Dr. Suchitra

ESTIMATION SLIP

Date : 10/4/26 UHID / IP No. : MAH-003848638 Sl No. 1434

Name of Patient : Mrs. Susmitha Age: 26 yrs Gender: F

Father's / Husband's Name : Mr. Srivatsava Corporate / Occupation :

Address : Kondapur Phone : 8919274597 Email :

Procedure / Plan : ND / LSCS EDD/Dos: Aug-26

MODE OF PAYMENT : ☐ SELF ☑ TPA : Bajaj General Insurance ☐ GIPSA : OTHER

TARIFF INFORMATION :

Particulars	Package Amounts (Rs.)	
Room Category	Normal Delivery	LSCS
Multi Shared Ward		
Shared Ward		
Twin Shared Ward →	90k	1.1ac
Private Room →	1.07k	1.17k
Super Deluxe Room		
Suite Room	+ Non payable	Extra 15k to 25k
Package includes (Package starts from the time of admission)	Room Rent, Nursing Charges, Doctors Fee, Surgeon's Fee and Labour Ward Charges	Room Rent, Nursing Charges, Doctors Fee, Surgeon's Fee Anesthetist's Fees and OT Charges
	Length of Stay for : 2 Days	Length of Stay for : 3 Days
	Pharmacy up to 9,000/-	Pharmacy up to 12,000/-
NST, Hb1. ←	Investigations up to 2,500/-	Investigations up to 3,000/-
Others	Well baby care	25k to 35k

Neonatologist Charges : ☐ Covered ☐ Not Covered Epidural / Entonox : ☐ Covered ☐ Not Covered

Initial Minimum Deposit : 30,000/- Advance time of Admission

REMARKS :

1. Room eligibility is purely subject to TPA approval and the Package / Room Tariff starts from the time of admission. The estimated amount may Change according to duration of stay, medical condition, investigations, pharmacy and any other procedure.
2. Proportionate difference of bill amount is applicable in case the patient opts for a category higher than the TPA approved, which has to be paid by the patient and may not be reimbursed by the TPA at later stage.
3. **Total baby charges are extra which include admission, pharmacy, vaccinations, investigations, disposables, consumables, equipments, speciality consultations, etc.**
4. In Case the patient gets discharged earlier than the packages permitted days, no refund of any type is applicable and if the length of stay is beyond the package permitted, additional payment is applicable for which kindly contact the Financial Counselling desk between 9am to 6pm
5. **For Non-medicals, Disposables, Consumables, Taxes, Kiwi Cup charges, Implants, Tubectomy charges, HIV/HbsAg, Anti-D, Medical Records, Double Occupancy and Registration Charges, etc. credit cannot be exchanged. These items are not payable to us as per Insurance company norms.**
6. Difference if any between the final bill amount and amount permitted/approved by TPA or total bill amount in case of denial from TPA has to be paid by the patient. In case of denial, cash tariff would be applicable.
7. Two attendants are permitted with patients in SDLX, DLX and PVT rooms and only one attendant is permitted in the rest of the categories of rooms and no attendant is permitted in ICU's
8. Tariffs are subject to revision
9. Kindly check your billing status on day to day basis at IP Billing Department.
10. Additional Charges on package are applicable for Non-working hours and Non-working days (sundays and public holidays)

DECLARATION

I ______________ have attended the Financial counseling desk and understood the expected costs and other conditions applicable. In case the TPA / Insurance Company rejects the claim for whatsoever reasons at any point of time I promise to settle the hospital bill with the hospital without any ambiguity.

[signature] Signature of the Client | Husband Signatory Relationship | [signature] Signature of the financial Counselor

SURGERY DETAILS

Date : 26/5/26

Patient Name: Mrs. Sushmitha Date of Birth: 15/2/2000 Age: 26yrs

Gender: female Ward : OT UHID No.: MAH-00384638

IP26-00006430

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

Name of the Surgery : ELECTIVE LOWER SEGMENT CAESAREAN SECTION + VA

Time in : 5:55 AM Time Out : 7 AM

		NAME	AMOUNT
1.	Surgeon	: Dr. Suchitra.	
2.	Anaesthetist	: Dr. Ayesha	
3.	Assistant Surgeon	: Dr. Ramya theja	
4.	OT Technician	: Br. Arvind	
5.	Circulating Nurse	: Sr. Puja	
6.	Assistant Nurse	: Sr. Sangeetha	

Special Equipment: ☐ Laparascopy ☐ Broncoscope ☐ Harmonic ☐ Morcelator

☐ C-ARM ☐ Cystoscopy ☐ Versa Point ☐ Liver Cusa

☐ Neuro Cusa ☐ Others ....

Signature of the Surgeon Signature of Circulating Nurse

Order No: 26-00020263 Order by: Sangeetha

Docu. No. : RCH /FRM / GENERAL / 114

MAH-00384638 IP26-00006430
Mrs CHITTIMALLI SUSMITHA
15-02-2000 26 Y 3 M 11 D (F)
Dr. SUCHITRA SRIRAMPUR

CONSUMABLES OF OT

Circulating staff : Puja Technician : Arvind Date : 26/5/26 Time :

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube			Major Pack LSCS		01	Inj Vit.K		01
LMA			Sutures 883, 4242	1+	1	Cord Clamp		01
ECG leads : (A) / P / N		03	1326, 2346	1+	2	Suction Catheter 8no		01
HME filter : A / P / N						Feeding Tube 5no		01
Syringes : 10 cc		03				Vaccum Suction Set		01
05 cc		02	Gloves 61/2		05	Surgical Gloves 61/2		02
02 cc		02	Encore 61/2		01	Gauze Pack 7.5		01
01 cc		01				Syringe 1ml / 2ml		02
Cautery plate : (A) / P / N		01	Surgical blade 22		01	Surgical Blade # 20		01
IV set		01	NG tube			Koochies (S)		
RL		02	Cautery pencil		01	D water		01
NS : 10ml / 100ml / 500ml / 1000ml		01	Koochies XXL		01	26-000020216/170		
Oxytocin		03	Ointments					
Acugyl		01	Suction Catheter					
Fentanyl		01	Cap, Mask	20+	20			
~~Morphine~~ Atropine		01	Gauze Pack 7.5		02			
~~Ketamine~~ Adrenaline		01	Mop Pack		02			
Propofol			Sterístrip					
Rocuronium			Underpad		02			
Glycopyrolate			Draw sheet					
~~Myopyrolate~~ Pencan 25G		01	Abgel					
Ondansetron		01	Foleys catheter					
27G Pencan ~~25g/ Spinal Needle 22~~		01	Urobag					
Bupivacaine 0.25%			Chest Drainage Catheter					
Bupivacaine 0.25% (Heavy)		01	Romodrain bag					
Antibiotics			Bandage					
			Tegaderm					
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg		01	Vaccum Suction set		01			
Justin : 12.5 mg / 25mg / 100mg		01	Plastic ~~Bed Sheet~~ Aprons		03			
Tab. Misoprost : 200mg		04	Betadine Solution		02			
Gloves 7.0		01	Microshield					
Gauze 7.5x7.5		01	Cotton Balls		01			
Dicloquick		01	Latex Gloves		20			
Lox patch		01	Ramdione Scrub					
			Saral					

Surgeon Anaesthesiologist Nurse OT Technician

Order No. 26-000020216/168 Ordered by : Sangeetha

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

Rainbow Childrens Hospital-Himayatnagar

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Hyderabad ,Telangana, INDIA ,500029.
040-48873000, info@rainbowhospitals.in

ELECTRONIC MEDICINE PRESCRIPTION

MRN	: MAH-00384638	Name	: Mrs CHITTIMALLI SUSMITHA
Age / Sex	: 26 Y 3 M 11 D / Female	Doctor	: SUCHITRA SRIRAMPUR
Adm/Reg Date/Time	: 26/05/2026 04:46	Payor	: BAJAJ ALLIANZ GENERAL INSURANCE CO LTD.
Order Date	: 26/05/2026 08:22	Ordernumber	: 26-0000202168
Visit ID	: IP26-00006430	Ward/Bed No	: 4F -OT / LDR-416
Patient Address	: 3-2-121,FLAT NO 304,KALYANI RESIDENCY APARTMENT, Kachiguda, Hyderabad, Telangana, INDIA, 500027		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	ACUGYL 500MG INJ		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
2	RL 500 ML CLOSED SYSTEM	RINGER LACTATE 500ML CLOSED	1 Bottle	/ Once Daily	2 Days		2 Bottle	Dispensed
3	DICLOQUICK 1ML INJ		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
4	JUSTIN SUPPOSITORIES 100 MG 5 S		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
5	E.C.G ELECTRODES (ADULT)	ELECTRODES ADULT	1 Nos	External / Once Daily	1 Days		3 Nos	Dispensed
6	BUPICAIN HEAVY 80MG INJ 4ML	BUPIVACAINE 80MG INJ	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
7	ADULT DIAPERS-XXL		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
8	SURGEON CAP(FEMALE) (PROTECTCARE)		1 Nos	/ Once Daily	1 Days		20 Nos	Dispensed
9	FACE MASK 3 LAYER - ELASTIC	FACE MASK 3 LAYER	1 Nos	/ Once Daily	20 Days		20 Nos	Dispensed
10	MOPS 30X30 8PLY 5S X-RAY	MOPS 30X308 PLYDATT	1 Nos	/ Once Daily	2 Days		2 Nos	Dispensed
11	PREGELLED SURGICAL PLATES(ADULT)	PREGELLED PLATED ADULT	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
12	DISPOSABLE APRONS STERIL XL	DISPOSABLE APPRON STERILE XL	1 Nos	/ Once Daily	3 Days		3 Nos	Dispensed
13	MONOCRYL 3-0 NW 1326	MONOCRYL 1326	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
14	PENCAN 25G*3 1 2	PENCAN 25G*3 1 2	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
15	SURGICAL BLADE 22	SURGICAL BLADE 22	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
16	ONDOKIND INJ 4 MG 2 ML	ONDANSETRON 4MG 2ML INJ	1 Nos	/ Once Daily	1 Days		1 Vial	Dispensed
17	LSCS DRAPE PACK (PROTECTCARE)		1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
18	TRUGUT CHROMIC CATGUT SN4242	TRUGUT CHROMIC CATGUT SN4242	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
19	VACCUME SUCTION SET	VACCUME SUCTION SET	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
20	LOX-LIDOCAIN-5PER PATCH 2S		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
21	PROLENE 1 NW 883	PROLENE 1 NW 883	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
22	COTTON BALLS 2 GM 5 NOS	COTTON BALLS 2G- 5 NOS	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
23	ADROGLARE(ADRENALINE) INJ 1MG 1ML		1 Vial	External / Once Daily	1 Days		1 Vial	Dispensed
24	ENCORE MICROPTIC GLOVES-7 PF		1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
25	PENCAN 27G (B/BRAUN)		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
26	EVATOCIN (OXYTOCIN) INJ 5 IU 1 ML		1 Nos	/ Once Daily	3 Days		3 Vial	Dispensed
27	DSYRINGS 2.5ML(NIPRO)	SYRINGE 2ML	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
28	SUPRIDOL SUPPOSITORIES 100 MG 5 S		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
29	VICRYL 1-0 VP 2346	VICRYL 1-0 VP 2346	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed

SUCHITRA SRIRAMPUR

Reg No : HMC10563

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Note

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* **Do not refill medicines.**

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Hyderabad ,Telangana, INDIA ,500029.
040-48873000, info@rainbowhospitals.in

ELECTRONIC MEDICINE PRESCRIPTION

MRN	: MAH-00384638	**Name**	: Mrs CHITTIMALLI SUSMITHA
Age / Sex	: 26 Y 3 M 11 D / Female	**Doctor**	: SUCHITRA SRIRAMPUR
Adm/Reg Date/Time	: 26/05/2026 04:46	**Payor**	: BAJAJ ALLIANZ GENERAL INSURANCE CO LTD.
Order Date	: 26/05/2026 08:22	**Ordernumber**	: 26-0000202167
Visit ID	: IP26-00006430	**Ward/Bed No**	: 4F -OT / LDR-416
Patient Address	: 3-2-121,FLAT NO 304,KALYANI RESIDENCY APARTMENT, Kachiguda, Hyderabad, Telangana, INDIA, 500027		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	SGLOVE # 6.5 (SURGICARE)	SURGICAL GLOVES 6.5	1 Nos	External / Once Daily	1 Days		5 Nos	Dispensed
2	CAUTERY PENCIL(ADVANCE)	CAUTERY PENCIL (ADVANCE)	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
3	NITRILE EXAMINATION GLOVES P F- MEDIUM	NITRILE GLOVES M	1 Nos	/ Once Daily	20 Days		20 Nos	Dispensed
4	POVINANZ SOLUTION 10% 100 ML		1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
5	DSYRINGE 5ML.(NIPRO)	SYRINGE 5ML	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
6	DSYRINGE 10ML (NIPRO)	SYRINGE 10ML	1 Nos	External / Once Daily	1 Days		3 Nos	Dispensed
7	DSYRINGE 1ML (NIPRO)	SYRINGE 1ML	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
8	Encore Microptic gloves-6.5		1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
9	MISOPROST TAB 200MCG 4S		1 Tabs	External / Once Daily	1 Days		4 Tabs	Dispensed
10	BCV-INTRAFIX SAFESET		1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
11	UNDERPADS 60X90 BUTTERFLY		1 Nos	External / 10 AM	1 Days		2 Nos	Dispensed
12	NS 100ML ACCULIFE - EH		1 mL	External / 10 AM	1 Days		1 mL	Dispe[illegible]
13	CUROPINE (ATROPINE) INJ 1 ML		1 Vial	External / Once Daily	1 Days		1 Vial	Dispensed
14	GAUZE 7.5X7.5 12 PLY (5 NOS)	GAUZE 7.5X7.5 12 PLY 5 NOS	1 Nos	External / Once Daily	1 Days		3 Nos	Dispensed

SUCHITRA SRIRAMPUR

Reg No : HMC10563

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ELECTRONIC MEDICINE PRESCRIPTION

MRN	: HNH-00015621	Name	: Baby Of CHITTIMALLI SUSMITHA
Age / Sex	: 0 Y 0 M 0 D 2 H / Male	Doctor	: SANJAY SRIRAMPUR
Adm/Reg Date/Time	: 26/05/2026 06:55	Payor	: SELFPAY
Order Date	: 26/05/2026 08:27	Ordernumber	: 26-0000202169
Visit ID	: IP26-00006431	Ward/Bed No	: 4F -OT / CRDL-HNPDA-412-1
Patient Address	: 3-2-121,FLAT NO 304,KALYANI RESIDENCY APARTMENT, Kachiguda, Hyderabad, Telangana, INDIA, 500027		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	INFANT FEEDING TUBE-5	INFANT FEEDING TUBE 5	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
2	SUCTION CATHETER 8		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
3	SGLOVE # 6.5 (SURGICARE)	SURGICAL GLOVES 6.5	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
4	CORD CLAMP-ALPHAMEDICARE		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
5	EASYCLOT-K1 1MG INJ 0.5 ML		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
6	VACCUME SUCTION SET	VACCUME SUCTION SET	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
7	D WATER 10 ML AMPULE	DISTIL WATER10ML	1 Bottle	External / Once Daily	1 Days		1 Bottle	Dispensed
8	SURGICAL BLADE 20	SURGICAL BLADE 20	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed

SANJAY SRIRAMPUR

Reg No : HMC9465

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040-48873000, info@rainbowhospitals.in

ELECTRONIC MEDICINE PRESCRIPTION

MRN	: HNH-00015621	**Name**	: Baby Of CHITTIMALLI SUSMITHA
Age / Sex	: 0 Y 0 M 0 D 2 H / Male	**Doctor**	: SANJAY SRIRAMPUR
Adm/Reg Date/Time	: 26/05/2026 06:55	**Payor**	: SELFPAY
Order Date	: 26/05/2026 08:27	**Ordernumber**	: 26-0000202170
Visit ID	: IP26-00006431	**Ward/Bed No**	: 4F -OT / CRDL-HNPDA-412-1

Patient Address : 3-2-121,FLAT NO 304,KALYANI RESIDENCY APARTMENT, Kachiguda, Hyderabad, Telangana, INDIA, 500027

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	DSYRINGE 1ML (NIPRO)	SYRINGE 1ML	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
2	GAUZE 7.5X7.5 12 PLY (5 NOS)	GAUZE 7.5X7.5 12 PLY 5 NOS	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed

SANJAY SRIRAMPUR

Reg No : HMC9465

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Note

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Name	Mrs CHITTIMALLI SUSMITHA	UHID	MAH-00384638
Father/Guardian	Mr SRIVATSAVA	Age/Gender	26 Y 3 M 11 D/ Female
Address	3-2-121,FLAT NO 304,KALYANI RESIDENCY APARTMENT, Kachiguda, Hyderabad, Telangana, INDIA, 500027		
IP No	IP26-00006430	Admission Date	26-05-2026
Ref Doctor	Self		
Discharge Date	29.05.2026		

DISCHARGE SUMMARY

Consultant:
Dr. SUCHITRA SRIRAMPUR
MBBS, MD (OBGYN)
HMC10563

Diagnosis: PRIMI WITH 36^{+6} WEEKS WITH RH NEGATIVE PREGNANCY WITH OLIGOHYDRAMNIOS FOR ELECTIVE LOWER SEGMENT CAESEREAN SECTION.

ELECTIVE LOWER SEGMENT CAESEREAN SECTION DONE ON 26.05.2026

History:
LMP:10.09.2026
EDD: 17.06.2026

Obstetric formula: Primi
Gestation at admission: 36+6

Name	Mrs CHITTIMALLI SUSMITHA	UHID	MAH-00384638
IP No	IP26-00006430	Admission Date	26-05-2026

weeks

Obstetric History:
G1 - Present pregnancy, Spontaneous conception.

Medical History: Nil
Family History : Family-HTN, Father-DM
Surgical History: Nil
Allergies : Nil

Antenatal Details:
Mrs CHITTIMALLI SUSMITHA was booked to Rainbow hospital at 36 weeks of gestation. She had regular antenatal checkups and investigations as advised. NT scan was normal. FTS was low risk. TIFFA was normal. Scan done on (01.05.2026) showed SLIUP at 33^{+2} weeks with Breech presentation, AFI 8cm Oligohydramnios (5%) with AC 15% , EFW 2128gm (42%) with normal doppler. Antenatal steroid coverage (2 doses of Betamethasone- 12mg) done for fetal lung maturity/ oligohydramnios. Fetal monitoring was done by serial growth scan. ICT on 07.05.2026 was negative. Scan done at 35+2 weeks with Breech with AFI 10.1 cm with EFW 2456 (36%) with normal Doppler. She was admitted at 36 weeks with EL.LSCS.

Investigations: Enclosed.
Blood group: "O" Negative

Management: Course in hospital:

Name	Mrs CHITTIMALLI SUSMITHA	UHID	MAH-00384638
IP No	IP26-00006430	Admission Date	26-05-2026

At admission on clinical examination the vitals were stable, uterus was relaxed. Fetal well being was confirmed by an admission NST which was found to be reactive. She was prepared for elective C- section with indwelling Foley's catheter and IV canula under aseptic conditions. Written informed consent for surgery taken. Preanesthetic check up done. Anesthetic premedication (IV Pantop and Perinorm) given. Antibiotic prophylaxis with Inj. Taxim 1 gm IV given. Patient shifted to theatre.

Surgery Notes:
Under spinal anesthesia she was painted and draped as per hospital protocol. Abdomen opened in layers. The parietal and visceral peritoneum carefully opened after identifying the urachus. Bladder was reflected. A Lower segment curvilinear incision given on the uterus. Baby delivered. Cord clamped and cut and cord blood collected for blood grouping and Rh typing. Baby handed over to pediatrician. Placenta delivered with controlled cord traction. Uterus closed in layers. Hemostasis secured. Instruments and swab count checked. Rectus sheath closed. Skin closed with subcuticular sutures. Wound dressing done. Vagina cleaned with Betadine solution after expelling clots. Misoprostol 600 mcg given per rectum as prophylaxis against Postpartum hemorrhage. Patient was shifted out of theatre to post operative recovery room.
*** Scanty liquor**
*** 1 Loop of cord round neck**

Delivery Details:
Date : 26.05.2026
Time of Delivery : 06:02am

Name	Mrs CHITTIMALLI SUSMITHA	UHID	MAH-00384638
IP No	IP26-00006430	Admission Date	26-05-2026

Type of Delivery : Elective Lower segment section
Indication : Oligohydramnios
Anaesthesia : Spinal

Baby Details:
Date : 26.05.2026
Time : 06:02am
Sex : Male
Weight : 3.06kg
Apgar : 8,9
Gestational Age: 36 weeks
NICU Admission: No
Baby Blood Group : "B" negative
DCT : Negative

Post-Operative Notes:
She was closely monitored. Her vital signs remained stable. Uterus was well retracted with no postpartum hemorrhage. Breast feeding initiated. She was shifted to room. Her postoperative period following that was uneventful. On second postoperative day dressing was changed. Her general condition was satisfactory and she was found to be fit for discharge. Wound care and medications were explained to patient supplemented by written information. She was given the postpartum book for further reference.

Advice:
1. Tab. Augmentin 625mg twice daily till 01.06.2026 (9am-9pm) after food.

Name	Mrs CHITTIMALLI SUSMITHA	UHID	MAH-00384638
IP No	IP26-00006430	Admission Date	26-05-2026

2. Tab Metronidazole 400mg thrice daily (8am-3pm-10pm) till 01.06.2026 after food.
3. Tab. Calpol (Paracetamol 500mg) 2 tablets thrice daily till 30.05.2026 (8am-2pm-10pm) after food.
4. Tab. Voveran (Diclofenac-50mg) 1 tablet thrice daily till 30.05.2026 (9am-3pm-11pm) after food.
5. Tab. Pantodac (Pantoprazole - 40mg) 1 tablet twice daily till 01.06.2026 (7am-7pm) before food.
6. Tab. Livogen (Elemental Iron - 50mg, folic acid 1.5mg) once daily (7am) for three months before breakfast.
7. Tab. Shelcal (Elemental Calcium 500mg, vitamin D3 250 IU) once daily (2pm) till breast feeding after food.
8. Cap Lactare (2cap) thrice daily (8am-3pm-10pm) till 02.06.2026
9. Tab Ondansetron 4mg SOS (for nausea/ Vomiting)
10. Nebasulf Powder for local application.

Home Blood pressure monitoring to be done **twice daily** for **two weeks**. Report to emergency if **BP >140/90**mmHg, presence of headache, vomiting's, blurred vision, reduced urine output, epigastric pain, seizures.

Review with **Dr. SUCHITRA SRIRAMPUR** after **10** days on **06.06.2026**

For Women Who Have Had a Caesarean Section
Care of the wound:
1.You can bath and shower.
2.The wound can get wet during a bath or shower. Dry it thoroughly and gently

Name	Mrs CHITTIMALLI SUSMITHA	UHID	MAH-00384638
IP No	IP26-00006430	Admission Date	26-05-2026

by dabbing with a gauze piece. Do not rub the wound.
3.This gauze piece needs to be discarded after one use.
4.Prior to touching the wound clean hands thoroughly with Microshield solution and allow them to air dry or use disposable paper napkins.
5.Apply Nebasulf or Neomycin dusting powder on the wound after it is dry.
6.Do not touch the wound with unwashed hands.

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

Patient/
Attender

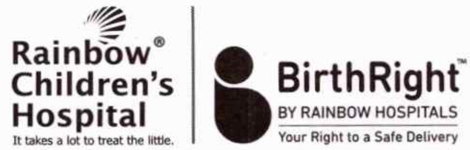
In case of emergency like bleeding, fever [please refer to postpartum book for further details - Chapter II page 6] kindly contact 9154865045 at Rainbow Children's Hospital just dial one toll free number - 18002122.

You can also take appointments at any time by going online to our website **www.rainbowhospitals.in**

Registrar/Resident/C.M.O

Consultant:
Dr. SUCHITRA SRIRAMPUR,
MBBS, MD (OBS &GYN)
HMC10563

PATIENT TRANSFER FORM



Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
MAH-00384638 IP26-00006430 Mrs CHITTIMALLI SUSMITHA 15-02-2000 26 Y 3 M 11 D (F) Dr. SUCHITRA SRIRAMPUR	26/5/26 @ 9.46AM	26/5/26 @ 9.35PM
	Transfer Ordered by	**Reason for Transfer**
	Dr. Veena	observation
From Unit	**To Unit**	**Information to Attendant**
MLW	OT	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
30	NST - 1	Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	RL 500ml	1
2.		
3.		
4.		
5.		

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

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

Patient & Clinical Records Received by : Sr. Swetha.

Date & Time of Patient Received 26/5/26

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

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

Docu. No. : RCH /FRM / CLINICAL / 102

Rainbow Childrens Hospital-Himayatnagar

Rainbow Children's Hospital, Door no. 3-6-267, opp. Cafe niloufer, Old MLA quarters road AP State Housing Board Himayatnagar ,Hyderabad ,Telangana, INDIA ,500029.
TEL NO :040-48873000
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP26-00006430 **Admit Date** : 26-May-2026 **Admit Time** : 04:46 AM **UHID** : MAH-00384638

Patient Details :

Patient Name	: Mrs CHITTIMALLI SUSMITHA	**Age**	: 26 Y 3 M 11 D
Guardian	: Mr SRIVATSAVA	**DOB**	: 15-02-2000
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 3-2-121,FLAT NO 304,KALYANI RESIDENCY APARTMENT Kachiguda Hyderabad Telangana INDIA 500027	**Phone No**	: 8919274597/ 7842110885
		E-mail	: SRI.VATSAVA99@GMAIL.COM

Admission Details :

Bed Type	: TWIN SHARING	**Bed No**	: LDR-416	**Ward Name**	: 4F -OT
Room No	: LDR-416	**Admission Type**	: First Visit		

Contact Details :

Name	: Mr SRIVATSAVA	**Relationship**	: Husband
Contact Address	: 3-2-121,FLAT NO 304,KALYANI RESIDENCY APARTMENT Kachiguda Hyderabad Telangana INDIA 500027	**Phone No**	: 8919274597

CH. Anjana (signature)
Signature

Doctor Details :

Doctor Name	: Dr. SUCHITRA SRIRAMPUR	**Specialisation**	: OBSTETRICS AND GYNECOLOGY
Referral Doctor	: Self	**Phone No**	:
Co-Consultant	:		

Payment Details :

		Deposit Amount	: 20000.00
Payment Mode	: Cash	**Payor Name**	: BAJAJ ALLIANZ GENERAL INSURANCE CO LTD.

PATIENT TRANSFER FORM

Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
MAH-00384638 IP26-00006430 Mrs CHITTIMALLI SUSMITHA 15-02-2000 26 Y 3 M 11 D (F) Dr. SUCHITRA SRIRAMPUR	26/5/26 4:44AM	26/5/26 5:37 Am
	Transfer Ordered by	**Reason for Transfer**
	Dr. Ramya Teja.	LSCS
From Unit	**To Unit**	**Information to Attendant**
prepost	OT	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
35	NST - 1	Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	RL - 100ml.	1
2.		
3.		
4.		
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sis. Mounika	Dr. Ramya

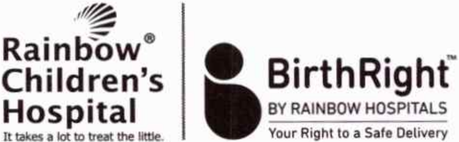
Patient & Clinical Records Received by : pooja. 5:45 Am

Date & Time of Patient Received : 26/5/26 5:57 Am

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

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

Docu. No. : RCH /FRM / CLINICAL / 102



PATIENT TRANSFER FORM

Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
MAH-00384638 IP26-00006430 Mrs CHITTIMALLI SUSMITHA 15-02-2000 26 Y 3 M 11 D (F) Dr. SUCHITRA SRIRAMPUR	26/5/26 @ 4:46am	26/5/26 @ 7am
	Transfer Ordered by Dr. Ayeesha	**Reason for Transfer** observation
From Unit OT	**To Unit** Prepost	**Information to Attendant** Yes ☑ No ☐
Number of Sheets in Clinical File 1	**Number of Imaging Films** 30	**Personal belongings including clinical documents. If any handed over to attendant** Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
S/S. Puja	Dr. Ayeesha

Patient & Clinical Records Received by : Alafia [signature]

Date & Time of Patient Received : 26/5/26 @ 7Am

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

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

Docu. No. : RCH /FRM / CLINICAL / 102

EL- LSCS

MAH-00384638 IP26-00006430
Mrs CHITTIMALLI SUSMITHA
15-02-2000 26 Y 3 M 11 D (F)
Dr. SUCHITRA SRIRAMPUR

ACTIVITY RECORD FOR BILLING

Name: --

UHID No : -------------- IP No : ---------------- Consultant : ---------------------- Dept : --------------

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
26/5/26	5:37Am	preport	OT	Mounika/ Puja
26/5/26	7:10am	OT	MICU	Puja/ Mounika.
26/5/26	2:35 AM	PSC - POST	ROOM (306)	[signature]

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	Dr. S. Tejaswi Reddy	27/5/26	2447	[signature]
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
26/5/26	IV placement	1	26-0000	Moni
26/5/26	cathitarization	1	20152	
26/5/26	PAC	1	26-0000	Moni
			202151	
				check done
20/5/26	NHA	1	2345E808	by Akhila

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

MAH-00384638 IP26-00006430
Mrs CHITTIMALLI SUSMITHA
15-02-2000 26 Y 3 M 11 D (F)
Dr. SUCHITRA SRIRAMPUR

IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints
Came for Elective LSCS

Obstetric Formula:
Primi

Obstetric Hostory:
IInd PP, spontaneous conception
H/o breech

Present Pregnancy Record:
H/o oligohydramnios : 34-35 wks

RISK FACTORS:
Rh negative
oligohydramnios

Height: .... cm
Weight: ...67..... kg
Allergies: ....Nil........
Breast: ☑ Normal ☐ Abnormal
General Examination: (+)
Consciousness: (+) Pallor: absent
Icterus: absent Edema: absent
Temp: afebrile PR: 85/min
BP: 80/50 mmHg. → 103/71 mmHg DTR: (N)
CVS: S1S2 (+) RS: BAE (+)
Liver/Spleen: (N) Urine Output: (N)

LMP: 10/9/25 EDD:
Corrected EDD: 17/6/26 GA: 36th wk

Menstrual History: Regular : ☐ Yes ☐ No

Obstetric Examination

Fundal Height: Ut ~Term

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 – Not done

Draining: ☐ Present ☐ Absent ☐ Bleeding
Colour of Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Vaginal Examination – Not done

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 / 36th wks / Rh negative pregnancy / oligohydramnios
for Elective LSCS.

MAH-00384638 IP26-00006430
Mrs CHITTIMALLI SUSMITHA
15-02-2000 26 Y 3 M 11 D (F)
Dr. SUCHITRA SRIRAMPUR

Family History:	Surgical History:
mother: HTN father: DM.	Nil
Medical History:	**Medication History:**
Nil	Tab Iron / Calcium
Plan of Care: - fluids - Ritu bolus start Elective LSCS - Admission CTG - Prepare parts - Informed consent - Inform OT / Anesthetist / Pediatrician - Shift to OT on call - Pre op medications as charted - Check for blood availability - CBP / Coagulation profile to be sent - GRBS - Reserve unit PRBC	**Investigations:** Blood Group - O Negative 7/5 Hb - 12.2 plt - 2.6 lakhs WBC - 12000 HIV, HbSAg, RPR - Non reactive USG (01/5/26) ~ SLIUF, 33 wks, [illegible], Anterior high, AFI: 8cm, EFW 2128gm - 42%.

Doctor Name: Dr Ramya Thejak
Signature: Ramya
Date & Time: 26/5/26 @ 4:30Am

Consultant Name: Dr. Suchithra
Signature:
Date & Time: 26/5/26 @ 4:30Am

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/5/26. 9AM	0 - POD	Adv
	No complaints	1) NBM till further order.
	GC fair, afebrile	2) IV fluids as advised
baby well	PR: 86/min	3) Monitor vitals
	BP: 106/80 mmHg	4) w/f excess bleed PV
	SpO2: 98%.	5) I/O charting
U/O - normal, clear	PA: soft, UWR	6) drugs as charted
	PV: bleeding (N)	7) tran baby BG/Rh/DCT
		8) Anti D based on above report
		9) Inform SOS
	Ramya Dr. RAMYA	(MOPA)
26/5/26 12pm	c/s/b Dr. Veena	
	Pt is stable, No c/o	
	o/e GC fair, Afebrile	
	BP - 110/70 mmHg	Adv
Baby @ MS	PR - 90 bpm	- Oral sips f/b liquid diet
	P/A - Ut well retracted	- Vital monitoring
	BS (+)	- I/O charting
BBG - 'B negative' DCT - ve	L/E - NAD	- w/f excessive bleeding P/V
	U/O - 20ml/hr, clear urine.	- Drugs as charted.
	↓	- IV fluids as advised
	* Catheter flush given	- Inform SOS
	* free flow given - RL	

MAH-00384638 IP26-00006430
Mrs CHITTIMALLI SUSMITHA
15-02-2000 26 Y 3 M 11 D (F)
Dr. SUCHITRA SRIRAMPUR

...OGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	c/s/R Dr. Samir (AXON Review)	
12:30pm		
	Adv :- - Inj. Lasix 5mg IV stat	
	- IV fluids @ 100ml/hr.	
	- Strict I/O charting	
26/5/26	c/s/R Dr. Veena	
2pm	POD - 0 / P.4	
	Pt is stable, No c/o	
	o/e GC fair, Afebrile	Adv
Baby @ NS	BP - 112/70 mmHg	- Liquid diet
	PR - 72 bpm	- Soft diet after 5pm
'B negative'	SpO₂ - 97% on RA	- I/O charting
	P/A - Ut well retracted	- Vital monitoring
	BS (+)	- w/f excessive bleeding d/v
	L/E - BWNL	- Drugs as charted
	U/O - 75ml/hr, clear urine	- Inform SOS
		- Shift to room

noted by Sr. Sandhya 26/5/26 2pm

Docu. No. : RCH /FRM / CLINICAL / 088

MAH-00384638 IP26-00006430
Mrs CHITTIMALLI SUSMITHA
15-02-2000 26 Y 3 M 11 D (F)
Dr. SUCHITRA SRIRAMPUR

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/5/2026 8:30pm	C/s by Dr. Naveena	
	O/E GC - fair	Adv
	Afebrile	- Soft diet.
	Vitals - stable	- Adequate hydration
	PA: ut. retracted well	- drugs as charted.
	Soft, NT	- w/f PV bleeding.
	Dressing: dry & clean	- Monitor Vitals
	L/E: PV bleeding WNL	- Inform SOS
	U/O: 70-80ml/hr	- Remove foley's
		T/M @ 6am
	Baby: mother side.	- Monitor Vitals
		- Inform SOS.
		Dr. Naveena
		HB Meha

MAH-00384638 IP26-00006430
Mrs CHITTIMALLI SUSMITHA
15-02-2000 26 Y 3 M 11 D (F)
Dr. SUCHITRA SRIRAMPUR

PROGRESS NOTES AND DOCTOR'S ORDER

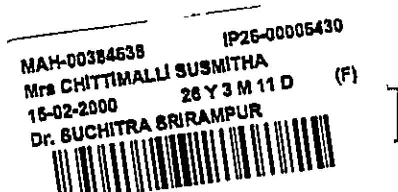
Date & Time	Progress Notes	Doctor's Order
	c/s/by Dr. Naveena	
27/05/2026 9:45am	O/E GC-fair	Adv
	Afebrile	- Soft diet
	PR: 82bpm.	- Adequate hydration
	BP: 110/70mmHg.	- drugs as charted
U-✓	CVS/RS: NAD	- Ambulation
F-✓	PA: ut retracted well	- Monitor Vitals
S-✗	Soft, NT	- w/f PV bleeding
	Dressing: dry & clean	- Inform SOS
	L/E: PV bleeding WNL	
	Baby: mother side	Dr. Naveena.
		NB - Madhuri
27/5/26 1pm	C/S/B Dr. Veena	
	POD-1 P.4	
	Pt is stable, No c/o	
	o/e GC-fair, Afebrile	Adv
U✓	Vitals-stable	- ~~Soft diet~~ Regular diet
F✓	Pallor ⊖	- Drugs as charted
S✗	P/A - Ut well retracted	- Ambulation
Baby @ M/S	BS ⊕	- Adequate hydration
	L/E - B WNL	- Vital monitoring
	B/L Breasts - Soft, MS ⊕ - low	- Inform SOS

NB > 27/5/26 @ 2pm

MAH-00384638 IP26-00006430
Mrs CHITTIMALLI SUSMITHA
15-02-2000 26 Y 3 M 11 D (F)
Dr. SUCHITRA SRIRAMPUR

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5/2026	C/S/b	Dr Manisha
7pm	POD 1	P.L
		Adv
	C/C - Fav Afebrile	- Regular Diet / Adeq Hydration
	BP- 110/70	- Drugs as chart
BMS	PR 82	- W/F vitals & BPV
	P/A Ut well retracted	- Ambulation
	BS(+) ASD Dy	- Duolac syp (2T) PR @ 10pm (if motions is not passed)
UV	LE Bleeding worse	
R		- Inform SUS
S		
		Dr Manisha
		noted by sr. sandhya. 27/5/26 7:pm
27/5/2026	Cls/b Dr Manisha	
8AM	POD 2	Adv
	C/o Fav Afebrile	
BM	Vitals stable	- Regular Diet / Adeq Hydration
	P/A Ut well retracted	- Drugs as chart
UV	BS(+)	- W/F vitals & BPV
PV	PV bleeding worse	- Ambulation
SV	Can be discharged	- Inform SUS
		Dr Manisha



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

MAH-00384638 IP26-00006430
Mrs CHITTIMALLI SUSMITHA
15-02-2000 26 Y 3 M 13 D (F)
Dr. SUCHITRA SRIRAMPUR

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

MAH-00384538 IP26-00006430
Mrs CHITTIMALLI SUSMITHA
15-02-2000 26 Y 3 M 13 D (F)
Dr. SUCHITRA SRIRAMPUR

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

MAH-00384638 IP26-00006430
Mrs CHITTIMALLI SUSMITHA
15-02-2000 26 Y 3 M 11 D (F)
Dr. SUCHITRA SRIRAMPUR

MEDICATION RECONCILIATION FORM

Drug Allergies: NR ☑ 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	1 tab	P/O	OD	25/5/26	☐ C ☑ DC
2	TAB. CALCIUM	1 tab	P/O	OD	25/5/26	☐ 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 : [signature] DRAMMA

Date & Time : 26/5/26 @ 5:20 AM

Nurse Name & Signature: [signature]

Date & Time : 26/5/26 @ 5:20 AM

MAH-00384638 IP26-00006430
Mrs CHITTIMALLI SUSMITHA
15-02-2000 26 Y 3 M 11 D (F)
Dr. SUCHITRA SRIRAMPUR

DRUG CHART

Date of Admission: 26/5/26 Drug Allergies: Nil ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

DOCTOR - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).

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

NURSES - Nurses must follow strictly the FIVE RIGHTS before administration of medication.

1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time

- AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

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

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

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

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

MAH-00384638 IP26-00006430
Mrs CHITTIMALLI SUSMITHA
15-02-2000 26 Y 3 M 11 D (F)
Dr. SUCHITRA SRIRAMPUR

REGULAR PRESCRIPTIONS

Weight. 84 Ward. LD8

DRUG: INJ. CEFOTAXIME				Date / Time	26/5	27/5	28/5
Dose	Route	Frequency	Start Date				
1g	IV	BD	26/5/26	6AM	[signature]	[signature]	[signature]
Name & Signature of the Doctor Starting the Drugs: [signature]							
Additional Instructions: x 48hrs followed by Tab Azithromycin				6PM	[signature]	[signature]	
Daily Doctor's Endorsement by a Sign						[sign]	[sign]

STOP [signature] Dr. [signature]

DRUG: Inj. PARACETAMOL				Date / Time	26/5	27/5
Dose	Route	Frequency	Start Date			
1gm	IV	TID	26/5/26	7AM	8AM [signature]	[signature]
Name & Signature of the Doctor Starting the Drugs: x24 hrs [signature] Dr. Sk. Ayesha				3PM	[signature]	
Additional Instructions: To be converted to oral after 24 hrs				11PM	[signature]	
Daily Doctor's Endorsement by a Sign						[sign]

STOP [signature] 27/5/26

DRUG: Inj. DICLOFENAC				Date / Time	26/5	27/5
Dose	Route	Frequency	Start Date			
75mg	IM	BD	26/5/26	7AM	x	[signature]
Name & Signature of the Doctor Starting the Drugs: x24 hrs [signature] Dr. Sk. Ayesha						
Additional Instructions: To be converted to oral after 24 hrs				7PM	[signature]	
Daily Doctor's Endorsement by a Sign						

STOP [signature] 27/5/26

DRUG: T. TRAMADOL				Date / Time	26/5	27/5	28/5
Dose	Route	Frequency	Start Date				
100mg	PO	BD	26/5/26	8am	x	[signature]	[signature]
Name & Signature of the Doctor Starting the Drugs: [signature] Dr. Sk. Ayesha				8pm	[signature]	[signature]	
Additional Instructions:							
Daily Doctor's Endorsement by a Sign						[sign]	

MAH-00384638 IP26-00006430
Mrs CHITTIMALLI SUSMITHA
5-02-2000 26 Y 3 M 11 D (F)
Dr. SUCHITRA SRIRAMPUR

REGULAR PRESCRIPTIONS

Sheet No: .... Weight 34 Ward LDR

DRUG : Inj METRONIDAZOLE				Date/Time	26/5	27/5	28/5
Dose	Route	Frequency	Start Dt.				
IV	500mg	TID	26/5/26	6AM			
Name & Signature of the Doctor Starting the Drugs:				2pm			
Additional Instructions: 48hrs b/s oral				10pm			
Daily Doctor's Endorsement by a Sign							

STOP

DRUG : Tab PANTOPRAZOLE				Date/Time	26/5	27/5	28/5
Dose	Route	Frequency	Start Dt.				
40mg	Po	BD	26/5/26	6AM			
Name & Signature of the Doctor Starting the Drugs:				6pm			
Additional Instructions:							
Daily Doctor's Endorsement by a Sign							

DRUG : T. PARACETAMOL				Date/Time	27/5	28/5
Dose	Route	Frequency	Start Dt.			
1g	P/O	TID	27/5/26	6Am		
Name & Signature of the Doctor Starting the Drugs:				2pm		
Additional Instructions:				10pm		
Daily Doctor's Endorsement by a Sign						

DRUG : T. DICLOFENAC				Date/Time	27/5	28/5
Dose	Route	Frequency	Start Dt.			
50mg	P/O	TID	27/5/26	7AM		
Name & Signature of the Doctor Starting the Drugs:				3pm		
Additional Instructions:				11pm		
Daily Doctor's Endorsement by a Sign						

STOP

Docu. No. : RCH /FRM / CLINICAL / 108

(P.T.O.)

MAH-00384638 IP26-00006430
Mrs CHITTIMALLI SUSMITHA
15-02-2000 26 Y 3 M 11 D (F)
Dr. SUCHITRA SRIRAMPUR

REGULAR PRESCRIPTIONS

Sheet No: .... Weight 87 Ward LDU

DRUG : T. LACTARE				Date / Time	27/5	28/5
Dose	Route	Frequency	Start Dt.			
2 tabs	P/O	TID	27/5/26	6AM		Nadh
Name & Signature of the Doctor Starting the Drugs: [signature]				2pm	2pm	
Additional Instructions:				10pm	Nadh	
Daily Doctor's Endorsement by a Sign						

DRUG : TAB ONDANSETRONE				Date / Time	28/5
Dose	Route	Frequency	Start Dt.		
8mg	P/O	BD	28/5	11AM	[signature]
Name & Signature of the Doctor Starting the Drugs: [signature]					
Additional Instructions:				11pm	
Daily Doctor's Endorsement by a Sign					

DRUG : T DICLOFENAC				Date / Time	28/5
Dose	Route	Frequency	Start Dt.		
50mg	P/O	TID	28/5	11AM	[signature]
Name & Signature of the Doctor Starting the Drugs: [signature]				3pm	
Additional Instructions:				10pm	
Daily Doctor's Endorsement by a Sign					

DRUG : T AUGMENTIN				Date / Time	28/5
Dose	Route	Frequency	Start Dt.		
625mg	P/O	TID	28/5	12AM	X
Name & Signature of the Doctor Starting the Drugs: [signature]				8am / 11AM	[signature]
Additional Instructions: Amoxicillin + Clavulanic Acid				4pm	
Daily Doctor's Endorsement by a Sign					

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

Docu. No. : RCH /FRM / CLINICAL / 108

MAH-00384638 IP26-00006430
Mrs CHITTIMALLI SUSMITHA
15-02-2000 26 Y 3 M 11 D (F)
Dr. SUCHITRA SRIRAMPUR

Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

DRUG : T METRONIDAZOLE				Date / Time: 28/5
Dose	Route	Frequency	Start Dt.	
400mg	P/O	TID	28/5	7AM ✓
Name & Signature of the Doctor Starting the Drugs: [signature]				3pm
Additional Instructions:				11pm
Daily Doctor's Endorsement by a Sign				

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

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

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

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:																		
Daily Doctor's Endorsement by a Sign																		

VERIFIED BY Name Signature

Docu. No. : RCH /FRM / CLINICAL / 108

MAH-00384638 IP26-00006430
Mrs CHITTIMALLI SUSMITHA
15-02-2000 26 Y 3 M 11 D (F)
Dr. SUCHITRA SRIRAMPUR

Weight. 87 Ward. LDR

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
26/5/26	5:00AM	INJ. PANTAPRAZOLE	40mg	IV	[signature]	Mounika
26/5/26	5:00AM	INJ. METOCLOPROMIDE	10mg	IV	[signature]	Mounika
26/5/26	6:35Am	DICLOFENAC suppository	100mg	PR	[signature]	[signature]
26/5/26	6:35Am	TRAMADOL suppository	100mg	PR	[signature]	[signature]
26/5/26	6:10Am	Inj. TRANEXAMIC ACID	1gm	IV	[signature]	[signature]
26/5/26	6:02Am	Inj. OXYTOCIN	3IU	IV	[signature]	[signature]
26/5/26	6:05Am	Inj. OXYTOCIN	20IU in 500ml RL	IV	[signature]	[signature]
26/5/26	7:10Am	Inj. ONDANSETRON	8mg	IV	[signature]	[signature]
26/5/26	12:30Pm	INJ. FUROSEMIDE	5mg	IV	[signature]	Sujatha
27/5/20	10pm	DULCOLAX SUPPOSITORY	20mg	P/R	[signature]	Not Given

Mrs CHITTIMALLI SUSMITHA
15-02-2000 26 Y 3 M 11 D (F)
Dr. SUCHITRA SRIRAMPUR

I.V. FLUIDS CHART

Weight. 84 Ward. [illegible]

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
26/5	4:35 AM	RINGER LACTATE	IV	1000ml/hr FF	[signature]	[signature]		[signature]	[signature]
26/5	5:00 AM	RINGER LACTATE	IV	2160 ml/hr	[signature]	[signature]		[signature]	[signature]
26/5	6:00 AM	RINGER LACTATE	IV	1000ml/hr	[signature]	[signature]		[signature]	[signature]
26/5	6:35 AM	RINGER LACTATE	IV	150ml/hr	[signature]	[signature]		[signature]	[signature]
26/5	7:15 AM	RINGER LACTATE	IV	100ml/hr	[signature]	[signature]		[signature]	[signature]
26/5	8:30	RINGER LACTATE	IV	FF	[signature]	[signature]		[signature]	[signature]
26/5	9:30 AM	RINGER LACTATE	IV	FF	[signature]	[signature]		[signature]	[signature]
26/5	11 AM	RINGER LACTATE	IV	FF	[signature]	[signature]		[signature]	[signature]
26/5	11:30 AM	RINGER LACTATE	IV	150ml/hr	[signature]	[signature]		[signature]	[signature]
STOP @. Dr. Naveena									

MAH-00384638 IP26-00006430
Mrs CHITTIMALLI SUSMITHA
15-02-2000 26 Y 3 M 11 D (F)
Dr. SUCHITRA SRIRAMPUR

RESULT SHEET

Date	26/5/26					
Time	6AM					
Hb	12.4					
PCV	35.7					
RBC	4.76					
WBC	10.40					
N/L	70.5					
Platelets	212					
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	14/1.0					
APTT	37					
CSF Protein / Sugar						
Cells						
N/L						

Docu. No. : RCH /FRM / CLINICAL / 0138

(P.T.O)

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
Blood	group	:- O Negative				
HIV						
HbsAg }						
RPR } NR		⊙ 1 PRBC	Reserve			

Culture and Sensitivities : ....

....

....

....

Radiology : USG : ....

X-Ray : ....

ECHO : ....

CT : ....

MRI ....

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

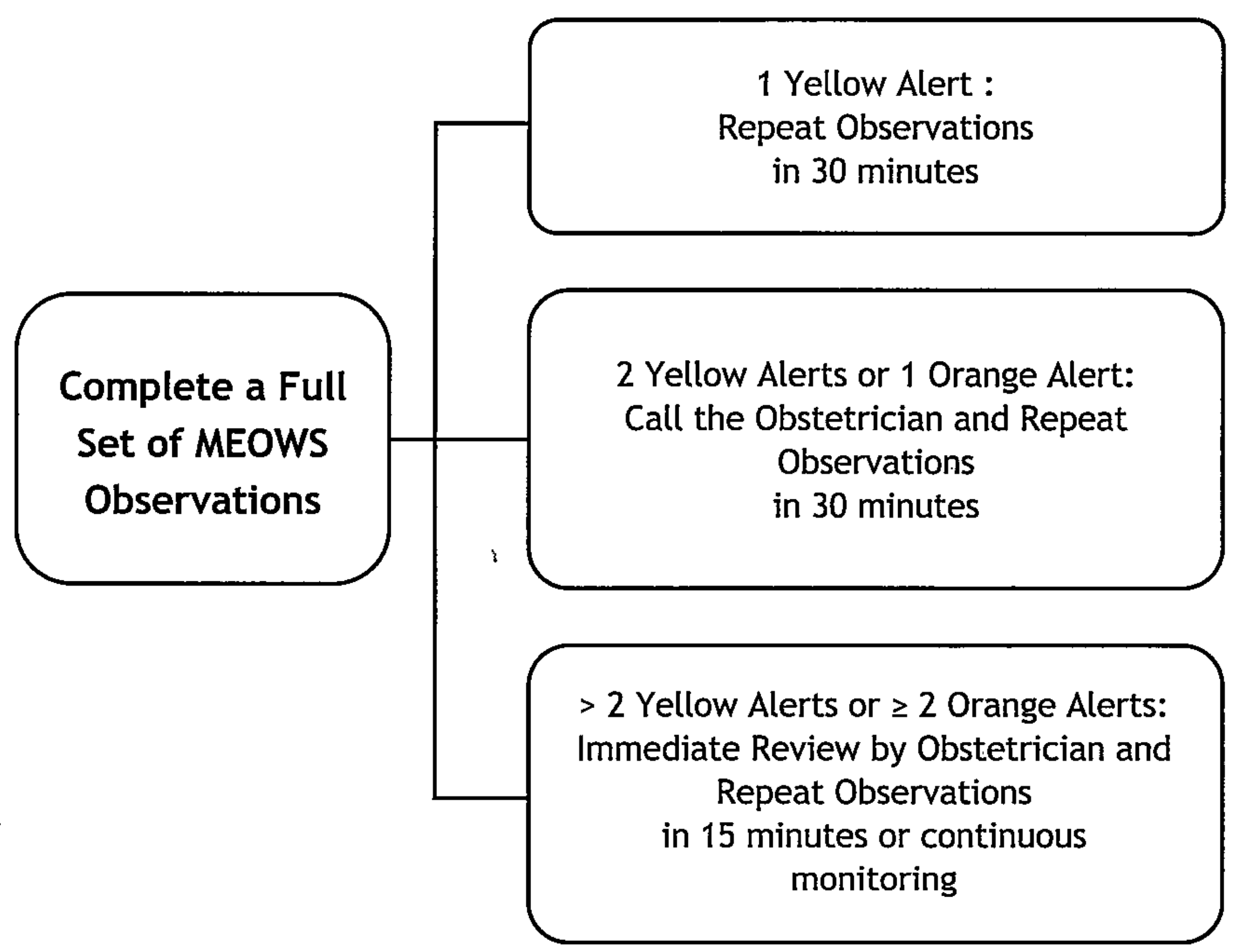
MAH-00384638 IP26-00006430
Mrs CHITTIMALLI SUSMITHA
15-02-2000 26 Y 3 M 11 D (F)
Dr. SUCHITRA SRIRAMPUR

Early Warning Observation Score Chart - Obstetrics

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

	Date																								
	Time	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																						20		20
	0 - 10																								
Saturations	94 - 100 %																						99		99
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37																								
	36																						36		36
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70																						63		86
	60																								
	50																								
	40																								
Systolic Blood Pressure ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120																								112
	110																						97		
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
	60																						[illegible]		
	50																								
	40																								76
NEURO RESPONSE [✓]	Alert																								
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30																								
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal																								
	Heavy / Foul																								
Liquor	Clear / Pink																								
	Green																								
TOTAL YELLOW SCORES																									
TOTAL ORANGE SCORES																									
Nurse Initial																									

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score **(MEOWS)**

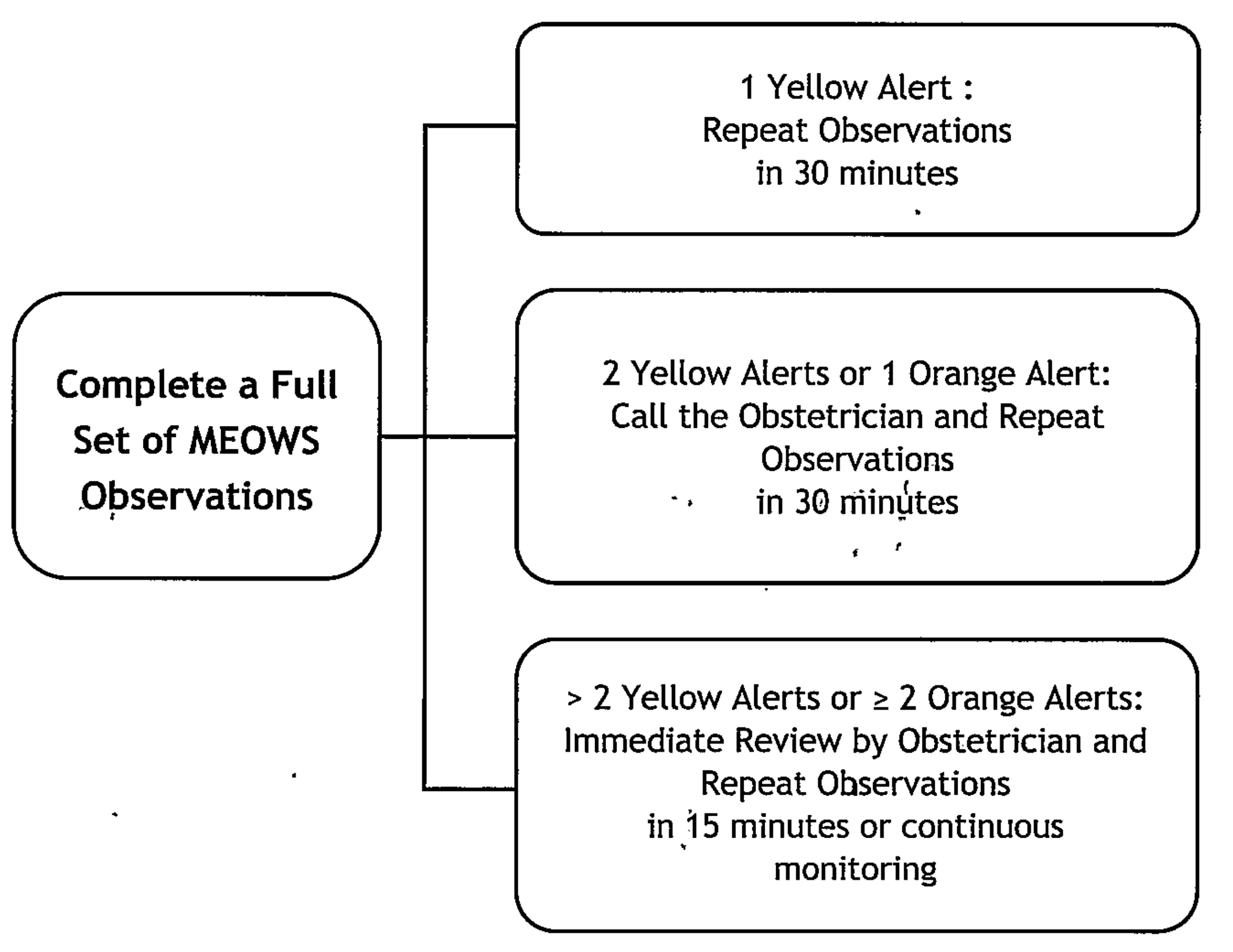
Early Warning Observation Score Chart - Obstetrics

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

Date: 26/5/26

Parameter	Range	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	20	20	20	20	20	20	20				20				20				20			20		
	0 - 10																								
Saturations	94 - 100 %	98	99	99%	99%	99%	99%	99				99%				99%				99%			99%		
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37																								
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80	78	83		80	85	80	80				85/m				80				85			80		
	70																								
	60																								
	50																								
	40																								
↑ Systolic Blood Pressure	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120	114	109									102													
	110			110	90	111	117	111								110				116			110		
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
↓ Diastolic Blood Pressure	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70	74	69									68				70							70		
	60			67	65	61	73	75												64					
	50																								
	40																								
NEURO RESPONSE [✓]	Alert	✓	✓	✓	✓		✓	✓				✓				✓				✓			✓		
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30	✓	✓	✓	✓		✓	✓				✓				✓				✓			✓		
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal	✓	✓	✓	✓		✓	✓				✓				✓				✓			✓		
	Heavy / Foul																								
Liquor	Clear / Pink	✓		✓	✓		✓	✓				✓				✓				✓			✓		
	Green																								
TOTAL YELLOW SCORES		0	0	0	0	0	0	0				0				0				0			0		
TOTAL ORANGE SCORES		0	0	0	0	0	0	0				0				0				0			0		
Nurse Initial		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]				[illegible]				[illegible]				[illegible]			[illegible]		

Obstetrics and Gynaecology Early Warning Signs



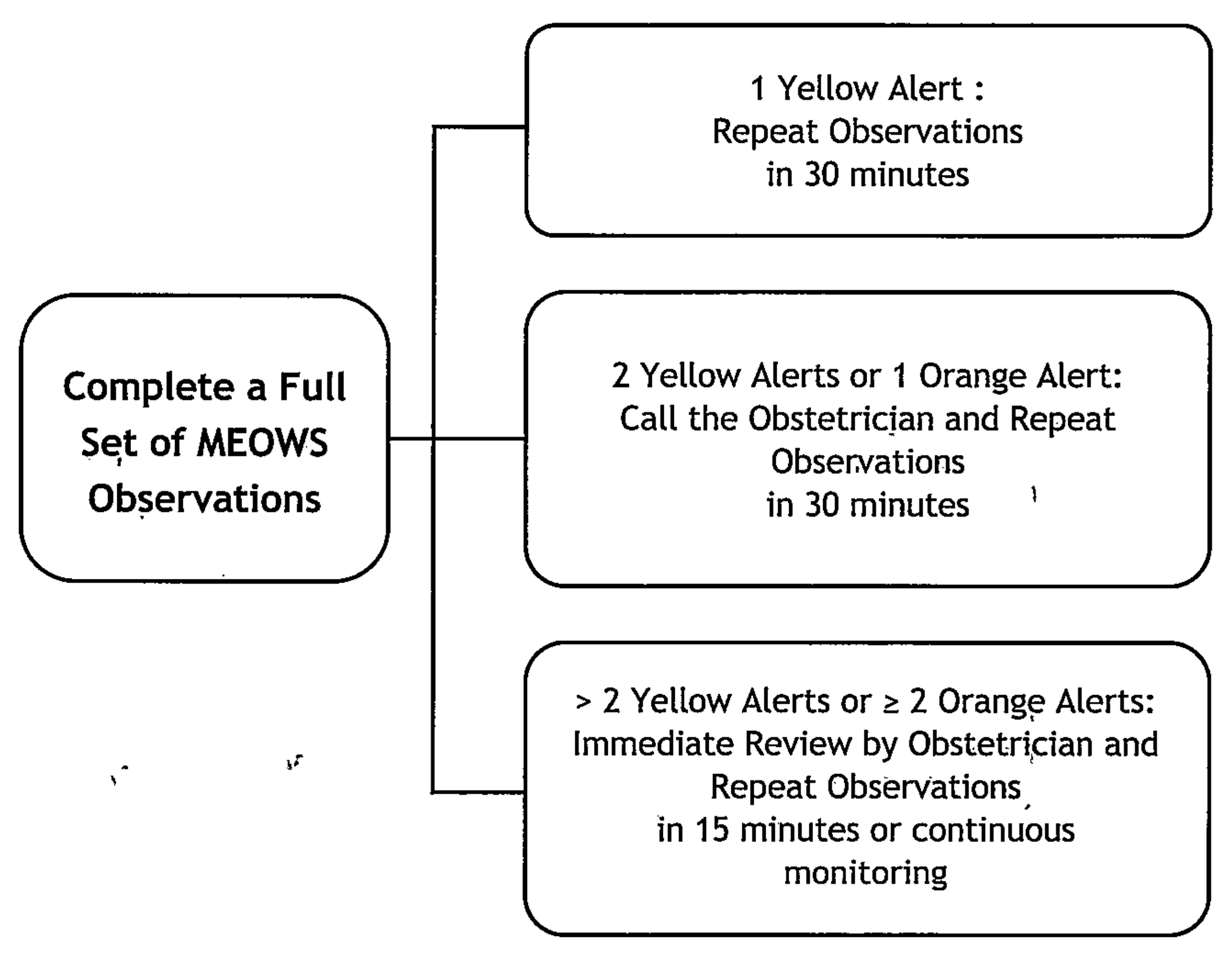
* The Modified Early Warning Score **(MEOWS)**

Early Warning Observation Score Chart - Obstetrics

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

Date: 27/5/26 / 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																								
RESP 21 - 30																								
RESP 11 - 20			20bpm				20				20				20				20				20	
RESP 0 - 10																								
Saturations 94 - 100 %			99				99%				9				99				98				98	
Saturations < 94 %																								
Administered O_2 (L/min.)																								
Temp°c 40																								
Temp°c 39																								
Temp°c 38																								
Temp°c 37																								
Temp°c 36			97.6°F				97.6°F				97.4°F				98				97				98	
Temp°c 35																								
Temp°c < 35																								
Heart Rate 170																								
Heart Rate 160																								
Heart Rate 150																								
Heart Rate 140																								
Heart Rate 130																								
Heart Rate 120																								
Heart Rate 110																								
Heart Rate 100																								
Heart Rate 90																								
Heart Rate 80			82				85				89				85				82				80	
Heart Rate 70																								
Heart Rate 60																								
Heart Rate 50																								
Heart Rate 40																								
↑ Systolic Blood Pressure 190																								
Systolic 180																								
Systolic 170																								
Systolic 160																								
Systolic 150																								
Systolic 140																								
Systolic 130			108				114				110				112				109				115	
Systolic 120																								
Systolic 110																								
Systolic 100																								
Systolic 90																								
Systolic 80																								
Systolic 70																								
Systolic 60			(81)				(84)				(83)													
Systolic 50																								
↓ Diastolic Blood Pressure 130																								
Diastolic 120																								
Diastolic 110																								
Diastolic 100																								
Diastolic 90																								
Diastolic 80																								
Diastolic 70			70				72				80				64				72				69	
Diastolic 60																								
Diastolic 50																								
Diastolic 40																								
NEURO RESPONSE [✓] Alert			✓				✓				✓				✓				✓				✓	
Voice																								
Pain																								
Unresponsive																								
URINE mls / hour > 30			✓				✓				✓				✓				✓				✓	
URINE < 30																								
Proteinuria Protein + +																								
Proteinuria Protein > + +																								
Lochia Normal			✓				✓				✓				✓				✓				✓	
Lochia Heavy / Foul																								
Liquor Clear / Pink			✓				✓				✓				✓				✓				✓	
Liquor Green																								
TOTAL YELLOW SCORES			0				0				0				0				0				0	
TOTAL ORANGE SCORES			0				0				0				0				0				0	
Nurse Initial			[illegible]				[illegible]				[illegible]				[illegible]				[illegible]				[illegible]	

Obstetrics and Gynaecology Early Warning Signs



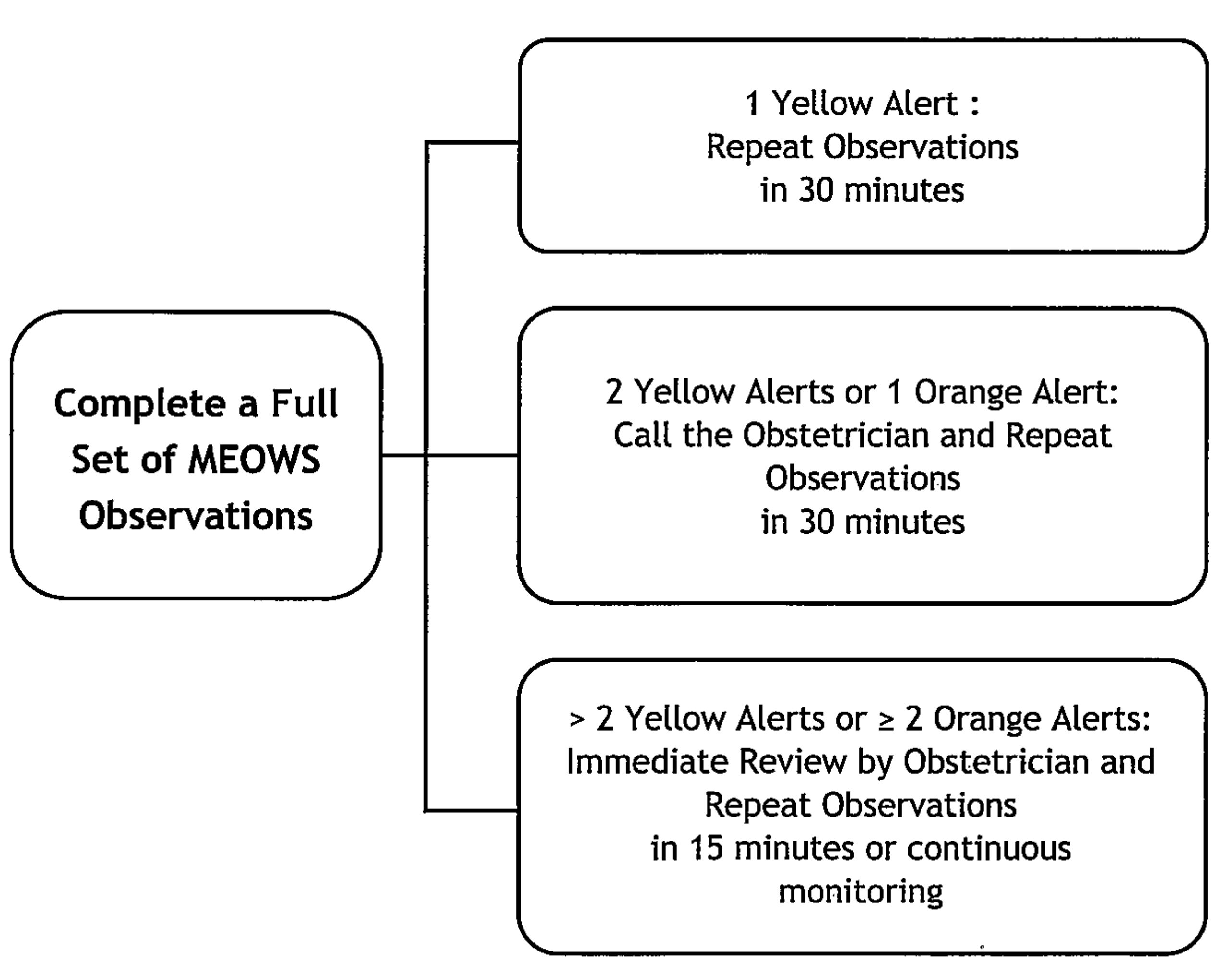
* The Modified Early Warning Score **(MEOWS)**

Early Warning Observation Score Chart - Obstetrics

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

	Date																								
	Time	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																								
	0 - 10																								
Saturations	94 - 100 %																								
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37																								
	36																								
	35																								
	< 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																								
↓ Diastolic Blood Pressure	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
	40																								
NEURO RESPONSE [✓]	Alert																								
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30																								
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal																								
	Heavy / Foul																								
Liquor	Clear / Pink																								
	Green																								
TOTAL YELLOW SCORES																									
TOTAL ORANGE SCORES																									
	Nurse Initial																								

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score **(MEOWS)**

MAH-00384638 IP26-00006430
Mrs CHITTIMALLI SUSMITHA
15-02-2000 26 Y 3 M 11 D (F)
Dr. SUCHITRA SRIRAMPUR

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	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	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 :**						
26/5/26	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am	RL	N	100ml							0	
	06:00 am	RL	B	100ml								
	07:00 am	RL	M	100ml						100ml		
Total Intake :						**Total Output :**						

Total 24 hrs. Intake	

Total 24 hrs. Output	

Docu. No. : RCH /FRM / CLINICAL / 092

MAH-00384638 IP26-00006430
Mrs CHITTIMALLI SUSMITHA
15-02-2000 26 Y 3 M 11 D (F)
Dr. SUCHITRA SRIRAMPUR

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	Intake: Nature of Fluid	Route: Mouth	Route: I.V	Route: N.G	Output: NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
25/5/26	08:00 am	RL	N	100ml								
	09:00 am	RL	B	100ml								
	10:00 am	RL	M	100ml			NA					[signature]
	11:00 am	RL		100ml								
	12:00 pm	RL	H2O	100ml						100ml		Empty
	01:00 pm	RL	H2O	100ml								
Total Intake : taken								Total Output :		100ml		
26/5	02:00 pm	RL	H2O	100ml						500ml		Empty 2pm
	03:00 pm	RL		100ml								
	04:00 pm	RL		100ml							0	
	05:00 pm	RL	soft diet	100ml						1000ml		Empty 5:30pm
	06:00 pm	RL		100ml		NA		NA				
	07:00 pm	RL	H2O	100ml								
Total Intake :								Total Output :		1500ml		
26/5	08:00 pm	RL		100ml						600ml		Empty 8:05pm
	09:00 pm	RL		100ml								
	10:00 pm	RL	soft H2O	100ml							0	[signature]
	11:00 pm	RL		100ml		NA		NA				
	12:00 am	RL		100ml						200ml		
	01:00 am	RL		100ml								
Total Intake :								Total Output :		800ml		3:00AM Empty
27/5	02:00 am	RL		100ml								
	03:00 am	RL	H2O	100ml						300ml		
	04:00 am	RL		100ml							0	
	05:00 am	RL		100ml		NA		NA				[signature]
	06:00 am	RL		100ml						1000		6:06AM Empty
	07:00 am	RL		100ml						100		Foley's Removed
Total Intake :								Total Output :		1400ml		

Total 24 hrs. Intake		Total 24 hrs. Output	3800ml

Docu. No. : RCH /FRM / CLINICAL / 092

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	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
27/5/26	08:00 am									✓	0	
	09:00 am		Idly								0	
	10:00 am				NA					✓	0	
	11:00 am	NO									0	[signature]
	12:00 pm	IVF									0	
	01:00 pm										0	
Total Intake :						**Total Output :**				U –	M –	
27/5/26	02:00 pm		Khichdi									
	03:00 pm									✓		
	04:00 pm	NO	+				✓				0	[signature]
	05:00 pm	IVF	H2O		NA			NA		✓		
	06:00 pm											
	07:00 pm									✓		
Total Intake :						**Total Output :**				U – 3	M – 1	
27/5	08:00 pm											
	09:00 pm									✓	0	
	10:00 pm		Idly		NA							
	11:00 pm		H2O					NA				[signature]
	12:00 am									✓		
	01:00 am											
Total Intake :						**Total Output :**				M – 0	U – 2	
28/5	02:00 am											
	03:00 am											
	04:00 am		Sup		NA					✓	0	[signature]
	05:00 am		H2O					NA				
	06:00 am									✓		
	07:00 am											
Total Intake :						**Total Output :**				U – 2	M –	

Total 24 hrs. Intake		Total 24 hrs. Output	

MAH-00384538 IP26-00005430
Mrs CHITTIMALLI SUSMITHA
15-02-2000 26 Y 3 M 11 D (F)
Dr. SUCHITRA SRIRAMPUR

FLUID CHART

Sheet No. : ....

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

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

Total 24 hrs. Intake	

Total 24 hrs. Output	

Docu. No. : RCH /FRM / CLINICAL / 092

MAH-00384638 IP26-00006430
Mrs CHITTIMALLI SUSMITHA
15-02-2000 26 Y 3 M 11 D (F)
Dr. SUCHITRA SRIRAMPUR

NURSING CARE RECORD

Date: 26/8/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8Am – 2pm	→ Assess the pt condition → Check the vital's → I/O chart - Maintain → W/F PV Bleeding	8Am – 2pm	→ Assessed pt condition → Checked vital's & [illegible] → Maintained I/O chart → normal	pt is stable	Vital's is Normal	[signature]
Afternoon	2PM – 8PM	→ Assess the patient condition → RL 100ml/hr to Continue → Soft diet @ 5:PM today → C/M foley's to Remove.	2PM – 8PM	→ Assessed the patient condition → monitored vitals → Administered medications as per doctor's orders.	Patient is Stable	Rechecked vitals	[signature]
Night	8pm to 8AM	→ Assess the pt condition → RL 100ml/hr. → Soft diet @ 5pm → C/m foley's to Remove.	8pm to 8AM	→ Assessed the pt condition → Monitored vitals → Administered medications as per doctor's orders	patient is stable	Re checked vitals	[signature]

MAH-00384638 IP26-00006430
Mrs CHITTIMALLI SUSMITHA
15-02-2000 26 Y 3 M 11 D (F)
Dr. SUCHITRA SRIRAMPUR

NURSING CARE RECORD

Date: 28/5/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night	8pm to 8Am	→ Assess the pt condition → monitor vitals → maintain I/O chart	8pm to 8Am	→ Assessed the pt condition → Monitored vitals → maintain I/O chart	Now pt is stable	Re-check vitals	Mou [signature]

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15-02-2000 26 Y 3 M 11 D (F)
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NURSING CARE RECORD

Date: 27/5/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8Am to 2Pm	-> Assess the pt condition -> Monitor the vitals -> Maintain I/O chart -> Administer medication as per drug chart	8Am to 2Pm	-> Assessed pt condition -> Monitored vitals -> Maintained I/O chart -> Administered medication as per drug chart	Patient is stable	Re-checked vitals	Anusha [signature]
Afternoon	2pm to 8pm	- Assess the pt condition - Monitor the v/s - Maintain the I/O - Drug as per chart	2pm to 8pm	- Assess the pt condition - Monitor the v/s - Maintain the I/O - Drug as per chart	- Now patient is stable	- Rechecked the v/s	[signature]
Night	8pm to 8Am	-> Assess the pt condition -> monitor the v/s -> Maintain the I/O chart	8pm to 8AM	-> Assess the pt condition -> monitor the v/s -> Drug as per chart	-> Now patient is stable	-> Re-checked the v/s	[signature]

Docu. No: RCH /FRM / CLINICAL / 148

MAH-00384638 IP26-00006430
Mrs CHITTIMALLI SUSMITHA
15-02-2000 26 Y 3 M 11 D (F)
Dr. SUCHITRA SRIRAMPUR

NURSING CARE RECORD

Date: ....

Goals

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

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

MAH-00384638 IP26-00006430
Mrs CHITTIMALLI SUSMITHA
15-02-2000 26 Y 3 M 11 D (F)
Dr. SUCHITRA SRIRAMPUR

NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: El - LSCS			Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:			
	Surgery / Procedure:			Post OP Day:			
BACKGROUND	Date / Shift	25/5 N	26/5 MG	26/5/26 Evng	26/5/6 N	27/5 MG	27/5 Evng
	Medical Condition (Any special condition to be noted):	—	—	—	—	—	—
	Diet:	—	NBM	Liquid	liquid	Soft	Soft
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Ventilation (RA, NP, NIV, VENTI):	—	—	—	—	—	—
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Vital Signs: Temp:	97	98.1°F	98.8°F	98.5°F	97.6°F	98.3F
	Res:	20	20	20b/m	20b/m	22b/m	22b/m
	SpO₂:	99	98%	99%	99%	99%	98%
	Pulse:	82	81	85	88	82	72b/m
	BP:	110/70	109/69	110/70	110/70	112/72	110/72
	LOC:	—	—	—	—	—	—
	Fall Risk Score:	—	—	—	—	—	—
	Pain Score:	—	—	—	—	—	—
	Skin Integrity	good	good	Good	Good	Good	Good
Recommendations	Safety Needs:	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No
	Physiotherapy:	—	—	—	—	—	—
	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Special Diet:	—	—	—	—	Soft	soft
	Critical Lab Test / Values:	—	—	—	—	—	—
	Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	DVT Prophylaxis:	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	ADL (Dependent / Non Dependent):	dependent	—	—	—	—	—
Post Operative Procedure Special Orders:		NA	—	—	—	—	—
Handed Over By Name :		Mani	Anusha	Sandhya	Madhu	Anusha	Suganda
Signature / ID :		[signature]	[signature]	[signature]	[signature]	[signature]	[signature]
Date:		26/5/26	26/5/26	26/5/26	27/5/26	27/5/26	27/5/26
Time:		8AM	2PM	8pm	8AM	2PM	8pm
Taken Over By Name :		Anusha	Sandhya	Madhu	Anusha	Suganda	Madhu
Signature / ID :		[signature]	[signature]	[signature]	[signature]	[signature]	[signature]
Date:		26/5/26	26/5/26	26/5/26	27/5/26	27/5/26	27/5/26
Time:		8AM	2PM	8pm	8AM	2pm	8pm

MAH-00384638 IP26-00006430
Mrs CHITTIMALLI SUSMITHA
15-02-2000 26 Y 3 M 11 D (F)
Dr. SUCHITRA SRIRAMPUR

NURSING SHIFT HAND OVER FORM

SITUATION		
	Diagnosis:	Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify: ....
	Surgery / Procedure:	Post OP Day:

Section	Item	27/5/26 N					
BACKGROUND	Date / Shift	27/5/26 N					
	Medical Condition (Any special condition to be noted):	—					
	Diet:	Soft					
ASSESSMENT	Allergy:	☐ Yes ☐ No (struck)	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):	—					
	Tubes/Drains/Catheter:	☐ Yes ☐ No (struck)	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.3F					
	Res:	20bm					
	SpO_2:	100%					
	Pulse:	85					
	BP:	110/69					
	LOC:	—					
	Fall Risk Score:	—					
	Pain Score:	—					
	Skin Integrity	—					
Recommendations	Safety Needs:	☐ Yes ☐ No (struck)	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:	—					
	Others Specify:	☐ Yes ☐ No (struck)	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:	—					
	Critical Lab Test / Values:						
	Other Special Orders / Medications:	☐ Yes ☐ No (struck)	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☐ No (struck)	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☐ No (struck)	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):	—					
	Post Operative Procedure Special Orders:	NA					
	Handed Over By Name :	Madhu					
	Signature / ID :	[signature]					
	Date:	28/5/26					
	Time:	8AM					
	Taken Over By Name :						
	Signature / ID :						
	Date:						
	Time:						

CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1		25	26/5 DAY-2			27/5 DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0			0	0	0	0	0	0	0	
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1			NA	NA	NA	NA	NA	NA	NA	
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2			NA	NA	NA	NA	NA	NA	NA	
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3			NA	NA	NA	NA	NA	NA	NA	
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4			NA	NA	NA	NA	NA	NA	NA	
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5			NA	NA	NA	NA	NA	NA	NA	
		Signature of the Nurse				[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	

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

Signature of Shift In Charge :

Signature : Mes Name : Mounika

Signature of Ward In Charge :

Signature : Kay Name : Kasthuri

Docu. No. : RCH /FRM / CLINICAL / 137

MAH-00384638 IP26-00006430
Mrs CHITTIMALLI SUSMITHA
15-02-2000 26 Y 3 M 11 D (F)
Dr. SUCHITRA SRIRAMPUR

PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
26/5	5AM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[illegible]
26/5/26	8AM	0/10	Normal	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[illegible]
26/5/26	10Am	0/10	Normal	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[illegible]
26/5/26	4pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[illegible]
26/5/26	10pm	0/10	Normal	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[illegible]
27/5/26	10AM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[illegible]
27/5/26	2pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[illegible]
27/5/26	10pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[illegible]
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

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

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)

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

Wong - Baker (Pediatrics) Above 7 Years

0	2	4	6	8	10
No Hurt	Hurts Little Bit	Hurts Little More	Even More	Hurts Whole Lot	Hurts Worst

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	28/5	25/5/26	27/5/26
		Score	5 Aay	M6	E2
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0			
Secondary Diagnosis (more than one diagnosis)	Yes	15			
	No	0			
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0	0	0	0
IV / Heparin Lock or Saline	Yes	20	20	20	20
	No	0			
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10			
	Normal /On Bed Rest /Immobile	0			
Mental Status	Forgets limitations	15			
	Oriented to own ability	0			
Total Morse Fall Scale Score:			20	20	20
		Signature	[signature]	[signature]	[signature]

Fall Risk Grading

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

Tick (✓) whichever precaution taken.

Risk Level and Interventions

Low Risk (0 – 24) (Standard Falls Precautions)

- ☐ Ensure patients use their prescribed eye glasses if any, in the hospital
- ☐ Use chairs with arm rests
- ☐ Use safety straps on stretchers and wheelchairs while transporting patients

Moderate Risk (25-50) Apply all low risk intervention and

- ☐ Assist and/or supervise ambulation. Reinforce to always call for assistance
- ☐ Hourly safety check
- ☐ Assess patient after visitors, leave to ensure safety measures in place

High Risk (≥ 51) Apply all low and moderate risk interventions, and.

- ☐ Initiate constant observation by healthcare provider as appropriate to patient's needs

BRADEN 'Q' SCALE

				Date :	26/5	26/5	26/8	
				Time :	N1	N6	N1	N6
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	4	4
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
				TOTAL SCORE	28	28	28	28
				Evaluator's Name	[signature]	[signature]	[signature]	[signature]

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

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

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Suchitra
Asst. Surgeon : Dr. Ramya theja
Anaesthetist : Dr. Ayeesha
Scrub Nurse : Sr. Sangeetha

Patient Name :

Age: 26 Gender : female
UHID No. : ... EL LSCS
Date : 26/5/26 In-time : .... Out-time : 7 am

BirthRight™ BY RAINBOW HOSPITALS Your Right to a Safe Delivery

Before Induction of Anaesthesia ➢ ➢

SIGN IN Time: 5:30 Am

Patient Has Confirmed

- Identity ☑ Yes ☐ No
- Site ☐ Yes ☑ No
- Procedure ☑ Yes ☐ No
- Consent ☑ Yes ☐ No

Site Marked ☑ Yes ☐ No ☑ NA

Anaesthesia Safety Check Completed ☑ Yes ☐ No

Pulse Oximeter on Patient & Functioning ☑ Yes ☐ No

Does Patient have a:

- Known Allergy? ☐ Yes ☑ No

Difficult Airway / Aspiration Risk?

- Yes, & Equipment / Assistance Available ☑ Yes ☐ No

Risk of > 500ml Blood Loss (7ml/kg In Children)?

- Yes, and Adequate Intravenous Access and Fluids Planned ☑ Yes ☐ No ☐ NA
- Blood Units Reserved ☑ Yes ☐ No ☐ NA

Has Antibiotic Prophylaxis been given within the last 60 minutes? ☑ Yes ☐ No ☐ NA

Signature : Ayesha

Name : Dr. Sk. Ayesha

Before Skin Incision ➢ ➢

TIME OUT Time: 6:00 am

Confirm all team members have introduced themselves by Name and Role ☑ Yes ☐ No

Surgeon, Anaesthesia Professional and Nurse Verbally Confirm

- Correct Patient (Check ID Band) ☑ Yes ☐ No
- Correct Site ☑ Yes ☐ No
- Correct Procedure ☑ Yes ☐ No

Anticipated Critical Events

Surgeon Reviews:

What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss? ☑ Yes ☐ No ☐ NA

Anaesthesia Team Reviews:

Are There Any Patient-specific Concerns? ☐ Yes ☑ No ☐ NA

Nursing Team Reviews:

Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns? ☑ Yes ☐ No ☐ NA

Is Essential Imaging Displayed? ☑ Yes ☐ No ☐ NA

Power Supply, Earthing, Power Backup and functioning of equipment checked. ☑ Yes ☐ No

Signature : Puja @ 6 :am.

Name : Puja.

Before Patient Leaves Operating Room

SIGN OUT Time: 7 Am

Nurse Verbally Confirms with the Team:

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

To Surgeon, Anaesthetist and Nurse:

What are the key concerns for recovery and management of this patient? ☐ Yes ☑ No

Signature : [signature]

Name : Dr. Ramya

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Mrs CHITTIMALLI SUSMITHA
15-02-2000 26 Y 3 M 11 D (F)
Dr. SUCHITRA SRIRAMPUR

CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: Dr Suchitra	Date of Delivery: 26/5/26
Assistant Surgeon: Dr Ramya thyagu	Time of Delivery: 6:02 AM
Anaesthetist's Name: Dr Ayesha	Gender of Baby: Male
Type of Anaesthesia: Spinal	Weight of Baby: ~~[illegible]~~ 3.06 kg
Neonatologist: Dr Pranav	AGPAR Score: 8, 9
Scrub Nurse: Sangeetha	NICU Admission: ☐ Yes ☑ No

Pre-Operative Diagnosis: Primi / 36+6 wks / Rh negative / oligo

☑ Elective ☐ Emergency Indication: oligohydramnios

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: NA Knief to rectus: 2 mts

CTG Description: Reactive

If there was a delay give the reasons: No delay

Surgical Procedure: Elective LSCS + AA

Post Operative Diagnosis: O-AD.

Peri-Operative Complications: Nil

Amount of Blood Loss: 400ml	Blood Transfused (in ML): None

Name and Number of Surgical Specimen sent for examination:

None

Examination Findings when Appropriate: NA

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: ☑ Pfannensteil ☐ Transverse ☐ Midline ☐ Other ....
Uterine Incision: ☑ Lower Segment ☐ Classical ☐ Inverted T ☐ J Incision
Previous Scar: ☐ Intact ☐ Thinnedout ☐ Ruptured ☑ No Scar
Incision Through Placenta: ☐ Yes ☑ No

\# scanty liquor
* 1 loop of cord round neck

Delivery of head: ☑ Manual ☐ Forceps
Liquor: ☑ Clear ☐ Meconium: ☑ I ☐ II ☐ III ☐ Blood ☐ Offensive ☑ Not Offensive
Delivery of Placenta: ☐ Manual ☑ CCT .... ☑ Complete ☐ Incomplete ☐ Piecemeal
Cord Appearance: ....N.... Cord around the neck ☑ Yes ☐ No
Appearance of placenta: ....N.... Cavity explored ☑ Yes ☐ No
Uterus, tubes and ovaries: ☑ Normal ☐ Not Normal Sterilization: ☐ Yes ☑ No

Uterine Closure: ☐ One Layer ☑ Two Layers ....Vicryl No 1.... Suture
Peritoneal Closure: ☐ Pelvic ☑ Abdominal ☐ None ....catgut 2-0.... Suture
Sheath Closure: ....prolene No 1.... Suture
Fat Closure: ☑ Yes ☐ No ....catgut 2-0.... Suture
Skin Closure: ☑ Subcuticular ☐ Mattress ....monocryl 3-0.... Suture

Vagineal Evacuated ☑ Yes ☐ No
Drain: ☐ Yes ☑ No ☐ Remove in .... days ☐ Await instructions
Ctheter ☑ Yes ☐ No ☐ Remove in ....24 hrs.... 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 till further orders
2) IV fluids as advised
3) drugs as advised
4) Monitor vitals
~~5) IO records as adv~~
5) w/f bleeding third PV
6) I/O charting
7) trans Dr, lady BGR
8) Inform Dr.

Doctor Name: Dr Ramya Thyagu
Doctor Signature: Ramya
Date & Time: 26/5/21 @ 7AM

OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 26/5/26 Time of Arrival: 4:30 AM Time Seen by Nurse: 4:35 AM

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: 97 Pulse: 82 RR: 16 SpO$_2$: 99 BP: 112/70 Weight: ....

4) **Gestational Criteria:**

Gravida:	G 1	P 1	L	A

LMP: 10/9/25 EDD: 17/6/26 Gestational Age: 36+6 weeks

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

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

0 (No Pain) [circled] — 1 — 2 — 3 — 4 — 5 — 6 — 7 — 8 — 9 — 10 (Worst possible pain)

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

....

6) **Past History:**

a) Surgeries: .... Nil
b) Medical: ....

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☐ No, If Yes : ....

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

9) **Prenatal Medical History:**

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

Triage Category: (Please tick on the category)

Refer to OBSTETRICAL TRIAGE ACUITY SCALE (OTAS)

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

OBCU Obstetrical Triage Acuity Scale (OTAS)

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

Time seen by Doctor: ....4:28AM....

Nurse Name : ....Mounika.... Nurse Signature: ....[signature]....

Date: ..26/5/26.. Time: ....

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Mrs CHITTIMALLI SUSMITHA
15-02-2000 26 Y 3 M 11 D (F)
Dr. SUCHITRA SRIRAMPUR

LABOUR AND DELIVERY NURSING ASSESSMENT

Date of Admission: 26/5/26

Baseline Information:

Admission From: ☐ ER ☐ OPD ☑ Admission Desk ☐ Others: specify ....

Primary Language: ☑ Telugu ☑ English ☐ Hindi ☐ Others

Do you require an interpreter? ☐ Yes ☐ No

Source of Information: ☐ Patient ☑ Family ☐ Others

Personal belonging if any: ☐ Jewelry ☐ Nose Ring ☐ Bangles ☐ Anklets ☐ Finger Ring ☐ Bracelets

handed over to ....

Allergies: ☐ Yes ☑ No ☐ Medications ☐ Blood Transfusion ☐ Food ☐ Other: ....

If yes , identify ....

Chief Complaints: El - LSCS

Doctor Notified on Admission: ☑ Yes ☐ No

Name of the Doctor: DR Ramya

Time Notified: 9:30 AM

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

Past Medical History	Past Surgical History	Previous Hospital Admission
—	—	—

Blood Group: O Negative LMP: 10/9/24 EDD: 17/6/26 Gestational age during admission: 38+6 wks

Contractions: Nil Vaginal Discharge: ....

Obstetric History: G 1 P 1 L – A – Previous LSCS N/O

Height: .... Weight: .... BMI: ....

Temp: 97 HR: 88 RR: 18 BP: 112/86 SpO_2 99

High Risk Factors: (Please select by ticking (✓) the box as applicable)

☐ Hypothyroidism	☐ Rh Incompatibility	☐ Fertility Treatment
☐ Hyperthyroidism	☐ Previous LSCS	☐ Preterm Labour
☐ Hypertension	☐ Gestational Hypertension	☐ Others: (Specify)
☐ Diabetes	☐ Bad Obstetric History	
☐ Anemia	☐ Obesity (BMI)	
	☐ Twins / Multiple Pregnancy	

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Family History: ✓ No Abnormalities Detected

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

☐ Liver disease ☐ Other ....

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

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

Risk of Pressure Sore: ☐ Yes ☑ No Score .... (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:

☐ Overweight ☐ Poor Appetite > 3 Days ☐ Needs Therapeutic Diet.

☑ Under Weight ☐ Diabetes Mellitus ☐ No Abnormality Detected

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

☑ Calm & Cooperative ☐ Restless ☐ Depressed ☐ Agitated ☐ Confused

☐ Others ....

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 .... family member

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 Susmitha

Orientation not given Reason: ....

Nurse Signature: .... [signature]

Nurse Name: .... [illegible]

Date & Time: 20/5/2

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Mrs CHITTIMALLI SUSMITHA
15-02-2000 26 Y 3 M 11 D (F)
Dr. SUCHITRA SRIRAMPUR

BREAST FEEDING HANDOVER AND ASSESSMENT FORM

1. Breastfeeding initiated?
   - ☐ a. Yes ☐ b. No
2. If No, Reason ....
3. Nipple condition:
   - ☐ a. Nipple well formed
   - ☐ b. Flat nipple
   - ☐ c. Inverted nipple
   - ☐ d. Short nipple
4. Milk flow:
   - ☐ a. Good
   - ☐ b. Drops of colostrums
   - ☐ c. Dry
5. Steps for Positioning and attachment:
   - ☐ a. Baby goes to the breast
   - ☐ b. Mother always sits with a back support
   - ☐ c. Ear-shoulder-hip should be in a straight line
   - ☐ d. The baby takes a latch on the areola and not on the nipple

Feeding Positions:
Cross Cradle

Feeding Positions:
Football / Clutch

6. Was the position explained:
   - ☑ a. Yes
   - ☐ b. No

7. For Caesarian mothers:
   - ☐ a. Mother is required sit and feed from the 4th feed
   - ☑ b. Please explain football hold

8. NICU admission:
   - ☐ a. Mother needs to stimulate her breast for 2 min every 2 hours

9. Additional notes: ....

Continuity of Care: Date: 26/5/26

→ Assess the pt condition
→ monitor vitals
→ maintain I/O chart
→ Administer medications as for doctor order
→ Explain breast feeding

Handover given by Mounika | Handover taken by ....

Signature [signature] | Signature ....

Date & Time: 26/5/26 @ 7pm | Date & Time: ....

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URINARY CATHETER BUNDLE CHECK LIST

Date of Insertion: 26/5/25 Date of Removal: ....

Parameters	Date / Shift Time	25/5 N	26/5 M6					
Need for the Catheter		☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Hand Hygiene		☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Usage of Sterile Equipment		☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is the Collection bag below the level of bladder		☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Check the Tube for Obstruction (Free of Kinking)		☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is Catheter dated as policy		☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Collecting bag is been emptied regularly?		☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Maintenance of closed system for the catheter		☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Dressing clean and dry?		☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is the line removed as Policy?		☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Performance of Perineal Care		☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Onset of New Fever		☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Asses for the leakage at the site of insertion		☐ Yes ☑ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Name of the Nurse		Mounika	Anusha					
Signature of the Nurse		[signature]	[signature]					

Docu. No. : RCH /FRM / CLINICAL / 114

Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION

Name: Mrs. Sushmitha Age: 25 Sex: F UHID.No :

Date: 26/5/26 Time: 5:20AM Proposed Operation: ELECTIVE LOWER SEGMENT CESAREAN SECTION

Diagnosis: Primi c 36+6 c Oligos

B.P / CRT: 77/59 mm Hg H.R: 92/min Weight: 90kg ASA Physical Status: ☐ 1 ☑ 2 ☐ 3 ☐ 4 ☐ 5

7/5

Laboratory Data:

Hgb: 12.2	Glucose: 75mg/dl	Protein:	HIV: NR	X-Ray:
PCV: 38%	Urea:	Alb:	HBS Ag: NR	ECG:
WBC: 12000	Creat:	Total Bill:	HCV: NR	2D Echo:
Plate: 2.6 lakh	Na:	Dir. Bill:	Blood group: O NEGATIVE	Stress/Anglo:
PT: 17.9	K:	LDH:	T3	Other:
PTT: 44.1	Ca++:	Alk phos:	T4	
INR: 1.37	Mg++:	Amylase:	TSH	Indirect Coombs – Negative
	Cl -:	SGOT/SGPT:		

Allergies: NIL

Medical History: CVS : } NIL SIGNIFICANT
RESP : Diabetes :
CNS :
Renal :
Hepatic / GE : Physical Activity: METS > 4
Others :

Past Anaesthetic History: NIL

Physical Exam:

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

Lungs : BAE(+), clear

Heart: S1S2(+)

CNS: NAD

Pregnant: ☑ Yes ☐ No ☐ NA Venous Access Site : Peripheral (+) Spine Exam for regional :

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

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

CURRENT MEDICATIONS	DOSAGE
T. Fe	OD
T. Ca	OD

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

Signature: [signature] Name: Dr. SK. Ayesha

Docu. No. : RCH / BRM / CLINICAL / 044

MAH-00384638 IP26-00006430
Mrs CHITTIMALLI SUSMITHA
15-02-2000 26 Y 3 M 11 D (F)
Dr. SUCHITRA SRIRAMPUR

ANAESTHESIA CHART

Pre Induction Assessment:

Change in Patient Condition: ☐ Yes ☑ No	Fasting Status: Adequate

Physical Status: ☑ Patient Identified ☑ Consent Present ☑ Chart Reviewed

H.R.: 92/min B.P / CRT: 109/64 mmHg SpO₂: 98% c RA R.R.: 18/min Last Feed: >6hrs

Pre-OP Diagnosis: Primi c 36+6 wks c Oligo Operation: ELECTIVE CESAREAN SECTION Date: 26/5/26

Surgeon: Dr. Suchitra / Dr. Ramya Anaesthesiologist: Dr. Ayesha Technician: Aravind

TIME	5:50 Am	6:00 Am	6:15 Am	6:30 Am	6:45 Am	7:00 Am
N₂O /AIR /O₂ LPM						
HALO /SO /SEVO						

Drugs:
- Inj. OXYTOCIN 3IU IV
- Inj. OXYTOCIN 20IU in 500ml RL
- Inj. TRANEXAMIC ACID 1gm IV

FIO₂ / SaO₂: 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100%

ETCO₂:

ECG: SR SR SR SR SR SR SR SR SR SR SR

Temperature:

Urine Output: 100ml

Fluids / Blood: 2 RL

Antibiotic:

Suppository: DICLOFENAC 100mg PR, TRAMADOL 100mg PR

Blood Loss: 400ml

NOTES:
1. NBM for 4hrs
2. IVF @ 100ml/hr
3. Monitor vitals inform SOS

B.P: V Systolic, Λ Diastolic, X Mean, • Heart Rate (chart scale 0–240)

Tourniquet on Time
Tourniquet off Time
Throat Pack In
Throat Pack Out

LAB Values: ABG / GRBS / Others

☑ Equipment Checked and Functional
☑ BP
☑ Cuff Site (Rt) UL
☐ Art Site:
☑ EKG Lead 3 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: 5:55Am
OP Start: 5:58Am
OP End: 6:50Am
Leave OR: 7:00Am

Anaesthesia:
☐ GA
☐ Monitored Anaesthesia Care
☑ Regional

Line (Size & Location)
☐ CVP:
☐ ART:
☑ IV: 18G on (Rt) UL
☐ 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: SAB
☑ Spinal ☐ Epidural ☐ Caudal
Others:
Position: Sitting
Site: L3-L4
Needle Size: 25G PP Depth:
Parasthesia ☐ Yes ☑ No
Catheter at skin .... cm
Drug Name & Conc: 0.5% HEAVY
Bolus: BUPIVACAINE 10mg + 25mcg FENTANYL
Infusion:
Block Level: T4 - T6
Comments:
Transportation to
☐ PACU ☐ ICU ☐ Other
Relaxant Reversed ☐ Yes ☐ No ☐ NA
Name of the Doctor: Ayesha
Signature of the Doctor: [signature]

POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Niharika / Amarnath Bam Time Received : 7:10 Am Time Discharged : ....

BP / Pulse / Resp chart (0–250, SPO₂): 144/70, 150/65, 152/66, 150/68

IV Cannula Site : left side

- ☐ O₂ Mask ☐ Nasal Prongs
- ☐ Tracheostomy ☐ T-Piece
- ☐ Oral Airway ☐ Nasal Airway

Vomiting : ☐ Yes ☑ No Drug: Taxim
NG Tube : ☐ Yes ☑ No
Drain: ☐ Yes ☑ No
Urinary Catheter: ☑ Yes ☐ No
Chest Tube: ☐ Yes ☑ No
Nil Oral ☐ Yes ☑ No
IV Fluids: RL - 100 ml
Oral Feeds: ....

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

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
26/5	7Am	0/10	Normal	Moni
26/5	7:30A	0/10	Normal	Moni
26/5	8Am	0/10	Normal	Moni
26/5/26	2Am	0	NA	(signature)

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

Anaesthesiologist Name : Dr. (signature)
Anaesthesiologist Signature: (signature)
Date & Time: 26/5/26 @ 2.35Am

PACU Nurse Name : Madhumita
PACU Nurse Signature: Madhu
Date & Time: 26/5/26 @ 2:35Am

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

Transferred to Unit by (PACU): 306
Date & Time: 26/5/26 @ 2:35Am

Patient Sticker

Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

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

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

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

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

Solution Composition : ....

Any other issues :

a) ....

b) ....

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

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

Catheter Removed by and Tip Inspected : ....

Patient Satisfaction : ....

Discharge /Shifting ordered by

Doctor Signature: :...

Doctor Name: ....

Date and Time : ....

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

Patient Name : MRS. SUSHMITHA Gender: ☐ Male ☑ Female Age :

UHID No : MAH - 00384638 Date : 26/5/26

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 CAESAREAN SECTION

upon

MRS. SUSHMITHA (Name of the Patient)

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.

Excessive bleeding, need for transfusion of blood or blood products, inadverant injury to bowel, bladder or ureter, wound 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. Suchithra Sanjay

Consentee :

Signature : Ch. Susmitha

Name : Ch. Sushmitha

Date & Time : 26/5/26 @ 5:20AM

Patient Attendant :

Signature : [signature]

Name : Addagulla Srivatsava

Relationship with Patient: Husband

Date & Time : 26/5/26 @ 5:20AM

Witness :

Signature :

Name :

Date & Time :

Doctor (who is taking the consent) :

Signature : [signature]

Name : Dr RAMYA THOTA

Date & Time : 26/5/26 @ 5:20AM

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE

Patient Name : Mrs. SUSHMITHA .... Age : .... Gender : Male ☐ Female ☑

UHID NO: .... Surgeon Name: Dr. Suchitra

Anaesthesiologist : Dr. Ayesha

Operative procedure planned : ELECTIVE LOWER SEGMENT CESAREAN SECTION

PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA

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

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

☐ Heart disease ☐ Hypertension ☐ Diabetes mellitus ☐ Renal failure

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

☐ Incapacitating Cronic Obstructive Pulmonary Disease

☑ Others : Hypotension, Bleeding, Need for transfusion

Comments : ....

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

DECLARATION BY PATIENT / GUARDIAN / PROXY

I hereby authorize Rainbow Hospital & its authorized doctors to perform upon me / my patient Mrs. SUSHMITHA the above mentioned operation / Diagnostic / Therapeutic procedures ELECTIVE LOWER SEGMENT CESAREAN SECTION

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

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

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

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

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

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

- Pregnant : ☑ Yes ☐ No

DECLARATION BY THE ANAESTHETISTS PROVIDING INFORMATION FOR THIS CONSENT

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

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

Patient / Patient Attendant :

Signature : Ch. Susmitha

Name : Ch. Susmitha

Relationship with Patient: self

Date & Time : 26/5/26 5:29AM

Witness :

Signature : [signature]

Name : A. Srivatsava

Date & Time : 26/5/26 @ 5:29AM

Doctor (who is taking the consent) :

Signature : [signature]

Name : Dr. SK. Ayesha

Date & Time : 26/5/26, 5:30Am