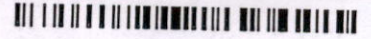


ADMISSION SHEET

Registration Details :



Admission No : IP5-00174297 Admit Date : 25-May-2026 Admit Time : 02:15 PM UHID : BAH-00635792

Patient Details :

Patient Name	: Mrs RAVALI REDDY S	Age	: 31 Y 8 M 13 D
Guardian	: Mr ADITHYA REDDY G	DOB	: 12-09-1994
Gender	: Female	Religion	:
Occupation	:	Martial Status	: Married
Address (H)	: VILLA NO 3, LUMBINI SPRING, PRESIDENTIAL VILLAS, Gachibowli Hyderabad Telangana INDIA 500032	Phone No	: 9063511111/ 9063511111
		E-mail	: adithyareddy_gorupalli@yahoo.com

Admission Details :

Bed Type : SUITE Bed No : SUITE 3 (421) Ward Name : 4F-BIRTHRIGHT PREMIUM
 Room No : SUITE 3 (421) Admission Type : First Visit

Contact Details :

Name : Mr ADITHYA REDDY G Relationship : Husband
 Contact Address : Phone No : / 9063511111

(Handwritten Signature)
 Signature

Doctor Details :

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

Payment Details :

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

ACTIVITY RECORD FOR BILLING

Name : _____

UHIP No. : _____

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

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

BAH-00635792 IP5-00174297
Mrs RAVALI REDDY S
12-09-1994 31 Y 8 M 13 D ()
Dr. SHRUTHI REDDY/Dr. LAVANYA



WARD TRANSFERS

Date	Time	From	To	Signature of Nurse

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	Dr. Tuhina Sharma (PD)	27/5/26	09631110	Smukhe
2	NAH	26/5/26		Smukhe
3	Dr. Nalini	26/5/26		Smukhe
4	Dr. Baundavani	26/5/26	09631110	Smukhe
5				
6				
7				
8				
9				
10				

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
25-5	IV placement	01	0009627047	Preema
25/5	PAC	01	0009627048	Sara
26/5	Catheterization	01	0009627047	Sara

cross checking done

ANY OTHER INFORMATION

.....

.....

.....

.....

.....

.....

Date : _____ Time : _____ Prepared By : _____

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
-------------	--------------	-------------------	--------------------

BAH-00635792 IP5-00174297
 Mrs RAVALI REDDY S
 12-09-1994 31 Y 8 M 13 D
 Dr. SHRUTHI REDDY/Dr. LAVANYA



IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

for IOL

LMP: 19/8/2019

EDD: 26/5/2020

Corrected EDD: 1/6/20

GA: 39

Obstetric Formula:

Primigravida

Menstrual History: Regular: Yes No

Obstetric History:

Obstetric Examination

Fundal Height: Term

Ut. Activity: Relaxed Mild Mod Severe

Present Pregnancy Record:

Primigravida - spontaneous conception
 - Booked at 10wks

Liquor: Adequate Oligo Poly

PP: Cephalic Breech Others _____

Head Fifths Palpable: 4/5

RISK FACTORS:

FHS: Normal Tachy Brady Absent

- GDM on diet :: 25th wks
 - Fibroid - Intrauterine
 uterus - Anterior wall.

Per Speculum Examination

not indicated

Draining: Present Absent Bleeding

Colour of Liquor: Clear Meconium Blood Stained

Vaginal Examination

1/2 cervix

Cervix: Long Partially effaced Effaced

Os: Closed _____ Dilated 1 finger, posterior

Membranes: Present Absent

Liquor: Clear Meconium Blood Stained

Presenting Part: Vertex Breech Others

Sutton: -3 -2 -1 0 +1 +2

Pelvis: Adequate Doubtful

SpO2 - 99% on Room Air.

Height: 158 cm

Weight: 69.4 kg

Allergies: NEDA

Breast: Normal Abnormal

General Examination: fair

Consciousness: Yes Pallor: absent

Icterus: absent Edema: absent

Temp: afebrile PR: 82 bpm

BP: 110/70 DTR: Normal

CVS: S1, S2 @ RS B/CNRS @

Liver/Spleen: Not palpable. Urine Output:

DIAGNOSIS

Primid 39wks | GDM on diet | Fibroid uterus

for IOL



<p>Family History:</p> <p>Mother - DM/HTN Father - Asthama</p>	<p>Surgical History:</p> <p>No!</p>
<p>Medical History:</p> <p>No!</p>	<p>Medication History:</p> <p>see medical consultation form</p>
<p>Plan of Care:</p> <ul style="list-style-type: none"> - Admissis - NST now fibrodialy - vitals vitally - Send CBP & trace - IOL c Foley's + Tmicrosmeg oral - w/f progression of labour - consents ← vaginal birth IOL - Epidural sitting for. 	<p>Investigations:</p> <ul style="list-style-type: none"> - O positive - 1st lab HD-10-P, TK-11, SW, AB & GL Urinal NR NSU - 35⁺ wk, Preecl, 2-3ly. 65 C, At-64C, AF+Cl sum, placenta - post high, (N) doppler - TIFAN- (N) - KIT scan - (N), FTS low rate EPS - fibroch 42x32x35mm - Anterior / LM / FIGO 6 26x11x23mm - Ant RL / LM

Doctor Name: Dr. Lavanya
 Signature:
 Date & Time: 20/10/20 @ 3pm

Consultant Name: Dr. Shruthi Reddy
 Signature:
 Date & Time: 20/10/20 @ 3pm

BAH-00635792 IP5-0017429

Mrs RAVALI REDDY S

12-01-1994 31 Y 8 M 13 D

Dr. SHRUTHI REDDY/Dr. LAVANYA



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/5/2026 5 PM	<p>↓ SAP Intra cervical Foleys placed Inflated w 40cc distilled water</p> <p>P/V: cu 1/2" long / Posterior / 1 finger loose / memb (+)</p> <p>T. MISOPROSTOL 50mcg Kept PV</p>	<p>Dr Y. Sreela</p>
25/5/26 7:45 pm	<p>Pt reviewed.</p> <p>R/A: uterus irritable FHR good.</p>	<p><u>Adv</u></p> <p>T. PGE₁ 25mcg p/o @ 9pm</p> <p>NST - reassuring</p> <p>→ FHR monitoring</p> <p>→ NST 3rd hdy</p> <p>→ Infusion SOS</p> <p>Alsonik Dr Y. Sreela</p>

BAH-00635792 IP5-00174297
 Mrs RAVALI REDDY S
 12-09-1994 31 Y 8 M 13 D
 Dr. SHRUTHI REDDY/Dr. LAVANYA



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<u>25/5/26</u> <u>11pm</u>	<p>primil 39wks/ GDM on diet fibroid complicating pregnancy clo mild pain Gc: fair B.P: 119/80 mmHg P.R: 85 bpm SpO₂: 100% on RA P/A: Ut-Term Mild - active (+)</p>	<p>1) Monitor vitals 2) Drug as charted 3) w/f progression of Labour 4) T-PGE₁ 20mg PLV qid at 5pm 5) Epidural instn 6) Fup s/s 2) NST - 3rdly</p>
		<p>foliop Tetracaine into Epidural</p>
		<p>— Dr Srinivasulu Blue</p>
<u>26/5/26</u> <u>2 Am</u>	<p>Primigravida / 39th wks / GDM on diet fibroid complicating pregnancy for IOL Gc: fair B.P: 120/80 mmHg P.R: 90 bpm SpO₂: 100% on RA P/A: Ut-Term active (+)</p>	<p>1) NST - 3rdly 2) Monitor vitals - 4th 3) Drug as charted 4) w/f progression of Labour 5) 2nd of T-PGE₁ 20mg PLV at 12am 6) Fup s/s</p>
		<p>foliop Tetracaine into Epidural</p>
		<p>— Dr Srinivasulu</p>

noted by Srinivasulu

BAH-00635792 IP5-00174297
 Mrs RAVALI REDDY S
 12-09-1994 31 Y 8 M 13 D
 Dr. SHRUTHI REDDY/Dr. LAVANYA



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	c/p/w - Dr. Shukti Reddy	
<u>26/5/26</u> 6:20 AM	Primigravida / 39th wks / GDM on diet firmid Complicating Magnam. per Fet.	
	GC: fair	&
	B.P: 110/72	1) NST - continuous (CTG)
	P.R: 80 bpm	2) Monitor vitals
	S POL: 100% on RA	3) Drug as charted
	PLA: Uterus - firm actiq ⊕	4) O ₂ subcutaneous - 2lit
	Plv: 80% clear mid-puncta	5) Infus push - 100ml/w
	OS: 6-7cm dilated	6) Left Lateral position
	PPV: 3-1 → 0	7) w/f POL
	M ⊕, liquor ^{clear} thick	- Dr. Sravanti (Suj)
<u>26/5/26</u> 8 AM	PND - 0 / AVD / P/L GDM on diet, firmid uterus	&
Foley's removed at 3pm.	GC: fair	1) Soft diet & plenty of oral fluids
	B.P: 116/77 multy	2) Drug as charted
	P.R: 72 bpm	3) Flo charting
	S POL: 100% on RA	4) w/f PLW Bleeding
	PLA: Uterus - retracted well bowel sounds ⊕	5) Monitor vitals - 4hr
	Plv: NAB	6) Infuse sos



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/5/26	PND-0	As
1pm	acc fall	Soft diet + plenty of
	Vitals: stable	oral fluids
	P/A: uterus retracted well	follow drug chart
	O/E: NAB	Monitor vitals 6 hourly
		Ambulation
		remove Foley @ 3pm
		infusion
		Dr. Sonika
		NAB Dr. Sonika 26/5/26 @ 1:10pm



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/5/26	<u>PND-01 P.L. / AUD (KWI)</u>	
<u>8 PM</u>	Pt - stable	<u>Adv:-</u>
	G.c - fair	① Regular diet
	Afebrile	② Oral hydration
	PR - 82/min	③ Ambulation.
	BP - 120/78 mmHg	④ Drugs as charted
Voided -	P/A - uterus retracted well	⑤ Monitor vitals uty
Baby - MICO	UE - No Active Bleeding.	⑥ Inform SS
Noted by	Dr. Lavanya 01/05/20	by Dr. Lavanya
27/5/26	<u>PND-1</u>	
<u>9:30 AM</u>	Acyclovir	<u>Adv</u>
	Vitals: stable	→ regular diet
	P/A: uterus retracted well	→ follow drug chart
		→ Monitor vitals
		6 PM only
		→ Ambulation
	UE: NAB	→ Inform SS
Voided		
		Dr. Lavanya NB Dis. Dr. Lavanya - 27/5/26 @ 9:30 AM

BAH-00635792
 Dr. RAVALI SUNKIREDDY
 12-09-1994 31 Y 8 M 14 D (F)
 Dr. SHRUTHI REDDY/Dr. LAVANYA

IP5-00174297



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5/26	PND-1	
2pm	Acefate	<u>Adx</u>
	Vitals: stable	Continue same
	P/A: ulcers involving well	treatment
	of E WAB	Ambulation
	M ✓	inform sof
		C. Sankar
		Dr. C. Sankar
		NB Sankar
		27/5/26 @ 2:10 pm



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5/26 7:45 PM	<u>PND-1</u>	
	Pt comfortable Vitals stable Tolerated diet baby well U- F- S-	- Reg. diet - Drugs as chart - vitals 4 hourly - inform SOB
		OK or y sneeze
28/5/26 8:30 AM	<u>PND-2</u>	<u>Adv</u>
	AC fair Vitals stable P/A: ulcers retracted well of E- MAS Me	regular diet + plenty oral fluids → Ambulation → follow drug chart → Monitor vitals 6 hourly → inform SOB
		Adv OK or y sneeze

NB Sneezes
 15/5/26 (10)

Patient Sticker

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5/20	11 3 AM	
28/5/20		
Ref with	GOC	
S	viral culture	
S	A/A - UH. inology - 11	
	A/A - LAB	
	DZ 1/2/20	
		29/5

DRUG CHART

Date of Admission: 25/12/26 Drug Allergies: NICDA Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

SOS / PRN (As Required Medication)

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

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

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

VERIFIED BY : Name

REGULAR PRESCRIPTIONS

Weight. 69.4 Ward. B.P.P

DRUG : T. PARACETAMOL				Date Time
Dose 1gm	Route P/O	Frequency TID	Start Date 26/5/16	26/5 27/5 28/5
Name & Signature of the Doctor Starting the Drugs: Dr. Sravati				Dr. Sravati Dr. Lavanya Dr. Shruthi
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				
DRUG : Inj CEFOTAXIME				Date Time
Dose 1gm	Route N	Frequency BD	Start Date 25/5/16	25/5 26/5
Name & Signature of the Doctor Starting the Drugs: Dr. Y. Sravati				Dr. Y. Sravati Dr. Lavanya Dr. Shruthi
Additional Instructions:				STOP Dr. Sravati 26/5/16 SAM
Daily Doctor's Endorsement by a Sign				
DRUG : T. DICLOFENAC				Date Time
Dose 50mg	Route P/O	Frequency TID	Start Date 26/5/16	26/5 27/5 28/5
Name & Signature of the Doctor Starting the Drugs: Dr. Sravati				Dr. Sravati Dr. Lavanya Dr. Shruthi
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				
DRUG : T. PANTOPRAZOLE				Date Time
Dose 40mg	Route P/O	Frequency O'D	Start Date 26/5/16	27/5 28/5
Name & Signature of the Doctor Starting the Drugs: Dr. Sravati				Dr. Sravati Dr. Lavanya Dr. Shruthi
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

VERIFIED
 VERIFIED
 VERIFIED

Patient Sticker

Sheet No:

30

REGULAR PRESCRIPTIONS

Weight

Ward

Signature
VERIFIED BY : Name

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



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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
25.5.26	5PM	T. MISOPROSTOL	50mcg	PV	Ar Y	Preena Sona
26/5	12AM	T. PGE	25mcg	PO	Ar Y	Sona Sandra
26/5	7:15AM	Inj SYNTOCIN	10 units	I/m	Ar Y	Sona N. Nithal
26/5	7:30AM	Jopp. DICLOFENAC	100mg	P/R	Ar Y	Sona N. Nithal
26/5	7:32AM	T. PGE ₁	400mcg	P/R	Ar Y	Sona N. Nithal
26/5	6AM	Inj DROTIN	1amp	IV	Ar Y	Sandra Sona
26/5	6:50AM	Inj NITROGLYCERINE	0.5mg on 500mcg/ml	IV	Ar Y	Sandra Sona

Signature
VERIFIED BY: Name

5:10 PM
5:10 PM
5:10 PM
7:20 AM
7:32 AM
7:32 AM
6:10 AM
6:55 AM

I.V. FLUIDS CHART

Weight. 69.4 Ward. B.P.P

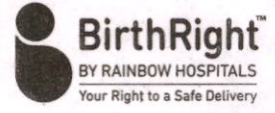


Date	Time	Composition of I.V. Fluid (If infusion, mention ml/hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
26/5	2:15 AM	RINGER LACTATE	I/V	100ml/hr	Pri	Sona Sundera	26/5	Pri	Sona Sundera
26/5	5 AM	RINGER LACTATE	I/V	150 ml/hr	Pri	Sona Sundera	26/5	Pri	Sona Sundera
26/5	9 AM	Inj SYNTOCIN 100 units in 500ml NS (15 units)	I/V	150ml/hr	Pri	Sona Nallu	26/5	Pri	Sona Nallu
26/5	8 AM	RINGER LACTATE	I/V	100ml/hr	Pri	Nallu Sundera	Stop 26/5	Pri	Nallu Sundera

Signature

VERIFIED BY: Name

BAH-00035792 IPS-00174297
 Mrs RAYALI REDDY S
 12-09-1994 31 Y 8 M 13 D
 Dr. SHRUTHI REDDY/Dr. LAVANYA



MEDICATION RECONCILIATION FORM

Drug Allergies: NICDA Not known any Drug Allergies

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

Shifting From: NA Shifted to: NA

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	Tab IRON		PO	OD	25/5/25	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
2	Tab CALCIUM		PO	OD	25/5/25	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
3						<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

Dr Name & Signature: Dr. Sumeeta

Time: 25/5/26 @ 2pm

Dr Name & Signature: SP

Time: 25/5/26 @ 3:20pm



It takes a lot to treat the little.

PRIMARY PATIENT / FAMILY EDUCATION RECORD

Part - I, *Telugu English*

Patient's / Learner Language : Patient / Learner Literacy : Read Write Speak Willingness to Learn : Yes No Healthcare Literacy : Yes No

Identified Education Needs :

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

Part - II



Date	Time	Need Identified	Information Taught	Use codes from the list in part III					Comments	Designation / Signature
				Person Taught	Learning Barries	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		
25/10/24	3pm	1, 2, 4	Diagnosis, Treatment & care plan, Informed consent	PT, S	1	0	1	1		<i>[Signature]</i>
25/10/24	7p	7	Infection control measures	PT, S	1	0	1	1		<i>[Signature]</i>
26/10/24	9am	9	Lactation diet	PT	1	0	1	1	-	<i>[Signature]</i>

Part - III : CODES

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

MULTI-DISCIPLINARY PLAN OF CARE FORM

39wks / GDM undetected / Fibroid uterus per 102

	Discipline	Type	Patient Needs / Problem List	Goal	Plan / Intervention	Signature	Team Verification
25/5/26 @ 3pm	<input checked="" type="checkbox"/> Medical <input type="checkbox"/> Nursing <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Modified <input type="checkbox"/> Per-Op <input type="checkbox"/> Post Op	39wks / GDM undetected / Fibroid uterus	for safe delivery	102		<input checked="" type="checkbox"/> Nursing <input type="checkbox"/> Others:
25/5/26 2pm	<input type="checkbox"/> Medical <input checked="" type="checkbox"/> Nursing <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Modified <input type="checkbox"/> Per-Op <input type="checkbox"/> Post Op	- patient is having fear & anxiety	-> To reduce fear & anxiety	- psychological support to be offered		<input checked="" type="checkbox"/> Medical <input type="checkbox"/> Others:
26/5/26 9am	<input type="checkbox"/> Medical <input type="checkbox"/> Nursing <input checked="" type="checkbox"/> Others: Dietitian	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Modified <input type="checkbox"/> Per-Op <input type="checkbox"/> Post Op	PND	soft diet	soft high protein diet	Mounica	<input type="checkbox"/> Medical <input type="checkbox"/> Nursing <input checked="" type="checkbox"/> Others:
27/5/26 4pm	<input type="checkbox"/> Medical <input type="checkbox"/> Nursing <input checked="" type="checkbox"/> Others:	<input type="checkbox"/> Initial <input type="checkbox"/> Modified <input type="checkbox"/> Per-Op <input checked="" type="checkbox"/> Post Op	PND	Post partum recovery	Deep core retraining & functional training	T.S	<input type="checkbox"/> Medical <input type="checkbox"/> Nursing <input checked="" type="checkbox"/> Others:
	<input type="checkbox"/> Medical <input type="checkbox"/> Nursing <input type="checkbox"/> Others:	<input type="checkbox"/> Initial <input type="checkbox"/> Modified <input type="checkbox"/> Per-Op <input type="checkbox"/> Post Op					<input type="checkbox"/> Medical <input type="checkbox"/> Nursing <input type="checkbox"/> Others:

BAH-00635792 IP5-00174297
 Mrs RAVALI REDDY S
 12-02-1994 31 Y 8 M 13 D
 Dr. SHRUTHI REDDY/Dr. LAVANYA

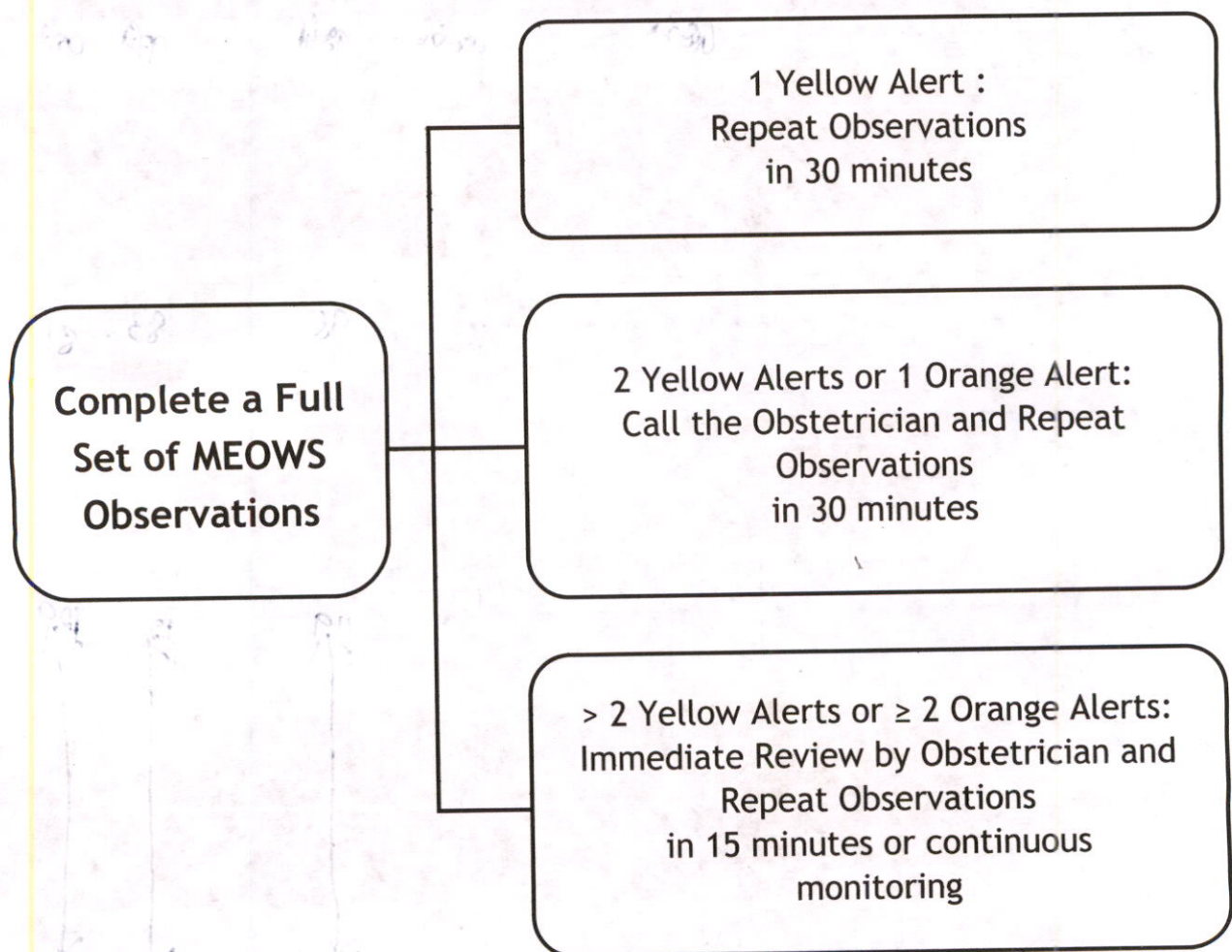


Early Warning Observation Score Chart - Obstetrics

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

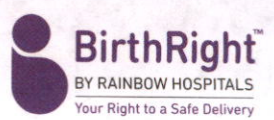
		Date	Time																								
		25-5-26	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	
RESP (write rate in corresp. box)	> 30																										
	21 - 30																										
	11 - 20								19					17			19				19	19	19				
	0 - 10																										
Saturations	94 - 100 %								99					99			99				99	99	99				
	< 94 %																										
Administered O ₂ (L/min.)																											
Temp °C	40																										
	39																										
	38																										
	37																										
	36									98.5				98.5			98.5				98.5	98.5	98.5			96.5	
	35																										
	< 35																										
Heart Rate	170																										
	160																										
	150																										
	140																										
	130																										
	120																										
	110																										
	100																										
	90																										
	80								80					85			95				83	81				73	
	70																										
	60																										
	40																										
Systolic Blood Pressure	190																										
	180																										
	170																										
	160																										
	150																										
	140																										
	130																										
	120																										
	110																										
	100																										
	90																										
	80																										
	40																										
Diastolic Blood Pressure	130																										
	120																										
	110																										
	100																										
	90																										
	80																										
	70																										
	60																										
	50																										
	40																										
	NEURO RESPONSE [✓]	Alert																									
		Voice																				0	0	0			
		Pain																									
Unresponsive																											
URINE mls / hour	> 30								0					0			0				0	0	0				
	< 30																										
Proteinuria	Protein ++																										
	Protein > ++																										
Lochia	Normal								0					0			0				0	0	0				
	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									0					0			0				0	0	0				

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

BAH: 00635792 IP5-001742
 Mrs RAVALI REDDY S 31 Y 8 M 13 D
 12-09-1994
 Dr. SHRUTHI REDDY/Dr. LAVANYA



Early Warning Observation Score Chart - Obstetrics

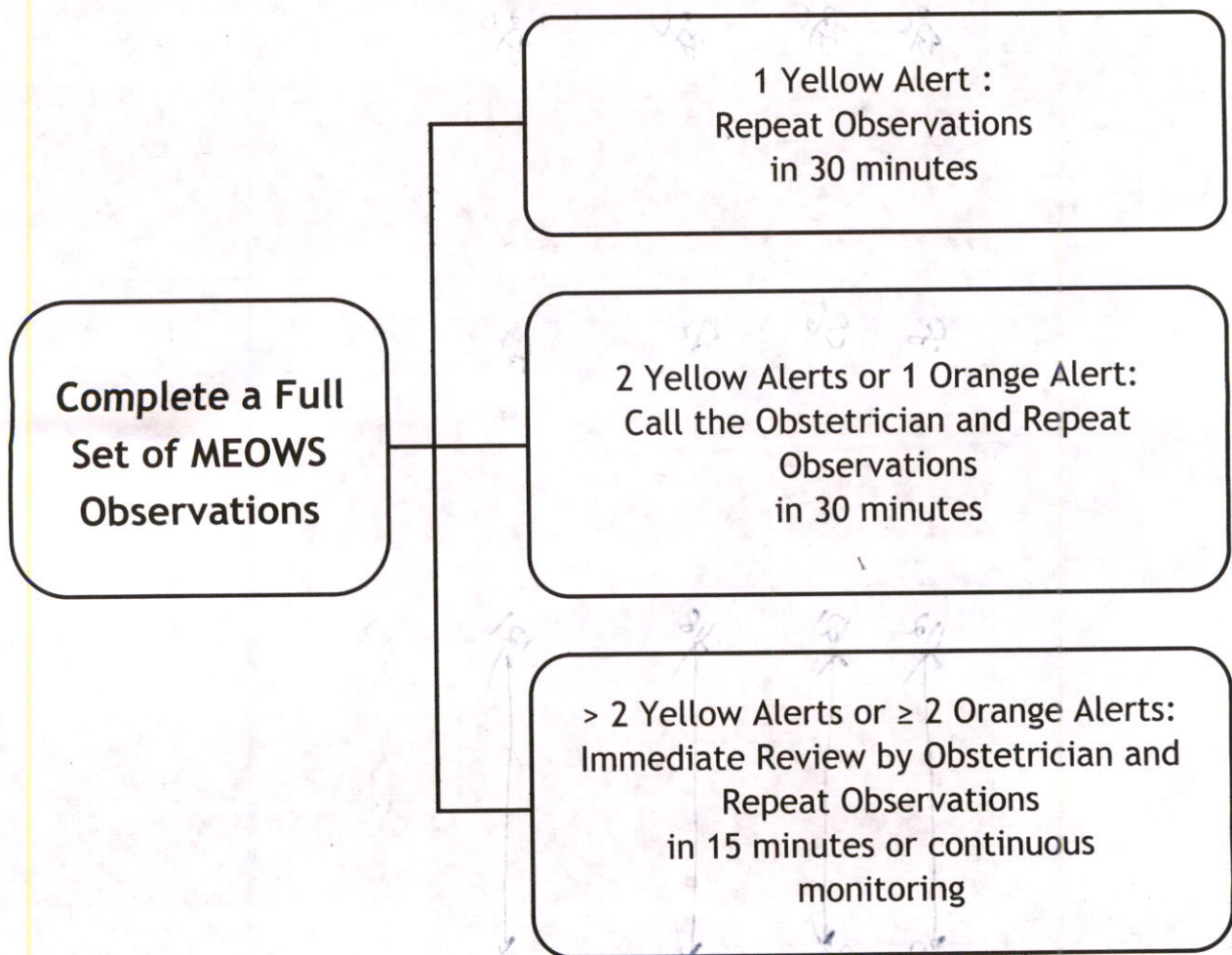
CONTACT DOCTOR FOR EARLY INTERVENTION IF PATIENT TRIGGERS ONE ORANGE OR TWO YELLOW SCORES AT ANY ONE TIME

27/5/26

26/5/26

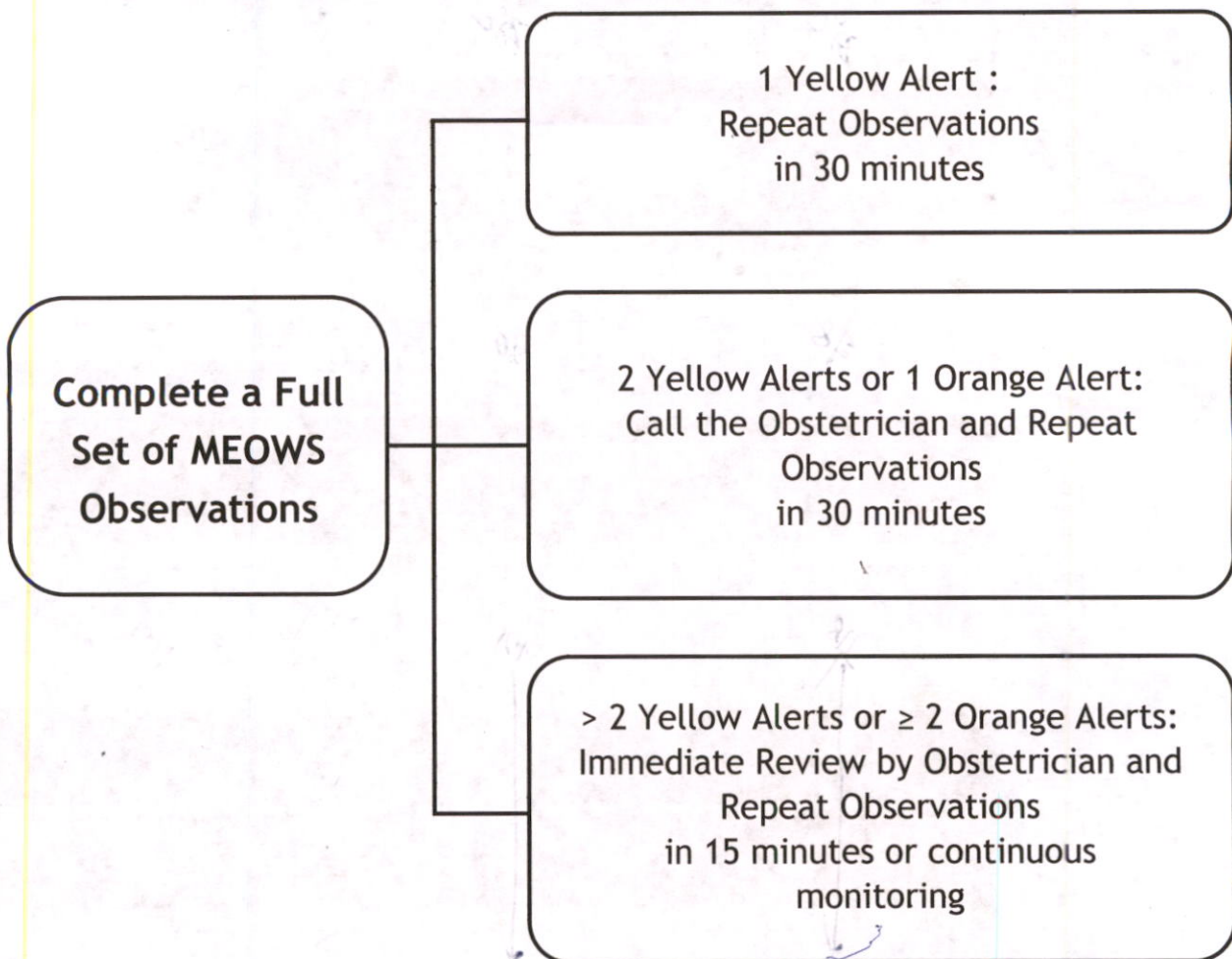
		Date	8	9	10	11	12	1	2	3	4	5	6	7	
		Time													
RESP (write rate in corresp. box)	> 30														
	21 - 30														
	11 - 20		18	20			18		20			19		19	
	0 - 10														
Saturations	94 - 100 %		100%	99%			100%		99%			99%		99%	
	< 94 %														
Administered O ₂ (L/min.)															
Temp. °C	40														
	39														
	38														
	37		37	37			37		37			37		37	
	36														
	35														
	< 35														
Heart Rate	170														
	160														
	150														
	140														
	130														
	120														
	110														
	100														
	90		88	86			88		82		89		88		86
	80														
	70														
	60														
	50														
40															
Systolic Blood Pressure	190														
	180														
	170														
	160														
	150														
	140														
	130														
	120														
	110		112	121			118		121		117		122		104
	100														
	90														
	80														
	70														
60															
50															
Diastolic Blood Pressure	130														
	120														
	110														
	100														
	90														
	80														
	70														
	60														
	50		70	78			82		78		81		79		68
	40														
	NEURO RESPONSE [✓]	Alert													
		Voice								✓				✓	
		Pain													✓
Unresponsive															
URINE mls / hour	> 30														
	< 30								✓			✓		✓	
Proteinuria	Protein ++														
	Protein > ++														
Lochia	Normal														
	Heavy / Foul								N		N		N	N	
Liquor	Clear / Pink														
	Green								C		C		C	C	
TOTAL YELLOW SCORES			0	0					0			0		0	
TOTAL ORANGE SCORES			0	0					0			0		0	
Nurse Initial			<i>[Signature]</i>	<i>[Signature]</i>			<i>[Signature]</i>		<i>[Signature]</i>			<i>[Signature]</i>		<i>[Signature]</i>	

Obstetrics and Gynaecology Early Warning Signs



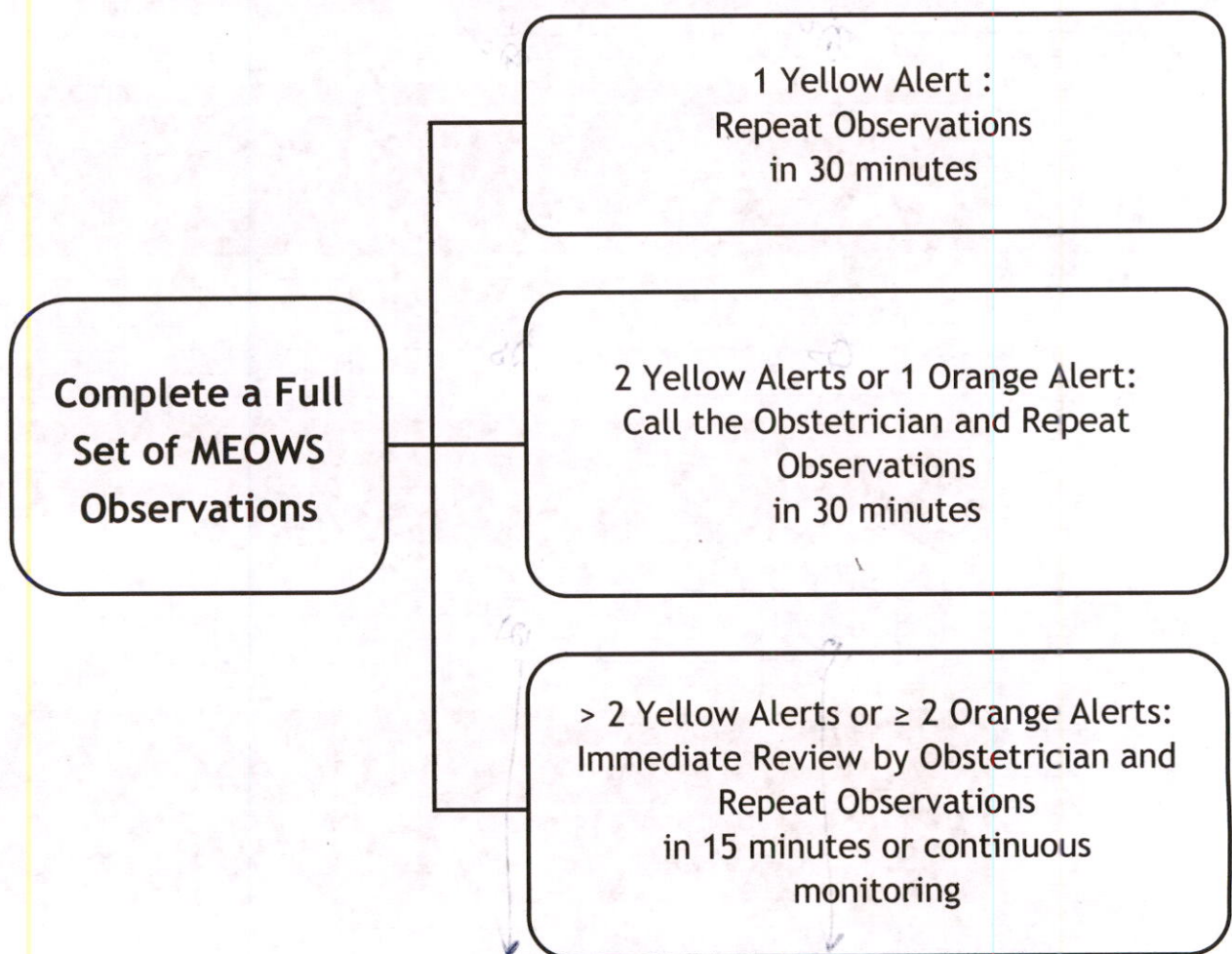
* The Modified Early Warning Score (MEOWS)

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

AH-0063792 IP5-00174297
 S RAVALI REDDY S
 31 Y 8 M 13 D
 SHRUTHI REDDY/Dr. LAVANYA

FLUID CHART

Sheet No. : 25/5/26

25/5/26

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

Date		Intake				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
		Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G								
25-5-26													
	08:00 am	Water											
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
Total Intake :						Total Output :							
	02:00 pm	water								✓	NOV	Present	
	03:00 pm	water									NOV	Present	
	04:00 pm										NOV	Present	
	05:00 pm	Water								✓	NOV cath	Present	
	06:00 pm										0	Present	
	07:00 pm	Water									0	Present	
Total Intake : Taken						Total Output : Passed							
	08:00 pm	Bdly									0	Song	
	09:00 pm	water								✓	0	Song	
	10:00 pm										0	Song	
	11:00 pm	water								✓	0	Song	
	12:00 am										0	Song	
	01:00 am	water								✓	0	Song	
Total Intake : Taken						Total Output : Passed							
	02:00 am	RC		100mlph							0	Song	
	03:00 am	RC water		100ml					200ml		0	Song	
	04:00 am	RC		100ml							0	Song	
	05:00 am	RC water		100ml							0	Song	
	06:00 am	water							800ml		0	Song	
	07:00 am										0	Song	
Total Intake : Taken						Total Output : Passed							
Total 24 hrs. Intake		Taken				Total 24 hrs. Output		Passed: 11000ml					

BAH-00635792 IP5-0017429
 Mrs RAVALI REDDY S
 12-09-1994 31 Y 8 M 13 D
 Dr. SHRUTHI REDDY/Dr. LAVANYA

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.
3. 24 hrs. total to be entered in the kardex in RED.

Date	Time	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
		Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G							
26/5	08:00 am		water	100ml					200ml	0	Surekha	
	09:00 am		H2O	100ml						0	Surekha	
	10:00 am		H2O	100ml					200ml	0	Surekha	
	11:00 am		H2O				NP			0	Surekha	
	12:00 pm									0	Surekha	
	01:00 pm			H2O						0	Surekha	
Total Intake :					Total Output :							
	02:00 pm		H2O							0	Surekha	
	03:00 pm								500ml	0	Surekha	
	04:00 pm									0	Surekha	
	05:00 pm		H2O							0	Surekha	
	06:00 pm									0	Surekha	
	07:00 pm		H2O							0	Surekha	
Total Intake : Taken					Total Output : Passed							
	08:00 pm		water							0	Surekha	
	09:00 pm		water							0	Surekha	
	10:00 pm		water							0	Surekha	
	11:00 pm									0	Surekha	
	12:00 am		H2O							0	Surekha	
	01:00 am									0	Surekha	
Total Intake : Taken					Total Output : Passed							
	02:00 am		H2O							0	Surekha	
	03:00 am									0	Surekha	
	04:00 am		water							0	Surekha	
	05:00 am		water							0	Surekha	
	06:00 am									0	Surekha	
	07:00 am		water							0	Surekha	
Total Intake : Taken					Total Output : Passed							
Total 24 hrs. Intake		Taken										
Total 24 hrs. Output		Passed										

BAH-00635792 IP5-00174297
 Dr. RAVALI SUNKIREDDY
 12-09-1994 31 Y 8 M 14 D (F)
 Dr. SHRUTHI REDDY/Dr. LAVANYA



FLUID CHART

Sheet No. : 3

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	08:00 am									✓	0	Surekha	
	09:00 am	H ₂ O									0		
	10:00 am										0		
	11:00 am	H ₂ O					NP			✓	0	Surekha	
	12:00 pm										0		
	01:00 pm										0	Surekha	
Total Intake :						Total Output :							
	02:00 pm	H ₂ O									0	Surekha	
	03:00 pm									✓	0		
	04:00 pm						NP				0	Surekha	
	05:00 pm	H ₂ O									0		
	06:00 pm									✓	0	Surekha	
	07:00 pm	H ₂ O									0		
Total Intake : Taken						Total Output : passed.							
	08:00 pm	tho										Surekha	
	09:00 pm	tho								✓		Surekha	
	10:00 pm											Surekha	
	11:00 pm	tho					NP				No IV	Surekha	
	12:00 am									✓		Surekha	
	01:00 am	tho										Surekha	
Total Intake : Taken						Total Output : passed							
	02:00 am											Surekha	
	03:00 am	tho										Surekha	
	04:00 am						✓			✓		Surekha	
	05:00 am										No IV	Surekha	
	06:00 am	tho										Surekha	
	07:00 am	tho					✓			✓		Surekha	
Total Intake : Taken						Total Output : passed							
Total 24 hrs. Intake		Taken				Total 24 hrs. Output		passed					



FLUID CHART



Sheet No. : (u)

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

Date	Time	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse		
		Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine				
			Mouth	I.V	N.G								
	08:00 am	H ₂ O										Surekha	
	09:00 am											Surekha	
	10:00 am											Surekha	
	11:00 am	H ₂ O										Surekha	
	12:00 pm											Surekha	
	01:00 pm	H ₂ O										Surekha	
Total Intake :		Taken			Total Output :							Taken	
	02:00 pm	H ₂ O										Surekha	
	03:00 pm											Surekha	
	04:00 pm											Surekha	
	05:00 pm	H ₂ O										Surekha	
	06:00 pm											Surekha	
	07:00 pm	H ₂ O										Surekha	
Total Intake :		Taken			Total Output :							Taken	
	08:00 pm												
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
Total Intake :					Total Output :								
	02:00 am												
	03:00 am												
	04:00 am												
	05:00 am												
	06:00 am												
	07:00 am												
Total Intake :					Total Output :								
Total 24 hrs. Intake					Total 24 hrs. Output								

BAH-00635792 IP5-00174297
Mrs RAVAJI REDDY S
12-09-1994 31 Y 8 M 13 D
Dr. SHRUTHI REDDY/Dr. LAVANYA

CONSENT FOR LABOUR ANALGESIA

Authorization By: Patient Patient Attendant

I, the undersigned do hereby acknowledge the following:

- I have been made aware by the doctors in language known to me the details of the procedure as follows:

Epidural Analgesia Intravenous Analgesia (Remifentanyl)

- I have been made aware of the possible complications from the procedures as follows:

For Epidural: Fall in blood Pressure, Numbness, Itching, Headache, Shivering, Occasional incomplete pain relief, Need for Re-Siting the epidural.

For Remifentanyl: Drowsiness, nausea, vomiting, need for oxygen supplementation, itching, fall in blood pressure, heart rate and Respiratory Rate.

- I understand that labour analgesia is offered to reduce labour pain and make the birthing process more comfortable, by reducing pain and stress and promoting better cooperation during childbirth.
- I have been clearly explained about the benefits, risk, and alternative of the procedures.
- I authorize Dr. Subramanyam and his / her team to perform the above procedure(s) upon the patient / myself.
- I acknowledge that I fully understand the above information. I have had the opportunity to ask questions, and they have been answered to my satisfaction in a language I understand. I affirm that this consent is given by me in my full senses.

Patient / Patient Attendant:

Signature: Aditya Reddy

Name:

Relationship with patient: self

Date & Time: 25/5/26 @ 6pm

Witness:

Signature: Sona

Name: Sona

Date & Time: 25/5/26 @ 6pm

Doctor (who is taking consent):

Signature: [Signature] Name: Dr. Anand Date: 25/5/26 Time: 6pm

ప్రసవ నొప్పి నివారణ కోసం అనుమతి పత్రం

అనుమతి ఇచ్చినవారు: రోగి రోగి అటెండెంట్

వైద్యులు నాకు తెలిసిన భాషలో క్రింది విధానాల గురించి సమగ్రంగా వివరించారు:

- ఎపిడ్యూరల్ అనాల్జీసియా
 శిరస్రావం ద్వారా నొప్పి నివారణ (రెమిఫెంటానిల్)

• ఈ విధానాల వల్ల సంభవించగలిగే సమస్యలను కూడా నాకు వివరించారు:

ఎపిడ్యూరల్ సంబంధించినవి:

రక్తపోటు తగ్గడం, మందత్వం/ స్పర్శలేమి, దద్దుర్లు/ దురద, తలనొప్పి, వణుకు, అప్పుడప్పుడు పూర్తిగా నొప్పి తగ్గకపోవడం, ఎపిడ్యూరల్ మళ్లీ పెట్టాల్సిన అవసరం.

రెమిఫెంటానిల్ సంబంధించినవి:

నిద్రమత్తు, వాంతి భావం, వాంతులు, ఆక్సిజన్ అవసరం పెరగడం, దద్దుర్లు/ దురద, రక్తపోటు తగ్గడం, గుండె వేగం తగ్గడం, శ్వాస రేటు తగ్గడం.

- ప్రసవ నొప్పిని తగ్గించడం, ప్రసవ ప్రక్రియను సౌకర్యవంతంగా చేయడం, నొప్పి మరియు ఒత్తిడిని తగ్గించడం, ప్రసవ సమయంలో సహకారం మెరుగు పరచడం కోసం లేబర్ అనాల్జీసియా అందించబడుతుందని నేను అర్థం చేసుకున్నాను.
- ఈ విధానాల ప్రయోజనాలు, ప్రమాదాలు మరియు ప్రత్యామ్నాయాల గురించి నాకు స్పష్టంగా వివరించబడింది.
- డాక్టర్ _____ గారికి మరియు వారి బృందానికి, పై విధానం(లు)ను నాకు / రోగికి నిర్వహించడానికి నేను అనుమతి ఇస్తున్నాను.
- పై సమాచారాన్ని నేను పూర్తిగా అర్థం చేసుకున్నాను. నాకు ప్రశ్నలు అడిగే అవకాశం లభించింది, మరియు ఆ ప్రశ్నలకు నాకు అర్థమయ్యే భాషలో సంతృప్తికరంగా సమాధానాలు అందాయి. ఈ అనుమతి నేను పూర్తిగా స్వచ్ఛమైన చిత్తంతో ఇస్తున్నానని ధృవీకరిస్తున్నాను.

రోగి / రోగి అటెండెంట్:

సంతకం:

పేరు:

రోగితో సంబంధం:

తేదీ & సమయం:

సాక్షి:

సంతకం:

పేరు:

తేదీ & సమయం:

డాక్టర్ :

సంతకం: పేరు: తేదీ & సమయం:



**Department of Anaesthesiology
 PRE-ANAESTHETIC EVALUATION**

Name: Mrs. Raval Reddy Age: 31 Sex: F UHID.No: BAH-00635792

Date: 25/5/26 Time: 6PM Proposed Operation: Labour Epidural

Diagnosis: Premegestoda / GDM on diet

B.P.: H.R.: Weight: ASA Physical Status: 1 2 3 4 5

Laboratory Data:

Hgb: 10.9 Glucose: Protein: HIV: X-Ray:
 PCV: Urea: Alb: HBS Ag: ECG:
 WBC: 12.97 Creat: Total Bill: HCV: 2D Echo:
 Plate: 228 Na: Dir. Bill: Blood group: Stress/Angio:
 PT: K: LDH: T3: Other:
 PTT: Ca++: Alk phos: T4:
 INR: Mg++: Amylase: TSH:
 Cl-: SGOT/SGPT:

Allergies: NKA

Medical History: CVS: No comorbs

RESP: Diabetes: GDM on Diet

CNS:

Renal:

Hepatic / GE: Physical Activity:

Others: ⊖

Past Anaesthetic History: NPI

Physical Exam: afebrile

Airway: MP 1 2 3 4 Mouth Opening: 23F Mentohyoid Distance: Ⓝ Neck: Ⓝ Teeth: Ⓝ

Lungs:

Heart: NAD

CNS:

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

Anaesthetic Plan: MAC REGIONAL GA-ETT LMA

Peri-Operative Plan Explained to the Patient: Yes No

CURRENT MEDICATIONS	DOSAGE

Pre-Operative Instructions:

- DVT Prophylaxis :
- NIL ORAL
 ↳ Water / ORS 2 Hours 2:30 pm solid
 ↳ Others 6 Hours
- Informed Consent: Standard High Risk
- Post Operative Pain Management: Discussed with Patient
- Other Instructions:
-TO collect recent Jav - CRP

Signature: [Signature] Name: Dr Anrocea

Patient Sticker

ANAESTHESIA CHART



Pre Induction Assessment:

Change in Patient Condition: Yes No **Fasting Status:** _____

Physical Status: Patient Identified Consent Present Chart Reviewed

H.R: _____ B.P: _____ SpO₂: _____ R.R: _____ Last Feed: _____

Pre-OP Diagnosis: _____ Operation: _____ Date: _____

Surgeon: _____ Anaesthesiologist: _____ Technician: _____

TIME													Antibiotic	
N ₂ O /AIR /O ₂ LPM														Suppository
HALO /SO /SEVO														Blood Loss
Drugs:														NOTES
FI ₀₂ / SaO ₂														
ETCO ₂														
ECG														
Temperature														
Urine Output														
Fluids														
Blood														
B.P	240													
V Systolic	220													
A Diastolic	200													
X Mean	180													
• Heart Rate	160													
Tourniquet on Time	140													
Tourniquet off Time	120													
Throat Pack In	100													
Throat Pack Out	80													
	60													
	40													
	20													
TV	10													
PIP	0													
PEEP														

LAB Values

ABG _____

GRBS _____

Others _____

<input type="checkbox"/> Equipment Checked and Functional <input type="checkbox"/> BP <input type="checkbox"/> Cuff Site: _____ <input type="checkbox"/> Art Site: _____ <input type="checkbox"/> EKG Lead <input type="checkbox"/> Temp Site <input type="checkbox"/> FI ₀₂ Monitor <input type="checkbox"/> Agent Monitor <input type="checkbox"/> Pulse Oximeter <input type="checkbox"/> Capnograph <input type="checkbox"/> Ventilator <input type="checkbox"/> Nerve Stimulator Position: _____ <input type="checkbox"/> Pressure Points Checked Eye Care: <input type="checkbox"/> Oint <input type="checkbox"/> Tape <input checked="" type="checkbox"/> Padding <input checked="" type="checkbox"/> Awake	Temp: <input type="checkbox"/> HME <input type="checkbox"/> Fluid Warmer <input type="checkbox"/> Cling Film <input type="checkbox"/> OH Warmer <input type="checkbox"/> Hugger's <input type="checkbox"/> Cotton Wool <input type="checkbox"/> Other Times: Anaes Start: _____ OP Start: _____ OP End: _____ Leave OR: _____ Anaesthesia: <input type="checkbox"/> GA <input type="checkbox"/> Monitored Anaesthesia Care <input type="checkbox"/> Regional Line (Size & Location) <input type="checkbox"/> CVP: _____ <input type="checkbox"/> ART: _____ <input type="checkbox"/> IV: _____ <input type="checkbox"/> IV: _____ <input type="checkbox"/> IV: _____	Induction <input type="checkbox"/> IV <input type="checkbox"/> Inhal <input type="checkbox"/> Pre O ₂ <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 type="checkbox"/> Bilat = BS <input type="checkbox"/> Semi-Closed Circle <input type="checkbox"/> Closed Circle <input type="checkbox"/> Other	Regional: Extremity Specify: _____ <input type="checkbox"/> Spinal <input type="checkbox"/> Epidural <input type="checkbox"/> Caudal Others: _____ Position: _____ Site: _____ Needle Size: _____ Depth: _____ Parasthesia <input type="checkbox"/> Yes <input type="checkbox"/> No Catheter at skin _____ cm Drug Name & Conc: _____ Bolus: _____ Infusion: _____ Block Level: _____ 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: _____ Signature of the Doctor: _____
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Patient Sticker

POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Time Received : Time Discharged :

< RESP • PULSE > BLOOD PRESSURE >	250		250
	240		240
	230		230
	220		220
	210		210
	200		200
	190		190
	180		180
	170		170
	160		160
	150		150
	140		140
	130		130
	120		120
	110		110
	100		100
	90		90
80		80	
70		70	
60		60	
50		50	
40		40	
30		30	
20		20	
10		10	
0		0	

IV Cannula Site :

O₂ 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:

Oral Feeds:

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

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature

Pain Tool Used: N PASS FLACC Wong Baker NPS

Anaesthesiologist Name :

Anaesthesiologist Signature:

Date & Time:

PACU Nurse Name :

PACU Nurse Signature:

Date & Time:

- 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 relieving intervention
 - d. With in 30-60 minutes after pain relief intervention

Transferred to Unit by (PACU):

Date & Time:



Department of Anesthesiology
EPIDURAL ANALGESIA RECORD

Date: 25.5.26 Time: 10 P.M. Procedure done by Dr. Anveer

CSE/Spinal/Epidural Position: L3/4 Space: Sitting Technique (LOR/LOS)

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

Parasthesia: Yes/No if yes details:

Solution Composition: 0.1% Bupivacaine (B) + 2 mcg/cc PENTANYL

Any other issues:

a) —

b) —

Time	Infusion Rate (ml/hr)	Bolus (ml)	Level Left	Level Right	Maternal BP and Pulse	FHR	Comments
2:30 AM	8 ml/hr	0.6% 10ml LOXADR	T8	T8	100/60 96	136	competable
5: AM	8 ml/hr		T10	T12	102/72 99	140	comp % pain one side
6 AM	8 ml/hr	0.8% 10ml LOXADR	T6	T6	100/60 86	136	competable, no pain

Delivery Details: Time: 7:30 am APGAR: 9/10 (SVD) Instrumental / LSCS (if LSCS Details)

Catheter Removed by and Tip Inspected: Seen

Patient Satisfaction: good

Discharge/Shifting ordered by

Anveer
Dr. Anveer
25/5/26

INFORMED CONSENT FOR VAGINAL BIRTH

Patient Name : Dr. Ravalali Reddy UHID No : BAH 00 635792
Gender: Male Female Date : 25/5/26 Time : 3pm

I hereby authorized the performance of the following procedure:

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

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

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

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

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

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

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

Name of the Doctor performing the procedure: Dr. Shruthee Reddy

Consentee :
Signature : Ravalali

Name : Dr. Ravalali

Date & Time : 25-5-26 @ 3pm

Witness :
Signature : [Signature]

Name : Freema

Date & Time : 25-5-26 @ 3pm

Patient Attendant :
Signature : [Signature]

Name : Mrs. Adithya Reddy

Relationship with Patient: Husband

Date & Time : 25-5-26 @ 3pm

Doctor (who is taking the consent) :
Signature : [Signature]

Name : Dr. Ameena

Date & Time : 25/5/26 @ 3pm

సహజ ప్రసవం కొరకు సమ్మతి పత్రము



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

ఈ ప్రక్రియ యొక్క వివరములను నేను ఆమోదించాను:

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

సహజ ప్రసవం (యోని జననం) యొక్క ప్రక్రియ సహజంగా లేదా శక్తిని ఉపయోగించి గర్భాశయం ద్వారా శిశువును ప్రసవించడం. వాక్యూమ్ ద్వారా శిశువును వెలికితీయడం, ఎపిసియొటమీ (యోని మరియు యోని మధ్య ఖాళీలో యోని మార్గమును సుగమం చేయుట కొరకు చేసిన కోత (కట్). సహజ ప్రసవం కొరకు చేయు ప్రక్రియలలో భాగము.

సహజ ప్రసవం విజయవంతం కాకపోతే, తగిన అనస్థీషియా ఇచ్చి పాత్రికడుపు కోతతో సిజేరియన్ ద్వారా డెలివరీ చేయవలసిన అవసరం కలగవచ్చు

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

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

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

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

ఈ ప్రక్రియను నిర్వహించే డాక్టరు పేరు:

సహాయకుడు(అటెండెంట్)

సాక్షి

సంతకము

సంతకము

పేరు

పేరు

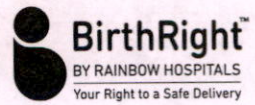
వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

తేదీ మరియు సమయము

సంతకము

పేరు

BAH-00635792 IP5-00174297
Mrs. RAVALI REDDY S
12-09-1994 31 Y 8 M 13 D (F)
Dr. SHRUTHI REDDY/Dr. LAVANYA



INDUCTION OF LABOR CONSENT

Name: Dr. Ravali Reddy Age: 31 Gender: Male Female
UHID.No: BAH-00635792 Date: 25/5/26

You are scheduled for an induction of labor on 25/5/26 (date) at 39wks (weeks of gestation).

The reason for your induction is Term.

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

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

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

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

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

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

Patient
Signature: Ravali
Name: Dr. Ravali
Date & Time: 25-5-26 @ 3PM

Patient Attendant:
Signature: Aditya Reddy
Name: Mr. Aditya Reddy
Relationship with Patient: _____
Date & Time: 25-5-26 @ 3PM

Doctor:
Signature: [Signature]
Name: Dr. Shruthi
Date & Time: 25/5/26 @ 3PM

Witness
Signature: [Signature]
Name: Preema
Date & Time: 25-5-26 @ 3PM

BAH-00635792 IP5-00174297
Mrs RAVALI REDDY S
12-09-1994 31 Y 8 M 14 D
Dr. SHRUTHI REDDY/Dr. LAVANYA

Suite - 3



NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 26/5/26 Time: 9:20 am

Origin: Indian Height: 158 cm Weight: 56.4 kg BMI: 22.5 kg/m²

Food Allergies: No

Diagnosis: PND - O, AVD, P.I.L.

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

Diet Advised:

Plenty of liquids
Soft diet with high protein
Avoid spicy, chilled, outside foods

Patient's / Attendant's

Signature: Aditya Reddy

Name: RAVALI

Date & Time: 26/5/26, 9:30 am

Dietician's

Signature: Monica

Name: Monica

Date & Time: 26-5-26, 9:20 am

