

ADMISSION SHEET


Registration Details :

Admission No : IP5-00175895 Admit Date : 02-Jul-2026 Admit Time : 11:10 PM UHID : BAH-00584583

Patient Details :

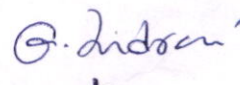
Patient Name	: Dr. TEJASWINI GANNAMANENI	Age	: 35 Y 0 M 9 D
Guardian	: Dr. SRUJITH NALLA	DOB	: 23-06-1991
Gender	: Female	Religion	: Hindu
Occupation	:	Martial Status	: Married
Address (H)	: VILAA NO. 319,PALM MEADOWS Kompally Hyderabad Telangana INDIA 500014	Phone No	: 9966418666/ 7842952195
		E-mail	: NOMAIL@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 : Dr. SRUJITH NALLA Relationship : Husband
Contact Address : VILAA NO. 319,PALM MEADOWS Kompally Phone No : 9966418666 / 9966418666
Hyderabad Telangana INDIA 500014


Signature

Doctor Details :

Doctor Name : Dr. SHRUTHI REDDY PODDUTOOR Specialisation : OBSTETRICS AND GYNECOLOGY
Referral Doctor : Self Phone No :
Co-Consultant :

Payment Details :

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

1

ACTIVITY RECORD FOR BILLING

Name : BAH-00584583 IP5-00175895
Dr. TEJASWINI GANNAMANENI
23-06-1991 35 Y 0 M 9 D (F)
UHID No. : Dr. SHRUTHI REDDY Poddutoor Consultant: _____ Dept : _____

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
3/7/26	12pm	OB5	315	Anjali
4/7/26	7AM	315	OB6	Sucha
4/7/26	5:42pm	OB5	ROOM(315)	Adhi

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Signature
2/7/26	NST — (1)	265033138	Ayali
2/7/26	CBP	26066373	Ayali
3/7/26	NST — (2)	265033138	Suehi
3/7/26	NST — (3)	25033138	
2/7/26	(Self) GRBS 100mg/dl	(Self) GCS	
3/7/26	GRBS 85mg/dl	Self GCS	
3/7/26	post breakfast RBS @ 10:30am ^{115mg/dl}	Self GCS	
3/7/26	NST — (4)	265033138	
3/7/26	pre lunch ^(Self) 83mg/dl @ 2pm	Self	
3/7/26	NST — (5)	265033138	
3/7/26	post lunch 115mg/dl 4:30pm	Self	
3/7/26	NST — (6)	265033138	
3/7/26	RBS 101mg/dl 4pm	Self (GCS)	
3/7/26	GRBS 103mg/dl 7:30pm	Self	
4/7/26	GRBS 90mg/dl	Self	
5/7/26	GRBS FBS (91mg/dl)	Self	
5/7/26	PPBS (100mg/dl)	265033138	

[illegible]

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
3/7/16	IV placement	1	9686690	Deb
3/7/16	PAC	01	9686070	Deely
3/7/16	Catheterize Hoya,	01	9686696	Deely
			cross checked	

ANY OTHER INFORMATION

.....

.....

.....

.....

.....

.....

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

for IOL

Obstetric Formula:

G2A1

Obstetric History:

G1- IUI concep, Quadraplets,
Fetal reduction done, cx cerclage
at 3wks - flb PPRM, chorioamnionitis,

Present Pregnancy Record:

spontaneous impulsion,
adherent placenta, since Bleeding
shock 3- Units - PRBC transfused

RISK FACTORS:

- IVF concep 2nd cycle
- GDM onset: 26wks
- GDM on insulin: 33wks
- Hypothyroid
- cerclage removed @ 37wks.

Height: 157 cm

Weight: 74.7 kg

Allergies: NICDA

Breast: ☒ Normal ☐ Abnormal

General Examination: fair

Consciousness: Yes Pallor: absent

Icterus: absent Edema: absent

Temp: afebrile PR: 90bpm

BP: 95/60mmHg (MAP 90) DTR: Normal

CVS: S/S 2 RS - B/L NVBS

Liver/Spleen: Not palpable Urine Output: Normal, 1500 - 90% on RN

DIAGNOSIS

G2A1 | 38⁺ wks | IVF concep | Hypothyroid | GDM on insulin |
cx cerclage removal | for IOL

LMP: 4.10.25

EDD:

Corrected EDD: 15.7.26

GA: 38⁺

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: 4/5

FHS: ☒ Normal ☐ Tachy ☐ Brady ☐ Absent

Per Speculum Examination

not done

Draining: ☐ Present ☐ Absent ☐ Bleeding

Colour of Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Vaginal Examination

Cervix: ☐ Long ☒ Partially effaced ☐ Effaced

Os: Closed Dilated 2 fingers

Membranes: ☒ Present ☐ Absent

Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Presenting Part: ☒ Vertex ☐ Breech ☐ Others

Sutton: ☐ -3 ☒ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2

Pelvis: ☒ Adequate ☐ Doubtful

Family History: Father - DM, CKD CDialysis Mother - DM.	Surgical History: Hysteroscopic polypectomy + adhesiolysis - 2023 Hysteroscopic guided. RPOC - 2024
Medical History: K/C/O Hypothyroid - 4 yrs.	Medication History: see medical documentation form.
Plan of Care: - Admission - vital closely - NST now fhr closely - send CBP & Trau. - consults - IOL Vaginal Birth - IOL from 4 AM - w/F progression of labour - Pain relief as. - Stat GRBS → complete.	Investigations: 0 positive 12/5 - CBP - 11, 8800 3.44. vitals - NR. 2/2 126 Hb → 11.6 Plt → 221 11/6/26 35+ wks, cephalic 2428gm, 37C, APL - 9.6cm, placenta- posterior, @ doppler TIPPA - (R) NT scan - (R) FTI - Low Risk

Doctor Name: Dr. Anurupa
Signature: *[Signature]*
Date & Time: 2/7/26 @ 11 AM

Consultant Name: Dr. Shruthi Reddy
Signature: *[Signature]*
Date & Time: _____

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	1			
5	In-patient Medical record	1			
6	Doctors progress sheets	5			
7	Nursing plan of care and handover sheets	4			
8	Consultation sheet	1			
9	General consent for treatment	1			
10	Consent for Surgery				
11	Consent for blood transfusion				
12	Consent for chemotherapy				
13	Consent for high risk	2			
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)	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	1			
27	Operation Theatre notes	1			
28	Nurses clinical Presentation	1			
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	1			
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	2			
42	Rch ED doctors note	1			
43	BP Monitoring chart	1			
	RBS monitoring chart	1			
Total No. of Pages		43			

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
3/7/26 3PM	G2A1 35wks / 1st concep / GDM on Insulin / Hypothyroid Pt comfortable	Xch w/ P 1002
	0/E	- CTG 3rd day
	ac-faci	- vitals normal
	PR subqm	- Insulin 1002
	BP - 118/70 mmHg	- Pain relief
	SpO ₂ - 98% on RA	
	P/A uterus	
	Relaxed	
	Placenta	
3/7/26 8:45AM	3/B Dr. Bhargavi	
	Pt comfortable	
	P/A: Relaxed 40%	
	P/V: Cervix 2 fingers effaced	
	os 2 fingers	
	T-PGE ₁ 25mcg kept PV.	
		✓ w/ POC
		✓ pre + post meal sugars - (CGM)
		OK or 4 hours

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 23-06-1991 35 Y 0 M 10 D (F)
 Dr. SHRUTHI REDDY PODEDUTOOR

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 It takes a lot to treat the little.

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/7/26 11:40 AM	C/S/B Dr. Shruthi	
	P/A: Irritable P/V: cu 50% effaced OS 2 fingers PPV - 2 ARM done Clear leak	✓ T. Misoprostol 400 mcg Po - Stat ✓ OXY @ 1:40 PM ✓ Epidural Sine ✓ NST : 1 PM
		Dr. Y. Suresh
3/7/26 2:50 PM	C/S/B - Dr. Shruthi	
	Pt is stable BP - 100/74 [81] HR - 86 bpm SpO₂ - 100% on RA Temp - 97.1 F P/A - Irritable P/V - cu - 2-3 cm dilated 50% effaced Clear liquor Ux - 2 sterom	Advise - Fij Metronidazole 500mg w.s - Syntocin augment - CTG monitoring Sruthi

- Epidural
 Synto - 2ml

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/7/28 3:00 PM	c/s/gi - Dr. Shwathi Pt is stable BP - 160/66 (R2) PR - 92 bpm SpO₂ - 99% on RA Temp - 97.3°F P/A - Lt irritable Cephalic FHR (A) Plv - G - 2cm; dilated G - 50% effaced normal cephalic Vx = -p steady u/o - sound clear.	Advise ① Synto - augment ② Uterine monitoring ③ Reassess @ 8 pm Shwathi

BAH-00584583 IP5-00175895
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23-06-1991 36 Y O M 10 D (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2-12-2026	Platlet count 110 Cephalic From 11:15 to 12:00 Vital - Cx 50% off - off or 2m Bleeds about clear logon	R DDJ DROTIN 10g IV Continue Ecto
2/1/2026	3pm U/W Dr. Shrothi Patient claustrophobic Feeling of impending doom No blurring of vision / Black spots / dizziness Shortness of breath U/W - 200ml clear on epidural GPB - CCyM - 101 ng/dl PR - 100 bpm BP - 117/82 (80) SpO2 - 100% on RA PR on Doppler - 132-142 bpm Telephonic consultation by Dr. Shrothi	PTD



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
✓	Patient contemplating LSCS.	
✓	Mobile on knee wheel chair.	
✓	Reassess after 1 hour.	
✓	Inform SCS	
	By Mr. Deepika	
3/7/2026 8:00PM	On epidural comfortable Vitals - BP - 113/66 (77) PR - 80. Temp - 98.0 SpO ₂ - 100% on RA P/A - Vitals mildly rising FHR good. V/E - Ex 60%, 2 cm, clean leak (+) II Rx (-2).	Advice: ✓ Patient does not want trial of LSCS. NBM ✓ Consent ✓ P/A ✓ Monitor FHR ✓ For LSCS at 10:00 / 10:30PM
7PM - 200ml emptied New stool clean.	✓ STOP oxytocin infusion	
GABCS: 103 mg/dL (7:30PM) (94) 2:00PM	By Mr. Deepika	

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/2/26 11:30 PM	POD-0 / EMLHS / P/L/A / 4 PM on Insulin hypothyroid	
B - well U/O 400ml	GC: per B.P - 100/63 P.R - 72 SpO ₂ - 100% on RA Temp - Afebrile P/L/A: Ut @ well Soft P/V: NAB	1) NBM for 4-6 hrs 2) I/v fluids - 100 ml/hr 3) Monitor vitals - 4hr 4) I/O charting 5) Drug as charted 6) w/f P/V Bleeding 7) Ambulation in Bed 8) Insulin SOS
GRBS -		Dr. Sravanthi
4/2/26 11:30 PM	POD-0 / EMLHS / P/L/A / 4 PM on Insulin hypothyroid	
D - well U/O 300ml	GC: per B.P - 101/63 mmHg P.R - 70 bpm SpO ₂ - 100% on RA P/L/A: Ut @ well Soft, B/A P/V: NAB	1) Allow 3 hrs of fluid - now liquid diet at 5:30 PM, Soft diet at 6:30 AM 2) I/v fluids - 100 ml/hr, I/O charting 3) Drug as charted 4) Monitor vitals - 4hr 5) w/f P/V Bleeding 6) Ambulation 7) Insulin SOS
GRBS - 94 Total 300ml at 2 PM 4/2/26	FBS, PPBS on 5/2/26 → shift to room	Dr. Sravanthi (P.O.) noted by

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/7/2026 9:30 AM	POD-0 / Em-lus / P. UA / GDM on Insulin GC: fair vital: stable PlA: wt (P) well Salt BS (+) Plv: NAD	1) soft diet & plenty of oral feed 2) Drug as charted 3) w/ Plv Bleeding 4) Ambulation 5) Monitor Wt 6) Temp s/s 7) I/O Charting
4/7/2026 7:00 PM	POD-0 / Em-lus / P. UA / GDM on Insulin	- Dr. J. J. J.
4/7/2026 7:00 PM	GC: fair vital: stable PlA: wt (P) well Salt BS (+) Plv: NAD	1) soft diet 2) Hydration 3) Ambulation 4) w/ oral bleeding vagina 5) Drug as charted 6) Temp s/s
4/7/2026 7:00 PM	GC: fair vital: stable PlA: wt (P) well Salt BS (+) Plv: NAD	1) soft diet 2) Hydration 3) Ambulation 4) w/ oral bleeding vagina 5) Drug as charted 6) Temp s/s
4/7/2026 7:00 PM	GC: fair vital: stable PlA: wt (P) well Salt BS (+) Plv: NAD	1) soft diet 2) Hydration 3) Ambulation 4) w/ oral bleeding vagina 5) Drug as charted 6) Temp s/s



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/7/26 9AM	POD-1 / All A1 / Em-1500 / GDM on Insulin	
Baby Mother side.	PT - stable. G-c-fair Afebrile Vitals - stable. RA - at 1000 BS (+) LIE - NAB	Adv:- ① Pasples Soft diet. ② Oral hydration. ③ Ambulation. ④ Drugs as directed. ⑤ Monitor vitals. ⑥ Insulin 500
FBS-91		
PPBS -	PT had anxiety and feeling Claustrophobia - 2 episodes. ↳ Psychiatrist consultation. Tomorrow	(Dr. Anurag)
5/7/26 11:20AM		10/11 Dr. Anurag
	Adv ① Do FBS, PPBS after 2 weeks. ② No need of any Medication ③ Conplan diary.	Dr. Anurag

Patient Sticker

PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]

Date of Admission: 2/2/20 Drug Allergies: NKA ☒ Not known any Drug Allergies

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.

[illegible][illegible][illegible]

Weight: 7.2 Ward: 5C

Page: 2/4



Sheet No: 2

REGULAR PRESCRIPTIONS

Weight

Ward RS

DRUG: <u>Ty METROGYL</u>				Date Time	<u>3/7</u>	<u>17</u>	<u>57</u>													
Dose	Route	Frequency	Start Dt.																	
<u>500mg</u>	<u>I/V</u>	<u>TID</u>	<u>3/7</u>	<u>7</u>	<u>Am</u>	<u>X</u>	<u>1700</u>	<u>Am</u>	<u>57</u>											
Name & Signature of the Doctor Starting the Drugs:																				
<u>Dr. Sravanthi</u>				<u>3pm</u> <u>X</u> <u>1700</u> <u>Am</u> <u>57</u>																
Additional Instructions:																				
<u>X 24 hrs 9</u> <u>STOP</u>				<u>11 pm</u> <u>1700</u> <u>Am</u> <u>57</u>																
Daily Doctor's Endorsement by a Sign				<u>2</u>																

DRUG: <u>Ty CEFOTAXIME</u>				Date Time	<u>3/7</u>	<u>4</u>														
Dose	Route	Frequency	Start Dt.																	
<u>1gm</u>	<u>I/V</u>	<u>BD</u>	<u>3/7</u>	<u>10</u>	<u>Am</u>	<u>X</u>	<u>1700</u>	<u>Am</u>	<u>4</u>											
Name & Signature of the Doctor Starting the Drugs:																				
<u>Dr. Sravanthi</u>				<u>10 pm</u> <u>1700</u> <u>Am</u> <u>4</u>																
Additional Instructions:																				
<u>X 48 hrs t/b</u> <u>oral</u>				<u>10 pm</u> <u>1700</u> <u>Am</u> <u>4</u>																
Daily Doctor's Endorsement by a Sign				<u>2</u>																

DRUG: <u>T. PANTOPRAZOLE</u>				Date Time	<u>3/7</u>	<u>17</u>	<u>57</u>													
Dose	Route	Frequency	Start Dt.																	
<u>40mg</u>	<u>P/O</u>	<u>BD</u>	<u>3/7</u>	<u>6</u>	<u>Am</u>	<u>X</u>	<u>1700</u>	<u>Am</u>	<u>57</u>											
Name & Signature of the Doctor Starting the Drugs:																				
<u>Dr. Sravanthi</u>				<u>6 pm</u> <u>1700</u> <u>Am</u> <u>57</u>																
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign				<u>2</u>																

DRUG: <u>Ty CLEXANE</u>				Date Time	<u>3/7</u>	<u>17</u>	<u>57</u>													
Dose	Route	Frequency	Start Dt.																	
<u>40mg</u>	<u>S/C</u>	<u>O.D</u>	<u>3/7</u>	<u>9</u>	<u>Am</u>	<u>X</u>	<u>1700</u>	<u>Am</u>	<u>57</u>											
Name & Signature of the Doctor Starting the Drugs:																				
<u>Dr. Sravanthi</u>				<u>9 AM</u> <u>1700</u> <u>Am</u> <u>57</u>																
Additional Instructions:																				
<u>X 8:30 AM</u> <u>after clucking</u> <u>Bleeding</u>				<u>9 AM</u> <u>1700</u> <u>Am</u> <u>57</u>																
Daily Doctor's Endorsement by a Sign				<u>2</u>																

BAH-00584583
Dr. TEJASWINI GANNAMANENI
23-06-1991 35 Y 0 M 10 D (F)
Dr. SHRUTHI REDDY PODDUTOOR

Weight: 74.7 Ward: BC

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
3/7/26	6AM	PHEI	25mg	P/O	B	Shruti
3/7/26	7AM	PHEI	25mg	P/O	R	Shruti
3/7/26	9AM	PGEI	25mg	PV	Shruti	Shruti
3/7/26	11:40AM	PGEI	25mg	PO	Shruti	Shruti
3/7/26	3:30pm	Inj cefotaxime	1gm	IV	Shruti	Shruti
3/7/26	3pm	Inj METRONIDAZOLE	500mg	IV	Shruti	Shruti
3/7/26	2:50pm	INI DROTIN	1amp	IV	Shruti	Shruti
3/7/26	3:42pm	INI PANTOPRAZOLE	40mg	IV	Shruti	Shruti
3/7/26	10pm	Inj CEFOTAXIME	1gm	IV	Shruti	Shruti



I.V. FLUIDS CHART

Weight: 74.2 Ward: BC

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
3/7/26	1:40 PM	2x470CLIN 100 + RL 500ml	IV	6ml/hr	Sy	Pd Kear	3/7/26		Pd Sundhy
3/7/26	11 AM	RL 500ml	IV	FF	hp	Pd Kear	3/7/26	hp	Pd Sundhy
3/7/26	3 PM	RINGER LACTATE	IV	100 ml/hr	Cy	Pd Sundhy	3/7/26	hp	Pd Sundhy
3/7/26	6 PM	RINGER LACTATE	IV	100 ml/hr	Cy	Pd Sundhy	3/7/26	hp	Pd Sundhy
3/7/26	8 PM	RINGER LACTATE 500ml	IV	100ml/hr	Cy	Pd Sundhy	3/7/26	hp	Pd Sundhy
3/7/26	11:30 PM	RINGER LACTATE	IV	100 ml/hr		Pd Sundhy	3/7/26	hp	Pd Sundhy
4/7/26	2 AM	RL 500ml	IV	FF		Pd Sundhy	4/7/26	hp	Pd Sundhy
4/7/26	3:00 AM	RL 500ml	IV	FF		Pd Sundhy	4/7/26	hp	Pd Sundhy

Signature

VERIFIED BY: Name

Weight: kgs

Sheet No:

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



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																								
	0 - 10																								
Saturations	94 - 100 %																								
	< 94 %																								
Administered O ₂ (L/min.)																									
Temp °C	40																								
	39																								
	38																								
	37																								
	36																								
	35																								
Heart Rate	< 35																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
Systolic Blood Pressure	40																								
	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	Diastolic Blood Pressure	70																							
60																									
50																									
40																									
130																									
120																									
110																									
100																									
90																									
80																									
70																									
60																									
50																									
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																									
TOTAL ORANGE SCORES																									
Nurse Initial																									

Obstetrics and Gynaecology Early Warning Signs

Complete a Full
Set of MEOWS
Observations

1 Yellow Alert :
Repeat Observations
in 30 minutes

2 Yellow Alerts or 1 Orange Alert:
Call the Obstetrician and Repeat
Observations
in 30 minutes

> 2 Yellow Alerts or ≥ 2 Orange Alerts:
Immediate Review by Obstetrician and
Repeat Observations
in 15 minutes or continuous
monitoring

3:40 pm

Temp - 97.1 F

5 pm Temp - 97.3 F

* The Modified Early Warning Score (MEOWS)

Time	HR	Syn
1:40 pm	142 bpm	6 mllly
2:30 pm	147 bpm	12 mllly
3 pm	140 bpm	18 mllly
3:30 pm	141 bpm	24 mllly
4 pm	131 bpm	30 mllly
4:30 pm	148 bpm	36 mllly
5 pm	140 bpm	42 mllly
5:30 pm	139 bpm	48 mllly
6:15 pm	137 bpm	54 mllly

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23-08-1991 35 Y 0 M 10 D (F)
Dr. SHRUTHI REDDY PODDUTOOR



2



Early Warning Observation Score Chart - Obstetrics

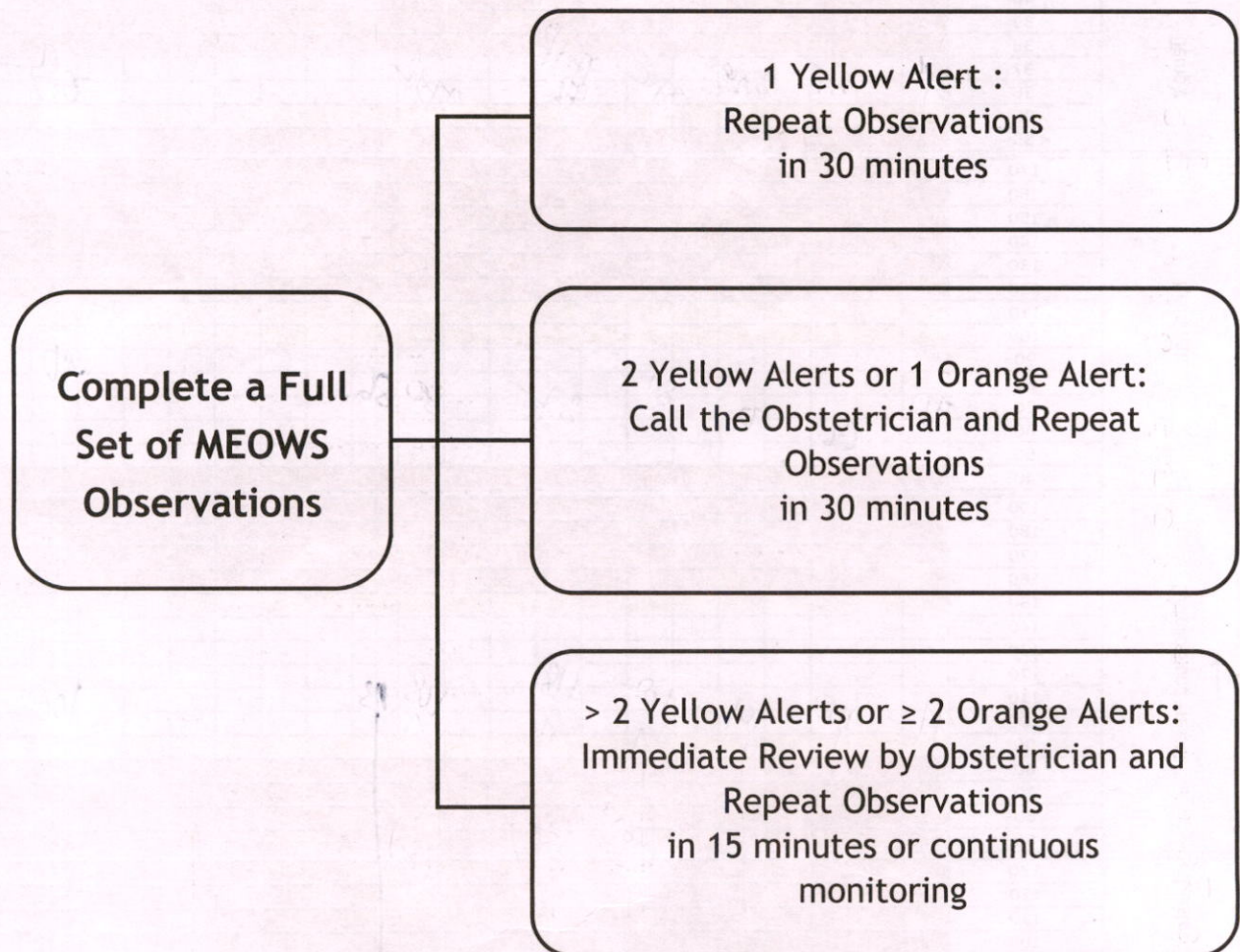
CONTACT DOCTOR FOR EARLY INTERVENTION IF PATIENT
TRIGGERS ONE ORANGE OR TWO YELLOW SCORES AT ANY ONE TIME

3/7/26

Date	Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20	20	20	20		19		19						19	20						20				
	0 - 10																								
Saturations	94 - 100 %	98	98	98		98		98						100	100						98		98		
	< 94 %																								
Administered O ₂ (L/min.)																									
Temp °C	40																								
	39																								
	38																								
	37																								
	36	36	37	38		38		38						38	38						38		38		
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70	70				81		82						80	80						90		89		
	60			60																					
	50																								
	40																								
Systolic Blood Pressure	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100	99		100		101		102		108				105	113						106		100		
	90																								
	80																								
	70																								
	60																								
50																									
Diastolic Blood Pressure	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70	74		62		70		74		82				74	66						71		64		
60																									
50																									
40																									
NEURO RESPONSE [✓]	Alert	✓	✓	✓		✓		✓		✓			✓	✓											
	Voice																								
Unresponsive	Pain																								
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		SV	SV	SV		SV		SV		SV			SV	SV							SV		SV		

Patient is Refused

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

IP5-00175895

(F)

Dr. TEJASW
23-06-1991

35 Y 0 M 11 D

23-06-1991 35 Y O M 11 D
Dr. SHRUTHI REDDY Poddutoor



4/7/26



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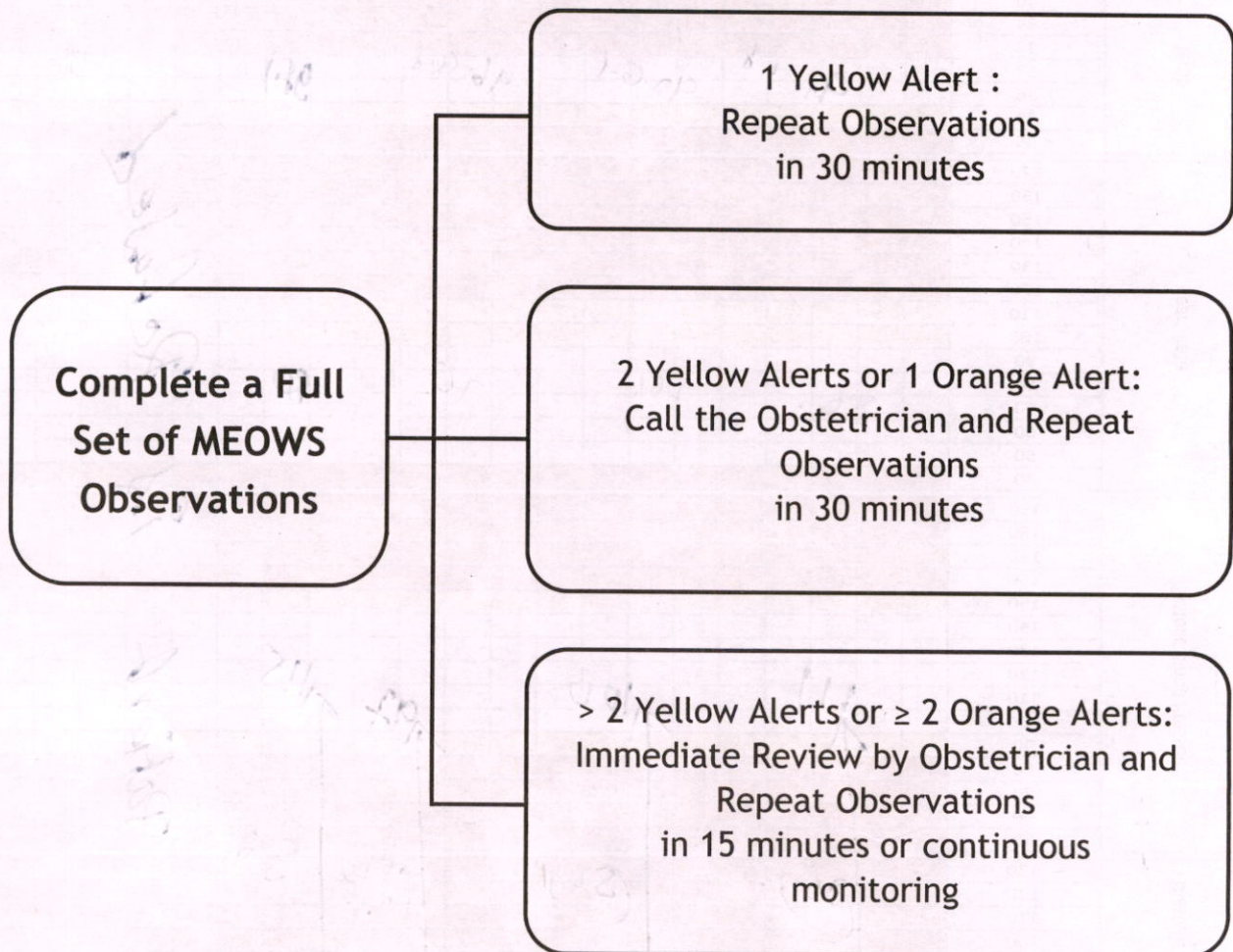


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CONTACT DOCTOR FOR EARLY INTERVENTION IF PATIENT TRIGGERS ONE ORANGE OR TWO YELLOW SCORES AT ANY ONE TIME

[illegible]

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

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					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	H ₂ O								✓		Amr
	01:00 am											
Total Intake :						Total Output : V-1 M-0						
	02:00 am											
	03:00 am	H ₂ O										
	04:00 am									✓		
	05:00 am	H ₂ O										
	06:00 am											
	07:00 am	H ₂ O								✓		
Total Intake :						Total Output : V-2 M-0						
Total 24 hrs. Intake						Total 24 hrs. Output						
V-3						V-3 M-0						



FLUID CHART

Sheet No. : 2

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sgn. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
3/7/26	08:00 am	-	Idly								0	Lee	
	09:00 am		tho				✓	-	-	✓	0	Lee	
	10:00 am		tho				-	-	-		0	h	
	11:00 am		B	RC			-	-	✓	✓	0	h	
	12:00 pm			100ml			-	-	-		0	h	
	01:00 pm	Synt	tho	60ml			-	-	-	✓	0	h	
Total Intake :			500ml			Total Output :						Picked	
3/7/26	02:00 pm	Synt	Idly	60ml							0	Leech	
	03:00 pm	Synt	tho	60ml							0	Leech	
	04:00 pm	Synt		60ml					100ml		0	Leech	
	05:00 pm	Synt	tho	60ml			✓				0	Leech	
	06:00 pm	Synt		60ml			✓				0	Leech	
	07:00 pm	Synt	tho	60ml					600ml		0	Leech	
Total Intake :			700ml			Total Output :						picked	
3/7/26	08:00 pm	RC	N	100ml							0		
	09:00 pm		B								0		
	10:00 pm		m.	100ml							0		
	11:00 pm								350ml		0		
	12:00 am			100ml							0		
	01:00 am										0		
Total Intake :			200ml			Total Output :						0-350ml m	
3/7/26	02:00 am								100ml		0		
	03:00 am	RL	H2O	RL							0		
	04:00 am										0		
	05:00 am								100ml		0		
	06:00 am	RL	H2	RL							0		
	07:00 am			500ml							0		
Total Intake :			1000ml			Total Output :						0-500ml - 0	

Total 24 hrs. Intake

7 - 960ml

Total 24 hrs. Output

4 - 1750ml - 100

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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	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
	08:00 am										0	Ally
	09:00 am	H2O								300	0	Ally
	10:00 am										0	Ally
	11:00 am										0	Ally
	12:00 pm	H2O									0	Ally
	01:00 pm										0	Ally
Total Intake :						Total Output : M - 0 U - 300						
	02:00 pm									300	0	Ally
	03:00 pm	H2O									0	Ally
	04:00 pm										0	Ally
	05:00 pm	H2O									0	Ally
	06:00 pm	H2O									0	Ally
	07:00 pm										0	Ally
Total Intake :						Total Output : M - 0 U - 2						
	08:00 pm										0	Rina
	09:00 pm	H2O									0	Rina
	10:00 pm										0	Rina
	11:00 pm										0	Rina
	12:00 am	H2O									0	Rina
	01:00 am										0	Rina
Total Intake :						Total Output : U - 2 M - 0						
	02:00 am										0	Rina
	03:00 am	H2O									0	Rina
	04:00 am										0	Rina
	05:00 am										0	Rina
	06:00 am	H2O									0	Rina
	07:00 am										0	Rina
Total Intake :						Total Output : U - 2 M - 0						
Total 24 hrs. Intake												
Total 24 hrs. Output			U - 7 M -									

Patient Sticker

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									
	08:00 am													
	09:00 am													
	10:00 am													
	11:00 am													
	12:00 pm													
	01:00 pm													
Total Intake :						Total Output :								
	02:00 pm													
	03:00 pm													
	04:00 pm													
	05:00 pm													
	06:00 pm													
	07:00 pm													
Total Intake :						Total Output :								
	08:00 pm													
	09:00 pm													
	10:00 pm													
	11:00 pm													
	12:00 am													
	01:00 am													
Total Intake :						Total Output :								
	02:00 am													
	03:00 am													
	04:00 am													
	05:00 am													
	06:00 am													
	07:00 am													
Total Intake :						Total Output :								

Total 24 hrs. Intake

Total 24 hrs. Output



NURSING CARE RECORD

Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 2/7/26

Assessment:

Patient having 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
12 Am	- Assess the General Condition of the Condition	12:10 Am	- Assessed the General Condition of the patient	Patient was Comfortable
2 Am	- Monitor vitals	2:5 Am	- Vitals Monitored & Recorded	
3 Am	- NIST	3:15 Am	- NIST 3rd hourly	
4 Am	- Maintain fluid balance	4:10 Am	- fluid balance Maintained	
6 Am	- Maintain Ilo Chart	6:15 Am	- Ilo chart Maintained	
7 Am	- Ensure Safety	7:30 Am	- Safety provided	

Re-Assessment:

Re-assessment done Patient was Stable

Special Notes:

NIST 3rd hourly

Nurse Signature:

(Signature)

Nurse Name:

Anjali

Date & Time:

2/7/26 @ 8 Am

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NURSING CARE RECORD

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Shift: ☒ Morning ☐ Afternoon ☐ Night

Date: 3/7/2022

Assessment: Labour pains

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
8 AM	Assess the pt condition	8:10 AM	Assessed the pt condition	patient is comfortable & Epidural
10 AM	Do chest	10:30 AM	Do chest maintained	
12 PM	Monitor vitals	12:15 PM	vitals checked & recorded	
2 PM	GRK Monitoring	2:10 PM	Rest 3rd hourly	
3 PM	IV fluids	3:05 PM	IV fluids ongoing	
5 PM	Safety	5:20 PM	pt Ensures safety	
6 PM	personal hygiene	6:30 PM	personal hygiene maintained	
7 PM	Drug Administration	7:50 PM	Medication given as per drug chart	

Re-Assessment: Now pt comfortable after giving Medication

Special Notes:

① GRK Monitoring

Nurse Signature:

[Signature]

Nurse Name:

Lulupa

Date & Time:

3/7/2022 8 PM

NURSING CARE RECORD

Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 3/2/20

Assessment: patient Complaint for pain.

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
8 ^{pm}	Assess the pt condition.	9:00 ^{pm}	Assess the pt condition.	pt is comfortable.
10 ^{pm}	monitoring vitals.	11 ^{pm}	vitals checked & normal.	
12 ^{am}	NST done.	2 ^{am}	NST 3rd hour done.	
4 ^{am}	2/0 chest medication	5 ^{am}	2/0 chest medication started IV fluids.	
6 ^{am}	IV flushes	7 ^{am}	observation done.	

Re-Assessment: Re-Assessment 6th hour.

Special Notes: FBS PPBT 6/2/20 7/11 follyes removed 2M

Nurse Signature: R

Nurse Name: Radha

Date & Time: 3/2/20



NURSING CARE RECORD

Shift: ☒ Morning ☒ Afternoon ☐ Night

Date: 4/7/26

Assessment: patient having discomfort

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 patient General condition.	9am	=> Assessed the patient. General condition?	Patient now stable
11am	=> plan for monitor patient vitals.	12pm	=> monitoring patient vitals.	
4pm	=> plan for monitor patient I/O chart.	3pm	=> to monitoring patient I/O chart.	
5pm	=> plan for medication.	6pm	=> medication given as per chart.	
7pm	=> plan for personal hygiene	7:30 pm	=> hand hygiene	

Re-Assessment: Re Assessment Done

Special Notes:

Nurse Signature: Alexya

Nurse Name: Alexya / 606820

Date & Time: 4/7/2026

NURSING CARE RECORD

Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 4/7/26

Assessment: Patient is having Discomfortable

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 the patient.	8:30pm	Assessed the general condition of the patient.	Now is the patient stable
10pm	Administer the medication as per Drug Chart.	10:30pm	Administered the medication as per Drug Chart.	
12am	Maintain the I/O Chart.	12:30am	Maintaining the I/O Chart.	
2Am	Maintain Good Nutrition.	2:30Am	Maintaining the Good Nutrition	
7Am	Ensure the safety.	7:30Am	provided side rails.	

Re-Assessment: Re-Assessment done 4th hourly vital

Special Notes: FBS, PPBS T/m

Nurse Signature: [Signature]

Nurse Name: Rini

Date & Time: 5/7/26 @ 8Am

Patient Sticker

NURSING CARE RECORD

Shift: ☐ Morning ☐ Afternoon ☐ Night

Date:

Assessment:

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation

Re-Assessment:

Special Notes:

Nurse Signature:

Nurse Name:

Date & Time:



NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Dr. Shruthi Reddy Department: DBS Date of Admission: 2/7/26

SITUATION	Diagnosis: <u>G2A1 (2st) wks 1st concp Hypothyroid</u>		Any Infection: ☐ Yes ☒ No ☐ Not Known					
	<u>HPM on lucalin cerclage removal for 1st</u>		If Yes Specify:					
BACKGROUND	Area	<u>DBS</u>	<u>DBS</u>	<u>DBS</u>	<u>DBS</u>	<u>DBS</u>	<u>DBS</u>	
	Shift Time	<u>8pm-6am</u>	<u>8pm-6am</u>	<u>8pm-6am</u>	<u>8pm-6am</u>	<u>8pm-6am</u>	<u>8pm-6am</u>	
ASSESSMENT	Medical Condition (Any special condition to be noted):	<u>Hypothyroid</u>	<u>Hypothyroid</u>	<u>Hypothyroid</u>	<u>Hypothyroid</u>	<u>Hypothyroid</u>	<u>Hypothyroid</u>	
	Allergy:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
RECOMMENDATIONS	Tubes/Drains/Catheter:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	Vital Signs:	Temp:	<u>98.1°F</u>	<u>97.6°F</u>	<u>98.1°F</u>	<u>98.6°F</u>	<u>98.4°F</u>	<u>97.2°F</u>
		Res:	<u>20</u>	<u>20</u>	<u>20</u>	<u>19</u>	<u>20</u>	<u>20</u>
		SpO ₂ :	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>	<u>99.4</u>	<u>98.1</u>
		Pulse:	<u>70</u>	<u>70</u>	<u>80</u>	<u>87</u>	<u>90</u>	<u>88</u>
		BP:	<u>95/65</u>	<u>97/61</u>	<u>99/71</u>	<u>102/74</u>	<u>100/72</u>	<u>100/72</u>
		Fall Risk Score:	<u>35</u>	<u>35</u>	<u>35</u>	<u>35</u>	<u>35</u>	<u>35</u>
	Pain Score:	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	
Safety Needs:	<u>Side rails</u>	<u>Side rails</u>	<u>Side rails</u>	<u>Side rails</u>	<u>Side rails</u>	<u>Side rails</u>		
Physiotherapy	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No		
Others Specify:	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>		
Special Diet:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No		
Other Special Orders / Medications:	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>		
Post Operative Procedure Special Orders:	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>GRBS</u>	<u>GRBS</u>	<u>GRBS</u>		
Handed Over By Name :	<u>Anjali</u>	<u>Sush</u>	<u>Reha</u>	<u>Pallavi</u>	<u>Pallavi</u>	<u>Alvina</u>		
Signature :	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>		
Date:	<u>3/7/26</u>	<u>3/7/26</u>	<u>3/7/26</u>	<u>3/7</u>	<u>4/7/26</u>	<u>4/7/26</u>		
Time:	<u>8AM</u>	<u>8:10 AM</u>	<u>8AM</u>	<u>8pm</u>	<u>8pm</u>	<u>8pm</u>		
Taken Over By Name :	<u>Sush</u>	<u>Reha</u>	<u>Pallavi</u>	<u>Alvina</u>	<u>Alvina</u>	<u>Alvina</u>		
Signature :	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>		
Date:	<u>3/7/26</u>	<u>3/7/26</u>	<u>3/7</u>	<u>3/7</u>	<u>4/7/26</u>	<u>4/7</u>		
Time:	<u>8am</u>	<u>8AM</u>	<u>8pm</u>	<u>8pm</u>	<u>8AM</u>	<u>8pm</u>		

NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Dr. Shruthi Department: 3rd Floor Date of Admission: 2/7/26

SITUATION	Diagnosis: <u>38+1 weeks LAC</u>		Any Infection: ☐ Yes ☒ No ☐ Not Known If Yes Specify:			
BACKGROUND	Area	Shift Time				
	Medical Condition (Any special condition to be noted):	<u>NA</u>				
ASSESSMENT	Allergy:	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Tubes/Drains/Catheter:	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs:	Temp: <u>98.1°F</u>				
		Res: <u>40</u>				
		SpO ₂ : <u>100</u>				
		Pulse: <u>90</u>				
		BP: <u>110/74</u>				
		Fall Risk Score: <u>35</u>				
Recommendations	Pain Score: <u>0/10</u>					
	Safety Needs: <u>yes</u>					
	Physiotherapy	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Others Specify: <u>NA</u>					
	Special Diet: ☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Other Special Orders / Medications:		<u>NA</u>				
Post Operative Procedure Special Orders:		<u>NA</u>				
Handed Over By Name :		<u>Rim</u>				
Signature :		<u>Rim</u>				
Date:		<u>5/7/26</u>				
Time:		<u>8 AM</u>				
Taken Over By Name :						
Signature :						
Date:						
Time:						

BAH-00584583 IP5-00175895
Dr. TEJASWINI GANNAMANI
23-06-1991 35 Y 0 M 9 D (F)
Dr. SHRUTHI REDDY PODDUTOOR



BRADEN 'Q' SCALE

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

					Date :	27/26	3/1	3/1	3/1
					Time :	8:00-8:30pm	8:30-9:00am	2pm	8pm
Mobility	1. Completely immobile: Does not make even slight changes in body or extremity position without assistance.	2. Very limited: Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	3. Slightly limited: Makes frequent through slight changes in body or e.tremity position independently.	4. No limitations: Makes major and frequent changes in position without assistance.	4	4	4	4	
"Activity The degree of physical activity"	1. Bedfast : Confined to bed	2. Chairfast : Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	3. Walks occasionally: Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	4	4	
Sensory Perception	1. Completely limited: Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	2. Very limited: responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	3. Slightly limited: Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	4. No impairment: Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4	
Moisture Degree to which skin is exposed to moisture	1. Constantly moist: Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	2. Very moist: Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	3. Occasionally moist: Skin is occasionally moist, requiring linen change every 12 hours.	4. Rarely moist: Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4	
FRICTION-SHEAR Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	1. Significant problem: Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	2. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	3. Potential problem: Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	4. No apparent problem: Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4	
Nutritional Usual food intake pattern	1. Very Poor: NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	2. Inadequate: Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	3. Adequate: Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	4. Excellent: Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	4	
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4	
					TOTAL SCORE	28	28	28	28
					Evaluator's Name	Ajoli Smith	Lucy	Lucy	Lucy

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

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

BAH-00584583

IP5-00175895

Dr. TEJASWINI GANNAMANENI

23-08-1991

36 Y 0 M 10 D

(F)

Dr. SHRUTHI REDDY PODEUTOOR



BRADEN 'Q' SCALE

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

				Date :	21/7	5/7		
				Time :	8	8 AM		
Mobility	1. Completely immobile: Does not make even slight changes in body or extremity position without assistance.	2. Very limited: Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	3. Slightly limited: Makes frequent through slight changes in body or e.tremity position independently.	4. No limitations: Makes major and frequent changes in position without assistance.	4	4		
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				TOTAL SCORE	28	28		
				Evaluator's Name	Rajy Raju			

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

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

Risk Score	Category	Action	Support Surfaces (Please Note: Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice)
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CHECKLIST FOR THROMBOPHLEBITIS

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

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

Signature of Shift In Charge :

Signature : Name : Sudha

Signature of Ward In Charge :

Signature : Veena Name : Veena

CHECKLIST FOR THROMBOPHLEBITIS

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

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

Signature of Shift In Charge :

Signature of Ward In Charge :

Signature : Name :

Signature : Name :



PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
3/7/26	12 Am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Under Observation	Anjali
3/7/26	2 Am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Under Observation	Anjali
3/7/26	4 Am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	under observation	Such
3/7/26	6 Am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	under observation	Such
3/7/26	7 Am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	under obser vations	Such
3/7/26	8 Am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Under obser vation	Such
3/7/26	12 pm	0/10	Abdomen pain	☐ Continuous ☒ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☒ Dull ☐ Aching ☐ Burning	☒ Increasing ☐ Decreasing	☒ Yes ☐ No	Spiced over	Such
3/7/26	2 pm	0/10	No pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☒ Yes ☐ No	Such	Such
3/7/26	4 pm	0/10	No pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☒ Yes ☐ No	under observation	Such
3/7/26	6 pm	0/10	No pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☒ Yes ☐ No	under observation	Such

Re-assessment Frequency:

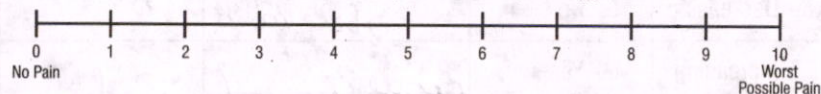
- Every eight hours for all hospitalized patients.
- For post-surgical patients, patients with chronic pain, patient with severe pain:
 - At least every 2 hours for the first 24 hours
 - Then every 4 hours.
 - Prior to pain pain-relieving intervention.
 - Within 30 – 60 minutes after pain relief intervention.

PAIN ASSESSMENT TOOLS

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

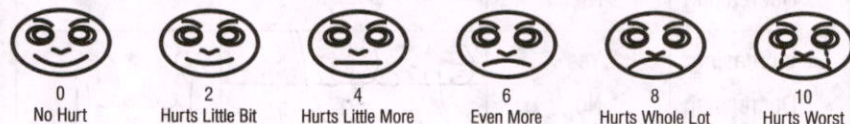
Numerical Pain Scale (Obstetric and Gynecology)



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

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

Wong - Baker (Pediatrics) Above 7 Years



PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
3/7	8pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Under Observation	Shruthi
4/7	4pm	0/10	NA pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Rudh
4/7/20	1am	2/10	lower abdomen	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Ins: Podiatom given	Rudh
4/7/20	3am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Rudh
4/7/20	10AM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Shruthi
4/7/20	2pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Shruthi
4/7/20	7pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Shruthi
5/7/26	12Am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☒ Yes ☐ No	NA	Rim
5/7/26	6Am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Rim
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

Re-assessment Frequency:

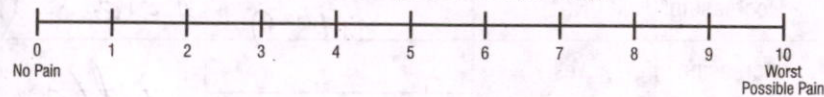
- Every eight hours for all hospitalized patients.
- For post-surgical patients, patients with chronic pain, patient with severe pain:
 - At least every 2 hours for the first 24 hours
 - Then every 4 hours.
 - Prior to pain relieving intervention.
 - Within 30 - 60 minutes after pain relief intervention.

PAIN ASSESSMENT TOOLS

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

Numerical Pain Scale (Obstetric and Gynecology)



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

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

Wong - Baker (Pediatrics) Above 7 Years



Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	2/7/26 8pm	3/7/26 8pm	3/7/26 8pm	Fall Risk Grading		
		Score	8pm-8am	8am-8pm	8pm-8am	Risk Level	Morse Fall Score (MFS)	Action
History of Falling (immediately or w/in 3 months)	Yes	25				Low Risk	0 - 24	Standard Fall Precaution
	No	0	0	0	0			
Secondary Diagnosis (more than one diagnosis)	Yes	15	15	15	15	Moderate Risk	25 - 50	Implement Moderate Fall Prevention Intervention
	No	0						
Ambulatory Aid	Furniture	30				High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	Crutches, Cane(S), Walker	15						
	None /Bed Rest /Nurse Assist	0	0	0	0			
IV / Heparin Lock or Saline	Yes	20	20	20	20	Moderate Risk	25 - 50	Implement Moderate Fall Prevention Intervention
	No	0						
GAIT / Transferring	Impaired	20				High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	Weak (uses touch for balance)	10						
	Normal /On Bed Rest /Immobile	0	0	0	0			
Mental Status	Forgets limitations	15				High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	Oriented to own ability	0	0	0	0			
Total Morse Fall Scale Score:			25	35	35			
		Signature	Anjali	Susha	Shruthi			

Tick

Tick (✓) whichever precaution taken.

Risk Level and Interventions

Low Risk (0 - 24) (Standard Falls Precautions)

- ☐ Ensure patients use their prescribed eye glasses if any, in the hospital
- ☐ Use chairs with arm rests
- ☐ Use safety straps on stretchers and wheelchairs while transporting patients

Moderate Risk (25-50) Apply all low risk intervention and

- ☐ Assist and/or supervise ambulation. Reinforce to always call for assistance
- ☐ Hourly safety check
- ☐ Assess patient after visitors, leave to ensure safety measures in place

High Risk (≥ 51) Apply all low and moderate risk interventions, and.

- ☐ Initiate constant observation by healthcare provider as appropriate to patient's needs

Docu

Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time				Fall Risk Grading		
		Score						
History of Falling (immediately or w/in 3 months)	Yes	25				Risk Level	Morse Fall Score (MFS)	Action
	No	0						
Secondary Diagnosis (more than one diagnosis)	Yes	15				Low Risk	0 - 24	Standard Fall Precaution
	No	0						
Ambulatory Aid	Furniture	30						
	Crutches, Cane(S), Walker	15						
	None /Bed Rest /Nurse Assist	0						
IV / Heparin Lock or Saline	Yes	20				Moderate Risk	25 - 50	Implement Moderate Fall Prevention Intervention
	No	0						
GAIT / Transferring	Impaired	20						
	Weak (uses touch for balance)	10				High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	Normal /On Bed Rest /Immobile	0						
Mental Status	Forgets limitations	15						
	Oriented to own ability	0						
Total Morse Fall Scale Score:								
Signature								

Tick (✓) whichever precaution taken.

Risk Level and Interventions

Low Risk (0 – 24) (Standard Falls Precautions)

- ☐ Ensure patients use their prescribed eye glasses if any, in the hospital
- ☐ Use chairs with arm rests
- ☐ Use safety straps on stretchers and wheelchairs while transporting patients

Moderate Risk (25-50) Apply all low risk intervention and

- ☐ Assist and/or supervise ambulation. Reinforce to always call for assistance
- ☐ Hourly safety check
- ☐ Assess patient after visitors, leave to ensure safety measures in place

High Risk (≥ 51) Apply all low and moderate risk interventions, and.

- ☐ Initiate constant observation by healthcare provider as appropriate to patient's needs

BAH-00584583 IP5-00175895
Dr. TEJASWINI GANNAMANENI
23-06-1991 35 Y 0 M 11 D (F)
Dr. SHRUTHI REDDY PODDUTOOR

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POST – PARTUM ASSESSMENT FORM – IN-PATIENT

Date: 4/7/26

Chief Complaint : Pain at the suture site

Obstetric/ Birthing History : G2P1L1A1, LSCS, POD-0

Previous Surgical/Medical History : Hypothyroid

Assessment :

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

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

Iv line + / -

Catheter + / -

Postural alignment -

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

On Examination : Breathing pattern – abdominal/ apical/ diaphragmatic

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

Able to initiate Pelvic Floor Activation – ☒ Yes ☐ No

Spl Notes -

Treatment Plan :

☒ Lateral Breathing

☒ Pelvic Floor Activation

☒ Transversus Abdominis Activation

☒ Gluteus Activation

☒ Active Motion for Limbs

☒ Transfer Training & Mobility

☐ Sit to Stand

☐ Monitored Walk

☒ Posture & Ergonomic Education

Signature : TS

Name : Dr. Tejaswini Gannamaneni (PT)

Date & Time: 4/7/26 3:30pm



CESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: <u>Dr. Shukti Reddy</u>	Date of Delivery: <u>3/7/21</u>
Assistant Surgeon: <u>Dr. Deepika Reddy</u>	Time of Delivery: <u>10:25 PM</u>
Anaesthetist's Name: <u>Dr. Shabna</u>	Gender of Baby: <u>Female</u>
Type of Anaesthesia: <u>JCA</u>	Weight of Baby: <u>3.132 kgs</u>
Neonatologist: <u>Dr. Poojitha</u>	AGPAR Score: <u>9/10</u>
Scrub Nurse: <u>Sr. Bharathi</u>	NICU Admission: ☐ Yes ☒ No

Pre-Operative Diagnosis: G2A1 / 38⁺ wks / IVF conception / GDM on Insulin / hypothyroid

☐ Elective ☒ Emergency Indication: Non progression of labour
 Urgency: Maternal request
☐ 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:

CTG Description:

If there was a delay give the reasons:

Surgical Procedure: Emergency lower segment Cesarean section

Post Operative Diagnosis: POD-0 / P14A1

Peri-Operative Complications: 1

Amount of Blood Loss: <u>300 ml</u>	Blood Transfused (in ML):
-------------------------------------	---------------------------

Name and Number of Surgical Specimen sent for examination:

Examination Findings when Appropriate:

Presentation: ☐ Cephalic ☐ Breech ☐ Other Cervical Dilatation: cm

5th Palpable: Fetal Position:

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

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

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

Skin Incision: ☒ Pfannenstiel ☐ Transverse ☐ Midline ☐ Other

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

Previous Scar: ☐ Intact ☐ Thinned out ☐ Ruptured ☒ No Scar

Incision Through Placenta: ☐ Yes ☒ No

Delivery of head: ☒ Manual ☐ Forceps

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

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

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

Appearance of placenta: *normal* Cavity explored ☒ Yes ☐ No

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

Uterine Closure: ☐ One Layer ☒ Two Layers *Vicryl 1-0* Suture

Peritoneal Closure: ☐ Pelvic ☒ Abdominal ☐ None *Rapid vicryl 2-0* Suture

Sheath Closure: *Vicryl 1-0* Suture

Fat Closure: ☒ Yes ☐ No *Rapid vicryl 2-0* Suture

Skin Closure: ☒ Subcuticular ☐ Mattress *Rapid vicryl 2-0* Suture

Vaginal Evacuated ☒ Yes ☐ No

Drain: ☐ Yes ☒ No ☐ Remove in days ☐ Await instructions

Catheter ☒ Yes ☐ No ☐ Remove in *24 hr* 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
- IV fluids - local hr
- Bowel as charted
- w/ pt. bleeding
- Analgesia
- Monitor vikes
- Flo chart

Doctor Name: *Dr. Grantham*

Doctor Signature: *Gran*

Date & Time: *3/21/2016, 11 PM*

Patient Sticker

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Dr. TEJASWINI GANNAMANENI
23-06-1991 36 Y 0 M 10 D (F)
Dr. SHRUTHI REDDY PODDUTOOR




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POST-SURGICAL CARE PLAN FORM

Procedure Done: Emergency Lower Segment Cesarean section

Post-Surgical Diagnosis: POD-0 / P/L/A

Post-Operative Monitoring Parameters /Frequency:

Monitor vitals $\frac{1}{2}$ hr x 2 hr

Wound Care:

- w/ Plw Bleeding

Drain /Special Lines/Catheters:

- foley's x 24 hr

Special Patient Positioning and Requirements:

- can move side to side in Bed

Nutritional Instructions:

NBM for 4-6 hr

When to Start Mobilization:

- after removal of foley

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. Shukti Reddy

Treating Surgeon
(Signature & Stamp)

Date: 3/7/26 Time: 11 pm

Note: Plan of care will be readjusted if necessary.

Patient Sticker

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23-06-1991 36 Y 0 M 10 D (F)
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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)	—	4
Previous VTE provoked by major surgery	—	3
Known high-risk thrombophilia		3
Medical comorbidities e.g. cancer, heart failure; active systemic lupus erythematosus, inflammatory poly arthropathy or inflammatory bowel disease; nephrotic syndrome; type-I diabetes mellitus with nephropathy; sickle cell disease; current intravenous drug user	—	3
Family history of unprovoked or estrogen-related VTE in first-degree relative	—	1
Known low-risk thrombophilia (no VTE)	—	1
Age (? 35 years)	1	1
Obesity	—	1 or 2
Parity ≥ 3	—	1
Smoker	—	1
Gross varicose veins	—	1
Obstetric Risk Factors		
Pre-eclampsia in current pregnancy	—	1
ART/IVF (antenatal only)	—	1
Multiple pregnancy	—	1
Caesarean section in labour	2	2
Elective caesarean section	—	1
Mid-cavity or rotational operative delivery	—	1
Prolonged labour (? 24 hours)	—	1
PPH (? 1 litre or transfusion)	—	1
+0 Preterm birth? 37 weeks in current pregnancy	—	1
Still birth in current pregnancy	—	1
Transient Risk Factors		
Any surgical procedure in pregnancy or puerperium except immediate repair of the perineum, e.g. appendicectomy, postpartum sterilization	—	3
Hyperemesis	—	3
OHSS (first trimester only)	—	4
Current systemic infection	—	1
Immobility, dehydration	—	1
Total	3	

Signature of the Doctor: [Signature] Date: 3/7/2016 Time: 11 pm

Action Plan: Thromboprophylaxis x 10 days

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

BAH-00584583 IP5-00175895
 Dr. TEJASWINI GANNAMANENI
 23-06-1991 35 Y 0 M 10 D (F)
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BUNDLE CARE CHECKLIST TO PREVENT SURGICAL SITE INFECTION (SSI)

To Be Filled In By Assigned Nurse :

Date : 3/7/26

Department : OB/GYN Duration of Procedure : 1 hour

Name of Surgeon : Dr. Shruthi Date of Admission : 2/7/2026

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>Dr. Jaxim 1gm</u>	<i>Shay</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>Shay</i>
3.	Patient's body temperature immediately post operation (Recovery Room) _____ °C ☐ Oral Or ☒ Axilla (Goal : 36-37 °C)	<i>Shay</i>
4.	Name of doctor or staff administering the antibiotic : <u>Dr. Shruthi</u> Date & Time of antibiotic administration : <u>3/7/26, 10:10 pm</u> Date & Time procedure started : <u>3/7/26, 10:10 pm</u>	<i>Shay</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

PATIENT TRANSFER FORM

Patient Name & UHID No.	Date & Time of Admission <i>2/7/26, 11:10pm</i>	Date & Time of Transfer Order <i>3/7/26, 11:10pm</i>
BAH-00584583 IP5-00175895 Dr. TEJASWINI GANNAMANENI 23-08-1991 35 Y 0 M 10 D (F) Dr. SHRUTHI REDDY PODDUTOOR 	Transfer Ordered by <i>Dr. Deepika</i>	Reason for Transfer <i>post opp LCS</i>
From Unit <i>OBCU OT</i>	To Unit <i>OBS</i>	Information to Attendant Yes ☒ No ☐
Number of Sheets in Clinical File <i>24</i>	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☒ If Yes, what?	Patient shifted with ID band: Yes ☒ No ☐ If No:
Number of Imaging Films <i>4</i>		
Medications / Consumables / Surgical / Hand over		
Sl.No.	Item Name	Quantity
1.		
2.		
3.		
4.		
5.		
Shifting Summary / Notes Written by Doctor : Yes ☐ No ☐		
Name & Signature of Person who is Transferring <i>Dr. Shivali</i>		Name of Person Ordered Transfer <i>Dr. Deepika</i>
Patient & Clinical Records Received by :		
Date & Time of Patient Received :		

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

☐ Unavailable Bed ☐ Nurse not Available ☐ Available Bed not ready

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Shanthi
Asst. Surgeon : Dr. Deepika
Anaesthetist : Dr. Chandra
Scrub Nurse : Dr. Shanthi

Patient
UHID No

BAH-00584583
Dr. TEJASWINI GANNAMANENI
23-06-1991 35 Y O (F)
Dr. SHRUTHI REDDY POI JOR



Date : 21.7.26 In-time : 10 pm Out-time : 11 pm

e : Gender :
cm-ccs-16A



Before Induction of Anaesthesia ➤ ➤

Before Skin Incision ➤ ➤

Before Patient Leaves Operating Room

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

TIME OUT		Time: <u>10:15 pm</u>
Confirm all team members have introduced themselves by Name and Role ☒ Yes ☐ No		
Surgeon, Anaesthesia Professional and Nurse Verbally Confirm		
Correct Patient (Check ID Band)	☒ Yes ☐ No	
Correct Site	☒ Yes ☐ No	
Correct Procedure	☒ Yes ☐ No	
Anticipated Critical Events		
Surgeon Reviews:		
What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss? <u>1 hour</u>		
☒ Yes ☐ No ☐ NA		
Anaesthesia Team Reviews:		
Are There Any Patient-specific Concerns? <u>200-300mg</u>		
☐ Yes ☒ No ☐ NA		
Nursing Team Reviews:		
Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns? <u>NO ISSUES</u>		
☐ Yes ☐ No ☐ NA		
Is Essential Imaging Displayed?		
☐ Yes ☒ No ☐ NA		
Power Supply, Earthing, Power Backup and functioning of equipment checked. <u>[Signature]</u>		
☒ Yes ☐ No		
Signature : <u>[Signature]</u>		
Name : <u>Shanthi</u>		

SIGN OUT		Time: <u>10:45 pm</u>
Nurse Verbally Confirms with the Team:		
The Name of the Procedure Recorded	☒ Yes ☐ No	
That Instrument, Sponge and Needle Counts are Correct (or Not Applicable)	☒ Yes ☐ No ☐ NA	
The Specimen is Labelled (including patient name)	☐ Yes ☒ No ☐ NA	
Whether there are any Equipment Problems to be addressed	☐ Yes ☒ No ☐ NA	
To Surgeon, Anaesthetist and Nurse:		
What are the key concerns for recovery and management of this patient? <u>[Signature]</u>		
☐ Yes ☒ No		
Signature : <u>[Signature]</u>		
Name : <u>Shanthi</u>		

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

Patient Name : Dr. TEJASWINI Gender: ☐ Male ☒ Female Age : 35yrs
UHID No : BAH-00584583 Date : 3/2/2020

Instruction:

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

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

EMERGENCY LOWER SEGMENT CESAREAN SECTION
upon Dr. TEJASWINI
(Name of the Patient)

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,
CHANCE OF INFECTION, INJURY TO ADJACENT ORGANS
SUCH AS BOWEL AND BLADDER AND ITS 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. Shanthi Reddy

Consentee :

Signature : [Signature]

Name : Tejaswini

Date & Time : 3/2/2020, 10pm

Witness :

Signature : [Signature]

Name : [Signature]

Date & Time : 3/2/2020, 10pm

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

Patient Attendant :

Signature : [Signature]

Name : Dr. TN. SRUTHI

Relationship with Patient : HUSBAND

Date & Time : 3/2/2020, 10 pm

Doctor (who is taking the consent) :

Signature : [Signature]

Name : Dr. Sravanthi

Date & Time : 3/2/2020, 10pm

CONSENT FOR ANAESTHESIA

Authorization By: ☒ Patient ☐ Patient Attendant

Operative Procedure: Emergency lower segment caesarean section

Anaesthesiologist: Dr. Shobana J Surgeon: Dr. Shreekanth

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 Headache, hypotension

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: Tejaswini

Name: Tejaswini

Relationship with patient: Self

Date & Time: 31/7/26 10 pm

Witness:

Signature: Riddhi

Name: Riddhi

Date & Time: 31/7/26 10 pm

Doctor (who is taking consent):

Signature: Dr. Shobana Name: Dr. Shobana

Date 31/7/26 Time: 10.00 pm

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 అపస్మారక స్థితిలోకి తీసుకెళ్లే ప్రక్రియ. దీనితో రోగి శస్త్రచికిత్స సమయంలో ఏదీ తెలుసుకోడు, నొప్పి అనుభవించడు. దీనిని శిరస్రావం ద్వారా ఇచ్చే మందులతో లేదా అనస్థీషియా యంత్రం నుండి పీల్చే మందులతో అందిస్తారు.

లీజనల్ అనస్థీషియా అనేది శరీరంలోని ఒక ప్రత్యేక భాగాన్ని లోకల్ అనస్థీషియా నొప్పి రాకుండా చేయడం. శస్త్రచికిత్స లేదా గాయం తరువాత దీర్ఘకాలిక నొప్పి ఉపశమనం కోసం, కాథెటర్లు ఉపయోగించి 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.
☐ లీజనల్ అనస్థీషియా ☐ జనరల్ అనస్థీషియా ☐ మానిటర్డ్ అనస్థీషియా కేర్
- అనస్థీషియా ఉపయోగంలో అప్పుడప్పుడూ జరిగే కొన్ని అరుదైన సమస్యలు ఉండవచ్చు అని నేను అర్థం చేసుకున్నాను. వీటిలో ఇంజక్షన్ 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 సెంట్రల్ వెనెస్ యాక్సెస్, ఆర్థిరియల్ లైన్, సపోజిటరీలు, నొప్పి నివారణ కోసం నర్వ్ బ్లాకులు, లీజనల్ అనస్థీషియా నుండి జనరల్ అనస్థీషియాకు మార్పు మొదలైనవి) చేయడానికి అనస్థీషియా బృందానికి నేను అనుమతి ఇస్తున్నాను.
- శస్త్రచికిత్స సమయంలో మరియు వెంటనే అనంతరం, అవసరమైతే రక్త పదార్థాలు (Blood products) ఇవ్వడానికి నా చికిత్సలో ఉన్న వైద్యుల బృందానికి కూడా నేను అనుమతి ఇస్తున్నాను.
- అనస్థీషియా విధానం, ప్రమాదాలు, ప్రయోజనాలు మరియు ప్రత్యామ్నాయ చికిత్సల గురించి అనస్థీషియా వైద్యులు నాకు వివరించినట్లు నేను అంగీకరిస్తున్నాను.
- పై సమాచారం అంతా నేను పూర్తిగా అర్థం చేసుకున్నాను. నాకు ప్రశ్నలు అడిగే అవకాశం లభించింది, మరియు నాకు అర్థమయ్యే భాషలో వాటికి సమాధానాలు ఇచ్చారు. ఈ అనుమతి నేను పూర్తిగా స్వప్రమేన భావాలతో, స్వయంగా ఇస్తున్నానని ధృవీకరిస్తున్నాను.

రోగి / రోగి అటెండెంట్:

సంతకం:

పేరు:

రోగితో సంబంధం:

తేదీ & సమయం:

సాక్షి:

సంతకం:

పేరు:

తేదీ & సమయం:

డాక్టర్ :

సంతకం: పేరు: తేదీ & సమయం:

BAH-00584583

Dr. TEJASWINI GANNAMANENI

IP5-00175895

23-06-1991

35 Y 0 M 9 D

(F)

Dr. SHRUTHI REDDY PODEDUTOOR



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

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

RESULT SHEET

Date	30/6/26					
Time						
Hb	11.6					
PCV	35.3					
RBC	3.88					
WBC	9.66					
N/L						
Platelets	321					
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						



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: 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	Tab. IRON		PO	OD	2/7	☐ C ☒ DC
2	Tab. CALCIUM		PO	OD	2/7	☐ C ☒ DC
3	Tab. THYRONORM	50mcg	PO	OB	2/7	☒ C ☐ DC
4	ly. LANTUS	60	SLC	OD	2/7	☒ C ☐ DC
5	ly. NOVAPID	10	SLC	when sugar achieve	2/7	☐ C ☒ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature: Dr. Anurag

Date & Time: 2/7/2020 @ 11:00 AM

Nurse Name & Signature: Anjali

Date & Time: 2/7/2020 @ 12:00 PM

PATIENT TRANSFER FORM

Patient Name & UHID No. BAPF00364383 IP3-UUT/5895 Dr. TEJASWINI GANNAMANENI 23-06-1991 35 Y O M 10 D (F) Dr. SHRUTHI REDDY PODDUTOOR 		Date & Time of Admission 3/7/26 @ 11:10 AM	Date & Time of Transfer Order 4/7/26 @ 5:40 AM
		Transfer Ordered by Dr. Saranathi	Reason for Transfer observation
From Unit OBS.	To Unit Room (315)	Information to Attendant Yes ☒ No ☐	
Number of Sheets in Clinical File 35	Number of Imaging Films NBT (3)	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☐ If yes, what ?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.	/		
2.			
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes ☒ No ☐			
Name & Signature of Person who is Transferring Dr. Reddy		Name of Person Ordered Transfer Dr. Saranathi	
Patient & Clinical Records Received by : Rimo 4/7/26 @ 5:50pm			
Date & Time of Patient Received :			

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

☐ Unavailable Bed

☐ Nurse not Available

☐ Available Bed not ready

OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 2/7/26 Time of Arrival: 10:50pm Time Seen by Nurse: 11:57pm

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: SoL

3) Vital Signs: Temperature: 98.1°F Pulse: 70 RR: 20 SpO₂: 100 BP: 95/65 Weight: 74.7

4) Gestational Criteria:

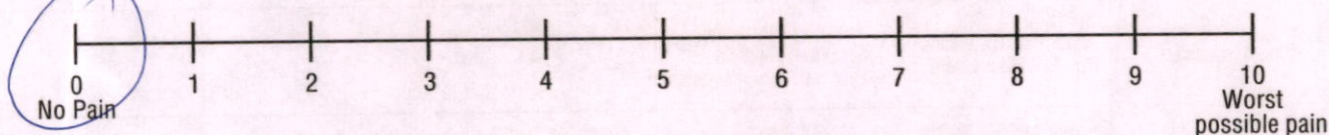
Gravida:	G ₂	P	L	A ₁
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LMP: 4-10-25 EDD: 15/7/26 Gestational Age: 38+1 wbs

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

6) Past History:

- a) Surgeries: Hysteroscopic
b) Medical: Hypothyroid

1) Allergy: ☐ Yes ☒ No, If Yes :

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

9) Prenatal Medical History:

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

Triage Category: (Please tick on the category)

Refer to OBSTETRICAL TRIAGE ACUITY SCALE (OTAS)

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

OBCU Obstetrical Triage Acuity Scale (OTAS)

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

Time seen by Doctor: 4 pm

Nurse Name : Anjali Nurse Signature: [Signature]

Date: 2/7/24 Time: 12 pm

OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 2/2/20

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: SOL Doctor Notified on Admission: ☒ Yes ☐ No
Name of the Doctor: Dr. Sameena
Time Notified: 11 pm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
Nil	Hysteroscopic polypectomy adhesiolysis - 2023 Hysteroscopic guided RPOC - 2024	Nil
Gynecology Assessment: ☒ Not Applicable Menstrual History: Regular Onset of Menarche: Menstrual Cycle: ☐ Regular ☐ Irregular Last Menstrual Period:	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 L A 1

Previous LSCS:

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

Family History: ☐ No Abnormalities Detected

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

Vital Signs / Measurements: Temp: 98.1°F HR: 70 bpm RR: 20
BP: 95/65 Weight: 74.7 kg Height: 157 BMI:

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



PHYSICAL ASSESSMENT

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

Fall Assessment: ☐ Yes ☐ No Score 25 (complete the Morse Fall Risk Assessment Sheet)

Risk of Pressure Sore: ☐ Yes ☐ No Score 28 (complete the Braden Q Sheet)

FUNCTIONAL SCREENING: If a patient needs assistance with any of the following inform consultant

- ☐ Mobility problem ☐ Walking Problem ☒ No Abnormality Detected
☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING: ☒ No Abnormality Detected

- ☐ Overweight ☐ Poor Appetite > 3 Days ☐ Needs Therapeutic Diet.
☐ Under Weight ☐ Diabetes Mellitus ☐ Hyperemesis Gravidarum

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

- ☒ Calm & Cooperative ☐ Restless ☐ Depressed ☐ Agitated ☐ Confused
☐ Others

Inform consultant for positive criteria

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

SOCIAL SCREENING:

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

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

Social History: Lives With Husband

Orientation has been given regarding the following aspects:

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

Above information given to Patient

Name of Person Orientation was given to: Angali Tejaswini

Orientation not given Reason:

Nurse Signature: Angali

Nurse Name: Angali

Date & Time: 31/7/2020 12 am

INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

Part - I.

Patient's / Learner Language: Telugu, English Patient / Learner Literacy: ☒ Read ☒ Write ☐ Speak Willingness to Learn: ☐ Yes ☐ No Healthcare Literacy: ☒ Yes ☐ No

Identified Education Needs:

- | | | | |
|----------------------------|--|--|---|
| 1. Diagnosis | 5. Medication / Therapy (safety, effects/ side effect, interactions) | 9. Nutrition / Diet | 13. Risk / Safety |
| 2. Treatment and Care Plan | 6. Discharge Medication | 10. Fall Risk Education | 14. Activity / Exercise |
| 3. Pain Management | 7. Infection Control Measures | 11. Safe use of Medical Equipment / Implantable Devices Safety | 15. Social & Rehabilitation Needs |
| 4. Informed Consent | 8. Diagnostic Test / Procedures | 12. Patient's / Family Rights | 16. Special Discharge / Follow-up Education / Coping Skills |
| | | | 17. Others |

Part - II

Date	Time	Need Identified	Information Taught	Use codes from the list in part III					Comments	Designation / Signature
				Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		
2/7	11pm	12/3	Diagnosis, Treatment & Informed consent care plan	1,2	1	0	1	1	-	A.
3/7	12 AM	4	Infection Control Measures	PT	1	0	1	1	-	Aiyali
4/7/26	8 AM	9	lockdown bid	pt	1	0	1	1	-	Sain

Part - III: CODES

Who was taught: PT: Patient F: Father M: Mother S: Spouse Sn: Son D: Daughter C: Caregiver O: Other (Specify)

Learning Barriers:

1. No Learning Barriers	4. Language Barrier	7. Impaired Thought Process/Cognitive limitations	10. Financial Difficulties	13. Cultural/Religion Practice
2. Physical Impairment	5. Educational Level	8. Responsibilities at Home	11. Beliefs and Values	14. Others (Specify)
3. Emotional Barriers	6. Desire / Motivate to Learn	9. Cultural Differences	12. Impaired Vision/ or Hearing	

Teaching Tools Used: A: Audio D: Demonstration V: Video O: Oral P: Printed

Mechanism/s to overcome barrier/s:

1. None	3. Reassurance & Support	5. Respect values & beliefs	7. Other, Specify
2. Obtain translator	4. Teach Family / Others	6. Respect Cultural / Religion Preference	

Understanding: 1. Verbalizes Understanding 2. Demonstrates Understanding 3. Needs Review



MULTI-DISCIPLINARY PLAN OF CARE FORM

Diagnosis: _____

Date Time	Discipline	Type	Patient Needs / Problem List	Goal	Plan / Intervention	Signature	Team Verification
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Nursing ☐ Others:
2/7/26 11:40	☐ Medical ☒ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Others:
4/7/26 6:00	☐ Medical ☐ Nursing ☒ Others: <i>hiccups</i>	☐ Initial ☐ Modified ☐ Per-Op ☒ Post Op	pon-o / LUS	soft diet	soft high protein diet	saive	☐ Medical ☐ Nursing ☒ Others:
4/7/26 3:30pm	☐ Medical ☐ Nursing ☒ Others:	☐ Initial ☐ Modified ☐ Per-Op ☒ Post Op	Post LSCS	Post partum recovery	Deep core retraining & functional training	T.S	☐ Medical ☐ Nursing ☐ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Nursing ☐ Others:

PROCEDURE SAFETY CHECK LIST (TIMEOUT OUTSIDE OT)

Procedure Name: Epidural Analgesia Date: 3/7/26 In-Time: 12pm Out-Time: 12:25pm
Doctor Performing Procedure: Dr Sundhara Doctor Giving Sedation: - Assisting Nurse: A Rebecca

SIGN IN	Time: <u>12pm</u>	Yes	No	NA
Patient is verified using two identifiers (Name & UHID)	☒	☐	☐	☐
All required documents, images, studies are available	☒	☐	☐	☐
NPO Status Checked from Patient / Patient Attendant	☒	☐	☐	☐
Consent is Signed	☒	☐	☐	☐
Any need for blood products	☐	☒	☐	☐
If Yes Comment:				
Any Risk of Hemodynamic Compromise	☒	☐	☐	☐
If Yes Comment: <u>Monitored</u>				
Any drug or food allergy	☐	☒	☐	☐
If Yes Comment:				
Correct Site of Procedure Marked	☒	☐	☐	☐
All resources required are correct, available and functioning	☒	☐	☐	☐
Signature of the Doctor: <u>Sundhara</u>				
Name of the Doctor: <u>Dr Sundhara</u>				

TIME OUT	Time: <u>12:05pm</u>	Yes	No	NA
Correct Patient	☒	☐	☐	☐
Correct Site	☒	☐	☐	☐
Correct Procedure	☒	☐	☐	☐
All the team members introduced	☒	☐	☐	☐
Signature of the Nurse: <u>Rebecca</u>				
Name of the Nurse: <u>Rebecca</u>				

SIGN OUT	Time: <u>12:20pm</u>	Yes	No	NA
Name of the Surgical / Invasive Procedure is recorded	☒	☐	☐	☐
Instrument, Sponge and Needle Count Completed	☒	☐	☐	☐
Specimens are labeled	☐	☒	☐	☐
Any equipment problems are addressed	☒	☐	☐	☐
Signature of the Nurse: <u>Rebecca</u>				
Name of the Nurse: <u>Rebecca</u>				

Any Adverse / Unexpected Events

CONSENT FOR LABOUR ANALGESIA

Authorization By: ☒ Patient ☐ Patient Attendant

I, the undersigned do hereby acknowledge the following:

- I have been made aware by the doctors in language known to me the details of the procedure as follows:

☒ Epidural Analgesia ☐ Intravenous Analgesia (Remifentanyl)

- I have been made aware of the possible complications from the procedures as follows:

For Epidural: Fall in blood Pressure, Numbness, Itching, Headache, Shivering, Occasional incomplete pain relief, Need for Re-Siting the epidural.

For Remifentanyl: Drowsiness, nausea, vomiting, need for oxygen supplementation, itching, fall in blood pressure, heart rate and Respiratory Rate.

- I understand that labour analgesia is offered to reduce labour pain and make the birthing process more comfortable, by reducing pain and stress and promoting better cooperation during childbirth.
- I have been clearly explained about the benefits, risk, and alternative of the procedures.
- I authorize Dr. Sunidhara and his / her team to perform the above procedure(s) upon the patient / myself.
- I acknowledge that I fully understand the above information. I have had the opportunity to ask questions, and they have been answered to my satisfaction in a language I understand. I affirm that this consent is given by me in my full senses.

Patient / Patient Attendant:

Signature: G. Tejaswini
Name: G. Tejaswini
Relationship with patient: Self
Date & Time: 3/7/26, 11:53 AM

Witness:

Signature: [Signature]
Name: Dr. N. Sanyal
Date & Time: 3/7/26 11:53 AM

Doctor (who is taking consent):

Signature: [Signature] Name: Dr. Sunidhara Date: 3/7/26 Time: 11:52 AM

ప్రసవ నొప్పి నివారణ కోసం అనుమతి పత్రం

అనుమతి ఇచ్చినవారు: ☐ రోగి ☐ రోగి అటెండెంట్

వైద్యులు నాకు తెలిసిన భాషలో క్రింది విధానాల గురించి సమగ్రంగా వివరించారు:

- ☐ ఎపిడ్యూరల్ అనాల్జీసియా
- ☐ శిరస్రావం ద్వారా నొప్పి నివారణ (రెమిఫెంటానిల్)
- ఈ విధానాల వల్ల సంభవించగలిగే సమస్యలను కూడా నాకు వివరించారు:
ఎపిడ్యూరల్ సంబంధించినవి:
రక్తపోటు తగ్గడం, మందత్వం/ స్వర్ణలేమి, దద్దుర్లు/ దురద, తలనొప్పి, వణుకు, అప్పుడప్పుడు పూర్తిగా నొప్పి తగ్గకపోవడం, ఎపిడ్యూరల్ మళ్ళీ పెట్టాల్సిన అవసరం.
రెమిఫెంటానిల్ సంబంధించినవి:
నిద్రమత్తు, వాంతి భావం, వాంతులు, ఆక్సిజన్ అవసరం పెరగడం, దద్దుర్లు/ దురద, రక్తపోటు తగ్గడం, గుండె వేగం తగ్గడం, శ్వాస రేటు తగ్గడం.
- ప్రసవ నొప్పిని తగ్గించడం, ప్రసవ ప్రక్రియను సాకర్వచంతంగా చేయడం, 'నొప్పి మరియు ఒత్తిడిని తగ్గించడం, ప్రసవ సమయంలో సహకారం మెరుగు పరచడం కోసం లేబర్ అనాల్జీసియా అందించబడుతుందని నేను అర్థం చేసుకున్నాను.
- ఈ విధానాల ప్రయోజనాలు, ప్రమాదాలు మరియు ప్రత్యామ్నాయాల గురించి నాకు స్పష్టంగా వివరించబడింది.
- డాక్టర్ _____ గారికి మరియు వారి బృందానికి, పై విధానం(లు)ను నాకు / రోగికి నిర్వహించడానికి నేను అనుమతి ఇస్తున్నాను.
- పై సమాచారాన్ని నేను పూర్తిగా అర్థం చేసుకున్నాను. నాకు ప్రశ్నలు అడిగే అవకాశం లభించింది, మరియు ఆ ప్రశ్నలకు నాకు అర్థమయ్యే భాషలో సంతృప్తికరంగా సమాధానాలు అందాయి. ఈ అనుమతి నేను పూర్తిగా స్వేచ్ఛగా చిత్తంతో 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

BAH-00584583 IP5-00175895
Dr. TEJASWINI GANNAMANENI
23-06-1991 35 Y 0 M 10 D (F)
Dr. SHRUTHI REDDY PODDUTOOR

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

BirthRight™
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Name: Dr Tejaswini Age: 25y Sex: F UHID.No :
Date: 3/7/26 Time: 12pm Proposed Operation: Epidural Analgesia
Diagnosis: G2A1 - 38th wks, IVF Conc, Hypothyroid, GDM on Insulin, Osteoarthritis
B.P / CRT: 106/70 H.R: 92 Weight: 75kg ASA Physical Status: ☒ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Laboratory Data:

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

Allergies: -

Medical History:

CVS: -
RESP: - Diabetes: - GDM on Insulin
CNS: -
Renal: -
Hepatic / GE: Hypothyroid, Thyronom Physical Activity:
Others: IVF conception

Past Anaesthetic History:

Physical Exam:

Airway: MP 1 (2) 3 4 Mouth Opening: (4) Mentohyoid Distance: (N) Neck: (N) Teeth: (N)
Lungs: clear
Heart: S1S2
CNS: NAD
Pregnant: ☒ Yes ☐ No ☐ NA Venous Access Site: (4) Spine Exam for regional: (N)

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

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

CURRENT MEDICATIONS	DOSAGE
<u>Insulin</u>	<u>7</u>
<u>Thyronom</u>	

Pre-Operative Instructions:

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

Signature: Sundhara

Name: Dr Sundhara

POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Radha Time Received : 11:30 PM Time Discharged :

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 ← RESP • PULSE → BLOOD PRESSURE	11:30pm 11:45pm 12:00am 12:15am 12:30am 12:45am 1:00am	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>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>100ml/hr</u> Oral Feeds : <u>Nil</u> Drug : <u>Syr - Taxime</u>
	SPO₂: <u>100%</u> <u>100%</u> <u>100%</u> <u>100%</u> <u>100%</u> <u>100%</u> <u>100%</u>		

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	1	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	1	2	2	2	1	
Dyspnea or limited breathing	= 1							
Apneic	= 0							
BP ± 20 of Pre Anaesthetic level	= 2	CIRCULATION	1	2	2	2	1	
BP ± 20-50 of Pre Anaesthetic level	= 1							
BP ± 50 of Pre Anaesthetic level	= 0							
Fully awake	= 2	CONSCIOUSNESS	1	2	2	2	1	
Arousable on calling	= 1							
Not responding	= 0							
Pink	= 2	COLOR	1	2	2	2	1	
Pale, dusky, blotchy, jaundiced, other	= 1							
Cyanotic	= 0							
TOTAL			5	10	10	10	5	

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
3/7/26	11:30pm	1/10	under sedation	Sandeepa
4/7/26	12AM	1/10	under sedation	
4/7/26	1AM	1/10	under sedation	

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

Anaesthesiologist Name : Dr. Shruthi Reddy

Anaesthesiologist Signature : [Signature]

Date & Time :

PACU Nurse Name : Sandeepa (016638)

PACU Nurse Signature : [Signature]

Date & Time : 3/7/26 11:30pm

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):

Date & Time:

EPIDURAL ANALGESIA RECORD

b)

[illegible]

Date and Time :

INFORMED CONSENT FOR VAGINAL BIRTH

BAH-00584583 IP5-00175895
Dr. TEJASWINI GANNAMANENI
23-06-1991 36 Y O M 10 D (F)
Dr. SHRUTHI REDDY PODEUTOOR



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it to a Safe Delivery

Patient Name : Dr. Tejaswini UHID No : BAH-00584583
Gender: ☐ Male ☒ Female Date : 2/7/26 Time : 11pm

I hereby authorized the performance of the following procedure:

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

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

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

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

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

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

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

Name of the Doctor performing the procedure: Dr. Shruthi Reddy

Consentee :
Signature : G. Tejaswini

Name : G. Tejaswini

Date & Time : 2/7/26 11:50pm

Witness :
Signature : [Signature]

Name : Dr. N. SRUTHI

Date & Time : 11:50pm 2/7/26

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

Patient Attendant :
Signature : G. Tejaswini

Name : G. Tejaswini

Relationship with Patient :

Date & Time : 2/7/26 11pm

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

Name : Dr. Ananya

Date & Time : 2/7/26 @ 11pm

సహజ ప్రసవం కొరకు సమ్మతి పత్రము

రోగి పేరు : వయస్సు లింగం పు స్త్రీ

యు.హెచ్.ఐ.డి. విభాగము

తేదీ

ఈ ప్రక్రియ యొక్క వివరములను నేను అమోదించాను:

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

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

సహజ ప్రసవం విజయవంతం కాకపోతే, తగిన అనస్థీసియా ఇచ్చి పాత్రికడుపు కోతతో సిజేరియన్ ద్వారా డెలివరీ చేయవలసిన అవసరం కలిగవచ్చు

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

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

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

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

ఈ ప్రక్రియను నిర్వహించే డాక్టరు పేరు:

సహాయకుడు(అటెండెంట్)

సాక్షి

సంతకము

సంతకము

పేరు

పేరు

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

తేదీ మరియు సమయము

సంతకము

పేరు

BAH-00584583 IP5-00175895
Dr. TEJASWINI GANNAMANENI
23-06-1991 36 Y 0 M 10 D (F)
Dr. SHRUTHI REDDY PODEUTOOR



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

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BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

INDUCTION OF LABOR CONSENT

Name: Dr. Tejaswini Age: 35 Gender: Male ☐ Female ☒
UHID.No: BAH-00584583 Date: 2/7/26

You are scheduled for an induction of labor on 3/6/26 (date) at 38+2 (weeks of gestation).

The reason for your induction is GDM on Insulin

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

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

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

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

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

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

Patient
Signature: G. Tejaswini
Name: G. Tejaswini
Date & Time: 2/7/26 @ 11:50 AM

Patient Attendant:
Signature: [Signature]
Name: Dr. N. Srinivas
Relationship with Patient: Husband
Date & Time: 2/7/26 11:50 AM

Doctor:
Signature: [Signature]
Name: Dr. Srinivas
Date & Time: 2/7/26 @ 11:50 AM

Witness
Signature: [Signature]
Name: [Signature]
Date & Time: 2/7/26 @ 11:50 AM



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NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 4/7/26 Time: 8am

Origin: Indian Height: 157cm Weight: 74.7kg's BMI: 30.4kg/m²

Food Allergies: No

Diagnosis: post-op/CS lower segment caesarian section

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

Diet Advised:

Soft high protein diet
→ Avoid spicy, chilled & outside foods
with plenty of oral liquids

Patient's / Attendant's

Signature: Tej Swini

Name: tejawini

Date & Time: 4/7/26 8am

Dietician's

Signature: Raima

Name: Raima

Date & Time: 4/7/26 8am

DIETARY NOTES

[illegible]