

ADMISSION SHEET

Registration Details :



Admission No : IP5-00174530 Admit Date : 30-May-2026 Admit Time : 11:55 AM UHID : MAH-00381900

Patient Details :

Patient Name : Mrs PEDDI MEGHANA Age : 29 Y 10 M 13 D  
Guardian : Mr KOTAPATI SAINATH CHOWDARY DOB : 17-07-1996  
Gender : Female Religion :  
Occupation : Martial Status : Married  
Address (H) : FLAT NO: 3A, LAKSHMI HEIGHTS, GOPAL NAGAR, HAFEEZPET Hyderabad Telangana INDIA 500049  
Phone No : 8500085978/ 9966557887  
E-mail : dummy@gmail.com

Admission Details :

Bed Type : SHARED WARD Bed No : SW 418 Ward Name : 4F-BIRTHING CENTRE  
Room No : SW 418 Admission Type : First Visit

Contact Details :

Name : Mr KOTAPATI SAINATH CHOWDARY Relationship : Husband  
Contact Address : FLAT NO: 3A, LAKSHMI HEIGHTS, GOPAL NAGAR, HAFEEZPET Hyderabad Telangana INDIA 500049  
Phone No : / 8500085978

Signature


Doctor Details :

Doctor Name : Dr. SASIKALA KOLA Specialisation : OBSTETRICS AND GYNECOLOGY  
Referral Doctor : SELF Phone No :  
Co-Consultant :

Payment Details :

Payment Mode : Cash Deposit Amount : 0.00  
Payor Name : MEDI ASSIST INSURANCE TPA PVT LTD

**ACTIVITY RECORD FOR BILLING**

MAH-00381900 IP5-00174530  
 Name Mrs PEDDI MEGHANA  
 17-07-1996 29 Y 10 M 13 D (F)  
 Dr. SASIKALA KOLA  
 UHID |  Consultant: \_\_\_\_\_ Dept: \_\_\_\_\_

Date of Admission: \_\_\_\_\_ Time: \_\_\_\_\_ Date of Discharge: \_\_\_\_\_ Time: \_\_\_\_\_

Room / Bed No: \_\_\_\_\_ Ward: \_\_\_\_\_ Suggested Billable bed type: \_\_\_\_\_

**WARD TRANSFERS**

Date	Time	From	To	Signature of Nurse
30/5/26	9:30pm	OBS	326	Suapua

**Cross Consultation Visit**

	Doctors Name	Date	Order No.	Signature
1	Dr. Rheaana Sharma	1/05/26	9637817	Suapua
2				
3				
4				
5				
6				
7				
8				
9				
10				







Mrs. P. Meghana



# IP ADMISSION SHEET FOR OBSTETRICS

## Presenting Complaints

For USG

Obstetric Formula: *Primi*

Obstetric History: *Spont Conception*

*Booked @ 9 wks*

Present Pregnancy Record:

LMP: *3/9/25*

EDD: *10/6/26*

Corrected EDD: *14/6/26*

GA: *37+6 wks*

Menstrual History: Regular:  Yes  No

## Obstetric Examination

Fundal Height: *Teem.*

Ut. Activity:  Relaxed  Mild  Mod  Severe

Liquor:  Adequate  Oligo  Poly

PP:  Cephalic  Breech  Others \_\_\_\_\_

Head Fifths Palpable: \_\_\_\_\_

FHS:  Normal  Tachy  Brady  Absent

## RISK FACTORS:

*RT Stenting @ 20 wks  
 in v/o ureteric Calculus  
 Causing upstream  
 hydronephrosis.*

## Per Speculum Examination

*Not indicated*

Draining:  Present  Absent  Bleeding

Colour of Liquor:  Clear  Meconium  Blood Stained

## Vaginal Examination

*Not indicated.*

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: *160* cm

Weight: *108.7* kg

Allergies: *None*

Breast:  Normal  Abnormal

General Examination:

Consciousness: *fair*

Pallor: *No*

Icterus: *Nil*

Edema: *nil*

Temp: *Afebrile*

PR: *88/min*

BP: *122/83(95)*

DTR: *-*

CVS: *-*

RS: *-*

Liver/Spleen: *-*

Urine Output: *for: 99.1%*

## DIAGNOSIS

*PRIMI / 37+6 wks / R/O ureteric Calculus  
 RT Stenting / EL. USG*



<p>Family History:</p> <p>Father - Hypothyroid          Mother - T2DM.</p>	<p>Surgical History:</p> <p>Underwent Left push back with silicon DS stenting on 23/1/24</p>
<p>Medical History:</p> <p>Left renal calculus</p>	<p>Medication History:</p> <p>Iron / Calcium</p>
<p>Plan of Care:</p> <p>Admission.          Consent          Paets preparation          2x Cannula          AIST          2x AMIKACIN 750mg 2x Stat          2x CEFOTAXIM 2gm 2x Stat          2x PANTOP 40mg 2x Stat          2x PERINORM 10mg 2x Stat          Foley's Catheter (in OT)          PAC          Shift to OT on call</p>	<p>Investigations: O Positive</p> <p>25/5/26 - CRP = 12.5 / 14650 / 8.24 Lakt.</p> <p>25/5/26 - urine c/s.          Numerous Gram negative bacilli; Citrobacter koserii          (&gt; 1,00,000 CFU)</p> <p>30/10/24 - viability scan          Rt kidney - 4.4mm Calculus          Left kidney - 6.7mm Calculus          Rt mild hydronephrosis          due to distal ureteric calculus          6.2mm.</p> <p>16/5/26 : 25<sup>th</sup> wks : Cephalic          AFI - 23 cm          EFW - 3025 (75)          AC 94%          Doppler (B)</p>

Doctor Name: Dr. G. Sornika  
 Signature: *G. Sornika*  
 Date & Time: 30/5/26, 12pm

Consultant Name: Dr. SASIKALA  
 DR. SASIKALA KOLA  
 Signature: *Sasikala Kola*  
 Registration No. 9851  
 Date & Time: 30/5/26, 12pm

MAH-00381900 IP5-00174530  
 Mrs PEDDI MEGHANA  
 17-07-1996 29 Y 10 M 13 D (F)  
 Dr. SASIKALA KOLA



## DEFICIENCY CHECK LIST OF CASE SHEET

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

*[Signature]*  
 26/12/16

## ERROR LOG

LOCATION : OT / Birthing Centre / BirthRight Premium / 3rd Floor (Zone A,B,C) / NICU / PICU /  
2nd Floor Ward / Oncology / 1st Floor Wards.

OBSERVATION :

DATE :

SIGNATURE OF MRD INCHARGE / EXECUTIVE

MAH-00361900 IP5-00174530  
 Mrs PEDDI MEGHANA  
 17-07-1996 29 Y 10 M 13 D (F)  
 Dr. SASIKALA KOLA



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<p>20/5/26            3:30 PM</p>	<p>⇒ POD-0 / Ectocervix 2scs            ⇒ Pt is stable            BP- 128/87 (100)            PR- 72 bpm            SpO<sub>2</sub> - 98% on RA            P/A - ut well ⊕            Dressing dry &amp; intact            L/E - Brown</p>	<p><u>Advice</u></p> <ol style="list-style-type: none"> <li>① NBM x 4hrs</li> <li>② Monitor vitals &amp;               <ul style="list-style-type: none"> <li>z/o 15min for 2hrs</li> <li>f/o 1hr for 2hrs</li> </ul> </li> <li>③ Drugs as charted.</li> <li>④ W/P hypotension, tachycardia, bleeding etc.</li> <li>⑤ Intake sos.</li> </ol>
<p>20/5/2026            7:30 PM</p> <p>Baby well</p> <p>Urine output - 50ml clear</p> <p>Remove Foley at 12AM</p> <p>Shift to Room</p>	<p>POD-0 / E. U.S. / 1st/2nd trimester            comfortable            General condition - Fair /afebrile            Vitals - BP - 124/84 (94)                      PR - 85                      SpO<sub>2</sub> - 99% on RA            P/A - uterine retracted                  ⊕ soft            V/E - Minimal Bleeding ⊕            by Dr. Sujika</p>	<p><u>Advice</u></p> <ul style="list-style-type: none"> <li>✓ Advise H<sub>2</sub>O f/o liquids etc</li> <li>✓ Soft diet x 3AM (31/5/26)</li> <li>✓ IV fluids at 100ml/hr</li> <li>✓ Drugs as charted</li> <li>✓ Monitor vitals</li> <li>✓ Mobilization</li> <li>✓ f/o monitoring</li> <li>✓ W/P excessive bleeding, Inform</li> </ul>

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 Mrs PEDDI MEGHANA  
 17-07-1996 29 Y 10 M 13 D (F)  
 Dr. SASIKALA KOLA



**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
<u>31/5/2026</u>	<u>PEP-1 / CL-UCS</u> / <u>known case of</u> <u>metoxic calcium + BT starting</u>	
<u>7:30 AM</u>	Comfortable	<u>Advice</u>
Baby on IV Antibiotics	GC fair / afebrile vitals - stable	✓ oral hydration
<u>U/O - 500ml emptied</u>	P/A - uterus retracted well soft BS (+)	✓ soft diet
Total U/O - 1800ml	VVB - Minimal Bleeding	✓ Mobilization
Remove Foley now		✓ Drugs as charted
		✓ Monitor vitals
		✓ Watch for excessive Bleeding
		✓ Inform SBC
		by (Dr. Deepika) <small>Note by Late 8:45 AM</small>
<u>31/05/26</u> <u>1:20 PM</u>	P/A comfortable	<u>Adv</u>
U ✓ F ✓ Sp ✓	O/E GC fair, afebrile vitals - stable P/A - uterus retracted well U/E - lochia healthy	- Soft diet, plenty of oral fluids - drugs as purchased - vitals stable - Ambulate - W/F active
Baby MS		- Bleeding or Inform

Noted by Soumya  
 or Sameera

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 Mrs PEDDI MEGHANA  
 17-07-1996 29 Y 10 M 13 D (F)  
 Dr. SASIKALA KOLA



**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
31/5/26 6:15 PM	Pt comfortable Gc-fair, afebrile vitals stable PA - uterus retracted well 4c - lochia healthy	Adv - soft diet, plenty of oral fluids - meds as per charted - vitals 6 hourly - Ambulate - Inform JDS
01/6/2026 8:20 AM	POD-2 / Fl. 1st / 1c1c - urticarial calculi + stenting. Pt comfortable	Adv 1) Regular diet. 2) plenty of oral fluids. 3) meds as per charted 4) vitals 6th hourly. 5) ambulation 6) meds as charted. 7) soft active bleeding 8) Inform JDS
Baby well	G/F Gc-fair Bp-121/83 mmHg PR-69 Bpm SpO2-98% RA PA-uterus retracting well 4c - Lochia healthy	Adv 1) Regular diet. 2) plenty of oral fluids. 3) meds as per charted 4) vitals 6th hourly. 5) ambulation 6) meds as charted. 7) soft active bleeding 8) Inform JDS
SLE } due D/E }	Gc-fair Bp-121/83 mmHg PR-69 Bpm SpO2-98% RA PA-uterus retracting well 4c - Lochia healthy	Adv 1) Regular diet. 2) plenty of oral fluids. 3) meds as per charted 4) vitals 6th hourly. 5) ambulation 6) meds as charted. 7) soft active bleeding 8) Inform JDS
plan discharge as per package.		Dr. Dheya.



# INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

Patient Name : Mrs P. Meghana Gender:  Male  Female Age : 29

UHID No : MAH - 000381900 Date : 30/5/26

**Instruction:**

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

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

ELECTIVE LOWER SEGMENT CESAREAN SECTION

upon Mrs P. MEGHANA  
(Name of the Patient)

I have been advised of the benefits and reason of the procedure(s) as indicated by the clinical observations and / or diagnostics performed. I recognized that the practice of medicine is as much an art as a science and therefore acknowledge that no guarantees have been or can be made regarding the likelihood of success or outcomes. My questions regarding the condition, the proposed surgery and the outcome have been answered to my satisfaction prior to signing this form by the surgeon.

I have been explained the risks of this surgery /procedure and also about the reasonable alternative and the relevant risks, benefits and side effects related to such alternatives, including the possible results of not receiving care or treatment.

I have been explained that the following complications though rare are possible and will not hold Surgeon, Anesthesiologist or the hospital staff responsible for any untoward event thereof.

Bleeding / PPH / need for blood transfusion / infection / sepsis / PVT / injury to bowel & bladder

**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 SARIKALA

**Consentee :**

Signature : P. Meghana

Name : P. Meghana

Date & Time : 30/5/26 @ 2pm

**Witness :**

Signature : [Signature]

Name : Kanva

Date & Time : 30/5/26 @ 2pm

**Patient Attendant :**

Signature : [Signature]

Name : Sainath Kotapati

Relationship with Patient: Husband

Date & Time : 30/5/2026 2pm

**Doctor (who is taking the consent) :**

Signature : [Signature]

Name : Dr G. Sarika

Date & Time : 30/5/26 ; 12pm

# SURGICAL SAFETY CHECKLIST

Surgeon : *Dr. Sasikala Kola*  
 Asst. Surgeon : *Dr. Conika*  
 Anaesthetist : *Dr. Aditi*  
 Scrub Nurse : *Sis. Srilatha*

MAH-00381900 IP5-00174530  
 Mrs PEDDI MEGHANA  
 17-07-1996 29 Y 10 M 13 D (F)  
 Dr. SASIKALA KOLA  
 Date : *30/5/21* In-time : *2:17* Out-time : *3:30 PM*

Age : ..... Gender : .....  
 Name : .....



## Before Induction of Anaesthesia >>

## Before Skin Incision >>

## Before Patient Leaves Operating Room

SIGN IN	Time: <i>3:45</i>
<b>Patient Has Confirmed</b>	
Identity	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Site	<input type="checkbox"/> Yes <input type="checkbox"/> No
Procedure	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Consent	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Site Marked</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
<b>Anaesthesia Safety Check Completed</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Pulse Oximeter on Patient &amp; Functioning</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Does Patient have a:</b>	
Known Allergy?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Difficult Airway / Aspiration Risk?</b>	
Yes, & Equipment / Assistance Available	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Risk of &gt; 500ml Blood Loss (7ml/kg In Children)?</b>	
Yes, and Adequate Intravenous Access and Fluids Planned	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Blood Units Reserved	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
<b>Has Antibiotic Prophylaxis been given within the last 60 minutes?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Signature : <i>Aditi</i>	
Name : <i>Dr Aditi N</i>	

TIME OUT	Time: <i>14:14</i>
<b>Confirm all team members have introduced themselves by Name and Role</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Surgeon, Anaesthesia Professional and Nurse Verbally Confirm</b>	
Correct Patient (Check ID Band)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Correct Site	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Correct Procedure	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Anticipated Critical Events</b>	
<b>Surgeon Reviews:</b>	
What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss?	<i>bleeding</i> <i>1hr</i> <i>500ml</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
<b>Anaesthesia Team Reviews:</b>	
Are There Any Patient-specific Concerns?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
<b>Nursing Team Reviews:</b>	
Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns?	<i>yes</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
<b>Is Essential Imaging Displayed?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Power Supply, Earthing, Power Backup and functioning of equipment checked.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Signature : <i>Aditi</i>	
Name : <i>Ajayali</i>	

SIGN OUT	Time: <i>3:28</i>
<b>Nurse Verbally Confirms with the Team:</b>	
The Name of the Procedure Recorded	<input type="checkbox"/> Yes <input type="checkbox"/> No
That Instrument, Sponge and Needle Counts are Correct (or Not Applicable)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
The Specimen is Labelled (including patient name)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Whether there are any Equipment Problems to be addressed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
<b>To Surgeon, Anaesthetist and Nurse:</b>	
What are the key concerns for recovery and management of this patient?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Signature : <i>Conika</i>	
Name : <i>Dr. Conika</i>	

MAH-00381900 IP5-00174530  
Mrs PEDDI MEGHANA  
17-07-1996 29 Y 10 M 13 D (F)  
Dr. SASIKALA KOLA



## CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: Dr. Sasikala Kola	Date of Delivery: 30/5/26
Assistant Surgeon: Dr. Sonika	Time of Delivery: 2:41 pm
Anaesthetist's Name: Dr. Aditi	Gender of Baby: female
Type of Anaesthesia: LSA	Weight of Baby: 3.391
Neonatologist: Dr. Poathibha	AGPAR Score: 9/10
Scrub Nurse: Sis. Seelatha	NICU Admission: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pre-Operative Diagnosis: Ptmi | 37+6 | recurrent UTI | Distended instn

Elective       Emergency      Indication: recurrent UTI

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: Reassuring

If there was a delay give the reasons: .....

Surgical Procedure: Elective LSCS LSA

Post Operative Diagnosis: P14 P00 - 0 LSCS

Peri-Operative Complications: 3x2cm submucosal fibroid at incision site ; myomectomy done

Amount of Blood Loss: 400ml      Blood Transfused (in ML): —

Name and Number of Surgical Specimen sent for examination:  
—

**Examination Findings when Appropriate:**

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

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

Uterine Closure:  One Layer     Two Layers ..... Suture  
Peritoneal Closure:  Pelvic     Abdominal     None ..... Suture  
Sheath Closure: ..... Suture  
Fat Closure:  Yes     No ..... Suture  
Skin Closure:  Subcuticular     Mattress ..... Suture  
Vaginal Evacuated  Yes     No  
Drain:  Yes     No     Remove in ..... days     Await instructions  
Catheter  Yes     No     Remove in ..... days     Await instructions  
Swap & Instruments count correct?  Yes     No    Post-op Antibiotics  Yes     No  
Intra-Operative Antibiotics Cover:  Yes     No    Thromboprophylaxis  Yes     No

Post-Operative Notes: .....  
NBM x 4 hrs  
Dut as per team  
follow my chart  
Monitor vitals hourly  
w/ bleeding PLE  
inform soj

Doctor Name: Dr. G. SONIKA .....    Doctor Signature: A. Sonika .....

Date & Time: 30/5/26; 3:30pm .....

Patient Sticker

MAH-00381900 IP5-00174530  
Mrs PEDDI MEGHANA  
17-07-1996 29 Y 10 M 13 D (F)  
Dr. SASIKALA KOLA



## POST-SURGICAL CARE PLAN FORM

Procedure Done: ..... Elective Lsec.

Post-Surgical Diagnosis: ..... Pk Poo - Lsec

Post-Operative Monitoring Parameters / Frequency:

BP / RR / SpO<sub>2</sub> every 15 min for 1st 2 hrs  
S/B Hourly

Wound Care:

w/ wound leakage

Drain / Special Lines / Catheters:

Foley's x 24 hrs

Special Patient Positioning and Requirements:

supine

Nutritional Instructions:

NBM x 4 hrs

When to Start Mobilization:

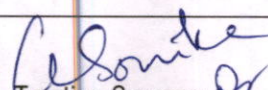
After foley's removal

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 Dr. Sasikala Kola  
(Signature & Stamp)

Date: 30/5/26 Time: 3:30 pm

Note: Plan of care will be readjusted if necessary.

MAH-00381900 IP5-00174530  
 Mrs PEDDI MEGHANA  
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 Dr. SASIKALA KOLA

Patient S



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

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

Signature of the Doctor: *[Signature]* Date: *30/5/26* Time: *3:30pm*  
 Action Plan: *Thromboprophylaxis x 10 days*

- Risk Assessment Tool for Deep Vein Thrombosis**
- If total score ≥ 4 antenatally, consider thromboprophylaxis from the first trimester.
  - If total score 3 antenatally, consider thromboprophylaxis from 28 weeks.
  - If total score > 2 postnatally, consider thromboprophylaxis for at least 10 days.
  - If total score = 2, Hydration & Ambulation.
  - If admitted to hospital antenatally consider thromboprophylaxis.
  - If prolonged admission (≥ 3 days) or readmission to hospital within the puerperium consider thromboprophylaxis.
  - For patient with an identified bleeding risk, the balance of risks of bleeding and thrombosis should be discussed in consultation with a haematologist with expertise in thrombosis and bleeding in pregnancy.

Patient Sticker

MAH-00381900 IP5-00174530  
 Mrs PEDDI MEGHANA  
 17-07-1996 29 Y 10 M 13 D (F)  
 Dr. SASIKALA KOLA



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

BirthRight™  
 BY RAINBOW HOSPITALS  
 Your Right to a Safe Delivery

## BUNDLE CARE CHECKLIST TO PREVENT SURGICAL SITE INFECTION (SSI)

Date : 30/5/21

To Be Filled In By Assigned Nurse :

Department : OBG, OT Duration of Procedure : 1 hr

Name of Surgeon : Dr. Sasikala Kola Date of Admission : 30/5/21

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

		Staff Signature
1.	Antibiotic given prior to surgery ? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Single Dose Antibiotic or Long Antibiotic Regime Antibiotic administered within 60 minutes prior to incision ? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Name of the Antibiotic : Inj: Cefotaxim	
2.	Hair Removal <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No if Yes : Surgical Clipper Department where Hair Removed : <input checked="" type="checkbox"/> Ward <input type="checkbox"/> Operating Room <input type="checkbox"/> Other : Skin preparation done (cleanse surgical area with antiseptic agent)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
3.	Patient's body temperature immediately post operation (Recovery Room) 37 °C <input type="checkbox"/> Oral Or <input checked="" type="checkbox"/> Axilla (Goal : 36-37 °C)	
4.	Name of doctor or staff administering the antibiotic : Sis. Karuna Date & Time of antibiotic administration : 30/5/21 @ 1pm Date & Time procedure started : 30/5/21 @ 2:15 pm	

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

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

MAH-00381900 IP5-00174530  
 Mrs PEDDI MEGHANA  
 17-07-1996 29 Y 10 M 13 D (F)  
 Dr. SASIKALA KOLA



CL CRY

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CONSUMABLES OF OT

Technician : *Shobana* Date : *30/5/2024* Time : *@ 1:00pm*

Circular

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube			Major Pack <i>Ullchape</i>	01	✓	Inj Vit.K		02 ✓
LMA			Sutures <i>236 2/2</i>	01	✓	Cord Clamp		01 ✓
ECG leads : A / P / N		03 ✓	<i>2A62</i>	00	✓	Suction Catheter		
HME filter : A / P / N						Feeding Tube		
Syringes : 10 cc		02 ✓				Vaccum Suction Set		
05 cc		02 ✓	Gloves <i>7</i>	03	✓	Surgical Gloves <i>6/2</i>		02 ✓
02 cc		01 ✓	<i>6/2</i>	02	✓	Gauze Pack		01 ✓
01 cc						Syringe 1ml / 2ml		01 ✓
Cautery plate : A / P / N		00	Surgical blade <i>no 22</i>	01	✓	Surgical Blade # 20		01 ✓
IV set			NG tube			Koochies (S)		01 ✓
RL		03 ✓	Cautery pencil		01 ✓			
NS : 10ml / 100ml / 500ml / 1000ml		1 ✓	Koochies <i>adult XL</i>		01 ✓			
<i>renewspira</i>		01 ✓	Ointments					
<i>20x2</i>		01 ✓	Suction Catheter					
Fentanyl		01	Cap, Mask	10	✓			
Morphine			Gauze Pack		01 ✓			
Ketamine			Mop Pack		02 ✓			
Propofol			Steristrip <i>sterizone</i>		01 ✓			
Rocuronium			Underpad		01 ✓			
Glycopyrolate		01 ✓	Draw sheet <i>quick shut</i>		01 ✓			
Myopyrolate			Abgel					
Ondansetron		01 ✓	Foleys catheter					
Pencan 25g/ Spinal Needle 22		01 ✓	Urobag					
Bupivacaine 0.25%			Chest Drainage Catheter					
Bupivacaine 0.25%(Heavy)		01 ✓	Romodrain bag					
Antibiotics			Bandage					
			Tegaderm					
Suppositories			loban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg		01 ✓	Vaccum Suction set		01 ✓			
Justin : 12.5 mg / 25mg / 100mg		01 ✓	Plastic Bed Sheet					
Tab. Misoprost : 200mg		02 ✓	Betadine Solution		02 ✓			
<i>Oxyfow</i>		02 ✓	Microshield		01 ✓			
<i>gauge tgl ves</i>		31 ✓	Cotton Balls		01 ✓			
<i>framase</i>		02 ✓	Latex Gloves		20			
			Ramdione Scrub					
			Saral <i>D/A</i>					

0635349

Surgeon

Anaesthesiologist

Nurse

OT Technician

Order No. : *0636342*

Ordered by : *Paulabi*

MAH-00381900 IP5-00174530  
 Mrs PEDDI MEGHANA  
 17-07-1996 29 Y 10 M 13 D (F)  
 Dr. SASIKALA KOLA



## SURGERY DETAILS

Date : 30/5/21

Patient Name: Mrs. Peddi Meghana Date of Birth: 17-07-1996 Age: 29 yrs

Gender: Female Ward: OBG OT UHID No.: MAH-00381900

Date of Surgery: 30/5/21  OT-1  OT-2  OT-3  OT-4  OBG OT-1  OBG OT-2

Name of the Surgery : ELECTIVE LSCS LSA

Time in : 2pm

Time Out : 3.30pm

		<u>NAME</u>	<u>AMOUNT</u>
1.	Surgeon	Dr. Sasikala Kola	
2.	Anaesthetist	Dr. Aditi	
3.	Assistant Surgeon	Dr. Sonika	
4.	OT Technician	Shrisha	
5.	Circulating Nurse	Sis. Swarna	
6.	Assistant Nurse	Sis. Silpa	

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

*Dr. Sonika*  
 Signature of the Surgeon

*Sis. Swarna*  
 Signature of Circulating Nurse

Order No: 9635336

Order by: Paulabi

MAH-00381900 IP5-00174530  
 Mrs PEDDI MEGHANA  
 17-07-1996 29 Y 10 M 13 D (F)  
 CASALA KOLA



## MEDICATION RECONCILIATION FORM

Drug Allergies: None  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: OBG Shifted to: ICU

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	T-IRON	1tab	PO	OD	29/5	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
2	T-CALCIUM.	1tab	PO	OD	29/5	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
3	T-COMBINORM PLUS	1tab	PO	OD	29/5	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
4						<input type="checkbox"/> C <input type="checkbox"/> DC
5						<input type="checkbox"/> C <input type="checkbox"/> DC
6						<input type="checkbox"/> C <input type="checkbox"/> DC
7						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

\* C- Continue, DC - Discontinue

### MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature: Dr. Sonika

& Time: 20/5/26 : 12pm

Name & Signature: Kannu

Time: 20/5/26 8m



## DRUG CHART

Date of Admission: 30/5/26 Drug Allergies: NICDA  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)

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

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

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

VERIFIED BY : Name



AH-00381900 IP5-00174530  
 Mrs PEDDI MEGHANA  
 7-07-1996 29 Y 10 M 13 D (F)  
 Jr. SASIKALA KOLA



at No: .....

REGULAR PRESCRIPTIONS

Weight .....

Ward OBS

DRUG: Tricyclics Date/Time: 31/5/16  
 Dose: 50mg Route: PO Frequency: OD Start Dt.: 30/1/2016

Name & Signature of the Doctor Starting the Drugs:  
Dr Sonika ; Dr Sonika

*Handwritten notes:*  
 1st time  
 last 1/2 tablet  
 ma

Additional Instructions:

x 3 days

Daily Doctor's Endorsement by a Sign

DRUG: T-DICLOFENAC Date/Time: 30/5/16  
 Dose: 50mg Route: PO Frequency: BD Start Dt.: 30/1/2016

Name & Signature of the Doctor Starting the Drugs:  
Dr Sonika ; Dr Sonika

*Handwritten notes:*  
 11 AM  
 1st time  
 last 1/2 tablet  
 ma

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG: T-PANTOP Date/Time: 31/5/16  
 Dose: 40mg Route: PO Frequency: BD Start Dt.: 30/5

Name & Signature of the Doctor Starting the Drugs:  
Dr Sonika ; Dr Sonika

*Handwritten notes:*  
 1st time  
 last 1/2 tablet  
 ma

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG: Tricyclics Date/Time: 31/5/16  
 Dose: 40mg Route: SC Frequency: OD Start Dt.: 30/5/2016

Name & Signature of the Doctor Starting the Drugs:  
Dr Sonika ; Dr Sonika

*Handwritten notes:*  
 11 AM  
 1st time  
 last 1/2 tablet  
 ma

Additional Instructions:

x 11 AM

Daily Doctor's Endorsement by a Sign

VERIFIED  
 VERIFIED  
 VERIFIED  
 Signature  
 Name  
 VERIFIED

Patient Sticker

Sheet No: .....

REGULAR PRESCRIPTIONS

Weight .....

Ward .....

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

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

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

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

Signature  
Name

VERIFIED



**VARIABLE DOSE**

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

**VARIABLE DOSE**

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

**STAT / ONCE ONLY DRUGS**

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
30/5/26	10m	Buy CEFOTAXIM	2gm	PO	Alsonik	Kann Siddh
30/5/26	12:50 pm	Buy AMIKACIN	750mg	PO	Alsonik	Kann Siddh
30/5/26	12:30pm	Buy PANTOP	40mg	PO	Alsonik	Kann Siddh
30/5/26	12:20pm	Buy PERINORM SUPPOSITORIES	10mg	PO	Alsonik	Kann Siddh
30/5/26	3 3	TRAMADOL	100mg	PR	Siddh	Ajali Siddh
30/5/26	3:30	DICLOFENAC	100 mg	PR	Siddh	Ajali Siddh
30/5/26	6:30pm	JMS PARALOTANOL	1g	PO	Siddh	Ashwika Sourpu

Signature

VERIFIED BY: Name

I.V. FLUIDS CHART

Weight: ..... Ward: OB



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
30/5/20	2-05	RINGER LACTATE	IV	FF	Sade	Ajayali Seitata	30/5/21	Sade	Ajayali Seitata
30/5	3:00	RINGER LACTATE	IV	FF	Sade	Ajayali Seitata	30/5	Sade	Ashwika Sangeeta
30/5	5:00pm	RINGER LACTATE 500ml	IV	100ml/hr	Sade	Ashwika Sangeeta	30/5	Sangeeta	Ashwika Sangeeta
30/5	7:00pm	RINGER LACTATE 500ml	IV	100ml/hr	Sade	Ashwika Sangeeta	30/5	Sade	Ajayali Sv
30/5	8:00pm	RINGER LACTATE 500ml	IV	100ml/hr	Sade	Sangeeta Ajayali	30/5	Sade	Ushika Ajayali
30/5	10:00pm	RINGER LACTATE 500ml	IV	100ml/hr	Sade	Ushika Ajayali	31/5	Sade	Ushika Ajayali
31/5	3am	RINGER LACTATE 500ml	IV	100ml/hr	Cip	Ushika Ajayali			Ushika Ajayali
31/5	<del>10:00pm</del>	RINGER LACTATE 500ml	IV	100ml/hr	Cip				
		RINGER LACTATE 500ml	IV	100ml/hr	Cip				

Signature .....

VERIFIED BY: Name .....



# OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 30/5/20 Time of Arrival: 11:20 AM Time Seen by Nurse: 11:20 AM

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: .....

3) Vital Signs: Temperature: 98.4 Pulse: 80/4m RR: 20 SpO<sub>2</sub>: 100% BP: 92/80 Weight: 108.7

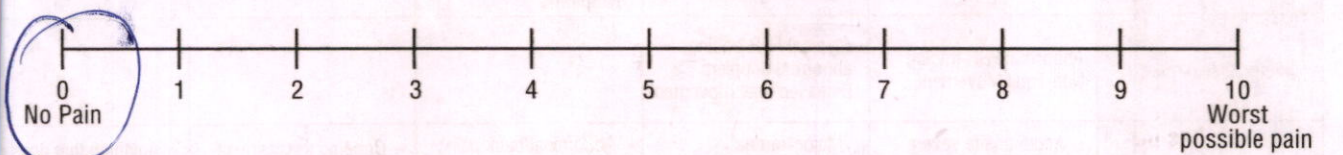
4) Gestational Criteria:

Gravida:	G	P	L	A
----------	---	---	---	---

LMP: 3/9/25 EDD: 10/6/26 Gestational Age: 37<sup>to</sup> weeks

Uterine Contraction	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	Onset	Time	Frequency:
Membrane Rupture	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	Onset	Time	Fluid Color:
Vaginal bleeding	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	Onset	Time	Amount:
Pre Eclampsia Symptoms	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	If Yes specify: Headache / Visual Symptoms / Pain Abdomen / Vomiting		
Good fetal Movement	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	If No specify: <u>Edema</u>		

5) Pain Screening: Numerical Pain Scale (NPS)



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

6) Past History:

a) Surgeries: under went left push back 2 days ago  
 b) Medical: Renal calculus



7) Allergy:  Yes  No, If Yes : .....

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

9) Prenatal Medical History:

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

Triage Category: (Please tick on the category)

Refer to OBSTETRICAL TRIAGE ACUITY SCALE (OTAS)

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

OBCU Obstetrical Triage Acuity Scale (OTAS)

OTAS	Level 1 (Resuscitative)	Level 2 (Emergent)	Level 3 (Urgent)	Level 4 (Less Urgent)	Level 5 (Non Urgent)
Level 1 (Resuscitative)	Immediate	≤ 15 minutes	≤ 30 minutes	≤ 60 minutes	≤ 120 minutes (2 Hours)
Re-Assessment	Continuous Nursing Care	Every 15 Minutes	Every 15 Minutes	Every 30 Minutes	Every 60 Minutes
Labour / Fluid	Imminent Birth	Suspected Pre-term Labour / PPRM < 37 Weeks	Signs of Active Labour > 37 weeks	Signs of Early Labour/ 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	<ul style="list-style-type: none"> <li>Acute onsite severe abdominal pain</li> <li>Altered level of consciousness</li> <li>Cord prolapse</li> <li>Severe respiratory distress</li> <li>Suspected sepsis</li> </ul>	<ul style="list-style-type: none"> <li>Major trauma</li> <li>Shortness of breath</li> <li>Unplanned and unattended birth</li> </ul>	<ul style="list-style-type: none"> <li>Abdominal/back pain greater than expected in pregnancy</li> <li>Flank pain / hematuria</li> <li>Nausea /vomiting and /or diarrhea with suspected dehydration</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing assessment from out patient clinic (for hypertension, blood work)</li> <li>Minor trauma (minor MVC/fall)</li> <li>Nausea/Vomiting and /or diarrhea</li> <li>Signs of infection (ie dysuria ,cough, fever, chills)</li> </ul>	<ul style="list-style-type: none"> <li>Anything that does not seem to pose threat to mother or fetus</li> <li>Cervical ripening</li> <li>Out patient placenta previa protocols</li> <li>Pre-booked visits (ie Rh and progesterone injections, NST</li> <li>Assessment for version</li> <li>Rashes</li> </ul>

Time seen by Doctor: 12:00pm

Nurse Name: Kanungo Nurse Signature: [Signature]

Date: 30/5/26 Time: 12pm

Patient Chart

IP5-00174530

MAH-00381900  
Mrs PEDDI MEGHANA  
17-07-1996 29 Y 10 M 13 D (F)  
Dr. SASIKALA KOLA

# OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 30/5/20

### Baseline Information:

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

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

Chief Complaints: Fluores Doctor Notified on Admission:  Yes  No  
Name of the Doctor: Dr. Sondky  
Time Notified: 12pm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
Renal Calculus	undivided left testis and testis	
Gynecology Assessment: <input type="checkbox"/> Not Applicable Menstrual History: Regular Onset of Menarche: ..... Menstrual Cycle: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular Last Menstrual Period: 3/9/25	Gynecology Surgical History: Caesarean Section: <input type="checkbox"/> No <input type="checkbox"/> Yes Cervical Cerclage: <input type="checkbox"/> No <input type="checkbox"/> Yes Ectopic Pregnancy: <input type="checkbox"/> No <input type="checkbox"/> Yes Myomectomy: <input type="checkbox"/> No <input type="checkbox"/> Yes Others: .....	Gynecological History: Contraceptives: <input type="checkbox"/> No <input type="checkbox"/> Yes Vaginal Discharge: <input type="checkbox"/> No <input type="checkbox"/> Yes Post-Coital Bleeding: <input type="checkbox"/> No <input type="checkbox"/> Yes Infertility: <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes Type: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary

Obstetric History: G ..... P himi ..... L ..... A .....

Previous LSCS: .....

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

Family History:  No Abnormalities Detected

Heart Disease  Hypertension  Diabetes  Stroke  Seizures  Kidney disease  
 Liver disease  Other .....

Vital Signs / Measurements: Temp: 98.4 HR: 80 RR: 20  
BP: 118/70 Weight: 108.7 Height: 160 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 ... 20 ..... (complete the Morse Fall Risk Assessment Sheet)

**Risk of Pressure Sore:**  Yes  No Score ... 24 ..... (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 .....

**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 Patel

Name of Person Orientation was given to: Ms. Meghana

Orientation not given Reason: is

Nurse Signature: [Signature]

Nurse Name: kanu

Date & Time: 30/07/2024

MAH-00381900 IP5-00174530  
 Mrs PEDDI MEGHANA  
 17-07-1996 29 Y 10 M 13 D (F)  
 Dr. SASIKALA KOLA



30/5/26

**FLUID CHART**

Sheet No. : (1)

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

Date	Time	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
		Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G							
	08:00 am									0		
	09:00 am	RC NBro		100ml						0		Kam
	10:00 am	RC N		100ml		NP				0		Kam
	11:00 am	RC B		100ml						0		Kam
	12:00 pm	RC M		100ml						0		Kam
	01:00 pm									0		Kam
<b>Total Intake :</b>					<b>Total Output :</b>							
	02:00 pm									0		Ashwika
	03:00 pm	RC N		100ml					200ml	0		Ashwika
	04:00 pm	RC B		100ml						0		Ashwika
	05:00 pm	RC M		100ml						0		Ashwika
	06:00 pm	RC <del>separated</del>		100ml						0		Ashwika
	07:00 pm	RC		100ml						0		Ashwika
	<b>Total Intake :</b> Taken					<b>Total Output :</b> passed						
	08:00 pm	RC H <sub>2</sub> O		100ml						0		Swape
	09:00 pm	RC H <sub>2</sub> O		100ml					600ml	0		Swape
	10:00 pm	R		100ml		NP				0		Laksh
	11:00 pm	R		100ml						0		Laksh
	12:00 am	L H <sub>2</sub> O		100ml					200	0		Laksh
	01:00 am			100ml						0		Laksh
	<b>Total Intake :</b>					<b>Total Output :</b> U - 800 ml - 0						
	02:00 am	R		100ml						0		Laksh
	03:00 am	L H <sub>2</sub> O		100ml		NP			300	0		Laksh
	04:00 am	L		100ml						0		Laksh
	05:00 am	L H <sub>2</sub> O		100ml						0		Laksh
	06:00 am	R		100ml					500	0		Laksh
	07:00 am	L								0		Laksh
	<b>Total Intake :</b>					<b>Total Output :</b> U - 800 ml - 0						
<b>Total 24 hrs. Intake</b>		Taken										
<b>Total 24 hrs. Output</b>		U - 1800 ml - 0										

MAH-00381900  
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 Dr. SASIKALA KOLA

# FLUID CHART



Sheet No. : .....

31/5

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
	08:00 am										0	Jyothy
	09:00 am	water							✓	0		
	10:00 am						NP			0		
	11:00 am									0		
	12:00 pm	water								0		
	01:00 pm									0		
<b>Total Intake :</b> Taken						<b>Total Output :</b> M-0 U-1						
	02:00 pm										0	Jyothy
	03:00 pm	water								0		
	04:00 pm						NP		✓	0		
	05:00 pm									0		
	06:00 pm	water								0		
	07:00 pm									0		
<b>Total Intake :</b> Taken						<b>Total Output :</b> M-0 U-1						
	08:00 pm										0	Jyothy
	09:00 pm	water							✓	0		
	10:00 pm									0		
	11:00 pm	water							✓	0		
	12:00 am									0		
	01:00 am								✓	0		
<b>Total Intake :</b> Taken						<b>Total Output :</b> M-3 M-1						
	02:00 am										0	Jyothy
	03:00 am	water								0		
	04:00 am						NP			0		
	05:00 am	water								0		
	06:00 am									0		
	07:00 am									0		
<b>Total Intake :</b> Taken						<b>Total Output :</b> M-0 U-1						

**Total 24 hrs. Intake** Taken

**Total 24 hrs. Output** M-1 U-6

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 Mrs PEDDI MEGHANA  
 17-07-1996 29 Y 10 M 13 D (F)  
 Dr. SASIKALA KOLA



01/06

# 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												
<b>Total Intake :</b>					<b>Total Output :</b>								
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
<b>Total Intake :</b>					<b>Total Output :</b>								
	08:00 pm												
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
<b>Total Intake :</b>					<b>Total Output :</b>								
	02:00 am												
	03:00 am												
	04:00 am												
	05:00 am												
	06:00 am												
	07:00 am												
<b>Total Intake :</b>					<b>Total Output :</b>								

**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.
3. 24 hrs. total to be entered in the kardex in RED.

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

**Total 24 hrs. Intake**

**Total 24 hrs. Output**

MAH-00381900 IP5-00174530  
 Mrs PEDDI MEGHANA  
 17-07-1996 29 Y 10 M 13 D (F)  
 Dr. SASIKALA KOLA



Department of Anaesthesiology  
**PRE-ANAESTHETIC EVALUATION**



Name: Mrs. Peddi Meghana Age: 29y Sex: F UHID.No: MAH-00381900

Date: 20/5/26 Time: 11:45 AM Proposed Operation: Elective LSCS

Diagnosis: Primigravida 37<sup>th</sup> wk

B.P / CRT: 132/87 H.R: 95 Weight: 108kg ASA Physical Status:  1  2  3  4  5

255 nutty

BMI: 43 Laboratory Data:

Hgb: <u>12.5</u>	Glucose: .....	Protein: .....	HIV: .....	X-Ray: .....
PCV: <u>37.7</u>	Urea: .....	Alb: .....	HBS Ag: .....	ECG: .....
WBC: <u>14.650</u>	Creat: .....	Total Bill: .....	HCV: .....	2D Echo: .....
Plate: <u>8.24 lak</u>	Na: .....	Dir. Bill: .....	Blood group: <u>O positive</u>	Stress/Angio: .....
PT: .....	K: .....	LDH: .....	T3 .....	Other: .....
PTT: .....	Ca++: .....	Alk phos: .....	T4 .....	
INR: .....	Mg++: .....	Amylase: .....	TSH .....	
	Cl-: .....	SGOT/SGPT: .....		

Allergies: NIL

Medical History: CVS: NIL SIGNIFICANT

RESP: NIL SIGNIFICANT Diabetes: .....

CNS: .....

Renal: Kidney DJ stent (23/1/26) for Renal calculi ↓ LA

Hepatic / GE: NIL SIGNIFICANT Physical Activity: .....

Others: .....

Past Anaesthetic History: .....

Physical Exam:

Airway: MP 1 2(3)4 Mouth Opening: Adequate Mento-hyoid Distance: (N) Neck: short neck Teeth: (N) Alignment

Lungs: BAC(+), Clear.

Heart: S1S2(+)

CNS: NAD

Pregnant:  Yes  No  NA Venous Access Site: Peripheral (+) Spine Exam for regional: Midline

Anaesthetic Plan:  MAC  REGIONAL  GA-ETT  LMA

Peri-Operative Plan Explained to the Patient:  Yes  No

Solids: 7:30 AM  
Coconut water: 9:00 AM

CURRENT MEDICATIONS	DOSAGE
<u>T. Fe</u>	<u>OD</u>
<u>T. Ca</u>	<u>OD</u>

Pre-Operative Instructions:

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

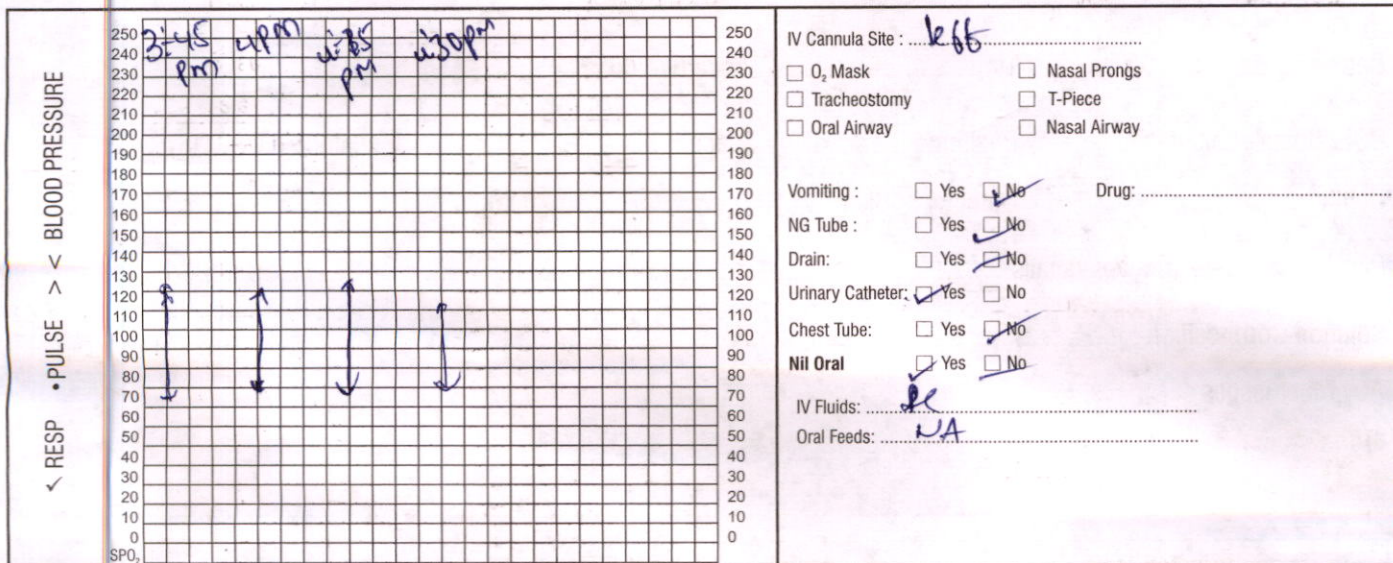
Signature: [Signature] Name: D. Sri Ayesha





**POST-ANAESTHESIA CARE UNIT RECORD**

Received in PACU by : Dr. Ashwitha Time Received : 3:40 PM Time Discharged : .....



IV Cannula Site : left

O<sub>2</sub> Mask  Nasal Prongs  
 Tracheostomy  T-Piece  
 Oral Airway  Nasal Airway

Vomiting :  Yes  No Drug: .....

NG Tube :  Yes  No

Drain :  Yes  No

Urinary Catheter :  Yes  No

Chest Tube :  Yes  No

Nil Oral  Yes  No

IV Fluids : DL

Oral Feeds : NA

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	1	2	2	2		A Minimum Total Score of 8 is Required for Discharge  Exceptions to this, are to be explained in the space below by the Discharging Physician:
Able to deep breathe & cough freely = 2 Dyspnea or limited breathing = 1 Apneic = 0	2	2	2	2		
BP ± 20 of Pre Anaesthetic level = 2 BP ± 20-50 of Pre Anaesthetic level = 1 BP ± 50 of Pre Anaesthetic level = 0	2	2	2	2		
Fully awake = 2 Arousable on calling = 1 Not responding = 0	2	2	2	2		
Pink = 2 Pale, dusky, blotchy, jaundiced, other = 1 Cyanotic = 0	2	2	2	2		
TOTAL	9	10	10	10		

**PAIN ASSESSMENT AND MANAGEMENT FORM**

Date	Time	Pain Score	Intervention	Signature
30/5/26	4 PM	0	NA	SJ
30/5/26	6 PM	1	Inj. paracetamol	Ashwitha

Pain Tool Used:  N PASS  FLACC  Wong Baker  NPS

**Reassessment Frequency:**

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

Anaesthesiologist Name : Dr. Aditi W

Anaesthesiologist Signature: [Signature]

Date & Time: 30/5/2026 9 PM

PACU Nurse Name : [Signature]

PACU Nurse Signature: [Signature]

Date & Time: 30/5/26 @ 8 PM

Transferred to Unit by (PACU): Ashwitha

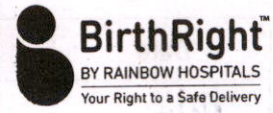
Date & Time: 30/5/26 @ 3:40 PM



MAH-00381900  
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# NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 31/5/26 Time: 9 am

Origin: Indian Height: 160cm Weight: 108.7kg BMI: 42.19 kg/m<sup>2</sup>

Food Allergies: NO

Diagnosis: pph-1/cs lower segment cesarian section

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

Diet Advised:  
Soft high protein diet  
with plenty of oral fluids  
→ Avoid spicy, chilled & outside foods

Patient's / Attendant's  
Signature: P. Samatha

Name: meghana

Date & Time: 31/5/26 9 am

Dietician's  
Signature: Sarma

Name: Sarma

Date & Time: 31/5/26 8 am

