Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Children's Hospital - Banjara Hills

8-2-120/103/1,2,3,4 and 5,Road No: 2, Banjara Hills, Telangana, Hyderabad, INDIA Banjara Hills ,Hyderabad ,Telangana, India ,500034.
TEL NO :+91-40-4466 5555
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP5-00174356 **Admit Date** : 26-May-2026 **Admit Time** : 10:55 PM **UHID** : MBD-00041213

Patient Details :

Patient Name	: Dr. TEKUMALLA SINDHUJA	**Age**	: 34 Y 11 M 17 D
Guardian	: Dr. T SRI HARSHA VARDHAN SURYA	**DOB**	: 09-06-1991
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	: Married
Address (H)	: PLOT-50 PHASE-2 ,MADHURA NAGAR , NIZAMPET Quthbullapur Hyderabad Telangana INDIA 500090	**Phone No**	: 8897056554/ 9700060095
		E-mail	: tshvsurya@gmail.com

Admission Details :

Bed Type : SHARED WARD **Bed No** : SW 414 **Ward Name** : 4F-BIRTHING CENTRE

Room No : SW 414 **Admission Type** : First Visit

Contact Details :

Name : Dr. T SRI HARSHA VARDHAN SURYA **Relationship** : Husband

Contact Address : PLOT-50 PHASE-2 ,MADHURA NAGAR ,NIZAMPET Quthbullapur Hyderabad Telangana INDIA 500090 **Phone No** : 8897056554 / 9700060095

Signature

Doctor Details :

Doctor Name : Dr. HIMABINDU VEERLA **Specialisation** : OBSTETRICS AND GYNECOLOGY

Referral Doctor : Self **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash **Payor Name** : SELFPAY

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ACTIVITY RECORD FOR BILLING

Name :_____ BD-00041213 IP5-00174356 _____
: TEKUMALLA SINDHUJA
-06-1991 34 Y 11 M 17 D (F)
: HIMABINDU VEERLA

UHID No. : _____ ultant: _____ Dept : _____

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
27/5/26	5:45 pm	BB-III	Room (526)	

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	Dr Dheeraj Sharma	28/5		
2				
3				
4				
5				
6				
7				
8				
9				
10				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
26/5/26	NST — ①	265026786	Sunanda
27/5/26	NST — ②		Shobha
27/5/26	NST — ③		Shobha
27/5/26	NST — ④		[illegible]
27/5/26	NST — ⑤	265026784	[illegible]
			[illegible]

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
27/5/26	Cardiac monitor.	8:30 Am			[illegible]
27/5/26.	Infusion pump	12:50 pm	3pm	9629950	[illegible]
27/5/26	Epidural pump	12:15 pm			[illegible] [illegible]

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
26/05/26	IV placement	01	9629751	sunanda
26/05/26	PPC,	01	9629752	sunanda
	Catheterization	1	9629751	Shah

ANY OTHER INFORMATION

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Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

MBD-00041213 IP5-00174356
Dr. TEKUMALLA SINDHUJA
09-06-1991 34 Y 11 M 18 D (F)
Dr. HIMABINDU VEERLA

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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints G3P1L1A1 at. 38+3 wks came for IOL

Obstetric Formula: G3P1L1A1

Obstetric History:

I - 2022 - FT NVD @ Delhi, RCH - Male (2.9kgs) without epidural.

II. 2025 - Blighted ovum → MTP + SERPC.

III - PP - Spontaneous.

RISK FACTORS:

LMP: 26/8/2025 EDD: 2/6/2026

Corrected EDD: 2/6/2026. GA: 38 ~~+3~~ wks. 39.

Menstrual History: Regular : ☑ Yes ☐ No

Obstetric Examination

Fundal Height: N Term

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

Liquor: ☐ Adequate ☐ Oligo ☐ Poly

PP: ☐ Cephalic ☐ Breech Others _____

Head Fifths Palpable: _____

FHS: ☐ Normal ☐ Tachy ☐ Brady ☐ Absent

Per Speculum Examination N

Draining: ☐ Present ☐ Absent ☐ Bleeding

Colour of Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Vaginal Examination

Cervix: ☑ ~~Long~~ ☐ Partially effaced ☐ Effaced

Os: Closed _____ Dilated 1 finger

Membranes: ☑ ~~Present~~ ☐ Absent

Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Presenting Part: ☑ ~~Vertex~~ ☐ Breech ☐ Others

Sutton: ☐ -3 ☑ ~~-2~~ ☐ -1 ☐ 0 ☐ +1 ☐ +2

Pelvis: ☑ ~~Adequate~~ ☐ Doubtful

Height: 156 cm
Weight: 75.3 kg
Allergies: NKDA
Breast: ☑ Normal ☐ Abnormal

General Examination:

Consciousness: C/C/C
Pallor: ⎫
Icterus: Absent
Edema: ⎭ Absent
Temp: afebrile
PR: 93 Bpm.
BP: 103/75mmHg
DTR: present
CVS: S_1S_2 (+)
RS BAE (+)
Liver/Spleen: not palpable
Urine Output: Adequate

DIAGNOSIS

G3P1L1A1 / 39 ~~38~~ weeks of GA / for IOL

MBD-00041213 IP5-00174356
Dr. TEKUMALLA SINDHUJA
09-06-1991 34 Y 11 M 18 D (F)
Dr. HIMABINDU VEERLA

Family History: father < DM, HTN.	Surgical History: 2024 - Right Salpingo oopherectomy. 2025 - SERPC.
Medical History: Nil	Medication History: SHELCAL, LUVOGEN
Plan of Care: 1) Admission 2) NST NOW 3) NST 3rd hourly 4). Monitor vitals 5) T-Misoprostol 25mcg po at 12:00Am on 27/5/26. 6) written & Informed Consent. 7). Drugs as charted 8) w/f progression of labour 9) Epidural sos.	Investigations: BG - A+ve viral - NR 25/5/26 CBP - 13.7 / 6,200 / 1.95L. 17/4/26 Growth Scan. 33+3wks, 2kgs (28%) AFI - 14.2cm, PLT - post/upper segment, Dopplers - Normal. NT - 1.9mm / FTS - Low risk. TIFFA - TATAS - (N) PLT - Post/Low lying.

Doctor Name: Dr-Divya
Signature: [signature]
Date & Time: 26/5/26 ; 11:00pm

Dr. HimaBindu Veerla
Reg. No: 37245

Consultant Name: Dr Himabindu. ~~Dr. Bhargavi~~
Signature: [signature]
Date & Time: 28/5/2026, 8:45 AM.

Dr. Hima Bindu

MBD-00041213 IP5-00174356
Dr. TEKUMALLA SINDHUJA
09-06-1991 34 Y 11 M 18 D (F)
Dr. HIMABINDU VEERLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/5/26	G3P1L1A1 | 39+1 wks | IOL.	
2AM	Pt - Comfortable.	Adv:-
	No complaints	① W/f uterine contractions
	G-c-fair	② FHR Monitoring.
	Afebrile	③ NST - 3rd hrly
NST - Reactive	PR - 94/min	④ Drugs as charted
	BP - 110/70 mmHg	⑤ Monitor vitals 4thly
	P/A - ut Term,	⑥ Inform SOS
	Cephalic, FHS ✓	by Dr. Lavanya
22/5/26	G3P1L1A1 | 39+1 wks | IOL.	
5AM	Pt c/o - mild pain in lower abdomen.	
	G-c-fair	Adv:-
NST - Reactive	Afebrile	① W/f uterine contractions
	PR - 90/min.	② FHR Monitoring.
	BP - 110/70 mmHg	③ NST - 3rd hrly
	P/A - ut Term,	④ Drugs as Charted
	Cephalic, FHS ✓	⑤ Monitor vitals 4thly
	VIE - cx - long, soft -	⑥ Tab. Misoprostol 50mcg PO stat.
	os - 1finger	
	PP - vx st - 2	⑦ Inform SOS.
	Membranes ✓	(Dr. Lavanya)

(P.T.O)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5/26 8.55AM	S/B. Dr. Hima Bindu PA – Ut – term, acting Cephalic. / ws[th] palpable. afhr 3 hrs 8. RHS + PV – Cx – partially effaced. OS – 1F. BOM +. PP – high up. Pelvis – J Gynaecoid. Noted by	① Reassess ② NST at 10 AM DR. HIMABINDU VEERLA Registration No: 37245 Dr. Hima Bindu. (Dr. Hima Bindu) Ravender O/z Sey
10:30 AM.	NST – Normal. Creatn	(Dr. Hima Bindu)
27/5/26 11.45AM	S/B. Dr. Hima Bindu PA – Ut – term Cephalic FHS + PV – Cx – 50% effaced OS – 2cm BOM + PP – high up ARM done — clear liquor	DR. HIMABINDU VEERLA Registration No: 37245 Dr. Hima Bindu. (Dr. Hima Bindu)

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Dr. HIMABINDU VEERLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5/2026	$P_2L_2A_1$ | SVD | PND-0	
1:30PM	Comfortable	Advice
Baby well	General Condition - Fair | afebrile	✓ Oral hydration
	Vitals - BP - 117/79 (76)	✓ Soft diet
Urine output -	PR - 88bpm	✓ Drugs as charted
	SpO_2 - 99% on RA	✓ Monitor vitals
100ml, clear	P/A - Wounds retracted well	✓ Urine output - Monitoring
	Soft	✓ Mobilization
	VVE - Minimal Bleeding	✓ watch for excessive Bleeding
		✓ Inform SOS
		by Dr. Deepika
27/05/2026	$P_2L_2A_1$ | SVD | PND-0	Advice:
4PM	Comfortable	✓ Oral hydration
Baby well	General Condition - Fair | afebrile	✓ Soft diet
	Vitals - BP - 109/79 (76)	✓ Drugs as charted
Urine output - 400ml, clear	PR - 70 bpm	✓ Mobilization
	SpO_2 - 100% on Room Air	✓ Urine output × Monitoring
V/E - DONE	P/A - Wounds retracted well	✓ watch for excessive Bleeding
	Soft	✓ Monitor vitals
Shift to Room	VVE - Minimal Bleeding	✓ Inform SOS
	Remove Foleys at 5AM (28/5/2026)	by Dr. Deepika
	Noted by Ruby	

MBD-00041213 IP5-00174356
Dr. TEKUMALLA SINDHUJA
09-06-1991 34 Y 11 M 18 D (F)
Dr. HIMABINDU VEERLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5/26 7:30pm	PND-0 | SVD | P2L2A;	
	GC: fair	Rx
	Vitals: stable	1) Monitor vitals
B-well	P/A: Uterus retracted well	2) F/O charting
		3) Dwg as charted
U/O: Foley's clear	P/V: NAB	4) W/f P/V Bleeding
		5) Ambulation
		6) Breast feeding
	Foley's removed at 5AM (28/5/2026)	7) Inform SOS
		N/B Dr. Sravanthi
28/5/26 8:30 am	PND-1 | SVD | P2L2A;	
		Rx
	GC: fair	1) Monitor vitals
B-well.	vitals: stable	2) Dwg as charted
	P/A: Uterus retracted well	3) w/f P/V bleeding
Check voiding		4) Ambulation
-dre	Bowel sounds (+)	5) Soft diet
V/S ✓	P/V: NAB	6) Inform SOS
	Plan discharge after voiding	— Dr. Sravanthi

MBD-00041213 IP5-00174356
Dr. TEKUMALLA SINDHUJA
09-05-1991 34 Y 11 M 19 D (F)
Dr. HIMABINDU VEERLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/5/26 10.15AM	S/B. Dr. Hima Bindu Pt - Comfortable Ambulatory PA - uterus involuted PV - lochia healthy	(1) Nr diet & plenty of oral fluids (2) Remove iv cannula (3) Sitz Bath (4) Plan for discharge. Dr. Hima Bindu DR. HIMABINDU VEERLA Registration No: 37245 Noted by signed

BAH-00646665 IP5-00174319
Mrs MUDDIBOINA HARIKA
13-05-1990 36 Y 0 M 14 D (F)
Dr. K BHARGAVI REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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Dr. TEKUMALLA SINDHUJA
09-06-1991 34 Y 11 M 17 D (F)
Dr. HIMABINDU VEERLA

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RESULT SHEET

Date	25/05/26					
Time						
Hb	outside 13.7					
PCV	40.30					
RBC	4.4					
WBC	6.200					
N/L						
Platelets	195000					
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						

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
Blood Group :-	A +ve					
HIV & HBsAg :-	NR.					

Culture and Sensitivities : .....

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Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

MBD-00041213 IPS-00174356
Dr. TEKUMALLA SINDHUJA
09-06-1991 34 Y 11 M 18 D (F)
Dr. HIMABINDU VEERLA

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Sheet No: .....

REGULAR PRESCRIPTIONS

Weight 75.3 kgs Ward OBS

DRUG : Syp. DUPHALAC

Dose	Route	Frequency	Start Dt.
15ml	PO	OD	24/5/22

Date/Time 24/5

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

Additional Instructions: x night x Bed time

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Date/Time

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Date/Time

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Date/Time

Name & Signature of the Doctor Starting the Drugs:

...ional Instructions:

...ctor's Endorsement by a Sign

MBD-00041213 IP5-00174356
Dr. TEKUMALLA SINDHUJA
09-06-1991 34 Y 11 M 19 D (F)
Dr. HIMABINDU VEERLA

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Sheet No. ....

REGULAR PRESCRIPTIONS

Weight 75.3kg Ward OPD

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

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

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

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

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

MBD-00041213 IP5-00174356
Dr. TEKUMALLA SINDHUJA
09-06-1991 34 Y 11 M 18 D (F)
Dr. HIMABINDU VEERLA

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DRUG CHART

Date of Admission: 26/5/26 Drug Allergies: NKDA ☑ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

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

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

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

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

Dr. TEKUMALLA SINDHUJA
09-06-1991 34 Y 11 M 18 D (F)
Dr. HIMABINDU VEERLA

VERIFIED

REGULAR PRESCRIPTIONS

Weight. 75.3 Kg Ward. OBS

					Date / Time	27/5	28/5
DRUG : TAB · CEFIXIME							
Dose	Route	Frequency	Start Date				
200mg	PO	BD	27/5/26		11AM	12:40 pm OBS SIVA	[illegible]
Name & Signature of the Doctor Starting the Drugs: Cy (Dr Deepika)					11Pm	[illegible]	
Additional Instructions:							
Daily Doctor's Endorsement by a Sign						[illegible]	

VERIFIED

					Date / Time	27/5	28/5
DRUG : TAB · PARACETAMOL							
Dose	Route	Frequency	Start Date				
1 gram	PO	TID	27/5/26		6AM	X	[illegible]
Name & Signature of the Doctor Starting the Drugs: Cy (Dr Deepika)					2Pm	X	
Additional Instructions:					10Pm	7Pm [illegible]	
Daily Doctor's Endorsement by a Sign						[illegible]	

VERIFIED

					Date / Time	27/5	28/5
DRUG : TAB · VOVERAN							
Dose	Route	Frequency	Start Date				
1tab	PO	TID	27/5/26		7AM	X	[illegible]
Name & Signature of the Doctor Starting the Drugs: Cy (Dr Deepika)					3Pm	X	
Additional Instructions:					11Pm	[illegible]	
Daily Doctor's Endorsement by a Sign						[illegible]	

VERIFIED

					Date / Time	27/5	28/5
DRUG : TAB · PANTOPRAZOLE							
Dose	Route	Frequency	Start Date				
40mg	PO	BD	27/5/26		6AM	X	[illegible]
Name & Signature of the Doctor Starting the Drugs: Cy (Dr. Deepika)					6Pm	7Pm [illegible]	
Additional Instructions:							
Daily Doctor's Endorsement by a Sign						[illegible]	

Dr. HIMABINDU VEERLA

IPS-00172356 MBD-00041213

Weight. 75.3kg Ward. UDS

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
27/5/26	12:00AM	T. MISOPROSTOL	25mcg	PO	Dr.Dilya.	Sunanda
27/5	4:00 AM	T. MISOPROSTOL	25mcg	PO	Sk	Shobha Tunna
27/5	6:30 AM	T. MISOPROSTOL	50mcg	PO	Sk	Shobha Sudha.
27/5	12:40 pm	INJ-CEFOTAXIM	1gram	IV	Cp	Sudha. Veena
27/5	1:20 pm	TAB. PCET	400mg	P/R	Cp	Suny Veena
27/5	1:25 pm	JUSTIN SUPPOSITORY	100mg	P/R	Cp	Suny Veena
27/5	1:30 pm	INJ OXYTOCIN	10U	IM	Cp	Suny Veena
27/5	1:35 pm	INJ-METHARGIN	0.2mg	IV	Cp	Suny Veena

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

VERIFIED

Dr. HIMABINDU VEERLA

MBD-00041213   5-00174356

I.V. FLUIDS CHART

Weight. 75.3 Ward. OBS

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
27/5/26	7.30 AM	RINGER LACTATE	IV	100ml	[signature]	[signature]	27/5/26	[signature]	[signature]
27/5/26	10:30 Am	RINGER LACTATE 500ml	IV	100ml/hr	[signature]	[signature]	27/5/26	[signature]	Veena
27/5/26	12PM	INJ - OXYTOCIN 10U in 500ML RL start @	IV	6ml/hr	[signature]	Veena	27/5/26	[signature]	Veena
	6ml/hr - to titrate every 30mins by 6ml/hr until 3-4 contractions lasting for 40-50 seconds in 10mins				[signature]	Veena	27/5/26	[signature]	Veena
27/5/26	2pm	RINGER LACTATE 500ml	IV	100ml/hr	[signature]	Veena	27/5/26	[signature]	Veena
27/5/26	3pm	RINGER LACTATE 500ml	IV	150ml/hr	[signature]	Veena	27/5/26	[signature]	Veena

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

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Patien

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MEDICATION RECONCILIATION FORM

Drug Allergies: NKDA ☑ 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: OBG Shifted to: 3 ~~OBG~~

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	T-LIVOGEN	1 TAB	PO	OD	26/5/26	☐ C ☐ ~~DC~~
2	T-SHELCAL	1 TAB	PO	OD	26/5/26	☐ C ☐ ~~DC~~
3						☐ C ☐ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : ~~Dr.~~ Dr. Divya

Date & Time : 26/5/26 ; 11:10pm

Nurse Name & Signature: ~~S~~

Date & Time : 11:10pm. 26/5/26

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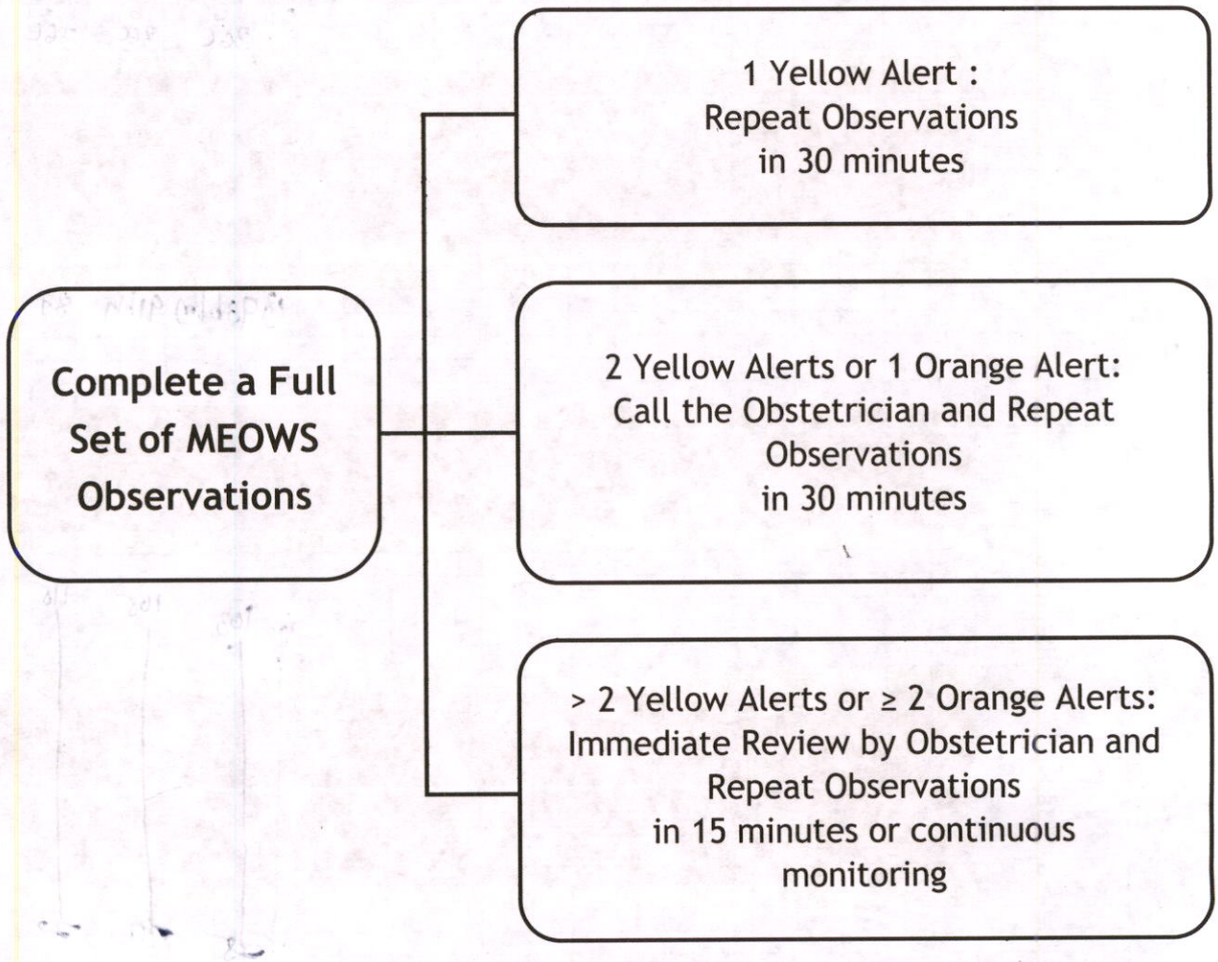
Early Warning Observation Score Chart - Obstetrics

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

27/8/26

		Date																							
		Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																									
	21 - 30																									
	11 - 20																	18	20		20		19			20
	0 - 10																									
Saturations	94 - 100 %																	99	100		100		99			98
	< 94 %																									
Administered O_2 (L/min.)																										
Temp°c	40																									
	39																									
	38																									
	37																	37c								
	36																		36c		36c		36c			36c
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																	93	98 b/m		91 b/m		84			76 b/m
	80																									
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressure ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																	103	108		105		115			105
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
Diastolic Blood Pressure ↓	130																									(89)
	120																									
	110																									
	100																									
	90																									
	80																									
	70																	75	75		70		72			79
	60																									
	50																									
	40																									
NEURO RESPONSE [✓]	Alert																	✓								
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30																	✓			✓					
	< 30																									
Proteinuria	Protein + +																									
	Protein > + +																									
Lochia	Normal																	N								
	Heavy / Foul																									
Liquor	Clear / Pink																	C								
	Green																									
TOTAL YELLOW SCORES																		0	0		0		0			0
TOTAL ORANGE SCORES																		0	0		0		0			0
Nurse Initial																		SF	SF		SF		SF			SF

Obstetrics and Gynaecology Early Warning Signs



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

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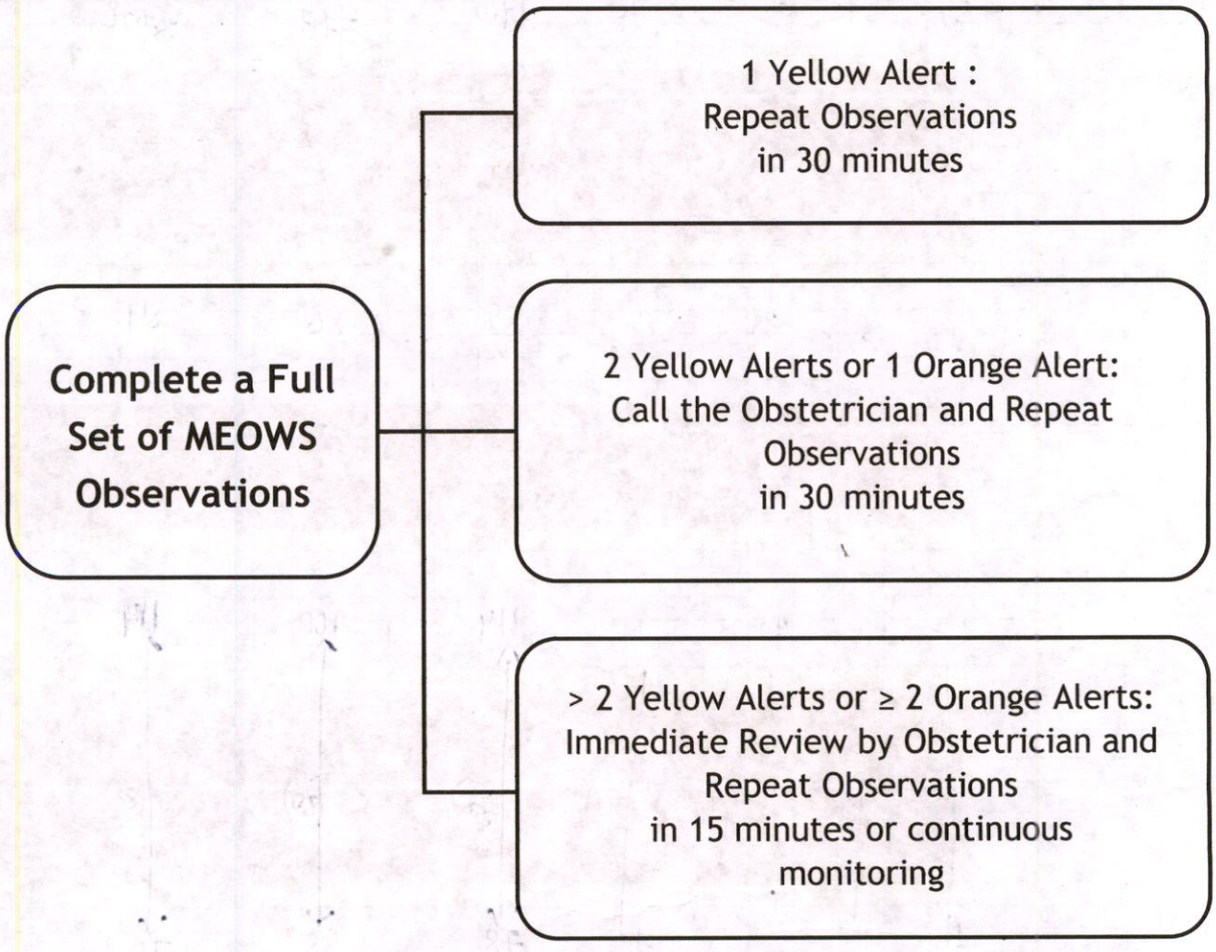
Early Warning Observation Score Chart - Obstetrics

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

27/5/26.	Date																							
	Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20	18		18		18			18			19				19				19				19	
	0 - 10																								
Saturations	94 - 100 %	99%		98%		99%			98%			99				99				99				99	
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37	37°c		37°c		37°c			37°c			37.2				37.7°				37.2°				37.6c°	
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80					83			83			88				86				84				80	
	70	76		78																					
	60																								
	50																								
	40																								
Systolic Blood Pressure ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110	117		115		119			117			114				100				114				115	
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90					96																			
	80																								
	70	75		79					79			78				68				70				75	
	60																								
	50																								
	40																								
												(98)				(80)				(82)				(89)	
NEURO RESPONSE [✓]	Alert	✓		✓		✓			✓			✓				✓				✓				✓	
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30											✓				✓				✓				✓	
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal											N				N				N				N	
	Heavy / Foul																								
Liquor	Clear / Pink																								
	Green																								
TOTAL YELLOW SCORES		0		0		1			0			0				0				0				0	
TOTAL ORANGE SCORES		0		0		0			0			0				0				0				0	
Nurse Initial		RM		RM		SM			RM			D				Q				Q				Q	

Obstetrics and Gynaecology Early Warning Signs



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

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Mr. TEKUMALLA SINDHUJA
9-06-1991 34 Y 11 M 17 D (F)
Mr. HIMABINDU VEERLA

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FLUID CHART

Sheet No. : 1

27/8/26

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: Nature of Fluid	Intake: Route: Mouth	Intake: Route: I.V	Intake: Route: N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			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											
27/8	12:00 am		H2O								0	Shobha
	01:00 am		150							✓	0	Shobha
Total Intake :						**Total Output :** passed						
	02:00 am		H2O								0	Shobha
	03:00 am		100ml				1				0	Shobha
	04:00 am						M				0	Shobha
	05:00 am		H2O				P				0	Shobha
	06:00 am		100ml				1			✓	0	Shobha
	07:00 am		H2O 100ml				1				6	Shobha
Total Intake : Taken						**Total Output :** passed						

Total 24 hrs. Intake	450 ml	Total 24 hrs. Output	passed

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FLUID CHART

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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.

27/5/26		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am			RL 100ml/hr								
	09:00 am		water	100ml/hr								
	10:00 am			100ml/hr								
	11:00 am			RL 100ml/hr								
	12:00 pm		RL Syrup 5ml/hr									
	01:00 pm			2 mg/hr 100ml/hr								
Total Intake : 600ml						Total Output : passed						
	02:00 pm		coconut water	RL 100ml/hr								
	03:00 pm			100ml/hr								
	04:00 pm		water				NP			70ml		
	05:00 pm									200		
	06:00 pm											
	07:00 pm		water									
Total Intake : 200ml						Total Output : M- 0 U- 900ml						
	08:00 pm											
	09:00 pm		water									
	10:00 pm											
	11:00 pm		water				NP			1000ml		
	12:00 am											
	01:00 am		water									
Total Intake :						Total Output : M- 0 U- 1000ml						
	02:00 am											
	03:00 am		water							600ml		
	04:00 am											
	05:00 am						NP					
	06:00 am		water							800ml		
	07:00 am											
Total Intake :						Total Output : M- 0 U- 1400ml						

Total 24 hrs. Intake	800ml	Total 24 hrs. Output	M- 0 U- 3,300

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NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 28/5/26 Time: 9:30am

Origin: Indian Height: 156cm Weight: 75.3 BMI: 30.8kg/m²

Food Allergies: No (pineapple)

Diagnosis: PND-1 | SVD

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

Diet Advised:

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

Patient's / Attendant's

Signature: Suvesh

Name: Sindhuja

Date & Time: 28/5/26 @ 9:30am

Dietician's

Signature: Nikitha

Name: Nikitha

Date & Time: 28/5/26 @ 9:30am

DIETARY NOTES

Date	Time	Notes	Sign

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MULTI-DISCIPLINARY PLAN OF CARE FORM

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Diagnosis: G3P1L1A1 / 38+3 wks of GA / for IoL.

Date Time	Discipline	Type	Patient Needs / Problem List	Goal	Plan / Intervention	Signature	Team Verification
26/5/26 11:10pm	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op	G3P1L1A1/38+3 wks of GA	Safe delivery	for Vaginal Delivery	Dr-D Dr-Divya	☐ Nursing ☐ Others:
26/5/26 11pm	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op	Came for IoL.	Safe delivery	psychological support	Shobha	☐ Medical ☐ Others:
28/5/26 10am	☐ Medical ☐ Nursing ☐ Others: dietitian.	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op	PND-1 SVD	soft diet	soft High protein diet	Nikitha	☐ Medical ☐ Nursing ☐ Others:
28/5	☐ Medical ☐ Nursing ☑ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op	PND1 SVD	post partum recovery	deep core & pelvic floor retraining	Dr Rheeap	☐ Medical ☐ Nursing ☐ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Nursing ☐ Others:

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PATIENT / FAMILY EDUCATION RECORD

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Part - I,

Patient's / Learner Language : Telugu, English. Patient / Learner Literacy : ☐ Read ☑ Write ☑ Speak Willingness to Learn : ☑ Yes ☐ No Healthcare Literacy : ☑ Yes ☐ No

Identified Education Needs :

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

Part - II

Date	Time	Need Indentified	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		
26/5/26	11:10 Am	1,2,3,4.	Diagnosis, Treatment & care plan & pain mangement, Informed consent	PT	1	O	1	1	NA	Dr. Divya
26/5	11:10	7	Infection control measures	PT	1	O	1	1	NA	Shoby
28/5/26	10 am	9	Lactation diet	PT	1	O	1	1	-	Nikitha

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
2. Physical Impairment
3. Emotional Barries
4. Language Barrier
5. Educational Level
6. Desire / Motivate to Learn
7. Impaired Thought Process / Cognitive limitations
8. Responsibilities at Home
9. Cultural Difference
10. Financial Difficulties
11. Beliefs and Values
12. Impaired Vision / or Hearing
13. Cultural / Religion Practice
14. Others (Specify) .....

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

Mechanism/s to overcome barrier/s :
1. None
2. Obtain translator
3. Reassurance & Support
4. Teach Family / others
5. Respect values & beliefs
6. Respect Cultural / Religion Preference
7. Other, Specify.....

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

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OBSTETRIC [illegible] ASSESSMENT FORM

Date: 26/5/26 Time of Arrival: 10:10 pm Time Seen by Nurse: 10:15 pm

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: .....

3) **Vital Signs:** Temperature: 97.7°F Pulse: 98 b/m RR: 20 SpO_2: 100 BP: 103/75 Weight: 75.3

4) **Gestational Criteria:**

Gravida:	G 3	P 1	L 1	A 1

LMP: ..... EDD: ..... Gestational Age: .....

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

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

0 No Pain 1 2 3 4 5 6 7 8 9 10 Worst possible pain

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

.....

6) **Past History:**

a) Surgeries: 2024: Right Salpingophorectomy 2025: - S.E.R.P.C

b) Medical: Nill

☐ No, If Yes : .....

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

9) Prenatal Medical History:

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

Triage Category: (Please tick on the category)

Refer to OBSTETRICAL TRIAGE ACUITY SCALE (OTAS)

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

OBCU Obstetrical Triage Acuity Scale (OTAS)

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

Time seen by Doctor: 11:40pm

Nurse Name : Shobha Nurse Signature: S

Date: 06/5/26 Time: 11:30pm

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OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 26/5/26

Baseline Information:

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

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

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

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

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

If yes, identify .....

Chief Complaints: Come for D&C

Doctor Notified on Admission: ☑ Yes ☐ No

Name of the Doctor: Dr. Divya.

Time Notified: 11' 10 a.m

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

Past Medical History	Past Surgical History	Previous Hospital Admission
NIL	2024 - Right Salpingo - opheretomey 2025 SERPC	

Gynecology Assessment: ☐ Not Applicable

Menstrual History: Regular

Onset of Menarche: .....

Menstrual Cycle: ☑ Regular ☐ Irregular

Last Menstrual Period: .....

Gynecology Surgical History:

Caesarean Section: ☑ No ☐ Yes

Cervical Cerclage: ☑ No ☐ Yes

Ectopic Pregnancy: ☑ No ☐ Yes

Myomectomy: ☑ No ☐ Yes

Others: _____

Gynecological History:

Contraceptives: ☑ No ☐ Yes

Vaginal Discharge: ☑ No ☐ Yes

Post-Coital Bleeding: ☑ No ☐ Yes

Infertility: ☐ No ☐ Yes

If Yes Type: ☐ Primary ☑ Secondary

Obstetric History: G 3 P 1 L 1 A 1

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: 97.7 HR: 93.6 /m RR: 20

BP: 103/75 Weight: 7.513 kg Height: 156 BMI: .....

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

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Dr. HIMABINDU VEERLA

PHYSICAL ASSESSMENT

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

Fall Assessment: ☐ Yes ☑ No Score ....25..... (complete the Morse Fall Risk Assessment Sheet)

Risk of Pressure Sore: ☐ Yes ☐ No Score ....18..... (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 .....

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: ..... Husband .....

Orientation not given Reason: .....

Nurse Signature: .....

Nurse Name: ..... Shobha .....

Date & Time: 26/5/26. 11:10pm

Department of Anaesthesiology

PRE ION

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09-06-1991 34 Y 11 M 17 D (F)
Dr. HIMABINDU VEERLA

Name: ...lye... Age: 34y Sex: F UHID.No : MBD-00041213.

Date: 27/5/26 Time: 12:15AM Proposed Operation: Labour Epidural Analge

Diagnosis: G3P1L1A1 39wks

B.P / CRT: 103/75 H.R: 93 Weight: 75kgs ASA Physical Status: ☐1 ☑2 ☐3 ☐4 ☐5

Laboratory Data:

Hgb: 13.7	Glucose:	Protein:	HIV: } NR	X-Ray:
PCV:	Urea:	Alb:	HBS Ag: }	ECG:
WBC: 6200	Creat:	Total Bill:	HCV: }	2D Echo:
Plate: 195000	Na:	Dir. Bill:	Blood group: A+ve	Stress/Anglo:
PT:	K:	LDH:	T3	Other:
PTT:	Ca++:	Alk phos:	T4	
INR:	Mg++:	Amylase:	TSH	
	Cl -:	SGOT/SGPT:		

Allergies: NKA

Medical History: CVS :

RESP : Diabetes : NKA

CNS :

Renal : Nil significant

Hepatic / GE : Physical Activity: active

Others :

Past Anaesthetic History: (R) Lap Salpingectomy ↓ GA. (R) Radius ORIF ↓ BB & GA

Physical Exam:

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

Lungs : BAE⊕ Clr

Heart: S1S2⊕

CNS: Clcl

Pregnant: ☑ Yes ☐ No ☐ NA Venous Access Site : accessible Spine Exam for regional : well felt

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

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

CURRENT MEDICATIONS	DOSAGE

Pre-Operative Instructions:

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

Signature: Name: Dr. Akhila. K

Patient Sticker

ANAESTHESIA CHART

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Pre Induction Assessment:

Change in Patient Condition: ☐ Yes ☐ No		Fasting Status:
Physical Status:	☐ Patient Identified	☐ Consent Present ☐ Chart Reviewed

H.R:	B.P / CRT:	SpO_2:	R.R:	Last Feed:

Pre-OP Diagnosis: ..... Operation: ..... Date : .....

Surgeon: ..... Anaesthesiologist: ..... Technician: .....

TIME

N_2O /AIR /O_2 LPM

HALO /SO /SEVO

Drugs:

FIO_2 / SaO_2

$ETCO_2$

ECG

Temperature

Urine Output

Fluids

Blood

Antibiotic

Suppository

Blood Loss

NOTES

B.P
V Systolic
Λ Diastolic
X Mean
• Heart Rate

Tourniquet on Time
Tourniquet off Time

Throat Pack In
Throat Pack Out

240 220 200 180 160 140 120 100 80 60 40 20 10 0

LAB Values

ABG

GRBS

Others

☐ Equipment Checked and Functional
☐ BP
☐ Cuff Site: .....
☐ Art Site: .....
☐ EKG Lead
☐ Temp Site
☐ FIO_2Monitor
☐ Agent Monitor
☐ Pulse Oximeter
☐ Capnograph
☐ Ventilator
☐ Nerve Stimulator

Position: .....
☐ Pressure Points Checked

Eye Care:
☐ Oint
☐ Tape
☐ Padding
☐ Awake

Temp:
☐ HME ☐ Fluid Warmer
☐ Cling Film ☐ OH Warmer
☐ Hugger's ☐ Cotton Wool
☐ Other

Times:
Anaes Start: .....
OP Start: .....
OP End: .....
Leave OR: .....

Anaesthesia:
☐ GA
☐ Monitored Anaesthesia Care
☐ Regional

Line (Size & Location)
☐ CVP: .....
☐ ART: .....
☐ IV: .....
☐ IV: .....
☐ IV: .....

Induction
☐ IV ☐ Inhal
☐ Pre O_2 ☐ RSI
☐ Others

☐ Mask ☐ SGA
☐ Airway ☐ Oral ☐ Nasal
ETT# ..... at ..... cm
☐ Oral ☐ Nasal ☐ Cuff
☐ Tracheostomy ☐ Topical
☐ Drug: .....

☐ Awake ☐ Direct Vision
☐ Video Laryngoscopy ☐ Stylette / Bougie
☐ Fiberoptic
Blade# ..... Attempts: .....
Difficulty Why? .....

☐ **Bilat = BS**
☐ Semi-Closed Circle
☐ Closed Circle
☐ Other

Regional:
Extremity Specify: .....
☐ Spinal ☐ Epidural ☐ Caudal
Others: .....
Position: .....
Site: .....
Needle Size: ..... Depth: .....
Parasthesia ☐ Yes ☐ No
Catheter at skin ..... cm
Drug Name & Conc: .....
Bolus: .....
Infusion: .....
Block Level: .....
Comments: .....

Transportation to
☐ PACU ☐ ICU ☐ Other
Relaxant Reversed ☐ Yes ☐ No ☐ NA

Name of the Doctor :.....

Signature of the Doctor :.....

Patient Sticker

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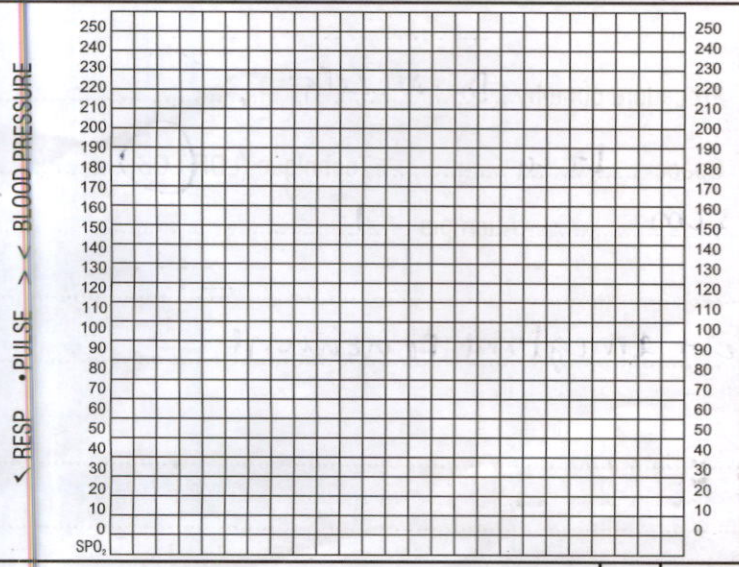
POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : ..... Time Received : ..... Time Discharged : .....



IV Cannula Site : .....

- ☐ O_2 Mask
- ☐ Nasal Prongs
- ☐ Tracheostomy
- ☐ T-Piece
- ☐ Oral Airway
- ☐ Nasal Airway

Vomiting : ☐ Yes ☐ No Drug: .....

NG Tube : ☐ Yes ☐ No

Drain: ☐ Yes ☐ No

Urinary Catheter: ☐ Yes ☐ No

Chest Tube: ☐ Yes ☐ No

Nil Oral ☐ Yes ☐ No

IV Fluids: .....

Oral Feeds: .....

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

Anaesthesiologist Name : .....

Anaesthesiologist Signature: .....

Date & Time: .....

PACU Nurse Name : .....

PACU Nurse Signature: .....

Date & Time: .....

Transferred to Unit by (PACU): .....

Date & Time: .....

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Dr. HIMABINDU VEERLA

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EPIDURAL ANALGESIA RECORD

Date: 27/5/26 Time: 8:20 AM Procedure done by Dr. Nikela

CSE /Spinal /(Epidural) Position : Sitting Space : L3 L4 Technique (LOR/LOS)

Depth: 6 cm Catheter at Skin: 10.5 cm Attempts : 1

Parasthesia : Yes/No if yes details :

Solution Composition : 0.1% Bupivacaine + 2mcg/ml Fentanyl +

Any other issues :

a)

b)

Time	Infusion Rate (ml/hr)	Bolus (ml)	Level Left	Level Right	Maternal BP	Maternal Pulse	FHR	Comments
8:20 AM	—	—	-		117/83	84	-	Comfortable
12.08	8 ml/hr	10ml (5ml 0.1 Bupi 2 mcg/cc Fenty	T_{10}	T_{12}	119/96	73	137	20% in pain 5ml bolus repeated

Delivery Details : Time : 1:17 APGAR: 8,10 SVD / Instrumental / LSCS (if LSCS Details)

Catheter Removed by and Tip Inspected : Yes By Dr Aditi

Patient Satisfaction : Comfortable

Discharge /Shifting ordered by

Doctor Signature: Aditi

Doctor Name: Dr Aditi M

Date and Time : 27/5/26 4:27 PM

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Dr. HIMABINDU VEERLA

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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 (Remifentanil)
- 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 Remifentanil: 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. Akhila.K 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: Sindhu
Name: Dr Sindhuja.
Relationship with patient: Self
Date & Time: 27/5/26 12:15AM

Witness:
Signature:
Name: Dr Haritha.T
Date & Time: 27/5/26 12:15 AM.

Doctor (who is taking consent):
Signature: K Name: Dr. Akhila.K. Date 27/5/26 Time: 12:15AM.

Patient Sticker

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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 (రెమీఫెంటానిల్)

- ఈ విధానాల వల్ల సంభవించగలిగే సమస్యలను కూడా నాకు వివరించారు:

  ఎపిడ్యూరల్ సంబంధించినవి:
  రక్తపోటు తగ్గడం, మందత్వం/ స్పర్శలేమి, దద్దుర్లు/ దురద, తలనొప్పి, వణుకు, అప్పుడప్పుడు పూర్తిగా నొప్పి తగ్గకపోవడం, ఎపిడ్యూరల్ మళ్లీ 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 సౌకర్యవంతంగా 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 స్పష్టమైన చిత్తంతో ఇస్తున్నానని ధృవీకరిస్తున్నాను.

రోగి / రోగి అటెండెంట్:

సంతకం: .....

పేరు: .....

రోగితో సంబంధం: .....

తేదీ & సమయం: .....

సాక్షి:

సంతకం: .....

పేరు: .....

తేదీ & సమయం: .....

డాక్టర్ :

సంతకం: ..... పేరు: ..... తేదీ & సమయం: .....