

Sreeranthi
9154865024

Dr. Swapna



ESTIMATION SLIP

Date : 11/5/26 UHID / IP No. : HNN-00015208 SI No. 1478
 Name of Patient : Mrs. Samiksha Jain Age: 24yrs Gender: F
 Father's / Husband's Name : Mr. Abhishek Jain Corporate / Occupation : _____
 Address : Nompally Phone : 8008331310 Email : 8639762994
 Procedure / Plan : ND/LSES EDD/Dos: Pre-26
 MODE OF PAYMENT : SELF TPA : _____ GIPSA : _____ OTHER _____

TARIFF INFORMATION :

Particulars	Package Amounts (Rs.)	
	Normal Delivery	LSCS
Multi Shared Ward		
Shared Ward		
Twin Shared Ward		
Private Room →	1.45k	1.55k
Super Deluxe Room →	1.65k	1.75k
Suite Room →	2.60k (M+B)	2.40k
Package includes (Package starts from the time of admission) CBP, NST	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 : <u>2 Days</u>	Length of Stay for : <u>3 Days</u>
	Pharmacy up to <u>9,000/-</u>	Pharmacy up to <u>12,000/-</u>
	Investigations up to <u>2,000/-</u>	Investigations up to <u>3,000/-</u>
Others	<u>Well baby care</u>	<u>25k to 35k</u>

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

Initial Minimum Deposit : 80% Advance time of Admission

REMARKS : Vaccination, neonatal, SBR, B/G

- 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.
- 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.
- Total baby charges are extra which include admission, pharmacy, vaccinations, investigations, disposables, consumables, equipments, speciality consultations, etc.
- 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
- 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.
- 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.
- 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
- Tariffs are subject to revision
- Kindly check your billing status on day to day basis at IP Billing Department.
- Additional Charges on package are applicable for Non-working hours and Non-working days (sundays and public holidays)

DECLARATION

I _____ 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: [Signature] Signatory Relationship: Husband Signature of the financial Counselor: [Signature]

HNH-00015208 IP26-00006568

Mrs SAMIKSHA JAISWAL
25-09-2001 24 Y 8 M 18 D (F)
Dr. SWAPNA SAMUDRALA



SURGERY DETAILS

Date : 12-06-26

Patient Name: Mrs. Samiksha Jaiswal Date of Birth: 25-09-2001 Age: 24 Yrs.

Gender: Female Ward : OT-11 UHID No.: HNH-00015208

Date of Surgery: 12-06-26 OT-1 OT-2 OT-3 OT-4 OBG OT-1 OBG OT-2

Name of the Surgery : Emergency LSCS + SA

Time in : 2:36 pm

Time Out : 3:15 pm

	NAME	AMOUNT
1. Surgeon	Dr. Swapna samudrala	
2. Anaesthetist	Dr. Ayesha	
3. Assistant Surgeon	Dr. Venu	
4. OT Technician	Br. Arvind	
5. Circulating Nurse	Sr. Natasha Karuna	
6. Assistant Nurse	Sr. Archana	

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

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 26-00002062-85

Order by: Archana 12/6/26 @ 16:39 pm



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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.
040-48873000, info@rainbowhospitals.in



ELECTRONIC MEDICINE PRESCRIPTION

MRN	: HNH-00015208	Name	: Mrs SAMIKSHA JAISWAL
Age / Sex	: 24 Y 8 M 18 D / Female	Doctor	: SWAPNA SAMUDRALA
Admission Date/Time	: 12/06/2026 12:57	Payor	: SELFPAY
Order Date	: 12/06/2026 15:24	Ordernumber	: 26-0000206267
Visit ID	: IP26-00006568	Ward/Bed No	: 4F -OT / PDA-413
Patient Address	: 11-6-454 nampally, Agapura, Hyderabad, Telangana, INDIA, 500001		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	SUPRIDOL SUPPOSITORIES 100 MG 5 S		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
2	DSYRINGE 5ML.(NIPRO)	SYRINGE 5ML	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
3	DSYRINGE 10ML (NIPRO)	SYRINGE 10ML	1 Nos	External / Once Daily	1 Days		3 Nos	Dispensed
4	DSYRINGS 2.5ML.(NIPRO)	SYRINGE 2ML	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
5	RL 500 ML CLOSED SYSTEM	RINGER LACTATE 500ML CLOSED	1 Bottle	/ Once Daily	2 Days		2 Bottle	Dispensed

SWAPNA SAMUDRALA

Reg No : 69924

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Note

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ELECTRONIC MEDICINE PRESCRIPTION

MRN : HNH-00015936 Name : Baby Of SAMIKSHA JAISWAL
 Age Sex : 0 Y 0 M 0 D 1 H / Male Doctor : DILNAAZ FAROOQUI
 Adm/Reg Date/Time : 12/06/2026 15:27 Payor : SELFPAY
 Order Date : 12/06/2026 16:22 Ordernumber : 26-0000206280
 Visit ID : IP26-00006569 Ward/Bed No : 4F -OT / CRDL-HNPDA-413-1
 Patient Address : 11-6-454 nampally, Agapura, Hyderabad, Telangana, INDIA, 500001

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	Ordered
2	EASYCLOT-K1 1MG INJ 0.5 ML		1 Nos	Injection / 10 AM	1 Days		1 Nos	Ordered
3	CORD CLAMP-ALPHAMEDIQARE		1 Nos	External / 10 AM	1 Days		1 Nos	Ordered
4	DSYRINGE 1ML (NIPRO)	SYRINGE 1ML	1 Nos	External / Once Daily	1 Days		2 Nos	Ordered

DILNAAZ FAROOQUI

Reg No : 56763

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ELECTRONIC MEDICINE PRESCRIPTION

MRN : HNH-00015208 Name : Mrs SAMIKSHA JAISWAL
 Age / Sex : 24 Y 8 M 18 D / Female Doctor : SWAPNA SAMUDRALA
 Adm/Rog Date/Time : 12/06/2026 12:57 Payor : SELFPAY
 Order Date : 12/06/2026 15:24 Ordernumber : 26-0000206266
 Visit ID : IP26-00006568 Ward/Bed No : 4F -OT / PDA-413
 Patient Address : 11-6-454 nampally, Agapura, Hyderabad, Telangana, INDIA, 500001

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	PENCAN 25G*3 1 2	PENCAN 25G*3 1 2	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
2	VICRYL 1-0 VP 2346	VICRYL 1-0 VP 2346	1 Nos	/ Once Daily	2 Days		2 Nos	Dispensed
3	MONOCRYL 3-0 NW 1326	MONOCRYL 1326	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
4	SGLOVE # 6.5 (SURGICARE)	SURGICAL GLOVES 6.5	1 Nos	External / Once Daily	1 Days		4 Nos	Dispensed
5	PREGELLED SURGICAL PLATES(ADULT)	PREGELLED PLATED ADULT	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
6	SGLOVE # 6 (SURGICARE)	SURGICAL GLOVES 6.0	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
7	JUSTIN SUPPOSITORIES 100 MG 5 S		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
8	CAUTERY PENCIL (ADVANCE)	CAUTERY PENCIL (ADVANCE)	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
9	SURGICAL BLADE 22	SURGICAL BLADE 22	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
10	LSCS DRAPE PACK (PROTECTCARE)		1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
11	ENCORE MICROPTIC GLOVES-S PF		1 Nos	External / Once Daily	1 Days		3 Nos	Dispensed
12	TRUGUT CHROMIC CATGUT SN4242	TRUGUT CHROMIC CATGUT SN4242	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
13	VICRYL 1-0 NW 2364	VICRYL 1-0 NW 2364	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
14	DSYRINGE 1ML (NIPRO)	SYRINGE 1ML	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
15	BUPIVACAIN HEAVY 80MG INJ 4ML	BUPIVACAINE 80MG INJ	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
16	MEZOLAM INJ 5 MG 5 ML		1 Vial	External / Once Daily	1 Days		1 Vial	Dispensed
17	BIOXAMIC 500 MG INJ		1 Nos	/ Once Daily	2 Days		2 Ampule	Dispensed
18	MISOPROST TAB 200MCG 4S		1 Tabs	External / Once Daily	1 Days		4 Tabs	Dispensed
19	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
20	SPINAL NEEDLE 25	SPINAL NEEDLE 25G	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
21	E.C.G ELECTRODES (ADULT)	ELECTRODES ADULT	1 Nos	External / Once Daily	1 Days		3 Nos	Dispensed
22	EVATOCIN (OXYTOCIN) INJ 5 IU 1 ML		1 Vial	External / Once Daily	1 Days		4 Vial	Dispensed

SWAPNA SAMUDRALA

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ELECTRONIC MEDICINE PRESCRIPTION

MRN : HNH-00015208 Name : Mrs SAMIKSHA JAISWAL
Age / Sex : 24 Y 8 M 18 D / Female Doctor : SWAPNA SAMUDRALA
Adm/Reg Date/Time : 12/06/2026 12:57 Payor : SELFPAY
Order Date : 12/06/2026 16:16 Ordernumber : 26-0000206278
Visit ID : IP26-00006568 Ward/Bed No : 4F -OT / PDA-413
Patient Address : 11-6-454 nampally, Agapura, Hyderabad, Telangana, INDIA, 500001

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	HAND CARE GLOVE	HAND CARE GLOVE	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
2	DISPOSABLE APRONS STERILE XL	DISPOSABLE APRON STERILE XL	1 Nos	/ Once Daily	4 Days		4 Nos	Dispensed
3	BACTOPREP SOLUTIONS 100 ML	CHLORHEXIDINE GLUCONATE2% &ALCOHOL.80% 500	1 mL	/ Once Daily	2 Days		2 Nos	Dispensed
4	ADULT DIAPERS-XXL		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
5	MOPS 30X30 8PLY 5S X-RAY	MOPS 30X308 PLYDATT	1 Nos	/ Once Daily	2 Days		2 Nos	Dispensed
6	GAUZE 7.5X7.5 12 PLY (5 NOS)	GAUZE 7.5X7.5 12 PLY 5 NOS	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
7	ABGEL SURGI PAD (BIG) (GELSPON)	ABGEL	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
8	VACCUME SUCTION SET	VACCUME SUCTION SET	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
9	COTTON BALLS 2 GM 5 NOS	COTTON BALLS 2G- 5 NOS	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed

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Age / Sex : 24 Y 8 M 18 D / Female Doctor : SWAPNA SAMUDRALA
Adm/Reg Date/Time : 12/06/2026 12:57 Payor : SELFPAY
Order Date : 12/06/2026 16:16 Ordernumber : 26-0000206278
Visit ID : IP26-00006568 Ward/Bed No : 4F -OT / PDA-413
Patient Address : 11-6-454 nampally, Agapura, Hyderabad, Telangana, INDIA, 500001

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	HAND CARE GLOVE	HAND CARE GLOVE	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
2	DISPOSABLE APRONS STERILE XL	DISPOSABLE APPRON STERILE XL	1 Nos	/ Once Daily	4 Days		4 Nos	Dispensed
3	BACTOPREP SOLUTIONS 100 ML	CHLORHEXIDINE GLUCONATE2% &ALCOHOL80% 500	1 mL	/ Once Daily	2 Days		2 Nos	Dispensed
4	ADULT DIAPERS-XXL		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
5	MOPS 30X30 8PLY 5S X-RAY	MOPS 30X308 PLYDATT	1 Nos	/ Once Daily	2 Days		2 Nos	Dispensed
6	GAUZE 7.5X7.5 12 PLY (5 NOS)	GAUZE 7.5X7.5 12 PLY 5 NOS	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
7	ABGEL SURGI PAD (BIG) (GELSPON)	ABGEL	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
8	VACCUME SUCTION SET	VACCUME SUCTION SET	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
9	COTTON BALLS 2 GM 5 NOS	COTTON BALLS 2G- 5 NOS	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed

SWAPNA SAMUDRALA

Reg No : 69924

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ELECTRONIC MEDICINE PRESCRIPTION

MRN : HNH-00015208 Name : Mrs SAMIKSHA JAISWAL
Age / Sex : 24 Y 8 M 18 D / Female Doctor : SWAPNA SAMUDRALA
Adm/Reg Date/Time : 12/06/2026 12:57 Payor : SELFPAY
Order Date : 12/06/2026 16:16 Ordernumber : 26-0000206277
Visit ID : IP26-00006568 Ward/Bed No : 4F -OT / PDA-413
Patient Address : 11-6-454 nampally, Agapura, Hyderabad, Telangana, INDIA, 500001

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	POVINANZ SOLUTION 10% 100 ML		1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
2	UNDERPADS 60X90 BUTTERFLY		1 Nos	External / 10 AM	1 Days		2 Nos	Dispensed
3	SURGEON CAP(FEMALE)	FEMALE CAP	1 Cap	External / Once Daily	1 Days		10 Cap	Dispensed
4	FACE MASK 3 LAYER - ELASTIC	FACE MASK 3 LAYER	1 Nos	External / Once Daily	1 Days		10 Nos	Dispensed
5	NITRILE EXAMINATION GLOVES P F- MEDIUM	NITRILE GLOVES M	1 Nos	External / Once Daily	1 Days		20 Nos	Dispensed

SWAPNA SAMUDRALA

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Printed Date/Time : 12/06/2026 16:28

Printed By : SUNKARI SANGEETHA

Page 1 of 1

Name Mrs SAMIKSHA JAISWAL **UHID** HNH-00015208
Father/Guardian Mr ABHISHEK JAISWAL **Age/Gender** 24 Y 8 M 18 D/ Female
Address 11-6-454 nampally, Agapura, Hyderabad, Telangana, INDIA, 500001
IP No IP26-00006568 **Admission Date** 12-06-2026
Ref Doctor Self.
Discharge Date 17.06.2026

DISCHARGE SUMMARY

Consultant:

Dr. SWAPNA SAMUDRALA
MBBS, MS (OBG)
69924

Diagnosis: G2A1 AT 37+4 WEEKS WITH OLIGOHYDRAMNIOS WITH FETAL GROWTH RESTRICTION STAGE 1 WITH PREMATURE RUPTURE OF MEMBRANES FOR DELIVERY

EMERGENCY LOWER SEGMENT CAESAREAN SECTION DONE ON 12.06.2026

History:

LMP: 22/09/26
EDD: 29/06/26

Obstetric formula: G2A1
Gestation at admission: 37⁺⁴ weeks

Name	Mrs SAMIKSHA JAISWAL	UHID	HNH-00015208
IP No	IP26-00006568	Admission Date	12-06-2026

Obstetric History:

G1 - 2025 - Missed miscarriage at 6 weeks, MERPC done

G2 - Present pregnancy, Spontaneous conception.

Medical History: Nil

Family History: Nil

Surgical History: Nil

Allergies: Nil

Antenatal Details:

Mrs SAMIKSHA JAISWAL was booked to Rainbow hospital at 21+4 weeks of gestation. She had regular antenatal checkups and investigations as advised. NT + Double marker : Low risk . TIFFA was Normal. Growth Scan done at 31w3d showed AGA fetus (EFW 1805 gms / 58%) with Normal AFI with UAD normal. Growth Scan (29.05.2026) - SLF, Cephalic, EFW 2352 gm (15 % / AC 3%) , Placenta Anterior /High, Liquor Adequate, AFI 11.4 cm, UAD normal. Fetal monitoring was done by serial growth scan. Growth Scan (12.06.2026) - SLF at 37+4 weeks , Cephalic, EFW 2548 gm (8 % / AC < 1 %) s/o FGR stage 1 , Placenta Anterior /High, Liquor Reduced, AFI 7.2 cm, UAD normal. Couple and attender counselled regarding scan findings (FGR, Oligohydramnios) with PROM and decision for Emergency LSCS was taken. She was admitted at 37+4 weeks with PROM with oligohydramnios for Emergency LSCS.

Investigations: Enclosed

Blood Group : "AB" Positive

Management:

Name	Mrs SAMIKSHA JAISWAL	UHID	HNH-00015208
IP No	IP26-00006568	Admission Date	12-06-2026

Course in hospital and Delivery Details:

At admission on clinical examination the vitals were stable, uterus was relaxed, Cx Long, Os closed, post, minimal leak +, HVS Taken. Fetal well being was confirmed by an admission NST which was found to be reactive. As per hospital protocol she was started on IV. Taxim in view of ruptured membranes. She was decided for Emergency C- section in view of Oligohydramnios with FGR stage 1, prepared 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. Patient shifted to theatre.

Surgery Notes:

Under spinal anesthesia she was painted and draped as per hospital protocol. 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. 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 400 mcg given per rectum as prophylaxis against Postpartum hemorrhage. Patient was shifted out of theatre to post operative recovery room.

- * **Scanty liquor**
- * **Thin cord.**

Name	Mrs SAMIKSHA JAISWAL	UHID	HNH-00015208
IP No	IP26-00006568	Admission Date	12-06-2026

Delivery Details :

Date : 12.06.2026
Time of Delivery: 02:48Pm
Type of Delivery: Emergency lower segment cesarean section
Indication : Oligohydramnios with FGR stage 1
Anaesthesia : Spinal

Baby Details:

Date : 12.06.2026
Time of Delivery: 02:48Pm
Sex : Male
Weight : 2.80Kg
Apgar : 8,10
Gestational Age: 37+4 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. 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.

Name Mrs SAMIKSHA JAISWAL UHID HNH-00015208
IP No IP26-00006568 Admission Date 12-06-2026

Advice:

1. Tab. Taxim O 200mg twice daily till 18.06.2026. (9am-9pm) after food.
2. Tab. Calpol 500mg (Paracetamol 500mg) (2tabs) thrice daily till 16.06.2026 (8am-2pm-10pm) after food.
3. Tab. Voveran 50 mg (Diclofenac 50mg) thrice daily till 16.06.2026 (9am-3pm-11pm) after food.
4. Tab. Pantop 40mg twice daily till 18.06.2026 (7am-7pm) before food.
5. Tab. Livogen (Elemental Iron - 50mg, folic acid 1.5mg) once daily (7am) for three months before breakfast.
6. Tab. Shelcal (Elemental Calcium 500 mg, Vitamin D3 250 IU) once daily (2pm) till breast feeding for after food.
7. Nebasulf Powder for local application.

T. linezolid 600mg po BD x 5days.

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. SWAPNA SAMUDRALA**, after **2 weeks** on **01.07.2026** at Rainbow Children's Hospital with prior appointment (**Review consultation will be charged**).

For Women Who Have Had a Caesarean Section

Care of the wound:

1. You can bath and shower.

Name	Mrs SAMIKSHA JAISWAL	UHID	HNH-00015208
IP No	IP26-00006568	Admission Date	12-06-2026

- 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


Registrar/Resident/C.M.O

Consultant:

Dr. SWAPNA SAMUDRALA
MBBS, MS (OBG)
69924




HNH-00015208 IP26-00006568
 Mrs SAMIKSHA JAISWAL
 25-09-2001 24 Y 8 M 22 D (F)
 Dr. SWAPNA SAMUDRALA



DEFICIENCY CHECK LIST OF CASE SHEET

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

PATIENT TRANSFER FORM

Patient Name & UHID No. HNH-00015208 IP26-00006568 Mrs SAMIKSHA JAISWAL 25-09-2001 24 Y 8 M 18 D (F) Dr. SWAPNA SAMUDRALA 		Date & Time of Admission 12/6/26 @ 12:57pm	Date & Time of Transfer Order 12/6/26 @
		Transfer Ordered by Dr. Swapna	Reason for Transfer OBH
From Unit pre & post	To Unit (308)	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File 30	Number of Imaging Films NIL	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what ?	

Medications / Consumables / Surgicals / Hand over

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

Shifting Summary / Notes Written by Doctor : Yes No

Name & Signature of Person who is Transferring Madhumita @ Madhu	Name of Person Ordered Transfer Dr. Swapna
---	---

Patient & Clinical Records Received by :

Date & Time of Patient Received :

@ 7:20 PM, 12/6/26

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

Unavailable Bed

Nurse not Available

Available Bed not ready

ADMISSION SHEET

Registration Details :



Admission No : IP26-00006568 Admit Date : 12-Jun-2026 Admit Time : 12:57 PM UHID : HNH-00015208

Patient Details :

Patient Name	: Mrs SAMIKSHA JAISWAL	Age	: 24 Y 8 M 18 D
Guardian	: Mr ABHISHEK JAISWAL	DOB	: 25-09-2001
Gender	: Female	Religion	:
Occupation	:	Martial Status	:
Address (H)	: 11-6-454 nampally Agapura Hyderabad Telangana INDIA 500001	Phone No	: 8639762994
		E-mail	: na@gmail.com

Admission Details :

Bed Type : TWIN SHARING Bed No : PDA-413 Ward Name : 4F -OT
Room No : PDA-413 Admission Type : First Visit

Contact Details :

Name	: Mr ABHISHEK JAISWAL	Relationship	: Husband
Contact Address	: 11-6-454 nampally Agapura Hyderabad Telangana INDIA 500001	Phone No	: 8639762994

Abhishek Jaiswal
Signature

Doctor Details :

Doctor Name	: Dr. SWAPNA SAMUDRALA	Specialisation	: OBSTETRICS AND GYNECOLOGY
Referral Doctor	: Self.	Phone No	:
Co-Consultant	:		

Payment Details :

Payment Mode	: DC/CC Card	Deposit Amount	: 80000.00
		Payor Name	: SELFPAY

ACTIVITY RECORD FOR BILLING

Name: ----- HNH-00015208 IP26-00006568 -----
 Mrs SAMIKSHA JAISWAL
 UHID No : ----- 25-09-2001 24 Y 8 M 18 D (F) ----- Consultant : ----- Dept : -----
 Dr. SWAPNA SAMUDRALA
 Date of Admissi ----- Date of Discharge : ----- Time: -----
 Room / Bed No : ----- Ward : ----- Suggested Billable bed type : -----



WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
12/6	2:20pm	PREPOST	(OT)	<i>[Signature]</i>
12/6/26	4pm	OT	(Pre-Post)	<i>[Signature]</i>
12/6/26	2:13pm	LDR	FLOOR	<i>[Signature]</i>

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	Dr. S. Tejaswini	13/6/26	6473	<i>[Signature]</i>
2.				
3.	<i>cross checked done by Dr. Sujin</i>			
4.				<i>[Signature]</i>
5.				
6.				
7.				
8.				
9.				
10.				

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
12/16	placement	(10)	6232	[Signature]
12/16	cotharization	(1)		[Signature]
12/16	PAC	(1)		6231
<i>cross checked done</i>				
12/16/25	NHA	(1)	6414	[Signature]
<i>cross checked done by [Signature]</i>				

ANY OTHER INFORMATION

.....

.....

.....

.....

.....

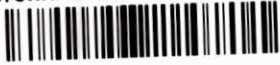
.....

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
-------------	--------------	-------------------	--------------------



IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

clb PV leak : yesterday
 10pm, On and off.

Obstetric Formula:

G2A1, ML: April 2025

Obstetric History:

1st: 2025, missed miscarriage @
 6wks, MERPC done.
 2nd: PP, Spont. Conception.

Present Pregnancy Record:

NT - (N) FTS - low risk,

IPFA - (N), OGTT - (N)

RISK FACTORS:

Oligohydramnios
 PV leak : 15 hrs.

Height: 157 cm

Weight: 89.9 kg

Allergies: Nil

Breast: Normal Abnormal

General Examination:

Consciousness: clc

Pallor: No

Icterus: No

Edema: No

Temp: Afebrile

PR: 89 bpm

BP: 115/73 mmHg

DTR: (N)

CVS: SIS (no movement)

RS BCLNURS (P)

Liver/Spleen: (N)

Urine Output: Adequate

LMP: 22/9/2025

EDD: 29/6/2026

Corrected EDD: 29/6/2026

GA: 37w 4days

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

NT

Draining: Present Absent Bleeding

Colour of Liquor: Clear Meconium Blood Stained

Vaginal Examination

Cervix: Long Partially effaced Effaced

Os: Closed Dilated min leak

Membranes: Present Absent

Liquor: Clear Meconium Blood Stained

Presenting Part: Vertex Breech Others

Sutton: -3 -2 -1 0 +1 +2

Pelvis: Adequate Doubtful

DIAGNOSIS

G2A1 with 37w 4days POG with
 Oligohydramnios with FGR - stage I with
 in latent labour.



Family History: <p style="text-align: center;">Nil.</p>	Surgical History: <p style="text-align: center;">Nil.</p>
Medical History: <p style="text-align: center;">Nil</p>	Medication History: <p style="text-align: center;">T. IRON T. CALCIUM</p>
Plan of Care: <p style="text-align: center;">Admission NST Pains preparation Informed Consent iv & drugs as charted PAC. paediatrician call. Foley's catheterisation Monitor Vitals Strict FHR monitoring 2hrly Inform SOS</p>	Investigations: <u>BGT AB positive</u> <u>CBP (12/6/2026)</u> Hb - 10.8 HIV TLC - 9.98 HbsAg } NR plt - 3.76 HCO PCV - 30.9 VDRL } <u>USG (12/6/2026)</u> SLIUF, 37w 4days Cephalic. AFI - 7.2cm. placenta - Ant. high. EFW - 2548gm (8%) AC - < 1% FGR - stage - 1 Doppler - at Artery - ↑ resistance

Doctor Name: Dr. Naveena
 Signature: [Signature]
 Date & Time: 12/06/2026 @ 1:00pm.

Dr. Swapna Samudrala
 Consultant Obstetrician & Gynecology
 Reg. No. 6992

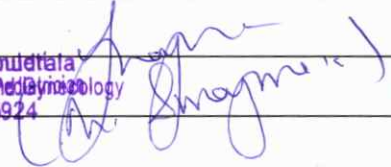
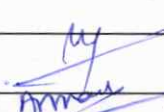
Consultant Name: Dr. Swapna-S
 Signature: [Signature]
 Date & Time: 12/06/2026 @ 1:00pm.

HNH-00015208 IP26-00006568
 Mrs SAMIKSHA JAISWAL
 25-09-2001 24 Y 8 M 18 D (F)
 Dr. SWAPNA SAMUDRALA

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

BirthRight™
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/6/26 4:10 pm	Pos-0 (P.L. / Pos-0) ⁱⁿ No comp O/c - G. Gan Upbeat	Adv - ABOM x 6 hrs - W/P / analgesia / Thromboprophylaxis
Baby - null	D. Lat - 992 EA PR - 80/55 72 bpm.	- ASD v
V/D → 200ml Check	B.P - 94/65 mmHg P/A - ut well retracted LIE - MAR	- Drugs as charted - monitor vitals 1/2 hly - W/P excessive PU bleeding
		- No chart - Jayer 80s
	<p>Dr. Swapna Samudrala Consultant Obstetrics and Gynecology Reg. No. 69924</p>	<p>Dr. Swapna Samudrala Consultant Obstetrics and Gynecology Reg. No. 69924</p> 
12/6/2026 7pm	C/S 1b Dr Mansha Pos-0	Adv
Baby MS	AC - For Apnoea vitals stable P/A ut well retracted BS - (+) PV - Bleedy wnc U/S - BS 50cm	<p>Allow sips > 9:30 pm W/P / Analgesia / Thromboprophylaxis as per Axm Drugs as charted W/P vitals 900 Foley's removed @ 6 AM Clm Shift to Room Infirm Sn NB. Maitushi @ 9:30 pm</p> 



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/6/2016	Ces1b @ Manu	
7:45 AM		
	CC - Per Afebrile vitals stable	Adv Soft Regular Diet / Adeq Hydration
<u>Bms</u>	PIA ut well retracted	- Drops as charted
	BS ⊕	- w/o vitals & BP
cut	R Bleedy wave	+ Ambulation
FV		+ Inform S/O
set	No complaints	- Encourage to void
13/6/20	<u>Pos. I</u>	Adv Regular Diet / Adeq Hydration Drops as charted monitor vitals Ambulation Inform S/O R/O Clearance @ 11 PM today Oral Abx c/m.
11:00 PM	NO comp O/E - G. I. Jan Afebrile Vitals - ⊕ P/A - ut well retracted Sp. Bst. ME - MAB	Adv Regular Diet / Adeq Hydration Drops as charted monitor vitals Ambulation Inform S/O R/O Clearance @ 11 PM today Oral Abx c/m.
Baby - well		
Wife ✓		
Aster ✓		
Smok x		
		Adv Regular Diet / Adeq Hydration Drops as charted monitor vitals Ambulation Inform S/O R/O Clearance @ 11 PM today Oral Abx c/m.
		Adv Regular Diet / Adeq Hydration Drops as charted monitor vitals Ambulation Inform S/O R/O Clearance @ 11 PM today Oral Abx c/m.
		Adv Regular Diet / Adeq Hydration Drops as charted monitor vitals Ambulation Inform S/O R/O Clearance @ 11 PM today Oral Abx c/m.
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		Adv Regular Diet / Adeq Hydration Drops as charted monitor vitals Ambulation Inform S/O R/O Clearance @ 11 PM today Oral Abx c/m.

Dr. Swapna Samudrala
 Consultant Obstetrics and Gynecology
 Reg. No: 69924

N/B Sunanda



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	<u>C/S/B D.Dug</u>	
13/6/2026	POD-1	<u>Adv</u>
7:30pm	AC Fair	- Soft diet
	Afebrile	- Adequate hydration
	Vitals - Normal.	- Drugs as charted
	P/A Uterus Retracted	- Ambulation
	well	- Monitor vitals
	L/E NAB	- w/f P/V bleed
		- Inform sos
	<u>C/S/B D.Dug</u>	
14/6/2026	<u>POD-2</u>	<u>Adv</u>
7:30AM	AC Fair	- Soft diet
	Afebrile	- Adequate hydration
	Vitals - (N)	- Drugs as charted
	P/A Uterus Retracted	- Ambulation
	well	- Monitor vitals
	L/E NAB	- w/f P/V bleed
		- Inform sos
		NB - Monitor @ 8AM.

HNH-00015208 IP26-00006568
 Mrs SAMIKSHA JAISWAL
 25-09-2001 24 Y 8 M 19 D (F)
 Dr. SWAPNA SAMUDRALA



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/06/2026		
12.50pm	cls by Dr. Naveena	
	POD-2	
	OLE GC-fair	Ado.
	Afebrile Sp	Regular diet
	Vitals - stable	Adequate hydration
	PA: soft, NT	drug s as charted
	ut. well retracted	w/lf PV bleeding
	Dressing: dry & clean	Ambulation
	UE: PV bleeding w/lf	Monitor Vitals
	Baby: Mother's side	- Infam SCs
		sterizone dressing
		TLM
		NB: Mouthwash @ 1pm
	Dr. Naveena	
14/06/2026	cls by Dr. Naveena	
7.20pm	POD-2	Ado
	OLE GC-fair	Regular diet
	Afebrile	Adequate hydration
	Vitals - stable	drug s as charted
	PA: soft, NT	w/lf PV bleeding
	ut. well retracted	Ambulation
	Dressing: dry & clean	sterizone dressing
	UE: PV bleeding w/lf	TLM

Babu: MS @ Dr. Naveena
 NB - Supp.



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/6/2026 8:10am	C/S/b Dr Monaha	
	GC - Fair Afebrile	<u>Adv</u>
<u>Baby well</u>	vitals stable PIA ut well retracted	✓ Regular Diet / Adeq + Hydrate ✓ Drugs as charted
	BS (+)	✓ Wf vitals 9 2urs BPV.
uv	PV Bleeding well	✓ Ambulation
sv		✓ Exclusive Breast Feeding
		✓ Inform SWD
		<p style="text-align: right;"><u>Dr. Monaha</u></p>
15/6/26	POD - III	NIB - Supriya M
1:10 pm	NO cone	8:47AM @ 15/6/26
	O/E - G.C. Jani	<u>Adv</u>
	afebrile	✓ Regular Diet
	Vitals - @	✓ Oral Hydration
Baby well on phototherapy	PIA - ut well retracted	✓ Ambulation
Sho b -	wound - (+)	✓ Drugs as charted
	Dressing wound can ✓	✓ monitor vitals
		✓ Inj on Soc
Can be discharged		<p style="text-align: right;">Dr. Swapna Samudrala Consultant Obstetrics and Gynecology Reg. No: 69924 <u>Dr. Swapna S</u></p>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<u>15/6/26</u>	<u>C/S/B Dr. Durg</u>	
<u>9pm</u>	POD 3 3	<u>Adv</u>
Baby & Mother.	GC Fair - Afebrile vitals stable P/A URW P/E NAB	<ul style="list-style-type: none"> - Regular diet - Drugs as charted - Ambulation - Adequate hydration - Monitor vitals
U ✓ F ✓ S ✓	HVS - Enterococcus faecalis (+)	<ul style="list-style-type: none"> - Infirm sos - w/f p/v bleed
<u>16/6/26</u>	<u>C/S/B Dr. Durg</u>	
<u>8am</u>	POD - 4	<u>Adv</u>
Baby & Mother.	GC Fair, Afebrile vitals stable. P/A uterus retracted well	<ul style="list-style-type: none"> - Regular diet - Drugs as charted - Ambulation - Adequate hydration - w/f p/v bleed
U ✓ S ✓ F ✓	P/E - NAB	<ul style="list-style-type: none"> - Monitor vitals - Infirm sos
		N/B Suprin @ 8A

HNH-00015208 IP26-00006568

Mrs SAMIKSHA JAISWAL
25-09-2001 24 Y 8 M 18 D (F)
Dr. SWAPNA SAMUDRALA



DRUG CHART

Date of Admission: 12/16/26 Drug Allergies: WADA 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-00015208 IP26-00006568
 Mrs SAMIKSHA JAISWAL
 25-09-2001 24 Y 8 M 18 D (F)
 Dr. SWAPNA SAMUDRALA



Sheet No:

REGULAR PRESCRIPTIONS

Weight 90kg Ward

DRUG :				Date				
Dose	Route	Frequency	Start Dt.	Time				
INJ. METRONIDAZOLE				12/6/20	9 AM			
500mg	IV	TID	12/6/20	9 AM	X			
Name & Signature of the Doctor Starting the Drugs:				9 AM				
Additional Instructions:				11 AM				
Daily Doctor's Endorsement by a Sign				2				
TAB PANTOPRAZOLE				12/6/20				
40mg	P/O	OD	13/6					
Name & Signature of the Doctor Starting the Drugs:								
Additional Instructions:								
Daily Doctor's Endorsement by a Sign				2				
T. PARACETAMOL.				13/6/20				
1g	P/O	TID	13/6/20	11 AM				
Name & Signature of the Doctor Starting the Drugs:				11 AM				
Additional Instructions:				11 PM				
Daily Doctor's Endorsement by a Sign				2				
T. DICLOFENAC.				13/6/20				
50mg	P/O	BD	13/6/20	10 AM				
Name & Signature of the Doctor Starting the Drugs:				10 AM				
Additional Instructions:								
Daily Doctor's Endorsement by a Sign				2				

Verified by
 Dr. Dhakshayani
 Signature
 Verified by
 Dr. Dhakshayani
 Name
 Verified by
 Dr. Dhakshayani



Sheet No:

REGULAR PRESCRIPTIONS

Weight 9.0kg Ward

DRUG : T TRAMADOL.				Date Time	13/6	14/6	15/6	16/6															
Dose	Route	Frequency	Start Dt.																				
100mg	PO	BD	13/6/26	100mg																			
Name & Signature of the Doctor Starting the Drugs:				[Signature]																			
Additional Instructions:				10pm ✓																			
Daily Doctor's Endorsement by a Sign				[Signature]																			
DRUG : T CEFIXIME				Date Time	14/6	15/6	16/6																
Dose	Route	Frequency	Start Dt.																				
200mg	PO	BD	14/6	200mg																			
Name & Signature of the Doctor Starting the Drugs:				[Signature]																			
Additional Instructions:				10pm ✓																			
Daily Doctor's Endorsement by a Sign				[Signature]																			
DRUG : Tab LINEXOLID				Date Time	15/6	16/6	17/6																
Dose	Route	Frequency	Start Dt.																				
600mg	PO	BD	15/6/26	600mg																			
Name & Signature of the Doctor Starting the Drugs:				[Signature]																			
Additional Instructions:				for 5 days ✓																			
Daily Doctor's Endorsement by a Sign				[Signature]																			
DRUG :				Date Time																			
Dose	Route	Frequency	Start Dt.																				
Name & Signature of the Doctor Starting the Drugs:																							
Additional Instructions:																							
Daily Doctor's Endorsement by a Sign																							

Verified by
 Dr. Dhakshayani

Verified by
 Dr. Dhakshayani

Signature
 Name

HNH-00015208 IP26-00006568
 Mrs SAMIKSHA JAISWAL
 23-09-2001 24 Y 8 M 18 D (F)
 Dr. SWAPNA SAMUDRALA

Weight. 90kg Ward.



Date > Time	Nurse Sig.	Nurse Sig.	Nurse Sig.	Nurse Sig.
<u>13/6/26</u>		<u>14/6/26</u>		<u>15/6/26</u>

DRUG : <u>Inj ENOXAPARIN 40mg</u>		Dose		Dose		Dose		Dose	
Route		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
<u>slc</u>	Start Date	Dose		Dose		Dose		Dose	
	<u>13/6/26 11pm</u>	Dr. Sign.	<u>[Signature]</u>	Dr. Sign.	<u>[Signature]</u>	Dr. Sign.	<u>[Signature]</u>	Dr. Sign.	<u>[Signature]</u>
Name & Signature of the Doctor		Dose		Dose		Dose		Dose	
<u>[Signature] (11pm)</u>		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Additional Instructions:		Dose		Dose		Dose		Dose	
<u>after Obggy review</u>		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
<u>12/6</u>	<u>1:35pm</u>	<u>Inj PANTOPRAZOLE</u>	<u>40mg</u>	<u>IV</u>	<u>[Signature]</u>	<u>[Signature]</u>
<u>12/6</u>	<u>1:40pm</u>	<u>Inj METOCLOPRIMIDE</u>	<u>10mg</u>	<u>IV</u>	<u>[Signature]</u>	<u>[Signature]</u>
<u>12/6</u>	<u>2:48pm</u>	<u>Inj OXYTOCIN</u>	<u>3U</u>	<u>IV</u>	<u>[Signature]</u>	<u>[Signature]</u>
<u>12/6</u>	<u>2:50pm</u>	<u>Inj OXYTOCIN</u>	<u>6IU in 500ml RL</u>	<u>IV</u>	<u>[Signature]</u>	<u>[Signature]</u>
<u>12/6</u>	<u>2:55pm</u>	<u>Inj-TRANEXAMIC ACID</u>	<u>1gm</u>	<u>IV</u>	<u>[Signature]</u>	<u>[Signature]</u>
<u>12/6</u>	<u>4pm</u>	<u>DICLOFENAC Suppository</u>	<u>100ug</u>	<u>PR</u>	<u>[Signature]</u>	<u>[Signature]</u>
<u>12/6</u>	<u>4pm</u>	<u>TRANAPOL Suppository</u>	<u>100mg</u>	<u>PR</u>	<u>[Signature]</u>	<u>[Signature]</u>
<u>13/6</u>	<u>11pm</u>	<u>DULCOLAX Suppository</u>	<u>1tab</u>	<u>PR</u>	<u>[Signature]</u>	<u>[Signature]</u>
<u>16/6</u>	<u>10pm</u>	<u>DULCOLAX Suppository</u>	<u>1tab</u>	<u>PR</u>	<u>[Signature]</u>	<u>[Signature]</u>

Verified by
 Dr. Dhakshayani

Signature

VERIFIED BY : Name

Verified by

Dr. Dhakshayani

I.V. FLUIDS CHART

Weight. 90kg Ward.



VERIFIED BY : Name Signature

Date	Time	Position 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
12/6	10am	RINGER LACTATE	IV	100ml	✓	(Signature)	12/6	(Signature)	(Signature)
12/6	2:50pm	RINGER LACTATE	IV	500ml/hr	(Signature)	(Signature)	12/6	(Signature)	(Signature)
12/6	3pm	RINGER LACTATE	IV	100ml/hr	(Signature)	(Signature)	12/6	(Signature)	(Signature)
12/6	5pm	RINGER LACTATE	IV	100 ml/hr	✓	(Signature)	12/6	(Signature)	(Signature)
12/6	6am	RINGER LACTATE	IV	100 ml/hr	✓	(Signature)	13/6	(Signature)	(Signature)
13/6	11pm	RINGER LACTATE	IV	100 ml/hr	✓	(Signature)	13/6	(Signature)	(Signature)
13/6	5am	RINGER LACTATE	IV	100 ml/hr	✓	(Signature)	13/6	(Signature)	(Signature)
Stop by <u>Dr. Swapna</u>									

HNH-00015208 IP26-00006568
 Mrs SAMIKSHA JAISWAL
 25-09-2001 24 Y 8 M 18 D (F)
 Dr SWAPNA SAMUDRALA



309

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

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

RESULT SHEET

Date	12/6				
Time	1.16pm				
Hb	10.8				
PCV	30.9				
RBC	3.67				
WBC	9.98				
N/L	73.7/16.2				
Platelets	326				
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					

HNH-00015208 IP26-00006568
 Mrs SAMIKSHA JAISWAL
 25-09-2001 24 Y 8 M 18 D (F)
 Dr. SWAPNA SAMUDRALA

Patient S



Early Warning Observation Score Chart - Obstetrics

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

13/6/28		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		
	0 - 10																											
Saturations	94 - 100 %			99%			99%				99%				99%					99%						99%		
	< 94 %																											
Administered O ₂ (L/min.)																												
Temp °C	40																											
	39																											
	38																											
	37																											
	36			98.5F			98.5F				98.5F				98.5F					98.5F						98.5F		
	35																											
< 35																												
Heart Rate	170																											
	160																											
	150																											
	140																											
	130																											
	120																											
	110																											
	100																											
	90			86			82			87b/h			82b/h			83b/h				83b/h					84b/h			
	80																											
	70																											
60																												
50																												
40																												
↑ Systolic Blood Pressure	190																											
	180																											
	170																											
	160																											
	150																											
	140																											
	130																											
	120																											
	110																											
	100			105			100			116			111			115				119								
	90																											
80																												
70																												
60																												
50																												
40																												
↓ Diastolic Blood Pressure	130																											
	120																											
	110																											
	100																											
90																												
80																												
70																												
60																												
50																												
40																												
NEURO RESPONSE [✓]	Alert			-			-		-			-			-				-									
	Voice																											
	Pain																											
	Unresponsive																											
URINE mls / hour	> 30			-			-		-			-			-				-									
	< 30																											
Proteinuria	Protein ++																											
	Protein > ++																											
Lochia	Normal			-			-		-			-			-				-									
	Heavy / Foul																											
Liquor	Clear / Pink			-			-		-			-			-				-									
	Green																											
TOTAL YELLOW SCORES				0			0		0			0			0				0					0				
TOTAL ORANGE SCORES				0			0		0			0			0				0					0				
Nurse Initial				SA			SA		SA			SA			SA				SA				SA					

HNH-00015208 IP26-00006568
 Mrs SAMIKSHA JAISWAL
 25-09-2001 24 Y 8 M 22 D (F)
 Dr. SWAPNA SAMUDRALA



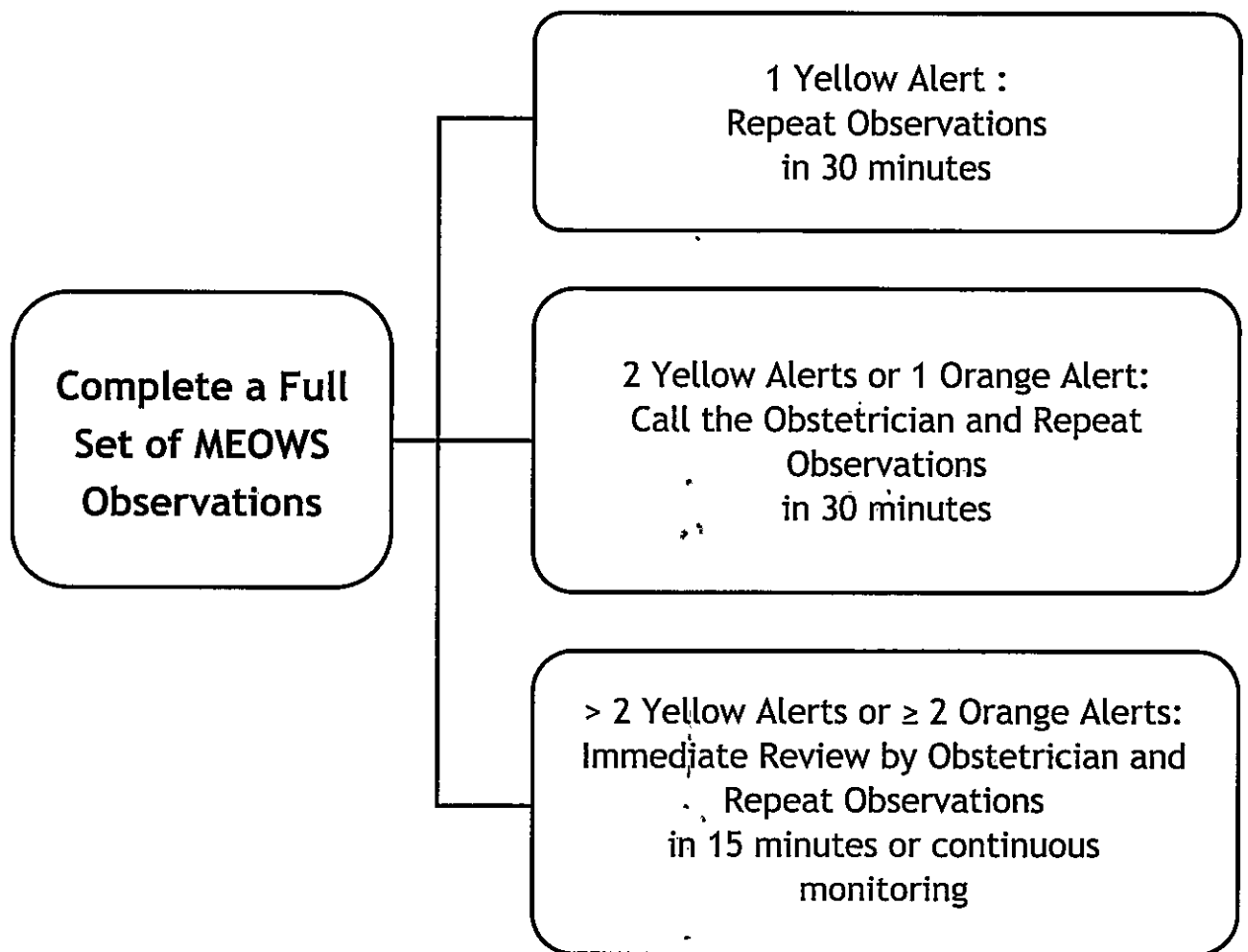
Early warning Observation Score Chart - Obstetrics

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

Date																												
		Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7		
RESP (write rate in corresp. box)	> 30																											
	21 - 30																											
	11 - 20			20					20						20													
	0 - 10																											
Saturations	94 - 100 %																											
	< 94 %			99+					99+						100+													
Administered O ₂ (L/min.)																												
Temp °C	40																											
	39																											
	38																											
	37																											
	36			98.5 ^{pp}					98.2 ^{pp}						98.5 ^{pp}													
	35																											
< 35																												
Heart Rate	170																											
	160																											
	150																											
	140																											
	130																											
	120																											
	110																											
	100																											
	90																											
	80																											
	70																											
60																												
50																												
40																												
↑ Systolic Blood Pressure	190																											
	180																											
	170																											
	160																											
	150																											
	140																											
	130																											
	120																											
	110																											
	100																											
	90																											
80																												
70																												
60																												
50																												
40																												
↓ Diastolic Blood Pressure	130																											
	120																											
	110																											
	100																											
90																												
80																												
70																												
60																												
50																												
40																												
NEURO RESPONSE [✓]	Alert																											
	Voice																											
	Pain																											
	Unresponsive																											
URINE mls / hour	> 30																											
	< 30																											
Proteinuria	Protein ++																											
	Protein > ++																											
Lochia	Normal																											
	Heavy / Foul																											
Liquor	Clear / Pink																											
	Green																											
TOTAL YELLOW SCORES																												
TOTAL ORANGE SCORES																												
Nurse Initial																												

⑩
②
⑥

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)



FLUID CHART

Sheet No. : ①

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

Date	Time	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
		Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
12/6/20			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm	RL	NBM	100ml								
01:00 pm	RL		100ml									
Total Intake :					Total Output : Passed							
12/6	02:00 pm	RL	RL	100ml								
	03:00 pm	RL	B	100ml								
	04:00 pm	RL	M	100ml					100ml			Empty
	05:00 pm	RL		100ml								
	06:00 pm	RL		100ml								
	07:00 pm	RL		100ml						200ml		Empty
Total Intake :					Total Output : Passed 300ml							
12/6	08:00 pm			100ml								
	09:00 pm			100ml								
	10:00 pm	RL		100ml								
	11:00 pm	RL	50ml	100ml					100ml			Empty
	12:00 am			100ml								
	01:00 am			100ml								
Total Intake :					Total Output :							
12/6	02:00 am			100ml								
	03:00 am			100ml								
	04:00 am	RL		100ml								
	05:00 am			100ml								
	06:00 am			100ml								
	07:00 am			100ml						300ml		Empty
Total Intake :					Total Output :							

Total 24 hrs. Intake

Total 24 hrs. Output



FLUID CHART

Sheet No. :

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse		
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine				
13/6/26	08:00 am	↑ IVF stop ↓	Mouth	I.V	N.G									
	09:00 am													
	10:00 am													
	11:00 am													
	12:00 pm													
	01:00 pm													
Total Intake :						Total Output : U-2 M-0								
13/6/26	02:00 pm													
	03:00 pm													
	04:00 pm													
	05:00 pm													
	06:00 pm													
	07:00 pm													
Total Intake :						Total Output : U- M-								
13/6/26	08:00 pm													
	09:00 pm													
	10:00 pm													
	11:00 pm													
	12:00 am													
	01:00 am													
Total Intake :						Total Output :								
14/6/26	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

Patient St

HNH-00015208
 Mrs SAMIKSHA JAISWAL
 25-09-2001 24 Y 8 M 19 D (F)
 Dr. SWAPNA SAMUDRALA



IP26-00006568



FLUID CHART

Sheet No. :

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

Date	Time	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
		Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
14/6/26			Mouth	I.V	N.G							
	08:00 am											
	09:00 am	0										
	10:00 am		Rice + H2O	0		NA		NA				
	11:00 am											
	12:00 pm											
01:00 pm												
Total Intake :					Total Output : U-1 M-0							
14/6/26	02:00 pm											
	03:00 pm		Rice + Dal									
	04:00 pm	0				NA						
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :					Total Output : U-2 M-0							
14/6	08:00 pm											
	09:00 pm											
	10:00 pm	0	Rice									
	11:00 pm		Dal									
	12:00 am		H2O									
	01:00 am											
Total Intake :					Total Output :							
14/6	02:00 am											
	03:00 am											
	04:00 am	0	Dal									
	05:00 am											
	06:00 am		H2O									
	07:00 am											
Total Intake :					Total Output :							

Total 24 hrs. Intake

Total 24 hrs. Output

FLUID CHART

Sheet No. :

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
15/6/28	08:00 am	↓	Upma								0	[Signature]
	09:00 am	○	+ Lolly								0	
	10:00 am	○							✓		0	
	11:00 am	↓									0	
	12:00 pm	↓									0	
	01:00 pm	↓								✓	0	
Total Intake :						Total Output : U- 2 M- 6						
15/6/28	02:00 pm	↓									0	[Signature]
	03:00 pm	○	Rice								0	
	04:00 pm	○	+ Dal								0	
	05:00 pm	↓									0	
	06:00 pm	↓									0	
	07:00 pm	↓									0	
Total Intake :						Total Output : U- M-						
15/6/28	08:00 pm	↓	Rice								0	[Signature]
	09:00 pm	○	+ Dal								0	
	10:00 pm	○									0	
	11:00 pm	↓									0	
	12:00 am	↓									0	
	01:00 am	↓									0	
Total Intake :						Total Output :						
16/6/28	02:00 am	↓									0	[Signature]
	03:00 am	○									0	
	04:00 am	○	upma								0	
	05:00 am	↓	+ H2O								0	
	06:00 am	↓									0	
	07:00 am	↓									0	
Total Intake :						Total Output :						

Total 24 hrs. Intake

Total 24 hrs. Output

Patient Stid HNH-00015208 IP26-00006568
 Mrs SAMIKSHA JAISWAL
 25-09-2001 24 Y 8 M 20 D (F)
 Dr. SWAPNA SAMUDRALA



JID CHART

Sheet No. :

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

Date	Time	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
		Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G							
16/6/24	08:00 am											
	09:00 am											
	10:00 am	o				o			o			(S)
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake : Taken					Total Output : U - M							
16/6/24	02:00 pm											
	03:00 pm											
	04:00 pm	o				o			o			(S)
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake : Taken					Total Output : U - M							
	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

Patient Sticker



FLUID CHART

Sheet No. :

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

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

Total 24 hrs. Intake	
-----------------------------	--

Total 24 hrs. Output	
-----------------------------	--



PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
12/6/26	10am	0/10	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	MP
12/6	2pm	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	P
12/6	8pm	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	⊙
12/6	10pm	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input checked="" type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input checked="" type="checkbox"/> Decreasing	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NA	⊙
13/6	10am	0/10	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	⊙
13/6	2pm	0/10	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	⊙
13/6/26	6pm	0/10	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	⊙
13/6/26	8pm	0/10	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	⊙
13/6/26	10pm	0/10	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input checked="" type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input checked="" type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input checked="" type="checkbox"/> Decreasing	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NA	⊙
14/6/26	10am	0/10	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	⊙

Re-assessment Frequency:

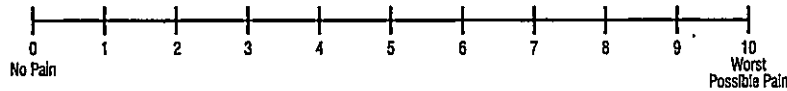
- Every eight hours for all hospitalized patients.
- For post-surgical patients, patients with chronic pain, patient with severe pain:
 - At least every 2 hours for the first 24 hours
 - Then every 4 hours.
 - Prior to pain relieving intervention.
 - Within 30 – 60 minutes after pain relief intervention.

PAIN ASSESSMENT TOOLS

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

Numerical Pain Scale (Obstetric and Gynecology)



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

Assessment Criteria	Sedation		Normal	Pain / Agitation	
	-2	-1	0	1	2
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense
Vital Signs HR, RR, BP, 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

Wong - Baker (Pediatrics) Above 7 Years



HNH-00015208 IP26-00006568
 Mrs SAMIKSHA JAISWAL
 25-09-2001 24 Y 8 M 18 D (F)
 Dr. SWAPNA SAMUDRALA



BRADEN 'Q' SCALE



		Date :	12/6	13/6	13/6	13/9		
		Time :	10:30	10:30	12:00	11:00		
Mobility	Does not make even slight changes in body or extremity position without assistance.	2. Very limited: Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	3. Slightly limited: Makes frequent through slight changes in body or extremity position independently.	4. No limitations: Makes major and frequent changes in position without assistance.	4	4	4	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	3
Sensory Perception	1. Completely limited: Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	2. Very limited: Responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	3. Slightly limited: Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	4. No impairment: Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	1. Constantly moist: Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	2. Very moist: Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	3. Occasionally moist: Skin is occasionally moist, requiring linen change every 12 hours.	4. Rarely moist: Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICION-SHEAR Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent body 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 meat and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
TOTAL SCORE					28	28	28	29
Evaluator's Name					(Signature)	(Signature)	(Signature)	(Signature)

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

Risk Score	Category	Action	Support Surfaces (Please Note: Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice)
15-18	At Risk	<ul style="list-style-type: none"> • Regular Turning Schedule • Enable as much activity as possible • Protect the heels • Use pressure redistribution surfaces • Manage moisture, friction and shear • Advance to a higher level of risk if other major risk factors are present 	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
13-14	Moderate Risk	<ul style="list-style-type: none"> • Use the Same Protocol as for "At Risk" Patients • Position patient at 30 degree lateral incline using foam wedges 	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
10-12	High Risk	<ul style="list-style-type: none"> • Follow the same protocol as for "Moderate Risk" Patients • In addition to regular turning schedule • Make small shifts in their position frequently 	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
Less than 9	Severe Risk	<ul style="list-style-type: none"> • Use same protocol as for "High Risk" Patients • Add a pressure redistribution surface for patients with severe pain or with additional risk factors. 	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay

HNH-00015208
 Mrs SAMIKSHA JAISWAL
 25-09-2001 24 Y 8 M 19 D (F)
 Dr. SWAPNA SAMUDRALA

IP26-00006568

BRADEN 'Q' SCALE



					Date :	14/6/26	14/6	15/6	15/6
					Time :	10AM	2pm	11pm	M5
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	7	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	9	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	9	4	
Moisture Degree to which skin is exposed to moisture	1. Constantly moist: Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	2. Very moist: Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	3. Occasionally moist: Skin is occasionally moist, requiring linen change every 12 hours.	4. Rarely moist: Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4	
FRICION-SHEAR Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	1. Significant problem: Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	2. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	3. Potential problem: Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	4. No apparent problem: Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	9	4	
Nutritional Usual food intake pattern	1. Very Poor: NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings of meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	2. Inadequate: Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	3. Adequate: Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	4. Excellent: Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	9	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	9	4	
					TOTAL SCORE	28	28	28	28
					Evaluator's Name	[Signature]	[Signature]	[Signature]	[Signature]

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

Risk Score	Category	Action	Support Surfaces (Please Note: Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice)
15-18	At Risk	<ul style="list-style-type: none"> • Regular Turning Schedule • Enable as much activity as possible • Protect the heels • Use pressure redistribution surfaces • Manage moisture, friction and shear • Advance to a higher level of risk if other major risk factors are present 	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
13-14	Moderate Risk	<ul style="list-style-type: none"> • Use the Same Protocol as for "At Risk" Patients • Position patient at 30 degree lateral incline using foam wedges 	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
10-12	High Risk	<ul style="list-style-type: none"> • Follow the same protocol as for "Moderate Risk" Patients • In addition to regular turning schedule • Make small shifts in their position frequently 	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
Less than 9	Severe Risk	<ul style="list-style-type: none"> • Use same protocol as for "High Risk" Patients • Add a pressure redistribution surface for patients with severe pain or with additional risk factors. 	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay

HNH-00015208 IP26-00006568
 Mrs SAMIKSHA JAISWAL
 25-09-2001 24 Y 8 M 22 D (F)
 Dr. SWAPNA SAMUDRALA



BRADEN 'Q' SCALE



				Date : 16/6/26			
				Time : 15			
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		
"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		
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		
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		
FRICION-SHEAR Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	1. Significant problem: Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	2. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	3. Potential problem: Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	4. No apparent problem: Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4		
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		
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		
TOTAL SCORE					28		
Evaluator's Name					Sh		

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

Risk Score	Category	Action	Support Surfaces (Please Note: Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice)
15-18	At Risk	<ul style="list-style-type: none"> • Regular Turning Schedule • Enable as much activity as possible • Protect the heels • Use pressure redistribution surfaces • Manage moisture, friction and shear • Advance to a higher level of risk if other major risk factors are present 	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
13-14	Moderate Risk	<ul style="list-style-type: none"> • Use the Same Protocol as for "At Risk" Patients • Position patient at 30 degree lateral incline using foam wedges 	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
10-12	High Risk	<ul style="list-style-type: none"> • Follow the same protocol as for "Moderate Risk" Patients • In addition to regular turning schedule • Make small shifts in their position frequently 	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
Less than 9	Severe Risk	<ul style="list-style-type: none"> • Use same protocol as for "High Risk" Patients • Add a pressure redistribution surface for patients with severe pain or with additional risk factors. 	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay

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Mrs SAMIKSHA JAISWAL
25-09-2001 24 Y 8 M 18 D (F)
Dr. SWAPNA SAMUDRALA



Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	12/6	12/6	13/6	Fall Risk Grading		
		Score	M5	N1	M6	Risk Level	Morse Fall Score (MFS)	Action
History of Falling (immediately or w/in 3 months)	Yes	25						
	No	0	0	0	0			
Secondary Diagnosis (more than one diagnosis)	Yes	15				Moderate Risk	25 - 50	Implement Moderate Fall Prevention Intervention
	No	0	0	0	0			
Ambulatory Aid	Furniture	30				High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	Crutches, Cane(S), Walker	15						
	None /Bed Rest /Nurse Assist	0	0	0	0			
IV / Heparin Lock or Saline	Yes	20	20	20	20	Moderate Risk	25 - 50	Implement Moderate Fall Prevention Intervention
	No	0	0	0	0			
GAIT / Transferring	Impaired	20				High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	Weak (uses touch for balance)	10						
	Normal /On Bed Rest /Immobile	0	0	0	0			
Mental Status	Forgets limitations	15				High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	Oriented to own ability	0	0	0	0			
Total Morse Fall Scale Score:			20	20	20			
Signature			(Signature)	(Signature)	(Signature)			

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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 Mrs SAMIKSHA JAISWAL 24 Y 8 M 18 D (F)
 25-09-2001
 Dr. SWAPNA SAMUDRALA

NURSING CARE RECORD



Date: 12/6/26

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 2pm	→ Assess the pt condition → monitor vitals → maintain blood	8am 2pm	→ Assessed the pt condition → monitor vitals → maintained blood	now pt is stable	Re-fed in	mai r
Afternoon	—————						
Night	8pm 8pm	→ Assess the pt condition → monitor vitals & blood → check as per chart		→ Assessed the pt condition → monitor blood & vitals → checked as per chart	pt is stable	Rechecked vitals	ly

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 Mrs SAMIKSHA JAISWAL
 25-09-2001 24 Y 8 M 19 D (F)
 Dr. SWAPNA SAMUDRALA

Patient Stic

NURSING CARE RECORD



Date: 13/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am to 2pm	- Assess the pt condition - Monitor the v/s - Maintain the I/O - Drug as per chart	8am to 2pm	- Assess the pt condition - Monitor the v/s - Maintain the I/O - Drug as per chart	- Now baby is stable	- Rechecked the v/s	
	3pm to 8pm	-> Assess pt condition -> Monitor the vitals -> Maintain I/O chart -> Drugs as per chart -> Stop IVF	3pm to 8pm	-> Assessed pt condition -> Monitored vitals -> Maintained I/O chart -> Drugs as per chart -> STOPPED IVF	Patient is stable	Rechecked vitals	
Night	8pm to 8am	- Assess the pt condition - Monitor the vitals - & I/O chart - drug as per chart		-> Assessed the pt condition - Monitored the vitals - drug as per chart	pt is stable	Rechecked vitals	

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 Mrs SAMIKSHA JAISWAL
 25-09-2001 24 Y 8 M 19 D (F)
 Dr. SWAPNA SAMUDRALA



NURSING CARE RECORD



Date: 14/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8AM	→ Assess the general condition of pt → Monitor vitals → Maintain I/O chart. → Administer medication.	8AM	→ Assessed the general condition of pt → Monitored vitals → Maintained I/O chart. → Administered medication	Stable	Re-assess vitals	Mahtal
Afternoon	2pm	→ To assess the pt. condition → To check the vitals & record → To administer the medication as per drug chart	2pm	→ To assessed the pt. condition → To checked the vitals & recorded → To administered the medication as per drug chart	Patient is stable now	→ re-checked the vitals → I/O → Sterizone dressing to be done T/M	Supriya
Night	8pm	→ Assess the pt condition → monitor vitals & I/O chart → drug as per chart → provide comfortable position	8pm	→ Assessed the pt condition → monitored vitals & I/O chart → drug as per chart → provided comfortable position	pt is stable	Rechecked vitals	Go

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 Mrs SAMIKSHA JAISWAL 24 Y 8 M 20 D (F)
 25-09-2001
 Dr. SWAPNA SAMUDRALA

NURSING CARE RECORD

Date: 15/6/26

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8AM 10 2PM	<ul style="list-style-type: none"> → To assess the pt. condition → To check the vitals & record → To administer the medication as per drug chart → I/O chart maintain 	8AM 10 2PM	<ul style="list-style-type: none"> → To assessed the pt. condition → To checked the vitals & recorded → To administered the medication as per drug chart → I/O chart maintained 	<ul style="list-style-type: none"> → Pt. is stable → Today dressing to be done 	<ul style="list-style-type: none"> → re-checked the vitals → I/O 	Supriya
Afternoon				<p>← Day Duty →</p>			
Night	8pm 8AM	<ul style="list-style-type: none"> → Assess the pt condition → Monitor vitals & I/O chart → drug as per chart → provide comfortable position 		<ul style="list-style-type: none"> → Assessed the pt condition → Monitored vitals & I/O chart → drug as per chart → provided comfortable position 	<ul style="list-style-type: none"> → pt is stable → she feel comfortable 	<ul style="list-style-type: none"> → Rechecked vitals 	Yes

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 Mrs SAMIKSHA JAISWAL
 25-09-2001 24 Y 8 M 22 D (F)
 Dr. SWAPNA SAMUDRALA



NURSING CARE RECORD



Date: 16/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am to 8pm	<ul style="list-style-type: none"> → Assess the pt condition → Monitor vitals & record → maintain I/O chart → Administer medication as per drug chart 	8am to 8pm	<ul style="list-style-type: none"> → Assessed the pt condition → Monitored vitals & record → Maintained I/O chart → Administer medication as per drug chart 	⇒ pt is stable	⇒ Rechecked vitals	
Afternoon		N/A					
Night							

Patient Sticker

NURSING CARE RECORD



Date:

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night							

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 Mrs SAMIKSHA JAISWAL 24 Y 8 M 18 D (F)
 25-09-2001
 Dr. SWAPNA SAMUDRALA



NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Department: Date of Admission:

SITUATION	Diagnosis: EM-LSCS	Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify:						
BACKGROUND	Area	12/6 MG	12/6 N1	13/6 MG	13/6 E2	13/6 N1	14/6/26 MG	
	Shift Time	MG	N1	MG	E2	N1	MG	
	Medical Condition (Any special condition to be noted):	-	-	-	-	-	-	
ASSESSMENT	Allergy:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Tubes/Drains/Catheter:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Vital Signs:	Temp:	99	98.5	98.3 F	98.5 F	98.4	98.4 F
		Res:	20	20	20b/m	22b/m	20b/h	20b/h
		SpO ₂ :	94	99	99%	99%	99%	99%
		Pulse:	82	82	83b/m	85b/m	86b/h	89b/h
		BP:	110/70	112/70	105/66	110/62	111/68	110/64
Fall Risk Score:	-	-	-	-	-	-		
Pain Score:	-	-	-	-	-	-		
Recommendations	Safety Needs:	-	Yes	Yes	Yes	Yes	Yes	
	Physiotherapy	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Others Specify:	-	-	-	-	-	-	
	Special Diet:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Other Special Orders / Medications:	-	-	-	-	-	-	
Post Operative Procedure Special Orders:		-	-	-	-	-	-	
Handed Over By Name :		Maini	Aparajita	Sumanth	Aparajita	Maini	Maini	
Signature :		[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	
Date:		12/6	13/6	13/6	13/6/26	13/6/26	14/6/26	
Time:		8PM	8AM	8PM	8PM	8AM	2PM	
Taken Over By Name :		Aparajita	Sumanth	Aparajita	Maini	Maini	Supriya	
Signature :		[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	
Date:		12/6	13/6	13/6/26	13/6/26	13/6/26	14/6/26	
Time:		8PM	8AM	8PM	8PM	8AM	2PM	



NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Department: Date of Admission:

SITUATION	Diagnosis: EM-LSCS	Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify:					
BACKGROUND	Area	14/6/26 E2	14/6/26 N1	15/6/26 M5	15/6/26 N1	16/6/26 M5	
	Shift Time						
BACKGROUND	Medical Condition (Any special condition to be noted):	-	-	-	-	-	
ASSESSMENT	Allergy:	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Tubes/Drains/Catheter:	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Vital Signs:	Temp:	98.4°F	98.3°F	98.1°F	98.2°F	98.5°F
		Res:	20b/m	21b/m	20b/m	21b/m	20b/m
		SpO ₂ :	99%	99%	99%	99%	100%
		Pulse:	86b/m	86b/m	86b/m	85b/m	87b/m
		BP:	110/69	111/58	116/71	110/69	120/70
Fall Risk Score:	-	-	-	-	-		
Pain Score:	'0'	'0'	'0'	'0'	'0'		
Recommendations	Safety Needs:	Yes	Yes	Yes	Yes	Yes	
	Physiotherapy	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Others Specify:	-	-	-	-	-	
	Special Diet:	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Other Special Orders / Medications:	-	-	-	-	-	
Post Operative Procedure Special Orders:		-	-	-	-	-	
Handed Over By Name :		Supriya Apin		Supriya Apin & Sneha			
Signature :							
Date:		14/6/26	14/6/26	15/6/26	16/6/26	16/6/26	
Time:		8pm	8AM	8pm	8AM	8pm	
Taken Over By Name :		Apin Supriya		Apin Sneha			
Signature :							
Date:		14/6/26	15/6/26	15/6/26	16/6/26		
Time:		8pm	8AM	8pm	8AM		

HNH-00015208 IP26-00006568
 Mrs SAMIKSHA JAISWAL
 25-09-2001 24 Y 8 M 18 D (F)
 Dr. SWAPNA SAMUDRALA



MEDICATION RECONCILIATION FORM

Drug Allergies: Not known any Drug Allergies

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

Shifting From: Shifted to:

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	T. IRON	1TAB	PO	OD	11/6	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
2	T. CALCIUM	1TAB	PO	OD	11/6	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
3						<input type="checkbox"/> C <input type="checkbox"/> DC
4						<input type="checkbox"/> C <input type="checkbox"/> DC
5						<input type="checkbox"/> C <input type="checkbox"/> DC
6						<input type="checkbox"/> C <input type="checkbox"/> DC
7						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature: @ Dr. Naveena

Date & Time: 12/06/2026 @ 1:00 pm

Nurse Name & Signature: Madhumita @ Madly

Date & Time: 12/6/26 @ 1 PM

Docu. No. : RCH / FRM / GENERAL / 090



CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: <i>Dr. Swapna S.</i>	Date of Delivery: <i>12/06/2026</i>
Assistant Surgeon: <i>Dr. Veena</i>	Time of Delivery: <i>2:48pm</i>
Anaesthetist's Name: <i>Dr. Ayesha.</i>	Gender of Baby: <i>Male</i>
Type of Anaesthesia: <i>Spinal</i>	Weight of Baby: <i>2.80kg</i>
Neonatologist: <i>Dr. Dilnaaz</i>	AGPAR Score: <i>8/10</i>
Scrub Nurse: <i>Archana.</i>	NICU Admission: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pre-Operative Diagnosis: *G2A1 with 37w 4days PG. with Oligohydramnios with FGR stage I in latent labour.*

Urgency: Elective Emergency Indication: *Oligohydramnios with FGR stage I.*

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: Knife to rectus: *3mins.*

CTG Description: *Reactive*

If there was a delay give the reasons:

Surgical Procedure: *Emergency LSCS*

Post Operative Diagnosis: *PILIA on PGDs following Emergency LSCS.*

Peri-Operative Complications: *—*

Amount of Blood Loss: *500ml* Blood Transfused (in ML): *None*

Name and Number of Surgical Specimen sent for examination:
None

OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 12/6/26 Time of Arrival: 12:30pm Time Seen by Nurse: 12:35pm

1) **Level of Consciousness:** Conscious Semi-Conscious Unconscious

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

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

3) **Vital Signs:** Temperature: 98.6 Pulse: 82 RR: 20 SpO₂: 99% BP: 116/71 Weight:

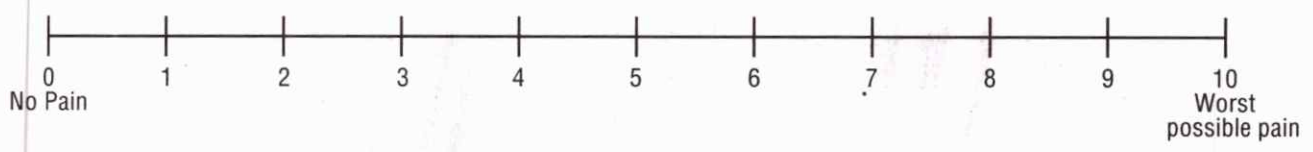
4) **Gestational Criteria:**

Gravida:	G	P	L	A
----------	---	---	---	---

LMP: EDD: Gestational Age:

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

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



• Location:
 • Duration: Days / Weeks / Months (Strike out which is not applicable)
 • Character: N/A
 • Frequency:
 • Interventions:

6) **Past History:**

a) Surgeries: 3 Mx
 b) Medical:



1) Allergy: yes 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 / PPRM < 37 Weeks	Signs of Active Labour > 37 weeks	Signs of Early Labour/ SRM > 37 weeks	Discomforts of Pregnancy
Bleeding	Active Vaginal bleeding with/ without abdominal pain	Bleeding associated with cramping (<spotting) <37 weeks	Bleeding associated with cramping (>spotting) >37 weeks	Spotting	
Hypertension	Seizure activity	Hypertension > 160/110 and / or headache, visual disturbance, RUQ pain	Mild hypertension > 140/90 with/without associated signs and symptoms		
Fetal Assessment	Abnormal FHR tracing Non-Fetal Movement	Atypical FHR tracing, abnormal dopplers Diseased fetal movement			
Others	<ul style="list-style-type: none"> • Acute onsite severe abdominal pain • Altered level of consciousness • Cord prolapse • Severe respiratory distress • Suspected sepsis 	<ul style="list-style-type: none"> • Major trauma • Shortness of breath • Unplanned and unattended birth 	<ul style="list-style-type: none"> • Abdominal/back pain greater than expected in pregnancy • Flank pain / hematuria • Nausea /vomiting and /or diarrhea with suspected dehydration 	<ul style="list-style-type: none"> • Ongoing assessment from out patient clinic (for hypertension, blood work) • Minor trauma (minor MVC/fall) • Nausea/Vomiting and /or diarrhea • Signs of infection (ie dysuria ,cough, fever, chills) 	<ul style="list-style-type: none"> • Anything that does not seem to pose threat to mother or fetus • Cervical ripening • Out patient placenta previa protocols • Pre-booked visits (ie Rh and progesterone injections, NST • Assessment for version • Rashes

Time seen by Doctor: 12.40pm

Nurse Name : Madhumi Ja Nurse Signature: Madhumi Ja

Date: 12/6/26 Time: 12-35m

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 Mrs SAMIKSHA JAISWAL 24 Y 8 M 18 D (F)
 25-09-2001
 Dr. SWAPNA SAMUDRALA



OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 15/6/26

Baseline Information:

Admission From: ER OPD Admission Desk Others, specify

Primary Language: Telugu English Hindi Others, specify

Do you require an interpreter? Yes No if Yes specify

Source of Information: Patient Family Others, specify

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

Chief Complaints: Doctor Notified on Admission: Yes No
 Em 288 Name of the Doctor:
 Time Notified:

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

Past Medical History	Past Surgical History	Previous Hospital Admission
<u>MH</u>	<u>MH</u>	<u>MH</u>

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

Obstetric History: G P L A

Previous LSCS:

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

Family History: No Abnormalities Detected

Heart Disease Hypertension Diabetes Stroke Seizures Kidney disease

Liver disease Other

Vital Signs / Measurements: Temp: 97 HR: 102 RR:
 BP: 110/72 Weight: Height: BMI:

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



PHYSICAL ASSESSMENT

General Appearance: Healthy ill looking Anxious Agitated Others:

Fall Assessment: Yes No Score (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: No Abnormality Detected

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

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

- Calm & Cooperative Restless Depressed Agitated Confused
- Others

Inform consultant for positive criteria

SOCIAL SCREENING:

- 1. **Marital Status:** Single Married Divorced Widow
- 2. **Special Habits:** **Smoker:** Yes No **Alcohol Abuse:** Yes No **Drug Abuse:** Yes No

Social History: Lives With

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: Samiksha
Orientation not given Reason: NA

Nurse Signature:
Nurse Name: Manita
Date & Time: 12/3/20 @ 12:30pm

HNH-00015208
Mrs SAMIKSHA JAISWAL
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Dr. SWAPNA SAMUDRALA

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

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

NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 10.13/6/26 Time: 10 am

Origin: India Height: 158 cms Weight: 89.9 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)

[Signature]
Patient's / Attendant's

Dietician's

Signature:

[Signature]
Signature:

Name: Samiksha Jaiswal

Name: Sathvika G

Date & Time: 13/6/26; 10am

Date & Time: 13/6/26; 10am

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Mrs SAMIKSHA JAISWAL
25-09-2001 24 Y 8 M 19 D (F)
Dr. SWAPNA SAMUDRALA



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CROSS CONSULTATION FORM

Doctor Name : Dr. Swapna Date : 13/6/26 Time : 10:10 AM

Diagnosis : LSCS

Hospital : RCH - HMNR

Type of Referral :

- Emergency
- Urgent
- Non Urgent

Referred for : Opinion Co-Management Transfer of care

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 & Nipples
- primi
- colostrum seen
- Aim for deep latch as demonstrated by cross-coach
- Demand feed do not exceed 2 - 2 1/2 hours on each side 15-20 mins.

Consultant :

Name : Sathwika-G Signature : [Signature] Date & Time : 13/6/26, 10:10 AM

HNH-00015208
Mrs SAMIKSHA JAISWAL
25-09-2001 24 Y 8 M 18 D (F)
Dr. SWAPNA SAMUDRALA



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:

- a. Yes
- b. No

7. For Caesarian mothers:

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

8. NICU admission:

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

9. Additional notes:

Continuity of Care:

Date: 12/6

*Plan for vital
*vital checked & recorded
*Plan for H0 chart.
*Plan for wearmeare
*provided wearmeare
*Plan for DBF
*provided DBF

Handover given by Madhumita

Handover taken by

Signature Madhu

Signature

Date & Time: 12/6/26 8AM

Date & Time:

HNH-00015208 IP26-00006568
 Mrs SAMIKSHA JAISWAL
 25-09-2001 24 Y 8 M 18 D (F)
 Dr. SWAPNA SAMUDRALA



URINARY CATHETER BUNDLE CHECK LIST

Date of Insertion: Date of Removal: 13/6/26 @ 8 AM

Parameters	Date	Shift Time						
Need for the Catheter			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hand Hygiene			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Usage of Sterile Equipment			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the Collection bag below the level of bladder			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Check the Tube for Obstruction (Free of Kinking)			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is Catheter dated as policy			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Collecting bag is been emptied regularly?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Maintenance of closed system for the catheter			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dressing clean and dry?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the line removed as Policy?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Performance of Perineal Care			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Onset of New Fever			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Asses for the leakage at the site of insertion			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of the Nurse			<i>Madly</i>					
Signature of the Nurse			<i>@</i>					

SAFETY CHECKLIST

Surgeon : Dr. Swapna
 Asst. Surgeon : Dr. Veena
 Anaesthetist : Dr. Ayesha
 Scrub Nurse : Sr. Archana

HNH-00015208 IP26-00006568
 Mrs SAMIKSHA JAISWAL
 25-09-2001 24 Y 8 M 10 (F)
 Dr. SWAPNA SAMUDRALA

Date : 12/06/26 In-time : 2:36 pm Out-time : 3:05 pm

Age : 26 y Gender : F
 Name :



Before Induction of Anaesthesia >>

SIGN IN	Time: <u>2:20 pm</u>
Patient Has Confirmed	
Identity	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Site	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Procedure	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Consent	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Site Marked	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
Anaesthesia Safety Check Completed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Pulse Oximeter on Patient & Functioning	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Does Patient have a:	
Known Allergy?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Difficult Airway / Aspiration Risk?	
Yes, & Equipment / Assistance Available	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Risk of > 500ml Blood Loss (7ml/kg In Children)?	
Yes, and Adequate Intravenous Access and Fluids Planned	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Blood Units Reserved	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Has Antibiotic Prophylaxis been given within the last 60 minutes?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Signature : <u>Ayesha</u>	
Name : <u>Dr. Sr. Ayesha</u>	

Before Skin Incision >>

TIME OUT	Time: <u>2:40 pm</u>
Confirm all team members have introduced themselves by Name and Role	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Surgeon, Anaesthesia Professional and Nurse Verbally Confirm	
Correct Patient (Check ID Band)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Correct Site	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Correct Procedure	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Anticipated Critical Events	
Surgeon Reviews:	
What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss?	<u>Bleeding</u> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Anaesthesia Team Reviews:	
Are There Any Patient-specific Concerns?	<u>SOON</u> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Nursing Team Reviews:	
Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns?	<u>skidng</u> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is Essential Imaging Displayed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Power Supply, Earthing, Power Backup and functioning of equipment checked.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Signature : <u>Kauna</u>	
Name : <u>Kauna @ 2:40 pm</u>	

Before Patient Leaves Operating Room

SIGN OUT	Time: <u>3:05 pm</u>
Nurse Verbally Confirms with the Team:	
The Name of the Procedure Recorded	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
That Instrument, Sponge and Needle Counts are Correct (or Not Applicable)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
The Specimen is Labelled (including patient name)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Whether there are any Equipment Problems to be addressed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
To Surgeon, Anaesthetist and Nurse:	
What are the key concerns for recovery and management of this patient?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Signature : <u>Swapna</u>	
Name : <u>Dr. Swapna S</u>	

PATIENT TRANSFER FORM

HNH-00015208 IP26-00006568
Mrs SAMIKSHA JAISWAL
25-09-2001 24 Y 8 M 18 D (F)
Dr. SWAPNA SAMUDRALA




Date & Time of Admission <i>12/6/26 @ 12:57pm</i>		Date & Time of Transfer Order <i>12-06-26 @ 4PM</i>
Treating Consultant Name <i>Dr. Swapna</i>	Transfer Ordered by <i>Dr. Ayesha</i>	Reason for Transfer <i>Observation</i>
From Unit <i>OT</i>	To Unit <i>Pre-Post</i>	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Number of Sheets in Clinical File <i>-</i>	Number of Imaging Films <i>-</i>	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, what ?
Medications / Consumables / Surgicals / Hand over		
Sl.No.	Item Name	Quantity
1.	<i>RL</i>	<i>1</i>
2.		
3.		
4.		
5.		
Shifting Summary / Notes Written by Doctor : Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
Name & Signature of Person who is Transferring <i>Laruna</i>		Name of Person Ordered Transfer <i>Dr. Ayesha</i>
Patient & Clinical Records Received by : <i>Madhumita @ Madhy</i>		
Date & Time of Patient Received : <i>12/6/26 @ 4 PM</i>		

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

- Unavailable Bed Nurse not Available Available Bed not ready

PATIENT TRANSFER FORM



Patient Name & ID No HNH-00015208 IP26-00006568 Mrs SAMIKSHA JAISWAL 25-09-2001 24 Y 8 M 18 D (F) Dr. SWAPNA SAMUDRALA 		Date & Time of Admission 12/6/26 @ 12:55 PM	Date & Time of Transfer Order 12/6/26 @ 2:30 PM
		Transfer Ordered by Dr. Naveena	Reason for Transfer EM LSCG
From Unit pre post	To Unit OT	Information to Attendant Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Number of Sheets in Clinical File 35	Number of Imaging Films Nil	Personal belongings including clinical documents. If any handed over to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, what ?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.	Pl - 100	1	
2.			
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes <input type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring Sig Naveena		Name of Person Ordered Transfer Dr. Naveena	
Patient & Clinical Records Received by : Kanna			
Date & Time of Patient Received : 12/6/26 @ 2:30 PM			

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

- Unavailable Bed
 Nurse not Available
 Available Bed not ready

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE



Patient Name : MRS. SAMIKSHA JAISWAL Gender: Male Female Age : 24 YRS
 UHID No : HNH - 00015208 Date : 12/6/26

Instruction:

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

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

EMERGENCY LOWER SEGMENT CESAREAN SECTION.
 upon MRS. Samiksha Jaiswal (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.

Excessive bleeding, wound infection, injury to bladder, bowel blood vessel, Risk of blood 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. Swapna

Consentee :
 Signature : Abhishek Jaiswal
 Name : ABHISHEK JAISWAL
 Date & Time : 12.06/26 @ 1PM

Patient Attendant :
 Signature : Samiksha
 Name : Samiksha Jaiswal
 Relationship with Patient :
 Date & Time : 12/06/26 | 1:40 PM

Witness :
 Signature : Madly
 Name : Madhurni
 Date & Time : 12/6/26 @ 1PM

Doctor (who is taking the consent) :
 Signature : [Signature]
 Name : Dr. Dng
 Date & Time : 12/6/2026. 1PM

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE

Patient Name: Mrs. SAMIKSHA JAISWAL Age: 24 Gender: Male Female

UHID NO: BINH-00015208 Surgeon Name: Dr. Swapna

Anaesthesiologist: Dr. Ayesha

Operative procedure planned: Emergency Lower Segment Caesarean Section

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 anaesthetics and narcotic drugs to particular parts of the body after surgery or injury, using catheters.

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

- Heart disease Hypertension Diabetes mellitus Renal failure
 Hepatic disorders Shock Multiple organ failure Polytrauma / Renal Tubular Acidosis
 Incapacitating Chronic Obstructive Pulmonary Disease

Others: Hypotension, 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 Mrs. SAMIKSHA JAISWAL the above mentioned operation / Diagnostic / Therapeutic procedures Emergency Lower Segment Caesarean Section

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 : [Signature]
Name : Saniksha Jaiswal
Relationship with Patient : [Signature]
Date & Time : 12/06/20 / 1:40 PM.

Witness :

Signature : [Signature]
Name : ABHISHEK JAISWAL
Date & Time : 12/06/20 / 1:40 PM.

Doctor (who is taking the consent) :

Signature : [Signature]
Name : Dr. Dr. Ayesha
Date & Time : 12/6/20, 1:35 pm

Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION



Name: Mou. SAMIKSHA JAISWA Age: 24y Sex: Female UHID.No: HNH-0005208

Date: 12/6/26 Time: 1:30pm Proposed Operation: EMERGENCY LSCS

Diagnosis: G₂A₁ T₃+^{IV} Oligos T₃ FCAR in latent labor

B.P / CRT: 116/82 H.R: 84/min Weight: 90kg ASA Physical Status: 1 2 3 4 5

Laboratory Data:

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

Allergies: NIL

Medical History: CVS: ✓

RESP: Diabetes:

CNS: NIL SIGNIFICANT

Renal:

Hepatic / GE: Physical Activity: METS > 4

Others:

Past Anaesthetic History:

Physical Exam:

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

Lungs: BAC(+), clear

Heart: SIS(+)

CNS: NAD

Pregnant: Yes No NA Venous Access Site: Peripheral (+) Spine Exam for regional: Midline

Anaesthetic Plan: MAC REGIONAL GA-ETT LMA

Peri-Operative Plan Explained to the Patient: Yes No

CURRENT MEDICATIONS	DOSAGE
<u>T. Iron</u>	<u>OD</u>
<u>T. Calcium</u>	<u>OD</u>

Pre-Operative Instructions:

- DVT Prophylaxis: Water / ORS 2 Hours Others 6 Hours Explained
- NIL ORAL
- Informed Consent: Standard High Risk
- Post Operative Pain Management: Discussed with Patient
- Other Instructions: (1) CBP to be traced

Signature: [Signature] Name: Dr. Ayesha

HNH-00015208 IP26-00006568
 Mrs SAMIKSHA JAISWAL
 25-09-2001 24 Y 8 M 18 D (F)
 Dr. SWAPNA SAMUDRALA



ANAESTHESIA CHART



Pre Induction Assessment:

Change in Patient Condition: Yes No Fasting Status: Adequate

Physical Status: Patient Identified Consent Present Chart Reviewed

H.R: 91/min B.P / CRT: 117/68 SpO₂: 98% on RA R.R: 18/min Last Feed: > 6hrs
 Pre-OP Diagnosis: C.A. 3.7 @ Ligament Operation: Emergency LSCS Date: 12/6/20

Surgeon: Dr. Swapna, Dr. Veena Anaesthesiologist: Dr. Ayesha Technician: _____

TIME	2:25	2:35	2:45	3:00	3:15	3:30	3:45
N ₂ O / AIR / O ₂ LPM							
HALO / SO / SEVO							
Drugs:							
<u>1mg OXYTOCIN 3IU IV</u>							
<u>1mg OXYTOCIN 0.1% in 500ml RL</u>							
<u>1mg TRANEXAMIC-ACID 1gm IV</u>							
Antibiotic							
Suppository							
<u>DICLOFENAC 100mg</u>							
<u>TRAMADOL 100mg</u>							
Blood Loss							
<u>550ml</u>							
FI ₂ (SaO ₂)	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>
ETCO ₂	<u>SR</u>	<u>SR</u>	<u>SR</u>	<u>SR</u>	<u>SR</u>	<u>SR</u>	<u>SR</u>
ECG	<u>SR</u>	<u>SR</u>	<u>SR</u>	<u>SR</u>	<u>SR</u>	<u>SR</u>	<u>SR</u>
Temperature							
Urine Output							
Fluids							
Blood	<u>200ml</u>						
B.P							
V Systolic							
A Diastolic							
X Mean							
Heart Rate							
Tourniquet on Time							
Tourniquet off Time							
Throat Pack In							
Throat Pack Out							

NOTES
 ① IVF @ 100ml/h
 ② Monitor vitals info

LAB Values

ABG _____

GRBS _____

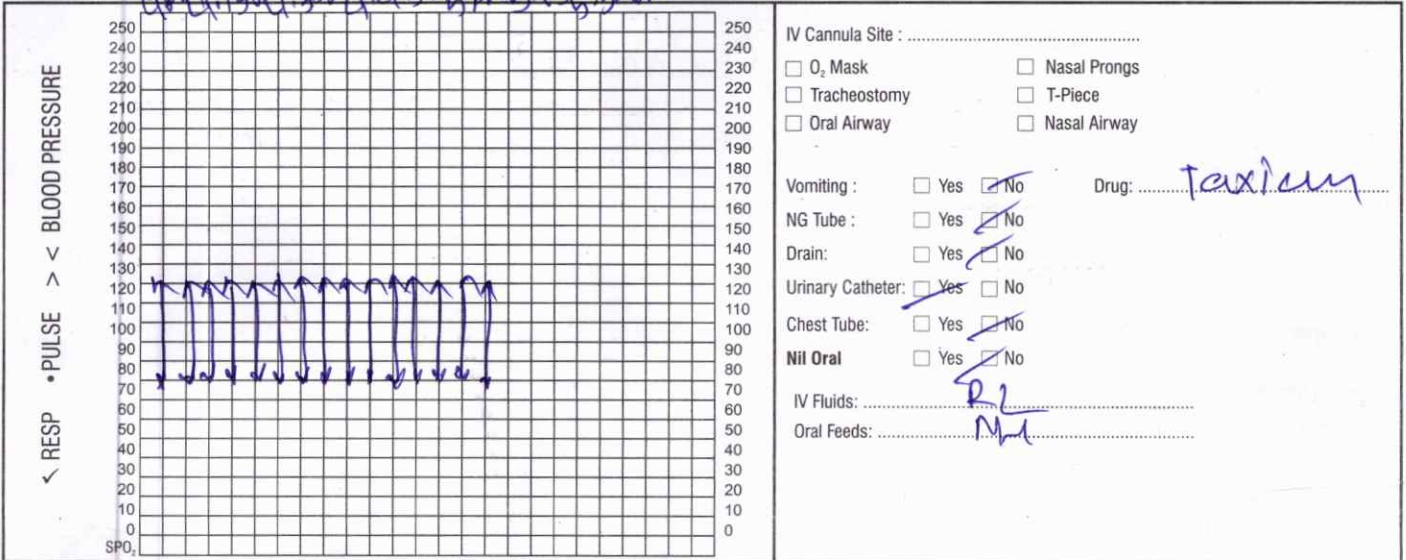
Others _____

<input checked="" type="checkbox"/> Equipment Checked and Functional <input checked="" type="checkbox"/> BP <u>RT U</u> <input checked="" type="checkbox"/> Cuff Site: <u>RT U</u> <input type="checkbox"/> Art Site: <input checked="" type="checkbox"/> EKG Lead <u>3 lead</u> <input type="checkbox"/> Temp Site <input type="checkbox"/> FIO ₂ Monitor <input checked="" type="checkbox"/> Agent Monitor <input checked="" type="checkbox"/> Pulse Oximeter <input type="checkbox"/> Capnograph <input checked="" type="checkbox"/> Ventilator <input type="checkbox"/> Nerve Stimulator Position: _____ <input checked="" type="checkbox"/> Pressure Points Checked Eye Care: <input type="checkbox"/> Oint <input checked="" type="checkbox"/> Tape <input type="checkbox"/> Padding <input type="checkbox"/> Awake	Temp: <input type="checkbox"/> HME <input type="checkbox"/> Fluid Warmer <input type="checkbox"/> Cling Film <input type="checkbox"/> OH Warmer <input checked="" type="checkbox"/> Hugger's <input type="checkbox"/> Cotton Wool <input type="checkbox"/> Other Times: Anaes Start: <u>2:36pm</u> OP Start: <u>2:40pm</u> OP End: <u>3:45pm</u> Leave OR: <u>3:50pm</u> Anaesthesia: <input type="checkbox"/> GA <input type="checkbox"/> Monitored Anaesthesia Care <input checked="" type="checkbox"/> Regional Line (Size & Location) <input type="checkbox"/> CVP: _____ <input type="checkbox"/> ART: _____ <input checked="" type="checkbox"/> IV: <u>18G on RTU</u> <input type="checkbox"/> IV: _____ <input type="checkbox"/> IV: _____	Induction <input type="checkbox"/> IV <input type="checkbox"/> Inhal <input type="checkbox"/> Pre O ₂ <input type="checkbox"/> RSI <input type="checkbox"/> Others <input type="checkbox"/> Mask <input type="checkbox"/> SGA <input type="checkbox"/> Airway <input type="checkbox"/> Oral <input type="checkbox"/> Nasal ETT# _____ at _____ cm <input type="checkbox"/> Oral <input type="checkbox"/> Nasal <input type="checkbox"/> Cuff <input type="checkbox"/> Tracheostomy <input type="checkbox"/> Topical <input type="checkbox"/> Drug: _____ <input type="checkbox"/> Awake <input type="checkbox"/> Direct Vision <input type="checkbox"/> Video Laryngoscopy <input type="checkbox"/> Stylette / Bougie <input type="checkbox"/> Fiberoptic Blade# _____ Attempts: _____ Difficulty Why? _____	Regional: Extremity _____ Specify: <u>SAB</u> <input checked="" type="checkbox"/> Spinal <input type="checkbox"/> Epidural <input type="checkbox"/> Caudal Others: _____ Position: <u>Sitting</u> <u>135°</u> Site: _____ Needle Size: <u>25G</u> Depth: _____ Paresthesia <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Catheter at skin _____ cm Drug Name & Conc: <u>BUPIVACAINE</u> <u>Heavy (2ml) + 25mcg</u> <u>Fentanyl</u> Bolus: _____ Infusion: _____ Block Level: _____ Comments: _____ Transportation to <input type="checkbox"/> PACU <input type="checkbox"/> ICU <input type="checkbox"/> Other Relaxant Reversed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Name of the Doctor: <u>Dr. Ayesha</u> Signature of the Doctor: <u>[Signature]</u>
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POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by: Madhu Time Received: 4pm Time Discharged:



IV Cannula Site:

O₂ Mask Nasal Prongs
 Tracheostomy T-Piece
 Oral Airway Nasal Airway

Vomiting: Yes No Drug: Taxim
 NG Tube: Yes No
 Drain: Yes No
 Urinary Catheter: Yes No
 Chest Tube: Yes No
 Nil Oral: Yes No
 IV Fluids: R1
 Oral Feeds: M

POST ANAESTHESIA SCORE (Modified Aldrete Score)	IN	MINUTES			OUT	SCORING INTERPRETATION
		30	60	90		
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	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	2	
BP ± 20 of Pre Anaesthetic level = 2 BP ± 20-50 of Pre Anaesthetic level = 1 BP ± 50 of Pre Anaesthetic level = 0	CIRCULATION	2	2	2	2	
Fully awake = 2 Arousable on calling = 1 Not responding = 0	CONSCIOUSNESS	2	2	2	2	
Pink = 2 Pale, dusky, blotchy, jaundiced, other = 1 Cyanotic = 0	COLOR	2	2	2	2	
TOTAL		9	9	10	10	

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
12/6	4pm	0	Normal	(Signature)
12/6	5pm	0	Normal	(Signature)
12/6	6pm	0	Normal	(Signature)
12/6	7pm	0	Normal	(Signature)

Pain Tool Used: N PASS FLACC Wong Baker NPS

Reassessment Frequency:

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

Anaesthesiologist Name: Dr. SAIRAS
 Anaesthesiologist Signature: (Signature)
 Date & Time: 12/06/2026 @ 7pm
 PACU Nurse Name: Madhume'te
 PACU Nurse Signature: Madhu
 Date & Time: 12/6/26 @ 7pm

Transferred to Unit by (PACU): (308)
 Date & Time: 12/6/26 @ 7pm

