CWH.0000178596 IP5-00173586
Mrs PALLAVI VASIREDDI
7-06-1993 32 Y 10 M 12 D (F)
Dr. SASIKALA KOLA

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 : 9|5|2026

Patient Name: Mrs. pallavi Date of Birth: 7|6-1993 Age: 32Y

Gender: female Ward : OBG.01 UHID No.: RCWH-0000178596

Date of Surgery: 9|5|2026 ☑ OT -1 ☐ OT -2 ☐ OT -3 ☐ OT -4 ☑ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : Elective LSCS ↓ spinal (Twin)

Time in : 9.30 Am Time Out : 10.30 Am

		NAME	AMOUNT
1.	Surgeon	: DR. ~~Pallavi~~ Sasikala kola	
2.	Anaesthetist	: Dr. Aisha	
3.	Assistant Surgeon	: Dr. Maithri	
4.	OT Technician	: Kulsum	
5.	Circulating Nurse	: S/s Swapna	
6.	Assistant Nurse	: S/s Sailatha	

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

Asonika
Dr Asonika
Signature of the Surgeon

Swapna
Signature of Circulating Nurse

Order No: 9600163

Order by: S/s Rogi

Docu. No. : RCHBH/FRM/GENERAL/114

CWH.0000178596 IP5-00173586
Mrs PALLAVI VASIREDDI
7-06-1993 32 Y 10 M 12 D (F)
Dr. SASIKALA KOLA

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CONSUMABLES OF OT

Circulating staff : .... Technician : Kulsum .... Date : 9/5 **3334** .... Time : ....

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube			Major Pack LSCS drape		01	Inj Vit.K Twins		02
LMA			Sutures 2346		0	Cord Clamp		0D
ECG leads : (A) / P / N		03	2762		0D	Suction Catheter		
HME filter : A / P / N			Monocryl 1326		01	Feeding Tube		
Syringes : 10 cc		0D	2347 D/A 180cm		02	Vaccum Suction Set		
05 cc		0D	Gloves 6½		03	Surgical Gloves 6½		2+2
02 cc		0D	7		03	Gauze Pack		01+01
01 cc		03	P.F 7		1	Syringe 1ml / 2ml		02
Cautery plate : (A) / P / N		01	Surgical blade NO 22		01	Surgical Blade # 22		01
IV set			NG tube			Koochies (S) 1'S		01
RL		02	Cautery pencil		01	Neopuff Tubing		1
NS : 10ml / 100ml / 500ml / 1000ml		0D	Koochies Adult XL		01			
minispike		0D	Ointments		D1			
16×2%		01	Suction Catheter			9600192 / 9600193		
Fentanyl		01	Cap, Mask		20+20			
Morphine			Gauze Pack		01			
Ketamine			Mop Pack		03			
Propofol			Steristrip Sterizone		01			
Rocuronium			Underpad		01			
Glycopyrolate		01	Draw sheet Quick sheet		01			
Myopyrolate			Abgel		01			
Ondansetron		0D	Foleys catheter					
Pencan 25g / Spinal Needle 22		0D	Urobag					
Bupivacaine 0.25%			Chest Drainage Catheter					
Bupivacaine 0.25%(Heavy)		02	Romodrain bag					
Antibiotics : Ephedrine		01	Bandage					
Methergin		0D	Tegaderm					
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg		0D	Vaccum Suction set		01	Transpore		1
Justin : 12.5 mg / 25mg / 100mg		01	Plastic Bed Sheet					
Tab. Misoprost : 200mg		0D	Betadine Solution		02			
Oxytocin		03	Microshield		0D			
glove 6½		01	Cotton Balls		01			
gauze		01	Latex Gloves		20			
Tranexa		0D	Ramdione Scrub					
O₂ mask		01	Saral		1			

Surgeon Anaesthesiologist Nurse OT Technician

Order No. : 9600185 / 186 .... Ordered by : Sis. Rafi ....

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

Rainbow Children's Hospital BirthRight Rainbow

Rainbow Children's Hospital - Banjara Hills

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

ADMISSION SHEET

Registration Details :

Admission No : IP5-00173586 **Admit Date** : 09-May-2026 **Admit Time** : 08:11 AM **UHID** : RCWH.0000178596

Patient Details :

Patient Name	: Mrs PALLAVI VASIREDDI	**Age**	: 32 Y 10 M 12 D
Guardian	: Mr MOTURU ARUNDEEP	**DOB**	: 27-06-1993
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	: Married
Address (H)	: ROAD NO.3 , BANJARA HILLS Banjara Hills Hyderabad Telangana INDIA 500034	**Phone No**	: 9963635632/ 8978280276
		E-mail	: NOMAIL@GMAIL.COM

Admission Details :

Bed Type	: PRESIDENTIAL SUITE	**Bed No**	: PRESIDENTIAL SUITE 2 (423)	**Ward Name**	: 4F-BIRTHRIGHT PREMIUM
Room No	: PRESIDENTIAL SUITE 2 (423)	**Admission Type**	: First Visit		

Contact Details :

Name	: Mr MOTURU ARUNDEEP	**Relationship**	: Husband
Contact Address	: ROAD NO.3 , BANJARA HILLS Banjara Hills Hyderabad Telangana INDIA 500034	**Phone No**	: 9963635632 / 8978280276

Signature

Doctor Details :

Doctor Name	: Dr. SASIKALA KOLA	**Specialisation**	: OBSTETRICS AND GYNECOLOGY
Referral Doctor	: Self	**Phone No**	:
Co-Consultant	:		

Payment Details :

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

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

ACTIVITY RECORD FOR BILLING

Name : ____

UHID No. : ________ Consultant: ____________ Dept : __________

Date of Admission: ____ Date of Discharge : _________ Time: _________

Room / Bed No : ___________ Ward : __________ Suggested Billable bed type : _______________

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
9/5/26	9:20Am	PS-II	OBG 01	Swapna
9/5/26	10:45Am	OBG 01	PS-II	Swapna

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	Dr. Shreya	9/5/26	9601149	Poulabi
2	Dr. Tuheena Sharma (PT)	12/5/26	9605098 (rows 2–4)	Pushpala (rows 2–4)
3	Dr. Bhruvdhavani	10/5/26		
4	NHA	10/5/26		
5				
6				
7				
8				
9				
10				

Docu. No. RCHBH/FRM/GENERAL/145

INVESTIGATIONS

Date	Investigations	Order No.	Signature

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
9/5/26	cardiac monitor	10:45Am	6pm	9599528	Swapna

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
	IV placement	01		
	PAC		4599514	Swapna
2/5/24	Catheterization			

ANY OTHER INFORMATION

....

....

....

....

....

....

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

RCWH.0000178596 IP5-00173586
Mrs PALLAVI VASIREDDI
27-06-1993 32 Y 10 M 13 D (F)
Name Dr. SASIKALA KOLA

Date 20/5/26

Room: P1 [illegible]

Lactation diet plan: ~1700 kcals; 75g protein; 167g carbs; 57g fats

Planned menu

Instructions ☐ **Home** ☑ **Canteen**

Time	Planned menu	Instructions
7am	Milk or Barley water Galact ☐ Supplement 1 tsp ☐	☐ Milk ☑ Barley water 200ml ☐ No sugar
8am	Small Breakfast (Idli/Dosa/Oats/Dhali/Upma/Kitchidi) KABIBITE Biscuits two ☐	☐ Egg - Boiled ☑ Omelet ☐ ☐ Panner 50g ☐ Tofu 50g
10am	Soup and Toast (Garlic Nan for diabetic ☐) KABIBITE Biscuits two ☐	☑ Vegetable ☒ Chicken
1pm	Lunch (soft Rice and ~~Roti~~) (Oats/Dhali for diabetic ☐) ~~Dal~~, Veg, Curd, Fruit/Salad	☐ Egg - Boiled ☐ Omele ☐ ☑ Paneer 50g curry ☐ Tofu 50g ☐ Chicken 100g
4pm	Milk or Barley water Galact ☐ Supplement 1 tsp ☐	☐ Milk ☑ Barley water 200ml ☐ No sugar
6pm	Soup and ~~Garlic Nan~~	☑ Vegetable ☐ Chicken
8pm	Dinner (soft Rice and ~~Roti~~) (Oats/Dhali for diabetic ☐) ~~Dal~~, Veg, Curd, Fruit/Salad Sweet (No sweet for diabetic ☐)	☐ Egg – Boiled ☐ Omelet ☐ ☑ Paneer 50g curry ☐ Tofu 50g ☐ Chicken 100g
10pm	Milk or Barley water Galact ☐ Supplement 1 tsp ☐ KABIBITE Biscuits two ☐	☐ Milk ☑ Barley water 200ml ☐ No sugar

[No Dals, pineapple, coconut water]

Nibedita
Dietitian

RCWH.0000178596 IP5-00173586
Mrs PALLAVI VASIREDDI
27-06-1993 32 Y 10 M 13 D (F)
Dr. SASIKALA KOLA

PS - II

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 10/5/26 Time: 11am

Origin: Indian Height: 172cms Weight: 80.4kgs BMI: 27.25kg/m²

Food Allergies: No

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

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

Diet Advised:

Soft high protein diet
~~[illegible]~~ plenty of oral liquids
Avoid spicy, chilled, outside foods

Patient's / Attendant's

Signature: Pallavi

Name: Pallavi

Date & Time: 10/5/26, 11am

Dietician's

Signature: Nikitha

Name: Nikitha

Date & Time: 10/5/26, 11am

DIETARY NOTES

Date	Time	Notes	Sign
11/5/26	10 pm	Can Start normal diet	[signature]

CWH.0000178596 IP5-00173586
Mrs PALLAVI VASIREDDI
7-06-1993 32 Y 10 M 12 D (F)
Dr. SASIKALA KOLA

Rainbow® Children's Hospital — It takes a lot to treat the little.
BirthRight™ BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints
For El LSCS

Obstetric Formula: Primi

Obstetric Hostory:
ET: 21/9/25

Present Pregnancy Record:
Booked @ 12+4 wks
MC: 2020, NCM

RISK FACTORS:
- ✓ DCDA twins
- ✓ Hypothyroid.
- ✓ IVF Conception.

Height: 172 cm
Weight: 80.4 kg
Allergies: N.K.D.A.
Breast: ☑ Normal ☐ Abnormal
General Examination:
Consciousness: +
Pallor: –
Icterus: –
Edema: –
Temp: 97.6°F
PR: 90
BP: 100/60
DTR: NAD
CVS: NAD
RS: NAD
Liver/Spleen: NAD.
Urine Output: Adequate

LMP: 20/8/25
EDD:
Corrected EDD: 27/5/26
GA: 37+3
Menstrual History: Regular: ☑ Yes ☐ No

Obstetric Examination
Fundal Height: over distended
Ut. Activity: ☑ Relaxed ☐ Mild ☐ Mod ☐ Severe
Liquor: ☑ Adequate ☐ Oligo ☐ Poly
PP: ☐ Cephalic ☐ Breech Others ______
Head Fifths Palpable: ______
FHS: ☐ Normal ☐ Tachy ☐ Brady ☐ Absent
1 (+) 2 (+)

Per Speculum Examination NA
Draining: ☐ Present ☐ Absent ☐ Bleeding
Colour of Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Vaginal Examination NA
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

DIAGNOSIS

Primi 37+3 | DCDA | Hypothyroid

Family History:	Surgical History:
Paternal GF: Lung ca	✓ Hysteroscopy 2025. ✓ (R) breast fibroadenoma excision 2021

Medical History:	Medication History:
Hypothyroid	T Fe/ca/ Thyronorm 50 mcg.

Plan of Care:	Investigations:
NBM consent Parts prep IVF @100ml/hr RL PAC Drugs as chart vitals Shift on call 4/4/26 I 1554 (30%) II 1434 g (14%)	5/7/26 : Hb 11.5 plt 1.50 TC 6.76 A positive 29/11/25 HIV, HBSAg, HCV, VDRL } NR 25/4/26 : AFI Doppler 33+4 I: 5cm A/H / II: 4cm A/H Doppler ↑ Resistance in UA Doppler +ve EDF in both fetuses.

Doctor Name: Dr. Y. Sneha

Signature: Dr. Y

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

Consultant Name: Dr. Sasikala. K

Signature:

Date & Time:

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

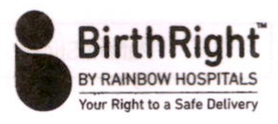
Date & Time	Progress Notes	Doctor's Order
9/1/26 11AM	P1 L2 POD-0 LSCS	
		Adv
	GC: fair.	→ NBM x 4 hrs
		→ IVF as per Anes
	BP: 100/70 mmHg	
	PR: 82/min	→ follow drug chart
	SpO2: 100%	→ Monitor BP/PR/Elo
	P/A: uterus retracted well	Hourly
		→ w/f bleeding P/V
	O/E: Bleeding within normal limits	→ inform SOS
	U/O: 100ml emptied.	Dr G SONIKA

RCWH.0000178596 IP5-00173586
Mrs PALLAVI VASIREDDI
17-06-1993 32 Y 10 M 12 D (F)
Dr. SASIKALA KOLA

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/5/26 1:40pm	POD-0 LSCS	
		Adv
	BP: 124/80 mmHg	Allow oral sips
	PR: 66/min.	→ f/b liquid diet
	Temp: Afebrile	
	SpO2: 100%,	→ Soft diet from 7pm
	P/A: uterus retracted well	→ In Bed Ambulation
	BS good	
	O/E: Bleeding within normal limits	← w/f bleeding P/V
		→ Monitor BP/TPR/Q/do 4th hrly
	U/O: 200ml	
		→ inform SOS
		[signature] Dr G SONIKA

CWH.0000178596 IP5-00173586
rs PALLAVI VASIREDDI
7-06-1993 32 Y 10 M 12 D (F)
r. SASIKALA KOLA



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/5/26 7:00pm	- POD - 0 / LSCS. - Pt is stable - O/E: GC - fair BP - 110/70 mmHg PR - 84 bpm SpO_2 - 98% on RA. P/A - Ut well © L/E - BWNL U/O - 100 ml/hr; clear & adequate	Adv: ① Soft diet intake ② Rice only after passing flatus. ③ Adequate hydration & ambulation. ④ Monitor vitals 4th hrly. ⑤ Drugs as charted. ⑥ w/f bleeding P/V ⑦ Remove catheter @ 6:00 AM, 10/5/26 [signature] Noted by Pallabi

Docu. No. : RCHBH /FRM / CLINICAL / 088 (P.T.O)

CWH.0000178596 IP5-00173586
rs PALLAVI VASIREDDI
7-06-1993 32 Y 10 M 12 D (F)
r. SASIKALA KOLA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/5/26 6:30AM	I POD	[illegible]
	c/f	
Babies NICU [illegible]	Vitals stable	
	P/A - [illegible]	
	P/V - NAB	
yet to void		[illegible]
		- [illegible]
		- Ensure voiding
		- Oral antibiotics
[signature] DZ-[illegible]		- Regular diet
10/5/26 2:00PM	POD-I / [illegible] / [illegible]	
	Pt-stable.	Adv:-
	G.c-fair	① Soft diet.
Babies - Mother side.	Afebrile	② Oral hydration.
	Vitals-stable.	③ Ambulation.
c/f	P/A-cut Ⓡ well	④ Drugs as chart.
	UP-NAB	⑤ Monitor vitals u/r
		⑥ Inform SOS
Noted by [illegible]		(Dr. [illegible])

RCWH.0000178596 p-00173586
Mrs PALLAVI VASIREDI
27-06-1993 32 Y 10M 14 D (F
Dr. SASIKALA KOLA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/5/26 9PM	POD-I / PIL2 / EL-LSCS	
Babies-Mother side.	Pt-stable	Adv:-
U ✓	G-c-fair	1. Soft diet
F ✓	Afebrile	2. Oral hydration.
S ✓	Vitals-stable	3. Ambulation.
- Remove cannula	P/A-Wd (R) well	4. Drugs as charted
	LLE-NAB	5. Inform SOS
		by (Dr. Lavanya)
11/5/26 9AM	POD-II / PIL2 / EL-LSCS	
Babies- Mother side.	Pt-stable	Adv:-
U ✓	G-c-fair	1. Regular diet.
F ✓	Afebrile	2. Oral hydration.
S ✓	Vitals-stable	3. Ambulation.
	P/A-Wd (R) well	4. Drugs as charted
	LLE-NAB	5. Monitor vitals 4th
		6. Inform SOS
		by (Dr. Lav)

RCWH.0000178596 IP5-00173586
Mrs PALLAVI VASIREDDI
27-06-1993 32 Y 10 M 14 D (F
Dr. SASIKALA KOLA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/5/26 12:40pm	Pt comfortable Babies - ns O/E ac - fair vitals - stable P/A - uterus retracted well L/E - lochia healthy V✓ F✓ S✓ Noted by [illegible]	Adv - drugs as per charted - soft diet, plenty of oral fluids - vitals 6thly - Ambulate - W/F active bleeding or inform SOS [signature] Dr Sameera
11/5/26 6:10pm	Pt comfortable O/E ac - fair vitals stable P/A ut (R) well L/E lochia healthy V✓ F✓ S✓	Adv - drugs as per charted - soft diet, plenty of oral fluids - vitals 6thly - Ambulate - inform SOS [signature] Dr Sameera

RCWH.0000178596 IP5-00173586
Mrs PALLAVI VASIREDDI
27-06-1993 32 Y 10 M 14 D (F
Dr. SASIKALA KOLA

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/5/26 8:00 AM	POD3 / P2L2 / EL-LSCS	Adv
	O/E GC fair, afebrile	- Reg diet, plenty of oral fluids
	PR - 79 bpm	- drugs as per charted
	BP - 112/72 mmHg	- vitals 4th hrly
	SpO2 - 99% on RA	- w/f active bleeding PV
Babies - NAD	P/A - ut (R) well	- inform SOS
	C/E - lochia healthy	
		Dr. Sameera
12/5/26 1PM	Pt comfortable	Adv
	O/E GC - fair	- Regular diet, plenty of oral fluids
	vitals - stable	- drugs as per charted
	P/A - ut retracted well	- vitals 4th hrly
	C/E - lochia healthy	- w/f active Bleeding PV
Babies - NAD		- Inform SOS
	Noted by Rachana	Dr. Sameera

RCWH.0000178596 IP5-00173586
Mrs PALLAVI VASIREDDI
27-06-1993 32 Y 10 M 14 D (F
Dr. SASIKALA KOLA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

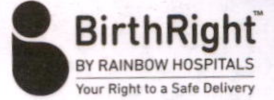
PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/5/26	POD-3 / P1L2 / El.LSCS	
7 PM	Pt - stable	Adv:-
	G.C - fair	1) Regular diet.
Babies - Mother side	vitals - (N)	2) Ambulation
	P/A - ut (R) well	3) Drugs as charted
U ✓	L/E - NAB	4) Monitor vitals q4h
B ✓		5) Inform SOS
S ✓		Dr. CPS-long

Docu. No. : RCHBH /FRM / CLINICAL / 088

(P.T.O)

CWH.0000178596 IP5-00173586
Mrs PALLAVI VASIREDDI
7-06-1993 32 Y 10 M 12 D (F)
Dr. SASIKALA KOLA



Sheet No: ....

REGULAR PRESCRIPTIONS

Weight 80.4 kg Ward BRD

DRUG : T-DICLOFENAC				Date/Time	9/5	10/5	11/5	12/5
Dose	Route	Frequency	Start Dt.					
50mg	PO	BD	9/5/26					
Name & Signature of the Doctor Starting the Drugs: Dr G Sonika				8AM	X	[signature]	[signature]	[signature]
Additional Instructions:				8PM	[signature]	[signature]	[signature]	[signature]
Daily Doctor's Endorsement by a Sign					[sign]	[sign]	[sign]	

DRUG : T-PANTOP				Date/Time	9/5	10/5	11/5	12/5
Dose	Route	Frequency	Start Dt.					
40mg	PO	BD	9/5/26	6AM	X	[signature]	[signature]	[signature]
Name & Signature of the Doctor Starting the Drugs: [signature]				6PM	[signature]	[signature]	[signature]	[signature]
Additional Instructions:								
Daily Doctor's Endorsement by a Sign					[sign]	[sign]	[sign]	

DRUG : Inj CEFOTAXIM				Date/Time	9/5		
Dose	Route	Frequency	Start Dt.				
1gm	IV	BD	9/5/26	9AM	X	[signature]	Stop 10/5/26 (Dr. Lavanya)
Name & Signature of the Doctor Starting the Drugs: [signature]				9PM	[signature]	[signature]	
Additional Instructions:							
Daily Doctor's Endorsement by a Sign					[sign]	[sign]	

DRUG : TAB. CEFIXIME				Date/Time	11/5	12/5
Dose	Route	Frequency	Start Dt.			
200g	P/O	BD	10/5/26	10AM	[signature]	[signature]
Name & Signature of the Doctor Starting the Drugs: (Dr. Lavanya)						
Additional Instructions:				10PM	[signature]	
Daily Doctor's Endorsement by a Sign					[sign]	

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

Patient Sticker

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

BirthRi
BY RAINBOW HOSPI
Your Right to a Safe Deli

Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

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

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ Time ▾

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ Time ▾

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ Time ▾

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ Time ▾

:CWH.0000178596 IP5-00173586
Irs PALLAVI VASIREDDI
7-06-1993 32 Y 10 M 12 D (F)
Ir. SASIKALA KOLA

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

DRUG CHART

Date of Admission: 9/5/2026 Drug Allergies; .... ☑ 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 / 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 : T-TRAMADOL				Date ▸ / Time ▾
Dose	Route	Frequency	Start Date	
100mg	PO	SOS	9/5/26	
Doctor's Signature		Valid Period	Pharm.	
[signature]				
Additional Instructions:				

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

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

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

CWH.0000170556 IP 5-00173380
Mrs PALLAVI VASIREDDI
7-06-1993 32 Y 10 M 12 D (F)
Dr. SASIKALA KOLA

REGULAR PRESCRIPTIONS

Weight. 80.4 kg. Ward. BRp

DRUG : Inj. PARACETAMOL

Dose	Route	Frequency	Start Date
1gm	IV	TID	09/05/26

Name & Signature of the Doctor Starting the Drugs: x24 hrs
Dr. Ayesha [signature]

Additional Instructions:

STOP
[signature] 9/5/26

Daily Doctor's Endorsement by a Sign

DRUG : Tablet DICLOFENAC

Dose	Route	Frequency	Start Date
50mg	PO	BD	9/5/26

Name & Signature of the Doctor Starting the Drugs:
Dr Ayesha [signature]

Additional Instructions:

STOP
[signature] 9/5/26

Daily Doctor's Endorsement by a Sign

DRUG : T. TRAMADOL

Dose	Route	Frequency	Start Date
100mg	PO	BD	9/5/26

Name & Signature of the Doctor Starting the Drugs:
Dr Ayesha [signature]

Additional Instructions:

STOP
[signature] 9/5/26

Daily Doctor's Endorsement by a Sign

DRUG : T. PARACETAMOL

Dose	Route	Frequency	Start Date
500mg	PO	TID	9/5/26

Name & Signature of the Doctor Starting the Drugs:
[signature] Dr G SONIKA

Additional Instructions:

Date/Time	9/5	10/5	11/5	12/5
6AM	X	Nandini	Rebecca	Manila
2PM	Sreapuja	Gayathri	Sona	Manila
10PM	Sonarika	Sona	Manila	Sona

Daily Doctor's Endorsement by a Sign

CWH.0000178596 IP5-00173586
Mrs PALLAVI VASIREDDI
7-06-1993 32 Y 10 M 12 D (F)
Dr. SASIKALA KOLA

Weight. 80.4kg Ward. BRP

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
9/5	9:15Am	Inj CEFOTAXIME	1gm	IV	[signature]	Swapne / [signature]
9/5	9:10Am	Inj PANTOP	40mg	IV	[signature]	Swapne / [signature]
9/5	9:12Am	Inj PERINORM	10 mg	IV	[signature]	Swapne / [signature]
09/05/26 9:53Am	9:53Am	Inj. OXYTOCIN	3IU	IV	[signature]	Swapne / [signature]
09/05/26 9:54Am	9:54Am	Inj. OXYTOCIN	20IU in 500ml RL	IV	[signature]	Swapne / [signature]
9/5/26	10:20Am	DICLOFENAC	100mg	PR	[signature]	Swapne / [signature]
9/5/26	10:20Am	TRAMADOL	100mg	PR	[signature]	Swapne / [signature]

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

Mrs PALLAVI VASIREDDI
7-06-1993 32 Y 10 M 12 D (F)
Dr. SASIKALA KOLA

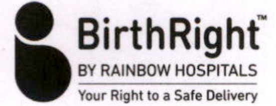
I.V. FLUIDS CHART

Weight. 80.4 kgs. Ward. BRP

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
9/5/26	9:20Am	RINGER LACTATE	IV	1000ml/hr	[signature]	[signature] [signature]	9/26	[signature]	[signature] [signature]
9/5/26	9:50 Am	RINGER LACTATE	IV	500ml/hr	[signature]	[signature] [signature]	9/26	[signature]	[signature] [signature]
9/5	11Am	RINGER LACTATE	IV	150ml/hr	[signature]	[signature] [signature]	9/2	[signature]	[signature] [signature]
9/5	1Pm	RINGER LACTATE	IV	150ml/hr	[signature]	[signature] [signature]	9/26	[signature]	[signature] [signature]
9/5	5Pm	RINGER LACTATE	IV	150ml/hr	[signature]	[signature] [signature]	9/26	[signature]	[signature] [signature]

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

PSTT



CROSS CONSULTATION FORM

Doctor Name : Shreya Proddutur Date : 09/05/2026 Time : 9pm

Diagnosis : —

Hospital :

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

Type of Referral :
☐ Emergency
☐ Urgent
☐ Non Urgent

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

Signature:

Findings and Recommendations :

Breastfeeding amount low, Twins in NICU.
Pumping for stimulation started, dry breast.
Domstal suggested, (Sign by Gyne and confirm by Ped)

Consultant :

Name : Shreya Signature : Sm Date & Time : 09/05/ 9pm

Doc. No. : RCHBH/ FRM / CLINICAL / 049

CWH.0000178596 IP5-00173586
Mrs PALLAVI VASIREDDI
7-06-1993 32 Y 10 M 12 D (F)
Dr. SASIKALA KOLA

Patient

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 1

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 9/5/25		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							
9/5/25	08:00 am										0	
	09:00 am	RL	N	100ml							0	Swapna
	10:00 am	RL		100ml						100ml	0	
	11:00 am	RL	B	100ml			NP				0	
	12:00 pm	RL	M	100ml							0	
	01:00 pm	RL		100ml							0	
Total Intake :			NBM					Total Output :		100ml		
	02:00 pm	RL	H2O	100ml							0	
	03:00 pm	RL		100ml							0	Swapna
	04:00 pm	RL	H2O	100ml							0	
	05:00 pm	RL		100ml			NP			400ml	0	
	06:00 pm	RL	H2O	100ml							0	
	07:00 pm	RL	H2O	100ml							0	
Total Intake :			taken					Total Output :		400ml		
9/5/25	08:00 pm										0	Poulabi
	09:00 pm		H2O							300ml	0	Poulabi
	10:00 pm						NP				0	Poulabi
	11:00 pm		water								0	Poulabi
	12:00 am										0	Poulabi
	01:00 am		water								0	Poulabi
Total Intake :			Taken					Total Output :		300ml		
10/5/25	02:00 am										0	Poulabi
	03:00 am		water				NP				0	Poulabi
	04:00 am										0	Poulabi
	05:00 am										0	Poulabi
	06:00 am		water							1000ml	0	Poulabi
	07:00 am										0	Poulabi
Total Intake :			Taken					Total Output :		1000 ml		

Total 24 hrs. Intake		Total 24 hrs. Output	1800ml

Docu. No. : RCHBH /FRM / CLINICAL / 092

RCWH.0000178596 IP5-00173586
Mrs PALLAVI VASIREDDI (F)
27-06-1993 32 Y 10 M 12 D
Dr. SASIKALA KOLA

FLUID CHART

Sheet No. : 2

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

10/5/26		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am		Idly							✓		
	10:00 am										0	
	11:00 am						Nil				0	
	12:00 pm		soup							✓		[signature]
	01:00 pm											
Total Intake :		TAKEN				Total Output :		PASSED				
	02:00 pm		H_2O									
	03:00 pm		Meals							✓		
	04:00 pm		H_2O				✓				0	
	05:00 pm		H_2O							✓		[signature]
	06:00 pm											
	07:00 pm (7:30)		veg soup									
Total Intake :		[illegible]				Total Output :		passed				
	08:00 pm											
	09:00 pm											
	10:00 pm		H20							✓		
	11:00 pm						NP				0	
	12:00 am		H20									[signature]
	01:00 am									✓		
Total Intake :		Taken				Total Output :		Passed				
	02:00 am											[signature]
	03:00 am		H 20							✓		[signature]
	04:00 am						NP				No	[signature]
	05:00 am		H20								IV	[signature]
	06:00 am									✓		[signature]
	07:00 am		H20									[signature]
Total Intake :		Taken				Total Output :		Passed				

Total 24 hrs. Intake		Total 24 hrs. Output	

RCWH.0000178596 IP5-00173586
Mrs PALLAVI VASIREDDI
27-06-1993 32 Y 10 M 14 D (F)
Dr. SASIKALA KOLA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 3

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	Intake Route: Mouth	I.V	N.G	Output: NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
11/5/26	08:00 am		H2O									
	09:00 am									✓		
	10:00 am		idli, H2O								No IV	[illegible]
	11:00 am		H2O									
	12:00 pm									✓		
	01:00 pm		H2O									
Total Intake :	Taken					**Total Output :**				passed		
	02:00 pm		Jelly									
	03:00 pm											
	04:00 pm		H2O							✓	No IV	[illegible]
	05:00 pm		Soup									
	06:00 pm											
	07:00 pm											
Total Intake :	Taken					**Total Output :**				Passed		
	08:00 pm											
	09:00 pm		H2O									
	10:00 pm									✓		
	11:00 pm										No IV	[illegible]
	12:00 am		H2O							✓		
	01:00 am											
Total Intake :	Taken					**Total Output :**				passed		
	02:00 am											
	03:00 am		H2O							✓		
	04:00 am											
	05:00 am										No IV	[illegible]
	06:00 am		H2O							✓		
	07:00 am											
Total Intake :	Taken					**Total Output :**				Passed		

Total 24 hrs. Intake	

Total 24 hrs. Output	

RCWH.0000178596 IP5-00173586
Mrs PALLAVI VASIREDDI
27-06-1993 32 Y 10 M 15 D (F)
Dr. SASIKALA KOLA

FLUID CHART

Sheet No. : 11

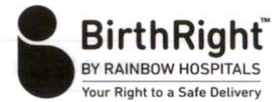
1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.
3. 24 hrs. total to be entered in the kardex in RED.

12/8/26		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am		Idly							✓		
	10:00 am		H2O								No IV	
	11:00 am											[signature]
	12:00 pm		Soup				✓			✓		
	01:00 pm											
Total Intake : Taken						Total Output : Passed						
	02:00 pm		Meals									
	03:00 pm		H2O									
	04:00 pm									✓	No IV	[signature]
	05:00 pm		H2O									
	06:00 pm											
	07:00 pm		H2O									
Total Intake : Taken						Total Output : Passed						
	08:00 pm											
	09:00 pm		H2O							✓		
	10:00 pm										No	
	11:00 pm										IV	[signature]
	12:00 am		H2O							✓		
	01:00 am											
Total Intake : Taken						Total Output : Passed						
	02:00 am											
	03:00 am		H2O							✓		
	04:00 am										No	
	05:00 am										IV	[signature]
	06:00 am		H2O							✓		
	07:00 am											
Total Intake : Taken.						Total Output : Passed						

Total 24 hrs. Intake		Total 24 hrs. Output	

Docu. No. : RCHBH/FRM/CLINICAL/092

RCWH.0000178596 IP5-00173586
Mrs PALLAVI VASIREDDI
27-06-1993 32 Y 10 M 12 D (F)
Dr. SASIKALA KOLA



Department of Anaesthesiology

PRE-ANAESTHETIC EVALUATION

Name: Mrs. Pallavi Vasireddi Age: 32Y Sex: Female. UHID.No: RCWH-0000178596.

Date: 9/05/2026. Time: 8:45AM. Proposed Operation: Elective cesarean section

Diagnosis: Primi 35+5 wks, Twin Gestation

B.P / CRT: 123/82 mmHg H.R: 92/min Weight: 81kgs. ASA Physical Status: ☐ 1 ☑ 2 ☐ 3 ☐ 4 ☐ 5

Laboratory Data:

Hgb: 11.5 gm%	Glucose:	Protein:	HIV: NR	X-Ray:
PCV:	Urea:	Alb:	HBS Ag: NR	ECG:
WBC: 6760	Creat:	Total Bill:	HCV: NR	2D Echo:
Plate: 1.5 lakh	Na:	Dir. Bill:	Blood group: A POSITIVE	Stress/Anglo:
PT:	K:	LDH:	T3	Other:
PTT:	Ca++:	Alk phos:	T4	
INR:	Mg++:	Amylase:	TSH	
	Cl -:	SGOT/SGPT:		

Allergies: NKDA.

Medical History: CVS: Not significant

RESP: Not significant

CNS: Not significant

Renal: Not significant

Hepatic / GE: Not significant

Others: Not significant

Diabetes: —

K/c/o HYPOTHYROID

Physical Activity: Active.

Past Anaesthetic History: H/o Hysteroscopy & Fibroadenoma excision u GA uneventful

Physical Exam:

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

Lungs: BAE ⊕ clear

Heart: $S_1 S_2$ ⊕.

CNS: HMF ⊕.

Pregnant: ☑ Yes ☐ No ☐ NA | Venous Access Site: 18G (L) Cu | Spine Exam for regional: (N)

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

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

CURRENT MEDICATIONS	DOSAGE
Tab. THYRONORM	50mcg.

Pre-Operative Instructions:

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

CBP.

Patient requested for TAP block.

Signature: [signature] Name: P.R. Tejaswini

RCWH.0000178596 IP5-00173586
Mrs PALLAVI VASIREDDI
17-06-1993 32 Y 10 M 12 D (F)
Dr. SASIKALA KOLA

ANAESTHESIA CHART

Pre Induction Assessment:

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

H.R: 90/min	B.P / CRT: 120/82	SpO_2: 98% CRA	R.R: 18/min	Last Feed: 10:00pm

Pre-OP Diagnosis: Primi 35+5 wks DCDA twin / Hypothyroid Operation: ELECTIVE CAESAREAN SECTION Date: 09/05/26

Surgeon: Dr Sasikala Anaesthesiologist: Dr Ayesha Technician: Kulsum

TIME	9:35 am	9:45 am	9:55 am	10:05 am	10:15 am	10:30 am
N_2O /AIR /O_2 LPM						
HALO /SO /SEVO						

Drugs:
Inj. OXYTOCIN 3IU IV
Inj. OXYTOCIN 20IU in 500ml RL

FIO_2 / SaO_2: 100% 100% 100% 100% 100% 99% 99% 100% 100% 100% 100%
$ETCO_2$:
ECG: SR SR SR SR SR SR SR SR SR SR SR
Temperature:
Urine Output: 75ml

Fluids / Blood: 2 RL

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

Tourniquet on Time
Tourniquet off Time
Throat Pack In
Throat Pack Out

(Graph scale 240–0)

Antibiotic

Suppository
DICLOFENAC 100mg PR
TRAMADOL 100mg PR

Blood Loss
350ml

NOTES
1) NBM till further order
2) IVF @100ml/h
3) Monitor vitals, inform SOS

LAB Values
ABG
GRBS
Others

☑ Equipment Checked and Functional
☑ BP
☑ Cuff Site: (Rt) UL
☐ Art Site: ....
☑ EKG Lead: 3 lead
☐ Temp Site
☐ FIO_2 Monitor
☐ Agent Monitor
☑ Pulse Oximeter
☐ Capnograph
☐ Ventilator
☐ Nerve Stimulator

Position: ....
☑ Pressure Points Checked

Eye Care:
☐ Oint
☐ Tape
☐ Padding
☑ Awake

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

Times:
Anaes Start: 9:40Am
OP Start: 9:45Am
OP End: 10:25Am
Leave OR: 10:35Am

Anaesthesia:
☐ GA
☐ Monitored Anaesthesia Care
☑ Regional

Line (Size & Location)
☐ CVP: ....
☐ ART: ....
☑ IV: 18G on (Rt) UL
☐ IV: ....
☐ IV: ....

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

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

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

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

Regional:
Extremity .... Specify: SAB
☑ Spinal ☐ Epidural ☐ Caudal
Others: ....
Position: Sitting
Site: L3-L4
Needle Size: 25G PP Depth: ....
Parasthesia ☐ Yes ☑ No
Catheter at skin .... cm
Drug Name & Conc: 0.5% HEAVY BUPIVACAINE
Bolus: 2ml 10mg + FENTANYL 25mcg
Infusion: ....
Block Level: T4-T6
Comments: ....

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

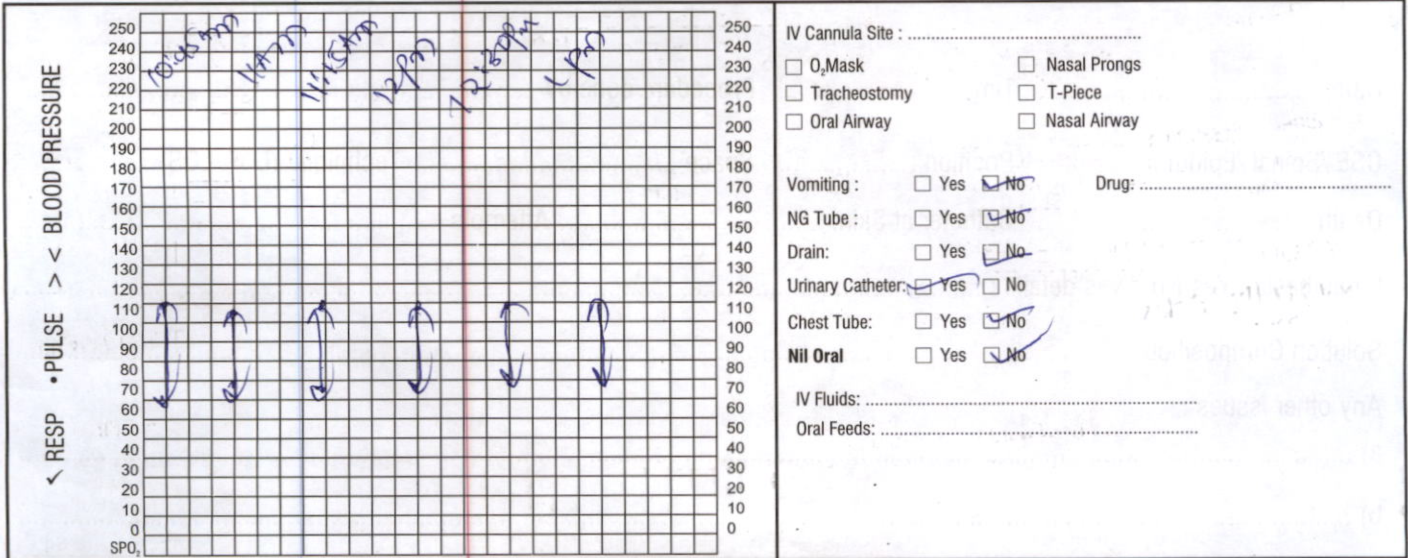
Name of the Doctor: Dr Ayesha
Signature of the Doctor: [signature]

RCWH.0000178596 IP5-00173586
Mrs PALLAVI VASIREDDI
27-06-1993 32 Y 10 M 12 D (F)
Dr. SASIKALA KOLA

Rainbow® Children's Hospital — It takes a lot to treat the little.
BirthRight™ BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Swapna Time Received : 10:45Am Time Discharged : ....



IV Cannula Site : ....

- ☐ O₂Mask ☐ Nasal Prongs
- ☐ Tracheostomy ☐ T-Piece
- ☐ Oral Airway ☐ Nasal Airway

Vomiting :	☐ Yes	☑ No	Drug: ....
NG Tube :	☐ Yes	☑ No	
Drain:	☐ Yes	☑ No	
Urinary Catheter:	☑ Yes	☐ No	
Chest Tube:	☐ Yes	☑ No	
Nil Oral	☐ Yes	☑ No	

IV Fluids: ....
Oral Feeds: ....

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

SCORING INTERPRETATION

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:

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
9/5	1Pm	0	NA	Swapna

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

Reassessment Frequency:

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

Anaesthesiologist Name : ....

Anaesthesiologist Signature: ....

Date & Time: ....

PACU Nurse Name : Swapna

PACU Nurse Signature: [signature]

Date & Time: 9/2/2025 11Am

Transferred to Unit by (PACU): PC-2

Date & Time: 9/5/25 11:50Am

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: ....

Date and Time : ....

RCWH.0000178596 IP5-00173586
Mrs PALLAVI VASIREDDI
27-06-1993 32 Y 10 M 12 D (F)
Dr. SASIKALA KOLA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CONSENT FOR ANAESTHESIA

Authorization By: ☑ Patient ☐ Patient Attendant

Operative Procedure: Elective Cesarean Section.

Anaesthesiologist: Dr. Tejaswini Surgeon: Dr. Sasikala Kola.

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 Shivering, itching, PDPH.

Declaration by Patient Attendant

- I authorize and give consent for anaesthesia as considered appropriate by the anaesthesia team

  ☑ Regional Anaesthesia ☐ General Anaesthesia ☐ Monitored Anaesthesia Care

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

Patient / Patient Attendant:

Signature: [signature]

Name: Pallavi Vasireddi

Relationship with patient: Self

Date & Time: 9/5/2026 8:55AM

Witness:

Signature: [signature]

Name: ARUNDEEP MOTURU

Date & Time: 9/5/2026

Doctor (who is taking consent):

Signature: [signature] Name: Dr. Tejaswini Date 9/5/2026. Time: 8:55AM

Patient Sticker

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

అనస్థీషియా కోసం అనుమతి పత్రం

అనుమతి ఇచ్చినవారు: ☐ రోగి ☐ రోగి అటెండెంట్

శస్త్రచికిత్స: ....

అనస్థీషియా వైద్యుడు: .... శస్త్రచికిత్స నిపుణుడు: ....

అనస్థీషియా కోసం మీ అనుమతి ఇవ్వడానికి ముందు దయచేసి ఇది చదవండి

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

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.
  ☐ రీజనల్ 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, అలెర్జీ ప్రతిచర్యలు, తలనొప్పి, రక్తపోటు మార్పులు, వాంతులు మరియు అసహనం వంటి సమస్యలు ఉండవచ్చు.
- శస్త్రచికిత్స సమయంలో అవసరం అనిపిస్తే, అదనపు చర్యలు (ఉదాహరణకు సెంట్రల్ వెనస్ యాక్సెస్, ఆర్టీరియల్ లైన్, సపోజిటరీలు, నొప్పి నివారణ కోసం నర్వ్ బ్లాకులు, రీజనల్ 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 స్పష్టమైన భావాలతో, స్వయంగా ఇస్తున్నానని ధృవీకరిస్తున్నాను.

రోగి / రోగి అటెండెంట్:	సాక్షి:
సంతకం:	సంతకం: ....
పేరు:	పేరు: ....
రోగితో సంబంధం:	తేదీ & సమయం: ....
తేదీ & సమయం:	

డాక్టర్ :

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