

306
K

Name Mrs POTLURI MEGHANA RAO **UHID** HNH-00000985
Father/Guardian Mr T GIRISH **Age/Gender** 33 Y 5 M 13 D/ Female
Address D NO 4-6-3 SRI SAI NILAYALAM, SUDHA SRI NAGAR, Nawabpet, Nellore, Andhra Pradesh, INDIA, 524002
IP No IP26-00006637 **Admission Date** 24-06-2026
Ref Doctor Self.
Discharge Date 27.06.2026

DISCHARGE SUMMARY

Consultant

Dr. KADIYALA RAMYA THEJA
MBBS/DNB
TSMC/FMR/01458

Diagnosis: G3A2 WITH 12+2 WEEKS WITH OI CONCEPTION WITH HISTORY OF CERVICAL INCOMPETENCE WITH THREATENED MISCARRIAGE FOR FURTHER MANAGEMENT

History:

LMP: 25.03.2026
EDD: 04.01.2027
weeks

Obstetric formula: G3A2
Gestation at admission: 12⁺²

Obstetric History:

G1 - 2024 - PPROM at 20 weeks, History of cerclage (McDonalds) at 12 weeks

Name	Mrs POTLURI MEGHANA RAO	UHID	HNH-00000985
IP No	IP26-00006637	Admission Date	24-06-2026

in view of Cervical Incompetence.
G2 - 2025 - Missed miscarriage at 9 weeks
G3 - Present Pregnancy, OI conception.

Medical History: Nil.

Surgical History: Cervical cerclage at 12 weeks in 1st pregnancy (2024),
Hysteroscopic septal resection in April 2025.

Allergies: Nil

Family History: Both parents - HTN+T2DM

Antenatal Details:

Mrs POTLURI MEGHANA RAO was booked to Rainbow hospital at 6⁺⁵ weeks period of gestation. She had regular antenatal checkups and investigations as advised. Viability scan at 7⁺⁴ weeks showed a subchorionic haemorrhage of size 55*15*53 cms. Patient had PV spotting complaints since time of conception which was managed conservatively with progesterone supports. NT scan was normal. eFTS was low risk. She was admitted for observation in view of Bleeding per vaginum at 12⁺² weeks.

Investigations: Enclosed
Blood Group: "B" Positive

Management: Patient came with complaints of PV Bleeding since 3 pm (24.06.2026), 1 pad fully soaked, not associated with pain abdomen and h/o passage of clots. She was started on conservative line of management. Scan done on 25.06.2026 showed single live intra uterine fetus, Cephalic presentation, Placenta- Fundal, AFI - Normal (largest pool - 3.1cms), cervical length - 28 mm with no funnelling, minimal perisarc collection noted. Patient recovered well with this management. Repeat scan done on 27.06.2026

Name	Mrs POTLURI MEGHANA RAO	UHID	HNH-00000985
IP No	IP26-00006637	Admission Date	24-06-2026

showed SLF at 12+5 weeks with FHR present (161bpm) with placenta fundal cervical 30mm, no funneling, previously seen perisarc collection appears to be resolved. There were no further episodes of PV bleeding at the time of discharge.

Advice:

1. Tab. Solfe Extra 1 Tab once daily at 11 am till delivery.
2. Tab. Supracal 2000 1 Tab once daily at 2 pm till delivery.
3. Tab. Suport 1 Tab once daily at 2 pm till delivery.
4. Tab. Duphston 10 mg thrice daily (8am-2pm-8pm) till further orders.
5. Tab. Eugest 400 mg 1 Tab Twice daily (9am-9pm) till further orders.
6. Tab. Zofer 4mg SOS.
7. Inj. Proluton Depot 500mg IM once weekly (Last dose- 24.06.2026)
8. Plenty of oral fluids.
9. Modified bed rest
10. Foot end elevation
11. Cervical length on 04.07.2026

Review with **Dr. Ramya Theja Kadiyala** for routine antenatal checkup on **04.07.2026** at Rainbow Himayatnagar hospital.

Report to emergency in case of bleeding PV, leaking PV, pain abdomen, reduced fetal movements, generalised swelling, breathlessness or other symptoms

In case of emergency like bleeding, fever kindly contact 9154865045

You can also take appointments at any time by going online to our website www.rainbowhospital.in


Name	Mrs POTLURI MEGHANA RAO	UHID	HNH-00000985
IP No	IP26-00006637	Admission Date	24-06-2026


Registrar/Resident/C.M.O

Dr. KADIYALA RAMYA THEJA
MBBS/DNB
TSMC/FMR/01458




PATIENT TRANSFER FORM

Patient Name & I/HID No. HNH-0000985 IP26-00006637 Mrs POTLURI MEGHANA RAO 13-01-1993 33 Y 5 M 12 D (F) Dr. KADIYALA RAMYA THEJA 		Date & Time of Admission 25/6/26 @ 7:28 pm.	Date & Time of Transfer Order 25/6/26 @ 7 pm
		Transfer Ordered by Dr. Navena.	Reason for Transfer Observation.
From Unit 306	To Unit LDR.	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File 35	Number of Imaging Films -	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what ?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.			
2.			
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes <input type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring Priyanka		Name of Person Ordered Transfer Dr. Navena.	
Patient & Clinical Records Received by : Navika.			
Date & Time of Patient Received : 25/6/26 @ 7 pm.			

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

PATIENT TRANSFER FORM

Patient Name & UHID No. HNH-0000985 IP26-0006637 Mrs POTLURI MEGHANA RAO 13-01-1993 33 Y 5 M 12 D (F) Dr. KADIYALA RAMYA THEJA 		Date & Time of Admission 24/6/26 @ 7-28pm	Date & Time of Transfer Order 25/6/26 @ 12:45pm
		Transfer Ordered by Dr. Manisha	Reason for Transfer obs.
From Unit mfcu	To Unit 306	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File (28) -	Number of Imaging Films -	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what ?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.			
2.			
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes <input type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring sis. Sujatha S.		Name of Person Ordered Transfer DR. manisha	
Patient & Clinical Records Received by : Sanchya 25/6/26 @ 12:45pm			
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

**Rainbow Childrens Hospital-Himayatnagar**

Rainbow Children's Hospital, Door no. 3-6-267, opp. Cafe niloufer, Old MLA quarters road AP State Housing Board Himayatnagar ,Hyderabad ,Telangana, INDIA ,500029.
TEL NO :040-48873000
WEB : https://rainbowhospitals.in

ADMISSION SHEET**Registration Details :**

Admission No : IP26-00006637 Admit Date : 24-Jun-2026 Admit Time : 07:28 PM UHID : HNH-00000985

Patient Details :

Patient Name : Mrs POTLURI MEGHANA RAO Age : 33 Y 5 M 11 D
Guardian : Mr T GIRISH DOB : 13-01-1993
Gender : Female Religion :
Occupation : Martial Status :
Address (H) : D NO 4-6-3 SRI SAI NILAYALAM, SUDHA SRI NAGAR Nawabpet Nellore Andhra Pradesh INDIA 524002 Phone No : 7661837083/ 9550118144
E-mail : mmeghanarao@gmail.com

Admission Details :

Bed Type : TWIN SHARING Bed No : LDR-416 Ward Name : 4F -OT
Room No : LDR-416 Admission Type : First Visit

Contact Details :

Name : Mr T GIRISH Relationship : W/O
Contact Address : D NO 4-6-3 SRI SAI NILAYALAM, SUDHA SRI NAGAR Nawabpet Nellore Andhra Pradesh INDIA 524002 Phone No : 7661837083


Signature

Doctor Details :

Doctor Name : Dr. KADIYALA RAMYA THEJA Specialisation : OBSTETRICS AND GYNECOLOGY
Referral Doctor : Self. Phone No :
Co-Consultant :

Payment Details :

Payment Mode : DC/CC Card Deposit Amount : 15000.00
Payor Name : SELFPAY



I.P. ADMISSION SHEET FOR GYNECOLOGY

Date of Admission : Time of Admission :

Allergies: Not know any drug allergies

PRESENTING COMPLAINTS :

cto bleeding flv. in morning. (3pm)
 No cto pain abd.
G₃Ab₂ | 12⁺2 wks | H/O Cx incompetence.
 - 1 pad soaked, No passage of c lots.
 H/O UTI (13/6/26) → Rx Augmentin


MENSTRUAL HISTORY	OBSTETRIC HISTORY
Year of Marriage : 2.5 yrs Previous Periods : Irregular. LMP : 25/3/26, 1 st conceptn. Contraception :	Parity : G ₃ Ab ₂ <ul style="list-style-type: none"> 1st (2024) - PPROM @ 26 wks. miscarriage. 2nd (2025) H/O cerclage @ 12 wks ↳ missed miscarriage @ 9 wks Mode of Delivery : Last Child Birth :

PAST MEDICAL HISTORY	PAST SURGICAL HISTORY
Nil.	<ul style="list-style-type: none"> H/O cerclage @ 12 wks in 1st preg (2024) Hysteroscopic septal resectn (2025)



FAMILY HISTORY: Both parents - HTN + DM.	MEDICATION HISTORY: -
--	-------------------------------------

INITIAL ASSESSMENT :

Date <u>26/6/26</u> Ht. <u>170</u> Wt. <u>76</u> BMI _____ B.P. <u>112/75/76</u> , PR-99bpm Pallor <u>(-)</u> CVR <u>SS, (F)</u> Respiratory System <u>BLNUBS</u> Thyroid <u>(N)</u>	Breasts  Abdominal Examination P/A - Soft, Just palpable.	Local/Speculum Examination In OPD - minimal bleeding PV Bimanual Pelvic Examination -
---	--	---

PROVISIONAL DIAGNOSIS: G3A2/12^W wks ± H/O cx in competence ± OI conceptⁿ ± threatened miscarriage

INVESTIGATIONS ORDERED	PLAN OF MANAGEMENT
Blood Group - "B positive" HB - 12g. } 6/6/26. PLT - WBC - HIV } NR HbSAG HCV usg (22/6/26) ~ 12 wks. CxL-2.9mm, NT-1.4mm CRL-55+2mm, NB (F)	<ul style="list-style-type: none"> - Observation ; Soft diet - Inj. Tranexa 1g IV stat f/ BTID - Inj. Zofer 10mg IV stat - Continue antenatal medications - Inj. Augmentin 500mg, clm. - Post for observation - w/o bleeding PV

Dr. RAMYA THEJA KADIYALA
 Reg. No: 01458

Name of the Doctor : Dr. Ramya Theja Signature of Doctor [Signature]
 Date & Time : 26/6/26



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<p>24/6/26 9:30 PM</p>	<p style="text-align: center;"><u>cls/ B. Dr. Veena</u></p> <p><u>G₂A₂ / 12⁺ wks. / H/O ex incompetence & Threatened miscarriage</u></p> <p>No clo</p> <p>o/e GC fair Pallor ⊖ Afebrile Vitals - stable P/A - Soft LE - No active bleeding Pad - 1/2 soaked.</p> <p>Couple counselled regarding - the chances of miscarriage, need for IP monitoring, - chances for emergency cervical encerclage.</p>	<p><u>Adv</u></p> <ul style="list-style-type: none"> - Soft diet - Tuj. Tranexa 1g N TIP. - Tuj. Proaluton 1mg 1m stat - Cervical length clm. - vital monitoring - Pad for observation - Inform SOS
<p>25/6/26 2 AM</p>	<p style="text-align: center;"><u>cls/ B. Dr. Veena</u></p> <p><u>G₂A₂ / 12⁺ wks / H/O ex incompetence & Threatened miscarriage</u></p> <p>No clo.</p> <p>o/e GC - fair, Pallor ⊖ Vitals - stable P/A - Soft. LE - No active bleeding Pad - superficial soaked.</p>	<p><u>Adv</u></p> <ul style="list-style-type: none"> - Soft diet - Drugs as charted - vital monitoring - Cervical length clm. - Pad for observation - Inform SOS



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<p>25/6/26 <u>6:30 AM</u></p> <p>Bedside USG ✓ ↓ FHR ⊕ Good CA ⊕</p>	<p><u>C/S/B Dr. Vena</u></p> <p><u>G3A2 @ 12⁺³ wks / H/O CA incompetence = threatened miscarriage</u></p> <p>No complaints GC fair, Af-Brk Pallor ⊖</p> <p>P/A Vitals - stable P/A - Soft; NT, FHR ⊕ UE - No active bleeding p/v Pad - superficial soaked No fresh bleeding</p>	<p><u>Adv</u></p> <ul style="list-style-type: none"> - Soft diet - Vital monitoring - Drugs as charted - Cont. all antenatal medications - Pad for observation - Inform SOS <p><i>[Signature]</i></p>
<p>25/6/26 <u>9:30 AM</u></p>	<p><u>C/S/B Dr. Dna</u></p> <p><u>G3A2 @ 12⁺³ wk = threatened miscarriage (H/O CA incompetence)</u></p> <p>No complaints GC fair, Af-Brk vitals - stable.</p> <p>P/A soft; non tender. UE - No Active bleeding p/v. Pad - No fresh bleed</p> <p><i>[Signature]</i></p>	<p><u>Adv</u></p> <ul style="list-style-type: none"> - Soft diet - Vital monitoring - Drugs as charted - Continue all antenatal medication. - Pad for observation - Infusees - Scan for CA length @ 10 AM

2

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/6/21 11:30 AM	<p>C/S/B Dr. Ramya C3A2 @ 12⁺3 week - threatened Miscarriage (h/o ca incompetence.) No complaints GC fair, Afebrile vitals - stable. P/A soft, Nontender, HR ⊕. UE No active bleeding</p>	
	<p>ca length today: 28mm. DVP (N). normal collection ⊕. Counselled in detail regarding the findings, risk of miscarriage, and for IP monitoring, expressed that surgery cannot be paid till bleeding reduces.</p>	
	<p><u>Plan</u> Dr. Ramya Theja</p>	<p><u>Adv</u> 1) Can shift to room of drugs as needed 2) Inform us</p> <p>N/B Sujatha</p>
25/6/21 3:30 PM	<p>No complaints GC fair, afebrile vitals (N) PA: uterus soft relaxed HR ⊕ UE: No active bleeding</p>	<p>Dr. RAMYA THEJA KADRYALA Reg. No. 01458 Dr. Ramya Theja</p>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<p>25/06/2026 6:45pm.</p>	<p>clsby Dr Naveena pt. clo PVS pottner when she passed urine & pain abdomen Afebrile PR: 90bpm BP: 101/65mmHg CUSLRS: NAD PA: Soft, NT UE: Pad. dry.</p>	<p>Ado - Soft diet - Adequate hydration - drugs as charted - Pad free observation</p>
	<p>Bed side Scan: FHR ⊕ Dr. Naveena.</p>	<p>- foot end elevation - Monitor Vitals - Inform SOS</p>
<p>25/06/2026 8:50pm.</p>	<p>clsby Dr. Ramya</p>	<p>Ado - Complete Bed rest - T. Calpol seemng PO stat - shift to 4th floor for observation - Monitor Vitals - foot end elevation - Inform SOS</p>
	<p>Dr. Naveena.</p>	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<p>20/06/2026 9pm</p>	<p><u>Dr. Swathi H V</u></p> <p>→ pt reviewed → feeling better & painless → recent episode of spotting during urination.</p>	
	<p><u>D/E: vitals:</u> P = 88bpm BP = 110/70 PA: ut just palpable RHTB, shown on scan ME: pad: dry</p>	
	<p>Dr. Swathi H V Consultant: Obstetrics and Gynecology Reg. No: 15501</p> <p><i>[Signature]</i> Swathi H V</p>	<p><u>Advice.</u></p> <ul style="list-style-type: none"> - complete rest → @ clinic → foot end elevation - Inform SOS <p><i>Noted by Madhavi</i></p>
<p>26/6/26 8:30 AM</p>	<p><u>Dr. Veena</u></p> <p>G2A2 / 12⁺4 wks ^{LTO} Cx incompetence & threatened for miscarriage</p>	
<p>25/6 Cx L - 2.8cm Pl - Fundal CA (+)</p>	<p>Pt is stable, No complaints</p> <p><u>de</u> GC-fair, Pallor ⊖ Afebrile vitals - stable. PA - Soft, NT LE - No active bleeding Pad - Dry</p>	<p><u>Adv</u></p> <ul style="list-style-type: none"> - Soft diet. - Complete bed rest - Pad for observation - Foot end elevation. - Vital monitoring - Inform SOS <p><i>noted by Sr. Sandhya (P.T.O.)</i></p>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/6/2020	CS 1b Amniotic	
<u>10 AM</u>	G3A2 / 12 th / Ca incompetence & threatened miscarriage	
	CC - Fair Afebrile	<u>Adv</u>
	Vitals Stable	Soft Diet
	P/A Soft N/T	Modified Bed rest
	L/B - Pad dry	PAD for observation
U ✓	No active Bleeding	Foot end elevation
S ✓	No Complaints	Vital monitoring
L (y day night)		Infern 500
		- Nil Transcervical Adv <u>Ses W Amniotic</u>
		noted by S. S. Sandhya
<u>28/6/20</u>	No complaints	<u>Adv</u>
<u>2:30 pm</u>	pain ↓	1) Ca length tomorrow.
	CC fair afebrile	
	Vitals No bleeding	
	P/A soft	
		<u>Janu</u>
		<u>RAMYA THEJA</u>

DR. RAMYA THEJA KADIYALA
 Reg. No. 01458



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/6/2026 6:00pm		cls by. Dr. Naveena
U-✓ S-✓ F-✓	<p>ole GC-ferr Alebrite. Vitals - stable PA: soft, NT UE: NAD Pad-deq.</p>	<p>Ado Soft diet Adequate hydration drugs as charted strict Bed rest Foot end rest Pad for observation Monitor Vitals T/M USG ferr Cervical length.</p>
		<p>Dr. Naveena An/aem S/S Noted by Swetha</p>
26/6/26 8pm	<p>PA: soft FHR checked on USG (+)</p>	<p>Kanva An/aem Noted by madh</p>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/6/2026 7:30am	cls by Dr. Naveena	
F ✓ S ✓	o/e Gt-fair Afebrile Vitals - stable PA: Soft, NT ut - just - Palpable UE: NAD Pad - dry	Adv - Soft diet - Adequate hydration - drugs as charted - Strict Bed Rest - Foot end elevation - Pad for Observation - shift to USG for Cervical length @ - Monitor vitals - Inform SOS Noted by <u>meeth</u>
27/6/26 12:30 PM	Dr. Naveena cls/B Dr. Naveena	
U ✓ F ✓ S ✓	@ G ₂ A ₂ / 12 ⁺ wks / Cx in competence c <u>Threatened miscarriage</u> Pt is stable, No c/o o/e a c fair, Afebrile. Vitals - stable P/A - Soft, NT UE - normal NAD Pad - dry USG - CxL - 3cms. AFI - 3.1cm. Perisac collection appears resolved.	Adv - Soft diet - Adequate hydration - Ambulation - Foot end elevation - <u>Pad</u> Vital monitoring Can be discharged noted by SV Sareddy 27/6/26



MEDICATION RECONCILIATION FORM

Drug Allergies: 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	TAB. IRON.	1 tab	PO P/O	OD	24/6/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
2	TAB. CALCIUM	1 tab	P/O	OD	24/6/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
3	INJ. AQUASUSTEN	50mg	IV	(twice a week) BID	23/6/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
4	TAB. SUPORT	1 tab	P/O	OD	24/6/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
5	TAB. DUPHASTON	10mg	P/O	TID.	25/6/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
6	TAB. EUGEST	100mg	P/O	BID.	25/6/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
7						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

* C - Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : *[Signature]*

Date & Time : 24/6/26 @ 7:30 PM

Nurse Name & Signature : *[Signature]*

Date & Time : 24/6/26 @ 8:30 PM.

HNH-0000985 IP26-00006637
 Mrs POTLURI MEGHANA RAO
 13-01-1993 33 Y 5 M 11 D (F)
 Dr. KADIYALA RAMYA THEJA



DRUG CHART

Date of Admission: 24/6/26 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 **I** through it and a similar line through subsequent recording panels.
 - The date and time of stopping the drug along with the doctors name and sign must be mentioned.
 - Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.
- NURSES - Nurses must follow strictly the FIVE RIGHTS before administration of medication.
 1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time
 - AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES
 (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

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

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

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

VERIFIED BY : Name



REGULAR PRESCRIPTIONS

Weight 56kg Ward LDR

Verified by Dr. Dhakshayani

DRUG : INF. TRANEXAMIC ACID

Dose	Route	Frequency	Start Date	Date/Time
50mg	IV	TID	25/6/26	6AM ✓ 9AM ✓ 2PM ✓

Name & Signature of the Doctor Starting the Drugs: *[Signature]*

Additional Instructions: (After stat dose.)

Daily Doctor's Endorsement by a Sign

STOP *[Signature]* 24/6/26

DRUG : ASS. TRANEXAMIC ACID

Dose	Route	Frequency	Start Date	Date/Time
1g	IV	TID	25/6/26	6AM ✓ 9AM ✓ 10PM ✓

Name & Signature of the Doctor Starting the Drugs: *[Signature]*

Additional Instructions:

Daily Doctor's Endorsement by a Sign

STOP *[Signature]*

DRUG : TAB SOLFE EXTRA

Dose	Route	Frequency	Start Date	Date/Time
1tab	PO	OD	25/6	25/6 ✓ 26/6 ✓

Name & Signature of the Doctor Starting the Drugs: *[Signature]*

Additional Instructions: @ 11AM

Daily Doctor's Endorsement by a Sign

DRUG : TAB SUPRACAL 2000

Dose	Route	Frequency	Start Date	Date/Time
1tab	PO	OD	25/6	25/6 ✓ 26/6 ✓

Name & Signature of the Doctor Starting the Drugs: *[Signature]*

Additional Instructions: @ 2pm

Daily Doctor's Endorsement by a Sign

HNH-0000985 IP26-00006637
 Mrs POTLURI MEGHANA RAO
 13-01-1993 33 Y 5 M 11 D (F)
 Dr. KADIYALA RAMYA THEJA



Sheet No:

REGULAR PRESCRIPTIONS

Weight 17..... Ward L01

DRUG : TAB SUPORT				Date Time	25/6	26/6														
Dose	Route	Frequency	Start Dt.																	
1 tab	P/O	00	25/6																	
Name & Signature of the Doctor Starting the Drugs:				2pm ✓ ✓ 																
Additional Instructions:				e 2pm																
Daily Doctor's Endorsement by a Sign																				
DRUG : TAB DUPHASTONE				Date Time	25/6	26/6														
Dose	Route	Frequency	Start Dt.																	
10mg	P/O	7/0	25/6	6am																
Name & Signature of the Doctor Starting the Drugs:				2pm ✓ 																
Additional Instructions:				10pm Mod. Need																
Daily Doctor's Endorsement by a Sign																				
DRUG : T BUGEST				Date Time	 / Stop by one 															
Dose	Route	Frequency	Start Dt.																	
400mg	P/O	Weekly	25/6																	
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
Saturday & Tuesday																				
Daily Doctor's Endorsement by a Sign																				
DRUG :				Date Time																
Dose	Route	Frequency	Start Dt.																	
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				

Verified by
 Dr. Dhakshayani
 Signature
 Verified by: Mama

Patient Sticker



Sheet No:

REGULAR PRESCRIPTIONS

Weight *28kg* Ward *102*

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

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

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

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

VERIFIED BY : Name Signature

14/11/2019 10:00 AM



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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
24/6/26	7:40 PM	2NS-TRANEXAMIC ACID	1g	IV	[Signature]	Shankarika Akula
24/6/26	7:55 PM	INJ-ONDANSETRON	4mg	IV	[Signature]	Charvika Akula
25/6/26	Not given	INJ-PROGESTERONE (Aquasutan)	50mg	IM	[Signature]	not given
24/6/26	11 PM	INJ-HYDROXY PROGESTERONE CAPROATE	500mg	IM	[Signature]	Madhuri
25/6/26	4 PM	INJ PROGESTERONE (Aquasutan)	50mg	IM	[Signature]	[Signature]
25/6	7 PM	T. PARACETAMOL	1 GM	PO	[Signature]	Mohan

VERIFIED BY: Name Signature

Verified by Dr. Dhakshayani

HNH-0000985 IP26-00006637
Mrs POTLURI MEGHANA RAO
13-01-1993 33 Y 5 M 11 D (F)
Dr. KADIYALA RAMYA THEJA



306

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

BirthRight[™]
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

RESULT SHEET

Date					
Time					
Hb	126				
PCV					
RBC					
WBC					
N/L					
Platelets					
CRP					
ESR					
PCT					
RBS					
Na					
K					
Cl					
Ca/Mg					
Phosphate					
Urea					
Creatinine					
ALP					
SGPT					
SGOT					
T.Bill/Conj					
T.Protein					
S.Albumin					
S.Globulin					
A/G Ratio					
Uric Acid					
S.Amylase					
Sr.Lipase					
Blood Lactate					
S.Cholesterol					
PT/INR					
APTT					
CSF Protein / Sugar					
Cells					
N/L					

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
Blood group = B+ve						
HIV						
HbsAg						
Hcv						

HIV
HbsAg
Hcv } NR

Culture and Sensitivities :

.....

.....

.....

Radiology : USG :

 X-Ray :

 ECHO :

 CT :

 MRI :

 Others (ECG, Contrast Studies etc.) :

HNH-0000985 IP26-00006637
 Mrs POTLURI MEGHANA RAO
 13-01-1993 33 Y 5 M 11 D (F)
 Dr. KADIYALA RAMYA THEJA



Early Warning Observation Score Chart - Obstetrics

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

24/6/26

		Date																								
		Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																									
	21 - 30																									
	11 - 20																									
	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																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
80																										
70																										
60																										
50																										
Diastolic Blood Pressure	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
60																										
50																										
40																										
NEURO RESPONSE [✓]	Alert																									
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30																									
	< 30																									
Proteinuria	Protein ++																									
	Protein > ++																									
Lochia	Normal																									
	Heavy / Foul																									
Liquor	Clear / Pink																									
	Green																									
TOTAL YELLOW SCORES																										
TOTAL ORANGE SCORES																										
Nurse Initial																										

N/A

201, 200, 200, 200
 99, 99, 99, 99

36, 36, 36

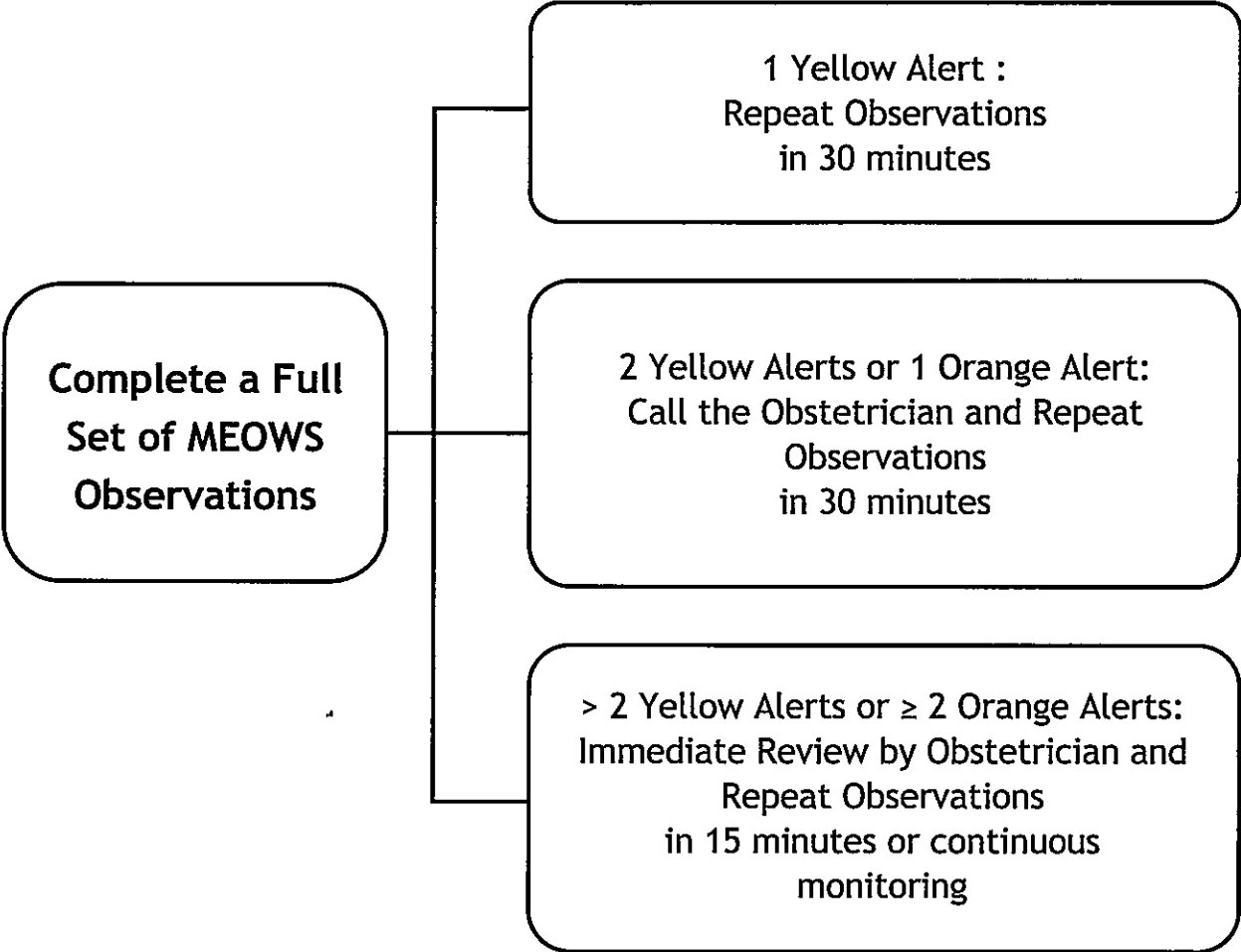
90, 91, 86, 84

112, 116, 118, 116

70, 71, 73, 76

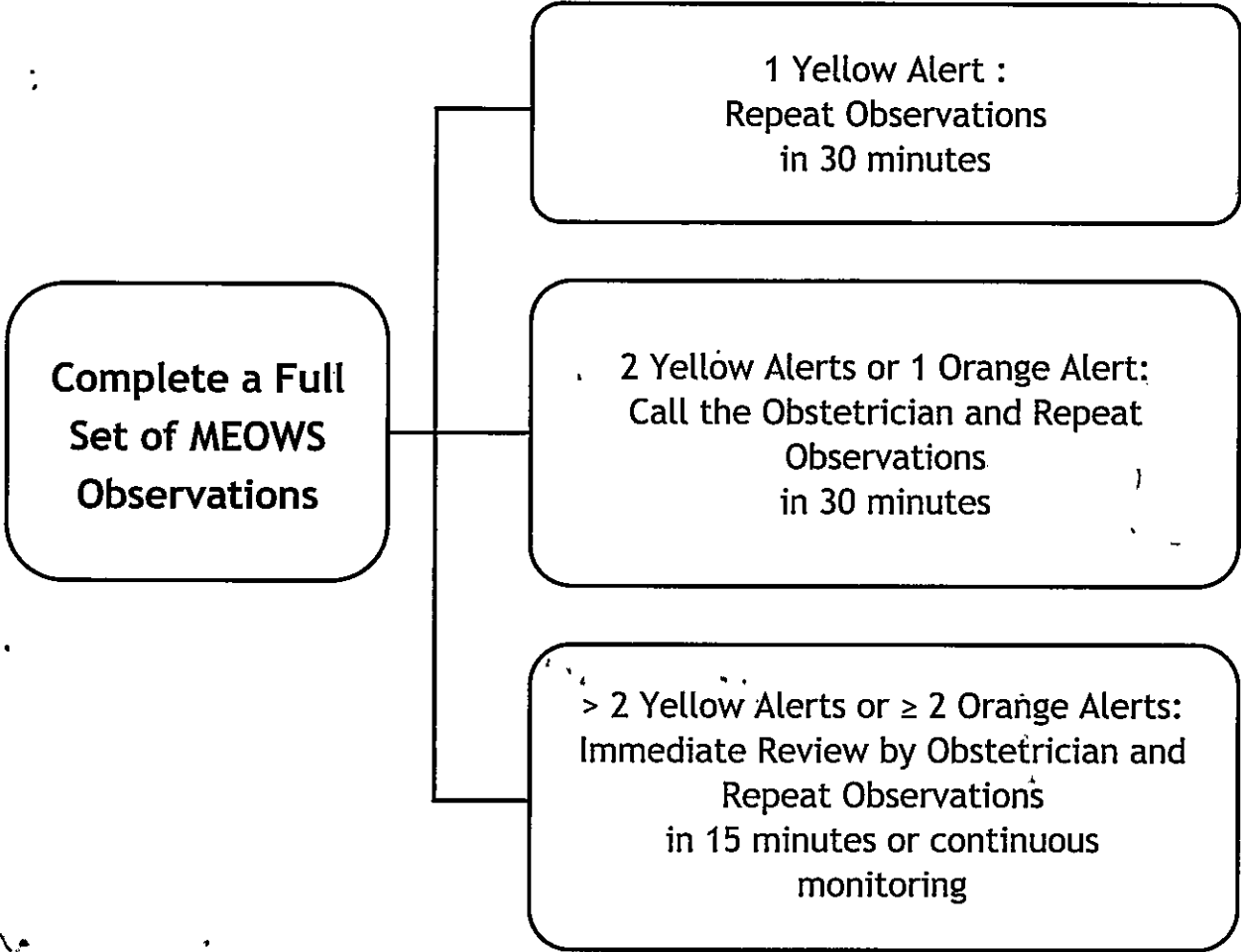
0, 0, 0, 0

**Obstetrics and Gynaecology
Early Warning Signs**



* The Modified Early Warning Score (MEOWS)

**Obstetrics and Gynaecology
Early Warning Signs**



* The Modified Early Warning Score (MEOWS)

HNH-0000985 IP26-0000637
 Mrs POTLURI MEGHANA RAO
 13-01-1993 33 Y 5 M 12 D (F)
 Dr. KADIYALA RAMYA THEJA

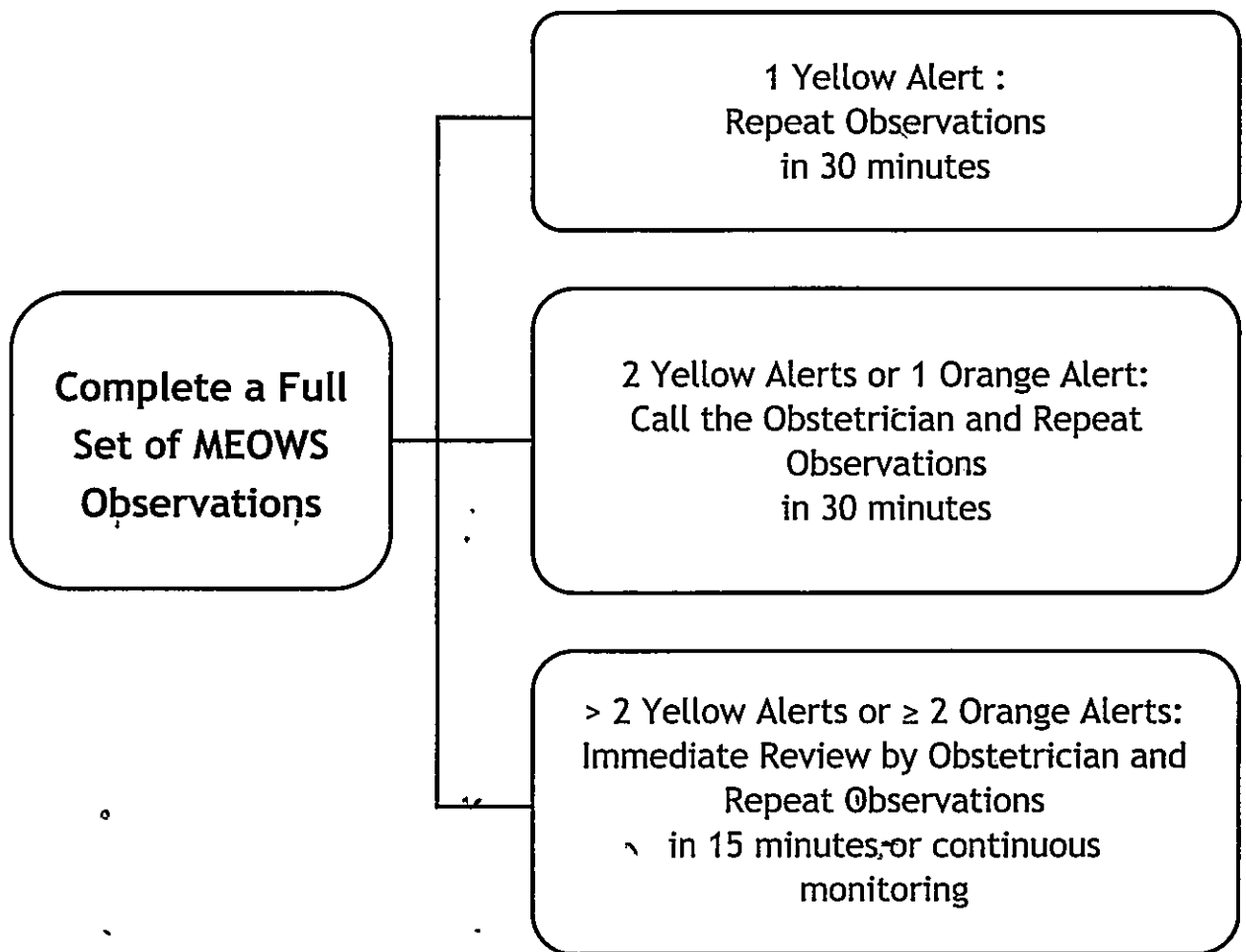


Early Warning Observation Score Chart - Obstetrics

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			20				25									20					20				20
	11 - 20																									
	0 - 10																									
Saturations	94 - 100 %			99%				99%								99%						99%				99%
	< 94 %																									
Administered O ₂ (L/min.)																										
Temp °C	40																									
	39																									
	38																									
	37																									
	36			97.5				98.2								97.5						97.5				97.5
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100			83				89								85						69				82
	90																									
	80																									
	70																									
	Systolic Blood Pressure	190																								
180																										
170																										
160																										
150				105				113								102						110				105
140																										
130																										
120																										
110																										
100																										
90																										
Diastolic Blood Pressure		130																								
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60			70				60								68						72				69
	50																									
	40																									
	NEURO RESPONSE [✓]	Alert			✓				✓							✓						✓				✓
		Voice			✓				✓							✓						✓				✓
Pain				✓				✓							✓						✓				✓	
Unresponsive																										
URINE mls / hour	> 30																									
	< 30																									
Proteinuria	Protein ++			✓				✓							✓						✓				✓	
	Protein > ++																									
Lochia	Normal			✓				✓							✓						✓				✓	
	Heavy / Foul																									
Liquor	Clear / Pink			✓				✓							✓						✓				✓	
	Green																									
TOTAL YELLOW SCORES				0				0							0						0				0	
TOTAL ORANGE SCORES				0				0							0						0				0	
Nurse Initial				SP				SP							SP						SP				SP	

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

HNH-0000985 IP26-0000637
 Mrs POTLURI MEGHANA RAO
 13-01-1993 33 Y 5 M 11 D (F)
 Dr. KADIYALA RAMYA THEJA



FLUID CHART

Sheet No. : ①

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
Total Intake :						Total Output :							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm	soats											
Total Intake :						Total Output :							
	08:00 pm	babun. Khichni											
	09:00 pm												
	10:00 pm	H ₂ O											
	11:00 pm												
	12:00 am	H ₂ O											
	01:00 am												
Total Intake :						Total Output :							
	02:00 am												
	03:00 am	H ₂ O											
	04:00 am												
	05:00 am												
	06:00 am	H ₂ O											
	07:00 am	idle											
Total Intake :						Total Output :							

Total 24 hrs. Intake

Total 24 hrs. Output

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.

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
25/6/26	08:00 am	↑	H ₂ O							✓		M
	09:00 am	○										
	10:00 am	○										
	11:00 am	↑	Ripe							✓		
	12:00 pm	↑	H ₂ O									
	01:00 pm	↑										
Total Intake : Taken						Total Output : U-2 M-						
25/6/26	02:00 pm	↑	Telli									M
	03:00 pm	○										
	04:00 pm	○	H ₂ O									
	05:00 pm	○										
	06:00 pm	○										
	07:00 pm	○										
Total Intake :						Total Output :						
25/6/26	08:00 pm	↑	Reclade									M
	09:00 pm	○										
	10:00 pm	○	H ₂ O									
	11:00 pm	○										
	12:00 am	○										
	01:00 am	○										
Total Intake :						Total Output : U- M-						
26/6/26	02:00 am	↑										M
	03:00 am	○										
	04:00 am	○										
	05:00 am	↑	H ₂ O									
	06:00 am	↑										
	07:00 am	↑										
Total Intake :						Total Output : U- M-						
Total 24 hrs. Intake						Total 24 hrs. Output						



FLUID CHART

Sheet No. :

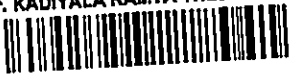
1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
26/6/26	08:00 am		Mouth	I.V	N.G								DH
	09:00 am	o	idly							✓	o	}	
	10:00 am		H2o										
	11:00 am												
	12:00 pm									✓			
	01:00 pm												
Total Intake : Taken						Total Output : U-2 M-							
26/6/26	02:00 pm											}	
	03:00 pm		Rice							✓	o		
	04:00 pm	o	H2o										
	05:00 pm												
	06:00 pm									✓			
	07:00 pm												
Total Intake : Taken						Total Output : U-2 M-0							
26/6/26	08:00 pm											}	
	09:00 pm												
	10:00 pm		Rice							✓	o		
	11:00 pm		H2o										
	12:00 am									✓			
	01:00 am												
Total Intake :						Total Output : U-3 M							
29/6/26	02:00 am											}	
	03:00 am												
	04:00 am												
	05:00 am		H2o							✓			
	06:00 am												
	07:00 am												
Total Intake :						Total Output : U-2 M-							

Total 24 hrs. Intake

Total 24 hrs. Output

HNH-00000985 IP26-00006637
 Mrs POTLURI MEGHANA RAO
 13-01-1993 33 Y 5 M 12 D (F)
 Dr. KADIYALA RAMYA THEJA



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.

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

HNH-00000985 IP26-00006637
 Mrs POTLURI MEGHANA RAO
 13-01-1993 33 Y 5 M 11 D (F)
 Dr. KADIYALA RAMYA THEJA



NURSING CARE RECORD

Date: 24/6/26


- 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	Nurse Name & Signature
Morning							
Afternoon							
Night	8AM	<ul style="list-style-type: none"> → Assess the pt condition → monitor the vitals & record → Administration of medication 	8AM	<ul style="list-style-type: none"> → Assessed the pt condition → monitored the vitals & recorded → Administered medication 	pt is stable	maintain pt chart & record.	Akshika @
	8PM	<ul style="list-style-type: none"> → maintained pt chart & record → vitals monitoring 	8PM	<ul style="list-style-type: none"> → vitals monitoring → maintained pt chart & record. 			

NURSING CARE RECORD

Date: 25/6/26

Patient Sticker IP26-00006637
 HNH-00000985
 Mrs POTLURI MEGHANA RAO
 13-01-1993 33 Y 5 M 12 D (F)
 Dr. KADIYALA RAMYA THEJA



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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8Am 10 2pm	⇒ Assess the patient condition ⇒ plan for vital ⇒ plan for I/O chart	8Am 10 2pm	⇒ Assessed the patient condition ⇒ maintain vital & Record ⇒ maintain I/O chart	patient is stable	vital is normal	C. Lakshmi
Afternoon	2pm 8pm	- Assess the pt. condition - Monitor vitals & record - Maintain I/O chart - Give medication as prescribed by doctor.	2pm 8pm	- Assessed the pt. condition - Monitored vitals & record - Maintained I/O chart - Given medication as prescribed by doctor.	patient is stable now	Re-checked vitals	[Signature]
Night	8pm 8Am	- Assess the pt. condition - Monitor vitals & record - Maintain I/O chart - Give medication as prescribed by doctor.	8pm 8Am	- Assessed the pt. condition - Monitored vitals & record - Maintained I/O chart - Given medication as prescribed by doctor.	pt is stable	Re-checked vitals	[Signature]

HNH-0000985 IP26-00006637
 Mrs POTLURI MEGHANA RAO
 13-01-1993 33 Y 5 M 12 D (F)
 Dr. KADIYALA RAMYA THEJA



NURSING CARE RECORD



Date: 26/6/26

- 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	Nurse Name & Signature	
Morning	8am to 2pm	<ul style="list-style-type: none"> → Assess the patient general condition → monitor vitals → Administer medications as per doctor's orders. 	8am to 2pm	<ul style="list-style-type: none"> → Assessed the patient general condition → monitored vitals → Administered medications as per doctor's orders 	Patient is stable	Rechecked vitals		
Afternoon	2pm to 8pm	<ul style="list-style-type: none"> - Assess the pt condition - monitor vitals - maintain I/O chart - medication given as per drug chart 	2pm to 8pm	<ul style="list-style-type: none"> - Assessed the pt condition - monitored vitals - maintained I/O chart - medication given as per drug chart 	pt stable	Rechecked vitals		
Night	8pm to 8am	<ul style="list-style-type: none"> → Assess the pt condition → monitored vitals → Administered the medication as per doctor 	8pm to 8am	<ul style="list-style-type: none"> → Assess the pt condition → monitored vitals → Administered medication as per doctor 	pt is stable.	Re-checked vitals		

NURSING CARE RECORD

Date:

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	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night							

HNH-00000985 IP26-00006637
Mrs POTLURI MEGHANA RAO
13-01-1993 33 Y 5 M 12 D (F)
P2 Dr. KADIYALA RAMYA THEJA



HNH-0000985 IP26-00006637
 Mrs POTLURI MEGHANA RAO
 13-01-1993 33 Y 5 M 11 D (F)
 Dr. KADIYALA RAMYA THEJA



CHECKLIST FOR THROMBOPHLEBITIS

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			
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		-	-		NA	NA	NA			
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2		-	-		NA	NA	NA			
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		-	-		NA	NA	NA			
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		-	-		NA	NA	NA			
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		-	-		NA	NA	NA			
Signature of the Nurse					0	0		0	0	0			

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 : 

Signature of Ward In Charge :

Signature :  Name : 

Patient Sticker



CHECKLIST FOR THROMBOPHLEBITIS

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										
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 cord pyrexia	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 of Ward In Charge :

Signature : Name :

Signature : Name :



PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
24/6	8pm	0/10	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	
24/6	11Am	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	
25/6	2Am	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	
25/6	8Am	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	
25/6	10Am	0/10	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	
25/6	2pm	0/10	NA	<input type="checkbox"/> Continuous <input checked="" type="checkbox"/> Intermittent	<input checked="" type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input checked="" type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input checked="" type="checkbox"/> Decreasing	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NA	
25/6	6pm	0/10	NA	<input type="checkbox"/> Continuous <input checked="" type="checkbox"/> Intermittent	<input checked="" type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input checked="" type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input checked="" type="checkbox"/> Increasing <input checked="" type="checkbox"/> Decreasing	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NA	
25/6	10pm	0/10	NA	<input type="checkbox"/> Continuous <input checked="" type="checkbox"/> Intermittent	<input checked="" type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input checked="" type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input checked="" type="checkbox"/> Increasing <input checked="" type="checkbox"/> Decreasing	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NA	
26/6/25	10am	0/10	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	
26/6/25	2pm	0/10	NA	<input type="checkbox"/> Continuous <input checked="" type="checkbox"/> Intermittent	<input checked="" type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input checked="" type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input checked="" type="checkbox"/> Decreasing	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NA	

Re-assessment Frequency:

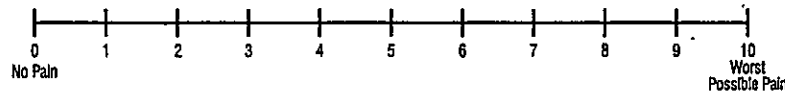
- Every eight hours for all hospitalized patients.
- For post-surgical patients, patients with chronic pain, patient with severe pain:
 - At least every 2 hours for the first 24 hours
 - Then every 4 hours.
 - Prior to pain relieving intervention.
 - Within 30 - 60 minutes after pain relief intervention.

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 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 or 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



HNH-0000985 IP26-0008637
 Mrs POTLURI MEGHANA RAO
 13-01-1993 33 Y 5 M 11 D (F)
 Dr. KADIYALA RAMYA THEJA

BRADEN 'Q' SCALE



					Date :	2/16	2/16	2/16	2/16
					Time :	12	12	12	12
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.		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
FRICION-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 or 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 mean 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
Evaluator's Name	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>

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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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

HNH-0000985
 Mrs POTLURI MEGHANA RAO
 13-01-1993 33 Y 5 M 12 D
 Dr. KADIYALA RAMYA THEJA (F)



BRADEN 'Q' SCALE

					Date :	25/1	26/6	26/6	
					Time :	6:00 PM	8:2	2:1	
Mobility	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.		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	
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	
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	
FRICITION-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	
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 or 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 mean and dairy products. Occasionally eats between meals. Does not require supplementation.		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	
					TOTAL SCORE	16	28	28	
					Evaluator's Name	HS	10	16	

Severe Risk : less than 9 | High Risk : 10-12 | Moderate Risk : 13-14 | Mild Risk : 15-18 | Not at Risk: 19-23



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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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



NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Dr. Ramya Theja Department: CNT Date of Admission: 25/6/26

SITUATION	Diagnosis: <u>G3A2 (12 weeks) + H10 G 97</u> <u>competence of conception + structured</u> <u>with bleed.</u>				Any Infection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify:			
	BACKGROUND	Area	<u>24/6 E2</u>	<u>24/6 N1</u>	<u>25/6 M5</u>	<u>25/6 E2</u>	<u>25/6/26 N1</u>	<u>26/6/26 M7</u>
Medical Condition (Any special condition to be noted):		<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>-</u>	<u>-</u>	<u>-</u>	
ASSESSMENT	Allergy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Vital Signs:	Temp:	<u>97.1 F</u>	<u>98.1 F</u>	<u>98.2 F</u>	<u>97.8 F</u>	<u>97.6 F</u>	<u>98.3 F</u>
		Res:	<u>20 bpm</u>	<u>20 bpm</u>	<u>20 bpm</u>	<u>20 bpm</u>	<u>20 bpm</u>	<u>20 bpm</u>
		SpO ₂ :	<u>99%</u>	<u>99%</u>	<u>99%</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>
		Pulse:	<u>90 bpm</u>	<u>91</u>	<u>90</u>	<u>90 bpm</u>	<u>90 bpm</u>	<u>95 bpm</u>
		BP:	<u>112/70</u>	<u>116/71</u>	<u>116/80</u>	<u>118/72</u>	<u>117/69</u>	<u>116/76</u>
	Fall Risk Score:	<u>2</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	
Pain Score:	<u>0/10</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>0</u>	<u>-</u>		
Recommendations	Safety Needs:	<u>Yes</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>Yes</u>	<u>-</u>	
	Physiotherapy	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Others Specify:	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	
	Special Diet:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Other Special Orders / Medications:	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>-</u>	<u>-</u>	
Post Operative Procedure Special Orders:		<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>-</u>	<u>-</u>	
Handed Over By Name :		<u>Ashly</u>	<u>Madhy</u>	<u>Caide</u>	<u>Priyanka</u>	<u>Madhvi</u>	<u>Sandhya</u>	
Signature :		<u>A</u>	<u>M</u>	<u>C</u>	<u>P</u>	<u>M</u>	<u>S</u>	
Date:		<u>24/6/26</u>	<u>25/6</u>	<u>25/6</u>	<u>25/6/26</u>	<u>26/6/26</u>	<u>26/6/26</u>	
Time:		<u>PM</u>	<u>8 AM</u>	<u>2 PM</u>	<u>8 PM</u>	<u>8 AM</u>	<u>8 PM</u>	
Taken Over By Name :		<u>Madhy</u>	<u>Caide</u>	<u>Priyanka</u>	<u>Madhvi</u>	<u>Madhy</u>	<u>Sandhya</u>	
Signature :		<u>M</u>	<u>C</u>	<u>P</u>	<u>M</u>	<u>M</u>	<u>S</u>	
Date:		<u>24/6</u>	<u>25/6</u>	<u>25/6/26</u>	<u>25/6/26</u>	<u>26/6</u>	<u>26/6/26</u>	
Time:		<u>8 PM</u>	<u>8 AM</u>	<u>2 PM</u>	<u>8 PM</u>	<u>8 AM</u>	<u>2 PM</u>	

NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Department: Date of Admission:

SITUATION	Diagnosis:	Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify:						
BACKGROUND	Area	26/6/22 E2	26/6/22 N1	/	/	/	/	
	Shift Time							
	Medical Condition (Any special condition to be noted):	-	-					
ASSESSMENT	Allergy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Vital Signs:	Temp:	98.6F	98.3				
		Res:	20b/m	20b/m				
		SpO ₂ :	100%	100%				
		Pulse:	87b/m	87b/m				
	BP:	-	-					
Fall Risk Score:	0	0						
Pain Score:	Good	Good						
Recommendations	Safety Needs:	-	-					
	Physiotherapy	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Others Specify:	-	-					
	Special Diet:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Other Special Orders / Medications:	-	-					
	Post Operative Procedure Special Orders:	-	-					
	Handed Over By Name :	Smita	Madhvi					
	Signature :	[Signature]	[Signature]					
	Date:	26/6/22	27/6/22					
	Time:	8 PM	8 AM					
	Taken Over By Name :	Madhvi						
	Signature :	[Signature]						
	Date:	26/6/22						
	Time:	8 PM						



OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 21/6/26 Time of Arrival: 7:20 AM Time Seen by Nurse: 7:25 AM

1) Level of Consciousness: Conscious Semi-Conscious Unconscious

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

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

3) Vital Signs: Temperature: 97.8 Pulse: 90bpm RR: 20.1 SpO₂: 99.1 BP: 112/70 Weight: 76

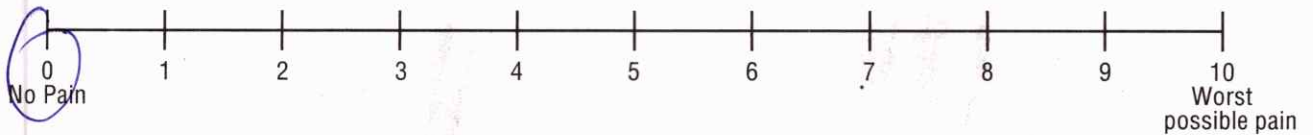
4) Gestational Criteria:

Gravida:	<u>G3</u>	P	L	<u>A2</u>
----------	-----------	---	---	-----------

LMP: EDD: Gestational Age:

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

5) Pain Screening: Numerical Pain Scale (NPS)



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

6) Past History:

- a) Surgeries:
- b) Medical: Null



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	<ul style="list-style-type: none"> Acute onsite severe abdominal pain Altered level of consciousness Cord prolapse Severe respiratory distress Suspected sepsis 	<ul style="list-style-type: none"> Major trauma Shortness of breath Unplanned and unattended birth 	<ul style="list-style-type: none"> Abdominal/back pain greater than expected in pregnancy Flank pain / hematuria Nausea /vomiting and /or diarrhea with suspected dehydration 	<ul style="list-style-type: none"> Ongoing assessment from out patient clinic (for hypertension, blood work) Minor trauma (minor MVC/fall) Nausea/Vomiting and /or diarrhea Signs of infection (ie dysuria ,cough, fever, chills) 	<ul style="list-style-type: none"> Anything that does not seem to pose threat to mother or fetus Cervical ripening Out patient placenta previa protocols Pre-booked visits (ie Rh and progesterone injections, NST Assessment for version Rashes

Time seen by Doctor: 2:30 PM

Nurse Name : Akshitha Nurse Signature: [Signature]

Date: 2/6/26 Time: 2:30 PM

HNH-00000985 IP26-00006637
Mrs POTLURI MEGHANA RAO
13-01-1993 33 Y 5 M 12 D (F)
Dr. KADIYALA RAMYA THEJA

306



NUTRITIONAL ASSESSMENT FOR GYNEC PATIENTS

Date: 25/6/26 Time: 3 pm

Origin: Indian Height: 170cms Weight: 76kg BMI:

Food Allergies: NO

Diagnosis: G3A2 @ 12+3 weeks @ threatened miscarriage

Medical History: Nil

Surgical History: Nil

Vegetarian Non-Vegetarian Vegan

Diet Advised: clear soft high protein diet

Patient's / Attendant's

Signature: [Signature]

Name: Meghana Rao

Date & Time: 25/6/26; 3pm

Dietician's

Signature: [Signature]

Name: Sathwika-G

Date & Time: 25/6/26; 3pm

HNH-00000985 IP26-00006637
 Mrs POTLURI MEGHANA RAO
 13-01-1993 33 Y 5 M 11 D (F)
 Dr. KADIYALA RAMYA THEJA



OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 24/6/26

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: Doctor Notified on Admission: Yes No
 Name of the Doctor: Dr. Veena
 Time Notified: 7:30pm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
-	-	-

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

Obstetric History: G 3 P L A 2

Previous LSCS: No

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

Family History: No Abnormalities Detected

Heart Disease Hypertension Diabetes Stroke Seizures Kidney disease

Liver disease Other

Vital Signs / Measurements: Temp: 97.8 HR: 82bnt RR: 20bnt
 BP: 112/70 Weight: Height: BMI:

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



PHYSICAL ASSESSMENT

General Appearance: Healthy ill looking Anxious Agitated Others:

Fall Assessment: Yes No Score 0 (complete the Morse Fall Risk Assessment Sheet)

Risk of Pressure Sore: Yes No Score 0 (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

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 *family members*

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 *PT*

Name of Person Orientation was given to: *ms. meyleng.*

Orientation not given Reason: *N/A*

Nurse Signature: *[Signature]*

Nurse Name: *Akhya*

Date & Time: *21/6/20*