

Patient Sticker

SURGERY DETAILS

Date : 1/7/26

BAH-00643679 IP5-00175798
Mrs SARVA SUCHITRA
18-12-1995 30 Y 6 M 13 D (F)
Patient Name: Dr. ANNIE PRANUTHA P
Gender: vvaia

Date of Birth: Age:

UHID No.:

Date of Surgery: 1/07/26 ☐ OT -1 ☐ OT -2 ☐ OT -3 ☐ OT -4 ☐ OBG OT-1 ☒ OBG OT-2

Name of the Surgery : Elective cesarean section ↓ Epidural

Time in : 9 Am

Time Out : 10 Am

	NAME	AMOUNT
1. Surgeon	Dr. Annie	
2. Anaesthetist	Dr. Subramanyam	
3. Assistant Surgeon	Dr. Bhargava	
4. OT Technician	Kulsum	
5. Circulating Nurse	Shardha	
6. Assistant Nurse	Bilitha	

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

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 9682612

Order by:



CONSUMABLES OF OT

Circulating staff : Technician : Kulsum Date : 17/26 **3678** Time : 9 Am

Anaesthesia Disposables		Qty		Surgical Disposables		Qty		Disposables (Baby Side)		Qty	
Issued	Used	Issued	Used	Issued	Used	Issued	Used	Issued	Used	Issued	Used
ET tube				Major Pack <u>Use drupe</u>		01✓		Inj Vit.K		102	
LMA				Sutures <u>2346</u>		02		Cord Clamp		01	
ECG leads : <u>A/P/N</u>		05✓		<u>2362</u>		01		Suction Catheter			
HME filter : A/P/N				<u>2364</u>		01		Feeding Tube			
Syringes : 10 cc		05✓						Vaccum Suction Set			
05 cc		05✓		Gloves <u>6 1/2</u>		04✓		Surgical Gloves <u>7, 6 1/2</u>		11	
02 cc		05✓		<u>6</u>		02		Gauze Pack		01	
01 cc								Syringe 1ml / 2ml		01	
Cautery plate : <u>A/P/N</u>		01✓		Surgical blade <u>No 22</u>		01✓		Surgical Blade # <u>20 22</u>		01	
IV set		01✓		NG tube				Koochies (S)		01	
RL		03✓		Cautery pencil		01✓					
NS : 10ml / 100ml / 500ml / 1000ml		34✓		Koochies <u>Adult</u>		01✓					
<u>minispike</u>		01✓		Ointments							
<u>Esprocane</u>		01		Suction Catheter							
Fentanyl		01		Cap, Mask		10+10✓					
Morphine				Gauze Pack <u>R</u>		01✓					
Ketamine				Mop Pack		10✓		P.E		01✓	
Propofol				Steristrip <u>Edison</u>		03✓		Atropine		01✓	
Rocuronium				Underpad		01		Adrenaline		01✓	
Glycopyrolate				Draw sheet <u>Quik</u>		01✓		Tegaderm			
Myopyrolate				Abgel		01✓		with & without pad		11	
Ondansetron		01✓		Foleys catheter							
Pencan 25g/ Spinal Needle 22				Urobag							
Bupivacaine 0.25%				Chest Drainage Catheter							
Bupivacaine 0.25%(Heavy)		01		Romodrain bag							
Antibiotics <u>10x 21</u>		01✓		Bandage							
<u>lox with Adrenaline</u>		01		Tegaderm							
Suppositories				<u>Reniparin</u>		01					
Anamol : 80mg / 250mg / 170 mg				Double J Stent							
Supridol : 100mg		01✓		Vaccum Suction set		01					
Justin : 12.5 mg / 25mg / 100mg		01✓		Plastic Bed Sheet							
Tab. Misoprost : 200mg		02✓		Betadine Solution		02✓					
<u>oxytoch</u>		02✓		Microshield							
<u>Carbitoch</u>		01✓		Cotton Balls		01✓					
<u>Trasexa</u>		02✓		Latex Gloves		00					
<u>metaprolol</u>		01		Ramdione Scrub							
<u>Ephepine</u>		01		Saral							

Surgeon : Dr. Annie

Anaesthesiologist : 9682604

Nurse : Bibi

OT Technician : Kulsum

Order No. : Ordered by : Bibi

ADMISSION SHEET

Registration Details :

Admission No : IP5-00175798

Admit Date : 01-Jul-2026

Admit Time : 06:42 AM **UHID** : BAH-00643679

Patient Details :
Patient Name : Mrs SARVA SUCHITRA

Age : 30 Y 6 M 13 D

Guardian : Mr YENDURI MANIKANTA

DOB : 18-12-1995

Gender : Female

Religion :

Occupation :

Martial Status : Married

Address (H) : falt -107 sai anusha apartments Road no 12,
Paparayudu Nagar Kukatpally Hyderabad
Telangana INDIA 500072

Phone No : 8790832842/ 8186945441

E-mail : mani.yenduru@gmail.com

Admission Details :
Bed Type : DAY CARE

Bed No : BC DC 419

Ward Name : 4F-BIRTHING CENTRE

Room No : BC DC 419

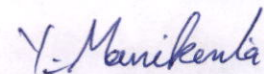
Admission Type : First Visit

Contact Details :
Name : Mr YENDURI MANIKANTA

Relationship : Husband

Contact Address :

Phone No : 8790832842 / 8186945441


Signature
Doctor Details :
Doctor Name : Dr. ANNIE PRANUTHA P

Specialisation : OBSTETRICS AND GYNECOLOGY

Referral Doctor : Self

Phone No :

Co-Consultant :

Payment Details :
Deposit Amount : 0.00

Payment Mode : Cash

Payor Name : MEDI ASSIST INSURANCE TPA PVT LTD

ACTIVITY RECORD FOR BILLING

Name : _____

UHID No. : _____

Date of Admission : _____

Room / Bed No : _____

BAH-00643679 IPS-00175798
Mrs SARVA SUCHITRA
18-12-1995 30 Y 6 M 13 D (F)
Dr. ANNIE PRANUTHA P

Consultant: _____ Dept : _____

Date of Discharge : _____ Time : _____

Suggested Billable bed type : _____

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
2/2/26	9 AM	OR/S	OT	Tanya

Cross Consultation Visit : MICU Bill from 1/2/26 10am to 10am 2/2/26.

	Doctors Name	Date	Order No.	Signature
1	Dr. Tanya	1/2/26	NOT Entered need to enter by billing	Tanya
2	(Cardiologist)			
3	Dr. Nivedita	1/2/26	9683420	Swarnpre
4	Dr. Nivedita	2/2/26	9689294	Kanna
5	Dr. Tuheena Sharma (PT)	3/7/26		
6				
7				
8				
9				
10				

[illegible]

Investigations

Signature

Tunn

Kami

Karen

[illegible]

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
11/7	Catheterization	①	9682989 op basis.	Sandy
11/7	Iv placement	①		
11/7	pac	①		
11/7	arterial line	①	9682989	Sandy

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

Primi @ 36⁺ wks
Chr. HTN, hypotensd.
Obstetric Formula: Maternal cardiomyopathy
for E.L.M.

Obstetric History: ML-2025, NCM

I + primi, sp. conception
Booked @ 10 wks.
Present Pregnancy Record:

RISK FACTORS:

Chr. HTN :: 2025
hypotensd :: 8-9 yrs.
Maternal cardiomyopathy
(Dilated CM) :: 1 year
Consulted Dr. Naveen
Krishna.
Cardiologist.

Height: 153 cm

Weight: 86 kg

Allergies: N/A

Breast: ☒ Normal ☐ Abnormal

General Examination:

Consciousness: conscious Pallor: absent

Icterus: absent Edema: absent

Temp: Afebrile PR: 103

BP: 125/101(109) DTR: (+)

CVS: S1S2 (+) RS BAE (+)

Liver/Spleen: non-palpable Urine Output: adequate

DIAGNOSIS

Primigravida @ chr. HTN @ hypotensd, @
Maternal cardiomyopathy @ 36⁺ wks for E.L.M.
@ mild anemia

LMP: 9/10/25 EDD: 26/7/2026

Corrected EDD: 26/7/2026 GA: 36⁺ wks

Menstrual History: Regular: ☒ Yes ☐ No

Obstetric Examination

Fundal Height: 36 wks

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

Liquor: ☒ Adequate ☐ Oligo ☐ Poly

PP: ☒ Cephalic ☐ Breech Others _____

Head Fifts Palpable: _____

FHS: ☒ Normal ☐ Tachy ☐ Brady ☐ Absent

Per Speculum Examination not done

Draining: ☐ Present ☐ Absent ☐ Bleeding

Colour of Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Vaginal Examination not done

Cervix: ☐ Long ☐ Partially effaced ☐ Effaced

Os: Closed _____ Dilated _____

Membranes: ☐ Present ☐ Absent

Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Presenting Part: ☐ Vertex ☐ Breech ☐ Others

Sutton: ☐ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2

Pelvis: ☐ Adequate ☐ Doubtful



Family History: NIL	Surgical History: NIL
Medical History: Chr HTN: 2025 hypotension - since 8 years. Mild cardiomyopathy since 4 years	Medication History: T. Iron, T. Calcium OD T. Labetalol 100mg TID T. Nicotin 20mg TID
Plan of Care: • admission • NBM • Flw cannula • Monitor vitals - 1hr x 2hr • NST - NOW • Foley's catheter • Drug as charted • PAC • prepare parts • Shift to OT on call • Counsel for EL - Lm. • Reserve 20 PRBC.	Investigations: Btve Vitals - NR 13/6/26 29/6/26: CBP - 10.4 / 11, 1000 / PLT - 3.72 L. Hb: 9.6, Plt: 3.84 WBC: 13140 S. Cr: 0.6 LDH: 219, LFT - (N) PT/INR: 14.7 / 1.1, APTT: 31.3 15/5/26 ANA profile - negative. Spot urine albumin / creat ratio: >3.24 (N) MTAS - (N), FTS - Low risk fetal 2D echo: (N) done at 24w2d, (N) RCHT 20/6/2026: SLTUG, cephalic 2501 gm (43%), AC - 37% 15.4cm, Doppler (N). (See Annie Pranutha P Registration No: 18023/358 Dr. Annie 1/7/2026, 8 Am

Doctor Name: Dr. Annie
Signature: [Signature]
Date & Time: 1/7/2026, 7 Am

Consultant Name: Dr. Annie
Signature: [Signature]
Date & Time: 1/7/2026, 8 Am

BAH-00643679 IP5-00175798
Mrs SARVA SUCHITRA
18-12-1993 30 Y 6 M 15 D (F)
Dr. ANNIE PRANUTHA P



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DEFICIENCY CHECK LIST OF CASE SHEET

Sl.No.	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission sheet	1			
2	Discharge Summary	1			
3	Nursing Initial assessment	1			
4	Patient Transfer form	3			
5	In-patient Medical record	1			
6	Doctors progress sheets	10			
7	Nursing plan of care and handover sheets	5			
8	Consultation sheet	3			
9	General consent for treatment	1			
10	Consent for Surgery				
11	Consent for blood transfusion				
12	Consent for chemotherapy				
13	Consent for high risk	3			
14	Consent for Restraint				
15	LAMA consent				
16	Consent for special procedure / Sedation	2			
17	Consent for Formula feed				
18	Consent for MTP	1			
19	Consent for Radiological Investigations				
20	Consent for HIV test				
21	Anaesthesia notes (Pre Anaesthesia & post)	2			
22	Neonatal Admission/Delivery/Physical Exam				
23	Medication Reconciliation	1			
24	Emergency Triage record	1			
25	Pre operative check list	1			
26	Surgical safety checklist	1			
27	Operation Theatre notes	1			
28	Nurses clinical Presentation				
29	TPR & BP chart	2			
30	Intake and Out take chart (fluid chart)	2			
31	Drug chart (Regular Prescription)	1			
32	Investigation Values (result sheet)	1			
33	Nebulization chart	1			
34	Nutritional review chart				
35	Intensive care unit (ICU Charts)				
36	Consent for Admission in PICU / NICU				
37	The Humpty dumpty scale				
38	Braden Q Scale	2			
39	Bed side check list	1			
40	PICU bed formula Dilution feeds				
41	Gastro monitoring chart	2			
42	Rch ED doctors note				
43	BP Monitoring chart	1			
44	RBS monitoring chart	1			
	Billing				
	Total No. of Pages	54			

ERROR LOG

LOCATION : OT / Birthing Centre / BirthRight Premium / 3rd Floor (Zone A,B,C) / NICU / PICU /
2nd Floor Ward / Oncology / 1st Floor Wards.

OBSERVATION :

DATE :

SIGNATURE OF MRD INCHARGE / EXECUTIVE

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ADMISSION CRITERIA – MICU

Admission / Transfer from:

☐ Emergency ☐ Outpatient (OPD) ☐ Ward ☐ Operation Theater ☐ Others: Admission

Tick (✓) any of the following criteria requiring admission / transfer to MICU

- ☐ Systolic Blood Pressure (SBP) <80 and > 160 mm of Hg
- ☐ Diastolic Blood Pressure: < 50 and > 110 mm of Hg
- ☐ Mean Arterial Blood Pressure < 60 mm of Hg
- ☐ Heart Rate > 120 and < 50 per minute
- ☐ Respiratory Rate: >25 per Minute and <8 per Minute
- ☐ Urine < 0.5 ml/Kg/ Hour (<25 ml per hour)
- ☐ Any Single Organ Dysfunction.
- ☐ Any Unarousable Patient.
- ☐ Need for Respiratory Support
- ☐ Inotropic Support
- ☐ DIC
- ☐ ARDS
- ☐ Multi Organ Failure
- ☐ Pregnancy with Severe Anemia (< 7 gm. %) Needing Blood Transfusion
- ☐ Accidental Hemorrhage - Placental Abruption, Couvelaire Uterus
- ☐ Post-Partum Hemorrhage
- ☐ Placenta Previa
- ☐ Adherent Placenta and Other Placental Abnormalities
- ☐ Obstetric Hysterectomy
- ☐ Severe Pre-Eclampsia/ Hypertensive Crisis
- ☐ Eclampsia
- ☐ HELLP Syndrome
- ☐ Sepsis & Systemic Inflammatory Response Syndrome (SIRS)
- ☐ Ruptured Ectopic Needing Blood Haemodynamically Unstable
- ☐ Postoperative Patients Requiring Hemodynamic Monitoring or Intensive Nursing Care
- ☐ Pregnancy with Diabetic Ketoacidosis
- ☒ Pregnancy with Cardiac Diseases → maternal cardiomyopathy
with chemo use
- ☐ Pregnancy with Jaundice
- ☐ Post-Operative ARF and Other Renal Problems
- ☐ Pregnancy with Dengue and Thrombocytopenia
- ☐ Pregnancy with Asthma Respiratory Distress
- ☐ Pregnancy with any Surgical Emergency.
- ☐ Pulmonary Edema due to Perioperative Fluid Overload, CCF, Complication of Severe Pre Eclampsia.
- ☐ Pregnancy with Disseminated Intravascular Coagulation

Signature of the Doctor: [Signature]

Name of the Doctor: Dr. Annie Pranutha

Date & Time: 1/7/2016 10:10 AM

Docu. No. : RCHBH / FRM / CLINICAL / 208

Patient Sticker

DISCHARGE CRITERIA – MICU

Discharge to:

- ☐ HDU / Step down ICU ☐ Ward ☐ Outside Facility ☐ Others:

Tick (✓) any of the following criteria requiring discharge / transfer from MICU

- ☐ When a patient's physiologic status has stabilized
- ☐ Patient is hemodynamically stable
- ☐ The need for intensive patient monitoring is no longer necessary
- ☐ No further continuous intravenous medication or frequent blood tests required
- ☐ No active bleeding
- ☐ No supplementary oxygen required
- ☐ Patient is ambulatory
- ☐ The patient can be cared for in a general ward unit.

Signature of the Doctor:

Name of the Doctor :

Date & Time:



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/1/20 10:30 AM	C/S/B Dr Shiva / Dr Anurag. 36¹³ Wks. Fetus dilated cardiomyopathy. Post op. U/S. Intraop - U/S. Fluids → IVP → RINGOLACTATE → 750ml. Drugs → Iv. metoprolol - 3mg Iv. PE - 200 mg. Iv. midazolam - 2mg Intraop blood loss - 500-700ml. Postop. vitals HR - 88 BP - 160/70 (95) SpO₂ - 96% @ RA. RS - BATE Cut - S/S 2e.	
		U/O. intraop → 60ml.
	<u>Adm</u> :- - Intake/output charting - Re @ 100ml/hr - S/S 4 to post - Analgesics as per the chart - claxone inj - 40mg SL. op from 7pm - Monitor vitals 11upom 40s.	



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Patient Sticker

PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/6/26	2D Echo	
	- sclerosed Aortic valve - Dilated LA - global Hypokinesia - Moderate LV systolic dysfunction - Grade-1 Diastolic dysfunction - no LA/LV clot - no IVC plethora - no PAH	Dr. Dinesh

Date & Time	Progress Notes	Doctor's Order
<u>6/10/16</u>	Maternal 2D ECHO } Global hypokinesia EF 45%	
<u>22/12/16</u>	2D ECHO: Mild Global hypokinesia Trivial TR, Grade 2 LV Diastolic dysfunction, mild Systolic dysfunction.	
<u>14/01/16</u>	Maternal 2D ECHO & mild concentric-LVH, Trivial TR, mild global hypokinesia of LV EF 49% NO - P - ? Grade I, LV diastolic dysfunction mild LV systolic dysfunction.	
	had consulted Dr. Naveen Krishna Cardiologist	

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/1/26 4:29pm	Pt conscious & oriented o/b ac-fair PR 89bpm BP-112/62mmHg (MAP 75) SpO₂-99% on RA RR-20bpm P/A uterus retracted well, B&P UE- Bleeding not	Adv - Allow sips of water → if tolerating liquids - soft diet from 7pm - vitals q2hly - Strict I/O charting - w/f active Bleeding on - Inform R1
	- Send CBP Electrolytes @ 6pm Sr Creat	Dr. Niveditha Dr. Annie
1/1/26 7:30pm	POD 0 / P14 / chr normal / Hypothyroid / Maternal Cardiovascular pathy. pt is conscious coherent cooperative. PR-114bpm BP-180/88mmHg (in anted lve). SpO₂-96% @ RA P/A- ut @ 20bpm RR-25/min. P/A- NAD	adv - soft diet - vitals q2hly - Drop as charted - Give T. Metax 25mg. - Keep with bleeding. - Inform R1
1/1/26 10:00hr	On Epidural. asthenic peripheral in. Gua-0.6 Hb-9.7 Plt-394. WBC-21.74. K+4.6 Bk-101.	Dr. Ashish



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/7/26 8.40 PM	Temp - 100.1 F PR - 100/min BP - 165/55 mmHg SpO2 - 96% @ Rt RR - 25/min P/A - ut (R) well P/v - NAB	9 PM adv ① C&T ② Inform BP after 1 hr. ③ Monitor vitals ④ drop a chart ⑤ Ambulation ⑥ w/p after bleed ⑦ Inform me ⑧ To Monitor
	after 2 hr - 11.0 PM - Temp. 98 F.	Dr. Ashu H.
2/7/26 1 AM	Podor/Pu / chronic / Hypothyroid / Maternal Cardiacopathy	
on epidural	Gafer afebrile PR - 86/min BP - 164/58 mmHg SpO2 - 98% @ Rt RR - 24/min P/A - ut (R) well P/v - NAB	adv ① C&T - Monitor vitals - Drop a chart - Ambulation - w/p after bleed - Inform me - To Monitor
U/O - 100 ml/hr		Dr. Ashu H.

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Date & Time	Progress Notes	Doctor's Order
2/7/26	Podol P/L / chronic / Hypothyroid / Maternal	cardiomyopathy
5.30am	patient is conscious coherent cooperative.	
	Gaiafai	adv - soft diet
	afebrile.	- vitals Monitor
	PR - 88/min	- Temp Monitor
	BP - 189/122 mmHg.	- Deep aches
U/L 75ml/hr.	SpO ₂ - 98% @ RA.	- Ambulation,
	P/A - ut (P) well	- w/ p aches bleed
		- Inform
	P/L - well.	
		Dr. Anshu J.
2/7/26	clotw on Niveletho	
6.30am		
	adv - ① 1. Amblyop long RD -	
	② 1. Metol long OD -	
		Dr. Anshu J.



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Date & Time	Progress Notes	Doctor's Order
21/7/26 9:00 AM 8:45 AM	C/SB Dr Anon Anesthesia P: - 100/mm BP: - 184/21 mm SpO2: - 98% on RD	
	→ mobilised, gas, passed	
	Assessment :- CVS: - S1S2 RS: - AETBE clear	
		① Add DILORON 500mg
		② Add T Digoxin 0.25mg OD from today.
		③ Continue antihypertensives
		④ Mobilise, removed Foley's catheter in afternoon.
		⑤ Remove epidural if pain is not managed as adequate with oral / IV analgesics.
		⑥ LABS to be checked
		⑦ Tab. clonidine - 2mg OD



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/1/2026		
10 AM	POD-1 / 1.2 / Elective VCS / Chronic HCN / Hypothyroid / Dilated Cardiomyopathy	
Vp-100ml/clear		
Baby well	epidural + infusion stopped Ambulated ✓ Arterial line (+) (Right) (left) 1 IV cannula (left) Foley's + with Volumeter	
	Comfortable	Temp 8 PM: 100.1°F
	Vitals - BP - 164/59 (88) (Arterial line) PR - 88 bpm SpO2 - 96% on RA Temp - 97.7°F RR - 19 cpm	Flats ✓
Cardiologist Review ✓ Dr. Naveen Krishnan - Team	P/A - Ventricle involuting (+) Soft BS (+) VUE - Lochia (+) healthy	
	Dr: Tab. Pcm 1 gram TID Tab. Tramadol 100mg TID Big Ulexane 40mg x 50 x 20. J. Amberg 10mg BD (2/7) → 1/7 - 5mg BD J. Met XL 50mg BD (2/7) → 1/7 - 25mg BD	Revised by Dr. Naveen Krishnan to discuss with cardiologist

P.T.O. →

(P.T.O)



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/7/2026 11 AM	POD - I Stable Ambulant passer flakes PR - 90/6 RR - 18/2 BP - 150/67 mmHg (MAP - 92) P/A 2dp chest - clear w/ inchoy w sq. disten + Boul Saes + Plan today - 1) Remove fdp, eney to ambulate. 2) physia follow up. 3) continue medicals as checked. 4) Ment's vitals - Meous / meo chart. 5) dule dpo & P/n stat.	No SOB / chest pain.

DR. ANNIE PRANUTHA P
Registration No: 51356



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11 Am 21/12/2023	Consulted husband. The current clinical status of Mrs. Sarva Suchitra explaining. No critical events last evening. Seen by cardiac team. Intensified care team & physio. BP medications titrated. will need monitor in MLEU.	<i>[Signature]</i> DR. ANNIE PRANUTHA P Registration No: 51356

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Inj Argmentin 1.2 gram IV-BD. (P2) ✓ Axon - Add Digoxin 7 Clonidine 23mg-BD 7 Diltiazem 50mg-BD	
10:15AM	c/o/w Dr. Niraditha ✓ To hold Digoxin } until further orders Clonidine ✓ To discuss with Cardiologist.	
	✓ Oral hydration ✓ Soft diet ✓ Ambulation ✓ No IV Fluids ✓ Drugs as charted ✓ Monitor vitals Temp. ✓ Urine out monitoring ✓ Physician Review ✓ Inform SCS	
	DR. ANNIE PRANUTHA P Registration No. 51356	<i>[Signature]</i>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/2/2026 12:40pm	clp/w - Dr. Annie. POD-I	Axon
	C/O: Rash over nearly both legs	R
B-wen.	C/L: fair B.P: 137/68	1) Soft diet & oral fluids
Prep for surgery	P.R: 85 bpm	2) Drug as charted
Central line	Spo: 96% on RA	3) Monitor vitals
Epidermal wound	P/A: UT (R) cul	4) Ambulation
U/O: good	Salts	5) Breast feeding
	Remove-foleys - now.	6) Take per ses. if BP > 140/90 mmHg
		- Dr. Sravathi
2/7/26 5:30pm	POD 1 - ELUS / K/dlo	cardiomyopathy / Am-HTN
	Pt conscious & oriented	- Received
	No C/O SOB / palpitations	Tab: Lisinapril 10mg
	No S/S Imminent Eclampsia	PO @ 6pm
	On Tab Met-XL 500mg OD	as BP > 150/90 mmHg
	Analgesy 1mg PRN	

BAH-00643679 IP5-00175798
 Mrs SARVA SUCHITRA
 18-12-1993 30 Y 6 M 13 D (F)
 Dr. ANNIE PRANUTHA P



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
31/12/2016 1 AM.	O/E AC-faci PR - 88bpm BP - 113/50mmHg (93) SpO₂ - 100% on air p/A antenatal retracted well U/G - 100% hearing	<u>Adm</u> - Tab Hydralazine 125mg PO qid now - Recheck BP after 30min - vitals steadily - deep as per ultrasound - Inpatient <i>[Signature]</i> Dr. Samir
31/12/2016 4 AM.	At sleeping. O/E AC-faci BP - 114/63mmHg PR - 88bpm SpO₂ - 98% on air	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/6/2016	POB ₂ eclampsia cmr HTN 5 cm Hypothyroid	
7 AM	Pl unmonitored oedema 0/5 No s/s Immune Eclampsia 9c-fair No SOB / PR-86 bpm palpitation BP-163/50 mmHg CP-98/100 PA uterus retained mm. 1/6 - lochia normal	Adv - soft diet, plenty of oral fluids - drugs as prescribed - vitals c/m - 2/0 cherting - w/f active bleeding per - inform dr
11 AM	Tab. hydralazine 12.5mg stat now ↓ Recheck BP after 1/2 hr	Dr. Annie
3/7/2016		
8:30 AM	Bp-100/62	- Discussed with Dr. Anandika. - 15 Isosorbide 1 BD
		unknown

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
stable b: 30 min	POD-2 / Ec. Unl / ch. H-TN / DCM / hypotensive	
	Gc / per no complaints B.P - 145/60 (83) P.R - 100 SpO ₂ - 96% on RA P/A: salt U/R (R) cool BS (+)	& 1) Soft diet 2) Auscultation 3) Monitor vitals - 4ty 4) w/f Plv Bleeding 5) plenty of oral fluids 6) Temp on 8s 7) Drugs on chart
U/ f/ s/		
Drening ✓	T. Tsalagin 12.5mg OD T. AMMO long BD T. Met XL 5mg OD	- Dr. Gandhi Sci
	plan discharge tomorrow Shift to Room.	NOB (Punt.)
3/1/2026	cl/w Dr. Annie cl Rash over medial aspect of left arm New comfortable No itching No SOB local examination - No Rash seen Vitals - BP - 144/74 (92) PR - 83 SpO ₂ - 97% on RA	Advice Tab. Allegra 120mg PO x 4 x (2D) Monitor vitals inform 8s
9pm	by Dr. Rupika	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/7/26	POD-3 / Lsus / cardiomyopathy chr. HTN	
Dr. coel	C/C: per Vitals: stable	1) supp. Dulcolax 2 tabs P/R stat
UJ fr 5- ykly	P/A: UJ @ weel Soft DS (+) phv: NAB	2) Soft / @ diet & pleaty of anal / bil 3) Drug as charted 4) w/f phv Bleeding 5) Auscultation 6) Tachem sup
D/E ✓ stage	plan discharge.	
	Dr. Nivedita - Dr. Sraavhi C/D/W - Dr. hame bina	
	Discharge adms	
	1) Home B.P monitoring	
	2) T. AMLONG - 10mg 9Am-9pm X 5 days	
	2) T. MET XL 50mg 11Am X 5 days	
	4) T. DYTOR PLUS (10/25) - O.D X 4 days	
	5) T. ISOLAZINE 1 tab BP X 5 days	
	R/w & Cardiologist on 5th day 9/7/26	

BAH-00643679 IP5-00175798
Mrs SARVA SUCHITRA
18-12-1993 30 Y 6 M 13 D (F)
Dr. ANNIE PRANUTHA P



CROSS CONSULTATION FORM

Doctor Name : Dr. C. Niveditha Date : 2/1/26 Time : 12pm

Diagnosis : DUMP to the nose

Hospital : STAR NOSP

Type of Referral :

☐ Emergency

☐ Urgent

☒ Non Urgent

Referred for : ☒ Opinion ☐ Co-Management ☐ Transfer of care

Reason for Referral : If for concurrent care specify the particular need, especially in the absence of a second diagnosis:

DUMP

Signature: [Signature]

Findings and Recommendations :

slp sl 18cs - 1st pos.

1st. reviewed

doing ok

no SOB

no pedal edema

slr-

PR - 87/min

BP - 136/70 mmHg

slr-

ms: BAC, clean

Consultant :

Name : Dr. C. Niveditha Signature : [Signature] Date & Time : 2/1/26, 12:00pm

~~10/10~~

Discussed with
Dr. Hameed Krishna
Cardiologist about
the patient's condition

↓
advised to add
T-Isobutazine
if BP persistently
> 150/90

Rx:-

① T-DYTOR PWS LS (10) 25)

1 — 9 AM

② T-AMION 10 mg

1 — X — 1
9 AM 9 PM

③ T-MED XL 50 mg

1 — 11 AM

inform if BP > 150/90 mmHg

H



CROSS CONSULTATION FORM

Doctor Name : Dr. C. Hinedika Date : 1/1/26 Time : 2:15 pm

Diagnosis : DCMP complicating pregnancy

Hospital : SAR HOSP

Type of Referral :

☐ Emergency

☐ Urgent

☐ Non Urgent

Referred for : ☒ Opinion ☐ Co-Management ☐ Transfer of care

Reason for Referral : If for concurrent care specify the particular need, especially in the absence of a second diagnosis:

DCMP

Signature: U

Findings and Recommendations :

s/p LACS - 'D' PCD

x/clo Cardiomyopathy - LV dysfunction
on T. hebet 200mg

TMR - 10/11D

T. Nifedipine 25/80

1/27
EF - 47%
Dilated LA
Global hypokinesia
Med. LV systolic
dysfunction

clear
PR 88/min
BP - 146/60 mmHg

NO PHA

clear
CR: 8.8
Re: BAC⁺, clear

Consultant :

Name : Dr. C. Hinedika Signature : U Date & Time : 1/1/26, 2:15 pm

Cardiologist
Review

ck
- Suj-haria ~~20~~ 10mg/w/Stat
- Rest as per drug
chart

U



CROSS CONSULTATION FORM

Doctor Name : Dr. Tanuja Date : 1/7/26 Time : 2:40PM

Diagnosis :

Hospital :	Type of Referral : ☐ Emergency ☐ Urgent ☐ Non Urgent
Referred for : ☐ Opinion ☐ Co-Management ☐ Transfer of care	

Reason for Referral : If for concurrent care specify the particular need, especially in the absence of a second diagnosis:

Chronic HTN.
Cardiomyopathy

Signature: [Signature]

Findings and Recommendations :

K/C/ Dilated Cardiomyopathy
C Mild LUSP
Chronic HTN.

Chronic HTN
↓
OK

Call in 1/2 HTN.

Subsequent LSCS on 1/7/26

At present

no c/ SOB/Chest pain
no palpitations

T. labetalol
20mg TDS
T. Nifedipine
30mg OD

DM ⊖
hypertension ⊕

O/E

PR - 90/min
Bp - 140/90 mmHg
CUS - S1 S2 ⊕
RS - BAET ⊕ clear
SpO2 - 96% RA.

ECG (7/1/26)
NOR
no significant ST
changes

Consultant :

Name : Signature : Date & Time :

2026
may 26
↓

EF - 49%
mild GLVH (C)

ADV
- ECG
- S. creat.

Rx

T. MetXL 25mg qd

→ 8am

T. Amlong 5mg 80 8pm

8am

8pm

→ (Target BP < 130/80 mmHg)

Review after 1wk in Cardiology op

ECG

S. electrolytes

S. creatine, CUE, lipid profile

home BP readings

CDTamp



Name: ms. Suchitra.

Weight: kgs

Sheet No:

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



Sheet No:

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

BAH-00643679 IP5-00175798
 Mrs SARVA SUCHITRA
 18-12-1995 30 Y 6 M 13 D (F)
 Dr. ANNIE PRANUTHA P



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RESULT SHEET

Date	29/6/26	1/7/26			
Time		6 pm			
Hb	10.4	9.1			
PCV	30.3	31.2			
RBC	4.07	4.20			
WBC	11,100	21.74			
N/L					
Platelets	3.72	394			
CRP					
ESR					
PCT					
RBS					
Na		129			
K		4.6			
Cl		101			
Ca/Mg					
Phosphate					
Urea					
Creatinine	0.6	0.6			
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 :

.....

.....

.....

Radiology : USG :

X-Ray :

ECHO :

CT :

MRI

Others (ECG, Contrast Studies etc.,) :



MEDICATION RECONCILIATION FORM

Drug Allergies: Nko A ☒ 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	T. Iron	44cb	P/O	O.D	30/6	☐ C ☒ DC
2	T. Calcium	44cb	P/O	O.D	30/6	☐ C ☒ DC
3	T. Thyronorm	88mcg	P/O	O.D	1/2	☐ C ☒ DC
4	T. Lobet	200mcg	P/O	P/O	30/6	☐ C ☒ DC
5	T. Nicardipine	20mcg	P/O	TWO	30/6	☐ C ☒ DC
6						☐ C ☐ DC
						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

* C - Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Praveen

Date & Time : 1/7/2026, 8 Am

Nurse Name & Signature : Sandeepa (016638)

Date & Time : 1/7/26 E 6:42 AM

Ward

DRUG : Tab. HYDRALAZINE				Date Time
Dose 12.5mg	Route PO	Frequency BD	Start Dt. 3/7	3/7 1 pm
Name & Signature of the Doctor Starting the Drugs: Dr. Samene				Stop 3/7/2021 Dr. Samene
Additional Instructions:				1 pm
Daily Doctor's Endorsement by a Sign				

BAH-00643679 IP5-00175798
Mrs SARVA SUCHITRA
18-12-1993 30 Y 6 M 15 D (F)
Dr. ANNE PRANUTHA P



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Sheet No:

REGULAR PRESCRIPTIONS

Weight Ward

DRUG : TAB ISOLAZINE				Date Time 3/1/12															
Dose 1 tab	Route PO	Frequency BP	Start Dt. 3/1																
Name & Signature of the Doctor Starting the Drugs: <i>A. Pranthu</i>				11 AM <i>[Signature]</i>															
Additional Instructions:				11 AM <i>[Signature]</i>															
Daily Doctor's Endorsement by a Sign																			

DRUG : TAB ALUPRA				Date Time 3/1															
Dose 120mg	Route PO	Frequency OD	Start Dt. 3/1/12																
Name & Signature of the Doctor Starting the Drugs: <i>Cy Chr Deepika</i>				10 PM <i>[Signature]</i>															
Additional Instructions: X Bed time																			
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																			

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 Mrs SARVA SUCHITRA
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 Dr. ANNIE PRANUTHA P



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Sheet No:

REGULAR PRESCRIPTIONS

Weight

Ward micu

DRUG: <u>T. AMLODIPINE</u>				Date Time	<u>2H</u>
Dose <u>10mg</u>	Route <u>PO</u>	Frequency <u>BD</u>	Start Dt. <u>2/7/26</u>		
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Anshu</u>				<u>6 PM</u>	
Additional Instructions:				<u>stop</u>	
Daily Doctor's Endorsement by a Sign					
DRUG: <u>T. METOPROLOL</u>				Date Time	<u>2H</u>
Dose <u>50mg</u>	Route <u>PO</u>	Frequency <u>OD</u>	Start Dt. <u>2/7/26</u>		
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Anshu</u>				<u>25</u>	
Additional Instructions:				<u>stop</u>	
Daily Doctor's Endorsement by a Sign					
DRUG: <u>T. DEGLOXEN</u>				Date Time	
Dose <u>0.25mg</u>	Route <u>PO</u>	Frequency <u>OD</u>	Start Dt. <u>2/7/26</u>		
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Aditi</u>				<u>stop</u>	
Additional Instructions:				<u>by Dr. Deepika</u> <u>2/7/2026, 10AM</u>	
Daily Doctor's Endorsement by a Sign					
DRUG: <u>TAB CLONIDINE</u>				Date Time	
Dose <u>25mcg</u>	Route <u>PO</u>	Frequency <u>OD</u>	Start Dt. <u>2/3/26</u>		
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Shripa</u>				<u>stop</u>	
Additional Instructions:				<u>2/7/26 @ 10 PM</u>	
Daily Doctor's Endorsement by a Sign					



Sheet No:

REGULAR PRESCRIPTIONS

Weight

Ward

DRUG : TAB. DICOLOFENAL				Date Time	27/7	4														
Dose	Route	Frequency	Start Dt.																	
50mg	PO	TID	27/7																	
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				
DRUG : T. AUGUMENTIN				Date Time	27/7	3h	1st													
Dose	Route	Frequency	Start Dt.																	
625mg	PO	TID	27/7																	
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				
DRUG : T. AMLONG				Date Time	27/7	3h	4													
Dose	Route	Frequency	Start Dt.																	
10mg	PO	BD	27/7																	
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				
DRUG : T. MET XL				Date Time	27/7	4														
Dose	Route	Frequency	Start Dt.																	
50mg	PO	OD	27/7																	
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				

BAH-00643679
Mrs SARVA SUCHITRA
18-12-1993 30 Y 6 M 13 D (F)
Dr. ANNIE PRANUTHA P



Sheet No:

REGULAR PRESCRIPTIONS

Weight

Ward

DRUG : <u>hy: CEFOTAXIM</u>				Date Time																
Dose	Route	Frequency	Start Dt.																	
Name & Signature of the Doctor Starting the Drugs:				stop <u>Dr. Anne</u>																
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				
DRUG : <u>hy: AUGMENTIN</u>				Date Time																
Dose	Route	Frequency	Start Dt.																	
<u>1.2gm</u>	<u>IV</u>	<u>BD</u>	<u>1/1/16 9am</u>																	
Name & Signature of the Doctor Starting the Drugs:				stop <u>Dr. Sankar</u>																
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				
DRUG : <u>Tab: DIGOXIN</u>				Date Time																
Dose	Route	Frequency	Start Dt.																	
<u>0.2mg</u>	<u>PO</u>	<u>OD</u>	<u>2/7</u>																	
Name & Signature of the Doctor Starting the Drugs:				stop <u>Dr. Anne</u>																
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				
DRUG : <u>Tab: CEFOTAZOL</u>				Date Time																
Dose	Route	Frequency	Start Dt.																	
<u>200mg</u>	<u>PO</u>	<u>TID</u>	<u>1/7</u>																	
Name & Signature of the Doctor Starting the Drugs:				stop <u>Dr. Anne</u>																
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				

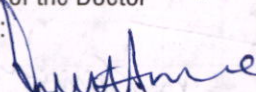
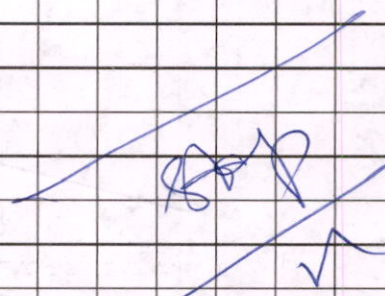


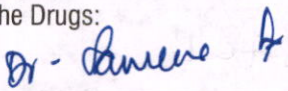
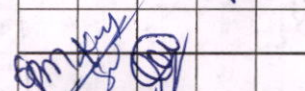
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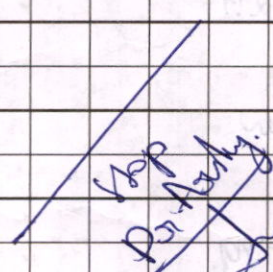
REGULAR PRESCRIPTIONS

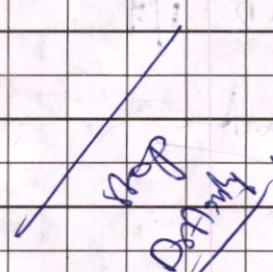
Weight

Ward

DRUG : TAB. NICARDIA ^{BERARD.}				Date Time																
Dose	Route	Frequency	Start Dt.																	
long	ORAL	QID	1/7																	
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				

DRUG : Tab. PANTOPRAZOLE				Date Time	2/7	2/7	2/7													
Dose	Route	Frequency	Start Dt.																	
long	PO	BD	1/7																	
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				

DRUG : T. AMONG				Date Time	1/7															
Dose	Route	Frequency	Start Dt.																	
5mg	PO	BD	2/7																	
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				

DRUG : T. MET XL				Date Time	1/7															
Dose	Route	Frequency	Start Dt.																	
25mg	PO	OD	1/7																	
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				

VERIFIED

Signature

Name



ichitra.

DRUG CHART

Date of Admission: 1/7/2020 Drug Allergies: None ☒ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

- GENERAL** - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.
- DOCTOR** - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
 - Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
 - Discontinue a drug by drawing a line **I** through it and a similar line through subsequent recording panels.
 - The date and time of stopping the drug along with the doctors name and sign must be mentioned.
 - Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.
- NURSES** - Nurses must follow strictly the FIVE RIGHTS before administration of medication.
- 1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time
- AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

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

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

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

VERIFIED BY : Name



REGULAR PRESCRIPTIONS

Weight. Ward. mcw

VERIFIED

VERIFIED

VERIFIED

DRUG : <u>T. PARACETAMOL</u>				Date Time	<u>1/7</u>	<u>2/7</u>	<u>3/7</u>	<u>4/7</u>													
Dose <u>1gm</u>	Route <u>ORAL</u>	Frequency <u>QID</u>	Start Date <u>1/7/26</u>	12pm																	
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Anneen</u> <u>[Signature]</u>				6am																	
				12pm																	
				6pm																	
Additional Instructions:																					
Daily Doctor's Endorsement by a Sign																					
DRUG : <u>T. TRAMADOL</u>				Date Time	<u>1/7</u>	<u>2/7</u>	<u>3/7</u>	<u>4/7</u>													
Dose <u>100mg</u>	Route <u>ORAL</u>	Frequency <u>TID</u>	Start Date <u>1/7/26</u>	10am																	
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Anneen</u> <u>[Signature]</u>				3pm																	
				11pm																	
Additional Instructions:																					
Daily Doctor's Endorsement by a Sign																					
DRUG : <u>T. DICLOFENAC</u>				Date Time																	
Dose <u>50mg</u>	Route <u>ORAL</u>	Frequency <u>TID</u>	Start Date <u>1/7/26</u>																		
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Anneen</u> <u>[Signature]</u>																					
Additional Instructions:																					
Daily Doctor's Endorsement by a Sign																					
DRUG : <u>INJ. CLEXANE</u>				Date Time	<u>1/7</u>	<u>2/7</u>	<u>3/7</u>														
Dose <u>40mg</u>	Route <u>S/C</u>	Frequency <u>OD</u>	Start Date <u>1/7/26</u>																		
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Anneen</u> <u>[Signature]</u>				9am																	
Additional Instructions: <u>Apix hection</u> <u>from 4PM.</u>																					
Daily Doctor's Endorsement by a Sign																					



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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
11/7/26	8AM	Ty pantoprazole	40mg	Flw	Phi	Saretha & Rajeshwar
11/7/26	8:10 AM	Ty PERIORM	10mg	Flw	Q	Saretha & Rajeshwar
11/7/26	8:30 AM	Ty Argoments	1.2gm.	Flw	Q	Saretha & Rajeshwar
11/7/26	9:15 AM	ING-TRANEXEMIC	1gm	IV	M	Tunna & Shaali
11/7/26	9:35 AM	Bj. CARBETOICIN	100mcg	IV	M	Tunna & Shaali
11/7/26	10:15 AM	Sup. TRANADOL	100mg	P/R	M	Tunna & Shaali
11/7/26	11:00 AM	Inj Digoxin	0.5mg in 100ml NS	IV	Aditi	Shree & Tunna
11/7/26	6PM	TAB Digoxim	0.25mg	PO	Aditi	Shree & Tunna
11/7/26	12AM	TAB Digoxin	0.25mg	PO	Aditi	Shree & Tunna

Weight. ✓ Ward. MICU

[illegible]

BAH-00643679
Mrs SARVA SUCHITRA
18-12-1995 30 Y 6 M 13 D (F)
Dr. ANNIE PRANUTHA P

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OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 1/1/26		
Baseline Information:		
Admission From: ☐ ER ☐ OPD ☒ Admission Desk ☐ Others, specify		
Primary Language: ☒ Telugu ☐ English ☐ Hindi ☐ Others, specify		
Do you require an interpreter? ☐ Yes ☒ No If Yes specify		
Source of Information: ☐ Patient ☐ Family ☐ Others, specify		
Allergies: ☐ Yes ☒ No ☐ Medications ☐ Blood Transfusion ☐ Food ☐ Other:		
If yes, identify		
Chief Complaints: EL-UGS		Doctor Notified on Admission: ☒ Yes ☐ No
		Name of the Doctor: Dr. Sneha
		Time Notified: 6:10 AM
Past Medical History: Obtained From ☒ Patient ☐ Family Member ☐ Medical Record ☐ Other (specify)		
Past Medical History	Past Surgical History	Previous Hospital Admission
cardiomyopathy hypothyroid	nil	Nil
Gynecology Assessment: ☐ Not Applicable	Gynecology Surgical History:	Gynecological History:
Menstrual History: Regular 13	Caesarean Section: ☒ No ☐ Yes	Contraceptives: ☒ No ☐ Yes
Onset of Menarche: 13	Cervical Cerclage: ☒ No ☐ Yes	Vaginal Discharge: ☒ No ☐ Yes
Menstrual Cycle: ☒ Regular ☐ Irregular	Ectopic Pregnancy: ☒ No ☐ Yes	Post-Coital Bleeding: ☒ No ☐ Yes
Last Menstrual Period: 9/10/26	Myomectomy: ☒ No ☐ Yes	Infertility: ☒ No ☐ Yes
	Others:	If Yes Type: ☐ Primary ☐ Secondary
Obstetric History: G <u>prim</u> P <u>—</u> L <u>—</u> A <u>—</u>		
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: 98.6 HR: 86 bpm RR: 18 bpm		
BP: 129/76 Weight: 86 Height: 153 BMI: —		
Pain Assessment: Pain: ☒ Yes ☐ No (If Yes, complete the Pain Assessment / Reassessment Form)		

BAH-00643679 IP5-00175798
Mrs SARVA SUCHITRA
18-12-1995 30 Y 6 M 13 D (F)
Dr. ANNIE PRANUTHA P



PHYSICAL ASSESSMENT

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

Fall Assessment: ☐ Yes ☐ No Score 38 (complete the Morse Fall Risk Assessment Sheet)

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

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

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

Inform consultant for positive criteria

NUTRITIONAL SCREENING: ☒ No Abnormality Detected

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

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

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

Inform consultant for positive criteria

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 Pa

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: Sandhya S

Orientation not given Reason: NA

Nurse Signature: Sandhya

Nurse Name: Sandhya (016630)

Date & Time: 1/7/2020 @ 6:30 AM

BAH-00643679
Mrs SARVA SUCHITRA
18-12-1995 30 Y 6 M 13 D
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OBSTETRIC ASSESSMENT FORM

Date: 1/7/20 Time of Arrival: 6 AM Time Seen by Nurse: 6:10 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: EC - 48.45

3) Vital Signs: Temperature: 98.6 F Pulse: 86 RR: 18/min SpO₂: 100% BP: 90/60 Weight: 86

4) Gestational Criteria:

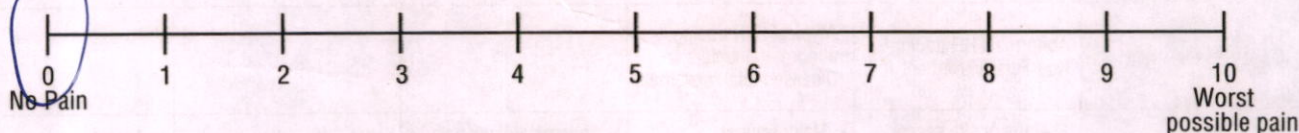
Gravida:	G <u>mmi</u>	P	L <u>-</u>	A <u>-</u>
----------	--------------	---	------------	------------

LMP: 9/10/25 EDD: 26/7/26 Gestational Age: 36^W 3^D

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

5) Pain Screening:

Numerical Pain Scale (NPS)



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

6) Past History:

a) Surgeries: nil

b) Medical: cardiomyopathy / hypothyroid

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7) Allergy: ☐ If Yes :

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

9) Prenatal Medical History:

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

Triage Category: (Please tick on the category)

Refer to OBSTETRICAL TRIAGE ACUITY SCALE (OTAS)

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

OBCU Obstetrical Triage Acuity Scale (OTAS)

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

Time seen by Doctor: 6:28 Am

Nurse Name : Sandhya Nurse Signature: Sandhya (016630)

Date: 11/1/26 Time: 6:30 Am

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18-12-1995 30 Y 6 M 13 D (F)
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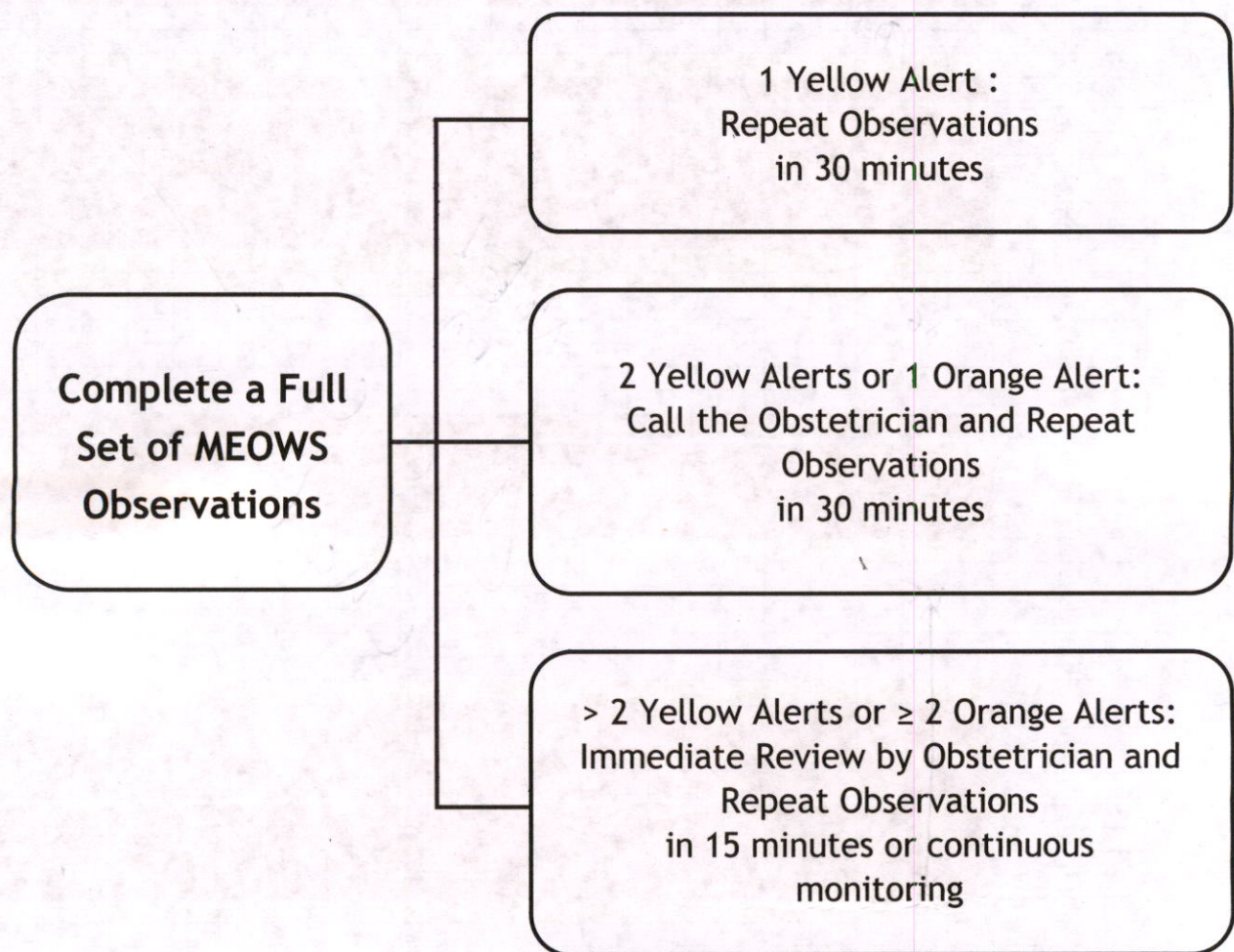


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CONTACT DOCTOR FOR EARLY INTERVENTION IF PATIENT TRIGGERS ONE ORANGE OR TWO YELLOW SCORES AT ANY ONE TIME

		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	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																																					
	21 - 30																																					
	11 - 20	20/19																																				
	0 - 10																																					
Saturations	94 - 100 %	96%																																				
	< 94 %																																					
Administered O ₂ (L/min.)																																						
Temp °C	40																																					
	39																																					
	38																																					
	37																																					
	36	37.2																																				
	35																																					
	< 35																																					
Heart Rate	170																																					
	160																																					
	150																																					
	140																																					
	130																																					
	120																																					
	110																																					
	100																																					
	90	86																																				
	80																																					
	70																																					
	60																																					
	50																																					
	40																																					
↑ Systolic Blood Pressure	190																																					
	180																																					
	170																																					
	160																																					
	150																																					
	140																																					
	130	135																																				
	120																																					
	110																																					
	100																																					
	90																																					
	80																																					
	70																																					
	60																																					
50																																						
↓ Diastolic Blood Pressure	130																																					
	120																																					
	110																																					
	100																																					
	90	101																																				
	80																																					
	70																																					
	60																																					
	50																																					
	40																																					
NEURO RESPONSE [✓]	Alert	A																																				
	Voice																																					
	Pain																																					
	Unresponsive																																					
URINE mls / hour	> 30	✓																																				
	< 30																																					
Proteinuria	Protein ++																																					
	Protein > ++																																					
Lochia	Normal	✓																																				
	Heavy / Foul																																					
Liquor	Clear / Pink																																					
	Green																																					
TOTAL YELLOW SCORES		0																																				
TOTAL ORANGE SCORES		1																																				
Nurse Initial		Tunika																																				

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

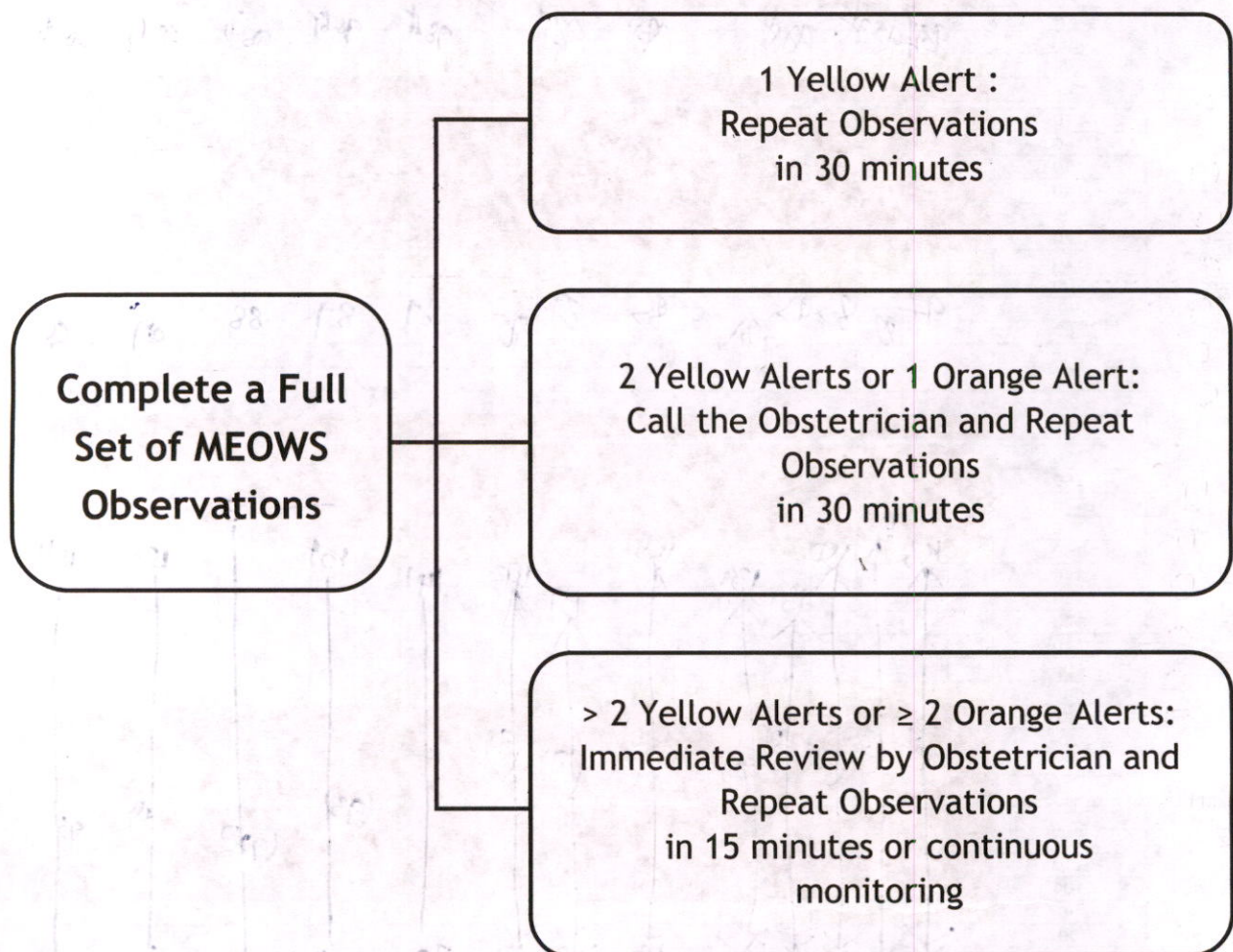


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CONTACT DOCTOR FOR EARLY INTERVENTION IF PATIENT TRIGGERS ONE ORANGE OR TWO YELLOW SCORES AT ANY ONE TIME

Date		Time																										
Time		8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7			
RESP (write rate in corresp. box)	> 30																											
	21 - 30																											
	11 - 20	18	19	19	18	19	19	18	19	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20			
	0 - 10																											
Saturations	94 - 100 %	97	98	99	99	98	98	98	98	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99			
	< 94 %																											
Administered O ₂ (L/min.)																												
Temp °C	40																											
	39																											
	38																											
	37																											
	36																											
	35																											
Heart Rate																												
Systolic Blood Pressure	170																											
	160																											
	150																											
	140																											
	130																											
	120																											
	110																											
	100																											
	90	97	98	83	85	81	85	87	80	87	89	88	87	88	85	85	85	85	85	85	85	85	85	85	85			
	80																											
	70																											
	60																											
50																												
40																												
Diastolic Blood Pressure	130																											
	120																											
	110																											
	100																											
	90																											
	80																											
	70																											
	60																											
	50																											
	40																											
	NEURO RESPONSE [✓]																											
	URINE mls / hour	> 30																										
< 30																												
Proteinuria	Protein ++																											
	Protein > ++																											
Lochia	Normal																											
	Heavy / Foul																											
Liquor	Clear / Pink																											
	Green																											
TOTAL YELLOW SCORES																												
TOTAL ORANGE SCORES																												
Nurse Initial																												

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

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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

**Complete a Full
Set of MEOWS
Observations**

**1 Yellow Alert :
Repeat Observations
in 30 minutes**

**2 Yellow Alerts or 1 Orange Alert:
Call the Obstetrician and Repeat
Observations
in 30 minutes**

**> 2 Yellow Alerts or $\geq$ 2 Orange Alerts:
Immediate Review by Obstetrician and
Repeat Observations
in 15 minutes or continuous
monitoring**

* The Modified Early Warning Score (MEOWS)

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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			NG	Diarrhoea	Output			Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G			Vomit	Drainage				
	08:00 am	RL		100ml								0	Sandhya
	09:00 am	PC	NIB	100ml			NP			120ml		0	
	10:00 am	PC	NIB	100ml								0	
	11:00 am	PC		100ml								0	
	12:00 pm											0	
	01:00 pm											0	
Total Intake :						Total Output : U - 120ml							
	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							



FLUID CHART

Sheet No. : 2

2/7/20

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. Nurs
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
2/7	08:00 am	H ₂ O	100ml							100ml	0	Kam
	09:00 am									75ml	0	
	10:00 am	H ₂ O	100ml							100ml	0	
	11:00 am									25ml	0	
	12:00 pm									100ml	0	
	01:00 pm	H ₂ O	100ml							75ml	0	
	Total Intake :					Total Output :						
2/7	02:00 pm										0	Kam
	03:00 pm	H ₂ O	50ml								0	
	04:00 pm										0	
	05:00 pm										0	
	06:00 pm	H ₂ O									0	
	07:00 pm										0	
	Total Intake :					Total Output :						
2/7	08:00 pm										0	Kam
	09:00 pm										0	
	10:00 pm	H ₂ O									0	
	11:00 pm										0	
	12:00 am										0	
	01:00 am	H ₂ O									0	
	Total Intake :					Total Output :						
3/7	02:00 am										0	Kam
	03:00 am	H ₂ O									0	
	04:00 am										0	
	05:00 am										0	
	06:00 am	H ₂ O									0	
	07:00 am										0	
	Total Intake :					Total Output :						
Total 24 hrs. Intake					Total 24 hrs. Output					vib.mzf.		

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.

		Intake				Output					IV Site	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	Thrombo-phlebitis Score	
			Mouth	I.V	N.G							
	08:00 am									✓	0	Purny
	09:00 am	H ₂ O					1				0	Purny
	10:00 am						1				0	Purny
	11:00 am	H ₂ O					NP				0	Purny
	12:00 pm	H ₂ O					1			✓	0	Purny
	01:00 pm						1				0	Purny
Total Intake : Taken						Total Output : U - 2 IM - 0						
	02:00 pm						1				0	Sam
	03:00 pm						1			✓	0	Sam
	04:00 pm	H ₂ O					1				0	Sam
	05:00 pm						NP			✓	0	Sam
	06:00 pm	H ₂ O					1				0	Sam
	07:00 pm						1				0	Sam
Total Intake :						Total Output : U - 2 M -						
03/12	08:00 pm						1				0	Sam
	09:00 pm	Water					1			✓	0	Sam
	10:00 pm						1				0	Sam
	11:00 pm						NP				0	Sam
	12:00 am	Water					1			✓	0	Sam
	01:00 am						1				0	Sam
Total Intake :						Total Output : U - 2 M - 0						
04/12/28	02:00 am						1				0	Sam
	03:00 am	Water					1			✓	0	Sam
	04:00 am						1				0	Sam
	05:00 am						NP				0	Sam
	06:00 am	Water					1			✓	0	Sam
	07:00 am						1				0	Sam
Total Intake :						Total Output : U - 2 M - 0						
Total 24 hrs. Intake												
Total 24 hrs. Output		U - 2 M - 0										

BAH-00643679 IP5-00175798
 Mrs SARVA SUCHITRA
 18-12-1996 30 Y 6 M 16 D (F)
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FLUID CHART

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Sheet No. :

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

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

Total 24 hrs. Intake

Total 24 hrs. Output

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Mrs SARVA SUCHITRA
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NURSING CARE RECORD

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Shift: ☒ Morning ☐ Afternoon ☐ Night

Date: 1/7/26

Assessment: patient came for EC-USG

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	assessed pt condition monitor vital iv cannula nlt catheterization flo chart	6Am	assessed pt condition monitored vital iv cannulization done nlt done monitored ftr catheterization done maintained flo chart	pt is stable
8Am	Ensure safety	8Am	Ensured safety	

Re-Assessment: done after 2nd hourly pt is stable.

Special Notes:

1 Arterial line Present, w/f excessive bleeding

Nurse Signature: Sandeysa

Nurse Name: Sandeysa (016638)

Date & Time: 1/7/26 @ 2pm

BAH-00643679 IP5-00175798
 Mrs SARVA SUCHITRA
 18-12-1995 30 Y 6 M 13 D (F)
 Dr. ANNIE PRANUTHA P



NURSING CARE RECORD

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

BirthRight
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

Shift: ☒ Morning ☐ Afternoon ☐ Night

Date: 1/7/26

Assessment: Lower Abdominal 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
8Am	⇒ Assess patient condition Check for vital.	8:10Am	⇒ Invasive monitoring / See chart.	
9Am	⇒ A-CSCS	9:10Am	⇒ Shifted to OT.	
10:30 Am	⇒ Medication	10:35 Am	⇒ Inj. digoxin. Tab-lobel, Nicaedia, Hydralazine given	
11Am	⇒ SCD stocking.	11:10Am	⇒ SCD Stocking	
12pm	⇒ IV fluids.	12:10pm	⇒ Ringier lactate Toner/hr.	
1pm	⇒ Epidural.	1:10pm	⇒ Epidural on row	

Re-Assessment: A-CSCS. Chubby

Special Notes: Chronic Invasive monitoring, Arterial line f17, Cannula ①
 Giving Labs

Nurse Signature: Shap

Nurse Name: Shanthi

Date & Time: 1/7/26, 2pm

BAH-00643679 IP5-00175798
 Mrs SARVA SUCHITRA
 18-12-1995 30 Y 6 M 13 D (F)
 Dr. ANNIE PRANUTHA P

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NURSING CARE RECORD

Shift: ☐ Morning ☒ Afternoon ☐ Night

Date: 11/2/26

Assessment:

patient Complains on lower Abdominal 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
2pm	→ Assess the pt condition	2:10pm	→ Assessed the pt condition	pt vital stable
3pm	→ Monitor vitals	3:10pm	→ Vitals checked and recorded	
4pm	→ D/o chest	4:10pm	→ Struggle to chest-orientation	
5pm	→ Epidural	5:10pm	→ Epidural onflow	
6pm	→ Administer medications	6:10pm	→ Administered IV medication	
7pm	→ Feeding	7:10pm	→ Gave orally	
8pm	→ Side rails	8:10pm	→ Side rails provided	

Re-Assessment:

Re-Assessment - clear.
 vitals checked and recorded.

Special Notes:

pt have Arterial line, peripheral line, umbilical.

Nurse Signature:

[Signature]

Nurse Name:

[Signature] Kannu (013581)

Date & Time:

11/2/26 @ 8pm

BAH-00643679
Mrs SARVA SUCHITRA
18-12-1995 30 Y 6 M 13 D (F)
Dr. ANNIE PRANUTHA P

IP5-00175798

NURSING CARE RECORD

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Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 1/7/26

Assessment: patient complaint fear and anxiety

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
8pm	→ assess the patient condition	8pm	→ assessed the patient condition	→ Patient stable
11pm	→ monitor vitals	11:20pm	→ monitored vitals	
1am	→ administration of medication	1:30am	→ medication given as per drug chart	
3am	→ I/O chart monitoring	3:30am	→ I/O chart monitored	
5am	→ Ensure safety.	6am	→ Provided side rails	
7am	→ Ambulation.	7:30am	→ Ambulation done	
8am	→ Soft diet.	8am	→ Soft diet taken	

Re-Assessment: done pt stable

Special Notes: vitals hourly, pt having arterial line @ Periphereal line monitor
SED stocking

Nurse Signature: _____

Nurse Name: Swapna

Date & Time: 2/7/2026 @ 8am

BAH-00643679 IP5-00175798
Mrs SARVA SUCHITRA
18-12-1995 30 Y 6 M 13 D (F)
Dr. ANNIE PRANUTHA P



NURSING CARE RECORD

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Shift: ☒ Morning ☒ Afternoon ☐ Night

Date: 2/7/26

Assessment: Patient complains fear & 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
8am	* Assess the patient general condition	9am	* Assessed the patient general condition	
	* Monitor vitals		* Monitored vitals	
10am	* Administer medication	10pm	* Administered Medication	
11am	* Provide diet		* provided diet	* Patient is stable.
	* Ambulation	4pm	* Ambulation was done	
4pm	* Provide comfortable position	6pm	* Provided comfortable position	
7pm	* Ensure patient safety	8pm	* Provided patient safety.	

Re-Assessment:

Re-assessment was done

Special Notes:

Monitor vitals

Nurse Signature:

[Signature]

Nurse Name:

Kanna (017581)

Date & Time:

2/7/26 @ 8pm

BAH-00643679
Mrs SARVA SUCHITRA
18-12-1993 30 Y 6 M 13 D (F)
Dr. ANNIE PRANUTHA P

NURSING CARE RECORD

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BirthRight
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Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 3/7/2022

Assessment: lower abdominal 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 patient condition check for vitals,	8:10pm	→ patient stable & vitals scrubbed in chart	
11pm	→ Medication	11:10pm	→ medication given as per chart	Patient
1Am	→ Re charting	1:10am	→ maintained in chart	Stable
3Am	→ Ambulation	3:10am	→ walking	
7am	→ Soft diet	7:10am	→ Softy given	

Re-Assessment: Assess done

Special Notes: nil significant

Nurse Signature: Bhaj Nurse Name: Bhavate Date & Time: 3/7/2022

BAH-00643679 IP5-00175798
Mrs SARVA SUCHITRA
18-12-1995 30 Y 6 M 15 D (F)
Dr. ANNIE PRANUTHA P



NURSING CARE RECORD

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Shift: ☒ Morning ☐ Afternoon ☐ Night

Date: 3/7/26

Assessment: Patient complaints of ~~fever~~ & Pain in Surgical site.

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
	=> Assess the patient condition => Ambulation => maintain fluid balance => Ensure safety. => maintain good nutritional status. => Relieve pain & discomfort => v/o monitoring		=> Assessed the pt condition => Ambulation done. => water given. => side rails provided. => Idley, Kicheri given. => Tab. Calpal, Tramadol given. => v/o monitoring done.	pt is comfortable.

Re-Assessment: Pain Reduced After Tab (Tramadol)

Special Notes: w/f excessive bleeding.

Nurse Signature: TM

Nurse Name: Tunny

Date & Time: 3/7/26 @ 2pm.



NURSING CARE RECORD

Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 03/04/26 08:00 AM

Assessment: Tube 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
8:00 AM	Assess the general condition of the patient and check vitals.	8:00 AM	Assessed the general condition of the patient and checked vitals.	Patient is stable
10:00 AM	Maintaining good nutritional status.	10:00 AM	Maintained good nutritional status.	
12:00 PM	Maintaining fluid balance.	12:00 PM	Maintained fluid balance.	
4:00 PM	Checking urine output.	4:00 PM	Checked urine output.	
6:00 PM	Maintaining personal hygiene.	6:00 PM	Maintained personal hygiene.	
8:00 PM	Ensure Safety.	8:00 PM	Ensured Safety.	

Re-Assessment: pain reduced

Special Notes: m

Nurse Signature: Rima

Nurse Name: Rima 02/1/99

Date & Time: 03/04/26 08:00 AM



NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Dr. Annie Department: DBS Date of Admission: 1/7/26

SITUATION		Diagnosis: <u>EC-UGJ</u> <u>P00-0</u>		Any Infection: ☐ Yes ☐ No ☒ Not Known If Yes Specify:		
BACKGROUND	Area	<u>DBS</u>	<u>MICU</u>	<u>new</u>	<u>new</u>	
	Shift Time	<u>8am-4pm</u>	<u>4pm-12pm</u>	<u>8pm-4pm</u>	<u>4pm-12pm</u>	
ASSESSMENT	Medical Condition (Any special condition to be noted):	<u>HTN</u> <u>Hypothyroid</u>	<u>HTN</u> <u>Hypothyroid</u>	<u>HTN</u> <u>Hypothyroid</u>	<u>HTN</u> <u>Hypothyroid</u>	
	Allergy:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
ASSESSMENT	Tubes/Drains/Catheter:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	Vital Signs:	Temp:	<u>98.6°F</u>	<u>98.2°F</u>	<u>98.6°F</u>	<u>98°F</u>
		Res:	<u>18b/m</u>	<u>19b/m</u>	<u>20b/m</u>	<u>20b/m</u>
		SpO ₂ :	<u>100%</u>	<u>100%</u>	<u>99%</u>	<u>98%</u>
		Pulse:	<u>86b/m</u>	<u>82b/m</u>	<u>85b/m</u>	<u>86b/m</u>
		BP:	<u>127/80</u>	<u>127/80</u>	<u>134/72</u>	<u>138/66</u>
	Fall Risk Score:	<u>35</u>	<u>35</u>	<u>35</u>	<u>35</u>	
	Pain Score:	<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>	
	Physiotherapy	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	Others Specify:	<u>n/a</u>	<u>n/a</u>	<u>n/a</u>	<u>n/a</u>	
	Special Diet:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	Other Special Orders / Medications:	<u>n/a</u>	<u>n/a</u>	<u>n/a</u>	<u>n/a</u>	
Post Operative Procedure Special Orders:		<u>n/a</u>	<u>n/a</u>	<u>n/a</u>	<u>n/a</u>	
Handed Over By Name :		<u>Tunni</u>	<u>Karey</u>	<u>Shaula</u>	<u>Tunni</u>	
Signature :		<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	
Date:		<u>1/7/26</u>	<u>1/7/26</u>	<u>3/7/26</u>	<u>3/7/26</u>	
Time:		<u>2pm</u>	<u>8pm</u>	<u>8pm</u>	<u>2pm</u>	
Taken Over By Name :		<u>Karey</u>	<u>Shaula</u>	<u>Tunni</u>	<u>Shaula</u>	
Signature :		<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	
Date:		<u>1/7/26</u>	<u>1/7/26</u>	<u>3/7/26</u>	<u>1/7/26</u>	
Time:		<u>2pm</u>	<u>8pm</u>	<u>2pm</u>	<u>8pm</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							
BACKGROUND	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:								

BAH-00643679 IP5-00175798
Mrs SARVA SUCHITRA
18-12-1995 30 Y 6 M 13 D (F)
Dr. ANNIE PRANLUTHA P



BRADEN 'Q' SCALE

Rainbow
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BirthRight
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Your Right to a Safe Delivery

					Date :	19/12/2018	18/12/2018	17/12/2018	21/12/2018
					Time :	10:45	12:45	8:45	8:45
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	4	
Moisture Degree to which skin is exposed to moisture	1. Constantly moist: Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	2. Very moist: Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	3. Occasionally moist: Skin is occasionally moist, requiring linen change every 12 hours.	4. Rarely moist: Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	2	4	
FRICTION-SHEAR Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	1. Significant problem: Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	2. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	3. Potential problem: Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	4. No apparent problem: Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	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	21	22	18	28
Docu. No. : RCHBH/FRM / CLINICAL / 119					Evaluator's Name	Sarany	S	Sunpre	Kan

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



BRADEN 'Q' SCALE

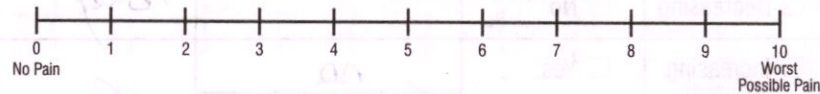
				Date : 07/3/2020	Time : 8pm	8am	2pm	2:45pm
Mobility	1. Completely immobile: Does not make even slight changes in body or extremity position without assistance.	2. Very limited: Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	3. Slightly 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	4	
"Activity The degree of physical activity"	1. Bedfast : Confined to bed	2. Chairfast : Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	3. Walks occasionally: Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	4	
Sensory Perception	1. Completely limited: Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	2. Very limited: responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	3. Slightly limited: Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	4. No impairment: Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	
Moisture Degree to which skin is exposed to moisture	1. Constantly moist: Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	2. Very moist: Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	3. Occasionally moist: Skin is occasionally moist, requiring linen change every 12 hours.	4. Rarely moist: Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	
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	
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	
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	
Severe Risk : less than 9 High Risk : 10-12 Moderate Risk : 13-14 Mild Risk : 15-18 Not at Risk: 19-23				TOTAL SCORE	23	28	28	
Docu. No. : RCHBH / FRM / CLINICAL / 119				Evaluator's Name	BS	Pune	B	

PAIN ASSESSMENT TOOLS

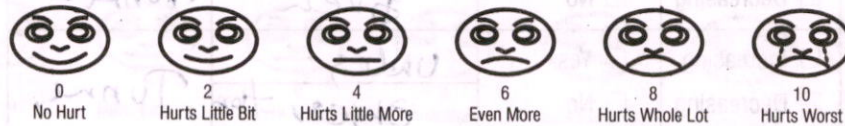
FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years



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



CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	1/12/26 DAY-1			4/7 DAY-2			3/7 DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0	0	0	0	0	0	0	0	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				Puneet & self Sandeep & Puneet from team									

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 : Shorade

Signature of Ward In Charge :

Signature : veer Name : veer

BAH-00643679 IP5-00175798
 Mrs SARVA SUCHITRA
 18-12-1995 30 Y 6 M 13 D (F)
 Dr. ANNIE PRANUTHA P

Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	11/1/26	11/1/26	11/1/26	Fall Risk Grading		
		Score	am 2pm	pm - 8pm	8pm - 8am	Risk Level	Morse Fall Score (MFS)	Action
History of Falling (immediately or w/in 3 months)	Yes	25						
	No	0	0	0	0			
Secondary Diagnosis (more than one diagnosis)	Yes	15	15	15	15			
	No	0	0	0				
Ambulatory Aid	Furniture	30				Low Risk	0 - 24	Standard Fall Precaution
	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	0	0				
GAIT / Transferring	Impaired	20				✓ Moderate Risk		
	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:			35	35	35			
Signature			Handy	Karl	Scapue			

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

BAH-00643679 IP5-00175798
Mrs SARVA SUCHITRA
18-12-1993 30 Y 6 M 13 D (F)
Dr. ANNIE PRANUTHA P



Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	21/12/26	21/12/26	31/12/26	Fall Risk Grading		
		Score	8am 8pm	8pm	8AM 3pm	Risk Level	Morse Fall Score (MFS)	Action
History of Falling (immediately or w/in 3 months)	Yes	25						
	No	0	0	0	0			
Secondary Diagnosis (more than one diagnosis)	Yes	15	15	15	15			
	No	0						
Ambulatory Aid	Furniture	30				Low Risk	0 - 24	Standard Fall Precaution
	Crutches, Cane(S), Walker	15						
	None /Bed Rest /Nurse Assist	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						
	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:			35	35	35			
Signature			Kannu	Boy	Tunne			

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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BAH-00643679 IP5-00175798
 Mrs SARVA SUCHITRA
 18-12-1993 30 Y 6 M 13 D (F)
 Dr. ANNIE PRANUTHA P



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		Risk Level	Morse Fall Score (MFS)	Action
	No	0	0			
Secondary Diagnosis (more than one diagnosis)	Yes	15	15	Low Risk	0 - 24	Standard Fall Precaution
	No	0				
Ambulatory Aid	Furniture	30		Moderate Risk	25 - 50	Implement Moderate Fall Prevention Intervention
	Crutches, Cane(S), Walker	15				
	None /Bed Rest /Nurse Assist	0				
IV / Heparin Lock or Saline	Yes	20	20	High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	No	0				
GAIT / Transferring	Impaired	20				
	Weak (uses touch for balance)	10				
	Normal /On Bed Rest /Immobile	0				
Mental Status	Forgets limitations	15				
	Oriented to own ability	0	0			
Total Morse Fall Scale Score:			35			
Signature			Rina			

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

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

MULTI-DISCIPLINARY PLAN OF CARE FORM

Diagnosis:

Diagnosed
Prim 1 Chr. HTN - hypertensive - Medial Cardiomyopathy - 26+36w for ECG

Date Time	Discipline	Type	Patient Needs / Problem List	Goal	Plan / Intervention	Signature	Team Verification
1/2/26 7am	☒ Medical ☐ Nursing ☐ Others:	☒ Initial ☐ Modified ☐ Per-Op ☐ Post Op	Prim 1 chr HTN - hypertensive 26+36w - Dilated cardiomyopathy	Safe. Pregnancy	ECG	<i>[Signature]</i>	☐ Nursing ☐ Others:
1/7/26 7am	☐ Medical ☒ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op	plan for safety	→ TO reduce fear	pt is stable	<i>[Signature]</i>	☒ Medical ☐ Others:
3/7/26 12:45 pm	☐ Medical ☐ Nursing ☒ Others: dietician	☐ Initial ☐ Modified ☐ Per-Op ☒ Post Op	POD-2 LSCS	soft diet	soft high protein diet	<i>Saima</i>	☐ Medical ☐ Nursing ☒ Others:
3/7/26 3:15 pm	☐ Medical ☐ Nursing ☒ Others:	☐ Initial ☐ Modified ☐ Per-Op ☒ Post Op	Post LSCS	Post partum recovery	Deep core retraining & functional training	<u>T.S</u>	☐ Medical ☐ Nursing ☐ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Nursing ☐ Others:

INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

Part - I.

Patient's / Learner Language: 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		
1/12/26	8 AM	12/4	Δ, Rx, Compliance, Patient Trustful Count	PT	1	0	1	1	Nil	Dr
1/12/26	7 AM	2	Control Infection	PT	1	0	1	1	-	Sny
3/12/26	12:45 pm	9	Lactation diet	PT	1	0	1	1	-	Saima

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	
1. No Learning Barriers	4. Language Barrier	7. Impaired Thought Process/Cognitive limitations	10. Financial Difficulties	13. Cultural/Religion Practice																			
2. Physical Impairment	5. Educational Level	8. Responsibilities at Home	11. Beliefs and Values	14. Others (Specify)																			
3. Emotional Barriers	6. Desire / Motivate to Learn	9. Cultural Differences	12. Impaired Vision/ or Hearing																				
Teaching Tools Used:	A: Audio	D: Demonstration	V: Video	O: Oral	P: Printed																		
Mechanism/s to overcome barrier/s:	<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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Understanding:	<table border="0"> <tr> <td>1. Verbalizes Understanding</td> <td>2. Demonstrates Understanding</td> <td>3. Needs Review</td> </tr> </table>								1. Verbalizes Understanding	2. Demonstrates Understanding	3. Needs Review												
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EL 18C8

PRE - OPERATIVE CHECK LIST

Patient's Name

BAH-00643679

IP5-00175798

Mrs SARVA SUCHITRA

Age : Gender : ☐ M ☒ F

Blood Group :

18-12-1993 30 Y 6 M 13 D (F)

Planned Surgeon

Dr. ANNIE PRANUTHA P

geon : Dg. Annie

Anesthetist : ...



Operation : 1/7/26 @ 10 AM

Date : 1/7/26

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

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

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

Billing Clearance Taken : ☐ Yes ☒ No

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

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

Date & Time : Date & Time : Date & Time :

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

BAH-00643679 IP5-00175798
Mrs SARVA SUCHITRA
18-12-1993 30 Y 6 M 13 D (F)
Dr. ANNIE PRANUTHA P


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


BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

POST – PARTUM ASSESSMENT FORM – IN-PATIENT

Date: 3/7/26

Chief Complaint : Pain at the suture site

Obstetric/ Birthing History : PIH, LSCS, POD-2

Previous Surgical/Medical History : chr. HTN, hypothyroid, maternal cardiomyopathy

Assessment :

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

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

Iv line ☒ + / -

Catheter ☒ + / -

Postural alignment -

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

On Examination : Breathing pattern – abdominal/ ☒ apical/ diaphragmatic

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

Able to initiate Pelvic Floor Activation – ☒ Yes ☐ No

Spl Notes -

Treatment Plan :

☒ Lateral Breathing

☒ Pelvic Floor Activation

☒ Transversus Abdominis Activation

☒ Gluteus Activation

☒ Active Motion for Limbs

☒ Transfer Training & Mobility

☒ Sit to Stand

☒ Monitored Walk

☒ Posture & Ergonomic Education

Signature : J.S.

Name : Dr. Teheena Sharmin (PT)

Date & Time: 3/7/26 3:15pm

PATIENT TRANSFER FORM

Patient Name & UHID No. BAH-00643679 IP5-00175798 Mrs SARVA SUCHITRA 18-12-1993 30 Y 6 M 13 D (F) Dr. ANNIE PRANUTHA P 		Date & Time of Admission 3/7/26 @ 6:42 AM	Date & Time of Transfer Order 3/7/26 @ 12:30 pm
		Transfer Ordered by Dr. Annie	Reason for Transfer observation
From Unit ORR	To Unit Room (306)	Information to Attendant Yes ☒ No ☐	
Number of Sheets in Clinical File 45	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☐ If Yes, what?	Patient shifted with ID band: Yes ☒ No ☐ If No:	
Number of Imaging Films NST-1			
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 (Tunn)		Name of Person Ordered Transfer Dr. Annie.	
Patient & Clinical Records Received by : sumana			
Date & Time of Patient Received : 3/7/26 @ 12:30 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

BAH-00643679 IP5-00175798
Mrs SARVA SUCHITRA
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NURSE HAND OFF COMMUNICATION - ICU

SITUATION & BACKGROUND	DOA: 1/7/26	Diagnosis: primi, Chr. Htn		Surgery / Procedures: C-section		
	Allergies: NO			Post OP Day: POD-0		
	Date: 1/7/26					
	Area	MUW 8am-2pm	MUW 2pm-8pm	MUW 8pm-8am		
	Shift Time					
	Diet: NPO	NPO	NPO	soft diet		
Ventilation (RA, NP, NIV, VENTI)						
INVASIVE LINES	1. Arterial line	01	01	1		
	2. peripheral line	01	01	1		
	3.					
	4.					
ASSESSMENT	Linger awake		Fornix 20 ml/hr -			
	Infusions / Transfusions					
	PU Prophylaxis		NO	NO	NO	
	DVT Prophylaxis		Yes	Yes	Yes	
	Vitals	BP	141/76	140/62	150/63	
		PR	88	82	98	
		RR	20	20	20	
		SpO ₂	100	100	97%	
		Temp	98.1°F	98.3°F	98.3°F	
	Pain Score		1/10	1/10	1/10	
	LOC (Alert, Conscious, Confusion, Unconscious)		conscious	conscious	conscious	
	Skin Integrity (Intact / Bedsore / Any other condition)		intact	intact	intact	
	Restraints If any	Physical	NA	NA	NA	
		Chemical				
	Fall Risk (Vulnerable Y/N) if yes score		Yes	Yes	Yes	
(Ambulation, walking, moving with assistance, bed ridden)						
ADL (Dependent / Non-Dependent)		dependent	dependent	dependent		
Critical Lab Test / Values (If any)		NO	NO	NO		

Note: RA (Room Air, NP Nasal Prongs, NIV Non-Invasive Ventilation, VENTI Ventilator)

RECOMMENDATIONS	Date:		1/7/26	1/7/26	1/7/26			
	Area	Shift Time	0700-2pm	2pm-8pm	0700-2pm			
	Investigations Procedures	☒ Ordered / Planned		CBP	CBP	GLA		
			Electrolyte	Electrolyte				
			Creatinine	Creatinine				
Due			NO.	NO	NO			
Reports Pending			NO.	NO	NO			
Referrals (If any)			NO.	NO	NO			
Remarks (Special Interventions like, Drainage tube flushing etc.)			uricemia	uricemia	uricemia			
Handed Over By Name :			Tanna	Kasur	Swapne			
Signature :			Tanna	Kasur	Sw			
Date:			1/7	1/7	2/7/26			
Time:			2pm	8pm	8am			
Taken Over By Name :			Kasur	Swapne				
Signature :			Kasur	Sw				
Date:			1/7	1/7				
Time:			2pm	8:10 pm				



BED SIDE CHECK LIST FOR NURSES

Date:	1/7	1/7 2pm-3pm	1/7						
Doctor's Orders	NA	NA	NA						
Carried out or not	NA	NA	NA						
Bed Side									
Structured Handover done	yes	yes	yes						
IV Site	yes	yes	yes						
Central Lines	no	no	no						
Arterial Lines	yes	yes	yes						
Feeding Catheter	no	no	no						
Urinary Catheter	yes	yes	yes						
Skin Care	yes	yes	yes						
Eye Care	yes	yes	yes						
Mouth Care	yes	yes	yes						
Sterillum Bottle, Stethoscope	yes	yes	yes						
Suction Bottle (Should be clean & empty)	yes	yes	yes						
Intubation Tray	no	no	no						
Emergency Tray (Loaded Syringes with Midazolam & Vecuronium and Flush) Ampoules of Adrenaline	no	no	no						
Ventilator Tubing, (Any Water, Blood)	no	no	no						
Humidification	no	no	no						
Check all Infusion (Labelling, Correct Preparation)	yes	yes	yes						
Chest Physio & Neb	no	no	no						

Checked & Handover given by

Name of the Nurse : Tenna

Signature : Tenna

Date & Time: 1/7/26, 2pm

Checked & Handover taken by

Name of the Nurse : Lanna

Signature : Lanna

Date & Time: 1/7/26 2pm

Patient St

BAH-00643679 IP5-00175798
 Mrs SARVA SUCHITRA
 18-12-1995 30 Y 6 M 13 D (F)
 Dr. ANNIE PRANUTHA P



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

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CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: <i>Dr. Anand</i>	Date of Delivery: <i>1/07/2026</i>
Assistant Surgeon: <i>Dr. Bhargava</i>	Time of Delivery: <i>9.31 AM</i>
Anaesthetist's Name: <i>Dr. Subramanyam</i>	Gender of Baby: <i>Female</i>
Type of Anaesthesia: <i>Epidural</i>	Weight of Baby: <i>2.802 kg</i>
Neonatologist: <i>Dr. Whit</i>	AGPAR Score: <i>8.9</i>
Scrub Nurse: <i>Soletha</i>	NICU Admission: ☐ Yes ☒ No

Pre-Operative Diagnosis:

☒ Elective

☐ Emergency

Indication:

Maternal Condylaropathy
Chronic HTN with
accelerated HTN

Urgency

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

Decision time:

Knief to rectus:

CTG Description:

If there was a delay give the reasons:

Surgical Procedure:

Elective Lower Segment Cesarean Section

Post Operative Diagnosis:

post cesarean Day-0

Peri-Operative Complications:

Nil

Amount of Blood Loss:

300 ml

Blood Transfused (in ML):

—

Name and Number of Surgical Specimen sent for examination:

Nil

Examination Findings when Appropriate:Presentation: ☐ Cephalic ☐ Breech ☐ OtherCervical Dilatation: 

5th Palpable:

Fetal Position:

Station: ☐ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2Moulding: ☐ None ☐ + ☐ ++ ☐ +++Caput: ☐ + ☐ ++ ☐ +++Meconium: ☐ None ☐ + ☐ ++ ☐ +++Bladder Catheterized: ☐ Yes ☐ NoUrine: ☐ Clear ☐ Blood Stained

Skin Incision: ☒ Pfannenstiel ☐ Transverse ☐ Midline ☐ Other

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

Previous Scar: ☐ Intact ☐ Thinned out ☐ Ruptured ☒ No Scar

Incision Through Placenta: ☐ Yes ☐ No

Delivery of head: ☐ Manual ☒ Forceps

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

Delivery of Placenta: ☐ Manual ☒ CCT ☒ Complete ☐ Incomplete ☐ Piecemeal

Cord Appearance: Cord around the neck ☐ Yes ☒ No

Appearance of placenta: Cavity explored ☒ Yes ☐ No

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

Uterine Closure: ☐ One Layer ☒ Two Layers Suture

Peritoneal Closure: ☐ Pelvic ☒ Abdominal ☐ None Suture

Sheath Closure: Suture

Fat Closure: ☒ Yes ☐ No Suture

Skin Closure: ☒ Subcuticular ☐ Mattress Suture

Vaginal Evacuated ☒ Yes ☐ No

Drain: ☐ Yes ☒ No ☐ Remove in days ☐ Await instructions

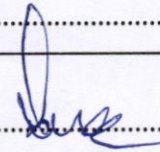
Catheter ☒ Yes ☐ No ☐ Remove in 24h days ☐ Await instructions

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

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

Post-Operative Notes:

- 1/ Norm u/h
- 2/ IV fluids as per above
- 3/ Inj Augmentin 1.2gms IV BID
- 4/ Meticillin 1g
- 5/ Input - output chart
- 6/ WBC blood per

Doctor Name: Dr. Anuro Doctor Signature: Date & Time: 1/11/20 10:15 AM

Patient Sticker

BAH-00643679 IP5-00175798
Mrs SARVA SUCHITRA
18-12-1993 30 Y 6 M 13 D (F)
Dr. ANNIE PRANUTHA P




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POST-SURGICAL CARE PLAN FORM

Procedure Done: Elective Lower Segment Caesarean Section

Post-Surgical Diagnosis: post caesarean dyo.

Post-Operative Monitoring Parameters /Frequency: HR / SpO₂ / BP / RR - continuous
input output - hourly mask

Wound Care: watet for leakage of dressing

Drain /Special Lines/Catheters: - foley catheter
- 1 pupitral line
- drt. line

Special Patient Positioning and Requirements: Dorsal with 45° head
elevation

Nutritional Instructions: Regies after 2-4 hrs

When to Start Mobilization: after 12 hrs

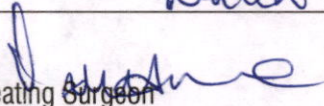
Special Referrals: Cardiologist follow up

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 - monitor in maw

watch for signs of fluid overload


Treating Surgeon
(Signature & Stamp)

Date: 1/2/26 Time: 10:10 AM

Note: Plan of care will be readjusted if necessary.

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)	1	4
Previous VTE provoked by major surgery	1	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. <i>Cardiomyopathy</i>	
Family history of unprovoked or estrogen-related VTE in first-degree relative	1	1
Known low-risk thrombophilia (no VTE)		1
Age (? 35 years)		1 or 2
Obesity		1
Parity ≥ 3		1
Smoker		1
Gross varicose veins		1
Obstetric Risk Factors		
Pre-eclampsia in current pregnancy	1 <i>Chemi now</i>	1
ART/IVF (antenatal only)	-	1
Multiple pregnancy	-	1
Caesarean section in labour	-	2
Elective caesarean section	1	1
Mid-cavity or rotational operative delivery	-	1
Prolonged labour (? 24 hours)	1	1
PPH (? 1 litre or transfusion)	1	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	1	3
Hyperemesis		3
OHSS (first trimester only)		4
Current systemic infection		1
Immobility, dehydration		1
Total	5	

Signature of the Doctor: *[Signature]* Date: *1/2/20* Time: *10:15 AM*
 Action Plan: *Sp Alexone 400 mg SL 100 x 10 days*

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.

Caesarean Section Audit Format (To be filled by doctor conducting C-Section)

Name of the Facility:

Encircle type of facility: MCH/DH and equivalent/SDH and equivalent/AH and equivalent/FRU-CHC and equivalent

Mention unit _____ (Applicable for medical college/tertiary setting/district hospital)

Date:

I	Patient Information	Response
1	Name of the woman undergone C-section	Mrs. Sarva Cuchitra
2	Age of woman	30yrs
3	Hospital No./Patient identification no.	
4	G/P/L/A	
5	Booking status	Booked/Booked elsewhere/Un-booked
6	Maternal height and weight	Ht: cm Wt: Kg
7	Date of Admission	11/7/26
8	Date and time of delivery by CS	Date: Time: ☒ 9am - 6pm ☐ 6pm - 9pm ☐ 9pm - 12am ☐ 12am - 6am ☐ 6am - 9am

II	Obstetric History	Response
1	Estimated gestation, in completed weeks	36 ⁺ 3 wks
1a	Encircle the appropriate basis of estimated gestational	NTSC
2	Number of previous stillbirths >24weeks, if any	—
3	Was the mother referred to this hospital from another facility	—
3a	Gestational age at the time of referral	—
3b	If preterm, was AN corticosteroid given prior to referral	—
4	Tick the appropriate group in which pregnant woman belongs to	☐ Group 1: Nulliparous, with a single cephalic pregnancy, ≥37 weeks gestation in spontaneous labour ☐ Group 2: Nulliparous, with a single cephalic pregnancy, ≥37 weeks gestation who had labour induced or were delivered by CS before labour ☐ Group 3: Multiparous, without a previous CS, with a single cephalic pregnancy, ≥37 weeks gestation in spontaneous labour

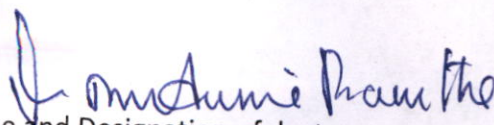
	☐ Group 4: Multiparous, without a previous CS, with a single cephalic pregnancy, ≥ 37 weeks gestation who had labour induced or were delivered by CS before labour ☐ Group 5: All multiparous, with at least one previous CS, with a single cephalic pregnancy, ≥ 37 weeks gestation ☐ Group 6: All multiparous, with a single breech pregnancy ☐ Group 7: All multiparous, with a single breech pregnancy including women with previous CS(s) ☐ Group 8: All women with multiple pregnancies including women with previous CS(s) ☐ Group 9: All women with a single pregnancy with a transverse or oblique lie, including women with previous CS(s) ☒ Group 10: All women with a single cephalic pregnancy < 37 weeks gestation, including women with previous CS(s)
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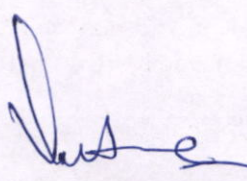
III	Details of Caesarean Section	Response
1	Name the senior most obstetrician involved in the decision to perform the caesarean section?	Unit chief/ Duty assistant/HOD/Assoc. Professor/Assistant professor/Others <i>Consultant</i>
2	Decision - delivery interval	<i>elective</i>
3	Which of the following best describes the indication for CS?	☐ Singleton breech ☐ Malpresentation / Unstable ☐ Multiple pregnancy ☐ Presumed fetal distress/IUGR/Abnormal CTG ☐ Cord prolapse ☐ Sepsis/Chorioamnionitis ☐ Placenta previa, actively bleeding ☐ Placenta previa, not actively bleeding ☐ Postdatism ☐ Oligohydramnios ☐ Previous Caesarean section ☐ Placental abruption ☐ Intrapartum haemorrhage ☐ Pre-eclampsia/eclampsia/HELLP ☐ Failure to progress (induction/in labour) ☒ Maternal medical disease (see key) ☐ Uterine rupture/scar dehiscence ☐ Previous poor obstetric outcome (BOH) ☐ Long period of infertility ☐ Others (Specify) _____
4	Was partograph used prior to decision for CS (if Yes, attach a copy of filled photograph)	<i>—</i>
5	Were the membranes ruptured (ROM) prior to the caesarean section?	Spontaneous ROM / ARM <i>—</i>
6	Duration of first stage of labour	Hr: Mins:
7	Duration of second stage of labour	Hr: Mins: <i>—</i>

*cardiomyopathy
chemo now
w/IC
accelerated
now*

8	What cervical dilatation was reached prior to the caesarean section?	
9	Were prophylactic antibiotics given?	
10	What was the estimated blood loss?	
11	Blood / component transfusion	If so, mention no of units
IV	In case of previous caesarean delivery	Response
1	Mention the indication and gestation of previous LSCS (start from most recent LSCS)	LSCS 1 _____ Gestation _____ LSCS 2 _____ Gestation _____ N/A
2	Was the mother offered a trial of vaginal delivery during the pregnancy?	
3	Post OP complications, if any	
V	Current Status	Response
1	Does this mother require 'special' care post-caesarean section in addition to routine post-op care?	Yes / No
1a	If YES, where is she being managed currently?	Obs HDU / ICU General HDU / ICU Referred to another hospital
2	Whether fetal heart monitoring - Manual / Electronic was done (tick appropriately)	A) ☒ Normal B) ☐ Abnormal C) ☐ Severely abnormal D) ☐ Not done
3	Whether Meconium-stained liquor present (tick appropriately)	A) ☐ Yes B) ☒ No C) ☐ Not known
4	Other methods of delivery attempted (tick appropriately)	A) ☒ None B) ☐ Forceps C) ☐ Ventouse
5	Delivery outcome (tick appropriately)	A) ☒ Livebirth B) ☐ Stillbirth
6	Sex of the baby (tick appropriately)	A) ☐ Male B) ☒ Female C) ☐ Unknown
7	Birth weight	
8	Apgar score (tick appropriately)	A) Score at 1 minute <u>9</u> B) Score at 5 minutes <u>10</u> C) ☐ Not done
9	Transferred to SNCU/NICU (tick appropriately)	A) ☐ Yes _____, where _____ B) ☒ No
10	Maternal outcome (tick appropriately)	A) ☐ Stable and in satisfactory condition B) ☐ Shifted to Obstetric HDU/ICU due to any complications or for <u>close monitoring</u> C) ☐ Maternal near miss D) ☐ Maternal death. Mention cause of death _____

11	Newborn outcome (tick appropriately)	☒ A) Stable and in satisfactory condition ☐ B) Admitted in SNCU due to complications or for close monitoring ☐ C) Still birth ☐ D) Born alive and died (Mention cause of death)
12	Tick appropriately on the need of C Section	☒ A) Absolutely essential at that time ☐ B) More time could have been given before deciding for CS


Name and Designation of doctor


Signature with Seal

Date 1/2/26

*** Key for Medical Disorders:**

1. Heart disease complicating pregnancy
2. Past history of cardiac surgery like valve replacement
3. Jaundice complicating pregnancy
4. Bronchial asthma / COPD
5. Tuberculosis - pulmonary / extra pulmonary
6. Known seizure disorder - on treatment / not on treatment / treatment discontinued
7. Known hypertensive - on treatment / not on treatment / treatment discontinued
8. Known diabetic - on treatment / not on treatment / treatment discontinued
9. Chronic renal disease
10. Anemia other than iron deficiency anemia

Glossary

- Gravida denotes a pregnant state both present and past, irrespective of the period of gestation
- Parity denotes a state of previous pregnancy beyond the period of viability
- Nullipara: A nullipara is one who has never completed a pregnancy to the stage of viability. She may or may not have aborted previously
- Multipara: Multipara is one who has completed two or more pregnancies to the stage of viability or more

BUNDLE CARE CHECKLIST TO PREVENT SURGICAL SITE INFECTION (SSI)

To Be Filled In By Assigned Nurse

Date : 11/21/26

Department :

BAH-00643679 IP5-00175798
Mrs SARVA SUCHITRA
18-12-1993 30 Y 6 M 13 D (F)
Dr. ANNIE PRANUTHA P



Duration of Procedure : 1hr

Name of Surgeon :

Date of Admission : 11/21/26

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

		Staff Signature
	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>Cl. Naum 1gm</u>	<i>[Signature]</i>
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	<i>[Signature]</i>
3.	Patient's body temperature immediately post operation (Recovery Room) <u>36</u> °C ☐ Oral Or ☒ Axilla (Goal : 36-37 °C)	<i>[Signature]</i>
4.	Name of doctor or staff administering the antibiotic : <u>Dr. Bocha</u> Date & Time of antibiotic administration : <u>11/21/26 8am</u> Date & Time procedure started : <u>11/21/26 2am</u>	<i>[Signature]</i>

- 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

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE



Patient Name : MM. SARVA SUCHITRA

Gender: ☐ Male ☒ Female

Age : 20y
Date : 1/7/2026

Instruction:

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

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

ELECTIVE LOWER SEGMENT CESAREAN SECTION

upon MM. SARVA SUCHITRA
(Name of the Patient)

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

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

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

CHANCE OF BLEEDING, BLOOD AND BLOOD PRODUCTS TRANSFUSION, CHANCE OF INFECTION, INJURY TO ADJACENT ORGANS SUCH AS BOWEL AND BLADDER AND IT'S REPAIR, PROLONGED HOSPITAL STAY ICU ADMISSION

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.
5. I authorize the consent to the performance of the operation or procedure.

Name of the Doctor who is performing the Surgery / Procedure: DR. ANNIE PRANUTHA

Consentee :

Signature : Suchitra

Name : Mrs. Sarva Suchitra

Date & Time : 1/7/2026, 8 AM

Witness :

Signature : Sandeep

Name : Sandeep (016638)

Date & Time : 1/7/2026, 7 AM

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

Patient Attendant :

Signature : Y. Manikanta

Name : YENDURU MANIKANTA

Relationship with Patient : Huband

Date & Time : 1/7/2026, 8 AM

Doctor (who is taking the consent) :

Signature : Dr. Annie

Name : Dr. Pravanthi

Date & Time : 1/7/2026, 8 AM

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. A. ie
Asst. Surgeon : Dr. B. argan
Anaesthetist : Dr. A. H
Scrub Nurse : Bilitta

Patient Name : Mr. Sarva Si : tra Age : Gender : F
UHID No. : 00643679 Surgery Name : EL-UY
Date : 11/12/26 In-time : 9 AM Out-time : 10 AM

BAH-00643679 IP5-00175798
Mrs SARVA SUCHITRA
18-12-1993 30 Y 6 M 13 D (F)
Dr. ANNIE PRANUTHA P


Before Induction of Anaesthesia >>

SIGN IN		Time: <u>8.53</u>
Patient Has Confirmed		
Identity	☒ Yes ☐ No	
Site	☒ Yes ☐ No	
Procedure	☒ Yes ☐ No	
Consent	☒ Yes ☐ No	
Site Marked	☒ Yes ☐ No ☐ NA	
Anaesthesia Safety Check Completed	☒ Yes ☐ No	
Pulse Oximeter on Patient & Functioning	☒ Yes ☐ No	
Does Patient have a:		
Known Allergy?	☐ Yes ☒ No	
Difficult Airway / Aspiration Risk?		
Yes, & Equipment / Assistance Available	☒ Yes ☐ No	
Risk of > 500ml Blood Loss (7ml/kg In Children)?		
Yes, and Adequate Intravenous Access and Fluids Planned	☒ Yes ☐ No ☐ NA	
Blood Units Reserved	☒ Yes ☐ No ☐ NA	
Has Antibiotic Prophylaxis been given within the last 60 minutes?		
	☒ Yes ☐ No ☐ NA	
Signature : <u>[Signature]</u>		
Name : <u>Dr. A. ie</u>		

Before Skin Incision >>

TIME OUT		Time: <u>9 AM</u>
Confirm all team members have introduced themselves by Name and Role ☒ Yes ☐ No		
Surgeon, Anaesthesia Professional and Nurse Verbally Confirm		
Correct Patient (Check ID Band)	☒ Yes ☐ No	
Correct Site	☒ Yes ☐ No	
Correct Procedure	☒ Yes ☐ No	
Anticipated Critical Events		
Surgeon Reviews:		
What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss? <u>200ml/hr</u> ☒ Yes ☐ No ☐ NA		
Anaesthesia Team Reviews:		
Are There Any Patient-specific Concerns? ☐ Yes ☒ No ☐ NA		
Nursing Team Reviews:		
Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns? ☐ Yes ☒ No ☐ NA		
Is Essential Imaging Displayed? ☐ Yes ☐ No ☐ NA		
Power Supply, Earthing, Power Backup and functioning of equipment checked. ☒ Yes ☐ No		
Signature : <u>[Signature]</u>		
Name : <u>Bilitta</u>		

Before Patient Leaves Operating Room

SIGN OUT		Time: <u>10 AM</u>
Nurse Verbally Confirms with the Team:		
The Name of the Procedure Recorded	☒ Yes ☐ No	
That Instrument, Sponge and Needle Counts are Correct (or Not Applicable)	☒ Yes ☐ No ☐ NA	
The Specimen is Labelled (including patient name)	☐ Yes ☐ No ☒ NA	
Whether there are any Equipment Problems to be addressed	☐ Yes ☒ No ☐ NA	
To Surgeon, Anaesthetist and Nurse:		
What are the key concerns for recovery and management of this patient? ☐ Yes ☐ No		
Signature : <u>[Signature]</u>		
Name :		

Тема: ...

1. ...

2. ...

3. ...

4. ...

1. ...

2. ...

3. ...

4. ...

1. ...	2. ...	3. ...	4. ...
5. ...	6. ...	7. ...	8. ...
9. ...	10. ...	11. ...	12. ...
13. ...	14. ...	15. ...	16. ...
17. ...	18. ...	19. ...	20. ...
21. ...	22. ...	23. ...	24. ...
25. ...	26. ...	27. ...	28. ...
29. ...	30. ...	31. ...	32. ...
33. ...	34. ...	35. ...	36. ...
37. ...	38. ...	39. ...	40. ...
41. ...	42. ...	43. ...	44. ...
45. ...	46. ...	47. ...	48. ...
49. ...	50. ...	51. ...	52. ...
53. ...	54. ...	55. ...	56. ...
57. ...	58. ...	59. ...	60. ...
61. ...	62. ...	63. ...	64. ...
65. ...	66. ...	67. ...	68. ...
69. ...	70. ...	71. ...	72. ...
73. ...	74. ...	75. ...	76. ...
77. ...	78. ...	79. ...	80. ...
81. ...	82. ...	83. ...	84. ...
85. ...	86. ...	87. ...	88. ...
89. ...	90. ...	91. ...	92. ...
93. ...	94. ...	95. ...	96. ...
97. ...	98. ...	99. ...	100. ...

PATIENT TRANSFER FORM

Patient Name & UHID No. BAH-00643679 IP5-00175798 Mrs SARVA SUCHITRA 18-12-1995 30 Y 6 M 13 D (F) Dr. ANNIE PRANUTHA P 		Date & Time of Admission <i>1/7/26</i>	Date & Time of Transfer Order <i>1/7/26 @ 10 AM</i>
		Transfer Ordered by <i>Dr. Annie</i>	Reason for Transfer <i>post op</i>
From Unit <i>OBG - OT</i>	To Unit <i>MW</i>	Information to Attendant Yes ☐ No ☐	
Number of Sheets in Clinical File <i>36</i>	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☐ If Yes, what?	Patient shifted with ID band: Yes ☒ No ☐ If No:	
Number of Imaging Films			
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.			
2.			
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes ☐ No ☐			
Name & Signature of Person who is Transferring <i>S. S. S.</i>		Name of Person Ordered Transfer <i>Dr. Annie</i>	
Patient & Clinical Records Received by : <i>anna</i>			
Date & Time of Patient Received : <i>01/7/26 10:30 AM</i>			

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

☐ Unavailable Bed

☐ Nurse not Available

☐ Available Bed not ready

PATIENT TRANSFER FORM

Date of Transfer		1/2/02	
Time of Transfer		10:00 AM	
From		To	
Room No.		Room No.	
Ward		Ward	
Patient Name		Patient Name	
Ref No.		Ref No.	
Referring Doctor		Referring Doctor	
Receiving Doctor		Receiving Doctor	
Nurse		Nurse	
Physiotherapist		Physiotherapist	
Dietician		Dietician	
Social Worker		Social Worker	
Other		Other	
Signature of Referring Doctor		Signature of Receiving Doctor	
Signature of Nurse		Signature of Nurse	
Signature of Physiotherapist		Signature of Physiotherapist	
Signature of Dietician		Signature of Dietician	
Signature of Social Worker		Signature of Social Worker	
Signature of Other		Signature of Other	
Date of Patient Received		Date of Patient Received	
Time of Patient Received		Time of Patient Received	

If the transfer order time & completion time is more than 30 minutes, please fill in the transfer order time & completion time.

Signature of Referring Doctor: _____ Signature of Receiving Doctor: _____

Signature of Nurse: _____ Signature of Physiotherapist: _____

Signature of Dietician: _____ Signature of Social Worker: _____

Signature of Other: _____

CONSENT FOR ANAESTHESIA

Authorization By: ☒ Patient ☐ Patient Attendant

Operative Procedure: Elective Lower Segment caesarean section

Anaesthesiologist: Dr. Saitheer Surgeon: Dr. Annie pranutha

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

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: Suchitra
Name: Sarva Suchitra
Relationship with patient: Self
Date & Time: 27/6/26 3:15 pm

Witness:

Signature: Y. MANIKANTA
Name: Y. Manikanta
Date & Time: 27/6/26 3pm

Doctor (who is taking consent):

Signature: Dr. Saitheer Name: Dr. Saitheer Date: 27/6/26 Time: 3:15 pm

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 అపస్మాదక స్థితిలోకి తీసుకెళ్లే ప్రక్రియ. దీనితో రోగి శస్త్రచికిత్స సమయంలో ఏదీ తెలుసుకోడు, నొప్పి అనుభవించడు. దీనిని శిరస్రావం ద్వారా ఇచ్చే మందులతో లేదా అనస్థీషియా యంత్రం నుండి పీల్చే మందులతో అందిస్తారు.

రిజనల్ అనస్థీషియా అనేది శరీరంలోని ఒక ప్రత్యేక భాగాన్ని లోకల్ అనస్థీషియా నొప్పి రాకుండా చేయడం. శస్త్రచికిత్స లేదా గాయం తరువాత దీర్ఘకాలిక నొప్పి ఉపశమనం కోసం, కాథెటర్లు ఉపయోగించి వీక్ లోకల్ అనస్థీషియా లేదా నార్మల్ బ్లడ్ 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.
☐ రిజనల్ అనస్థీషియా ☐ జనరల్ అనస్థీషియా ☐ మానిటర్డ్ అనస్థీషియా కేర్
- అనస్థీషియా ఉపయోగంలో అప్పుడప్పుడూ జరిగే కొన్ని అరుదైన సమస్యలు ఉండవచ్చు అని నేను అర్థం చేసుకున్నాను. వీటిలో ఇంజెక్షన్ ఇచ్చిన చోట నొప్పి లేదా స్వల్ప గాయం, తాత్కాలిక శ్వాస ఇబ్బందులు, అల్ట్రా ప్రతిచర్యలు, తలనొప్పి, రక్తపోటు మార్పులు, వాంతులు మరియు అసహనం వంటి సమస్యలు ఉండవచ్చు.
- శస్త్రచికిత్స సమయంలో అవసరం అనిపిస్తే, అదనపు చర్యలు (ఉదాహరణకు సింట్రిల్ వెనస్ యాక్సెస్, ఆర్టిరియల్ లైన్, సపోజిటలీలు, నొప్పి నివారణ కోసం నర్వ్ బ్లాకులు, రిజనల్ 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

BAH-00643679 IP5-00175798
Mrs SARVA SUCHITRA
18-12-1993 30 Y 6 M 13 D (F)
Dr. ANNIE PRANUTHA P



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BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Name: Mrs. Sarva Suchitra Age: 30yrs Sex: F UHID.No:

Date: 27/6/26 Time: 8:15pm Proposed Operation: Elective LSCS.

Diagnosis: Primigravida 29+6wks / ch. HTN & maternal cardiomyopathy

B.P / CRT: 142/64 H.R: 88/min Weight: 89.7kg ASA Physical Status: ☐ 1 ☐ 2 ☒ 3 ☐ 4 ☐ 5

HE - 152cm

BMI - 39.2 kg/m²

Laboratory Data:

Hgb:

Glucose:

Protein:

HIV:

X-Ray:

PCV:

Urea:

Alb:

HBS Ag:

ECG:

WBC:

Creat:

Total Bill:

HCV:

2D Echo:

Plate:

Na:

Dir. Bill:

Blood group:

Stress/Angio:

PT:

K:

LDH:

T3:

Other:

PTT:

Ca++:

Alk phos:

T4:

INR:

Mg++:

Amylase:

TSH:

Cl-:

SGOT/SGPT:

Allergies: - Nil -

Medical History: CVS: Ch. HTN: 8mths Aged.

RESP: C/O SOB on lying supine: 10-15 days Diabetes: -

CNS: -

Renal: - Blood pressures are in the range of 140-150/70-80mmHg

Hepatic / GE: - Physical Activity: 2 PR 80-90/min.

Others: w/o Hypothyroidism: 8-9 yrs.

Past Anaesthetic History:

Physical Exam:

Airway: MP 1 2 3 4 Mouth Opening: Adequate Mentohyoid Distance: >3F Neck: 8cm Teeth: (N)

Lungs: ch. clear. Explained about requirement of: -

Heart: 8/8 Explained about cardiac Decompensation, pulmonary edema, need for

CNS: - prolonged ICU stay, need for

Pregnant: ☒ Yes ☐ No ☐ NA Venous Access Site: Spine Exam for regional: not palpable.

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

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

CURRENT MEDICATIONS	DOSAGE
T. Labetalol	200mg tid.
T. Nicardia XL	20ml tid.
T. Thyronorm	82.5mg OD.
T. Hydralazine	25mg BD.

Pre-Operative Instructions:

1. DVT Prophylaxis: Water / ORS 2 Hours
2. NIL ORAL: Others 6 Hours
3. Informed Consent: ☐ Standard ☒ High Risk
4. Post Operative Pain Management: ☒ Discussed with Patient
5. Other Instructions: Review after 1wk. Consent to be taken during surgery.

Signature: Dr. Sarva Suchitra Name: Dr. Sarva Suchitra

27/6/26 Review PAC if physical status same. Advice - 2D Echo before surgery.

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Change in Patient Condition: ☐ Yes ☒ No		Fasting Status: <u>Adequate</u>	
Physical Status:	☒ Patient Identified	☒ Consent Present	☒ Chart Reviewed

H.R: 102/min	B.P/CRT: 150/90mm	SpO ₂ : 100%	R.R: 26/min	Last Feed: 5hr.
Pre-OP Diagnosis: Pulm/Chronic Htn		Operation: ELECTIVE LSC		Date: 26hr.
Surgeon: Dr. Anoop / Dr. Bhayaw.		Anaesthesiologist: Dr. Subramanyam / Dr. Shilpa / Dr. An		Technician: Kulkarni

[illegible]

LAB Values

- ☒ Equipment Checked and Functional
- ☒ BP
- ☒ Cuff Site: _____
- ☒ Art Site: APL
- ☒ EKG Lead - 3-lead
- ☐ Temp Site
- ☐ FiO_2 Monitor
- ☐ Agent Monitor
- ☒ Pulse Oximeter
- ☐ Capnograph
- ☐ Ventilator
- ☐ Nerve Stimulator

Position: Super
☐ Pressure Points Checked

Eye Care:

- ☐ Oint
☐ Tape
☐ Padding
☒ Awake

Temp:

- ☒ HME ☐ Fluid Warmer
☐ Cling Film ☐ OH Warmer
☐ Hugger's ☐ Cotton Wool
☒ Other

Times:

Anaes Start: 9:20 AM
OP Start: 9:35 AM
OP End: ↓
Leave OR: 10:20 AM

Anaesthesia:

- ☐ GA
☐ Monitored Anaesthesia Care
☒ Regional

Line (Size & Location)

- ☐ CVP:
☐ ART:
☒ IV: D1and18u
☐ IV:
☐ IV:

Induction

- ☐ IV ☐ Inhal
☐ Pre O₂ ☐ RSI
☐ Others

- ☐ Mask ☐ SGA
☐ Airway ☐ Oral ☐ Nasal
ETT# at cm
☐ Oral ☐ Nasal ☐ Cuff
☐ Tracheostomy ☐ Topical
☐ Drug:

- ☐ Awake ☐ Direct Vision
☐ Video Laryngoscopy ☐ Stylette / Bougie
☐ Fiberoptic

Blade# Attempts:
Difficulty Why?

- ☐ Bilat = BS
☐ Semi-Closed Circle
☐ Closed Circle
☐ Other

Regional:

Extremity Specify: CSP
☒ Spinal ☒ Epidural ☐ Caudal

Others:

Position: sitting

Site: 634 . 186

Needle Size: 256 Depth: 4cm.

Parasthesia ☐ Yes ☒ No

Catheter at skin 9 cm

Drug Name & Conc: 0.5% Bupivacaine

Bolus: 0.8 ml + 20mcg Pen

Infusion: _____

Block Level: Ta Epidermal → 9 cells

Comments: 4ce

Transportation to _____

☐ PACU ☒ ICU ☐ Other

Relaxant Reversed ☐ Yes ☐ No ☒ N

Dr. Amalendu :

Name of the Doctor :

Signature of the Doctor :

Received in PACU by : Kenna Time Received : 10:30 A Time Discharged : _____

◀ RESP • PULSE ▶ BLOOD PRESSURE

SPO₂

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

10:30 AM 10:45 AM 11:00 AM 11:15 AM 11:30 AM

250
240
230
220
210
200
190
180
170
160
150
140
130
120
110
100
90
80
70
60
50
40
30
20
10
0

IV Cannula Site :
☐ O₂ 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

Drug:
 IV Fluids:
 Oral Feeds:

POST ANAESTHESIA SCORE (Modified Aldrete Score)			IN	MINUTES			OUT	SCORING INTERPRETATION
				30	60	90		
Able to move 4 extremities voluntary or on command	= 2	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	1	2	2	2		
Dyspnea or limited breathing	= 1							
Apneic	= 0							
BP ± 20 of Pre Anaesthetic level	= 2	CIRCULATION	1	2	2	2		
BP ± 20-50 of Pre Anaesthetic level	= 1							
BP ± 50 of Pre Anaesthetic level	= 0							
Fully awake	= 2	CONSCIOUSNESS	1	2	2	2		
Arousable on calling	= 1							
Not responding	= 0							
Pink	= 2	COLOR	1	2	2	2		
Pale, dusky, blotchy, jaundiced, other	= 1							
Cyanotic	= 0							
TOTAL			05	10	10	10		

Date	Time	Pain Score	Intervention	Signature
11/2/26	11 AM	0/10	no pain Pg 1 Epidural onflow	Sueper
11/2/26	1 pm	0/10	Pg 1 Epidural onflow	Sueper

Date & Time: 11/26/2010 10:55 AM

Date & Time: 11/2/2020 10:30



Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

Date: 11/7/26 Time: 9:20 AM Procedure done by Dr. SHILPA

CSE / Spinal / Epidural Position: Sitting Space: L3-L4 Technique (LOR/LOS) LOS

Depth: 4 cm Catheter at Skin: 9 cm Attempts: 1

Parasthesia: Yes/No if yes details: ✓

Solution Composition: For labour → 9 ml of 2% lignocaine

Any other issues: 2 adrenaline

a) _____

b) _____

Time	Infusion Rate (ml/hr)	Bolus (ml)	Level Left Right		Maternal		FHR	Comments
					BP	Pulse		
<u>2pm</u>		<u>0.125% (6ml)</u> <u>Bupivacaine</u>						<u>6ml (0.125%) Bupivacaine</u>
<u>4pm</u>	<u>(0.1%) 6ml/hr.</u>							<u>0.1% Bupivacaine</u> <u>(stopped @ 8 am)</u>

Delivery Details: Time: 9:31 AM APGAR: 9/10 SVD / Instrumental / LSCS (if LSCS Details) ✓

Catheter Removed by and Tip Inspected: ✓

Patient Satisfaction: Good.

Discharge / Shifting ordered by

Doctor Signature: [Signature]

Doctor Name: Dr. Shilpa

Date and Time: 21/7/26 12:30 pm



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NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 3/7/26

Time: 12:45pm

Origin: Indian Height: 153 cm Weight: 86 Kgs BMI: 36.7 Kg/m²

Food Allergies: No

Diagnosis: POD-2 / LSCS (lower segment Cesarean section)

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

Diet Advised:

soft High protein diet

include plenty of oral liquids

Avoid spicy, chilled and outside foods

Patient's / Attendant's

Dietician's

Signature: Y. Manikanta

Signature: Saima

Name: Suchitra

Name: SAIMA

Date & Time: 3/7/26
12:50pm

Date & Time: 3/7/26
12:45pm

DIETARY NOTES

[illegible]