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

ESTIMATION SLIP

1337

Date : 11/06/2026 **UHID / IP No. :** HNH-0001918 **Sl No.**

Name of Patient : Mrs. Swapna. G **Age:** _____ **Gender:** F.

Father's / Husband's Name : G. Nageraj. **Corporate / Occupation :** _____

Address : Ramnagar. **Phone :** 7702909536 **Email :** _____

Procedure / Plan : LSCS. 39 wks. **EDD/Dos:** _____

MODE OF PAYMENT : ☑ **SELF** ☐ **TPA :** _____ ☐ **GIPSA :** _____ **OTHER**

TARIFF INFORMATION :

NICU – 15,000/- [N+D+Bed Equipment + Procedure + MRD]

Particulars	Package Amounts (Rs.)	
Room Category	Normal Delivery	LSCS
Multi Shared Ward		
Shared Ward		1,30,000
Twin Shared Ward		1,45,000.
Private Room		
Super Deluxe Room		
Suite Room		
Package includes (Package starts from the time of admission)	Room Rent, Nursing Charges, Doctors Fee, Surgeon's Fee and Labour Ward Charges	Room Rent, Nursing Charges, Doctors Fee, Surgeon's Fee Anesthetist's Fees and OT Charges
	Length of Stay for :	Length of Stay for : 3 days.
	Pharmacy up to	Pharmacy up to 12,000
	Investigations up to	Investigations up to : 3000
Others		

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

Initial Minimum Deposit : 1,00,000/- advance.

REMARKS :

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 | Signatory Relationship | Signature of the financial Counselor

HNH-00015918 IP26-00006556
Mrs G.SWAPNA
20-03-1994 32 Y 2 M 22 D (F)
Dr. RAJANI KUMARI

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SURGERY DETAILS

Date : 11/06/26

Patient Name: Mrs. G. Swapna Date of Birth: 20-03-1994 Age: 32Y

Gender: Female Ward : OT- UHID No.: HNH-00015918

Date of Surgery: 11/06/26 ☑ OT -1 ☐ OT -2 ☐ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : Emergency LSCS & SA with Bilateral Tubectomy.

Time in : 1:05 pm Time Out : 2pm

		NAME	AMOUNT
1.	Surgeon	: Dr. Rajani kumari	
2.	Anaesthetist	: Dr. Veenitha	
3.	Assistant Surgeon	: Dr. Veena	
4.	OT Technician	: Sr. Pallavi	
5.	Circulating Nurse	: Sr. Sandhya, Sr. Natasha	
6.	Assistant Nurse	: Sr. Archana	

Special Equipment: ☐ Laparascopy ☐ Broncoscope ☐ Harmonic ☐ Morcelator
☐ C-ARM ☐ Cystoscopy ☐ Versa Point ☐ Liver Cusa
☐ Neuro Cusa ☐ Others Tubectomy charges (26-00002060 53)

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 26-00002060 52 / 60 53 Order by: Archana 11/6/26 @ 16:56 pm

HNH-00015918 IP26-00006556
Mrs G.SWAPNA
20-03-1994 32 Y 2 M 22 D (F)
Dr. RAJANI KUMARI

Gm. RSCS + Tubectomy.

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CONSUMABLES OF OT

Circulating staff : ..... Technician : ..... Date : ..... Time : .....

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube			~~Major~~ Pack Laparoscopic pack		01	Inj Vit.K		01
LMA			Sutures			Cord Clamp		01
ECG leads : A / P / N		03	2346, 2762	3+2		Suction Catheter		
HME filter : A / P / N						Feeding Tube		
Syringes : 10 cc		02				Vaccum Suction Set		
05 cc		03	Gloves S.G 6½	2+2		Surgical Gloves SG 6.5 ~~6.5~~		1+1
02 cc		04	Gauze 6	02		Gauze Pack		
01 cc						Syringe 1ml / 2ml		
Cautery plate : A / P / N		01	Surgical blade 22	01		Surgical Blade # 20		01
IV set			NG tube			Koochies (S)		
RL		02	Cautery pencil	01				
NS : 10ml / 100ml / 500ml / 1000ml		01	Koochies XL	01		Baby said		
			Ointments					
			Suction Catheter			26-0000206066 / 065		
Fentanyl		01	Cap, Mask	10	10			
Morphine			Gauze Pack 7.5	01				
Ketamine			Mop Pack	01				
Propofol			Steristrip					
Rocuronium			Underpad	1				
Glycopyrolate			Draw sheet					
Myopyrolate			Abgel	02				
Ondansetron		01	Foleys catheter					
Pencan 25g/ Spinal Needle 22		01	Urobag					
Bupivacaine 0.25%			Chest Drainage Catheter					
Bupivacaine 0.25%(Heavy)		01	Romodrain bag					
Antibiotics			Bandage					
			Tegaderm					
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg		01	Vaccum Suction set	01				
Justin : 12.5 mg / 25mg / 100mg		01	Plastic ~~Bed Sheet~~ Aprons	03				
Tab. Misoprost : 200mg		04	Betadine Solution	02				
Oxytocin		04	Microshield	01				
Tranaxa		02	Cotton Balls	01				
Carboprost		01	Latex Gloves	20				
			Ramdione Scrub					
			Saral					

Surgeon Anaesthesiologist Nurse OT Technician

Order No. 26-0000206057 / 036 Ordered by : Archana 11/6/26 @ 17:13pm

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

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040-48873000, info@rainbowhospitals.in

ELECTRONIC MEDICINE PRESCRIPTION

MRN	: HNH-00015918	**Name**	: Mrs G.SWAPNA
Age / Sex	: 32 Y 2 M 22 D / Female	**Doctor**	: RAJANI KUMARI
Adm/Reg Date/Time	: 11/06/2026 01:18	**Payor**	: SELFPAY
Order Date	: 11/06/2026 17:13	**Ordernumber**	: 26-0000206056
Visit ID	: IP26-00006556	**Ward/Bed No**	: 4F -OT / LDR-416
Patient Address	1-9-129/23/C/51, Ram Nagar, 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		2 Nos	Dispensed
2	UNDERPADS 60X90 BUTTERFLY		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
3	SURGEON CAP(FEMALE)	FEMALE CAP	1 Cap	External / Once Daily	1 Days		10 Cap	Dispensed
4	NITRILE EXAMINATION GLOVES P F- MEDIUM	NITRILE GLOVES M	1 Nos	External / Once Daily	1 Days		10 Nos	Dispensed
5	VACCUME SUCTION SET	VACCUME SUCTION SET	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
6	GENERAL SURGICAL KIT (MEDITAKE)	GENERAL SURGICAL KIT	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
7	EVATOCIN (OXYTOCIN) INJ 5 IU 1 ML		1 Nos	/ Once Daily	4 Days		4 Vial	Dispensed
8	MISOPROST TAB 200MCG 4S		1 Tabs	External / Once Daily	1 Days		4 Tabs	Dispensed
9	NS 100ML ACCULIFE - EH		1 mL	External / 10 AM	1 Days		1 mL	Dispensed
10	FACE MASK 3 LAYER - ELASTIC	FACE MASK 3 LAYER	1 Nos	External / Once Daily	1 Days		10 Nos	Dispensed
11	GAUZE 7.5X7.5 12 PLY (5 NOS)	GAUZE 7.5X7.5 12 PLY 5 NOS	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed

RAJANI KUMARI

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Note

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*** Do not refill medicines.**

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ELECTRONIC MEDICINE PRESCRIPTION

MRN	: HNH-00015918	**Name**	: Mrs G.SWAPNA
Age / Sex	: 32 Y 2 M 22 D / Female	**Doctor**	: RAJANI KUMARI
Adm/Reg Date/Time	: 11/06/2026 01:18	**Payor**	: SELFPAY
Order Date	11/06/2026 17:13	**Ordernumber**	: 26-0000206057
Visit ID	: IP26-00006556	**Ward/Bed No**	: 4F -OT / LDR-416
Patient Address	: 1-9-129/23/C/51, Ram Nagar, Hyderabad, Telangana, INDIA, 500020		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	Encore Microptic gloves-6.5		1 Nos	/ Once Daily	1 Days		2 Nos	Ordered
2	RL 500 ML CLOSED SYSTEM	RINGER LACTATE 500ML CLOSED	1 Bottle	/ Once Daily	2 Days		2 Bottle	Ordered
3	VICRYL 2-0 NW 2762	VICRYL 2-0 NW 2762	1 Nos	/ Once Daily	2 Days		2 Nos	Ordered
4	ADULT DIAPERS-XXL		1 Nos	External / 10 AM	1 Days		1 Nos	Ordered
5	CAUTERY PENCIL (ADVANCE)	CAUTERY PENCIL (ADVANCE)	1 Nos	External / Once Daily	1 Days		1 Nos	Ordered
6	SGLOVE # 6.5 (SURGICARE)	SURGICAL GLOVES 6.5	1 Nos	External / Once Daily	1 Days		4 Nos	Ordered
7	DSYRINGE 5ML(NIPRO)	SYRINGE 5ML	1 Nos	External / Once Daily	3 Days		3 Nos	Ordered
8	PENCAN 25G*3 1 2	PENCAN 25G*3 1 2	1 Nos	External / Once Daily	1 Days		1 Nos	Ordered
9	DSYRINGS 2.5ML(NIPRO)	SYRINGE 2ML	1 Nos	External / Once Daily	1 Days		4 Nos	Ordered
10	E.C.G ELECTRODES (ADULT)	ELECTRODES ADULT	1 Nos	External / Once Daily	1 Days		3 Nos	Ordered
11	PREGELLED SURGICAL PLATES(ADULT)	PREGELLED PLATED ADULT	1 Nos	External / Once Daily	1 Days		1 Nos	Ordered
12	SUPRIDOL SUPPOSITORIES 100 MG 5 S		1 Nos	External / Once Daily	1 Days		1 Nos	Ordered
13	DSYRINGE 10ML (NIPRO)	SYRINGE 10ML	1 Nos	External / Once Daily	1 Days		2 Nos	Ordered
14	MOPS 30X30 8PLY 5S X-RAY	MOPS 30X308 PLYDATT	1 Nos	/ Once Daily	1 Days		1 Nos	Ordered
15	VICRYL 1-0 VP 2346	VICRYL 1-0 VP 2346	1 Nos	/ Once Daily	3 Days		3 Nos	Ordered
16	BIOXAMIC 500 MG INJ		1 Nos	/ Once Daily	2 Days		2 Ampule	Ordered
17	COTTON BALLS 2 GM 5 NOS	COTTON BALLS 2G- 5 NOS	1 Nos	External / Once Daily	1 Days		1 Nos	Ordered
18	SURGICAL BLADE 22	SURGICAL BLADE 22	1 Nos	External / Once Daily	1 Days		1 Nos	Ordered
19	DISPOSABLE APRONS STERILE XL	DISPOSABLE APPRON STERILE XL	1 Nos	/ Once Daily	3 Days		3 Nos	Ordered
20	BUPICAIN HEAVY 80MG INJ 4ML	BUPIVACAINE 80MG INJ	1 Nos	/ Once Daily	1 Days		1 Nos	Ordered
21	JUSTIN SUPPOSITORIES 100 MG 5 S		1 Nos	External / Once Daily	1 Days		1 Nos	Ordered
22	CABOPROST INJ AMP 250 MCG 1 ML		1 Nos	/ Once Daily	1 Days		1 Ampule	Ordered
23	ONDOKIND INJ 4 MG 2 ML	ONDANSETRON 4MG 2ML INJ	1 Nos	/ Once Daily	1 Days		1 Vial	Ordered
24	BACTOPREP SOLUTIONS 100 ML	CHLORHEXIDINE GLUCONATE2% &ALCOHOL80% 500	1 mL	/ Once Daily	1 Days		1 Nos	Ordered
25	ABGEL SURGI PAD (BIG) (GELSPON)	ABGEL	1 Nos	/ Once Daily	2 Days		2 Nos	Ordered

RAJANI KUMARI

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040-48873000, info@rainbowhospitals.in

ELECTRONIC MEDICINE PRESCRIPTION

MRN	: HNH-00015926	Name	: Baby Of G.SWAPNA
Age / Sex	: 0 Y 0 M 0 D 4 H / Male	Doctor	: SPANDANA PASUPULETI
Adm/Reg Date/Time	: 11/06/2026 14:59	Payor	: SELFPAY
Order Date	: 11/06/2026 17:37	Ordernumber	: 26-0000206065
Visit ID	: IP26-00006560	Ward/Bed No	: 4F -NICU 1 / NICU1-402
Patient Address	: 1-9-129/23/C/51, Ram Nagar, Hyderabad, Telangana, INDIA, 500020		

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

SPANDANA PASUPULETI

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040-48873000, info@rainbowhospitals.in

ELECTRONIC MEDICINE PRESCRIPTION

MRN	: HNH-00015926	**Name**	: Baby Of G.SWAPNA
Age / Sex	: 0 Y 0 M 0 D 4 H / Male	**Doctor**	: SPANDANA PASUPULETI
Adm/Reg Date/Time	: 11/06/2026 14:59	**Payor**	: SELFPAY
Order Date	: 11/06/2026 17:37	**Ordernumber**	: 26-0000206066
Visit ID	: IP26-00006560	**Ward/Bed No**	: 4F -NICU 1 / NICU1-402
Patient Address	: 1-9-129/23/C/51, Ram Nagar, Hyderabad, Telangana, INDIA, 500020		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	SGLOVE # 7.0(SURGICARE)	SURGICAL GLOVES 7.0	1 Nos	External / Once Daily	1 Days		1 Nos	Ordered

SPANDANA PASUPULETI

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Note

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IP-26-000020595

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NARCOTIC PRESCRIPTION FORM
(PATIENT COPY)

Patient Name:	Mrs G. Swapna		Age: 32 Yrs	Gender:	Female
UHID No:	HNH-0001598	IP No: 26-00006556	Date: 11/6/26	Time:	12.44 PM
Diagnosis:	C M L SCS				OT

PRESCRIPTION DETAILS (Tick only one of the following)

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

Doctor Name: Dr Samir

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: 26-00006556 **Date:** 11/6/26

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

		Remarks
1.	**Name :** Mrs. G. Swapna	
2.	Complete postal address (with contact number, if any)	Ram nagar Hyderabad
3.	Brief description of the illness	C M L SCS
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
11/6/26	Fentanyl	01		

Dispensed by (Name & ID No.): Sonia (018462) Signature: Sonia

Received by (Name & ID No.): U. Pallavi 017921 Signature: U. Pallavi

Time: .....

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Name	Mrs G.SWAPNA	**UHID**	HNH-00015918
Father/Guardian	Mr G.NAGA RAJU	**Age/Gender**	32 Y 2 M 22 D/ Female
Address	1-9-129/23/C/51, Ram Nagar, Hyderabad, Telangana, INDIA, 500020		
IP No	IP26-00006556	**Admission Date**	11-06-2026
Ref Doctor	Self.		
Discharge Date	13.06.2026		

DISCHARGE SUMMARY

Consultant:
Dr. RAJANI KUMARI
MD (OBGYN)

Diagnosis:

G3P2L1D1 WITH 35^{+2} WEEKS PREVIOUS 2 LOWER SEGMENT CAESAREAN SECTION WITH H/O WITH PREVIOUS UTERINE RUPTURE WITH RH NEGATIVE PREGNANCY WITH THREATENED PRETERM FOR OBSERVATION

EMERGENCY PRETERM LOWER SEGMENT CAESAREAN SECTION DONE ON 11.06.2026

History:
LMP: 16.10.2025
EDD: 18.07.2025
35^{+2} weeks

Obstetric formula: G3P1L1D1
Gestation at admission:

Name	Mrs G.SWAPNA	**UHID**	HNH-00015918
IP No	IP26-00006556	**Admission Date**	11-06-2026

Obstetric History:
G1 -2021- Emergency PT-LSCS (Ind:Eclampsia with IUD),BBG- unknown- received Inj. Anti-D in postoperative period
G2- 2023-Emergency LSCS at 36 weeks(Ind:scar tenderness in labour),Intra op-Scar dehiscence, Female , 2.8kg, BBG - unknown- received Inj Anti D in postoperative period.
G3- Present pregnancy, Spontaneous conception

Medical History: Nil
Surgical History: LSCS-2021,2023
Allergies: Nil
Family History: Nil

Antenatal Details:

Mrs G.SWAPNA was booked to Rainbow hospital at 35^{+2} weeks of gestation. She had regular antenatal checkups and investigations as advised by Dr. Rajani Kumari. NT scan was normal. FTS low risk. TIFFA was normal with small size stomach bubble.ICT and Anti-D titre at 15.04.2026(25^{+6}weeks) negative. Fetal surveillance done by serial growth scans. Scan done on (06.06.2026) at 34-35 weeks. showed single live intrauterine fetus with cephalic presentation, Placenta -posterior upper segment, EFW: 2.318kg, AFI: 9.0cm, single loop of cord around neck, Scar thickness 3.8mm. She was admitted at 35^{+2} weeks with lower abdomen pain for observation and further management.

Investigations: Enclosed.
Blood group: "O" Negative

Name	Mrs G.SWAPNA	**UHID**	HNH-00015918
IP No	IP26-00006556	**Admission Date**	11-06-2026

Management:

Course in hospital and Delivery Details:

At admission on clinical examination the vitals were stable, uterus was relaxed, No scar tenderness, cervix was long and Os closed. Fetal well being was confirmed by an admission NST which was found to be reactive. Antenatal steroid coverage was done in view of fetal lung maturity in anticipation of preterm delivery. CUE sent and traced- Pus cell 10-12 with EC 30-35 with leucocytes ++. She was decided for emergency C- section in view of Scar tenderness with Fetal distress with previous 2 LSCS with H/O previous uterine rupture, prepared with indwelling Foley's catheter and IV canula under aseptic conditions. Written informed consent for surgery taken. Preanesthetic check up done. Anesthetic premedication (IV Pantop and Perinorm) given. Patient shifted to theatre.

Surgery Notes:

Under spinal anesthesia she was painted and draped as per hospital protocol. Abdomen opened in layers. The parietal and visceral peritoneum carefully opened after identifying the urachus. Bladder was reflected. Scar rupture identified. Amniotic sac intact -ruptured and 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. Bilateral tubal ligation done by Modified Pomeroy's technique. Instruments and swab count checked. Rectus sheath closed. Skin closed with subcuticular sutures. Wound dressing done. Vagina cleaned with Betadine solution after expelling clots. Misoprostol 600 mcg given

Name	Mrs G.SWAPNA	**UHID**	HNH-00015918
IP No	IP26-00006556	**Admission Date**	11-06-2026

per rectum as prophylaxis against Postpartum hemorrhage. Patient was shifted out of theatre to post operative recovery room.

* **Minimal omental adhesions.**
* **Complete uterine scar rupture.**
* **Hemoperitoneum noted - Amniotic sac intact.**
* **Bilateral tubal ligation with modified Pomeroy's technique.**

Delivery Details :

Date : 11.06.2026
Time of Delivery: 01:14pm
Type of Delivery: Emergency preterm lower segment caesarean section
Indication : Previous 2 LSCS with Scar tenderness with Fetal distress
Anaesthesia : Spinal

Baby Details:

Date : 11.06.2026
Time : 01:14pm
Sex : Male
Weight : 2.360kg
Apgar : 3,5
Gestational Age: 35^{+2} weeks
NICU Admission: Yes, for Prematurity, RD
BBG - A2 positive
DCT - negative
Inj AntiD 300mcg IM given.

Name	Mrs G.SWAPNA	**UHID**	HNH-00015918
IP No	IP26-00006556	**Admission Date**	11-06-2026

Post-Operative Notes:

She was closely monitored. Her vital signs remained stable. Uterus was well retracted with no Postpartum haemorrhage. She was shifted to room. Her postoperative period following that was uneventful. On first postoperative day Inj.Anti-D 300mcg given. On second postoperative day dressing was changed. On inspection wound was healthy. Her general condition was satisfactory and she was found to be fit for discharge. Wound care and medications were explained to patient supplemented by written information. She was given the postpartum book for further reference.

Advice:

1. Tab. Taxim O 200mg twice daily till 17.06.2026 (9am-9pm) after food.
2. Tab. Calpol 500mg (Paracetamol 500mg) (2tabs) thrice daily till 15.06.2026 (8am-2pm-10pm) after food.
3. Tab. Voveran 50 mg (Diclofenac 50mg) thrice daily till 15.06.2026 (9am-3pm-11pm) after food.
4. Tab. Pantop 40mg twice daily till 16.05.2026 (7am-7pm) before food.
5. Tab. Livogen (Elemental Iron - 50mg, folic acid 1.5mg) once daily (7am) for three months before breakfast.
6. Tab. Shelcal (Elemental Calcium 500 mg, Vitamin D3 250 IU) once daily (2pm) till breast feeding for after food.
7. Nebasulf Powder for local application.

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.

Name	Mrs G.SWAPNA	UHID	HNH-00015918
IP No	IP26-00006556	Admission Date	11-06-2026

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

Review with **Dr. RAJANI KUMARI** after **2week** on **27.06.2026** 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.
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

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Name	Mrs G.SWAPNA	**UHID**	HNH-00015918
IP No	IP26-00006556	**Admission Date**	11-06-2026

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. RAJANI KUMARI
MD (OBGYN)

PATIENT TRANSFER FORM

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Patient Name	Date & Time of Admission	Date & Time of Transfer Order
IP26-00006556 HNH-00015918 Mrs G.SWAPNA (F) 20-03-1994 32 Y 2 M 23 D Dr. RAJANI KUMARI	12/6/26 @ 1AM	12/6/26 @ 8:40AM
	Transfer Ordered by Dr. Swathi	Reason for Transfer Observation
From Unit MICU	To Unit Room (28) IV	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 35	Number of Imaging Films NBT (6)	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)	100ml
2.		
3.		
4.		
5.		

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

Sig. Mounika.

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sys. Mounika.	Dr. Dua.

Patient & Clinical Records Received by : Supriya

Date & Time of Patient Received : 8:50 Am @ 12/6/26

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

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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 : IP26-00006556 **Admit Date** : 11-Jun-2026 **Admit Time** : 01:18 AM **UHID** : HNH-00015918

Patient Details :

Patient Name	: Mrs G.SWAPNA	**Age**	: 32 Y 2 M 22 D
Guardian	: Mr G.NAGA RAJU	**DOB**	: 20-03-1994
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 1-9-129/23/C/51 Ram Nagar Hyderabad Telangana INDIA 500020	**Phone No**	: 7702909536/ 8121663210
		E-mail	: NAGA7880@GMAIL.COM

Admission Details :

Bed Type : TWIN SHARING **Bed No** : LDR-416 **Ward Name** : 4F -OT

Room No : LDR-416 **Admission Type** : First Visit

Contact Details :

Name : Mr G.NAGA RAJU **Relationship** : Husband

Contact Address : 1-9-129/23/C/51 Ram Nagar Hyderabad Telangana INDIA 500020 **Phone No** : 7702909536

Signature

Doctor Details :

Doctor Name : Dr. RAJANI KUMARI **Specialisation** : OBSTETRICS AND GYNECOLOGY

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

Co-Consultant :

Payment Details :

Deposit Amount : 10000.00

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

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ACTIVITY RECORD FOR BILLING

Name :_____

HNH-00015918 IP26-00006556
Mrs G.SWAPNA
UHID No. : __ 20-03-1994 32 Y 2 M 22 D (F) _____Consultant: _____ Dept : _____
Dr. RAJANI KUMARI

Date of Admiss _____Date of Discharge : _____ Time: _____

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
11/6/26	12:40pm	MICU	OT	Swiatha
11/6/26	2:[illegible]pm	OT	MICU	
12/6/26	8:40am	MICU	Room(318)	Nowrita

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	Dr. S. Tejaswi	12/6/26	6229	
2				
3				
4				
5				
6				
7				
8				
9				
10				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
11/6	CUE	9634 ✓	ⓐ
11/6	GRBS-122mg/dl (10/10pm)	self	ⓐ
11/6	NST - (1)	6999 ✓	ⓐ
11/6	NST - (2)	7000 ✓	ⓐ
11/6	NST - (3)	007007 ✓	ⓐ
11/6	CBP - (1)	9653	Sm
11/6	NST - (4)	7028 ✓	Sm
11/6	CBP - (2)	9668 ✓	Sm
11/6	NST - (5)	7040 ✓	Amrha.
11/6	NST - (6).	7041 ✓	
		Cross checked dr.	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
11/6	oxygen	9AM	12PM	205962	Sujatha
	Infusion pump	3PM	8:40AM		
	cardiac monitor		8:40AM	206042	Sujatha
			cross checked done.		

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
11/6	IV Placement	(1)	5935 ✓	
11/6	Catheterization	(1)	206016	
11/6	PAC (EP)	(1)	206015	
			Cross checklist done.	
12/6/26 (10.30am)	NHA	(1)	6228	

ANY OTHER INFORMATION

.....

.....

.....

.....

.....

.....

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

HNH-00015918 IP26-00006556
Mrs G.SWAPNA
20-03-1994 32 Y 2 M 22 D (F)
Dr. RAJANI KUMARI

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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints
Came c/o lower Abdomen pain since morning (on & off). P2M(+)

Obstetric Formula: G3P1L4D1

Obstetric Hostory:
(2021) G1 - Severe PIH c Eclampsia/Emerg LSCS IUD / Fch / AntiD ✓
(2023) G2 - Emerg LSCS @ 36 wk / Scar tenderness w labour - Scar dehiscence / Rupture ut Fch / wt 2.8 / Anti D ✓

Present Pregnancy Record:
G3 - PP
NT: 1F75-LR
TIFFA (N) c Small size Stomach bubble.
[Inj Betamethasone 12mg im given @ 10:30pm (16/6/2026) GBS-ve]

RISK FACTORS: Boom @ 35+2
Anti D @ 5th & 7th month
- Prev 2 LSCS
- Rh neg
- H/o ut rupture (Prev)

Height: .... cm
Weight: .... kg
Allergies: ....Nil........
Breast: ☐ Normal ☐ Abnormal
General Examination: Fair
Consciousness: (+)
Pallor:] (-)
Icterus: (-)
Edema:] (-)
Temp: Afebrile
PR: 99 → 90.
BP: 104/67
DTR: (+)
CVS:]
RS: BAE(+)
Liver/Spleen:] (NAD)
Urine Output: Adeq

LMP: 16/10/2025
EDD: 23/7/2026
Corrected EDD: 18/7/2026
GA: 35+2
Menstrual History: Regular : ☐ Yes ☐ No

Obstetric Examination

Fundal Height: ~34-36 wk, No scar tenderness
Ut. Activity: ☑ Relaxed ☐ Mild ☐ Mod ☐ Severe
Liquor: ☑ Adequate ☐ Oligo ☐ Poly
PP: ☑ Cephalic ☐ Breech Others ____________
Head Fifths Palpable: ______________________________
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
Post
Os: (Closed) ______________ Dilated ______________
Membranes: ☐ Present ☐ Absent
Liquor: X ☐ Clear ☐ Meconium ☐ Blood Stained
Presenting Part: ☐ Vertex ☐ Breech ☐ Others
Sutton: ☐ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2
Pelvis: ☐ Adequate ☐ Doubtful

DIAGNOSIS

G3P2L4D1 / 35+2 / Prev 2 LSCS / Rh neg. / H/o ut. Rupture
Threatened Preterm.
for observation.

HNH-00015918 IP26-00006556
Mrs G.SWAPNA
20-03-1994 32 Y 2 M 22 D (F)
Dr. RAJANI KUMARI

Family History:	Surgical History:
Nil	LSCS < 2021, 2023
Medical History:	**Medication History:**
Nil	Tab Iron / Calcium

Plan of Care:

- Liquid diet (clear liquids)
- Admission NST
- Parts prepare
- NST monitoring X 3hourly
- W/F Signs of ut rupture / Pain Abdomen / Fetal Distress
- Send CUE / collect
- Inform Pediatrician / Anesthetist
- Drugs as charted
- If pt stable → USG. FWB Claim
- Inj Betamethasone 2nd dose @ 10:30 pm on 11/06/2026

Investigations:

BGT O neg

5/4
15/4
~~8/4/2026~~
ICT - neg
DCT - neg
Antibody titre neg

12/4/2026
Hb - 10.4
WBC - 9.890
PLT - 242

HIV
HbsAg
HCV
RPR
} Neg

USG (6/6/2026)
SLIUP) 34-35wks / LR
PL - Post US
AFI - 9.0 cm
EFW - 2.318 kg
Single loop of cord around neck
Scar thickness 3.8mm

Doctor Name: Dr Manisha
Signature: [signature]
Date & Time: 11/June/2026 @ 2Am.

Consultant Name: Dr Rajani kumari
Signature:
Date & Time: 11/7/2026

HNH-00015918 IP26-00006556
Mrs G.SWAPNA
20-03-1994 32 Y 2 M 22 D (F)
Dr. RAJANI KUMARI

(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/6/2025	C/s/b Dr Manisha	
4:20AM		Adv:-
	CC - For Afebrile	
	BP 114/80	- Liquid diet
	PR 92	- NST 3rd hourly
	P/A ut ~ 34 wks; Contour maintained	- Send CUE Early morning
	Cephalic : Relax	- W/f s/s of ut rupture
NST- Reactive	FMS ER	- FMS monitoring 2nd hourly
AFM (+)	No scar tenderness.	- Inform S/R
	L/E NAD	
		[signature]
	- (c/o mild suprapubic pain on & off)	
	- Antenatal Steroid (first dose given	@10:30pm 10/7
11/6/2026	C/s/b Dr	Manisha
7AM		
	CC - For Afebrile	Adv
	BP 116/90	
	PR 91	- Liq diet
	P/A ut ~ 34wks ! relax	- IVF @ ~~100ml/hr~~ (FP)
NST- Variability	Cephalic	- Repeat NST after IVF
	FMS ER	- Left lateral position.
	No Scar thickness	- Collect CUE.
	L/E NAD	- Drugs as charted
		- Scan for Scar thickness.
		- Inform S/R

[signature]

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Mrs G.SWAPNA
20-03-1994 32 Y 2 M 22 D (F)
Dr. RAJANI KUMARI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/06/2026 9:30am	c/s/by Dr. Naveena	
	O/E GC-fair	Adv
	Afebrile	- liquid diet
	Vitals-stable	-Adequate hydration
	PA: ut 34 wks.	-Ambulation
	Relaxed	-Growth Scan for Scar thickness
	FHR (+)	-strict FHR monitoring q 2hrly
	previous Scar - healed by 2° intention	-NST - BD
	no Scar d tenderness	-Monitor Vitals
		-w/f Pain abdomen/ Scar tenderness
	Dr. Naveena	-Inform SO
	c/d/w Dr Rajani Kumari	
		Adv
		- DBM
		-Iy: Betamethasone 12mg im @ 10am
		- Rpt. NST
		-Growth Scan for Scar thickness
	Dr. Naveena	- w/f Scar tenderness
		-Monitor Vitals & Inform SO

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Mrs G.SWAPNA
20-03-1994 32 Y 2 M 22 D (F)
Dr. RAJANI KUMARI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/6/26 12:30PM	c/s/B Dr. Veena – c/d/w Dr. ~~Rajni Kumari~~	
	G2P1L1A0D1 / 35+3wks / Prev. LSCS	
	A is stable, ~~N~~	
	c/o pain abdomen	
	O/E GC-fair	Adv
	BP – 126/82 mmHg	– NBM
	PR – 116 bpm	– ~~Prepare~~ parts
	SpO_2 – 100% on RA	– Inj. Pan 40mg IV stat
	P/A – UHN Term	– Inj. Perinorm 10mg IV stat
	Cephalic, 5/5th palpable.	– Shift to OT on call
	2/15"/10'	– Post for Emergency LSCS
	FHS (+)	
	LIE – NAD	
	NST – Poor beat to beat variability	
	= No accelerations	
	Couple counselled regarding need for Emergency LSCS i/v/o previous LSCS in labour – ? fetal distress.	

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Mrs G.SWAPNA
20-03-1994 32 Y 2 M 22 D (F)
Dr. RAJANI KUMARI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/6/2026	C/S/B Dr. Dhq	
	POD-0 P_3L_2 ♀ Rh-ve.	
3pm		Adv.
	GC fair, Afebrile	- NBM for 6 hours
Baby @ NICU.	BP: 117/79 mmHg	- IV fluids
	PR: 100 bpm	- Drugs as charted
	P/A Uterus Retracted well	- Strict I/O charting
		- Monitor vitals
U/O - 800ml clear.	L/E - NAD	- Foleys removal t/m 6AM
		- CBC t/m 6AM
		- Trace Baby BG 7
		- W/F P/V bleed
		Inform SOS
11/6/2026	C/S/B Dr. Dhq / Dr. Swathi	
	POD-0 P_3L_2 ♀ Rh-ve	
6pm	GC fair, Afebrile	Adv
Baby @ NICU.	BP: 120/70 mmHg	- NBM
	PR: 120 bpm.	- IV fluids
	Temp: 99°F.	- Drugs as charted
	P/A Uterus Retracted well	- Strict I/O charting
		BS (+) - Foleys removal t/m 6AM
U/O - clear. 200ml.	L/E NAD	- Trace Baby BG 7
		- W/F P/V bleed
		- Monitor vitals
		Send CBC
		Inj Metronidazole 100mg IV/TID

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Mrs G.SWAPNA
20-03-1994 32 Y 2 M 22 D (F)
Dr. RAJANI KUMARI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/06/2026.	S/B Swathi HV	
10pm	- POD-0, P3L2. / Em LSCS. [illegible] Scar rupture / [illegible]	
	- 1 episode of fever [illegible]	
	O/E: P= 116bpm	Advice:
	BP-120/70	- @ vitals
HB-12 WBC-21000	mild pallor +	→ [illegible] chart [illegible]
	PA soft [illegible]	→ [illegible] tachycardia
Baby in NICU	'D' dry	→ IV fluids @120ml/hr
	BS+/+	→ liquid diet
	L/E: NAD	- [illegible]
U/O adequate	[signature]	
	Dr. Swathi H V Consultant Obstetrics and Gynecology Reg. No: 15501	
	S/B Dr Swathi HV	
12/06/2026.		
7AM	- POD-1, P3L2.	Adv:
	- pt received, comfortable	- Remove Foleys.
	- no further fever spikes	
	O/E: P=88bpm	→ Ambulation
Baby in NICU	BP-124/70 mmHg	
	mild pallor +	→ soft diet
	PA: soft [illegible]	
	BS+,	→ continue IV fluids
U/O ~ 80ml/hr clear	mild gaseous distension +	till 12pm.
	L/E: NAD	→ [illegible]

Dr. Swathi H V Consultant Obstetrics and Gynecology Reg. No: 15501

HNH-00015918 IP26-00006556
Mrs G.SWAPNA
20-03-1994 32 Y 2 M 22 D (F)
Dr. RAJANI KUMARI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/06/2026 12:00pm	c/s/by Dr Naveena	
	O/E GC-fair	Adv
	Afebrile.	- Regular diet
U✓	Vitals - stable	- Adequate hydration
F✓	PA: ut- well retracted	
	Soft, NT	- drugs as charted
S✓	Dressing: dry & clean	
	L/E: PV bleeding WNL	- Monitor Vitals
		- Inform SOS
	Baby: NICU	
		Dr Naveena.
12/6/2026 8pm	C/S/b Dr Monika	
	POD 01	
		Adv
	GC fair Afebrile	
	Vitals stable	- Soft Diet / Adeq Hydration
Baby - NICU	P/A ut well retracted	- Drugs as charted
	mild gaseous	Ambulation (3rd hourly)
U✓	PV bleeding WNL	- W/f vitals ↑ BP
F✓ (freely)		- Inform SOS
S✓	No Complaints	
		Amanth

HNH-00015918
Mrs G.SWAPNA
20-03-1994
Dr. RAJANI KUMARI
IP26-00006556
32 Y 2 M 22 D (F)

(4)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/6/2026 8AM	C/S/b Dr Mounika POD 0	
	pt went to NICU → no complaints from Attender.	
		My Dr. Mounika
13/6/2026 12:00pm	c/s/by	Dr. Naveena
	O/E GC - fair Afebrile PA: ut. retracted well Soft, NT. Dressing: dry & clean L/E: PV Bleeding WNL Vitals - stable. Baby NICU	Adv - Regular diet - Adequate hydration - drugs as charted - Open dressing - w/f PV bleeding. - Monitor Vitals - Inform SOS
	patient can be discharge	Dr. Naveena noted by Sr Sandhya 13/6/26 12:20

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

(P.T.O)

HNH-00015918 IP26-00006556
Mrs G.SWAPNA
20-03-1994 32 Y 2 M 23 D (F)
Dr. RAJANI KUMARI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

HNH-00015918 IP26-00006556
Mrs G.SWAPNA
20-03-1994 32 Y 2 M 22 D (F)
Dr. RAJANI KUMARI

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CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: Dr. Rajani Kumari	Date of Delivery: 11/06/2026
Assistant Surgeon: Dr. Swathi / Dr. Veena	Time of Delivery: 01:14pm
Anaesthetist's Name: Dr. Vinitha	Gender of Baby: Male
Type of Anaesthesia: Spinal	Weight of Baby: 3.360 kg
Neonatologist: Dr. Dilnaaz	AGPAR Score:
Scrub Nurse: Archana.	NICU Admission: ☑ Yes ☐ No

Pre-Operative Diagnosis: $G_3P_2L_1D_1$ with 35w 2days POG with pre 2LSCS with Rh Negative pregnancy

☐ Elective ☑ Emergency Indication: fetal distress with Scar tenderness. & previous 2LSCS

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

Decision time: ..... Knief to rectus: .....

CTG Description: Non-Reactive

If there was a delay give the reasons: .....

Surgical Procedure: Emergency LSCS with Bilateral Tubectomy.

Post Operative Diagnosis: $P_3L_2D_1$ on POD0 Joll. Emergency LSCS with Rh -ve pregnancy.

Peri-Operative Complications: Complete Scar Rupture Haemoperitoneum. minimal Omental adhesions.

Amount of Blood Loss: 300ml	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: ..... 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 minimal Omental adhesions

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

Incision Through Placenta: ☐ Yes ☑ No * Complete Scar - Rupture.

Delivery of head: ☐ Manual ☐ Forceps * Haemoperitoneum * Amniotic sac intact

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 * B/L Tubal ligation c modified Pomeroy's technique.

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

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

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

Sheath Closure: Yes ..... Vicryl 2-0 ..... Suture

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

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

Vaginal 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 4-6hrs.
drugs & iuf as charted
Urine I/O charting.
w/f PV bleeding
Monitor Vitals
Trace BGT.
Inform SOS.
- foley's removal c/m @ 8am
- CBC c/m. Corr Hb.

Doctor Name: Dr. Rajani Kumari Doctor Signature: .....

Date & Time: 11/06/2026.

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Rajani
Asst. Surgeon : Dr. Keerna
Anaesthetist : Dr. Venitha
Scrub Nurse : Sr. Archana

HNH-00015918 IP26-00006556
Mrs G.SWAPNA
20-03-1994 32 Y 2 M 22 D (F)
Dr. RAJANI KUMARI

Age : 32y Gender : F
Surgery Name : EAA LSCS + Hysterectomy
Date : In-time : 11.05pm Out-time : 2pm

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Before Induction of Anaesthesia ➤ ➤

SIGN IN Time: 12.53PM

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 : [signature]
Name : Dr. M. VINEETHA

Before Skin Incision ➤ ➤

TIME OUT Time: 1:06pm

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? Adhesions, 500ml. ☐ Yes ☐ No ☐ NA

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

Nursing Team Reviews: Hypotension
- 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 : [signature]
Name : Sandhya 11/6/24 1:05pm

Before Patient Leaves Operating Room

SIGN OUT Time: 2pm

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 : [signature]
Name : Dr Rajani Kumari

HNH-00015918 IP26-00006556
Mrs G.SWAPNA
20-03-1994 32 Y 2 M 22 D (F)
Dr. RAJANI KUMARI

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MEDICATION RECONCILIATION FORM

Drug Allergies: ..... ☐ Not known any Drug Allergies

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

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

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

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr Manisha

Date & Time : 11/7/2026 @ 2 AM

Nurse Name & Signature: Nandhumitha @ Nandhu

Date & Time : 11/7/26 @ 2 AM

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Mrs G.SWAPNA
20-03-1994 32 Y 2 M 22 D (F)
Dr. RAJANI KUMARI

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DRUG CHART

Date of Admission: 11/06/2026 Drug Allergies: Nil ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

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

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

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

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

HNH-00015918 IP26-00006556
Mrs G.SWAPNA
20-03-1994 32 Y 2 M 22 D (F)
Dr. RAJANI KUMARI

REGULAR PRESCRIPTIONS

Weight. 64kgs Ward. LDR

Verified by Dr. Dhakshayani

DRUG : TAB. PARACETAMOL				Date / Time	12/6	13/6
Dose	Route	Frequency	Start Date	12AM	[signature]	[signature]
1gm	PO	6HRLY	11/06	6AM	[signature]	[signature]
Name & Signature of the Doctor Starting the Drugs: DR. M. VINEETHA				12PM	[signature]	
Additional Instructions:				6PM	[signature]	
Daily Doctor's Endorsement by a Sign					[signature]	

Verified by Dr. Dhakshayani

DRUG : TAB. DICLOFENAC				Date / Time	11/6	12/6	13/6
Dose	Route	Frequency	Start Date	7AM	X	[signature]	[signature]
50 mg	PO	8HRLY	11/06	3PM	X	[signature]	
Name & Signature of the Doctor Starting the Drugs: DR. M. VINEETHA				11PM	[signature]	[signature]	
Additional Instructions:							
Daily Doctor's Endorsement by a Sign					[signature]		

Verified by Dr. Dhakshayani

DRUG : TAB. TRAMADOL				Date / Time	12/6	13/6
Dose	Route	Frequency	Start Date	7AM	[signature]	[signature]
100 mg	PO	8HRLY	11/06	3PM	[signature]	
Name & Signature of the Doctor Starting the Drugs: DR. M. VINEETHA				11PM	[signature]	
Additional Instructions:						
Daily Doctor's Endorsement by a Sign					[signature]	

Verified by Dr. Dhakshayani

DRUG : Inj CEFOTAXIME				Date / Time	12/6	13/6
Dose	Route	Frequency	Start Date	7AM	[signature]	[signature]
1g	IV	BD	11/6	7PM	[signature]	
Name & Signature of the Doctor Starting the Drugs: Dr. Dna [signature]						
Additional Instructions:						
Daily Doctor's Endorsement by a Sign					[signature]	

STOP
Dr. Naveena

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Verified by Dr. Dhakshayani

Sheet No: ....

REGULAR PRESCRIPTIONS

Weight 64kgs Ward LDF

DRUG: Inj PANTOPRAZOLE				Date / Time	12/6	13/6
Dose	Route	Frequency	Start Dt.			
40mg	IV	OD	11/6			
Name & Signature of the Doctor Starting the Drugs: Dr. Dna				GAM		
Additional Instructions:						
Daily Doctor's Endorsement by a Sign						

DRUG: Inj METRONIDAZOLE				Date / Time	11/6	12/6
Dose	Route	Frequency	Start Dt.			
100mg	IV	TID	11/6.	6pm	+	
Name & Signature of the Doctor Starting the Drugs: Dr. Dna.				2pm	+	
Additional Instructions: ATD				10pm	NOW 6pm	
Daily Doctor's Endorsement by a Sign						

STOP
Dr. Naveena.

DRUG: INJ. METRONIDAZOLE				Date / Time	12/6	13/6
Dose	Route	Frequency	Start Dt.			
100mg	IV	TID	12/6	6pm	✓	
Name & Signature of the Doctor Starting the Drugs: Dr. Naveena.				2pm	✓	
Additional Instructions: FOR.				10pm		
Daily Doctor's Endorsement by a Sign						

DRUG: T. CEFIXIME				Date / Time		
Dose	Route	Frequency	Start Dt.			
200mg	PO	BD				
Name & Signature of the Doctor Starting the Drugs:						
Additional Instructions:						
Daily Doctor's Endorsement by a Sign						

WH
Dr Naveena

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Mrs G.SWAPNA
20-03-1994 32 Y 2 M 22 D (F)
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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ......LDR.....

DRUG : T- CEFIXIME				Date / Time
Dose	Route	Frequency	Start Dt.	
200mg	PO	BD	13/6	
Name & Signature of the Doctor Starting the Drugs: Dr. Naveena.				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

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

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

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

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

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Mrs G.SWAPNA
20-03-1994 32 Y 2 M 22 D (F)
Dr. RAJANI KUMARI

Weight. 64kgs Ward. 208

	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
		INJ BETAM.				
10/6	10:30 PM	INJ BETAMETHASONE	12mg	IM		Madhu AKhila
10/6	11PM	INJ TRAMADOL	50mg	IM		Madhu AKhila
11/6	7:30AM	INJ CEFOTAXIME	1g (AST)	IV		madhu AKila
11/6	10AM.	INJ. BETAMETHASONE	12mg	IM		Sujatha Kasthuri
11/6	12:30PM	INJ-PANTAPRAZOLE	40mg	IV		Sujatha Kasthuri
11/6/26	12:30PM	INJ. METOCLOPRAMIDE	10mg	IV		Sujatha Kasthuri
~~11/06~~	~~1.15PM~~	~~INJ. OXYTOCIN~~	~~3 IU+6 IU (in RL)~~	~~IV~~		
11/06	1.20PM	INJ-TRANEXAMIC ACID	1gm	IV		A Anu

HNH-0001501
Mrs G.SWAPNA 32 Y 2 M 22 D (F)
20-03-1994
Dr. RAJANI KUMARI

I.V. FLUIDS CHART

Weight. 64kg Ward. LDR

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
11/6	2 PM	~~NS~~ 5% DEXTROSE	IV	100 ml/hr	1		11/6		
11/6	8:30 AM	RINGER LACTATE	IV	100ml/hr			11/6		
11/06	1.00 PM	RINGER LACTATE	IV	900ml/hr	2		11/06	2	
11/06	1.20pm	RINGER LACTATE +20 IU OXYTOCIN	IV	100 ml/hr	2		11/6		
11/06	5:30 PM	RINGER LACTATE	IV	100ml/hr			12/6		
11/6/24	11:30pm	RINGER lactate	iv	120ml/hr			12/6		
12/6	3:30 AM	Ringer lactate	iv	120ml/hr			12/6		
		STOP on order							

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STAT / ONCE ONLY DRUGS

Name: Mrs. G. Swapna 32 y/f

Weight: 64 kgs

Sheet No: .....

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
11/06	1.15PM	INJ. OXYTOCIN	3U + 20U (NRL)	IV			
11/06	2.45PM	SUPP. DICLOFENAC	100 mg	PR			
11/06	2.45PM	SUPP. TRAMADOL	100 mg	PR			
11/06	1.45PM	INJ. ONDANSETRON	4 mg	IV			
11/06	1.50 PM	INJ. CARBOPROST	250 mcg	IM			
11/06	6PM	Inj PARACETAMOL	1g	IV			
12/6	12.50pm	INJ. METOCLOPRAMIDE	10mg	IV			

Dr. Dhakshayani

Docu. No. : RCH /FRM / CLINICAL / 136

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Mrs G.SWAPNA
20-03-1994 32 Y 2 M 22 D (F)
Dr. RAJANI KUMARI

315

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RESULT SHEET

Date	11/6/26	11/6/26				
Time	7pm	12:50pm				
Hb	12.0	12.2				
PCV	33.7	34.5				
RBC	4.79	4.89				
WBC	21.08	12.33				
N/L	85.7					
Platelets	252	224				
CRP						
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
Blood group = O-Ve (Negative)						
HIV, HBsAg, Hev } NR						

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

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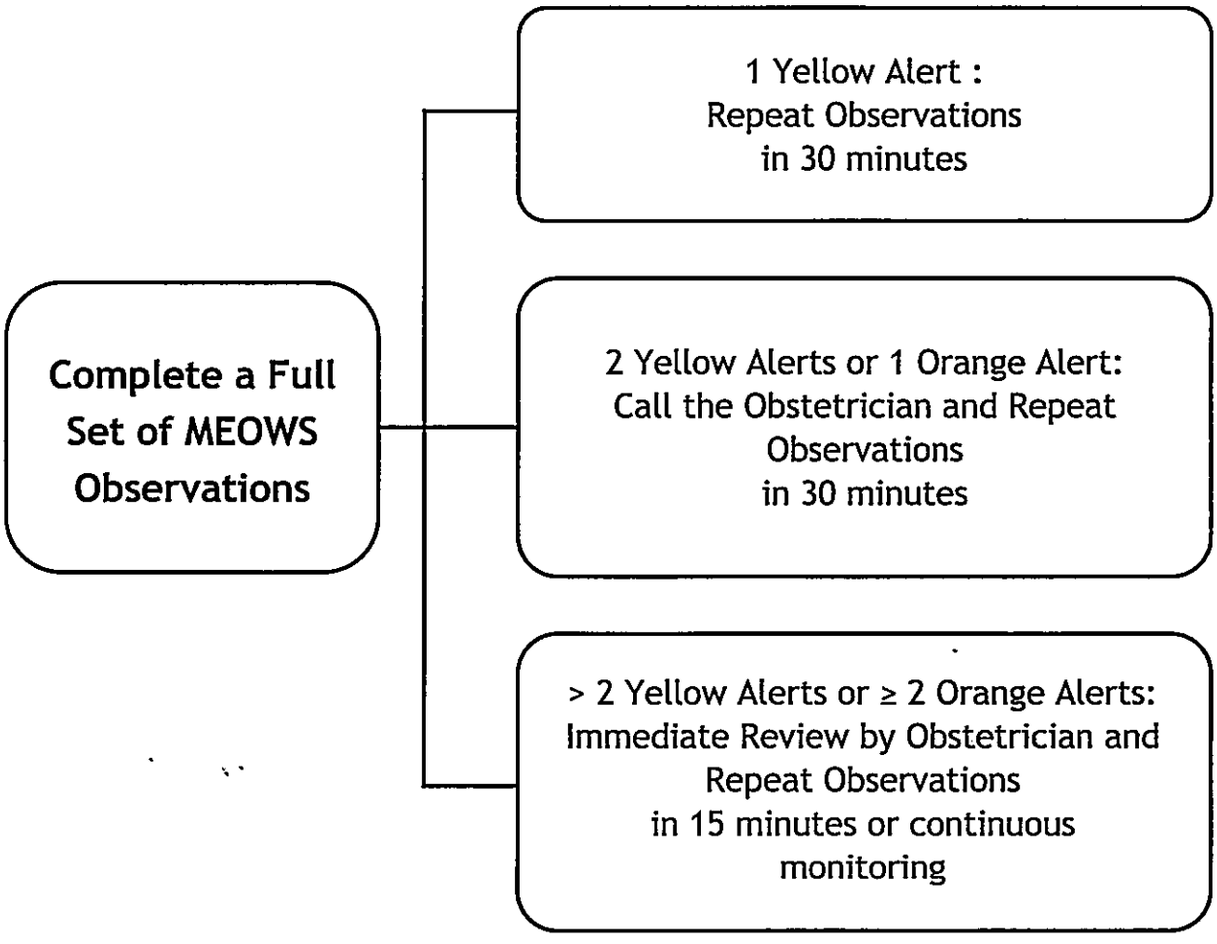
Early Warning Observation Score Chart - Obstetrics

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

19/6

		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																				20				20	
	11 - 20																									
	0 - 10																									
Saturations	94 - 100 %																				99%				99%	
	< 94 %																									
Administered 0, (L/min.)																										
Temp°c	40																									
	39																									
	38																									
	37																									
	36																				36.1				36.1	
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																				92				91	
	80																									
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressue ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																				118				116	
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																				71				70	
	60																									
	50																									
	40																									
NEURO RESPONSE [✓]	Alert																				–				–	
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30																									
	< 30																									
Proteinuria	Protein + +																									
	Protein > + +																									
Lochia	Normal																									
	Heavy / Foul																									
Liquor	Clear / Pink																									
	Green																									
TOTAL YELLOW SCORES																					0				0	
TOTAL ORANGE SCORES																					0				0	
Nurse Initial																					RD				RD	

Obstetrics and Gynaecology Early Warning Signs



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

HNH-00015918 IP26-00006556
Mrs G.SWAPNA
20-03-1994 32 Y 2 M 22 D (F)
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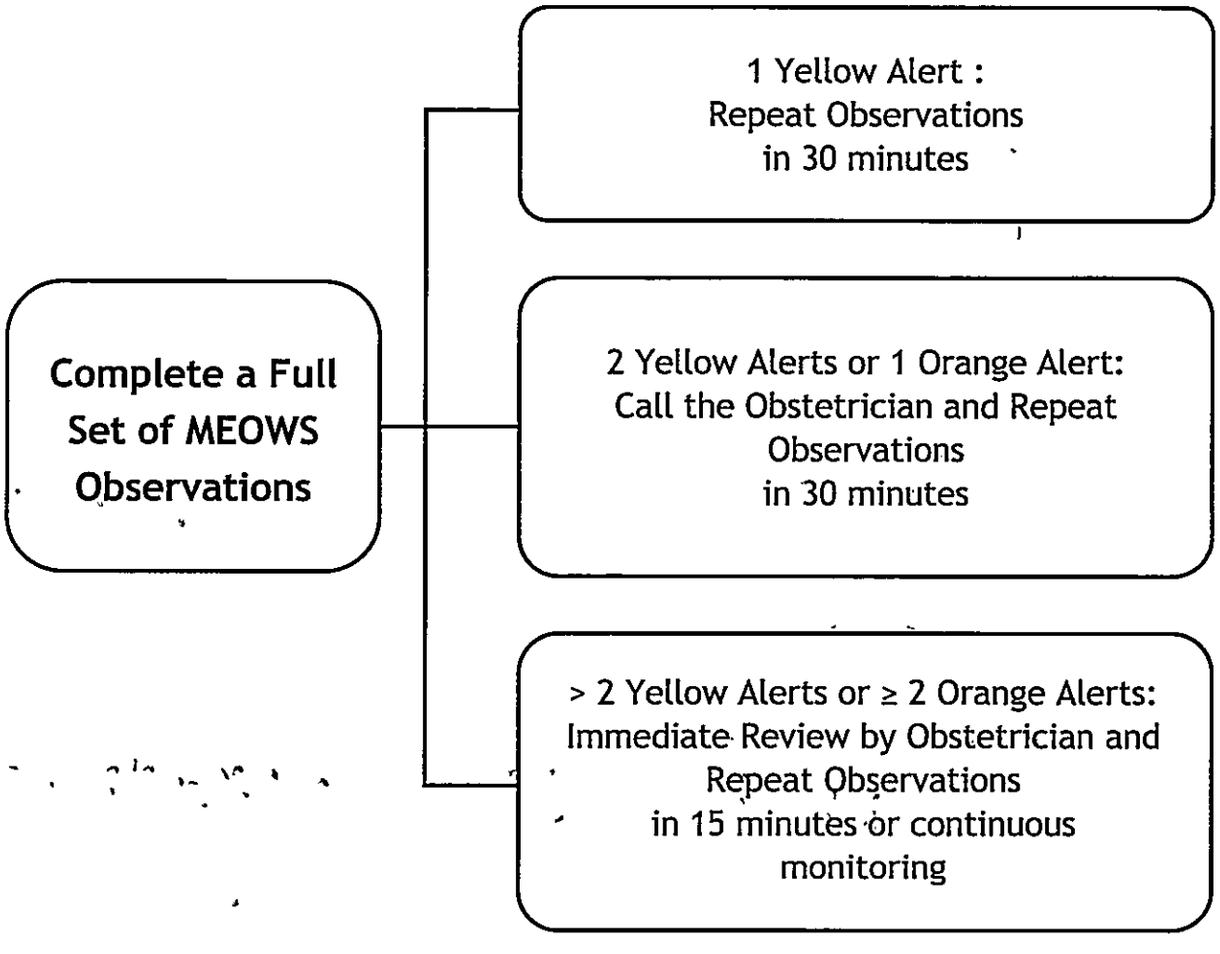
Early Warning Observation Score Chart - Obstetrics

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

1116

		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	20	20	20	20	20	20	20	20
	0 - 10																									
Saturations	94 - 100 %		99	99	99	99	99			98	99	98			99	98	99	98	99	99	98	98	98	99	98	96
	< 94 %																									
Administered O_2 (L/min.)																										
Temp°c	40																									
	39																									
	38																									
	37																									
	36		-	98.4	98.6									98.6	98.2	-	-	98.2	-	-	98.6	-	-	-	-	
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80		75	85		80	78			81	100	103	111	121	122	128	124	121	105	108	108	91	99	92	93	92
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressure ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110		117	104	110		112			115	107	113	120	119	125	113	113	114	105	99	101	101	103	103	101	
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70		70	66	65		64			79	69	69	74	80	70	75	75	72	75	74	76	78	77	83	78	
	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	0	0	0	0	0	0	0	0	0	0
TOTAL ORANGE SCORES			0	0	0	0	0			0	0	0	0	0	0	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)**

HNH-00015918 IP26-00006556
Mrs G.SWAPNA
20-03-1994 32 Y 2 M 22 D (F)
Dr. RAJANI KUMARI

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Early Warning Observation Score Chart - Obstetrics

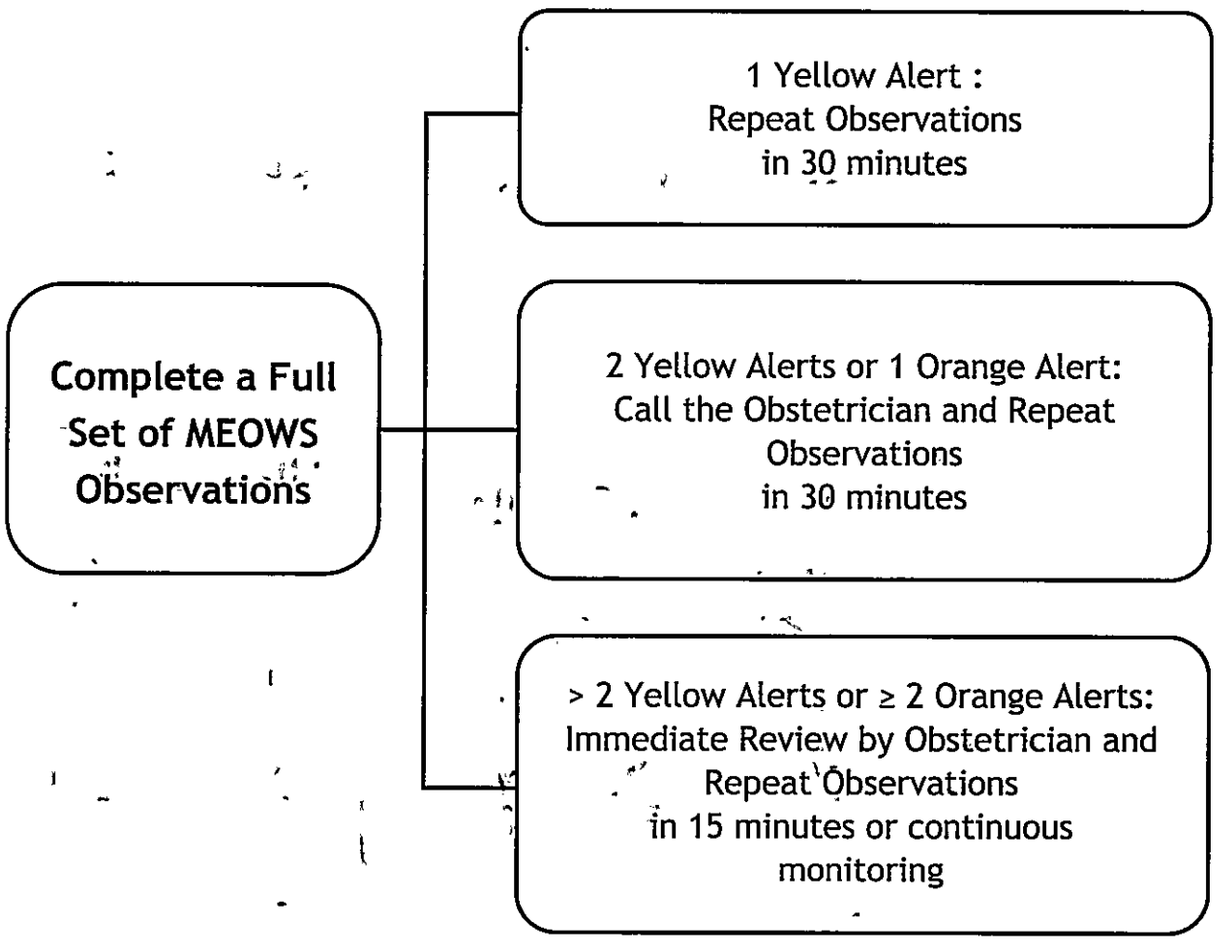
CONTACT DOCTOR FOR EARLY INTERVENTION IF PATIENT TRIGGERS ONE ORANGE OR TWO YELLOW SCORES AT ANY ONE TIME

12/6/26.

		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 %				99				99%			99%					100				98				99	
	< 94 %																									
Administered O_2 (L/min.)																										
Temp°c	40																									
	39																									
	38																									
	37				97.6°F				97.4°F			98.3					98.6°F				97.8°F				98.1°F	
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90				88				108			88					86				89				87	
	80																									
	70																									
	60																									
	50																									
	40																									
↑ Systolic Blood Pressure	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130				101				102			116					117				121				117	
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
↓ Diastolic Blood Pressure	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70				69				78			84					80				78				84	
	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					2				2			2					2				2				2	
TOTAL ORANGE SCORES																										
Nurse Initial																										

(79) 86 (93)

Obstetrics and Gynaecology Early Warning Signs



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

HNH-00015918 IP26-00006556
Mrs G.SWAPNA
20-03-1994 32 Y 2 M 22 D (F)
Dr. RAJANI KUMARI

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FLUID CHART

Sheet No. : 1

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	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 :**				
11/6	02:00 am	50		80ml						~	1	
	03:00 am			80ml								
	04:00 am	0		80ml						~		
	05:00 am			80ml							0	
	06:00 am	50		80ml						~	1	
	07:00 am			80ml								
Total Intake :								**Total Output :**		Passed		

Total 24 hrs. Intake		Total 24 hrs. Output	

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FLUID CHART

Sheet No. : 2

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

11/6/26		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
11/6	08:00 am	RL	P	100ml						✓	1	
	09:00 am	RL	H2O	100ml				✓			0	
	10:00 am	RL		100ml								✓
	11:00 am	RL	N	100ml			NA			✓	1	
	12:00 pm	RL	B	100ml								
	01:00 pm	RL	M	100ml								
Total Intake : taken				600ml				Total Output : passed				
11/6	02:00 pm	RL		100								
	03:00 pm	RL		100						soaked		
	04:00 pm	RL		100							0	shifted
	05:00 pm	RL		100								
	06:00 pm	RL	Sips	100								
	07:00 pm	RL		100							1	
Total Intake :				600ml				Total Output :		passed 400ml		
11/6/26	08:00 pm	RL	H2O	100								
	09:00 pm	RL	H2O	100ml								
	10:00 pm	RL	Soap	120ml				0				Alert
	11:00 pm	RL	H2O	120ml								
	12:00 am	RL		120ml								
	01:00 am	RL	H2O	120ml						300ml		
Total Intake :		Taken		700ml				Total Output :				
12/6/26	02:00 am	RL		120ml								
	03:00 am	RL	H2O	120ml								
	04:00 am	RL		120ml								
	05:00 am	RL	H2O	120ml				0	0			Alert
	06:00 am	RL	H2O	120ml						400ml		
	07:00 am	RL		120ml						200ml		
Total Intake :		Taken		720ml				Total Output :				

Total 24 hrs. Intake	2620ml	Total 24 hrs. Output	1900ml

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

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FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
12/6	08:00 am	↑	Idly	100ml							0	
	09:00 am			100ml						✓	0	
	10:00 am	RL		100ml							0	
	11:00 am	↓		100ml							0	
	12:00 pm			100ml			✓			✓	0	
	01:00 pm			Stop							0	
Total Intake :						**Total Output :** U- M-						
12/6/26	02:00 pm		Idly Kichidi H2O									
	03:00 pm											
	04:00 pm							NA				Maallee
	05:00 pm											
	06:00 pm			NA								
	07:00 pm											
Total Intake :						**Total Output :** U-2 M-0						
12/6/26	08:00 pm											
	09:00 pm											
	10:00 pm		Khichdi H2O					NA			0	
	11:00 pm											
	12:00 am			NA								
	01:00 am											
Total Intake :						**Total Output :**						
13/6/26	02:00 am											
	03:00 am											
	04:00 am		H2O									
	05:00 am	0						NA			0	
	06:00 am											
	07:00 am			NA								
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

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FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
13/6/26.	08:00 am											
	09:00 am	0	idly H2O								0	
	10:00 am											dy
	11:00 am											
	12:00 pm			N/A				N/A				
	01:00 pm											
Total Intake : Taken						**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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CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	11/6 DAY-1			12/6 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	NA	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	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	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	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	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	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

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CHECKLIST FOR THROMBOPHLEBITIS

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

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

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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	1/1/6	1/1/6	1/1/6
		Score	8Am	8AM	6 2
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0			
Secondary Diagnosis (more than one diagnosis)	Yes	15			
	No	0			
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0	0	0	0
IV / Heparin Lock or Saline	Yes	20	20	20	20
	No	0	0		0
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10			
	Normal /On Bed Rest /Immobile	0	0		
Mental Status	Forgets limitations	15			
	Oriented to own ability	0	0		
Total Morse Fall Scale Score:			20	20	28
		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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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	11/6/25		
		Score	8pm		
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0			
Secondary Diagnosis (more than one diagnosis)	Yes	15			
	No	0	0		
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0			
IV / Heparin Lock or Saline	Yes	20	20		
	No	0			
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10			
	Normal /On Bed Rest /Immobile	0	0		
Mental Status	Forgets limitations	15			
	Oriented to own ability	0			
Total Morse Fall Scale Score:					
		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
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BRADEN 'Q' SCALE

	1. Completely immobile:	2. Very limited:	3. Slightly limited:	4. No limitations:	Date: 11/6	11/6	11/6	12/6
					Time: 8am	Eve	8pm	Mg
Mobility	Does not make even slight changes in body or extremity position without assistance.	Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	Makes frequent through slight changes in body or extremity position independently.	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

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

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BRADEN 'Q' SCALE

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					Date : 12/6	12/6		
					Time : 22	07		
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		
"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		
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		
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		
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		
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		
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		
				TOTAL SCORE	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

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

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PAIN ASSESSMENT FORM

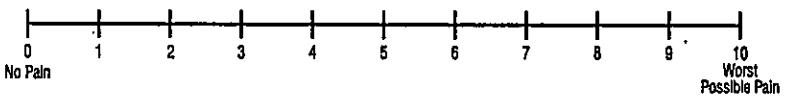
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
11/6	2Am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
11/6	8Am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
11/6	3Pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
11/6	6Pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
11/6/26	10pm	0/10	None	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
11/6/26	4Am	0/10	None	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
11/6/26	8Am	0/10	None	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
12/6/26	10AM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
12/6/26	2pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
12/6	10pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	

Re-assessment Frequency:

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

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

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PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
13/6/26	2Am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
13/6/26	6AM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
13/6/26	10am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
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				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
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Re-assessment Frequency:
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PAIN ASSESSMENT TOOLS

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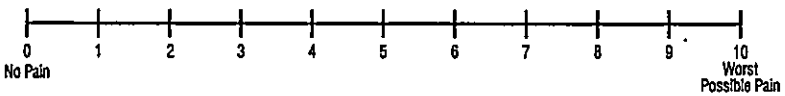

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NURSING CARE RECORD

Date: 11/6/26

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				NA			
Afternoon							
Night	8pm ↓ 8am	→ Plan for vital → Plan for I/O chart. → Plan for medication.	8pm ↓ 8am	→ Vital checked & recorded. → Maintain I/O chart. → All medication given	→ Vital is normal	→ Pt is stable	Madhu [illegible]

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Date: 11/6/26

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 → plan for vitals → plan For I/o chart → plan For medication	8AM To 2PM	→ Assessed the pt condition → vital are checked & recorded → all medication given	I/o chart maintained	patient is stable	Sri Sridhar
Afternoon	2pm 8pm	→ Assess the pt condition → Check the vital's → i/o chart Maintain → Plan for Medication	2pm 8PM	→ Assessed pt condition → Checked vitals recorded → Maintained I/o chart → given Medications as per doctors order	pt is stable	vitals is normal	Anusha
Night	8pm 8AM	→ Assess the Patient condition → plan for vital & record → plan for IV fluids → plan for I/o chart	8pm 8AM	→ Assessed the pt condition → maintain vital → continue IV fluids → Maintain I/o chart	→ Patient Stable	& vital Normal	A

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NURSING CARE RECORD

Date: 12/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8AM to 2pm	→ To assess the pt. condition → To check the vitals & record → To administer the medication as per drug chart → I/O chart maintain	8AM to 2pm	→ To assessed the pt. condition → To checked the vitals & recorded → To administered the medication as per drug chart → I/O chart maintained	→ Patient is stable → IVF contd till 12pm noon	→ Re-checked the vitals & I/O → Baby is NICU	Supriya
Afternoon	2pm to 8pm	→ To assess the pt condition → To administer the medication. → I/O Chart Maintain	2pm to 8pm	→ Assess the pt condition → To checked the vitals & recorded →	pt is a stable	Re-checked the vitals	[signature]
Night	8PM to 8AM	→ Assess the patient general Condition → Adminiter Medication given as per Doctor advice.	8PM to 8AM	→ Assess the baby general Condition → Adminiter Medication given as per Doctor advice	patient is a Stable	Rechecked the vitals	[signature]

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NURSING CARE RECORD

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Date: 13/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am → 2pm	→ Assess the patient general condition → Monitor vitals → Administer medications as per doctor's orders.	8am → 2pm	→ Assessed the patient general condition → monitored vitals → Administered medications as per doctor's orders.	Patient is stable	Rechecked vitals	
Afternoon							
Night							

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NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: ..... Department: LDR Date of Admission: 11/06/26

SITUATION

Diagnosis: G3P1L1D1 C 35+2weeks uterine rupture ?

Any Infection: ☐ Yes ☐ No ☐ Not Known
If Yes Specify: .....

BACKGROUND / ASSESSMENT / Recommendations	Area / Shift Time	11/6 N1	11/6 8AM	11/6 E1	2C/6 8pm-8A	12/6/26 M6	12/6/26 E1
BACKGROUND	Medical Condition (Any special condition to be noted):	NA	NA	–	NA	–	–
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
ASSESSMENT	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
ASSESSMENT	Vital Signs: Temp:	97.1°F	97F	98.1°F	97.6°F	97.6°F	98°F
ASSESSMENT	Res:	20bpm	20bpm	20bpm	20	20bpm	20bpm
ASSESSMENT	SpO_2:	99%	99%	99%	98%	99%	99%
ASSESSMENT	Pulse:	87bpm	85bpm	79	103	85	85
ASSESSMENT	BP:	110/70	104/75	115/68	108/78	101/69	102/65
ASSESSMENT	Fall Risk Score:	–	–	–		–	–
ASSESSMENT	Pain Score:	0/10	–	–	0/10	"0"	0
Recommendations	Safety Needs:	Yes		–	Yes	Yes	Yes
Recommendations	Physiotherapy	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Recommendations	Others Specify:	–	NA	–	NA	–	–
Recommendations	Special Diet:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Recommendations	Other Special Orders / Medications:	NA	NA	✓	–	–	–
Post Operative Procedure Special Orders:		NA	NA	–	–	–	–
Handed Over By Name :		Akhila	Sujatha	Anusha	Aparna	Supriya	Madhavi
Signature :							
Date:		11/6/26	11/6/26	11/6/26	12/6/26	12/6/26	12/6/26
Time:		8AM	2PM	8PM	8AM	2PM	8PM
Taken Over By Name :		Sujatha	Anusha	Rao	Supriya	Madhavi	Sunanda
Signature :							
Date:		11/6/26	11/6/26	11/6/26	12/6/26	12/6/26	12/6/26
Time:		8AM	2PM	8:20PM	1PM	8PM	8PM

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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	12/6/26 N1	13/6/26 mrng				
	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:	98.6°f	98.3°f				
	Res:	20 b/m	20 b/m				
	SpO_2:	99 %	99 %				
	Pulse:	79 b/m	83 b/m				
	BP:	104/70					
	Fall Risk Score:	–	–				
	Pain Score:	0	–				
Recommendations	Safety Needs:	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 :		Suman	Sandhya.				
Signature :							
Date:		12/6/26	13/6/26				
Time:		8AM	2p.m.				
Taken Over By Name :		Sandhya					
Signature :							
Date:		13/6/26					
Time:		8a.m.					

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Mrs G.SWAPNA
20-03-1994 32 Y 2 M 23 D (F)
Dr. RAJANI KUMARI

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NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 12/6/26 Time: 10:30 am

Origin: Indian Height: 154 cms Weight: 65 kg BMI: ☑ ~ 26 kg/m² ☐ ~ 28 kg/m² ☐ ~ 30 kg/m²

Food Allergies: NO

Diagnosis: LSCS

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

Diet Advised:

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

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

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

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

Patient's / Attendant's

Signature: [signature]

Name: Swapna

Date & Time: 12/6/26; 10:30 am

Dietician's

Signature: Sobiya

Name: Syeda Sobiya Zaheer

Date & Time: 12/6/26; 10:30 am

DIETARY NOTES

Date	Time	Notes	Sign

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CROSS CONSULTATION FORM

Doctor Name : Dr. Rajani Kumari Date : 12/6/26 Time : 3pm

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
- baby in NICU
- educated parents importances of direct breast feading.
- Adv cray .. 2nd hrly on each side 15-20 mints followed by formula feeds.

Consultant :

Name : Sathwika Signature : SS Date & Time : 12/6/26, 3pm

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OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 12/6/26 Time of Arrival: 2 AM Time Seen by Nurse: 2.10 AM

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

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

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

3) **Vital Signs:** Temperature: 98 F Pulse: 82 RR: 20 SpO_2: 99% BP: 116/71 Weight: .....

4) **Gestational Criteria:**

Gravida:	G 3	P 1	L 1	A

LMP: 16/5/25 EDD: 23/2/26 Gestational Age: 35 + 2 weeks

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

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

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

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

6) **Past History:**

a) Surgeries: .....

b) Medical: .....

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Dr. RAJANI KUMARI

7) **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: 8.15 AM

Nurse Name : Madhumita Nurse Signature: Madhu

Date: 19/6/26 Time: ....

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LABOUR AND DELIVERY NURSING ASSESSMENT

Date of Admission: 11/6/26

Baseline Information:

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

Primary Language: ☐ Telugu ☑ English ☐ Hindi ☐ Others

Do you require an interpreter? ☐ Yes ☑ No

Source of Information: ☐ Patient ☐ Family ☐ Others

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

handed over to .....

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

If yes , identify .....

Chief Complaints: ..... Abdomen pain

Doctor Notified on Admission: ☑ Yes ☐ No

Name of the Doctor: Dr. Manisha

Time Notified: 1 AM.

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

Past Medical History	Past Surgical History	Previous Hospital Admission
Nil	Nil	Nil

Blood Group: O+ve LMP: 16/5/26 EDD: 23/2/26 Gestational age during admission: 35 + 2 weeks

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

Obstetric History: G 3 P 1 L 1 A ..... Previous LSCS .....

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

Temp: 97.1°F HR: 92 bpm RR: 20 bpm BP: 110/70 SpO_2 99 %

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

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

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alities Detected

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

☐ Liver disease ☐ Other .....

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

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

Risk of Pressure Sore: ☐ Yes ☑ No Score ..... (complete the Braden Q Sheet)

FUNCTIONAL SCREENING: If a patient needs assistance with any of the following inform consultant

☐ Mobility problem ☐ Walking Problem ☑ No Abnormality Detected

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING:

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

☐ Under Weight ☐ Diabetes Mellitus ☑ No Abnormality Detected

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

☑ Calm & Cooperative ☐ Restless ☐ Depressed ☐ Agitated ☐ Confused

☐ Others .....

Inform consultant for positive criteria

SOCIAL SCREENING:

1. Marital Status: ☐ Single ☑ Married ☐ Divorced ☐ Widow

2. Special Habits: **Smoker:** ☐ Yes ☑ No **Alcohol Abuse:** ☐ Yes ☑ No **Drug Abuse:** ☐ Yes ☐ No

Social History: Lives With .....

Orientation has been given regarding the following aspects:

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

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

Above information given to ..... patient

Name of Person Orientation was given to: ..... Sleepy no1

Orientation not given Reason: ..... N.A

Nurse Signature: ..... Madhu

Nurse Name: ..... Madhumitha

Date & Time: ..... 19/6/24 @ 2AM

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

9. Additional notes: .....

Continuity of Care: Date: .....

Handover given by ..... Handover taken by .....

Signature ..... Signature .....

Date & Time: ..... Date & Time: .....

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URINARY CATHETER BUNDLE CHECK LIST

Date of Insertion: 11/6/2026 Date of Removal: ......

Parameters (Date / Shift Time)	11/6/2026 E2	11/6/26 8pm					
Need for the Catheter	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Hand Hygiene	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Usage of Sterile Equipment	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is the Collection bag below the level of bladder	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Check the Tube for Obstruction (Free of Kinking)	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is Catheter dated as policy	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Collecting bag is been emptied regularly?	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Maintenance of closed system for the catheter	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Dressing clean and dry?	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is the line removed as Policy?	☑ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Performance of Perineal Care	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Onset of New Fever	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Asses for the leakage at the site of insertion	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Name of the Nurse	Anusha	[illegible]					
Signature of the Nurse	[signature]	[signature]					

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00015918 IP26-00006556 Mrs G.SWAPNA 20-03-1994 32 Y 2 M 22 D (F) Dr. RAJANI KUMARI	11/6/26 @ 1:18AM	11/6/26 @ 12:30PM
	Transfer Ordered by DR- Veena	Reason for Transfer EM - LSCS
From Unit MICU	To Unit OT	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 30	Number of Imaging Films 4	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

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

Patient & Clinical Records Received by : Archana

Date & Time of Patient Received :

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

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

PATIENT TRANSFER FORM

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Mrs G.SWAPNA
20-03-1994 32 Y 2 M 22 D (F)
Dr. RAJANI KUMARI

	Date & Time of Admission: 11/6/26 @ 1:18Pm	Date & Time of Transfer Order: 11/06/26 @ 2:10pm
Treating Consultant Name: —	Transfer Ordered by: Dr. Veenitha	Reason for Transfer: Observation
From Unit: OT	To Unit: Pre-Post	Information to Attendant: 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
Nalatty 11/6/26@	Dr. Veenitha

Patient & Clinical Records Received by :

Date & Time of Patient Received : 11/6/26@

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

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

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

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Patient Name : MRS. SWAPNA. G. Gender: ☐ Male ☑ Female Age : 32 yrs

UHID No : HNH-0001591 8 Date : 11/06/2026

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)

BILATERAL TUBECTOMY.

upon

MRS. G. SWAPNA (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.

Risk of failure of procedure, Haemorrhage.
Risk of ectopic pregnancy

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. RAJANI KUMARI.

Consentee :

Signature : G. Swapna

Name : Mrs Swapna

Date & Time : 11/6/26 @ 1:20pm

Patient Attendant :

Signature :

Name : Nagaraj

Relationship with Patient: Husband.

Date & Time : 11/06/2026 @ 1:20pm

Witness :

Signature :

Name :

Date & Time :

Doctor (who is taking the consent) :

Signature :

Name : Dr Naveena

Date & Time : 11/06/2026 @ 1:24pm

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

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Patient Name : Mrs. G. Swapna. Gender: ☐ Male ☑ Female Age : 32 yrs.

UHID No : HNH-00015918. Date : 11/6/26

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

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

Emergency Lower Segment Caesarean Section

upon

Mrs. G. Swapna. (Name of the Patient)

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

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

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

Excessive bleeding need for transfusion of blood or blood products, post partum hemorrhage, wound infection, inadvertent injury to bowel, bladder or ureter.

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. Rajani Kumari

Consentee :

Signature : G. Swapna

Name : Mrs. G. Swapna

Date & Time : 11/6/26

Patient Attendant :

Signature : G. Nagaraj

Name : Nagaraj

Relationship with Patient: Husband.

Date & Time : 11/06/2026 @ 12:50 pm

Witness :

Signature :

Name : Sujatha

Date & Time : 11/6/26 @ 12:30 PM

Doctor (who is taking the consent) :

Signature :

Name : Dr. G. Veena.

Date & Time : 11/6/26 @ 12:30 PM

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE

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Mrs G.SWAPNA
20-03-1994 32 Y 2 M 22 D (F)
Dr. RAJANI KUMARI

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Patient Name : G. Swapna Age : 32y Gender : Male ☐ Female ☑

UHID NO: HNH-00015918 Surgeon Name: Dr. Rajani Kumari

Anaesthesiologist : Dr. Samir | Dr. Akhila. L

Operative procedure planned : Emf Er. LSCS.

PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA

General anaesthesia involves rendering a patient unconscious before an operation. This ensures the patient is not aware of events and does not feel pain during the operation. Drugs given through a vein and / or inhaled from an anaesthesia machine produce it. Regional anaesthesia involves using a local anaesthetic to numb a specific area of the body for surgery: Prolonged pain relief without numbness can be achieved by infusing weak solutions of local anesthetics arid narcotic drugs to particular parts of the body after surgery or injury, using catheters.

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

☐ Heart disease ☐ Hypertension ☐ Diabetes mellitus ☐ Renal failure

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

☐ Incapacitating Cronic Obstructive Pulmonary Disease

☐ Others : hypotension, bradycaedia, bleeding.

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 G. Swapna the above mentioned operation / Diagnostic / Therapeutic procedures Er/Em. 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 : G. Swapna

Name : G. Swapna

Relationship with Patient: Self

Date & Time : 11/6/26 8:00AM

Witness :

Signature : G. Nagaraju

Name : G. Nagaraju

Date & Time : 11/6/26 8: AM

Doctor (who is taking the consent) :

Signature :

Name : Dr. Akhila K

Date & Time : 11/6/26 8:00AM

HNH-00015918 IP26-00006556
Mrs G.SWAPNA
20-03-1994 32 Y 2 M 22 D (F)
Dr. RAJANI KUMARI

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Department of Anaesthesiology

PRE-ANAESTHETIC EVALUATION

Name: G. Swapna Age: 32y Sex: F UHID.No : HNH - 00015918

Date: 11/6/26 Time: 8:00AM Proposed Operation: E1/Em. LSCS.

Diagnosis: G3P1L1D1 35+2wks. / Threatened PT.

B.P / CRT: 104/67 H.R: 99 Weight: 64kgs. ASA Physical Status: ☐ 1 ☑ 2 ☐ 3 ☐ 4 ☐ 5

Laboratory Data:

11/6

Hgb: 12.2	Glucose:	Protein:	HIV: } NR	X-Ray:
PCV: 34.5	Urea:	Alb:	HBS Ag: } NR	ECG:
WBC: 12.33	Creat:	Total Bill:	HCV: } NR	2D Echo:
Plate: 2.24	Na:	Dir. Bill:	Blood group: 'O'	Stress/Anglo:
PT:	K:	LDH:	T3 NEGATIVE	Other:
PTT:	Ca++:	Alk phos:	T4	
INR:	Mg++:	Amylase:	TSH	
	Cl -:	SGOT/SGPT:		

Allergies: Nil -

Medical History: CVS : Nil-significant.

RESP : Diabetes : Nil -

CNS :

Renal :

Hepatic / GE : PE in 1st pregnancy - Stopped anti HIV after delivery Physical Activity: active

Others :

Past Anaesthetic History: LSCS 2021 | 2023 - H/O ht. response in 2nd delivery.

Physical Exam:

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

Lungs : BAE (+) clr

Heart: SKN (+)

CNS: UCLE

Pregnant: ☑ Yes ☐ No ☐ NA Venous Access Site : accessible. Spine Exam for regional : well felt.

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

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

CURRENT MEDICATIONS	DOSAGE

Pre-Operative Instructions:

1. DVT Prophylaxis ✓
2. NIL ORAL → Water / ORS 2 Hours / Others 6 Hours
3. Informed Consent: ☐ Standard ☐ High Risk
4. Post Operative Pain Management: ☐ Discussed with Patient
5. Other Instructions:
   - CBC } when planned for LA
   - TO reserve 1 OPRBC

Signature: Name: Dr Akhila. K

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.: 110/min. B.P / CRT: 110/70 mmHg. SpO₂: 100% R.R.: 16/min. Last Feed:

Pre-OP Diagnosis: G2P1L1D1 35+2 wks c scar rupture. Operation: Emergency LSCS + Tubectomy Date: 11/06/26

Surgeon: Dr. Rajani Kumari. Anaesthesiologist: Dr. Vineetha. Technician: Pallavi

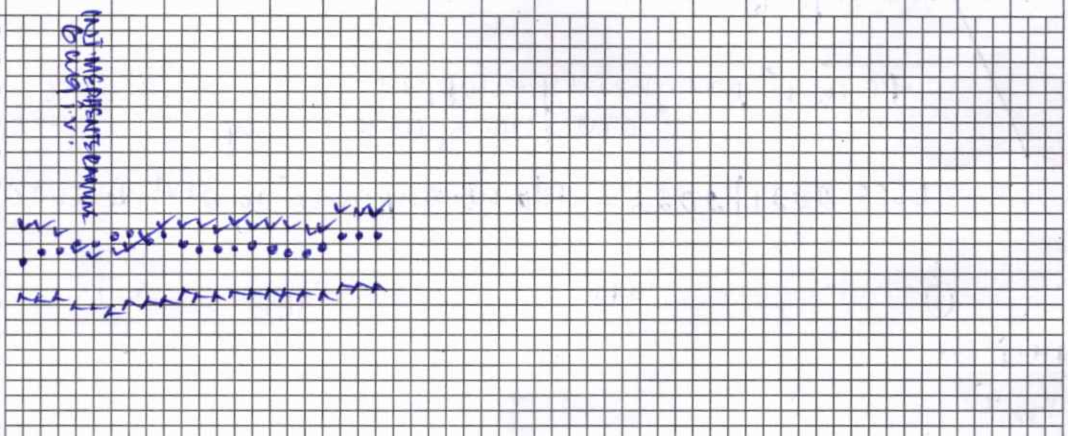
TIME	1.00	15	30	45	2.00	15	30	45
N_2O /AIR /O_2 LPM								
HALO /SO /SEVO								

Drugs:
INJ. OXYTOCIN 3IU I.V + 20IU in 500ml RL @ 100ml/hr.
INJ. TRANEXAMIC ACID 1gm.
INJ. CARBOPROST 250mcg I.M.
INJ. ONDANSETRON 4mg I.V.

FIO_2 / SaO_2	100	100	100	100	98	98	97
$ETCO_2$							
ECG	SR	SR	SR	SR	SR	SR	SR
Temperature							
Urine Output							
Fluids / Blood: RL	→	→	→	→	→	→	→

Antibiotic: INJ. CEFOTAXIM 1gm I.V.
Suppository: SUPP. DICLOFENAC 100 / TRAMADOL 100 mg
Blood Loss
NOTES

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



LAB Values: ABG / 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: 1.05 pm
OP Start: 1.05 pm
OP End: ↓
Leave OR: 2pm.

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: 25G (QN) Depth: ....
Parasthesia ☐ Yes ☑ No
Catheter at skin .... cm
Drug Name & Conc: 0.5% (H) BUPIVACAINE 2cc
Bolus: + 0.5cc (25mcg) FENTANYL
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: [signature]

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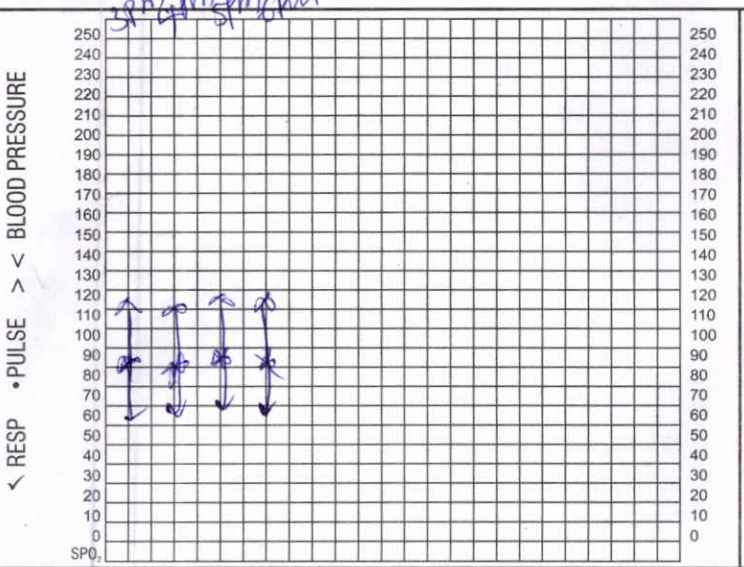
POST ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Amrutha Time Received : 3pm Time Discharged : .....



IV Cannula Site : Left hand

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

Vomiting : ☐ Yes ☐ No Drug: .....
NG Tube : ☐ Yes ☐ No
Drain: ☐ Yes ☐ No
Urinary Catheter: ☐ Yes ☐ No
Chest Tube: ☐ Yes ☐ No
Nil Oral ☐ Yes ☐ No
IV Fluids: 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	01	2	2	2	2	A Minimum Total Score of 8 is Required for Discharge Exceptions to this, are to be explained in the space below by the Discharging Physician:
Able to deep breathe & cough freely Dyspnea or limited breathing Apneic	= 2 = 1 = 0	RESPIRATION	02	2	2	2	2	
BP ± 20 of Pre Anaesthetic leve BP ± 20-50 of Pre Anaesthetic leve BP ± 50 of Pre Anaesthetic leve	= 2 = 1 = 0	CIRCULATION	02	2	2	2	2	
Fully awake Arousable on calling Not responding	= 2 = 1 = 0	CONSCIOUSNESS	02	2	2	2	2	
Pink Pale, dusky, blotchy, jaundiced, other Cyanotic	= 2 = 1 = 0	COLOR	02	2	2	2	2	
		TOTAL	09	10	10	10	10	

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
11/6	3pm	0	Normal	Amrutha
11/6	4pm	0	Normal	
11/6	5pm	0	Normal	
11/6	6pm	1/10	inj PCM 1 gm	

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

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

Anaesthesiologist Name : .....
Anaesthesiologist Signature: .....
Date & Time: .....

PACU Nurse Name : .....
PACU Nurse Signature: .....
Date & Time: .....

Transferred to Unit by (PACU): .....
Date & Time: .....

Patient Sticker

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EPIDURAL ANALGESIA RECORD

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

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

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

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

Solution Composition : .....

Any other issues :

a) .....

b) .....

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

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

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

Patient Satisfaction : .....

Discharge /Shifting ordered by

Doctor Signature: .....

Doctor Name: .....

Date and Time : .....