



SURGERY DETAILS

Date : 2/6/26

Patient Name: Mrs. Hasna Kuwar Date of Birth: 24-01-1997 Age: 29

Gender: F Ward: OB OT UHID No.: HNH-007415

Date of Surgery: 1/6/26 OT-1 OT-2 OT-3 OT-4 OBG OT-1 OBG OT-2

Name of the Surgery: Emergency lower segment caesarean section ✓ EA

Time in : 3:05pm Time Out : 4:05pm

	NAME	AMOUNT
1. Surgeon	Dr. Kirti Reddy	
2. Anaesthetist	Dr. Te Shwin	
3. Assistant Surgeon	Dr. Suthi	
4. OT Technician	Shivaleka	
5. Circulating Nurse	Sis - Sudha	
6. Assistant Nurse	Sis - Laxmi / sis Paulasi	

- 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: 0637900 Order by: Paulasi

ADMISSION SHEET

Registration Details :

Admission No : IP5-00174574 Admit Date : 31-May-2026 Admit Time : 07:57 PM UHID : HNH-00007415

Patient Details :

Patient Name : Mrs HASNA KUWAR Age : 29 Y 4 M 7 D
 Guardian : Mr VIMAL SINGH MANGSINGH RAJPUT DOB : 24-01-1997
 Gender : Female Religion :
 Occupation : Martial Status : Married
 Address (H) : Rajput Nivas 14-3-106 Arya samaj, Phone No
 goshamahal Hyderabad. Gasha Mahal



CONSUMABLES OF OT

2942

HNH-00007415 IP5-00174574
 Mrs HASNA KUWAR
 24-01-1997 29 Y 4 M 7 D (F)
 Dr. KIRTI REDDY PATLOLLA



Technician : K Shivaleela Date : Time :

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube			Major Pack L8CS		01	Inj Vit.K		02
LMA			Sutures 2346		01	Cord Clamp		01
ECG leads : A / P / N		3	2364		01	Suction Catheter 84		01
HME filter : A / P / N		4	2762		01	Feeding Tube		01
Syringes : 10 cc		4	Gloves 7/642		2+3	Vacuum Suction Set		01
05 cc		4	6		1	Surgical Gloves 642		02
02 cc		4			1	Gauze Pack		01
01 cc		1	Surgical blade PF 7		01	Syringe 1ml / 2ml		02
Cautery plate : A / P / N		1	22		01	Surgical Blade # 202		01
IV set		2	NG tube		01	Koepies (S)		01
RL		1	Cautery pencil		01	Underpad		01
NS : 10ml / 100ml / 500ml / 1000ml		1	Koepies XL		01	02 mask		01
Mimisipine		1	Ointments					
Fentanyl			Suction Catheter					
Morphine			Cap, Mask		01			
Ketamine			Gauze Pack R		02			
Propofol			Mop Pack		01			
Rocuronium			Steristrip stonize		01			
Glycopyrolate			Underpad		01			
Myopyrolate			Draw sheet onicureto		01			
Ondansetron			Abgel		01			
Pencan 25g/ Spinal Needle 22			Foleys catheter					
Bupivacaine 0.25%			Urobag					
Bupivacaine 0.25%(Heavy)			Chest Drainage Catheter					
Antibiotics			Romodrain bag					
Suppositories			Bandage					
Anamol : 80mg / 250mg / 170 mg			Tegaderm					
Supridol : 100mg			loban					
Justin : 12.5 mg / 25mg / 100mg			Double J Stent					
Tab. Misoprost : 200mg			Vacuum Suction set		01			
Oxytocin			Plastic Bed Sheet					
Gauze			Betadine Solution		02			
			Microshield		01			
			Cotton Balls		01			
			Latex Gloves		20			
			Ramdione Scrub					
			Saraf D/A		03			

Surgeon : _____ Anaesthesiologist : _____ Nurse : Paulasi
 Order No. : 9837912 Ordered by :
 Doc. No. : RCHB/ FRM / GENERAL / 125

ACTIVITY RECORD FOR BILLING

Name : _____

UHID No. : _____ Consultant: _____ Dept : _____

HNH-00007415 IP5-00174574
Mrs HASNA KUWAR
24-01-1997 29 Y 4 M 7 D (F)
Dr. KIRTI REDDY PATLOLLA

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



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

WARD TRANSFERS

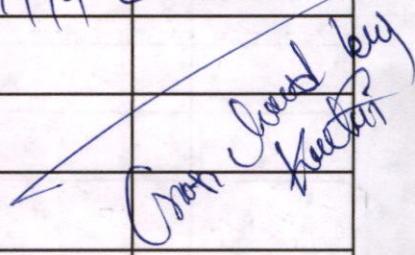
Date	Time	From	To	Signature of Nurse
1/6/26	11AM	ORs	BR	Sarany
1/6/26	4:30PM	ORs	Room ORs	Shanvi
1/6/26	9:40PM	ORs	Room	Prerna

Cross Consultation Visit

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

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
1/6	Cardiac monitor	12pm	7pm	9637499	Swick
1/6	Infusion Pump	12pm		9638242	Swick
	Bipolar	12:30 pm	3pm	9637499	Swick



 Cron

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
3/5/26	IV placement	01	9636865	Swapua
1/6/26	PAC		9638242	✓ Jeth
1/6/26	Catheterization	1	9637498	✓ Jeth
				<p style="text-align: center;"><i>Completed by Kulu</i></p>

ANY OTHER INFORMATION

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.....

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
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HNH-00007415 IP5-00174574
 Mrs HASNA KUWAR
 24-01-1997 29 Y 4 M 7 D (F)
 Dr. KIRTI REDDY PATLOLLA

Patient



IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

clo spotting PV

LMP: 3-9-25 EDD: 10-6-26

Obstetric Formula:

Corrected EDD: 10-6-26 GA: 38+4 wks

Obstetric History:

G1 - 8 wks, missed miscarriage
 SERPL, 2025

Menstrual History: Regular: Yes No

Obstetric Examination

Fundal Height: Term

Present Pregnancy Record:

G2 - present pregnancy,
 of conception

Ut. Activity: Relaxed Mild Mod Severe

Liquor: Adequate Oligo Poly

PP: Cephalic Breech Others _____

Head Fifths Palpable: 4/5

RISK FACTORS:

Bleeding @ 31 wks

FHS: Normal Tachy Brady Absent

- OI conception
 - AC on 9th centile

Per Speculum Examination

Draining: Present Absent Bleeding

Colour of Liquor: Clear Meconium Blood Stained

Vaginal Examination

Cervix: Long Partially effaced Effaced

Os: Closed _____ Dilated 2 fingers

Membranes: Present Absent

Liquor: Clear Meconium Blood Stained

Presenting Part: Vertex Breech Others

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

Pelvis: Adequate Doubtful

Height: 148 cm

Weight: 5 kg

Allergies: Allergic to Penicillin, cephalosporins, Aspirin

Test: Normal Abnormal

General Examination: fair

Consciousness: Yes Pallor: absent

Icterus: absent Edema: absent

Temp: afebrile PR: 86 bpm

BP: 110/63 mmHg DTR: Normal

CVS: S1S2 @ RS - B/L MBS @

Liver/Spleen: Not palpable Urine Output: Normal, 800-900 ml

DIAGNOSIS

G2 A1 38+4 wks OI conception / Early labor

HNH-0007415

IP5-00174574

Mrs HASNA KUWAR

24-01-1997

29 Y 4 M 7 D

(F)

Dr. KIRTI REDDY PATLOLLA



<p>Family History:</p> <p>Mother - Asthma</p> <p>Father - DM, HTN</p>	<p>Surgical History:</p> <p>Nil</p>
<p>Medical History:</p> <p>Nil</p>	<p>Medication History:</p> <p>see medical conciliation form</p>
<p>Plan of Care:</p> <ul style="list-style-type: none"> - Admission - vitals vitally - NST now fto gradually - contractions \leftarrow 10L <ul style="list-style-type: none"> consent for vaginal birth - fetal CBP E trace - w/f progression of labour - Pain relief 80s - 10L E folys + PhG 2smeg gradually 	<p>Investigations:</p> <p>B positive</p> <p>18/8/26</p> <p>Hb 13, Tlc - 9700, Ptt 25.21</p> <p>urab - NR</p> <p>19/8/26</p> <p>36th wk cephalic, 2730gm, 29C, Ae-9C, AFI - 87cm, placenta - situ normal, doppers - Normal</p> <p>TI PPA (N)</p> <p>N7 - scan (N), FTS - low anti</p>

Doctor Name: Dr. Sumana

Signature: *[Signature]*

Date & Time: 31/8/26 @ 8:30pm

Consultant Name: Dr. Kirti Reddy

Signature: *[Signature]*

Date & Time: 1/6/26; 2 AM

KIRTI REDDY PATLOLLA
 Registration No: 73679

HNI-00007415
 Mrs. HASNA KUWAR
 29-01-1997 29 Y 4 M 9 D (F)
 Dr. KIRTI REDDY PATLOLLA



DEFICIENCY CHECK LIST OF CASE SHEET

Sl.No.	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission sheet	1			
2	Discharge Summary	1+1			
3	Nursing Initial assessment	2			
4	Patient Transfer form	2			
5	In-patient Medical record	1			
6	Doctors progress sheets	5			
7	Nursing plan of care and handover sheets	4			
8	Consultation sheet	1			
9	General consent for treatment	1			
10	Consent for Surgery				
11	Consent for blood transfusion				
12	Consent for chemotherapy				
13	Consent for high risk				
14	Consent for Restraint				
15	LAMA consent	1			
16	Consent for special procedure / Sedation				
17	Consent for Formula feed				
18	Consent for MTP				
19	Consent for Radiological Investigations				
20	Consent for HIV test				
21	Anaesthesia notes (Pre Anaesthesia & post)	1			
22	Neonatal Admission/Delivery/Physical Exam	1			
23	Medication Reconciliation	1			
24	Emergency Triage record	1			
25	Pre operative check list	1			
26	Surgical safety checklist	1			
27	Operation Theatre notes	1			
28	Nurses clinical Presentation	1			
29	TPR & BP chart	4			
30	Intake and Out take chart (fluid chart)	2			
31	Drug chart (Regular Prescription)	1			
32	Investigation Values (result sheet)	1			
33	Nebulization chart				
34	Nutritional review chart	1			
35	Intensive care unit (ICU Charts)				
36	Consent for Admission in PICU / NICU				
37	The Humpty dumpty scale				
38	Braden Q Scale				
39	Bed side check list				
40	PICU bed formula Dilution feeds	10			
41	Gastro monitoring chart				
42	Rich ED doctors note	1			
43	BP Monitoring chart				
44	RBS monitoring chart	1			
Total No. of Pages		96			

[Signature]

3/6/26 (P.T.O)

ERROR LOG

LOCATION : OT / Birthing Centre / BirthRight Premium / 3rd Floor (Zone A,B,C) / NICU / PICU /
2nd Floor Ward / Oncology / 1st Floor Wards.

OBSERVATION :

DATE :

SIGNATURE OF MRD INCHARGE / EXECUTIVE



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
31/5/28		
9:20pm	<p>A comfortable O/E ac-fair, afebrile vitals stable P/A ulcers relaxed HR 90 Plv - Or soft long fingers ↓ aseptic precautions Foley's bulb inserted intra-urethral and bulb inflated @ 40cc distilled water</p>	<p>Adv - W/F progression of labour - NST goodly - vitals stable - Trace CBP - Pain relief hrs - Concomitant</p> <p><i>[Signature]</i> Dr. Samire</p>
1/6/28		
12pm	<p>and care of Tab P/O's given @ 11:45pm NST @ 11:30pm Reactive CBP - 12.6 / 10.40 / 2.61L NB Sandhi</p>	<p>O/E ac-fair vitals stable P/A ut mild aching HR 90 U/E - Foley's inserted</p> <p>Adv - W/F POC - CTG goodly - vitals stable - Concomitant</p> <p><i>[Signature]</i> Dr. Samire</p>

HNH-00007415 IP5-00174574
 Mrs HASNA KUWAR
 24-01-1997 29 Y 4 M 7 D (F)
 Dr. KIRTI REDDY PATLOLLA



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/6/26	c/s/B Dr. Kirti	
3:20 AM	<p>2nd done of Tab PAFg 20mg @ 2x/day O/E AC fair vitals stable PA - mt actly ATT ⊕ Ph exp - 2-3 cm dilated thick cervix 2 inch long ARM done clear liquor up - 2 station</p>	<p>Adv - w/a progression of labour - N/S 3rd hly pain relief ROS - vitals stable - Infants</p> <p><i>[Signature]</i> Dr. Kirti</p>
	<p>NIB mandini</p>	

BA HNH-00007415 IP5-00174574
 Mr Mrs HASNA KUWAR
 DOB 24-01-1997 29 Y 4 M 7 D (F)
 Dr. KIRTI REDDY PATLOLLA



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/06 7AM	G2A1 gest wk of conception / early labour.	
	PR - 90bpm BP - 124/80mmHg (110/70) (120/80) SPO ₂ - 98% on RA FHR - 140bpm FHR - 140bpm NST - reduced variability PIV - Gx 3-4cm dilated thick cervix APR clear upward W-2 station	Adv - IV fluids - PP - Repeat CTG after 1/2hr - w/f PDL - vitals closely - Inform SR
8AM	NB Nandini NST - Equivocal	Adv - Repeat CTG after 15min - WBM - IV fluids @ 125ml/hr - w/f PDL - Inform SR

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/6/26 9:30 AM	<p>G2A1 / 38⁺ wks</p> <p>Cc: fair</p> <p>B.P - 119/71 mmHg</p> <p>P.R: 72 bpm</p> <p>SPO₂: 100% on RA</p> <p>P/A: UT - Term</p> <p>activity</p> <p>3-4⁺ - 15-20⁺</p> <p>Pv: CS - 3-4 cm, dark</p> <p>CX - posterior 1 1/2" long</p> <p>PPV: -2</p> <p>M ⊖, clear</p>	<p>O/I conception / early labor</p> <p>R</p> <ol style="list-style-type: none"> 1) NBM 2) Flv / bid - 125 ml / w 3) W/F POL 4) Monitor vitals - 4ly 5) Temp 5ly 6) Meds as charted <p>→ Dr. Gupta</p>
1/6/26 12:30 PM	<p>G2A1 / 38⁺ wks / O/I conception / early labor</p> <p>O/I</p> <p>Cc: fair</p> <p>vital stable</p> <p>P/A - ut acting</p> <p>P/VE - 3-4 cm dilated</p> <p>CX - 1 inch long</p> <p>Px - vertex</p> <p>station - -2</p>	<p>adv</p> <ol style="list-style-type: none"> 1) IVF @ PL/NS @ 100 ml/h 2) Synto @ 24 ml/hr 3) W/F progression of labor 4) Meds as charted 5) Inform 5ly
Adv NST		<p>Dr. Druya</p>

HNH-0007415 IP5-00174574
 Mrs HASNA KUWAR
 24-01-1997 29 Y 4 M 8 D (F)
 Pat Dr. KIRTI REDDY PATLOLLA



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/6/26 1:00PM	G2 A1 / 38+5 wks / c/s/b Dr. Kirti Reddy.	OI. conuption / early labour
	<p><u>of</u> G1 - fair. vitals - stable. V/E - 3-4cm. Same findings.</p>	<p><u>Adv</u> 1) Synto @ 36 mg/hr 2) w/F POL 3) Inform SWS.</p>
		<p>DRD</p>
2:30PM	Same findings	<p>Same findings bsp: 2 ✓ Synto @ 48 mg/hr ✓ Co-oximetry same findings. See 12 ch i/o/o w/o L</p>
	<p>Consent Free Op Dots ✓ Slip 07</p>	<p><u>[Signature]</u></p>
	<p>DR. KIRTI REDDY PATLOLLA Registration No: 73679</p>	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/6/26 5:00pm	POD-0 / Em / Sus / Pili A1 / NPOL Pt. Comfortable	
Baby - well VO - 100 mL High colored (Some emptied)	o/Ec Gc - fair BP - 106/78 PR - 88 BPM SpO2 - 98% on RA PIA - ut @ well PIV - BWNL Adv CBP @ 6:00pm 2/6/26. Stays removal @ 6:00pm on 2/6/26.	Adv 1) NBM - till 9:30pm. 2) IUF @ RL/NS @ 100ml/hr 3) I/O charting 4) Monitor vitals 6th hourly 5) Drugs as charted. 6) Inform SDC. 7) w/f active bleeding 8) Inform SDC Dr. Dheya
2/6/2026 8 PM Baby well VO - 300ml, Clear - CBP @ 6AM 2/6/26 - POKS Removal at 6AM - After Rounds.	POD-0 / Em / Sus / Pili A1 Gc pain Gc - Fair / afebrile Vitals - BP - 125/80(93) PR - 105 bpm → 101 bpm SpO2 - 98% on RA Temp - 98.9°F PIA - WOUNDS retracted well, VVE - Minimal Bleeding Shift to Room	Advice ✓ Allow sips of H2O - 8:30PM ✓ fb liquid diet ✓ Soft diet x 6AM (2/6/26) ✓ Drugs as charted ✓ Monitor vitals ✓ V/O Monitoring ✓ IUF @ 100ml/hr ✓ Mobilization ✓ w/f excessive bleeding ✓ Inform SDC by cordick Wounded by Press

HNH-00007415 IP5-00174574
 Mrs HASNA KUWAR
 24-01-1997 29 Y 4 M 8 D (F)
 Dr. KIRTI REDDY PATLOLLA



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<u>1/6/2026</u>		
<u>9 PM</u>	Vitals - BP - 128/81 (99) PR - 94 bpm SpO ₂ - 99% on RA	V/O - 500ml clear
	CBP @ 6 AM (2/6/26) <u>Foley Removal 8 AM (2/6/26) after rounds.</u>	
		<u>by (Dr. Deepika)</u> <u>Noted by Praveen</u>
<u>2/6/26</u> <u>8:30 AM</u>	PDD-1 Pt is stable.	
	No c/o opax 40-50%	<u>Advice</u>
- 23g/dl	BP - 128/76 (86)	① Soft diet
PH - 7.26	PR - 88 bpm	② Adequate hydration & ambulation
TC - 13.3%	SpO ₂ - 98% on RA	③ Drops as checked
OK	P/A - Lt well @ c/o - BUNL	④ Monitor vitals 6th hly
		⑤ Wk bleed/ptd ⑥ Tifan 50%

Noted by P.T.O.
 2/6/26

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<u>2/6/26</u>		
2:30pm	Pt comfortable	
	O/E ac-fair	Adv
	vitals stable	- soft diet, plenty of oral fluids
W	P/A uterine	- drugs as per charted
+X	@ well	- vitals & m/sly
SF	Yes - lochia healthy	- Ambulate
		- Inform NS
<u>2/6/26</u>		
7pm	Pt comfortable	
	O/E ac-fair	Adv
	vitals stable	- soft diet, plenty of oral fluids
W	P/A ut @ well	- drugs as per charted
+X	Yes lochia	- vitals & m/sly
SF	healthy	- Ambulate
		- Duholox sup
		- stat @ 9pm
		- Inform NS

[Signature]
 Dr. Kirti Reddy

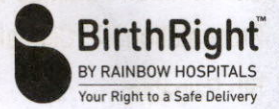
[Signature]
 Dr. Kirti Reddy

HNH-0007415 IP5-00174574
 Mrs HASNA KUWAR
 24-01-1997 29 Y 4 M 8 D (F)
 Dr. KIRTI REDDY PATLOLLA

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/6/26 8:00 AM	POD-2 / Em. Lsg / P/L/A/I / pt-comfortable.	
Baby-well. ✓ ✓ ✓ SLE } acc. DIE } plan discharge	OF Cc-fav vitals-stable BPTA-ut @ well BB plv-BWNL	Adv 1) soft diet 2) Ambulation & Hydration 3) monitor vitals 6th hly 4) drugs as charted 5) w/f active bleeding plv 6) Inform Ss.
		Dr. D Dr. Diyo
		NOTED by Laxmi @ 8:30 AM

HNH-00007415 IP5-00174574
 Mrs HASNA KUWAR
 24-11-1997 29 Y 4 M 8 D (F)
 Dr. KIRTI REDDY PATLOLLA



CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: <i>Dr. Kirti Reddy</i>	Date of Delivery: <i>1/6/26</i>
Assistant Surgeon: <i>Dr. Sneh</i>	Time of Delivery: <i>3:31 Pm</i>
Anaesthetist's Name: <i>Dr. Tejshwini</i>	Gender of Baby: <i>Female</i>
Type of Anaesthesia: <i>Spinal</i>	Weight of Baby: <i>3.042</i>
Neonatologist: <i>Dr. Aishwaria, Dr. P. J. ...</i>	AGPAR Score: <i>9/10</i>
Scrub Nurse: <i>Sis Leymi sis-Poutabi</i>	NICU Admission: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pre-Operative Diagnosis: *GA 38+ weeks [OI conception / non progression of labor]*

Elective Emergency Indication: *N.P.O.L.*

Urgency

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

Decision time: Knief to rectus:

CTG Description: *Reactive*

If there was a delay give the reasons:

Surgical Procedure: *Emergency lower segment cesarean section*

Post Operative Diagnosis: *DOD-0*

Peri-Operative Complications: *-*

Amount of Blood Loss: <i>500ml</i>	Blood Transfused (in ML): <i>-</i>
------------------------------------	------------------------------------

Name and Number of Surgical Specimen sent for examination:

Examination Findings when Appropriate:

Presentation: Cephalic Breech Other

5th Palpable:

Station: -3 -2 -1 0 +1 +2

Caput: + ++ +++

Bladder Catheterized : Yes No

Cervical Dilatation: 3 cm cm

Fetal Position: deflexed head:

Moulding: None + ++ +++

Meconium: None + ++ +++

Urine: Clear Blood Stained

Skin Incision: Pfannenstiel Transverse Midline Other

Uterine Incision: Lower Segment Classical Inverted T J Incision

Previous Scar: Intact Thinnedout Ruptured No Scar

Incision Through Placenta: Yes No

Delivery of head: Manual Forceps

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

Delivery of Placenta: Manual 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 No 1-0 vicryl Suture

Peritoneal Closure: Pelvic Abdominal None No 2-0 vicryl Suture

Sheath Closure: No 1 vicryl Suture

Fat Closure: Yes No No 2-0 vicryl Suture

Skin Closure: Subcuticular Mattress No 1-0 vicryl 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:
 ① WBM - 6hrs
 ② Drugs as charted
 ③ Monitor vitals & I/O every 15 min for 2 hrs for 1 hr for 2 hrs
 ④ w/ hypotension, tachycardia & bleeding plus
 ⑤ Tissue sent
 ⑥ Urinary catheter @ 6:00 am on 2/6/20
 ⑦ Send CBP

Doctor Name: Dr. Kirti Doctor Signature: [Signature]
 Date & Time: 2/6/20 4:15 pm

HNH-00007415 IP5-00174574
Mrs HASNA KUWAR
24-01-1997 29 Y 4 M 8 D (F)
Dr. KIRTI REDDY PATLOLLA



POST-SURGICAL CARE PLAN FORM

Procedure Done: Emergency lower segment cesarean section 1/1/20

Post-Surgical Diagnosis: 1st / 2nd / 3rd / 4th / 5th / 6th / 7th / 8th / 9th / 10th / 11th / 12th / 13th / 14th / 15th / 16th / 17th / 18th / 19th / 20th / 21st / 22nd / 23rd / 24th / 25th / 26th / 27th / 28th / 29th / 30th / 31st / 32nd / 33rd / 34th / 35th / 36th / 37th / 38th / 39th / 40th / 41st / 42nd / 43rd / 44th / 45th / 46th / 47th / 48th / 49th / 50th / 51st / 52nd / 53rd / 54th / 55th / 56th / 57th / 58th / 59th / 60th / 61st / 62nd / 63rd / 64th / 65th / 66th / 67th / 68th / 69th / 70th / 71st / 72nd / 73rd / 74th / 75th / 76th / 77th / 78th / 79th / 80th / 81st / 82nd / 83rd / 84th / 85th / 86th / 87th / 88th / 89th / 90th / 91st / 92nd / 93rd / 94th / 95th / 96th / 97th / 98th / 99th / 100th / 101st / 102nd / 103rd / 104th / 105th / 106th / 107th / 108th / 109th / 110th / 111th / 112th / 113th / 114th / 115th / 116th / 117th / 118th / 119th / 120th / 121st / 122nd / 123rd / 124th / 125th / 126th / 127th / 128th / 129th / 130th / 131st / 132nd / 133rd / 134th / 135th / 136th / 137th / 138th / 139th / 140th / 141st / 142nd / 143rd / 144th / 145th / 146th / 147th / 148th / 149th / 150th / 151st / 152nd / 153rd / 154th / 155th / 156th / 157th / 158th / 159th / 160th / 161st / 162nd / 163rd / 164th / 165th / 166th / 167th / 168th / 169th / 170th / 171st / 172nd / 173rd / 174th / 175th / 176th / 177th / 178th / 179th / 180th / 181st / 182nd / 183rd / 184th / 185th / 186th / 187th / 188th / 189th / 190th / 191st / 192nd / 193rd / 194th / 195th / 196th / 197th / 198th / 199th / 200th / 201st / 202nd / 203rd / 204th / 205th / 206th / 207th / 208th / 209th / 210th / 211st / 212nd / 213th / 214th / 215th / 216th / 217th / 218th / 219th / 220th / 221st / 222nd / 223rd / 224th / 225th / 226th / 227th / 228th / 229th / 230th / 231st / 232nd / 233rd / 234th / 235th / 236th / 237th / 238th / 239th / 240th / 241st / 242nd / 243rd / 244th / 245th / 246th / 247th / 248th / 249th / 250th / 251st / 252nd / 253rd / 254th / 255th / 256th / 257th / 258th / 259th / 260th / 261st / 262nd / 263rd / 264th / 265th / 266th / 267th / 268th / 269th / 270th / 271st / 272nd / 273rd / 274th / 275th / 276th / 277th / 278th / 279th / 280th / 281st / 282nd / 283rd / 284th / 285th / 286th / 287th / 288th / 289th / 290th / 291st / 292nd / 293rd / 294th / 295th / 296th / 297th / 298th / 299th / 300th / 301st / 302nd / 303rd / 304th / 305th / 306th / 307th / 308th / 309th / 310th / 311st / 312nd / 313th / 314th / 315th / 316th / 317th / 318th / 319th / 320th / 321st / 322nd / 323rd / 324th / 325th / 326th / 327th / 328th / 329th / 330th / 331st / 332nd / 333rd / 334th / 335th / 336th / 337th / 338th / 339th / 340th / 341st / 342nd / 343rd / 344th / 345th / 346th / 347th / 348th / 349th / 350th / 351st / 352nd / 353rd / 354th / 355th / 356th / 357th / 358th / 359th / 360th / 361st / 362nd / 363rd / 364th / 365th / 366th / 367th / 368th / 369th / 370th / 371st / 372nd / 373rd / 374th / 375th / 376th / 377th / 378th / 379th / 380th / 381st / 382nd / 383rd / 384th / 385th / 386th / 387th / 388th / 389th / 390th / 391st / 392nd / 393rd / 394th / 395th / 396th / 397th / 398th / 399th / 400th / 401st / 402nd / 403rd / 404th / 405th / 406th / 407th / 408th / 409th / 410th / 411st / 412nd / 413th / 414th / 415th / 416th / 417th / 418th / 419th / 420th / 421st / 422nd / 423rd / 424th / 425th / 426th / 427th / 428th / 429th / 430th / 431st / 432nd / 433rd / 434th / 435th / 436th / 437th / 438th / 439th / 440th / 441st / 442nd / 443rd / 444th / 445th / 446th / 447th / 448th / 449th / 450th / 451st / 452nd / 453rd / 454th / 455th / 456th / 457th / 458th / 459th / 460th / 461st / 462nd / 463rd / 464th / 465th / 466th / 467th / 468th / 469th / 470th / 471st / 472nd / 473rd / 474th / 475th / 476th / 477th / 478th / 479th / 480th / 481st / 482nd / 483rd / 484th / 485th / 486th / 487th / 488th / 489th / 490th / 491st / 492nd / 493rd / 494th / 495th / 496th / 497th / 498th / 499th / 500th / 501st / 502nd / 503rd / 504th / 505th / 506th / 507th / 508th / 509th / 510th / 511st / 512nd / 513th / 514th / 515th / 516th / 517th / 518th / 519th / 520th / 521st / 522nd / 523rd / 524th / 525th / 526th / 527th / 528th / 529th / 530th / 531st / 532nd / 533rd / 534th / 535th / 536th / 537th / 538th / 539th / 540th / 541st / 542nd / 543rd / 544th / 545th / 546th / 547th / 548th / 549th / 550th / 551st / 552nd / 553rd / 554th / 555th / 556th / 557th / 558th / 559th / 560th / 561st / 562nd / 563rd / 564th / 565th / 566th / 567th / 568th / 569th / 570th / 571st / 572nd / 573rd / 574th / 575th / 576th / 577th / 578th / 579th / 580th / 581st / 582nd / 583rd / 584th / 585th / 586th / 587th / 588th / 589th / 590th / 591st / 592nd / 593rd / 594th / 595th / 596th / 597th / 598th / 599th / 600th / 601st / 602nd / 603rd / 604th / 605th / 606th / 607th / 608th / 609th / 610th / 611st / 612nd / 613th / 614th / 615th / 616th / 617th / 618th / 619th / 620th / 621st / 622nd / 623rd / 624th / 625th / 626th / 627th / 628th / 629th / 630th / 631st / 632nd / 633rd / 634th / 635th / 636th / 637th / 638th / 639th / 640th / 641st / 642nd / 643rd / 644th / 645th / 646th / 647th / 648th / 649th / 650th / 651st / 652nd / 653rd / 654th / 655th / 656th / 657th / 658th / 659th / 660th / 661st / 662nd / 663rd / 664th / 665th / 666th / 667th / 668th / 669th / 670th / 671st / 672nd / 673rd / 674th / 675th / 676th / 677th / 678th / 679th / 680th / 681st / 682nd / 683rd / 684th / 685th / 686th / 687th / 688th / 689th / 690th / 691st / 692nd / 693rd / 694th / 695th / 696th / 697th / 698th / 699th / 700th / 701st / 702nd / 703rd / 704th / 705th / 706th / 707th / 708th / 709th / 710th / 711st / 712nd / 713th / 714th / 715th / 716th / 717th / 718th / 719th / 720th / 721st / 722nd / 723rd / 724th / 725th / 726th / 727th / 728th / 729th / 730th / 731st / 732nd / 733rd / 734th / 735th / 736th / 737th / 738th / 739th / 740th / 741st / 742nd / 743rd / 744th / 745th / 746th / 747th / 748th / 749th / 750th / 751st / 752nd / 753rd / 754th / 755th / 756th / 757th / 758th / 759th / 760th / 761st / 762nd / 763rd / 764th / 765th / 766th / 767th / 768th / 769th / 770th / 771st / 772nd / 773rd / 774th / 775th / 776th / 777th / 778th / 779th / 780th / 781st / 782nd / 783rd / 784th / 785th / 786th / 787th / 788th / 789th / 790th / 791st / 792nd / 793rd / 794th / 795th / 796th / 797th / 798th / 799th / 800th / 801st / 802nd / 803rd / 804th / 805th / 806th / 807th / 808th / 809th / 810th / 811st / 812nd / 813th / 814th / 815th / 816th / 817th / 818th / 819th / 820th / 821st / 822nd / 823rd / 824th / 825th / 826th / 827th / 828th / 829th / 830th / 831st / 832nd / 833rd / 834th / 835th / 836th / 837th / 838th / 839th / 840th / 841st / 842nd / 843rd / 844th / 845th / 846th / 847th / 848th / 849th / 850th / 851st / 852nd / 853rd / 854th / 855th / 856th / 857th / 858th / 859th / 860th / 861st / 862nd / 863rd / 864th / 865th / 866th / 867th / 868th / 869th / 870th / 871st / 872nd / 873rd / 874th / 875th / 876th / 877th / 878th / 879th / 880th / 881st / 882nd / 883rd / 884th / 885th / 886th / 887th / 888th / 889th / 890th / 891st / 892nd / 893rd / 894th / 895th / 896th / 897th / 898th / 899th / 900th / 901st / 902nd / 903rd / 904th / 905th / 906th / 907th / 908th / 909th / 910th / 911st / 912nd / 913th / 914th / 915th / 916th / 917th / 918th / 919th / 920th / 921st / 922nd / 923rd / 924th / 925th / 926th / 927th / 928th / 929th / 930th / 931st / 932nd / 933rd / 934th / 935th / 936th / 937th / 938th / 939th / 940th / 941st / 942nd / 943rd / 944th / 945th / 946th / 947th / 948th / 949th / 950th / 951st / 952nd / 953rd / 954th / 955th / 956th / 957th / 958th / 959th / 960th / 961st / 962nd / 963rd / 964th / 965th / 966th / 967th / 968th / 969th / 970th / 971st / 972nd / 973rd / 974th / 975th / 976th / 977th / 978th / 979th / 980th / 981st / 982nd / 983rd / 984th / 985th / 986th / 987th / 988th / 989th / 990th / 991st / 992nd / 993rd / 994th / 995th / 996th / 997th / 998th / 999th / 1000th

Post-Operative Monitoring Parameters / Frequency:

BP / RR / SpO₂ / HR (w/ bleed) for every 15 min for 2 hrs then hourly for 2 hrs

Wound Care:

Dressing x 4 hrs (to cover for leakage)

Drain / Special Lines / Catheters:

- Catheter x 2 hrs
- IV Cannula

Special Patient Positioning and Requirements:

Nutritional Instructions:

NDM x 6 hrs

When to Start Mobilization:

- after catheter removal
- ambulate in bed

Special Referrals:

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

Treating Surgeon
(Signature & Stamp)

Date: 2/6/26 Time: 4:15 PM

Note: Plan of care will be readjusted if necessary.

HNH-00007415 IP5-00174574
 Mrs HASNA KUWAR
 24-01-1997 29 Y 4 M 7 D (F)
 Dr. KIRTI REDDY PATLOLLA




RESULT SHEET

Date	18/5/26	2/6/26			
Time		6:48 AM			
Hb	13	12.3			
PCV		38.3			
RBC		4.43			
WBC		13.31			
N/L		84.2 / 11.5			
Platelets	252	226			
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					

HNH-00007415 IP5-00174574
 Mrs HASNA KUWAR
 24-01-1997 29 Y 4 M 7 D (F)
 Dr. KIRTI REDDY PATLOLLA



MEDICATION RECONCILIATION FORM

Drug Allergies: Allergic to Amoxicillin / Clavulanic acid / Cefuroxime / Cephalexin / Phloxacin Not known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.
 (Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From: NA Shifted to: NA

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	Tab Iron		PO	OD	31/5	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
2	Tab CALCEM		PO	OD	31/5	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
3						<input type="checkbox"/> C <input type="checkbox"/> DC
4						<input type="checkbox"/> C <input type="checkbox"/> DC
5						<input type="checkbox"/> C <input type="checkbox"/> DC
6						<input type="checkbox"/> C <input type="checkbox"/> DC
7						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature: Dr. Suneeta

Date & Time: 31/5/20 @ 8:30pm

Nurse Name & Signature: Swapna

Date & Time: 31/5/2026 9pm

HNH-00007415

IP5-00174574

Mrs HASNA KUWAR

24-01-1997

29 Y 4 M 7 D

(F)

Dr. KIRTI REDDY PATLOLLA



DRUG CHART

Date of Admission: 31/5/20 Drug Allergies: Allergic to Ibuprofen, ciprofloxacin, Ofloxacin Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

- GENERAL** - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.
- DOCTOR** - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
 - Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
 - Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
 - Discontinue a drug by drawing a line **I** through it and a similar line through subsequent recording panels.
 - The date and time of stopping the drug along with the doctors name and sign must be mentioned.
 - Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.
- NURSES** - Nurses must follow strictly the FIVE RIGHTS before administration of medication.
 1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time
 - AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

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

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

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

VERIFIED BY : Name

Patient Sticker

Sheet No:

REGULAR PRESCRIPTIONS

Weight

Ward

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

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

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

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

Signature
VERIFIED BY : Name



Date Time	Nurse Sig.	Nurse Sig.	Nurse Sig.	Nurse Sig.
DRUG :	Dose	Dose	Dose	Dose
	Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.
Route	Dose	Dose	Dose	Dose
Start Date	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.

Date Time	Nurse Sig.	Nurse Sig.	Nurse Sig.	Nurse Sig.
DRUG :	Dose	Dose	Dose	Dose
	Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.
Route	Dose	Dose	Dose	Dose
Start Date	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
31/5/26	10pm	by CEFOTAXIM	1gm	IV	[Signature]	Swapne Yamuna
31/5/26	8:45pm	Tab PGE1	25mcg	PO	[Signature]	Swapne Yamuna
31/5/26	11:00pm	Tab PGE1	25mcg	PO	[Signature]	Swapne Yamuna
1/6/26	2:40am	Tab PGE1	25mcg	PO	[Signature]	Swapne Nandini
2/6/26	01:50 pm	ENEMA	1pcu	PR	[Signature]	Sris Sune
1/6	2:50pm	INS - PERIDORM	10mg	PO	[Signature]	Srisha Pina
1/6	2:50pm	INS - PANTOP	40mg	PO	[Signature]	Srisha Sudha
1/6	3pm	INS CEFOTAXIM	1g	IV	[Signature]	Srisha Sudha
		INS				

Signature
Name

I.V. FLUIDS CHART

Weight: 81 kg Ward: OBS



Signature
VERIFIED BY: Name

Position of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)		Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
1/6/26	7:10 AM	RINGER LACTATE	120ml/hr	[Signature]	Nandini Jannu	1/6	[Signature]	[Signature]
1/6/26	9 AM	RINGER LACTATE		[Signature]	Sush Ry	1/6	[Signature]	Poojebi dy
1/6/26	3:35 PM	RINGER LACTATE + 3U OXYTOCIN.	100 ml/hr	[Signature]	Poojebi Carni	1/6/26	[Signature]	Poojebi Carni
1/6/26	4:30 PM	RINGER LACTATE + 40 U OXYTOCIN	150 ml/hr	[Signature]	Poojebi Carni	1/6/26	[Signature]	[Signature] Carni
1/6/26	5 PM	RINGER LACTATE 500ml	100ml/hr	[Signature]	[Signature] Carni	1/6	[Signature]	[Signature] Ry
1/6	9 PM	RINGER LACTATE 500ml	100ml/hr	[Signature]	[Signature] Ry			[Signature] Poojebi
2/6	10 AM	RINGER LACTATE 500ml	100ml/hr	[Signature]	[Signature] Ry			[Signature] Poojebi
2/6	5 AM	RINGER LACTATE 500ml	100ml/hr	[Signature]	[Signature] Poojebi			

HNH-00007415 IP5-00174574

Mrs HASNA KUWAR
24-01-1997 29 Y 4 M 7 D (F)
Dr. KIRTI REDDY PATLOLLA

INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD



Part
Patient



English

Patient / Learner Literacy: Read Write Speak
Willingness to Learn: Yes No
Healthcare Literacy: Yes No

Identified Education Needs:

- | | | | |
|----------------------------|--|--|---|
| 1. Diagnosis | 5. Medication / Therapy (safety, effects/ side effect, interactions) | 9. Nutrition / Diet | 13. Risk / Safety |
| 2. Treatment and Care Plan | 6. Discharge Medication | 10. Fall Risk Education | 14. Activity / Exercise |
| 3. Pain Management | 7. Infection Control Measures | 11. Safe use of Medical Equipment / Implantable Devices Safety | 15. Social & Rehabilitation Needs |
| 4. Informed Consent | 8. Diagnostic Test / Procedures | 12. Patient's / Family Rights | 16. Special Discharge / Follow-up Education / Coping Skills |
| | | | 17. Others |

Part - II

Date	Time	Need Identified	Information Taught	Use codes from the list in part III					Comments	Designation / Signature
				Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		
31/8/26	8:30pm	1214	Diagnosis, Treatment & care plan.	PT, M.	1	0	1	1		<i>[Signature]</i>
31/8	9pm	7	Infection control measures	PfS	1	0	1	1	0	<i>[Signature]</i>
2/6/26	10 am	9	Lactation diet	PT, S	1	0	1	1	-	<i>[Signature]</i>

Part - III: CODES

Who was taught: PT: Patient F: Father M: Mother S: Spouse Sn: Son D: Daughter C: Caregiver O: Other (Specify)

Learning Barriers:

1. No Learning Barriers	4. Language Barrier	7. Impaired Thought Process/Cognitive limitations	10. Financial Difficulties	13. Cultural/Religion Practice
2. Physical Impairment	5. Educational Level	8. Responsibilities at Home	11. Beliefs and Values	14. Others (Specify)
3. Emotional Barriers	6. Desire / Motivate to Learn	9. Cultural Differences	12. Impaired Vision/ or Hearing	

Teaching Tools Used: A: Audio D: Demonstration V: Video O: Oral P: Printed

Mechanism/s to overcome barrier/s:

1. None	3. Reassurance & Support	5. Respect values & beliefs	7. Other, Specify
2. Obtain translator	4. Teach Family / Others	6. Respect Cultural / Religion Preference	

Understanding: 1. Verbalizes Understanding 2. Demonstrates Understanding 3. Needs Review



MULTI-DISCIPLINARY PLAN OF CARE FORM



Diagnosis:

92 H1 / 38 weeks gest / early labour.

Date Time	Discipline	Type	Patient Needs / Problem List	Goal	Plan / Intervention	Signature	Team Verification
31/5/26 8:30pm	<input checked="" type="checkbox"/> Medical <input type="checkbox"/> Nursing <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Modified <input type="checkbox"/> Per-Op <input type="checkbox"/> Post Op	92 H1 / 38 weeks gest / or concep / early labour	for safe delivery	10L	<i>[Signature]</i>	<input type="checkbox"/> Nursing <input type="checkbox"/> Others:
31/5/26 9pm	<input type="checkbox"/> Medical <input checked="" type="checkbox"/> Nursing <input type="checkbox"/> Others:	<input type="checkbox"/> Initial <input type="checkbox"/> Modified <input type="checkbox"/> Per-Op <input type="checkbox"/> Post Op	fear and Anxiety	→ to reduce fear & Anxiety	→ provided Psychological Support	<i>[Signature]</i>	<input type="checkbox"/> Medical <input type="checkbox"/> Others:
2/6/26 10am	<input type="checkbox"/> Medical <input type="checkbox"/> Nursing <input checked="" type="checkbox"/> Others: dietitian	<input type="checkbox"/> Initial <input type="checkbox"/> Modified <input type="checkbox"/> Per-Op <input checked="" type="checkbox"/> Post Op	POD-1 LSCS	soft diet	soft high protein diet	<i>Nikitha</i>	<input type="checkbox"/> Medical <input type="checkbox"/> Nursing <input checked="" type="checkbox"/> Others:
	<input type="checkbox"/> Medical <input type="checkbox"/> Nursing <input type="checkbox"/> Others:	<input type="checkbox"/> Initial <input type="checkbox"/> Modified <input type="checkbox"/> Per-Op <input type="checkbox"/> Post Op					<input type="checkbox"/> Medical <input checked="" type="checkbox"/> Nursing <input type="checkbox"/> Others:
	<input type="checkbox"/> Medical <input type="checkbox"/> Nursing <input type="checkbox"/> Others:	<input type="checkbox"/> Initial <input type="checkbox"/> Modified <input type="checkbox"/> Per-Op <input type="checkbox"/> Post Op					<input type="checkbox"/> Medical <input type="checkbox"/> Nursing <input type="checkbox"/> Others:



OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 31/5/2026 Time of Arrival: 7:57pm Time Seen by Nurse: 8pm

1) Level of Consciousness: Conscious Semi-Conscious Unconscious

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

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

3) Vital Signs: Temperature: 98.8F Pulse: 91 RR: 20 SpO₂: 99% BP: 125/68 Weight:

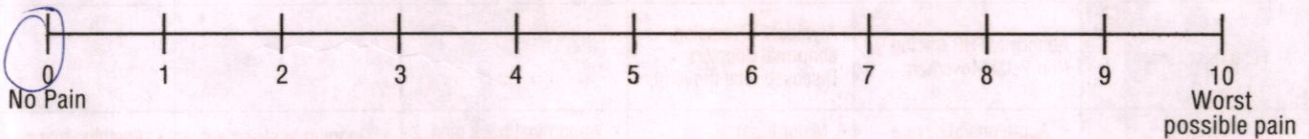
4) Gestational Criteria:

Gravida:	<u>G₂</u>	P	L	A ₁
----------	----------------------	---	---	----------------

LMP: 3/9/2025 EDD: 30/6/25 Gestational Age: 38+4 weeks

Uterine Contraction	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> NA	Onset	Time	Frequency:
Membrane Rupture	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> NA	Onset	Time	Fluid Color:
Vaginal bleeding	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> NA	Onset	Time	Amount:
Pre Eclampsia Symptoms	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> NA	If Yes specify: Headache / Visual Symptoms / Pain Abdomen / Vomiting		
Good fetal Movement	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	If No specify:		

5) Pain Screening: Numerical Pain Scale (NPS)



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

6) Past History:

- a) Surgeries: N/A
- b) Medical: N/A



Brufen cuproloxacin ofloxacin

8) Current Medications: Prenatal Vitamin None Others:

9) Prenatal Medical History:

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

Triage Category: (Please tick on the category)

Refer to OBSTETRICAL TRIAGE ACUITY SCALE (OTAS)

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

OBCU Obstetrical Triage Acuity Scale (OTAS)

OTAS	Level 1 (Resuscitative)	Level 2 (Emergent)	Level 3 (Urgent)	Level 4 (Less Urgent)	Level 5 (Non Urgent)
Level 1 (Resuscitative)	Immediate	≤ 15 minutes	≤ 30 minutes	≤ 60 minutes	≤ 120 minutes (2 Hours)
Re-Assessment	Continuous Nursing Care	Every 15 Minutes	Every 15 Minutes	Every 30 Minutes	Every 60 Minutes
Labour / Fluid	Imminent Birth	Suspected Pre-term Labour / PPROM < 37 Weeks	Signs of Active Labour > 37 weeks	Signs of Early Labour/ SROM > 37 weeks	Discomforts of Pregnancy
Bleeding	Active Vaginal bleeding with/ without abdominal pain	Bleeding associated with cramping (< spotting) < 37 weeks	Bleeding associated with cramping (> spotting) > 37 weeks	Spotting	
Hypertension	Seizure activity	Hypertension > 160/110 and / or headache, visual disturbance, RUQ pain	Mild hypertension > 140/90 with/without associated signs and symptoms		
Fetal Assessment	Abnormal FHR tracing Non-Fetal Movement	Atypical FHR tracing, abnormal dopplers Diseased fetal movement			
Others	<ul style="list-style-type: none"> • Acute onsite severe abdominal pain • Altered level of consciousness • Cord prolapse • Severe respiratory distress • Suspected sepsis 	<ul style="list-style-type: none"> • Major trauma • Shortness of breath • Unplanned and unattended birth 	<ul style="list-style-type: none"> • Abdominal/back pain greater than expected in pregnancy • Flank pain / hematuria • Nausea /vomiting and /or diarrhea with suspected dehydration 	<ul style="list-style-type: none"> • Ongoing assessment from out patient clinic (for hypertension, blood work) • Minor trauma (minor MVC/fall) • Nausea/Vomiting and /or diarrhea • Signs of infection (ie dysuria ,cough, fever, chills) 	<ul style="list-style-type: none"> • Anything that does not seem to pose threat to mother or fetus • Cervical ripening • Out patient placenta previa protocols • Pre-booked visits (ie Rh and progesterone injections, NST • Assessment for version • Rashes

Time seen by Doctor: *8:45pm*

Nurse Name : *Swapna* Nurse Signature: *[Signature]*

Date: *31/5/2026* Time: *8:30 pm*



OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 31/5/2026

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: Came for IOL Doctor Notified on Admission: Yes No
 Name of the Doctor: Dr. Sameena
 Time Notified: 8:45pm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
<u>Nil</u>	<u>Nil</u>	<u>Nil</u>

Gynecology Assessment: <input checked="" type="checkbox"/> Not Applicable	Gynecology Surgical History:	Gynecological History:
Menstrual History: <u>Regular</u>	Caesarean Section: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Contraceptives: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Onset of Menarche:	Cervical Cerclage: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Vaginal Discharge: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Menstrual Cycle: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular	Ectopic Pregnancy: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Post-Coital Bleeding: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Last Menstrual Period:	Myomectomy: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Infertility: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
	Others:	If Yes Type: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary

Obstetric History: G₂ P L A₁

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: 98.1 F HR: 84 RR: 20
 BP: 110/65 Weight: Height: BMI:

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



PHYSICAL ASSESSMENT

General Appearance: Healthy ill looking Anxious Agitated Others:

Fall Assessment: Yes No Score 20 (complete the Morse Fall Risk Assessment Sheet)

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

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

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

Inform consultant for positive criteria

NUTRITIONAL SCREENING: No Abnormality Detected

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

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

- Calm & Cooperative Restless Depressed Agitated Confused
- Others

Inform consultant for positive criteria

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

SOCIAL SCREENING:

- 1. **Marital Status:** Single Married Divorced Widow
- 2. **Special Habits:** **Smoker:** Yes No **Alcohol Abuse:** Yes No **Drug Abuse:** Yes No

Social History: Lives With husband

Orientation has been given regarding the following aspects:

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

Above information given to patient

Name of Person Orientation was given to: Hasna

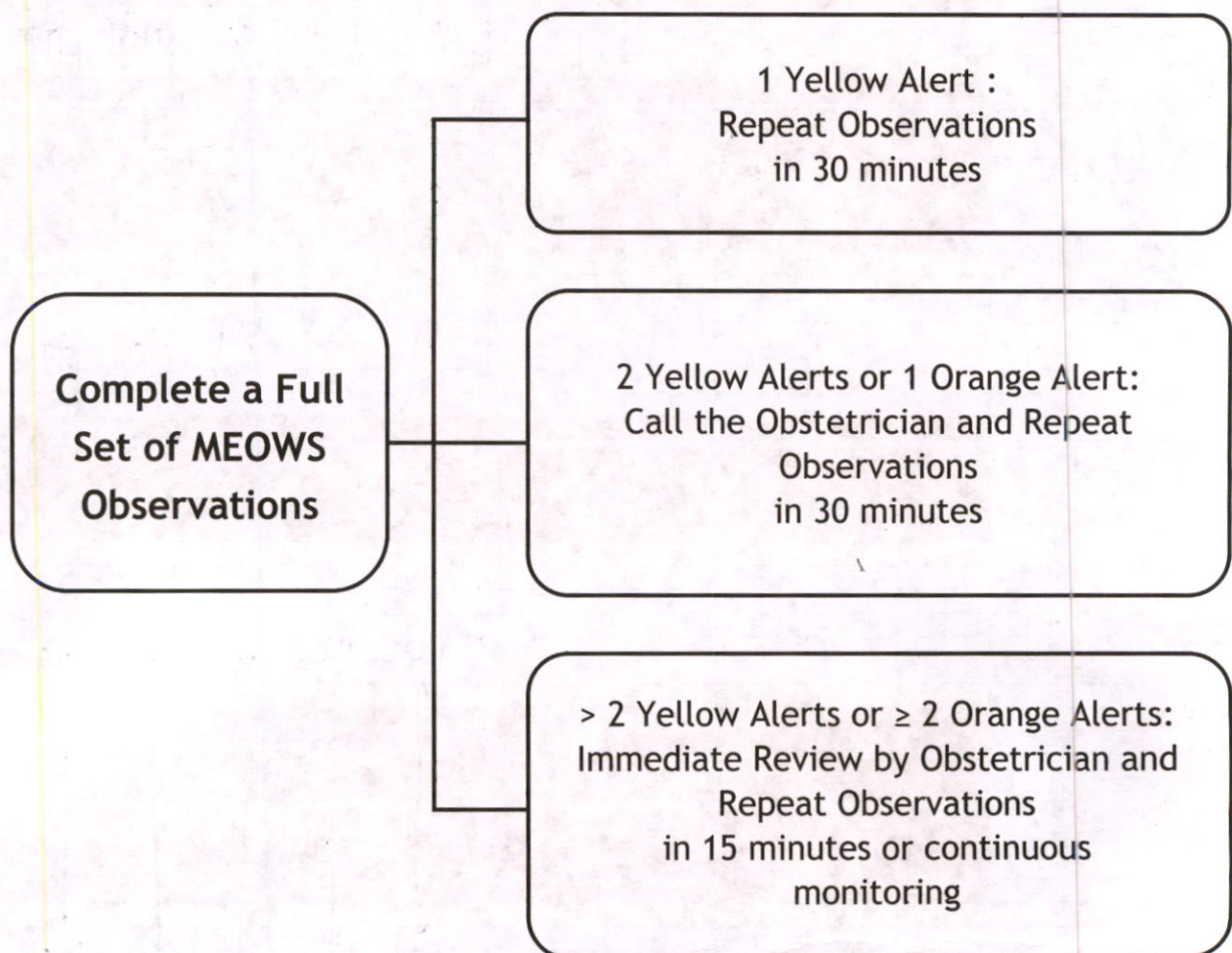
Orientation not given Reason: -

Nurse Signature: Sy

Nurse Name: Swapne

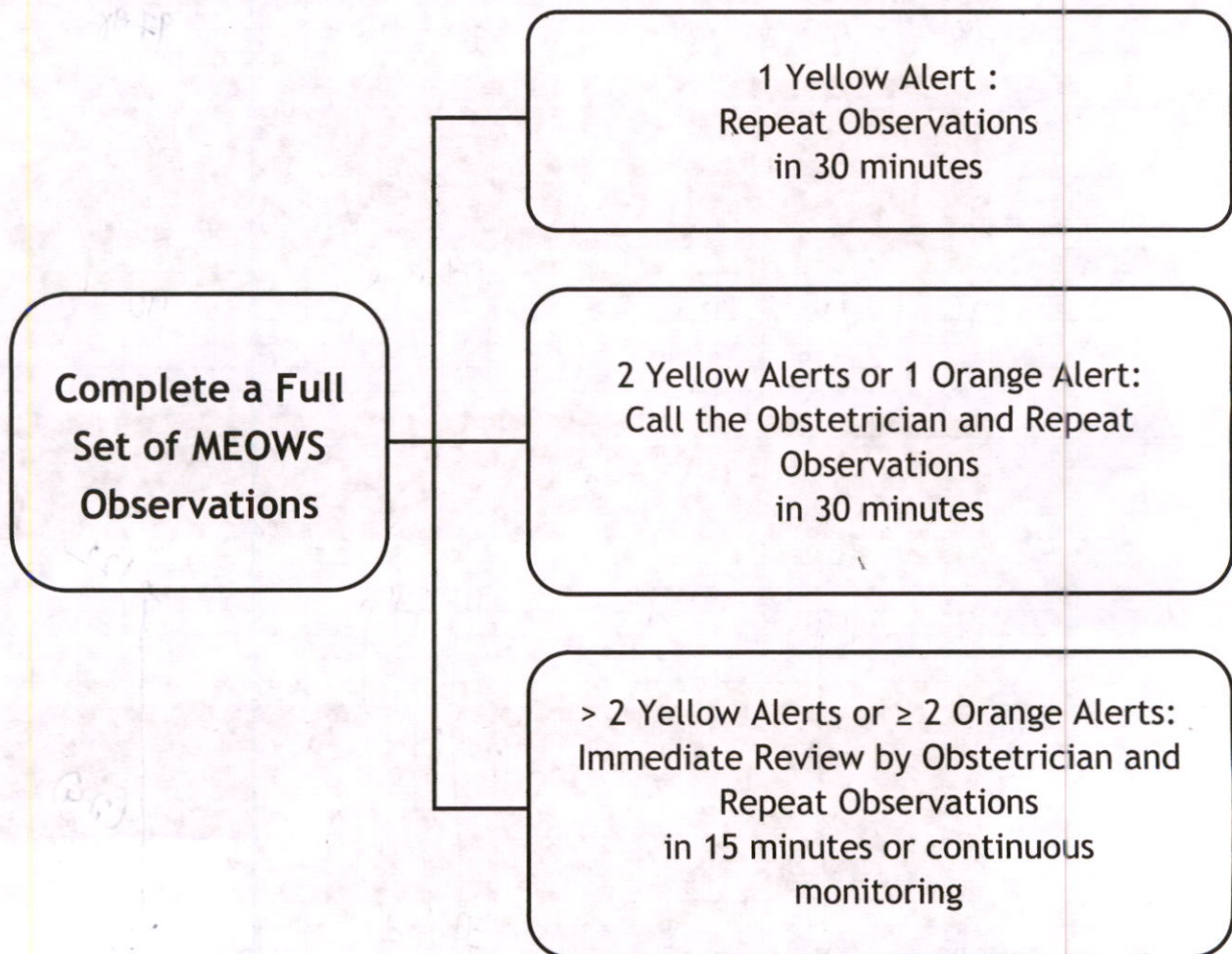
Date & Time: 3/1/2026 9pm

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

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2/6/24

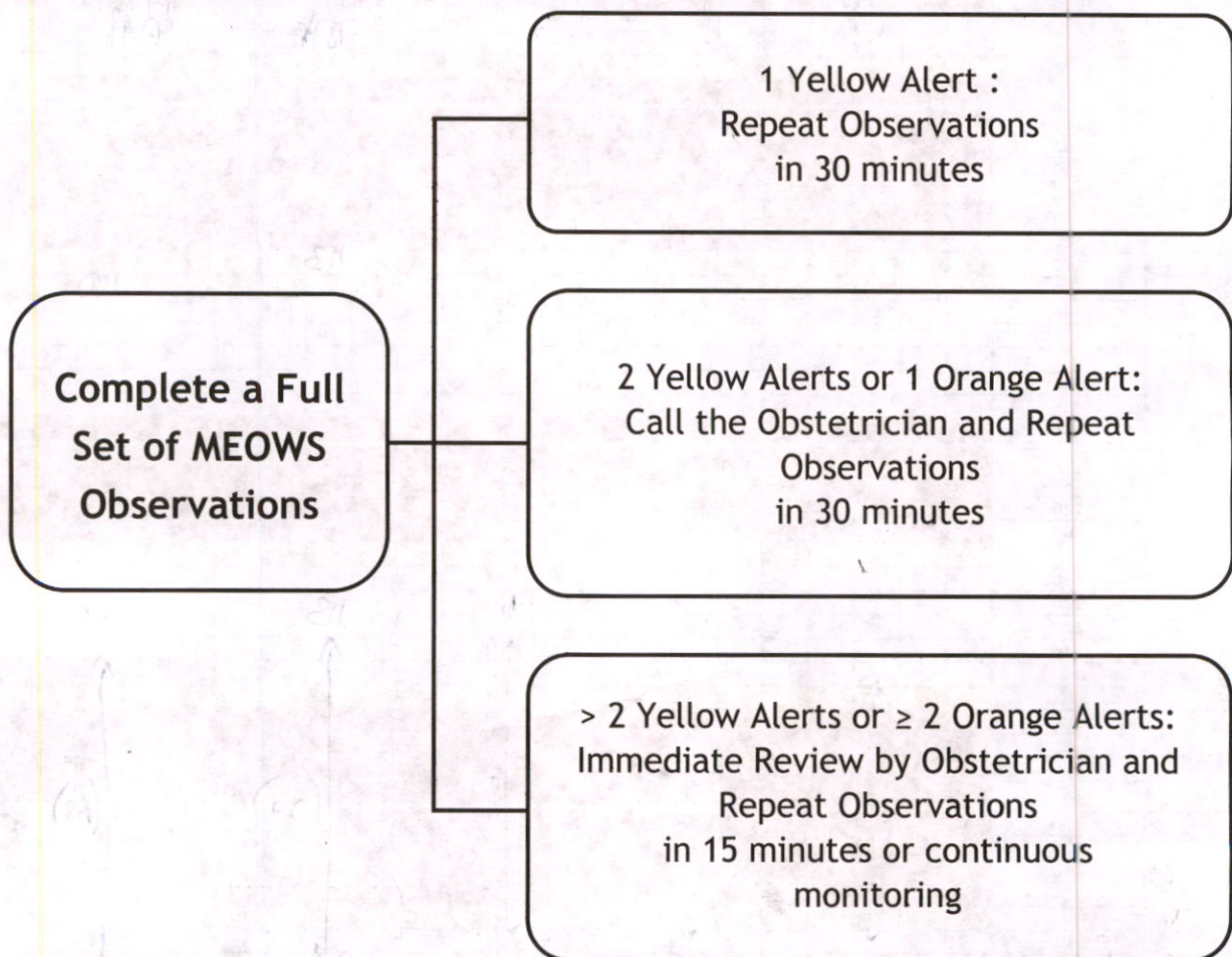


Early Warning Observation Score Chart - Obstetrics

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

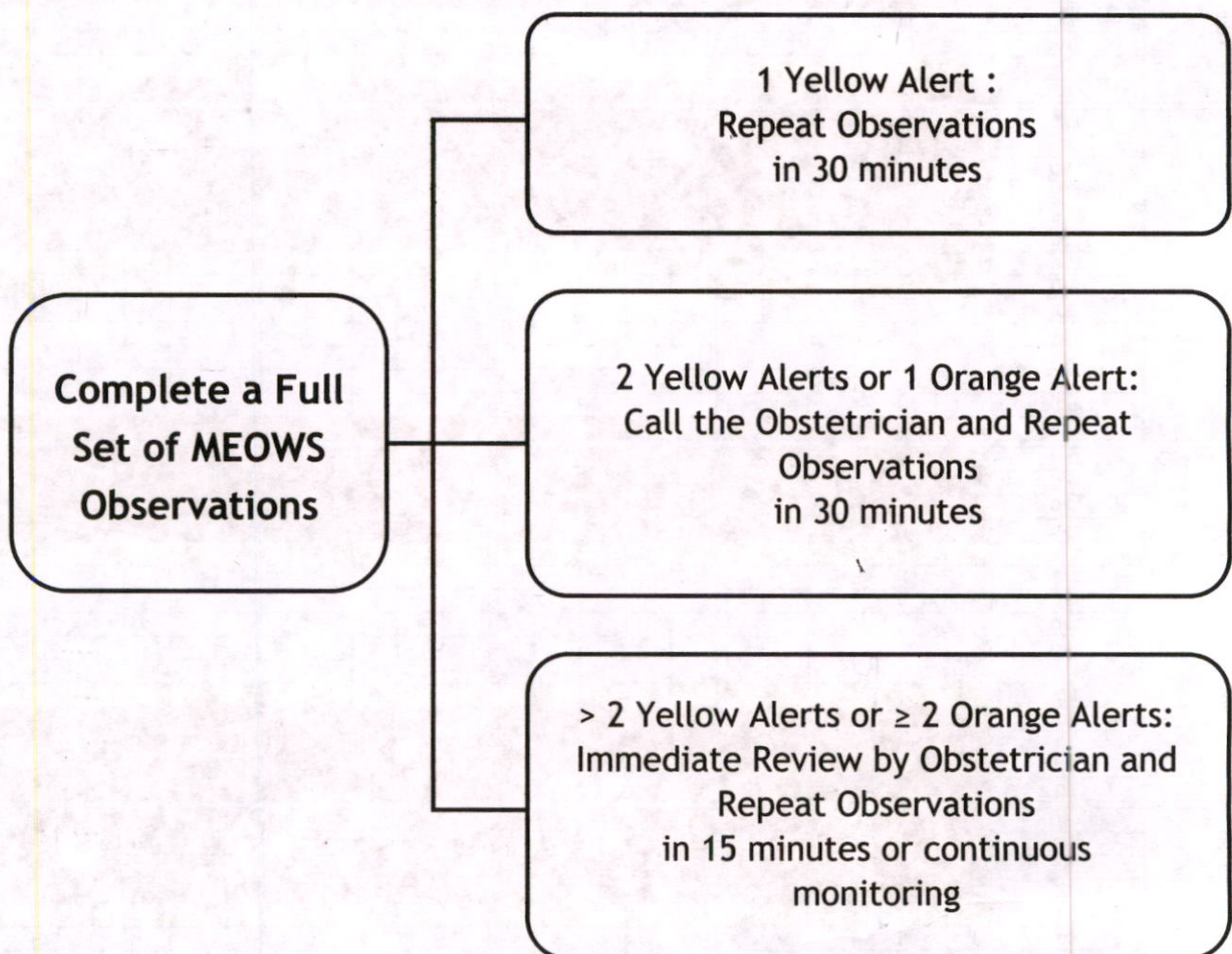
		Date	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
		Time																								
RESP (write rate in corresp. box)	> 30																									
	21 - 30																									
	11 - 20			19					18				19				18			20					18	
	0 - 10																									
Saturations	94 - 100 %			98.1					98.1				99.1				99.1			97.6					97.1	
	< 94 %																									
Administered O ₂ (L/min.)																										
Temp °C	40																									
	39																									
	38																									
	37			97.2F					37C				37C				98.1F			97.9F					96.8F	
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																113									
	100																			100						98
	90			85					80				83													
	80																									
	70																									
	60																									
	50																									
40																										
Systolic Blood Pressure	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
60																										
50																										
40																										
Diastolic Blood Pressure	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
	40																									
	NEURO RESPONSE [✓]	Alert			✓					✓				✓						✓					✓	
		Voice																								
		Pain																								
Unresponsive																										
URINE mls / hour	> 30			✓					✓				✓						✓					✓		
	< 30																									
Proteinuria	Protein ++																									
	Protein > ++																									
Lochia	Normal			✓					✓				✓						N				N		N	
	Heavy / Foul																									
Liquor	Clear / Pink																			C			C		C	
	Green																									
TOTAL YELLOW SCORES				0					0				0						0				0		0	
TOTAL ORANGE SCORES				0					0				0						0				0		0	
Nurse Initial				RA					RA				RA						RA				RA		RA	

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)


Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

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FLUID CHART

Sheet No. :

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Route			NG	Diarrhoea	Vomit	Drainage	Urine			
			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 :			<i>NA</i>			Total Output :							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
	Total Intake :						Total Output :						
<i>S/S</i>	08:00 pm	<i>tho</i>									0	<i>Swaps</i>	
	09:00 pm						<i>1</i>			<input checked="" type="checkbox"/>	0	<i>Swaps</i>	
	10:00 pm	<i>tho</i>					<i>2</i>			<input checked="" type="checkbox"/>	0	<i>Swaps</i>	
	11:00 pm						<i>1</i>			<input checked="" type="checkbox"/>	0	<i>Swaps</i>	
	12:00 am	<i>tho</i>					<i>1</i>				0	<i>Swaps</i>	
	01:00 am	<i>tho</i>									0	<i>Swaps</i>	
	Total Intake :			<i>Taken</i>			Total Output :						<i>Passed</i>
<i>B/C</i>	02:00 am						<i>1</i>				0	<i>Swaps</i>	
	03:00 am	<i>H2O</i>					<i>1</i>				0	<i>Swaps</i>	
	04:00 am						<i>2</i>				0	<i>Swaps</i>	
	05:00 am	<i>H2O</i>					<i>1</i>				0	<i>Swaps</i>	
	06:00 am						<i>1</i>			<input checked="" type="checkbox"/>	0	<i>Swaps</i>	
	07:00 am	<i>H2O</i>					<i>1</i>				0	<i>Swaps</i>	
	Total Intake :			<i>Taken</i>			Total Output :						<i>Passed</i>
Total 24 hrs. Intake						Total 24 hrs. Output							



FLUID CHART



Sheet No. : 116 .

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	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse		
		Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage			Urine	
			Mouth	I.V	N.G								
1/6	08:00 am	H ₂ O	200ml	IL					✓		0	del	
	09:00 am			IL							0	del	
	10:00 am	H ₂ O	100ml	IL		✓					0	del	
	11:00 am			IL		✓					0	del	
	12:00 pm	H ₂ O	100ml	IL							0	del	
	01:00 pm			IL						300ml		0	del
	Total Intake :					Total Output :							
1/6	02:00 pm	H ₂ O	100ml	IL							0	del	
	03:00 pm			IL					200ml		0	del	
	04:00 pm	IL	NBM	100ml					200ml		0	del	
	05:00 pm	IL	NBM	100ml							0	del	
	06:00 pm	IL	NBM	100ml							0	del	
	07:00 pm	IL	NBM	100ml							0	del	
	Total Intake : Taken					Total Output : U=							
	08:00 pm	IL	water	100ml							0	del	
	09:00 pm	IL	water	100ml					500ml		0	del	
	10:00 pm			100ml							0	del	
	11:00 pm	water	150ml	100ml		NP					0	del	
	12:00 am	IL		100ml					500ml		0	del	
	01:00 am	IL	water	100ml							0	del	
Total Intake : Taken					Total Output : M=0 U=1000ml								
	02:00 am			100ml							0	del	
	03:00 am	IL	water	100ml							0	del	
	04:00 am			100ml							0	del	
	05:00 am			100ml		NP					0	del	
	06:00 am	IL	water	100ml					800ml		0	del	
	07:00 am			100ml					300ml		0	del	
Total Intake : Taken					Total Output : M=0 U=1100ml								
Total 24 hrs. Intake		Taken			Total 24 hrs. Output		M=2 U=2800ml						

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 Dr. KIRTI REDDY PATLOLLA



FLUID CHART

Sheet No. 3

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

Date	Time	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
		Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G							
	08:00 am								✓	0	Lakshy	
	09:00 am	H ₂ O								0	Lakshy	
	10:00 am					NP				0	Lakshy	
	11:00 am									0	Lakshy	
	12:00 pm	H ₂ O							✓	0	Lakshy	
	01:00 pm									0	Lakshy	
Total Intake :					Total Output :					0-2	0	
	02:00 pm									0	Lakshy	
	03:00 pm									0	Lakshy	
	04:00 pm	Soup				NP				0	Lakshy	
	05:00 pm								✓	0	Lakshy	
	06:00 pm	H ₂ O								0	Lakshy	
	07:00 pm									0	Lakshy	
Total Intake :					Total Output :					0-1	0	
2/6	08:00 pm									0		
	09:00 pm	Water								0	Shr	
	10:00 pm								✓	0	Shr	
	11:00 pm									0	Shr	
	12:00 am	Water								0	Shr	
	01:00 am									✓	0	Shr
Total Intake : Taken					Total Output :					0-1	0-1	
	02:00 am									0	Shr	
	03:00 am	Water								0	Shr	
	04:00 am									0	Shr	
	05:00 am									0	Shr	
	06:00 am	Water							✓	0	Shr	
	07:00 am									0	Shr	
Total Intake : Taken					Total Output :					0-0	0-1	
Total 24 hrs. Intake		Taken			Total 24 hrs. Output		M-1 U 5					



FLUID CHART

Sheet No. :

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

		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												
	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	
-----------------------------	--

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NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 2/6/26 Time: 9am

Origin: Indian Height: 148cm Weight: 81kg's BMI: 27-9kg/m²

Food Allergies: No

Diagnosis: POD-1 / Em. LSCS (lower segment cesarian section)

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

Diet Advised:

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

Patient's / Attendant's

Signature: Hasna

Name: Hasna

Date & Time: 2/6/26 @ 9:10am

Dietician's

Signature: Nikitha

Name: Nikitha

Date & Time: 2/6/26 @ 9am

