

ACTIVITY RECORD FOR BILLING

Name : _____ BAH-00623224 IP5-00176070
Mrs AAKANKSHA ARUN
25-12-1994 31 Y 6 M 12 D (F)
Dr. SHRUTHI REDDY/Dr. LAVANYA
UHID No. : _____ Consultant: _____ Dept : _____
Date of Admission: _____ Date of Discharge : _____ Time: _____
Room / Bed No : _____ Ward : _____ Suggested Billable bed type : _____



WARD TRANSFERS

Date	Time	From	To	Signature of Nurse

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	NHA	9/7/26	09695839	Anita
2	Dr. Brundavani	9/7/26		Anita
3	Dr. Teheena sharma (PT)	9/7/26		Surekha
4	Dr. Shreya (Lactation consultation)	9/7/26		Surekha
5				
6				
7				
8				
9				
10				

[illegible][illegible]

[illegible]

Prepared By :

BAH-00623224 IP5-00176070
Mrs AAKANKSHA ARUN 31 Y 6 M 12 D (F)
25-12-1994
Dr. SHRUTHI REDDY/Dr. LAVANYA

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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

c/o leaking PR : 11AM.

Obstetric Formula:

G2A1.

Obstetric History:

G1 - 2025, Biochemical pregnancy.

Present Pregnancy Record:

G2 - PP spontaneous conception

RISK FACTORS:

Booked at 6+3 wks.

- fibroid -

33x20x34mm.
post Right lateral
intra mural.

Height: 160 cm

Weight: 100.2 kg

Allergies: ~~NEDA~~

Breast: ☒ Normal ☐ Abnormal

General Examination: fair

Consciousness: yes

Icterus: absent

Temp: afebrile

BP: 102/80

CVS: S1S2 ⊕

Liver/Spleen: Not palpable

Pallor: absent

Edema: absent

PR: 88bpm

DTR: Normal

RS BLN/CBS ⊕

Urine Output:

LMP: 17/10/25

Corrected EDD: 22/7/26

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: 4/5

FHS: ☒ Normal ☐ Tachy ☐ Brady ☐ Absent

Per Speculum Examination

Draining: ☐ Present ☐ Absent ☐ Bleeding

Colour of Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Vaginal Examination

Cervix: ☒ Long ☐ Partially effaced ☐ Effaced

Os: Closed Dilated tip of finger

Membranes: ☐ Present ☐ Absent

Liquor: ☒ Clear ☐ Meconium ☐ Blood Stained

Presenting Part: ☒ Vertex ☐ Breech ☐ Others

Sutton: ☒ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2

Pelvis: ☒ Adequate ☐ Doubtful

DIAGNOSIS

G2A1 | 37+6 wks | fibroid complicating pregnancy | PROM.



Family History: Father - HTN Mother - prediabetic	Surgical History: skin laser - 2025
Medical History: k/clo migraine - family history of age	Medication History: see medical reconciliation form.
Plan of Care: - Admission - NST now f/b Bradley - vitals q 4hly - Send CBP & trace - IV Cefotaxime 1gm IV after first dose - consents - 1OL Vaginal B&TW - w/f progression of labour - Early Epidural sitting.	Investigations: - A positive 8/12/25 CBP - 11.8/96/70/33/1L - vitals - NR. 26/6/26 - 36⁺ wks, cephalic, 3156gm, 77c, Ae 82%. AFI - 13.2cm, placenta - Right lateral posterior? doppler (N) - TFFA (N) - Nilean (N), FTS - low RML

Doctor Name: Dr. Shreenu
Signature:
Date & Time: 7/1/26 @ 1pm

Consultant Name: Dr. Shrutini Reddy
Signature:
Date & Time:



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/2/20		
4pm	A comfortable	adv - CTG now flbrdly - w/f POC - vitals stable - Tab. P/GA 2mg PO @ 1pm of CTG is reactive - in pm for
	CBP → 12.2 / 10,900 / 2.24 Epidural siting ✓ O/B AC-fair vitals stable P/A uterus Relaxed	
7/7/20 5:45pm	42A7. 37 th wks. Pregnancy prom Epidural siting (+) NSH section spg - 9.7 @ 2m P/A - ut relaxed Fase	Adv by Dr Shanthi Flbrd Completing adv. - NSH 3 rd h - vitals 2 nd h - w/f POC Dr. Anshu

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/12/26 9pm	G2A1 / 32 th wks / PROM fibroid complicating pregnancy	
	GC: fair BP - 112/74 mm P-R - 82 bpm SpO ₂ - 100% on RA P/A: ut - term relaxed	1) Monitor vitals 2) NST - 300 hrs 3) Drugs as charted 4) W/f POZ
		Dr. Sravanti
		Noted by Dr.
8/12/26 12 AM	Pt comfortable No complaints G-c-tare Afebrile vitals - stable P/A - ut term Irritable FHS (+)	Advise: 1) W/f progress of labour 2) FHR monitoring 3) NST - 300 hrs 4) Drugs as charted 5) Monitor vitals etc 6) Inform SOS
		Dr. Sravanti



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/2/26 uAM	G2A1 38 wks Placenta Fibroid complicating pregnancy	
	Pt - clo. mild pain abdomen.	
	Gc - fair	Advise
	Atelbriole	① c/wt progress of labour
	PR - Solvix	② FHR Monitoring
	BP - 110/70 mmHg	③ NST - 3rd key
	P/A - not mildly Acty.	④ Drugs as charted
	cephalic, HSC	⑤ Inform SOS
		hr (Dr. Lavanya)
8/2/26 8AM	Pt comfortable on Epidural	
	Gc - fair	Advise
	Atelbriole	① On Inj. Synto @ 2ml/hr
	PR - Solvix	② c/wt progress of labour
	BP - 110/66	③ FHR Monitoring
	P/A - not Acting	④ NST - 3rd key
	cephalic, HSC	⑤ Drugs as charted
	VUE - ex- effaced	⑥ Inform SOS
	oc- 2cm, PP- vx	hr (Dr. Lavanya)
	st- 2', clear liquor	

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/7/2026 10 AM	In epidural comfortable No itching all over body following IV Drip / BUSCOBAN	
	Vitals - BP - 127/77 (22) PR - 110 bpm SpO2 - 99% on RA	U/O - 500ml clear
	FHR good → NST - on going	
	ANON OPINION SUGGEST	
	↓ Inj Atrial Amp IV Inj Hydrocortisone 100mg IV	STAT
	Stop oxytocin - IV Hydration Monitor vitals / FHR Inform SAs	
	By Dr Deepika	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/1/2026 11:00AM	C/S/B Dr. Shruthi in epidural vitals - stable P/A - vitals stable NSG - reactive V/E - (exposed 2-year clear leak @ head applied, 1x (1). <u>Advice</u> ✓ Continue Spontaneous ✓ Monitor vitals / FHR ✓ NSG x 3rd hourly ✓ W/F Progress of labor ✓ Upright position ✓ Inform all	By Dr. Rupika

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/12/20		
7pm	Pt. comfortable	Adv.
	O/E	- soft diet,
	ac-fair	Plenty of oral
	PR- 78bpm	fluids
	BP- 111/66 (65)	- drugs as per
	SPO ₂ - 97% on RA	charted
	PIA uterus	- vitals closely
	retracted	obs charting
	well	- w/f active
	U/E - Bleeding	Bleeding in
	not	- Inform Dr
9/12/20	PND, /SVD	Adv.
7am.	O/E	- drugs as per charted
	ac-fair	- vitals closely
	vitals - stable	- Inform Anilak
	PIA uterus	- Remove Foley's
	retracted	now
	well	- encourage walking
	U/E - Lochia	- w/f active
	healthy	Bleeding in
		- soft diet
		Plenty of oral fluids
		- Inform Dr



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/7/26 3:30 PM	PND-1. PT is stable No c/o BP- 115/68 (80) HR- 77 bpm SpO₂- 100% on room PLW- PT well retracted c/o- lochia (B)	Adm Soft diet Hydrate Ambulate Drugs as charted Vitals 6 hrly Wk heavy 3 day Plw
9/7/2026 6:30 PM	<u>PND - 1 SVD</u> PT comfortable Vitals stable Ambulating U✓ F✓ SX Baby well	Reg diet Drugs as chart vitals 8 hrly Inform 8hr
	Dr Y. Suresh	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/7/26 8:30 AM	<u>PND - 2 SVD</u>	
	Pt comfortable Vitals stable U ✓ F ✓ SX Baby well	Sup. Dulcolen (2) PR stat
		Dr. Y. Suresh
10/7/26 12:30 PM	o/e ac-fair vitals stable P/A - uterine well retracted o/e - lochia healthy	<u>Adv</u> - drugs as per charted. - vitals stable - Ambulate - Regular diet, plenty of oral fluids - Inform PT
ca x sv.		Dr. Suresh



Patient Sticker

PROGRESS NOTES AND DOCTOR'S ORDER

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Patient Sticker

PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]

Patient Sticker

PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]

Suite-5

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Mrs AAKANKSHA ARUN

25-12-1994 31 Y 6 M 14 D (F)

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NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 9/7/26 Time: 9:45am

Origin: Indian Height: 160 cm Weight: 100.2 kg BMI: 39.1 kg/m²

Food Allergies: No

Diagnosis: PND, SVP, (Post Normal Delivery)

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

Diet Advised:
Plenty of liquids
Soft high protein diet
Avoid spicy, chilled, outside foods

Patient's / Attendant's

Signature: Aakanksha

Name: AAKANKSHA

Date & Time: 9/7/26
9:45am

Dietician's

Signature: Mounica

Name: Mounica

Date & Time: 9-7-26 ; 9:45am

DIETARY NOTES

[illegible]

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Dr. SHRUTHI REDDY/Dr. LAVANYA

Name



Date

9/7/26

Room:

Suite-5

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 (Rice and ~~Roti~~ ^{soft} (Oats/Dhali for diabetic ☐)

Dal, Veg, Curd, Fruit/Salad

☐ Egg - Boiled ☐ Omelet ☐
☒ Paneer 50g ^{curry}
☐ Tofu 50g
☐ Chicken 100g

4pm Milk or Barley water

Galact ☐ Supplement 1 tsp ☐

^{Tea/coffee}
☐ Milk ☐ Barley water 200ml
☐ No sugar

6pm Soup and Garlic Nan

☐ Vegetable
☒ Chicken

8pm Dinner (Rice and ~~Roti~~ ^{soft} (Oats/Dhali for diabetic ☐)

Dal, Veg, Curd, Fruit/Salad

Sweet (No sweet for diabetic ☐)

☐ Egg - Boiled ☐ Omelet ☐
☒ Paneer 50g ^{Burji}
☐ Tofu 50g
☐ Chicken 100g

10pm Milk or Barley water

Galact ☐ Supplement 1 tsp ☐

KABIBITE Biscuits two ☐

☐ Milk ☒ Barley water 200ml
☐ No sugar

Dietitian
Mounica

BAH-00825664
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CROSS CONSULTATION FORM

Doctor Name : Shreya Doddattu Date : 9/08/2016 Time : 8pm

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:

Findings and Recommendations :

Breastfeeding initiated she

Consultant :

Name : Shreya Doddattu Signature : Date & Time :

CONSULTATION FORM

Ref: 12/10/10
Date: 10/10/10

Ref: 12/10/10
Date: 10/10/10

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Date: 10/10/10

Ref: 12/10/10
Date: 10/10/10

POST – PARTUM ASSESSMENT FORM – IN-PATIENT

Date: 9/7/26

Chief Complaint : Pain at the suture site

Obstetric/ Birthing History : C2P1L1A1, PND-1

Previous Surgical/Medical History : Migraine

Assessment :

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

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

Iv line + / - ✓

Catheter + / - ✓

Postural alignment -

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

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

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

Able to initiate Pelvic Floor Activation – ☒ Yes ☐ No

Spl Notes -

Treatment Plan :

- | | | |
|--|---|--|
| ☒ Lateral Breathing | ☒ Pelvic Floor Activation | ☒ Transversus Abdominis Activation |
| ☒ Gluteus Activation | ☒ Active Motion for Limbs | ☒ Transfer Training & Mobility |
| ☒ Sit to Stand | ☒ Monitored Walk | ☐ Posture & Ergonomic Education |

Signature : T.S.

Name : Dr. Tuhena Sharma (PT)

Date & Time: 9/7/26 3:45pm

REPORT
ON THE
PROGRESS OF THE
WORK DURING THE
YEAR 1900

REPORT ON THE PROGRESS OF THE WORK DURING THE YEAR 1900

1900

By the

Committee

of the

On the progress of the work during the year 1900, the Committee has the honor to report that the work has been carried out in accordance with the plan adopted at the meeting of the Committee in 1899.

1900

The work has been carried out in accordance with the plan adopted at the meeting of the Committee in 1899.

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(99)

1900

1900

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INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

di, English

Patient / Learner Literacy: ☐ Read ☐ Write ☐ Speak Willingness to

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Literacy: ☐ Yes ☐ No

Identified Education Needs:

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

Part - II

Date	Time	Need Identified	Information Taught	Use codes from the list in part III					Comments	Designation / Signature
				Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		
1/1/26	1pm	1,2,3,4	Diagnosis, Treatment & care plan, Pain management, Informed consent	PT, S	1	0	1	1	-	
2/1/26	2pm	10	Fall risk Education	PTs	1	0	1	1	-	
9/1/26	9am	9	Lactation diet	PT	1	0	1	1	-	

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 Barriers	4. Language Barrier	7. Impaired Thought Process/Cognitive limitations	10. Financial Difficulties	13. Cultural/Religion Practice	
2. Physical Impairment	5. Educational Level	8. Responsibilities at Home	11. Beliefs and Values	14. Others (Specify)	
3. Emotional Barriers	6. Desire / Motivate to Learn	9. Cultural Differences	12. Impaired Vision/ or Hearing		
Teaching Tools Used: A: Audio D: Demonstration V: Video O: Oral P: Printed					
Mechanism/s to overcome barrier/s:					
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

Diagnosis: G2A1 37th wks / fibroid complicating pregnancy / PROM

Date Time	Discipline	Type	Patient Needs / Problem List	Goal	Plan / Intervention	Signature	Team Verification
7/7/26 @ 10am	☐ Medical ☐ Nursing ☐ Others:	☒ Initial ☐ Modified ☐ Per-Op ☐ Post Op	G2A1/37 th wks / fibroid / PROM complicating preg.	for safe delivery	10L		☒ Nursing ☐ Others:
7/7/26 @ 2pm	☐ Medical ☒ Nursing ☐ Others:	☒ Initial ☐ Modified ☐ Per-Op ☐ Post Op	Fear & Anxiety	To reduce the fear	Provided psychological support		☒ Medical ☐ Others:
9/7/26 9am	☐ Medical ☐ Nursing ☒ Others: Dietitian	☒ Initial ☐ Modified ☐ Per-Op ☐ Post Op	PND	Soft diet, plenty of liquids	Soft high protein diet		☐ Medical ☐ Nursing ☒ Others:
9/7/26 3:45pm	☐ Medical ☐ Nursing ☒ Others:	☐ Initial ☐ Modified ☐ Per-Op ☒ Post Op	PND	Post partum recovery	Deep core strengthening & functional training		☐ Medical ☐ Nursing ☐ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Nursing ☐ Others:

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RESULT SHEET

Date	7/7/26				
Time					
Hb	12.2				
PCV					
RBC					
WBC	10,900				
N/L					
Platelets	224C				
CRP					
ESR					
PCT					
RBS					
Na					
K					
Cl					
Ca/Mg					
Phosphate					
Urea					
Creatinine					
ALP					
SGPT					
SGOT					
T.Bill/Conj					
T.Protein					
S.Albumin					
S.Globulin					
A/G Ratio					
Uric Acid					
S.Amylase					
Sr.Lipase					
Blood Lactate					
S.Cholesterol					
PT/INR					
APTT					
CSF Protein / Sugar					
Cells					
N/L					

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MEDICATION RECONCILIATION FORM

Drug Allergies: ALLERGENIC DRUGS ☒ 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	6/1	☐ C ☒ DC
2	Tab. CALCIUM		PO	OD	6/2	☐ C ☒ DC
3						☐ C ☐ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY:

Doctor Name & Signature: Dr. Sameena

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

Nurse Name & Signature: Surekha / S

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



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Ward BNF

Daily Doctor's Endorsement by a Sign

Daily Doctor's Endorsement by a Sign

Daily Doctor's Endorsement by a Sign

Daily Doctor's Endorsement by a Sign

Patient Sticker

Sheet No:

REGULAR PRESCRIPTIONS

Weight

Ward

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:																				
Doctor's Endorsement by a Sign																				

REGULAR PRESCRIPTIONS

Weight. Ward. B1P

DRUG : 1g. CEFOTAXIM

Date 8/7
 Time 8/7

Dose 1gm Route IV Frequency BD Start Date 7/7

Name & Signature of the Doctor
 Starting the Drugs:

Dr. Lavanya

Additional Instructions:

After test done.

Daily Doctor's Endorsement by a Sign

Smt. S

DRUG : T. PANTOPRAZOLE

Date 8/7 9/7 10/7 11/7
 Time 8/7 9/7 10/7 11/7

Dose 40mg Route PO Frequency BD Start Date 8/7/26

Name & Signature of the Doctor
 Starting the Drugs:

Dr. Smt. Smt.

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG : T. PARACETAMOL

Date 8/7 9/7 10/7 11/7
 Time 8/7 9/7 10/7 11/7

Dose 1g Route PO Frequency TID Start Date 8/7/26

Name & Signature of the Doctor
 Starting the Drugs:

Dr. Smt. Smt.

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG : T. DICLOFENAC

Date 8/7 9/7 10/7 11/7
 Time 8/7 9/7 10/7 11/7

Dose 50mg Route PO Frequency TID Start Date 8/7/26

Name & Signature of the Doctor
 Starting the Drugs:

Dr. Smt. Smt.

Additional Instructions:

Daily Doctor's Endorsement by a Sign

VERIFIED

VERIFIED

VERIFIED

VERIFIED



V	3 e	Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.	
DRUG :		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route	Start Date	Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Name & Signature of the Doctor		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Additional Instructions:		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
7/12/26	2:00pm	Tab. PGE ₁	25mcg	PO	[Signature]	Surekha 2:51
7/12/26	5pm	Tab. PGE ₁	25mcg	PO	[Signature]	Nikitha 5:5
8/12	8pm	T. PGE ₁	25mcg	PO	[Signature]	Laen 8:5P
7/12	11:30pm	T. PGE ₁	25mcg	PO	[Signature]	Sandhya 11:30P
8/12	3:30AM	T. PGE ₁	25mcg	PO	[Signature]	Sandhya 3:30A
8/12	4:30AM	ENEMA	1	PR	[Signature]	Laen 4:30A
8/12	9:50am	INT PROTIN	1amp	IV	[Signature]	Kanungo 9:51
8/12	9:55am	INT BUSCAPAN	1amp	IV	[Signature]	Kanungo 9:52
8/12	10:5am	INT AVIL	1amp	IV	[Signature]	Kanungo 10:7



I.V. FLUIDS CHART

Weight: Ward: P.P.P

Date	Time	Position 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
8/7	2 AM	RINGER LACTATE	IV	500ml/hr		Phan Surya	8/7	hi	Phan Surya
8/7	5 AM	RINGER LACTATE	IV	1000ml/hr		Phan Surya	8/7	hi	Phan Surya
8/7/26	7:30 AM	INS. OXYTOCIN 100 IN 10 RINGER LACTATE @ 6ml/hr	IV	6ml/hr		Xams Nisha	8/7	hi	Xams Nisha
8/7/26	8 AM	RINGER LACTATE	IV	1000ml/hr		Xams Nisha	8/7	hi	Xams Nisha
8/7/26	11 AM	RINGER LACTATE	IV	1000ml/hr		Xams Nisha	8/7	hi	Xams Nisha
8/7/26	2 PM	RINGER LACTATE	IV	1000ml/hr		Xams Nisha	8/7	hi	Xams Nisha

Signature

VERIFIED BY: Name



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BirthRight
BY RAINBOW HOSPITALS
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Name: Mrs. Akanksha Arun

Weight: kgs

Sheet No:

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

BAH-00623224 IP5-00176070
Mrs AAKANKSHA ARUN
25-12-1994 31 Y 6 M 12 D (F)
Dr. SHRUTHI REDDY/Dr. LAVANYA



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TETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 11/7/26

Baseline Information:

Admission From: ☐ ER ☐ OPD ☒ Admission Desk ☐ Others, specify
Primary Language: ☒ Telugu ☐ English ☐ Hindi ☐ Others, specify
Do you require an interpreter? ☐ Yes ☒ No if Yes specify
Source of Information: ☒ Patient ☐ Family ☐ Others, specify

Allergies: ☐ Yes ☒ No ☐ Medications ☐ Blood Transfusion ☐ Food ☐ Other:
If yes, identify

Chief Complaints: bleeding Ph Doctor Notified on Admission: ☒ Yes ☐ No
Name of the Doctor: Dr. Sameer 1pm
Time Notified:

Past Medical History: Obtained From ☒ Patient ☐ Family Member ☐ Medical Record ☐ Other (specify)

Past Medical History

Past Surgical History

Previous Hospital Admission

Gynecology Assessment: ☐ Not Applicable

Menstrual History:
Onset of Menarche:
Menstrual Cycle: ☒ Regular ☐ Irregular
Last Menstrual Period: 17/10/25

Gynecology Surgical History:

Caesarean Section: ☒ No ☐ Yes
Cervical Cerclage: ☒ No ☐ Yes
Ectopic Pregnancy: ☒ No ☐ Yes
Myomectomy: ☒ No ☐ Yes
Others:

Gynecological History:

Contraceptives: ☒ No ☐ Yes
Vaginal Discharge: ☒ No ☐ Yes
Post-Coital Bleeding: ☒ No ☐ Yes
Infertility: ☒ No ☐ Yes
If Yes Type: ☐ Primary ☐ Secondary

Obstetric History: G 2 P L A 1

Previous LSCS:

Current Medication: ☒ None ☐ Yes, If Yes, Fill the reconciliation form

Family History: ☐ No Abnormalities Detected

☐ Heart Disease ☐ Hypertension ☐ Diabetes ☐ Stroke ☐ Seizures ☐ Kidney disease
☐ Liver disease ☐ Other

Vital Signs / Measurements: Temp: 98.2°F HR: 80/min RR: 18/min
BP: 112/70 mmHg Weight: Height: BMI:

Pain Assessment: Pain: ☒ Yes ☐ No (If Yes, complete the Pain Assessment / Reassessment Form)



PHYSICAL ASSESSMENT

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

Fall Assessment: ☒ Yes ☐ No Score 35 (complete the Morse Fall Risk Assessment Sheet)

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

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

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

Inform consultant for positive criteria

NUTRITIONAL SCREENING: ☒ No Abnormality Detected

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

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

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

Inform consultant for positive criteria

Cultural & Spiritual Needs: ☒ Yes ☐ No if Yes specify Inform consultant for positive criteria.

SOCIAL SCREENING:

1. **Marital Status:** ☐ Single ☒ Married ☐ Divorced ☐ Widow

2. **Special Habits:** **Smoker:** ☐ Yes ☒ No **Alcohol Abuse:** ☐ Yes ☒ No **Drug Abuse:** ☐ Yes ☒ No

Social History: Lives With Husband

Orientation has been given regarding the following aspects:

- Call Bell in Reach: ☒ Yes ☐ No Waste Disposal Explained: ☒ Yes ☐ No
Infusion Pump: ☒ Yes ☐ No Hand Hygiene Explained: ☒ Yes ☐ No ☐ Others

Above information given to Patient

Name of Person Orientation was given to: Mrs. Akanksha

Orientation not given Reason: not

Nurse Signature: [Signature]

Nurse Name: Smelika

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



OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 7/7/26 Time of Arrival: 12:52 PM Time Seen by Nurse: 12:55 PM

1) **Level of Consciousness:** ☒ Conscious ☐ Semi-Conscious ☐ Unconscious

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

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

3) **Vital Signs:** Temperature: 98.2°F Pulse: 80 bpm RR: 18 bpm SpO₂: 100% BP: 112/77 Weight: 112 lbs

4) **Gestational Criteria:**

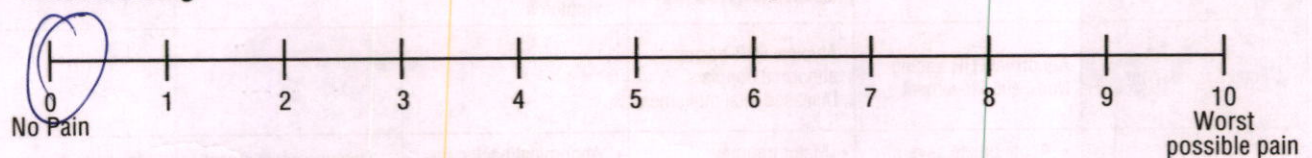
Gravida:	G <u>2</u>	P	L	A	<u>1</u>
----------	------------	---	---	---	----------

LMP: 17/10/25 EDD: 22/7/26 Gestational Age: 37+6 wks

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

5) **Pain Screening:**

Numerical Pain Scale (NPS)



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

6) **Past History:**

a) Surgeries: Skien laser

b) Medical: h/c to migraine



7) Allergy: ☐ Yes ☒ No, If Yes :

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

9) Prenatal Medical History:

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

Triage Category: (Please tick on the category)

Refer to OBSTETRICAL TRIAGE ACUITY SCALE (OTAS)

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

OBCU Obstetrical Triage Acuity Scale (OTAS)

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

Time seen by Doctor: 3pm

Nurse Name : Swapna Nurse Signature: [Signature]

Date: 28/12/2024 Time: 3pm

BAH-00623224 IP5-00176070
Mrs AAKANKSHA ARUN
25-12-1994 31 Y 6 M 12 D (F)
Dr. SHRUTHI REDDY/Dr. LAVANYA



FLUID CHART

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Sheet No. : (1)

7/7/26

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

		Intake				Output					IV Site Thrombo- phlebitis Score	Sign. Nurse	
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G								
	08:00 am					NA							
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
Total Intake :						Total Output :							
	02:00 pm		120								0	Smile	
	03:00 pm										0	Smile	
	04:00 pm										0	Smile	
	05:00 pm		20								0	Smile	
	06:00 pm										0	Smile	
	07:00 pm		120								0	Smile	
Total Intake : Taken						Total Output : Taken							
	08:00 pm										0		
	09:00 pm		water								0		
	10:00 pm										0	Pran	
	11:00 pm										0		
	12:00 am		water								0		
	01:00 am		PL water sound								0		
Total Intake : 500ml						Total Output :							
	02:00 am		PL water sound								0		
	03:00 am										0		
	04:00 am										0	Pran	
	05:00 am		PL water sound								0		
	06:00 am		PL water sound								0		
	07:00 am		PL water sound								0		
Total Intake : 800ml						Total Output :							
Total 24 hrs. Intake		1300ml											
Total 24 hrs. Output													



FLUID CHART

Sheet No. : ②

8/7/26

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

Date	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									100ml	0	[Signature]
	09:00 am	H ₂ O									0	
	10:00 am									100ml	0	
	11:00 am	H ₂ O					NP				0	
	12:00 pm						I				0	
	01:00 pm	Re		100ml							0	
Total Intake :			Taken 100ml			Total Output :					200ml	
	02:00 pm	Re		100ml							0	[Signature]
	03:00 pm	Re	tho	100ml							0	
	04:00 pm	Re	tho	100ml						50ml	0	
	05:00 pm	Re	tho	100ml							0	
	06:00 pm		tho								0	
	07:00 pm		tho	100ml						60ml	0	
Total Intake :			Taken 600ml			Total Output :					1100ml	
	08:00 pm										0	[Signature]
	09:00 pm		water								0	
	10:00 pm										0	
	11:00 pm		water								0	
	12:00 am									50ml	0	
	01:00 am		water								0	
Total Intake :			Taken			Total Output :					500ml	
	02:00 am										0	[Signature]
	03:00 am		water								0	
	04:00 am										0	
	05:00 am										0	
	06:00 am		water								0	
	07:00 am									500ml	0	
Total Intake :			Taken			Total Output :					500ml	
Total 24 hrs. Intake		Fluids 700ml										
Total 24 hrs. Output		2800										

BAH-00623224 IP5-00176070
Mrs AAKANKSHA ARUN
25-12-1994 31 Y 6 M 14 D (F)
Dr. SHRUTHI REDDY/Dr. LAVANYA



FLUID CHART

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Sheet No. :

9/1/26

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

		Intake			Output						IV Site Thrombo- phlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G							
9/1	08:00 am	H2O				NR					0	Anita
	09:00 am	H2O							✓	0	Anita	
	10:00 am									0		
	11:00 am	H2O							✓	0	Anita	
	12:00 pm	H2O								0	Anita	
										0		
	01:00 pm									✓	0	
Total Intake :		Taken			Total Output :						U-3 m-0	
	02:00 pm					NR						Smilee
	03:00 pm	H2O							✓			
	04:00 pm									NO		
	05:00 pm									IV		
	06:00 pm	H2O							✓			
	07:00 pm											
Total Intake :		Taken			Total Output :						Pained	
	08:00 pm											Pain
	09:00 pm	water							✓	no		
	10:00 pm											
	11:00 pm									IV		
	12:00 am	water										
	01:00 am											
Total Intake :		Taken			Total Output :						Pained	
	02:00 am											Pain
	03:00 am	water							✓	NO		
	04:00 am									IV		
	05:00 am											
	06:00 am	water							✓			
	07:00 am											
Total Intake :		Taken			Total Output :						Pained	
Total 24 hrs. Intake		Taken			Total 24 hrs. Output						Pained	



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				
10/1		08:00 am									✓	0	Smile		
		09:00 am	H ₂ O									NO	Smile		
		10:00 am										IV	Smile		
		11:00 am						✓			✓	1	Smile		
		12:00 pm	H ₂ O									1	Smile		
		01:00 pm													
Total Intake :							Total Output :								
10/1		02:00 pm									✓	1	Smile		
		03:00 pm	H ₂ O									NO	Smile		
		04:00 pm									✓	IV	Smile		
		05:00 pm										1	Smile		
		06:00 pm	H ₂ O								✓	1	Smile		
		07:00 pm													
Total Intake : Taken							Total Output : Passed								
11/1		08:00 pm													
		09:00 pm	H ₂ O									1			
		10:00 pm									✓	NO	20		
		11:00 pm	H ₂ O									20	20		
		12:00 am										1			
		01:00 am	H ₂ O												
Total Intake : Taken							Total Output : Passed								
11/1		02:00 am									✓				
		03:00 am	H ₂ O									1			
		04:00 am										NO	20		
		05:00 am	H ₂ O									20	20		
		06:00 am										1			
		07:00 am	H ₂ O								✓				
Total Intake : Taken							Total Output :								

Total 24 hrs. Intake

Total 24 hrs. Output

Patient Sticker

FLUID CHART

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Sheet No. :

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

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												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
Total Intake :						Total Output :							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
	Total Intake :						Total Output :						
	08:00 pm												
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
	Total Intake :						Total Output :						
	02:00 am												
	03:00 am												
	04:00 am												
	05:00 am												
	06:00 am												
	07:00 am												
	Total Intake :						Total Output :						
Total 24 hrs. Intake						Total 24 hrs. Output							

Patient Sticker

FLUID CHART

Sheet No. :

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

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											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						Total Output :						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						Total Output :						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						Total Output :						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						Total Output :						

Total 24 hrs. Intake

Total 24 hrs. Output

BAH-00623224 IP5-00176070
Mrs AAKANKSHA ARUN
25-12-1994 31 Y 6 M 12 D (F)
Dr. SHRUTHI REDDY/Dr. LAVANYA



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INDUCTION OF LABOR CONSENT

Name: Aakanksha Arun Age: 31 Gender: Male ☐ Female ☒
UHID.No: BAH-00623224 Date: 7/7/26

You are scheduled for an induction of labor on 7/7/26 (date) at 37th (weeks of gestation).

The reason for your induction is PROM

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: Aakanksha Arun
Name: AAKANKSHA ARUN
Date & Time: 7-7-26 @ 1 PM

Patient Attendant:
Signature: Prerna
Name: Prerna
Relationship with Patient: Mother
Date & Time: 7-7-26 @ 1 PM

Doctor:
Signature: Dr. Lavanya
Name: Dr. Lavanya
Date & Time: 7/7/26 @ 1 PM

Witness
Signature: Prerna
Name: Prerna
Date & Time: 7-7-26 @ 1 PM

INFORMED CONSENT FOR VAGINAL BIRTH

Patient Name : Aakansha Aun UHID No : BAH-00623224
Gender: ☐ Male ☒ Female Date : 7/7/26 Time : 1pm

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. Shrutai Reddy

Consentee :

Signature : Aakansha Aun

Name : AAKANKSHA AUN

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

Witness :

Signature : Preerna

Name : Preerna

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

Docu. No. : RCHBH / FRM / CLINICAL / 028

Patient Attendant :

Signature : Aun

Name : Aun

Relationship with Patient : Mother

Date & Time : 7-7-26 @ 1pm

Doctor (who is taking the consent) :

Signature : Dr. Shrutai Reddy

Name : Dr. Shrutai Reddy

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

సహజ ప్రసవం కొరకు సమృత్తి పత్రము

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

 **BirthRight[™]**
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

రోగి పేరు : వయస్సు లింగం పు స్త్రీ

యు.పాచ్.బి.డి. బిభాగము

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, ఎపిసియోటమీ (యోని మరియు యోని మధ్య ఖాళీలో యోని మార్గమును సుగమం చేయుట కొరకు చేసిన కోత (కట్). సహజ ప్రసవం కొరకు చేయ ప్రక్రియలలో భాగము.

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

సహజంగా లేదా పరికరం సహాయంతో అంటే ఫోర్స్ లేదా వాక్యూమ్ సహాయంతో బిడ్డను ప్రసవించే ప్రయత్నంలో, ప్రమాదాలు ఉండవచ్చు: అంటువ్యాధులు, అలెర్జీ, మచ్చలు, రక్త స్రవం, రక్త మార్పిడి అవసరం పడటం, నొప్పి మరియు అసౌకర్యం, మూత్ర నాళానికి గాయం, శిశువుకు గాయం అయ్యే అవకాశం (ప్రెసరేషన్, హెమటోమా, పుర్రె గాయం ఆయె అవకాశం, నరాలకు గాయం మరియు మెడడు 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 రైసకాలజిస్ట్ 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-00623224
Mrs AAKANKSHA ARUN
25-12-1994
Dr. SHRUTHI REDDY/Dr. LAVANYA
31 Y 6 M 12 D
(F)
IP5-00176070

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. Adithi 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: [Signature]

Name: Dr. Pratheek

Relationship with patient: Spouse

Date & Time: 7/7/2021 1:30

Witness:

Signature: [Signature]

Name: A ARAANKSHA

Date & Time: 7/7/2021 1:30

Doctor (who is taking consent):

Signature: [Signature] Name: Dr. Adithi N

Date: 7/7/2021 Time: 1:30

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 మళ్ళీ 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 సాకార్యవంతంగా 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 Anaesthesia
PRE-ANAESTHETIC EVALUATION

BAH-00623224 IP5-00176070
Mrs AAKANKSHA ARUN
25-12-1994 31 Y 6 M 12 D (F)
Dr. SHRUTHI REDDY/Dr. LAVANYA

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Name: Age: Sex: UHID.No :

Date: 7/17/26 Time: 1:30 Proposed Operation: Epidural for Labour

Diagnosis: G2A1 37th Wks fibroid 30x20x30 mm post Right Labial incision

B.P / CRT: H.R: Weight: 100.2 ASA Physical Status: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Laboratory Data:

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

Allergies: ~~AKA~~

Medical History: CVS: -

RESP: - sore throat

Diabetes: -

CNS: - Migraine

Renal: -

Hepatic / GE: -

Physical Activity: ET - 24/40

Others: -

Past Anaesthetic History: -

Physical Exam:

Airway: MP 1 2 3 4

Mouth Opening: Adequate

Mentohyoid Distance: (W)

Neck: (W)

Teeth: (W)

Lungs: AEBE

Heart: S1S2

CNS: NAD

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:
 - Water / ORS 2 Hours
 - Others 6 Hours
- NIL ORAL
- Informed Consent: ☐ Standard ☐ High Risk
- Post Operative Pain Management: ☐ Discussed with Patient
- Other Instructions:

Signature: Achil Name: Dr Achil

Patient Sticker

ANAESTHESIA CHART

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Pre Induction Assessment:

Change in Patient Condition:

☐ Yes ☐ No

Fasting Status:

Physical Status:

☐ Patient Identified☐ Consent Present☐ Chart Reviewed

H.R:

B.P / CRT:

SpO₂:

R.R:

Last Feed:

Pre-OP Diagnosis:

Operation: Date:

Surgeon:

Anaesthesiologist: Technician:

TIME
N₂O /AIR /O₂ LPM
HALO /SO /SEVO
Drugs:

FiO₂ / SaO₂
ETCO₂
ECG
Temperature
Urine Output

Fluids
Blood

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

Tourniquet on Time
Tourniquet off Time

Throat Pack In
Throat Pack Out

Antibiotic

Suppository

Blood Loss

NOTES

LAB Values

ABG

GRBS

Others

☐ Equipment Checked and Functional☐ BP☐ Cuff Site:☐ Art Site:☐ EKG Lead☐ Temp Site☐ FiO₂ Monitor☐ Agent Monitor☐ Pulse Oximeter☐ Capnograph☐ Ventilator☐ Nerve Stimulator

Position:

☐ Pressure Points Checked

Eye Care:

☐ Oint☐ Tape☐ Padding☐ Awake

Temp:

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

Times:

Anaes Start:

OP Start:

OP End:

Leave OR:

Anaesthesia:

☐ GA☐ Monitored Anaesthesia Care☐ Regional

Line (Size & Location)

☐ CVP:☐ ART:☐ IV:☐ IV:☐ IV:

Induction

☐ IV ☐ Inhal☐ Pre O₂ ☐ RSI☐ Others☐ Mask ☐ SGA☐ Airway ☐ Oral ☐ Nasal

ETT# at cm

☐ Oral ☐ Nasal ☐ Cuff☐ Tracheostomy ☐ Topical☐ Drug:☐ Awake ☐ Direct Vision☐ Video Laryngoscopy ☐ Stylette / Bougie☐ Fiberoptic

Blade# Attempts:

Difficulty Why?

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

Regional:

Extremity

Specify:

☐ Spinal ☐ Epidural ☐ Caudal

Others:

Position:

Site:

Needle Size: Depth:

Parasthesia ☐ Yes ☐ No

Catheter at skin cm

Drug Name & Conc:

Bolus:

Infusion:

Block Level:

Comments:

Transportation to

☐ PACU ☐ ICU ☐ OtherRelaxant Reversed ☐ Yes ☐ No ☐ NA

Name of the Doctor:

Signature of the Doctor:

Patient Sticker

POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Time Received : Time Discharged :

250 240 230 220 210 200 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50 40 30 20 10 0 SPO ₂	250 240 230 220 210 200 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50 40 30 20 10 0	IV Cannula Site :	
		☐ O ₂ Mask ☐ Tracheostomy ☐ Oral Airway	☐ Nasal Prongs ☐ T-Piece ☐ Nasal Airway
		Vomiting : ☐ Yes ☐ No	
		NG Tube : ☐ Yes ☐ No	
		Drain : ☐ Yes ☐ No	
		Urinary Catheter : ☐ Yes ☐ No	
		Chest Tube : ☐ Yes ☐ No	
		Nil Oral ☐ Yes ☐ No	
		IV Fluids :	
		Oral Feeds :	
		Drug :	

POST ANAESTHESIA SCORE (Modified Aldrete Score)		MINUTES			OUT	SCORING INTERPRETATION
		IN	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 $\pm$ 20 of Pre Anaesthetic level	= 2					
BP $\pm$ 20-50 of Pre Anaesthetic level	= 1					
BP $\pm$ 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:

- 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

Transferred to Unit by (PACU):

Date & Time:



Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

Date: 7/7/26 Time: 2.10 Procedure done by Dr. Sumithran

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

Depth: 5 Catheter at Skin: 1.0 Attempts: 1

Parasthesia: Yes/No if yes details:

Solution Composition: 0.0625% + 2.5 mcg fentanyl

Any other issues:

a)

b)

Time	Infusion Rate (ml/hr)	Bolus (ml)	Level		Maternal		FHR	Comments
			Left	Right	BP	Pulse		
2.11		200% LOX 3cc						
5.17	PCEA pump	LOX 0.6%	T8	T8	117/64	84	135	Confused; temporary
10AM	PCEA pump		T6	T6	120/79	109	123/min	comfortable.
12pm	PCEA pump	LOX + APR 1.84.7ml	T6	T6	114/66	74/min	145/min	no pain
2pm	PCEA pump		T6	T6	110/62	89/min	140/min	Comfortable

Delivery Details: Time: 3:37pm APGAR: SVD / Instrumental / LSCS (if LSCS Details)

Catheter Removed by and Tip Inspected: Yes

Patient Satisfaction: Comfortable.

Discharge / Shifting ordered by

Doctor Signature: Dr. Tejaswini

Doctor Name: Dr. Tejaswini

Date and Time: 8/7/26 7:12pm.

PCEA
continuous
rate
control
Bdys
close
6ml
local
out.
20min