

Dr. Romya



ESTIMATION SLIP

Date : HNN-00011612 UHID / IP No. : HNN-00011612 SI No. **1618**
 Name of Patient : Mrs. Pammi Upwale Age: 34 yrs Gender: F
 Father's / Husband's Name : Mr. Nagesh Upwale Corporate / Occupation : _____
 Address : DTC X Road Phone : 6304330037 Email : _____
 Procedure / Plan : _____ EDD/Dos: June-26
 MODE OF PAYMENT : SELF TPA : _____ GIPSA : _____ OTHER _____

TARIFF INFORMATION :

Particulars	Package Amounts (Rs.)	
	Normal Delivery	LSCS
Room Category		
Multi Shared Ward		
Shared Ward		
Twin Shared Ward		
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 :
	Pharmacy up to	Pharmacy up to
	Investigations up to	Investigations up to
Others		

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

Initial Minimum Deposit : 80% Advance time of Admission

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

DECLARATION

I P. Nagesh Upwale 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]
Signature of the Client

[Signature]
Signatory Relationship

[Signature]
Signature of the financial Counselor

Blank page with faint markings.



HNH-00011612 IP26-00006606
 Mrs PAMMI UJWALA
 12-02-1992 34 Y 4 M 7 D (F)
 Dr. KADIYALA RAMYA THEJA



SURGERY DETAILS

Date : 19/6/26

Patient Name: Mrs. Pammi Ujwala Date of Birth: 12/02/1992 Age: 34 Yrs

Gender: Female Ward: OT UHID No.: HNH-00011612

Date of Surgery: 19/6/26 OT-1 OT-2 OT-3 OT-4 OBG OT-1 OBG OT-2

Name of the Surgery: Elective Lower Segment Caesarean Section + Ble tubectomy.

Time in : 9:55 AM Time Out : 10:55 AM

	<u>NAME</u>	<u>AMOUNT</u>
1. Surgeon	Dr. Ramyatheja.k.
2. Anaesthetist	Dr. Ayeeshas
3. Assistant Surgeon	Dr. Dua
4. OT Technician	Dr. Anind / Pallavi
5. Circulating Nurse	Karuna, Malasha
6. Assistant Nurse	Susheela

Mrs PAMMI UJWALA (34 Y 4 M 7 D / F)

TUBES

HN26010014TUBES

Special Equipment: Laparoscopy Broncoscope Harmonic Morcelator

C-ARM Cystoscopy Versa Point Liver Cusa

Neuro Cusa Others: Tubectomy + Ble charges (26-0000207387)

For Dr. Ramya

[Signature]

Signature of the Surgeon

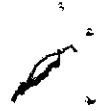
[Signature]

Signature of Circulating Nurse

Order No: 26-0000207378

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

Order by: Archana 19/6/26 @ 11:53 AM



Handwritten text, possibly a title or header, located in the upper middle section of the page. The text is faint and difficult to decipher but appears to contain several lines of characters.



MNH-00011612 IP26-00006606

Mrs PAMMI UJWALA
12-02-1992 34 Y 4 M 7 D (F)
Dr. KADIYALA RAMYA THEJA



GHMS



CONSUMABLES OF OT

Circulating staff : Nalini, Kumar Technician : Arund Date : 19/6/26 Time :

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube			Major Pack <u>MS</u>	01		Inj Vit.K		01
LMA			Sutures <u>2346, 4242</u>	14	14	Cord Clamp		01
ECG leads : A/P/N		03	<u>2364, 1326</u>	14	14	Suction Catheter		
HME filter : A/P/N			<u>Y 8 44 monocryst</u>	1	1	Feeding Tube - 7		01
Syringes : 10 cc		02				Vaccum Suction Set		
05 cc		02	Gloves <u>S.G 6 1/2</u>	13	13	Surgical Gloves <u>655G</u>		01
02 cc		01	Glove <u>6 1/2</u>	01	01	Gauze Pack <u>10x10</u>		01
01 cc		01				Syringe 1ml/2ml		01
Cautery plate : A/P/N		01	Surgical blade <u>22</u>	01	01	Surgical Blade # 20		01
IV set		01	NG tube			Koochies (S)		
RL		02	Cautery pencil	01	01	Drum		
NS : 10ml / 100ml / 500ml / 1000ml		01	Koochies <u>XXL</u>	01	01			
anticoag		01	Ointments			P.F no-7		01
Thamox		04	Suction Catheter					
Fentanyl		01	Cap, Mask					
Morphine <u>Jax Patch</u>		02	Gauze Pack <u>10x10cm</u>	1	1	<u>Baby said</u>		
Ketamine <u>MCI</u>		02	Mop Pack	02	02			
Propofol <u>Naso Airway 26</u>		01	Steristrip			<u>26-0000207400</u>		
Rocuronium <u>PCM</u>		01	Underpad					
Glycopyrolate			Draw sheet					
Myopyrolate			Abgel					
Ondansetron		01	Foleys catheter <u>no. 16</u>					
Pencan 25g Spinal Needle 22			Urobag					
Bupivacaine 0.25%			Chest Drainage Catheter					
Bupivacaine 0.25% (Heavy)		01	Romodrain bag					
Antibiotics			Bandage					
To-00045607		01	Tegaderm					
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg		01	Vaccum Suction set	01	01			
Justin : 12.5 mg / 25mg / 100mg		01	Plastic Bed Sheet <u>Aprons</u>	03	03			
Tab. Misoprost : 200mg		5	Betadine Solution	2	2			
<u>Gauze 10cm</u>		10	Microshield	1	1			
<u>Gloves 6-5</u>		10	Cotton Balls	10	10			
<u>Gauze 7.5x7.5</u>		01	Latex Gloves	20	20			
			Ramdione Scrub					
			Saral					

Surgeon Anaesthesiologist Nurse OT Technician
 Order No. : 26-0000207394 / 393 / 392 Ordered by : Archerina 19/06/26 @ 12:21pm
 Doc. No. : RCH / FRM / GENERAL / 125

1945

1945

1945

1945

1945

1945

1945

1945

1945

1945

1945

1945

1945

1945

1945

1945

1945

1945

1945

1945

1945

1945

1945

1945

1945

1945

1945

1945

1945

1945

1945

1945

1945

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.
040-48873000, info@rainbowhospitals.in



ELECTRONIC MEDICINE PRESCRIPTION

MRN : HNH-00011612 Name : Mrs PAMMI UJWALA
Age / Sex : 34 Y 4 M 7 D / Female Doctor : KADIYALA RAMYA THEJA
Adm/Reg Date/Time : 18/06/2026 21:11 Payor : SELFPAY
Order Date : 19/06/2026 12:20 Ordernumber : 26-0000207393
Visit ID : IP26-00006606 Ward/Bed No : 4F -OT / LDR-416
Patient Address : RTC X Road, Hyderabad, Telangana, INDIA, 500020

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	RL 500 ML CLOSED SYSTEM	RINGER LACTATE 500ML CLOSED	1 Bottle	/ Once Daily	2 Days		2 Bottle	Dispensed
2	BCV-INTRAFIX SAFESET		1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
3	NITRILE EXAMINATION GLOVES P F- MEDIUM		1 Nos	External / Once Daily	1 Days		20 Nos	Dispensed
4	POVINANZ SOLUTION 10% 100 ML		1 Nos	/ Once Daily	1 Days		2 Nos	Dispensed
5	LSCS DRAPE PACK (PROTECTCARE)		1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed

KADIYALA RAMYA THEJA

Reg No : TSMC/FMR/01458

* This document is just for reference purpose only. Not to be considered as primary report.

Note

* This prescription is valid only for specified duration.

* Do not refill medicines.

Printed Date/Time : 19/06/2026 12:36

Printed By : SUNKARI SANGEETHA

Page 1 of 1



ELECTRONIC MEDICINE PRESCRIPTION

MRN : HNH-00011612 Name : Mrs PAMMI UJWALA
 Age / Sex : 34 Y 4 M 7 D / Female Doctor : KADIYALA RAMYA THEJA
 Adm/Reg Date/Time : 18/06/2026 21:11 Payor : SELFPAY
 Order Date : 19/06/2026 12:20 Order number : 26-000207394
 Visit ID : IP28-00008606 Ward/Bed No : 4F -OT / LDR-416
 Patient Address : RTC X Road, Hyderabad, Telangana, INDIA, 500020

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	ABGEL SURGI PAD (BIG) (GELSPON)	ABGEL	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
2	BUPICAIN HEAVY 80MG INJ 4ML		1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
3	NASOPHARYNGEAL TUBES 26	NASOPHARYNGEAL TUBE26	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
4	SGLOVE # 6.5 (SURGICARE)	SURGICAL GLOVES 6.5	1 Nos	External / Once Daily	1 Days		4 Nos	Dispensed
5	MISOPROST TAB 200MCG 4S		1 Tabs	External / Once Daily	1 Days		3 Tabs	Dispensed
6	VICRYL 1-0 VP 2346	VICRYL 1-0 VP 2346	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
7	DISPOSABLE APRONS STERILE XL	DISPOSABLE APRON STERILE XL	1 Nos	/ Once Daily	3 Days		3 Nos	Dispensed
8	Encore Microptic gloves-6.5		1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
9	VACUUME SUCTION SET		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
10	STERIZONE PAD ST-91 9X25 (4151-012)		1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
11	FOLEYS CATHETER 16FR POLYMED		1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
12	GAUZE PACK STERILE 10X10X12 PLY 5S	GAUZE PACK STERILE 10X10X12 PLY 5 PACK	1 Nos	External / Once Daily	1 Days		3 Nos	Dispensed
13	MONOCRYL 3-0 NW 1326	MONOCRYL 1326	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
14	PREGELLED SURGICAL PLATES(ADULT)	PREGELLED PLATED ADULT	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
15	TRUGUT CHROMIC CATGUT SNA242	TRUGUT CHROMIC CATGUT SNA242	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
16	COTTON BALLS 2 GM 5 NOS		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
17	DSYRINGS 2.5ML (NIPRO)	SYRINGE 2ML	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
18	DSYRINGE 10ML (NIPRO)	SYRINGE 10ML	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
19	ONDOKIND INJ 4 MG 2 ML		1 Nos	/ Once Daily	1 Days		1 Vial	Dispensed
20	UNDER PAD 60X90 10's Pack -MEDICUBE		1 Nos	External / 10 AM	1 Days		2 Nos	Dispensed
21	MONOCRYL 5-0 CUTTING Y844G		1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
22	GAUZE 7.5X7.5 12 PLY (5 NOS)	GAUZE 7.5X7.5 12 PLY 5 NOS	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
23	ADULT DIAPERS-XXL		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
24	SURGICAL BLADE 22	SURGICAL BLADE 22	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
25	DSYRINGE 5ML (NIPRO)	SYRINGE 5ML	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
26	DSYRINGE 1ML (NIPRO)	SYRINGE 1ML	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
27	SUPRIDOL SUPPOSTORIES 100 MG 5 S		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
28	MCT-ROF 100MG 10ML		1 Nos	/ Once Daily	1 Days		2 Nos	Dispensed
29	VICRYL 1-0 NW 2364	VICRYL 1-0 NW 2364	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
30	LOX-1IDOCAIN-5PER PATCH 2S		1 Nos	External / 10 AM	1 Days		2 Nos	Dispensed
31	BIOXAMIC 500 MG INJ		1 Ampule	/ Once Daily	1 Days		4 Ampule	Dispensed
32	JUSTIN SUPPOSTORIES 100 MG 5 S		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
33	NS 1000 ML CLOSED EUROFLEX		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
34	MOPS 30X30 8PLY 5S X-RAY	MOPS 30X30 PLYDATT	1 Nos	/ Once Daily	3 Days		3 Nos	Dispensed
35	E.C.G ELECTRODES (ADULT)	ELECTRODES ADULT	1 Nos	External / Once Daily	1 Days		3 Nos	Dispensed
36	RELIPARA(PARACETAMOL) 100MG 100ML BOTTLE		1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed

KADIYALA RAMYA THEJA

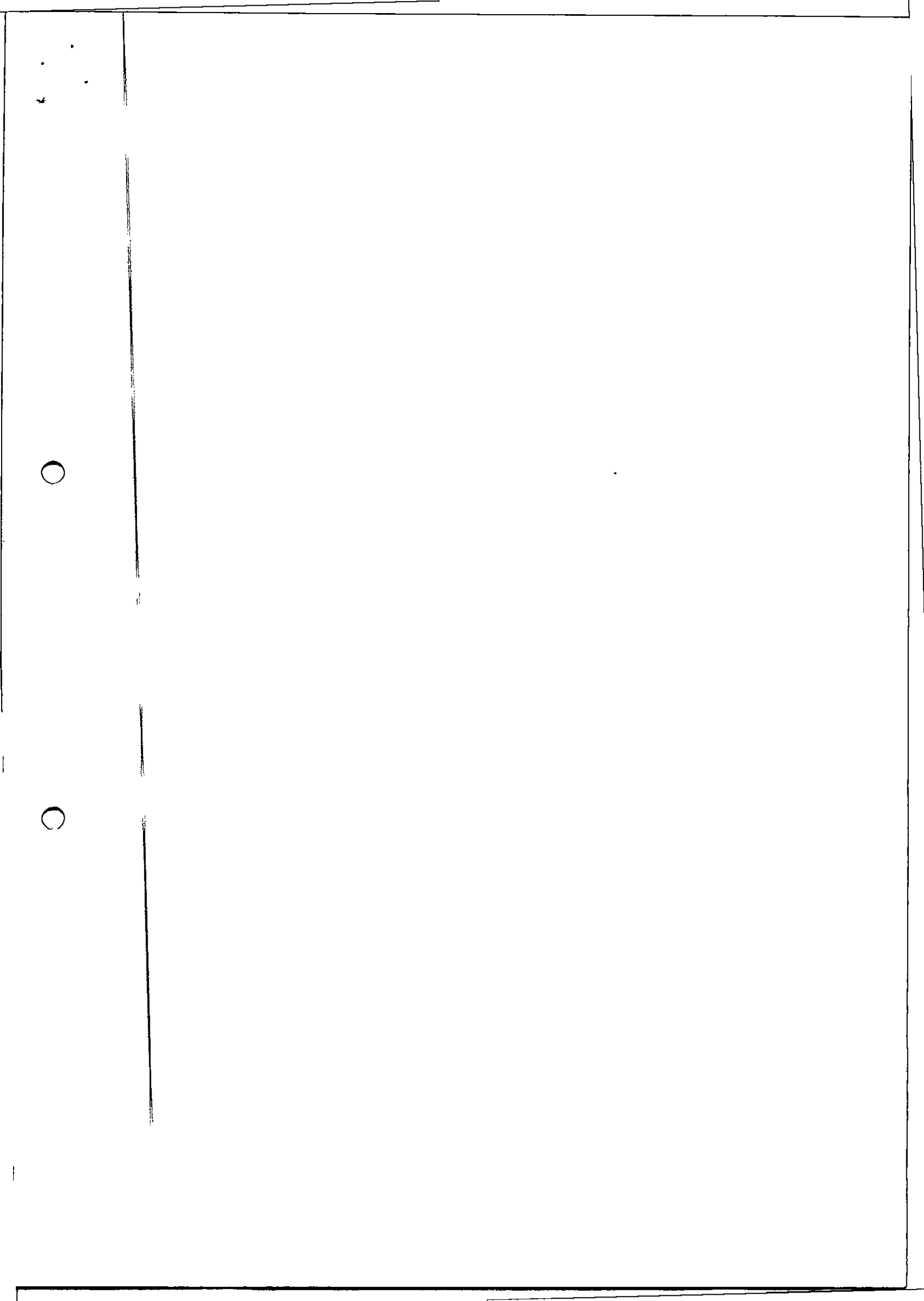
Reg No : TSMC/FMR/01458

* This document is just for reference purpose only. Not to be considered as primary report.

Note

* This prescription is valid only for specified duration.

* Do not refill medicines.





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.
040-48873000, info@rainbowhospitals.in



ELECTRONIC MEDICINE PRESCRIPTION

MRN : HNH-00016046 Name : Baby Of PAMMI UJWALA
 Age / Sex : 0 Y 0 M 0 D 2 H / Male Doctor : SPANDANA PASUPULETI
 Adm/Reg Date/Time : 19/06/2026 10:29 Payor : SELFPAY
 Order Date : 19/06/2026 12:27 Ordernumber : 26-0000207400
 Visit ID : IP26-00006609 Ward/Bed No : 4F -OT / CRDL-HNPDA-415-1
 Patient Address : RTC X Road, Hyderabad, Telangana, INDIA, 500020

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	GAUZE PACK STERILE 10X10X12 PLY 5S	GAUZE PACK STERILE 10X10X12 PLY 5 PACK	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
2	SURGICAL BLADE 20	SURGICAL BLADE 20	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
3	EASYCLOT-K1 1MG INJ 0.5 ML		1 Nos	Injection / 10 AM	1 Days		1 Nos	Dispensed
4	INFANT FEEDING TUBE-7	INFANT FEEDING TUBE 7	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
5	SGLOVE # 6.5 (SURGICARE)	SURGICAL GLOVES 6.5	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
6	CORD CLAMP-ALPHAMEDICARE		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
7	DSYRINGE 1ML (NIPRO)	SYRINGE 1ML	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed

SPANDANA PASUPULETI

* This document is just for reference purpose only. Not to be considered as primary report.

Note

* This prescription is valid only for specified duration.

* Do not refill medicines.

309
PC

Name	Mrs PAMMI UJWALA	UHID	HNH-00011612
Father/Guardian	Mr NAGA PRASAD	Age/Gender	34 Y 4 M 7 D/ Female
Address	RTC X Road, Hyderabad, Telangana, INDIA, 500020		
IP No	IP26-00006606	Admission Date	18-06-2026
Ref Doctor	Self.		
Discharge Date	22.06.2026		

DISCHARGE SUMMARY

Consultant:

Dr. Kadiyala Ramya Theja
MBBS/DNB
TSMC/FMR/01458

Diagnosis: G2P1L1 WITH 37 WEEKS WITH GESTATIONAL DIABETES MELLITUS ON ORAL HYPOGLYCEMIC AGENTS WITH PREVIOUS LOWER SEGMENT CAESAREAN SECTION WITH LARGE FOR GESTATIONAL AGE FETUS WITH DECREASED FETAL MOVEMENTS FOR DELIVERY

ELECTIVE LOWER SEGMENT CAESAREAN SECTION + BILATERAL TUBECTOMY DONE ON 19.06.2026

History:

LMP: 15.09.2025
EDD: 09.07.2026

Obstetric formula: G2P1L1
Gestation at admission: 37 weeks

Obstetric History:

G1 - 2023, FT LSCS (Ind:- GDM on insulin), Boy, 3kg: A&H
G2 - Present pregnancy, Spontaneous conception.

Medical History: Nil

Surgical History: LSCS-2023

Family History : Mother-T2DM

Allergies : Nil

1/5

Name	Mrs PAMMI UJWALA	UHID	HNH-00011612
IP No	IP26-00006606	Admission Date	18-06-2026

Antenatal Details:

Mrs PAMMI UJWALA was booked to Rainbow hospital at 5⁺⁶ weeks of gestation. She had regular antenatal checkups and investigations as advised. NT scan normal with posterior low covering os placenta & FTS low risk. TIFFA was normal. She was diagnosed with gestational diabetes at 24⁺¹ weeks (OGTT on 14.03.2026 showed 90/127/190 mg/dl). She was started on diabetic diet. Regular home blood sugars monitoring done. She was later started on oral hypoglycemic agents in view of uncontrolled post meal sugars. At 34⁺² weeks, Physician opinion sought and she was started on T.Metformin 500mg twice daily. Regular home blood sugars monitoring done. Physician advised Insulin(inj Lantus 10 units s/c at bed time) in view of uncontrolled post meal sugars, but she did not take and continued T.Metformin 500mg twice daily. Fetal Surveillance done with serial growth scans. Scan done on 10.06.2026 showed single live intrauterine fetus at 35 weeks with cephalic presentation, AFI: 13.7cms, EFW: 3426gm (96%) with placenta: posterior and right lateral with normal dopplers. She was admitted at 37 weeks with history reduced fetal movements.

Investigations: Enclosed.

Blood group: "O" Positive

Management: Course in hospital:

At admission on clinical examination the vitals were stable, uterus was relaxed, clinically liquor excess. Bedside USG done showed AFI 20-21cm with good movements. Fetal well being was confirmed by an admission CTG which was found to be reactive. She was prepared for elective C- section with indwelling Foley's catheter and IV canula under aseptic conditions. Written informed consent for surgery taken. Preanesthetic check up done. Anesthetic premedication (IV Pantop and Perinorm) given. Antibiotic prophylaxis with Inj. Taxim 1 gm IV given. Patient shifted to theatre.

Surgery Notes:

Under spinal anesthesia she was painted and draped as per hospital protocol. Abdomen opened in layers. The parietal and visceral peritoneum carefully opened after identifying the urachus. Bladder was reflected. A Lower segment curvilinear incision given on the uterus. Baby delivered. Cord clamped and cut and cord blood collected for blood grouping and Rh typing. Baby handed over

Name Mrs PAMMI UJWALA UHID HNH-00011612
IP No IP26-00006606 Admission Date 18-06-2026

to pediatrician. Placenta delivered with controlled cord traction. Uterus closed in layers. Bilateral tubal ligation done by modified Pomeroy's method. Tubal segments sent for HPE. Hemostasis secured. Instruments and swab count checked. Rectus sheath closed. Skin closed with subcuticular sutures. Wound dressing done. Vagina cleaned with Betadine solution after expelling clots. Misoprostol 800 mcg given per rectum as prophylaxis against Postpartum hemorrhage. Patient was shifted out of theatre to post operative recovery room.

- * Bladder drawn up and adherent to previous scar
- * Liquor- excess, single loop of cord around neck

Delivery Details:

Date : 19.06.2026
Time of Delivery : 10:01am
Type of Delivery : Elective lower segment caesarean section + bilateral tubectomy
Indication : Previous Lower segment caesarean section
Anaesthesia : Spinal

Baby Details:

Date : 19.06.2026
Time : 10:01am
Sex : Male
Weight : 4180gm
Apgar : 8,9
Gestational Age: 37⁺¹ weeks
NICU Admission: No

Post-Operative Notes:

She was closely monitored. Her vital signs remained stable. Uterus was well retracted with no postpartum hemorrhage. Breast feeding initiated. She was shifted to room. Her postoperative period following that was uneventful. On second postoperative day dressing was changed. On second post operative day FBS/PPBS done 113/109 mg/dl. Physician opinion sought advised only diabetic diet. On inspection wound was healthy. Her general condition was satisfactory and she was found to be fit for discharge. Wound care and

3/5

Name	Mrs PAMMI UJWALA	UHID	HNH-00011612
IP No	IP26-00006606	Admission Date	18-06-2026

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 24.06.2026 (9am-9pm) after food.
2. Tab. Calpol (Paracetamol 500mg) 2 tablets thrice daily till 24.06.2026 (8am-2pm-10pm) after food.
3. Tab. Voveran (Diclofenac-50mg) 1 tablet thrice daily till 22.06.2026 (9am-3pm-11pm) after food.
4. Tab. Pantodac (Pantoprazole - 40mg) 1 tablet twice daily till 22.06.2026 (7am-7pm) before food.
5. Tab. Livogen (Elemental Iron - 50mg, folic acid 1.5mg) once daily (7am) for three months before breakfast.
6. Tab. Shelcal (Elemental Calcium 500mg, vitamin D3 250 IU) once daily (2pm) till breast feeding after food.
7. Nebasulf Powder for local application.
8. FBS, PLBS after 2 weeks
9. Collect HPE report

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

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

Review with **Dr. KADIYALA RAMYA THEJA**, after **2 weeks** on **06.07.2026** at Rainbow Children's Hospital with prior appointment (**Review consultation will be charged**).

For Women Who Have Had a Caesarean Section

Care of the wound:

1. You can bath and shower.
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.

Name Mrs PAMMI UJWALA **UHID** HNH-00011612
IP No IP26-00006606 **Admission Date** 18-06-2026

5. Apply Nebasulf or Neomycin dusting powder on the wound after it is dry.
6. Do not touch the wound with unwashed hands.

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

Patient/ Attender

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


Registrar/Resident/C.M.O

Consultant

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

HNH-00011612 IP26-00006606

Mrs PAMMI UJWALA

12-02-1992 34 Y 4 M 9 D (F)

Dr. KADIYALA RAMYA THEJA



NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
	00.00			
	01.00	D-water (3)	(AS)	
	02.00			
	03.00			
	04.00			
	05.00			
	06.00			
	07.00			
22/06/26	08.00			
	09.00			
	10.00			
	11.00			
	12.00			
	13.00			
	14.00			
	15.00			
	16.00			
	17.00			
	18.00			
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			

207730
~~Cross Over Done.~~

HNH-00011612

IP26-00006606

Mrs PAMMI UJWALA

12-02-1992

34 Y 4 M 9 D

(F)

Dr. KADIYALA RAMYA THEJA



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

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

NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
	00.00			
	01.00			
	02.00			
	03.00			
	04.00			
	05.00			
	06.00			
	07.00			
	08.00			
	09.00			
	10.00			
18/6	11.00	D-water (2)	Arelle	
	12.00			
	13.00			
	14.00			
	15.00			
	16.00			
	17.00			
	18.00			
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			

HNH-00011612 IP26-00006606
 Mrs PAMMI UJWALA
 12-02-1992 34 Y 4 M 9 D (F)
 Dr. KADIYALA RAMYA THEJA



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

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

NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
	00.00			
	01.00			
	02.00			
	03.00			
	04.00			
	05.00			
	06.00			
	07.00			
	08.00			
	09.00			
	10.00			
	11.00			
	12.00			
	13.00			
	14.00			
	15.00			
	16.00			
20/6	17.00	D - wales	(1)	Madhu
	18.00			
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			

ADMISSION SHEET

Registration Details :



Admission No : IP26-00006606 Admit Date : 18-Jun-2026 Admit Time : 09:11 PM UHID : HNH-00011612

Patient Details :

Patient Name : Mrs PAMMI UJWALA Age : 34 Y 4 M 6 D
Guardian : Mr NAGA PRASAD DOB : 12-02-1992
Gender : Female Religion :
Occupation : Martial Status :
Address (H) : RTC X Road Hyderabad Telangana INDIA 500020 Phone No : 6304330037
E-mail : PRASORE3@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 NAGA PRASAD Relationship : W/O
Contact Address : RTC X Road Hyderabad Telangana INDIA 500020 Phone No : 6304330037

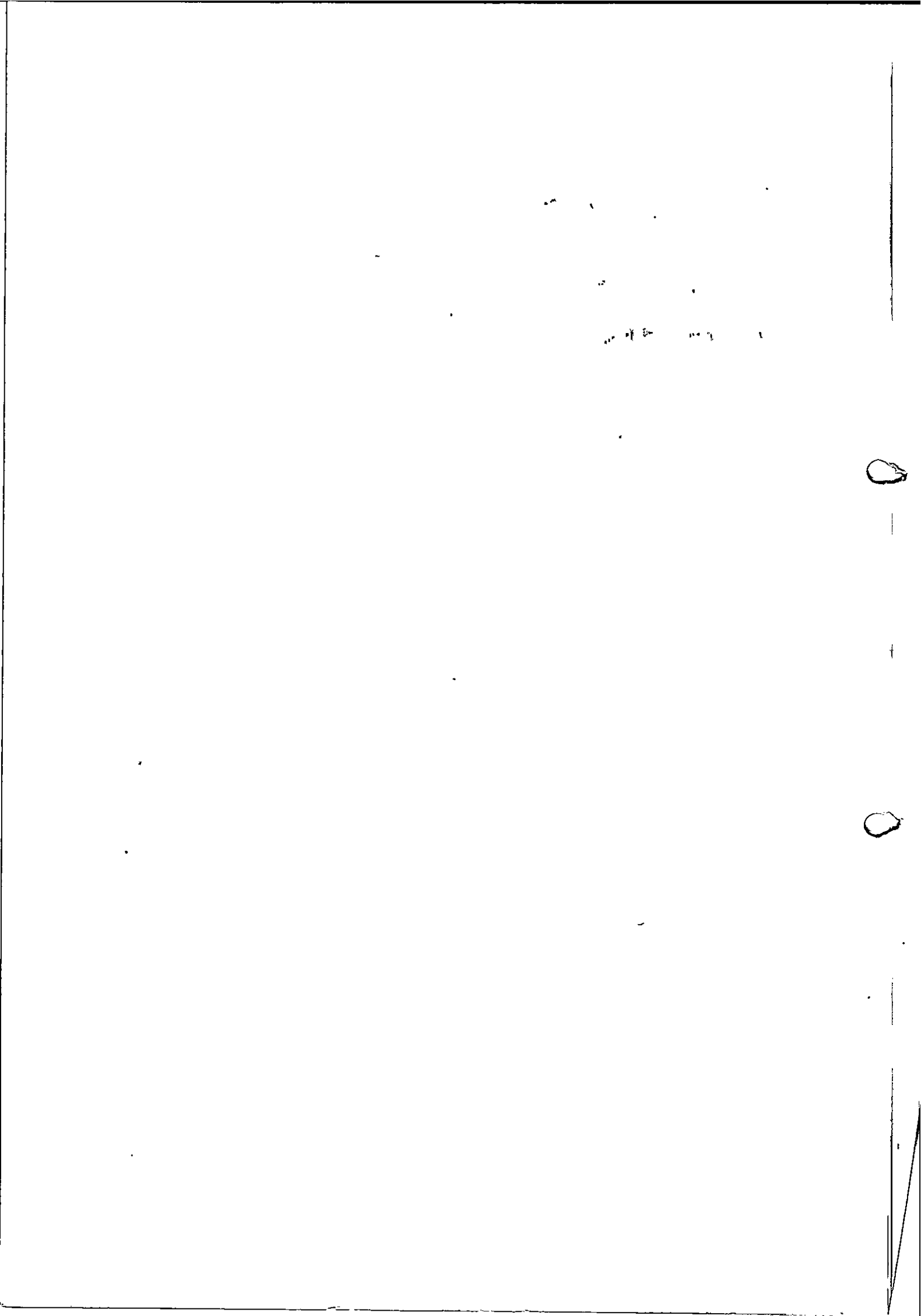
Signature

Doctor Details :

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

Payment Details :

Payment Mode : DC/CC Card Deposit Amount : 170000.00
Payor Name : SELFPAY



ACTIVITY RECORD FOR BILLING

Name: -----

UHID No : ----- **HNH-00011812** IP26-00006606
Mrs PAMMI UJWALA
 12-02-1992 34 Y 4 M 6 D (F)
 Date of Admis **Dr. KADIYALA RAMYA THEJA** ----- Consultant : ----- Dept : -----
 ----- Date of Discharge : ----- Time: -----
 Room / Bed No. ----- Suggested Billable bed type : -----



WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
19/6/26	9:30 AM	Pre-Post	OT	Cade / Koush
19/6/26	10:55 AM	OT	Pre-Post	Koush / Aditi
19/6/26	3:30 pm	LDR	Room (309)	Mounika / Madhuri

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	Dr. Sindhuja (Lactation Specialist)	19/6/26	7602	[Signature]
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Sign
18/6	NST — (1)	7315 ✓	Anusha D.
18/6	NST — (2)	7316 ✓	Anusha
18/6	CBP.	9987 ✓	Anusha
19/6/26	FBS @ 6AM 85mg/dl	9942 ✓	Anusha
19/6/26	Biopsy for Histopathology (Medium)	10014 ✓	Anusha
		cross checked done	
19/6/26	6RBS - 84mg/dl	0044 ✓	Anusha
19/6/26	CBP	10032 ✓	Anusha
21/6/26	7AM FBS - 113mg/dl	10104 ✓	Anusha
21/6/26	3:pm. PPBS - 100mg/dl	10113 ✓	Anusha
		cross checked done 21/6/26	

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
18/6/26	IV placement	1	7324	Archer
18/6/26	Nebulization	1	73310	Amshed
19/6/26	Catheterisation	①	7414	Her
20/6/26	PAC	①	14147	Her
<i>Cross checked done</i>				
19/6/26 (6:30pm)	NHA	①	7486	Her
<i>Cross checked done 22/6/26</i>				

ANY OTHER INFORMATION

.....

.....

.....

.....

.....

.....

Date :

Time :

Prepared By :

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

HNH-00011612 IP26-00006606
Mrs PAMMI UJWALA
12-02-1992 34 Y 4 M 6 D (F)
Dr. KADIYALA RAMYA THEJA



IP ADMISSION SHEET - JR OBSTETRICS

Presenting Complaints

Came for safe confinement

LMP: 15/01/2025

EDD: 22/06/2026

Corrected EDD: 01/7/2026

GA: 37 weeks

Obstetric Formula:

G2 P1 L1 MLC: 3yrs; NCPA

Menstrual History: Regular: Yes No

Obstetric History:

1st: 2023, FTIS cs (indi-GDM on Insulin)
M: B wt: 3kg; A/H, @ Swarna health
2nd: PP, Spontaneous Conception

Obstetric Examination

Fundal Height: Term

previous LSCS - healed by 2nd intention

Present Pregnancy Record:

NT - (N) posterior low covering cs-placenta
FLS - low risk. TIFFA - (N)

Ut. Activity: Relaxed Mild Mod Severe

Liquor: Adequate Oligo Poly

No Scar tenderness

PP: Cephalic Breech Others: _____

Head Fifths Palpable: 5/5th

FHS: Normal Tachy Brady Absent

RISK FACTORS:

Diagnosed with GDM at 6MOA, maintained on diet, started on GHA in 8MOA

Per Speculum Examination

not done

Draining: Present Absent Bleeding

Colour of Liquor: Clear Meconium Blood Stained

Vaginal Examination

not done

Cervix: Long Partially effaced Effaced

Os: Closed _____ Dilated _____

Membranes: Present Absent

Liquor: Clear Meconium Blood Stained

Presenting Part: Vertex Breech Others

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

Pelvis: Adequate Doubtful

Height: 160 cm

Weight: 86.90 kg

Allergies: Nil

Breast: Normal Abnormal

General Examination:

Consciousness: cle Pallor: -ve

Icterus: no Edema:

Temp: Afebrile

BP: PR: DTR: (N)

CVS: S1S2 normal RS B/L MUBS (+)

Liver/Spleen: (N) Urine Output: Adequate

DIAGNOSIS

G2P1L1 with 37 weeks POG with GDM on GHA with previous LSCS came for safe confinement



<p>Family History:</p> <p>Mother - T2DM.</p>	<p>Surgical History:</p> <p>LSCS - 2023.</p>
<p>Medical History:</p> <p>Nil.</p>	<p>Medication History: T. GLYCOMET. - SR T. IRON 500mg - BD T. CALCIUM.</p>
<p>Plan of Care:</p> <p>✓ Admission NST. Informed Consent Pacts Preparation. Drugs as charted. Foley's Catheterisation. strict FHR monitoring & hourly Review PAC. Paediatrician Call. Monitor Vitals Inform SAS. CBC & FBS before Surgery.</p>	<p>Investigations: <u>B&T</u> : 'O' positive. <u>CBP</u> (19/6/2026) Hb - 11.8 ^{sd/s} 10.7 HbV plt - 1.30 1.53 HbsAg } NR. TLC - 8.46 7.28 HCV } PCV - 34.3 37.9 VDRL } ICT - Negative TSH - 0.05 (3/4) <u>USG</u> (10/6/2026) SLIUF 35w 6days Cephalic. placenta → post. & Rt. lateral AFI → 13.7cms EFW → 3426 gm (96%) AC → (96%). Doppler → Normal.</p>

Doctor Name: Dr. Naveena
Signature: [Signature]
Date & Time: 18/6/2026 @ 10:00pm

Consultant Name: Dr. Ramya theja.
Signature:
Date & Time:

Patient :



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	19/06/2026 19/06/2026 12:00am	cls/by <u>Dr. Naveena</u>
	ole GC fair Alebrile	Ado - NBM
	Vitals - stable	- drugs as charted
	PA: ut. Term size Relaxed	- LLP - strict FHR monitoring.
	FHR (+) 152bpm	4th hly.
	UE: NAD No Sac tenderness	- Trace CBP - TLM FBS, NST - Monitor Vitals
	<u>Dr. Naveena</u>	- Inform SCS.
	19/06/2026 6:00am	cls/by <u>Dr. Naveena</u>
	ole GC fair Alebrile	Ado - NBM.
	Vitals - stable	- NST.
	PA: ut. term size Relaxed	- drugs as charted - Review PAE
	FHR (+) 154bpm	ilvls plt - 1.30 lakhs.
	UE: NAD No Sac tenderness	- strict FHR. monitoring 2hly
	<u>Dr. Naveena</u>	- Monitor Vitals - Inform SCS. - shift to OT on call.



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/6/2026	<u>C/S/B Dr. Dna</u>	
11 AM	POD-0 (P2L2 = ADM)	
Baby & Mother	AC Fair Afebrile BP: 126/76 mmHg PR: sub pm. P/A uterus Retracted well UE NAB	Adv - NBM till further orders - IV - Analgesic Etthorbo - Prophylaxis as per Axon
u/o - 100ml clear.	[Signature]	- IV Antibiotic for 24h - urine I/O charts - Monitor vitals w/f PV bleed Informs
		FBS & PPBS on POD-2 CRBS @ 4pm
19/6/2026	<u>C/S/B Dr. Dna</u>	
3pm	POD-0 (P2L2 = ADM)	
Baby & Mother	AC Fair, Afebrile BP: 110/70 mmHg PR: 82/min P/A uterus Retracted well UE - NAB	Adv - oral sips allowed flb liquid diet - IV fluids - Analgesics as per Axon - IV Ab for 24h.
u/o - 200ml clear.	[Signature]	- urine I/O charts - w/f PV bleed - Informs
Pt can be shifted to room		- FBS, PPBS on POD-2 Foley Removal at 6 AM (fin) CRBS @ 4pm

2

Patient S

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/6/26 #Pm	<p>cls/B Dr. Veena - cls/B Dr. Ramya Theja</p> <p>POD-0 / P2L2</p> <p>Pt is stable, No clo</p> <p>o/e G & fair.</p> <p>PR- 120/70/100</p> <p>PR- 86 bpm</p> <p>SpO2 - 100% on RA</p> <p>PIA - Ut well retracted</p> <p>BS (F)</p> <p>L/E - BUNCL.</p> <p>U/O - 100ml/hr, clear urine</p>	<p>Adv</p> <ul style="list-style-type: none"> - Soft diet - Drugs as charted - Vital monitoring - No clauking. - w/ excessive bleedng P/Lv - FBS / PPBS on POD-2 - Foley's removal c/m @ 6am - Perform SOS
19/6/26 9:30Pm	<p>cls/B Dr. Veena</p> <p>POD-0 / P2L2 / GDM on OHA</p> <p>clo pain @ Anal area.</p> <p>o/e G & fair, Afebrile</p> <p>Vitals - stable</p> <p>P/A - Ut well retracted</p> <p>BS (F)</p> <p>L/E - BUNCL.</p> <p>U/O - 100ml/hr, clear</p> <p>PR - No bleedng P/R</p> <p>No hemorrhoids</p> <p>Mucosa normal</p>	<p>Adv</p> <ul style="list-style-type: none"> - Soft diet - Vital monitoring - No clauking - w/ excessive bleedng P/Lv - Drugs as charted - FBS / PPBS on POD-2 - Foley's removal c/m @ 6am - Truj-PCM 1g IV stat - Perform SOS

Baby @ ms

Baby @ ms
 FX
 SX

noted by Sushtha
 20/6/26 @ 9:30Pm

HNH-00011612 IP26-00006606
 Mrs PAMMI UJWALA 34 Y 4 M 7 D (F)
 12-02-1992
 Dr. KADIYALA RAMYA THEJA



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/6/26 8 AM	cls / B D Veena DOD - 1 / P ₂ L ₂ / GDM on OHA	
Baby @ MS Foley's removed @ 6:30 am U ✓ F ✓ S x	<p>It is stable, No clo O/E G/C fair, Afebrile Vitals - stable Pallor (-) P/A - Ut well retracted BS (+) Mild abd distention (+) UA - BUNL</p>	<p>ADU ✓ Soft diet ✓ Vital monitoring ✓ I/O charting ✓ Drugs as charted. ✓ w/o excessive bleeding PLU ✓ Encourage to void ✓ Ambulation ✓ Adequate hydration.</p> <p>Noted by Swelle</p>
20/6/26 11 AM	<p>No complaints U ✓ F ✓ S x</p>	<p>Ranus Gramya</p>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/6/2026	C/S/B - Dr. DINA	
12 PM	POD - 1 P26 - ADM. ONOHA	
<p>Baby & Mother</p> <p>UL ✓ FV ✓ Sx</p>	<p>Ac fair Afebrile Vitals - stable P/A uterus Retracted well. K¹⁰ UENAB</p> <p><i>[Signature]</i></p>	<p>Adv</p> <ul style="list-style-type: none"> ✓ Soft diet ✓ VITAL MONITOR ✓ Drugs as charted ✓ w/f encemi & V bleed ← Ambulation. ← Adequate Hydration ← ASD dressing t/m. <p>Noted by Divya 20/6/26 @ 12 PM</p>
20/6/2026 / 1:50 PM	<p>Dr. KIRAN (Dietitian & Lactation Consultant)</p> <p>Lactation & nutrition Guidelines have been explained.</p> <p>Soft Semi Solid Diet is Recommended.</p> <p><i>[Signature]</i></p>	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/6/26	c/o cough	Adv
11:30pm	postnasal drip	1) Axon Review 2) Physician RV RA
		Ramu DRAMYA HODAN
20/06/26	C/S/B Axon Anesthesia team	
	POD 1 / P ₂ L ₂ / Elective d/s	
	c/o throat irritation since 2 days,	
	Mild cough since today	
O/E	HR = 83 bpm	Adv
	BP = 116/73 mmHg	Warm Water gargling
	SpO ₂ = 98% @ RA	NARIX
	S/E	Normal saline Nebulization
	EUS = SIS (+)	Syrup Acetyl 10ml TID
	RS = B/L AE (+), clear	Inform S-D-S i/v/o any added symptoms
	CNS = Conscious, oriented	Monitor Vitals
		DR SAMIR DR SHINY



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/06/2026 6:05pm		cls by Dr Naveena
U-✓ F-✓ S-X	<p>o/e GC - fair</p> <p>Alebyle</p> <p>Vitals - stable</p> <p>PA: wt. retracted well</p> <p>Soft, NT</p> <p>Distention - ++</p> <p>Dressing: dry & clean</p> <p>UE: PC bleeding</p> <p>WNL</p> <p>Baby: Mother side.</p>	<p>Adv</p> <p>- Soft diet</p> <p>✓ Adequate hydration</p> <p>✓ drugs as charted</p> <p>✓ Dulcolax suppositories</p> <p>2 PR @ 10pm</p> <p>✓ Py: Penicem long</p> <p>iv stat</p> <p>✓ Ambulation</p> <p>✓ Follow Axon team orders</p> <p>✓ Monitor Vitals</p> <p>✓ w/f PC bleeding</p> <p>✓ Injain SOS</p> <p>✓ FBS, PPBS, TLM</p> <p>✓ Close Dressing TLM</p>
	<p>Dr Naveena</p>	<p>Noted by madhvi</p>

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/06/2026		
7:30am		
	<p>Obs by Dr. Naveena</p>	
	<p>O/G GC - fair</p>	<p>Adv</p>
	<p>Afebrile.</p>	<p>Soft diet</p>
	<p>Vitals - stable</p>	<p>Adequate</p>
	<p>PA: ut retracted well</p>	<p>hydration</p>
	<p>Soft, NT</p>	<p>drugs as charted</p>
	<p>Dressing: dry Ectelan</p>	<p>Ambulation</p>
	<p>UE: PV bleeding WNL</p>	<p>w/ PV bleeding</p>
	<p>Baby: Mother side.</p>	<p>Monitor Vitals</p>
		<p>Inform SOS</p>
		<p>Noted by swetha</p>
		<p>21/6/26 @ 7:30am</p>
	<p>Dr. Naveena</p>	
	<p>Baby & Mother ASD done - wound healthy.</p>	<p>Monitor vitals</p>
		<p>Inform SOS</p>
		<p>Noted by Dimpa</p>
		<p>21/6/26 @ 1pm</p>

U-L
 F-L
 S-X

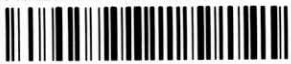
21/6/2026
 1pm

U-L
 F-L
 S-X



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/6/2026	C/S / B Dr. Dna	
7:30 PM	POD-2 P ₂ L ₂ CDM.	
		Adv
	C/C fair -afebrile	Soft diet
	vitals - stable.	Adequate hydration
U ✓	P/A uterus Retracted well	Drugs as charted.
F ✓	soft	Ambulation.
S ✓	Mild Abdominal distension ⊕	w/F PV bleed.
	Bs ⊕	Monitor vitals.
	L/E PV bleed w/w.	Inform sos
	Baby & Mother side	
	↳ on. phototherapy.	
		Noted by madhuf
22/6/2026	C/S / B Dr. Dna	
8 AM	POD-2 P ₂ L ₂ CDM.	
	Baby on PT	Adv
	C/C fair -afebrile	Regular diet
	vitals - stable.	Adequate hydration
U ✓	P/A uterus Retracted well	Drugs as charted
F ✓	well, soft	Ambulation.
S ✓	Abdominal distension ⊕	w/F PV bleed
	Bs ⊕	Monitor vitals
Dressing done	Abd. girth - 44cm.	Inform sos
wound healthy.	L/E Norm	Noted by doctor (P.T.O)



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/06/2026 7:00pm	cls by <u>Dr. Naveena</u>	
	ole GC fair	Ado
	Alebnle	Regular diet
	Vitals - stable.	Adequate
U-V	PA: ut. retracted well	hydration
	S/I, NT	drugs as charted
F-V	Dressing: dry & clean	Ambulation
S-V	UE: PV bleeding WNL	w/ PV bleeding
	Baby: Mother side.	Monitor Vitals
	on phototherapy	Infirm sos
		Noted by <u>Dr. Naveena</u>
		22/06/2026 @ 7PM
	Kindly discharge	Dr. Naveena
	the patient	

HNH-00011612
 Mrs PAMMI UJWALA IP26-00006606
 12-02-1992 34 Y 4 M 6 D (F)
 Dr. KADIYALA RAMYA THEJA

309

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

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

RESULT SHEET

Date	18/6/26			
Time	10:32 PM			
Hb	11.8			
PCV	34.3			
RBC	4.0			
WBC	8.46			
N/L	13.6/17.1			
Platelets	1.30			
CRP				
ESR				
PCT				
RBS				
Na				
K				
Cl				
Ca/Mg				
Phosphate				
Urea				
Creatinine				
ALP				
SGPT				
SGOT				
T.Bill/Conj				
T.Protein				
S.Albumin				
S.Globulin				
A/G Ratio				
Uric Acid				
S.Amylase				
Sr.Lipase				
Blood Lactate				
S.Cholesterol				
PT/INR				
APTT				
CSF Protein / Sugar				
Cells				
N/L				

HNH-00011612 IP26-00006606
 Mrs PAMMI UJWALA 34 Y 4 M 6 D (F)
 12-02-1992
 Dr. KADIYALA RAMYA THEJA



Early warning Observation Score Chart - Obstetrics

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

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

18/6/20

Gm

NA

Handwritten initials and scores at the bottom of the chart.

18/6/26

11 pm \Rightarrow 142 bpm

2 AM \Rightarrow 155 bpm

4 AM \Rightarrow 160 bpm

6 AM \Rightarrow 150 bpm

Obstetrics and Gynaecology Early Warning Signs

Complete a Full
Set of MEOWS
Observations

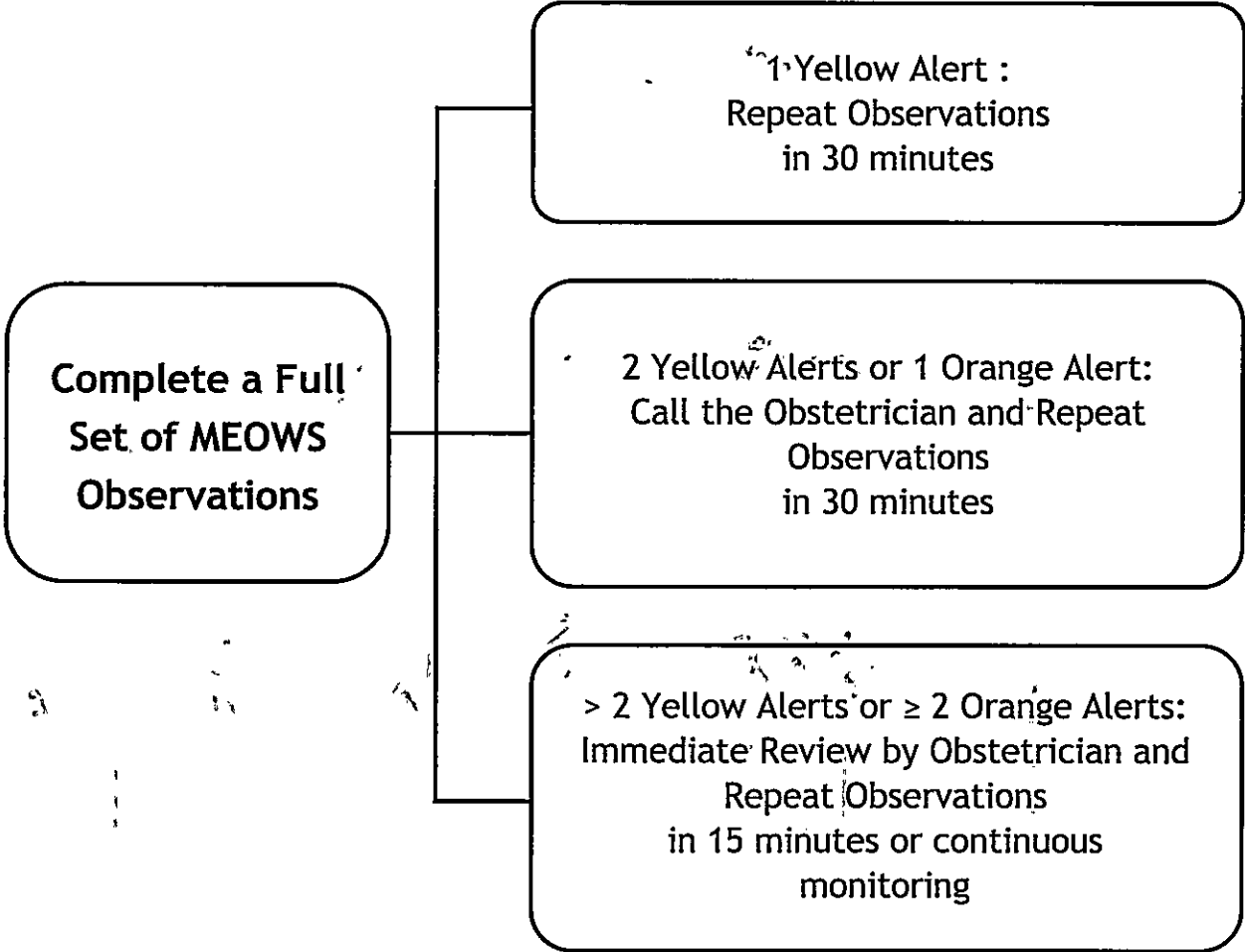
1 Yellow Alert :
Repeat Observations
in 30 minutes

2 Yellow Alerts or 1 Orange Alert:
Call the Obstetrician and Repeat
Observations
in 30 minutes

> 2 Yellow Alerts or \geq 2 Orange Alerts:
Immediate Review by Obstetrician and
Repeat Observations
in 15 minutes or continuous
monitoring

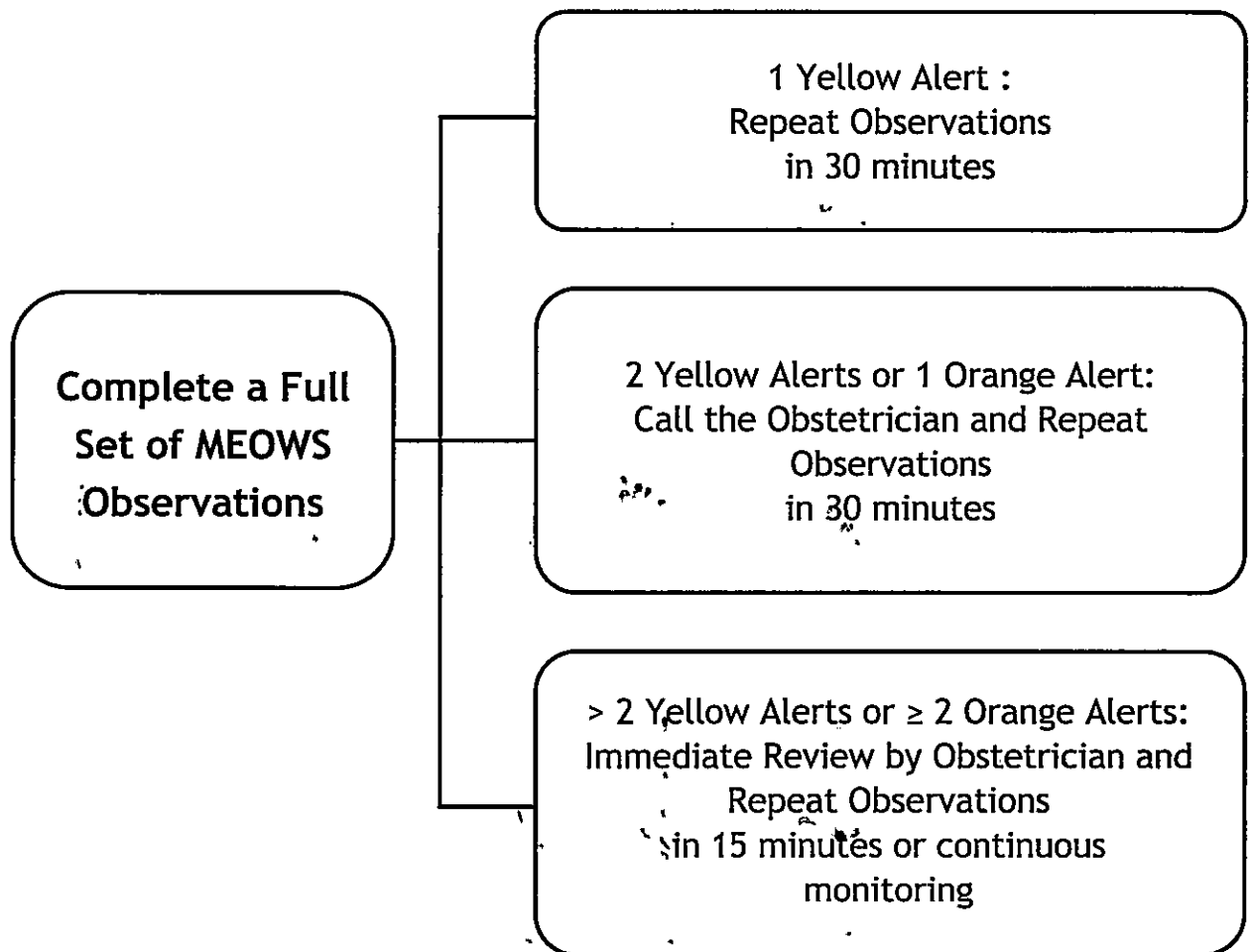
* The Modified Early Warning Score (MEOWS)

Obstetrics and Gynaecology Early Warning Signs



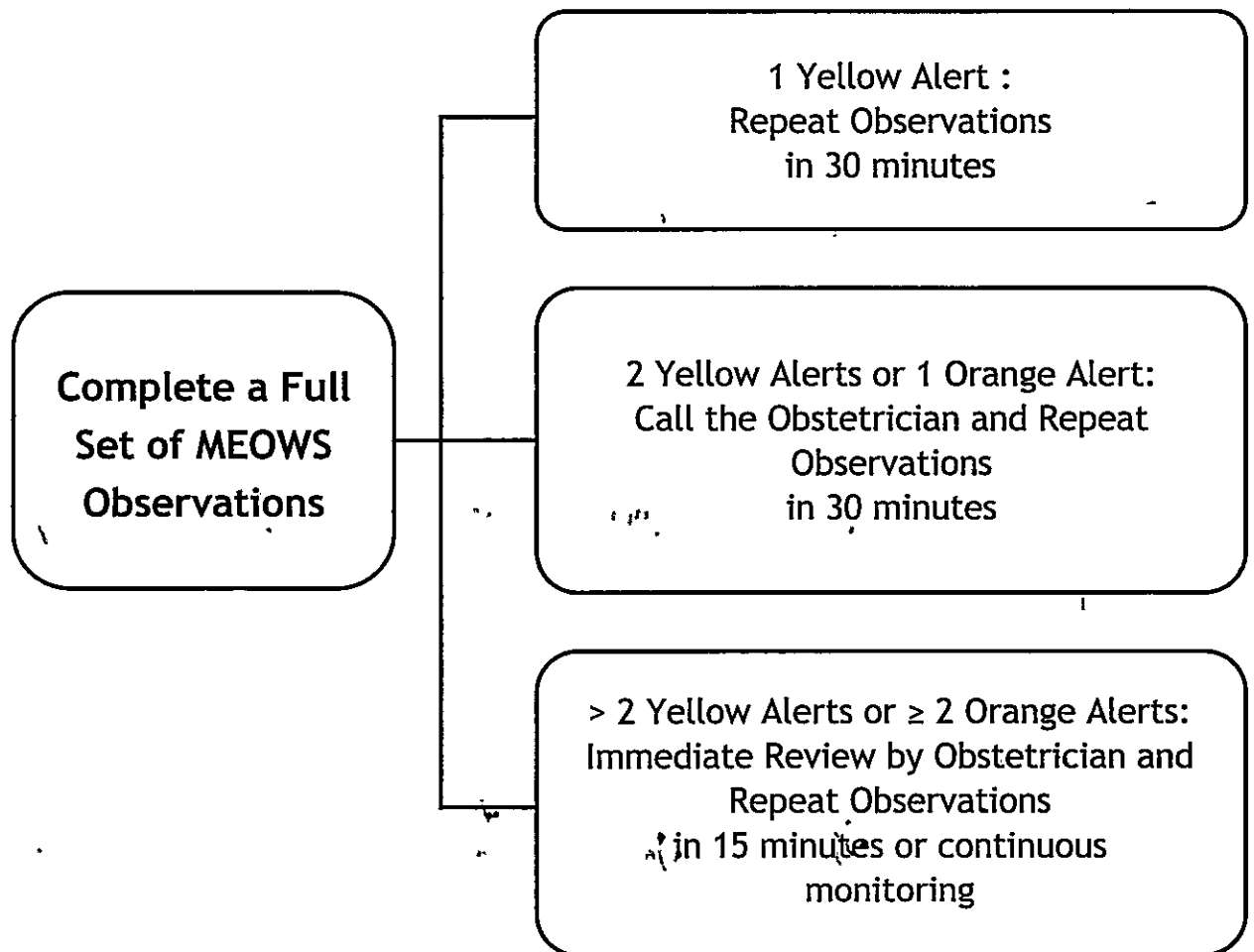
* The Modified Early Warning Score (MEOWS)

Obstetrics and Gynaecology Early Warning Signs



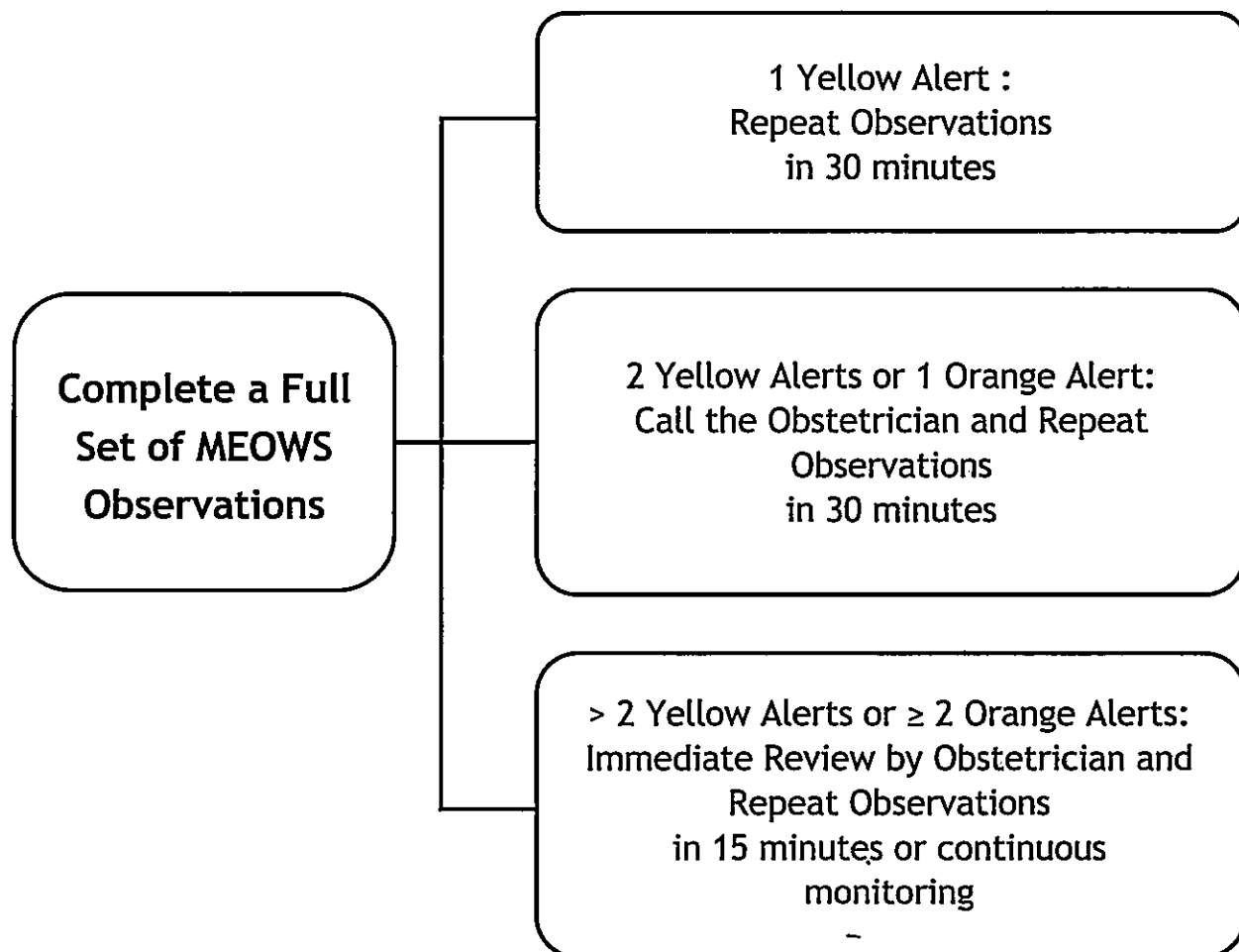
* The Modified Early Warning Score (MEOWS)

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

HNH-00011612
 Mrs PAMMI UJWALA IP26-00006606
 12-02-1992 34 Y 4 M 6 D (F)
 Dr. KADIYALA RAMYA THEJA



FLUID CHART

Sheet No. : (1)

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						Total Output :						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						Total Output :						
	08:00 pm											
	09:00 pm	- H ₂ O								✓		
	10:00 pm											
	11:00 pm	- JUICE								✓		
	12:00 am											
	01:00 am											
Total Intake : Taken						Total Output : Passed						
	02:00 am											
	03:00 am									✓		
	04:00 am											
	05:00 am	RK m RL								✓		
	06:00 am											
	07:00 am											
Total Intake : Taken						Total Output : Passed						
Total 24 hrs. Intake						Total 24 hrs. Output						

FLUID CHART

Sheet No. : 9

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
19/6/26	08:00 am	RL		100ml									
	09:00 am	RL	N	100ml									
	10:00 am	RL	B	100ml									
	11:00 am	RL	B	100ml						100ml			
	12:00 pm	RL	M	100ml									
	01:00 pm	RL		100ml									
Total Intake :			Taken 600ml			Total Output :							
19/6/26	02:00 pm	RL		100ml						75			
	03:00 pm	RL		100ml						100ml			
	04:00 pm	RL		200ml						200ml			
	05:00 pm	RL		100ml						200ml			
	06:00 pm	RL		100ml						100ml			
	07:00 pm	RL		100ml									
Total Intake :						Total Output :							
19/6/26	08:00 pm			100ml									
	09:00 pm			100ml									
	10:00 pm	RL		100ml						100ml			
	11:00 pm			100ml									
	12:00 am			100ml									
	01:00 am			100ml									
Total Intake :						Total Output :							
20/6/26	02:00 am			100ml									
	03:00 am			100ml									
	04:00 am			100ml									
	05:00 am	RL	H2O										
	06:00 am												
	07:00 am												
Total Intake :						Total Output :							

Total 24 hrs. Intake

Total 24 hrs. Output

HNH-00011612 IP26-00006606
 Mrs PAMMI UJWALA 12-02-1992 34 Y 4 M 6 D (F)
 Dr. KADIYALA RAMYA THEJA



FLUID CHART

Sheet No. : 2

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
			Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
20/6/26	08:00 am											[Signature]
	09:00 am											
	10:00 am	o	upmg H2O				o		NA		o	
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :			taken			Total Output :					U-2 M-2	
20/6/26	02:00 pm											[Signature]
	03:00 pm											
	04:00 pm	o	upmg H2O				o		NA		o	
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						Total Output :					U-2 M-2	
20/6/26	08:00 pm											[Signature]
	09:00 pm											
	10:00 pm	o	upmg H2O				o		NA		o	
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :			taken			Total Output :					U-2 M-0	
21/6/26	02:00 am											[Signature]
	03:00 am											
	04:00 am	o	H2O				o		NA		o	
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :			taken			Total Output :					U-2 M-0	

Total 24 hrs. Intake

Total 24 hrs. Output

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.

Date	Time	Nature of Fluid	Intake			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
21/6/26	08:00 am											
	09:00 am		soup									
	10:00 am	o	upma			NA	o	NA				
	11:00 am		upma									
	12:00 pm									✓		
	01:00 pm											
Total Intake : upma						Total Output : U-1 M-1						
21/6/26	02:00 pm											
	03:00 pm		upma									
	04:00 pm		upma									
	05:00 pm	?	upma			NA		NA				
	06:00 pm											
	07:00 pm											
Total Intake :						Total Output : U-2 M-0						
22/6/26	08:00 pm											
	09:00 pm											
	10:00 pm	o	barley			NA	o	NA				
	11:00 pm		barley									
	12:00 am		barley									
	01:00 am		soup									
Total Intake : Galen						Total Output : U-3 M-3						
22/6/26	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am	o				NA	o	NA				
	06:00 am											
	07:00 am											
Total Intake : Galen						Total Output : U-4 M-0						

Total 24 hrs. Intake

Total 24 hrs. Output

HNH-00011612 IP26-00006606
 Mrs PAMMI UJWALA
 12-02-1992 34 Y 4 M 9 D (F)
 Dr. KADIYALA RAMYA THEJA



FLUID CHART

Sheet No. : 8

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
22/6/26	08:00 am												
	09:00 am												
	10:00 am		Uring										
	11:00 am		1100										
	12:00 pm												
	01:00 pm												
Total Intake :						Total Output :							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
Total Intake :						Total Output :							
	08:00 pm												
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
Total Intake :						Total Output :							
	02:00 am												
	03:00 am												
	04:00 am												
	05:00 am												
	06:00 am												
	07:00 am												
Total Intake :						Total Output :							

Total 24 hrs. Intake

Total 24 hrs. Output

Patient Sticker



FLUID CHART

Sheet No. :

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

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



Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	18/6/26, 19/6/26, 19/6/26			Fall Risk Grading		
		Score	8am	2pm				
History of Falling (immediately or w/in 3 months)	Yes	25				Risk Level	Morse Fall Score (MFS)	Action
	No	0						
Secondary Diagnosis (more than one diagnosis)	Yes	15				Low Risk	0 - 24	Standard Fall Precaution
	No	0						
Ambulatory Aid	Furniture	30						
	Crutches, Cane(S), Walker	15						
	None /Bed Rest /Nurse Assist	0						
IV / Heparin Lock or Saline	Yes	20	20	20	20	Moderate Risk	25 - 50	Implement Moderate Fall Prevention Intervention
	No	0						
GAIT / Transferring	Impaired	20				High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	Weak (uses touch for balance)	10						
	Normal /On Bed Rest /Immobile	0						
Mental Status	Forgets limitations	15						
	Oriented to own ability	0						
Total Morse Fall Scale Score:			20	20	20			
Signature			Aula	Aula	A			

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



11

1000 1000

1000

1000

HNH-00011612 IP26-00006606
 Mrs PAMMI UJWALA
 12-02-1992 34 Y 4 M 6 D (F)
 Dr. KADIYALA RAMYA THEJA



CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1			DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0			0	NA	NA	NA	NA	NA	NA	
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 cord pyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5			-	NA	NA	NA	NA	NA	NA	
Signature of the Nurse						<i>[Signature]</i>							

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 : *Anusha* Name : *[Signature]*

Signature of Ward In Charge :

Signature : *Kasturi* Name : *Kasturi*

HNH-00011812
 Mrs PAMMI UJWALA IP26-00006606
 12-02-1982 34 Y 4 M 6 D (F)
 Dr. KADYALA RAMYA THEJA

CHECKLIST FOR THROMBOPHLEBITIS



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

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

Signature of Shift In Charge :
 Signature : Name :

Signature of Ward In Charge :
 Signature : Name :

HNH-00011612 IP26-00006606
 Mrs PAMMI UJWALA
 12-02-1992 34 Y 4 M 6 D (F)
 Dr. KADIYALA RAMYA THEJA



CHECKLIST FOR THROMBOPHLEBITIS

21/6/26 22/6/26

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

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 : *[Signature]* Name : *[Name]*

HNH-00011812 IP26-00006606
 Mrs PAMMI UJWALA

12-02-1992 34 Y 4 M 6 D (F)
 Dr. KADIYALA RAMYA THEJA



CHECKLIST FOR THROMBOPHLEBITIS



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

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

Signature of Shift In Charge :
 Signature : Name :

Signature of Ward In Charge :
 Signature : Name :

HNH-00011612 IP26-00006606
 Mrs PAMMI UJWALA 34 Y 4 M 6 D (F)
 12-02-1992
 Dr. KADIYALA RAMYA THEJA

BRADEN 'Q' SCALE



					Date :	18/6/19/6	19/6/19/6	19/6/19/6	19/6/19/6
					Time :	N	8 AM	2 PM	10 PM
Mobility	1. Completely immobile: Does not make even slight changes in body or extremity position without assistance.	2. Very limited: Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	3. Slightly limited: Makes frequent through slight changes in body or extremity position independently.	4. No limitations: Makes major and frequent changes in position without assistance.		4	4	4	4
"Activity The degree of physical activity"	1. Bedfast : Confined to bed	2. Chairfast : Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	3. Walks occasionally: Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.		4	4	1	1
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	2	4
FRICION-SHEAR Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	1. Significant problem: Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	2. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	3. Potential problem: Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	4. No apparent problem: Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."		4	4	3	3
Nutritional Usual food intake pattern	1. Very Poor: NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	2. Inadequate: Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	3. Adequate: Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	4. Excellent: Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation.		4	4	2	2
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.		4	4	4	4

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

TOTAL SCORE	28	28	20	20
Evaluator's Name	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>

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

HNH-00011612 IP26-00006606

Mrs PAMMI UJWALA
12-02-1992 34 Y 4 M 6 D (F)

Dr. KADIYALA RAMYA THEJA



BRADEN 'Q' SCALE



		Date : 20/6/26 20/6/26 21/6/26 21/6/26						
		Time : 8:00 AM 11:00 AM 06:00 PM 02:00 PM						
Mobility	Does not make even slight changes in body or extremity position without assistance. mmobile:	2. Very limited: Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	3. Slightly limited: Makes frequent through slight changes in body or extremity position independently.	4. No limitations: Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	1. Bedfast : Confined to bed	2. Chairfast : Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	3. Walks occasionally: Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	1	1	1	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.	2	2	2	4
FRICION-SHEAR Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	1. Significant problem: Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	2. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	3. Potential problem: Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	4. No apparent problem: Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	3	3	3	3
Nutritional Usual food intake pattern	1. Very Poor: NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	2. Inadequate: Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	3. Adequate: Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	4. Excellent: Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation.	2	2	2	2
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					20	20	20	20
Evaluator's Name					R	R	R	R

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

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

HNH-00011612

IP26-00006606

Mrs PAMMI UJWALA

12-02-1992 34 Y 4 M 9 D

(F)

Dr. KADIYALA RAMYA THEJA

BRADEN 'Q' SCALE



Date : 21/6/2026
Time : 09:30

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		
FRICION-SHEAR Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	1. Significant problem: Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	2. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	3. Potential problem: Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	4. No apparent problem: Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4		
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					20	20		
Evaluator's Name					[Signature]			

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

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

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

HNH-00011612 IP26-00006606
 Mrs PAMMI UJWALA
 12-02-1992 34 Y 4 M 6 D (F)
 Dr. KADIYALA RAMYA THEJA



PAIN ASSESSMENT FORM

Date	Time	Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
18/6/26	10 pm	0/10	—	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	[Signature]
19/6/26	8 AM	0/10	None	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	[Signature]
19/6/26	10 pm	0/10	None	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	[Signature]
19/6/26	2 pm	0/10	None	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	[Signature]
19/6/26	8 pm	5/10	Surgical site	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input checked="" type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input checked="" type="checkbox"/> Decreasing	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Tab. Calpol given	[Signature]
19/6/26	10 pm	0/10	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	[Signature]
19/6/26	8 AM	0/10	Surgical site	<input checked="" type="checkbox"/> Continuous <input checked="" type="checkbox"/> Intermittent	<input checked="" type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input checked="" type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input checked="" type="checkbox"/> Decreasing	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Tab. Tramadol given Tab. Diclofenac given	[Signature]
20/6/26	2 pm	0/10	Surgical site	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Tab. Tramadol	[Signature]
20/6/26	10 pm	0/10	Surgical site	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	[Signature]
21/6/26	10 AM	0/10	Surgical site	<input type="checkbox"/> Continuous <input checked="" type="checkbox"/> Intermittent	<input checked="" type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input checked="" type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input checked="" type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Tab. Tramadol	[Signature]

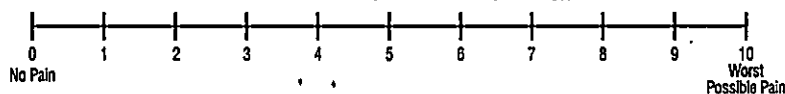
Re-assessment Frequency:
 1. Every eight hours for all hospitalized patients.
 2. For post-surgical patients, patients with chronic pain, patient with severe pain:
 a) At least every 2 hours for the first 24 hours
 b) Then every 4 hours.
 c) Prior to pain pain-relieving intervention. d) Within 30 – 60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

PAIN ASSESSMENT TOOLS

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

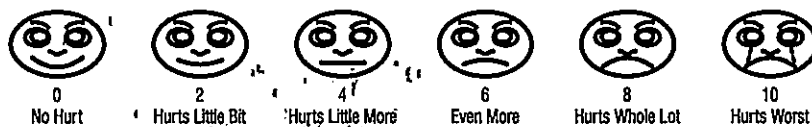
Numerical Pain Scale (Obstetric and Gynecology)



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

Assessment Criteria	Sedation		Normal	Pain / Agitation	
	-2	-1	0	1	2
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense
Vital Signs HR, RR, BP, SaO₂	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO ₂ 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO ₂ less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator

Wong - Baker (Pediatrics) Above 7 Years



HNH-00011612 IP26-00006606
 Mrs PAMMI UJWALA
 12-02-1992 34 Y 4 M 6 D (F)
 Dr. KADIYALA RAMYA THEJA



PAIN ASSESSMENT FORM

DATE	TIME	Score (0-10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
21/6/20	BLA	5/10	surgical site	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Tab: Tramadol	Mudd
21/6/20	NA	0/10	-	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	De
22/6/20	NA	0/10	-	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	Jee
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Re-assessment Frequency:

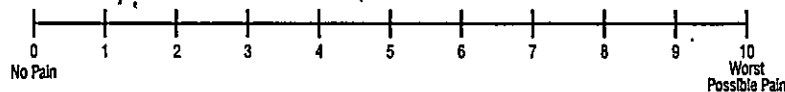
- Every eight hours for all hospitalized patients.
- For post-surgical patients, patients with chronic pain, patient with severe pain:
 - At least every 2 hours for the first 24 hours
 - Then every 4 hours.
 - Prior to pain pain-relieving intervention.
 - Within 30 – 60 minutes after pain relief intervention.

PAIN ASSESSMENT TOOLS

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

Numerical Pain Scale (Obstetric and Gynecology)



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

Assessment Criteria	Sedation		Normal	Pain / Agitation	
	-2	-1	0	1	2
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense
Vital Signs HR, RR, BP, SaO₂	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO ₂ 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO ₂ less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator

Wong - Baker (Pediatrics) Above 7 Years



HNH-00011612 IP26-00006606
 Mrs PAMMI UJWALA
 12-02-1992 34 Y 4 M 8 D (F)
 Dr. KADIYALA RAMYA THEJA

NURSING CARE RECORD



Date:

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning				NA			
Afternoon							
Night	8PM	<ul style="list-style-type: none"> plan for vitals plan for NST plan for adm. ESPO plan for obser next PO 	8PM	<ul style="list-style-type: none"> vitals Normal NST done Adm. done observed done 	NR	stable	Anusha
	8AM		8AM				

HNH-00011612
 Mrs PAMMI UJWALA 34 Y 4 M 6 D (F)
 12-02-1992
 Dr. KADIYALA RAMYA THEJA

IP26-00006606



NURSING CARE RECORD



Date: 19/6/20

- 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	- Assess the patient condition	8am	- Assessed the pt condition	- Patient stable	- vitals normal	[Signature]
	2pm	- plan for vital & record - plan for I/V/W chart	2pm	- Maintain vital & record - Continue I/V/W chart			
Afternoon	2pm	- Administer pt condition	2pm	- Administer pt condition	- pt is stable - she feel comfortable	- Rechecked vitals	[Signature]
	8pm	- monitor vital & record - drug as per chart - provide bath in liquid diet	8pm	- monitor vital & record - changed as per chart - provide hairy soap			
Night	8pm	-> Assess the pt condition	8pm	-> assessed the pt condition	=> pt is stable	=> Rechecked vitals	[Signature]
	8am	-> Monitor vitals & record -> Maintain I/O chart -> Administer medication as per drug chart	8am	-> Monitored vitals & record -> Maintained I/O chart -> Administered medication as per drug chart			

HNH-00011612 IP26-00006606
 Mrs PAMMI UJWALA
 12-02-1992 34 Y 4 M 6 D (F)
 Dr. KADIYALA RAMYA THEJA



NURSING CARE RECORD



Date: 20/6/26

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	<ul style="list-style-type: none"> → Assess the pt condition → monitor vitals → maintain I/O chart → pt on soft diet → Administer medication as per drug chart → IV cannula present 	8am	<ul style="list-style-type: none"> → Assessed the pt condition → monitored vitals & recorded → maintained I/O chart → pt on soft diet → medication as per drug chart → IV cannula presented 	→ Pt is stable now	→ rechecked vitals	
	2pm	<ul style="list-style-type: none"> → Assess the pt condition → maintain I/O chart → pt on soft diet → Administer medication on → IV cannula present 	2pm	<ul style="list-style-type: none"> → Assessed the pt condition. → Monitored vitals recorded → pt on soft diet → medication as per drug 	→ pt is a stable now	→ re-check the vitals	
Night	8pm to 8am	<ul style="list-style-type: none"> → Assess the pt condition → Monitor vitals & record → Maintain I/O chart → Administer medication as per drug chart 	8pm to 8am	<ul style="list-style-type: none"> → Assessed the pt condition → Monitored vitals & recorded → maintained I/O chart → Administered medication as per drug chart 	→ pt is stable	→ Rechecked vitals	

HNH-00011612 IP26-00006606
 Mrs PAMMI UJWALA 34 Y 4 M 6 D (F)
 Dr. KADIYALA RAMYA THEJA

NURSING CARE RECORD



Date: 21/6/26

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am	→ Assess the Pt condition → Monitor vitals → Maintain I/O chart → Administer medication → IV cannula inserted	8am	→ Assessed the Pt. condition → monitored vitals & recorded → maintained I/O chart → medication as per drug chart	→ Pt is stable → dressing done	→ rechecked vitals	Dijr
	2pm	→ Pt on soft diet → dressing done.	2pm	→ Pt on soft diet			
Afternoon	2pm	→ Assess the Pt condition → Maintain I/O chart	2pm	→ Assessed the Pt condition → maintained I/O chart	Pt is stable	→ re-checked vitals	Madhup
	4pm	→ Administer medication → IV cannula present	4pm	→ medication as per drug chart			
Night	8pm	→ Assess the general condition of Pt → Monitor vitals → Maintain I/O chart	8pm	→ Assessed the general condition of Pt → Monitor vitals → Maintain I/O chart	Pt is stable	Re-assess vitals	Manjula
	8AM	→ Administer medication	8AM	→ Administered medication			

HNH-00011612 IP26-00006606
 Mrs PAMMI UJWALA
 12-02-1992 34 Y 4 M 8 D (F)
 Dr. KADIYALA RAMYA THEJA



NURSING CARE RECORD

Date: 22/6/20

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 pt condition → monitor vitals → maintain pain chart → pt on regular diet → IV cannula removed → medication as per drug chart	8am 2pm	→ assessed the pt condition → monitored vitals & recorded → maintained pain chart → administered medication as per drug chart	→ pt is stable.	→ rechecked vitals	<i>[Signature]</i>
Afternoon							
Night							

Patient Sticker

NURSING CARE RECORD



Date:

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

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

NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Department: Date of Admission:

SITUATION	Diagnosis:	Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Known If Yes Specify:					
BACKGROUND	Area	18/6 N.	19/6 8AM	19/6 2pm	19/6 8pm	20/6/26 8AM	20/6/26 8pm
	Shift Time						
ASSESSMENT	Medical Condition (Any special condition to be noted):	NA	NA	NA	NA	NA	—
	Allergy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Vital Signs:	Temp: 98.6F	98.8F	98.7	98.5F	98.2F	98
	Res:	20	20	20	20b/m	20b/m	20b/m
	SpO ₂ :	99.1	99.7	99.1	99.1	99.1	99
	Pulse:	90	90	90	87b/m	83b/m	83b
	BP:	110/70	110/70	112/72	117/70	116/60	110/70
	Fall Risk Score:	0	0	0	0	0	—
	Pain Score:	0	0	0	0	0	—
Recommendations	Safety Needs:	yes	yes	yes	yes	yes	—
	Physiotherapy	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Others Specify:	—	—	—	—	—	—
	Special Diet:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Other Special Orders / Medications:	—	—	—	—	—	—
	Post Operative Procedure Special Orders:	—	—	—	—	—	—
	Handed Over By Name :	Anusha	Alex	Riya	Sweetha	Riya	Madhu
	Signature :	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
	Date:	18/6/26	19/6/26	19/6/26	20/6/26	20/6/26	20/6/26
	Time:	12PM	8pm	8pm	8AM	2PM	8pm
	Taken Over By Name :	Alex	Madhu	Sweetha	Riya	Alex	Sweetha
	Signature :	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
	Date:	19/6/26	19/6/26	19/6/26	20/6/26	20/6/26	20/6/26
	Time:	8:10AM	8pm	8pm	8AM	8pm	8pm

HNH-00011812
 Mrs PAMMI UJWALA IP26-00006606
 12-02-1992 34 Y 4 M 6 D
 Dr. KADIYALA RAMYA THEJA (F)



NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Panya Department: _____ Date of Admission: _____

SITUATION	Diagnosis: LSCS	Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify: _____					
BACKGROUND	Area	20/6/26 N1	21/6/26 N6	21/6/26 E2	21/6/26 N1	22/6/26 N6	
	Shift Time						
ASSESSMENT	Medical Condition (Any special condition to be noted):	-	-	-	-	-	
	Allergy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
ASSESSMENT	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Vital Signs:	Temp:	98.2 F	97.6 F	98.3	98.4 F	98.2 F
		Res:	20b/m	20b/m	20b/m	20b/m	20b/m
		SpO ₂ :	100%	99%	99%	99%	100%
		Pulse:	86b/m	88b/m	79b/m	76b/m	72b/m
		BP:	117/72	110/60	110/75	119/76	106/64
	Fall Risk Score:	-	-	-	-	-	
Pain Score:	-	-	-	-	-		
Recommendations	Safety Needs:	Yes	No	Yes	Yes	Yes	
	Physiotherapy	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Others Specify:	-	-	-	-	-	
	Special Diet:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Other Special Orders / Medications:		-	-	-	-	-	
Post Operative Procedure Special Orders:		-	-	-	-	-	
Handed Over By Name :		Dhruva	Divya	Madhu	Madhu	Divya	
Signature :		[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	
Date:		21/6/26	21/6/26	21/6/26	21/6/26	22/6/26	
Time:		8AM	2PM	8PM	8PM	2AM	
Taken Over By Name :		Divya	Madhu	Madhu	Divya		
Signature :		[Signature]	[Signature]	[Signature]	[Signature]		
Date:		21/6/26	21/6/26	21/6/26	22/6/26		
Time:		8AM	8PM	8PM	8AM		

HNH-00011612 IP26-00006606

Patient S

Mrs PAMMI UJWALA
12-02-1992 34 Y 4 M 6 D (F)
Dr. KADIYALA RAMYA THEJA



RUG CHART

Date of Admission: 18/6/26 Drug Allergies: Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

- GENERAL** - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.
- DOCTOR** - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
 - Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
 - Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
 - Discontinue a drug by drawing a line **I** through it and a similar line through subsequent recording panels.
 - The date and time of stopping the drug along with the doctors name and sign must be mentioned.
 - Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.
- NURSES** - Nurses must follow strictly the FIVE RIGHTS before administration of medication.
 1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time
 - AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

DRUG : <u>SYP ASCORIC</u>				Date Time															
Dose <u>1ml</u>	Route <u>PO</u>	Frequency <u>BC</u>	Start Date <u>20/6/26</u>																
Doctor's Signature <u>[Signature]</u>		Valid Period	Pharm. <u>[Signature]</u>																
Additional Instructions: <u>in case of cough.</u>																			
DRUG :				Date Time															
Dose	Route	Frequency	Start Date																
Doctor's Signature		Valid Period	Pharm.																
Additional Instructions:																			
DRUG :				Date Time															
Dose	Route	Frequency	Start Date																
Doctor's Signature		Valid Period	Pharm.																
Additional Instructions:																			

VERIFIED BY : Name

REGULAR PRESCRIPTIONS

Weight: 86.90 Ward: 10A

DRUG : INJ. CEFOTAXIME				Date Time	19/6/26
Dose	Route	Frequency	Start Date		
1gm	IV	BD	19/6	9AM	10:00 AM
Name & Signature of the Doctor Starting the Drugs:					
Dr. Naveena					
Additional Instructions:					
ATD					
Daily Doctor's Endorsement by a Sign					
DRUG : TAB. PARACETAMOL				Date Time	19/6/26
Dose	Route	Frequency	Start Date		
1gm	PO	6HRLY	19/06	12AM	12:00 AM
Name & Signature of the Doctor Starting the Drugs:					
DR. M. VINETHA					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					
DRUG : TAB. TRAMADOL				Date Time	19/6/26
Dose	Route	Frequency	Start Date		
100mg	PO	8HRLY	19/06	7AM	7:00 AM
Name & Signature of the Doctor Starting the Drugs:					
DR. M. VINETHA					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					
DRUG : TAB. DICLOFENAC				Date Time	19/6/26
Dose	Route	Frequency	Start Date		
50mg	PO	8HRLY	19/06	7AM	7:00 AM
Name & Signature of the Doctor Starting the Drugs:					
DR. M. VINETHA					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					

Verified by Dr. Dhakshayani
 Verified by Dr. Dhakshayani
 Verified by Dr. Dhakshayani
 Verified by Dr. Dhakshayani

STOP for next
 after morning dose
 20/6/26

STOP
 19/6/26

19/6/26 20/6/26
 21/6/26 22/6/26
 23/6/26 24/6/26
 25/6/26 26/6/26
 27/6/26 28/6/26
 29/6/26 30/6/26
 1/7/26 2/7/26
 3/7/26 4/7/26
 5/7/26 6/7/26
 7/7/26 8/7/26
 9/7/26 10/7/26
 11/7/26 12/7/26
 13/7/26 14/7/26
 15/7/26 16/7/26
 17/7/26 18/7/26
 19/7/26 20/7/26
 21/7/26 22/7/26
 23/7/26 24/7/26
 25/7/26 26/7/26
 27/7/26 28/7/26
 29/7/26 30/7/26
 31/7/26 1/8/26
 2/8/26 3/8/26
 4/8/26 5/8/26
 6/8/26 7/8/26
 8/8/26 9/8/26
 10/8/26 11/8/26
 12/8/26 13/8/26
 14/8/26 15/8/26
 16/8/26 17/8/26
 18/8/26 19/8/26
 20/8/26 21/8/26
 22/8/26 23/8/26
 24/8/26 25/8/26
 26/8/26 27/8/26
 28/8/26 29/8/26
 30/8/26 31/8/26
 1/9/26 2/9/26
 3/9/26 4/9/26
 5/9/26 6/9/26
 7/9/26 8/9/26
 9/9/26 10/9/26
 11/9/26 12/9/26
 13/9/26 14/9/26
 15/9/26 16/9/26
 17/9/26 18/9/26
 19/9/26 20/9/26
 21/9/26 22/9/26
 23/9/26 24/9/26
 25/9/26 26/9/26
 27/9/26 28/9/26
 29/9/26 30/9/26
 1/10/26 2/10/26
 3/10/26 4/10/26
 5/10/26 6/10/26
 7/10/26 8/10/26
 9/10/26 10/10/26
 11/10/26 12/10/26
 13/10/26 14/10/26
 15/10/26 16/10/26
 17/10/26 18/10/26
 19/10/26 20/10/26
 21/10/26 22/10/26
 23/10/26 24/10/26
 25/10/26 26/10/26
 27/10/26 28/10/26
 29/10/26 30/10/26
 31/10/26 1/11/26
 2/11/26 3/11/26
 4/11/26 5/11/26
 6/11/26 7/11/26
 8/11/26 9/11/26
 10/11/26 11/11/26
 12/11/26 13/11/26
 14/11/26 15/11/26
 16/11/26 17/11/26
 18/11/26 19/11/26
 20/11/26 21/11/26
 22/11/26 23/11/26
 24/11/26 25/11/26
 26/11/26 27/11/26
 28/11/26 29/11/26
 30/11/26 1/12/26
 2/12/26 3/12/26
 4/12/26 5/12/26
 6/12/26 7/12/26
 8/12/26 9/12/26
 10/12/26 11/12/26
 12/12/26 13/12/26
 14/12/26 15/12/26
 16/12/26 17/12/26
 18/12/26 19/12/26
 20/12/26 21/12/26
 22/12/26 23/12/26
 24/12/26 25/12/26
 26/12/26 27/12/26
 28/12/26 29/12/26
 30/12/26 31/12/26

HNH-00011612 IP26-00006606
 Mrs PAMMI UJWALA 34 Y 4 M 6 D (F)
 12-02-1992
 Dr. KADIYALA RAMYA THEJA



REGULAR PRESCRIPTIONS

Weight 86-90 Ward LOK

Sheet No:

Verified by Dr. Dhakshayani
 Verified by Dr. Dhakshayani
 Verified by Dr. Dhakshayani
 Verified by Dr. Dhakshayani

DRUG : 200 PANTOPRAZOL				Date Time	19/6/2026																		
Dose	Route	Frequency	Start Dt.																				
40mg	IV	OD	19/6																				
Name & Signature of the Doctor Starting the Drugs: Dr. Dura					6AM	9:30AM																	
Additional Instructions:																							
Daily Doctor's Endorsement by a Sign																							
DRUG : TAB. PARACETAMOL				Date Time	20/6/2026																		
Dose	Route	Frequency	Start Dt.																				
1g	P/O	TID	20/6/26		6AM	9PM	10PM																
Name & Signature of the Doctor Starting the Drugs: Dr. Dura																							
Additional Instructions:																							
Daily Doctor's Endorsement by a Sign																							
DRUG : T. PANTAPRAZOLE				Date Time	20/6/2026																		
Dose	Route	Frequency	Start Dt.																				
40mg	P/O	OD	19/6/26		6AM																		
Name & Signature of the Doctor Starting the Drugs: Dr. Dura																							
Additional Instructions:																							
Daily Doctor's Endorsement by a Sign																							
DRUG : T. CEFEXIME.				Date Time	20/6/2026																		
Dose	Route	Frequency	Start Dt.																				
200mg	P/O	BD	20/6/26		9AM																		
Name & Signature of the Doctor Starting the Drugs: Dr. Dura																							
Additional Instructions: At 9pm																							
Daily Doctor's Endorsement by a Sign																							

HNH-00011612 IP26-00006606
 Mrs PAMMI UJWALA
 12-02-1992 34 Y 4 M 6 D (F)
 Dr. KADIYALA RAMYA THEJA



Sheet No:

REGULAR PRESCRIPTIONS

Weight 8.90 Ward 104

DRUG : <u>SYP. ASCORIL</u>				Date Time	<u>20/6</u>	<u>21/6</u>	<u>22/6</u>													
Dose	Route	Frequency	Start Dt.																	
<u>10ml</u>	<u>PO</u>	<u>TID</u>	<u>20/6</u>	<u>7AM</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>													
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Naveena</u>																				
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																				
DRUG :				Date Time																
Dose	Route	Frequency	Start Dt.																	
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				

Verified by
Dr. Dhakshayani

Signature

VERIFIED BY : Name

HNH-00011612 IP26-00006606
 Mrs PAMMI UJWALA
 12-02-1992 34 Y 4 M 6 D (F)
 Dr. KADIYALA RAMYA THEJA

Weight. 86.90..... Ward. CDR

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
18/6	9:30AM	INJ. PANTOPRAZOLE	40mg	IV	@	Clyd Alati
19/6	9:30AM	INJ. METOCLOPRAMIDE	10mg	IV	@	Clyd Alati
18/6	11:30 pm	T. DULCOLAX	2TAB	PO	@	Anshu Anshu
18/6	11:30 pm	T. PANTOPRAZOLE	40mg	PO	@	Anshu Anshu
18/6	11:30 pm	D-WATER NEBULIZATION	1 bottle	PN	@	Anshu Anshu
19/06	10:02AM	INJ. OXYTOCIN	3IU	IV	5	Kavya Kavya
19/06	10:05AM	INJ. TRANEXAMIC ACID	1gm	IV	5	Kavya Kavya
19/06	10:15AM	INJ. ONDANSETRON	4mg	IV	5	Kavya Kavya
19/06	10:15AM	INJ. METHERGINE	0.2 mg	IV	5	Kavya Kavya

VERIFIED BY: Nurse Signature

Dr. Divyashree



I.V. FLUIDS CHART

Weight 80.90 Ward 10

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
19/6	5 AM	RINGER LACTATE	IV	100ml/hr		Sub du	19/6		
19/06	10.00 AM	RINGER LACTATE	IV	900ml/hr	5		19/06		
19/06	10.15 AM	RINGER LACTATE + INJ. OXYTOCIN 40 IU	IV	125ml/hr	5		19/6		
19/06	10.30 AM	RINGER LACTATE	IV	200ml/hr	5		19/6		
19/6	12:00 pm	RINGER LACTATE	IV	FF		Ali			
19/6/20	1:00 pm	RINGER LACTATE	IV	FF		Ali			
19/6/20	1:30 pm	RINGER LACTATE	IV	100ml/hr		Ali			
19/6/20	10:30 pm	RINGER LACTATE	IV	100ml/hr		Ali			
<p>← stop → Dr. Naveena</p>									

Signature

VERIFIED BY: Name

HNH-00011612 IP26-00006606

Mrs PAMMI UJWALA

12-02-1992 34 Y 4 M 6 D (F)

Dr. KADIYALA RAMYA THEJA



MEDICATION RECONCILIATION FORM

Drug Allergies: Nil Not known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.

(Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From: Shifted to:

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	T- IRON	1TAB	PO	OD	18/6	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
2	T-CALCIUM	1TAB	PO	OD	18/6	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
3	T- GLYCOMET SR	500mg	PO	BD	18/6	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
4						<input type="checkbox"/> C <input type="checkbox"/> DC
5						<input type="checkbox"/> C <input type="checkbox"/> DC
6						<input type="checkbox"/> C <input type="checkbox"/> DC
7						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Naveena @

Date & Time : 18/06/2026 @ 10pm.

Nurse Name & Signature: Anusha @

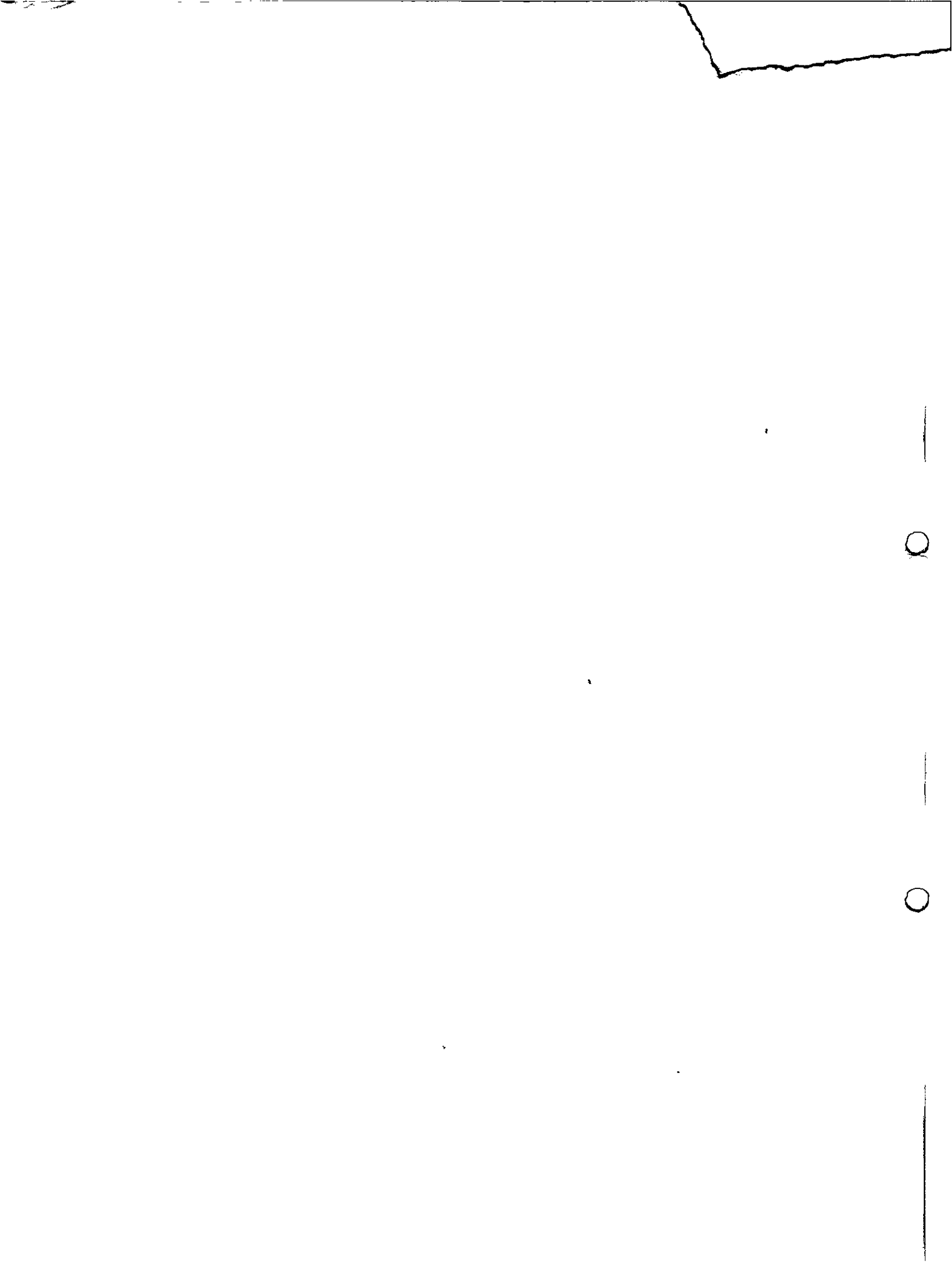
Date & Time : 18/6/2026 @ 10pm

PATIENT TRANSFER FORM

Patient Name & UHID No. HNH-00011612 IP26-00006606 Mrs PAMMI UJWALA 12-02-1992 34 Y 4 M 7 D (F) Dr. KADIYALA RAMYA THEJA		Date & Time of Admission 18/6/26 9am	Date & Time of Transfer Order 19/6/26 @ 3:30pm
Transfer Ordered by Dr. Dua		Reason for Transfer Observation	
From Unit LDR	To Unit Room (309)	Information to Attendant Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Number of Sheets in Clinical File 35	Number of Imaging Films NST - (2)	Personal belongings including clinical documents. If any handed over to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, what ?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.	AT - local	1	
2.			
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes <input type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring Sis. Manika		Name of Person Ordered Transfer Dr. Dua.	
Patient & Clinical Records Received by : madhuri 19/6/26 @ 3:30pm			
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





CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: Dr. Ramya	Date of Delivery: 19.06.2026.
Assistant Surgeon: Dr. Dnd.	Time of Delivery: 10:01AM.
Anaesthetist's Name: Dr. Vineetha.	Gender of Baby: MALE
Type of Anaesthesia: Spinal.	Weight of Baby: 4180 gm.
Neonatologist: Dr. Anusha.	AGPAR Score: 8, 9.
Scrub Nurse: Sis Susheela.	NICU Admission: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pre-Operative Diagnosis: **G2P, G3 37wk + GDM on OHA + IPREV LSES.**

- Elective Emergency Indication: **IPREV. LSES.**
 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:

If there was a delay give the reasons:

Surgical Procedure: **Elective Lower segment Caesarean Section, + B/L TUBECTOMY.**

Post Operative Diagnosis: **PODO P2h + GDM.**

Peri-Operative Complications: **-**

Amount of Blood Loss:

Blood Transfused (in ML):

Name and Number of Surgical Specimen sent for examination:

Examination Findings when Appropriate:

Presentation: Cephalic Breech Other
 Cervical Dilatation: closed cm
 5th Palpable: S/S
 Fetal Position:
 Station: -3 -2 -1 0 +1 +2
 Moulding: None + ++ +++
 Caput: + ++ +++
 Meconium: None + ++ +++
 Bladder Catheterized: Yes No
 Urine: Clear Blood Stained

Skin Incision: Pfannenstiel Transverse Midline Other floating head
 Uterine Incision: Lower Segment Classical Inverted T J Incision
 Previous Scar: Intact Thinned out Ruptured No Scar
 Incision Through Placenta: Yes No Ligam-excess, single loop of cord around neck!
 Delivery of head: Manual Forceps
 Liquor: Clear Meconium: I II III Blood Offensive Not Offensive
 Delivery of Placenta: Manual CCT Complete Incomplete Piecemeal
 Cord Appearance: Normal Cord around the neck Yes No
 Appearance of placenta: Normal Cavity explored Yes No
 Uterus, tubes and ovaries: Normal Not Normal Sterilization: Yes No

Uterine Closure: One Layer Two Layers
 Peritoneal Closure: Pelvic Abdominal None
 Sheath Closure:
 Fat Closure: Yes No
 Skin Closure: Subcuticular Mattress
 Vaginal Evacuated Yes No
 Drain: Yes No Remove in days Await instructions
 Catheter: 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

B/E tubectomy done by Mod. Pomeroy technique
Vicryl No-1 Suture
Katgut No-1 Suture
Vicryl No-1 Suture
Katgut No-1 Suture
Monocryl - 1 Suture

Post-Operative Notes:
 - NBM. till 6hours.
 - IVF
 - Antibiotics .IV for 24hrs
 - Analgesics & ~~A~~ thromboprophylaxis as per AXON
 - urine I/O charting, Monitor vitals
 - w/f PV bleed, Infirm cos
 FBS, PLBS on POD 2

Doctor Name: Dr. Ramya Doctor Signature:
 Date & Time: 19/6/2026

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Ramya Theja
 Asst. Surgeon : Dr. Divya
 Anaesthetist : Dr. Apeksha
 Scrub Nurse : Sushreda

HNH-00011612 IP26-00006606
 Mrs PAMMI UJWALA
 12-02-1992 34 Y 4 M 7 D (F)
 Dr. KADIYALA RAMYA THEJA



Age : 34 Gender : F
 Surgery Name : Ch. hcs
 Date : 19/6/26 In-time : Out-time :



Before Induction of Anaesthesia >>

SIGN IN	Time: <u>9:35 AM</u>
Patient Has Confirmed	
Identity	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Site	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Procedure	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Consent	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Site Marked	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Anaesthesia Safety Check Completed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Pulse Oximeter on Patient & Functioning	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Does Patient have a:	
Known Allergy?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Difficult Airway / Aspiration Risk?	
Yes, & Equipment / Assistance Available	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Risk of > 500ml Blood Loss (7ml/kg In Children)?	
Yes, and Adequate Intravenous Access and Fluids Planned	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Blood Units Reserved	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Has Antibiotic Prophylaxis been given within the last 60 minutes?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Signature : <u>[Signature]</u>	
Name : <u>DR. M. VINETHA</u>	

Before Skin Incision >>

TIME OUT	Time: <u>9:40 AM</u>
Confirm all team members have introduced themselves by Name and Role <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Surgeon, Anaesthesia Professional and Nurse Verbally Confirm	
Correct Patient (Check ID Band)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Correct Site	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Correct Procedure	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Anticipated Critical Events	
Surgeon Reviews:	
What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss? <u>1hr 20</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Anaesthesia Team Reviews:	
Are There Any Patient-specific Concerns?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Nursing Team Reviews:	
Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is Essential Imaging Displayed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Power Supply, Earthing, Power Backup and functioning of equipment checked.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Signature : <u>[Signature]</u>	
Name : <u>Karuna @ 9:40 AM</u>	

Before Patient Leaves Operating Room

SIGN OUT	Time: <u>9:40 AM</u>
Nurse Verbally Confirms with the Team:	
The Name of the Procedure Recorded	<input type="checkbox"/> Yes <input type="checkbox"/> No
That Instrument, Sponge and Needle Counts are Correct (or Not Applicable)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
The Specimen is Labelled (including patient name)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Whether there are any Equipment Problems to be addressed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
To Surgeon, Anaesthetist and Nurse:	
What are the key concerns for recovery and management of this patient?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Signature : <u>[Signature]</u>	
Name : <u>For Dr. Ramya</u>	

4

0

0



OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 18/6/26

Baseline Information:

Admission From: ER OPD Admission Desk Others, specify

Primary Language: Telugu English Hindi Others, specify

Do you require an interpreter? Yes No if Yes specify

Source of Information: Patient Family Others, specify

Allergies: Yes No Medications Blood Transfusion Food Other:

If yes, identify

Chief Complaints: observation Doctor Notified on Admission: Yes No

Name of the Doctor: DR. J. GREENA

Time Notified: 9:00 PM

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

Past Medical History	Past Surgical History	Previous Hospital Admission

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

Obstetric History: G 2 P 1 L 1 A

Previous LSCS: yes

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

Family History: No Abnormalities Detected

Heart Disease Hypertension Diabetes Stroke Seizures Kidney disease

Liver disease Other

Vital Signs / Measurements: Temp: 98.6 F HR: 90 RR: 20

BP: 110/70 Weight: Height: BMI:

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

PHYSICAL ASSESSMENT

General Appearance: Healthy Ill looking Anxious Agitated Others:

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

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

FUNCTIONAL SCREENING: If a patient needs assistance with any of the following inform consultant
 Mobility problem Walking Problem No Abnormality Detected
 Developmental Delay Musculoskeletal Congenital Abnormality
Inform consultant for positive criteria

NUTRITIONAL SCREENING: No Abnormality Detected
 Overweight Poor Appetite > 3 Days Needs Therapeutic Diet.
 Under Weight Diabetes Mellitus Hyperemesis Gravidarum
Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:
 Calm & Cooperative Restless Depressed Agitated Confused
 Others
Inform consultant for positive criteria

SOCIAL SCREENING:
1. Marital Status: Single Married Divorced Widow
2. Special Habits: Smoker: Yes No Alcohol Abuse: Yes No Drug Abuse: Yes No
Social History: Lives With *family*

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: *patient*
Orientation not given Reason: *patient*

Nurse Signature: *Anusha D*
Nurse Name: *Anusha D*
Date & Time: *18/6/26*

Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION



Name: Mrs. Pammi Gijwala Age: 34 Sex: Female UHID No: HNH-11612
 Date: 15/6 Time: 5pm Proposed Operation: LSCS + BL-T. (19/6)
 Diagnosis: G.2P.L. 2 prev. LSCS.
 B.P / CRT: 109/83 H.R: 86.9 Weight: 86.9 ASA Physical Status: 1 2 3 4 5

19/6 GRBS-ES
Laboratory Data:
 Glucose: Protein:
 Urea: Alb:
 Creat: Total Bill:
 Na: Dir. Bill:
 K: LDH:
 Ca++: Alk phos:
 Mg++: Amylase:
 Cl-: SGOT/SGPT:

Hgb: 11.8
 PCV: 34.2
 WBC: 8.46
 Plate: 1.3
 PT:
 PTT:
 INR:

HIV: X-Ray:
 HBS Ag: ECG:
 HCV: 2D Echo:
 Blood group: Opos Stress/Anglo:
 T3: (low) Other:
 T4: Placenta - fundal.
 TSH:

Allergies: NADA.

Medical History: CVS: /
 RESP: No significant medical history Diabetes: GDM on medications
 CNS: Regular ANC's - uneventful. - vaccinated. :: 7 month
 Renal: /
 Hepatic / GE: / Physical Activity: Good, active.
 Others: /

Past Anaesthetic History: prev. LSCS + SAB (Backache) / Dental procedures + LA.

Physical Exam: coherent.
 Airway: MP 1 2 3 4 Mouth Opening: adq. Mento-hyoid Distance: 3cm Neck: (N) Teeth: intact
 Lungs: / clear. retainer (+)
 Heart: /
 CNS: /

Pregnant: Yes No NA Venous Access Site: peripheral Spine Exam for regional: /

Anaesthetic Plan: MAC REGIONAL GA-ETT LMA

Peri-Operative Plan Explained to the Patient: Yes No

CURRENT MEDICATIONS	DOSAGE
<u>GLYCOMET -SR</u>	<u>500mg x - 1 - 1</u>
<u>Fe/Zn/Ca.</u>	

- Pre-Operative Instructions:** 12AM - FASTING
- DVT Prophylaxis: Water / ORS 2 Hours 7AM - WATER / ORS
 - NIL ORAL: Others 6 Hours
 - Informed Consent: Standard High Risk
 - Post Operative Pain Management: Discussed with Patient
 - Other Instructions:
 - HOLD INSULIN & METFORMIN ON DAY OF SURGERY.
 - CBP TO BE DONE
 - GRBS ON DAY OF SURGERY.

Signature: [Signature] Name: Dr. Ganin Unayath
 Docu. No: RCH / FRM / CLINICAL / 044

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE



Patient Name : MRS. Pammi Ujwala Gender: Male Female Age : 34 yrs
 UHID No : HNH - 00011612 Date : 19/06/2026

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. Pammi Ujwala (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 in future 1 in 2000
Risk of ectopic pregnancy in future. Injury to adjacent organs - Uterus, Intestines.

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. Ramya Theya

Consentee :

Signature : [Signature]

Name : Ujwala

Date & Time : 19/06/2026 @ 7:00am

Witness :

Signature : [Signature]

Name : Shankar Rao

Date & Time : 19/06/26 at 7am

Patient Attendant :

Signature : [Signature]

Name : Palaga Prasad

Relationship with Patient: Husband

Date & Time : 19/06/26 @ 7:45am

Doctor (who is taking the consent) :

Signature : [Signature]

Name : Dr. Naveena

Date & Time : 19/06/2026 @ 7:00am

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE



Patient Name : MRS. PAMMI UJWALA Gender: Male Female Age : 34 YRS
 UHID No : HNH -00011612 Date : 19/6/2026

Instruction:

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

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

LOWER SEGMENT CAESERIAN SECTION.

upon

MRS. Pammi Ujwala. (Name of the Patient)

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

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

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

Haemorrhage, PPH, Need for Blood and Blood Products transfusion, Injury to adjacent organs - Uterus, Intestines, Bladder.

My signature on this form indicates that

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

Name of the Doctor who is performing the Surgery / Procedure: Dr. RAMYA THEJA

Consentee :

Signature : [Signature]
 Name : MRS. Pammi Ujwala.
 Date & Time : 19/6/2026 @ 7:00am

Patient Attendant :

Signature : [Signature]
 Name : P. Naga Prasad
 Relationship with Patient: Huband
 Date & Time : 19/06/26 @ 7:45 am

Witness :

Signature :
 Name :
 Date & Time :

Doctor (who is taking the consent) :

Signature : [Signature]
 Name : Dr. Naveena.
 Date & Time : 19/6/2026 @ 7:00am

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE



Patient Name : Mrs. Pannasi Vinodan. Age : 34 yr Gender : Male Female
 UHID NO: MNH-0001612 Surgeon Name: Dr. K. Ramesh Theja
 Anaesthesiologist : Dr. Vineetha
 Operative procedure planned : Excise LESL + B/L Tubectomy

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

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

- Heart disease Hypertension Diabetes mellitus Renal failure
- Hepatic disorders Shock Multiple organ failure Polytrauma / Renal Tubular Acidosis
- Incapacitating Chronic Obstructive Pulmonary Disease
- Others : hypotension, bradycardia, PDPH

Comments :

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

DECLARATION BY PATIENT / GUARDIAN / PROXY

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

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 :

Name : P. Ujwala

Relationship with Patient: self

Date & Time : 19/06/26 @ 8:20 AM

Witness :

Signature :

Name : P. Anagha Prasad

Date & Time : 19/06/26 @ 8:20 AM


Doctor (who is taking the consent) :

Signature :

Name : DR. M. VIJAYAKRISHNA

Date & Time : 19/06/26


PATIENT TRANSFER FORM

HNH-00011612 IP26-00006606 Mrs PAMMI UJWALA 12-02-1992 34 Y 4 M 7 D (F) Dr. KADIYALA RAMYA THEJA 		Date & Time of Admission 18/6/26 @ 9:11pm	Date & Time of Transfer Order 19/6/26 @ 10:55Am
Treating Consultant Name Dr. Ranjyer.	Transfer Ordered by Dr. Ayusha	Reason for Transfer Observation	
From Unit OT	To Unit Pre-post	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File 32	Number of Imaging Films —	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, what ?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.	RL	①	
2.			
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring Karuna		Name of Person Ordered Transfer Dr. Ayusha	
Patient & Clinical Records Received by : Atri Atri 19/6/26. 10 pm			
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

Patient Name & UHID No. HNH-00011612 IP26-00006606 Mrs PAMMI UJWALA 12-02-1992 34 Y 4 M 6 D (F) Dr. KADIYALA RAMYA THEJA 		Date & Time of Admission 18/6/26	Date & Time of Transfer Order 18/6/26 at 9:30 AM
Transfer Ordered by LDR-2 <i>DOM Ramya Theja</i>		Reason for Transfer EL-CCU	
From Unit pre-post	To Unit OT	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File 25	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.	RL on flow	①	
2.			
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring <i>C. Venkatesh</i>		Name of Person Ordered Transfer Dr. Ayesha	
Patient & Clinical Records Received by : <i>Karung</i> 19/6/26			
Date & Time of Patient Received : @ 9:45 Am			

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

- Unavailable Bed
 Nurse not Available
 Available Bed not ready

HNH-00011612 IP26-00006606
Mrs PAMMI UJWALA
12-02-1992 34 Y 4 M 7 D (F)
Dr. KADIYALA RAMYA THEJA



309



NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 19/6/26 Time: 6:30pm

Origin: Indian Height: 160cms Weight: 86.90kg 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 4.180kg
- 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: *Ujwala*

Name: Ujwala

Date & Time: 19/6/26; 6:30pm

Dietician's
Signature: *S*

Name: Sathwikar G

Date & Time: 19/6/26; 6:30pm

HNH-00011612 IP26-00006606
Mrs PAMMI UJWALA
12-02-1992 34 Y 4 M 7 D (F)
Dr. KADIYALA RAMYA THEJA



309



CROSS CONSULTATION FORM

Doctor Name : Dr. Ramya Date : 19/6/26 Time : 6:30pm

Diagnosis : LSCS

Hospital : RCH - HMAR

Type of Referral :

- Emergency
- Urgent
- Non Urgent

Referred for : Opinion Co-Management Transfer of care

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

Signature: _____

Findings and Recommendations :

Lactation care plan

- well formed breast & nipple's
- Advice football position once the catheter remove
- Aim for deep latch
- make baby to suck 15 - 20 mins on each side every 2 - 2 1/2 hours.
- colostrum seen.
- stimulate baby while feeding.

Consultant :

Name : Sathwika G Signature : [Signature] Date & Time : 19/6/26, 6:30pm

26-0000-207354

NARCOTIC PRESCRIPTION FORM (PATIENT COPY)

Patient Name:	MRS. PAMMI UJWALA	Age:	34Y	Gender:	F
UHID No:	ANH-00011612	IP No:	IP26-00006606	Date:	19/6/26
Diagnosis:	CL. LSCS			Time:	8:04 AM
				WARD:	OT.
PRESCRIPTION DETAILS (Tick only one of the following)					
S.No	Drug Name	Dosage	Remarks		
1.	Fentanyl Citrate Inj. 50mcg/ML	100 MCG	ONE AMP		
2.	Morphine Sulphate Inj. 15mg/ML	-	-		
3.	Remifentanil Hydrochloride Inj. 2MG	-	-		
4.	Remifentanil Hydrochloride inj. 1MG	-	-		
Doctor Name:		Dr. Samir		Doctor Registration No:	
Signature:		<i>[Signature]</i>		67529	

NARCOTIC DISPENSING FORM APPENDIX 4 – FORM NO. 3E

(Details of the Patient to whom Essential Narcotic Drugs Dispensed)

IP Registration No: IP26-00006606 Date: 19/6/26

Aadhaar No. of the Patient (Optional):

Name:		MRS PAMMI UJWALA		Remarks		
2. Complete postal address (with contact number, if any)				RTXROADS HYD.		
3. Brief description of the illness				CL. LSCS		
4. Whether registered with any other registered medical practioner / recognized medical institution (If yes, details of the recorded)				NO		
5. Details of essential Narcotic drug dispensed				FENTANYL		
Date	Name of the Essential Narcotic Drugs	Quantity	Signature / Thumb Impression of the patient / Patient Attender	Remarks, if any		
19/6/26	FENTANYL	ONE AMP	<i>[Signature]</i>			

Dispensed by (Name & ID No.): Sama (015442) Signature: Sama

Received by (Name & ID No.): SAI CHANDU 021153 Signature: Sai Chandu

Time:

