HNH-00016527 IP26-00006821
Mrs BUKKAPATNAM REVATHI
10-08-1997 29 Y 1 M 4 D (F)
Dr. VIJAYA LAKSHMI GILLELLA

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DEFICIENCY CHECK LIST OF CASE SHEET

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

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

Signature and Date : 14/7/20

(P.T.O)

F.C
214

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Name	Mrs BUKKAPATNAM REVATHI	**UHID**	HNH-00016527
Father/Guardian	Mr K. NIKHIL TRIVEDI	**Age/Gender**	29 Y 1 M 2 D/ Female
Address	H.NO: 2-2-1109/1/3, FLAT.NO: 405., Amberpet, Hyderabad, Telangana, INDIA, 500013		
IP No	IP26-00006821	**Admission Date**	12-07-2026
Ref Doctor	SELF		
Discharge Date	15.07.2026		

DISCHARGE SUMMARY

Consultant:
Dr. VIJAYA LAKSHMI GILLELLA
MBBS, MD (OBGYN)

Diagnosis: PRIMI AT 37^{+2} WEEKS WITH GESTATIONAL DIABETES MELITUS ON INSULIN WITH HYPOTHYROIDISM WITH SMALL FOR GESTATIONAL AGE FETUS FOR ELECTIVE LOWER SEGMENT CAESAREAN SECTION

ELECTIVE LOWER SEGMENT CAESAREAN SECTION DONE ON 12.07.2026

History:
LMP: 17.10.2025
EDD: 02.08.2026
Obstetric formula: PRIMI
Gestation at admission: 37^{+2} weeks

Name	Mrs BUKKAPATNAM REVATHI	UHID	HNH-00016527
IP No	IP26-00006821	Admission Date	12-07-2026

Obstetric History:
G1 - Present pregnancy, Spontaneous conception.

Medical History: Hypothyroidism since 7 years(Tab. Thyronorm 100 mcg)
Surgical History: Nil
Family History : Father: DM + Hypothyroidism
Allergies : Metronidazole

Antenatal Details:
Mrs BUKKAPATNAM REVATHI was booked to Rainbow hospital at 19^{+5} weeks of gestation. She had regular antenatal checkups and investigations as advised with DR. VIJAYA LAKSHMI GILLELLA. She had an uneventful antenatal period. NT scan was normal. FTS was low risk. Fetal echo was normal. TIFFA Scan was normal. OGTT (10.12.2025) was 124/207/178. She was advised diabetic diet, Home blood sugar monitoring and insulin as per blood sugar levels. Fetal surveillance done by serial growth scans. Scan done on 06.07.2026 at 36^{+1} weeks showed SLIUP with cephalic presentation, AFI 18.8 cm, EFW 2.324 kg(8%), AC 5 % with anterior high placenta with normal doppler. Scan done on 11.07.2026 at 36^{+6} weeks showed SLIUP with cephalic presentation, AFI 11.7 cm, anterior high placenta with normal doppler. She was admitted at 37^{+2} weeks for EL.LSCS.

Investigations: Enclosed.
Blood Group : "A" Positive

Name	Mrs BUKKAPATNAM REVATHI	**UHID**	HNH-00016527
IP No	IP26-00006821	**Admission Date**	12-07-2026

Management: Course in hospital:

At admission on clinical examination the vitals were stable, uterus was relaxed. Fetal well being was confirmed by an admission NST which was found to be reactive. She was prepared for elective C- section with indwelling Foley's catheter and IV canula under aseptic conditions. Written informed consent for surgery taken. Preanesthetic check up done. Anesthetic premedication (IV Pantop and Perinorm) given. Antibiotic prophylaxis with Inj. Taxim 1 gm IV given. Patient shifted to theatre.

Surgery Notes:

Under spinal anesthesia she was painted and draped as per hospital protocol. Abdomen opened in layers. The parietal and visceral peritoneum carefully opened after identifying the urachus. Bladder was reflected. A Lower segment curvilinear incision given on the uterus. Baby delivered. Cord clamped and cut and cord blood collected for blood grouping and Rh typing. Baby handed over to pediatrician. Placenta delivered with controlled cord traction. Uterus closed in layers. Hemostasis secured. Instruments and swab count checked. Rectus sheath closed. Skin closed with subcuticular sutures. Wound dressing done. Vagina cleaned with Betadine solution after expelling clots. Misoprostol 600 mcg given per rectum as prophylaxis against Postpartum hemorrhage. Patient was shifted out of theatre to post operative recovery room.

* **LUS not well formed**
* **Uterine cavity is intact**
* **External contour - Arcuate uterus**
* **Liquor clear and adequate**
* **Single loop of cord around neck**

Name	Mrs BUKKAPATNAM REVATHI	UHID	HNH-00016527
IP No	IP26-00006821	Admission Date	12-07-2026

Delivery Details:

Date : 12.07.2026
Time of Delivery : 03:01pm
Type of Delivery : Elective preterm lower segment caesarean section
Indication : SGA with GDM on Insulin
Anaesthesia : Spinal

Baby Details:

Date : 12.07.2026
Time : 03:01pm
Sex : Male
Weight : 2.460kg
Apgar : 8,9
Gestational Age: 37^{+2} weeks
NICU Admission: No

Post-Operative Notes:

She was closely monitored. Her vital signs remained stable. Uterus was well retracted with no postpartum hemorrhage. Breast feeding initiated. She was shifted to room. Her postoperative period following that was uneventful. On POD 2, FBS was 101 mg/dl and PPBS was 150mg/dl for which Physician opinion take and advise followed. On second postoperative day dressing was changed. On inspection wound was healthy. Her general condition was satisfactory and she was found to be fit for discharge. Wound care and medications were explained to patient supplemented by written information. She was given the

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IP No	IP26-00006821	**Admission Date**	12-07-2026

postpartum book for further reference.

Advice:

1. Tab. Taxim O 200mg twice daily till 18.07.2026 (9am-9pm) after food.
2. Tab. Calpol (Paracetamol 500mg) 2 tablets thrice daily till 16.07.2026 (8am-2pm-10pm) after food.
3. Tab. Voveran (Diclofenac-50mg) 1 tablet thrice daily till 16.07.2026 (9am-3pm-11pm) after food.
4. Tab. Pantodac (Pantoprazole - 40mg) 1 tablet twice daily till 18.07.2026 (7am-7pm) before food.
5. Tab. Livogen (Elemental Iron - 50mg, folic acid 1.5mg) once daily (7am) for three months before breakfast.
6. Tab. Shelcal (Elemental Calcium 500mg, vitamin D3 250 IU) once daily (2pm) till breast feeding after food.
7. Nebasulf Powder for local application.
8. Repeat FBS and PPBS after 2 weeks and review.
9. Repeat FT3, FT4, and TSH after 6 weeks and review.

Home Blood pressure monitoring to be done **twice daily** for **two weeks**. Report to emergency if **BP >140/90mmHg**, presence of headache, vomitings, blurred vision, reduced urine output, epigastric pain, seizures.

* Suggest **PAP smear** and **HPV Vaccine** after **6 weeks**; Please discuss with your treating doctor regarding **HPV vaccination.**

Review with **Dr. VIJAYA LAKSHMI GILLELLA** after **1 week** on **20.07.2026** at

Name	Mrs BUKKAPATNAM REVATHI	UHID	HNH-00016527
IP No	IP26-00006821	Admission Date	12-07-2026

postnatal clinic with prior appointment **(Review consultation will be charged).**

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

The content of the patient discharge summary, medication, food & drug interaction, care to be provided at home, nutrition, when and how to obtain emergency care etc also have been explained by doctor ..... in a language that I can understand and I acknowledge.

Patient/ Attender

In case of emergency like bleeding, fever [please refer to postpartum book for further details - Chapter II page 6] kindly contact 9154865045 at Rainbow Children's Hospital Himayatnagar just dial one toll free number - 18002122.

You can also take appointments at any time by going online to our website **www.rainbowhospitals.in**

Name	Mrs BUKKAPATNAM REVATHI	**UHID**	HNH-00016527
IP No	IP26-00006821	**Admission Date**	12-07-2026

Registrar/Resident/C.M.O

RAINBOW CHILDREN'S MEDICARE LIMITED ★ HYDERABAD

Consultant:
Dr. VIJAYA LAKSHMI GILLELLA,
MBBS, MD(Obstetrics & Gynecology)

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Childrens Hospital-Himayatnagar

Rainbow Children's Hospital, Door no. 3-6-267, opp. Cafe niloufer, Old MLA quarters road AP State Housing Board Himayatnagar ,Hyderabad ,Telangana, INDIA ,500029.
TEL NO :040-48873000
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP26-00006821 **Admit Date** : 12-Jul-2026 **Admit Time** : 10:13 AM **UHID** : HNH-00016527

Patient Details :

Patient Name	: Mrs BUKKAPATNAM REVATHI	**Age**	: 29 Y 1 M 2 D
Guardian	:	**DOB**	: 10-06-1997
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: H.NO: 2-2-1109/1/3, FLAT.NO: 405. Amberpet Hyderabad Telangana INDIA 500013	**Phone No**	: 8096667150/ 7799721096
		E-mail	: K.NIKHIL891993@GMAIL.COM

Admission Details :

Bed Type : TWIN SHARING **Bed No** : PDA-413 **Ward Name** : 4F -OT

Room No : PDA-413 **Admission Type** : First Visit

Contact Details :

Name : **Relationship** :

Contact Address : **Phone No** :

Signature

Doctor Details :

Doctor Name : Dr. VIJAYA LAKSHMI GILLELLA **Specialisation** : OBSTETRICS AND GYNECOLOGY

Referral Doctor : SELF **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 80000.00

Payment Mode : Cash **Payor Name** : SELFPAY

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00016527 IP26-00006821 Mrs BUKKAPATNAM REVATHI 10-06-1997 29 Y 1 M 2 D (F) Dr. VIJAYA LAKSHMI GILLELLA	12/7/26 @ 10:13Am	12/7/26 @ 10.10Pm
	Transfer Ordered by Dr. Mounisha	Reason for Transfer OBH
From Unit PreSpost	To Unit (214)	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 30	Number of Imaging Films NST-1	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.	RL	(1)
2.		
3.		
4.		
5.		

Shifting Summary / Notes Written by Doctor : Yes ☑ No ☐

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Madhumita @ Madhu	Dr. Mounisha

Patient & Clinical Records Received by :
Sr-Sandhya.

Date & Time of Patient Received : 12/7/26 @ 12.40 pm

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

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

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ACTIVITY RECORD FOR BILLING

Name :_____

UHID No. : _____ IP No : _____ Consultant: _____ Dept : _____

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
12/7	2:30pm	Pre & Post	(OT)	
12/7/26	11pm 3:45pm	OT	Pre Post	
12/7	10.10pm	Pre&Post	(2|4)	

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	Dr Tejaswi Reddy	13/7/26	13689	
2				
3				
4				
5				
6				
7				
8				
9				
10				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
12/7	MLS7 - (+)	00841	
12/7	GRBS — 127mg/dl (9PM)	1156	
12/7	GRBS — 94mg/dl (1:46pm)	1564	
12/7/26	GRBS - 86mg/dl (7PM)	1583	
			cross check done
13/7/26	GRBS - 103 mg/dl (12:am)	self	
	GRBS - 96mg/dl (11:am)	self	
	GRBS - 165mg/dl (8:am)	self	
	GRBS - 171mg/dl (12:pm)	self	
13/7/26	GRBS 153mg/dl (8PM)	self	
13/7/26	CBP	1166	
13/7/26	GRBS (102mg/dl) 8PM	(self)	
14/7/26	GRBS (144mg/dl) 12:am	(self)	Sandhya
14/7/26	FBS - 103 mg/dl	self	Madhu.
14/7/26	PPBS - 232 mg/dl	(self)	
			cross checked done 14/7/26

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
12/7	Cardicamonitor	4pm	10pm	3134	Akhila.
12/7	infusionpump	4pm	10pm		

cross checked done

CROSSCHECKED done 14/7/26

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
12/7	IV Placement	(1)	13081	
12/7	Catheterization	(1)	13051	J. Sujatha
12/7	PAC CR	(1)	3135	Do
			cross checked done	
13/7/26 11:47	NHA	(1)	13529	
			cross checked done 14/7/26	

ANY OTHER INFORMATION

.....

.....

.....

.....

.....

.....

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

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I[illegible]T FOR OBSTETRICS

Presenting Complaints
Case for ELCS

Obstetric Formula: Primi

Obstetric History:
G1 PP Spont Conceptn

Present Pregnancy Record:
Uncvatful Pregnancy

RISK FACTORS:

Height: ..... cm
Weight: ..... kg
Allergies: ..... Nil .....
Breast: ☑ Normal ☐ Abnormal
General Examination:
Consciousness: Clc Pallor:
Icterus: No Edema:
Temp: Afebrile PR:
BP: DTR: (N)
CVS: S1S2 (+) no murmurs RS BL NVBS (+)
Liver/Spleen: (N) Urine Output: Adequate

LMP: ~~2[illegible]~~ 17/10/2025 EDD: 24/7/2026
Corrected EDD: 24/8/2026 GA: 37+1

Menstrual History: Regular : ☑ Yes ☐ No

Obstetric Examination

Fundal Height: ~ Term Size

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

Liquor: ☑ Adequate ☐ Oligo ☐ Poly

PP: ☑ Cephalic ☐ Breech Others _____

Head Fifths Palpable: _____

FHS: ☑ Normal ☐ Tachy ☐ Brady ☐ Absent

Per Speculum Examination not done

Draining: ☐ Present ☐ Absent ☐ Bleeding

Colour of Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Vaginal Examination not done:

Cervix: ☐ Long ☐ Partially effaced ☐ Effaced

Os: Closed _____ Dilated _____

Membranes: ☐ Present ☐ Absent

Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Presenting Part: ☐ Vertex ☐ Breech ☐ Others

Sutton: ☐ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2

Pelvis: ☐ Adequate ☐ Doubtful

DIAGNOSIS

Primi 38+2 / GDM (on Insulin) / Hypothyroidism / SGA
for ELCS

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Dr. VIJAYA LAKSHMI GILLELLA

Family History:
Nil Father: DM/Hypothyroidism

Surgical History:
Nil

Medical History:
Hypothyroidism : 7yrs

Medication History:
T 2mm/Calcium
T Thyronorm 100mg OD
[Insulin 21 - 22 22] + [Basal insulin 21 U]

Plan of Care:
Admission NST.
Informed Consent
Pats Preparation.
Drugs as charted.
Foley's Catheterisation
strict FHR monitoring
Review PAC.
Paediatrician Call.
shift on Call
Monitor Vitals
Inform SOS.
~~Send~~ CBP/TCV/HbA1C - collect

Investigations: BGT APW

CBP (11/7)
Hb - 11.7
plt - 385
TLC - 10.79
PCV

HIV
HbsAg
HCV
VDRL
} AVR

USG 6/7/2026
SLIUF | 36 wks | Vx

→ AFI/Dopp (11/7)
AFI - 11.7cm

AFI - 18.8cm
placenta. Ant
EFW 2.322kg (8%)
AC 5%
Dopplers (N)
} SGA

Doctor Name: Dr Manasa
Signature:
Date & Time: 12/7/2026 @ 12:20 pm

Consultant Name: Dr. VIJAYA LAKSHMI
Signature: Dr Vijayalakshmi
Date & Time: 12/7/2026 @ 2:20pm

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/7/2026	C/s/b Dr Manisha	
4pm	POD 0	
	GC Fair Afebrile	Adv
	BP 116/70	NBM x4-6h
	P/R 80	Drugs as charted
	P/A Ut well retracted	W/f vitals & GA
	PV - Bleeding WNL	I/O Monitoring
	U/O - 300 cc/w	GRBS 6th hourly till POD-2
		FBS & PPBS
Sms		Foley's Removal @ 6Am C/m
		Inform SOS
		Dr Amani
12/7/2026	C/s/b Dr Manisha	
8pm	POD 0	
		Adv
	GC-Fair Afebrile	- Allow sips > 9pm
	Vitals stable	- if tolerates → liq diet > 10pm
	P/A ut well retracts	- Soft Diet > 6Am C/m
	BS(P)	- GRBS monitoring 6th hourly..
Sms	PV Bleeding WNL	Foley's Removal 6Am C/m
	u/o ~100 c/h clear	- Inform SOS
GRBS - 87mg/dl		- I/O monitoring (if u/o < 30cc/hr - inform)
		Dr Amani

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/7/2026	Cl/o/b Ormonde	(Y/Lt Dr Vijaya Laxmi)
10pm	POD-0	
		Adv.
	C/C - Fair Afebrile	
	vitals stable	- Allow sips of water now
	P/A wt walls retracted	if tolerates - liquid diet > 11:30 PM
	BS ⊕	- Soft Diet > 8 AM C/M
	P/V bleeding WNL	- Foley's removal C 6 AM C/M
	u/o 80-100 ml/h clear	- Drugs as charted
		- GRBS monitoring 4th hourly
		- IVF @ 100 ml/h
		- I/O monitoring
		- Exclusive Breast feeding
		- Inform SOS
		- Shift to room
		[signature]
		noted by sr-sandhya 13/7/26 10h

Docu. No. : RCH /FRM / CLINICAL / 088

HNH-00016527
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10-06-1997 29 Y 1 M 2 D
Dr. VIJAYA LAKSHMI GILLELLA (F)

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GRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/7/2026	C/s/b @ Manisha	
8Am	POD 1	
		Adv
	GC fair Afebrile	
	vitals stable	- Soft diet / Adeq hydration
F✓	P/A ut well retracted	- Drugs as charted
	BS ⊕	- IV Antibiotics x 24h
	PV bleeding WNL	- GRBS @ 8Am → stop
	upon yet to void	- POD 2 - FBS & PPBS
		- Ambulation
	GRBS (4Am) - 96 mg/dl	- Encourage to pass urine
	↓	- Inform SOS
	165 mg/dl	
	(Informed Dr Vijayalaxmi)	[signature]
		N.B Sr. Sandhya
13/7/2026 10:30am	C/s/b Dr Naveena	
	O/E GC - fair	Adv
	Afebrile	- Soft diet
V✓	Vitals - stable	- Adequate hydration
F✓	PA: ut. retracted well	- drugs as charted
S✓	Soft, NT	- W/F PV bleeding
	Dressing: dry & clean	- Ambulation
	L/E: PV bleeding WNL	- M/C & I/SOS
	Baby: NS	Dr Naveena

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes C/S/B Dr. Dvg	Doctor's Order
13/7/26.	POD-1, P,4 ē GDM.	
2pm	GC fair	Adv
Baby ē Mother	Afebrile	- Soft diet / Diabetic diet
	BP: 106/71 mmHg	- Drugs as charted
	PR: 80 bpm	- Adequate hydration
	P/A Uterus Retracted	- GRBS Monitoring 4th hrly
U ✓	well.	- W/f PV bleed
F ✓	L/E NAD	- Monitor vitals
S X.		- Inform SOS
		N.B. maheshwari
		13/7/26 @ 2:40pm
13/7/26	1st POD	
6PM.	S/B. Dr Vijaya Lakshmi.	Rx
	G.C fair	- Inj Taxim 1gr IV BD
Blood Sugar	PR 80/mt - Pallor+	- Tab Paracetamol 1gm tid
153mg	BP 116/76 mmHg,	
4PM	PA: Abd soft -	- Tab Diclofenac 50mg tid.
	ut well involuting	
	No excessive	- Tab Pan40 BD -
	Bleeding PV.	- Tab Ondansetron 4mg BD -
	Breasts - soft -	
	No milk	- Fe + Cal: OD -
	Attempting breast feeding	- Soft diet
	Taking soft diet & liquids.	- Breast feeding & ambulation

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Advised - CBC.	
	Baby - Normal -	
	C/S B Dr. Divya	
13/7/26. 7:15pm	POD-1 P4-GDM	
	GC fair ~~Afebrile~~ Vitals - Normal P/A Uterus Retracted well. U/E NAD.	~~Adv~~ ✓ Soft Diabetic diet ✓ Drugs as charted ✓ ~~Adequate~~ hydration. ✓ CBRS Monitoring 4th hrly ✓ W/F PV bleed ✓ Monitor vitals ✓ Inform SOS ✓ FBS, PPBS tomorrow on 14/7/26. ✓ Tegaderm dressing t/m ✓ CBC ~~on~~ today.
Baby & Mother.		
UV		
FV		
SX.		
		Noted by Divya 13/7/26.

HN I-00016527 IP26-00006821
Mrs BUKKAPATNAM REVATHI
10-0. -1997 29 Y 1 M 2 D (F)
Dr. VIJAYA LAKSHMI GILLELLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/7/2026	C/s/b Dr Mamata	
9AM	POD-2	
		Adv,
	C/C - Pain Afebrile	
	vitals stable	Regular diet, Adeq hydration
	P/A wt well retracted	Drugs as charted
Baby NAD	BSP	o/p vitals, BP
	PV Steady WNL	PPBS to do — (Inform)
UV		Ambulate
PV		Tegaderm dressing to do
SV		Inform SOS
		Noted by Divya 14/7/26
FBS 103 mg/dl		(sign)
FBS - 103	C/D/W Dr Nishanth Sir (Physician)	
PPBS - 232		
HbA1C 6.4%	Adv	
	- Tab Metformin 500mg P/O BD	
	- Review After 2 weeks	
		(sign)

Docu. No. : RCH /FRM / CLINICAL / 088

R. REVATHI.

HNH-00016527 IP26-00006821
Mrs BUKKAPATNAM REVATHI
10-06-1997 29 Y 1 M 2 D (F)
Dr. VIJAYA LAKSHMI GILLELLA

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DRUG CHART

Date of Admission: 12/7/2026 Drug Allergies: Nil ☐ ~~Not~~ known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

NURSES - Nurses must follow strictly the FIVE RIGHTS before administration of medication.
1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time
- AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

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

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

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

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

HNH-00016527 IP26-00006821
Mrs BUKKAPATNAM REVATHI
10-06-1997 29 Y 1 M 2 D (F)
Dr. VIJAYA LAKSHMI GILLELLA

REGULAR PRESCRIPTIONS

Weight: 71kgs Ward: ....

Verified by Dr. Dhakshayani

DRUG: INJ-CEFOTAXIME				Date/Time	12/7	13/7	
Dose	Route	Frequency	Start Date				
1GM	IV	BD	12/07	6Am	x	[signature]	x
Name & Signature of the Doctor Starting the Drugs: @ Dr Naveena.							Stop
Additional Instructions: x24hr ATD.				6Pm	[signature]	[signature]	
Daily Doctor's Endorsement by a Sign					[signature]	[signature]	

DRUG: T. PARACETAMOL				Date/Time	12/7	13/7	14/7
Dose	Route	Frequency	Start Date				
1gm	ORAL	QID	12/7	6Am	+	[signature]	[signature]
Name & Signature of the Doctor Starting the Drugs: Dr. Ameen				12Pm	+	[signature]	[signature]
Additional Instructions:				6Pm	+	[signature]	
				12Am	[signature]	[signature]	
Daily Doctor's Endorsement by a Sign					[signature]		

DRUG: T. DICLOFENAC				Date/Time	12/7	13/7	14/7
Dose	Route	Frequency	Start Date				
50mg	ORAL	TID	12/7/26	7Am	+	[signature]	[signature]
Name & Signature of the Doctor Starting the Drugs: Dr. Ameen				3Pm	x	[signature]	[signature]
Additional Instructions:				11Pm	[signature]	[signature]	
Daily Doctor's Endorsement by a Sign					[signature]		

DRUG: INJ METRONIDAZOLE				Date/Time	12/7	13/7	
Dose	Route	Frequency	Start Date				
500mg	IV	TID	12/7	7Am		[signature]	
Name & Signature of the Doctor Starting the Drugs: [signature]				3Pm			Stop Dr. [signature]
Additional Instructions: x24hr → Convert to oral After Soft Diet starts				11Pm			
Daily Doctor's Endorsement by a Sign							

HNH-00016527 IP26-00006821
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Dr. VIJAYA LAKSHMI GILLELLA

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Sheet No: .....

REGULAR PRESCRIPTIONS

Weight 7.1kgs Ward .....

DRUG : INJ PANTOPRAZOLE

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs: STOP

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

DRUG : TAB PANTOPRAZOLE

Dose	Route	Frequency	Start Dt.
40mg	P/o	BD	12/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time: 12/7 13/7 14/7

6Am ✓ ✓

6Pm

DRUG : TAB ONDANSETRON

Dose	Route	Frequency	Start Dt.
4mg	P/o	BD	12/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time: 12/7 13/7 14/7

6Am ✓

6pm

DRUG : CEFIXIME

Dose	Route	Frequency	Start Dt.
200mg	PO	BD	14/7

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time: 14/7/20

10pm

Verified by Dr. Dhakshayani

Verified by Dr. Dhakshayani

Patient Sticker

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

DRUG : TAB METFORMIN

Dose	Route	Frequency	Start Dt.
500mg	PO	BD	14/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date▸ / Time▾

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date▸ / Time▾

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date▸ / Time▾

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date▸ / Time▾

HNH-00016527 IP26-00006821
Mrs BUKKAPATNAM REVATHI
10-05-1997 29 Y 1 M 2 D (F)
Dr. VIJAYA LAKSHMI GILLELLA

Weight. 71kgs ... Ward. .....

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
12/7	2pm	INJ. METOCLOPRAMIDE	10mG	IV		
12/7	2pm	INJ. PANTOPRAZOLE	40mG	IV		
12/7	3PM.	INJ. OXYTOCIN	1 2 U	IV		
12/7	3:45PM	Sup DICLOFENAC	100 mg	P/R		
13/7		DULCOLAX suppository	1 tab	P/R		not given.

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

Verified by Dr. Dhaksnayani

HNH-00016527 IP26-00006821
Mrs BUKKAPATNAM REVATHI
10-06-1997 29 Y 1 M 2 D (F)
Dr. VIJAYA LAKSHMI GILLELLA

I.V. FLUIDS CHART

Weight. 11kgs .. Ward. .....

		Composition of I.V. Fluid (... ...usion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
12/7	10AM	RINGER LACTATE	IV	100 ml/h			12/7/26	AM	
12/7/26	2:50 PM	RINGER LACTATE	IV	150ml/hr	AM		12/7/26	AM	
12/7/26	3:30 PM	RINGER LACTATE	IV	1000ml/hr	AM		12/7	AM	
12/7/26	5:10 PM	RINGER LACTATE	IV	100ml/hr			12/7		
12/7	8PM	RINGER LACTATE	IV	100ml			12/7		
12/7	9:30PM	RINGER LACTATE	IV	100ml			13/7		
13/7	6AM	RINGER LACTATE	IV	100 ml/h			13/7		
		STOP by Dr. Amruth							

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

HNH-00016527 IP26-00006821
Mrs BUKKAPATNAM REVATHI
10-06-1997 29 Y 1 M 2 D (F)
Dr. VIJAYA LAKSHMI GILLELLA

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MEDICATION RECONCILIATION FORM

Drug Allergies: ..... ☐ Not known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.
(Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From: ..... Shifted to: .....

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	T. IRON	1TAB	PO	OD	11/7	☐C ☑DC
2	T. CALCIUM	1TAB	PO	OD	11/7	☐C ☑DC
3						☐C ☐DC
4						☐C ☐DC
5						☐C ☐DC
6						☐C ☐DC
7						☐C ☐DC
8						☐C ☐DC
9						☐C ☐DC
10						☐C ☐DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Naveena,

Date & Time : 12/07/2026 @ 10.10AM

Nurse Name & Signature: Sujatha Si

Date & Time : 12/7/26 @ 10.10AM

HNH-00016527 IP26-00006821
Mrs BUKKAPATNAM REVATHI
10-06-1997 29 Y 1 M 2 D (F)
Dr. VIJAYA LAKSHMI GILLELLA

214

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RESULT SHEET

Date	11/7					
Time	7:12pm					
Hb	11.7					
PCV	34.0					
RBC	4.17					
WBC	10.79					
N/L						
Platelets	385					
CRP						
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
blood group	'A' positive					
HIV						
HCV						
VDRL	NR					
HBA1c						

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

- HNH-00016527 IP26-00006821
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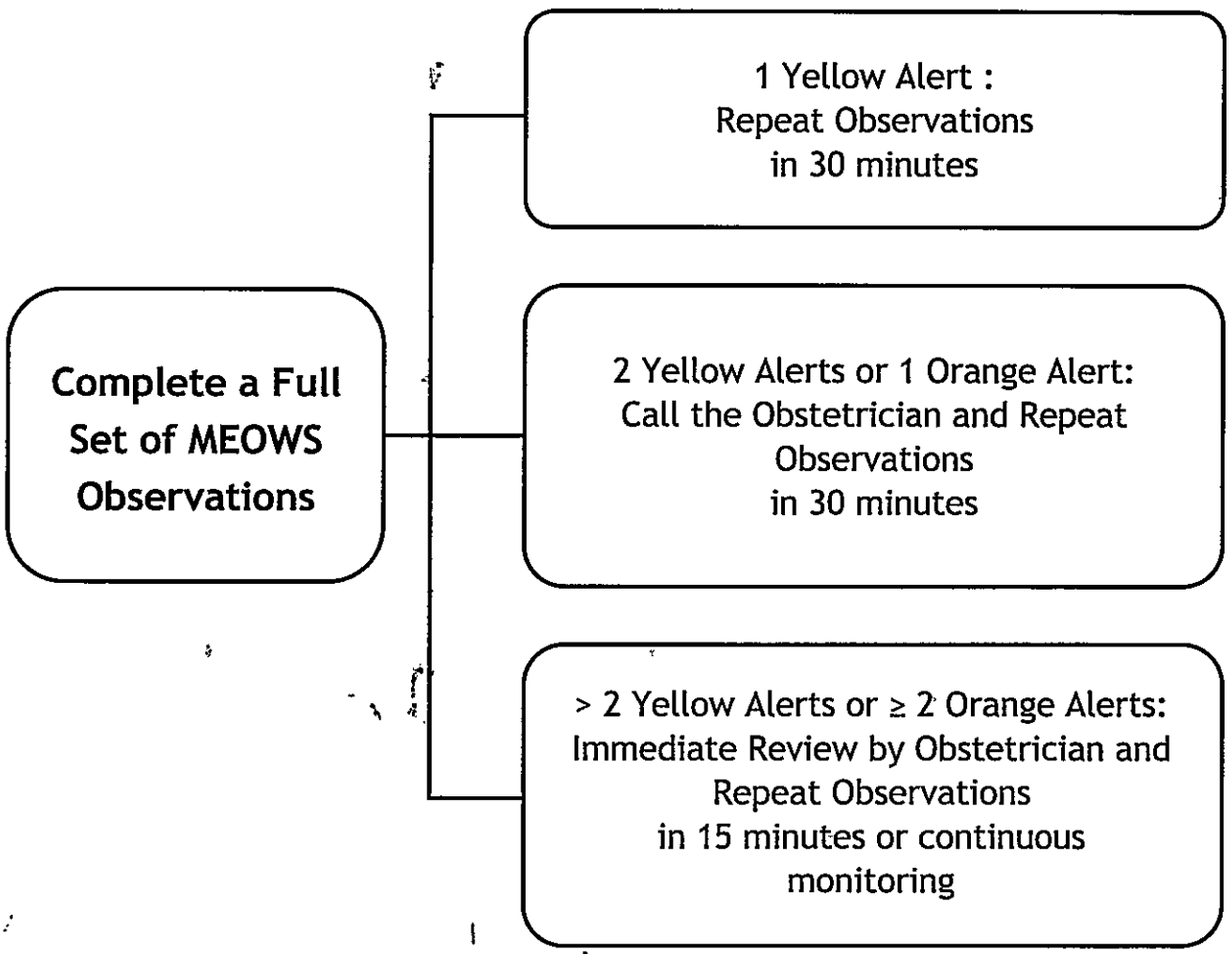
Early Warning Observation Score Chart - Obstetrics

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

12/7/26	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	20	20	20	20	20	20				20				20	
	0 - 10																								
Saturations	94 - 100 %			04		04				97	98	98	98	98	99					99				99	
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37																								
	36			36											36.1					97.3				98.6	
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80			80		78				75	80	75	77	82	86	88				82				89	
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120			106		117				119	116		112	105	110	112				115				119	
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
	40																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70			60		66				75	70	69	80	85	76	77				70				80	
	60																								
	50																								
	40																								
NEURO RESPONSE [✓]	Alert			✓		✓				✓	✓	✓	✓	✓	✓	✓				✓				✓	
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30			✓		✓				✓	✓	✓	✓	✓	✓					✓				✓	
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
...rrhoea	Normal			✓		✓				✓	✓	✓	✓							✓				✓	
	Heavy / Foul																								
	...ear / Pink									✓	✓	✓	✓							✓				✓	
	Green																								
	...V SCORES			0		0				0	0	0	0	0	0	0				0				0	
	...GE SCORES			0		0				0	0	0	0	0	0	0				0				0	
	Nurse Initial																								

Obstetrics and Gynaecology Early Warning Signs



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

HNH-00016527 IP26-00006821
Mrs BUKKAPATNAM REVATHI
10-06-1997 29 Y 1 M 2 D (F)
Patient Dr. VIJAYA LAKSHMI GILLELLA

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Early Warning Observation Score Chart - Obstetrics

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

13/7/26	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				20				20				20	
	0 - 10																								
Saturations	94 - 100 %											99%				99%				94				94	
	< 94 %																								
Administered O, (L/min.)				99				99																	
Temp°c	40																								
	39																								
	38																								
	37																								
	36			36.2				36.6				97.4				97.3				98				97.7	
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80			82				86				89				83				85				80	
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100			120				116				106				110				113				115	
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80			80				79				76				80				78				69	
	70																								
	60																								
	50																								
	40																								
NEURO RESPONSE [✓]	Alert			✓				–				–								–					
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30			–				–				–								–					
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal			–				–				–								–					
	Heavy / Foul																								
Liquor	Clear / Pink			–								–								–					
	Green																								
TOTAL YELLOW SCORES				0				0				0				0				1				0	
TOTAL ORANGE SCORES				0				0				0				0				0				0	
Nurse Initial																									

HNH-00016527 IP26-00006821
Mrs BUKKAPATNAM REVATHI
10-06-1997 29 Y 1 M 2 D (F)
Dr. VIJAYA LAKSHMI GILLELLA

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Early Warning Observation Score Chart - Obstetrics

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

14/7/26	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																	
	0 - 10																								
Saturations	94 - 100 %			99%				98%																	
	< 94 %																								
Administered O, (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37																								
	36			36°				98.4																	
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80			86				92																	
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110			112				110																	
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70			67				76																	
	60																								
	50																								
	40																								
NEURO RESPONSE [✓]	Alert			✓				✓																	
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30			✓				✓																	
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal			✓				✓																	
	Heavy / Foul																								
Liquor	Clear / Pink			✓				✓																	
	Green																								
TOTAL YELLOW SCORES				0				0																	
TOTAL ORANGE SCORES				0				0																	
Nurse Initial				RD				RD																	

HNH-00016527 IP26-00006821
Mrs BUKKAPATNAM REVATHI
10-06-1997 29 Y 1 M 2 D (F)
Dr. VIJAYA LAKSHMI GILLELLA

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FLUID CHART

Sheet No. : 1

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
12/7/26	08:00 am			100ml								
	09:00 am	RL	N	100ml						✓	0	
	10:00 am	RL		100ml								
	11:00 am	RL	B	100ml						✓		
	12:00 pm	RL	M	100ml								
	01:00 pm	RL		100ml								
Total Intake :						**Total Output :** Passed						
12/7	02:00 pm	RL	N	100ml								
	03:00 pm	RL	B	100ml								
	04:00 pm	RL		100ml						300ml	0	Empty 4PM
	05:00 pm	RL	M	100ml						100ml		Empty 5PM
	06:00 pm	RL	NBM	100ml								
	07:00 pm	RL	NBM	100ml								
Total Intake : Taken						**Total Output :**						
12/7	08:00 pm	RL		100ml						500ml		Empty 8PM
	09:00 pm	RL	Soup	100ml							0	
	10:00 pm	RL		100ml								
	11:00 pm	RL	Soup	100ml						500		
	12:00 am	RL		100ml								
	01:00 am	RL		100ml								
Total Intake : Taken						**Total Output :** U - 1000 M -						
13/7/26	02:00 am	RL	—	100ml						1000		
	03:00 am	RL	Soup	100ml							0	
	04:00 am	RL		100ml								
	05:00 am	RL		100ml								
	06:00 am	RL		100ml						600		
	07:00 am	RL		100ml								Foley's Removed
Total Intake : Taken						**Total Output :** U - M -						

Total 24 hrs. Intake		Total 24 hrs. Output	

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10-06-1997 29 Y 1 M 2 D
Dr. VIJAYA LAKSHMI GILLELLA

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FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am	6	Jelly + H2O									
13/7	11:00 am				NA		0	NA				
	12:00 pm											
	01:00 pm											
Total Intake :								**Total Output :**		U-2 m		
	02:00 pm											
	03:00 pm											
	04:00 pm	0	Orang + H2O		NA		?	NA				
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :								**Total Output :**				
	08:00 pm											
	09:00 pm		Rice + H2O									
13/7/26	10:00 pm	0										
	11:00 pm											
	12:00 am				NA			NA				
	01:00 am											
Total Intake : Taken								**Total Output :**		U-2 M-1		
	02:00 am											
	03:00 am											
14/7/26	04:00 am	0	H2O									
	05:00 am											
	06:00 am				NA			NA				
	07:00 am											
Total Intake : Taken								**Total Output :**		U-2	M-0	

Total 24 hrs. Intake		Total 24 hrs. Output	

Patie

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FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
14/7/26	08:00 am										1	
	09:00 am	1	Ryle + H2O									
	10:00 am				NA				NA		0	
	11:00 am	0										
	12:00 pm	1										
	01:00 pm										1	
Total Intake : Taken								**Total Output :** U — M —				
14/7/26	02:00 pm	1	Ryle + H2O								1	
	03:00 pm											
	04:00 pm	e			NA				NA		0	
	05:00 pm											
	06:00 pm	1									1	
	07:00 pm			/				/				
Total Intake : Taken								**Total Output :** U — M —				
	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	

Patient Sticker

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FLUID CHART

Sheet No. : .....

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

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

Total 24 hrs. Intake		**Total 24 hrs. Output**	

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PAIN ASSESSMENT FORM

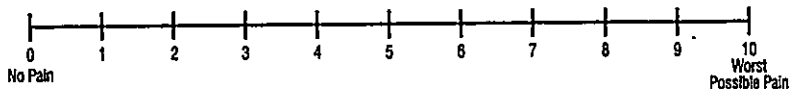
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
12/7	8Am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	MA	
12/7	11Am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	MA	
12/7	2Pm	0	MA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	MA	
12/7	5Pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
12/7	10Pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
13/7	12pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
13/7/26	6Am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
13/7/26	6Am	0	NA.	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
14/7/26	12Am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

Re-assessment Frequency:

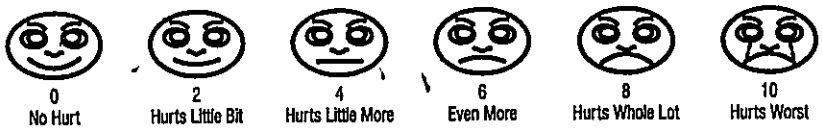
1. Every eight hours for all hospitalized patients.
2. For post-surgical patients, patients with chronic pain, patient with severe pain:
   a) At least every 2 hours for the first 24 hours
   b) Then every 4 hours.
   c) Prior to pain pain-relieving intervention.
   d) Within 30 – 60 minutes after pain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

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years



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

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, SaO_2	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

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BRADEN 'Q' SCALE

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					Date : 12/7	12/7	12/7	13/7
					Time : MG	EZ	M	MG
Mobility	**1. ...immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	4	4
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
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 mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	3	3
				TOTAL SCORE	28	28	28	27
				Evaluator's Name				

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

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

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CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1			17/4 DAY-2			14/4/26 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	0	0	0	0		
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1	NA	—	—	—	—	—	—	—		
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2	NA	—	—	—	—	—	—	—		
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	NA	—	—	—	—	—	—	—		
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	NA	—	—	—	—	—	—	—		
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	NA	—	—	—	—	—	—	—		
			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 : Anusha

Signature of Ward In Charge :

Signature : ..... Name : Kasturi

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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										
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 : .....

Signature of Ward In Charge :

Signature : ..... Name : .....

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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	12/7	12/7	12/7
		Score	8Am	2	N
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0	0	0	0
Secondary Diagnosis (more than one diagnosis)	Yes	15			
	No	0	0	0	0
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0	0	0	0
IV / Heparin Lock or Saline	Yes	20	20	20	20
	No	0	0		
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10			
	Normal /On Bed Rest /Immobile	0			
Mental Status	Forgets limitations	15			
	Oriented to own ability	0	0	0	0
Total Morse Fall Scale Score:			20	20	20
		Signature			

Fall Risk Grading

Risk Level	Morse Fall Score (MFS)	Action
Low Risk	0 - 24	Standard Fall Precaution
Moderate Risk	25 - 50	Implement Moderate Fall Prevention Intervention
High Risk	≥ 51	Implement High Risk Fall Prevention Intervention

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

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NURSING CARE RECORD

Date: 12/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8AM	→ Plan for vitael → Plan for I/O chart. → Plan for medication.	8AM	→ vitael checked & recorded. → Maintain I/O chart. 2pm → All medication given	→ vitael's normal	→ PT's stable	Madhu
Afternoon	2pm 8pm	→ Assess the PT condition → monitor the vitals & record → Administration of medication → maintain I/O chart & record	2pm 8pm	→ Assessed the PT condition → monitored the vitals & recorded → Administered medication → maintained I/O chart & rec.	PT is stable	maintain I/O chart & record.	Akila
Night	8AM	→ Plan for vitael → Plan for I/O chart. → Plan for medication.	8AM	→ vitael checked & recorde! → Maintain I/O chart 8AM → All medication given	→ vitael's normal	→ PT's stable	Madhu

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NURSING CARE RECORD

Date: 13/7/20

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8AM 2PM	→ Assess the pt condition → monitor the vitals → maintain I/O chart. → drugs give as per drug chart.	8AM 2PM	→ Assessed the pt condition → monitored the vitals → maintained I/o chart. → drugs given as per drug chart.	→ pt is stable now	→ Reviewed the vitals	
Afternoon	2PM 8PM	→ Assess the Pt condition → monitor vitals → maintain I/O chart → Administer medications as per drug chart	2PM 8PM	→ Assessed the Pt condition → monitored vitals & recorded → maintained I/O chart → drug as per chart	→ Pt is stable	→ rechecked vitals	
Night	8PM 8AM	→ Assess the patient general condition → monitor vitals → Administer medications as per doctors orders.	8PM 8AM	→ Assessed the patial condition → monitored vitals → Administered medications as per doctors orders	Patient is stable	Rechecked vitals	

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Mrs BUKKAPATNAM REVATHI
10-08-1997 29 Y 1 M 4 D (F)
Dr. VIJAYA LAKSHMI GILLELLA

NURSING CARE RECORD

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Date: 14/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am 2PM	→Assess the Pt condition →monitor vitals →maintaine I&O chart →Administer medication as Per drug chart	8am 2PM	→Assessed the Pt condipdition →monitored vitals recorded →maintained I&O Chart →medication as per drug chart →IV can nula removed.	→Pt is stable	→rechecked vitals	
Afternoon				DAY			
Night							

Patient Sticker

NURSING CARE RECORD

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Date: .....

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night							

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URINARY CATHETER BUNDLE CHECK LIST

Date of Insertion: 12/7 Date of Removal: .....

Parameters	Date / Shift Time	12/7 8AM	12/7 2PM	12/7 9PM				
Need for the Catheter		☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Hand Hygiene		☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Usage of Sterile Equipment		☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is the Collection bag below the level of bladder		☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Check the Tube for Obstruction (Free of Kinking)		☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is Catheter dated as policy		☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Collecting bag is been emptied regularly?		☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Maintenance of closed system for the catheter		☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Dressing clean and dry?		☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is the line removed as Policy?		☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Performance of Perineal Care		☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Onset of New Fever		☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Asses for the leakage at the site of insertion		☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Name of the Nurse		Sujatha	AKiLS	Madhu				
Signature of the Nurse		Suj	A	M				

Docu. No. : RCH /FRM / CLINICAL / 114

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NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: ..... Department: ..... Date of Admission: .....

SITUATION	Diagnosis:				Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:		
BACKGROUND	Area / Shift Time	12/7 N6	12/7 6a	12/7 N1	13/7 N6	13/7/26 N8	14/7/26 N5
	Medical Condition (Any special condition to be noted):	NBM	NA	liquid	soft	soft	soft
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	Tubes/Drains/Catheter:	☑ Yes ☐ No	☐ Yes ☑ No	☑ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No
	Vital Signs: Temp:	98.6F	98.6F	98.6F	98.1°F	97.4°F	98.6°F
	Res:	20	20bm	20	20/m	25 b/m	20b/m
	SpO_2:	99%	98.1	98%	99%	99%	98%
	Pulse:	82	82bm	88	85b/m	83 b/m	70b/m
	BP:	116/71	110/80	116/71	110/71	100/80	110/80
	Fall Risk Score:	—	—	—	—	—	—
	Pain Score:	—	—	—	—	—	—
Recommendations	Safety Needs:	—	Yes	—	Yes	Yes	Yes
	Physiotherapy	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Others Specify:	—	—	—	—	—	—
	Special Diet:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☑ No
	Other Special Orders / Medications:	—	—	—	—	—	—
Post Operative Procedure Special Orders:		—	—	—	—	—	—
Handed Over By Name :		Mounika	Akila	Madhu	Mahi	Sandhya	Divya
Signature :							
Date:		12/7/26	12/7/26	13/7	13/7/26	13/7/26	14/7/26
Time:		2PM	8PM	8AM	2PM	8AM	
Taken Over By Name :		Akila	Madhu	Mahi	Sandhya		
Signature :							
Date:		12/7/26	12/7/26	13/7	13/7/26		
Time:		2PM	8PM	8AM	8PM		

Patient Sticker

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NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: ..... Department: ..... Date of Admission: .....

SITUATION	Diagnosis:	Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:					
BACKGROUND	Area / Shift Time						
	Medical Condition (Any special condition to be noted):						
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:						
	Res:						
	SpO_2:						
	Pulse:						
	BP:						
	Fall Risk Score:						
	Pain Score:						
Recommendations	Safety Needs:						
	Physiotherapy	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Others Specify:						
	Special Diet:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Other Special Orders / Medications:						
Post Operative Procedure Special Orders:							
Handed Over By Name :							
Signature :							
Date:							
Time:							
Taken Over By Name :							
Signature :							
Date:							
Time:							

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OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 12/7/26

Baseline Information:

Admission From: ☐ ER ☐ OPD ☑ Admission Desk ☐ Others, specify .....

Primary Language: ☐ Telugu ☑ English ☐ Hindi ☐ Others, specify .....

Do you require an interpreter? ☐ Yes ☑ No if Yes specify .....

Source of Information: ☐ Patient ☑ Family ☐ Others, specify .....

Allergies: ☐ Yes ☐ No ☐ Medications ☐ Blood Transfusion ☐ Food ☐ Other: .....

If yes , identify .....

Chief Complaints: .....

Fl-Lec 1

.....

Doctor Notified on Admission: ☐ Yes ☐ No

Name of the Doctor: .....

Time Notified: .....

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

Past Medical History	Past Surgical History	Previous Hospital Admission
NH	NH	NH

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 ..... P ..... L ..... A .....

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 .....

Vital Signs / Measurements: Temp: 98F HR: 82 RR: 20

BP: 116/71 Weight: ..... Height: ..... BMI: .....

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

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PHYSICAL ASSESSMENT

General Appearance: ☑ Healthy ☐ ill looking ☐ Anxious ☐ Agitated ☐ Others: .....

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

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

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

☐ Mobility problem ☐ Walking Problem ☑ No Abnormality Detected

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING: ☑ No Abnormality Detected

☐ Overweight ☐ Poor Appetite > 3 Days ☐ Needs Therapeutic Diet.

☐ Under Weight ☐ Diabetes Mellitus ☐ Hyperemesis Gravidarum

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

☑ Calm & Cooperative ☐ Restless ☐ Depressed ☐ Agitated ☐ Confused

☐ Others .....

Inform consultant for positive criteria

SOCIAL SCREENING:

1. **Marital Status:** ☐ Single ☑ Married ☐ Divorced ☐ Widow
2. **Special Habits:** **Smoker:** ☐ Yes ☑ No **Alcohol Abuse:** ☐ Yes ☑ No **Drug Abuse:** ☐ Yes ☑ No

Social History: Lives With .....

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: ..... Revathi

Orientation not given Reason: ..... NA

Nurse Signature: ..... Mounika

Nurse Name: ..... Mounika

Date & Time: ..... 12/7/26 @8AM

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OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 12/7/26 Time of Arrival: 8 AM Time Seen by Nurse: 8.10 AM

1) **Level of Consciousness:** ☑ Conscious ☐ Semi-Conscious ☐ UnConscious

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

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

3) **Vital Signs:** Temperature: 98.5 Pulse: 89 RR: 20 SpO_2: 99% BP: 116/72 Weight: .....

4) **Gestational Criteria:**

Gravida:	G	P 1	L	A

LMP: ..... EDD: 24/7/26 Gestational Age: .....

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)**

0 (No Pain) 1 2 3 4 5 6 7 8 9 10 (Worst possible pain)

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

.....

6) **Past History:**

a) Surgeries: .....

b) Medical: .....

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7) **Allergy:** ☐ Yes ☑ No, If Yes : .....

8) **Current Medications:** ☐ Prenatal Vitamin ☑ None ☐ Others: .....

9) **Prenatal Medical History:**

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

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: 8.15Am

Nurse Name : Mounika Nurse Signature: Mounika

Date: 12/7/26 Time: 8.10Am

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BREAST FEEDING HANDOVER AND ASSESSMENT FORM

1. Breastfeeding initiated?
   - ☑ a. Yes
   - ☐ b. No

2. If No, Reason .....

3. Nipple condition:
   - ☑ a. Nipple well formed
   - ☐ b. Flat nipple
   - ☐ c. Inverted nipple
   - ☐ d. Short nipple

4. Milk flow:
   - ☐ a. Good
   - ☑ b. Drops of colostrums
   - ☐ c. Dry

5. Steps for Positioning and attachment:
   - ☑ a. Baby goes to the breast
   - ☑ b. Mother always sits with a back support
   - ☐ c. Ear-shoulder-hip should be in a straight line
   - ☐ d. The baby takes a latch on the areola and not on the nipple

Feeding Positions:
Cross Cradle

Feeding Positions:
Football / Clutch

6. Was the position explained:
   - ☐ a. Yes
   - ☑ b. No

7. For Caesarian mothers:
   - ☐ a. Mother is required sit and feed from the 4th feed
   - ☑ b. Please explain football hold

8. NICU admission:
   - ☐ a. Mother needs to stimulate her breast for 2 min every 2 hours

9. Additional notes: .....

Continuity of Care: Date: 12/7/26

-> Assess the Pt condition
-> monitor the vitals & record
-> DBF and hrly & burpings
-> maintain I/O chart & record

Handover given by ..... Handover taken by .....

Signature ..... Signature .....

Date & Time: 12/7/26 @ 8pm Date & Time: 12/7/26 @8pm

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NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 13/7/26 Time: 11:10 Am

Origin: Indian Height: - Weight: - BMI: ☐ ~ 26 kg/m² ☐ ~ 28 kg/m² ☐ ~ 30 kg/m²

Food Allergies: NIL

Diagnosis: LSCS

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

Diet Advised:

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

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

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

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

Patient's / Attendant's

Signature: M. Revathi

Name: Revathi

Date & Time: 13/7/26 ; 11:10 Am

Dietician's

Signature: SS

Name: Sathwika

Date & Time: 13/7/26 ; 11:10 Am

Doc. No. : RCH / FRM / CLINICAL / 195

(P. T. O)

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CROSS CONSULTATION FORM

Doctor Name : Dr. Vijaya Lakshmi Date : 13/7/26 Time : 12pm

Diagnosis : LSCS

Hospital : RCH - HMNR

Referred for : ☐ Opinion ☑ Co-Management ☐ Transfer of care

Type of Referral :
☐ Emergency
☐ Urgent
☐ Non Urgent

Reason for Referral : If for concurrent care specify the particular need, especially in the absence of a second diagnosis:

Signature:

Findings and Recommendations :

Lactation care plan

- Well formed Breast & Nipples
- Less colostrum seen
- primi
- sucking observed.
- Adv for deep latch as demonstrated in cradle hold. on each side 15-20 mints & f/b Burping
- stimulate baby continuously while feeding.
- Demand feeding do not exceeds 2½ hours as per early hunger cues.
- warm care & weight mointor
- Advice DBF

Consultant :

Name : Sathwika.G Signature : S Date & Time : 13/7/26; 12pm

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CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: Dr Vijaylaxmi	Date of Delivery: 12/7/2025
Assistant Surgeon: Dr Monisha	Time of Delivery: 03:01 pm
Anaesthetist's Name: Dr Ameen	Gender of Baby: Male
Type of Anaesthesia: Spinal	Weight of Baby: 2.400 kg
Neonatologist: Dr Archana	AGPAR Score: 8, 9.
Scrub Nurse: Archana	NICU Admission: ☐ Yes ☒ No

Pre-Operative Diagnosis: Primi / 38+2 wk / GDM (Insulin) + Hypothyroid / SCA

☒ Elective ☐ Emergency Indication: Term ~~SCA~~ GDM (on Insulin)

Urgency

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

Decision time: NA Knief to rectus: 2mm

CTG Description: Reactive

If there was a delay give the reasons: Reactive

Surgical Procedure: Elective LSCS

Post Operative Diagnosis: POD-0

Peri-Operative Complications: —

Amount of Blood Loss: 1150 ml 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: ☑ Pfannensteil ☐ Transverse ☐ Midline ☐ Other ....

Uterine Incision: ☑ Lower Segment ☐ Classical ☐ Inverted T ☐ J Incision LUS not well formed

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

Incision Through Placenta: ☐ Yes ☑ No - Uterine Cavity is intact

Delivery of head: ☐ Manual ☑ Forceps - External Contour - Arcuate uterus

- Liquor clear & Adequate

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 no - 1-0...... Suture

Peritoneal Closure: ☐ Pelvic ☑ Abdominal ☐ None ......Catgut no-2-0...... Suture

Sheath Closure: ......Vicryl no 1...... Suture

Fat Closure: ☐ Yes ☐ No ......Catgut no: 1-1...... Suture

Skin Closure: ☐ Subcuticular ☐ Mattress ......monocryl no 3-0...... Suture

Vagineal Evacuated ☑ Yes ☐ No

Drain: ☐ Yes ☑ No ☐ Remove in .... days ☐ Await instructions

Ctheter ☑ Yes ☐ No ☐ Remove in ......1...... days ☐ Await instructions

Swap & Instruments count correct? ☑ Yes ☐ No ☐ Post-op Antibiotics ☑ Yes ☐ No

Intra-Operative Antibiotics Cover: ☑ Yes ☐ No ☐ Thromboprophylaxis ☐ Yes ☑ No

Post-Operative Notes: ....

NBM x 4-6 h

Drips as charted (IV Taxim + metro)

C/F vitals & BP

I/O monitoring

GRBS 6th hourly today f/b POD 2 FBS / PPBS

Foley's Removed c GAM C/m

Informed

Doctor Name: DR. G. VIJAYA LAKSHMI Doctor Signature: G. Vijayalakshmi

Date & Time: 12/7/26

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Vijayalakshmi
Asst. Surgeon : Dr. Manisha
Anaesthetist : Dr. Samir.
Scrub Nurse : Sr. Archana.

Patient Name :
UHID No. :
Date : 12/1

HNH-00016527 IP26-00006821
Mrs BUKKAPATNAM REVATHI
10-06-1997 29 Y 1 M 2 D (F)
Dr. VIJAYA LAKSHMI GILLELLA

29 Gender : F

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Before Induction of Anaesthesia ➤➤

SIGN IN Time: 2:45 Am

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 :

Name :

Before Skin Incision ➤➤

TIME OUT Time: 2:47 Am

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? Bleeding. 500ml ☑ Yes ☐ No ☐ NA

Anaesthesia Team Reviews:
- Are There Any Patient-specific Concerns? ☑ Yes ☐ No ☐ NA

Nursing Team Reviews: GD
- Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns? ☑ Yes ☐ No ☐ NA

Is Essential Imaging Displayed? ☐ Yes ☐ No ☐ NA

Power Supply, Earthing, Power Backup and functioning of equipment checked. ☐ Yes ☐ No

Signature : Karuna

Name : Karuna @ 2:47 Am

Before Patient Leaves Operating Room

SIGN OUT Time:

Nurse Verbally Confirms with the Team:
- The Name of the Procedure Recorded ☐ Yes ☐ No
- That Instrument, Sponge and Needle Counts are Correct (or Not Applicable) ☐ Yes ☐ No ☐ NA
- The Specimen is Labelled (including patient name) ☐ Yes ☐ No ☐ NA
- Whether there are any Equipment Problems to be addressed ☐ Yes ☐ No ☐ NA

To Surgeon, Anaesthetist and Nurse:
- What are the key concerns for recovery and management of this patient? ☐ Yes ☐ No

Signature : Dr. Vijayalakshmi

Name :

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00016527 IP26-00006821 Mrs BUKKAPATNAM REVATHI 10-06-1997 29 Y 1 M 2 D (F) Dr. VIJAYA LAKSHMI GILLELLA	12/7/26 @ 10:13AM	12/7/26 @ 4PM
	Transfer Ordered by Dr. Vijayalakshmi	Reason for Transfer observation
From Unit OT	To Unit Prepost	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File -	Number of Imaging Films -	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.	RL	1
2.		
3.		
4.		
5.		

Shifting Summary / Notes Written by Doctor : Yes ☑ No ☐

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sis. Puja.	Dr. Samin

Patient & Clinical Records Received by : Akhila

Date & Time of Patient Received : 12/7/26 4PM

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

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00016527 IP26-00006821 Mrs BUKKAPATNAM REVATHI 10-06-1997 29 Y 1 M 2 D (F) Dr. VIJAYA LAKSHMI GILLELLA	12/7/26 @ 10:13 AM	12/7/26 @ 2:30 PM
	Transfer Ordered by Dr. Manisha	Reason for Transfer G L - LSCS
From Unit MICU	To Unit OT	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 35	Number of Imaging Films NST - 1	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.	R/- 100ml	1
2.		
3.		
4.		
5.		

Shifting Summary / Notes Written by Doctor : Yes ☐ No ☐

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sis. Mounika.	Dr. Manisha.

Patient & Clinical Records Received by : Pujal

Date & Time of Patient Received : 12/7/26 @ 2:30 PM

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

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

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Patient Name : MRS · B · REVATHI Gender: ☐ Male ☑ ~~Female~~ Age : .....

UHID No : ..... Date : 12/07/2026

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

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

ELECTIVE LOWER SEGMENT CAESERIAN SECTION

upon

MRS. B. REVATHI. (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.

Haemorrhage, PPH, Injury to Adjacent Organs- Ureter Bladder, Bowel, Intestines, Blood vessels, Need for Blood and Blood products translusion

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. VIJAYA LAKSHMI.

Consentee :

Signature : B. Revathi

Name : Mrs Revathi

Date & Time : 12/7/2026 @ 12:20pm

Witness :

Signature : S.

Name : Suiatha

Date & Time : 12/7/26 @ 12:20PM

Patient Attendant :

Signature :

Name : K. NIKHIL TRIVEDI

Relationship with Patient: Husband.

Date & Time : 12/7/2026 @ 12:20pm

Doctor (who is taking the consent) :

Signature :

Name : Dr Manisha

Date & Time : 12/7/2026 @ 12:20pm

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE

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Patient Name : Mrs. REVATHI. Age : 27Y Gender : Male ☐ Female ☐

UHID NO: ..... Surgeon Name: Dr. VIJAYA LAKSHMI

Anaesthesiologist : Dr. SAMIR

Operative procedure planned : ELBOW.

PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA

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

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

☐ Heart disease ☐ Hypertension ☐ Diabetes mellitus ☐ Renal failure

☐ Hepatic disorders ☐ Shock ☐ Multiple organ failure ☐ Polytrauma / Renal Tubular Aacidosis

☐ Incapacitating Cronic Obstructive Pulmonary Disease

☐ Others : .....

Comments : .....

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

DECLARATION BY PATIENT / GUARDIAN / PROXY

I hereby authorize Rainbow Hospital & its authorized doctors to perform upon me / my patient Mrs. REVATHI the above mentioned operation / Diagnostic / Therapeutic procedures ELBOW.

I authorize and give consent for anaesthesia (☐ Regional / ☐ General Anesthesia / ☐ Monitored Anesthesia Care as considered appropriate by the anaesthetic team.

I acknowledge that the anaesthetists have informed me about the anaesthetic procedure, risk, benefits and alternative treatments and answered my specific queries and concerns about this matter. I have read and understood the information provided in this form I acknowledge that I have discussed with the anaesthetists any significant risk and Complications specific to my individual circumstances, and I have considered them before Consenting for anesthesia.

I understand that there are some infrequent complications that can occur due to use of anaesthesia, these include pain or some injury at the site of injections, temporary breathing difficulties, asthmatic reactions, headaches.

I authorize the anaesthetic team to perform any additional procedures (for example, Central Venous Pressure line, arterial line, use of nerve blocks for pain relief, changing from regional to general anaesthesia etc), which are considered necessary by them during the course of surgery.

That I authorize and give consent to the team of doctors attending on me to administer blood products during the course of operative period and immediately thereafter in need arises.

I understand that the above mentioned consultant anesthesiologist or occasionally a colleague deputed by him / her will administer the Anaesthesia.

- Pregnant : ☐ Yes ☐ No

DECLARATION BY THE ANAESTHETISTS PROVIDING INFORMATION FOR THIS CONSENT

I declare that I have explained the nature of General Anaesthesia / Regional Anaesthesia / Monitored Anesthesia Care to be given and discussed the risks that particularly concern this patient.

I have given the patient an opportunity to ask questions and I have answered these.

Patient / Patient Attendant :

Signature : B. Reddy

Name : B. Reddy

Relationship with Patient: .....

Date & Time : 12/7/2026 8AM

Witness :

Signature : .....

Name : K. NIKHILTRIVEDI

Date & Time : 12/7/26 8AM

Doctor (who is taking the consent) :

Signature : .....

Name : Sagar Roy

Date & Time : 12/7/2026 @ 8AM

Department of Anaesthesiology

PRE-ANAESTHETIC EVALUATION

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Name: Mrs. DEVATHI. Age: 29yr Sex: female. UHID.No :

Date: 11/07/26. Time: 5:45pm Proposed Operation: EL-LSCS on 15/07/26 6:00 AM

Diagnosis: PRIMI, 37wks, GDM, HYPOTHYROIDISM.

B.P / CRT: 114/78 mmHg H.R: Weight: 71 kgs. ASA Physical Status: ☐1 ☐2 ☐3 ☐4 ☐5

Laboratory Data:

Hgb:	Glucose:	Protein:	HIV: NR	X-Ray:
PCV:	Urea:	Alb:	HBS Ag:	ECG:
WBC:	Creat:	Total Bill:	HCV:	2D Echo:
Plate:	Na:	Dir. Bill:	Blood group: A+Ve	Stress/Anglo:
PT:	K:	LDH:	T3	Other:
PTT:	Ca++:	Alk phos:	T4	
INR:	Mg++:	Amylase:	TSH 2.70	
	Cl -:	SGOT/SGPT:		

Allergies: NKDA

Medical History: CVS : NAD

RESP :

CNS :

Renal :

Diabetes : GDM on INSULIN 21-23-22 + BBF INSULIN 21 u

Hepatic / GE : Physical Activity:

Others : HYPOTHYROIDISM. : 2 Yrs on THYRONORM 100 mcg.

Past Anaesthetic History: NIL

Physical Exam: Mod Built & Nourished

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

Lungs : BAE+, clear

Heart: S1 S2 +

CNS: NAD

Pregnant: ☑Yes ☐ No ☐ NA Venous Access Site : Peripheral Spine Exam for regional : ☑

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

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

CURRENT MEDICATIONS	DOSAGE
THYRONORM	100 mcg OD
INSULIN	21-23-22
+ BBF INSULIN	21 u

Pre-Operative Instructions:

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

Adv: 1. Repeat CBP
2. FBS on Day of Surgery.
3. HbA1C.
4. HCV.

Signature: Name: Dr. SARAN

Docu. No. : RCH /FRM / CLINICAL / 044

HNH-00016527 IP26-00006821
Mrs BUKKAPATNAM REVATHI
10-06-1997 29 Y 1 M 2 D (F)
Dr. VIJAYA LAKSHMI GILLELLA

ED

ANAESTHESIA CHART

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Pre Induction Assessment:

Change in Patient Condition: ☐ Yes ☑ No			Fasting Status: Adequate
Physical Status:	☑ Patient Identified	☑ Consent Present	☑ Chart Reviewed

H.R: 88/mt	B.P / CRT: 110/70 mmHg	SpO_2: 100 %	R.R: 22/mt	Last Feed:

Pre-OP Diagnosis: Primi/GDM/Hypo Operation: Emergency LSCS Date : 3 Jun

Surgeon: Dr. Vijaya Lakshmi Gillella Anaesthesiologist: Dr. Samir/Dr. Ameen Technician: Aravind

TIME	2:45	3:15	3:45		
N_2O /AIR /O_2 LPM					
HALO /SO /SEVO					
Drugs:					
Inj. OXYTOCIN	3U IV	+ 10U Infusion			
FIO_2 / SaO_2	100	100	100	100	100
$ETCO_2$	SR	SR	SR	SR	SR
ECG					
Temperature					
Urine Output					
Fluids: RINGER LACTATE	10 →	→	→	10 →	
Blood					

Antibiotic

Suppository: Sup. Diclofenac 100mg

Blood Loss: P/R. ≈ 350ml.

NOTES

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

Tourniquet on Time
Tourniquet off Time

Throat Pack In
Throat Pack Out

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

LAB Values

ABG

GRBS 113 mg/dl.

Others

☑ Equipment Checked and Functional
☑ BP
☑ Cuff Site: .....
☐ Art Site: .....
☑ EKG Lead
☑ Temp Site
☐ FIO_2 Monitor
☐ Agent Monitor
☑ Pulse Oximeter
☐ Capnograph
☐ Ventilator
☐ Nerve Stimulator

Position: Supine
☑ Pressure Points Checked

Eye Care:
☐ Oint
☐ Tape
☐ Padding
☑ Awake

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

Times:
Anaes Start: 2:45PM
OP Start: ↓
OP End: ↓
Leave OR: 3:45PM

Anaesthesia:
☐ GA
☐ Monitored Anaesthesia Care
☑ Regional

Line (Size & Location)
☐ CVP: .....
☐ ART: .....
☑ IV: (L) Hand 18G
☐ IV: .....
☐ IV: .....

Induction
☐ IV ☐ Inhal
☐ Pre O_2 ☐ RSI
☐ Others

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

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

☐ **Bilat = BS**
☐ Semi-Closed Circle
☐ Closed Circle
☐ Other

Regional:
Extremity Specify: .....
☑ Spinal ☐ Epidural ☐ Caudal
Others: .....
Position: Sitting
Site: L3L4
Needle Size: 25G Quincke Depth: Spinal Needle
Parasthesia ☐ Yes ☐ No
Catheter at skin ..... cm
Drug Name & Conc: .....
Bolus: 0.5% BUPIVACAINE (HEAVY) 10mg + 25mcgs FENTANYL
Infusion: .....
Block Level: T4
Comments: .....

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

Name of the Doctor : Dr. Ameen
Signature of the Doctor : .....

HNH-00016527 IP26-00006821
Mrs BUKKAPATNAM REVATHI
10-06-1997 29 Y 1 M 2 D (F)
Dr. VIJAYA LAKSHMI GILLELLA

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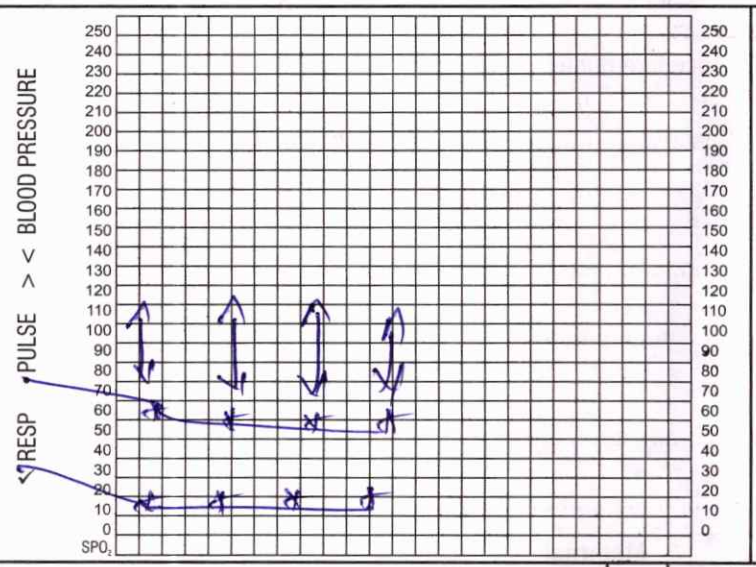
RE UNIT RECORD

Received in PACU by : Sis. Akhila Time Received : 4PM Time Discharged : .....



IV Cannula Site : left site

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

Vomiting : ☐ Yes ☑ No Drug: Inj Taxim
NG Tube : ☐ Yes ☑ No
Drain: ☐ Yes ☑ No
Urinary Catheter: ☑ Yes ☐ No
Chest Tube: ☐ Yes ☑ No
Nil Oral ☐ Yes ☑ No

IV Fluids: RL
Oral Feeds: NBM.

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

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
12/7	4PM	0/10	NA	
12/7	5PM	0/10	NA	
12/7	6PM	0/10	NA	
12/7	10PM	0	NA	

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

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

Anaesthesiologist Name : Dr. Aneela
Anaesthesiologist Signature: Anm
Date & Time: 12/7/26 @ 10PM

PACU Nurse Name : Madhu
PACU Nurse Signature: Madhumitha
Date & Time: 12/7/26 @ 10PM

Transferred to Unit by (PACU): (214)
Date & Time: 12/7/26 @ 10PM

Patient Sticker

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Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

Date: ..... Time: ..... Procedure done by .....

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

Depth: ..... Catheter at Skin: ..... Attempts : .....

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

Solution Composition : .....

Any other issues :

a) .....

b) .....

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

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

Catheter Removed by and Tip Inspected : .....

Patient Satisfaction : .....

Discharge /Shifting ordered by

Doctor Signature: .....

Doctor Name: .....

Date and Time : .....

26-0000213084

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NARCOTIC PRESCRIPTION FORM
(PATIENT COPY)

Patient Name:	Mrs Bhukkapatnam Revathi	Age:	29yrs	Gender:	Female
UHID No:	HNH-0001627	IP No: 26-00006821	Date:	12/7/26	Time: 2:20
Diagnosis:	LSCS		Ward	OT	

PRESCRIPTION DETAILS (Tick only one of the following)

S.No	Drug Name	Dosage	Remarks
1.	Fentanyl Citrate Inj. 50mcg/Ml	100mg	1Amp
2.	Morphine Sulphate Inj. 15mg/Ml		
3.	Remifentanil Hydrochloride Inj. 2MG		
4.	Remifentanil Hydrochloride inj. 1MG		

Doctor Name: Dr. SAIRAM. V Doctor Registration No: APMC 75177

Signature:

NARCOTIC DISPENSING FORM
APPENDIX 4 – FORM NO. 3E
(Details of the Patient to whom Essential Narcotic Drugs Dispensed)

IP Registration No: 26-00006821 Date: 12/7/2026

Aadhaar No. of the Patient (Optional): .....

1.	Name : Mrs Bhukkapatnam Revathi	Remarks
2.	Complete postal address (with contact number, if any)	Hyderabad
3.	Brief description of the illness	LSCS
4.	Whether registered with any other registered medical practioner / recognized medical institution (If yes, details of the recorded)	No
5.	Details of essential Narcotic drug dispensed	Fentanyl

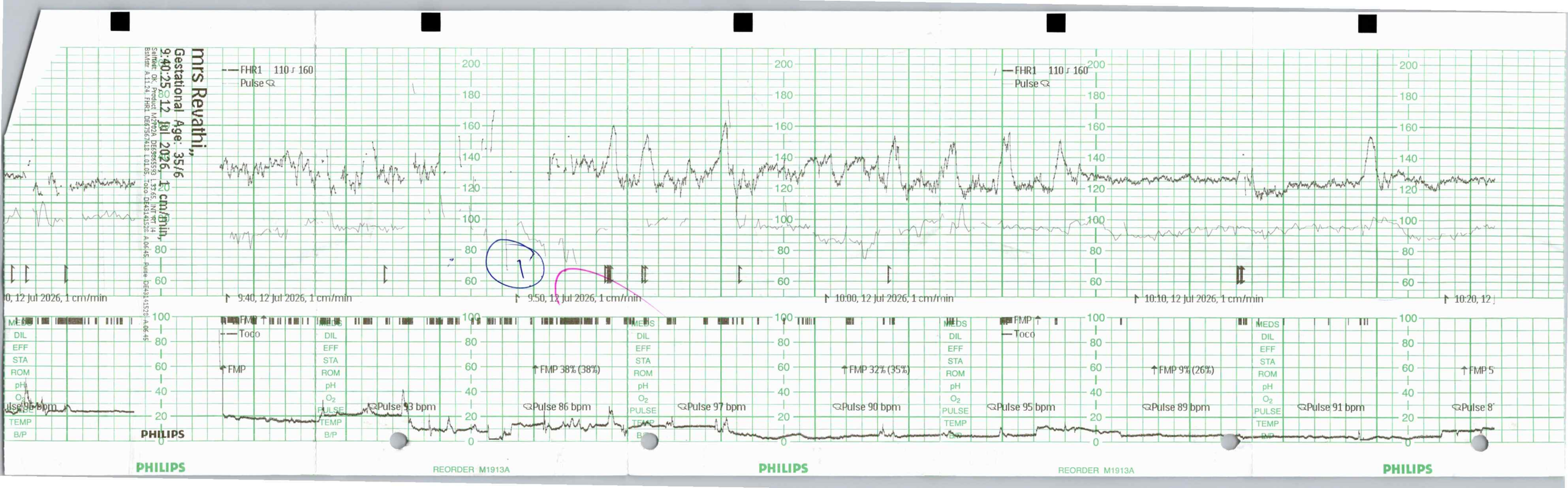
Date	Name of the Essential Narcotic Drugs	Quantity	Signature / Thumb Impression of the patient / Patient Attender	Remarks, if any
12/7/26	Fentanyl	1Amp	B. Revathi	

Dispensed by (Name & ID No.): Sonia (018442) Signature: .....

Received by (Name & ID No.): Karuna (019969) Signature:

Time: 2:25

Docu. No: RCH / FRM / CLINICAL / 133


mrs Revathi,
Gestational Age: 35/6
9:40:25 12 Jul 2026 1 cm/min
FHR1 110 160
Pulse
9:40, 12 Jul 2026, 1 cm/min
9:50, 12 Jul 2026, 1 cm/min
10:00, 12 Jul 2026, 1 cm/min
10:10, 12 Jul 2026, 1 cm/min
10:20, 12
MEDS
DIL
EFF
STA
ROM
pH
O2
PULSE
TEMP
B/P
FMP
Toco
FMP 38% (38%)
FMP 32% (35%)
FMP 9% (26%)
FMP 5
Pulse 93 bpm
Pulse 86 bpm
Pulse 97 bpm
Pulse 90 bpm
Pulse 95 bpm
Pulse 89 bpm
Pulse 91 bpm
Pulse 8
PHILIPS
REORDER M1913A