

Patient Sticker

Mrs MEKALA CHANDRAMALA (26 Y 11 M 22 D F)
PLACENTA
NINV00840

BA26055060097

SURGERY DETAILS

Date : 30/5/26

Patient | BAH-00653409 IP5-00174527
Mrs MEKALA CHANDRAMALA
08-06-1999 26 Y 11 M 22 D (F)
Dr. SHRUTHI REDDY/Dr.LAVANYA

Date of Birth: 08-06-1999 Age: 26Y

Gender: 

d : 030707

UHID No: BAH 17 -653404

Date of Surgery: 30/5/26 OT -1 OT -2 OT -3 OT -4 OBG OT-1 OBG OT-2

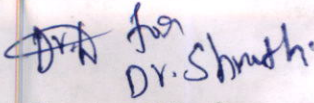
Name of the Surgery : Elective lower segment removal + cervical SA Stich Removal

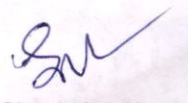
Time in : 1:15 pm

Time Out : 2:15 pm

	NAME	AMOUNT
1. Surgeon	Dr. Shruthi Reddy	
2. Anaesthetist	Dr. Ayeema	
3. Assistant Surgeon	Dr. Shruthi / Dr. Divya	
4. OT Technician	Sirisha	
5. Circulating Nurse	Sri. Srilata	
6. Assistant Nurse	Sri. Shabana	

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


Signature of the Surgeon


Signature of Circulating Nurse

Order No: 9635278

Order by: Poulabi

BAH-00653409 IP5-00174527
 Mrs MEKALA CHANDRAMALA
 08-06-1999 26 Y 11 M 22 D (F)
 Dr. SHRUTHI REDDY/Dr.LAVANYA



Em lcy

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

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

CONSUMABLES OF OT

Technician : *Shruthi*

Date : *30/05/2015*

Time : *2:100 pm*

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube			Major Pack <i>u u d m p c</i>		<i>01</i>	Inj Vit.K		<i>02</i>
LMA			Sutures <i>2346</i>		<i>02</i>	Cord Clamp		<i>01</i>
ECG leads : A / P / N		<i>03</i>	<i>2862</i>		<i>01</i>	Suction Catheter <i>807</i>		<i>01</i>
HME filter : A / P / N			<i>2364</i>		<i>01</i>	Feeding Tube		
Syringes : 10 cc		<i>02</i>				Vaccum Suction Set		<i>01</i>
05 cc		<i>02</i>	Gloves <i>5/2</i>		<i>04</i>	Surgical Gloves <i>6/2</i>		<i>02</i>
02 cc		<i>02</i>				Gauze Pack		<i>01</i>
01 cc						Syringe 1ml / 2ml		<i>02</i>
Cautery plate : A / P / N		<i>01</i>	Surgical blade <i>10 22</i>		<i>01</i>	Surgical Blade # 20		<i>01</i>
IV set			NG tube			Koochies (S)		<i>01</i>
RL		<i>02</i>	Cautery pencil		<i>01</i>			
NS (10ml / 100ml / 500ml / 1000ml)		<i>01</i>	Koochies Adult <i>XL</i>		<i>01</i>	<i>02</i> mask		<i>01</i>
<i>Mini spike</i>		<i>01</i>	Ointments			<i>ped</i>		
<i>Lox 2%</i>		<i>01</i>	Suction Catheter					
Fentanyl		<i>01</i>	Cap, Mask		<i>10</i>			
Morphine			Gauze Pack <i>P/R</i>		<i>02</i>		<i>0635308</i>	
Ketamine			Mop Pack		<i>02</i>			
Propofol			Steristrip <i>sterisone</i>		<i>01</i>			
Rocuronium			Underpad		<i>01</i>			
Glycopyrolate			Draw sheet <i>quick stick</i>		<i>01</i>			
Myopyrolate			Abgel		<i>01</i>			
Ondansetron			Foleys catheter					
Pencan 25g / Spinal Needle 22		<i>01</i>	Urobag					
Bupivacaine 0.25%			Chest Drainage Catheter					
Bupivacaine 0.25% (Heavy)		<i>01</i>	Romodrain bag					
Antibiotics			Bandage					
			Tegaderm					
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg		<i>01</i>	Vaccum Suction set		<i>01</i>			
Justin : 12.5 mg / 25mg / 100mg		<i>01</i>	Plastic Bed Sheet					
Tab. Misoprost : 200mg		<i>02</i>	Betadine Solution		<i>01</i>			
<i>Oryston</i>		<i>02</i>	Microshield		<i>01</i>			
<i>gange-gloves</i>		<i>3PK</i>	Cotton Balls		<i>01</i>			
			Latex Gloves		<i>10</i>			
			Ramdione Scrub					
			Saral <i>D/A</i>		<i>01</i>			

Dr. Shelli
 Surgeon

Dr. Anjali
 Anaesthesiologist

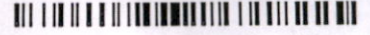
Shruthi
 Nurse

Shruthi
 OT Technician

Order No. : *0635305*
 Doc. No. : RCHBH/FRM/GENERAL/125

Ordered by : *Paulasi*

ADMISSION SHEET



Registration Details :

Admission No : IP5-00174527 Admit Date : 30-May-2026 Admit Time : 10:34 AM UHID : BAH-00653409

Patient Details :

Patient Name : Mrs MEKALA CHANDRAMALA Age : 26 Y 11 M 22 D
Guardian : Mr MEKALA PRAVEEN DOB : 08-06-1999
Gender : Female Religion :
Occupation : Martial Status : Married
Address (H) : 5-77, DICHIPALLI, NIZAMBAD Dichpalli Phone No : 9441966496
Nizamabad Telangana INDIA 503175 E-mail : NO@GMAIL.COM

Admission Details :

Bed Type : SHARED WARD Bed No : SW 417 Ward Name : 4F-BIRTHING CENTRE
Room No : SW 417 Admission Type : First Visit

Contact Details :

Name : Mr MEKALA PRAVEEN Relationship : Husband
Contact Address : 5-77, DICHIPALLI, NIZAMBAD Dichpalli Phone No : / 9441966496
Nizamabad Telangana INDIA 503175

A. M. Praveen
Signature

Doctor Details :

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

Payment Details :

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

ACTIVITY RECORD FOR BILLING

BAH-00653409 IP5-00174527

Mrs MEKALA CHANDRAMALA

Nar 08-06-1999 26 Y 11 M 22 D (F)

Dr. SHRUTHI REDDY/Dr.LAVANYA

UH



Consultant: _____ Dept: _____

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
30/5/26	1:00pm	OBS	OBG OT	Sandhya
31/5/26	3:20pm	OBS	Room 323-A	Ashwini

Cross Consultation Visit

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



IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

For E.L.V.S

Obstetric Formula: Primi - ICSI
 - IVF

Obstetric History:

started as triplets - reduced to
 Twins on 27/12/25. reduced to

Present Pregnancy Record: Singleton at
 26⁺ wks - single fetal demise
 @ 2

Booked @ 26⁺ wks

RISK FACTORS:

- cervical cerclage at 11wks Prophylactic
- KICLO w/ mild clubfoot in live fetus @ 28⁺ wks.
- Admitted @ 31⁺ wks; IVF P.PROM. Betnesol given

Height: 145 cm

Weight: 67.3 kg

Allergies: NKDA

Breast: Normal Abnormal

General Examination:

Consciousness: + Pallor: -

Icterus: - Edema: -

Temp: 97.6 PR: 98

BP: 100/60 DTR: NAD

CVS: RS

Liver/Spleen: NAD Urine Output: Adequate

LMP: 14/9/25

EDD:

Corrected EDD: 16/7/26

GA: 34

Menstrual History: Regular: Yes No

Obstetric Examination

Fundal Height: ~~32~~ 32 wks

Ut. Activity: Relaxed Mild Mod Severe

Liquor: Adequate Oligo Poly

PP: Cephalic Breech Others _____

Head Fifths Palpable: _____

FHS: Normal Tachy Brady Absent

Per Speculum Examination NA

Draining: Present Absent Bleeding

Colour of Liquor: Clear Meconium Blood Stained

Vaginal Examination NA

Cervix: Long Partially effaced Effaced

Os: Closed _____ Dilated _____

Membranes: Present Absent

Liquor: Clear Meconium Blood Stained

Presenting Part: Vertex Breech Others

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

Pelvis: Adequate Doubtful

DIAGNOSIS

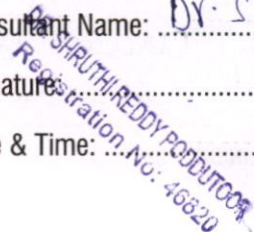
Primi 34 wks - breech - TCTA ↓ Singleton - w/ club foot.
 Cerclage in situ. Breech.



<p>Family History:</p> <p>Nil</p>	<p>Surgical History:</p> <p>✓ Cerclage 10.1.26 - 14 wks. ✓ Appendicectomy 2014</p>
<p>Medical History:</p> <p>Nil</p>	<p>Medication History:</p> <p>T Felca / Ecospirin 150mg OD</p>
<p>Plan of Care:</p> <p>NBM consent Parts prep Drugs as chart Vitals, FHR CBP PAC Foleys IVF @ 100ml/hr RL Check Blood availability</p>	<p>Investigations:</p> <p>30/5/26: Hb-12.6 / WBC-11.82 / PLT-2.181</p> <p>14/5/26: Hb 12.5g/l. TC 12.8 PLT 2.51</p> <p>O positive</p> <p>24/4/26 : 28⁺6, EFW = 4212 gram (21) T9: o/c club foot Breech T2: IUFD</p> <p>22/5/26 : 32⁺6 AFI - 13.2cm breech Doppler (N) Twin 2 IUFD</p> <p>2'</p>

Doctor Name: Dr. Y. Sneha
Signature: [Signature]
Date & Time: 30/5/26 11AM

Consultant Name: Dr. Shruthi
Signature: [Signature]
Date & Time: [Blank]





PROGRESS NOTES AND DOCTOR'S ORDER

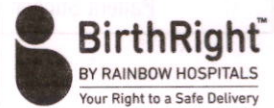
Date & Time	Progress Notes	Doctor's Order
30/5/26 3:15pm	POD-0 / EL. Sec. / P/L/L Immediate post op	cervical stitch removal.
(40-200ml) done	O/F Gc. fair Bp 124/80 [94] PR - 98 bpm SpO ₂ - 98% on RA P/A - uterus retracting well L/E - Bleeding within normal limits	Adv 1) NBM til 9:30pm. 2) I/V - RLNS @ 100ml/hr 3) Drugs as charted 4) Monitor vitals for 2 hours 5) W/F active bleeding / Tachycardia 6) Inform SAs DRD Dr. Divya
30/5/2026 6:30pm Baby Well U/P: 75ml, high coloured Shift to Room at 9pm by Ch. Divya	POD-0 / P/L / Elective UCE Comfortable General condition - Fair / afebrile Vitals - Bp - 124/68 (82) PR - 76 bpm SpO ₂ - 99% on RA P/A - uterus retracted well Soft, BSA V/E - Minimal Bleeding (+)	Advice ✓ Allow sips of H ₂ O ✓ Soft diet x 9pm ✓ Free flow 1 litre P/L free to Bolus. ✓ Monitor vitals ✓ Drugs as charted ✓ Urine output monitoring ✓ W/F excessive Bleeding ✓ Inform SAs. (P.T.O)

PROGRESS NOTES AND DOCTOR'S ORDER

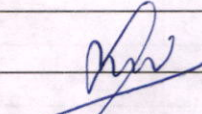
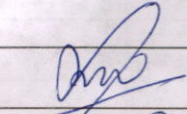
Date & Time	Progress Notes	Doctor's Order
30/5/2026		
9am		
Baby NICU	<p>~ Inj lasix 10mg - IV - STAT given - 8:30pm</p> <p>Comfortable</p>	
I/O - 300ml	<p>Vitals - BP - 120/69 (82)</p> <p>PR - 75bpm</p> <p>SpO₂ - 97% on RA</p>	
		<p>by Dr Deepika</p>
30/5/2026		
6:30AM	<p>POD-1 Elective UES</p>	<p>Advice</p>
Baby NICU	<p>Comfortable</p> <p>General Condition - Fair/Afebrile</p>	<p>✓ Oral hydration</p> <p>✓ Sept diet</p>
I/O - 1700ml clear 50ml, now	<p>Vitals - BP - 117/72 (83)</p> <p>PR - 84bpm</p> <p>SpO₂ 98% on RA</p>	<p>✓ Drugs as charted</p> <p>✓ Monitor for vitals</p> <p>✓ No mobilization</p>
Foley Removal @ 10AM	<p>PIA - views reported well</p> <p>soft BSA</p> <p>VVE - Minimal Bleeding</p> <p>by Dr. Deepika</p>	<p>✓ Urine output x Monitoring</p> <p>✓ Watch for excessive Bleeding</p> <p>✓ Inform SAs</p>

Patient Stick

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 Dr. SHRUTHI REDDY/Dr. LAVANYA



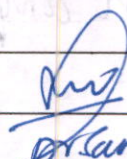
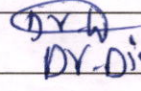
PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
31/8/2020 10:30 AM	P.O.D. Electro coes Pt comfortable O/E UC-faci, abdomen PR - soft BP - 110/70 mmHg SpO2 - 98% on RA P/A - uterus contracted well U/E - lochia healthy	Adv - soft diet, plenty of oral fluids - drugs as per charted - vitals 4 ^{thly} - Ambulate - w/f enema Bleeding PV - Inform BS
✓ ✓ ✓ Baby - NICU		 Dr. Samir
31/8/2020 2:20 PM	Pt comfortable O/E UC-faci, abdomen vitals - stable P/A - uterus relaxed well U/E - lochia healthy	Adv - soft diet, plenty of oral fluids - drugs as per charted - vitals 4 ^{thly} - w/f - enema Bleeding PV - Inform BS
✓ ✓ ✓ Baby - NICU	Shift to room	 Dr. Samir

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 Dr. SHRUTHI REDDY/Dr. LAVANYA



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
31/5/25		
6:15pm	Pt need to NICU will amend later	
		 Dr. Samir
1/6/26		
8:30am	POD-2 / EL-UC / cervical stitch removed	
Baby - NICU (PT)	pt comfortable	
	O/F	
PV	Cec - fair	Adv
VV	BP - 120/80 mmHg	1) Hydration & Analgesia
SV	PR - 72 bpm	2) Regular diet
	SpO ₂ - 100% on air	3) Monitor vitals 6th hourly
	PIA - uterine retraction well	4) WLF active Bleeding
SLE / DUE	LLE - lochia healthy	5) Drugs as checked
DLE /	pedal edema ⊕	6) Inform sor
plan discharge according to package		7) Analgesia.
		 Dr. Divya

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/5/16 3pm	POD-2 / EL.Us / Cerise stick removal	
B-NW	Pt - Compliable. GC: fair vitals: stable Plt. Uterus retracted well.	R 1) Regular diet 2) plenty of oral fluid 3) Monitor vitals q4h
U✓		4) Drug as charted
F✓	Salt	5) w/f Plv Bleeding
S✓	B(7)	6) Taper 8h
B/E ✓	Plv: NAT3	
S/E ✓		- Dr track
	Plan done	
1/6/16 4:00pm	- POD-2 / US - Pt is stable - No c/o	
U		
FV	- vitals stable.	<p>Advise:</p> <ol style="list-style-type: none"> Continue same treatment Food and elevation will help decrease swelling Discharge tomorrow <p>Systel</p>
SV	- Min ut well retracted	
	ile - BwNL	

Noted by Asheem
 @8pm

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 Dr. SHRUTHI REDDY/Dr.LAVANYA



RESULT SHEET

Date	30/5/2026				
Time	11:30 AM				
Hb	12.6				
PCV	38.9				
RBC	4.13				
WBC	11.82				
N/L	14/21				
Platelets	218				
CRP					
ESR					
PCT					
RBS					
Na					
K					
Cl					
Ca/Mg					
Phosphate					
Urea					
Creatinine					
ALP					
SGPT					
SGOT					
T.Bill/Conj					
T.Protein					
S.Albumin					
S.Globulin					
A/G Ratio					
Uric Acid					
S.Amylase					
Sr.Lipase					
Blood Lactate					
S.Cholesterol					
PT/INR					
APTT					
CSF Protein / Sugar					
Cells					
N/L					

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
BG:- oive						

Culture and Sensitivities :

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Radiology : USG :

 X-Ray :

 ECHO :

 CT :

 MRI :

 Others (ECG, Contrast Studies etc..) :

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 Dr. SHRUTHI REDDY/Dr. LAVANYA



MEDICATION RECONCILIATION FORM

Drug Allergies: Not known any Drug Allergies

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

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

Shifting From: 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
	T Fe	1tab	PO	OD		<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
2	T ca	1tab	PO	OD		<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
3	T.ecospirin	150mg	PO	OD		<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
4						<input type="checkbox"/> C <input type="checkbox"/> DC
5						<input type="checkbox"/> C <input type="checkbox"/> DC
6						<input type="checkbox"/> C <input type="checkbox"/> DC
						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

* C - Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Y. Sneha *Dr. Y*

Date & Time : 30/5/26 10:30AM

Nurse Name & Signature: Ashwika

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

DRUG CHART

Date of Admission: 30/5/26 Drug Allergies: NKA. 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 Sign Date



T. PARACETAMOL				Date Time					
Dose	Route	Frequency	Start Date						
1gm	P/O	TID	30/5/26						
Name & Signature of the Doctor Starting the Drugs: Dr. Ayesha				STOP Dr. Divya Dr. Divya					
Additional Instructions:									
Daily Doctor's Endorsement by a Sign									
DRUG : T. DICLOFENAC				Date Time	30/5	31/5	1/6		
Dose	Route	Frequency	Start Date						
50mg	PO	BD	30/5/26	7am	3pm	7pm			
Name & Signature of the Doctor Starting the Drugs: Dr. Ayesha				STOP Dr. Divya					
Additional Instructions:									
Daily Doctor's Endorsement by a Sign									
DRUG : T. TRAMADOL				Date Time	30/5	1/6/26			
Dose	Route	Frequency	Start Date						
100mg	P/O	BD	30/5/26	9am	3pm				
Name & Signature of the Doctor Starting the Drugs: Dr. Ayesha				STOP Dr. Divya					
Additional Instructions:									
Daily Doctor's Endorsement by a Sign									
DRUG : INT. PARACETAMOL				Date Time	30/5				
Dose	Route	Frequency	Start Date						
1gm	IV	TID	30/5/26	9am	3pm	7pm			
Name & Signature of the Doctor Starting the Drugs: Dr. Divya				STOP Dr. Divya					
Additional Instructions:									
Daily Doctor's Endorsement by a Sign									



te					
ne	Nurse Sig.	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.

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	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
30/5/26	11:35am	inj CEFOTAXIME	1gm	IV	De. Y	Kannig Ashwika
30/5/26	10:30am	inj PANTOPRAZOLE	40mg	IV	De. Y	Kannig Ashwika
30/5/26	10:30am	inj PERINORM	10mg	IV	De. Y	Kannig Ashwika
30/5/26	1:15pm	inj ONDANSETRON	4mg	IV	[Signature]	Ashwika Swaroopa
30/5/26	1:27pm	inj OXYTOCIN	20IU in 500ml RL	IV	[Signature]	Ashwika Swaroopa
30/5/26	1:20pm	inj TRANEXAMIC ACID	1gm	IV	[Signature]	Ashwika Swaroopa
30/5/26	2:10pm	DICLOFENAC Suppository	100mg	PR	[Signature]	Ashwika Swaroopa
30/5/26	2:10pm	TRAMADOL Suppository	100mg	PR	[Signature]	Ashwika Swaroopa
30/5/26	6:30pm	INS PARALACETAMOL	6g	IV	[Signature]	Ashwika Swaroopa

Signature
VERIFIED BY - Name



I.V. FLUIDS CHART

Weight: 67.3kg Ward: OBS

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
30/5/26	11:45am	RINGER LACTATE 500ml	IV	100ml/hr	Dr Y	Kang veem	30/5	Dr	Ashwika Anjali
30/5/26	1:20pm	RINGER LACTATE 500ml	IV	100ml/hr	Dr Y	Ashwika Anjali	30/5	Dr	Ashwika Anjali
30/5/26	1:50pm	RINGER LACTATE 500ml	IV	100ml/hr	Dr Y	Ashwika Anjali	30/5	Dr	Ashwika Anjali
30/5/26	4:00pm	RINGER LACTATE 500ml	IV	100ml/hr	Dr	Ashwika Anjali	30/5	Dr	Ashwika Anjali
30/5/26	6:00pm	RINGER LACTATE 500ml	W	100ml/hr	Dr	Ashwika Anjali	30/5	Dr	Ashwika Anjali
30/5/26	7:30pm	RINGER LACTATE 500ml	IV	500ml/hr	Dr	Ashwika Anjali	30/5	Dr	Ashwika Anjali
30/5/26	8:00pm	RINGER LACTATE 500ml	IV	500ml/hr	Dr	Ashwika Anjali	31/5	Dr	Dr Dr
30/5	11pm	RINGER LACTATE 500ml	IV	100ml/hr	Dr	Seema Sunita	31/5	Dr	Dr Dr
31/5	3am	RINGER LACTATE 500ml	W	100ml/hr	Dr	Seema Sunita	31/5	Dr	Dr Dr

Signature

VERIFIED BY NAME

BAH-00653409 IP5-00174527
 Mrs MEKALA CHANDRAMALA
 08-06-1999 26 Y 11 M 22 D (F)
 Dr. SHRUTHI REDDY/Dr. LAVANYA



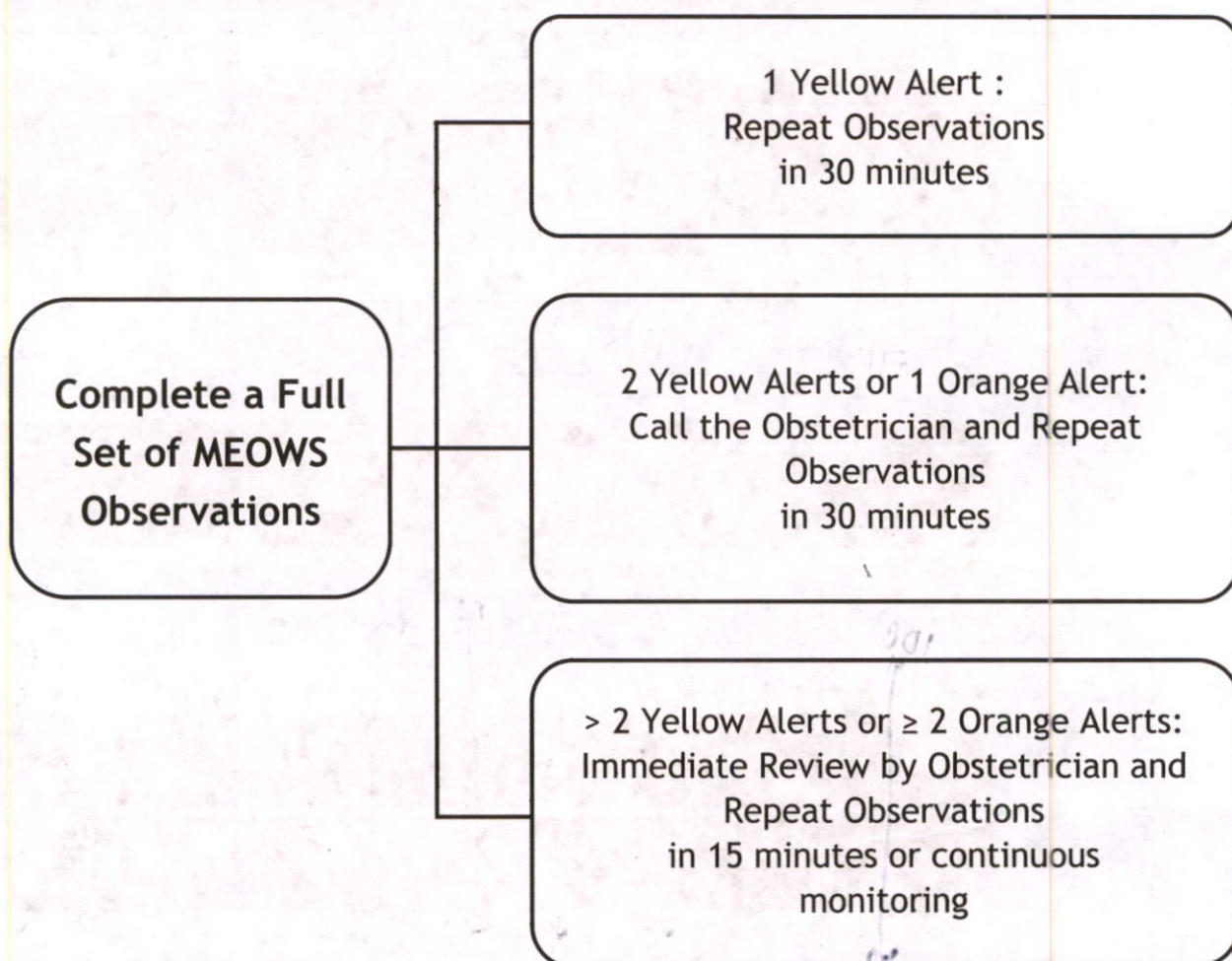
Early Warning Observation Score Chart - Obstetrics

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

8/15

		Date																									
		Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	
RESP (write rate in corresp. box)	> 30																										
	21 - 30																										
	11 - 20			8					19	20	18			19	20	20			20			20			20	20	
Saturations	0 - 10																										
	94 - 100 %			98					99	100	99			100	98	99			99			99			98	99	
Administered O ₂ (L/min.)																											
Temp °C	40																										
	39																										
	38																										
	37																										
	36																										
	< 35																										
Heart Rate	170																										
	160																										
	150																										
	140																										
	130																										
	120																										
	110																										
	100																										
	90																										
	80																										
	70																										
	60																										
	50																										
40																											
Systolic Blood Pressure	190																										
	180																										
	170																										
	160																										
	150																										
	140																										
	130																										
	120																										
	110																										
	100																										
	90																										
	80																										
	70																										
60																											
50																											
40																											
Diastolic Blood Pressure	130																										
	120																										
	110																										
100																											
90																											
80																											
70																											
60																											
50																											
40																											
NEURO RESPONSE [✓]	Alert			✓					✓	✓			✓	✓				✓			✓			✓	✓		
	Voice			✓					✓	✓			✓	✓				✓			✓			✓	✓		
URINE mls / hour	> 30			✓					✓	✓			✓	✓				✓			✓			✓	✓		
	< 30																										
Proteinuria	Protein ++																										
	Protein > ++																										
Lochia	Normal			✓					✓	✓			✓	✓				✓			✓			✓	✓		
	Heavy / Foul																										
Liquor	Clear / Pink			✓					✓	✓			✓	✓				✓			✓			✓	✓		
	Green																										
TOTAL YELLOW SCORES																											
TOTAL ORANGE SCORES																											
Nurse Initial				ast					ast	ast			ast	ast				ast			ast			ast	ast		

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

BAH-00653409 IP5-00174527
 Mrs MEKALA CHANDRAMALA 26 Y 11 M 22 D (F)
 08-06-1999 Dr. SHRUTHI REDDY/Dr.LAVANYA

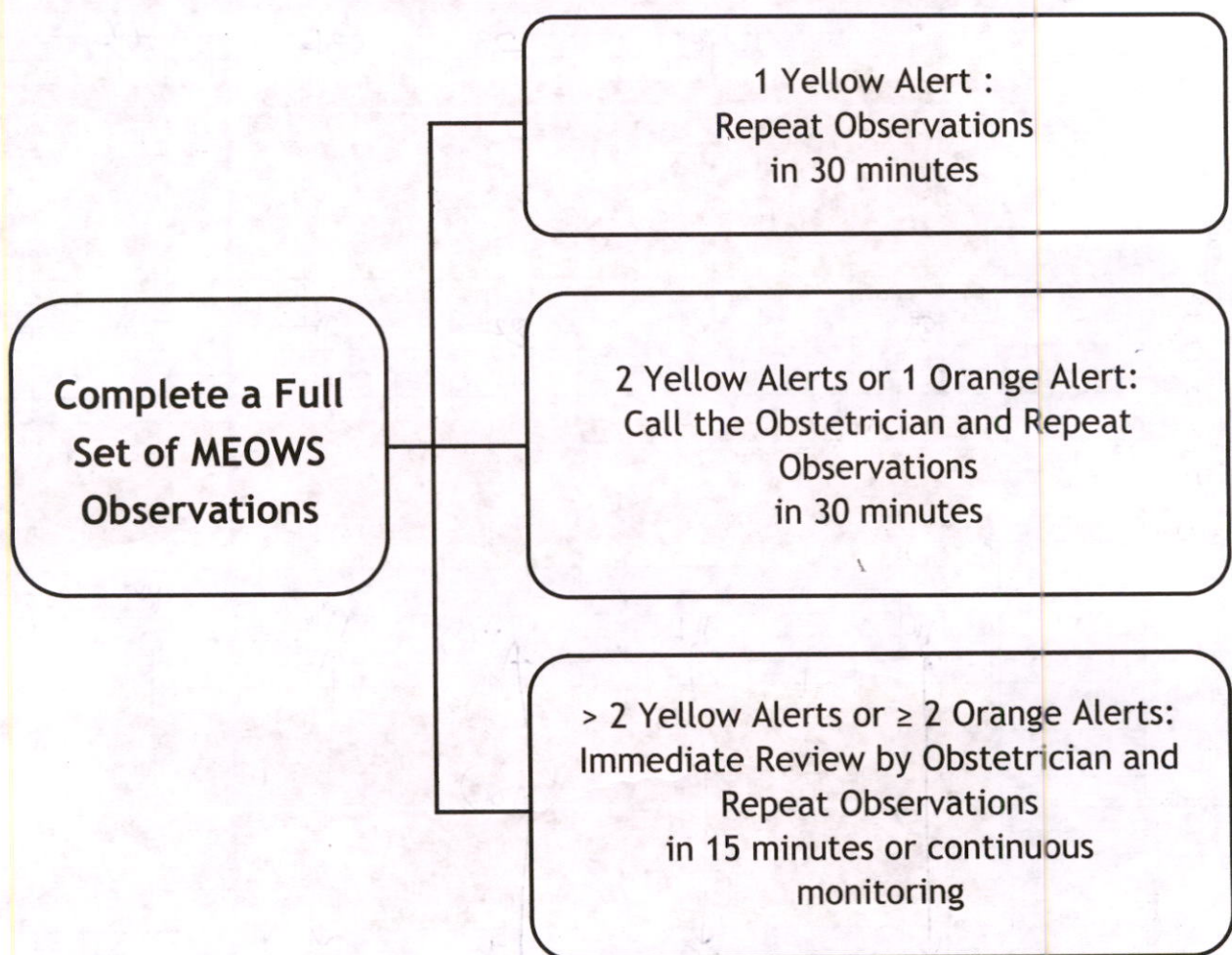


Warning Observation Score Chart - Obstetrics

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

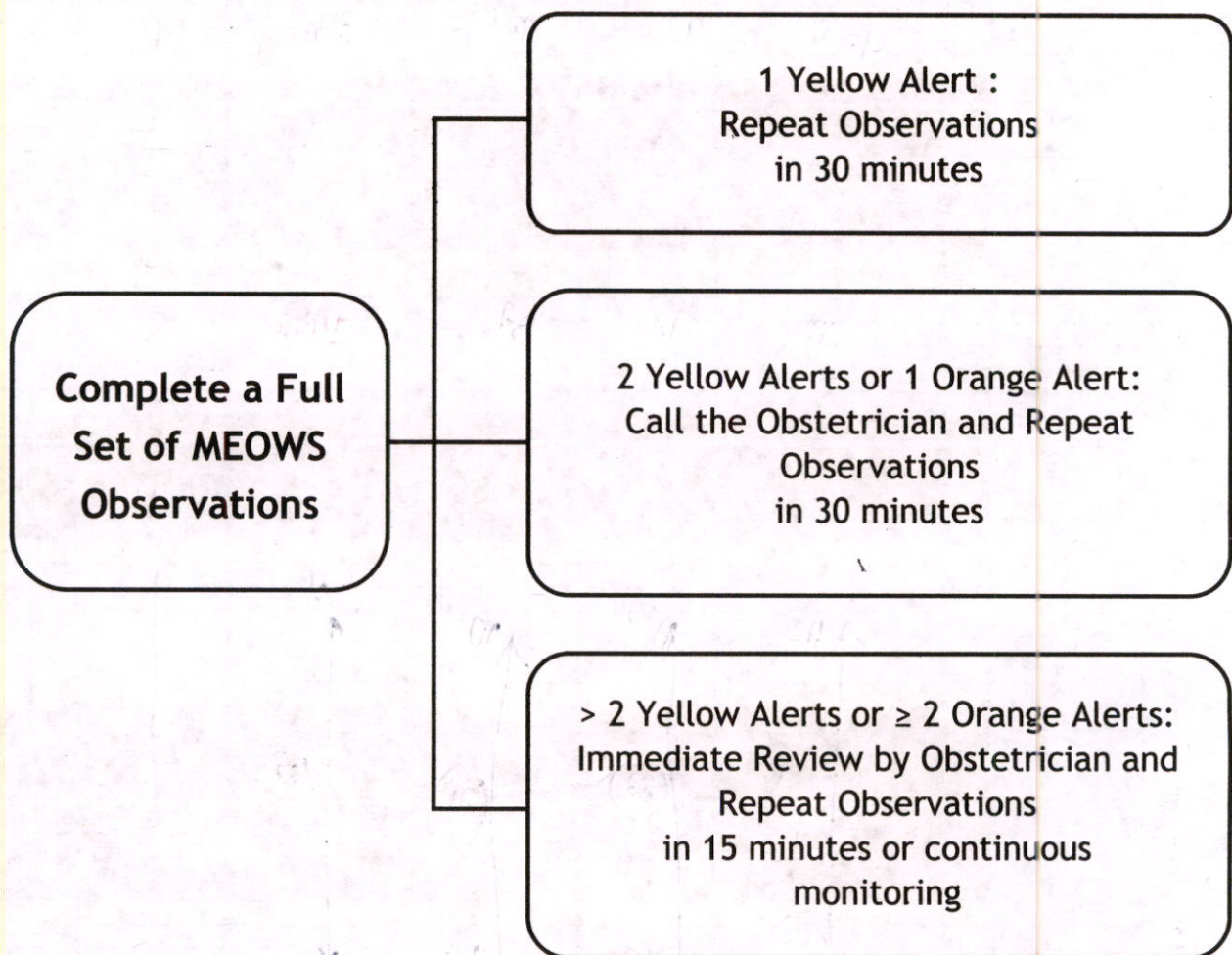
		Date																									
		Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	
RESP (write rate in corresp. box)	> 30																										
	21 - 30																										
	11 - 20		19					20				20					20				14				20		
	0 - 10																										
Saturations	94 - 100 %		98+					100				99+				99+				99+				99+			
	< 94 %																										
Administered O ₂ (L/min.)																											
Temp °C	40																										
	39																										
	38																										
	37																										
	36								37				38				36				36				36		
	35																										
Heart Rate	170																										
	160																										
	150																										
	140																										
	130																										
	120																										
	110																										
	100																										
	90		87					89				82				71				88				71			
	80																										
	70																										
	60																										
	50																										
	40																										
Systolic Blood Pressure	190																										
	180																										
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	110																										
	100																										
	90																										
	80																										
	Diastolic Blood Pressure	130																									
		120																									
	110																										
	100																										
	90																										
	80																										
	70																										
	60																										
	50																										
	40																										
NEURO RESPONSE [✓]	Alert		A					A																			
	Voice																										
	Pain																										
	Unresponsive																										
URINE mls / hour	> 30		✓					✓												✓							
	< 30																										
Proteinuria	Protein ++																										
	Protein > ++																										
Lochia	Normal																										
	Heavy / Foul																										
Liquor	Clear / Pink																										
	Green																										
TOTAL YELLOW SCORES			0					0												0							
TOTAL ORANGE SCORES			0					0												0							
Nurse Initial			nm					f												f							

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

BAH-00653409 IP5-00174527
 Mrs MEKALA CHANDRAMALA
 08-06-1999 26 Y 11 M 22 D (F)
 Dr. SHRUTHI REDDY/Dr.LAVANYA



FLUID CHART

30/5/26 -

Sheet No. :

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

Date	Time	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
		Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G							
30/5	08:00 am											
	09:00 am								✓	0	Sandya	
	10:00 am	RL	100ml							0	Sandya	
	11:00 am	RL	100ml							0	Sandya	
	12:00 pm	RL	100ml							0	Sandya	
	01:00 pm	RL	100ml							0	Sandya	
Total Intake : n/b					Total Output : 0-1						M-n/b	
30/5/26	02:00 pm	RL	100ml							0	Ashwika	
	03:00 pm	RL	100ml						300ml	0	Ashwika	
	04:00 pm	RL	100ml							0	Ashwika	
	05:00 pm	RL	300ml							0	Ashwika	
	06:00 pm	RL	500ml							0	Ashwika	
	07:00 pm	RL	500ml							0	Ashwika	
Total Intake : Taken					Total Output : Passed						300ml	
30/5	08:00 pm	RL	500ml							0	Swapna	
	09:00 pm	RL	500ml						300ml	0	Swapna	
	10:00 pm	RL	100ml							0	Swapna	
	11:00 pm	RL	100ml						600ml	0	Swapna	
	12:00 am	RL	100ml							0	Swapna	
	01:00 am	RL	100ml							0	Swapna	
Total Intake : Taken					Total Output : 1200ml							
30/5	02:00 am	RL	100ml							0	Swapna	
	03:00 am	RL	100ml							0	Swapna	
	04:00 am	RL	100ml							0	Swapna	
	05:00 am	RL	100ml							0	Swapna	
	06:00 am	RL	100ml						700ml	0	Swapna	
	07:00 am										0	Swapna
Total Intake : Taken					Total Output : 2400 ml						M-NP	

Total 24 hrs. Intake 4100

Total 24 hrs. Output 2100ml m-NP

BAH-00653409 IP5-00174527
 Mrs MEKALA CHANDRAMALA
 08-06-1999 26 Y 11 M 22 D (F)
 Dr. SHRUTHI REDDY/Dr.LAVANYA



FLUID CHART



Sheet No. : 2

31/5/26

- All measurements in ml.
- Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.
- 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							
<i>31/5/26</i>	08:00 am									0	Jung	
	09:00 am	H ₂ O								0	Jung	
	10:00 am	H ₂ O							300ml	0	Jung	
	11:00 am					✓				0	Jung	
	12:00 pm	H ₂ O							✓	0	Jung	
	01:00 pm	H ₂ O								0	Jung	
Total Intake : <i>Taken</i>					Total Output : <i>U - passed 2M - 1</i>							
<i>31/5/26</i>	02:00 pm								✓	0	Ashwika	
	03:00 pm	H ₂ O								0	Ashwika	
	04:00 pm									0	Ashwika	
	05:00 pm	H ₂ O				✓			✓	0	Ashwika	
	06:00 pm									0	Ashwika	
	07:00 pm	H ₂ O								0	Ashwika	
Total Intake : <i>Taken</i>					Total Output : <i>Passed m-2</i>							
<i>31/5/26</i>	08:00 pm								✓	0	Jung	
	09:00 pm	water							✓	0	Jung	
	10:00 pm								✓	0	Jung	
	11:00 pm	water				✓				0	Jung	
	12:00 am								✓	0	Jung	
	01:00 am									0	Jung	
Total Intake : <i>- taken</i>					Total Output : <i>m-1 u-3</i>							
<i>1/6/26</i>	02:00 am					↑					Jung	
	03:00 am	water									Jung	
	04:00 am					↑					Jung	
	05:00 am	water									Jung	
	06:00 am										Jung	
	07:00 am	water							✓		Jung	
Total Intake : <i>taken</i>					Total Output : <i>u-1 m-0</i>							
Total 24 hrs. Intake		<i>Taken</i>			Total 24 hrs. Output		<i>u-6 m-4</i>					

BAH-00653409 IPS-00174527
 Mrs MEKALA CHANDRAMALA
 08-06-1999 26 Y 11 M 23 D (F)
 Dr. SHRUTHI REDDY/Dr. LAVANYA

01/6/26



FLUID CHART

Sheet No. : 3

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

Date	Time	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
		Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G							
01/6/26	08:00 am									✓		AS
	09:00 am	H ₂ O										AS
	10:00 am					NP					NO	AS
	11:00 am	H ₂ O								✓		AS
	12:00 pm											AS
	01:00 pm	H ₂ O										
Total Intake :					Total Output : U - 2 M - 0							
01/6/26	02:00 pm											AS
	03:00 pm	H ₂ O										AS
	04:00 pm					NP				✓	NO	AS
	05:00 pm										IV	AS
	06:00 pm	H ₂ O										AS
	07:00 pm											
Total Intake :					Total Output : U - 1 M - 0							
01/06/26	08:00 pm											high
	09:00 pm	water									NO	high
	10:00 pm					NP					IV	high
	11:00 pm											high
	12:00 am	water								✓	canula	high
	01:00 am											high
Total Intake : Taken					Total Output : U = 1 M = 0							
01/06/26	02:00 am											high
	03:00 am	water									NO	high
	04:00 am					NP					IV	high
	05:00 am											high
	06:00 am	water								✓	canula	high
	07:00 am											high
Total Intake : Taken					Total Output : U = 1 M = 0							

Total 24 hrs. Intake Taken

Total 24 hrs. Output U = 5 M = 0

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse		
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine				
	08:00 am													
	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-00653409 IP5-00174527
 Mrs MEKALA CHANDRAMALA
 08-06-1999 26 Y 11 M 22 D (F)
 Dr. SHRUTHI REDDY/Dr. LAVANYA



CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: <u>Dr. Shreethi Reddy</u>	Date of Delivery: <u>30/5/26</u>
Assistant Surgeon: <u>Dr. Shreethi / Dr. Divya</u>	Time of Delivery: <u>1:28 PM</u>
Anaesthetist's Name: <u>Dr. Ayisha</u>	Gender of Baby: <u>Male</u>
Type of Anaesthesia: <u>↓ spinal</u>	Weight of Baby: <u>1.979</u>
Neonatologist: <u>Dr. Rupanjali / Dr. Sowmya</u>	AGPAR Score:
Scrub Nurse: <u>Sh. Shabana</u>	NICU Admission: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Pre-Operative Diagnosis: Primi / Breech / 34 weeks / TCTA ↓ singleton / w/ club foot.
Cervical In situ.

Elective

Emergency

Indication: PPROM

Urgency

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

Decision time: Knief to rectus:

CTG Description: Reactive

If there was a delay give the reasons:

Surgical Procedure: Elective lower segment caesarean section + cervical stitch removal

Post Operative Diagnosis: POD-0 / P/L1 / EL-1/5/5 / cervical stitch removal
~~① Breech extraction of normal baby (male) - Cicalat birth~~
~~② Intrauterine delivered (female fetus)~~

Peri-Operative Complications: ① papryaceous fetus
②
③
cervical stitch removed.

Amount of Blood Loss: ~ 500ml Blood Transfused (in ML): Nil

Name and Number of Surgical Specimen sent for examination:
① Placenta
① T₁ - Baby delivered by breech extraction - (male @ birth)
② T₂ - IUFD fetus - delivered - female
③ Papryaceous fetus - removed

Examination Findings when Appropriate:

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

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

Uterine Closure: One Layer Two Layers 1 Vicryl Suture
 Peritoneal Closure: Pelvic Abdominal None 2-0 Rapid vicryl Suture
 Sheath Closure: 1-0 vicryl Suture
 Fat Closure: Yes No 2-0 Rapid vicryl Suture
 Skin Closure: Subcuticular Mattress 2-0 Rapid vicryl Suture
 Vaginal Evacuated Yes No
 Drain: Yes No Remove in days Await instructions
 Catheter Yes No Remove in 24hrs days Await instructions
 Swap & Instruments count correct? Yes No Post-op Antibiotics Yes No
 Intra-Operative Antibiotics Cover: Yes No Thromboprophylaxis Yes No

Post-Operative Notes:
 1) NBM for 6-8 hours
 2) IUF - RLNS @ loome he
 3) Drugs as ordered
 4) w/o active Bleeding
 5) foley's removal on 1/6/26 at 6:00pm
 6) Inform sus.

Doctor Name: Dr. Dey Doctor Signature: [Signature]
 Date & Time: 30/5/2026

BAH-00653409 IP5-00174527
Mrs MEKALA CHANDRAMALA
08-06-1999 26 Y 11 M 22 D (F)
Dr. SHRUTHI REDDY/Dr.LAVANYA



POST-SURGICAL CARE PLAN FORM

Procedure Done: EL-LSC

Post-Surgical Diagnosis: POD-0 / EL-LSC / P.L. / cervical stick removal.

Post-Operative Monitoring Parameters /Frequency:

Bp/PR/SpO2 for every 15 mins for 2 hours.

Wound Care:

x 24 hrs.

Drain /Special Lines/Catheters:

foleys x 24 hrs.

Special Patient Positioning and Requirements:

Supine

Nutritional Instructions:

NBM for 6-8 hrs.

When to Start Mobilization:

After foleys removed

Special Referrals:

NY

The new order for all required medications documented in the doctor order/medication sheet:

Yes No

Any Other Post-Operative Care Needed including Required Follow Up

NY

Treating Surgeon
(Signature & Stamp)

Date: 30/5/20 Time: 3:06 PM

Note: Plan of care will be readjusted if necessary.

Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION

Name: MEKALA CHANDRAMALA Age: 26 Sex: Female UHID.No: BAH-00653409

Date: 30/5/26 Time: 11:50AM Proposed Operation: ELECTIVE LSCS

Diagnosis: Psemi / 34 wks / Breech / TCTA ↓ Singleton, ✓ Cerebral Palsy

B.P / CRT: 100/60 H.R: 98/min Weight: 67.3kg ASA Physical Status: 1 2 3 4 5

30/5/26

Laboratory Data:

SHORT STATURE 143cm

Hgb: 12.6gm/l
 PCV: 38.4
 WBC: 12800
 Plate: 218126
 PT:
 PTT:
 INR:

Glucose: Protein:
 Urea: Alb:
 Creat: Total Bill:
 Na: Dir. Bill:
 K: LDH:
 Ca++: Alk phos:
 Mg++: Amylase:
 Cl -: SGOT/SGPT:

HIV: X-Ray:
 HBS Ag: ECG:
 HCV: 2D Echo:
 Blood group: O Positive Stress/Anglo:
 T3 Other:
 T4
 TSH

Allergies: NIL

Medical History: CVS:

RESP: Diabetes:

CNS: NIL SIGNIFICANT

Renal:

Hepatic / GE: Physical Activity:

Others: Cerebral Palsy (2012), Appendectomy (2010) ↓ GA

Past Anaesthetic History:

Physical Exam:

Airway: MP 2 3 4 Mouth Opening: Adequate Mentohyoid Distance: (N) Neck: (N) Teeth: (N) Alignment

Lungs: BAC(+), Ueu

Heart: S1S2(+)

CNS: NAD

Pregnant: Yes No NA

Venous Access Site: Peripheral (+)

Spine Exam for regional: Midline

Anaesthetic Plan: MAC REGIONAL GA-ETT LMA

Peri-Operative Plan Explained to the Patient: Yes No

CURRENT MEDICATIONS	DOSAGE
<u>T.Fc</u>	<u>OD</u>
<u>T.Ca</u>	<u>OD</u>
<u>T.ECOSPIRIN</u> (last on <u>28/5/26</u>)	<u>150mg OD</u>

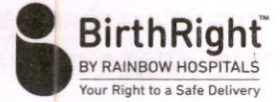
Pre-Operative Instructions:

- DVT Prophylaxis :
- NIL ORAL $\left\{ \begin{array}{l} \text{Water / ORS 2 Hours} \\ \text{Others 6 Hours} \end{array} \right.$
- Informed Consent: Standard High Risk
- Post Operative Pain Management: Discussed with Patient
- Other Instructions:

Signature: [Signature] Name: Dr. S. Ayesh



ANAESTHESIA CHART



Pre Induction Assessment:

Change in Patient Condition: Yes No Fasting Status: Adequate

Physical Status: Patient Identified Consent Present Chart Reviewed

H.R: 90/min B.P / CRT: 134/88 mmHg SpO₂: 98% on RA R.R: 18/min Last Feed: >6hr
 Pre-OP Diagnosis: Primid 34 wks / Breech / 0 Operation: Elective Cesarean Section Date: 30/5/24

Surgeon: Dr. Shruthi Reddy Anaesthesiologist: Dr. Ayesha Technician: Sireesha

TIME	1:05	1:15	1:25	1:35	1:45	2:00	2:														
N ₂ O / AIR / O ₂ LPM																					
HALO / SO / SEVO																					
Drugs:																					
<u>3ml ONDANSETRON Ugliv</u>																					
<u>3ml OXYTOLIN 3IU IV</u>																					
<u>3ml OXYTOLIN 20IU IV in SPOON RL</u>																					
<u>4ml TRANEXAMIC ACID 1gm IV</u>																					
F _i O ₂ / SaO ₂	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
ETCO ₂																					
ECG	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR
Temperature																					
Urine Output	85ml																				
Fluids Blood	200ml																				
B.P																					
V Systolic																					
A Diastolic																					
X Mean																					
• Heart Rate																					
Tourniquet on Time																					
Tourniquet off Time																					
Throat Pack In	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Throat Pack Out																					

Antibiotic
 Suppository
DICLOFENAC 100mg PR
TRANAPDL 100mg F
400ml

NOTES

LAB Values
 ABG
 GRBS
 Others

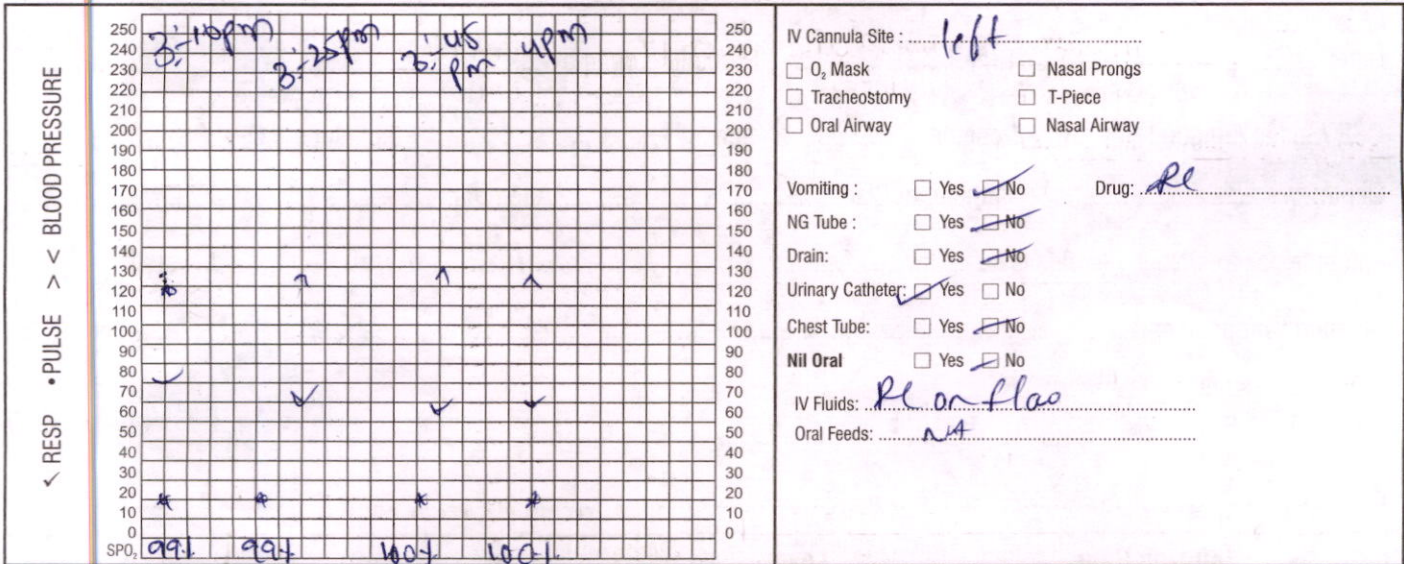
<input checked="" type="checkbox"/> Equipment Checked and Functional <input type="checkbox"/> BP <input checked="" type="checkbox"/> Cuff Site: <u>(R)UL</u> <input type="checkbox"/> Art Site: <input checked="" type="checkbox"/> EKG Lead <u>3lead</u> <input type="checkbox"/> Temp Site <input type="checkbox"/> FIO ₂ Monitor <input type="checkbox"/> Agent Monitor <input checked="" type="checkbox"/> Pulse Oximeter <input type="checkbox"/> Capnograph <input type="checkbox"/> Ventilator <input type="checkbox"/> Nerve Stimulator Position: <input checked="" type="checkbox"/> Pressure Points Checked Eye Care: <input type="checkbox"/> Oint <input type="checkbox"/> Tape <input 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 checked="" type="checkbox"/> Hugger's <input type="checkbox"/> Cotton Wool <input type="checkbox"/> Other Times: Anaes Start: <u>1:12pm</u> OP Start: <u>1:20pm</u> OP End: <u>2:40pm</u> Leave OR: <u>2:45pm</u> Anaesthesia: <input type="checkbox"/> GA <input checked="" type="checkbox"/> Monitored Anaesthesia Care <input checked="" type="checkbox"/> Regional Line (Size & Location) <input type="checkbox"/> CVP: <input type="checkbox"/> ART: <input checked="" type="checkbox"/> IV: <u>18G IV on (L)U</u> <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?	Regional: Extremity <input checked="" type="checkbox"/> Spinal <input type="checkbox"/> Epidural <input type="checkbox"/> Caudal Others: Position: <u>sitting</u> Site: <u>L3-L4</u> Needle Size: <u>25G</u> Depth: Parasthesia <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Catheter at skin cm Drug Name & Conc: <u>0.5% HEAVY BUPIVAC</u> Bolus: Infusion: Block Level: <u>T4-T6</u> Comments: Transportation to <input type="checkbox"/> PACU <input type="checkbox"/> ICU <input type="checkbox"/> Other Relaxant Reversed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Name of the Doctor: <u>Dr Ayesha</u> Signature of the Doctor: <u>[Signature]</u>
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BAH-00653409 IP5-00174527
 Mrs MEKALA CHANDRAMALA
 08-06-1999 26 Y 11 M 22 D (F)
 Dr. SHRUTHI REDDY/Dr.LAVANYA



POST ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Dr. Ashwitha Time Received : 3:15pm Time Discharged :



POST ANAESTHESIA SCORE (Modified Aldrete Score)	IN	MINUTES			OUT	SCORING INTERPRETATION
		30	60	90		
Able to move 4 extremities voluntary or on command = 2 Able to move 2 extremities voluntary or on command = 1 Able to move 0 extremities voluntary or on command = 0	ACTIVITY	1	2	2	2	A Minimum Total Score of 8 is Required for Discharge Exceptions to this, are to be explained in the space below by the Discharging Physician:
Able to deep breathe & cough freely = 2 Dyspnea or limited breathing = 1 Apneic = 0	RESPIRATION	2	2	2	2	
BP ± 20 of Pre Anaesthetic level = 2 BP ± 20-50 of Pre Anaesthetic level = 1 BP ± 50 of Pre Anaesthetic level = 0	CIRCULATION	2	2	2	2	
Fully awake = 2 Arousable on calling = 1 Not responding = 0	CONSCIOUSNESS	2	2	2	2	
Pink = 2 Pale, dusky, blotchy, jaundiced, other = 1 Cyanotic = 0	COLOR	2	2	2	2	
TOTAL		9	10	10	10	

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
30/5	3:20pm	0	NA	Syl
30/5	3:00pm	1	Inj. Paracetamol	Ashwitha

Pain Tool Used: N PASS FLACC Wong Baker NPS

Anaesthesiologist Name : Dr. Ashwitha

Anaesthesiologist Signature: [Signature]

Date & Time: 30/5/2026 8pm

PACU Nurse Name : [Signature]

PACU Nurse Signature: [Signature]

Date & Time: 30/5/26 @ 8pm

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): Ashwitha

Date & Time: 30/5/26 @ 8pm

CONSENT FOR ANAESTHESIA

Authorization By: Patient Patient Attendant

Operative Procedure: ELECTIVE LOWER SEGMENT CESAREAN SECTION

Anaesthesiologist: Dr. SK. AYESHA Surgeon: Dr. SHRUTHI REDDY

Please read this before you consent for Anaesthesia

General anaesthesia involves rendering a patient unconscious before an operation. This ensures the patient is not aware of events and does not feel pain during the operation. Drugs given through a vein and / or inhaled from an anaesthesia machine produce it. Regional anaesthesia involves using a local anaesthetic to numb a specific area of the body for surgery: Prolonged pain relief can be achieved by infusing weak solutions of local anaesthetics and narcotic drugs to particular parts of the body after surgery or injury, using catheters.

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

- Heart Disease Hypertension Diabetes Renal Failure Multi Organ Failure Hepatic Disorders
 Shock Obesity Chronic Obstructive Pulmonary Disease

Others: hypotension, Bleeding, Need for transfusion, PAH

Declaration by Patient Attendant

- I authorize and give consent for anaesthesia as considered appropriate by the anaesthesia team
 Regional Anaesthesia General Anaesthesia Monitored Anaesthesia Care
- I understand that there are some infrequent complications that can occur due to use of anaesthesia, these include pain or some injury at the site of injections, temporary breathing difficulties, allergic reactions, headaches, variations in blood pressure, nausea and vomiting.
- I authorize the anaesthesia team to perform any additional procedures (for example, Central Venous Access, arterial line, use of suppositories and or nerve blocks for pain relief, changing from regional to general anaesthesia etc) which are considered necessary by them during the course of surgery.
- I also authorize and give consent to the team of doctors attending on me to administer blood products during the course of operative period and immediately thereafter if need arises.
- I acknowledge that the anaesthesiologist have informed me about the anaesthetic procedure, risk, benefits and alternative treatments.
- 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: chandramala
 Name: M. Chandramala
 Relationship with patient: Self
 Date & Time: 30/5/2026 12pm

Witness:

Signature: M. Praveen
 Name: M. Praveen
 Date & Time: 30/5/2026 12pm

Doctor (who is taking consent):

Signature: [Signature] Name: Dr. SK. Ayesha Date: 30/5/26 Time: 12:00pm

అనస్థీషియా కోసం అనుమతి పత్రం

అనుమతి ఇచ్చినవారు: రోగి రోగి అటెండెంట్

శస్త్రచికిత్స:

అనస్థీషియా వైద్యుడు: శస్త్రచికిత్స నిపుణుడు:

అనస్థీషియా కోసం మీ అనుమతి ఇవ్వడానికి ముందు దయచేసి ఇది చదవండి

సాధారణ అనస్థీషియా అనేది శస్త్రచికిత్స ముందు రోగిని పూర్తిగా అపస్మాృక స్థితిలోకి తీసుకెళ్లే ప్రక్రియ. దీనితో రోగి శస్త్రచికిత్స సమయంలో ఏదీ తెలుసుకోడు, నొప్పి అనుభవించడు. దీనిని శిరస్థాపం ద్వారా ఇచ్చే మందులతో లేదా అనస్థీషియా యంత్రం నుండి పీల్చే మందులతో అందిస్తారు.

లిజనల్ అనస్థీషియా అనేది శరీరంలోని ఒక ప్రత్యేక భాగాన్ని లోకల్ అనస్థీషియా నొప్పి రాకుండా చేయడం. శస్త్రచికిత్స లేదా గాయం తరువాత దీర్ఘకాలిక నొప్పి ఉపశమనం కోసం, కాథెటర్లు ఉపయోగించి వీక్ లోకల్ అనస్థీషియా లేదా నార్మోటిక్ మందులను నిరంతరం ఆ భాగానికి అందించవచ్చు.

స్పెసిఫిక్ హై లిస్ట్:

క్రింద పేర్కొన్న వైద్య సమస్యల కారణంగా ఉండే అధిక ప్రమాదాల గురించి వైద్యులు నాకు వివరంగా చెప్పారు. నాకు ఉన్న సందేహాలను నేను అడిగాను మరియు అవి నివృత్తి చేయబడ్డాయి.

హృదయ వ్యాధి రక్తపోటు మధుమేహం మూత్రపిండాల వైఫల్యం బహుళ అవయవ వైఫల్యం

కాలేయ సమస్యలు షాక్ ఊబకాయం దీర్ఘకాల శ్వాసకోశ వ్యాధి (COPD)

ఇతరవి:

రోగి / రోగి అటెండెంట్

- అనస్థీషియా బృందం అవసరమని భావించిన విధంగా నాకు అనస్థీషియా ఇవ్వడానికి నేను అనుమతి ఇస్తున్నాను.
 లిజనల్ అనస్థీషియా జనరల్ అనస్థీషియా మానిటర్డ్ అనస్థీషియా కేర్
- అనస్థీషియా ఉపయోగంలో అప్పుడప్పుడూ జరిగే కొన్ని అరుదైన సమస్యలు ఉండవచ్చు అని నేను అర్థం చేసుకున్నాను. వీటిలో ఇంజెక్షన్ ఇచ్చిన చోట నొప్పి లేదా స్వల్ప గాయం, తాత్కాలిక శ్వాస ఇబ్బందులు, అలెర్జిక్ ప్రతిచర్యలు, తలనొప్పి, రక్తపోటు మార్పులు, వాంతులు మరియు అసహనం వంటి సమస్యలు ఉండవచ్చు.
- శస్త్రచికిత్స సమయంలో అవసరం అనిపిస్తే, అదనపు చర్యలు (ఉదాహరణకు సింట్రిల్ వెనెస్ యాక్సెస్, ఆర్థిలయల్ లైన్, సపోజిటరీలు, నొప్పి నివారణ కోసం నర్వ్ బ్లాకులు, లిజనల్ అనస్థీషియా నుండి జనరల్ అనస్థీషియాకు మార్పు మొదలైనవి) చేయడానికి అనస్థీషియా బృందానికి నేను అనుమతి ఇస్తున్నాను.
- శస్త్రచికిత్స సమయంలో మరియు వెంటనే అనంతరం, అవసరమైతే రక్త పదార్థాలు (Blood products) ఇవ్వడానికి నా చికిత్సలో ఉన్న వైద్యుల బృందానికి కూడా నేను అనుమతి ఇస్తున్నాను.
- అనస్థీషియా విధానం, ప్రమాదాలు, ప్రయోజనాలు మరియు ప్రత్యామ్నాయ చికిత్సల గురించి అనస్థీషియా వైద్యులు నాకు వివరించినట్లు నేను అంగీకరిస్తున్నాను.
- పై సమాచారం అంతా నేను పూర్తిగా అర్థం చేసుకున్నాను. నాకు ప్రశ్నలు అడిగే అవకాశం లభించింది, మరియు నాకు అర్థమయ్యే భాషలో వాటికి సమాధానాలు ఇచ్చారు. ఈ అనుమతి నేను పూర్తిగా స్వచ్ఛమైన భావాలతో, స్వయంగా ఇస్తున్నానని ధృవీకరిస్తున్నాను.

రోగి / రోగి అటెండెంట్:

సాక్షి:

సంతకం:

సంతకం:

పేరు:

పేరు:

రోగితో సంబంధం:

తేదీ & సమయం:

తేదీ & సమయం:

డాక్టర్ :

సంతకం: పేరు: తేదీ & సమయం:

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE



Patient Name : Mrs. Mekala Chandramala Gender: Male Female Age : 26

UHID No : BAH-00653409 Date : 30/5/26

Instruction:

This consent form should be signed by Patient (If an adult 18 years or older) or by a parent / guardian, if the patient is a minor or lacks the ability to make an informed decision. The purpose of this form is to verify that you have received this information and have given your consent to the surgery or special procedure recommended to you.

I hereby authorize the performance of the following operation (s) or procedure (s) (use no abbreviation / Avoid technical terms)

ELECTIVE LOWER SEGMENT CESAREAN SECTION

upon

Mrs. (Name of the Patient) Chandramala

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

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

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

Bleeding, Blood transfusion, Damage to surrounding organs, Infection

My signature on this form indicates that

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

Name of the Doctor who is performing the Surgery / Procedure: Dr. Shruuthi

Consentee :

Signature : Chandramala

Name : Mrs. M. Chandramala

Date & Time : 30/5/26 11AM

Witness :

Signature : [Signature]

Name : Karuna

Date & Time : 30/5/2026 11AM

Docu. No. : RCHBH /FRM / CLINICAL / 027

Patient Attendant :

Signature : [Signature]

Name : Shandy

Relationship with Patient : Mother

Date & Time : 30/5/26 11AM

Doctor (who is taking the consent) :

Signature : [Signature]

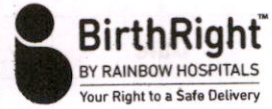
Name : Dr. Y. Sneha

Date & Time : 30/5/26 11AM

BAH-00653409 IP5-00174527
Mrs MEKALA CHANDRAMALA
08-08-1999 26 Y 11 M 23 D (F)
Dr. SHRUTHI REDDY/Dr. LAVANYA



323 A



NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 1/6/26 Time: 8:30am

Origin: Indian Height: 145cm Weight: 67.3Kgs BMI: 31.5 kg/m²

Food Allergies: No

Diagnosis: POP-2 / EL: LSCS (Lower Segment Cesarean Section)

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

Diet Advised:

Soft High protein diet
include plenty of oral liquids
avoid spicy, chilled and outside foods

Patient's / Attendant's

Signature: Chandramala

Name: Chandramala

Date & Time: 1/6/26 @ 8:30am

Dietician's

Signature: Saima

Name: Saima

Date & Time: 1/6/26 8:40am

