9375 IP-00060835
NDURI S P RAGHAVI
24 Y 11 M 27 D (F)
NTULA APARNA

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SURGERY DETAILS

Date : 29/7/26

Patient Name: Mrs. Komanduri. S.P. Raghavi Date of Birth: 27/7/2001 Age: 24Y

Gender: Female Ward : OT UHID No.: 00030375

Date of Surgery: 29/7/26 ☑ OT -1 ☐ OT -2 ☐ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : Elective LSCS + SA

Time in : 2:45pm Time Out : 4pm

	NAME	AMOUNT
1. Surgeon	Dr K Aparna	O.T Charges
2. Anaesthetist	: Dr madhav	
3. Assistant Surgeon	: Dr. Farnaz	
4. OT Technician	: BR Rakesh/Raj	
5. Circulating Nurse	: BR Arej/SR Ruby P	
6. Assistant Nurse	: SR Prasoona	

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

Signature of the Surgeon

Arej
Signature of Circulating Nurse

Order No: 3105739/38 Order by: Bhavani

Name	Mrs KOMANDURI S P RAGHAVI	**UHID**	BCH-00039375
Father/Guardian	Mr MR. D GOUTHAM	**Age/Gender**	24 Y 11 M 27 D/Female
Address	Kapra, Ecil, Hyderabad, Telangana, INDIA, 500062		
IP No	IP-00060835	**Admission Date**	24-07-2026
Ref Doctor	DR. V MADHAVI (SHREYAS HOSPITAL, ECIL)	**Discharge Date**	26-07-2026

DISCHARGE SUMMARY

Consultant: Dr. KAPPAGANTULA APARNA, OBSTETRICIAN & GYNAECOLOGIST

Diagnosis: Primi with 37+5weeks with Hypothyrodism with High Body Mass index with ANA Positive with mild pericardial Effusion (fetus) With Cephalo Pelvic Disproportion for elective lower segment caesarean section.

ELECTIVE LOWER SEGMENT CAESAREAN SECTION DONE ON 24.7.2026 UNDER SPINAL ANAESTHESIA

History:
LMP: 23.10.2025
Obstetric formula: PRIMI
EDD: 9.8.2026
Gestation at admission: 37+5 weeks

Obstetric History:
G1 - Present pregnancy Spontaneous conception.
Medical History: Nil
Family History: mother-Hypothyrodism , Father - DM
Surgical History: Nil
Allergies: Nil

Name	Mrs KOMANDURI S P RAGHAVI	UHID	BCH-00039375

Antenatal Details: Mrs KOMANDURI S P RAGHAVI was booked to Rainbow hospital at 25 weeks of gestation. Previous ANC's mancherial. She had regular antenatal checkups and investigations as advised. She was admitted at 37+5weeks with Hypothyrodism with High Body Mass index with ANA Positive with mild pericardial Effusion (fetus) With Cephalo Pelvic Disproportion for elective lower segment caesarean section

Investigations: Enclosed

Blood group: O POSITIVE

Management: Course in hospital:
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: Operative Details:
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. Difficult head delivery, Baby delivered with forceps delivery. 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. Antibiotic prophylaxis with Inj. Taxim 1 gm IV given. 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.

Delivery Details:
Date: 24.7.2026
Time of Delivery: 3:01Pm 35sec
Type of Delivery: Elective LSCS
Indication: Cephalo Pelvic Disproportion
Analgesia: Spinal

Baby Details:
Date: 24.7.2026
Time: 3:01Pm 35sec
Sex: male
Weight: 3.094kg
Apgar: 5/10, 8/10
Gestational Age: 37+5weeks
NICU Admission: No

Post-Operative Notes: Post Operative Period:

She was closely monitored. Her vital signs remained stable. Uterus was well retracted with no postpartum hemorrhage. She was given thromboprophylaxis. Breast feeding initiated. She was shifted to room. Her postoperative period following that was uneventful. On third postoperative day dressing was changed. On inspection wound was healthy. 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.

Name	Mrs KOMANDURI S P RAGHAVI	UHID	BCH-00039375

Advice:

1. Tab. Ceftum 500mg twice daily till 30.7.2026 (8am-9pm) after food.
2. Tab. Dolo 650mg twice daily till 30.7.2026 (12pm-5pm) after food.
3. Tab. Hifenac P twice daily till 30.7.2026 (8am-9pm) after food.
4. Tab. Pantoprazole 40 mg once daily till 30.7.2026 (7am) before food.
5. Tab. Fur XT once daily (7am) for three months before breakfast.
6. Tab. C Dense 1 tablet once daily (2pm) till breast feeding after food.
7. Continue TAb Throxine 75Mcg once daily on empty stomach till further orders
8. Repeat TSH after 6weeks review with reports
9. Inj Enoxaparin once daily 60mg subcutaneously till 31.7.2026
10. Nebasulf powder for local application.
11. HPV vaccine after 6 weeks of delivery.

Review after 5days on 30.7.2026 at postnatal clinic with prior appointment (This consultation will be charged).

To take appointment for OPD consultation at Rainbow Children's Hospital, just dial one number 1800-2122 (between 8 a.m. to 8 p.m.) (or) log on to www.rainbowhospitals.in

In case of emergency like bleeding, fever - kindly contact 040-42462200. Extension 2220 (Rainbow Hospital, Karkhana).

For Women Who Have Had a Cesarean 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 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, immunization and safe parenting, when and how to obtain emergency care etc also have been explained by doctor .....in the language that I understand and I have understood the same.

Name: Signature:

Relationship:

This summary was explained by:

Summary prepared by: Dr.

Registrar/Resident/C.M.O

Dr. KAPPAGANTULA APARNA
MBBS, MD
OBSTETRICIAN & GYNAECOLOGIST
43142

Rainbow Children's Hospital - Secunderabad

H.No.3-7-222/223,Sy.No.51 to 54,Opp.Karkhana P S,Karkhana Main Road,Kakaguda, Karkhana ,Hyderabad ,Telangana, INDIA ,500009.
040-42462200, Ext 2000,2001,2002,

PatientName	: Mrs KOMANDURI S P RAGHAVI	**Inpatient No.**	: IP-00060835
Age/Gender	: 24 Y 11 M 29 D/ Female	**Admit Date**	: 24-07-2026
Ward/Bed	: N 2F-LABOUR WARD/ LW 221	**Discharge Date**	:

COMPLETE BLOOD PICTURE (Specimen : BLOOD)

TEST RESULT STATUS : REPORT AUTHORISED

Order Date :26-07-2026 02:46

Investigation	Result	Unit		Biological Reference Interval
HEMOGLOBIN (Colorimetry)	**10.8**	**g/dL**	L	12 - 16
RBC COUNT (DC detection method)	**3.68**	**10^12/L**	L	4 - 5.2
PCV/HCT (Calculated)	**30.9**	**VOL%**	L	33 - 51
MCV (Calculated)	84.0	fL		80 - 100
MCH (Calculated)	29.5	pg/cells		26 - 34
MCHC (Calculated)	35.1	g/dL		32 - 36
RDW-CV (Calculated)	**13.5**	**%**	H	11.5 - 13.1
PLATELET COUNT (DC Detection Method)	239	10^9/L		150 - 450
MPV (Calculated)	8.5	fL		6.5 - 10
WBC COUNT (DC Detection Method)	**11.45**	**10^9/L**	H	4.5 - 11
Differential Count				
NEUTROPHILS (Microscopy, Leishman stain)	**85**	**%**	H	35 - 66
LYMPHOCYTES (Microscopy, Leishman stain)	**12**	**%**	L	24 - 44
MONOCYTES (Microscopy, Leishman stain)	**02**	**%**	L	4 - 10
EOSINOPHILS (Microscopy, Leishman stain)	01	%		1 - 4
PERIPHERAL SMEAR (Microscopy, Leishman stain)	**RBC - NORMOCYTIC / NORMOCHROMIC WBC - NEUTROPHIL LEUCOCYTOSIS PLATELETS - ADEQUATE**			

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

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BCH-00039375 IP-00060835
Mrs KOMANDURI S P RAGHAVI
27-07-2001 24 Y 11 M 27 D (F)
Dr. KAPPAGANTULA APARNA

ACTIV **ING**

Name: -

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

Date of Admission : 24/7/26 Time : 12:33pm Date of Discharge : ---------- Time: ----------

Room / Bed No : 221 Ward : LW Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
24/7/26	2:31PM	LW	OT	TY
24/7/26	4:05pm	OT	MICU	
25/7/26	12:50AM	MICU	ROOM 210	

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Sign
24/7	ECG		
26/7	CBP	26025262	Dep
—	Cross Checked done by Dep — 22/02/24		

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
24/7	Cardiac monitor	4pm	11pm	3105796	Ravi
24/7	Infusion pump	4pm	11pm		
	Cross checked By Ravi 25/7/26 @ 12:30pm				

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
24/7	IV placement	1	3105798	Rani
24/7	Catheterization	1		
24/7	PAC	1	3105797	Rani
	Cross checked by Rani 25/7/26 @ 1:51 Am.			

ANY OTHER INFORMATION

Date : 27/07/26 Time : 1:30 Am Prepared By : Rani 27/07/26 @ 1:30 Am

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Sig. Padma	Sig. Rani		

DEFICIENCY CHECK LIST OF MEDICAL CASE SHEET

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BCH-00039375 IP-00060835
Mrs KOMANDURI S P RAGHAVI
27-07-2001 24 Y 11 M 28 D (F)
Dr. KAPPAGANTULA APARNA

Patient Name :

Ward:

IP.No: 60835

DOA: 24/7/26

Sl.No	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission Sheet	1	✓	✓	
2	Discharge Summary				
3	Nursing Initial assessment form	1	✓	✓	
4	Patient Trasfer Forms	3	✓	✓	
5	In-patient Medical Record	1	✓	✓	
6	Doctors Progress Sheets	3	✓	✓	
7	Nurses Progress notes	3	✓	✓	
8	Consultation Sheets				
9	General Consent for Treatment	1	✓	✓	
10	Conset for Surgery	1	✓	✓	
11	Consent for Blood Transfusion				
12	Consent forChemotherapy				
13	Consent for High Risk				
14	Consent for Restraint				
15	DAMA Consent				
16	Consent for Special Procedure	1	✓	✓	
17	Consent for Radiological Investigations				
18	Consent for HIV Test				
19	Anaesthesia consent form	1	✓	✓	
20	Anaesthesia notes(Pre Anaesthesia & Post)	2	✓	✓	
21	Pre Operative checklist	1	✓	✓	
22	Surgical safety Checklist	1	✓	✓	
23	Operation Theatre notes	1	✓	✓	
24	Nurses Clinical Presentation				
25	TPR & BP chart	3	✓	✓	
26	Intake and Output chart (fluid Chart)	2	✓	✓	
27	Drug Chart (Regular prescription)	5	✓	✓	
28	Daily Investigation sheet				
29	Investigation Values (Result Sheet)	1	✓	✓	
30	Nebulization Chart				
31	Diabetic chart				
32	Nutritional Review chart	1	✓	✓	
33	MLC form (in case of MLC)				
34	Patient Educatlon Form				
	Medical Reconciliation	2	✓	✓	
	Thrombophlebitis	1	✓	✓	
	Pain Assessment	3	✓	✓	
	Braden Q	2	✓	✓	
	Others	13	✓	✓	
	Total No. of Pages	54			

Signature and Date : 26/7/26 @12a

ERROR LOG

LOCATION: - NICU / PICU / HDU / OT / GENERAL WARD

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

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TEL NO :040-42462200, Ext 2000,2001,2002
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP-00060835 **Admit Date** : 24-Jul-2026 **Admit Time** : 12:33 PM **UHID** : BCH-00039375

Patient Details :

Patient Name	: Mrs KOMANDURI S P RAGHAVI	**Age**	: 24 Y 11 M 27 D
Guardian	: Mr MR. D GOUTHAM	**DOB**	: 27-07-2001
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: Kapra Ecil Hyderabad Telangana INDIA 500062	**Phone No**	: 7722893652
		E-mail	: na@gmail.com

dmission Details :

Bed Type : MICU **Bed No** : LW 221 **Ward Name** : N 2F-LABOUR WARD

Room No : LW 221 **Admission Type** : First Visit

Contact Details :

Name	: Mr MR. D GOUTHAM	**Relationship**	: Husband
Contact Address	: Kapra Ecil Hyderabad Telangana INDIA 500062	**Phone No**	: 7722893652

Signature

octor Details :

Doctor Name	: Dr. KAPPAGANTULA APARNA	**Specialisation**	: OBSTETRICS AND GYNECOLOGY
Referral Doctor	: DR. V MADHAVI (SHREYAS HOSPITAL, ECIL)	**Phone No**	:
Co-Consultant	:		

Payment Details :

Payment Mode	: Cash	**Deposit Amount**	: 0.00
		Payor Name	: POWER GRID CORPORATION OF INDIA

BCH-00039375 IP-00060835
Mrs KOMANDURI S P RAGHAVI
27-07-2001 24 Y 11 M 27 D (F)
Dr. KAPPAGANTULA APARNA

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OBSTETRICS / GYNECOLOGY
NURSING INITIAL ASSESSMENT FORM

Date of Admission: 24/2/26

Baseline Information:

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

Primary Language: ☐ Telugu ☐ English ☐ Hindi ☐ Others, specify .....

Do you require an interpreter? ☐ Yes ☑ No if Yes specify .....

Source of Information: ☐ Patient ☐ Family ☐ Others, specify .....

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

If yes, identify .....

Chief Complaints: Elective LSCS

Doctor Notified on Admission: ☑ Yes ☐ No

Name of the Doctor: DR SO Gynecology

Time Notified: 12:50pm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
Thyroid.	Nil	Nil

Gynecology Assessment: ☑ Not Applicable

Menstrual History: .....

.....

Onset of Menarche: .....

Menstrual Cycle: ☐ Regular ☐ Irregular

Last Menstrual Period: 28/10/25

Gynecology Surgical History:

Caesarean Section: ☐ No ☑ Yes

Cervical Cerclage: ☑ No ☐ Yes

Ectopic Pregnancy: ☑ No ☐ Yes

Myomectomy: ☑ No ☐ Yes

Others: _____

Gynecological History:

Contraceptives: ☑ No ☐ Yes

Vaginal Discharge: ☑ No ☐ Yes

Post-Coital Bleeding: ☑ No ☐ Yes

Infertility: ☑ No ☐ Yes

If Yes Type: ☐ Primary ☐ Secondary

Obstetric History: G ..... P 1 Lmi L ..... A .....

Previous LSCS: NO

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

Family History: ☑ No Abnormalities Detected

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

☐ Liver disease ☐ Other .....

Vital Signs / Measurements: Temp: 98.2°F HR: 90bpm RR: 20bpm

BP: 112/70mmHg Weight: 127kg Height: 127 BMI: .....

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

BCH-00039375 IP-00060835
Mrs KOMANDURI S P RAGHAVI
27-07-2001 24 Y 11 M 27 D (F)
Dr. KAPPAGANTULA APARNA

PHYSICAL ASSESSMENT

General Appearance: ☐ Healthy ☑ ill looking ☐ Anxious ☐ Agitated ☐ Others: .....

Fall Assessment: ☐ Yes ☐ No Score ..0.. (complete the Morse Fall Risk Assessment Sheet)

Risk of Pressure Sore: ☐ Yes ☐ No Score ..0.. (complete the Braden Q Sheet)

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

☐ Mobility problem ☐ Walking Problem ☑ No Abnormality Detected

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING: ☐ No Abnormality Detected

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

☐ Under Weight ☐ Diabetes Mellitus ☐ Hyperemesis Gravidarum

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

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

☐ Others .....

Inform consultant for positive criteria

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..

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 ..Mrs. Komanduri S.P Raghavi..

Name of Person Orientation was given to: ..Mrs. Komanduri S.P Raghavi..

Orientation not given Reason: .....

Nurse Signature: .....

Nurse Name: ..meghana..

Date & Time: ..24/2/26 @ 12:45pm..

PATIENT TRANSFER FORM

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BCH-00039375 IP-00060835
Mrs KOMANDURI S P RAGHAVI
27-07-2001 24 Y 11 M 27 D (F)
Dr. KAPPAGANTULA APARNA

	Date & Time of Admission	Date & Time of Transfer Order
	24/7/26 @12:33pm	25/7/26 @ 12:50 am
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
	Dr. Greeshma	observation
From Unit	**To Unit**	**Information to Attendant**
MICU	Room 210	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
31	Nil	Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Tab:- Pan 40mg	
2.	wsent — (1)	
3.	under pad — (1)	
4.	Sterillium — (1)	
5.		

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

Dr. Greeshma.

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sr. Suhasini	Dr Greeshma

Patient & Clinical Records Received by : Dupika 25/7/26 @ 12:50Am

Date & Time of Patient Received :

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

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
BCH-00039375 IP-00060835 Mrs KOMANDURI S P RAGHAVI 27-07-2001 24 Y 11 M 27 D (F) Dr. KAPPAGANTULA APARNA	24/7/26 @ 12/5 3pm	24/7/26 @ 4:05 Pm
	Transfer Ordered by Dr. madhav	Reason for Transfer Post op Care
From Unit O.J	To Unit micu.	Information to Attendant Yes ☐ No ☐
Number of Sheets in Clinical File 25	Number of Imaging Films Nil	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.		
2.		
3.		
4.		
5.		

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

Dr. Aparna

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Arora	Dr. madhav

Patient & Clinical Records Received by : Prathyusha

Date & Time of Patient Received : 24/7/26 @4:5 pm

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

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BCH-00039375 IP-00060835
Mrs KOMANDURI S P RAGHAVI
27-07-2001 24 Y 11 M 27 D (F)
Dr. KAPPAGANTULA APARNA

Date & Time of Admission	Date & Time of Transfer Order
24/7/26 at 12:33 PM	24/7/26 at 2:31 PM
Transfer Ordered by	**Reason for Transfer**
DR. Sreeshma	EL-LSCS
From Unit	**To Unit**	**Information to Attendant**
L/W	OT	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
34	—	Yes ☑ No ☐
		If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

DR. Sreeshma

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sig IFJa	DR. Sreeshma.

Patient & Clinical Records Received by : Sig 24/7/26 @ 2:35 Pm

Date & Time of Patient Received :

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

BCH-00039375 IP-00060835
Mrs KOMANDURI S P RAGHAVI
27-07-2001 24 Y 11 M 27 D (F)
Dr. APARNA K

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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

LMP: 23/10/25 EDD:

Corrected EDD: 9/8/26 GA: 37+5 weeks

Obstetric Formula: Primigravida
ML - 1yr, NCM

Menstrual History: Regular : ☑ Yes ☐ No (35 days)

Obstetric Hostory:
G1 - PP, Spontaneous conception

Obstetric Examination

Fundal Height: ~ TG

Ut. Activity: ☑ Relaxed ☐ Mild ☐ Mod ☐ Severe

Present Pregnancy Record: Booked to RCH at 25 weeks. Previous ANCs at Manchirial, Shreyas Hospital, Secunderabad. She was on T. Ecosprin 150 mg since conception U stopped at 35 weeks. Fetal 2DEcho done at 22 weeks showed Pericardial Effusion, Rheumatology opinion @ KIMS, started on T. HCQ 200mg OD. Diagnosed with Hypothyroidism since conception U is on T. THYROXINE 75mcg.

Liquor: ☑ Adequate ☐ Oligo ☐ Poly

PP: ☑ Cephalic ☐ Breech Others _____

Head Fifths Palpable: _____

FHS: ☑ Normal ☐ Tachy ☐ Brady ☐ Absent (+) 142 bpm

RISK FACTORS:
- Hypothyroidism
- High BMI
- ANA Positive on HCQ

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

Height: 164 cm
Weight: 127 kg
Allergies: NIL
Breast: ☑ Normal ☐ Abnormal

General Examination:

Consciousness: clear Pallor: (-)
Icterus: (-) Edema: (-)
Temp: Afebrile PR: - 826 PM
BP: 117/72 mmg DTR: (+)
CVS: S_1S_2 (+) RS BAE (+)
Liver/Spleen: (N) Urine Output: Adequate.

DIAGNOSIS

Primigravida with 37+5 weeks with Hypothyroidism with High Body Mass Index (BMI) with ANA Positive & mild Pericardial effusion - cephalopelvic disproportion.
for Elective lower segment cesarean section

BCH-00039375 IP-00060835
Mrs KOMANDURI S P RAGHAVI
27-07-2001 24 Y 11 M 27 D (F)
Dr. KAPPAGANTULA APARNA

Family History:

Mother - hypothyroidism
Father - DM

Surgical History:

NIL

Medical History:

NIL

Medication History:

- T. THYROXINE 75 mcg OD
- T. Hydroxychloroquine 200mg OD

Plan of Care: c/I to Dr. Aparna Mam

- Admission
- NBM
- Consent
- PAC
- Pault preparation
- FHR monitoring.
- Monitor vitals
- Follow drug chart
- Inform SOS
- 1 @ PRBC reserve at

Noted by Sukirti
24/7/26
12:50pm

Investigations: BLOOD GROUP – 'O' POSITIVE

HIV, HBsAg, HCV, VDRL } NR

LFT - ALP 323.2(↑)
SGOT - 13
SGPT - 8
A/G - 0.9

AFI Doppler (21/7/26)
SLIUF
37+2 wks
Cephalic
Pl- Ant, High
AFI - 13.2cm
On HCQ
Doppler - (N)

GROWTH Scan (8/7/26)
SLIUF, 35+3 wks
Cephalic
Pl- Ant, High
AFI - 14.1cm
AC - 194.
EFW - 444.
- On HCQ
- Pericardial effusion resolved fetus
Doppler - (N)

23/7/26
CBP - 12.5 / 7000 / 2.37L
S. Creat - 0.4
PT - 14.1
APTT - 31.1
INR - 0.96

13/7/26
ECG - (N)
2D Echo - (N)

TIFFA Scan (17/3/26)
SLIUF, 20+2 wks.
- Pericardial effusion along Right Ventricular wall
- Max thickness - 4.3mm
- CL - 313cm
- No Anomalies

NT Scan (23/1/26)
SLIUF
11+5 weeks.
NT - 1.8mm
Nasal bone (+)

Fetal 2D Echo (26/2/26) - Mild Pericardial Effusion
FTS - Low 1.4K

Doctor Name: Dr. Greeshma
Signature:
Date & Time: 24/7/26, 12:50 AM

Consultant Name: Dr. APARNA. K
Signature:
Date & Time: 24/7/26, 12:50 AM

BCH-00039375 IP-00060835
Mrs KOMANDURI S P RAGHAVI
27-07-2001 24 Y 11 M 27 D (F)
Dr. KAPPAGANTULA APARNA

(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/7/26	POD ~ 0	
4:15pm	Pt is c/c/c	Adv
	GC fair	- NBM x 6 hours
	Afebrile	- Rest
U/O - 200ml.	BP - 108/63mmHg	- I/O charting
Asepts clear	PR - 86bpm	- SCD stocking →
	S/E - NAD	TEDD stocking
	P/A - soft BS ⊕	- follow drug
	Ut well R	chart
	L/E - NAD	- monitor vitals
	Baby ō A/M BF ⊕	- Inform SOS
		Dr Farooq
	Noted by prathyusha @ 4:15pm	
24/7/26	POD - 0	
10:30 PM	O/E Pt is c/c/c	Adv
	GC - fair	- Sips of oral fluids f/b
P/H/E Hypothyroidism	Afebrile	Clear liquids.
ē High BMI ē	BP - 100/78 mmHg.	- Rest
ANA Positive	PR - 79 bpm	- I/O charting
	S/E - NAD	- SCD stockings → TEDD
U/O - 500ml	P/A - Ut w/R	stockings.
Asepts clear	Soft, BS ⊕	- Monitor vitals
Shift to	L/E - NAB	- Follow drug chart
room	Baby ō A/M, BF ⊕	- Infuse IVs
		- soft diet after
Noted @ 10:30PM 24/7/26		passing flatus

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/7/26 6:30 Am	POD - 1 (Post LSCS)	
	O/E Pt is c/c/c	Adv
P1L1 c Hypothyroidism	GC - fair	- Clear liquids
c High BMI E	Afebrile	- Soft diet after passing
ANA Positive	BP - 100/68 mmHg	flatus
U/O - 2200 ml	PR - 83 bpm.	- W/F Bleeding PV
Adequate u/ca	S/E - NAD	- Adequate hydration
	P/A - Ut w/R	- Passive ambulation
	Soft, BS ⊕	- Monitor vitals
Flatus passed	C/E - NAB	- Follow duty chart
	Baby - A/M, BF ⊕	- Inform SOS.
Remove foleys		- TEDD stockings
		- Ilo charting.
		Dr Gulam
		Noted by Vaishnavi 25/7/26 @ 8 Am
25/7/26 2:30 pm	POD - 1 (Post LSCS)	Nil sp complaints
	O/E pt is c/c/c	Adv
	GC fair	- Soft diet
urine passed	Afeb	- W/F bleeding PV
	BP - 115/75 mmHg	- Monitor Vitals
Motion not passed	PR - 78 bpm	- Follow duty chart
	S/E NAD	- TEDD stockings
	P/A ut w/R	- Hydration
	Soft BS ⊕	- Ambulation
	C/E NAB	- Inform SOS
Noted by Dr 25/7/26	Baby M S BF ⊕	Dr Vaishnavi

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/7/26 9pm	POD-1	(Post LSCS)
	O/E pt is c/c/c	Adv
	Lyc fair	- Soft diet
	Afeb	- W/F bleeding PV
Urine passed	BP- 117/72 mmHg	Monitor Vitals
	PR- 78 bpm	- follow duty chart
Motion Not passed	S/E NAD	- TEDD stockings
	P/A soft BS(+)	- Hydration
	wt ~ W/R	- Ambulation
	UE NAB	- Inform SOS
	Baby MS BF(+)	
	Noted by Akasha	Dr Nausheen
26/7/26 7:30 AM	POD-2	(Post LSCS)
	O/E pt is c/c/c	Adv
	Lyc fair	- (N) Diet
Urine & motion passed	Afeb	- W/F bleeding PV
	BP- 112/70 mmHg	- Monitor Vitals
	PR- 72 bpm.	- follow duty chart
	S/E NAD	- TEDD stockings
	P/A soft BS(+)	- Ambulation
	wt ~ W/R	- Hydration
	UE NAB	- Inform SOS.
	Baby MS BF(+)	
	Noted by Vaishnavi 26/7/26 @9AM	Dr Nausheen

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Mrs KOMANDURI S P RAGHAVI
27-07-2001 24 Y 11 M 27 D (F)
Dr. KAPPAGANTULA APARNA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/7/26 2 pm. P 1 L hypothy ANAe CBP – 10.8 / 1.94 / 2.39 L UP M	POD-2 O/E pt conc cy/ai afebrile BP-115/60 mmg PR-82 bpm S/E NAD P/A soft ut r/r P/V- NAB	Adv - (N) diet - w/f bleeding PU - ad hydration - ambulation - monitor vitals - follow drug chart - inform sos f/ Dr. Ashwi Noted by Vaishnavi 26/7/26 @ 2:30pm
26/7/26 8:30 pm P, L, hypothyroid ANAT Urine passed motion passed	POD - 2 Pt is c/c/c CFC fair Afebrile BP- 109/73 mmHg PR- 92 bpm S/E- NAD P/A- soft BS (+) Ut ~ UR L/E- NAB Baby Γ_H^A BF (+)	Adv - (N) diet - Ambulation - Hydration - w/f PV bleeding - follow drug chart - monitor vitals - Inform SOS f/ Dr. Farmer

Noted by padma 26/7/26

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Mrs KOMANDURI S P RAGHAVI
27-07-2001 24 Y 11 M 28 D (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	POD -	
	Pt is c/c/c	
	G C fair	A/dx
	Afebrile	- (N) diet
	BP -	- Ambulation
	PR -	- Hydration
	S/E - NAD	- wt + PV 6 hrly
	P/A - soft BS (+)	- follow drop chart
	Ut - WNL	- monitor vitals
	Ute - NAB	- Inform SOS
	Baby c/c BF (+)	
		Dr. Aparna
	Noted by padma. 27/7/26	

BCH-00039375 IP-00060835
Mrs KOMANDURI S P RAGHAVI
27-07-2001 24 Y 11 M 30 D (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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

(P.T.O)

BCH-00039375 IP-00060835
Mrs KOMANDURI S P RAGHAVI
27-07-2001 24 Y 11 M 27 D (F)
Dr. KAPPAGANTULA APARNA

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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: Primigravida @ 37+5 weeks @ Hypothyroidism @ High Bmi Body mass Index @
Surgery / Procedure: Ana positive @ mild pericardial effusion for Elective CS @

Any Infection: ☐ Yes ☐ No ☐ Not Known
If Yes Specify: .....

Post OP Day:

BACKGROUND

Date / Shift	24/7 M	24/7 E	24/7 N	24/7 N	25/7 M
Medical Condition (Any special condition to be noted):	-	-	-	-	-
Diet:	NBM	NBM	NBM	NBM	Ⓢ diet

ASSESSMENT

Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA	RA	RA
Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Vital Signs: Temp:	96.2	98.6°F	96.2°F	98.6°F	98.6°F	98.1°F
Res:	14/m	22/m	19/m	20/m	20/m	19/m
SpO_2:	98%	99%	98%	99%	99%	98%
Pulse:	94/m	105/m	106/m	78/m	96/m	89/m
BP:	110/60	110/60	112/70	112/68	110/70	115/75
LOC:	Conscious	Conscious	Conscious	Conscious	Conscious	Conscious
Fall Risk Score:	0	0	0	0	0	0
Pain Score:	0	0	0	0	0	0
Skin Integrity	Intact	Intact	Intact	Intact	Intact	Intact

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:	NBM	NBM	NBM	NBM	NBM	Ⓢ diet
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	Dependent	dependent	dependent	dependent	dependent
Post Operative Procedure Special Orders:	-	NBM		W/P Bleeding	W/P Bleeding	-
Handed Over By Name :	Tara	Bhavnik	Prathyusha	K. Sruti	Deepika	Vaishnavi
Signature / ID :		01544 3	020533	020477	BK60469	NO20216
Date:	24/7/26	24/7/26	24/7/26	25/7/26	25/7/26	25/7/26
Time:	at 9:30 PM	04:35PM	@8pm	12:50am	@8pm	@2 pm
Taken Over By Name :		Prathyusha	K. Sruti	Deepika	Vaishnavi	Aparna
Signature / ID :		020533	020477	BK60469	NO20216	01644
Date:	01544 3	24/7/26	25/7/26	25/7/26	25/7/26	25/7/26
Time:	24/7/26 @2:30PM	@4:35pm	@8pm	@ 12AM	@8AM	@ 2pm

BCH-00039375 IP-00060835
Mrs KOMANDURI S P RAGHAVI (F)
27-07-2001 24 Y 11 M 27 D
Dr. KAPPAGANTULA APARNA

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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: Primigravida c 37+5wks c Hypothyroidism c High Body mass Index (BMI) c [illegible] c mild pleural effusion post LSCS ([illegible])

Any Infection: ☐ Yes ☑ No ☐ Not Known — Nil
If Yes Specify: ......

Surgery / Procedure:

Post OP Day:

BACKGROUND Date / Shift	25/7/26 E	25/7/26 N	26/7/26 M	26/7/26 E	26/7/26 N	
Medical Condition (Any special condition to be noted):	–	–	–	–	Nill	
Diet:	(S) diet	(S) diet	(N) diet	(N) diet	(N) diet	
ASSESSMENT Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA	RA	
Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
Vital Signs: Temp:	98.2°F	98°F	98.1 F	98.6 F	98.6 F	
Res:	18 b/m	19 b/m	19 b/m	19 b/m	20 b/m	
SpO_2:	99%	99%	99%	98%	99%	
Pulse:	76 b/m	72	80 b/m	89 b/m	96 b/m	
BP:	112/70 mmHg		111/64	112/72	110/70	
LOC:	conscious	Conscious	Conscious	Conscious	Conscious	
Fall Risk Score:	15	15	15	15	0	
Pain Score:	0	0	0	0	0	
Skin Integrity	Intact	Intact	Intact	Intact	Intact	
Recommendations Safety Needs:	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No
Physiotherapy:	Nil	Nil	Nil	Nil	Nil	
Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
Special Diet:	(S) diet	(S) diet	(N) diet	(N) diet	(N) diet	
Critical Lab Test / Values:	Nil	–	–	–	Nil	
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	Dependent	dependent	dependent	dependent	
Post Operative Procedure Special Orders:	–		–	–		
Handed Over By Name :	Syed	Akanksha	Vaishnavi	Vaishnavi	padma	
Signature / ID :	B01645?	606607	W020216	W020216	606329	
Date:	25/7/26	26/7/26	26/7/26	26/7/26	27/7/26	
Time:	@ 8pm	@ 8Am	@ 2pm	@ 8pm	@ 5Am	
Taken Over By Name :	Akanksha	Vaishnavi	Vaishnavi	padma	Send to the fill Billing	
Signature / ID :	606607	W020216	W020216	606329		
Date:	25/7/26	26/7/26	26/7/26	26/7/26		
Time:	@ 8pm	@ 8Am	@ 2pm	@ 8pm		

BCH-00039375 IP-00060835
Mrs KOMANDURI S P RAGHAVI
27-07-2001 24 Y 11 M 27 D (F)
Dr. KAPPAGANTULA APARNA

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NURSING CARE RECORD

Date: 24/7/26

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	6pm	~~Breast feeding~~ monitor vitals	6pm	checked vitals	vitals are normal	Patient was stable	@7p 24/7/26
Night	8pm	monitor vital's	8pm	checked vital's	vital's are maintained	patient is stable	24/7/26
	2Am	Ensure Safety	8Am	To provide side rails	To prevent falls		25/7 @8

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27-07-2001 24 Y 11 M 27 D (F)
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NURSING CARE RECORD

Date: 25/7/26

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	9AM	Maintain Fluid Balance - Ensure Safety	9.10 AM	- Encouraged to take Oral fluid - provided side rails	- To prevent dehydration - To prevent fall	- Re-Assessment is done, vitals checked	Lakshmi 25/7/26 @2pm
Afternoon	3pm	Maintain fluid balance Ensure safety.	3:30p	Maintained oral Intake provided side rails.	prevented for dehydration. prevented for fall risk	Re assessment done every 4th hrly vital checked pt is stable	Lakshmi 25/7/26 @8pm
Night	9pm	* maintain fluid Balance. * Ensure Safety	10 pm	* Encouraged pt to take plenty of fluids. * provided side Rails upside.	* maintained circulation & well-ambulated. * Reduced fall's risk.	* pt condition is stable.	Lakshmi 25/7/26 @8pm

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27-07-2001 24 Y 11 M 27 D (F)
Dr. KAPPAGANTULA APARNA

NURSING CARE RECORD

Rainbow® Children's Hospital
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Date: 26/7/26

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	10 Am	Maintain personal hygiene - Ensure Safety	10:10 Am	- Provided hand rub to patient - provided side rails	- To prevent infection - To prevent Falls	- Re-Assessment is done, vitals checked	Vaishali 26/7/26 @ 2pm
Afternoon	2pm	Maintain Fluid Balance - Ensure Safety	3:10 pm	- Encouraged to take oral fluids - provided side rails	- To prevent dehydration - To prevent Falls	Re-Assessment is done, vitals checked	Vaishali 26/7/26 @ 8pm
Night		1 Doctor came for the Rounds.		1 Discharge Notes Patient is stable.	1 Doctor Advised Discharge.		Padma 27/7/26 @ 5Am

BCH-00039375 IP-00060835
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27-07-2001 24 Y 11 M 27 D (F)
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NURSING CARE RECORD

Rainbow® Children's Hospital
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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							
Night							

Rainbow Children's Hospital - Secunderabad
H.No.3-7-222/223,Sy.No.51 to 54,Opp.Karkhana P S,Karkhana Main Road,Kakaguda, Karkhana ,Hyderabad ,Telangana, INDIA ,500009.
TEL NO :040-42462200, Ext 2000,2001,2002
WEB : https://rainbowhospitals.in

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Mrs KOMANDURI S P RAGHAVI**	**Age :**	**24 Y 11 M 27 D**
IP No:	**IP-00060835**	**Sex:**	**Female**
Consultant:	**Dr. KAPPAGANTULA APARNA**	**Ward/Bed No:**	**N 2F-LABOUR WARD/LW 221**

The undersigned patient and I or responsible relative or person hereby consent to and authorize Rainbow Hospitals doctors and medical personnel to perform medical examinations, conduct routine investigations and administer medical treatments, outpatient procedures, minor dressings, vaccinations and immunizations during the course of the patient's care, as in patient.

Patient, be deemed advisable or necessary.

I understand that the confidentiality of all medical records shall be protected to the full extent of the Law. The undersigned also consent to the use of health related information/ audiovisuals of the patient for research & training purpose or for insurance coverage and while doing so confidentiality of the patient will be maintained at all times and this will not affect the re of the patient.

In giving my general consent to treatment, I understand that I retain the right to refuse any particular examinations, test, procedure, treatment, therapy or medication recommended or deemed medically necessary by treating doctors. I also understand that the practice of medicine is not an exact science and that no guarantee have been made to me as the results of my evaluation and I or treatment.

I understand that I shall not bring valuables to the Hospitals and that the Hospital will not be responsible for the loss, destruction or theft of my personal belongings. I assume full responsibility for all my personal items and release the Hospital from responsibility and liability for such personal items and valuables.

"I am aware that during the patient care it is inevitable that certain re-useable equipment shall be re-used after sterilization and disinfection. I am informed that the hospital assures maximum level of precaution and care in sterilizing and disinfecting the equipment and monitors the whole process as per evidence based guidelines".

Note:
1 We do not allow use of medication brought from outside by the patient.
2 I have received attendant passes as per my room category. I understand that I have to return it back at the time of final bill clearance. In case of failing the submission, I will pay 200/- Rs.
ceivers Signature:.....)

3 IP Guide book has been given to me and I have been explained about the Hospitals rules and policies.
4 Financial and billing counseling has been done to me.

Signature of Patient/Relative:

Name: Goutham

Relationship: Husband

Date: 24-7-2026 Time:

Witness Name:

Witness Signature:

Patient Address:
Kapra Ecil Hyderabad Telangana
INDIA 500062

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

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Patient Name : Mrs. KOMANDURI S P RAGHAVI Gender: ☐ Male ☑ Female Age : 24 years

UHID No : RCH-000039375 Date : 24/7/26

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

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

ELECTIVE LOWER SEGMENT CESAREAN SECTION

upon

(Name of the Patient) Mrs. KOMANDURI SP RAGHAVI

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

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

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

BLEEDING, INFECTION, NEED FOR TRANFUSION OF BLOOD AND BLOOD PRODUCTS AND ITS ASSOCIATED REACTIONS, BOWEL AND BLADDER INJURY, URETERIC INJURY, POST PARTUM HEMORRHAGE

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 K. APARNA

Consentee :

Signature : Raghavi SP

Name : Raghavi

Date & Time : 24/7/26, 12:57 PM

Patient Attendant :

Signature : Goutty

Name : D. Goutham

Relationship with Patient: Husband

Date & Time : 24-07-2026, 12:57 PM

Witness :

Signature :

Name :

Date & Time :

Doctor (who is taking the consent) :

Signature :

Name : Dr. Gireesha

Date & Time : 24/7/26, 1 PM

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CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MAC

Patient Name : Komanduri S.P. Raghavi Age : 2 yrs 11 m
Gender : M ☐ F ☑ - IP No : BCH-0003937S Consultant : Dr. Aparna
Ward / Bed No. : Anaesthesiologist : Dr. Madhav
Operative procedure planned : Elective caesarean 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 / RTA

☐ Incapacitating COPD ☐ Others :

Comments : hypotensions, Bradycardia, PDPH.

- 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 I my patient K. Raghavi the above mentioned operation I Diagnostic I Therapeutic procedures El. caesarean section

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

I acknowledge that the anaesthetists have informed me about the anaesthetic procedure, 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, CVP 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 I 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 / MAC 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 : Raghavi KP

Name : K S P Raghavi

Relationship with Patient: Husband

Date & Time : 24-07-2026, 02:30 PM

Witness :

Signature : Goutty

Name : D. Goutham

Date & Time : 24-07-2026, 02:30 PM

Doctor (who is taking the consent) :

Signature : Dr Akhila

Name : DR. AKHILA. K

Date & Time : 24/7/26, 2:15pm.

SURGICAL SAFETY CHECKLIST

BCH-00039375 IP-00060835
Mrs KOMANDURI S P RAGHAVI
27-07-2001 24 Y 11 M 27 D (F)
Dr. KAPPAGANTULA APARNA

Surgeon : DR. Aparna
Asst. Surgeon : DR. Furkhan
Anaesthetist : DR. madhura
Scrub Nurse : SR. prasanna

Age : 24 Gender : F
Surgery Name : EL Lscs
Date : 24/2/26 In-time : 2:15pm Out-time : 4pm

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Before Induction of Anaesthesia ➤ ➤

SIGN IN Time: 2:45pm

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 : Akhila
Name : DR. AKHILA. K.

Before Skin Incision ➤ ➤

TIME OUT Time: 2:50pm

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

Surgeon, Anaesthesia Professional and Nurse Verbally Confirm KSP Raghavi
- Correct Patient (Check ID Band) ☑ Yes ☐ No
- Correct Site ☑ Yes ☐ No
- Correct Procedure EL. LSCS. ☑ Yes ☐ No

Anticipated Critical Events

Surgeon Reviews:
- What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss? - bleeding - 1hr. 600ml ☑ 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 : Aparna
Name : Aparna

Before Patient Leaves Operating Room

SIGN OUT Time: 4pm

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 : Dr Aparna
Name :

BCH-00039375 IP-00060835
Mrs KOMANDURI S P RAGHAVI
27-07-2001 24 Y 11 M 27 D (F)
Dr. KAPPAGANTULA APARNA

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CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: Dr Aparna K	Date of Delivery: 24/7/26
Assistant Surgeon: Dr farnaz	Time of Delivery: 3:01 pm (35 sec)
Anaesthetist's Name: Dr madhav	Gender of Baby: Male
Type of Anaesthesia: spinal	Weight of Baby: 3.094 kgs
Neonatologist: Dr Girish / Dr Harish	AGPAR Score: 9/10, 8/10
Scrub Nurse: Jyothi / Basanna	NICU Admission: ☐ Yes ☐ No

Pre-Operative Diagnosis:

☑ Elective ☐ Emergency Indication: ANA (+) & CPD & high BMI

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

Decision time: ..... Knief to rectus: .....

CTG Description: .....

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

Surgical Procedure: Elective LSCS & SA

Post Operative Diagnosis:

Peri-Operative Complications:

Amount of Blood Loss: 200 ml	Blood Transfused (in ML):

Name and Number of Surgical Specimen sent for examination:

Examination Findings when Appropriate:

Presentation: ☑ Cephalic ☐ Breech ☐ Other ..... Cervical Dilatation: ..... cm

5th Palpable: ..... Fetal Position: .....

Station: ☐ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2 Moulding: ☐ None ☐ + ☐ ++ ☐ +++

Caput: ☐ + ☐ ++ ☐ +++ Meconium: ☐ None ☐ + ☐ ++ ☐ +++

Bladder Catheterized : ☑ Yes ☐ No Urine: ☑ Clear ☐ Blood Stained

---

Skin Incision: ☑ 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

Delivery of head: ☐ Manual ☑ Forceps difficult head delivery (+)

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

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

Cord Appearance: NORMAL ..... Cord around the neck ☐ Yes ☑ No

Appearance of placenta: NORMAL ..... Cavity explored ☑ Yes ☐ No

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

---

Uterine Closure: ☐ One Layer ☑ Two Layers ..... VICRYL - 1 ..... Suture

Peritoneal Closure: ☐ Pelvic ☑ Abdominal ☐ None ..... CATGUT - 1 ..... Suture

Sheath Closure: ..... PROLENE ..... Suture

Fat Closure: ☑ Yes ☐ No ..... CATGUT ..... Suture

Skin Closure: ☑ Subcuticular ☐ Mattress ..... MONOCRYL 3-0 ..... Suture

Vaginal Evacuated ☑ Yes ☐ No

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

Ctheter ☑ Yes ☐ No ☐ Remove in 12 HOURS 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: NBM x 6 hours, Rest, SCD stockings → TED stockings, stocking

I/O charting, w/f PV bleeding, follow drug chart, monitor vitals, Inform SOS

Doctor Name: Dr farrel Doctor Signature: .....

Date & Time: 24/7/22 4:15 PM

BCH-00039375 IP-00060835
Mrs KOMANDURI S P RAGHAVI
27-07-2001 24 Y 11 M 27 D (F)
Dr. KAPPAGANTULA APARNA

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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						19		19	20	24	19	19	19	19	19	19	23	20							19
	0 - 10																									
Saturations	94 - 100 %						99		99	99	100	99	99	99	99	99	100	98	97							99
	< 94 %																									
Administered O_2 (L/min.)																										
Temp°c	40																									
	39																									
	38																									
	37						37		37	37	37															
	36																									36
	35																									
	< 35																									
Heart Rate	170																									
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Systolic Blood Pressue ↑	190																									
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	120						115		110	90	116	110	108	121	106	109	110	99	99							109
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Diastolic Blood Pressure ↓	130																									
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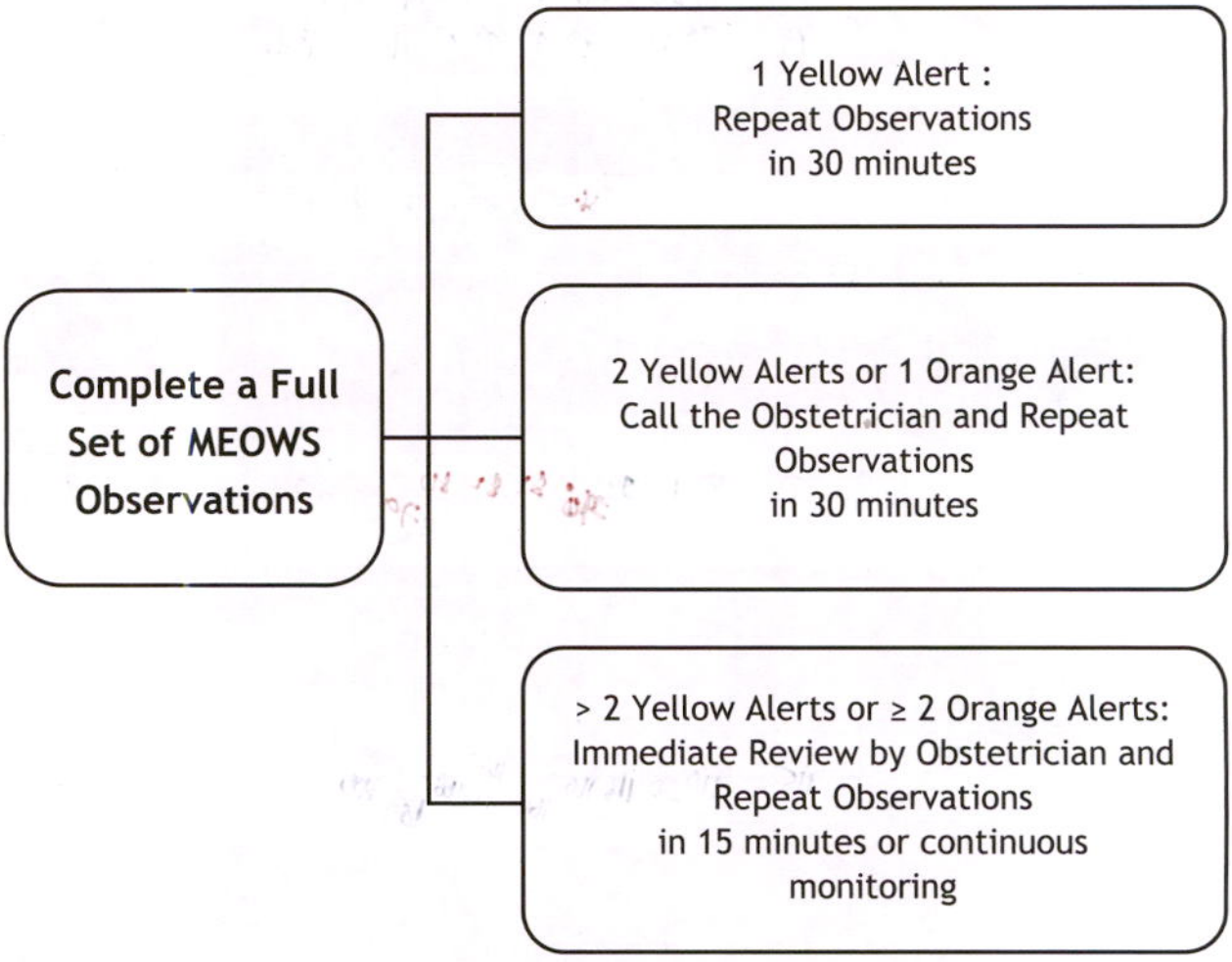
	70						72		80			71	70				72		78							
	60									60	60			64		61	60		68							60
	50																									
	40																									
NEURO RESPONSE [✓]	Alert						✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓							✓
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30						✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓							✓
	< 30																									
Proteinuria	Protein + +																									
	Protein > + +																									
Lochia	Normal						NA		NA	NA	NA	✓	✓	✓	✓	✓	✓	✓	✓							NA
	Heavy / Foul																									
Liquor	Clear / Pink						NA		NA	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓							WP
	Green																									
TOTAL YELLOW SCORES							0		0	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	0							0
Nurse Initial																										D

Obstetrics and Gynaecology Early Warning Signs



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

BCH-00039375 IP-00060835
Mrs KOMANDURI S P RAGHAVI
27-07-2001 24 Y 11 M 27 D (F)
Dr. KAPPAGANTULA APARNA

(2)

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Early Warning Observation Score Chart - Obstetrics

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

25/7	Date																						
	Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20			19			19				18			19				19				19			19
	0 - 10																								
Saturations	94 - 100 %			98			99				99			99				99				99			99
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Administered O_2 (L/min.)																									
Temp°c	40																								
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	37			36°C			36°C				36°C			36°C				36°C				36°C			36°C
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
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	90																								
	80			88			89				88			78				81				82			81
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	70			61			75				70			82				69				70			71
	60																								
	50																								
	40																								
NEURO RESPONSE [✓]	Alert			✓			✓				✓			✓				✓				✓			✓
	Voice																								
	Pain																								
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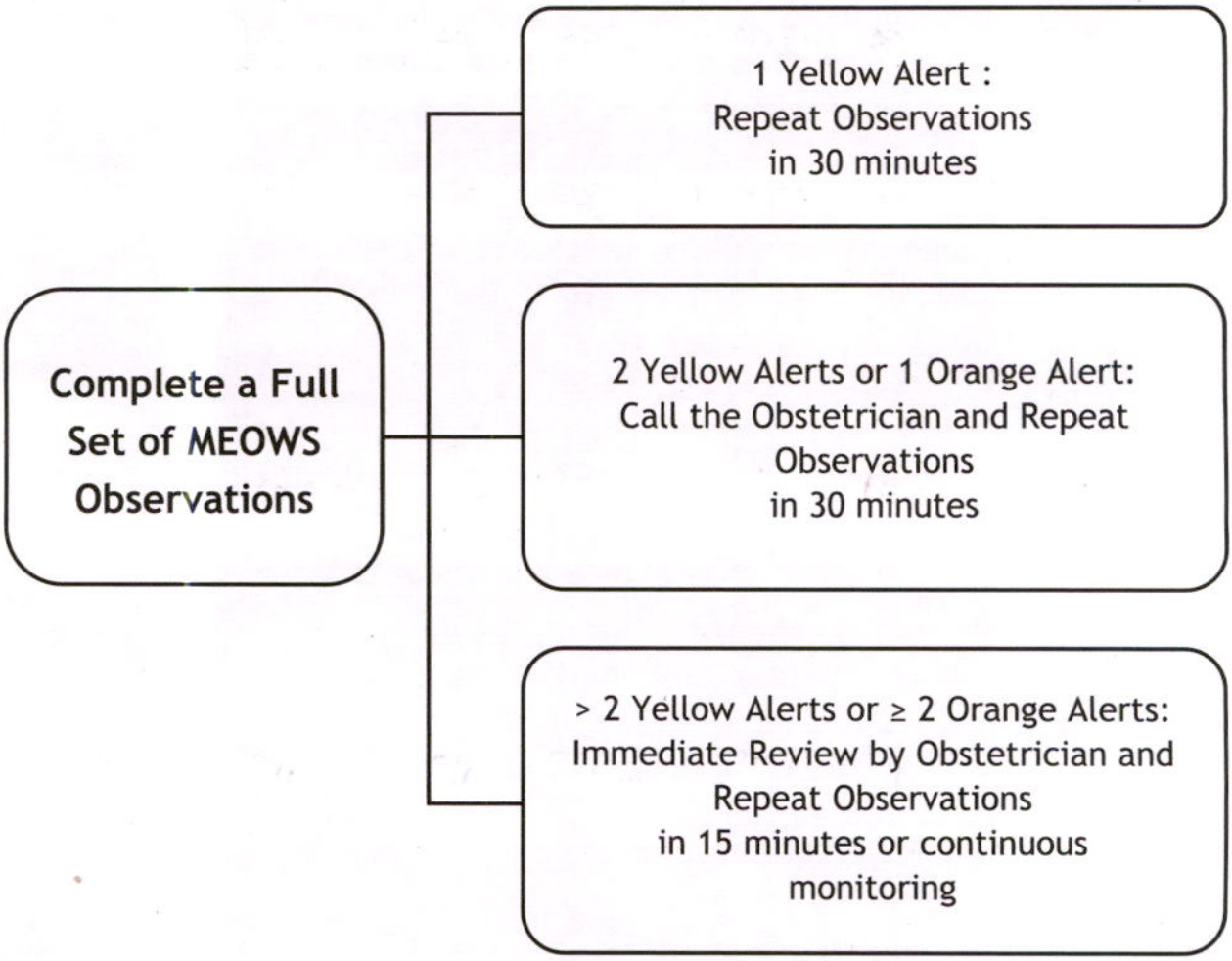
URINE mls / hour	> 30			✓			✓				✓			✓				✓			✓	✓			✓
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal			N			N				N			N				N			N				N
	Heavy / Foul																								
Liquor	Clear / Pink			N			N				N			N				N			N				N
	Green																								
TOTAL YELLOW SCORES				0			0				0			0				1			2				0
TOTAL ORANGE SCORES				0			0				0			0				0			0				0
Nurse Initial				✓			✓				S			S				✓			✓				✓

Obstetrics and Gynaecology Early Warning Signs



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BCH-00039375 IP-00060835
Mrs KOMANDURI S P RAGHAVI
27-07-2001 24 Y 11 M 27 D (F)
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(3)

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Early Warning Observation Score Chart - Obstetrics

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

26/7

		Date																						
		Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																									
	21 - 30																									
	11 - 20				19			19			19			19				19				19				
	0 - 10																									
Saturations	94 - 100 %				99			98			99			98				99				98				
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	36				36°c			36°c			36°c			36°c				36°c				36°c				
	35																									
	< 35																									
Heart Rate	170																									
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	150																									
	140																									
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	80				89			92			91			85				79				80				
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Systolic Blood Pressure ↑	190																									
	180																									
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	120				114			110			118			120				115				120				
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	70				71			67			72			79				70				80				
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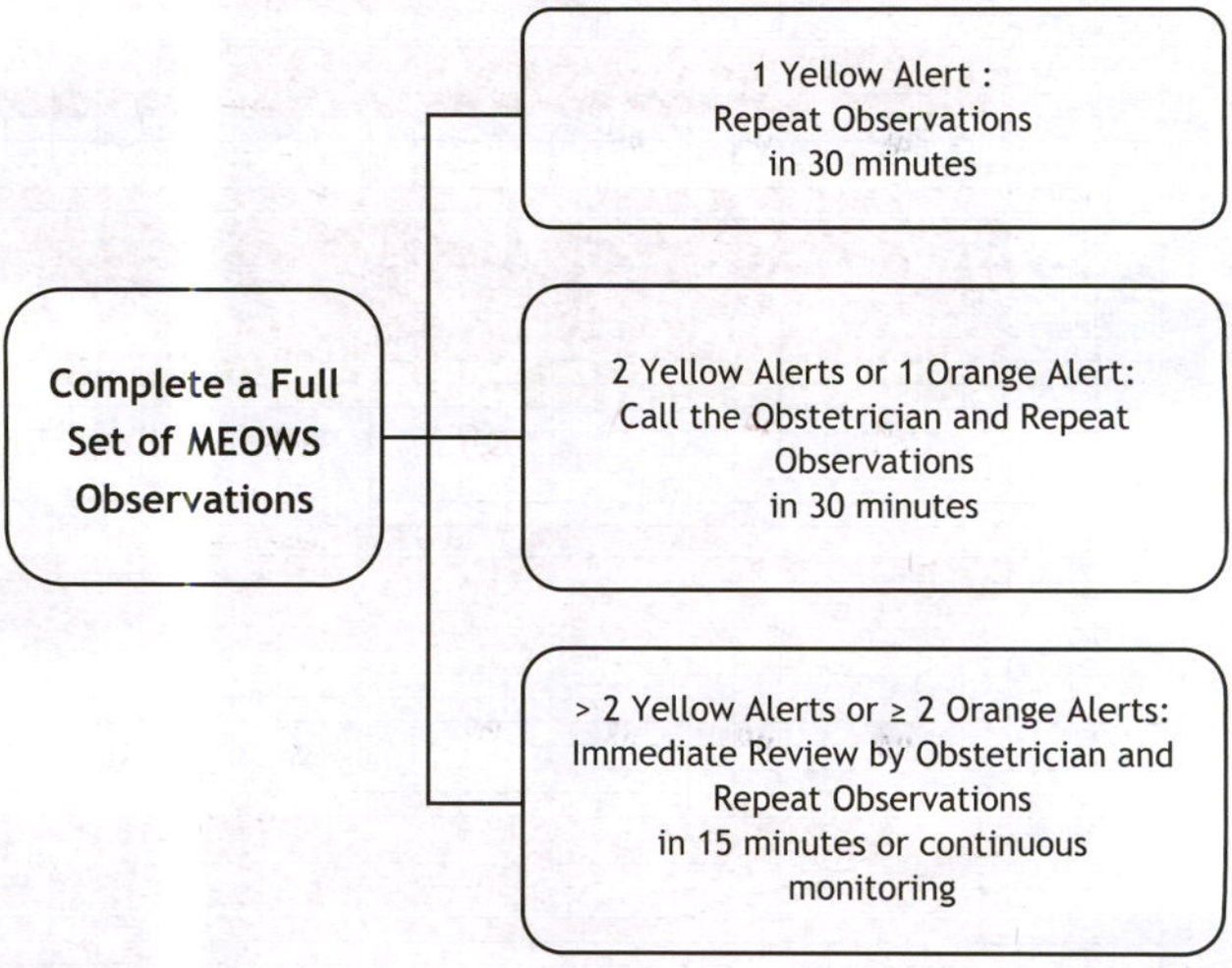
	40																									
NEURO RESPONSE [✓]	Alert				✓			✓			✓			✓				✓				✓				
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30				✓			✓			✓			✓				✓				✓				
	< 30																									
Proteinuria	Protein + +																									
	Protein > + +																									
Lochia	Normal				NA			NA			NA			NA				NA				NA				
	Heavy / Foul																									
Liquor	Clear / Pink				NA			NA			NA			NA				NA				NA				
	Green																									
TOTAL YELLOW SCORES					0			0			0			0				0				0				
TOTAL ORANGE SCORES					0			0			0			0				0				0				
Nurse Initial					✓			✓			✓			✓				P				P				

Obstetrics and Gynaecology Early Warning Signs



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

BCH-00039375 IP-00060835
Mrs KOMANDURI S P RAGHAVI
27-07-2001 24 Y 11 M 27 D (F)
Dr. KAPPAGANTULA APARNA

Rainbow® Children's Hospital
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Your Right to a Safe Delivery

G

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						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
24/7/26	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm	NBM + RL	F.F									
	01:00 pm	NBM + RL	100ml/hr									
Total Intake :						**Total Output :**						
24/7/26	02:00 pm									100		
	03:00 pm	NBM + RL	100ml/hr							100ml		SR
	04:00 pm	NBM	RL 100ml/hr							200ml		Nadh
	05:00 pm	NBM	RL 100ml/hr							200ml		@ 2PM
	06:00 pm	NBM	RL 100ml							150ml		24/7/26
	07:00 pm	NBM	RL 100ml							200ml		
Total Intake :		500 ml				**Total Output :**				650ml		
24/7/26	08:00 pm	NBM	RL	100ml						100ml		
	09:00 pm	NBM	RL	100ml						50ml		
	10:00 pm	NBM	RL	100ml						50ml		Sushasini
	11:00 pm	NBM	RL	100ml						50ml		24/7/26
	12:00 am	NBM	RL	100ml						50 ml		@ 11pm
	01:00 am									50ml		
Total Intake :						**Total Output :**				350ml		
25/7/26	02:00 am	NBM								100ml		
	03:00 am	NBM								100 ml		Deepika
	04:00 am									100 ml		25/7/26
	05:00 am	H2O								50ml		@ 8AM
	06:00 am	H2O								50ml		
	07:00 am	H2O								50ml		
Total Intake :						**Total Output :**				450ml		

Total 24 hrs. Intake		Total 24 hrs. Output	1250ml

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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						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
25/7	08:00 am		Idly + H2O							100 ml		
	09:00 am									100 ml		
	10:00 am									100 ml		Vaishnavi 25/7/26 @2pm
	11:00 am									100 ml		
	12:00 pm									100 ml		
	01:00 pm									P/R		
Total Intake :						**Total Output :** 500 ml						
25/7	02:00 pm											
	03:00 pm		Rice + Rasam							✓		
	04:00 pm											Arul 25/7/26 @8pm
	05:00 pm											
	06:00 pm									✓		
	07:00 pm											
Total Intake :						**Total Output :**						
25/7	08:00 pm		Rice + H2O									
	09:00 pm											
	10:00 pm											
	11:00 pm									✓		Akanksha 26/7/26 @2am
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
26/7	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am									✓		Akanksha 26/7/26 @8AM
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

BCH-00039375 IP-00060835
Mrs KOMANDURI S P RAGHAVI
27-07-2001 24 Y 11 M 27 D (F)
Dr. KAPPAGANTULA APARNA

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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						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
26/7	08:00 am		Jelly, H2O								1	Vaishnavi 26/7/26 @2pm
	09:00 am											
	10:00 am									✓	0	
	11:00 am											
	12:00 pm										1	
	01:00 pm											
Total Intake :						**Total Output :**						
26/7	02:00 pm		Rice + H2O							✓	1	Vaishnavi 26/7/26 @8pm
	03:00 pm											
	04:00 pm										0	
	05:00 pm											
	06:00 pm									✓	1	
	07:00 pm	H2O										
Total Intake :						**Total Output :**						
27/7	08:00 pm		(N) diet H2O									Padma 27/7/26 @5-AM
	09:00 pm											
	10:00 pm									✓		
	11:00 pm											
	12:00 am											
	01:00 am	H2O								✓	2	
Total Intake :						**Total Output :**						
27/7	02:00 am											
	03:00 am											
	04:00 am	H2O										
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

BCH-00039375 IP-00060835
Mrs KOMANDURI S P RAGHAVI
27-07-2001 24 Y 11 M 27 D (F)
Dr. KAPPAGANTULA APARNA

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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						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	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**	

BCH-00039375 IP-00060835
Mrs KOMANDURI S P RAGHAVI
27-07-2001 24 Y 11 M 27 D (F)
Dr. APARNA K

(1)

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MEDICATION RECONCILIATION FORM

Drug Allergies: NIL ☑ 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: LW Shifted to: OT

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	T. IRON	1 TAB	PO	ONCE DAILY	23/7/26	☐ C ☑ DC
2	T. CALCIUM	1 TAB	PO	ONCE DAILY	23/7/26	☐ C ☑ DC
3	T. HYDROXYCHLOROQUINE	200 mg	PO	ONCE DAILY	23/7/26	☐ C ☑ DC
4	T. THYROXINE	75 mcg	PO	ONCE DAILY	23/7/26	☐ C ☑ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Sreeshma

Date & Time : 24/7/26, 12:30 PM

Nurse Name & Signature: Teja

Date & Time : 24/7/26 @ 12:30pm

Docu. No. : RCH / FRM / GENERAL / 090

BCH-00039375 IP-00060835
Mrs KOMANDURI S P RAGHAVI
27-07-2001 24 Y 11 M 27 D (F)
Dr. KAPPAGANTULA APARNA

(2)

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MEDICATION RECONCILIATION FORM

Drug Allergies: NIL ☐ 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: MICU Shifted to: Room (210)

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	T. THYROXINE	75mcg	Po	ONCE DAILY	24/7/26	☐C ☐DC
2	INJ ENOXAPARIN	60mg	SC	ONCE DAILY	24/7/26	☐C ☐DC
3	INJ CEFOTAXIME	1GM	IV	12M hrly	24/7/26	☐C ☐DC
4	INJ AMIKACIN	750MG	IV	ONCE DAILY	24/7/26	☐C ☐DC
5	INJ METRONIDAZOLE	500MG	IV	8M hrly	24/7/26	☐C ☐DC
6	T. PANTOPRAZOLE	40MG	Po	ONCE DAILY	24/7/26	☐C ☐DC
7	SUPPOSITORY PARACETAMOL	250MG	PR	PRN hrly	24/7/26	☐C ☐DC
8	SUPPOSITORY DICLOFENAC	100MG	PR	12M hrly	24/7/26	☐C ☐DC
9						☐C ☐DC
10						☐C ☐DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr G. Leelavathi

Date & Time : 24/7/26, 10:30 PM.

Nurse Name & Signature: K. Srinivasulu

Date & Time : 24/7/26 10:30PM

Rainbow Children's Hospital

BCH-00039375 IP-00060835
Mrs KOMANDURI S P RAGHAVI
27-07-2001 24 Y 11 M 27 D (F)
Dr. KAPPAGANTULA APARNA

Ref. No. : F / HW / DC / RP / INPR / 05.a

Patie		I.P. No.	Sheet No.	Wards	Weight (kg)
			1	MICU	12 Kg

REGULAR PRESCRIPTIONS

DRUG : Inj. ENOXAPARIN

Dose	Route	Frequency	Start Dt.
60mg	SC	OD	25/7/26

Name & Signature of the Doctor starting the Drugs: Dr. Achilles-K

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date	24/7	25/7	26/7
4 PM	X		

Child 24/7/26

DRUG : INJ CEFOTAXIME

Dose	Route	Frequency	Start Dt.
2GM	IV	12 HOURLY	24/7

Name & Signature of the Doctor starting the Drugs: Dr Fazal

Additional Instructions: AFTER TEST DOSE

Daily Doctor's Endorsement by a Sign.

Date	24/7	25/7
10 AM		
10 PM		

STOP DR Nausheen 25/7/26 2:30 pm

AS PER DR APARNA Child 24/7/26

DRUG : INJ METRONIDAZOLE

Dose	Route	Frequency	Start Dt.
500MG	IV	8TH HOURLY	24/7

Name & Signature of the Doctor starting the Drugs: Dr Fazal

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date	24/7	25/7	26/7
7 AM			
3 PM			
11 PM			

STOP DR Nausheen 26/7/26.

Child 24/7/26

DRUG : INJ AMIKACIN

Dose	Route	Frequency	Start Dt.
750MG	IV	ONCE DAILY	24/7

Name & Signature of the Doctor starting the Drugs: Dr Fazal

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date	24/7	25/7	26/7
10 PM			

Child 24/7/26

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Ref. No. : F / HW / DC / RP / INPR / 05.a

BCH-00039375 IP-00060835
Mrs KOMANDURI S P RAGHAVI
27-07-2001 24 Y 11 M 27 D (F)
Dr. KAPPAGANTULA APARNA

Patient Name :		I.P. No.	Sheet No.	Wards	Weight (kg)
					127/29

ULAR PRESCRIPTIONS

DRUG : TAB PANTOPRAZOLE

Dose	Route	Frequency	Start Dt.
40MG	PO	ONCE DAILY	24/7

Name & Signature of the Doctor starting the Drugs: Dr Farvee

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date	24/7	25/7	27/7
Time			
6 Am	BJ		

24/7/26 Chith

DRUG : T. SUPPOSITORY DICLOFENAC

Dose	Route	Frequency	Start Dt.
100 MG	PR	12TH HOURLY	24/7

Name & Signature of the Doctor starting the Drugs: At Dr Ashwini

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date	24/7	25/7
Time		
8 am		
4 pm		

STOP DR Nausheen 25/7/26 2:30 pm

24/7/26 Chith

DRUG : SUPPOSITORY PARACETAMOL

Dose	Route	Frequency	Start Dt.
250 MG	PR	12TH HOURLY	24/7

Name & Signature of the Doctor starting the Drugs: At Dr Ashwini

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date	25/7	2°
Time		
12 am		
5 pm.		

STOP DR Nausheen 25/7/26 2:30 pm

24/7/26 Chith

DRUG : T. CEFUROXIME

Dose	Route	Frequency	Start Dt.
500MG	PO	12TH HOURLY	25/7/26

Name & Signature of the Doctor starting the Drugs: DR NAUSHEEN

Additional Instructions: T. CEFTUM.

Daily Doctor's Endorsement by a Sign.

Date	25/7	26/7
Time		
10 Am		Voided
10 PM		

25/7/26 Verified Dr. Rishika Clinical Pharmacologist

4/26 PR

BCH-00039375 IP-00060835
Mrs KOMANDURI S P RAGHAVI
27-07-2001 24 Y 11 M 27 D (F)
Dr. KAPPAGANTULA APARNA

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REGULAR PRESCRIPTIONS

Sheet No: ..... Weight ..... Ward .....

DRUG : T. PARACETAMOL

Dose	Route	Frequency	Start Dt.
650MG	PO	12th HOURLY	25/7

Name & Signature of the Doctor Starting the Drugs: DR NAUSHEEN

Additional Instructions: T. DOLO 650

Date	25/7	26/7
Time		
12 PM	✓	✓
5 PM	✓	✓

Daily Doctor's Endorsement by a Sign

DRUG : T. ACECLOFENAC + PARACETAMOL

Dose	Route	Frequency	Start Dt.
325+100MG	PO	12th HOURLY	25/7

Name & Signature of the Doctor Starting the Drugs: DR NAUSHEEN

Additional Instructions: T. HIFENAC P

Date	25/7	26/7	27/7
Time			
8 AM	✓	✓	✓
9 PM	✓	✓	

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Date / Time

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Date / Time

Daily Doctor's Endorsement by a Sign

Verified Dr. [illegible] Clinical Pharmacologist

Verified Dr. [illegible] Clinical Pharmacologist Signature

VERIFIED BY : Name

BCH-00039375 IP-00060835
Mrs KOMANDURI S P RAGHAVI
27-07-2001 24 Y 11 M 27 D (F)
Dr. KAPPAGANTULA APARNA

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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 ....

BCH-00039375 IP-00060835
Mrs KOMANDURI S P RAGHAVI
27-07-2001 24 Y 11 M 27 D (F)
Dr. APARNA K

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DRUG CHART

Date of Admission: 24/7/26 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 *I* through it and a similar line through subsequent recording panels.
- The date and time of stopping the drug along with the doctors name and sign must be mentioned.
- Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.

NURSES
- Nurses must follow strictly the FIVE RIGHTS before administration of medication.
  1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time
- AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

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

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

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

Signature .....

VERIFIED BY : Name .....

BCH-00039375 IP-00060835
Mrs KOMANDURI S P RAGHAVI
27-07-2001 24 Y 11 M 27 D (F)
Dr. KAPPAGANTULA APARNA

I.V. FLUIDS CHART

Weight. 1.27kg. Ward. MICU.

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
24/7	1:00 pm	RINGER LACTATE	IV	FF			24/7		
24/7	1:30 pm	RINGER LACTATE	IV	100ml/hr			24/7		
24/7	3:10 pm	RINGER LACTATE	IV	1000ml/hr			24/7		
24/7	3:30 pm	RINGER LACTATE	IV	FF			24/7		
24/7	4:00 pm	RINGER LACTATE	IV	100ml/hr			24/7.		
24/7	7:30 pm	RINGER LACTATE	IV	100ml/hr			24/7/26 11pm		

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

BCH-00039375 IP-00060835
Mrs KOMANDURI S P RAGHAVI
27-07-2001 24 Y 11 M 27 D (F)
Dr. KAPPAGANTULA APARNA

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

DRUG :	Date▸ Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
		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
24/7/26	2:00PM	INJ CEFOTAXIME (AFTER TEST DOSE)	1 GM	IV		Teja
24/7/26	1:40PM	INJ-PANTOPRAZOLE	40 MG	IV		Teja
24/7/26	1:45PM	INJ METOCLOPRAMIDE	10 MG	IV		Teja
24/7/26	3:00pm	Inj. CEFOTAXIME	1gm	IV		Ajay
24/7/26	3:15pm	Inj. TRANEXAMIC ACID	1gm	IV		Ajay
24/7/26	4:00pm	SUP. DICLOFENAC	100 mg	PR		Ajay
24/7/26	4:00pm	SUP. TRAMADOL	100 mg	PR		Ajay
24/7	5pm	INJ CEFOTAXIME	1 GM	IV		Teja
24/7	4PM	TAB MISOPROSTOL	600 MCG	PR		

Sign 24/7/26

BCH-0003937S
Mrs KOMANDURI S P RAGHAVI
27-07-2001 24 Y 11 M 27 D (F)
Dr. KAPPAGANTULA APARNA

REGULAR PRESCRIPTIONS

Weight. 62kg Ward. MICU

24/7/26

Chitta

DRUG : T. THYROXINE

Dose	Route	Frequency	Start Date
75mcg	PO	ONCE DAILY	24/7

Name & Signature of the Doctor Starting the Drugs: Dr. Geethanna

Additional Instructions: ON EMPTY STOMACH.

Daily Doctor's Endorsement by a Sign

Date / Time: 25/7 6 AM | 26/7 6 AM | 27/7 6 AM

DRUG : T. PARACETAMOL

Dose	Route	Frequency	Start Date
1gm	oral	QID 6hr	24/7

Name & Signature of the Doctor Starting the Drugs: Dr. Akhila. K

Additional Instructions:

Daily Doctor's Endorsement by a Sign

STOP Dr. Ashwini 24/7

DRUG : T. DICLOFENAC

Dose	Route	Frequency	Start Date
50mg	oral	TID 8hr	24/7

Name & Signature of the Doctor Starting the Drugs: Dr. Akhila. K

Additional Instructions:

Daily Doctor's Endorsement by a Sign

STOP Dr. Ashwini 24/7

DRUG : T. TRAMADOL

Dose	Route	Frequency	Start Date
100mg	oral	TID 8hr	24/7

Name & Signature of the Doctor Starting the Drugs: Dr. Akhila. K

Additional Instructions:

Daily Doctor's Endorsement by a Sign

STOP Dr. Ashwini 24/7