IP26-00006533
Ms VANAM AISHWARYA LAKSHMI
01-06-1998 28 Y 0 M 6 D (F)
Dr. THULABANDULA SANTHOSHI

Rainbow® Children's Hospital
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SURGERY DETAILS

Date : 8/6/26

Patient Name: Mr. Vanam Aishwarya Lakshmi Date of Birth: 01-06-1998 Age: 28yrs

Gender: Female Ward : OT UHID No: MNH-0001588

Date of Surgery: 8/6/26 ☐ OT -1 ☐ OT -2 ☐ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : EMERGENCY LSCS ± LSA

Time in : 12 AM Time Out : 1 AM

		NAME	AMOUNT
1.	Surgeon	Dr. Santhoshi	
2.	Anaesthetist	Dr. Sai raj	
3.	Assistant Surgeon	Dr. Veena	
4.	OT Technician	Sr. Sai chandu	
5.	Circulating Nurse	Sr. Nikshitha	
6.	Assistant Nurse	Sr. Sangeetha	

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

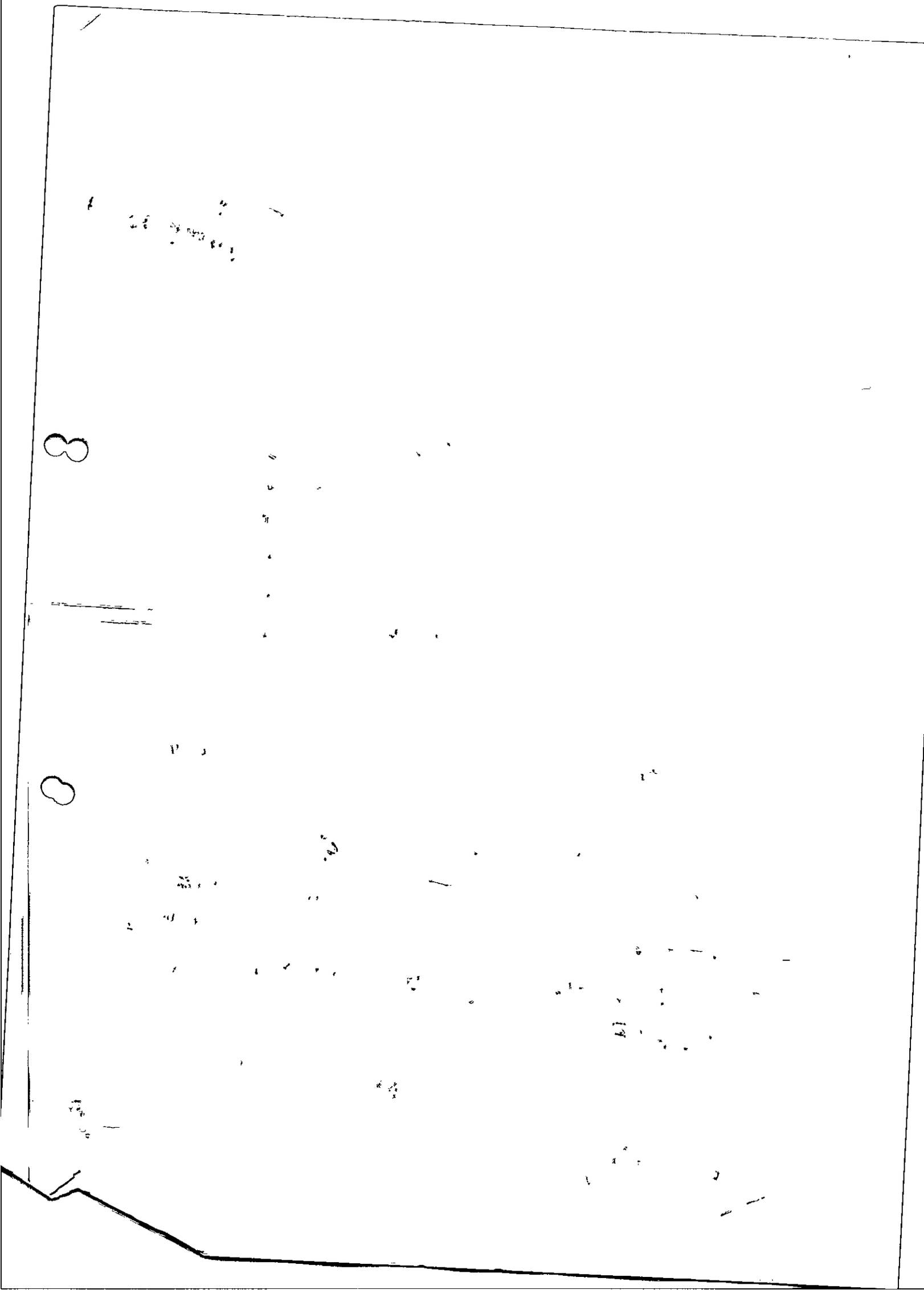
for. Dr. Shanthi

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 26-00002054146 Order by: Sangeetha

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



HNH-00015833 IP26-00006533
Mrs VANAM AISHWARYA LAKSHMI
01-06-1998 28 Y 0 M 7 D (F)
Dr. THULABANDULA SANTHOSHI

CM LSCS

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CONSUMABLES OF OT

Circulating staff : ..... Technician : Sw Chandu ..... Date : ..... Time : .....

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube			Major Pack LSCS drape		01	Inj Vit.K		01
LMA			Sutures 2346 3348		1+1	Cord Clamp		02
ECG leads : A / P / N		03	1326-4242		01+1	Suction Catheter		
HME filter : A / P / N						Feeding Tube 5.0		01
Syringes : 10 cc		02				Vaccum Suction Set		
05 cc		02	Gloves S.G 6½		03	Surgical Gloves S.G 6½ 7½		1+1
02 cc		02	Encore 6½		01	Gauze Pack 7.5X7.5		01
01 cc		01				Syringe 1ml / 2ml		01
Cautery plate : A / P / N		01	Surgical blade 22		01	Surgical Blade # 20		01
IV set			NG tube			Koochies (S)		
RL		02	Cautery pencil		01	26-00002051553		
NS : 10ml / 100ml / 500ml / 1000ml			Koochies XXL		01			
Inj Oxytocin		03	Ointments					
Inj Lox 2%		01	Suction Catheter					
Fentanyl		01	Cap, Mask		10+10			
Morphine			Gauze Pack 7.5X7.5		02			
Ketamine			Mop Pack		02			
Propofol			Steristrip					
Rocuronium			Underpad		02			
Glycopyrolate			Draw sheet					
Myopyrolate			Abgel		02			
Ondansetron			Foleys catheter					
Pencan 25g/ Spinal Needle 22		01	Urobag					
Bupivacaine 0.25%			Chest Drainage Catheter					
Bupivacaine 0.25%(Heavy)		01	Romodrain bag					
Antibiotics			Bandage					
			Tegaderm					
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg		01	Vaccum Suction set		01			
Justin : 12.5 mg / 25mg / 100mg		01	Plastic Bed Sheet Aprony		03			
Tab. Misoprost : 200mg		03	Betadine Solution		02			
Gauze		01	Microshield		01			
Encore 7½ Glove		01	Cotton Balls		01			
			Latex Gloves		20			
			Ramdione Scrub					
			Saral					

Surgeon Anaesthesiologist Nurse OT Technician

Order No. 26-00002051531/54 Ordered by : Sangeetha

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

ELECTRONIC MEDICINE PRESCRIPTION

MRN	HNH-00015833	**Name**	. Mrs VANAM AISHWARYA LAKSHMI
Age / Sex	: 28 Y 0 M 7 D / Female	**Doctor**	: Dr. THULABANDULA SANTHOSHI SHALINI
Adm/Reg Date/Time	. 07/06/2026 23:06	**Payor**	STAR HEALTH AND ALLIED INSURANCE CO LTD
Order Date	08/06/2026 02:05	**Ordernumber**	26-0000205154
Visit ID	IP26-00006533	**Ward/Bed No**	4F -OT / LDR-416
Patient Address	: FLAT NO:404,VASAVI TOWERS ,SAI NAGAR COLONY NEAR SHIVAJI STATUE CIRCLE, Chaitanyapuri Colony, Hyderabad, Telangana, INDIA, 500060		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	GAUZE 7.5X7.5 12 PLY [5 NOS]	GAUZE 7.5X7.5 12 PLY 5 NOS	1 Nos	External / Once Daily	1 Days		3 Nos	Dispensed
2	DSYRINGS 2.5ML(NIPRO)	SYRINGE 2ML	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
3	MOPS 30X30 8PLY 5S X-RAY	MOPS 30X308 PLYDATT	1 Nos	/ Once Daily	2 Days		2 Nos	Dispensed
4	BACTOPREP SOLUTIONS 100 ML	CHLORHEXIDINE GLUCONATE2% &ALCOHOL80% 500	1 mL	/ Once Daily	1 Days		1 Nos	Dispensed
5	SGLOVE # 6.5 (SURGICARE)	SURGICAL GLOVES 6.5	1 Nos	External / Once Daily	1 Days		3 Nos	Dispensed
6	ABGEL SURGI PAD (BIG) (GELSPON)	ABGEL	1 Nos	/ Once Daily	2 Days		2 Nos	Dispensed
7	ETHILON 1 NW 3348	ETHILON 1 NW 3348	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
8	VICRYL 1-0 VP 2346	VICRYL 1-0 VP 2346	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
9	Encore Microptic gloves-6.5		1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
10	MISOPROST TAB 200MCG 4S		1 Tabs	External / Once Daily	1 Days		3 Tabs	Dispensed
11	JUSTIN SUPPOSITORIES 100 MG 5 S		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
12	MONOCRYL 3-0 NW 1326	MONOCRYL 1326	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
13	SURGICAL BLADE 22	SURGICAL BLADE 22	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
14	BUPICAIN HEAVY 80MG INJ 4ML	BUPIVACAINE 80MG INJ	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
15	CAUTERY PENCIL (ADVANCE)	CAUTERY PENCIL (ADVANCE)	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
16	PENCAN 25G*3 1 2	PENCAN 25G*3 1 2	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
17	EVATOCIN (OXYTOCIN) INJ 5 IU 1 ML		1 Nos	/ Once Daily	3 Days		3 Vial	Dispensed
18	RL 500 ML CLOSED SYSTEM	RINGER LACTATE 500ML CLOSED	1 Bottle	/ Once Daily	2 Days		2 Bottle	Dispensed
19	PREGELLED SURGICAL PLATES(ADULT)	PREGELLED PLATED ADULT	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
20	DISPOSABLE APRONS STERILE XL	DISPOSABLE APPRON STERILE XL	1 Nos	/ Once Daily	3 Days		3 Nos	Dispensed
21	ENCORE MICROPTIC GLOVES-7.5 PF		1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
22	VACCUME SUCTION SET	VACCUME SUCTION SET	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
23	TRUGUT CHROMIC CATGUT SN4242	TRUGUT CHROMIC CATGUT SN4242	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
24	THEMICAINE 2% 30ML INJ		1 Nos	Injection / Once Daily	1 Days		1 Nos	Dispensed
25	LSCS DRAPE PACK (PROTECTCARE)		1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
26	COTTON BALLS 2 GM 5 NOS	COTTON BALLS 2G- 5 NOS	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
27	DSYRINGE 1ML (NIPRO)	SYRINGE 1ML	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
28	ADULT DIAPERS-XXL		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed

Dr. THULABANDULA SANTHOSHI SHALINI
OBSTETRICS AND GYNECOLOGY
Reg No : 61026

* 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 08/06/2026 02:24 Printed By SUNKARI SANGEETHA

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Childrens Hospital-Himayatnagar

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

ELECTRONIC MEDICINE PRESCRIPTION

MRN	: HNH-00015833	**Name**	: Mrs VANAM AISHWARYA LAKSHMI
Age / Sex	: 28 Y 0 M 7 D / Female	**Doctor**	: Dr. THULABANDULA SANTHOSHI SHALINI
Adm/Reg Date/Time	: 07/06/2026 23:06	**Payor**	: STAR HEALTH AND ALLIED INSURANCE CO LTD
Order Date	: 08/06/2026 02:05	**Ordernumber**	: 26-0000205153
Visit ID	: IP26-00006533	**Ward/Bed No**	: 4F -OT / LDR-416
Patient Address	: FLAT NO:404,VASAVI TOWERS ,SAI NAGAR COLONY NEAR SHIVAJI STATUE CIRCLE, Chaitanyapuri Colony, Hyderabad, Telangana, INDIA, 500060		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	DSYRINGE 10ML (NIPRO)	SYRINGE 10ML	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
2	POVINANZ SOLUTION 10% 100 ML		1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
3	NITRILE EXAMINATION GLOVES P F- MEDIUM	NITRILE GLOVES M	1 Nos	/ Once Daily	20 Days		20 Nos	Dispensed
4	SUPRIDOL SUPPOSITORIES 100 MG 5 S		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
5	UNDERPADS 60X90 BUTTERFLY		1 Nos	External / 10 AM	1 Days		2 Nos	Dispensed
6	FACE MASK 3 LAYER - ELASTIC	FACE MASK 3 LAYER	1 Nos	/ Once Daily	10 Days		10 Nos	Dispensed
7	SURGEON CAP(FEMALE) (PROTECTCARE)		1 Nos	/ Once Daily	1 Days		10 Nos	Dispensed
8	E.C.G ELECTRODES (ADULT)	ELECTRODES ADULT	1 Nos	External / Once Daily	1 Days		3 Nos	Dispensed
9	DSYRINGE 5ML.(NIPRO)	SYRINGE 5ML	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed

Dr. THULABANDULA SANTHOSHI SHALINI
OBSTETRICS AND GYNECOLOGY
Reg No : 61026

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Rainbow Childrens Hospital-Himayatnagar

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040-48873000, info@rainbowhospitals.in

ELECTRONIC MEDICINE PRESCRIPTION

MRN	: HNH-00015859	**Name**	: Baby Of VANAM AISHWARYA LAKSHMI
Age / Sex	: 0 Y 0 M 0 D 9 H / Male	**Doctor**	: DILNAAZ FAROOQUI
Adm/Reg Date/Time	: 08/06/2026 01:07	**Payor**	: SELFPAY
Order Date	: 08/06/2026 02:09	**Ordernumber**	: 26-0000205155
Visit ID	: IP26-00006535	**Ward/Bed No**	: 4F -OT / CRDL-HNPDA-415-1
Patient Address	: FLAT NO:404,VASAVI TOWERS ,SAI NAGAR COLONY NEAR SHIVAJI STATUE CIRCLE, Chaitanyapuri Colony, Hyderabad, Telangana, INDIA, 500060		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	GAUZE 7.5X7.5 12 PLY (5 NOS)	GAUZE 7.5X7.5 12 PLY 5 NOS	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
2	DSYRINGE 1ML (NIPRO)	SYRINGE 1ML	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
3	SGLOVE # 7.5 (SURGICARE)	SURGICAL GLOVES 7.5	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
4	CORD CLAMP-ALPHAMEDICARE		1 Nos	External / 10 AM	1 Days		2 Nos	Dispensed
5	EASYCLOT-K1 1MG INJ 0.5 ML		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
6	SURGICAL BLADE 20	SURGICAL BLADE 20	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
7	SGLOVE # 6.5 (SURGICARE)	SURGICAL GLOVES 6.5	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
8	INFANT FEEDING TUBE-5	INFANT FEEDING TUBE 5	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed

DILNAAZ FAROOQUI

Reg No : 56763

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Note

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*** Do not refill medicines.**

305
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Name	Mrs VANAM AISHWARYA LAKSHMI	**UHID**	HNH-00015833
Father/Guardian	Mr SRAVAN KULKARNI	**Age/Gender**	28 Y 0 M 7 D/ Female
Address	FLAT NO:404,VASAVI TOWERS ,SAI NAGAR COLONY NEAR SHIVAJI STATUE CIRCLE, Chaitanyapuri Colony, Hyderabad, Telangana, INDIA, 500060		
IP No	IP26-00006533	**Admission Date**	07-06-2026
Ref Doctor	Self.		
Discharge Date	10.06.2026		

DISCHARGE SUMMARY

Consultant:
Dr. THULABANDULA SANTHOSHI SHALINI
MBBS, MS OBGYN
Regd. 61026

Diagnosis: G2P1L1 WITH 37^{+3} WEEKS WITH HYPOTHYROIDISM WITH PREVIOUS LOWER SEGMENT CAESAREAN SECTION IN LABOUR

EMERGENCY LOWER SEGMENT CAESAREAN SECTION DONE ON 08.06.2026

History:
LMP: 18.09.2026
EDD: 25.06.2026
Obstetric formula: G2P1L1
Gestation at admission: 37^{+3}weeks

Name	Mrs VANAM AISHWARYA LAKSHMI	**UHID**	HNH-00015833
IP No	IP26-00006533	**Admission Date**	07-06-2026

Obstetric History:
G1 - 2024 - FTLSCS (IND:NPOL), male, 3.3kg, A&H
G2 - Present pregnancy, Spontaneous conception.

Medical History: k/c/o Hypothyroidism on T.Thyronorm 25mcg

Surgical History: LSCS
Allergies: Nil
Family History: Nil

Antenatal Details:

Mrs VANAM AISHWARYA LAKSHMI was booked to Rainbow hospital at 37^{+3} weeks of gestation. She had regular antenatal checkups and investigations as advised by Dr.Santhoshi Shalini. NT scan was normal. FTS low risk. TIFFA was normal. Fetal surveillance done by serial growth scans. Scan done on 06.06.2026 at 37^{+2} weeks showed single live intrauterine fetus with cephalic presentation, liquor normal, Placenta -posterior upper segment, EFW: 2.9 kg normal doppler. She was admitted at 37^{+3} weeks in labour.

Investigations: Enclosed
Blood group: "B" Positive

Management:
Course in hospital and Delivery Details:
At admission on clinical examination the vitals were stable, uterus was acting,

Name	Mrs VANAM AISHWARYA LAKSHMI	**UHID**	HNH-00015833
IP No	IP26-00006533	**Admission Date**	07-06-2026

cervix was long, os closed. Fetal well being was confirmed by an admission CTG which was found to be reactive. She was decided for emergency C-section in view of previous LSCS in labour, prepared with indwelling Foley's catheter and IV canula under aseptic conditions. Written informed consent for surgery taken. Preanesthetic check up done. Anesthetic premedication (IV Pantop and Perinorm) given. Patient shifted to theatre.

Surgery Notes:

Under spinal anesthesia she was painted and draped as per hospital protocol. Abdomen opened in layers. The parietal and visceral peritoneum carefully opened after identifying the urachus. Bladder was reflected. A lower segment curvilinear incision given on the uterus. Baby delivered. Cord clamped and cut and cord blood collected for blood grouping and Rh typing. Baby handed over to pediatrician. Placenta delivered with controlled cord traction. Uterus closed in layers. Hemostasis secured. Instruments and swab count checked. Rectus sheath closed. Skin closed with subcuticular sutures. Wound dressing done. Vagina cleaned with Betadine solution after expelling clots. Misoprostol 800 mcg given per rectum as prophylaxis against Postpartum hemorrhage. Patient was shifted out of theatre to post operative recovery room.

* **Bladder densely adherent to anterior abdominal wall.**
* **Adhesions released**
* **LUS not formed**
* **Liquor scanty**

Delivery Details :

Date : 08.06.2026

Name	Mrs VANAM AISHWARYA LAKSHMI	**UHID**	HNH-00015833
IP No	IP26-00006533	**Admission Date**	07-06-2026

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

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

Patient/ Attender

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

Registrar/Resident/C.M.O

Consultant:
Dr. THULABANDULA SANTHOSHI SHALINI
MBBS MS OBGYN
Regd. 61026

Rainbow Childrens Hospital-Himayatnagar

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

ADMISSION SHEET

Registration Details :

Admission No : IP26-00006533 **Admit Date** : 07-Jun-2026 **Admit Time** : 11:06 PM **UHID** : HNH-00015833

Patient Details :

Patient Name	: Mrs VANAM AISHWARYA LAKSHMI	**Age**	: 28 Y 0 M 6 D
Guardian	: Mr SRAVAN KULKARNI	**DOB**	: 01-06-1998
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: FLAT NO:404,VASAVI TOWERS ,SAI NAGAR COLONY NEAR SHIVAJI STATUE CIRCLE Chaitanyapuri Colony Hyderabad Telangana INDIA 500060	**Phone No**	: 8317585034/ 8919925943
		E-mail	: NA@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 SRAVAN KULKARNI **Relationship** : Husband

Contact Address : FLAT NO:404,VASAVI TOWERS ,SAI NAGAR COLONY NEAR SHIVAJI STATUE CIRCLE Chaitanyapuri Colony Hyderabad Telangana INDIA 500060 **Phone No** : 8317585034

Signature

Doctor Details :

Doctor Name : Dr. THULABANDULA SANTHOSHI SHALINI **Specialisation** : OBSTETRICS AND GYNECOLOGY

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

Co-Consultant :

Payment Details :

Payment Mode : DC/CC Card **Deposit Amount** : 10000.00

Payor Name : STAR HEALTH AND ALLIED INSURANCE CO LTD

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ACTIVITY RECORD FOR BILLING

Name: ---------- HNH-00015833 IP26-00006533 ----------
Mrs VANAM AISHWARYA LAKSHMI
01-06-1998 28 Y 0 M 7 D (F)
UHID No : ---------- IP No : -- Dr. THULABANDULA SANTHOSHI ---------- Dept : ----------

Date of Admission : ---------- Discharge : ---------- Time: ----------

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
7/6/26	11:30PM	MICU	OT	Akhila/Sangeetha
8/6	1:20AM	OT	PRES POST	Sangeetha/
8/6	6:30AM	PRES POST	(305)	/ Priya

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	Dr. S. Tejaswi	10/6/26	5737	
2.	Cross checked done by Supriya			
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Sign
7/6/26	NST – ①	6862	
8/6/26	CBP	9508	
		CBD check done	AKeGs.

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
9/6	cardiac monitor	1:20Am	8/6 6 Am	205148	Akila.
9/6	Infusion Pump	1:20Am	6 Am		

cross check done by Akila.

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
7/6	IV placement	(1)	5150	
7/6	catheterization	(1)	5150	
7/6	PAC - IP	(1)	5149	
8/6/26	NHF	(1)	5444	

Cross checked done by Supriya

Cross checked done by AKV

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

HNH-00015833 IP26-00006533
Mrs VANAM AISHWARYA LAKSHMI
01-06-1998 28 Y 0 M 6 D (F)
Dr. THULABANDULA SANTHOSHI

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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints
c/o pain abdomen

Obstetric Formula: $G_2P_1L_1$.

Obstetric Hostory:
1st preg (2024):- FT-LSCS (Ind:- NPOL) Male / 3.3kg / AGA.
PP - Sp concept^n.

Present Pregnancy Record:
1st (N), FTS - Low risk.
(+) UA ↑sed Resistance → T. Ecospirin.
TIFFA - (N), Fetal echo - (N)
Received Inj. Fem @ 35 wks, Steroids @ 36 wks.

RISK FACTORS:

Prev LSCS.

Height: .... cm
Weight: ..63...... kg
Allergies: ....Nil....
Breast: ☑ Normal ☐ Abnormal

General Examination:

Consciousness: (+)
Pallor: (−)
Icterus: (−)
Edema: (−)
Temp: Afebrile
PR: 82 bpm
BP:
DTR: (+)
CVS: S_1S_2 (+).
RS: B/L NVBS
Liver/Spleen: (N)
Urine Output: (N)

LMP: 18/9/25
EDD:
Corrected EDD: 25/6/26
GA: 37^{+3} wks

Menstrual History: Regular : ☐ Yes ☐ No

Obstetric Examination

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

Per Speculum Examination – N/A

Draining: ☐ Present ☐ Absent ☐ Bleeding
Colour of Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Vaginal Examination

Cervix: ☑ Long ☐ Partially effaced ☐ Effaced
Os: Closed (circled) os. Dilated ____
Membranes: ☑ Present ☐ Absent
Liquor: ☑ Clear ☐ Meconium ☐ Blood Stained
Presenting Part: ☑ Vertex ☐ Breech ☐ Others
Sutton: ☑ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2
Pelvis: ☑ Adequate ☐ Doubtful

DIAGNOSIS

$G_2P_1L_1$ / 37^{+3} wks / prev LSCS in labour

HNH-00015833 IP26-00006533
Mrs VANAM AISHWARYA LAKSHMI
01-06-1998 28 Y 0 M 6 D (F)
Dr. THULABANDULA SANTHOSHI

Family History:	Surgical History:
Nil	LSCS.
Medical History:	**Medication History:**
K/c/o Hypothyroidism	On T.Fe/T.Ca/T.Thyronorm 25mcg
Plan of Care:	**Investigations:**
Emergency LSCS - Informed consent - Admission CTG - Prepare parts - Inform OT/Anesthetist/Pediatrician - Shift to OT on call - Foley's catheterisation -	Blood Group - 'B positive' Hb- 9.2 pH- 1.9 lakh WBC- } 5/6/26. HIV HbsAg RPR HCV } NR USG (6/6/26) ~ 37+2 wks SLF, Cephalic Liq (A) N EFW - 2.9 kg. Dopplers (N).

Doctor Name: Dr. G. Veena
Signature:
Date & Time: 7/6/26 @ 1pm

Consultant Name: Dr. Shalini Santhoshi
Signature:
Date & Time: 7.6.26

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/6/26	C/S/B Dr. Shalini Santhoshi	
1 AM	POD-0 / P_2L_2 / prev LSCS in labour.	
		Adv
	Pt is stable, No c/o	- NBM for 6 hours
Baby @ NS	O/E GC fair,	- IVF's, Analgesics &
	BP - 104/55 mmHg	Thromboprophylaxis as per AXON
	PR - 76 bpm	- I/O charting
	SpO_2 - 100% on RA	- Vital monitoring
	P/A - Ut well retracted	- Drugs as charted
	L/E - BWNL	- Foley's removal on 9/6/26 @ 6am
	U/O - 800ml, clear urine	- W/f excessive bleeding P/V
		- IVF's, Analgesics & Thromboprophylaxis as per AXON
		- Inform SOS
		- IV Abx for 24 hours.
8/6/26	C/S/B Dr. Veena	- CBP @ 6am
6 am	POD-0 / P_2L_2	
	Pt is stable, No c/o	
Baby @ NS	O/E GC fair, Afebrile.	Adv
	Mild Pallor (+)	- Oral sips f/b Liquid diet
	BP - 105/70 mmHg	- Soft diet from 1pm
	PR - 76 bpm	- Vital monitoring.
	SpO_2 - 100% on RA	- I/O charting
	P/A - Ut well retracted	- Foley's removal on 9/6/26 @ 6am
	BS (+)	- Follow up CBC
	L/E - BWNL	- Ambulation
	U/O - 200ml/hr, clear urine	- Inform SOS
		- Shift to Room

Dr. RAMYA TEJAWINI Reg. No. 01458

Noted 8/6/26 6am

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/6/2026 11:15am	c/s/by Dr-Naveena	
	O/E GC-fair	Adv
	Afebrile	Soft diet @ 1pm
	Vitals- stable	Adequate hydration
	PA: ut retracted	drugs as charted
	Soft, NT	Ambulation
	Dressing: dry & clean	w/f PV bleeding
	L/E: PV bleeding WNL	Monitor Vitals
		Inform SOS
	Baby: Mother side	Noted by Divya 8/6/26 @ 11:15am
		Dr-Naveena
8/6/2026 6:30pm	C/S/b Dr Manisha	
	POD-0	
	CC-Fair Afebrile	Adv
	BP-114/86	Soft Diet, Adeq Hydration
	PR 73	Foley removal Stat
	P/A Ut well retracted	Drugs as charted
	L/E Bleeding WNL	W/F vitals q 8hrly
	U/o Adeq → Remove Foley's Cath. Stat	Encourage Ambulation
		Dulcolax Supp (2) PR @ 9pm
		Encourage to void
BMS		Noted by Divya 8/6/26 @ 6:30pm Dr Manisha

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/6/26 10:30pm	S/P LSCS No complaints U: ✓ S: ✓	Dr RAMYA Dr. RAMYA THEJA KADIYALA Reg. No: 01458
9/6/2026 8:45am	c/s by Dr. Naveena O/E GC-fair Afebrile Vitals - stable PA: ut retracted well Soft, NT Dressing: dry & clean IIC: PV bleeding WNL Baby: MS	Adv ~~Regular diet~~ ~~Adequate hydration~~ ~~Ambulation~~ ~~drugs as charted~~ ~~w/f PV bleeding~~ ~~Monitor Vitals~~ ~~Inform SOS~~ ~~Tegaderm dressing~~ Dr Naveena NB - Supriya 9/6/26

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GRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/6/26. 7:30pm	C/S/B Dr. Dua POD-2 (P2L2 c̄ 2LSCS)	
Baby c̄ Mother.	C/C fair Afebrile	Adv
	BP: 118/61 mmHg	- Regular diet
V✓	PR: 61 bpm.	- Adequate hydration
F✓	SpO2: 99% on RA	- Ambulation.
S✓	P/A Uterus Retracted well.	- Drugs as charted
		- W/F P/V bleed
	L/S NAD	- Monitor vitals
		- Inform SOS
		- Tegaderm dressing t/m
	[signature].	NB - Supriya 8pm @ 9/6/26
10/6/26. 7:15AM.	C/S/B Dr. Dua POD-3 (P2L2 c̄ 2LSCS)	
		Adv.
Baby c̄ Mother.	C/C fair, Afebrile	- Regular diet
	Vitals - Normal	- Adequate hydration
V✓	P/A UtRW.	- Ambulation
F✓.	L/B - NAD	- Drugs as charted
S✓		- W/F P/V bleed
		- Monitor vitals
Can be discharged [signature]	[signature]	Inform SOS
		Tegaderm dressing today

NB. Sandhya 8:20AM @ 10/6/26

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DRUG CHART

Date of Admission: 7/6/26 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 :				Date / Time →
Dose	Route	Frequency	Start Date	
Doctor's Signature		Valid Period	Pharm.	
Additional Instructions:				

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

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

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

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REGULAR PRESCRIPTIONS

Weight. 63kgs Ward. ....

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

DRUG : INJ. CEFTRIAXONE				Date / Time	7/6	8/6	9/6	10/6
Dose	Route	Frequency	Start Date					
1g	IV	BD	7/6/26	11AM	X	✓	✓	✓
Name & Signature of the Doctor Starting the Drugs:								
Additional Instructions: x24 hrs → T. Monocef-O				11pm	✓	✓	X	
Daily Doctor's Endorsement by a Sign					✓	✓	✓	✓

DRUG : TAB PARACETAMOL				Date / Time	8/6	9/6	10/6
Dose	Route	Frequency	Start Date				
1gm	PO	QID	8/6/26	12AM	X	✓	✓
Name & Signature of the Doctor Starting the Drugs: Dr. Sairaj				6AM	✓	✓	✓
				12pm	✓	✓	
Additional Instructions:				6pm	✓	✓	
Daily Doctor's Endorsement by a Sign					✓	✓	✓

DRUG : TAB TRAMADOL				Date / Time	8/6/26	9/6	10/6
Dose	Route	Frequency	Start Date				
100mg	PO	TID	8/6/26	10AM	X	✓	✓
Name & Signature of the Doctor Starting the Drugs: Dr. Sairaj				9AM	✓	✓	✓
Additional Instructions:				5pm	✓ (3pm)	✓	
Daily Doctor's Endorsement by a Sign					✓	✓	✓

Verified by Dr. Dhakshayani

Verified by Dr. Dhakshayani

Verified by Dr. Dhakshayani

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Sheet No: .....

REGULAR PRESCRIPTIONS

Weight 63kgs Ward .....

DRUG : T PANTAPRAZOLE

Dose	Route	Frequency	Start Dt.
40mg	P/O	BD	8/6/26

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions: Before food.

Daily Doctor's Endorsement by a Sign

Date/Time: 8/6 9/6 10/6

DRUG : INJ. METRONIDAZOLE

Dose	Route	Frequency	Start Dt.
500mg	IV	TID	8/6/26

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions: x 2 hrs → Oral x 3 days

Daily Doctor's Endorsement by a Sign

Date/Time: 8/6 9/6 10/6

DRUG : INJ. ENOXAPARIN.

Dose	Route	Frequency	Start Dt.
60mg	S/C	OD	8/6/26

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions: At 8pm x 3 days.

Daily Doctor's Endorsement by a Sign

Date/Time: 8/6 9/6

DRUG : T. THYROXINE

Dose	Route	Frequency	Start Dt.
25mcg	P/O	OD	8/6/26

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions: (T. Thyronorm)

Daily Doctor's Endorsement by a Sign

Date/Time: 8/6 9/6 10/6

Verified by Dr. Dhakshayani

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REGULAR PRESCRIPTIONS

Sheet No: .... Weight .... Ward ....

DRUG :

Dose	Route	Frequency	Start Dt.

Date ▸ / Time ▾

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Date ▸ / Time ▾

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Date ▸ / Time ▾

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Date ▸ / Time ▾

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

VERIFIED BY Name

Docu. No. : RCH /FRM / CLINICAL / 108

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Weight. 63kgs. Ward. ....

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
7/6/26	11:40pm	INJ PANTAPRAZOLE	40mg	IV	[signature]	Akula / madhu
7/6/26	11:30pm	INJ METOCLOPRAMIDE	10mg	IV	[signature]	Akula / madhu
7/6/26	11:40pm	INJ- CEFTRIAXONE (ATD)	1g	IV	[signature]	Akula / madhu
8/6/26	12:14AM	Inj Oxytocin	4u	IV	Sr	[signature]
8/6/26	[illegible] pm	Sup. TRAMADOL	100mg	PR	Sr	[signature]
8/6/26	1AM	Sup. DICLOFENAC	100mg	PR	Sr	[signature]
8/6	9pm	DULCOLAX SUPPOSITORY	20mg	PR	[signature]	[signature]
9/6	8:30PM	INJ METOCLOPRAMIDE	10mg	IV slow	[signature]	[signature]
9/6	8:52Am	INJ. PARACETAMOL	1GM	IV	[signature]	[signature]

9/6/26 5pm Inj ondansetron 8mg IV [signature] [signature]

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

Verified by Dr. Dhakshavani

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I.V. FLUIDS CHART

Weight. 63kgs Ward. .....

Date	Time	on 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
7/6/26		RANGER LACTATE	IV	100ml/hr			8/6		
8/6/26	12:00 AM	RINGER LACTATE	IV	FF			8/6		
8/6/26	12:30 AM	RINGER LACTATE	IV	FF			8/6		
8/6	1:30 AM	RINGER LACTATE	IV	100ml/hr			8/6		
8/6		RINGER LACTATE	IV	100ml/hr			8/6		
8/6/26	3PM	RANGER LACTATE	IV	100ml			8/6		
		STOP							

Page: 4/4

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

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MEDICATION RECONCILIATION FORM

Drug Allergies: ..... ☑ Not known any Drug Allergies

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

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

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	TAB. CALCIUM	1tab	p/o	OD	7/6/26	☐ C ☑ DC
2	TAB. IRON.	1tab	p/o	OD	7/6/26	☐ C ☑ DC
3	TAB. THYRONORM	25mcg	p/o	OD	7/6/26	☐ C ☑ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. G. Veena

Date & Time : 7/6/26 @ 11pm

Nurse Name & Signature: .....

Date & Time : 8/6/26

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

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CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name:	DR. SHALINI SANTHOSHINI	Date of Delivery:	8/06/2026
Assistant Surgeon:	DR. VEENA	Time of Delivery:	12:14 AM
Anaesthetist's Name:	DR. SAIRAT	Gender of Baby:	MALE
Type of Anaesthesia:	SPINAL ANESTHESIA	Weight of Baby:	2.78 kg
Neonatologist:	DR. SHREEGHAN	AGPAR Score:	
Scrub Nurse:	S/N. SANGEETHA.	NICU Admission:	☐ Yes ☑ No

Pre-Operative Diagnosis: $G_2P_1L_1$ | 37+3 wks c Hypothyroidism c prev LSCS in labour.

☐ Elective ☑ Emergency Indication: .....

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: 3cm.

CTG Description: Reactive

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

Surgical Procedure: Emergency LSCS.

Post Operative Diagnosis: POD-0.

Peri-Operative Complications: None

Amount of Blood Loss: 300ml	Blood Transfused (in ML): –

Name and Number of Surgical Specimen sent for examination:

None.

Examination Findings when Appropriate:

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

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

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

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

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

---

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

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

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

Incision Through Placenta: ☐ Yes ☑ No

Delivery of head: ☑ Manual ☐ Forceps

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

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

* Bladder densely adherant to ant. abd. wall
* Adhesions released
* ~~[illegible]~~
* LUS not formed
* Liquor scanty

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

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

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

---

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

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

Sheath Closure: ...... Loop Ethilon ...... Suture

Fat Closure: ☑ Yes ☐ No ...... ~~[illegible]~~ monocryl 3-0 ...... Suture

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

Vagineal Evacuated ☑ Yes ☐ No

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

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

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

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

Post-Operative Notes:
- NBM for 4-6 hours
- IVF's, Analgesics, Thromboprophylaxis as per AVON
- I/O charting
- Vital monitoring
- IV Abx for
- Foley's removal @ 9/6/26 @ 6am.
- W/f excessive bleeding P/V.

Doctor Name: ...... Dr. Shalini Santhoshini ...... Doctor Signature: ...... [signature] ......

Date & Time: ...... 8/6/26 @ ......

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RESULT SHEET

Date	8/6/26					
Time						
Hb	10.3					
PCV	29.5					
RBC	3.91					
WBC	9.91					
N/L	76/16					
Platelets	159					
CRP						
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
Blood group = O+ve 1 ⓘ PRBC Reserve in surya blood bank						
HIV, HbsAg, HCV } NR						

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

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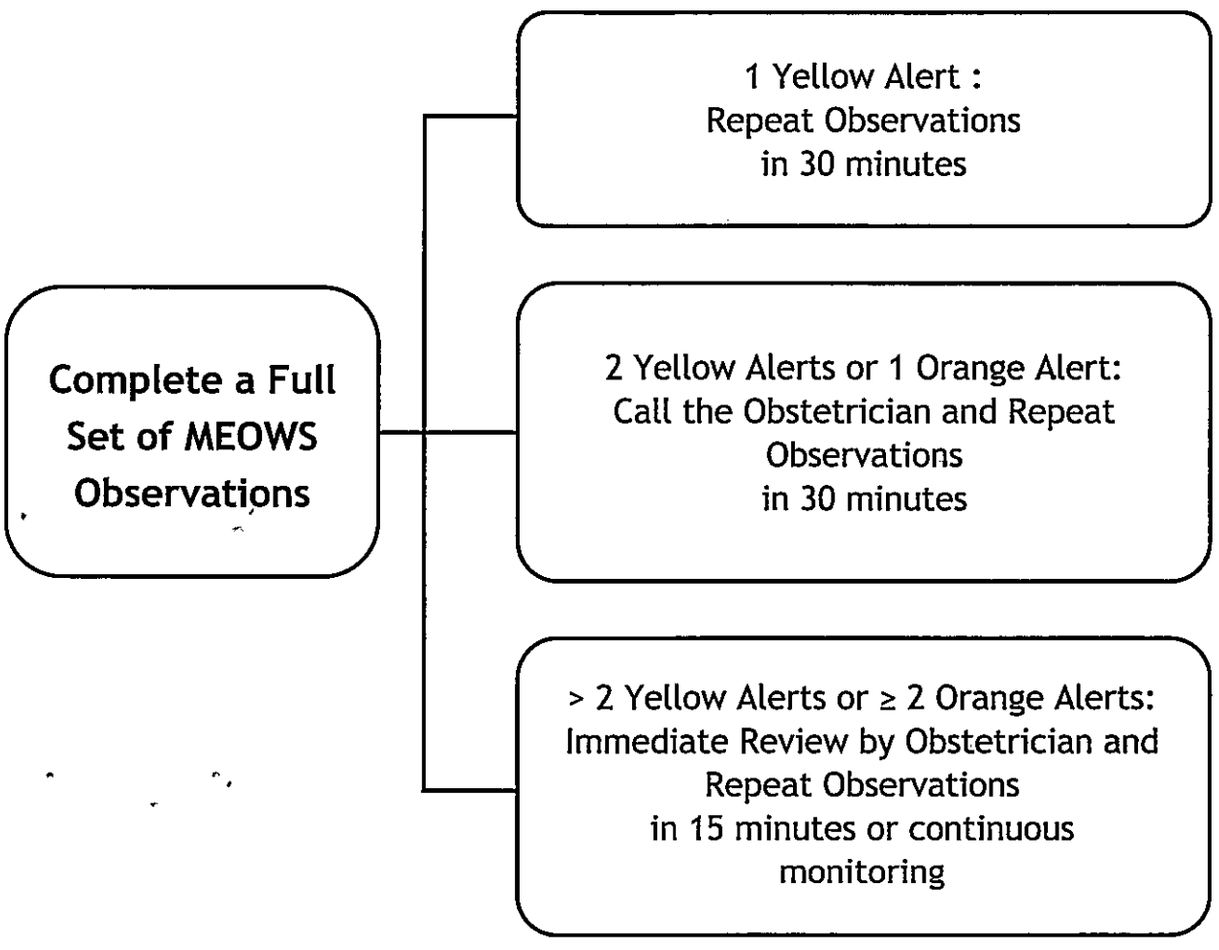
Early Warning Observation Score Chart - Obstetrics

7/6/26

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

		Date																							
		Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11 PM	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																									
	21 - 30																	20	20	20	20	20	20	20	
	11 - 20																									
	0 - 10																									
Saturations	94 - 100 %																	96	98	97	98	97	98	98	
	< 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																	75	78	77	85	96	78	96	
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressue ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																	115	105	109	107	109	110	105	
	80																									
	70																									
	60																									
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
	40																									
NEURO RESPONSE [✓]	Alert																	-	-	-	-	-	-	-	
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30																									
	< 30																									
Proteinuria	Protein + +																									
	Protein > + +																									
Lochia	Normal																									
	Heavy / Foul																									
Liquor	Clear / Pink																									
	Green																									
TOTAL YELLOW SCORES																		0	0	0	0	0	0	0	
TOTAL ORANGE SCORES																		0	0	0	0	0	0	0	
Nurse Initial																										

Obstetrics and Gynaecology Early Warning Signs



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

HNH-00015833 IP26-00006533
Mrs VANAM AISHWARYA LAKSHMI
01-06-1998 28 Y 0 M 7 D (F)
Dr. THULABANDULA SANTHOSHI

Patient Sticker

Rainbow® Children's Hospital
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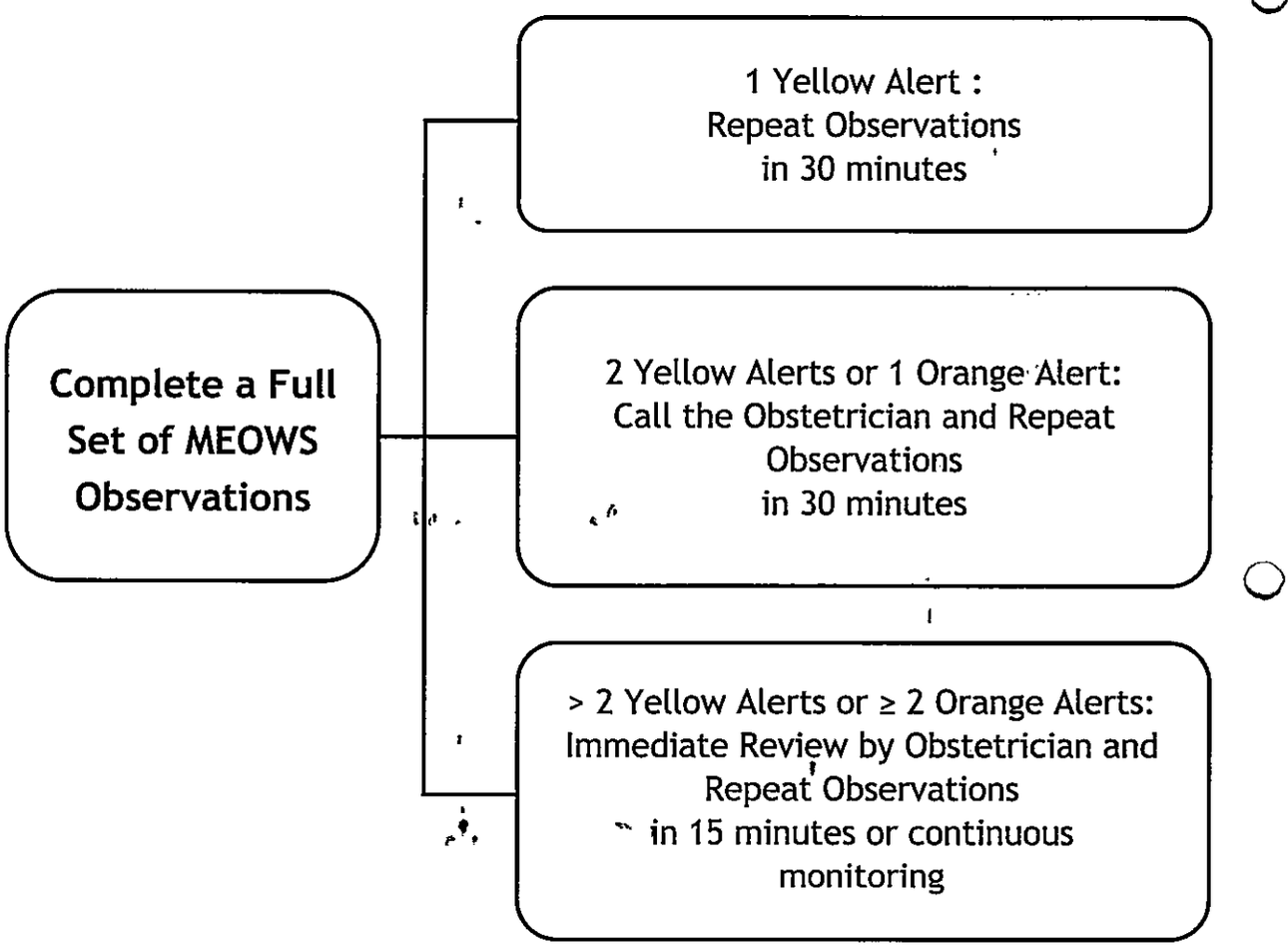
Early Warning Observation Score Chart - Obstetrics

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

		Date																					
		Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																									
	21 - 30																29				20				20	
	11 - 20				20				20				20													
	0 - 10																									
Saturations	94 - 100 %				98%				98%				99%				100%				99%				100%	
	< 94 %																									
Administered O_2 (L/min.)																										
Temp°c	40																									
	39																									
	38																									
	37			98.1°F					98.2°F				98.2°F				98.3°F				99.8°F				98.6°F	
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80			72					76				73				82				86				84	
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressue ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110				110				110				104				112				108				104	
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70				65				60				65				72				68				60	
	60																									
	50																									
	40																									
NEURO RESPONSE [✓]	Alert				—				—				—				—				—				—	
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30				—				—				—				—				—				—	
	< 30																									
Proteinuria	Protein + +																									
	Protein > + +																									
Lochia	Normal				—				—				—				—				—				—	
	Heavy / Foul																									
Liquor	Clear / Pink				—				—				—				—				—				—	
	Green																									
TOTAL YELLOW SCORES					0				0				0				0				0				0	
TOTAL ORANGE SCORES					0				0				0				0				0				0	
Nurse Initial																										

(73)

Obstetrics and Gynaecology Early Warning Signs



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

HNH-00015833 IP26-00006533
Mrs VANAM AISHWARYA LAKSHMI
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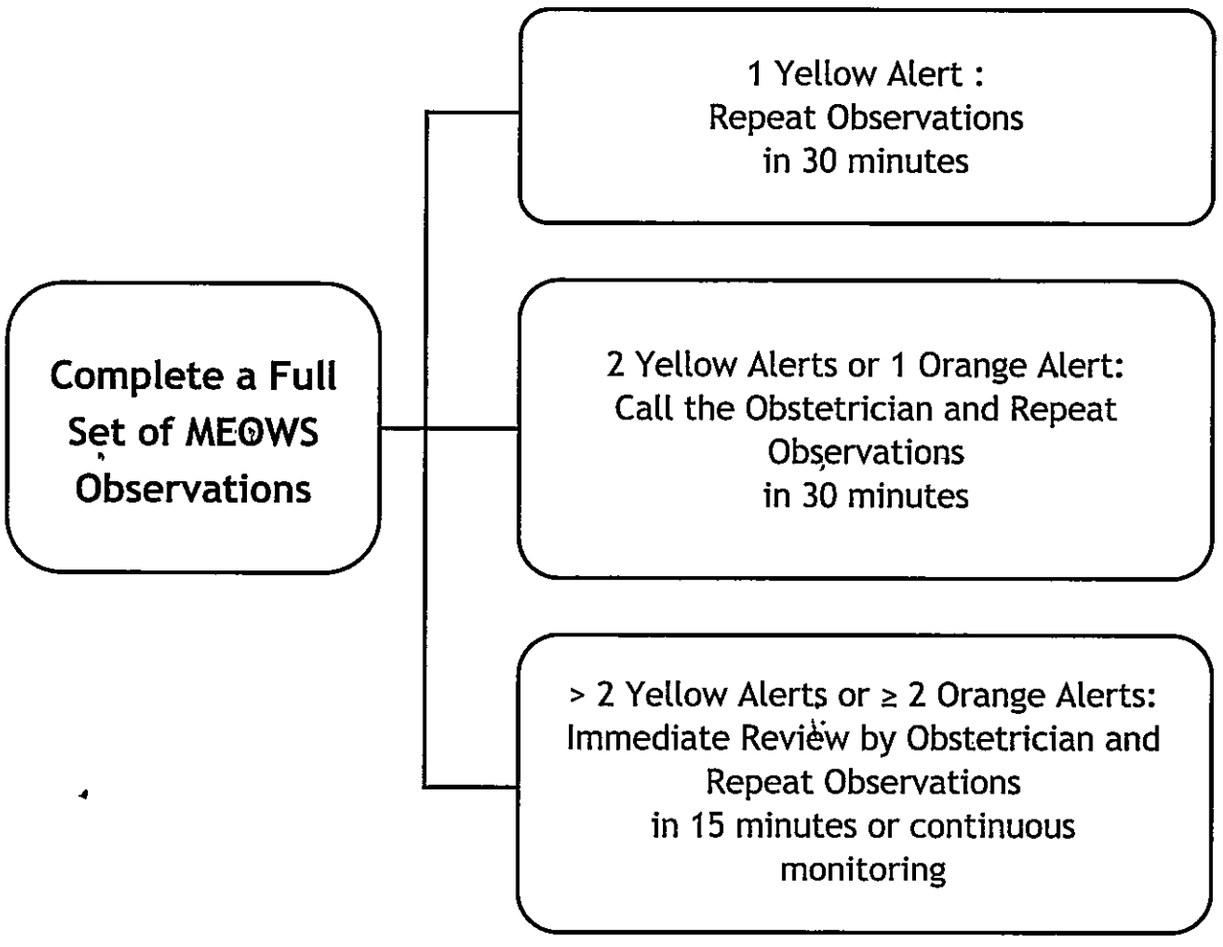
Early Warning Observation Score Chart - Obstetrics

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

09/6/26	Date																							
	Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20			20				20			20					20				20				20	
	0 - 10																								
Saturations	94 - 100 %			100%				99%			99%					99%				99%				99%	
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37			98°				98.1°F			97.6°F					97%				97%				98°	
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90			85				86			61					86				85				86	
	80																								
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130			112				110			118					115				106				112	
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80			85																					
	70							81			61					65				76				82	
	60																								
	50																								
	40																								
NEURO RESPONSE [✓]	Alert			–				✓			✓														
	Voice															–				–				–	
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30			–				✓			✓					–				–				–	
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal			–				✓			✓					–				–				–	
	Heavy / Foul																								
Liquor	Clear / Pink			–												–				–				–	
	Green																								
TOTAL YELLOW SCORES				0				0			0					0				0				0	
TOTAL ORANGE SCORES				0				0			0					0				0				0	
Nurse Initial																									

Obstetrics and Gynaecology Early Warning Signs



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

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Mrs VANAM AISHWARYA LAKSHMI
01-06-1998 28 Y 0 M 9 D (F)
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Early Warning Observation Score Chart - Obstetrics

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

10/6/26	Date																								
	Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20			20																					
	0 - 10																								
Saturations	94 - 100 %																								
	< 94 %																								
Administered O_2 (L/min.)				98%																					
Temp°c	40																								
	39																								
	38																								
	37			98.5°F																					
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80		70																						
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110			100																					
	100																								
	90																								
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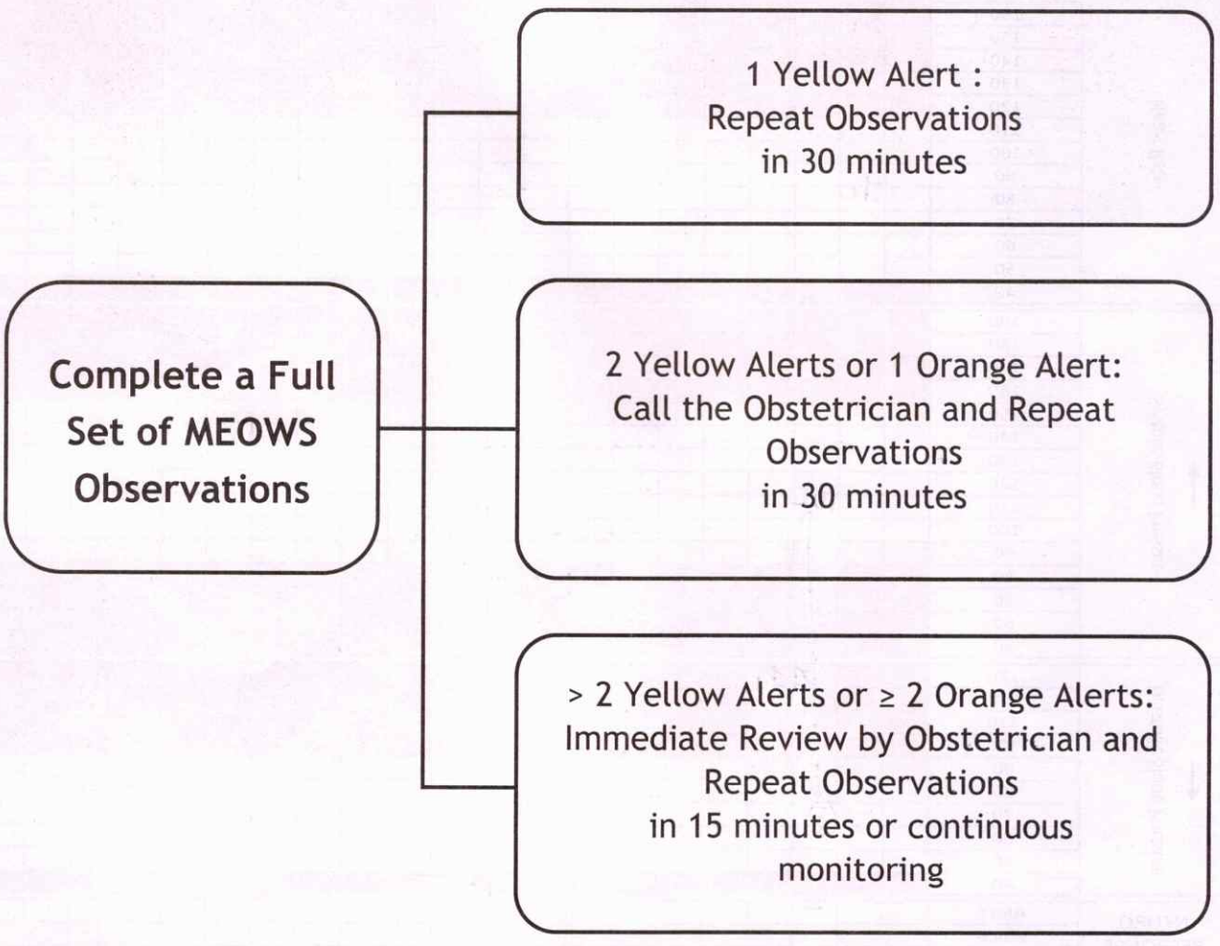
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70			70																					
	60																								
	50																								
	40																								
NEURO RESPONSE [✓]	Alert			—																					
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30			—																					
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal			—																					
	Heavy / Foul																								
Liquor	Clear / Pink			—																					
	Green																								
TOTAL YELLOW SCORES				0																					
TOTAL ORANGE SCORES				0																					
Nurse Initial				R																					

Obstetrics and Gynaecology Early Warning Signs



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

HNH-00015833 IP26-00006533
Mrs VANAM AISHWARYA LAKSHMI
01-06-1998 28 Y 0 M 7 D (F)
Dr. THULABANDULA SANTHOSHI

Rainbow® Children's Hospital
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FLUID CHART

Sheet No. : 1

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

Date	Time	Intake: Nature of Fluid	Intake: Route: Mouth	Intake: Route: I.V	Intake: Route: N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
7/6	11:00 pm	RL	NBM	100ml			NA				0	
	12:00 am	RL	NBM	100ml								
	01:00 am	RL	NBM	100ml						200ml		
Total Intake :						**Total Output :**				200ml passed		
	02:00 am	RL	NBM	100ml								
	03:00 am	RL	B	100ml								
	04:00 am	RL	D	100ml							0	
8/6	05:00 am	RL		100ml			NA					
	06:00 am	RL		100ml						1000ml		
	07:00 am	RL		100ml								
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

HNH-00015833 IP26-00006533
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01-06-1998 28 Y 0 M 7 D (F)
Dr. THULABANDULA SANTHOSHI

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Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 1

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
8/6/26	08:00 am	RL		100ml								
	09:00 am	RL	sips	100ml						100ml		
	10:00 am	RL	H2O	100ml		NA	0	NA			0	
	11:00 am	RL		100ml								
	12:00 pm	RL	ORS H2O	100ml								
	01:00 pm	RL		100ml						200ml		
Total Intake : Taken						Total Output : U — M —						
8/6/26	02:00 pm	RA		100ml							0	
	03:00 pm		sips	100ml							0	
	04:00 pm	RL	H2O	100ml		NA		NA			0	
	05:00 pm	↓		100ml							0	
	06:00 pm			100ml						300ml	0	Foley's Removed
	07:00 pm	↓		100ml						↓	0	
Total Intake : Taken						Total Output : U — M —						
8/6/26	08:00 pm		Jelli									
	09:00 pm											
	10:00 pm		H2O									
	11:00 pm	0				NA		NA			0	
	12:00 am											
	01:00 am											
Total Intake :						Total Output :						
9/6/26	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am	0				NA		NA			0	
	06:00 am											
	07:00 am											
Total Intake :						Total Output :						

Total 24 hrs. Intake		Total 24 hrs. Output	

HNH-00015833 IP26-00006533
Mrs VANAM AISHWARYA LAKSHMI
01-06-1998 28 Y 0 M 7 D (F)
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BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
9/6/26	08:00 am										0	
	09:00 am									1	0	
	10:00 am		Jelly tho								0	
	11:00 am										0	
	12:00 pm									1	0	
	01:00 pm										0	
Total Intake :						**Total Output :** U- M-						
9/6/26	02:00 pm										0	
	03:00 pm	1	Khichdi							1	0	
	04:00 pm	0	4+20								0	
	05:00 pm										0	
	06:00 pm										0	
	07:00 pm										0	
Total Intake :						**Total Output :**						
9/6/26	08:00 pm											
	09:00 pm											
	10:00 pm	0	Jelly + tho									
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
9/6/26	02:00 am											
	03:00 am											
	04:00 am	0	Jelly + tho									
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

HNH-00015833 IP26-00006533
Mrs VANAM AISHWARYA LAKSHMI
01-06-1998 28 Y 0 M 9 D (F)
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Your Right to a Safe Delivery

FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
10/6/26	08:00 am											
	09:00 am		Idly + Khichdi							L		
	10:00 am				NA				NA			RN
	11:00 am	0									6	
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**				U - 1		M-0
	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	

HNH-00015833 IP26-00006533
Mrs VANAM AISHWARYA LAKSHMI
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NURSING CARE RECORD

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 7/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night	8pm / 8am	→ Assess the Pt condition → monitor the vitals & record → Administration of medication → maintain I/O chart & record	8pm / 8am	→ Assessed the Pt condition → monitored the vitals & recorded → Administered medication as per doctor orders → maintained I/O chart & record	Pt is stable	Maintain I/O chart & record	Akhils

Docu. No: RCH /FRM / CLINICAL / 148

Patient Sticker

HNH-00015833 IP26-00006533
Mrs VANAM AISHWARYA LAKSHMI
01-06-1998 28 Y 0 M 7 D (F)
Dr. THULABANDULA SANTHOSHI

NURSING CARE RECORD

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

Date: 8/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am 2pm	→ Assess the Pt condition → monitor vitals → maintain I/O chart → Pt on soft diet → Administer medications as per drug chart	8am 2pm	→ Assessed the Pt condition → monitored vitals & recorded → maintained I/O chart → IV cannula Presented → medication as Per drug chart → Foley's Presented	→ Pt is stable → Foley's Presented → Foley's removed T/M 6am	→ rechecked vitals	Dr
Afternoon	2PM 8PM	Assess the Pt condition monitor vitals Maintain I/O chart. Drug give as Per drug chart.	2PM 8PM	Assessed the Pt. condition monitored vitals Maintain I/O chart. Drug given as per drug chart.	Patient is Stable now	Rechecked vitals	Kavyshree
Night	8pm 8Am	- Assess the pt. condition - Monitor vitals & records - Maintain I/O chart - Give medication as prescribed by doctor	8pm 8Am	- Assessed the pt. condition - Monitor vitals & records - Maintained I/O chart - Given medication as prescribed by doctor	Patient is stable now	Re-checked vitals	

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NURSING CARE RECORD

Date: 9/6/96

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 general Condition of pt. → Monitor vitals → Maintain vitals. → Administer medication.		→ Assess the pt is a stable. → Check the vitals → Maintain I/O chart → I/O chart maintained	pt is a stable	check the vitals	Meeda
Afternoon		Day Duty					
Night	8pm / 8A	- Assess the pt Condition - Monitor vitals & Blood - drug as per chart		- Assessed the pt Condition - monitored vitals & Blood → drugs as per chart	pt is Stable	Recheck vitals	

NURSING CARE RECORD

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Date: 10/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am to 2pm	- Assess the pt Condition - Monitor the v/s - Maintain the I/O Drug. as per chart	8am to 2pm	- Assess the pt Condition - Monitor the v/s - Maintain the I/O Drug as per chart	- How patient is stable	- Rechecked the v/s	
Afternoon							
Night							

HNH-00015833 IP26-00006533
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NURSING SHIFT HAND OVER FORM - WARD

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

SITUATION	Diagnosis: G2P1L1 37+4 weeks previous LSCS Fertility		Any Infection: ☐ Yes ☑ No ☐ Not Known If Yes Specify:				
BACKGROUND	Area / Shift Time	N1	8/6/26 M5	8/6/26 N1	9/6/26 N1	10/6/26 M6	
	Medical Condition (Any special condition to be noted):	NA	NA	—	—	—	
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
	Tubes/Drains/Catheter:	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
	Vital Signs: Temp:	98°F	98.2°F	97.8°F	98.1	98.8°F	
	Res:	20bmt	20b/m	20b/m	20b/m	20bm	
	SpO_2:	99%	99%	100%	100%	100%	
	Pulse:	87bmt	78b/m	82b/m	84b/m	80	
	BP:	110/70	110/60	121/78	120/78	110/70	
	Fall Risk Score:	0/10		—	—	—	
	Pain Score:	good	good	—	—	—	
Recommendations	Safety Needs:	—	Soft	—	Yes	Soft	
	Physiotherapy	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
	Others Specify:	—	—	—	—	—	
	Special Diet:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
	Other Special Orders / Medications:	NA	NA	NA	—	—	
Post Operative Procedure Special Orders:		NA	NA	NA	NA	NA	
Handed Over By Name :		Akila	Divya	Priyanka	Aparna	Sandhya	
Signature :		[signature]	[signature]	[signature]	[signature]	[signature]	
Date:		8/6/26	8/6/26	9/6/26	10/6/26	10/6/26	
Time:		8AM	8PM	8AM	8Am	8PM	
Taken Over By Name :		Divya	Priyanka	Aparna	Sandhya		
Signature :		[signature]	[signature]	[signature]	[signature]		
Date:		8/6/26	8/6/26	9/6/26	10/6/26		
Time:		8AM	8pm	8Am	8PM		

Patient Sticker

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NURSING SHIFT HAND OVER FORM - WARD

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

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

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CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1			DAY-2			DAY-3			Remarks
				M	E	N (7/6)	M	E	N (8/6/26)	M	E	N (9/6)	
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			–	—	—	–			–	
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2			–	—	–	–			–	
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3			–	—	–	–			–	
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4			–	—	–	–			–	
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5			–	—	–	–			–	
		Signature of the Nurse											

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

Signature of Shift In Charge :

Signature : ..... Name : Akib

Signature of Ward In Charge :

Signature : ..... Name : Kasturi

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CHECKLIST FOR THROMBOPHLEBITIS

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S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	10/6 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									
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									
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2	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									
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									
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									
			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 : Sandhya

Signature of Ward In Charge :

Signature : Balamani Name : .....

Patient Sticker

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CHECKLIST FOR THROMBOPHLEBITIS

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

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Signature of Shift In Charge :

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

Signature of Ward In Charge :

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

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CHECKLIST FOR THROMBOPHLEBITIS

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

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

Signature of Shift In Charge :

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

Signature of Ward In Charge :

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

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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	7/5/26	8/6/26	9/6/26
		Score			
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0			
Secondary Diagnosis (more than one diagnosis)	Yes	15			
	No	0	0	0	0
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0			
IV / Heparin Lock or Saline	Yes	20	20	20	20
	No	0			
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10			
	Normal /On Bed Rest /Immobile	0			
Mental Status	Forgets limitations	15			
	Oriented to own ability	0			
Total Morse Fall Scale Score:			20	20	20
		Signature			

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

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

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

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

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

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

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

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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	10/6/26			Fall Risk Grading		
		Score						
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						
	No	0				Low Risk	0 - 24	Standard Fall Precaution
Ambulatory Aid	Furniture	30						
	Crutches, Cane(S), Walker	15						
	None /Bed Rest /Nurse Assist	0						
IV / Heparin Lock or Saline	Yes	20	20			Moderate Risk	25 - 50	Implement Moderate Fall Prevention Intervention
	No	0	0					
GAIT / Transferring	Impaired	20						
	Weak (uses touch for balance)	10						
	Normal /On Bed Rest /Immobile	0				High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
Mental Status	Forgets limitations	15						
	Oriented to own ability	0						
Total Morse Fall Scale Score:			20					
		Signature						

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

- ☐ Ensure patients use their prescribed eye glasses if any, in the hospital
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BRADEN 'Q' SCALE

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				Date : 2/6/26	8/6/26	8/6	9/6
				Time : N1	M5	N1	N1
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	4	3
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
				TOTAL SCORE	28	28	28	24
				Evaluator's Name				

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

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

Patient ID

BRADEN 'Q' SCALE

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				Date : / Time :				
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.				
"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.				
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.				
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.				
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."				
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.				
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.				
				TOTAL SCORE				
				Evaluator's Name				

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

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

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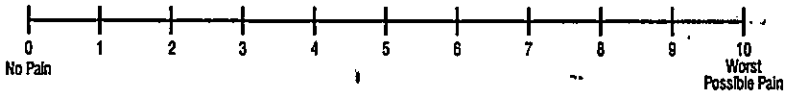
PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
8/6/26	5Am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
8/6/26	5Pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
8/6/26	10pm	0/10	NA	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☑ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	NA	
8/6/26	2Am	0/10	NA	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☑ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	NA	
8/6/26	6Am	0/10	NA	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☑ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	NA	
10/6/26	10am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

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

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

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Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
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				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

Re-assessment Frequency:
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PAIN ASSESSMENT TOOLS

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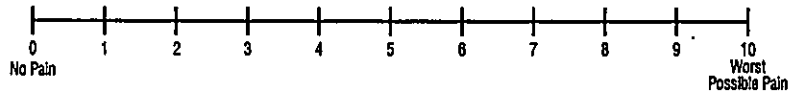

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OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 2/6/26 Time of Arrival: 11 AM Time Seen by Nurse: 11.30 AM

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

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

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

3) **Vital Signs:** Temperature: 97°F Pulse: 87bpm RR: 20bpm SpO_2: 99% BP: 110/70 Weight: .....

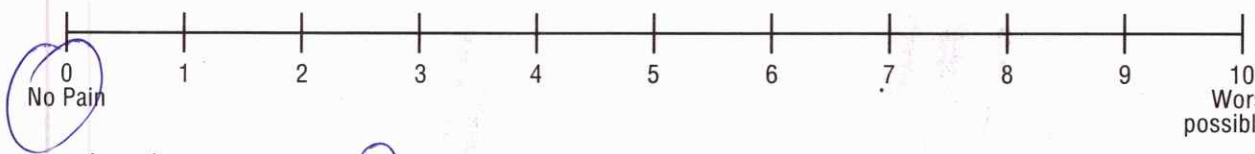
4) **Gestational Criteria:**

Gravida:	G 2	P 1	4	A

LMP: 18/8/25 EDD: 25/6/26 Gestational Age: .....

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

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



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

.....

6) **Past History:**

a) Surgeries: NIL - 2024

b) Medical: NIL

Patient Sticker

7) Allergy: ☐ Yes ☑ No, If Yes : ....

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

9) Prenatal Medical History:

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

Triage Category: (Please tick on the category)

Refer to OBSTETRICAL TRIAGE ACUITY SCALE (OTAS)

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

OBCU Obstetrical Triage Acuity Scale (OTAS)

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

Time seen by Doctor: ......11 pm......

Nurse Name : ......A. Khilk...... Nurse Signature: ......[signature]......

Date: ......21.6.26...... Time: ......11 AM......

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OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 7/6/26

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: Em. LCS

Doctor Notified on Admission: ☑ Yes ☐ No

Name of the Doctor: Dr. Veena

Time Notified: ....

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

Past Medical History	Past Surgical History	Previous Hospital Admission
–	LSCS- 2026	-

Gynecology Assessment: ☐ Not Applicable	**Gynecology Surgical History:**	**Gynecological History:**
Menstrual History: Regular	Caesarean Section: ☑ No ☐ Yes	Contraceptives: ☑ No ☐ Yes
	Cervical Cerclage: ☑ No ☐ Yes	Vaginal Discharge: ☑ No ☐ Yes
Onset of Menarche:	Ectopic Pregnancy: ☑ No ☐ Yes	Post-Coital Bleeding: ☑ No ☐ Yes
Menstrual Cycle: ☐ Regular ☐ Irregular	Myomectomy: ☑ No ☐ Yes	**Infertility:** ☑ No ☐ Yes
Last Menstrual Period:	Others: ______	**If Yes** Type: ☐ Primary ☐ Secondary

Obstetric History: G 2 P 1 L 1 A ....

Previous LSCS: 2024

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

Family History: ☑ No Abnormalities Detected

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

☐ Liver disease ☐ Other ....

Vital Signs / Measurements: Temp: 97.1°F HR: 87 b/mt RR: 20 b/mt

BP: 110/70 Weight: .... Height: .... BMI: ....

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

Patient Sticker

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 ..0.... (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 members .....

Orientation has been given regarding the following aspects:

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

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

Above information given to ..... Patient .....

Name of Person Orientation was given to: ..... MRS. Aishwarya .....

Orientation not given Reason: .....

Nurse Signature: .....

Nurse Name: ..... Akhila .....

Date & Time: ..... 7/6/26 .....

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00015833 IP26-00006533 Mrs VANAM AISHWARYA LAKSHMI 01-06-1998 28 Y 0 M 7 D (F) Dr. THULABANDULA SANTHOSHI	7/6/26 @ 11:06Pm	7/6/26 @ 11:30Pm
	Transfer Ordered by Dr. Veena	Reason for Transfer Dm. LSCS
From Unit MICU	To Unit OT	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 30	Number of Imaging Films NST (1)	Personal belongings including clinical documents. If any handed over to attendant Yes ☑ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Akhila/@	Dr veena.

Patient & Clinical Records Received by : Sangeetha (1)

Date & Time of Patient Received : 7/6/26

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

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

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00015833 IP26-00006533 Mrs VANAM AISHWARYA LAKSHMI 01-06-1998 28 Y 0 M 6 D (F) Dr. THULABANDULA SANTHOSHI	7/6/26 @ 11:00pm	8/6/26 @ 6:30 Am.
	Transfer Ordered by Dr. Veena	Reason for Transfer observation
From Unit Pre & Post	To Unit Floor	Information to Attendant Yes ☐ No ☐
Number of Sheets in Clinical File 36	Number of Imaging Films NST — 1	Personal belongings including clinical documents. If any handed over to attendant ~~Yes~~ ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
AKlild @	Dr. Veena.

Patient & Clinical Records Received by :

Date & Time of Patient Received : 8/6/26 @ 6:35pm

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 Sticker 28Y

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NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 8/6/26 Time: 11 Am

Origin: Indian Height: 5.2 Weight: 62 kg BMI: ☑ ~ 26 kg/m² ☐ ~ 28 kg/m² ☐ ~ 30 kg/m²

Food Allergies: NO

Diagnosis: LSCS

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

Diet Advised:

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

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

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

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

Patient's / Attendant's

Signature: V. Aishwarya

Name: Aishwarya

Date & Time: 8/6/26 ; 11 Am

Dietician's

Signature:

Name: Sathwika. G

Date & Time: 8/6/26 ; 11 Am

DIETARY NOTES

Date	Time	Notes	Sign

Patient Sticker

305

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CROSS CONSULTATION FORM

Doctor Name : Dr. Santhoshi Date : 8/6/26 Time : 12:10pm

Diagnosis : LSCS

Hospital : RCH - HMNR

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

Type of Referral :
☐ Emergency
☐ Urgent
☐ Non Urgent

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

Signature:

Findings and Recommendations :

Lactation care plan

- Well formed Breast & Nipples
- Aim for Deep latch as demonstrated in cross cradle.
- make baby suck 15 - 20 mins on each side every 2 - 2½ hourly.
- Colostrum soon.
- Ad start Lactare (TID) - ① week (SOS)
  oo - oo - oo
- galact granules ½ scoops (BD) (SOS) (water dilution).

Consultant :

Name : Sathwika Signature : SB Date & Time : 8/6/26 ; 12:10pm

HNH-00015833 IP26-00006533
Mrs VANAM AISHWARYA LAKSHMI
01-06-1998 28 Y 0 M 7 D (F)
Dr. THULABANDULA SANTHOSHI

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BREAST FEEDING HANDOVER AND ASSESSMENT FORM

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

2. If No, Reason .....

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

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

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

Feeding Positions:
Cross Cradle

Feeding Positions:
Football / Clutch

6. Was the position explained:
   - ☑ a. Yes
   - ☐ b. No

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

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

9. Additional notes: .....

Continuity of Care: Date: 7/6/26

-> Assess the baby condition
-> monitor the vitals & record
-> DBF and help & burping
-> maintain I/O chart & record

Handover given by ..... Signature ..... Date & Time: 7/6/26 @ 6:15p

Handover taken by ..... Signature ..... Date & Time: 8/6/26 @ 6:35a

Patient Sticker

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URINARY CATHETER BUNDLE CHECK LIST

Date of Insertion: 2/6/20 Date of Removal: .....

Parameters	Date / Shift Time	2/6/20 N1	8/6/20					
Need for the Catheter		☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Hand Hygiene		☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Usage of Sterile Equipment		☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is the Collection bag below the level of bladder		☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Check the Tube for Obstruction (Free of Kinking)		☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is Catheter dated as policy		☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Collecting bag is been emptied regularly?		☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Maintenance of closed system for the catheter		☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Dressing clean and dry?		☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is the line removed as Policy?		☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Performance of Perineal Care		☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Onset of New Fever		☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Asses for the leakage at the site of insertion		☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Name of the Nurse		AKG						
Signature of the Nurse								

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Santhoshi
Asst. Surgeon Dr. Veena
Anaesthetist : Dr. Saraj
Scrub Nurse Sr. Sangeetha

HNH-00015833 IP26-00006533
Mrs VANAM AISHWARYA LAKSHMI
01-06-1998 28 Y 0 M 6 D (F)
Dr. THULABANDULA SANTHOSHI

.... Age : .... Gender : ....
ery Name : ....
Date 8/6/26 In-time : 12 am Out-time : 1 pm

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Before Induction of Anaesthesia ➤ ➤

SIGN IN Time: 12 pm

Patient Has Confirmed

Identity	☑ Yes ☐ No
Site	☑ Yes ☐ No
Procedure	☑ Yes ☐ No
Consent	☑ Yes ☐ No
Site Marked	☐ Yes ☐ No ☑ NA
Anaesthesia Safety Check Completed	☑ Yes ☐ No
Pulse Oximeter on Patient & Functioning	☑ Yes ☐ No

Does Patient have a:

Known Allergy?	☐ Yes ☑ No

Difficult Airway / Aspiration Risk?

Yes, & Equipment / Assistance Available	☐ Yes ☑ No

Risk of > 500ml Blood Loss (7ml/kg In Children)?

Yes, and Adequate Intravenous Access and Fluids Planned	☑ Yes ☐ No ☐ NA
Blood Units Reserved	☑ Yes ☐ No ☐ NA
Has Antibiotic Prophylaxis been given within the last 60 minutes?	☑ Yes ☐ No ☐ NA

Signature : [signature]
Name : Dr. Sairaj. V

Before Skin Incision ➤ ➤

TIME OUT Time: 12:10 pm

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

Surgeon, Anaesthesia Professional and Nurse Verbally Confirm

Correct Patient (Check ID Band)	☑ Yes ☐ No
Correct Site	☑ Yes ☐ No
Correct Procedure	☑ Yes ☐ No

Anticipated Critical Events

Surgeon Reviews:

What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss? (LSCS, Adhesions)	☑ Yes ☐ No ☐ NA

Anaesthesia Team Reviews:

Are There Any Patient-specific Concerns?	☐ Yes ☑ No ☐ NA

Nursing Team Reviews:

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

Signature : [signature]
Name : Sangeetha

Before Patient Leaves Operating Room

SIGN OUT Time: 1 pm

Nurse Verbally Confirms with the Team:

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

To Surgeon, Anaesthetist and Nurse:

What are the key concerns for recovery and management of this patient?	☑ Yes ☐ No

Signature : [signature]
Name : Dr. G. Veena

Doc. No. : RCH / FRM / CLINICAL / 111

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00015833 IP26-00006533 Mrs VANAM AISHWARYA LAKSHMI 01-06-1998 28 Y 0 M 6 D (F) Dr. THULABANDULA SANTHOSHI	8/6/26	8/6/26 @ 1Am
	Transfer Ordered by Dr - Sai Raj	Reason for Transfer observation
From Unit OT	To Unit Dr L post	Information to Attendant Yes ☐ No ☐
Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sowjanya	Dr. Sai Raj

Patient & Clinical Records Received by : Akhila

Date & Time of Patient Received : 8/6/21

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

Em-2515

HNH-00015833 IP26-00006533
Mrs VANAM AISHWARYA LAKSHMI
01-06-1998 28 Y 0 M 6 D (F)
Dr. THULABANDULA SANTHOSHI

PRE - OPERATIVE CHECK LIST

Date : 7/6/26

Patient's Name : MRS. AISHWARYA Age : 28Y Gender : ☐ M ☑ F

Blood Group : UHID : HNH-00015833

Planned Surgery: Em2515 Surgeon : DR-Santhoshi

Anesthetist : DR-Sairaj Date & Time of Operation : 7/6/26 @1PM

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

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

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

Billing Clearance Taken : ☐ Yes ☐ No

Billing Executive Name : OT Nurse Name : Madhuri ER/Ward Nurse Name :

Billing Executive Signature : Signature of OT Nurse : Madhuri Signature of ER/Ward Nurse

Date & Time : Date & Time : 7/6/26 @1PM Date & Time :

Doc. No. : RCH / FRM / CLINICAL / 107

Children's Medicare Ltd. Vijayawada 520002

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE

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Patient Name : Mrs. VANAM. AISHWARYA LAKSHMI Age : 28yr Gender : Male ☐ Female ☐

UHID NO: HHH-001583 Surgeon Name: Dr. SANTOSH

Anaesthesiologist : Dr. SAMIR

Operative procedure planned : Em. LSCS

PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA

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

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

☐ Heart disease ☐ Hypertension ☐ Diabetes mellitus ☐ Renal failure

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

☐ Incapacitating Cronic Obstructive Pulmonary Disease

☐ Others : .....

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. V. AISHWARYA the above mentioned operation / Diagnostic / Therapeutic procedures Em. LSCS

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 : Vamana Ai Shwanya Lakshmi

Relationship with Patient: SELF

Date & Time : 07/06/2026 11:20 pm

Witness :

Signature : .....

Name : Sravan Kulkarni

Date & Time : 07/06/26 11:20pm

Doctor (who is taking the consent) :

Signature : .....

Name : Dr. SAIRAS. V

Date & Time : 07/06/2026 11:00pm

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

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Patient Name : Mrs. Aishwarya. Gender: ☐ Male ☐ Female Age : 28y

UHID No : Date :

Instruction:

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

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

EMERGENCY LOWER SEGMENT CAESAREAN SECTION

upon

MRS. AISHWARYA (Name of the Patient)

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

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

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

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

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. Shalini Saul Toshini

Consentee :

Signature : N. Aishwarya

Name : Mrs. Aishwarya

Date & Time : 7/6/26 @ 11:15 p.m.

Witness :

Signature :

Name :

Date & Time : 7/6/26

Patient Attendant :

Signature :

Name : Sravan Kulkarni

Relationship with Patient: Husband

Date & Time : 07/06/26 11:25pm

Doctor (who is taking the consent) :

Signature :

Name : Dr. G. Veena

Date & Time : 7/6/26 @ 11:15 p.m.

HNH-00015833 IP26-00006533
Mrs VANAM AISHWARYA LAKSHMI
01-06-1998 28 Y 0 M 6 D (F)
Dr. THULABANDULA SANTHOSHI

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Department of Anaesthesiology

PRE-ANAESTHETIC EVALUATION

Name: Mrs. VANAM AISHWARYA Age: 28 yr Sex: female UHID.No : HNH - 0015833

Date: 07/06/2026 Time: 11:00PM Proposed Operation: Em. LSCS

Diagnosis: G2P1L1 9mA E Prev LSCS

B.P / CRT: 110/70 H.R: 92/min Weight: 63 kgs ASA Physical Status: ☐ 1 ☑ 2 ☐ 3 ☐ 4 ☐ 5

Laboratory Data:

Hgb: 9.2 ↓	Glucose: 77	Protein:	HIV:	X-Ray:
PCV: 29.5	Urea: 11	Alb:	HBS Ag: NR	ECG:
WBC: 10040	Creat: 0.43	Total Bill:	HCV:	2D Echo:
Plate: 1.97	Na:	Dir. Bill:	Blood group: B+ve	Stress/Anglo:
PT:	K:	LDH:	T3 220	Other:
PTT:	Ca++:	Alk phos:	T4 15.6	HbA1c - 5.8
INR:	Mg++:	Amylase:	TSH 4.55	
	Cl -:	SGOT/SGPT:		

Allergies: NKDA.

Medical History: CVS : —

RESP : Diabetes : —

CNS : NAD

Renal :

Hepatic / GE : Physical Activity:

Others : Hypothyroidism on Thyronorm 25 mcg

Past Anaesthetic History: Prev LSCS / SAB

Physical Exam: Mod Built & Nourished.

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

Lungs : B/L AEE, clear

Heart: S1 S2 (+)

CNS: NAD

Pregnant: ☑ Yes ☐ No ☐ NA | Venous Access Site : Peripheral | Spine Exam for regional :

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

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

CURRENT MEDICATIONS	DOSAGE
THYRONORM	25 mcg OD.

Pre-Operative Instructions: Last food @ 7:30 pm

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

Adv 1. Reserve 1 O PRBC

Signature: Name: Dr. SAIRAM.V

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

HNH-00015833 IP26-00008533
Mrs VANAM AISHWARYA LAKSHMI
01-06-1998 28 Y 0 M 6 D (F)
Dr. THULABANDULA SANTHOSHI

ANAESTHESIA CHART

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Pre Induction Assessment:

Change in Patient Condition: ☐ Yes ☐ ~~No~~		Fasting Status: 7:30 PM	
Physical Status:	☑ Patient Identified	☑ Consent Present	☑ Chart Reviewed

H.R: 90/min	B.P / CRT: 110/80	SpO_2: 98% RA	R.R:	Last Feed: 7:30
Pre-OP Diagnosis: G2P1L1 Previous LSCS		Operation: Emergency		Date: 06/06/26
Surgeon: Dr. SANTOSHI		Anaesthesiologist: Dr. SAIRAS ✓		Technician: SAI CHAND

TIME: 12 | 12 | 12 | 12 | 1

N,O /AIR /O, LPM
HALO /SO /SEVO
Drugs:
INJ Oxytocin 3+3 in IV

FIO_2 / SaO_2: 100 | 99 | 99 | 98 | 99
ETCO,
ECG: NSR | NSR | NSR | NSR | NSR
Temperature
Urine Output

Fluids / Blood: RL (1) → RL (2)

Antibiotic: TAXIM 1gm
Suppository: DICLO 2
TRAMADOL 100 mg IV/h
Blood Loss

NOTES

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

240 220 200 180 160 140 120 100 80 60 40 20 10 0

LAB Values: ABG | GRBS | Others

☑ Equipment Checked and Functional
☐ BP
☑ Cuff Site: Rt. Arm
☐ Art Site:
☑ EKG Lead
☐ Temp Site
☐ FIO_2 Monitor
☐ Agent Monitor
☑ Pulse Oximeter
☐ Capnograph
☐ Ventilator
☐ Nerve Stimulator

Position: Supine
☐ Pressure Points Checked

Eye Care:
☐ Oint
☐ Tape
☐ Padding
☑ Awake

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

Times:
Anaes Start: 12:00 AM
OP Start: ↓
OP End: ↓
Leave OR: 1:00 AM.

Anaesthesia:
☐ GA
☐ Monitored Anaesthesia Care
☑ Regional ✓ SAB

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

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

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

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

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

Regional: ✓
Extremity Specify:
☑ Spinal ☐ Epidural ☐ Caudal
Others:
Position: Sitting
Site: L3-4
Needle Size: 25G Depth:
Parasthesia ☐ Yes ☐ No
Catheter at skin ..... cm
Drug Name & Conc: 2.0ml 0.5% Heavy
Bolus: Bupivacaine +
Infusion: 25 mcg FENTANYL
Block Level:
Comments:

Transportation to
☐ PACU ☐ ICU ☐ Other
Relaxant Reversed ☐ Yes ☐ No ☑ NA
Name of the Doctor: Dr. SAIRAS ✓
Signature of the Doctor: SV

HNH-00015833 IP26-00006533
Mrs VANAM AISHWARYA LAKSHMI
01-08-1998 28 Y 0 M 6 D (F)
Dr. THULABANDULA SANTHOSHI

Patient Sticker

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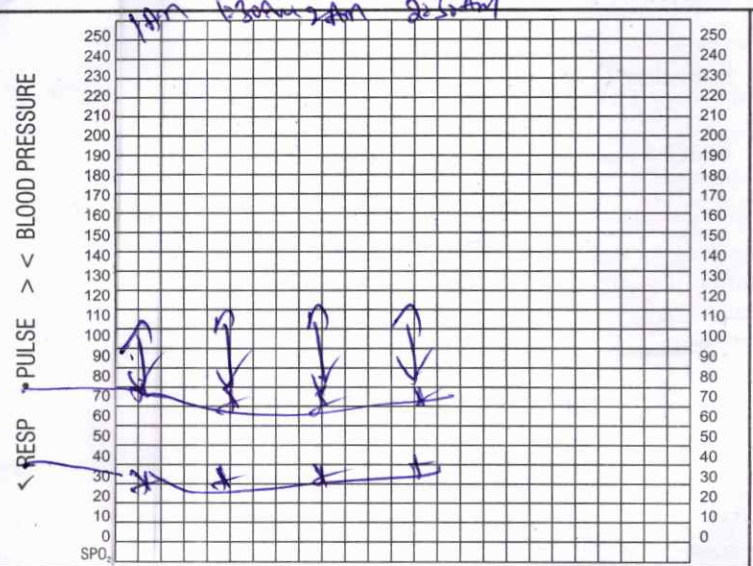
POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Sis Akhila Time Received : 1:20 AM Time Discharged : 6:30 AM.



IV Cannula Site : left side

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

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

IV Fluids : RL
Oral Feeds : NBM

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

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
8/6	1AM	0/10	NA	
8/6	2AM	0/10	NA	
8/6	3AM	0/10	NA	
8/6	5AM	0/10	NA	

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

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

Anaesthesiologist Name : Dr. SAIRAM. V
Anaesthesiologist Signature: Sv
Date & Time: 08/06/2026.

PACU Nurse Name : Akhila
PACU Nurse Signature:
Date & Time: 8/6/26

Transferred to Unit by (PACU): SOS
Date & Time: 8/6/26

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Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

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

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

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

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

Solution Composition : .....

Any other issues :

a) .....

b) .....

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

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

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

Patient Satisfaction : .....

Discharge /Shifting ordered by

Doctor Signature: .....

Doctor Name: .....

Date and Time : .....