

ADMISSION SHEET

Registration Details :

Admission No : IP5-00176173 Admit Date : 09-Jul-2026 Admit Time : 11:12 PM UHID : BCH-00039740

Patient Details :

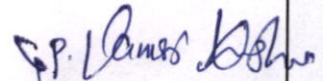
Patient Name	: Mrs A MARY MOUNIKA	Age	: 28 Y 3 M 15 D
Guardian	: Mr P VAMSI KRISHNA	DOB	: 24-03-1998
Gender	: Female	Religion	:
Occupation	:	Martial Status	: Married
Address (H)	: #415, BLOCK-A JEWEL GARDEN APTS MIYAPUR Hyderabad Telangana INDIA 500049	Phone No	: 9494946156/ 9030960324
		E-mail	: nomailid@gmail.com

Admission Details :

Bed Type : SHARED WARD Bed No : SW 419 Ward Name : 4F-BIRTHING CENTRE
Room No : SW 419 Admission Type : First Visit

Contact Details :

Name : Mr P VAMSI KRISHNA Relationship : Husband
Contact Address : #415, BLOCK-A JEWEL GARDEN APTS Phone No : 9494946156 / 9030960324
MIYAPUR Hyderabad Telangana INDIA 500049


Signature

Doctor Details :

Doctor Name : Dr. HIMABINDU VEERLA Specialisation : OBSTETRICS AND GYNECOLOGY
Referral Doctor : DR SHILPA MANDHA(ANKURA HOSPITAL) Phone No :
Co-Consultant :

Payment Details :

Payment Mode : Cash Deposit Amount : 0.00
Payor Name : HEALTHINDIA INSURANCE TPA
SERVICES PVT LTD

BCH-00039740 IP5-00176173
Mrs A MARY MOUNIKA
24-03-1998 28 Y 3 M 16 D (F)
Dr. HIMABINDU VEERLA



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ADMISSION CRITERIA – MICU

Admission / Transfer from:

☐ Emergency ☐ Outpatient (OPD) ☐ Ward ☐ Operation Theater ☐ Others:

Tick (✓) any of the following criteria requiring admission / transfer to MICU

- ☐ Systolic Blood Pressure (SBP) <80 and > 160 mm of Hg
- ☐ Diastolic Blood Pressure: < 50 and > 110 mm of Hg
- ☐ Mean Arterial Blood Pressure < 60 mm of Hg
- ☐ Heart Rate > 120 and < 50 per minute
- ☐ Respiratory Rate: >25 per Minute and <8 per Minute
- ☐ Urine < 0.5 ml/Kg/ Hour (<25 ml per hour)
- ☐ Any Single Organ Dysfunction.
- ☐ Any Unarousable Patient.
- ☐ Need for Respiratory Support
- ☐ Inotropic Support
- ☐ DIC
- ☐ ARDS
- ☐ Multi Organ Failure
- ☐ Pregnancy with Severe Anemia (< 7 gm. %) Needing Blood Transfusion
- ☐ Accidental Hemorrhage - Placental Abruption, Couvelaire Uterus
- ☒ Post-Partum Hemorrhage
- ☐ Placenta Previa
- ☐ Adherent Placenta and Other Placental Abnormalities
- ☐ Obstetric Hysterectomy
- ☐ Severe Pre-Eclampsia/ Hypertensive Crisis
- ☐ Eclampsia
- ☐ HELLP Syndrome
- ☐ Sepsis & Systemic Inflammatory Response Syndrome (SIRS)
- ☐ Ruptured Ectopic Needing Blood Haemodynamically Unstable
- ☐ Postoperative Patients Requiring Hemodynamic Monitoring or Intensive Nursing Care
- ☐ Pregnancy with Diabetic Ketoacidosis
- ☒ Pregnancy with Cardiac Diseases
- ☐ Pregnancy with Jaundice
- ☐ Post-Operative ARF and Other Renal Problems
- ☐ Pregnancy with Dengue and Thrombocytopenia
- ☐ Pregnancy with Asthma Respiratory Distress
- ☐ Pregnancy with any Surgical Emergency.
- ☐ Pulmonary Edema due to Perioperative Fluid Overload, CCF, Complication of Severe Pre Eclampsia.
- ☐ Pregnancy with Disseminated Intravascular Coagulation

Signature of the Doctor:

Name of the Doctor:

Date & Time:

DISCHARGE CRITERIA – MICU

Discharge to:

- ☐ HDU / Step down ICU
 ☐ Ward
 ☐ Outside Facility
 ☐ Others:

Tick (✓) any of the following criteria requiring discharge / transfer from MICU

- ☐ When a patient's physiologic status has stabilized
- ☐ Patient is hemodynamically stable
- ☐ The need for intensive patient monitoring is no longer necessary
- ☐ No further continuous intravenous medication or frequent blood tests required
- ☐ No active bleeding
- ☐ No supplementary oxygen required
- ☐ Patient is ambulatory
- ☐ The patient can be cared for in a general ward unit.

Signature of the Doctor:

Name of the Doctor :

Date & Time:

ACTIVITY RECORD FOR BILLING

Name : _____
 UHID No. : _____
 Date of Admi. : _____
 Room / Bed No : _____ Ward : _____ Suggested Billable bed type : _____

BCH-00039740 IP5-00176173
 Mrs A MARY MOUNIKA
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 Dr. HIMABINDU VEERLA

Consultant: _____ Dept : _____

Date of Discharge : _____ Time: _____

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
10-6		MCU	OBG07	Preen
10-6	1pm	OBG07	MCU	R

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	Dr. Bhargavi	10/7/26	9696073	Bhargavi
2	Cardiologist.			
3	MCU Bill	10/7/26		Bhargavi
4	Dr. Sundhara	10/7/26	9696408	Bhargavi
5	Dr. Bhargavi	11/7/26	9697609	Kanungo
6	(cardiologist)			
7				
8				
9				
10				

[illegible]

Investigations

Signature

for

Kann

Harry

for

[illegible]

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
9-6-26	IV Placement	1	9696201	
9-6-26	IAC	1	969554	
9-6-26	Catheterization	1	969554	Freeman
9/6/26	Anterior line	1	9696201	Koona

ANY OTHER INFORMATION

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.....

.....

.....

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor



IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

for Elective LSCS

Obstetric Formula:

Primigravida

Obstetric History:

LMP:

7/10/25

EDD:

Corrected EDD:

29/7/26

GA:

37⁺2

Menstrual History: Regular: ☒ Yes ☐ No

Obstetric Examination

Fundal Height:

Term

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

Liquor: ☒ Adequate ☐ Oligo ☐ Poly

PP: ☒ Cephalic ☐ Breech Others _____

Head Fifths Palpable:

4/5

FHS: ☒ Normal ☐ Tachy ☐ Brady ☐ Absent

Present Pregnancy Record:

Primigravida - spontaneous conception

RISK FACTORS:

Booked @

- K10 ASD - Moderate PAH)
Hemithorax, Rt pulm artery
away from Ascending Aorta.
connected at 9yr of age.
Kern - Tetralogy of fallot
Right Aortic Arch.

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

Height: 153 cm

Weight: 63.9 kg

Allergies: NKDA

Breast: ☒ Normal ☐ Abnormal

General Examination: fair

Consciousness: Yes Pallor: absent

Icterus: absent Edema: absent

Temp: 97.6 PR: 80

BP: 133/56(74) DTR: Normal

CVS: NAD RS -

Liver/Spleen: Not palpable Urine Output: normal

DIAGNOSIS

Primigravida / 37⁺2 wks / Maternal ASD (Treated) / fetal Tetralogy of fallot for Elective LSCS.



Family History: Father - DM.	Surgical History: at 9 yrs of age. Re-routing of Rt pulmonary artery to main pulmonary artery.
Medical History: CHD - ASD	Medication History: see Medical reconciliation form.
Plan of Care: - Admission - NBM - NLT now - Secure IV line ^{Arterial} Central - IV fluids - @ 70ml/hr - Review PAE - Prepare parts - Foley's catheterization - pre-op medications - Shift to OT on call. - ^{Joel} send esp. , PRC.	Investigations: B positive CRP → Urab - NR. 4/12/26 36+3wks, 2.4kg, AC - 11.4cm AM - 11.4cm 20/6 - 34+3wks, AFI - 15.7cm, (N) doppler. 13/6 - 33-3, 1.9kg, 11.4cm, AC - 4.4cc AFI - 16.7cm, placenta - post-upon (N) doppler TIFPA - TOP - Amnio contents done - CMA - Normal. NT-Scan (N), PTS - low Risk

Doctor Name: Dr. Janeene
 Signature:
 Date & Time: 10/12/26 @ 5pm

Consultant Name: Dr. Himabindu V.
 Signature:
 Date & Time: Registration No: 37245

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CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: <u>Dr. Himabindu</u>	Date of Delivery: <u>10/7/26</u>
Assistant Surgeon: <u>Dr. Sneha</u>	Time of Delivery: <u>10:11 AM</u>
Anaesthetist's Name: <u>Dr. Suresh</u>	Gender of Baby: <u>Female</u>
Type of Anaesthesia: <u>d CSE</u>	Weight of Baby: <u>2.330 kg</u>
Neonatologist: <u>Dr. Aishwarya</u>	AGPAR Score: <u>Dr. Malinikanti</u>
Scrub Nurse: <u>Sh. Srilatha</u>	NICU Admission: ☒ Yes ☐ No

Pre-Operative Diagnosis: <u>Primu 37+2 / maternal ASD + PAH Cardiac fetal TOF</u>	
☒ Elective ☐ Emergency Indication: <u>maternal ASD + PAH</u>	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:	Knief to rectus:
CTG Description: <u>Reactive</u>	
If there was a delay give the reasons:	
Surgical Procedure: <u>EP. VMS</u>	
Post Operative Diagnosis: <u>POD - 0 EP. VMS</u>	
Peri-Operative Complications: <u>With - short cord noted</u>	
Amount of Blood Loss: <u>1000ml</u>	Blood Transfused (in ML): <u>-</u>
Name and Number of Surgical Specimen sent for examination:	

Examination Findings when Appropriate:

Presentation: ☐ Cephalic ☐ Breech ☐ Other Cervical Dilatation: cm
 5th Palpable: Fetal Position:
 Station: ☐ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2 Moulding: ☐ None ☐ + ☐ ++ ☐ +++
 Caput: ☐ + ☐ ++ ☐ +++ Meconium: ☐ None ☐ + ☐ ++ ☐ +++
 Bladder Catheterized: ☐ Yes ☐ No Urine: ☐ Clear ☐ Blood Stained

Skin Incision: ☒ Pfannenstiel ☐ Transverse ☐ Midline ☐ Other
 Uterine Incision: ☒ Lower Segment ☐ Classical ☐ Inverted T ☐ J Incision
 Previous Scar: ☐ Intact ☐ Thinned out ☐ Ruptured ☒ No Scar
 Incision Through Placenta: ☐ Yes ☒ No
 Delivery of head: ☒ Manual ☐ Forceps
 Liquor: ☒ Clear ☐ Meconium: ☐ I ☐ II ☐ III ☐ Blood ☐ Offensive ☐ Not Offensive
 Delivery of Placenta: ☐ Manual ☒ CCT ☐ Complete ☐ Incomplete ☐ Piecemeal
 Cord Appearance: Short N Cord around the neck ☐ Yes ☒ No
 Appearance of placenta: Cavity explored ☒ Yes ☐ No
 Uterus, tubes and ovaries: ☒ Normal ☐ Not Normal Sterilization: ☐ Yes ☒ No

Uterine Closure: ☐ One Layer ☒ Two Layers 1-Vicryl Suture
 Peritoneal Closure: ☐ Pelvic ☒ Abdominal ☐ None 2-Ovicryl rapide Suture
 Sheath Closure: 1-Vicryl Suture
 Fat Closure: ☒ Yes ☐ No 2-Ovicryl rapide Suture
 Skin Closure: ☒ Subcuticular ☐ Mattress 2-Ovicryl rapide Suture
 Vaginal Evacuated ☒ Yes ☐ No
 Drain: ☐ Yes ☒ No ☐ Remove in days ☐ Await instructions
 Catheter ☒ Yes ☐ No ☐ Remove in 2 hrs 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:

- ① NBM 4 hrs
- ② IVF as per AXON
- ③ 1c prophylaxis x 6 hrs
- ④ Drugs as chart
- ⑤ I/O hrs, Cont vitals
- ⑥ C&P 6 AM

DR. HIMABINDU VERMA
 Registration No. 37248

Doctor Name: Dr. Himabindu Verma Doctor Signature: Study

Date & Time: 10/7/26 . 11 AM

BCH-00039740
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Dr. HIMABINDU VEERLA

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POST-SURGICAL CARE PLAN FORM

Procedure Done: E.C. SURG

Post-Surgical Diagnosis: POD - 0 E.C. SURG

Post-Operative Monitoring Parameters /Frequency:

Vitals, I/O 1/2 hourly

Wound Care:

Dressing x 48 hrs

Drain /Special Lines/Catheters:

Foleys x 24 hrs

Special Patient Positioning and Requirements:

can move side ways on bed

Nutritional Instructions:

NBM 4 hrs

When to Start Mobilization:

After foleys removal

Special Referrals:

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

☒ Yes ☐ No

Any Other Post-Operative Care Needed including Required Follow Up

Treating Surgeon
(Signature & Stamp)

DR. HIMABINDU VEERLA
Registration No.: 37245

Date: 10/7/26 Time: 11 AM

Note: Plan of care will be readjusted if necessary.



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Date & Time	Progress Notes	Doctor's Order
	Fetal Echo → TOP, Right aortic arch. sinus rhythm - Neonatal counselling done by Dr. Nalankanth.	
20/12/20	2D Echo → Large CS ASD ~ Left to Right Shunt of size - 2.4cm was detected. - All ASD Roms are adequate - Mild PS ~ Mild PR (PPH = 25mmHg) - dilated RA/RV - Mild TR / Moderate PHT (RVSP = 53mmHg) - NO LV RWMA - Normal W func - No evidence of LA/LAA clots - No pericardial effusion	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/6/26 11:45 AM	<u>Axon anaesthesia department</u> D1 - Dms 24 holes & post Hemipulmonary bronchus Repair & ASD & Pectus POF Sp - ELUS POD-0 Anesthesia plane is → CSE. given drug - 0.1% Bupiv. - 1cc + 25 ug Fentanyl Strongly equal needle. Epidural top up - 2.1% lignocaine Adrenal 10ml + 6ml + 4ml = 20ml. ↓ Tactile Intraoperative - Viableable Threat - 800ml o/p - 60ml O/P. Total urine output while duct to post op - 300ml post Blood loss - 1000ml post-operative vials BP - 95/50. (66). PR - 81 BPM SpO2 - 97% RA.	<u>Advice</u> ① → IVF @ 70ml/hr. ② No air bubble. ③ Hypothermia should not be there ④ early Ambulation of pt ⑤ strict Vitals monitoring every 1hr ⑥ strict urine output monitoring ⑦ Intra SOS
		 Dr. Himabindu Veerla

BCH-00039740

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28 Y 3 M 16 D

(F)

Dr. HIMABINDU VEERLA



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/7/26 upm.	A comfortable O/E AC-fair PR - 90bpm BP - 112/60 (76) SpO ₂ - 95% RR - 13bpm P/A uterine Retracted well (BSP) U/E - Bleeding normal	Adv - Allow sips of water → if bulky clear liquids soft diet from 6pm vitals steady - I/O chugging - w/ active Bleeding PR - Early ambulation - I/O normal
10/7/26 6am	→ Repeat CBR @ 6am milk	
10/7/26 6am	→ POD - D ASD - mother. → Pt is stable → No c/o. → BP - 112/69 [89] PR - 92bpm SpO ₂ - 98% on RA. P/A - UT well retracted dressing dry & intact U/E Bleeding within normal limits U/O - 30ml/hr. ⇒ CBR @ 6am on 11/7/26	Adv ① clear liquids ② Soft diet @ noon ③ Vitals thrly ④ Strict I/O chugging ⑤ Drops as chugging ⑥ w/ hypotension, tachycardia, bleeding plus ⑦ Early ambulation ⑧ Insulin 200

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/7/26 10:00pm	POD-0 / ASD mother pt comfortable O/F Bp - 110/55 (71 mmHg) PR - 80 Bpm SpO₂ - 92% RA. Arterial line ⊕ CVP - 11/7/26 VO - 500ml che PLA - ut @ vein CLE - BOWL	Adv ① Soft diet ② Hydration ③ Ambulation on bed ④ Drugs as charted ⑤ I/O charting ⑥ Wt & urine bleeding ⑦ Informs Dr. Divya
10/7/26 2:30pm	POD-1 / ASD O/F Cc & air Bp - 107/54 (71 mmHg) PR - 69 Bpm SpO₂ - 98% RA Arterial line ⊕ VO - 1150ml PLA - ut @ vein CLE - BOWL	Adv ① Soft diet ② Hydration ③ Ambulation ④ Drugs as charted ⑤ I/O charting ⑥ Informs Dr. Divya



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/7/26 6:30 AM	- POD-1 / 1st = maternal ASD - PT is stable - arterial line (P); central 2 peripheral lines (P) - BP - 121/57 [76] RR - 70 bpm SpO₂ 98% on RA; RR - 20 bpm (chest clear) Temp - 97.8° F P/A - UT well retracted dressing dry & intact U/L - BUNL H/H - 3500 / 1585 On Inj: Ampicil On Inj: Ampicilin - 1g IV TID ⇒ Remove Foley's catheter ⇒ Trace CBR.	<u>Advice:</u> ① soft diet ② Hydrate & ambulate. ③ Drgs as charted ④ Ambulate ⑤ Vitals 4th hrly ⑥ w/o heavy bleeding Plv. ⑦ Encourage to void urine. ⑧ I/pain SOS. <i>Smita</i>

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/7/2016	C/S/B Avon Anaesthesia department	
	POD-1 - ELU + ASD and post Hirsutism repair	
	Vitals → PR = 82 BPM BP 119/55 (72) SpO ₂ = 95 % RA.	
	I/P - 3500. O/P - 1605	Advce.
	o/c - RS - RAE (+) Hoey CVS - S1S ₂ + murmur.	1) Avoid Air bubble, while connecting lines
	Arterial line (+) + peripheral line (+)	2) Fluid - 20ml/hr
		3) Check vital - Every 1hr
		4) Shock U/P & T/P monitored.
		5) Early mobilization. (Ambulation should be done.)
		DR. K. KRISHNA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/3/20	POD ₁ / RU / 2 USC E Maternal ASD	
8:50 AM	At conscious & oriented	Adv
	O/E	
	Clear	
	PR - 84 bpm	- Soft diet, plenty of oral fluids
	BP - 117/62 mmHg (1/2)	- drugs as prescribed
	SpO ₂ - 96% on RA	- vitals stability
CBP - 10.10.2018	RR - 16 bpm	- Ambulate
	P/A - uterus retruded	- Encourage voiding
	BS ⊕	- w/f aches
Baby in NICU.	UG - Lochia healthy	Bleeding - Inform w/f
Act Central line ⊕		
Act Peripheral line ⊕		

[Signature]
[Signature]

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/S / B1 - Dr Himabindu	
	- POD - L.	
	- Pt is stable	
	- No clo.	
11/4/28 9:30 AM	⇒ BP = 109/69 mmHg PR - 80 bpm. SpO ₂ - 94% on RA. ⇒ P/A - Ct well retracted dressing dry & intact BS ⊕ cle. lochia ⊕.	Relax ① Soft diet ② Hydrate & ambulate ③ Drugs are charted ④ vitals 3rd hourly ⑤ Wp hypotension, tachycardia, bleeding v/s ⑥ Encourage to void urine ⑦ Shift to ward
	⇒ Cardiology consult sought - No cardiac medication - Pain management - If any Respiratory distress SpO ₂ 90% → low flow O ₂ - Can be shifted to ward.	Dr. Himabindu Veerla Registration No: 37245

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/7	S/B Dr. Sumidhara (Apm) POD₁, SpO₂ - 92% on RA → On Deepbreath ↑ 96-97% Haemodynamically stable. Chest clear Adv - Remove Air line, Epidural; Catheter - Mobilise. - can be shifted to room.	
11/26	S/B Dr. Himabindu Pt comfortable Ambulating Passed urine & flms PA - Soft BCT Wrens unvolatue PU - Lochia healthy	
		DR. HIMABINDU VEERLA Registration No. 37248 AB Sr. Kannu Corrodit

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/2/2016 2pm	POD-1 PILI EL-Vas & ASD (corrected)	
B-NICO ✓ f S(⊕)	Pt- comfortable GC: fair Vitals: stable P/A: Ut (⊕) well Soft BS (⊕) P/W: NAD	1) Soft diet & plenty of oral fluids 2) Drug as charted 3) w/f Plw Bleeding 4) Auscultation 5) Monitor vitals - q4h 6) Telfem sos
	Telfem if SpO ₂ < 90% on RA Can start low flow O ₂	Dr. Sravanti
11/2/2016 7:15pm	POD-1 PILI EL-Vas ASD (corrected)	
B-NICO ✓ f S(⊕)	Pt- comfortable GC: fair Vitals: stable P/A: Ut (⊕) well Soft BS (⊕) P/W: NAD	1) Soft diet & plenty of oral fluids 2) Drug as charted 3) w/f Plw Bleeding 4) Auscultation 5) Monitor vitals - q4h 6) Telfem sos
	Telfem if SpO ₂ < 90% on RA	Dr. Sravanti



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PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]



PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]

Patient Sticker



PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]



CROSS CONSULTATION FORM

Doctor Name : Date : Time :

Diagnosis :

Hospital :

Type of Referral :

☐ Emergency

☐ Urgent

☐ Non Urgent

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

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

Signature:

Findings and Recommendations :

mother → Hemorrhoids

LSCS

SPO₂ - 92% @ RA. HR - 80/min.

Bp - 108/62

Cul - S₁, S₂ (+)

A₂ = P₂.

Adv

1. No cardiac medication

2. Pain management.

3. If any RD (+) SPO₂ < 90% → Low flow O₂.

Consultant :

Name : Bhargava Signature : [Signature] Date & Time : 11/7/20

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CROSS CONSULTATION FORM

Doctor Name : Date : Time :

Diagnosis :

Hospital :

Type of Referral :

☐ Emergency

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☐ Non Urgent

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

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

Signature:

Findings and Recommendations :

Sp. Truncus repair

was today → Baby clinically well; Echo - TOF.

ECHO (for windows).

USD Patch intact.
No residual

Flow noted in confluent BTAs

No significant AVR.

TR gdt 40 mmHg
ASD, predominantly L→R.

WEF = 75%. RV TAPSE 13mm

Good biventricular function

~~DATE~~

IVC collapsible

HR - 97bpm

SpO₂ - 97% in RA

BP - 110/65/82

Consultant :

Name : JONANI PAZ Signature : Jonani Date & Time : 10/07/26

Adv

- Routine ~~care~~ post natal care.
- Review before discharge

Jonali

(Dr. Jonali)

BCH-00039740
Mrs A MARY MOUNIKA
24-03-1998
Dr. HIMABINDU VEERLA
IP5-00176173
28 Y 3 M 15 D
(F)



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opbali

RESULT SHEET

Date	4-6-28	11/7/28				
Time	1:30 PM	6: AM				
Hb	13.1	10.0				
PCV	38.7	29.6				
RBC	4.35	3.32				
WBC	12.24	10.95				
N/L						
Platelets	300	187				
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						

BCH-00039740 IP5-00176173
Mrs A MARY MOUNIKA
24-03-1998 28 Y 3 M 15 D (F)
Dr. HIMABINDU VEERLA



MEDICATION RECONCILIATION FORM

Drug Allergies: NKDA ☒ Not known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.

(Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From: NA Shifted to: NA

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	Tab. IRON		PO	OD	9/7	☐ C ☒ DC
2	Tab. CALCIUM		PO	OD	9/7	☐ 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. Samana

Date & Time : 10/7/26 @ 5PM

Nurse Name & Signature: Preena

Date & Time : 10-6-26 BT 30 PM



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Name: MRS A. Mary mounika.

Weight: 60.7 kgs

Sheet No: 2

[illegible]

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Mrs A MARY MOUNIKA
24-03-1998 28 Y 3 M 15 D (F)
Dr. HIMABINDU VEERLA



NO AIR BUBBLES
IN IV

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DRUG CHART

Date of Admission: 10.7.26

Drug Allergies: NKDA

☒ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

SOS / PRN (As Required Medication)

DRUG :				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:				



I.V. FLUIDS CHART

Weight. 63.9 kg Ward. MICU

Date	Time	Composition of I.V. Fluid (If infusion, mention ml/hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
10/12/26	9 AM	RINGER LACTATE + PE (PHENYLEPHRINE) 500mcg	IV	10ml/hr	[Signature]	[Signature]	10/7	[Signature]	[Signature]
10/7	10 ³⁰ AM	RINGER LACTATE + 3 U OXYTOCIN + 40 U OXYTOCIN	IV	150 ml/hr	[Signature]	[Signature]	10/7	[Signature]	[Signature]
10/7	10:32	RINGER LACTATE + PE (PHENYLEPHRINE) 300mcg	IV	100 ml/hr	[Signature]	[Signature]	10/7	[Signature]	[Signature]
10/7	10 AM	RINGER LACTATE	IV	70 ml	[Signature]	[Signature]	10/7	[Signature]	[Signature]
10/7	11 PM	RINGER LACTATE	IV	75 ml	[Signature]	[Signature]	11/7	[Signature]	[Signature]
10/7	5:30 AM								

Signature

VERIFIED BY Name



MULTI-DISCIPLINARY PLAN OF CARE FORM

Diagnosis: Primi / 37^{Wks} / maternal ASDCR / fetal TOF / for elective USG

Date Time	Discipline	Type	Patient Needs / Problem List	Goal	Plan / Intervention	Signature	Team Verification
10/7/26 8am	☒ Medical ☐ Nursing ☐ Others:	☒ Initial ☐ Modified ☐ Per-Op ☐ Post Op	Primi / 37 ^{Wks} / maternal ASD / fetal TOF	for safe delivery	Elective USG	<i>[Signature]</i>	☐ Nursing ☒ Others:
10/7/26 5am	☐ Medical ☐ Nursing ☐ Others:	☒ Initial ☐ Modified ☐ Per-Op ☐ Post Op	Patient is having Fear and Anxiety related to ECU	To reduce Anxiety	psychological support to the patient	<i>[Signature]</i>	☒ Medical ☐ Others:
11/7/26 1pm	☐ Medical ☐ Nursing ☒ Others: <i>Siddha</i>	☐ Initial ☐ Modified ☐ Per-Op ☒ Post Op	post-1/USG	soft diet	Soft high protein diet	<i>[Signature]</i>	☐ Medical ☐ Nursing ☒ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Nursing ☐ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Nursing ☐ Others:



INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

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

Identified Education Needs:

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

Part - II

Date	Time	Need Identified	Information Taught	Use codes from the list in part III					Comments	Designation / Signature
				Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		
10/1/26	2pm	1, 2, 3, 4	Diagnosis, Treatment & care plan, Pain management, Informed consent	PT, S	1	0	1	1		
10-6-28	11pm	7	Infection Control Measures	PT	—	0	1	1		
11/7/26	1pm	9	Lactation diet	PT	1	0	1	2		

Part - III: CODES

Who was taught:	PT: Patient	F: Father	M: Mother	S: Spouse	Sn: Son	D: Daughter	C: Caregiver	O: Other (Specify)
Learning Barriers:								
1. No Learning Barriers	4. Language Barrier	7. Impaired Thought Process/Cognitive limitations	10. Financial Difficulties	13. Cultural/Religion Practice				
2. Physical Impairment	5. Educational Level	8. Responsibilities at Home	11. Beliefs and Values	14. Others (Specify)				
3. Emotional Barriers	6. Desire / Motivate to Learn	9. Cultural Differences	12. Impaired Vision/ or Hearing					
Teaching Tools Used:								
A: Audio	D: Demonstration	V: Video	O: Oral	P: Printed				
Mechanism/s to overcome barrier/s:								
1. None	3. Reassurance & Support	5. Respect values & beliefs	7. Other, Specify					
2. Obtain translator	4. Teach Family / Others	6. Respect Cultural / Religion Preference						
Understanding:								
1. Verbalizes Understanding	2. Demonstrates Understanding	3. Needs Review						

BCH-00039740

IPS-00176173

Mrs A MARY MOUNIKA

24-03-1998

28 Y 3 M 15 D

(F)

Dr. HIMABINDU VEERLA

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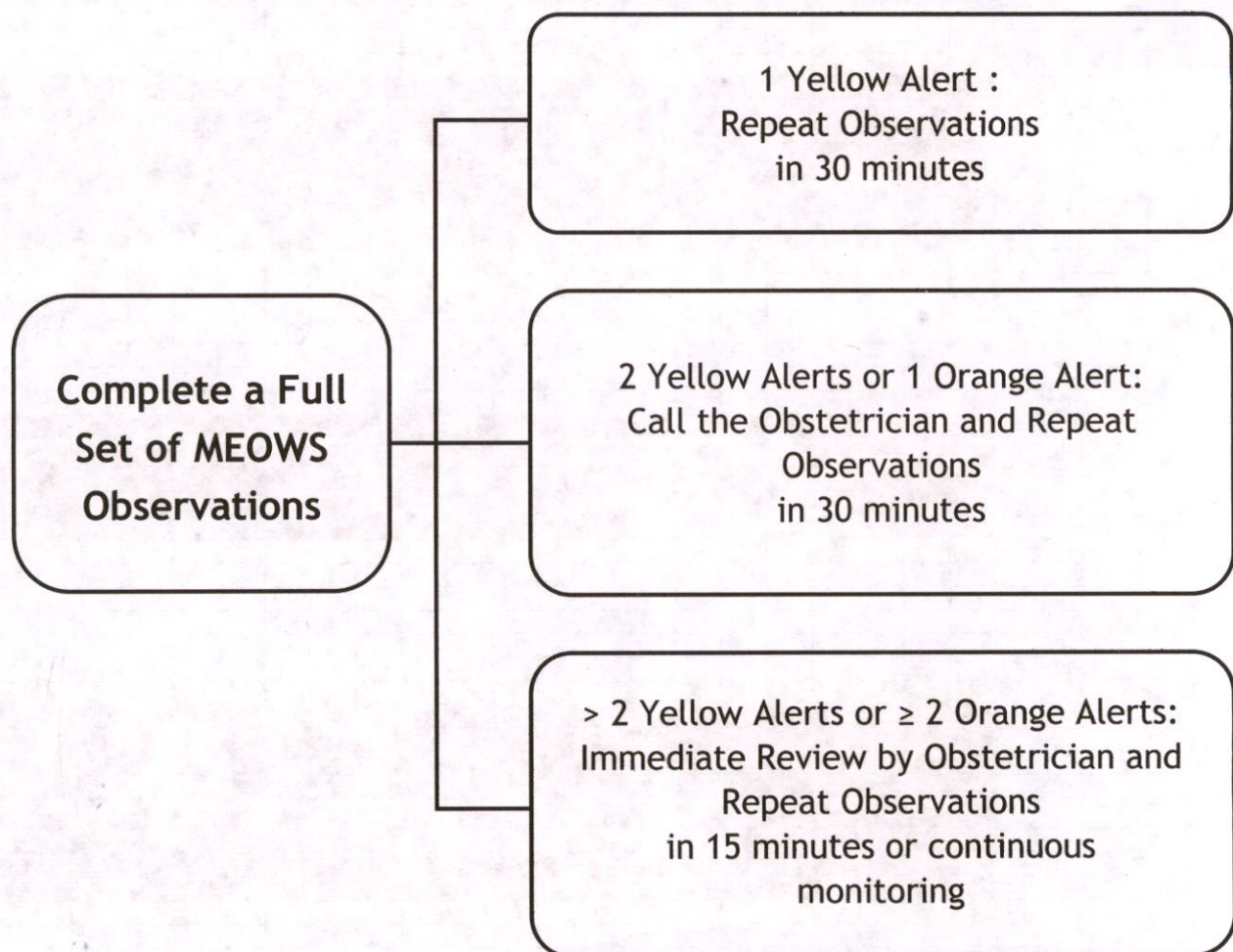
Early warning Observation Score Chart - Obstetrics

CONTACT DOCTOR FOR EARLY INTERVENTION IF PATIENT

TRIGGERS ONE ORANGE OR TWO YELLOW SCORES AT ANY ONE TIME

Date		Time																								
		8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	
RESP (write rate in corresp. box)	> 30																									
	21 - 30																									
	11 - 20																									
	0 - 10																									
Saturations	94 - 100 %																									
	< 94 %																									
Administered O ₂ (L/min.)																										
Temp °C	40																									
	39																									
	38																									
	37																									
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
Systolic Blood Pressure ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	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																										
TOTAL ORANGE SCORES																										
Nurse Initial																										

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

11/2/26



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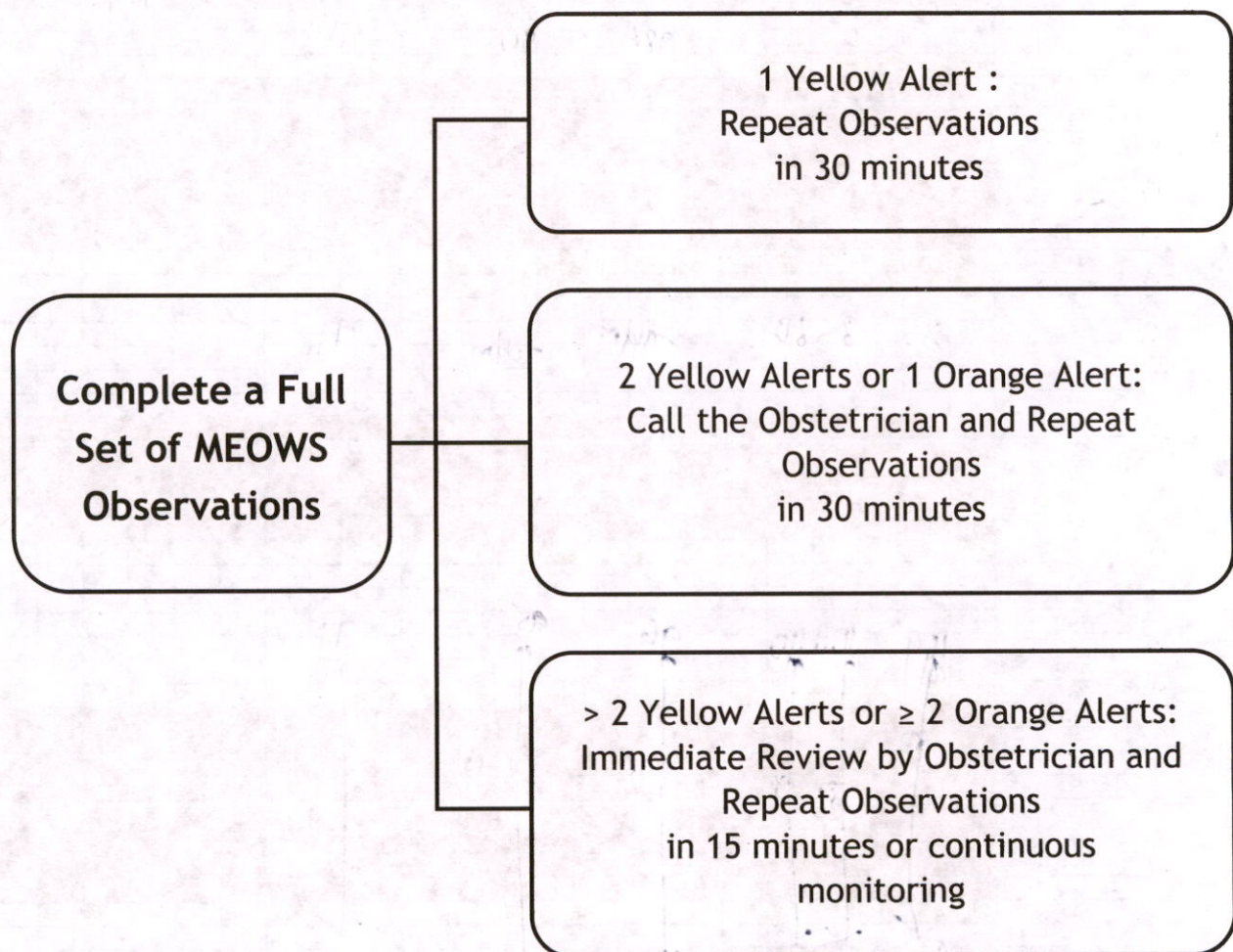


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CONTACT DOCTOR FOR EARLY INTERVENTION IF PATIENT TRIGGERS ONE ORANGE OR TWO YELLOW SCORES AT ANY ONE TIME

[illegible]

Obstetrics and Gynaecology Early Warning Signs



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

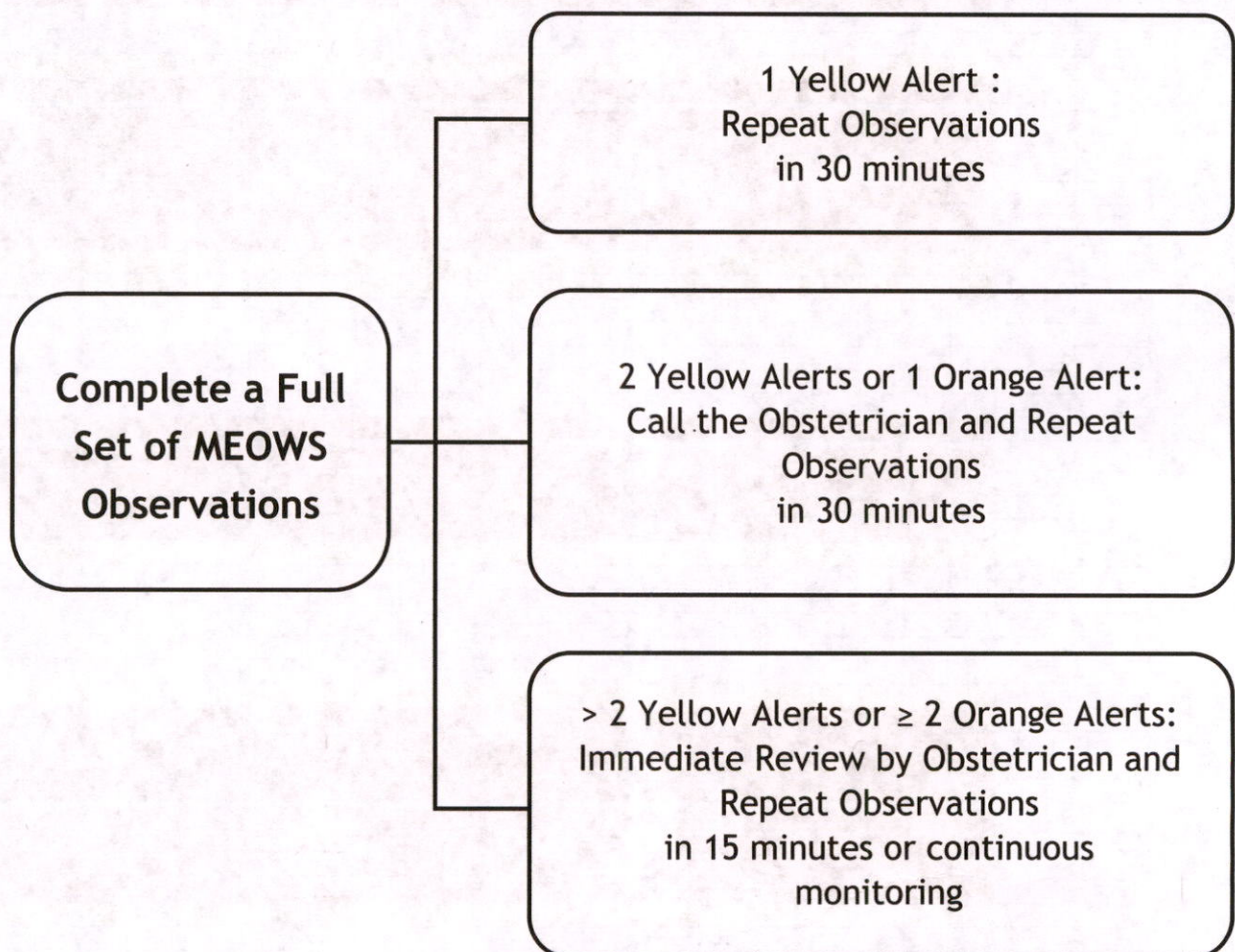
ST. HIMABINDU VEERLA



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

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

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

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

Date		Intake				Output					IV Site Thrombo- phlebitis Score	Sign. Nurse	
	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G								
	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
Total Intake :						Total Output :							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
Total Intake :						Total Output :							
	08:00 pm												
	09:00 pm												
	10:00 pm												
	11:00 pm	Water											
	12:00 am	PC	NBM	100ml									
	01:00 am	PC	NBM	100ml									
Total Intake :						Total Output :							
	02:00 am	PC	NBM	50ml									
	03:00 am	PC	NBM	50ml									
	04:00 am	PC	NBM	50ml									
	05:00 am	PC	NBM	50ml									
	06:00 am	PC	NBM	50ml									
	07:00 am	PC	NBM	50ml									
Total Intake :						Total Output :							
Total 24 hrs. Intake		507				Total 24 hrs. Output		Passed					

BCH-00039740 IP5-00176173
 Mrs A MARY MOUNIKA
 24-03-1998 28 Y 3 M 15 D (F)
 Dr. HIMABINDU VEERLA

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FLUID CHART

Sheet No. : 0

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

		Intake				Output						IV Site Thrombo- phlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G								
	08:00 am										0	Kay	
	09:00 am	H ₂ O									0	Kay	
	10:00 am									✓	0	Kay	
	11:00 am										0	Kay	
	12:00 pm	H ₂ O								✓	0	Kay	
	01:00 pm										0	Kay	
Total Intake :						Total Output :							
	02:00 pm										0	Kay	
	03:00 pm	H ₂ O									0	Kay	
	04:00 pm	H ₂ O								✓	0	Kay	
	05:00 pm	H ₂ O									0	Kay	
	06:00 pm	H ₂ O								✓	0	Kay	
	07:00 pm										0	Kay	
Total Intake :						Total Output : 012							
	08:00 pm										0	Sauthe	
	09:00 pm										0		
	10:00 pm	H ₂ O								✓	0		
	11:00 pm										0		
	12:00 am										0		
	01:00 am										0		
Total Intake :						Total Output :							
	02:00 am										0	Sauthe	
	03:00 am	H ₂ O								✓	0		
	04:00 am										0		
	05:00 am										0		
	06:00 am										0		
	07:00 am									✓	0		
Total Intake :						Total Output :							
Total 24 hrs. Intake		Average daily											
Total 24 hrs. Output		40 u-7											

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 Mrs A MARY MOUNIKA
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FLUID CHART

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Sheet No. :

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

		Intake				Output					IV Site Thrombo- phlebitis Score	Sign. Nurse			
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine					
12/7/26			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			

Patient Sticker

FLUID CHART

Sheet No. :

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

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

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NURSING CARE RECORD

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Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 10-6-26

Assessment: Patient is having Fear and Anxiety related to Surg.

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
8PM	u Assess the Patient general Condition	9PM	u Assessed the Patient general Condition	Patient is stable
10PM	u Monitor vitals and recorded	11PM	u Monitoring vitals and recorded	
12PM	u Administered Medication	1PM	u Administered the Medication	
2PM	as doctor advice	3PM	Mon as doctor advice	
4PM	u Assess the	5PM	u IV fluid 100ml/hr	
6PM	u Plan for IV fluids	8PM	u FHR monitoring Done C Doppler	
6PM	u ASSESS FHR monitoring			

Re-Assessment: reassessed done

Special Notes:

Nurse Signature:

Nurse Name: Preema

Date & Time: 10-6-26 8AM

BCH-00039740 IP5-00176173
Mrs A MARY MOUNIKA
24-03-1993 28 Y 3 M 16 D (F)
Dr. HIMABINDU VEERLA



NURSING CARE RECORD

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Shift: ☒ Morning ☒ Afternoon ☐ Night

Date: 10/7/2026

Assessment: Lower Abdominal pain

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
8am	⇒ Assess patient condition and check for vitals	8:10am	⇒ patient Stable and Invasive monitoring.	patient is comfortable & Stable.
9am	⇒ plan for EL-USG	9:10am	⇒ Shifted to OT.	
12pm	⇒ plan for 2d-echo	12:10pm	⇒ 2d echo done post opp Dr. Shargai	
2pm	→ w/f Bleeding.	2:10pm	* Bleeding checked minimum.	
4pm	⇒ IV fluids 100ml/hr.	4:10 pm	* Rh's converted 100ml/hr.	
6pm	⇒ Liquid diet Started	6:10 pm	* patient is taking.	

Re-Assessment: continuous monitoring

Special Notes: Arterial line - (1), u/w tubes - (1), Epidural (1)

Nurse Signature: *Shaf*

Nurse Name: Shanthi

Date & Time: 10/7/26

BCH-00039740 IP5-00176173
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 Dr. HIMABINDU VEERLA



NURSING CARE RECORD

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Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 10-7-26

Assessment: Patient is having Surgery Site Pain

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
8pm	Assess the Patient general Condition	9pm	Assessed the Patient general Condition	Patient is stable
10pm	Monitor vitals and Record	11pm	Monitoring vitals and recorded	
12pm	Administer the medication as doctor advice	1pm	Administered the medication as doctor advice	
3pm	IV fluids	4pm	IV fluids Done	
5pm	Bed Ambulation CBP Sample at 6AM	6pm	Bed Ambulation CBP Sample at 6AM	

Re-Assessment: Patient is comfortable

Special Notes: CBP at 6AM 11-7-26

Nurse Signature: [Signature] Nurse Name: Preema Date & Time: 10-7-26 2pm

BCH-00039740
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Dr. HIMABINDU VEERLA

IP5-00176173
28 Y 3 M 16 D (F)

NURSING CARE RECORD



Shift: ☒ Morning ☐ Afternoon ☐ Night

Date: 11/2/20

Assessment: Patient complains fear & anxiety about her delivery pain

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
9am	* Assess the patient, general condition	9,10am	* Assessed the pt general condition	
10am	* Monitor vitals	10,10am	* Monitored vitals	* Patient is stable
11am	* Administer Medication	11,10am	* Administered medication as per drug chart	
12pm	* Provide soft diet	12,20pm	* Provided soft diet	
1pm	* Ambulation.	1,30pm	* Ambulation was done	

Re-Assessment: De-assessed after 2 hrs pt stable

Special Notes: If < 90% IRRM doctor chart 10w ABLE

Nurse Signature: [Signature]

Nurse Name: Lanna (NNA)

Date & Time: 11/2/20

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NURSING CARE RECORD

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Shift: ☐ Morning ☒ Afternoon ☐ Night

Date: 11/7/20

Assessment: Patient having pain and discomfort

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
2pm	→ To assess the general condition of the pt	2:30pm	→ Assessed the general condition of the pt.	Patient stable Vitals normal
3pm	→ To monitor vital signs	3:10pm	→ Monitored vitals and recorded.	
4pm	→ To encourage oral intake	5:00 pm	→ Encouraged oral intake	
6pm	→ To maintain I/O chart	6:05pm	→ Maintained I/O chart	
7pm	→ To administer medicines	7:20pm	→ Administered medicines	

Re-Assessment: Pain has reduced after administering I/j. Paracetamol

Special Notes:

Nurse Signature: [Signature]

Nurse Name: Kalyani

Date & Time: 11/7 at 8pm

NURSING CARE RECORD

Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 11/7/26

Assessment: patient having mild pain of surgical site

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
8pm	Assess the patient General condition	8:30 pm	Assessed the patient General Condition on bed	patient is stable
10pm	To monitor vitals	10:30 pm	monitored patient vitals	
12am	To monitor I/O chart	12:30 am	monitored patient I/O chart	
2am	To provide comfortable position	2:30 am	Provided comfortable position	
4am	Administer medication	4:30 am	Administered medication	
6am	To maintain personal hygiene	6:30 am	maintained patient personal hygiene	

Re-Assessment: given comfortable position

Special Notes: NA

Nurse Signature: Annamma

Nurse Name: Annamma

Date & Time: 12/7/26 @ 8:00am

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Shift: ☐ Morning ☐ Afternoon ☐ Night

Date:

Assessment:

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation

Re-Assessment:

Special Notes:

Nurse Signature: Nurse Name: Date & Time:

BCH-00039740 IP5-00176173
 Mrs A MARY MOUNIKA
 24-03-1998 28 Y 3 M 18 D (F)
 Dr. HIMABINDU VEERLA

NURSING CARE RECORD



Shift: ☐ Morning ☐ Afternoon ☐ Night

Date:

Assessment:

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation

Re-Assessment:

Special Notes:

Nurse Signature:

Nurse Name:

Date & Time:

Patient Sticker

NURSING CARE RECORD

Shift: ☐ Morning ☐ Afternoon ☐ Night

Date:

Assessment:

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation

Re-Assessment:

Special Notes:

Nurse Signature: _____ Nurse Name: _____ Date & Time: _____

Patient Sticker

NURSING CARE RECORD



Shift: ☐ Morning ☐ Afternoon ☐ Night

Date:

Assessment:

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation

Re-Assessment:

Special Notes:

Nurse Signature:

Nurse ne:

Date & Time:

Patient Sticker

NURSING CARE RECORD

Shift: ☐ Morning ☐ Afternoon ☐ Night

Date:

Assessment:

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation

Re-Assessment:

Special Notes:

Nurse Signature:

Nurse Name:

Date & Time:

BCH-00039740 IP5-00176173
Mrs A MARY MOUNIKA
24-03-1998 28 Y 3 M 15 D (F)
Dr. HIMABINDU VEERLA



NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Dr. HV Department: MICU Date of Admission: 9-6-26

SITUATION	Diagnosis: <u>Primi 372wks Maternal ASD (x E C Aug)</u>		Any Infection: ☐ Yes ☒ No ☐ Not Known If Yes Specify:				
	Area	Shift Time	<u>MICU 8am-8pm</u>	<u>MICU 8am-8pm</u>	<u>MICU 8am-8pm</u>	<u>MICU 8am-8pm</u>	<u>3rd floor 8am-8pm</u>
BACKGROUND	Medical Condition (Any special condition to be noted):		<u>NA</u>	<u>metformin ASD</u>	<u>ASD</u>	<u>ASD</u>	<u>ASD</u>
ASSESSMENT	Allergy:		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
	Tubes/Drains/Catheter:		☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs:		Temp: <u>98.6</u>	<u>98.1</u>	<u>98.6</u>	<u>98.1</u>	<u>98.2</u>
			Res: <u>18</u>	<u>18</u>	<u>12</u>	<u>18b/m</u>	<u>18b/m</u>
			SpO ₂ : <u>100%</u>	<u>99%</u>	<u>99%</u>	<u>96.1</u>	<u>95%</u>
			Pulse: <u>84</u>	<u>86</u>	<u>81</u>	<u>83</u>	<u>72b/m</u>
			BP: <u>110/70</u>	<u>116/70</u>	<u>117/70</u>	<u>119/70</u>	<u>101/71</u>
			Fall Risk Score: <u>35</u>	<u>35</u>	<u>35</u>	<u>35</u>	<u>35</u>
Recommendations	Safety Needs:		<u>NA</u>	<u>Yes</u>	<u>NA</u>	<u>Yes</u>	<u>side rails</u>
	Physiotherapy		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
	Others Specify:		<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
	Special Diet:		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
	Other Special Orders / Medications:		<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
Post Operative Procedure Special Orders:		<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	
Handed Over By Name :		<u>Priya</u>	<u>Kavya</u>	<u>Priya</u>	<u>Kavya</u>	<u>Kavya</u>	<u>Annamma</u>
Signature :		<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>
Date:		<u>10/6</u>	<u>10/6</u>	<u>11/6</u>	<u>11/6</u>	<u>11/6</u>	<u>12/6</u>
Time:		<u>8pm</u>	<u>8pm</u>	<u>8pm</u>	<u>8pm</u>	<u>8pm</u>	<u>8pm</u>
Taken Over By Name :		<u>Kavya</u>	<u>Priya</u>	<u>Kavya</u>	<u>Satyam</u>	<u>Satya</u>	<u>Satya</u>
Signature :		<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>
Date:		<u>10/6</u>	<u>10/6</u>	<u>11/6</u>	<u>11/6</u>	<u>11/6</u>	<u>11/6</u>
Time:		<u>8pm</u>	<u>8pm</u>	<u>8pm</u>	<u>8pm</u>	<u>8pm</u>	<u>8pm</u>

BCH-00039740 IP5-00176173
 Mrs A MARY MOUNIKA
 24-03-1998 28 Y 3 M 18 D (F)
 Dr. HIMABINDU VEERLA



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:						
Recommendations	Pain Score:						
	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:							

BCH-00039740 IP5-00176173
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CHECKLIST FOR THROMBOPHLEBITIS

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Your Right

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1			DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0	-		0	0	0	0	0	0	0	Right side Painful & Redness Pain Removed Cannula
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			-	-	-	-	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 cord pyrexia	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 : Kranthi

Signature of Ward In Charge :

Signature : Name : Ulena

CHECKLIST FOR THROMBOPHLEBITIS

BCH-00039740
Mrs A MARY MOUNIKA
24-03-1998 28 Y 3 M 18 D (F)
Dr. HIMABINDU VEERLA
IP5-00176173

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

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

Signature of Shift In Charge :

Signature of Ward In Charge :

Signature : Name :

Signature : Name :

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Morse Fall Risk Assessment Form

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Choose Highest Applicable Score from each Category		Date / Time	10/1/26	10/7/26	11/7/26	Fall Risk Grading		
		Score				Risk Level	Morse Fall Score (MFS)	Action
History of Falling (immediately or w/in 3 months)	Yes	25				Low Risk	0 - 24	Standard Fall Precaution
	No	0	0					
Secondary Diagnosis (more than one diagnosis)	Yes	15	15	15	15	Moderate Risk	25 - 50	Implement Moderate Fall Prevention Intervention
	No	0	0					
Ambulatory Aid	Furniture	30				High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	Crutches, Cane(S), Walker	15						
	None /Bed Rest /Nurse Assist	0	0					
IV / Heparin Lock or Saline	Yes	20	20	20	20	Moderate Risk	25 - 50	Implement Moderate Fall Prevention Intervention
	No	0						
GAIT / Transferring	Impaired	20				High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	Weak (uses touch for balance)	10						
	Normal /On Bed Rest /Immobile	0	0		0			
Mental Status	Forgets limitations	15				High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	Oriented to own ability	0	0					
Total Morse Fall Scale Score:			55	35	30			
Signature			Rby	Rr	Kanna			

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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24-03-1998 28 Y 3 M 15 D (F)
Dr. HIMABINDU VEERLA

IP5-00176173



PAIN ASSESSMENT FORM

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Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
9-6-26	11:30 PM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Preema
10-6-26	9 AM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Preema
10/6/26	7 AM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Preema
10/6	12 PM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Kann
10/7	9 PM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Kann.
10/8	4 PM	1/10	Surgical site	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	W/fern gins	Kany
10/8	4:25 PM	0/10	Neo m	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	under obstetric	Kany
10/8	7:10	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	under obstetric	Kany
10/8	9 PM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	under observation	Preema
10/8	11 PM	1/10	Surgical site	☒ Continuous ☐ Intermittent	☒ Acute ☐ Chronic	☒ Sharp ☐ Dull ☐ Aching ☐ Burning	☒ Increasing ☐ Decreasing	☒ Yes ☐ No	Tab Diclofenac gins	Preema

Re-assessment Frequency:

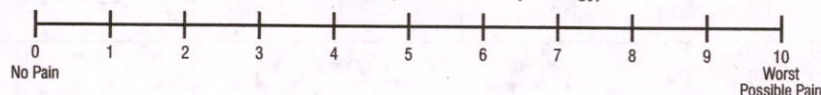
- Every eight hours for all hospitalized patients.
- For post-surgical patients, patients with chronic pain, patient with severe pain:
 - At least every 2 hours for the first 24 hours
 - Then every 4 hours.
 - Prior to pain relieving intervention.
 - Within 30 – 60 minutes after pain relief intervention.

PAIN ASSESSMENT TOOLS

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

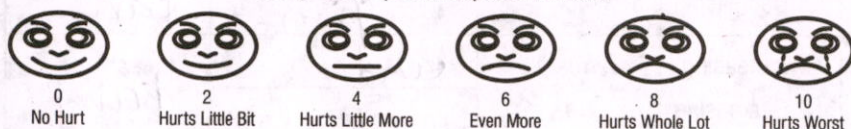
Numerical Pain Scale (Obstetric and Gynecology)



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

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

Wong - Baker (Pediatrics) Above 7 Years



BCH-00039740 IP5-00176173
Mrs A MARY MOUNIKA
24-03-1993 28 Y 3 M 16 D (F)
Dr. HIMABINDU VEERLA



PAIN ASSESSMENT FORM

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
11-7-26	11:30 PM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	PQ
12-7-26	12 AM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	PQ
12-7-26	2 AM	1	stitch pain	☒ Continuous ☐ Intermittent	☒ Acute ☐ Chronic	☒ Sharp ☐ Dull ☐ Aching ☐ Burning	☒ Increasing ☐ Decreasing	☒ Yes ☐ No	Tab tranadol given	P.D.
12-7-26	8:30 AM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	under observation	Prem
11/7/26	4:30 AM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Prem
11/7/26	6:30 AM	1	stitch sides	☒ Continuous ☐ Intermittent	☒ Acute ☐ Chronic	☒ Sharp ☐ Dull ☐ Aching ☐ Burning	☒ Increasing ☐ Decreasing	☒ Yes ☐ No	Tab Calpal	Prem
11/7	7 AM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Prem
11/7	10 AM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	under obs	Kannu
11/7	6:30 PM	4/10	s/s	☒ Continuous ☐ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☒ Decreasing	☒ Yes ☐ No	Dr. Paraceto mol	Kalyani
11/7	7 PM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Under observation	Kalyani

Re-assessment Frequency:

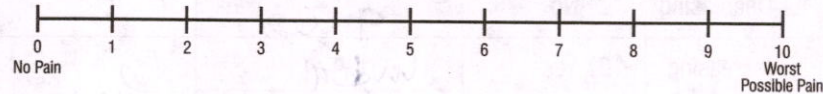
- Every eight hours for all hospitalized patients.
- For post-surgical patients, patients with chronic pain, patient with severe pain:
 - At least every 2 hours for the first 24 hours
 - Then every 4 hours.
 - Prior to pain pain-relieving intervention.
 - Within 30 – 60 minutes after pain relief intervention.

PAIN ASSESSMENT TOOLS

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

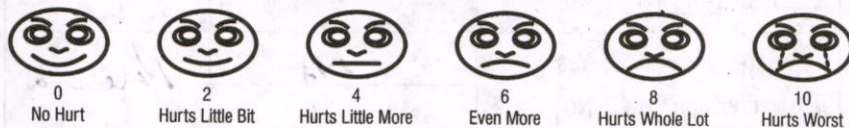
Numerical Pain Scale (Obstetric and Gynecology)



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

Assessment Criteria	Sedation		Normal	Pain / Agitation	
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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
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Wong - Baker (Pediatrics) Above 7 Years



BCH-00039740 IP5-00176173

Mrs A MARY MOUNIKA

24-03-1998 28 Y 3 M 18 D (F)

Dr. HIMABINDU VEERLA



PAIN ASSESSMENT FORM

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

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

Date	Time	Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
12/7/26	12am	4/10	SL	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	T. calpal given	Annamma
12/7/26	1am	0/10	SLA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	under observation	Annamma
12/7/26	7am	4/10	SL	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	T. Diclofen Ace	Annamma
12/7/26	8am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	under observation	Annamma
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

Re-assessment Frequency:

1. Every eight hours for all hospitalized patients.

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

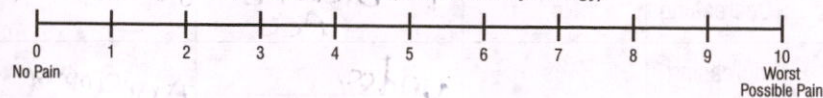
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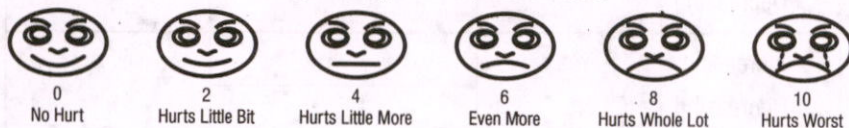
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Wong - Baker (Pediatrics) Above 7 Years



SAFETY CHECKLIST

Surgeon: Dr. H. M. Bindu
 Asst. Surgeon: Dr. S. S. S. S. S.
 Anaesthetist: Dr. S. S. S. S. S.
 Scrub Nurse: S. S. S. S. S.

Patient Name: Mrs A MARY MOUNIKA
 UHID No.: 10/7
 Date: 10/7

IP5-00176173
 Mrs A MARY MOUNIKA
 23-1998 28 Y 3 M 16 D (F)
 HIMABINDU VEERLA

Gender: Female
 In-time: 9:50 AM
 Out-time: 11:20 AM



Before Induction of Anaesthesia >>

SIGN IN	Time: <u>9:45 AM</u>
Patient Has Confirmed	
Identity	☒ Yes ☐ No
Site	☒ Yes ☐ No
Procedure	☒ Yes ☐ No
Consent	☒ Yes ☐ No
Site Marked	☐ Yes ☒ No ☐ NA
Anaesthesia Safety Check Completed	☒ Yes ☐ No
Pulse Oximeter on Patient & Functioning	☒ Yes ☐ No
Does Patient have a:	
Known Allergy?	☐ Yes ☒ No
Difficult Airway / Aspiration Risk?	
Yes, & Equipment / Assistance Available	☐ Yes ☒ No
Risk of > 500ml Blood Loss (7ml/kg In Children)?	
Yes, and Adequate Intravenous Access and Fluids Planned	☐ Yes ☒ No ☐ NA
Blood Units Reserved	☐ Yes ☒ No ☐ NA
Has Antibiotic Prophylaxis been given within the last 60 minutes?	☒ Yes ☐ No ☐ NA
Signature: <u>[Signature]</u>	
Name: <u>DR. K. S. R. RAMYA</u>	

Before Skin Incision >>

TIME OUT	Time: <u>9:55 AM</u>
Confirm all team members have introduced themselves by Name and Role	☒ Yes ☐ No
Surgeon, Anaesthesia Professional and Nurse Verbally Confirm	
Correct Patient (Check ID Band)	☒ Yes ☐ No
Correct Site	☒ Yes ☐ No
Correct Procedure	☒ Yes ☐ No
Anticipated Critical Events	
Surgeon Reviews:	
What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss?	<u>1 hour 20-30 min</u> ☐ Yes ☐ No ☐ NA
Anaesthesia Team Reviews:	
Are There Any Patient-specific Concerns?	☐ Yes ☒ No ☐ NA
Nursing Team Reviews:	
Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns?	<u>no issues</u> ☐ Yes ☐ No ☐ NA
Is Essential Imaging Displayed?	☐ Yes ☒ No ☐ NA
Power Supply, Earthing, Power Backup and functioning of equipment checked.	☒ Yes ☐ No
Signature: <u>[Signature]</u>	
Name: <u>B. Hazle</u>	

Before Patient Leaves Operating Room

SIGN OUT	Time: <u>11:10 AM</u>
Nurse Verbally Confirms with the Team:	
The Name of the Procedure Recorded	☒ Yes ☐ No
That Instrument, Sponge and Needle Counts are Correct (or Not Applicable)	☒ Yes ☐ No ☐ NA
The Specimen is Labelled (including patient name)	☐ Yes ☒ No ☐ NA
Whether there are any Equipment Problems to be addressed	☐ Yes ☒ No ☐ NA
To Surgeon, Anaesthetist and Nurse:	
What are the key concerns for recovery and management of this patient?	☐ Yes ☒ No
Signature: <u>[Signature]</u>	
Name: <u>Dr. V. Hema Bindu</u>	

SURGICAL SAFETY CHECKLIST

Surgeon :
Asst. Surgeon :
Anaesthetist :
Scrub Nurse :

Patient Name : Age : Gender :
UHID No. : Surgery Name :
Date : In-time : Out-time :



Before Induction of Anaesthesia >>

SIGN IN		Time:.....
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:.....
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? ☐ Yes ☐ No ☐ NA		
Anaesthesia Team Reviews:		
Are There Any Patient-specific Concerns? ☐ Yes ☐ No ☐ NA		
Nursing Team Reviews:		
Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns? ☐ Yes ☐ No ☐ NA		
Is Essential Imaging Displayed? ☐ Yes ☐ No ☐ NA		
Power Supply, Earthing, Power Backup and functioning of equipment checked. ☐ Yes ☐ No		
Signature :		
Name :		

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 :		
Name :		

BCH-00039740
Mrs A MARY MOUNIKA
24-03-1998 28 Y 3 M 15 D (F)
Dr. HIMABINDU VEERLA

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Children's
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OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 9-6-26

Baseline Information:

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

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

Chief Complaints: EL US 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
CAD ASD	Reversing of Rt phrenic nerve	
Gynecology Assessment: ☐ Not Applicable Menstrual History: 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 Prime P L A

Previous LSCS: AF 11

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 Father DM

Vital Signs / Measurements: Temp: 98.6 HR: 84 RR: 17
BP: 100/70 Weight: 63.9 Height: 113 BMI: -

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



PHYSICAL ASSESSMENT

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

Fall Assessment: ☒ Yes ☐ No Score 39 (complete the Morse Fall Risk Assessment Sheet)

Risk of Pressure Sore: ☒ Yes ☐ No Score 22 (complete the Braden Q Sheet)

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

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

Inform consultant for positive criteria

NUTRITIONAL SCREENING: ☒ No Abnormality Detected

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

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

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

Inform consultant for positive criteria

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

SOCIAL SCREENING:

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

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

Social History: Lives With Husband

Orientation has been given regarding the following aspects:

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

Above information given to patient

Name of Person Orientation was given to:

Orientation not given Reason:

Nurse Signature: P

Nurse Name: Preema

Date & Time: 9-1-26 2:11:50 PM



OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 9-5-26 Time of Arrival: 11 PM Time Seen by Nurse: 11:54 PM

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

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

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

3) **Vital Signs:** Temperature: 98.6 Pulse: 84 RR: 17 SpO₂: 100% BP: 110/70 Weight: 63.09

4) **Gestational Criteria:**

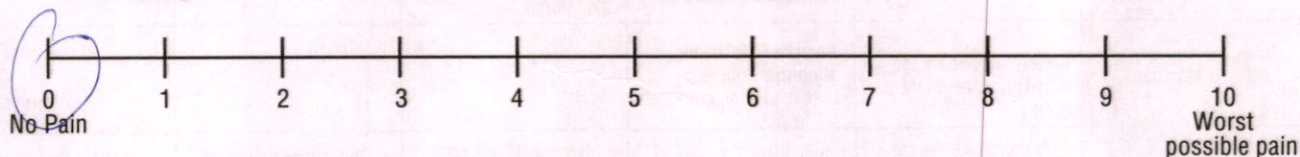
Gravida:	G <u>Prim</u>	P	L	A
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LMP: 7-10-25 EDD: 29-7-26 Gestational Age: 32+2

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

5) **Pain Screening:**

Numerical Pain Scale (NPS)



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

6) **Past History:**

- a) Surgeries: Removal of Rt Kidney
- b) Medical: C.H.D. ASD



7) Allergy: ☐ Yes ☒ No, If Yes :

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

9) Prenatal Medical History:

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

Triage Category: (Please tick on the category)

Refer to OBSTETRICAL TRIAGE ACUITY SCALE (OTAS)

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

OBCU Obstetrical Triage Acuity Scale (OTAS)

OTAS	Level 1 (Resuscitative)	Level 2 (Emergent)	Level 3 (Urgent)	Level 4 (Less Urgent)	Level 5 (Non Urgent)
Level 1 (Resuscitative)	Immediate	≤ 15 minutes	≤ 30 minutes	≤ 60 minutes	≤ 120 minutes (2 Hours)
Re-Assessment	Continuous Nursing Care	Every 15 Minutes	Every 15 Minutes	Every 30 Minutes	Every 60 Minutes
Labour / Fluid	Imminent Birth	Suspected Pre-term Labour / 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: 11:49pm

Nurse Name : Preen Nurse Signature: CV

Date: 11-5-26 Time: 11:50pm

BCH-00039740

IP5-00176173

Mrs A MARY MOUNIKA

24-03-1993 28 Y 3 M 16 D (F)

Dr. HIMABINDU VEERLA



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Children's
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BirthRight[™]
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Your Right to a Safe Delivery

NURSE HAND OFF COMMUNICATION - ICU

SITUATION & BACKGROUND	DOA: 10/7/26	Diagnosis: Primigravida 37 ^W maternal ASD.	Surgery / Procedures: CL-LACS.	
	Allergies: Nil	Post OP Day: 0-POD		
	Date: 10/07/2026			
	Area	MICU 8am-8pm	MICU 8pm-8am	
	Shift Time			
	Diet: Soft diet			
Ventilation (RA, NP, NIV, VENTI)				
INVASIVE LINES	1. Arterial line	01	1	
	2. peripheral line	02	2	
	3.			
	4.			
ASSESSMENT	Infusions / Transfusions	RLIV Fluid		
	PU Prophylaxis	NO	NO	
	DVT Prophylaxis	NO	NO	
	Vitals	BP	110/60	100/60
		PR	91	85
		RR	18	17
		SpO ₂	100	100
		Temp	98.1F	98.6F
	Pain Score	0/10	0/10	
	LOC (Alert, Conscious, Confusion, Unconscious)	Alert	Alert	
	Skin Integrity (Intact / Bedsores / Any other condition)	Intact	Intact	
	Restraints If any	Physical	NA	NA
		Chemical		
	Fall Risk (Vulnerable Y/N) if yes score	35	35	
	(Ambulation, walking, moving with assistance, bed ridden)			
ADL (Dependent / Non-Dependent)				
Critical Lab Test / Values (If any)	Nil	Nil		

Note: RA (Room Air, NP Nasal Prongs, NIV Non-Invasive Ventilation, VENTI Ventilator)

RECOMMENDATIONS	Date:	10/7/2026. 10/7/26				
	Area					
	Shift Time	11:00 AM - 8:00 PM	8:00 PM - 11:00 PM			
	Ordered / Planned					
	Due					
	Reports Pending					
	Referrals (If any)					
	Remarks (Special Interventions like, Drainage tube flushing etc.)	Urometer 01	01			
	Handed Over By Name :	Kauna	Prem			
	Signature :	Kauna	Prem			
Date:	10/7/26	11/7/26				
Time:	8pm	8pm				
Taken Over By Name :	Prem	Spr				
Signature :	Q	t				
Date:	10/7	11/7/26				
Time:	8pm	8pm				

NURSE HAND OFF COMMUNICATION - ICU

SITUATION & BACKGROUND	DOA:	Diagnosis:	Surgery / Procedures:				
	Allergies:	Post OP Day:					
	Date:						
	Area						
	Shift Time						
	Diet:						
INVASIVE LINES	Ventilation (RA, NP, NIV, VENTI)						
	1.						
	2.						
	3.						
	4.						
ASSESSMENT	Infusions / Transfusions						
	PU Prophylaxis						
	DVT Prophylaxis						
	Vitals	BP					
		PR					
		RR					
		SpO ₂					
		Temp					
	Pain Score						
	LOC (Alert, Conscious, Confusion, Unconscious)						
	Skin Integrity (Intact / Bed sore / Any other condition)						
	Restrains If any	Physical					
		Chemical					
	Fall Risk (Vulnerable Y/N) if yes score						
	(Ambulation, walking, moving with assistance, bed ridden)						
	ADL (Dependent / Non-Dependent)						
	Critical Lab Test / Values (If any)						

Note: RA (Room Air, NP Nasal Prongs, NIV Non-Invasive Ventilation, VENTI Ventilator)

RECOMMENDATIONS	Date:							
	Investigations Procedures	Area						
		Shift Time						
		Ordered / Planned						
		Due						
		Reports Pending						
Referrals (If any)								
Remarks (Special Interventions like, Drainage tube flushing etc.)								
Handed Over By Name :								
Signature :								
Date:								
Time:								
Taken Over By Name :								
Signature :								
Date:								
Time:								

BCH-00039740 IP5-00176173
 Mrs A MARY MOUNIKA
 24-03-1993 28 Y 3 M 16 D (F)
 Dr. HIMABINDU VEERLA

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BED SIDE CHECK LIST FOR NURSES

Date:	10/7/2026	10/7/2026	10/7/2026						
Doctor's Orders	8am	8pm	on						
Carried out or not									
Bed Side									
Structured Handover done	yes	yes	yes						
IV Site	yes	yes	yes						
Central Lines	yes	yes	yes						
Arterial Lines	yes	yes	yes						
Feeding Catheter	no	yes	yes						
Urinary Catheter	yes	yes	NO						
Skin Care	yes	yes	yes						
Eye Care	yes	yes	yes						
Mouth Care	yes	yes	yes						
Sterillum Bottle, Stethoscope	yes	yes	yes						
Suction Bottle (Should be clean & empty)	yes	yes	yes						
Intubation Tray	no	no	NO						
Emergency Tray (Loaded Syringes with Midazolam & Vecuronium and Flush) Ampoules of Adrenaline	no	no	NO						
Ventilator Tubing, (Any Water, Blood)	NA	NA	NA						
Humidification	NA	NA	NA						
Check all Infusion (Labelling, Correct Preparation)	~		yes						
Chest Physio & Neb	NA	NA	yes						

Checked & Handover given by

Name of the Nurse : Kalena

Signature : Kalena

Date & Time: 10/7/2026 + 8pm

Checked & Handover taken by

Name of the Nurse : Preety

Signature : Preety

Date & Time: 10/7/2026 8pm



URINARY CATHETER BUNDLE CHECK LIST

Date of Insertion: 10-6-26

Date of Removal: 11/7/26

Parameters	Date	Shift Time						
Need for the Catheter	<u>10-6-26</u>	<u>8pm</u>	☒ 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
Usage of Sterile Equipment			☒ 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
Check the Tube for Obstruction (Free of Kinking)			☒ 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
Collecting bag is been emptied regularly?			☒ 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
Dressing clean and dry?			☒ 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
Performance of Perineal Care			☒ 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
Asses for the leakage at the site of insertion			☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Name of the Nurse	<u>Pooja</u>	<u>Kavya</u>	<u>Preethi</u>					
Signature of the Nurse								



CONSENT FOR ANAESTHESIA

Authorization By: ☒ Patient ☐ Patient Attendant

Operative Procedure: Elective Cesarean Section

Anaesthesiologist: Dr. Sundhara Surgeon: Dr. Himabindu

Please read this before you consent for Anaesthesia

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

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

- ASD, Truncal Sp Postop, Rt PA Stenosis, RtA, V Dilatation
- ☒ Heart Disease ☐ Hypertension ☐ Diabetes ☐ Renal Failure ☐ Multi Organ Failure ☐ Hepatic Disorders
- ☐ Shock ☐ Obesity ☐ Chronic Obstructive Pulmonary Disease
- ☐ Others: Reversal of Shunt, Hypoxia, Ventilation Postop sos, Arrhythmias, Bleeding, Hypotension, Rt sided Heart Failure

Declaration by Patient Attendant

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

Patient / Patient Attendant:

Signature: A. Mary Mounika
Name: A. Mary Mounika
Relationship with patient: Sister
Date & Time: 10/7/2024

Witness:

Signature: A. Sai priyanka
Name: A. Sai priyanka
Date & Time: 10/7/2024 9am

Doctor (who is taking consent):

Signature: (For Dr. Sundhara) Name: Dr. Shree Date: 10/7/2024 Time: 9am

అనస్థీషియా కోసం అనుమతి పత్రం

అనుమతి ఇచ్చినవారు: ☐ రోగి ☐ రోగి అటెండెంట్

శస్త్రచికిత్స:

అనస్థీషియా వైద్యుడు: శస్త్రచికిత్స నిపుణుడు:

అనస్థీషియా కోసం మీ అనుమతి ఇవ్వడానికి ముందు దయచేసి ఇది చదవండి

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

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

స్పెసిఫిక్ హై లిస్ట్:

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

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

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

☐ ఇతరవి:

రోగి / రోగి అటెండెంట్

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

రోగి / రోగి అటెండెంట్:

సంతకం:

పేరు:

రోగితో సంబంధం:

తేదీ & సమయం:

సాక్షి:

సంతకం:

పేరు:

తేదీ & సమయం:

డాక్టర్ :

సంతకం: పేరు: తేదీ & సమయం:

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

Patient Name : A. Mary Mounika Gender: ☐ Male ☒ Female Age : 28

UHID No : BCH-00039740 Date : 10/7/2026

Instruction:

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

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

ELECTIVE LOWER SEGMENT CAESAREAN SECTION
upon
A. MARY MOUNIKA

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 warranties 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.

Hemorrhage, Uterine injury to Bowel & Bladder, Injury to major Blood Vessels, need for Blood & Blood products, need for ICU stay, need for Ventilator support

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. Hema Bandu V.

Consentee :

Signature : A. Mary Mounika

Name : A. Mary Mounika

Date & Time : July 9, 2026 at 9am

Witness :

Signature : Kavya

Name : Kavya

Date & Time : 10/7/26 9am

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

Patient Attendant :

Signature : ASA

Name : A. Sai Prigyantha

Relationship with Patient : Sister

Date & Time : July 9, 2026 at 9am

Doctor (who is taking the consent) :

Signature : [Signature]

Name : A. Suresh

Date & Time : 10/7/26 @ 9AM

BCH-00039740
Mrs A MARY MOUNIKA
24-03-1998
Dr. HIMABINDU VEERLA
IP5-00176173
(F)
28 Y 3 M 16 D

319

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NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 11/7/26

Time: 1pm

Origin: India Height: 153cm Weight: 63.9kg BMI: 27.30kg/m²

Food Allergies: No

Diagnosis: prob-1/USG lower segment caesarian section

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

Diet Advised:

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

Patient's / Attendant's

Dietician's

Signature: [Signature]

Signature: [Signature]

Name: Mounika

Name: Raima

Date & Time: 11/7/26

Date & Time: 11/7/26

1pm

1pm

DIETARY NOTES

[illegible]



NO AIR BUBBLES
 IN IV

DRUG CHART

Date of Admission: 10-7-26 Drug Allergies: NKDA ☒ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

SOS / PRN (As Required Medication)

DRUG :				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:																			

Signature
 VERIFIED BY : Name



NO AIR BUBBLES IN IV

REGULAR PRESCRIPTIONS

Weight. 63.9 kgs Ward. mco

DRUG : T. PARACETAMOL				Date Time	10/7	11/7														
Dose	Route	Frequency	Start Date	12	6	12														
1g	P/O	QID	10/7	Am	Am	pm														
Name & Signature of the Doctor Starting the Drugs:				Dr. Sunmshana STOP Dr. Sunmshana																
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				
DRUG : T. TRAMADOL				Date Time	10/7	11/7	12/7													
Dose	Route	Frequency	Start Date	7	9	5														
100mg	P/O	TID	10/7	Am	Am	pm														
Name & Signature of the Doctor Starting the Drugs:				Dr. Sunmshana																
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				
DRUG : T. DICLOFENAC				Date Time	10/7	11/7														
Dose	Route	Frequency	Start Date	7	9	11														
50mg	P/O	TID	10/7	Am	Am	pm														
Name & Signature of the Doctor Starting the Drugs:				Dr. Sunmshana																
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				
DRUG : IND. ENOXAPARINE				Date Time	10/7	11/7														
Dose	Route	Frequency	Start Date	40	40	40														
40mg	SLC	OD	10/7																	
Name & Signature of the Doctor Starting the Drugs:				Dr. Sunmshana																
Additional Instructions:				@ 7pm X 10 days.																
Daily Doctor's Endorsement by a Sign																				

IP5-00176173

24-03-1998

28 Y 3 M 16 D

(F)

Dr. HIMABINDU VEERLA



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Sheet No:

REGULAR PRESCRIPTIONS

Weight 63.9

Ward micu.

DRUG :	<i>Sing AMPICILLIN</i>					
Dose <i>1gm</i>	Route <i>IV</i>	Frequency <i>TID</i>	Start Dt. <i>10/7/28</i>	Date/ Time <i>10/7 AM</i>		
Name & Signature of the Doctor Starting the Drugs: <i>Dr. Y. Suresh</i>				<i>9 AM</i>	<i>[Signature]</i>	
Additional Instructions:				<i>STOP</i>	<i>11/28 @ 10 PM</i>	
				<i>5 pm</i>	<i>[Signature]</i>	
Daily Doctor's Endorsement by a Sign						

DRUG : T. PANTOPRAZOLE				Date Time
Dose	Route	Frequency	Start Dt.	
40mg po		BD	10/7/26	
Name & Signature of the Doctor Starting the Drugs:				
Dr. Smt. L. S. ...				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG : Tab. AUGMENTIN -				Date Time
Dose 625mg	Route PO	Frequency TID	Start Dt. 11/7	
Name & Signature of the Doctor Starting the Drugs: Dr. Samir A.				STOP Dr. Samir A.
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG : Tab AUGMENTIN-DUO				Date Time	11/7 12/7
Dose 625mg	Route PO	Frequency BD	Start Dt. 11/7		
Name & Signature of the Doctor Starting the Drugs: Dr. Anurag S.				10 AM ✓ Sat	
Additional Instructions:				10 PM ✓ Sat	
Daily Doctor's Endorsement by a Sign				7	

BCH-00039740
 Mrs A MARY MOUNIKA
 24-03-1998 28 Y 3 M 18 D (F)
 Dr. HIMABINDU VEERLA



Sheet No:

REGULAR PRESCRIPTIONS

Weight Ward

DRUG : <i>hj PARACE TAMOL</i>				Date Time	<i>11/7</i>	<i>12/7</i>													
Dose	Route	Frequency	Start Dt.																
<i>1gm</i>	<i>iv</i>	<i>QID</i>	<i>11/7</i>	<i>12 AM</i>	<i>12 PM</i>	<i>6 PM</i>	<i>12 PM</i>	<i>6 PM</i>	<i>12 PM</i>	<i>6 PM</i>	<i>12 PM</i>	<i>6 PM</i>	<i>12 PM</i>	<i>6 PM</i>	<i>12 PM</i>	<i>6 PM</i>	<i>12 PM</i>	<i>6 PM</i>	<i>12 PM</i>
Name & Signature of the Doctor Starting the Drugs: <i>Dr. Samudra</i>																			
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign																			

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

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

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

VERIFIED BY : Name Signature

Signature

Weight. 63.9 Ward. MICU
Kgs

Mrs A MARY MOUNIKA 24-03-1998 28 Y 3 M 16 D (F)		Date Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.	
DRUG :			Dose		Dose		Dose		Dose		Dose
			Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.
Route	Start Date		Dose		Dose		Dose		Dose		Dose
			Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.
Name & Signature of the Doctor			Dose		Dose		Dose		Dose		Dose
			Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.
Additional Instructions:			Dose		Dose		Dose		Dose		Dose

POST-A

RECORD

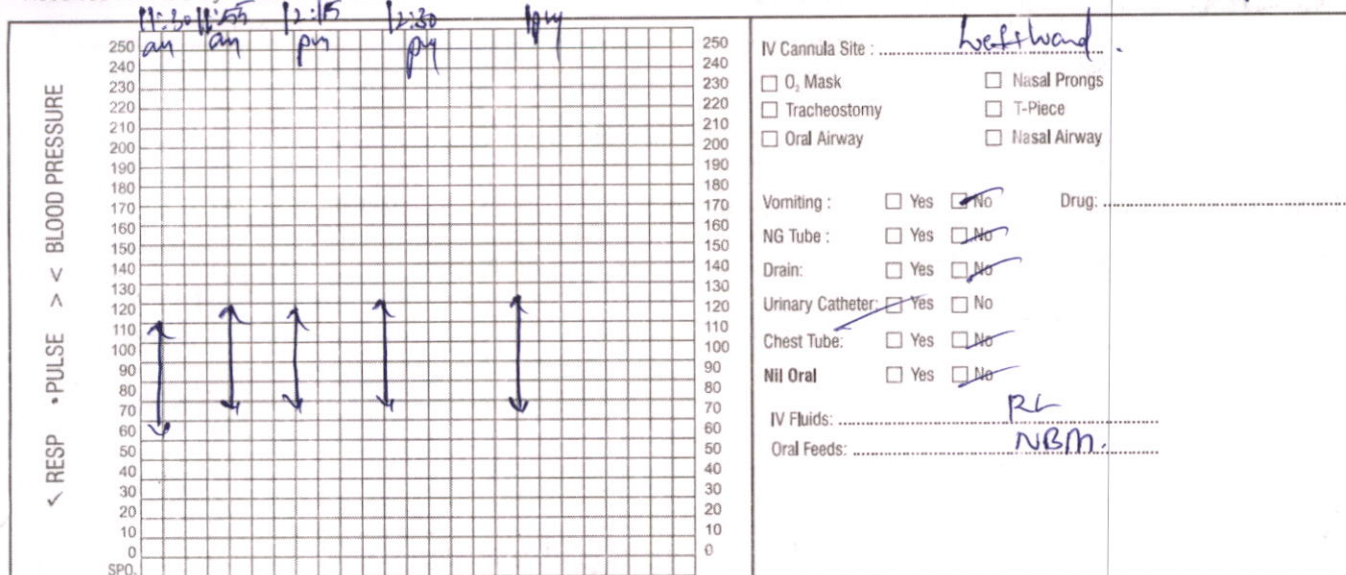


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Received in PACU by: L.C. Brown - Time Received: 11:30am Time Discharged: 1pm



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

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
10/17/26	11:30 am	0/10	NA	Kearney
10/17/26	1pm	0/10	NA	Kearney
10/17/26	3pm	0/10	NA	Kearney

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

Anaesthesiologist Name : Dr K Sri Suya

Anaesthesiologist Signature:

Date & Time: 11/2/2023

PACU Nurse Name : Karung

PACU Nurse Signature: Kevin

Date & Time: 16/7/26.

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 relieving intervention
 - d. With in 30-60 minutes after pain relief intervention

Transferred to Unit by (PACU): DBH09

Date & Time: 10/12/2018



I.V. FLUIDS CHART

Weight. 63.9 kg Ward. MICU

Date	Time	Composition of I.V. Fluid (If infusion, mention ml/hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
10/12/26	9 AM	RINGER LACTATE + PE (PHENYL EPHRINE) 500mcg	IV	100ml/hr	[Signature]	[Signature]	10/7	[Signature]	[Signature]
10/7	10:30 AM	RINGER LACTATE + 300 OXYTOCIN	IV	150ml/hr	[Signature]	[Signature]	10/7	[Signature]	[Signature]
10/7	10:32	RINGER LACTATE + PE (PHENYL EPHRINE) 300mcg	IV	100ml/hr	[Signature]	[Signature]	10/7	[Signature]	[Signature]
10/7	11 AM	RINGER LACTATE	IV	70 ml	[Signature]	[Signature]	10/7	[Signature]	[Signature]
10/7	11 PM	RINGER LACTATE	IV	75 ml	[Signature]	[Signature]	11/7	[Signature]	[Signature]
10/7	5:30 AM								

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 :

Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION

BCH-00039740 IP5-00176173
Mrs A MARY MOUNIKA
24-03-1998 28 Y 3 M 16 D (F)
Dr. HIMABINDU VEERLA



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Name: Mary Mounika Age: 28y Sex: F UHID.No: BCH-00039740
Date: 20/6/26 Time: 2pm Proposed Operation: Expected Delivery
Diagnosis: 1. 34 wks, 2 post Hemi trunucus repair, 3 ASD 2 Fetal TAP
B.P / CRT: 98/68 H.R: 95 Weight: 6.3 kg ASA Physical Status: ☒ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Laboratory Data:
Hgb: 12.6 Glucose: 88 Protein: _____
PCV: 38.7 Urea: _____ Alb: _____
WBC: 11810 Creat: 0.6 Total Bill: _____
Plate: 295 Na: _____ Dir. Bill: _____
PT: 14/12.5 K: _____ LDH: _____
PTT: 32/31.85 Ca++: _____ Alk phos: _____
INR: 1.0 Mg++: _____ Amylase: _____
Cl-: _____ SGOT/SGPT: _____

HIV: _____ X-Ray: _____
HBS Ag: 1 N R ECG: 100/MT, NSR No ST-T
HCV: Bene 2D Echo: as below
Blood group: Bene Stress/Angle: _____
T3: _____ Other: _____
T4: _____
TSH: 2.56

Allergies: Nil

Medical History: CVS: H/O. Hemi trunucus (Rt Pulm Art to Aorta) - qys of
RESP: 18/5/26 R pulm Art Diffuse Diabetes: ASD 24mm c BD shunting
CNS: Menosis (+) - RPA - Grad 30 w/min (RPA - 5.0 on
Renal: Flow turbulence in RVOT, RVSP 40 → METS 54 (gr II NYHA)
Hepatic / GE: LPA - 13.6 mm. MPA = 20.2 mm
Others: Mild TR. Mildly dil RA/RV, GBVF (No PAA)
Physical Activity: _____

Past Anaesthetic History: Ability to Sleep Supine, No extropnea / PND, No
Physical Exam: No clubbing / pedal edema. RV Failure Signs.

Airway: MP 1 2 3 4 Mouth Opening: (N) Mentohyoid Distance: (N) Neck: (N) Teeth: No loose teeth

Lungs: clear

Heart: ESM (+) Sbre

CNS: NAD

Pregnant: ☒ Yes ☐ No ☐ NA

Venous Access Site: (+)

Spine Exam for regional: (N)

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

✓ CSE + Art line + 2 IV cannulas, SOS - ASD Pulm Vasodilators

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

CURRENT MEDICATIONS	DOSAGE
/	/
/	/
/	/
/	/

Pre-Operative Instructions:

- DVT Prophylaxis: → Postop DVT proph @ x 10
- NIL ORAL: Water / ORS 2 Hours
Others 6 Hours
- Informed Consent: ☒ Standard ☐ High Risk
- Post Operative Pain Management: ☐ Discussed with Patient
- Other Instructions:

- CSE @ 36 wks. Planned CS @
- SOS Mechanical Ventilation
- No Air bubbles in IV injection
- IE prophylaxis 1/2 before Sp
- ICU admission postop
- Renew PAE once every week

Signature: [Signature] Name: Dr. Himabindu Veerla

Follow up c Dr Bharg & Cardioligist
20 Echo every 15 days.
No cardiac medications.

