HNH-00014093 IP26-00006814
Mrs AANCHAL KANDOI
20-01-2001 25 Y 5 M 21 D (F)
Dr. PADMAJA YELISETTY

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SURGERY DETAILS

Date : 11/7/26

Patient Name: Mrs. Aanchal Kandoi Date of Birth: 20/1/2001 Age: 25 Yrs

Gender: female Ward : OT UHID No.: HNH-00014093
IP26-00006814

Date of Surgery: 11/7/26 ☐ OT -1 ☑ OT -2 ☐ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : CERVICAL ENCERCLAGE

Time in : 3:30pm Time Out : 4:15pm

		NAME	AMOUNT
1.	Surgeon	: Dr. Padmaja	
2.	Anaesthetist	: Dr. ~~Ageetha~~ Dr Akhila	
3.	Assistant Surgeon	: Dr. Priyadarshini	
4.	OT Technician	: Br. Arvind	
5.	Circulating Nurse	: Sr. Karuna Priya	
6.	Assistant Nurse	: Sr. Sangeetha	

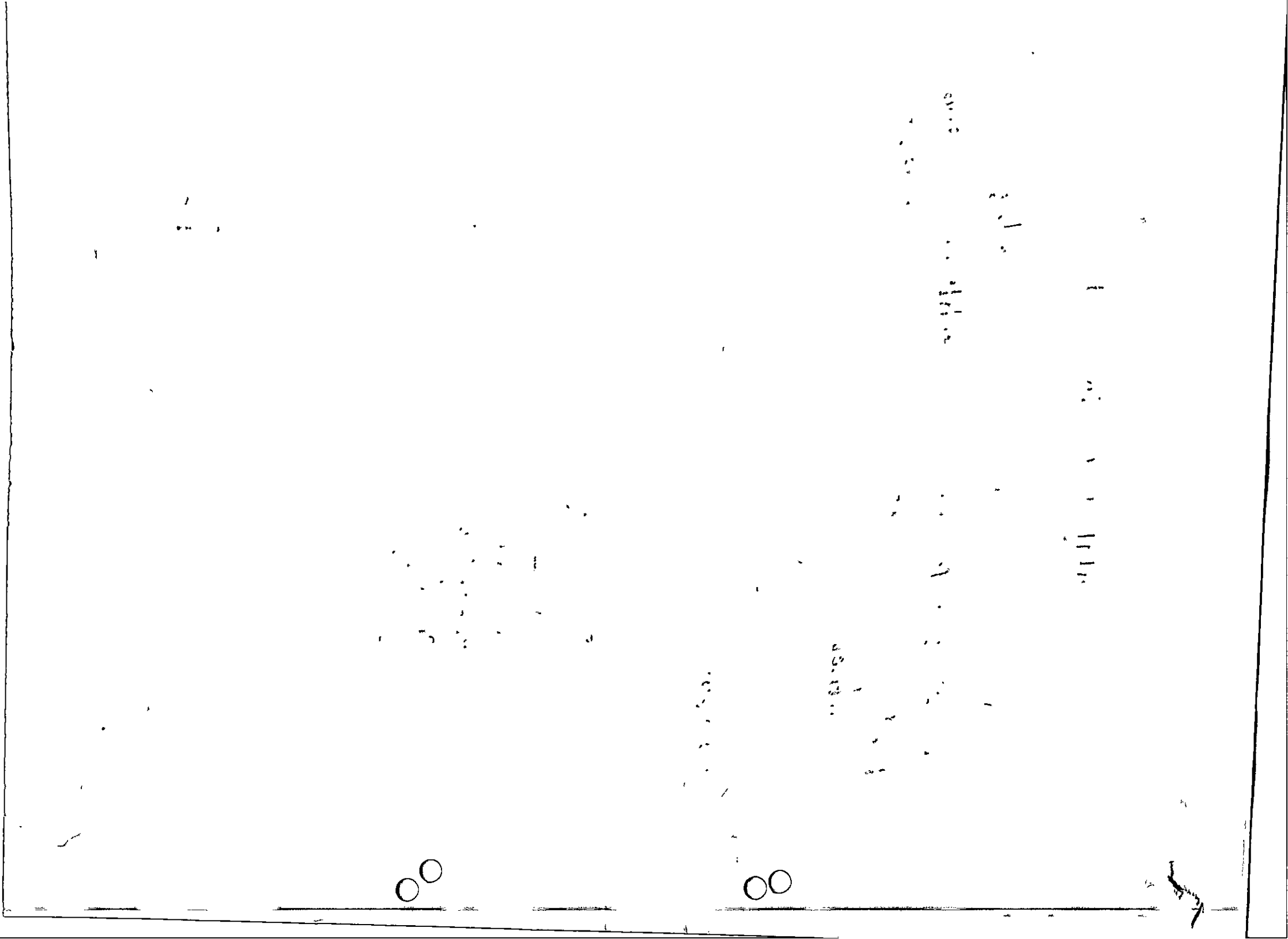
Mrs AANCHAL KANDOI (25 Y 5 M 21 D/ F)
SWAB
NINV01148
HN26011506017

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

Signature of ~~the~~ Surgeon

Signature of Circulating Nurse

Order No: 26-00007129419 Order by: Sangeetha



HNH-00014093 IP26-00006814
Mrs AANCHAL KANDOI
20-01-2001 25 Y 5 M 21 D (F)
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Cercalage.

CONSUMABLES OF OT

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Circulating staff : Karuna Technician : Arvind Date : 11/7/26 Time :

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube			Major Pack General Kit		01	Inj Vit.K		
LMA			Sutures			Cord Clamp		
ECG leads : A / P / N		01	Trusilk 5061		02	Suction Catheter		
HME filter : A / P / N						Feeding Tube		
Syringes : 10 cc		05				Vaccum Suction Set		
05 cc		03	Gloves S-G 6.5		02	Surgical Gloves		
02 cc			Encore 6.5		01	Gauze Pack		
01 cc			Surgicare PF 7		01	Syringe 1ml / 2ml		
Cautery plate : A / P / N			Surgical blade			Surgical Blade # 20		
IV set			NG tube			Koochies (S)		
RL		02	Cautery pencil					
NS : 10ml / 100ml / 500ml / 1000ml			Koochies ~~XXL~~		01	X-Ray Cover		01
			Ointments					
Anwin heavy (N-on)		01	Suction Catheter					
Fentanyl			Cap, Mask		10+10			
Morphine			Gauze Pack 10X10		01			
Ketamine			Mop Pack					
Propofol			Steristrip					
Rocuronium			Underpad		02			
Glycopyrolate			Draw sheet					
~~Myopyrolate~~ Quincky 25G		01	Abgel					
Ondansetron			Foleys catheter					
Pencan 25g/ ~~Spinal Needle 22~~		01	Urobag					
Bupivacaine 0.25%			Chest Drainage Catheter					
Bupivacaine 0.25%(Heavy)			Romodrain bag					
Antibiotics			Bandage					
			Tegaderm					
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg		01	Vaccum Suction set					
Justin : 12.5 mg / 25mg / 100mg			Plastic Bed Sheet Aprons		03			
Tab. Misoprost : 200mg			Betadine Solution		01			
Encore Gloves 6.5		01	Microshield					
Gauze 10X10		01	Cotton Balls		01			
			Latex Gloves		10			
			Ramdione Scrub					
			Saral					

27

Surgeon Anaesthesiologist Nurse OT Technician

Order No. 26-00002128 42 / 843 / 844 Ordered by : Sangeetha.

Doc. No. : RCH / FRM / GENERAL / 125

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040-48873000, info@rainbowhospitals.in

ELECTRONIC MEDICINE PRESCRIPTION

MRN	HNH-00014093	**Name**	Mrs AANCHAL KANDOI
Age / Sex	: 25 Y 5 M 21 D / Female	**Doctor**	: PADMAJA YELISETTY
Adm/Reg Date/Time	: 11/07/2026 12:39	**Payor**	: SELFPAY
Order Date	: 11/07/2026 16:35	**Ordernumber**	: 26-0000212842
Visit ID	: IP26-00006814	**Ward/Bed No**	: 4F -OT / PDA-413
Patient Address	Narayanguda YMCA, Narayanguda, Hyderabad, Telangana, INDIA, 500029		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	COTTON BALLS 2 GM 5 NOS		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
2	RL 500 ML CLOSED SYSTEM	RINGER LACTATE 500ML CLOSED	1 Bottle	/ Once Daily	2 Days		2 Bottle	Dispensed
3	DSYRINGE 10ML (NIPRO)	SYRINGE 10ML	1 Nos	External / Once Daily	1 Days		3 Nos	Dispensed
4	E.C.G ELECTRODES (ADULT)	ELECTRODES ADULT	1 Nos	External / Once Daily	1 Days		3 Nos	Dispensed
5	UNDER PAD 60X90 10's Pack - MEDICUBE		1 Nos	External / 10 AM	1 Days		2 Nos	Dispensed
6	SUPRIDOL SUPPOSITORIES 100 MG 5 S		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
7	FACE MASK 3 LAYER - ELASTIC	FACE MASK 3 LAYER	1 Nos	External / Once Daily	1 Days		10 Nos	Dispensed
8	DSYRINGE 5ML,(NIPRO)	SYRINGE 5ML	1 Nos	External / Once Daily	1 Days		3 Nos	Dispensed
9	PENCAN 27G (B/BRAUN)		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
10	Encore Microptic gloves-6.5		1 Nos	/ Once Daily	1 Days		2 Nos	Dispensed
11	GAUZE PACK STERILE 10X10X12 PLY 5S	GAUZE PACK STERILE 10X10X12 PLY 5 PACK	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
12	TRANSOFIX DEVICE-4090500		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
13	GAUZ SWAB 10 X 10 CM 12PLY 5S X-RAY		1 Pkt	External / Once Daily	1 Days		1 Pkt	Dispensed
14	SGLOVE # 6.5 (SURGICARE)	SURGICAL GLOVES 6.5	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
15	BACTOPREP SOLUTIONS 100 ML		1 mL	/ Once Daily	1 Days		1 Nos	Dispensed
16	LEGGINGS DISPOSABLE (PROTECTCARE) BIG		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
17	TRUSILK 4 SN5061 PCM		1 Nos	External / Once Daily	2 Days		2 Nos	Dispensed
18	ANAWIN HEAVY 5 MG INJ 4 ML		1 Vial	External / Once Daily	1 Days		1 Vial	Dispensed
19	GENERAL SURGERY KIT SAFE SECURE		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
20	POVINANZ SOLUTION 10% 100 ML		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed

PADMAJA YELISETTY

Reg No : 52427

* This document is just for reference purpose only. Not to be considered as primary report.

Note

*** This prescription is valid only for specified duration.**

*** Do not refill medicines.**

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Telangana, INDIA ,500029.
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ELECTRONIC MEDICINE PRESCRIPTION

MRN	: HNH-00014093	**Name**	: Mrs AANCHAL KANDOI
Age / Sex	: 25 Y 5 M 21 D / Female	**Doctor**	: PADMAJA YELISETTY
Adm/Reg Date/Time	: 11/07/2026 12:39	**Payor**	: SELFPAY
Order Date	: 11/07/2026 16:35	**Ordernumber**	: 26-0000212843
Visit ID	: IP26-00006814	**Ward/Bed No**	: 4F -OT / PDA-413
Patient Address	: Narayanguda YMCA, Narayanguda, Hyderabad, Telangana, INDIA, 500029		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	SURGEON CAP FEMALE SAFE SECURE		1 Nos	External / 10 AM	1 Days		10 Nos	Ordered
2	SPINAL NEEDLE 25 G WITACARE(120MM)	SPINAL NEEDLE 25G	1 Nos	/ Once Daily	1 Days		1 Nos	Ordered
3	DISPOSABLE APRONS STERILE XL	DISPOSABLE APPRON STERILE XL	1 Nos	/ Once Daily	3 Days		3 Nos	Ordered
4	NITRILE EXAMINATION GLOVES P F- MEDIUM		1 Nos	External / Once Daily	1 Days		10 Nos	Ordered

PADMAJA YELISETTY

Reg No : 52427

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Printed Date/Time : 11/07/2026 17:12 Printed By : BODIGADDA KARUNA

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040-48873000, info@rainbowhospitals.in

ELECTRONIC MEDICINE PRESCRIPTION

MRN	HNH-00014093	**Name**	: Mrs AANCHAL KANDOI
Age / Sex	. 25 Y 5 M 21 D / Female	**Doctor**	: PADMAJA YELISETTY
Adm/Reg Date/Time	: 11/07/2026 12:39	**Payor**	: SELFPAY
Order Date	: 11/07/2026 16:35	**Ordernumber**	: 26-0000212844
Visit ID	: IP26-00006814	**Ward/Bed No**	: 4F -OT / PDA-413
Patient Address	: Narayanguda YMCA, Narayanguda, Hyderabad, Telangana, INDIA, 500029		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	SGLOVE 7.0(POWDER FREE)			/	1 Days		1 Nos	Dispensed

PADMAJA YELISETTY

Reg No : 52427

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Name	Mrs AANCHAL KANDOI	**UHID**	HNH-00014093
Father/Guardian	Mr MANAV AGARWAL	**Age/Gender**	25 Y 5 M 21 D/ Female
Address	Narayanguda YMCA, Narayanguda, Hyderabad, Telangana, INDIA, 500029		
IP No	IP26-00006814	**Admission Date**	11-07-2026
Ref Doctor	Self.		
Discharge Date	12.07.2026	**DISCHARGE SUMMARY**	

Consultant:
Dr. Padmaja Yelisetty,
MBBS, MD, MRCOG,FRCOG
52427

Diagnosis: PRIMIGRAVIDA AT 25^{+2} WEEKS WITH SHORT CERVIX FOR CERVICAL CERCLAGE

CERVICAL CERCLAGE DONE ON 11.07.2026

Menstrual History:-
LMP- 15.01.2026
EDD- 22.10.2026
25^{+2} weeks

Obstetric formula- Primigravida
Gestational at admission-

Medical History: Nil

Name	Mrs AANCHAL KANDOI	**UHID**	HNH-00014093
IP No	IP26-00006814	**Admission Date**	11-07-2026

Surgical History: Nil
Family History: Both Parents - HTN
Allergies: Nil

Antenatal Details:

Mrs KEERTHI was booked to Rainbow hospital at 6^{+6} weeks of gestation. She had regular antenatal checkups and investigations as advised. NT scan was normal with Anterior low lying Placenta, eFTS was low risk. She was admitted at 13^{+2} weeks with Hyperemesis Gravidarum and was managed conservatively. TIFFA was normal, cervical length 28mm, Uterine dopplers normal. Scan done on 11.07.2026 showed single live intrauterine fetus, cervical length 23mm, funnelling absent, Placenta- Anterio and high, DVP-4.7cm. She was admitted for cervical cerclage.

Investigations: Enclosed.
Blood Group: "O" Positive

Surgery Notes: Cervical cerclage by Mc Donald's procedure under saddle block.

Indication: Short cervix

Operative findings:
- High Vaginal Swab taken.
- Posterior vaginal wall retracted with Sims speculum
- Anterior lip of cervix was held with sponge-holding forceps
- Cervical stitch applied by Mc Donald's procedure using TRUSILK no.1, Knot placed anteriorly

Name	Mrs AANCHAL KANDOI	**UHID**	HNH-00014093
IP No	IP26-00006814	**Admission Date**	11-07-2026

- Hemostasis achieved
- Post procedure C.Susten 400mcg kept pervaginally
- Post procedure cardiac activity checked.

Post-Operative Notes:

She was closely monitored. Her vital signs remained stable.Fetal heart rate monitoring done. She was shifted to room.Urine sent for culture and sensitivity. Her postoperative period following that was uneventful. Her general condition was satisfactory and she was found to be fit for discharge. Care and medications were explained to patient supplemented by written information.

Advice:

1. Tab. Taxim O 200mg (Cefixime 200mg) twice daily till 16.07.2026 (9am - 9pm) after food.
2. Tab. Dolo 650mg (Paracetamol 500mg) thrice daily till 14.07.2026 (7am-3pm-10pm) after food.
3. Tab. Pantodac 40 mg (Pantoprazole 40mg) once daily (7am) before food till 16.07.2026.
4. Tab.Nitrofurantoin 100 mg twice dalily for 5 days till 15.07.2026 after food.
5. Cap.Susten-SR 300mg (Progesterone) orally twice daily till 34 weeks
6. Inj.Proluton 250mg once every weekly (every Wednesday) intramuscularly till 34weeks.
7. T.Livogen twice daily (8am-8pm) before food
8. T.Shelcal 2tabs (500mg) once daily after food at 2pm.
9. D-RISE CAPS 2000 IU 10 S once daily after dinner till further advice.
10. Collect HVS reports.
11. Cervical length scan on .....

Name	Mrs AANCHAL KANDOI	**UHID**	HNH-00014093
IP No	IP26-00006814	**Admission Date**	11-07-2026

Review consultation with Dr. Padmaja Yelisetty with 1 week on 20.07.2026 at Rainbow children's Hospital in Gynec OPD (**Review consultation will be charged**).

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

Patient/ Attender

In case of emergency like bleeding, fever kindly contact 9154865045 at Rainbow Children's Hospital just dial one toll free number - 18002122. You can also take appointments at any time by going online to our website **www.rainbowhospitals.in**

Registrar/Resident/C.M.O

Consultant:
Dr. Padmaja Yelisetty,
MBBS, MD, MRCOG,FRCOG
52427

HNH-00014093 IP26-00006814
Mrs AANCHAL KANDOI
20-01-2001 25 Y 5 M 21 D (F)
Dr. PADMAJA YELISETTY

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DEFICIENCY CHECK LIST OF CASE SHEET

Sl.No.	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission sheet	01			
2	Discharge Summary				
3	Nursing Initial assessment	01			
4	Patient Transfer form	02			
5	In-patient Medical record	01			
6	Doctors progress sheets	01			
7	Nursing plan of care and handover sheets	—			
8	Consultation sheet	—			
9	General consent for treatment	01			
10	Consent for Surgery	01			
11	Consent for blood transfusion	—			
12	Consent for chemotherapy	—			
13	Consent for high risk	—			
14	Consent for Restraint	—			
15	LAMA consent	—			
16	Consent for special procedure / Sedation	—			
17	Consent for Formula feed	—			
18	Consent for MTP	—			
19	Consent for Radiological Investigations	—			
20	Consent for HIV test	—			
21	Anaestesia notes (Pre Anaesthesia& post)	01			
22	Neonatal Admission/Delivery/Physical Exam	—			
23	Medication Reconciliation	01			
24	Emergency Triage record	—			
25	Pre operative check list	01			
26	Surgical safety checklist	01			
27	Operation Theatre notes	01			
28	Nurses clinical Presentation	01			
29	TPR & BP chart	—			
30	Intake and Out take chart (fluid chart)	01			
31	Drug chart (Regular Prescription)	01			
32	Investigation Values (result sheet)	01			
33	Nebulization chart	—			
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	02			
39	Bed side check list	—			
40	PICU bed formula Dilution feeds	—			
41	Gastro monitoring chart	—			
42	Rch ED doctors note	—			
43	BP Monitoring chart	—			
44	RBS monitoring chart	—			
	extra Pages	07			
	Total No. of Pages	25			

Signature and Date : Akeels 12/1/26

(P.T.O)

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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TEL NO :040-48873000
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP26-00006814 **Admit Date** : 11-Jul-2026 **Admit Time** : 12:39 PM **UHID** : HNH-00014093

Patient Details :

Patient Name	: Mrs AANCHAL KANDOI	**Age**	: 25 Y 5 M 21 D
Guardian	: Mr MANAV AGARWAL	**DOB**	: 20-01-2001
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: Narayanguda YMCA Narayanguda Hyderabad Telangana INDIA 500029	**Phone No**	: 7673956913/ 9392577232
		E-mail	: ma2218561@gmail.com

Admission Details :

Bed Type : TWIN SHARING **Bed No** : PDA-413 **Ward Name** : 4F -OT

Room No : PDA-413 **Admission Type** : First Visit

Contact Details :

Name : Mr MANAV AGARWAL **Relationship** : Husband

Contact Address : **Phone No** : 9392577232

Signature

Doctor Details :

Doctor Name : Dr. PADMAJA YELISETTY **Specialisation** : OBSTETRICS AND GYNECOLOGY

Referral Doctor : Self. **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 40000.00

Payment Mode : DC/CC Card **Payor Name** : SELFPAY

HNH-00014093 IP26-00006814
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ACTIVITY RECORD FOR BILLING

(1)

Name :

UHID No. : IP No : Consultant: Dept :

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
11/7/26	2.57 pm	pre-post	O.T	[illegible] Karuna
11/7/26	4:20pm	OT	Pre Post	[illegible] [illegible]
11/7	10.18Pm	pre & post	(316)	[illegible]

Cross Consultation Visit

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

Docu. No. RCH/FRM/GENERAL/145

INVESTIGATIONS

Date	Investigations	Order No.	Signature

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
11/7/26	cardiac monitor	4:20pm	11/7/26 7pm	212891	Akuls
11/7/26	Infusion pump	4:20pm	7pm		

cross checked done by Supriya 10:04Am @ 12/7/26

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
4/7	IV placement	-1	26-000012763	
4/7	PAC	-1	12763	
	cross checked done by Supvsr			
		10:04 AM	12/7/25	

ANY OTHER INFORMATION

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.....

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.....

.....

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

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I.P. ADMISSION SHEET FOR GYNECOLOGY

Date of Admission : 11/7/2026 Time of Admission :

Allergies: 4/pr ☑ Not know any drug allergies

PRESENTING COMPLAINTS :

C/ @ 21th wks com c c/o Brownish discharge
PPM ⊕.

C/ S/cm on 11/7/2026 showed - S(IUP @ 25+2 wks
c Cephalic ε AFI LP 4.7cm, Placenta Antr.
High Cervical length - 23mm

Inj Proluton Today (250mg im) (11/7/2026 @ 10pm)

NT + FTS LR | 7/FPA ⊕

MENSTRUAL HISTORY	OBSTETRIC HISTORY
Year of Marriage : 9 mnth	Parity : G1
Previous Periods : Regular	Mode of Delivery : —
LMP : 15/1/2026	Last Child Birth : —
Contraception : EDD - 22/10/2026	

PAST MEDICAL HISTORY	PAST SURGICAL HISTORY
Nil	Nil

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FAMILY HISTORY:	**MEDICATION HISTORY:**
Both parents HTN	

INITIAL ASSESSMENT :

Date Ht. 163 Wt. 55.8 kg BMI 21 B.P 116/64 PR 74 Pallor (–) CVR NAD Respiratory System BAE (+) Thyroid NAD	Breasts Soft Abdominal Examination Soft ut ~ 24 wks Pres Ce	Local/Speculum Examination not done Bimanual Pelvic Examination

PROVISIONAL DIAGNOSIS : G1 25+2 / Short cervix

INVESTIGATIONS ORDERED	**PLAN OF MANAGEMENT**
BG + O Pve Positive HIV HbsAg } NR VDRL	- NBM - PAC - Informed Consent Parents Prepare - Drugs on chart - Shift to OT on call

Name of the Doctor : Dr Padmaja
Signature of Doctor [signature]
Date & Time : 14/7/2026

HNH-00014093 IP26-00006814
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/7/2026	C/s/b Dr Manisha	
4pm	POD-0 / Cervical cerclage	
	GC Fair Afebrile	Adv
	BP	- NBM x 4-6 hr
	PR	- Drugs as charted
	PA ut ~24 wks	- w/f vitals & PV (if any)
	FHS ⊕	- Foot End Elevation
	L/E - NAD	- FHS monitoring
		- Inform SOS
		Dr Manisha
11/07/2026 6:00pm	c/s/by Dr. Naveena	
	o/E GC - fair	Adv
	Afebrile SpO_2 - 100/onRA	- NBM till 8pm
	PR: 68bpm	- ivf & drugs as charted
	BP: 106/78 mmHg.	
	CVS/RS: NAD	- w/f PV bleeding
	PA: ut ≅ 20-22wks	- Foot end elevation
	Relaxed	- strict FHR monitoring 6th hrly
	FHR ⊕	
	L/E: NAD	- Monitor Vitals
		- Inform SOS
	Dr. Naveena.	

HNH-00014093 IP26-00006814
Mrs AANCHAL KANDOI
20-01-2001 25 Y 5 M 21 D (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/07/2026 7:30pm	clslby. Dr. Naveena.	
	O/E GC- fair	Adv
	Afebrile.	-Sips of water ftb
	SpO_2-100% on RA	liquid diet ftb
	PR: 79bpm	Soft diet
	BP: 100/60mmHg	- Adequate hydration
	CVS/RS: NAD 24-26	- drugs as charted
	PA: ut. ~~28~~ wks	- w/f PV bleeding
	Relaxed	- Foot end elevation
	FHR(+) 138bpm	- FHR monitoring 6th hrly
	I/E: NAD.	- Monitor Vitals
		-Inform SOS
		Dr. Naveena.
11/07/2026 9pm	clslby Dr. Naveena	
	O/E	Adv
	Vitals-stable	Soft diet
	PA: ut- 24-26wks.	Adequate hydration
	Relaxed	drugs as charted
	FHR(+)	-w/f PV bleeding
	kindly shift the patient to room	-foot end elevation
		-FHR monitoring 6th hrly
		Dr. Naveena

HNH-00014093 IP26-00006814
Mrs AANCHAL KANDOI
20-01-2001 25 Y 5 M 21 D (F)
Dr. PADMAJA YELISETTY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/07/2026 7:00am	c/s/by Dr. Naveena.	
	o/E GC-fair Afebrile SpO2 - 99% RA PR: 62 bpm BP: 100/60 mm Hg. Cvs/RS: NAD PA: ut · 24-26 wks Relaxed FHR (+) 140 bpm I/E: NAD	Adv - Soft diet - Adequate hydration - drugs as charted - w/f PV bleeding - foot end elevation - FHR monitoring 6th hrly - Monitor Vitals - Inform SOS Dr. Naveena N.B. priyanka 12/7/26 @ 10 pm

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/7/2022	c/o/b Dr.	Manohar
	Cl - For Apaboril	Adv
	vitals stable	Can be discharged
		Send file for processing
		[signature]
		Dr. [signature]

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RESULT SHEET

Date	10/7					
Time						
Hb	10.5					
PCV	31.5					
RBC	3.9					
WBC	7600					
N/L						
Platelets						
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 = O+ve						
HIV						
HbsAg } CIR						
HCV						

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

Others (ECG, Contrast Studies etc.,) : .....

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OPERATION THEATER NOTES

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Mrs AANCHAL KANDOI
20-01-2001 25 Y 5 M 21 D (F)
Dr. PADMAJA YELISETTY

Patient's Name ..... Age : ..... Gender : .....

UHID.: ..... P.No. : ..... Weight : .....

Surgeon : Dr. Padmaja. V	Asst. Surgeon : Dr. Priyadarshini
Anesthetist : Dr. Akhila	OT Nurse : Sangeetha

Surgical Procedure :

CERVICAL ENCERCLAGE ↓ SADDLE BLOCK

Indications for Surgery :

Primi 25^+2 wks ? short cervix

Date : 11.7.2026	Start Time : 3:30pm	End Time : 4pm

PRE-OPERATIVE PREPARATION :

OPERATION NOTES:

↳ SAP. perineum cleaned & draped.
Post. vaginal wall retracted ? Sims Speculum
ant & post lip of cx held ? sponge holding forceps
Mcdonald's stitch applied around the cervix
? silk No 5061 (TRV SILK), knot tied anterorly
No active bleeding. post procedure Cap: Susten 100mg Kept Plv.
(Fetal Heart Rate ~~non~~ confirmed Pre & Post procedure)
HVS taken prior to the procedure

POST - OPERATIVE ORDERS :

Rx.

1. ~~Grout~~ NBM x ~~2~~ 4 hr
- Drugs as chart
- Foot End Elevation
- FHS monitoring 4th hourly
- w/f vitals + BPV (if any)
- ~~Sto~~

Discharge Adv :-
→ Continue Antenatal medn
- Cap Susten SR 300 mg BD
- Inj Proluton 250 mg im weekly (Last dose - 11/7/2026)
- Collect HUS report
- Tab Texim O BD x 5d
Tab Pantop 40 mg x 5d.
- Tab Paracetamol 500 mg P/o TID x 5d.
Tab Nitrofurantoin 100 mg BD x 5d.

~~Dr Saigan~~ Dr. Padmaja. Y

Consultant Surgeon's Name

for [signature]

Consultant Surgeon's Signature

Date : 4:15 Pm Time : 11.7.26
4:15 Pm

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MEDICATION RECONCILIATION FORM

Drug Allergies: ..... ☐ Not known any Drug Allergies

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

Shifting From: ..... 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	1 tab	PO	OD	11/7	☒ C ☐ DC
2	Tab Calcium	1 tab	PO	OD	10/7	☒ C ☐ DC
3	Inj Pantoprazole	25mg	IM	Weekly	11/7/2026	☒ C ☐ DC
4	Sustain SR (CAP)	300mg	PO	OD	10/7	☒ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr Manohar

Date & Time : 11/7/2026 @ 12:30 pm

Nurse Name & Signature: Karthik

Date & Time : 9/2/26 @ 1pm

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

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DRUG CHART

Date of Admission: 1/7/2021 Drug Allergies: Nil ☑ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

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

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

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

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

Mrs AANCHAL KANDOI
20-01-2001 25 Y 5 M 21 D (F)
Dr. PADMAJA YELISETTY

REGULAR PRESCRIPTIONS

Weight. .... Ward. ....

				Date ▸ / Time ▾	11/7	12/7												
DRUG : CEFOTAXIME																		
Dose: 1g	Route: IV	Frequency: BD	Start Date: 11/7															
Name & Signature of the Doctor Starting the Drugs: [signature]				3 AM	X	[signature]												
Additional Instructions: (test dose)				3 pm	[signature]													
Daily Doctor's Endorsement by a Sign																		

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

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

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

Weight. ..... Ward. .....

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
11/7	2:30pm	INJ METOCLOPRAMIDE	10mg	IV		Claudia Abhi
11/7	2:30pm	INJ PANTOPRAZOLE	40mg	IV		Claudia Abhi
11/7	4:10pm	SUP-TRAMADOL	100mg	PR		
11/7	4:00pm	SUSTEN-400	400mg	P/V		
11/7	9:00pm	INJ. ONDENSETRON	8mg	IV		Maddy 20

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

Mrs AANCHAL KANDOI
20-01-2001 25 Y 5 M 21 D (F)
Dr. PADMAJA YELISETTY

I.V. FLUIDS CHART

Weight. ..... Ward. .....

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
11/7	1PM.	RINGER LACTATE	IV	100 ml/-	✓		11/7	✓	
11/7	3:05 pm	RINGER LACTATE	IV	100ml/hr	✓		4/7	✓	
11/7	3:55 pm	RINGER LACTATE	IV	100ml/hr	✓		1/7	✓	

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

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Early Warning Observation Score Chart - Obstetrics

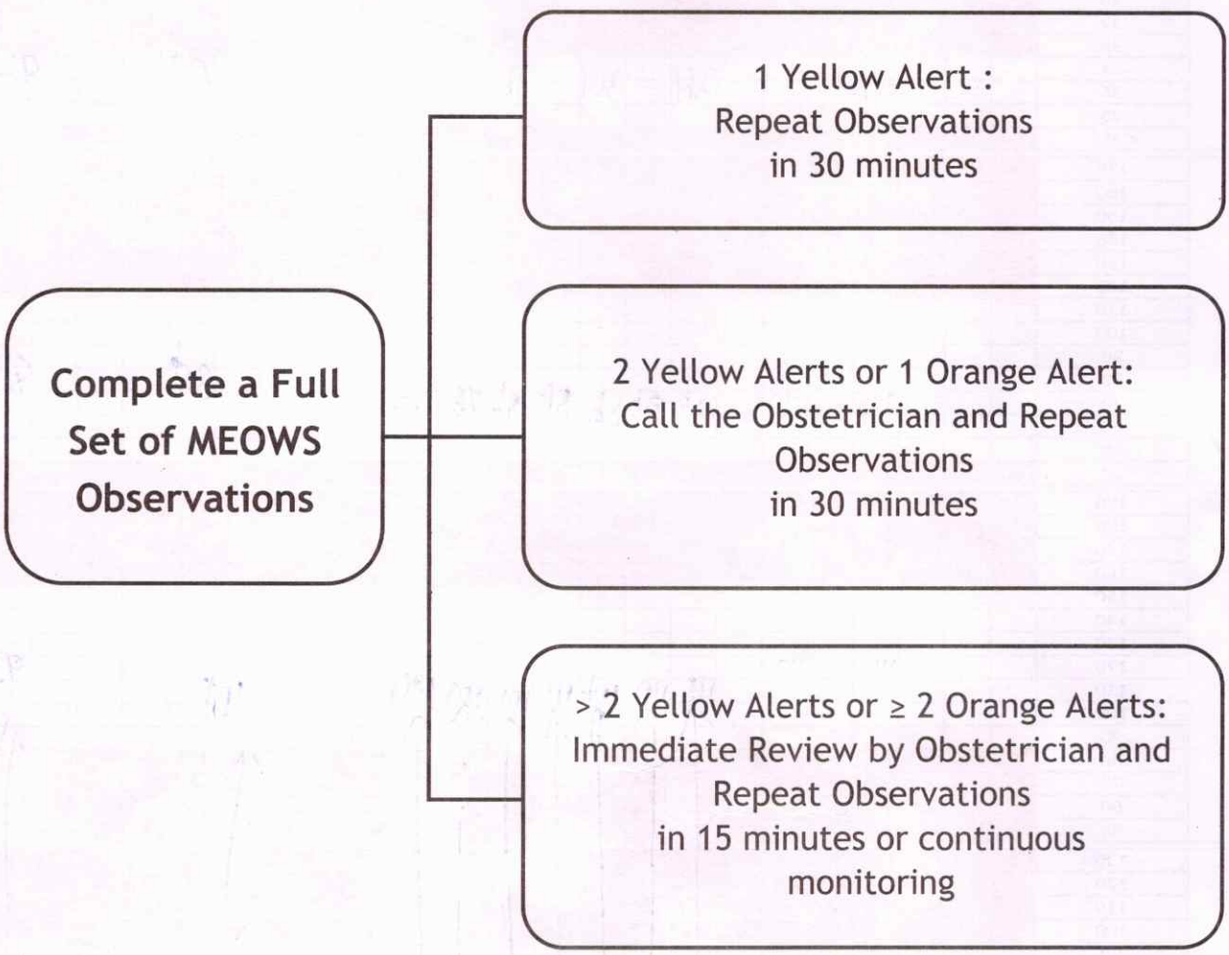
CONTACT DOCTOR FOR EARLY INTERVENTION IF PATIENT TRIGGERS ONE ORANGE OR TWO YELLOW SCORES AT ANY ONE TIME

11/7/21	Date																						
	Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20				18		20		20	20	20	20	20	20	20					20				20	
	0 - 10																								
Saturations	94 - 100 %				98		98		100	100	100	100	100	100	99										
	< 94 %																								
Administered O_2 (L/min.)																									
Temp °c	40																								
	39																								
	38																								
	37																								
	36				98				36		36		36		36					97.3				96.3	
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70				70		75		80	80	86	80	80	76	80					86				83	
	60																								
	50																								
	40																								
Systolic Blood Pressure ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120				116		118		110	110	106	110	101	103	100					101				95	
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
	60				64		70		80	70	80	80	70	80	80					60				57	
	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	0	0	0	0					0				0	
TOTAL ORANGE SCORES																									
Nurse Initial																									

11/7
1pm – 144 bmt
2pm – 145 bmt
12/7
1Am – 144 bmt
1Am – 145 bmt

2/7/26
12pm –

Obstetrics and Gynaecology Early Warning Signs



* 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.

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
11/12	08:00 am											
	09:00 am		M	1								
	10:00 am		B	RL								
	11:00 am		M	500ml @1PM								
	12:00 pm											
	01:00 pm											
Total Intake : Taken						**Total Output :** Passed						
11/7/26	02:00 pm	RL	M	100ml						✓	0	
	03:00 pm	RL		100ml								
	04:00 pm	RL	B	100ml						✓		
	05:00 pm	RL		100ml								
	06:00 pm	RL	M	100ml						✓		
	07:00 pm	RL	H_2O	100ml								
Total Intake : 600ml						**Total Output :** passed						
11/7	08:00 pm	1			N/A			N/A			0	
	09:00 pm		Tab									
	10:00 pm		Dolo									
	11:00 pm	0	650									
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
12/7	02:00 am	1										
	03:00 am											
	04:00 am				N/A			N/A			0	
	05:00 am	0										
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

Patient Sticker

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FLUID CHART

Sheet No. : .....

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

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

Total 24 hrs. Intake		Total 24 hrs. Output	

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OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 11/2/26 Time of Arrival: 12PM Time Seen by Nurse: 12:50pm

1) **Level of Consciousness:** ☐ Conscious ☐ Semi-Conscious ☐ UnConscious

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

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

3) **Vital Signs:** Temperature: 98°F Pulse: 82 RR: 18 SpO_2: 98% BP: 116/64 Weight: .....

4) **Gestational Criteria:**

Gravida:	G	P	L	A

LMP: ..... EDD: ..... Gestational Age: .....

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

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

0 No Pain — 1 — 2 — 3 — 4 — 5 — 6 — 7 — 8 — 9 — 10 Worst possible pain

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

.....

6) **Past History:**

a) Surgeries: Nil

b) Medical: Nil

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

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

9) **Prenatal Medical History:**

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

Triage Category: (Please tick on the category)

Refer to OBSTETRICAL TRIAGE ACUITY SCALE (OTAS)

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

OBCU Obstetrical Triage Acuity Scale (OTAS)

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

Time seen by Doctor: 12:50pm

Nurse Name : Kashi Nurse Signature: .....

Date: 11/07/26 Time: @ 1pm

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CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1			DAY-2			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							
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	NP	NA	NA							
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2	NP	NA	NA							
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	NP	NA	NA							
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	NP	NA	NA							
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5	NP	NA	NA							
			Signature of the Nurse										

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

Signature of Shift In Charge :

Signature : ..... Name : Manonika.

Signature of Ward In Charge :

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

Patient Sticker

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CHECKLIST FOR THROMBOPHLEBITIS

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

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

Signature of Shift In Charge :

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

Signature of Ward In Charge :

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

HNH-00014093 IP26-00006814
Mrs AANCHAL KANDOI
20-01-2001 25 Y 5 M 21 D (F)
Dr. PADMAJA YELISETTY

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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	11/7	11/7	11/7
		Score	N6	52	N
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0			
Secondary Diagnosis (more than one diagnosis)	Yes	15			
	No	0			
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0	0	0	0
IV / Heparin Lock or Saline	Yes	20	20	20	20
	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	0
Total Morse Fall Scale Score:			20	20	20
		Signature			

Fall Risk Grading

Risk Level	Morse Fall Score (MFS)	Action
Low Risk	0 - 24	Standard Fall Precaution
Moderate Risk	25 - 50	Implement Moderate Fall Prevention Intervention
High Risk	≥ 51	Implement High Risk Fall Prevention Intervention

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

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BRADEN 'Q' SCALE

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				Date :	11/7	11/7	11/7	
				Time :	6M	E2	N	
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	4	
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	3	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.	3	4	4	
				TOTAL SCORE	28	28	28	
				Evaluator's Name				

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

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

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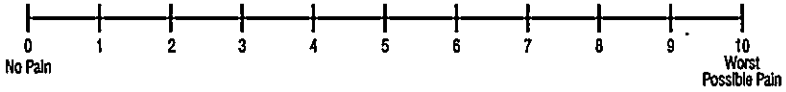
PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
11/7/26	10A	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
11/7/26	2pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
11/7/26	8pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

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

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

Assessment Criteria	Sedation		Normal	Pain / Agitation	
	-2	-1	0	1	2
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense
Vital Signs HR RR, BP, SaO_2	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO_2 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO_2 less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator

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NURSING CARE RECORD

Date: 11/07

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	12pm 1PM 2PM	- Prevent infection - Relieve discomfort & pain. - Ensure safety	12:10 pm 12:30 pm	Thorough hand washing - change the patient position every 2-3rd hourly.	- plan for shift to the OT. - shift to cap [illegible] to patient shifting	- reasseint 2-3 hourly	Kavithi
Afternoon	2pm to 8pm	=> Assess the patient condition => plan for vital => plan for Blocheux	2pm to 8pm	=> Assessed the patient condition => maintain vital & Record => maintain Blocheux	patient is stable	vital is sts normal	Chandu
Night	8pm 8AM	=> plan for vitals => plan for FHR => plan for medication as per chart	8pm 8AM	=> vital Normal => FHR checked => medication given as per chart	stable	Normal	Anusha

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Patient Sticker

NURSING CARE RECORD

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Date: .....

Goals

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

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

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NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: .... Department: .... Date of Admission: ....

SITUATION	Diagnosis: G1/2 1st Short Cx			Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:			
BACKGROUND	Area / Shift Time	11/7/26 M6	11/7 E2	11/7 N			
	Medical Condition (Any special condition to be noted):	–	–	NA			
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	97.	97°F	98.6F			
	Res:	16	20	20			
	SpO_2:	99	99%	99%			
	Pulse:	82	86	90			
	BP:	110/70	110/70	112/62			
	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:	–	NA	NA			
Post Operative Procedure Special Orders:		–	NA	NA			
Handed Over By Name :		Moni	Chudi	Anshed.			
Signature :		[signature]	[signature]	[signature]			
Date:		11/7/26		01/8/53			
Time:		2pm					
Taken Over By Name :		Clude	Anshed 01/8/53				
Signature :		[signature]	[signature]				
Date:		11/7/26					
Time:		2pm					

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

Patient Sticker

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NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: ..... Department: ..... Date of Admission: .....

SITUATION	Diagnosis:	Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:					
BACKGROUND	Area / Shift Time						
	Medical Condition (Any special condition to be noted):						
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:						
	Res:						
	SpO_2:						
	Pulse:						
	BP:						
	Fall Risk Score:						
	Pain Score:						
Recommendations	Safety Needs:						
	Physiotherapy	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Others Specify:						
	Special Diet:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Other Special Orders / Medications:						
Post Operative Procedure Special Orders:							
Handed Over By Name :							
Signature :							
Date:							
Time:							
Taken Over By Name :							
Signature :							
Date:							
Time:							

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00014093 IP26-00006814 Mrs AANCHAL KANDOI 20-01-2001 25 Y 5 M 21 D (F) Dr. PADMAJA YELISETTY	11/7/26 @ 12:39 pm	11/7/26 @ 10:18 pm
	Transfer Ordered by Dr. Neveena	Reason for Transfer OBG
From Unit PNES POST	To Unit (346)	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 30	Number of Imaging Films Nil	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Madhumita @ Madhu	Dr. Neveena

Patient & Clinical Records Received by : Priyanka

Date & Time of Patient Received : 11/7/26 @ 10:30 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

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00014093 IP26-00006814 Mrs AANCHAL KANDOI 20-01-2001 25 Y 5 M 21 D (F) Dr. PADMAJA YELISETTY	11/07/26 @ 12:39 PM	11/7/26 @ 2.55 pm
	Transfer Ordered by Dr. Manisha	Reason for Transfer Cerclage stitch
From Unit OBS	To Unit OT	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 36	Number of Imaging Films NIL	Personal belongings including clinical documents. If any handed over to attendant Yes ☑ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Dr. Manisha	Kapur

Patient & Clinical Records Received by : Sangeetha WARD

Date & Time of Patient Received :

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

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

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Padmaja
Asst. Surgeon : Dr. Priyadarshini
Anaesthetist : Dr. Ayesha, Akhila
Scrub Nurse : Sr. Sangeetha

HNH-00014093 IP26-00006814
Mrs AANCHAL KANDOI
20-01-2001 25 Y 5 M 21 D (F)
Dr. PADMAJA YELISETTY

Patient Name : ..... Gender : F
UHID No. : .....
Date : 11/1/26 In-time : 3:30pm Out-time : 4:15pm

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Before Induction of Anaesthesia ➤➤

SIGN IN Time: 3:15pm

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 : Akhila
Name : DR-AKHILA-K.

Before Skin Incision ➤➤

TIME OUT Time: 3:44pm

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, 15 min Anticipated Blood Loss? minimal ☑ 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

Signature : Rauma
Name : Rauma @ 3:44pm

Before Patient Leaves Operating Room

SIGN OUT Time: 4:15 pm

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

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

Signature : .....
Name : Dr. Priyadarshini

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PATIENT TRANSFER FORM

HNH-00014093 IP26-00006814
Mrs AANCHAL KANDOI
20-01-2001 25 Y 5 M 21 D (F)
Dr. PADMAJA YELISETTY

	Date & Time of Admission: 11/7/26 @ 12:39pm	Date & Time of Transfer Order: 11/7/26 @ 4:20pm
Treating Consultant Name: Dr. Padmaja	Transfer Ordered by: Dr. Ayesha Dr. Akhela	Reason for Transfer: observation
From Unit: OT	To Unit: pre-post	Information to Attendant: Yes ☑ No ☐
Number of Sheets in Clinical File	Number of Imaging Films: —	Personal belongings including clinical documents. If any handed over to attendant: Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Karuna	Dr. Ayesha Dr. Akhela

Patient & Clinical Records Received by : Akhela

Date & Time of Patient Received : 11/7/26 @ 4:20pm

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

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE

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Patient Name : Aanchal Kandoi Age : 25y Gender : Male ☐ Female ☑

UHID NO: HNH-0001409 3 Surgeon Name: Dr. Padmaja

Anaesthesiologist : Dr. Samir / Dr. Ayesha

Operative procedure planned : Cervical Encirclage.

PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA

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

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

☐ Heart disease ☐ Hypertension ☐ Diabetes mellitus ☐ Renal failure

☐ Hepatic disorders ☐ Shock ☐ Multiple organ failure ☐ Polytrauma / Renal Tubular Aacidosls

☐ Incapacitating Cronic Obstructive Pulmonary Disease

☐ Others : .....

Comments : hypotension, bradycardia.

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

DECLARATION BY PATIENT / GUARDIAN / PROXY

I hereby authorize Rainbow Hospital & its authorized doctors to perform upon me / my patient Aanchal Kandoi the above mentioned operation / Diagnostic / Therapeutic procedures Cervical Encirclage.

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

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

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

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

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

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

- Pregnant : ☑ Yes ☐ No

DECLARATION BY THE ANAESTHETISTS PROVIDING INFORMATION FOR THIS CONSENT

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

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

Patient / Patient Attendant :

Signature : Aanchal

Name : Aanchal Kanodia

Relationship with Patient: Self

Date & Time : 11/7/26 2:55pm

Witness :

Signature :

Name : Manav Agarwal

Date & Time : 11/7/26 2:55pm

Doctor (who is taking the consent) :

Signature :

Name : DR. AKHILA. K

Date & Time : 11/7/26 2:55pm

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

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Patient Name : Mrs Aanchal Kondoi Gender: ☐ Male ☑ Female Age : 25yrs

UHID No : HHM-0001 4093 Date : 11/7/2026

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)

CERVICAL CERCLAGE

upon

(Name of the Patient) Mrs Aanchal Kondoi

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

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

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

Bleeding, Infection, chorioamnionitis, Cervical laceration, PPROM, Preterm labour, uterine contractions, Suture displacement, failed attempt, return to theatre

My signature on this form indicates that

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

Name of the Doctor who is performing the Surgery / Procedure: Dr Padmaja / Yelisetty

Consentee :

Signature : Aanchal

Name : Mrs Aanchal

Date & Time : 11/7/2026 @ 12pm

Patient Attendant :

Signature :

Name : Manoj Aggarwal

Relationship with Patient: Husband

Date & Time : 11/7/2026 @ 12pm

Witness :

Signature : AKhilya

Name : AKhilya

Date & Time : 11/7/26 @ 12pm

Doctor (who is taking the consent) :

Signature :

Name : Dr Manoha

Date & Time : 11/7/2026 @ 12pm

Department of Anaesthesiology

PRE-ANAESTHETIC EVALUATION

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Name: Aanchal Kandoi Age: 25y Sex: F UHID.No : HNH-0000404093

Date: 11/2/26 Time: 11:30 AM Proposed Operation: Cx Encirclage

Diagnosis: Primi 21+4 wks. Cx length 2-3 cm.

B.P / CRT: 96/58 H.R: 86 Weight: 55 kgs ASA Physical Status: ☐ 1 ☑ 2 ☐ 3 ☐ 4 ☐ 5

Laboratory Data:

19/4

Hgb: 12 | 10.5

PCV:

WBC: 7600

Plate: 2.3 |

PT:

PTT:

INR:

Glucose:

Urea:

Creat: 0.5

Na:

K:

Ca++:

Mg++:

Cl -:

Protein:

Alb:

Total Bill:

Dir. Bill:

LDH:

Alk phos:

Amylase:

SGOT/SGPT:

HIV: NR

HBS Ag: NR

HCV:

Blood group: O+ve

T3

T4

TSH 2.23

X-Ray:

ECG:

2D Echo:

Stress/Anglo:

Other:

Allergies: Nil

Medical History: CVS :

RESP : Diabetes : Nil

CNS :

Renal : Nil Sign

Hepatic / GE : Physical Activity: active

Others :

Past Anaesthetic History: Nil

Physical Exam:

Airway: MP 1 (2) 3 4 Mouth Opening: 3FB Mentohyoid Distance: 3FB Neck: (N) Teeth: (N)

Lungs : BAE⊕ Clr

Heart: S1S2⊕

CNS: Cdl

Pregnant: ☑ Yes ☐ No ☐ NA

Venous Access Site : accessible

Spine Exam for regional : (N)

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

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

CURRENT MEDICATIONS	DOSAGE

Pre-Operative Instructions:

1. DVT Prophylaxis ✓
2. NIL ORAL → Water / ORS 2 Hours; Others 6 Hours — & explained
3. Informed Consent: ☑ Standard ☐ High Risk
4. Post Operative Pain Management: ☑ Discussed with Patient
5. Other Instructions:

~~EBL~~ ~~on~~ Cannulation ✓

Consent to be taken ✓

Signature: Name: DR. AKHILA.K.

HNH-00014093 IP26-00006814
Mrs AANCHAL KANDOI
20-01-2001 25 Y 5 M 21 D (F)
Dr. PADMAJA YELISETTY

ANAESTHESIA CHART

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Pre Induction Assessment: 3:30pm

Change in Patient Condition: ☐ Yes ☑ No		Fasting Status: Adequate
Physical Status:	☑ Patient Identified	☑ Consent Present ☑ Chart Reviewed

H.R: 86	B.P / CRT: 110/68	SpO_2: 100%	R.R: 18	Last Feed: 36 hrs

Pre-OP Diagnosis: 25+2 wks primi T shock CX Operation: Cervical Encirclage Date: 11/7/26

Surgeon: Dr. Padmaja / Dr Priyadarshini Anaesthesiologist: Dr. Archies-K Technician: Aravind

TIME	330	400	415
N_2O /AIR /O_2 LPM			
HALO /SO /SEVO			
Drugs:			
Inj GLYCOPYRROLATE 0.2mg			
Inj MEPHENTERMINE 6mg			
FIO_2 / SaO_2	100	99	98
$ETCO_2$			
ECG	CR	CR	SR
Temperature			
Urine Output			
Fluids / Blood	RL		

Antibiotic: —

Suppository: SUP TRAMADOL 100mg PR

Blood Loss: —

NOTES: —

B.P
V Systolic
Λ Diastolic
X Mean
• Heart Rate

Tourniquet on Time
Tourniquet off Time

Throat Pack In
Throat Pack Out

240 220 200 180 160 140 120 100 80 60 40 20 10 0

LAB Values

ABG
GRBS
Others

☑ Equipment Checked and Functional
☑ BP ☑ Cuff Site: RUL
☐ Art Site: .....
☑ EKG Lead
☐ Temp Site
☐ FIO_2 Monitor
☐ Agent Monitor
☑ Pulse Oximeter
☐ Capnograph
☐ Ventilator
☐ Nerve Stimulator

Position: Supine / Lithotomy
☑ 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: 3:30pm
OP Start: .....
OP End: .....
Leave OR: 4:15pm

Anaesthesia:
☐ GA
☑ Monitored Anaesthesia Care
☑ Regional

Line (Size & Location)
☐ CVP: .....
☐ ART: .....
☑ IV: RUL 18G
☐ IV: .....
☐ IV: .....

Induction
☐ IV ☐ Inhal
☐ Pre O_2 ☐ 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: .....
☑ Spinal ☐ Epidural ☐ Caudal
Others: .....
Position: Sitting
Site: L3 L4
Needle Size: 25G QB Depth: 5 cms
Parasthesia ☐ Yes ☑ No
Catheter at skin ..... cm
Drug Name & Conc: 1.8ml of 0.5% Bupivacaine heavy
Bolus: .....
Infusion: .....
Block Level: Adequate
Comments: .....

Transportation to
☐ PACU ☐ ICU ☐ Other
Relaxant Reversed ☐ Yes ☐ No ☑ NA
Name of the Doctor: Dr Archies-K
Signature of the Doctor: .....

HNH-00014083 IP26-00006814

Mrs AANCHAL KANDOI
20-01-2001 25 Y 8 M 21 D (F)
Dr. PADMAJA YELISETTY

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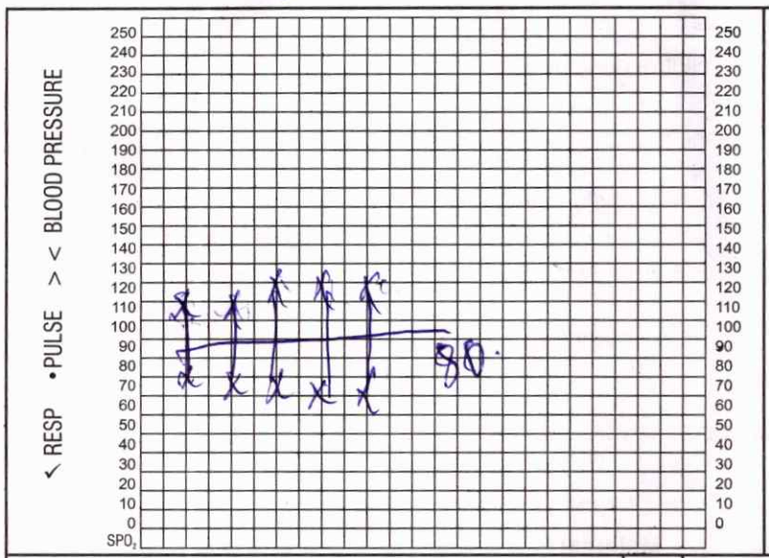
POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Chandrakala Time Received : 4:30pm Time Discharged : .....



IV Cannula Site : Rt hand

- ☐ O_2 Mask
- ☐ Nasal Prongs
- ☐ Tracheostomy
- ☐ T-Piece
- ☐ Oral Airway
- ☐ Nasal Airway

Vomiting :	☐ Yes	☑ No	Drug: Inj. Tarim 1gm
NG Tube :	☐ Yes	☑ No	
Drain:	☐ Yes	☑ No	
Urinary Catheter:	☐ Yes	☑ No	
Chest Tube:	☐ Yes	☐ No	
Nil Oral	☐ Yes	☐ No	

IV Fluids: RL
Oral Feeds: N.B.M

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

SCORING INTERPRETATION

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:

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
11/7/26	4:20pm	0/10	normal	
11/7/26	5pm	0/10	normal	
11/7/26	6pm	0/10	normal	
11/7/26	7pm	0/10	normal	

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

Reassessment Frequency:

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

Anaesthesiologist Name : Dr. Suraj

Anaesthesiologist Signature: Suraj

Date & Time: 11/7/26 @ 10:18pm

PACU Nurse Name : Madhumitha

PACU Nurse Signature: Madhu

Date & Time: 11/7/26 @ 10:18pm

Transferred to Unit by *(PACU)*: C316

Date & Time: 11/7/26 @ 10:18pm

HNH-00014093 IP26-00006814
Mrs AANCHAL KANDOI
20-01-2001 25 Y 5 M 21 D (F)
Dr. PADMAJA YELISETTY

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EPIDURAL ANALGESIA RECORD

Date: ..... Time: ..... Procedure done by .....

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

Depth: ..... Catheter at Skin: ..... Attempts : .....

Parasthesia : Yes/No if yes details : .....

Solution Composition : .....

Any other issues :

a) .....

b) .....

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

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

Catheter Removed by and Tip Inspected : .....

Patient Satisfaction : .....

Discharge /Shifting ordered by

Doctor Signature: .....

Doctor Name: .....

Date and Time : .....