Dr. Swathi

ESTIMATION SLIP

Date : 11/1/26 UHID / IP No. : HNH-00012261 Sl No. 1438

Name of Patient : Mrs. Sara Rafai Age: 27y Gender: F

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

Address : Phone : 9908110915 / Email : 8500813525

Procedure / Plan : NDL LSCS EDD/Dos: June-26

MODE OF PAYMENT : ☐ SELF ☑ TPA : HDFC Ergo + General Insurance ☐ 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.lac
Super Deluxe Room		
Suite Room	+ Non Payables Extra 15k to 25k	
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 9,000/-	Pharmacy up to 12,000/-
CBP, NST	Investigations up to 2,500/-	Investigations up to 3,000/-
Others	Well baby care 25k to 35k	

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

Initial Minimum Deposit : 30,000/- Advance

REMARKS : Vaccination, SBR, BIG, Neonatal consultation.

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

DECLARATION

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

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

Ref No F/OT/05

SURGERY DETAILS

Sl. No.

Date : 10/6/26

Patient Name: NH-00012261 IP26-00006549 Mrs SANA RAFAI 13-11-1998 27 Y 6 M 28 D (F) Dr. SWATHI H V

Age : .... Sex: ....

UHID No. ..... IP No: ....

Date of Surgery : .... ~~OT:~~ LDR-1 ☑ OT 1 ☐ OT 2 ☐ OT 3

Name of the Surgery : N.V.D

Time in : 9:30 AM

Time Out : 10:30 AM

	NAME	AMOUNT
1. Surgeon	DR. swathi H.V	
2. Anaesthetist		
3. Asst. Surgeon	DR: Veena	
4. OT Technician		
5. Circulating Nurse	Kasthuri	
6. Asst. Nurse	Sujatha	

Special Equipment : ☐ Laparascopy ☐ Bronchoscope ☐ Harmonic ☐ Morcelator ☐ C - ARM ☐ Cystoscopy

Signature of the Surgeon

Kasthuri
Signature of Circulating Nurse

Order No. : 26-0000205761 Ordered by : Sujatha

212
FC

Name	Mrs SANA RAFAI	**UHID**	HNH-00012261
Father/Guardian	Mr HUSSAIN MOHAMMED SAYEED	**Age/Gender**	27 Y 6 M 28 D/ Female
Address	22-6-270, Pathargatti, Hyderabad, Telangana, INDIA, 500002		
IP No	IP26-00006549	**Admission Date**	09-06-2026
Ref Doctor	Self.		
Discharge Date	11.06.2026		

DISCHARGE SUMMARY

Consultant:
Dr. Swathi H V
MBBS/MS
TSMC/FMR/15501

Diagnosis:`G2P1L1 WITH 37^{+2} WEEKS PERIOD OF GESTATION WITH HYPERTHYROIDISM WITH FETAL GROWTH RESTRICTION FOR INDUCTION OF LABOUR

SPONTANEOUS VAGINAL DELIVERY DONE ON 10.06.2026.

History:
LMP: 07.09.2025
EDD: 29.06.2026

Obstetric formula: G2P1L1
Gestation at admission: 37^{+2} weeks

Name	Mrs SANA RAFAI	UHID	HNH-00012261
IP No	IP26-00006549	Admission Date	09-06-2026

Obstetric History:
G1 - 2024, FTNVD, Female, B.Wt.: 2.6 kgs, Alive and Healthy.
G2 - Present pregnancy Spontaneous conception.

Medical History : Nil
Surgical History: Nil
Allergies : Nil
Family History : Father - T2DM

Antenatal Details:
Mrs SANA RAFAI was booked to Rainbow hospital at 9^{+2} weeks of gestation. She had regular antenatal checkups and investigations as advised. She was diagnosed with Hyperthyroidism at 13 weeks, physician opinion taken and was started on T.Propylthiouracil 50 mg twice daily. NT scan was normal. FTS low risk. MTAS was normal. Scan done on (28.04.2026) at 31^{+1} weeks showed single live intrauterine fetus with cephalic presentation, AFI:14.2cm EFW: 1.3kg,(5% & AC - <1%) Placenta: posterior high 3 cms away from internal OS, Doppler normal ,SGA .Fetal surveillance done by serial growth scans.Growth scan done on 02.06.2026 showed single live intrauterine fetus with cephalic presentation, AFI:10.9cm EFW: 1.9kg,(3% & AC - <1% at 35^{+1} weeks) Placenta: posterior high, Doppler normal, FGR stage 1. She was admitted at 37^{+2} weeks for induction of labour.

Investigations: Enclosed
Blood Grouping - "B" Positive.

Management: Course in hospital and Delivery Details:

At admission on clinical examination the vitals were stable, uterus was

Name	Mrs SANA RAFAI	UHID	HNH-00012261
IP No	IP26-00006549	Admission Date	09-06-2026

relaxed, cervix was long and 1cm dilated. Fetal well being was confirmed by an admission CTG which was found to be reactive. Informed consent taken for Induction of labour. Labour induced with 1 dose of PGE2. Artificial rupture of membrances done at 4 cms dilatation revealing clear liqour. As per hospital protocol she was started on IV Taxim in view of ruptured membranes. Partographic monitoring of labour was done. She progressed to full dilatation at 9:45 am. Passive descent of fetal head was allowed for 15 min. post full dilatation. She was put into position for vaginal birth at 9:45am. Parts painted with betadine solution and draped to ensure full asepsis. She was encouraged to bear down. At crowning of head episiotomy was given under local anesthesia (10 ml of 2 % xylocaine solution). Baby was delivered by Inducedvaginal delivery, Cord clamped and cut and baby handed over to pediatrician. Cord blood collected for blood grouping and Rh typing. Placenta and membranes delivered completely with controlled cord traction. Prophylactic syntocinon given. Episiotomy inspected. No extensions or additional vaginal tears found. Episiotomy sutured in layers. Instrument and swab count checked. 600 mcg of misoprostol given per rectally as prophylaxis against post partum hemorrhage. Vagina cleaned with betadine solution.

Delivery Details:

Date : 10.06.2026
Time of Delivery : 9:59 AM
Type of Labour : Induced
Type of Delivery: Induced
Analgesia : None
Indication : FGR Stage 1.

Baby Details:

Date : 10.06.2026

Name	Mrs SANA RAFAI	UHID	HNH-00012261
IP No	IP26-00006549	Admission Date	09-06-2026

Time : 9:59 AM
Sex : Female
Weight : 2.5 Kgs
Apgar : 10,10
Gestational Age: 37^{+2} weeks
NICU Admission: No.

Post-Partum Notes: She was closely monitored for post partum hemorrhage. Breast feeding initiated. Vitals were stable; patient ambulated and was shifted to room. Patient was encouraged for spontaneous voiding. Dietary advice given. Her postpartum period following that was uneventful. On first postpartum day episiotomy wound was healthy and intact. Her general condition was satisfactory and she was found to be fit for discharge. Wound care and medications were explained to patient supplemented by written information. She was given the postpartum book for further reference.

Advice:

1. Tab. Taxim - O 200mg (Cefixime 200mg) twice daily till 14.06.2026 (9am-9pm) after food.
2. Tab. Calpol 500mg (Paracetamol 500mg) (2tabs) thrice daily till 12.06.2026 (8am-2pm-10pm) after food.
3. Tab. Pantodac (Pantoprazole - 40mg) 1 tablet twice daily till 14.06.2026 (7am-7pm) before food.
4. Tab. Voveran 50 mg (Diclofenac 50mg) thrice daily till 12.06.2026 (9am-3pm-11pm) after food.
5. Tab. Livogen (Elemental iron - 50mg, folic acid 1.5mg) once daily (7am) for three months before breakfast.
6. Tab. Shelcal (Elemental Calcium 500 mg, vitamin D3 250 IU) once daily (2pm) till breast feeding after food.
7. Metrogyl P ointment for local application.

8. Syp. Duphalac 15 ml (Lactulose 3.33gm/5ml) at bed time for one week.
9. Withhold Tab Propylthiouracil & Repeat FT3, FT4, TSH after 4 weeks and review.

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

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

Review with **Dr. SWATHI H V** after **2 weeks** on **25.06.2026** at Rainbow Children's Hospital with prior appointment. **(Review consultation will be charged).**

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

Patient/ Attender

In case of emergency like bleeding, fever [please refer to postpartum book for further details - Chapter II page 6] kindly contact 9154865045 at Rainbow Children's Hospital or just dial one toll free number - 18002122.

Name	Mrs SANA RAFAI	UHID	HNH-00012261
IP No	IP26-00006549	Admission Date	09-06-2026

You can also take appointments at any time by going online to our website **www.rainbowhospitals.in**

Registrar/Resident/C.M.O

Consultant:
Dr. Swathi H V
MBBS/MS
TSMC/FMR/15501

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 : IP26-00006549 **Admit Date** : 09-Jun-2026 **Admit Time** : 08:49 PM **UHID** : HNH-00012261

Patient Details :

Patient Name	: Mrs SANA RAFAI	**Age**	: 27 Y 6 M 27 D
Guardian	: Mr HUSSAIN MOHAMMED SAYEED	**DOB**	: 13-11-1998
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 22-6-270 Pathargatti Hyderabad Telangana INDIA 500002	**Phone No**	: 9908110915/ 8520813520
		E-mail	: HUSSAINBALALA9@gmail.com

Admission Details :

Bed Type	: TWIN SHARING	**Bed No**	: PPO-417	**Ward Name**	: 4F -OT
Room No	: PPO-417	**Admission Type**	: First Visit		

Contact Details :

Name	: Mr HUSSAIN MOHAMMED SAYEED	**Relationship**	: Husband
Contact Address	: 22-6-270 Pathargatti Hyderabad Telangana INDIA 500002	**Phone No**	: 9908110915

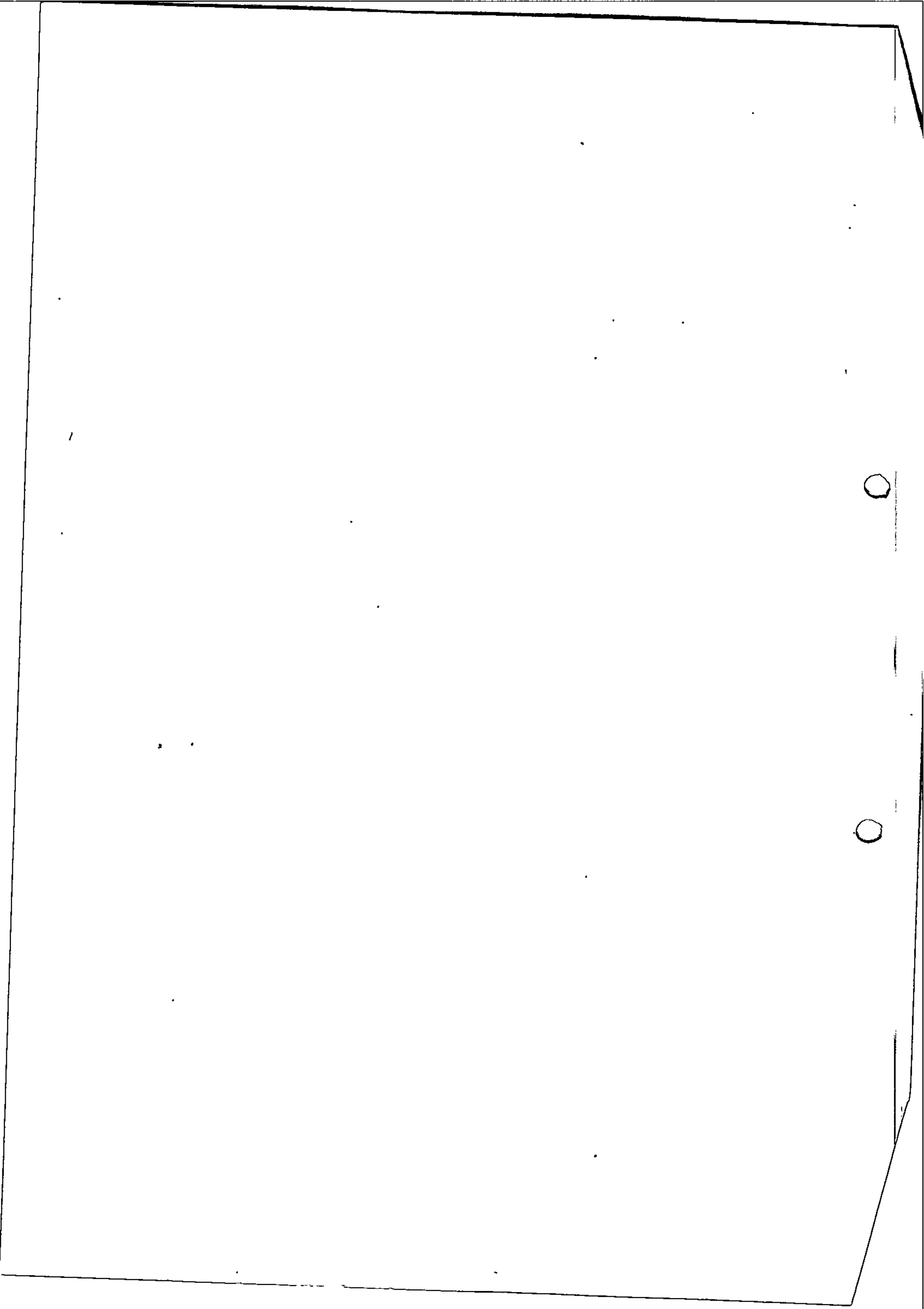
Signature

Doctor Details :

Doctor Name	: Dr. SWATHI H V	**Specialisation**	: OBSTETRICS AND GYNECOLOGY
Referral Doctor	: Self.	**Phone No**	:
Co-Consultant	:		

Payment Details :

		Deposit Amount	: 30000.00
Payment Mode	: Cash	**Payor Name**	: HDFC ERGO GENERAL INSURANCE CO LTD



HNH-00012261 IP26-00006549
Mrs SANA RAFAI
13-11-1998 27 Y 6 M 28 D (F)
Dr. SWATHI H V

CROSS CONSULTATION FORM

Doctor Name : .... Date : .... Time : ....

Diagnosis : ....

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 :

Consultant :

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

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

PATIENT TRANSFER FORM

Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00012261 IP26-00006549 Mrs SANA RAFAI 13-11-1998 27 Y 6 M 27 D (F) Dr. SWATHI H V	9/6/26 @ 8:49pm	10/6/26 @ ~~11:20pm~~ 1:30 Pm
	Transfer Ordered by DR. Veena	Reason for Transfer Observation
From Unit LDR	To Unit Room	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 30	Number of Imaging Films 5	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

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

Patient & Clinical Records Received by : Khushboo 10/6/26 @ 1:30pm

Date & Time of Patient Received :

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

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

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

ACTIVITY RECORD FOR BILLING

HNH-00012261 IP26-00006549
Mrs SANA RAFAI
13-11-1998 27 Y 6 M 27 D (F)
Dr. SWATHI H V

Name : ____________

UHID No. : __________ ultant: ____________ Dept : __________

Date of Admission: ____ of Discharge : ________ Time: ________

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
10/6	1:20pm	LDR	Room (212)	Sujatha/[illegible]

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	Dr. Nishanth Reddy	11/6/26	5954	[signature]
2				
3				
4				
5				
6				
7				
8				
9				
10				

Docu. No. RCH/FRM/GENERAL/145

INVESTIGATIONS

Date	Investigations	Order No.	Signature
9/6	NST - 1	6965	[illegible]
9/6	NST - 2	6966	[illegible]
10/6	NST - 3	6967	[illegible]
10/6	NST - 4	6968	[illegible]
10/6	NST 5	R2626-006982	[illegible]

cross checked by Srilatha 10/6/26 @ 1PM

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
[illegible]	Infusion pump				[illegible]

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
9/6	IV placement	①	5674	[illegible]
10/6/26	NHA	①	5798	[illegible]

cross checked by [illegible] 10/6/26 @4PM

ANY OTHER INFORMATION

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

HNH-00012261 IP26-00006549
Mrs SANA RAFAI
13-11-1998 27 Y 6 M 27 D (F)
Dr. SWATHI H V

IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints c/o pain abdomen on & off - 1 day.
Admitted for IOL.

LMP: 7/9/2025 EDD: 29/6/2026.
Corrected EDD: 29/6/2026. GA: 37+1 week.

Obstetric Formula: G2P1L1

Menstrual History: Regular: ☑ Yes ☐ No

Obstetric Hostory:
I - FCH/2.5yr/NVD
2.6 kg. h/o Iron infusion (+)

Present Pregnancy Record:
II - PP, spont Conception
Booked at 9+2 wk
NT scan - (N).
M-TAS - (N) FTA - low risk.

RISK FACTORS:
- Hyperthyroidism
- FGR stage I

Obstetric Examination

Fundal Height: Ut ≈ TG.
Ut. Activity: ☑ Relaxed ☐ Mild ☐ Mod ☐ Severe
Liquor: ☑ Adequate ☐ Oligo ☐ Poly
PP: ☑ Cephalic ☐ Breech Others ______
Head Fifths Palpable: 4/5 palpable
FHS: ☑ Normal ☐ Tachy ☐ Brady ☐ Absent

Per Speculum Examination Not done.

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

Vaginal Examination

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

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

General Examination:
Consciousness: Pallor: -
Icterus: - Edema: -
Temp: Afebrile PR: 84/m.
BP: 110/70mmHg DTR:
CVS: S1S2 (+). RS B/L AE (+)
Liver/Spleen: Urine Output:

DIAGNOSIS

G2P1L1 c̄ 37+1 week c̄ NVD c̄ Hyperthyroidism c̄ FGR stage-1 for IOL.

HNH-00012261 IP26-00006549
Mrs SANA RAFAI
13-11-1998 27 Y 6 M 27 D (F)
Dr. SWATHI H V

Family History:	Surgical History:
Father - DM.	Nil
Medical History:	**Medication History:**
Hyperthyroidism on Tab PTU - 50mg BD (Propylthiouracil.)	Tab Iron 1 tab OD Tab Calcium 1 tab OD
Plan of Care:	**Investigations:**
- Admission CTG - Careful FHR Monitoring 2nd hourly - NST 3rd hourly. - vital Monitoring - Rest in left lateral position. - IOL c cerviprime gel. at 4AM.	B+ve 10/4/26 75/110/70 6/6/26 11.7/7,700/2.7 HIV, HBsAg, VDRL } NR 10/4/26 SLIUF (C) 29wk. 1088gm. Liq - 7cm AFI — Doppler (N) 2/6/2026 Single Cephalic PL - posterior high AFI - 10.9cm. FGR - stage-I (3rd centile) Doppler - (N). 06/5/26 - SLIUF, cephalic PL - post high EFW - 1.945 kg (3%) AC (< 1%) AFI - 13.3cm. Doppler - (N)

Doctor Name: Dr. Dna.
Signature: [signature]
Date & Time: 9/6/2026.

Consultant Name: Dr. Swathi H.V.
Signature:
Date & Time:

HNH-00012261 IP26-00006549
Mrs SANA RAFAI
13-11-1998 27 Y 6 M 27 D (F)
Dr. SWATHI H V

Patient St

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/6/26	C/s/B Dr Dne	
	G2P1L1 c 37+2wk c FGR stage I c hypothyroidism	
4AM		
	GC fair, Afebrile	
	vitals stable	
	P/A ut = TG	Adv.
NST-Reactive	cephalic	- RMP / DFMC
	FHS (+)	- FHRM 2nd hourly.
	Relaxed	- NST 3rd hourly.
	P/V Cx-long MC post	- Vital Monitoring
	Os - 2cm AM (+)	- soft diet
	PP -2 ↓-1	1st dose.
		Cervipime gel kept PV
	[signature]	
10/6/26		
	C/s/B Dr. Dne	
7AM	G2P1L1 c 37+2wk c FGR stage I c Hypothyroidism IOL	
	GC fair Afebrile	Adv
	Vitals - stable	- RMP / DFMC
	P/A ut = TG.	- FHRM 2nd hourly
NST - Reactive.	cephalic	- NST - 3rd hourly
	FHS (+)	- Vital Monitoring
	10/10/10.	

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	P/V Cx 1/2 long	Post MC
	OS - 3cm M⊕	
	[illegible] -2 ↓ -1 P^A	
	[signature]	
	S/B - Dr Swathi HV	
10/06/2026 9AM	→ G2P1L1, previous NVD @ 37wks, [illegible] hyperthyroidism in labor.	
	O/E: vitals :- P = 88/bpm	
	BP :- 100/80	
	no pallor	
	P/A : ut 32-34 wks	
	FHS⊕ Reg	
	2f/10/20"	
	PV :- OS. 3-4cm, 40-50% effaced	
	V/x S[illegible] 1-2 | mem ⊕	
	ARM done -	
	liquor clear.	

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

HNH-00012261 IP26-00006549
Mrs SANA RAFAI
13-11-1998 27 Y 6 M 27 D (F)
Dr. SWATHI H V

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		Advice:
		→ W/f POL.
		→ Drugs for Augmentation
		- continued FHS(M)
		→ CTG Trace 3rd daily
		→ w/f [illegible]
		→ Inj TARNI g iv stat
		[signature]
10/6/26 10:15am	c/s/B Dr. Veena / Dr Swathi	
	PND-0 / P_2L_2 / Hyperthyroidism	
Baby @ [illegible]	Pt is stable, No c/o	Adv
	o/e GC fair, Afebrile	- Soft diet
	BP -	- Vital monitoring
	PR - 72 bpm	- Encourage to void
	SpO_2 - 100% on RA	- Ambulation
	P/A - Ut well retracted	- Adequate hydration
	L/E - BWNL	- w/f excessive bleeding P/V
		- Inform SOS.
		[signature]

PROGRESS NOTES AND DOCTOR'S ORDER

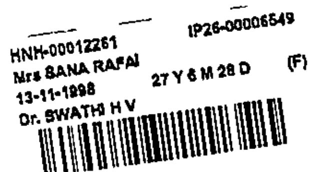
Date & Time	Progress Notes	Doctor's Order
10/6/26 1pm	C/S/B Dr. Veena	
	PND-0 / P2L2	
	Pt is stable, No c/o	Adv
	o/e GC fair, Afebrile	- Soft diet
Baby @ M/S	BP-106/64 mmHg	- Ambulation
	PR-72 bpm	- Adequate hydration
	Pallor ⊖	- Vital monitoring
	P/A - Ut well retracted	- w/f excessive bleeding P/V
UV	P/V - Episiotomy intact	- Drugs as charted
	No active bleeding P/V	- Inform SOS
		- Shift to Room
		Noted by Sujatha 10/6/26 @ 1:30 PM
	R/B Dr SWATHI HV	
10/6/2026 2.30pm	- pt pleasant, comfortable	Adv
		· Follow ords
	O/E: uterus ⊖	- Plenty of fluids
	PA - soft uterus ⊖	- ⊕ diet
Counseling passed		
	L/S: NAD	→ Physician R/o today
		N.B. Maheshwari

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

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/6/2026	C/S/b Dr	Mamta
7pm	PND-0	
		Adv.
	Ae Fev Afebrile	Regular Diet / Adeq Hydration
	BP - 100/64	Drugs as charted
Baby MS	PR - 71	W/F vitals 4 BPV
	P/A ut well retracted	Ambulation
UC	LE - Bleeding WNL	Inform S/O
	C/O/W Physician (Dr Nishanth S/O)	
	Adv	
	Withhold T. PTU	N.D. Maheshwari
	Recheck TSH after 4 weeks	
11/6/2026	C/S/b	Dr Mamta
7AM	PND-1	
	CC For Afebrile	Adv
	BP-110/70	Regular Diet / Adeq Hydration
BMS	PR - 85	Drugs as charted
UV	P/A ut well retracted	W/F vitals 4 BPV
SV	P/V Bleeding WNL	Ambulation
	Episiotomy intact	Can be discharged
(Remove IV Cannula)		Inform S/O

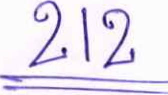
Noted by Divya 11/6/26 @ 7AM



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

HNH-00012261
Mrs SANA RAFAI
13-11-1998
Dr. SWATHI H V
IP26-00006549
27 Y 6 M 27 D (F)



6/6/26 (OP)

RESULT SHEET

Date	6/6/26					
Time						
Hb	11.7					
PCV	35.1					
RBC	3.9					
WBC	7.700					
N/L						
Platelets	2.77					
CRP						
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

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

Culture and Sensitivities : ....

....

....

....

Radiology : USG : ....

X-Ray : ....

ECHO : ....

CT : ....

MRI ....

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

Patient

HNH-00012261 IP26-00006549
Mrs SANA RAFAI
13-11-1998 27 Y 6 M 27 D (F)
Dr. SWATHI H V

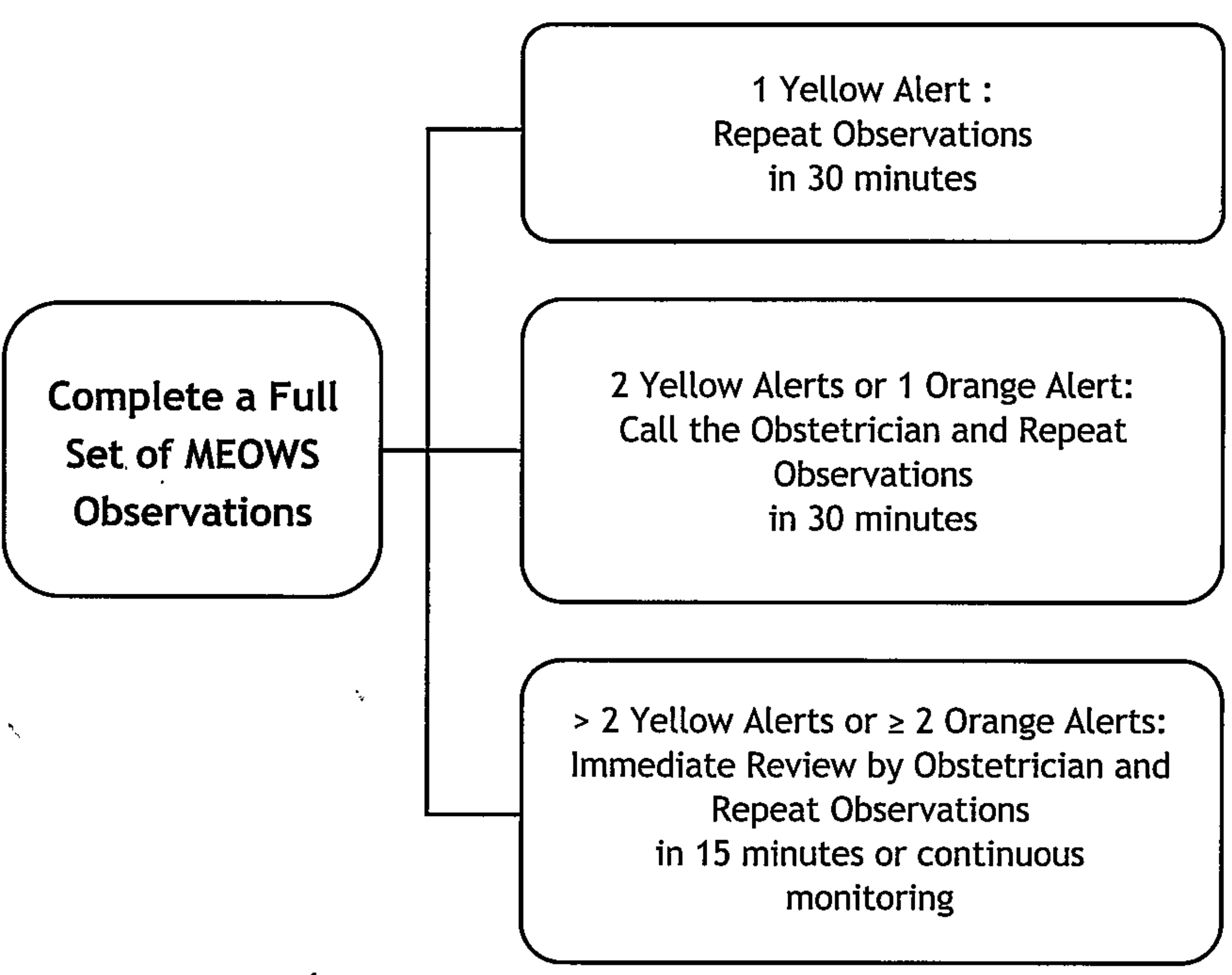
Early Warning Observation Score Chart - Obstetrics

9/6/26

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

	Date													PM											
	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	
	0 - 10																								
Saturations	94 - 100 %													99%			99%				98%			99%	
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37													36.4°			98.5°F							98°F	
	36																				–				
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80													75			80				75			76	
	70																								
	60																								
	50																								
	40																								
↑ Systolic Blood Pressue	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120													110			115				117			116	
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
↓ Diastolic Blood Pressure	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70													70			72				70			74	
	60																								
	50																								
	40																								
NEURO RESPONSE [✓]	Alert													✓			✓				✓			✓	
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30																								
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal													0											
	Heavy / Foul																								
Liquor	Clear / Pink																								
	Green																								
TOTAL YELLOW SCORES														0			8				0			0	
TOTAL ORANGE SCORES														0							0			[illegible]	
Nurse Initial														[illegible]			[illegible]				[illegible]			[illegible]	

Obstetrics and Gynaecology Early Warning Signs



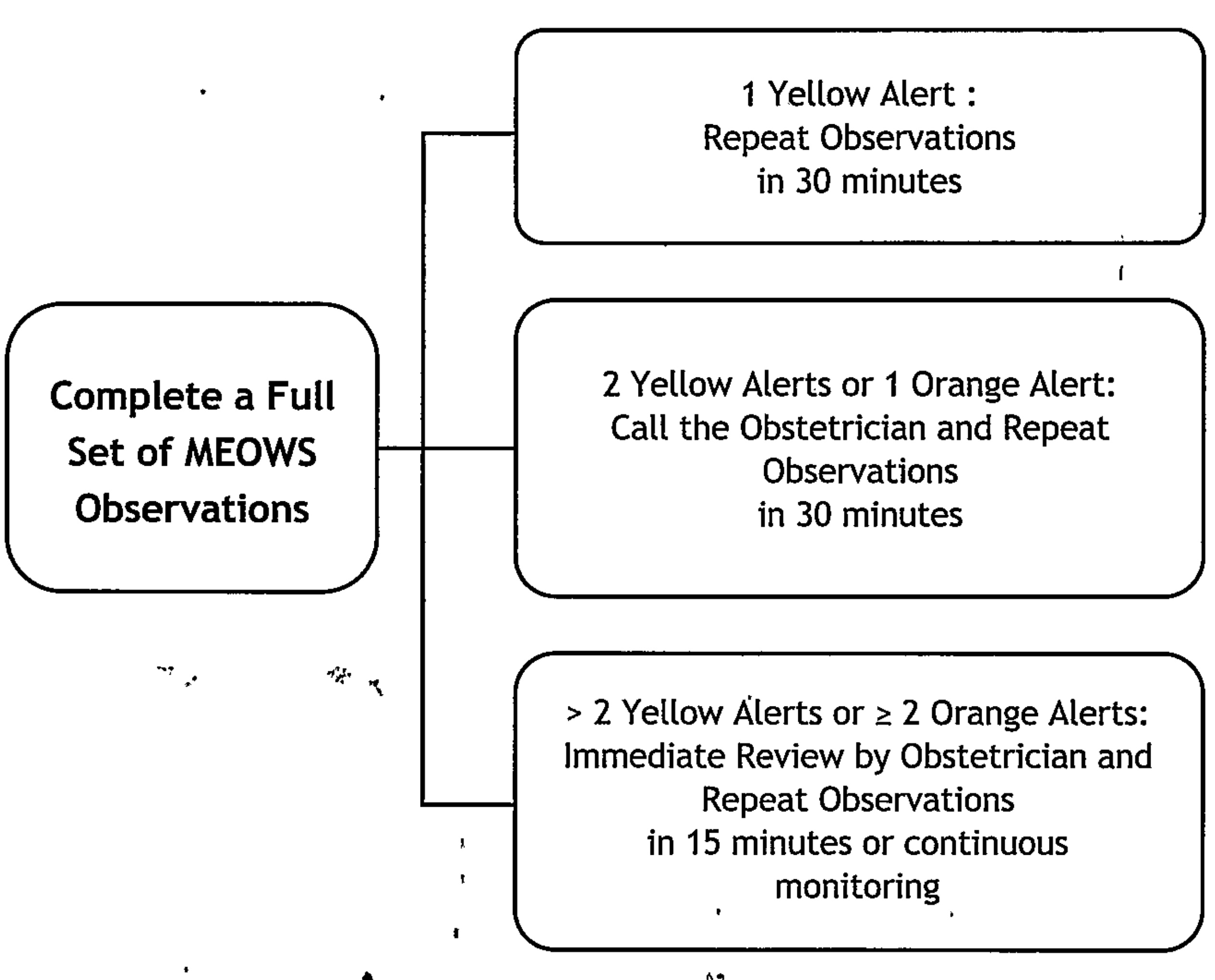
* The Modified Early Warning Score **(MEOWS)**

Early Warning Observation Score Chart - Obstetrics

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

10/6	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	
	0 - 10																								
Saturations	94 - 100 %		99%	99%	99%	99%	99%	99%				99%				99%				99%				98%	
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37																								
	36		98F		97F		98F	36.4				98.1F				97.4F				98.3F				97.4F	
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80		80	87		80	85	87								92				85				79	
	70											76													
	60																								
	50																								
	40																								
↑ Systolic Blood Pressure	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120		110	107												106				112				129	
	110					100	106	104				100													
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
↓ Diastolic Blood Pressure	130												(74)												
	120																								
	110																								
	100																								
	90																								
	80																								
	70		67	65			65	60				64				76				72				81	
	60					67																			
	50																								
	40																								
NEURO RESPONSE [✓]	Alert		—	—		—	—	—				—				—				—				—	
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30		—	—	+		—	—				—				—				—				—	
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal		—	—		—	—	—				—				—				—				—	
	Heavy / Foul																								
Liquor	Clear / Pink		—	—		—	—	—				—				—				—				—	
	Green																								
TOTAL YELLOW SCORES			0	0		0	0	0				0				0				0				0	
TOTAL ORANGE SCORES			0	0		0	0	0				0				0				0				0	
Nurse Initial																									

Obstetrics and Gynaecology Early Warning Signs



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

HNH-00012261 IP26-00006549
Mrs SANA RAFAI
13-11-1998 27 Y 6 M 27 D (F)
Dr. SWATHI H V

FLUID CHART

Sheet No. : 1

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

		Intake				Output					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 :						
9/6	08:00 pm									✓		
	09:00 pm		Idly									
	10:00 pm		soup								0	
	11:00 pm		H2O				NIL			✓		
	12:00 am	RL		FR								
	01:00 am	RL	H2O	FR						✓		
Total Intake :						Total Output : passed						
10/6	02:00 am									✓		
	03:00 am		H2O							✓		
	04:00 am										0	
	05:00 am						NIL					
	06:00 am		H2O									
	07:00 am											
Total Intake : Taken						Total Output : passed						

Total 24 hrs. Intake		Total 24 hrs. Output	

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

HNH-00012261 IP26-00006549
Mrs SANA RAFAI
13-11-1998 27 Y 6 M 27 D (F)
Dr. SWATHI H V

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.

10/6		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	RL										
	09:00 am	RL	coconut water	coconut water						✓		
	10:00 am	RL		100ml							0	
	11:00 am	RL	egg	100ml						✓		
	12:00 pm	RL	milk	100ml								
	01:00 pm	RL		100ml								
Total Intake : taken						**Total Output :** passed						
10/6/26	02:00 pm	RL		100ml								
	03:00 pm	with	opma	100ml						✓		
	04:00 pm	oxytocin		100ml							0	
	05:00 pm	stop				NA	0	NA				
	06:00 pm	fluids										
	07:00 pm									✓		
Total Intake :						**Total Output :**						
10/6/26	08:00 pm											
	09:00 pm		Rice									
	10:00 pm	0	+H2O			NA		NA		✓	0	
	11:00 pm						✓					
	12:00 am											
	01:00 am											
Total Intake : taken						**Total Output :** U—1 M—1						
11/6/26	02:00 am											
	03:00 am		H2O							✓		
	04:00 am	0				NA		NA			0	
	05:00 am						0					
	06:00 am		H2O							✓		
	07:00 am											
Total Intake : taken						**Total Output :** U—2 M—0						

Total 24 hrs. Intake	

Total 24 hrs. Output	

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Mrs SANA RAFAI
13-11-1998 27 Y 6 M 27 D (F)
Dr. SWATHI H V

NURSING CARE RECORD

Date: 9/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning				NA			
Afternoon							
Night	8pm – 8Am	→ Assess the Pt condition → monitor the vitals & record → USG 3rd hrly → W/F progress for labour → Maintain I/O chart & urine	8pm – 8Am	→ Assessed the Pt condition → monitored the vitals & recorded → w/f progress of labour → maintain I/O chart & urine	Pt is stable	maintain I/O diagnosis	Akhila

Docu. No: RCH /FRM / CLINICAL / 148

HNH-00012261 IP26-00006549
Mrs SANA RAFAI
13-11-1998 27 Y 6 M 28 D (F)
Dr. SWATHI H V

Patient

NURSING CARE RECORD

Date: 10/6

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8AM To 2pm	→ Assess the pt condition → plan for vitals → plan for I/o chart → plan. for NST	8AM To 2Pm	→ Assessed the pt condition → vital are checked & recorded → ~~[illegible]~~ → I/o chart mainted	I/o chart maintained	patient is stable	Suj Sujatha
Afternoon	2pm 5pm	→ Assess the pt condition. → monitor. the vitals. → drugs give as per drug chart. → plan physical ~~r/w~~ today.	2pm 5pm	→ Assessed the pt condition. → monitored the vitals. → drugs given as per drug chart. → planned physician r/w Today	→ pt is stable now	→ Reassessed the vitals	[illegible]
Night	8PM 8am	→ Assess the pt Condition → monitor vitals → maintain I/o chart → medication as per drug chart → IV cannula present	8PM 8am	→ assessed the pt condition → monitored vitals & recorded → maintained I/O chart → drug as per chart → IV cannula presented → plan physician review TLM	→ pt is stable → plan physician r/w TLM	→ rechecked vitals	[illegible]

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Mrs SANA RAFAI
13-11-1998 27 Y 6 M 27 D (F)
Dr. SWATHI H V

PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
9/6/26	10pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
10/6	12Am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
10/6	7Am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
10/6	8Am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
10/6	1Pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
10/6	6pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
10/6/26	10Pm	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		
				☐ 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

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Mrs SANA RAFAI
13-11-1998 27 Y 6 M 27 D (F)
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BRADEN 'Q' SCALE

				Date : / Time :	9/6/26 / N	10/6 / 8AM	10/6 / E	10/6/26 / N
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	4	4
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	3	3
				TOTAL SCORE	28	28	27	27
				Evaluator's Name	[signature]	[signature]	[signature]	[signature]

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

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

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

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13-11-1998 27 Y 6 M 27 D (F)
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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	9/6/26	10/6	10/6/26
		Score	N	8AM	10PM
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
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	35
		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

CHECKLIST FOR THROMBOPHLEBITIS

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

Patient Sticker

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

NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: .... Department: LDR .... Date of Admission: 9/6/26

SITUATION	Diagnosis:	Any Infection: ☐ Yes ☑ No ☐ Not Known If Yes Specify: ....

	Area / Shift Time	9/6 N	10/6 8AM	10/6 E	10/6/26 N		
BACKGROUND	Medical Condition (Any special condition to be noted):	NA	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:	97.1°F	97F	97.5°F	98.2°F		
	Res:	20b/m	20b/m	20b/m	20b/m		
	SpO_2:	99%	99%	99%	98%		
	Pulse:	87b/m	85b/m	80b/m	90b/m		
	BP:	110/70	115/75	110/75	106/72		
	Fall Risk Score:	-	-	-	-		
	Pain Score:	0/10	NA	'0'	'0'		
Recommendations	Safety Needs:	NA	NA	Yes.	yes		
	Physiotherapy	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	Others Specify:	/	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 :		Akhila	Srilatha	mahi	Divya		
Signature :		[signature]	[signature]	[signature]	[signature]		
Date:		10/6/26	10/6	10/6/26	11/6/26		
Time:		8Am	2PM	8pm	8Am		
Taken Over By Name :		Srilatha	mahi	Divya			
Signature :		[signature]	[signature]	[signature]			
Date:		10/6/26	10/6/26	10/6/26			
Time:		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:							

DRUG CHART

Date of Admission: 9/6/26 Drug Allergies: .... ☑ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

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

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

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

VERIFIED BY : Name .... Signature

HNH-00012261 IP26-00006549
Mrs SANA RAFAI
13-11-1998 27 Y 6 M 27 D (F)
Dr. SWATHI H V

REGULAR PRESCRIPTIONS

Weight. 60kg Ward. ....

DRUG : T. Propylthiouracil

Dose	Route	Frequency	Start Date
50mg	PO	BD	10/6/26

Name & Signature of the Doctor Starting the Drugs: [signature]

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time: 10/6 — 7Am [signature]; 2pm — STOP [signature] 10/6/26.

DRUG : T. CEFEXIME

Dose	Route	Frequency	Start Date
200mg	P/O	BD	10/6/26

Name & Signature of the Doctor Starting the Drugs: [signature]

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time: 10/6 — 10Am–9:30 [signature]; 10Pm [signature]

DRUG : T. PANTAPRAZOLE

Dose	Route	Frequency	Start Date
40mg	P/O	OD	10/6/26

Name & Signature of the Doctor Starting the Drugs: [signature]

Additional Instructions: Before food

Daily Doctor's Endorsement by a Sign

Date/Time: 10/6, 11/6/26 — 6Am [signature] [signature]

DRUG : T. PARACETAMOL

Dose	Route	Frequency	Start Date
1g	P/O	TID	10/6/26

Name & Signature of the Doctor Starting the Drugs: [signature]

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time: 10/6, 11/6/26 — 6Am [signature]; 2Pm [signature]; 10Pm [signature]

Verified by Dr. Dhakshayani

Verified by Dr. Dhakshayani

Verified by Dr. Dhakshayani

HNH-00012261 IP26-00006549
Mrs SANA RAFAI
13-11-1998 27 Y 6 M 27 D (F)
Dr. SWATHI H V

Verified by Dr. Dhakshayani

Sheet No: ....

REGULAR PRESCRIPTIONS

Weight 60kg Ward ....

DRUG	Dose	Route	Frequency	Start Dt.	Name & Signature of the Doctor Starting the Drugs	Additional Instructions	Date / Time
T. DICLOFENAC	50mg	P/O	BD	10/6/26	[signature]		10/6, 11/6/26; 8Am, 8Pm
OINT. METRONIDAZOLE + POVIDONE-IODINE	1g	L/A	BD	10/6/26 10Am	[signature]	(Oint. Metro-P)	10/6; 10Pm
SYP. DUPHALAC	15ml	P/O	OD	10/6/26	[signature]	At bedtime.	10/6; 10Pm
T. PROPYLTHIOURACIL	50mg	P/O	BD	10/6/26 10Am	[signature]		10/6; 10Am; STOP [signature]

Daily Doctor's Endorsement by a Sign

HNH-00012261 IP26-00008549
Mrs SANA RAFAI
13-11-1998 27 Y 6 M 28 D (F)
Dr. SWATHI H V

Sheet No. ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

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				

Sign

HNH-00012261
Mrs SANA RAFAI IP26-00006549
13-11-1998 27 Y 6 M 28 D
Dr. SWATHI H V (F)

Weight. 60kg 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
10/6/26	4:15AM	DINOPROSTONE GEL.	0.5mg	P/V	[signature]	Madhu / [signature]
10/6/26	8:10AM	DROTAVERINE Hydrochloride.	40mg.	P	[signature]	Madhu / [signature]
10/6	8.15Am	INJ. HYDROCORTISONE	100mg.	IV	[signature]	Madhu / [signature]
10/6.	9:30Am	Inj CEFOTAXIM	1g	IV	[signature]	Sujatha / Chandrakala
10/6/26	9:59Am	INJ. OXYTOCIN	10U	IM	[signature]	Sujatha / Chandu
10/6/26.	10:20AM	DICLOFENAC SUPPOSITORY	1 tab	P/R	[signature]	Sujatha / Chandu
10/6/26	10:20Am	T. MISOPROSTOL.	600mcg	P/R	[signature]	Sujatha / Chandu
10/6/26	10:30Am	INJ. PARACETAMOL	1Gm	IV	[signature]	Sujatha / Chandu

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

Verified by Dr. Dharshayani

HNH-00012261 IP26-00006549
Mrs SANA RAFAI
13-11-1998 27 Y 6 M 27 D (F)
Dr. SWATHI H V

I.V. FLUIDS CHART

Weight. 60kg 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
10/6	12AM	RINGER LACTATE	IV	100ml/hr	[signature]	[signature]	10/6	[signature]	[signature]
10/6/26	2:10AM	RINGER. LACTATE + 20U OXYTOCIN	IV	100ml/hr	[signature]	[signature]	10/6	[signature]	[signature]
		STOP by Dr[illegible]							

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

HNH-00012261 IP26-00006549
Mrs SANA RAFAI
13-11-1998 27 Y 6 M 27 D (F)
Dr. SWATHI H V

MEDICATION RECONCILIATION FORM

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

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

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

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	Tab Iron	1 tab	PO	OD		☐ C ☐ DC
2	Tab Calcium	1 tab	PO	OD		☐ C ☐ DC
3	Tab Propylthiouracil	50mg	PO	BD		☐ C ☐ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

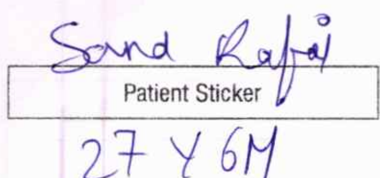
Doctor Name & Signature : Dr. Dua [signature]

Date & Time : 9/6/2026 8:30 pm

Nurse Name & Signature: Akhila

Date & Time : 9/6/26

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



Sand Rafai
27 Y 6M

NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 10/6/26 Time: 11:45 am

Origin: Indian Height: 162 cm Weight: 59.1 Kg BMI: ☐ ~ 26 kg/m² ☐ ~ 28 kg/m² ☐ ~ 30 kg/m² 22 kg/m²

Food Allergies: No FA

Diagnosis: NVD

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: Uzma	Signature: Sobiya
Name: UZMA	Name: Syed a Sobiya Zaheer
Date & Time: 10-june-26	Date & Time: 10/6/26 ; 11:45 am

Doc. No. : RCH / FRM / CLINICAL / 195 (P.T.O)

DIETARY NOTES

Date	Time	Notes	Sign

BREAST FEEDING HANDOVER AND ASSESSMENT FORM

1. Breastfeeding initiated?
   - [x] a. Yes
   - [ ] b. No

2. If No, Reason ....

3. Nipple condition:
   - [x] a. Nipple well formed
   - [ ] b. Flat nipple
   - [ ] c. Inverted nipple
   - [ ] d. Short nipple

4. Milk flow:
   - [ ] a. Good
   - [x] 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: 10/6/26

→ Assess the patient condition

→ Vital are checked & recorded

→ I/O chart maintained

→ 2nd hourly DBR given

Handover given by Siatha | Handover taken by ....

Signature [signature] | Signature ....

Date & Time: 10/6/26 @ 2PM | Date & Time: ....

PARTOGRAPH

LABOUR

Labour: ☐ Spont ☐ IOL-PGE 1 ☑ E2 ☐ Others

Indications for IOL-Accel: ☑ None ☐ Oxytocin

Memb. Repture Type: ☐ SROM ☐ PROM ☑ ARM

Presentation: ☑ Vertex ☐ Breech ☐ Others

INTRA PARTUM COMPLICATION

Maternal: ☑ None ☐ Pyrexia ☐ HTN ☐ Others

Liquor: ☑ Adequate ☐ Oligo ☐ Poly ☐ Clear

☐ Blood ☐ Meconium ☐ Cord: ....

Shoulder Dystocia: ☐ Yes ☑ No

DELIVERY DETAILS

Anesthesia: ☑ None ☐ Epidural

Non-epi: ☑ Local ☐ Spinal ☐ General

Del. Type: ☑ SVD ☐ Asst. Breech ☐ Twins

AVD: ☐ Outlet ☐ Low Forceps ☐ Ventouse
☐ Trails of Forceps

Indications: .... N/A

Application, Locking & Traction: ....

Duration of Instrumentation: ....

No. of Pulls: ....

Catherised : ☐ Yes ☑ No

Type: ☐ Fileys ☐ Plain

Perineum : ☐ Intact ☑ Episiotomy ☐ Tear

Suture Material Used: Rapidvicryl

STAGE III

Placenta: ☑ Normal ☐ Abnormal ☐ RP Clots

☑ CCT ☐ Retained ☐ MRP

PPH : ☐ Atomic ☐ Traumatic ☑ None

Lacerations: None

Cervical: None

Perineal: Episiotomy

Others: –

Prophylaxis: (Synocinon) Prostodin

Blood Loss: 100ml

Blood Transfusion: None

Other Details (if any): None

Ractal Examination: None

Mops & Instruments count verified [signature]

DURATION OF LABOUR

1st Stage: 3hrs.59min

2nd Stage: 10 mins

3rd Stage: 5mins

Duration of Active Pushing: 5mins.

No. of VE'S: 3.

BABY DETAILS

Gender: FEMALE

Weight: 2.5 kg.

APGAR: 10, 10.

Date and Time of Delivery: 10/6/26 @ 9:59AM

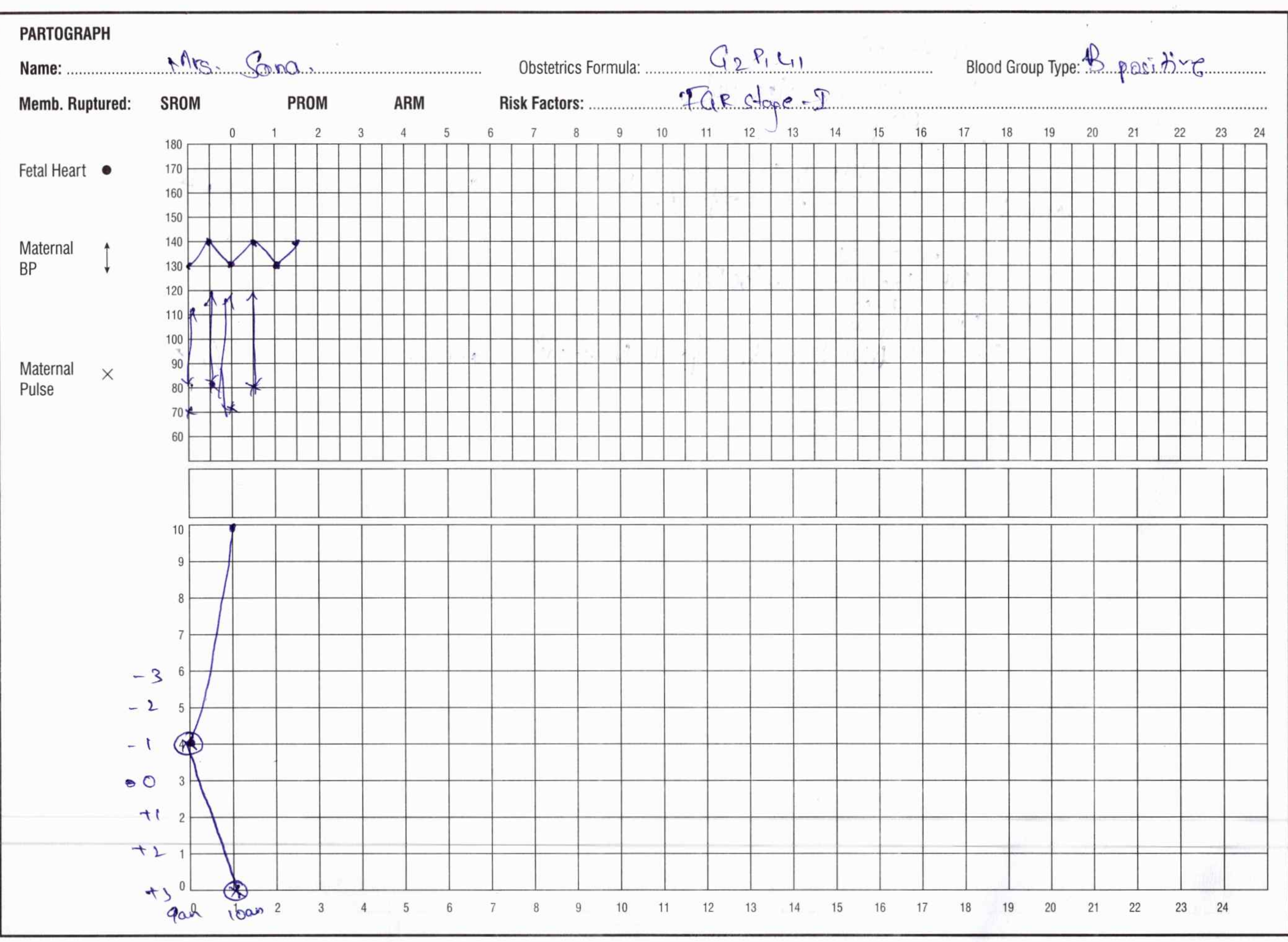
LW Doctor: Dr. Swathi / Dr. Veena

LW Sister: S/N Sujatha

Docu. No. : RCH /FRM / CLINICAL / 143

(P.T.O.)

Time	9am	10am																							
Signature	[signature]	[signature]																							
Fifths Palpable	2/5	0/5																							
Moulding / Caput	⊖	⊖																							
Amniotic Fluid	C	C																							
Position Cephalic / Breeth	C	C																							
Oxytocin	.	6U · ml/hr																							
Contractions in 10 mins (5, 4, 3, 2, 1)	4 (shaded)	4 (shaded)																							
Drugs and IV Fluids	Inj. Oxytocin 10U im stat Inj. Oxytocin 20U IV.																								
Urinalysis Test	⊖	⊖																							
Urinalysis Amount	⊖	⊖																							


PARTOGRAPH
Name:
Mrs. Sona.
Obstetrics Formula:
Blood Group Type:
Memb. Ruptured:
SROM
PROM
ARM
Risk Factors:
Fetal Heart
Maternal BP
Maternal Pulse
9am
10am

Record of Labor: Vitals (N)

Maternal Condition: P/A - Ut ~ Term , 4/35"/10'

Fetal Condition: FHS (+)

NST - Reactive

Progress of Labor: Cx -> 4cm dilated, Vx = -1 station

½ cm long., well effaced.

Management: → ARM done.

Time: 9am Signature: [signature]

Maternal Condition: Vitals - (N)

Fetal Condition: P/A - Ut ~ Term 4/40"/10'

FHS (+)

Progress of Labor: NST - Reactive

Management: Cx - fully dilated, fully effaced, Vx = +2 station

Time: 9:45am Signature: [signature]

Maternal Condition:

Fetal Condition:

Progress of Labor:

Management:

Time: .... Signature: ....

Maternal Condition:

Fetal Condition:

Progress of Labor:

Management:

Time: .... Signature: ....

Maternal Condition:

Fetal Condition:

Progress of Labor:

Management:

Time: .... Signature: ....

OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 9/6/26 Time of Arrival: 8:PM Time Seen by Nurse: 8PM

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

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

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

3) **Vital Signs:** Temperature: 98.1 °F Pulse: 87bmt RR: 20bmt SpO₂: 99% BP: 110/70 Weight: 3..........

4) **Gestational Criteria:**

Gravida:	G 2	P 1	L 1	A

LMP: 8/9/25 EDD: 29/6/25 Gestational Age: 37+1 week

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

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

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

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

6) **Past History:**

a) Surgeries: Nil
b) Medical: Hypothyroid

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

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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: 8PM

Nurse Name : Akhila Nurse Signature: [signature]

Date: 9/6/26 Time: 8PM

LABOUR AND DELIVERY NURSING ASSESSMENT

Date of Admission: 9/6/26

Baseline Information:

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

Primary Language: ☐ Telugu ☑ English ☑ Hindi ☐ Others

Do you require an interpreter? ☐ Yes ☑ No

Source of Information: ☑ Patient ☐ Family ☐ Others

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

handed over to Family members

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

If yes, identify ....

Chief Complaints: came for delivery.

Doctor Notified on Admission: ☑ Yes ☐ No

Name of the Doctor: Dr. Dua

Time Notified: ....

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

Past Medical History	Past Surgical History	Previous Hospital Admission
—	—	—

Blood Group: B+ve LMP: 8/9/25 EDD: 29/6/25 Gestational age during admission: 37+1 week

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

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

Height: 97.1F Weight: .... BMI: ....

Temp: 97.1F HR: 70bmt RR: 20bmt BP: 110/80 SpO_2 99%

High Risk Factors: (Please select by ticking (✓) the box as applicable)		
☐ Hypothyroidism	☐ Rh Incompatibility	☐ Fertility Treatment
☑ Hyperthyroidism	☐ Previous LSCS	☐ Preterm Labour
☐ Hypertension	☐ Gestational Hypertension	☐ Others: (Specify)
☐ Diabetes	☐ Bad Obstetric History	
☐ Anemia	☐ Obesity (BMI)	
	☐ Twins / Multiple Pregnancy	

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...malities Detected

- ☐ Heart Disease ☐ Hypertension ☐ Diabetes ☐ Stroke ☐ Seizures ☐ Kidney disease
- ☐ Liver disease ☐ Other ....

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

Fall Assessment: ☐ Yes ☐ No Score ....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:

- ☐ Overweight ☐ Poor Appetite > 3 Days ☐ Needs Therapeutic Diet.
- ☐ Under Weight ☐ Diabetes Mellitus ☐ No Abnormality Detected

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

- ☐ Calm & Cooperative ☐ Restless ☐ Depressed ☐ Agitated ☐ Confused
- ☐ Others ....

Inform consultant for positive criteria

SOCIAL SCREENING:

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

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

Social History: Lives With ....family members....

Orientation has been given regarding the following aspects:

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

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

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

Name of Person Orientation was given to: ....Mrs. Sana Rafai....

Orientation not given Reason: ....

Nurse Signature: ....

Nurse Name: ....Akila....

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

INFORMED CONSENT FOR VAGINAL BIRTH

Patient Name : Mrs Sana Rafai UHID No : HNH-00012261

Gender: ☐ Male ☑ Female Date : 9/6/2026 Time : ....

I hereby authorized the performance of the following procedure:

- The Procedure has been explained to me in general terms and I understand that:
- The indication requiring the procedure of vaginal birth is pregnancy.
- The purpose of this procedure of vaginal birth pregnancy.
- The purpose of this procedure is to deliver the bay vaginally.

The outcome of the vaginal birth is the delivery of infant through birth canal either naturally or with possible use of force vacuum extraction. An episiotomy (a cut performed for enlarging of the vaginal opening in the space between the vaginal and the rectum) may be performed as part of a vaginal delivery.

Should vaginal delivery be unsuccessful, delivery by cesarean section with an abdominal incision under appropriate anesthesia may be necessary.

In an attempt to deliver the baby either naturally or with the help of instrument i.e. forceps or vacuum, there may be risks of: infection, allergic reaction, scarring, blood loss, need for blood transfusion, pain and discomfort, injury to urinary tract, possible injury to the baby (laceration, hematoma, skull fracture, nerve injury and brain injury) and possible future pelvic floor dysfunction.,

I understand and accept that there are complications, benefits, alternatives including the remote risk of death or serious disability, which exists for me and my baby.

I am aware that in most cases, vaginal delivery results in a healthy mother and baby; however, I realize that there are no guarantees.

I voluntarily consent to the procedures described or otherwise referred to herein. I am aware that they will be performed by a qualified gynecologist.

Name of the Doctor performing the procedure: ....

Consentee :

Signature : [signature]

Name : Sana Rafai

Date & Time : 9/6/26

Patient Attendant :

Signature : [signature]

Name : Hussain Mohammed Sayeed

Relationship with Patient: Husband

Date & Time : 9/6/26

Witness :

Signature : [signature]

Name : Akhila

Date & Time : 9/6/26

Doctor (who is taking the consent) :

Signature : [signature]

Name : Dr. Dna

Date & Time : 9/6/2026

INDUCTION OF LABOR CONSENT

Name: Mrs Sana Rafai Age: 27yrs Gender: Male ☐ Female ☑

UHID.No : HNH-00012261 Date: 9/6/2026

You are scheduled for an induction of labor on 9/6/2026 (date) at 37^{+1} (weeks of gestation).

The reason for your induction is ....

The goal of induction of labor is to achieve vaginal delivery by starting uterine contractions before the spontaneous start of labor.

Induction of labor for a medical indication is done when continuation of pregnancy is considered detrimental to the health of the mother or fetus. This can be done at any stage of pregnancy irrespective of fetal maturity if there is a valid indication.

Elective induction of labor (scheduled induction without a medical indication) may not be done until you are at least 39 weeks. This is important so that your newborn does not have complications due to possible prematurity.

The alternative to induction of labor is to wait for labor to start spontaneously.

I have read the information provided and also discussed the process with my doctor.

I understand the risks and benefits of this procedure and wish to proceed.

Patient

Signature: [signature]

Name: Sana Rafai

Date & Time: 9/6/26

Patient Attendant:

Signature: [signature]

Name: Hussain Mohammad Sayeed

Relationship with Patient: Husband

Date & Time: 9/6/26

Doctor:

Signature: [signature]

Name: Dr. Dna.

Date & Time: 9/6/2026

Witness

Signature: [signature]

Name: Akula

Date & Time: 9/6/26