

BAH-00
Mrs ALUL
08-05-1994
Dr. JANAGAMA LAVANYA
(F)

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

SURGERY DETAILS

Date : 08/07/2026

Patient Name: MRS. MADHURI Date of Birth: 08/05/1994 Age: 32 years

Gender: Female Ward: OBG

UHID No.: BAH-00690244

Date of Surgery: 08/07/2026 ☐ OT-1 ☐ OT-2 ☐ OT-3 ☐ OT-4 ☐ OBG OT-1 ☒ OBG OT-2

Name of the Surgery: Elective lower segment caesarean section + SA

Time in : 7:00AM

Time Out : 8:00AM

	NAME	AMOUNT
1. Surgeon	Dr. Lavanya	
2. Anaesthetist	Dr. Aditi	
3. Assistant Surgeon	-	
4. OT Technician	Prashant	
5. Circulating Nurse	Sis. Moulika	
6. Assistant Nurse	Sis. Rajeshwari Sis. Moulika	

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

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 7693273

Order by: Shresh

5306

Mrs. Alogani
madhoni
BAH 00640244

CONSUMABLES OF OT

Rainbow
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Your Right to a Safe DeliveryCirculating staff : Technician : mayhant Date : 8/2/26 Time : 9 AM

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube			Major Pack <u>LSCS</u>	<u>02</u>		Inj Vit.K	<u>02</u>	
LMA			Sutures <u>2346</u>	<u>02</u>		Cord Clamp	<u>01</u>	
ECG leads : A / P / N		<u>3</u>	<u>2364</u>	<u>01</u>		Suction Catheter <u>89</u>	<u>01</u>	
HME filter : A / P / N			<u>2762</u>	<u>01</u>		Feeding Tube		
Syringes : 10 cc		<u>3</u>				Vaccum Suction Set	<u>01</u>	
05 cc		<u>3</u>	Gloves <u>642</u>	<u>05</u>		Surgical Gloves <u>642</u>	<u>02</u>	
02 cc		<u>3</u>				Gauze Pack <u>N</u>	<u>01</u>	
01 cc			<u>PF 7</u>	<u>01</u>		Syringe 1ml / 2ml	<u>02</u>	
Cautery plate A / P / N		<u>1</u>	Surgical blade <u>22</u>	<u>01</u>		Surgical Blade # 20	<u>01</u>	
IV set			NG tube			Koochies (S)		
RL		<u>1</u>	Cautery pencil	<u>01</u>		underpad	<u>01</u>	
NS : 10ml / 100ml / 500ml / 1000ml		<u>1</u>	Koochies <u>XL</u>	<u>01</u>				
<u>mini pile</u>		<u>1</u>	Ointments					
<u>102 %</u>		<u>1</u>	Suction Catheter					
Fentanyl		<u>1</u>	Cap, Mask	<u>10416710</u>		<u>9693267</u>		
Morphine			Gauze Pack <u>N R</u>	<u>01</u>				
Ketamine			Mop Pack	<u>02</u>				
Propofol			Steristrip <u>sterizone</u>	<u>01</u>				
Rocuronium			Underpad	<u>01</u>				
Glycopyrolate		<u>1</u>	Draw sheet <u>quick suit</u>	<u>01</u>				
Myopyrolate			Abgel	<u>01</u>				
Ondansetron		<u>1</u>	Foleys catheter					
Pencan 25g/ Spinal Needle 22		<u>1</u>	Urobag					
Bupivacaine 0.25%			Chest Drainage Catheter					
Bupivacaine 0.25%(Heavy)		<u>1</u>	Romodrain bag					
Antibiotics			Bandage					
<u>oxytocin</u>		<u>3</u>	Tegaderm			<u>pe6</u>	<u>1</u>	
Suppositories			Ioban			<u>02 may 6 6</u>	<u>1</u>	
Anamol : 80mg / 250mg / 170 mg			Double J Stent			<u>Tranexa</u>	<u>2</u>	
Supridol : 100mg		<u>1</u>	Vaccum Suction set	<u>01</u>		<u>10 v pem 1gram</u>	<u>01</u>	
Justin : 12.5 mg / 25mg 100mg		<u>1</u>	Plastic Bed Sheet					
Tab. Misoprost 200mg		<u>2</u>	Betadine Solution	<u>02</u>				
<u>Gauze</u>		<u>2</u>	Microshield	<u>01</u>				
<u>Gauze (600)</u>		<u>9</u>	Cotton Balls	<u>01</u>				
<u>Atropine</u>		<u>1</u>	Latex Gloves	<u>20</u>				
<u>Adrenaline</u>		<u>1</u>	Ramdione Scrub					
<u>Ephedrine</u>		<u>1</u>	Saral <u>D/A</u>	<u>02</u>				

Surgeon

Anaesthesiologist

Nurse

OT Technician

Order No. : 9693263/264Ordered by : Shant

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

ADMISSION SHEET

Registration Details :

Admission No : IP5-00176091 Admit Date : 08-Jul-2026 Admit Time : 04:56 AM UHID : BAH-00640244

Patient Details :

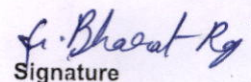
Patient Name	: Mrs ALUGANI MADHURI .	Age	: 32 Y 1 M 30 D
Guardian	: Mr GEEDI BHARAT RAJ GOUD	DOB	: 08-05-1994
Gender	: Female	Religion	:
Occupation	:	Martial Status	: Married
Address (H)	: #H.NO:6-69,SRI RAMA NILAYAM NEAR RAM MANDIR, K.V RANGAREDDY Malkajgiri Hyderabad Telangana INDIA 500047	Phone No	: 9959603233/ 9948408862
		E-mail	: nomailid@gmail.com

Admission Details :

Bed Type : SHARED WARD Bed No : SW 414 Ward Name : 4F-BIRTHING CENTRE
Room No : SW 414 Admission Type : First Visit

Contact Details :

Name : Mr GEEDI BHARAT RAJ GOUD Relationship : Husband
Contact Address : #H.NO:6-69,SRI RAMA NILAYAM NEAR RAM MANDIR, K.V RANGAREDDY Malkajgiri Hyderabad Telangana INDIA 500047 Phone No : 9959603233 / 9948408862



Signature

Doctor Details :

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

Payment Details :

Deposit Amount : 0.00
Payment Mode : Cash Payor Name : RELIANCE GENERAL INSURANCE COMPANY LTD

ACTIVITY RECORD FOR BILLING

Name : BAH-00640244 IP5-00176091
Mrs ALUGANI MADHURI .
08-05-1994 32 Y 1 M 30 D (F)
Dr. JANAGAMA LAVANYA

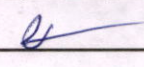
UHID No. : 

Consultant: _____ Dept : _____

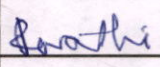
Date of Admission: _____ Time : _____ Date of Discharge : _____ Time: _____

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
8/7	6:40 AM	OBS	OT	Penny
8/7	8:30 AM	OT	OBS	Penny
8/7/26	4:10 PM	OBS	Room (339)	

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	Dr. Tanheena Sharma (PT)	9/7/26	9695066	
2				
3				
4				
5				
6				
7				
8				
9				
10				

[illegible]

Date _____

Investigations

Order No.

Signature

8/7/26

NST - (i)

265033794

Tunnels

~~class chetington~~

[illegible]

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
8/7	Iv placement	1	9692712	Tunne
8/7	catheterization	1	9692713	Tunne
8/7	PAC	1	9692713	Tunne

9692713 checked

ANY OTHER INFORMATION

.....

.....

.....

.....

.....

.....

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

BAH-00640244 IP5-00176091
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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

G2P1L1 E 39⁺3 wks for E.L.Ms

Obstetric Formula: ML-2023, NCM

Obstetric History:

I → 2024, Feb, SP-Conception.
EM LSCS (NPL), ♂, 3.4 kgs
Anti-D given.

Present Pregnancy Record:

II → PP → SP-Conception
Booked @ 13⁺1 wks

LMP: 5/10/23

Corrected EDD: 12/7/2024

EDD: 12/7/2024

GA: 39⁺3

Menstrual History: Regular: ☒ Yes ☐ No

Obstetric Examination

Fundal Height: Term

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

Liquor: ☒ Adequate ☐ Oligo ☐ Poly

PP: ☒ Cephalic ☐ Breech ☐ Others

Head Fifths Palpable:

FHS: ☒ Normal ☐ Tachy ☐ Brady ☐ Absent

Per Speculum Examination

Draining: ☐ Present ☐ Absent ☐ Bleeding

Colour of Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Vaginal Examination

Cervix: ☐ Long ☐ Partially effaced ☐ Effaced

Os: Closed ☐ Dilated

Membranes: ☐ Present ☐ Absent

Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Presenting Part: ☐ Vertex ☐ Breech ☐ Others

Sutton: ☐ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2

Pelvis: ☐ Adequate ☐ Doubtful

RISK FACTORS:

Previous LMs

Rh-ve pregnancy - Anti-D
taken at 28 wks

platelet → post low lym
4 cm from os → Rt. lobe
liquefied at 24 wks

Height: 157 cm

Weight: 78 kg

Allergies: CEFOTAXIME

Breast: ☒ Normal ☐ Abnormal

General Examination:

Consciousness: Coma Pallor: absent

Icterus: absent Edema: absent

Temp: Afebrile PR:

BP: DTR: (+)

CVS: S1S2 @ RS BAE @

Liver/Spleen: Non palpable Urine Output: adequate

DIAGNOSIS

G2P1L1 E 39⁺3 wks E (1) previous LSCS for E.L.Ms
E Rh-ve pregnancy.

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Dr. JANAGAMA LAVANYA



Family History:

father - DM

Surgical History:

LSCS - 2024

Medical History:

N/I

Medication History:

T. Iron O.D
T. Calcium O.D

Plan of Care:

- admission
- NBM
- Send CBR
- Monitor vitals - 4hr
- NST - now
- Drug as charted
- pre op park
- PAC
- Flw Cauda
- Flw High - 100w/hr
- foley's catheterisation
- shift to OT on call.

Investigations:

O - ve
Vitals NR

28/5/26

Hb → 12.8
Plt → 1.87
WBC → 10400

5/8/26

Hb → 13.5
Plt → 1.62

NT → 1.6mm
FTS - Low risk
TFFA - NAB

15/5/26

31+5w, Breech
1727 gm (25%)
AC ~ 15%
AFI: 14.4cm
Placenta → post / RL / H
Doppler (✓)

Doctor Name: Dr. Sravanti

Signature: [Signature]

Date & Time: 8/8/2026, 6 AM

Consultant Name: Dr. Lavanya

Signature: [Signature]

Date & Time: 8/8/2026, 6 AM

BAH-00640244

IP5-00176091

Mrs ALUGANI MADHURI .

08-05-1994 32 Y 2 M 0 D

(F)

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CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: <u>Dr. Lavanya</u>	Date of Delivery: <u>8/2/26</u>
Assistant Surgeon:	Time of Delivery: <u>7:18 AM</u>
Anaesthetist's Name: <u>Dr. Aditi</u>	Gender of Baby: <u>Female</u>
Type of Anaesthesia: <u>LSA</u>	Weight of Baby: <u>3.492 kg</u>
Neonatologist: <u>Dr. Poojitha</u>	AGPAR Score: <u>9, 10</u>
Scrub Nurse: <u>Sis. Rajeshwari</u>	NICU Admission: ☐ Yes ☒ No

Pre-Operative Diagnosis: G2P1L1 | 39+3 wks | Prev-LSU | Rh-ve | E1-LSU

☒ Elective ☐ Emergency Indication: Prev-LSU

Urgency

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

Decision time: Knife to rectus: 2 mins

CTG Description: Reactive

If there was a delay give the reasons:

Surgical Procedure: E1-LSU + LSA

Post Operative Diagnosis: POD-01 P212 | E1-LSU + LSA

Peri-Operative Complications: Nil

Amount of Blood Loss: ~600ml

Blood Transfused (in ML): Nil

Name and Number of Surgical Specimen sent for examination:

Presentation: ☐ Cephalic ☐ Breech ☐ Other

5th Palpable:

Station: ☐ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2

Caput: ☐ + ☐ ++ ☐ +++

Bladder Catheterized : ☐ Yes ☐ No

Cervical Dilatation: cm

Fetal Position:

Moulding: ☐ None ☐ + ☐ ++ ☐ +++

Meconium: ☐ None ☐ + ☐ ++ ☐ +++

Urine: ☐ Clear ☐ Blood Stained

Skin Incision: ☒ Pfannenstiel ☐ Transverse ☐ Midline ☐ Other

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

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

Incision Through Placenta: ☐ Yes ☒ No

Delivery of head: ☒ Manual ☐ Forceps

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

Delivery of Placenta: ☐ Manual ☒ CCT ☒ Complete ☐ Incomplete ☐ Piecemeal

Cord Appearance: Normal Cord around the neck ☐ Yes ☒ No

Appearance of placenta: Normal Cavity explored ☒ Yes ☐ No

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

Uterine Closure:	☐ One Layer	☒ Two Layers	<u>Vicryl 1-0</u>	Suture
Peritoneal Closure:	☒ Pelvic	☐ Abdominal	☐ None	<u>Rapid vicryl 2-0</u> Suture
Sheath Closure:				<u>Vicryl 1</u> Suture
Fat Closure:	☒ Yes	☐ No	<u>Rapid vicryl 2-0</u> Suture	
Skin Closure:	☒ Subcuticular	☐ Mattress	<u>Rapid vicryl 2-0</u> Suture	
Vaginal Evacuated	☒ Yes	☐ No		
Drain:	☐ Yes	☒ No	☐ Remove in days	☐ Await instructions
Catheter	☒ Yes	☐ No	☐ Remove in <u>2 weeks</u> days	☐ Await instructions
Swap & Instruments count correct?	☒ Yes	☐ No	☐ Post-op Antibiotics	☐ Yes ☒ No
Intra-Operative Antibiotics Cover:	☒ Yes	☐ No	☐ Thromboprophylaxis	☐ Yes ☒ No

Post-Operative Notes:

- NBM x 6 hrs
- IV fluids - Axon

Trace

Baby B/G/T

- Drugs as charted
- Monitor vitals hourly
- w/ excessive bleeding pt
- I/O charting
- Inform SOS

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

Date & Time: 2/2/26 8:30AM

BAH-00640244 IP5-00176091
Mrs ALUGANI MADHURI .
08-05-1994 32 Y 2 M 0 D (F)
Dr. JANAGAMA LAVANYA



POST-SURGICAL CARE PLAN FORM

Procedure Done: ELUSC + SA

Post-Surgical Diagnosis: POD-01 P2121 ELUSC + SA

Post-Operative Monitoring Parameters /Frequency:

- Monitor vitals hourly
- No charting

Wound Care:

- check for wound leakage

Drain /Special Lines/Catheters:

- Foley's insert

Special Patient Positioning and Requirements:

-

Nutritional Instructions:

- NBM x 4-6 hrs
- followed by liquids

When to Start Mobilization:

- After 12 hrs

Special Referrals:

-

The new order for all required medications documented in the doctor order/medication sheet:

☒ Yes ☐ No

Any Other Post-Operative Care Needed including Required Follow Up

(Dr. Lavanya)
Treating Surgeon
(Signature & Stamp)

Date: 8/21/26 Time: 2:30 PM

Note: Plan of care will be readjusted if necessary.

P. SHRUTHI REDDY/DHEERAJ K



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

Signature and Date :

(P.T.O)

ERROR LOG

LOCATION : OT / Birthing Centre / BirthRight Premium / 3rd Floor (Zone A,B,C) / NICU / PICU /

2nd Floor Ward / Oncology / 1st Floor Wards.

OBSERVATION :

DATE :

SIGNATURE OF MRD INCHARGE / EXECUTIVE



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/7/2026 9:00pm	POD-0 / EL-154 / previous Lm pt comfortable.	P2 L2 / Ph negative
B-vent	O/E Cef-tax	Adv ① NBM for 6 hrs
VO-60ml (contemplated)	Bp-115/82 mmHg PR-86 bpm SpO2-98%+RA P/A-ut @ uee Plv BWNL	② IVF @ 100ml/hr - RL ③ Drugs as charted ④ w/o active bleeding ⑤ Monitor vitals every 30 min ⑥ I/O charting ⑦ Inform sus
Trans Baby BUT		Dr. Divya
8/7/2026 11:30pm	POD-0 / EL-154 / previous Lm	
B-vent	O/E Cef-tax	Adv IVF @ 100ml/hr till 7:00pm.
Trans Baby SHT.	Bp-98/67 mmHg PR-82 bpm SpO2-98%+RA P/A-ut @ uee Plv BWNL	① Allow Sips of water ② Liquid diet from 1:00pm. ③ Soft diet from 2:00pm ④ Drugs as charted ⑤ Monitor vitals every 4th hr ⑥ I/O charting ⑦ Remove Foley @ 6:Am 9/7/26 ⑧ Ambulation on bed ⑨ Inform sus
VO-100ml Clear Anti-D given		
Shift to Room		
		Dr. Divya



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/7/2026 12:30 PM	Baby But → O+ve <u>Adv</u> ① inj. Anti-D 300mcg IM / stat.	Dr. Druys
8/7/26 6 AM	Pop-0 / Rh negative Pt is stable No c/o BP- 116/72 (80) HR- 80bpm SpO ₂ - 100% on RA P/A - all well retracted Breeding day & intact U/A- Brown U/O- 400ml; clear	<u>Advice</u> ① Soft diet ② Hydrate ③ Drugs as charted ④ Monitor vitals q4h ⑤ W/O heavy bleeding No, lypotension, tachycardia ⑥ Lifecare JCS
	➔ Remove Poles @ 6 AM on 8/7/26	<u>Susha</u> Noted by Susha

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/7/26 8:30 AM	POD-1 - Pt c/o giddiness - nausea - BP - 107/75 (80) - PR - 86bpm - SpO₂ - 100% on RA - PA - vt well tolerated soft - Deciding drug chart - c/o - 60ml @ 2, healthy	Adm 1) Soft diet 2) Hydration & analgesia 3) Drugs & charted 4) Vitals q4hr 5) w/f heavy bleeding plx 6) hypotension, tachycardia 7) Inform SSC
	UV FV SA Anti-D ✓ → Tiz 200mg Lany IV Stat. → T. AUGMENTIN 625mg PO BID - Stop. → Remove IV cannula after 20fu → stop tramadol	
9/7/2026 1:00 PM	POD-1 / Rh negative pt comfortable vitals stable PA - vt @ 100 U/E - BWM Draining Intax	Adv 1) soft diet 2) Hydration 3) Ambulation 4) Drugs all charted 5) vitals q4hr 6) w/f bleeding plx 7) Inform SSC 8) IV drugs N.B. Dr. 60776
	SV ✓ RV ✓ SY	

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	POD-1 / Em. lcy / pueru lcy / rh negab	
Anti-D given	o/f	
	Cc-fem	sh
fr	vital-stable	1) soft diet
rd	PLA-ut(R)ue	2) Hydration
SV	LIE - BWNL	3) Ambulation
	soft diet (+)	4) I/O charting
	BS (+)	5) wlf axillary bleeding
		6) Monitor vital
		7) Infirmis
		8) Drug order
		Dr. Durg
		NS Barathi colostomy
10/2/2024	POD-2 / Em. lcy / Rh-ve.	
Auto	Cc-fem	Re
fr	vitals: stable	1) soft diet & plenty of oral feed
rd	PLA-ut(R)ue	2) Monitor vital
SV	soft	3) Drug as checked
	BS (+)	4) wlf PLW bleeding
B-well	fr. NAD	5) Ambulation.
	plan discharge.	- Dr. Sankar

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RESULT SHEET

Date	6/12/26				
Time	@ 7pm				
Hb	13.5				
PCV	40.6				
RBC	4.6				
WBC	8400				
N/L	61127				
Platelets	162000				
CRP					
ESR					
PCT					
RBS					
Na					
K					
Cl					
Ca/Mg					
Phosphate					
Urea					
Creatinine					
ALP					
SGPT					
SGOT					
T.Bill/Conj					
T.Protein					
S.Albumin					
S.Globulin					
A/G Ratio					
Uric Acid					
S.Amylase					
Sr.Lipase					
Blood Lactate					
S.Cholesterol					
PT/INR					
APTT					
CSF Protein / Sugar					
Cells					
N/L					

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
Blood group → O-ve						
Urals - NR.						

Culture and Sensitivities :

.....

.....

.....

Radiology : USG :

 X-Ray :

 ECHO :

 CT :

 MRI :

 Others (ECG, Contrast Studies etc.,) :



MEDICATION RECONCILIATION FORM

Drug Allergies: CEFTOXIME ☐ 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: NA Shifted to: NA

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	444	PO	O.D	7/7	☐ C ☒ DC
2	T. Calcium	144	PO	O.D	7/7	☐ C ☒ DC
3						☐ C ☐ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature: Dr. Janagama Lavanya

Date & Time: 8/12/2016, 6 AM

Nurse Name & Signature: Janagama Lavanya

Date & Time: 8/12/2016 @ 6 AM



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BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Weight 78 Kgs - Ward ORS

[illegible]

Patient Sticker

REGULAR PRESCRIPTIONS

Ward

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

[illegible][illegible][illegible]



DRUG CHART

Date of Admission: 8/2/2021 Drug Allergies: CEFTAXIME ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

SOS / PRN (As Required Medication)

DRUG : <u>76 CEFZIN</u>				Date Time															
Dose <u>100mg</u>	Route <u>oral</u>	Frequency	Start Date <u>10/2</u>																
Doctor's Signature <u>[Signature]</u>		Valid Period	Pharm.																
Additional Instructions:																			

DRUG : <u>Ascorb-D</u>				Date Time															
Dose <u>250mg</u>	Route <u>oral</u>	Frequency <u>bid</u>	Start Date <u>10/2</u>																
Doctor's Signature <u>[Signature]</u>		Valid Period	Pharm.																
Additional Instructions:																			

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



REGULAR PRESCRIPTIONS

Weight. 78 kg Ward. 021

DRUG : Tyi Augmentin				Date	Time
Dose	Route	Frequency	Start Date		
1.2gm	PO	BD	8/6	6 AM	8/7
Name & Signature of the Doctor Starting the Drugs: Dr. Sravanti				6 PM	
Additional Instructions:				Stop Dr. Sanku Sanku 9/7/20: 8:30 AM	
Daily Doctor's Endorsement by a Sign				Dr. Sanku	

DRUG : T PARACETAMOL				Date	Time
Dose	Route	Frequency	Start Date		
1gm	PO	QID	8/6/27	6 AM	9/7/10/7
Name & Signature of the Doctor Starting the Drugs: Dr. Adithyan				6 AM	
Additional Instructions:				12 PM	
Daily Doctor's Endorsement by a Sign				Dr. Adithyan	

DRUG : T DILLOFENAC				Date	Time
Dose	Route	Frequency	Start Date		
Sony	PO	TID	8/7/27	7 AM	9/7/10/7
Name & Signature of the Doctor Starting the Drugs: Dr. Adithyan				7 AM	
Additional Instructions:				12 PM	
Daily Doctor's Endorsement by a Sign				Dr. Adithyan	

DRUG : T TRAMADOL				Date	Time
Dose	Route	Frequency	Start Date		
100mg	PO	TID	8/7/27	8 AM	9/7/10/7
Name & Signature of the Doctor Starting the Drugs: Dr. Adithyan				8 AM	
Additional Instructions:				12 PM	
Daily Doctor's Endorsement by a Sign				Dr. Adithyan	

Page: 2/4



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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
8/2	6:05 AM	Ty. PERINDOM	10mg	TL	Dr.	TUNNA GUY
8/2	6:10 AM	Ty PANTOPRAZOL	40mg	TL	Dr.	TUNNA GUY
8/7/26	7:00 AM	INT ONDANSETRON	4mg	iv	Idel	Rapier Kuntli
8/7/26	7:50 AM	INT PARACETAMOL	1gm	iv	Idel	Rapier Kuntli
8/7/26	8:15	INT TRANEXAMIZ ACED	1gm	iv	Idel	
8/7/26	7:30 AM	INT TRANEXAMIZ SUPP ACED	1gm	iv	Idel	Rapier Kuntli
8/7/26	8:15 AM	TRAMADOL 100	100mg	PR	Idel	Rapier Kuntli
8/7/26	8:15 AM	DELOFENAC 100 SUPP	100mg	PR	Idel	Rapier Kuntli
8/7/26	8:55	INT MORPHINE	7.5mg	iv	Idel	Rapier Kuntli

05-133
JANAGAMA LAVANTA

(F)



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Your Right to a Safe Delivery

Name: 1.55. Adhigani madhuri

Weight: 78.5 kgs

Sheet No: 2

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

BAH-00640244 IP5-00176091
Mrs ALUGANI MADHURI .
08-05-1994 32 Y 1 M 30 D (F)
Dr. JANAGAMA LAVANYA



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FLUID CHART

Sheet No. : 1

7/7/26

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

		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	RI	NBM	100ml/h						✓		0	Run
	06:00 am	RI	NBM	100ml/h								0	Run
	07:00 am	RI	NBM	100ml/h								0	Run
Total Intake : NBM						Total Output : U - 1, M - 0							

Total 24 hrs. Intake NBM

Total 24 hrs. Output U - 1, M - 0



FLUID CHART

Sheet No. : 6

8/2/26

1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.
3. 24 hrs. total to be entered in the kardex in RED.

Date	Time	Intake			Output					IV Site Thrombo- phlebitis Score	Sign. Nurse	
		Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G							
8/2/26	08:00 am	N	By mouth						50ml	0	By	
	09:00 am	BM	100ml							0	By	
	10:00 am		100ml							0	By	
	11:00 am		100							0	By	
	12:00 pm	Sips of water	100							0	By	
	01:00 pm	water	100						200	0	By	
Total Intake :		Taken - 3000ml				Total Output :					250ml	
8/2/26	02:00 pm	H ₂ O	100ml							0	Ashwin	
	03:00 pm		100ml							0	Ashwin	
	04:00 pm	H ₂ O	100ml						300ml	0	Ashwin	
	05:00 pm		100 ml						150ml	0	Ashwin	
	06:00 pm	H ₂ O	100ml							0	Ashwin	
	07:00 pm		100ml						1000ml	0	Ashwin	
Total Intake : Taken						Total Output : m - 0					u - 1600ml	
8/2/26	08:00 pm	Food								0	Ashwin	
	09:00 pm									0		
	10:00 pm	H ₂ O						360ml	0			
	11:00 pm								0			
	12:00 am	H ₂ O							0			
	01:00 am							100ml	0			
Total Intake : Taken						Total Output : m - 0					u - 400ml	
8/2/26	02:00 am							300ml	0	Ashwin		
	03:00 am	H ₂ O							0			
	04:00 am							200ml	0			
	05:00 am	H ₂ O							0			
	06:00 am							300ml	0			
	07:00 am	H ₂ O							0			
Total Intake : Taken						Total Output : m - 0					u - 800ml	
Total 24 hrs. Intake		Taken 1200ml				Total 24 hrs. Output		m - 0 u - 2800ml				

D0640244 IP5-00176091
 LUGANI MADHURI .
 -1994 32 Y 2 M 0 D (F)
 HRUTHI REDDY/Dr.LAVANYA

FLUID CHART

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Sheet No. :

1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.
3. 24 hrs. total to be entered in the kardex in RED.

		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						
9/8/26	08:00 am	No IV	food H2O				NP				De Racy
	09:00 am									✓	
	10:00 am										
	11:00 am										
	12:00 pm									✓	
	01:00 pm										

Total Intake :

Total Output : m-0 U-2

9/8/26	02:00 pm	No IV	H2O								NA Kashish
	03:00 pm									✓	
	04:00 pm						✓				
	05:00 pm									✓	
	06:00 pm										
	07:00 pm										

Total Intake :

Total Output : U2 M2

	08:00 pm	No IV	food H2O								NA Kashish
	09:00 pm						✓			✓	
	10:00 pm										
	11:00 pm										
	12:00 am									✓	
	01:00 am										

Total Intake :

Total Output : M1 U-2

	02:00 am	No IV	H2O								NA Kashish
	03:00 am									✓	
	04:00 am										
	05:00 am						NP				
	06:00 am									✓	
	07:00 am										

Total Intake :

Total Output : m-0 U-2

Total 24 hrs. Intake	
----------------------	--

Total 24 hrs. Output	M-2 U-8
----------------------	---------

FLUID CHART

Sheet No. :

10/12/18

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		100ml								0	Duty	
	09:00 am		100ml								0		
	10:00 am										0		
	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													

640244 IP5-00176091
S ALUGANI MADHURI .
08-05-1994 32 Y 1 M 30 D (F)
Dr. JANAGAMA LAVANYA



NURSING CARE RECORD

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

BirthRight
BY RAINBOW HOSPITALS
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Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 7/7/26

Assessment: Patient came for EL UCS complaints of fear & Anxiety.

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

Time	Plan of Care	Time	Implementation	Evaluation
4:30 pm	⇒ Assess the Pt condition	5 AM	⇒ Assessed the Pt condition vitals stable.	Pt is comfortable.
5 AM	⇒ NBM & IV fluids	5:30 AM	⇒ Patient is on NBM & Ringer lactate ongoing	
5:30 AM	⇒ Inform consent about surgery	6 AM	⇒ Informed & Taken consent for surgery.	
6 AM	⇒ Administration medication	6:30 AM	⇒ medication given as per drug chart	
7 AM	⇒ Ensure Safety	7:30 AM	⇒ side rails provided.	
7:30 AM	⇒ U/O monitoring.	8 AM	⇒ U/O monitoring done.	

Re-Assessment: FHR is good, vitals stable.

Special Notes: w/f excessive bleeding.

Nurse Signature:

Nurse Name: Tunnel

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

BAH-00640244 IP5-00176091
Mrs ALUGANI MADHURI .
08-05-1994 32 Y 1 M 30 D (F)
Dr. JANAGAMA LAVANYA



NURSING CARE RECORD

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Shift: ☒ Morning ☐ Afternoon ☐ Night

Date: 8/7/16

Assessment: Complaints of pain related to Surgery

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
8am	* Assess the general condition of patient.	8:05 am	* patient Assessment done.	patient is comfortable.
8:30 AM	* complaints of pain.	8:40 am	* Inj. morphine given.	
8:45 am	* Assess the pain.	8:50 am	* Now pain was decreased.	
10am	* patient is NBM.	10:05 am	* Rh is connected.	
11:00 am	* w/f Bleeding.	11:05 am	* Bleeding checked minway	
1pm	* started liquid diet.	1:10 pm	* patient is on liquid diet.	

Re-Assessment: patient have been decreased her pain.

Special Notes: w/f Bleeding & nipple care.

Nurse Signature: [Signature]

Nurse Name: Shwadee

Date & Time: 8/7/16

NURSING CARE RECORD

Shift: ☐ Morning ☒ Afternoon ☐ Night

Date: 8/7/26

Assessment: Patient complaints of fear & Anxiety

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
2:00pm	Assess the general condition	2:10pm	Assessed the general condition of pt	It is stable
3:00pm	monitor vitals	3:10pm	Vital's checked BP, Pulse, SpO2, Resp	
4:00pm	monitor Ilo chart	4:10pm	Ilo chart monitored	
5:00pm	Administer medications	5:10pm	medication given as per drug chart	
6:00pm	Provide Sattu	6:10pm	Siderails provided	
7:00pm	Provide soft diet	7:10pm	soft diet provided.	

Re-Assessment:

Special Notes: wlf bleeding.

Nurse Signature: Ashwita

Nurse Name: Ashwita

Date & Time: 8/7/26 @ 8pm

BAH-00640244 IP5-00176091
 Mrs ALUGANI MADHURI
 08-05-1994 32 Y 2 M 0 D (F)
 Dr. SHRUTHI REDDY/Dr. LAVANYA

NURSING CARE RECORD

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Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 8/7/26 @ 8pm

Assessment: Patient seems to have fatigue.

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
8pm	Assess patient's general condition.	8:10 pm	Assessed patient's condition.	Patient Stable.
10 pm	Ensure safety. monitor vitals.	10:10 pm	Provided side rails monitored vital.	
12am		12:10 am	Diet planned.	
2am	maintain good nutritional status.	2:10 am	Followed infection control protocols.	
4am	Prevent infection,	6:10 am	educated patient	
6am	Patient family education.	8:10 am	about hospital procedure	

Re-Assessment: N/A

after providing comfortable position patient was stable.
 Special Notes: Watch for voiding. Foley removed 6am

Nurse Signature: Sul

Nurse Name: Subhanti

Date & Time: 9/7/26 @ 8am



OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 8/7/26 Time of Arrival: 4:15 AM Time Seen by Nurse: 4:20 PM

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: EL UCS

3) Vital Signs: Temperature: 98°F Pulse: 88b/m RR: 20 SpO₂: 99.1 BP: 100/62 Weight: 78.7

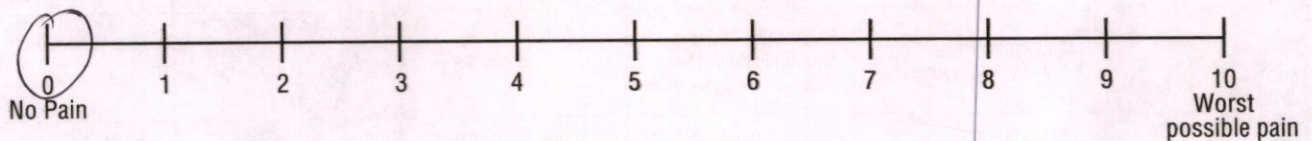
4) Gestational Criteria:

Gravida: G 2 P 1 L 1 A —
LMP: 5/10/25 EDD: 12/7/26 Gestational Age: 39+3 w/c

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: NA
- Frequency:
- Interventions:

6) Past History:

- a) Surgeries: UCS-2024
b) Medical: Nil



7) Allergy: ☐ Yes ☒ No, If Yes :

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

9) Prenatal Medical History:

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

Triage Category: (Please tick on the category)

Refer to OBSTETRICAL TRIAGE ACUITY SCALE (OTAS)

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

OBCU Obstetrical Triage Acuity Scale (OTAS)

OTAS	Level 1 (Resuscitative)	Level 2 (Emergent)	Level 3 (Urgent)	Level 4 (Less Urgent)	Level 5 (Non Urgent)
Level 1 (Resuscitative)	Immediate	≤ 15 minutes	≤ 30 minutes	≤ 60 minutes	≤ 120 minutes (2 Hours)
Re-Assessment	Continuous Nursing Care	Every 15 Minutes	Every 15 Minutes	Every 30 Minutes	Every 60 Minutes
Labour / Fluid	Imminent Birth	Suspected Pre-term Labour / PPRM < 37 Weeks	Signs of Active Labour > 37 weeks	Signs of Early Labour/ SRM > 37 weeks	Discomforts of Pregnancy
Bleeding	Active Vaginal bleeding with/ without abdominal pain	Bleeding associated with cramping (<spotting) <37 weeks	Bleeding associated with cramping (>spotting) >37 weeks	Spotting	
Hypertension	Seizure activity	Hypertension > 160/110 and / or headache, visual disturbance, RUQ pain	Mild hypertension > 140/90 with/without associated signs and symptoms		
Fetal Assessment	Abnormal FHR tracing Non-Fetal Movement	Atypical FHR tracing, abnormal dopplers Diseased fetal movement			
Others	- 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: 4:40 AM

Nurse Name : Tunna Nurse Signature: TM

Date: 8/7/26 Time: 4:30 AM

BAH-00640244 IP5-00176091
Mrs ALUGANI MADHURI
08-05-1994 32 Y 1 M 30 D (F)
Dr. JANAGAMA LAVANYA

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OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 8/7/26

Baseline Information:

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

Allergies: ☐ Yes ☒ No ☐ Medications ☐ Blood Transfusion ☐ Food ☐ Other:
If yes, identify

Chief Complaints: EL LSCS Doctor Notified on Admission: ☒ Yes ☐ No
Name of the Doctor: Dr. Lavanya
Time Notified: 4:30 Am

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

Past Medical History	Past Surgical History	Previous Hospital Admission
Nil	USCS-2024	Jes
Gynecology Assessment: ☐ Not Applicable Menstrual History: Regular Onset of Menarche: - Menstrual Cycle: ☒ Regular ☐ Irregular Last Menstrual Period: 5/10/25	Gynecology Surgical History: Caesarean Section: ☐ No ☒ Yes Cervical Cerclage: ☒ No ☐ Yes Ectopic Pregnancy: ☒ No ☐ Yes Myomectomy: ☒ No ☐ Yes Others:	Gynecological History: Contraceptives: ☒ No ☐ Yes Vaginal Discharge: ☒ No ☐ Yes Post-Coital Bleeding: ☒ No ☐ Yes Infertility: ☒ No ☐ Yes If Yes Type: ☐ Primary ☐ Secondary

Obstetric History: G 2 P 1 L 1 A -

Previous LSCS: yes

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

Family History: ☐ No Abnormalities Detected

☐ Heart Disease ☐ Hypertension ☒ Diabetes ☐ Stroke ☐ Seizures ☐ Kidney disease
☐ Liver disease ☐ Other

Vital Signs / Measurements: Temp: 98.6 F HR: 89 bpm RR: 20
BP: 112/67 Weight: 78. Height: 157 BMI: -

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

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Dr. JANAGAMA LAVANYA



PHYSICAL ASSESSMENT

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

Fall Assessment: ☒ Yes ☐ No Score20..... (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

Cultural & Spiritual Needs: ☐ Yes ☐ No if Yes specify Inform consultant for positive criteria.

SOCIAL SCREENING:

1. **Marital Status:** ☐ Single ☒ Married ☐ Divorced ☐ Widow

2. **Special Habits:** **Smoker:** ☐ Yes ☒ No **Alcohol Abuse:** ☐ Yes ☒ No **Drug Abuse:** ☐ Yes ☒ No

Social History: Lives 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 topatient.....

Name of Person Orientation was given to:Renu.....

Orientation not given Reason:NA.....

Nurse Signature:TM.....

Nurse Name:Renu.....

Date & Time:8/7/26 @ 4:30 AM.....

RISK ASSESSMENT TOOL FOR DEEP VEIN THROMBOSIS (Postnatal Assessment and Management (to be assessed on delivery suite))

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

Signature of the Doctor: Dr. Janagama Lavanya Date: 21/1/26 Time: 8:30 AM
Action Plan: Hydration and Ambulation.

Risk Assessment Tool for Deep Vein Thrombosis

- ☐ 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 total score = 2, Hydration & Ambulation.
- ☐ 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.

Patient Sticker

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BUNDLE CARE CHECKLIST TO PREVENT SURGICAL SITE INFECTION (SSI)

To Be Filled In By Assigned Nurse :

Date : 8/7/26

Department : OB/GYN Duration of Procedure : 1:00 hours

Name of Surgeon : Dr. Lavanya Date of Admission : 8/7/26

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

		Staff Signature
1.	Antibiotic given prior to surgery ? ☒ Yes ☐ No ☒ Single Dose Antibiotic or Long Antibiotic Regime Antibiotic administered within 60 minutes prior to incision ? ☒ Yes ☐ No Name of the Antibiotic : <u>Py-Taxam Augmentone</u>	<i>[Signature]</i>
2.	Hair Removal ☒ Yes ☐ No if Yes : Surgical Clipper Department where Hair Removed : ☒ Ward ☐ Operating Room ☐ Other : _____ Skin preparation done (cleanse surgical area with antiseptic agent)? ☒ Yes ☐ No	<i>[Signature]</i>
3.	Patient's body temperature immediately post operation (Recovery Room) <u>36</u> °C ☐ Oral Or ☒ Axilla (Goal : 36-37 °C)	<i>[Signature]</i>
4.	Name of doctor or staff administering the antibiotic : <u>Sis. monika</u> Date & Time of antibiotic administration : <u>8/7/26 @ 4:15 AM</u> Date & Time procedure started : <u>8/7/26 @ 7:16 AM</u>	<i>[Signature]</i>

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

Docu. No. : RCHBH/ FRM / CLINICAL / 038

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

BAH-00640244 IP5-00176091
Mrs ALUGANI MADHURI .
08-05-1994 32 Y 1 M 30 D (F)
Dr. JANAGAMA LAVANYA



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Patient Name : MM. MADHURI Gender: ☐ Male ☒ Female Age : 31 yrs
UHID No : 640244 Date : 8/7/2026

Instruction:

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

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

ELECTIVE LOWER SEGMENT CESAREAN SECTION

upon

(Name of the Patient) MM. MADHURI

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.

CHANCE OF BLEEDING, BLOOD AND BLOOD PRODUCTS TRANSFUSION, INFECTION, INJURY TO ADJACENT ORGANS SUCH AS BOWEL AND BLADDER AND IT'S REPAIR

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. LAVANYA

Consentee :

Signature : [Signature]

Name : Mrs Madhuri

Date & Time : 8/7/2026, 6 AM

Witness :

Signature : [Signature]

Name : [Name]

Date & Time : 8/7/26 @ 6AM

Docu. No. : RCHBH /FRM / CLINICAL / 027

Patient Attendant :

Signature : G-Bharat Raj

Name : G-BHARAT RAY

Relationship with Patient: Husband

Date & Time : 8/7/2026, 6AM

Doctor (who is taking the consent) :

Signature : [Signature]

Name : Dr. Janagama

Date & Time : 8/7/2026, 6AM



CONSENT FOR ANAESTHESIA

Authorization By: ☒ Patient ☐ Patient Attendant

Operative Procedure: Elective Caesarean section

Anaesthesiologist: Dr. Aditi Surgeon: Dr. Savanjer

Please read this before you consent for Anaesthesia

General anaesthesia involves rendering a patient unconscious before an operation. This ensures the patient is not aware of events and does not feel pain during the operation. Drugs given through a vein and / or inhaled from an anaesthesia machine produce it. Regional anaesthesia involves using a local anaesthetic to numb a specific area of the body for surgery. Prolonged pain relief can be achieved by infusing weak solutions of local anaesthetics and narcotic drugs to particular parts of the body after surgery or injury, using catheters.

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

☐ Heart Disease ☐ Hypertension ☐ Diabetes ☐ Renal Failure ☐ Multi Organ Failure ☐ Hepatic Disorders

☐ Shock ☐ Obesity ☐ Chronic Obstructive Pulmonary Disease

☐ Others HYPOTENSIVE, BRADY CARDIA, TACHYCARDIA, SHIVERING, ITCHING, PDPH, LAR,

Declaration by Patient Attendant

- I authorize and give consent for anaesthesia as considered appropriate by the anaesthesia team
☒ Regional Anaesthesia ☐ General Anaesthesia ☐ Monitored Anaesthesia Care
- I understand that there are some infrequent complications that can occur due to use of anaesthesia, these include pain or some injury at the site of injections, temporary breathing difficulties, allergic reactions, headaches, variations in blood pressure, nausea and vomiting.
- I authorize the anaesthesia team to perform any additional procedures (for example, Central Venous Access, arterial line, use of suppositories and or nerve blocks for pain relief, changing from regional to general anaesthesia etc) which are considered necessary by them during the course of surgery.
- I also authorize and give consent to the team of doctors attending on me to administer blood products during the course of operative period and immediately thereafter if need arises.
- I acknowledge that the anaesthesiologist have informed me about the anaesthetic procedure, risk, benefits and alternative treatments.
- I acknowledge that I fully understand the above information. I have had the opportunity to ask questions, and they have been answered to my satisfaction in a language I understand. I affirm that this consent is given by me in my full senses.

Patient / Patient Attendant:

Signature: [Signature]

Name: Mrs Anugraha Madhuri

Relationship with patient: SELF

Date & Time: 8/7/21 4:51 AM

Witness:

Signature: G. Bharat Raj

Name: G. BHARAT RAJ

Date & Time: 8/7/21 4:51 AM

Doctor (who is taking consent):

Signature: [Signature] Name: Dr. Aditi

Date 8/7/21 Time: 4:51 AM

అనస్థీషియా కోసం అనుమతి పత్రం

అనుమతి ఇచ్చినవారు: ☐ రోగి ☐ రోగి అటెండెంట్

శస్త్రచికిత్స:

అనస్థీషియా వైద్యుడు: శస్త్రచికిత్స నిపుణుడు:

అనస్థీషియా కోసం మీ అనుమతి ఇవ్వడానికి ముందు దయచేసి ఇది చదవండి

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

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

స్పెసిఫిక్ హై రిస్క్:

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

☐ హృదయ వ్యాధి ☐ రక్తపోటు ☐ మధుమేహం ☐ మూత్రపిండాల వైఫల్యం ☐ బహుళ అవయవ వైఫల్యం

☐ కాలేయ సమస్యలు ☐ షాక్ ☐ ఊబకాయం ☐ దీర్ఘకాల శ్వాసకోశ వ్యాధి (COPD)

☐ ఇతరవి:

రోగి / రోగి అటెండెంట్

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

రోగి / రోగి అటెండెంట్:

సంతకం:

పేరు:

రోగితో సంబంధం:

తేదీ & సమయం:

సాక్షి:

సంతకం:

పేరు:

తేదీ & సమయం:

డాక్టర్ :

సంతకం: పేరు: తేదీ & సమయం:



Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION

Name: Madhuri Age: 31 Sex: F UHID.No: BAH-00640244

Date: 8/17/2024 Time: _____ Proposed Operation: Elective Caesarean Section

Diagnosis: G2P4 LIE 39+3 WKE previous LSCS for

B.P / CRT: 104/69 H.R: 103/min Weight: 78 ASA Physical Status: ☒ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Laboratory Data:				
Hgb: <u>13.5</u>	Glucose: _____	Protein: _____	HIV: _____	X-Ray: _____
PCV: _____	Urea: _____	Alb: _____	HBS Ag: _____	ECG: _____
WBC: <u>8400</u>	Creat: _____	Total Bill: _____	HCV: _____	2D Echo: _____
Plate: <u>1.62,000</u>	Na: _____	Dir. Bill: _____	Blood group: <u>O+</u>	Stress/Angio: _____
PT: _____	K: _____	LDH: _____	T3: _____	Other: _____
PTT: _____	Ca++: _____	Alk phos: _____	T4: _____	
INR: _____	Mg++: _____	Amylase: _____	TSH: _____	
	Cl-: _____	SGOT/SGPT: _____		
Allergies: <u>CEFD TAXIM</u>				

Medical History: CVS: _____

RESP: _____

Diabetes: _____

CNS: _____

Renal: _____

Hepatic / GE: _____

Physical Activity: LT 2 PM

Others: _____

Past Anaesthetic History: prev LSCS 2024 - spinal

Physical Exam:

Airway: MP 1 2 3 4 Mouth Opening: Adequate Mentohyoid Distance: A Neck: B Teeth: A

Lungs: AEBE

Heart: S/S

CNS: NBD

Pregnant: ☒ Yes ☐ No ☐ NA Venous Access Site: LUL Spine Exam for regional: 3 PAGES
CBG FEET

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

Peri-Operative Plan Explained to the Patient: ☒ Yes ☐ No

CURRENT MEDICATIONS	DOSAGE
<u>T IRON OD</u>	
<u>T calcium OD</u>	

Pre-Operative Instructions:

- DVT Prophylaxis:
- NIL ORAL $\rightarrow$ Water / ORS 2 Hours
 $\rightarrow$ Others 6 Hours
- Informed Consent: ☒ Standard ☐ High Risk
- Post Operative Pain Management: ☐ Discussed with Patient
- Other Instructions:

Signature: Aditi Name: Dr Aditi

BAH-00640244 IP5-00176091
Mrs ALUGANI MADHURI
08-05-1994 32 Y 1 M 30 D (F)
Dr. JANAGAMA LAVANYA



ANAESTHESIA CHART

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Pre Induction Assessment:

Change in Patient Condition:	☐ Yes ☒ No	Fasting Status: <u>Adequate</u>
Physical Status:	☒ Patient Identified	☒ Consent Present
		☐ Chart Reviewed

H.R: 100/mc B.P / CRT: 120/74 SpO₂: 100% R.R: 16 Last Feed: > 6h
Pre-OP Diagnosis: G2 P14 prev LSCs Operation: Elective LSCs Date:
Surgeon: Dr. Lavanya Anaesthesiologist: Dr. Aditi / Dr. Am Technician: Prashant

TIME	N ₂ O / AIR / O ₂ LPM	HALO / SO / SEVO	Drugs:	Antibiotic
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Antibiotic
Suppository
TRAMADOL 100mg
DICLOFENAC 100mg
Blood Loss 100ml
200 ml

NOTES
c/o
Pain
towards
skin
Dry Ketamine
30mg
Dry MIDAZ
1mg
green

LAB Values	ABG
	GRBS
	Others

☒ Equipment Checked and Functional ☒ BP ☒ Cuff Site: ☒ Art Site: ☒ EKG Lead ☐ Temp Site ☐ FIO ₂ Monitor ☐ Agent Monitor ☒ Pulse Oximeter ☐ Capnograph ☐ Ventilator ☐ Nerve Stimulator Position: <u>Supine</u> ☐ Pressure Points Checked Eye Care: ☐ Oint ☐ Tape ☐ Padding ☐ Awake	Temp: ☐ HME ☐ Fluid Warmer ☐ Cling Film ☐ OH Warmer ☐ Hugger's ☐ Cotton Wool ☐ Other Times: Anaes Start: <u>7:00</u> OP Start: <u>7:10</u> OP End: <u>8:05</u> Leave OR: <u>8:30</u> Anaesthesia: ☐ GA ☐ Monitored Anaesthesia Care ☐ Regional Line (Size & Location) ☐ CVP: ☐ ABT: ☒ IV: ☐ IV: ☐ IV:	Induction ☐ IV ☐ Inhal ☐ Pre O ₂ ☐ RSI ☐ Others ☐ Mask ☐ SGA ☐ Airway ☐ Oral ☐ Nasal ETT# at cm ☐ Oral ☐ Nasal ☐ Cuff ☐ Tracheostomy ☐ Topical ☐ Drug: ☐ Awake ☐ Direct Vision ☐ Video Laryngoscopy ☐ Stylette / Bougie ☐ Fiberoptic Blade# Attempts: Difficulty Why? ☐ Bilat = BS ☐ Semi-Closed Circle ☐ Closed Circle ☐ Other	Regional: Extremity Specify: ☒ Spinal ☐ Epidural ☐ Caudal Others: Position: <u>Supine sitting</u> Site: Needle Size: <u>25SP</u> Depth: Paresthesia ☐ Yes ☐ No Catheter at skin cm Drug Name & Conc: <u>0.5% Bupivacaine</u> Bolus: Infusion: Block Level: <u>T5</u> Comments: <u>patient moved head level T5 parath</u> Transportation to ☒ PACU ☐ ICU ☐ Other Relaxant Reversed ☐ Yes ☐ No ☐ NA Name of the Doctor: <u>Dr. Aditi</u> Signature of the Doctor: <u>Aditi</u>
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POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by: S.S. Swathi Time Received: 8.30 AM Time Discharged: 4 PM

250 240 230 220 210 200 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50 40 30 20 10 0 BLOOD PRESSURE	250 240 230 220 210 200 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50 40 30 20 10 0	IV Cannula Site: <u>YR left hand</u> ☐ O₂ Mask ☐ Nasal Prongs ☐ Tracheostomy ☐ T-Piece ☐ Oral Airway ☐ Nasal Airway	Vomiting: ☐ Yes ☒ No NG Tube: ☐ Yes ☒ No Drain: ☐ Yes ☒ No Urinary Catheter: ☒ Yes ☐ No Chest Tube: ☐ Yes ☒ No Nil Oral: ☐ Yes ☒ No IV Fluids: <u>RL</u> Oral Feeds: <u>NBM</u>	Drug:

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

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
8/7/26	8:30 AM	2/10	Jiv. morphine given	Swathy
8/7/26	9:50 AM	0/10	NO pain.	Swathy
8/7/26	10:00 AM	0/10	NA	Swathy

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

Anaesthesiologist Name: Dr. Tejaswini

Anaesthesiologist Signature: [Signature]

Date & Time: 8/7/26 2 PM

PACU Nurse Name: S.S. Swathi

PACU Nurse Signature: [Signature]

Date & Time: 8/7/26 5 PM

Reassessment Frequency:

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

Transferred to Unit by (PACU): [Signature]

Date & Time: 8/7/26 2 PM

Patient Sticker

Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

Date: Time: Procedure done by

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

Depth: Catheter at Skin: Attempts :

Parasthesia : Yes/No if yes details :

Solution Composition :

Any other issues :

a)

b)

Time	Infusion Rate (ml/hr)	Bolus (ml)	Level Left Right		Maternal		FHR	Comments
					BP	Pulse		

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

Catheter Removed by and Tip Inspected :

Patient Satisfaction :

Discharge /Shifting ordered by

Doctor Signature:

Doctor Name:

Date and Time :

339

NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 8/7/26

Time: 4:30pm

Origin: Indian

Height: 157cm

Weight: 78kg's

BMI: 31.75g/m²

Food Allergies: No

Diagnosis: POD-0 / EL-LSCS (Elective: lower segment Cesarean Section)

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

Diet Advised:

Soft High protein diet

include plenty of oral liquids

Avoid spicy, chilled and outside foods

Patient's / Attendant's

Signature: [Signature]

Name: madhuri

Date & Time: 8/7/26

4:40pm

Dietician's

Signature: [Signature]

Name: SAIMA

Date & Time: 8/7/26

4:30pm

DIETARY NOTES

[illegible]