Name	Mrs YUVARANI	**UHID**	VIH-00200339
Father/Guardian	Mr LAVA KUMAR PAKA	**Age/Gender**	35 Y 6 M 12 D/Female
Address	12-11-1025/2, warisguda, Padmarao Nagar, Hyderabad, Telangana, INDIA, 500061		
IP No	IP-00060834	**Admission Date**	24-07-2026
Ref Doctor	DR.BHAVANA K	**Discharge Date**	27-07-2026

DISCHARGE SUMMARY

Consultant: Dr. BHAVANA K, CONSULTANT GYNECOLOGIST & OBSTETRICIAN

Diagnosis: Primigravida with 35+6 weeks with Hypothyroidism with Small for gestational age baby with Oligohydramnios with Increased uterine artery doppler resistance with Thick placenta with Increased BP readings with suspicious NST for Steroid coverage / Observation.

EMERGENCY LSCS DONE UNDER SPINAL ANESTHESIA ON 25.07.2026

History:
LMP: 09.11.2025
Obstetric formula: Primigravida
EDD: 22.08.2026
Gestation at admission: 35+6 weeks

Obstetric History:
G1 : Present pregnancy, Spontaneous conception.

Medical History: Hypothyroid since 5 months prior conception.
Family History: Mother - HTN
Surgical History: Nil
Allergies: Nil

Name	Mrs YUVARANI	**UHID**	VIH-00200339

Antenatal Details: Mrs. YUVARANI was booked to Rainbow Hospital since conception. She had regular antenatal checkups and investigations as advised. She was diagnosed with Hypothyroidism since conception & is on Tab Thyroxine 150mcg. She is on Tablet Ecospirin 150mg since 20 weeks. Patient came for regular ANC to OPD and BP was 149/90mmhg, Urine albumin + and NST suspicious. She was admitted at 35+6 weeks with Hypothyroidism with Small for gestational age baby with Increased uterine artery doppler resistance with Oligohydramnios with Thick placenta with Increased BP readings with suspicious NST for Steroid coverage / Observation.

Investigations: Enclosed
Blood Group - **'O' POSITIVE**

Management: Patient came for Regular ANC to OPD and BP was 149/90mmhg, Urine albumin + and NST suspicious. On admission her vitals were stable. CBP, CUE, Urine c/s, LFT, Blood urea, Serum uric acid, Serum creatinine, Serum electrolytes, LDH, PT, APTT, INR were sent. Two doses of Inj Betnesol 12mg given after checking GRBS. BP charting 2nd hourly, NST 4th hourly done. Growth scan done on 24.07.2026 showed SLIUF, 35+6 weeks, cephalic, placenta - posterior & high, AFI - 9.6cm, AC - 5%, EFW - 10% (SGA), Uterine artery doppler showed increased resistance, Thick placenta. FHR drop was observed, Left lateral position, Oxygen given, Continuous NST done. Patient and attenders have been explained regarding Non-reassuring NST and risk of continuing with vaginal delivery and need for Emergency LSCS and they opted to emergency LSCS.

She was decided for emergency C-section in view of Non-reassuring NST, prepared with indwelling Foley's catheter and IV cannula under aseptic conditions. Written informed consent for surgery taken. Preanesthetic check up done. Anesthetic premedication (IV Pantop and Perinorm) given. Antibiotic prophylaxis with Inj. Taxim 1 gm IV given. Patient shifted to theatre.

Surgery Notes: Operative Details:
Under spinal anesthesia she was painted and draped as per hospital protocol. Abdomen opened in layers. The parietal and visceral peritoneum carefully opened after identifying the urachus. Bladder was reflected. A lower segment curvilinear incision given on the uterus, clear Liquor seen. Baby delivered. Cord clamped and cut and cord blood collected for blood grouping and Rh typing. Baby handed over to pediatrician. Placenta delivered with controlled cord traction and sent for HPE. Uterus closed in layers. Hemostasis secured. Instruments and swab count checked. Rectus sheath closed. Skin closed with subcuticular sutures. Wound dressing done. Vagina cleaned with Betadine solution after expelling clots. Misoprostol 600 mcg given per rectum as prophylaxis against postpartum hemorrhage. Patient was shifted out of theatre to post operative recovery room.

Delivery Details:
Date: 25.07.2026
Time of Delivery: 9:55:53 AM
Type of Delivery: Emergency LSCS
Indication: Non reassuring NST.
Analgesia: Spinal

Baby Details:
Date: 25.07.2026
Time: 9:55:53 AM
Sex: Female
Weight: 2.093kg
Apgar: 7/10, 8/10
Gestational Age: 35+6 weeks
NICU Admission: Yes

Name	Mrs YUVARANI	UHID	VIH-00200339

Post-Operative Notes: Post Operative Period:

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

Advice:

1. Tab. Taxim-O 200mg (Cefixime-200mg) twice daily till 31.07.2026 (9am-9pm) after food.
2. Tab. Calpol 500mg (2tabs) (Paracetamol 500mg) thrice daily till 31.07.2026 (9am-2pm-9pm) after food.
3. Tab. Voveran 50 mg (Diclofenac 50mg) thrice daily till 31.07.2026 (10am-4pm-10pm) after food.
4. Tab. Pantoprazole 40 mg once daily till 31.07.2026 (7am) before food.
5. Tab. Livogen (Elemental Iron - 50mg, folic acid 1.5mg) once daily (7am) for three months before breakfast.
6. Tab. Shelcal (Elemental Calcium 500mg, Vitamin D3 250 IU) 1 tablet once daily (2pm) till breastfeeding after food.
7. Tab. Nicardia 10mg thrice daily (7am-3pm-11pm) after food till further orders.
8. Continue Tab. Thyroxine 150mcg once daily on empty stomach till further orders.
9. Home BP monitoring.
10. Review SOS if BP>140/90mmHg, Nausea, vomiting, headache, blurring of vision, Epigastric pain, Pain abdomen.
11. Inj Enoxaparin 40mg once daily subcutaneously till 27.7.2026.
12. Nebasulf powder for local application.
13. Repeat TSH after 6 weeks and review with reports.
14. Collect Placental HPE reports after 2 weeks.
15. HPV vaccine after 6 weeks of delivery.

Review after 3 days on 30.07.2026 at postnatal clinic with prior appointment (This consultation will be charged).

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

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

For Women Who Have Had a Cesarean Section

Care of the wound:

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

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

Name	Mrs YUVARANI	**UHID**	VIH-00200339

Name:

Relationship: Husband

Signature:

This summary was explained by:
Summary prepared by: Dr.

Registrar/Resident/C.M.O

Dr. BHAVANA K
MBBS, DNB, FMAS, PGDMLE (NLSIU), MRCOG (UK),
CONSULTANT GYNECOLOGIST & OBSTETRICIAN
54774

(1)

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ACTIVIT' ...NG

VIH-00200339 IP-00060834
Mrs YUVARANI
13-01-1991 35 Y 6 M 11 D (F)
Dr. BHAVANA K

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

UHID No : ---------- Consultant : Dr. Bhavana. K Dept : ----------

Date of Admission : 24/7/26 Time : 12:18PM Date of Discharge : ---------- Time: ----------

Room / Bed No : L&W 219 Ward : L&W Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
24/7/26	9:28AM	L&W	OT	
25/7/26	11am	OT	MICU	
25/7/26	6pm	MICU	Room (102)	

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Sign
24/7/26	CBP, CUE, Urine C/S		
24/7/26	electrolytes, urea,		
24/7/26	uric acid, creatinine	V126025036	Teju
24/7/26	LFT, LDH, PT/APTT		
24/7/26	Growth Scan	R26-012019	[illegible]
24/7/26	GRBS at: 11:55AM 126mg/dl		[illegible]
24/7/26	NST at - 2:00PM (1)	R26-012035	[illegible]
24/7/26	NST at: 6:30PM (2)	R26-012026	[illegible]
24/7/26	NST at: 10:30 pm (3)	R26-012027	
24/7/26	NST at: 2:30 Am (4)	R26-012028	
25/7/26	NST at: 6:30 Am - (5)	R26-012029	Rani
25/7/26	NST at 7:10 Am - (6)	R26-012114	[illegible]
25/7/26	placenta histopathology	V126025159	Sheeba
Crossed	checked by Teju	25/7/26 at: 5:40PM	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
25/7/26	Infusion pump	7:00 Am	5:00PM	9-3106393	Tusu
25/7/26	Cardiac pump	11am	5:00PM		
cw08882	Checked	by	Tusu 25	/7/26 at	5:00 Pm

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
24/7/26	IV placement	1	3105805	[illegible]
25/7/26	Catheterization	(1)	3106339	[illegible]
x/7/26	PAC	1	3106338	[illegible]
crossed	checked by	[illegible]	25/7/26 at : 5:30pm	

ANY OTHER INFORMATION

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

VIH-00200339 IP-00060834
Mrs YUVARANI
13-01-1991 35 Y 6 M 12 D (F)
Dr. BHAVANA K

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SURGERY DETAILS

Date : 25/7/26

Patient Name: Mrs. YUVARANI Date of Birth: 13/01/1991 Age: 35 yrs.

Gender: FEMALE Ward : OT UHID No.: 200339

Date of Surgery: 25/7/26 ☐ OT -1 ☒ OT -2 ☐ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : EMERGENCY LOWER SEGMENT CESAREAN SECTION

Time in : 9.45 Am Time Out : 10.45 Am

		NAME	AMOUNT
1.	Surgeon	: Dr. Bhavana .K.	OT charges
2.	Anaesthetist	: Dr. madhav.	
3.	Assistant Surgeon	: Dr. Soumya / Dr. Nausheen / Dr. Greeshma	
4.	OT Technician	: Br. Ajay	
5.	Circulating Nurse	: Sr. Rasia / Br. Ratan.	
6.	Assistant Nurse	: Sr. Ruby. P	

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

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 3106108 / 3106109 Order by: .....

DEFICIENCY CHECK LIST OF MEDICAL CASE SHEET

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VIH-00200339 IP-00060834
Mrs YUVARANI
13-01-1991 35 Y 6 M 13 D (F)
Dr. BHAVANA K

Patient Name :

IP.No:

Ward:

DOA:

Sl.No	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission Sheet	02	–	–	
2	Discharge Summary	02	–	–	
3	Nursing Initial assessment form	02	–	–	
4	Patient Trasfer Forms	03	–	–	
5	In-patient Medical Record				
6	Doctors Progress Sheets	04	–	–	
7	Nurses Progress notes	03	–	–	
8	Consultation Sheets				
9	General Consent for Treatment	01	–	–	
	Conset for Surgery				
	Consent for Blood Transfusion				
12	Consent forChemotherapy				
13	Consent for High Risk				
14	Consent for Restraint				
15	DAMA Consent				
16	Consent for Special Procedure surgery	01	–	–	
17	Consent for Radiological Investigations				
18	Consent for HIV Test				
19	Anaesthesia consent form				
20	Anaesthesia notes(Pre Anaesthesia & Post)	03	–	–	
21	Pre Operative checklist	01	–	–	
22	Surgical safety Checklist	01	–	–	
23	Operation Theatre notes				
24	Nurses Clinical Presentation				
25	TPR & BP chart	03	–	–	
	Intake and Output chart (fluid Chart)	02	–	–	
	Drug Chart (Regular prescription)	05	–	–	
28	Daily Investigation sheet				
29	Investigation Values (Result Sheet)	01	–	–	
30	Nebulization Chart				
31	Diabetic chart				
32	Nutritional Review chart	01	–	–	
33	MLC form (in case of MLC)				
34	Patient Education Form				
	Thrombophalbitis	01	–	–	
	Broaden Scale	02	–	–	
	Pain assessment	02	–	–	
	Medication Reconcilation form	02	–	–	
	others pages	12	–	–	
	Total No. of Pages	54			

received by Subhasini 27/12/26 @ 5AM

Signature and Date :

ERROR LOG

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

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

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

ADMISSION SHEET

Registration Details :

Admission No : IP-00060834 **Admit Date** : 24-Jul-2026 **Admit Time** : 12:18 PM **UHID** : VIH-00200339

Patient Details :

Patient Name	: Mrs YUVARANI	**Age**	: 35 Y 6 M 11 D
Guardian	: Mr LAVA KUMAR PAKA	**DOB**	: 13-01-1991
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 12-11-1025/2, warisguda Padmarao Nagar Hyderabad Telangana INDIA 500061	**Phone No**	: 8712760570/ 6302542096
		E-mail	: na@gmail.com

Admission Details :

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

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

Contact Details :

Name : Mr LAVA KUMAR PAKA **Relationship** : Husband

Contact Address : 12-11-1025/2, warisguda Padmarao Nagar Hyderabad Telangana INDIA 500061 **Phone No** : 8712760570

Signature

Doctor Details :

Doctor Name : Dr. BHAVANA K **Specialisation** : OBSTETRICS AND GYNECOLOGY

Referral Doctor : DR.BHAVANA K **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash **Payor Name** : SELFPAY

PATIENT TRANSFER FORM

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VIH-00200339 IP-00060834
Mrs YUVARANI
13-01-1991 35 Y 6 M 11 D (F)
Dr. BHAVANA K

Date & Time of Admission	Date & Time of Transfer Order
24/7/26 @12:18PM	25/7/26 @ 5:45 pm

Treating Consultant Name	Transfer Ordered by	Reason for Transfer
Dr. Bhavana. k	Dr. Bhavana. K	Observation

From Unit	To Unit	Information to Attendant
MICU	Room(102)	Yes ☑ No ☐

Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant
45	- 6 -	Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Saral - (1) underpad - (1)	
2.	Tab. pan - 15	
3.	Tab. Paracetol - 10	
4.	Tab. Diclo - 10	
5.	Tab. pcm - 11	

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

Dr. Nikhita

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sis. Meghna	Dr Bhavana. K
Patient & Clinical Records Received by :	Dr Bernika
Date & Time of Patient Received :	25/7/26 @ 6pm

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

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

VIH-00200339 IP-00060834
Mrs YUVARANI
13-01-1991 35 Y 6 M 11 D (F)
Dr. BHAVANA K

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OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 24/2/26 Time of Arrival: 12:15 PM Time Seen by Nurse: 12:15 PM

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: observation

3) **Vital Signs:** Temperature: 36.5°C Pulse: 86 bpm RR: 19/min SpO₂: 99%. BP: 118/78 mmHg Weight: 78 kg

4) **Gestational Criteria:**

Gravida:	G primi	P —	L —	A —

LMP: 9/11/25 EDD: 22/8/26 Gestational Age: 35+6 weeks

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

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

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

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

6) **Past History:**

a) Surgeries: —
b) Medical: Hypothyroid since 5 months, T. Thyronorm 12.5mcg, L-Arginine sachet – TID, P. Ecospirin 150mg OD

Docu. No. : RCH /FRM / CLINICAL / 098 (P.T.O.)

VH-00200339 IP-00060834
Mrs YUVARANI
13-01-1991 35 Y 6 M 11 D (F)
Dr. BHAVANA K

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

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

9) **Prenatal Medical History:**

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

Triage Category: (Please tick on the category)

Refer to OBSTETRICAL TRIAGE ACUITY SCALE (OTAS)

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

OBCU Obstetrical Triage Acuity Scale (OTAS)

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

Time seen by Doctor: 2PM

Nurse Name : Adithya Nurse Signature:

Date: 24/7/20 Time: 12:15PM

VIH-00200339
Mrs YUVARANI
13-01-1991
Dr. BHAVANA K
IP-00060834
35 Y 6 M 11 D (F)

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OBSTETRICS / GYNECOLOGY
NURSING INITIAL ASSESSMENT FORM

Date of Admission: 24/2/26

Baseline Information:

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

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

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

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

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

If yes, identify .....

Chief Complaints: observation

Doctor Notified on Admission: ☑ Yes ☐ No

Name of the Doctor: Dr. Sreeshma

Time Notified: 2pm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
Hypothyroidism 5 years T. Thyroxine 150mcg OD h. Arginine sachets TID T. Ecosprin 150mg OD	Nil	yes

Gynecology Assessment: ☐ Not Applicable

Menstrual History: .....

.....

Onset of Menarche: .....

Menstrual Cycle: ☑ Regular ☐ Irregular

Last Menstrual Period: 9/11/25

Gynecology Surgical History:

Caesarean Section: ☑ No ☐ Yes

Cervical Cerclage: ☑ No ☐ Yes

Ectopic Pregnancy: ☑ No ☐ Yes

Myomectomy: ☑ No ☐ Yes

Others: _____

Gynecological History:

Contraceptives: ☑ No ☐ Yes

Vaginal Discharge: ☑ No ☐ Yes

Post-Coital Bleeding: ☑ No ☐ Yes

Infertility: ☑ No ☐ Yes

If Yes Type: ☐ Primary ☐ Secondary

Obstetric History: G ..... P ..... L ..... A .....

Previous LSCS: .....

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

Family History: ☐ No Abnormalities Detected

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

☐ Liver disease ☐ Other .....

Vital Signs / Measurements: Temp: 36.6C HR: 74/pm RR: 18/min

BP: 110/76 mmHg Weight: 58kg Height: 160 cms BMI: .....

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

VIH-00200339 IP-00060834
Mrs YUVARANI
13-01-1991 35 Y 6 M 11 D (F)
Dr. BHAVANA K

PHYSICAL ASSESSMENT

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

Fall Assessment: ☐ Yes ☐ No Score 75 (complete the Morse Fall Risk Assessment Sheet)

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

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

☐ Mobility problem ☐ Walking Problem ☑ No Abnormality Detected

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING: ☐ No Abnormality Detected

☐ Overweight ☐ Poor Appetite > 3 Days ☐ Needs Therapeutic Diet.

☐ Under Weight ☐ Diabetes Mellitus ☐ Hyperemesis Gravidarum

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

☑ Calm & Cooperative ☐ Restless ☐ Depressed ☐ Agitated ☐ Confused

☐ Others .....

Inform consultant for positive criteria

SOCIAL SCREENING:

1. **Marital Status:** ☐ Single ☑ Married ☐ Divorced ☐ Widow
2. **Special Habits:** **Smoker:** ☐ Yes ☑ No **Alcohol Abuse:** ☐ Yes ☑ No **Drug Abuse:** ☐ Yes ☑ No

Social History: Lives With Family

Orientation has been given regarding the following aspects:

Call Bell in Reach : ☐ Yes ☑ No Waste Disposal Explained: ☑ Yes ☐ No

Infusion Pump : ☑ Yes ☐ No Hand Hygiene Explained: ☑ Yes ☐ No ☐ Others

Above information given to Mrs. yuvarani

Name of Person Orientation was given to: Mrs. yuvarani

Orientation not given Reason: .....

Nurse Signature: .....

Nurse Name: Vidhya

Date & Time: 24/7/26 @ 12:20 PM

PATIENT TRANSFER FORM

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VIH-00200339 IP-00060834 Mrs YUVARANI 13-01-1991 35 Y 6 M 12 D (F) Dr. BHAVANA K	Date & Time of Admission 24/7/26 at:-	Date & Time of Transfer Order 25/7/26 at:- 9:28 AM
	Transfer Ordered by DR. Rajani	Reason for Transfer EM-LSCS
From Unit L/W	To Unit OT	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 34	Number of Imaging Films NST	Personal belongings including clinical documents. If any handed over to attendant Yes ☑ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

DR. Rajani

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sig. TEJA	DR. Rajani
Patient & Clinical Records Received by :	maid 25/7/26 @ 9:28AM
Date & Time of Patient Received :	

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

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

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
VIH-00200339 IP-00060834 Mrs YUVARANI 13-01-1991 35 Y 6 M 12 D (F) Dr. BHAVANA K	24/7/2026 @ 12:18pm	25/7/26 @ 10:55 AM
	Transfer Ordered by Dr. Bommda	Reason for Transfer Post Op Care
From Unit OT	To Unit MICU	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Dr. Maria	Dr. Bommda.

Patient & Clinical Records Received by : Prathyusha

Date & Time of Patient Received : 25/7/26 @ 10:55 Am

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

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

VIH-00200339 IP-00060834
Mrs YUVARANI
13-01-1991 35 Y 6 M 11 D (F)
Dr. BHAVANA K

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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints
Came for regular ANC to OP
BP - 144/90mmHg, Alb (+).
NST - 6 suspicious.

Obstetric Formula: Primigravida
ML - 1½ yrs; NEM

Obstetric History:
G1 - PP, Spontaneous conception

Present Pregnancy Record: Booked to RCH since conception. She was diagnosed c hypothyroidism since conception & is on THYROXINE 150mcg. She was on T. Ecosprin 150mg since 20 weeks.

LMP: 9/11/25 EDD:
Corrected EDD: 22/8/26 GA: 35+6 weeks
Menstrual History: Regular : ☑ Yes ☐ No

Obstetric Examination

Fundal Height: ~ 35 wks
Ut. Activity: ☑ Relaxed ☐ Mild ☐ Mod ☐ Severe
Liquor: ☑ Adequate ☐ Oligo ☐ Poly
PP: ☑ Cephalic ☐ Breech Others _____
Head Fifths Palpable: _____
FHS: ☑ Normal ☐ Tachy ☐ Brady ☐ Absent
(+) 149 bpm

RISK FACTORS:
- suspicious NST.
- ↑ BP readings.
- Hypothyroidism (150)
- Anti-TPO Positive
- Thick Placenta.
- Echogenic bowel
- SGA baby (10th centile) AC - 5%

Per Speculum Examination Not done
Draining: ☐ Present ☐ Absent ☐ Bleeding
Colour of Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Vaginal Examination Not done.
Cervix: ☐ Long ☐ Partially effaced ☐ Effaced
Os: Closed _____ Dilated _____
Membranes: ☐ Present ☐ Absent
Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained
Presenting Part: ☐ Vertex ☐ Breech ☐ Others
Sutton: ☐ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2
Pelvis: ☐ Adequate ☐ Doubtful

Height: 160 cm
Weight: 78 kg
Allergies: NIL
Breast: ☑ Normal ☐ Abnormal

General Examination:
Consciousness: Clear Pallor: (-)
Icterus: (-) Edema: (-)
Temp: Afebrile PR: 79 bpm
BP: 118/76 mmHg DTR: (+)
CVS: S1S2 (+) RS BAE (+)
Liver/Spleen: (N) Urine Output: Adequate.

DIAGNOSIS
Primigravida with 35+6 weeks with Hypothyroidism with Small for Gestational Age baby with Increased Uterine Artery Dopplers resistance with Thick Placenta c ↑ BP readings c suspicious NST c oligohydramnios for steroid coverage / Observation.

VIH-00200339 IP-00060834
Mrs YUVARANI
13-01-1991 35 Y 6 M 11 D (F)
Dr. BHAVANA K

Family History:

Mother - HTN.

Surgical History:

NIL.

Medical History:

Hypothyroid since 5 months prior conception

Medication History:

- T. THYROXINE 150 mcg OD.
- L-ARGININE SACHETS - TID.
- T. ECOSPIRIN 150 mg OD.

Plan of Care: cl I to Dr. Bhavana Mam

- Admission
- NBM
- ~~Consent~~ Send CBP, CUE, U/Urea, LFT, Blood Urea, S.Uric acid, S.Creatinine, S.Electrolytes, LDH, PT, APTT, INR
- ~~PR~~
- Parts preparation
- FHR monitoring
- NST 4th hrly
- Monitor vitals
- Follow drug chart.
- Send PE Profile.
- Growth scan to be done.
- BP monitoring ~~daily~~ hrly
- Inj. Betamethasone 12mg IM two doses after checking RBS.
- Axon Review
- Repeat NST after IVF
- Temp monitoring 4th hrly

Noted by Tesa 24/7/26 at 2 pm

Investigations: BLOOD GROUP - O POSITIVE.

HIV, HBsAg, HCV, VDRL } NR.

6/7/26

Rubella IgG - Positive
IgM - Negative

CMV - IgG - Positive
IgM - Negative

HEV - Negative

Toxoplasma - Negative.

24/7/26

CBP - 11.5 / 10170 / 216 FL

Blood Urea - 14.3

S.Creat - 0.14

S.Na - 143
S.K - 4.15
S.Cl - 109
S.Uric acid - 4.9

CUE - Albumin +
Pus cells: 4-6
EC: 8-10

LFT - SGOT - 22
SGPT - 21
ALP - 160
A/G - 3.15

PT - 17.0
APTT - 33
INR - 1.02

NT Scan (11/2/26)
SLIUF
12+2 wks
NT - 1.8 mm
Nasal bone (+)
CL - 30 mm.
Screen positive for PE.

TIFFA Scan (18/4/26)
SLIUF, 22 wks
CL - 33 mm
Echogenic bowel (+)
- No anomalies
- Uterine Art Doppler - Increased resistance.

Growth Scan (24/7/26)
SLIUF, 35+6 wks
Cephalic
Pl - Posterior High.
AFI - 9.6 cm
AC - 5Y, 2-3/6 g.
EFW - 10 Y. (SGA)
- Uterine Art Doppler - Increased resistance.
- Thick Placenta.

Amniocentesis (28/3/26)
- High risk for T21
1 in 36 for T18
NIPS - Inadequate result

Doctor Name: Dr. Greeshma

Signature:

Date & Time: 24/7/26, 2 PM

Consultant Name: Dr. K. BHAVANA

Signature:

Date & Time: 24/7/26, 2 PM

VIH-00200339 IP-00060834
Mrs YUVARANI
13-01-1991 35 Y 6 M 11 D (F)
Dr. BHAVANA K

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/7/26 12PM GRBS - 126 mg/dl 1st dose Inj. Betnesol given @ 12pm NST Reactive follow labs. Akon Review	O/E Pt is c/c/c GC - fair Afebrile BP - 117/78 mmHg PR - 74 bpm S/E - NAD P/A - Utn 35 wks Cephalic Relaxed FHR (+) 128 bpm	No imminent signs & symptoms Adv - Normal diet (High Protein) - Follow drug chart - Monitor vitals - BP charting 2nd hrly - NST 4th hrly - FHR monitoring - Temp monitoring 4th hrly - WIF Imminent signs & symptoms - Trace PE profile - Inform SOS
	Noted by Tesa 24/7/26 at 12:00PM	Dr. Greeshma
24/7/26 1PM Trace LDH follow up as.	CBP - 11.5 / 10.70 / 2.67 L S. Creatinine - 0.4 Blood Urea - 14.3 S. Na+ - 143 S. K+ - 4.5 S. Cl- - 109 S. Uric acid - 4.9 CUE - leukocytes (+) Pus cells: 4-6 EC: 8-10 LFT - SGOT - 22 SGPT - 21 ALP - 60 A/G - 3.5 PT - 17 APTT - 33 INR - 1.2	PT / APTT / INR 17 / 33 / 1.2 LDH - 174.
	Noted by Tesa 24/7/26 at 1:00PM	Dr. Greeshma

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Mrs YUVARANI
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Dr. BHAVANA K

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/7/26 4PM	O/E pt c/c/c	Adv
	afebrile	- (N) diet
		- NST 4th hrly
	BP - 118/80mmHg	- BP charting 2nd hrly
1 dose of	PR - 86 bpm	
betnesol given	S/E - NAD	- Monitor vitals
at 12PM	P/A soft	- following chart
Trace urine	Ut ~ 36wks	
c/s	Relaxed, FHR (+)	- inform SOS
		At Dr. A...
Noted by ... 24/7/26 at 4:00pm		
24/7/26 8PM	O/E pt is c/c/c	Adv
	afebrile	- (N) diet
	BP - 117/82 mmHg	- NST 4th hrly
1st dose of Inj. Betnesol	PR - 86 bpm	- BP charting 2nd hrly
given @ 12pm	S/E - NAD	- Temp 4th hrly
	P/A - Ut ~ 36wks	- Monitor vitals
	Relaxed	- Follow drug chart
	FHR (+) 144bpm	- Inform SOS
Trace urine c/s		
	Noted by ... 24/7/26	[signature]

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Mrs YUVARANI 35 Y 6 M 11 D (F)
13-01-1991
Dr. BHAVANA K

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/7/26 12 AM	O/E Pt is c/c/c	
	GC-fair	Dsy
	Afebrile	- (N) diet
	BP- 120/78 mmHg	- NST 4th hrly
2nd dose of Inj Betnesol given @ 12 AM.	PR- 78 bpm	- BP charting 2nd hrly
	S/E- NAD	- Temp 4th hrly
	PA- Ut n 36 wks	- Monitor vitals
	Relaxed.	- Follow drug chart
Trace Urine c/s	FHR (+) 145 bpm	- Inform SOS.
	Noted by poojaa 25/7/26	Dr Greeshma
25/7/26 4 AM	O/E Pt is c/c/c	
	GC-fair	Dsy
	Afebrile	- (N) diet
	BP- 120/78 mmHg	- NST 4th hrly
2nd dose of Inj Betnesol given @ 12 Am	PR- 82 bpm	- BP charting 2nd hrly
	S/E- NAD	- Temp 4th hrly
	PA- Ut n 36 wks	- Monitor vitals
	Relaxed	- Follow drug chart
Trace Urine c/s	FHR (+) 146 bpm.	- Inform SOS.
	Noted by RCH. 25/7/26 CyAr	Dr Greeshma.

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Mrs YUVARANI
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Dr. BHAVANA K

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/7/26 8am	o/E Pt is c/c GC-fair Afebrile BP- 115/60mmg PR- 826pm S/E-NAD P/A- Ut c/w 36 wks Relaxed FHR ⊕ 136 bpm CI to Dr. Bhavana mam - FHR was dropped till 896pm.	Adv - ⓝ diet - NST 4th hrly - BP charting 2nd hrly - Temp 4th hrly - Monitor vitals - Follow dang chart - Rifam BOS.
2nd dose Inj Betnesol given @12Am		
	Noted by Rani 26/7/26 8Am	Adv - left lateral positions - O2 - RL free flow - continue ABT Dr Ashwi

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

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Mrs YUVARANI
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Dr. BHAVANA K

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/7/26	POD-0 (Post LSCS)	
11:30 Am	O/E Pt is c/c/c	
	GC- fair	Adv
P/L/O Hypothyroidism	Afebrile	- NBM x 4 hrs
	BP- 127/78 mmHg	- Rest
I/O 200 ml	PR- 91 bpm	- I/O charting
Adequate, clear	S/E-NAD	- Monitor vitals
	P/A- Ut N W/R	- Follow drug chart
	Soft BS (+)	- Inform SOS.
	L/E- NAB.	
	Baby - NICU	
		Dr. Greeshma
	Noted by prathyusha @ 1:10 Am	
25/7/26	POD-0 (post LSCS)	
3:10 pm.	O/E - pt is c/c/c	Adv:
	GC-fair.	- Sips of water
P/L/ Hypothyroidism	Afebrile.	Clear liquids.
	BP- 108/63 mmHg.	- Passive ambulation
I/O 400 ml clear, adeq	PR- 81 bpm.	- I/O charting
	S/E - NAD.	- W/F bleeding PV
	P/A - Ut N W/R.	- Follow drug chart
	Soft, BS (+)	- Inform SOS.
	L/E- NAB.	- monitor vitals.
	Baby ^A/_M BF (+)	- Soft diet at 9 pm.
		Dr. Nikhita
	Noted by Nurse 25/7/26 @ 3:10 pm	

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Mrs YUVARANI
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Dr. BHAVANA K

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/7/26 4:30 pm P1L1 Hypothyroid pt - can be shifted to room	POD-0 (LSCS) Vitals Stable P/A - Ut ~ W/R L/E - NAB U/O - clear, adeq Noted by Meghna 25/7/26 @4:30 pm	Adv: - clear liquids - soft diet at 9pm. - I/o charting - monitor vitals - W/F bleeding PV Dr. Nikhita
25/7/26 9 pm. P1L1 Hypothyroid GHTN VO - 500ml/hr clear.	POD-0 O/E pt is c/c/c Pfc fair Afeb BP - 110/77 mmHg PR - 88 bpm S/E NAD P/A Soft ut ~ W/R BS (+) UE NAB Baby MS BF (+) Noted by Sr nagma 26/7/26 @2pm	(Post LSCS) Adv - Soft diet - W/F bleeding PV - Monitor Vitals - follow duty chart - Ambulation - Hydration - I/o charting - Inform SOS Dr Nandhini

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Mrs YUVARANI
13-01-1991 35 Y 6 M 12 D (F)
Dr. BHAVANA K

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/7/26 7am	POD 1	(Post LSCS)
	O/E pt is clcl c	Adv
P1L1 Hypothyroid GHTN	gc fair	- Soft diet
	Afeb	- W/F bleeding PV
	BP- 107/80mmHg	- Monitor vitals
	PR- 100bpm	- follow day chart
UO- 2850ml clear Remove foleys	S/E NAD	- Ambulation
	P/A Soft BS(+)	- hydration
	ut NW/R	- Inform SOS.
	L/E NAB	
	Baby MS BF(+)	
		Dr Nausheen
26/7/26 2pm.	POD-1	
P4 Hypothyroid GHTN	Pt is clcl c mild breast engoogement	
	GC fair	
	Afebrile	Adv
Urine passed	BP- 117/76mmHg	- soft diet
	PR- 84bpm	- Ambulation
	S/E- NAD	- Hydration
	P/A - soft BS(+).	- W/F PV bleeding
	Ut NWR	- Hot fomentation over breast
	L/E - NAB	
	Baby T/H BF(+)	- Express milk completely
		- Follow day chart
Noted by Dr 7pm 26/7/26.		- monitor vitals
		- Inform SOS Dr Saranya

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Dr. BHAVANA K

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/7/26 8pm	POD-1	Adv
P/H/O hypothyroidism	O/E pt c/c/c	- N diet
	c/c/fair	- adq hydration
	afebrile	- ambulation
	BP - 115/77 mmHg	- w/f bleeding
	PR - 95 bpm	PV
UP	S/E NAD	- monitor vitals
MNP	P/A ut nur	- follow drug chart
	BS +	
	PV - NAB	- inform SOS
	baby A BF +	
		Dr. Ashwini
27/7/26 7am	POD-2	
	O/E pt c/c/c	Adv
	c/c/fair	- N diet
	afebrile	- adq hydration
P/H hypothy	BP - 103/70 mmg	- ambulation
	PR - 82 bpm	- w/f bleeding
	S/E NAD	PV
UP	P/A ut nur	- monitor vitals
MNP	BS +	- follow drug chart
Aseptic dressing done	PV NAB	- inform SOS
pt can be discharged	baby A BF +	
	PV examination done	Dr. Ashw..

Noted by Subham 27/7/26 @ 4pm

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Mrs YUVARANI 35 Y 6 M 11 D (F)
13-01-1991
Dr. BHAVANA K

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: Primi at 35 [illegible]	Any Infection: ☐ Yes ☑ No ☐ Not Known					
		If Yes Specify:					
	Surgery / Procedure:	Post OP Day:					
BACKGROUND	Date / Shift	24/7/26 M	24/7/26 E	24/7/26 N	25/7/26 M	25/7/26 M4	25/7 AN
	Medical Condition (Any special condition to be noted):	–		–		–	
	Diet:	N diet	N diet	N diet	NBM	NBM	NBM
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA	RA	RA
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☑ Yes ☐ No	☑ Yes ☐ No
	Vital Signs: Temp:	98°F	98°F	98.6F	98.6F	98.6°F	96.2°F
	Res:	19b/mt	19b/mt	19b/mt	19b/mt	19b/mt	20b/m
	SpO₂:	99%	99%	99%	99%	99%	98%
	Pulse:	78b/mt	82bpm	89b/mt	80b/mt	84b/mt	80b/m
	BP:	108/76mmHg	110/70mmHg		110/70mmHg	112/60mmHg	121/70mmHg
	LOC:	conscious	conscious	conscious	conscious	conscious	conscious
	Fall Risk Score:	40	60	0	40	40	40
	Pain Score:	0/2	0/2	0	0 score	0 score	0 score
	Skin Integrity	intact	intact	intact	intact	intact	intact
Recommendations	Safety Needs:	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No
	Physiotherapy:	–	–	–	–	–	–
	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Special Diet:	N diet	N diet	N diet	NBM	NBM	NBM
	Critical Lab Test / Values:	–	–				–
	Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	ADL (Dependent / Non Dependent):	dependent	dependent	depend	DEPENDENT	depend	depend
Post Operative Procedure Special Orders:							
Handed Over By Name :		[illegible]	[illegible]	Pooja	[illegible]	Mani	Pradhyusha
Signature / ID :		010928	010928	905650	010928	018133	020533
Date:		24/7/26	24/7/26	25/7	25/7/26	25/7/26	25/7/26
Time:		at 9:00pm	at 7:00pm	@ 8Am	at 9:28Am	12pm	@ 2pm
Taken Over By Name :		[illegible]	Pooja	[illegible]	Mani	Pradhyusha	Meghana
Signature / ID :		010928	905650	010928	018133	020533	020232
Date:		24/7/26	25/7/26	25/7/26	25/7/26	25/7/26	25/7/26
Time:		at 9:00pm	at 8pm	at 8:00Am	@ 9:30Am	@ 12pm	@ 2pm

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

VIH-00200339 IP-00060834
Mrs YUVARANI
13-01-1991 35 Y 6 M 12 D (F)
Dr. BHAVANA K

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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: Primi @ 35+6 weeks @ hypothyroidism @ small for gestation Increased uterine Artery thick placenta @ BP reading @ suspicious NST

Any Infection: ☐ Yes ☑ No ☐ Not Known
If Yes Specify: .....

Surgery / Procedure: EL. LSCS

Post OP Day: 01

BACKGROUND

Date / Shift	25/7/26 E	25/7/26 E	25/7 Night	26/7/26 M	26/7/26 E	26/7 Night
Medical Condition (Any special condition to be noted):	-	Nil	NIL	Nil	Nil	NIL
Diet:	clear liquid	Regular	S.diet	S.diet	S.diet	S.diet

ASSESSMENT

Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA	RA	RA
Tubes/Drains/Catheter:	☑ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Vital Signs: Temp:	98.6°F	98.6°F	98.6°F	98.2°F	98.3°F	98.6°F
Res:	19bm/min	22b/m	20b/mt	20b/m	20b/m	19b/mt
SpO_2:	99%	98%	99%	100%	98%	100%
Pulse:	86b/m	88b/m	90b/mt	96b/m	90b/m	85b/mt
BP:	112/76mmHg	110/70(S)	128/90	130/72mg	110/70(S)	134/85
LOC:	Conscious	Conscious	Conscious	Conscious	Conscious	Conscious
Fall Risk Score:	15	0	0	0	0	0
Pain Score:	0	0	0	0	0	0
Skin Integrity	Intact	Intact	Intact	Intact	Intact	Intact

Recommendations

Safety Needs:	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No
Physiotherapy:	-	Nil	NIL	Nil	Nil	NIL
Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Special Diet:	Clear liquid	Regular	S.diet	S.diet	S.diet	S.diet
Critical Lab Test / Values:	-	Nil	NIL	Nil	Nil	NIL
Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
ADL (Dependent / Non Dependent):	Dependent	Depend	Dependent	Dependent	Depend	dependent
Post Operative Procedure Special Orders:	W/F Bleeding PV	W/F Bleed	NIL	Nil	Nil	NIL
Handed Over By Name :	Meghna	Ramya	Subham	Nagmani	Indu	Subham
Signature / ID :	220232	Ramya	Subham	Nagmani	660608	Subham
Date:	25/7/26	25/7/26	26/7/26	26/7/26	26/7/26	27/7/26
Time:	8pm	8pm	@8AM	2pm	2pm	@ 8AM
Taken Over By Name :	Bennita	Subham	Nagmani	Indu	Subham	
Signature / ID :	240826	Subham	Nagmani	660608	Subham	
Date:	25/7/26	25/7/26	26/7/26	26/7/26	26/7/26	
Time:	8pm	@ 8pm	@8AM	2pm	@8AM	

VIH-00200339
Mrs YUVARANI
13-01-1991
Dr. BHAVANA K
IP-00060834
35 Y 6 M 11 D (F)

NURSING CARE RECORD

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BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 26/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	12pm	Ensure safety	12pm	provided side rails	To prevent fall	patient is safe	26/7/26 @ 12pm
Afternoon	2pm	Maintain fluid balance	2pm	provided fluids	To prevent dehydration	patient is hydrated	26/7/26 @ 6pm
	6pm	prevent infection	6pm	provided hygiene practice	To prevent infection	patient is safe	
Night	12pm	~~Ensure~~ Safety		provided side rails	Patient bed	patient is safe comfortable	pooja 25/7 @ 6Am
	6Am	provide with fluid Balance		~~encourage~~ to take liquids	patient is hydrated	patient is good	

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NURSING CARE RECORD

Date: 25/7/26

Goals

- ☐ Maintain Airway and Oxygenation
- ☐ Maintain Personal Hygiene
- ☐ Identify Potential Complications
- ☐ Relieve Pain & Discomfort
- ☐ Prevent Infection
- ☑ Any Others. Specify FHR & NST 4th hrly
- ☐ Maintain Fluid Balance
- ☐ Meet Elimination Needs
- ☐ Improve Activity Tolerance
- ☑ Ensure Safety
- ☐ Maintain Good Nutritional Status
- ☐ Early Ambulation Reduce Anxiety
- ☐ Maintain Skin Integrity
- ☐ Patient & Family Education

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	9:00 AM	Ensure safety	9:10 AM	Provide side rails	Patient safety	Patient comfortable in position	25/7/26 at 9 am
	1pm	Ensure Safety	1pm	Provide side rails	Provided Side rails	to prevent fall from bedside	@1pm 25/7/26
Afternoon	2pm	Maintain fluid Balance	2:30 pm	Encourage to take oral fluids	To prevent dehydration	patient is well hydrated	Meghna M 25/7/26
		→ Relieve pain & discomfort		→ Provided Analgesis	→ Reduce pain	→ Patient is stable	Beronika 25/7 @8pm
Night	9PM	→ maintain good nutritional status	9pm	→ oral intake is good	→ maintain hydration	→ patient is stable	subha 26/7 @8Am
	10PM	→ I/O Chart	10pm	→ Strict I/O Chart	→ urin out put is good		

Docu. No: RCH /FRM / CLINICAL / 148

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NURSING CARE RECORD

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Date: 26/7/24

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..... Nil

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	9Am	Maintain personal hygiene.	9Am	Educated about personal	To prevent Infection	Patient is Stable.	26/7/24 Nagma
	11Am	maintain fluid balance	11Am	Advised to take plenty of fluids.	maintain fluid balance		cspm
Afternoon	3:00	maintain aseptic technique	3:30	maintained aseptic technique	~~maintained~~ prevent from Infection	patient is Stable	Indu
	7:00	Ensure Safety	7:30	Side rails kept up	prevent from falls risk	no fresh complains	cspm 26/24
Night	9pm	→ maintain good nutritional Discharge Note	9:Pm	→ oreal intake is good → Doctor come for round and adviced to discharge	→ Provided by Normal diet	→ Patient is stable	Subha 27/7 @5Am

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NURSING CARE RECORD

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Date: .....

Goals

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

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

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CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1 24/9/20			DAY-2 25/9/20			DAY-3 26/9/20			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0	0	0	0	0	0	0	0	0	0	
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1	✓	✓	✓	-	✓	-	-	-	-	
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2	✓	✓	✓	-	-	-	-	✓	-	
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3	✓	✓	✓	-	✓	-	-	✓	-	
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4	✓	✓	✓	-	✓	-	-	✓	-	
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5	✓	✓	✓	-	✓	-	-	-	-	
		Signature of the Nurse											

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 : ..... Name : .....

Signature of Ward In Charge :

Signature : ..... Name : .....

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BRADEN 'Q' SCALE

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					Date : 24/8/20	24/8/20	25/8/20	25/8/20
					Time : 1pm	8pm	8am	11Pm
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	2	2
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	2	1
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	3	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	3	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	3	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 mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	1	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	4	4
					TOTAL SCORE	28	18	23
					Evaluator's Name			

Severe Risk : less than 9 | High Risk : 10-12 | Moderate Risk : 13-14 | Mild Risk : 15-18 | Not at Risk: 19-23

Docu. No. : RCH /FRM / CLINICAL / 119

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

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BRADEN 'Q' SCALE

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					Date : 26/7	26/7	27/7	
					Time : 9A	5P	2AM	
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	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	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	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.	3	3	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	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 mean and dairy products. Occasionally eats between meals. Does not require supplementation.	3	3	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	4	
				TOTAL SCORE	25	26	28	
				Evaluator's Name	[illegible]	[illegible]	[illegible]	

Severe Risk : less than 9 | High Risk : 10-12 | Moderate Risk : 13-14 | Mild Risk : 15-18 | Not at Risk: 19-23

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
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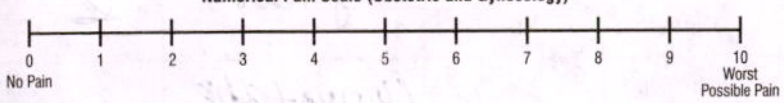
PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
24/7/26	12pm	0 ~~Severe pain~~	no pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Comfortable	
24/7/26	4pm	0 Severe	no pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Comfortable	
24/7/26	6pm	0 Score	no pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Comfortable	
24/7/26	12am	10 score	no pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Comfortable	
25/7/26	4 am	10 score	no pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Comfortable	
25/7/26	8 am	10 score	no pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Comfortable	
25/7	2 pm	Score	Sutures	☐ Continuous ☐ ~~Intermittent~~	☐ Acute ☐ ~~Chronic~~	☐ Sharp ☐ ~~Dull~~ ☐ Aching ☐ Burning	☐ Increasing ☐ ~~Decreasing~~	☐ ~~Yes~~ ☐ No	Analgesic Given	
26/7/26	4pm	0	no pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Comfortable	
25/7	11pm	0	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Ambulation	
26/7	8Am	0		☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Position Changed	

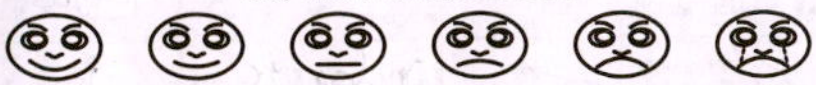
Re-assessment Frequency:
1. Every eight hours for all hospitalized patients.
2. For post-surgical patients, patients with chronic pain, patient with severe pain:
   a) At least every 2 hours for the first 24 hours b) Then every 4 hours.
   c) Prior to pain pain-relieving intervention. d) Within 30 –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

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years



FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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, SaO_2	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

VIH-00200339 IP-00060834
Mrs YUVARANI
13-01-1991 35 Y 6 M 12 D (F)
Dr. BHAVANA K

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PAIN ASSESSMENT FORM

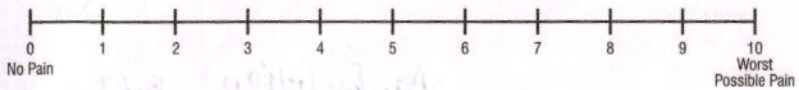
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
26/7	9Am	0	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Nagu
26/7	1pm	0	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Indu
26/7	7pm	0	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Indu
26/7	11Pm	0	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Ambulation	Subhu
27/7	4Am	0	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Comfortable position	Subhu
				☐ 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:

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

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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, SaO_2	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

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Rainbow Children's Hospital - Secunderabad

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

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Mrs YUVARANI**	**Age :**	**35 Y 6 M 11 D**
IP No:	**IP-00060834**	**Sex:**	**Female**
Consultant:	**Dr. BHAVANA K**	**Ward/Bed No:**	**N 2F-LABOUR WARD/LW 219**

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

Patient, be deemed advisable or necessary.

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

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

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

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

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

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

Signature of Patient/Relative:

Name: Yuvarani
Relationship: Husband
Date: 24-7-2026 Time:

Patient Address:
12-11-1025/2, warisguda Padmarao Nagar Hyderabad Telangana INDIA 500061

Witness Name:
Witness Signature:

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Mrs YUVARANI
13-01-1991 35 Y 6 M 12 D (F)
Dr. BHAVANA K

35+6 wks

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PRE - OPERATIV

Date : 25/7/20

Patient's Name : Mrs Yuvarani Age : Gender : ☐ M ☐ F

Blood Group : UHID :

Planned Surgery: Em LSCS Surgeon : Dr Bhavana Lava

Anesthetist : DR. Madhu Date & Time of Operation : 25/7/20

Tick Appropriate Boxes, To be filled by Nurse Incharge / Senior Nurse :

S.No.	INSTRUCTIONS	ER/Ward,Nurse			OT Nurse		
		Yes	No	NA	Yes	No	NA
1	Weight checked recorded ?	✓					
2	Is the patient fasting for over 6 hours Pre-Operatively ?	✓			—		
3	Check Pre-OP Investigations & Results (CBP, Blood Group, BT, CT, PT, APTT, Viral Screning, CXR etc) Available before starting the procedure	✓			—		
4	Enema given / Bowel Preparation		✓				
5	Remove all ornaments, earrings, toe rings, nose rings etc and implants, dentures	✓			✓		
6	Sterile Gown Given				—		
7	Is Blood arranged as required ?						
8	If Blood has been ordered - is Blood bag ready ?						
9	IV Cannula to be placed / IV fluids if Indicated		✓		—		
10	Pre Anesthetic consultation with anesthesiologist		✓				
11	Pre Medications Given ? (Sedatives / etc)		✓		—		
12	Skin Preparation		✓		—		
13	Site is marked		✓				
14	Surgery Consent / High Risk consent taken by surgeon? (Consent should be taken by the operating surgeon only)		✓		—		
15	Implants are available						
16	Equipment is available		✓				
17	Antibiotic Prophylaxis is given within the last 60 minutes		✓				
18	Other (if any)	✓					

NOTE : if any of above is ticked "NO" Discuss with the registrar / consultant immediately

Billing Clearance Taken : ☒ Yes ☐ No

Billing Executive Name : OT Nurse Name : ER/Ward Nurse Name :

Billing Executive Signature : Signature of OT Nurse : Signature of ER/Ward Nurse

Date & Time : Date & Time : 25/7/20 Date & Time : 25/7/20 @ 9.15 AM

Doc. No. : RCH / FRM / CLINICAL / 107

NEONATAL COUNSELING

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Date: 25/7/26. Time: 9:20pm

Patient Name: Yuvarani Age: 35yr UHID no: .....

Husband Name: ..... Years of Marriage: .....

Referral Doctor: .....

Address: .....

.....

Maternal Risk Factors: .....

.....

.....

Fetal Details:

Gestational Age: 35+6 wk Estimated Birth Weight: 2.3kg

Fetal Problem: SGA, Amniocentesis → Awaiting for T21, 1 in 36 for T18, NIPS-Inadequate result.

Details of Prenatal Testing: .....

Amniotic Fluid Volume: 9.6 Doppler: Uterine A Ted Resistance Cardiotocogram: .....

Steroid Cover: 2 doses of Inj Betamethasone Date & Time: 24/8/26 1st dose 12pm
25/7/26 2nd dose 12pm

Based on above details provided patient and her husband have been counselled in detail about:

☑ Short Term Outcome ☐ Long Term Outcome ☑ Sequelae

Based on the information and counseling received, we have decided:

☑ Provide all possible care for our Baby after Birth.

☐ We would like to deliver the Baby in best possible condition, allow Neonatal Evaluation after birth and decide on further course of action based on Evaluation.

☐ We do not want any aggressive management of the Baby. We would like everything to be done in the best interests of the Mother.

☐ We do not want any aggressive management of the Baby including no aggressive Obstetric interventions. We decline further Fetal evaluation including Fetal Heart monitoring. We understand that this may lead to still Birth.

Neonatologist:

Name: Sumedha

Signature: SH

Date & Time: 25/7/26

Patient Attendant:

Name: LAVAKUMAR

Signature: Lavakumar

Relationship with Patient: Husband

Date & Time: .....

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Bhavana / Dr Soumya
Asst. Surgeon : Dr Sreedhar / Dr Nagesh
Anaesthetist : Dr. Madhav / Dr Pranoda
Scrub Nurse : Sr Ruby P

Patient Name : .....
UHID No. : .....
Date : 25/7/26

VIH-00200339
Mrs YUVARANI
13-01-1991
Dr. BHAVANA K
IP-00060834
35 Y 6 M 12 D (F)

Gender : .....

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Before Induction of Anaesthesia ➤ ➤

SIGN IN Time: 09:30 Am

Patient Has Confirmed
- Identity ☑ Yes ☐ No
- Site ☑ Yes ☐ No
- Procedure ☑ Yes ☐ No
- Consent ☑ Yes ☐ No

Site Marked ☐ Yes ☐ No ☑ NA

Anaesthesia Safety Check Completed ☑ Yes ☐ No

Pulse Oximeter on Patient & Functioning ☑ Yes ☐ No

Does Patient have a:
- Known Allergy? ☐ Yes ☑ No

Difficult Airway / Aspiration Risk?
- Yes, & Equipment / Assistance Available ☐ Yes ☑ No

Risk of > 500ml Blood Loss (7ml/kg In Children)?
- Yes, and Adequate Intravenous Access and Fluids Planned ☑ Yes ☐ No ☐ NA
- Blood Units Reserved ☑ Yes ☐ No ☐ NA

Has Antibiotic Prophylaxis been given within the last 60 minutes? ☑ Yes ☐ No ☐ NA

Signature : Dr Pmadhav 25/07/26
Name : .....

Before Skin Incision ➤ ➤

TIME OUT Time: 9.45 am

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? Bleeding, B.P, Uterus, 500ml ☑ Yes ☐ No ☐ NA

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

Nursing Team Reviews: Preeclampsia, Eminent signs
- 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 : Macha

Before Patient Leaves Operating Room

SIGN OUT Time: 10.45 Am

Nurse Verbally Confirms with the Team:
- The Name of the Procedure Recorded ☑ Yes ☐ No
- That Instrument, Sponge and Needle Counts are Correct (or Not Applicable) ☑ Yes ☐ No ☐ NA
- The Specimen is Labelled (including patient name) ☑ Yes ☐ No ☐ NA
- Whether there are any Equipment Problems to be addressed ☐ Yes ☑ No ☐ NA

To Surgeon, Anaesthetist and Nurse:
- What are the key concerns for recovery and management of this patient? ☐ Yes ☑ No

Signature : .....
Name : Dr Gowthami

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Mrs YUVARANI 35 Y 6 M 12 D (F)
13-01-1991
Dr. BHAVANA K

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CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: Dr. BHAVANA . K .	Date of Delivery: 25/4/26
Assistant Surgeon: Dr. SOWMYA SRI / Dr. NAUSHEEN Dr. GREESHMA	Time of Delivery: 9:55 :53 AM
Anaesthetist's Name: Dr. MADHAV	Gender of Baby: FEMALE
Type of Anaesthesia: SPINAL	Weight of Baby: 2.093 kg.
Neonatologist: Dr. SUMEDHA	AGPAR Score: 7/10, 8/10
Scrub Nurse: SIS RUBY JA.	NICU Admission: ☑ Yes ☐ No

Pre-Operative Diagnosis: Primigravida with 35+6 weeks with Hypothyroidism with SGA baby with Increased Uterine Artery Doppler Resistance with Anterior Placenta with Increased BP readings with suspicious NST with Oligohydramnios for steroid coverage) Constipation.

☐ Elective ☑ Emergency Indication: Non-reassuring NST

Urgency

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

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

CTG Description: .....

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

Surgical Procedure: EMERGENCY LOWER SEGMENT CESAREAN SECTION.

Post Operative Diagnosis:

Peri-Operative Complications:

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

Name and Number of Surgical Specimen sent for examination:

Placenta sent for HPE

Examination Findings when Appropriate:

Presentation: ☑ Cephalic ☐ Breech ☐ Other ....

Cervical Dilatation: .... cm

5th Palpable: ....

Fetal Position: ....

Station: ☐ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2

Moulding: ☐ None ☐ + ☐ ++ ☐ +++

Caput: ☐ + ☐ ++ ☐ +++

Meconium: ☐ None ☐ + ☐ ++ ☐ +++

Bladder Catheterized : ☑ Yes ☐ No

Urine: ☑ Clear ☐ Blood Stained

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

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

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

Incision Through Placenta: ☐ Yes ☑ No

Delivery of head: ☑ Manual ☐ Forceps

Liquor: ☑ Clear ☐ Meconium: ☐ I ☐ II ☐ III ☐ Blood ☐ Offensive ☑ Not Offensive

Delivery of Placenta: ☐ Manual ☑ CCT .... ☑ Complete ☐ Incomplete ☐ Piecemeal

Cord Appearance: ....NORMAL.. Cord around the neck ☐ Yes ☑ No

Appearance of placenta: ....NORMAL.. Cavity explored ☑ Yes ☐ No

Uterus, tubes and ovaries: ☑ Normal ☐ Not Normal Sterilization: ☐ Yes ☑ No

---

Uterine Closure: ☐ One Layer ☑ Two Layers ....VICRYL 1-0.......... Suture

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

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

Fat Closure: ☐ Yes ☐ No .... Suture

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

Vagineal Evacuated ☑ Yes ☐ No

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

Ctheter ☑ Yes ☐ No ☐ Remove in ...12 hours..... days ☐ Await instructions

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

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

Post-Operative Notes: ....NBM x 4 hrs, Rest, I/O charting, Monitor vitals,
.....Follow drug chart, Inform SOS
....
....
....
....
....
....

Dr Greeshma [signature]

Doctor Name: ....Dr. BHAVANA K.............. Doctor Signature: ....

Date & Time: ....25/7/26, 11:30 Am..........

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

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Patient Name : MRS. YUVARANI Gender: ☐ Male ☑ Female Age : 35 YEARS

UHID No : VIH-00200339 / 60834 Date : 25/7/2026

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

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

EMERGENCY LOWER SEGMENT CESAREAN SECTION

upon MRS. YUVARANI
(Name of the Patient)

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

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

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

BLEEDING, NEED FOR BLOOD & BLOOD PRODUCTS TRANSFUSION & ITS ASSOCIATED REACTIONS, BOWEL & BLADDER INJURY, URETERIC INJURY, INFECTIONS, POST PARTUM HEMORRAGE, NEED FOR NICU ADMISSION OF BABY.

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. BHAVANA.

Consentee :

Signature : G. Yuvarani

Name : MRS. YUVARANI

Date & Time : 25/7/2026 9:15 AM

Patient Attendant :

Signature : Lava

Name : LAVA KUMAR

Relationship with Patient: HUSBAND.

Date & Time : 25/7/2026 9:14 AM.

Witness :

Signature :

Name :

Date & Time :

Doctor (who is taking the consent) :

Signature :

Name : Dr. Rajani

Date & Time :

VIH-00200339 IP-00060834
Mrs YUVARANI
13-01-1991 35 Y 6 M 11 D (F)
Dr. BHAVANA K

Ref. No. : F / HW / CON / ANES / 02

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CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MAC

Patient Name : YUVARANI Age : 35 yrs.

Gender : M ☐ F ☑ - IP No : ..... Consultant : Dr. Bhavana.

Ward / Bed No. : ..... Anaesthesiologist : Dr. Madhav.

Operative procedure planned : Emergency Caesarean Section.

PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA

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

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

☐ Heart disease ☐ Hypertension ☐ Diabetes mellitus ☐ Renal failure

☐ Hepatic disorders ☐ Shock ☐ Multiple organ failure ☐ Polytrauma / RTA

☐ Incapacitating COPD ☐ Others : High Blood pressure, Bleeding,

Comments : Blood transfusion.

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

DECLARATION BY PATIENT / GUARDIAN / PROXY

I hereby authorize Rainbow Hospital & its authorized doctors to perform upon me / my patient YUVARANI the above mentioned operation / Diagnostic / Therapeutic procedures Emergency Caesarean Section

I authorize and give consent for anaesthesia (☑ Regional / ☐ General Anesthesia / ☐ Monitored anesthesia care (MAC)) as considered appropriate by the anaesthetic team.

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

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

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

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

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

- Pregnant : ☑ Yes ☐ No

DECLARATION BY THE ANAESTHETISTS PROVIDING INFORMATION FOR THIS CONSENT

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

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

Patient / Patient Attendant :

Signature : G. Yuvarani

Name : Miss. Yuvarani

Relationship with Patient: patient

Date & Time : 25/7/2026 9:25 Am.

Witness :

Signature : .....

Name : .....

Date & Time : .....

Doctor (who is taking the consent) :

Signature : .....

Name : Dr. P. Madhav

Date & Time : 25/07/26

VIH-00200339 IP-00060834
Mrs YUVARANI
13-01-1991 35 Y 6 M 11 D (F)
Dr. BHAVANA K

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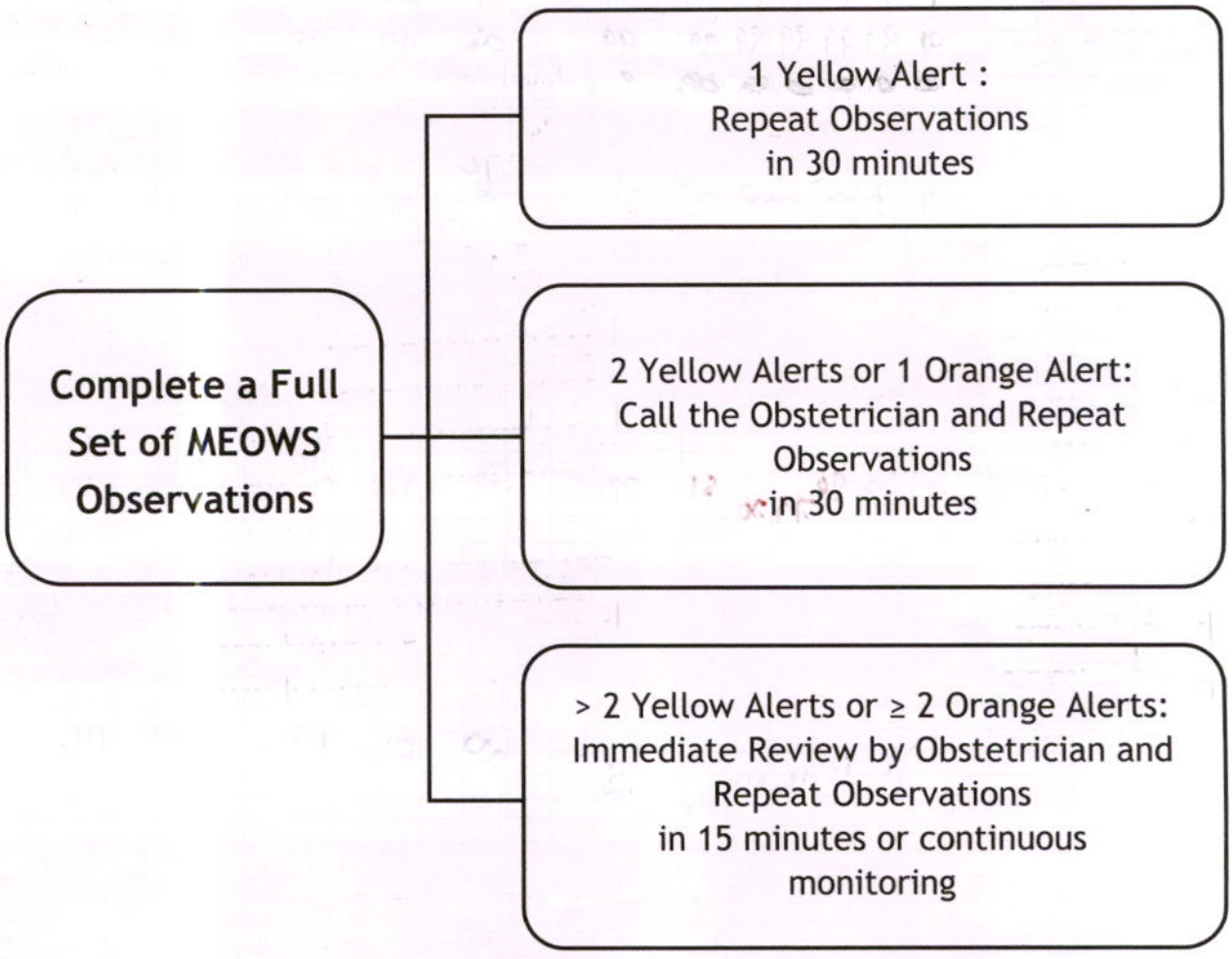
.....g Observation Score Chart - Obstetrics

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

24/5/26	Date																							
	Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20					19		19		19		19		19		19		19		19		19			
	0 - 10																								
Saturations	94 - 100 %					99		99		99		99		99		99		99		99		99			
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37					37.8		37.0		37.0		37.0		37.4		37.1		37.0		37.1		37.1		37.1	
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80					79		80		82		80		78		91		93		85		84		80	
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120					118		110		115		110		115		112		115		101		120		128	
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80					82		70		77		80		74		75		81							
	70																			78		78		70	
	60																								
	50																								
	40																								
NEURO RESPONSE [✓]	Alert					✓		✓		✓		✓		✓		✓		✓		✓		✓		✓	
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30					✓		✓		✓		✓		✓		~		~		~		~		✓	
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal					NA		NA		NA		NA		NA		NA		NA		NA		NA		NA	
	Heavy / Foul																								
Liquor	Clear / Pink					NA		NA		NA		NA		NA		NA		NA		NA		NA		NA	
	Green																								
TOTAL YELLOW SCORES						0		0		0		0		0		0		0		0		1		1	
TOTAL ORANGE SCORES						0		0		0		0		0		0		0		0		0		0	
Nurse Initial						[illegible]		[illegible]		[illegible]		[illegible]		[illegible]		[illegible]		[illegible]		[illegible]		[illegible]		[illegible]	

Obstetrics and Gynaecology Early Warning Signs



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

VIH-00200339 IP-00060834
Mrs YUVARANI
13-01-1991 35 Y 6 M 13 D (F)
Dr. BHAVANA K

Rainbow® Children's Hospital
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Your Right to a Safe Delivery

Early Warning Observation Score Chart - Obstetrics

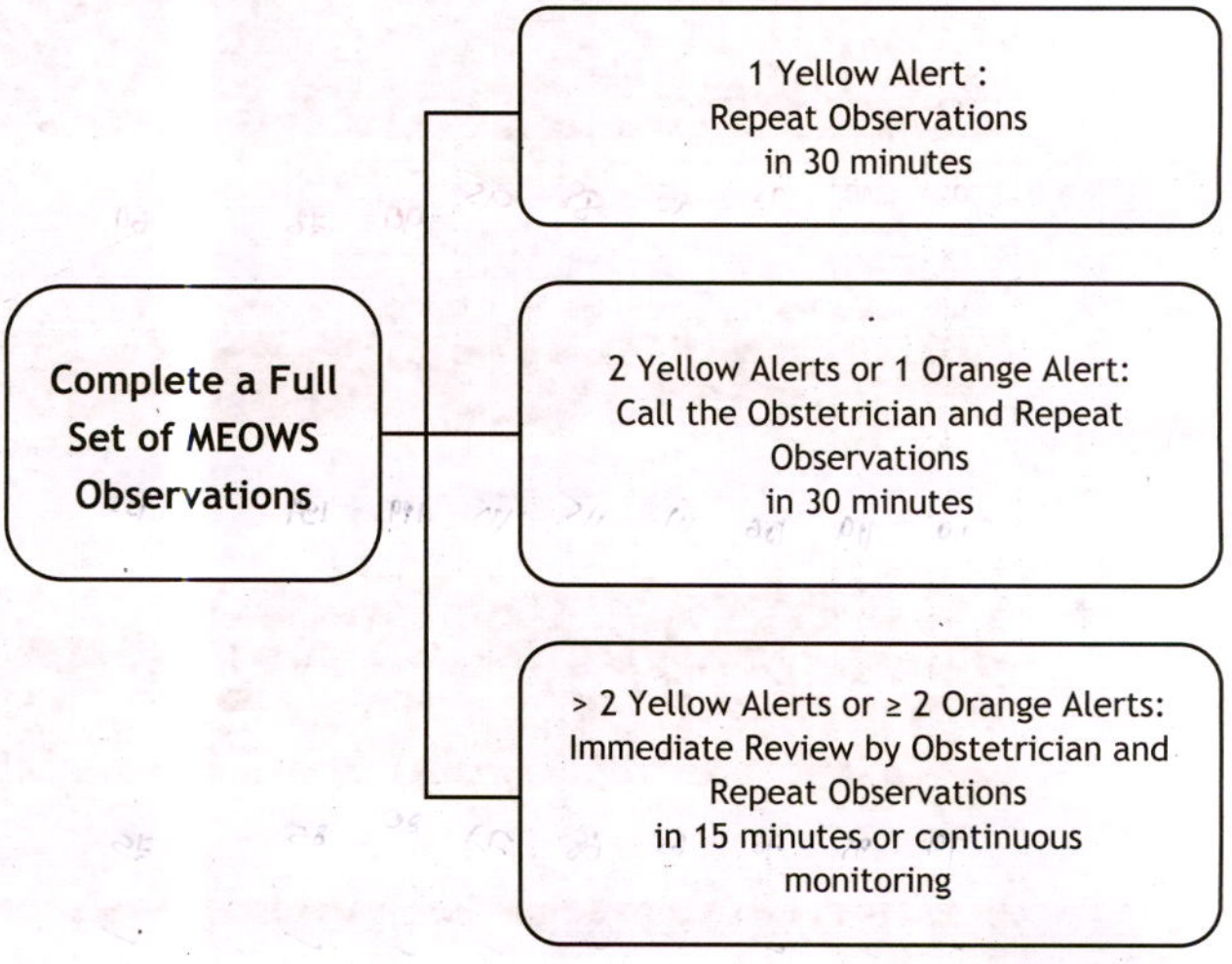
CONTACT DOCTOR FOR EARLY INTERVENTION IF PATIENT TRIGGERS ONE ORANGE OR TWO YELLOW SCORES AT ANY ONE TIME

26/7/26	Date																							
	Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20		19		19		19		19		19		19		19		20				19				
	0 - 10																								
Saturations	94 - 100 %		98		99		99		99		98		98		99		100				97				
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37								36°C		36°C		36°C												
	36		36°C		36°C		36°C								36°C		36°C				36°C				
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90		96		90		92		92		88		95		90		78				69				
	80																								
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressue	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110		110		119		106		114		115		115		129		134				122				
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure	130																								
	120																								
	110																								
	100																								
	90																								
	80														80										
	70		79		95		96		65		68		77				85				75				
	60																								
	50																								
	40																								
NEURO RESPONSE [✓]	Alert		✓		✓		✓		✓		✓		✓		✓		✓				✓				
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30		✓		✓		✓		✓		✓		✓		✓		✓				✓				
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal		✓		✓		✓		✓		✓		✓		✓		✓				✓				
	Heavy / Foul																								
Liquor	Clear / Pink		NA		NA		NA		NA		NA		NA		NA		NA				NA				
	Green																								
TOTAL YELLOW SCORES			0		0		0		1		0		1		0		0				0				
TOTAL ORANGE SCORES			0		0		0		0		0		0		0		0				0				
Nurse Initial			A		A		A		L		BM		BC		SK		SK				SK				

Noted by Subha 27/7 @ 5am

Docu. No. : RCHBH /FRM / CLINICAL / 053

Obstetrics and Gynaecology Early Warning Signs



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

VIH-00200339 IP-00060834
Mrs YUVARANI
13-01-1991 35 Y 6 M 11 D (F)
Dr. BHAVANA K

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Your Right to a Safe Delivery

FLUID CHART

Sheet No. : (V)

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
24/12/20	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm	H_2O +50ml								✓	0	
	01:00 pm	H_2O +50ml									0	
Total Intake : 200ml						Total Output :						
24/12/20	02:00 pm	H_2O +80 ml								✓	0	
	03:00 pm	H_2O +100ml									0	
	04:00 pm	H_2O +80ml								✓	0	
	05:00 pm	H_2O +100ml									0	
	06:00 pm	H_2O +80ml								✓	0	
	07:00 pm	H_2O +50ml									0	
Total Intake : 400ml						Total Output :						
24/12/20	08:00 pm	H_2O +50 ml								✓	0	
	09:00 pm	H_2O +50ml									0	
	10:00 pm	H_2O +100ml								✓	0	
	11:00 pm	H_2O +100ml									0	
	12:00 am	H_2O +50ml								✓	0	
	01:00 am	H_2O +50ml									0	
Total Intake : 400ml						Total Output :						
25/12/20	02:00 am	H_2O +50ml									0	
	03:00 am	H_2O +100ml								✓	0	
	04:00 am	H_2O +100ml									0	
	05:00 am	H_2O +100ml								✓	0	
	06:00 am	H_2O +100ml									0	
	07:00 am	H_2O +100ml								✓	0	
Total Intake : 550 ml						Total Output : passed						

Total 24 hrs. Intake	1350 ml	Total 24 hrs. Output	passed

Docu. No. : RCH /FRM / CLINICAL / 092

VIH-00200339 IP-00060834
Mrs YUVARANI
13-01-1991 35 Y 6 M 12 D (F)
Dr. BHAVANA K

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Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 2

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G					✓	0	
25/7/26	08:00 am	RL	NBM	100ml						.	.	
	09:00 am	RL	NBM	100ml						500ml	.	
	10:00 am	RL	NBM	100ml						100ml	0	
	11:00 am	RL	NBM	100ml						150ml	.	
	12:00 pm	NBM	RL	100ml						100ml	0	
	01:00 pm	NBM	RL	100ml						100ml	0	25/7/26
Total Intake :		600ml								**Total Output :**	950ml	
25/7/26	02:00 pm	NBM	RL	100ml/hr						100ml	0	25/7/26 5pm
	03:00 pm	H2O	50ml	+ 100ml/hr						100ml	0	
	04:00 pm	H2O	50ml	+						100ml	0	
	05:00 pm	H2O	100ml							50ml	0	
	06:00 pm									100ml	1	Sudha
	07:00 pm									100ml		
Total Intake :										**Total Output :**	550ml	
25/7	08:00 pm									50ml		
	09:00 pm		Salty water							50ml		
	10:00 pm									100ml		
	11:00 pm									150ml		
	12:00 am		water							150ml		Subha
	01:00 am									100ml		
Total Intake :										**Total Output :**	600ml	26/7
26/7	02:00 am									150ml		@ 8am
	03:00 am		water							150ml		
	04:00 am									200ml		
	05:00 am									50ml		
	06:00 am									200ml		
	07:00 am											
Total Intake :										**Total Output :**	750ml	

Total 24 hrs. Intake		Total 24 hrs. Output	2,850ml

VIH-00200339 IP-00060834
Mrs YUVARANI
13-01-1991 35 Y 6 M 13 D (F)
Dr. BHAVANA K

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FLUID CHART

Sheet No. : 3

26/7/26

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

		Intake				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
26/7/26	08:00 am		Jelly water							✓	1	26/7 morning
	09:00 am											
	10:00 am										0	
	11:00 am		water								1	eve
	12:00 pm									✓		
	01:00 pm											
Total Intake :						**Total Output :**						
26/7	02:00 pm		Rice + water							✓	1	Today
	03:00 pm											
	04:00 pm										0	
	05:00 pm											
	06:00 pm									✓		
	07:00 pm											
Total Intake :						**Total Output :**					2 times	2 times
	08:00 pm											
	09:00 pm		Rice water								1	
	10:00 pm											
	11:00 pm									✓		
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						Subha 27/7 @ 8AM
27/7	02:00 am											
	03:00 am											
	04:00 am										0	
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						Noted by Subha 27/7 @ 8PM

Total 24 hrs. Intake		Total 24 hrs. Output	5 times

VIH-00200339
Mrs YUVARANI IP-00060834
13-01-1991
Dr. BHAVANA K 35 Y 6 M 13 D (F)

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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						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			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**	

VIH-00200339 IP-00060834
Mrs YUVARANI
13-01-1991 35 Y 6 M 11 D (F)
Dr. BHAVANA K

(1)

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MEDICATION RECONCILIATION FORM

Drug Allergies: ..... NIL ..... ☒ Not known any Drug Allergies

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

Shifting From: ..... L/W ..... Shifted to: .....

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	T. THYROXINE	150mcg	Po	ONCE DAILY	24/7/26	☒C ☐DC
2	T² IRON	1 TAB	Po	ONCE DAILY	23/7/26	☒C ☐DC
3	T² CALCIUM	1 TAB	PO	ONCE DAILY	23/7/26	☒C ☐DC
4	T² ECOSPIRIN	150mg	Po	ONCE DAILY	23/7/26	☒C ☒DC
5	L-ARGININE SACHETS	1 Sachet	PO	8PM Daily	23/7/26	☒C ☐DC
6	T FOLIC ACID	5MG	PO	OD	23/7	☒C ☐DC
7						☐C ☐DC
8						☐C ☐DC
9						☐C ☐DC
10						☐C ☐DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : ..... Dr Greeshma .....

Date & Time : ..... 24/7/26, 1:50 PM .....

Nurse Name & Signature: .....

Date & Time : ..... 24/7/26 at 1:50PM

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

VIH-00200339 IP-00060834
Mrs YUVARANI
13-01-1991 35 Y 6 M 11 D (F)
Dr. BHAVANA K

(2)

Rainbow® Children's Hospital
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Your Right to a Safe Delivery

MEDICATION RECONCILIATION FORM

Drug Allergies: Nil ☐ Not known any Drug Allergies

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

Shifting From: Daicu Shifted to: Room 102

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	T. THYROXINE	150 MCG	PO	ONCE DAILY	24/7	☑C ☐DC
2	T. NIFEDIPINE SUSTAINED RELEASE	10 MG	PO	8TH HOURLY	24/7 11 PM	☑C ☐DC
3	T. PARACETAMOL	1 GM	PO	6TH HOURLY		☑C ☐DC
4	T. PANTOPRAZOLE	40 MG	PO	ONCE DAILY		☑C ☐DC
5	T. TRAMADOL	100 MG	PO	8TH HOURLY		☑C ☐DC
6	T. DICLOFENAC	50 MG	PO	8TH HOURLY		☑C ☐DC
7	INJ. ENOXAPARIN.	40 MG	SC	ONCE DAILY		☑C ☐DC
8						☐C ☐DC
9						☐C ☐DC
10						☐C ☐DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : DR. NIKHITA.

Date & Time : 25/7/2026 3 PM

Nurse Name & Signature: Megha R

Date & Time : 25/7/26 3pm

Rainbow Children Hospital

VIH-00200339 IP-00060834
Mrs YUVARANI
13-01-1991 35 Y 6 M 11 D (F)
Dr. BHAVANA K

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

Patient Name	I.P. No.	Sheet No.	Wards	Weight (kg)
		1	L/W	78 Kgs

REGULAR PRESCRIPTIONS

DRUG: L-ARGININE SACHET	Date/Time: 24/7/26, 25/7
Dose: 1 SACHET; Route: PO; Frequency: 8TH HOURLY; Start Dt.: 24/7	6AM; 2PM TAKEN; 10PM; STOP
Name & Signature of the Doctor starting the Drugs: Dr. Ashwini	
Additional Instructions:	
Daily Doctor's Endorsement by a Sign.	

Chift 24/7/26

DRUG: T. FOLIC ACID	Date/Time: 24/7/26, 25/7
Dose: 5 MG; Route: PO; Frequency: ONCE DAILY; Start Dt.: 24/7	10PM; STOP
Name & Signature of the Doctor starting the Drugs: Dr. Ashwini	
Additional Instructions:	
Daily Doctor's Endorsement by a Sign.	

Chift 24/7/26

DRUG: Tab. PARACETAMOL	Date/Time: 25/7, 26/7
Dose: 1gm; Route: PO; Frequency: 6th hourly; Start Dt.: 25/07	12 AM; 6 AM; 12 PM; 6 PM
Name & Signature of the Doctor starting the Drugs: Dr. P Madhav	
Additional Instructions:	
Daily Doctor's Endorsement by a Sign.	

DRUG: Tab. TRAMADOL	Date/Time: 25/7, 26/7
Dose: 100mg; Route: PO; Frequency: 8th hourly; Start Dt.: 25/07	6 AM; 2 PM; 10 PM
Name & Signature of the Doctor starting the Drugs: Dr. P Madhav	
Additional Instructions:	
Daily Doctor's Endorsement by a Sign.	

Verified Dr. Rishika Clinical Pharmacologist 25/7/26 7:10 pm

Verified Dr. Rishika Clinical Pharmacologist 25/7/26 7:10 pm

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VIH-00200339 IP-00060834
Mrs YUVARANI
13-01-1991 35 Y 6 M 12 D (F)
Dr. BHAVANA K

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

Patient Name :	I.P. No.	Sheet No.	Wards	Weight (kg)
		1	L/W	78 Kgs

REGULAR PRESCRIPTIONS

DRUG : Tab. DICLOFENAC

Dose	Route	Frequency	Start Dt.
50mg	PO	Stat/Hourly	25/07

Name & Signature of the Doctor starting the Drugs: Dr P Madhav

Additional Instructions:

Date / Time	25/7	26/7
7 am		Gay
3 pm		Sadiq
11 pm	Gay	Gay

Daily Doctor's Endorsement by a Sign.

Dr. Rishika Clinical Pharmacologist 25/2/26 2/10 pm

DRUG : Inj. ENOXAPARIN

Dose	Route	Frequency	Start Dt.
40mg	SC	ONCE DAILY	25/07

x 3 days

Name & Signature of the Doctor starting the Drugs: Dr P Madhav

Additional Instructions:

Date / Time	25/7	26/7
18 pm	Gay	

Daily Doctor's Endorsement by a Sign.

Verified Dr. Rishika Clinical Pharmacologist 25/2/26 2/10 pm

DRUG : INJ. CEFOTAXIME

Dose	Route	Frequency	Start Dt.
1GM	IV	12 hrly	25/7

Name & Signature of the Doctor starting the Drugs: Dr Greeshma

Additional Instructions:

Date / Time	25/7	26/7
9 Am		
9 pm	Gay	

STOP IV Cefotaxime — 26/7 2pm

Daily Doctor's Endorsement by a Sign.

Verified Dr. Rishika Clinical Pharmacologist 25/2/26 2/10 pm

DRUG : T. PANTOPRAZOLE

Dose	Route	Frequency	Start Dt.
40MG	PO	ONCE DAILY	25/7

Name & Signature of the Doctor starting the Drugs: Dr Greeshma

Additional Instructions: BEFORE BREAKFAST

Date / Time	26/7
6 Am	Gay

Daily Doctor's Endorsement by a Sign.

Verified Dr. Rishika Clinical Pharmacologist 25/2/26 2/10 pm

VIH-00200339 IP-00060834
Mrs YUVARANI
13-01-1991 35 Y 6 M 13 D (F)
Dr. BHAVANA K

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Sheet No: YUVARANI

REGULAR PRESCRIPTIONS

Weight .... Ward ....

Chart 26/2/26

DRUG : TAB CEFIXIME				Date ▸ / Time ▾	26/7
Dose	Route	Frequency	Start Dt.		
200 MG	PO	12 TH HOURLY	26/7	9 AM	
Name & Signature of the Doctor Starting the Drugs: Dr. Farmer					
				9 PM	
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				

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

VIH-00200339 IP-00060834
Mrs YUVARANI
13-01-1991 35 Y 6 M 13 D (F)
Dr. BHAVANA K

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

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

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ► / Time ▼

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

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VIH-00200339 IP-00060834
Mrs YUVARANI
13-01-1991 35 Y 6 M 12 D (F)
Dr. BHAVANA K

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STAT / ONCE ONLY DRUGS

Name: Mrs Yuvarani Weight: ..... kgs

Sheet No: 1

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
25/7	10:45AM	TIMOPROSTOL	600mcg	PR			Lata
26/7		BISACODYL SUPPOSITORY	10mg	PR			

25/7/17 verified Dr. Rishika Clinical Pharmacologist 2:30 pm

Docu. No. : RCH /FRM / CLINICAL / 136

VIH-00200339 IP-00060834
Mrs YUVARANI
13-01-1991 35 Y 6 M 11 D (F)
Dr. BHAVANA K

(1)

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DRUG CHART

Date of Admission: 24/7/26 Drug Allergies: NIL ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As required Medication)

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

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

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

Signa

VERIFIED BY : Name

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Dr. BHAVANA K

I.V. FLUIDS CHART

Weight. 78 kgs Ward. L/W

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
24/7		RINGER LACTATE	IV	FF				HOLD	
25/7	7:30 AM	RINGER LACTATE	IV	Control			25/7/26		
25/07	10:07 AM	RINGER LACTATE	IV	900 ml		Ajay Kalan	25/7		
25/7	11:30 AM	RINGER LACTATE	IV	100ml/hr			25/7		

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

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Mrs YUVARANI
13-01-1991 35 Y 6 M 11 D (F)
Dr. BHAVANA K

Weight. 78 kgs Ward. L/W

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

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
24/7/26	12PM	INJ. BETAMETHASONE	12 MG	IM		
25/7	12AM	INJ BETAMETHASONE 12MG		IM		
25/7	9:30AM	INJ CEFOTAXIME (AFTER TEST DOSE)	1GM	IV		
25/7	9:00AM	INJ PANTOPRAZOLE	40MG	IV		
25/7	9:00AM	INJ METOCLOPRAMIDE	10MG	IV		
25/07	09:56 Am	Inj. CARBETOCIN	100mcg	IV		
25/07	10:10 Am	Inj. TRANEXAMIC ACID	1gm	IV		
25/07	10:45 Am	Sup TRAMADOL	100mg	PR		
25/07	10:45 Am	Sup. DICLOFENAC	100 mg	PR		

Dr. Rishika Clinical Pharmacologist

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Dr. BHAVANA K

REGULAR PRESCRIPTIONS

Weight. 76kgs Ward. L/W

DRUG : T. NIFEDIPINE SUSTAINED RELEASE				Date/Time	24/7/26	25/7	26/7
Dose	Route	Frequency	Start Date				
10 MG	PO	8th hrly	24/7	7AM	/	/	Gayu
Name & Signature of the Doctor Starting the Drugs: Dr. Greeshma				3PM		/	
				11PM		Gayu	Gayu
Additional Instructions:							
Daily Doctor's Endorsement by a Sign							

DRUG : T. THYROXINE				Date/Time	24/7/26	25/7
Dose	Route	Frequency	Start Date			
150 mcg	PO	ONCE DAILY	24/7	6AM	PT TAKEN	PT taken
Name & Signature of the Doctor Starting the Drugs: Dr. Greeshma						
Additional Instructions:						
Daily Doctor's Endorsement by a Sign						

DRUG : T. IRON.				Date/Time	24/7/26	25/7
Dose	Route	Frequency	Start Date			
1 TAB	PO	ONCE DAILY	24/7			
Name & Signature of the Doctor Starting the Drugs: Dr. Greeshma				9PM	/	
Additional Instructions:						
Daily Doctor's Endorsement by a Sign						

STOP

DRUG : T. CALCIUM				Date/Time	24/7/26	25/7
Dose	Route	Frequency	Start Date			
1 TAB	PO	ONCE DAILY	24/7			
Name & Signature of the Doctor Starting the Drugs: Dr. Greeshma				9PM		
Additional Instructions:						
Daily Doctor's Endorsement by a Sign						

STOP

Chitt 24/7/26