

**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 : IP5-00176189

Admit Date : 10-Jul-2026

Admit Time : 07:30 AM UHID : BAH-00391682

Patient Details :

Patient Name : Mrs NAAILAH SADAF

Age : 32 Y 4 M 17 D

Guardian : Mr ABRAR YAZDANI

DOB : 23-02-1994

Gender : Female

Religion : Muslim

Occupation :

Marital Status : Married

Address (H) : H.NO-16-3-988/1, NEAR BY KIMS BIBI
HOSPITAL , Chaderghat Hyderabad INDIA
500024

Phone No : 6300319269/ 9121886747

E-mail : NAAILAHSADAF@GMAIL.COM

Admission Details :

Bed Type : SHARED WARD

Bed No : SW 414

Ward Name : 4F-BIRTHING CENTRE

Room No : SW 414

Admission Type : First Visit

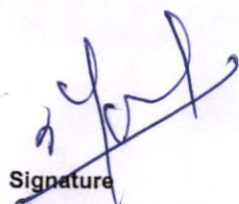
Contact Details :

Name : Mr ABRAR YAZDANI

Relationship : Husband

Contact Address : H.NO-16-3-988/1, NEAR BY KIMS BIBI
HOSPITAL , Chaderghat Hyderabad INDIA
500024

Phone No : 6300319269 / 9121886747


Signature**Doctor Details :**

Doctor Name : Dr. PRANATHI REDDY A

Specialisation : OBSTETRICS AND GYNECOLOGY

Referral Doctor : SELF

Phone No :

Co-Consultant :

Payment Details :

Payment Mode : Cash

Deposit Amount : 0.00

Payor Name : POWER GRID CORPORATION OF
INDIA

ACTIVITY

IP5-00176189

LING

BAH-00391682
Mrs NAAILAH SADAF
23-02-1994 32 Y 4 M 17 D (F)
Dr. PRANATHI REDDY A

Na

UH

IF NO :

Consultant:

Dept :

Date of Admission:

Time :

Date of Discharge :

Time:

Room / Bed No :

Ward :

Suggested Billable bed type :

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
10/7/26		OMS	OT	Tunn
	10:30 AM	OT	OMS	
10/7/26	10:30 AM	OMS	Room 4 (320)	Guy
10/7-	2: 40 PM	01		

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	Dr. Tuhena Sharma (PT)	10/7/26	9696616	Sharma
2				
3				
4				
5				
6				
7				
8				
9				
10				

INVESTIGATIONS

[illegible]

MEDICAL EQUIPMENT (WARD & ICU)

[illegible]

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
10/7	IV Placement	1	9696104	Punni
10/7	PAC	1	9696105	Sury
10/7	catgut suture		9696104	

crossed out by hand

ANY OTHER INFORMATION

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Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

BAH-00391682 IP5-00176189
Mrs NAAILAH SADAF
23-02-1994 32 Y 4 M 17 D (F)
Dr. PRANATHI REDDY A



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BirthRight
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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

for elective USG

Obstetric Formula:

G6 P3 A2.

Obstetric History:

see in progress sheet

Present Pregnancy Record:

G6 - present pregnancy - spontaneous conception

RISK FACTORS:

booked at 13wks

- previous 3LUS
- High BMI
- Calculus cholecystitis at 23wks.

Height: 165 cm

Weight: 105 kg

Allergies: NKDA

Breast: ☒ Normal ☐ Abnormal

General Examination: fair

Consciousness: yes

Pallor: absent

Icterus: absent

Edema: absent

Temp: afebrile

PR: 84bpm

BP: 122/82mmHg

DTR: normal

CVS: S1 S2

RS - clear

Liver/Spleen: Not palpable

Urine Output: normal, SpH 9.1, UNPA

DIAGNOSIS

G6 P3 A2 / 36+4 wks / previous 3LUS / High BMI /
Calculus cholecystitis

for elective USG + Tubectomy.

LMP: 15/10/20

EDD:

Corrected EDD: 3/8/26

GA: 36+4

Menstrual History: Regular: ☒ Yes ☐ No

Obstetric Examination

Fundal Height: Term

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

Liquor: ☒ Adequate ☐ Oligo ☐ Poly

PP: ☒ Cephalic ☐ Breech Others

Head Fifts Palpable: 4/5

FHS: ☒ Normal ☐ Tachy ☐ Brady ☐ Absent

Per Speculum Examination

- not done

Draining: ☐ Present ☐ Absent ☐ Bleeding

Colour of Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Vaginal Examination

- not done

Cervix: ☐ Long ☐ Partially effaced ☐ Effaced

Os: Closed Dilated

Membranes: ☐ Present ☐ Absent

Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Presenting Part: ☐ Vertex ☐ Breech ☐ Others

Sutton: ☐ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2

Pelvis: ☐ Adequate ☐ Doubtful



Family History: No I	Surgical History: USG $\begin{matrix} \text{---} 2017 \\ \text{---} 2019 \\ \text{---} 2024 \end{matrix}$
Medical History: No I	Medication History: No Medical medication form.
Plan of Care: - Admission - NBM - Serum urine - NST now - vitals qthly - IV fluids @ 100ml/hr - Prop medications - Prepgue part - Review PAC - folys contraindications - Shift to OT on call.	Investigations: 0 positive 4/7/26 CBP - 11.6 / 7,200 / 1.91L. viral MR. 4/7/26 Maternal 2DECHO - - Normal LV/RV function. EF - 69%, Trivial MR / Trivial TR NO PAH 25/6 - 34+3 wks. cephalic, 2665gm, 72C, AC - 6XC, AFI - 12.1cm, placenta - post high, @ Doppler - TIFFA - (N) MT. (N), FTS Low Rnd

Doctor Name: Dr. Sameena

Signature:

Date & Time: 10/8/26 @ 7:30am

Consultant Name: Dr. Pranathi Reddy

Signature: _____

Date & Time: _____

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Dr. PRANATHI REDDY A

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/7/2026	Obs H/o	
	G1 - 2017, FT US 4th post dates, male, 3.3kg.	
	G2 - 2019, US, female, 3.3kg.	
	G3 - 2021 - 6wks, spontaneous miscarriage.	
	G4 - 2023 - 8.1wks, missed miscarriage, MERP done.	
	G5 - 2024 - FT US, male, 3kg.	
	G6 - present pregnancy spontaneous conception.	
10/7/2026 10:30 AM	POD-0 / FI-lyc. Clo: itching	
	BP-103/69 mmHg	Adv
	PR-73 BPM	① NBM for 6hrs
	SpO2-98% RA	② Flt charting
VO-100ml emptied	PLA-ut (R) well	③ monitor vitals every 30 min
(Now some clear)	LIF-BWNL	④ 1uF @ 100ml/hr
	Dressing Dry.	⑤ Drugs as charted
		⑥ self check bleeding
		⑦ Inform SOS.
		⑧
		Dr. Dilys



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/7/26 1:00pm	POD-0/FL-18g o/f	Adv LUF till 7:00pm.
B-Well	Bp-127/62 (7.1mmHg)	① Sips of water from 4:00pm
VO-200ml clear.	PR-64BPM	② Liquid diet from 6:00pm
	Spo2-98% RA	③ Soft diet from tomorrow
	PLA-UT @ Well	④ Early Ambulation
Adv	LIF-BWNL	⑤ I/O charting
CBP @ 6 AM 11/7/26.		⑥ Monitor vitals 4th hly
- Remove Foley at 6:00 AM		⑦ Drugs as charted
10/7/2026.		⑧ Inform SAs
10/7/26 2:00pm	POD-0/FL-1m.	Dr. Dheeraj
B-Well	o/f	Noted by Dr. Shalini
VO-adequate	Ac fairs	Adv
	Vitals-Stable	① Liquid diet
	PLA-UT @ Well	② Soft diet 6 AM 11/7/26
CBP-6 AM	PLV BWNL	③ Ambulation
Foley-6 AM		④ I/O charting
Drugs supp-PR 6 AM 11/7/26		⑤ Monitor vitals 4th hly
		⑥ Drugs as charted
		⑦ Inform SAs
		Dr. Dheeraj

Date & Time	Progress Notes	Doctor's Order
11/7/26 7:30 AM	POD-1 / GI. / scs PT is stable No c/o BP - 113/68 [78] PR - 85 bpm SpO ₂ - 98% on RA P/A - ut well retracted dressing dry & intact c/e - lochia ⊕ healthy ✓ ⇒ Trace cBP.	Advice: ① soft diet ② Hydrate ③ Ambulate. ④ Drugs as cho ⑤ Vitals 6H ⑥ w/B heavy bleeding stop ⑦ Tylenol PRN
	CBP - Hb - 11.4 Pk - 1.84 WBC - 8.05	Sutures by Mr Dupin noted by SATYA 9am

Date & Time	Progress Notes	Doctor's Order
19/06 1:30pm	POD-1 EL-Lm + BtC	
B-MJ	Gc: fair Vitals: stable P/A: Ut (R) well Salt Bx (+) P/v: NAB	R 1) Soft diet & plenty of oral fluids 2) Drug as charted 3) w/f PU Bleeding 4) Ambulation 5) Breast feeding 6) Monitor vitals
19/06 7pm	POD-1 EL-Lm + BtC	- Dr Smith
B-MJ	Gc: fair Vitals: Stable P/A: Ut (R) well Soft, Bx (+) P/v: NAB	R Monitor vitals 1) Soft diet & plenty of oral fluids 2) Drug as charted 3) w/f PU Bleeding 4) Ambulation 5) Breast feeding 6) Insulin as
	N.B Southam	- Dr Smith



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<u>12/7/26</u> <u>10 AM</u>	POD-2 / EL. Un + BTL	
	C/L: fair	1) Soft diet & plenty of oral fluids
	vitals: stable	2) Drug as charted
B-Ms	P/A: wt (2) well	3) w/t Plw Bleeding
V-	Soft, BS ⊕	4) Ambulation
J-	P/V: NAB	5) Perform sos
S-		
D/E -		
S/E Dec.	plan discharge by evening	- Dr. Sravathy



PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]

BAH-00391682
Mrs NAAILAH SADAF
23-02-1994
Dr. PRANATHI REDDY A
32 Y 4 M 17 D
IP5-00176189
(F)

INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

Rainbow
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Part - I.

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

Identified Education Needs:

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

Part - II

Date	Time	Need Identified	Information Taught	Use codes from the list in part III					Comments	Designation / Signature
				Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		
10/7/26	7:30am	1, 2, 3, 4	Diagnosis, Treatment & care plan, Pain management, Informed consent	PT, S	1	0	1	1	NA.	[Signature]
10/7/26	9am	7	Education about hand hygiene	PT S	1	0	1	1	NA	[Signature]
10/7/26	3pm	9	Sps of water	pt	1	0	1	1	NA	[Signature]

Part - III: CODES

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



MULTI-DISCIPLINARY PLAN OF CARE FORM

Diagnosis:

G6P3L3A2 / 36+4 / prev 3LSCS / High BMF / calcaneus cholelithiasis

Date Time	Discipline	Type	Patient Needs / Problem List	Goal	Plan / Intervention	Signature	Team Verification
10/12/26 P 7:30 AM	☒ Medical ☐ Nursing ☐ Others:	☒ Initial ☐ Modified ☐ Per-Op ☐ Post Op	G6P3L3A2 / 36+4 / prev 3LSCS / High BMF / calcaneus cholelithiasis	for safe delivery	Elective US	A	☐ Nursing ☒ Others:
10/12/26 Sun	☐ Medical ☒ Nursing ☐ Others:	☒ Initial ☐ Modified ☐ Per-Op ☐ Post Op	few about delivery.	Safe delivery	to dem the safe delivery	Sam	☒ Medical ☐ Others:
10/7/26 3pm	☐ Medical ☐ Nursing ☒ Others: <i>breast</i>	☐ Initial ☐ Modified ☐ Per-Op ☒ Post Op	pon-o / LSCS	Sips of water	liquid diet @ 6pm	Sam	☐ Medical ☐ Nursing ☒ Others:
10/7/26 4:45pm	☐ Medical ☐ Nursing ☒ Others:	☐ Initial ☐ Modified ☐ Per-Op ☒ Post Op	Post LSCS	Post partum recovery	Deep core retraining & functional training	T.S	☐ Medical ☐ Nursing ☐ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Nursing ☐ Others:

BAH-00391682
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RESULT SHEET

Date	4/7/26	11/7/26			
Time		6am			
Hb	11.6	11.4			
PCV		34.3			
RBC		4.33			
WBC	7200	8.05			
N/L		83.3/12.2			
Platelets	1.91	189			
CRP					
ESR					
PCT					
RBS					
Na					
K					
Cl					
Ca/Mg					
Phosphate					
Urea					
Creatinine					
ALP					
SGPT					
SGOT					
T.Bill/Conj					
T.Protein					
S.Albumin					
S.Globulin					
A/G Ratio					
Uric Acid					
S.Amylase					
Sr.Lipase					
Blood Lactate					
S.Cholesterol					
PT/INR					
APTT					
CSF Protein / Sugar					
Cells					
N/L					

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
Blood grouping → otve.						
Virals - NR.						

Culture and Sensitivities :

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Radiology : USG :

X-Ray :

ECHO :

CT :

MRI

Others (ECG, Contrast Studies etc.) :

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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: NA

Shifted to: NA

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

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature: Dr. Suneeta

Date & Time: 10/7/26 @ 7:30 AM

Nurse Name & Signature: ES. Suneeta

Date & Time: 10/7/26 8:00 AM

BAH-00391682 IP5-00176189
 Mrs NAAILAH SADAF
 23-02-1994 32 Y 4 M 17 D (F)
 Dr. PRANATHI REDDY A

DRUG CHART

Date of Admission: 10/2/26 Drug Allergies: NKPA ☐ 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
Additional Instructions:				

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

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

VERIFIED BY : Name _____ Signature _____



REGULAR PRESCRIPTIONS

Weight. 96.5 kgs Ward. 035

DRUG : <u>IV CEFOTAXIME</u>				Date	10/7	11/7	12/7													
Dose	Route	Frequency	Start Date	Time	10/7	11/7	12/7													
2gm	IV	BD	10/7	8 AM	10/7	11/7	12/7													
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Ameena</u>																				
Additional Instructions: <u>After test doc. till discharge</u>																				
Daily Doctor's Endorsement by a Sign																				
DRUG : <u>T. PARACETAMOL</u>				Date	10/7	11/7	12/7													
Dose	Route	Frequency	Start Date	Time	10/7	11/7	12/7													
1g	P/O	QID	10/7	12 PM	10/7	11/7	12/7													
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Swathi</u>																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				
DRUG : <u>T. DICLOFENAC</u>				Date	10/7	11/7	12/7													
Dose	Route	Frequency	Start Date	Time	10/7	11/7	12/7													
50mg	P/O	TID	10/7	7 AM	10/7	11/7	12/7													
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Swathi</u>																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				
DRUG : <u>T. TRAMADOL</u>				Date	11/7	12/7														
Dose	Route	Frequency	Start Date	Time	11/7	12/7														
100mg	P/O	TID	10/7	11 AM	11/7	12/7														
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Swathi</u>																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				

BAH-00391682 IP5-00176189
 Mrs NAAILAH SADAF 32 Y 4 M 17 D (F)
 23-02-1994
 Dr. PRANATHI REDDY A

Weight. 96.5 kg Ward. 085

Patient's



VARIABLE

		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
10/1	7:55am	inj. PANTOP	40mg	IV	[Signature]	Prigo Kanti
10/1	7:55am	inj. PERINORM	10mg	IV	[Signature]	Prigo Kanti
10/1	10:00am	SOPP. DICLOFENAC	100mg	PR	Swathi	Shank Sathish
10/1	10:00am	SOPP. TRAMADOL	100mg	PR	Swathi	Shank Sathish
10/1/26	3pm	inj. PARACETAMOL	1gm	IV	[Signature]	Seema
11/1/26	6am	SOPP. DUKOLAX	2tab	PR	Dany	Santhosh
10/1/26	8:45pm	inj. DICLOFENAC	75mg in 100mls over 20-30m	IV	[Signature]	Seetha

Signature

VERIFIED BY : Name

IP5-00176189

23-02-1994 32 Y 4 M 17 D (F)

23-02-1994

32 Y 4 M 17 D

(F)

Dr. PRANATHI REDDY A

I.V. FLUIDS CHART

Weight. 96.5 kg Ward. 025

[illegible]

Signature _____



Ward OB

DRUG :				Date
				Time
Dose	Route	Frequency	Start Dt.	
60mg	sc	OD	10/1	4:30 pm
Name & Signature of the Doctor Starting the Drugs:				
Dr - Briathis				
Additional Instructions:				
For 10 days.				
Daily Doctor's Endorsement by a Sign				
DRUG : INT. METROGL				Date
				Time
Dose	Route	Frequency	Start Dt.	
500mg	IV	TID	10/3/26	
Name & Signature of the Doctor Starting the Drugs:				
Dr. Dwyer				
Additional Instructions:				
For 24 hrs.				
Daily Doctor's Endorsement by a Sign				
DRUG : T. PANTOPRAZOLE				Date
				Time
Dose	Route	Frequency	Start Dt.	
40mg	PO	OD	10/3/26	
Name & Signature of the Doctor Starting the Drugs:				
Dr. Dwyer				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				
DRUG :				Date
				Time
Dose	Route	Frequency	Start Dt.	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				



Sheet No:

REGULAR PRESCRIPTIONS

Weight

Ward

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

BAH-00391682 IP5-00176189
Mrs NAAILAH SADAF
23-02-1994 32 Y 4 M 17 D (F)
Dr. PRANATHI REDDY A



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CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: Dr. Pranathi Reddy	Date of Delivery: 10/7/26
Assistant Surgeon: Dr. Bhargavi Reddy	Time of Delivery: 9:22 AM
Anaesthetist's Name: Dr. Swathi	Gender of Baby: Female
Type of Anaesthesia: ✓ SA	Weight of Baby: 2.918 kg
Neonatologist: Dr. Pavani	AGPAR Score: 9/10
Scrub Nurse: sis. Bharathi	NICU Admission: ☐ Yes ☒ No

Pre-Operative Diagnosis: G6P3L3 A2 / 36th / Previous ③ LUS / High BMI / Elective LUS + B/L tubectomy
 Indication: Previous ③ LUS.

- ☒ Elective ☐ Emergency
- 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: Knife to rectus:

CTG Description:

If there was a delay give the reasons:

Surgical Procedure: Elective LUS + B/L tubectomy

Post Operative Diagnosis: P4L4A2 - PPD-0

Peri-Operative Complications: ✓ Thinned out LUS.
 ✓ B/L Tubectomy done by modified paramedian method.

Amount of Blood Loss: ~ 800-400 ml Blood Transfused (in ML): -

Name and Number of Surgical Specimen sent for examination:

B/L Fallopian tubes.

Presentation: ☒ Cephalic ☐ Breech ☐ Other

5th Palpable:

Station: ☐ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2

Caput: ☐ + ☐ ++ ☐ +++

Bladder Catheterized : ☒ Yes ☐ No

Cervical Dilatation: cm

Fetal Position:

Moulding: ☐ None ☐ + ☐ ++ ☐ +++

Meconium: ☐ None ☐ + ☐ ++ ☐ +++

Urine: ☒ Clear ☐ Blood Stained

Skin Incision: ☒ Pfannenstiel ☐ Transverse ☐ Midline ☐ Other *Previous Scar Ex. 1*
 Uterine Incision: ☒ Lower Segment ☐ Classical ☐ Inverted T ☐ J Incision
 Previous Scar: ☐ Intact ☒ Thinnedout ☐ Ruptured ☐ No Scar
 Incision Through Placenta: ☐ Yes ☐ No
 Delivery of head: ☒ Manual ☐ Forceps
 Liquor: ☒ Clear ☐ Meconium: ☒ I ☐ II ☐ III ☒ Blood ☐ Offensive ☐ Not Offensive
 Delivery of Placenta: ☐ Manual ☒ CCT ☒ Complete ☐ Incomplete ☐ Piecemeal
 Cord Appearance: *Normal* Cord around the neck ☐ Yes ☒ No
 Appearance of placenta: *Normal* Cavity explored ☒ Yes ☐ No
 Uterus, tubes and ovaries: ☒ Normal ☐ Not Normal Sterilization: ☒ Yes ☐ No

Uterine Closure: ☐ One Layer ☒ Two Layers

Peritoneal Closure: ☐ Pelvic ☐ Abdominal ☒ None

Sheath Closure:

Fat Closure: ☒ Yes ☐ No

Skin Closure: ☒ Subcuticular ☐ Mattress

Vaginal Evacuated ☒ Yes ☐ No

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

Catheter: ☒ Yes ☐ No ☐ Remove in 24 hours days ☐ Await instructions

Swaps & Instruments count correct? ☒ Yes ☐ No ☐ Post-op Antibiotics ☒ Yes ☐ No

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

Post-Operative Notes:

- ✓ Norm for 5-6 hours
- ✓ Only liquids today | Soft diet (11/1/2026)
- ✓ IV F & Analgesics - Axon
- ✓ Drug as charted
- ✓ Monitor vitals
- ✓ Mobilization
- ✓ Wound monitoring
- ✓ W/F extensive bleeding
- ✓ Inform doc

High Cefotaxime 1 gram
IV BID until discharge

CRP @ 6 AM (11/1/26)

Doctor Name: Dr. V. K. S. S. S.

Doctor Signature: LP

Date & Time: 10/11/20, 10:50 AM

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POST-SURGICAL CARE PLAN FORM

Procedure Done:	Elective LGS + Bc tubectomy under Spinal Anesthesia
Post-Surgical Diagnosis:	PylA2 - PLO-D.
Post-Operative Monitoring Parameters /Frequency:	BP/PR/SpO ₂ - hourly monitoring
Wound Care:	Dressing x 48 hours.
Drain /Special Lines/Catheters:	✓ Foley's insitu ✓ v/o hourly monitoring
Special Patient Positioning and Requirements:	(x)
Nutritional Instructions:	✓ NBM for 5-6 hours ✓ liquid diet today ✓ soft diet x 11/7/2026.
When to Start Mobilization:	✓ as soon as anesthesia wears off ✓ Ambulation after Foley's Removal
Special Referrals:	(x)
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	CAR x 6AM (11/7/2026)
Treating Surgeon (Signature & Stamp)	Date: 10/7/2026 Time: 10:30AM
Note: Plan of care will be readjusted if necessary.	

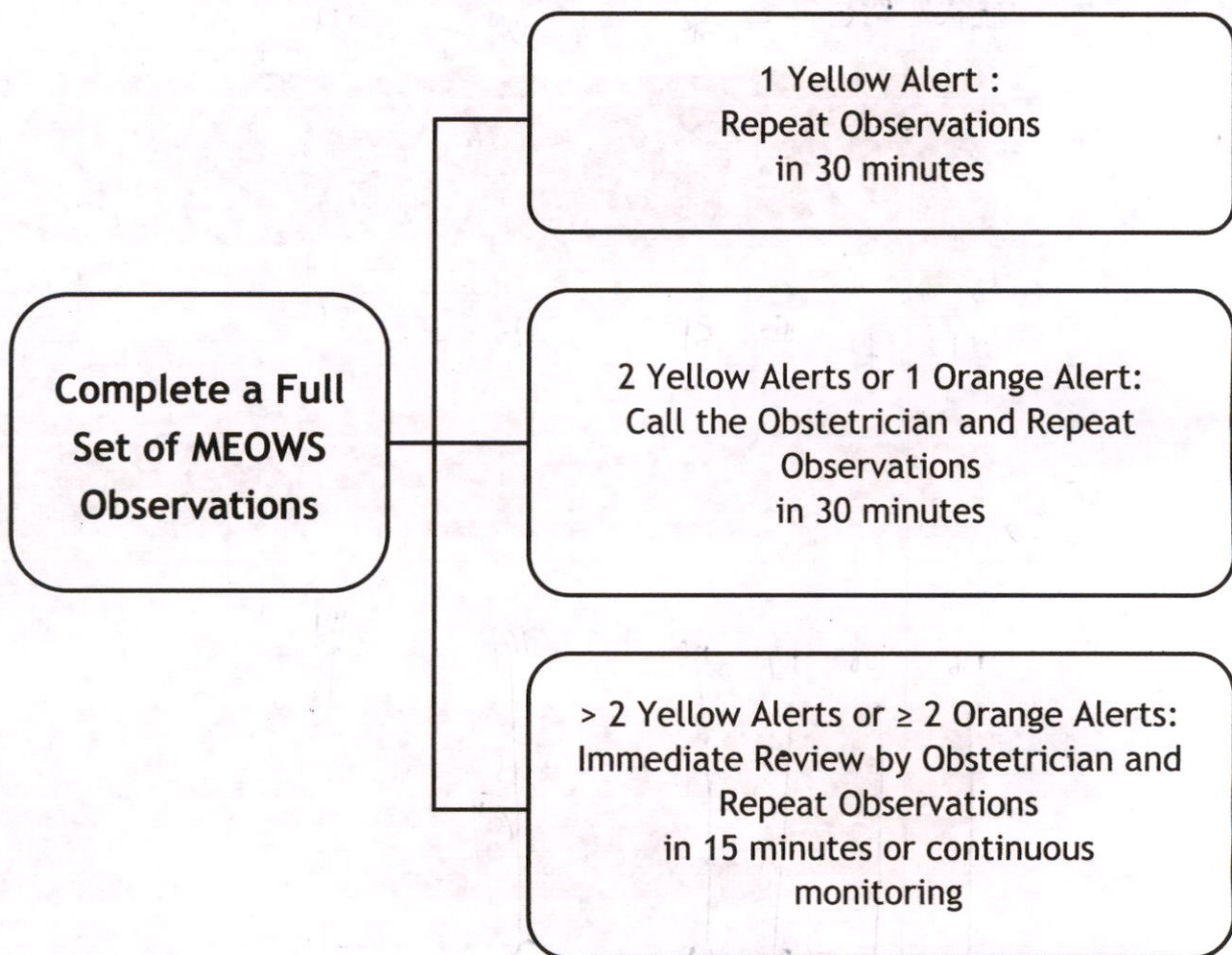
02-1994
r. PRANATHI REDDY A



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

Date		Time																								
Time		8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	
RESP (write rate in corresp. box)	> 30																									
	21 - 30																									
	11 - 20	18	18	18	20		22		21		20															
	0 - 10																									
Saturations	94 - 100 %	99	99	99	100		98		97		98															
	< 94 %																									
Administered O ₂ (L/min.)																										
Temp °C	40																									
	39																									
	38																									
	37	37	37	37	37		37		37		37															
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80	71	72	80	81		73		80		85															
	70																									
	60																									
	50																									
40																										
Systolic Blood Pressure	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100	106	106	109	118		109		114		113															
	90																									
	80																									
	70																									
60																										
50																										
Diastolic Blood Pressure	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60	65	69	70	71		60		60		60															
	50																									
	40																									
	NEURO RESPONSE [✓]	Alert	✓	✓	✓	✓		-		-		-		-		-		-		-		-		-		
		Voice																								
		Pain																								
Unresponsive																										
URINE mls / hour	> 30																									
	< 30																									
Proteinuria	Protein ++																									
	Protein > ++																									
Lochia	Normal																									
	Heavy / Foul																									
Liquor	Clear / Pink																									
	Green																									
TOTAL YELLOW SCORES		0	0	0	0		0		0		0															
TOTAL ORANGE SCORES		0	0	0	0		0		0		0															
Nurse Initial		Ray	Ray	Ray	Ray		Ray		Ray		Ray															

Obstetrics and Gynaecology Early Warning Signs



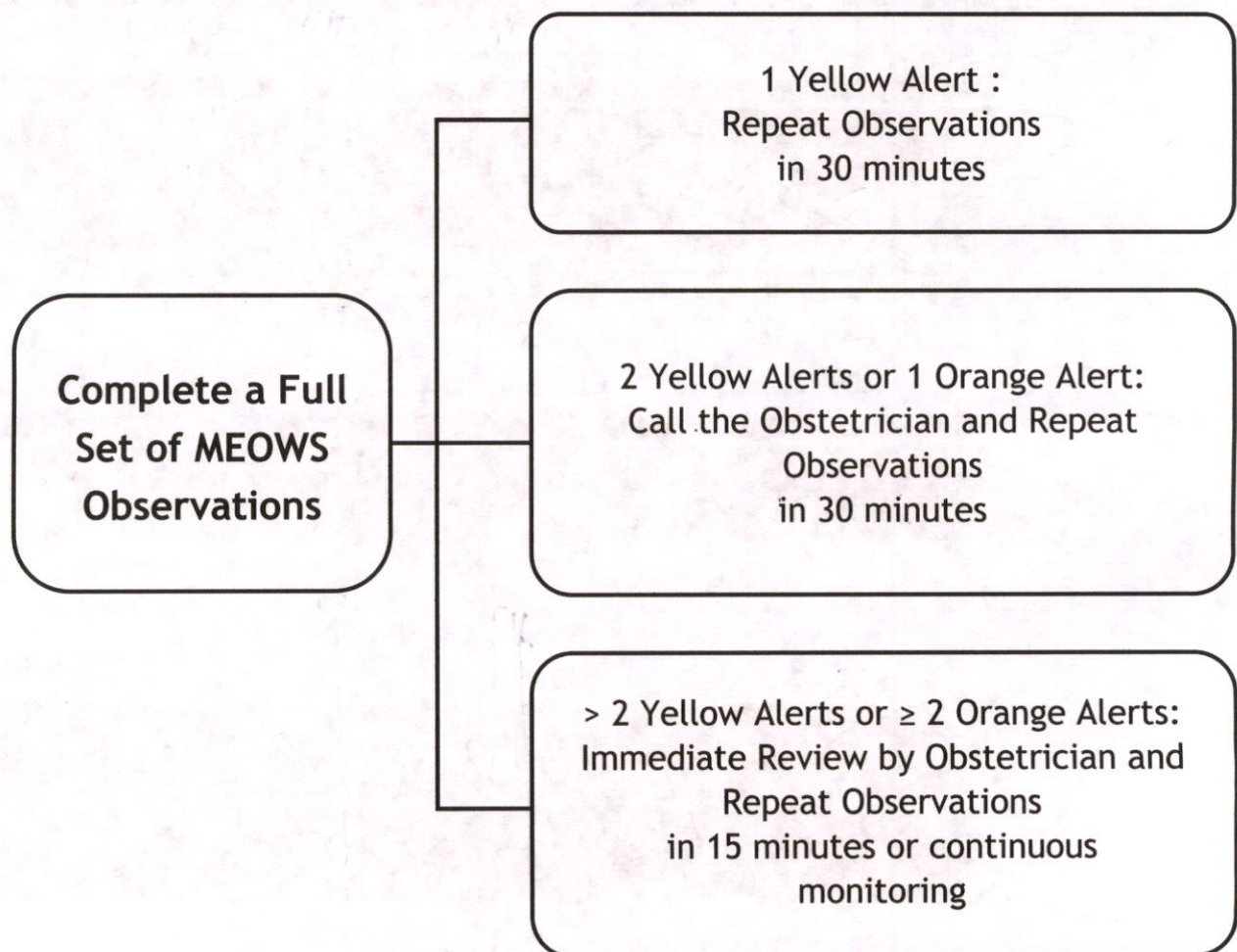
* The Modified Early Warning Score (MEOWS)



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

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

FLUID CHART

Sheet No. : ①

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

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	RI	NBM	100ml							0	Sup
		09:00 am	RI	NBM	100ml							0	Sup
		10:00 am	RI	NBM	100ml						100ml	0	Sup
		11:00 am			100ml							0	Sup
		12:00 pm			100ml							0	Sup
		01:00 pm			100ml						200ml	0	Sup
Total Intake :				Taken			Total Output :				300ml M-O		
		02:00 pm			100ml						100ml	0	
		03:00 pm			100ml							0	
		04:00 pm	R	ABO	100ml							0	Sup
		05:00 pm			100ml							0	
		06:00 pm	L		100ml							0	
		07:00 pm			100ml						300ml	0	
Total Intake :							Total Output :				M-O U-400ml		
		08:00 pm			100ml							0	
		09:00 pm			100ml							0	
		10:00 pm	RI	ABO	100ml							0	Sup
		11:00 pm			100ml							0	
		12:00 am			100ml							0	
		01:00 am			100ml						600ml	0	
Total Intake :							Total Output :				M-U-		
		02:00 am			100ml							0	
		03:00 am			100ml							0	
		04:00 am	RI	ABO	100ml							0	Sup
		05:00 am			100ml							0	
		06:00 am			100ml						500ml	0	
		07:00 am			100ml							0	
Total Intake :							Total Output :				M-U-1		
Total 24 hrs. Intake		EVF-2400ml											
Total 24 hrs. Output		M-O U-1800ml M-U-1											



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.

		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								
11/7/26	08:00 am										0	Sathy	
	09:00 am	H ₂ O					✓				0		
	10:00 am	Food									0		
	11:00 am	H ₂ O									0		
	12:00 pm										0		
	01:00 pm										0		
Total Intake :						Total Output : M-1							
11/7/26	02:00 pm										0	Parvathi	
	03:00 pm	H ₂ O					✓				0		
	04:00 pm										0		
	05:00 pm										0		
	06:00 pm	H ₂ O									0		
	07:00 pm										0		
Total Intake :						Total Output : M=1							
	08:00 pm										0	Sathy	
	09:00 pm						✓				0		
	10:00 pm	H ₂ O					✓				0		
	11:00 pm										0		
	12:00 am						✓				0		
	01:00 am										0		
Total Intake :						Total Output : M-1							
	02:00 am										0	Sathy	
	03:00 am						✓				0		
	04:00 am	H ₂ O					✓				0		
	05:00 am										0		
	06:00 am						✓				0		
	07:00 am										0		
Total Intake :						Total Output : M-1							

Total 24 hrs. Intake	Rainy baby
----------------------	------------

Total 24 hrs. Output	M-2 U-7
----------------------	---------

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NURSING CARE RECORD

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Shift: ☒ Morning ☐ Afternoon ☐ Night

Date: 10/7/26

Assessment: Patient Complaints of fear & Anxiety

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
8am	⇒ Assess the patient condition	8:10 am	⇒ Assessed the patient condition	patient is comfortable.
9am	⇒ IV placement & part preparation	9:10 am	⇒ IV placement & part preparation done.	
10am	⇒ NBM & IV fluids	10:10 am	⇒ Pt is on NBM & Ringer lactate ongoing.	
11am	⇒ Administration medication	11:10 am	⇒ medication given as per drug chart	
12pm	⇒ Ensure Safety	12:10 am	⇒ Side rails provided.	
1pm	⇒ U/O monitoring	1:10 pm	⇒ U/O monitoring done.	

Re-Assessment: FHR is good.

Special Notes: w/lt excessive bleeding plv

Nurse Signature:

Nurse Name: Tunna

Date & Time: 10/7/26 @ 2pm

NURSING CARE RECORD

Shift: ☐ Morning ☒ Afternoon ☐ Night

Date: 10/7/26

Assessment: patient having pain in surgical site.

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
2pm	* Assess the patient condition.	2:30 pm	* Assessed the patient condition, patient is stable.	* patient is stable.
3pm	* plan to monitor vitals	3:10 pm	* monitor vitals stable.	
4pm	* plan to maintain I/O chart	4:20 pm	* maintain I/O chart	
5pm	* plan to liquid diet at 7pm.	5:30 pm	* patient take liquid diet.	
7pm	* plan to soft diet 11m 6am	7:20 pm	* soft diet 11m 6am	
8pm	* plan to medication.	8pm	* Given medication as per doctor orders.	

Re-Assessment: provide comfortable position

Special Notes: CBP 11m 6am, Remove Foley 11m 6am

Nurse Signature: 

Nurse Name: Seema

Date & Time: 10/7/26 @ 8pm

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 Dr. PRANATHI REDDY A



NURSING CARE RECORD



Shift: ☐ Morning ☐ Afternoon ☐ Night

Date: 10/7/26

Assessment: patient complaining for pain in surgical site

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
8pm	Assess to the patient condition	8-15am	Assessed to the patient on supine position.	
10pm	TO maintain i/o chart.	11pm	Encouraged to drink water, soup & recorded i/o chart.	
12am	Monitor vitals	12:20 am	Monitored vitals & recorded.	
2am	plan to do cbp at 6am	3am	6am cbp done.	patient well
4am	plan to remove folley's 6am	5am	folley's catheter removed at 6am.	
5am	continue iv fluid	5:30am	iv fluid continue & medication administered.	
6am	Start soft diet.	7am	soft diet started at 7:30am	

Re-Assessment: Reassessment after 2 hr pt well

Special Notes: Encouraged to void.

Nurse Signature:

Nurse Name: Sockphasini

Date & Time: 10/7/26 @ 8AM

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Shift: ☒ Morning ☐ Afternoon ☐ Night

Date: 11/7/26

Assessment: patient having pain at surgical site

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
8am	→ Assess the patient general condition	8:10am	→ patient is stable and comfortable	pt stable
9am	→ monitor vitals	9:10am	→ vitals stable	
10am	→ monitor I/O chart		→ monitored I/O chart documented	
11am	→ TO administer medication	11:10am	→ administered medication	
12pm	→ TO encourage orally	12:00pm	→ oral intake good	
1pm	→ TO encourage ambulation	1:30pm	→ well ambulatory	

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

Special Notes:

Nurse Signature: Satya

Nurse Name: Satya

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

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NURSING CARE RECORD

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☐ Day ☒ Night

Date: 11/7/26

Assessment: patient having mild pain & discomfort at surgical site

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
2pm	→ Assess the patient general condition	2:30 pm	→ Assessed the patient general condition on the Bed	→ patient was stable now & well ambulated
4pm	→ To monitor vitals	4:30 pm	→ monitored vitals	
5pm	→ To maintain I/O chart	5:30 pm	→ maintained I/O chart	
6pm	→ To provide comfortable position	6:30 pm	→ provided side lying position	
7pm	→ To administer the medications	7:30 pm	→ Administered the medications as per physician order	

Re-Assessment: Re-assessment has done after 1 hour the patient was stable

Special Notes: N/A

Nurse Signature: [Signature] Nurse Name: Kalyani Date & Time: 11/7/26 @ 8pm

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NURSING CARE RECORD

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Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 11/7/26

Assessment: patient having mild pain & surgical site

Goals

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

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

Re-Assessment: given patient comfortable position

Special Notes: — NA —

Nurse Signature: Annamma

Nurse Name: Annamma

Date & Time: 12/7/26 @ 8:10am

BAH-00391682
Mrs NAAILAH SADAF
32 Y 4 M 17 D (F)
23-02-1994
Dr. PRANATHI REDDY A

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NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Dr. Pranathi Department: OB/G Date of Admission: 10/7/26

SITUATION		Diagnosis: <u>G16 P3 L3 A2 / 36+4 wks / prev 3 LSCs / High BMI / Calculus cholecystitis for ELUSC + Tubectomy.</u>						Any Infection: ☐ Yes ☐ No ☒ Not Known If Yes Specify:	
BACKGROUND	Area	Shift Time							
	Medical Condition (Any special condition to be noted):	<u>0mS 8AM-8pm</u>	<u>Self Flow 8pm</u>	<u>3rd Hour 8AM</u>	<u>3rd Hour 2pm</u>	<u>3rd Hour 2pm-8pm</u>	<u>3rd Hour 8am</u>		
		<u>N/A</u>	<u>LSCs</u>	<u>hLSCs</u>	<u>LSCs</u>	<u>LSCs</u>	<u>LSCs</u>		
ASSESSMENT	Allergy:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	Tubes/Drains/Catheter:	☒ Yes ☐ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	Vital Signs:	Temp:	<u>98°F</u>	<u>97.7°F</u>	<u>97.8°F</u>	<u>97.9°F</u>	<u>98°C</u>	<u>98.1</u>	
		Res:	<u>20b/m</u>	<u>22b/m</u>	<u>21</u>	<u>21b/m</u>	<u>19b/m</u>	<u>20b/m</u>	
		SpO ₂ :	<u>98%</u>	<u>100%</u>	<u>98</u>	<u>99%</u>	<u>96%</u>	<u>99</u>	
		Pulse:	<u>79b/m</u>	<u>73b/m</u>	<u>85</u>	<u>86</u>	<u>80b/m</u>	<u>92b/m</u>	
		BP:	<u>112/70</u>	<u>109/60</u>	<u>113/68(78)</u>	<u>110/60</u>	<u>117/78</u>	<u>110/70</u>	
		Fall Risk Score:	<u>35</u>	<u>35</u>	<u>35</u>	<u>35</u>	<u>35</u>	<u>35</u>	
Pain Score:	<u>0</u>	<u>0/10</u>	<u>0/10</u>	<u>0/10</u>	<u>0/10</u>	<u>0/10</u>			
Recommendations	Safety Needs:	<u>Yes</u>	<u>Yes</u>	<u>Yes</u>	<u>Yes</u>	<u>Side rails</u>	<u>Yes</u>		
	Physiotherapy	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No		
	Others Specify:	<u>NO</u>	<u>NA</u>	<u>MM</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>		
	Special Diet:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No		
	Other Special Orders / Medications:	<u>NA</u>	<u>CBP TM 6AM</u>	<u>Encourage to void</u>	<u>voiding done</u>	<u>NA</u>	<u>NA</u>		
Post Operative Procedure Special Orders:		<u>NA</u>	<u>NA</u>	<u>MM</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>		
Handed Over By Name :		<u>Tunni</u>	<u>Siema</u>	<u>Sarebhami</u>	<u>Satya</u>	<u>Kalyani</u>	<u>Annam</u>		
Signature :		<u>TM</u>	<u>Siema</u>	<u>Sarebhami</u>	<u>Satya</u>	<u>Kalyani</u>	<u>Annam</u>		
Date:		<u>10/7/26</u>	<u>10/7/26</u>	<u>10/7/26</u>	<u>11/7/26</u>	<u>11/7/26</u>	<u>12/7</u>		
Time:		<u>@ 2pm</u>	<u>@ 8pm</u>	<u>@ 8AM</u>	<u>2pm</u>	<u>@ 8pm</u>	<u>8AM</u>		
Taken Over By Name :		<u>Siema</u>	<u>Sarebhami</u>	<u>Satya</u>	<u>Kalyani</u>	<u>Annam</u>			
Signature :		<u>Siema</u>	<u>Sarebhami</u>	<u>Satya</u>	<u>Kalyani</u>	<u>Annam</u>			
Date:		<u>10/7/26</u>	<u>10/7/26</u>	<u>11/7/26</u>	<u>11/7/26</u>	<u>11/7</u>			
Time:		<u>@ 2:50 pm</u>	<u>@ 8pm</u>	<u>8am</u>	<u>@ 2pm</u>	<u>8pm</u>			



NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Department: Date of Admission:

SITUATION	Diagnosis:		Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:					
BACKGROUND	Area							
	Shift Time							
BACKGROUND	Medical Condition (Any special condition to be noted):							
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	Vital Signs:	Temp:						
	Res:							
	SpO ₂ :							
	Pulse:							
	BP:							
	Fall Risk Score:							
	Pain Score:							
Recommendations	Safety Needs:							
	Physiotherapy	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	Others Specify:							
	Special Diet:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	Other Special Orders / Medications:							
Post Operative Procedure Special Orders:								
Handed Over By Name :								
Signature :								
Date:								
Time:								
Taken Over By Name :								
Signature :								
Date:								
Time:								

BAH-00391682

IP5-00176189

Mrs NAAILAH SADAF

23-02-1994 32 Y 4 M 17 D (F)

Dr. PRANATHI REDDY A



BRADEN 'Q' SCALE

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					Date: 5/4/24	11/2	12/2	
					Time: 2pm		6am	
Mobility	1. Completely immobile: Does not make even slight changes in body or extremity position without assistance.	2. Very limited: Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	3. Slightly limited: Makes frequent through slight changes in body or e:xtremity position independently.	4. No limitations: Makes major and frequent changes in position without assistance.	2	2	2	
"Activity The degree of physical activity"	1. Bedfast: Confined to bed	2. Chairfast: Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	3. Walks occasionally: Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	1	1	1	
Sensory Perception	1. Completely limited: Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	2. Very limited: responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	3. Slightly limited: Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	4. No impairment: Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	
Moisture Degree to which skin is exposed to moisture	1. Constantly moist: Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	2. Very moist: Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	3. Occasionally moist: Skin is occasionally moist, requiring linen change every 12 hours.	4. Rarely moist: Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	3	3	
FRICION-SHEAR Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	1. Significant problem: Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	2. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	3. Potential problem: Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	4. No apparent problem: Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	2	2	
Nutritional Usual food intake pattern	1. Very Poor: NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	2. Inadequate: Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	3. Adequate: Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	4. Excellent: Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation.	4	2	2	
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	23	4	4	
Severe Risk : less than 9 High Risk : 10-12 Moderate Risk : 13-14 Mild Risk : 15-18 Not at Risk: 19-23					TOTAL SCORE		18	18

23 4 4
18 18
Sachin Sachin



PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
10/7	8 AM	0/10	No pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	under observation	Purne.
10/7	10 AM	0/10	No pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	under observation	Seema
10/7	12 PM	0/10	No pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	under observation	Seema.
10/7	3 PM	3/10	S/S	☐ Continuous ☒ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☒ Dull ☐ Aching ☐ Burning	☐ Increasing ☒ Decreasing	☒ Yes ☐ No	inj. par given	Seema
10/7	4 PM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	under observation	Seema
10/7/26	7 PM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	under observation	Seema
10/7/26	8:45 PM	2	S/S	☐ Continuous ☒ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☒ Aching ☐ Burning	☐ Increasing ☒ Decreasing	☒ Yes ☐ No	inj - Diclofenac given	Pranathi
10/7/26	10 PM	0	S/S	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☒ Yes ☐ No	under observation	Pranathi
10/7/26	2 AM	1	S/S	☐ Continuous ☒ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☒ Aching ☐ Burning	☐ Increasing ☒ Decreasing	☒ Yes ☐ No	T-celap given	Pranathi
10/7/26	4 AM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	under observation	Pranathi

Re-assessment Frequency:

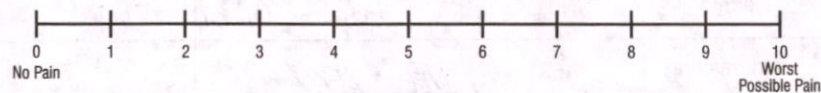
- Every eight hours for all hospitalized patients.
- For post-surgical patients, patients with chronic pain, patient with severe pain:
 - At least every 2 hours for the first 24 hours
 - Then every 4 hours.
 - Prior to pain relieving intervention.
 - Within 30 - 60 minutes after pain relief intervention.

PAIN ASSESSMENT TOOLS

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

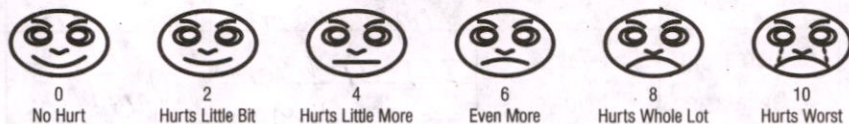
Numerical Pain Scale (Obstetric and Gynecology)



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

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

Wong - Baker (Pediatrics) Above 7 Years





PAIN ASSESSMENT FORM

		Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
11/7/26	7.45 AM	2	sls	☐ Continuous ☐ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☒ Decreasing	☒ Yes ☐ No	T-Diclofenac given	Sauher
11/7/26	9 am	01	sls	☒ Continuous ☐ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☐ Dull ☒ Aching ☐ Burning	☒ Increasing ☐ Decreasing	☒ Yes ☐ No	T. Tramadol given	Satyra
11/7/26	10 am	01/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	under observation	Satyra
11/7/26	3 pm	01/10	sls	☐ Continuous ☒ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☐ Dull ☒ Aching ☐ Burning	☐ Increasing ☒ Decreasing	☒ Yes ☐ No	T. diclofenac given	Kalyani
11/7/26	4 pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	under observation	Kalyani
12/7/26	12 am	4/10	sls	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	T. kalfal given	Annamma
12/7/26	1 am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	under observation	Annamma
12/7/26	2 am	4/10	sls	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	T. Diclofenac given	Annamma
12/7/26	8 am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	under observation	Annamma
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

Re-assessment Frequency:

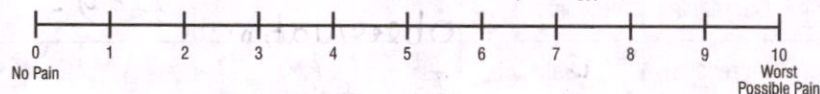
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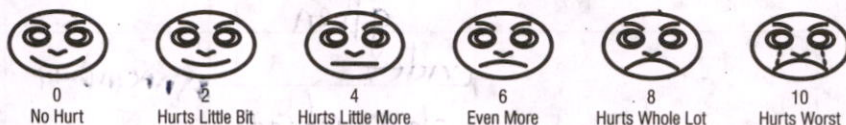
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Wong - Baker (Pediatrics) Above 7 Years



CHECKLIST FOR THROMBOPHLEBITIS

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S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	10/7 DAY-1			DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0	0	0	0	0	0	0	0	0		
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1	—	—	—	—	—	—	—	—		
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2	—	—	—	—	—	—	—	—		
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3	—	—	—	—	—	—	—	—		
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4	—	—	—	—	—	—	—	—		
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5	—	—	—	—	—	—	—	—		
Signature of the Nurse				Sema Southa Sathya Kalpana									

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

Signature of Shift In Charge :

Signature : KP Name : Kranthi

Signature of Ward In Charge :

Signature : veena Name : veena

BAH-00391682 IP5-00176189
Mrs NAAILAH SADAF
23-02-1994 32 Y 4 M 17 D (F)
Dr. PRANATHI REDDY A



Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	10/11/26	10/14/26	12/17	Fall Risk Grading		
		Score	8 AM	8 AM	8 AM	Risk Level	Morse Fall Score (MFS)	Action
History of Falling (immediately or w/in 3 months)	Yes	25				Low Risk	0 - 24	Standard Fall Precaution
	No	0	0	0	0			
Secondary Diagnosis (more than one diagnosis)	Yes	15	15	15	15	Moderate Risk	25 - 50	Implement Moderate Fall Prevention Intervention
	No	0						
Ambulatory Aid	Furniture	30				High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	Crutches, Cane(S), Walker	15						
	None /Bed Rest /Nurse Assist	0	0	0	0			
IV / Heparin Lock or Saline	Yes	20	20	20	20	Moderate Risk	25 - 50	Implement Moderate Fall Prevention Intervention
	No	0						
GAIT / Transferring	Impaired	20				High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	Weak (uses touch for balance)	10						
	Normal /On Bed Rest /Immobile	0	0	0	0			
Mental Status	Forgets limitations	15				High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	Oriented to own ability	0	0	0	0			
Total Morse Fall Scale Score:			35	35	35			
Signature			Tunne.	Pranathi	Annamma			

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

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

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

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

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

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

URINARY CATHETER BUNDLE CHECK LIST

Date of Insertion: 10/7/26

Date of Removal: 11/7/26 @ 6AM

Parameters	Date	Shift Time						
Need for the Catheter	<u>10/7/26</u>	<u>8pm 8pm</u>	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Hand Hygiene			☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Usage of Sterile Equipment			☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is the Collection bag below the level of bladder			☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Check the Tube for Obstruction (Free of Kinking)			☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is Catheter dated as policy			☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Collecting bag is been emptied regularly?			☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Maintenance of closed system for the catheter			☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Dressing clean and dry?			☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is the line removed as Policy?			☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Performance of Perineal Care			☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Onset of New Fever			☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Asses for the leakage at the site of insertion			☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Name of the Nurse			<u>Pranathi</u>					
Signature of the Nurse			<u>Pranathi</u>					

BAH-00391682
Mrs NAAILAH SADAF
23-02-1994 32 Y 4 M 17 D (F)
Dr. PRANATHI REDDY A

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POST – PARTUM ASSESSMENT FORM – IN-PATIENT

Date: 10/7/26

Chief Complaint : Pain at the suture site

Obstetric/ Birthing History : G6P4L4A2, LSCS, POD-0

Previous Surgical/Medical History : -

Assessment :

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

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

Iv line + / -

Catheter + / -

Postural alignment -

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

On Examination : Breathing pattern – abdominal/ apical/ diaphragmatic

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

Able to initiate Pelvic Floor Activation – ☒ Yes ☐ No

Spl Notes -

Treatment Plan :

☒ Lateral Breathing

☒ Pelvic Floor Activation

☒ Transversus Abdominis Activation

☒ Gluteus Activation

☒ Active Motion for Limbs

☒ Transfer Training & Mobility

☐ Sit to Stand

☐ Monitored Walk

☒ Posture & Ergonomic Education

Signature : T.S.

Name : Dr. Inheena Sharma (PT)

Date & Time: 10/7/26 4:45 pm

BAH-00391682
Mrs NAAILAH
23-02-1994
Dr. PRANA



PATIENT TRANSFER FORM

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Patient Name BAH-00391682 IP5-00176189 Mrs NAAILAH SADAF 23-02-1994 32 Y 4 M 17 D (F) Dr. PRANATHI REDDY A		Date & Time of Admission 10/7/26 7:30 AM	Date & Time of Transfer Order 10/7/26 12:40 PM
		Transfer Ordered by Dr. pranathi Reddy	Reason for Transfer obscuration
From Unit OR	To Unit Room 320	Information to Attendant Yes ☒ No ☐	
Number of Sheets in Clinical File 40	Number of Imaging Films NST - ①	Personal belongings including clinical documents. If any handed over to attendant Yes ☒ No ☐ If yes, what ?	

Medications / Consumables / Surgicals / Hand over		
Sl.No.	Item Name	Quantity
1.		
2.		
3.		
4.		
5.		

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

Name & Signature of Person who is Transferring S. S. Gnanu	Name of Person Ordered Transfer Dr. Jameela
Patient & Clinical Records Received by : Sema	
Date & Time of Patient Received : 10/7/26 @ 2:50 PM	

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

☐ Unavailable Bed

☐ Nurse not Available

☐ Available Bed not ready

BAH-00391682 IP5-00176189
Mrs NAAILAH SADAF
23-02-1994 32 Y 4 M 17 D (F)
Dr. PRANATHI REDDY A



PHYSICAL ASSESSMENT

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

Fall Assessment: ☒ Yes ☐ No Score 35 (complete the Morse Fall Risk Assessment Sheet)

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

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

☐ Mobility problem

☐ Walking Problem

☒ No Abnormality Detected

☐ Developmental Delay

☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING: ☒ No Abnormality Detected

☐ Overweight

☐ Poor Appetite > 3 Days

☐ Needs Therapeutic Diet.

☐ Under Weight

☐ Diabetes Mellitus

☐ Hyperemesis Gravidarum

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

☒ Calm & Cooperative

☐ Restless

☐ Depressed

☐ Agitated

☐ Confused

☐ Others

Inform consultant for positive criteria

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

SOCIAL SCREENING:

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

2. Special Habits: Smoker: ☐ Yes ☒ No

Alcohol Abuse: ☐ Yes ☒ No

Drug Abuse: ☐ Yes ☒ No

Social History: Lives With Family

Orientation has been given regarding the following aspects:

Call Bell in Reach: ☒ Yes ☐ No

Waste Disposal Explained: ☒ Yes ☐ No

Infusion Pump: ☐ Yes ☒ No

Hand Hygiene Explained: ☒ Yes ☐ No

☐ Others

Above information given to Patient

Name of Person Orientation was given to: Punni

Orientation not given Reason: NA

Nurse Signature: TM

Nurse Name: Punni

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



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

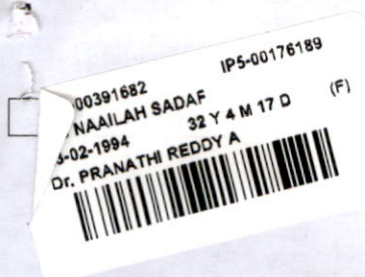
Pre-Existing Risk Factors Tick Score	Tick	Score
Previous VTE (except a single event related to major surgery)	X	4
Previous VTE provoked by major surgery	X	3
Known high-risk thrombophilia	X	3
Medical comorbidities e.g. cancer, heart failure; active systemic lupus erythematosus, inflammatory poly arthropathy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

Signature of the Doctor: *[Signature]* Date: 10/1/2026 Time: 10:20 AM

Action Plan: *inj Clexane x 10 days x 1e*

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.



BUNDLE CARE CHECKLIST TO PREVENT SURGICAL SITE INFECTION (SSI)

To Be Filled In By Assigned Nurse :

Date : 10/7/26

Department : OB/G OT Duration of Procedure : 1 hour

Name of Surgeon : Dr. pranathi Reddy Date of Admission : 10/7/26

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

		Staff Signature
	Antibiotic given prior to surgery ? ☒ Yes ☐ No ☒ Single Dose Antibiotic or Long Antibiotic Regime Antibiotic administered within 60 minutes prior to incision ? ☒ Yes ☐ No Name of the Antibiotic : Inf - taxim	praty
2.	Hair Removal ☒ Yes ☐ No if Yes : Surgical Clipper Department where Hair Removed : ☒ Ward ☐ Operating Room ☐ Other : Skin preparation done (cleanse surgical area with antiseptic agent)? ☒ Yes ☐ No	praty
3.	Patient's body temperature immediately post operation (Recovery Room) 97.5 °C ☐ Oral Or ☒ Axilla (Goal : 36-37 °C)	praty
4.	Name of doctor or staff administering the antibiotic : SIS praty Date & Time of antibiotic administration : 10/7/26 @ 8 AM Date & Time procedure started : 10/7/26 @ 9:10 AM	praty

- 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

BREAST FEEDING HANDOVER AND ASSESSMENT FORM

1. Breastfeeding initiated?

- ☒ a. Yes ☐ b. No

2. If No, Reason

3. Nipple condition:

- ☒ a. Nipple well formed
☐ b. Flat nipple
☐ c. Inverted nipple
☐ d. Short nipple

4. Milk flow:

- ☐ a. Good
☒ b. Drops of colostrums
☐ c. Dry

5. Steps for Positioning and attachment:

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



Feeding Positions:
Cross Cradle



Feeding Positions:
Football / Clutch

6. Was the position explained:

- ☒ a. Yes
☐ b. No

7. For Caesarian mothers:

- ☐ a. Mother is required sit and feed from the 4th feed
☐ b. Please explain football hold

8. NICU admission: **NO**

- ☐ a. Mother needs to stimulate her breast for 2 min every 2 hours

9. Additional notes: Baby given to the mother side

Date: 10/7/26

Continuity of Care:

* Drops of colostrum

* Baby Latching good

Handover given by Sherry

Handover taken by Sherry

Signature Sherry

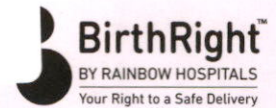
Signature [Signature]

Date & Time: 10/7/26 9:50 am

Date & Time: 10/7/26 @ 9:50 pm



It takes a lot to treat the little.



INFORMED CONSENT FOR SURGERY OF SPECIAL PROCEDURE

Patient Name : Naailah Sadaf Gender: ☐ Male ☒ Female Age : 31
UHID No : BAH - 00 391682 Date : 10/7/26

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 CAESAREAN SECTION
upon NAAILAH SADAF (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.

Hemorrhage, Sepsis, injury to Bowel & Bladder, injury to major Blood vessels, Need for Blood & Blood products, Need for prolonged hospital stay

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
- i. I authorize the consent to the performance of the operation or procedure.

Name of the Doctor who is performing the Surgery / Procedure: Dr. Pranathi Reddy

Consentee :

Signature : Naailah Sadaf

Name : Naailah Sadaf

Date & Time : 10th July 2026 Sun

Witness :

Signature : [Signature]

Name : [Name]

Date & Time : 10/7/26 Sun

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

Patient Attendant :

Signature : [Signature]

Name : ABRAR YAZDANI

Relationship with Patient : HUSBAND

Date & Time : 10/7/26 @ 8AM

Doctor (who is taking the consent) :

Signature : [Signature]

Name : Dr. Rameena

Date & Time : 10/7/26 @ 7:30AM

Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION

BAH-00391682
Mrs NAAILAH SADAF
23-02-1994 32 Y 4 M 17 D (F)
Dr. PRANATHI REDDY A

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Name: My. Naailah Sadaf Sex: F UHID.No: BAH00391682

Date: 6/7/20 Time: 3:05pm Proposed Operation: Elective Mx

Diagnosis: G6BL2A2 E 3prev. m

B.P / CRT: H.R: Weight: 105kg ASA Physical Status: ☐ 1 ☒ 2 ☐ 3 ☐ 4 ☐ 5

Laboratory Data:

Hgb: 11.6 Glucose: Protein: HIV: ve X-Ray:
PCV: 35.4 Urea: Alb: HBS Ag: ve ECG:
WBC: 7.200 Creat: Total Bill: HCV: ve 2D Echo: EF-69% Trin-MP/
Plate: 1.916kch Na: Dir. Bill: Blood group: O+ve Trin-TR
PT: K: LDH: T3 Stress/Angio: No PwMA
PTT: Ca++: Alk phos: T4 Other:
INR: Mg++: Amylase: TSH
Cl-: SGOT/SGPT:

Allergies: NEFA

Medical History: CVS: ⊖ Placenta: posterior high

RESP: ⊖ Diabetes: ⊖

CNS: ⊖

Renal: ⊖

Hepatic / GE: ⊖ Physical Activity: MERS > 4

Others: ⊕ H/o Numblock (H/o cold 1 week ago)

Past Anaesthetic History: H/o 3 prev. m & SA (uneventful)

Physical Exam:

Airway: MP 1 2 3 4 Mouth Opening: JE ⊕ Mento-hyoid Distance: JE ⊕ Neck: N Teeth: No loose tooth

Lungs: BAE ⊕, clear

Heart: S1 S2 ⊕

CNS: CLCIC, Oriented

Pregnant: ☒ Yes ☐ No ☐ NA Venous Access Site: ⊕ Spine Exam for regional: Spine palpable

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

Peri-Operative Plan Explained to the Patient: ☒ Yes ☐ No USA tracking maybe needed

CURRENT MEDICATIONS	DOSAGE
<u>Iron/Calcium/B12/D3</u>	<u>On B12 injection.</u>

Pre-Operative Instructions:

1. DVT Prophylaxis : NBM > 6hrs solid, > 8hrs clear liquid
2. NIL ORAL Water / ORS 2 Hours
Others 6 Hours
3. Informed Consent: ☒ Standard ☐ High Risk
4. Post Operative Pain Management: ☒ Discussed with Patient
5. Other Instructions: → Check IOPRSC availability

Signature: Dr. D. D. D. D. D. Name: Dr. D. D. D. D. D.

H.R: 85/min	B.P / CRT: 110/70 mm	SpO ₂ : 99% on room	R.R: 18/min	Last Feed: 10.00 pm
Pre-OP Diagnosis: C.A.A. & previous UES		Operation: ^{HT} Ep: UES		Date: 10.6.26

Surgeon: Dr. Pranathi Reddy Anaesthesiologist: Dr. Swathi Technician: Kuldeep

[illegible][illegible]

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

Tourniquet on Time
 Tourniquet off Time

Throat Pack In
 Throat Pack Out

LAB Values	ABG	
	GRBS	
	Diagnosis	

☐ Equipment Checked and Functional ☒ BP ☐ Cuff Site: <u>lt arm</u> ☐ Art Site: ☒ EKG Lead ☐ Temp Site ☐ FIO ₂ Monitor ☐ Agent Monitor ☒ Pulse Oximeter ☐ Capnograph ☐ Ventilator ☐ Nerve Stimulator Position: <u>Supine</u> ☐ Pressure Points Checked Eye Care: ☐ Oint ☐ Tape ☐ Padding ☐ Awake	Temp: ☐ HME ☐ Fluid Warmer ☐ Cling Film ☐ OH Warmer ☐ Hugger's ☐ Cotton Wool ☐ Other Times: Anaes Start: <u>9.00am</u> OP Start: <u>9.15am</u> OP End: Leave OR: <u>10.00am</u> Anaesthesia: ☐ GA ☐ Monitored Anaesthesia Care ☒ Regional Line (Size & Location) ☐ CVP: ☐ ART: ☒ IV: <u>lt hand 18g</u> ☐ IV: ☐ IV:	Induction ☐ IV ☐ Inhal ☐ Pre O ₂ ☐ RSI ☐ Others ☐ Mask ☐ SGA ☐ Airway ☐ Oral ☐ Nasal ETT# at cm ☐ Oral ☐ Nasal ☐ Cuff ☐ Tracheostomy ☐ Topical ☐ Drug: ☐ Awake ☐ Direct Vision ☐ Video Laryngoscopy ☐ Stylette / Bougie ☐ Fiberoptic Blade# Attempts: Difficulty Why? ☐ Bilat = BS ☐ Semi-Closed Circle ☐ Closed Circle ☐ Other	Regional: Extremity Specify: ☒ Spinal ☐ Epidural ☐ Caudal Others: Position: Site: <u>ly-l5</u> Needle Size: <u>25g</u> Depth: Parasthesia ☐ Yes ☐ No Catheter at skin cm Drug Name & Conc: <u>2ml 0.5%</u> Bolus: <u>Propofol 20mg + 25ml</u> Infusion: <u>Fentanyl</u> Block Level: <u>T4</u> Comments: Transportation to ☐ PACU ☐ ICU ☐ Other Relaxant Reversed ☐ Yes ☐ No ☐ NA Name of the Doctor: <u>Dr. G. Wether</u> Signature of the Doctor: <u>[Signature]</u>
--	---	--	---



POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : I.C. Sanyal

Time Received : 10:30 AM

Time Discharged : 10:45 AM

250 240 230 220 210 200 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50 40 30 20 10 0 RESPIRATORY RATE > PULSE < BLOOD PRESSURE	10:30 AM 10:45 AM 11:00 AM 11:30 AM 12:00 PM	250 240 230 220 210 200 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50 40 30 20 10 0	IV Cannula Site : <u>Left Wrist</u> ☐ O₂ Mask ☐ Nasal Prongs ☐ Tracheostomy ☐ T-Piece ☐ Oral Airway ☐ Nasal Airway Vomiting : ☐ Yes ☒ No NG Tube : ☐ Yes ☒ No Drain : ☐ Yes ☒ No Urinary Catheter : ☐ Yes ☒ No Chest Tube : ☐ Yes ☒ No Nil Oral ☐ Yes ☒ No IV Fluids : <u>RL</u> Oral Feeds : <u>NBM</u>
--	---	---	---

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

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
10/7/26	10:30 AM	0/10	NA	Sanyal
10/7/26	12:00 PM	0/10	NA	Sanyal

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

Anaesthesiologist Name : DR. K. K. R. R. R. R.

Anaesthesiologist Signature : [Signature]

Date & Time : 10/7/26 2:00 PM

PACU Nurse Name : S. Sanyal

PACU Nurse Signature : [Signature]

Date & Time : 10/7/26 2:00 PM

Reassessment Frequency:

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

Transferred to Unit by (PACU) : S. Sanyal

Date & Time : 10/7/26 2:00 PM

BAH-00391682 IP5-00176189
Mrs NAAILAH SADAF
23-02-1994 32 Y 4 M 17 D (F)
Dr. PRANATHI REDDY A



Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

Date: Time: Procedure done by

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

Depth: Catheter at Skin: Attempts :

Parasthesia : Yes/No if yes details :

Solution Composition :

Any other issues :

a)

b)

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

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

Catheter Removed by and Tip Inspected :

Patient Satisfaction :

Discharge /Shifting ordered by

Doctor Signature:

Doctor Name:

Date and Time :

CONSENT FOR ANAESTHESIA

Authorization By: ☒ Patient ☐ Patient Attendant

Operative Procedure: Elective Caesarean Delivery

Anaesthesiologist: Dr. Subramanyam Surgeon: Dr. Pranathi Reddy A

Please read this before you consent for Anaesthesia

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

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

- ☐ Heart Disease ☐ Hypertension ☐ Diabetes ☐ Renal Failure ☐ Multi Organ Failure ☐ Hepatic Disorders
☐ Shock ☐ Obesity ☐ Chronic Obstructive Pulmonary Disease
☐ Others: Hemodynamic changes, Bleeding, PDPH, patchy block, Need for blood transfusion

Declaration by Patient Attendant

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

Patient / Patient Attendant:

Signature: Nasirah
Name: Nasirah Sadaf
Relationship with patient: Self
Date & Time: 6/7/26 3:25pm

Witness:

Signature: [Signature]
Name: ABEER YAZDANI
Date & Time: 6/7/26 3:25pm

Doctor (who is taking consent):

Signature: [Signature] Name: Dr. Durg. Khosla Date: 6/7/26 Time: 3:25pm

అనస్థీషియా కోసం అనుమతి పత్రం

అనుమతి ఇచ్చినవారు: ☐ రోగి ☐ రోగి అటెండెంట్

శస్త్రచికిత్స:

అనస్థీషియా వైద్యుడు: శస్త్రచికిత్స నిపుణుడు:

అనస్థీషియా కోసం మీ అనుమతి ఇవ్వడానికి ముందు దయచేసి ఇది చదవండి

సాధారణ అనస్థీషియా అనేది శస్త్రచికిత్స ముందు రోగిని పూర్తిగా అవస్థాపక స్థితిలోకి తీసుకెళ్లే ప్రక్రియ. దీనితో రోగి శస్త్రచికిత్స సమయంలో ఏదీ తెలుసుకోడు, నొప్పి అనుభవించడు. దీనిని శిరస్రావం ద్వారా ఇచ్చే మందులతో లేదా అనస్థీషియా యంత్రం నుండి పీల్చే మందులతో అందిస్తారు. రీజనల్ అనస్థీషియా అనేది శరీరంలోని ఒక ప్రత్యేక భాగాన్ని లోకల్ అనస్థీషియా నొప్పి రాకుండా చేయడం. శస్త్రచికిత్స లేదా గాయం తరువాత దీర్ఘకాలిక నొప్పి ఉపశమనం కోసం, కాథెటర్లు ఉపయోగించి వీక్ లోకల్ అనస్థీషియా లేదా నార్మల్ బ్లడ్ మందులను నిరంతరం ఆ భాగానికి అందించవచ్చు.

స్పెసిఫిక్ హై రిస్క్:

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

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

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

☐ ఇతరవి:

రోగి / రోగి అటెండెంట్

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

రోగి / రోగి అటెండెంట్:

సంతకం:

పేరు:

రోగితో సంబంధం:

తేదీ & సమయం:

సాక్షి:

సంతకం:

పేరు:

తేదీ & సమయం:

డాక్టర్ :

సంతకం: పేరు: తేదీ & సమయం:

PATIENT TRANSFER FORM

Patient Name & UHID No. BAH-00391682 IP5-00176189 Mrs NAAILAH SADAF 23-02-1994 32 Y 4 M 17 D (F) Dr. PRANATHI REDDY A 		Date & Time of Admission 10/7/26 7:30 AM	Date & Time of Transfer Order 10/7/26 10:50 AM
		Transfer Ordered by Dr. pranathi reddy.	Reason for Transfer obese patient
From Unit OT	To Unit OBS	Information to Attendant Yes ☒ No ☐	
Number of Sheets in Clinical File 40	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☐ If Yes, what?	Patient shifted with ID band: Yes ☒ No ☐ If No:	
Number of Imaging Films NST - ①			
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.			
2.			
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes ☐ No ☐			
Name & Signature of Person who is Transferring Sis. Shweta.		Name of Person Ordered Transfer Dr. pranathi reddy.	
Patient & Clinical Records Received by : Sis. Shweta.			
Date & Time of Patient Received : 10.30 AM 10/7/26			

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

☐ Unavailable Bed

☐ Nurse not Available

☐ Available Bed not ready

320

NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 10/7/26

Time: 3pm

Origin: Indian

Height: 165cm

Weight: 105kg

BMI: 38.24kg/m²

Food Allergies: No

Diagnosis: post-op / LSCS lower segment cesarean section

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

Diet Advised:

Sips of water from @ 4:00pm



liquid from @ 6:00pm

Patient's / Attendant's

Dietician's

Signature: [Signature]

Signature: [Signature]

Name: Naailah

Name: Radma

Date & Time: 10/3/26

Date & Time: 10/7/26

3pm

3pm

DIETARY NOTES[illegible]

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Shwathi
Asst. Surgeon : Dr. V. Shaegun
Anaesthetist : Dr. S. S. Suresh
Scrub Nurse : S. S. Shanthi

BAH-00391682 IPS-00176189
Mrs NAAILAH SADAF
23-02-1994 3 17 D (F)
Dr. PRANATHI REDDI

Patient Name : ..
UHID No. : ..
Date : ..



Gender : ..
In-time : 8:15 Am
Out-time : 9:15 Am

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Before Induction of Anaesthesia >>

Before Skin Incision >>

Before Patient Leaves Operating Room

SIGN IN		Time: <u>8:15 Am</u>
Patient Has Confirmed		
Identity	☒ Yes ☐ No	
Site	☒ Yes ☐ No	
Procedure	☒ Yes ☐ No	
Consent	☒ Yes ☐ No	
Site Marked	☐ Yes ☐ No ☒ NA	
Anaesthesia Safety Check Completed	☒ Yes ☐ No	
Pulse Oximeter on Patient & Functioning	☒ Yes ☐ No	
Does Patient have a:		
Known Allergy?	☐ Yes ☒ No	
Difficult Airway / Aspiration Risk?		
Yes, & Equipment / Assistance Available	☐ Yes ☒ No	
Risk of > 500ml Blood Loss (7ml/kg In Children)?		
Yes, and Adequate Intravenous Access and Fluids Planned	☒ Yes ☐ No ☐ NA	
Blood Units Reserved	☐ Yes ☒ No ☐ NA	
Has Antibiotic Prophylaxis been given within the last 60 minutes?		
	☒ Yes ☐ No ☐ NA	
Signature : <u>Dr. S. S. Suresh</u>		
Name : <u>Dr. S. S. Suresh</u>		

TIME OUT		Time: <u>8:20 Am</u>
Confirm all team members have introduced themselves by Name and Role ☒ Yes ☐ No		
Surgeon, Anaesthesia Professional and Nurse Verbally Confirm		
Correct Patient (Check ID Band)	☒ Yes ☐ No	
Correct Site	☒ Yes ☐ No	
Correct Procedure	☒ Yes ☐ No	
Anticipated Critical Events		
Surgeon Reviews:		
What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss? <u>1 hour 200-300ml</u>		
Anaesthesia Team Reviews:		
Are There Any Patient-specific Concerns? ☐ Yes ☒ No ☐ NA		
Nursing Team Reviews:		
Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns? <u>NO issues</u>		
Is Essential Imaging Displayed? ☐ Yes ☒ No ☐ NA		
Power Supply, Earthing, Power Backup and functioning of equipment checked. ☒ Yes ☐ No		
Signature : <u>Shwathi</u>		
Name : <u>Shwathi</u>		

SIGN OUT		Time: <u>8:10 Am</u>
Nurse Verbally Confirms with the Team:		
The Name of the Procedure Recorded	☒ Yes ☐ No	
That Instrument, Sponge and Needle Counts are Correct (or Not Applicable)	☒ Yes ☐ No ☐ NA	
The Specimen is Labelled (including patient name)	☐ Yes ☒ No ☐ NA	
Whether there are any Equipment Problems to be addressed	☐ Yes ☒ No ☐ NA	
To Surgeon, Anaesthetist and Nurse:		
What are the key concerns for recovery and management of this patient? ☐ Yes ☒ No		
Signature : <u>h</u>		
Name : <u>M. Deepika</u>		

SURGICAL SAFETY CHECKLIST

Surgeon :
Asst. Surgeon :
Anaesthetist :
Scrub Nurse :

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



Before Induction of Anaesthesia ➤ ➤

Before Skin Incision ➤ ➤

Before Patient Leaves Operating Room

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

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

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