

BAH-00640436 IP5-00175863
Dr. SRI VAISHNAVI RENUKUNTLA
14-03-1997 29 Y 3 M 18 D (F)
Dr. PRANATHI REDDY A



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

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Your Right to a Safe Delivery

SURGERY DETAILS

Date : 2-01-2026

Patient Name: Mrs. Vaishnavi Date of Birth: 14-03-1997 Age: 29y

Gender: Female Ward: OBG OT UHID No: BAH-00640436

Date of Surgery: 2-01-2026 ☐ OT-1 ☐ OT-2 ☐ OT-3 ☐ OT-4 ☐ OBG OT-1 ☒ OBG OT-2

Name of the Surgery: Elective LSC under spinal Anesthesia

Time in : 11:15 am

Time Out : 12:15 pm

	NAME	AMOUNT
1. Surgeon	Dr. pranathi	
2. Anaesthetist	Dr. Shalpa	
3. Assistant Surgeon	Dr. Deepika	
4. OT Technician	Gopi	
5. Circulating Nurse	Sis. Suranda	
6. Assistant Nurse	Sis. Srilatha	

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

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 9684184

Order by: Srilatha

ADMISSION SHEET


Registration Details :

Admission No : IP5-00175863 Admit Date : 02-Jul-2026 Admit Time : 09:44 AM UHID : BAH-00640436

Patient Details :

Patient Name	: Dr. SRI VAISHNAVI RENUKUNTLA	Age	: 29 Y 3 M 18 D
Guardian	: DR SAI CHANDRA HAKEEM	DOB	: 14-03-1997
Gender	: Female	Religion	:
Occupation	:	Martial Status	: Married
Address (H)	: FLAT NO: C-604, PRANAVA ONE, ADJ TO ERRAMANZIL METRO STATION, Erramanzil Hyderabad Telangana INDIA 500082	Phone No	: 9849039577
		E-mail	: srivaishnavirenukuntla@gmail.com

Admission Details :

Bed Type : SUITE Bed No : SUITE 4 (424) Ward Name : 4F-BIRTHRIGHT PREMIUM
 Room No : SUITE 4 (424) Admission Type : First Visit

Contact Details :

Name : DR SAI CHANDRA HAKEEM Relationship : Husband
 Contact Address : FLAT NO: C-604, PRANAVA ONE, ADJ TO
ERRAMANZIL METRO STATION, Erramanzil
Hyderabad Telangana INDIA 500082 Phone No : / 9849039577


Signature

Doctor Details :

Doctor Name : Dr. PRANATHI REDDY A Specialisation : OBSTETRICS AND GYNECOLOGY
 Referral Doctor : Self Phone No :
 Co-Consultant :

Payment Details :

Payment Mode : Cash Deposit Amount : 50000.00
 Payor Name : SELFPAY

CONSUMABLES OF OT
 Circulating staff : Technician : Kuleum Date : 2/7 **3687** Time :

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube			Major Pack			Inj-Vit.K		
LMA			<u>LSGS Drape</u> 01			Cord Clamp		
ECG leads (A) P/N			Sutures 2346			Suction Catheter		
HME filter : A/P/N			2762			Feeding Tube		
Syringes : 10 cc			2364			Vaccum Suction Set		
05 cc			1326			Surgical Gloves		
02 cc			Gloves 642/6/2			Gauze Pack		
01 cc			PF- 7			Syringe 1ml / 2ml		
Cautery plate : (A) P/N			Surgical blade 22			Surgical Blade # 20		
IV set			NG tube			Koochies (S)		
RL			Cautery pencil			underpad		
NS : 10ml / 100ml / 500ml / 1000ml			Koochies XL			O ₂ mask		
10x 2/-			Ointments					
Ephedrine			Suction Catheter					
Fentanyl			Cap, Mask					
Morphine			Gauze Pack NR					
Ketamine			Mop Pack					
Propofol			Steristrip <u>steriszone</u>					
Rocuronium			Underpad					
Glycopyrolate			Draw sheet <u>quicknuit</u>					
Myopyrolate			Abgel					
Ondansetron			Foleys catheter					
Pencan 25g Spinal Needle 22			Urobag					
Bupivacaine 0.25%			Chest Drainage Catheter					
Bupivacaine 0.25%(Heavy)			Romodrain bag					
Antibiotics <u>Tranexa</u>			Bandage					
			Tegaderm					
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg			Vaccum Suction set					
Justin : 12.5 mg / 25mg / 100mg			Plastic Bed Sheet					
Tab. Misoprost : 200mg			Betadine Solution					
oxytocin			Microshield					
glove (6)			Cotton Balls					
gauze			Latex Gloves					
			Ramdione Scrub					
			Sarat					

Surgeon

Anaesthesiologist

Nurse

OT Technician

Order No. : 9685916Ordered by : S.T. Rpi

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

ACTIVITY RECORD FOR BILLING

Name : Srs. Vaishnavi

UHID No. : _____ IP No. : _____ Consultant: _____ Dept : _____

Date of Admission: _____ Date of Discharge : _____ Time: _____
Dr. SRI VAISHNAVI RENUKUNTLA
14-03-1997 29 Y 3 M 18 D (F)
Dr. PRANATHI REDDY A

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
2/7/26	11:15 AM	OB Suite-4	OB OT	Sumanda
2/7/26	1:20 PM	OB OT	Suite-4	Sumanda

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	Dr. Shreyas	3/7/26	9685506	Ashwika
2	Dr. Bundawani	3/7/26	9685506	Preema
3	NHA	3/7/26	9685183	Prema
4	Dr. Tuheer	3/7/26	9685586	
5				
6				
7	Dr. Shreyas	4/7/26		Sumanda
8				
9				
10				

cross check done by
subh

[illegible]

2/2/26

NST - ①

265-033028

Suand

 $3/7/26$

CBP

26066428

Ashwita

1708 check for my self

[illegible]

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
2/9/26	IV Placement	01	9685508	Suanda
2/9/26	PA	01	9685507	Suanda
2/9/26	Catheterization	01	9685508	Suanda

cross checked done by nhl

ANY OTHER INFORMATION

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.....

.....

.....

.....

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor



Suite - 4

NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 3/7/20 Time: 9am

Origin: Indian Height: 162cms Weight: 100.7kgs BMI: 38.4 kg/m²

Food Allergies: No

Diagnosis: POD-1 [LSCS] lower segment cesarean section

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

Diet Advised:

soft high protein diet
plenty of oral liquids
- Avoid spicy, chilled, outside foods

Patient's / Attendant's

Signature: [Signature]

Name: Vaishnavi

Date & Time: 3/7/20, 9am

Dietician's

Signature: [Signature]

Name: Nikitha

Date & Time: 3/7/20, 9am

DIETARY NOTES

[illegible]



navi

IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

For Fibers

Obstetric Formula:

Primi

Obstetric History:

1-1st Conception booked at 5th wks; G. Hypothyroid

Present Pregnancy Record:

Fetal Echo (N)
Maternal 2D Echo (N)

RISK FACTORS:

H/o compound myopia
Assignment

Height: 162 cm

Weight: 100.7 kg

Allergies: Nil

Breast: ☐ Normal ☐ Abnormal

General Examination:

Consciousness: Conscious Pallor: ☒

Icterus: absent Edema: absent

Temp: afebrile PR: 92 bpm

BP: 102/60/60 BTR: ☒

CVS: Fetal RS: ☒

Liver/Spleen: not palpable Urine Output: adequate

LMP: 1/10/25

EDD: 12/7/2026

Corrected EDD: 11/17/26

GA: 28⁺2

Menstrual History: Regular: ☐ Yes ☐ No

Obstetric Examination

Fundal Height: Term

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

Liquor: ☒ Adequate ☐ Oligo ☐ Poly

PP: ☒ Cephalic ☐ Breech Others

Head Fifths Palpable:

FHS: ☒ Normal ☐ Tachy ☐ Brady ☐ Absent

Not Reactive
Per Speculum Examination
not indicated

Draining: ☐ Present ☐ Absent ☐ Bleeding

Colour of Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Vaginal Examination

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

SpO2 - 100% on FA

DIAGNOSIS

Primigravida 38⁺2 Wk, G. Hypothyroidism,
(H/o retinal detachment) For Fibers.



Family History: Father - DM Mother - Early Menopause Hypothyroid.	Surgical History: Barrage Laser -
Medical History: G. Hypothyroid Hb Compound Myopia underwent Barrage laser (Sx)	Medication History: ESM T. Sheld
Plan of Care: Admission NSI on admission Prep of parts Informed consent PAC check Blood available send CBP postop Medication Vital & HR monitoring send on call	Investigations: OT One. Urab NR. 29/6 - HB - 12.4 / pH - 7.19 / WBC - 8100. Creatinine - 0.4, PLBS - 127 25/6 - 37th / Cephal / 3.227 kg - 100 / AC - 80% / AF - 18.6 / pH - 7.19 /

Doctor Name: Dr. Ashu

Signature: [Signature]

Date & Time: 2/7/20, 7AM

Consultant Name: Dr. Pranathi

Signature: [Signature]

Date & Time: 2/7/20, 7AM



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/7/2026	POD-0 / elective LSC / P/L / Gestational Hypothyroid	
2 PM	Comfortable hc Fair / alert	Advice:
Baby well	Vitals - BP - 114/72 (88) PR - 80 bpm SpO ₂ - 100% on RA P/A - uterine retracted well soft	✓ NBM for 3-4 hrs ✓ Drugs as charted ✓ Monitor vitals ✓ V/o monitoring ✓ Mobilization ✓ w/f excessive bleeding
V/O - 75ml, clear - now		
50ml emptied at 1:20 PM	VFB - Minimal Bleeding ⊕	Inform Spc by Ur Dupi Ka
	CBP @ 6 AM (3/7/26)	
2/7/26		
6:30 PM	PT comfortable O/c ac-fair PR - 78 bpm BP - 106/60 mmHg (74) SpO ₂ - 99% on RA P/A uterine retracted well U/G - bloody m/c	Adv NB - clear liquor - soft diet from 8 PM - drugs as per charted - vitals 4 hourly - I/O charting - Inform Ks
V/O 200ml (clear)		
600ml emptied @ 5 PM		
Baby m.	Renine poly'r @ 6 AM on 3/7/26	
	CBP @ 6 AM on 3/7/26	

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/7/2026 7:50 AM	I-POD Ch. 1/11 Cec. 4/4 Uterus stable. P/A - uterus @ 11/11 A.S. ① Left Anterior P/U - 11/11 Baby - 11/11	Adm - Dulcolax - Encosyn 2 PRQs - 11/11 11/11 Ambulata
3/7/26 2:00 PM	POD-1 Pt is stable No ch. pain @ suture site. oper. AC - 11/11 BP - 98/65 [72] HR - 86 bpm SpO₂ - 100% on O₂ P/A - ut well @ 11/11 11/11 11/11 11/11	Adm ① soft diet ② Hydrate & ambulate ③ Dmg or chert ④ vitals 11/11 ⑤ w/ bleeding 11/11 ⑥ 11/11 11/11



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/7/20 7:00 AM	POD-1 Pt is stable NO c/o BP- 98/68 (74) PR- 86bpm SpO₂- 100% on RA P/A- vit well reacted etc- lochia (+)	Admin ① Soft diet ② Hydrate & ambulate ③ Drugs as charted ④ vitals with log ⑤ w/o blood stool ⑥ up 505.
4/7/20 8:00 AM	POD-2. Pt is stable NO c/o BP- 106/78 (68) PR- 80bpm SpO₂- 98% on RA P/A- vit well reacted etc- lochia (+); healthy	Admin ① Soft diet ② Hydrate & ambulate ③ Drugs as charted ④ vitals with log ⑤ w/o heavy bleeding

Date & Time	Progress Notes	Doctor's Order
4/7/26 2:20pm	At comfortable	Adv
W M N	DE ac fail vitals-stable PA returns retractedness 46 to chn healthy	days on pr charles vitals stably - Ambulate - soft diet, plenty of oral fluids - Inform fir
4/7/26 5:20pm	DE ac fail vitals-stable PA returns retracted new 46 to chn healthy	Adv days on pr charles vitals stably - Ambulate - soft diet plenty of oral fluids - Inform fir
printed by Buep		



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/7/26	Pod-3 / Dil. EL-150	
8 AM		
	pt - stable	Adv:-
	G.C. fair	① Regular diet.
	Afebrile	② Oral hydration.
	vitals - stable	③ Ambulation.
	PIA - ut (R) well	④ Drugs as charted
	U/E - NAB	⑤ Monitor vitals ut
		⑥ Infuse Sol
		hs (Dr. Lany)
		Noted by sis. Anita
5/7/26		
12.40 PM.		
	Dressing Removed	
	Wound Healthy	
	Wound Care Instructions	
	Stop Tylenol.	
	Discharge.	
		(Dr. Praveen)

Noted by sis. Anita (P.T.O.)



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PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]

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Suite 4

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CROSS CONSULTATION FORM

Doctor Name : Shreya Prabhatu Date : 04/07/2016 Time : 12pm

Diagnosis :

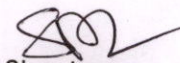
Hospital :

Type of Referral :

- ☐ Emergency
☐ Urgent
☐ Non Urgent

Referred for : ☐ Opinion ☐ Co-Management ☐ Transfer of care

Reason for Referral : If for concurrent care specify the particular need, especially in the absence of a second diagnosis:


Signature:

Findings and Recommendations :

Breastfeeding assessment done.

Consultant :

Name : Shreya Signature :  Date & Time : 04/07 12pm



POST – PARTUM ASSESSMENT FORM – IN-PATIENT

Date: 3/7/26

Chief Complaint: facial at suture site

Obstetric/ Birthing History: primi, post LSCS

Previous Surgical/Medical History:

Assessment:

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

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

Iv line + / -

Catheter + / -

Postural alignment -

protected shoulders, mild kyphosis CT junction

On Palpation:

Edema – absent / up to ankle / up to knee/ above knee

On Examination:

Breathing pattern – abdominal/ apical/ diaphragmatic

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

Able to initiate Pelvic Floor Activation ☒ Yes ☐ No

Spl Notes -

Treatment Plan:

☒ Lateral Breathing

☒ Pelvic Floor Activation

☒ Transversus Abdominis Activation

☒ Gluteus Activation

☒ Active Motion for Limbs

☒ Transfer Training & Mobility

☒ Sit to Stand

☒ Monitored Walk

☒ Posture & Ergonomic Education

Signature: [Signature]

Name: Dr. Renu Sharma (PT)

Date & Time: 8/7/26, 4 PM



DRUG CHART

Date of Admission: 2/7/20 Drug Allergies: NKDA ☒ 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:																			

REGULAR PRESCRIPTIONS

Weight. Ward.



DRUG :				Date Time
Dose	Route	Frequency	Start Date	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				
DRUG : T. PARACETAMOL				Date Time
Dose 1gm	Route ORAL	Frequency 6TH HRLY	Start Date 2/7	
Name & Signature of the Doctor Starting the Drugs: Dr. Anneer 1mc				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				
DRUG : T. TRAMADOL				Date Time
Dose 100mg	Route ORAL	Frequency 8TH HRLY	Start Date 2/7	
Name & Signature of the Doctor Starting the Drugs: Dr. Anneer 1mc				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				
DRUG : T. DICLOFENAC				Date Time
Dose 50mg	Route ORAL	Frequency 8TH HRLY	Start Date 2/7/26	
Name & Signature of the Doctor Starting the Drugs: Dr. Anneer 1mc				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

VERIFIED

VERIFIED

VERIFIED



Sheet No: ①

REGULAR PRESCRIPTIONS

Weight Ward

DRUG : <u>INJ. CLEXANE</u>				Date Time	<u>2/7/26</u>	<u>3/7/26</u>	<u>4/7/26</u>													
Dose	Route	Frequency	Start Dt.																	
<u>40mg</u>	<u>SC</u>	<u>OD</u>	<u>2/7/26</u>																	
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Anmea</u>																				
Additional Instructions: <u>After 6 hrs, after checking bleeding status x (10 days)</u>																				
Daily Doctor's Endorsement by a Sign																				
DRUG : <u>INJ. CEFOTAXIME</u>				Date Time	<u>2/7/26</u>	<u>3/7/26</u>	<u>4/7/26</u>													
Dose	Route	Frequency	Start Dt.																	
<u>1 gram</u>	<u>IV</u>	<u>BD</u>	<u>2/7/26</u>																	
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Anmea</u>																				
Additional Instructions: <u>x 24 hrs 4lb oral</u>																				
Daily Doctor's Endorsement by a Sign																				
DRUG : <u>TAB. PANTOPRAZOLE</u>				Date Time	<u>2/7/26</u>	<u>3/7/26</u>	<u>4/7/26</u>	<u>5/7/26</u>												
Dose	Route	Frequency	Start Dt.																	
<u>40mg</u>	<u>PO</u>	<u>BD</u>	<u>2/7/26</u>																	
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Anmea</u>																				
Additional Instructions: <u>600mg 4lb oral</u>																				
Daily Doctor's Endorsement by a Sign																				
DRUG : <u>TAB. TRIMETHOPRIM</u>				Date Time	<u>2/7/26</u>	<u>3/7/26</u>	<u>4/7/26</u>	<u>5/7/26</u>												
Dose	Route	Frequency	Start Dt.																	
<u>50mg</u>	<u>PO</u>	<u>BD</u>	<u>3/7/26</u>																	
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Anmea</u>																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				



Sheet No:

REGULAR PRESCRIPTIONS

Weight

Ward

DRUG : TAB CEFEXIDIC				Date Time																
Dose	Route	Frequency	Start Dt.																	
200mg	PO	BD	4/1																	
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

Signature

VERIFIED BY : Name

VERIFIED



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

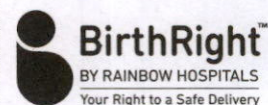
VARIABLE DOSE		Date Time	Nurse Sig.	Nurse Sig.	Nurse Sig.	Nurse Sig.
DRUG :		Dose		Dose		Dose
		Dr. Sign.		Dr. Sign.		Dr. Sign.
Route	Start Date	Dose		Dose		Dose
		Dr. Sign.		Dr. Sign.		Dr. Sign.
Name & Signature of the Doctor		Dose		Dose		Dose
		Dr. Sign.		Dr. Sign.		Dr. Sign.
Additional Instructions: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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
2/7/26	11:00 AM	Inj CEFOTAXIME	2gm	IV	A	Suand Sona
2/7/26	10:00 AM	Inj PANTOP	40mg	IV	Ln	Suand Sona
2/7/26	10:30 AM	Inj PERIDOL	10mg	IV	Ln	Suand Sona
2/7/26	11:30 AM	3. ZONDANETRON	4mg	IV	Anure	Suand Sona
2/7/26	11:40 AM	Inj. TRANEXEMIC	1gm	IV	Anure	Suand Sona
2/7/26	12:30 PM	Sup. TRAMADOL	100mg	P/R	Anure	Suand Sona
2/7/26	12:30 PM	Sup. DICLOFENAC	100mg	P/R	Anure	Suand Sona
3/7/26	8:00 AM	DULCOLAX SUPPOSITORY	2T	PR	Sop	Suand Sona
3/7/26	12:30 PM	Inj PARACETAMOL	1g	IV	Suthi	Suand Sona
3/7/26	2:40 PM	Inj TRAMADOL	100mg	W	Suthi	Sona Suthi

Weight. Ward.

[illegible]



Sheet No:

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

BAH-00640436
Dr. SRI VAISHNAVI RENUKUNTLA
14-03-1997 29 Y 3 M 18 D (F)
Dr. PRANATHI REDDY A



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MEDICATION RECONCILIATION FORM

Drug Allergies: ☒ Not known any Drug Allergies

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

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

Shifting From: Shifted to:

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	1tab	PO	OD		☐ C ☒ DC
2	T. Selenal	1tab	PO	OD		☐ C ☒ DC
3						☐ C ☐ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Arshya

Date & Time : 26/12/2020 7am

Nurse Name & Signature : S. Sunda

Date & Time : 26/12/2020 9am

BAH-00640436 IP5-00175863
Dr. SRI VAISHNAVI RENUKUNTLA
14-03-1997 29 Y 3 M 18 D (F)
Dr. PRANATHI REDDY A



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RESULT SHEET

Date	29/8/26	3/9/26			
Time					
Hb	12.4	11.5			
PCV	37.3	35.6			
RBC	4.4	4.12			
WBC	8100	11.00			
N/L					
Platelets	319000	228			
CRP					
ESR					
PCT					
RBS					
Na					
K					
Cl					
Ca/Mg					
Phosphate					
Urea					
Creatinine					
ALP					
SGPT					
SGOT					
T.Bill/Conj					
T.Protein					
S.Albumin					
S.Globulin					
A/G Ratio					
Uric Acid					
S.Amylase					
Sr.Lipase					
Blood Lactate					
S.Cholesterol					
PT/INR					
APTT					
CSF Protein / Sugar					
Cells					
N/L					

BAH-00640436
Dr. SRI VAISHNAVI RENUKUNTLA
14-03-1997 29 Y 3 M 16 D (F)
Dr. PRANATHI REDDY A



OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 2/12/26

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: EL-VSCS Doctor Notified on Admission: ☒ Yes ☐ No
Name of the Doctor: Dr. Prashanta
Time Notified: 9:00 AM

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

Past Medical History	Past Surgical History	Previous Hospital Admission
	Nil	Nil
Gynecology Assessment: ☐ Not Applicable Menstrual History: regular Onset of Menarche: Menstrual Cycle: ☒ Regular ☐ Irregular Last Menstrual Period:	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 L A

Previous LSCS:

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

Family History: ☒ No Abnormalities Detected

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

Vital Signs / Measurements: Temp: 98.6°F HR: 89 RR: 20
BP: 110/75 Weight: Height: BMI:

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

BAH-00640436 IP5-00175863
Dr. SRI VAISHNAVI RENUKUNTLA
14-03-1997 29 Y 3 M 18 D (F)
Dr. PRANATHI REDDY A



PHYSICAL ASSESSMENT

y ☐ ill looking ☐ Anxious ☐ Agitated ☐ Others:

Fall Assessment: ☒ Yes ☐ No Score 28 (complete the Morse Fall Risk Assessment Sheet)

Risk of Pressure Sore: ☒ Yes ☐ No Score 20 (complete the Braden Q Sheet)

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

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

Inform consultant for positive criteria

NUTRITIONAL SCREENING: ☒ No Abnormality Detected

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

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

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

Inform consultant for positive criteria

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

SOCIAL SCREENING:

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

2. Special Habits: Smoker: ☐ Yes ☒ No

Alcohol Abuse: ☐ Yes ☒ No

Drug Abuse: ☐ Yes ☒ No

Social History: Lives With 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. Husband

Name of Person Orientation was given to: Mrs. vaishnavi

Orientation not given Reason: will signification

Nurse Signature: [Signature]

Nurse Name: Suanda

Date & Time: 21/12/20 2:30 PM

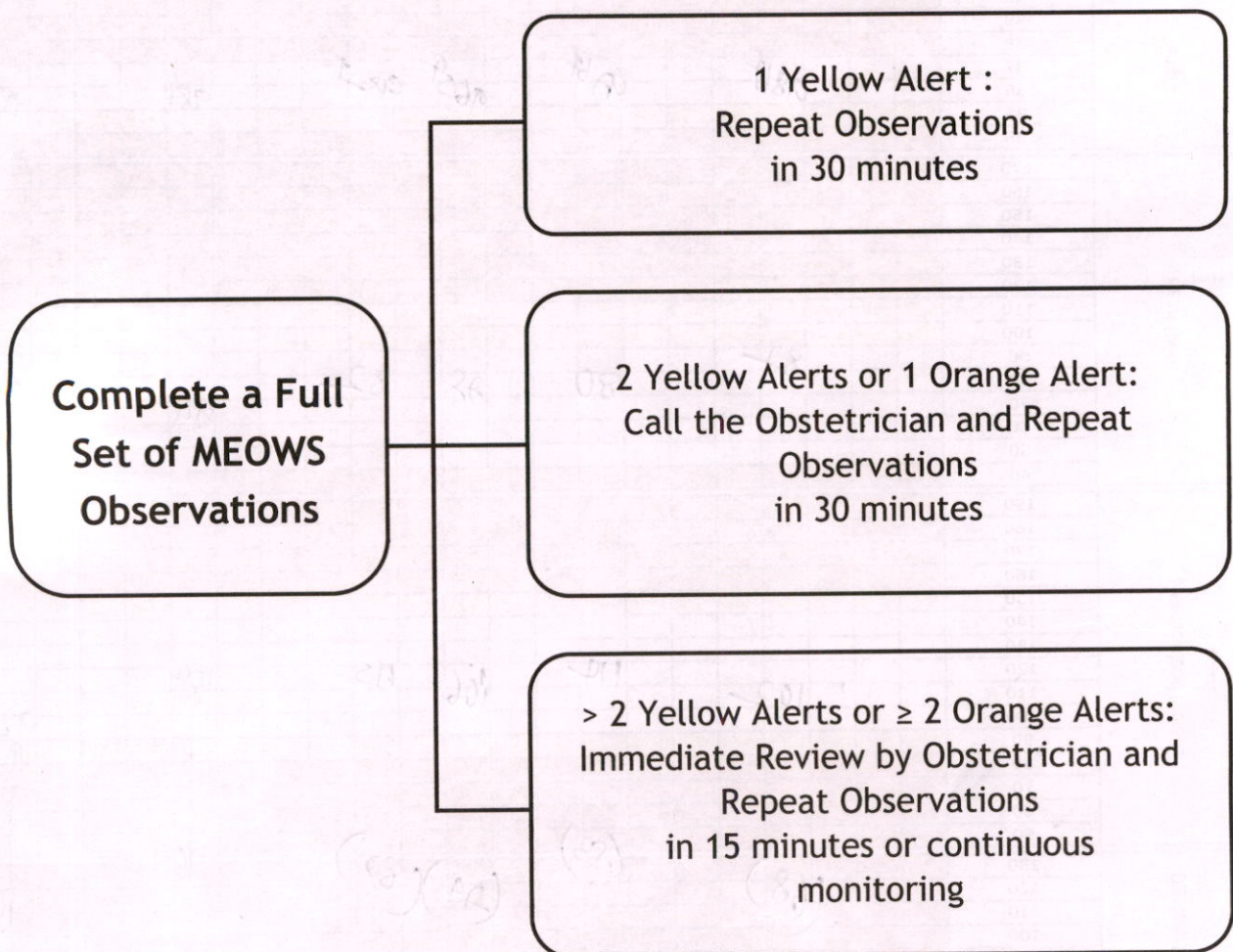


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CONTACT DOCTOR FOR EARLY INTERVENTION IF PATIENT TRIGGERS ONE ORANGE OR TWO YELLOW SCORES AT ANY ONE TIME

[illegible]

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

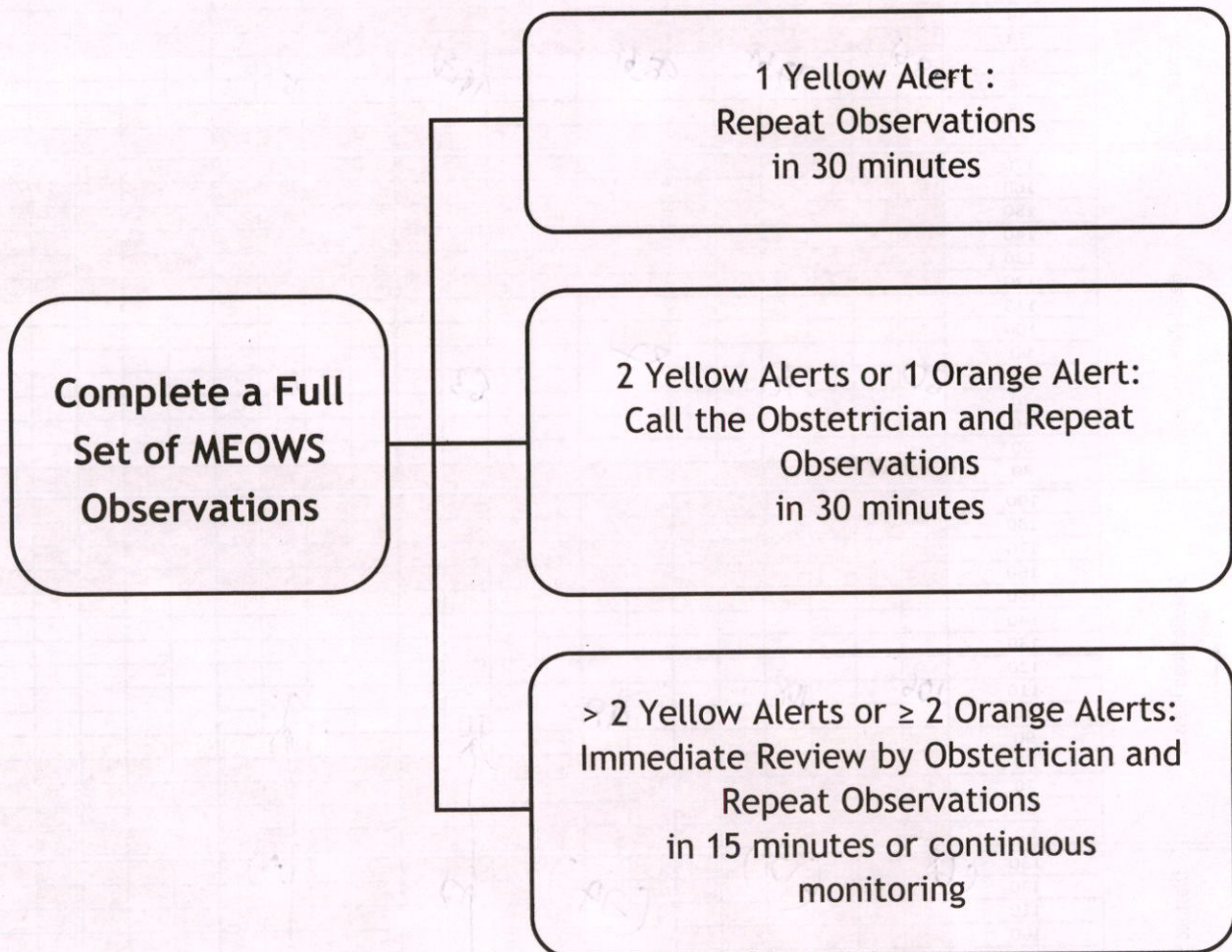


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CONTACT DOCTOR FOR EARLY INTERVENTION IF PATIENT TRIGGERS ONE ORANGE OR TWO YELLOW SCORES AT ANY ONE TIME

[illegible]

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

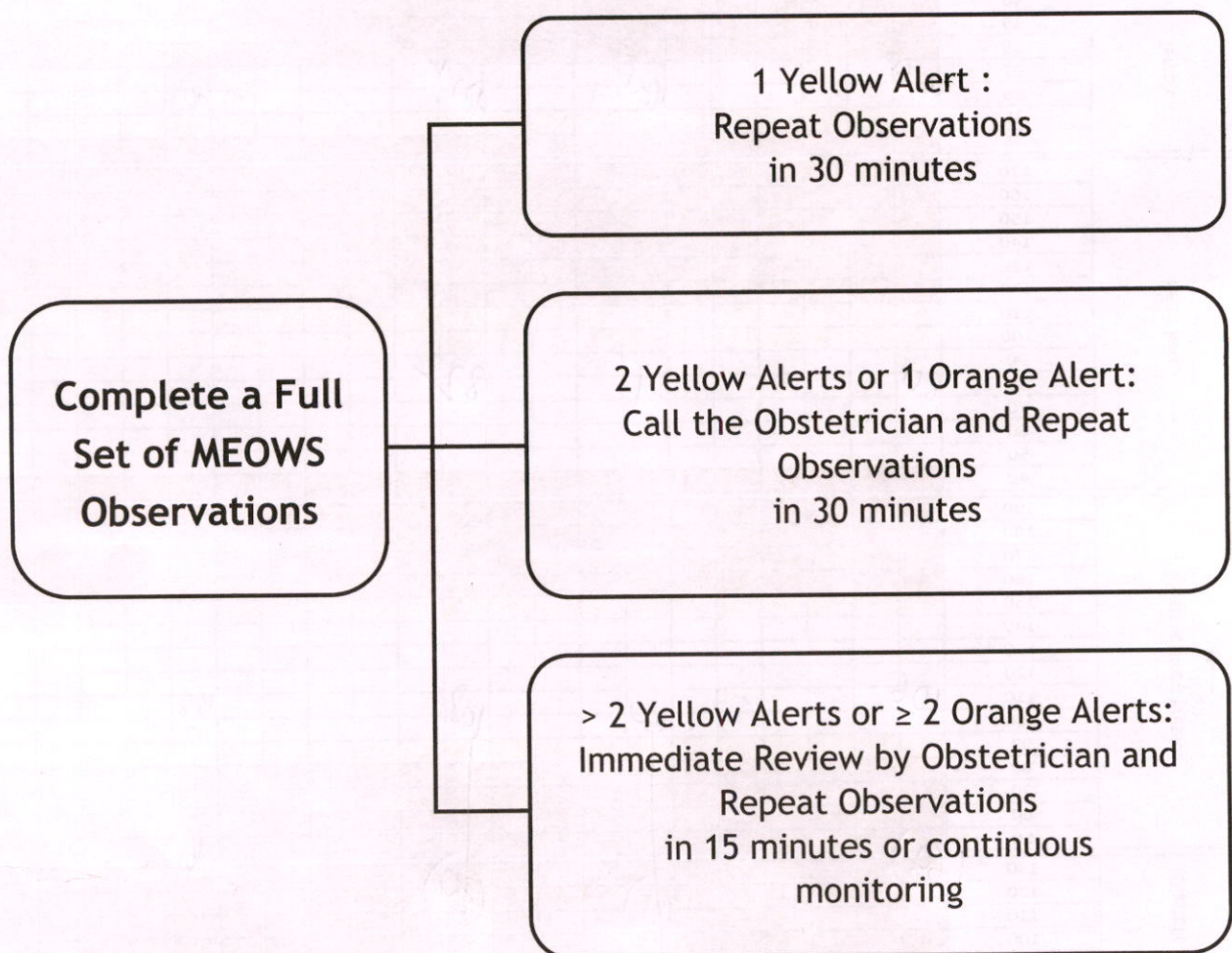


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CONTACT DOCTOR FOR EARLY INTERVENTION IF PATIENT TRIGGERS ONE ORANGE OR TWO YELLOW SCORES AT ANY ONE TIME

[illegible]

Obstetrics and Gynaecology Early Warning Signs



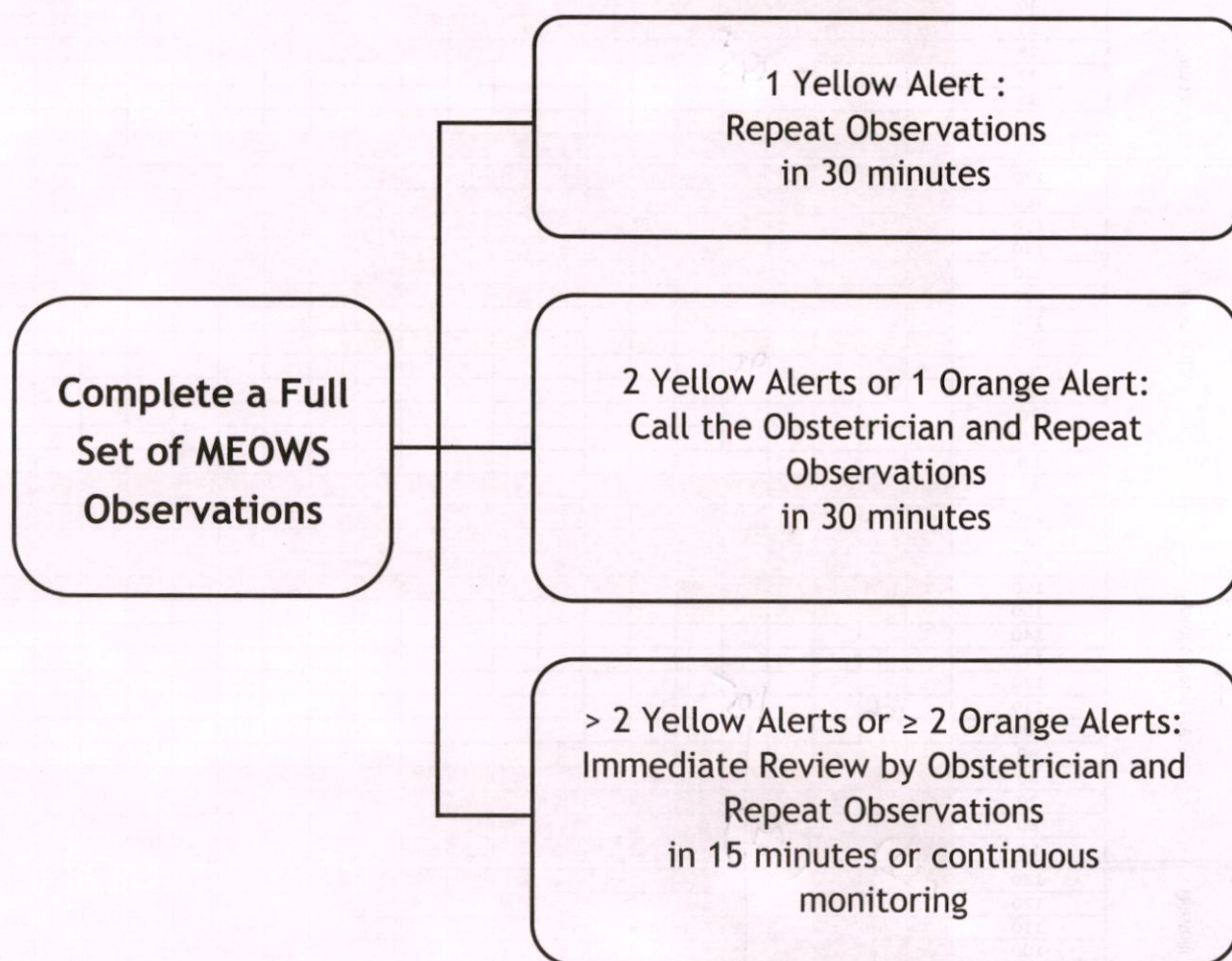
* The Modified Early Warning Score (MEOWS)



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		18				20																							
	0 - 10																													
Saturations	94 - 100 %		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		80				90																							
	70																													
	60																													
	50																													
	40																													
Systolic Blood Pressure	190																													
	180																													
	170																													
	160																													
	150																													
	140																													
	130																													
	120																													
	110																													
	100		100				105																							
	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			0				0																							
TOTAL ORANGE SCORES			0				0																							
Nurse Initial																														

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

Total Intake : 1350 ml	Total 24 hrs. Intake
------------------------	----------------------

Time	Weight	Temperature	Heart Rate	Respiratory Rate	Oxygen Saturation	Other
02:00 am	47.0	35.0	100	18	98	
03:00 am	47.0	35.0	100	18	98	
04:00 am	47.0	35.0	100	18	98	
05:00 am	47.0	35.0	100	18	98	
06:00 am	47.0	35.0	100	18	98	
07:00 am	47.0	35.0	100	18	98	

Total Intake : Taken 1350ml

Time	Activity	Notes
08:00 pm	1.5 hr	1.5 hr
09:00 pm	1.5 hr	1.5 hr
10:00 pm	1.5 hr	1.5 hr
11:00 pm	1.5 hr	1.5 hr
12:00 am	1.5 hr	1.5 hr
01:00 am	1.5 hr	1.5 hr

[illegible][illegible]

Intake			
Diarrhoea	NG	Route	
		I.V	Mouth
		N.G	Nature Fluid

A close-up photograph of a document. A prominent label with the text "FLUID CHART" in bold, black, sans-serif capital letters is tilted diagonally. To the right of the label, a portion of a barcode is visible. Below the barcode, the text "(F)" is printed. In the background, a line of text is partially visible, reading "... to obtain 24".

863

3200 ml.

24 hrs

Total Output: Passed 3200 ml

0	1200 ml	0	0
0	2600 ml	0	0
0			
0			

Ashish

[illegible]

Handwritten notes on a grid background:

- Top left: "Guard" written vertically.
- Top right: "Total Output :"
- Bottom center: "50M" written horizontally.
- Bottom left: A large handwritten "0" with a checkmark.

[illegible]

total of intake and output.

IV Site
Thrombo-
Sign.

the little.

1's

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FLUID CHART

BAH-00604036
DR. SRI VAISHNAVI RENUKUNTLA
14-03-1997
DR. PRANATHI REDDY A
29 Y 3 M 14 D
IP5-00175863
(F)

IV Site		Thrombophlebitis		Urine		Drainage		Vomit		Diarrhoea		NG		Intake		Route	

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.

Sheet No. : 1

FLUID CHART

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

Bi BY RAI Your Rig

Sheet No. : 2

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

Date	Time	Nature of Fluid	Intake			Output							IV Site Thrombophlebitis Score	Sig Nu
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine				
3/2/21	08:00 am													
	09:00 am	olly												
	10:00 am	H2O												
	11:00 am													
	12:00 pm													
	01:00 pm	Meat H2O												
		H2O												
Total Intake : taken			Total Output : passed											
3/2	02:00 pm													
	03:00 pm	H2O												
	04:00 pm													
	05:00 pm	H2O												
	06:00 pm													
	07:00 pm	H2O												
Total Intake : Taken			Total Output : passed											
3/2	08:00 pm													
	09:00 pm	tho												
	10:00 pm													
	11:00 pm	tho												
	12:00 am													
	01:00 am	tho												
Total Intake : Taken			Total Output : passed											
	02:00 am	tho												
	03:00 am													
	04:00 am	tho												
	05:00 am	tho												
	06:00 am	tho												
	07:00 am	Taken												
Total Intake :			Total Output :											
Total 24 hrs. Intake			Total 24 hrs. Output : 0-9											

Sheet No. : 3

- | | | Intake | | | | Output | | | | | IV Site
Thrombo-
phlebitis
Score | Sign.
Nurse |
|--------|----------|--------------------|-------|-----|-----|--------|-----------|-----------------|----------|-------|---|----------------|
| Date | Time | Nature
of Fluid | Route | | | NG | Diarrhoea | Vomit | Drainage | Urine | | |
| 4/2/28 | | | Mouth | I.V | N.G | | | | | | | |
| | 08:00 am | | 20ly | | | | | | 0.5L | ✓ | 0 | } S.W. |
| | 09:00 am | | | | | | ✓ | 0.5L | | | 0 | |
| | 10:00 am | | 120 | | | | | | 0.5L | | 0 | |
| | 11:00 am | | | | | | | | | | | |
| | 12:00 pm | | 1/20 | | | | | | 0.5L | | | |
| | 01:00 pm | | 40 | | | | | | 0.5L | ✓ | | |

Total Intake : taken

Total Output : 1 - 2 processors

[illegible]

Total Intake : 14.6

Total Output : $V - 3M \rightarrow$

[illegible]

Total Intake :

Total Output :

5hr	02:00 am	HCO						-	I	} Ashw
	03:00 am							-	I	
	04:00 am	HCO							NH	
	05:00 am								I	
	06:00 am	HCO						-	I	
	07:00 am						✓		I	

Total Intake : Taken

Total Output : passed $M=5, U=9$

Total 24 hrs. Intake

Total 24 hrs. Output

BAH-00640436 IP5-00175863
 Dr. SRI VAISHNAVI RENUKUNTLA
 14-03-1997 29 Y 3 M 1 E D (F)
 Dr. PRANATHI REDDY A



FLUID CHART

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Sheet No. : (4)

57126

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

		Intake				Output						IV Site Thrombo- phlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G								
	08:00 am	H ₂ O								✓		No IV Amika	Amika
	09:00 am												
	10:00 am	H ₂ O					NP						
	11:00 am									✓			
	12:00 pm	H ₂ O											
	01:00 pm	H ₂ O								✓			
Total Intake :		Taken				Total Output :						Passed	
	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

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

BAH-00640436 IP5-00175863
Dr. SRI VAISHNAVI RENUKUNTLA
14-03-1997 29 Y 3 M 18 D (F)
Dr. PRANATHI REDDY A
It takes a while...

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Patient Name : VAISHNAVI Gender: ☐ Male ☒ Female Age : 28
UHID No : BAH-00640436 Date : 2/7/26

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)

PLACING LOWER SEGMENT CESAREAN SECTION
upon VAISHNAVI
(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.

Bleeding Blood Transfusion Infection Injury to Bowel loops and Bladder

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. Pranathi

Consentee :

Signature : [Signature]
Name : Dr. R. SRI VAISHNAVI
Date & Time : 2/7/26 10AM

Patient Attendant : H. Sai Chandra

Signature : [Signature]
Name : Dr. H. Sai Chandra
Relationship with Patient : Husband
Date & Time : 2/7/26 10AM

Witness :

Signature : [Signature]
Name : Sunanda
Date & Time : 2/7/26 10AM

Doctor (who is taking the consent) :

Signature : [Signature]
Name : Dr. Ashu
Date & Time : 2/7/26 7AM

CONSENT FOR ANAESTHESIA

Authorization By: ☒ Patient ☐ Patient Attendant

Operative Procedure: Elective Cesarean delivery

Anaesthesiologist: Dr. Sundhara Surgeon: Dr. Pranathi

Please read this before you consent for Anaesthesia

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

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

☐ Heart Disease ☐ Hypertension ☐ Diabetes ☐ Renal Failure ☐ Multi Organ Failure ☐ Hepatic Disorders

☐ Shock ☐ Obesity ☐ Chronic Obstructive Pulmonary Disease

☐ Others: Hypothyroid, Bleeding, Hypertension

Declaration by Patient Attendant

- I authorize and give consent for anaesthesia as considered appropriate by the anaesthesia team
☐ Regional Anaesthesia ☐ General Anaesthesia ☐ Monitored Anaesthesia Care
- I understand that there are some infrequent complications that can occur due to use of anaesthesia, these include pain or some injury at the site of injections, temporary breathing difficulties, allergic reactions, headaches, variations in blood pressure, nausea and vomiting.
- I authorize the anaesthesia team to perform any additional procedures (for example, Central Venous Access, arterial line, use of suppositories and or nerve blocks for pain relief, changing from regional to general anaesthesia etc) which are considered necessary by them during the course of surgery.
- I also authorize and give consent to the team of doctors attending on me to administer blood products during the course of operative period and immediately thereafter if need arises.
- I acknowledge that the anaesthesiologist have informed me about the anaesthetic procedure, risk, benefits and alternative treatments.
- I acknowledge that I fully understand the above information. I have had the opportunity to ask questions, and they have been answered to my satisfaction in a language I understand. I affirm that this consent is given by me in my full senses.

Patient / Patient Attendant

Signature: [Signature]

Name: Dr. VAISHNAVI

Relationship with patient: Self

Date & Time: 30/6/26, 1:30 pm

Witness:

Signature: [Signature]

Name: Dr. Sai Chandra

Date & Time: 30/6/26, 1:30 pm

Doctor (who is taking consent):

Signature: [Signature] Name: Dr. Sundhara Date: 30/6/26 Time: 1:30 pm

అనస్థీషియా కోసం అనుమతి పత్రం

అనుమతి ఇచ్చినవారు: ☐ రోగి ☐ రోగి అటెండెంట్

శస్త్రచికిత్స:

అనస్థీషియా వైద్యుడు: శస్త్రచికిత్స నిపుణుడు:

అనస్థీషియా కోసం మీ అనుమతి ఇవ్వడానికి ముందు దయచేసి ఇది చదవండి

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

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

స్పెసిఫిక్ హై రిస్క్:

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

☐ హృదయ వ్యాధి ☐ రక్తపోటు ☐ మధుమేహం ☐ మూత్రపిండాల వైఫల్యం ☐ బహుళ అవయవ వైఫల్యం

☐ కాలేయ సమస్యలు ☐ షాక్ ☐ ఊబకాయం ☐ దీర్ఘకాల శ్వాసకోశ వ్యాధి (COPD)

☐ ఇతరవి:

రోగి / రోగి అటెండెంట్

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

రోగి / రోగి అటెండెంట్:

సాక్షి:

సంతకం:

సంతకం:

పేరు:

పేరు:

రోగితో సంబంధం:

తేదీ & సమయం:

తేదీ & సమయం:

డాక్టర్ :

సంతకం: పేరు: తేదీ & సమయం:



CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: <u>Dr. pranathi</u>	Date of Delivery: <u>2-07-2026</u>
Assistant Surgeon: <u>Dr. Deepika</u>	Time of Delivery: <u>11:53 AM</u>
Anaesthetist's Name: <u>Dr. shilpa</u>	Gender of Baby: <u>Female</u>
Type of Anaesthesia: <u>ASA</u>	Weight of Baby: <u>3.820 kg</u>
Neonatologist: <u>Dr. sneha / Dr. Latith</u>	AGPAR Score: <u>9/9</u>
Scrub Nurse: <u>Sis. sonlatha</u>	NICU Admission: ☐ Yes ☒ No

Pre-Operative Diagnosis: Primigravida / 38+2 / Gestational hypothyroid / E-KCS

☒ Elective ☐ Emergency Indication: Big Baby + history of retinal detachment

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: Knife to rectus:

CTG Description:

If there was a delay give the reasons:

Surgical Procedure: Elective KCS under spinal Anesthesia

Post Operative Diagnosis: PtL - PDD-D

Peri-Operative Complications: NIL

Amount of Blood Loss: ~ 400ml

Blood Transfused (in ML): NIL

Name and Number of Surgical Specimen sent for examination:

NIL

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

5th Palpable: Fetal Position:

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

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

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

Skin Incision: ☒ Pfannenstiel ☐ Transverse ☐ Midline ☐ Other

Uterine Incision: ☐ Lower Segment ☐ Classical ☐ Inverted T ☐ J Incision

Previous Scar: ☐ Intact ☐ Thinned out ☐ Ruptured ☒ No Scar

Incision Through Placenta: ☐ Yes ☒ No

Delivery of head: ☐ Manual ☒ Forceps

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

Delivery of Placenta: ☐ Manual ☒ 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

Peritoneal Closure: ☐ Pelvic ☒ Abdominal ☐ None

Sheath Closure:

Fat Closure: ☒ Yes ☐ No

Skin Closure: ☒ Subcuticular ☐ Mattress

No 1-0 Vicryl Suture

No 1-0 Vicryl Suture

No 1 Vicryl Suture

No 2-0 Rapid Vicryl Suture

No 3-0 Monocryl Suture

Vaginal Evacuated ☒ Yes ☐ No

Drain: ☐ Yes ☒ No ☐ Remove in days ☐ Await instructions

Catheter ☒ 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: ✓ NBM - 3-4 hours

✓ 1VF & Analaysis - Axon

✓ Bridge is Chained

Q 6AM/3/1/2026) ~ monitor vitals

Taxim, Taxim, LD ✓ mobilization

~ urine output monitoring

✓ w/ exclusive bedding

my dioxane yang cx ✓ Inherm cdx

20 x 10 days (400 pm)

Doctor Name: Dr. D. Deshpande Doctor Signature: [Signature]

Date & Time: 24/2026 12:30pm



Patient Sticker

POST-SURGICAL CARE PLAN FORM

Procedure Done:	Elective VCS under Spinal Anesthesia		
Post-Surgical Diagnosis:	Pyl - PPD-O		
Post-Operative Monitoring Parameters /Frequency:	SpO ₂ - hourly monitoring		
Wound Care:	Dressing x 48 hours		
Drain /Special Lines/Catheters:	✓ Foley in situ ✓ V/O hourly monitoring		
Special Patient Positioning and Requirements:			
Nutritional Instructions:	✓ NBM - 3-4 hrs ✓ Liquid diet after 3-4 hours ✓ Soft diet - 8-10 hrs		
When to Start Mobilization:	✓ As soon as anesthesia wears off ✓ Ambulation after Foley Removal		
Special Referrals:	Nil		
The new order for all required medications documented in the doctor order/medication sheet:			
☒ Yes ☐ No			
Any Other Post-Operative Care Needed including Required Follow Up			
CBP - 6AM (2/1/26)			
Treating Surgeon (Signature & Stamp)	Date: 2/1/2026 Time: 1:30 PM		
Note: Plan of care will be readjusted if necessary.			

2-001 - 142

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Patient Sticker

BAH-00640436
Dr. SRI VAISHNA RENUKUNTLA
14-03-1997 29 Y 3 M 16 D (F)
Dr. PRANATHI REDDY A



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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

RISK ASSESSMENT TOOL FOR DEEP VEIN THROMBOSIS (Postnatal Assessment and Management (to be assessed on delivery suite))

Pre-Existing Risk Factors Tick Score		Tick	Score
Previous VTE (except a single event related to major surgery)		X	4
Previous VTE provoked by major surgery		X	3
Known high-risk thrombophilia		X	3
Medical comorbidities e.g. cancer, heart failure; active systemic lupus erythematosus, inflammatory poly arthropathy or inflammatory bowel disease; nephrotic syndrome; type-I diabetes mellitus with nephropathy; sickle cell disease; current intravenous drug user		X	3
Family history of unprovoked or estrogen-related VTE in first-degree relative		X	1
Known low-risk thrombophilia (no VTE)		X	1
Age (? 35 years)		X	1
Obesity		X	1
Parity ≥ 3		X	1 or 2
Smoker		X	1
Gross varicose veins		X	1
Obstetric Risk Factors			
Pre-eclampsia in current pregnancy		X	1
ART/IVF (antenatal only)		X	1
Multiple pregnancy		X	1
Caesarean section in labour		X	1
Elective caesarean section		X	2
Mid-cavity or rotational operative delivery		X	1
Prolonged labour (? 24 hours)		X	1
PPH (? 1 litre or transfusion)		X	1
+0 Preterm birth? 37 weeks in current pregnancy		X	1
Still birth in current pregnancy		X	1
Transient Risk Factors			
Any surgical procedure in pregnancy or puerperium except immediate repair of the perineum, e.g. appendicectomy, postpartum sterilization		X	3
Hyperemesis		X	3
OHSS (first trimester only)		X	4
Current systemic infection		X	1
Immobility, dehydration		X	1
Total		X	3

Signature of the Doctor: *[Signature]* Date: *21/1/26* Time: *1:30pm*
 Action Plan: *4 hij lexane 40 mg x 2 x 10 days*

Risk Assessment Tool for Deep Vein Thrombosis

- ☐ If total score ≥ 4 antenatally, consider thromboprophylaxis from the first trimester.
- ☐ If total score 3 antenatally, consider thromboprophylaxis from 28 weeks.
- ☒ If total score > 2 postnatally, consider thromboprophylaxis for at least 10 days.
- ☐ If total score = 2, Hydration & Ambulation.
- ☐ If admitted to hospital antenatally consider thromboprophylaxis.
- ☐ If prolonged admission (≥ 3 days) or readmission to hospital within the puerperium consider thromboprophylaxis.
- ☐ For patient with an identified bleeding risk, the balance of risks of bleeding and thrombosis should be discussed in consultation with a haematologist with expertise in thrombosis and bleeding in pregnancy.

Docu. No. RCHB/FRM / CLINICAL / 116

*Ref: RcoG Green-Top Guideline No - 37a

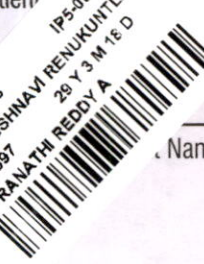
DOUBLE CARE SURGICAL

Date of Admission: 3/10/68
 Date of Discharge: 3/10/68
 Name: [illegible]
 Address: [illegible]
 City: [illegible]

1. [illegible]	[illegible]
2. [illegible]	[illegible]
3. [illegible]	[illegible]

Signature: [illegible]
 Date: [illegible]
 Hospital: [illegible]

PATIENT TRANSFER FORM

Patient Name BAH-00640436 IP5-03175853 Dr. SRI VAISHNAVI RENUKUNTLA 29 Y 3 M 16 D Dr. PRANATHI REDDY A 		Date & Time of Admission 2/2/26	Date & Time of Transfer Order 2/2/26 12:15 PM
From Unit OB/GYN		Transfer Ordered by DR. Deepika	Reason for Transfer post-op.
Number of Sheets in Clinical File 35	Personal belongings including clinical documents. If any handed over to attendant Yes ☒ No ☐ If Yes, what?	Information to Attendant Yes ☒ No ☐	
Number of Imaging Films 1		Patient shifted with ID band: Yes ☐ No ☐ If No:	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.			
2.			
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes ☐ No ☐			
Name & Signature of Person who is Transferring Sis. Sumanth		Name of Person Ordered Transfer DR. Deepika	
Patient & Clinical Records Received by :			
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