FDH-00037636 IP5-00174361
Mrs SHUBHADA RAMANATHAN
05-05-1995 31 Y 0 M 23 D (F
Dr. SHRUTHI REDDY/Dr.LAVANYA

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SURGERY DETAILS

Date : 28/5/26

Patient Name: Mrs. Shubhada Date of Birth: 05-5-1995 Age: 31y

Gender: F Ward : BB-III UHID No.: FDH-00037636

Date of Surgery: 28/5/26 ☐ OT -1 ☐ OT -2 ☐ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : SVC C Epidural

Time in : 6.30 Am Time Out : 7.30 Am

		NAME	AMOUNT
1.	Surgeon	: Dr. Sneha	
2.	Anaesthetist	: Dr. Adithi	
3.	Assistant Surgeon	: —	
4.	OT Technician	: —	
5.	Circulating Nurse	: Sis-Sudha	
6.	Assistant Nurse	: Sis- Poulabi	

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

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 37636 / 9631108 Order by:

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

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Rainbow Children's Hospital - Banjara Hills

8-2-120/103/1,2,3,4 and 5,Road No: 2, Banjara Hills, Telangana, Hyderabad, INDIA Banjara Hills ,Hyderabad ,Telangana, India ,500034.
TEL NO :+91-40-4466 5555
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP5-00174361 **Admit Date** : 27-May-2026 **Admit Time** : 06:12 AM **UHID** : FDH-00037636

Patient Details :

Patient Name	: Mrs SHUBHADA RAMANATHAN	**Age**	: 31 Y 0 M 22 D
Guardian	: Mr NYAYAPATI ANWESH RAMANUJAM	**DOB**	: 05-05-1995
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	: Married
Address (H)	: H NO - 6-3-581, FLAT NO- C 301, KESHAV DALE APARTMENTS, ANAND NAGAR COLONY , ZILLA PARISHAD ROAD, Khairatabad Hyderabad Telangana INDIA 500004	**Phone No**	: 9701807592/ 9949354000
		E-mail	: NOMAIL@GMAIL.COM

Admission Details :

Bed Type : DAY CARE **Bed No** : BC DC 418 **Ward Name** : 4F-BIRTHING CENTRE

Room No : BC DC 418 **Admission Type** : First Visit

Contact Details :

Name	: Mr NYAYAPATI ANWESH RAMANUJAM	**Relationship**	: Husband
Contact Address	: H NO - 6-3-581, FLAT NO- C 301, KESHAV DALE APARTMENTS, ANAND NAGAR COLONY , ZILLA PARISHAD ROAD, Khairatabad Hyderabad Telangana INDIA 500004	**Phone No**	: 9701807592 / 9949354000

Signature

Doctor Details :

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

Payment Details :

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

Payor Name : GO DIGIT GENERAL INSURANCE LIMITED

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ACTIVITY RECORD FOR BILLING

Name : _____

UHID No. : _____ FDH-00037636 IP5-00174361 Mrs SHUBHADA RAMANATHAN 05-05-1995 31 Y 0 M 22 D (F Dr. SHRUTHI REDDY/Dr.LAVANYA

Consultant: _____ Dept : _____

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
28/5/26	11.30Am	OBS	Room(309)	Tanuja

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	Dr Dheeraj Sharma	28/5/26	9632082	Rima
2				
3				
4				
5				
6				
7				
8				
9				
10				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
27/05/26	NST - (1)	265026627	Sumanda
27/05/26	GRBS 114 mg/dl 6:30 AM		Sumanda
27/5/26	CBP, HVS, CEP, CUE, ULE	26537711	
27/5/26	NST - (2)	265026815	Kanna
27/5/26	NST - (3)		Kanna
27/5/26	NST - (4)	265026816	Kanna
27/5/26	NST - (5)		Kanna
27/5/26	NST - (6)		Radha
28/5/26	NST - (7)	26502 6833	Radha
28/5/26	NST - (8)		Radha

28/5/26

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
27/5	Infusion pump	11 pm		963061	
28/5/26	Caricle monitor	1 am			
28/5/26	Epidural pump	2 am			
				29/5/26	

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
27/05/26	IV placement	01	9628814	Surendra
28/5/26	PA-C		9630610	
28/5/26	Catheterization		9630609	
29/5/26	NHA	(P)	9633379	Jayab

ANY OTHER INFORMATION

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.....

.....

.....

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Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints G_2A_1 came with leaking per vagina @ 3:30 am. on 27/8/2026.

Obstetric Formula: G_2A_1

Obstetric History:

I Jan-2025 - 4 weeks - weakly UPT +ve + spon. miscarriage.

Present Pregnancy Record:

II - spontaneous conception. Booked at 12+3 wks of gct.

RISK FACTORS:

- post. splenectomy, 2019
- Anti-La Ab weakly positive. (29/11/25) (ANA profile)

Height: 172 cm
Weight: 105 kg
Allergies: NKDA
Breast: ☑ Normal ☐ Abnormal

General Examination:

Consciousness: Clear
Icterus: Absent
Temp: afebrile
BP: 110/70 mm Hg
CVS: S1S2 (+)
Liver/Spleen: not palpable.
Pallor: } absent.
Edema: }
PR: 80/min
DTR: present
RS: BAE (+)
Urine Output: adequate

LMP: 17/09/2025. EDD: 5/7/2026
Corrected EDD: 5/7/2026 GA: 34+3

Menstrual History: Regular : ☑ Yes ☐ No

Obstetric Examination

Fundal Height: ~ 32-34 wks.

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 1 finger
Membranes: ☐ Present ☒ Absent
Liquor: ☒ Clear ☐ Meconium ☐ Blood Stained
Presenting Part: ☒ Vertex ☐ Breech ☐ Others
Sutton: ☐ -3 ☒ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2
Pelvis: ☒ Adequate ☐ Doubtful

DIAGNOSIS

1) G_2A_1 | 34+3 weeks | ~~PPROM~~ | for observation.

Docu.No: RCHBH/FRM/CLINICAL/ 087 (P.T.O)

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Family History:
Mother - Autoimmune disease.
Father - HTN

Surgical History:
2019 ~~&~~ Splenectomy
Received Pneumococcal & Meningococcal.

Medical History: Nil

Medication History:
CPINT, C DFNSG, ZINCOVIT

Plan of Care:
1) Admission.
2) IV cannulation.
3) NNC
4) Drugs as charted
5) NST 2nd hourly
6) Reserve 1 PRBC. at the time of delivery.
7) Advice. CBP, CRP, HVS CUE, urine c/s
8) Inj. Betnesol 12 Mg IM/stat
9) GRBS - 114mg/dl.
10) Inform SOS.
11) part preparation.

Investigations:
BGT - A positive
Vivah - NR

14/5/26 Hb - 13.3 / WBC - 16,280
PLT - 4.05.

16/5/26 SIUL, 32+6wks, cephalic, 2715 grams, (48%.) AC - 52%, AFI - 16.1, PLT - Post / (R) lat - High
Dopplers - (N).

TIFFA - SIUL, MTAS - (N), Depressed Nasal bridge most likely constitutic - like father.
NT - 1.9mm, FTS - Low risk.
Fetal echo - (N)

Dr. Poddutoor Shruthi Reddy
Reg. No: 46820

Doctor Name: ~~Dr.~~ Divya
Signature: ~~DY~~
Date & Time: 27/5/26 ; 6:00 pm

Consultant Name: Dr. Shruthi Reddy.
Signature: for (Dr. Lavanya
Date & Time: 27/5/26 6:45 pm

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DEFICIENCY CHECK LIST OF CASE SHEET

Sl.No.	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission sheet	1			
2	Discharge Summary	4			
3	Nursing Initial assessment	1			
4	Patient Transfer form	2			
5	In-patient Medical record	1			
6	Doctors progress sheets	5			
7	Nursing plan of care and handover sheets	3			
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	1			
14	Consent for ~~Restraint~~ Vaginal	1			
15	LAMA consent				
16	Consent for special procedure / Sedation	2			
17	Consent for Formula feed				
18	Consent for ~~MTP~~ Labour	1			
19	Consent for Radiological Investigations				
20	Consent for HIV test				
21	Anaestesia notes (Pre Anaesthesia& post)	2			
22	Neonatal Admission/Delivery/Physical Exam	1			
23	Medication Reconciliation	1			
24	Emergency Triage record	1			
25	Pre operative check list	1			
26	Surgical safety checklist				
27	Operation Theatre notes				
28	Nurses clinical Presentation				
29	TPR & BP chart	4			
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	1			
39	Bed side check list				
40	PICU bed formula Dilution feeds				
41	Gastro monitoring chart Antenatal	1			
42	Rch ED doctors note Transfer	2			
43	BP Monitoring chart				
44	RBS monitoring chart Billing	1			
	Total No. of Pages	40			

Doc. No. : RCHBH/ FRM / GENERAL / 126

Signature and Date : 30/5/23

(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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5/26 9:30AM	C/S/O to Dr. Shruthi Reddy.	
	G2A1 (34+3wks) PPROM	
NST-Reactive	Pt- comfortable No complaints G.c-fair Afebrile PR-80/min. BP-110/70mmHg PIA-at 34wks Relaxed, tHS ④	Advs:- ① Inj. Betnesol 12mg IM 2nd dose at 6:20PM. ② Neonatal counselling. ③ NST-TID ④ Maitor with any. ⑤ Wt s/s of chorioamnionitis ⑥ Inform SOS
27/5/26 Hb-13.2 TLC-19.66 Plt-4.86 CRP-13 Trace-CUE, urine K's. HUS		by CDr-lavanya
	C/S/O Dr. Shruthi Reddy.	
27/5/26. 10:00AM	Advice: ✓ Patient & husband counselled. Need for Induction of labor. in view of ✓ leucocytosis (WBC-19.66) ✓ Post splenectomy status.	DR. SHRUTHI REDDY PODDUTOOR Registration No. 46820
		Advice: ✓ Inj. PCM 25mg x 2nd Normy ✓ Check Presentation - on scan PTO →

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	✓ Induction of labor consent / Vaginal Birth consent by Dr Deepika's	
	✓ Presentation - Cephalic ✓ NVE - DVE. by Dr Deepika's	
27/5/26. 12:00PM.	⇒ G_2A_1 / 34+3wks / PPROM. / c h/o post splenectomy. ⇒ Bt is Stable ⇒ BP - 107/50 [78] PR - 98 bpm SpO_2 - 97% on RA. ; Temp - 98°F P/A - Uts POG relaxed Cephalic, FHS ⊕.	
NVE = 2✓ Tear HVS Urine Us.	CVC = pus cells - 3-5 Epithelial cells - 14-16.	Advice: ① NST [pre-dose NST] ② TF reactive second dose T. PG4 - 25mcg p/o @ 12:30Pm ③ Drugs as charted. ④ Monitor vitals & FHS 1hrly Shruthi.

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5/26 11:13 AM	Neonatal counselling	
	GA - 34+2 wks	EFW :- 2.115 kg
	Birth a_2A_1	
	Compl - PPROM for 8 hours.	
	- Post splenectomy.	Recent Pneumococcal, Meningococcal
	- Anti-La Ab (Weakly Positive)	
	Complications explained to the	Patient's father
	① Birth Asphyxia	
	② RDS	
	③ Feeding intolerance	
	④ Hypoglycemia	
	⑤ Hypocalcemia	
	⑥ Neonatal sepsis	
	⑦ Bradycardia	
		Ramanathan SUBRAMANIAN FATHER
	Dr. Sarath 27/5/26 11:20 AM	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	G2 A1 | 34wks | PPROM | post-Splenectomy	
27/5/26 3:45 PM	BP – 111/70 mmHg	
	PR – 75 bpm	
	SpO_2 – 100% on RA	
	Temp – 97.7°F	Advice
	P/A – Ut – relaxed.	① Continue and further
3 doses T. Miso 25mg PO given.	Cephalic; FHS ⊕	doses if NST is reactive.
		② Monitor vitals & FHS 1hrly & temp.
		③ Drugs as charted
		④ NST – 2nd hrly.
		[signature]
27/5/26 5:30PM	Pt comfortable	
	P/A: Acting .	✓ NST @ 6PM · f/b 3hrly
	P/V: ~~[illegible]~~	✓ next dose 6:30PM
	~~[illegible]~~	✓ w/f POC
	~~[illegible]~~	
NST @ 3:50PM Reactive	1/4" thick, 2f clear.	[signature]
		Dr Y Sneha.

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5/26 6PM	C/D/W Dr. Shruthi ① Very close fetal monitoring ② NST now ③ w/f POL ④ next dose 6:30PM ⑤ inform SOS.	Tab 4 Dr Y. Sneha.
27/5/26 7PM	G2A1 / 34wks / PPROM / POST-Splenectomy Pt- comfortable GC: fair B.P- 107/77(79) P.R- 90 bpm SpO2- 100% on RA Temp- 98.3°F P/A: Ut - 34wks relaxed	& 1) Monitor vitals - 4th hly 2) w/f POL 3) NST - 3rd day 4) Drug as charted. 5) Inform SOS 6) w/f sgs of chorioamnionitis — Dr. Sravanthi

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5/26 9:30PM	P/A: Acting P/V: 80% Effaced OS 2cm PPV$_{4}$ - 2 memb ⊖ Clear liak	✓ NST @ 10:30PM ✓ OX4 @ 11PM Dr Y Sneha
27/5/2026 11:30PM	PR: 80bpm BP: 112/80(80) SpO$_2$: 100% RA P/A: Acting well NST: Reactive wants Epidural Start OX4TOCIN	- Enema - AXON for Analgesia - Drugs as chart - W/F POL - Vitals FHR hrly - NST 3hrly Dr Y Sneha

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5/26 3:00 AM	Post epidural Patient on OXYTOCIN PR: 89 BP: 109/69(74) SpO_2: 100% RA P/A: Acting.	-OXY @ 18 mu/hr -W/F POL -Foleys -Cont. FHR -Drugs as chart. Dr Y Sneha
29/5/26 7:30 AM	PND-0/SVD GC: fair B.P: 106/73(79) P-R: 80 bpm SpO_2: 100% on RA P/A: Uterus-retracted well Bowel sounds (+) P/V: NAD	1) Soft diet 2) plenty of oral fluids 3) Drug as charted 4) W/F Pv Bleeding 5) F/O charting 6) Ambulation 7) Inform SOS - Dr. Sravanthi
u/p: 200ml		

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/5/26 11 AM	PND-0 | SVD | P1L1A1	
		℞
	GC: fair	1) Monitor vitals
	vitals: stable	2) Drug as charted
N/O: 200ml	P/A: Uterus retracted well	3) w/f PV Bleeding
	Bowel sounds (+)	4) Ambulation
V/E —	PV: NAD	5) Soft diet & plenty of oral fluid
	Shift to Room	6) Infusions
		— Dr Sravanthi
	Noted by Sr. Tarun Consult	
24/5/26 2 PM	PND-0 | SVD | P1L1A1	
	GC: fair	℞
B- ~~NAD~~	vitals: stable	1) Monitor vitals — qtly
	P/A: Uterus retracted well	2) Drug as charted
U/O: adequate		3) w/f PV Bleeding
✓	Bowel sounds (+)	4) Ambulation
	PV: NAD	5) Soft diet & plenty of oral fluids
	Remove foleys now	6) Infusions
		— Dr Sravanthi

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5/2026 7:30pm	PND-0/SVD/p1L1A1	
	O/E - Gc fair	
	Bp- 97/63mmHg	
	PR- 84Bpm	Adv
	SpO_2 - 98% RA	1) Soft Diet
V✓	p/A - uterus revealing well	2) Hydration & Ambulation
F✓		3) c/f active Bleeding P/V
S✓	L/E - BWNL	4) Drugs as charted
		5) Monitor vitals
		6) Inform SOS
✓ Urine C/S - No growth		
✓ HVS - Trace		Dr-D
		Dr-Divya
		noted by nowmita 28/5/26 @ 5pm
29/5/26 2pm	PND-1/SVD/P1L1A1	R
	GC: fair	1) Soft diet & plenty of oral fluid
V✓	Vitals: Stable	2) Drug as charted
F✓	P/A: Uterus rebid and soft	3) c/f P/V Bleeding
S-	BS (+)	4) Ambulation
B-NAD	P/V: NAD	5) Monitor vitals - 4hrly
VE-	Trace - HVS	6) Inf. sos
	plan - discharge	— Dr. Sravanthi R

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RESULT SHEET

Date	27/5/26					
Time						
Hb	13.2					
PCV	38.9					
RBC	4.60					
WBC	19.66					
N/L						
Platelets	4.86					
CRP	13.0					
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	Negative					
CUE - PUS Cells	3-5					
CUE - RBC Cells	40-50					
CUE						
Protine	Present					
PH	0.6					
Nitrite	Negative					
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

Mrs SHUBHADA RAMANATHAN
05-05-1995 31 Y 0 M 22 D (F
Dr. SHRUTHI REDDY/Dr.LAVANYA

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MEDICATION RECONCILIATION FORM

Drug Allergies: NKDA ☑ 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: ..... 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. CPINK	1 tab	PO	OD	26/5/26	☐C ☑DC
2	T. CDENSE	1 tab	PO	OD	26/5/26	☐C ☑DC
3	TAB. ZINCOVIT	1 TAB	PO	OD	26/5/26	☐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.D~~ Dr.Divya.

Date & Time : 27/5/26 ; 6:15 pm

Nurse Name & Signature: Sunanda

Date & Time : 27/05/26 6:30 PM

FDH-00037636 IP5-00174361
Mrs SHUBHADA RAMANATHAN
05-05-1995 31 Y 0 M 22 D (F
Dr. SHRUTHI REDDY/Dr.LAVANYA

103.

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DRUG CHART

Date of Admission: 27/5/26 Drug Allergies: NKDA ☑ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

NURSES - Nurses must follow strictly the FIVE RIGHTS before administration of medication.
1) Right Patient 2) Right Drug 3) 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 :				Date ▸ Time ▾
Dose	Route	Frequency	Start Date	
Doctor's Signature		Valid Period	Pharm.	
Additional Instructions:				

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

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

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

Mrs SHUBHADA RAMANATHAN
05-05-1995 31 Y 0 M 22 D (F
Dr. SHRUTHI REDDY/Dr.LAVANYA

REGULAR PRESCRIPTIONS

Weight. .... Ward. ....

VERIFIED

DRUG : INJ. CEFOTAXIM				Date	27/5	28/5
Dose	Route	Frequency	Start Date	Time		
1gm	IV	BD	27/5/2	7:00 AM	[illegible]	[illegible]
Name & Signature of the Doctor Starting the Drugs: Dr.D Dr. Divya.						
Additional Instructions:				7:00 PM	[illegible]	
Daily Doctor's Endorsement by a Sign						

STOP
[illegible]

DRUG : T. CEFIXIME				Date	28/5
Dose	Route	Frequency	Start Date	Time	
200mg	P/O	BD	28/5	10AM	[illegible]
Name & Signature of the Doctor Starting the Drugs: Dr. Sravanthi					
Additional Instructions:				10PM	[illegible]
Daily Doctor's Endorsement by a Sign					[illegible]

DRUG : T. DICLOFENAC				Date	28/5
Dose	Route	Frequency	Start Date	Time	
50mg	P/O	BD	28/5	9AM	X
Name & Signature of the Doctor Starting the Drugs: Dr. Sravanthi.					
Additional Instructions:				9PM	
Daily Doctor's Endorsement by a Sign					

STOP

DRUG : T. PARACETAMOL				Date	28/5	29/5
Dose	Route	Frequency	Start Date	Time		
1gm	P/O	TID	28/5	6AM	X	[illegible]
Name & Signature of the Doctor Starting the Drugs: Dr. Sravanthi				2PM	[illegible]	
Additional Instructions:				10PM	[illegible]	
Daily Doctor's Endorsement by a Sign						[illegible]

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Sheet No: .....

REGULAR PRESCRIPTIONS

Weight ..... Ward .....

DRUG : T. PANTOPRAZOLE

Dose	Route	Frequency	Start Dt.
40mg	P/O	O.D	28/5

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time		
28/5	6AM	Sravanthi RMO

DRUG : SYP. DUPHALAC

Dose	Route	Frequency	Start Dt.
15ml	P/O	H/S	28/5

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time		
28/5	10PM	Sravanthi RMO

DRUG : T. DICLOFENAC

Dose	Route	Frequency	Start Dt.
50mg	P/O	TID	28/5

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time		
28/5	7AM	X
	3PM	X
	11PM	Refuse

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

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

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

DRUG :

Dose	Route	Frequency	Start Dt.	Date ▸ / Time ▾

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.	Date ▸ / Time ▾

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.	Date ▸ / Time ▾

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.	Date ▸ / Time ▾

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

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

FDH-00037636 IP5-00174361
Mrs SHUBHADA RAMANATHAN
05-05-1995 31 Y 0 M 22 D (F
Dr. SHRUTHI REDDY/Dr.LAVANYA

Weight. ..... Ward. .....

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses	
27/5/26	6:20AM.	INJ. BETNOSOL	12MG	IM		Sunanda	6:20 AM
						Tulsa	
27/5/26	10:30AM	TAB. PGE1	25 MCG	PO		Lanna	10:30 AM
						Swamy	
27/5/26	12:30pm	TAB. PGE1	25mcg	PO		Kanna	12:30 PM
						Swamy	
27/5/26	2:30PM	TAB. PGE1	25mcg	PO		Kanna	2:30 PM
						Swamy	
27/5/26	4:30PM	TAB. PGE1	25mcg	PO		Kanna	
						Swamy	
27/5/26	8:00PM	T. PGE1	25mcg	PO		Yamma	8:00 PM
						Swamy	
2815	3:00 PM	Inj DROTIN	1amp	IV		Radha	3:00 PM
						Sudha	
2815	3:10 PM	Inj BUSCOPAN	1amp	IV		Radha	3:10 PM
						Sudha	
2815	3:30 AM	Inj EPIDOSIN	1amp	IV		Radha	3:30 PM
						Sudha	

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

VERIFIED

Mrs SHUBHADA RAMANATHAN
05-05-1995 31 Y 0 M 22 D (F
Dr. SHRUTHI REDDY/Dr.LAVANYA

I.V. FLUIDS CHART

Weight. .... Ward. ....B/C...........

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
27/5/26	7:30 pm	RINGER LACTATE	IV	100ml/hr	Sathi	Karuna / Kanthi	28/5	B	Yamuna / Karuna
27/5/26	11PM	RINGER LACTATE 500ml Inj OXYTOCIN 10U start @ 6ml/hr titrate every 30mins by 6ml/hr as per FHR, contractions till 96ml/hr - 3/4c30-40s/10'	IV	6ml/hr	A Y	Yamuna / Swapna	28/5	B	Karuna / Yamuna

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

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Dr. SHRUTHI REDDY/Dr.LAVANYA

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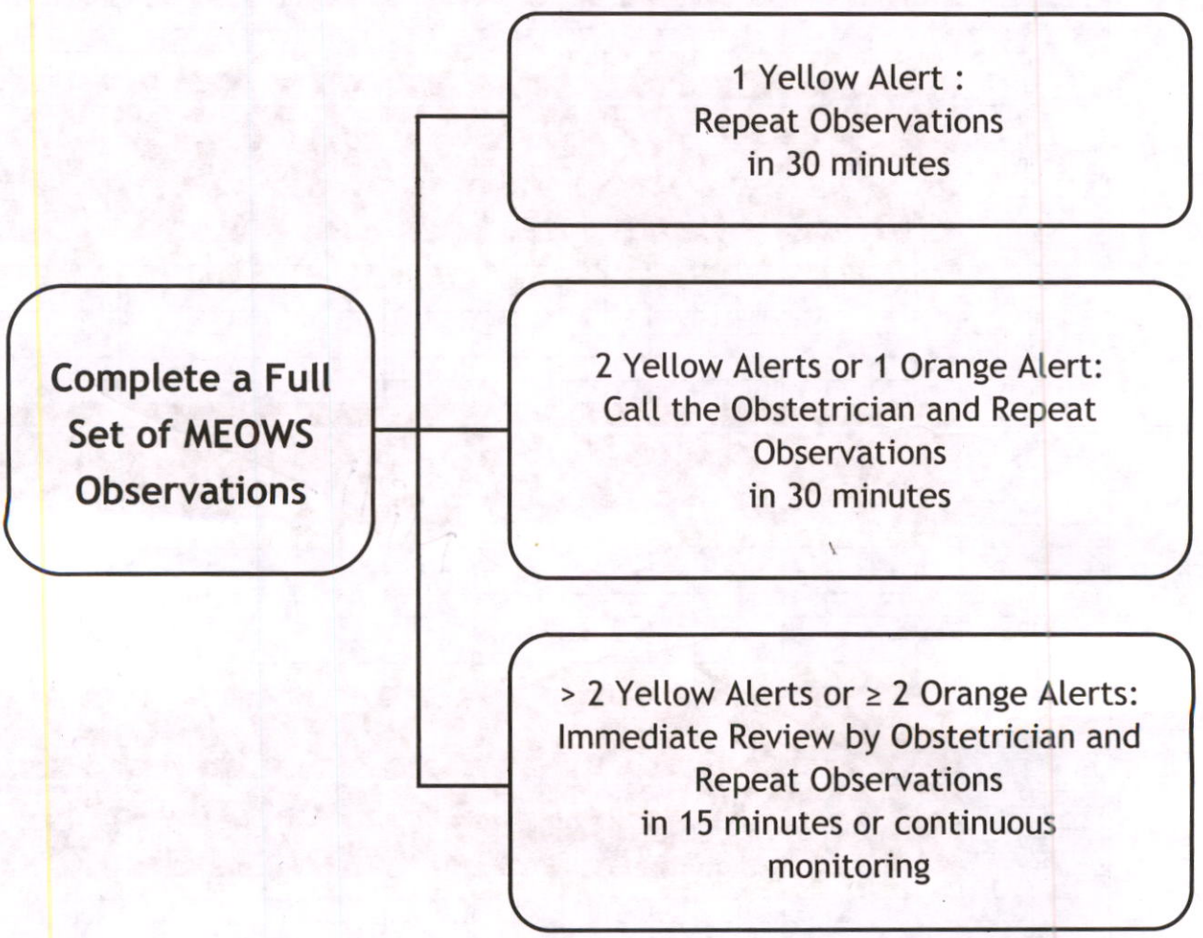
Early Warning Observation Score Chart - Obstetrics

27/05/26

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

		Date																							
		Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																									
	21 - 30																									19
	11 - 20																									
	0 - 10																									
Saturations	94 - 100 %																									99
	< 94 %																									
Administered O_2 (L/min.)																										
Temp°c	40																									
	39																									
	38																									
	37																									98.6
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									99
	90																									
	80																									
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressue ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									110
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									68
	80																									
	70																									72
	60																									
	50																									—
	40																									
NEURO RESPONSE [✓]	Alert																									—
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30																									—
	< 30																									
Proteinuria	Protein + +																									
	Protein > + +																									
Lochia	Normal																									—
	Heavy / Foul																									
Liquor	Clear / Pink																									—
	Green																									
TOTAL YELLOW SCORES																										0
TOTAL ORANGE SCORES																										0
Nurse Initial																										S

Obstetrics and Gynaecology Early Warning Signs



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

FDH-00037636 IP5-00174361
Mrs SHUBHADA RAMANATHAN
05-05-1995 31 Y 0 M 22 D (F
Dr. SHRUTHI REDDY/Dr.LAVANYA

27/5/26

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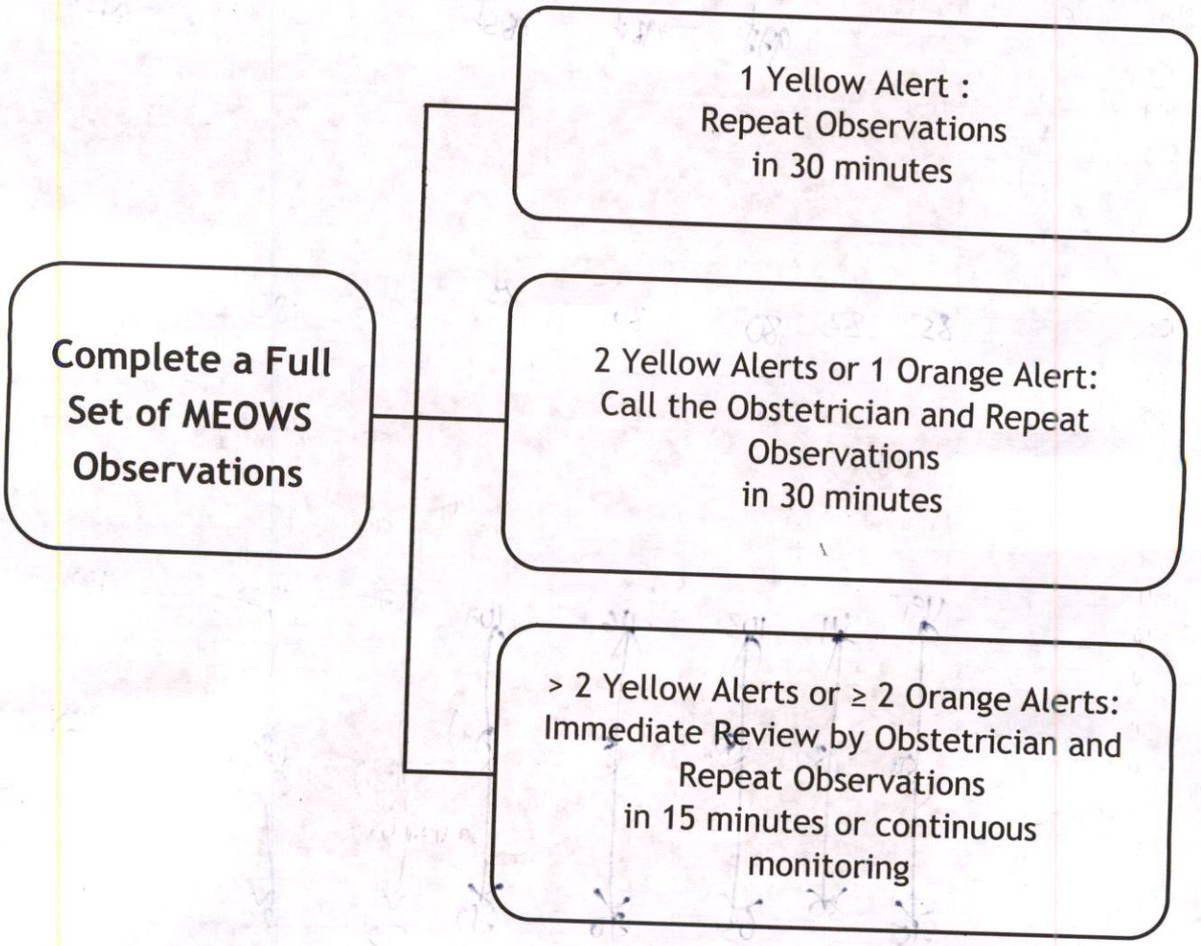
Early Warning Observation Score Chart - Obstetrics

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

27/5/26.	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																				19				20
	11 - 20	19	15	15		15			15			19			19		19								
	0 - 10																								
Saturations	94 - 100 %	99	99	99		99			99			99			99		99				98%				99%
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37					97.8F			98.4F			98.5F									97.2F				98.4F
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80	85	83	80		80			80			85			82		80				89				86
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120	119	111	103		116			109			109		117			112				120				121
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50	(89)	(83)	(80)		(87)			(92)					(82)			(80)				(95)				
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80	76	86	63		70			87					72			80				80				73
	70																								
	60																								
	50																								
	40																								
NEURO RESPONSE [✓]	Alert	A	A	A		A			D			D		D			D								
	Voice																								
	Pain																								
	Unresponsive																✓								
URINE mls / hour	> 30	✓	—	—		—			—			—		✓			✓								
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal													—			—								
	Heavy / Foul													✓			✓								
Liquor	Clear / Pink																								
	Green																								
TOTAL YELLOW SCORES		0	0	0		0			0			0		0			0				0				0
TOTAL ORANGE SCORES		0	0	0		0			0			0		0			0				0				0
Nurse Initial																									

Obstetrics and Gynaecology Early Warning Signs



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

FDH-00037636 IP5-00174361
Mrs SHUBHADA RAMANATHAN
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28/5/26

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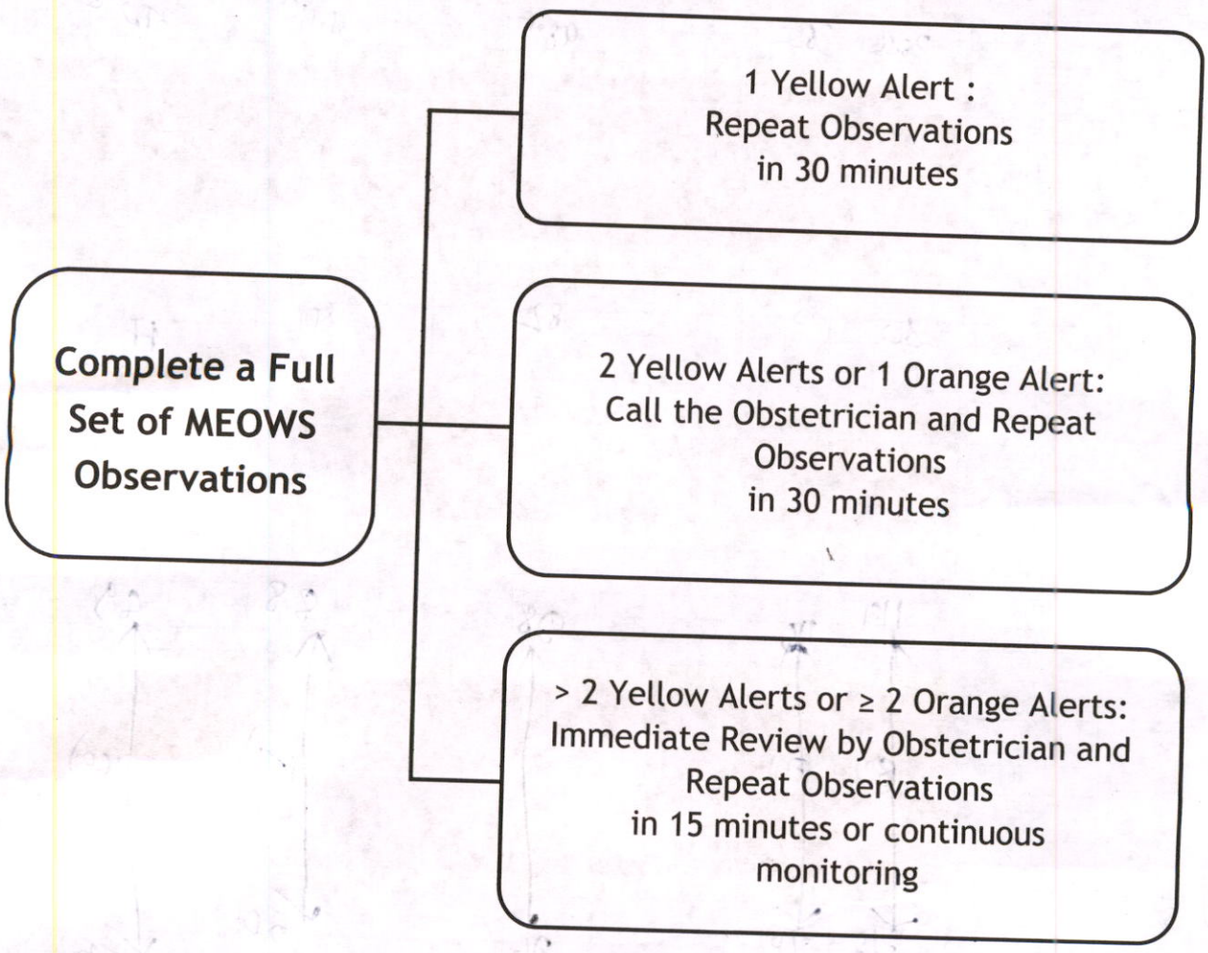
Early Warning Observation Score Chart - Obstetrics

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

		Date																						
		Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																									
	21 - 30																									
	11 - 20			19		19						19					20				20				20	
	0 - 10																									
Saturations	94 - 100 %			99		99						98					98				98				97	
	< 94 %																									
Administered O2 (L/min.)																										
Temp °C	40																									
	39																									
	38																									
	37																									
	36			36.5		36.8						98.4					37.1				37.2				37.3	
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80			80		83						82					80				77				65	
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressure	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120			119		110						98					88				89				85	
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50			(80)		(71)											(56)				(60)				(58)	
Diastolic Blood Pressure	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70			75		70						96					50				55				50	
	60																									
	50																									
	40																									
NEURO RESPONSE [✓]	Alert			A		A						✓					✓				✓				✓	
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30			✓		✓						✓					✓				✓				✓	
	< 30																									
Proteinuria	Protein + +																									
	Protein > + +																									
Lochia	Normal																									
	Heavy / Foul																									
Liquor	Clear / Pink																									
	Green																									
TOTAL YELLOW SCORES				0		0						0					0				0				0	
TOTAL ORANGE SCORES				0		0						0					0				0				0	
Nurse Initial																										

Obstetrics and Gynaecology Early Warning Signs



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

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FLUID CHART

Sheet No. : 1

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	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											
24/05/22	06:00 am		H20				N			✓	0	Swada
	07:00 am		H20				P.			✓	0	Swada
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

Mrs SHUBHADA RAMANATHAN
05-05-1995 31 Y 0 M 22 D (F
Dr. SHRUTHI REDDY/Dr.LAVANYA

FLUID CHART

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Sheet No. : 2

25/5/26

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: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am										0	Kamy
	09:00 am	~~H20~~	H20								0	Kamy
	10:00 am										0	Kamy
	11:00 am		H20							✓	0	Kamy
	12:00 pm										0	Kamy
	01:00 pm		H20							✓	0	Kamy
Total Intake :						**Total Output :**						
	02:00 pm										0	Kamy
	03:00 pm		H20				1			✓	0	Kamy
	04:00 pm										0	Kamy
	05:00 pm		H20				NP				0	Kamy
	06:00 pm									✓	0	Kamy
	07:00 pm		H20				1				0	Kamy
Total Intake :						**Total Output :**						
27/5	08:00 pm										0	Yamuna
	09:00 pm		H20								0	Yamuna
	10:00 pm										0	Yamuna
	11:00 pm		H20								0	Yamuna
	12:00 am						✓				0	Yamuna
	01:00 am		H20							✓	0	Yamuna
Total Intake :		Taken				**Total Output :**						
28/5	02:00 am		H20				1			✓	0	Radha
	03:00 am										0	Radha
	04:00 am		H20				NP				0	Radha
	05:00 am										0	Radha
	06:00 am		H20				1				0	Radha
	07:00 am										0	Radha
Total Intake :		Taken				**Total Output :**				300ml	0	Radha

Total 24 hrs. Intake		Total 24 hrs. Output	

FORM/CLINICAL/092

FDH-00037636 IP5-00174361
Mrs SHUBHADA RAMANATHAN
05-05-1995 31 Y 0 M 22 D (F
Dr. SHRUTHI REDDY/Dr.LAVANYA

28/5/26

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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	Intake: Nature of Fluid	Intake: Route: Mouth	Intake: Route: I.V	Intake: Route: N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
										100ml	0	Kamy
	08:00 am										0	Kamy
	09:00 am		H2O								0	Kamy
	10:00 am						Nil			200ml	0	Kamy
	11:00 am		H2O								0	
	12:00 pm										0	Mary
	01:00 pm										0	Mary
Total Intake :						**Total Output :** U-300ml M-0						
	02:00 pm										0	
	03:00 pm		H2O							600ml	0	Mary
	04:00 pm										0	Mary
	05:00 pm						little ✓				0	
	06:00 pm		H2O							✓	0	Mary
	07:00 pm										0	
Total Intake :						**Total Output :** U-600ml+1time M-1						
	08:00 pm										0	
	09:00 pm		H2O				✓			✓	0	Rima
	10:00 pm										0	
	11:00 am										0	Rima
	12:00 am		H2O							✓	0	Rima
	01:00 am										0	
Total Intake :						**Total Output :** U-2 M-1						
	02:00 am										0	
	03:00 am		H2O							✓	0	Rima
	04:00 am										0	
	05:00 am									✓	0	Rima
	06:00 am		H2O								0	Rima
	07:00 am						✓			✓	0	
Total Intake :						**Total Output :** U-3 M-1						

Total 24 hrs. Intake	Two	Total 24 hrs. Output	U-9 M-3

5-00174361
THAN
M 23 D (F)
VANYA

FLUID CHART

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Sheet N .....

1. All mea ml.
2. Add up separately. Make additions across the page to obtain 24 hrs. total of intake and output.
3. 24 hrs. t ered in the kardex in RED.

		Intake				Output						
Date	T	e d	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:0											
	09:00											
	10:00											
	11:00											
	12:00											
	01:00											
Total Intake :						**Total Output :**						
	02:00 p											
	03:00 pr											
	04:00 pr											
	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	

Department of Anaesthesiology

PRE-ANAESTHETIC EVALUATION

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Name: Mrs Shubhada Age: 31 Sex: F UHID.No : RDH0003 7637

Date: 28/5/26 Time: 2.31 Proposed Operation: G2 A1 34+3 + Labour analgesia

Diagnosis: G2 A1 34+3 Labour analgesia

B.P / CRT: 109/64 H.R: 94 Weight: 60.5 ASA Physical Status: ☐1 ☐2 ☐3 ☐4 ☐5

Laboratory Data:

Hgb: 13.3	Glucose: 172	Protein:	HIV:	X-Ray:
PCV:	Urea:	Alb:	HBS Ag:	ECG:
WBC: 16,280	Creat:	Total Bill:	HCV:	2D Echo:
Plate: 4.05	Na:	Dir. Bill:	Blood group:	Stress/Anglo:
PT:	K:	LDH:	T3	Other:
PTT:	Ca++:	Alk phos:	T4	
INR:	Mg++:	Amylase:	TSH	
	Cl -:	SGOT/SGPT:		

Allergies: NKDA sensum dengel

Medical History: CVS : —

RESP : — Diabetes : —

CNS : —

Renal : —

Hepatic / GE : — Physical Activity: —

Others :

Past Anaesthetic History: Spinal/epidural 2019 →

Physical Exam:

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

Lungs : AEBE

Heart: S1 S2

CNS: Drowsy

Pregnant: ☐Yes ☐No ☐NA Venous Access Site : LOL Spine Exam for regional : SPACE WELL PE

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

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

CURRENT MEDICATIONS	DOSAGE

Pre-Operative Instructions:

1. DVT Prophylaxis :
2. NIL ORAL → Water / ORS 2 Hours; Others 6 Hours
3. Informed Consent: ☐Standard ☐High Risk
4. Post Operative Pain Management: ☐Discussed with Patient
5. Other Instructions:

Signature: Name: Dr Ankita

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ANAESTHESIA CHART

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Change in Patient Condition: ☐ Yes ☐ No | Fasting Status:

Physical Status: ☐ Patient Identified ☐ Consent Present ☐ Chart Reviewed

H.R: | B.P / CRT: | SpO_2: | R.R: | Last Feed:

Pre-OP Diagnosis: ..... Operation: ..... Date : .....

Surgeon: ..... Anaesthesiologist: ..... Technician: .....

TIME

N_2O /AIR /O_2 LPM

HALO /SO /SEVO

Drugs:

FIO_2 / SaO_2

$ETCO_2$

ECG

Temperature

Urine Output

Fluids Blood

Antibiotic

Suppository

Blood Loss

NOTES

B.P
V Systolic
Λ Diastolic
X Mean
• Heart Rate

Tourniquet on Time
Tourniquet off Time

Throat Pack In
Throat Pack Out

240 220 200 180 160 140 120 100 80 60 40 20 10 0

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: .....
☐ Pressure Points Checked

Eye Care:
☐ Oint
☐ Tape
☐ Padding

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

Times:
Anaes Start: .....
OP Start: .....
OP End: .....
Leave OR: .....

Anaesthesia:
☐ GA
☐ Monitored Anaesthesia Care
☐ Regional

Line (Size & Location)
☐ CVP: .....
☐ ART: .....
☐ 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: .....
Site: .....
Needle Size: ..... Depth: .....
Parasthesia ☐ Yes ☐ No
Catheter at skin ..... cm
Drug Name & Conc: .....
Bolus: .....
Infusion: .....
Block Level: .....
Comments: .....

Transportation to
☐ PACU ☐ ICU ☐ Other
Relaxant Reversed ☐ Yes ☐ No ☐ NA

Name of the Doctor :.....
Signature of the Doctor :.....

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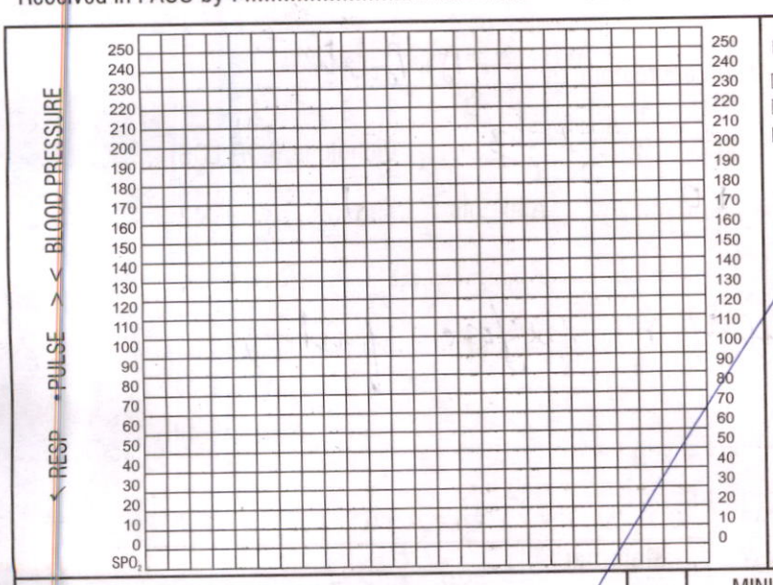
ANAESTHESIA CARE UNIT RECORD

Received in PACU by : ..... Time Received : ..... Time Discharged : .....



IV Cannula Site : .....

- ☐ O_2 Mask
- ☐ Tracheostomy
- ☐ Oral Airway
- ☐ Nasal Prongs
- ☐ T-Piece
- ☐ Nasal Airway

Vomiting : ☐ Yes ☐ No Drug: .....
NG Tube : ☐ Yes ☐ No
Drain: ☐ Yes ☐ No
Urinary Catheter: ☐ Yes ☐ No
Chest Tube: ☐ Yes ☐ No
Nil Oral ☐ Yes ☐ No

IV Fluids: .....
Oral Feeds: .....

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

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature

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

Reassessment Frequency:
1. Every eight hours for all hospitalized patients.
2. For post surgical patient, patient with chronic pain, patient with severe pain
   a. Every 2 hours for first 24 hours
   b. After 24 hours every 4 hours
   c. Prior to pain reliving intervention
   d. With in 30-60 minutes after pain relief intervention

Anaesthesiologist Name : .....
Anaesthesiologist Signature: .....
Date & Time: .....

PACU Nurse Name : .....
PACU Nurse Signature: .....
Date & Time: .....

Transferred to Unit by (PACU): .....
Date & Time: .....

36 IP5-00174361
DA RAMANATHAN
31 Y 0 M 23 D (F)
THI REDDY/Dr.LAVANYA

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t of Anaesthesiology

AL ANALGESIA RECORD

23/5/26 Time: 2.30 Procedure done by Dr Dilip

Epidural ✓ Position Sitting Space : L2-L3 Technique (LOR/LOS) .....

5 ✓ Catheter at Skin: 10 Attempts : 1

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

position : 0.1 Bupivacaine + 2ml fentanyl

Issues :

a) .....

b) .....

Time	Infusion Rate (ml/hr)	Bolus (ml)	Level Left	Level Right	Maternal BP	Maternal Pulse	FHR	Comments
2.30		10ml 0.8%/NOX			109/64	101/min	WNL	

Delivery Details : Time : 7:10AM APGAR: 6 SVD / Instrumental / LSCS (if LSCS Details)

Catheter Removed by and Tip Inspected : Dr. Daya chandra

Patient Satisfaction : Good

Discharge /Shifting ordered by

Doctor Signature: .....

Doctor Name: Dr Jc

Date and Time : 23/5/26 11:20AM