4pm*

VERIFIED

**DRUG :** Tab. THYRONORM Date/Time 1/6 2/6 3/6

Dose 25mcg Route PO Frequency OD Start Date 01/6

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign:

*Handwritten notes: 7AM, self, mrc, 2/6/16 @ 4pm*

VERIFIED

**DRUG :** INS. METHRONIDAZOL Date/Time 31/5 1/6 2/6 3/6

Dose 500mg Route W Frequency QID Start Date 31/5

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

Additional Instructions: 48 hrs

Daily Doctor's Endorsement by a Sign: SK SK

*Handwritten notes: 7AM, 3PM, 11PM, 2/6/16 @ 4pm*

VERIFIED

**DRUG :** P. PARACETAMOL Date/Time 1/6 2/6 3/6

Dose 1gm Route oral Frequency 6<sup>th</sup> hrly Start Date 1/6/16

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign:

*Handwritten notes: 12AM, 6AM, 12PM, 6PM, 2/6/16 @ 4pm*



**DRUG :**

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

**VARIABLE DOSE**

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

**STAT / ONCE ONLY DRUGS**

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
31/5/26	12:30pm	Tab. PGE1	25meg	PO	[Signature]	sandhya Tomy
31/5/26	3:30pm	Tab. PGE1	25 meg	PO	[Signature]	Deepa Sudha
31/5/26	6:30pm	Tab. PGE1	25 meg	PO	[Signature]	Deepa Sudha
31/5/26	9:00pm	PC ENEMA	1 pack	P/R	[Signature]	Yamma Kranthi
31/5/26	11:10 pm	DULOCLAX SUP	2	P/K	[Signature]	nandini Kranthi
1/6	1:40AM	inj: PANTOP	4mg	IV	[Signature]	nandini Srinitha
1/6	1:40AM	inj: PERINORM	10mg	IV	[Signature]	nandini Kranthi
1/6	3:00AM	SUP-DICLOFENAC	100mg	PR	[Signature]	Sunitha Rajeswari
1/6	8:00AM	SUP-TRAMADOL	100mg	PR	[Signature]	Sunitha Rajeswari

Signature  
VERIFIED BY : Name

I.V. FLUIDS CHART

Weight. .... Ward. *Ble*



Position of I.V. Fluid  
(Mention ml./hr = Mcg/kg/min. etc)

		Position of I.V. Fluid <small>(Mention ml./hr = Mcg/kg/min. etc)</small>	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
31.5.26	11pm	RINGER LACTATE + 10U OXYTOCIN start @ 6ml/hr	IV	6ml/hr	<i>[Signature]</i>	Nandini Senthil	1/6/26	<i>[Signature]</i>	Senthil Rajeswari
		titate every 30min increase by 6ml/hr. watch for uterine contraction - 30-40sec						<i>[Signature]</i>	<i>[Signature]</i>
1/6/26	2:00pm	for 10min RINGER LACTATE	IV	500ml/hr	@inj	Senthil Rajeswari	1/6/26	@inj	Senthil Rajeswari
1/6/26	2:45pm	RINGER LACTATE	IV	500ml/hr	@inj	Senthil Rajeswari	1/6/26	<i>[Signature]</i>	Senthil Rajeswari
1/6/26	5:00 pm	RINGER LACTATE	IV	100ml/hr	<i>[Signature]</i>	Nandini Senthil	1/6/26	<i>[Signature]</i>	Tony Shon
1/6/26	9 AM	RINGER LACTATE	IV	100ml/hr	<i>[Signature]</i>	Tony Shabana	1/6/26	<i>[Signature]</i>	<del>Senthil</del> <del>Rajeswari</del>

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

BAH-00639699 IP5-00174566  
 Dr. POORMANI PRATHYUSHA  
 09-11-1996 29 Y 6 M 22 D (F)  
 Dr. ANNIE PRANUTHA P



# BSTETRIC TRIAGE ASSESSMENT FORM

Date: 31/5/26 Time of Arrival: 11:45 AM Time Seen by Nurse: 11:55 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: Prone

3) Vital Signs: Temperature: 98.7 F Pulse: 87 RR: 19 SpO<sub>2</sub>: 100% BP: 109/83 Weight: .....

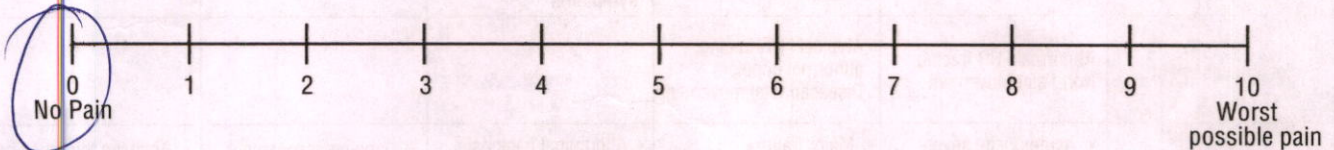
4) Gestational Criteria:

Gravida:	G	P	<u>prim</u>	L	A
----------	---	---	-------------	---	---

LMP: 30/8/24 EDD: 17/6/26 Gestational Age: 37 w

Uterine Contraction	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> NA	Onset	Time	Frequency:
Membrane Rupture	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> NA	Onset	Time	Fluid Color:
Vaginal bleeding	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> NA	Onset	Time	Amount:
Pre Eclampsia Symptoms	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> NA	If Yes specify: Headache / Visual Symptoms / Pain Abdomen / Vomiting		
Good fetal Movement	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	If No specify:		

5) Pain Screening: Numerical Pain Scale (NPS)



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

6) Past History:

- a) Surgeries: Appendectomy 20yr back
- b) Medical: Hypothyroid 2025



1) Allergy:  Yes  No, If Yes : .....

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

9) Prenatal Medical History:

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

Triage Category: (Please tick on the category)

Refer to OBSTETRICAL TRIAGE ACUITY SCALE (OTAS)

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

OBCU Obstetrical Triage Acuity Scale (OTAS)

OTAS	Level 1 (Resuscitative)	Level 2 (Emergent)	Level 3 (Urgent)	Level 4 (Less Urgent)	Level 5 (Non Urgent)
Level 1 (Resuscitative)	Immediate	≤ 15 minutes	≤ 30 minutes	≤ 60 minutes	≤ 120 minutes (2 Hours)
Re-Assessment	Continuous Nursing Care	Every 15 Minutes	Every 15 Minutes	Every 30 Minutes	Every 60 Minutes
Labour / Fluid	Imminent Birth	Suspected Pre-term Labour / PPRM < 37 Weeks	Signs of Active Labour > 37 weeks	Signs of Early Labour / SRM > 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	<ul style="list-style-type: none"> <li>• Acute onsite severe abdominal pain</li> <li>• Altered level of consciousness</li> <li>• Cord prolapse</li> <li>• Severe respiratory distress</li> <li>• Suspected sepsis</li> </ul>	<ul style="list-style-type: none"> <li>• Major trauma</li> <li>• Shortness of breath</li> <li>• Unplanned and unattended birth</li> </ul>	<ul style="list-style-type: none"> <li>• Abdominal/back pain greater than expected in pregnancy</li> <li>• Flank pain / hematuria</li> <li>• Nausea /vomiting and /or diarrhea with suspected dehydration</li> </ul>	<ul style="list-style-type: none"> <li>• Ongoing assessment from out patient clinic (for hypertension, blood work)</li> <li>• Minor trauma (minor MVC/fall)</li> <li>• Nausea/Vomiting and /or diarrhea</li> <li>• Signs of infection (ie dysuria ,cough, fever, chills)</li> </ul>	<ul style="list-style-type: none"> <li>• Anything that does not seem to pose threat to mother or fetus</li> <li>• Cervical ripening</li> <li>• Out patient placenta previa protocols</li> <li>• Pre-booked visits (ie Rh and progesterone injections, NST</li> <li>• Assessment for version</li> <li>• Rashes</li> </ul>

Time seen by Doctor: ..... 11:50 AM

Nurse Name : ..... Nurse Signature: [Signature]

Date: 21/5/16 Time: 11:55 AM

Department of Anaesthesiology  
**PRE-ANAESTHETIC EVALUATION**

BAH-00639699 IP5-00174566  
 Dr. POORMANI PRATHYUSHA  
 09-11-1996 29 Y 6 M 22 D (F)  
 Dr. ANNIE PRANLATHA P



Name: P. Prathyusha Age: 29y 6m Sex: F UHID.No: BAH-00639699

Date: 31/5/2026 Time: 9:40pm Proposed Operation: Epidural labour analgesia

Diagnosis: primi 37+4 wks

B.P / CRT: 117/78 H.R: 95 Weight: 86kgs ASA Physical Status:  1  2  3  4  5

**Laboratory Data:**

Hgb: <u>12.1</u>	Glucose: .....	Protein: .....	HIV: .....	X-Ray: .....
PCV: .....	Urea: .....	Alb: .....	HBS Ag: <u>} NR</u>	ECG: .....
WBC: <u>14950</u>	Creat: .....	Total Bill: .....	HCV: .....	2D Echo: .....
Plate: <u>336</u>	Na: .....	Dir. Bill: .....	Blood group: <u>A+ve</u>	Stress/Angio: .....
PT: .....	K: .....	LDH: .....	T3: .....	Other: .....
PTT: .....	Ca++: .....	Alk phos: .....	T4: .....	
INR: .....	Mg++: .....	Amylase: .....	TSH: .....	
	Cl-: .....	SGOT/SGPT: .....		

**Allergies:** Minocycline

**Medical History:** CVS: nil significant

RESP: nil significant Diabetes: nil

CNS: nil significant

Renal: nil significant

Hepatic / GE: nil significant Physical Activity: active

Others: Hypothyroidism

**Past Anaesthetic History:** nil

**Physical Exam:**

Airway: MPT 2 3 4 Mouth Opening: 3RB Mentohyoid Distance: 3RB Neck: (N) Teeth: (N)

Lungs: BAE ⊕ ch

Heart: S1 ⊕

CNS: cldc

Pregnant:  Yes  No  NA Venous Access Site: accessible Spine Exam for regional: well felt

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

Peri-Operative Plan Explained to the Patient:  Yes  No

CURRENT MEDICATIONS	DOSAGE

- Pre-Operative Instructions:**
- DVT Prophylaxis: Water / ORS 2 Hours
  - NIL ORAL: Others 6 Hours
  - Informed Consent:  Standard  High Risk
  - Post Operative Pain Management:  Discussed with Patient
  - Other Instructions: well felt

Signature: [Signature] Name: Dr. Arshita K



# ANAESTHESIA CHART



Pre Induction Assessment: 2:10 AM

Change in Patient Condition:  Yes  No Fasting Status: Adequate

Physical Status:  Patient Identified  Consent Present  Chart Reviewed

H.R: 102 B.P / CRT: 116/79 SpO<sub>2</sub>: 98% R.R: 18/min Last Feed: 7 hrs

Pre-OP Diagnosis: Mimi 37+4 wks Operation: Emergency caesarean Date: 16/2/2026

Surgeon: Dr. Annie / Dr. Kith Anaesthesiologist: Dr. AK Technician: Vijay

TIME	210	240	310																	
N <sub>2</sub> O / AIR / O <sub>2</sub> / LPM																				
HALO / SO / SEVO																				
Drugs:	Inj. OXYTOCIN 610+310																			
FIO <sub>2</sub> (SaO <sub>2</sub> )	98	98	99	98																
ETCO <sub>2</sub>																				
ECG	SR	PR	SR	SR																
Temperature																				
Urine Output																				
Fluids Blood	200 → 200 → 200																			
B.P	116	116	116	116																
V Systolic	79	79	79	79																
A Diastolic	79	79	79	79																
X Mean	79	79	79	79																
• Heart Rate	102	102	102	102																
Tourniquet on Time																				
Tourniquet off Time																				
Throat Pack In																				
Throat Pack Out																				

Antibiotic  
 Suppository  
 SVP DICLOFENAC  
 SVP TRAMADOL  
 Blood Loss  
 230ml

LAB Values

ABG

GRBS

Others

Equipment Checked and Functional

BP  Cuff Site: R UL

EKG Lead

Temp Site

FIO<sub>2</sub> Monitor

Agent Monitor

Pulse Oximeter

Capnograph

Ventilator

Nerve Stimulator

Position: supine

Pressure Points Checked

Eye Care:  
 Oint  
 Tape  
 Padding  
 Awake

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

Times:  
 Anaes Start: 2:10 AM  
 OP Start: .....  
 OP End: .....  
 Leave OR: 3:00 AM

Anaesthesia:  
 GA  
 Monitored Anaesthesia Care  
 Regional

Line (Size & Location)  
 CVP: .....  
 ART: .....  
 IV: UL 18g  
 IV: .....  
 IV: .....

Induction  
 IV  Inhal  
 Pre O<sub>2</sub>  RSI  
 Others

Mask  SGA  
 Airway  Ora  Nasal  
 ETT# ..... at ..... cm  
 Oral  Nasal  Cuff  
 Tracheostomy  Topical  
 Drug: .....

Awake  Direct Vision  
 Video Laryngoscopy  Stylette / Bougie  
 Fiberoptic  
 Blade# ..... Attempts: .....  
 Difficulty Why? .....

Bilat = BS  
 Semi-Closed Circle  
 Closed Circle  
 Other

Regional:  
 Extremity  Spinal  Epidural  Caudal  
 Others: .....  
 Position: Epidural Topup  
 Site: .....  
 Needle Size: 18g Touhy Depth: 5cm  
 Parasthesia  Yes  No  
 Catheter at skin: 1.0 cm  
 Drug Name & Conc: 2% bup + Adeen 10ml + 5ml  
 Bolus: .....  
 Infusion: .....  
 Block Level: Adequate  
 Comments: .....

Transportation to  
 PACU  ICU  Other  
 Relaxant Reversed  Yes  No  NA

Name of the Doctor: Dr. Akhilesh K  
 Signature of the Doctor: (Signature)



POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : S.S. Yamma Time Received : 3:20 am Time Discharged : 9 AM

BLOOD PRESSURE PULSE RESP	250	3:20	3:35	3:50	4:05	4:20	250	IV Cannula Site : <u>left hand</u>
	240						240	<input type="checkbox"/> O <sub>2</sub> Mask <input type="checkbox"/> Nasal Prongs
	230						230	<input type="checkbox"/> Tracheostomy <input type="checkbox"/> T-Piece
	220						220	<input type="checkbox"/> Oral Airway <input type="checkbox"/> Nasal Airway
	210						210	Vomiting : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Drug: .....
	200						200	NG Tube : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	190						190	Drain: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	180						180	Urinary Catheter: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	170						170	Chest Tube: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	160						160	Nil Oral <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
150						150	IV Fluids: <u>RL room</u>	
140						140	Oral Feeds: .....	
130						130		
120						120		
110						110		
100						100		
90						90		
80						80		
70						70		
60						60		
50						50		
40						40		
30						30		
20						20		
10						10		
0						0		
SPO <sub>2</sub>								

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

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
1/6/26	3:30 am	0	NA	Yamma
1/6/26	4 am	0	NA	Yamma
1/6/26	5 am	0	NA	Yamma

Pain Tool Used:  N PASS  FLACC  Wong Baker  NPS

Reassessment Frequency:

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

Anaesthesiologist Name : Dr. Anurag K

Anaesthesiologist Signature: Anurag

Date & Time: 1/6/26 @ 8:30

PACU Nurse Name : Yamma

PACU Nurse Signature: Yamma

Date & Time: 01/6/26 @ 8 am

Transferred to Unit by (PACU): Yamma

Date & Time: 1/6/26 @ 8 am



Department of Anaesthesiology  
**EPIDURAL ANALGESIA RECORD**

Date: 31/5/2026 Time: 10:00 AM Procedure done by Dr. Anitha K.

CSE / Spinal (Epidural) Position: Sitting Space: L2/L3 Technique (LOR/LOS)

Depth: 5cm Catheter at Skin: 10cm Attempts: 1

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

Solution Composition: 0.1% Bupivacaine + 2mcg/ml Fentanyl

Any other issues:

a) .....

b) .....

1/6  
1/6

Time	Infusion Rate (ml/hr)	Bolus (ml)	Level		Maternal		FHR	Comments
			Left	Right	BP	Pulse		
10:00 AM	—	1x 10x Adr 10 ml	N/E	N/E	112/68	92	—	No pain.
10:15 PM	8ml/hr	—	T8	T8	106/54	88	148	Comfortable.
12:00 PM	8ml/hr	—	—	—	116/58	86	144	Comfortable
2:10 AM	—	2x 10x Adr 15ml	Epidural topup for Em. LSCS					

Delivery Details: Time: 2:25 AM APGAR: 9/10 10/10 SVD / Instrumental / (LSCS (if LSCS Details))

Catheter Removed by and Tip Inspected: 11/6/26 yes

Patient Satisfaction: completeness

Discharge / Shifting ordered by  
 Doctor Signature: [Signature]

Doctor Name: Dr. Anitha K.

Date and Time: 01/6/26



## OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 31/5/24

**Baseline Information:**  
 Admission From:  ER  OPD  Admission Desk  Others, specify .....  
 Primary Language:  Telugu  English  Hindi  Others, specify .....  
 Do you require an interpreter?  Yes  No if Yes specify .....  
 Source of Information:  Patient  Family  Others, specify .....

**Allergies:**  Yes  No  Medications  Blood Transfusion  Food  Other: .....  
 If yes, identify .....

**Chief Complaints:** pt come for PPIV Doctor Notified on Admission:  Yes  No  
 Name of the Doctor: Dr Sameer  
 Time Notified: 11:50 AM

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

Past Medical History	Past Surgical History	Previous Hospital Admission
<u>Hypothyroid</u> <u>2025</u>	<u>Appendectomy</u> <u>2 yrs back</u>	<u>ref</u>

Gynecology Assessment: <input checked="" type="checkbox"/> Not Applicable	Gynecology Surgical History:	Gynecological History:
Menstrual History: ..... <u>Regularly</u> Onset of Menarche: ..... Menstrual Cycle: <input type="checkbox"/> Regular <input type="checkbox"/> Irregular Last Menstrual Period: <u>30/1/24</u>	Caesarean Section: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Cervical Cerclage: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Ectopic Pregnancy: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Myomectomy: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Others: .....	Contraceptives: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Vaginal Discharge: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Post-Coital Bleeding: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Infertility: <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes Type: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary

**Obstetric History:** G ..... P prim ..... L ..... A .....

**Previous LSCS:** ref

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

**Family History:**  No Abnormalities Detected  
 Heart Disease  Hypertension  Diabetes  Stroke  Seizures  Kidney disease  
 Liver disease  Other .....

**Vital Signs / Measurements:** Temp: 98.7 F HR: 87 RR: 18  
 BP: 119/73 Weight: ..... Height: 160 BMI: .....

**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 20 (complete the Morse Fall Risk Assessment Sheet)

**Risk of Pressure Sore:**  Yes  No Score 28 (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

Cultural & Spiritual Needs:  Yes  No if Yes specify ..... 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 Alone

**Orientation has been given regarding the following aspects:**

- Call Bell in Reach:  Yes  No
- Waste Disposal Explained:  Yes  No
- Infusion Pump:  Yes  No
- Hand Hygiene Explained:  Yes  No
- Others

Above information given to patient  
Name of Person Orientation was given to: Heuliy  
Orientation not given Reason: .....

Nurse Signature: [Signature]  
Nurse Name: Heuliy  
Date & Time: 3/15/2023 11:50 AM

## INDUCTION OF LABOR CONSENT

Name: Prathyusha Reddy Age: 29 Gender: Male  Female   
 UHID.No : BAH 00639699 Date: 31/5/26

You are scheduled for an induction of labor on 31/5/26 (date) at 37+4 (weeks of gestation).

The reason for your induction is leaking per vagina

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 or 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.

Patient  
 Signature: [Signature]  
 Name: Dr. P. Prathyusha Reddy  
 Date & Time: 31/5/26 @ 12:30pm

Patient Attendant:  
 Signature: [Signature]  
 Name: Dr. Chandrashekar Babu  
 Relationship with Patient: Husband  
 Date & Time: 31/5/26 @ 12:20pm

Doctor:  
 Signature: [Signature]  
 Name: Dr. Anurag  
 Date & Time: 31/5/26 @ 12pm

Witness  
 Signature: [Signature]  
 Name: Prathyusha  
 Date & Time: 31/5/26 @ 12pm

# INFORMED CONSENT FOR VAGINAL BIRTH



Patient Name : Prathyscha Reddy UHID No : BPH 00639699  
 Gender:  Male  Female Date : 31/5/20 Time : 12pm

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. Anuce Pranutra

Consentee:  
Signature: Prathyscha

Name: Dr. P. Prathyscha Reddy

Date & Time: 31/5/20 12pm

Witness:  
Signature: [Signature]

Name: Prathyscha

Date & Time: 31/5/20 12pm

Patient Attendant:  
Signature: [Signature]

Name: Dr. D. Chandrakum Reddy

Relationship with Patient: Husband

Date & Time: 31/5/20 12pm

Doctor (who is taking the consent):  
Signature: [Signature]

Name: Dr. Anuce

Date & Time: 31/5/20 @ 12pm

# సహజ ప్రసవం కొరకు సమ్మతి పత్రము



రోగి పేరు : ..... వయస్సు ..... లింగం పు  స్త్రీ   
 యు.హెచ్.ఐ.డి. .... విభాగము .....  
 తేదీ .....

ఈ ప్రక్రియ యొక్క వివరములను నేను ఆమోదించాను:

- ఈ ప్రక్రియ నాకు సాధారణ పద్ధతిలో 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 పద్ధతిలో 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 పాత్రికడుపు 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)

సాక్షి

సంతకము .....

సంతకము .....

పేరు .....

పేరు .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

తేదీ మరియు సమయము .....

సంతకము .....

పేరు .....

BAH-00639699 IP5-00174566  
Dr. POORMANI PRATHYUSHA  
09-11-1996 29 Y 6 M 23 D (F)  
Dr. ANNIE PRANUTHA P



# POST – PARTUM ASSESSMENT FORM – IN-PATIENT

Date: 1/06/26

Chief Complaint : ..... face on bed mobility at suture site

Obstetric/ Birthing History : ..... primi, post LSCS

Previous Surgical/Medical History : .....

### Assessment :

**On Observation:** Mother seen in lying down /sitting/ reclined position

Mother is active & alert / drowsy / tired or exhausted / mobile by herself & ambulatory / needs assistance with mobility

Iv line + / -

Catheter + / -

Postural alignment -

**On Palpation :** Edema – absent / up to ankle / up to knee/ above knee

**On Examination :** Breathing pattern – abdominal/ apical/ diaphragmatic

Diastasis recti abdominis – present / absent / could not be assessed

Able to initiate Pelvic Floor Activation –  Yes  No

### Spl Notes -

#### Treatment Plan :

- Lateral Breathing
- Pelvic Floor Activation
- Transversus Abdominis Activation
- Gluteus Activation
- Active Motion for Limbs
- Transfer Training & Mobility
- Sit to Stand
- Monitored Walk
- Posture & Ergonomic Education

Signature : .....

Name : Dr. Thirumala Chenna

Date & Time: 1/06, 9:30pm

# INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE



Patient Name : Dr. Poomani Prathyshe Gender:  Male  Female Age : 29

UHID No : BAH-00639699 Date : 01/06/2026

**Instruction:**

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

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

EMERGENCY LOWER SEGMENT CAESAREAN SECTION

upon

Dr. PRATHYUSHA REDDY

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.

Hemorrhage, Spinal Injury to Bone & Bladder Injury to major Blood vessels, Need for Blood & Blood products, Need for prolonged hospital stay

**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. Annie

**Consentee :**

Signature : Prathyshe

Name : Prathyshe

Date & Time : 1/6/26 @ 1:30 AM

**Patient Attendant :**

Signature : [Signature]

Name : Dr. Chandrasekhar

Relationship with Patient: Husband

Date & Time : 1/6/26 @ 1:30 AM

**Witness :**

Signature : Nandini

Name : Nandini

Date & Time : 1/6/26 @ 1:30 AM

**Doctor (who is taking the consent) :**

Signature : [Signature]

Name : Dr. James

Date & Time : 1/6/26 @ 1:30 AM



## CONSENT FOR ANAESTHESIA

Authorization By:  Patient  Patient Attendant

Operative Procedure: Emergency caesarean

Anaesthesiologist: Dr. Subramanyam Surgeon: Dr. Annie Pranutha

### 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 can be achieved by infusing weak solutions of local anaesthetics and narcotic drugs to particular parts of the body after surgery or injury, using catheters.

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

Heart Disease  Hypertension  Diabetes  Renal Failure  Multi Organ Failure  Hepatic Disorders

Shock  Obesity  Chronic Obstructive Pulmonary Disease

Others hypotension, bradycardia

### Declaration by Patient Attendant

- I authorize and give consent for anaesthesia as considered appropriate by the anaesthesia team  
 Regional Anaesthesia  General Anaesthesia  Monitored Anaesthesia Care
- 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, allergic reactions, headaches, variations in blood pressure, nausea and vomiting.
- I authorize the anaesthesia team to perform any additional procedures (for example, Central Venous Access, arterial line, use of suppositories and or nerve blocks for pain relief, changing from regional to general anaesthesia etc) which are considered necessary by them during the course of surgery.
- I also 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 if need arises.
- I acknowledge that the anaesthesiologist have informed me about the anaesthetic procedure, risk, benefits and alternative treatments.
- I acknowledge that I fully understand the above information. I have had the opportunity to ask questions, and they have been answered to my satisfaction in a language I understand. I affirm that this consent is given by me in my full senses.

### Patient / Patient Attendant:

Signature: [Signature]

Name: Prathyusha

Relationship with patient: Self

Date & Time: 1/6/26 2:00 AM

### Witness:

Signature: [Signature]

Name: Nandini Alandini

Date & Time: 1/6/26 @ 2:00am

### Doctor (who is taking consent):

Signature: [Signature] Name: Dr. Annie Pranutha

Date 1/6/26 Time: 2:00 AM

## అనస్థీషియా కోసం అనుమతి పత్రం

అనుమతి ఇచ్చినవారు:  రోగి  రోగి అటెండెంట్

శస్త్రచికిత్స: .....

అనస్థీషియా వైద్యుడు: ..... శస్త్రచికిత్స నిపుణుడు: .....

అనస్థీషియా కోసం మీ అనుమతి ఇవ్వడానికి ముందు దయచేసి ఇది చదవండి

సాధారణ అనస్థీషియా అనేది శస్త్రచికిత్స ముందు రోగిని పూర్తిగా అపస్మృతక స్థితిలోకి తీసుకెళ్లే ప్రక్రియ. దీనితో రోగి శస్త్రచికిత్స సమయంలో ఏదీ తెలుసుకోడు, నొప్పి అనుభవించడు. దీనిని శిరస్రావం ద్వారా ఇచ్చే మందులతో లేదా అనస్థీషియా యంత్రం నుండి పీల్చే మందులతో అందిస్తారు.

లీజనల్ అనస్థీషియా అనేది శరీరంలోని ఒక ప్రత్యేక భాగాన్ని లోకల్ అనస్థీషియా నొప్పి రాకుండా చేయడం. శస్త్రచికిత్స లేదా గాయం తరువాత దీర్ఘకాలిక నొప్పి ఉపశమనం కోసం, కాథెటర్లు ఉపయోగించి పీక్ లోకల్ అనస్థీషియా లేదా నార్కోటిక్ మందులను నిరంతరం ఆ భాగానికి అందించవచ్చు.

స్పెసిఫిక్ హై రిస్క్స్:

క్రింద పేర్కొన్న వైద్య సమస్యల కారణంగా ఉండే అధిక ప్రమాదాల గురించి వైద్యులు నాకు వివరంగా చెప్పారు. నాకు ఉన్న సందేహాలను నేను అడిగాను మరియు అవి నివృత్తి చేయబడ్డాయి.

హృదయ వ్యాధి  రక్తపోటు  మధుమేహం  మూత్రపిండాల వైఫల్యం  బహుళ అవయవ వైఫల్యం

కాలేయ సమస్యలు  షాక్  ఊబకాయం  దీర్ఘకాల శ్వాసకోశ వ్యాధి (COPD)

ఇతరవి: .....

రోగి / రోగి అటెండెంట్

- అనస్థీషియా బృందం అవసరమని భావించిన విధంగా నాకు అనస్థీషియా ఇవ్వడానికి నేను అనుమతి ఇస్తున్నాను.  
 లీజనల్ అనస్థీషియా  జనరల్ అనస్థీషియా  మానిటర్డ్ అనస్థీషియా కేర్
- అనస్థీషియా ఉపయోగంలో అప్పుడప్పుడూ జరిగే కొన్ని అరుదైన సమస్యలు ఉండవచ్చు అని నేను అర్థం చేసుకున్నాను. వీటిలో ఇంజెక్షన్ ఇచ్చిన చోట నొప్పి లేదా స్వల్ప గాయం, తాత్కాలిక శ్వాస ఇబ్బందులు, అలెర్జిక్ ప్రతిచర్యలు, తలనొప్పి, రక్తపోటు మార్పులు, వాంతులు మరియు అసహనం వంటి సమస్యలు ఉండవచ్చు.
- శస్త్రచికిత్స సమయంలో అవసరం అనిపిస్తే, అదనపు చర్యలు (ఉదాహరణకు సింట్రల్ వెనెస్ యాక్సెస్, ఆర్థిరియల్ లైన్, సపోజిటరీలు, నొప్పి నివారణ కోసం నర్వ్ బ్లాకులు, లీజనల్ అనస్థీషియా నుండి జనరల్ అనస్థీషియాకు మార్పు మొదలైనవి) చేయడానికి అనస్థీషియా బృందానికి నేను అనుమతి ఇస్తున్నాను.
- శస్త్రచికిత్స సమయంలో మరియు వెంటనే అనంతరం, అవసరమైతే రక్త పదార్థాలు (Blood products) ఇవ్వడానికి నా చికిత్సలో ఉన్న వైద్యుల బృందానికి కూడా నేను అనుమతి ఇస్తున్నాను.
- అనస్థీషియా విధానం, ప్రమాదాలు, ప్రయోజనాలు మరియు ప్రత్యామ్నాయ చికిత్సల గురించి అనస్థీషియా వైద్యులు నాకు వివరించినట్లు నేను అంగీకరిస్తున్నాను.
- పై సమాచారం అంతా నేను పూర్తిగా అర్థం చేసుకున్నాను. నాకు ప్రశ్నలు అడిగే అవకాశం లభించింది, మరియు నాకు అర్థమయ్యే భాషలో వాటికి సమాధానాలు ఇచ్చారు. ఈ అనుమతి నేను పూర్తిగా స్వచ్ఛమైన భావాలతో, స్వయంగా ఇస్తున్నానని ధృవీకరిస్తున్నాను.

రోగి / రోగి అటెండెంట్:

సాక్షి:

సంతకం: .....

సంతకం: .....

పేరు: .....

పేరు: .....

రోగితో సంబంధం: .....

తేదీ & సమయం: .....

తేదీ & సమయం: .....

డాక్టర్ :

సంతకం: ..... పేరు: ..... తేదీ & సమయం: .....

Patient Sticker



# CONSENT FOR LABOUR ANALGESIA

Authorization By:  Patient  Patient Attendant

**I, the undersigned do hereby acknowledge the following:**

- I have been made aware by the doctors in language known to me the details of the procedure as follows:  
 Epidural Analgesia  Intravenous Analgesia (Remifentanyl)
- I have been made aware of the possible complications from the procedures as follows:  
**For Epidural:** Fall in blood Pressure, Numbness, Itching, Headache, Shivering, Occasional incomplete pain relief, Need for Re-Siting the epidural.  
**For Remifentanyl:** Drowsiness, nausea, vomiting, need for oxygen supplementation, itching, fall in blood pressure, heart rate and Respiratory Rate.
- I understand that labour analgesia is offered to reduce labour pain and make the birthing process more comfortable, by reducing pain and stress and promoting better cooperation during childbirth.
- I have been clearly explained about the benefits, risk, and alternative of the procedures.
- I authorize Dr. Akhila K and his / her team to perform the above procedure(s) upon the patient / myself.
- I acknowledge that I fully understand the above information. I have had the opportunity to ask questions, and they have been answered to my satisfaction in a language I understand. I affirm that this consent is given by me in my full senses.

**Patient / Patient Attendant:**  
Signature: [Signature]  
Name: Prathyusha  
Relationship with patient: Self  
Date & Time: 31/5/2026 9:45pm

**Witness:**  
Signature: [Signature]  
Name: Dr. Chandrakant  
Date & Time: 31/5/2026 @ 9:45pm

**Doctor (who is taking consent):**  
Signature: [Signature] Name: Dr. Akhila K Date: 31/5/2026 Time: 9:45pm

## ప్రసవ నొప్పి నివారణ కోసం అనుమతి పత్రం

అనుమతి ఇచ్చినవారు:  రోగి  రోగి అటెండెంట్

వైద్యులు నాకు తెలిసిన భాషలో క్రింది విధానాల గురించి సమగ్రంగా వివరించారు:

- ఎపిడ్యూరల్ అనాల్జీసియా  
 శిరస్రావం ద్వారా నొప్పి నివారణ (రెమిఫెంటానిల్)

• ఈ విధానాల వల్ల సంభవించగలిగే సమస్యలను కూడా నాకు వివరించారు:

ఎపిడ్యూరల్ సంబంధించినవి:

రక్తపోటు తగ్గడం, మందత్వం/ స్పర్శలేమి, దద్దుర్లు/ దురద, తలనొప్పి, వణుకు, అప్పుడప్పుడు పూర్తిగా నొప్పి తగ్గకపోవడం, ఎపిడ్యూరల్ మళ్ళీ పెట్టాల్సిన అవసరం.

రెమిఫెంటానిల్ సంబంధించినవి:

నిద్రమత్తు, వాంతి భావం, వాంతులు, ఆక్సిజన్ అవసరం పెరగడం, దద్దుర్లు/ దురద, రక్తపోటు తగ్గడం, గుండె వేగం తగ్గడం, శ్వాస రేటు తగ్గడం.

- ప్రసవ నొప్పిని తగ్గించడం, ప్రసవ ప్రక్రియను సాకర్వచంతంగా చేయడం, నొప్పి మరియు ఒత్తిడిని తగ్గించడం, ప్రసవ సమయంలో సహకారం మెరుగు పరచడం కోసం లేబర్ అనాల్జీసియా అందించబడుతుందని నేను అర్థం చేసుకున్నాను.
- ఈ విధానాల ప్రయోజనాలు, ప్రమాదాలు మరియు ప్రత్యామ్నాయాల గురించి నాకు స్పష్టంగా వివరించబడింది.
- డాక్టర్ \_\_\_\_\_ గారికి మరియు వారి బృందానికి, పై విధానం(లు)ను నాకు / రోగికి నిర్వహించడానికి నేను అనుమతి ఇస్తున్నాను.
- పై సమాచారాన్ని నేను పూర్తిగా అర్థం చేసుకున్నాను. నాకు ప్రశ్నలు అడిగే అవకాశం లభించింది, మరియు ఆ ప్రశ్నలకు నాకు అర్థమయ్యే భాషలో సంతృప్తికరంగా సమాధానాలు అందాయి. ఈ అనుమతి నేను పూర్తిగా స్వచ్ఛమైన చిత్తంతో ఇస్తున్నానని ధృవీకరిస్తున్నాను.

రోగి / రోగి అటెండెంట్:

సంతకం: .....

పేరు: .....

రోగితో సంబంధం: .....

తేదీ & సమయం: .....

సాక్షి:

సంతకం: .....

పేరు: .....

తేదీ & సమయం: .....

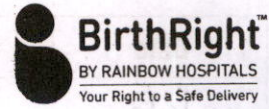
డాక్టర్ :

సంతకం: ..... పేరు: ..... తేదీ & సమయం: .....

BAH-00639699 IP5-00174566  
Dr. POORMANI PRATHYUSHA  
09-11-1995 29 Y 6 M 23 D (F)  
Dr. ANNE PRANUTHA P



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## NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 1/6/26 Time: 9:30am

Origin: Indian Height: 160cm Weight: 86kg's BMI: 33.5 kg/m<sup>2</sup>

Food Allergies: No

Diagnosis: POP-0 / Em. LSCS (lower segment Caesarian Section)

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

Diet Advised:

liquid diet

soft diet @ 12pm

include plenty of oral liquids

avoid spicy, chilled and outside foods

Patient's / Attendant's

Dietician's

Signature: P. Nirmala

Signature: Saima

Name: prathyusha

Name: Saima

Date & Time: 1/6/26 & 9:40am

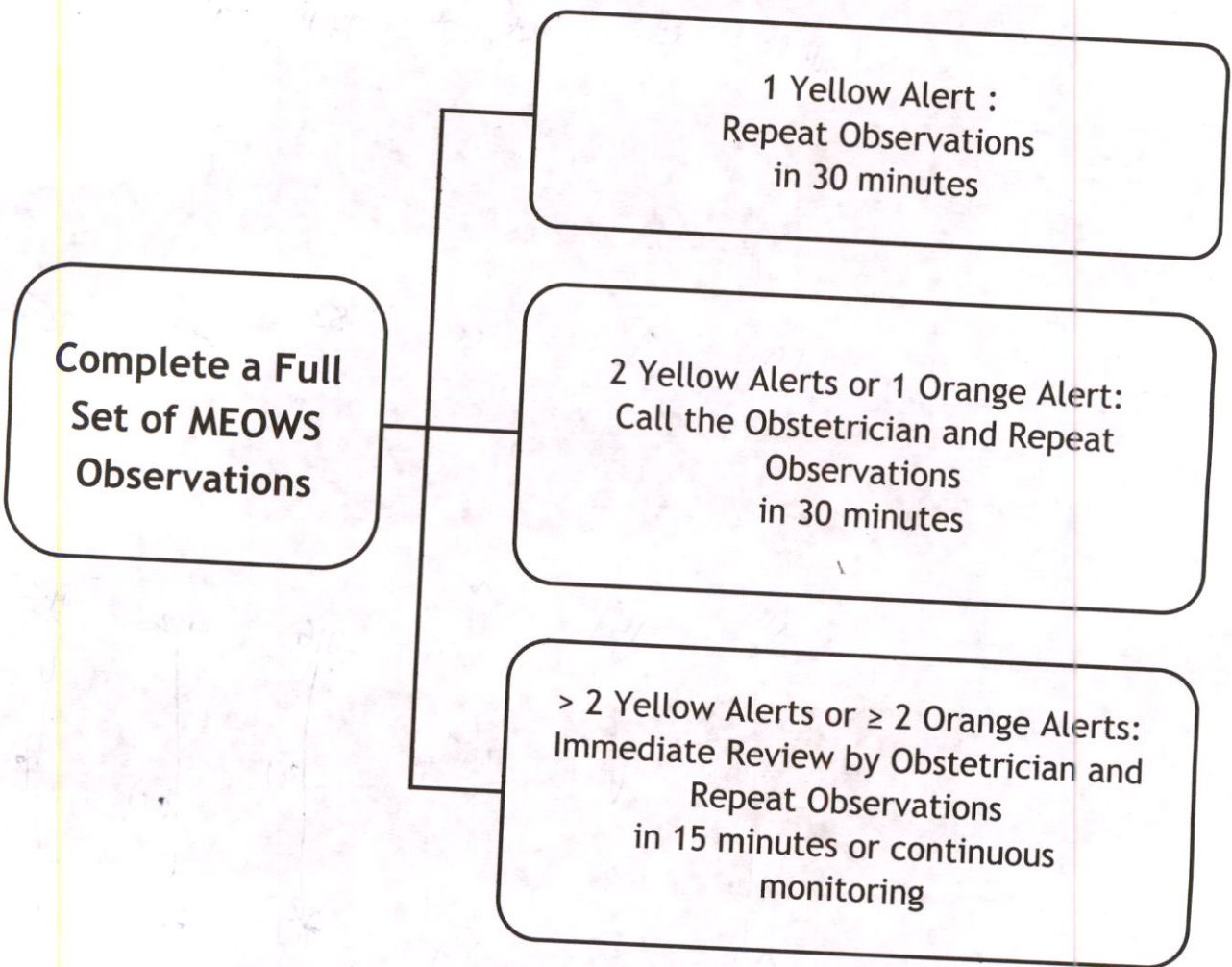
Date & Time: 1/6/26 & 9:35am





12:30pm - 98.7F  
4pm - 96.8F  
7pm - 96.5F

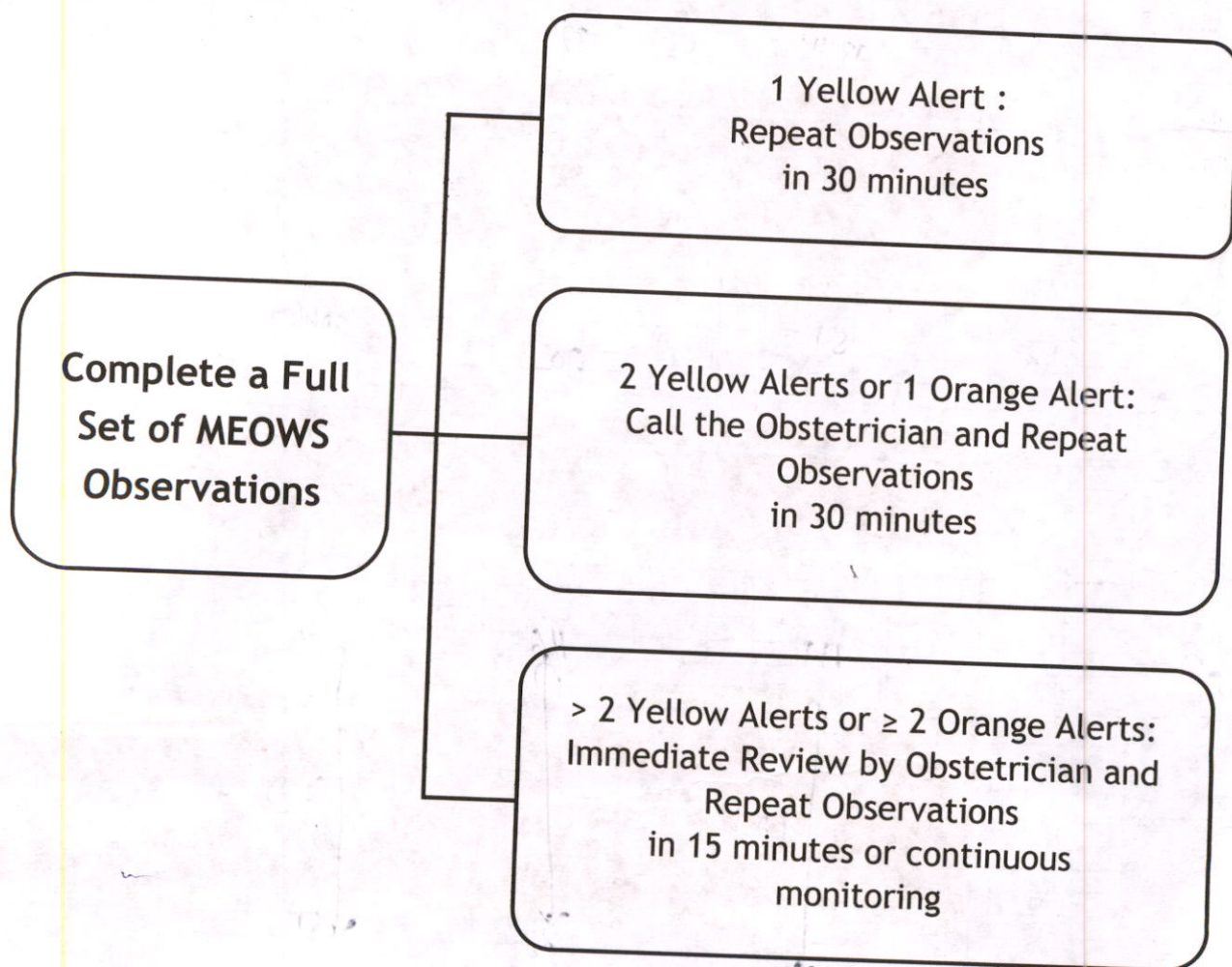
**Obstetrics and Gynaecology  
Early Warning Signs**



\* The Modified Early Warning Score (MEOWS)



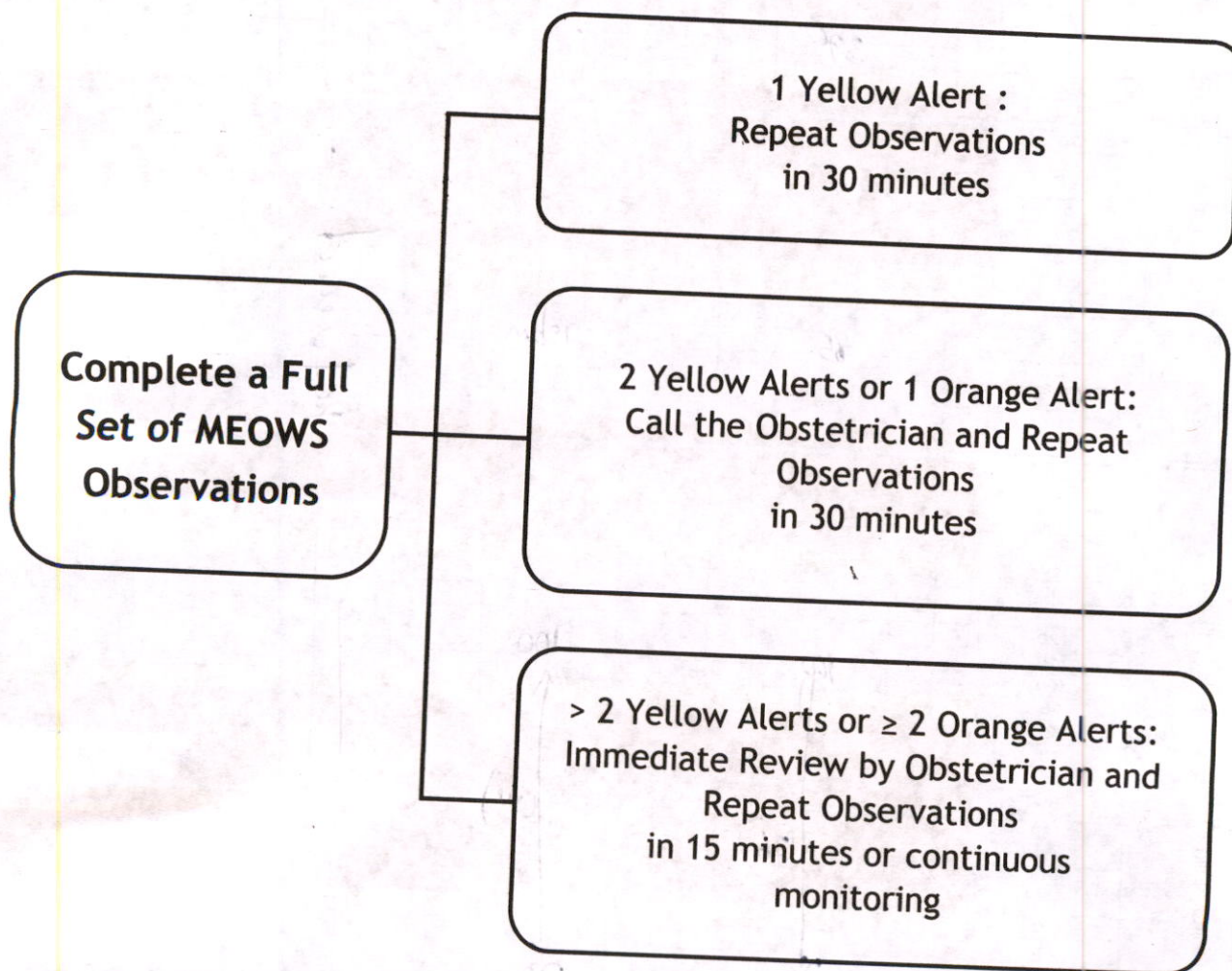
## Obstetrics and Gynaecology Early Warning Signs



\* The Modified Early Warning Score (MEOWS)



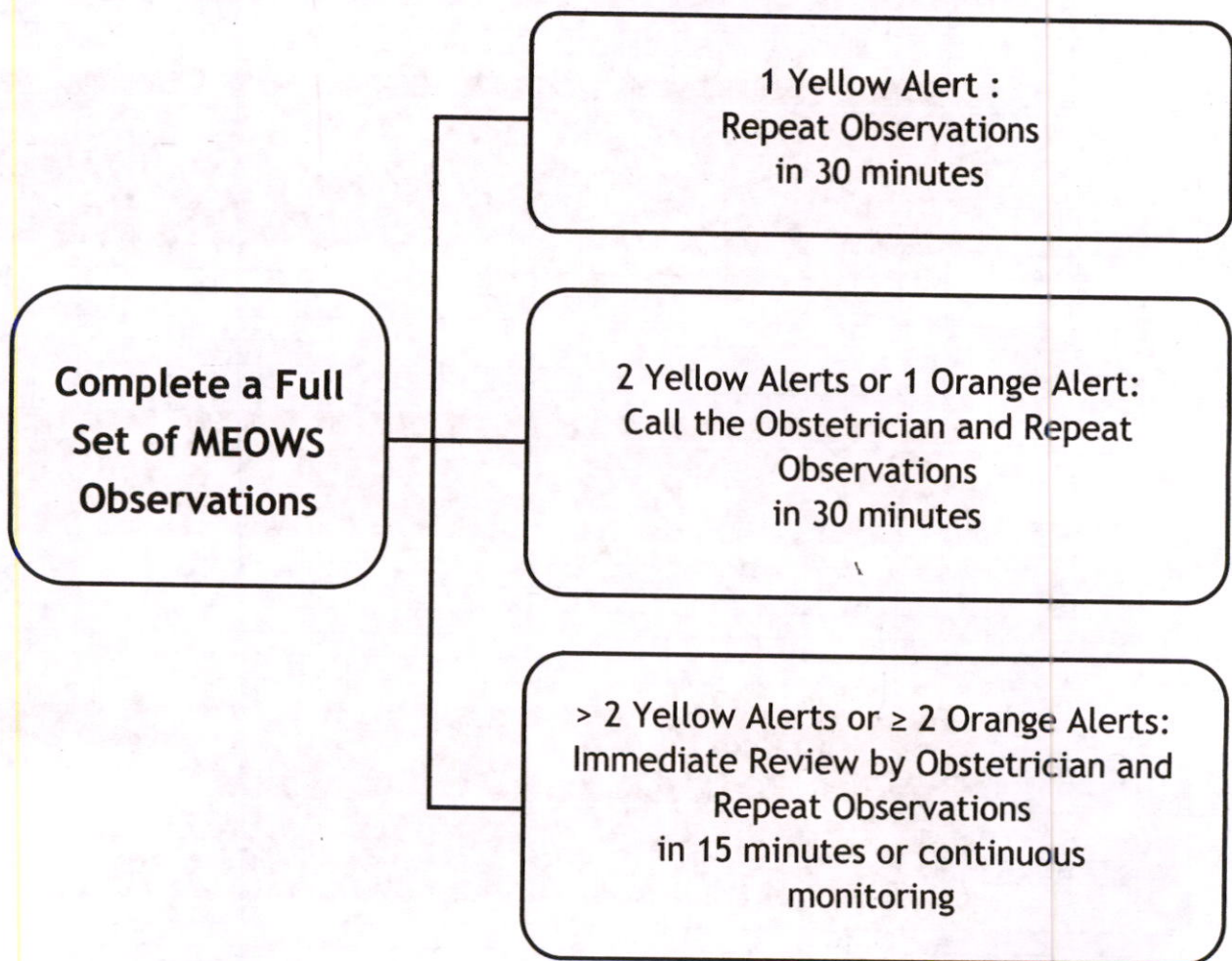
## Obstetrics and Gynaecology Early Warning Signs



\* The Modified Early Warning Score (MEOWS)



## Obstetrics and Gynaecology Early Warning Signs



\* The Modified Early Warning Score (MEOWS)



# FLUID CHART

Sheet No. : ①

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm									✓			feels
	01:00 pm	tho											feels
Total Intake : <i>Today</i>						Total Output : <i>passed</i>							
	02:00 pm	tho											feels
	03:00 pm	tho								✓			feels
	04:00 pm	tho											feels
	05:00 pm												feels
	06:00 pm	tho								✓			feels
	07:00 pm	tho											feels
Total Intake : <i>Today</i>						Total Output : <i>passed</i>							
	08:00 pm												feels
	09:00 pm	H2O								✓			feels
	10:00 pm												feels
	11:00 pm												feels
	12:00 am	H2O								100ml			feels
	01:00 am									300ml			feels
Total Intake : <i>Today</i>						Total Output : <i>passed</i>							
	02:00 am	RC			100ml								feels
	03:00 am	RC			100ml					100ml			feels
	04:00 am	RC			100ml								feels
	05:00 am	RC			100ml								feels
	06:00 am	RC			100ml								feels
	07:00 am	RC			100ml					200ml			feels
Total Intake : <i>Today</i>						Total Output : <i>passed</i>							
24 hrs. Intake		Taken				Total 24 hrs. Output		passed 100ml					



# FLUID CHART

Sheet No. : .....

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
1/6	08:00 am										0	Sudha Sini
	09:00 am	H <sub>2</sub> O									0	
	10:00 am	Soup									0	
	11:00 am										0	
	12:00 pm	H <sub>2</sub> O									0	
	01:00 pm	Sdly								600ml	0	
<b>Total Intake :</b>						<b>Total Output :</b> M-O U-600						
1/6	02:00 pm										0	Seema
	03:00 pm	H <sub>2</sub> O									0	
	04:00 pm										0	
	05:00 pm	H <sub>2</sub> O								200ml	0	
	06:00 pm										0	
	07:00 pm	H <sub>2</sub> O								500ml	0	
<b>Total Intake :</b>						<b>Total Output :</b> M-O U-700ml						
1/6	08:00 pm										0	Divya
	09:00 pm	H <sub>2</sub> O									0	
	10:00 pm										0	
	11:00 pm										0	
	12:00 am	H <sub>2</sub> O									0	
	01:00 am										0	
<b>Total Intake :</b>						<b>Total Output :</b> M-O U-						
2/6/24	02:00 am										0	Divya
	03:00 am										0	
	04:00 am	H <sub>2</sub> O									0	
	05:00 am	RL	to	100ml		NP					0	
	06:00 am	RL		100ml						350ml	0	
	07:00 am	RL		100ml							0	
<b>Total Intake :</b>						<b>Total Output :</b> M-O U-						
<b>Total 24 hrs. Intake</b>		orally 300ml taken				<b>Total 24 hrs. Output</b>		U = 9.650 ml M = 1				

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 Dr. ANNIE PRANUTHA P

# FLUID CHART

Sheet No. : .....

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

Date	Time	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
		Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G							
2/6/20	08:00 am								800ml	0	}	}
	09:00 am	H <sub>2</sub> O							✓	0		
	10:00 am					✓			✓	0		
	11:00 am	H <sub>2</sub> O								0		
	12:00 pm									0		
	01:00 pm									✓		
<b>Total Intake :</b>					<b>Total Output :</b> m-0 u-2							
2/6	02:00 pm									1	}	} Annamalai
	03:00 pm	H <sub>2</sub> O							✓	1		
	04:00 pm					✓				NA		
	05:00 pm	H <sub>2</sub> O								1		
	06:00 pm									1		
	07:00 pm	H <sub>2</sub> O										
<b>Total Intake :</b>					<b>Total Output :</b> m-1 u-3							
2/6	08:00 pm									1	}	} Diya
	09:00 pm	Food								1		
	10:00 pm								✓	1		
	11:00 pm	H <sub>2</sub> O				✓				1		
	12:00 am								✓	1		
	01:00 am	H <sub>2</sub> O								1		
<b>Total Intake :</b>					<b>Total Output :</b> m-0 u-2							
2/6	02:00 am									1	}	} Diya
	03:00 am	H <sub>2</sub> O							✓	1		
	04:00 am									1		
	05:00 am					✓				1		
	06:00 am	H <sub>2</sub> O							✓	1		
	07:00 am									1		
<b>Total Intake :</b>					<b>Total Output :</b> m-0 u-2							

**Total 24 hrs. Intake**

**Total 24 hrs. Output** m-1 u-9

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 Dr. POORMANI PRATHYUSHA  
 09-11-1996 29 Y 6 M 24 D (F)  
 Dr. ANNIE PRANUTHA P



# 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.
3. 24 hrs. total to be entered in the kardex in RED.

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	08:00 am	Food											
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
<b>Total Intake :</b>						<b>Total Output :</b>							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
<b>Total Intake :</b>						<b>Total Output :</b>							
	08:00 pm												
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
<b>Total Intake :</b>						<b>Total Output :</b>							
	02:00 am												
	03:00 am												
	04:00 am												
	05:00 am												
	06:00 am												
	07:00 am												
<b>Total Intake :</b>						<b>Total Output :</b>							

**Total 24 hrs. Intake**

**Total 24 hrs. Output**