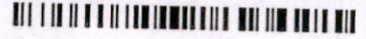


ADMISSION SHEET

Registration Details :



Admission No : IP5-00174297 Admit Date : 25-May-2026 Admit Time : 02:15 PM UHID : BAH-00635792

Patient Details :

Patient Name	: Mrs RAVALI REDDY S	Age	: 31 Y 8 M 13 D
Guardian	: Mr ADITHYA REDDY G	DOB	: 12-09-1994
Gender	: Female	Religion	:
Occupation	:	Martial Status	: Married
Address (H)	: VILLA NO 3, LUMBINI SPRING, PRESIDENTIAL VILLAS, Gachibowli Hyderabad Telangana INDIA 500032	Phone No	: 9063511111/ 9063511111
		E-mail	: adithyareddy_gorupalli@yahoo.com

Admission Details :

Bed Type : SUITE Bed No : SUITE 3 (421) Ward Name : 4F-BIRTHRIGHT PREMIUM
 Room No : SUITE 3 (421) Admission Type : First Visit

Contact Details :

Name : Mr ADITHYA REDDY G Relationship : Husband
 Contact Address : Phone No : / 9063511111

(Handwritten Signature)
 Signature

Doctor Details :

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

Payment Details :

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

ACTIVITY RECORD FOR BILLING

Name : _____ BAH-00635792 IP5-00174297
 Mrs RAVALI REDDY S
 12-09-1994 31 Y 8 M 13 D ()
 UHID No. : _____ Dr. SHRUTHI REDDY/Dr.LAVANYA
 _____ Consultant: _____ Dept : _____
 Date of Admission: _____ Time : _____ Date of Discharge : _____ Time: _____
 Room / Bed No : _____ Ward : _____ Suggested Billable bed type : _____

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	Dr. Tubena sharma (PD)	27/5/26	09631110	Smukhe
2	NAH	26/5/26		Smukhe
3	Dr. Nalini	26/5/26	Enter in the BCHRH	Smukhe
4	Dr. Baumblavani	26/5/26	09631110	Smukhe
5				
6				
7				
8				
9				
10				

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
25-5	IV Placement	01	0009627007	Preema
25/5	PAC	01	0009627008	Sara
26/5	Catheterization	01	0009627007	Sara

cross checking done

ANY OTHER INFORMATION

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Date : _____ Time : _____ Prepared By : _____

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
-------------	--------------	-------------------	--------------------

BAH-00635792 IP5-00174297
 Mrs RAVALI REDDY S
 12-09-1994 31 Y 8 M 13 D
 Dr. SHRUTHI REDDY/Dr. LAVANYA



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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

for IOL

LMP: 19/8/26

EDD: 26/5/2026

Corrected EDD: 1/6/26

GA: 39

Obstetric Formula:

Primigravida

Menstrual History: Regular: Yes No

Obstetric History:

Obstetric Examination

Fundal Height: Term

Ut. Activity: Relaxed Mild Mod Severe

Present Pregnancy Record:

Primigravida - spontaneous
 conception
 - Booked at 8 weeks

Liquor: Adequate Oligo Poly

PP: Cephalic Breech Others _____

Head Fifths Palpable: 4/5

RISK FACTORS:

FHS: Normal Tachy Brady Absent

- GDM on diet :: 25 weeks
 - Fibroid - Intra uterine
 Cxsem - Anterior wall.

Per Speculum Examination

not indicated

Draining: Present Absent Bleeding

Colour of Liquor: Clear Meconium Blood Stained

Vaginal Examination

1/2 inch

Cervix: Long Partially effaced Effaced

Os: Closed Dilated 1 finger, posterior

Membranes: Present Absent

Liquor: Clear Meconium Blood Stained

Presenting Part: Vertex Breech Others

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

Pelvis: Adequate Doubtful

SpO₂ - 99% on Room Air.

Height: 158 cm

Weight: 89.4 kg

Allergies: NKDA

Breast: Normal Abnormal

General Examination: fair

Consciousness: Yes Pallor: absent

Icterus: absent Edema: absent

Temp: afebrile PR: 82 bpm

BP: 110/70 DTR: Normal

CVS: S1 S2 ⊕ RS B/CN/BS ⊕

Liver/Spleen: Not palpable. Urine Output:

DIAGNOSIS

Primid 39wks GDM on diet / fibroid uterus

for IOL



<p>Family History: Mother - DM/HTN Father - Asthama</p>	<p>Surgical History: No!</p>
<p>Medical History: No!</p>	<p>Medication History: see medical reconciliation form</p>
<p>Plan of Care:</p> <ul style="list-style-type: none"> - Admissis - NST now fibrodialy - vitals vitally - Send CBP & trace - IOL c Foley's + Tmicroomeg oral - w/f progression of labour - consents $\left\{ \begin{array}{l} \text{vaginal birth} \\ \text{IOL} \end{array} \right.$ - Epidural sitting for. 	<p>Investigations:</p> <ul style="list-style-type: none"> - O positive - <u>1st lab</u> HB-10.8, TC-11,500, PLT-26L uric acid NR NSM - 33+2 wks, Preecl, 2-3kg. 65 C, AI-64C, AFI-14cm, placenta - post high, (N) doppler - TIFAN- (N) - AIT scan - (N), FTS low rate EPS - fibroech $\left\{ \begin{array}{l} 42 \times 32 \times 35 \text{mm} - \\ \text{Anterior / IM / PLG 6} \\ 26 \times 11 \times 23 \text{mm} - \\ \text{Ant RL / IM} \end{array} \right.$

Doctor Name: Dr. Lavanya
 Signature: [Signature]
 Date & Time: 25/11/20 @ 3pm

Consultant Name: Dr. Shruthi Reddy
 Signature: [Signature]
 Date & Time: 25/11/20 @ 4pm

BAH-00635792 IP5-0017429

Mrs RAVALI REDDY S

12-05-1994 31 Y 8 M 13 D

Dr. SHRUTHI REDDY/Dr. LAVANYA



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<u>25/5/2026</u> 5 PM	<p>↓SAP Intracervical Foleys placed Inflated w 40cc distilled water</p> <p>P/V: cu 1/2" long / Posterior / ifinger loose / memb (+)</p> <p>T. MISOPROSTOL 50mcg Kept PV</p>	<p>Dr Y. Srinivas</p>
<u>25/5/26</u> 7:45 pm	<p>Pt reviewed.</p> <p>R/A: uterus irritable FHR good.</p>	<p><u>Adv</u></p> <p>T. PGE₁ 25mcg p/o @ 9pm</p> <p>→ NST - reassuring</p> <p>→ FHR monitoring</p> <p>→ NST 3rd hdy</p> <p>→ Infusions</p> <p>Dr. Srinivas</p>

BAH-00635792 IP5-00174297
 Mrs RAVALI REDDY S
 12-09-1994 31 Y 8 M 13 D
 Dr. SHRUTHI REDDY/Dr. LAVANYA



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<u>25/5/26</u> <u>11pm</u>	Primid 39wks / GDM on diet fibroid complicating pregnancy clo mild pain Gc: fair B.P: 119/70 mmHg P.R: 85 bpm SpO ₂ : 100% on RA P/A: Ut-Tem Mild - acting ⊕	1) Monitor vitals 2) Drug as charted 3) w/f progression of Labour 4) T-PGE ₁ 20mg plv qd at 5pm 5) Epidural instn 6) Fupus 2 NST-3rdly - Dr Sravastava Plus
<u>26/5/26</u> <u>2 Am</u>	Primigravida / 39 th wks / GDM on diet fibroid complicating pregnancy for IOL Gc: fair B.P: 120/70 mmHg P.R: 90 bpm SpO ₂ : 100% on RA P/A: Ut-Tem acting ⊕	1) NST-3rdly 2) Monitor vitals-4th 3) Drug as charted 4) w/f progression of Labour 5) 2nd of T-PGE ₁ 20mg plv at 12am 6) Instn on

BAH-00635792 IP5-00174297
 Mrs RAVALI REDDY S
 12-09-1994 31 Y 8 M 13 D
 Dr. SHRUTHI REDDY/Dr. LAVANYA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/12/26 6:20 AM	C/D LW - Dr. Shukti Reddy Primigravida / 39th wks / GDM on diet firmid Complicating Pregnancy / var Jar.	
	G.C. fair B.P: 110/72 P.R: 80bpm S POL: 100% ONRA P/A: Uterus - firm acting ⊕ P/V: 80% cleared Mid-puncter OS: 6-7cm dilated PPV: 3-1 → 0 M ⊖, liquor ^{clear} dark	2 1) NST - continuous (CTG) 2) Monitor vites 3) Drug as charted 4) O ₂ inhalator, - 2lit 5) Infu fluids - 100ml/w 6) Left Lateral position 7) w/f POL - Dr. Sravathy (Suj)
26/12/26 8 AM	PND - 0 / AV.D / P/L GDM on diet, firmid uterus.	
Foleys removed at 3pm. U/O: 100ml B - NICU Baby	G.C. fair B.P: 116/77 multy P.R: 72 bpm S POL: 100% ONRA P/A: Uterus - retracted well Bowel sounds ⊕ P/V: NAB	2 1) Soft diet & plenty of oral fluids 2) Drug as charted 3) Flo charting 4) w/f PLV Bleeding 5) Monitor vitals - 4ty 6) Infem so



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/5/26	PND-0	Adx
1pm	acc fall	Soft diet + plenty of
	vitals: stable	oral fluids
	P/A: uterus retracted	follow drug chart
	well	Monitor vitals 6 hourly
	Q/E: NAB	Ambulation
		remove Foley @ 3pm
		inform SOG
		Dr. Sonika
		Dr. Sonika
		NAB Dr. Sonika
		26/5/26 @ 1:10pm



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/5/26	<u>PND-01 P/L, /AUD (KIWI)</u>	
<u>8 PM</u>	Pt - stable G.c - fair Afebrile PR - 82/min BP - 120/78 mmHg P/A - uterus retracted well UE - No Active Bleeding	<u>Adv:-</u> ① Regular diet ② Oral hydration ③ Ambulation ④ Drugs as charted ⑤ Monitor vitals uty ⑥ Inform SOS by (Dr. Lavanya)
Voiced - Baby - MICU	Noted by Raviya 10/4580	
27/5/26 9:30 AM	<u>PND-1</u>	<u>Adv</u>
Voiced	Acetate Vitals: stable P/A: uterus retracted well UE: NAB	regular diet follow drug chart Monitor vitals 6 hourly Ambulation Inform SOS Alankar Dr. Alankar

NB Sis. Pankaj -
 27/5/26 @ 9:30 AM

BAH-00635792
 Dr. RAVALI SUNKIREDDY
 12-09-1994 31 Y 8 M 14 D (F)
 Dr. SHRUTHI REDDY/Dr. LAVANYA



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5/26	PND-1	
2pm	Acyclovir	<u>Ac</u>
	Vitals: stable →	Continue same treatment
	P/A: ulcers involving well	Ambulation
	O/E NAB	→ infam soj.
M ✓		C. Sankar Dr. C. Sankar
		NB Sankar 27/5/26 @ 2:10 pm



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5/26 7:45 PM	<u>PND-1</u>	
	Pt comfortable Vitals stable Tolerated diet baby well U - F - S -	- Reg. diet - Drugs as chart - vitals 4 hourly - inform SOB
		Dry Dry Suckle
28/5/26 8:30 AM	<u>PND-2</u>	<u>Adv</u>
	AC fair Vitals stable P/A: uterus retracted well O/E - MAS Me	regular diet + plenty of oral feeds → Ambulation → follow drug chart → Monitor vitals 6 hourly → inform SOB Adv Adv Adv

NB Suckle
 1st 5 days only

BAH-00635792 IP5-00174297

Mrs RAVALI REDDY S

12-09-1994 31 Y 8 M 14 D

Dr. SHRUTHI REDDY/Dr. LAVANYA



Sheet No:

REGULAR PRESCRIPTIONS

Weight .68.....

Ward ...B.P.P.....

DRUG : Symp DOPHALAC				Date Time	26/5	27/5														
Dose	Route	Frequency	Start Dt.																	
15ml	PO	O.D	26/5																	
Name & Signature of the Doctor Starting the Drugs:				<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <p>Dr. Sravanthi</p> </div> <div style="width: 65%;"> <p><i>(Handwritten notes and signatures)</i></p> </div> </div>																
Additional Instructions:				at night																
Daily Doctor's Endorsement by a Sign				as																
DRUG : T. CEFIXIME				Date Time	26/5	27/5	28/5													
Dose	Route	Frequency	Start Dt.																	
200mg	PO	BD	26/5																	
Name & Signature of the Doctor Starting the Drugs:				<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <p>Dr. Sravanthi</p> </div> <div style="width: 65%;"> <p><i>(Handwritten notes and signatures)</i></p> </div> </div>																
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign				as &																
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

Patient Sticker

Sheet No:

30

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																			
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



DRUG CHART

Date of Admission: 25/12/20 Drug Allergies: NICDA 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

DRUG : T. PARACETAMOL				Date Time
Dose 1gm	Route PO	Frequency TID	Start Date 26/5/26	26/5 27/5 28/5
Name & Signature of the Doctor Starting the Drugs: Dr. Sravanti				Dr. Sravanti Dr. Lavanya Dr. Shruthi
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				Dr. Sravanti
DRUG : Inj CEFOTAXIME				Date Time
Dose 1gm	Route N	Frequency BD	Start Date 25/5/26	25/5 26/5
Name & Signature of the Doctor Starting the Drugs: Dr. Y. Sneha				Dr. Y. Sneha Dr. Sravanti
Additional Instructions:				STOP Dr. Sravanti 26/5/26 8AM
Daily Doctor's Endorsement by a Sign				Dr. Sravanti
DRUG : T. DICLOFENAC				Date Time
Dose 50mg	Route PO	Frequency TID	Start Date 26/5/26	26/5 27/5 28/5
Name & Signature of the Doctor Starting the Drugs: Dr. Sravanti				Dr. Sravanti Dr. Lavanya Dr. Shruthi
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				Dr. Sravanti
DRUG : T. PANTOPRAZOLE				Date Time
Dose 40mg	Route PO	Frequency O'D	Start Date 26/5/26	27/5 28/5
Name & Signature of the Doctor Starting the Drugs: Dr. Sravanti				Dr. Sravanti Dr. Lavanya Dr. Shruthi
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				Dr. Sravanti

VERIFIED

VERIFIED

VERIFIED

VERIFIED



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.	
VARIABLE DOSE	Dose		Dose		Dose		Dose	
DRUG :	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
25/5/26	5PM	T. MISOPROSTOL	50mcg	PV	Dr Y	Preerna Sona
26/5	12AM	T. PGE	25mcg	PO	Dr Y	Sona Saranya
26/5	7:15 AM	Tab SYNTOCIN	10 units	I/m	Dr Y	Sona N. Nithal
26/5	7:30 AM	Tabb. DICLOFENAC	100mg	P/R	Dr Y	Sona N. Nithal
26/5	7:30 AM	T. PGE ₁	400mcg	P/R	Dr Y	Sona N. Nithal
26/5	6 AM	inj DROTIN	1amp	IV	Dr Y	Saranya Sona
26/5	6:50 AM	inj NITROGLYCERINE	0.5mg on 500ml NS	IV	Dr Y	Saranya Sona

Signature

VERIFIED BY: Name

5:10
6:10
6:55
7:20
7:32
7:52
8:10
8:55
9:10



I.V. FLUIDS CHART

Weight. 69.4 Ward. B.P.P

Date	Time	Composition of I.V. Fluid (If infusion, mention ml/hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
26/5	2:15 AM	RINGER LACTATE	I/V	100ml/hr	Pri	Sona Sundar	26/5	Pri	Sona Sundar
26/5	5 AM	RINGER LACTATE	I/V	150 ml/hr	Pri	Sona Sundar	26/5	Pri	Sona Sundar
26/5	9 AM	Inj SYNTOCIN 100 units in 500ml NS (15 units)	I/V	150ml/hr	Pri	Sona Nishi	26/5	Pri	Sona Nishi
26/5	8 AM	RINGER LACTATE	I/V	100ml/hr	Pri	Nishi Sundar	Stop 26/5	Pri	Nishi Sundar

Signature

VERIFIED BY: Name

BAH-00635792 IP5-00174297

Mrs RAVALI REDDY S

12-09-1994 31 Y 8 M 13 D (

Dr. SHRUTHI REDDY/Dr.LAVANYA



RESULT SHEET

Date	25/5/26				
Time	6:52 PM				
Hb	10.9				
PCV	32.8				
RBC	3.88				
WBC	12.91				
N/L					
Platelets	228				
CRP					
ESR					
PCT					
RBS					
Na					
K					
C					
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					
Cholesterol					
NR					
Protein / Sugar					

Date						
Time						
CUE - Alb						
CUE - Sugar				2013/33		
CUE - Ketones				WBC 12		
CUE - PUS Cells				RBC 1		
CUE - RBC Cells				RBC 1		
CUE				RBC 5		
				RBC 1		
				200		
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
<i>Blood grouping - O positive</i>						

Culture and Sensitivities :

.....

.....

.....

Radiology : USG :

 X-Ray :

 ECHO :

 CT :

 MRI :

 Others (ECG, Contrast Studies etc.) :



It takes a lot to treat the little.

PRIMARY PATIENT / FAMILY EDUCATION RECORD

Part - I, Patient's / Learner Language : Telegu English Patient / Learner Literacy : Read Write Speak Willingness to Learn : Yes No Healthcare Literacy : Yes No

Identified Education Needs :

- | | | | |
|----------------------------|--|--|---|
| 1. Diagnosis | 5. Medication / Terapy (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 Barries	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		
25/10/24	3pm	1,2,4	Diagnosis, Treatment & care plan, informed consent	PT, S	1	0	1	1		[Signature]
25/10	7p	7	Infection control measures	PT, S	1	0	1	1		[Signature]
26/10/24	9am	9	Lactation diet	PT	1	0	1	1	-	[Signature]

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 Barries	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 Barries	6. Desire / Motivate to Learn	9. Cultural Difference	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

39wks / GDM undiet / Fibroid uterus per 10L

	Discipline	Type	Patient Needs / Problem List	Goal	Plan / Intervention	Signature	Team Verification
25/5/26 @ 3pm	<input 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	39wks / GDM undiet / Fibroid uterus	for safe delivery	10L		<input checked="" type="checkbox"/> Nursing <input type="checkbox"/> Others:
25/5/26 @ 2pm	<input type="checkbox"/> Medical <input checked="" 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	- patient is having fear & anxiety	-> To reduce fear & anxiety	- psychological support to be offered	ST	<input checked="" type="checkbox"/> Medical <input type="checkbox"/> Others:
26/5/26 9am	<input type="checkbox"/> Medical <input type="checkbox"/> Nursing <input checked="" type="checkbox"/> Others: Dietitian	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Modified <input type="checkbox"/> Per-Op <input type="checkbox"/> Post Op	PND	soft diet	soft high protein diet	Mounica	<input type="checkbox"/> Medical <input type="checkbox"/> Nursing <input checked="" type="checkbox"/> Others:
27/5/26 4pm	<input type="checkbox"/> Medical <input type="checkbox"/> Nursing <input checked="" type="checkbox"/> Others:	<input type="checkbox"/> Initial <input type="checkbox"/> Modified <input type="checkbox"/> Per-Op <input checked="" type="checkbox"/> Post Op	PND	Post partum recovery	Deep core retraining & functional training	T.S	<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:

BAH-00635792 IP5-00174297
 Mrs RAVALI REDDY S
 12-09-1994 31 Y 8 M 13 D
 Dr. SHRUTHI REDDY/Dr.LAVANYA

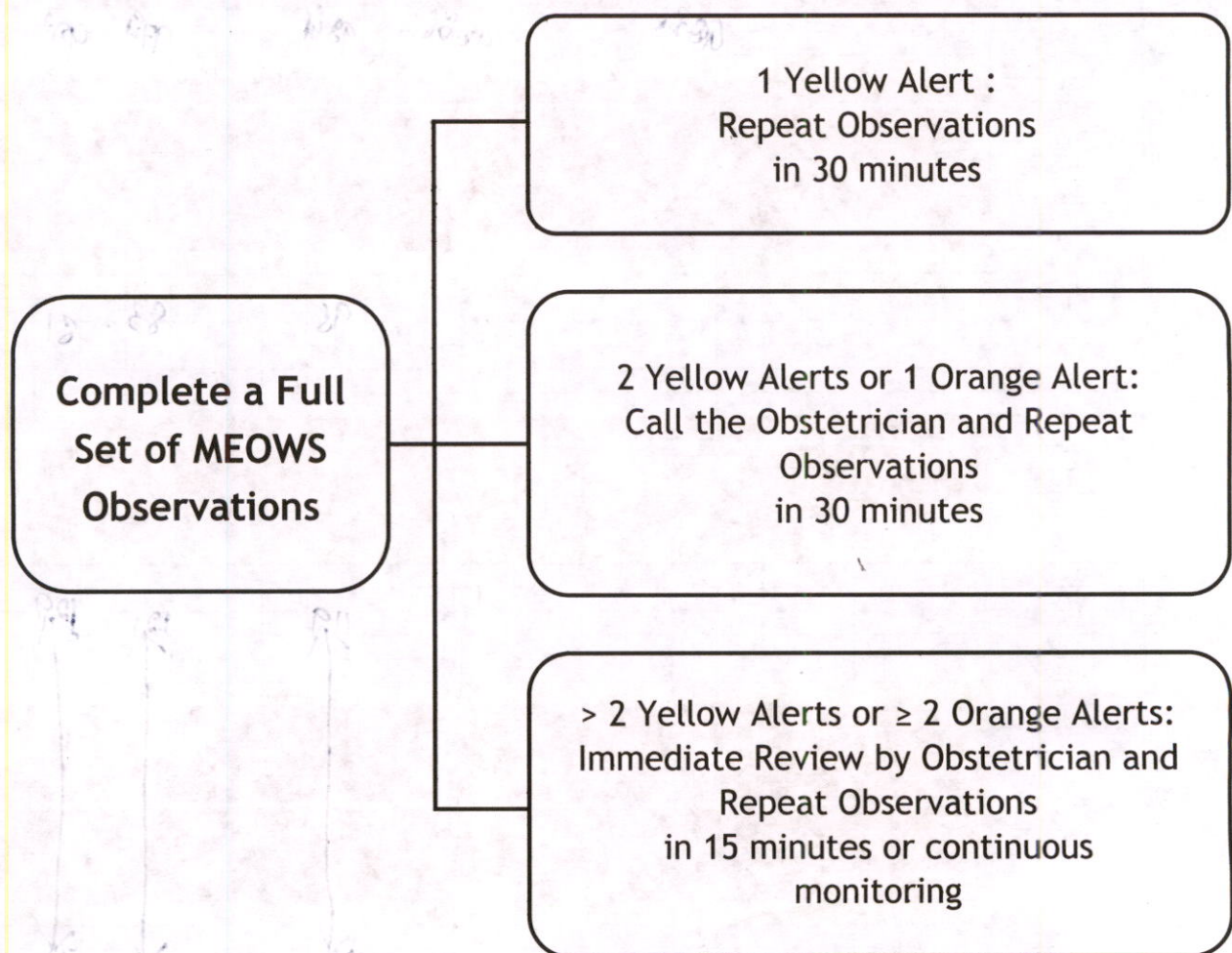


Early Warning Observation Score Chart - Obstetrics

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

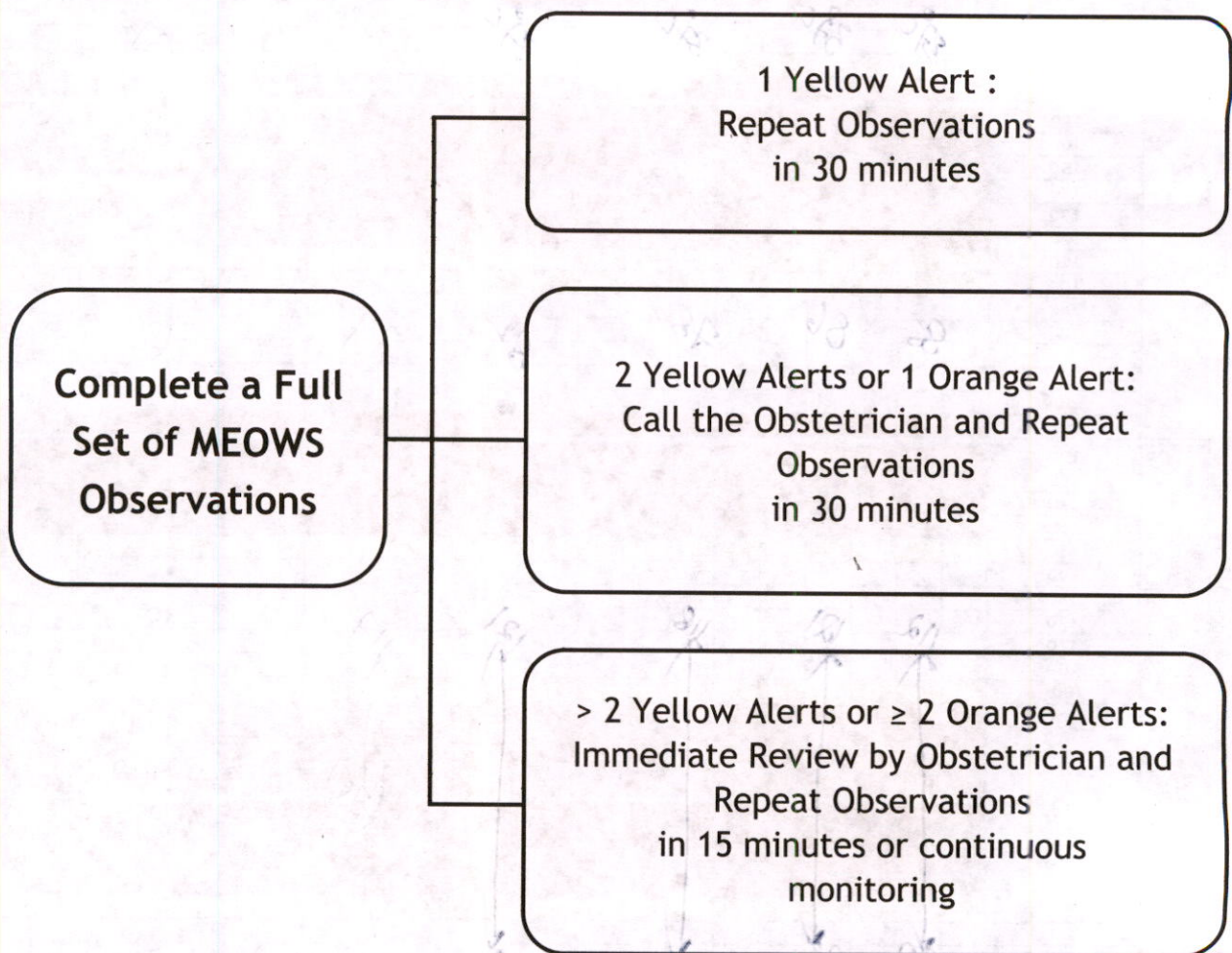
		Date <u>25-5-26</u>							Time <u>25/5/26</u>																	
		8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	
RESP (write rate in corresp. box)	> 30																									
	21 - 30																									
	11 - 20																									
	0 - 10																									
Saturations	94 - 100 %																									
	< 94 %																									
Administered O ₂ (L/min.)																										
Temp °C	40																									
	39																									
	38																									
	37																									
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	40																									
Systolic Blood Pressure ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
60																										
50																										
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
	40																									
	NEURO RESPONSE [✓]	Alert																								
		Voice																								
		Pain																								
Unresponsive																										
URINE mls / hour	> 30																									
	< 30																									
Proteinuria	Protein ++																									
	Protein > ++																									
Lochia	Normal																									
	Heavy / Foul																									
Liquor	Clear / Pink																									
	Green																									
TOTAL YELLOW SCORES																										
TOTAL ORANGE SCORES																										
Nurse Initial																										

Obstetrics and Gynaecology Early Warning Signs



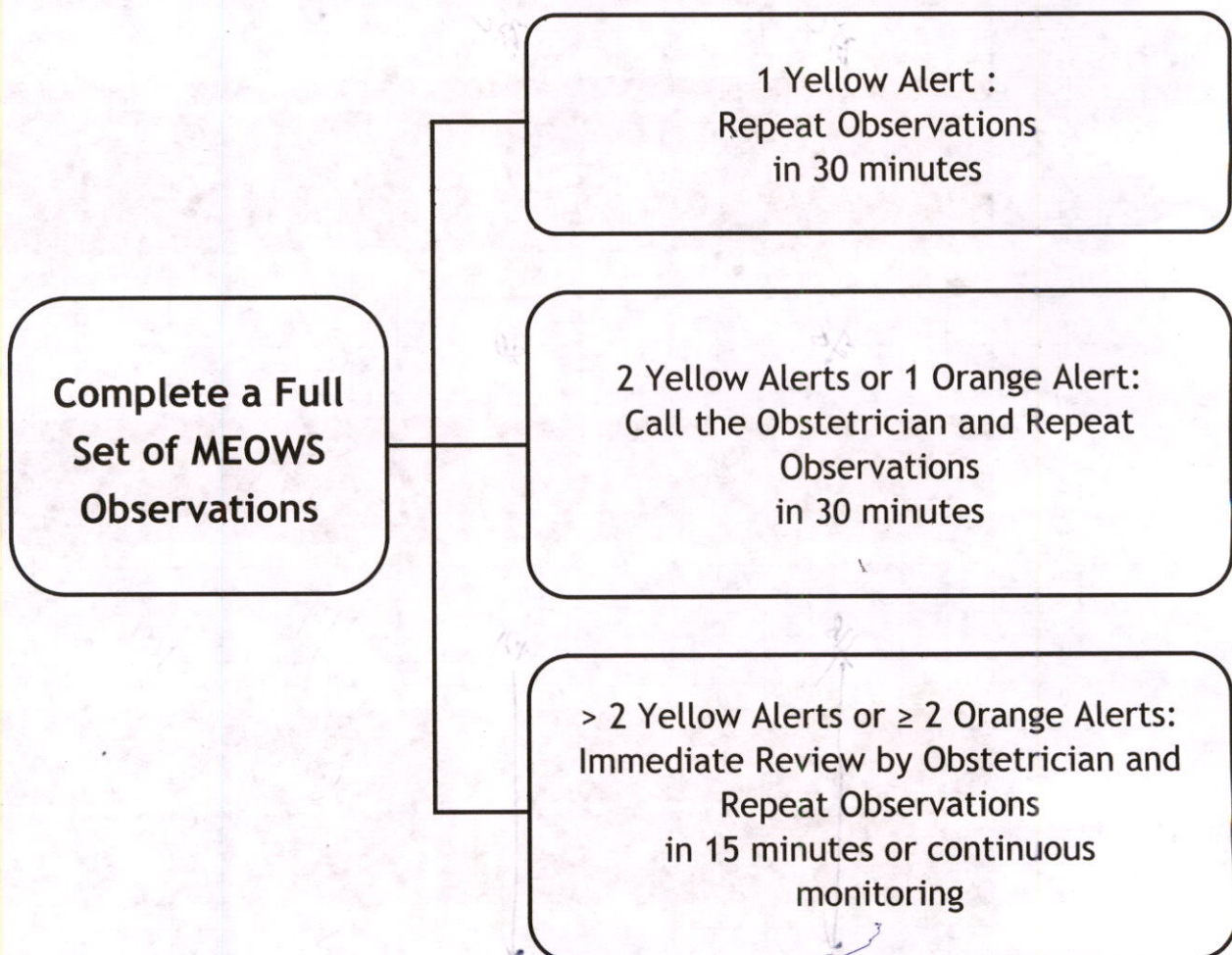
* The Modified Early Warning Score (MEOWS)

Obstetrics and Gynaecology Early Warning Signs



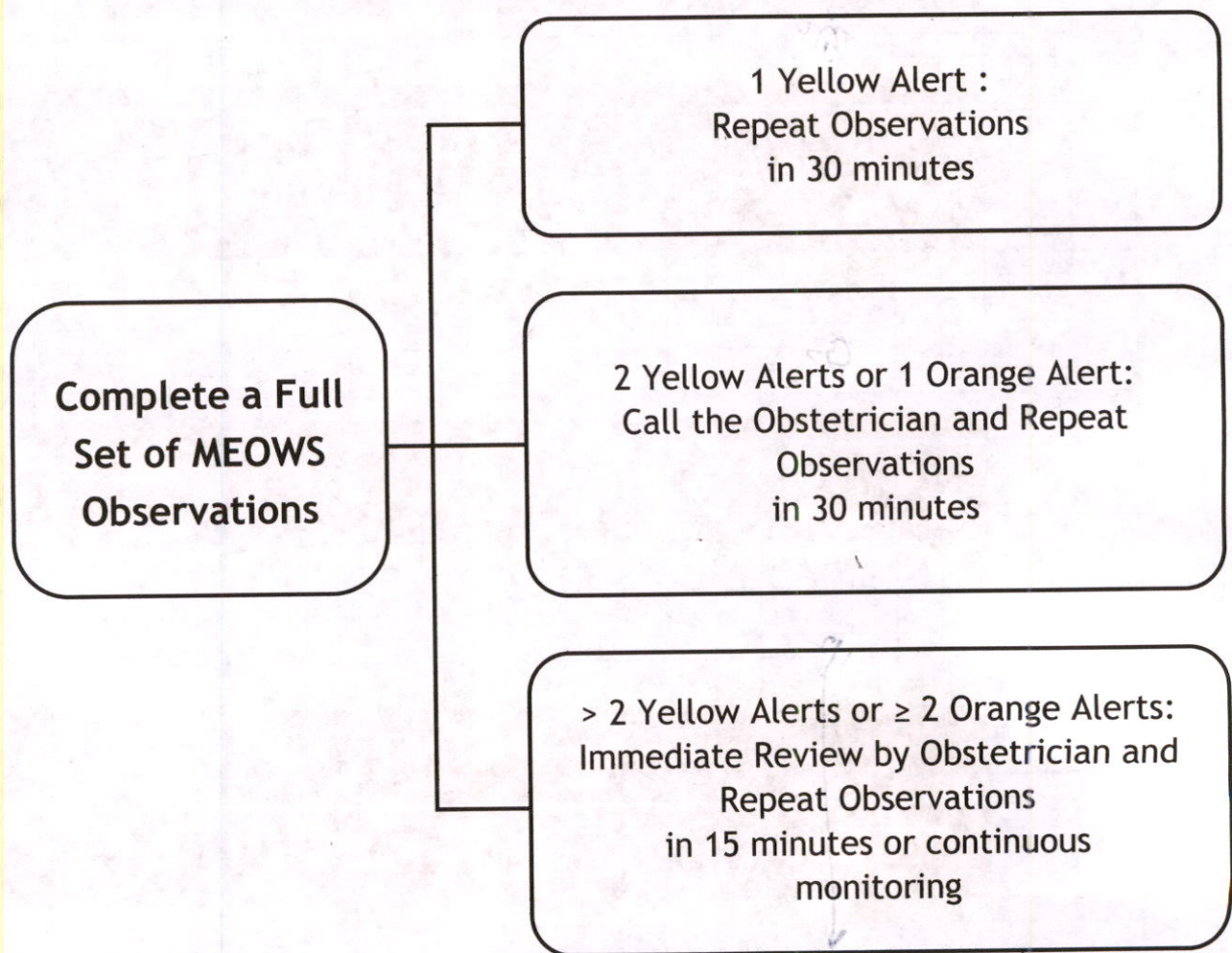
* The Modified Early Warning Score (MEOWS)

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

BAH-00635792 IP5-0017429
 Mrs RAVALI REDDY S
 12-09-1994 31 Y 8 M 13 D
 Dr. SHRUTHI REDDY/Dr. LAVANYA

FLUID CHART

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

BirthRight
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

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	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
26/5	08:00 am	water								200ml	0	Swathi	
	09:00 am	H ₂ O									0	Swathi	
	10:00 am	H ₂ O								200ml	0	Swathi	
	11:00 am	H ₂ O									0	Swathi	
	12:00 pm										0		
	01:00 pm	H ₂ O									0		
Total Intake :						Total Output :							
	02:00 pm	H ₂ O									0	Swathi	
	03:00 pm									500ml	0		
	04:00 pm										0		
	05:00 pm	H ₂ O									0	Swathi	
	06:00 pm										0		
	07:00 pm	H ₂ O									0	Swathi	
Total Intake : Taken						Total Output : Passed.							
	08:00 pm	water								✓	0	Swathi	
	09:00 pm	water								✓	0	Swathi	
	10:00 pm	water								✓	0	Swathi	
	11:00 pm									✓	0	Swathi	
	12:00 am	H ₂ O									0	Swathi	
	01:00 am										0	Swathi	
Total Intake : Taken						Total Output : passed							
	02:00 am	H ₂ O								✓	0	Swathi	
	03:00 am										0	Swathi	
	04:00 am	water									0	Swathi	
	05:00 am	water								✓	0	Swathi	
	06:00 am										0	Swathi	
	07:00 am	water								✓	0	Swathi	
Total Intake : Taken						Total Output : passed							
Total 24 hrs. Intake			Taken			Total 24 hrs. Output			passed				

BAH-00635792 IP5-00174297
 Dr. RAVALI SUNKJREDDY
 12-09-1994 31 Y 8 M 14 D (F)
 Dr. SHRUTHI REDDY/Dr.LAVANYA



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	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	08:00 am									✓	0	Surekha	
	09:00 am	H2O									0		
	10:00 am										0		
	11:00 am	H2O					NP			✓	0	Surekha	
	12:00 pm										0		
	01:00 pm										0	Surekha	
Total Intake :						Total Output :							
	02:00 pm	H2O									0	Surekha	
	03:00 pm									✓	0		
	04:00 pm						NP				0	Surekha	
	05:00 pm	H2O									0		
	06:00 pm									✓	0	Surekha	
	07:00 pm	H2O									0		
Total Intake : Taken						Total Output : passed.							
	08:00 pm	tho										surekha	
	09:00 pm	tho								✓		surekha	
	10:00 pm											surekha	
	11:00 pm	tho					NP					surekha	
	12:00 am									✓		surekha	
	01:00 am	tho										surekha	
Total Intake : Taken						Total Output : passed							
	02:00 am											surekha	
	03:00 am	tho										surekha	
	04:00 am						✓			✓		surekha	
	05:00 am											surekha	
	06:00 am	tho										surekha	
	07:00 am	tho					✓			✓		surekha	
Total Intake : Taken						Total Output : passed							
Total 24 hrs. Intake		Taken				Total 24 hrs. Output					passed		



FLUID CHART



Sheet No. : 4

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 Thrombo-phlebitis Score	Sign. Nurse		
		Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine				
			Mouth	I.V	N.G								
	08:00 am	H ₂ O										Surekha	
	09:00 am							0.84		NO		Surekha	
	10:00 am					NP				14		Surekha	
	11:00 am	H ₂ O						0.84				Surekha	
	12:00 pm											Surekha	
	01:00 pm	H ₂ O										Surekha	
Total Intake :		Taken					Total Output :					Taken	
	02:00 pm	H ₂ O						0.84					
	03:00 pm												
	04:00 pm												
	05:00 pm							0.84					
	06:00 pm												
	07:00 pm							0.84					
Total Intake :							Total Output :						
	08:00 pm												
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
Total Intake :							Total Output :						
	02:00 am												
	03:00 am												
	04:00 am												
	05:00 am												
	06:00 am												
	07:00 am												
Total Intake :							Total Output :						

Total 24 hrs. Intake

Total 24 hrs. Output

BAH-00635792 IP5-00174297
Mrs RAVALI REDDY S
12-09-1994 31 Y 8 M 13 D
Dr. SHRUTHI REDDY/Dr. LAVANYA

CONSENT FOR LABOUR ANALGESIA

Authorization By: Patient Patient Attendant

I, the undersigned do hereby acknowledge the following:

- I have been made aware by the doctors in language known to me the details of the procedure as follows:
 Epidural Analgesia Intravenous Analgesia (Remifentanyl)
- I have been made aware of the possible complications from the procedures as follows:
For Epidural: Fall in blood Pressure, Numbness, Itching, Headache, Shivering, Occasional incomplete pain relief, Need for Re-Siting the epidural.
For Remifentanyl: Drowsiness, nausea, vomiting, need for oxygen supplementation, itching, fall in blood pressure, heart rate and Respiratory Rate.
- I understand that labour analgesia is offered to reduce labour pain and make the birthing process more comfortable, by reducing pain and stress and promoting better cooperation during childbirth.
- I have been clearly explained about the benefits, risk, and alternative of the procedures.
- I authorize Dr. Subramanyam and his / her team to perform the above procedure(s) upon the patient / myself.
- 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: Aditya Reddy h.
Name:
Relationship with patient: self
Date & Time: 25/5/26 @ 6pm.

Witness:

Signature: Sona
Name: Sona
Date & Time: 25/5/26 @ 6pm

Doctor (who is taking consent):

Signature: Am Name: Dr. Ameen Date: 25/5/26 Time: 6pm

ప్రసవ నొప్పి నివారణ కోసం అనుమతి పత్రం

అనుమతి ఇచ్చినవారు: రోగి రోగి అటెండెంట్

వైద్యులు నాకు తెలిసిన భాషలో క్రింది విధానాల గురించి సమగ్రంగా వివరించారు:

- ఎపిడ్యూరల్ అనాల్జీసియా
- శిరస్రావం ద్వారా నొప్పి నివారణ (రెమిఫెంటానిల్)
- ఈ విధానాల వల్ల సంభవించగలిగే సమస్యలను కూడా నాకు వివరించారు:
 ఎపిడ్యూరల్ సంబంధించినవి:
 రక్తపోటు తగ్గడం, మందత్వం/ స్పర్శలేమి, దద్దుర్లు/ దురద, తలనొప్పి, వణుకు, అప్పుడప్పుడు పూర్తిగా నొప్పి తగ్గకపోవడం, ఎపిడ్యూరల్ మళ్ళీ పెట్టాల్సిన అవసరం.
 రెమిఫెంటానిల్ సంబంధించినవి:
 నిద్రమత్తు, వాంతి భావం, వాంతులు, ఆక్సిజన్ అవసరం పెరగడం, దద్దుర్లు/ దురద, రక్తపోటు తగ్గడం, గుండె వేగం తగ్గడం, శ్వాస రేటు తగ్గడం.
- ప్రసవ నొప్పిని తగ్గించడం, ప్రసవ ప్రక్రియను సాకార్యవంతంగా చేయడం, నొప్పి మరియు ఒత్తిడిని తగ్గించడం, ప్రసవ సమయంలో సహకారం మెరుగు పరచడం కోసం లేబర్ అనాల్జీసియా అందించబడుతుందని నేను అర్థం చేసుకున్నాను.
- ఈ విధానాల ప్రయోజనాలు, ప్రమాదాలు మరియు ప్రత్యామ్నాయాల గురించి నాకు స్పష్టంగా వివరించబడింది.
- డాక్టర్ _____ గారికి మరియు వారి బృందానికి, పై విధానం(లు)ను నాకు / రోగికి నిర్వహించడానికి నేను అనుమతి ఇస్తున్నాను.
- పై సమాచారాన్ని నేను పూర్తిగా అర్థం చేసుకున్నాను. నాకు ప్రశ్నలు అడిగే అవకాశం లభించింది, మరియు ఆ ప్రశ్నలకు నాకు అర్థమయ్యే భాషలో సంతృప్తికరంగా సమాధానాలు అందాయి. ఈ అనుమతి నేను పూర్తిగా స్వచ్ఛమైన చిత్తంతో ఇస్తున్నానని ధృవీకరిస్తున్నాను.

రోగి / రోగి అటెండెంట్:

సంతకం:

పేరు:

రోగితో సంబంధం:

తేదీ & సమయం:

సాక్షి:

సంతకం:

పేరు:

తేదీ & సమయం:

డాక్టర్ :

సంతకం: పేరు: తేదీ & సమయం:



**Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION**

Name: Mrs. Raval Reddy Age: 31 Sex: F UHID.No: BAH-00635792

Date: 25/5/26 Time: 6PM Proposed Operation: Labour Epidural

Diagnosis: Primigravida / GDM on Diet

B.P: H.R: Weight: ASA Physical Status: 1 2 3 4 5

Laboratory Data:

Hgb: <u>10.9</u>	Glucose:	Protein:	HIV:	X-Ray:
PCV:	Urea:	Alb:	HBS Ag:	ECG:
WBC: <u>12.97</u>	Creat:	Total Bill:	HCV:	2D Echo:
Plate: <u>228</u>	Na:	Dir. Bill:	Blood group:	Stress/Anglo:
PT:	K:	LDH:	T3:	Other:
PTT:	Ca++:	Alk phos:	T4:	
INR:	Mg++:	Amylase:	TSH:	
	Cl-:	SGOT/SGPT:		

Allergies: NKA

Medical History: CVS: No comorbid

RESP: Diabetes: GDM on Diet

CNS:

Renal:

Hepatic / GE: Physical Activity:

Others: (A)

Past Anaesthetic History: NI

Physical Exam: afewh

Airway: MP 1 (2) 3 4 Mouth Opening: 23F Mentohyoid Distance: (A) Neck: (A) Teeth: (A)

Lungs:

Heart: NAD

CNS:

Pregnant: Yes No NA Venous Access Site: (A) Spine Exam for regional: (A)

Anaesthetic Plan: MAC REGIONAL GA-ETT LMA

Peri-Operative Plan Explained to the Patient: Yes No

CURRENT MEDICATIONS	DOSAGE

Pre-Operative Instructions:

- DVT Prophylaxis:
- NIL ORAL $\left\{ \begin{array}{l} \text{Water / ORS 2 Hours} \\ \text{Others 6 Hours} \end{array} \right.$ 2:30 pm solid
- Informed Consent: Standard High Risk
- Post Operative Pain Management: Discussed with Patient
- Other Instructions: -To collect recent Inv - CRP

Signature: (Am) Name: Dr Anroca

Patient Sticker

POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Time Received : Time Discharged :

250 240 230 220 210 200 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50 40 30 20 10 0	250 240 230 220 210 200 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50 40 30 20 10 0	BLOOD PRESSURE PULSE RESP	IV Cannula Site : <input type="checkbox"/> O ₂ Mask <input type="checkbox"/> Nasal Prongs <input type="checkbox"/> Tracheostomy <input type="checkbox"/> T-Piece <input type="checkbox"/> Oral Airway <input type="checkbox"/> Nasal Airway Vomiting : <input type="checkbox"/> Yes <input type="checkbox"/> No Drug: NG Tube : <input type="checkbox"/> Yes <input type="checkbox"/> No Drain: <input type="checkbox"/> Yes <input type="checkbox"/> No Urinary Catheter: <input type="checkbox"/> Yes <input type="checkbox"/> No Chest Tube: <input type="checkbox"/> Yes <input type="checkbox"/> No Nil Oral <input type="checkbox"/> Yes <input type="checkbox"/> No IV Fluids: Oral Feeds:
---	---	---------------------------------	--

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

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature

Pain Tool Used: N PASS FLACC Wong Baker NPS

Reassessment Frequency:

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

Anesthesiologist Name :

Anesthesiologist Signature:

Date & Time:

PACU Nurse Name :

PACU Nurse Signature:

Date & Time:

Transferred to Unit by (PACU):

Date & Time:



Department of Anesthesiology

EPIDURAL ANALGESIA RECORD

Date: 25.5.26 Time: 10 PM Procedure done by Dr. Amreen

CSE /Spinal /Epidural Position: L3/4 Space: Sitting Technique (LOR/LOS)

Depth: 4 CM Catheter at Skin: 9 CM Attempts: 1

Parasthesia : Yes/No if yes details :

Solution Composition : 0.1% Bupivacaine + 2 mg/cc prilocaine

Any other issues :

a) -

b) -

Time	Infusion Rate (ml/hr)	Bolus (ml)	Level		Maternal BP and Pulse	FHR	Comments
			Left	Right			
8:30 AM	2 ml/hr	0.6% 10ml LOX ADR	T8	T8	100/60 96	136	competable
5: AM	2 ml/hr		T10	T12	102/72 99	140	Comp 90 pain one @ side
6 AM	2 ml/hr	0.8% LOX ADR 10ml	T6	T6	100/60 86	136	competable, no pain

Delivery Details : Time: 21:30 am APGAR: 9/10 SVD / Instrumental / LSCS (if LSCS Details)

Catheter Removed by and Tip Inspected : Seen

Patient Satisfaction : good

Discharge /Shifting ordered by

Doctor Signature: Dr. Amreen

Doctor Name: Dr. Amreen

Date and Time : 26/5/26 11:30

INFORMED CONSENT FOR VAGINAL BIRTH



Patient Name : Dr. Ravalali Reddy UHID No : BAH 00 635792
Gender: Male Female Date : 25/5/26 Time : 3pm

I hereby authorized the performance of the following procedure:

- The Procedure has been explained to me in general terms and I understand that:
- The indication requiring the procedure of vaginal birth is pregnancy.
- The purpose of this procedure of vaginal birth pregnancy.
- The purpose of this procedure is to deliver the bay vaginally.

The outcome of the vaginal birth is the delivery of infant through birth canal either naturally or with possible use of force vacuum extraction. An episiotomy (a cut performed for enlarging of the vaginal opening in the space between the vaginal and the rectum) may be performed as part of a vaginal delivery.

Should vaginal delivery be unsuccessful, delivery by cesarean section with an abdominal incision under appropriate anesthesia may be necessary.

In an attempt to deliver the baby either naturally or with the help of instrument i.e. forceps or vacuum, there may be risks of: infection, allergic reaction, scarring, blood loss, need for blood transfusion, pain and discomfort, injury to urinary tract, possible injury to the baby (laceration, hematoma, skull fracture, nerve injury and brain injury) and possible future pelvic floor dysfunction,

I understand and accept that there are complications, benefits, alternatives including the remote risk of death or serious disability, which exists for me and my baby.

I am aware that in most cases, vaginal delivery results in a healthy mother and baby; however, I realize that there are no guarantees.

I voluntarily consent to the procedures described or otherwise referred to herein. I am aware that they will be performed by a qualified gynecologist.

Name of the Doctor performing the procedure: Dr. Shruthee Reddy

Consentee :
Signature : Ravalali

Name : Dr. Ravalali

Date & Time : 25-5-26 @ 3pm

Witness :
Signature : [Signature]

Name : [Name]

Date & Time : 25-5-26 @ 3pm

Patient Attendant :
Signature : [Signature]

Name : Mrs Adithya Reddy

Relationship with Patient: Husband

Date & Time : 25-5-26 @ 3pm

Doctor (who is taking the consent) :
Signature : [Signature]

Name : Dr. Lavanya

Date & Time : 25/5/26 @ 3pm

సహజ ప్రసవం కొరకు సమ్మతి పత్రము



రోగి పేరు : వయస్సు లింగం పు స్త్రీ
యు.హెచ్.బి.డి. విభాగము
తేదీ

ఈ ప్రక్రియ యొక్క వివరములను నేను ఆమోదించాను:

- ఈ ప్రక్రియ నాకు సాధారణ పద్ధతిలో వివరించబడింది మరియు నేను అర్థం చేసుకున్నాను:
- గర్భం దాల్చిన వారికి సహజ ప్రసవ ప్రక్రియ అవసరమవుతుంది.
- ఈ ప్రక్రియ యొక్క ఉద్దేశ్యం (యోని) ద్వారా సహజ ప్రసవం చేయడం.
- ఈ ప్రక్రియ యొక్క ఉద్దేశ్యం బిడ్డను సహజమయిన పద్ధతిలో ప్రసవించటం

సహజ ప్రసవం (యోని జననం) యొక్క ప్రక్రియ సహజంగా లేదా శక్తిని ఉపయోగించి గర్భాశయం ద్వారా శిశువును ప్రసవించడం. వాక్యూమ్ ద్వారా శిశువును వెలికితీయడం, ఎపిసియొటమీ (యోని మరియు యోని మధ్య ఖాళీలో యోని మార్గమును సుగమం చేయుట కొరకు చేసిన కోత (కట్). సహజ ప్రసవం కొరకు చేయు ప్రక్రియలలో భాగము.

సహజ ప్రసవం విజయవంతం కాకపోతే, తగిన అనస్థీషియా ఇచ్చి పాత్రికడుపు కోతతో సిజేరియన్ ద్వారా డెలివరీ చేయవలసిన అవసరం కలగవచ్చు

సహజంగా లేదా పరికరం సహాయంతో అంటే ఫోర్సెప్స్ లేదా వాక్యూమ్ సహాయంతో బిడ్డను ప్రసవించే ప్రయత్నంలో, ప్రమాదాలు ఉండవచ్చు: అంటువ్యాదులు, అలెర్జీ, మచ్చలు, రక్త నష్టం, రక్త మార్పిడి అవసరం పడటం, నొప్పి మరియు అసౌకర్యం, మూత్ర నాళానికి గాయం, శిశువుకు గాయం అయ్యే అవకాశం (లేసరేషన్, హెమటోమా, పుర్రె గాయం ఆయె అవకాశం, నరాలకు గాయం మరియు మెదడు గాయం) మరియు భవిష్యత్తులో కటి ప్రదేశంలోని ఎముకల వలయం పనిచేయకపోవడం

నాకు మరియు నా బిడ్డకు మరణం లేదా తీవ్రమైన వైకల్యం వంటి సమస్యలు తలెత్తు అవకాశం, ప్రయోజనాలు మరియు ప్రత్యామ్నాయాలు ఉన్నాయని నేను అర్థం చేసుకుని అంగీకరిస్తున్నాను.

చాలా సందర్భాలలో, యోని ద్వారా ప్రసవించడం వల్ల తల్లి మరియు బిడ్డ ఆరోగ్యంగా ఉంటారని నాకు తెలుసు; అయితే, ఎటువంటి హామీలు ఇవ్వలేరని నేను గ్రహించాను

ఇక్కడ వివరించిన లేదా సూచించిన విధానాలకు నేను స్వచ్ఛందంగా సమ్మతిస్తున్నాను. ఈ ప్రక్రియ అర్హతగల గైనకాలజిస్ట్ చేత నిర్వహించబడతాయని నేను తెలుసుకున్నాను

ఈ ప్రక్రియను నిర్వహించే డాక్టరు పేరు:

సహాయకుడు(అటెండెంట్)

సాక్షి

సంతకము

సంతకము

పేరు

పేరు

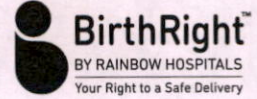
వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

తేదీ మరియు సమయము

సంతకము

పేరు

BAH-00635792 IP5-00174297
Mrs RAVALI REDDY S
12-09-1994 31 Y 8 M 13 D (F)
Dr. SHRUTHI REDDY/Dr.LAVANYA



INDUCTION OF LABOR CONSENT

Name: Dr. Ravali Reddy Age: 31 Gender: Male Female
UHID.No: BAH-00635792 Date: 25/5/26

You are scheduled for an induction of labor on 25/5/26 (date) at 39 wks (weeks of gestation).

The reason for your induction is Term

The goal of induction of labor is to achieve vaginal delivery by starting uterine contractions before the spontaneous start of labor.

Induction of labor for a *medical indication* is done when continuation of pregnancy is considered detrimental to the health of the mother or fetus. This can be done at any stage of pregnancy irrespective of fetal maturity if there is a valid indication.

Elective induction of labor (scheduled induction without a medical indication) may not be done until you are at least 39 weeks. This is important so that your newborn does not have complications due to possible prematurity.

The alternative to induction of labor is to wait for labor to start spontaneously.

I have read the information provided and also discussed the process with my doctor.

I understand the risks and benefits of this procedure and wish to proceed.

Patient
Signature: Ravali
Name: Dr. Ravali
Date & Time: 25-5-26 @ 3PM

Patient Attendant:
Signature: Aditya Reddy
Name: Mrs. Aditya Reddy
Relationship with Patient:
Date & Time: 25-5-26 @ 3PM

Doctor:
Signature: [Signature]
Name: Dr. Smuthi
Date & Time: 25/5/26 @ 3PM

Witness
Signature: [Signature]
Name: Freema
Date & Time: 25-5-26 @ 3PM



Suite - 3



NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 26/5/26 Time: 9:20 AM

Origin: Indian Height: 158 cm Weight: 56.4 kg BMI: 22.5 kg/m²

Food Allergies: No

Diagnosis: PND-O, AVD, P.I.L.

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

Diet Advised:
 Plenty of liquids
 Soft diet with high protein
 Avoid spicy, chilled, outside foods

Patient's / Attendant's
Signature: Aditya Reddy

Name: RAVALI

Date & Time: 26/5/26, 9:30 AM

Dietician's
Signature: Moulice

Name: Moulice

Date & Time: 26-5-26 ; 9:20 AM

