VIH-00203172 IP-00060743
Mrs VENKATA NAGA LASYA PRIYA
02-02-1993 33 Y 5 M 16 D (F)
Dr. KAPPAGANTULA APARNA

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SURGERY DETAILS

Date : 18/7/26

Patient Name: MRS. lasya priya Date of Birth: 2/2/1993 Age: 33 yrs

Gender: female Ward : OT UHID No.: 203172

Date of Surgery: 18/7/26 ☐ OT -1 ☐ OT -2 ☐ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : Elective Lower segment cesarean section was done under spinal anesthesia

Time in : 2:40 PM Time Out : 3:10 PM

		NAME	AMOUNT
1.	Surgeon	: DR Aparna Kappagantula	OT - charges
2.	Anaesthetist	: DR. Madhav.	
3.	Assistant Surgeon	: DR Farnaaz	
4.	OT Technician	: BR. Vaishnavi	
5.	Circulating Nurse	: SR Ruby Persis	
6.	Assistant Nurse	: SR Maria	

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

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 3103082 / 3103083 Order by: Ruby, Florence

LSCS for 1

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ACTI[illegible]LING

VIH-00203172 IP-00060743
Mrs VENKATA NAGA LASYA PRIYA
02-02-1993 33 Y 5 M 16 D (F)
Dr. KAPPAGANTULA APARNA

Name: ----------

UHID I ---------- Consultant : ---------- Dept : ----------

Date of Admission : 18/7/26 Time : 11:55 Am Date of Discharge : ---------- Time: ----------

Room / Bed No : 219 Ward : HW Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
18/7/26	2:5pm	HW	OT	
18/7/26	4:10Pm	OT	MICU	Jyothi
18/7/26	11PM	MICU	Room(207)	

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Sign
18/7	NST @ 12pm - (1)	R26-011634	
18/7	C.		
2018	CBP	26024421	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
18/7/26	Infusion pump	12pm	10:50pm	0003103113	[signature]
18/7/26	Cardiac monitor	4:00pm	10:50pm		
	cross checked by Subasini 18/7/26				8pm

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
18/7/26	IV placement	1	0003103115	
18/7/26	Catheterization	1		
18/7/26	PAC	1	0003103114	
	Cross checked by Suhasini 18/7/26 6pm			

ANY OTHER INFORMATION

Date : 20/7/26 Time : 1 pm Prepared By : Smitha

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Ashwini	20/7/26 1 pm.		

INSURANCE COPY

Name	Mrs VENKATA NAGA LASYA PRIYA PETLURI	**UHID**	VIH-00203172
Father/Guardian	Mr YPG YESHWANT SAINATH	**Age/Gender**	33 Y 5 M 16 D/Female
Address	E-204, TOWER E, RAHEJA VISTAS, IDA NACHARAM, ROAD NO 12, Nacharam, Hyderabad, Telangana, INDIA, 500076		
IP No	IP-00060743	**Admission Date**	18-07-2026
Ref Doctor	Self	**Discharge Date**	20-07-2026

DISCHARGE SUMMARY

Consultant: Dr. KAPPAGANTULA APARNA, OBSTETRICIAN & GYNAECOLOGIST

Diagnosis: Primigravida with 36+6weeks with Severe small for gestational age baby with Increased umbilical artery resistance admitted for Elective lower segment cesarean section.

ELECTIVE LOWER SEGMENT CESAREAN SECTION WAS DONE UNDER SPINAL ANAESTHESIA ON 18.07.2026

History:
LMP: 2/11/2025
Obstetric formula: Primigravida
EDD: 9/8/2026
Gestation at admission: 36+6 weeks

Obstetric History:
G1 - Present pregnancy, Spontaneous conception.

Medical History: Nil
Family History: Father- DM, HTN
Surgical History: Nil
Allergies: Nil

Name	Mrs VENKATA NAGA LASYA PRIYA PETLURI	UHID	VIH-00203172

Antenatal Details: Mrs VENKATA NAGA LASYA PRIYA PETLURI was booked to Rainbow hospital at 20 weeks of gestation. She had previous ANC'S done at Saudi arabia. She had regular antenatal checkups and investigations as advised. She was on Tab. Ecosprin 81mg OD since conception and stopped at 35+4weeks. She was admitted at 36+6weeks with Severe small for gestational age baby with Increased umbilical artery resistance admitted for Elective lower segment cesarean section.

Investigations: Enclosed

Blood group: **'O' POSITIVE**

Management: <u>Course in hospital:</u>
She was prepared for elective C-section with indwelling Foley's catheter and IV canula under aseptic conditions. Written informed consent for surgery taken. Preanesthetic check up done. Anesthetic premedication (IV Pantop and Perinorm) given. Antibiotic prophylaxis with Inj. Taxim 1 gm IV given. Patient shifted to theatre.

Surgery Notes: Operative Details:
Under spinal anesthesia she was painted and draped as per hospital protocol. Abdomen opened in layers. The parietal and visceral peritoneum carefully opened after identifying the urachus. Bladder was reflected. Subserosal fibroid of size 1x1cm noted on anterior wall of uterus. A lower segment curvilinear incision given on the uterus. Baby delivered. Cord clamped and cut and cord blood collected for blood grouping and Rh typing. Baby handed over to pediatrician. Placenta delivered with controlled cord traction. Antibiotic prophylaxis with Inj. Taxim 1 gm IV given. Uterus closed in layers. Hemostasis secured. Instruments and swab count checked. Rectus sheath closed. Skin closed with subcuticular sutures. Wound dressing done. Vagina cleaned with Betadine solution after expelling clots. Misoprostol 400 mcg given per rectum

Name	Mrs VENKATA NAGA LASYA PRIYA PETLURI	UHID	VIH-00203172

as prophylaxis against postpartum hemorrhage. Patient was shifted out of theatre to post operative recovery room.

Delivery Details:
Date: 18/7/2026
Time of Delivery: 2:51:30 PM
Type of Delivery: Elective LSCS
Indication: Severe small for gestational age baby with abnormal dopplers.
Analgesia: Spinal

Baby Details:
Date: 18/7/2026
Time: 2:51:30 PM
Sex: Male
Weight: 2.363kg
Apgar: 9/10, 10/10
Gestational Age: 36+6 weeks
NICU Admission: NO

Post-Operative Notes: Post Operative Period:

She was closely monitored. Her vital signs remained stable. Uterus was well retracted with no postpartum hemorrhage. Breast feeding initiated. She was shifted to room. Her postoperative period following that was uneventful. On third postoperative day dressing was changed. On inspection wound was healthy. Her general condition was satisfactory and she was found to be fit for discharge. Wound care and medications were explained to patient supplemented by written information.

Name	Mrs VENKATA NAGA LASYA PRIYA PETLURI	UHID	VIH-00203172

Advice:

1. Tab. Ceftum 500mg (Cefuroxime) twice daily till 24/7/2026 (9am-9pm) after food.
2. Tab. Dolo 650mg (Paracetamol 650mg) twice daily till 24/7/2026 (12pm-5pm) after food.
3. Tab. Hifenac P twice daily (8am-9pm) till 24/7/2026 after food.
4. Tab. Pantoprazole 40 mg once daily till 24/7/2026 (7am) before food.
5. Tab. Fur-XT once daily (11am) for three months before breakfast.
6. Tab. C Dense 1 tablet once daily (2pm) till breast feeding after food.
7. Neomycin ointment for local application.
8. Contraception advised.
9. HPV vaccine after 6 weeks of delivery.

Review after 5 days on 24/7/2026 at postnatal clinic with prior appointment (This consultation will be charged).

To take appointment for OPD consultation at Rainbow Children's Hospital, just dial one number 1800-2122 (between 8 a.m. to 8 p.m.) (or) log on to www.rainbowhospitals.in

In case of emergency like bleeding, fever - kindly contact 040-42462200. Extension 2220 (Rainbow Hospital, Karkhana).

For Women Who Have Had a Cesarean Section.

Care of the wound:

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

Name	Mrs VENKATA NAGA LASYA PRIYA PETLURI	UHID	VIH-00203172

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

Name: Y P G YESHWANT SAINATH Signature:

Relationship: HUSBAND

This summary was explained by: Roja Rv 20/7/26 @ 3.50PM

Summary prepared by: Dr.

Registrar/Resident/C.M.O

Dr. KAPPAGANTULA APARNA
MBBS, MD
OBSTETRICIAN & GYNAECOLOGIST
43142

INSURANCE COPY

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Laboratory Report

PatientName	:	Mrs VENKATA NAGA LASYA PRIYA PETLURI	**Patient Ph.No**	:	9985998365
Age/Gender	:	33 Y 5 M 18 D/ Female	**Requisition No**	:	VI26024421
Bill No	:		**Received On**	:	20/07/2026 07:12 AM
UHID No	:	VIH-00203172	**Reported On**	:	
Ref.Doctor	:	Dr. KAPPAGANTULA APARNA	**Ward / Bed No**	:	N 2F-SECOND FLOOR / SR 207

COMPLETE BLOOD PICTURE

TEST RESULT STATUS: Report Entered

Test	Result	Unit		Reference Range
PCV/HCT	33.4	VOL%	N	33 - 51
DISCLAIMER				
PCT		%		(0.108 - 0.282)
WBC COUNT	15.83	10^9/L	H	4.5 - 11
MONOCYTES	2.6	%	N	4 - 10
Differential Count				
LYMPHOCYTES	8.6	%	N	24 - 44
BANDS		%		(- 11)
HEMOGLOBIN	12.0	g/dL	N	12 - 16
BASOPHILS		%		(- 1)
PLATELET COUNT	175	10^9/L	N	150 - 450
METAMYELOCYTES				
PROMYELOCYTES				
ABSOLUTE LYMPHOCYTE COUNT		10^9/L		(1.1 - 5)
MCH	33.2	pg/cells	N	26 - 34
ATYPICAL CELLS		%		
BLASTS		%		
PERIPHERAL SMEAR				
MCHC	36.0	g/dL	N	32 - 36
PDW-CV		%		(10 - 17.9)
EOSINOPHILS	1.7	%	N	1 - 4
INTERPRETATION				
MYELOCYTES				
ABSOLUTE NEUTROPHIL COUNT		10^9/L		(1.5 - 8.5)
MPV	9.5	fL	N	6.5 - 10
ABSOLUTE MONOCYTE COUNT		10^9/L		(0.13 - 0.86)
NEUTROPHILS	86.9	%	H	35 - 66
ATYPICAL LYMPHOCYTES				
RBC COUNT	3.61	10^12/L	N	4 - 5.2
RDW-CV	12.3	%	N	11.5 - 13.1
MCV	92.5	fL	N	80 - 100
ABSOLUTE EOSINOPHIL COUNT		10^9/L		(0.04 - 0.39)
P-LCR		%		(11 - 45)

Rainbow Children's Hospital

BirthRight by Rainbow

Laboratory Report

PatientName	:	Mrs VENKATA NAGA LASYA PRIYA PETLURI	**Patient Ph.No**	:	9985998365
Age/Gender	:	33 Y 5 M 18 D/ Female	**Requisition No**	:	VI26024421
Bill No	:		**Received On**	:	20/07/2026 07:12 AM
UHID No	:	VIH-00203172	**Reported On**	:	
Ref.Doctor	:	Dr. KAPPAGANTULA APARNA	**Ward / Bed No**	:	N 2F-SECOND FLOOR / SR 207

----------End of the Report----------

DEFICIENCY CHECK LIST OF MEDICAL CASE SHEET

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Patient Name : VIH-00203172 IP-00060743
Mrs VENKATA NAGA LASYA PRIYA
02-02-1993 33 Y 5 M 17 D (F)
Dr. KAPPAGANTULA APARNA

IP.No: 60743

Ward:

DOA: 18/2/26

Sl.No	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission Sheet	1	✓	✓	
2	Discharge Summary	2	✓	✓	
3	Nursing Initial assessment form	2	✓	✓	
4	Patient Trasfer Forms	3	✓	✓	
5	In-patient Medical Record	1	✓	✓	
6	Doctors Progress Sheets	3	✓	✓	
7	Nurses Progress notes	3	✓	✓	
8	Consultation Sheets				
9	General Consent for Treatment	1	✓	✓	
10	Conset for Surgery				
11	Consent for Blood Transfusion				
12	Consent forChemotherapy				
13	Consent for High Risk				
14	Consent for Restraint				
15	DAMA Consent				
16	Consent for Special Procedure	1	✓	✓	
17	Consent for Radiological Investigations				
18	Consent for HIV Test				
19	Anaesthesia consent form				
20	Anaesthesia notes(Pre Anaesthesia & Post)	3	✓	✓	
21	Pre Operative checklist	1	✓	✓	
22	Surgical safety Checklist	1	✓	✓	
23	Operation Theatre notes				
24	Nurses Clinical Presentation				
25	TPR & BP chart	3	✓	✓	
26	Intake and Output chart (fluid Chart)	2	✓	✓	
27	Drug Chart (Regular prescription)	5	✓	-	
28	Daily Investigation sheet				
29	Investigation Values (Result Sheet)	1	✓	✓	
30	Nebulization Chart				
31	Diabetic chart				
32	Nutritional Review chart	1	✓	✓	
33	MLC form (in case of MLC)				
34	Patient Educatlon Form				
	Caesarea section specific Note	1	✓	✓	
	Bedside Chart.	2	✓	✓	
	Pain Assessment.	2	✓	✓	
	Haemoglobin Hs.	1	✓	✓	
	Others	9	✓	✓	
	Total No. of Pages	49 pages			

Signature and Date : 26/2/26 @ 8AM

ERROR LOG

LOCATION: - NICU / PICU / HDU / OT / GENERAL WARD

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

Rainbow Children's Hospital - Secunderabad
H.No.3-7-222/223,Sy.No.51 to 54,Opp.Karkhana P S,Karkhana Main Road,Kakaguda, Karkhana ,Hyderabad ,Telangana, INDIA ,500009.
TEL NO :040-42462200, Ext 2000,2001,2002
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP-00060743 **Admit Date** : 18-Jul-2026 **Admit Time** : 11:55 AM **UHID** : VIH-00203172

Patient Details :

Patient Name	: Mrs VENKATA NAGA LASYA PRIYA PETLURI	**Age**	: 33 Y 5 M 16 D
Guardian	: Mr YPG YESHWANT SAINATH	**DOB**	: 02-02-1993
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: E-204, TOWER E, RAHEJA VISTAS, IDA NACHARAM, ROAD NO 12 Nacharam Hyderabad Telangana INDIA 500076	**Phone No**	: 9985998365/ 9940336463
		E-mail	: pvnlp.2@gmail.com

Admission Details :

Bed Type : MICU **Bed No** : LW 219 **Ward Name** : N 2F-LABOUR WARD

Room No : LW 219 **Admission Type** : First Visit

Contact Details :

Name : Mr YPG YESHWANT SAINATH **Relationship** : W/O

Contact Address : E-204, TOWER E, RAHEJA VISTAS, IDA NACHARAM, ROAD NO 12 Nacharam Hyderabad Telangana INDIA 500076 **Phone No** : 9985998365 / 9940336463

Signature

Doctor Details :

Doctor Name : Dr. KAPPAGANTULA APARNA **Specialisation** : OBSTETRICS AND GYNECOLOGY

Referral Doctor : Self **Phone No** :

Co-Consultant :

Payment Details :

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

Payor Name : ICICI LOMBARD GENERAL INSURANCE CO LTD

PATIENT TRANSFER FORM

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VIH-00203172 IP-00060743
Mrs VENKATA NAGA LASYA PRIYA
02-02-1993 33 Y 5 M 16 D (F)
Dr. KAPPAGANTULA APARNA

	Date & Time of Admission	Date & Time of Transfer Order
Treating Consultant Name	18/7/26 @11:55Am	18/7/26 @ 2:5pm
Transfer Ordered by: Dr. Aparna	Reason for Transfer: ELECTIVE LSCS	
From Unit: L/W	To Unit: OT	Information to Attendant: Yes ☐ No ☐
Number of Sheets in Clinical File: -28-	Number of Imaging Films: - NIL -	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 ☐

Dr. Aparna

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sr.	Dr. Aparna

Patient & Clinical Records Received by : Asif

Date & Time of Patient Received : 18/7/26 @ 2:05PM

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

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

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PATIENT TRANSFER FORM

Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
VIH-00203172 IP-00060743 Mrs VENKATA NAGA LASYA PRIYA (F) 02-02-1993 33 Y 5 M 16 D Dr. KAPPAGANTULA APARNA	18/7/26 @ 11:55 Am	18/7/26 @ 4:10pm
	Transfer Ordered by	Reason for Transfer
	DR. madhav.	post operative care
		Information to Attendant Yes ☐ No ☐
From Unit	To Unit	
OT	MICU	
Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☐ If yes, what ?
31	nil	

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.		
2.		
3.	nil	
4.		
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
SR Jyothi	DR. madhav.

Patient & Clinical Records Received by : K. Sabina

Date & Time of Patient Received : 18/7/26 4:0 pm

If the transfer order time & Completion time is more than ...utes, please ...ck the ...as...

☐ *Unavailable Bed*

☐ *Nurse not Avai...*

Docu. No. : RCH /FRM / CLINICAL / 102

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PATIENT TRANSFER FORM

VIH-00203172 IP-00060743
Mrs VENKATA NAGA LASYA PRIYA
02-02-1993 33 Y 5 M 16 D (F)
Dr. KAPPAGANTULA APARNA

	Date & Time of Admission	Date & Time of Transfer Order
	18/7/26 at 11:55AM	18/7/26 at 11PM
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
	Dr. Greeshma	Observation
From Unit	**To Unit**	**Information to Attendant**
MICU	Room (207)	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
(01)	NST - (1)	Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Tab - Pantoprazole 40mg	15
2.	Under Pad - 1 Saree - 1	1
3.	Bacrib - 1	1
4.	SUPPOSITORY DICLOFENAC 100mg	1
5.		

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

Dr Greeshma

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sis. Manasa	Dr. Greeshma

Patient & Clinical Records Received by : 18/7/26 @ 11:15 pm

Date & Time of Patient Received :

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

VIH-00203172 IP-00060743
Mrs VENKATA NAGA LASYA PRIYA
02-02-1993 33 Y 5 M 16 D (F)
Dr. KAPPAGANTULA APARNA

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OBSTETRICS / GYNECOLOGY
NURSING INITIAL ASSESSMENT FORM

Date of Admission: 12/7/26

Baseline Information:

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

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

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

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

Allergies: ☐ Yes ☑ No ☐ Medications ☐ Blood Transfusion ☐ Food ☐ Other: –

If yes, identify –

Chief Complaints: ELECTIVE LSCS

Doctor Notified on Admission: ☑ Yes ☐ No

Name of the Doctor: Dr. Greeshma

Time Notified: 11:50 Am

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

Past Medical History	Past Surgical History	Previous Hospital Admission
Nil	Nil	No

Gynecology Assessment: ☐ Not Applicable

Menstrual History: .....

Onset of Menarche: .....

Menstrual Cycle: ☐ Regular ☐ Irregular

Last Menstrual Period: 2/11/25

Gynecology Surgical History:

Caesarean Section: ☐ No ☑ Yes

Cervical Cerclage: ☑ No ☐ Yes

Ectopic Pregnancy: ☑ No ☐ Yes

Myomectomy: ☑ No ☐ Yes

Others: –

Gynecological History:

Contraceptives: ☑ No ☐ Yes

Vaginal Discharge: ☑ No ☐ Yes

Post-Coital Bleeding: ☑ No ☐ Yes

Infertility: ☑ No ☐ Yes

If Yes Type: ☑ Primary ☐ Secondary

Obstetric History: G – P rimi L – A –

Previous LSCS: NO

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

Family History: ☐ No Abnormalities Detected

☐ Heart Disease ☐ Hypertension ☐ Diabetes ☐ Stroke ☐ Seizures ☐ Kidney disease

☐ Liver disease ☐ Other Father DM, HTN

Vital Signs / Measurements: Temp: [illegible] HR: 88bpm RR: 20bpm

BP: 103/62mmHg Weight: 68.45kgs Height: 162cm BMI: 32.5

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

VIH-00203172 IP-00060743
Mrs VENKATA NAGA LASYA PRIYA
02-02-1993 33 Y 5 M 16 D (F)
Dr. KAPPAGANTULA APARNA

PHYSICAL ASSESSMENT

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

Fall Assessment: ☐ Yes ☐ No Score ..0.. (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

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 ..Mrs: Venkata Naga Lasya priya..

Name of Person Orientation was given to: ..Mrs: Venkata Naga Lasya priya..

Orientation not given Reason: ..—..

Nurse Signature: ..P..

Nurse Name: ..Pratheyusha..

Date & Time: ..18/7/26 @12:10pm..

VIH-00203172 IP-00060743
Mrs VENKATA NAGA LASYA PRIYA
02-02-1993 33 Y 5 M 16 D (F)
Dr. KAPPAGANTULA APARNA

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Your Right to a Safe Delivery

OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 18/7/26 Time of Arrival: 11:30 Am Time Seen by Nurse: 11:30 Am

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

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

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

3) **Vital Signs:** Temperature: 96.2°F Pulse: 88 bpm RR: 20 bpm SpO_2: 96% BP: 102/70 mmHg Weight: 62.45 kg

4) **Gestational Criteria:**

Gravida:	G –	Primi	L –	A –

LMP: 2/11/25 EDD: 9/8/26 Gestational Age: 36+6 weeks

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

5) **Pain Screening:**

Numerical Pain Scale (NPS)

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

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

6) **Past History:**

a) Surgeries: Nil

b) Medical: Nil

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

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

9) **Prenatal Medical History:**

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

Triage Category (Please tick on the category)

Refer to OBSTETRICAL TRIAGE ACUITY SCALE (OTAS)

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

OBCU Obstetrical Triage Acuity Scale (OTAS)

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

Time seen by Doctor: 11:50am

Nurse Name : prathyusha Nurse Signature: .....

Date: 18/2/26 11:40Am

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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

LMP: 21/11/25 EDD:

Corrected EDD: 9/8/26 GA: 36+6weeks

Obstetric Formula: Primigravida
ML- 36/2yrs, NCM

Menstrual History: Regular : ☑ Yes ☐ No

Obstetric Hostory:
G1-P0, Spontaneous conception

Obstetric Examination

Fundal Height: ~ 36 wks

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

Present Pregnancy Record: Booked to RCH at 20weeks. Previous ANCs at Saudi Arabia: she was on T.ECOSPIRIN 81mg since conception & stopped at 36+4weeks.

Liquor: ☑ Adequate ☐ Oligo ☐ Poly

PP: ☑ Cephalic ☐ Breech Others _____

Head Fifths Palpable: _____

FHS: ☑ Normal ☐ Tachy ☐ Brady ☐ Absent
⊕ 151 bpm

RISK FACTORS:

- Severe SGA Baby
- Increased Umbilical Artery Resistance

Per Speculum Examination Not done.

Draining: ☐ Present ☐ Absent ☐ Bleeding

Colour of Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Vaginal Examination Not done.

Cervix: ☐ Long ☐ Partially effaced ☐ Effaced

Os: Closed _____ Dilated _____

Membranes: ☐ Present ☐ Absent

Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Presenting Part: ☐ Vertex ☐ Breech ☐ Others

Sutton: ☐ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2

Pelvis: ☐ Adequate ☐ Doubtful

Height: 162 cm
Weight: 68.45 kg
Allergies: Nil
Breast: ☑ Normal ☐ Abnormal
General Examination: Pt is c/c/c
Consciousness: ⊕ Pallor: ⊖
Icterus: ⊖ Edema: ⊖
Temp: Afeb. PR: 79 bpm
BP: 108/70 mmHg DTR: ⊕
CVS: S1S2 ⊕ RS BAE ⊕
Liver/Spleen: NAD. Urine Output: Adeq.

DIAGNOSIS

Primigravida with 36+6weeks with Severe Small for Gestational Age Baby with Increased Umbilical Artery Resistance
for Elective lower segment Cesarean section.

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Family History:

Father - DM & HTN.

Surgical History:

NIL

Medical History:

NIL.

Medication History:

Allergies - Nil

Plan of Care:

C/I to Dr. Aparna mam.

- Admission
- NBM
- Consent
- PAC
- Past preparation
- Foleys catheterisation.
- Follow drug chart.
- Inj Fosm SOS
- monitor vitals
- FHR monitoring
- 1 U PRBC reserve at Rudhira Blood Bank

noted by prathyusha

Investigations:

BG: 'O' POSITIVE

HIV, HBsAg, HCV, VDRL - NR

HPLC - (N)

CBP - 16/7/2026

CBP - 13.2 / 10400 / 2 L.

PT / APTT / INR - 15.3 / 29.1 / 1.06

LFT - ALP - 195
rest (N)

Creat - 0.5

AFI Doppler (16/7/26)
SLIUF, 36+4wks
Cephalic
PL - Right lateral high
AFI - 13.3 cm
- Tscd Umbilical Artery Doppler resistance.

GROWTH Scan (18/7/26)
SLIUF
35+3 weeks
Cephalic
PL - Right lateral high
AFI - 13.3 cm
AC - 14.
EFW - 2173 gm
- Umbilical Art Doppler shows increased resistance & Positive EDF

TIFFA Scan (20/3/26)
SLIUF, 19+5 weeks
CL - 39.0 mm
- Single EIF in left cardiac ventricle
- No anomalies

NT Scan (2/4/26)
SLIUF, 14+1 weeks
Nasal bone (+)
NT - 1.2 mm.

NIPS - low risk

Doctor Name: Dr. K. Sreechma
Signature:
Date & Time: 18/7/26, 11:50 Am

Consultant Name: Dr. K. APARNA
Signature:
Date & Time: 18/7/26, 11:50 Am

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/7/26 4 PM	POD-0 (LSCS)	
	O/E Pt is c/c/c	Adv
	Gc fair	- NBM x 6 hr.
	Afebrile	- W/F bleeding PV
	BP- 96/54 mmHg	- Rest
U-0 200ml	PR- 84 bpm	- I/O charting
clear adequate	S/E - NAD	- Monitor vitals
	P/A - Ut ~ wR	- Follow drug chart
	Soft Bs- +/-	- Inform SOS
noted by Selvi UPM 18/7/26	L/E - NAB	
	Baby [A, M], BF (+)	
		Dr. Yogeshwari
18/7/26 8 PM	POD-0 (Post LSCS)	
P1+1	O/E Pt is c/c/c	~~Adv~~
	Gc-fair	- NBM x 2 hrs.
	Afebrile	- W/F Bleeding PV
	BP- 117/73 mmHg	- Rest
I/O- 600 ml Adequate, clear	PR- 83 bpm	- I/O charting
	S/E-NAD	- Monitor vitals
	P/A - Ut ~ wR	- Follow drug chart
noted by selvi 8pm 18/7/26	Soft, BS (+)	- Inform SOS
	L/E - NAB	
	Baby [A, M], BF (+)	
		Dr. Yogeshwari

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/7/26	POD-0 (Post LSCS)	
10:30 PM	O/E Pt is c/c/c	Adv
P,4	GC- fair	- Sips of Oral fluids f/b
	Afebrile	Clear liquids
	BP- 113/82 mmHg	- Soft diet after passing
U/O- 700ml	PR- 78 bpm	flatus
Adequate, clear	S/E-NAD	- No charting
	P/A- U/t w/R	- W/F Bleeding PV
	soft, BS (+)	- Monitor vitals
Shift to room	L/E- NAB	- Follow drug chart
	Baby A/M, BF (+)	- Inform SOS
Noted by Karah 18/7/26	@ 10:30PM	
		Dr. Greeshma
19/7/26	POD- 1 (Post LSCS)	
8 AM	O/E Pt is c/c/c.	Adv
	GC- fair	- Soft diet after passing flatus
	Afebrile	- Adequate hydration
U/O - 2500 ml	BP- 115/69 mmHg	- W/F Bleeding PV
Adequate, clear	PR- 86 bpm	- Monitor vitals
	S/E-NAD	- Follow drug chart
	P/A- U/t w/R	- Inform SOS
Remove	soft, BS (+)	- Ambulation
Foley's	L/E- NAB	
	Baby A/M, BF (+)	
		Dr. [illegible]

Noted by staff 19/7/26

Dr. Greeshma

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/7/26 1PM	POD - 1 (LSCS)	
	O/E	
P1L1	Pt is c/c/c	Adv
	gc fair	- Soft diet
	~~Afebrile~~	- w/f bleeding pv
	BP - 115/69 mmHg	- Monitor Vitals
Urine passed	PR - 86 bpm	- Follow drug chart
	S/E - NAD	- Ambulation
Motion not passed	P/A - Ut ~ wR	- Adequate Hydration
	Soft BS +/+	- Inform SOS
	L/E - NAD	
	Baby - A MS BF (+)	
		Dr Yogeshwari
19/7/26 9pm	POD - 1 (LSCS)	
	O/E pt is c/c/c	Adv note by PG 19/7/26 @ 7pm
P1L1	gc fair	- Soft diet
	Afeb	- W/F bleeding PV
Urine passed	BP - 110/71 mmHg	- Monitor Vitals
	PR - 72 bpm	- follow drug chart
Motion Not passed	S/E NAD	- Ambulation
	P/A ut N W/R	- Hydration
Send CBP tomorrow	BS (+)	- Inform SOS
	L/E NAB	Dr Navitha
	Baby MS BF (+)	

Noted by PG

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/7/26 7AM	POD-2 (LSCS)	
	O/E pt is c/c/c	Adv
P,L,	G/c fair	- (N) Diet
	Afeb	- w/f bleeding PV
Urine passed	BP- 112/76mmHg	- Monitor Vitals
	PR- 80bpm	- Follow drug chart
Motion passed	S/E NAD	- Ambulation
	P/A ut ~ w/R	- Hydration
CBP- 12/15.83/ 1.75L	Soft BS+	- Inform SOS
	L/E NAB	
	Baby MS BF+	
		Dr Yogeshwari
Noted by ... 20/7/26		
20/7/26 1:30PM	POD-2 (LSCS)	
	O/E - pt is c/c/c	Adv:
	G/C - Fair	- (N) diet
	Afeb.	- Adeq. Hydration
P,L1	BP- 119/78 mmHg	- Ambulation
	PR- 86 bpm.	- monitor vitals
urine passed	S/E - NAD.	- w/F bleeding PV
motion passed	P/A - ut - W/R	- Follow drug chart
pt can be discharged	Soft, BS +	- Inform SOS
	L/E - NAB.	
	Baby <A/M BF +	Dr. Nikita
Noted by ... 20/7/26 @ 2pm		

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

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: Primigravida c 36+6 weeks c Severe Small for gestational age baby c Increased umbilical artery resistance for Elective LSCS.			Any Infection: ☐ Yes ☑ No ☐ Not Known If Yes Specify: Nil			
	Surgery / Procedure:			Post OP Day:			
BACKGROUND	Date / Shift	18/7/26	18/7/26 E	18/7/26 E	18/7/26 N	18/7/26 N	19/7/26 m
	Medical Condition (Any special condition to be noted):	–	–	–	–	–	–
	Diet:	NBM	NBM	NBM	clear liquids	clear liquid	soft diet
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA	RA	RA
	Tubes/Drains/Catheter:	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☑ No
	Vital Signs: Temp:	98.6°F	98.6F	98.6F	98.1F	97.0F	98.7F
	Res:	19 b/m	19b/m	18b/m	17b/mt	18b/m	19b/m
	SpO_2:	99b/m	99%	99%	100%	99%	98%
	Pulse:	88b/mt	86b/m	88b/m	88b/mt	87b/m	86b/m
	BP:	108/60mmHg	106/70	106/70mmHg	123/72mmHg	118/96mmHg	103/60mmHg
	LOC:	conscious	conscious	conscious	conscious	conscious	conscious
	Fall Risk Score:	0	0	15	15	15	15
	Pain Score:	0	0	0	0	0	0
	Skin Integrity	Intact	Intact	Intact	Intact	Intact	Intact
Recommendations	Safety Needs:	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No
	Physiotherapy:	–	–	–	–	Nil	Nil
	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Special Diet:	NBM	NBM	NBM	clear liquids	clear liquid	soft diet
	Critical Lab Test / Values:	–	nil	–	–	–	Nil
	Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	ADL (Dependent / Non Dependent):	dependent	dependent	Dependent	dependent	dependent	dependent
Post Operative Procedure Special Orders:			–	w/f Bleeding	w/f Bleeding	w/f bleeding	w/f bleeding
Handed Over By Name :		prathyusha	Jyothi	k.Suhini	Kamala	Syamala	Raja
Signature / ID :		020533	01616	020477	020573	016457	010494
Date:		18/7/26	18/7/26	18/7/26	18/7/26	19/7/26	19/7/26
Time:		@2:5pm	4:30pm	@8PM	@11PM	@8am	@2pm
Taken Over By Name :		Maheswari	K.Suhini	Kamala	Syamala	Raja	Raja
Signature / ID :			020477	020573	016457	010494	010494
Date:		18/7/26	18/7/26	18/7/26	18/7/26	19/7/26	19/7/26
Time:		2:05PM	4:30pm	@8PM	@11:15pm	@8AM	@2Pm

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: Primigravida c 36+6wks c severe small for gestational age baby increased umbilical artery resistance admitted Em-LSCS			Any Infection: ☐ Yes ☑ No ☐ Not Known If Yes Specify:			
	Surgery / Procedure:			Post OP Day: —			
BACKGROUND	Date / Shift	19/7/26 E	19/7/26 N	20/7/26 M			
	Medical Condition (Any special condition to be noted):	Nil	Nil	Nil			
	Diet:	(S) diet	(S) diet	(S) diet			
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA			
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.6F	97.4%	97.7°F			
	Res:	20 b/m	19 b/m	19 b/m			
	SpO_2:	99%	98%	99%			
	Pulse:	75 b/m	80 b/m	87 b/m			
	BP:	120/65 mmHg	114/71 mmHg	102/71(87)			
	LOC:	conscious	Conscious	Conscious			
	Fall Risk Score:	15	18	<15			
	Pain Score:	0	0	0			
	Skin Integrity	Intact	Intact	Intact			
Recommendations	Safety Needs:	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:	Nil	Nil	Nil			
	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:	(S) diet	(S) diet	(S) diet			
	Critical Lab Test / Values:	Nil	Nil	Nil			
	Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):	dependent	dependent	Dependent			
Post Operative Procedure Special Orders:		—	✓				
Handed Over By Name :		Raja	Syed	Akayla			
Signature / ID :		R/010924	S/016457	A/606607			
Date:		19/7/26	20/7/26	20/7/26			
Time:		@8pm	@8am	@2PM			
Taken Over By Name :		Syed	Akayla	file sending to Billing			
Signature / ID :		S/016457	A/606607				
Date:		19/7/26	20/7/26				
Time:		@8pm	@8AM				

noted by [illegible] 20/7/26 @ 1N

Docu. No. : RCH /FRM / CLINICAL / 097

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NURSING CARE RECORD

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Date: 18/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	1pm	monitor vitals	1pm	checked vitals	Vitals are normal	Patient was Stable	Prathyusha @1pm 18/7/26
Afternoon	5pm	maintain fluid Balance	5pm	provide IV fluids	provided IV fluids	Patient was dehydrated	Prathyusha @5pm 18/7/26
	7pm	Ensure Safety	7pm	provide rails	To prevent fall from bedside.	Patient was Safe.	Prathyusha @7pm 18/7/26
Night	9 Pm	Ensure Safety	9 pm	To provied side rails.	To prevent fall	Patient is Safe. Re attempt done every 4th hrly vital checked - Pt is stable	Aparna 18/7/26 @11PM
	11:30p	Maintain fluid balance	11:30p	maintained ons Intake	provided for dehydration.		Aparna 19/07/26 @ 8AM

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NURSING CARE RECORD

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Date: 19/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	9 Am	+ maintain fluid balance + Ensure safety	1pm	+ maintained oral intake + Provided side rails	+ prevent for dehydration + prevent fall risk	+ Re-assessment was done every 4th hourly vital monitor	Roja @ 19/7/26 @2pm
Afternoon	3pm	+ Relieve pain & Discomfort	3:30 pm	+ Analgises given as per doctor order	+ To reduce Pain	+ Re-assessment was done every 4th hourly vital monitor	Roja @ 19/7/26 @8pm
Night	9pm	Maintain fluid balance Ensure safety	9:30pm	Maintained oral Intake provided side rails.	Prevented for dehydration. Prevented for fall risk.	Re assessment done every 4th hrly vital checked pt is stable	@ 8pm

VIH-00203172 IP-00060743
Mrs VENKATA NAGA LASYA PRIYA
02-02-1993 33 Y 5 M 17 D (F)
Dr. KAPPAGANTULA APARNA

NURSING CARE RECORD

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Date: 20/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	9 pm	* Ensure Safety	9 pm	* provided Side rails to the patient	* prevent fall risks.	* Re-Assessment done patient is Safe.	Akansha 20/7/26 @1pm
	12 pm	* Relieve pain & discomfort.	12 pm	* provided Comfortable position to the patient.	* to reduce pain and discomfort.		
Afternoon				Discharge note Doctor came for rounds & Advice Discharge			
Night				Noted by Akansha. 20/7/26 @2pm			

Docu. No: RCH /FRM / CLINICAL / 148

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NURSING CARE RECORD

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Date: .....

Goals

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

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

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Children's Hospital - Secunderabad

H.No.3-7-222/223,Sy.No.51 to 54,Opp.Karkhana P S,Karkhana Main Road,Kakaguda, Karkhana ,Hyderabad ,Telangana, INDIA ,500009.
TEL NO :040-42462200, Ext 2000,2001,2002
WEB : https://rainbowhospitals.in

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Mrs VENKATA NAGA LASYA PRIYA PETLURI**	**Age :**	**33 Y 5 M 16 D**
IP No:	**IP-00060743**	**Sex:**	**Female**
Consultant:	**Dr. KAPPAGANTULA APARNA**	**Ward/Bed No:**	**N 2F-LABOUR WARD/LW 219**

The undersigned patient and I or responsible relative or person hereby consent to and authorize Rainbow Hospitals doctors and medical personnel to perform medical examinations, conduct routine investigations and administer medical treatments, outpatient procedures, minor dressings, vaccinations and immunizations during the course of the patient's care, as in patient.

Patient, be deemed advisable or necessary.

I understand that the confidentiality of all medical records shall be protected to the full extent of the Law. The undersigned also consent to the use of health related information/ audiovisuals of the patient for research & training purpose or for insurance coverage and while doing so confidentiality of the patient will be maintained at all times and this will not affect the care of the patient.

In giving my general consent to treatment, I understand that I retain the right to refuse any particular examinations, test, procedure, treatment, therapy or medication recommended or deemed medically necessary by treating doctors. I also understand that the practice of medicine is not an exact science and that no guarantee have been made to me as the results of my evaluation and I or treatment.

I understand that I shall not bring valuables to the Hospitals and that the Hospital will not be responsible for the loss, destruction or theft of my personal belongings. I assume full responsibility for all my personal items and release the Hospital from responsibility and liability for such personal items and valuables.

"I am aware that during the patient care it is inevitable that certain re-useable equipment shall be re-used after sterilization and disinfection. I am informed that the hospital assures maximum level of precaution and care in sterilizing and disinfecting the equipment and monitors the whole process as per evidence based guidelines".

Note:
1 We do not allow use of medication brought from outside by the patient.
2 I have received attendant passes as per my room category. I understand that I have to return it back at the time of final bill clearance. In case of failing the submission, I will pay 200/-Rs.
(Receivers Signature:.....)

3 IP Guide book has been given to me and I have been explained about the Hospitals rules and policies.
4 Financial and billing counseling has been done to me.

Signature of Patient/Relative:

Name: Sairoshi
Relationship: Husband
Date: 18-7-2026 Time: 11:55 am
Witness Name:
Witness Signature:

Patient Address:
E-204, TOWER E, RAHEJA VISTAS, IDA NACHARAM, ROAD NO 12 Nacharam Hyderabad Telangana INDIA 500076

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

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Patient Name : Mrs. VENKATA NAGA LASYA PRIYA Gender: ☐ Male ☑ Female Age : 33 years

UHID No : VIH-00203172 / IP - 60743 Date : 18/7/2026

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

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

ELECTIVE LOWER SEGMENT CESAREAN SECTION.

upon

(Name of the Patient) Mrs. VENKATA NAGA LASYA PRIYA

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

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

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

BLEEDING., NEED FOR BLOOD & BLOOD PRODUCTS TRANSFUSIONS, ITS ASSACIATED REACTIONS., BOWEL & BLADDER INJURY URETERIC INJURY, INFECTIONS, POST PARTUM HEMORRAGE.

My signature on this form indicates that

1. I have read and understood the information provided in this form
2. My doctor had adequately explained to me the operation or procedure along with the complications written above, along with the risks, benefits and other information.
3. I have had a chance to ask my surgeon questions.
4. I have received all the information I desire concerning the operation or procedure and
5. I authorize the consent to the performance of the operation or procedure.

Name of the Doctor who is performing the Surgery / Procedure: Dr. APARNA K.

Consentee :

Signature : Lasya

Name : LASYA PRIYA

Date & Time : 18/7/2026, 12PM

Patient Attendant :

Signature : YPG Yeshwant Sainath.

Name :

Relationship with Patient: HUSBAND

Date & Time : 18/7/2026, 12PM

Witness :

Signature :

Name :

Date & Time :

Doctor (who is taking the consent) :

Signature :

Name : Dr. Geetha

Date & Time : 18/7/2026, 12 AM

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE

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Patient Name : Mrs. Venkata Naga Lasya Priya Age : 33Y Gender : Male ☐ Female ☐

UHID NO: VIH-00203172 Surgeon Name: Dr. K. Aparna

Anaesthesiologist : Dr. Tejaswini

Operative procedure planned : Elective cesarean section

PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA

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

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

☐ Heart disease ☐ Hypertension ☐ Diabetes mellitus ☐ Renal failure

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

☐ Incapacitating Cronic Obstructive Pulmonary Disease

☐ Others : Desaturation, shivering, Itching, PDPH.

Comments :

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

DECLARATION BY PATIENT / GUARDIAN / PROXY

I hereby authorize Rainbow Hospital & its authorized doctors to perform upon me / my patient Venkata Naga Lasya Priya the above mentioned operation / Diagnostic / Therapeutic procedures Elective cesarean section

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

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

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

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

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

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

- Pregnant : ☑ Yes ☐ No

DECLARATION BY THE ANAESTHETISTS PROVIDING INFORMATION FOR THIS CONSENT

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

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

Patient / Patient Attendant :

Signature : .....

Name : Lasya Priya

Relationship with Patient: Self

Date & Time : 18/7/26 12:42pm.

Witness :

Signature : .....

Name : Yeshwant

Date & Time : 18/7/26 01:42pm.

Doctor (who is taking the consent) :

Signature : .....

Name : Dr. Tejasvini

Date & Time : 18/7/26 12:42pm.

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Mrs VENKATA NAGA LASYA PRIYA
02-02-1993 33 Y 5 M 16 D (F)
Dr. KAPPAGANTULA APARNA

SURGICAL SAFETY CHECKLIST

Surgeon : DR Aparna
Asst. Surgeon : DR Poorna
Anaesthetist : DR Madhav
Scrub Nurse : SR Mani G

..... Age : ..... Gender : .....
...y Name : EL LSCS
Date : 18/7/26 In-time : 2:40PM Out-time : 4:10PM

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Before Induction of Anaesthesia ➤➤

SIGN IN Time: 02:30PM

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 : Dr P Madhav 18/07/26

Name : .....

Before Skin Incision ➤➤

TIME OUT Time: 2:40PM

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 EL-LSCS ☑ Yes ☐ No

Anticipated Critical Events

Surgeon Reviews:
- What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss? Bleeding there 300-500ml ☑ Yes ☐ No ☐ NA

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

Nursing Team Reviews: nan yes
- Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns? ☑ Yes ☐ No ☐ NA
- **Is Essential Imaging Displayed?** ☐ Yes ☐ No ☐ NA
- Power Supply, Earthing, Power Backup and functioning of equipment checked. ☐ Yes ☑ No

Signature : .....

Name : .....

Before Patient Leaves Operating Room

SIGN OUT Time: 4:10PM

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 : DR Aparna

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Mrs VENKATA NAGA LASYA PRIYA
02-02-1993 33 Y 5 M 16 D (F)
Dr. KAPPAGANTULA APARNA

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CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: DR K. APARNA	Date of Delivery: 18/7/2026
Assistant Surgeon: DR FARNAZ / DR YOGESHWARI	Time of Delivery: 2:51:30 PM
Anaesthetist's Name: DR. MADHAV	Gender of Baby: Male
Type of Anaesthesia: SPINAL	Weight of Baby: 2.363 Kg
Neonatologist: DR SUMEDHA	AGPAR Score: 9/10, 10/10
Scrub Nurse: Sis MARIA	NICU Admission: ☐ Yes ☑ No

Pre-Operative Diagnosis:

☑ Elective ☐ Emergency Indication: Primigravida with 36+6 wks severe SGA 11 for gestational age baby with increased umbilical artery resistance

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

Decision time: ..... Knief to rectus: .....

CTG Description: .....

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

Surgical Procedure: Elective lower segment cesarean section done under spinal anesthesia

Post Operative Diagnosis:

Peri-Operative Complications:

Amount of Blood Loss: 300ml	Blood Transfused (in ML):

Name and Number of Surgical Specimen sent for examination:

Examination Findings when Appropriate:

Presentation: ☑ Cephalic ☐ Breech ☐ Other ..... Cervical Dilatation: ..... cm

5th Palpable: ..... Fetal Position: .....

Station: ☐ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2 Moulding: ☐ None ☐ + ☐ ++ ☐ +++

Caput: ☐ + ☐ ++ ☐ +++ Meconium: ☐ None ☐ + ☐ ++ ☐ +++

Bladder Catheterized : ☑ Yes ☐ No Urine: ☑ Clear ☐ Blood Stained

Skin Incision: ☑ Pfannensteil ☐ Transverse ☐ Midline ☐ Other .....

Uterine Incision: ☑ Lower Segment ☐ Classical ☐ Inverted T ☐ J Incision

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

Incision Through Placenta: ☐ Yes ☑ No Subserosal 1X1 cm fibroid noted on anterior wall of uterus

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 ..... vicryl 1-0 ..... Suture

Peritoneal Closure: ☐ Pelvic ☑ Abdominal ☐ None ..... catgut ..... Suture

Sheath Closure: ..... vicryl 1-0 ..... Suture

Fat Closure: ☑ Yes ☐ No ..... catgut ..... Suture

Skin Closure: ☑ Subcuticular ☐ Mattress ..... Monocryl 3-0. ..... Suture

Vaginal Evacuated ☑ Yes ☐ No

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

Ctheter ☑ Yes ☐ No ☐ Remove in 12 hr ~~days~~ ☐ Await instructions

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

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

Post-Operative Notes: NBM x 6 hr, wlf bleeding PV, I/O charting, Monitor vitals, Follow drug chart Inform SOS, Rest

Dr Yogeshwari.

Doctor Name: DR. APARNA K. Doctor Signature: .....

Date & Time: 18/7/2026 4 PM

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(1)

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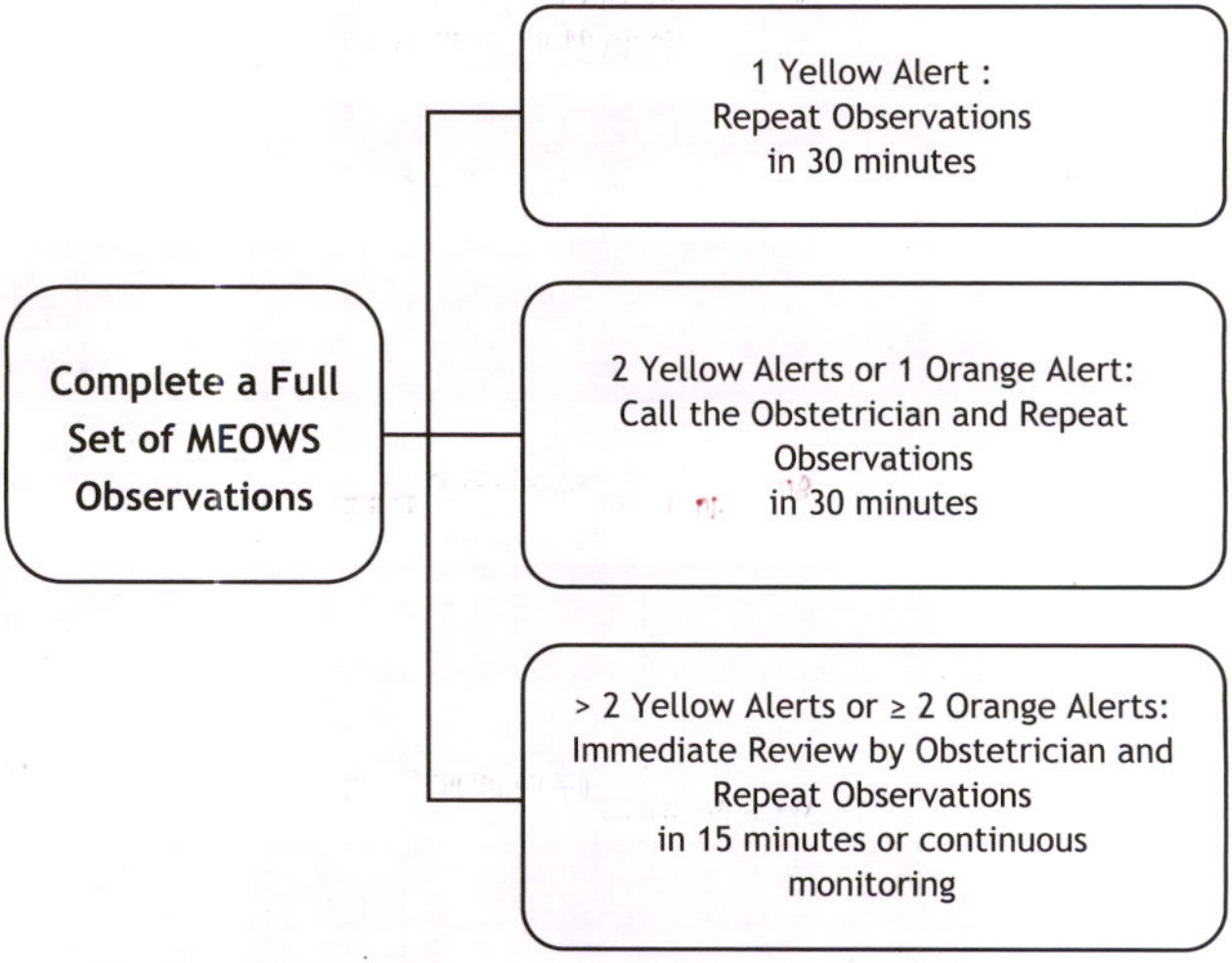
Early Warning Observation Score Chart - Obstetrics

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

18/2/26	Date																							
	Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20					19		19	19	19	19	19	19	19	19	19				19				19	
	0 - 10																								
Saturations	94 - 100 %					99		99	99	99	99	99	99	99	99	99				99				99	
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37																								
	36					36.2		37.1	37.2	37.2	37.2	36.2	36.4	37.2	37.1	37.1				36.4				36.4	
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80					80		79	72	74	82	80	83	80	73	78				84				86	
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressure ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110										117	110	117	110	123	113				112				115	
	100					109		108	108	107															
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80										82					82				78				69	
	70											70	73	72	73										
	60					60		61	60	64															
	50																								
	40																								
NEURO RESPONSE [✓]	Alert					✓		✓	✓	✓	✓	✓	✓	✓	✓	✓				✓				✓	
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30					✓		✓	✓	✓	✓	✓	✓	✓	✓	✓				✓				✓	
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal					NA		NA	NA	NA	A	NA	NA	NA	NA	NA				NA				NA	
	Heavy / Foul																								
Liquor	Clear / Pink					NA		NA	NA	NA	NA	NA	NA	NA	NA	NA				NA				NA	
	Green																								
TOTAL YELLOW SCORES						0		0	0	0	0	0	0	0	0	0				0				0	
TOTAL ORANGE SCORES						0		0	0	0	0	0	0	0	0	0				0				0	
Nurse Initial						VP		VP	VP	VP	VP	VP	VP	VP	VP	VP				VP				VP	

Obstetrics and Gynaecology Early Warning Signs



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

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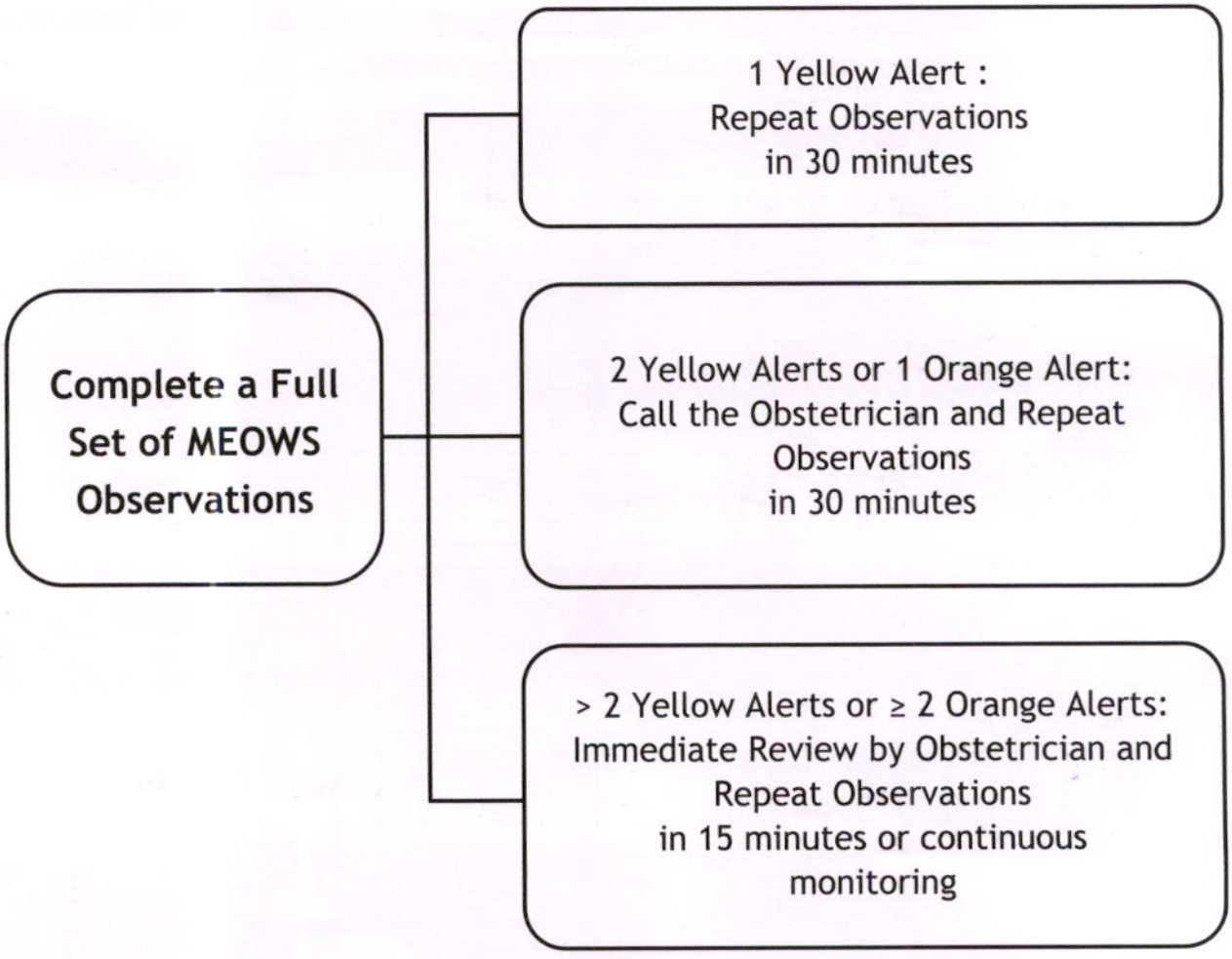
Early Warning Observation Score Chart - Obstetrics

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

19/7/26	Date																							
	Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20			19			19			19			19				19				19				19
	0 - 10																								
Saturations	94 - 100 %			99			99			99			99				99				99				99
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37																								
	36			36c			36°c			36c			36c				36c				36c				99.1°F
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80			86																					
	70						79			75			80				79				80				80
	60																								
	50																								
	40																								
Systolic Blood Pressure ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110						111										106				112				119
	100			103						100			110												
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70						75										74				76				78
	60			60						69			71												
	50																								
	40																								
NEURO RESPONSE [✓]	Alert			✓			✓			✓			✓				/				✓				✓
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30			✓			✓			✓			✓				✓				✓				✓
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal			NA			NA			NA			NA				NA				NA				NA
	Heavy / Foul																								
Liquor	Clear / Pink			NA			NA			NA			NA				NA				NA				NA
	Green																								
TOTAL YELLOW SCORES				0			0			0			0				1				0				1
TOTAL ORANGE SCORES				0			0			0			0				0				0				0
Nurse Initial				AP			AP			AP			AP				S				S				S

Obstetrics and Gynaecology Early Warning Signs



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

VIH-00203172 IP-00060743
Mrs VENKATA NAGA LASYA PRIYA
02-02-1993 33 Y 5 M 17 D (F)
Dr. KAPPAGANTULA APARNA

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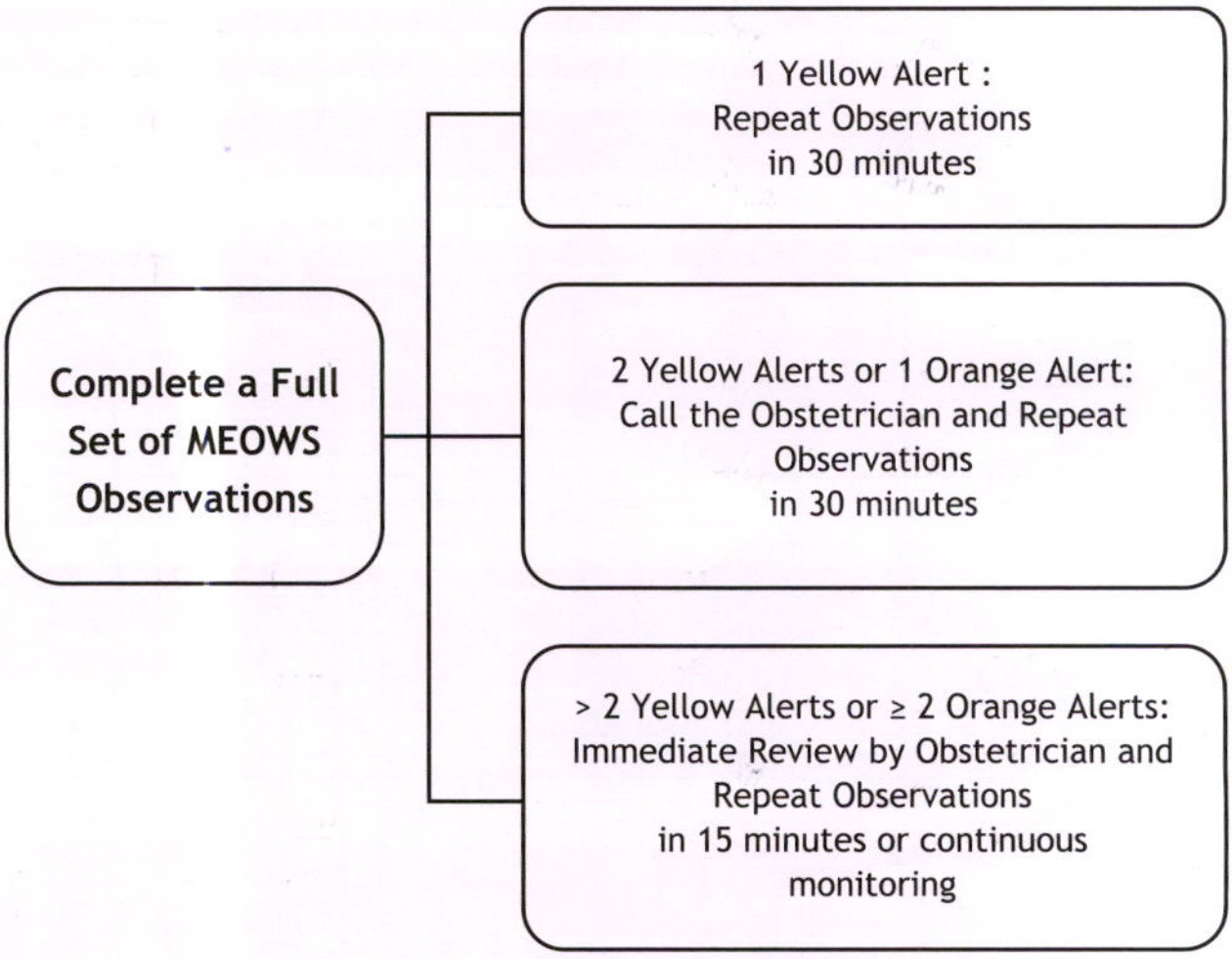
Your Right to a Safe Delivery

Early Warning Observation Score Chart - Obstetrics

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

		Date	20/7/25																							
		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			19				19																		
	0 - 10																									
Saturations	94 - 100 %			99				99%																		
	< 94 %																									
Administered O_2 (L/min.)																										
Temp°C	40																									
	39																									
	38																									
	37			97.7F				98.6F																		
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90			97				95																		
	80																									
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressue ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120							112																		
	110			110																						
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60			64				70																		
	50																									
	40																									
NEURO RESPONSE [✓]	Alert			✓				✓																		
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30			✓				✓																		
	< 30																									
Proteinuria	Protein + +																									
	Protein > + +																									
Lochia	Normal			✓				NA																		
	Heavy / Foul																									
Liquor	Clear / Pink			✓				NA																		
	Green																									
TOTAL YELLOW SCORES				0				0																		
TOTAL ORANGE SCORES				0				0																		
Nurse Initial				A				A																		

Obstetrics and Gynaecology Early Warning Signs



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

VIH-00203172 IP-00060743
Mrs VENKATA NAGA LASYA PRIYA
02-02-1993 33 Y 5 M 16 D (F)
Dr. KAPPAGANTULA APARNA

Rainbow® Children's Hospital
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FLUID CHART

Sheet No. : (1)

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
18/7/26	08:00 am	~~FF~~ 50ml				0						
	09:00 am	~~NBM~~										
	10:00 am	~~NBM~~										
	11:00 am	-										
	12:00 pm	NBM + RL FF 50ml								✓	0	
	01:00 pm	NBM + RL 100ml/hr.								50ml		18/7/26 @ 12:30
Total Intake :		600 ml				**Total Output :**				50ml		
18/7/26	02:00 pm	NBM + RL 100ml/hr								50ml	0	
	03:00 pm	NBM RL 900ml/24hrs				1hr				90ml	0	
	04:00 pm	NBM + RL 100ml								200ml	0	
	05:00 pm	NBM + RL 100ml								100ml	0	
	06:00 pm	NBM + RL 100ml								100ml	0	
	07:00 pm	NBM + RL 100 ml								100ml	0	18/7/26 7PM
Total Intake :		1400 ml				**Total Output :**				600ml		
18/7	08:00 pm	NBM + RL 100ml/hr								50ml	0	
	09:00 pm	NBM + RL 100ml/hr								50ml	0	
	10:00 pm	H_2O + 50ml RL 100ml/hr								50ml	0	18/7/26 @ 11PM
	11:00 pm									200ml		
	12:00 am	H2O ORS								250ml		
19/7	01:00 am									250ml		19/7/26 @ 1AM
Total Intake :						**Total Output :**				950ml		
19/7	02:00 am									200ml		
	03:00 am	ORS.								200ml		
	04:00 am	H2O								200ml		19/7/26 @ 8AM
	05:00 am									200ml		
	06:00 am	200ml								100ml		
	07:00 am									100ml		
Total Intake :						**Total Output :**				1050ml		

Total 24 hrs. Intake		Total 24 hrs. Output	2850ml

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Dr. KAPPAGANTULA APARNA

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BirthRight™ BY RAINBOW HOSPITALS
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FLUID CHART

Sheet No. : .....

19/7/26

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
18/7/26	08:00 am											
	09:00 am		Jelly									
	10:00 am									✓		
	11:00 am		H2O									
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
19/7/26	02:00 pm						✓					
	03:00 pm		BICC									
	04:00 pm						✓			✓		
	05:00 pm		H2O									
	06:00 pm											
	07:00 pm									✓		
Total Intake :						**Total Output :**						
19/7	08:00 pm		Rice									
	09:00 pm											
	10:00 pm											
	11:00 pm		Meo							✓		
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
20/7	02:00 am		Meo									
	03:00 am											
	04:00 am									✓		
	05:00 am											
	06:00 am		Rice									
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		**Total 24 hrs. Output**	urin – 5 times Stool – 2 times

VIH-00203172 IP-00060743
Mrs VENKATA NAGA LASYA PRIYA
02-02-1993 33 Y 5 M 16 D (F)
Dr. KAPPAGANTULA APARNA

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FLUID CHART

20/7/26

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.

Date	Time	Intake				Output						Sign. Nurse
		Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	
			Mouth	I.V	N.G							
20/7/26	08:00 am		Idly + water									
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

VIH-00203172 IP-00060743
Mrs VENKATA NAGA LASYA PRIYA
02-02-1993 33 Y 5 M 16 D (F)
Dr. KAPPAGANTULA APARNA

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MEDICATION RECONCILIATION FORM

Drug Allergies: ..... NIL ..... ☑ 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: ..... MICU ..... Shifted to: ..... Room (207) .....

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	INJ. CEFOTAXIME	1 GM	IV	12 hrly	18/7	☑ C ☐ DC
2	INJ. AMIKACIN	750 mg	IV	ONCE DAILY	18/7	☑ C ☐ DC
3	SUPPOSITORY PARACETAMOL	250 mg	PR	12 hrly	18/7	☑ C ☐ DC
4	SUPPOSITORY DICLOFENAC	100 mg	PR	12 hrly	18/7	☐ C ☐ DC
5	T. PANTOPRAZOLE	40 mg	PO	ONCE DAILY	18/7	☑ 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. Geetha .....

Date & Time : ..... 18/7/26, 10:30 PM .....

Nurse Name & Signature: ..... Vamsi .....

Date & Time : ..... 18/7/26 @ 10:30 pm .....

Docu. No. : RCH / FRM / GENERAL / 090

VIH-00203172 IP-00060743
Mrs VENKATA NAGA LASYA PRIYA
02-02-1993 33 Y 5 M 16 D (F)
Dr. KAPPAGANTULA APARNA

(1)

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MEDICATION RECONCILIATION FORM

Drug Allergies: ..... NIL ..... ☑ 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: ..... L/W ..... Shifted to: ..... OT .....

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	T- IRON	1 TAB	PO	ONCE DAILY	17/7/26	☐ C ☑ DC
2	T- CALCIUM	1 TAB	PO	ONCE DAILY	17/7/26	☐ C ☑ DC
3	T- MULTIVITAMIN	1 TAB	PO	ONCE DAILY	17/7/26	☐ 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. Greeshma .....

Date & Time : ..... 18/7/26, 11:50 Am .....

Nurse Name & Signature: ..... prathyusha .....

Date & Time : ..... 18/7/26 11:50 Am .....

Docu. No. : RCH / FRM / GENERAL / 090

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VIH-00203172 IP-00060743
Mrs VENKATA NAGA LASYA PRIYA
02-02-1993 33 Y 5 M 16 D (F)
Dr. KAPPAGANTULA APARNA

Ref. No. : F / HW / DC / RP / INPR / 05.a

Patient Name :	I.P. No.	Sheet No.	Wards	Weight (kg)
		1	MICU.	68-45kg

ULAR PRESCRIPTIONS

DRUG : T. PANTOPRAZOL

Dose	Route	Frequency	Start Dt.
40MG	PO	ONCE DAILY	18/7/26

Name & Signature of the Doctor starting the Drugs: DR YOGESHWARI

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date	19/7	20/7
6 AM		

18/7/26

DRUG : T. CEFUROXIME

Dose	Route	Frequency	Start Dt.
500MG	PO	12TH HOURLY	19/7/26

Name & Signature of the Doctor starting the Drugs: DR YOGESHWARI

Additional Instructions: T. CEFTUM-500

Daily Doctor's Endorsement by a Sign.

Date	19/7	20/7
10 AM		
10 PM		

S. Naga Lasya Priya 19/7/26

DRUG : T. PARACETAMOL

Dose	Route	Frequency	Start Dt.
650MG	PO	12TH HOURLY	19/7/26

Name & Signature of the Doctor starting the Drugs: DR YOGESHWARI

Additional Instructions: T. DOLO 650 mg

Daily Doctor's Endorsement by a Sign.

Date	19/7	20/7
12 PM		
5 PM		

Donas 19/7/26

DRUG : T. ACECLOFENAC + PARACETAMOL

Dose	Route	Frequency	Start Dt.
325+100MG	PO	12TH HOURLY	19/7/26

Name & Signature of the Doctor starting the Drugs: DR NAUSHEEN

Additional Instructions: T. HIFENAC P.

Daily Doctor's Endorsement by a Sign.

Date	19/7	20/7
8 AM		
9 PM		

Blood 19-7-26 at 10 AM

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BirthRight

VIH-00203172 IP-00060743
Mrs VENKATA NAGA LASYA PRIYA
02-02-1993 33 Y 5 M 16 D (F)
Dr. KAPPAGANTULA APARNA

Ref. No. : F / HW / DC / RP / INPR / 05.a

Patient Name :	I.P. No.	Sheet No.	Wards	Weight (kg)
		2	4W	68.45kg

ULAR PRESCRIPTIONS

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.				

VIH-00203172 IP-00060743
Mrs VENKATA NAGA LASYA PRIYA
02-02-1993 33 Y 5 M 16 D (F)
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DRUG CHART

Date of Admission: 18/7/2026 Drug Allergies: NIL ☑ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

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

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

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

VERIFIED BY Name Signature

Mrs VENKATA NAGA LASYA PRIYA
02-02-1993 33 Y 5 M 16 D (F)
Dr. KAPPAGANTULA APARNA

I.V. FLUIDS CHART

Weight. 68kg Ward. L/co

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
18/7	12:30 pm	RINGER LACTATE	IV	F/F	[signature]	[signature] Teja	18/7	[signature]	[signature]
18/7	1pm	RINGER LACTATE	IV	100ML/HR	[signature]	[signature] Teja	18/7	[signature]	[signature]
18/07	02:45 pm	RINGER LACTATE	IV	900 ml/hr	[signature]	[signature]	18/7	[signature]	[signature]
18/7	8:30 pm	RINGER LACTATE	IV	100ml/hr	[signature]	[signature]	18/7	[signature]	[signature]

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

VIH-00203172 IP-00060743
Mrs VENKATA NAGA LASYA PRIYA
02-02-1993 33 Y 5 M 16 D (F)
Dr. KAPPAGANTULA APARNA

Weight. 68/kgs 45 Ward. L/W

	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.	

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
18/7	1:30pm	INJ. CEFOTAXIME [AFTER TEST DOSE]	1 GM	IV [illegible]	[illegible]	Teja
18/7	12:10pm	INJ. PANTOPRAZOLE	40 MG	IV	[illegible]	Teja
18/7	12:15pm	INJ. METOCLOPRAMIDE	10 MG	IV	[illegible]	Teja
18/07	02:51 pm	Inj. CARBETOCIN	100mcg	IV	[illegible]	[illegible]
18/07	03:40 pm	Sup. TRAMADOL	100mg	PR	[illegible]	[illegible] Jyothi
18/07	03:40 pm	Sup. DICLOFENAC	100mg	PR	[illegible]	[illegible] Jyothi
18/7/26	3:40 PM	T. MISOPROSTOL	400 MCG	PR	[illegible]	[illegible] Jyothi

Verified
Dr. Rishika
Clinical Pharmacologist
18/7/26 12:53 pm

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

VIH-00203172 IP-00060743
Mrs VENKATA NAGA LASYA PRIYA
02-02-1993 33 Y 5 M 16 D (F)
Dr. KAPPAGANTULA APARNA

REGULAR PRESCRIPTIONS

Weight. 68kgs Ward. I/W

DRUG : INJ CEFOTAXIME

Dose	Route	Frequency	Start Date
1gm	IV	12TH HOURLY	18/7/26

Name & Signature of the Doctor Starting the Drugs: DR YOGESHWARI

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date	Time	18/7	19/7
	10 AM		
	10 PM		

STOP 19/7/26 1PM DR YOGESHWARI

18/7/26 Sunny

DRUG : INJ AMIKACIN

Dose	Route	Frequency	Start Date
750mg	IV	ONCE DAILY	18/7/26

Name & Signature of the Doctor Starting the Drugs: DR YOGESHWARI

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date	Time	18/7	19/7
	8 PM		

18/7/26 Sunny

DRUG : SUPPOSITORY PARACETAMOL

Dose	Route	Frequency	Start Date
250mg	PR	12TH HOURLY	18/7/26

Name & Signature of the Doctor Starting the Drugs: DR YOGESHWARI

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date	Time	18/7	19/7
	12PM		
	5PM		

STOP 19/7/26 1PM DR YOGESHWARI

18/7/26 Sunny

DRUG : SUPPOSITORY DICLOFENAC

Dose	Route	Frequency	Start Date
100mg	PR	12TH HOURLY	18/7/26

Name & Signature of the Doctor Starting the Drugs: DR YOGESHWARI

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date	Time	18/7	19/7
	8AM		
	9PM		

STOP DR Yogeshwari 19/7/26 9pm

18/7/26 Sunny