

Dr. Swopra



ESTIMATION SLIP

Date: 4/6/20 UHID / IP No.: 41114-0001804 SI No. 1567
Name of Patient: Mrs. Seema Malviya Age: 40 Gender: F
Father's / Husband's Name: Mr. Saral Meera Corporate / Occupation:
Address: Uppal Phone: 9966408874 Email:
Procedure / Plan: MDL/SCS EDD/Dos: June-26
MODE OF PAYMENT: SELF TPA: Aditya Birth GIPSA: OTHER

TARIFF INFORMATION :

Table with columns: Particulars, Package Amounts (Rs.), Normal Delivery, LSCS. Rows include Room Category (Multi Shared, Shared, Twin Shared, Private Room, Super Deluxe, Suite), Package includes (Room Rent, Doctors Fee, etc.), Length of Stay, Pharmacy, Investigations, and Others.

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

Special Minimum Deposit: 20,000/- Paid

REMARKS: Neonatal, Vaccination, SGP, A/G

- 1. Room eligibility is purely subject to TPA approval...
2. Proportionate difference of bill amount is applicable...
3. Total baby charges are extra which include admission, pharmacy, vaccinations...
4. In Case the patient gets discharged earlier...
5. For Non-medicals, Disposables, Consumables, Taxes, Kiwi Cup charges...
6. Difference if any between the final bill amount...
7. Two attendants are permitted with patients in SDLX, DLX and PVT rooms...
8. Tariffs are subject to revision
9. Kindly check your billing status on day to day basis...
10. Additional Charges on package are applicable for Non-working hours...

I Santal Meera 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 (Santal Meera) Signatory Relationship (Husband) Signature of the financial Counselor

HNH-00011804 IP26-00006498
 Mrs SEEMA MAIYA 40 Y 8 M 7 D (F)
 28-09-1985
 Dr. SWAPNA SAMUDRALA



SURGERY DETAILS

Date : 04/06/2026

Patient Name: Mrs. Seema Maiya Date of Birth: 28-09-1985 Age: 40y

Gender: Female Ward: LDR UHID No.: HNH-00011804

Date of Surgery: 04/06/2026 OT-1 OT-2 OT-3 OT-4 OBG OT-1 OBG OT-2

Name of the Surgery : - NVD ↓ Local

Time in : 6 AM

Time Out : 7 PM

	<u>NAME</u>	<u>AMOUNT</u>
1. Surgeon	Dr. Swapna Samudrala	
2. Anaesthetist		
3. Assistant Surgeon	Dr. Swathi H.V., Dr. Naveena	
4. OT Technician		
5. Circulating Nurse	Sujatha	
6. Assistant Nurse	Anusha.k	

- Special Equipment:
- | | | | |
|--------------------------------------|---------------------------------------|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Laparoscopy | <input type="checkbox"/> Broncoscope | <input type="checkbox"/> Harmonic | <input type="checkbox"/> Morcelator |
| <input type="checkbox"/> C-ARM | <input type="checkbox"/> Cystoscopy | <input type="checkbox"/> Versa Point | <input type="checkbox"/> Liver Cusa |
| <input type="checkbox"/> Neuro Cusa | <input type="checkbox"/> Others | | |

Dr. Naveena
Signature of the Surgeon

Anusha.
Signature of Circulating Nurse

Order No: 26-0000204254

Order by:

Name	Mrs SEEMA MAIYA	UHID	HNH-00011804
Father/Guardian	Mr SANAL S MENON	Age/Gender	40 Y 8 M 7 D/ Female
Address	3-4-812/1 ,g-12, Barkatpura, Hyderabad, Telangana, INDIA, 500027		
IP No	IP26-00006498	Admission Date	04-06-2026
Ref Doctor	Self.		
Discharge Date	06.06.2026		

DISCHARGE SUMMARY

Consultant:

Dr. SWAPNA SAMUDRALA

OBSTETRICIAN & GYNAECOLOGIST
69924

Diagnosis: G3P1L1A1 AT 35+3 WEEKS WITH PREVIOUS PREVIOUS LOWER SEGMENT CAESAREAN SECTION WITH CERVICAL CIRCLAGE IN SITU WITH OVERT DIABETES MELLITUS ON ORAL HYPOGLYCEMIC AGENTS AND INSULIN IN EARLY PRETERM LABOUR

SPONTANEOUS PRETERM VAGINAL BIRTH AFTER CAESAREAN (VBAC) DONE ON 04.06.2026

History:

LMP: 29/09/25
EDD: 09/07/26

Obstetric formula: G3P1L1A1
Gestation at admission: 35+3 weeks

Obstetric History:

G1 - 2017 - PT/LSCS/ 32 wks (Preterm PROM, Overt DM on Insulin), Male, Wt 1.6 kg, NICU X 14 Days, A & H
G2 - 2021 - 7 Wks - Spontaneous Complete Miscarriage
G3 - PP, Sp Conception

Medical History : K/C/O DM since 2016 (T. Zorl M Forte BD, T. Dapagliflzin BD)

Surgical History: LSCS 2017

Allergies : Nil

Family History : Parents DM + HTN, Mother - Uterine Carcinoma

Name	Mrs SEEMA MAIYA	UHID	HNH-00011804
IP No	IP26-00006498	Admission Date	04-06-2026

Antenatal Details:

Mrs SEEMA MAIYA was booked to Rainbow hospital at 5⁺³ weeks of gestation. She had regular antenatal checkups and investigations as advised. At 7+3 weeks, home Blood sugars recordings were high (214 - 293mg/dl), Physician consultation was sought, started on Insulin(Inj Eglucent Mix (50) - 25 U BBF / 10 U BD, T. Glycomet SR 500 mg / BD). Viability scan at 7+3 weeks showed - SLF , CRL 10.4 mm, FHR 142 Bpm with Collection in cervix / ? cervical polyp, On P/S : Cx Polyp + (3x2 cm) noted. Patient and attender were counselled regarding Cervical polyp / management / risk of infection and bleeding, risk of congenital abnormalities in baby in V/o Uncontrolled sugars / HbA1c 9.6 %. Blood sugars were still high, started on Insulin titration done as per physician advise. NT + FTS : Screen +ve for PE , Intermediate Risk for T21 (1: 755). PAP/LBC (24.12.2026) : Neg for Malignancy. NIPS Advised in V/o Advanced maternal Age - low risk. Early MTAS - was normal with Cervical Polyp noted within Cervical Canal protruding through External Os (26 x 9 mm). Cervical Cerclage with Polypectomy done at 18w6d. Fetal 2 D Echo at 23w1d (13/3/26) - Small Dropout in mid muscular Septum - Advised Post natal Echo. Insulin dosage were adjusted as per Home blood sugar monitoring with physician consultation- On Inj Eglucent Mix (50) - 40 U BBF / 24 U BL / 30 U BD, T. Glycomet SR 500 mg / BD. Fetal growth monitoring was done by serial growth scan. Scan done at 22.05.2026 showed SLIUP at 33+1 weeks with cephalic presentation with EFW 2.12kg (41%) with AC 68% with AFI 19.8cm with Placenta Anterior High with UAD normal. She was admitted at 35+3 weeks with early labour for preterm VBAC delivery.

Investigations: Enclosed
Blood Group : "A" positive

Management: Course in hospital and Delivery Details:

At admission on clinical examination the vitals were stable, uterus was mild acting , cervix was 70 % effaced and 3 cm dilated with tense BOM+ with Cervical stitch insitu- Cervical stich removed. Fetal well being was confirmed by an admission CTG which was found to be reactive. Informed consent taken for VBAC (vaginal birth after cesarean). Artificial rupture of membranes done at 5-6 CMS dilatation revealing clear liquor. 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 5:30pm. Passive descent of fetal head was allowed. She was put into position for vaginal birth. 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 spontaneous vaginal delivery, Cord clamped and cut and baby handed over to

Name	Mrs SEEMA MAIYA	UHID	HNH-00011804
IP No	IP26-00006498	Admission Date	04-06-2026

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 : 04.06.2026
Time of Delivery: 06:43pm
Type of Labour : Spontaneous
Type of Delivery: Preterm VBAC

Baby Details:

Date : 04.06.2026
Time of Delivery: 06:43pm
Sex : Male
Weight : 2.429Kg
Apgar : 8,9
Gestational Age: 35+3 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. Blood sugar monitoring was done. Her postpartum period following that was uneventful. On first postpartum day episiotomy wound was healthy and intact. On PND1 FBS was 98mg/dl and PPBS was 200mg/dl. Physician consultation was sought. 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 10.06.2026 (9am-9pm) after food.
2. Tab. Calpol 500mg (Paracetamol 500mg) (2tabs) thrice daily till 08.06.2026 (8am-2pm-10pm) after food.
3. Tab. Pantodac (Pantoprazole - 40mg) 1 tablet twice daily till 10.06.2026 (7am-7pm) before food.
4. Tab. Voveran 50 mg (Diclofenac 50mg) thrice daily till 08.06.2026 (9am-3pm-11pm) after food.

Name	Mrs SEEMA MAIYA	UHID	HNH-00011804
IP No	IP26-00006498	Admission Date	04-06-2026

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. Betadine ointment for local application.
8. Syp. Duphalac 15 ml (Lactulose 3.33gm/5ml) at bed time for one week.
9. T.Glycomet SR 500mg twice daily
10. Repeat FBS and PPBS after 1 week and review

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

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

Review with **Dr. SWAPNA SAMUDRALA**, after **2 weeks** on 18.06.2026 at Rainbow Children's Hospital with prior appointment (**Review consultation will be charged**).

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

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

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

Patient/ Attender

Name	Mrs SEEMA MAIYA	UHID	HNH-00011804
IP No	IP26-00006498	Admission Date	04-06-2026

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. SWAPNA SAMUDRALA
MBBS, MS (OBG)
69924

ADMISSION SHEET



Registration Details :

Admission No : IP26-00006498 Admit Date : 04-Jun-2026 Admit Time : 03:28 PM UHID : HNH-00011804

Patient Details :

Patient Name	: Mrs SEEMA MAIYA	Age	: 40 Y 8 M 7 D
Guardian	: Mr SANAL S MENON	DOB	: 28-09-1985
Gender	: Female	Religion	:
Occupation	:	Martial Status	:
Address (H)	: 3-4-812/1 ,g-12 Barkatpura Hyderabad Telangana INDIA 500027	Phone No	: 9966408873/ 9966408874
		E-mail	: seema_maiya85@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 SANAL S MENON Relationship : W/O
 Contact Address : 3-4-812/1 ,g-12 Barkatpura Hyderabad
Telangana INDIA 500027 Phone No : 9966408873



Signature

Doctor Details :

Doctor Name : Dr. SWAPNA SAMUDRALA Specialisation : OBSTETRICS AND GYNECOLOGY
 Referral Doctor : Self. Phone No :
 Co-Consultant :

Payment Details :

Payment Mode : DC/CC Card Deposit Amount : 20000.00
 Payor Name : FAMILY HEALTH PLAN INSURANCE
TPA LTD

ACTIVITY RECORD FOR BILLING

Name : _____ HNH-00011804 IP26-00006498 _____
 Mrs SEEMA MAIYA
 UHID No. : _____ 28-09-1985 40 Y 8 M 7 D (F) _____
 Dr. SWAPNA SAMUDRALA
 Date of Admission: _____ of Discharge : _____ Time: _____
 Room / Bed No : _____ Ward : _____ Suggested Billable bed type : _____



WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
01/6/26		LDR	OB	Seema Maiya
4/6/26	10:12 PM	LDR	Room (240)	Mounika

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	NMC	4/6/26	26-000030	Li
2	DR. Spandana		4211 ✓	
3	Dr. S. Tejaswi Reddy	5/6/26	4402 ✓	SM
4				
5	Crossed out by Dr 6/6/26			
6				@ 11:30
7				
8				
9				
10				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
4/6/26	NST - (1)	006738 ✓	Liatha
4/6/26	GRBS 3:30pm 80mg/dl	HN26009328 ✓	Liatha
4/6/26	CBP, CRP, HVS	HN26009327 ✓	Liatha
4/6/26	GRBS @ 7pm 90mg/dl	9334 ✓	Li
4/6	NST - (2)	6751 ✓	Li
5/6/26	FBS :- 98 mg/dl	9354 ✓	Liatha
5/6/26	PPBS :- 200 mg/dl	9355 ✓	Li
		cross checked done	
		cross checked	
		done	
		cross checked by Li 6/6/26	

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
u/b	Iv placement	①	26-000020 4264 ✓	Liaton
u/b	catheterization	②	204261 ✓	Lj
u/b	PRN	②		
5/6/20	NHA	①	4398 ✓	SA

Cross checked done

Cross checked done

done by SA 6/6/20

ANY OTHER INFORMATION

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Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

Preterm labour

LMP: 29/9/25

EDD:

Corrected EDD: 9/12/26

GA: 35w3d

Obstetric Formula: G3 P1 U A1

Menstrual History: Regular: Yes No

1st preg (2017): - PT - LSCS @ 32wks (PProm + overt DM)
 NICU x 14 days.

Obstetric Examination

Fundal Height: Uterus Term

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:

Present preg (2026) - PP. Spontaneous conception
 Booked @ 5th wks, NT - (N)
 FTS - Int-risk of T21 (1:255) - NIPS
 Cr polyhydramnios + Cervix @ 18 wks

RISK FACTORS:

Preterm,

Per Speculum Examination

N/A

Draining: Present Absent Bleeding

Colour of Liquor: Clear Meconium Blood Stained

Vaginal Examination

Cervix: Long Partially effaced Effaced

Os: Closed Dilated 3-4cm

Membranes: Present Absent

Liquor: Clear Meconium Blood Stained

Presenting Part: Vertex Breech Others

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

Pelvis: Adequate Doubtful

Height: 160 cm

Weight: 99 kg

Allergies: Nil

Breast: Normal Abnormal

General Examination:

Consciousness: (+) Pallor: (-)

Icterus: (N) Edema: (-)

Temp: Afebrile PR: 88bpm

BP: 101/70 DTR: (+)

CVS: (N) RS: S1 L N V3

Liver/Spleen: (P) Urine Output: (N)

DIAGNOSIS

G3 P1 U A1, 35th wks & previous & overt DM on
 GHA + Insulin. in Preterm labour



<p>Family History: Parents - DM + HTN Ut. Ca in mother.</p>	<p>Surgical History: LSCS (2012)</p>
<p>Medical History: K1C6. Overt DM : 2016. on OHA (Prepreg) + Insulin (Postpreg)</p>	<p>Medication History:</p>
<p>Plan of Care: <u>Emergency LSCS</u></p> <ul style="list-style-type: none"> - Informed consent - NBM - Prepare parts - Pre op R as charted - Remove cervical stitch - Inform OT / Anesthetist / Pediatrician - Shift to OR call - CBP, CRP, HNS - GRBS. 	<p>Investigations:</p> <p>Blood Group - "A positive"</p> <p>Hb- Plt- WBC-</p> <p>HIV HbsAg } NR. RPR }</p> <p>USG (30/6/26) 4/6/26</p> <p>SLUG, Pl-Aut, high AFI - 21.7. (Upper limit)</p> <p>EFW @ 33⁴ wks - 21 kg (41%) AC @ 68% } 53⁴ wks</p> <p>Dopplers. - UAPI - 93% MCAP1 - 61% CPR - <1%</p>

Doctor Name: Dr. G. Veena
 Signature:
 Date & Time: 4/6/26

Dr. Swapna Samudrala
 Consultant Obstetrics and Gynecology
 Reg. No: 69924

Consultant Name: Dr. Swapna Samudrala
 Signature:
 Date & Time: 4/6/26



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	<u>c/s/b A. Swapna Swapna</u>	
4/6/26		
3:30pm	<p><u>P G₂ P₁ L A₁ / 35⁺ wts - Prev. PT - uses</u> <u>Overt DM + Insulin</u></p>	
	<p>Pt is stable, no pain abd.</p>	
	<p>afebrile</p>	
	<p>BP - 84/80/70</p>	<p><u>AIV</u></p>
	<p>PR - 76 bpm</p>	<p>- NBM.</p>
	<p>SpO₂ - 97% on RA</p>	<p>- OIV fluids</p>
	<p>P/A - Ut ~ Term</p>	<p>- w/f progress</p>
	<p>Cephalic, 4/5th palpable</p>	<p>- Continuous CTG monitoring</p>
	<p>FHS (+)</p>	<p>- NICO counselling</p>
	<p>P/V - Cervix 5cm dilated</p>	<p>- w/f hypotension, tachycardia,</p>
	<p>Vx = -2 station</p>	<p>Scar tenderness</p>
	<p>well effaced</p>	<p>- Vital monitoring</p>
	<p>Membranes (+)</p>	<p>- Inform SOS</p>
	<p>ARM done → Clear leak noted</p>	<p><i>lit</i></p>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/6/26	<u>PND - 0</u>	
7:30 PM	NO Comp	<u>Adv</u>
	D/E - Air Jan	- Soft Diet
Baby - well	w/lebrile	- Oral hydration
	D, Sat. 99 to PA	- Drugs as charted
	PR - 92 bpm	- monitor vitals 1/2 hly
Joleyca	B.P - 116/60 mm Hg	- w/ excessive PV bleeding
	PA - ut well retracted	- Remove Joleyca,
CPRS - 90	L/E - NATS	encourage voiding
w/lebrile		- FBS / PPBS on 5/6/26
		- Jupan sos
	Baby MS	

Dr. Swapna Samudrala
 Consultant Obstetrics and Gynecology
 Reg. No: L-3924

(Signature)

Kindly
 let the
 pt. to
 room


cls by Dr. Naveena

- Adv
- Soft diet
 - Adequate hydration
 - Foley's removal T/M 6am
 - FBS, PPBS T/M (5/6/26)
 - drugs as charted
 - w/F PV bleeding
 - Monitor Vitals
 - Inform SOS.

Seema



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/06/20 16:30pm	Mr. Spandana	
	35+3wks	UCU
	< 3hms. -	preterm
	late preterm	
	may be after delivery - neonatal	no need for oxygenation
	in some occasions -	breathing support - NW/ CPAP.
	HRM Rp.	
	→ Axx - ter	any infections
	→ In lungs	
	→ mucous levels	
	not coming to NW -	stay with mother CURRI monitoring
	P. Spandana	
	Dr. SPANDANA - DISUBJ Reg. No. 3092	

HNH-00011804 IP26-00006498
 Mrs SEEMA MAIYA 40 Y 8 M 8 D (F)
 28-09-1985
 Dr. SWAPNA SAMUDRALA



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/6/2020 12pm	C/S/16 Dr Swapna Samudrale PND-1/USAC	
	Ce-Fox Afibole	Adv
	Vitals Stable	Regular Diet / Adeq Hydration
<u>BMS</u>	P/A ut well retracted	Drugs as charted
	L/E Bleedy wsc	w/f vitals & secret BpV
<u>UV</u>		Ambulation
<u>SV</u>		Infirm sup
	<u>Remove iv cannula</u>	
	FBS - 98 mg/dl PPBS 200 mg/dl	
	C/S/16 Dr Nishanth Sr	
	Adv - Tab Glycomet SR 500mg BD	
	- Repeat FBS/PPBS after 1 wk & Review	
		by Anomaha Noted by usetha

Dr. Swapna Samudrale
 Consultant Obstetrics and Gynecology
 Reg. No: 69324

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/6/26	C/S/B Dr. Dna	
9:30 AM	PND-1 VBAC	
	AC Fair Afebrile.	- Adv
BMS	Vitals stable.	- Regular diet
U ✓	P/A ut retracted	- Drugs as charted
FV ✓	well.	- Ambulation
S ✓	P/V - NAB.	- w/f bloody PV
		- Vital Monitoring
		Infam 501
6/6/26	C/S/B Dr. Dna	
7:30 AM	PND-2 VBAC	
Baby & Mother	AC Fair Afebrile	- Adv
U ✓	Vitals - stable.	- Regular diet
FV ✓	P/A uterus retracted	- Adequate hydration
S ✓	U & NAB	- Drugs as charted
		- Ambulation
		- w/f PV bleed
		- Vital Monitoring
		Infam 501
		- Nited by doctor
		6/6/26 @ 5 AM



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/6/26 11:30 AM	c/s/R Dr. Veena AND-2	
	It is stable, No c/o ole AC-fair, Afebrile Vitals - stable	- Adeq
	P/A - Utwell retracted	- Regular diabetic diet
	MC - BUNL	- Oral hydration
U ✓		- Diets as charted
F ✓		- Ambulation
S ✓		- Adequate hydration
		- Perform SOs.
6/6/26 11:30 AM	PAIN - II	
	No comp	- Adeq
	O/E - Girl fair afebrile	- Regular Diabetic Diet
Baby well	O ₂ Sat. 99% RA	- Oral hydration
Shots ✓	Vitals @	- Diets as charted
	It is ut well retracted	- Monitor vitals
	MC - MAB	- Ambulation
		- Perform SOs
	Can be discharged	Dr. Swapna Samudrala Consultant Obstetrics and Gynecology Reg. No: 69924

HNH-00011804
 Mrs SEEMA MAIYA IP26-00006498
 28-09-1985 40 Y 8 M 7 D (F)
 Dr. SWAPNA SAMUDRALA



DRUG CHART

Date of Admission: 4/6/26 Drug Allergies: Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

SOS / PRN (As Required Medication)

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

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

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

VERIFIED BY : Name Signature



REGULAR PRESCRIPTIONS

Weight 99kg Ward

DRUG : <u>INS - CEFOTAXIME</u>				Date Time	<u>4/6</u>
Dose	Route	Frequency	Start Date		
<u>1g</u>	<u>IV</u>	<u>BD</u>	<u>4/6/26</u>	<u>4AM</u>	<u>X</u>
Name & Signature of the Doctor Starting the Drugs:				<u>T</u>	
Additional Instructions:				<u>STOP</u>	
<u>FOR</u>				<u>L</u>	
Daily Doctor's Endorsement by a Sign				<u>Dr. Naveena</u>	

DRUG : <u>T-PANTOPRAZOLE</u>				Date Time	<u>4/6</u> <u>5/6/6/6</u>
Dose	Route	Frequency	Start Date		
<u>40mg</u>	<u>PO</u>	<u>BD</u>	<u>4/6</u>	<u>6AM</u>	<u>(9/6/6)</u>
Name & Signature of the Doctor Starting the Drugs:				<u>Dr. Naveena</u>	
Additional Instructions:				<u>BEFORE FOOD</u>	
Daily Doctor's Endorsement by a Sign				<u>✓</u>	

DRUG : <u>T-TAXIM</u>				Date Time	
Dose	Route	Frequency	Start Date		
<u>200mg</u>	<u>PO</u>	<u>BD</u>	<u>4/6</u>		
Name & Signature of the Doctor Starting the Drugs:				<u>Dr. Naveena</u>	
Additional Instructions:				<u>L</u>	
Daily Doctor's Endorsement by a Sign				<u>✓</u>	

DRUG : <u>T-CEFIXIME</u>				Date Time	<u>4/6</u> <u>5/6</u> <u>6/6</u>
Dose	Route	Frequency	Start Date		
<u>200mg</u>	<u>PO</u>	<u>BD</u>	<u>4/6</u>	<u>10AM</u>	<u>(9/6/6)</u>
Name & Signature of the Doctor Starting the Drugs:				<u>Dr. Naveena</u>	
Additional Instructions:				<u>(9/6/6)</u>	
Daily Doctor's Endorsement by a Sign				<u>2</u>	

Verified by
Dr. Dhakshayani

Dr. Dhakshayani



Date Time	Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.	
DRUG :	Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route	Dose		Dose		Dose		Dose	
Start Date	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.	

Date Time	Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.	
VARIABLE DOSE	Dose		Dose		Dose		Dose	
DRUG :	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route	Dose		Dose		Dose		Dose	
Start Date	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
4/6/26	Not given	INJ. PANTOPRAZOLE	40mg	IV	[Signature]	not given not given
4/6/26	Not given	INJ. METOCLOPRAMIDE	10mg	IV	[Signature]	not given
4/6/26	4:30pm	INJ. DROTAVERG-RING	1 AMP	IV	[Signature]	Sujatha Anusha
4/6/26	6:43pm	INJ. OXYTOCIN	10U	Im	[Signature]	Sujatha Anusha
4/6/26	7PM	T. MISOPROSTOL	600mg	PR	[Signature]	Sujatha Anusha
4/6/26	7:15 PM	DICLOFENAC SUPPOSITORIES	1	PR	[Signature]	Sujatha Anusha

VERIFIED BY: Name

Signature

Dr. Dhakshayani



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	P/O	OD	3/6/26	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
2	TAB - CALCIUM	1 tab	P/O	OD	3/6/26	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
3	T. SUSTEN	400mg	P/O	OD	4/6/26	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
4	T. GLYCOMET - SR	500mg	P/O	BD	4/6/26	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
5	INS. REGUVENT (SO)	40-20-300	SC	TID	4/6/26	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
6						<input type="checkbox"/> C <input type="checkbox"/> DC
7						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

* C - Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : *[Signature]* Dr. G. Veera

Date & Time : 4/6/26 @ 2:30pm

Nurse Name & Signature:

Date & Time :

HNH-00011804 IP26-00006498
 Mrs SEEMA MAIYA
 28-09-1985 40 Y 8 M 7 D (F)
 Dr. SWAPNA SAMUDRALA

210

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

BirthRight
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

RESULT SHEET

Date	IP	4/6/26				
Time		3:25 PM				
Hb		12.3				
PCV						
RBC		3.94				
WBC		11.43				
N/L						
Platelets		271				
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 =						
HIV HbsAg HCV	} PR					

Culture and Sensitivities :

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.....

.....

Radiology : USG :

 X-Ray :

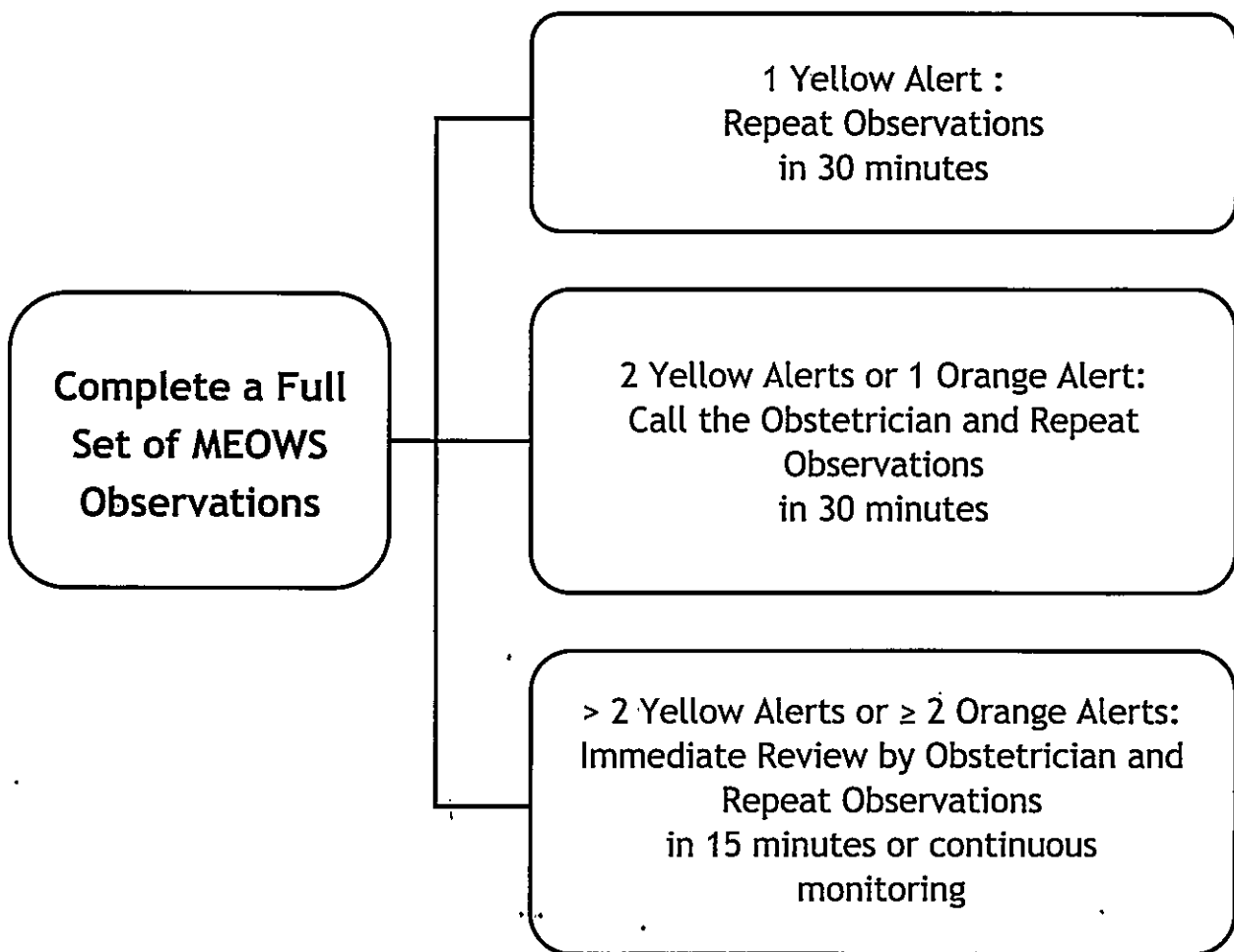
 ECHO :

 CT :

 MRI :

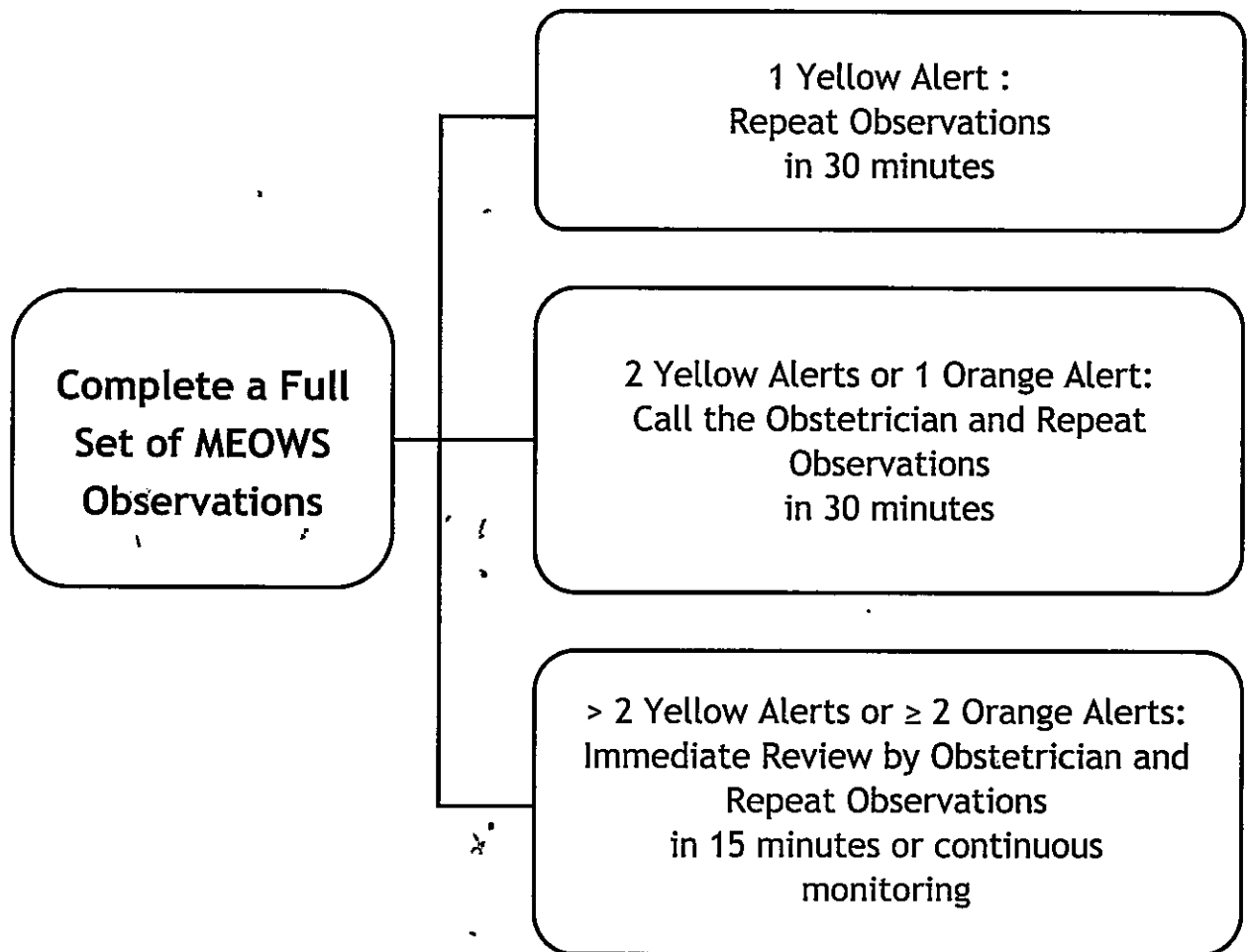
 Others (ECG, Contrast Studies etc.) :

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)



FLUID CHART

Sheet No. :

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

Date	Time	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
		Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage			Urine
			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	RL	A	100ml								
	03:00 pm	RL	B	100ml								
	04:00 pm	RL	C	100ml								
	05:00 pm	RL	D	100ml								
	06:00 pm	RL	E	100ml								
	07:00 pm	RL	F	100ml								
Total Intake : 600ml					Total Output :							
	08:00 pm								400ml			
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :					Total Output :							
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :					Total Output :							

Total 24 hrs. Intake

Total 24 hrs. Output

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 Mrs SEEMA MAIYA
 28-09-1985 40 Y 8 M 8 D (F)
 Dr. SWAPNA SAMUDRALA



FLUID CHART

Sheet No. :

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
5/6/26	08:00 am												
	09:00 am		idly										
	10:00 am	o	H2O		NA		✓	NA		✓			
	11:00 am												
	12:00 pm												
	01:00 pm												
Total Intake :			taken			Total Output :					u - m -		
5/6/26	02:00 pm												
	03:00 pm		oppance										
	04:00 pm	o	idly + H2O		NA		✓	NA		✓			
	05:00 pm												
	06:00 pm												
	07:00 pm												
Total Intake :						Total Output :					u - m -		
5/6/26	08:00 pm												
	09:00 pm												
	10:00 pm	o	opme + H2O		NA			NA		✓			
	11:00 pm												
	12:00 am												
	01:00 am												
Total Intake :			taken			Total Output :					u - m -		
6/6/26	02:00 am												
	03:00 am												
	04:00 am	o	H2O		NA			NA		✓			
	05:00 am												
	06:00 am												
	07:00 am												
Total Intake :			taken			Total Output :					u - m -		

Total 24 hrs. Intake

Total 24 hrs. Output

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CHECKLIST FOR THROMBOPHLEBITIS

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

Signature of Ward In Charge :

Signature : [Signature] Name : Karthees



BRADEN 'Q' SCALE



					Date:	4/6	4/8	5/8/26	5/4
					Time:	02	10	16	5L
Mobility	1. Completely immobile: Does not make even slight changes in body or extremity position without assistance.	2. Very limited: Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	3. Slightly limited: Makes frequent through slight changes in body or extremity position independently.	4. No limitations: Makes major and frequent changes in position without assistance.	4	4	4	4	
"Activity The degree of physical activity"	1. Bedfast : Confined to bed	2. Chairfast : Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	3. Walks occasionally: Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	4	3	
Sensory Perception	1. Completely limited: Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation. OR, limited ability to feel pain over most of the body surface.	2. Very limited: responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	3. Slightly limited: Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	4. No impairment: Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4	
Moisture Degree to which skin is exposed to moisture	1. Constantly moist: Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	2. Very moist: Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	3. Occasionally moist: Skin is occasionally moist, requiring linen change every 12 hours.	4. Rarely moist: Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4	
FRICION-SHEAR Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	1. Significant problem: Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	2. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	3. Potential problem: Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	4. No apparent problem: Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	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 of meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	2. Inadequate: Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	3. Adequate: Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	4. Excellent: Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	4	
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4	
TOTAL SCORE					28	28	28	27	
Evaluator's Name									

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

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

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 Dr. SWAPNA SAMUDRALA

Morse Fall Risk Assessment Form



Choose Highest Applicable Score from each Category		Date / Time	4/6/26	4/6/26	5/6/26	Fall Risk Grading		
		Score				Risk Level	Morse Fall Score (MFS)	Action
History of Falling (immediately or w/in 3 months)	Yes	25				Low Risk	0 - 24	Standard Fall Precaution
	No	0						
Secondary Diagnosis (more than one diagnosis)	Yes	15				Moderate Risk	25 - 50	Implement Moderate Fall Prevention Intervention
	No	0	0	0	0			
Ambulatory Aid	Furniture	30				High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	Crutches, Cane(S), Walker	15						
	None /Bed Rest /Nurse Assist	0						
IV / Heparin Lock or Saline	Yes	20	20	20	20	Moderate Risk	25 - 50	Implement Moderate Fall Prevention Intervention
	No	0						
GAIT / Transferring	Impaired	20				High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	Weak (uses touch for balance)	10						
	Normal /On Bed Rest /Immobile	0	0	0	0			
Mental Status	Forgets limitations	15				High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	Oriented to own ability	0						
Total Morse Fall Scale Score:			20	20	20			
Signature								

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

- Ensure patients use their prescribed eye glasses if any, in the hospital
- 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



PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
4/6	5PM	0/10	-	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	D
4/6	8PM	0/10	-	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	D
4/6	10PM	0/10	-	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	D
5/6/26	10AM	0/10	r	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	D
5/6	2PM	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	See
5/6	8PM	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	See
5/6	10PM	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	D
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Re-assessment Frequency:

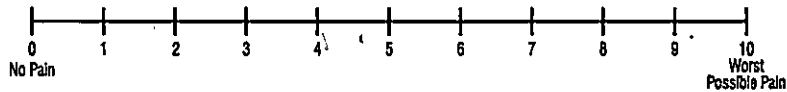
1. Every eight hours for all hospitalized patients.
2. For post-surgical patients, patients with chronic pain, patient with severe pain:
 - a) At least every 2 hours for the first 24 hours
 - b) Then every 4 hours.
 - c) Prior to pain pain-relieving intervention.
 - d) Within 30 – 60 minutes after pain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

PAIN ASSESSMENT TOOLS

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

Numerical Pain Scale (Obstetric and Gynecology)



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

Assessment Criteria	Sedation		Normal	Pain / Agitation	
	-2	-1	0	1	2
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not Irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense
Vital Signs HR, RR, BP, 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





NURSING CARE RECORD



Date: 11/6/26

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							<i>AKL</i>
Afternoon	2pm	<ul style="list-style-type: none"> → assess the pt condition → monitor the vitals & record → Administration of medication → maintain I/O chart & record 	4pm	<ul style="list-style-type: none"> → assessed the pt condition → monitored the vitals & recorded → Administered medication as per drug chart → maintained I/O chart & record 	pt is stable.	maintain I/O chart	<i>AKL</i>
Night	8pm	<ul style="list-style-type: none"> → checked the pt condition → monitor vitals & record → maintain I/O chart → Administer medication as per drug chart 	8pm	<ul style="list-style-type: none"> → checked the pt condition → monitored vitals & recorded → maintained I/O chart → Administered medication as per drug chart 	→ pt is stable	→ Rechecked vital	<i>AKL</i>

HNH-00011804 IP26-00006498
 Mrs SEEMA MAIYA
 28-09-1985 40 Y 8 M 8 D (F)
 Dr. SWAPNA SAMUDRALA

Patient S



NURSING CARE RECORD



Date: 5/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am	→ assess the pt condition → maintain S/O chart → monitor vitals → pt on soft diet → IV cannula present	8am	→ assessed the pt condition → monitored vitals & recorded → maintained S/O chart → medication as per drug chart → pt on soft diet	→ pt is stable	→ rechecked vitals	[Signature]
	2pm	→ stop IV fluids	2pm				
Afternoon	8pm	⇒ Assess the pt condition	8pm	⇒ Assess the pt condition	pt is stable.	re-checked the vitals	[Signature]
	10pm	⇒ maintain vitals ⇒ pt is stable	10pm	⇒ monitored the vitals ⇒ maintained S/O chart			
Night	8pm	⇒ assess the pt condition	8pm	⇒ assessed the pt condition	pt is stable	Rechecked vitals	[Signature]
	10pm	⇒ monitor vitals & record ⇒ maintain S/O chart	10pm	⇒ monitored vitals & recorded ⇒ maintained S/O chart			
	8am	⇒ Administer medication → on as per drug chart	8am	⇒ Administered medication as per drug chart			



URINARY CATHETER BUNDLE CHECK LIST

Date of Insertion: 4/6/26 Date of Removal: 5/6/26 @ 6A



Parameters	Date	Shift Time	4/6/26		4/6/26							
			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Need for the Catheter			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hand Hygiene			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Usage of Sterile Equipment			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the Collection bag below the level of bladder			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Check the Tube for Obstruction (Free of Kinking)			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is Catheter dated as policy			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Collecting bag is been emptied regularly?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintenance of closed system for the catheter			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Dressing clean and dry?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the line removed as Policy?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Performance of Perineal Care			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Onset of New Fever			<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Asses for the leakage at the site of insertion			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name of the Nurse			<i>[Signature]</i>		<i>[Signature]</i>							
Signature of the Nurse			<i>[Signature]</i>		<i>[Signature]</i>							



NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:		Any Infection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify:			
	Surgery / Procedure: <u>Am-LSG</u>		Post OP Day:			
BACKGROUND	Date	<u>4/6/20</u>	<u>4/6/20</u>	<u>5/6/20</u>	<u>5/6/20</u>	<u>5/6/20</u>
	Shift	<u>E2</u>	<u>N</u>	<u>MG</u>	<u>E1</u>	<u>N</u>
	Medical Condition (Any special condition to be noted):	<u>NA</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
ASSESSMENT	Diet:					
	Allergy:	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Ventilation (RA, NP, NIV, VENTI):	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Vital Signs:	Temp: <u>97.8°f</u>	<u>98.5°f</u>	<u>97.8°f</u>	<u>98.5°f</u>	<u>98.5°f</u>
	Res:	<u>20bmt</u>	<u>20bly</u>	<u>20</u>	<u>20</u>	<u>20bmt</u>
	SpO ₂ :	<u>99%</u>	<u>99%</u>	<u>99%</u>	<u>99%</u>	<u>99%</u>
	Pulse:	<u>81bmt</u>	<u>81bly</u>	<u>82bmt</u>	<u>83bmt</u>	<u>85bmt</u>
	BP:	<u>112/69</u>	<u>120/70</u>	<u>102/62</u>	<u>103/62</u>	<u>102/72</u>
	LOC:	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
Fall Risk Score:	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	
Pain Score:	<u>0/10</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	
Skin Integrity:	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	
Recommendations	Safety Needs:	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Physiotherapy:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Others Specify:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Special Diet:	<u>NBM</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
	Critical Lab Test / Values:	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	ADL (Dependent / Non Dependent):	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Post Operative Procedure Special Orders:	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	
Handed Over By Name :	<u>Sujatha</u>	<u>Shruti</u>	<u>Divya</u>	<u>Madhu</u>	<u>Shruti</u>	
Signature / ID :	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	
Date:	<u>4/6/20</u>	<u>4/6/20</u>	<u>5/6/20</u>	<u>5/6/20</u>	<u>5/6/20</u>	
Time:	<u>8PM</u>	<u>8AM</u>	<u>2PM</u>	<u>5PM</u>	<u>8AM</u>	
Taken Over By Name :	<u>Shruti</u>	<u>Divya</u>	<u>Madhu</u>	<u>Shruti</u>		
Signature / ID :	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>		
Date:	<u>4/6/20</u>	<u>5/6/20</u>	<u>5/6/20</u>	<u>5/6/20</u>		
Time:	<u>8PM</u>	<u>8AM</u>	<u>8PM</u>	<u>8PM</u>		

PATIENT TRANSFER FORM

Patient Name & UHID No. HNH-00011804 IP26-00006498 Mrs SEEMA MAIYA 28-09-1985 40 Y 8 M 7 D (F) Dr. SWAPNA SAMUDRALA 		Date & Time of Admission 4/6/26 @ 3:28 PM	Date & Time of Transfer Order 4/6/26 @ 10:12 PM
		Transfer Ordered by nr. veera.	Reason for Transfer EMERGENCY
From Unit LDR	To Unit Floor	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File 26	Number of Imaging Films NST - 2	Personal belongings including clinical documents. If any handed over to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, what?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.	RL 500ml	2	
2.			
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes <input type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring Sis. Sujatha Qst		Name of Person Ordered Transfer nr. veera.	
Patient & Clinical Records Received by :			
Date & Time of Patient Received :  @ 10:12 PM			

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

CONSENT FORM FOR TRIAL OF LABOR / REPEAT CESAREAN SECTION



Patient Name : Mrs. Seema. Maiya Date of Birth:
 Husband's Name: Mr. Sanal UHID No. : HNH-0001809

You have had a previous cesarean section although "once a cesarean always a cesarean section" used to be the rule; some women may choose to attempt a "Trial of Labor" for Vaginal Birth after Cesarean section.

Your doctor will review the records of your cesarean section to determine whether or not you may attempt labor.

Suitability for trial of labor for Vaginal Birth after Cesarean is assessed based on factors like:

- When was the last caesarean done
- What is the type of scar on the uterus (Transverse / Vertical)
- Any complications during / after previous caesarean
- Where was it done
- Interval between pregnancies
- The course of your current pregnancy

You will have an opportunity to discuss this in detail with your doctor. Large studies have found a success rate of vaginal deliveries in 50 to 60% for women who have a trail of labor. The alternative to a trail of labor is to have a repeat cesarean section without labor.

If you qualify for a vaginal delivery after cesarean section, you need to understand the benefits and risks of a trial of labor. This will enable you to make an informed choice to either plan a trail of labor or a repeat cesarean section.

Benefits, Risks, Alternatives for Trial of Labor for Vaginal Birth After Cesarean Section

Benefits:

- Vaginal delivery after cesarean section include a shorter hospital stay and recovery period for you.
- A vaginal delivery is considered safer than a cesarean section for the mother, with less blood loss and less risk of infection.
- The baby may benefit from vaginal birth by less remaining lung fluid after the first breath.

Risk:

- May require a cesarean section during labor with a higher risk of infection
- There is a small (<1.2%) risk of the uterus opening in the area of the old incision. If this happens, it could cause distress, permanent injure or death to your baby, excessive bleeding and rarely may require a hysterectomy (removal of the uterus).

Benefits and Risks with planned LSCS

Benefits:

- No risk of uterine rupture in women undergoing Lower Cesarean Section
- Less risk of birth – related asphyxia for baby when compared with Vaginal Birth after Cesarean Section

Risk:

- Longer hospital stay and recovery period
- Increased risk of neonatal respiratory morbidity
- Increase the risk of serious complications in future pregnancies like adherent placenta, injury to bladder, bowel or ureter, hysterectomy; blood transfusion.

The risk of anesthetic complications in extremely low, irrespective of whether you opt for planned Vaginal Birth after Cesarean section or planner Lower Segment Cesarean Section.

Your doctor will answer any further question that you may have.

Please initial here that:

I have read and understand the risk and benefits of each procedure. I have had the opportunity to have my questions answered and I elect for: A trial of Labor for Vaginal Birth after Cesarean section A repeat cesarean section

Name of the doctor who is performing the procedure: Dr. Sangeeta Samudra

Patient Attendant Signature : <u>[Signature]</u>	Witness :	Doctor
Name : <u>SANAL</u>	Signature : <u>Sujathe</u>	Signature : <u>[Signature]</u>
Relationship with Patient: <u>HUSBAND</u>	Name : <u>Sujathe</u>	Name : <u>Dr. G. Veena</u>
Date & Time : <u>04/06</u>	Date & Time : <u>4/6/26 4pm</u>	Date & Time : <u>4/6/26 @ 4pm</u>

PARTOGRAPH

LABOUR

Labour: Spont IOL-PGE 1 E2 Others
Indications for IOL-Accel: None Oxytocin
Memb. Rapture 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:
Application, Locking & Traction:
Duration of Instrumentation:
No. of Pulls:
Catherised : Yes No
Type: Fileys Plain
Perineum : Intact Episiotomy Tear
Suture Material Used: ... *Rapidoxyl No.1*

STAGE III

Placenta: Normal Abnormal RP Clots
 CCT Retained MRP
PPH: Atomic Traumatic None
Lacerations: *none*
Cervical: *(2)*
Perineal: *(2)*
Others:
Prophylaxis: *Synocinon* Prostodin
Blood Loss: *~300ml*
Blood Transfusion:
Other Details (if any):
Ractal Examination: *Intact*
Moop & lunde count found correct.

DURATION OF LABOUR

1st Stage: *2 hrs*
2nd Stage: *1 hr 13 min*
3rd Stage: *10 min*
Duration of Active Pushing: *30-40 min*
No. of VE'S: *3-4*

BABY DETAILS

Gender: *Male*
Weight: *2.420*
APGAR: *8/10, 9/10*
Date and Time of Delivery: *6:43pm; 4/6/2016*
LW Doctor: *Dr. Swapna / Dr. Swathi / Dr. Naveen*
LW Sister: *S/N. Anusha*

Record of Labor: →

Maternal Condition: → Good

Fetal Condition: → Good

Progress of Labor: → Awaited

Management: P=80gms, BP=100/80

PA: ut 34wrs
cephl 0/5+
Rt 10/10
120gms
no SCI

pr: 01 fully dilated
July effaced
v. 8cm. 1+0/1 to 1/1
Disrupt @ ROA

Time: 5:30pm 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:

Maternal Condition:

Fetal Condition:

Progress of Labor:

Management:

Time: Signature:



OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 11/6/26 Time of Arrival: 2:30 PM Time Seen by Nurse: 2:30 PM

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: 98.6 Pulse: 85 RR: 20 SpO₂: 99+ BP: 130/85 Weight:

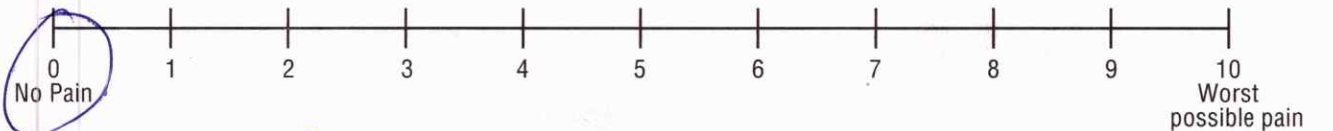
4) Gestational Criteria:

Gravida:	G <u>2</u>	P <u>1</u>	L <u>1</u>	A
----------	------------	------------	------------	---

LMP: EDD: Gestational Age:

Uterine Contraction	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> NA	Onset	Time	Frequency:
Membrane Rupture	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> NA	Onset	Time	Fluid Color:
Vaginal bleeding	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> NA	Onset	Time	Amount:
Pre Eclampsia Symptoms	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> NA	If Yes specify: Headache / Visual Symptoms / Pain Abdomen / Vomiting		
Good fetal Movement	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> NA	If No specify:		

5) Pain Screening: Numerical Pain Scale (NPS)



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

6) Past History:

- a) Surgeries: NS
- b) Medical: NS

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 / PPRM < 37 Weeks	Signs of Active Labour > 37 weeks	Signs of Early Labour/ SRM > 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	<ul style="list-style-type: none"> • Acute onsite severe abdominal pain • Altered level of consciousness • Cord prolapse • Severe respiratory distress • Suspected sepsis 	<ul style="list-style-type: none"> • Major trauma • Shortness of breath • Unplanned and unattended birth 	<ul style="list-style-type: none"> • Abdominal/back pain greater than expected in pregnancy • Flank pain / hematuria • Nausea /vomiting and /or diarrhea with suspected dehydration 	<ul style="list-style-type: none"> • 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) 	<ul style="list-style-type: none"> • 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: 2:30pm

Nurse Name: AKW6 Nurse Signature: [Signature]

Date: 4/6/26 Time:

HNH-00011804 IP26-00006498

Mrs SEEMA MAIYA
28-09-1985 40 Y 8 M 8 D (F)
Dr. SWAPNA SAMUDRALA



23708 374710

210



NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 5/6/26 Time: 10 Am

Origin: Indian Height: 160cms Weight: 99kg BMI: ~ 26 kg/m²
 ~ 28 kg/m²
 ~ 30 kg/m²

Food Allergies: NO

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

Signature:

Name: Seema Maiya

Date & Time: 5/6/26; 10Am

Dietician's

Name: Sathwik

Date & Time: 5/6/26; 10Am



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CROSS CONSULTATION FORM

Doctor Name : Dr. Swapna Date : 5/6/26 Time : 10 AM

Diagnosis : NVD

Hospital : Rainbow Himayat Nagar

Type of Referral :

- Emergency
- Urgent
- Non Urgent

Referred for : Opinion Co-Management Transfer of care

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

Signature: _____

Findings and Recommendations :

Lactation care plan

- well formed breast & nipple's
- colostum seen
- encourage orally DBF every 2nd hrsly on each side
15-20 mints
- Aim for deep latch
- Advice to start constal (TID) 10mg

Consultant :

Name : Swapna-G Signature : [Signature] Date & Time : 5/6/26, 10 AM



BREAST FEEDING HANDOVER AND ASSESSMENT FORM

1. Breastfeeding initiated?

- a. Yes
- b. No

2. If No, Reason

3. Nipple condition:

- a. Nipple well formed
- b. Flat nipple
- c. Inverted nipple
- d. Short nipple

4. Milk flow:

- a. Good
- b. Drops of colostrums
- c. Dry

5. Steps for Positioning and attachment:

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



Feeding Positions:
Cross Cradle



Feeding Positions:
Football / Clutch

6. Was the position explained:

- a. Yes
- b. No

7. For Caesarian mothers:

- a. Mother is required sit and feed from the 4th feed
- b. Please explain football hold

8. NICU admission:

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

9. Additional notes:

Continuity of Care:

Date: 4/10/26

→ Assess the baby condition

→ DRF and how & breastfeeding

→ maintain I/O chart & record

→ GRBS monitoring 2

Handover given by *A Kelly*

Handover taken by

Signature *A Kelly*

Signature

Date & Time: 4/10/26

Date & Time: