

BAH-00619519
Mrs AASLESHA REDDY
18-08-1995 30 Y 9 M 8 D (F)
Dr. PRANATHI REDDY A
IPS-00174321

Anji 26/5/26

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

SURGERY DETAILS

Date : *26/5/26*

Patient Name: *Aaslesha Reddy* Date of Birth: *18/8/1995* Age: *30yrs*

Gender: *Female* Ward: *OBUTOT* UHID No.: *BAH-00619519*

Date of Surgery: *26/5/26* OT-1 OT-2 OT-3 OT-4 OBG OT-1 OBG OT-2

Name of the Surgery: *Elective lower segment caesarean section under spinal Anesthesia*

Time in : *7:20 Am*

Time Out : *8:20 Am*

	<u>NAME</u>	<u>AMOUNT</u>
1. Surgeon	<i>Dr. Pranathi Reddy</i>	
2. Anaesthetist	<i>Dr. Subramayam</i>	
3. Assistant Surgeon	<i>Dr. Deepika</i>	
4. OT Technician	<i>Gowtham</i>	
5. Circulating Nurse	<i>Sis. Kaulki</i>	
6. Assistant Nurse	<i>Sis. Shabana</i>	

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

[Signature]
Signature of the Surgeon

Signature of Circulating Nurse

Order No: *9620042*

Order by: *Sis. Ravi*

BAH-00619519 IP5-00174321

Mrs AASLESHA REDDY

18-08-1995 30 Y 9 M 8 D

Dr. PRANATHI REDDY A



Anji 24/8/20

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CONSUMABLES OF OT

Technician: *Gouthami*

Date: *26/8/2023*

Time: *7:00 AM*

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube			Major Pack <i>1 set Drapes</i>			Inj Vit.K		<i>2</i>
LMA			Sutures <i>2346</i>			Cord Clamp		<i>1</i>
ECG leads: <i>A/P/N</i>	<i>1</i>	<i>1</i>	<i>2364</i>			Suction Catheter <i>8NO</i>		<i>1</i>
HME filter: A/P/N			<i>2762</i>			Feeding Tube		<i>1</i>
Syringes : 10 cc			<i>3° many 1326</i>			Vaccum Suction Set		<i>1</i>
05 cc	<i>2</i>	<i>2</i>	Gloves <i>PP 7</i>			Surgical Gloves <i>6.5</i>		<i>2</i>
02 cc	<i>3</i>	<i>3</i>	<i>6.5</i>			Gauze Pack <i>N</i>		<i>1</i>
01 cc			<i>6</i>			Syringe 1ml / 2ml		<i>1+2</i>
Cautery plate: <i>A/P/N</i>	<i>1</i>	<i>1</i>	Surgical blade <i>22</i>			Surgical Blade # 20		<i>1</i>
IV set			NG tube			Koochies (S) <i>15</i>		<i>1</i>
RL	<i>1</i>	<i>1</i>	Cautery pencil					
NS : 10ml / 100ml / 500ml / 1000ml	<i>2</i>	<i>2</i>	Koochies <i>Adult</i>					
<i>Minispic</i>	<i>1</i>	<i>1</i>	Ointments			<i>9628141</i>		
			Suction Catheter					
Fentanyl	<i>1</i>	<i>1</i>	Cap, Mask					
Morphine			Gauze Pack <i>NIR</i>					
Ketamine			Mop Pack					
Propofol			Steristrip <i>Sterione</i>					
Rocuronium			Underpad					
Glycopyrolate	<i>1</i>	<i>1</i>	Draw sheet <i>Quick suite</i>					
Myopyrolate			Abgel					
Ondansetron	<i>1</i>	<i>1</i>	Foleys catheter					
Pencan <i>25g</i> Spinal Needle 22	<i>1</i>	<i>1</i>	Urobag			<i>Gauze</i>		<i>2</i>
Bupivacaine 0.25%			Chest Drainage Catheter			<i>Traxera</i>		<i>2</i>
Bupivacaine 0.25%(Heavy)	<i>1</i>	<i>1</i>	Romodrain bag					
Antibiotics			Bandage					
<i>glove (1/2)</i>	<i>1</i>	<i>1</i>	Tegaderm					
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg	<i>1</i>	<i>1</i>	Vaccum Suction set					
Justin : 12.5 mg / 25mg / 100mg	<i>1</i>	<i>1</i>	Plastic Bed Sheet					
Tab. Misoprost : 200mg	<i>2</i>	<i>2</i>	Betadine Solution					
<i>Ephedrine</i>	<i>1</i>	<i>1</i>	Microshield					
<i>P-c</i>	<i>1</i>	<i>1</i>	Cotton Balls					
<i>Adrenaline</i>	<i>1</i>	<i>1</i>	Latex Gloves					
<i>Atropine</i>	<i>1</i>	<i>1</i>	Ramdone Scrub					
<i>Oxyfocine</i>	<i>2</i>	<i>2</i>	Saral <i>DIA</i>					

Surgeon _____ Anaesthesiologist _____ Nurse _____ OT Technician _____

Order No. : _____ Ordered by : _____

ADMISSION SHEET

Registration Details :



Admission No : IP5-00174321 Admit Date : 25-May-2026 Admit Time : 11:31 PM UHID : BAH-00619519

Patient Details :

Patient Name : Mrs AASLESHA REDDY Age : 30 Y 9 M 7 D
Guardian : Mr SAI SUSHANTH REDDY PATLOLLA DOB : 18-08-1995
Gender : Female Religion :
Occupation : Martial Status : Married
Address (H) : PLOT NO -553, ROAD NO -27, Jubilee Hills Phone No : 7893673333/ 9440776369
Hyderabad Telangana INDIA 500033 E-mail : NOMAIL@GMAIL.COM

Admission Details :

Bed Type : PRESIDENTIAL SUITE Bed No : PRESIDENTIAL SUITE 1 (422) Ward Name : 4F-BIRTHRIGHT PREMIUM
Room No : PRESIDENTIAL SUITE 1 (422) Admission Type : First Visit

Contact Details :

Name : Mr SAI SUSHANTH REDDY PATLOLLA Relationship : Husband
Contact Address : PLOT NO -553, ROAD NO -27, Jubilee Hills Phone No : 7893673333 / 9440776369
Hyderabad Telangana INDIA 500033

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 : SELFPAAY

ACTIVITY RECORD FOR BILLING

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

BAH-00619E19 IP5-00174
 Mrs AASLES IA REDDY
 18-08-1995 30 Y 9 M 7 D
 Dr. PRANATHI REDDY A



WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
26/5/26	6:45 AM	PS - I	OBG OT	Sunanda.
26/5/26	8:00 AM	OBG-OT	PCT	Kannu

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	Dr. Tuheem Sharma (PT)	27/5/26	9631155	[Signature]
2	Dr. Bandeeni	27/5/26		
3	NHA	27/5/26	only for billing	
4	Dr. Shreya	27/5/26	9631155	
5				
6				
7				
8				
9				
10				

BAH-00619519 IPS-00174321
Mrs AASLESHA REDDY
19-08-1995 30 Y 9 M 8 D (F)
Dr. PRANATHI REDDY A

Name



Date 27/5/26

Room: PS-1

Lactation diet plan: ~1700 kcals; 75g protein; 167g carbs; 57g fats

Planned menu

Instructions Home
 Canteen

7am Milk or Barley water
Galact Supplement 1 tsp

Milk Barley water 200ml
 No sugar

8am Small Breakfast (Idli/Dosa/Oats/Dhali/Upma/Kitchidi)
KABIBITE Biscuits two

Egg - Boiled Omelet
 Panner 50g
 Tofu 50g

10am Soup and Toast (Garlic Nan for diabetic)
KABIBITE Biscuits two

Vegetable
 Chicken

1pm Lunch (^{soft} Rice and ~~Roti~~) (Oats/Dhali for diabetic)
~~Dal~~, Veg, Curd, Fruit/Salad

Egg - Boiled Omelet
 Paneer 50g *curry*
 Tofu 50g
 Chicken 100g

4pm Milk or Barley water
Galact Supplement 1 tsp

Milk Barley water 200ml
 No sugar

6pm Soup and Garlic Nan

Vegetable
 Chicken

8pm Dinner (^{soft} Rice and ~~Roti~~) (Oats/Dhali for diabetic)
~~Dal~~, Veg, Curd, Fruit/Salad
Sweet (No sweet for diabetic)

Egg - Boiled *curry* Omelet
 Paneer 50g
 Tofu 50g
 Chicken 100g

oats upma

10pm Milk or Barley water
Galact Supplement 1 tsp
KABIBITE Biscuits two

Milk Barley water 200ml
 No sugar

*Dietitian
Mounica*

PS-1

NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 27/5/26 Time: 9:30am

Origin: Indian Height: 170 cm Weight: 68 kg BMI: 24.5 kg/m²

Food Allergies: No

Diagnosis: POD-1 USCS [Lower Segment Caesarian Section]

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

Diet Advised:
Soft diet
High protein
Avoid spicy, chilled, outside foods

Patient's / Attendant's
Signature: [Signature]
Name: Anusha
Date & Time: 27/5/26 11am

Dietician's
Signature: Moulica
Name: Moulica
Date & Time: 27-5-26, 9:30am



IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

G2A1 @ 38 wks for ELUs

Obstetric Formula:

ML-2023, NCM

Obstetric History:

I → March, 2021, TOP @ 5 wks
 MERPctd

Present Pregnancy Record:

1st PP - SP. Conception
 Booked @ 5 wks

LMP: 2/9/21

EDD: 9/6/21

Corrected EDD: 9/6/21

GA: 38 wks

Menstrual History: Regular: Yes No

Obstetric Examination

Fundal Height: Tem

Ut. Activity: Relaxed Mild Mod Severe

Liquor: Adequate Oligo Poly

PP: Cephalic Breech Others _____

Head Fifths Palpable: _____

FHS: Normal Tachy Brady Absent

Per Speculum Examination

Not indicated.

Draining: Present Absent Bleeding

Colour of Liquor: Clear Meconium Blood Stained

Vaginal Examination

Not indicated

Cervix: Long Partially effaced Effaced

Os: Closed _____ Dilated _____

Membranes: Present Absent

Liquor: Clear Meconium Blood Stained

Presenting Part: Vertex Breech Others

Sutton: -3 -2 -1 0 +1 +2

Pelvis: Adequate Doubtful

RISK FACTORS:

② 5th wks fibroids → IM - post Mi Corpus
 10x14x13 mm
 Sub serosal
 Act. Upper Corpus
 17x15x13 mm

Height: 170 cm

Weight: 87 kg

Allergies: N/A

Breast: Normal Abnormal

General Examination:

Consciousness: Awake Pallor: absent

Icterus: absent Edema: absent

Temp: Afebrile PR: 72 bpm

BP: 110/70 mmHg DTR: (+)

CVS: S1S2 (+) RS: BAE (+)

Liver/Spleen: NOY palpable Urine Output: adequate

DIAGNOSIS

G2A1 @ 38 wks for Elective Lower segment cesarean section
 @ uterine fibroids.



<p>Family History:</p> <p>NIL</p>	<p>Surgical History:</p> <p>2025, June, Rt hip Arthroscopic osteoplasty + capsular repair</p>
<p>Medical History:</p> <p>NIL</p>	<p>Medication History:</p> <p>- T. IRON OD - T. CALCIUM OD</p>
<p>Plan of Care:</p> <ul style="list-style-type: none"> • admission • NST - now • Consent - EL - hrs • Monitor vitals - • Drug as charted • prepare parts • PAE • IIV Cannula • Foley's catheterisation • IIV fluids - 100ml - Relyolator • Shift to OT on call. 	<p>Investigations:</p> <p>A +ve</p> <p>Virals: NR</p> <p>27/4/26 Hb: 10.7 PLT: 2.12</p> <p>24/5/26 11.2 - Hb 2.0 - PLT</p> <p>NTAS: (N) Combined Screening: negative</p> <p>13/10/26: 5th w, fatmads 17/5/26: 36th w, 3196 kg (72%^b) AC ~ 76%, AFI: 13.9cm. placenta + Auln / High Doppler (N)</p> <p>IIV - post midcom 10x4x10 subserosal Ant, Upper corn 17x15x1</p>

Doctor Name: Dr. PRANATHI
 Signature: *Pranathi*
 Date & Time: 26/5/26, 3 Am

Dr. A Pranathi Reddy
 Reg. No: 11846
 Consultant Name: Dr. PRANATHI
 Signature: *Pranathi*
 Date & Time: 26/5/26, 3 Am

BAH-00619519 IP5-01171
 Mrs AASLESHA REDDY
 18-08-1995 30 Y 9 M 7 D
 Dr. PRANATHI REDDY A



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/5/2026	Case seen by Dr. Pranamathi	
10:30 AM	Comfortable General Condition - fair/afebrile	Advice
Barbypwell	Vitals - BP - 114/62 (80) PR - 75 bpm	<ul style="list-style-type: none"> ✓ NBM for 3 hours ✓ IV fluids at 100ml/hr
Vrine output -	SpO ₂ - 100% on Room Air P/A - vtentis retracted	<ul style="list-style-type: none"> ✓ Vrine output - Monitoring ✓ No irritations
300ml emptied (8:50 AM)	soft	<ul style="list-style-type: none"> ✓ No irritations
100ml clean - now	VVE - Minimal Bleeding	<ul style="list-style-type: none"> ✓ Drugs as charted ✓ Monitor vitals x 15 mins for 1 hour followed ✓ by hourly ✓ watch for excessive Bleeding ✓ Integrom SRS
noted by Sandeep 016638		by (Dr. Deepika)

BAH-00619519 IP5-001743
 Mrs AASLESHA REDDY
 18-08-1995 30 Y 9 M 7 D
 L. PRANATHI REDDY A



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/5/26		
1:15 pm	Pop-uses	
		<u>Asu</u>
	G.C.: fair	Allow oral sips
	BP: 112/76	LFB
	PR: 78/min	liquid diet
		Soft diet from 6pm
	P/A: uterus	
	retracted well	IV fluids @
		100ml/hr
	of E: NAB.	
		→ follow dry chart
		→ w/f bleeding P/O
		→ In Bed Ambulation
		→ 2nd hdy BP/PR/RF
		monitoring
		→ inform SO
		Abonika
		PRABONIKA
		Note by Sr. Kanna
		(020821)

BAH-10615519 IP5-00174

Mrs AASLES HA REDDY

18-08-1993 30 Y 9 M 7 D

Dr. PRANATHI KEDDY A



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<u>26/5/26</u>	<u>Pod-ol P/L A/E. I/Ses</u>	
<u>8PM</u>	Rt - stable. G-c-tair Afebrile PR - 78/min BP - 120/78 mmHg P/A - uterus Retracted well Bowel sounds ⊕	<u>Adv:-</u> ① Soft diet ② oral hydration. ③ In bed Analbatic. ④ Drugs as charted ⑤ Monitor vitals uty ⑥ w/ excessive bleeding plv
U.O - 600ml Clear. Baby - Mother side Flatus - Passed. - send and trace CBP on 27/5/26 at 6AM. Remove Foley's tomorrow at 6AM.	LI - No Active Bleeding	⑦ I/O charting. ⑧ Inform SOS (Dr. xxxx)
	noted by Seena 016638	

BAH-00619519 IP5-00174
 Mrs AASLESHA REDDY
 18-08-1995 30 Y O M 7 D
 Dr. PRANATHI REDDY A



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5/26 9:30 AM	C/S/B Mr. Pranathi Reddy POD-1 USG	
	CC - fair	★
	vitals: stable →	Soft diet + plenty of oral fluids
	P/A: uterus retracted	
	well →	Ambulation
	BS good	→ plenty of oral fluids
	O/E: NAB	→ follow drug chart
	Urine voided	→ Monitor vitals
	Stools passed	4th hourly
	Baby Mother side	→ inform SOS
	Hb: 11.3	
	TLC: 12.60k	→ Calsonite
	plt: 2.23 lakh	Dr. G. S. V. K. A.

BAH-00619519 IP5-00174321
 Mrs AASLESHA REDDY
 18-08-1995 30 Y 9 M 9 D (F)
 Dr. PRANATHI REDDY A



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/5/20 3pm	Doc 1	
	Clear fair	Ad
	Vitals stable	Continue same
	P/A & U/R/W	treatment
	O/E - M.A.S.	
C ✓ A ✓		Alone Dr G Sankar
	M noted by Sankar 3:10pm	

BAH-00619519 IP5-00174321

Mrs AASLESHA REDDY

18-08-1995 30 Y 9 M 9 D (F)

Dr. PRANATHI REDDY A



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5/26 7:45 PM	<u>POD-1</u>	
	Pt comfortable vitals stable ✓ F ✓ S ✓ Baby well Tolerated diet	① Reg diet ② Drugs as chart ③ Vitals 4 hourly ④ Inform sos.
noted by Sandhya P:00 PM		Dry heave

Patient Sticker

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/15/26 9 AM	Cefazolin vitals: stable P/A: uterus involuting well	<u>Poo-2 LSG</u>
	O/E: NAB	<u>Adv</u> Regular diet follow drug chart Monitor vitals closely
		Ambulation infirm room
		Cefazolin Dr. G. S. N. K.

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/5/26 1 PM	<p>Q/S/B Dr. pranathi Reddy</p> <p>AC: fair</p> <p>Vitals: stable</p> <p>P/A: uterus retracted well</p> <p>O/E: NAB</p> <p>M</p>	<p>Ad</p> <p>Continue same treatment</p> <p>infusions</p> <p>Abonika</p> <p>Ar Gbonika</p>
20/5/26 7 PM	<p>11:30</p> <p>AC: fair</p> <p>Vitals: stable</p> <p>P/A - DR. MOLOY</p> <p>O/E - NAB</p>	<p>DR. MOLOY</p> <p>DR. MOLOY</p> <p>DR. MOLOY</p>
<p>✓</p> <p>✓</p> <p>✓</p>	<p>DR. MOLOY</p>	<p>DR. MOLOY</p> <p>DR. MOLOY</p> <p>DR. MOLOY</p> <p>29/5</p>

BAH-00619519 IP5-00174321
Mrs AASLESHA REDDY
18-08-1995 30 Y 9 M 8 D (F)
Dr. PRANATHI REDDY A



CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: <i>Dr. pranathi reddy</i>	Date of Delivery: <i>26/5/26</i>
Assistant Surgeon: <i>Dr. Deepika</i>	Time of Delivery: <i>7.33 AM</i>
Anaesthetist's Name: <i>Dr. Subramanyam</i>	Gender of Baby: <i>Male</i>
Type of Anaesthesia: <i>LSA</i>	Weight of Baby: <i>3.590 kg</i>
Neonatologist: <i>Dr. Sneha</i>	AGPAR Score: <i>9,10</i>
Scrub Nurse: <i>S. Shabana</i>	NICU Admission: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pre-Operative Diagnosis: *G2A1 38th weeks / Elective lower segment caesarean section*

Elective Emergency

Indication: *Maternal Request*

Urgency

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

Decision time: Knief to rectus:

CTG Description: *Reassuring*

If there was a delay give the reasons:

Surgical Procedure: *Elective lower segment caesarean section under spinal Anesthesia*

Post Operative Diagnosis: *P1L1A*

Peri-Operative Complications: *Forceps delivery*

Amount of Blood Loss: *~ 400ml* Blood Transfused (in ML): *Nil*

Name and Number of Surgical Specimen sent for examination:
Nil

Examination Findings when Appropriate:

Presentation: Cephalic Breech Other Cervical Dilatation: cm

5th Palpable: Fetal Position:

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

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

Bladder Catheterized: Yes No Urine: Clear Blood Stained

Skin Incision: Pfannenstiel Transverse Midline Other

Uterine Incision: Lower Segment Classical Inverted T J Incision

Previous Scar: Intact 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 *No 1-0 Vicryl* Suture

Peritoneal Closure: Pelvic Abdominal None *NERVE* Suture

Sheath Closure: *No 1 Vicryl* Suture

Fat Closure: Yes No *No 2-0 Rapid Vicryl* Suture

Skin Closure: Subcuticular Mattress *No 3-0 Monocryl* Suture

Vaginal Evacuated Yes No

Drain: Yes No Remove in days Await instructions

Catheter Yes No Remove in *24 hours* 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 for 3-4 hours*

..... *✓ IV Fluids and Analgesics - Axon*

..... *✓ Drugs as charted*

..... *✓ Monitor vitals*

..... *✓ Urine output monitoring*

..... *✓ mobilization*

..... *✓ watch for excessive bleeding*

..... *✓ Inform SAs*

Doctor Name: *Dr. Deepika*

Doctor Signature: *[Signature]*

Date & Time: *26/5/2026, 8:15 AM*

BAH-00619519
 Mr. AASLESHA F EDDY
 18-08-1993 30 Y 9 M 7 D
 Dr. PRANATHI REDDY A



MEDICATION RECONCILIATION FORM

Drug Allergies: None Not known any Drug Allergies

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

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

Shifting From: Shifted to:

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	T. IRON	1 tab	PO	Q.D	25/10	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
2	T. CALCIUM	1 tab	PO	Q.D	25/10	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
3						<input type="checkbox"/> C <input type="checkbox"/> DC
4						<input type="checkbox"/> C <input type="checkbox"/> DC
5						<input type="checkbox"/> C <input type="checkbox"/> DC
6						<input type="checkbox"/> C <input type="checkbox"/> DC
						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature: [Signature], Dr. SRAVANTHI

Date & Time: 26/10/26, 6 Am.

Nurse Name & Signature: [Signature] Sunanda

Date & Time: 25/10/26 11:31 PM

BAH-00619519 IP5-00174
 Mrs AASLESHA REDDY
 18-08-1995 30 Y 9 M 7 D
 Dr. PRANATHI REDDY A



DRUG CHART

Date of Admission: 25/5/2026 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

REGULAR PRESCRIPTIONS

Weight: 87 Ward: B.P.P



VERIFIED

DRUG: INT LETOTAXINE				Date Time																		
Dose	Route	Frequency	Start Date																			
1 gm	PO	BD																				
Name & Signature of the Doctor Starting the Drugs:				<div style="text-align: center;"> <p>Stop</p> <p>↓</p> <p>(Dr. BHARAGU)</p> </div>																		
Additional Instructions:																						
Daily Doctor's Endorsement by a Sign																						

VERIFIED

DRUG: P. PARACETAMOL				Date Time	26/5/26	27/5	28/5	29/5															
Dose	Route	Frequency	Start Date																				
1 gm	PO	QID	26/5/26																				
Name & Signature of the Doctor Starting the Drugs:				<div style="text-align: center;"> <p>12 PM NIKITA</p> <p>6 PM NIKITA</p> <p>12 PM NIKITA</p> <p>6 PM NIKITA</p> <p>12 PM NIKITA</p> <p>6 PM NIKITA</p> <p>12 PM NIKITA</p> <p>6 PM NIKITA</p> <p>12 PM NIKITA</p> <p>6 PM NIKITA</p> </div>																			
Additional Instructions:																							
Daily Doctor's Endorsement by a Sign																							

VERIFIED

DRUG: P. DICLOFENAC				Date Time	26/5/26	27/5																	
Dose	Route	Frequency	Start Date																				
50 mg	PO	TID	26/5/26																				
Name & Signature of the Doctor Starting the Drugs:				<div style="text-align: center;"> <p>12 PM NIKITA</p> <p>6 PM NIKITA</p> <p>12 PM NIKITA</p> <p>6 PM NIKITA</p> <p>12 PM NIKITA</p> <p>6 PM NIKITA</p> <p>12 PM NIKITA</p> <p>6 PM NIKITA</p> <p>12 PM NIKITA</p> <p>6 PM NIKITA</p> </div>																			
Additional Instructions:																							
Daily Doctor's Endorsement by a Sign																							

VERIFIED

DRUG: P. TRAMADOL				Date Time	26/5/26	27/5	28/5																
Dose	Route	Frequency	Start Date																				
100 mg	PO	TID	26/5/26																				
Name & Signature of the Doctor Starting the Drugs:				<div style="text-align: center;"> <p>12 PM NIKITA</p> <p>6 PM NIKITA</p> <p>12 PM NIKITA</p> <p>6 PM NIKITA</p> <p>12 PM NIKITA</p> <p>6 PM NIKITA</p> <p>12 PM NIKITA</p> <p>6 PM NIKITA</p> <p>12 PM NIKITA</p> <p>6 PM NIKITA</p> </div>																			
Additional Instructions:																							
Daily Doctor's Endorsement by a Sign																							

Patient Sticker

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																					

Signature
Name



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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
25/5/26	6:10 AM	INS PANTOPRAZOLE	40mg	Iv	R	sunanda gna 6:26 AM
25/5/26	6:20 AM	PERINORM	10mg	Iv	R.	sunanda sona 6:30 AM
25/5/26	6:00 AM	INS CEFOTAXIME	1gm	Iv	R.	sunanda sona 6:10 AM
26/5/26	7:15 AM	Inj. ZOPER	4mg	Iv	Nig	Rajesh Swaraj 7:17 AM
26/5/26	7:15 AM	Inj. TRAMADOL ACID	1gm	Iv	Nig	Rajesh Swaraj 7:18 AM
26/5/26	7:34 AM	Inj. OXYTOCIN	30+30+30	Iv	Nig	Rajesh Swaraj 7:37 AM
26/5/26	8:30 AM	Sup. DICLOFENAC	100mg	PR	Nig	Rajesh Swaraj 8:33 AM
26/5/26	8:30 AM	Sup. TRAMADOL	100mg	PR	Nig	Rajesh Swaraj 8:33 AM
26/5/26	8:30 AM	TAB. PCEI	600mg	P/R	Up	Rajesh Swaraj 8:34 AM

Signature

VERIFIED

VERIFIED

I.V. FLUIDS CHART

Weight 87 Ward. BAP

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
26/5/2026	12:00 AM	RINGER LACTATE	IV	100 ml/hr	[Signature]	Sunand Sona	26/05/26	[Signature]	Sunand Sona
26/5	4:30 AM	Ringer Lactate	FH	100ml/hr	[Signature]	Sunand Sona	26/5 7 AM	[Signature]	Kamya Nikhil
26/5	7 AM	Ringer Lactate	FH	100 ml/hr	[Signature]	Kamya Nikhil	26/5	[Signature]	Kamya Nikhil
26/5	7:15 AM	RINGER LACTATE	IV	500ml/hr	[Signature]	Kamya Nikhil	26/5	[Signature]	Kamya Nikhil
26/5	7:35 AM	RINGER LACTATE	IV	500ml/hr	[Signature]	Kamya Nikhil	26/5	[Signature]	Kamya Nikhil
26/5/26	8 AM	RINGER LACTATE 500ML	IV	100ml/hr	[Signature]	Kamya Nikhil	26/5	[Signature]	Kamya Nikhil
26/5/26	8:30 AM	RINGER LACTATE 500ML	IV	100ml/hr	[Signature]	Kamya Nikhil	26/5	[Signature]	Kamya Nikhil
26/5/26	1 PM	RINGER LACTATE 500ML	IV	100ml/hr	[Signature]	Kamya Nikhil	26/5	[Signature]	Kamya Nikhil

Signature

VERIFIED BY : Name

BAH-00619519 IP5-001743
 Mrs AASLESHA REDDY
 18-08-1995 30 Y 1 M 7 D
 Dr. PRANATHI REDDY A



RESULT SHEET

Date	op beask, 24/05/26			
Time				
Hb	11.2			
PCV	35.3			
RBC	5.02			
WBC	9.22			
N/L				
Platelets	250			
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				

WR

BAH-00619519
 Mrs AASLESHA REDDY IP5-00174321
 18-08-1995 30 Y 9 M 8 D
 Dr. PRANATHI REDDY A



OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 25/05/26

Baseline Information:

Admission From: ER OPD Admission Desk Others, specify

Primary Language: Telugu English Hindi Others, specify

Do you require an interpreter? Yes No if Yes specify

Source of Information: Patient Family Others, specify

Allergies: Yes No Medications Blood Transfusion Food Other:

If yes, identify

Chief Complaints: EL - LSCS Doctor Notified on Admission: Yes No
 Name of the Doctor: Dr. Sarvantho
 Time Notified: 11:31 PM

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

Past Medical History	Past Surgical History	Previous Hospital Admission
Nil	2025 June, pt hip arthroscopic osteoplasty + capsular repair	Nil
Gynecology Assessment: <input type="checkbox"/> Not Applicable Menstrual History: Onset of Menarche: <u>regular</u> Menstrual Cycle: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular Last Menstrual Period:	Gynecology Surgical History: Caesarean Section: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Cervical Cerclage: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Ectopic Pregnancy: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Myomectomy: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Others:	Gynecological History: Contraceptives: <input type="checkbox"/> No <input type="checkbox"/> Yes Vaginal Discharge: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Post-Coital Bleeding: <input type="checkbox"/> No <input type="checkbox"/> Yes Infertility: <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes Type: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Secondary

Obstetric History: G 2 P L A 1

Previous LSCS:

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

Family History: No Abnormalities Detected

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

Vital Signs / Measurements: Temp: 98.6 HR: 87 RR: 20
 BP: 119/67 Weight: 87 Height: 170 BMI: -

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



PHYSICAL ASSESSMENT

General Appearance: Healthy ill looking Anxious Agitated Others:

Fall Assessment: Yes No Score 28..... (complete the Morse Fall Risk Assessment Sheet)

Risk of Pressure Sore: Yes No Score 20..... (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 Husband

Name of Person Orientation was given to: MRS: AASLESHA

Orientation not given Reason: no ill signification

Nurse Signature: [Signature]

Nurse Name: Sunanda

Date & Time: 25/05/26 11:45 PM

BAH-00619519 IP5-00174
 Mrs AASLESHA P EDDY
 18-08-1995 30 Y 9 M 7 D
 Dr. PRANATHI REDDY A



Early Warning Observation Score Chart - Obstetrics

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

26/05/26

		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																											
	0 - 10																											
Saturations	94 - 100 %																											
	< 94 %																											
Administered O ₂ (L/min.)																												
Temp °C	40																											
	39																											
	38																											
	37																											
	36																											
	35																											
	< 35																											
Heart Rate	170																											
	160																											
	150																											
	140																											
	130																											
	120																											
	110																											
	100																											
	90																											
	80																											
	70																											
	60																											
	50																											
40																												
↑ Systolic Blood Pressure	190																											
	180																											
	170																											
	160																											
	150																											
	140																											
	130																											
	120																											
	110																											
	100																											
	90																											
	80																											
	70																											
60																												
50																												
↓ Diastolic Blood Pressure	130																											
	120																											
	110																											
	100																											
	90																											
	80																											
	70																											
	60																											
	50																											
	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																												

21/11

96.3F

97.3F

96.2F

85

80

79

119

108

120

(70)

(68)

(84)

65

72

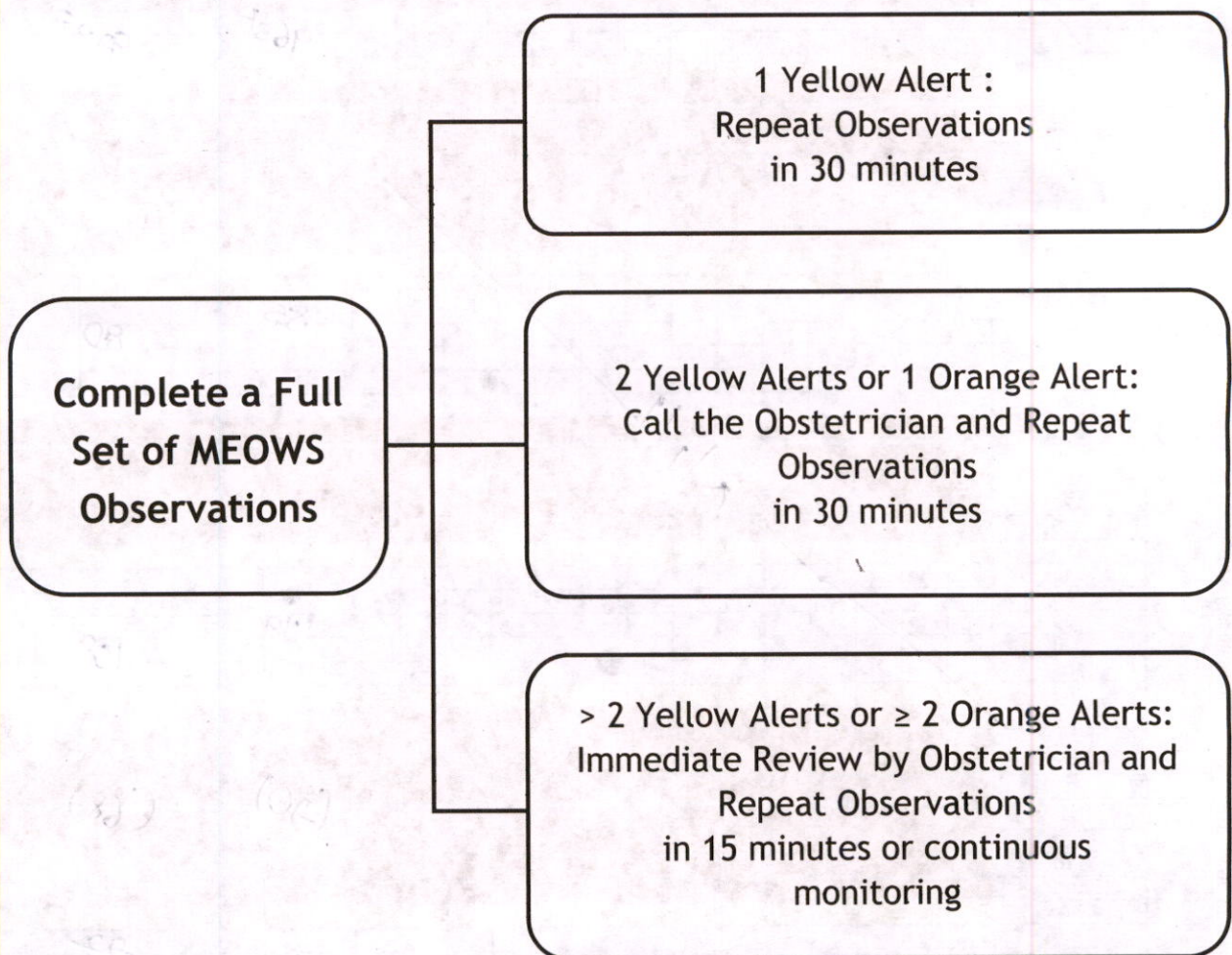
78

800

800

800

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

BAH-00619519 IP-5-001742
 Mrs AASLESHA REDDY
 18-08-1995 30 Y 9 M 7 D
 Dr. PRANATHI REDDY A



26/5/20



Early Warning Observation Score Chart - Obstetrics

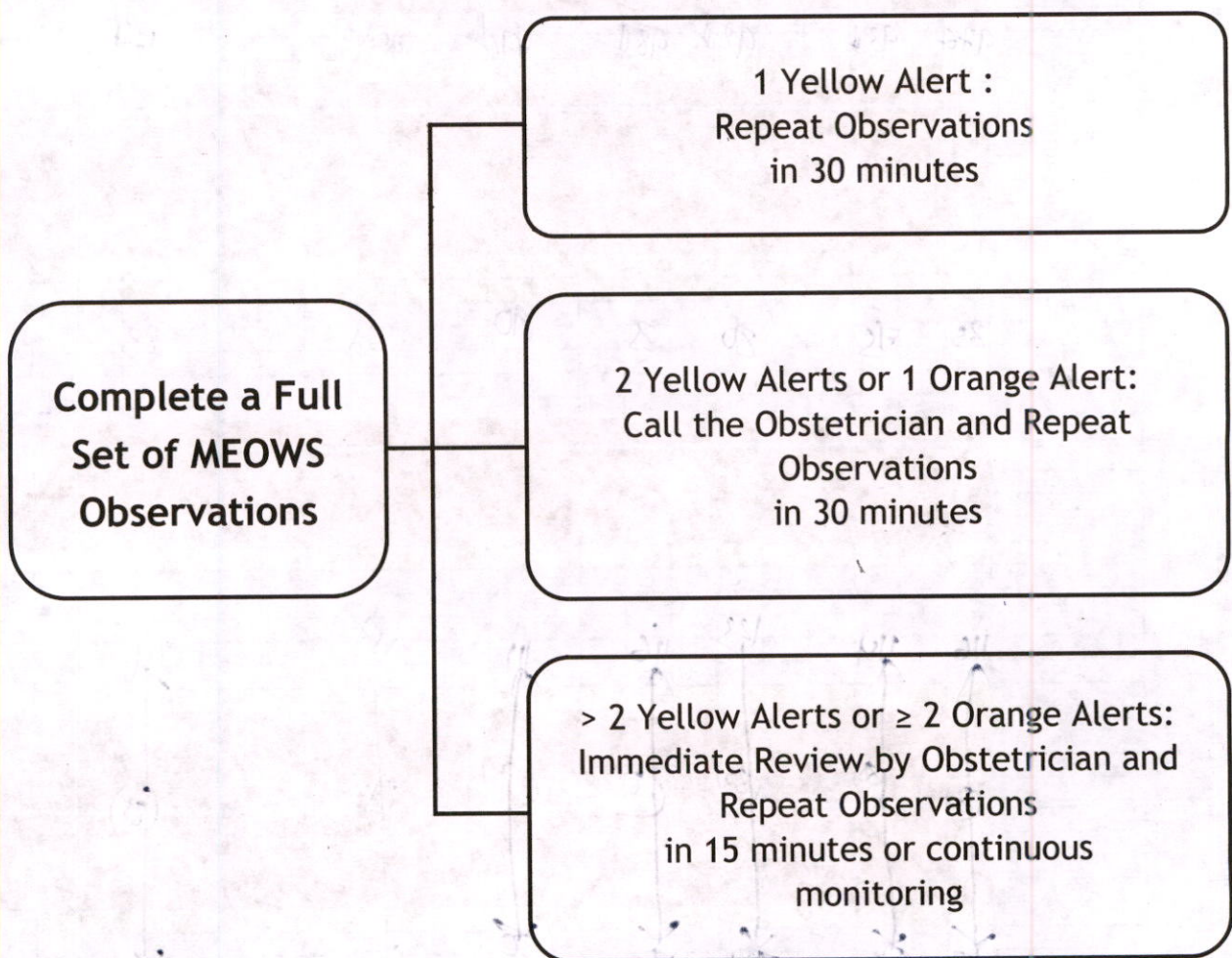
CONTACT DOCTOR FOR EARLY INTERVENTION IF PATIENT TRIGGERS ONE ORANGE OR TWO YELLOW SCORES AT ANY ONE TIME

27/5/20

		Date	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	
		Time																									
RESP (write rate in corresp. box)	> 30																										
	21 - 30																										
	11 - 20		15	15			19	17		15						19						19					
	0 - 10																										
Saturations	94 - 100 %		99	98			99	98		98					99						99					99	
	< 94 %																										
Administered O ₂ (L/min.)																											
Temp °C	40																										
	39																										
	38																										
	37																										
	36		97.6	98.6			98.6	98.8		97.2					98.6							97.5				97.2	
	35																										
	< 35																										
Heart Rate	170																										
	160																										
	150																										
	140																										
	130																										
	120																										
	110																										
	100																										
	90																										
	80		85	75			80	8		70					89						83					83	
	70																										
	60																										
	50																										
40																											
Systolic Blood Pressure	190																										
	180																										
	170																										
	160																										
	150																										
	140																										
	130																										
	120																										
	110																										
	100		116	114			122	116		111					117						111					127	
	90																										
	80																										
	70																										
60																											
50																											
40																											
Diastolic Blood Pressure	130																										
	120																										
110																											
100																											
90																											
80																											
70		75	75			78	75		80					84						80					81		
60																											
50																											
40																											
NEURO RESPONSE [✓]	Alert		A	A			A	A		A					✓						A						
	Voice																										
URINE mls / hour	> 30		✓	✓			✓	✓		✓					✓						0				0		
	< 30																										
Proteinuria	Protein ++																										
	Protein > ++																										
Lochia	Normal																										
	Heavy / Foul																										
Liquor	Clear / Pink																										
	Green																										
TOTAL YELLOW SCORES			0	0			0	0		0					0						0				0		
TOTAL ORANGE SCORES			0	0			0	0		0					0						0				0		
Nurse Initial			PR	PR			PR	PR		PR					PR						PR				PR		

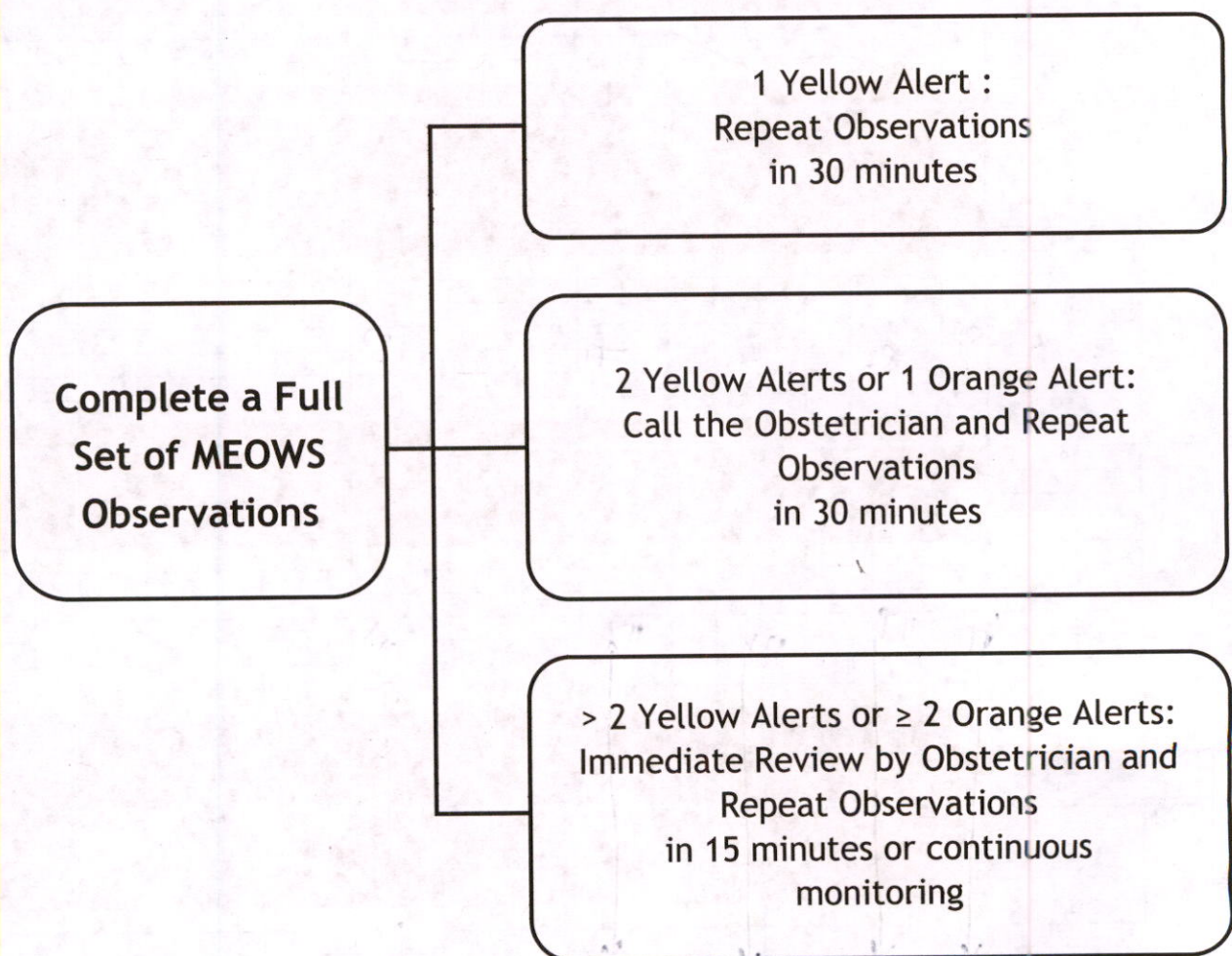
25/2/20

Obstetrics and Gynaecology Early Warning Signs



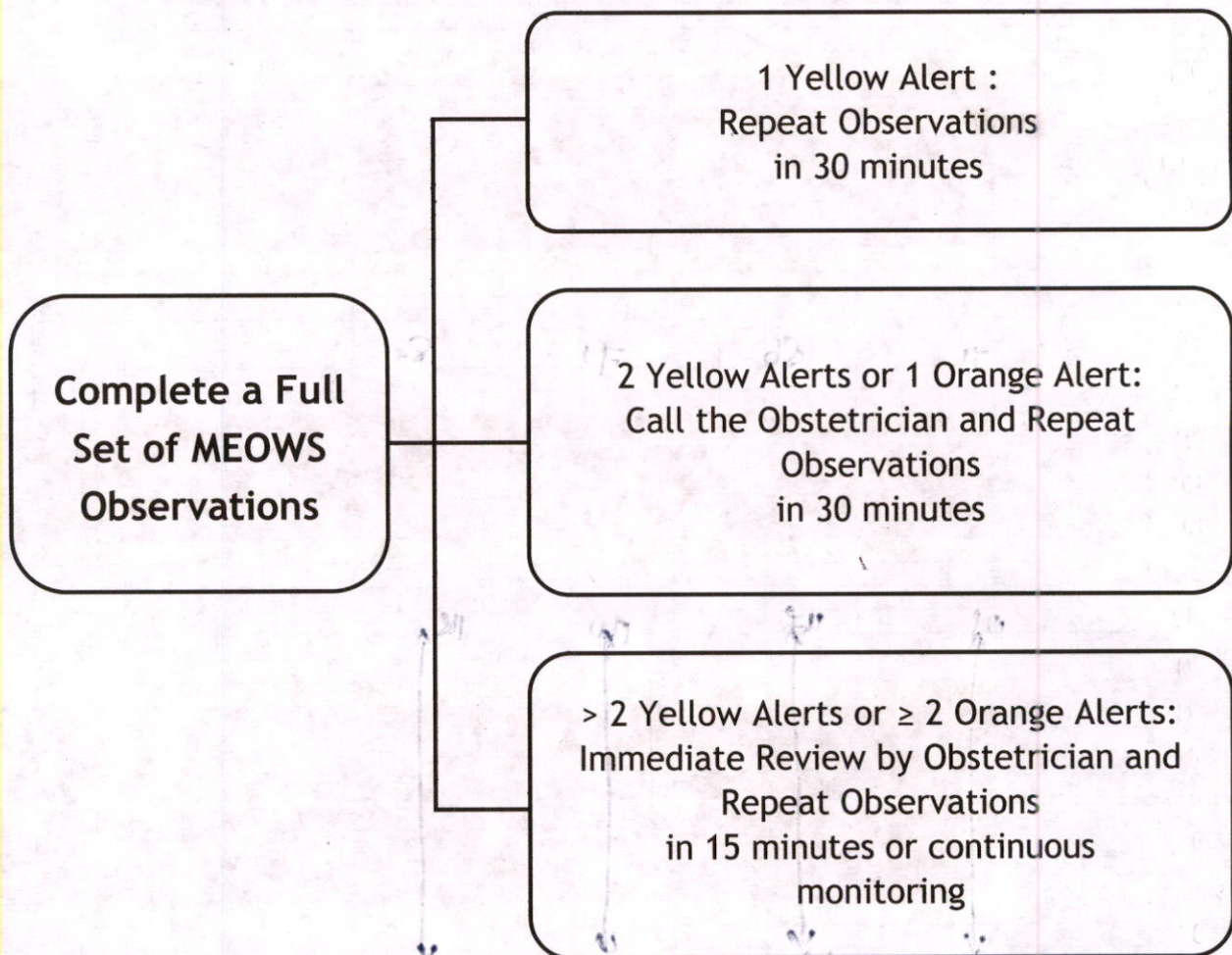
* The Modified Early Warning Score (MEOWS)

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

BAH-00619519 II -00174:
 Mrs AASLESHA REDDY
 18-08-1995 30 Y 9 M
 Dr. PRANATHI REDDY A



FLUID CHART

Sheet No. : 1

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
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		H2O				N			✓	0		Sunanda
	12:00 am	PL	N	100 ML			P				0		Sunanda
	01:00 am	PL	B	100 ML			I			✓	0		Sunanda
Total Intake : NBM						Total Output :							
	02:00 am	PL	M	100 ML			N				0		Sunanda
	03:00 am	PL	N	100 ML			P			✓	0		Sunanda
	04:00 am	PL	B	100 ML			P				0		Sunanda
	05:00 am	PL	M	100 ML			V			✓	0		Sunanda
	06:00 am	PL	NBM	150 ML						✓	0		Sunanda
	07:00 am	PL	NBM	150 ML							0		Sunanda
Total Intake : NBM						Total Output :							
Total 24 hrs. Intake		1,000-PL ML				Total 24 hrs. Output		5-tinels-U M-tinels					



FLUID CHART

Sheet No. : (2)

26/5/26

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
											0	Kam
	08:00 am	Re		150ml						300ml	0	Kam
	09:00 am	Re	1Bm	100ml						100ml	0	Kam
	10:00 am	RL		100ml							0	Kam
	11:00 am	Re	H ₂ O 50ml	100ml			NP				0	Kam
	12:00 pm						I				0	Kam
	01:00 pm		H ₂ O 30ml							500ml	0	Kam
Total Intake : Taken						Total Output : 900ml						
	02:00 pm										0	Kam
	03:00 pm		H ₂ O 100ml								0	Kam
	04:00 pm						NP			100ml	0	Kam
	05:00 pm		H ₂ O 150ml								0	Kam
	06:00 pm						I				0	Kam
	07:00 pm		H ₂ O 30ml								0	Kam
Total Intake : Taken						Total Output : 500ml						
	08:00 pm		Abdomen							600ml	0	Sony
	09:00 pm		Ukma								0	Sony
	10:00 pm						NP				0	Sony
	11:00 pm		H ₂ O							800ml	0	Sony
	12:00 am		water 150ml								0	Sony
	01:00 am										0	Sony
Total Intake : Taken						Total Output : passed U=1400ml						
	02:00 am		water 100ml								0	Sony
	03:00 am										0	Sony
	04:00 am										0	Sony
	05:00 am		water 100ml							1000ml	0	Sony
	06:00 am		Edly								0	Sony
	07:00 am		water 50ml								0	Sony
Total Intake : Taken						Total Output : passed U=1000ml						
Total 24 hrs. Intake			=			Total 24 hrs. Output			U=3800ml M=1 pant			

BAH-00619519 IP5-00174321
 Mrs AASLESHA REDDY
 18-08-1995 30 Y 9 M 8 D (F)
 Dr. PRANATHI REDDY A



FLUID CHART

Sheet No. 3

27/8/26

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

Date	Time	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
		Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G							
	08:00 am	H20								✓	0	Sandya
	09:00 am	H20									0	Sandya
	10:00 am	H20				n/p					0	Sandya
	11:00 am							0.5/1		✓	0	Sandya
	12:00 pm	H20						10/1			0	Sandya
	01:00 pm										0	Sandya
Total Intake : Taken					Total Output : 0-201 ml - NP							
	02:00 pm	H20									0	Sandya
	03:00 pm							0.5/1			0	Sandya
	04:00 pm	H20								✓	0	Sandya
	05:00 pm	H20						0.5/1			0	Sandya
	06:00 pm									✓	0	Sandya
	07:00 pm							0.5/1			0	Sandya
Total Intake : Taken					Total Output : 0-201 ml							
	08:00 pm	H20									0	Manika
	09:00 pm									✓	0	Manika
	10:00 pm	H20				NP					No	Manika
	11:00 pm										IV	Manika
	12:00 am	H20									0	Manika
	01:00 am										0	Manika
Total Intake : Taken					Total Output : 0-201 ml							
	02:00 am										0	Manika
	03:00 am	H20									0	Manika
	04:00 am					NP					No	Manika
	05:00 am	H20									IV	Manika
	06:00 am										0	Manika
	07:00 am	H20								✓	0	Manika
Total Intake : Taken					Total Output : 0-201 ml							
Total 24 hrs. Intake					Total 24 hrs. Output							

BAH-00619519 IP5-00174321
 Mrs AASLESHA REDDY
 18-08-1995 30 Y 9 M 9 D (F)
 Dr. PRANATHI REDDY A



FLUID CHART



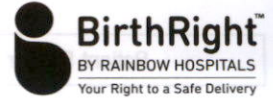
Sheet No. :

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

Date	Time	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse		
		Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine				
			Mouth	I.V	N.G								
	08:00 am	H ₂ O				nlo				nlo	1	Sandya	
	09:00 am	H ₂ O				nlp			✓	IV		Sandya	
	10:00 am					nlp				laminub		Sandya	
	11:00 am	H ₂ O				nlp				1		Sandya	
	12:00 pm	H ₂ O				nlp				1		Sandya	
	01:00 pm					nlp.			✓			Sandya	
Total Intake : Taken						Total Output : U-2 M-MP							
	02:00 pm					nlo						Sandya	
	03:00 pm	H ₂ O				nlp				✓		Sandya	
	04:00 pm					nlp				✓		Sandya	
	05:00 pm	H ₂ O				nlp				✓		Sandya	
	06:00 pm					nlo						Sandya	
	07:00 pm	H ₂ O				pp				✓		Sandya	
Total Intake : Taken						Total Output : U-3 M-MP							
	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							

**Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION**

BAH-00619519 (P5-00174321)
Mrs AASLESHA REDDY
18-08-1995 30 Y 9 M 8 D
Dr. PRANATHI REDDY A



Name: Aaslesha Reddy Age: 30 Sex: F UHID.No: BAH 00619519
 Date: 28.5.2026 Time: 11 PM Proposed Operation: Elective cesarean section
 Diagnosis: G2 A1 @ 39 weeks
 B.P / CRT: 129/77 H.R: 83/M Weight: 68 kg ASA Physical Status: 1 2 3 4 5

Laboratory Data:

Hgb: 11.2 Glucose: Protein: HIV: X-Ray:
 PCV: Urea: Alb: HBS Ag: ECG:
 WBC: 9.22 Creat: Total Bill: HCV: 2D Echo:
 Plate: 250 Na: Dir. Bill: Blood group: Stress/Anglo:
 PT: K: LDH: T3 Other:
 PTT: Ca++: Alk phos: T4
 INR: Mg++: Amylase: TSH
 Cl -: SGOT/SGPT:

Allergies: NOT KNOWN

Medical History: CVS: NO CONDUCTS

RESP: ANC-aneventful Diabetes:

CNS: ○

Renal: ○

Hepatic / GE: Physical Activity: Active

Others: ○

Past Anaesthetic History: H/O Rt hip Arthroscopic osteoplasty + capsular repair for labrum

Physical Exam: apathic RT Joint Impairment

Airway: MP 1 2 3 4 Mouth Opening: >3F Mentohyoid Distance: ○ Neck: ○ Teeth: Intact 2

Lungs: BAEP

Heart: S1S2P

CNS: NFND

Pregnant: Yes No NA Venous Access Site: ○ Spine Exam for regional: Palpatable

Anaesthetic Plan: MAC REGIONAL GA-ETT LMA

Peri-Operative Plan Explained to the Patient: Yes No

CURRENT MEDICATIONS	DOSAGE

Pre-Operative Instructions:

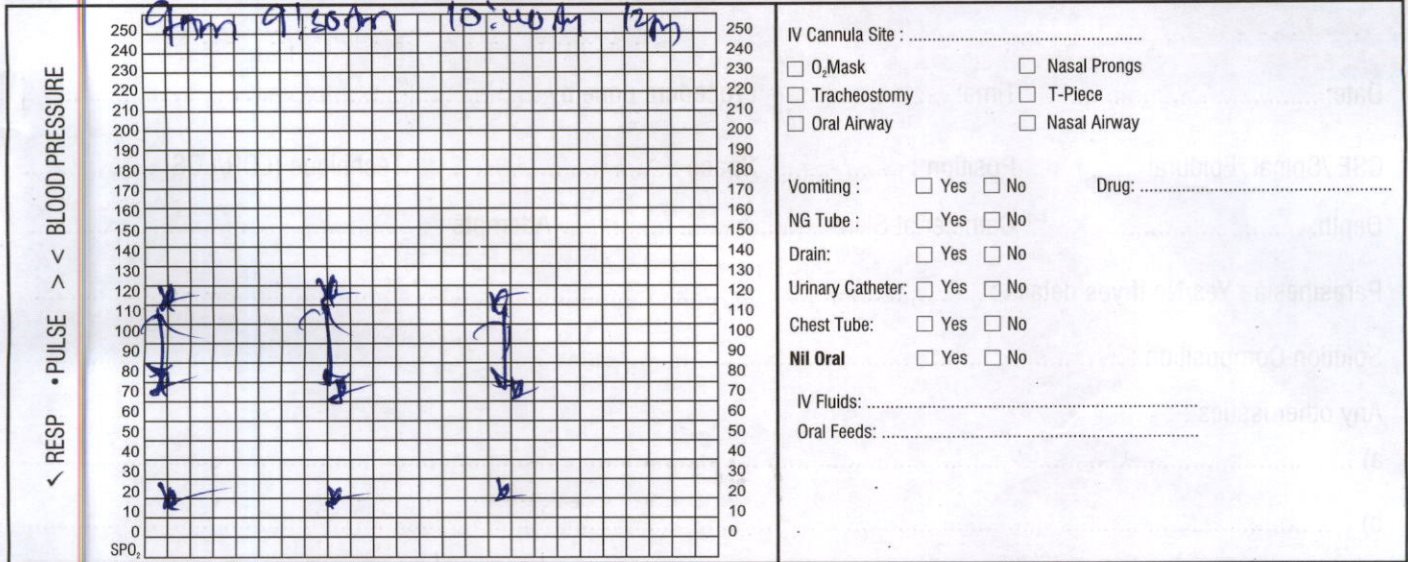
- DVT Prophylaxis :
- NIL ORAL $\left\{ \begin{array}{l} \text{Water / ORS 2 Hours} \\ \text{Others 6 Hours} \end{array} \right.$
- Informed Consent: Standard High Risk
- Post Operative Pain Management: Discussed with Patient
- Other Instructions:

Signature: [Signature] Name: Dr. Amreen



POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Sr. Kanungo Time Received : 8:50 AM Time Discharged : 8:55 AM



IV Cannula Site :

O₂ Mask Nasal Prongs

Tracheostomy T-Piece

Oral Airway Nasal Airway

Vomiting : Yes No Drug:

NG Tube : Yes No

Drain: Yes No

Urinary Catheter: Yes No

Chest Tube: Yes No

Nil Oral Yes No

IV Fluids:

Oral Feeds:

POST ANAESTHESIA SCORE (Modified Aldrete Score)	IN	MINUTES			OUT	SCORING INTERPRETATION
		30	60	90		
Able to move 4 extremities voluntary or on command = 2 Able to move 2 extremities voluntary or on command = 1 Able to move 0 extremities voluntary or on command = 0	ACTIVITY	1	1	2	2	A Minimum Total Score of 8 is Required for Discharge Exceptions to this, are to be explained in the space below by the Discharging Physician:
Able to deep breathe & cough freely = 2 Dyspnea or limited breathing = 1 Apneic = 0	RESPIRATION	1	2	2	2	
BP ± 20 of Pre Anaesthetic level = 2 BP ± 20-50 of Pre Anaesthetic level = 1 BP ± 50 of Pre Anaesthetic level = 0	CIRCULATION	1	2	2	2	
Fully awake = 2 Arousable on calling = 1 Not responding = 0	CONSCIOUSNESS	1	2	2	2	
Pink = 2 Pale, dusky, blotchy, jaundiced, other = 1 Cyanotic = 0	COLOR	1	2	2	2	
TOTAL		5	9	10	10	

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
26/5/2020	11:10	0/10	T. Calpol	Kanungo
26/5/20				

Pain Tool Used: N PASS FLACC Wong Baker NPS

Reassessment Frequency:

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

Anaesthesiologist Name :

Anaesthesiologist Signature:

Date & Time:

PACU Nurse Name : Kanungo

PACU Nurse Signature: [Signature]

Date & Time: 26/5/2020

Transferred to Unit by (PACU):

Date & Time:

