

ADMISSION SHEET



Registration Details :

Admission No : IP5-00176130

Admit Date : 09-Jul-2026

Admit Time : 05:46 AM

UHID : BAH-00637114

Patient Details :

Patient Name : Mrs RISHIKA RAO KANAKANDULA

Age : 27 Y 4 M 12 D

Guardian : Mr SNEHITH RAO

DOB : 27-02-1999

Gender : Female

Religion :

Occupation :

Martial Status : Married

Address (H) : #113, SARK-II , MOKILA , SHANKARPALLY
Marpallikalan Ranga Reddy Telangana INDIA
501203

Phone No : 8002231339/ 9908812315

E-mail : nomailid@gmail.com

Admission Details :

Bed Type : SHARED WARD

Bed No : SW 418

Ward Name : 4F-BIRTHING CENTRE

Room No : SW 418

Admission Type : First Visit

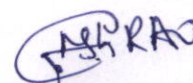
Contact Details :

Name : Mr SNEHITH RAO

Relationship : Husband

Contact Address : #113, SARK-II , MOKILA , SHANKARPALLY
Marpallikalan Ranga Reddy Telangana INDIA
501203

Phone No : 8002231339 / 9908812315


Signature

Doctor Details :

Doctor Name : Dr. HIMABINDU VEERLA

Specialisation : OBSTETRICS AND GYNECOLOGY

Referral Doctor : Self

Phone No :

Co-Consultant :

Payment Details :

Payment Mode : Cash

Deposit Amount : 0.00

Payor Name : MEDI ASSIST INSURANCE TPA PVT
LTD

BAH-00637114 IP5-00176130
 Mrs RISHIKA RAO KANAKANDULA
 27-02-1999 27 Y 4 M 12 D (F)
 Dr. HIMABINDU VEERLA



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ACTIVITY RECORD FOR BILLING

Name : _____

UHID No. : _____ IP No : _____ Consultant: _____ Dept : _____

Date of Admission: _____ Time : _____ Date of Discharge : _____ Time: _____

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
9/8/26	9:45 PM	om	Room (302)	Tunne

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	Dr. Tuheena Sharma (PT)	10/7/26	-96965596	Likhi'tha
2				
3				
4				
5				
6				
7				
8				
9				
10				

INVESTIGATIONS

[illegible]

[illegible]

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
9/7/26	IV Placement	1	9694664	Tunny
9/7	for			
9/7	catheterisation		9694909	Joanue

ANY OTHER INFORMATION

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Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor



IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

no leaking PV - 9AM

Obstetric Formula:

Prim

Obstetric History:

Present Pregnancy Record:

Prim - spontaneous
conception
Booked at 7wks.

RISK FACTORS:

Height: 164 cm

Weight: 79.6 kg

Allergies: NKDA

Breast: ☒ Normal ☐ Abnormal

General Examination: fair

Consciousness: yes

Pallor: absent

Icterus: absent

Edema: absent

Temp: 98.6

PR: 90bpm

BP: 118/79 (92)

DTR: normal

CVS: S1S2

RS - BLNRBSO

Liver/Spleen: not palpable.

Urine Output: normal, SPA - 99/01/11

DIAGNOSIS

Prim / 38+6 wks / PROM in early labour.

LMP: 5/10/15

EDD:

Corrected EDD: 12/12/16

GA: 38+6

Menstrual History: Regular: ☒ Yes ☐ No

Obstetric Examination

Fundal Height: 36cm

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

Liquor: ☒ Adequate ☐ Oligo ☐ Poly

PP: ☒ Cephalic ☐ Breech Others

Head Fifths Palpable: 3/5

FHS: ☒ Normal ☐ Tachy ☐ Brady ☐ Absent

Per Speculum Examination

Draining: ☒ Present ☐ Absent ☐ Bleeding

Colour of Liquor: ☒ Clear ☐ Meconium ☐ Blood Stained

Vaginal Examination

Cervix: ☐ Long ☐ Partially effaced ☐ Effaced

Os: Closed Dilated 2cm

Membranes: ☐ Present ☒ Absent

Liquor: ☒ Clear ☐ Meconium ☐ Blood Stained

Presenting Part: ☒ Vertex ☐ Breech ☐ Others

Sutton: ☐ -3 ☒ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2

Pelvis: ☒ Adequate ☐ Doubtful



Family History: father - HTN	Surgical History: nil
Medical History: nil	Medication History: see medical reconciliation form
Plan of Care: - Admission - CTG now + 16 3rd hly - Send CBPE Trace - vitab 4th hly - consents - 10L - vaginal birth. - w/f progression of labour - w/f s/s chorioamnionitis - Pain relief as req.	Investigations: B positive 4/4 Hb-11.8, pH-7.368 corah - AIR 12/6/26 35wks, 2.2kg, 14(L), Ac-8(C), AFI-11.3cm, posterior upper lg. Doppler @ TIRFA - (NI) RITScan @

Doctor Name: Dr. Himabindu

Signature: [Signature]

Date & Time: 9/7/2026 @ 6AM

Consultant Name: Dr. Himabindu

Signature: [Signature]

Date & Time: 9/7/2026 7:45 AM



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/7/26	C/S/B Dr. Himabindu V.	
7:40 AM	OLE	Adv
	cc: fair	- Start oxytocin 6ml/hr
	vitals - stable	@ 10 AM
	Plt uterus	- Plt incision
	omitable	- w/f POC
CBP → 13/11.52/32	Plv - Cx - 2-3 cm dilated	- CTU 3rd hourly
	posterior, pinching	- vitals hourly
	clear liquor	- Inform Sr
	Vx - 2 stations	- Pain relief for
		Dr. Himabindu
		(Dr. Himabindu)
9/7/26	⇒ Prim / 38+6 wks	
9:40 AM	Pt is stable.	
	BP - 120/83 (93)	
	PR - 109 bpm	
	SpO ₂ - 99% on RA.	
	Temp - 97.4 F.	
NST on going	Plt - ut n term, mildly actg.	
	Cephalic, Engaged	
	Cx - 2-3 cm dilated, posterior	
	1/4 inch long; clear liquor	
	Vx - 2 stations	

Advice
- Start oxytocin - augmentation @ 6ml/hr @ 10 am.
- continuous PPR monitoring
- NST trace - 3rd hourly
- vitals hourly
- Hydrate
- Epidural cath.

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/4/26 1:35pm.	primi / 38+5wks / SROM C/S/B Dr. Himabindu Rao	
	O/F	
	Gc. fair.	Adv
	Bp- 112/83 (86) mmHg	① NBM
NST - Early deceleration	PR- 105 bpm	② IVF @ 100ml/hr
PT given option of LSCS	SPR- 98% RA	③ continue FHR
i/v/o - Early Deceleration	PLV- 3cm dilated	④ NST on going
	1/2 inch long	⑤ Monitor vitals
	Post. clear liquor	4th hb
	rx- 2 cm	⑥ Inform son
F& Emerg LSCS.		
	Dr. D. D. D. (AD)	
	Dr. Himabindu	
9/4/2026 3pm	C/S/B Dr. Himabindu	
	123/81 (93) mmHg	Patient and attenders
	94 bpm	counselled need for
	100% RA	delivery by ces
	PLA: ut acting	i/v/o PFC -
	NST: Early Decelerations (110 bpm)	
F& Emergency LSCS		
	Dr. D. D. D.	
	Dr. Himabindu	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/6/26 3PM	Pt, husband & father & mother had been explained about fetal condition that early decelerations may cause fetal hypoxia & may cause birth asphyxia. Hence in view of fetal distress, emergency C/S is preferred to avoid birth asphyxia.	Dr. Himabindu
9/7/2026 3:25PM	4/6/8 Dr Himabindu. NST - early decelerations ⊕ V/E - Cx 4-5cm dilated, cervix ⊕ Vx high up.	Advice: ✓ Patient & attendants counselled regarding NST - Need for Emg. C/S if/r/o fetal distress. by Dr. Rupika

[illegible]

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/7/26 5:45 PM	POD-0 / Em. lsc. O/F Gc f air BP-112/68 mmHg PR 86 BPM SpO ₂ -98% RA PLA- ut @ uer LIE- BWNL	Adv ① NBM for 6 hours ② Monitor vitals every 30 mins ③ IV @ 100ml/hr ④ I/O charting ⑤ Drugs as charted ⑥ utt active bleeding ⑦ Inform SOS
9/7/26 8:00 PM	POD-0 / Em. lsc. pt comfortable. O/F Gc f air BP-113/68 (88) mm PR- 75 BPM SpO ₂ - 98% RA PLA- ut @ uer LIE- BWNL	Dr. Dilays Adv ① NBM till 12:00 AM ② sips of water liquids from 12:00 AM (if tolerated) ③ soft diet 6:00 AM ④ I/O charting ⑤ utt active bleeding ⑥ Drugs as charted ⑦ monitor vitals 1h hourly ⑧ Inform SOS
Shift to Rooms		Dr. Dilays

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/2/2026 10:15 AM	POD-1 / Embrs.	
	GC: fair Vitals: stable P/A: UT(R) well Soft BS(+) P/R: NAD	Monitor vitals 1) Soft diet & plenty of oral fluid 2) Bow as charted 3) w/f Plw Bleedy 4) I/O Charted 5) Ambulation 6) Staphylococcus
	Remove Foley - 12pm	- Dr. Sanki Bz
10/2/26 9:20 AM	S/B - Dr. Hema Bindu Pt - Comfortable Encouraging Ambulation is passed flams PA - BS + P uterus involuting PR - Lochia healthy	1) Soft diet & plenty of oral fluids (Dr. Hema Bindu)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/7/26 1:25pm	o/g ac-fair vitals - stable PA - uterine retracted neck UE - lochia healthy	Adv - soft diet, Plenty of oral fluids - drugs as per charted vitals closely Ambulate - Inform OT
10/7/26 6:30pm	o/g Comfortable / Ambulating well Get fair Vital stable PA - ut @ well UE - lochia healthy	Adv Soft diet Hydration ambulation Drugs as charted vital 4th hrs Inform OT



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/7/26 8:20 AM	POD-2 / Em. Lm	
B-ue ✓ g ✓	2F C: fair Vital: stable PlA: UT @ cel BS ⊕ Plv BWM	Adv ① Soft diet ② oral hydration ③ mgs as charted ④ Ambulation ⑤ w/f active bleeding ⑥ monitor vital signs ⑦ Infuse sos
Plan discharge evening		Dr. N. N. N.
11/2/26 1:30 PM	POD-2 / Em Lm	
B-ue ✓ g ✓ S- S/E	C: fair Vital: stable PlA: UT @ cel BS ⊕ Plv: WAB plan discharge	2 1) Monitor vitals - 4hr 4) Drug as charted 3) w/f Plv Bleeding 4) Ambulation 5) Monitor vitals - 4hr 6) Soft diet & plenty of oral fluid 6) Infuse sos — Dr. N. N. N.

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RESULT SHEET

Date	9/7/26					
Time	05:38 Am					
Hb	13.0					
PCV	36.7					
RBC	4.22					
WBC	11.52.					
N/L	73.6.					
Platelets	300					
CRP						
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
Blood group → B+ve						

Culture and Sensitivities :

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Radiology : USG :

 X-Ray :

 ECHO :

 CT :

 MRI :

 Others (ECG, Contrast Studies etc.,) :

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MEDICATION RECONCILIATION FORM

Drug Allergies: NKDA

☐ Not Known any Drug Allergies

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

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

Shifting From: NA

Shifted to: NA

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

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Suresh A

Date & Time : 9/2/26 @ 6 AM

Nurse Name & Signature : P. N. M. J. M.

Date & Time : 9/2/26 @ 6 AM

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27-02-1993 27 Y 4 M 12 D (F)
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Sheet No:

REGULAR PRESCRIPTIONS

Weight

Ward **OB**

DRUG : Tab. DICOFENAC				Date Time	10/7	11H
Dose 50mg	Route PO	Frequency TID	Start Dt. 9/7	7AM	10AM	11H
Name & Signature of the Doctor Starting the Drugs: Dr. K. SRI SURYA *				3PM	10AM	11H
Additional Instructions:				11PM	10AM	11H
Daily Doctor's Endorsement by a Sign				9/7		
DRUG : T. PANTOP				Date Time	10/7	11H
Dose 40mg	Route PO	Frequency BD	Start Dt. 9/7	6AM	10AM	11H
Name & Signature of the Doctor Starting the Drugs: A. Ashwini				6AM	10AM	11H
Additional Instructions:				6PM	10AM	11H
Daily Doctor's Endorsement by a Sign				10/7		
DRUG : SPORIDEX AF				Date Time	11/7	
Dose 150mg	Route PO	Frequency BD	Start Dt. 11/7/26	10AM	11AM	
Name & Signature of the Doctor Starting the Drugs: Himabindu (Dr. Himabindu)				10AM	11AM	
Additional Instructions:				10PM		
Daily Doctor's Endorsement by a Sign				9/7		
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

VERIFIED

Signature

VERIFIED BY : Name

Patient Sticker

Sheet No:

REGULAR PRESCRIPTIONS

Weight

Ward

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

VERIFIED BY : Name Signature



REGULAR PRESCRIPTIONS

Weight. 79.6 Ward. 024

DRUG : <u>hj. CEFOTAXIME</u>				Date Time	9/7
Dose <u>1gm</u>	Route <u>IV</u>	Frequency <u>BD</u>	Start Date <u>9/7</u>	7 Am	7 pm
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Sameena</u>				Am 7 pm <u>stop</u> <u>by Dr Dupika</u>	
Additional Instructions: <u>After test done.</u>					
Daily Doctor's Endorsement by a Sign					
DRUG : <u>INS- CEFOTAXIM</u>				Date Time	10/7
Dose <u>1gram</u>	Route <u>IV</u>	Frequency <u>BD</u>	Start Date <u>10/7</u>	26 am	10/7/26
Name & Signature of the Doctor Starting the Drugs: <u>by Dr Dupika</u>				6pm stop <u>after 6pm dose</u> <u>10/7/26</u>	
Additional Instructions: <u>x 48 hrs</u>					
Daily Doctor's Endorsement by a Sign					
DRUG : <u>Tab. PARACETAMOL</u>				Date Time	11/7
Dose <u>1g</u>	Route <u>PO</u>	Frequency <u>QID</u>	Start Date <u>9/7</u>	12 am	11/7
Name & Signature of the Doctor Starting the Drugs: <u>Dr K Sri Surya</u>				6am 12pm 6pm 11/7 11/7	
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					
DRUG : <u>Tab. TRAMADOL</u>				Date Time	11/7
Dose <u>100mg</u>	Route <u>PO</u>	Frequency <u>TID</u>	Start Date <u>9/7</u>	1 am	11/7
Name & Signature of the Doctor Starting the Drugs: <u>Dr K Sri Surya</u>				9am 5pm 11/7 11/7	
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					

VERIFIED

VERIFIED

BAH-00637114
Mrs RISHIKA RAO KANAKANDULA
27-02-1999
Dr. HIMABINDU VEERLA

IP5-00176130

27 Y 4 M 12 D

(F)

Weight: 79.6 Ward: 038

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
9/2/20	6:15 AM	Tab. PGE1	sonus	PO	[Signature]	Tunni Kanthi
9/2/20	7:15 AM	PC Enema	1	P/R	[Signature]	Tunni Kanthi
9/2	3:5 PM	INT 20 ER	1mg	IV	[Signature]	Swape Radhe
9/2	3 PM	INT PANTOPRAZOL	40mg	IV	[Signature]	Swape Radhe
9/2	3:30 PM	INT PERINORM	10mg	IM	[Signature]	Swape Radhe
9/2	3:35 PM	INT LEVOTAXIM	1gram	IV	[Signature]	Swape Radhe
9/2	4:36 PM	Enj. OXYTOCIN	60	IV	[Signature]	Self Radhe
9/2	6:42 PM	Enj. METHERGINE	0.2mg	IV	[Signature]	Self Radhe
9/2	9:25 PM	Supp. TRAMADOL	100mg	P/R	[Signature]	Self Radhe



I.V. FLUIDS CHART

Weight. 49.6 Ward. OM

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
9/7/26	6 AM	RINGER LACTATE	IV	100ml/hr		Pump Kanthi	9/7	ly	Pump Kanthi
9/7/26	10 AM	RINGER LACTATE + OXYTOCIN 10U	IV	6ml/hr	Srthi	Shobha Karna			Sr R
		to increase 6ml every 30min if no adequate contractions.							
9/7/26	10:00 AM	RINGER LACTATE 600ml	N	100ml/hr	Srthi	Shobha Karna	9/7	ly	Shobha Karna
9/7/26	12:00 PM	RINGER LACTATE 500ml	IV	100ml/hr	Srthi	Shobha Karna	9/7	ly	Sr R
9/7	3 PM	RINGER LACTATE 500ml	IV	100ml/hr	ly	Sr R	9/7		Sr R
9/7/26	4:40 PM	10 RINGERS LACTATE	IV	500ml/hr		Sr R	9/7		Sr R
9/7	6 PM	Ringer LACTATE	IV	100		R	9/7		

Signature

VERIFIED BY: Name

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Dr. HIMABINDU VEERLA



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Name:

Weight: kgs

Sheet No:

[illegible]

02-1999
F. HIMABINDU VEERLA

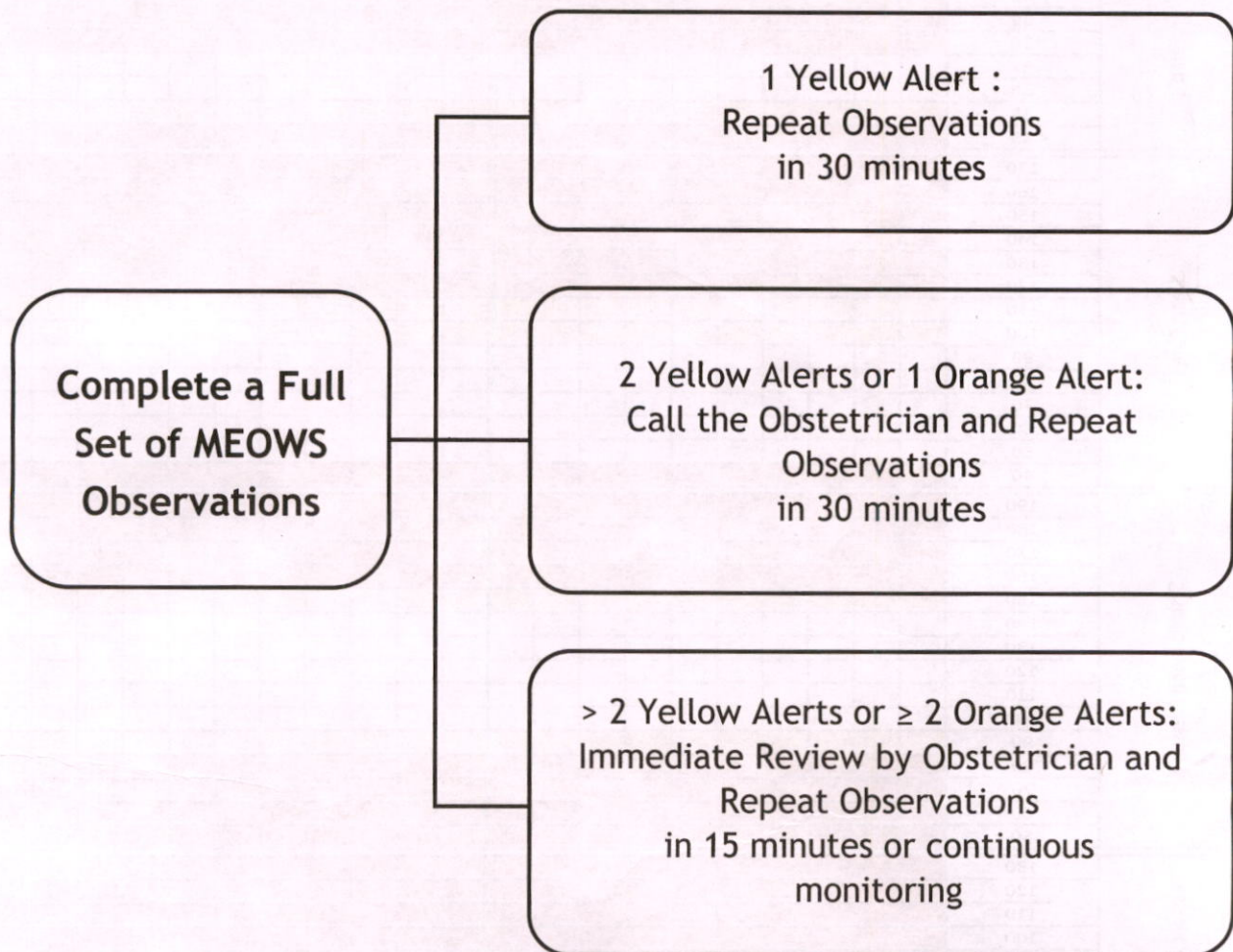


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CONTACT DOCTOR FOR EARLY INTERVENTION IF PATIENT TRIGGERS ONE ORANGE OR TWO YELLOW SCORES AT ANY ONE TIME

[illegible]

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

BAH-00637114 IP5-00176130
Mrs RISHIKA RAO KANAKANDULA (F)
27-02-1999 27 Y 4 M 12 D
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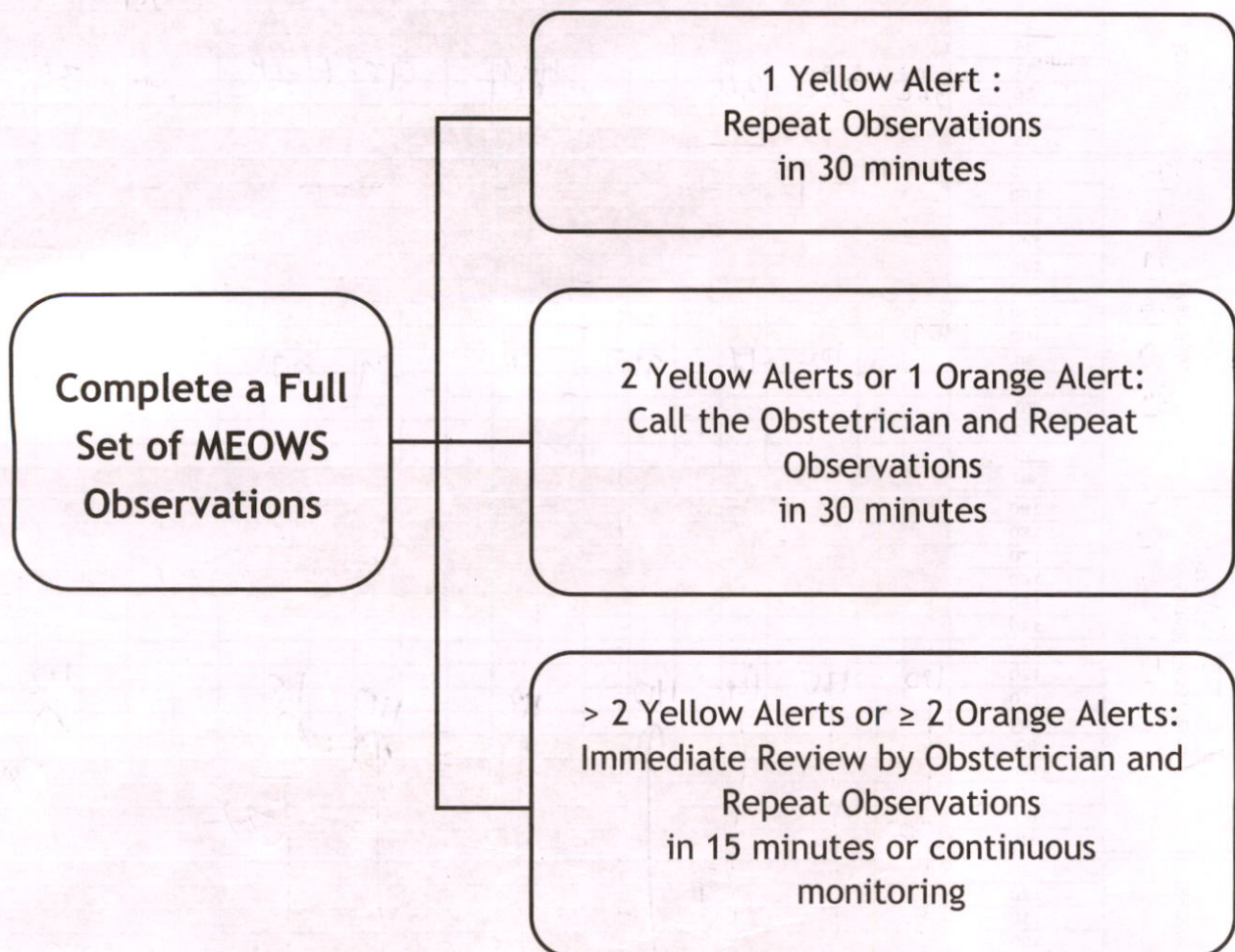


Early Warning Observation Score Chart - Obstetrics

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

[illegible]

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)



10/7/26



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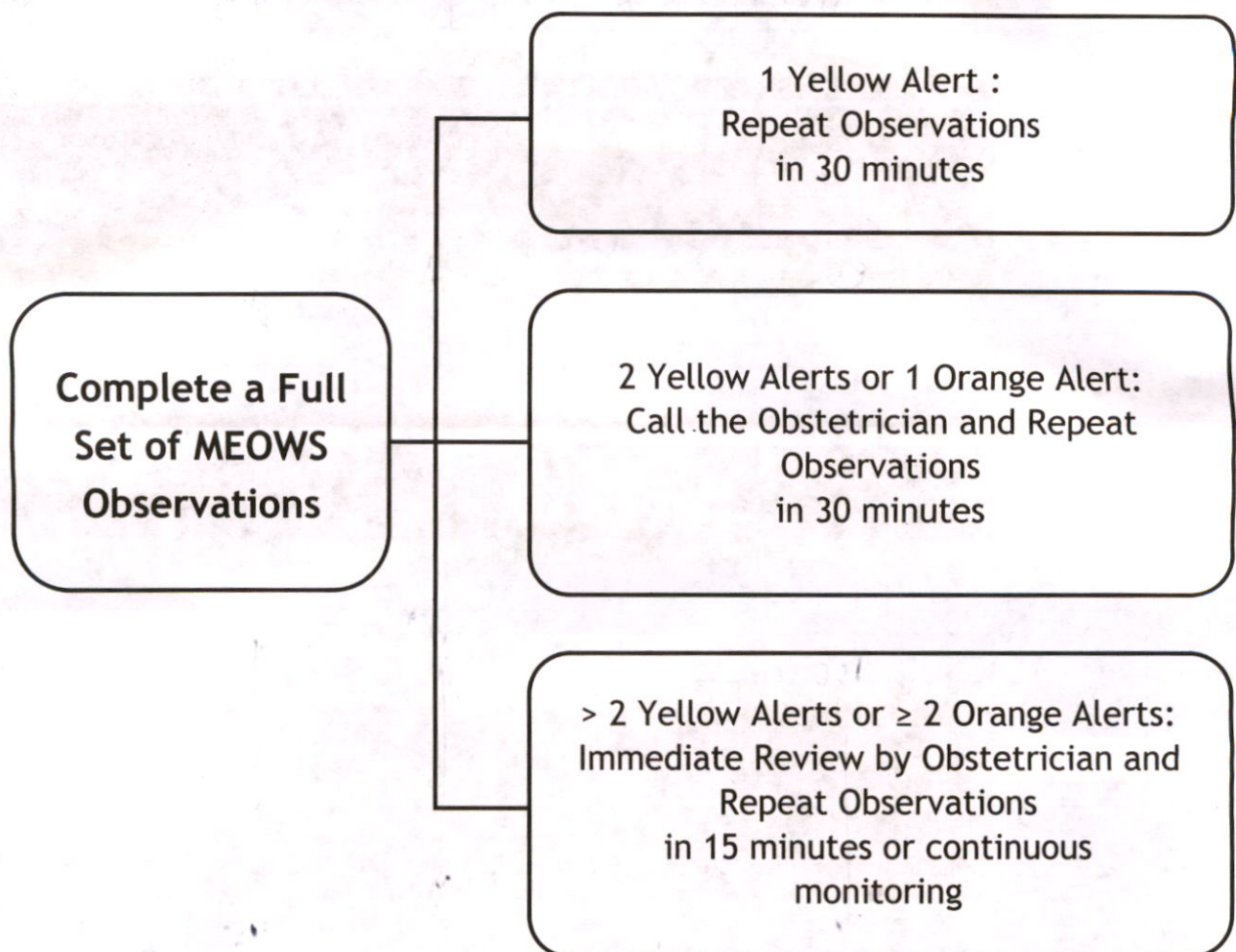


BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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

		Date																								
		Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																									
	21 - 30																									
	11 - 20																									
	0 - 10																									
Saturations	94 - 100 %																									
	< 94 %																									
Administered O ₂ (L/min.)																										
Temp °C	40																									
	39																									
	38																									
	37																									
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	Systolic Blood Pressure ↑	190																								
180																										
170																										
160																										
150																										
140																										
130																										

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

BAH-00637114 IP5-00176130
 Mrs RISHIKA RAO KANAKANDULA
 27-02-1999 27 Y 4 M 12 D (F)
 Dr. HIMABINDU VEERLA

Rainbow Children's Hospital
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FLUID CHART

Sheet No. : 1

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						Total Output :						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						Total Output :						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						Total Output :						
	02:00 am											
	03:00 am											
	04:00 am											
9/8	05:00 am	Ho							✓	0	0	Good
	06:00 am	Ho					NP			0	0	Good
	07:00 am								✓	0	0	Good
Total Intake : Taken						Total Output : U - 21 ML						

Total 24 hrs. Intake

Taken good

Total 24 hrs. Output

U - 21 ML



9/6/26

FLUID CHART

Sheet No. : ①

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

9/6/26		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									
alt	08:00 am		Mouth									0	Shob	
	09:00 am											0		
	10:00 am	Rh	420	100ml						✓		0		
	11:00 am	Rh		100ml								0		
	12:00 pm	Rh	420	100ml								0		
	01:00 pm	Rh	NBM	100ml								0		
Total Intake :			Taken			400ml			Total Output :			passed		
alt	02:00 pm	Re	NBM	100ml								0	Shob	
	03:00 pm	Re	NBM	100ml								0		
	04:00 pm	Re	NBM	100ml								0		
	05:00 pm	Re		100ml								0		
	06:00 pm	Re		100ml						300ml		0		
	07:00 pm	Re		100ml								0		
Total Intake :			Taken			Total Output :								
	08:00 pm			100ml						200ml		0	sum	
	09:00 pm			100ml								0		
	10:00 pm			100ml								0		
	11:00 pm			100ml								0		
	12:00 am		40	100ml								0		
	01:00 am			100ml								0		
Total Intake :						Total Output :			v 200 ml					
	02:00 am			100ml								0	sum	
	03:00 am			100ml								0		
	04:00 am			100ml								0		
	05:00 am			100ml						800ml		0		
	06:00 am			100ml								0		
	07:00 am											0		
Total Intake :						Total Output :			v 800ml					

Total 24 hrs. Intake	Taken
----------------------	-------

Total 24 hrs. Output	v-1300ml
----------------------	----------

BAH-00637114 IP5-00176130
Mrs RISHIKA RAO KANAKANDULA
27-02-1999 27 Y 4 M 12 D (F)
Dr. HIMABINDU VEERLA



10/7/26

FLUID CHART

Rainbow Children's Hospital
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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.
3. 24 hrs. total to be entered in the kardex in RED.

		Intake			Output						IV Site Thrombo- phlebitis Score	Sign. Nurse	
Date	Time	Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine				
			Mouth	I.V	N.G								
10/7/26	08:00 am									600ml	0	Green	
	09:00 am		H ₂ O								0	Green	
	10:30 am									700ml	0	Green	
	11:00 am		H ₂ O				NP				0	Green	
	12:00 pm		H ₂ O							500ml	0	Green	
	01:00 pm		H ₂ O								0	Green	
Total Intake :					Total Output : 1800ml								
	02:00 pm										0	Green	
	03:00 pm		H ₂ O								0	Green	
	04:00 pm										0	Green	
	05:00 pm		H ₂ O								0	Green	
	06:00 pm										0	Green	
	07:00 pm		H ₂ O								0	Green	
Total Intake :					Total Output : 0								
	08:00 pm										0	Sub	
	09:00 pm		H ₂ O								0	Sub	
	10:00 pm										0	Sub	
	11:00 pm		H ₂ O								0	Sub	
	12:00 am										0	Sub	
	01:00 am		H ₂ O								0	Sub	
Total Intake :					Total Output : 0								
	02:00 am										0	Sub	
	03:00 am		H ₂ O								0	Sub	
	04:00 am										0	Sub	
	05:00 am		H ₂ O								0	Sub	
	06:00 am										0	Sub	
	07:00 am		H ₂ O								0	Sub	
Total Intake :					Total Output : 0								
Total 24 hrs. Intake					Total 24 hrs. Output								

BAH-00637114 IP5-00176130
 Mrs RISHIKA RAO KANAKANDULA
 27-02-1999 27 Y 4 M 14 D (F)
 Dr. HIMABINDU VEERLA



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FLUID CHART

Sheet No. : 3

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						Total Output :						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						Total Output :						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						Total Output :						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						Total Output :						
Total 24 hrs. Intake						Total 24 hrs. Output						

BAH-00637114 IP5-00176130
 Mrs RISHIKA RAO KANAKANDULA
 27-02-1999 27 Y 4 M 12 D (F)
 Dr. HIMABINDU VEERLA

NURSING CARE RECORD

Rainbow
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Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 8/7/26

Assessment: Patient complains of leaking P/V

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
5Am	⇒ Assess the Pt Condition	6Am	⇒ Assessed the Pt condition	Patient is comfortable
6Am	⇒ FHR monitoring	6:30 Am	⇒ FHR monitoring done	
6:30 Am	⇒ IV Placement	7Am	⇒ IV placement done.	
7Am	⇒ Administration medication	7:30 Am	⇒ medication given as per drug chart	
7:30 Am	⇒ Ensure safety	7:40 Am	⇒ Side rails provided.	
7:45 Am	⇒ U/O monitoring	8Am	⇒ U/O monitoring done.	

Re-Assessment: Antibiotic given for prevent infection

Special Notes: NST 3rd hourly

Nurse Signature: JM

Nurse Name: Tunne

Date & Time: 9/7/26 @ 8Am

BAH-00637114 IP5-00176130
 Mrs RISHIKA RAO KANAKANDULA
 27-02-1999 27 Y 4 M 12 D (F)
 Dr. HIMABINDU VEERLA



NURSING CARE RECORD

Rainbow Children's Hospital
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Shift: ☒ Morning ☐ Afternoon ☐ Night

Date: 9/11/20

Assessment:

pt complain for Abdomenel pain

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
8 Am	Assess pt general condition	8:10 AM	Assessed pt general condition	pt is stable.
10 Am	moniter vital	10:10 AM	SpO2 pulse checked and recorded	
11 AM	Administration medication.	11:15 AM	medication given per as per doctor orders	
12 PM	Ensure safety	12:10 PM	ensure safety provided	
1 PM	prevent infection.	1:30 PM	TO prevent infection.	

Re-Assessment:

Re Assessment done.

Special Notes:

Nurse Signature: [Signature]

Nurse Name: Shobha

Date & Time: 9/11/20 2 PM

NURSING CARE RECORD

Shift: ☐ Morning ☒ Afternoon ☐ Night

Date: 9/1/2026

Assessment: Patient complaint fear and Anxiety

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
2pm	→ assess the patient condition	2:30pm	→ assessed the patient condition	→ Patient is stable
3pm	→ monitor vitals	3:30pm	→ monitored vitals	
4pm	→ Ensure safety	4:40pm	→ Provided side rails	
5pm	→ Ilo chart monitoring	5:30pm	→ Ilo chart monitored	
6pm	→ FHR monitoring	6:30pm	→ FHR monitored NST done	
7pm	→ administration of medication	7:30pm	→ medication given as per drug chart	
8pm	→ Ambulation	8pm	→ Ambulation done	

Re-Assessment: Patient stable done

Special Notes: Vitals with happy

Nurse Signature: [Signature]

Nurse Name: Swapne

Date & Time: 9/1/2026 8pm

NURSING CARE RECORD

Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 2/7/26

Assessment: PT having pain

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
8PM	→ Assess the PT condition.	8PM	→ Assessed the PT condition.	PT is stable
12AM	→ vital chart maintain	11PM	→ vital chart maintained	
3AM	→ Ensure safety	2AM	→ Ensured safety	
8AM	→ 12AM Liquid diet start	6AM 7AM	→ continue IV fluid	

Re-Assessment: PT is comfortable

Special Notes: soft diet 6AM

Nurse Signature: 

Nurse Name: suman @ 018750

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

NURSING CARE RECORD

Shift: ☒ Morning ☒ Afternoon ☐ Night

Date: 10/7/20

Assessment: pt having discomfort

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
8: AM	Assess the pt condition	8:30 AM	Assessed the pt condition	now pt looks better
10: AM	Plan for vitals	10:30 AM	vitals checked & record	
12: PM	Administer medication as per doctor orders	12:30 PM	Administered medication as per doctor orders	
3: PM	maintain Elo chart	3:30 PM	maintained Elo chart	
6: PM	Plan for vitals	6:30 PM	vitals checked & record	
8: PM	Ensure pt safety	8:10 PM	provided side rails	

Re-Assessment: re-assessment done

Special Notes: Nil

Nurse Signature: [Signature]

Nurse Name: Himabindu

Date & Time: 10/7/20



NURSING CARE RECORD

Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 10/7/20

Assessment: Patient is having discomfort

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
8am	* Assess the patient Condition and vitals	8:30 am	* Assessed the patient condition and vitals checked	* new patient condition is stable
10am	* monitor the I/O chart	10:30 am	* monitored the I/O chart	
12pm	* maintain personal hygiene	12:30 pm	* maintained the personal hygiene	
3pm	* provide comfort position	3:30 pm	* provided comfortable position	
6pm	* Administer medicine as per chart	6:30 pm	* Administered medicine as per chart	
7pm	* ensure safety	7:30 pm	* ensured safety	

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

Special Notes: nil

Nurse Signature: Sneh

Nurse Name: Sneh 6.07.20

Date & Time: 10/7/20 @ 8pm



NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Dr. Himabindu Department: ORs Date of Admission: 9/1

SITUATION	Diagnosis: <u>Primi / 38+6 wks SRom</u> <u>Early labour</u>		Any Infection: ☐ Yes ☐ No ☒ Not Known If Yes Specify: _____					
BACKGROUND	Area	Shift Time	<u>ORs</u> <u>8PM-8A</u>	<u>ORs</u> <u>8PM-2PM</u>	<u>ORs</u> <u>2PM-8PM</u>	<u>3rd Floor</u> <u>8PM-8AM</u>	<u>3rd Floor</u> <u>8AM-8PM</u>	<u>3rd Floor</u> <u>8PM-8AM</u>
	Medical Condition (Any special condition to be noted):		<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
ASSESSMENT	Allergy:		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
	Tubes/Drains/Catheter:		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
	Vital Signs:	Temp:	<u>98°F</u>	<u>98.2°F</u>	<u>98.1°F</u>	<u>98°F</u>	<u>97.6°F</u>	<u>97.8°F</u>
		Res:	<u>20b/m</u>	<u>20b/m</u>	<u>20b/m</u>	<u>20b/m</u>	<u>22b/m</u>	<u>24b/m</u>
		SpO ₂ :	<u>99%</u>	<u>100%</u>	<u>99%</u>	<u>99%</u>	<u>99%</u>	<u>98%</u>
		Pulse:	<u>79b/m</u>	<u>100b/m</u>	<u>80b/m</u>	<u>82b/m</u>	<u>85b/m</u>	<u>88b/m</u>
		BP:	<u>110/70</u>	<u>120/83</u>	<u>121/81</u>	<u>118/70</u>	<u>110/70</u>	<u>110/70</u>
		Fall Risk Score:	<u>20</u>	<u>20</u>	<u>20</u>	<u>20</u>	<u>20</u>	<u>20</u>
Pain Score:		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	
Recommendations	Safety Needs:		<u>yes</u>	<u>yes</u>	<u>yes</u>	<u>yes</u>	<u>yes</u>	
	Physiotherapy		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	Others Specify:		<u>NO</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	
	Special Diet:		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	Other Special Orders / Medications:		<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	
Post Operative Procedure Special Orders:		<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	
Handed Over By Name :		<u>TM</u>	<u>Shobha</u>	<u>Swapna</u>	<u>Sunshu</u>	<u>Loceel</u>	<u>Sul</u>	
Signature :		<u>TM</u>	<u>Shobha</u>	<u>Swapna</u>	<u>Sunshu</u>	<u>Loceel</u>	<u>Sul</u>	
Date:		<u>9/1/26</u>	<u>9/1/26</u>	<u>9/1/26</u>	<u>10/7/20</u>	<u>10/7/20</u>	<u>11/1/26</u>	
Time:		<u>8AM</u>	<u>2PM</u>	<u>8PM</u>	<u>8AM</u>	<u>8PM</u>	<u>8AM</u>	
Taken Over By Name :		<u>Shobha</u>	<u>Swapna</u>	<u>TM</u>	<u>Loceel</u>	<u>Sul</u>	<u>Sangeeta</u>	
Signature :		<u>Shobha</u>	<u>Swapna</u>	<u>TM</u>	<u>Loceel</u>	<u>Sul</u>	<u>Sangeeta</u>	
Date:		<u>9/1/26</u>	<u>9/1/26</u>	<u>9/1/26</u>	<u>10/7/20</u>	<u>10/7/20</u>	<u>11/1/26</u>	
Time:		<u>8AM</u>	<u>8PM</u>	<u>8PM</u>	<u>8AM</u>	<u>8PM</u>	<u>8AM</u>	

NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Department: Date of Admission:

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



PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
9/7	5 Am	0/10	NO pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	under observation	Tummy
9/7	8 Am	2/10	Abdomen pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	under observation	Tummy.
9/7	10 Am	0/10	NO pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	under observation	shaking
9/7	12 pm	1/10	Abdomen pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	breathing breath out exercise	shaking
9/7	3 pm	02/10	lower abdomen	☐ Continuous ☒ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☒ Dull ☐ Aching ☐ Burning	☐ Increasing ☒ Decreasing	☒ Yes ☐ No	Breathing Exercise	Swamp
9/7	4 pm	01/10	NO Pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	under observation	Swamp
9/7	8 pm	0/10	NO pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	under observation	Tummy
10/7	12 AM	1/10	Abdomen pain	☐ Continuous ☒ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☐ Dull ☒ Aching ☐ Burning	☒ Increasing ☐ Decreasing	☐ Yes ☐ No	take capso give	Swamp
10/7	6 AM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	sw
10/7	1 pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Calpac 9/10	Loch

Re-assessment Frequency:

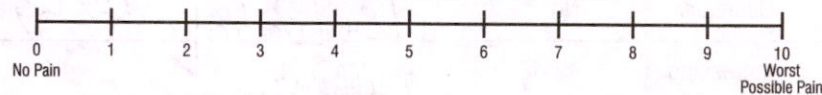
- Every eight hours for all hospitalized patients.
- For post-surgical patients, patients with chronic pain, patient with severe pain:
 - At least every 2 hours for the first 24 hours
 - Then every 4 hours.
 - Prior to pain relieving intervention.
 - Within 30 – 60 minutes after pain relief intervention.

PAIN ASSESSMENT TOOLS

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

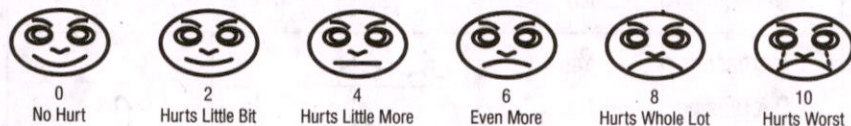
Numerical Pain Scale (Obstetric and Gynecology)



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

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

Wong - Baker (Pediatrics) Above 7 Years





PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
10/7/26	2pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	SR
10/7/26	7pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	SR
10/7/26	9pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Sudh
11/7/26	12pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Sudh
11/7/26	3pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Sudh
11/7/26	6pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Sudh
				☐ 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:

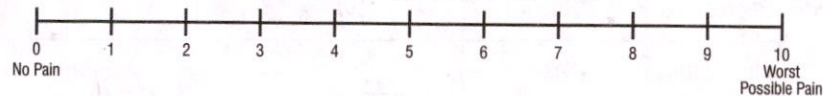
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Wong - Baker (Pediatrics) Above 7 Years



BAH-00637114 IP5-00176130
Mrs RISHIKA RAO KANAKANDULA
27-02-1999 27 Y 4 M 12 D (F)
Dr. HIMABINDU VEERLA



BRADEN 'Q' SCALE

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

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

					Date :	9/7/26	9/7/26	9/7/26	9/7/26
					Time :	8pm	8Am	2pm	8pm
Mobility	1. Completely immobile: Does not make even slight changes in body or extremity position without assistance.	2. Very limited: Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	3. Slightly limited: Makes frequent through slight changes in body or e.tremity position independently.	4. No limitations: Makes major and frequent changes in position without assistance.	4	4	1	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	1	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	2	2	
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	2	2	
FRICION-SHEAR Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	1. Significant problem: Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	2. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	3. Potential problem: Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	4. No apparent problem: Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	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 meat and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	4	
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4	
Severe Risk : less than 9 High Risk : 10-12 Moderate Risk : 13-14 Mild Risk : 15-18 Not at Risk: 19-23					TOTAL SCORE				
					Evaluator's Name				
					28 28 18 18 Punni Shobu Sy Sub				

CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1 8/7			DAY-2			DAY-3 10/7/26			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0			0	0	0	0	0	0	0	
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1			-	-	-	-	-	-	-	
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 cord pyrexia	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 : [Signature] Name : Kranthi

Signature of Ward In Charge :

Signature : [Signature] Name : Veena

Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	9/17/26	9/17/26	9/17/26	Fall Risk Grading		
		Score	8pm - 8am	8am - 2pm	2pm - 8pm	Risk Level	Morse Fall Score (MFS)	Action
History of Falling (immediately or w/in 3 months)	Yes	25				Low Risk	0 - 24	Standard Fall Precaution
	No	0	0	0	0			
Secondary Diagnosis (more than one diagnosis)	Yes	15				Moderate Risk	25 - 50	Implement Moderate Fall Prevention Intervention
	No	0						
Ambulatory Aid	Furniture	30				High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	Crutches, Cane(S), Walker	15						
	None /Bed Rest /Nurse Assist	0	0	0	0			
IV / Heparin Lock or Saline	Yes	20	20	20	20	Moderate Risk	25 - 50	Implement Moderate Fall Prevention Intervention
	No	0						
GAIT / Transferring	Impaired	20				High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	Weak (uses touch for balance)	10						
	Normal /On Bed Rest /Immobile	0	0	0	0			
Mental Status	Forgets limitations	15				High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	Oriented to own ability	0	0	0	0			
Total Morse Fall Scale Score:			20	20	20			
Signature			Tunn	Shobha	Quarun			

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

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

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

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

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

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



Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	Fall Risk Grading		
		Score			
History of Falling (immediately or w/in 3 months)	Yes	25	28		
	No	0			
Secondary Diagnosis (more than one diagnosis)	Yes	15	0		
	No	0			
Ambulatory Aid	Furniture	30			Low Risk
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0			
IV / Heparin Lock or Saline	Yes	20			
	No	0			
GAIT / Transferring	Impaired	20			Moderate Risk
	Weak (uses touch for balance)	10			
	Normal /On Bed Rest /Immobile	0			
Mental Status	Forgets limitations	15	48		
	Oriented to own ability	0			
Total Morse Fall Scale Score:		38			
		Signature	Such		

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

- ☐ Ensure patients use their prescribed eye glasses if any, in the hospital
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MULTI-DISCIPLINARY PLAN OF CARE FORM

Diagnosis: Primu / 38+6 wks / SKOM in Early labour

Date Time	Discipline	Type	Patient Needs / Problem List	Goal	Plan / Intervention	Signature	Team Verification
9/7/26 @ 6am	☒ Medical ☐ Nursing ☐ Others:	☒ Initial ☐ Modified ☐ Per-Op ☐ Post Op	Primu / 38+6 wks / SKOM	for safe delivery	id	[Signature]	☐ Nursing ☐ Others:
9/7/26 @ 7 Am	☐ Medical ☒ Nursing ☐ Others:	☒ Initial ☐ Modified ☐ Per-Op ☐ Post Op	Safety	prevent infection	Antibiotic given	Punni	☒ Medical ☐ Others:
10/7/26 7:30 am	☐ Medical ☐ Nursing ☒ Others: dietitian	☐ Initial ☐ Modified ☐ Per-Op ☒ Post Op	POD-1 Em-LSCS	Soft diet	Soft High protein diet	Seema	☐ Medical ☐ Nursing ☒ Others:
10/7/26 3pm	☐ Medical ☐ Nursing ☒ Others:	☐ Initial ☐ Modified ☐ Per-Op ☒ Post Op	Post LSCS	Post partum recovery	Deep core retraining & functional training	T.S	☐ Medical ☐ Nursing ☐ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Nursing ☐ Others:

Patient Sticker

INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

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

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

Part - I.

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

Identified Education Needs:

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

Part - II

Date	Time	Need Identified	Information Taught	Use codes from the list in part III					Comments	Designation / Signature
				Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		
9/11/26	6am	1,2,3,4	Diagnosis, Treatment & care plan. Pain management, Informed. Consent	PT, S	1	0	1	1	—	<i>[Signature]</i>
9/11/26	6Am	7	Explain about infection Control	PT, S	1	0	1	1	—	Turns
10/1/26	7:30 am	9	lactation diet	PT	1	0	1	1	—	Saine

Part - III: CODES

Who was taught:	PT: Patient	F: Father	M: Mother	S: Spouse	Sn: Son	D: Daughter	C: Caregiver	O: Other (Specify)															
Learning Barriers:	<table border="0"> <tr> <td>1. No Learning Barriers</td> <td>4. Language Barrier</td> <td>7. Impaired Thought Process/Cognitive limitations</td> <td>10. Financial Difficulties</td> <td>13. Cultural/Religion Practice</td> </tr> <tr> <td>2. Physical Impairment</td> <td>5. Educational Level</td> <td>8. Responsibilities at Home</td> <td>11. Beliefs and Values</td> <td>14. Others (Specify)</td> </tr> <tr> <td>3. Emotional Barriers</td> <td>6. Desire / Motivate to Learn</td> <td>9. Cultural Differences</td> <td>12. Impaired Vision/ or Hearing</td> <td></td> </tr> </table>								1. No Learning Barriers	4. Language Barrier	7. Impaired Thought Process/Cognitive limitations	10. Financial Difficulties	13. Cultural/Religion Practice	2. Physical Impairment	5. Educational Level	8. Responsibilities at Home	11. Beliefs and Values	14. Others (Specify)	3. Emotional Barriers	6. Desire / Motivate to Learn	9. Cultural Differences	12. Impaired Vision/ or Hearing	
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Teaching Tools Used:	A: Audio	D: Demonstration	V: Video	O: Oral	P: Printed																		
Mechanism/s to overcome barrier/s:	<table border="0"> <tr> <td>1. None</td> <td>3. Reassurance & Support</td> <td>5. Respect values & beliefs</td> <td>7. Other, Specify</td> </tr> <tr> <td>2. Obtain translator</td> <td>4. Teach Family / Others</td> <td>6. Respect Cultural / Religion Preference</td> <td></td> </tr> </table>								1. None	3. Reassurance & Support	5. Respect values & beliefs	7. Other, Specify	2. Obtain translator	4. Teach Family / Others	6. Respect Cultural / Religion Preference								
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OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 9/1/2020 Time of Arrival: 5:30 AM Time Seen by Nurse: 5:55 AM

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

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

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

3) Vital Signs: Temperature: 98°F Pulse: 80 RR: 20 SpO₂: 99% BP: 110/65 Weight:

4) Gestational Criteria:

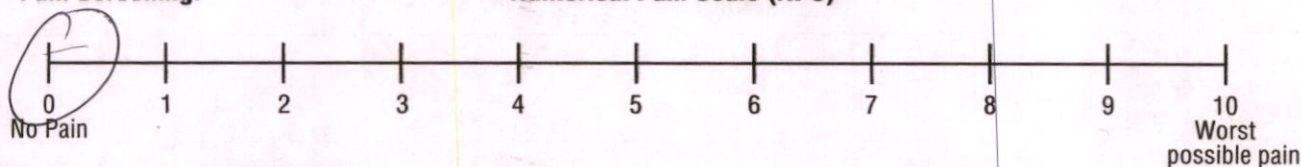
Gravida: G 1 P — L — A —

LMP: 5/10/25 EDD: 1/7/26 Gestational Age: 38+6 w 14

Uterine Contraction	☐ Yes ☒ No ☐ NA	Onset	Time	Frequency:
Membrane Rupture	☒ Yes ☐ No ☐ NA	Onset <u>1 hour</u>	Time <u>4 AM</u>	Fluid Color: <u>clear</u>
Vaginal bleeding	☐ Yes ☒ No ☐ NA	Onset	Time	Amount:
Pre Eclampsia Symptoms	☐ Yes ☒ No ☐ NA	If Yes specify: Headache / Visual Symptoms / Pain Abdomen / Vomiting		
Good fetal Movement	☒ Yes ☐ No ☐ NA	If No specify:		

5) Pain Screening:

Numerical Pain Scale (NPS)



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

6) Past History:

- a) Surgeries: Nil
b) Medical: Nil

7) Allergy: ☐ Yes ☒ No, If Yes :

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

9) Prenatal Medical History:

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

Triage Category: (Please tick on the category)

Refer to OBSTETRICAL TRIAGE ACUITY SCALE (OTAS)

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

OBCU Obstetrical Triage Acuity Scale (OTAS)

OTAS	Level 1 (Resuscitative)	Level 2 (Emergent)	Level 3 (Urgent)	Level 4 (Less Urgent)	Level 5 (Non Urgent)
Level 1 (Resuscitative)	Immediate	≤ 15 minutes	≤ 30 minutes	≤ 60 minutes	≤ 120 minutes (2 Hours)
Re-Assessment	Continuous Nursing Care	Every 15 Minutes	Every 15 Minutes	Every 30 Minutes	Every 60 Minutes
Labour / Fluid	Imminent Birth	Suspected Pre-term Labour / PPRM < 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: 5:20 Am.

Nurse Name : Nurse Signature: TM

Date: 9/11/26 Time: 5:30 Am



TETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 9/11/26

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: Plom Doctor Notified on Admission: ☒ Yes ☐ No

Name of the Doctor: Dr. Sameer

Time Notified: 5.20 AM

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

Past Medical History

Past Surgical History

Previous Hospital Admission

Nil

Nil

Nil

Gynecology Assessment: ☐ Not Applicable

Menstrual History: Regular

Onset of Menarche:

Menstrual Cycle: ☒ Regular ☐ Irregular

Last Menstrual Period: 5/10/25

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 1 P - L - A -

Previous LSCS: NO

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

Family History: ☐ No Abnormalities Detected

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

☐ Liver disease ☐ Other

Vital Signs / Measurements:

Temp: 98°F

HR: 89 bpm

RR: 20

BP: 112/75

Weight: 79.6

Height: 164

BMI: -

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



PHYSICAL ASSESSMENT

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

Fall Assessment: ☒ Yes ☐ No Score 20 (complete the Morse Fall Risk Assessment Sheet)

Risk of Pressure Sore: ☒ Yes ☐ No Score 20 (complete the Braden Q Sheet)

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

- ☐ Mobility problem ☐ Walking Problem ☒ No Abnormality Detected
☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING: ☒ No Abnormality Detected

- ☐ Overweight ☐ Poor Appetite > 3 Days ☐ Needs Therapeutic Diet.
☐ Under Weight ☐ Diabetes Mellitus ☐ Hyperemesis Gravidarum

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

- ☒ Calm & Cooperative ☐ Restless ☐ Depressed ☐ Agitated ☐ Confused
☐ Others

Inform consultant for positive criteria

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

SOCIAL SCREENING:

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

2. **Special Habits:** **Smoker:** ☐ Yes ☒ No **Alcohol Abuse:** ☐ Yes ☒ No **Drug Abuse:** ☐ Yes ☒ No

Social History: Lives With Family

Orientation has been given regarding the following aspects:

- Call Bell in Reach: ☒ Yes ☐ No Waste Disposal Explained: ☒ Yes ☐ No
Infusion Pump: ☐ Yes ☒ No Hand Hygiene Explained: ☒ Yes ☐ No ☐ Others

Above information given to Patient

Name of Person Orientation was given to: Tunny

Orientation not given Reason: NA

Nurse Signature: TM

Nurse Name: Tunny

Date & Time: 9/1/26 @ 5:30 AM

PATIENT TRANSFER FORM

Patient Name & UHID No. BAH-00637114 IP5-00176130 Mrs RISHIKA RAO KANAKANDULA 27-02-1999 27 Y 4 M 12 D (F) Dr. HIMABINDU VEERLA 		Date & Time of Admission 9/7/26 @ 5:46 AM	Date & Time of Transfer Order 9/7/26 @ 9:45 PM
		Transfer Ordered by Dr. Arshiya	Reason for Transfer Observation
From Unit OM	To Unit Room (302)	Information to Attendant Yes ☒ No ☐	
Number of Sheets in Clinical File 40	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.	Nil		
2.			
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes ☒ No ☐			
Name & Signature of Person who is Transferring Sis Purni		Name of Person Ordered Transfer Dr. Arshiya	
Patient & Clinical Records Received by : Suman			
Date & Time of Patient Received : 9/7/26 @ 9:55 PM			

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

☐ Unavailable Bed

☐ Nurse not Available

☐ Available Bed not ready



CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: <u>Dr. Himabindu</u>	Date of Delivery: <u>9/7/26</u>
Assistant Surgeon: <u>Dr. Arshya</u>	Time of Delivery: <u>4:36pm</u>
Anaesthetist's Name: <u>Dr. Surya</u>	Gender of Baby: <u>female</u>
Type of Anaesthesia: <u>ASA</u>	Weight of Baby: <u>3.038 kg</u>
Neonatologist: <u>Dr</u>	AGPAR Score: <u>9.10</u>
Scrub Nurse: <u>Dr. Bhavitha</u>	NICU Admission: ☐ Yes ☒ No

Pre-Operative Diagnosis: Bumiparide 38th wk. ROM in early labor.

☐ Elective

☒ Emergency

Indication: Progressed fetal compromise

Urgency

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

Decision time: Knife to rectus:

CTG Description:

If there was a delay give the reasons:

Surgical Procedure:

Emergency C/S

Post Operative Diagnosis:

PDO

Peri-Operative Complications:

Amount of Blood Loss:

500ml

Blood Transfused (in ML):

Nil

Name and Number of Surgical Specimen sent for examination:

Examination Findings when Appropriate:Presentation: ☐ Cephalic ☐ Breech ☐ Other

Cervical Dilatation: cm

5th Palpable:

Fetal Position:

Station: ☐ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2Moulding: ☐ None ☐ + ☐ ++ ☐ +++Caput: ☐ + ☐ ++ ☐ +++Meconium: ☐ None ☐ + ☐ ++ ☐ +++Bladder Catheterized: ☐ Yes ☐ NoUrine: ☐ Clear ☐ Blood StainedSkin Incision: ☒ Pfannenstiel ☐ Transverse ☐ Midline ☐ OtherUterine Incision: ☒ Lower Segment ☐ Classical ☐ Inverted T ☐ J IncisionPrevious Scar: ☐ Intact ☐ Thinned out ☐ Ruptured ☒ No ScarIncision Through Placenta: ☐ Yes ☒ NoDelivery of head: ☐ Manual ☐ ForcepsLiquor: ☒ Clear ☐ Meconium: ☐ I ☐ II ☐ III ☐ Blood ☐ Offensive ☒ Not OffensiveDelivery of Placenta: ☐ Manual ☒ CCT ☐ Complete ☐ Incomplete ☐ PiecemealCord Appearance: Cord around the neck ☐ Yes ☒ NoAppearance of placenta: Cavity explored ☐ Yes ☐ NoUterus, tubes and ovaries: ☒ Normal ☐ Not Normal Sterilization: ☐ Yes ☒ NoUterine Closure: ☐ One Layer ☒ Two Layers SuturePeritoneal Closure: ☐ Pelvic ☒ Abdominal ☐ None Suture

Sheath Closure: Suture

Fat Closure: ☒ Yes ☐ No SutureSkin Closure: ☒ Subcuticular ☐ Mattress SutureVaginal Evacuated ☒ Yes ☐ NoDrain: ☐ Yes ☒ No ☐ Remove in days ☐ Await instructionsCatheter ☒ Yes ☐ No ☐ Remove in days ☐ Await instructionsSwap & Instruments count correct? ☒ Yes ☐ No ☐ Post-op Antibiotics ☒ Yes ☐ NoIntra-Operative Antibiotics Cover: ☒ Yes ☐ No ☐ Thromboprophylaxis ☐ Yes ☐ No

Post-Operative Notes:

NPBm for Ghay
Vitals 2nd hr
Doing as charted
w/ p. Cathr bleed
Informing to

Doctor Name: Doctor Signature:

Date & Time: 9/7/2006 6:00

Patient Sticker

POST-SURGICAL CARE PLAN FORM

Procedure Done: *Emergency ces*

Post-Surgical Diagnosis: *PPH*

Post-Operative Monitoring Parameters /Frequency:

Temp, PR, BP, SpO2 Every 2nd h

Wound Care:

after 48h.

Drain /Special Lines/Catheters:

(1) comla.

Special Patient Positioning and Requirements:

Supine 14-16h.

Nutritional Instructions:

NBM 4-6h.

When to Start Mobilization:

for Foley removal

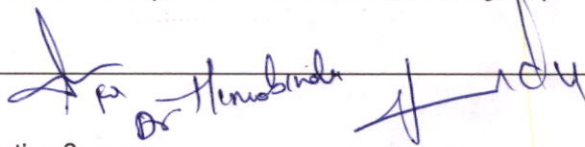
Special Referrals:

(-)

The new order for all required medications documented in the doctor order/medication sheet:

☒ Yes ☐ No

Any Other Post-Operative Care Needed including Required Follow Up


Treating Surgeon
(Signature & Stamp)

Date: *9/1/20* Time: *6pm*

Note: Plan of care will be readjusted if necessary.

BAH-00637114 IP5-00176130
Mrs RISHIKA RAO KANAKANDULA
27-02-1993 27 Y 4 M 12 D (F)
Dr. HIMABINDU VEERLA

Patient Sticker



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

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

Signature of the Doctor: *[Signature]* Date: 9 Feb. Time: 6pm

Action Plan: Hydration & Ambulation

Risk Assessment Tool for Deep Vein Thrombosis

- ☐ If total score ≥ 4 antenatally, consider thromboprophylaxis from the first trimester.
- ☐ If total score 3 antenatally, consider thromboprophylaxis from 28 weeks.
- ☐ If total score > 2 postnatally, consider thromboprophylaxis for at least 10 days.
- ☐ If total score = 2, Hydration & Ambulation.
- ☐ If admitted to hospital antenatally consider thromboprophylaxis.
- ☐ If prolonged admission (≥ 3 days) or readmission to hospital within the puerperium consider thromboprophylaxis.
- ☐ For patient with an identified bleeding risk, the balance of risks of bleeding and thrombosis should be discussed in consultation with a haematologist with expertise in thrombosis and bleeding in pregnancy.

Patient Sticker

BAH-00637114 IP5-00176130
Mrs RISHIKA RAO KANAKANDULA
27-02-1999 27 Y 4 M 12 D (F)
Dr. HIMABINDU VEERLA



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BUNDLE CARE CHECKLIST TO PREVENT SURGICAL SITE INFECTION (SSI)

To Be Filled In By Assigned Nurse :

Date : 9/1/26

Department : Dr. Himabindu Duration of Procedure : 1 hour

Name of Surgeon : OB/GYN Date of Admission : 8/1/26

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

		Staff Signature
1.	Antibiotic given prior to surgery ? ☒ Yes ☐ No ☒ Single Dose Antibiotic or Long Antibiotic Regime Antibiotic administered within 60 minutes prior to incision ? ☒ Yes ☐ No Name of the Antibiotic : <u>Ig taxim</u>	SL
2.	Hair Removal ☒ Yes ☐ No if Yes : Surgical Clipper Department where Hair Removed : ☒ Ward ☐ Operating Room ☐ Other : _____ Skin preparation done (cleanse surgical area with antiseptic agent) ? ☒ Yes ☐ No	SL
3.	Patient's body temperature immediately post operation (Recovery Room) <u>36.3</u> °C ☐ Oral Or ☒ Axilla (Goal : 36-37 °C)	SL
4.	Name of doctor or staff administering the antibiotic : <u>Ig taxim</u> Date & Time of antibiotic administration : <u>9/1/26 8pm</u> Date & Time procedure started : <u>9/1/26 7pm</u>	SL

- Ensure form is filled in completely by assigned staff whenever patient had surgery
- If any bundle care criteria has not been observed or unmet, assigned staff must inform infection control nurse for management
- All forms (Bundle care and when required SSI form) are completed properly
- Forms must always be kept in Infection Control folder in respective department

Docu. No. : RCHBH/ FRM / CLINICAL / 038

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

Patient Name : Mrs. PISHIKA RAO KANAKANDULA Gender: ☐ Male ☒ Female Age : 27 years
UHID No : BAH - 006 37114 Date : 9/7/2026

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 CAESAREAN SECTION
upon

(Name of the Patient) Mrs. Rishika Rao

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, infection, injury to Bowel and bladder
need for Blood transfusion

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. HIMABINDU VERMA

Consentee :

Signature : K. Rishika

Name : Mrs. Rishika Rao

Date & Time : 9/7/26; 8pm

Witness :

Signature : Swamee

Name : Swamee

Date & Time : 9/7/26 8pm

Patient Attendant :

Signature : RAO

Name : Swamee Rao

Relationship with Patient : Husband

Date & Time : 9/7/26 up

Doctor (who is taking the consent) :

Signature : DR. Divya

Name : DR. Divya

Date & Time : 9/7/2026; 3:25PM

SURGICAL SAFETY CHECKLIST

Surgeon :
Asst. Surgeon :
Anaesthetist :
Scrub Nurse :

Patient Name :
BAH-00637114 IP5-00176130
Mrs RISHIKA RAO KANAKANDULA
27-02-1999 27 Y 4 M 12 D (F)
Dr. HIMABINDU VEERLA



Age : Gender :
Name :
Out-time :

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Before Induction of Anaesthesia ➤ ➤

Before Skin Incision ➤ ➤

Before Patient Leaves Operating Room

SIGN IN		Time: 3:30 P.M.
Patient Has Confirmed		
Identity	☒ Yes ☐ No	
Site	☒ Yes ☐ No	
Procedure	☒ Yes ☐ No	
Consent	☒ Yes ☐ No	
Site Marked	☐ Yes ☐ No ☐ NA	
Anaesthesia Safety Check Completed	☒ Yes ☐ No	
Pulse Oximeter on Patient & Functioning	☒ Yes ☐ No	
Does Patient have a:		
Known Allergy?	☐ Yes ☒ No	
Difficult Airway / Aspiration Risk?		
Yes, & Equipment / Assistance Available	☒ Yes ☐ No	
Risk of > 500ml Blood Loss (7ml/kg In Children)?		
Yes, and Adequate Intravenous Access and Fluids Planned	☒ Yes ☐ No ☐ NA	
Blood Units Reserved	☐ Yes ☐ No ☒ NA	
Has Antibiotic Prophylaxis been given within the last 60 minutes?		
	☒ Yes ☐ No ☐ NA	
Signature :		
Name : Dr. Himabindu Veerla		

TIME OUT		Time: 4:10 P.M.
Confirm all team members have introduced themselves by Name and Role ☒ Yes ☐ No		
Surgeon, Anaesthesia Professional and Nurse Verbally Confirm		
Correct Patient (Check ID Band)	☒ Yes ☐ No	
Correct Site	☒ Yes ☐ No	
Correct Procedure	☒ Yes ☐ No	
Anticipated Critical Events		
Surgeon Reviews:		
What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss? ☒ Yes ☐ No ☐ NA		
Anaesthesia Team Reviews:		
Are There Any Patient-specific Concerns? ☐ Yes ☐ No ☐ NA		
Nursing Team Reviews:		
Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns? ☒ Yes ☐ No ☐ NA		
Is Essential Imaging Displayed? ☐ Yes ☐ No ☐ NA		
Power Supply, Earthing, Power Backup and functioning of equipment checked. ☐ Yes ☒ No		
Signature :		
Name : Swapna		

SIGN OUT		Time: 5:30 P.M.
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. V. Himabindu		

SURGICAL SAFETY CHECKLIST

Surgeon :
Asst Surgeon :
Anaesthetist :
Scrub Nurse :

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



Before Induction of Anaesthesia ➤ ➤

Before Skin Incision ➤ ➤

Before Patient Leaves Operating Room

SIGN IN		Time: 6:30pm
Patient Has Confirmed		
Identity	☒ Yes ☐ No	
Site	☒ Yes ☐ No	
Procedure	☒ Yes ☐ No	
Consent	☒ Yes ☐ No	
Site Marked	☐ Yes ☐ No ☒ NA	
Anaesthesia Safety Check Completed	☒ Yes ☐ No	
Pulse Oximeter on Patient & Functioning	☒ Yes ☐ No	
Does Patient have a:		
Known Allergy?	☐ Yes ☒ No	
Difficult Airway / Aspiration Risk?		
Yes, & Equipment / Assistance Available	☐ Yes ☒ No	
Risk of > 500ml Blood Loss (7ml/kg In Children)?		
Yes, and Adequate Intravenous Access and Fluids Planned	☐ Yes ☒ No ☐ NA	
Blood Units Reserved	☐ Yes ☒ No ☐ NA	
Has Antibiotic Prophylaxis been given within the last 60 minutes?		
	☒ Yes ☐ No ☐ NA	
Signature :		
Name : Dr. Bouda 9/7/26		

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

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

BAH-00637114 IP5-00176130
Mrs RISHIKA RAO KANAKANDULA
27-02-1993 27 Y 4 M 12 D (F)
Dr. HIMABINDU VEERLA

CONSENT FOR ANAESTHESIA

Authorization By: ☒ Patient ☐ Patient Attendant

Operative Procedure: Emergency Caesarean delivery
Anaesthesiologist: Dr. Subrahmanyam Surgeon: Dr. Himabindu

Please read this before you consent for Anaesthesia

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

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

- ☐ Heart Disease ☐ Hypertension ☐ Diabetes ☐ Renal Failure ☐ Multi Organ Failure ☐ Hepatic Disorders
☐ Shock ☐ Obesity ☐ Chronic Obstructive Pulmonary Disease
☐ Others Bleeding

Declaration by Patient Attendant

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

Patient / Patient Attendant:

Signature: K. Rishika Rao
Name: K. Rishika Rao
Relationship with patient: Self
Date & Time: 9/2, 3:50pm

Witness:

Signature: ASR RAO
Name: N. Snehitha Rao (Husband)
Date & Time: 9/2, 3:50pm

Doctor (who is taking consent):

Signature: Dr. Brunda Name: Dr. Brunda Date 9/2/26 Time: 3:50pm

అనస్థీషియా కోసం అనుమతి పత్రం

అనుమతి ఇచ్చినవారు: ☐ రోగి ☐ రోగి అటెండెంట్

శస్త్రచికిత్స:

అనస్థీషియా వైద్యుడు: శస్త్రచికిత్స నిపుణుడు:

అనస్థీషియా కోసం మీ అనుమతి ఇవ్వడానికి ముందు దయచేసి ఇది చదవండి

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

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

స్పెసిఫిక్ హై రిస్క్:

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

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

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

☐ ఇతరవి:

రోగి / రోగి అటెండెంట్

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

రోగి / రోగి అటెండెంట్:

సంతకం:

పేరు:

రోగితో సంబంధం:

తేదీ & సమయం:

సాక్షి:

సంతకం:

పేరు:

తేదీ & సమయం:

డాక్టర్ :

సంతకం: పేరు: తేదీ & సమయం:

Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION

Name: Mrs. Richa Rao K Age: 27y Sex: F UHID No: BAH-0063714

Date: 9/7 Time: Proposed Operation: Emergency C/S

Diagnosis: Primigravida 28th wks E SRM.

B.P / CRT: H.R: Weight: 79.6kgs ASA Physical Status: ☐ 1 ☒ 2 ☐ 3 ☐ 4 ☐ 5

Laboratory Data:

Hgb: 11.8 Glucose: Protein: HIV: X-Ray:
PCV: Urea: Alb: HBS Ag: ECG:
WBC: Creat: Total Bill: HCV: 2D Echo:
Plate: 3.62 lakh Na: Dir. Bill: Blood group: B+ Stress/Angio:
PT: K: LDH: T3 Other:
PTT: Ca++: Alk phos: T4
INR: Mg++: Amylase: TSH
Cl-: SGOT/SGPT:

Allergies: Nil

Medical History: CVS:

RESP: Diabetes:

CNS: Nil Significant

Renal:

Hepatic / GE: Physical Activity: Active

Others:

Past Anaesthetic History: Nil

Physical Exam:

Airway: MP 1 2 3 4 Mouth Opening: Adequate Mentohyoid Distance: 2 Neck: 2 Teeth: Intact

Lungs: Bil AE (+) Clear

Heart: S1S2 (+)

CNS: NAD

Pregnant: ☐ Yes ☒ No ☐ NA Venous Access Site: 2 Spine Exam for regional: Midline

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

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

CURRENT MEDICATIONS	DOSAGE

Pre-Operative Instructions:

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

Signature: Dr. B. de Name: Dr. Bunde

BAH-00637114 IP5-00176130
Mrs RISHIKA RAO KANAKANDULA
27-02-1999 27 Y 4 M 12 D (F)
Dr. HIMABINDU VEERLA



POST-ANALGESIA CARE UNIT RECORD

Received in PACU by : Swapna Time Received : 9:45 PM Time Discharged :

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

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

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
9/1/20	7 PM	0	No pain	S

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

Anaesthesiologist Name : Dr. K. S. Sanyal

Anaesthesiologist Signature : [Signature]

Date & Time : 9/1/20 9:15 PM

PACU Nurse Name : Swapna

PACU Nurse Signature : [Signature]

Date & Time : 9/1/20 @ 7 PM

Reassessment Frequency:

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

Transferred to Unit by (PACU): ORS

Date & Time : 9/1/20 7 PM

Patient Sticker

EPIDURAL ANALGESIA RECORD

b)

[illegible]

Date and Time :

BAH-00637114 IP5-00176130
Mrs RISHIKA RAO KANAKANDULA
27-02-1999 27 Y 4 M 12 D (F)
Dr. HIMABINDU VEERLA



thRight™
INBOW HOSPITALS
ght to a Safe Delivery

INDUCTION OF LABOR CONSENT

Name: K. Rishika Rao Age: 27 Gender: Male ☐ Female ☒
UHID.No: BAH-00637114 Date: 9/7/26

You are scheduled for an induction of labor on 9/7/26 (date) at 8:30 PM (weeks of gestation).

The reason for your induction is SRDM

The goal of induction of labor is to achieve vaginal delivery by starting uterine contractions before the spontaneous start of labor.

Induction of labor for a medical indication is done when continuation of pregnancy is considered detrimental to the health of the mother or fetus. This can be done at any stage of pregnancy irrespective of fetal maturity if there is a valid indication.

Elective induction of labor (scheduled induction without a medical indication) may not be done until you are at least 39 weeks. This is important so that your newborn does not have complications due to possible prematurity.

The alternative to induction of labor is to wait for labor to start spontaneously.

I have read the information provided and also discussed the process with my doctor.

I understand the risks and benefits of this procedure and wish to proceed.

Patient
Signature: K. Rishika Rao
Name: K. Rishika Rao
Date & Time: 9/7/26 @ 6 AM

Patient Attendant:
Signature: N. Sneetha Rao
Name: N. Sneetha Rao
Relationship with Patient: Husband
Date & Time: 9/7/26 @ 6 AM

Doctor:
Signature: [Signature]
Name: Dr. Himabindu Veerla
Date & Time: 9/7/26 @ 6 AM

Witness
Signature: [Signature]
Name: Tunne
Date & Time: 9/7/26 @ 6 AM

INFORMED CONSENT FOR VAGINAL BIRTH

Rainbow
Child
Hospital
It takes a lot to be

BAH-00637114 IP5-00176130
Mrs RISHIKA RAO KANAKANDULA
27-02-1999 27 Y 4 M 12 D (F)
Dr. HIMABINDU VEERLA
It takes a lot to be

Patient Name : K. Rishika Rao UHID No : BAH-00637114
Gender: ☐ Male ☒ Female Date : 9/7/26 Time : 6am

I hereby authorized the performance of the following procedure:

- The Procedure has been explained to me in general terms and I understand that:
- The indication requiring the procedure of vaginal birth is pregnancy.
- The purpose of this procedure of vaginal birth pregnancy.
- The purpose of this procedure is to deliver the bay vaginally.

The outcome of the vaginal birth is the delivery of infant through birth canal either naturally or with possible use of force vacuum extraction. An episiotomy (a cut performed for enlarging of the vaginal opening in the space between the vaginal and the rectum) may be performed as part of a vaginal delivery.

Should vaginal delivery be unsuccessful, delivery by cesarean section with an abdominal incision under appropriate anesthesia may be necessary.

In an attempt to deliver the baby either naturally or with the help of instrument i.e. forceps or vacuum, there may be risks of: infection, allergic reaction, scarring, blood loss, need for blood transfusion, pain and discomfort, injury to urinary tract, possible injury to the baby (laceration, hematoma, skull fracture, nerve injury and brain injury) and possible future pelvic floor dysfunction,

I understand and accept that there are complications, benefits, alternatives including the remote risk of death or serious disability, which exists for me and my baby.

I am aware that in most cases, vaginal delivery results in a healthy mother and baby; however, I realize that there are no guarantees.

I voluntarily consent to the procedures described or otherwise referred to herein. I am aware that they will be performed by a qualified gynecologist.

Name of the Doctor performing the procedure: Dr. Himabindu V.

Consentee :

Signature : [Signature]

Name : K. Rishika Rao

Date & Time : 9/7/26 @ 6AM

Witness :

Signature : [Signature]

Name : Tunny

Date & Time : 9/7/26 @ 6AM

Docu. No. : RCHBH / FRM / CLINICAL / 028

Patient Attendant :

Signature : [Signature]

Name : N. Sneetha

Relationship with Patient: Husband

Date & Time : 9/7/26 @ 6AM

Doctor (who is taking the consent) :

Signature : [Signature]

Name : Dr. Sameena

Date & Time : 9/7/26 @ 6AM

సహజ ప్రసవం కొరకు సమ్మతి పత్రము

రోగి పేరు : వయస్సు లింగం పు స్త్రీ
యు.హెచ్.బి.డి. విభాగము

తేదీ

ఈ ప్రక్రియ యొక్క వివరములను నేను ఆమోదించాను:

- ఈ ప్రక్రియ నాకు సాధారణ పద్ధతిలో వివరించబడింది మరియు నేను అర్థం చేసుకున్నాను:
- గర్భం దాల్చిన వారికీ సహజ ప్రసవ ప్రక్రియ అవసరమవుతుంది.
- ఈ ప్రక్రియ యొక్క ఉద్దేశ్యం (యోని) ద్వారా సహజ ప్రసవం చేయడం.
- ఈ ప్రక్రియ యొక్క ఉద్దేశ్యం బిడ్డను సహజమయిన పద్ధతిలో ప్రసవించటం

సహజ ప్రసవం (యోని జననం) యొక్క ప్రక్రియ సహజంగా లేదా శక్తిని ఉపయోగించి గర్భాశయం ద్వారా శిశువును ప్రసవించడం. వాక్యూమ్ ద్వారా శిశువును వెలికితీయడం, ఎపిసియొటమీ (యోని మరియు యోని మధ్య ఖాళీలో యోని మార్గమును సుగమం చేయుట కొరకు చేసిన కోత (కట్). సహజ ప్రసవం కొరకు చేయు ప్రక్రియలలో భాగము. సహజ ప్రసవం విజయవంతం కాకపోతే, తగిన అనస్థీషియా ఇచ్చి పాత్రికడుపు కోతతో సిజేరియన్ ద్వారా డెలివరీ చేయవలసిన అవసరం కలగవచ్చు

సహజంగా లేదా పరికరం సహాయంతో అంటే ఫోర్సెప్స్ లేదా వాక్యూమ్ సహాయంతో బిడ్డను ప్రసవించే ప్రయత్నంలో, ప్రమాదాలు ఉండవచ్చు: అంటువ్యాదులు, అలెర్జీ, మచ్చలు, రక్త నష్టం, రక్త మార్పిడి అవసరం పడటం, నొప్పి మరియు అసౌకర్యం, మూత్ర నాళానికి గాయం, శిశువుకు గాయం అయ్యే అవకాశం (లేసరేషన్, హెమటోమా, పుర్రె గాయం ఆయె అవకాశం, నరాలకు గాయం మరియు మెదడు గాయం) మరియు భవిష్యత్తులో కటి ప్రదేశంలోని ఎముకల వలయం పనిచేయకపోవడం

నాకు మరియు నా బిడ్డకు మరణం లేదా తీవ్రమైన వైకల్యం వంటి సమస్యలు తలెత్తు అవకాశం, ప్రయోజనాలు మరియు ప్రత్యామ్నాయాలు ఉన్నాయని నేను అర్థం చేసుకుని అంగీకరిస్తున్నాను.

చాలా సందర్భాలలో, యోని ద్వారా ప్రసవించడం వల్ల తల్లి మరియు బిడ్డ ఆరోగ్యంగా ఉంటారని నాకు తెలుసు; అయితే, ఎటువంటి హామీలు ఇవ్వలేరని నేను గ్రహించాను

ఇక్కడ వివరించిన లేదా సూచించిన విధానాలకు నేను స్వచ్ఛందంగా సమ్మతిస్తున్నాను. ఈ ప్రక్రియ అర్హతగల గైనకాలజిస్ట్ చేత నిర్వహించబడతాయని నేను తెలుసుకున్నాను

ఈ ప్రక్రియను నిర్వహించే డాక్టరు పేరు:

సహాయకుడు(అటెండెంట్)

సాక్షి

సంతకము

సంతకము

పేరు

పేరు

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

తేదీ మరియు సమయము

సంతకము

పేరు



302

NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 10/7/26

Time: 7:30am

Origin: Indian

Height: 164cm

Weight: 79.6kg's

BMI: 29.8 Kg/m²

Food Allergies: No

Diagnosis: POD-1 / Em- LSCS (emergency - lower segment cesarian section)

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

Diet Advised:

soft High protein diet

include plenty of oral liquids

avoid spicy, chilled and outside food

Patient's / Attendant's

Signature: K. Rishika Rao

Name: Rishika Rao

Date & Time: 10/7/26

Dietician's

Signature: Saima

Name: SAJMA

Date & Time: 10/7/26

7:30am

DIETARY NOTES[illegible]

SURGERY DETAILS

Date : 9/17/26

Patient Name: Reshika Rao Date of Birth: 22/2/1999 Age: 28y

Gender: Female Ward: OBG OT UHID No.: BAH 00637114

Date of Surgery: 9/17/26 ☐ OT-1 ☐ OT-2 ☐ OT-3 ☐ OT-4 ☐ OBG OT-1 ☒ OBG OT-2

Name of the Surgery : Emergency Ces. ↓ SA

Time in : 9:10pm

Time Out : 5:16pm

	NAME	AMOUNT
1. Surgeon	Dr. Tharabinda	
2. Anaesthetist	Dr. Suresha	
3. Assistant Surgeon	Dr. Arshya	
4. OT Technician	Dr. Kulsum	
5. Circulating Nurse	Sr. Seetha	
6. Assistant Nurse	Sr. Shanthi	

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

Dr. Arshya
Signature of the Surgeon

Shap
Signature of Circulating Nurse

9696927

Order by: Sr. Rapi

BAH-00637114 IP5-00176130
Mrs RISHIKA RAO KANAKANDULA
27-02-1999 27 Y 4 M 12 D (F)
Dr. HIMABINDU VEERLA



CONSUMABLES OF OT

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Circulating: Technician : Kulsum Date : 9/7 Time :

Anaesthesia Disposables		Qty	Surgical Disposables		Qty	Disposables (Baby Side)		Qty
Issued	Used		Issued	Used		Issued	Used	
ET tube			Major Pack	<u>1 set</u>	<u>1</u>	Inj Vit.K		<u>2</u>
LMA			Sutures	<u>2346</u>	<u>1</u>	Cord Clamp		<u>1</u>
ECG leads (A) P / N	<u>3</u>			<u>2364</u>	<u>1</u>	Suction Catheter	<u>8NO</u>	<u>1</u>
HME filter : A / P / N				<u>2762</u>	<u>1</u>	Feeding Tube		<u>1</u>
Syringes : 10 cc					<u>1</u>	Vacuum Suction Set		<u>1</u>
05 cc	<u>4</u>		Gloves	<u>6.6 1/2 17</u>	<u>3/2/3</u>	Surgical Gloves	<u>6/2</u>	<u>4</u>
02 cc	<u>4</u>			<u>P.F 6 1/2</u>	<u>1</u>	Gauze Pack		<u>01</u>
01 cc						Syringe 1ml / 2ml		<u>2</u>
Cautery plate (A) P / N	<u>01</u>		Surgical blade	<u>22</u>	<u>1</u>	Surgical Blade # 20		<u>1</u>
IV set			NG tube		<u>1</u>	Koochies (S)	<u>1's</u>	<u>1</u>
RL	<u>102</u>		Cautery pencil		<u>1</u>	Heparin		<u>1</u>
NS : 10ml / 100ml / 500ml / 1000ml	<u>01</u>		Koochies	<u>XL</u>	<u>1</u>			
<u>mini spike</u>	<u>01</u>		Ointments					
<u>6x27</u>	<u>01</u>		Suction Catheter					
Fentanyl	<u>01</u>		Cap, Mask		<u>10/10/10</u>			
Morphine			Gauze Pack		<u>1/2</u>			
Ketamine			Mop Pack		<u>2</u>			
Propofol			Steristrip	<u>20ne</u>	<u>1</u>			
Rocuronium			Underpad		<u>1</u>			
Glycopyrolate			Draw sheet	<u>Autoclave</u>	<u>1</u>			
Myopyrolate			Abgel					
Ondansetron	<u>01</u>		Foleys catheter					
Pencan 25g/ Spinal Needle 22	<u>01</u>		Urobag					
Bupivacaine 0.25%			Chest Drainage Catheter					
Bupivacaine 0.25%(Heavy)	<u>01</u>		Romodrain bag					
Antibiotics <u>Tranexa</u>	<u>2</u>		Bandage					
<u>methergin</u>	<u>01</u>		Tegaderm					
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent			<u>Adrenaline</u>		<u>1</u>
Supridol : 100mg	<u>01</u>		Vacuum Suction set		<u>1</u>	<u>Atropine</u>		<u>1</u>
Justin : 12.5 mg / 25mg / 100mg	<u>01</u>		Plastic Bed Sheet					
Tab. Misoprost : 200mg	<u>02</u>		Betadine Solution		<u>2</u>			
<u>Oxytocin</u>	<u>03+2</u>		Microshield					
<u>glove 6 1/2</u>	<u>01</u>		Cotton Balls		<u>1</u>			
<u>gauze</u>	<u>01</u>		Latex Gloves		<u>20</u>			
<u>Epiderin</u>	<u>1</u>		Ramdione Scrub					
			Sara DIA		<u>2</u>			

on

Anaesthesiologist

Nurse

OT Technician

9696940

Ordered by :

Sis R

CH / FRM / GENERAL / 125