

**ADMISSION SHEET**

**Registration Details :**



**Admission No** : IP5-00173580      **Admit Date** : 09-May-2026      **Admit Time** : 06:29 AM      **UHID** : BAH-00619672

**Patient Details :**

<b>Patient Name</b> : Dr. SHREYA REDDY	<b>Age</b> : 31 Y 6 M 12 D
<b>Guardian</b> : Mr MAHENDRA REDDY	<b>DOB</b> : 27-10-1994
<b>Gender</b> : Female	<b>Religion</b> :
<b>Occupation</b> :	<b>Martial Status</b> : Married
<b>Address (H)</b> : Eternal songs of earth Jubilee Hills Hyderabad Jubilee Hills Hyderabad Telangana INDIA 500033	<b>Phone No</b> : 9010432686/ <b>E-mail</b> : dr.shreyareddy@gmail.com

**Admission Details :**

<b>Bed Type</b> : SUITE	<b>Bed No</b> : SUITE 4 (424)	<b>Ward Name</b> : 4F-BIRTHRIGHT PREMIUM
<b>Room No</b> : SUITE 4 (424)	<b>Admission Type</b> : First Visit	

**Contact Details :**

<b>Name</b> : Mr MAHENDRA REDDY	<b>Relationship</b> : Father
<b>Contact Address</b> :	<b>Phone No</b> : 9010432686

Signature

**Doctor Details :**

<b>Doctor Name</b> : Dr. PRANATHI REDDY A	<b>Specialisation</b> : OBSTETRICS AND GYNECOLOGY
<b>Referral Doctor</b> : Self	<b>Phone No</b> :
<b>Co-Consultant</b> :	


**Payment Details :**

<b>Payment Mode</b> : Cash	<b>Deposit Amount</b> : 0.00
	<b>Payor Name</b> : SELFPAY

**ACTIVITY RECORD FOR BILLING**

Name : \_\_\_\_\_  
 UHID No. : \_\_\_\_\_  
 Date of Admission: \_\_\_\_\_ Time : \_\_\_\_\_ Date of Discharge : \_\_\_\_\_ Time: \_\_\_\_\_  
 Room / Bed No : \_\_\_\_\_ Ward : \_\_\_\_\_ Suggested Billable bed type : \_\_\_\_\_

3AH-00619672      IP5-00173580  
 Jr. SHREYA REDDY  
 17-10-1994      31 Y 6 M 12 D (F)  
 Jr. PRANATHI REDDY A



Consultant: \_\_\_\_\_ Dept : \_\_\_\_\_

**WARD TRANSFERS**

Date	Time	From	To	Signature of Nurse
9/5/26	7:40 AM	ORs	OT	Tunns
9/5/26	10:20 AM	ORs OT	BRP Suite-4	Shreya

**Cross Consultation Visit**

	Doctors Name	Date	Order No.	Signature
1	DR. Shreya Reddy	9/5/26	9600735	Shreya
2	Dr. Brundavani	10/5/26	9604352	Ashmita
3	N/A N/A	10/5/26		
4				
5				
6	Dr. Tuheena Sharma (PT)	12/5/26		
7				
8				
9				
10				

*Cross checked by  
Sis. Anila*







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Jr. PRANATHI REDDY A

Name



Date 10/5/26  
Room: suite -4

Lactation diet plan: ~1700 kcals; 75g protein; 167g carbs; 57g fats

Planned menu

Instructions  Home  
 Canteen

7am Milk or Barley water  
Galact  Supplement 1 tsp

Milk  Barley water 200ml  
 No sugar

8am Small Breakfast (Idli/Dosa/Oats/Dhali/Upma/Kitchidi)  
KABIBITE Biscuits two

Egg - Boiled  Omelet   
 Panner 50g  
 Tofu 50g

10am Soup and Toast (Garlic Nan for diabetic )  
KABIBITE Biscuits two

Vegetable  
 Chicken

1pm Lunch (<sup>soft</sup> Rice and ~~Roti~~) (Oats/Dhali for diabetic )  
~~Dal~~, Veg, Curd, Fruit/Salad

Egg - Boiled  Omelet   
 Paneer 50g  
 Tofu 50g  
 Chicken 100g

4pm Milk or Barley water  
Galact  Supplement 1 tsp

Milk  Barley water 200ml  
 No sugar

6pm Soup and Garlic Nan

Vegetable  
 Chicken

8pm Dinner (Rice and ~~Roti~~) (Oats/Dhali for diabetic )  
~~Dal~~, Veg, Curd, Fruit/Salad

Egg - Boiled  Omelet   
 Paneer 50g *Bhujji*  
 Tofu 50g  
 Chicken 100g

Sweet (No sweet for diabetic )  
*veg dalिया*

10pm Milk or Barley water  
Galact  Supplement 1 tsp   
KABIBITE Biscuits two

Milk  Barley water 200ml  
 No sugar

*[No Dal, pineapple, coconut water]*

*Atithi  
dietitian*

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Dr. PRANATHI REDDY A



## POST – PARTUM ASSESSMENT FORM – IN-PATIENT

Date: 12/5/26

Chief Complaint: Pain at the suture site

Obstetric/ Birthing History: P1H, LSCS, POD -3

Previous Surgical/Medical History: -

### 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: J.S.

Name: Dr. Teheena Sharma (PT)

Date & Time: 12/5/26 3:30pm

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Jr. PRANATHI REDDY A



Suite - 4



# NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 10/5/26 Time: 11 am

Origin: Indian Height: 158cm Weight: 70kgs BMI: 28.11kg/m<sup>2</sup>

Food Allergies: No

Diagnosis: POD-1 (iscu) lower segment cesarean section

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

Diet Advised:  
Soft high protein diet  
plenty of oral liquids  
- Avoid spicy, Chilled, outside foods

Patient's / Attendant's  
Signature: Shreya

Name: Shreya

Date & Time: 10/5/26, 11am

Dietician's  
Signature: Nitika

Name: Nitika

Date & Time: 10/5/26, 11am



# IP ADMISSION SHEET FOR OBSTETRICS

## Presenting Complaints

For Elective LSCS +  
 Myomectomy

Obstetric Formula:

Obstetric History:

Primigravida

Present Pregnancy Record:

PP - IVI Conception  
 Booked at 17<sup>th</sup> POG.  
 IV Iron at 29<sup>th</sup> POG.

LMP:

5/8/2025

EDD:

12/05/2026

Corrected EDD:

12/05/2026

GA:

39<sup>th</sup>

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

NG - Reactive

## 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

SpO<sub>2</sub> - 100% on RA

## RISK FACTORS:

- ✓ Ph Negative
- ✓ Multiple fibroids
- ✓ Rt. ovarian haemorrhagic cyst - 64 x 37 x 48 mm

Height: 158 cm

Weight: 70 kg

Allergies: \_\_\_\_\_ NKDA

Breast:  Normal  Abnormal

General Examination:

Consciousness: Conscious Pallor: Absent

Icterus: Absent Edema: Absent

Temp: Ab. orile PR: 87 bpm

BP: 105/62 (75) DTR: NAD

CVS: NAD RS: NAD

Liver/Spleen: Not palpable Urine Output: Adequate, Clean

## DIAGNOSIS

Primigravida | 39<sup>th</sup> | Ph Negative | Multiple fibroids | GDM on diet  
 Right ovarian haemorrhagic cyst | Elective LSCS + Myomectomy



<p>Family History:</p> <p>Father - DM 2000/0/5</p>	<p>Surgical History:</p> <p>Nil</p>									
<p>Medical History:</p> <p>Nil</p>	<p>Medication History:</p> <p>T Iron } PD x OD T Calcium }</p>									
<p>Plan of Care:</p> <ul style="list-style-type: none"> <li>✓ Admission</li> <li>✓ Admission NST</li> <li>✓ prepare parts</li> <li>✓ Informed and written consent</li> <li>✓ PAE &amp; follow orders</li> <li>✓ Foley's catheterisation</li> <li>✓ CBP &amp; Trace</li> <li>✓ Pre-medication as charted</li> <li>✓ I O PPRC - Reserved</li> <li>✓ Shift to OT on call</li> </ul>	<p>Investigations:</p> <p><u>BG - A Negative</u></p> <table border="0"> <tr> <td>HIV</td> <td rowspan="4">} NR</td> <td>5/4/2026</td> </tr> <tr> <td>HBSAg</td> <td>Hb - 12.4</td> </tr> <tr> <td>HCV</td> <td>Plt - 3.7</td> </tr> <tr> <td>VDRL</td> <td>WBC - 7100</td> </tr> </table> <ul style="list-style-type: none"> <li>✓ FITS - low risk</li> <li>✓ MMS - NAD. largest (5cm)</li> <li>Multiple fibroids.</li> </ul> <p>25/4. 3 4<sup>th</sup> cephalic 3 1 4 5 (50%), Ae ~ 59%.</p> <p>APF - 17.9cm Placenta - AHL Doppler - NAD</p> <p>7/5/26</p>	HIV	} NR	5/4/2026	HBSAg	Hb - 12.4	HCV	Plt - 3.7	VDRL	WBC - 7100
HIV	} NR	5/4/2026								
HBSAg		Hb - 12.4								
HCV		Plt - 3.7								
VDRL		WBC - 7100								

Doctor Name: Dr. Deepika

Signature: *[Signature]*

Date & Time: 9/5/2026, 6 AM

Hb 12.1g/l.  
TC 7.09  
Plt 3.25

Consultant Name: Dr. Pranathi

Signature: *[Signature]*

Date & Time: 9/5/2026, 6 AM



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/5/26 10:30 AM	POD-D Immediate post Pt is stable. o/e: CC-Pain BP- 122/54 PR- 62 bpm. SpO <sub>2</sub> - 100% on RA P/A- Ut well @ L/E- BWNL U/O- 700ml; clear & unclotted.	<u>Advised</u> ① NBM x 24hrs ② IV Pluride as charted 150ml/hr ③ Drugs as charted ④ Monitor vitals <sup>57/0</sup> 15min for 2hr Hb 1hr for 2hrs. ⑤ w/g bleeding, hypotension, tachycardia. ⑥ Tylenol 505. ⑦ Flv baby blood group.
		Smith
9/5/26 11:00 AM	POD-D Pt is stable. CC-Pain BP- 108/58 PR- 76 SpO <sub>2</sub> - 100% on RA P/A- Ut well @ L/E- BWNL U/O- 800ml; clear & unclotted.	<u>Advised</u> ① NBM x 24hrs ② Continue same treatment ③ Drugs as charted. ④ Monitor vitals 15min for 2hrs. ⑤ w/g bleeding p/v.
	Baby blood group - O positive.	Advised: Anti-D 300mcg Ziy - In Stat. Smith (P.T.O)



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<del>9/5/26</del> 2 pm	PPD - 0 - Pt is stable - No c/o - o/g: ac. fair vitals stable. P/A - UT well @ U/G - B/WNL u/o - (soul/ly) clear	Advice ① NBM x 24h ② Monitor vitals q4h ③ W/f bleeding p/b ④ Drugs as charted ⑤ Tylenol q6h ⑥ CBR @ 6 AM on 10/5/26 Smith
<del>10/5/26</del> 6:30 AM Subwell u-o good DR. KANDI	2 PPD GCF u/lb & hb P/A - UT, mol, green BR @ P/A - NRS	2 J Magnex MeKs CR - CBR abo - Start decortin - soft diet, 10 AM - Remove foley - Subwell - Ensure no. 2

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**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
10/5/26		cls by Dr. Pranathi Reddy
2 PM		POD-I / Pili / E.I. / USSG + Myomectomy / Rh-ve
Baby-Mother side	PT - stable. G-c-lair Atelbrife	Adv:- ① soft diet. ② oral hydration. ③ Analgesia.
yet to void.	vitals - stable. PIA - at ① well	④ Drugs as charted ⑤ Monitor vitals w/r
- U - F - Sx	<u>UE-NAB</u>	⑥ Inform SOS
Baby-BLALT (+ve)		by CDx. law)
Anti-D-given	10/5/26 Hb - 11.7 wBC - 11-90 PLT - 2-84	
		NB by Ashwini
10/5/26		
9 PM	POD-I	Adv:-
Baby-Mother side	PT - stable vitals - ①	① soft diet liquid diet. ② oral hydration.
	PIA - at ① well	③ Drugs as charted ④ Inform SOS
U F Sx	<u>UE-NAB</u>	Soft distension Bs sluggish

## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/5/26	<u>POD - II</u> / <del>Patz</del> <u>P.L. / EL-USG + Myomectomy</u>	
<u>9:30 AM</u>	PT clo - mild discomfort - Gretaia Ateloride PR - 90/min BP - 107/70 mmHg P/A - ut (R) well BS (+)	<u>Advice</u> ① Soft diet ② oral hydration ③ Analgesia ④ Drugs as chart ⑤ Monitor vitals
	Baby - Mother's side. U ✓ F ✓ S ✓	
11/5/26	LLC - NAB	⑥ Inborn SOS (Dr. Anu)
	Hb - 11.4, Plt - 2.83 WBC - 13.15 CRP - 327	
	Noted by Sr. Yamina	
<u>11/5/2026</u> <u>1:30 PM</u>	<u>POD - 2 EL-USG + Myomectomy.</u>	
	PT comfortable Reassured Baby well U ✓ F ✓ S ✓ Burps (+) P/A : URW BS (+) <del>add observation</del> <del>off</del>	① Soft diet ② plenty of oral fluids ③ Drugs as chart ④ Ambulate ⑤ vitals & hery
	✓ Dulcoteu given @ 7 AM ✓ If needed plan evening	Dr. Y Dr. Y Seneha

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 Jr. PRANATHI REDDY A



**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
11/5/26 9:30pm	POD-2	LSCS
	AC = fair	<u>Adv</u>
	Vitals: stable →	soft diet + plenty of oral fluids
	P/A: uterus retracted well →	Ambulation
	O/E - NAB	→ follow drug chart
	O ✓ H ✓ M ✓	→ Monitor vitals. 6th hrly
		→ inform SOS
		Alsonik Dr Alsonika



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/5/26 <hr/> 9AM	<p style="text-align: center;"><u>POD-3 LSCS</u></p> <p>Acetate</p> <p>Vitals: stable</p> <p>P/A: Uterus involuting well</p> <p>⊕ mild soft distension</p> <p>O/E: IAB</p> <p>Cr Flatus passing</p> <p>Stools did not pass today</p>	<p style="text-align: center;"><u>Ad</u></p> <p>→ Ambulation</p> <p>→ plenty of oral fluids</p> <p>→ soft diet</p> <p>→ follow dry chart</p> <p>→ Monitor vitals</p> <p>→ inform sig</p> <p>→ Dressing to be done</p> <p style="text-align: right;">Alsonik Dr. Sanyal</p>
		<p>Noted by Sis. Anil</p>

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 Jr. PRANATHI REDDY A



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/12/26		
1pm	Pt in washroom	
	well engaged later	
		Dr. Samra
12/12/26		
1:15pm	Pt comfortable	
U/V S	sparsel after dulcolax	Adv
	o/e ac-fair vitals stable P/A ut(⊕)	- soft diet, plenty of oral fluids
	w/ soft distention c/e lochia	drugs as per charted
	healthy	- vitals 5th hly - Ambulate - Injoms 6hr
D/E due		
		Dr. Samra
	Noted by Sis Anita	



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3:20 PM		
<u>12/5/26</u>		
	C.C. Good.	
	Dressing removed	
	Stitch line healing	
	Wound care explained	
<u>12/5/26</u>		
7 PM	POD-3 / Pili / EL-USG + Myometry	
	PT - stable	Adv:-
	Gut for	① Soft diet.
	Afebrile	② oral hygiene.
	vitals (N)	③ Analgesic.
	PIA - at (N) well	④ Drugs as charted
	UE - NAB	⑤ Inform SOB
		by Dr. [Signature]





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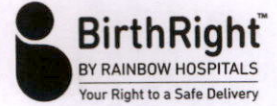
Jr. SHREYA REDDY

17-10-1994 31 Y 6 M 13 D (F)

Jr. PRANATHI REDDY A



*Suite (L)*



# CROSS CONSULTATION FORM

Doctor Name : *Shreya Prabhakar* Date : *09/05/2026* Time : *9pm*

Diagnosis : .....

Hospital : .....

- Type of Referral :**
- Emergency
  - Urgent
  - Non Urgent

Referred for :  Opinion  Co-Management  Transfer of care

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

*[Signature]*  
Signature:

### Findings and Recommendations :

*Breast feeding assessment done.*

Consultant :  
Name : *Shreya* Signature : *[Signature]* Date & Time : *09/05*



**CAESAREAN SECTION OPERATIVE NOTES**

Surgeon's Name: <u>Dr. Pranathi Reddy</u>	Date of Delivery: <u>9/5/26</u>
Assistant Surgeon: <u>Dr. Ayesha</u>	Time of Delivery: <u>8:33 AM</u>
Anaesthetist's Name: <u>Dr. Bhargavi Reddy</u>	Gender of Baby: <u>male</u>
Type of Anaesthesia: <u>spinal</u>	Weight of Baby: <u>3.419 kgs</u>
Neonatologist: <u>Dr. Dinesh / Dr. mamatha</u>	AGPAR Score: <u>9/9</u>
Scrub Nurse: <u>S.s. Carini</u>	NICU Admission: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pre-Operative Diagnosis: Primigravida / 39<sup>th</sup> / Rh Negative / Multiple fibroids / Elective  
Uterine Myomectomy

Elective       Emergency      Indication: Maternal Request

Urgency

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

Decision time: .....      Knife to rectus: .....

CTG Description: .....

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

Surgical Procedure: Elective UCS + Myomectomy under Spinal Anesthesia

Post Operative Diagnosis: R4 - P00-0

Peri-Operative Complications: Forceps delivery } Myoma bed sutured in layers

\* 1 - 4x3cm - Fundal - Right lateral - intramural fibroid.

\* 2 - 3.5x2.5cm - Fundal - Right lateral - subserosal fibroid. } Haemostatic secured

Amount of Blood Loss: ~ 700 ml      Blood Transfused (in ML): NIL

Name and Number of Surgical Specimen sent for examination: Multiple fibroids (5)

- \* 3 - 3x2cm - Posterior - Mid corpus intramural fibroid to the left.
- \* 4 - 1x1cm - Fundal subserosal fibroid
- \* 5 - 0.5x0.5cm - Fundal subserosal fibroid

**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  Thinnedout  Ruptured  No Scar

Incision Through Placenta:  Yes  No

Delivery of head:  Manual  Forceps

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

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

Cord Appearance: ..... Normal ..... Cord around the neck  Yes  No

Appearance of placenta: ..... Normal ..... Cavity explored  Yes  No

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

Uterine Closure:  One Layer  Two Layers ..... Suture

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

Sheath Closure: ..... Suture

Fat Closure:  Yes  No ..... Suture

Skin Closure:  Subcuticular  Mattress ..... Suture

Vaginal Evacuated  Yes  No

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

Catheter  Yes  No  Remove in 24 hours ..... days  Await instructions

Swaps & Instruments count correct?  Yes  No  Post-op Antibiotics  Yes  No

Intra-Operative Antibiotics Cover:  Yes  No  Thromboprophylaxis  Yes  No

Post-Operative Notes:   
 ✓ NBM for 24 hours (till 10/5/2026)   
 ✓ I/P & Analgesics AXON   
 ✓ Monitor vitals   
 ✓ Urine out monitoring - heavy   
 ✓ BP @ 6 AM (10/5/2026)   
 ✓ hy Namex forte 1.5 gram IV BID   
 ✓ 2nd metrogyl 500mg IV - TID   
 ✓ 2nd tramexamic Acid 1gram IV TID x 24 hours   
 ✓ Mobilization   
 ✓ I/P excessive Bleeding   
 ✓ Inform SAs

Time Baby Bly

Doctor Name: Dr Deepika ..... Doctor Signature: *[Signature]* .....

Date & Time: 9/05/2026, 10:00 AM

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

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

Signature of the Doctor: *[Signature]* Date: *9/05/2026* Time: *12.00AM*

Action Plan: *No thromboprophylaxis*

**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.

IAH-00619672 IP5-00173580

Mr. SHREYA REDDY

Patient

7-10-1994

31 Y 6 M 12 D

(F)

Mr. PRANATHI REDDY A



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

BirthRight™  
BY RAINBOW HOSPITALS  
Your Right to a Safe Delivery

## BUNDLE CARE CHECKLIST TO PREVENT SURGICAL SITE INFECTION (SSI)

To Be Filled In By Assigned Nurse :

Date : 9/5/26

Department : OBGYN Duration of Procedure : 1hr

Name of Surgeon : Dr. Pranathi Reddy Date of Admission : 9/5/26


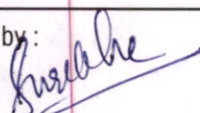
Bundle Care Criteria : (Tick (✓) if done)

		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 : Inj. cefotaxim	Sis. Rajee
2.	Hair Removal <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No if Yes : Surgical Clipper Department where Hair Removed : <input type="checkbox"/> Ward <input type="checkbox"/> Operating Room <input type="checkbox"/> Other : OBG Skin preparation done (cleanse surgical area with antiseptic agent)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Sis. Rajee
3.	Patient's body temperature immediately post operation (Recovery Room) 36.2 °C <input type="checkbox"/> Oral Or <input checked="" type="checkbox"/> Axilla (Goal : 36-37 °C)	Sis. Rajee
4.	Name of doctor or staff administering the antibiotic : Sis. Tunna Date & Time of antibiotic administration : 9/5/26 @ 7:00 AM Date & Time procedure started : 9/5/26 @ 8:00 AM to 10:00 AM	Sis. Rajee

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

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

# PATIENT TRANSFER FORM

Patient Name & UHID No AH-00619572 IP5-00173580 r. SHREYA REDDY 7-10-1994 31 Y 6 M 12 D (F) r. PRANATHI REDDY A 		Date & Time of Admission 9/5/26 @ 6:29 Am	Date & Time of Transfer Order 9/5/26 @ 10:20 Am
		Transfer Ordered by Dr. Bhargavi	Reason for Transfer For post of observation
From Unit ORGOT	To Unit ORG	Information to Attendant Yes <input type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File 35	Number of Imaging Films 1	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what?	
Medications / Consumables / Surgicals / Hand over			
SI.No.	Item Name	Quantity	
1.			
2.			
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring Dr. Raju		Name of Person Ordered Transfer Dr. Bhargavi	
Patient & Clinical Records Received by: 			
Date & Time of Patient Received : 9/5/26 @			

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

3AH-00619672 IP5-00173580  
 Dr. SHREYA REDDY  
 17-10-1994 31 Y 6 M 12 D (F)  
 Dr. PRANATHI REDDY A



RESULT SHEET

7/5/26  
~~7/5/26~~

10/5/26

11/5/26

Date					
Time		7AM			
Hb	12.1	11.7	11.4		
PCV	36.3	35.8	35.2		
RBC	4.09	3.93	3.88		
WBC	7.09	11.09	13.15		
N/L					
Platelets	325	284	283		
CRP			327		
ESR					
PCT					
RBS					
Na			139		
K			4.0		
Cl			112		
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					

OP  
 basis

Date						
Time						
CUE - Alb		12/11	20/11			
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
Blood grouping → A -ve.						
HIV						
Hbsag						
Hcv						
RDL						

Culture and Sensitivities : .....

.....

.....

.....

Radiology :    USG : .....

                  X-Ray : .....

                  ECHO : .....

                  CT : .....

                  MRI : .....

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



## MEDICATION RECONCILIATION FORM

Drug Allergies: NEPA  Not known any Drug Allergies

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

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

Shifting From: NA Shifted to: NA

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	Tab. IRON	1tab	PO	DD		<input type="checkbox"/> C <input type="checkbox"/> DC
2	Tab. CALCIUM	1tab	PO	DD		<input type="checkbox"/> C <input type="checkbox"/> DC
3	Tab. TAYD 60K	1tab	PO	Weekly once		<input type="checkbox"/> C <input 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. Ch. Deepika

Date & Time: 9/05/2026 6AM

Nurse Name & Signature: Tanya

Date & Time: 9/5/26 @ 6AM

IAH-00619672 IP5-00173580  
 Jr. SHREYA REDDY  
 7-10-1994 31 Y 6 M 12 D (F)  
 Jr. PRANATHI REDDY A



# DRUG CHART

Date of Admission: 9/05/2026 Drug Allergies: NKDA  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 Hospital's Verbal Order Policy.

## SOS / PRN (As Required Medication)

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

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

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

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



REGULAR PRESCRIPTIONS

Weight ..... Ward ..... B.P.

<b>DRUG :</b> <u>31g PARACETAMOL</u>				Date Time
Dose	Route	Frequency	Start Date	
<u>1gm</u>	<u>IV</u>	<u>TID</u>	<u>9/5/26</u>	
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Ayisha</u> <i>[Signature]</i>				
Additional Instructions: <u>STOP</u> <u>By (Dr Deepika), 10:30 AM</u> <u>9/05/2026</u>				
Daily Doctor's Endorsement by a Sign				

<b>DRUG :</b> <u>T. DICILOFENAC</u>				Date Time
Dose	Route	Frequency	Start Date	
<u>50mg</u>	<u>PO</u>	<u>BD</u>	<u>09/5/26</u>	
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Ayisha</u> <i>[Signature]</i>				
Additional Instructions: <u>STOP</u> <u>By (Dr Deepika), 10:30 AM</u> <u>9/05/2026</u>				
Daily Doctor's Endorsement by a Sign				

<b>DRUG :</b> <u>T. TRANADOL</u>				Date Time
Dose	Route	Frequency	Start Date	
<u>100mg</u>	<u>PO</u>	<u>BD</u>	<u>9/5/26</u>	
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Ayisha</u> <i>[Signature]</i>				
Additional Instructions: <u>STOP</u> <u>By (Dr Deepika), 10:30 AM</u> <u>9/05/2026</u>				
Daily Doctor's Endorsement by a Sign				

<b>DRUG :</b> <u>INJ. DICLOFENAC</u>				Date Time
Dose	Route	Frequency	Start Date	
<u>75mg</u>	<u>IV</u>	<u>BD</u>	<u>9/5/26</u>	
Name & Signature of the Doctor Starting the Drugs: <u>By (Dr Deepika)</u>				
Additional Instructions: <u>x dilute in 100ml NS</u> <u>STOP</u> <u>By (Dr. Deepika)</u> <u>12/5/2026, 9:30 AM</u>				
Daily Doctor's Endorsement by a Sign				

AH-00619672 IP5-00173580  
 r. SHREYA REDDY  
 7-10-1994 31 Y 6 M 12 D (F)  
 r. PRANATHI REDDY A



Sheet No: ① REGULAR PRESCRIPTIONS Weight ..... Ward .....

DRUG : INJ MAGNEX FORTE				Date	9/5	10/5	11/5	12/5	13/5	14/5	15/5	16/5	17/5	18/5	19/5	20/5	21/5	22/5	23/5	24/5	25/5	26/5	27/5	28/5	29/5	30/5	31/5	
Dose	Route	Frequency	Start Dt.	Time																								
1.5 gram	IV	BD	9/5/26	Day																								

Name & Signature of the Doctor Starting the Drugs:

By Chr Dupika

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG : INJ METROGYL				Date	9/5	10/5	11/5	12/5	13/5	14/5	15/5	16/5	17/5	18/5	19/5	20/5	21/5	22/5	23/5	24/5	25/5	26/5	27/5	28/5	29/5	30/5	31/5	
Dose	Route	Frequency	Start Dt.	Time																								
500mg	IV	TID	9/5/26	Day																								

Name & Signature of the Doctor Starting the Drugs:

By Chr Dupika

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG : INJ PANTOPRAZOLE				Date	9/5	10/5	11/5	12/5	13/5	14/5	15/5	16/5	17/5	18/5	19/5	20/5	21/5	22/5	23/5	24/5	25/5	26/5	27/5	28/5	29/5	30/5	31/5	
Dose	Route	Frequency	Start Dt.	Time																								
40mg	IV	BD	9/5/26	Day																								

Name & Signature of the Doctor Starting the Drugs:

By Chr Dupika

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG : INJ PARACETAMOL				Date	9/5	10/5	11/5	12/5	13/5	14/5	15/5	16/5	17/5	18/5	19/5	20/5	21/5	22/5	23/5	24/5	25/5	26/5	27/5	28/5	29/5	30/5	31/5	
Dose	Route	Frequency	Start Dt.	Time																								
1 gram	IV	TID	9/5/26	Day																								

Name & Signature of the Doctor Starting the Drugs:

By Chr Dupika

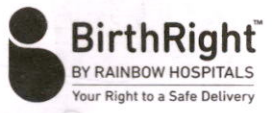
Additional Instructions:

STOP

By Chr Dupika  
 19/5/26, 9:30 AM

Daily Doctor's Endorsement by a Sign

AH-00619672 IP5-00173580  
 r. SHREYA REDDY  
 7-10-1994 31 Y 6 M 12 D (F)  
 r. PRANATHI REDDY A



Sheet No: 1.....

**REGULAR PRESCRIPTIONS**

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

DRUG	Dose	Route	Frequency	Start Dt.	Date Time				
INS TRAMEXAMIC ACID	100mg	IV	TID	9/5/26	9/5 10/5 11/6				
Name & Signature of the Doctor Starting the Drugs: Dr. Deepika					STOP 11/5/26				
Additional Instructions: x 24 hours					10am, 8am, 4pm, 11pm, 12/5/26				
Daily Doctor's Endorsement by a Sign									
INS TRAMADOL	100mg	IV	TID	9/5/26	9/5 10/5 11/5				
Name & Signature of the Doctor Starting the Drugs: Dr. Deepika					STOP by Dr. Deepika 12/5/26, 9.30 AM				
Additional Instructions:					11pm, 8pm, 5pm, 12/5/26				
Daily Doctor's Endorsement by a Sign									
TAB TRAMADOL	100mg	PO	TID	12/5/26	12/5 12/5 12/5				
Name & Signature of the Doctor Starting the Drugs: Dr. Deepika									
Additional Instructions:					9am, 5pm, 12/5/26				
Daily Doctor's Endorsement by a Sign									
TAB DICLOFENAC	50mg	PO	TID	12/5/26	12/5 12/5 12/5				
Name & Signature of the Doctor Starting the Drugs: Dr. Deepika									
Additional Instructions:					9am, 3pm, 11pm, 12/5/26				
Daily Doctor's Endorsement by a Sign									

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

3AH-00619672 IP5-00173580  
 Jr. SHREYA REDDY  
 17-10-1994 31 Y 6 M 15 D (F)  
 Jr. PRANATHI REDDY A



Sheet No. ....

REGULAR PRESCRIPTIONS

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

DRUG :				Date				
Dose	Route	Frequency	Start Dt.	Time				
TAB PARACETAMOL				6am	12/5/26			
Name & Signature of the Doctor Starting the Drugs: Dr. Dupika								
Additional Instructions:								
Daily Doctor's Endorsement by a Sign								
DRUG :				Date				
Dose	Route	Frequency	Start Dt.	Time				
Name & Signature of the Doctor Starting the Drugs:								
Additional Instructions:								
Daily Doctor's Endorsement by a Sign								
DRUG :				Date				
Dose	Route	Frequency	Start Dt.	Time				
Name & Signature of the Doctor Starting the Drugs:								
Additional Instructions:								
Daily Doctor's Endorsement by a Sign								
DRUG :				Date				
Dose	Route	Frequency	Start Dt.	Time				
Name & Signature of the Doctor Starting the Drugs:								
Additional Instructions:								
Daily Doctor's Endorsement by a Sign								
DRUG :				Date				
Dose	Route	Frequency	Start Dt.	Time				
Name & Signature of the Doctor Starting the Drugs:								
Additional Instructions:								
Daily Doctor's Endorsement by a Sign								

Signature

VERIFIED BY NAME





IAH-00619672 IP5-001/3550  
 Jr. SHREYA REDDY  
 7-10-1994 31 Y 6 M 12 D (F)  
 Jr. PRANATHI REDDY A



Weight ..... Ward. B.P.P.

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

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

**STAT / ONCE ONLY DRUGS**

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
9/5/26	7AM	INJ. CEFOTAXIM	1gram	IV	[Signature]	Tanya Preerna 7:05
9/5/26	6:55 AM	INJ. PANTOPRAZOLE	40mg	IV	[Signature]	Tanya Preerna 7:00
9/5/26	6:58 AM	INJ. PERINDOM	10mg	IV	[Signature]	Tanya Preerna 7:00
9/5/26	8:30 AM	Srj. ONDANSETRON	4mg	IV	[Signature]	Rajni Sudha 8:25
9/5/26	8:30 AM	Srj. TRANEXAMIC ACID	1gm	IV	[Signature]	Rajni Sudha 8:40
9/5/26	8:35 AM	Srj. METHYLERGIO METRINE	0.2ug	IV	[Signature]	Rajni Sudha 8:40
9/5/26	8:33 AM	Srj. OXYTOCIN	3IU	IV	[Signature]	Rajni Sudha 8:25
9/5/26	8:50 AM	Srj. METRONIDAZOLE	500mg	IV	[Signature]	Rajni Sudha 8:55
9/5/26	6:55 PM	Inj. ANT-D	300mcg	IM	[Signature]	Sudha Ashwita 7

10/5/26 8:00 AM Dulcolax suppository 2

PIR

Signature

VERIFIED BY : Name



I.V. FLUIDS CHART

Weight..... Ward. BPP

Signature  
VERIFIED BY : Name

Date	Time	Composition of I.V. Fluid (If infusion, mention ml/hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
9/5/26	7AM	RINGER LACTATE 500ml	IV	100ml/hr	Ep	Tunne Suresh	9/5	Lk	Suresh Bk
9/5/26	8:15AM	RINGER LACTATE 500ml	IV	100ml/hr	Ep	Suresh Ref	9/5	Lk	Suresh Bk
9/5/26	8:45AM	RINGER LACTATE 500ml	IV	100ml/hr	Ep	Suresh Lof	9/5	Lk	Suresh Bk
9/5/26	11AM	RINGER LACTATE 500ml	IV	100ml/hr	Srk	Sury Rooha	9/5	Lk	Sury Rooha
9/5/26	4pm	RINGER LACTATE 500ml	IV	150ml/hr	Srk	Suresh Ashwita	9/5	A	Suresh Ashwita
9/5/26	7pm	RINGER LACTATE 500ml	IV	150ml/hr	Lk	Sury Ashwita	9/5	A	Suresh Rooha

3AH-00619672

IP5-00173580

Jr. SHREYA REDDY

17-10-1994

31 Y 6 M 12 D

(F)

Jr. PRANATHI REDDY A

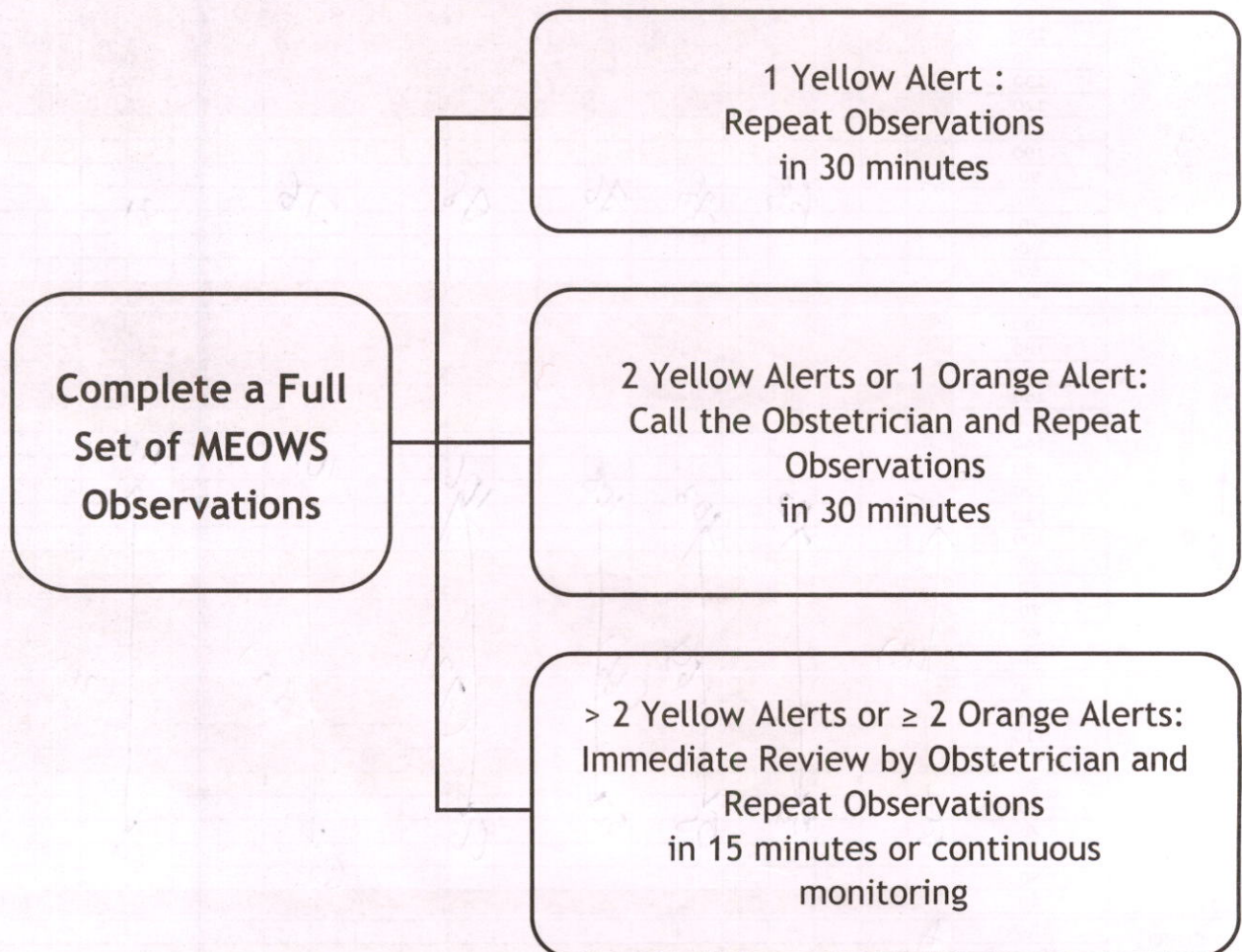


# Early warning Observation Score Chart - Obstetrics

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																										
RESP (write rate in corresp. box)	> 30																									
	21 - 30																									
	11 - 20	19			20		15		20		18				20					20					19	
	0 - 10																									
Saturations	94 - 100 %	99			100		100		100		99				99					99					98	
	< 94 %																									
Administered O <sub>2</sub> (L/min.)																										
Temp °C	40																									
	39																									
	38																									
	37																									
	36				37.0		37.0		37.0		37.0				37.0					37.0					37.1	
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90	87			65		78		76		78				78					81					86	
	80																									
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressure	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100	105			112		103		100		106				101					110					114	
	90																									
	80																									
	70																									
	60																									
50																										
Diastolic Blood Pressure	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70	85			84		85		85		86				82					89					81	
	60																									
	50																									
	40																									
	NEURO RESPONSE [✓]	Alert	A																							
		Voice																								
		Pain																								
		Unresponsive																								
URINE mls / hour	> 30	✓																								
	< 30																									
Proteinuria	Protein ++																									
	Protein > ++																									
Lochia	Normal																									
	Heavy / Foul																									
Liquor	Clear / Pink																									
	Green																									
TOTAL YELLOW SCORES		0			0		0		0		0				0					0					0	
TOTAL ORANGE SCORES		0			0		0		0		0				0					0					0	
Nurse Initial		Junt			J		J		J		J				J					J				J		

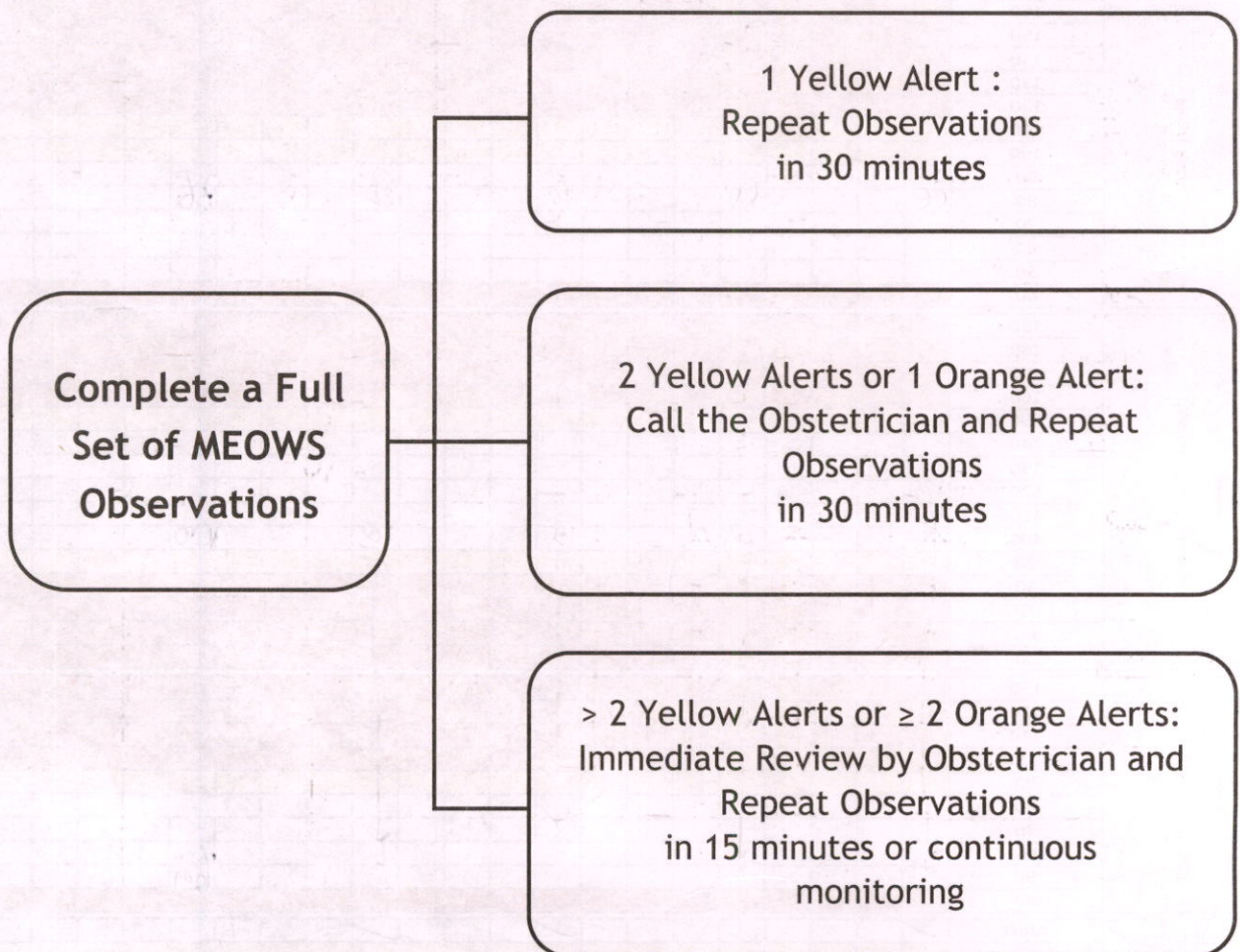
## Obstetrics and Gynaecology Early Warning Signs



\* The Modified Early Warning Score (MEOWS)



## Obstetrics and Gynaecology Early Warning Signs



\* The Modified Early Warning Score (MEOWS)

3AH-00619672 IP5-00173580  
 Jr. SHREYA REDDY  
 17-10-1994 31 Y 6 M 13 D (F)  
 Jr. PRANATHI REDDY A

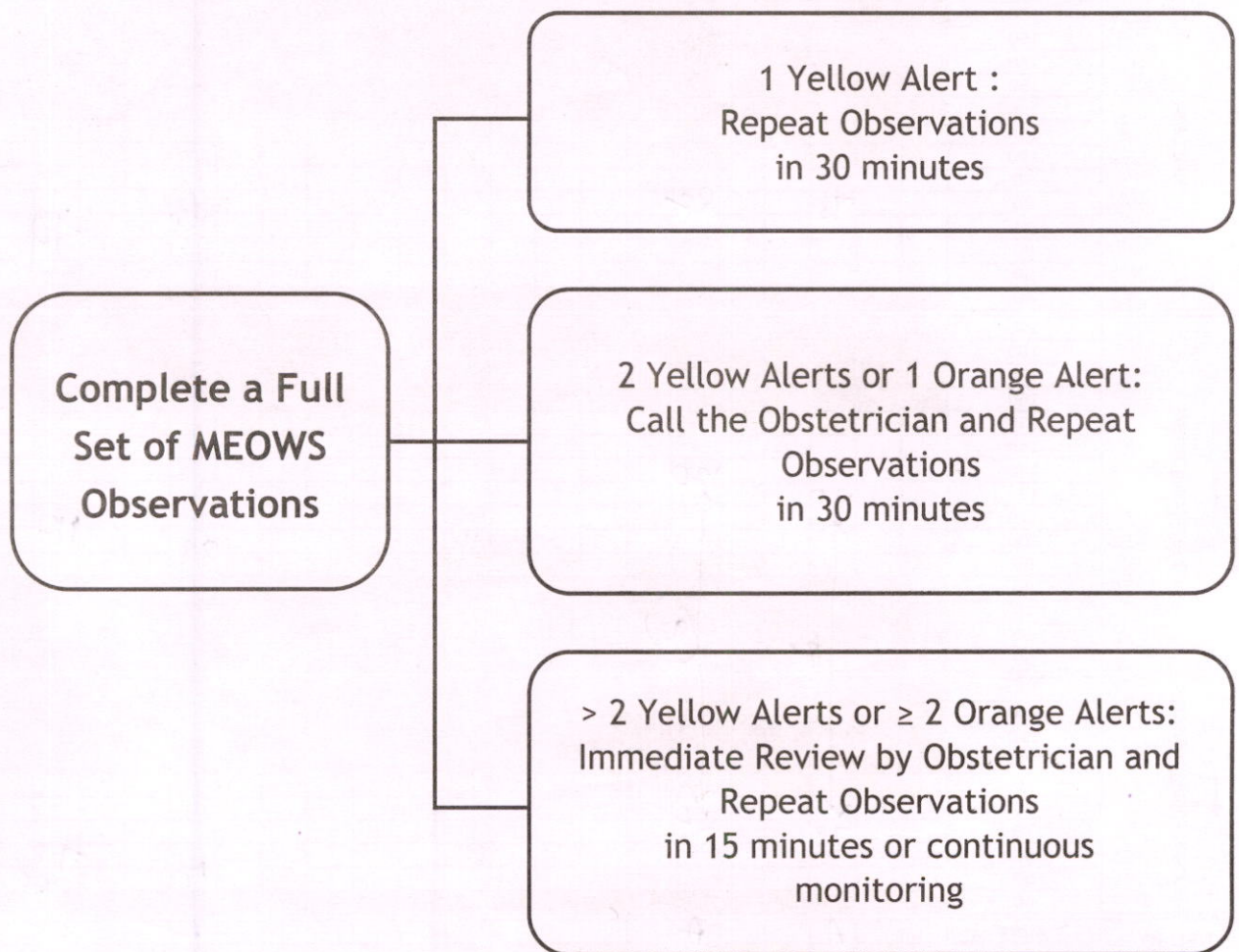


## Early Warning Observation Score Chart - Obstetrics

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
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20			19		19					19					14			19				19		
	0 - 10																								
Saturations	94 - 100 %			99		100					100				99			99				100			
	< 94 %																								
Administered O <sub>2</sub> (L/min.)																									
Temp °C	40																								
	39																								
	38																								
	37																								
	36			98.8		98.8					98.9				99.2			98.7				98.8			
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80			78		82					84				86			79				83			
	70																								
	60																								
	Systolic Blood Pressure	190																							
180																									
170																									
160																									
150																									
140																									
130																									
120																									
110																									
100																									
90				110		120					103				99			117				104			
80																									
Diastolic Blood Pressure		130																							
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
	40																								
	NEURO RESPONSE [✓]	Alert			A		A				A				✓			✓				✓			
		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				
TOTAL ORANGE SCORES				0		0				0				0			0				0				
Nurse Initial				100		100				100				100			100				100				

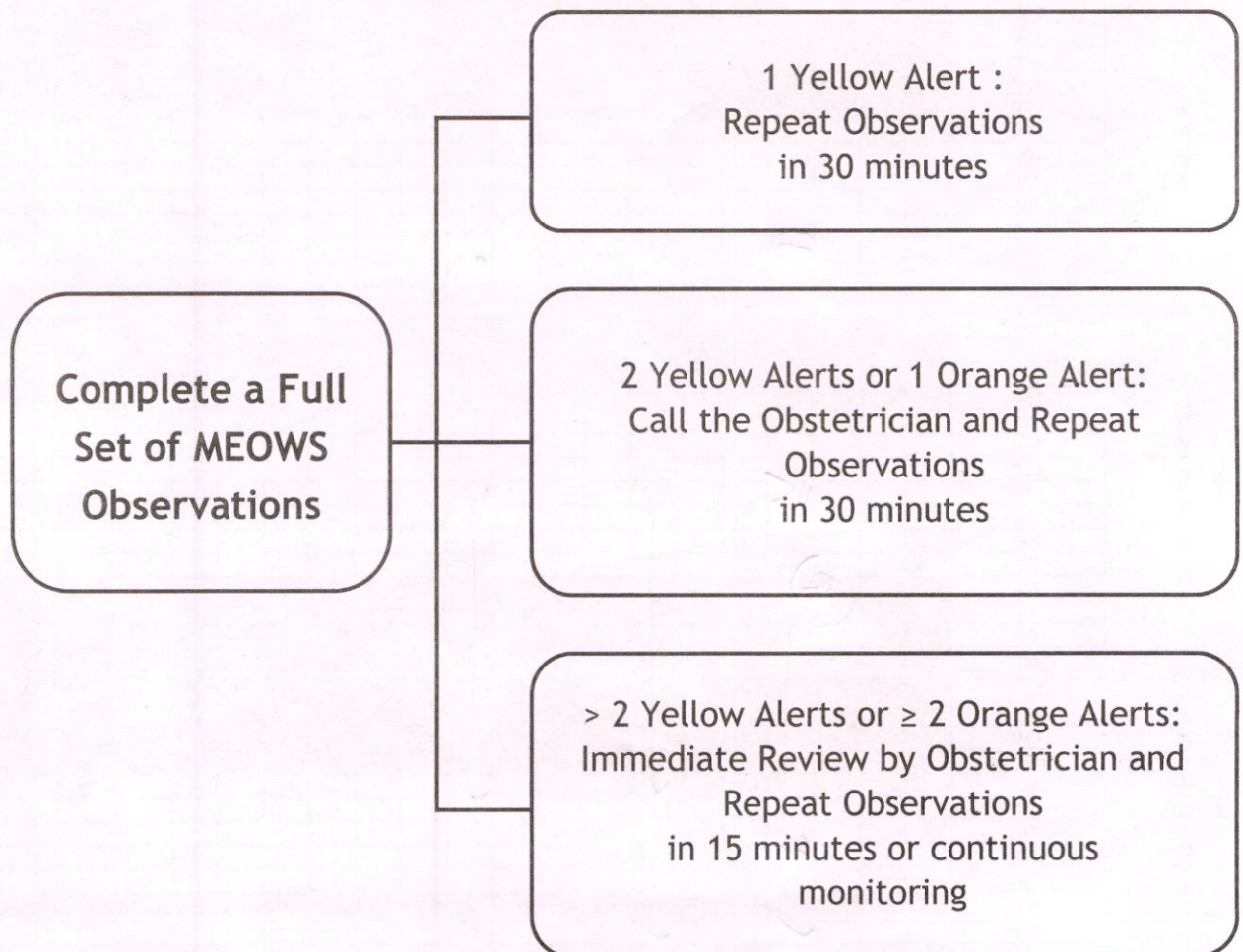
## Obstetrics and Gynaecology Early Warning Signs



\* The Modified Early Warning Score (MEOWS)



## Obstetrics and Gynaecology Early Warning Signs



\* The Modified Early Warning Score (MEOWS)



# FLUID CHART



Sheet No. : ..... ① .....

- 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	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse		
		Nature of Fluid		Route	NG	Diarrhoea	Vomit	Drainage	Urine				
			Mouth	I.V	N.G								
9/5/26	08:00 am		NBM	2L 100ml					0			Tunne	
	09:00 am		N	100ml					0				
	10:00 am		B	100ml		NP			700ml				
	11:00 am		B	100ml									
	12:00 pm		M	100ml									
	01:00 pm				100ml								
<b>Total Intake :</b>					<b>Total Output :</b>								
	02:00 pm		N	100ml					0				
	03:00 pm		N	100ml					400ml				
	04:00 pm		B	100ml		NP							
	05:00 pm			150ml					75ml			Subalika	
	06:00 pm		M	150ml									
	07:00 pm			150ml									
<b>Total Intake :</b> NBM					<b>Total Output :</b> Panned								
	08:00 pm			150ml					0				
	09:00 pm	R	N	free flow					75ml			Shily	
	10:00 pm	L	B	150ml		NP						Shily	
	11:00 pm			150ml								Shily	
	12:00 am		M	150ml								Shily	
	01:00 am			150ml									
<b>Total Intake :</b>					<b>Total Output :</b> U - 75 M - 0								
	02:00 am			150ml					0			Shily	
	03:00 am	R	N	free flow					0			Shily	
	04:00 am		B	free flow					200ml			Shily	
	05:00 am			150ml		NP						Shily	
	06:00 am	L	M	150ml								Shily	
	07:00 am			150ml					150ml				
<b>Total Intake :</b>					<b>Total Output :</b> U - 350 M - 0								
<b>Total 24 hrs. Intake</b>													
<b>Total 24 hrs. Output</b>		U - 1600 M - 0											



# FLUID CHART

Sheet No. : 2

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

Date	Time	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
		Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
10/5			Mouth	I.V	N.G						0	Ashwath
	08:00 am										0	Ashwath
	09:00 am	H <sub>2</sub> O									0	Ashwath
	10:00 am					NP					0	Ashwath
	11:00 am	H <sub>2</sub> O									0	Ashwath
	12:00 pm								200ml		0	Ashwath
	01:00 pm	H <sub>2</sub> O									0	Ashwath
<b>Total Intake :</b>					<b>Total Output :</b> Passed							
10/5	02:00 pm										0	Ashwath
	03:00 pm	H <sub>2</sub> O									0	Ashwath
	04:00 pm					NP					0	Ashwath
	05:00 pm	H <sub>2</sub> O							NP		0	Ashwath
	06:00 pm										0	Ashwath
	07:00 pm	H <sub>2</sub> O									0	Ashwath
<b>Total Intake :</b> Taken					<b>Total Output :</b> Passed							
	08:00 pm										0	Pedha
	09:00 pm										0	Pedha
	10:00 pm										0	Pedha
	11:00 pm										0	Pedha
	12:00 am										0	Pedha
	01:00 am	H <sub>2</sub> O									0	Pedha
<b>Total Intake :</b> Taken					<b>Total Output :</b> Passed							
	02:00 am										0	Pedha
	03:00 am	H <sub>2</sub> O									0	Pedha
	04:00 am										0	Pedha
	05:00 am										0	Pedha
	06:00 am	H <sub>2</sub> O									0	Pedha
	07:00 am										0	Pedha
<b>Total Intake :</b> Taken					<b>Total Output :</b> Passed							
<b>Total 24 hrs. Intake</b>												
<b>Total 24 hrs. Output</b>												



# 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.
- 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			
11/5/26	08:00 am						✓				0	Yamuna	
	09:00 am	water 100ml						✓			0	Yamuna	
	10:00 am										0	Yamuna	
	11:00 am	water 100ml									0	Yamuna	
	12:00 pm	water 50ml						✓			0	Yamuna	
	01:00 pm										0	Yamuna	
<b>Total Intake :</b>						<b>Total Output :</b>						0-2ml	
11/5/26	02:00 pm	water 100ml									0	Ashwika	
	03:00 pm								✓		0	Ashwika	
	04:00 pm										0	Ashwika	
	05:00 pm	water 100ml									0	Ashwika	
	06:00 pm								✓		0	Ashwika	
	07:00 pm	water 100ml									0	Ashwika	
<b>Total Intake : Taken</b>						<b>Total Output : passed</b>							
	08:00 pm										0		
	09:00 pm	Tabli					✓		✓		0	Reddy	
	10:00 pm	H <sub>2</sub> O									0	Reddy	
	11:00 pm	H <sub>2</sub> O									0	Reddy	
	12:00 am	water 100ml							✓		0	Reddy	
	01:00 am										0		
<b>Total Intake : Tabli</b>						<b>Total Output : passed</b>							
	02:00 am										0		
	03:00 am	H <sub>2</sub> O									0	Reddy	
	04:00 am										0	Reddy	
	05:00 am										0	Reddy	
	06:00 am										0	Reddy	
	07:00 am	H <sub>2</sub> O							✓		0	Reddy	
<b>Total Intake : Tabli</b>						<b>Total Output : passed</b>							
<b>Total 24 hrs. Intake</b>						<b>Total 24 hrs. Output</b>							



# FLUID CHART

Sheet No. : 4

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
12/5/26	08:00 am	H <sub>2</sub> O								✓	0	Anita	
	09:00 am	H <sub>2</sub> O									0		
	10:00 am										0		
	11:00 am	H <sub>2</sub> O								✓	0		
	12:00 pm						✓				0		
	01:00 pm	H <sub>2</sub> O								✓	0		
<b>Total Intake :</b>			Taken			<b>Total Output :</b>						0-2 m-1	
12/5/26	02:00 pm										0	Ashwita	
	03:00 pm	H <sub>2</sub> O								✓	0	Ashwita	
	04:00 pm										0	Ashwita	
	05:00 pm	H <sub>2</sub> O								✓	0	Ashwita	
	06:00 pm										0	Ashwita	
	07:00 pm	H <sub>2</sub> O									0	Ashwita	
<b>Total Intake :</b>			Taken			<b>Total Output :</b>						Passed	
	08:00 pm												
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
<b>Total Intake :</b>						<b>Total Output :</b>							
	02:00 am												
	03:00 am												
	04:00 am												
	05:00 am												
	06:00 am												
	07:00 am												
<b>Total Intake :</b>						<b>Total Output :</b>							

**Total 24 hrs. Intake**

**Total 24 hrs. Output**

IAH-00619672 IP5-00173580  
 Jr. SHREYA REDDY  
 17-10-1994 31 Y 6 M 12 D (F)  
 Jr. PRANATHI REDDY A



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

**BirthRight**  
 BY RAINBOW HOSPITALS  
 Your Right to a Safe Delivery

**Department of Anaesthesiology  
 PRE-ANAESTHETIC EVALUATION**

Name: <sup>Dr</sup> Shreya Reddy Age: 31 Sex: F UHID.No: BAH-

Date: 9/5/26 Time: ..... Proposed Operation: Elective Cesarean section + myomectomy.

Diagnosis: Primigravida - Rh negative

B.P./CRT: 76/4 H.R: 102/70 Weight: 76 kg ASA Physical Status:  1  2  3  4  5

**Laboratory Data:**

Hgb: 12.4 Glucose: ..... Protein: ..... HIV: ..... X-Ray: .....  
 PCV: ..... Urea: ..... Alb: ..... HBS Ag: /NR ECG: .....  
 WBC: 7100 Creat: ..... Total Bill: ..... HCV: ..... 2D Echo: .....  
 Plate: 3.7 lakh Na: ..... Dir. Bill: ..... Blood group: A-ve Stress/Anglo: .....  
 PT: ..... K: ..... LDH: ..... T3 ..... Other: .....  
 PTT: ..... Ca++: ..... Alk phos: ..... T4 .....  
 INR: ..... Mg++: ..... Amylase: ..... TSH .....  
 Cl -: ..... SGOT/SGPT: .....

**Allergies:** NEDA

**Medical History:** CVS: ⊖

RESP: NO BAF / HT / ADM / Hypothyroid Diabetes: ADM on diet

CNS: .....

Renal: ⊖

Hepatic / GE: ⊖ Physical Activity: Actin

Others: multiple fibroids / Rt ovarian hemorrhagic cyst

Past Anaesthetic History: Dv Monitored at 29th Dec

Physical Exam: afab

Airway: MP 1 2 3 4 Mouth Opening: > 3F Mentohyoid Distance: Ⓐ Neck: Ⓐ Teeth: Ⓐ

Lungs: BAE⊖

Heart: Q1S2⊖

CNS: NANM

Pregnant:  Yes  No  NA Venous Access Site: Ⓢ Spine Exam for regional: Ⓢ palpable

Anaesthetic Plan:  MAC  REGIONAL  GA-ETT  LMA

Peri-Operative Plan Explained to the Patient:  Yes  No

CURRENT MEDICATIONS	DOSAGE

**Pre-Operative Instructions:**

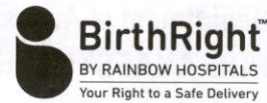
- DVT Prophylaxis: Solide - 9pm - 8/5
- NIL ORAL: Water / ORS 2 Hours Water @ 5AM  
Others 6 Hours
- Informed Consent:  Standard  High Risk
- Post Operative Pain Management:  Discussed with Patient
- Other Instructions: .....

Signature: [Signature] Name: Dr. Anil

AH-00619672 IP5-00173580  
 r. SHREYA REDDY  
 7-10-1994 31 Y 6 M 12 D (F)  
 r. PRANATHI REDDY A



# ANAESTHESIA CHART



## Pre Induction Assessment:

Change in Patient Condition:  Yes  No Fasting Status: Adequate

Physical Status:  Patient Identified  Consent Present  Chart Reviewed

H.R: 84/min B.P / CRT: 132/72 SpO<sub>2</sub>: 98% RA R.R: 19/min Last Feed: 9:30pm  
 Pre-OP Diagnosis: Primi. wku. Rh. Negative Operation: ELECTIVE CESAREAN SECTION + MYOMECTOMY Date: 09/05/2021  
 Surgeon: Dr. Pranathi Anaesthesiologist: Dr. Ayesha Technician: Kulsum

TIME	8:10	8:20	8:30	8:40	9:00	9:15	9:45											
N <sub>2</sub> O / AIR / O <sub>2</sub> LPM	Am	Am	Am	Am	Am	Am	Am											
HALO / SO / SEVO																		
Drugs:	<u>5ml ONDANSETRON 4mg IV</u> <u>5ml TRANEXAMIC ACID 1gm IV</u> <u>5ml OXYTOCIN 3IU IV</u> <u>5ml METHYLERGOMETRINE 0.2mg</u>																	
Antibiotic	<u>5ml METRONIDAZOLE 500mg IV</u>																	
Suppository	<u>DICLOFENAC 100mg PR</u>																	
Blood Loss	<u>TRANADOL 100mg PR</u>																	
FI <sub>O2</sub> / SaO <sub>2</sub>	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
ETCO <sub>2</sub>																		
ECG	SRSR	SRSR	SRSR	SRSR	SRSR	SRSR	SRSR	SRSR	SRSR	SRSR	SRSR	SRSR	SRSR	SRSR	SRSR	SRSR	SRSR	SRSR
Temperature																		
Urine Output																		

NOTES

① NBH till further orders

② IVF @ 100ml/h

③ Monitor vitals infuse SOS

LAB Values

ABG

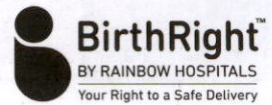
GRBS

Others

<input checked="" type="checkbox"/> Equipment Checked and Functional <input checked="" type="checkbox"/> BP <u>@ UL</u> <input checked="" type="checkbox"/> Cuff Site: <u>@ UL</u> <input type="checkbox"/> Art Site: <input checked="" type="checkbox"/> EKG Lead <u>3 lead</u> <input type="checkbox"/> Temp Site <input type="checkbox"/> FIO <sub>2</sub> Monitor <input type="checkbox"/> Agent Monitor <input checked="" type="checkbox"/> Pulse Oximeter <input type="checkbox"/> Capnograph <input type="checkbox"/> Ventilator <input type="checkbox"/> Nerve Stimulator  Position: <u>@ UL</u> <input type="checkbox"/> Pressure Points Checked  <b>Eye Care:</b> <input type="checkbox"/> Oint <input type="checkbox"/> Tape <input type="checkbox"/> Padding <input checked="" type="checkbox"/> Awake	<b>Temp:</b> <input type="checkbox"/> HME <input type="checkbox"/> Fluid Warmer <input type="checkbox"/> Cling Film <input type="checkbox"/> OH Warmer <input checked="" type="checkbox"/> Hugger's <input type="checkbox"/> Cotton Wool <input type="checkbox"/> Other  <b>Times:</b> Anaes Start: <u>8:15 AM</u> OP Start: <u>8:25 AM</u> OP End: <u>9:55 AM</u> Leave OR: <u>10:05 AM</u>  <b>Anaesthesia:</b> <input type="checkbox"/> GA <input type="checkbox"/> Monitored Anaesthesia Care <input checked="" type="checkbox"/> Regional  <b>Line (Size &amp; Location)</b> <input type="checkbox"/> CVP: <input type="checkbox"/> ART: <input checked="" type="checkbox"/> IV: <u>18G @ UL</u> <input type="checkbox"/> IV: <input type="checkbox"/> IV:	<b>Induction</b> <input type="checkbox"/> IV <input type="checkbox"/> Inhal <input type="checkbox"/> Pre O <sub>2</sub> <input type="checkbox"/> RSI <input type="checkbox"/> Others  <input type="checkbox"/> Mask <input type="checkbox"/> SGA <input type="checkbox"/> Airway <input type="checkbox"/> Oral <input type="checkbox"/> Nasal ETT# ..... at ..... cm <input type="checkbox"/> Oral <input type="checkbox"/> Nasal <input type="checkbox"/> Cuff <input type="checkbox"/> Tracheostomy <input type="checkbox"/> Topical <input type="checkbox"/> Drug:  <input type="checkbox"/> Awake <input type="checkbox"/> Direct Vision <input type="checkbox"/> Video Laryngoscopy <input type="checkbox"/> Stylette / Bougie <input type="checkbox"/> Fiberoptic Blade# ..... Attempts: ..... Difficulty Why? ..... <input checked="" type="checkbox"/> Bilat = BS <input type="checkbox"/> Semi-Closed Circle <input type="checkbox"/> Closed Circle <input type="checkbox"/> Other	<b>Regional:</b> Extremity Specify: <u>SAB</u> <input checked="" type="checkbox"/> Spinal <input type="checkbox"/> Epidural <input type="checkbox"/> Caudal Others: Position: <u>sitting</u> Site: <u>L3-L4</u> Needle Size: <u>25G</u> Depth: ..... Parasthesia <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Catheter at skin ..... cm Drug Name & Conc: <u>0.5% HEAVY BUPIVACAINE</u> <u>2ml (10mg) + FENTANYL 25mcg</u> Bolus: Infusion: ..... Block Level: <u>T4-T6</u> Comments: Transportation to <input type="checkbox"/> PACU <input type="checkbox"/> ICU <input type="checkbox"/> Other Relaxant Reversed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Name of the Doctor: <u>Dr. Ayesha</u> Signature of the Doctor:
--	---	---	---

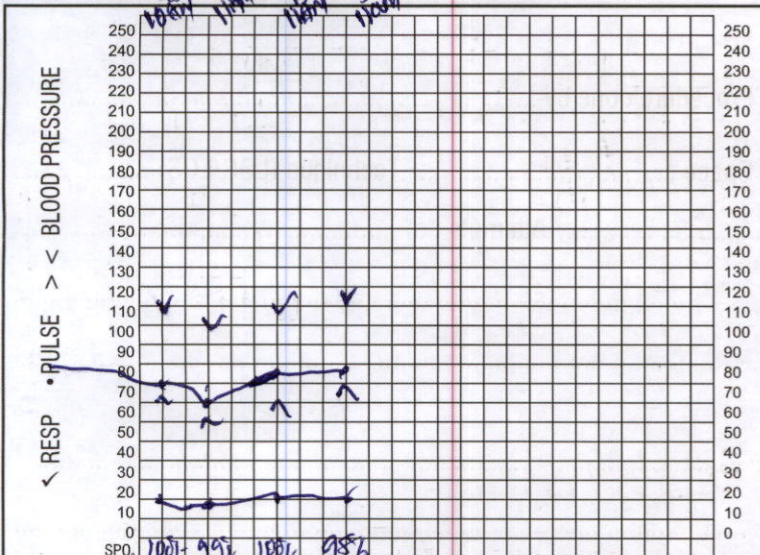
3AH-00619672 IP5-00173580

Jr. SHREYA REDDY  
 17-10-1994 31 Y 6 M 12 D (F)  
 Jr. PRANATHI REDDY A



# POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by: *Sis. Suresha* Time Received: *10:20 AM* Time Discharged: .....



IV Cannula Site: *left hand*

O<sub>2</sub> Mask  Nasal Prongs  
 Tracheostomy  T-Piece  
 Oral Airway  Nasal Airway

Vomiting:  Yes  No Drug: .....

NG Tube:  Yes  No

Drain:  Yes  No

Urinary Catheter:  Yes  No

Chest Tube:  Yes  No

Nil Oral:  Yes  No

IV Fluids: *Plain RL*

Oral Feeds: *NBM*

POST ANAESTHESIA SCORE (Modified Aldrete Score)	IN	MINUTES			OUT	SCORING INTERPRETATION
		30	60	90		
Able to move 4 extremities voluntary or on command = 2 Able to move 2 extremities voluntary or on command = 1 Able to move 0 extremities voluntary or on command = 0	ACTIVITY	1	2	2	2	A Minimum Total Score of 8 is Required for Discharge  Exceptions to this, are to be explained in the space below by the Discharging Physician:
Able to deep breathe & cough freely = 2 Dyspnea or limited breathing = 1 Apneic = 0	RESPIRATION	2	2	2	2	
BP ± 20 of Pre Anaesthetic level = 2 BP ± 20-50 of Pre Anaesthetic level = 1 BP ± 50 of Pre Anaesthetic level = 0	CIRCULATION	2	2	2	2	
Fully awake = 2 Arousable on calling = 1 Not responding = 0	CONSCIOUSNESS	2	2	2	2	
Pink = 2 Pale, dusky, blotchy, jaundiced, other = 1 Cyanotic = 0	COLOR	2	2	2	2	
TOTAL		7	10	10	10	

## PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
<i>9/5</i>	<i>12pm</i>	<i>0/10</i>	<i>NA</i>	<i>Suresha</i>
<i>9/5</i>	<i>upm</i>	<i>0/10</i>	<i>NA</i>	<i>Suresha</i>

Pain Tool Used:  N PASS  FLACC  Wong Baker  NPS

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

Anaesthesiologist Name: .....

Anaesthesiologist Signature: .....

Date & Time: .....

PACU Nurse Name: *Suresha*

PACU Nurse Signature: *Suresha*

Date & Time: *9/5/26 @ 12pm*

Transferred to Unit by (PACU): *BRP*

Date & Time: *9/5/26 @ 12pm*

Patient Sticker



Department of Anaesthesiology

# 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 : .....