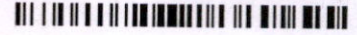


**Rainbow Children's Hospital - Banjara Hills**

8-2-120/103/1,2,3,4 and 5,Road No: 2, Banjara Hills, Telangana, Hyderabad, INDIA Banjara Hills ,Hyderabad
,Telangana, India ,500034.
TEL NO :+91-40-4466 5555
WEB : https://rainbowhospitals.in

ADMISSION SHEET**Registration Details :**

Admission No : IP5-00174425 Admit Date : 28-May-2026 Admit Time : 08:14 AM UHID : BAH-00636326

Patient Details :

Patient Name : Mrs SATYASIRI ATLURI Age : 35 Y 8 M 14 D
Guardian : Mrs AMARAJYOTHI DOB : 14-09-1990
Gender : Female Religion :
Occupation : Martial Status : Married
Address (H) : Flat No.102, Rohini Apartments, Srinagar Colony, Hyderabad Srinagar Colony
Hyderabad Telangana INDIA 500073 Phone No : 9121008120/ 9121008120
E-mail : atluri.siri149@gmail.com

Admission Details :

Bed Type : SUITE Bed No : SUITE 1 (311) Ward Name : 3F-ZONE A
Room No : SUITE 1 (311) Admission Type : First Visit

Contact Details :

Name : Mrs AMARAJYOTHI Relationship : MOTHER
Contact Address : Phone No : / 9121008120

Signature

Doctor Details :

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

Payment Details :

Payment Mode : Cash Deposit Amount : 0.00
Payor Name : SELFPAY

ACTIVITY RECORD FOR BILLING

BAH-00636326 IP5-00174425
Name: Mrs SATYASIRI ATLURI
14-09-1990 36 Y 8 M 14 D (F)
Dr. SHRUTHI REDDY/Dr.LAVANYA

UHID No



Consultant: _____

Dept: _____

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
28/5/26	5:05 pm	MICU	(311)	Suanda

Cross Consultation Visit

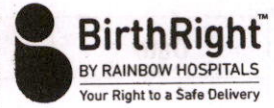
	Doctors Name	Date	Order No.	Signature
1	Dr. Teheena Shasna (PD)	29/5/26	9633782	Likhitha
2				
3				
4				
5				
6				
7				
8				
9				
10				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
28/05/26	NST (1)	265026969	Sward
28/5/26	CBP (1)	26054131	Sward
28/5/26	GURBS 120mg/24	26054307	Sward
			COUSS chela yplax
30/5/26	FBS 100 mg/dL	9636266	Wife

BAH-00636326 IP5-00174425
Mrs SATYASIRI ATLURI
14-09-1990 35 Y 8 M 14 D (F)
Dr. SHRUTHI REDDY/Dr. LAVANYA

311



NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 29/5/26 Time: 10am

Origin: Indian Height: 161cm Weight: 87.2kg's BMI: 33.6 kg/m²

Food Allergies: No

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

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

Diet Advised:
soft high protein diet
include plenty of oral liquids
avoid spicy, chilled and outside foods

Patient's / Attendant's
Signature: [Signature]
Name: Satyasiri
Date & Time: 29/5/26 @ 10am

Dietician's
Signature: Saima
Name: Saima
Date & Time: 29/5/26 @ 10am

BAH-00636326 IP5-00174425
Mrs SATYASIRI ATLURI
14-09-1990 35 Y 8 M 14 D (F)
Dr. SHRUTHI REDDY/Dr.LAVANYA

Mrs. Satyasri



IP PRESCRIPTION SHEET FOR OBSTETRICS

Presenting Complaints

For Elective LSCS

Obstetric Formula: G2P14

Obstetric History:

I :- 2020 / RT / LSCS / GDM on diet
Polyhydramnios / Fetal
Present Pregnancy Record: 2-9 legs

II :- PP: Spont. Conception

RISK FACTORS: Booked @ 33rd

GDM on insulin

Height: 161 cm
Weight: 87.2 kg
Allergies: Nil
Breast: Normal Abnormal
General Examination:
Consciousness: fair Pallor: NO
Icterus: No Edema: NO
Temp: Afebrile PR: 80/min
BP: 62/70 mm Hg DTR: Normal
CVS: NAD RS: NAD
Liver/Spleen: Not palpable Urine Output: Adequate

LMP: 4/9/25 EDD: 11/6/26
Corrected EDD: 11/6/26 GA: 38th wky
Menstrual History: Regular: Yes No

Obstetric Examination

Fundal Height: Term
Ut. Activity: Relaxed Mild Mod Severe
Liquor: Adequate Oligo Poly
PP: Cephalic Breech Others: _____
Head Fifths Palpable: _____
FHS: Normal Tachy Brady Absent

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

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

DIAGNOSIS: G2P14 / 38th weeks / GDM on insulin / Prev LSCS



<p>Family History:</p> <p>Father - Diabetes Mellitus</p>	<p>Surgical History:</p> <p>LSL - 2020 Adenoids - Benign - excision - 2023</p>
<p>Medical History:</p> <p>Aspl</p>	<p>Medication History:</p> <p>T- Iron T- Calcium Eusugon @ Bed time</p>
<p>Plan of Care:</p> <p>Admission Consent Parts preparation @ Cannula PAC NBM till further orders @ fluids @ 100ml/hr Dry Cefotaxim 1gm @ stat Dry Pantop Long @ stat Dry Perwork Long @ stat Poley's Catheterization Shift to OT on call. 4th hourly ABBS monitoring</p>	<p>Investigations:</p> <p>Active virals NR 19/5/26 :- EBP 10.9 / 111 30 / 1.68 lakh ✓ FTS - low risk ✓ NTAS - NAD. 11/4/26 : 31⁺ wks. transverse lie 1771 (51%) AFI - 12.8cm</p>

Doctor Name: Dr. G. Sanyal
Signature: G. Sanyal
Date & Time: 28/5/26, BAN

Consultant Name: Dr. Shruthi Reddy
Signature: Shruthi Reddy
Date & Time: 28/5/26



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	4			
7	Nursing plan of care and handover sheets	5			
8	Consultation sheet	1			
9	General consent for treatment				
10	Consent for Surgery				
11	Consent for blood transfusion				
12	Consent for chemotherapy				
13	Consent for high risk	2			
14	Consent for Restraint				
15	LAMA consent				
16	Consent for special procedure / Sedation	2			
17	Consent for Formula feed				
18	Consent for MTP				
19	Consent for Radiological Investigations				
20	Consent for HIV test				
21	Anaesthesia notes (Pre Anaesthesia & post)	2			
22	Neonatal Admission/Delivery/Physical Exam	1			
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	4			
29	TPR & BP chart				
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	1			
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				
40	PICU bed formula Dilution feeds				
41	Gastro monitoring chart	1			
42	Rch ED doctors note	2			
43	BP Monitoring chart				
44	RBS monitoring chart				
	<i>Billing</i>	1			
Total No. of Pages		<i>24</i>			<i>11/6/26</i>

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



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<u>28/05/2026</u>		
<u>8:30AM</u>	<p>Patient had a hypotensive episode.</p>	
	<p>BP - 53/44 (59) PR - 170 bpm SpO₂ - 99% on Room Air.</p>	
	↓	
	<p>Axon. Consultation sought (Dr. Subramanyam).</p>	
	<ul style="list-style-type: none"> ✓ 1 litre fluid Bolus IV given ✓ O₂ Mask - 4 litres ✓ HR checked on Scan - 132 bpm ✓ IV Phenylephrine - 50mcg given 	<p>CRBS - 12mg/dL</p>
	<ul style="list-style-type: none"> ✓ 2.0 RBC - to be Reserved ✓ Repeat CBP. ✓ NST - on going 	<ul style="list-style-type: none"> ✓ Foley catheterisation with urometer
<u>9 AM</u>	<ul style="list-style-type: none"> ✓ Patient comfortable, stable coherent. 	
	<p>Vitals - BP - 95/68 (78) PR - 76 SpO₂ - 100% on 4 litres O₂</p> <p>by Dr. Deepika</p>	

BAH-00636326 IP5-00174425
 Mrs SATYASIRI ATLURI
 14-09-1990 35 Y 8 M 14 D (F)
 Dr. SHRUTHI REDDY/Dr. LAVANYA



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/5/26 12:30 pm	POD-0 / P2L2 / EL. lvs. / Gpmon Insulin	
4/10:100ml	Gc: /ein B.P: 106/65 (85) P.R: 66 bpm SpO2: 100% on RA	R 1) NBM for 4-6 hrs 2) Flv fluid - 100ml - RL 3) Drug as charted
B-well	P/A: Uterus retracted well Bowel sounds ⊕	4) w/lf Plv Bleeding 5) Ambulation in bed 6) Strict I/O charting
	P/V: NAB	7) Inferm SOS
	FBS, PPBS - on 30/5/26	- Dr Sravandhi Shri
29/5/26 4 pm	POD-0 / P2L2 / EL. lvs. / GDM on Insulin	
4/10:25ml/hr.	Gc: /ein B.P - 100/65 P.R - 71 bpm SpO2 - 100% on RA	R 1) Monitor vitals - 4 hourly 2) Drug as charted
B-well	P/A: Uterus retracted well Bowel sounds ⊕	3) w/lf Plv Bleeding 4) Ambulation
Hb: 9.7 Plt: 1.65	P/V: NAB	5) Allow sips of fluid 6) Liquid diet at 5pm
	FBS, PPBS + on 30/5/26	7) soft diet at 6pm
	(Shift to Room)	8) Flv fluid - 100ml/hr 9) I/O charting

BAH-00636326 IP5-00174425
 Mrs SATYASIRI ATLURI
 14-09-1990 35 Y 8 M 14 D (F)
 Dr. SHRUTHI REDDY/Dr. LAVANYA



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5/26 7:30pm	POD - 0 / P2L2 / Fl. bcy	Cesmon Incubator
	Cc - fair	
	Pt comfortable	<u>Adv</u>
UO - 50ml (1ma - 5:30pm)	Bp - 100/60mmHg	1) Soft Diet
Baby - well.	PR - Fl Bpm	2) Ambulation in bed
	SpO2 98% RA	3) W/F @ 200ml/hr.
	PLA - uterine re-breaching well	till further order.
FBs/PPRS	BS (+)	4) I/O charting ^{2nd} hourly (strict)
on 30/5/26	VLE - Bleeding within limits	5) IVF 10RLWFF
		6) Monitor vitals hourly
		7) W/F observe Bleeding
		8) Inform Sus
		DR. DREY noted by Sujatha
		28/5/26 @ 7:40pm
		ID NO - 016004

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/5/26	<u>POP-0 UES</u>	
8:50 AM		<u>Ado</u>
	AC: fair.	
	vitals: stable	Remove foley's & encourage to void
	P/A: uterus retracted well	
		→ soft diet + plenty of oral fluids
	O/E: WAS	
	Hbctus passed	
	CV due	→ follow drug chart
		→ Monitor vitals q4h only
		→ Do FBS/PPBS tomorrow
		noted by mounta 29/5/26 @ 9 AM



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/5/26 1:40 PM	POD - I / Rt. Lxs / Gc: pair vitals: stable P/A: Uterus retracted well Bowel sounds (+) P/V: NAB	GPM on Fentanyl & 1) Monitor vitals - 4hr 2) Soft diet & plenty of oral fluid 3) Drug as charted 4) w/f P/V Bleeding 5) Tachycardia 6) Infirm SOB
B-coel U/ f/ S(x)	FBs, PPBS → 30/5/26	- Dr. Sravanti (Sign)
29/5/26 6:55 PM	Pt comfortable vitals stable P/A uterus Hb: 12.1 Ue: 100% Baby well	Adv - soft diet plenty of oral fluids - drugs as per charted - vitals 6th hrly - Ambulate - w/f active bleedly w/ Infirm SOB
Baby well FBs PPBS on 30/5/26		noted by rounded 31/5/26 @ 5 PM (P.T.O)

3AH-00636326 IP5-00174425
 Mrs SATYASIRI ATLURI
 4-09-1990 35 Y 8 M 17 D (F)
 Jr. SHRUTHI REDDY/Dr.LAVANYA



HwG.

.....ESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/5/20 7:00 AM	<p>POD-2 / GDM on insulin</p> <p>Rt is stable</p> <p>no cl</p> <p>Watch stool</p> <p>Wt of well</p> <p>Go to clinic @ healthy</p>	<p>Adminⁿ</p> <p>continue Insulin Rx</p> <p>- Dulcolax 500 P/R;</p> <p>(2T) if doesn't</p> <p>pass stools by</p> <p>tomorrow morning</p> <p>Noted by [Signature]</p>
21/5/2026 7 AM	<p>POD-3 / CL-VLS / GDM on Insulin</p> <p>Comfortable</p> <p>Ambulating</p> <p>Go fair /afebrile</p> <p>vitals - stable</p> <p>P/A - vitals retracted well</p> <p>Sept, BS ⊕</p> <p>VVB - Wound ⊕ healthy</p>	<p><u>Advice</u></p> <ul style="list-style-type: none"> ✓ oral hydration ✓ Regular diet ✓ Drugs as checked ✓ monitor vitals ✓ Ambulation ✓ Watch for excessive bleeding
Baby SPT	<p>Dulcolax Suppository - ② P/R</p>	<p>- 9 AM - Inform SRS by Dr Rupika</p>

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<p>31/12/26 1:30pm</p> <p>✓ ✓ ✓</p> <p>Baby - ms</p>	<p>A comfortable O/E ac-fair, afebrile vitals stable PA - uterine involuted U/E - Lochia healthy</p>	<p>Adv - Regular diet plenty of oral fluids - drugs as prescribed - w/ aches Bucky on - vitals uterine Inform OB</p>
<p>31/12/26 1:30pm</p>	<p>Plan discharge today</p>	<p>Adv Dr. Lavanya</p>
<p>31/12/26 6:20pm</p> <p>✓ ✓ ✓</p> <p>Baby - ms</p>	<p>A comfortable O/E ac-fair, afebrile vitals stable PA - uterine Reverted U/E - Lochia healthy</p>	<p>Adv - Regular diet, plenty of oral fluids - drugs as prescribed - vitals uterine - Ambulate Inform OB</p>

BAH-00636326 IP5-00174425
 M's SATYASIRI ATLURI
 1-09-1990 35 Y 8 M 14 D (F)
 Dr. SHRUTHI REDDY/Dr.LAVANYA

IP-LATELUP1



RESULT SHEET

Date	28-05-26			
Time				
Hb	9.7			
PCV	30.3			
RBC	3.32			
WBC	14.18			
N/L				
Platelets	165			
CRP				
ESR				
PCT				
RBS				
Na				
K				
Cl				
Ca/Mg				
Phosphate				
Urea				
Creatinine				
ALP				
SGPT				
SGOT				
T.Bill/Conj				
T.Protein				
S.Albumin				
S.Globulin				
A/G Ratio				
Uric Acid				
S.Amylase				
Sr.Lipase				
Blood Lactate				
S.Cholesterol				
PT/INR				
APTT				
CSF Protein / Sugar				
Cells				
N/L				

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
Blood group: -	Atve.					
HIV & HBsAg: -	NR.					

Culture and Sensitivities :

.....

.....

.....

Radiology : USG :

 X-Ray :

 ECHO :

 CT :

 MRI :

 Others (ECG, Contrast Studies etc.) :

BAH-00636326 IP5-00174425
 Mrs SATYASIRI ATLURI
 14-09-1990 35 Y 8 M 14 D (F)
 Dr. SHRUTHI REDDY/Dr.LAVANYA



MEDICATION RECONCILIATION FORM

Drug Allergies: None Not known any Drug Allergies

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

Shifting From: Shifted to:

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	Tab Iron	1tab	PO	OD	28/5	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
2	Tab CALCIUM	1tab	PO	OD	28/5	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
3	Prp INSUGEN.	8units	SC	OD	26/5/20	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
4						<input type="checkbox"/> C <input type="checkbox"/> DC
5						<input type="checkbox"/> C <input type="checkbox"/> DC
6						<input type="checkbox"/> C <input type="checkbox"/> DC
7						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature: Dr. Sonika Dr. SONIKA

Date & Time: 28/5/20, 8AM

Nurse Name & Signature: Sr. Sumanika

Date & Time: 28/5/20 8AM

Mrs Satya Sri

DRUG CHART

Date of Admission: 28/5/26 Drug Allergies: NICOA 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. 84.2 kg Ward. OBS

VERIFIED

DRUG : <u>INS. CEFOTAXIME</u>				Date Time	28/5	29/5				
Dose	Route	Frequency	Start Date							
1gm	v	BD	28/5/20	9AM						
Name & Signature of the Doctor Starting the Drugs: Dr. Lavanya				STOP after 9AM dose Cefotaxime 29/5/20; 9AM						
Additional Instructions:				7PM Alaya						
Daily Doctor's Endorsement by a Sign				[Signature]						

VERIFIED

DRUG : <u>T. PARACETAMOL</u>				Date Time	28/5	29/5	30/5	31/5		
Dose	Route	Frequency	Start Date							
1g	PO	6h	28/5/20	12AM	X	Alaya	Kici	Kici		
Name & Signature of the Doctor Starting the Drugs: Dr. Jaya Chandra				6AM X Alaya Kici Kici 12PM X more Kici Kici 6PM X more Kici Kici						
Additional Instructions:				[Handwritten notes]						
Daily Doctor's Endorsement by a Sign				[Signature]						

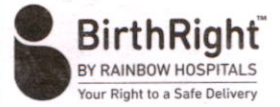
VERIFIED

DRUG : <u>T. Diclofenac</u>				Date Time	28/5	29/5	20/5	29/5		
Dose	Route	Frequency	Start Date							
50mg	PO	8h	28/5/20	7AM	X	more	more	more		
Name & Signature of the Doctor Starting the Drugs: Dr. Jaya Chandra				3PM X more more 11PM Alaya Kici Kici						
Additional Instructions:				[Handwritten notes]						
Daily Doctor's Endorsement by a Sign				[Signature]						

VERIFIED

DRUG : <u>T. TRAMADOL</u>				Date Time	28/5	29/5	30/5	31/5/20		
Dose	Route	Frequency	Start Date							
100mg	PO	8h	28/5/20	1AM	X	Alaya	Kici	Kici		
Name & Signature of the Doctor Starting the Drugs: Dr. Jaya Chandra				9AM X more more 5PM X more more						
Additional Instructions:				[Handwritten notes]						
Daily Doctor's Endorsement by a Sign				[Signature]						

BAH-00636326 IP5-00174425
 Mrs SATYASIRI ATLURI
 4-09-1990 35 Y 8 M 14 D (F)
 Dr. SHRUTHI REDDY/Dr.LAVANYA



Sheet No:

REGULAR PRESCRIPTIONS

Weight 87.2kg Ward OBS

DRUG : <u>TMS - CLEXANE</u>				Date Time	<u>28/5</u>	<u>29/5</u>	<u>30/5</u>	<u>31/5</u>						
Dose	Route	Frequency	Start Dt.											
<u>100mg</u>	<u>SLC</u>	<u>OD</u>	<u>28/5/26</u>											
Name & Signature of the Doctor Starting the Drugs: <u>(Dr. Lavanya)</u>				<u>9PM Always take with</u> <u>After checking for bleeding PW.</u>										
Additional Instructions:														
Daily Doctor's Endorsement by a Sign				<u>(Signature)</u>										

DRUG : <u>TAB. PANTAPRAZOLE</u>				Date Time	<u>28/5</u>	<u>29/5</u>	<u>30/5</u>	<u>31/5</u>						
Dose	Route	Frequency	Start Dt.											
<u>100mg</u>	<u>PO</u>	<u>BD</u>	<u>28/5/26</u>											
Name & Signature of the Doctor Starting the Drugs: <u>(Dr. Lavanya)</u>				<u>6AM x 100mg twice daily</u>										
Additional Instructions:				<u>6AM x 100mg twice daily</u>										
Daily Doctor's Endorsement by a Sign				<u>(Signature)</u>										

DRUG : <u>T. CEFIXIME</u>				Date Time	<u>29/5</u>	<u>30/5</u>	<u>31/5</u>							
Dose	Route	Frequency	Start Dt.											
<u>200mg</u>	<u>PO</u>	<u>BD</u>	<u>29/5/26</u>											
Name & Signature of the Doctor Starting the Drugs: <u>Alonika Arjasonika</u>				<u>9PM Once daily</u>										
Additional Instructions:				<u>9PM Once daily</u>										
Daily Doctor's Endorsement by a Sign				<u>(Signature)</u>										

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

VERIFIED BY: (Signature)
 VERIFIED BY: (Signature)
 VERIFIED BY: (Signature)



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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
28/5/26	8:5AM	Tab CEFOTAXIM	1gm	Po	A. Sonith	Sandhya Sudha
28/5/26	9:5AM	Tab PANTOP	40mg	Po	A. Sonith	Sandhya Sudha
28/5/26	9:00AM	Tab PERINORM	10mg	Po	A. Sonith	Sandhya Sudha
28/5/26	8:45AM	Tab PHENYL EPHEDRINE	100 + 200 + 100mg	IV	[Signature]	Sandhya Sudha
28/5/26	11:10 AM	Supp. DICLOFENAC	100mg	P/R	[Signature]	Sandhya Sudha
28/5/26	11:10 AM	Supp. TRAMADOL	100mg	P/R	[Signature]	Sandhya Sudha
28/5/26	6pm	Tab PARACETAMOL	1gm	IV	[Signature]	Sandhya Sudha

VERIFIED BY: Name Signature



I.V. FLUIDS CHART

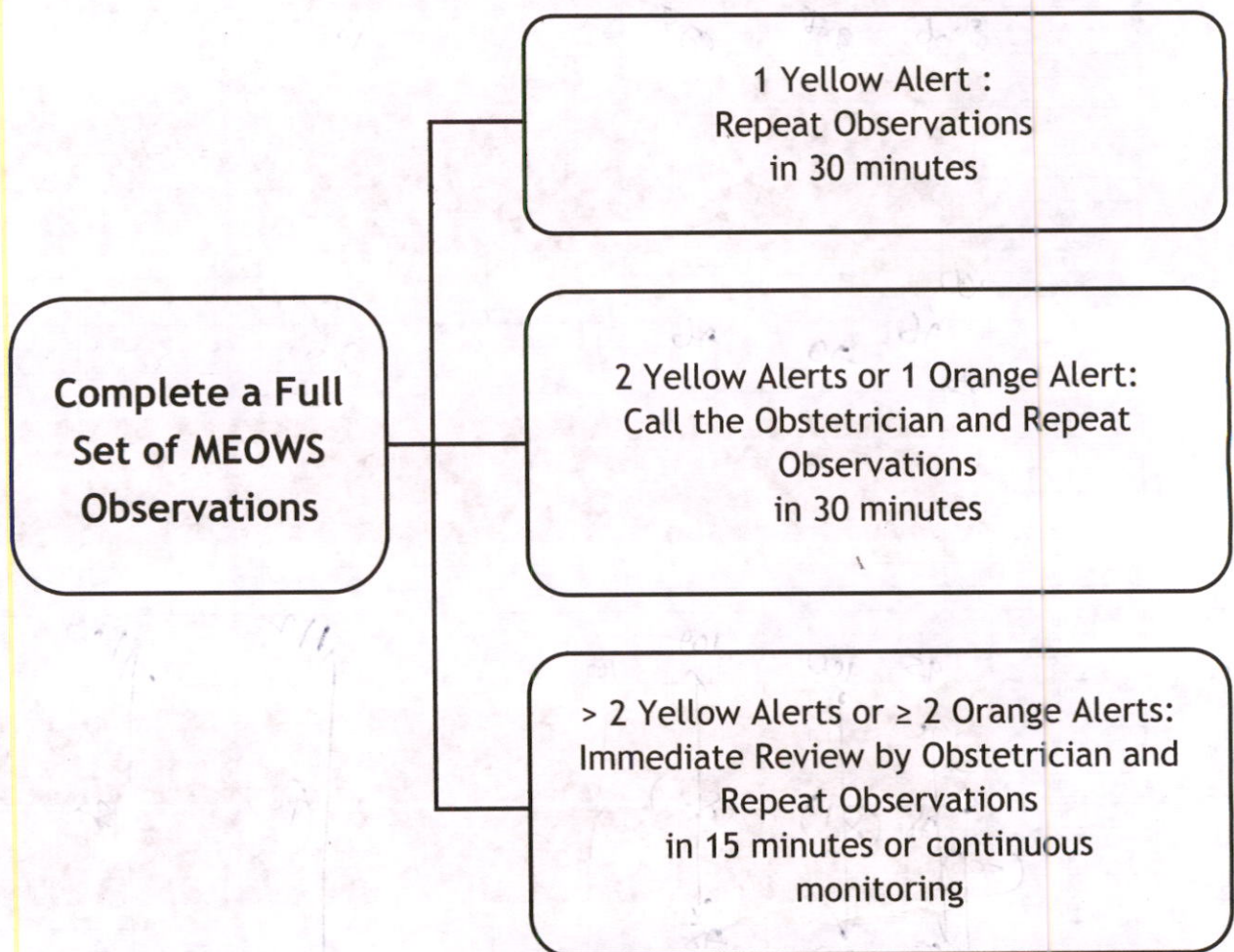
Weight: 84.2 kg Ward: 085

Date	Time	Composition of I.V. Fluid (If infusion, mention ml/hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
28/5/26	8:30 AM	RINGER LACTATE 500ml	IV	100 ml	AS	Sandra	28/5/26	AS	Sandra
28/5/26	10:15 AM	RINGER LACTATE 500ml	IV	FF	AS	Sandra	28/5/26	AS	Sandra
28/5/26	10:45 AM	RINGER LACTATE 500ml	IV	FF	AS	Sandra	28/5/26	AS	Goyathri
28/5/26	12:00 PM	RINGER LACTATE 500ml	IV	100ml/h	AS	Sandra	28/5/26	AS	Goyathri
28/5/26	3:00 PM	RINGER LACTATE 500ml	IV	100ml/h	AS	Sandra	28/5/26	AS	Goyathri
28/5/26	7:00 PM	RINGER LACTATE 500ml	IV	100ml/h	AS	Sandra	29/5/26	AS	Ally

Signature

VERIFIED BY : Name

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

BAH-00636326 IP5-00174425
 Mrs SATYASRI ATLURI
 14-09-1990 35 Y 8 M 14 D (F)
 Dr. SHRUTHI REDDY/Dr. LAVANYA

29/5/26

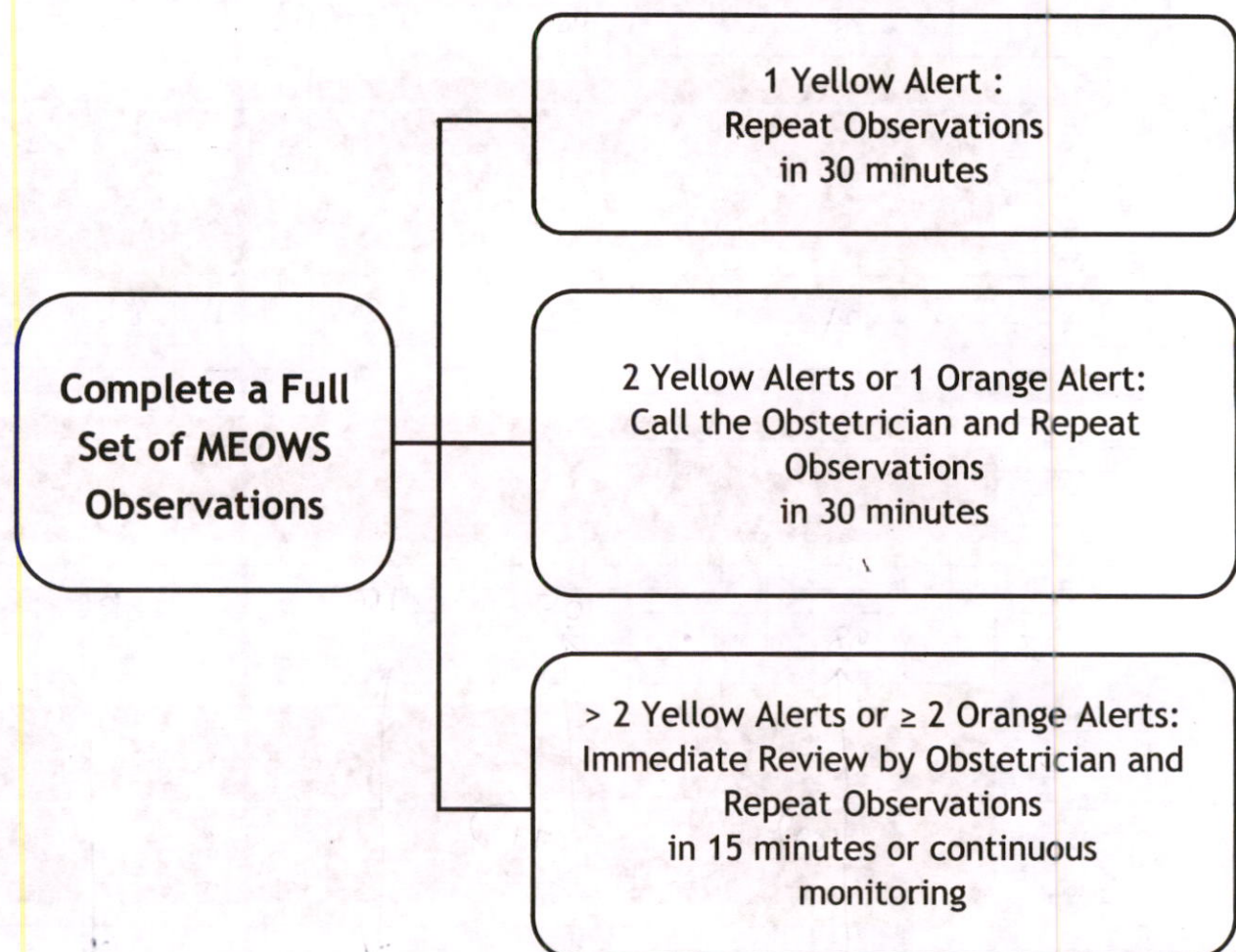


Early Warning Observation Score Chart - Obstetrics

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

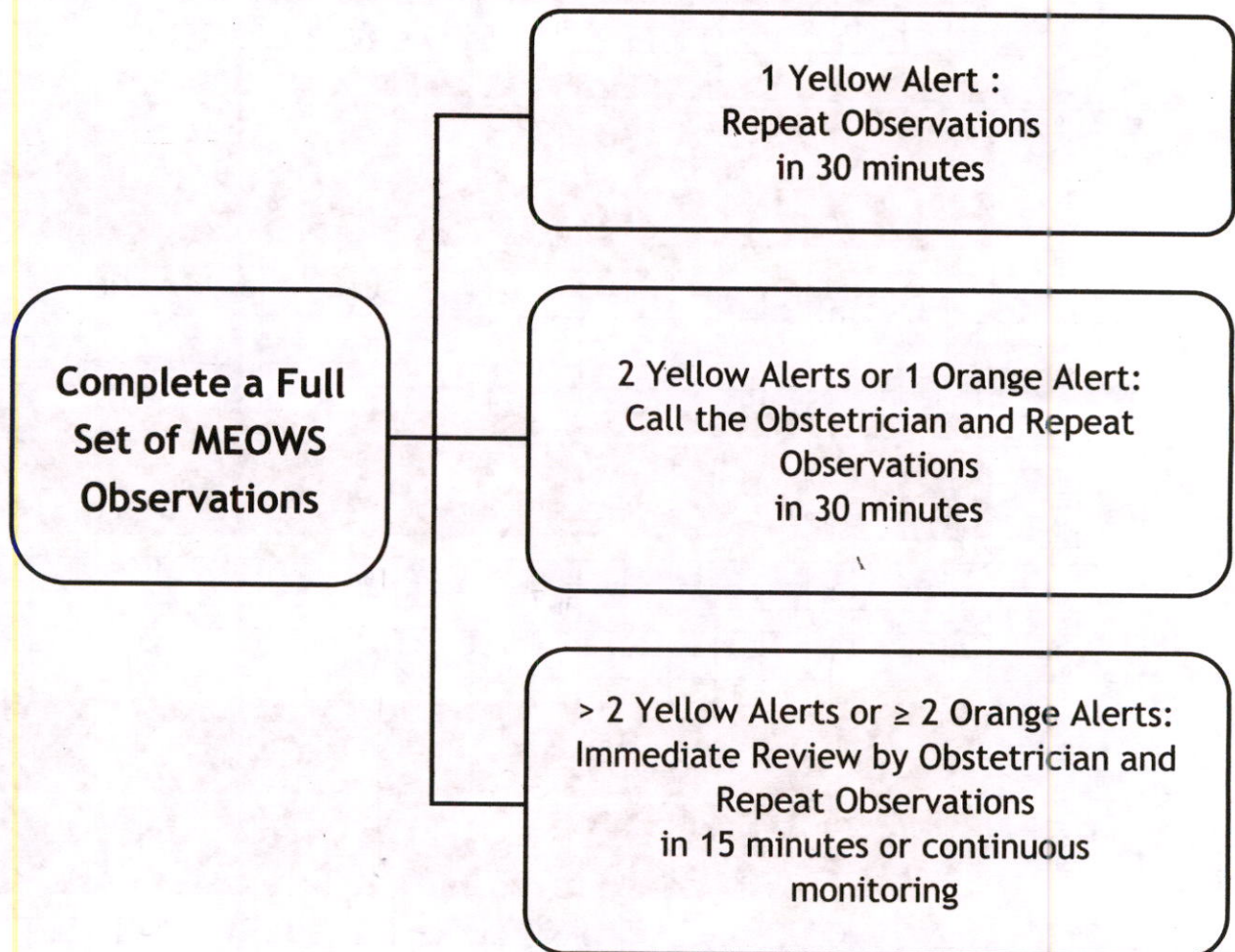
		Date	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	
		Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	
RESP (write rate in corresp. box)	> 30																										
	21 - 30																										
	11 - 20				19						19						20				19				21		
	0 - 10																										
Saturations	94 - 100 %				98						98					99				99				98			
	< 94 %																										
Administered O ₂ (L/min.)																											
Temp °C	40																										
	39																										
	38																										
	37																										
	36				38						38						38.5				38.5				38.5		
	35																										
	< 35																										
Heart Rate	170																										
	160																										
	150																										
	140																										
	130																										
	120																										
	110																										
	100																										
	90				89						85						86				89					87	
	80																										
	70																										
	60																										
	50																										
40																											
Systolic Blood Pressure	190																										
	180																										
	170																										
	160																										
	150																										
	140																										
	130																										
	120																										
	110																										
	100																										
	90																										
	80																										
	70																										
60																											
50																											
Diastolic Blood Pressure	130																										
	120																										
	110																										
	100																										
	90																										
	80																										
	70																										
	60																										
	50																										
	40																										
	NEURO RESPONSE [✓]	Alert				✓																					
		Voice																									
		Pain																									
Unresponsive																											
URINE mls / hour	> 30																										
	< 30																										
Proteinuria	Protein ++																										
	Protein > ++																										
Lochia	Normal				✓																						
	Heavy / Foul																										
Liquor	Clear / Pink																										
	Green																										
TOTAL YELLOW SCORES					0						0					0					0				0		
TOTAL ORANGE SCORES																											
Nurse Initial					SA						SA					SA				SA				SA			

Obstetrics and Gynaecology Early Warning Signs



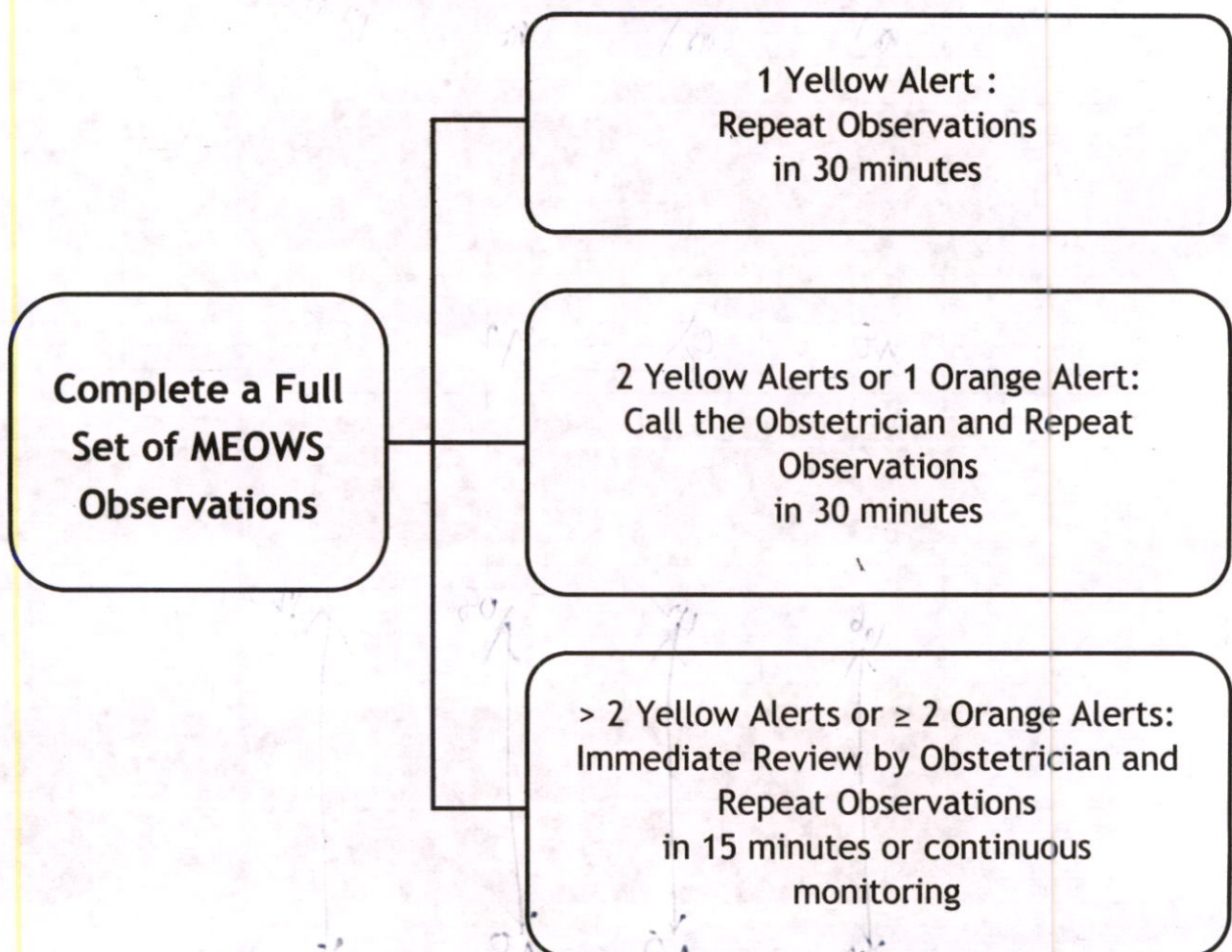
* The Modified Early Warning Score (MEOWS)

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

BAH-00636326 IP5-00174425
 Mrs SATYASIRI ATLURI
 14-09-1990 35 Y 8 M 14 D (F)
 Dr. SHRUTHI REDDY/Dr. LAVANYA

28/9/20



FLUID CHART

①

Sheet No. :

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse				
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine						
	08:00 am	RL	N	100							0	Swad				
	09:00 am	RL	B	150						0	Swad					
	10:00 am	RL	M	150						0			Swad			
	11:00 am	RL	N	150					120	0				Swad		
	12:00 pm	RL	B	150					50ml	0					Swad	
	01:00 pm	RL	N	150						0						Swad
Total Intake :			NBM	850ml		Total Output :						150ml				
	02:00 pm	RL		150ml					50ml	0	Swad					
	03:00 pm	IL		150ml					70ml	0	Swad					
	04:00 pm	RL	cup of	150					50	0	Swad					
	05:00 pm	RL	water	150			NP		50ml	0	Swad					
	06:00 pm	supern		50ml						0	Swad					
	07:00 pm	supern	H ₂ O	50ml					50ml	0	Swad					
Total Intake :				900ml		Total Output :					M-0 U-270ml					
	08:00 pm	RL		150ml						0	Always					
	09:00 pm	RL	H ₂ O	150ml					350ml	0	Always					
	10:00 pm	RL		150ml						0	Always					
	11:00 pm	RL	H ₂ O	150ml						0	Always					
	12:00 am	RL		-					450ml	0	Always					
	01:00 am	RL	H ₂ O	-						0	Always					
Total Intake :				600ml		Total Output :					M-0 U-800ml					
	02:00 am									0	Always					
	03:00 am									0	Always					
	04:00 am		H ₂ O	STOP					450ml	0	Always					
	05:00 am									0	Always					
	06:00 am		H ₂ O							0	Always					
	07:00 am								500ml	0	Always					
Total Intake :				-		Total Output :					M-0 U-950ml					

Total 24 hrs. Intake : 2350ml

Total 24 hrs. Output : M-0 U-2190ml

29/5/26

FLUID CHART

Sheet No. : 2

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	08:00 am										0	0	
	09:00 am	H ₂ O					NP				0	0	
	10:00 am									250ml	0	0	
	11:00 am									✓	0	0	
	12:00 pm	H ₂ O									0	0	
	01:00 pm										0	0	
Total Intake :						Total Output : U - 1+250, m - 0							
	02:00 pm										0	0	
	03:00 pm	H ₂ O								✓	0	0	
	04:00 pm										0	0	
	05:00 pm						NP				0	0	
	06:00 pm	H ₂ O								✓	0	0	
	07:00 pm										0	0	
Total Intake :						Total Output : U - 2, m - 0							
	08:00 pm										0	0	
	09:00 pm	H ₂ O									0	0	
	10:00 pm									✓	0	0	
	11:00 pm						NP				0	0	
	12:00 am	H ₂ O									0	0	
	01:00 am										0	0	
Total Intake :						Total Output : U : 1, m : 0							
	02:00 am										0	0	
	03:00 am	H ₂ O								✓	0	0	
	04:00 am										0	0	
	05:00 am						NP				0	0	
	06:00 am	H ₂ O									0	0	
	07:00 am									✓	0	0	
Total Intake :						Total Output : U : 2, m : 0							
Total 24 hrs. Intake						Total 24 hrs. Output							
Taken						U : 6, m : 0							



30/5/26

FLUID CHART

Sheet No. : (3)

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	08:00 am												Jain
	09:00 am												Jain
	10:00 am												Jain
	11:00 am						NA						Jain
	12:00 pm												Jain
	01:00 pm												Jain
Total Intake :						Total Output : U: 3 m: 0							
	02:00 pm												Jain
	03:00 pm												Jain
	04:00 pm												Jain
	05:00 pm						NA						Jain
	06:00 pm												Jain
	07:00 pm												Jain
Total Intake :						Total Output : U: 2 m: 0							
	08:00 pm												Kishor
	09:00 pm												Kishor
	10:00 pm												Kishor
	11:00 pm												Kishor
	12:00 am						NP						Kishor
	01:00 am												Kishor
Total Intake :						Total Output : U: 2 m: 0							
	02:00 am												Kishor
	03:00 am												Kishor
	04:00 am												Kishor
	05:00 am						NP						Kishor
	06:00 am												Kishor
	07:00 am												Kishor
Total Intake :						Total Output : U: 1 m: 0							
Total 24 hrs. Intake						Total 24 hrs. Output			U: 8 m: 0				

BAH-00636326 IP5-00174425
 Mrs SATYASIRI ATLURI
 14-09-1990 35 Y 8 M 14 D (F)
 Dr. SHRUTHI REDDY/Dr. LAVANYA



FLUID CHART



Sheet No. : 31/8/22

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

Date	Time	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
		Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am	H ₂ O					✓			✓	No IV	Yuan
	10:00 am	H ₂ O								✓	caud	Yuan
	11:00 am											Yuan
	12:00 pm	H ₂ O								✓		Yuan
	01:00 pm	H ₂ O										Yuan
Total Intake :					Total Output : 62 ml							
	02:00 pm	H ₂ O										Yuan
	03:00 pm										No	Yuan
	04:00 pm	H ₂ O									IV	Yuan
	05:00 pm	H ₂ O									caud	Yuan
	06:00 pm											Yuan
	07:00 pm	H ₂ O										Yuan
Total Intake :					Total Output : 62 ml							
	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



CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: <i>Dr Shruthi Reddy</i>	Date of Delivery: <i>28/5/26</i>
Assistant Surgeon: <i>Dr Lavanya</i>	Time of Delivery: <i>10:19am</i>
Anaesthetist's Name: <i>Dr Jaya chandra</i>	Gender of Baby: <i>Female</i>
Type of Anaesthesia: <i>↓ Spinal</i>	Weight of Baby: <i>3.239 kgs</i>
Neonatologist: <i>Dr Arshwarya</i>	AGPAR Score: <i>9/10</i>
Scrub Nurse: <i>Sis Srilatha</i>	NICU Admission: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pre-Operative Diagnosis: *G2P1L1 | 38+6wts | GDM on Insulin | Pre-USA*

Elective Emergency

Indication: *Pre-USA*

Urgency

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

Decision time: Knife to rectus: *2 mins*

CTG Description: *Reactive*

If there was a delay give the reasons:

Surgical Procedure: *EI-USA + SA*

Post Operative Diagnosis: *POD - of P2L2 | EI-USA*

Peri-Operative Complications: *Nil*

Amount of Blood Loss: *~ 500ml*

Blood Transfused (in ML): *Nil*

Name and Number of Surgical Specimen sent for examination:

Examination Findings when Appropriate:

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

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

Uterine Closure: One Layer Two Layers Suture
Peritoneal Closure: Pelvic Abdominal None Suture
Sheath Closure: *Vicryl 1-0* Suture
Fat Closure: Yes No *Rapid Vicryl 2-0* Suture
Skin Closure: Subcuticular Mattress *Vicryl 1* Suture
Vaginal Evacuated Yes No *Rapid vicryl 2-0* Suture
Drain: Yes No Remove in days Await instructions
Catheter Yes No Remove in *2 hrs* days Await instructions
Swap & Instruments count correct? Yes No Post-op Antibiotics Yes No
Intra-Operative Antibiotics Cover: Yes No Thromboprophylaxis Yes No

Post-Operative Notes:
.....
- NBM x 6 hrs
- IV fluids - Axon
- Drugs as charted
- Monitor vitals hourly
- No charting
- with excessive bloody DW.
- Inform LOS

Doctor Name: *Dr. Lavanya* Doctor Signature: *Lavanya*
Date & Time: *28/5/26 11:30 AM*

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Mrs SATYASIRI ATLURI
14-09-1990 35 Y 8 M 14 D (F)
Dr. SHRUTHI REDDY/Dr. LAVANYA

Patient



POST-SURGICAL CARE PLAN FORM

Procedure Done: EL-USE & SA

Post-Surgical Diagnosis: POD - 01 P212 / EL-USE

Post-Operative Monitoring Parameters / Frequency:
- Monitor vitals hourly
- Clo chest

Wound Care: - Check for wound soaks

Drain / Special Lines / Catheters: - Foley's inside

Special Patient Positioning and Requirements: -

Nutritional Instructions: - NBM x 6 hrs
- followed by liquids

When to Start Mobilization: - After 12 hrs

Special Referrals: -


The new order for all required medications documented in the doctor order/medication sheet:
 Yes No

Any Other Post-Operative Care Needed including Required Follow Up

Treating Surgeon (Signature & Stamp): (L. Coor-Lavanya)
Date: 28/5/26 Time: 11:45 AM

Note: Plan of care will be readjusted if necessary.

PATIENT TRANSFER FORM

Patient Name & UHID No.		Date & Time of Admission	Date & Time of Transfer Order
BAH-00636326 IP5-00174425 Mrs SATYASIRI ATLURI 35 Y 8 M 14 D (F) 14-09-1990 Dr. SHRUTHI REDDY/Dr. LAVANYA 		28/5/26 @ 8:45 AM	28/5/26 @ 11:30 AM
		Transfer Ordered by	Reason for Transfer
		Dr. Lavanya	For post of observation.
From Unit	To Unit	Information to Attendant	
OBGYN	OBS	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, what?	Patient shifted with ID band:	
Number of Imaging Films		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If No:	
45			
ALT (1)			
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.			
2.			
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes <input type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring		Name of Person Ordered Transfer	
Sis. Rajen		Dr. Lavanya	
Patient & Clinical Records Received by :			
Sis. Suresh			
Date & Time of Patient Received :			
11:30 AM			

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

- Unavailable Bed
 Nurse not Available
 Available Bed not ready

BAH-00636326 IP5-00174425
Mrs SATYASRI ATLURI
14-09-1990 35 Y 8 M 17 D (F)
Dr. SHRUTHI REDDY/Dr. LAVANYA

POST – PARTUM ASSESSMENT FORM – IN-PATIENT

Date: 29/5/26

Chief Complaint : Pain at the suture site

Obstetric/ Birthing History : G2P2L2, LSCS, POD-1

Previous Surgical/Medical History : GDM

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 :

- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> Lateral Breathing | <input checked="" type="checkbox"/> Pelvic Floor Activation | <input checked="" type="checkbox"/> Transversus Abdominis Activation |
| <input checked="" type="checkbox"/> Gluteus Activation | <input checked="" type="checkbox"/> Active Motion for Limbs | <input checked="" type="checkbox"/> Transfer Training & Mobility |
| <input checked="" type="checkbox"/> Sit to Stand | <input checked="" type="checkbox"/> Monitored Walk | <input checked="" type="checkbox"/> Posture & Ergonomic Education |

Signature : T.S.

Name : Dr. Teheena Sharma (PT)

Date & Time: 29/5/26 2:30pm

BUNDLE CARE CHECKLIST TO PREVENT SURGICAL SITE INFECTION (SSI)

Date : 28/5/26

To Be Filled In By Assigned Nurse :

Department : OB-GY OT Duration of Procedure : 1:00hrs

Name of Surgeon : Dr. Shruthi Reddy Date of Admission : 28/5/26

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

		Staff Signature
1.	Antibiotic given prior to surgery ? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Single Dose Antibiotic or Long Antibiotic Regime Antibiotic administered within 60 minutes prior to incision ? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Name of the Antibiotic : <u>Taj: Taxim</u>	<u>Sunanda</u>
2.	Hair Removal <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No if Yes : Surgical Clipper Department where Hair Removed <input checked="" type="checkbox"/> Ward <input type="checkbox"/> Operating Room <input type="checkbox"/> Other : Skin preparation done (cleanse surgical area with antiseptic agent)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Sunanda</u>
3.	Patient's body temperature immediately post operation (Recovery Room) _____ °C <input type="checkbox"/> Oral Or <input type="checkbox"/> Axilla (Goal : 36-37 °C)	<u>Sunanda</u>
4.	Name of doctor or staff administering the antibiotic <u>Sis. Sunanda</u> Date & Time of antibiotic administration : <u>28/5/26 @ 08:30 AM</u> Date & Time procedure started : <u>28/5/26 @ 10:17 AM</u>	<u>Sunanda</u>

- 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

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

Signature of the Doctor: Dr. Lavanya Date: 28/5/26 Time: 11:30 AM
 Action Plan: Thromboprophylaxis for 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.

SURGICAL SAFETY CHECKLIST

Surgeon : *Dr. Prithvi Reddy*
 Asst. Surgeon : *Dr. Lavanya*
 Anaesthetist : *Dr. Srideesh*
 Scrub Nurse : *Srideesh*

BAH-00636326 IP5-00174425
 Mrs SATYASIRI ATLURI
 14-09-1990 35 Y 8 M (F)
 Patient Name : *Dr. SHRUTHI REDDY/Dr. LAVANYA*
 Gender : *EL-hey*
 UHID No. :
 Date : *28/1/26* In-time : *9:45 AM* Out-time : *11:30 AM*



Before Induction of Anaesthesia >>

Before Skin Incision >>

Before Patient Leaves Operating Room

SIGN IN	Time: <i>9:42 AM</i>
Patient Has Confirmed	
Identity	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Site	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Procedure	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Consent	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Site Marked	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
Anaesthesia Safety Check Completed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Pulse Oximeter on Patient & Functioning	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Does Patient have a:	
Known Allergy?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Difficult Airway / Aspiration Risk?	
Yes, & Equipment / Assistance Available	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Risk of > 500ml Blood Loss (7ml/kg In Children)?	
Yes, and Adequate Intravenous Access and Fluids Planned	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Blood Units Reserved	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Has Antibiotic Prophylaxis been given within the last 60 minutes?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Signature : <i>[Signature]</i>	
Name : <i>Dr. Sujasini</i>	

TIME OUT	Time: <i>10:00 AM</i>
Confirm all team members have introduced themselves by Name and Role	<input type="checkbox"/> Yes <input type="checkbox"/> No
Surgeon, Anaesthesia Professional and Nurse Verbally Confirm	
Correct Patient (Check ID Band)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Correct Site	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Correct Procedure	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Anticipated Critical Events	
Surgeon Reviews:	
What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss?	<i>1hr 500p bleed</i> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Anaesthesia Team Reviews:	
Are There Any Patient-specific Concerns?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Nursing Team Reviews:	
Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is Essential Imaging Displayed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Power Supply, Earthing, Power Backup and functioning of equipment checked.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Signature : <i>[Signature]</i>	
Name : <i>Srideesh</i>	

SIGN OUT	Time: <i>10:45 AM</i>
Nurse Verbally Confirms with the Team:	
The Name of the Procedure Recorded	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
That Instrument, Sponge and Needle Counts are Correct (or Not Applicable)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
The Specimen is Labelled (including patient name)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
Whether there are any Equipment Problems to be addressed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
To Surgeon, Anaesthetist and Nurse:	
What are the key concerns for recovery and management of this patient?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Signature : <i>[Signature]</i>	
Name : <i>Dr. Lavanya</i>	