

ADMISSION SHEET

Registration Details :

Admission No : IP5-00176175 Admit Date : 09-Jul-2026 Admit Time : 11:37 PM UHID : BAH-00648873

Patient Details :

Patient Name	: Mrs NIKITHA GOSWAMI	Age	: 28 Y 5 M 10 D
Guardian	: Mr PAVAN GEER	DOB	: 29-01-1998
Gender	: Female	Religion	:
Occupation	:	Martial Status	: Married
Address (H)	: #13-2-266/8 shivlal nagar rahimpura Asif Nagar Hyderabad Telangana INDIA 500006	Phone No	: 7386642901/ 8125101209
		E-mail	: NOMAILID@GMAIL.COM

Admission Details :

Bed Type	: MICU	Bed No	: MICU 428	Ward Name	: 4F-BIRTHING CENTRE
Room No	: MICU 428	Admission Type	: First Visit		

Contact Details :

Name	: Mr PAVAN GEER	Relationship	: Husband
Contact Address	: #13-2-266/8 shivlal nagar rahimpura Asif Nagar Hyderabad Telangana INDIA 500006	Phone No	: 7386642901 / 8125101209


Doctor Details :

Doctor Name	: Dr. SHRUTHI REDDY/Dr.LAVANYA JANAGAMA	Specialisation	: OBSTETRICS AND GYNECOLOGY
Referral Doctor	: Self	Phone No	:
Co-Consultant	:		

Payment Details :

Payment Mode	: Cash	Deposit Amount	: 0.00
		Payor Name	: HEALTHINDIA INSURANCE TPA SERVICES PVT LTD

ACTIVITY RECORD FOR BILLING

Name : _____

UHID No. : **BAH-00648873** **IP5-00176175**
Mrs NIKITHA GOSWAMI 28 Y 5 M 10 D (F)
Dr. SHRUTHI REDDY/Dr. LAVANYA

Consultant: _____ Dept : _____

Date of Adr _____ Date of Discharge : _____ Time: _____

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
10/7/26	5:00 AM	MILU	OT	Tunna
10/7/26	6 AM	OT	OBS	Tunna
10/7/26	10 AM	OBS	Room 105	Sub

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	Dr. Teheena Sharma (PT)	11/7/26	9699492	Sanyal
2				
3				
4				
5				
6				
7				
8				
9				
10				

INVESTIGATIONS

[illegible]

[illegible]

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
9/7/26	Iv placemet done	1	9695500	Rafic
	PAC PAC	1	9695621	
10/7/26	Catheterization	1	9695620	Purns

ANY OTHER INFORMATION

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Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

BAH-00648873 IP5-00176175
Mrs NIKITHA GOSWAMI
29-01-1998 28 Y 5 M 10 D (F)
Dr. SHRUTHI REDDY/Dr. LAVANYA



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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

clo pain abdomen.

Obstetric Formula:

G₂P₁L₁

Obstetric History:

1- 2025, PTNVD,

Present Pregnancy Record:

2. sp conception booked at 14th wk.
uneventful Antenatal checks.

RISK FACTORS:

DcDA twins

Height: cm

Weight: kg

Allergies: Nil

Breast: ☐ Normal ☐ Abnormal

General Examination:

Consciousness: conscious Pallor: absent

Icterus: absent Edema: absent

Temp: afebrile PR: 78/min

BP: 111/68 mm DTR: +

CVS: 98/2+ RS 180/0

Liver/Spleen: not palpable Urine Output: adequate

LMP: 10/11/25.

EDD:

Corrected EDD: 17/8/26.

GA: 34⁺3

Menstrual History: Regular: ☐ Yes ☐ No

Obstetric Examination

Fundal Height: 36-37 cm.

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

Liquor: ☒ Adequate ☐ Oligo ☐ Poly

PP: ☒ Cephalic ☐ Breech ☐ Others

Head Fifts Palpable:

FHS: ☒ Normal ☐ Tachy ☐ Brady ☐ Absent

Per Speculum Examination

Draining: ☐ Present ☐ Absent ☐ Bleeding

Colour of Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Vaginal Examination

Cervix: ☒ Long ☐ Partially effaced ☐ Effaced

Os: Closed 1 finger Dilated

Membranes: ☐ Present ☐ Absent

Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Presenting Part: ☐ Vertex ☐ Breech ☐ Others

Sutton: ☐ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2

Pelvis: ☐ Adequate ☐ Doubtful

DIAGNOSIS

G₂P₁L₁ PTNVD 34⁺3 wk GA. for observation/delivery.
DcDA twins 1/10 pain abdomen

Family History: Maternal Hypothyroidism Nil	Surgical History: Nil
Medical History: Nil	Medication History: T. Irony T. Shield
Plan of Care: Admission A/S on admission. Poup of part. send CRP. Check blood availability vitals & HR. monitoring MSU TID. 1/1 Betamethasone 12mg Now 1/1 tramadol 100mg (m) NNE. w/f uterine action.	Investigations: B@w. Viral - NR. 10/7/22. Hb-163 Plt-2-58- WBC-9-26. 6/7/22. 34 wks Twin-1- cephalic, AFI-4.4cm, EFW-2.8-9. AC-931 Pl-AH Doppler @. Twin-2- Breech, AFI-6.4cm EFW-2.50kgm - 32w, AC-874 Doppler @

Doctor Name: Dr. Ashika

Signature: _____

Date & Time: 9/7/22, 10pm

Consultant Name: Dr. Shruthi Reddy

Signature: _____

Date & Time: 9/7/22, 10pm

BAH-00648873 IP5-00176175
Mrs NIKITHA GOSWAMI
29-01-1998 28 Y 5 M 10 D (F)
Dr. SHRUTHI REDDY/Dr. LAVANYA



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/7/26 30m	G.P. 14 / 34 wk GA. DCD twins for observation / delivery C/O Headache X lower.	ad. CDNS 1 TW

BAH-00648873 IP5-00176175
Mrs NIKITHA GOSWAMI
29-01-1998 28 Y 5 M 11 D (F)
Dr. SHRUTHI REDDY/Dr. LAVANYA



Mrs NIKITHA GOSWAMI (28 Y 5 M 11 D)
TUBES



BA26068986TUBES

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SURGERY DETAILS

Date : 10/7/26

Patient Name: Mrs. Nikitha Date of Birth: 29/1/1998 Age: 28 yrs.

Gender: Female Ward : UHID No: BAH-00648873

Date of Surgery: ☐ OT-1 ☐ OT-2 ☐ OT-3 ☐ OT-4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : EMERGENCY LOWER SEGMENT CESAREAN SECTION
(Twins) B/L TUBECTOMY + SA

Time in : 5:00 AM

Time Out : 6:00 AM

	NAME	AMOUNT
1. Surgeon	Dr. Bhargavi	
2. Anaesthetist	Dr. Surya	
3. Assistant Surgeon	Dr. Arshiya	
4. OT Technician	Bro. Nishanth	
5. Circulating Nurse	Sis. Gayathri	
6. Assistant Nurse	Sr. Rajeswari	

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

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 9696984

Order by: Sirpin

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/4/2020 6:30 AM	POD-D Emilex-B1 / PPH	
	Acute afebrile PR- 80/min Bp. 120/80 mmHg SpO ₂ 98% @ RA P/A: U @ W P/V: N	ad - NBM - 1h - Vitals 4hly - Drugs as chart - w/f after diet - (10) fluid - 100ml - Inform.
		Dr. Ashu
10/4/2020 9:00 AM	POD-D Em. URS / PPH / BTL	
	Pt comfortable PR: 62 bpm BP: 109/67 mmHg SpO ₂ : 100% RA P/A: URW P/V: BWNL U/O: 100ml, clear.	① IVF @ 120ml/hr RI ② NBM - 12PM ③ Ab clear liquid - liq. diet ④ Soft diet > 4PM ⑤ Drugs as chart ⑥ I/O hourly ⑦ vitals 4 hourly ⑧ CBP 6AM. ⑨ Inform K&S
	Shift to room	Ch 9 pr 4 nurse

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/7/26 1:40pm	At comfortable.	Adv - soft diet, plenty of oral fluids - vitals continuing - I/O charting - dress on per - chaired - w/f active - bleeding IV - Inform S/S
10/7/26 6:30pm	VO - Good O/E as fair vitals - stable P/A uterine retracted new 40 - lochia healthy - Resume Foley's @ 6am on 11/7/26 - CBP @ 6am muphu	Adv ① soft diet ② Hydration ③ Ambulation ④ I/O charting ⑤ w/f active bleeding ⑥ Inform S/S noted by Dr. Latha 020825 Dr. Dilys noted by Latha 10/7/26 @ 8pm

BAH-00648873

BAH-00648873
NIKITHA GOSWAMI

Mrs NIKITH
29-01-1998

28 Y 5 M 11 D

(F)

Mrs NIKITHA 28 Y 5 M 11 D
29-01-1998
Dr. SHRUTHI REDDY/Dr.LAVANYA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/17/26 8:00 PM	POD-1 Emb U BTL DCD Atrous PPH	
✓ ✓ ✓ BP	<u>OF</u> Cefazolin Vital stable PA - ut @ uel Soft BSO LIF BWML Draining - Dry	<u>Adv</u> ① Soft diet ② Ambulation ③ Hydration ④ w/ active bleeding ⑤ Drugs as checked ⑥ Inform SWS DR Drugs
11/17/2026 1:30 PM	POD-1 Emb U BTL DCD Atrous PPH	
B ₂ - NLU	Patient went to NLU	
✓ ✓		Dr Sraetore Noted by Sargent



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פרטים

Date & Time	Progress Notes	Doctor's Order
11/7/16 7:30 PM	POD-1 / Emlus PPH.	+BTCL / DCPA Tues
B ₂ NICO	C/C: per vitals: stable P/A: U+2 out Salt B/G P/v: NAB	1) Supp. Dikolen 2 tabs po 2) Monitor vitals. 4ty 3) Drug as charted 4) w/f ph bleeding 5) Analgesia 6) Soft diet & plenty of oral fluid.
12/7/16 10:20 AM	POD-2 / Emlus +BTCL / DCPA Tues PPH	- Dr. Frank
B ₂ NAB B ₂ NICO	C/C: per vitals: stable P/A: U+2 out Salt B/G P/v: NAB	1) Soft diet & plenty of oral fluid 2) Drug as charted 3) w/f ph bleeding 4) Analgesia 5) Taper 800
12/7/16 10:20 AM	POD-2 / Emlus +BTCL / DCPA Tues PPH	- Dr. Frank

Patient Sticker

PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]

BAH-00648873 IP5-00176175
Mrs NIKITHA GOSWAMI
29-01-1998 28 Y 5 M 10 D (F)
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RESULT SHEET

Date	09/7/26				
Time	11:39 pm				
Hb	11.3				
PCV	33.4				
RBC	3.82				
WBC	9.26				
N/L	68.4/22.0				
Platelets	2.58 lakh				
CRP					
ESR					
PCT					
RBS					
Na					
K					
Cl					
Ca/Mg					
Phosphate					
Urea					
Creatinine					
ALP					
SGPT					
SGOT					
T.Bill/Conj					
T.Protein					
S.Albumin					
S.Globulin					
A/G Ratio					
Uric Acid					
S.Amylase					
Sr.Lipase					
Blood Lactate					
S.Cholesterol					
PT/INR					
APTT					
CSF Protein / Sugar					
Cells					
N/L					

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
Blood group	Btre					
Hiv, HBsAg	NR					

Culture and Sensitivities :

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Radiology : USG :

 X-Ray :

 ECHO :

 CT :

 MRI :

 Others (ECG, Contrast Studies etc.) :

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MEDICATION RECONCILIATION FORM

Drug Allergies:

☒ Not known any Drug Allergies

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

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

Shifting From: NA

Shifted to: NA

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	<u>T. Iron</u>	<u>1 tab</u>	<u>PO</u>	<u>OD</u>		☒ C ☒ DC
2	<u>T. Suleal</u>	<u>1 tab</u>	<u>PO</u>	<u>OD</u>		☒ C ☒ DC
3						☐ C ☐ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Ashy

Date & Time : 9/7/20

Nurse Name & Signature: Lajeni

Date & Time : 10/7/20

0648873 IP5-00176175
KITHA GOSWAMI
1998 28 Y 5 M 11 D (F)
HRUTHI REDDY/Dr.LAVANYA



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Weight 65.1
kg

Ward ORS

REGULAR PRESCRIPTIONS

No: 2

DRUG: Inj clexane
Dose 1mg Route SC Frequency OD Start Dt. 10/7/26

Name & Signature of the Doctor
Starting the Drugs:

Dr. Y. Dr. Y. Suresh

Additional Instructions:

> 80 bpm

Daily Doctor's Endorsement by a Sign

DRUG: T. PANTOP
Dose 40mg Route PO Frequency BD Start Dt. 10/7/26

Name & Signature of the Doctor
Starting the Drugs:

Dr. Y. Dr. Y. Suresh

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG: T. CEFIXIME
Dose 200mg Route PO Frequency BD Start Dt. 11/7

Name & Signature of the Doctor
Starting the Drugs:

Dr. Suresh

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG:
Dose Route Frequency Start Dt.

Name & Signature of the Doctor
Starting the Drugs:

Additional Instructions:

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																				
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																				

Date of Admission: 9/7/20 Drug Allergies: ☒ Not known any Drug Allergies

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.

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:				



REGULAR PRESCRIPTIONS

Weight. 65.1 kg Ward. OPD

VERIFIED

DRUG: <u>Tab. Cefotaxime</u>				Date	10/7	11/7														
Dose	Route	Frequency	Start Date	Time																
1gm	IV	BD	10/7	6																
Name & Signature of the Doctor Starting the Drugs:				Am 6 Pm																
Additional Instructions:				Stop																
Daily Doctor's Endorsement by a Sign				Signature																

VERIFIED

DRUG: <u>Tab. PARACETAMOL</u>				Date	10/7	11/7	12/7													
Dose	Route	Frequency	Start Date	Time																
1g	PO	QID	10/7	12pm																
Name & Signature of the Doctor Starting the Drugs:				6 Am 12pm 6pm																
Additional Instructions:				Signature																
Daily Doctor's Endorsement by a Sign				Signature																

VERIFIED

DRUG: <u>Tab. TRAMADOL</u>				Date	10/7	11/7	12/7													
Dose	Route	Frequency	Start Date	Time																
100mg	PO	TID	10/7	1Am																
Name & Signature of the Doctor Starting the Drugs:				9Am 5pm																
Additional Instructions:				Signature																
Daily Doctor's Endorsement by a Sign				Signature																

VERIFIED

DRUG: <u>Tab. DICLOFENAC</u>				Date	10/7	11/7	12/7													
Dose	Route	Frequency	Start Date	Time																
50mg	PO	TID	10/7	7Am																
Name & Signature of the Doctor Starting the Drugs:				7pm 11pm																
Additional Instructions:				Signature																
Daily Doctor's Endorsement by a Sign				Signature																

Patient Sticker

Weight.

65.1 kg

Ward. 023

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
9/7/26	9:00pm	Inj. TRAMADOL	100mg	IM	[Signature]	Alaki Krathi
9/7/26	9:30pm	Inj. BETAMETHASONE	12mg	IM	[Signature]	Alaki Krathi
10/7/26	12:00pm	Inj. PARACETAMOL	1gm	IV	[Signature]	Alaki Krathi
10/7	2A	Inj. ZOFER	2mg	IV	[Signature]	Tony Rajeshan
10/7	4:20A	Inj. PANTOP	40mg	IV	[Signature]	Tony Rajeshan
10/7	4:25A	Inj. PERIDOL	10mg	IV	[Signature]	Tony Rajeshan
10/7	4:52AM	Inj. TRANEXAMIC ACID	1g	IV	[Signature]	Rajeshan Krathi
10/7	4:56AM	Inj. OXYTOCIN	60 + 60	IV	[Signature]	Rajeshan Krathi
10/7	5:55AM	Supp. TRAMADOL	100mg	PIR	[Signature]	Rajeshan Krathi
10/7	5:55AM	Supp. DICLOFENAC	100mg	PIR	[Signature]	Rajeshan Krathi
11/1	9am	Inj. METOPROLOL	7.5mg	PIR	[Signature]	Rajeshan Krathi

Weight. 100 lb. Ward. 013

Signature

BAH-00648873

IPS-00176175

Mrs NIKITHA GOSWAMI

29-01-1998

28 Y 5 M 10 D

(F)

Dr. SHRUTHI REDDY/Dr.LAVANYA

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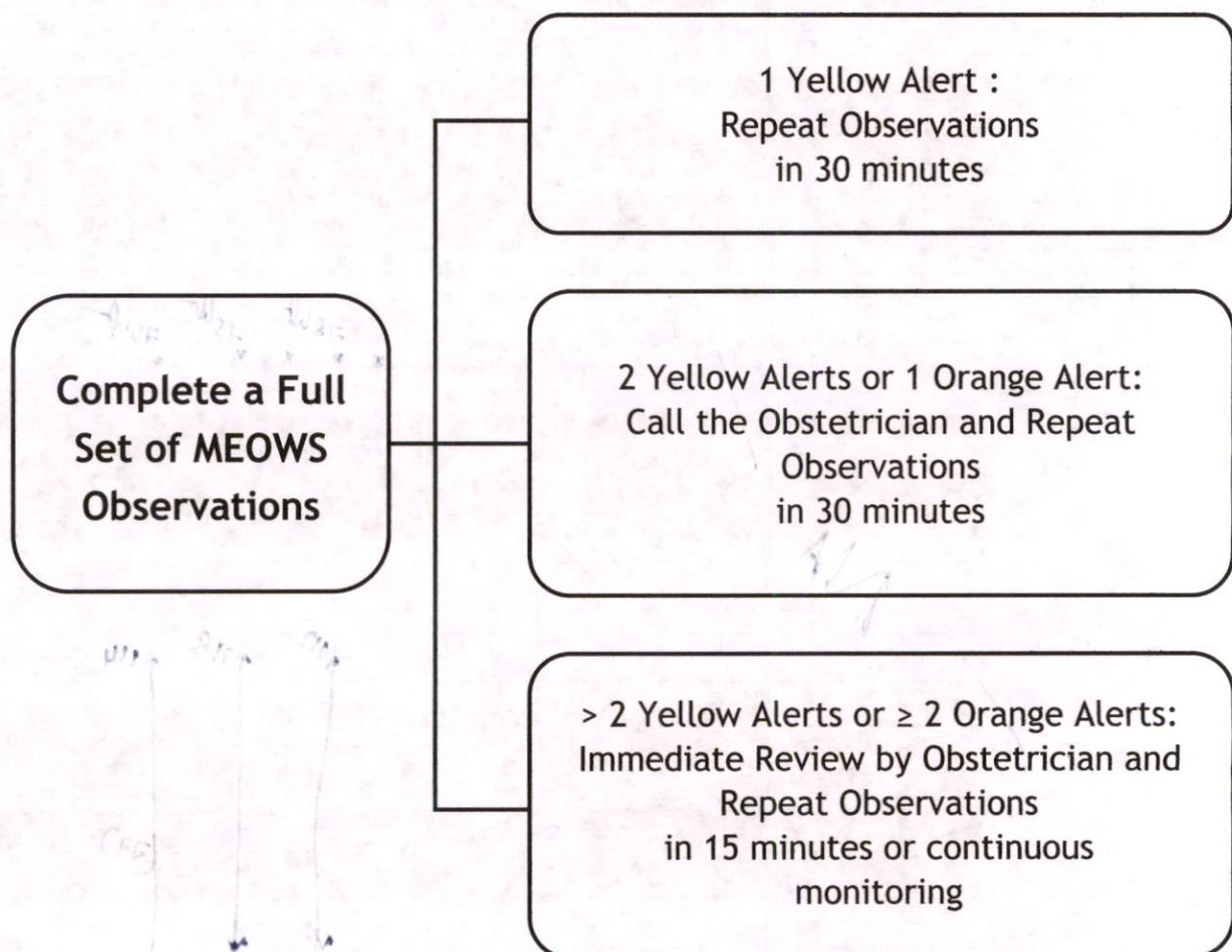
Early warning Observation Score Chart - Obstetrics

CONTACT DOCTOR FOR EARLY INTERVENTION IF PATIENT

TRIGGERS ONE ORANGE OR TWO YELLOW SCORES AT ANY ONE TIME

[illegible]

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

(F)



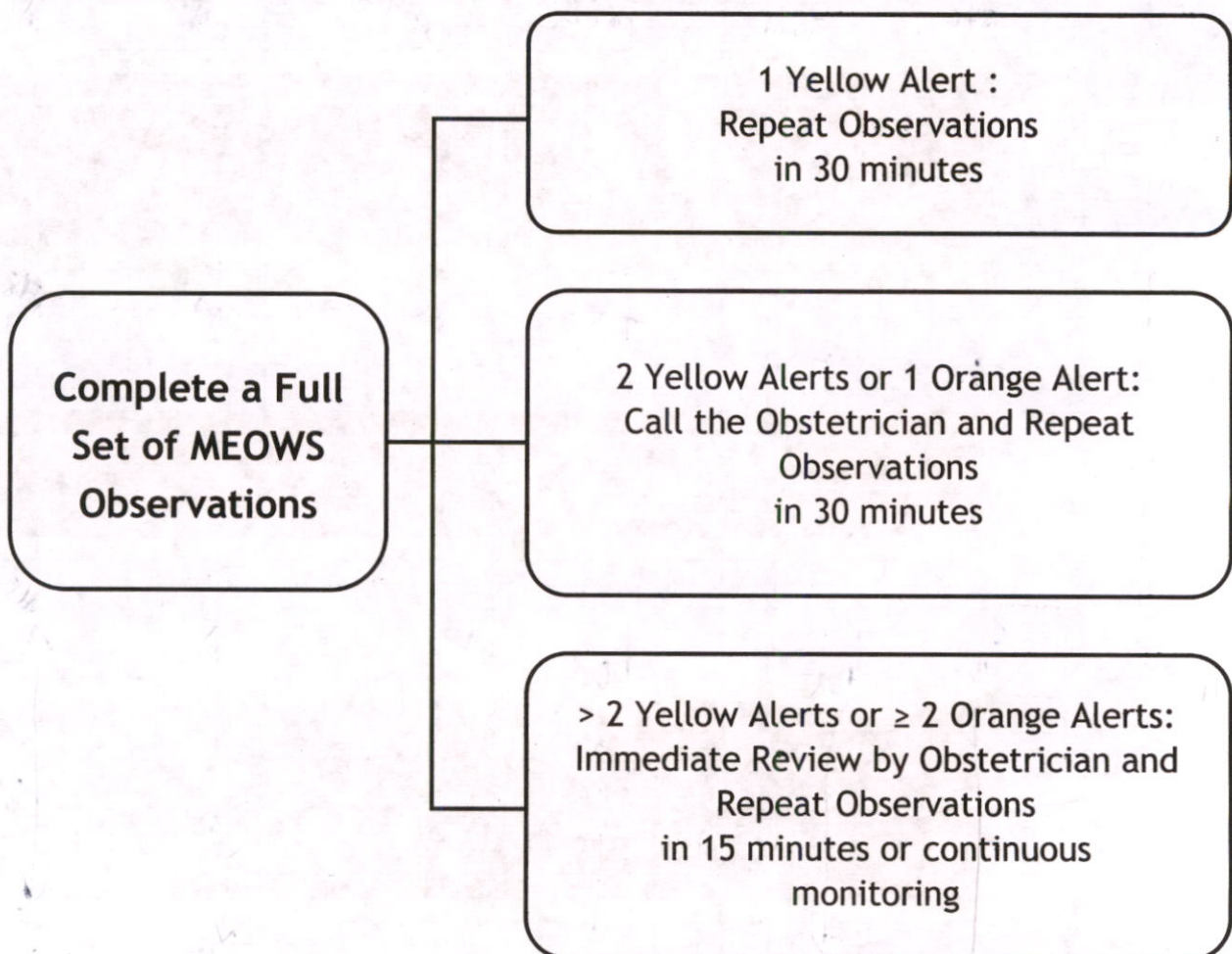
9 781454 714542



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

		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	18				20			-20						22			21						22						
	0 - 10																													
Saturations	94 - 100 %	99				99			99						98			99							98					
	< 94 %																													
Administered O ₂ (L/min.)																														
Temp °C	40																													
	39																													
	38																													
	37	37.0				36.6			36.6						37.5			37.5							36.5					
	36																													
	35																													
	< 35																													
Heart Rate	170																													
	160																													
	150																													
	140																													
	130																													
	120																													
	110																													
	100																													
	90																													
	80																													
	70																													
	60	62			70			75						78					77						78					
	50																													
40																														
↑ Systolic Blood Pressure	190																													
	180																													
	170																													
	160																													
	150																													
	140																													
	130																													
	120																													
	110																													
	100	109			105			110						111					110							115				
	90																													
	80																													
	↓ Diastolic Blood Pressure	130																												
120																														
110																														
100																														
90																														
80																														
70																														
60																														
50																														
40																														
						(73)				(72)				(71)																
NEURO RESPONSE [✓]		Alert	✓				✓			✓						✓			✓							✓				
	Voice																													
	Pain																													
	Unresponsive																													
URINE mls / hour	> 30																													
	< 30																													
Proteinuria	Protein ++	✓				✓			✓						✓			✓							✓					
	Protein > ++																													
Lochia	Normal																													
	Heavy / Foul																													
Liquor	Clear / Pink																													
	Green																													
TOTAL YELLOW SCORES		0			0			0			0			0			0			0					0					
TOTAL ORANGE SCORES		0			0			0			0			0			0			0					0					
Nurse Initial		R			R			R			R			R			R			R					R					

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)



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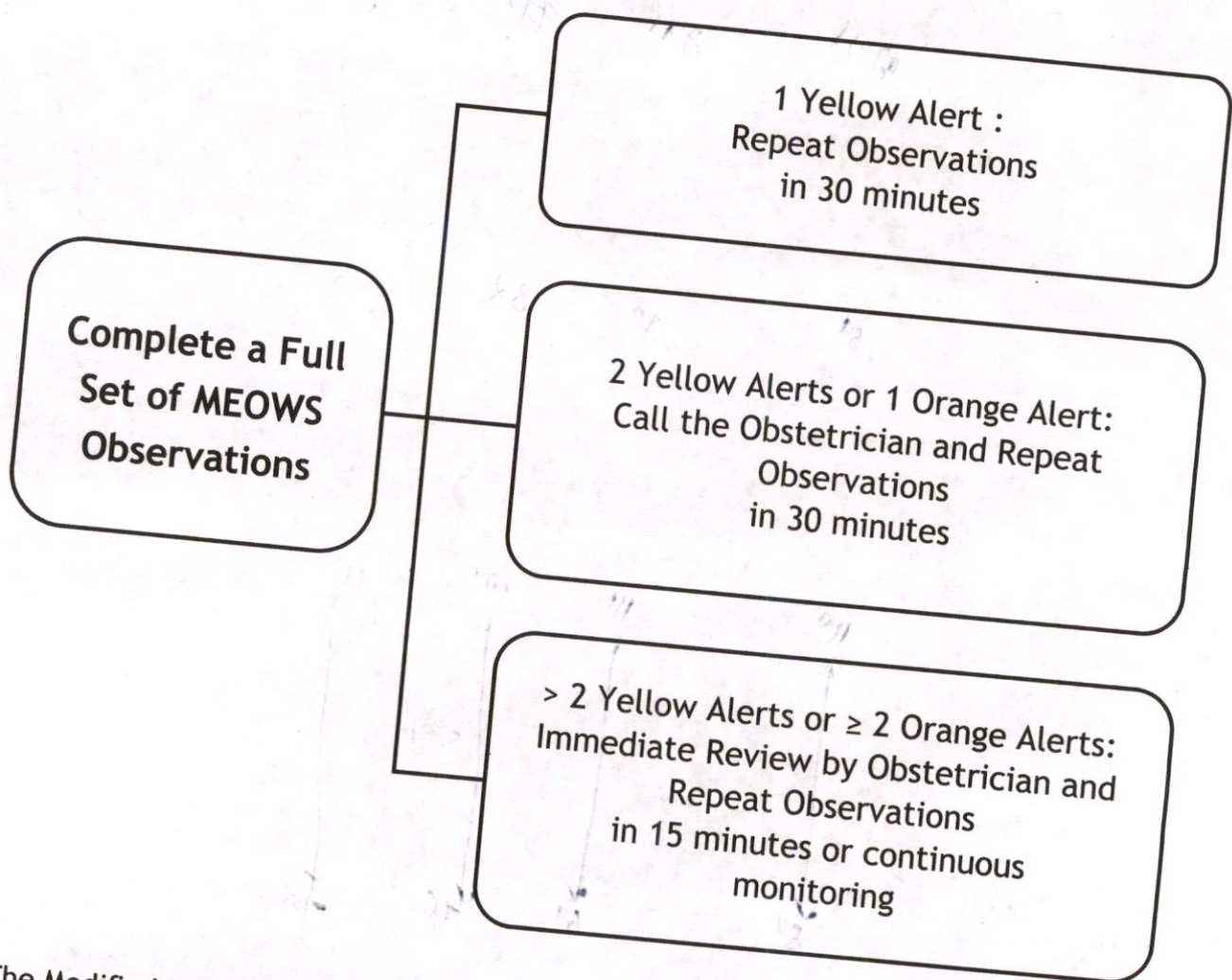


BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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

TRIGGERS ONE ORANGE OR TWO YELLOW SCORES AT ANY ONE TIME																													
		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																												
	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																													

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

4-00648873 IP5-00176175
 NIKITHA GOSWAMI
 01-1998 28 Y 5 M 10 D (F)
 SHRUTHI REDDY/Dr.LAVANYA



FLUID CHART

Rainbow
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BirthRight
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

Sheet No. : 1

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

		Intake				Output					IV Site Thrombo- phlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
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										0	
	09:00 pm										0	
	10:00 pm										0	
	11:00 pm										0	
	12:00 am	RL		500ml							0	
	01:00 am			100ml							0	Lab
Total Intake : 200ml						Total Output : passed						
	02:00 am	RL		100ml							0	
	03:00 am			100ml							0	
	04:00 am	RI NBM		100ml/h							0	
	05:00 am	RI NBM		100ml/h							0	
	06:00 am	RI NBM		100ml/h						600ml	0	Lab
	07:00 am	RI NBM		100ml/h							0	
Total Intake : NBM						Total Output : U - 600ml M - 0						
Total 24 hrs. Intake		NBM										
Total 24 hrs. Output		U - 600ml M - 0										



10/7/26

FLUID CHART

Sheet No. : 2

- 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	↓	N	1420ml						↓	0	By
	09:00 am	↓	B	100ml/hr						100ml	0	By
	10:00 am	↓	M	120ml						100ml	0	By
	11:00 am	↓		120ml							0	
	12:00 pm	↓		120ml						100ml	0	
	01:00 pm	↓		120ml							0	
Total Intake :						Total Output : U=200ml m=0						
	02:00 pm										0	By
	03:00 pm										0	By
	04:00 pm										0	By
	05:00 pm										0	By
	06:00 pm									200ml	0	By
	07:00 pm										0	By
Total Intake :						Total Output : U=200ml m=0						
	08:00 pm										0	By
	09:00 pm									200ml	0	By
	10:00 pm										0	By
	11:00 pm									400ml	0	By
	12:00 am										0	By
	01:00 am										0	By
Total Intake :						Total Output : M=0 U=600ml						
	02:00 am										0	By
	03:00 am									200ml	0	By
	04:00 am										0	By
	05:00 am										0	By
	06:00 am									900ml	0	By
	07:00 am										0	By
Total Intake :						Total Output : M=0 U=1100ml						

Total 24 hrs. Intake

Total 720 Kell/day

Total 24 hrs. Output

M=0 U=200ml



FLUID CHART

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BirthRight
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Your Right to a Safe Delivery

Sheet No. : 3 11/7/26

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

		Intake				Output						IV Site Thrombo-phlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G								
11/7	08:00 am	IV No fluid					NP				0	Sangee	
	09:00 am		H2O							✓	0		Sangee
	10:00 am									✓	0		Sangee
	11:00 am		APPO								0		Sangee
	12:00 pm										0		Sangee
	01:00 pm		H2O								0		Sangee
	Total Intake :							Total Output : m-0					
11/7	02:00 pm	IV No fluid					NP				0	Sangee	
	03:00 pm		H2O							✓	0		Sangee
	04:00 pm									✓	0		Sangee
	05:00 pm		H2O								0		Sangee
	06:00 pm									✓	0		Sangee
	07:00 pm		H2O								0		Sangee
	Total Intake :							Total Output : m-0					
15/7/2024	08:00 pm	IV No fluid					NP				0	Yan	
	09:00 pm		H2O							✓	0		Yan
	10:00 pm									✓	0		Yan
	11:00 pm		H2O								0		Yan
	12:00 am									✓	0		Yan
	01:00 am		H2O								0		Yan
	Total Intake :							Total Output : U-2 m-0					
	02:00 am	IV No fluid					NP				0	Yan	
	03:00 am		H2O							✓	0		Yan
	04:00 am									✓	0		Yan
	05:00 am		H2O								0		Yan
	06:00 am									✓	0		Yan
	07:00 am		H2O								0		Yan
	Total Intake :							Total Output : U-2 m-0					
Total 24 hrs. Intake		H2O				Total 24 hrs. Output		U-9 m					

Patient Sticker

FLUID CHART

Sheet No. :

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

		Intake				Output						IV Site Thrombo- phlebitis Score	Sign. Nurse		
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine					
			Mouth	I.V	N.G										
	08:00 am														
	09:00 am														
	10:00 am														
	11:00 am														
	12:00 pm														
	01:00 pm														
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									

BAH-00648873 IP5-00176175
 Mrs NIKITHA GOSWAMI
 29-01-1998 28 Y 5 M 10 D (F)
 Dr. SHRUTHI REDDY/Dr. LAVANYA

NURSING CARE RECORD

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Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 9/7/26

Assessment: came for Lower Abdominal pain & Anxiety
 for hospitalization.

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
10pm	→ plan for NST	1030 pm	→ NST 3rd hourly done.	→ patient comfortable.
11pm	→ provide comfortable Bed.	1130 pm	→ Provided comfortable Bed	
12Am	→ Preparation.	1230 Am	→ Preparation done.	
3Am	→ Psychological support	130 Am	→ given psychological support	
6Am	→ Administration medication	6Am	→ medication given as per drug chart	
7Am	→ U/O monitoring	8Am	→ U/O monitoring done.	

Re-Assessment: Vitals Stable, U/O 18 gone

Special Notes: w/f excessive bleeding

Nurse Signature: Rajee

Nurse Name: Rajee

Date & Time: 10/7/26 @ 12:00 pm

BAH-00648873 IP5-00176175
 Mrs NIKITHA GOSWAMI
 29-01-1998 28 Y 5 M 11 D (F)
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NURSING CARE RECORD

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Shift: ☒ Morning ☐ Afternoon ☐ Night

Date: 10/7/26

Assessment: Complaints of bleeding

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
8am	* Assess the patient condition.	8:10 am	* Assessment done	patient is
9am	* NBM till 12pm	9:05 am	* Rh is connected to monitor	Comfortable, moving
9:30 am	* Advised to check bleeding	9:35 am	* Bleeding checked manually	dry's output
10:00 am	* Advised Room Shifting	10:10 am	* Room Shifting done	
12pm	* NBM Breeding	12:30 pm	* NBM Breeding	
6pm	* Plan for vital	6:30 pm	* vitals checked & record	
8pm	* Plan for vital	8pm-10pm	* vitals checked & record	

Re-Assessment: Reassessment done Bleeding monitoring

Special Notes: off Bleeding, NBM till 12pm

Nurse Signature: [Signature] Nurse Name: [Signature] Date & Time: 10/7/26

BAH-00648873 IP5-00176175
 Mrs NIKITHA GOSWAMI
 29-01-1998 28 Y 5 M 11 D (F)
 Dr. SHRUTHI REDDY/Dr. LAVANYA

NURSING CARE RECORD

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BirthRight
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 Your Right to a Safe Delivery

Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 10/7/26

Assessment: patient is having discomfort

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
8pm	* Assess the patient condition and vitals check	8:30 pm	* Assessed the patient condition and vitals checked	* now patient condition is stable
10pm	* monitor the IB chart	10:30 pm	* monitored the IB chart	
12pm	* maintain personal hygiene	12:30 pm	* maintained the personal hygiene	
3pm	* Administer medicine as per chart	3:30 pm	* Administer medicine as per chart	
6pm	* ensure safety	6:30 pm	* ensured safety	

Re-Assessment: Assess the patient condition now it is stable

Special Notes: nil

Nurse Signature: [Signature] Nurse Name: [Signature] Date & Time: 10/7/26 @ 9pm

BAH-00648873
Mrs NIKITHA GOSWAMI
29-01-1998 28 Y 5 M 12 D (F)
Dr. SHRUTHI REDDY/Dr. LAVANYA

IP5-00176175



NURSING CARE RECORD

Rainbow Children's Hospital
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BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Shift: ☒ Morning ☒ Afternoon ☐ Night

Date: 11/7/26

Assessment: Patient is having Discomfort

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
8 AM	Assess the patient general condition.	8:30 AM	Assessed the pt general condition	patient is stable
10 AM	monitor vitals	10:30 AM	monitored vitals	
12 PM	Administer medication as per chart	12:30 PM	Administered medication as per chart	
2 PM	maintain I/O chart	2:30 PM	maintained I/O chart	
4 PM	Ambulation.	3:40 PM	Ambulation.	
6 PM	Ensure Safety	6:50 PM	Ensured safety.	

Re-Assessment: Patient is stable

Special Notes: Nil

Nurse Signature: [Signature]

Nurse Name: Sangeetha C 607728

Date & Time: 11/7/26 @ 8 PM



NURSING CARE RECORD

Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 11/7/26

Assessment: Patient is having discomfort

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
8pm	Assess the patient's General condition	8:30pm	Assess the patient's General condition	Now patient is stable
10pm	Administer medication as per chart	10:30pm	Administered medication as per chart	
12am	Monitor fluid balance	12:30am	Monitored fluid balance	
3am	Monitor vital signs	3:30am	Monitored vital signs	
7am	Ensure safety	7:30am	Assess patient	

Re-Assessment: Re-Assessment done every 3rd hourly

Special Notes: nil

Nurse Signature: [Signature]

Nurse Name: Yarnuf @ 60622

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

Patient Sticker

NURSING CARE RECORD

Shift: ☐ Morning ☐ Afternoon ☐ Night

Date:

Assessment:

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:

Special Notes:

Nurse Signature:

Nurse Name:

Date & Time:



NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Dr. Shruthi Reddy Department: 3rd floor Date of Admission: 17/26

SITUATION		Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:						
BACKGROUND	Diagnosis:	G2P1, prev. NVD. 34+3 weeks DCA Twin for observation for delivery						
	Area	3rd floor 3rd floor 3rd floor 3rd floor 3rd floor 3rd floor						
BACKGROUND	Shift Time	8pm-8am 8pm-8am 8pm-8am 8pm-8am 8pm-8am 8pm-8am						
	Medical Condition (Any special condition to be noted):	NA	NA	NA	NA	NA	NA	
ASSESSMENT	Allergy:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	Tubes/Drains/Catheter:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	Vital Signs:	Temp:	98.2F	98.1F	97.6F	97.8F	97.8F	98.1F
		Res:	18b/min	18	19b/min	22b/min	22b/min	24b/min
		SpO ₂ :	99%	99%	99%	98%	98%	100%
		Pulse:	74b/min	62	75	78b/min	78b/min	79b/min
		BP:	116/72	109/67	110/70	121/61	121/69	112/72
	Fall Risk Score:	35	35	35	35	35	35	
Pain Score:	1	0	0	0	0	0		
Recommendations	Safety Needs:	side rail	Yes	Yes	Yes	Yes	Yes	
	Physiotherapy	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	Others Specify:	NA	NA	NA	NA	NA	NA	
	Special Diet:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	Other Special Orders / Medications:	NA	NA	NA	NA	NA	NA	
Post Operative Procedure Special Orders:		NA	NA	NA	NA	NA	NA	
Handed Over By Name :		Darshini	Gayatri	Usha	Sushma	Sangeetha	Manjula	
Signature :		Darshini	Gayatri	Usha	Sushma	Sangeetha	Manjula	
Date:		10/2/26	10/2/26	10/2/26	11/2/26	11/2/26	12/2/26	
Time:		8:00am	10am	8am	8am	8pm	8am	
Taken Over By Name :		Gayatri	Usha	Sushma	Sangeetha	Manjula	Manjula	
Signature :		Gayatri	Usha	Sushma	Sangeetha	Manjula	Manjula	
Date:		10/2/26	10/2/26	10/2/26	11/2/26	11/2/26	12/2/26	
Time:		8am	10:15am	8pm	8pm	8pm	8am	

NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Department: Date of Admission:

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

BRADEN 'Q' SCALE

					Date :	11/7/26		
					Time :	8:30 am		
Mobility	1. Completely immobile: Does not make even slight changes in body or extremity position without assistance.	2. Very limited: Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	3. Slightly limited: Makes frequent through slight changes in body or extremity position independently.	4. No limitations: Makes major and frequent changes in position without assistance.	4	4		
"Activity The degree of physical activity"	1. Bedfast : Confined to bed	2. Chairfast : Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	3. Walks occasionally: Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4		
Sensory Perception	1. Completely limited: Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	2. Very limited: responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	3. Slightly limited: Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	4. No impairment: Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4		
Moisture Degree to which skin is exposed to moisture	1. Constantly moist: Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	2. Very moist: Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	3. Occasionally moist: Skin is occasionally moist, requiring linen change every 12 hours.	4. Rarely moist: Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4		
FRICTION-SHEAR Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	1. Significant problem: Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	2. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	3. Potential problem: Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	4. No apparent problem: Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4		
Nutritional Usual food intake pattern	1. Very Poor: NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	2. Inadequate: Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	3. Adequate: Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	4. Excellent: Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4		
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4		
Severe Risk : less than 9 High Risk : 10-12 Moderate Risk : 13-14 Mild Risk : 15-18 Not at Risk: 19-23					TOTAL SCORE	28	28	
Docu. No. : RCHBH /FRM / CLINICAL / 119					Evaluator's Name	Such	Such	

Risk Score	Category	Action	Support Surfaces (Please Note: Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice)
15-18	At Risk	• Regular Turning Schedule • Enable as much activity as possible • Protect the heels • Use pressure redistribution surfaces • Manage moisture, friction and shear • Advance to a higher level of risk if other major risk factors are present	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
13-14	Moderate Risk	• Use the Same Protocol as for “At Risk” Patients • Position patient at 30 degree lateral incline using foam wedges	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
10-12	High Risk	• Follow the same protocol as for “Moderate Risk” Patients • In addition to regular turning schedule • Make small shifts in their position frequently	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
Less than 9	Severe Risk	• Use same protocol as for “High Risk” Patients • Add a pressure redistribution surface for patients with severe pain or with additional risk factors.	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay

BAH-00648873
Mrs NIKITHA GOSWAMI
29-01-1998
Dr. SHRUTHI REDDY/Dr. LAVANYA
28 Y 5 M 10 D
IP5-00176175
(F)

CHECKLIST FOR THROMBOPHLEBITIS

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

BirthRight[™]
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1 9/7			DAY-2 10/7			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0			0	0	0	0	0	0	0	
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1			0	-	0	-	-	-	-	
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2			0	-	-	-	-	-	-	
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3			0	-	-	-	-	-	-	
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4			0	-	-	-	-	-	-	
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord pyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5			0	-	-	-	-	-	-	
Signature of the Nurse													

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

Signature of Shift In Charge :

Signature : Krath Name : Krath

Signature of Ward In Charge :

Signature : Veena Name : Veena

PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
10/7/26	12:00 Am	0-2	Lower Abdominal pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Antipyrine given	Ref
10/7	4 Am	3	Abdomen pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☒ Dull ☐ Aching ☐ Burning	☒ Increasing ☐ Decreasing	☒ Yes ☐ No	Shifted for 2 hrs	Turne
10/7	6 Am	0/10	NO pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	under observation	Turne
10/7	8 Am	0/10	NO pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	under observation	Turne
10/7	10 am	0/10	NO. pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☒ Burning	☐ Increasing ☒ Decreasing	☒ Yes ☐ No	under observation	Turne
10/7/26	6 Am	0/10	nt	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		Such
10/7/26	8 Am	0/10	nt	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	nt	Such
10/7/26	12 Am	0/10	nt	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	nt	Such
10/7/26	3 Am	0/10	nt	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	nt	Such
10/7/26	6 Am	0/10	nt	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	nt	Such

Re-assessment Frequency:

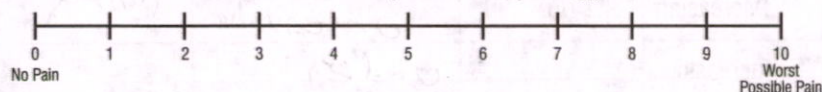
- Every eight hours for all hospitalized patients.
- For post-surgical patients, patients with chronic pain, patient with severe pain:
 - At least every 2 hours for the first 24 hours
 - Then every 4 hours.
 - Prior to pain relieving intervention.
 - Within 30 – 60 minutes after pain relief intervention.

PAIN ASSESSMENT TOOLS

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

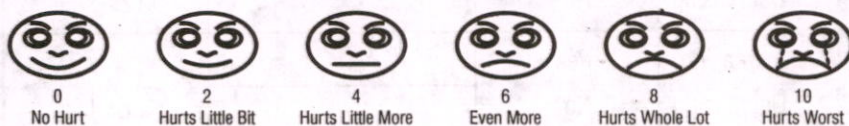
Numerical Pain Scale (Obstetric and Gynecology)



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

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

Wong - Baker (Pediatrics) Above 7 Years



0 No Hurt 2 Hurts Little Bit 4 Hurts Little More 6 Even More 8 Hurts Whole Lot 10 Hurts Worst

PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
11/7	12pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Sangeetha
11/7	6pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Sangeetha
11/7	5pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Yan	Yan
12/7	6am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Yan
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

Re-assessment Frequency:

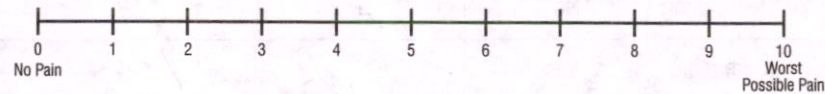
- Every eight hours for all hospitalized patients.
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 - At least every 2 hours for the first 24 hours
 - Then every 4 hours.
 - Prior to pain relieving intervention.
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PAIN ASSESSMENT TOOLS

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Activity	Laying quietly normal position, moves easily	Squirming shifting back and forth, tense	Arched, rigid, or Jerking
Cry	No Cry (Awake or asleep)	Moans or whimpers occasional complaint	Crying steadily, screams or sobs, frequent complaints
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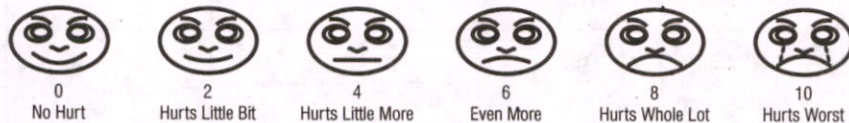
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Wong - Baker (Pediatrics) Above 7 Years



Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	10/7/20	4/7/20		Fall Risk Grading		
		Score	8Am to 8pm	8Am to 8pm		Risk Level	Morse Fall Score (MFS)	Action
History of Falling (immediately or w/in 3 months)	Yes	25						
	No	0						
Secondary Diagnosis (more than one diagnosis)	Yes	15	15	15		Low Risk	0 - 24	Standard Fall Precaution
	No	0						
Ambulatory Aid	Furniture	30						
	Crutches, Cane(S), Walker	15						
	None /Bed Rest /Nurse Assist	0	0	0				
IV / Heparin Lock or Saline	Yes	20				Moderate Risk	25 - 50	Implement Moderate Fall Prevention Intervention
	No	0						
GAIT / Transferring	Impaired	20						
	Weak (uses touch for balance)	10	10	10				
	Normal /On Bed Rest /Immobile	0						
Mental Status	Forgets limitations	15				High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	Oriented to own ability	0						
Total Morse Fall Scale Score:			25	25				
		Signature	Shruti	Shruti				

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

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

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

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

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

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

POST – PARTUM ASSESSMENT FORM – IN-PATIENT

Date: 11/7/26

Chief Complaint: Pain at the suture site

Obstetric/ Birthing History: G2 P2 L3, LSCS, POD -1

Previous Surgical/Medical History: -

Assessment :

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

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

Iv line + / -

Catheter + / -

Postural alignment -

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

On Examination : Breathing pattern – abdominal/ apical/ diaphragmatic

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

Able to initiate Pelvic Floor Activation – ☒ Yes ☐ No

Spl Notes -

Treatment Plan :

☒ Lateral Breathing

☒ Pelvic Floor Activation

☒ Transversus Abdominis Activation

☒ Gluteus Activation

☒ Active Motion for Limbs

☒ Transfer Training & Mobility

☒ Sit to Stand

☒ Monitored Walk

☒ Posture & Ergonomic Education

Signature: T.S.

Name: Dr. Tuhina Sharma (PT)

Date & Time: 11/7/26 4 pm

BAH-00648873 IP5-00176175
 Mrs NIKITHA GOSWAMI
 29-01-1998 28 Y 5 M 10 D (F)
 Dr. SHRUTHI REDDY/Dr. LAVANYA

MULTI-DISCIPLINARY PLAN OF CARE FORM

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

BirthRight
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

Diagnosis:

Date Time	Discipline	Type	Patient Needs / Problem List	Goal	Plan / Intervention	Signature	Team Verification
9/1/22 @ 9 AM	☒ Medical ☐ Nursing ☐ Others:	☒ Initial ☐ Modified ☐ Per-Op ☐ Post Op	clo pain abdomen	obvise.	obvise	[Signature]	☒ Nursing ☐ Others:
9/1/22 @ 5 PM	☐ Medical ☒ Nursing ☐ Others:	☒ Initial ☐ Modified ☐ Per-Op ☐ Post Op	Safety	prevent infection	Antibiotic Given	[Signature]	☐ Medical ☐ Others:
11/7/26 4 pm	☐ Medical ☐ Nursing ☒ Others:	☐ Initial ☐ Modified ☐ Per-Op ☒ Post Op	Post LSCS	Post partum recovery	Deep core retraining & functional training	T.S	☐ Medical ☐ Nursing ☐ Others:
12/1/26 9:40 am	☐ Medical ☐ Nursing ☒ Others:	☐ Initial ☐ Modified ☐ Per-Op ☒ Post Op	POD-2 Em. LSCS	soft diet	Soft High protein diet	[Signature]	☐ Medical ☐ Nursing ☒ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Nursing ☐ Others:

INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

Part - I.

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

Identified Education Needs:

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

Part - II

Date	Time	Need Identified	Information Taught	Use codes from the list in part III					Comments	Designation / Signature
				Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		
9/1/26	10pm	2	Treatment plan	M	1	0	1	1		
9/1/26	5Am	7	Explain about infection control	PT	1	0	1	1		
12/1/26	9:50 am	9	Duration diet	PT	1	0	1	1	-	same

Part - III: CODES

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

PATIENT TRANSFER FORM

Patient Name & UHID No. BAH-00648873 IP5-00176175 Mrs NIKITHA GOSWAMI 29-01-1993 28 Y 5 M 11 D (F) Dr. SHRUTHI REDDY/Dr. LAVANYA 		Date & Time of Admission 10/7/26 11:37 AM	Date & Time of Transfer Order 10/7/26 10 AM
		Transfer Ordered by Dr. Shruthi Reddy	Reason for Transfer Obstetric
From Unit ORB	To Unit Room (305)	Information to Attendant Yes ☒ No ☐	
Number of Sheets in Clinical File 40	Number of Imaging Films NST TWIN - C	Personal belongings including clinical documents. If any handed over to attendant Yes ☒ No ☐ If yes, what ?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.			
2.			
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes ☐ No ☐			
Name & Signature of Person who is Transferring S.S. Suresh		Name of Person Ordered Transfer Dr. Shruthi Reddy	
Patient & Clinical Records Received by : Liceith			
Date & Time of Patient Received : 9:50 AM 10/7/26			

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

☐ Unavailable Bed

☐ Nurse not Available

☐ Available Bed not ready

OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 10/1/26 Time of Arrival: 10:00pm Time Seen by Nurse: 9:40pm

1) Level of Consciousness: ☒ Conscious ☐ Semi-Conscious ☐ Unconscious

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

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

3) Vital Signs: Temperature: 98.2f Pulse: 102 RR: 18 SpO₂: 99% BP: 116/78 Weight: 82kg

4) Gestational Criteria:

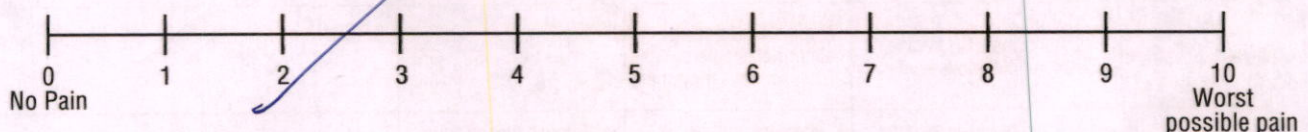
Gravida:	G <u>2</u>	P <u>1</u>	L <u>1</u>	A <u>0</u>
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LMP: 10/11/25 EDD: 15/2/26 Gestational Age: 34+5 weeks

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)



- Location: Lower Abdominal pain
 • Duration: Days / Weeks/ Months (Strike out which is not applicable)
 • Character:
 • Frequency:
 • Interventions:

6) Past History:

- a) Surgeries: None
 b) Medical: None

7) Allergy: ☐ Yes ☒ No, If Yes :

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

9) Prenatal Medical History:

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

Triage Category: (Please tick on the category)

Refer to OBSTETRICAL TRIAGE ACUITY SCALE (OTAS)

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

OBCU Obstetrical Triage Acuity Scale (OTAS)

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

Time seen by Doctor: 10:00pm

Nurse Name : Rafi-ur Nurse Signature: Rafi

Date: 9/7/26 Time: 11:40pm

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 Mrs NIKITHA GOSWAMI
 29-01-1998 28 Y 5 M 11 D (F)
 Dr. SHRUTHI REDDY/Dr. LAVANYA

POST-SURGICAL CARE PLAN FORM

Procedure Done:	Emile + 87
Post-Surgical Diagnosis:	Boo
Post-Operative Monitoring Parameters /Frequency:	Temp, PR, BP, SpO2, Eneq, A ₁
Wound Care:	after 4th.
Drain /Special Lines/Catheters:	1x canula Rleg ②
Special Patient Positioning and Requirements:	Supine 14-16w.
Nutritional Instructions:	Nbm 4-5h.
When to Start Mobilization:	for Foley sensor
Special Referrals:	①
The new order for all required medications documented in the doctor order/medication sheet: ☒ Yes ☐ No	
Any Other Post-Operative Care Needed including Required Follow Up	
Treating Surgeon (Signature & Stamp)	Date: 10/7/20 Time: 6pm
Note: Plan of care will be readjusted if necessary.	

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CAESAREAN SECTION OPERATIVE NOTES

Twin-I Twin-II

Surgeon's Name: Dr. Bhargavi	Date of Delivery: 10/7/26	10/7/26
Assistant Surgeon: Dr. Arshiyar	Time of Delivery: 4:55 PM	4:56 PM
Anaesthetist's Name: Dr. Surya	Gender of Baby: male	male
Type of Anaesthesia: SA	Weight of Baby: \	2.780
Neonatologist: Dr. Rupanjali, Dr. Sowmya	AGPAR Score: 6, 8	7, 9
Scrub Nurse: Sr. Refreshwan	NICU Admission: ☒ Yes	☐ No

Pre-Operative Diagnosis:

G2P1L4 34+3 / Pree NVD / DCD to 1h / In labor for observation / delivery

☐ Elective

☒ Emergency

Indication: DCD to 1h in labor.

Urgency

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

Decision time:

Knife to rectus:

CTG Description:

If there was a delay give the reasons:

Surgical Procedure:

Emergency CS + Bilateral hysterectomy.

Post Operative Diagnosis:

P0D0 / P2L3 / Emb + BT.

Peri-Operative Complications:

~ Haemorrhage. PPH.

Amount of Blood Loss:

~ 1L

Blood Transfused (in ML):

Nil.

Name and Number of Surgical Specimen sent for examination:

Examination Findings when Appropriate:

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

Skin Incision: ☒ Pfannenstiel ☐ Transverse ☐ Midline ☐ Other
Uterine Incision: ☒ Lower Segment ☐ Classical ☐ Inverted T ☐ J Incision
Previous Scar: ☐ Intact ☐ Thinned out ☐ Ruptured ☒ No Scar
Incision Through Placenta: ☒ Yes ☐ No *1st scan → 10 mins and 10 mins*
Delivery of head: ☒ Manual ☒ Forceps
Liquor: ☒ Clear ☐ Meconium: ☐ I ☐ II ☐ III ☐ Blood ☐ Offensive ☐ Not Offensive
Delivery of Placenta: ☒ Manual ☐ CCT ☒ Complete ☐ Incomplete ☐ Piecemeal
Cord Appearance: Cord around the neck: ☒ Yes ☐ No
Appearance of placenta: Cavity explored: ☒ Yes ☐ No
Uterus, tubes and ovaries: ☒ Normal ☐ Not Normal Sterilization: ☒ Yes ☐ No *Major power need*

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

Post-Operative Notes:

CRP
J.
12pm,
10/7/20

NRm 4-5h
Vitals 20%
Dyspnoea
w/ tachycardia
Informed

Doctor Name: R. Ashby Doctor Signature: JDate & Time: 10/7/20, 6pm

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Bhargavi Reddy
 Asst. Surgeon : Dr. Aradhana
 Anaesthetist : Dr. Surya
 Scrub Nurse : Sis. Rajani

Patient Name :
 UHID No. :
 Date : 10

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 Mrs NIKITHA GOSWAMI
 29-01-1998 28 Y 5 M 11 D (F)
 Dr. SHRUTHI REDDY/Dr. LAVANYA



Gender : Female
 Time : 5:30 AM

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Before Induction of Anaesthesia ➤ ➤

SIGN IN		Time: <u>4:30 AM</u>
Patient Has Confirmed		
Identity	☒ Yes ☐ No	
Site	☒ Yes ☐ No	
Procedure	☒ Yes ☐ No	
Consent	☒ Yes ☐ No	
Site Marked	☐ Yes ☐ No ☒ NA	
Anaesthesia Safety Check Completed	☒ Yes ☐ No	
Pulse Oximeter on Patient & Functioning	☒ Yes ☐ No	
Does Patient have a:		
Known Allergy?	☐ Yes ☒ No	
Difficult Airway / Aspiration Risk?		
Yes, & Equipment / Assistance Available	☐ Yes ☒ No	
Risk of > 500ml Blood Loss (7ml/kg In Children)?		
Yes, and Adequate Intravenous Access and Fluids Planned	☒ Yes ☐ No ☐ NA	
Blood Units Reserved	☐ Yes ☒ No ☐ NA	
Has Antibiotic Prophylaxis been given within the last 60 minutes?		
	☐ Yes ☒ No ☐ NA	
Signature : <u>[Signature]</u>		
Name : <u>Dr. K. Sri Surya</u>		

Before Skin Incision ➤ ➤

TIME OUT		Time: <u>4:40 AM</u>
Confirm all team members have introduced themselves by Name and Role		
☒ Yes ☐ No		
Surgeon, Anaesthesia Professional and Nurse Verbally Confirm		
Correct Patient (Check ID Band)	☒ Yes ☐ No	
Correct Site	☐ Yes ☐ No	
Correct Procedure <u>Early</u>	☒ Yes ☐ No	
Anticipated Critical Events		
Surgeon Reviews:		
What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss? <u>45/300</u>		
☒ Yes ☐ No ☐ NA		
Anaesthesia Team Reviews:		
Are There Any Patient-specific Concerns? ☒ Yes ☐ No ☐ NA		
Nursing Team Reviews:		
Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns? ☒ Yes ☐ No ☐ NA		
Is Essential Imaging Displayed?		
☐ Yes ☐ No ☐ NA		
Power Supply, Earthing, Power Backup and functioning of equipment checked.		
☐ Yes ☐ No		
Signature : <u>Sis. Gayathri</u>		
Name : <u>Gayathri</u>		

Before Patient Leaves Operating Room

SIGN OUT		Time: <u>5:15 AM</u>
Nurse Verbally Confirms with the Team:		
The Name of the Procedure Recorded	☒ Yes ☐ No	
That Instrument, Sponge and Needle Counts are Correct (or Not Applicable)	☐ Yes ☐ No ☐ NA	
The Specimen is Labelled (including patient name)	☒ Yes ☐ No ☐ NA	
Whether there are any Equipment Problems to be addressed	☐ Yes ☒ No ☐ NA	
To Surgeon, Anaesthetist and Nurse:		
What are the key concerns for recovery and management of this patient? ☐ Yes ☐ No		
Signature : <u>[Signature]</u>		
Name : <u>Dr. Aradhana</u>		

SURGICAL SAFETY CHECKLIST

Surgeon :
Asst. Surgeon :
Anaesthetist :
Scrub Nurse :

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



Before Induction of Anaesthesia ➤ ➤

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

Before Skin Incision ➤ ➤

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

Before Patient Leaves Operating Room

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

BAH-00648873 IP5-00176175
Mrs NIKITHA GOSWAMI
29-01-1993 28 Y 5 M 11 D (F)
Dr. SHRUTHI REDDY/Dr. LAVANYA

CONSENT FOR ANAESTHESIA

Authorization By: ☒ Patient ☐ Patient Attendant

Operative Procedure: Emergency LSCS [Lower Segment Caesarean Section]
Anaesthesiologist: Dr. Subhramanyam Surgeon: Dr. Shruthi Reddy

Please read this before you consent for Anaesthesia

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

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

- ☐ Heart Disease ☐ Hypertension ☐ Diabetes ☐ Renal Failure ☐ Multi Organ Failure ☐ Hepatic Disorders
☐ Shock ☐ Obesity ☐ Chronic Obstructive Pulmonary Disease
☐ Others post dental puncture headache, shivering, itching, bleeding, PPH

Declaration by Patient Attendant

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

Patient / Patient Attendant:

Signature: [Signature]
Name: Nikitha Goswami
Relationship with patient: Self
Date & Time: 10-7-2026 4:10 AM

Witness:

Signature: [Signature]
Name: SWATHA
Date & Time: 10/7/26 4:10 AM

Doctor (who is taking consent):

Signature: [Signature] Name: Dr. K. S. Sanyal Date 10/7/26 Time: 4:10 AM

అనస్థీషియా కోసం అనుమతి పత్రం

అనుమతి ఇచ్చినవారు: ☐ రోగి ☐ రోగి అటెండెంట్

శస్త్రచికిత్స:

అనస్థీషియా వైద్యుడు: శస్త్రచికిత్స నిపుణుడు:

అనస్థీషియా కోసం మీ అనుమతి ఇవ్వడానికి ముందు దయచేసి ఇది చదవండి

సాధారణ అనస్థీషియా అనేది శస్త్రచికిత్స ముందు రోగిని పూర్తిగా అపస్మాక స్థితిలోకి తీసుకెళ్లే ప్రక్రియ. దీనితో రోగి శస్త్రచికిత్స సమయంలో ఏదీ తెలుసుకోడు, నొప్పి అనుభవించడు. దీనిని శిరస్థావం ద్వారా ఇచ్చే మందులతో లేదా అనస్థీషియా యంత్రం నుండి పీల్చే మందులతో అందిస్తారు.

లిజనల్ అనస్థీషియా అనేది శరీరంలోని ఒక ప్రత్యేక భాగాన్ని లోకల్ అనస్థీషియా నొప్పి రాకుండా చేయడం. శస్త్రచికిత్స లేదా గాయం తరువాత దీర్ఘకాలిక నొప్పి ఉపశమనం కోసం, కాథెటర్లు ఉపయోగించి వీక్ లోకల్ అనస్థీషియా లేదా నార్కోటిక్ మందులను నిరంతరం ఆ భాగానికి అందించవచ్చు.

స్పెసిఫిక్ హై రిస్క్:

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

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

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

☐ ఇతరవి:

రోగి / రోగి అటెండెంట్

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

రోగి / రోగి అటెండెంట్:

సంతకం:

పేరు:

రోగితో సంబంధం:

తేదీ & సమయం:

సాక్షి:

సంతకం:

పేరు:

తేదీ & సమయం:

డాక్టర్ :

సంతకం: పేరు: తేదీ & సమయం:



INFORMED CONSENT FOR SURGICAL SPECIAL PROCEDURE

Patient Name : Mrs. Nikitha Goswami Gender: ☐ Male ☒ Female Age : 28
UHID No : BAH00648873 Date : 10/7/26

Instruction:

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

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

Richter's Tubectomy
upon
(Name of the Patient) Nikitha

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.

Excessive bleeding, Failure chance 1 in 300

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. Shruthi, Dr. Lavanya

Consentee :

Signature : [Signature]
Name : Mrs Nikitha
Date & Time : 10/7/26 @ 5:00 AM

Patient Attendant :

Signature : Vaishali
Name : Vaishali Goswami
Relationship with Patient : Sister in law
Date & Time : 10/7/26 @ 5 AM

Witness :

Signature : TM
Name : [Signature]
Date & Time : 10/7/26 @ 5 AM

Doctor (who is taking the consent) :

Signature : [Signature]
Name : Dr. Arun
Date & Time : 10/7/26, 5:30 AM



INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

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Patient Name : Nikitha Gender: ☐ Male ☒ Female Age : 29 yrs
UHID No : BAH-00648873 Date : 10/7/26

Instruction:

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

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

EMERGENCY LOWER SEGMENT CESAREAN SECTION.
upon
(Name of the Patient) NIKITA

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 Blood transfusion Infection Injury to Bowel loops and Bladder

My signature on this form indicates that

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

Name of the Doctor who is performing the Surgery / Procedure: Dr. Bhargava, Ashritha

Consentee :

Signature : [Signature]
Name : Mrs Nikitha
Date & Time : 10/7/26 @ 5Am

Witness :

Signature : T.M
Name : Tunny
Date & Time : 10/7/26 @ 5Am

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

Patient Attendant :

Signature : Sujatha
Name : Mrs Sujatha
Relationship with Patient :
Date & Time : 10/7/26 @ 5Am

Doctor (who is taking the consent) :

Signature : [Signature]
Name : Dr. Ashritha
Date & Time : 10/7/26 5Am

Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION

BAH-00648873 IP5-00176175
Mrs NIKITHA GOSWAMI
29-01-1993 28 Y 5 M 11 D (F)
Dr. SHRUTHI REDDY/Dr. LAVANYA



i's
little.

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Name: Nikitha Goswami Age: 28y Sex: F UHID.No: BAH-00648873
Date: 10/8/26 Time: 4:00 AM Proposed Operation: Emergency LSCS
Diagnosis: G.P.L. prev NVD 34th weeks GA DCDA twins
B.P / CRT: H.R: Weight: 82 kg ASA Physical Status: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Laboratory Data:

Hgb: <u>11.3</u>	Glucose:	Protein:	HIV: <u>↑ NR</u>	X-Ray:
PCV:	Urea:	Alb:	HBS Ag: <u>NR</u>	ECG:
WBC:	Creat:	Total Bill:	HCV: <u>B positive</u>	2D Echo:
Plate: <u>2.58 lakh</u>	Na:	Dir. Bill:	Blood group: <u>B positive</u>	Stress/Angio:
PT:	K:	LDH:	T3:	Other:
PTT:	Ca++:	Alk phos:	T4:	
INR:	Mg++:	Amylase:	TSH:	
	Cl -:	SGOT/SGPT:		

Allergies: NbDA

Medical History: CVS: Not Significant

RESP: Not Significant

Diabetes: Nil

CNS: Not Significant

Renal: Not Significant

Hepatic / GE: Not Significant

Physical Activity: METS 24

Others: Not Significant

Past Anaesthetic History: -

Physical Exam:

Airway: MP 1 2 3 4

Mouth Opening: adequate

Mentohyoid Distance: 3

Neck: N

Teeth: 1 Artificial fixed / cement both

Lungs: BAED, clear

Heart: S1S2+

CNS: Grossly Intact

Pregnant: ☒ Yes ☐ No ☐ NA

Venous Access Site: 18G

Spine Exam for regional: N

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

Peri-Operative Plan Explained to the Patient: ☒ Yes ☐ No

CURRENT MEDICATIONS	DOSAGE

Pre-Operative Instructions:

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

last meal: 8:00 pm
Liquid: > 1 hr

Signature: [Signature] Name: Dr. S. S. Sanyal

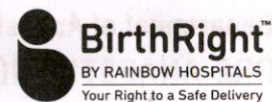
IP5-00176175

Mrs NIKITHA GOSWAMI
29-01-1998 28 Y 5 M 11 D (F)

Dr. SHRUTHI REDDY/Dr.LAVANYA



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Change in Patient Condition:

☐ Yes

☒ No

Fasting Status: Confirmed

Physical Status:

☒ Patient Identified

☒ Consent Present

☒ Chart Reviewed

H.R: 80bpm

B.P / CRT: 100 / 70

SpO2: 98% on R.O

R.R: 14/min

Last Feed: > 6 hrs

Pre-OP Diagnosis:

Operation: Emergency LSC

Date: 10/7/22

Surgeon: Dr. Smith Reddy

Anaesthesiologist: Dr. K. S. Sanyal

Technician: Nilhanth

TIME

5:00

5:15

5:30

5:45

6:00

N2O / AIR / O2 LPM

HALO / SO / SEVO

Drugs:

FIO2 / SaO2

98

97

97

97

98

96

ETCO2

ECG

NR

NR

NR

NR

NR

NR

Temperature

Urine Output

Fluids

Blood

100ml

B.P

V Systolic

A Diastolic

X Mean

• Heart Rate

120

240

220

200

180

Tourniquet on Time

Tourniquet off Time

Throat Pack In

Throat Pack Out

LAB Values

ABG

GRBS

Others

☒ Equipment Checked and Functional

☒ BP

☒ Cuff Site: R.U.L

☐ Art Site:

☒ EKG Lead

☐ Temp Site

☐ FIO2 Monitor

☐ Agent Monitor

☒ Pulse Oximeter

☐ Capnograph

☐ Ventilator

☐ Nerve Stimulator

Position: Supine

☐ Pressure Points Checked

Eye Care:

☐ Oint

☐ Tape

☐ Padding

☒ Awake

Temp:

☐ HME

☐ Cling Film

☐ Hugger's

☐ Other

☒ Fluid Warmer

☐ OH Warmer

☐ Cotton Wool

Times:

Anaes Start: 4:45 AM

OP Start:

OP End:

Leave OR: 5:00 AM

Anaesthesia:

☐ GA

☐ Monitored Anaesthesia Care

☒ Regional

Line (Size & Location)

☐ CVP:

☐ ART:

☒ IV: 18G @ hand

☐ IV:

☐ IV:

Induction

☐ IV

☐ Pre O2

☐ Others

☐ Inhal

☐ RSI

☐ Mask

☐ Airway

☐ Oral

☐ Oral

☐ Tracheostomy

☐ Drug:

☐ SG

☐ SGA

☐ Oral

☐ Nasal

☐ Cuff

☐ Topical

☐ Awake

☐ Video Laryngoscopy

☐ Fiberoptic

☐ Direct Vision

☐ Stylette / Bougie

Blade#

Attempts:

Difficulty Why?

Regional:

☒ Spinal

☐ Epidural

☐ Caudal

Others:

Position: Sitting

Site: L3-L4

Needle Size: 25G

Depth: 3AS

Parasthesia ☐ Yes ☐ No

Catheter at skin cm

Drug Name & Conc: 0.5% Bupivacaine

Bolus: HEAVY 2ml

Infusion: + PENTANYL 25mg

Block Level:

Comments:

Transportation to

☒ PACU

☐ ICU

☐ Other

Relaxant Reversed ☒ Yes ☐ No ☐ NA

Name of the Doctor: Dr. K. S. Sanyal

Signature of the Doctor: [Signature]

BAH-00648873 IP5-00176175
Mrs NIKITHA GOSWAMI
29-01-1998 28 Y 5 M 11 D (F)
Dr. SHRUTHI REDDY/Dr. LAVANYA

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ANESTHESIA CARE UNIT RECORD

Received in PACU by: Rayerhuari Time Received: 6 AM Time Discharged: 6:30 AM

250 240 230 220 210 200 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50 40 30 20 10 0 SPO ₂	250 240 230 220 210 200 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50 40 30 20 10 0	IV Cannula Site: <u>yes</u> ☐ O ₂ Mask ☐ Nasal Prongs ☐ Tracheostomy ☐ T-Piece ☐ Oral Airway ☐ Nasal Airway
		Vomiting: ☐ Yes ☒ No NG Tube: ☐ Yes ☒ No Drain: ☐ Yes ☒ No Urinary Catheter: ☒ Yes ☐ No Chest Tube: ☐ Yes ☒ No Nil Oral ☒ Yes ☐ No IV Fluids: <u>ongoing</u> Oral Feeds: <u>Nil</u>

POST ANAESTHESIA SCORE (Modified Aldrete Score)			IN	MINUTES			OUT	SCORING INTERPRETATION
				30	60	90		
Able to move 4 extremities voluntary or on command	= 2	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 move 2 extremities voluntary or on command	= 1							
Able to move 0 extremities voluntary or on command	= 0							
Able to deep breathe & cough freely	= 2	RESPIRATION	2	2	2			
Dyspnea or limited breathing	= 1							
Apneic	= 0							
BP $\pm$ 20 of Pre Anaesthetic level	= 2	CIRCULATION	2	2	2			
BP $\pm$ 20-50 of Pre Anaesthetic level	= 1							
BP $\pm$ 50 of Pre Anaesthetic level	= 0							
Fully awake	= 2	CONSCIOUSNESS	2	2	2			
Arousable on calling	= 1							
Not responding	= 0							
Pink	= 2	COLOR	2	2	2			
Pale, dusky, blotchy, jaundiced, other	= 1							
Cyanotic	= 0							
TOTAL			9	9	10	10		

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
10/7	6 AM	0	NA	Tunny
10/7	8 AM	0	NA	Tunny

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

Anaesthesiologist Name: Dr. K. SRIRAMYA

Anaesthesiologist Signature: [Signature]

Date & Time: 10/7/26 6 AM

PACU Nurse Name: Tunny

PACU Nurse Signature: [Signature]

Date & Time: 10/7/26 @ 6 AM

Reassessment Frequency:

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

Transferred to Unit by (PACU): ORL

Date & Time: 10/7/26 @ 6 AM

Patient Sticker

Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

Date: Time: Procedure done by

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

Depth: Catheter at Skin: Attempts :

Parasthesia : Yes/No if yes details :

Solution Composition :

Any other issues :

a)

b)

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

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

Catheter Removed by and Tip Inspected :

Patient Satisfaction :

Discharge /Shifting ordered by

Doctor Signature:

Doctor Name:

Date and Time :

BAH-00648873
Mrs NIKITHA GOSWAMI IPS-00176175
29-01-1998 28 Y 5 M 10 D
Dr. SHRUTHI REDDY/Dr. LAVANYA (F)



URINARY CATHETER BUNDLE CHECK LIST

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Date of Insertion:

10/11/26

Date of Removal:

10/17/26

Parameters	Date	Shift Time						
Need for the Catheter	10/11/26	4 A-5 A	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Hand Hygiene	10/11/26	4 A-5 A	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Usage of Sterile Equipment	10/11/26	4 A-5 A	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is the Collection bag below the level of bladder	10/11/26	4 A-5 A	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Check the Tube for Obstruction (Free of Kinking)	10/11/26	4 A-5 A	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is Catheter dated as policy	10/11/26	4 A-5 A	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Collecting bag is been emptied regularly?	10/11/26	4 A-5 A	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Maintenance of closed system for the catheter	10/11/26	4 A-5 A	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Dressing clean and dry?	10/11/26	4 A-5 A	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is the line removed as Policy?	10/11/26	4 A-5 A	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Performance of Perineal Care	10/11/26	4 A-5 A	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Onset of New Fever	10/11/26	4 A-5 A	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Asses for the leakage at the site of insertion	10/11/26	4 A-5 A	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Name of the Nurse	10/11/26	4 A-5 A	Rajesh	Shruthi				
Signature of the Nurse	10/11/26	4 A-5 A	[Signature]	[Signature]				

BAH-00648873 IP5-00176175
Mrs NIKITHA GOSWAMI
29-01-1998 28 Y 5 M 13 D (F)
Dr. SHRUTHI REDDY/Dr. LAVANYA



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NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 12/7/26 Time: 9am

Origin: Indian Height: 155cm Weight: 68kg's BMI: 26kg/m²

Food Allergies: No

Diagnosis: POD-2 / Em LSCS (emergency lower segment cesarian section)

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

Diet Advised:

soft High protein diet
include plenty of oral liquids
avoid spicy, chilled and outside foods

Patient's / Attendant's

Dietician's

Signature: _____

Signature: Same

Name: Nikitha

Name: SAJMA

Date & Time: 12/7/26
9:40am

Date & Time: 12/7/26
9:30am

DIETARY NOTES[illegible]