Dr. Tripura Sundari

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

ESTIMATION SLIP

Date : 5/06/2026 **UHID / IP No. :** New. **Sl No.** 1334

Name of Patient : Dr. Sundara. **Age:** _____ **Gender:** _____

Father's / Husband's Name : Dr. Dayakar. **Corporate / Occupation :** _____

Address : Puranapool. **Phone :** 9985095495 **Email :** _____

Procedure / Plan : LSCS **EDD/Dos:** _____

MODE OF PAYMENT : ☐ SELF ☐ TPA : CASH ☐ GIPSA : _____ OTHER

TARIFF INFORMATION :

Particulars	Package Amounts (Rs.)	
Room Category	Normal Delivery	LSCS
Multi Shared Ward		
Shared Ward		
Twin Shared Ward		
Private Room		1,65,000.
Super Deluxe Room		1,80,000.
Suite Room		
Package includes (Package starts from the time of admission)	Room Rent, Nursing Charges, Doctors Fee, Surgeon's Fee and Labour Ward Charges	Room Rent, Nursing Charges, Doctors Fee, Surgeon's Fee Anesthetist's Fees and OT Charges
	Length of Stay for :	Length of Stay for : 3 days.
	Pharmacy up to	Pharmacy up to 12,000.
	Investigations up to	Investigations up to 3,000.
Others	Well Baby care charges - 25K	1,035

Neonatologist Charges : ☐ Covered ☐ Not Covered **Epidural / Entonox :** ☐ Covered ☐ Not Covered

Initial Minimum Deposit : 1,20,000.

REMARKS :

vaccination, Grouping SBR, Neonatologist

1. Room eligibility is purely subject to TPA approval and the Package / Room Tariff starts from the time of admission. The estimated amount may Change according to duration of stay, medical condition, investigations, pharmacy and any other procedure.
2. Proportionate difference of bill amount is applicable in case the patient opts for a category higher than the TPA approved, which has to be paid by the patient and may not be reimbursed by the TPA at later stage.
3. **Total baby charges are extra which include admission, pharmacy, vaccinations, investigations, disposables, consumables, equipments, speciality consultations, etc.**
4. In Case the patient gets discharged earlier than the packages permitted days, no refund of any type is applicable and if the length of stay is beyond the package permitted, additional payment is applicable for which kindly contact the Financial Counselling desk between 9am to 6pm
5. **For Non-medicals, Disposables, Consumables, Taxes, Kiwi Cup charges, Implants, Tubectomy charges, HIV/HbsAg, Anti-D, Medical Records, Double Occupancy and Registration Charges, etc. credit cannot be exchanged. These items are not payable to us as per Insurance company norms.**
6. Difference if any between the final bill amount and amount permitted/approved by TPA or total bill amount in case of denial from TPA has to be paid by the patient. In case of denial, cash tariff would be applicable.
7. Two attendants are permitted with patients in SDLX, DLX and PVT rooms and only one attendant is permitted in the rest of the categories of rooms and no attendant is permitted in ICU's
8. Tariffs are subject to revision
9. Kindly check your billing status on day to day basis at IP Billing Department.
10. Additional Charges on package are applicable for Non-working hours and Non-working days (sundays and public holidays)

DECLARATION

I Dr. Dayakar. have attended the Financial counseling desk and understood the expected costs and other conditions applicable. In case the TPA / Insurance Company rejects the claim for whatsoever reasons at any point of time I promise to settle the hospital bill with the hospital without any ambiguity.

Signature of the Client

Husband
Signatory Relationship

Signature of the financial Counselor

HNH-00015805 IP26-00006506
Mrs DR.B.SPANDANA
16-04-1990 36 Y 1 M 20 D (F)
Dr. Mallavarapu Tripura

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SURGERY DETAILS

Date : 5/6/26

Patient Name: Mrs. Dr. B. Spandana Date of Birth: 16/4/1990 Age: 36Yrs

Gender: female Ward : OT UHID No.: HNH – 00015805
IP26 – 00006506.

Date of Surgery: 05/06/2026 ☒ OT -1 ☐ OT -2 ☐ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : Elective LSCS.

Time in : 9:15am Time Out : 10am

		NAME	AMOUNT
1.	Surgeon	Dr. Tripura Sundari	
2.	Anaesthetist	Dr. Samir	
3.	Assistant Surgeon	Dr.	
4.	OT Technician	Br. Saichandu	
5.	Circulating Nurse	Sr. Puja	
6.	Assistant Nurse	Sr. Susheela	

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

Signature of the Surgeon

Puja
Signature of Circulating Nurse

Order No: 26-0000201465/

Order by: Sandhya 5/6/26 @ 3:20pm
(or record saved)

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

HNH-00015805 IP26-00006506
Mrs DR.B.SPANDANA
16-04-1990 36 Y 1 M 20 D (F)
Dr. Mallavarapu Tripura

LSCS

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CONSUMABLES OF OT

Circulating staff : Puja Technician : SaiChandu Date : 5/6/26 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		01	Inj Vit.K		01
LMA			Sutures			Cord Clamp		01
ECG leads : A / P / N		03	Ethilon 3348 2348		01	Suction Catheter		
HME filter : A / P / N					1	Feeding Tube 6 ~~6~~		01
Syringes : 10 cc		02				Vaccum Suction Set		
05 cc		04	Gloves S.G 6, 6 1/2		03+ ~~03~~	Surgical Gloves 6 1/2		04
02 cc		04	Encore ~~6~~ 6 1/2		01 ~~01~~	Gauze Pack 7.5		01
01 cc						Syringe 1ml / 2ml		02
Cautery plate : A / P / N		01	Surgical blade 22no		01	Surgical Blade # 20		01
IV set			NG tube			Koochies (S)		
RL		03	Cautery pencil		01	~~ET Tube~~		
NS : 10ml / 100ml / 500ml / 1000ml		01	Koochies XXL		01			
Inj Tranexpaign		2	Ointments			26-00002045331/532		
Inj Themicar		01	Suction Catheter					
Fentanyl		01	Cap, Mask	10+10				
Morphine			Gauze Pack 7.5		02			
~~Ketamine~~ bioviran		01	~~Mop Pack~~		02			
~~Propofol~~ Bucocine		01	Steristrip					
Rocuronium			Underpad		02			
Glycopyrolate			Draw sheet					
~~Myopyrolate~~ Inj oxytorn		06	~~Abgel~~					
Ondansetron ~~27G~~			Foleys catheter 16F		01			
~~Pencan 25g~~ Spinal Needle 22		01	Urobag		01			
Bupivacaine 0.25%			Chest Drainage Catheter					
Bupivacaine 0.25%(Heavy)		01	Romodrain bag					
Antibiotics			Bandage					
Quinsac Spinal needle 25		02	Tegaderm					
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg		01	Vaccum Suction set		01			
Justin : 12.5 mg / 25mg / 100mg		01	Plastic ~~Bed Sheet~~ ~~Aprons~~		01			
Tab. Misoprost : 200mg		04	~~Betadine Solution~~		02			
25 Spinal need Vygon 25G Spinal needle vygon long needle		01	Microshield		02			
Course			Cotton Balls		~~01~~ 01			
7 Encore Glove		01	Latex Gloves		20			
Lox Patch		02	Ramdione Scrub					
			Saral					

Surgeon Anaesthesiologist Nurse OT Technician

Order No. : 26-0000204536/535 Ordered by : Sandhya 5/6/26 @ 7:45pm

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

Rainbow Childrens Hospital-Himayatnagar

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040-48873000, info@rainbowhospitals.in

ELECTRONIC MEDICINE PRESCRIPTION

MRN	: HNH-00015805	**Name**	: Mrs DR.B.SPANDANA
Age / Sex	: 36 Y 1 M 20 D / Female	**Doctor**	: Mallavarapu Tripura Sundaramba
Adm/Reg Date/Time	: 05/06/2026 07:03	**Payor**	: SELFPAY
Order Date	: 05/06/2026 19:17	**Ordernumber**	: 26-0000204535
Visit ID	: IP26-00006506	**Ward/Bed No**	: 3F -DELUX ROOM / DLX-311
Patient Address	: 20-1-567/1/6,chandrikapuram, puranapool., Bahadurpura, Hyderabad, Telangana, INDIA, 500064		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	UNDERPADS 60X90 BUTTERFLY		1 Nos	External / 10 AM	1 Days		2 Nos	Dispensed
2	BIOVORIN 50 MG INJ 1ML (LEUCOVORIN)		1 Nos	/ Once Daily	1 Days		1 Vial	Dispensed
3	DSYRINGE 5ML.(NIPRO)	SYRINGE 5ML	1 Nos	External / Once Daily	1 Days		4 Nos	Dispensed
4	E.C.G ELECTRODES (ADULT)	ELECTRODES ADULT	1 Nos	External / Once Daily	1 Days		3 Nos	Dispensed
5	NITRILE EXAMINATION GLOVES P F- MEDIUM	NITRILE GLOVES M	1 Nos	/ Once Daily	20 Days		20 Nos	Dispensed
6	SURGEON CAP(FEMALE) (PROTECTCARE)		1 Nos	/ Once Daily	1 Days		10 Nos	Dispensed
7	DSYRINGE 10ML (NIPRO)	SYRINGE 10ML	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
8	NS 100ML ACCULIFE - EH		1 mL	External / 10 AM	1 Days		1 mL	Dispensed
9	BACTOPREP SOLUTIONS 100 ML	CHLORHEXIDINE GLUCONATE2% &ALCOHOL80% 500	1 mL	/ Once Daily	2 Days		2 Nos	Dispensed
10	FACE MASK 3 LAYER - ELASTIC	FACE MASK 3 LAYER	10 Nos	/ Once Daily	1 Days		10 Nos	Dispensed
11	GAUZE 7.5X7.5 12 PLY (5 NOS)	GAUZE 7.5X7.5 12 PLY 5 NOS	1 Nos	External / Once Daily	1 Days		3 Nos	Dispensed
12	POVINANZ SOLUTION 10% 100 ML		1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed

Mallavarapu Tripura Sundaramba

Reg No : AMC12288

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Note

*** This prescription is valid only for specified duration.**

*** Do not refill medicines.**

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040-48873000, info@rainbowhospitals.in

ELECTRONIC MEDICINE PRESCRIPTION

MRN	: HNH-00015805	Name	. Mrs DR.B.SPANDANA
Age / Sex	: 36 Y 1 M 20 D / Female	Doctor	: Mallavarapu Tripura Sundaramba
Adm/Reg Date/Time	: 05/06/2026 07:03	Payor	: SELFPAY
Order Date	05/06/2026 19:17	Ordernumber	26-0000204536
Visit ID	IP26-00006506	Ward/Bed No	3F -DELUX ROOM / DLX-311
Patient Address	: 20-1-567/1/6,chandrikapuram, puranapool., Bahadurpura, Hyderabad, Telangana, INDIA, 500064		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	VACCUME SUCTION SET	VACCUME SUCTION SET	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
2	ENCORE MICROPTIC GLOVES-7 PF		1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
3	FOLEYS CATHETER 16-UROCATH		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
4	MOPS 30X30 8PLY 5S X-RAY	MOPS 30X308 PLYDATT	1 Nos	/ Once Daily	2 Days		2 Nos	Dispensed
5	SGLOVE # 6 (SURGICARE)	SURGICAL GLOVES 6.0	1 Nos	External / Once Daily	1 Days		3 Nos	Dispensed
6	SPINAL NEEDLE 25	SPINAL NEEDLE 25G	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
7	THEMICAR 30MG INJ 10ML		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
8	BIOXAMIC 500 MG INJ		1 Nos	/ Once Daily	2 Days		2 Ampule	Dispensed
9	ADULT DIAPERS-XXL		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
10	RL 500 ML CLOSED SYSTEM	RINGER LACTATE 500ML CLOSED	1 Bottle	/ Once Daily	3 Days		3 Bottle	Dispensed
11	PREGELLED SURGICAL PLATES(ADULT)	PREGELLED PLATED ADULT	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
12	SURGICAL BLADE 22	SURGICAL BLADE 22	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
13	COTTON BALLS 2 GM 5 NOS	COTTON BALLS 2G- 5 NOS	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
14	SGLOVE # 6.5 (SURGICARE)	SURGICAL GLOVES 6.5	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
15	VICRYL 1-0 VP 2346	VICRYL 1-0 VP 2346	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
16	ETHILON 1 NW 3348	ETHILON 1 NW 3348	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
17	JUSTIN SUPPOSITORIES 100 MG 5 S		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
18	EVATOCIN (OXYTOCIN) INJ 5 IU 1 ML		6 Nos	/ Once Daily	1 Days		6 Vial	Dispensed
19	BUSCOSCINE 20MG INJ 1ML		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
20	SUPRIDOL SUPPOSITORIES 100 MG 5 S		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
21	DSYRINGS 2.5ML(NIPRO)	SYRINGE 2ML	1 Nos	External / Once Daily	1 Days		4 Nos	Dispensed
22	MISOPROST TAB 200MCG 4S		1 Tabs	External / Once Daily	1 Days		4 Tabs	Dispensed
23	PENCAN 27G (B/BRAUN)		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
24	LSCS DRAPE PACK	LSCS DRAPE PACK	1 Nos	/ 10 AM	1 Days		1 Nos	Dispensed
25	LOX-LIDOCAIN-5PER PATCH 2S		1 Nos	External / 10 AM	1 Days		2 Nos	Dispensed
26	BUPICAIN HEAVY 80MG INJ 4ML	BUPIVACAINE 80MG INJ	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed

Mallavarapu Tripura Sundaramba

Reg No : AMC12288

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Rainbow Children's Hospital

Birth of a Rainbow

Rainbow Childrens Hospital-Himayatnagar

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040-48873000, info@rainbowhospitals.in

ELECTRONIC MEDICINE PRESCRIPTION

MRN	: HNH-00015806	**Name**	: Baby Of DR.B.SPANDANA
Age / Sex	: 0 Y 0 M 0 D 9 H / Female	**Doctor**	: PRITESH NAGAR
Adm/Reg Date/Time	: 05/06/2026 10:10	**Payor**	: SELFPAY
Order Date	: 05/06/2026 18:52	**Ordernumber**	: 26-0000204532
Visit ID	: IP26-00006509	**Ward/Bed No**	: 3F -DELUX ROOM / CRDL-DLX-311-1
Patient Address	: 20-1-567/1/6,chandrikapuram, puranapool., Bahadurpura, Hyderabad, Telangana, INDIA, 500064		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	SURGICAL BLADE 20	SURGICAL BLADE 20	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
2	SGLOVE # 6.5 (SURGICARE)	SURGICAL GLOVES 6.5	1 Nos	External / Once Daily	1 Days		4 Nos	Dispensed
3	DSYRINGE 1ML (NIPRO)	SYRINGE 1ML	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
4	EASYCLOT-K1 1MG INJ 0.5 ML		1 Nos	External / 1-2 TIMES A DAY	1 Days		1 Nos	Dispensed
5	CORD CLAMP-ALPHAMEDICARE		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed

PRITESH NAGAR
PEDIATRIC INTENSIVE CARE
Reg No : Medical Registration No. 47184

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ELECTRONIC MEDICINE PRESCRIPTION

MRN	: HNH-00015806	**Name**	: Baby Of DR.B.SPANDANA
Age / Sex	: 0 Y 0 M 0 D 9 H / Female	**Doctor**	: PRITESH NAGAR
Adm/Reg Date/Time	: 05/06/2026 10:10	**Payor**	: SELFPAY
Order Date	: 05/06/2026 18:52	**Ordernumber**	: 26-0000204533
Visit ID	: IP26-00006509	**Ward/Bed No**	: 3F -DELUX ROOM / CRDL-DLX-311-1
Patient Address	: 20-1-567/1/6,chandrikapuram, puranapool., Bahadurpura, Hyderabad, Telangana, INDIA, 500064		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	GAUZE 7.5X7.5 12 PLY (5 NOS)	GAUZE 7.5X7.5 12 PLY 5 NOS	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed

PRITESH NAGAR
PEDIATRIC INTENSIVE CARE
Reg No : Medical Registration No. 47184

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F.C 311

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Your Right to a Safe Delivery

Name	Mrs DR.B.SPANDANA	**UHID**	HNH-00015805
Father/Guardian	Mr DR.DAYAKAR	**Age/Gender**	36 Y 1 M 20 D/ Female
Address	20-1-567/1/6,chandrikapuram, puranapool., Bahadurpura, Hyderabad, Telangana, INDIA, 500064		
IP No	IP26-00006506	**Admission Date**	05-06-2026
Ref Doctor	Self.		
Discharge Date	07.06.2026		

DISCHARGE SUMMARY

Consultant:
Dr. Mallavarapu Tripura Sundaramba
MBBS, MD OBGYN
AMC12288

Diagnosis: G2P1L1 WITH 38^{+2} WEEKS WITH PREVIOUS LOWER SEGMENT CAESAREAN SECTION WITH HYPOTHYROIDISM WITH AMA FOR ELECTIVE LOWER SEGMENT CAESAREAN SECTION

ELECTIVE LOWER SEGMENT CAESAREAN SECTION DONE ON 05.06.2026

History:
LMP: 10.09.2025 Obstetric formula: G2P1L1
EDD:17.06.2026 Gestation at admission: 38^{+2} weeks

Obstetric History:
G1 - 2019 - FTLSCS (Ind- CPD with oligohydramnios), male, 3.1kg, A&H
G2 - Present pregnancy, OI conception.

Medical History: K/c/o Hypothyroidism 150 mcg OD
Surgical History: LSCS - 2019
Allergies : Nil
Family History : Mother - HTN

Antenatal Details:
Mrs DR.B.SPANDANA was booked to Rainbow hospital at 38^{+2} weeks of gestation. She had regular antenatal checkups and investigations as advised

Name	Mrs DR.B.SPANDANA	UHID	HNH-00015805
IP No	IP26-00006506	Admission Date	05-06-2026

elsewhere. NT scan normal with placenta covering os, FTS-low risk. TIFFA was normal. Fetal growth monitoring done by serial growth scans. Growth scan done at (27.05.2026) showed single live intrauterine pregnancy at 37^{+1} weeks Cephalic presentation, Placenta: fundo-posteior AFI: 15cm, EFW: 3140gms with single loop of cord around neck with normal dopplers. She was admitted at 38^{+2} weeks for Elective lower segment caesarean section.

Investigations: Enclosed.
Blood group: "O" Positive

Management: Course in hospital:
At admission on clinical examination the vitals were stable, uterus was relaxed. Fetal well being was confirmed by an admission NST which was found to be reactive. She was prepared for elective C- section with indwelling Foley's catheter and IV canula under aseptic conditions. Written informed consent for surgery taken. Preanesthetic check up done. Anesthetic premedication (IV Pantop and Perinorm) given. Antibiotic prophylaxis with Inj. Taxim 1 gm IV given. Patient shifted to theatre.

Procedure:
Under spinal anesthesia she was painted and draped as per hospital protocol. Previous scar intact and excised. Abdomen opened in layers. The parietal and visceral peritoneum carefully opened after identifying the urachus. Bladder was reflected. A Lower segment curvilinear incision given on the uterus. Baby delivered. Cord clamped and cut and cord blood collected for blood grouping and Rh typing. Baby handed over to pediatrician. Placenta delivered with controlled cord traction. Antibiotic prophylaxis with Inj. Taxim 1 gm IV given. Uterus closed in layers. Hemostasis secured. Instruments and swab count checked. Rectus sheath closed. Skin closed with subcuticular sutures. Wound dressing done. Vagina cleaned with Betadine solution after expelling clots. Misoprostol 600 mcg given per rectum as prophylaxis against Postpartum hemorrhage. Patient was shifted out of theatre to post operative recovery room.

* **Lus not formed**
* **Cervical os tightly closed**
* **Liquor clear and adequate**

Name	Mrs DR.B.SPANDANA	UHID	HNH-00015805
IP No	IP26-00006506	Admission Date	05-06-2026

Delivery Details:

Date : 05.06.2026
Time of Delivery : 09:34am
Type of Delivery : Elective Lower segment caesarean section
Indication : Previous Lower segment caesarean section

Anesthesia : Spinal

Baby Details:

Date : 05.06.2026
Time : 09:34am
Sex : Female
Weight : 2.980kg
Apgar : 8,9
Gestational Age: 38^{+2} weeks
NICU Admission: No

Post-Operative Notes:

She was closely monitored. Her vital signs remained stable. Uterus was well retracted with no postpartum hemorrhage. Breast feeding initiated. She was shifted to room. Thromboprophylaxis given. Her postoperative period following that was uneventful. On second postoperative day dressing was changed. On inspection wound was healthy. Her general condition was satisfactory and she was found to be fit for discharge. Wound care and medications were explained to patient supplemented by written information. She was given the postpartum book for further reference.

Advice:

1. Tab. Monocef O 200mg twice daily till 10.06.2026 (9am-9pm) after food.
2. Tab. Calpol (Paracetamol 500mg) 2 tablets thrice daily till 08.06.2026 (8am-2pm-10pm) after food f/b SOS if pain.
3. Tab. Zincovit once daily (2pm) for one month
4. Tab. Lactare (1 tab)twice daily(7am-7pm) for 1 week
5. Tab. Pantodac (Pantoprazole - 40mg) 1 tablet twice daily till10.06.2026(7am-7pm) before food.
6. Tab. Livogen (Elemental Iron - 50mg, folic acid 1.5mg) once daily (7am) for three months before breakfast.
7. Tab. Shelcal (Elemental Calcium 500mg, vitamin D3 250 IU) once daily

Name	Mrs DR.B.SPANDANA	UHID	HNH-00015805
IP No	IP26-00006506	Admission Date	05-06-2026

(2pm) till breast feeding after food.
8. TED stocking x 2weeks
9. Tab Thyronorm 150 mcg OD till further advice

Home Blood pressure monitoring to be done **twice daily** for **two weeks**. Report to emergency if **BP >140/90mmHg**, presence of headache, vomitings, blurred vision, reduced urine output, epigastric pain, seizures.

* Suggest **PAP smear** and **HPV Vaccine** after **6 weeks**; Please discuss with your treating doctor regarding **HPV vaccination.**

Review with **Dr. Mallavarapu Tripura Sundaramba, after 1 weeks on 13.06.2026** at postnatal clinic with prior appointment **(Review consultation will be charged).**

For Women Who Have Had a Cesarean Section
Care of the wound:
1.You can bath and shower.
2.The wound can get wet during a bath or shower. Dry it thoroughly and gently by dabbing with a gauze piece. Do not rub the wound.
3.This gauze piece needs to be discarded after one use.
4.Prior to touching the wound clean hands thoroughly with Microshield solution and allow them to air dry or use disposable paper napkins.
5.Apply Nebasulf or Neomycin dusting powder on the wound after it is dry.
6.Do not touch the wound with unwashed hands.

The content of the patient discharge summary, medication, food & drug interaction, care to be provided at home, nutrition, when and how to obtain emergency care etc also have been explained by doctor ..... in a language that I can understand and I acknowledge.

Patient/ Attender

In case of emergency like bleeding, fever [please refer to postpartum book for further details - Chapter II page 6] kindly contact 9154865045 at Rainbow Children's Hospital just dial one toll free number - 18002122. You can also take appointments at any time by going online to our website **www.rainbowhospitals.in**

Name	Mrs DR.B.SPANDANA	**UHID**	HNH-00015805
IP No	IP26-00006506	**Admission Date**	05-06-2026

Registrar/Resident/C.M.O

Consultant:
Dr. Mallavarapu Tripura Sundaramba
MBBS,MD-Obstetrics & Gynaecology
AMC12288

Rainbow Children's Hospital

BirthRight by Rainbow

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 : IP26-00006506 **Admit Date** : 05-Jun-2026 **Admit Time** : 07:03 AM **UHID** : HNH-00015805

Patient Details :

Patient Name	: Mrs DR.B.SPANDANA	**Age**	: 36 Y 1 M 20 D
Guardian	: Mr DR.DAYAKAR	**DOB**	: 16-04-1990
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 20-1-567/1/6,chandrikapuram, puranapool. Bahadurpura Hyderabad Telangana INDIA 500064	**Phone No**	: 6302034291/ 9391103243
		E-mail	: dayakar126@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 DR.DAYAKAR **Relationship** : Husband

Contact Address : 20-1-567/1/6,chandrikapuram, puranapool. Bahadurpura Hyderabad Telangana INDIA 500064 **Phone No** : 6302034291 / 9985095493

Signature

Doctor Details :

Doctor Name : Dr. Mallavarapu Tripura Sundaramba **Specialisation** : OBSTETRICS AND GYNECOLOGY

Referral Doctor : Self. **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 100000.00

Payment Mode : DC/CC Card **Payor Name** : SELFPAY

HNH-00015805 IP26-00006506
Mrs DR.B.SPANDANA
18-04-1990 36 Y 1 M 20 D (F)
Dr. Mallavarapu Tripura

El - LSCS

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ACTIVITY RECORD FOR BILLING

Name :_____

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

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
5/6/26	9AM	LDR	OT	Madhu / Puja
5/6/26	10:10am	OT	LDR	Puja / Akhila.
5/6/26	2:10PM	MICU	FLOOR	Sujatha /

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	Dr. Sindhura	5/6/26	4547	
2				
3				
4				
5				
6				
7				
8				
9				
10				

cancelled by Dr 7/6/26.

INVESTIGATIONS

Date	Investigations	Order No.	Signature
5/6	NST	6757	Akuto
		Cross checked by Athiba	
	Cross clad & R 7/8/25		

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
5/6	Cardiac monitor	10:15Am	12:30Pm	4385	
5/6	Infusion Pump	10:15Am	12:30Pm		

cross checked by Archita

cross check n
7/6/24

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
5/6	IV placement —	(1)		
5/6	catheterization	(1)	204351	Akila
5/6	PAE - IV	(1)	204350	
5/6	NA	(1)	4856	(1)

cross check done by Akila

Any clarification 7/6/24

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints
Came for Safe Confinement

Obstetric Formula: G2P1L1
ML-8yrs, NCM

Obstetric Hostory:
1st: 2018 LSCS(Indi male, B.wt 3.1kg
2nd: PP, Ovulation induction.

Present Pregnancy Record:
NT - (N) c ~~bleeding~~ placenta covering OS, External marks - ~~varicosities~~
TIFFA - (N)

RISK FACTORS:
previous LSCS, AMA
hypothyroidism on T.thyronorm 150~~25~~mcg.
on T. Ecospirin 150mg stopped 2mo A/ 1wk ago

Height: ..... cm
Weight: ..... kg
Allergies: skin hypersensitive
Breast: ☑ Normal ☐ Abnormal
General Examination:
Consciousness: C|C Pallor: No
Icterus: no Edema: +
Temp: Afebrile PR: 82 bpm
BP: 110/70 DTR: (N)
CVS: S1S2(+) no murmurs RS B/L NVBS(+)
Liver/Spleen: (N) Urine Output: Adequate

LMP: 10/9/2025 EDD:
Corrected EDD: 17/6/2026 GA: 38w 2days

Menstrual History: Regular : ☑ Yes ☐ No

Obstetric Examination
Fundal Height: Term
Ut. Activity: ☑ Relaxed ☐ Mild ☐ Mod ☐ Severe
Liquor: ☑ Adequate ☐ Oligo ☐ Poly
PP: ☑ Cephalic ☐ Breech Others _____
Head Fifths Palpable: 5/5th
FHS: ☑ Normal ☐ Tachy ☐ Brady ☐ Absent

Per Speculum Examination not done
Draining: ☐ Present ☐ Absent ☐ Bleeding
Colour of Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Vaginal Examination not done
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
G2P1L1 with 38w 2days POG with pre. LSCS with K/C/O hypothyroidism with AMA with OI Conception.

HNH-00015805 IP26-00006506
Mrs DR.B.SPANDANA
16-04-1990 36 Y 1 M 20 D (F)
Dr. Mallavarapu Tripura

Family History:	Surgical History:
Mother - HTN	LSCS - 2019.
Medical History:	**Medication History:**
Nil	T. IRON T. CALCIUM T. thyronorm 150mcg T. Ecospirin 150mg stopped 1wk ago.
Plan of Care:	**Investigations:** BGT 'O' Positive.
Admission NST Informed Consent Parts Preparation drugs as chaated. foleys Catheterisation Review PAC Paediatrician Call. strict FHR monitoring Monitor Vitals Inform SOS	CBP (3/06/2026) Hb: 10.6 plt: 2.01. TLC: 8780 PCV: 30.80. HIV, HbsAg, HCV } NR. ~~UBPRC~~ USG (27/05/2026). SLIUF, Cephalic. placenta - fundopost. EFW - 3140gms. AFI - 15cm. Doppleus - Normal.

Doctor Name: Dr. Naveena
Signature:
Date & Time: 5/6/2026 @ 7:45am.

Consultant Name: Dr. TRIPURA SUNDARI
Signature:
Date & Time: 5/6/2026

HNH-00015805 IP26-00006506
Mrs DR.B.SPANDANA
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/6/2026	C/S/b Dr Manshe	
10 Am	POD-0	
		Adv
	GC - Fair Afebrile	- NBM till 2pm
	BP - 100/60 mmHg	- Foley's Removal @ 5pm
	PR - 74 bpm	- Drugs as charted
	P/A - Ut well retracted	- W/F Vitals & Excess BPV
	PV Bleeding WNL	- I/O monitory
	U/O - 500 ml clear urine	- Inform SOS
Baby - M/S		- TED stockings
		- Inj. Clexane for 3 days
		[illegible] Manshe
	C/S/b Dr Manshe	
5/6/2026	POD-0	
2pm		Adv
	GC Fair Afebrile	- Allow sips of water if tolerates
	BP - 122/82	well → liquid diet
	PR - 72 bpm	Foley's removal @ 5pm today
	P/A Ut well retracted	- Ambulation
BS ⊕	PV bleeding WNL	- I/O monitoring
	U/O ~ 80cc/hr	- Drugs as charted
BMS		- TED stocking
		- Inform SOS
		Shift to Room [illegible] Manshe

N.B. Maheshwari

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...RESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/6/24 9:15pm	C/S/B Dr Dna POD-0 (S/P El. LSCS)	
	C/C Fair Afebrile BP: 112/71 mmHg PR: 79 bpm H/E - NAD P/A Ut Relaxed well BS (+). P/E - NAB.	Adv - Soft diet - Drugs as charted - Ambulation - TED stocking I/O charting - Foleys Removal - Vital Monitoring Inform sres
	Baby ⇄ Mother U/O Adequate Flatus - Not passed.	
6/6/24 7:15 AM	C/S/B Dr. Dna	
	POD-1 (S/P El-LSCS) C/C Fair Afebrile BP: 120/70 mmHg PR: 73/m P/A Uterus Retracted well P/E NAD	Adv - Soft diet - Adequate hydration - TED stocking - Drugs as charted - Vital Monitoring - I/O F/V bleed Inform sres.
	Baby ⇄ Mother Urine - Yet to pass Flatus Not passed.	

HNH-00015805 IP26-00006506
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18-04-1990 36 Y 1 M 20 D (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/6/2026 11:30am	c/s/by Dr. Naveena	
	O/E GC-fair	Adv
V-	Afebrile	- Soft diet
	Vitals - stable.	- Adequate hydration
F-	PA: soft, NT.	- drugs as charted
S-	ut retracted well.	- TED STOCKINGS.
	Dressing: dry & clean	- encourage Voiding of urine
	IVE: PV bleeding WNL	- Monitor Vitals
	Baby: Mother side	- Inform SOS
		- Tab. PCM 1gm iv stat
	Dr. Naveena	

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Mrs DR.B.SPANDANA (F)
18-04-1990 36 Y 1 M 20 D
Dr. Mallavarapu Tripura

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/6/2026	C/S/b Dr	Monika
7:30pm	POD-2	
	CC- For Afebrile	Adv
BMS	Vitals stable	Soft Diet / Adeq Hydration
	P/A soft ; UWR	Drugs as charted
	BSO	W/F vitals & BP
UC	PV Bleeding WNL	Ambulation
FV		Dulcolax Supp ② PR @ 8Am C/m
SQ		Inform SR
		D.B maheshwari
	TEGADERM Dressing on POD-2	
		[signature]
7/6/2026	C/S/b Dr	Monika.
7:30AM	POD-2	
		Adv
	CC- For Afebrile	Regular Diet / Adeq Hydration
BMS	Vitals stable	Drugs as charted
	P/A soft UWR	W/F vitals & BP
	PV Bleeding WNL	Ambulation
UC		Inform SR
SV	Tegaderm Dressing to do	[signature]
	Can be discharged	
		Noted by Anusha
		Adv @ 8AM

HNH-00015505 IP26-00006506
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/6/26	c/s/B Dr. Tripura Sundari / Dr. Veena	
11am	POD - 2 / P_2L_2	
	Pt is stable, No c/o	Adv
Baby @ NN	o/E GC fair, Afebrile	~~Regular diet~~
	Vitals - stable	~~Drugs as charted~~
	P/A - Ut well retracted	~~Vital monitoring~~
	BS (+)	~~Ambulation~~
	L/E - BUNL	~~Adequate hydration~~
	Dr. ASD done - Tegaderm dressing.	~~Inform SOS~~
Can be discharged		N.B. maheshwari

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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MEDICATION RECONCILIATION FORM

Drug Allergies: No ☒ Not known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.
(Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From: ..... Shifted to: .....

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	T-IRON	1TAB	PO	OD	4/6	☐ C ☒ DC
2	T-CALCIUM	1TAB	PO	OD	4/6	☐ C ☒ DC
3	T-THYRONORM	150mcg	PO	OD	4/6	☐ C ☒ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr Naveena

Date & Time : 5/6/2026 @7:45am

Nurse Name & Signature: AKhib

Date & Time : 5/6/26

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DRUG CHART

Date of Admission: 5/6/26 Drug Allergies: NIL ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

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

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

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

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

HNH-00015805 IP26-00006506
Mrs DR.B.SPANDANA
18-04-1990 36 Y 1 M 20 D (F)
Dr. Mallavarapu Tripura

REGULAR PRESCRIPTIONS

Weight. 105kgs Ward. .....

DRUG : INJ CEFOTAXIME

Dose	Route	Frequency	Start Date
1gm	IV	BD	5/6

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

Additional Instructions: ATD

STOP Dr. Naveena

Daily Doctor's Endorsement by a Sign

Date/Time: 5/6 6/6

DRUG : INJ-CEFTRIAXONE

Dose	Route	Frequency	Start Date
1gm	IV	BD	5/6

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

Additional Instructions: ATD. x24h Fluconazole

STOP on DC

Daily Doctor's Endorsement by a Sign

Date/Time: 5/6 6/6 7/6

DRUG : ~~INJ~~ PANTOPRAZOLE

Dose	Route	Frequency	Start Date
40mg	P/O	OD	5/6

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time: 5/6 6/6

DRUG : PARACETAMOL

Dose	Route	Frequency	Start Date
1gm	IV	TID	5/6

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

Additional Instructions:

STOP on DC Dr. Amanda

Daily Doctor's Endorsement by a Sign

Date/Time: 5/6 6/6

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Dr. Mallavarapu Tripura

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Sheet No: .....

REGULAR PRESCRIPTIONS

Weight 105 kgs Ward .....

DRUG : DICLOFENAC

Dose	Route	Frequency	Start Dt.
50 mg	P/O	TID	5/6

Name & Signature of the Doctor Starting the Drugs: DMAMW

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date →	5/6	6/6	7/6
Time ↓			
8AM	X		
2PM			
8PM	X		

DRUG : TRAMADOL

Dose	Route	Frequency	Start Dt.
100mg	P/O	TID	5/6

Name & Signature of the Doctor Starting the Drugs: DMAMIR

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date →	5/6	6/6	7/6
Time ↓			
8AM	X		
2PM	X		
8PM	X		

DRUG : SUMATRIPTAN

Dose	Route	Frequency	Start Dt.
25mg	P/O	SOS	5/6

Name & Signature of the Doctor Starting the Drugs: DMAMIR

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date →	5/6	6/6
Time ↓		
12PM		

DRUG : ENOXAPARIN

Dose	Route	Frequency	Start Dt.
60 U	S/C	OD	5/6

Name & Signature of the Doctor Starting the Drugs: DMAMIR

Additional Instructions: TO START AFTER OBGYN CONSULT.

Daily Doctor's Endorsement by a Sign

Date →	5/6	6/6
Time ↓		
9PM		

Verified by Dr. Dhakshayani

Verified by Dr. Dhakshayani

Verified by Dr. Dhakshayani

(P.T.O.)

Patient Sticker

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Sheet No: .....

REGULAR PRESCRIPTIONS

Weight ..... Ward .....

DRUG : T. CEFIXIME

Dose	Route	Frequency	Start Dt.
1g	IV	BD	6/6

Name & Signature of the Doctor Starting the Drugs: A Amanda

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time		
	8PM	

DRUG : T. CEFOPODOXIME

Dose	Route	Frequency	Start Dt.
200mg	P/O	BD	6/6

Name & Signature of the Doctor Starting the Drugs: A Amanda

Additional Instructions: MONOCEF-O

Daily Doctor's Endorsement by a Sign

Date / Time		
	6/6	7/6
10PM	X	
10PM		

DRUG : T. PARACETAMOL

Dose	Route	Frequency	Start Dt.
PO 1g	P/O	TID	6/6

Name & Signature of the Doctor Starting the Drugs: A Amanda

Additional Instructions: Dose 1g

Daily Doctor's Endorsement by a Sign

Date / Time		
	6/6	7/6
6PM	X	
2PM	X	
10PM		

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		

HNH-00015805 IP26-00006506
Mrs DR.B.SPANDANA
18-04-1990 36 Y 1 M 20 D (F)
Dr. Mallavarapu Tripura

Weight. 100kgs Ward. .....

	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
5/6	8:30Am	INJ PANTOPRA 20LE	40MG	IV		madhu
5/6	8:40Am	INJ METOCLO PROMIDE	10MG	IV		madhu
5/6						
5/6	945am	TRANEXAMIC ACID	1gm	IV		
5/6	1015am	DICLOFENAC	100mg	PR		
5/6	1015am	TRAMADOL	100mg	PR		
5/6	1015am	LIGNOCAINE	5%	DERMAL PATCH		
5/6	1015am	LIGNOCAINE	5%	DERMAL PATCH		
6/6	11:57am	INJ PARACETAMOL	1GM	IV		

HNH-00015805 IP26-00006506
Mrs DR.B.SPANDANA
18-04-1990 36 Y 1 M 20 D (F)
Dr. Mallavarapu Tripura

I.V. FLUIDS CHART

Weight. 105kgs Ward. .....

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
5/6	2:30AM	RINGER LACTATE	IV				5/6		
5/6	9AM	RINGER LACTATE	IV	1000			5/6		
5/6	930	RINGER LACTATE + 3U OXYTOCIN	IV	150 + 500			5/6		
5/6	1015	RINGER LACTATE	IV	150			5/6		
5/6	11:30 AM	RINGER LACTATE	IV	100 ml/h			5/6		
5/6	1PM	RINGER LACTATE	IV	100 ml/h.			5/6		
5/6	5PM	RINGER LACTATE	IV	100 ml/hr			6/6		
6/6	5AM	RINGER LACTATE	IV	100ml /hr			6/6		
		STOP IV FLUIDS							

HNH-00015805
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16-04-1990 38 Y 1 M 20 D (F)
Dr. Mallavarapu Tripura
IP26-00006506

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OP

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RESULT SHEET

Date	05/6					
Time						
Hb	10.6					
PCV	30.80					
RBC	.					
WBC	8780					
N/L						
Platelets	2.01					
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						
+IV +HBsAg +HCG						
Blood group = O+ve						

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

HNH-00015805 IP26-00006506
Mrs DR.B.SPANDANA
18-04-1990 36 Y 1 M 20 D (F)
Dr. Mallavarapu Tripura

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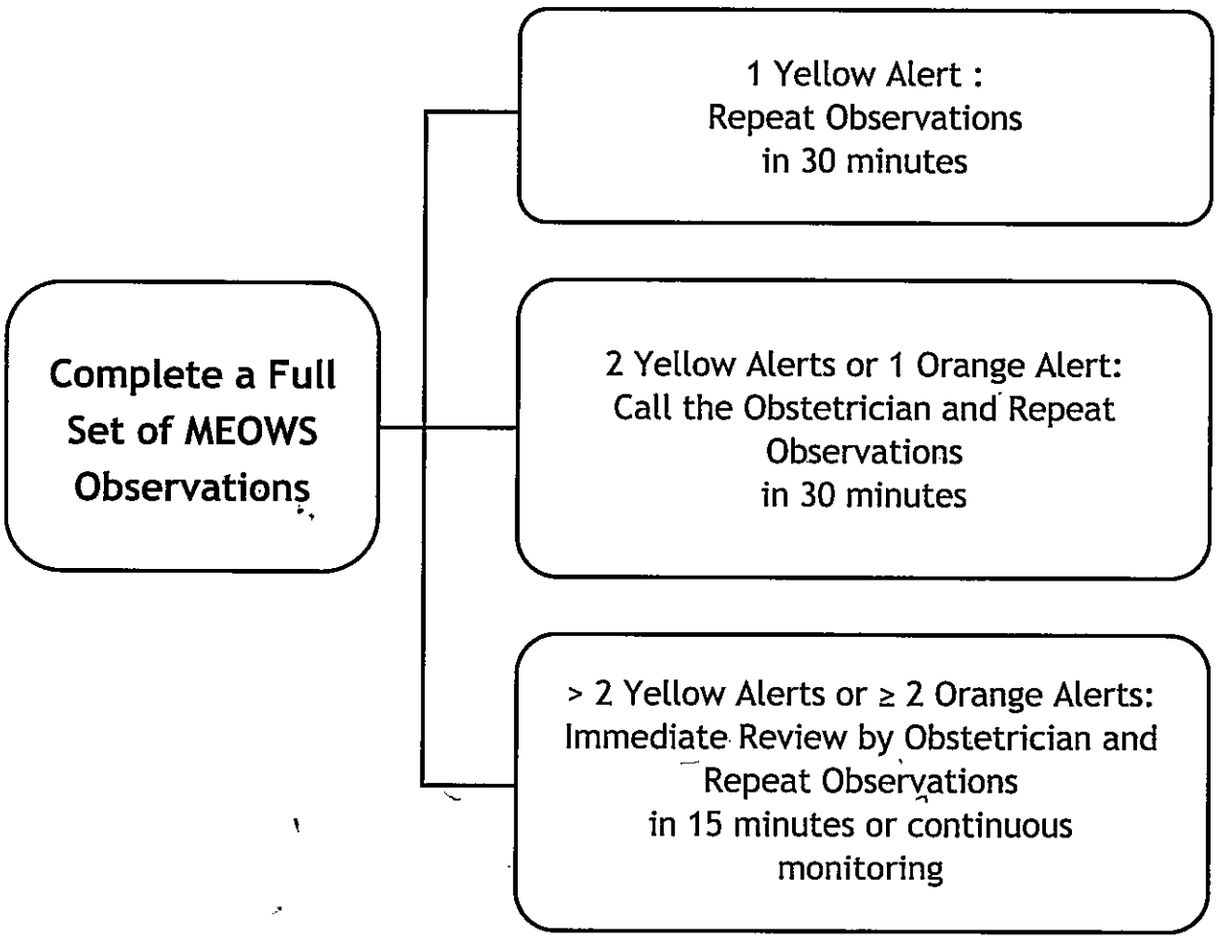
Early Warning Observation Score Chart - Obstetrics

5/6/26

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

		Date																						
		Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																									
	21 - 30																									
	11 - 20	20		20	20	20	20						20				20								20	
	0 - 10																									
Saturations	94 - 100 %	99		99	98	98	98						98				100								99	
	< 94 %																									
Administered O_2 (L/min.)																										
Temp°c	40																									
	39																									
	38																									
	37																									
	36	–		–	–	–	–	–					36.1°C				36.3°C								36.6	
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80	75		85	75	77	88						79				92								73	
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressue ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120	110																								
	110																									
	100			100	101	104	115						113				110								120	
	90																									
	80																									
	70																									
	60																									
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70	70		50	64	62	70	64					71				62								50	
	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		0		0	0	0	0					0				0								0	
TOTAL ORANGE SCORES		0		0	0	0	0					0				0								0	
Nurse Initial																										

Obstetrics and Gynaecology Early Warning Signs



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

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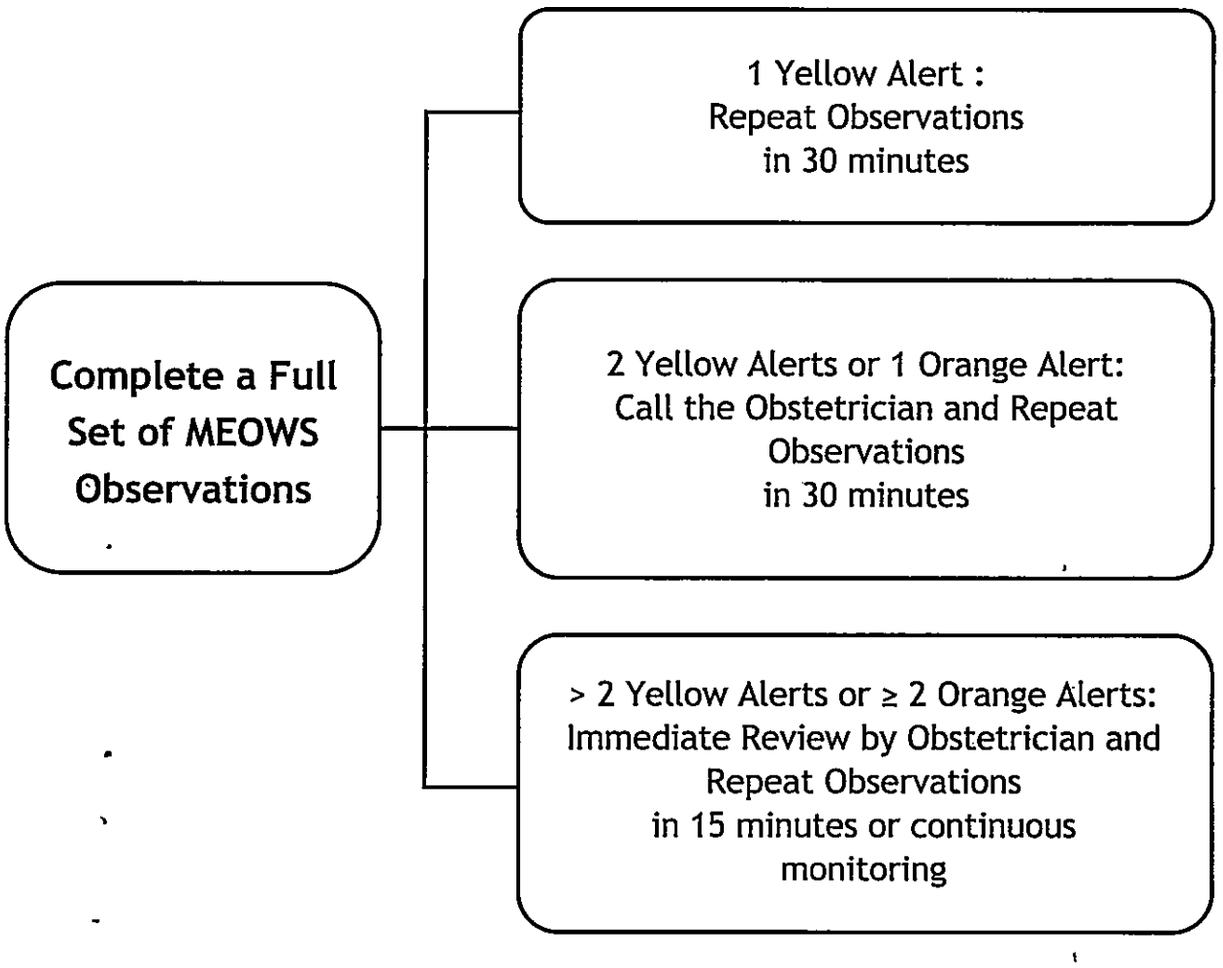
Early Warning Observation Score Chart - Obstetrics

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

616	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			20				20				24				22				20				20	
	0 - 10																								
Saturations	94 - 100 %			99%				100%				99%				99%				100%				99%	
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37																								
	36			98.1°F				98.1°F				98.3°F				97°F				98.2°F				97.8°F	
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80			80bpm				81bpm				79bpm				82				86				89	
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120			120				115				110				114				101				105	
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70			73				71				76				72				72				67	
	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				0				0				0				0				0				0	
TOTAL ORANGE SCORES				0				0				0				0				0				0	
Nurse Initial																									

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

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

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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.

		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							
5/6	08:00 am	RL	10	100ml								
	09:00 am	RL	10	100ml							0	
	10:00 am	RL	10	100ml						50ml		empty
	11:00 am	RL	10	100ml			NA					
	12:00 pm	RL	10	100ml								
	01:00 pm	RL	10	100ml								
Total Intake :						**Total Output :**						
5/6	02:00 pm	RL	50	100ml	NA			NA		60ml		empty
	03:00 pm	RL		100ml								
	04:00 pm	RL		100ml							0	
	05:00 pm	RL		100ml								
	06:00 pm	RL		100ml						150ml		empty
	07:00 pm	RL		100ml								
Total Intake :						**Total Output :**						
	08:00 pm			100ml								
	09:00 pm			100ml								
	10:00 pm	RL	2dly	100ml							0	
	11:00 pm		3hrs	100ml						32ml		Empty
	12:00 am		3hrs	100ml								
	01:00 am		2dly	100ml								
Total Intake :						**Total Output :**						
	02:00 am			100ml								
	03:00 am	RL	2dly	100ml								
	04:00 am		Soup	100ml							0	
	05:00 am			100ml								
	06:00 am			100ml						120ml		Catheter Removed.
	07:00 am		4hrs	100ml								
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

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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.

		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							
6/6	08:00 am	RL		100ml								
	09:00 am	RL		100ml								
	10:00 am	RL	Idly	100ml			0					
	11:00 am	RL	+	100ml								MS 2.
	12:00 pm	RL	H_2O	100ml						~		
	01:00 pm	RL		100ml	NA			NA				
Total Intake :						**Total Output :**						
6/6	02:00 pm	0					0			~	0	
	03:00 pm											
	04:00 pm		Kichidi							~		
	05:00 pm		+		NA			NA				MS 2.
	06:00 pm		H_2O.									
	07:00 pm									~		
Total Intake :						**Total Output :**						
6/6/26	08:00 pm	0					?			~	0	
	09:00 pm											
	10:00 pm		Kichidi							~		
	11:00 pm		+		NA			NA				AU
	12:00 am		H_2O									
	01:00 am			~						~		
Total Intake :						**Total Output :**						
7/6/26	02:00 am	0				~			~			
	03:00 am											
	04:00 am		H_2O									AU
	05:00 am				NA			NA		~	0	
	06:00 am			~								
	07:00 am						~	~				
Total Intake :						**Total Output :** U - 3 M - 1						

Total 24 hrs. Intake		Total 24 hrs. Output	

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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						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
7/6/26	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am				NA			NA			0	
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
7/6/26	02:00 pm											
	03:00 pm											
	04:00 pm	0										
	05:00 pm				NA			NA			0	
	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-00015805 IP26-00006506
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NURSING CARE RECORD

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

Date: 4/5/26

Goals

- ☐ Maintain Airway and Oxygenation
- ☐ Maintain Personal Hygiene
- ☐ Identify Potential Complications
- ☐ Relieve Pain & Discomfort
- ☐ Prevent Infection
- ☐ Any Others. Specify....... (DOS)
- ☐ 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	8pm to 8Am	→ Assess the pt condition → monitor vitals → Maintain I/O chart	8pm to 8Am	→ Assessed the pt condition → monitored v/s → Maintained I/O ch	Now pt is stable	Re-has v/s	[illegible]

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NURSING CARE RECORD

Rainbow® Children's Hospital
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BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 5/6/26

Goals

- ☐ Maintain Airway and Oxygenation
- ☐ Maintain Personal Hygiene
- ☐ Identify Potential Complications
- ☐ Relieve Pain & Discomfort
- ☐ Prevent Infection
- ☐ Any Others. Specify............ (dsis)
- ☐ 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	8Am – 2Pm	→ Assess the pt condition → monitor the vitals 6 hourly → Administration of medication → maintain I/O chart & record	8Am – 2Pm	→ Assessed the pt condition → monitored the vitals & recorded → Administered of medication → maintained I/O chart & record	pt is stable	maintain I/O chart & record	Akhil @
Afternoon	2PM – 8PM	→ Assess the general condition of pt. → Monitor vitals → Maintain I/O chart → Administer medication	2pm – 8pm	→ Assessed the general condition of pt. → Monitored vitals → Maintained I/O chart → Administered Medication	Pt is Stable	Re-assess vitals	Mounika
Night	8pm – 8am	Assess the patient Monitor the v/s administer medication Maintain I/O chart	8pm – 8am	Assessed the Patient Monitored the v/s administer medication Maintained I/O chart	administered	Reassessed the patient	[illegible]

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NURSING CARE RECORD

Rainbow® Children's Hospital
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BirthRight™ BY RAINBOW HOSPITALS
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Date: 6/6/26

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	8Am 8pm.	→Assess the pt condition. →Monitor the vitals. → ~~cal~~ plan to soft diet. → drugs give as per drug chart.	8AM 8pm	→Assessed the pt condition. →monitored the vitals. → planned to soft diet. → drugs given as per drug chart.	→pt is stable Now.	→Reassessed the vitals	
Afternoon				Day			
Night	8pm to 8AM	→ Assess the pt condition → monitor the vitals → maintain I/O chart → Administer medication as per drug chart	8pm to 8AM	→Assessed pt condition →monitored vitals →maintained I/O chart →Administered medication as per drug chart	Patient is stable	Re-checked vitals	

Patien

HNH-00015805 IP26-00006506
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NURSING CARE RECORD

Rainbow® Children's Hospital
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Date: 6/7/26

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	8AM 8pm	→ Assess the Patient condition. → monitor the vitals. → plan tegadam dressing. → drugs give as per drug chart.	8AM 8pm	→ Assessed the pt condition. → monitored the vitals. → planed tegadam dressing → drugs given as per drug chart.	→ pt is stable now	→ Reassessed the vitals	
Afternoon				Day			
Night							

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:	Any Infection: ☐ Yes ☐ No ☑ Not Known If Yes Specify: ....
	Surgery / Procedure: EL-LSCS	Post OP Day: POD - 01

	Date / Shift	4/6/26 N1	5/6/26 M6	5/6/26 E2	6/6 N8	6/6/26 M5	6/6/26 N1
BACKGROUND	Medical Condition (Any special condition to be noted):	—	—	—	—	LSCS	LSCS
	Diet:	—	NBM	NBM		soft diet	soft diet
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☑ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No
	Ventilation (RA, NP, NIV, VENTI):		—	—	—	—	—
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Vital Signs: Temp:	97	98.9°F	97.4°F	98.2	98.1°F	98.3°F
	Res:	20	20b/m	20b/m	20	20b/m	22b/m
	SpO_2:	99	98%	99%	100%	100b/m	100b/m
	Pulse:	82	85b/m	86b/m	92b/m	81b/m	82b/m
	BP:	110/70	110/80	110/76	102/62	110/75	110/76
	LOC:		—	—		—	—
	Fall Risk Score:	—	—	—	—	—	—
	Pain Score:		—	—	—	—	—
	Skin Integrity	good	good	Good	—	Good	Good
Recommendations	Safety Needs:	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☑ No	☑ Yes ☐ No	☐ Yes ☑ No
	Physiotherapy:	—	—	—	—	—	—
	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Special Diet:	—		—	—	—	—
	Critical Lab Test / Values:		—	—	—	—	—
	Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	ADL (Dependent / Non Dependent):	dependent	—	—	—	—	—
	Post Operative Procedure Special Orders:	nil	—	—	—	—	—
	Handed Over By Name :	moni	akuy	Moutushi	rani	mahi	Anusha
	Signature / ID :	[signature]	[signature]	[signature]	[signature]	[signature]	[signature]
	Date:	5/6/26	5/6/26	5/6/26	[illegible]	6/6/26	7/6/26
	Time:	8AM	2PM	8PM	8AM	8PM	8AM
	Taken Over By Name :	Akuy	Moutushi	[illegible]	mahi	Anitha	mahi
	Signature / ID :	[signature]	[signature]	[signature]	[signature]	[signature]	[signature]
	Date:	5/6/26	5/6/26	5/6	6/6/26	6/6/26	7/6/26
	Time:	8AM	2PM	8PM	8AM	8PM	8AM

HNH-00015805 IP26-00006506
Mrs DR.B.SPANDANA
18-04-1990 36 Y 1 M 20 D (F)
Dr. Mallavarapu Tripura

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

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

Signature of Shift In Charge :

Signature : ..... Name : .....

Signature of Ward In Charge :

Signature : ..... Name : .....

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

Patient Sticker

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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 cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5										
			Signature of the Nurse										

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

Signature of Shift In Charge :

Signature : ..... Name : .....

Signature of Ward In Charge :

Signature : ..... Name : .....

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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	5/6/26	5/6/26	6/6
		Score	M6	EL	
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0			
Secondary Diagnosis (more than one diagnosis)	Yes	15			
	No	0			
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0			
IV / Heparin Lock or Saline	Yes	20	20	20	20
	No	0			
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10			
	Normal /On Bed Rest /Immobile	0			
Mental Status	Forgets limitations	15			
	Oriented to own ability	0			
Total Morse Fall Scale Score:			20	20	20
		Signature	M	A	

Fall Risk Grading		
Risk Level	**Morse Fall Score (MFS)**	**Action**
Low Risk	0 - 24	Standard Fall Precaution
Moderate Risk	25 - 50	Implement Moderate Fall Prevention Intervention
High Risk	≥ 51	Implement High Risk Fall Prevention Intervention

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

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

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

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

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

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

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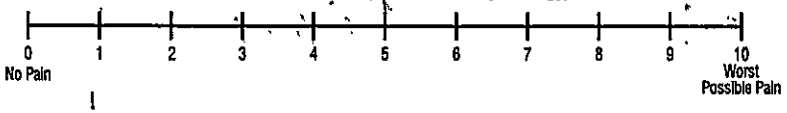
PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
5/6/26	6Am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
5/6/26	12Pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
5/6/26	6Pm	0/10	Surgical site	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Diclofenac (IMB:)	
5/6/26	6pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
6/6	12am	1	Surgical site	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	DNA	
6/6	1pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
6/6	6pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
6/6	6pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
7/6	6Am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
7/6	6pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	

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

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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, SaO_2	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

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BRADEN 'Q' SCALE

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	1	2	3	4	Date : 5/6 Time : N	5/6 M	5/6 E	6/6
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
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings 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
				TOTAL SCORE	28	28	28	28
				Evaluator's Name	[illegible]	[illegible]	[illegible]	[illegible]

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

Docu. No. : RCH /FRM / CLINICAL / 119

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

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LABOUR AND DELIVERY NURSING ASSESSMENT

Date of Admission: 5/6/26

Baseline Information:

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

Primary Language: ☑ Telugu ☑ English ☑ Hindi ☐ Others

Do you require an interpreter? ☐ Yes ☐ No

Source of Information: ☐ Patient ☑ Family ☐ Others

Personal belonging if any: ☐ Jewelry ☐ Nose Ring ☐ Bangles ☐ Anklets ☐ Finger Ring ☐ Bracelets

handed over to .....

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

If yes , identify .....

Chief Complaints: .....

.....

.....

Doctor Notified on Admission: ☐ Yes ☐ No

Name of the Doctor: Dr. Naveena

Time Notified: .....

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

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

Blood Group: O+ve LMP: 10/9/25 EDD: 17/6/26 Gestational age during admission: .....

Contractions: ..... Vaginal Discharge: .....

Obstetric History: G 2 P 1 L 1 A ..... Previous LSCS Yes

Height: ..... Weight: ..... BMI: .....

Temp: ..... HR: ..... RR: ..... BP: ..... SpO_2 .....

High Risk Factors: (Please select by ticking (✓) the box as applicable)

☐ Hypothyroidism	☐ Rh Incompatibility	☐ Fertility Treatment
☐ Hyperthyroidism	☐ Previous LSCS	☐ Preterm Labour
☐ Hypertension	☐ Gestational Hypertension	☐ Others: (Specify)
☐ Diabetes	☐ Bad Obstetric History	
☐ Anemia	☐ Obesity (BMI)	
	☐ Twins / Multiple Pregnancy	

Patient Sticker

Family History: ☑ No Abnormalities Detected

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

☐ Liver disease ☐ Other .....

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

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

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

☐ Overweight ☐ Poor Appetite > 3 Days ☐ Needs Therapeutic Diet.

☐ Under Weight ☐ Diabetes Mellitus ☐ No Abnormality Detected

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 .....

Orientation has been given regarding the following aspects:

Call Bell in Reach : ☑ Yes ☐ No Waste Disposal Explained: ☑ Yes ☐ No

Infusion Pump : ☐ Yes ☐ No Hand hygiene Explained: ☑ Yes ☐ No ☐ Others

Above information given to ..... Patient

Name of Person Orientation was given to: ..... Mrs Sharadamma

Orientation not given Reason: .....

Nurse Signature: .....

Nurse Name: ..... Monika

Date & Time: 5/6/12

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CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name:	DR. TRIPURA SUNDARI	Date of Delivery:	05.06.2026
Assistant Surgeon:	DR. SRILAKSHMI	Time of Delivery:	9:34 AM
Anaesthetist's Name:	DR. SAMIR	Gender of Baby:	FEMALE
Type of Anaesthesia:	SPINAL ANESTHESIA	Weight of Baby:	2.98 kg
Neonatologist:	DR. ANIKET.	AGPAR Score:	8.9
Scrub Nurse:	S/N SUSHEELA.	NICU Admission:	☐ Yes ☑ No

Pre-Operative Diagnosis: ✓ $G_2P_1L_1$ / 38^{+2} wks ☡ prev. LSCS ☡ H/O Hypothyroidism ☡ AMA

☑ Elective ☐ Emergency Indication: Previous LSCS

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

Decision time: ..... Knief to rectus: 8mins

CTG Description: Reactive

If there was a delay give the reasons: -

Surgical Procedure: Elective LSCS

Post Operative Diagnosis: POD-0

Peri-Operative Complications: None

Amount of Blood Loss: 400ml	Blood Transfused (in ML): -

Name and Number of Surgical Specimen sent for examination:

-

Examination Findings when Appropriate:

Presentation: ☑ Cephalic ☐ Breech ☐ Other ..... Cervical Dilatation: ..... cm

5th Palpable: 5/5 ..... Fetal Position: .....

Station: ☑ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2 Moulding: ☑ None ☐ + ☐ ++ ☐ +++

Caput: ☐ + ☐ ++ ☐ +++ None Meconium: ☑ None ☐ + ☐ ++ ☐ +++

Bladder Catheterized : ☑ Yes ☐ No Urine: ☑ Clear ☐ Blood Stained

Skin Incision: ☑ Pfannensteil ☐ Transverse ☐ Midline ☐ Other .....

Uterine Incision: ☑ Lower Segment ☐ Classical ☐ Inverted T ☐ J Incision

Previous Scar: ☑ Intact ☐ Thinnedout ☐ Ruptured ☐ No Scar

Incision Through Placenta: ☐ Yes ☑ No

Delivery of head: ☑ Manual ☐ Forceps

Liquor: ☑ Clear ☐ Meconium: ☐ I ☐ II ☐ III ☐ Blood ☐ Offensive ☐ Not Offensive

Delivery of Placenta: ☐ Manual ☑ CCT ..... ☐ Complete ☐ Incomplete ☐ Piecemeal

Cord Appearance: Intact & normal ..... Cord around the neck ☐ Yes ☑ No

Appearance of placenta: Intact & normal ..... Cavity explored ☑ Yes ☐ No

Uterus, tubes and ovaries: ☑ Normal ☐ Not Normal Sterilization: ☐ Yes ☑ No

* LUS not formed.
* ⊗ cervical os tightly closed
* liquor - clear & adequate.

Uterine Closure: ☐ One Layer ☑ Two Layers ..... Vicryl No-1 ..... Suture

Peritoneal Closure: ☐ Pelvic ☑ Abdominal ☐ None ..... Rapidvicryl. ..... Suture

Sheath Closure: ..... Suttapack ..... Suture

Fat Closure: ☑ Yes ☐ No ..... - ..... Suture

Skin Closure: ☑ Subcuticular ☐ Mattress ..... Rapidvicryl. ..... Suture

Vagineal Evacuated ☑ Yes. ☐ No

Drain: ☐ Yes ☑ No ☐ Remove in ..... days ☐ Await instructions

Ctheter ☑ Yes ☐ No ☐ Remove in 1 days ☐ Await instructions

Swap & Instruments count correct? ☑ Yes ☐ No ☐ Post-op Antibiotics ☑ Yes ☐ No

Intra-Operative Antibiotics Cover: ☑ Yes ☐ No ☐ Thromboprophylaxis ☐ Yes ☐ No

Post-Operative Notes:

- NBM for 4 hours
- foley's removal @5pm
- Liquid diet & f/b soft diet today
- IVF's, Analgesics & Thromboprophylaxis as per AXON
- Vital monitoring
- I/o charting
- Inform SOS.

Doctor Name: Dr. Tripura Sundari ..... Doctor Signature: .....

Date & Time: 5/6/26 @ .....

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OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 5/6/26 Time of Arrival: ..... Time Seen by Nurse: .....

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: 98.4°F Pulse: 82bpm RR: 20bpm SpO_2: 99% BP: 100/70 Weight: .....

4) **Gestational Criteria:**

Gravida:	G 1	P	L 1	A

LMP: 10/9/25 EDD: 17/6/26 Gestational Age: .....

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

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

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

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

6) **Past History:**

a) Surgeries: NIL

b) Medical: NIL

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No, If Yes : .....

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

9) Prenatal Medical History:

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

Triage Category: (Please tick on the category)

Refer to OBSTETRICAL TRIAGE ACUITY SCALE (OTAS)

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

OBCU Obstetrical Triage Acuity Scale (OTAS)

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

Time seen by Doctor: 8AM

Nurse Name : Akila Nurse Signature: .....

Date: 5/6/16 Time: .....

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NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 5/6/26 Time: 4:10Pm

Origin: Indian Height: 5.2 Weight: 105 kg BMI: ☐ ~ 26 kg/m² ☐ ~ 28 kg/m² ☑ ~ 30 kg/m²

Food Allergies: NO

Diagnosis: LSCS

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

Diet Advised:

Liquid Diet – ORS/ Coconut Water / Butter Milk / Barley Water / Soups

Normal Diet – Rice, Rotis, Dal and Soft Cooked Vegetables and Curd

Soft Diet – Soft Rice, Dal and Vegetable Curries Soft Cooked, Curd

Diabetic Diet – Brown Rice / Oats/ Dahlia/ Rotis, Dal and Vegetables and Curd (Avoid Roots / Tubers)

Patient's / Attendant's

Signature: Spandana

Name: Dr. Spandana

Date & Time: 5/6/26; 4:10Pm

Dietician's

Signature: S

Name: Sathwika. G

Date & Time: 5/6/26; 4:10pm

DIETARY NOTES

Date	Time	Notes	Sign

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CROSS CONSULTATION FORM

Doctor Name : Dr. Tripura Date : 5/6/26 Time : 4pm

Diagnosis : LSCS

Hospital : RCH HMNR

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 :

Lactation care plan

- well formed breast & Nipple's
- encourage ossaly DBF ever 2nd hly on each side 15 - 20 mints
- make baby awake & stimulate continuously while feeding.
- Aim for deep latch
- TO start Domstal - 10mg [TID] - (1) week

Consultant :

Name : Sathwika.G Signature : SG Date & Time : 5/6/26 ' 4pm

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BREAST FEEDING HANDOVER AND ASSESSMENT FORM

1. Breastfeeding initiated?
   ☐ a. Yes ☐ b. No

2. If No, Reason .....

3. Nipple condition:
   ☐ a. Nipple well formed
   ☐ b. Flat nipple
   ☐ c. Inverted nipple
   ☐ d. Short nipple

4. Milk flow:
   ☐ a. Good
   ☐ b. Drops of colostrums
   ☐ c. Dry

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

Feeding Positions:
Cross Cradle

Feeding Positions:
Football / Clutch

6. Was the position explained:
   - [x] a. Yes
   - [ ] b. No

7. For Caesarian mothers:
   - [x] a. Mother is required sit and feed from the 4th feed
   - [x] b. Please explain football hold

8. NICU admission:
   - [ ] a. Mother needs to stimulate her breast for 2 min every 2 hours

9. Additional notes: ....

Continuity of Care: Date: 5/6/26

Assess the Pt condition
→ DAT and hourly & bursting
→ maintain I/O chart & record
→ provide warm care to the baby

Handover given by: A Keith Handover taken by: Ofakemmo
Signature: [signature] Signature: Ofakin
Date & Time: 5/6/26 Date & Time: 5/6/26 @ 4p.

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URINARY CATHETER BUNDLE CHECK LIST

Date of Insertion: 5/6/26 Date of Removal: .....

Parameters / Date / Shift Time	5/6/26 m						
Need for the Catheter	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Hand Hygiene	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Usage of Sterile Equipment	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is the Collection bag below the level of bladder	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Check the Tube for Obstruction (Free of Kinking)	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is Catheter dated as policy	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Collecting bag is been emptied regularly?	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Maintenance of closed system for the catheter	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Dressing clean and dry?	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is the line removed as Policy?	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Performance of Perineal Care	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Onset of New Fever	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Asses for the leakage at the site of insertion	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Name of the Nurse	AKW'S						
Signature of the Nurse							

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00015805 IP26-00006506 Mrs DR.B.SPANDANA 16-04-1990 36 Y 1 M 20 D (F) Dr. Mallavarapu Tripura	5/6/26 @ 7:03AM	5/6/26 @ 2:40PM
	Transfer Ordered by Dr. veena	Reason for Transfer observation
From Unit HLCU	To Unit Floor	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 36	Number of Imaging Films NST - 1	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	RL 500ml	1
2.		
3.		
4.		
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sis. Sujatha	DR. veena

Patient & Clinical Records Received by : maheshwari

Date & Time of Patient Received : 5/6/26 @ 2:40PM.

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

Department of Anaesthesiology

PRE-ANAESTHETIC EVALUATION

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Name: Dr. B. SPANDANA Age: 36 yrs Sex: female UHID.No :

Date: 05/06/2026 Time: 7:30 AM Proposed Operation: EL. LSCS.

Diagnosis: G2 P1L1 @ 38+2 wks @ Prev LSCS.

B.P / CRT: 113/87 H.R: 97/m Weight: 105 kgs ASA Physical Status: ☐ 1 ☐ 2 ☑ 3 ☐ 4 ☐ 5

Laboratory Data:

03/06

Hgb: 10.6	Glucose:	Protein:	HIV:	X-Ray:
PCV: 30.80	Urea: 13.50	Alb: 2.76	HBS Ag: NR	ECG:
WBC: 8780	Creat: 0.50	Total Bill: 0.37	HCV:	2D Echo:
Plate: 2.01	Na: 139	Dir. Bill: 0.13	Blood group: O+ve	Stress/Anglo:
PT: 15.6	K: 4.3	LDH:	T3	Other:
PTT:	Ca++:	Alk phos: 140	T4	Placenta: Fundo-Posterior
INR: 1.17	Mg++:	Amylase:	TSH 2.370	
	Cl -: 103	SGOT/SGPT:		

Allergies: NKDA

Medical History: CVS : -

RESP : NAD

CNS :

Renal :

Hepatic / GE :

Diabetes : -

Physical Activity:

Others : K/C/O Hypothyroidism on 150 mcg Thyronorm.

Past Anaesthetic History: Prev LSCS @ SAB w/E 6 yrs Back

Physical Exam: High BMI

Airway: MP 1 2 3 4 Mouth Opening: Mentohyoid Distance: Neck: Teeth: No Loose teeth

Lungs : BL AEA, clear

Heart: S1S2 (+)

CNS: NAD

Pregnant: ☑ Yes ☐ No ☐ NA

Venous Access Site: Peripheral

Spine Exam for regional :

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

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

CURRENT MEDICATIONS	DOSAGE
THYRONORM	150 mcg
ECOSPIRIN	150 mg.

Pre-Operative Instructions: Last food @ 9:00 pm Coconut water @ 5:00 am

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

Signature: Name: Dr. SAMRAT V.

Docu. No. : RCH /FRM / CLINICAL / 044

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ANAESTHESIA CHART

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Pre Induction Assessment:

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

H.R: 113/m	B.P / CRT: 149/98	SpO_2: 100%	R.R: 18/m	Last Feed: >6 hours for solids

Pre-OP Diagnosis: prev. LSCS Operation: .... Date: 5/6

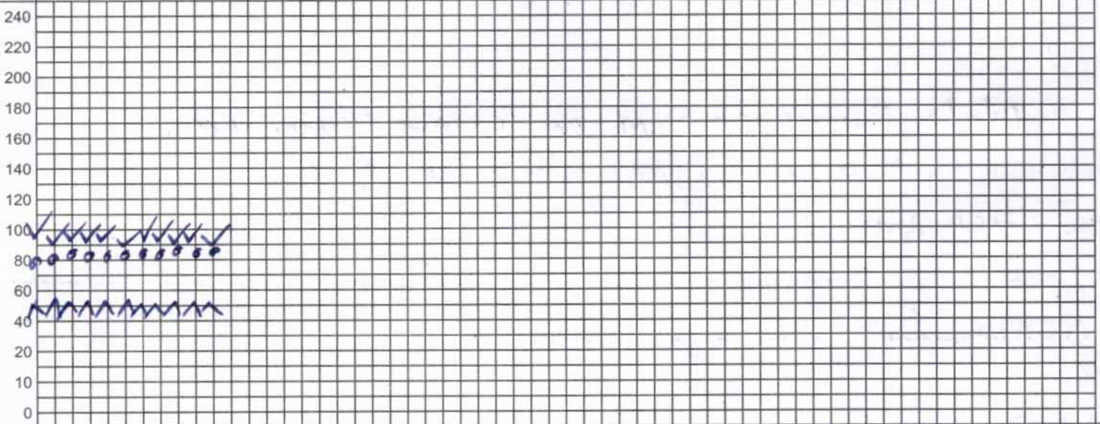
Surgeon: Dr Tripura Anaesthesiologist: Dr Samir Enayat Technician: Dr. S— / Arun

TIME	915 ——— 10
N_2O /AIR /O_2 LPM	
HALO /SO /SEVO	
Drugs:	
OXYTOCIN 3U + 6U infusion	
TRANEXAMIC ACID 1GM	
FIO_2 / SaO_2	100 / 100 / 100
$ETCO_2$	
ECG	SR SR SR
Temperature	
Urine Output	
Fluids / Blood	RL ~~~~→

Antibiotic: gmin.
Suppository: DICLOFENAC 100mg
TRAMADOL
Blood Loss 100mg
~100ML

NOTES

B.P
V Systolic
Λ Diastolic
X Mean
• Heart Rate
Tourniquet on Time
Tourniquet off Time
Throat Pack In
Throat Pack Out



LAB Values
ABG
LIGNOCAINE SKIN PATCH KEPT OFF SIDES OF INCISION.
GRBS
Others

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

Position: supine
☑ Pressure Points Checked

Eye Care:
☐ Oint
☐ Tape
☐ Padding
☑ Awake

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

Times:
Anaes Start: 915 AM
OP Start: ↓
OP End: ↓
Leave OR: 10 AM

Anaesthesia:
☐ GA
☐ Monitored Anaesthesia Care
☑ Regional

Line (Size & Location)
☐ CVP: ....
☐ ART: ....
☑ IV: 18G (L) 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: ....
☑ Spinal ☐ Epidural ☐ Caudal
Others: USG markings.
Position: sitting
Site: L3-4 (W) long needle.
Needle Size 25G Depth: 10cm.
Parasthesia ☐ Yes ☐ No
Catheter at skin .... cm
Drug Name & Conc: 10mg BUPIVACAINE (H)
Bolus: + 25MCG FENTANYL
Infusion: ....
Block Level: T4 - B/L equal.
Comments: 3 pricks taken due to difficult spine.
Transportation to
☑ PACU ☐ ICU ☐ Other
Relaxant Reversed ☐ Yes ☐ No ☑ NA
Name of the Doctor: Samir
Signature of the Doctor: [signature]

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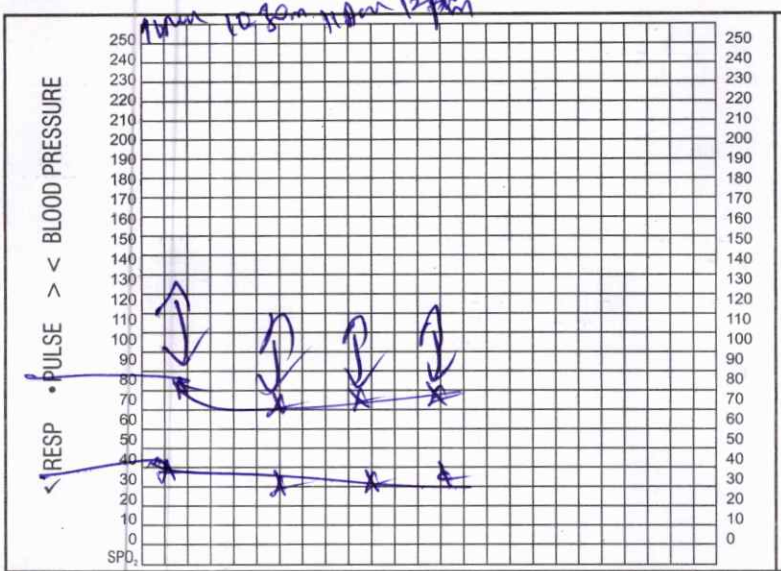
POST ANAESTHESIA UNIT RECORD

Received in PACU by : Sis Akhila Time Received : 10:15Am Time Discharged : 3/1



IV Cannula Site : left side

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

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

IV Fluids: RL
Oral Feeds: NBM

POST ANAESTHESIA SCORE (Modified Aldrete Score)		IN	MINUTES 30	60	90	OUT	SCORING INTERPRETATION
Able to move 4 extremities voluntary or on command = 2 Able to move 2 extremities voluntary or on command = 1 Able to move 0 extremities voluntary or on command = 0	ACTIVITY		1	2	2		A Minimum Total Score of 8 is Required for Discharge Exceptions to this, are to be explained in the space below by the Discharging Physician:
Able to deep breathe & cough freely = 2 Dyspnea or limited breathing = 1 Apneic = 0	RESPIRATION		2	2	2		
BP ± 20 of Pre Anaesthetic leve = 2 BP ± 20-50 of Pre Anaesthetic leve = 1 BP ± 50 of Pre Anaesthetic leve = 0	CIRCULATION		2	2	2		
Fully awake = 2 Arousable on calling = 1 Not responding = 0	CONSCIOUSNESS		2	2	2		
Pink = 2 Pale, dusky, blotchy, jaundiced, other = 1 Cyanotic = 0	COLOR		2	2	2		
	TOTAL		9	10	10		

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
5/6		0/10	NA	
5/6		0/10	NA	
5/6		0/10	NA	
5/6		0/10	NA	

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 : Dr Sravan
Anaesthesiologist Signature: Dr Sravan
Date & Time:

PACU Nurse Name : Akhila
PACU Nurse Signature:
Date & Time: 5/6/26

Transferred to Unit by (PACU): 3/1
Date & Time: 5/6/26

Patient Sticker

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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 BP	Maternal Pulse	FHR	Comments

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 : .....

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

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Patient Name : MRS. DR. SPANDANA Gender: ☐ Male ☑ Female Age : 36 YRS.

UHID No : Date : 5/6/2026

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

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

ELECTIVE LOWER SEGMENT CAESERIAN SECTION

upon

MRS. DR. SPANDANA (Name of the Patient)

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

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

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

Haemorrhage, Injury to adjacent organs - Ureter, Bladder, Intestines, Need for Blood and Blood products transfusion.

My signature on this form indicates that

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

Name of the Doctor who is performing the Surgery / Procedure: Dr. TRIPURA SUNDARI

Consentee :
Signature : Spandana
Name : MRS. Dr. Spandana
Date & Time : 5/6/2026 @ 8:05am.

Witness :
Signature : Madhu
Name : Madhumeeta
Date & Time : 5/6/26 @ 8:13:00 AM

Patient Attendant :
Signature : Dayakar
Name : Dr Dayakar
Relationship with Patient: Husband
Date & Time : 5/6/2026 @ 8:05am.

Doctor (who is taking the consent) :
Signature :
Name : Dr. Naveena.
Date & Time : 5/6/2026 @ 8:05am

PATIENT TRANSFER FORM

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Patient Name & UHID No	Date & Time of Admission	Date & Time of Transfer Order
HNH-00015805 IP26-00006506 Mrs DR.B.SPANDANA 18-04-1990 36 Y 1 M 20 D (F) Dr. Mallavarapu Tripura	5/6/26 @ 7.03 AM	5/6/26 @ 9 AM
	Transfer Ordered by Dr. Naveena	Reason for Transfer EL-LSCS
From Unit LDR	To Unit OT	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 35	Number of Imaging Films NIL-0	Personal belongings including clinical documents. If any handed over to attendant Yes ☑ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	RL - 100ml	1
2.		
3.		
4.		
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
SIS. Madhu	Dr. Naveena

Patient & Clinical Records Received by :

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

HNH-00015805 IP26-00006506
Mrs DR.B.SPANDANA
18-04-1990 36 Y 1 M 20 D (F)
Dr. Mallavarapu Tripura

PRE - OPERATIVE CHECK LIST

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Date: 5/6/26

Patient's Name : MRS.DR.B.Spandana Age : 36 Gender : ☐ M ☑ F

Blood Group : ..... UHID : HNH-00015805

Planned Surgery : BLSCS Surgeon : Dr. Mallavarapu

Anesthetist : Dr. Samir Date & Time of Operation : 5/6/26 @ 8:30 Am

Tick Appropriate Boxes, To be filled by Nurse Incharge / Senior Nurse :

S.No	INSTRUCTIONS	ER/Ward, Nurse			OT Nurse		
		Yes	No	NA	Yes	No	NA
1.	Weight checked and recorded?	☑	☐	☐	☐	☐	☐
2.	Is the patient fasting for over 6 hours Pre-Operatively?	☑	☐	☐	☐	☐	☐
3.	Check Pre-OP Investigations & Results (CBP, Blood Group, BT, CT, PT / APTT, Viral Screening, CXR etc) available before starting the procedure	☑	☐	☐	☐	☐	☐
4.	Enema given / Bowel Preparation	☑	☐	☐	☐	☐	☐
5.	Remove all ornaments, earrings, toe rings, nose rings etc and implants, dentures	☑	☐	☐	☐	☐	☐
6.	Sterile Gown Given	☑	☐	☐	☐	☐	☐
7.	Is Blood arranged as required?	☑	☐	☐	☐	☐	☐
8.	If Blood has been ordered - is Blood bag ready?	☑	☐	☐	☐	☐	☐
9.	IV Cannula to be placed / IV fluids if Indicated	☑	☐	☐	☐	☐	☐
10.	Pre Anesthetic consultation with anesthesiologist	☑	☐	☐	☐	☐	☐
11.	Pre Medications Given? (Sedatives / etc)	☑	☐	☐	☐	☐	☐
12.	Skin Preparation	☑	☐	☐	☐	☐	☐
	Site is marked	☑	☐	☐	☐	☐	☐
14.	Surgery consent / High Risk consent taken by surgeon? (Consent should be taken by the operating surgeon only)	☑	☐	☐	☐	☐	☐
15.	Implants are available	☑	☐	☐	☐	☐	☐
16.	Equipment is avaialble	☑	☐	☐	☐	☐	☐
17.	Antibiotic Prophylaxis is given within the last 60 minutes	☑	☐	☐	☐	☐	☐
18.	Other (if any)	☐	☑	☐	☐	☐	☐

NOTE: if any of above is ticked "NO" Discuss with the registrar / consultant immediately

Billing Clearance Taken : ☑ Yes ☐ No

Billing Executive Name : .....

Billing Executive Signature : .....

Date & Time : .....

OT Nurse Name : Madhumita

Signature of OT Nurse : Madhu

Date & Time : 5/6/26 @ 8:30 Am

ER/Ward Nurse Name : .....

Signature of ER/Ward Nurse : .....

Date & Time : .....

Doc. No. : RCI FRM / CLINICAL / 107

Rainbow Children's Hospital Himayatnagar Hyderabad

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE

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Patient Name : Dr. Gandana Age : 36 Gender : Male ☐ Female ☑

UHID NO: MNH-15805 Surgeon Name: Dr. Tripura

Anaesthesiologist : Dr Samir Nayak

Operative procedure planned : LSCS

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 without numbness can be achieved by infusing weak solutions of local anesthetics arid 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 mellitus ☐ Renal failure

☐ Hepatic disorders ☐ Shock ☐ Multiple organ failure ☐ Polytrauma / Renal Tubular Aacidosis

☐ Incapacitating Cronic Obstructive Pulmonary Disease

☑ Others : Bleeding / need for transfusion

Comments : .....

- Doctor to document in medical record also if necessary (Cross-out if not applicable)

DECLARATION BY PATIENT / GUARDIAN / PROXY

I hereby authorize Rainbow Hospital & its authorized doctors to perform upon me / my patient ..... the above mentioned operation / Diagnostic / Therapeutic procedures .....

I authorize and give consent for anaesthesia (☑ Regional / ☐ General Anesthesia / ☐ Monitored Anesthesia Care as considered appropriate by the anaesthetic team.

I acknowledge that the anaesthetists have informed me about the anaesthetic procedure, risk, benefits and alternative treatments and answered my specific queries and concerns about this matter. I have read and understood the information provided in this form I acknowledge that I have discussed with the anaesthetists any significant risk and Complications specific to my individual circumstances, and I have considered them before Consenting for anesthesia.

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, asthmatic reactions, headaches.

I authorize the anaesthetic team to perform any additional procedures (for example, Central Venous Pressure line, arterial line, use of nerve blocks for pain relief, changing from regional to general anaesthesia etc), which are considered necessary by them during the course of surgery.

That I 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 in need arises.

I understand that the above mentioned consultant anesthesiologist or occasionally a colleague deputed by him / her will administer the Anaesthesia.

- Pregnant : ☒ Yes ☐ No

DECLARATION BY THE ANAESTHETISTS PROVIDING INFORMATION FOR THIS CONSENT

I declare that I have explained the nature of General Anaesthesia / Regional Anaesthesia / Monitored Anesthesia Care to be given and discussed the risks that particularly concern this patient.

I have given the patient an opportunity to ask questions and I have answered these.

Patient / Patient Attendant :

Signature : Spandana

Name : Dr. Spandana

Relationship with Patient: Self

Date & Time : 5/6/26 at 9Am

Witness :

Signature : Vidyarani

Name : Mrs. Vidya Rani

Date & Time : 5/6/26 at 9Am

Doctor (who is taking the consent) :

Signature : NV

Name : Dr. Ramu Nayaka

Date & Time : 5/6 at 9AM

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Tripura Sundari
Asst. Surgeon : Dr.
Anaesthetist : Dr. Sampa
Scrub Nurse : Sr. Sushoela.

Patient Name : HNH-00015805 / P26-00006506
Mrs DR.B.SPANDANA
16-04-1990 36 Y 1 M 20 D (F)
Dr. Mallavarapu Tripura
UHID No. :
Date : 5/6/26

Gender : 36yrs F.L.SCS

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Before Induction of Anaesthesia ➤➤

SIGN IN Time: 9.00AM

Patient Has Confirmed
- Identity ☑ Yes ☐ No
- Site ☑ Yes ☐ No
- Procedure ☑ Yes ☐ No
- Consent ☑ Yes ☐ No

Site Marked ☐ Yes ☐ No ☑ NA

Anaesthesia Safety Check Completed ☑ Yes ☐ No

Pulse Oximeter on Patient & Functioning ☑ Yes ☐ No

Does Patient have a:
- Known Allergy? ☐ Yes ☑ No

Difficult Airway / Aspiration Risk?
- Yes, & Equipment / Assistance Available ☑ Yes ☐ No

Risk of > 500ml Blood Loss (7ml/kg In Children)?
- Yes, and Adequate Intravenous Access and Fluids Planned ☑ Yes ☐ No ☐ NA
- Blood Units Reserved ☑ Yes ☐ No ☐ NA

Has Antibiotic Prophylaxis been given within the last 60 minutes? ☑ Yes ☐ No ☐ NA

Signature : Dr. [illegible]
Name : Dr. [illegible]

Before Skin Incision ➤➤

TIME OUT Time: 9:

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

Surgeon, Anaesthesia Professional and Nurse Verbally Confirm
- Correct Patient (Check ID Band) ☑ Yes ☐ No
- Correct Site ☑ Yes ☐ No
- Correct Procedure ☑ Yes ☐ No

Anticipated Critical Events

Surgeon Reviews:
- What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss? ☑ Yes ☐ No ☐ NA

Anaesthesia Team Reviews:
- Are There Any Patient-specific Concerns? ☑ Yes ☐ No ☐ NA

Nursing Team Reviews:
- Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns? ☑ Yes ☐ No ☐ NA
- **Is Essential Imaging Displayed?** ☑ Yes ☐ No ☐ NA
- Power Supply, Earthing, Power Backup and functioning of equipment checked. ☑ Yes ☐ No

Signature : Puja
Name :

Before Patient Leaves Operating Room

SIGN OUT Time:

Nurse Verbally Confirms with the Team:
- The Name of the Procedure Recorded ☑ Yes ☐ No
- That Instrument, Sponge and Needle Counts are Correct (or Not Applicable) ☑ Yes ☐ No ☐ NA
- The Specimen is Labelled (including patient name) ☐ Yes ☐ No ☑ NA
- Whether there are any Equipment Problems to be addressed ☐ Yes ☐ No ☑ NA

To Surgeon, Anaesthetist and Nurse:
- What are the key concerns for recovery and management of this patient? ☑ Yes ☐ No

Signature : Dr. M. Tripura Sundari
Name : Dr. Tripura Sundari

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00015805 IP26-00006506 Mrs DR.B.SPANDANA 16-04-1990 36 Y 1 M 20 D (F) Dr. Mallavarapu Tripura	5/6/26@	5/6/26 @ 10:10am.
	Transfer Ordered by Dr samir	Reason for Transfer Observation
From Unit OT	To Unit Prepost	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 30	Number of Imaging Films 1	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Rh	1
2.		
3.		
4.		
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
S.S. Puja	Dr. samir

Patient & Clinical Records Received by : Akhila

Date & Time of Patient Received : 5/6/26 @ 10:10 Am

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

#26-0000 204JJ8#

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NARCOTIC PRESCRIPTION FORM
(PATIENT COPY)

Patient Name: Mrs Dr. B Spandana		Age: 36Y	Gender: F
UHID No: HNH-00015805	IP No: 26-00006506	Date: 5/6/26	Time: 7.26
Diagnosis: LSCS (W:OT)			

PRESCRIPTION DETAILS (Tick only one of the following)

S.No	Drug Name	Dosage	Remarks
1.	Fentanyl Citrate Inj. 50mcg/Ml	100mcg	01 Amp
2.	Morphine Sulphate Inj. 15mg/Ml	—	—
3.	Remifentanil Hydrochloride Inj. 2MG	—	—
4.	Remifentanil Hydrochloride inj. 1MG	—	—

Doctor Name: Dr. Sairaj.V

Doctor Registration No: APMC 75177

Signature: [signature]

NARCOTIC DISPENSING FORM
APPENDIX 4 – FORM NO. 3E
(Details of the Patient to whom Essential Narcotic Drugs Dispensed)

IP Registration No: 26-00006506 **Date:** 5/6/26

Aadhaar No. of the Patient (Optional): ....

		Remarks
1.	**Name :** Mrs. Dr. B. Spandana	
2.	Complete postal address (with contact number, if any)	Chandrikapuram, Puwanapal, Banaduapura, Hyderabad
3.	Brief description of the illness	LSCS
4.	Whether registered with any other registered medical practioner / recognized medical institution (If yes, details of the recorded)	NO
5.	Details of essential Narcotic drug dispensed	INJ: Fentanyl

Date	Name of the Essential Narcotic Drugs	Quantity	Signature / Thumb Impression of the patient / Patient Attender	Remarks, if any
5/6	INJ: Fentanyl	01	Spandana	

Dispensed by (Name & ID No.): Sania ..... Signature: ....

Received by (Name & ID No.): M. Arvind Kumar (021257) Signature: [signature]

Time: ....

Docu. No: RCH / FRM / CLINICAL / 133