Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Children's Hospital - Banjara Hills

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

ADMISSION SHEET

Registration Details :

Admission No : IP5-00176147 **Admit Date** : 09-Jul-2026 **Admit Time** : 12:45 PM **UHID** : CUV-00080762

Patient Details :

Patient Name	: Dr. VIDIYALA PUJITHA	**Age**	: 35 Y 9 M 19 D
Guardian	: DR. JATIN YEGURLA	**DOB**	: 20-09-1990
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	: Married
Address (H)	: FLAT NO. 1202, WEST SIDE, SHAIKPET, Golconda Hyderabad Telangana INDIA 500008	**Phone No**	: 8333026969/ 9959142144
		E-mail	: DRJATIN.Y@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 : DR. JATIN YEGURLA **Relationship** : Husband

Contact Address : FLAT NO. 1202, WEST SIDE, SHAIKPET, Golconda Hyderabad Telangana INDIA 500008 **Phone No** : 8333026969 / 9959142144

Signature

Doctor Details :

Doctor Name : Dr. HIMABINDU VEERLA **Specialisation** : OBSTETRICS AND GYNECOLOGY

Referral Doctor : Self **Phone No** :

Co-Consultant :

Payment Details :

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

Payor Name : SELFPAY

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ACTIVITY RECORD FOR BILLING

Name : _____

CUV-00080762 IP5-00176147
Dr. VIDIYALA PUJITHA
20-09-1990 35 Y 9 M 19 D (F)
Dr. HIMABINDU VEERLA

UHID No _____ Consultant: _____ Dept : _____

Date of _____ Date of Discharge : _____ Time: _____

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
9/7		OBS	3rd floor	Sowmya
9/7/26	9:10 pm	MICU	313 3rd floor	Rafi

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
9/7/26	CBP	26068739	[illegible]
9/7/26	CBP	26068639	[illegible]
		Cross checked by [illegible]	[illegible]

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
9/7	cardiac monitor	1pm		9695160	[illegible]
	Infusion pump	1pm			[illegible]
				cross checked by Sis. [illegible]	

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
9/7/26	IV placement	1		Sreany
	~~PAE~~	1	9696141	Sreany
9/7/20	catheterization	1		Sreany
10/7/26	Occ. Iron therapy	1	9696365	Kanny

ANY OTHER INFORMATION

....

....

....

....

....

....

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

CUV-00080762 IP5-00176147
Dr. VIDIYALA PUJITHA
20-09-1990 35 Y 9 M 19 D (F)
Dr. HIMABINDU VEERLA

Pati

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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

c/o bleeding p/v

Obstetric Formula: - ML - 2018; NCM - G2P1,4

Obstetric Hostory: 2019 - FTNVD - ♀ - 3.2kg : NAD

Present Pregnancy Record: PP - Spontaneous conception

LMP: 15/10/25 EDD: 29/7/2026.

Corrected EDD: 30/7/26 GA: 37 wks.

Menstrual History: Regular : ☑ Yes ☐ No

Obstetric Examination

Fundal Height: UT ~ term

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

Liquor: ☑ Adequate ☐ Oligo ☐ Poly

PP: ☑ Cephalic ☐ Breech Others _____

Head Fifths Palpable: _____

FHS: ☑ Normal ☐ Tachy ☐ Brady ☐ Absent

RISK FACTORS:

Venous labs (+) occ internals.

Per Speculum Examination No active bleeding

Draining: ☐ Present ☐ Absent ☐ Bleeding

Colour of Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Vaginal Examination

Cervix: ☐ Long ☐ Partially effaced ☑ Effaced

Os: Closed _____ Dilated 4cms.

Membranes: ☑ Present ☐ Absent

Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Presenting Part: ☐ Vertex ☐ Breech ☐ Others

Sutton: ☑ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2

Pelvis: ☑ Adequate ☐ Doubtful

Height: ..... cm

Weight: ..... kg

Allergies: NKDA

Breast: ☑ Normal ☐ Abnormal

General Examination:

Consciousness: Conscious Pallor: } absent

Icterus: absent Edema: }

Temp: afebrile (98) PR: 83 BPM

BP: 123/79 mmHg DTR: (+)

CVS: S1S2 (+) RS BAE (+)

Liver/Spleen: not palpable. Urine Output:

SpO_2 - 99% on RA

DIAGNOSIS

$G_2P_{1,4}$ | 37 wks | c previous NVD c Gestational hypothyroid c in labor.

CUV-00080762
Dr. VIDIYALA PUJITHA IP5-00176147
20-09-1990 35 Y 9 M 19 D
Dr. HIMABINDU VEERLA (F)

Family History:	Surgical History:
Nil	Nil
Medical History: Gestational k/c/o hypothyroid × Dwly.	**Medication History:** See reconsolation form
Plan of Care: c/D/w Dr. Himabindu. — Admission. — Prepare parts — Two IV cannula. — ~~Send CBP, CRP, CUE,~~ ~~PT, aPTT, INR, LFT, Sr. Creat,~~ ~~Uric acid, Urea, LDH,~~ ~~Fibrinogen.~~ — NST — Vitals Hrly ✓ Send CBP & Trace ✓ Reserve 1 D PRBC.	**Investigations:** — B positive — VDRL, HIV, HbsAg, HCV } NR. FTS - low risk TIFFA (N) — 4/6/26 - Sr. bile acids = 1.16. 26/5/26 - TSH = 2.7. Hb = 11.1 PLT = 2.14 L. 2/7/26 LFT - (N) FBS/PPBS = 78/91 TSH = 2. — 3/7/26 = 36+1 wks - → EFW - 2.6 kg [30%] ; AC - 22%. → AFI - 15.7 ; placenta - posterior, upper segment, venous lakes over internal os (P). → Dopplers (N).

DR. HIMABINDU VEERLA
Registration No: 37245

Doctor Name: Dr. Sruthi
Signature: Sruthi
Date & Time: 9/7/26, 12:00PM.

Consultant Name: Dr. Himabindu
Signature: [signature]
Date & Time: 9/7/26 12:00PM

CUV-00080782 IP5-00176147
Dr. VIDIYALA PUJITHA
20-09-1990 35 Y 9 M 20 D (F)
Dr. HIMABINDU VEERLA

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DEFICIENCY CHECK LIST OF CASE SHEET

Sl.No.	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission sheet	1			
2	Discharge Summary + Plan	1+1			
3	Nursing Initial assessment	2 1			
4	Patient Transfer form	1			
5	In-patient Medical record	3 2			
6	Doctors progress sheets	1			
7	Nursing plan of care and handover sheets				
8	Consultation sheet				
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				
17	Consent for Formula feed				
18	Consent for ~~MTP~~ Cesarean	1			
19	Consent for Radiological Investigations				
20	Consent for ~~HIV test~~ Vaginal Birth	1			
21	Anaestesia notes (Pre Anaesthesia& post)				
22	Neonatal Admission/Delivery/Physical Exam				
23	Medication Reconciliation	1 1			
24	~~Emergency~~ Triage record Obs				
25	Pre operative check list				
26	Surgical safety checklist				
27	Operation Theatre notes				
28	Nurses clinical Presentation				
29	TPR & BP chart	2			
30	Intake and Out take chart (fluid chart)	1			
31	Drug chart (Regular Prescription)	1 1			
32	Investigation Values (result sheet)	1			
33	Nebulization chart				
34	Nutritional review chart	1			
35	Intensive care unit (ICU Charts)				
36	Consent for Admission in PICU / NICU				
37	The Humpty dumpty scale Not entered	1			
38	Braden Q Scale Obs	10			
39	Bed side check list				
40	PICU bed formula Dilution feeds				
41	Gastro monitoring chart Baby Living	1			
42	Rch ED doctors note				
43	BP Monitoring chart				
44	RBS monitoring chart				
		35			
	Total No. of Pages				

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

Signature and Date : 14/07/26

(P.T.O)

ERROR LOG

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

OBSERVATION :

DATE :

SIGNATURE OF MRD INCHARGE / EXECUTIVE

CUV-00080762 IP5-00176147
Dr. VIDIYALA PUJITHA
20-09-1990 35 Y 9 M 19 D (F)
Dr. HIMABINDU VEERLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/7/2026 2:00PM	PND-0 | SVD. AtonicPPH	2 Roller Gauze insitu
	Comfortable	Advice:
	GC Fair / afebrile	✓ Oral hydration
	Vitals - BP - 120/70 (92)	✓ Soft diet
V/O - 150ml, clear	PR - 74	✓ Monitor vitals
	SpO2 - 97% on RA	✓ Mobilization
	P/A - Uterus retracted well soft	✓ W/F excessive Bleeding
	VVE - Vagina packed	✓ U/O Monitoring
1 PRBC - Reserved		✓ Inform SOS
(CBP) - 10/7/2026		Sig. Dr Deepika
9/7/26 2:45PM	C/S/B Dr. Himabindu V	
	Pt stable	✓ Pack insitu - 12hrs (plan tomorrow morning)
	Conscious, Coherent	
	P/A: URW	
	P/V: Pack insitu (2 roller Gauze) No soakage	✓ Foleys after pack removal
	U/O: Adequate	✓ CBP 6AM 10/7/26
	Baby well	Sig. Dr Y Sneha ✓ Shift after 6-8 hrs post delivery

CUV-00080762 IP5-00176147
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20-09-1990 35 Y 9 M 19 D (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/7/26 5PM	S/B Dr. Hima Bindu	
	Pt - Comfortable	- no diet -
A/V	PR - 66/min	- hydrate
CBD	BP - 115/63 mmHg	
	SPO2 - 100%	
	P/A - UT retracted	
	P/V - No active bleeding	[signature]
		DR. HIMABINDU V[illegible] Registration No: 37[illegible]
9/7/26 7:17pm	PND-0 / NVD	
	O/E	Adv
B-well	BP - 112/62 mmHg.	① ® diet
	PR - 69 BPM.	② ambulation
	SPO2 - 98% RA	③ Hydration
CBP	P/A - UT ® well	④ w/f other bleeding
Hb - 9.2	L/E - BWNL	⑤ monitor vitals
PLT - 2.0L		⑥ Drugs as above
WBC - 17.60 ↑		⑦ ~~[illegible]~~ Inform SOS
		Shift to room -
Plan inj FCM 1gm IV tomorrow		- Foley till further adv.
on inj Tranexa 1gm IV TID.		Dr. Divya
on inj cefotaxim 1gm BD		
	noted by [illegible]	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/7/26 9:15AM	S/B. Dr. HimaBindu Pt - pallor+ PR - 66/mt SPO2 - 100% BP - 118/80 mmHg PA - uterus involuting PV - vaginal pack removed. Foley's removed.	(1) N/O diet (2) Plan IV Iron Sdy DR. HIMABINDU VEERLA Registration No: 37245 (Dr. V. Hima Bindu)
10/7/2026 3:15PM	Inj FCM 1gm given after test dose No reaction Pt stable All through out 104/66 (78) mm Hg 83bpm 97.6 °F U ✓ F ✓ S Baby well.	Shift to room

Sdy
Dr Y Sneha

Docu. No. : RCHBH /FRM / CLINICAL / 088 (P.T.O)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/7/2026 6:30pm	PND-1 / PL / SVD	
	inj. pcm give.	
	O/E	Adv
	G.C fair	(1) (R) Diet
	vitals stable	(2) Hydration
V ✓	P/A - ut (R) well	(3) Ambulation
F ✓	U/E c B WNL	(4) w/f active bleeding
S.Y		(5) Drugs as charted
		(6) Inform SOS
	Dr. Divya	noted by [illegible] @ 6:02 PM
10/7/26 9AM	PND-2	
FCM ✓	O/E	
UF ✓	G.C fair	Adv
	vital stable	(1) (C) diet
	P/A - ut (I) well	(2) Ambulation
VV	P/E - B WNL	(3) Hydration
F/V	BS (+)	(4) w/f active bleeding
SY		(5) Drugs as charted
		(6) Inform SOS
Plan discharge		
	Dr. Divya	noted by [illegible]

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20-09-1990 35 Y 9 M 19 D (F)
Dr. HIMABINDU VEERLA

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RESULT SHEET

Date	9/7/26	9/7/26				
Time	1:26pm	6pm				
Hb	11.9	9.2				
PCV	37.1	29.1				
RBC	4.45	3.47				
WBC	10.90	12.60				
N/L						
Platelets	237	200				
CRP						
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities : .....

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Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

CUV-00080762 IP5-00176147
Dr. VIDIYALA PUJITHA
20-09-1990 35 Y 9 M 19 D (F)
Dr. HIMABINDU VEERLA

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MEDICATION RECONCILIATION FORM

Drug Allergies: ....NKDA....... ☑ Not known any Drug Allergies

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

Shifting From: ....B.B.7.... Shifted to: ....

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	T. Thyronorm	50mg	PO	OD		☐ C ☑ DC
2	T. Iron		PO	OD		☐ C ☑ DC
3	T. Calcium		PO	OD		☐ 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 : ....Swathi, Dr. Swathi....

Date & Time : ....9/7/26; 12:00PM....

Nurse Name & Signature: ....Sravanthi....

Date & Time : ....9/7/26 @ 1pm....

CUV-00080762 IP5-00176147
Dr. VIDIYALA PUJITHA
20-09-1990 35 Y 9 M 19 D (F)
Dr. HIMABINDU VEERLA

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Sheet No: .... **REGULAR PRESCRIPTIONS** Weight .... Ward ....

DRUG : TAB • PANTOPRAZOLE

Dose	Route	Frequency	Start Dt.
40mg	PO	BD	9/7/2026

Date ▸ / Time ▾	9/7	10/7	11/7
6 Am	X	[signature]	[signature]
6 PM	[signature]	[signature]	

Name & Signature of the Doctor Starting the Drugs: (by Dr Deepika)

Additional Instructions:

Daily Doctor's Endorsement by a Sign [signature] [signature]

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

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 ....

CUV-00080762 IP5-00176147
Dr. VIDIYALA PUJITHA
20-09-1990 35 Y 9 M 19 D (F)
Dr. HIMABINDU VEERLA

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Sheet No: .... **REGULAR PRESCRIPTIONS** Weight .... Ward ....

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

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 ....

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CUV-00060762 IP5-00176147
Dr. VIDIYALA PUJITHA
20-09-1990 35 Y 9 M 19 D (F)
Dr. HIMABINDU VEERLA

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DRUG CHART

Date of Admission: 7/7/26 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:				

Sig...e

VERIFIED BY : Name

BAH-00661112
CUV-00080762 IP5-00176147
Dr. VIDIYALA PUJITHA (F)
20-09-1990 35 Y 9 M 19 D
Dr. HIMABINDU VEERLA

REGULAR PRESCRIPTIONS

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

DRUG	INJ CEFTRIAXONE		
Dose	Route	Frequency	Start Date
1 gram	IV	BD	9/7/26

Name & Signature of the Doctor Starting the Drugs: Cy (Dr Deepika)

Additional Instructions: Till discharge.

Date/Time: 10/7 – 2 Am, 2 pm; 11/7

Daily Doctor's Endorsement by a Sign

DRUG : INJ TRANEXAMIC ACID			
Dose	Route	Frequency	Start Date
1 gram	IV	TID	9/7/26

Name & Signature of the Doctor Starting the Drugs: Cy (Dr Deepika)

Additional Instructions:

Date/Time: 9/7, 10/7, 11/7 – 6 Am, 2 pm, 10 pm

STOP Dr [illegible] 11/7/26

Daily Doctor's Endorsement by a Sign

DRUG : TAB. PARACETAMOL			
Dose	Route	Frequency	Start Date
1 gram	PO	TID	9/7/26

Name & Signature of the Doctor Starting the Drugs: Cy (Dr Deepika)

Additional Instructions:

Date/Time: 9/7, 10/7, 11/7 – 6 Am, 2 pm, 10 pm

Daily Doctor's Endorsement by a Sign

DRUG : TAB · DICLOFENAC			
Dose	Route	Frequency	Start Date
50 mg	PO	TID	9/7/26

Name & Signature of the Doctor Starting the Drugs: Cy (Dr Deepika)

Additional Instructions:

Date/Time: 9/7, 10/7 – 7 Am, 3 pm, 11 pm

Daily Doctor's Endorsement by a Sign

CUV-00080762 IP5-00176147
Dr. VIDIYALA PUJITHA (F)
20-09-1990 35 Y 9 M 19 D
Dr. HIMABINDU VEERLA

IP5-00176154

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

VAR[IABLE DOSE]			Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
DRUG :		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route / Start Date		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Name & Signature of the Doctor		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Additional Instructions:		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
9/x/26	1.40 PM	INJ CEFOTAXIM	1gram	IV	[signature]	[signature]
9/x/26	12.55 PM	TAB. PGE1	1000mcg	P/R	[signature]	[signature]
9/x/26	1.40 PM	SUSTIN SUPPOSITORY	100mg	P/R	[signature]	[signature]
9/x/26	12.50 PM	INJ ZOFER	4mg	IV	[signature]	[signature]
9/x/26	12.55 PM	INJ TRANEXAMIC ACID	1gram	IV	[signature]	[signature]
9/x/26	12.55 PM	INJ. METHARGIN	0.2mg	IV	[signature]	[signature]
9/x/26	1.01 PM	INJ. CARBOPROST	250mcg	IM	[signature]	[signature]
9/x/26	1 PM	TAB. IMODIUM	2 tab	P/O	[signature]	[signature]
9/7	6:00 pm	INJ. BUSCOPAN	1 Amp	IV	[signature]	[signature]

RAH-00661112
CUV-00080762 IP5-00176147
Dr. VIDIYALA PUJITHA
20-09-1990 35 Y 9 M 19 D (F)
Dr. HIMABINDU VEERLA

I.V. FLUIDS CHART

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

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
9/7/26	12 PM	RINGER LACTATE	IV	100ml/hr	Divy	[signature] / veera	9/7/26		[signature] / veera
9/7/26	12.50 PM	RINGER LACTATE 500ML	IV	250ml/hr	[signature]	[signature] / veera	9/7/26		[signature] / veera
9/7/26	12.50 PM	INJ OXYTOCIN 40U IN 500ML RL	IV	150ml/hr	[signature]	[signature] / veera	9/7/26		[signature] / veera
9/7/26	1 PM	GELOFUSINE	IV	500ml/hr	[signature]	[signature] / veera	9/7/26		[signature] / veera
9/7/26	3 PM	RINGER LACTATE 500ML	IV	100ml/hr	[signature]	[signature] / veera	9/7/26		[signature] / [signature]

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

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20-09-1990 35 Y 9 M 20 D (F)
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STAT / ONCE ONLY DRUGS

Name: ..... Weight: ..... kgs

Sheet No: .....

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
10/7/26	9pm	INJ. FCM	1 gram	IV			

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FLUID CHART

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Sheet No. : 1

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am											
	09:00 am											
	10:00 am						NP					
	11:00 am											
9/7	12:00 pm			RL 150ml + [illegible]							0	Sneha
	01:00 pm			RL 150ml 500ml							0	[illegible]
Total Intake :		RL 500ml				**Total Output :**				~~450ml~~	M—0	
	02:00 pm			RL 150ml							0	Srivalli
	03:00 pm			RL 150ml							0	Srivalli
	04:00 pm	RL		150							0	Sneha
	05:00 pm			150			NP				0	
	06:00 pm	RL		150							0	
	07:00 pm			150							0	Sneha
Total Intake :		900 ml/meal H_2O				**Total Output :**				U—	M—0	
	08:00 pm		H_2O							600ml	0	Sneha
	09:00 pm	RL									0	Sneha
	10:00 pm	NPO	H_2O								0	Sneha
	11:00 pm	RL @ 8ml/hr					NP			400ml	0	Sneha
	12:00 am		H_2O								0	Sneha
	01:00 am									900ml	0	Sneha
Total Intake :						**Total Output :**				U—2000ml	M—0	
	02:00 am										0	Sneha
	03:00 am		H_2O							200ml	0	Sneha
	04:00 am	NPO					NP				0	Sneha
	05:00 am	IV Fluids @ 8ml/hr	H_2O							400ml	0	Sneha
	06:00 am										0	Sneha
	07:00 am		H_2O							900ml	0	Sneha
Total Intake :						**Total Output :**				U— 1500ml	M—0	

Total 24 hrs. Intake	Total 1200kcal/day	Total 24 hrs. Output	U—3500ml M—0

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Dr. HIMABINDU VEERLA

10/7

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FLUID CHART

Sheet No. : 2

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am										0	Swapna
	09:00 am	NTO IVF	H2O				NP			300ml	0	Swapna
	10:00 am									✓	0	Swapna
	11:00 am		soup + H2O								0	Swapna
	12:00 pm										0	Swapna
	01:00 pm		H2O								0	Swapna
Total Intake :						Total Output : U – 1 M – 0						
	02:00 pm										new cannula is changed	Swapna
	03:00 pm	NTO IVF	H2O							✓	0	Swapna
	04:00 pm						NP				0	Swapna
	05:00 pm		H2O								0	Swapna
	06:00 pm									✓	0	Swapna
	07:00 pm										0	Swapna
Total Intake :						Total Output : U – 2 M – 0						
	08:00 pm										0	Yasmin
	09:00 pm	NTO IVF	H2O							✓	0	Yasmin
	10:00 pm						NP				0	Yasmin
	11:00 pm		H2O							✓	0	Yasmin
	12:00 am										0	Yasmin
	01:00 am		H2O								0	Yasmin
Total Intake :						Total Output : U – 2 M – 0						
	02:00 am										0	Yasmin
	03:00 am	NTO IVF	H2O				not passed			✓	0	Yasmin
	04:00 am										0	Yasmin
	05:00 am		H2O							✓	0	Yasmin
	06:00 am									✓	0	Yasmin
	07:00 am		H2O								0	Yasmin
Total Intake :						Total Output : U – 2 M – 0						

Total 24 hrs. Intake	H2O	Total 24 hrs. Output	U 8 M 0

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OBSTETRICS / GYNECOLOGY
NURSING INITIAL ASSESSMENT FORM

Date of Admission: 9/7/26

Baseline Information:

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

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

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

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

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

If yes, identify .....

Chief Complaints: .....

cough with pain

.....

Doctor Notified on Admission: ☑ Yes ☐ No

Name of the Doctor: Dr: Deepika

Time Notified: 12:40 PM

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

Past Medical History	Past Surgical History	Previous Hospital Admission
Hypothyroid	—	—

Gynecology Assessment: ☐ Not Applicable

Menstrual History: Regular

.....

Onset of Menarche: .....

Menstrual Cycle: ☑ Regular ☐ Irregular

Last Menstrual Period: 15/10/25

Gynecology Surgical History:

Caesarean Section: ☐ No ☐ Yes

Cervical Cerclage: ☐ No ☐ Yes

Ectopic Pregnancy: ☐ No ☐ Yes

Myomectomy: ☐ No ☐ Yes

Others: _____

Gynecological History:

Contraceptives: ☐ No ☐ Yes

Vaginal Discharge: ☐ No ☐ Yes

Post-Coital Bleeding: ☐ No ☐ Yes

Infertility: ☐ No ☐ Yes

If Yes Type: ☐ Primary ☐ Secondary

Obstetric History: G 2 P 1 L 1 A 0

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: 98.1°F HR: 78 RR: 19

BP: 120/70 Weight: ..... Height: ..... BMI: .....

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

CUV-00080762 IP5-00176147
Dr. VIDIYALA PUJITHA (F)
20-09-1990 35 Y 9 M 19 D
Dr. HIMABINDU VEERLA

PHYSICAL ASSESSMENT

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

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

Risk of Pressure Sore: ☑ Yes ☐ No Score ..23.. (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 ..Husband.....

Name of Person Orientation was given to: ..Husband.....

Orientation not given Reason: .....

Nurse Signature: .....

Nurse Name: ..Sai Jatla.....

Date & Time: ..9/4/26 2 1P.....

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OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 9/7/26 Time of Arrival: 12:30 p.m. Time Seen by Nurse: 12:35 p.m.

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

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

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

3) **Vital Signs:** Temperature: 98.1 F Pulse: 78 RR: 19 SpO_2: 98% BP: 120/70 Weight: .....

4) **Gestational Criteria:**

Gravida:	G 2	P 1	L 1	A —

LMP: 15/10/25 EDD: 22/7/26 Gestational Age: .....

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

5) **Pain Screening:** **Numerical Pain Scale (NPS)**

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

- Location: Abdomen
- Duration: 1 minutes Days / ~~Weeks/ Months~~ (Strike out which is not applicable)
- Character: 30 sec tightening abdomen
- Frequency: 30 sec
- Interventions: Sedation given

6) **Past History:**

a) Surgeries: D&C

b) Medical: Hypothyroid

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

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

9) **Prenatal Medical History:**

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

Triage Category: (Please tick on the category)

Refer to OBSTETRICAL TRIAGE ACUITY SCALE (OTAS)

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

OBCU Obstetrical Triage Acuity Scale (OTAS)

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

Time seen by Doctor: 12:40 PM

Nurse Name : Srilatha Nurse Signature: .....

Date: 9/4/24 Time: 1p

INFORMED CONSENT FOR VAGINAL BIRTH

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Patient Name : Dr. Prajitha UHID No : CV - 0000 80762

Gender: ☐ Male ☑ Female Date : 9/07/2026 Time : 12:30 PM

I hereby authorized the performance of the following procedure:

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

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

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

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

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

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

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

Name of the Doctor performing the procedure: Dr Himabindu. V

Consentee :
Signature : V. Prajitha
Name : Dr. prajitha
Date & Time : 9/7/26 @ 1PM

Witness :
Signature :
Name : Sunilatha
Date & Time : 9/7/26 @ 1PM

Patient Attendant :
Signature :
Name :
Relationship with Patient: Mother in law.
Date & Time : 9/7/26 @ 1PM

Doctor (who is taking the consent) :
Signature :
Name : Dr Deepika
Date & Time : 9/7/2026 12:30 PM

సహజ ప్రసవం కొరకు సమ్మతి పత్రము

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రోగి పేరు : ..... వయస్సు ..... లింగం పు స్త్రీ

యు.హెచ్.ఐ.డి. .....విభాగము .....

తేదీ .....

ఈ ప్రక్రియ యొక్క వివరములను నేను ఆమోదించాను:

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

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

సహజ ప్రసవం విజయవంతం కాకపోతే, తగిన అనస్థీషియా ఇచ్చి పొత్తికడుపు కోతతో సిజేరియన్ ద్వారా డెలివరీ చేయవలసిన అవసరం కలగవచ్చు

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

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

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

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

ఈ ప్రక్రియను నిర్వహించే డాక్టరు పేరు: .....

సహాయకుడు(అటెండెంట్)

సంతకము .....

పేరు .....

సాక్షి

సంతకము .....

పేరు .....

తేదీ మరియు సమయము .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....

CUV-00080762 IP5-00176147
Dr. VIDIYALA PUJITHA
20-09-1990 35 Y 9 M 19 D (F)
Dr. HIMABINDU VEERLA

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CONSENT FOR PROCEDURAL SEDATION

Authorization By: ☐ Patient ☑ Patient Attendant

I, the undersigned do hereby acknowledge the following:

- I have been made aware by the doctors in language known to me the details of sedation planned for the procedure

  Episiotomy

- I have been made aware of the possible complications from the procedure of sedation as follows:
- Changes in heart rate, blood pressure, need for oxygen supplementation, allergic reactions, upper airway obstruction, laryngospasm, conversion to general anaesthesia
- I have been made aware that the sedation is being advised to relieve pain and anxiety during the procedure. It will help me remain calm, comfortable, and cooperative, allowing the procedure to be performed smoothly and safely.
- I have been clearly explained about the benefits, risk, and alternative of the sedation which is General Anaesthesia.
- I authorize Dr. Subhramanyam and his / her team to perform the procedural sedation upon the patient / myself.
- I acknowledge that I fully understand the above information. I have had the opportunity to ask questions, and they have been answered to my satisfaction in a language I understand. I affirm that this consent is given by me in my full senses.

Patient / Patient Attendant:

Signature: V Pujitha

Name: Dr. Pujitha

Relationship with patient: Self

Date & Time: 9/7/26 @ 1pm

Witness:

Signature:

Name: Dr Sheeba

Date & Time: 9/7/26 1pm

Doctor (who is taking consent):

Signature: Name: Dr K Sri Sowya Date 9/7/26 Time: 1pm

100000

Patient Sticker

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ప్రొసీజరల్ సెడేషన్‌కు అనుమతి పత్రం

అనుమతి ఇచ్చినవారు: ☐ రోగి ☐ రోగి అటెండెంట్

నేను, దిగువ సంతకం చేసిన వ్యక్తి, క్రింది విషయాలను అంగీకరిస్తున్నాను:

నాకు తెలిసిన భాషలో, వైద్యులు ఈ క్రింది ప్రొసీజర్‌కు ఇచ్చే సెడేషన్ గురించి పూర్తి వివరాలు నాకు తెలిపారు: _____

- సెడేషన్ వల్ల సంభవించగల సాధ్యమైన క్రింది సమస్యలు/ప్రమాదాలు గురించి నాకు తెలిపారు:
  గుండె వేగం మారడం, రక్తపోటు మారడం, ఆక్సిజన్ అవసరం, అలర్జీ ప్రతిచర్యలు, ఎగువ శ్వాసనాళ అడ్డంకి, లారింజోస్పాసమ్, జనరల్ అనస్థీషియాగా మారాల్సిన అవకాశం.
- ప్రొసీజర్ సమయంలో నొప్పి, భయం, ఆందోళన తగ్గించేందుకు సెడేషన్ ఇవ్వడం అవసరం అని నాకు వివరించారు. ఇది ప్రొసీజర్ సజావుగా, సురక్షితంగా జరగడానికి సహాయపడుతుంది.
- సెడేషన్కు సంబంధించిన ప్రయోజనాలు, ప్రమాదాలు, ప్రత్యామ్నాయం (జనరల్ అనస్థీషియా) గురించి నాకు స్పష్టంగా వివరించారు.
- డాక్టర్ _____ గారిని మరియు వారి బృందాన్ని, రోగి/నాపై ఈ ప్రొసీజర్ సెడేషన్ చేయడానికి నేను అనుమతిస్తున్నాను.
- పై సమాచారాన్ని నేను పూర్తిగా అర్థం చేసుకున్నాను. నాకు ఉన్న ప్రశ్నలన్నీ, నాకు అర్థమయ్యే భాషలో సమాధానమిచ్చారు. ఈ అనుమతిని నేను పూర్తి జ్ఞానస్థితిలో స్వచ్ఛందంగా ఇస్తున్నానని ధృవీకరిస్తున్నాను.

రోగి / రోగి అటెండెంట్:

సంతకం: .....

పేరు: .....

రోగితో సంబంధం: .....

తేదీ & సమయం: .....

సాక్షి:

సంతకం: .....

పేరు: .....

తేదీ & సమయం: .....

డాక్టర్ :

సంతకం: ..... పేరు: ..... తేదీ & సమయం: .....

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NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 10/7/26 Time: 7:30am

Origin: Indian Height: 5'6 (167cm) Weight: 88kg's BMI: 31.65 kg/m²

Food Allergies: No

Diagnosis: PND-1 /AVD (Assisted Vaginal delivery)

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

Diet Advised:

Normal High protein diet
include plenty of oral liquids
Avoid spicy, chilled & outside food

Patient's / Attendant's

Signature: Pujitha

Name: Pujitha

Date & Time: 10/7/26

Dietician's

Signature: Saima

Name: SAIMA

Date & Time: 10/7/26
7:40am

DIETARY NOTES

Date	Time	Notes	Sign
11/7/26	8am	continue c̄ NORmal diet	[illegible]