Fatima - 9154865924 Dr. Padmaja

ESTIMATION SLIP

Date : 27/02/2026 **UHID / IP No. :** ANH-0000 5218 **Sl No.** 1210

Name of Patient : Kajal Thakur **Age:** 32 **Gender:** F

Father's / Husband's Name : Rajkiran **Corporate / Occupation :**

Address : Santoshnagar **Phone :** 9985177667 / 8121445508 **Email :**

Procedure / Plan : ND / LSCS **EDD/Dos:** July 13th/26

MODE OF PAYMENT : ☐ SELF ☑ TPA : National Insurance Medi Assist ☐ GIPSA : ____ OTHER

TARIFF INFORMATION :

Particulars	Package Amounts (Rs.)	
Room Category	Normal Delivery	LSCS
Multi Shared Ward		
Shared Ward		
Twin Shared Ward		
Private Room	→ 90K	1 Lakh
Super Deluxe Room		
Suite Room	Non-medicals - 15K-20K	
Package includes (Package starts from the time of admission)	Room Rent, Nursing Charges, Doctors Fee, Surgeon's Fee and Labour Ward Charges	Room Rent, Nursing Charges, Doctors Fee, Surgeon's Fee Anesthetist's Fees and OT Charges
	Length of Stay for : 2 days	Length of Stay for : 3 days
	Pharmacy up to } Extra	Pharmacy up to } Extra
	Investigations up to	Investigations up to
Others Well Baby bill - 25K-30K - Neonatologist, SBR, BGP, Vaccination (polio, Hepatitis B, BCG)		

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

Initial Minimum Deposit : 20K deposit at the time of admission.

REMARKS :

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

DECLARATION

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

[signature] K Pranitha

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

[illegible]

[illegible]

[illegible]

[illegible]

Patient Sticker

SURGERY DETAILS

HNH-00005218 IP26-00006652
Mrs KAJAL THAKUR
31-01-1994 32 Y 4 M 26 D (F)
Dr. PADMAJA YELISETTY

Date : 26/6/26

Patient Name: ...... Date of Birth: 31/1/1994 Age: 32yrs

Gender: Female Ward : OT UHID No.: HNH-00005218

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

Name of the Surgery : Elective LSCS.

Time in : 9:20am Time Out : 10:20am.

	NAME	AMOUNT
1. Surgeon	: Dr. Padmaja	
2. Anaesthetist	: Dr. Amreen	
3. Assistant Surgeon	: Dr. Priyadarshini, Dr. Veena	
4. OT Technician	: Sr. Pallavi	
5. Circulating Nurse	: Sr. Susheela	
6. Assistant Nurse	: Sr. Latatha	

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

Padmaja

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 26-0000208349

Order by: Archana 26/6/26 @ 11:46 Am.

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

HNH-00005218 IP26-00006652
Mrs KAJAL THAKUR
31-01-1994 32 Y 4 M 26 D (F)
Dr. PADMAJA YELISETTY

EL. LSCS.

CONSUMABLES OF OT

Circulating staff : Puja Technician : Pallavi Date : 26-06-26 Time :

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube			Major Pack LSCS	01		Inj Vit.K	01	
LMA			Sutures 2346, 4242	2+1		Cord Clamp	01	
ECG leads : A / P / N		03	2364, 1326	1+1		Suction Catheter		
HME filter : A / P / N						Feeding Tube 5no	01	
Syringes : 10 cc		02				Vaccum Suction Set		
05 cc		01	Gloves S.G 6½, 7 PF	4+2		Surgical Gloves 6½, 7	4+	02
02 cc		02	Encore 6½	2		Gauze Pack 7.5		02
01 cc						Syringe 1ml / 2ml		02
Cautery plate : A / P / N		01	Surgical blade 22	1		Surgical Blade # 20		01
IV set			NG tube			Koochies (S)		
RL		02	Cautery pencil	1		10 CC	02	
NS : 10ml / 100ml / 500ml / 1000ml		01	Koochies XXL	1		Tip cleaner	01	
Adronaline		01	Ointments			Hand Case	2	
Atropine		01	Suction Catheter	1				
Fentanyl		01	Cap, Mask	10+10				
Morphine			Gauze Pack 7.5×7.5	2+1		Baby Said		
Ketamine			Mop Pack	2				
Propofol			Steristrip			26-0000208359 / 358		
Rocuronium			Underpad	2				
Glycopyrolate			Draw sheet					
Myopyrolate			Abgel	01				
Ondansetron			Foleys catheter 16no	01				
Pencan 25g/ Spinal Needle 22		01	Urobag	01				
Bupivacaine 0.25%			Chest Drainage Catheter					
Bupivacaine 0.25%(Heavy)		01	Romodrain bag					
Antibiotics			Bandage					
Traneeza		02	Tegaderm					
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg		01	Vaccum Suction set	1				
Justin : 12.5 mg / 25mg / 100mg		01	Plastic ~~Bed Sheet~~ Apron	6				
Tab. Misoprost : 200mg		4	Betadine Solution	2				
Oxytocin		03	Microshield	2				
			Cotton Balls	1				
			Latex Gloves	20				
			Ramdione Scrub					
			~~Saral~~ D water	03				

[signature] 25/6/26

Surgeon | Anaesthesiologist | Nurse | OT Technician

Order No. : 26-0000208357/56/55 Ordered by : Archana 26/6/26 @ 12:01pm

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

Rainbow Childrens Hospital-Himayatnagar

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040-48873000, info@rainbowhospitals.in

ELECTRONIC MEDICINE PRESCRIPTION

MRN	HNH-00005218	Name	Mrs KAJAL THAKUR
Age / Sex	32 Y 4 M 26 D / Female	Doctor	PADMAJA YELISETTY
Adm/Reg Date/Time	26/06/2026 06:02	Payor	MEDI ASSIST INSURANCE TPA PVT LTD
Order Date	26/06/2026 12:00	Ordernumber	26-0000208356
Visit ID	IP26-00006652	Ward/Bed No	4F -OT / PDA-412
Patient Address	17-1-386/1/a/5/92, Saidabad Colony, Hyderabad, Telangana, INDIA, 500059		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	CAUTERY PENCIL (ADVANCE)		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
2	UNDER PAD 60X90 10's Pack - MEDICUBE		1 Nos	External / 10 AM	1 Days		2 Nos	Dispensed
3	ADULT DIAPERS-XXL		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
4	DSYRINGS 2.5ML(NIPRO)	SYRINGE 2ML	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
5	SURGICAL BLADE 22	SURGICAL BLADE 22	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
6	VICRYL 1-0 VP 2346	VICRYL 1-0 VP 2346	1 Nos	/ Once Daily	2 Days		2 Nos	Dispensed
7	DSYRINGE 5ML (NIPRO)	SYRINGE 5ML	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
8	BIOXAMIC 500 MG INJ		1 Ampule	/ Once Daily	1 Days		2 Ampule	Dispensed
9	DSYRINGE 10ML (NIPRO)	SYRINGE 10ML	1 Nos	External / Once Daily	1 Days		4 Nos	Dispensed
10	VICRYL 1-0 NW 2364	VICRYL 1-0 NW 2364	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
11	SGLOVE # 6.5 (SURGICARE)	SURGICAL GLOVES 6.5	1 Nos	External / Once Daily	1 Days		4 Nos	Dispensed
12	SUPRIDOL SUPPOSITORIES 100 MG 5 S		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
13	JUSTIN SUPPOSITORIES 100 MG 5 S		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
14	EVATOCIN (OXYTOCIN) INJ 5 IU 1 ML		1 Vial	External / Once Daily	1 Days		3 Vial	Dispensed
15	ADROGLARE(ADRENALINE) INJ 1MG 1ML		1 Vial	External / Once Daily	1 Days		1 Vial	Dispensed
16	FOLEYS CATHETER 14-URO CATH		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
7	PENCAN 25G'3 1 2	PENCAN 25G'3 1 2	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
18	PREGELLED SURGICAL PLATES(ADULT)	PREGELLED PLATED ADULT	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
19	VACCUME SUCTION SET		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
20	D WATER 10 ML AMPULE	DISTIL WATER10ML	1 Bottle	External / Once Daily	1 Days		3 Bottle	Dispensed
21	TRUGUT CHROMIC CATGUT SN4242	TRUGUT CHROMIC CATGUT SN4242	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
22	MONOCRYL 3-0 NW 1326	MONOCRYL 1326	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
23	NS 500ML CLOSED BOTTLE		1 Bottle	External / Once Daily	1 Days		1 Bottle	Dispensed
24	MISOPROST TAB 200MCG 4S		1 Tabs	External / Once Daily	1 Days		4 Tabs	Dispensed
25	ABGEL SURGI PAD (BIG) (GELSPON)	ABGEL	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
26	LSCS DRAPE PACK (PROTECTCARE)		1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
27	Encore Microptic gloves-6.5		1 Nos	/ Once Daily	1 Days		2 Nos	Dispensed
28	UROBAG (ADULT) - URODYNE		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
29	MOPS 30X30 8PLY 5S X-RAY	MOPS 30X308 PLYDATT	1 Nos	/ Once Daily	2 Days		2 Nos	Dispensed
30	HAND CARE GLOVE	HAND CARE GLOVE	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
31	DISPOSABLE APRONS STERILE XL	DISPOSABLE APPRON STERILE XL	1 Nos	/ Once Daily	6 Days		6 Nos	Dispensed
32	TIP CLEANER ELECTRO BRASIVE(REF E2401)		1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
33	COTTON BALLS 2 CM 5 NOS		1 Nos	External Once Daily	1 Days		1 Nos	Dispensed
34	BUPICAIN HEAVY 80MG INJ 4ML		1 Nos	Injection / Once Daily	1 Days		1 Nos	Dispensed
35	BACTOPREP SOLUTIONS 100 ML		1 mL	/ Once Daily	2 Days		2 Nos	Dispensed

PADMAJA YELISETTY

Reg No : 52427

* 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 26/06/2026 12:09 Printed By SUNKARI SANGEETHA

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040-48873000, info@rainbowhospitals.in

ELECTRONIC MEDICINE PRESCRIPTION

MRN	: HNH-00005218	**Name**	: Mrs KAJAL THAKUR
Age / Sex	: 32 Y 4 M 26 D / Female	**Doctor**	PADMAJA YELISETTY
Adm/Reg Date/Time	: 26/06/2026 06:02	**Payor**	: MEDI ASSIST INSURANCE TPA PVT LTD
Order Date	: 26/06/2026 12:00	**Ordernumber**	: 26-0000208357
Visit ID	: IP26-00006652	**Ward/Bed No**	: 4F -OT / PDA-412
Patient Address	: 17-1-386/1/a/5/92, Saidabad Colony, Hyderabad, Telangana, INDIA, 500059		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	SGLOVE 7.0(POWDER FREE)			/	1 Days		2 Nos	Dispensed

PADMAJA YELISETTY

Reg No : 52427

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040-48873000, info@rainbowhospitals.in

ELECTRONIC MEDICINE PRESCRIPTION

MRN	HNH-00005218	**Name**	: Mrs KAJAL THAKUR
Age / Sex	32 Y 4 M 26 D / Female	**Doctor**	: PADMAJA YELISETTY
Adm/Reg Date/Time	26/06/2026 06:02	**Payor**	: MEDI ASSIST INSURANCE TPA PVT LTD
Order Date	26/06/2026 12:00	**Ordernumber**	: 26-0000208355
Visit ID	: IP26-00006652	**Ward/Bed No**	: 4F -OT / PDA-412
Patient Address	: 17-1-386/1/a/5/92, Saidabad Colony, Hyderabad, Telangana, INDIA, 500059		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	RL 500 ML CLOSED SYSTEM	RINGER LACTATE 500ML CLOSED	1 Bottle	/ Once Daily	1 Days		1 Bottle	Dispensed
2	CUROPINE (ATROPINE) INJ 1 ML		1 Vial	/ Once Daily	1 Days		1 Vial	Dispensed
3	GAUZE 7.5X7.5 12 PLY (5 NOS) NON XRAY	GAUZE 7.5X7.5 12 PLY 5 NOS	1 Nos	External / Once Daily	1 Days		3 Nos	Dispensed
4	NITRILE EXAMINATION GLOVES P F- MEDIUM		1 Nos	External / Once Daily	1 Days		20 Nos	Dispensed
5	E.C.G ELECTRODES (ADULT)	ELECTRODES ADULT	1 Nos	External / Once Daily	1 Days		3 Nos	Dispensed
6	FACE MASK 3 LAYER ELASTIC	FACE MASK 3 LAYER	1 Nos	External / Once Daily	1 Days		10 Nos	Dispensed
7	SURGEON CAP(FEMALE) (PROTECTCARE)		1 Nos	External / Once Daily	1 Days		10 Nos	Dispensed
8	POVINANZ SOLUTION 10% 100 ML		1 Nos	/ Once Daily	1 Days		2 Nos	Dispensed

PADMAJA YELISETTY

Reg No : 52427

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ELECTRONIC MEDICINE PRESCRIPTION

MRN	HNH-00016177	**Name**	Baby Of KAJAL THAKUR
Age / Sex	0 Y 0 M 0 D 2 H / Male	**Doctor**	S TEJASWI REDDY
Adm/Reg Date/Time	26/06/2026 10:22	**Payor**	SELFPAY
Order Date	26/06/2026 12:04	**Ordernumber**	26-0000208358
Visit ID	IP26-00006655	**Ward/Bed No**	4F -OT / CRDL-HNPDA-412-1
Patient Address	17-1-386/1/a/5/92, Saidabad Colony, Hyderabad, Telangana, INDIA, 500059		

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

S TEJASWI REDDY

Reg No : APMC/FMR/94068

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Note

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040-48873000, info@rainbowhospitals.in

ELECTRONIC MEDICINE PRESCRIPTION

MRN	: HNH-00016177	**Name**	: Baby Of KAJAL THAKUR
Age / Sex	: 0 Y 0 M 0 D 2 H / Male	**Doctor**	: S TEJASWI REDDY
Adm/Reg Date/Time	: 26/06/2026 10:22	**Payor**	: SELFPAY
Order Date	: 26/06/2026 12:04	**Ordernumber**	: 26-0000208359
Visit ID	: IP26-00006655	**Ward/Bed No**	: 4F -OT / CRDL-HNPDA-412-1
Patient Address	: 17-1-386/1/a/5/92, Saidabad Colony, Hyderabad, Telangana, INDIA, 500059		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	GAUZE 7.5X7.5 12 PLY (5 NOS) NON XRAY	GAUZE 7.5X7.5 12 PLY 5 NOS	1 Nos	External / Once Daily	1 Days		2 Nos	Ordered
2	SGLOVE # 7.0(SURGICARE)	SURGICAL GLOVES 7.0	1 Nos	External / Once Daily	1 Days		1 Nos	Ordered

S TEJASWI REDDY

Reg No : APMC/FMR/94068

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Note

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Printed Date/Time 26/06/2026 12:12 Printed By GUVVALA VIJAYA SUSHEEL

Name	Mrs KAJAL THAKUR	UHID	HNH-00005218
Father/Guardian	Mr RAJ KIRAN SINGH	Age/Gender	32 Y 4 M 26 D/ Female
Address	17-1-386/1/a/5/92, Saidabad Colony, Hyderabad, Telangana, INDIA, 500059		
IP No	IP26-00006652	Admission Date	26-06-2026
Ref Doctor	Self.		
Discharge Date	28.06.2026		

DISCHARGE SUMMARY

Consultant:
Dr. PADMAJA YELISETTY
MBBS, MD, MRCOG, FRCOG
52427

Diagnosis: G4P1L1A2 AT 37^{+4} WEEKS WITH ABDOMINAL CERCLAGE IN-SITU WITH PREGESTATIONAL DIABETES MELLITUS ON ORAL HYPOGLYCEMIC AGENTS WITH INSULIN FOR ELECTIVE LOWER SEGMENT CAESAREAN SECTION

ELECTIVE LOWER SEGMENT CAESAREAN SECTION DONE ON 26.06.2026

History:

Name	Mrs KAJAL THAKUR	UHID	HNH-00005218
IP No	IP26-00006652	Admission Date	26-06-2026

LMP:06.10.2025 Obstetric formula: G4P1L1A2
EDD: 13.07.2026 Gestation at admission: 37+4weeks

Obstetric History:
G1 - 2019 - DCDA twins, Spontaneous Miscarriage at 18 weeks
G2 - 2020 - Preterm SVD at 34weeks, Boy, 2.6Kg, h/o McDonald's cerclage at 13 weeks, h/o GDM on OHA.
G3 - 2024 - OI conception, DCDA twins, PPROM at 17 weeks, TOP done.
G4 - Present Pregnancy, Spontaneous conception.

Medical History: Pregestational diabetes mellitus (Diagnosed at 15weeks)

Surgical History: cerclage 2020, Laparoscopic Abdominal encerclage at 11^{+5} weeks.
Family History : Father-HTN, DM
Allergies : Nil

Antenatal Details:
Mrs KAJAL THAKUR was booked to Rainbow hospital at 8^{+4} weeks of gestation. She had regular antenatal checkups and investigations as advised. NT scan was normal, FTS was low risk for trisomies, PE screen positive (1:35), hence started on T.Ecosprin 150mg continued till 36weeks. At 12 weeks she underwent Laparoscopic abdominal encerclage. OGTT at 15^{+5} weeks (24.01.2026)-84/231/201. Physician consultation sought and advised to start on OHA (T.Metformin 500mg BD later on titrated to TID). TIFFA was normal.Fetal 2D echo normal. Fetal surveillance done with serial growth scans.

Name	Mrs KAJAL THAKUR	UHID	HNH-00005218
IP No	IP26-00006652	Admission Date	26-06-2026

Home sugars monitoring done, started on Inj.Tresiba since 28 weeks and titrated accordingly.Scan was done on 20.04.26 at 28 weeks single live fetus with oblique lie, EFW: 1233 g (56 %centile), AFI:21.9 cms upper limit of normal, Placenta: Posterior, High. Serial scans done for AFI and dopplers. Scan done on 16.06.2026 showed Single live intrauterine fetus at 36^{+1} weeks with cephalic presentation with EFW: 2932g (59%) AC: 43% with AFI: 20cm with placenta-posterior and high with normal Doppler. She was admitted at 37^{+4} weeks for Elective LSCS.

Investigations: Enclosed.
Blood group: "B" Positive

Management: Course in hospital:
She was prepared for elective C- section with indwelling Foley's catheter and IV canula under aseptic conditions. Written informed consent for surgery taken. Preanesthetic check up done. Anesthetic premedication (IV Pantop and Perinorm) given. Antibiotic prophylaxis with Inj. Taxim 1 gm IV given. Patient shifted to theatre.

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

Name	Mrs KAJAL THAKUR	UHID	HNH-00005218
IP No	IP26-00006652	Admission Date	26-06-2026

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.

*** Excess and clear liquor**

*** Abdominal cerclage present InSitu**

Delivery Details:

Date : 26.06.2026
Time of Delivery : 09:39am
Type of Delivery : Elective Lower Segment Caesarean Section
Indication : Polyhydramnious with Abdominal Cerclage

Anaesthesia : Spinal

Baby Details:

Date : 26.06.2026
Time : 09:39am
Sex : Male
Weight : 2940gm
Apgar : 9,9
Gestational Age: 37+4weeks
NICU Admission: No

Post-Operative Notes:

Name	Mrs KAJAL THAKUR	UHID	HNH-00005218
IP No	IP26-00006652	Admission Date	26-06-2026

She was closely monitored. Her vital signs remained stable. Uterus was well retracted with no postpartum hemorrhage.Breast feeding initiated. She was shifted to room. Her postoperative period following that was uneventful. She had complain of multiple ?folliculitic lesions over upper chest and breast skin, Dermatology consultation was sought- and diagnosed Hidradenitis suppurativa. On second postoperative day dressing was changed. On second post operative day FBS was 79 mg/dl and PPBS 92 mg/dl. On inspection wound was healthy. Her general condition was satisfactory and she was found to be fit for discharge. Wound care and medications were explained to patient supplemented by written information. She was given the postpartum book for further reference.

Advice:

1. Tab. Augmentin 625 mg thrice daily till 02.07.2026 (8am-3pm-10pm) after food.
2. Tab. Calpol (Paracetamol 500mg) 2 tablets thrice daily till 29.06.2026 (8am-2pm-10pm) after food.
3. Tab. Voveran (Diclofenac-50mg) 1 tablet thrice daily till 29.06.2026 (9am-3pm-11pm) after food.
4. Tab. Pantodac (Pantoprazole - 40mg) 1 tablet twice daily till 02.07.2026(7am-7pm) before food.
5. Tab. Livogen (Elemental Iron - 50mg, folic acid 1.5mg) once daily (7am) for three months before breakfast.
6. Tab. Shelcal (Elemental Calcium 500mg, vitamin D3 250 IU) once daily (2pm) till breast feeding after food.
7. Cap lactare 2 cap thrice daily (8am-3pm-10pm) till 04.07.2026 followed

Name	Mrs KAJAL THAKUR	UHID	HNH-00005218
IP No	IP26-00006652	Admission Date	26-06-2026

by 1 cap thrice daily till 11.07.2026

8. Clindamycin gel 1% for local application x 2weeks.
9. Nebasulf Powder for local application.
10. FBS and PPBS review after 6 weeks and review

Review with **Dr. PADMAJA YELISETTY,** after 1 **Weeks** on 06.07.2026 Rainbow Children's Hospital with prior appointment **(Review consultation will be charged).**

For Women Who Have Had a Cesarean Section
Care of the wound:

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

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

Patient/ Attender

Name	Mrs KAJAL THAKUR	UHID	HNH-00005218
IP No	IP26-00006652	Admission Date	26-06-2026

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. Padmaja Yelisetty,
MBBS, MD, MRCOG,FRCOG
52427

CROSS CONSULTATION FORM

Doctor Name: Dr. Srila Reddy Date: 27/6/26. Time: 5:10 pm.

Diagnosis: Hidradenitis Suppurativa

Hospital: ....

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 :

C/o pus filled lesions – axillae & pubic area since 7 months – about 10 episodes

Δ- Hidradenitis Suppurativa.

(1) Started Augmentin 625 mg after ... continue – 7 days.

(2) Clindamycin 1% solution (N) 2 weeks

MA 10 days.

Consultant :

Name: .... Signature: [signature] Date & Time: ....

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Childrens Hospital-Himayatnagar

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

ADMISSION SHEET

Registration Details :

Admission No : IP26-00006652 **Admit Date** : 26-Jun-2026 **Admit Time** : 06:02 AM **UHID** : HNH-00005218

Patient Details :

Patient Name	: Mrs KAJAL THAKUR	**Age**	: 32 Y 4 M 26 D
Guardian	: Mr RAJ KIRAN SINGH	**DOB**	: 31-01-1994
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 17-1-386/1/a/5/92 Saidabad Colony Hyderabad Telangana INDIA 500059	**Phone No**	: 9985177667/ 8121445508
		E-mail	: raj.thakursingh61@GMAIL.COM

Admission Details :

Bed Type : TWIN SHARING **Bed No** : PDA-412 **Ward Name** : 4F -OT

Room No : PDA-412 **Admission Type** : First Visit

Contact Details :

Name : Mr RAJ KIRAN SINGH **Relationship** : W/O

Contact Address : 17-1-386/1/a/5/92 Saidabad Colony Hyderabad Telangana INDIA 500059 **Phone No** :

Signature

Doctor Details :

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

Payment Details :

Deposit Amount : 20000.00

Payment Mode : DC/CC Card **Payor Name** : MEDI ASSIST INSURANCE TPA PVT LTD

ACTIVITY RECORD FOR BILLING

Name : ________________ ________________________________

UHID No. : ____ HNH-00005218 IP26-00006652 Mrs KAJAL THAKUR 31-01-1994 32 Y 4 M 26 D (F) Dr. PADMAJA YELISETTY ___Consultant: ____________ Dept : __________

Date of Admission ___Date of Discharge : _________ Time: _________

Room / Bed No : __________Ward : __________ Suggested Billable bed type : ______________

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
26/6/26	9AM	pre-post	OT	Sujatha/Puja
26/6/26	10:30am	OT	MICU	Puja/Sujatha
26/6/26	3:10pm	MICU	Room	[illegible]

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	Dr. Tejashwin (Lactation counselling)	24/6/26	8641	[signature]
2	Dr. Sneha reddy.	27/6/26	8734	[signature]
3				
4				
5				
6				
7				
8				
9				
10				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
26/6	NST → ①	2571 ✓	[illegible]
26/6/26	GRBS 6:30AM @ 91mg/dl	10362 ✓	[illegible]
26/6/26	GRBS 12:30pm @ 82mg/dl	10389	[illegible]
		Cross checked	
26/6/26	GRBS@6:30pm 70mg/dl.	~~1827~~ 1905 and by	
		Sujatha	
		26/6/26 @	12PM
27/6	GRBS (12:30Am) 186mg/dl	1042)	[illegible]
27/6	GRBS (6:30Am) 108mg/dl	Self.	[illegible]
27/6/26	GRBS 12:30Pm 82mg/dl	self	[illegible]
27/6/26	GRBS 6:30Pm 90mg/dl	self	[illegible]
28/6/26	GRBS 12:30pm 85mg/dl	self	[illegible]
28/6/26	GRBS(FBS) 6:30AM 79mg/dl	self	[illegible]
28/6/26	GRBS (PPBS) 9:30Am 92mg/dl	self	[illegible]
	Cross	checked done by	
		Amrutha	
28/6/26	GRBS (12:30Pm)		

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
	Infusion pump	11 Am	26/6/26 2:40pm	26-0000	Sujatha
	cardiac monitor	11Am	2:40pm	208342	
					case check done by Akila

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
26/6	IV placement	1	208290	@
26/6	cathorization	1		@
26/6	PAC (OP)	1	17559	@
27/6/26 9:30am	NHA	1	8686	
			cross checked	
			by sujatha	
			26/6/26 @	
			1Pm	

ANY OTHER INFORMATION

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

HNH-00005218 IP26-00006652
Mrs KAJAL THAKUR
31-01-1994 32 Y 4 M 26 D (F)
Dr. PADMAJA YELISETTY

IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints
for date delivery

LMP: 6/10/2025 EDD:

Corrected EDD: 13/7/2026 GA: 37wk4d

Obstetric Formula: G4 P1 L1 A2.

Obstetric Hostory: G1 → 2019 → OCDA [illegible] - Sp. miscarriage @ 8 wks
G2 → 2020 - SVD(PT).
G3 - 2024 - 17 wks/OCDA [illegible] TOP.

Menstrual History: Regular: ☑ Yes ☐ No

Obstetric Examination

Fundal Height: - TS

Ut. Activity: ☑ Relaxed ☐ Mild ☐ Mod ☐ Severe

Liquor: ☑ Adequate ☐ Oligo ☐ Poly

PP: ☑ Cephalic ☐ Breech Others ____

Head Fifths Palpable: 4/5

FHS: ☑ Normal ☐ Tachy ☐ Brady ☐ Absent

Present Pregnancy Record:
G4 → P.P. - spontaneous conception
- lap Abd cerclage done @ 11 wks of gestation

RISK FACTORS:
- GDM on Insulin + MDM
- 6th month
* Abdominal cerclage [illegible]
* GDM on Insulin + OHA

Per Speculum Examination not done

Draining: ☐ Present ☐ Absent ☐ Bleeding

Colour of Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Vaginal Examination not done.

Cervix: ☐ Long ☐ Partially effaced ☐ Effaced

Os: Closed ____ Dilated ____

Height: 156 cm

Weight: 78.1 kg

Allergies: ....

Breast: ☑ Normal ☐ Abnormal

General Examination: - (N)

Consciousness: c/c Pallor: ?ni

Icterus: no Edema:

Temp: Afebrile PR:

BP: DTR: (N)

CVS: S1S2 (+) no murmurs RS B/L NVBS (+)

Liver/Spleen: (N) Urine Output: Adequate

Membranes: ☐ Present ☐ Absent

Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Presenting Part: ☐ Vertex ☐ Breech ☐ Others

Sutton: ☐ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2

Pelvis: ☐ Adequate ☐ Doubtful

DIAGNOSIS
- G4 P1 L1 A2 1 previous SVB c Abdominal cerclage insitu [transabdominal] GDM on OHA + Insulin. @ 37wk 4d for Elective LSCS.

HNH-00005218 IP26-00006652
Mrs KAJAL THAKUR
31-01-1994 32 Y 4 M 26 D (F)
Dr. PADMAJA YELISETTY

Family History:	Surgical History:
Father HTN, DM	h/o Lap Abdominal cerclage in Dec 2025

Medical History:	Medication History:
- TAB. METFORMIN 500mg TID - ~~[illegible]~~.	

Plan of Care:	Investigations:
Admission NST Informed Consent Parts preparation. drugs as charted PAC Paediatrician call. Foley's Catheterisation. Monitor Vitals Inform SOS. GRBS - 91mg/dl	BGT B+ve CBP (22/6/2026) Hb - 13.1 plt 239 PCV TLC - ~~4~~980. HIV, HbsAg, HCV, VDRL } NR USG (16/6) SLIUF @ 36wk 1d. AFI - Norm placenta - P/H EFW - 2932 AC - 43%. Dopplers (N).

Doctor Name: Dr. Swathi HV
Signature: [signature]
Date & Time: 26/6/2026

Consultant Name: Dr. Padmaja Yelisetty
Signature: Y. Padmaja
Date & Time: 26/6/2026

HNH-00005218 IP26-00006652
Mrs KAJAL THAKUR
31-01-1994 32 Y 4 M 26 D (F)
Dr. PADMAJA YELISETTY

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/6/26 10:45AM	c/s/B Dr. Veena / Dr. Priyadarshini	
	POD-0 / El.LSCS	
	Pt is stable, No c/o	Adv
	O/E GC-fair, Afebrile	- NBM for 4-6 hours
	BP- 108/64 mmHg	- Vital monitoring
	PR- 65 bpm	- I/O charting
Baby @ ms	SpO2- 99% on RA	- Foley's removal c/m @ 6am
	P/A - Ut well retracted	- IVAbx for 24 hours
	L/E - BWNL.	- w/f excessive bleeding P/v
	U/O - 200ml, clear urine	- GRBS Q6 Hourly
		- POD-2 FBS/PPBS
		Dr. Priyadarshi
		- IVF's, Analgesics & Thromboprophylaxis as per AXON
26/6/26		- Inform SOS
2PM	c/s/B Dr. Veena	
	POD-0 / El.LSCS	Adv
	Pt is stable, No c/o	- Oral sips f/b liquid diet (from 4pm)
Baby @ ms	O/E GC-fair, Afebrile	- Soft diet (>6pm)
	Pallor (-)	- Vital monitoring
	BP- 111/80 mmHg	- I/O charting.
GRBS 12:30 ↓ 82mg/dl	PR- 68 bpm	- Foley's removal c/m @ 6am
	SpO2 - 98% on RA	- GRBS Q6 Hourly
	P/A - Ut well retracted	- POD-2 FBS/PPBS
	BS (+)	- Inform SOS
	L/E - BWNL	- Shift to Room
	U/O - 100ml/hr, clear	

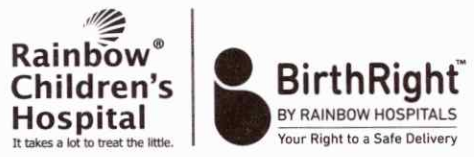
Noted by Sujatha 26/6/26

HNH-00005218 IP26-00006652
Mrs KAJAL THAKUR
31-01-1994 32 Y 4 M 26 D (F)
Dr. PADMAJA YELISETTY

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/01/2026 5:40pm	c/s/by Dr. Naveena	
	P2L2 on PODo	foll. El. LSCS.
	O/E GC - fair	Adv
	Afebrile SpO2-99% on RA	- Soft diet
F-x	PR: 63bpm	- Adequate hydration
	BP: 120/74 mmHg	
	CVS/RS: NAD	- drugs as charted
	PA: ut. retracted well	
	Soft, NT	- w/f PV bleeding
	Dressing: dry & clean	- Urine I/O charting.
	L/E: PV bleeding WNL	- Monitor Vitals
		- Inform SOS
	Baby: Mother side	d/b priyanka
	B/L Breasts: minimal Secretions, soft has multiple Pimples with Pus foci	Dr Naveena.

HNH-00005218
Mrs KAJAL THAKUR
31-01-1994 32 Y 4 M 26 D (F)
IP26-00006652
Dr. PADMAJA YELISETTY



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

PROGRESS NOTES AND DOCTOR'S ORDER

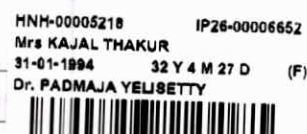
Date & Time	Progress Notes	Doctor's Order
27/06/2026 7:30am	c/s/by Dr. Naveena	
	P_2L_2 on POD 1 foll. El. LSCS	
V- ✗		
S- ✗	O/E GC- fair	Adv
F- ✗	Afebrile, SpO_2- 99% on RA	- Soft diet
GRBS @ 5:30am 108mg/dl	PR: 96bpm	- Adequate hydration
	BP: 108/81mmHg	- drugs as charted
	CVS/RS: NAD	- Ambulation
	PA: ut. retracted well	- w/f PV bleeding
	Soft, NT	- FBS and PPBS
	Dressing: dry & clean	on POD 2.
	L/E: PV bleeding WNL	- Monitor Vitals
		- lactation counselling
	Baby: Mother side	- Inform SOS
	B/L breasts: minimal	
	Secretions, Soft	
	multiple pimples c̄	
	Pus foci @ diff. stages	2nd Dr. Naveena
	of healing	

HNH-00005218 IP26-00006652
Mrs KAJAL THAKUR
31-01-1994 32 Y 4 M 26 D (F)
Dr. PADMAJA YELISETTY

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	c/s/B Dr. Padmaja Yelisetty	
27/6/26 @ 11:45 AM		
	Pt is stable, No c/o	Adv
	O/E GC fair, Afebrile	Soft diet
	Vitals-stable	Vital monitoring
Baby @ MS	Pallor (-)	Dermatology consultation (Dr. Sneha)
	P/A - Ut well retracted	for ? Folliculitis over
	L/E - BWNL	breast & over (Rt) groin
	B/L Breasts	
U ✓ F ✗ S ✗	(Rt) (Lt) - Multiple lesions noted ? Folliculitis	POD-2 FBS / PPBS
	↳ extending into axilla.	Dressing tomorrow (POD-2)
		T. Augmentin 625mg TID x7 days.
Lactation counselling done ? video call by Dr. Kiranmayee)		Inform SOS
		Can be discharged tomorrow / Monday.
		Y. Padmaja Yelisetty 52427 Noted by Divya 27/6/26

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



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/6/26	C/S/B Dr. Dug	
8:30pm		
	POD-1 (s/p El.LSCS) GDM c̄ Hidradenitis suppurativa	
	No complaints	
	GC fair, Afebrile	
	BP: 111/81 mmHg	Adv
	Baby c̄ Mother. PR: 77 bpm	- Soft diet
	SpO2: 98% on RA	- Adequate hydration
	passed urine P/A Uterus Retracted well.	- Drugs as charted
	& flatus	- Dressing tomorrow.
	A/E Bleeding PV WNL.	- POD-2 ↓ send FBS PPBS
	B/L Breast - Multiple lesion (+). Δ Hidradenitis suppurativa.	- W/f bleeding PV.
		- Monitor vitals
		- Inform SOS
	[signature] N/B priyanka.	

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

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/6/26	C/S/B Dr. Dna	
7:30AM	POD-2 (S/P El-LSCS) c̄ GDM c̄ Hidradenitis suppurativa	
	No complaints	
	GC fair, Afebrile	Adv
	BP: 108/72 mmHg	- Regular diet
Urine & flatus passed	PR: 71 bpm.	- Adequate hydration
	SPO2: 98% on RA.	- Drugs as charted
Stools Not passed.	P/A Uterus Retracted well	- ASD today
		- Send PPBS
FBS - 79 mg/dl	L/E Bleeding WNL.	- W/f bleeding P.V
Baby c̄ Mother.		- Monitor vitals
		- Inform SOS
	B/L Breast - multiple lesions (+)	
		N.B. maheshwari
	[signature]	
28/06/2026	C/S/b Dr Monisha	
11:45AM	POD 2	
		Adv
	GC fair Afebrile	- Send file for Processing
	Vitals Stable	- Can be discharged
		[signature] Dr Monisha

Patient Sticker

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

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Patient Sticker

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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

Patient Sticker

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

HNH-00005218 IP26-00006652
Mrs KAJAL THAKUR
31-01-1994 32 Y 4 M 26 D (F)
Dr. PADMAJA YELISETTY

MEDICATION RECONCILIATION FORM

Drug Allergies: nil ☐ Not known any Drug Allergies

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

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

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

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : [signature] BHANAMIE NU

Date & Time : 26/6/2026 @ 7AM

Nurse Name & Signature: Madhumita @ Madly

Date & Time : 26/6/26 @ 7Am

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

HNH-00005218 IP26-00006652
Mrs KAJAL THAKUR
31-01-1994 32 Y 4 M 26 D (F)
Dr. PADMAJA YELISETTY

DRUG CHART

Date of Admission: 26/6/2026 Drug Allergies: nil ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

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

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

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

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

HNH-00005218 IP26-00006652
Mrs KAJAL THAKUR
31-01-1994 32 Y 4 M 26 D (F)
Dr. PADMAJA YELISETTY

REGULAR PRESCRIPTIONS Weight. 78 Kg Ward. ....

DRUG: INJ. CEFOTAXIME				Date / Time	26/6	27/6/26
Dose	Route	Frequency	Start Date			
1gm	IV	BD	26/6	9AM		
Name & Signature of the Doctor Starting the Drugs: Dr Naveena						
Additional Instructions: ATD x24hrs				9pm		
Daily Doctor's Endorsement by a Sign						

STOP 27/6/26

DRUG: T. PARACETAMOL				Date / Time	26/6	27/6	28/6
Dose	Route	Frequency	Start Date				
1gm	ORAL	QID	26/6	12AM	X		
Name & Signature of the Doctor Starting the Drugs: Dr Ameera				6Am	X		
Additional Instructions:				12pm	X		
				6pm	4:30pm		
Daily Doctor's Endorsement by a Sign							

DRUG: T. TRAMADOL				Date / Time	26/6	28/6	28/6
Dose	Route	Frequency	Start Date				
100mg	ORAL	TID	26/6	12AM	X		
Name & Signature of the Doctor Starting the Drugs: Dr Ameera				8AM	X		
Additional Instructions:				4pm	7pm		
Daily Doctor's Endorsement by a Sign							

DRUG: T. DICLOFENAC				Date / Time	26/6	27/6	28/6
Dose	Route	Frequency	Start Date				
50mg	ORAL	TID	26/6	7AM	X		
Name & Signature of the Doctor Starting the Drugs:				3pm	X		
Additional Instructions:				11pm	7pm		
Daily Doctor's Endorsement by a Sign							

Verified by Dr. Dhakshayani

HNH-00005218 IP26-00006652
Mrs KAJAL THAKUR
31-01-1994 32 Y 4 M 26 D (F)
Dr. PADMAJA YELISETTY

Sheet No: ....

REGULAR PRESCRIPTIONS

Weight 78.1 kg Ward ....

DRUG : T. PANTAPRAZOLE				Date / Time	26/6	27/6	28/6
Dose	Route	Frequency	Start Dt.				
40mg	P/O	OD	26/6/26				
Name & Signature of the Doctor Starting the Drugs: [signature]				6AM	[signature]	[signature]	[signature]
Additional Instructions:							
Daily Doctor's Endorsement by a Sign							

DRUG : T. AMOXICILLIN + CLAVULANIC ACID				Date / Time	27/6/26	28/6
Dose	Route	Frequency	Start Dt.			
625mg	P/O	TID	27/6/26	6am	X	[signature]
Name & Signature of the Doctor Starting the Drugs: [signature]				2pm	[signature]	
Additional Instructions:				10pm	[signature]	
Daily Doctor's Endorsement by a Sign						

DRUG : CLINDAMYCIN SOLUTION				Date / Time	27/6
Dose	Route	Frequency	Start Dt.		
1%	L/A	OD.	27/6/26		
Name & Signature of the Doctor Starting the Drugs: x 2weeks				8pm	[signature]
Additional Instructions: At bedtime					
Daily Doctor's Endorsement by a Sign					

DRUG : Cap Lactare				Date / Time	28/6
Dose	Route	Frequency	Start Dt.		
1tab	PO	BD	28/6		
Name & Signature of the Doctor Starting the Drugs: Dr. [signature]				9AM	[signature]
Additional Instructions:				9pm	
Daily Doctor's Endorsement by a Sign					

Verified by Dr. Dhakshayani

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

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

(P.T.O.)

Patient Sticker

Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

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

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

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

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

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

HNH-00005218 IP26-00006652
Mrs KAJAL THAKUR
31-01-1994 32 Y 4 M 26 D (F)
Dr. PADMAJA YELISETTY

Weight. 78.1kg 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
26/6	9AM	INJ. METOCLOPR-OMIDE	10mG	IV	[signature]	Sujatha / mounika
26/6	9AM	INJ-PANTOPRAZ-OLE	40mG	IV	[signature]	Sujatha / mounika
26/6	9:40AM	INJ. OXYTOCIN.	30	IV	1m	A / Archana
26/6	10:30AM	Sup. TRAMADOL	100 mg	P/R	1m	A / Archana
26/6	10:30 AM	Sup. DICLOFENAC	100 mg	P/R	1m	A / Archana
27/6	10 PM	DULCOLAX suppository	1tab	P/R	[signature]	mahi / mahi

Verified by Dr. Dhakshayani

HNH-00005218 IP26-00006652
Mrs KAJAL THAKUR
31-01-1994 32 Y 4 M 26 D (F)
Dr. PADMAJA YELISETTY

I.V. FLUIDS CHART

Weight. 78 kg Ward. ....

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
26/6	7AM	RINGER LACTATE	IV	100ml/hr	[signature]	[signature]		[signature]	[signature]
26/6	9:15AM	RINGER LACTATE	IV	200ml/hr	[signature]	[signature] Archana	26/6	[signature]	[signature] Archana
26/6	10AM	RINGER LACTATE	IV	200ml/hr	[signature]	[signature]		[signature]	[signature]
26/6	12PM	RINGER LACTATE	IV	100ml/hr	[signature]	[signature]		[signature]	
		STOP [signature] 27/6/25							

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

HNH-00005218 IP26-00006652
Mrs KAJAL THAKUR
31-01-1994 32 Y 4 M 26 D (F)
Dr. PADMAJA YELISETTY

RESULT SHEET

OP

Date	2/6					
Time	12pm					
Hb	13.1					
PCV	37.3					
RBC	4.28					
WBC	798					
N/L	74/14					
Platelets	239					
CRP						
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
blood grouping B +ve						
HIV } NR						
HCV } NR						
VDRL } NR						

Culture and Sensitivities : ....

....

....

....

Radiology : USG : ....

X-Ray : ....

ECHO : ....

CT : ....

MRI ....

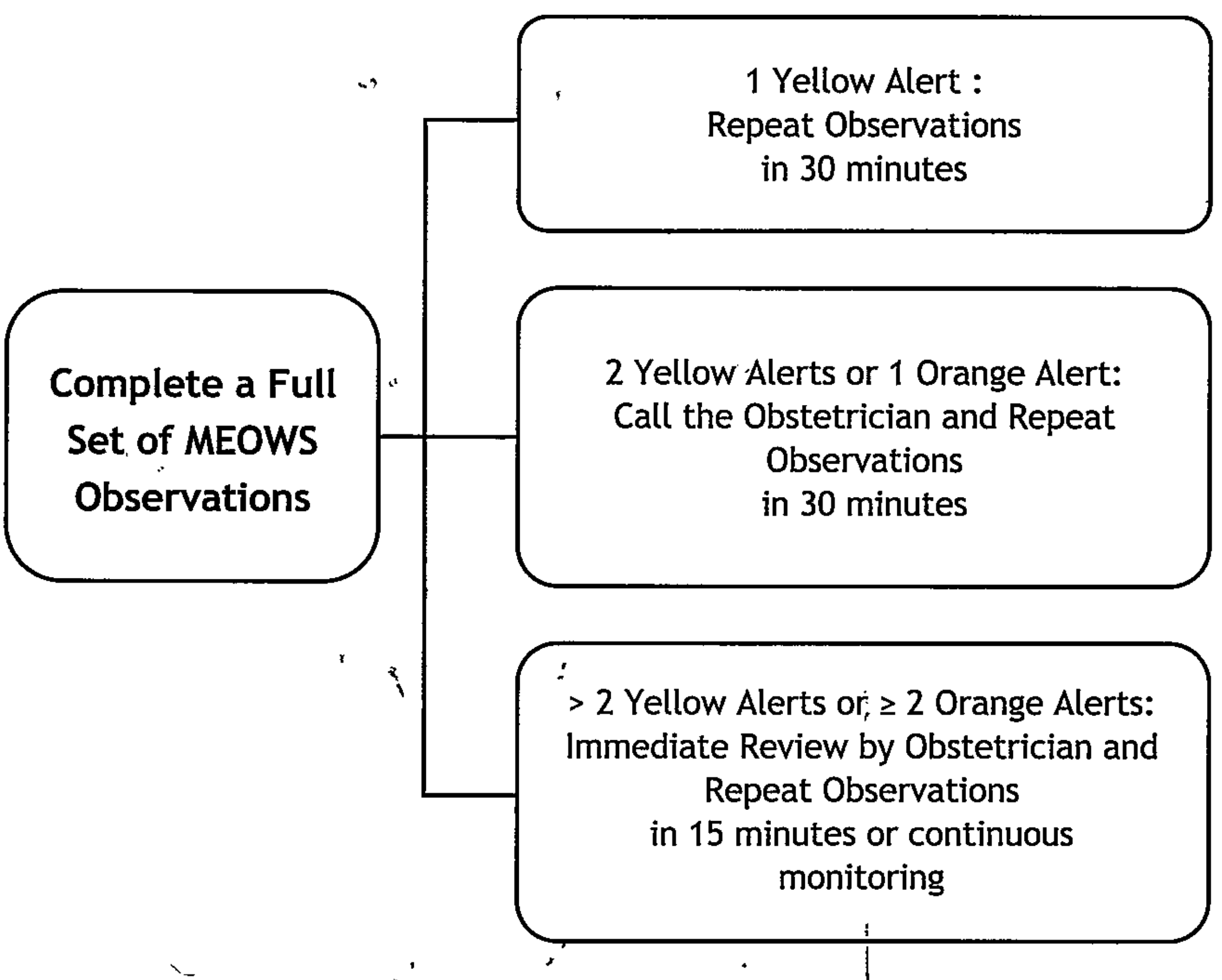
Others (ECG, Contrast Studies etc.,) : ....

HNH-00005218 IP26-00006652
Mrs KAJAL THAKUR
31-01-1994 32 Y 4 M 26 D (F)
Dr. PADMAJA YELISETTY

Early Warning Observation Score Chart - Obstetrics

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

26/6	Date / Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20	20	20	20	20	20	20	20				20				20				20				20	
	0 - 10																								
Saturations	94 - 100 %	99%	99	99	99	99	99	98%				98%				99				99%				99%	
	< 94 %																								
Administered O_2 (L/min.)																									
Temp °c	40																								
	39																								
	38																								
	37																								
	36	36C		98F		97F		98F				97.8F				98.2F				98.1F				98.1F	
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80	81		82	75		80	87				82				72									
	70																							82b/m	
	60																			65b/m					
	50																								
	40																								
↑ Systolic Blood Pressure	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120											120				110									
	110	116		110	108		110	115												115				108	
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
↓ Diastolic Blood Pressure	130																								
	120																			(84)				(90)	
	110																								
	100																								
	90																								
	80															72									
	70	71						70				70													
	60			68	75		67													78				71	
	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	1			0				0				0	
TOTAL ORANGE SCORES		0		0	0		0	0				0				0				0				0	
Nurse Initial		[illegible]		[illegible]	[illegible]		[illegible]	[illegible]				[illegible]				[illegible]				[illegible]				[illegible]	



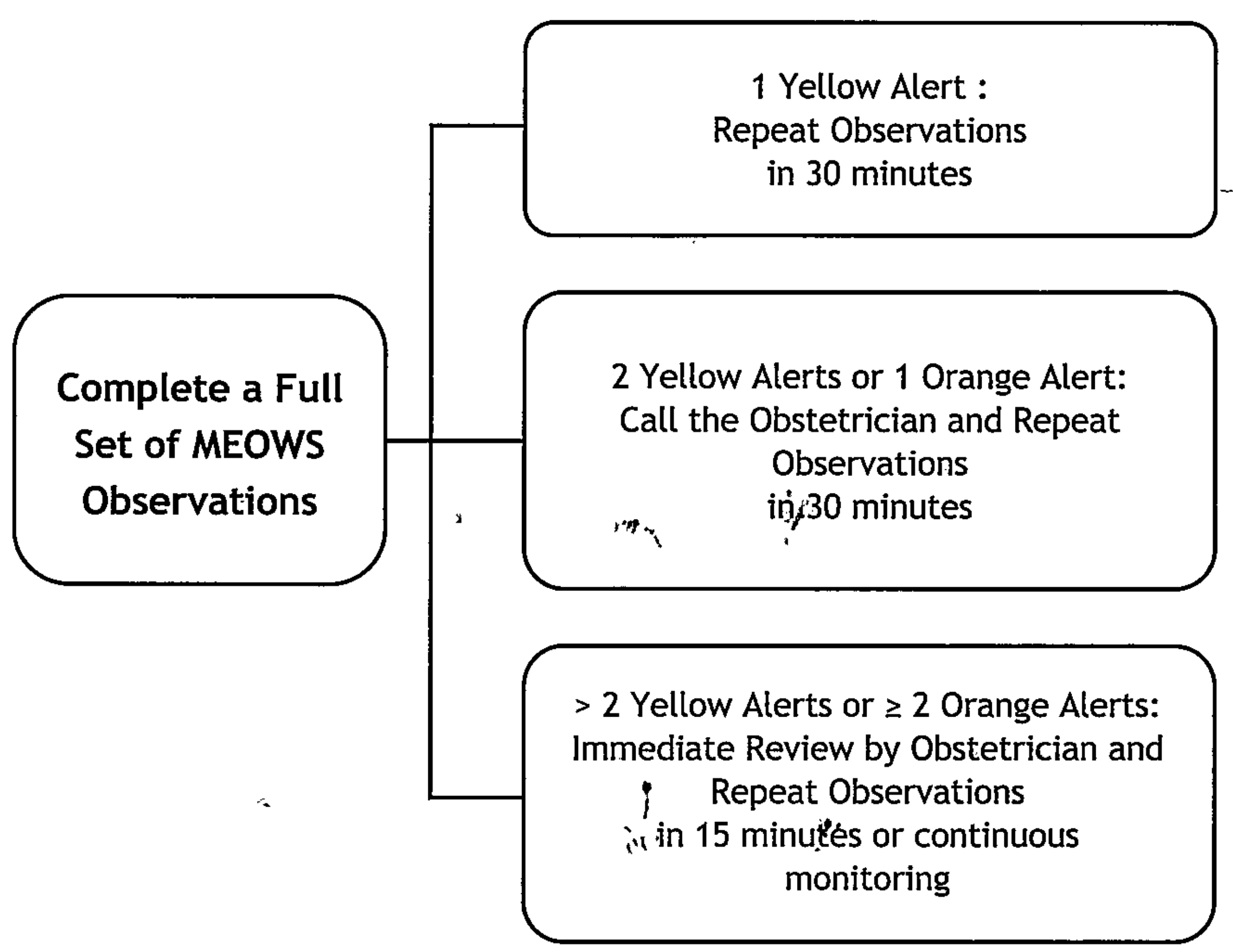
* The Modified Early Warning Score **(MEOWS)**

HNH-00005218 IP26-00006652
Mrs KAJAL THAKUR
31-01-1994 32 Y 4 M 26 D (F)
Dr. PADMAJA YELISETTY

Early Warning Observation Score Chart - Obstetrics

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

27/6	Date																								
	Time	8	9	(10)	11	12	1	(2)	3	4	5	(6)	7	8	9	(10)	11	12	1	(2)	3	4	5	(6)	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20			20				20				22				20				20				20	
	0 - 10																								
Saturations	94 - 100 %			99%				98%				98%				99%				99				99%	
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37															97.1°F				98.					
	36			97.4F				98.4F				98°F												98.1F	
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80			82																85					
	70							72				77				84								76	
	60																								
	50																								
	40																								
Systolic Blood Pressure ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110			116								114				115				110				108	
	100							110																	
	90																								
	80																								
	70																								
	60																								
	50											(91)													
Diastolic Blood Pressure ↓	130																							(82)	
	120															(92)									
	110																								
	100																								
	90																								
	80											81													
	70			76																78					
	60							60								74								72	
	50																								
	40																								
NEURO RESPONSE [✓]	Alert			—				—				—				—				—				—	
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30			—				—				—				—				—				—	
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal			—				—				—				—				—				—	
	Heavy / Foul																								
Liquor	Clear / Pink			—				—				—				—				—				—	
	Green																								
TOTAL YELLOW SCORES				0				0				0				0				0				0	
TOTAL ORANGE SCORES				0				0				0				0				0				0	
Nurse Initial				[illegible]				[illegible]				[illegible]				[illegible]				[illegible]				[illegible]	



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

HNH-00005218 IP26-00006652
Mrs KAJAL THAKUR
31-01-1994 32 Y 4 M 26 D (F)
Dr. PADMAJA YELISETTY

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.

26/6/26		Intake				Output					IV Site	
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G					✓		
26/6	08:00 am	RL		100ml								
	09:00 am	RL	N	100ml								
	10:00 am	RL	B	100ml							0	Jy
	11:00 am	RL		100ml						200ml		
	12:00 pm	RL	M	100ml								
	01:00 pm	RL		100ml						300mL		
Total Intake : taken										Total Output : passed		
26/6	02:00 pm	RL	sips of water	100 ml								
	03:00 pm	RL		100 ml								
	04:00 pm	RL	soup	100 ml						300ml	0	
	05:00 pm	RL		100 ml	NA			NA				
	06:00 pm	RL	Idli + H2O	100ml								
	07:00 pm	RL		100ml						200ml		
Total Intake :										Total Output :		
26/6/26	08:00 pm	RL		100ml								
	09:00 pm	RL		100ml								
	10:00 pm	RL	Edly	100ml							0	
	11:00 pm	RL	+	100ml				NA				[illegible]
	12:00 am	RL	NC	100ml		NA				200ml		
	01:00 am	RL		100ml								
Total Intake :										Total Output :		
27/6/26	02:00 am	RL		100ml								
	03:00 am	RL		100ml								
	04:00 am	RL		100ml								[illegible]
	05:00 am	RL		100ml		NA		NA		500ml	0	
	06:00 am	RL		100ml								
	07:00 am	RL		100ml						✓		
Total Intake :										Total Output :		

Emptied 11AM
Emptied 1:30pm
Emptied
Emptied 8pm

Total 24 hrs. Intake		Total 24 hrs. Output	

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

HNH-00005218 IP26-00006652
Mrs KAJAL THAKUR
31-01-1994 32 Y 4 M 26 D (F)
Dr. PADMAJA YELISETTY

FLUID CHART

Sheet No. : ....

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

Date	Time	Intake: Nature of Fluid	Route: Mouth	Route: I.V	Route: N.G	Output: NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
27/6/26	08:00 am											
	09:00 am									✓		
	10:00 am		Idly			NA	0	NA			0	
	11:00 am	0	+ H2O		NA							
	12:00 pm											
	01:00 pm											
Total Intake :	taken								**Total Output :**	U —	M —	
27/6/26	02:00 pm		Idly									
	03:00 pm											
	04:00 pm	0	+ H2O								0	
	05:00 pm				NA			NA				
	06:00 pm											
	07:00 pm											
Total Intake :									**Total Output :**			
27/6/26	08:00 pm									✓		
	09:00 pm											
	10:00 pm										0	
	11:00 pm		Idly		NA			NA				
	12:00 am		+ H2O									
	01:00 am											
Total Intake :									**Total Output :**			
28/6/26	02:00 am									✓		
	03:00 am											
	04:00 am											
	05:00 am	0			NA			NA				
	06:00 am											
	07:00 am									✓		
Total Intake :									**Total Output :**			

Total 24 hrs. Intake			Total 24 hrs. Output	

Patient Sticker

FLUID CHART

Sheet No. : ....

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

Date	Time	Intake				Output						
		Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
28/6/26	08:00 am									✓		
	09:00 am											
	10:00 am	0	Idly + H_2O	NA	NA	NA	~	NA		✓	0	[illegible]
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake : Taken						**Total Output :** U-2 M-1						
	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**	

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

Patient Sticker

FLUID CHART

Sheet No. : ....

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

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

Total 24 hrs. Intake	

Total 24 hrs. Output	

HNH-00005218 IP26-00006652
Mrs KAJAL THAKUR
31-01-1994 32 Y 4 M 26 D (F)
Dr. PADMAJA YELISETTY

NURSING CARE RECORD

Date: 26/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8Am To 2Pm	→ Assess the pt condition → plan for vitals → plan for I/o chart → plan for IV placement	8Am To 2Pm	→ Assessed the pt condition → vital are checked & recorded → IV placement done → all medication done	I/o chart maintained	patient is stable	[signature] Sujatha
Afternoon		—		day-duty	—		
Night	8pm 8Am	→ plan soft diet → drugs give as per drug chart. → maintain I/o chart.	8pm 8Am.	→ planned soft diet → drugs given as per drugs chart. → maintained I/o chart	→ pt is stable now	→ Reassessed the vitals	[signature]

Docu. No: RCH /FRM / CLINICAL / 148

HNH-00005218 IP26-00006652
Mrs KAJAL THAKUR
31-01-1994 32 Y 4 M 26 D (F)
Dr. PADMAJA YELISETTY

NURSING CARE RECORD

Date: 27/6/26

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 → Administer medication as per drug chart → IV cannula present	8am – 2Pm	→ Assessed the Pt condition → monitored vitals & recorded → maintained I/O chart → medication as per drug chart → GRBS 6th hourly	→ Pt is Stable → GRBS monitoring 6th hourly	→ rechecked vitals	[signature]
Afternoon	2pm – 8pm	- Assess the pt condition - Monitor vitals & records - Maintain I/O chart - Give medication as prescribed by doctor	2pm – 8pm	- Assessed the pt condition - Monitored vitals & records - Maintained I/O chart - Given medication as prescribed by doctor	patient is stable now	Re-checked vitals	[signature]
Night	8pm – 8Am	→ Assess the pt condition. → monitore the vitals → maintain I/O chart. → drugs give as per drug chart.	8pm – 8Am	→ Assessed the pt condition. → monitored the vitals. → maintained I/O chart. → drugs given as per drug chart.	→ pt is stable now	→ Reassessed the vitals	[signature]

HNH-00005218 IP26-00006652
Mrs KAJAL THAKUR
31-01-1994 32 Y 4 M 26 D (F)
Dr. PADMAJA YELISETTY

NURSING SHIFT HAND OVER FORM - WARD

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

SITUATION	Diagnosis: EL-LSCS			Any Infection: ☐ Yes ☐ No ☑ Not Known If Yes Specify:			
BACKGROUND	Area / Shift Time	26/6/26 MS	26/6/26 N	27/6/26 MS	27/6/26 E	28/6 N	
	Medical Condition (Any special condition to be noted):	NA	NA	NA	–	–	
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
	Tubes/Drains/Catheter:	☑ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
	Vital Signs: Temp:	97F	97.1°F	97.9F	97.8F	98.1°F	
	Res:	20	20b/m	20b/m	20b/m	20b/m	
	SpO_2:	99%	99%	99%	100%	100%	
	Pulse:	85	83	82b/m	86b/m	88b/m	
	BP:	110/75	108/70	110/76	112/72	110/71	
	Fall Risk Score:	–	–	–	–	–	
	Pain Score:	–	–	–	–	–	
Recommendations	Safety Needs:	NA	Yes	Yes		Yes	
	Physiotherapy	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
	Others Specify:	NA	NA	NA	–	–	
	Special Diet:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
	Other Special Orders / Medications:	NA	NA	NA	NA	–	
Post Operative Procedure Special Orders:		NA	NA	NA	NA	–	
Handed Over By Name :		Sujatha	Mounika	Divya	Priyanka	mahi	
Signature :		[signature]	[signature]	[signature]	[signature]	[signature]	
Date:		26/6/26	27/6/26	27/6/26	27/6/26	28/6/26	
Time:		8PM	8Am	2pm	8pm	8Am	
Taken Over By Name :		mounika	Divya	Priyanka	mahi		
Signature :		[signature]	[signature]	[signature]	[signature]		
Date:		26/6/26	27/6/26	27/6/26	27/6/26		
Time:		8PM	8AM	2pm	8PM		

Patient Sticker

NURSING SHIFT HAND OVER FORM - WARD

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

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

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

HNH-00005218 IP26-00006652
Mrs KAJAL THAKUR
31-01-1994 32 Y 4 M 26 D (F)
Dr. PADMAJA YELISETTY

CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1 (26/6)			DAY-2 (27/6/26)			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0	NA	NA	NA	NA	NA	NA				
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1	NA	NA	NA	NA	NA	NA				
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2	NA	NA	NA	NA	NA	NA				
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3	NA	NA	NA	NA	NA	NA				
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4	NA	NA	NA	NA	NA	NA				
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5	NA	NA	NA	NA	NA	NA				
			Signature of the Nurse	[signature]	[signature]	[signature]	[signature]	[signature]	[signature]				

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 : [signature] Name : Sujatha

Signature of Ward In Charge :
Signature : [signature] Name : Kasthuri

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

HNH-00005218 IP26-00006652
Mrs KAJAL THAKUR
31-01-1994 32 Y 4 M 27 D (F)
Dr. PADMAJA YELISETTY

CHECKLIST FOR THROMBOPHLEBITIS

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

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

Signature of Shift In Charge :

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

Signature of Ward In Charge :

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

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

HNH-00005218 IP26-00006652
Mrs KAJAL THAKUR
31-01-1994 32 Y 4 M 26 D (F)
Dr. PADMAJA YELISETTY

Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	26/6	26/6/26	27/6/26
		Score	M5	N1	M6
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0			
Secondary Diagnosis (more than one diagnosis)	Yes	15	15	15	15
	No	0			
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0	0	0	0
IV / Heparin Lock or Saline	Yes	20	20	20	20
	No	0			
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:			35	35	25
		Signature	[signature]	[signature]	[signature]

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

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

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

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

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

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

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

HNH-00005218 IP26-00006652
Mrs KAJAL THAKUR
31-01-1994 32 Y 4 M 26 D (F)
Dr. PADMAJA YELISETTY

BRADEN 'Q' SCALE

	1	2	3	4				
				Date :	26/6	26/6	27/6/2[illegible]	27/6
				Time :	MS	N7	N6	E2
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	4	4
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	3	3	4
				TOTAL SCORE	28	27	27	28
				Evaluator's Name	[illegible]	[illegible]	[illegible]	[illegible]

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

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

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

HNH-00005218 IP26-00006652
Mrs KAJAL THAKUR
31-01-1994 32 Y 4 M 26 D (F)
Dr. PADMAJA YELISETTY

PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
26/6	9AM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
26/6	11Am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
26/6	2Pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
27/6	6Am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
27/6/26	10AM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
27/6	2pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
27/6	6pm	0/10	NA	☐ Continuous ☑ Intermittent	☐ Acute ☐ Chronic	☑ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
28/6/26	6Am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
				☐ 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

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

Numerical Pain Scale (Obstetric and Gynecology)

0 No Pain — 1 — 2 — 3 — 4 — 5 — 6 — 7 — 8 — 9 — 10 Worst Possible Pain

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

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

Wong - Baker (Pediatrics) Above 7 Years

0 No Hurt

2 Hurts Little Bit

4 Hurts Little More

6 Even More

8 Hurts Whole Lot

10 Hurts Worst

CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name:	DR. PADMAJA YELISETTY / DR. PRIYADARSHINI	Date of Delivery:	26/6/2026.
Assistant Surgeon:	DR. SWATHI H.V / DR. VEENA	Time of Delivery:	9:39 AM
Anaesthetist's Name:	DR. AMREEN.	Gender of Baby:	MALE
Type of Anaesthesia:	SPINAL ANESTHESIA	Weight of Baby:	2.940 kg
Neonatologist:	DR. PRASHANTHI	AGPAR Score:	9, 9.
Scrub Nurse:	S/N NATASHA	NICU Admission:	☐ Yes ☑ No

Pre-Operative Diagnosis: G4P1L4A2 / 37+4 wks c̄ GDM on OHA + Insulin c̄ Abd. cerclage.

☑ Elective ☒ Emergency Indication: Floating head. Abdominal stitch + Polyhydramnios.

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: 3 mins

CTG Description: Reactive

If there was a delay give the reasons: -

Surgical Procedure: Elective LSCS

Post Operative Diagnosis: POD-0

Peri-Operative Complications: None

Amount of Blood Loss: 300 ml	Blood Transfused (in ML): N/A

Name and Number of Surgical Specimen sent for examination:

N/A

* Baby delivered by Dr. Priyadarshini
ē closure

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

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

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

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

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

Incision Through Placenta: ☐ Yes ☑ No

Delivery of head: ☐ Manual ☑ Forceps

* Excess ē clear liquor
* Abdominal cerclage present insitu.

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

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

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

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

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

Uterine Closure:	☐ One Layer ☑ Two Layers	Vicryl No-1	Suture
Peritoneal Closure:	☐ Pelvic ☑ Abdominal ☐ None	Catgut.	Suture
Sheath Closure:		Vicryl 2-0.	Suture
Fat Closure:	☑ Yes ☐ No	~~Cn~~ 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 ....1.... 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
- IV Abx for 24 hrs
- Foley's removal c/m @ 8am
- IVF's, Analgesics & Thrombo prophylaxis as per Aron
- Vital monitoring
- I/O charting
- If excessive bleeding p/v
- Inform SOS

Doctor Name: ....Dr. Padmaja Yelisetty.... Doctor Signature: ....Y. Padmaja....

Date & Time: ....26/6/2026....

HNH-00005218 IP26-00006652
Mrs KAJAL THAKUR
31-01-1994 32 Y M 26 D (F)
Dr. PADMAJA YELISETTY

...GICAL SAFETY CHECKLIST

Surgeon : Dr. Padmaja
Asst. Surgeon : Dr. Priyadarshini
Anaesthetist : Dr. Amreena
Scrub Nurse : Natasha

Patient ... Age : 32Y Gender : Female
UHID N... :
Date : 26/6/26 In-time : .... Out-time : ....

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

Before Induction of Anaesthesia ➤ ➤

SIGN IN Time: 8:41 Am

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 : Amr
Name : Dr. Amreen

Before Skin Incision ➤ ➤

TIME OUT Time: 9:32 Am

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? ☑ Yes ☐ No ☐ NA — Adhesions, 1 hour, Bleeding, 500ml

Anaesthesia Team Reviews:

Are There Any Patient-specific Concerns? ☑ Yes ☐ No ☐ NA — GDM, Hemodynamic hypotension.

Nursing Team Reviews:

Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns? ☑ Yes ☐ No ☐ NA — Inj: cefotaxim 1gm @ 9AM.

Is Essential Imaging Displayed? ☐ Yes ☐ No ☐ NA

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

Signature : Sushila
Name : Sushil 26/6/26 @ 9:32Am.

Before Patient Leaves Operating Room

SIGN OUT Time: ....

Nurse Verbally Confirms with the Team:

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

To Surgeon, Anaesthetist and Nurse:

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

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

PATIENT TRANSFER FORM

Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
Mrs. Kajal	26/6/26 @ 8:02 Am	26/6/26 @ 10:30am
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
	Dr. ~~Aimeerin~~ Amreen.	observation
From Unit	**To Unit**	**Information to Attendant**
OT	pre - post	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
34	—	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
[signature]	Dr. Amreen.

Patient & Clinical Records Received by : Srilatha Sr

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

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

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

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

HNH-00005218 IP26-00006652
Mrs KAJAL THAKUR
31-01-1994 32 Y 4 M 26 D (F)
Dr. PADMAJA YELISETTY

OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 26/6/26

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: Ewmzscs

Doctor Notified on Admission: ☐ Yes ☐ No

Name of the Doctor: ....

Time Notified: ....

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

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

Gynecology Assessment: ☐ Not Applicable	Gynecology Surgical History:	Gynecological History:
Menstrual History:	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 .... P .... L .... A ....

Previous LSCS: ....

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

Family History: ☑ No Abnormalities Detected

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

☐ Liver disease ☐ Other ....

Vital Signs / Measurements: Temp: 98F HR: 85 RR: 20

BP: 110/75 Weight: .... Height: .... BMI: ....

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

HNH-00005218 IP26-00006652
Mrs KAJAL THAKUR
31-01-1994 32 Y 4 M 26 D (F)
Dr. PADMAJA YELISETTY

PHYSICAL ASSESSMENT

General Appearance: ☑ Healthy ☐ ill looking ☐ Anxious ☐ Agitated ☐ Others: ....

Fall Assessment: ☐ Yes ☑ No Score ....0....... (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 ....

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. Kajal

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

Nurse Signature: Sujatha

Nurse Name: Sujatha

Date & Time: 26/6/26 @ 6 Am

HNH-00005218 IP26-00006652
Mrs KAJAL THAKUR
31-01-1994 32 Y 4 M 26 D (F)
Dr. PADMAJA YELISETTY

OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 26/6/26 Time of Arrival: 6 Am Time Seen by Nurse: 6.10 Am

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

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

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

3) **Vital Signs:** Temperature: 98F Pulse: 85 RR: 20 SpO_2: 99% BP: 110/75 Weight: ....

4) **Gestational Criteria:**

Gravida:	G	P	L	A

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

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

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

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

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

....

6) **Past History:**

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

Docu. No. : RCH /FRM / CLINICAL / 098 (P.T.O.)

HNH-00005218 IP26-00006652
Mrs KAJAL THAKUR
31-01-1994 32 Y 4 M 26 D (F)
Dr. PADMAJA YELISETTY

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: 6.15 Am

Nurse Name : Sujatha Nurse Signature: Suj

Date: 26/6/26 Time: 6.10 pm

BREAST FEEDING HANDOVER AND ASSESSMENT FORM

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

2. If No, Reason ....

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

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

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

Feeding Positions:
Cross Cradle

Feeding Positions:
Football / Clutch

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

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

8. NICU admission: No
   - ☐ a. Mother needs to stimulate her breast for 2 min every 2 hours

9. Additional notes: ....

Continuity of Care: Date: 26/6/21

→ Assess the pt condition
→ vital are checked & recorded
→ I/O chart maintained
→ 2nd hourly ~~BB~~ DBF given

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

Signature Sri .... Signature ....

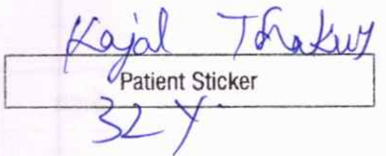
Date & Time: 26/6/26 @ 9Pm .... Date & Time: ....

HNH-00005218 IP26-00006652
Mrs KAJAL THAKUR
31-01-1994 32 Y 4 M 26 D (F)
Dr. PADMAJA YELISETTY

URINARY CATHETER BUNDLE CHECK LIST

Date of Insertion: 26/6/26 Date of Removal: ....

Parameters	Date / Shift Time	26/6/26 MS						
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		Sujatha						
Signature of the Nurse		[signature]						


Kajal Thakur
Patient Sticker
32 Y

209

NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 27/6/26 Time: 9:50 am

Origin: Indian Height: 156 cm Weight: 78 Kg BMI: ☐ ~ 26 kg/m² ☐ ~ 28 kg/m² ☐ ~ 30 kg/m² 32 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	Dietician's
Signature: [signature]	Signature: Sobiya
Name: Kajal Thakur	Name: Syeda Sobiya Zaheer
Date & Time: 27/6/26, 9:50 am	Date & Time: 27/6/26 ; 9:50 am

Doc. No. : RCH / FRM / CLINICAL / 195

(P. T. O)

DIETARY NOTES

Date	Time	Notes	Sign

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

Patient Name : MRS. KAJAL THAKUR. Gender: ☐ Male ☑ Female Age : 32 YRS

UHID No : HNH-00005218 Date : 26/06/2026

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

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

ELECTIVE LOWER SEGMENT CAESERIAN SECTION.

upon

MRS. KAJAL THAKUR. (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.

Bleeding, wound infection, wound breakdown, need for Blood transfusion, chances of injury to adjacent organs – Bowel, Bladder, Ureter, Blood vessels, UTI, DVT, PE, future pregnancy uterine rupture, placenta Accreta spectrum, possibility return to theatre, skin laceration, cut to baby

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. Priyadarshini

Consentee :

Signature : [signature]

Name : Kajal

Date & Time : 26/6/26 @ 7AM

Patient Attendant :

Signature : [signature]

Name : Raj Kiran Singh. T

Relationship with Patient: Husband

Date & Time : 26/06/2026 @ 7AM

Witness :

Signature : Madhu

Name : Madhumita

Date & Time : 26/6/26 @ 7AM

Doctor (who is taking the consent) :

Signature : [signature]

Name : Dr. SWATHI.HV

Date & Time : 26/6/2026 @ 7AM

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE

Patient Name : Mrs. Kajal Thakur Age : 31 Gender : Male ☐ Female ☑

UHID NO: HNH - 5218 Surgeon Name: Dr. Padmaja Yelisetty

Anaesthesiologist : Dr Ayesha Sk.

Operative procedure planned : 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 : Bleeding / Need for blood and products

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 .... the above mentioned operation / Diagnostic / Therapeutic procedures ....

I authorize and give consent for anaesthesia (☑ Regional / ☐ General Anesthesia / ☐ Monitored Anesthesia Care as considered appropriate by the anaesthetic team.

I acknowledge that the anaesthetists have informed me about the anaesthetic procedure, risk, benefits and alternative treatments and answered my specific queries and concerns about this matter. I have read and understood the information provided in this form I acknowledge that I have discussed with the anaesthetists any significant risk and Complications specific to my individual circumstances, and I have considered them before Consenting for anesthesia.

I understand that there are some infrequent complications that can occur due to use of anaesthesia, these include pain or some injury at the site of injections, temporary breathing difficulties, asthmatic reactions, headaches.

I authorize the anaesthetic team to perform any additional procedures (for example, Central Venous Pressure line, arterial line, use of nerve blocks for pain relief, changing from regional to general anaesthesia etc), which are considered necessary by them during the course of surgery.

That I authorize and give consent to the team of doctors attending on me to administer blood products during the course of operative period and immediately thereafter in need arises.

I understand that the above mentioned consultant anesthesiologist or occasionally a colleague deputed by him / her will administer the Anaesthesia.

- Pregnant : ☑ Yes ☐ No

DECLARATION BY THE ANAESTHETISTS PROVIDING INFORMATION FOR THIS CONSENT

I declare that I have explained the nature of General Anaesthesia / Regional Anaesthesia / Monitored Anesthesia Care to be given and discussed the risks that particularly concern this patient.

I have given the patient an opportunity to ask questions and I have answered these.

Patient / Patient Attendant :

Signature : [signature]

Name : Kajal

Relationship with Patient: ....

Date & Time : 26/6/26 @ 7AM

Witness :

Signature : [signature]

Name : Rajkiran Singh .T

Date & Time : 26/06/2026 @ 7Am

Doctor (who is taking the consent) :

Signature : [signature]

Name : Dr. Sanvi Urayath

Date & Time : 26/5 at 630am.

LSY

PATIENT TRANSFER FORM

Patient Name & UHID No	Date & Time of Admission	Date & Time of Transfer Order
HNH-00005218 IP26-00006652 Mrs KAJAL THAKUR 31-01-1994 32 Y 4 M 26 D (F) Dr. PADMAJA YELISETTY	26/6/26 @ 6:2AM	26/6/26 @ 9AM
	Transfer Ordered by	**Reason for Transfer**
	DR. Veena	EL-LSCS
From Unit	**To Unit**	**Information to Attendant**
Pre-Post	Roo. OT	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
30	-1-	Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

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

Patient & Clinical Records Received by : Pooja

Date & Time of Patient Received :

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

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

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

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PATIENT TRANSFER FORM

Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00005218 IP26-00006652 Mrs KAJAL THAKUR 31-01-1994 32 Y 4 M 26 D (F) Dr. PADMAJA YELISETTY	26/6/26 @ 6:2AM	26/6/26 @ 3:10PM
	Transfer Ordered by	**Reason for Transfer**
	DR. Veena	observation
From Unit	**To Unit**	**Information to Attendant**
Pre - post	Room	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
36	-1-	Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

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

Patient & Clinical Records Received by : Priyanka 26/6/2[illegible]

Date & Time of Patient Received : @ 3:10Pm

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

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

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

Department of Anaesthesiology

PRE-ANAESTHETIC EVALUATION

Name: MRS. KAJAL THAKUR Age: 31 Sex: Female UHID.No: HNH - 5218

Date: 1/6 Time: 10:30 AM Proposed Operation: LSCS · (TBD)

Diagnosis: $G_4P_1L_1A_2$ now at 34 wks c̄ CERVICAL CERCLAGE INSITU

B.P / CRT: .... H.R: .... Weight: 78 kg. ASA Physical Status: ☐1 ☐2 ☑3 ☐4 ☐5

22/6

Laboratory Data:

Hgb: 13.1	Glucose:	Protein:	HIV: NR	X-Ray:
PCV: 37.3	Urea:	Alb:	HBS Ag: NR	ECG:
WBC: 7980	Creat:	Total Bill:	HCV: NR	2D Echo:
Plate: 2.39 lakh	Na:	Dir. Bill:	Blood group: B pos	Stress/Anglo:
PT:	K:	LDH:	T3	Other:
PTT:	Ca++:	Alk phos:	T4	placenta - post high.
INR:	Mg++:	Amylase:	TSH	
	Cl -:	SGOT/SGPT:		

Allergies: NKDA.

Medical History: CVS: –

RESP: No significant prior medical history

CNS: Present ANCs - done regularly.

Renal: vaccinated. Abd. stitch done.

Hepatic / GE: ANC - history prev. 2 miscarriages.

Others: – prev. SVD w/o EA.

Diabetes: GDM · ∵ 18 weeks on medication charting done. Acceptable.

Physical Activity: NYHA - I, limited activity.

Past Anaesthetic History: prev. C. stitch + SAB / Abdominal circ + GA - uneventful.

Physical Exam: conscious, coherent.

Airway: MP 1 ② 3 4 Mouth Opening: adq Mentohyoid Distance: 3FB Neck: Ⓝ Teeth: intact

Lungs: clear

Heart: clear

CNS:

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

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

FBS: 90mg/dl (26/6/26)

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

CURRENT MEDICATIONS	DOSAGE
METFORMIN 500MG	1 — 1 — 1
DEGLUDEC	x — x — 6
ECOSPRIN 150 (ongoing)	
SUSTEN 300mg (ongoing)	

Ca/Fe/D_3

Pre-Operative Instructions:

1. DVT Prophylaxis :
2. NIL ORAL — Water / ORS 2 Hours; Others 6 Hours — FOOD/JUICES/TEA/MILK 6 HOURS; WATER 2 HOURS
3. Informed Consent: ☑ Standard ☐ High Risk
4. Post Operative Pain Management: ☑ Discussed with Patient
5. Other Instructions:
   ① HOLD DIABETIC MEDICINES.
   ② CBP on admission.

Signature: [signature] Name: Dr Sanvi Chayalt.

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

HNH-00005218 IP26-00006652
Mrs KAJAL THAKUR
31-01-1994 32 Y 4 M 26 D (F)
Dr. PADMAJA YELISETTY

ANAESTHESIA CHART

Pre Induction Assessment:

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

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

H.R.: 80/mt | B.P / CRT: 120/80 mmHg | SpO_2: 100/mt | R.R.: 26 b/mt | Last Feed: >6h

Pre-OP Diagnosis: G2P1L1 Prev LSCS. | Operation: ELECTIVE LSCS. | Date :

Surgeon: Dr. Padmaja | Anaesthesiologist: Dr. Ayesha / Dr. Ameen | Technician: Pallavi

TIME	9.15	9.45	10.15	10.16
N_2O / AIR / O_2 LPM				
HALO / SO / SEVO				
Drugs:				
Inj. OXYTOCIN	3U + 6U.			
FIO_2 / SaO_2	100	100 / 100	100	100
$ETCO_2$				
ECG	SR	SR	SR	
Temperature				
Urine Output				
Fluids / Blood: RINGER LACTATE	1L →	→ 1L →	→	

Antibiotic

Suppository

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 On
☑ Cuff Site:
☐ Art Site:
☑ EKG Lead - 3 lead
☐ Temp Site
☐ FIO_2 Monitor
☐ Agent Monitor
☑ Pulse Oximeter
☐ Capnograph
☐ Ventilator
☐ Nerve Stimulator

Position: Supine
☑ Pressure Points Checked

Eye Care:
☐ Oint
☑ Tape
☐ Padding
☐ Awake

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

Times:
Anaes Start: 9:20 AM
OP Start:
OP End:
Leave OR: 10:20 Am

Anaesthesia:
☐ GA
☐ Monitored Anaesthesia Care
☑ Regional

Line (Size & Location)
☐ CVP:
☐ ART:
☑ IV: R (L) Hand
☐ 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: L3L4
Needle Size: 25G Depth:
Parasthesia ☐ Yes ☐ No
Catheter at skin .... cm
Drug Name & Conc: 0.5%
Bolus: BUP. LVACAINE (H)
Infusion: 10 mg + 25mcg
Block Level: FENTANYL.
Comments: T6
Transportation to
☐ PACU ☐ ICU ☑ Other
Relaxant Reversed ☐ Yes ☐ No ☑ NA
Name of the Doctor: Dr. Ameen
Signature of the Doctor: [signature]

HNH-00005218 IP26-00006652
Mrs KAJAL THAKUR
31-01-1994 32 Y 4 M 26 D (F)
Dr. PADMAJA YELISETTY

POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Srijatha Time Received : 11 AM Time Discharged : ....

✓ RESP • PULSE ^ v BLOOD PRESSURE (chart 0–250, SPO2): 11AM, 12PM, 1PM

IV Cannula Site : Rt - Dorsum

- ☐ O$_2$ Mask
- ☐ Nasal Prongs
- ☐ Tracheostomy
- ☐ T-Piece
- ☐ Oral Airway
- ☐ Nasal Airway

Vomiting : ☐ Yes ☑ No Drug: INJ. taxime 1gm
NG Tube : ☐ Yes ☑ No
Drain: ☐ Yes ☑ No
Urinary Catheter: ☑ Yes ☐ No
Chest Tube: ☐ Yes ☑ No
Nil Oral ☐ Yes ☑ No

IV Fluids: RC
Oral Feeds: NBM

POST ANAESTHESIA SCORE (Modified Aldrete Score)			IN	MINUTES 30	60	90	OUT	SCORING INTERPRETATION
Able to move 4 extremities voluntary or on command Able to move 2 extremities voluntary or on command Able to move 0 extremities voluntary or on command	= 2 = 1 = 0	ACTIVITY		1	2	2	2	A Minimum Total Score of 8 is Required for Discharge 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	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	2	
Fully awake Arousable on calling Not responding	= 2 = 1 = 0	CONSCIOUSNESS		2	2	2	2	
Pink Pale, dusky, blotchy, jaundiced, other Cyanotic	= 2 = 1 = 0	COLOR		2	2	2	2	
		TOTAL		9	10	10	10	

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
26/6/26	11AM	0	NA	[signature]
26/6/26	12 PM	0	NA	[signature]
26/6/26	1 PM	0/10	NA	[signature]
26/6/26	2PM	0/10	NA	[signature]

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

Anaesthesiologist Name : Dr: SK: Ayesha
Anaesthesiologist Signature: [signature]
Date & Time: ....

PACU Nurse Name : Akhila
PACU Nurse Signature: [signature]
Date & Time: 26/6/26

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

Transferred to Unit by (PACU): 2nd floor
Date & Time: 26/6/26 @ 2PM

Patient Sticker

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		FHR	Comments
				BP	Pulse		

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

Catheter Removed by and Tip Inspected : ....

Patient Satisfaction : ....

Discharge /Shifting ordered by

Doctor Signature: ....

Doctor Name: ....

Date and Time : ....

NARCOTIC PRESCRIPTION FORM
(PATIENT COPY)

Patient Name: Mrs Kajal Thakur	Age: 32 Y	Gender: F
UHID No: HNH-00005218	IP No: 26-00006652	Date: 26/6/26 Time: 6:49 Am
Diagnosis: LSCS (Ward OT)		

PRESCRIPTION DETAILS (Tick only one of the following)

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

Doctor Name: Dwarmir Doctor Registration No: 67529

Signature: [signature]

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

IP Registration No: 26-00006652 **Date:** 26/6/26

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

		Remarks
1.	**Name :** Mrs Kajal Thakur	
2.	Complete postal address (with contact number, if any)	Saidabad Colony Hyderabad
3.	Brief description of the illness	LSCS
4.	Whether registered with any other registered medical practioner / recognized medical institution (If yes, details of the recorded)	NO
5.	Details of essential Narcotic drug dispensed	Fentanyl

Date	Name of the Essential Narcotic Drugs	Quantity	Signature / Thumb Impression of the patient / Patient Attender	Remarks, if any
26/6	INJ: Fentanyl	01		

Dispensed by (Name & ID No.): Sania (018442) Signature: Sania

Received by (Name & ID No.): M Arvind Kumar (09125) Signature: [signature]

Time: ....