

BAH-00647225 IP5-00176585
Mrs MUBEENA AFEEN FATIMA
29-11-1997 28 Y 7 M 19 D (F)
Dr. PRANATHI REDDY A



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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

SURGERY DETAILS

Date : 18/7/26

Patient Name: Mrs. Mubeena Afeen Fatima Date of Birth: 29/11/1997 Age: 28 yrs.

Gender: female Ward: OB/GN OT-II UHID No: 00647225

Date of Surgery: 18/7/26 ☐ OT-1 ☒ OT-2 ☐ OT-3 ☐ OT-4 ☐ OBG OT-1 ☒ OBG OT-2

Name of the Surgery: Emergency KLS under Spinal Anesthesia

Time in : 7:40pm

Time Out : 8:40pm

	NAME	AMOUNT
1. Surgeon	Dr. Pranathi Reddy	
2. Anaesthetist	Dr. Ramya	
3. Assistant Surgeon	Dr. Deepika	
4. OT Technician	Prashanth	
5. Circulating Nurse	Sis. Priya	
6. Assistant Nurse	Sis. Poulabi / Rajeshwari	

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

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 070178

Order by: Poulabi



CONSUMABLES OF OT



Circulating staff : Technician: Goutham Date: 18/7 Time: 8:00pm

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube			Major Pack <u>2 SS</u>		<u>01</u> ✓	Inj Vit.K		
LMA			Sutures <u>1326</u>		<u>02</u> ✓	Cord Clamp		<u>01</u> ✓
ECG leads : A / P / N		<u>3</u> ✓	<u>4242</u>		<u>02</u> ✓	Suction Catheter		
HME filter : A / P / N						Feeding Tube		
Syringes : 10 cc		<u>3</u> ✓				Vaccum Suction Set		
05 cc		<u>3</u> ✓	Gloves <u>DF 6/2</u>		<u>01</u> ✓	Surgical Gloves <u>6/2</u>		<u>02</u> ✓
02 cc		<u>3</u> ✓	<u>11 7</u>		<u>01</u> ✓	Gauze Pack		
01 cc						Syringe 1ml / 2ml		<u>00</u>
Cautery plate : A / P / N		<u>1</u> ✓	Surgical blade <u>22</u>		<u>01</u> ✓	Surgical Blade # 20		<u>01</u> ✓
IV set			NG tube			Koochies (S)		<u>01</u> ✓
RL		<u>3</u> ✓	Cautery pencil			<u>02 mask pedi</u>		<u>01</u> ✓
NS : 10ml / 100ml / 500ml / 1000ml		<u>0</u>	Koochies <u>x2</u>		<u>00</u>	<u>57H0219</u>		
<u>antiseptic</u> <u>Cox 2x</u>		<u>0</u>	Ointments					
		<u>1</u> ✓	Suction Catheter					
Fentanyl		<u>1</u>	Cap, Mask		<u>10+10+10</u>			
Morphine			Gauze Pack		<u>00</u>			
Ketamine			Mop Pack		<u>01</u> ✓	<u>venflon 1607</u>		<u>01</u> ✓
Propofol			Steristrip <u>Sterizone</u>		<u>01</u> ✓			
Rocuronium			Underpad		<u>00</u>	<u>Three way 10cm</u>		<u>01</u> ✓
Glycopyrolate			Draw sheet <u>Quick</u>		<u>01</u> ✓			
Myopyrolate			Abgel		<u>00</u>			
Ondansetron		<u>1</u> ✓	Foley's catheter					
Pencan 25g/ Spinal Needle 22		<u>1</u> ✓	Urobag					
Bupivacaine 0.25%			Chest Drainage Catheter					
Bupivacaine 0.25%(Heavy)		<u>1</u> ✓	Romodrain bag					
Antibiotics			Bandage					
<u>Oxytocin</u>		<u>1</u> ✓	Tegaderm					
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg		<u>1</u> ✓	Vaccum Suction set		<u>01</u> ✓			
Justin : 12.5 mg / 25mg / <u>100mg</u>		<u>1</u> ✓	Plastic Bed Sheet					
Tab. Misoprost : 200mg		<u>2</u> ✓	Betadine Solution		<u>00</u>			
<u>O2 mask (A)</u>		<u>1</u> ✓	Microshield		<u>00</u>			
<u>Glove (6)</u>		<u>2</u> ✓	Cotton Balls					
<u>Gauze</u>		<u>1</u> ✓	Latex Gloves		<u>20</u> ✓			
<u>P.C 6/2</u>		<u>2</u> ✓	Randione Scrub					
		<u>1</u> ✓	Saral <u>3/4</u>		<u>01</u> ✓			

Surgeon Anaesthesiologist Nurse OT Technician
Order No. : 0710214 Ordered by : poulabi
Doc. No. : RCH / FRM / GENERAL / 125

ADMISSION SHEET



Registration Details :

Admission No : IP5-00176585 Admit Date : 18-Jul-2026 Admit Time : 05:53 PM UHID : BAH-00647225

Patient Details :

Patient Name	: Mrs MUBEENA AFEEN FATIMA	Age	: 28 Y 7 M 19 D
Guardian	: Mr SHAIK IMTIYAZ UDDIN	DOB	: 29-11-1997
Gender	: Female	Religion	:
Occupation	:	Martial Status	: Married
Address (H)	: FLAT 204, H NO: 12-2-837/C/1/204, SRI RAM NAGAR COLONY Mehdiapatnam Hyderabad Telangana INDIA 500028	Phone No	: 8686525149/
		E-mail	: 8686525149@gmail.com

Admission Details :

Bed Type : SHARED WARD Bed No : SW 415 Ward Name : 4F-BIRTHING CENTRE
Room No : SW 415 Admission Type : First Visit

Contact Details :

Name : Mr SHAIK IMTIYAZ UDDIN Relationship : Husband
Contact Address : FLAT 204, H NO: 12-2-837/C/1/204, SRI RAM NAGAR COLONY Mehdiapatnam Hyderabad Telangana INDIA 500028 Phone No : 8686525149 / 8686525149


Signature

Doctor Details :

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

Payment Details :

Payment Mode : Cash Deposit Amount : 0.00
Payor Name : MEDI ASSIST INSURANCE TPA PVT LTD

ACTIVITY RECORD FOR BILLING

Name : _____

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

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

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

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WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
18/12/26	2pm	OBs	OB No 7	
18/12/26	9pm	OT	OBs	
19/12/26	12:45 pm	OBs	3rd floor (39)	

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	Mubeena Sharm	20/12/26		
2				
3				
4				
5				
6				
7				
8				
9				
10				

[illegible]

~~cross checked done
by paulabi~~

[illegible]

Date

[illegible]

Connecting Time

Disconnecting Time

Order No.

Signature

1812

Cardiac monitor

9pm

18h

Infusion pump

11 PM

5710 ~~18~~ ~~19~~ ~~20~~ ~~21~~ ~~22~~ ~~23~~ ~~24~~ ~~25~~ ~~26~~ ~~27~~ ~~28~~ ~~29~~ ~~30~~ ~~31~~ ~~32~~ ~~33~~ ~~34~~ ~~35~~ ~~36~~ ~~37~~ ~~38~~ ~~39~~ ~~40~~ ~~41~~ ~~42~~ ~~43~~ ~~44~~ ~~45~~ ~~46~~ ~~47~~ ~~48~~ ~~49~~ ~~50~~ ~~51~~ ~~52~~ ~~53~~ ~~54~~ ~~55~~ ~~56~~ ~~57~~ ~~58~~ ~~59~~ ~~60~~ ~~61~~ ~~62~~ ~~63~~ ~~64~~ ~~65~~ ~~66~~ ~~67~~ ~~68~~ ~~69~~ ~~70~~ ~~71~~ ~~72~~ ~~73~~ ~~74~~ ~~75~~ ~~76~~ ~~77~~ ~~78~~ ~~79~~ ~~80~~ ~~81~~ ~~82~~ ~~83~~ ~~84~~ ~~85~~ ~~86~~ ~~87~~ ~~88~~ ~~89~~ ~~90~~ ~~91~~ ~~92~~ ~~93~~ ~~94~~ ~~95~~ ~~96~~ ~~97~~ ~~98~~ ~~99~~ ~~100~~ ~~101~~ ~~102~~ ~~103~~ ~~104~~ ~~105~~ ~~106~~ ~~107~~ ~~108~~ ~~109~~ ~~110~~ ~~111~~ ~~112~~ ~~113~~ ~~114~~ ~~115~~ ~~116~~ ~~117~~ ~~118~~ ~~119~~ ~~120~~ ~~121~~ ~~122~~ ~~123~~ ~~124~~ ~~125~~ ~~126~~ ~~127~~ ~~128~~ ~~129~~ ~~130~~ ~~131~~ ~~132~~ ~~133~~ ~~134~~ ~~135~~ ~~136~~ ~~137~~ ~~138~~ ~~139~~ ~~140~~ ~~141~~ ~~142~~ ~~143~~ ~~144~~ ~~145~~ ~~146~~ ~~147~~ ~~148~~ ~~149~~ ~~150~~ ~~151~~ ~~152~~ ~~153~~ ~~154~~ ~~155~~ ~~156~~ ~~157~~ ~~158~~ ~~159~~ ~~160~~ ~~161~~ ~~162~~ ~~163~~ ~~164~~ ~~165~~ ~~166~~ ~~167~~ ~~168~~ ~~169~~ ~~170~~ ~~171~~ ~~172~~ ~~173~~ ~~174~~ ~~175~~ ~~176~~ ~~177~~ ~~178~~ ~~179~~ ~~180~~ ~~181~~ ~~182~~ ~~183~~ ~~184~~ ~~185~~ ~~186~~ ~~187~~ ~~188~~ ~~189~~ ~~190~~ ~~191~~ ~~192~~ ~~193~~ ~~194~~ ~~195~~ ~~196~~ ~~197~~ ~~198~~ ~~199~~ ~~200~~ ~~201~~ ~~202~~ ~~203~~ ~~204~~ ~~205~~ ~~206~~ ~~207~~ ~~208~~ ~~209~~ ~~210~~ ~~211~~ ~~212~~ ~~213~~ ~~214~~ ~~215~~ ~~216~~ ~~217~~ ~~218~~ ~~219~~ ~~220~~ ~~221~~ ~~222~~ ~~223~~ ~~224~~ ~~225~~ ~~226~~ ~~227~~ ~~228~~ ~~229~~ ~~230~~ ~~231~~ ~~232~~ ~~233~~ ~~234~~ ~~235~~ ~~236~~ ~~237~~ ~~238~~ ~~239~~ ~~240~~ ~~241~~ ~~242~~ ~~243~~ ~~244~~ ~~245~~ ~~246~~ ~~247~~ ~~248~~ ~~249~~ ~~250~~ ~~251~~ ~~252~~ ~~253~~ ~~254~~ ~~255~~ ~~256~~ ~~257~~ ~~258~~ ~~259~~ ~~260~~ ~~261~~ ~~262~~ ~~263~~ ~~264~~ ~~265~~ ~~266~~ ~~267~~ ~~268~~ ~~269~~ ~~270~~ ~~271~~ ~~272~~ ~~273~~ ~~274~~ ~~275~~ ~~276~~ ~~277~~ ~~278~~ ~~279~~ ~~280~~ ~~281~~ ~~282~~ ~~283~~ ~~284~~ ~~285~~ ~~286~~ ~~287~~ ~~288~~ ~~289~~ ~~290~~ ~~291~~ ~~292~~ ~~293~~ ~~294~~ ~~295~~ ~~296~~ ~~297~~ ~~298~~ ~~299~~ ~~300~~ ~~301~~ ~~302~~ ~~303~~ ~~304~~ ~~305~~ ~~306~~ ~~307~~ ~~308~~ ~~309~~ ~~310~~ ~~311~~ ~~312~~ ~~313~~ ~~314~~ ~~315~~ ~~316~~ ~~317~~ ~~318~~ ~~319~~ ~~320~~ ~~321~~ ~~322~~ ~~323~~ ~~324~~ ~~325~~ ~~326~~ ~~327~~ ~~328~~ ~~329~~ ~~330~~ ~~331~~ ~~332~~ ~~333~~ ~~334~~ ~~335~~ ~~336~~ ~~337~~ ~~338~~ ~~339~~ ~~340~~ ~~341~~ ~~342~~ ~~343~~ ~~344~~ ~~345~~ ~~346~~ ~~347~~ ~~348~~ ~~349~~ ~~350~~ ~~351~~ ~~352~~ ~~353~~ ~~354~~ ~~355~~ ~~356~~ ~~357~~ ~~358~~ ~~359~~ ~~360~~ ~~361~~ ~~362~~ ~~363~~ ~~364~~ ~~365~~ ~~366~~ ~~367~~ ~~368~~ ~~369~~ ~~370~~ ~~371~~ ~~372~~ ~~373~~ ~~374~~ ~~375~~ ~~376~~ ~~377~~ ~~378~~ ~~379~~ ~~380~~ ~~381~~ ~~382~~ ~~383~~ ~~384~~ ~~385~~ ~~386~~ ~~387~~ ~~388~~ ~~389~~ ~~390~~ ~~391~~ ~~392~~ ~~393~~ ~~394~~ ~~395~~ ~~396~~ ~~397~~ ~~398~~ ~~399~~ ~~400~~ ~~401~~ ~~402~~ ~~403~~ ~~404~~ ~~405~~ ~~406~~ ~~407~~ ~~408~~ ~~409~~ ~~410~~ ~~411~~ ~~412~~ ~~413~~ ~~414~~ ~~415~~ ~~416~~ ~~417~~ ~~418~~ ~~419~~ ~~420~~ ~~421~~ ~~422~~ ~~423~~ ~~424~~ ~~425~~ ~~426~~ ~~427~~ ~~428~~ ~~429~~ ~~430~~ ~~431~~ ~~432~~ ~~433~~ ~~434~~ ~~435~~ ~~436~~ ~~437~~ ~~438~~ ~~439~~ ~~440~~ ~~441~~ ~~442~~ ~~443~~ ~~444~~ ~~445~~ ~~446~~ ~~447~~ ~~448~~ ~~449~~ ~~450~~ ~~451~~ ~~452~~ ~~453~~ ~~454~~ ~~455~~ ~~456~~ ~~457~~ ~~458~~ ~~459~~ ~~460~~ ~~461~~ ~~462~~ ~~463~~ ~~464~~ ~~465~~ ~~466~~ ~~467~~ ~~468~~ ~~469~~ ~~470~~ ~~471~~ ~~472~~ ~~473~~ ~~474~~ ~~475~~ ~~476~~ ~~477~~ ~~478~~ ~~479~~ ~~480~~ ~~48~~

Gross heeled
done
by Powell

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
	IV Placement	1	9710048	
18-7-28	PAC	1	9710048	Freema
	Catheterization	1	9710048	

Cross checked
done by
Gutha

ANY OTHER INFORMATION

.....

.....

.....

.....

.....

.....

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor



IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

For emergency LSCS: 1st
breech & oligohydramnios.
Obstetric Formula: 2'cm; M-2022

Obstetric History:

Primigravida

OT Conception

Present Pregnancy Record:

Booked x 13+3 wks.

LMP: 30/10/25

EDD: 6/8/26

Corrected EDD:

GA: 37+2 wks

Menstrual History: Regular: ☐ Yes ☒ No

Obstetric Examination

Fundal Height: ut + stem

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

Liquor: ☒ Adequate ☐ Oligo ☐ Poly

PP: ☐ Cephalic ☒ Breech Others _____

Head Fifts Palpable: _____

FHS: ☒ Normal ☐ Tachy ☐ Brady ☐ Absent

RISK FACTORS:

→ h/o breathlessness @ 34+6 wks

↳ ECG & Echo done @

→ h/o gastroenteritis @ 36+2 wks

↓
medically managed

Per Speculum Examination

Draining: ☐ Present ☐ Absent ☐ Bleeding

Colour of Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Vaginal Examination

Cervix: ☐ Long ☐ Partially effaced ☐ Effaced

Os: Closed _____ Dilated _____

Membranes: ☐ Present ☐ Absent

Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Presenting Part: ☐ Vertex ☐ Breech ☐ Others

Sutton: ☐ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2

Pelvis: ☐ Adequate ☐ Doubtful

Height: 153 cm

Weight: 89 kg

Allergies: MKA

Breast: ☒ Normal ☐ Abnormal

General Examination:

Consciousness: Conscious Pallor: ?

Icterus: absent

Edema: ? absent

Temp: 99°F

PR: 118 bpm

BP: 100/66 [77]

DTR: ?

CVS: Normal

RS: ? @

Liver/Spleen: Not palpable

Urine Output: clear & adequate

SpO₂ 99% on RA

DIAGNOSIS

Primigravida | 37+2 wks | OT Conception | breech & oligohydramnios
& increased resistance in UAC for emergency LSCS



Family History: Nil	Surgical History: Nil					
Medical History: Nil	Medication History: See reconciliation form.					
Plan of Care: - Admission. - AST now. - PAC. - Prepare pants - Drugs as charted - Catheterize. - Shift to OT on call. - Send & trace CBA Send S. creat, CRP, LFT, Sr. electrolytes	Investigations: - B positive <table border="0"> <tr> <td>UDRL</td> <td rowspan="4">} NR</td> </tr> <tr> <td>HIV</td> </tr> <tr> <td>HBsAg</td> </tr> <tr> <td>HCV</td> </tr> </table> - FIS - low risk, TIFEA (N). 11/7/26 - ECG - (N) 2D Echo - EF - 68% 5/6/26 - Hb = 10.6 Plt = 2.72L. 11/7/26 - Hb = 10.8 TLC = 13.05K Plt = 2.42L. 18/7/26 = 37 + 2wks. breech 11 - anterior, high. AFI = 2.5 EFW = 3.321 [72%] AC = 61%. Used resistance in umbilical artery with positive EDF.	UDRL	} NR	HIV	HBsAg	HCV
UDRL	} NR					
HIV						
HBsAg						
HCV						

Doctor Name: Dr. Srinthi
Signature: Srinthi
Date & Time: 18/7/26; 5:45pm

Consultant Name: Dr. K. Pranathi Reddy
Signature: BHARGAVA
Reg. No: 93315
Date & Time: 18/7/26



CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: <u>Dr. pranathi Reddy</u>	Date of Delivery: <u>18/7/16</u>
Assistant Surgeon: <u>Dr. Deepika</u>	Time of Delivery: <u>8:01 pm</u>
Anaesthetist's Name: <u>Dr. Romya</u>	Gender of Baby: <u>Male</u>
Type of Anaesthesia: <u>SA</u>	Weight of Baby: <u>3.131 kgs</u>
Neonatologist: <u>Dr. Rupanjali Dr. Soumya</u>	AGPAR Score:
Scrub Nurse: <u>Sis. Poojhi</u>	NICU Admission: ☐ Yes ☐ No

Pre-Operative Diagnosis:

☐ Elective

☒ Emergency

Indication:

Urgency

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

1st conception / Breech & Oligohydramnios
increased resistance in umb artery
Breech presentation.

Decision time: Knife to rectus:

CTG Description:

If there was a delay give the reasons:

Surgical Procedure:

Emergency US under Spinal

Post Operative Diagnosis:

P14 - P40-0

Peri-Operative Complications:

Breech extraction

Amount of Blood Loss:

~ 400ml

Blood Transfused (in ML):

NIL

Name and Number of Surgical Specimen sent for examination:

NIL

Examination Findings when Appropriate:Presentation: ☐ Cephalic ☒ Breech ☐ Other

Cervical Dilatation: cm

5th Palpable:

Fetal Position:

Station: ☐ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2Moulding: ☐ None ☐ + ☐ ++ ☐ +++Caput: ☐ + ☐ ++ ☒ +++Meconium: ☐ None ☐ + ☐ ++ ☐ +++Bladder Catheterized: ☒ Yes ☐ NoUrine: ☒ Clear ☐ Blood StainedSkin Incision: ☒ Pfannenstiel ☐ Transverse☐ Midline ☐ OtherUterine Incision: ☒ Lower Segment ☐ Classical☐ Inverted T ☐ J IncisionPrevious Scar: ☐ Intact ☐ Thinned out☐ Ruptured ☒ No ScarIncision Through Placenta: ☐ Yes ☒ No*Breech extraction*Delivery of head: ☒ Manual ☐ ForcepsLiquor: ☒ Clear ☐ Meconium: ☐ I ☐ II ☐ III ☐ Blood ☐ Offensive ☐ Not OffensiveDelivery of Placenta: ☐ Manual ☐ C&T ☒ Complete ☐ Incomplete ☐ PiecemealCord Appearance: *Normal* Cord around the neck ☒ Yes ☐ NoAppearance of placenta: *Normal* Cavity explored ☒ Yes ☐ NoUterus, tubes and ovaries: ☒ Normal ☐ Not NormalSterilization: ☐ Yes ☒ NoUterine Closure: ☐ One Layer ☒ Two Layers*No 1-0 Vicryl* SuturePeritoneal Closure: ☐ Pelvic ☐ Abdominal ☒ None*None* SutureSheath Closure: ☒ Yes ☐ No*No 1 Vicryl* SutureFat Closure: ☒ Yes ☐ No*No 2-0 Rapid Vicryl* SutureSkin Closure: ☒ Subcuticular ☐ Mattress*No 2-0 Rapid Vicryl* SutureVaginal Evacuated ☒ Yes ☐ NoDrain: ☐ Yes ☒ No☐ Remove in days ☐ Await instructionsCatheter ☒ Yes ☐ No☐ Remove in days ☐ Await instructionsSwap & Instruments count correct? ☒ Yes ☐ No☐ Post-op Antibiotics ☒ Yes ☐ NoIntra-Operative Antibiotics Cover: ☐ Yes ☐ No☐ Thromboprophylaxis ☒ Yes ☐ No

Post-Operative Notes:

*✓ NBM for 3-4 hrs**✓ W/F + Analgesic Axon**✓ monitor vitals / temp.**✓ n/a monitoring**✓ mobilization**✓ w/f excessive bleeding**✓ inform SRS**CBP @ 6 AM**10/7/2026*Doctor Name: *Dr. Rupika*Doctor Signature: *Cup*Date & Time: *10/7/2026, 9:30 PM*

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Dr. PRANATHI REDDY A



POST-SURGICAL CARE PLAN FORM

Procedure Done: Emergency LSC under spinal

Post-Surgical Diagnosis: P.Y. - P.D.D.

Post-Operative Monitoring Parameters /Frequency:

BP/PR/SpO₂ - hourly monitoring

Wound Care:

Dressing x 48 hours

Drain /Special Lines/Catheters:

- ✓ Foley's insitu
- ✓ v/o hourly monitoring

Special Patient Positioning and Requirements:

NIL

Nutritional Instructions:

- ✓ NBM for 3-4 hrs
- ✓ liquid diet x 4-5 hrs
- ✓ Soft diet x 6 AM (19/1/26)

When to Start Mobilization:

- ✓ As soon as anaesthesia wears off
- ✓ Ambulation after Foley's Removal

Special Referrals:

NIL

The new order for all required medications documented in the doctor order/medication sheet:

☒ Yes ☐ No

Any Other Post-Operative Care Needed including Required Follow Up

CBP at 6 AM 19/1/2026

Treating Surgeon
(Signature & Stamp)

Date: 18/1/26 Time: 9.30pm

Note: Plan of care will be readjusted if necessary.

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BUNDLE CARE CHECKLIST TO PREVENT SURGICAL SITE INFECTION (SSI)

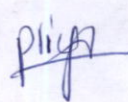
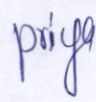
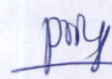
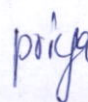
To Be Filled In By Assigned Nurse :

Date : 18.7.2016

Department : OB/GYN OT Duration of Procedure : 2 hour

Name of Surgeon : Dr. Pranathi Reddy Date of Admission :

Bundle Care Criteria : (Tick (✓) if done)

		Staff Signature
1.	Antibiotic given prior to surgery ? ☒ Yes ☐ No ☒ Single Dose Antibiotic or Long Antibiotic Regime Antibiotic administered within 60 minutes prior to incision ? ☐ Yes ☐ No Name of the Antibiotic :	
2.	Hair Removal ☒ Yes ☐ No if Yes : Surgical Clipper Department where Hair Removed : ☒ Ward ☐ Operating Room ☐ Other : Skin preparation done (cleanse surgical area with antiseptic agent)? ☐ Yes ☐ No	
3.	Patient's body temperature immediately post operation (Recovery Room) 99.5 °C ☐ Oral Or ☒ Axilla (Goal : 36-37 °C)	
4.	Name of doctor or staff administering the antibiotic : Sis. Priga Date & Time of antibiotic administration : 18.7.2016 @ 6 pm Date & Time procedure started : 18.7.2016 @ 7.14 pm	

- Ensure form is filled in completely by assigned staff whenever patient had surgery
- If any bundle care criteria has not been observed or unmet, assigned staff must inform infection control nurse for management
- All forms (Bundle care and when required SSI form) are completed properly
- Forms must always be kept in Infection Control folder in respective department

Docu. No. : RCHBH/ FRM / CLINICAL / 038

DEFICIENCY CHECK LIST OF CASE SHEET

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

ERROR LOG

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

OBSERVATION :

DATE :

SIGNATURE OF MRD INCHARGE / EXECUTIVE

BAH-00647225 IP5-00176585
 Mrs MUBEENA AFEEN FATIMA
 29-11-1997 28 Y 7 M 19 D (F)
 Dr. PRANATHI REDDY A



GRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/1/2026		
6:00pm	Up/In Dr. Pranamini / Dr. Bhargavi Dr. Niveditha	
	NSJ - Ractive	
	Vitals - PR - 115bpm	PAE ✓
	BP - 100/66 (77)	
	SpO ₂ 99% on RA	Chest - clear
	Temp - 99.2°F	
	✓ IV Hydration	
	✓ CRP, CRP, Creatinine LFT, Sr-electrolytes.	
	✓ Inj Magnex-forte 1.5 grams IV after test done.	
	✓ Inj Pcm 1gram IV - STAT	
	✓ Inj metrogyl 500mg - IV.	
	✓ HVS, Urine c/s; CV6	
	✓ For VCS after investigations.	
	✓ Patient & husband explained the same	
	✓ plan Blood cultures if WBC/CRP - high	
	by Dr. Duplan	

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/7/2026		
7:00 PM	Labs traced	c/o/w Dr. Pranathi Dr. Niveditha AXDN
	Temp - 98.3°F. BP - 110/70/74 PR - 105bpm SpO ₂ - 98% on RA HR good	Hb - 11.2 WBC - 12.85 Plt - 2.68 Creatinine - 0.4 URT - WNL Sr. electrolytes - WNL CRP - 24.
	✓ Can be taken for Vals.	
	✓ Trace HWS, Urine c/s.	
	✓ To continue Magnex forte & Metrogyl	
	By Dr. Rupika	

BAH-00647225 IP5-00176585
Mrs MUBEENA AFEEN FATIMA
29-11-1997 28 Y 7 M 19 D (F)
Dr. PRANATHI REDDY A



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/7/2026	POD-0 / Emg. U/S / P14	
9:30 PM	Comfortable Heart air / afebrile vitals BP-117/69(82) PR-94bpm Temp-99. SpO2-99% on RA P/A - uterine retracted soft	
Baby NICU 9pm- 700ml V/D - 100ml, clean clean - clean emptied		
CBP @ 6 AM (19/7/26)	V/E - Minimal Bleeding (+)	
		Advice:
Check Temp at 11 PM		✓ NBM for 3-4 hours
Trace HWS Urine C/S.		✓ Drugs as charted
		✓ Monitor vitals / Temp
		✓ V/D monitoring
		✓ mobilization
		✓ IV fluids at 100 ml/hr
		✓ W/F. excessive Bleeding
		✓ Dufarm 400
		By Dr. Peepika

Dr. Sona
02/19/10

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/7/2026	11:30 PM - Temp - 99°F	by Pm 1 gram IV.
12:30 AM	POD-0	Advice :
Baby Well	Comfortable Vitals - BP - 121/65/81 PR - 95 bpm SpO2 - 100% Temp - 98.0°F	✓ Sips of H2O x 2 AM ✓ No liquid diet ✓ Soft diet x 7 AM ✓ IVF x 100ml/hr ✓ Monitor vitals ✓ Temp x 2nd indy
11 PM - 300ml - emptied		
10 PM - 700ml - emptied		
New-	P/A - Vteins retracted Soft BS (+)	✓ Vte monitoring ✓ Mobilization
CRP @ 6 AM	VVE - Minimal Bleeding	✓ w/r excessive bleeding ✓ Inform SRS
UO = 100ml.	Shift to room	by Ubr Deepika
19/7/2026		
8:00 AM	POD-1 Emg. ULS Last spike - 11:30 PM - 99°F	Advice
Baby well	Comfortable Vitals - stable P/A - vteins retracted Soft BS (+)	✓ Oral hydration ✓ Only soft diet ✓ Drugs as charted ✓ Monitor vitals ✓ Ambulation ✓ Vte monitoring ✓ Inform SRS
UO - 1600ml	VVE - MB (+)	
Urine Removal 11 AM	Hb - 13 WBC - 13.1K	by Ubr Deepika



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<u>19/7/26</u> <u>4pm</u>	POD-1 Emlor PLY	
	C/C: fair	R
	Vitals: stable	1) Soft diet & plenty of
B-act	PLA: ut (R) cul	and fluid
U✓	soft	2) Drug as charted
J✓	BS+	3) w/o Plv Bleeding
S✓	Plv: NAB	4) Ambulation
		5) Monitor vitals - 4hr
		6) Insulin ss
	Hb: 10.0	
	Plt: 2.05	
	WBC: 10.30	
		Dr. Prathi
		NB- perathu
		20/05/23
<u>19/7/26</u> <u>9pm</u>	POD-1 Emlor PLY	
	C/C: fair	R
	Vitals: stable	1) Soft diet & plenty of
B-act	PLA: ut (R) cul	fluid
U✓	soft, BS+	2) Drug as charted
J✓	Plv: NAB	3) w/o Plv Bleeding
S✓		4) Ambulation
		5) Monitor vitals - 4hr
		6) Insulin ss.
		Dr. Prathi

BAH-00647225 IP5-00176585
Mrs MUBEENA AFEEN FATIMA
29-11-1997 28 Y 7 M 19 D (F)
Dr. PRANATHI REDDY A



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/7/2026 9:15 AM	POD-2 / Embrs / P/L	
B-vent	Gc/par vital: stable	1. Monitor vitals - 4 hr.
U1	PlA: Ut @ end	2) Drug as charted
J1	soft	3) w/f ph bleeding
J1	BSA	4) Ambulation
	plw: NAB	5) Soft / @ diet & pleebly of end part
D/E / done		6) Inform so
S/E / done	Plan discharge by evening.	
True - H/S		
20/7/2026 2:00 PM	POD-2 / Embrs / P/L Comfortable ambulating	- Dr Sanku
B-vent	Gc/par vital: stable	
U1	PlA: Ut @ end	1. Soft diet
J1	soft, BSA	2. Ambulation
J1	plw BWM	3. Hydration
		4. w/f ache bleeding
		5. Drugs as charted
		6. Inform so
D/E / done P2		
S/E / done		
Inf. Magnex		
Inf. Mefenolaz		

BAH-00647225 IPS-00176585
 Mrs. MUBEENA AFEEN FATIMA
 28-11-1997 28 Y 7 M 20 D (F)
 Dr. PRANATHI REDDY A

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PROGRESS NOTES AND DOCTOR'S ORDER

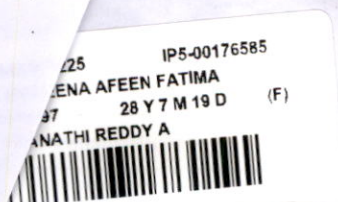
Date & Time	Progress Notes	Doctor's Order
20/1/2021 2:40 PM	Placenta intact ole ac/fair vitals - stable P/A returns retracted well	Adv - soft deep plenty of milk feeds - sleep as per chatter - vitals & temp - Ambulate - Inj. paracetamol
Baby - MS	Uterus - loose	
Placenta done SLE - done	hearing	
21/1/2021 8:30 PM	POD-3 / Im Lx / AL pt comfortable	noted by Satya
22/1/2021 8:30 PM	o/f Cervix vitals stable P/A - ut @ 2cm LIE - BVM Lochia healthy	Adv ① soft diet ② Ambulation ③ Hydration ④ vitals & ch. hgt ⑤ Deep aches ⑥ Inj. paracetamol
DFV SLE done T. Leffman T. Mehta		
Plan discharge by today evening		Dr. Dhye

IP5-00176585
TIMA (F)



PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]



RESULT SHEET

Date	5/6/26	18 Hb6			
Time					
Hb	1008	11.2			
PCV		34.3			
RBC		4.39			
WBC		12.95			
N/L					
Platelets	2042L	268			
CRP		24.0			
ESR					
PCT					
RBS					
Na		134			
K		3.7			
Cl		104			
Ca/Mg					
Phosphate					
Urea					
Creatinine		0.4			
ALP					
SGPT		10			
SGOT		14			
T.Bill/Conj		0.2, 0.1 0.2, 0.1			
T.Protein		6.0			
S.Albumin		3.0			
S.Globulin		3.2			
A/G Ratio		0.9			
Uric Acid					
S.Amylase					
Sr.Lipase					
Blood Lactate					
S.Cholesterol					
PT/INR					
APTT					
CSF Protein / Sugar					
Cells					
N/L					

MEDICATION RECONCILIATION FORM

Drug Allergies: NKA ☒ Not known any Drug Allergies

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

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

Shifting From: Shifted to:

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	T-IRON	1 tab	po	OD	18/7/24	☐ C ☒ DC
2	T-BALCIUM	1 tab	po	OD	18/7/24	☐ 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. Diney

Date & Time: 18/7/2026 ; 5:30pm

Nurse Name & Signature: Swapna

Date & Time: 18/7/26 6pm



DRUG CHART

Date of Admission: 10/7/20 Drug Allergies: NKA ☐ 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:																			

Weight. Ward.

VERIFIED

VERIFIED

VERIFIED



Date Time		Nurse Sig.	Nurse Sig.	Nurse Sig.	Nurse Sig.
DRUG : <u>Dab TRAM002</u>	<u>18/7/22</u>	Dose <u>100mg</u> Dr. Sign. <u>[Signature]</u>	Dose	Dose	Dose
Route <u>P/O</u>	Start Date <u>18/7/22</u>	Dose	Dose	Dose	Dose
Name & Signature of the Doctor <u>[Signature]</u>		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	Dose
		Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.
Route	Start Date	Dose	Dose	Dose	Dose	Dose
		Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.
Name & Signature of the Doctor		Dose	Dose	Dose	Dose	Dose
		Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.
Additional Instructions:		Dose	Dose	Dose	Dose	Dose
		Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
18/7	6pm	INS CEFOTAXIM	1g	IV	[Signature]	Swapne Kaeun
18/7	6:2pm	INS PANTOPRAZOLE	40mg	IV	[Signature]	Swapne Kaeun
18/7	6:5pm	INS ACINORM	100mg	IV	[Signature]	Swapne Kaeun
18/7	6:6pm	INS ZOFER	4mg	IV		Swapne Kaeun
18/7	7:40pm	INT TRANAMARIC ACID	1g	IV	[Signature]	Swapne Kaeun
18/7	7:46pm	INT ONDAPAROL	mg	IV	[Signature]	Swapne Kaeun
18/7	8:30pm	Sup DICLOFENAC	100mg	P/O	[Signature]	Swapne Kaeun
18/7	8:40pm	Sup. TRAMADOL	100mg	P/O	[Signature]	Swapne Kaeun
18/7	6:30 PM	INS PARACETAMOL	1gram	IV	[Signature]	Swapne Kaeun

Weight. Ward.

[illegible]

Signature _____

VERIFIED BY: Name



Sheet No:

REGULAR PRESCRIPTIONS

Weight

Ward

DRUG: TAB. TRAMADOL				Date Time	19/7/2017															
Dose	Route	Frequency	Start Dt.																	
100mg	PO	TID	18/7																	
Name & Signature of the Doctor Starting the Drugs:				Signature of Dr. Pratik Reddy Signature of Dr. Pratik Reddy																
Additional Instructions:				10pm Am 10pm Am																
Daily Doctor's Endorsement by a Sign				Signature of Dr. Pratik Reddy																
DRUG: TAB. PANTOPRAZOLE				Date Time	19/7/2017	20/7/2017														
Dose	Route	Frequency	Start Dt.																	
40mg	PO	BD	19/7/2017																	
Name & Signature of the Doctor Starting the Drugs:				Signature of Dr. Pratik Reddy Signature of Dr. Pratik Reddy																
Additional Instructions:				10pm Am 10pm Am																
Daily Doctor's Endorsement by a Sign				Signature of Dr. Pratik Reddy																
DRUG: INT. CLEXANE				Date Time	19/7/2017	20/7/2017														
Dose	Route	Frequency	Start Dt.																	
1mg	SC	OD	19/7/2017																	
Name & Signature of the Doctor Starting the Drugs:				Signature of Dr. Pratik Reddy Signature of Dr. Pratik Reddy																
Additional Instructions:				6 AM on 19/7/2017 after checking bleeding																
Daily Doctor's Endorsement by a Sign				Signature of Dr. Pratik Reddy																
DRUG: Tab. CEFOTIM				Date Time	21/7															
Dose	Route	Frequency	Start Dt.																	
100mg	PO	BD	20/7																	
Name & Signature of the Doctor Starting the Drugs:				Signature of Dr. Pratik Reddy Signature of Dr. Pratik Reddy																
Additional Instructions:				10pm																
Daily Doctor's Endorsement by a Sign				Signature of Dr. Pratik Reddy																

Weight Ward

DRUG : <i>Tab. METRONIDAZOLE</i>				Date <i>21/7</i>
Dose <i>400mg</i>	Route <i>PO</i>	Frequency <i>TID</i>	Start Dt. <i>20/7</i>	Time <i>11PM</i>
Name & Signature of the Doctor <i>Dr. Amene</i>				<i>11PM</i>
Additional Instructions:				<i>11PM</i>
Daily Doctor's Endorsement by a Sign				

DRUG: T. Mepronidazole				Date Time	2/12
Dose	Route	Frequency	Start Dt.		
Amox	PO	TID	20/1/2004	✓	
Name & Signature of the Doctor Starting the Drugs: Dr. Dey.				3pm	
Additional Instructions:				11pm	
Daily Doctor's Endorsement by a Sign					

[illegible][illegible]



HI REDDY A

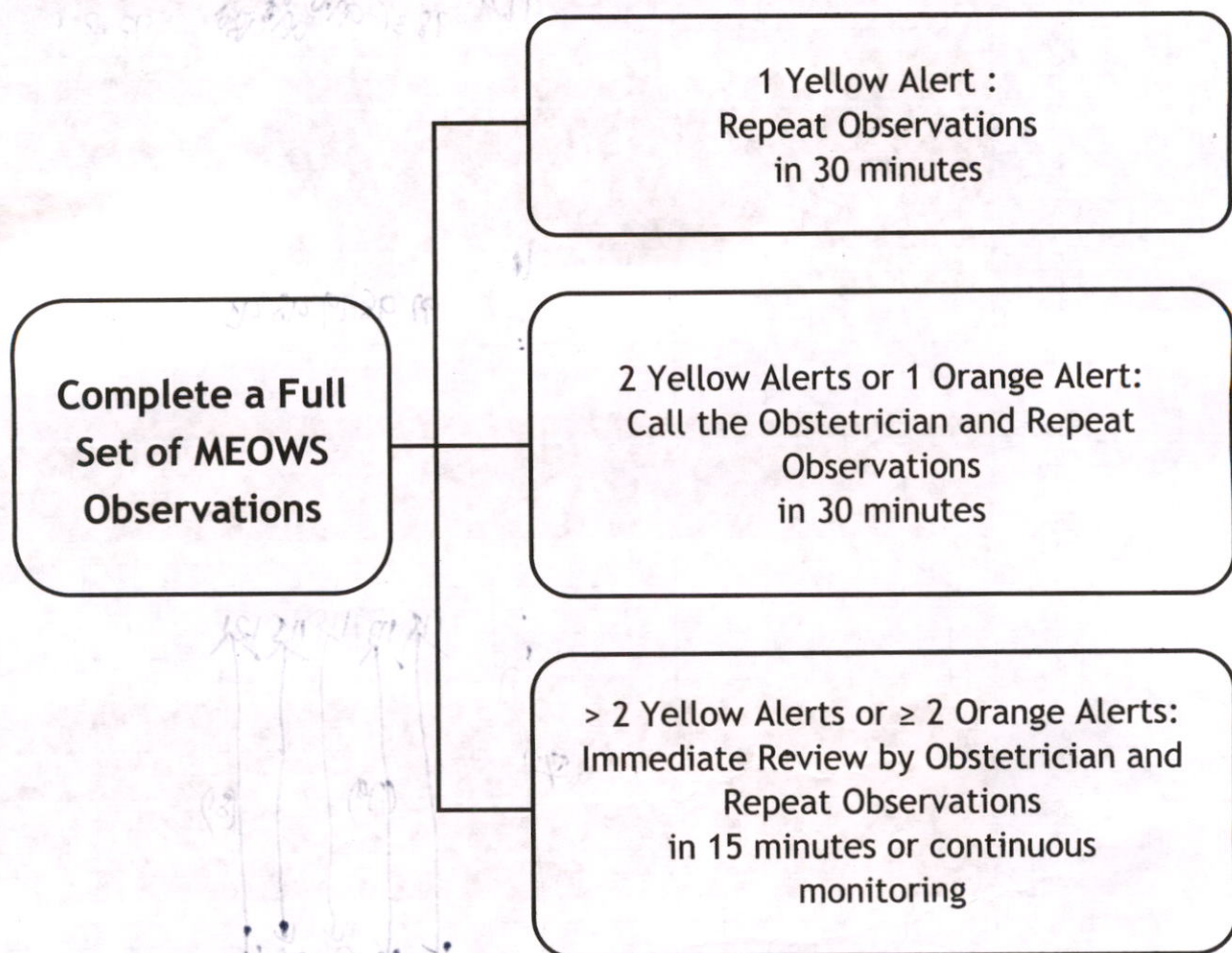


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Your Right to a Safe Delivery

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

18/2/20		Date	18/2																							
		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																									
	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																									
	50																									
40																										
Systolic Blood Pressure	190																									
	180																									
	170																									
	160																									
	150																									

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

BAH-00647225 IP5-00176585
Mrs MUBEENA AFEEN FATIMA
29-11-1997 28 Y 7 M 19 D (F)
Dr. PRANATHI REDDY A



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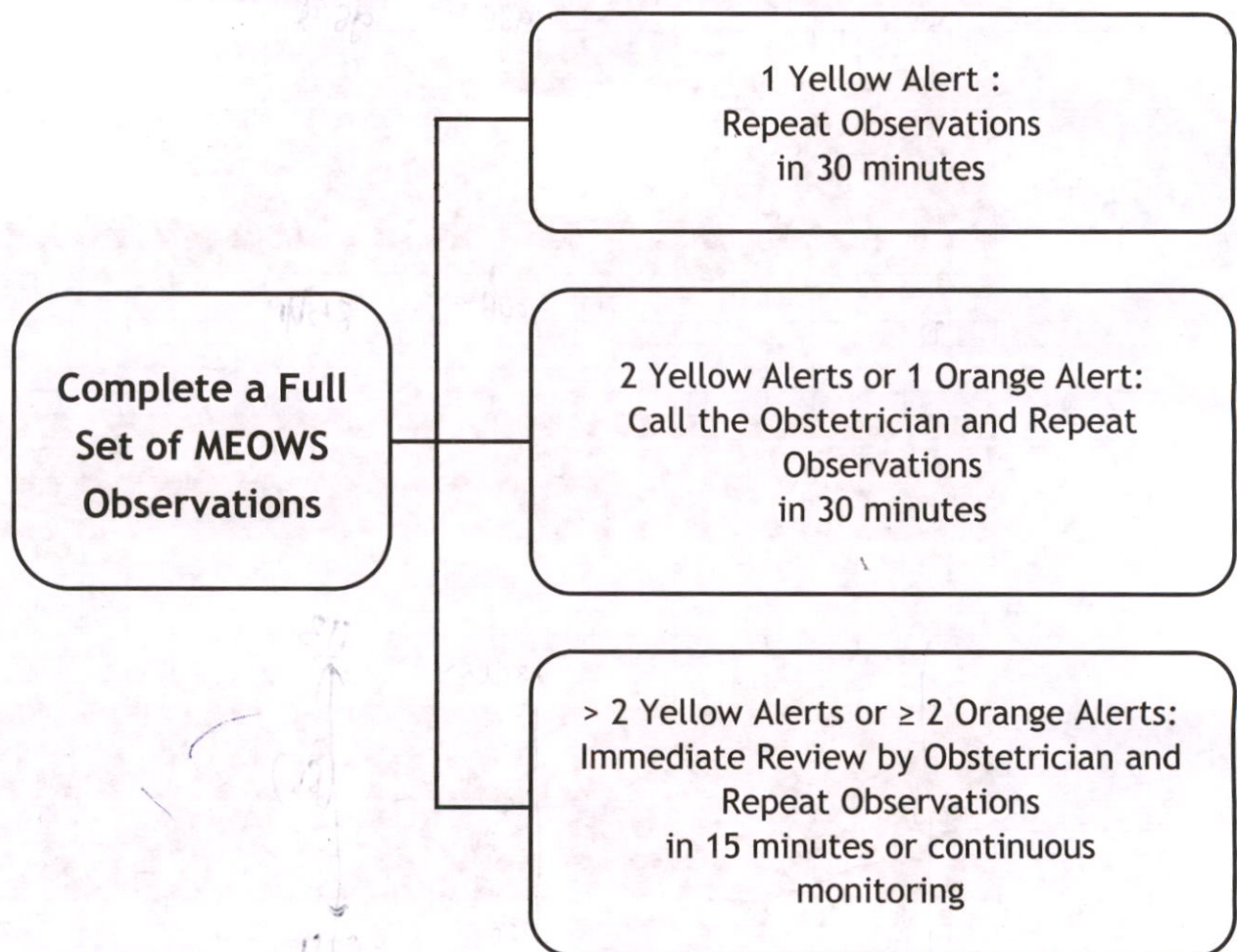
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Early warning Observation Score Chart - Obstetrics

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

[illegible]

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

IPS-00176585

BAH-00647225
Mrs MUBEENA AFEEN FATIMA

39-11-1997

28 Y 7 M 20 D

(F)

29-11-1997
Dr. PRANATHI REDDY A



20/7/26



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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

		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																									
	0 - 10																									
Saturations	94 - 100 %																									
	< 94 %																									
Administered O ₂ (L/min.)																										
Temp °C	40																									
	39																									
	38																									
	37																									
	36																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	Systolic Blood Pressure	170																								
160																										
150																										
140																										
130																										
120																										
110																										
100																										
90							</																			

Obstetrics and Gynaecology Early Warning Signs

**Complete a Full
Set of MEOWS
Observations**

**1 Yellow Alert :
Repeat Observations
in 30 minutes**

**2 Yellow Alerts or 1 Orange Alert:
Call the Obstetrician and Repeat
Observations
in 30 minutes**

**> 2 Yellow Alerts or $\geq$ 2 Orange Alerts:
Immediate Review by Obstetrician and
Repeat Observations
in 15 minutes or continuous
monitoring**

* The Modified Early Warning Score (MEOWS)

AH-00647225 IP5-00176585
 MUBEENA AFEEN FATIMA (F)
 11-1997 28 Y 7 M 20
 PRANATHI REDDY A

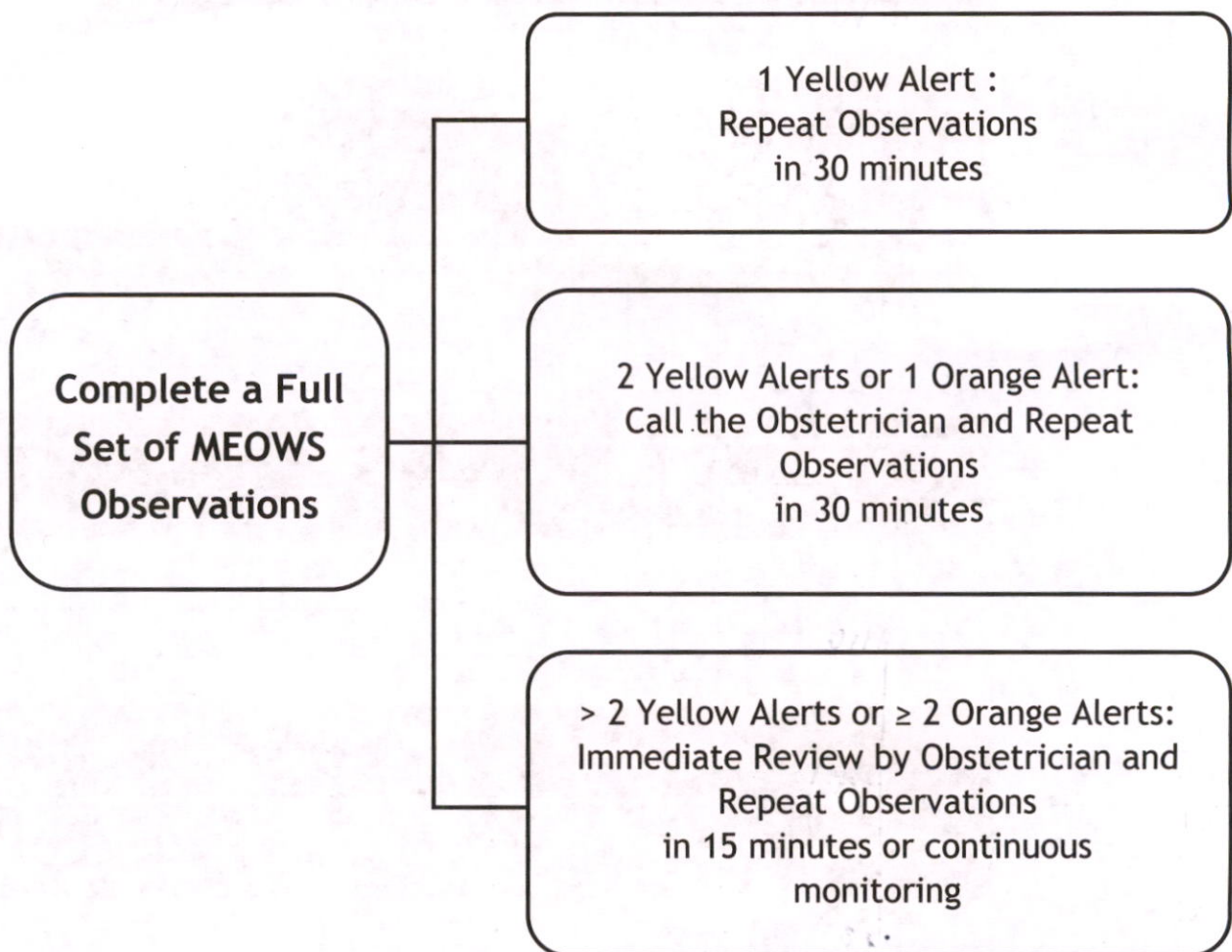


Early Warning Observation Score Chart - Obstetrics

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

[illegible]

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)



FLUID CHART

Sheet No. : 17

12/12/18

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.

Date		Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
				Mouth	I.V	N.G							
		08:00 am											
		09:00 am											
		10:00 am											
		11:00 am											
		12:00 pm											
		01:00 pm											
Total Intake :							Total Output :						
		02:00 pm											
		03:00 pm											
		04:00 pm											
		05:00 pm											
		06:00 pm	PL	NBM	100ml								
		07:00 pm	PL	NBM	100ml								
Total Intake :							Total Output :						
		08:00 pm	PL		100ml								
		09:00 pm	PL	NBM	100ml								
		10:00 pm	PL		100ml								
		11:00 pm	PL	NBM	100ml								
		12:00 am	PL		100ml								
		01:00 am	PL	NBM	100ml								
Total Intake :							Total Output :						
		02:00 am		H2O	100ml								
		03:00 am			100ml								
		04:00 am	PL	H2O	100ml								
		05:00 am			100ml								
		06:00 am		H2O	100ml								
		07:00 am			100ml								
Total Intake :							Total Output :						
		Total 24 hrs. Intake		IV - 1100ml									
		Total 24 hrs. Output		M - 0 U - 500ml									

BAH-00647225 IP5-00176585
 Mrs MUBEENA AFEEN FATIMA
 29-11-1997 28 Y 7 M 20 D (F)
 Dr. PRANATHI REDDY A

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. :

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

		Intake				Output					IV Site Thrombo- phlebitis Score	Sign. Nurse											
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine													
19/7/26			Mouth	I.V	N.G																		
	08:00 am	1	Orally	100ml							0	skinner											
	09:00 am	2	Orally	100ml							0												
	10:00 am	1	H ₂ O	100ml							0												
	11:00 am			100ml						200ml	0												
	12:00 pm		H ₂ O								0												
01:00 pm										0													
Total Intake :						Total Output :						M-1 U-1											
19/7/26	02:00 pm										0	Kerath											
	03:00 pm		H ₂ O								0												
	04:00 pm										0												
	05:00 pm										0												
	06:00 pm		H ₂ O								0												
	07:00 pm										0												
Total Intake :						Total Output :						U-2 M-2											
19/7/26	08:00 pm										0	Kath											
	09:00 pm		water								0												
	10:00 pm		milk								0												
	11:00 pm										0												
	12:00 am		water								0												
	01:00 am										0												
Total Intake :						Total Output :						U-2 M-0											
19/7/26	02:00 am										0	Kath											
	03:00 am		water								0												
	04:00 am										0												
	05:00 am										0												
	06:00 am		water								0												
	07:00 am										0												
Total Intake :						Total Output :						U-2 M-0											
Total 24 hrs. Intake		taken										Total 24 hrs. Output		U-2 M-3									

BAH-00647225 IPS-00176585
 Mrs MUBEENA AFEEN FATIMA
 29-11-1997 28 Y 7 M 20 D (F)
 Dr. PRANATHI REDDY A



Rainbow Children's Hospital
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FLUID CHART

Sheet No. :

20/11/26

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

		Intake			Output						IV Site Thrombo- phlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G							
	08:00 am								✓	0		
	09:00 am	H ₂ O								0		
	10:00 am									0		
	11:00 am	H ₂ O								0		
	12:00 pm								✓	0		
	01:00 pm									0		

Total Intake :

Total Output :

	02:00 pm									0		
	03:00 pm	H ₂ O								0		
	04:00 pm								✓	0		
	05:00 pm	H ₂ O								0		
	06:00 pm									0		
	07:00 pm									0		

Total Intake :

Total Output :

	08:00 pm	Food								0		
	09:00 pm	H ₂ O								0		
	10:00 pm									0		
	11:00 pm									0		
	12:00 am	FR								0		
	01:00 am									0		

Total Intake :

Total Output :

	02:00 am									0		
	03:00 am	H ₂ O								0		
	04:00 am									0		
	05:00 am									0		
	06:00 am	FR								0		
	07:00 am									0		

Total Intake :

Total Output :

24 hrs. Intake

Total 24 hrs. Output

M-20-2



FLUID CHART

Sheet No. :

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

		Intake				Output					IV Site Thrombo- phlebitis Score	Sign. Nurse	
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G								
21/3/22	08:00 am	400ml					1			✓	3	[Signature]	
	09:00 am												
	10:00 am	100					NP		✓				
	11:00 am												
	12:00 pm	100					1		✓				
	01:00 pm												
Total Intake :						Total Output :						N-OU-3	
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
Total Intake :						Total Output :							
22/3/22	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-00647225 IP5-00176585
 Mrs MUBEENA AFEEN FATIMA
 29-11-1997 28 Y 7 M 19 D (F)
 Dr. PRANATHI REDDY A



NURSING CARE RECORD

Rainbow Children's Hospital
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Shift: ☐ Morning ☒ Afternoon ☐ Night

Date: 18-7-26

Assessment: Patient is having fever and related to surgery

Goals

- | | | | | | |
|---|---|--|---|---|---|
| ☐ Maintain Airway and Oxygenation | ☒ Relieve Pain & Discomfort | ☒ Maintain Fluid Balance | ☐ Improve Activity Tolerance | ☐ Maintain Good Nutritional Status | ☐ Maintain Skin Integrity |
| ☐ Maintain Personal Hygiene | ☒ Prevent Infection | ☐ Meet Elimination Needs | ☐ Ensure Safety | ☐ Early Ambulation Reduce Anxiety | ☐ Patient & Family Education |
| ☐ Identify Potential Complications | ☐ Any Others. Specify..... | | | | |

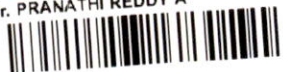
Time	Plan of Care	Time	Implementation	Evaluation
5pm	Assess the Patient general condition	6:30pm	Assess the patient general condition	Patient is stable
6:40pm	Monitor vitals and recorded	7:10pm	Monitoring vitals and recorded	
7:30pm	Administer medication as doctor advised	7:40pm	Administered medication as doctor advised	
8pm	IV Placement Done	8pm	IV Placement Done	

Re-Assessment: recurrent fever

Special Notes:

Nurse Signature: [Signature] Nurse Name: Prerna Date & Time: 18-7-26 2:30pm

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NURSING CARE RECORD

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Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 18/2/26

Assessment:

patient having fear and anxiety

Goals

- | | | | | | |
|---|--|---|---|---|---|
| ☐ Maintain Airway and Oxygenation | ☐ Relieve Pain & Discomfort | ☐ Maintain Fluid Balance | ☐ Improve Activity Tolerance | ☐ Maintain Good Nutritional Status | ☐ Maintain Skin Integrity |
| ☐ Maintain Personal Hygiene | ☐ Prevent Infection | ☐ Meet Elimination Needs | ☒ Ensure Safety | ☐ Early Ambulation Reduce Anxiety | ☐ Patient & Family Education |
| ☐ Identify Potential Complications | ☐ Any Others. Specify..... | | | | |

Time	Plan of Care	Time	Implementation	Evaluation
8pm	Assess the patient general condition	8:30 pm	Assessed the Baby general condition	Patient is stable
10pm	vital check.		vital checked and documented	
12am	ILo check monitor	10:20pm	ILo check monitoring	
2am	ambulation	12:38am	ambulation core (moving)	
4am	Relieve pain and Discomfort	2:30am	Administer medication as per drug chart	
5am	prevent infection	4:30am	maintaining hand hygiene	
6am	IV fluids	5:30am	IV fluids on going	
8am	Ensure safety	6:30am	Ensure safety needs	

Re-Assessment:

patient comfortable after taking IV PCM medication

Special Notes:

on febrile

Nurse Signature:

Sona

Nurse Name:

Sona

Date & Time:

19/2/26 8am

BAH-00647225 IP5-00176585
 Mrs MUBEENA AFEEN FATIMA
 29-11-1997 28 Y 7 M 19 D (F)
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NURSING CARE RECORD

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Shift: ☒ Morning ☐ Afternoon ☐ Night

Date: 19/7/26

Assessment: patient having mild pain at surgical site

Goals

- ☐ Maintain Airway and Oxygenation
- ☐ Relieve Pain & Discomfort
- ☒ Maintain Fluid Balance
- ☐ Improve Activity Tolerance
- ☒ Maintain Good Nutritional Status
- ☐ Maintain Skin Integrity
- ☒ Maintain Personal Hygiene
- ☐ Prevent Infection
- ☐ Meet Elimination Needs
- ☒ Ensure Safety
- ☐ Early Ambulation Reduce Anxiety
- ☒ Patient & Family Education
- ☐ Identify Potential Complications
- ☐ Any Others. Specify

Time	Plan of Care	Time	Implementation	Evaluation
8 AM	Assess the patient.	8:05 AM	Assessed the patient.	Patient was stable.
9 AM	General condition	9:05 AM	General condition	
10 AM	Monitor the vitals.	10:05 AM	Monitored the vitals.	
11 AM	Maintain I/O chart.	11:05 AM	Maintained I/O chart.	
12 PM	Provide comfortable position to patient.	12:05 PM	provided comfortable position to patient.	
1 PM	To encourage orally intake.	12:05 PM	Encouraged orally intake.	
	To Administer medication.	1:05 PM	Administer medication.	

Re-Assessment: after Administer medication patient was feeling better

Special Notes: Foley Removed.

Nurse Signature: [Signature]

Nurse Name: Shri's L

Date & Time: 19/7/26



NURSING CARE RECORD

Shift: ☐ Morning ☒ Afternoon ☐ Night

Date: 19/7/26

Assessment: patient having mild pain & discomfort at surgical site

Goals

- | | | | | | |
|---|---|--|---|---|--|
| ☐ Maintain Airway and Oxygenation | ☐ Relieve Pain & Discomfort | ☐ Maintain Fluid Balance | ☐ Improve Activity Tolerance | ☐ Maintain Good Nutritional Status | ☐ Maintain Skin Integrity |
| ☒ Maintain Personal Hygiene | ☒ Prevent Infection | ☒ Meet Elimination Needs | ☒ Ensure Safety | ☐ Early Ambulation Reduce Anxiety | ☒ Patient & Family Education |
| ☐ Identify Potential Complications | ☐ Any Others. Specify | | | | |

Time	Plan of Care	Time	Implementation	Evaluation
2pm	→ Assess the patient general condition	2:30 pm	→ Assessed the patient general condition on the Bed	→ patient was stable now
4pm	→ To monitor vitals	4:30 pm	→ monitored vitals	
5pm	→ To maintain I/O chart	5:30 pm	→ maintained I/O chart	
6pm	→ To encourage oral intake	6:30 pm	→ encouraged orally	
7pm	→ To administer the medications	7:30 pm	→ administered the medications as per chart	

Re-Assessment: re-assessment has done after 1 hour the pt was stable now

Special Notes: — NP —

Nurse Signature:

Nurse Name: Pranathi

Date & Time: 19/7/26 @ 8pm

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Mrs MUBEENA AFEEN FATIMA
29-11-1997 28 Y 7 M 20 D (F)
Dr. PRANATHI REDDY A



NURSING CARE RECORD

Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 19/7

Assessment: patient having Acute pain

Goals

- | | | | | | |
|---|---|---|---|---|---|
| ☒ Maintain Airway and Oxygenation | ☒ Relieve Pain & Discomfort | ☐ Maintain Fluid Balance | ☐ Improve Activity Tolerance | ☐ Maintain Good Nutritional Status | ☐ Maintain Skin Integrity |
| ☒ Maintain Personal Hygiene | ☒ Prevent Infection | ☐ Meet Elimination Needs | ☒ Ensure Safety | ☐ Early Ambulation Reduce Anxiety | ☐ Patient & Family Education |
| ☐ Identify Potential Complications | ☐ Any Others. Specify..... | | | | |

Time	Plan of Care	Time	Implementation	Evaluation
8pm	* Assess the general condition	8:10pm	* Assessed the general condition	patient is stable
10pm	* monitor vitals and Record	10:10pm	* monitored vitals and Recorded	
12am	* medication administered as per chart	12:10am	* medication administered as per chart	
2am	* comfortable position	2:10am	* comfortable position	
4am	* maintain I/O chart	4:10am	* maintained I/O chart	
6am	* Ensure safety	6:10am	* Ensured safety	

Re-Assessment: patient is doing well comfortable

Special Notes: - NA -

Nurse Signature: Lalitha Nurse Name: Lalitha

Date & Time: 20/7/26 08am

BAH-00647225 IP5-00176585
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 28-11-1997 28 Y 7 M 20 D (F)
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NURSING CARE RECORD

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Shift: ☒ Morning ☐ Night

Date: 20/12/26

Assessment: patient having mild pain & discomfort at surgical site

Goals

- | | | | | | |
|---|---|---|---|---|--|
| ☒ Maintain Airway and Oxygenation | ☐ Relieve Pain & Discomfort | ☐ Maintain Fluid Balance | ☐ Improve Activity Tolerance | ☐ Maintain Good Nutritional Status | ☐ Maintain Skin Integrity |
| ☒ Maintain Personal Hygiene | ☒ Prevent Infection | ☐ Meet Elimination Needs | ☒ Ensure Safety | ☐ Early Ambulation Reduce Anxiety | ☒ Patient & Family Education |
| ☐ Identify Potential Complications | ☐ Any Others. Specify..... | | | | |

Time	Plan of Care	Time	Implementation	Evaluation
8am	→ Assess the patient general condition	8:30 am	→ Assessed the patient general condition on the Bed	→ patient was stable now
12pm	→ To monitor vitals	12:30 pm	→ monitored vitals	and well
2pm	→ To maintain I/O chart	2:30 pm	→ maintained I/O chart	Ambulated
4pm	→ To encourage oral intake	4:30 pm	→ Encouraged orally	
7pm	→ To administer the medications	7:30 pm	→ administered the medications as per chart	

Re-Assessment:

Re-assessment was done after 4 hour the pt was stable now.

Special Notes:

Nurse Signature:

Nurse Name:

Date & Time:

20/12/26 @ 8am

NURSING CARE RECORD

Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 20/7/26

Assessment: patient having pain at surgical site

- Goals
- ☐ Maintain Airway and Oxygenation
 - ☒ Maintain Personal Hygiene
 - ☐ Identify Potential Complications
 - ☐ Relieve Pain & Discomfort
 - ☒ Prevent Infection
 - ☐ Any Others. Specify.....
 - ☐ Maintain Fluid Balance
 - ☒ Meet Elimination Needs
 - ☐ Improve Activity Tolerance
 - ☒ Ensure Safety
 - ☒ Maintain Good Nutritional Status
 - ☐ Early Ambulation Reduce Anxiety
 - ☐ Maintain Skin Integrity
 - ☒ Patient & Family Education

Time	Plan of Care	Time	Implementation	Evaluation
8pm	→ Assess the patient general condition	8.10pm	→ patient is stable and comfortable	pt stable
9pm	→ to monitor vitals	9.10pm	→ vitals stable and documented	
10pm	→ to monitor I/O chart	10.10pm	→ monitored I/O chart documented	
11pm	→ to administer medication	11.10pm	→ administered medication	
6am	→ to encourage orally	6.00am	→ oral intake good	
7am	→ to encourage ambulatory	7.50am	→ well ambulatory	

Re-Assessment: Re-assessed after 2 hrs pt stable

Special Notes: NA

Nurse Signature: Satya Nurse Name: Satya Date & Time: 21/7/26 @ 8am

AH-00647225 IP5-00176585
rs MUBEENA AFEEN FATIMA
-11-1997 28 Y 7 M 20 D (F)
PRANATHI REDDY A

NURSING CARE RECORD


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Shift: ☐ Morning ☐ Afternoon ☐ Night

Date:

Assessment:

Goals

- | | | | | | |
|---|--|---|---|---|---|
| ☐ Maintain Airway and Oxygenation | ☐ Relieve Pain & Discomfort | ☐ Maintain Fluid Balance | ☐ Improve Activity Tolerance | ☐ Maintain Good Nutritional Status | ☐ Maintain Skin Integrity |
| ☐ Maintain Personal Hygiene | ☐ Prevent Infection | ☐ Meet Elimination Needs | ☐ Ensure Safety | ☐ Early Ambulation Reduce Anxiety | ☐ Patient & Family Education |
| ☐ Identify Potential Complications | ☐ Any Others. Specify..... | | | | |

Time	Plan of Care	Time	Implementation	Evaluation

Re-Assessment:

Special Notes:

NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Dr. PR Department: OB Date of Admission: 18-7-26

SITUATION		Any Infection: ☐ Yes ☒ No ☐ Not Known If Yes Specify:						
BACKGROUND	Area	1st Floor 2pm-8pm	1st Floor 8pm-2pm	2nd Floor 2pm-8pm	2nd Floor 8pm-2pm	3rd Floor 2pm-8pm	3rd Floor 8pm-2pm	
	Shift Time	2pm-8pm	8pm-2pm	2pm-8pm	8pm-2pm	2pm-8pm	8pm-2pm	
BACKGROUND	Medical Condition (Any special condition to be noted):	NA	NA	NA	NA	NA	NA	
ASSESSMENT	Allergy:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	Tubes/Drains/Catheter:	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	Vital Signs:	Temp:	98.6°F	98.0°F	98.1°F	98.9°F	97.8°F	97.9°F
		Res:	18	18	18	19b/m	19b/m	19b/m
		SpO ₂ :	100%	99%	99%	99%	98%	99%
		Pulse:	108	102	102	99b/m	85b/m	88b/m
		BP:	100/66	101/62	110/70	116/64	112/70	110/70
	Fall Risk Score:	20	35	35	35	35	35	
Pain Score:	0	0	0	0	0/10	0/10		
Recommendations	Safety Needs:	NA	NA	NA	side rails	side rails	side rails	
	Physiotherapy	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	Others Specify:	NA	NA	NA	NA	NA	NA	
	Special Diet:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	Other Special Orders / Medications:	NA	NA	NA	NA	NA	NA	
Post Operative Procedure Special Orders:		NA	NA	NA	NA	NA	NA	
Handed Over By Name :		Pranathi	Sona	Shrisha	Pranathi	Lakshmi	Pranathi	
Signature :								
Date:		18/7	19/7	19/7	19/7	20/7	20/7	
Time:		8pm	8pm	8pm	8pm	8pm	8pm	
Taken Over By Name :		Sona	Shrisha	Pranathi	Lakshmi	Pranathi	Satyam	
Signature :								
Date:		18/7	19/7	19/7	19/7	20/7	20/7	
Time:		8pm	8pm	2pm	8pm	8am	8am	

NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Dr. pranathi
Department:
Date of Admission: 18/7/20

SITUATION	Diagnosis: <u>LSG</u>		Any Infection: ☐ Yes ☒ No ☐ Not Known If Yes Specify:					
	Area	Shift Time						
BACKGROUND	Medical Condition (Any special condition to be noted):							
ASSESSMENT	Allergy:		☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Tubes/Drains/Catheter:		☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs:	Temp:	<u>97.4F</u>					
		Res:	<u>19</u>					
		SpO ₂ :	<u>99%</u>					
		Pulse:	<u>89</u>					
		BP:	<u>101/70</u>					
		Fall Risk Score:	<u>10</u>					
Pain Score:		<u>0/10</u>						
Recommendations	Safety Needs:	<u>yes</u>						
	Physiotherapy	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	Others Specify:	<u>NA</u>						
	Special Diet:	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	Other Special Orders / Medications:	<u>NA</u>						
Post Operative Procedure Special Orders:		<u>NA</u>						
Handed Over By Name :		<u>Satyaj</u>						
Signature :		<u>S</u>						
Date:		<u>21/7/20</u>						
Time:		<u>8am</u>						
Taken Over By Name :		<u>Shinsh</u>						
Signature :		<u>S</u>						
Date:		<u>21/7/20</u>						
Time:		<u>8pm</u>						



PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
18/7	6pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	P.g
18/7	8pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	R
18/7	9pm	1/10	Surgical site	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	under observation	Amr
18/7	10pm	1/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	under Su: - paracetol	At
18/7	11pm	2/10	Surgical site	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Su: - paracetol spinal	Rf
19/7	12am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	under observation	Saty
19/7/26	6am	2/10	sls	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	T: cal pol 1gm	Saty
19/7/26	7am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	under observation	-Saty
19/7/26	12pm	2/10	sls	☐ Continuous ☒ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☒ Dull ☐ Aching ☐ Burning	☐ Increasing ☒ Decreasing	☒ Yes ☐ No	Tab: - paracetol - anal	thornt
19/7/26	1pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	under observation	skin

Re-assessment Frequency:

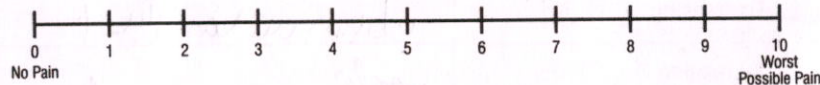
- Every eight hours for all hospitalized patients.
- For post-surgical patients, patients with chronic pain, patient with severe pain:
 - At least every 2 hours for the first 24 hours
 - Then every 4 hours.
 - Prior to pain pain-relieving intervention.
 - Within 30 – 60 minutes after pain relief intervention.

PAIN ASSESSMENT TOOLS

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

CATEGORY	SCORING		
	0	1	2
Face	No Particular expression or smile	Occasional Grimace or Frown, withdraw, Disoriented	Frequent to constant frown, quivering chin, clenched jaw
Legs	Normal Position or Relaxed	Uneasy, restless, tense	Kicking, or legs brawn up
Activity	Laying quietly normal position, moves easily	Squirming shifting back and forth, tense	Arched, right, or Jerking
Cry	No Cry (Awake or asleep)	Moans or whimpers occasional complaint	Crying steadily, screams of sobs, frequent complaints
Consolability	Content, relaxed	Reassured by occasional touching, hugging, or being talked to, distractible	Difficult to console or comfort

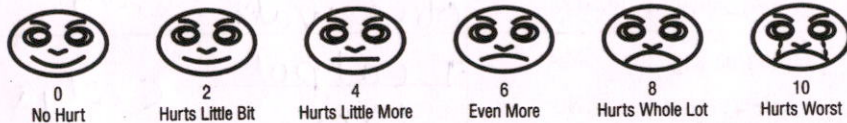
Numerical Pain Scale (Obstetric and Gynecology)



Neonatal Pain, Agitation and Sedation Scale (upto 1 Month)

Assessment Criteria	Sedation		Normal	Pain / Agitation	
	-2	-1	0	1	2
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense
Vital Signs HR, RR, BP, SaO₂	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO ₂ 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO ₂ less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator

Wong - Baker (Pediatrics) Above 7 Years



PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
19/7/26	3pm	1/10	SLs	☐ Continuous ☒ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☐ Dull ☒ Aching ☐ Burning	☐ Increasing ☒ Decreasing	☒ Yes ☐ No	Tab. Diclofenac given	Rivathi
19/7/26	4pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☒ Yes ☐ No	under observation	Rivathi
19/7	10pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	under observation	Ralky
20/7	12am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	under observation	halky
20/7/26	6am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	under observation	halky
20/7/26	8am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	under observation	Rivathi
20/7/26	3pm	0/10	SLs	☐ Continuous ☒ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☐ Dull ☒ Aching ☐ Burning	☐ Increasing ☒ Decreasing	☒ Yes ☐ No	Tab. Diclofenac given	Rivathi
20/7/26	4pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	under observation	Rivathi
20/7/26	10pm	2/10	SLs	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	T. Tramadol	Satya
20/7/26	11pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	under observation	Satya

Re-assessment Frequency:

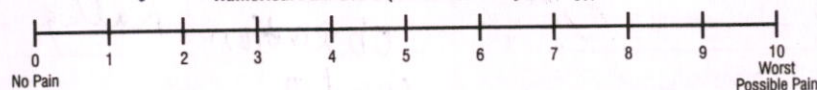
- Every eight hours for all hospitalized patients.
- For post-surgical patients, patients with chronic pain, patient with severe pain:
 - At least every 2 hours for the first 24 hours
 - Then every 4 hours.
 - Prior to pain relieving intervention.
 - Within 30 - 60 minutes after pain re

PAIN ASSESSMENT TOOLS

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

CATEGORY	SCORING		
	0	1	2
Face	No Particular expression or smile	Occasional Grimace or Frown, withdraw, Disoriented	Frequent to constant frown, quivering chin, clenched jaw
Legs	Normal Position or Relaxed	Uneasy, restless, tense	Kicking, or legs drawn up
Activity	Laying quietly normal position, moves easily	Squirming shifting back and forth, tense	Arched, rigid, or Jerking
Cry	No Cry (Awake or asleep)	Moans or whimpers occasional complaint	Crying steadily, screams of sobs, frequent complaints
Consolability	Content, relaxed	Reassured by occasional touching, hugging, or being talked to, distractible	Difficult to console or comfort

Numerical Pain Scale (Obstetric and Gynecology)



Neonatal Pain, Agitation and Sedation Scale (upto 1 Month)

Assessment Criteria	Sedation		Normal	Pain / Agitation	
	-2	-1	0	1	2
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense
Vital Signs HR, RR, BP, SaO₂	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO ₂ 76-85% with stimulation - slow recovery - quick recovery	Increase greater than 20% from baseline, SaO ₂ less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator

Wong - Baker (Pediatrics) Above 7 Years



AH-00647225 IP5-00176585
 MUBEENA AFEEN FATIMA
 1-11-1997 28 Y 7 M 20 D (F)
 T. PRANATHI REDDY A

PAIN ASSESSMENT FORM

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

BirthRight
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
21/7/26	6am	2/10	sls	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	3-4/10	Satyra
21/7/26	7am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	under observation	Satyra
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

Re-assessment Frequency:

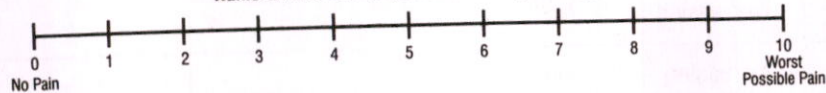
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PAIN ASSESSMENT TOOLS

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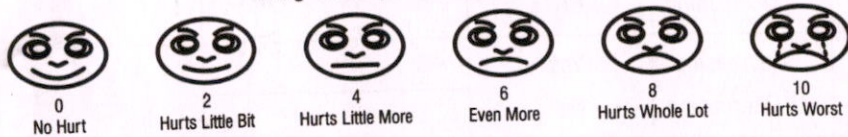
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Wong - Baker (Pediatrics) Above 7 Years



BAH-00647225
Mrs MUBEENA AFEEN FATIMA
29-11-1997 28 Y 7 M 19 D (F)
Dr. PRANATHI REDDY A



BRADEN 'Q' SCALE

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

					Date :	18/7	18/7	20/7	20/7
					Time :	6 PM	8 PM	8 PM	8 AM
Mobility	1. Completely immobile: Does not make even slight changes in body or extremity position without assistance.	2. Very limited: Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	3. Slightly limited: Makes frequent through slight changes in body or e.tremity position independently.	4. No limitations: Makes major and frequent changes in position without assistance.	4	4	4	4	
"Activity The degree of physical activity"	1. Bedfast : Confined to bed	2. Chairfast : Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	3. Walks occasionally: Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	4	4	
Sensory Perception	1. Completely limited: Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	2. Very limited: responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	3. Slightly limited: Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	4. No impairment: Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4	
Moisture Degree to which skin is exposed to moisture	1. Constantly moist: Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	2. Very moist: Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	3. Occasionally moist: Skin is occasionally moist, requiring linen change every 12 hours.	4. Rarely moist: Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4	
FRICTION-SHEAR Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	1. Significant problem: Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	2. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	3. Potential problem: Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	4. No apparent problem: Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4	
Nutritional Usual food intake pattern	1. Very Poor: NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings of meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	2. Inadequate: Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	3. Adequate: Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	4. Excellent: Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	4	
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4	
Severe Risk : less than 9 High Risk : 10-12 Moderate Risk : 13-14 Mild Risk : 15-18 Not at Risk: 19-23					TOTAL SCORE	28	28	28	28
Docu No : BCRH/ERM / CLINICAL / 110					Evaluator's Name	PA	PA	PA	PA

Risk Score	Category	Action	Support Surfaces (Please Note: Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice)
15-18	At Risk	• Regular Turning Schedule • Enable as much activity as possible • Protect the heels • Use pressure redistribution surfaces • Manage moisture, friction and shear • Advance to a higher level of risk if other major risk factors are present	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
13-14	Moderate Risk	• Use the Same Protocol as for “At Risk” Patients • Position patient at 30 degree lateral incline using foam wedges	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
10-12	High Risk	• Follow the same protocol as for “Moderate Risk” Patients • In addition to regular turning schedule • Make small shifts in their position frequently	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
Less than 9	Severe Risk	• Use same protocol as for “High Risk” Patients • Add a pressure redistribution surface for patients with severe pain or with additional risk factors.	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay

BAH-00647225 IP5-00176585
Mrs MUBEENA AFEEN FATIMA
29-11-1997 28 Y 7 M 19 D (F)
Dr. PRANATHI REDDY A

BRADEN 'Q' SCALE

		Date :			
		Time :			
Mobility	1. Completely immobile: Does not make even slight changes in body or extremity position without assistance. 2. Very limited: Makes occasional slight changes in body or extremity position but unable to completely turn self independently. 3. Slightly limited: Makes frequent through slight changes in body or extremity position independently. 4. No limitations: Makes major and frequent changes in position without assistance.				
"Activity The degree of physical activity"	1. Bedfast : Confined to bed 2. Chairfast : Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair." 3. Walks occasionally: Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair. 4. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.				
Sensory Perception	1. Completely limited: Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface. 2. Very limited: responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body. 3. Slightly limited: Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities. 4. No impairment: Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.				
Moisture Degree to which skin is exposed to moisture	1. Constantly moist: Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned. 2. Very moist: Skin is often, but not always, moist. Linen must be changed at least every 8 hours. 3. Occasionally moist: Skin is occasionally moist, requiring linen change every 12 hours. 4. Rarely moist: Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.				
FRICTION-SHEAR Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	1. Significant problem: Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction. 2. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance. 3. Potential problem: Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down. 4. No apparent problem: Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."				
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Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes. 2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40. 3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal. 4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.				
Severe Risk : less than 9 High Risk : 10-12 Moderate Risk : 13-14 Mild Risk : 15-18 Not at Risk: 19-23		TOTAL SCORE			
		Evaluator's Name			

Risk Score	Category	Action	Support Surfaces (Please Note: Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice)
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13-14	Moderate Risk	• Use the Same Protocol as for “At Risk” Patients • Position patient at 30 degree lateral incline using foam wedges	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
10-12	High Risk	• Follow the same protocol as for “Moderate Risk” Patients • In addition to regular turning schedule • Make small shifts in their position frequently	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
Less than 9	Severe Risk	• Use same protocol as for “High Risk” Patients • Add a pressure redistribution surface for patients with severe pain or with additional risk factors.	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay



Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	18/8	19/2	20/2	Fall Risk Grading		
		Score		8PM 8AM	8PM 8AM			
History of Falling (immediately or w/in 3 months)	Yes	25				Risk Level	Morse Fall Score (MFS)	Action
	No	0						
Secondary Diagnosis (more than one diagnosis)	Yes	15		15	15	Low Risk	0 - 24	Standard Fall Precaution
	No	0						
Ambulatory Aid	Furniture	30				Moderate Risk	25 - 50	Implement Moderate Fall Prevention Intervention
	Crutches, Cane(S), Walker	15						
	None /Bed Rest /Nurse Assist	0						
IV / Heparin Lock or Saline	Yes	20	20	20	20	High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	No	0						
GAIT / Transferring	Impaired	20				High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	Weak (uses touch for balance)	10						
	Normal /On Bed Rest /Immobile	0						
Mental Status	Forgets limitations	15				High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	Oriented to own ability	0						
Total Morse Fall Scale Score:			20	35	35			
Signature			P.O.	P.O.	Walter			

Tick (✓) whichever precaution taken.

Risk Level and Interventions

Low Risk (0 - 24) (Standard Falls Precautions)

- ☒ Ensure patients use their prescribed eye glasses if any, in the hospital
- ☒ Use chairs with arm rests
- ☒ Use safety straps on stretchers and wheelchairs while transporting patients

Moderate Risk (25-50) Apply all low risk intervention and

- ☐ Assist and/or supervise ambulation. Reinforce to always call for assistance
- ☐ Hourly safety check
- ☐ Assess patient after visitors, leave to ensure safety measures in place

High Risk (≥ 51) Apply all low and moderate risk interventions, and.

- ☐ Initiate constant observation by healthcare provider as appropriate to patient's needs



Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	Fall Risk Grading		
		Score			
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0	0		
Secondary Diagnosis (more than one diagnosis)	Yes	15			
	No	0	0		
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0	0		
IV / Heparin Lock or Saline	Yes	20	20		
	No	0			
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10			
	Normal /On Bed Rest /Immobile	0	0		
Mental Status	Forgets limitations	15			
	Oriented to own ability	0	0		
Total Morse Fall Scale Score:			20		
Signature			Saty9		

Tick (✓) whichever precaution taken.

Risk Level and Interventions

Low Risk (0 - 24) (Standard Falls Precautions)

- ☐ Ensure patients use their prescribed eye glasses if any, in the hospital
- ☐ Use chairs with arm rests
- ☐ Use safety straps on stretchers and wheelchairs while transporting patients

Moderate Risk (25-50) Apply all low risk intervention and

- ☐ Assist and/or supervise ambulation. Reinforce to always call for assistance
- ☐ Hourly safety check
- ☐ Assess patient after visitors, leave to ensure safety measures in place

High Risk (≥ 51) Apply all low and moderate risk interventions, and.

- ☐ Initiate constant observation by healthcare provider as appropriate to patient's needs

BAH-00647225 IP5-00176585
Mrs MUBEENA AFEEN FATIMA
29-11-1997 28 Y 7 M 19 D (F)
Dr. PRANATHI REDDY A



CHECKLIST FOR THROMBOPHLEBITIS

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S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1			DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0		0	0	0	0	0	0	0	0	
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1		-	-	-	-	-	-	-	-	
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2		-	-	-	-	-	-	-	-	
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3		-	-	-	-	-	-	-	-	
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4		-	-	-	-	-	-	-	-	
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5		-	-	-	-	-	-	-	-	
Signature of the Nurse													

NOTE : Phlebitis greater than grade 2 should be reported to physicians and other appropriate health care personal ongoing observation of the site should continue for 48 hours post removal to detect post infusion phlebitis.

Signature of Shift In Charge :

Signature : Name :

Docu. No. : RCHBH / FRM / CLINICAL / 137

Signature of Ward In Charge :

Signature : Name :

POST – PARTUM ASSESSMENT FORM – IN-PATIENT

Date: 20/7/20

Chief Complaint : normal body pains.

Obstetric/ Birthing History : —

Previous Surgical/Medical History : —

Assessment :

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

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

Iv line + / -

Catheter + / -

Postural alignment - could not be assessed.

On Palpation : Edema – absent / up to ankle / up to knee/ above knee

On Examination : Breathing pattern – abdominal/ apical/ diaphragmatic

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

Able to initiate Pelvic Floor Activation – ☒ Yes ☐ No

Spl Notes -

Treatment Plan :

☒ Lateral Breathing

☒ Pelvic Floor Activation

☒ Transversus Abdominis Activation

☒ Gluteus Activation

☒ Active Motion for Limbs

☒ Transfer Training & Mobility

☐ Sit to Stand

☐ Monitored Walk

☐ Posture & Ergonomic Education

Signature : TS.

Name : Dr. Teheena Sharame.

Date & Time: 20/7/20, 3:40pm.

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. pramathi Reddy
 Asst. Surgeon : Dr. Deepika
 Anaesthetist : Dr. Ramya
 Scrub Nurse : Sis. Rajeshwari, Poulabi

BAH-00647225 IP5-00176585
 Mrs MUBEENA AFEEN FATIMA (F)
 29-11-1997 28 Y 7 M 19 D
 Dr. PRANATHI REDDY A

Patient Name :
 UHID No. :
 Date : In-time : Out-time :



Before Induction of Anaesthesia >>

SIGN IN Time: 2:22 PM

- Patient Has Confirmed**
- Identity ☒ Yes ☐ No
 - Site ☒ Yes ☐ No
 - Procedure ☒ Yes ☐ No
 - Consent ☒ Yes ☐ No
- Site Marked**
- Site ☒ Yes ☐ No
- Anaesthesia Safety Check Completed**
- Check ☒ Yes ☐ No
- Pulse Oximeter on Patient & Functioning**
- Check ☒ Yes ☐ No
- Does Patient have a:**
- Known Allergy? ☐ Yes ☒ No
- Difficult Airway / Aspiration Risk?**
- Yes, & Equipment / Assistance Available ☐ Yes ☐ No
- Risk of > 500ml Blood Loss (7ml/kg In Children)?**
- Yes, and Adequate Intravenous Access and Fluids Planned ☐ Yes ☒ No ☐ NA
 - Blood Units Reserved ☐ Yes ☒ No ☐ NA
- Has Antibiotic Prophylaxis been given within the last 60 minutes?**
- Check ☒ Yes ☐ No ☐ NA

Signature :
 Name : Dr. K. K. Ramya

Before Skin Incision >>

TIME OUT Time:

- Confirm all team members have introduced themselves by Name and Role** ☒ Yes ☐ No
- Surgeon, Anaesthesia Professional and Nurse Verbally Confirm**
- Correct Patient (Check ID Band) ☒ Yes ☐ No
 - Correct Site ☒ Yes ☐ No
 - Correct Procedure ☒ Yes ☐ No
- Anticipated Critical Events**
- Surgeon Reviews:**
- What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss? Hypertension
- Anaesthesia Team Reviews:**
- Are There Any Patient-specific Concerns? ☒ Yes ☐ No ☐ NA
- Nursing Team Reviews:**
- Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns? ☒ Yes ☐ No ☐ NA
 - Is Essential Imaging Displayed? ☒ Yes ☐ No
 - Power Supply, Earthing, Power Backup and functioning of equipment checked. ☒ Yes ☐ No

Signature : [Signature]
 Name : Priya

Before Patient Leaves Operating Room

SIGN OUT Time:

- Nurse Verbally Confirms with the Team:**
- The Name of the Procedure Recorded ☒ Yes ☐ No
 - That Instrument, Sponge and Needle Counts are Correct (or Not Applicable) ☒ Yes ☐ No ☐ NA
 - The Specimen is Labelled (including patient name) ☒ Yes ☐ No ☐ NA
 - Whether there are any Equipment Problems to be addressed ☐ Yes ☐ No ☐ NA
- To Surgeon, Anaesthetist and Nurse:**
- What are the key concerns for recovery and management of this patient? ☒ Yes ☐ No

Signature :
 Name :

SURGICAL SAFETY CHECKLIST

Surgeon :
Asst. Surgeon :
Anaesthetist :
Scrub Nurse :

Patient Name : Age : Gender :
UHID No. : Surgery Name :
Date : In-time : Out-time :

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Before Induction of Anaesthesia ➤ ➤

SIGN IN

Time:.....

Patient Has Confirmed

Identity ☐ Yes ☐ No
Site ☐ Yes ☐ No

Procedure ☐ Yes ☐ No
Consent ☐ Yes ☐ No

Site Marked

☐ Yes ☐ No ☐ NA

Anaesthesia Safety Check Completed

☐ Yes ☐ No

Pulse Oximeter on Patient & Functioning

☐ Yes ☐ No

Does Patient have a:

Known Allergy? ☐ Yes ☐ No

Difficult Airway / Aspiration Risk?

☐ Yes ☐ No

Yes, & Equipment / Assistance
Available ☐ Yes ☐ No

Risk of > 500ml Blood Loss (7ml/kg In Children)?

☐ Yes ☐ No

Yes, and Adequate Intravenous
Access and Fluids Planned ☐ Yes ☐ No ☐ NA

Blood Units Reserved ☐ Yes ☐ No ☐ NA

Has Antibiotic Prophylaxis been given within the last 60 minutes?

☐ Yes ☐ No ☐ NA

Signature :
Name :

Before Skin Incision ➤ ➤

TIME OUT

Time:.....

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

Surgeon, Anaesthesia Professional and Nurse Verbally Confirm

Correct Patient (Check ID Band) ☐ Yes ☐ No

Correct Site ☐ Yes ☐ No

Correct Procedure ☐ Yes ☐ No

Anticipated Critical Events

Surgeon Reviews:

What are the Critical or Unexpected
Steps, Operative Duration,
Anticipated Blood Loss? ☐ Yes ☐ No ☐ NA

Anaesthesia Team Reviews:

Are There Any Patient-specific Concerns? ☐ Yes ☐ No ☐ NA

Nursing Team Reviews:

Has Sterility (including indicator results)
Been Confirmed? are there Equipment
issues or any Concerns? ☐ Yes ☐ No ☐ NA

Is Essential Imaging Displayed? ☐ Yes ☐ No ☐ NA

Power Supply, Earthing, Power Backup
and functioning of equipment checked. ☐ Yes ☐ No

Signature :
Name :

Before Patient Leaves Operating Room

SIGN OUT

Time:.....

Nurse Verbally Confirms with the Team:

The Name of the Procedure Recorded ☐ Yes ☐ No

That Instrument, Sponge and Needle
Counts are Correct (or Not Applicable) ☐ Yes ☐ No ☐ NA

The Specimen is Labelled (including
patient name) ☐ Yes ☐ No ☐ NA

Whether there are any Equipment
Problems to be addressed ☐ Yes ☐ No ☐ NA

To Surgeon, Anaesthetist and Nurse:

What are the key concerns for recovery
and management of this patient? ☐ Yes ☐ No

Signature :

Name :



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NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 19/7/26 Time: 9am

Origin: Indian Height: 153cm Weight: 89kg's BMI: 32 kg/m²

Food Allergies: No

Diagnosis: POD-1 / Emg. LSCS (emergency lower segment Caesarian Section)

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

Diet Advised:

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

Patient's / Attendant's

Signature: [Signature]

Name: SHAIK IMTIYAZ UDDIN

Date & Time: 19/7/26
9:10am

Dietician's

Signature: [Signature]

Name: SAIMA

Date & Time: 19/7/26
@ 9am

DIETARY NOTES

[illegible]

BAH-00647225 IP5-00176585
Mrs MUBEENA AFEEN FATIMA
29-11-1997 28 Y 7 M 19 D (F)
Dr. PRANATHI REDDY A



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BREAST FEEDING HANDOVER AND ASSESSMENT FORM

1. Breastfeeding initiated?

- ☒ a. Yes ☐ b. No

2. If No, Reason

3. Nipple condition:

- ☒ a. Nipple well formed
☒ b. Flat nipple
☐ c. Inverted nipple
☐ d. Short nipple

4. Milk flow:

- ☐ a. Good
☒ b. Drops of colostrums
☐ c. Dry

5. Steps for Positioning and attachment:

- ☐ a. Baby goes to the breast
☒ b. Mother always sits with a back support
☐ c. Ear-shoulder-hip should be in a straight line
☐ d. The baby takes a latch on the areola and not on the nipple



Feeding Positions:
Cross Cradle



Feeding Positions:
Football / Clutch

6. Was ned:

- ☒ a.
☐ b. No

7. For Caesarian mothers:

- ☒ a. Mother is required sit and feed from the 4th feed
☐ b. Please explain football hold

8. NICU admission: yes

- ☒ a. Mother needs to stimulate her breast for 2 min every 2 hours

9. Additional notes: → Baby shifted to NICU

Continuity of Care:

Date: 18/2/26

Handover given by Sona

Handover taken by Satya

Signature [Signature]

Signature Satya

Date & Time: 18/2/26 @ 10pm

Date & Time: 19/2/26 @ 1am



MULTI-DISCIPLINARY PLAN OF CARE FORM

Diagnosis:

prim:gravid/ OI (mexption/37 tw wly)

Date Time	Discipline	Type	Patient Needs / Problem List	Goal	Plan / Intervention	Signature	Team Verification
18/1/26 5:30pm	☐ Medical ☒ Nursing ☐ Others:	☐ Initial ☐ Modified ☒ Per-Op ☐ Post Op	oligohydramny	→ safe delivery	Emergency lscs	Dr. Renu	☐ Nursing ☐ Others:
18/1 4pm	☐ Medical ☒ Nursing ☐ Others:	☒ Initial ☐ Modified ☐ Per-Op ☐ Post Op	fear and anxiety	→ to reduce fear & anxiety	→ Provided Psychological Support	S. Renu	☐ Medical ☐ Others:
19/1/26 9:10 am	☐ Medical ☐ Nursing ☒ Others: dietitian	☐ Initial ☐ Modified ☐ Per-Op ☒ Post Op	POD-1 Emg. LSCS	soft diet	soft High protein diet	Saima	☐ Medical ☐ Nursing ☒ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Nursing ☐ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Nursing ☐ Others:

Patient Sticker

INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

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Part - I.

Patient's / Learner Language: Hindi / English Patient / Learner Literacy: ☒ Read ☒ Write ☐ Speak Willingness to Learn: ☐ Yes ☒ No Healthcare Literacy: ☐ Yes ☒ No

Identified Education Needs:

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

Part - II

Date	Time	Need Identified	Information Taught	Use codes from the list in part III					Comments	Designation / Signature
				Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		
18/7/26	5:30	1, 2, 3, 4	Diagnosis, treatment plan, pain management, Informed consent	PT / S	1	0	1	1		(Dr. Singh)
18/7/26	4pm	7	Protection continues near	Pd's	1	0	1	1	0	f
19/7/26	9:10 am	9	Lactation diet	PT	1	0	1	1	-	Saini

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:	<table border="0"> <tr> <td>1. No Learning Barriers</td> <td>4. Language Barrier</td> <td>7. Impaired Thought Process/Cognitive limitations</td> <td>10. Financial Difficulties</td> <td>13. Cultural/Religion Practice</td> </tr> <tr> <td>2. Physical Impairment</td> <td>5. Educational Level</td> <td>8. Responsibilities at Home</td> <td>11. Beliefs and Values</td> <td>14. Others (Specify)</td> </tr> <tr> <td>3. Emotional Barriers</td> <td>6. Desire / Motivate to Learn</td> <td>9. Cultural Differences</td> <td>12. Impaired Vision/ or Hearing</td> <td></td> </tr> </table>								1. No Learning Barriers	4. Language Barrier	7. Impaired Thought Process/Cognitive limitations	10. Financial Difficulties	13. Cultural/Religion Practice	2. Physical Impairment	5. Educational Level	8. Responsibilities at Home	11. Beliefs and Values	14. Others (Specify)	3. Emotional Barriers	6. Desire / Motivate to Learn	9. Cultural Differences	12. Impaired Vision/ or Hearing	
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3. Emotional Barriers	6. Desire / Motivate to Learn	9. Cultural Differences	12. Impaired Vision/ or Hearing																				
Teaching Tools Used:	A: Audio	D: Demonstration	V: Video	O: Oral	P: Printed																		
Mechanism/s to overcome barrier/s:	<table border="0"> <tr> <td>1. None</td> <td>3. Reassurance & Support</td> <td>5. Respect values & beliefs</td> <td>7. Other, Specify</td> </tr> <tr> <td>2. Obtain translator</td> <td>4. Teach Family / Others</td> <td>6. Respect Cultural / Religion Preference</td> <td></td> </tr> </table>								1. None	3. Reassurance & Support	5. Respect values & beliefs	7. Other, Specify	2. Obtain translator	4. Teach Family / Others	6. Respect Cultural / Religion Preference								
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Understanding:	<table border="0"> <tr> <td>1. Verbalizes Understanding</td> <td>2. Demonstrates Understanding</td> <td>3. Needs Review</td> </tr> </table>								1. Verbalizes Understanding	2. Demonstrates Understanding	3. Needs Review												
1. Verbalizes Understanding	2. Demonstrates Understanding	3. Needs Review																					

OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 18/7/26 Time of Arrival: 5:30 PM Time Seen by Nurse: 5:50 PM

1) Level of Consciousness: ☒ Conscious ☐ Semi-Conscious ☐ Unconscious

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

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

3) Vital Signs: Temperature: 98.6 Pulse: 100 RR: 18 SpO₂: 100% BP: 100/60 Weight: 89

4) Gestational Criteria:

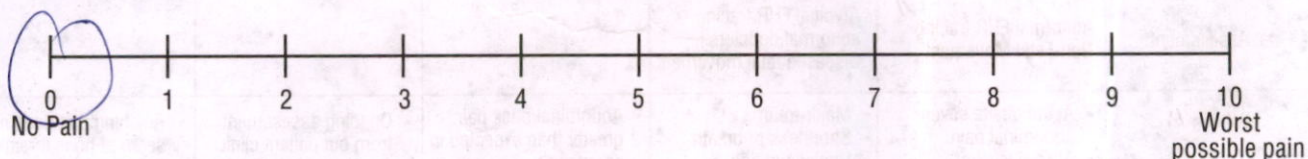
Gravida:	G <u>primi</u>	P	L	A
----------	----------------	---	---	---

LMP: 30-10-25 EDD: 6-8-26 Gestational Age: 37+2 wks

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)



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

6) Past History:

- a) Surgeries: NA
- b) Medical: NA



7) Allergy: ☐ Yes ☒ No, If Yes :

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

9) Prenatal Medical History:

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

Triage Category: (Please tick on the category)

Refer to OBSTETRICAL TRIAGE ACUITY SCALE (OTAS)

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

OBCU Obstetrical Triage Acuity Scale (OTAS)

OTAS	Level 1 (Resuscitative)	Level 2 (Emergent)	Level 3 (Urgent)	Level 4 (Less Urgent)	Level 5 (Non Urgent)
Level 1 (Resuscitative)	Immediate	≤ 15 minutes	≤ 30 minutes	≤ 60 minutes	≤ 120 minutes (2 Hours)
Re-Assessment	Continuous Nursing Care	Every 15 Minutes	Every 15 Minutes	Every 30 Minutes	Every 60 Minutes
Labour / Fluid	Imminent Birth	Suspected Pre-term Labour / PPROM < 37 Weeks	Signs of Active Labour > 37 weeks	Signs of Early Labour/ SROM > 37 weeks	Discomforts of Pregnancy
Bleeding	Active Vaginal bleeding with/ without abdominal pain	Bleeding associated with cramping (<spotting) <37 weeks	Bleeding associated with cramping (>spotting) >37 weeks	Spotting	
Hypertension	Seizure activity	Hypertension > 160/110 and / or headache, visual disturbance, RUQ pain	Mild hypertension > 140/90 with/without associated signs and symptoms		
Fetal Assessment	Abnormal FHR tracing Non-Fetal Movement	Atypical FHR tracing, abnormal dopplers Diseased fetal movement			
Others	- 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: 6:40 PM

Nurse Name : Puen Nurse Signature: @

Date: 1.8.17 Time: 6:30 PM

BAH-00647225 IP5-00176585
Mrs MUBEENA AFEEN FATIMA
29-11-1997 28 Y 7 M 19 D (F)
Dr. PRANATHI REDDY A



OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 18/12/26

Baseline Information:

Admission From: ☐ ER ☐ OPD ☒ Admission Desk ☐ Others, specify
Primary Language: ☐ Telugu ☒ English ☒ Hindi ☐ Others, specify
Do you require an interpreter? ☐ Yes ☐ No if Yes specify
Source of Information: ☐ Patient ☐ Family ☐ Others, specify

Allergies: ☐ Yes ☒ No ☐ Medications ☐ Blood Transfusion ☐ Food ☐ Other:
If yes, identify

Chief Complaints: 2 Lymphadenitis
Doctor Notified on Admission: ☒ Yes ☐ No
Name of the Doctor: Dr. Shukla
Time Notified: 5:56 PM

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

Past Medical History	Past Surgical History	Previous Hospital Admission
WFM	NF	
Gynecology Assessment: ☐ Not Applicable Menstrual History: Regular Onset of Menarche: Menstrual Cycle: ☒ Regular ☐ Irregular Last Menstrual Period: 30/10/25	Gynecology Surgical History: Caesarean Section: ☒ No ☐ Yes Cervical Cerclage: ☒ No ☐ Yes Ectopic Pregnancy: ☒ No ☐ Yes Myomectomy: ☐ No ☒ Yes Others:	Gynecological History: Contraceptives: ☒ No ☐ Yes Vaginal Discharge: ☒ No ☐ Yes Post-Coital Bleeding: ☐ No ☒ Yes Infertility: ☐ No ☒ Yes If Yes Type: ☐ Primary ☒ Secondary

Obstetric History: G primi P L A

Previous LSCS: NF

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

Family History: ☒ No Abnormalities Detected

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

Vital Signs / Measurements: Temp: 98.6 HR: 108 RR: 18
BP: 100/66 Weight: 153 Height: 87 BMI:

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



PHYSICAL ASSESSMENT

General Appearance: ☒ Healthy ☐ ill looking ☐ Anxious ☐ Agitated ☐ Others:

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

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

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

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

Inform consultant for positive criteria

NUTRITIONAL SCREENING: ☒ No Abnormality Detected

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

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

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

Inform consultant for positive criteria

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

SOCIAL SCREENING:

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

2. **Special Habits:** **Smoker:** ☐ Yes ☒ No **Alcohol Abuse:** ☐ Yes ☒ No **Drug Abuse:** ☐ Yes ☒ No

Social History: Lives With Husband

Orientation has been given regarding the following aspects:

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

Above information given to patient

Name of Person Orientation was given to: -

Orientation not given Reason: -

Nurse Signature: [Signature]

Nurse Name: Mubeena

Date & Time: 18-7-20 2:06 PM

PATIENT TRANSFER FORM

Patient Name & UHID No. BAH-00647225 IP5-00176585 Mrs MUBEENA AFEEN FATIMA 29-11-1997 28 Y 7 M 19 D (F) Dr. PRANATHI REDDY A 		Date & Time of Admission 19/12/26 @ 5:33pm	Date & Time of Transfer Order 19/12/26 @ 12:40 AM
		Transfer Ordered by Dr. Deepika	Reason for Transfer post op.
From Unit OBG	To Unit 3rd floor (339)	Information to Attendant Yes ☒ No ☐	
Number of Sheets in Clinical File	Personal belongings including clinical documents. If any handed over to attendant Yes ☒ No ☐ If Yes, what?	Patient shifted with ID band: Yes ☒ No ☐ If No:	
Number of Imaging Films			
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.	→ RL	①	
2.	→ Intre fix	①	
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes ☒ No ☐			
Name & Signature of Person who is Transferring Dr. Sona		Name of Person Ordered Transfer Dr. Deepika	
Patient & Clinical Records Received by : Dr. Satya			
Date & Time of Patient Received : 19/12/26 @ 1am			

If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below :

☐ Unavailable Bed

☐ Nurse not Available

☐ Available Bed not ready

BAH-00647225
Mrs MUBEENA AFEEN FATIMA
29-11-1997 28 Y 7 M 19 D (F)
Dr. PRANATHI REDDY A

Pati

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

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

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

Signature of the Doctor: *[Signature]* Date: 18/1/2026 Time: 9:30 PM

Action Plan: *inj Lixiane 40mg x 2 x 10 days*

Risk Assessment Tool for Deep Vein Thrombosis

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

PATIENT TRANSFER FORM

Patient Name & UHID No.

BAH-00647225 IP5-00176585
Mrs MUBEENA AFEEN FATIMA (F)
29-11-1997 28 Y 7 M 19 D
Dr. PRANATHI REDDY A

Date & Time of Admission
18/12/20 @ 8:15pm

Date & Time of Transfer Order
18/12/20 @ 8:15pm

Transfer Ordered by
Dr. Deepika

Reason for Transfer
POST-OP

From Unit
OBG OT

Information to Attendant
Yes ☒ No ☐

Personal belongings including clinical documents. If any handed over to attendant
Yes ☒ No ☐

Patient shifted with ID band:
Yes ☒ No ☐

Number of Sheets in Clinical File
35

If Yes, what?

Number of Imaging Films
1

Medications / Consumables / Surgicals / Hand over

Quantity

Item Name

Sl.No.

1.

2.

3.

4.

5.

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

Name of Person Ordered Transfer

Name & Signature of Person who is Transferring
Dr. Deepika

Patient & Clinical Records Received by :
Dr. Sonu @ 9pm

Date & Time of Patient Received :

If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below :

☐ Unavailable Bed

☐ Nurse not Available

☐ Available Bed not ready

This image shows a blank, aged, cream-colored page, likely an endpaper or flyleaf from an old book. The paper has a slightly textured appearance with some minor discoloration and faint, illegible markings, possibly from the reverse side or due to age. The right edge of the page features two circular holes, suggesting it was part of a bound volume. The page is oriented vertically.

BAH-00647225 IP5-00176585
Mrs MUBEENA AFEEN FATIMA
29-11-1997 28 Y 7 M 19 D (F)
Dr. PRANATHI REDDY A



CONSENT FOR ANAESTHESIA

Authorization By: ☐ Patient ☒ Patient Attendant

Operative Procedure: EMERGENCY

Anaesthesiologist: DR. KRIPAMYA Surgeon: _____

Please read this before you consent for Anaesthesia

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

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

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

☐ Shock ☐ Obesity ☐ Chronic Obstructive Pulmonary Disease

☐ Others: pericarditis, Aspiration, Hypotension.

Declaration by Patient Attendant

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

Patient / Patient Attendant:

Signature: Mubeena

Name: _____

Relationship with patient: _____

Date & Time: 18th July / 6:00 pm

Witness:

Signature: Shauk Intimazuddin

Name: SHAUK INTIMAZ UDDIN

Date & Time: 18-07-2026 / 7:00 PM

Doctor (who is taking consent):

Signature: Dr. Kripamy Name: DR. KRIPAMYA Date: 18/7/2026 Time: _____

స్వీషియా కోసం అనుమతి పత్రం

అనుమతి ఇచ్చినవారు: ☐ రోగి ☐ రోగి అటెండెంట్

శస్త్రచికిత్స:

అనస్థీషియా వైద్యుడు: శస్త్రచికిత్స నిపుణుడు:

అనస్థీషియా కోసం మీ అనుమతి ఇవ్వడానికి ముందు దయచేసి ఇది చదవండి

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

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

స్పెసిఫిక్ హై లిస్ట్:

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

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

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

☐ ఇతరవి:

రోగి / రోగి అటెండెంట్

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

రోగి / రోగి అటెండెంట్:

సంతకం:

పేరు:

రోగితో సంబంధం:

తేదీ & సమయం:

సాక్షి:

సంతకం:

పేరు:

తేదీ & సమయం:

డాక్టర్ :

సంతకం: పేరు: తేదీ & సమయం:

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE



Patient Name : MUBEENA AFEEN FATIMA Gender: ☐ Male ☒ Female Age : 28 yrs

UHID No : BAM-00667225 Date : 18/7/26

Instruction:

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

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

EMERGENCY LOWER SEGMENT CESARIAN SECTION
upon

(Name of the Patient) MUBEENA AFEEN FATIMA

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

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

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

BLEEDING, INFECTION, DAMAGE TO BOWEL & BLADDER & REPAIR,
MULTIPLE BLOOD TRANSFUSION

My signature on this form indicates that

- ☒ I have read and understood the information provided in this form
- ☒ My doctor had adequately explained to me the operation or procedure along with the complications written above, along with the risks, benefits and other information.
- ☒ I have had a chance to ask my surgeon questions.
- ☒ I have received all the information I desire concerning the operation or procedure and
- ☒ I authorize the consent to the performance of the operation or procedure.

Name of the Doctor who is performing the Surgery / Procedure: DR. PRANATHI REDDY

Consentee :

Signature : [Signature]

Name : Mrs. Mubeena Afeen Fatima

Date & Time : 18/7/26 ; 5:40pm

Witness :

Signature : [Signature]

Name : [Signature]

Date & Time : 18/7/26 @ 6pm

Docu. No. : RCHBH / FRM / CLINICAL / 027

Patient Attendant :

Signature : [Signature]

Name : SAAD IMTIAZ UD DIN

Relationship with Patient :

Date & Time : 18/7/26 ; 5:45pm

Doctor (who is taking the consent) :

Signature : [Signature]

Name : [Signature]

Date & Time : 18/7/26 5:35pm

Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION

BAH-00647225 IP5-00176585
Mrs MUBEENA AFEEN FATIMA
29-11-1997 28 Y 7 M 19 D (F)
Dr. PRANATHI REDDY A



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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Name: Age: Sex: UHID.No :

Date: Time: Proposed Operation: Amniocentesis

Diagnosis: Amni 137+2 wks 1st Conception/Breeds & oligohydramnios

B.P / CRT: 100/66 H.R: 116 Weight: 88kg ASA Physical Status: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

11/6/10

Dep-99%

Laboratory Data:

Hgb: <u>10.8</u>	Glucose:	Protein:	HIV:	X-Ray:
PCV:	Urea:	Alb:	HBS Ag:	ECG:
WBC: <u>13.06</u>	Creat:	Total Bill:	HCV:	2D Echo:
Plate: <u>2.42</u>	Na:	Dir. Bill:	Blood group:	Stress/Angio:
PT: <u>0</u>	K:	LDH:	T3:	Other:
PTT:	Ca++:	Alk phos:	T4:	
INR:	Mg++:	Amylase:	TSH:	
	Cl -:	SGOT/SGPT:		

Allergies: -NKDA

Medical History: CVS :

RESP : Diabetes : -

CNS : NS

Renal :

Hepatic / GE : Physical Activity: >2h/night

Others :

Past Anaesthetic History: NOTHD cold cough since 2 weeks

Physical Exam:

Airway: MP 1 2 3 4 Mouth Opening: 2 fingers Mentohyoid Distance: 2 fingers Neck: slat Teeth: no loose

Lungs : clear

Heart: clear

CNS: Normal

Pregnant: ☐ Yes ☐ No ☐ NA Venous Access Site: (10) Spine Exam for regional : 0

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

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

CURRENT MEDICATIONS	DOSAGE

Pre-Operative Instructions:

- DVT Prophylaxis : Water / ORS 2 Hours
- NIL ORAL Others 6 Hours
- Informed Consent: ☒ Standard ☐ High Risk
- Post Operative Pain Management: ☒ Discussed with Patient
- Other Instructions: Blood group and chills availability
- IVT Ondansetron - 4mg
- Bolus 10ml/kg

2:00 PM Dr. K. S. R. Ramya
Test for 3:00 PM - Sandeep
4:15 AM chills
Water

Signature: [Signature] Name: DR. K. S. R. RAMYA

Patient Sticker

**Rainbow[®]
Children's
Hospital**
It takes a lot to treat the little



BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

[illegible]



POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by: 9pm 7:10pm 9:30pm Time Received: 7:50pm Time Discharged: 8:50pm

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 SP _O 2	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	IV Cannula Site: <u>left</u> ☐ O ₂ Mask ☐ Nasal Prongs ☐ Tracheostomy ☐ T-Piece ☐ Oral Airway ☐ Nasal Airway
		Vomiting: ☐ Yes ☒ No NG Tube: ☐ Yes ☒ No Drain: ☐ Yes ☒ No Urinary Catheter: ☒ Yes ☐ No Chest Tube: ☐ Yes ☒ No Nil Oral: ☒ Yes ☐ No IV Fluids: <u>RL</u> Oral Feeds:

POST ANAESTHESIA SCORE (Modified Aldrete Score)		MINUTES			OUT	SCORING INTERPRETATION
		IN	30	60	90	
Able to move 4 extremities voluntary or on command	= 2	ACTIVITY	1	2	2	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 move 2 extremities voluntary or on command	= 1					
Able to move 0 extremities voluntary or on command	= 0					
Able to deep breathe & cough freely	= 2	RESPIRATION	2	2	2	
Dyspnea or limited breathing	= 1					
Apneic	= 0					
BP $\pm$ 20 of Pre Anaesthetic leve	= 2	CIRCULATION	2	2	2	
BP $\pm$ 20-50 of Pre Anaesthetic leve	= 1					
BP $\pm$ 50 of Pre Anaesthetic leve	= 0					
Fully awake	= 2	CONSCIOUSNESS	2	2	2	
Arousable on calling	= 1					
Not responding	= 0					
Pink	= 2	COLOR	2	2	2	
Pale, dusky, blotchy, jaundiced, other	= 1					
Cyanotic	= 0					
TOTAL			9	10	10	

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
18/7	9pm	0/10	NA	Sona
18/7	10pm	0/10	NA	Sona

Pain Tool Used: ☐ N PASS ☐ FLACC ☐ Wong Baker ☐ NPS

Anaesthesiologist Name: Dr. Pranathi Reddy

Anaesthesiologist Signature: [Signature]

Date & Time: 19/7/20 12:30AM

PACU Nurse Name: Sona

PACU Nurse Signature: [Signature]

Date & Time: 18/7/20 @ 9pm

Reassessment Frequency:

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

Transferred to Unit by (PACU): ABG OT

Date & Time: 18/7/20 @ 9pm

Patient Sticker



Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

Date: Time: Procedure done by

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

Depth: Catheter at Skin: Attempts :

Parasthesia : Yes/No if yes details :

Solution Composition :

Any other issues :

a)

b)

Time	Infusion Rate (ml/hr)	Bolus (ml)	Level Left Right		Maternal		FHR	Comments
					BP	Pulse		

Delivery Details : Time : APGAR: SVD / Instrumental / LSCS (if LSCS Details)

Catheter Removed by and Tip Inspected :

Patient Satisfaction :

Discharge /Shifting ordered by

Doctor Signature:

Doctor Name:



URINARY CATHETER BUNDLE CHECK LIST

Date of Insertion: 18.7.26

Date of Removal: 19/7/26 11 AM

Parameters	Date	Shift Time						
Need for the Catheter	18-7-26	2pm-8pm	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Hand Hygiene			☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Usage of Sterile Equipment			☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No
Is the Collection bag below the level of bladder			☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Check the Tube for Obstruction (Free of Kinking)			☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is Catheter dated as policy			☐ Yes ☒ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Collecting bag is been emptied regularly?			☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Maintenance of closed system for the catheter			☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Dressing clean and dry?			☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is the line removed as Policy?			☐ Yes ☒ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Performance of Perineal Care			☒ Yes ☐ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Onset of New Fever			☐ Yes ☒ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Asses for the leakage at the site of insertion			☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Name of the Nurse			Preema	Preema				
Signature of the Nurse								



DISCHARGE PLANNING FORM

Nationality: Indian

NOTES: * To be completed by a NURSE within (24) hours of admission.

1. Anticipated Date of Discharge: 21/7/26

2. Destination Post Discharge: ☒ Home
Family Members Notified (Person Contacted)

☐ Transfer
Hospital Facility Notified (Person Contacted)

Discharge Status: ☒ Self Care ☐ Family Home Care ☐ Home Professional Assistance

☐ Needs Assistance In:

Remarks

☐ Medication	☐ Yes	☐ No
☐ Bathing	☐ Yes	☐ No
☐ Eating	☐ Yes	☐ No
☐ Walking	☐ Yes	☐ No
☐ Dressing	☐ Yes	☐ No
☐ Toileting	☐ Yes	☐ No

No need for assistance

4. Nutritional Plan:

☒ Dietary Instruction Discussed with the:
☒ Patient ☐ Family Member ☐ Others:

5. Discharge Planning Discussed with the:

☒ Patient ☐ Family Member ☐ Others:

6. Patient/Family Educational Plan:

☒ Educational Topic/s: Maintain Personal Hygiene

☒ Patient's Educational Topic/s discussed with the:
☒ Patient ☐ Family Member ☐ Others:

Nurse Signature: [Signature]

Nurse Name: Preethi

Date and Time: 18-7-26 2:00 PM