Dr. Swapna

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

ESTIMATION SLIP

Date : 15/5/26 UHID / IP No. : CBH.0002886 Sl No. 1515

Name of Patient : Mrs Mamatha Age: 28yr Gender: F

Father's / Husband's Name : Mr. Vishwaredh Corporate / Occupation :

Address : Gandhi Nagar Phone : 9490217211 Email :

Procedure / Plan : RIP/LSCS EDD/Dos: 96760243 45 / 30/5/26

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

TARIFF INFORMATION :

Particulars	Package Amounts (Rs.)	
Room Category	Normal Delivery	LSCS
Multi Shared Ward		
Shared Ward		
Twin Shared Ward		
Private Room →	1.115k	1.60k
Super Deluxe Room →	1.65k	1.75k
Suite Room →	2.60k (m+B)	
Package includes (Package starts from the time of admission)	Room Rent, Nursing Charges, Doctors Fee, Surgeon's Fee and Labour Ward Charges (1 Days)	Room Rent, Nursing Charges, Doctors Fee, Surgeon's Fee Anesthetist's Fees and OT Charges
	Length of Stay for : 2 Days	Length of Stay for : 3 Days
	Pharmacy up to 9,000/-	Pharmacy up to 12,000/-
CBP, NST ←	Investigations up to 2,500/-	Investigations up to 3,000/-
Others	Well baby cure	25k to 35k

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

Initial Minimum Deposit : 80% Advance of Amt Admission

REMARKS : Vaccination Neonatal SBR B/G

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

DECLARATION

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

Signature of the Client	Husband Signatory Relationship	Signature of the financial Counselor

LBH-00028186 IP26-00006524
Mrs RENIGUNTA MAMATHA
08-01-1988 38 Y 4 M 29 D (F)
Dr. SWAPNA SAMUDRALA

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SURGERY DETAILS

Date : 6/6/26

Patient Name: Mrs. Mamatha Date of Birth: 08-1-1988 Age: 38yrs

Gender: female Ward : OT-2 UHID No.: ~~LBH-00028186~~ RPL6-00006524.

Date of Surgery: 6/6/26 ☑ OT -1 ☑ OT -2 ☐ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : Emergency LSCS

Time in : 4:30pm Time Out : 5:40pm

	NAME	AMOUNT
1. Surgeon	Dr. Swapna	
2. Anaesthetist	Dr. Sreja, Dr. Veneetha	
3. Assistant Surgeon	Dr. Navreena	
4. OT Technician	Dr. Saraswathi	
5. Circulating Nurse	Sr. Karuna, Sr. Vatsala	
6. Assistant Nurse	Sr. Sandya	

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

Signature of the Surgeon

Karuna
Signature of Circulating Nurse

Order No: 26-0000204879

Order by: Sandya 6/6/26 @ 7:55 pm
(or record saved)

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

LBH-00028186 IP26-00006524
Mrs RENIGUNTA MAMATHA
08-01-1988 38 Y 4 M 29 D (F)
Dr. SWAPNA SAMUDRALA

FM. LSCS

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CONSUMABLES OF OT

Circulating staff : ..... Technician : Saraswathi Date : 6/6/26 Time : .....

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube			~~Major Pack~~ LSCS		01	Inj Vit.K		1
LMA			Sutures 2346, 2364	2+	1	Cord Clamp		1
ECG leads : A / P / N		01	4242, 1326	1+	1	Suction Catheter		
HME filter : A / P / N						Feeding Tube NO-5		01
Syringes : 10 cc		03				Vaccum Suction Set		
05 cc		03	Gloves 6.0, 6½	3+	2	Surgical Gloves Encore 6.5		01+1
02 cc		03	Encore 6, 6½	2+	1	Gauze Pack 7.5x7.5		02
01 cc						Syringe 1ml / 2ml		
Cautery plate A / P / N		01	Surgical blade Handle 22		01	Surgical Blade # 20		01
IV set			NG tube Surgical 15		01	Koochies (S)		
RL		03	Cautery pencil		01			
NS : 10ml / 100ml / 500ml / 1000ml		01	Koochies XXL		01			
			Ointments			order no: 26-00002048 73/872		
Tranexa		02	Suction Catheter					
Fentanyl		01	Cap, Mask		10+10			
Morphine			Gauze Pack 7.5		03			
Ketamine			Mop Pack		2			
Propofol			Steristrip					
Rocuronium			Underpad		2			
Glycopyrolate			Draw sheet					
Myopyrolate			Abgel		1			
Ondansetron		01	Foleys catheter					
27g Pencan ~~25g~~/ Spinal Needle 22		01	Urobag					
Bupivacaine 0.25%			Chest Drainage Catheter					
Bupivacaine 0.25%(Heavy)		01	Romodrain bag					
Antibiotics			Bandage					
Encore 6.5		01	Tegaderm					
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg		01	Vaccum Suction set		01			
Justin : 12.5 mg / 25mg / 100mg			Plastic ~~Bed Sheet~~ Aprons		03			
Tab. Misoprost : 200mg		01	Betadine Solution		02			
Gauze 7.5x7.5		01	Microshield		01			
oxytocine		03	Cotton Balls		01			
carbitocine		01	Latex Gloves		20			
			Ramdione Scrub					
			Saral					

Surgeon Anaesthesiologist Nurse OT Technician

Order No. : 26-00002048 70 / 869 Ordered by : Sr. Sandhya

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

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040-48873000, info@rainbowhospitals.in

ELECTRONIC MEDICINE PRESCRIPTION

MRN	: LBH-00028186	**Name**	: Mrs RENIGUNTA MAMATHA
Age / Sex	: 38 Y 4 M 29 D / Female	**Doctor**	: SWAPNA SAMUDRALA
Adm/Reg Date/Time	: 06/06/2026 15:43	**Payor**	: SELFPAY
Order Date	: 06/06/2026 19:17	**Ordernumber**	: 26-0000204869
Visit ID	: IP26-00006524	**Ward/Bed No**	: 4F -OT / PDA-413
Patient Address	: 1-1-301/12,,BAPU NAGAR,,CHIKKADAPALLY, Chikkadpally, Hyderabad, Telangana, INDIA, 500020		

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		1 Nos	Dispensed
2	UNDERPADS 60X90 BUTTERFLY		1 Nos	External / 1-2 TIMES A DAY	1 Days		2 Nos	Dispensed
3	FACE MASK 3 LAYER - ELASTIC	FACE MASK 3 LAYER	1 Nos	/ Once Daily	10 Days		10 Nos	Dispensed
4	NITRILE EXAMINATION GLOVES P F- MEDIUM	NITRILE GLOVES M	1 Nos	/ Once Daily	20 Days		20 Nos	Dispensed
5	GAUZE 7.5X7.5 12 PLY (5 NOS)	GAUZE 7.5X7.5 12 PLY 5 NOS	1 Nos	External / Once Daily	1 Days		4 Nos	Dispensed
6	NS 100ML ACCULIFE - EH		1 mL	External / 1-2 TIMES A DAY	1 Days		1 mL	Dispensed
7	DSYRINGE 5ML.(NIPRO)	SYRINGE 5ML	1 Nos	External / Once Daily	1 Days		3 Nos	Dispensed
8	SURGEONS CAP	SURGEONS CAP	1 Cap	Oral / Once Daily	10 Days		10 Cap	Dispensed
9	E.C.G ELECTRODES (ADULT)	ELECTRODES ADULT	1 Nos	External / Once Daily	1 Days		3 Nos	Dispensed
10	SGLOVE # 6 (SURGICARE)	SURGICAL GLOVES 6.0	1 Nos	External / Once Daily	1 Days		3 Nos	Dispensed
11	DSYRINGE 10ML (NIPRO)	SYRINGE 10ML	1 Nos	External / Once Daily	1 Days		3 Nos	Dispensed

SWAPNA SAMUDRALA

Reg No : 6992

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Note

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ELECTRONIC MEDICINE PRESCRIPTION

MRN	: LBH-00028186	Name	: Mrs RENIGUNTA MAMATHA
Age / Sex	: 38 Y 4 M 29 D / Female	Doctor	: SWAPNA SAMUDRALA
Adm/Reg Date/Time	: 06/06/2026 15:43	Payor	: SELFPAY
Order Date	: 06/06/2026 19:17	Ordernumber	: 26-0000204870
Visit ID	: IP26-00006524	Ward/Bed No	: 4F -OT / PDA-413
Patient Address	: 1-1-301/12,,BAPU NAGAR,,CHIKKADAPALLY, Chikkadpally, Hyderabad, Telangana, INDIA, 500020		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	BACTOPREP SOLUTIONS 100 ML	CHLORHEXIDINE GLUCONATE2% &ALCOHOL80% 500	1 mL	/ Once Daily	1 Days		1 Nos	Dispensed
2	ABGEL SURGI PAD (BIG) (GELSPON)	ABGEL	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
3	ADULT DIAPERS-XXL		1 Nos	External / 1-2 TIMES A DAY	1 Days		1 Nos	Dispensed
4	TRUGUT CHROMIC CATGUT SN4242	TRUGUT CHROMIC CATGUT SN4242	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
5	BUPICAIN HEAVY 80MG INJ 4ML	BUPIVACAINE 80MG INJ	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
6	PENCAN 27G (B/BRAUN)		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
7	RL 500 ML CLOSED SYSTEM	RINGER LACTATE 500ML CLOSED	1 Bottle	/ Once Daily	3 Days		3 Bottle	Dispensed
8	VACCUME SUCTION SET	VACCUME SUCTION SET	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
9	Encore Microptic gloves-6.5		1 Nos	/ Once Daily	1 Days		2 Nos	Dispensed
10	MISOPROST TAB 200MCG 4S		1 Tabs	External / Once Daily	1 Days		4 Tabs	Dispensed
11	DISPOSABLE APRONS STERILE XL	DISPOSABLE APPRON STERILE XL	1 Nos	/ Once Daily	3 Days		3 Nos	Dispensed
12	MONOCRYL 3-0 NW 1326	MONOCRYL 1326	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
13	SGLOVE # 6.5 (SURGICARE)	SURGICAL GLOVES 6.5	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
14	EVATOCIN (OXYTOCIN) INJ 5 IU 1 ML		1 Nos	/ Once Daily	3 Days		3 Vial	Dispensed
15	ENCORE MICROPTIC GLOVES-6 PF		1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
16	PREGELLED SURGICAL PLATES(ADULT)	PREGELLED PLATED ADULT	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
17	VICRYL 1-0 NW 2364	VICRYL 1-0 NW 2364	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
18	ONDOKIND INJ 4 MG 2 ML	ONDANSETRON 4MG 2ML INJ	1 Nos	/ Once Daily	1 Days		1 Vial	Dispensed
19	SURGICAL BLADE 22	SURGICAL BLADE 22	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
20	LSCS DRAPE PACK (PROTECTCARE)		1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
21	SUPRIDOL SUPPOSITORIES 100 MG 5 S		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
22	MOPS 30X30 6PLY 5S X-RAY	MOPS 30X308 PLYDATT	1 Nos	/ Once Daily	2 Days		2 Nos	Dispensed
23	SURGICAL BLADE 15	SURGICAL BLADE 15	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
24	COTTON BALLS 2 GM 5 NOS	COTTON BALLS 2G- 5 NOS	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
25	CAUTERY PENCIL (ADVANCE)	CAUTERY PENCIL (ADVANCE)	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
26	VICRYL 1-0 VP 2346	VICRYL 1-0 VP 2346	1 Nos	/ Once Daily	2 Days		2 Nos	Dispensed
27	RILIGOL 100 MCG INJ CARBITOCIN		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed

SWAPNA SAMUDRALA

Reg No : 69924

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Note

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ELECTRONIC MEDICINE PRESCRIPTION

MRN	: HNH-00015842	**Name**	: Baby Of RENIGUNTA MAMATHA
Age / Sex	: 0 Y 0 M 0 D 2 H / Male	**Doctor**	: SINDHURA MUNUKUNTLA
Adm/Reg Date/Time	: 06/06/2026 17:27	**Payor**	: SELFPAY
Order Date	: 06/06/2026 19:20	**Ordernumber**	: 26-0000204872
Visit ID	: IP26-00006525	**Ward/Bed No**	: 4F -OT / CRDL-HNPDA-413-1
Patient Address	: 1-1-301/12,,BAPU NAGAR,,CHIKKADAPALLY, Chikkadpally, Hyderabad, Telangana, INDIA, 500020		

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

SINDHURA MUNUKUNTLA

Reg No : 66970

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040-48873000, info@rainbowhospitals.in

ELECTRONIC MEDICINE PRESCRIPTION

MRN	: HNH-00015842	**Name**	: Baby Of RENIGUNTA MAMATHA
Age / Sex	: 0 Y 0 M 0 D 2 H / Male	**Doctor**	: SINDHURA MUNUKUNTLA
Adm/Reg Date/Time	: 06/06/2026 17:27	**Payor**	: SELFPAY
Order Date	: 06/06/2026 19:20	**Ordernumber**	: 26-0000204873
Visit ID	: IP26-00006525	**Ward/Bed No**	: 4F -OT / CRDL-HNPDA-413-1
Patient Address	: 1-1-301/12,,BAPU NAGAR,,CHIKKADAPALLY, Chikkadpally, Hyderabad, Telangana, INDIA, 500020		

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

SINDHURA MUNUKUNTLA

Reg No : 66970

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Printed Date/Time : 06/06/2026 19:33 Printed By : SUNKARI SANGEETHA

309
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Name	Mrs RENIGUNTA MAMATHA	**UHID**	LBH-00028186
Father/Guardian	Mr MORA VISHWANATH	**Age/Gender**	38 Y 5 M 0 D/ Female
Address	1-1-301/12,,BAPU NAGAR,,CHIKKADAPALLY, Chikkadpally, Hyderabad, Telangana, INDIA, 500020		
IP No	IP26-00006524	**Admission Date**	06-06-2026
Ref Doctor	Self.		
Discharge Date	10.06.2026		

DISCHARGE SUMMARY

Consultant:
Dr. SWAPNA SAMUDRALA
MBBS, MS (OBG)
69924

Diagnosis: G3P1L1A1 WITH 36^{+3} WEEKS POG WITH SEVERE OLIGHYDRAMNIOS WITH PREVIOUS LSCS WITH CHRONIC HYPERTENSION WITH K/C/O HYPOTHROIDISM AND ASTHMA.

EMERGENCY PRETERM LOWER SEGMENT CAESAREAN SECTION DONE ON 06.06.2026

History:
LMP: 17.09.2025
EDD: 01.07.2026

Obstetric formula: G2P1L1A1
Gestation at admission: 36^{+3}weeks

Name	Mrs RENIGUNTA MAMATHA	**UHID**	LBH-00028186
IP No	IP26-00006524	**Admission Date**	06-06-2026

Obstetric History:
G1 -2017,FT LSCS (Cord around neck) male, B.Wt 2.5kg,child- mild autism speech delay
G2 -TOP, by MERPC at 6 weeks in 2018
G3- Present pregnancy, Spontaneous conception (in treatment free period, H/o Failed IUI in may 25).

Medical History: K/C/O Asthma since 2017- nebulization on and off- last episode 3 years ago; K/c/o Hypothyroidism since 2017- tab thyronorm 125mcg ; k/c/o HTN- since feb 2025- on Tab Labetalol 100mg BD. K/c/o renal stones

Surgical History: LSCS-2017
Allergies: milk, nuts
Family History: Father-T2DM, Mother-HTN

Antenatal Details:
Mrs RENIGUNTA MAMATHA was booked to Rainbow hospital at 5^{+2} weeks of gestation. She had regular antenatal checkups and investigations as advised. Physician opinion was sought in view of increased TSH and Chronic Hypertension status. Regular Home BP Monitoring done and antihypertensive continued. NT scan was normal. FTS : Low Risk, Screen +ve for PE (1 : 41). NIPS in V/o Advance Maternal Age- low risk. MTAS was normal. Fetal 2 D echo done was normal. Growth Scan at 33+2 weeks showed AGA fetus with normal AFI and doppler with Unilat renal pelvic dilatation - Lt 7.4 mm. Fetal surveillance done by serial growth scans. Scan done (06.06.2026) at 36+3

Name	Mrs RENIGUNTA MAMATHA	UHID	LBH-00028186
IP No	IP26-00006524	Admission Date	06-06-2026

weeks. showed single live intrauterine fetus with cephalic presentation, AFI: 3.2cm (severe oligohydramnios) with EFW: 2580gm (20%) AC 24%with placenta: anterior high with Doppler normal. Couple was counselled regarding scan finding and decision for Emergency preterm LSCS was taken. She was admitted at 36^{+3} weeks with severe oligohydramnios for emergency pretermLSCS

Investigations: Enclosed
Blood group: O positive

Management:
Course in hospital and Delivery Details:
At admission on clinical examination the vitals were stable, uterus was relaxed, abdominal wall edema ++. Fetal well being was confirmed by an admission NST which was found to be reactive. She was decided for Emergency preterm C-section in view of Severe Oligohydramnios, 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. Antibiotic prophylaxis with Inj. Taxim 1 gm IV given. Patient shifted to theatre.

Surgery Notes:
Under spinal anesthesia she was painted and draped as per hospital protocol. Previous lscs scar excised. Abdomen opened in layers. The parietal and visceral peritoneum carefully opened after identifying the urachus. Bladder was reflected. A lower segment curvilinear incision given on the uterus. Baby

delivered. Cord clamped and cut and cord blood collected for blood grouping and Rh typing. Baby handed over to pediatrician. Placenta delivered with controlled cord traction. 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.

* **LUS well formed**
* **Liquor scanty**

Delivery Details :

Date : 06.06.2026
Time of Delivery: 04.43pm
Type of Delivery: Emergency preterm lower segment caesarean section
Indication : Severe Oligohydramnios
Analgesia : Spinal

Baby Details:

Date : 06.06.2026
Time : 04.43pm
Sex : Male
Weight : 2.440
Apgar : 8,9
Gestational Age: 36^{+3} weeks
NICU Admission: No

Name	Mrs RENIGUNTA MAMATHA	**UHID**	LBH-00028186
IP No	IP26-00006524	**Admission Date**	06-06-2026

Post-Operative Notes:

She was closely monitored. Her vital signs remained stable. Uterus was well retracted with no Postpartum hemorrhage. Breast feeding initiated. She was shifted to room. Thromboprophylaxis given as per Axon advice. Her postoperative period following that was uneventful. Strict BP monitoring was done. On POD 2, physician opinion was sought and antihypertensive revised .On third postoperative day dressing was changed. On inspection wound was healthy. Her general condition was satisfactory and she was found to be fit for discharge. Wound care and medications were explained to patient supplemented by written information. She was given the postpartum book for further reference.

Advice:

1. Tab. Taxim O 200mg twice daily till 14.06.2026 (9am-9pm) after food.
2. Tab. Calpol 500mg (Paracetamol 500mg) (2tabs) thrice daily till 12.06.2026(8am-2pm-10pm) after food.
3. Tab. Voveran 50 mg (Diclofenac 50mg) thrice daily till 12.06.2026 (9am-3pm-11pm) after food.
4. Tab. Pantop 40mg twice daily till 14.06.2026 (7am-7pm) before food. 14.06.2026.
5. T. Chymoral Forte thrice daily till 15.06.2026 (9am-3pm-11pm) after food.
6. T. Limcee 500 mg, Once daily (Chewable) till 30/6/26 (11am)
7. Tab. Livogen (Elemental Iron - 50mg, folic acid 1.5mg) once daily (7am) for three months before breakfast.
8. Tab. Shelcal (Elemental Calcium 500 mg, Vitamin D3 250 IU) once daily

(2pm) till breast feeding for after food.

9. Continue Tab Thyronorm 125mcg till further order
10. Repeat FT4 and TSH after 6 weeks and review in OPD
11. Tab.Stamlo (Amlodipine) 5 mg twice daily (8am- 8pm) till further orders.
12. Cap Lactare 2 caps twice (10am-10pm) daily till 13.06.2026 followed by 1 tab twice daily till 20.06.2026.
13. TED stocking x 2weeks
14. Nebasulf Powder for local application.
15. Syp Duphalac 15ml SOS (for constipation).

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 **24.06.2026** 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.
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.

Name	Mrs RENIGUNTA MAMATHA	**UHID**	LBH-00028186
IP No	IP26-00006524	**Admission Date**	06-06-2026

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

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
LBH-00028186 IP26-00006524 Mrs RENIGUNTA MAMATHA 08-01-1988 38 Y 4 M 29 D (F) Dr. SWAPNA SAMUDRALA	6/6/26 @ 3:43 Pm	6/6/26 @ 1pm
	Transfer Ordered by	Reason for Transfer
	Dr. Swapnaa	OBL
From Unit	To Unit	Information to Attendant
Pres Post	(OT) Room (304	Yes ✓ No ☐
Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant
30	MST-1	Yes ☐ No ✓ 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	Name of Person Ordered Transfer
Madhumita @ Madhu	Dr. Swapnaa

Patient & Clinical Records Received by : Swetha 6/6/26

Date & Time of Patient Received : @ 11pm

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

Docu. No. : RCH /FRM / CLINICAL / 102

PATIENT TRANSFER FORM

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LBH-00028186 IP26-00006524 Mrs RENIGUNTA MAMATHA 08-01-1988 38 Y 4 M 29 D (F) Dr. SWAPNA SAMUDRALA	Date & Time of Admission 6/6/26 @ 3:43 PM	Date & Time of Transfer Order 6/6/26 at @ 6 PM
	Transfer Ordered by Dr Naveena.	Reason for Transfer Emergency
From Unit pre-past	To Unit D.T	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 25	Number of Imaging Films NST - 1	Personal belongings including clinical documents. If any handed over to attendant Yes ☑ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Rb	1 D
2.		
3.		
4.		
5.		

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

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

Patient & Clinical Records Received by : Anusha

Date & Time of Patient Received : 6/6/26 @ 6 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

Docu. No. : RCH /FRM / CLINICAL / 102

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Childrens Hospital-Himayatnagar

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

ADMISSION SHEET

Registration Details :

Admission No : IP26-00006524 **Admit Date** : 06-Jun-2026 **Admit Time** : 03:43 PM **UHID** : LBH-00028186

Patient Details :

Patient Name	: Mrs RENIGUNTA MAMATHA	**Age**	: 38 Y 4 M 29 D
Guardian	: Mr MORA VISHWANATH	**DOB**	: 08-01-1988
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	: Married
Address (H)	: 1-1-301/12,,BAPU NAGAR,,CHIKKADAPALLY Chikkadpally Hyderabad Telangana INDIA 500020	**Phone No**	: 9490217211
		E-mail	: mamatharenigunta2@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 MORA VISHWANATH	**Relationship**	: Husband
Contact Address	: 1-1-301/12,,BAPU NAGAR,,CHIKKADAPALLY Chikkadpally Hyderabad Telangana INDIA 500020	**Phone No**	: 9490217211

Signature

Doctor Details :

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

Payment Details :

		Deposit Amount	: 50000.00
Payment Mode	: DC/CC Card	**Payor Name**	: SELFPAY

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ACTIVITY RECORD FOR BILLING

Name: ----- LBH-00028186 IP26-00006524 Mrs RENIGUNTA MAMATHA 08-01-1988 38 Y 4 M 29 D (F) Dr. SWAPNA SAMUDRALA ----------

UHID No : - --------- Consultant : ---------- Dept : ----------

Date of Adr : ---------- Date of Discharge : ---------- Time: ----------

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
6/6/26	4.20pm	pre-post	O.T	[illegible]
6/6/26	5:40pm	OT	Pre Post	[illegible]
6/6/26	11pm	pre&post	(309)	[illegible]

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Sign
6/6/26	CBP	HN26009436	
6/6/26	NST — (1)	D06843	Dasher
~~6/6/26~~	~~NST — (2)~~		
		cross checked done	
		Cross checked done 8/6/26 @ 6:10AM	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
6/6/26	Infusion pump	5.40pm	11pm	204850	Anjali
6/6/26	cardiomonitor	5.40pm	11pm		

cross checked done

Cross checked done

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
6/6/26	IV placement	1	204831	
6/6/26	DAC	1	204830	Anusha
6/6/26	catheterization	1	204831	
			cross checked done	
		Cross checked Done		
7/6/26	NHA	1	5438	
			cross checked by Sujatha 9/6/26 @ 8AM	

ANY OTHER INFORMATION

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

LBH-00028186 IP26-00006524
Mrs RENIGUNTA MAMATHA
08-01-1988 38 Y 4 M 29 D (F)
Dr. SWAPNA SAMUDRALA

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RESULT SHEET

Date	6/6/26					
Time						
Hb	10.3					
PCV	30.5					
RBC	3.87					
WBC	9.83					
N/L	74.9/19.3					
Platelets	247					
CRP						
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
Blood Grouping	O positive					
HIV	NR					
HbsAg						
HCV						

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

LBH-00028186 IP26-00006524
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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints
Came for Safe Confinement

LMP: 17/9/2025 EDD: 24/6/2026
Corrected EDD: 1/7/2026 GA: 36w 3days.

Obstetric Formula: G2P1L1A1.
ML - 2015, NCM.

Menstrual History: Regular : ☑ Yes ☐ No

Obstetric Hostory:
1st → 2017, FTLSCS (Cord around neck) male, B.wt 2.5kg, child - mild Autism speech delay.
2nd - ToP by MERPC @ 6wks in 2018
3rd - PP Spontaneous Conception (in Rx free period, hlo failed IUI in may 2025)

Present Pregnancy Record:

RISK FACTORS: Booked @ 5w 2days

NT - (N) FTS - low risk, Screen +ve for PE
TIFFA - (N)
pre-LSCS
T. Ecospirin 75mcg OD till today morning.
Chronic HTN.

Height: 147 cm
Weight: 84.3 kg
Allergies: Nuts
Breast: ☑ Normal ☐ Abnormal

General Examination:
Consciousness: clc Pallor: No
Icterus: no Edema: no
Temp: Afebrile PR:
BP: 119/99mmHg. DTR: (N)
CVS: S1S2 (+) nomurmur RS B/L NVBS (+)
Liver/Spleen: (N) Urine Output: Adequate

Obstetric Examination
Fundal Height: 36wks
Ut. Activity: ☑ Relaxed ☐ Mild ☐ Mod ☐ Severe
Liquor: ☑ Adequate ☐ Oligo ☐ Poly
PP: ☑ Cephalic ☐ Breech Others _____
Head Fifths Palpable: 5/5th
FHS: ☐ Normal ☐ Tachy ☐ Brady ☐ Absent

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

Vaginal Examination not done
Cervix: ☐ Long ☐ Partially effaced ☐ Effaced
Os: Closed _____ Dilated _____
Membranes: ☐ Present ☐ Absent
Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained
Presenting Part: ☐ Vertex ☐ Breech ☐ Others
Sutton: ☐ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2
Pelvis: ☐ Adequate ☐ Doubtful

DIAGNOSIS
G3P1L1A1 with 36w 3days POG with 1 previous LSCS with Chronic hypertension with K/c/o hypothyroidism and Asthma. & Oligohydramnios

LBH-00028186 IP26-00006524
Mrs RENIGUNTA MAMATHA
08-01-1988 38 Y 4 M 29 D (F)
Dr. SWAPNA SAMUDRALA

Family History:	Surgical History:
Father. T_2DM. Mother HTN	LSCS - 2017.
Medical History: K/c/o Asthma, Hypothyroidism :: 2017 HTN :: Feb 2025	**Medication History:** T. IRON T. CALCIUM T. Thyronorm 125mcg OD T. labetolol 200mg BD T. Ecospirin ~~Gold~~ 75mg PO OD.
Plan of Care: Admission NST Informed ~~Onse~~ Consent Parts Preparation Foley's Catheterisation PAC paediatrician Call shift to OT on Call. drugs as charted strict FHR monitoring Monitor Vitals Inform SOS	**Investigations:** BGT CBP (2/6/2026) Hb - 10.7 pH - 2.09. TLC - 8.38 PCV - 31.2 HIV, HbsAg, HCV, VDRL USG (6/6/2026) SLIUF - 36w 3days. Cephalic placenta - fundal Lt. lateral AFI - 3.2cm EFW - 2580gm (20th Centile Dopplers - normal.

Doctor Name: Dr. Naveena.
Signature:
Date & Time: 6/6/2026 @ 3pm

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

Consultant Name: Dr. Swapna. S
Signature:
Date & Time: 6/6/2026

LBH-00028186 IP26-00006524
Mrs RENIGUNTA MAMATHA
08-01-1988 38 Y 4 M 29 D (F)
Dr. SWAPNA SAMUDRALA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/6/26	POD - 0	
5:45 pm		
		Adv
	GC Fair Afebrile	- NBM x 4-6 hr
Baby well	BP : 120/88 mmHg	- Oxygen as charted
	PR 97 b/mt	- TED stocking
	P/A ut well retracted	- I/O charting
V.V → clear 200 ml.	PV Bleeding WNL	- FR after Consultant round (Foley removed)
	U/O 200 cc (CT-Empty)	- W/F vitals & BPV monitoring
		- Inform SMS
		Dr. Swapna Samudrala Consultant Obstetrics and Gynecology Reg. No: 69924
		Noted by Anusha. L

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

(P.T.O)

LBH-00028186 IP26-00006524
Mrs RENIGUNTA MAMATHA
08-01-1988 38 Y 4 M 29 D (F)
Dr. SWAPNA SAMUDRALA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/6/2026	c/s/b Dr Manasha	
9:30pm		
	CC - Fair Afebrile	Adv
	BP - 120/86	- Allow SHO > 11pm → Lyquid > 1Am
	PR - 88	- Soft Diet > 6Am c/m
	P/A Ut well retracted	- Drys as charted
	BS(+)	- W/F vitals & Burns BPN
Bms	PV Bleeding WNL	- Ambulation c/m
	U/O 100 c/hr	- Inform SVS
	(clear in tubes)	- Shift to room.
		Dr Manasha
	- Foley's removed to plan after	
	Consultant Rounds c/m.	
		Noted by Monica.
7/6/2026	c/s/b Dr Manasha	
8Am	POD 1	
	CC - Fair Afebrile	Adv
	Vitals stable	Soft Diet / Adey Hydration
	P/A Ut well Retracted	Drys as charted
Bms	BS(+)	W/F vitals & BPN
	PV Bleeding WNL	Ambulation
	U/O Adey	Inform SVS
	C/o nausea After Antibiotic	Dr Manasha

LBH-00028186 IP26-000
Mrs RENIGUNTA MAMATHA
08-01-1988 38 Y 4 M 29 D
Dr. SWAPNA SAMUDRALA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/6/26	POD - 2	
1:30 pm	@ Pt is stable, No c/o	Adv
	O/E GC-fair	- Soft Diet
	- Vitals - stable	- Oral hydration
	P/A - UT well retracted	- Drugs as charted
Baby well	BS (+)	- Monitor vitals 4th hrly
	L/E - BWNL.	- AMBULATION
Foley (+)		- Remove foley → Encourage voiding.
		- Inform Sys
		N/B Mother.
7/6/26	C/S/B Dr. Veena	Dr. Swapna Samudrala Consultant Obstetrics and Gynecology Reg. No: 69924
8:30pm	POD-1 / P2L2	Ch. Swapna
	Pt is stable, No c/o	
	O/E GC-fair, Afebrile	
	Vitals - stable	Adv
Baby @ NS	Pallor (-)	✓ Soft diet
	P/A - UT well retracted	✓ Ambulation
	mild abd. distention (+)	✓ Adequate hydration.
	BS (+)	✓ Vital monitoring.
U ✓	L/E - BWNL.	✓ Drugs as charted
FX	B/L Breasts - No milk secretion (+)	✓ T. LACTARE 2 tabs BD x 1 week (started i/v/o baby sake)
SX.		✓ DULCOLAX SUPPOSITORY @ night.
		Noted by Swathi 8/6/26 @ 8AM

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

LBH-00028186 IP26-00006524
Mrs RENIGUNTA MAMATHA
08-01-1988 38 Y 4 M 29 D (F)
Dr. SWAPNA SAMUDRALA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/6/26	c/s/B Dr. Veena	
7 AM	POD - 2 / P2L2.	
Baby @ NMS	A is stable, Noctor	
	O/E GC fair, Afebrile	Adv
	Vitals - stable	- Soft diet.
	Pallor (-)	- Vital monitoring
	P/A - Ut well retracted	- Drugs as charted
	BS (+)	- Ambulation 3rd hourly
	Mild abd distention (+)	- Adequate hydration
	L/E - BWNL.	- Inform SOS
	B/L Breasts - Soft, mild MS (+)	
		Noted by Swathi
		8/6/26 @ 9:00 AM
8/6/2026 11:00am	c/s/by Dr. Naveena.	
	O/E GC - fair	Adv
	Afebrile	- Regular diet
	Vitals - stable.	- Adequate hydration
	PA: ut retracted	- Ambulation.
	Soft, NT	- drugs as charted
	Dressing: dry & clean	- w/f PV bleeding
	U/E: PV bleeding WNL	- Monitor Vitals
		- Inform SOS
	Baby: MS	
		Dr. Naveena

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

LBH-00028186 IP26-00006524
Mrs RENIGUNTA MAMATHA
08-01-1988 38 Y 4 M 29 D (F)
Dr. SWAPNA SAMUDRALA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	POD . 3	
8/6/26		
11:30 am	No comp	Adv
	O/E: G.C fair	- Regular Diet
	Afebrile	- Oral hydration
	Vitals - @ BP - 130/80 mmHg	- Drugs as charted
Baby - well	P/A - ut well retracted	- monitor intake
Stable	Sgl	- Ambulation
	LLC - MAB	- Inform Sr
		- Physician Review
		Dr. Swapna Samudrala Consultant Obstetrics and Gynecology Reg. No: 69924
		N.B Maheshwari
8/6/2026		
3:50 pm		
	C/O/w Dr Nishath Sr	
	Adv	
	- T. Stemlo (Amlodipine) 5mg BD	
	- Monitor BP	
	- Inform Sr	
	Dr Nishath	
		Noted by Madhu 8/6/26 @ 8:31pm

LBH-00028186 IP26-00006524
Mrs RENIGUNTA MAMATHA
08-01-1988 38 Y 4 M 29 D (F)
Dr. SWAPNA SAMUDRALA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/6/26 10:30 pm	II - POD	
baby	well	No complaints
		c/o fever after birth
U: ✓		vitals (N)
F: ✓		PA: fascious distension (A)
		PV: bleeding (N)
9/6/2026 8:15am		c/s/by Dr. Naveena
	O/E GC - fair	Adv
	Afebrile	Regular diet
	Vitals - stable	Adequate hydration
U - ✓	CVS/RS NAD	drugs as charted
F - ✓	PA - ut. retracted well	Ambulation
	Soft, NT.	Monitor Vitals
S - ✓	Dressing dry & clean	Inform SO
	UE: PV bleeding WNL	
		Noted by [illegible] SAM
	Baby: MS	
		Dr. Naveena

LBH-00028186 IP26-00006524
Mrs RENIGUNTA MAMATHA
08-01-1988 38 Y 4 M 30 D (F)
Dr. SWAPNA SAMUDRALA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/6/26	c/s by. ~~Dr. Naveena~~ Dr. Swapna	
Baby with Mother	O/E GC - fair Afebrile Vitals - stable PA: ut. retracted Soft, NT Dressing: dry & clean UE: PV bleeding WNL. Can be discharged	Adv ✓ Regular diet ✓ Adequate hydration ✓ drugs as charting ✓ Ambulation ✓ Monitor Vitals ✓ Inform SOS. Dr. Swapna Samudrala Consultant Obstetrics and Gynecology Reg. No: 69924 NB Sunanda
9/6/26 4:30 pm	c/s/b. Dr. Dna POD-3 - (BP LSCS)	
Baby & Mother. UV IV SV	O/E GC Fair Afebrile BP: 137/78 mmHg PR: 85/min P/A Uterus Retracted well P/E NAD	Adv ✓ Regular diet ✓ Adequate hydration ✓ Drugs as charted ✓ Ambulation. ✓ Monitor vitals Inform SOS. NB Sunanda @ 8PM

LBH-00028186 IP26-00006524
Mrs RENIGUNTA MAMATHA
08-01-1988 38 Y 4 M 30 D (F)
Dr. SWAPNA SAMUDRALA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/6/2026	C/S/B D1. Dwg	
	POD-3 (S/P LSCS)	
7:20 AM		Adv
	G/C Fair.	Regular diet
Baby & Mother	Afebrile	Adequate hydration
	Vitals - Normal	Drugs as charted
	P/A Ut Retracted well	Ambulation
U ✓		Monitor vitals
F ✓		Inform SOS
S ✓	L/E NAD	Steristrip dressing today
		Noted by Swathi
		10/6/26 @ 8 AM
10/6/26 12:30 pm	POD - IV	
	No Comp	Adv
	O/E: G.C Fair	- Regular Diet
	Afebrile	- Oral hydration
	Vitals - @	- Drugs as charted
Baby - well	P/A - UV well retracted	- Monitor vitals
amphotherapy	wound - (H)	- Ambulation
Sutures ✓	Dressing	- Inform SOS
	wound Care	
	L/E - NAD	
Can be discharged		Dr. Swapna Samudrala Consultant Obstetrics & Gynaecology Reg. No: 69924
		Ch. Sowmya

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

LBH-00028186 IP26-00006524
Mrs RENIGUNTA MAMATHA
08-01-1988 38 Y 4 M 30 D (F)
Dr. SWAPNA SAMUDRALA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

LBH-00028186 IP26-00006524
Mrs RENIGUNTA MAMATHA
05-01-1988 38 Y 4 M 30 D (F)
Dr. SWAPNA SAMUDRALA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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

LBH-00028186 IP26-000
Mrs RENIGUNTA MAMATHA
08-01-1988 38 Y 4 M 29 D
Dr. SWAPNA SAMUDRALA

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MEDICATION RECONCILIATION FORM

Drug Allergies: Nill ☑ 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	6/6	☐ C ☑ DC
2	T. CALCIUM	1TAB	PO	OD	6/6	☐ C ☑ DC
3	T. THYRONORM	125mcg	PO	OD	6/6	☑ C ☐ DC
4	T. LABETOLOL	200mg	PO	BD	6/6	☐ C ☑ DC
5	T. ECOSPIRIN	75mg	PO	OD	6/6	☐ C ☑ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Naveena

Date & Time : 6/6/2026 @ 3:15pm

Nurse Name & Signature: Chembakala.

Date & Time : 6/6/26 at 3.15 pm

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

LBH-00028186 IP26-00006524
Mrs RENIGUNTA MAMATHA
08-01-1988 38 Y 4 M 29 D (F)
Dr. SWAPNA SAMUDRALA

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DRUG CHART

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

FOR THE SAFETY OF THE PATIENT

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

DOCTOR - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
- Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
- Discontinue a drug by drawing a line / 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 .... Si ure ....

LBH-00028186 IP26-00006524
Mrs RENIGUNTA MAMATHA
08-01-1988 38 Y 4 M 29 D (F)
Dr. SWAPNA SAMUDRALA

REGULAR PRESCRIPTIONS Weight. 54.3 kg Ward. .....

Verified by Dr. Dhakshayani

DRUG : INJ. CEFOTAXIME	Date/Time	5/6	7/6	8/6
Dose: 1GM; Route: IV; Frequency: BD; Start Date: 6/6				
Name & Signature of the Doctor Starting the Drugs: @ Dr. Naveena.	6AM	X		
Additional Instructions: ATD, * 24h	6pm		Madhu	
Daily Doctor's Endorsement by a Sign				

STOP 7/6/26

Verified by Dr. Dhakshayani

DRUG : TAB. PARACETAMOL	Date/Time	5/6	8/6	9/6
Dose: 1gm; Route: PO; Frequency: 6HRLY; Start Date: 06/06	12am			
Name & Signature of the Doctor Starting the Drugs: DR. M. VINEETHA	6am			
Additional Instructions:	12pm	Madhu		
	6pm	Madhu	Madhu	
Daily Doctor's Endorsement by a Sign				

Stop

Verified by Dr. Dhakshayani

DRUG : TAB. TRAMADOL	Date/Time	5/6	8/6	9/6	10/6
Dose: 100 mg; Route: PO; Frequency: 8 HRLY; Start Date: 06/06	12am	X			
Name & Signature of the Doctor Starting the Drugs: DR. M. VINEETHA	8am	Madhu		Madhu	
Additional Instructions:	8pm	Madhu	Madhu		
Daily Doctor's Endorsement by a Sign					

Verified by Dr. Dhakshayani

DRUG : INJ. ENOXAPARIN	Date/Time	5/6	8/6	9/6
Dose: 40 mg; Route: S/C; Frequency: ONCE DAILY; Start Date: 06/06				
Name & Signature of the Doctor Starting the Drugs: AFTER 8 HRS FROM SPINAL ANESTHELIA. AFTER CHECKING FOR BLEEDING	12am			
Additional Instructions: (after 12:30 pm) DR. M. VINEETHA * 3 days				
Daily Doctor's Endorsement by a Sign				

Stop

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Sheet No: .....

REGULAR PRESCRIPTIONS

Weight 84.3kg Ward .....

DRUG : T. PANTOPRAZOLE				Date/Time	7/6	8/6	9/6	10/6
Dose	Route	Frequency	Start Dt.					
40mg	P/O	OD	6/6					
Name & Signature of the Doctor Starting the Drugs:				6am				
Additional Instructions:								
Daily Doctor's Endorsement by a Sign								

DRUG : T. THYRONORM				Date/Time	8/6	9/6	10/6
Dose	Route	Frequency	Start Dt.				
125mcg	P/O	OD	8/6/26	6AM			
Name & Signature of the Doctor Starting the Drugs:							
Additional Instructions:							
Daily Doctor's Endorsement by a Sign							

DRUG : T. CEFEXIME				Date/Time	8/6	9/6	10/6
Dose	Route	Frequency	Start Dt.				
200mg	P/O	BD	8/6/26	9AM		Made	
Name & Signature of the Doctor Starting the Drugs:							
Additional Instructions:				9pm			
Daily Doctor's Endorsement by a Sign							

DRUG : TAB. LACTARE				Date/Time	7/6	8/6	9/6	10/6
Dose	Route	Frequency	Start Dt.					
2 tabs	P/O	BD	7/6/26					
Name & Signature of the Doctor Starting the Drugs:				10AM			Made	
Additional Instructions: week f/b. AB TID				10pm				
Daily Doctor's Endorsement by a Sign								

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Sheet No: .....

REGULAR PRESCRIPTIONS

Weight 84.3kg Ward .....

DRUG : T. STAMLO

Dose	Route	Frequency	Start Dt.
5mg	P/O	BD	8/6

Name & Signature of the Doctor Starting the Drugs: Dr Samudra

Additional Instructions: (Amlodipine)

Date / Time	8/6	9/6	10/6
9am	✗	Medi	
9pm			

Daily Doctor's Endorsement by a Sign

DRUG : Syp. DUPHALAC

Dose	Route	Frequency	Start Dt.
15ml	Po	OD	8/6/26

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Date / Time	8/6	9/6
10pm		

Daily Doctor's Endorsement by a Sign

DRUG : T. DICLOFENAC.

Dose	Route	Frequency	Start Dt.
50mg	PO	TID	10/6.

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

Additional Instructions:

Date / Time	10/6
7am	
3pm	
11pm	

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Date / Time

Daily Doctor's Endorsement by a Sign

Verified by Dr. Dhakshayani

Verified by Dr. Dhakshayani

Verified by Dr. Dhakshayani

LBH-00028186 IP26-000
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STAT / ONCE ONLY DRUGS

Name: .....

Weight: 84.3 kgs

Sheet No: .....

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
7/6/26	5:30 pm	INJ. ONDANSETRON	4mg	IV			
7/6/26	10:00pm	DULCOLAX SUPPOSITORY	2tabs	P/R			
8/6/26	9:30am	Inj. PANTOPRAZOLE	40mg	IV			

Patient Sticker

Weight. 86.3 kg Ward. .....

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
6/6	4PM	INJ. PANTOPRAZOLE	40mG	IV		
6/6	4PM	INJ METOCLOPROMIDE	10mG	IV		
6/6	4 PM	Inj. ONDANSETRON	4mg	IV		
6/6	4PM	INJ. CEFOTAXIME	1GM	IV		
06/06	4.44 Pm	INJ. CARBETOCIN	100 mcg	IV		Kar
06/06	4.50PM	INJ. TRANEXAMIC ACID	1gm	IV		Kar
06/06	5.40Pm	SUPP. TRAMADOL	100.mg	PR		Kar
~~06/06~~ 7/6	8AM	INJ ONDANSETRON	8mg	IV		
7/6	10AM	INJ METOCLOPRAMIDE	10mg	IV SLOW		Nath

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

Verified by Dr. Dhakshayani

Mrs RENIGUNTA MAMATHA
08-01-1988 38 Y 4 M 29 D (F)
Dr. SWAPNA SAMUDRALA

I.V. FLUIDS CHART

Weight. 84.3kg Ward. .....

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
6/6	3:40PM	RINGER LACTATE	IV.	100ml			6/6		
06/06	4:30PM	RINGER LACTATE	IV	900ml/hr			06/06		
06/06	5:00PM	RINGER LACTATE + 10 IU OXYTOCIN	IV	120ml/hr			6/6		
6/6	9:30PM	RINGER LACTATE	IV	100 ml/hr			7/6		
7/6	2:30AM	RINGER LACTATE	IV	100 ml/hr			7/6		
		STOP 7/6/26							

Signature .....

VERIFIED BY : Name .....

LBH-00028186 IP26-00006524
Mrs RENIGUNTA MAMATHA
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Dr. SWAPNA SAMUDRALA

309

RESULT SHEET

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

Date						
Time						
CUE-Alb						
CUE-Sugar						
CUE - Ketones						
CUE-PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA/Cyst						
Occult Blood						

Culture and Sensitivities : .....

.....

.....

.....

Radiology: USG : .....

X-Ray:.....

ECHO: .....

CT: .....

MRI .....

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

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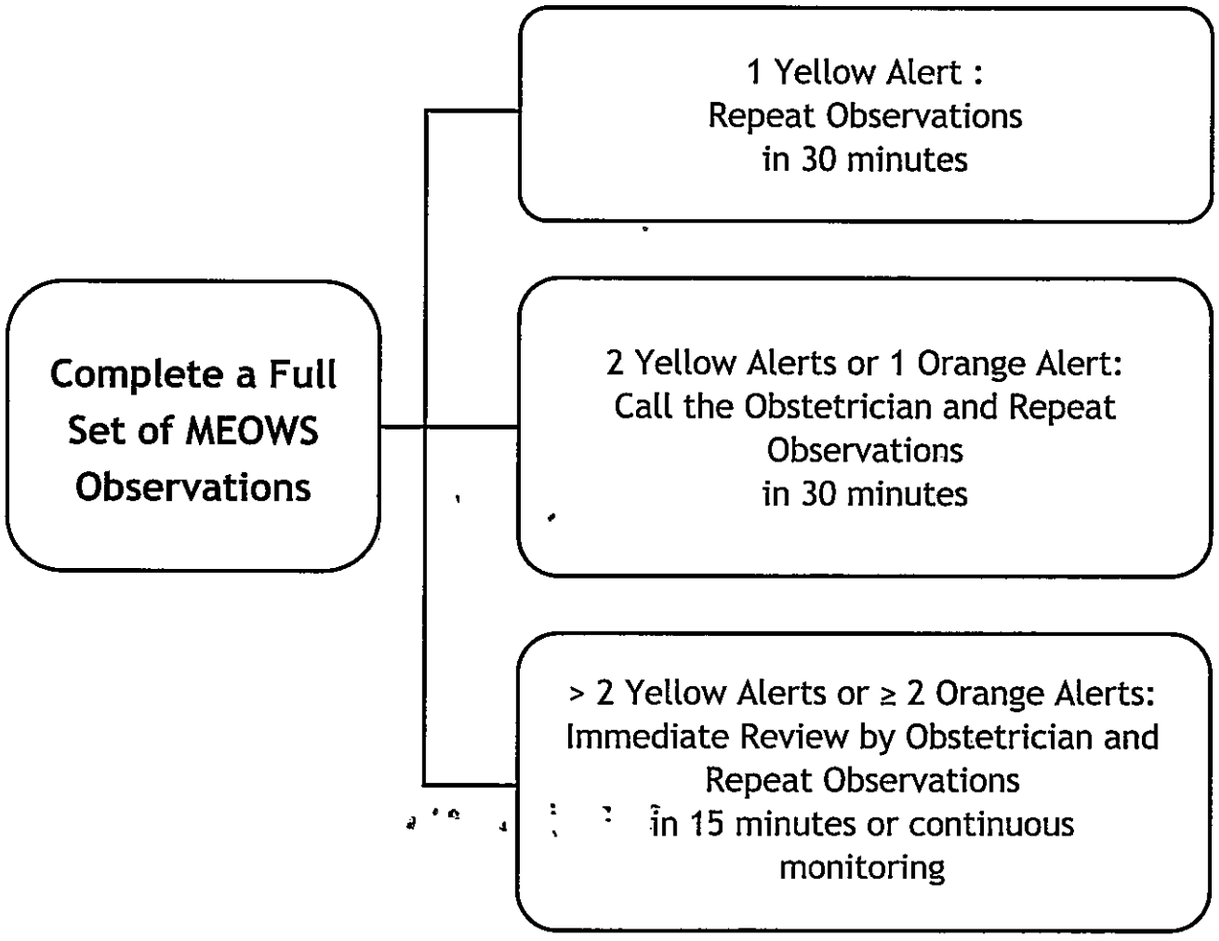
Early Warning Observation Score Chart - Obstetrics

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

6/6/26	Date																							
	Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20							20	20	20	20	20	20	20	20	20	20			20				20	
	0 - 10																								
Saturations	94 - 100 %							100	100	99	100	100	100	99	99	99	99			99				99	
	< 94 %																								
Administered O_2 (L/min.)																									
Temp °c	40																								
	39																								
	38																								
	37																								
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70							86	86	86	76	76	86	88	88	86	89			89				89	
	60																								
	50																								
	40																								
Systolic Blood Pressure ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100							122	130	120	121	123	120	116	118	114	116			129				114	
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70							76	70	85	86	86	86	88	88	86	88			80				77	
	60																								
	50																								
	40																								
NEURO RESPONSE [✓]	Alert																								
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30							-	-	-	-	-	-	-	-	-	-			-				-	
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal							-	-	-	-	-	-	-	-	-	-			-				-	
	Heavy / Foul																								
Liquor	Clear / Pink							-	-	-	-	-	-	-	-	-	-			-				-	
	Green																								
TOTAL YELLOW SCORES								0	0	0	0	0	0	0	0	0	0			0				0	
TOTAL ORANGE SCORES								0	0	0		0	0	0	0	0	0			0				0	
Nurse Initial																									

Obstetrics and Gynaecology Early Warning Signs



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

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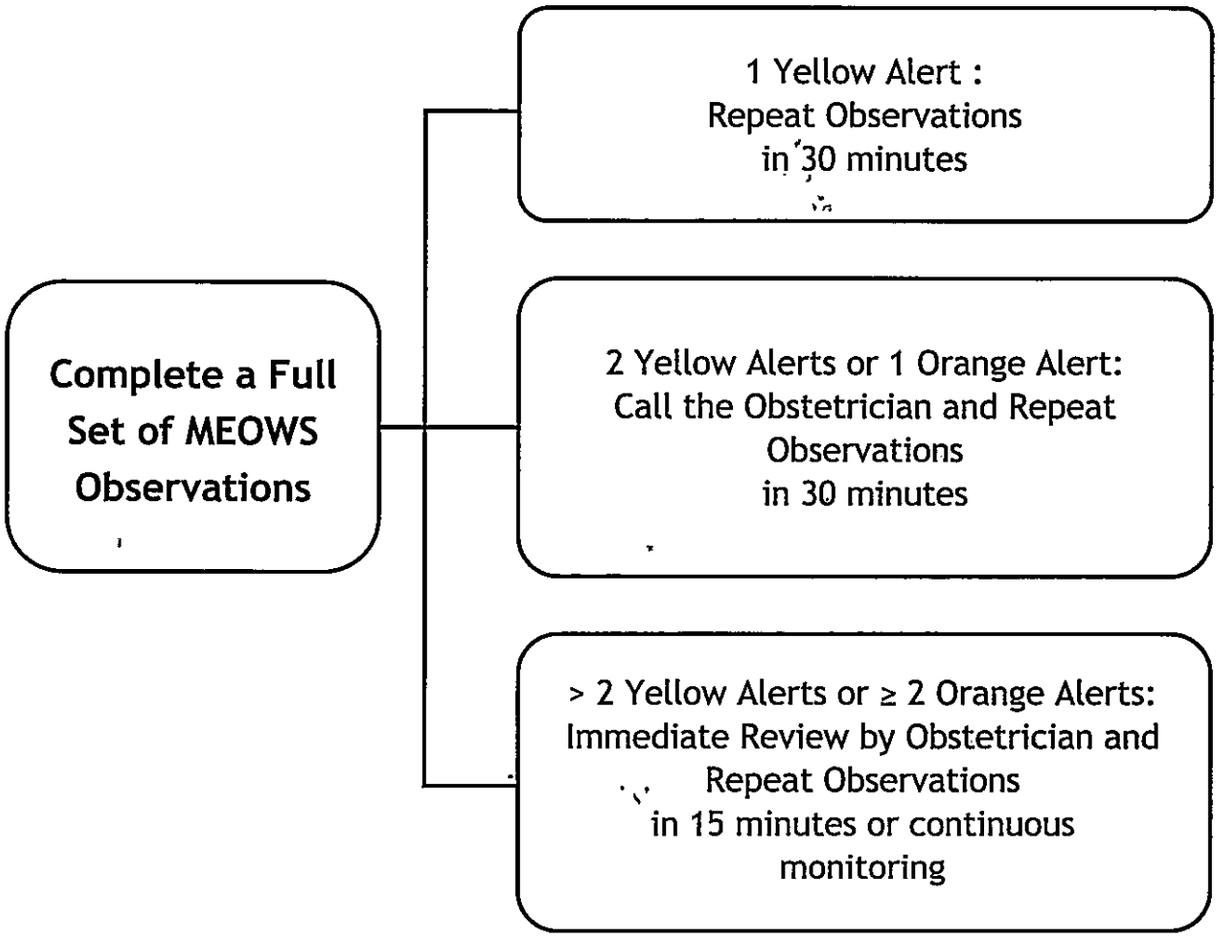
Early Warning Observation Score Chart - Obstetrics

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

7/6

	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			20bm				20bm			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			36°C				36°C			36.8				36.5°C				36.5°C				36.6°C		
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90			98																					
	80			97				87			86				85bm				87bm				85bm		
	70																								
	60																								
	50																								
	40																								
↑ Systolic Blood Pressue	190																								
	180																								
	170																								
	160																								
	150																								
	140										152														
	130																								
	120																								
	110			142				140							129				130				130		
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
↓ Diastolic Blood Pressure	130																								
	120																								
	110																								
	100																								
	90																								
	80										85														
	70			84											70				74				80		
	60							69																	
	50																								
	40																								
NEURO RESPONSE [✓]	Alert			–				–			–				–				–				–		
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30			–				–			–				–				–				–		
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal			–				–			–				–				–				–		
	Heavy / Foul																								
Liquor	Clear / Pink			–				–			–				–				–				–		
	Green																								
TOTAL YELLOW SCORES				0				0			0				0				0				0		
TOTAL ORANGE SCORES				0				0			0				0				0				0		
Nurse Initial				[illegible]				[illegible]			[illegible]				[illegible]				[illegible]				[illegible]		

Obstetrics and Gynaecology Early Warning Signs



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

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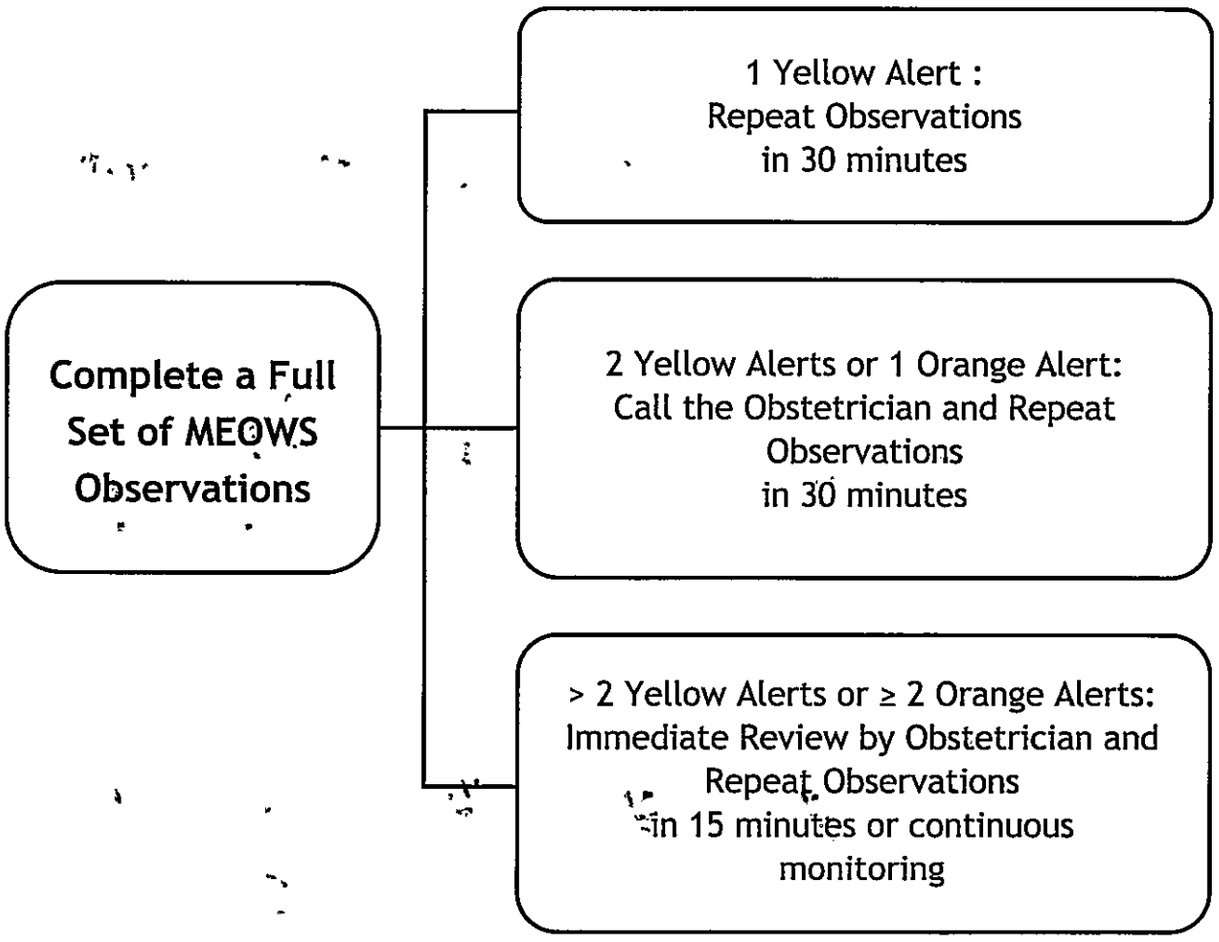
Early Warning Observation Score Chart - Obstetrics

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

8/6/26

	Date																							
	Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20			20				20				20				20			20					20	
	0 - 10																								
Saturations	94 - 100 %			100				100				99				99%			100%					100%	
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37																								
	36			98				98.6				98.6				98.5°F			98.5°F					98.6°F	
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90							84				90				90			80	80				86	100
	80			85																					
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressure ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140															112									
	130			130				135				135							101					117	
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70			70				79				75													
	60																		65						
	50																								
	40															70								78	
NEURO RESPONSE [✓]	Alert			—				—				—				—			—					—	
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30			—				—				—				—			—					—	
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal			—				—				—				—			—					—	
	Heavy / Foul																								
Liquor	Clear / Pink																								
	Green																								
TOTAL YELLOW SCORES				0				0				0				0			0					0	
TOTAL ORANGE SCORES																									
Nurse Initial																									

Obstetrics and Gynaecology Early Warning Signs



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

LBH-00028186 IP26-00006524
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Early Warning Observation Score Chart - Obstetrics

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

9/6

	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%				98%				99%	
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37							97.7				98.6				98.5°f				98.6°f				98.5°f	
	36			98																					
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70			85				86				85				85 b/m				87 b/m				85 b/m	
	60																								
	50																								
	40																								
Systolic Blood Pressure ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120			120																					
	110							110				117				113				120				122	
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70			85				69				78				75				77				80	
	60																								
	50																								
	40																								
NEURO RESPONSE [✓]	Alert			—				—				—				—				—				—	
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30			—				—				—				—				—				—	
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal			—				—				—				—				—				—	
	Heavy / Foul																								
Liquor	Clear / Pink							—				—				—				—				—	
	Green																								
TOTAL YELLOW SCORES				0				0				0				0				0				0	
TOTAL ORANGE SCORES				0				0				0				0				0				0	
Nurse Initial																									

Obstetrics and Gynaecology Early Warning Signs

Complete a Full Set of MEOWS Observations

- 1 Yellow Alert : Repeat Observations in 30 minutes
- 2 Yellow Alerts or 1 Orange Alert: Call the Obstetrician and Repeat Observations in 30 minutes
- > 2 Yellow Alerts or ≥ 2 Orange Alerts: Immediate Review by Obstetrician and Repeat Observations in 15 minutes or continuous monitoring

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

SH-00028186 IP26-00006524
Mrs RENIGUNTA MAMATHA
08-01-1988 38 Y 4 M 29 D (F)
Dr. SWAPNA SAMUDRALA

Rainbow® Children's Hospital
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FLUID CHART

Sheet No. : 1

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

Date	Time	Intake: Nature of Fluid	Intake: Route: Mouth	Intake: Route: I.V	Intake: Route: N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						Total Output :						
6/6/26	02:00 pm	RL		100ml								
	03:00 pm	RL	M	100ml								
	04:00 pm	RL	B	100ml								
	05:00 pm	RL		100ml								
	06:00 pm	RL	M	100ml						300ml		Empty
	07:00 pm	RL		100ml								
Total Intake :						Total Output :						
6/6	08:00 pm	RL		100ml								
	09:00 pm	RL	M	100ml						300ml		9am Bowel
	10:00 pm	RL	B	100ml								
	11:00 pm	RL	H2O	100ml		NA		NA				
	12:00 am	RL		100ml								
	01:00 am	RL	H2O	100ml						300ml		Empty
Total Intake :		600 ml				Total Output :						
7/6	02:00 am	RL		100ml								
	03:00 am	RL		100ml								
	04:00 am	RL	Soup	100ml						100ml		Empty
	05:00 am	RL	+	100ml		NA						
	06:00 am	RL	H2O	100ml				NA				
	07:00 am	RL		100ml						500ml		Empty
Total Intake :						Total Output :						

Total 24 hrs. Intake		Total 24 hrs. Output	

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

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
7/6/26	08:00 am	RL	Idli Sup	100ml								
	09:00 am	RL		100ml								
	10:00 am	RL		100ml		NA	0	NA			0	
	11:00 am	RL		100ml						800ml		Emty
	12:00 pm	RL		100ml								
	01:00 pm	RL		100ml						300ml		Emty
Total Intake :		Taken				Total Output :				U	m	Foleys removed
7/6/26	02:00 pm											
	03:00 pm											
	04:00 pm	0	upma tea				0				0	
	05:00 pm				NA			NA				
	06:00 pm											
	07:00 pm											
Total Intake :		Taken				Total Output :				U-3	m-0	
7/6/26	08:00 pm											
	09:00 pm											
	10:00 pm		upma + tea									
	11:00 pm	0			NA		0	NA			0	
	12:00 am											
	01:00 am											
Total Intake :						Total Output :				U-	m-	
8/6/26	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am	0	H2O		NA			NA			0	
	06:00 am											
	07:00 am											
Total Intake :						Total Output :				U-	m-	

Total 24 hrs. Intake		Total 24 hrs. Output	

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1. All measurements in ml.
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		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
8/6/26	08:00 am											
	09:00 am		Jelly + sup.		NA			NA				
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						Total Output :						
8/6/26	02:00 pm		Foley Rice + H2O	NA				NA				
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						Total Output :						
8/6/26	08:00 pm		Rice + H2O	NA				NA				
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake : Paku						Total Output : U-2 M-0						
9/6/26	02:00 am		H2O	NA				NA				
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake : Paku						Total Output : U-2 M-0						

Total 24 hrs. Intake		Total 24 hrs. Output	

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Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
9/6/26	08:00 am		idly							✓		
	09:00 am	0					0				0	
	10:00 am		soup		NA				NA			
	11:00 am		milk							✓		
	12:00 pm											
	01:00 pm											
Total Intake :						Total Output : U — M —						
9/6/26	02:00 pm		khichdi									
	03:00 pm									✓		
	04:00 pm	0	+		NA		0		NA		0	
	05:00 pm		H2O									
	06:00 pm									✓		
	07:00 pm											
Total Intake : Taken						Total Output : U – 2 M – 01						
9/6/26	08:00 pm											
	09:00 pm									✓		
	10:00 pm	0	Ricc		NA		0		NA		0	
	11:00 pm		+									
	12:00 am		H2O							✓		
	01:00 am											
Total Intake : Taken						Total Output : U – 2 M – 0						
10/6/26	02:00 am									✓		
	03:00 am											
	04:00 am	0	H2O		NA				NA		0	
	05:00 am											
	06:00 am									✓		
	07:00 am						✓			✓		
Total Intake : Taken						Total Output : U – 3 M – 1						

Total 24 hrs. Intake		Total 24 hrs. Output	

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
10/6/26	08:00 am											
	09:00 am	0	idly									
	10:00 am		HD		NA			NA			0	
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :** U – M –						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		**Total 24 hrs. Output**	

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

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

Total 24 hrs. Intake		Total 24 hrs. Output	

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Mrs RENIGUNTA MAMATHA
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NURSING CARE RECORD

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Date: 16/6/2026

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				NA			
Afternoon	2pm 8pm	→ Assess the pt condition → check the vital's → I/O chart Maintain → plan for Medication	2pm 8pm	→ Assessed pt condition → checked vital's (Pulse) → Maintained I/O chart → given Medication as per doctor's	pt is stable	vital's is Normal	Anila
Night	8Am 8Am	→ Plan for vital → Plan for I/O chart. → Plan for medication.	8Am 8Am	→ vital checked & recorded. → Maintain I/O chart. → All medication given	→ vital's normal	→ pt's stable	Madhu

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NURSING CARE RECORD

Date: 7/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8Am 8pm	- Assess the pt condition - Monitor vitals - Maintain I/O Chart - Medication Given As per drug chart	8Am 8pm	- Assessed the pt condition - monitored vitals - Maintain I/O Chart - Medication Given as per drug chart	pt is stable	Rechecked vitals	manjula
Afternoon				DAY			
Night	8pm to 8Am	→ Assess the pt condition → monitor vitals & record → maintain I/O chart → Administer medication as per drug chart	8pm to 8Am	→ Assessed the pt condition → Monitored vitals & recorded → Maintained I/O chart → administered medication on as per drug chart	→ Patient is stable	→ Rechecked vitals	[illegible]

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Mrs RENIGUNTA MAMATHA
08-01-1988 38 Y 4 M 29 D (F)
Dr. SWAPNA SAMUDRALA

NURSING CARE RECORD

Rainbow® Children's Hospital
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Your Right to a Safe Delivery

Date: 8/6/26

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. → plan Ambulation 3rd hourly → plan soft diet. → drugs give as per drug chart.	8Am 2pm.	→ Assessed the pt condition. → planed Ambulation 3rd h. → planned soft diet. → drugs given as per drug chart.	→ pt is stable NOCO.	→ Reassessed the vitals	[illegible]
Afternoon	2Pm 8Pm	→ ASSESS THE PT condition → monitor vitals → maintained I/O chart → Pt an soft diet → Iv cannula removed → Et medication	2Pm 8Pm	→ ASSESSED THE PT condition → monitored vitals → maintained I/O chart → Pt is on soft → Medication as per drug chart	Pt is stable NOCO	Re-assessed the vitals	Neelu
Night	8pm to 8Am	⇒ Assess the pt condition ⇒ Monitor vitals & record ⇒ maintain I&O chart ⇒ administer medication as per drug chart	8pm to 8Am	⇒ Assessed the pt condition ⇒ monitored vitals & recorded ⇒ Maintain I&O chart ⇒ Administered medication as per drug chart	⇒ Pt is stable	⇒ Rechecked vitals	[illegible]

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Patie

NURSING CARE RECORD

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Date: 9/6/26

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
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- ☐ Maintain Skin Integrity
- ☐ Patient & Family Education

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8pm to 2pm	→ To assess the baby condition → Check the vitals → 2nd hourly DOF + FF → I/O chart maintain	8Am to 8pm	⇒ Assess the pt condition ⇒ Maintain I/O ⇒ DOF + FF 2nd hourly ⇒ To adm the medication	pt is stable	check the vitals	Madhu
Afternoon	2pm to 8pm	– To assess the patient condition – check the v/s – Monitor the I/O – To adm the medication	2pm to 8pm	– Assess the patient condition – monitor the v/s – maintain the I/O – To adm the medication	– Now pt is stable	– check the v/s	Sy
Night	8pm to 8Am	→ Assess the PI condition → monitor vitals & record → maintain I&O chart → Administer medication as per drug chart	8pm to 8Am	→ Assessed the condition → Monitored vitals & recorded → maintained I&O chart → Administered medication as per drug chart	→ pt is stable	→ Rechecked vitals	[illegible]

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NURSING CARE RECORD

Date: 10/6/26

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 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 patient is stable	- Rechecked the v/s	[signature]
Afternoon							
Night							

Patient Sticker

NURSING CARE RECORD

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Date: .....

Goals

- ☐ Maintain Airway and Oxygenation
- ☐ Maintain Personal Hygiene
- ☐ Identify Potential Complications
- ☐ Relieve Pain & Discomfort
- ☐ Prevent Infection
- ☐ Any Others. Specify.....
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	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night							

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: Em LSCS				Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:		
	Surgery / Procedure:				Post OP Day:		
BACKGROUND	Date / Shift	6/6/2026	7/6 M	7/6 N	8/6/26 M	8/6/26 E	8/6/26 N
	Medical Condition (Any special condition to be noted):	–	–	–	–	–	–
	Diet:	NBM	liquid	Soft	soft diet	soft diet	Regular
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Ventilation (RA, NP, NIV, VENTI):	–	–	–	–	–	–
	Tubes/Drains/Catheter:	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Vital Signs: Temp:	98.1°F	98.2°	98.5°F	98.1°F	98.3°	98.5°F
	Res:	20	20	20 b/m	20 b/m	20 b/m	20 b/m
	SpO_2:	99%	99%	100%	100%	100%	100%
	Pulse:	76	77	85 b/m	85 b/m	86	80 b/m
	BP:	119/99	116/86	129/75	110/70	117/60	130/70
	LOC:	–	–	–	–	–	–
	Fall Risk Score:	–	–	–	–	+	–
	Pain Score:	–	–	–	0	0	–
	Skin Integrity	good	good	Good	Good	Good	good
Recommendations	Safety Needs:	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No
	Physiotherapy:	–	–	–	–	–	–
	Others Specify:	☐ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Special Diet:	NBM	liquid	Soft	soft diet	soft diet	Regular
	Critical Lab Test / Values:	–	–	–	–	–	–
	Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	ADL (Dependent / Non Dependent):	–	–	–	–	–	–
Post Operative Procedure Special Orders:		–	–	–	–	–	–
Handed Over By Name :		Anuja	Madhu	Sunetha	mahi	Madhu	Sunetha
Signature / ID :							
Date:		6/6/2026	7/6	8/6/26	8/6/26	8/6/26	9/6/26
Time:		8pm	8Am	8Am	8PM	8pm	8Am
Taken Over By Name :		Madhu	Sunetha	mahi	Madhu	Sunetha	Madhu
Signature / ID :							
Date:		7/6	7/6/26	8/6/26	8/6/26	8/6/26	9/6/26
Time:		8pm	8pm	8Am.	8pm	8pm	8Am

BAH-00551472 IP26-00006526
Mrs KHATIJA FATIMA
21-03-2000 26 Y 2 M 18 D (F)
Dr. SWAPNA SAMUDRALA

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NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: ..... Department: ..... Date of Admission: .....

SITUATION	Diagnosis: LSCS				Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:		
BACKGROUND	Area / Shift Time	9/6/26 M6	9/6/26 E2	9/6/26 N1	10/6/26 M6		
	Medical Condition (Any special condition to be noted):	–	–	–	–		
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	Tubes/Drains/Catheter:	☑ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.1°F	98.1°F	98.5°F	98.5°F		
	Res:	20b/m	20b/m	20b/m	22b/m		
	SpO_2:	99%	99%	99%	99%		
	Pulse:	81b/m	82b/m	80b/m	85b/m		
	BP:	116/71	117/78	120/70	132/72		
	Fall Risk Score:	–	"0"	"0"	"0"		
	Pain Score:	–	Good	Good	Good		
Recommendations	Safety Needs:	Yes	yes	yes	yes		
	Physiotherapy	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	Others Specify:	–	–	–	–		
	Special Diet:	☑ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	Other Special Orders / Medications:	–	–	–	–		
Post Operative Procedure Special Orders:		–	–	–	–		
Handed Over By Name :		Supriya	Sunanda	Sweetha	Sunanda		
Signature :							
Date:		9/6/26	9/6/26	10/6/26	10/6/26		
Time:		8pm	8pm	8AM	2pm		
Taken Over By Name :		Sunanda	Sweetha	Sunanda			
Signature :							
Date:		9/6/26	9/6/26	10/6/26			
Time:		2pm	8pm	8am			

Docu. No. : RCH /FRM / CLINICAL / 097

Patient Sticker

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NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: ..... Department: ..... Date of Admission: .....

SITUATION	Diagnosis:				Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:		
BACKGROUND	Area / Shift Time						
	Medical Condition (Any special condition to be noted):						
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:						
	Res:						
	SpO_2:						
	Pulse:						
	BP:						
	Fall Risk Score:						
	Pain Score:						
Recommendations	Safety Needs:						
	Physiotherapy	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Others Specify:						
	Special Diet:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Other Special Orders / Medications:						
Post Operative Procedure Special Orders:							
Handed Over By Name :							
Signature :							
Date:							
Time:							
Taken Over By Name :							
Signature :							
Date:							
Time:							

Docu. No. : RCH/FRM / CLINICAL / 097

LBH-00028186 IP26-00006524
Mrs RENIGUNTA MAMATHA
08-01-1988 38 Y 4 M 29 D (F)
Dr. SWAPNA SAMUDRALA

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CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1 (6/6)			DAY-2 (7/6)			DAY-3 (8/6)			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0		0	0	0	0	0	0	–	–	
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1		–	–	–	–	–	–	–	–	
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2		–	–	–	–	–	–	–	–	
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3		–	–	–	–	–	–	–	–	
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4		–	–	–	–	–	–	–	–	
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5		–	–	–	–	–	–	–	–	
		Signature of the Nurse											

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

Signature of Shift In Charge :
Signature : ..... Name : Anupha K.

Signature of Ward In Charge :
Signature : Rushdi ..... Name : Rushdi

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

Patient Sticker

LBH-00028186 IP26-00006524
Mrs RENIGUNTA MAMATHA
08-01-1988 38 Y 4 M 30 D (F)
Dr. SWAPNA SAMUDRALA

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CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	9/6/26 DAY-1			DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0	0	0	0							
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1	NA	NA	NA							
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2	NA	NA	NA							
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3	NA	NA	NA							
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4	NA	NA	NA							
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5	NA	NA	NA							
		Signature of the Nurse											

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

Signature of Shift In Charge :

Signature : ..... Name : Madhuni

Signature of Ward In Charge :

Signature : ..... Name : Balavani

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

LBH-00028186 IP26-00(
Mrs RENIGUNTA MAMATHA
08-01-1988 38 Y 4 M 29 D
Dr. SWAPNA SAMUDRALA

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CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	9/6 DAY-1			10/6 DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0	0	0	0	0						
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1	NA	NA	NA	NA						
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2	NA	NA	NA	NA						
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3	NA	NA	NA	NA						
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4	NA	NA	NA	NA						
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5	NA	NA	NA	NA						
			Signature of the Nurse										

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

Signature of Shift In Charge :

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

Signature of Ward In Charge :

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

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

LBH-00028186 IP26-00006524
Mrs RENIGUNTA MAMATHA
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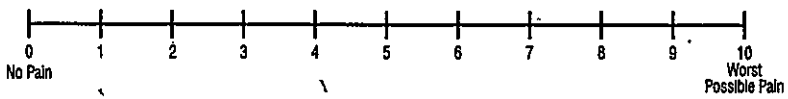
PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
6/6/26	8pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
6/6	8Am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
6/6	11Am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
7/6	2Am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
7/6	8Am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
7/6	10pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
8/6/26	12pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
8/6/26	2pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
8/6/26	10pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
9/6/26	4pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	

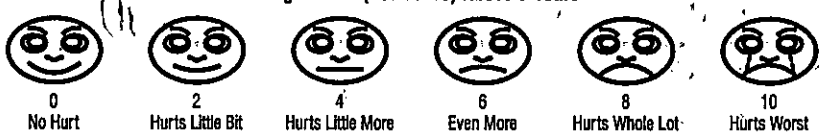
Re-assessment Frequency:
1. Every eight hours for all hospitalized patients.
2. For post-surgical patients, patients with chronic pain, patient with severe pain:
   a) At least every 2 hours for the first 24 hours
   b) Then every 4 hours.
   c) Prior to pain pain-relieving intervention.
   d) Within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

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years



FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

Assessment Criteria	Sedation		Normal	Pain / Agitation	
	-2	-1	0	1	2
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense
Vital Signs HR RR, BP, SaO_2	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO_2 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO_2 less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator

LBH-00028186 IP26-00006524
Mrs RENIGUNTA MAMATHA
08-01-1988 38 Y 4 M 29 D (F)
Dr. SWAPNA SAMUDRALA

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BRADEN 'Q' SCALE

				Date :	6/6	7/6	8/6	9/6/26
				Time :				
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	4	4
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
				TOTAL SCORE	28	28	28	28
				Evaluator's Name				

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

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

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

LBH-00028186 IP26-00006524
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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	6/6/26	6/6	7/6
		Score	E2	N1	N1
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0	0	0	0
Secondary Diagnosis (more than one diagnosis)	Yes	15			
	No	0	0	0	0
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0	0	0	0
IV / Heparin Lock or Saline	Yes	20	20	20	20
	No	0	0	0	0
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10			
	Normal /On Bed Rest /Immobile	0	0	0	0
Mental Status	Forgets limitations	15			
	Oriented to own ability	0	0	0	0
Total Morse Fall Scale Score:			20	20	20
		Signature	[signature]	[signature]	[signature]

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

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

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

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

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

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

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

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CAESAREAN SECTION OPERATIVE NOTES

			Baby Details
Surgeon's Name: Dr Swapna Samudrala	Date of Delivery:	6/6/2026	6.6.2026
Assistant Surgeon: Dr Navcana	Time of Delivery:	2.440 kg.	4.43pm
Anaesthetist's Name: Dr Vineetha	Gender of Baby:	4:43 pm	(4.43pm) Male child
Type of Anaesthesia: Spinal	Weight of Baby:	2.440	2.440 kg
Neonatologist: Dr Nagpunya	AGPAR Score:	8, 10	8,10
Scrub Nurse:	NICU Admission: ☐ Yes ☑ No		No (Mother)

Pre-Operative Diagnosis: G3P1L1A1 / 36T3 / Oligohydramnios / Prev LSCS / Ch HTN / Hypothyroidism

☐ Elective ☑ Emergency Indication: S. Oligohydramnios

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

Decision time: 10 pm Knief to rectus: 7 pm

CTG Description: Reactive

If there was a delay give the reasons: No delay

Surgical Procedure: Emergency LSCS

Post Operative Diagnosis: PPD-0

Peri-Operative Complications: —

Amount of Blood Loss: ~ 200 cc Blood Transfused (in ML): —

Name and Number of Surgical Specimen sent for examination:

—

Examination Findings when Appropriate:

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

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

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

Caput: ☐ + ☐ ++ ☐ +++ no. Meconium: ☑ None ☐ + ☐ ++ ☐ +++

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

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

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

Previous Scar: ☑ Intact ☐ Thinnedout ☐ Ruptured ☐ No Scar LUS-well formed

Incision Through Placenta: ☐ Yes ☑ No

Delivery of head: ☐ Manual ☑ Forceps liquor-Scanty.

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

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

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

Appearance of placenta: Normal ..... Cavity explored ☑ Yes ☐ No

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

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

Peritoneal Closure: ☐ Pelvic ☑ Abdominal ☐ None ..... Catgut no. 1 ..... Suture

Sheath Closure: Yes ..... Vicryl no. 1 ..... Suture

Fat Closure: ☑ Yes ☐ No ..... Catgut no. 1 ..... Suture

Skin Closure: ☑ Subcuticular ☐ Mattress ..... Monocryl 3-0 ..... Suture

Vagineal Evacuated ☑ Yes ☐ No

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

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

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

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

Post-Operative Notes: .....

NBM. for 4-6 hrs
ivf & drugs as charted
TED STOCKINGS
Inj. CLEXANE 40U s/c x 10days
strict BP monitoring.
w/f PV bleeding
foley's removal T/M
Monitor Vitals, Inform SOS.

Doctor Name: Dr-Swapna.S Doctor Signature: .....

Date & Time: 6/6/2026 @ 5:50pm.

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Swapna
Asst. Surgeon : Dr. Naveena
Anaesthetist : Dr. Sreya Dr. Venkat
Scrub Nurse : Sr. Sandya

LBH-00028186 IP26-00006524
Mrs RENIGUNTA M THA
08-01-1988 38 Y 4 M 29 D (F)
Dr. SWAPNA SAMUDRALA

Patient Name : ..... Gender : .....
UHID No. : .....
Date : 6/6/26 In-time : ..... Out-time : .....

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Before Induction of Anaesthesia ➤➤

SIGN IN Time: 4:25 Pm

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

Site Marked ☑ Yes ☐ No ☐ NA

Anaesthesia Safety Check Completed ☑ Yes ☐ No

Pulse Oximeter on Patient & Functioning ☑ Yes ☐ No

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

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

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

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

Signature : .....
Name : DR. M. VINEETHA

Before Skin Incision ➤➤

TIME OUT Time: 4:35 Pm

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

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

Anticipated Critical Events

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

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

Nursing Team Reviews:
- Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns? ☑ Yes ☐ No ☐ NA

Is Essential Imaging Displayed? ☐ Yes ☐ No ☐ NA

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

Signature : .....
Name : Kanna @ 4:35 Pm

Before Patient Leaves Operating Room

SIGN OUT Time: .....

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

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

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

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PATI[illegible]RM

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08-01-1988 38 Y 4 M 29 D (F)
Dr. SWAPNA SAMUDRALA

	Date & Time of Admission	Date & Time of Transfer Order
	6/6/26 @	6/6/26 @ 5:40pm
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
Dr. Swapna	Dr. Veneetha	Observation
From Unit	**To Unit**	**Information to Attendant**
OT	Pre-Post	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
—	—	Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Varuna	Dr. Veenetha

Patient & Clinical Records Received by : Kananer

Date & Time of Patient Received : 6/6/25 @ 5:40pm

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

☐ Unavailable Bed ☐ Nurse not Available ☐ Available Bed not ready

Docu. No. : RCH /FRM / CLINICAL / 102

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OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 6/6/26 Time of Arrival: 3 pm Time Seen by Nurse: 3:10 pm

1) **Level of Consciousness:** ☐ Conscious ☐ Semi-Conscious ☐ UnConscious

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

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

3) **Vital Signs:** Temperature: 97°F Pulse: 86 RR: ..... SpO_2: 100 BP: 130/80 Weight: .....

4) **Gestational Criteria:**

Gravida:	G	P	L	A

LMP: ..... EDD: ..... Gestational Age: .....

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

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

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

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

.....

6) **Past History:**

a) Surgeries: .....
b) Medical: .....

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

Time seen by Doctor: Dr Meena 3:15 PM

Nurse Name : Chumbabeer Nurse Signature: .....

Date: 6/6/25 Time: 3:10 PM

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NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 7/6/26 Time: 11 Am

Origin: Indian Height: 154 cms Weight: 50 kg BMI: ☐ ~ 26 kg/m² ☐ ~ 28 kg/m² ☑ ~ 30 kg/m²

Food Allergies: (~~milk~~, ~~curd~~, ~~corn~~ ~~NKA~~) Milk, Curd, Corn

Diagnosis: (~~[illegible]~~) LSCS

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

Diet Advised:

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

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

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

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

Patient's / Attendant's

Signature: [signature]

Name: Mamatha

Date & Time: 7/6/26 ; 11 Am

Dietician's

Signature: [signature]

Name: Sathwika

Date & Time: 7/6/26 ; 11 Am

DIETARY NOTES

Date	Time	Notes	Sign
8/6/26	11 Am	Start Normal Diet as advised	

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CROSS CONSULTATION FORM

Doctor Name : Dr. Swapna Date : 7/6/26 Time : 2pm

Diagnosis : LSCS

Hospital : RCH - HMNR

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

Type of Referral :
☐ Emergency
☐ Urgent
☐ Non Urgent

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

Signature:

Findings and Recommendations :

Lactation Care plan

- well formed breast & Nipple's
- Adv DBF every 2nd holy each side 15-20 mints
- make baby awake & stimulate continuously while feeding.
- sitting feeds advised.
- To start lactare capsule (TID) - 1 week
  00 — 00 — 00
- galact granules (BD) - 4 scoops. (water dilution).

Consultant :

Name : Sathwika Signature : Date & Time : 7/6/26, 2pm

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

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BREAST FEEDING HANDOVER AND ASSESSMENT FORM

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

2. If No, Reason .....

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

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

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

Feeding Positions:
Cross Cradle

Feeding Positions:
Football / Clutch

6. Was the position explained:
   - ☑ 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: NO
   - ☐ a. Mother needs to stimulate her breast for 2 min every 2 hours

9. Additional notes: .....

Continuity of Care: Date: 6/06/24

→ Assessed pt condition
→ checked vital's & recorded
→ Maintained I/O chart

Handover given by Anshu

Signature

Date & Time: 6/6/2024 @ 4pm

Handover taken by Madhy

Signature Madhy

Date & Time: 6/6/24 @ 8Am

Department of Anaesthesiology

PRE-ANAESTHETIC EVALUATION

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Name: Mrs. Mamatha Age: 38 yr. Sex: female. UHID.No : LBH- 00028186

Date: 06/06/26 Time: 3.00 pm. Proposed Operation: EMERGENCY CAESAREAN SECTION.

Diagnosis: G3P1L1A1 @ 36+3 wks @ previous LSCS @ Chronic Hypertension @ Hypothyroidism & Asthma

B.P / CRT: 119/99 mHg H.R: Weight: 84.3kg ASA Physical Status: ☐ 1 ☑ 2 ☐ 3 ☐ 4 ☐ 5

Laboratory Data:

Hgb: 10.7		Glucose: 93		Protein: 6.5		HIV:	X-Ray:
PCV:		Urea:		Alb: 3.4		HBS Ag:	ECG:
WBC: 8350		Creat:		Total Bill: 0.3		HCV:	2D Echo:
Plate: 2.09		Na:		Dir. Bill: 0.2		Blood group: O positive	Stress/Anglo:
PT:		K:		LDH: 167		T3	Other:
PTT:		Ca++:		Alk phos: 118		T4	
INR:		Mg++:		Amylase:		TSH	
		Cl-:		SGOT/SGPT: 26/22			

(L) side sciatica (+).

Allergies: NKDA.

Medical History: CVS : K/C/O chronic Hypertension — on Tab labetalol 100 mg BD.

RESP : K/C/O Asthma - since 2017 - last episode 3yr back ; occasionally takes nebulization during cold.

Diabetes : (−). Placenta - fundal, (L) lateral

CNS :

Renal : (−).

Hepatic / GE : on T. Ecospirin 75 mg OD.

Physical Activity: METS >4

Others : K/C/O Hypothyroidism — on T. Thyronorm 125 mcg OD — on Sunday: 250 m

Past Anaesthetic History: H/O previous LSCS & SAB — uneventful (2017)

Physical Exam: H/O Surgery for DNS & HA (2023)

Airway: MP 1 (2) 3 4 Mouth Opening: 3f Mentohyoid Distance: (n) Neck: (n) Teeth: Intact no loose tooth

Lungs : BPLAE (+), clear

Heart: S1S2 (+)

CNS: HMF (+).

Pregnant: ☑ Yes ☐ No ☐ NA

Venous Access Site : accessible

Spine Exam for regional : midline nonmultiplaces felt.

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

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

CURRENT MEDICATIONS	DOSAGE
T. THYRONORM	125 mcg / 250 mcg on Sunday
T. ECOSPIRIN	75 mg OD - last dose taken today morning.
T. LABETOLOL	100 mg BD.

Pre-Operative Instructions:

1. DVT Prophylaxis :
2. NIL ORAL → Water / ORS 2 Hours; → Others 6 Hours — water - 1hr back, breakfast (solid) - 10.00 AM
3. Informed Consent: ☐ Standard ☐ High Risk — explained.
4. Post Operative Pain Management: ☐ Discussed with Patient
5. Other Instructions:
   - CBP

Signature: Name: DR. M. VINEETHA

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

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ANAESTHESIA CHART

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Pre Induction Assessment:

Change in Patient Condition: ☐ Yes ☑ No | Fasting Status: Adequate

Physical Status: ☑ Patient Identified ☑ Consent Present ☑ Chart Reviewed

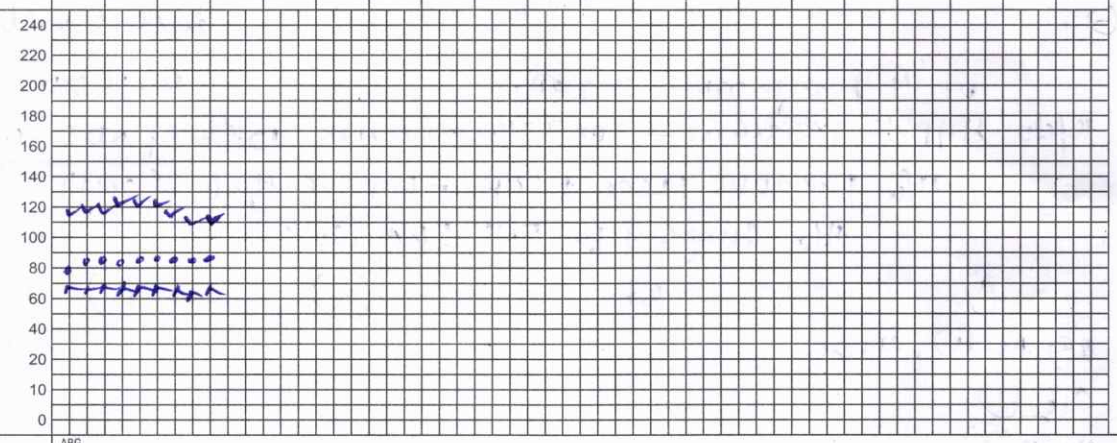
H.R: 88/min | B.P / CRT: 110/80 <4sg | SpO_2: 100% | R.R: 16/min. | Last Feed:

Pre-OP Diagnosis: G3P1L4 A1 2 36+3 wks + prev. 2 LSCS | Operation: Emergency LSCS | Date: 06/08/26

Surgeon: Dr. Swapna | Anaesthesiologist: Dr. M. Vineetha | Technician: Mr. Saraswati

TIME	4.25	(4.35)	(4.40)	(4.50)	(4.57)
N_2O /AIR /O_2 LPM					
HALO /SO /SEVO					
Drugs:					
INJ. CARBETOCIN 100mcg					
INJ. TRANEXAMIC ACID 1gm.					
FIO_2 / SaO_2	100	100	100	100	
$ETCO_2$					
ECG	SR	SR	SR	SR	
Temperature	—	35.7		—	
Urine Output					
Fluids. Blood: RL	→	→	→	→	

Antibiotic: Sinew
Suppository: TRAMADOL 100mg PR
Blood Loss
NOTES



LAB Values: ABG / GRBS / Others

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

Position: supine.
☑ Pressure Points Checked

Eye Care:
☐ Oint
☐ Tape
☐ Padding
☑ Awake

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

Times:
Anaes Start: 4:30pm.
OP Start: 4:35 pm
OP End: 5:30pm
Leave OR: 5:40pm.

Anaesthesia:
☐ GA
☐ Monitored Anaesthesia Care
☑ Regional

Line (Size & Location)
☐ CVP:
☐ ART:
☑ IV: (L) UL, 18G
☐ IV:
☐ IV:

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

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

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

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

Regional:
Extremity Specify:
☑ Spinal ☐ Epidural ☐ Caudal
Others:
Position: sitting
Site: L3-L4
Needle Size: 27G (W) Depth:
Paresthesia ☐ Yes ☑ No
Catheter at skin ..... cm
Drug Name & Conc: 0.5% BUPIVACAINE 2cc + 0.5cc (25mcg) FENTANYL
Bolus:
Infusion:
Block Level: T4
Comments:

Transportation to
☑ PACU ☐ ICU ☐ Other
Relaxant Reversed ☐ Yes ☐ No ☑ NA
Name of the Doctor: DR. M. VINEETHA
Signature of the Doctor:

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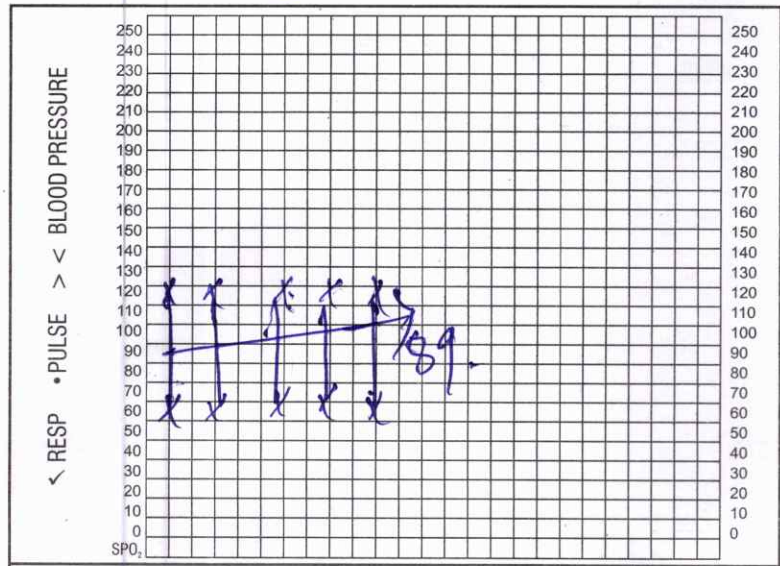
POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Chandrakaly Time Received : 5.40pm Time Discharged : 11pm



IV Cannula Site : lt hand

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

Vomiting : ☐ Yes ☑ No Drug: Inj Taxim 1gm
NG Tube : ☐ Yes ☑ No
Drain: ☐ Yes ☑ No
Urinary Catheter: ☑ Yes ☐ No
Chest Tube: ☐ Yes ☐ No
Nil Oral ☐ Yes ☐ No

IV Fluids: RL
Oral Feeds: NBM

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

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
6/6/26	5.40pm	0/10	normal	[illegible]
6/6/26	6.40pm	0/10	normal	[illegible]
6/6/26	7.40pm	0/10	normal	[illegible]
6/6/26	8.40pm	0/10	normal	[illegible]

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

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

Anaesthesiologist Name : DR. M. VINEETHA
Anaesthesiologist Signature: [illegible]
Date & Time: 06/06/26

PACU Nurse Name : Madhu
PACU Nurse Signature: Madhumita
Date & Time: 6/6/26 @ 11:30 Am

Transferred to Unit by (PACU): C309
Date & Time: 6/6/26 @ 11:30 Am

Patient Sticker

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Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

Date: ..... Time: ..... Procedure done by .....

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

Depth: ..... Catheter at Skin: ..... Attempts : .....

Parasthesia : Yes/No if yes details : .....

Solution Composition : .....

Any other issues :

a) .....

b) .....

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

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

Catheter Removed by and Tip Inspected : .....

Patient Satisfaction : .....

Discharge /Shifting ordered by

Doctor Signature: .....

Doctor Name: .....

Date and Time : .....

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE

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Patient Name : Mrs. Mamatha Age : 38 yr Gender : Male ☐ Female ☑

UHID NO: ..... Surgeon Name: Dr. Swapna

Anaesthesiologist : Dr. Vineetha

Operative procedure planned : Emergency 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 anesthetics arid narcotic drugs to particular parts of the body after surgery or injury, using catheters.

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

☐ Heart disease ☐ Hypertension ☐ Diabetes mellitus ☐ Renal failure

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

☐ Incapacitating Cronic Obstructive Pulmonary Disease

☐ Others : Hypotension, Bradycardia, PPPH

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. Mamatha ..... the above mentioned operation / Diagnostic / Therapeutic procedures Emergency 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 : R. Mamatha

Name : R. MAMATHA

Relationship with Patient: - Self -

Date & Time : 6 Jun 2026

Witness :

Signature : M. Cl

Name : M. Vishwanath

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

Doctor (who is taking the consent) :

Signature : [illegible]

Name : DR. M. VINEETHA

Date & Time : 06/06/26

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

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Patient Name : MRS R. MAMATHA Gender: ☐ Male ☑ Female Age : 38 YRS.

UHID No : LBH - 00028186 Date : 6/6/2026

Instruction:

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

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

EMERGENCY LOWER SEGMENT CAESERIAN SECTION

upon

MRS. R. Mamatha. (Name of the Patient)

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

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

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

Haemorrhage, Need for Blood and Blood products transfusion, Need for Multidisciplinary management, Need for ICU Care, Injury to Adjacent organs - Bowel & Bladder.

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 S.

Consentee :

Signature :

Name : Renugunta Mamatha

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

Patient Attendant :

Signature :

Name : Vishwanath Mara

Relationship with Patient: Husband

Date & Time : 6/6/26 @ 4pm

Witness :

Signature :

Name :

Date & Time :

Doctor (who is taking the consent) :

Signature :

Name : Dr. Naveena.

Date & Time : 6/6/2026 @

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NARCOTIC PRESCRIPTION FORM
(PATIENT COPY)

26XX0000204802

Patient Name: Mrs. Reniguntla mamatha		Age: 38yrs	Gender: Female
UHID No: LBH-00025186	IP No: IP26-00006524	Date: 6/6/26	Time:
Diagnosis: LSCS		ward-OT	

PRESCRIPTION DETAILS (Tick only one of the following)

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

Doctor Name: Dr. [illegible] Doctor Registration No: 67529

Signature:

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

IP Registration No: IP26-00006524 **Date:** 6/6/26

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

1.	**Name :**	**Remarks**
2.	Complete postal address (with contact number, if any)	1-1-30/1/2, Bapu nagar, Kothapally Hyderabad, Telangana, India 500030
3.	Brief description of the illness	NO
4.	Whether registered with any other registered medical practioner / recognized medical institution (If yes, details of the recorded)	NO
5.	Details of essential Narcotic drug dispensed	Fentanyl

Date	Name of the Essential Narcotic Drugs	Quantity	Signature / Thumb Impression of the patient / Patient Attender	Remarks, if any
6/6/26	Inj. Fentanyl	1		

Dispensed by (Name & ID No.): Sanjay (018448) Signature: .....

Received by (Name & ID No.): Sr. Natasha 021700 Signature: Natasha

Time: 3:16.

Docu. No: RCH / FRM / CLINICAL / 133