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ACTIV

VIH-00197587 IP-00060784
Mrs CHAVVA BHAVYA SREE
24-08-1998 27 Y 10 M 27 D (F)
Dr. BHAVANA K

NG

Name: -

UHID No : ----- IP No : ----- Consultant : ----- Dept : -----

Date of Admission : 21/7/26 Time : 2:46pm Date of Discharge : ----- Time: -----

Room / Bed No : 219 Ward : LW Suggested Billable bed type : -----

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
22/7/26	10:20	LW	OT	<i>[Signature]</i>
22/7/26	11:30AM	OT	MICU	<i>[Signature]</i>
23/7/26	12pm	MICU	Room	<i>[Signature]</i>

Cross Consultation Visit

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

[illegible][illegible]

[illegible]

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
21/7/26	Iv. placement	① ✓	3104321	<u>Rami</u>
22/7/26	Catheterization	① ✓	3104475	
22/7/26	PAC	① ✓	3104476	<u>Rami</u>
CROSS checked by Rami 23/7/26 @ 3AM				

ANY OTHER INFORMATION

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor



SURGERY DETAILS

Date : 22/7/26
Patient Name: Mrs. Chavva Bhavya Sree Date of Birth: 24-08-1998 Age: 27yrs
Gender: Female Ward : OT UHID No.: 197587
Date of Surgery: 22/7/26 ☐ OT-1 ☐ OT-2 ☒ OT-3 ☐ OT-4 ☐ OBG OT-1 ☐ OBG OT-2
Name of the Surgery : Emergency lower segment cesarean section under spinal anaesthesia.

Time in : 10:20 AM

Time Out : 11:20 AM

	NAME	AMOUNT
1. Surgeon	Dr. Bhavana K	OT charges
2. Anaesthetist	Dr. Beenuka	
3. Assistant Surgeon	Dr. Feroz	
4. OT Technician	Tech. Jay	
5. Circulating Nurse	Be. Azad	
6. Assistant Nurse	Be. Ruby. F	

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

Dr. Nikhita
Signature of the Surgeon

Signature of Circulating Nurse

Order No: 3104618/3104619

Order by: Ruby F

DEFICIENCY CHECK MEDICAL CASE SHEET

VIH-00197587
IP-00060784
Mrs CHAVVA BHAVYA SREE
24-08-1998 27 Y 10 M 29 D (F)
Dr. BHAVANA K

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Patient Name :

IP.No:

Ward:

DOA:



Sl.No	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission Sheet	02	—	—	
2	Discharge Summary	02	—	—	
3	Nursing Initial assessment form	02	—	—	
4	Patient Transfer Forms	03	—	—	
5	In-patient Medical Record				
6	Doctors Progress Sheets	05	—	—	
7	Nurses Progress notes	03	—	—	
8	Consultation Sheets				
9	General Consent for Treatment	01	—	—	
10	Consent for Surgery				
	Consent for Blood Transfusion				
12	Consent for Chemotherapy				
13	Consent for High Risk				
14	Consent for Restraint vaginal Birth	01	—	✓	
15	DAMA Consent				
16	Consent for Special Procedure Surgery	02	—	—	
17	Consent for Radiological Investigations				
18	Consent for HIV Test				
19	Anaesthesia consent form	03	—	—	
20	Anaesthesia notes (Pre Anaesthesia & Post)				
21	Pre Operative checklist	01	—	—	
22	Surgical safety Checklist	02	—	—	
23	Operation Theatre notes				
24	Nurses Clinical Presentation				
25	TPR & BP chart	03	—	—	
26	Intake and Output chart (fluid Chart)	02	—	—	
	Drug Chart (Regular prescription)	04	—	—	
28	Daily Investigation sheet				
29	Investigation Values (Result Sheet)	01	—	—	
30	Nebulization Chart				
31	Diabetic chart				
32	Nutritional Review chart	01	—	—	
33	MLC form (in case of MLC)				
34	Patient Education Form				
	Breast Scale	02	—	—	
	Thrombophlebitis	01	—	—	
	Pain assessment	02	—	—	
	Medication Reconciliation form	02	—	—	
	other pages	12	—	—	
	Total No. of Pages	57			

Signature and Date :

Noted by
Subram
21/8/26
@ 4AM

ERROR LOG

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

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

197587

IP-00060784

VVA BHAVYA SREE

1998

27 Y 10 M 27 D (F)

BHAVANA K



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<u>Date</u>	<u>Time FHR contraction</u>	<u>Time FHR contraction</u>
21/7/26	2pm 140b/min	2:30am - 149b/min
	2:30pm 149b/min	4am - 147b/min
	3pm 136b/min	4:30am - 150b/min
	3:30pm 144b/min Nil	5am - 132b/min
	4pm 136b/min	5:30am - 147b/min
	4:30pm 141b/min	6am - 152b/min
	5pm 149b/min	6:30am - 154b/min
	5:30pm 145b/min	7am - 157b/min
	6pm 140b/min	7:30am - 140b/min
	6:30pm 143b/min	8am - 147b/min
	7pm 150b/min	8:30am 140b/min
	7:30pm 141b/min	9am 150b/min
	8pm 146/min Nil	9:30am 140b/min
	8:30pm - 140b/min	10am 150b/min
	9pm - 146 b/min	10:30am
	9:30pm - 132 b/min	11am
	10pm - 140 b/min	11:30am
	10:30pm - 150 b/min	12pm
	11pm - 141 b/min Nil	12:30pm
	11:30pm - 145 b/min	1pm
22/7/26	12am - 142 b/min	1:30pm
	12:30am - 132 b/min	2pm
	1am - 148 b/min	
	1:30am - 140 b/min	
	2am - 142b/min	
	2:30am - 152b/min	
	3am - 155b/min irritability	

VIH-00197587 IP-00060784
Mrs CHAVVA BHAVYA SREE
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Dr. BHAVANA K



PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]

ADMISSION SHEET



Registration Details :

Admission No : IP-00060784 Admit Date : 21-Jul-2026 Admit Time : 02:46 PM UHID : VIH-00197587

Patient Details :

Patient Name	: Mrs CHAVVA BHAVYA SREE	Age	: 27 Y 10 M 27 D
Guardian	: Mr K PAVAN KUMAR	DOB	: 24-08-1998
Gender	: Female	Religion	:
Occupation	:	Martial Status	:
Address (H)	: H-No-1-8-81/1, Astral gardenia apartments, Alwal Hyderabad Telangana INDIA 500010	Phone No	: 9948067505/ 8790666737
		E-mail	: bhavyasreechavva@gmail.com

Admission Details :

Bed Type	: MICU	Bed No	: LW 223	Ward Name	: N 2F-LABOUR WARD
Room No	: LW 223	Admission Type	: First Visit		

Contact Details :

Name	: Mr K PAVAN KUMAR	Relationship	: Husband
Contact Address	:	Phone No	: 9948067505


Signature

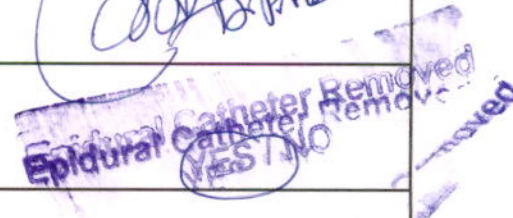
Doctor Details :

Doctor Name	: Dr. BHAVANA K	Specialisation	: OBSTETRICS AND GYNECOLOGY
Referral Doctor	: Self	Phone No	:
Co-Consultant	:		

Payment Details :

Payment Mode	: Cash	Deposit Amount	: 0.00
		Payor Name	: ICICI LOMBARD GENERAL INSURANCE CO LTD

PATIENT TRANSFER FORM

Patient Name & UHID No. VIH-00197587 IP-00060784 Mrs CHAVVA BHAVYA SREE 24-08-1998 27 Y 10 M 29 D (F) Dr. BHAVANA K 		Date & Time of Admission 22/3/26 @ 2:46pm	Date & Time of Transfer Order 23/3/26 12pm
Transfer Ordered by Dr. Nikitha		Reason for Transfer Observation	
From Unit MICU	To Unit Room (107)	Information to Attendant Yes ☒ No ☐	
Number of Sheets in Clinical File 38	Number of Imaging Films 2	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.	Saral - ① underpad - ① Bacirab - ①		
2.	Tab:- Tramadol - ⑩		
3.	Tab:- Paracetamol - ⑥		
4.	Tab:- Pantoprazole - ⑩		
5.			
Shifting Summary / Notes Written by Doctor : Yes ☐ No ☐ Dr. Nikitha			
Name & Signature of Person who is Transferring Sr. Prathusha		Name of Person Ordered Transfer Dr. Nikitha	
Patient & Clinical Records Received by : Sr. Anitha			
Date & Time of Patient Received : @ 12:20pm			

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

Patient Name & UHID No. VIH-00197587 IP-00060784 Mrs CHAVVA BHAVYA SREE 24-08-1998 27 Y 10 M 27 D (F) Dr. BHAVANA K 		Date & Time of Admission 21/7/26 @ 2:46 PM	Date & Time of Transfer Order 22/7/26 @
		Transfer Ordered by DR. FARNAR	Reason for Transfer Em-LSC
From Unit MCU	To Unit OT	Information to Attendant Yes ☒ No ☐	
Number of Sheets in Clinical File 36	Number of Imaging Films NIT 4	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. Farnar			
Name & Signature of Person who is Transferring S. Manan		Name of Person Ordered Transfer Dr. Farnar	
Patient & Clinical Records Received by : Sri. Varuntha			
Date & Time of Patient Received : 22/7/26 @			

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

☐ Unavailable Bed

☐ Nurse not Available

☐ Available Bed not ready



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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

Obstetric Formula: Primigravida.

ML-2424 NCM

Obstetric History:

G1-PP, Spontaneous conception.

Present Pregnancy Record: Booked to RCH at

44 weeks. She was diagnosed with Gestational Diabetes Mellitus at 27 weeks & was managed with Diet. She had

RISK FACTORS: H/o Anemia since conception

u is on Oral Iron.

- GDM (D)
- SGA
- Anemia (corrected)

Height: 152 cm

Weight: 65 kg

Allergies: NIL

Breast: ☒ Normal ☐ Abnormal

General Examination:

Consciousness: c/c

Icterus: (-)

Temp: Afebrile

BP: 121/82 mmHg

CVS: S/G (+)

Liver/Spleen: (N)

Pallor: (+)

Edema: (-)

PR: 82 bpm

DTR: (+)

RS: BAE (+)

Urine Output: Adequate

LMP: 3d/12/25

Corrected EDD: 4/8/26

Menstrual History: Regular: ☒ Yes ☐ No

Obstetric Examination

Fundal Height: ~79

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

Liquor: ☒ Adequate ☐ Oligo ☐ Poly

PP: ☒ Cephalic ☐ Breech Others _____

Head Fifts Palpable: _____

FHS: ☒ Normal ☐ Tachy ☐ Brady ☐ Absent

⊕ 148 bpm

Per Speculum Examination Not done

Draining: ☐ Present ☐ Absent ☐ Bleeding

Colour of Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Vaginal Examination

Cervix: ☒ Long ☐ Partially effaced ☐ Effaced

Os: Closed _____ Dilated 1F

Membranes: ☒ Present ☐ Absent

Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Presenting Part: ☒ Vertex ☐ Breech ☐ Others

Sutton: ☐ -3 ☒ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2

Pelvis: ☒ Adequate ☐ Doubtful

DIAGNOSIS

Primigravida with 38 weeks with Gestational Diabetes Mellitus (Diet) with Small for Gestational Age Baby with Anemia corrected for Reduction of labor.



Family History: Mother - Hypothyroid.	Surgical History: Nil
Medical History: Chronic Anaemia.	Medication History: Green chilli allergy.
Plan of Care: <u>GtBS - 106mg/dl</u> <u>CI to Dr Bhavana Mann</u> - Asmtution - Diabetic Diet - FHR monitoring - Pains preparation - NRT with help - Monitor vitals - Follow drug chart - Difunis - Tab misoprostol 250ug PO - with hourly - send CBP <i>noted by margi 21/7/26 @ 7pm</i>	Investigations: <u>BLOOD GROUP - CO' POSITIVE</u> <u>21/7/26</u> HIV } NR HBsAg } HCV } VDRL } CBP - 11.9 / 11600 / 21.99L CUE - (M) TSH - 1.781 FBS - 70, PLBS - 108 <u>AFI Doppler (12/7/26)</u> SLIUF 36+6 wks. AFI - 1211cm Cephalic AC - 8th centile Doppler - (M) <u>GROWTH scan (1/7/26)</u> SLIUF, 35+1 wks. Cephalic PI - Pochtly h. AFI - 1217cm AC - 8% EFW - 2345gm Doppler - (M) <u>TIFFA scan (23/7/26)</u> SLIUF 20+6 wks. PI - Post, low lying, lower end is 2cm from internal os CL - 32mm - No Anomalies <u>NIT scan (24/1/26)</u> SLIUF, 12+4 wks. NT - 1.8mm Nasal bone (+) CL - 30mm FTS - low risk

Doctor Name: Dr. G. S. S. S.

Signature: [Signature]

Date & Time: 21/7/26, 4:30pm

Consultant Name: Dr. BHAVANA K

Signature: [Signature]

Date & Time: 21/7/26, 4:30pm

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NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 21/12/20 Time: 5pm

Origin: Indian Height: 152 cm Weight: 65' BMI: ☐ ~ 26 kg/m²
☐ ~ 28 kg/m²
☐ ~ 30 kg/m²

Food Allergies: Milk

Diagnosis: Primigravida GSW at CDM for 20w America

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

Diet Advised:

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

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

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

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

Patient's / Attendant's

Signature: [Signature]

Name: Pawan

Date & Time: 21/12/20 5pm

Dietician's

Signature: [Signature]

Name: Aditya Adhikari

Date & Time: 21/12/20 5pm

DIETARY NOTES

[illegible]



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/7/26 8:45 PM	O/E R/Ls abd GC fair Afebrile BP-108/67 mmHg PR-84 bpm PE-NAD P/A-U+V TG Cephalic Relaxed FHR(+) 148 bpm V/E-CX-long tip long. OS-IF PPVX 1-2	Adv. - Diabetic diet - WIF POL - FHR monitoring - NCT use help - Monitor vitals - Follows drug chart - Infection free - Ambulation - Birthing ball exercises
noted by mangi 21/7/26 @ 5:45 PM <i>[Signature]</i>		
21/7/26 8:45 PM	O/E + U/C afebrile afebrile CBP-11.7/108/50 2.43L T.M. 8025 mg 2nd dose kept at 8:45 PM Cephalic 2nd 20 sec 10 min PE-CX-3/4 in line OS-1 cm PPVX-2/1 m	Adv - Diabetic diet - WIF POL - birthing ball - ambulation - hydration - FHR monitoring - NCT use help - monitor vitals yellow discharge infection free



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/7/26 12:24 AM	Pt is d/c	
3rd dose Tab misoprostol 25 mg kept P/L @ 12:45 AM	G+C fair Afebrile BP - 109/67 mmHg PR - 86 bpm S/E - NAD P/A - Uterus	Adv - 1st diet - Diabetic - Ambulation - Hydration - w/f POC - follow drug chart
	(C) FHR 142 bpm 3c/20 sec/10 min VLE - cx - 1/2 inch long, soft os - 1 finger PPE (-3)	- monitor vitals - NST - Uterus hourly FHR monitoring - Inform SOS
	Noted by Pradyumn @ 12:45 AM	Phan Dr. Pradyumn
22/7/26 4 AM	SROM	Adv
SROM Liq. clear	o/c nt d/c c/fair afebrile BP - 115/62 mmHg PR - 82 bpm S/E - NAD P/A - Uterus	- clear liquids - continue FHR monitoring - NST hourly - monitor vitals - follow drug chart
NST reactive	3c/30 sec/10 min cephalic - FHR 140 bpm	- w/f POC - inform SOS H. Dr. Pradyumn



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/7/26 6am	↓ epidural RA - 4 cl 2500/10mm aut 274 cephalic FHR @ 140bpm PO - CX 3cm 170% effaced [PPV 2] m @ 140	
22/7/26 7am	↓ epidural CS to Dr. Bhavanaram	Dr. Ashwin
		Adv - 5mg oxytocin SMLHR, start start Protin & epidocin Dr. Ashwin
	noted by practitioner @ 6am	

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/7/26 8 AM	O/E- pt is c/c/c Gc-Fair afebrile. BP - 106/59 mmHg. PR - 120 bpm. S/E - NAD. PIA - ut ~ TG. cephalic. 4C / 30-35 sec / 10 min. FHR ⊕ 160 bpm. N/E - Cx - 70% effaced. OS - 3 cm. PPVX 1-2 memb ⊖, liq clear.	Adv: - Diabetic diet clear liquids. - Adeq. Hydration. - Continuous FHR. - W/F POL - NST 4th hourly. - Follow drug chart - Inform SAs.
22/7/26 9 AM	c/I to Dr. Bhavana mam NST non reassuring ↓ Left lateral position given. ± O RL connected oxygen connected ↓ NST non reassuring.	Adv: - NBM. - Continuous FHR monitoring.

Dr. Nikhita

Dr. Nikhita



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/7/26 10 AM	C/I to Dr Bhavana ma'am	
	NST. non reassuring & fetal deceleration	Adv - NBM - PAC - consent - Continuous FHR monitoring - Inform SOS - prepare for emergency LSCS. I have Dr. Sameer
22/7/26 10:55 AM	Noted by manya 10 AM 22/7/26 <u>Counselling Notes.</u> Patient and attenders were explained regarding the non reassuring NST & decelerations and presumed fetal distress and the need for emergency LSCS and they opted for emergency LSCS.	Dr. Sameer

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/7/26	POD - 0 (LSCS)	
11:45 AM	O/E - pt is c/c/c	Adv:
	G/C - Fair	- NBM x 4 hours
P/L	Afebr.	- I/O charting
GDM (LD)	BP - 128 / 79 mmHg.	- w/f bleeding PV
	PR - 92 bpm	- monitor vitals
U/O	S/E - NAD	- Follow drug chart
400 ml clear adeq	PIA - ut ~ w/R.	- rest
	Soft BS $\pm$	- Inform sos
Noted by Manya 11:45 AM	U/E - NAB	
	Baby $\leftarrow$ $\begin{matrix} A \\ M \end{matrix}$ BF $\oplus$	Dr. Nikhita
22/7/26	POD - 0 (LSCS)	
4:00 PM		Adv
	O/E pt is c/c/c	- sips of water
	G/C fair	- f/b clear liquids
P/L	Afebrile	- W/F bleeding PV
GDM (LD)	BP - 128 / 88 mmHg	- Monitor vitals
	PR - 94 bpm	- Follow drug chart
U/O	S/E - NAD	- I/O charting
200 ml clear adeq	PIA - ut ~ w/R	- Inform sos
	Soft BS $\pm$	
Noted by Manya 4:00 PM 22/7/26	U/E - NAB	
	Baby $\leftarrow$ $\begin{matrix} A \\ M \end{matrix}$ BF $\oplus$	Dr. Yogeshwar



(u)

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/7/26 8pm	<u>POD-0</u> pt c/c ac per. afebrile BP - 117/75 mmHg PR - 88 bpm baby - M (A, BF ⊕) S/E - NAD PIA - ut n WR U/O - 400ml Adequate, clear Soft, RS ⊕/⊕ UE - NAB Noted by Shree 8pm 22/7/26	<u>Rx:</u> → Liquid diet → soft diet @ 9pm → follow drug chart → monitor vitals → wlf bleeding PV → I/O charting → early ambulation → CBF → Inform SOS BF
23/7/26 12AM	<u>POD-0 (Post Uci)</u> OK pt is c/c ac - fair Afebrile BP - 112/71 mmHg PR - 82 bpm S/E - NAD PIA - ut n WR Soft, RS ⊕ UE - NAB Baby (A, BF ⊕) Noted by Shree 12AM 23/7/26	<u>Adv</u> - Soft diet - wlf Bleeding PV - I/O charting - Early Ambulation - Monitor vitals - Follow drug chart - Inform SOS Dr. Bhavana



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	<u>POD-1 (Post Vag)</u>	
23/7/26 4 AM	o/c Pt is y/c GC - fair Afebrile BP - 112/71 mmHg PR - 82 bpm S/E - NAD U/O - 1500 ml Adequately clear P/A - U & w/r	Adv - Soft diet - W/F Bleeding PR - D/o cholesty - Monitor vitals - Follow drug chart - Inform doc
	Soft BC (+) CIC - NAB Baby T ^A , BF (+) M	Dr. Arjun
23/7/26 8 AM	<u>POD-2 (Post Vag)</u> o/c Pt is y/c GC - fair Afebrile BP - 118/63 mmHg PR - 88 bpm S/E - NAD U/O - 1700 clear & adequate Remove Foleys.	Adv - Soft diet - W/F Bleeding PR - Auscultation - Adequate hydration - Monitor vitals - Follow drug chart - Inform doc
	Soft BC (+) CIC - NAB Baby T ^A , BF (+) M	Dr. Arjun
	Shift to room	Dr. Nikhita

Bhavya
Patient St

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Dr. BHAVANA K



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Date & Time	Progress Notes	Doctor's Order
23/7/26 2 pm.	POD-1 (LSCS) O/E - pt is c/c/c Gc - Fair Afebrile BP - 109/72 mmHg PR - 69 bpm S/E - NAD PIA - ut ~ w/r Soft, BS (+) L/E - NAB Baby ^A _m BF (+)	Adv: - (N) diet - Adeq. Hydration - Ambulation - monitor vitals - w/F bleeding pu - Follow drug chart - Inform sos.
P/L GDM (D) urine passed motion not passed		DR Dr. Nikhita
23/7/26 9 pm.	POD-1 (LSCS) O/E - pt is c/c/c Gc - Fair Afebrile BP - 108/78 mmHg PR - 86 bpm S/E - NAD PIA - ut ~ w/r Soft, BS (+) L/E - NAB. Baby ^A _m BF (+)	Adv: - (N) diet - Adeq. Hydration - Ambulation - monitor vitals - w/F bleeding pu - Follow drug chart - Inform sos.
P/L GDM (D) urine passed motion not passed		noted by dr. Nikhita 23/7/26 @ 7 pm DR Dr. Nikhita

NURSING CARE RECORD

Date: 21/7/20

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

NST 4th hourly - FHR checked

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon	3pm	⇒ Ensure safety	3:10 PM	⇒ provided siderails	⇒ patient safety	⇒ patient safe & comfortable	mange (M) 21/7/20 @ 7pm
	6pm	⇒ maintain fluid balance	6:10 PM	⇒ maintained orals	⇒ encourage to take more orals	⇒ patient take more orals & hydrated	
Night	8 PM	→ TO check NST every 4th hourly (FHR)	8:15 PM	→ NST checked & it's reacted - FHR - 145 b/min	→ checked NST 4th hourly it's reacted.	→ Re-Assessed checked NST it's reacted	Ravi 21/7/20 @ 9pm.
	9pm	→ Ensure safety	9:15 PM	→ provided siderails to prevent fall from Bed	→ prevented fall from Bed	→ Re-Assessed prevented fall	

Bed



NURSING CARE RECORD

Date: 22/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8AM	⇒ Ensure safety	8:10 AM	⇒ provided side rails	⇒ Patient safety	⇒ patient safe & comfortable	manga 22/7/26 @ 2pm
	2pm	⇒ Any Others, specify		⇒ Check FHR & NST 4th hourly	⇒ checked FHR & NST	⇒ checked FHR & NST good	
Afternoon	3pm	Ensure Safety		provide siderails	to prevent bed falls	patient is safe & comfortable	meghna 22/7/26 @ 4pm
Night	10pm	Ensure safety maintain fluid balance		provided side rails encourage to intake oral fluids	to prevent bed falls to prevent body dehydration	pt is safe patient well hydrated	poor 22/7/26 @ 10pm

NURSING CARE RECORD

Date: 23/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am	Ensure Safety	8am	Provide side rails	to prevent fall from bedside.	Patient was safe	Subh @ 8am 23/7/26
	11pm	monitor vitals	11pm	checked vitals	vitals are normal	Patient was stable	
Afternoon	5pm	→ Ensure Safety		→ provide side rails	→ to prevent fall risk	→ patient is stable	Subh 23/7 @ 5pm
Night	9pm	→ Relieve pain & discomfort Discharge note	9pm	→ Provided by Ambulation → Doctor come for round and advised to discharge	→ To reduce pain	→ Patient is stable	Subh 24/7 @ 8pm

VIH-00197587

Mrs CHAVVA BHAVYA SREE

24-08-1998

Dr. BHAVANA K

IP-00060784

27 Y 10 M 29 D

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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							



BRADEN 'Q' SCALE

1

					Date :	21/7/26	22/7/26	23/7/26
					Time :	2pm 10/10	8pm	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	4	4
Sensory Perception	1. Completely limited: Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	2. Very limited: responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	3. Slightly limited: Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	4. No impairment: Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	1. Constantly moist: Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	2. Very moist: Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	3. Occasionally moist: Skin is occasionally moist, requiring linen change every 12 hours.	4. Rarely moist: Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICION-SHEAR Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	1. Significant problem: Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	2. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	3. Potential problem: Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	4. No apparent problem: Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	1. Very Poor: NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	2. Inadequate: Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	3. Adequate: Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	4. Excellent: Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
TOTAL SCORE					28	28	28	28
Evaluator's Name					<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>

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

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

VIH-00197587 IP-00060784
Mrs CHAVVA BHAVYA SREE
24-08-1998 27 Y 10 M 27 D (F)
Dr. BHAVANA K



BRADEN 'Q' SCALE

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(2)

				Date : 23/7/2022		
				Time : 7:45 PM		
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
"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.	6	4
Sensory Perception	1. Completely limited: Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	2. Very limited: responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	3. Slightly limited: Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	4. No impairment: Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	6	4
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Tissue Perfusio & 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.	6	4
TOTAL SCORE				29	28	
Evaluator's Name						

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

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

Risk Score	Category	Action	Support Surfaces (Please Note: Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice)
15-18	At Risk	• Regular Turning Schedule • Enable as much activity as possible • Protect the heels • Use pressure redistribution surfaces • Manage moisture, friction and shear • Advance to a higher level of risk if other major risk factors are present	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
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VIH-00197587

IP-00060784

Mrs CHAVVA BHAVYA SREE

24-08-1998 27 Y 10 M 27 D (F)

Dr. BHAVANA K



CHECKLIST FOR THROMBOPHLEBITIS

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S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1 21/8/26			DAY-2 22/8/26			DAY-3 23/8/26			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		
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1			-	-	-	-	-	-		
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2			-	-	-	-	-	-		
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3			-	-	-	-	-	-		
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4			-	-	-	-	-	-		
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5			-	-	-	-	-	-		
Signature of the Nurse						P	P	P	P	P	P		

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 : Pani Name : Pani

Signature of Ward In Charge :

Signature : Q Name : Shamini



①

PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
21/7/26	7pm	'0' score	NO Pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	comfortable position	①
21/7/26	11 pm	'0' score	NO pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	comfortable position	②
22/7/26	3 Am	0 Score	NO Pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Comfortable	③
22/7/26	5 Am	1 Score	Contractions	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☒ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Epidural Given	④
22/7/26	6 Am	0 Score	NO Pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Comfortable	⑤
22/7/26	8 pm	'1' score	Back side	☐ Continuous ☒ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☒ Dull ☐ Aching ☐ Burning	☒ Increasing ☒ Decreasing	☒ Yes ☐ No	Comfortable position	⑥
22/7/26	10 pm	'2' score	Back side	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Given pain killer	⑦
23/7/26	12 Am	0 Score	NO Pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	comfortable position	⑧
23/7/26	4 Am	0 Score	NO Pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	comfortable position	⑨
23/7/26	8 Am	0 Score	NO Pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	comfortable position	⑩

Re-assessment Frequency:

1. Every eight hours for all hospitalized patients.

2. For post-surgical patients, patients with chronic pain, patient with severe pain:

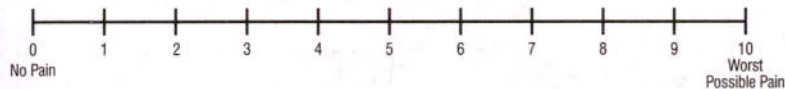
- a) At least every 2 hours for the first 24 hours b) Then every 4 hours.
c) Prior to pain relieving intervention. d) Within 30 – 60 minutes after pain relief intervention.

PAIN ASSESSMENT TOOLS

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

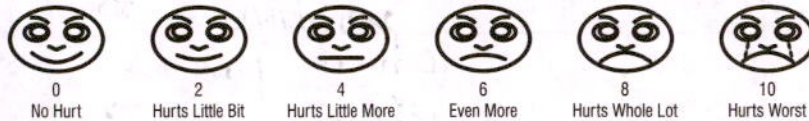
Numerical Pain Scale (Obstetric and Gynecology)



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

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

Wong - Baker (Pediatrics) Above 7 Years





2

PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
23/7/06	11 AM	0 Score	No Pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Comfortable	
23/7	7 pm	0	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	-	
23/7	10 PM	0	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Position Changed	Subh
24/7	2 AM	0	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NIC	Subh
24/7	5 AM	0	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Ambulation	Subh
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

Re-assessment Frequency:

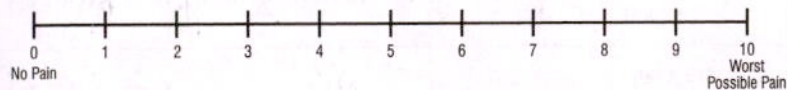
1. Every eight hours for all hospitalized patients.
2. For post-surgical patients, patients with chronic pain, patient with severe pain:
 - a) At least every 2 hours for the first 24 hours
 - b) Then every 4 hours.
 - c) Prior to pain pain-relieving intervention.
 - d) Within 30 – 60 minutes after pain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

PAIN ASSESSMENT TOOLS

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 drawn up
Activity	Laying quietly normal position, moves easily	Squirming shifting back and forth, tense	Arched, rigid, 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

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

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

Wong - Baker (Pediatrics) Above 7 Years



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/ anxiety/within 2 hours post anesthesia/ sedation	X	25
	None	0	0
Total Score			15
Signature of the Nurse			manga
Action Plan		Good basic Nursing care	

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



RISK ASSESSMENT TOOL FOR DEEP VEIN THROMBOSIS

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

C	Pre-existing risk factors	Tick	Score
	Previous VTE (except a single event related to major surgery)	-	4
	Previous VTE provoked by major surgery	-	3
	Known high-risk thrombophilia	-	3
	Medical comorbidities e.g. cancer, heart failure; active systemic lupus erythematosus, inflammatory polyarthropathy or inflammatory bowel disease; nephrotic syndrome; type I diabetes mellitus with nephropathy; sickle cell disease; current intravenous drug user	-	3
	Family history of unprovoked or estrogen-related VTE in first-degree relative	-	1
	Known high-risk thrombophilia (no VTE)	-	1
	Age (? 35 years)	-	1
	Obesity	-	1 or 2
	Parity ≥3	-	1
	Smoker	-	1
	Gross varicose veins	-	1
Obesity risk factors			
	Pre-eclampsia in current pregnancy	-	1
	ART/IVF (antenatal only)	-	1
	Multiple pregnancy	-	1
	Caesarean section in labour	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, postpartum sterilization	-	3
	Hyperemesis	-	3
	OHSS (first trimester only)	-	4
	Current systemic infection	-	1
	Immobility, dehydration	-	1
	Total	1	
	Signature of the Nurse		

RISK ASSESSMENT TOOL FOR DEEP VEIN THROMBOSIS

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

Action Plan	<i>Early Ambulation.</i>
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Risk assessment for venous thromboembolism (VTE)

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

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



CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: Dr. Bhavana.	Date of Delivery: 22/7/26
Assistant Surgeon: Dr. Sowmya Sai Dr. Farnaz	Time of Delivery: 10:44 AM
Anaesthetist's Name: Dr. Baurda.	Gender of Baby: Female.
Type of Anaesthesia: Spinal Epidural	Weight of Baby: 2.767 kg.
Neonatologist: Dr. Ganesh.	AGPAR Score: 8/10, 9/10.
Scrub Nurse: Sm. Ruby. F	NICU Admission: ☐ Yes ☒ No

Pre-Operative Diagnosis: Primigravida 38 weeks GDM (D) SGA baby corrected anemia for IOL.

☐ Elective ☒ Emergency

Indication: Non reassuring NST with decelerations presumed fetal distress.

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: 15 min. Knife to rectus:

CTG Description: Non-reassuring.

If there was a delay give the reasons:

Surgical Procedure: Emergency lower segment cesarean section under Epidural spinal anaesthesia.

Post Operative Diagnosis: P.

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: 3cm cm

5th Palpable:

Fetal Position:

Station: ☐ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2Moulding: ☒ None ☐ + ☐ ++ ☐ +++Caput: ☐ + ☐ ++ ☐ +++Meconium: ☒ None ☐ + ☐ ++ ☐ +++Bladder Catheterized: ☒ Yes ☐ NoUrine: ☒ Clear ☐ Blood StainedSkin Incision: ☒ Pfannenstiel ☐ Transverse ☐ Midline ☐ OtherUterine Incision: ☒ Lower Segment ☐ Classical ☐ Inverted T ☐ J IncisionPrevious Scar: ☐ Intact ☐ Thinned out ☐ Ruptured ☒ No ScarIncision Through Placenta: ☐ Yes ☒ NoDelivery of head: ☒ Manual ☐ ForcepsLiquor: ☒ Clear ☐ Meconium: ☐ I ☐ II ☐ III ☐ Blood ☐ Offensive ☒ Not OffensiveDelivery of Placenta: ☐ Manual ☒ CCT ☒ Complete ☐ Incomplete ☐ Piecemeal

placental bed bleeding noted - sutured.

Cord Appearance: one loop of Cord around the neck ☒ Yes ☐ NoAppearance of placenta: Normal Cavity explored ☒ Yes ☐ NoUterus, tubes and ovaries: ☒ Normal ☐ Not Normal Sterilization: ☐ Yes ☒ No

Atonic PPH noted, managed with uterotonics.

Uterine Closure: ☐ One Layer ☒ Two Layers Vicryl 1-0 SuturePeritoneal Closure: ☐ Pelvic ☐ Abdominal ☐ None Suture

Sheath Closure: Vicryl No. 1 Suture

Fat Closure: ☐ Yes ☐ No SutureSkin Closure: ☒ Subcuticular ☐ Mattress Monocryl 3-0 SutureVaginal Evacuated ☒ Yes ☐ NoDrain: ☐ Yes ☒ No ☐ Remove in days ☐ Await instructionsCatheter ☒ Yes ☐ No ☐ Remove in 12 hrs days ☐ Await instructionsSwap & Instruments count correct? ☒ Yes ☐ No ☒ Post-op Antibiotics ☒ Yes ☐ NoIntra-Operative Antibiotics Cover: ☒ Yes ☐ No ☐ Thromboprophylaxis ☐ Yes ☒ No

Post-Operative Notes:

- NBM x 4 hours

- I/O charting

- w/F bleeding PU

- monitor vitals

- follow drug chart

- Inform s/s

Dr. Nikita

Doctor Name: Dr. Bhavana K. Doctor Signature:

Date & Time: 22/7/2026. 11:40 AM

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Bhavana K
Asst. Surgeon : Dr. R. R. R.
Anaesthetist : Dr. R. R. R.
Scrub Nurse : Sri. Ruby F

VH-00197587 IP-00060784
MRS CHAVVA BHAVYA SREE
24-08-1998 27 Y 10 M 28 D
Dr. BHAVANA K



Age : 27y Gender : F
Surgery Name : EM-LSCS
Date : 22/7/26 In-time : 10:20AM Out-time : 11:30 AM

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Before Induction of Anaesthesia ➤ ➤

Before Skin Incision ➤ ➤

Before Patient Leaves Operating Room

SIGN IN	Time: <u>10:15am</u>
Patient Has Confirmed	
Identity	☒ Yes ☐ No
Site	☒ Yes ☐ No
Procedure	☒ Yes ☐ No
Consent	☒ Yes ☐ No
Site Marked	☐ Yes ☐ No ☒ NA
Anaesthesia Safety Check Completed	☒ Yes ☐ No
Pulse Oximeter on Patient & Functioning	☒ Yes ☐ No
Does Patient have a:	
Known Allergy?	☐ Yes ☒ No
Difficult Airway / Aspiration Risk?	
Yes, & Equipment / Assistance Available	☐ Yes ☒ No
Risk of > 500ml Blood Loss (7ml/kg In Children)?	
Yes, and Adequate Intravenous Access and Fluids Planned	☐ Yes ☒ No ☐ NA
Blood Units Reserved	☐ Yes ☒ No ☐ NA
Has Antibiotic Prophylaxis been given within the last 60 minutes?	
	☒ Yes ☐ No ☐ NA
Signature : <u>Dr. R. R. R.</u>	
Name : <u>Dr. R. R. R.</u>	

TIME OUT	Time: <u>10:20AM</u>
Confirm all team members have introduced themselves by Name and Role ☒ Yes ☐ No	
Surgeon, Anaesthesia Professional and Nurse Verbally Confirm <u>→ Mrs. C. Bhavya Sree</u>	
Correct Patient (Check ID Band)	☒ Yes ☐ No
Correct Site	☒ Yes ☐ No
Correct Procedure	☒ Yes ☐ No
Anticipated Critical Events	
Surgeon Reviews: <u>→ Bleeding</u>	
What are the Critical or Unexpected Steps, Operative Duration, <u>1hr</u> Anticipated Blood Loss? <u>500ml</u> ☒ Yes ☐ No ☐ NA	
Anaesthesia Team Reviews: <u>Bleeding</u>	
Are There Any Patient-specific Concerns? ☐ Yes ☐ No ☐ NA	
Nursing Team Reviews:	
Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns? ☒ Yes ☐ No ☐ NA	
Is Essential Imaging Displayed? ☐ Yes ☐ No ☐ NA	
Power Supply, Earthing, Power Backup and functioning of equipment checked. ☐ Yes ☐ No	
Signature : <u>Azad</u>	
Name : <u>Dr. Azad</u>	

SIGN OUT	Time: <u>11:20AM</u>
Nurse Verbally Confirms with the Team:	
The Name of the Procedure Recorded	☒ Yes ☐ No
That Instrument, Sponge and Needle Counts are Correct (or Not Applicable)	☒ Yes ☐ No ☐ NA
The Specimen is Labelled (including patient name)	☐ Yes ☐ No ☒ NA
Whether there are any Equipment Problems to be addressed	☐ Yes ☒ No ☐ NA
To Surgeon, Anaesthetist and Nurse:	
What are the key concerns for recovery and management of this patient?	☒ Yes ☐ No
Signature : <u>Dr. R. R. R.</u>	
Name : <u>Dr. R. R. R.</u>	

PROCEDURE SAFETY CHECK LIST (TIMEOUT OUTSIDE OT)

Patient Name: CHAVVA BHANYA SREE Gender: ☐ Male ☒ Female UHID. No: V14 00199587 Age: 27yr
Date: 22/07/26 In-Time: 05:20AM Out-Time: 05:45AM
Doctor Performing Procedure: Dr. P Madhav Doctor Giving Sedation: _____ Assisting Nurse: Prathyusha

SIGN IN		Time: <u>05:25AM</u>	TIME OUT		Time: <u>5:20AM</u>	SIGN OUT		Time: <u>5:45AM</u>			
	Yes	No	NA		Yes	No	NA				
Patient is verified using two identifiers (Name & UHID)	☒	☐	☐	Correct Patient	☒	☐	☐	Name of the Surgical / Invasive Procedure is recorded	☒	☐	☐
All required documents, images, studies are available	☒	☐	☐	Correct Site	☒	☐	☐	Instrument, Sponge and Needle Count Completed	☒	☐	☐
NPO Status Checked from Patient / Patient Attendant	☐	☐	☒	Correct Procedure	☒	☐	☐	Specimens are labeled	☒	☐	☐
Consent is Signed	☒	☐	☐	All the team members introduced	☒	☐	☐	Any equipment problems are addressed	☐	☒	☐
Any need for blood products	☐	☒	☐								
If Yes Comment: _____											
Any Risk of Hemodynamic Compromise	☐	☒	☐								
If Yes Comment: _____											
Any drug or food allergy	☐	☒	☐								
If Yes Comment: _____											
Correct Site of Procedure Marked	☒	☐	☐								
All resources required are correct, available and functioning	☒	☐	☐								
Signature of the Doctor: <u>[Signature]</u>				Signature of the Nurse: <u>Prathyusha</u>				Signature of the Nurse: <u>Prathyusha</u>			
Name of the Doctor: <u>Dr. P Madhav</u>				Name of the Nurse: <u>Prathyusha</u>				Name of the Nurse: <u>Prathyusha</u>			

Any Adverse / Unexpected Events

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

Patient Name : Mu. CHAVVA BHAVYA SREE Gender: ☐ Male ☒ Female Age : 27 years

UHID No : VH-00197587/1P-00060784 Date : 22/7/26

Instruction:

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

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

EMERGENCY LOWER SEGMENT CESAREAN SECTION

upon

(Name of the Patient) Mu. CHAVVA BHAVYA SREE

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, BOWEL AND BLADDER INTURY, URETERIC INTURY, POST PARTUM HAEMORRHAGE, BLOOD TRANSFUSION ASSOCIATED REACTION.

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. BHAVANAK

Consentee :

Signature : [Signature]

Name : C. Bhavya Sree

Date & Time : 22/7/26, 10 AM

Witness :

Signature :

Name :

Date & Time :

Patient Attendant :

Signature : [Signature]

Name : K. Sanyasalegar

Relationship with Patient: Father in law

Date & Time : 22.7.2026 at 10.00 AM

Doctor (who is taking the consent) :

Signature : [Signature]

Name : Dr. fane

Date & Time : 22/7/26 10 AM

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MAC

Patient Name : Mrs. Chawra Bhanya Sree Age : 23y
 Gender: M ☐ F ☒ - IP No : Consultant : Dr. Bhavana K
 Ward / Bed No. : Anaesthesiologist : Dr. Shilpa
 Operative procedure planned : Emergency Cesarean delivery

PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA

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

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

☐ Heart disease ☐ Hypertension ☐ Diabetes mellitus ☐ Renal failure
☐ Hepatic disorders ☐ Shock ☐ Multiple organ failure ☐ Polytrauma / RTA
☐ Incapacitating COPD ☐ Others : Bleeding

Comments :

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

DECLARATION BY PATIENT / GUARDIAN / PROXY

I hereby authorize Rainbow Hospital & its authorized doctors to perform upon me / my patient Mrs. Chawra Bhanya Sree the above mentioned operation / Diagnostic / Therapeutic procedures Emergency Cesarean delivery

I authorize and give consent for anaesthesia (☒ Regional / ☐ General Anesthesia / ☐ Monitored anaesthesia 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 anaesthesia.

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 / 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 : [Signature]

Name : G. Prayag

Relationship with Patient: SELF

Date & Time : 22/7/2026

Witness :

Signature : [Signature]

Name : K. Sathyamalegar

Date & Time : 22/7/2026 at 10:00

Doctor (who is taking the consent) :

Signature : [Signature]

Name : Dr. Brunda

Date & Time : 22/7, 10:08 am

CONSENT FOR SPECIAL PROCEDURES

Patient Name : CHAUA BHAVYA SREE Gender: ☐ Male ☒ Female

UHID No : VIH 00197587 Department : Date : 22/07/26

I S/D/W/O

Here by give consent for procedure of : Labour Epidural

For my patient, Named : CHAUA BHAVYA SREE

The doctors have clearly explained to me that the procedure has following possible complications:

Hypotension, Bradycardia, Tachycardia, Dural puncture,
Resisting the catheter

The doctor have explained to me about the alternatives, risks and benefits for this procedure that :

IV opioids / Entonox

I have understood the matter mentioned above in language known to me and give consent for the procedure.

Name of the Doctor performing the procedure: Dr. P. Madhavi

Patient Attendant :

Signature : [Signature]

Name : K. Pavan Kumar

Relationship with Patient: Husband

Date & Time : 22/7/26 5:15 AM

Witness :

Signature :

Name :

Date & Time :

Doctor (who is taking the consent) :

Signature : [Signature]

Name : Dr. P. Madhavi

Date & Time : 22/07/26

ప్రత్యేక విధానాలకు సమ్మతి



రోగి పేరు లింగం ☐ పురుషుడు ☐ స్త్రీ

యు.హెచ్.ఐ.డి విభాగం తేదీ

నేను S/D/W/O

ప్రత్యేక విధానాలకు సమ్మతి ఇవ్వడం ద్వారా

నా రోగికి, పేరు :

ఈ ప్రక్రియ కోసం ప్రత్యామ్నాయాలు, నష్టాలు మరియు ప్రయోజనాలు గురించి డాక్టర్ నాకు తెలిసిన భాషలో వివరించా

నాకు తెలిసిన భాషలో పైన పేర్కొన్న విషయాన్ని నేను అర్థం చేసుకున్నాను మరియు ప్రక్రియకు సమ్మతిని తెలియజేస్తున్నాను.

ప్రక్రియ చేస్తున్న వైద్యుని పేరు :

సహాయకుడు(అటెండెంట్)

సంతకము

పేరు

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము

పేరు

సాక్షి

సంతకము

పేరు

తేదీ మరియు సమయము

INFORMED CONSENT FOR VAGINAL BIRTH

Patient Name : MRS CHAVVA BHAVYA SREE UHID No : MIH-00197587

Gender: ☐ Male ☒ Female Date : 21/7/26 Time : 2:30 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 BHAVANA K.

Consentee :

Signature : Bhavya Sree

Name : C. Bhavya Sree

Date & Time : 21/7/26, 2:30 PM.

Witness :

Signature :

Name :

Date & Time :

Docu. No. : RCHBH / FRM / CLINICAL / 028

Patient Attendant :

Signature : [Signature]

Name : K. Pavan Kumar

Relationship with Patient: Husband

Date & Time : 21/7/26 2:30 PM

Doctor (who is taking the consent) :

Signature : [Signature]

Name : Dr. Farne

Date & Time : 21/7/26 2:30 PM

సహజ ప్రసవం కొరకు

సమ్మతి పత్రము

రోగి పేరు : వయస్సు లింగం పు స్త్రీ

యు.పెచ్.ఐ.డి. విభాగము

తేదీ

ఈ ప్రక్రియ యొక్క వివరములను నేను ఆమోదించాను:

- ఈ ప్రక్రియ నాకు సాధారణ పద్ధతిలో వివరించబడింది మరియు నేను అర్థం చేసుకున్నాను:
- గర్భం దాల్చిన వారికి 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, ఎపిసియొటమీ (యోని మరియు యోని మధ్య భాగంలో 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

INDUCTION OF LABOR CONSENT

Name: MRS CHAVVA BHAVYA SREE Age: 27 Gender: Male ☐ Female ☒
UHID.No: VIH-00197587 Date: 21/7/26

You are scheduled for an induction of labor on 21/7/26 (date) at 38 (weeks of gestation).

The reason for your induction is TERM & SGA baby & 4pm (D)

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: Bhavya Sree
Name: C. Bhavya Sree
Date & Time: 21/7/26, 2:30 PM

Patient Attendant:
Signature: [Signature]
Name: K. Pavan Kumar
Relationship with Patient: Husband
Date & Time: 21/7/26 2:30 PM

Doctor:
Signature: [Signature]
Name: Dr. Jagan
Date & Time: 21/7/26 2:50 PM

Witness
Signature: _____
Name: _____
Date & Time: _____



1

OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 21/7/26 Time of Arrival: 1:30pm Time Seen by Nurse: 1:35pm

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

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

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

3) Vital Signs: Temperature: 98.4 Pulse: 80b/min RR: 19b/min SpO₂: 99% BP: 114/70 Weight: 65kg

4) Gestational Criteria:

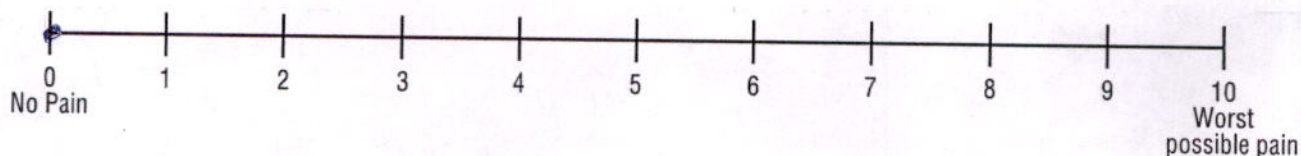
Gravida:	G <u>-</u>	Parity: <u>2mi</u>	L <u>-</u>	A <u>-</u>
----------	------------	--------------------	------------	------------

LMP: 30/10/25 EDD: 4/8/2026 Gestational Age: 38wky

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

5) Pain Screening:

Numerical Pain Scale (NPS)



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

6) Past History:

- a) Surgeries: Nil
 b) Medical: Chronic anemia



7) Allergy: ☐ Yes ☒ No, If Yes :

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

9) Prenatal Medical History:

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

Triage Category: (Please tick on the category)

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

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

OBCU Obstetrical Triage Acuity Scale (OTAS)

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

Time seen by Doctor: 4:30pm

Nurse Name : manga devi Nurse Signature: [Signature]

Date: 21/7/20 Time: 2pm



OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: <u>21/7/26</u>		
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: <u>Admitted for POC</u>		Doctor Notified on Admission: ☒ Yes ☐ No Name of the Doctor: <u>Dr. Greshma</u> Time Notified: <u>4:30pm</u>
Past Medical History: Obtained From ☒ Patient ☐ Family Member ☐ Medical Record ☐ Other (specify)		
Past Medical History	Past Surgical History	Previous Hospital Admission
<u>Chronic anemia</u>	<u>Nil</u>	<u>Nil</u>
Gynecology Assessment: ☒ Not Applicable	Gynecology Surgical History:	Gynecological History:
Menstrual History:	Caesarean Section: ☒ No ☐ Yes	Contraceptives: ☒ No ☐ Yes
Onset of Menarche:	Cervical Cerclage: ☒ No ☐ Yes	Vaginal Discharge: ☒ No ☐ Yes
Menstrual Cycle: ☐ Regular ☐ Irregular	Ectopic Pregnancy: ☒ No ☐ Yes	Post-Coital Bleeding: ☒ No ☐ Yes
Last Menstrual Period: <u>30/10/25</u>	Myomectomy: ☒ No ☐ Yes	Infertility: ☒ No ☐ Yes
	Others:	If Yes Type: ☐ Primary ☐ Secondary
Obstetric History: G P <u>2</u> L A		
Previous LSCS: <u>Nil</u>		
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 <u>Mother - Hypothyroid</u>		
Vital Signs / Measurements:		
Temp: <u>98.4 F</u>	HR: <u>90 bpm</u>	RR: <u>19 bpm</u>
BP: <u>120/82 mmHg</u>	Weight: <u>65 kg</u>	Height: <u>152 cm</u> BMI: <u>28.1 kg/m² (overweight)</u>
Pain Assessment: Pain: ☒ Yes ☐ No (If Yes, complete the Pain Assessment / Reassessment Form)		



PHYSICAL ASSESSMENT

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

Fall Assessment: ☒ Yes ☐ No Score15..... (complete the Morse Fall Risk Assessment Sheet)

Risk of Pressure Sore: ☐ Yes ☒ No Score28..... (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 WithFamily.....

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 toMrs. Chavva Bhavyasree.....

Name of Person Orientation was given to:Mrs. Chavva Bhavyasree.....

Orientation not given Reason:

Nurse Signature:.....

Nurse Name:Manga Devi.....

Date & Time:21/7/20 @ 4:35 PM.....

GENERAL CONSENT FOR TREATMENT

Patient Name: Mrs CHAVVA BHAVYA SREE

Age : 27 Y 10 M 27 D

IP No: IP-00060784

Sex: Female

Consultant: Dr. BHAVANA K

Ward/Bed No: N 2F-LABOUR WARD/LW 223

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

Patient, be deemed advisable or necessary.

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

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

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

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

Note:

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

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

Receivers Signature:.....*[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:

[Signature]

Name: *K. Parvathamma*

Relationship: *Husband*

Date: *21-7-2026*

Time:

Witness Name: *[Signature]*

Witness Signature: *[Signature]*

Patient Address:

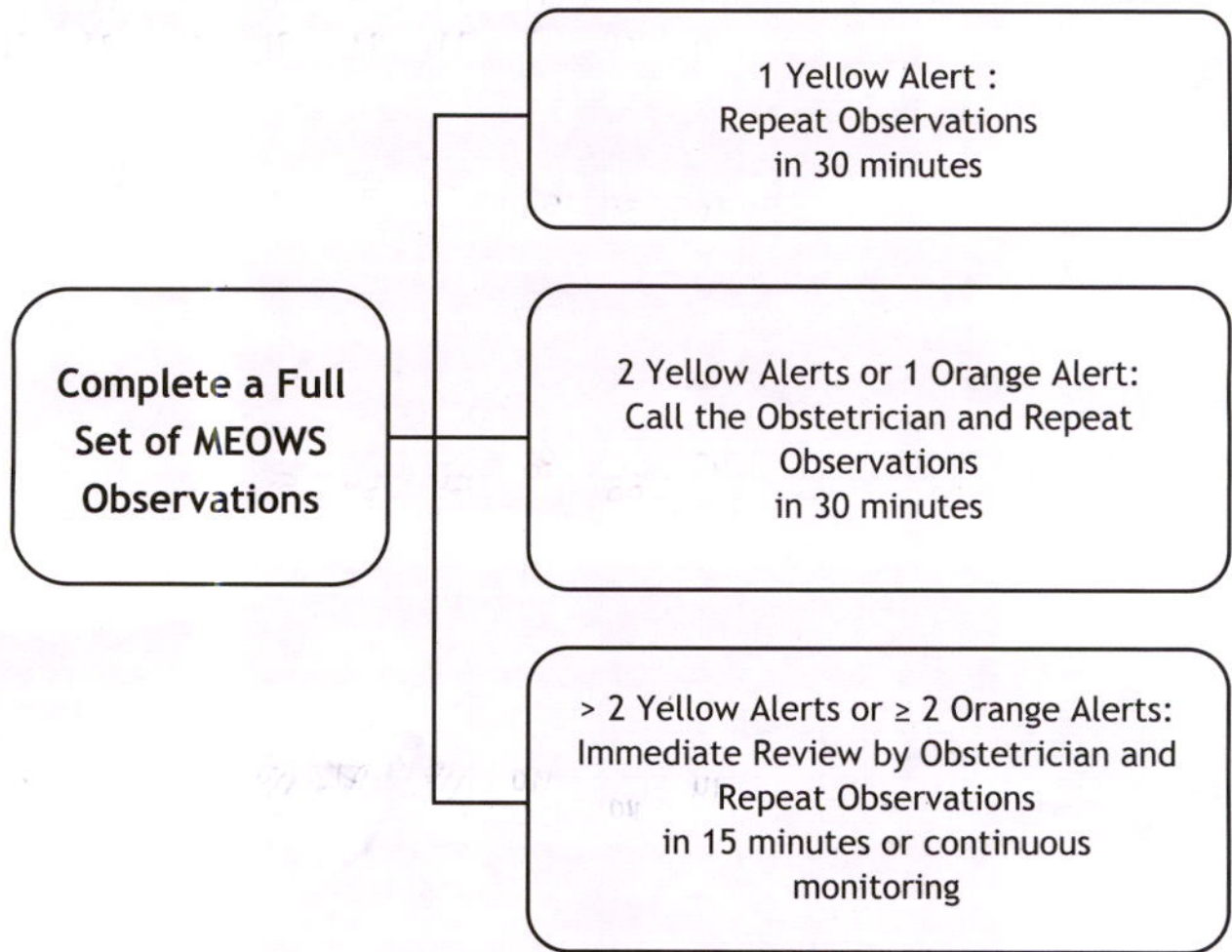
H-No-1-8-81/1, Astral gardenia
apartments, Alwal Hyderabad
Telangana INDIA 500010



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

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

Obstetrics and Gynaecology Early Warning Signs



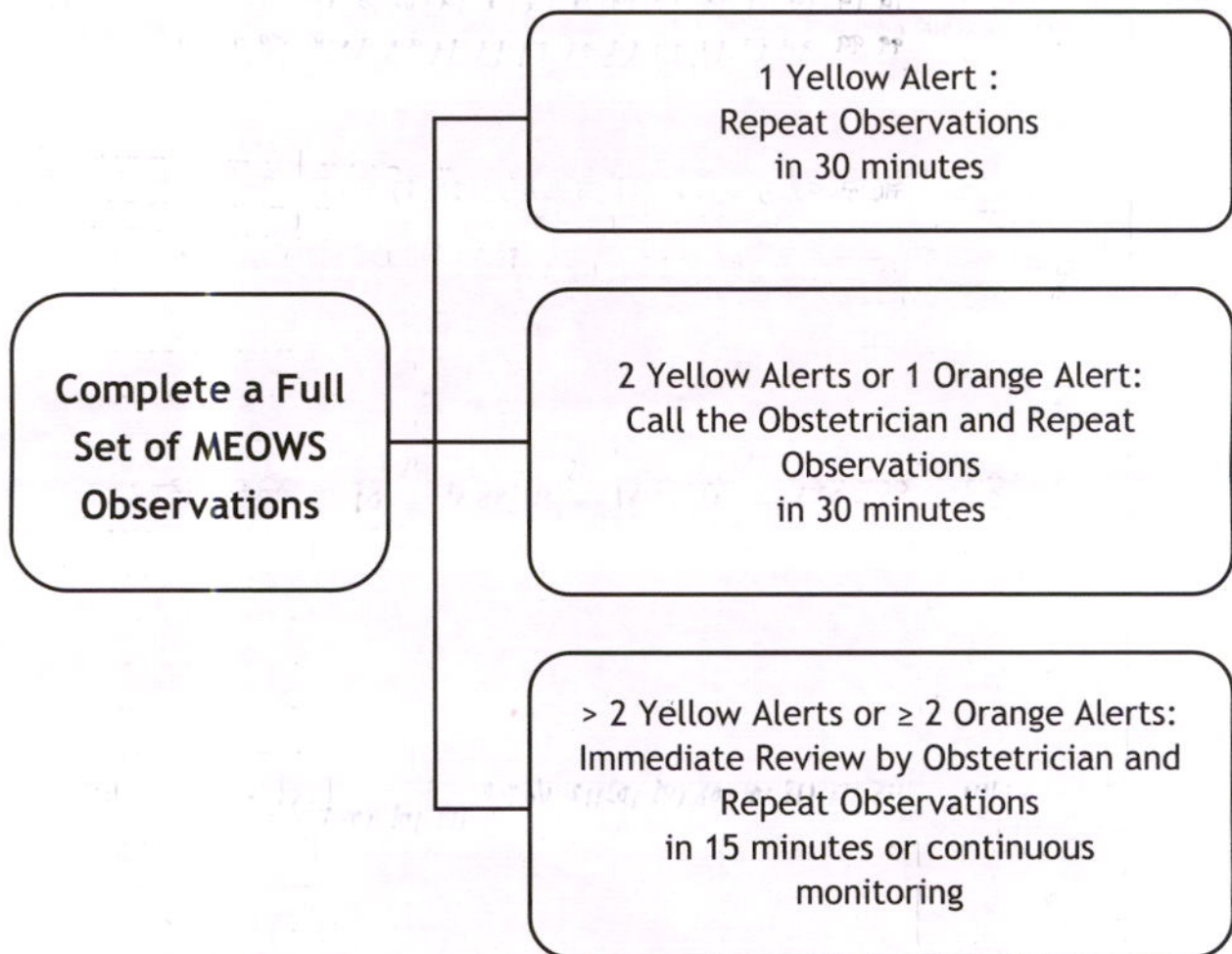
* The Modified Early Warning Score (**MEOWS**)



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

[illegible]

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

VIH-00187587 IP-00060784
Mrs CHAVVA BHAVYA SREE
24-08-1998 27 Y 10 M 29 D (F)
Dr. BHAVANA K



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

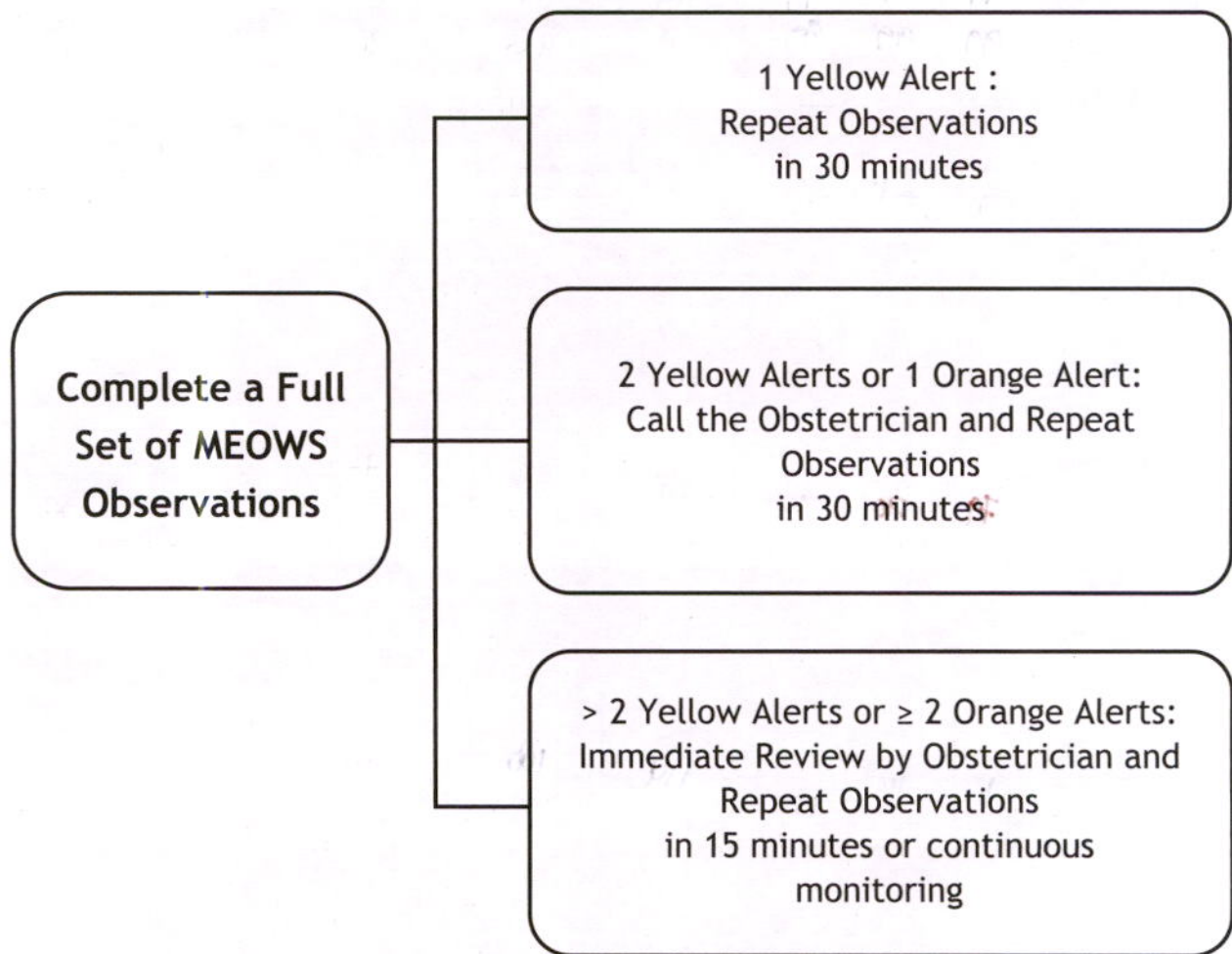
BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Early warning Observation Score Chart - Obstetrics

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

22/7/26	Date																									
	Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	
RESP (write rate in corresp. box)	> 30																									
	21 - 30																									
	11 - 20	19	19	19			19			10																
	0 - 10																									
Saturations	94 - 100 %	99	99	99			99			96						96			95					99		
	< 94 %																									
Administered O ₂ (L/min.)																										
Temp ^o C	40																									
	39																									
	38																									
	37																									
	36	36	36	36			36			36																
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80	79	70	72			78			86						92			86					79		
	70																									
	60																									
	50																									
40																										
Systolic Blood Pressure	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110	110	114			109			114			100				124			110					122		
	100																									
	90																									
	80																									
	70																									
60																										
50																										
Diastolic Blood Pressure	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70	69	70			69			72			78				84			79					81		
	60																									
	50																									
	40																									
	NEURO RESPONSE [✓]	Alert	✓		✓			✓			✓					✓			✓					✓		
		Voice																								
		Pain																								
Unresponsive																										
URINE mls / hour	> 30	✓		✓		✓			✓						✓			✓					✓			
	< 30																									
Proteinuria	Protein ++																									
	Protein > ++																									
Lochia	Normal	NA	NA	NA			N			N				N			N					N				
	Heavy / Foul																									
Liquor	Clear / Pink	NA	NA	NA			N			N				N			N					N				
	Green																									
TOTAL YELLOW SCORES		0	0	0			0			0				0			0					0				
TOTAL ORANGE SCORES		0	0	0			0			0				0			0					0				
Nurse Initial		g	g	g			A			A				SK			SK					SK				

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

VIH-00197587 IP-00060784
 Mrs CHAVVA BHAVYA SREE
 24-08-1998 27 Y 10 M 27 D (F)
 Dr. BHAVANA K



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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.

		Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G						
	08:00 am										
	09:00 am										
	10:00 am										
	11:00 am										
	12:00 pm										
	01:00 pm										
Total Intake :					Total Output :						
	02:00 pm	H ₂ O 100ml									
	03:00 pm	H ₂ O 100ml									
	04:00 pm	H ₂ O 100ml									
	05:00 pm	H ₂ O 100ml									
	06:00 pm	H ₂ O 100ml									
	07:00 pm	H ₂ O 50ml									
Total Intake : 550ml					Total Output : Passed						
	08:00 pm	H ₂ O 100ml									
	09:00 pm	H ₂ O 100ml									
	10:00 pm	H ₂ O 100ml									
	11:00 pm	H ₂ O 100ml									
	12:00 am	H ₂ O 100ml									
	01:00 am										
Total Intake : 500ml					Total Output : Passed						
	02:00 am	H ₂ O 100ml									
	03:00 am										
	04:00 am	H ₂ O 100ml									
	05:00 am										
	06:00 am	H ₂ O 100ml									
	07:00 am	H ₂ O 500ml									
Total Intake : 900ml					Total Output : Passed						
Total 24 hrs. Intake			1450ml								
Total 24 hrs. Output			Passed								



FLUID CHART

Sheet No. : ②

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
22/7/26	08:00 am	H ₂ O	100ml	100ml						50ml	0	Ref.
	09:00 am	NBM + RL	100ml							50ml	0	
	10:00 am	NBM + RL + 40 units ORT								50ml	0	
	11:00 am	NBM + RL	100ml							100ml	0	
	12:00 pm	NBM + RL	100ml							100ml	0	
	01:00 pm	NBM + RL	100ml							50ml	0	
Total Intake :			650 ml			Total Output :					350 ml	
22/7/26	02:00 pm	NBM + RL	100ml							50ml	0	ngly 22/7/26 1pm
	03:00 pm	H ₂ O	50ml							100ml	0	
	04:00 pm	H ₂ O	50ml							100ml	0	
	05:00 pm	H ₂ O	100ml							50ml	0	
	06:00 pm	H ₂ O	50ml							50ml	0	
	07:00 pm	H ₂ O	50ml							50ml	0	
Total Intake :			400 ml			Total Output :					400 ml	
22/7/26	08:00 pm	H ₂ O	100ml							100ml	0	22/7/26 1pm
	09:00 pm	H ₂ O	100ml							100ml	0	
	10:00 pm	H ₂ O	50ml							100ml	0	
	11:00 pm	H ₂ O	50ml							100ml	0	
	12:00 am	H ₂ O	100ml							100ml	0	
	01:00 am	H ₂ O	100ml							50ml	0	
Total Intake :			500 ml			Total Output :					550 ml	
23/7/26	02:00 am	H ₂ O	50ml							50ml	0	23/7/26 7am
	03:00 am	H ₂ O	50ml							100ml	0	
	04:00 am	H ₂ O	50ml							100ml	0	
	05:00 am	H ₂ O	50ml							100ml	0	
	06:00 am	H ₂ O	50ml							100ml	0	
	07:00 am	H ₂ O	100ml							50ml	0	
Total Intake :			350 ml			Total Output :					350 ml	
Total 24 hrs. Intake			1900 ml			Total 24 hrs. Output			1800 ml			

VIH-00197587 IP-00060784
 Mrs CHAVVA BHAVYA SREE
 24-08-1998 27 Y 10 M 28 D (F)
 Dr. BHAVANA K

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

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

FLUID CHART

Sheet No. : 3

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
23/7	08:00 am	H ₂ O 50 ml								50ml	0	Anitha @ 10am 23/7/26	
	09:00 am	H ₂ O 100ml							50ml	0			
	10:00 am	H ₂ O 100ml								0			
	11:00 am	H ₂ O 50 ml								0			
	12:00 pm	H ₂ O 100ml								0			
	01:00 pm										0		
Total Intake :						Total Output :						Pamela	
23/7	02:00 pm											Anitha 23/7	
	03:00 pm												
	04:00 pm	upmg water											
	05:00 pm												
	06:00 pm												
	07:00 pm												
Total Intake :						Total Output :							
23/7	08:00 pm											Subhan 24/7 @ 8am	
	09:00 pm	Rice water											
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
Total Intake :						Total Output :							
24/7	02:00 am	water										Subhan 24/7 @ 8am	
	03:00 am												
	04:00 am												
	05:00 am												
	06:00 am												
	07:00 am												
Total Intake :						Total Output :							
Total 24 hrs. Intake		400 ml											
Total 24 hrs. Output		100ml											

VIH-00197587 IP-00060784
 Mrs CHAVVA BHAVYA SREE
 24-08-1998 27 Y 10 M 29 D (F)
 Dr. BHAVANA K



FLUID CHART

Sheet No. :

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

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

①

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: ICU

Shifted to:

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	T. IRON	1 TAB	PO	ONCE DAILY	21/7/26	☐ C ☒ DC
2	T. CALCIUM	1 TAB	PO	ONCE DAILY	21/7/26	☐ C ☒ DC
3	T. FOLIC ACID	1 TAB	PO	ONCE DAILY	21/7/26	☐ C ☒ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Green

Date & Time : 21/7/26, 4:30 PM

Nurse Name & Signature: manga Devi

& Time : 21/7/26 @ 4:30 PM

No. : RCH / FRM / GENERAL / 090

VIH-00197587 IP-00060784
Mrs CHAVVA BHAVYA SREE
24-08-1998 27 Y 10 M 29 D (F)
Dr. BHAVANA K



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It takes a lot to treat the little.

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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: MCU Shifted to: Room (107)

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	INT: CEFOTAXIME	1GM	IV	12 th hly	23/7	☒ C ☐ DC
2	T: PARACETAMOL	1GM	PO	6 th hly	23/7	☒ C ☐ DC
3	P: DICLOFENAC					☐ C ☐ DC
4	T: TRAMADOL	100 MG	PO	8 th hly	23/7	☒ C ☐ DC
5	T: PANTOPRAZOLE	40 MG	PO	ONCE DAILY	23/7	☒ 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. G. Sreekanth

Date & Time: 23/7/26, 9 Am

Nurse Name & Signature: Prathap

Date & Time: 23/7/26, 9 Am

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

Dr. P. Madhavi
Epidural Catheter Removed
YES / NO

Weight Ward

DRUG :				Date	Time
Dose	Route	Frequency	Start Dt.		
200mg	PO	12TH HOURLY	23/7	10	am
Name & Signature of the Doctor Starting the Drugs:					
 DR. NIKHITA				10	pm
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					

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

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

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

Patient Sticker

Sheet No:

REGULAR PRESCRIPTIONS

Weight Ward

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

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

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

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

Signature
VERIFIED BY : Name

Dr. Frank J. D. Bennett, Jr.



Date of Admission: 2/17/26 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 | <ul style="list-style-type: none"> - 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 | <ul style="list-style-type: none"> - Nurses must follow strictly the FIVE RIGHTS before administration of medication. <div> 1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time </div> - 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)

[illegible][illegible][illegible]

Weight. 65 lb Ward. 230



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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
21/7	4:45 pm	TAB MISOPROSTOL	25 mcg	PV	[Signature]	[Signature]
21/7	8:45 pm	T. MISOPROSTOL	25 mcg	PV	[Signature]	[Signature]
22/7	12:45 pm	T. MISOPROSTOL	25 mcg	PV	[Signature]	[Signature]
22/7	7:30 am	INT CEFOTAXIME (AFTER TEST DOSE)	1 gm	IV	[Signature]	[Signature]
22/7	6:00 am	PROCTOLYSIS ENEMA	100 mL	PR	[Signature]	[Signature]
22/7	7:58 am	INT PROTAVARINE	40 mg	IV	[Signature]	[Signature]
22/7	8:30 am	INT VALETHAMATE BROMIDE	8 mg	IV	[Signature]	[Signature]
22/7	9:00 am	INT PROTAVARINE	40 mg	IV	[Signature]	[Signature]
22/7	9:30 pm	INT VALETHAMATE BROMIDE	8 mg	IV	[Signature]	[Signature]

Signature

VERIFIED BY : Name

Dr. Rishika
 Clinical Pharmacologist

Weight. 65k Ward. DH

Ch ¹⁴ H	22/7/26	Ch ¹⁴ H	22/7/26	Ch ¹⁴ H	22/7/26
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Name	Mrs CHAVVA BHAVYA SREE	UHID	VIH-00197587
Father/Guardian	Mr K PAVAN KUMAR	Age/Gender	27 Y 10 M 28 D/Female
Address	H-No-1-8-81/1, Astral gardenia apartments,, Alwal, Hyderabad, Telangana, INDIA, 500010		
IP No	IP-00060784	Admission Date	21-07-2026
Ref Doctor	Self	Discharge Date	24-07-2026

DISCHARGE SUMMARY

Consultant: Dr. BHAVANA K, CONSULTANT GYNECOLOGIST & OBSTETRICIAN

Diagnosis: Primigravida with 38 weeks with Gestational Diabetes Mellitus on Diet with Small for gestational age baby with Corrected Anemia admitted for Induction of Labour

EMERGENCY LOWER SEGMENT CESAREAN SECTION DONE ON 22.7.2026 UNDER EPIDURAL

History:

LMP: 30.10.2025

Obstetric formula: Primigravida

EDD: 4.8.2026

Gestation at admission: 38 weeks

Obstetric History:

G1 - Present pregnancy Spontaneous conception.

Medical History: Chronic Anemia

Family History: Mother - Hypothyroid

Surgical History: Nil

Allergies: Green chilli allergy

Name	Mrs CHAVVA BHAVYA SREE	UHID	VIH-00197587
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Antenatal Details: Mrs. CHAVVA BHAVYA SREE was booked to Rainbow hospital at 4+4 weeks of gestation. She had regular antenatal checkups and investigations as advised. She was diagnosed with GDM at 27 weeks and was managed on diabetic diet. She had history of anemia since conception and managed on Tab Iron. She was admitted at 38 weeks with Gestational Diabetes Mellitus on Diet with Small for gestational age baby with Corrected Anemia admitted for Induction of Labour.

Investigations: Enclosed
Blood group: 'O' POSITIVE

Management: Course in hospital and Delivery Details:

At admission on clinical examination the vitals were stable, uterus was relaxed, cervix was long and 1 cm dilated. Fetal well being was confirmed by an admission CTG which was found to be reactive. Informed consents for induction of labour taken and labour was induced with 3 doses of PGE1. Spontaneous rupture of membranes occurred at 1 cms dilatation revealing clear liquor. As per hospital protocol she was started on IV. Taxim in view of ruptured membranes. Partographic monitoring of labour was done. Patient opted for epidural analgesia at 3cm dilatation for pain relief. The same was sited by an anesthetist after informed consent. Further augmentation of labour done using oxytocin. NST done was non reassuring, O2 supplementation, IV Fluids given, left lateral position given, continued NST was non reassuring with decelerations. Patient and attenders were explained regarding the non reassuring NST and decelerations and presumed fetal distress and the need for emergency LSCS and they opted for emergency LSCS.

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

Name	Mrs CHAVVA BHAVYA SREE	UHID
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Surgery Notes: Operative Details:

Under epidural 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 with one loop of cord around neck. Cord clamped and cut and cord blood collected for blood grouping and Rh typing. Baby handed over to pediatrician. Placental bed bleeding noted sutured. Placenta delivered with controlled cord traction. Uterus closed in layers. Atonic PPH noted, uterotronics given. 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: 22.7.2026

Time of Delivery: 10:44am

Type of Delivery: Emergency LSCS

Indication: Non reassuring NST with decelerations

Analgesia: Epidural

Baby Details:

Date: 22.7.2026

Time: 10:44AM

Sex: Female

Weight: 2.767kgs

Apgar: 8/10, 9/10

Gestational Age: 38+1 weeks

NICU Admission: No

Name	Mrs CHAVVA BHAVYA SREE	UHID	VIH-00197587
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Post-Operative Notes: Post Operative Period:

She was closely monitored. Her vital signs remained stable. Uterus was well retracted with no Postpartum hemorrhage. 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.

Advice:

1. Tab. Taxim-O 200mg (Cefixime-200mg) twice daily till 28.7.2026 (9am-9pm) after food.
2. Tab. Calpol 500mg (2tabs) (Paracetamol 500mg) thrice daily till 28.7.2026 (9am-2pm-9pm) after food.
3. Tab. Pantoprazole 40 mg once daily till 28.7.2026 (7am) before food.
4. Tab. Livogen (Elemental Iron - 50mg, folic acid 1.5mg) once daily (7am) for three months before breakfast.
5. Tab. Shelcal (Elemental Calcium 500mg, Vitamin D3 250 IU) 1 tablet once daily (2pm) till breastfeeding after food.
6. Repeat OGTT after 6 weeks and review with reports.
7. Nebasulf powder for local application.
8. HPV vaccine after 6 weeks of delivery.

Review after 3 days on 27.7.2026 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).

Name	Mrs CHAVVA BHAVYA SREE	UHID
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VIH-00197587

For Women Who Have Had a Cesarean Section

Care of the wound:

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

The content of the patient discharge summary, medication, food & drug interaction, care to be provided at home, nutrition, immunization and safe parenting, when and how to obtain emergency care etc also have been explained by doctorin the language that I understand and I have understood the same.

Name:

Signature:

Relationship:

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

Registrar/Resident/C.M.O

Dr. BHAVANA K

MBBS, DNB, FMAS, PGDMLE (NLSIU), MRCOG (UK),
 CONSULTANT GYNECOLOGIST & OBSTETRICIAN
 54774

Name	Mrs CHAVVA BHAVYA SREE	UHID	VIH-00197587
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