Rainbow® Children's Hospital
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BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery.

ACTIVITY RECORD FOR BILLING

VIH-00156587 IP-00060436
Mrs CHAITANYA PINNAPATI JAI
10-01-1990 36 Y 5 M 13 D (F)
Dr. BHAVANA K

Name: --- ----------

UHID No : ---------- Consultant : ---------- Dept : ----------

Date of Ad...sion : ---------- Time : ---------- Date of Discharge : ---------- Time: ----------

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Sign
23/6/26	USG Abdomen pelvis scan	R26.0100397	
23/6/26	CBP,	V12602450	
23/6/26	S. electrolytes		
23/6/26	GRBS: 1:25PM (Pre Lunch) 88mg/dl	V12602425	
	Cross checked by	A Shamili	23/6/26 at 2:15pm
23/06/26	GRBS (post lunch) (3:45pm) : 136 mg/dl	26021321	
23/6/26	GRBS (pre Dinner) (7:30pm) - 94mg/dl	26021328	
23/6/26	GRBS (Post Dinner) (10pm) - 148 mg/dl	26021329	
24/6/26	GRBS (FBS) (6am) - 79 mg/dl	26021330	
23/6/26	RBS	26021323	Rajan
24/6/26	RBS at 3pm - 115mg/dl	V12602139	
24/6/26	CBP	26021357	
25/6/26	FBS - 85 mg/dl.	26021433	
	Cross checked by		

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
24/6/26	Cardiac Monitor	3^{30} pm	24/6 8:30pm	36940539	[signature]

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
24/6/26	[illegible] Placement	①	3094034	[illegible]
	Clon checked by	a	Shanvi	24/6/26 at 3:30pm

ANY OTHER INFORMATION

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

DOL

(1)

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ACTIVITY RECORD FOR BILLING

VIH-00156587 IP-00060436
Mrs CHAITANYA PINNAPATI JAI
Name: --- 10-01-1990 36 Y 5 M 11 D (F)
Dr. BHAVANA K

UHID No :

---------- Consultant : ---------- Dept : ----------

Date of Admission : --21/6/26--- Time : 9:57PM ---------- Date of Discharge : ---------- Time: ----------

Room / Bed No : --220---------- Ward : L/W ---------- Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
21/6/26	10:30pm	L/W	OT	
22/6/26	1:35AM	OT	MICU	
23/6/26	2:10PM	MICU	Room (207)	
28/6/26	12:52pm	2nd Floor	L/W	
24/6/26	7:20PM	L/W	2nd Floor (207)	

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	DR. Kiranmai (Cardiology)	22/6/26	3093343	
2.	DR. Prasanth	22/6/26	3093587	Tej.
3.	DR.			
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Sign
21/6/26	CBP	V126021108	
21/6/26	(1) GRBS @ 9:30pm – 97mg dL	V126021110	
21/6/26	PT/APTT/INR	V126021111	
22/6/26	PT/APTT/INR, LFT, creatinine	V126021122	
22/6/26	LDH, urea, uric acid,		
22/6/26	electrolytes, CRP, procalcitonin		
22/6/26	placenta Histopathology	V126021116	
22/6/26	NSI @ 10:30pm – (1)	R26-009942	
22/6/26	(2) GRBS @ 2:30Am – 115mg dL	V126021142	
22/6/26	(3) GRBS @ 6:30Am – 141mg dL	V126021143	
22/6/26	CBP, electrolytes, PT/APTT/INR	V126021147	
22/6/26	LFT		
22/6/26	ECG	R26-009948	
22/6/26	(4) GRBS @ 10:30Am – 114mg/dL	V126021197	
22/6/26	2Decho	R26-009985	
22/6/26	Blood cls, urine cls.	V126021164	
22/6/26	(5) GRBS at 3:30pm 127mg/dL	V126021203	
~~22/6/26~~	~~placenta histopathology~~	~~V126021116~~	
22/6/26	(6) GRBS 111mg/dL 7:40pm	V126021224	
22/6/26	VBG	V126021223	
22/6/22	(7) GRBS 148 mg/dL 10:20 pm	V126021264	
23/6/26	GRBS 81 mg/dl @ 8:50 Am	V126021265	
23/6/26	GRBS 167 mg/dl at 10:00 Am	V126021293	
23/6/26	GRBS 125mg/dl at 11:30 Am	V126021294	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
22/6/26	infusion pump	10pm	22/6/26 4pm	3093026	
22/6/26	cardiac monitor	1:35AM	23/6/26 10AM		
22/6/26	oxygen	2:00AM	8:00AM	3093330	priya
	cross checked	by		23/6/26 2:30pm	

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
21/6/16	IV placement	1	3093024 ✓	[signature]
22/6/16	PAC	1	3090302 ✓	[signature]
21/6/16	catherazation	1	3093097 ✓	[signature]
22/6/16	Nebulisation	1	3093086 ✓	[signature]
22/6/16	IV placement	1	3093097 ✓	[signature]
22/6/16	Blood transfusion (1 PRBC)	1	3093100 ✓	[signature]
22/6/16	Blood transfusion (1 PRBC)	1	3093101 ✓	[signature]
22/6/16	Blood transfusion (2FFB)	1	3093125 ✓	[signature]
22/6/16	Blood transfusion (2FFB)	1	3093124 ✓	[signature]
22/6/16	Blood transfusion (1 PRBC)	1	309354 ✓	[signature]
23/6/16	Blood transfusion (1 PRBC)	1	3093512 ✓	[signature]
24/6/16	Blood transfusion	1	3094033	[signature]
	Cross checked by		Shamie 24/6/16	at 3pm

ANY OTHER INFORMATION

Date : 24.06.2016

Time : 8 Am

Prepared By : MT-ruy

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Deepika	[signature] 24.06.2016 8 Am		

Patient Stic

VIH-00156587 IP-00060436
Mrs CHAITANYA PINNAPATI JAI
10-01-1990 36 Y 5 M 11 D (F)
Dr. BHAVANA K

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SURGERY DETAILS

Date : 21/6/26

Patient Name: Mrs. Chaitanya Date of Birth: 10/01/1990 Age: 36 Y

Gender: Female Ward : OT UHID No.: 156587

Date of Surgery: 22/6/26 ☑ OT -1 ☐ OT -2 ☐ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : Emergency Lower Segment Cesarean Section & SA

Time in : 10:35 PM Time Out : 1:30 AM

	NAME	AMOUNT
1. Surgeon	: Dr. Bhavana. K	OT-Charge
2. Anaesthetist	: Dr. Durga Bhavani	
3. Assistant Surgeon	: Dr. Nausheen	
4. OT Technician	: Vaishnavi	
5. Circulating Nurse	: Bhavani / Arif	
6. Assistant Nurse	: Jyothi	

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

Dr Nausheen.
Signature of the Surgeon

Signature of Circulating Nurse

Order No: 3093202/01 Order by: Ratan

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

Ratan

Name	Mrs CHAITANYA PINNAPATI JAI KRISHNA RAJ	**UHID**	VIH-00156587
Father/Guardian	Mr JAI KRISHNA RAJ P. R	**Age/Gender**	36 Y 5 M 12 D/Female
Address	FLAT-102 BHAVANI NILAYAM CIEFL COLONY KALYAN NAGAR EAST ANADBAGH, Malkajgiri, Hyderabad, Telangana, INDIA, 500047		
IP No	IP-00060436	**Admission Date**	21-06-2026
Ref Doctor	Self	**Discharge Date**	25-06-2026

DISCHARGE SUMMARY

Consultant: Dr. BHAVANA K, CONSULTANT GYNECOLOGIST & OBSTETRICIAN

Diagnosis: G3P1L1A1 with 33+2weeks with Previous Lower Segment Caesarean Section with Anaemia with Pregestational Diabetes Mellitus (Metformin) with Beta Thalassemia Trait with RA and Anti CCP positive with with Non reassuring NST Decreased fetal movements for observation /Emergency Lower Segment caesarean section.

EMERGENCY LOWER SEGMENT CAESAREAN SECTION DONE ON 21.6.2026 UNDER SPINAL ANAESTHESIA

History:
LMP: 31.10.2025
Obstetric formula: G3P1L1A1
EDD: 7.8.2026
Gestation at admission: 33+2weeks

Name	Mrs CHAITANYA PINNAPATI JAI KRISHNA RAJ	UHID	VIH-00156587

Obstetric History:
G1 - Male / 8.5years / FTLSCS / NPOL / BW3.4KG/A&H/ BF 1.5YEARS/ Uneventful/life spring hospital
G2 - Partial mole/ MERPC/ Feb 2023
G3 - Present pregnancy Spontaneous conception.

Medical History: Hypothyroidism since 7year on Tab Thyronorm 100mcg
Family History: Nil
Surgical History: Previous LSCS
Allergies: Nil

Antenatal Details: Mrs CHAITANYA PINNAPATI JAI KRISHNA RAJ was booked to Rainbow hospital at 7+4weeks of gestation. She had regular antenatal checkups and investigations as advised. She was on Tab Ecosprin 150mg OD since conception. Rheumatologist review done in view of RA Positive and Anti CCP Positive. Diagnosed with Pregestational diabetes Mellitus at conception managed with Tab Metformin 500mg BD. Known case of anemia since conception managed with Tab Iron. She came with c/o decreased fetal movements since afternoon on 21.6.2026 with associated backache and heaviness in lower abdomen. She was admitted at 33+2weeks with Previous Lower Segment Caesarean Section with Anaemia with Pregestational Diabetes Mellitus (Metformin) with Beta Thalassemia Trait with Decreased fetal movements for observation /Emergency Lower Segment caesarean

Investigations: Enclosed
Blood group: A POSITIVE

Management: <u>Course in hospital and Delivery Details:</u>
At admission on clinical examination the BP 139/83mmhg PR 66bpm. uterus was relaxed, cervix was long and os closed. Fetal well being was confirmed by an admission CTG which was found to be non reactive. Left Lateral Position given, IV fluids given, VE stimulation done, still NST was non reassuring. CBP

sent. Injection Betamethasone 12mg IM one dose given after checking GRBs. Patient and attenders has been explained regarding Non reassuring NST with decreased fetal movements, risk of fetal distress and need of Emergency LSCS and they opted to emergency LSCS.

She was decided for emergency C-section in view non reassuring NST with decreased fetal movements, prepared with indwelling Foley's catheter and IV canula under aseptic conditions. Written informed consent for surgery taken. Preanesthetic check up done. Anesthetic premedication (IV Pantop and Perinorm) given. Antibiotic prophylaxis with Inj. Taxim 1 gm IV given. Patient shifted to theatre.

Surgery Notes: Operative Details:
Under spinal anesthesia she was painted and draped as per hospital protocol. Abdomen opened in layers. The parietal and visceral peritoneum carefully opened after identifying the urachus. Bladder was reflected. A lower segment curvilinear incision given on the uterus clear Liquor seen. Baby was in oblique lie. Baby delivered with one loop of cord around the neck. Cord clamped and cut and cord blood collected for blood grouping and Rh typing. Baby handed over to pediatrician. Completely seperated placenta noted and 160gms of retroplacental clots noted. Placenta delivered with controlled cord traction. Placenta sent for HPE. Uterus closed in layers. Uterus was atonic , uterotonics given. Intra OP 2PRBC and 4FFPs transfusion given, no transfusion reactions noted. Hemostasis secured. Intraperitoneal drain placed. Instruments and swab count checked. Rectus sheath closed. Subcutaneous drain placed. Skin closed with mattress sutures. Wound dressing done. Vagina cleaned with Betadine solution after expelling clots. Misoprostol 1000 mcg given per rectum as prophylaxis against postpartum hemorrhage. Patient was shifted out of theatre to post operative recovery room.

Name	Mrs CHAITANYA PINNAPATI JAI KRISHNA RAJ	UHID	VIH-00156587

Delivery Details:
Date: 21.6.2026
Time of Delivery: 10:56Pm 41sec
Type of Delivery: Emergency LSCS
Indication: non reassuring NST with decreased fetal movements
Analgesia: Spinal

Baby Details:
Date: 21.6.2026
Time: 10:56Pm 41sec
Sex: male
Weight: 1908gm
Apgar: 5/10, 7/10
Gestational Age: 33+2weeks
NICU Admission: yes(respiratory distress)

Post-Operative Notes: Post Operative Period:

She was closely monitored. Her vital signs remained stable. Uterus was well retracted with no Postpartum hemorrhage. Anaesthetist review done. LFT, Sr uric acid, LDH, Sr creatinine, Sr electrolytes, CRP, Pro Calcitonin sent. Started on Inj Piptaz, GRBS monitored 4th hourly. TEDD stockings given. Incentive spirometry given. Drain Input output charting done, Urine output, vitals monitoring done. She was given thromboprophylaxis. Physician review done. 2D ECHO done was normal. Urine culture and sensitivity, blood culture done. CBP- 6.4/20160/1.6L. 2 unit PRBC transfusion done, no transfusion reactions noted. USG abdomen and pelvis done- Mild interbowel free fluid noted,multiple small hypoechoic collections largest measuring 21 x 18mm in subcutaneous tissue near scar site - likely postpartum changes. On second postoperative day dressing was changed. On inspection wound was healthy. She was shifted to room. Repeat CBP was done - 6.4/17.62/1.76L, Axon review done, 1 unit PRBC transfusion done no transfusion reactions noted. Repeat CBP on 25.06.2026- 7/11.93/1.92 L.

Her postoperative period following that was uneventful. 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.

Advice:

1. Tab. Ceftum 500mg twice daily till 28.6.2026 (9am-9pm) after food.
2. Tab. Calpol 500mg (2tabs) (Paracetamol 500mg) thrice daily till 28.6.2026 (9am-2pm-9pm) after food.
3. Tab. Pantoprazole 40 mg once daily till 28.6.2026 (7am) before food.
4. Tab. Livogen (Elemental Iron - 50mg, folic acid 1.5mg) once daily (7am) for three months before breakfast.
5. Tab. Shelcal (Elemental Calcium 500mg, Vitamin D3 250 IU) 1 tablet once daily (2pm) till breast feeding after food.
6. Nebasulf powder for local application.
7. Continue Tab Thyroxine 100mcg once daily on empty (7am) stomach till further orders.
8. Repeat TSH and OGTT after 6 weeks review with reports.
9. Collect HPE report after 2 weeks review with reports.
10. HPV vaccine after 6 weeks of delivery.
11. FBS, PLBS on 29.6.2026

Review after 3 days on 30.06.2026 at postnatal clinic with prior appointment (This consultation will be charged).

To take appointment for OPD consultation at Rainbow Children's Hospital, just dial one number 1800-2122 (between 8 a.m. to 8 p.m.) (or) log on to www.rainbowhospitals.in

In case of emergency like bleeding, fever - kindly contact 040-42462200. Extension 2220 (Rainbow Hospital, Karkhana).

Name	Mrs CHAITANYA PINNAPATI JAI KRISHNA RAJ	UHID	VIH-00156587

For Women Who Have Had a Cesarean Section

Care of the wound:

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

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

Name: Signature:

Relationship:

This summary was explained by:

Summary prepared by: Dr.

Registrar/Resident/C.M.O

Dr. BHAVANA K
MBBS, DNB, FMAS, PGDMLE (NLSIU), MRCOG (UK),
CONSULTANT GYNECOLOGIST & OBSTETRICIAN
54774

Rainbow Children's Hospital - Secunderabad

H.No.3-7-222/223,Sy.No.51 to 54,Opp.Karkhana P S,Karkhana Main Road,Kakaguda, Karkhana ,Hyderabad ,Telangana, INDIA ,500009
040-42462200, Ext 2000,2001,2002,

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PatientName	: Mrs CHAITANYA PINNAPATI JAI KRISHNA RAJ	**Inpatient No.**	: IP-00060436
Age/Gender	: 36 Y 5 M 11 D/ Female	**Admit Date**	: 21-06-2026
Ward/Bed	: N 2F-LABOUR WARD/ LW 220	**Discharge Date**	:

Investigation	Result	Unit		Biological Reference Interval
COMPLETE BLOOD PICTURE (Specimen : BLOOD)				TEST RESULT STATUS : REPORT AUTHORISED Order Date :21-06-2026 22:02
HEMOGLOBIN (Colorimetry)	**8.8**	**g/dL**	L	12 - 16
RBC COUNT (DC detection method)	**3.82**	**10^12/L**	L	4 - 5.2
PCV/HCT (Calculated)	**25.6**	**VOL%**	L	33 - 51
MCV (Calculated)	**67.0**	**fL**	L	80 - 100
MCH (Calculated)	**23.2**	**pg/cells**	L	26 - 34
MCHC (Calculated)	34.6	g/dL		32 - 36
RDW-CV (Calculated)	**14.3**	%	H	11.5 - 13.1
PLATELET COUNT (DC Detection Method)	191	10^9/L		150 - 450
MPV (Calculated)	9.9	fL		6.5 - 10
WBC COUNT (DC Detection Method)	**14.62**	**10^9/L**	H	4.5 - 11
Differential Count				
NEUTROPHILS (Microscopy, Leishman stain)	**74**	%	H	35 - 66
LYMPHOCYTES (Microscopy, Leishman stain)	**20**	%	L	24 - 44
MONOCYTES (Microscopy, Leishman stain)	05	%		4 - 10
EOSINOPHILS (Microscopy, Leishman stain)	01	%		1 - 4
PERIPHERAL SMEAR (Microscopy, Leishman stain)	**RBC : NORMOCYTIC / HYPOCHROMIC,MICROCYTES(++)** **WBC : LEUCOCYTOSIS** **PLATELETS : ADEQUATE**			

Dr. **SRUJANA SHYAMALA, MD, DNB**

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
PT/APTT (PROTHROMBIN TIME / ACTIVATED PARTIAL THROMBOPLASTIN TIME) (Specimen : PLASMA)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :21-06-2026 23:21
PT (Optical Clot Detection)	16.0	Seconds	
PT Calculated Biological Reference Interval	12.5 - 14.5 secs		
INR	1.1		
APTT (Optical Clot Detection)	31.0	Seconds	
APTT Calculated Biological Reference Interval	28.5 - 35.1 secs		

Dr. **SRUJANA SHYAMALA, MD, DNB**

Rainbow Children's Hospital - Secunderabad

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040-42462200, Ext 2000,2001,2002,

PatientName	:	Mrs CHAITANYA PINNAPATI JAI KRISHNA RAJ	Inpatient No.	:	iP-00060436
Age/Gender	:	36 Y 5 M 12 D/ Female	Admit Date	:	21-06-2026
Ward/Bed	:	N 2F-LABOUR WARD/ LW 220	Discharge Date	:	

Investigation	Result	Unit		Biological Reference Interval
Consultant Pathologist, Reg No : 39356				

Investigation	Result	Unit		Biological Reference Interval
C REACTIVE PROTEIN (Specimen : SERUM)				TEST RESULT STATUS : REPORT AUTHORISED Order Date :22-06-2026 02:28
CRP (Immunoturbidimetry)	**11**	**mg/L**	H	<10

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
CREATININE (Specimen : SERUM)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :22-06-2026 02:28
CREATININE (Enzymatic)	0.8	mg/dl	0.7 - 1.2

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit		Biological Reference Interval
ELECTROLYTES (Specimen : SERUM)				TEST RESULT STATUS : REPORT AUTHORISED Order Date :22-06-2026 02:28
SODIUM (Direct ISE)	143	mmol/L		135 - 145
POTASSIUM (Direct ISE)	**6.1**	**mmol/L**	H	3.5 - 5.1
CHLORIDE (Direct ISE)	107	mmol/L		98 - 108

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

PatientName	:	Mrs CHAITANYA PINNAPATI JAI KRISHNA RAJ	**Inpatient No.**	:	IP-00060436
Age/Gender	:	36 Y 5 M 12 D/ Female	**Admit Date**	:	21-06-2026
Ward/Bed	:	N 2F-LABOUR WARD/ LW 220	**Discharge Date**	:	

Investigation	Result	Unit		Biological Reference Interval
LDH (LACTATE DEHYDROGENASE) (Specimen : SERUM)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :22-06-2026 02:28	
LDH (L to P-IFCC Ref. PROC.,Calibrated)	**593**	**U/L**	H	135 - 220

INTERPRETATION

The Lactate Dehydrogenase (LDH) enzyme is widely distributed in tissue, particularly in the heart, liver, muscles and kidneys. Elevated serum levels of LDH have been observed in a variety of disease states. The highest levels are seen in patients with megaloblastic anemia, disseminated carcinoma and shock. Moderate increases occur in muscular disorders, nephrotic syndrome and cirrhosis. Mild increases in LOH activity have been reported in cases of myocardial or pulmonary infarction, leukemia, hemolytic anemia and non-viral hepatitis

Dr. RASHIDA MAHREEN, MBBS,MD

CONSULTANT BIOCHEMIST, Reg No : HMC13081

Rainbow Children's Hospital - Secunderabad

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040-42462200, Ext 2000,2001,2002,

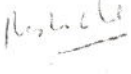
PatientName	:	Mrs CHAITANYA PINNAPATI JAI KRISHNA RAJ	**Inpatient No.**	:	IP-00060436
Age/Gender	:	36 Y 5 M 12 D/ Female	**Admit Date**	:	21-06-2026
Ward/Bed	:	N 2F-LABOUR WARD/ LW 220	**Discharge Date**	:	

Investigation	Result	Unit		Biological Reference Interval
LIVER FUNCTION TEST (Specimen : SERUM)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :22-06-2026 02:28	
TOTAL BILIRUBIN (Azobilirubin)	**2.7**	**mg/dl**	H	<1.3
CONJUGATED BILIRUBIN (Spectrophotometric)	0.2	mg/dl		<0.3
UNCONJUGATED BILIRUBIN (Spectrophotometric)	**2.5**	**mg/dl**	H	<1.1
SGOT (AST) (Kinetic with P5P)	**48**	**U/L**	H	14 - 36
SGPT (ALT) (Kinetic with P5P)	27	U/L		9 - 52
ALKALINE PHOSPHATASE (pNPP/AMP buffer)	93	U/L		53 - 141
PROTEIN (Biuret method)	6.6	g/dL		6.3 - 8.2
ALBUMIN (Bromocresol Green)	3.6	g/dL		3.5 - 5
GLOBULIN (Calculated)	3	g/dL		1.6 - 3.5
A/G RATIO (Calculated)	**1.2**		L	1.4 - 3.4

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
PROCALCITONIN (Specimen : SERUM)		TEST RESULT STATUS : REPORT AUTHORISED Order Date :22-06-2026 02:28	
PROCALCITONIN	0.163	ng/ml	<0.5



Dr. RASHIDA MAHREEN, MBBS,MD

CONSULTANT BIOCHEMIST, Reg No : HMC13081

Investigation	Result	Unit	Biological Reference Interval
PT/APTT (PROTHROMBIN TIME / ACTIVATED PARTIAL THROMBOPLASTIN TIME) (Specimen : PLASMA)		TEST RESULT STATUS : REPORT AUTHORISED Order Date :22-06-2026 02:28	
PT (Optical Clot Detection)	18.0	Seconds	
PT Calculated Biological Reference Interval	12.5 - 14.5 secs		
INR	1.2		
APTT (Optical Clot Detection)	32.0	Seconds	
APTT Calculated Biological Reference Interval	28.5 - 35.1 secs		

PatientName	:	Mrs CHAITANYA PINNAPATI JAI KRISHNA RAJ	**Inpatient No.**	:	IP-00060436
Age/Gender	:	36 Y 5 M 12 D/ Female	**Admit Date**	:	21-06-2026
Ward/Bed	:	N 2F-LABOUR WARD/ LW 220	**Discharge Date**	:	

Investigation	Result	Unit		Biological Reference Interval

Dr. **SRUJANA SHYAMALA, MD, DNB**

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit		Biological Reference Interval
UREA (Specimen : SERUM)				TEST RESULT STATUS : REPORT AUTHORISED Order Date :22-06-2026 02:28
UREA (Kinetic, Urease)	20.6	mg/dl		15 - 36

Dr. **SRUJANA SHYAMALA, MD, DNB**

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit		Biological Reference Interval
URIC ACID (Specimen : SERUM)				TEST RESULT STATUS : REPORT AUTHORISED Order Date :22-06-2026 02:28
URIC ACID (Uricase)	5.6	mg/dl		2.5 - 6.2

Dr. **SRUJANA SHYAMALA, MD, DNB**

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit		Biological Reference Interval
RANDOM BLOOD GLUCOSE(POCT) (Specimen : PLASMA)				TEST RESULT STATUS : REPORT ENTERED Order Date :22-06-2026 07:27
RANDOM BLOOD GLUCOSE (GOD/POD)	115	mg/dl		70 - 140
RANDOM BLOOD GLUCOSE(POCT) (Specimen : PLASMA)				TEST RESULT STATUS : REPORT ENTERED Order Date :22-06-2026 07:27
RANDOM BLOOD GLUCOSE (GOD/POD)	**141**	**mg/dl**	H	70 - 140

Investigation	Result	Unit		Biological Reference Interval
COMPLETE BLOOD PICTURE (Specimen : BLOOD)				TEST RESULT STATUS : REPORT AUTHORISED Order Date :22-06-2026 07:57
HEMOGLOBIN (Colorimetry)	**6.5**	**g/dL**	L	12 - 16
RBC COUNT (DC detection method)	**2.68**	**10^12/L**	L	4 - 5.2
PCV/HCT (Calculated)	**18.8**	**VOL%**	L	33 - 51
MCV (Calculated)	**70.2**	**fL**	L	80 - 100
MCH (Calculated)	**24.3**	**pg/cells**	L	26 - 34
MCHC (Calculated)	34.6	g/dL		32 - 36
RDW-CV (Calculated)	**17.6**	**%**	H	11.5 - 13.1
PLATELET COUNT (DC Detection Method)	165	10^9/L		150 - 450

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040-42462200, Ext 2000,2001,2002,

PatientName	:	Mrs CHAITANYA PINNAPATI JAI KRISHNA RAJ	Inpatient No.	:	IP-00060436
Age/Gender	:	36 Y 5 M 12 D/ Female	Admit Date	:	21-06-2026
Ward/Bed	:	N 2F-LABOUR WARD/ LW 220	Discharge Date	:	

Investigation	Result	Unit		Biological Reference Interval
MPV (Calculated)	9.7	fL		6.5 - 10
WBC COUNT (DC Detection Method)	**23.33**	**10^9/L**	H	4.5 - 11
Differential Count				
NEUTROPHILS (Microscopy, Leishman stain)	**89**	**%**	H	35 - 66
LYMPHOCYTES (Microscopy, Leishman stain)	**07**	**%**	L	24 - 44
MONOCYTES (Microscopy, Leishman stain)	**03**	**%**	L	4 - 10
EOSINOPHILS (Microscopy, Leishman stain)	01	%		1 - 4
PERIPHERAL SMEAR (Microscopy, Leishman stain)	**RBC - ANISOCYTOSIS WITH NORMOCYTIC / NORMOCHROMIC, NORMOCYTIC / HYPOCHROMIC MICROCYTES(+), SCHISTOCYTES(++),TEAR DROP CELLS(+) 4-6nRBC/100WBC WBC - NEUTROPHIL LEUCOCYTOSIS PLATELETS - ADEQUATE ON SMEAR(FEW LARGE PLATELETS)**			

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit		Biological Reference Interval
ELECTROLYTES (Specimen : SERUM)				TEST RESULT STATUS : REPORT AUTHORISED Order Date :22-06-2026 07:57
SODIUM (Direct ISE)	142	mmol/L		135 - 145
POTASSIUM (Direct ISE)	4.9	mmol/L		3.5 - 5.1
CHLORIDE (Direct ISE)	108	mmol/L		98 - 108

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit		Biological Reference Interval
LIVER FUNCTION TEST (Specimen : SERUM)				TEST RESULT STATUS : REPORT AUTHORISED Order Date :22-06-2026 07:57
TOTAL BILIRUBIN (Azobilirubin)	**4.2**	**mg/dl**	H	<1.3
CONJUGATED BILIRUBIN (Spectrophotometric)	0.2	mg/dl		<0.3
UNCONJUGATED BILIRUBIN (Spectrophotometric)	**4.0**	**mg/dl**	H	<1.1
SGOT (AST) (Kinetic with P5P)	**41**	**U/L**	H	14 - 36

PatientName	:	Mrs CHAITANYA PINNAPATI JAI KRISHNA RAJ	**Inpatient No.**	:	IP-00060436
Age/Gender	:	36 Y 5 M 12 D/ Female	**Admit Date**	:	21-06-2026
Ward/Bed	:	N 2F-LABOUR WARD/ LW 220	**Discharge Date**	:	

Investigation	Result	Unit		Biological Reference Interval
SGPT (ALT) (Kinetic with P5P)	27	U/L		9 - 52
ALKALINE PHOSPHATASE (pNPP/AMP buffer)	64	U/L		53 - 141
PROTEIN (Biuret method)	**5.6**	**g/dL**	L	6.3 - 8.2
ALBUMIN (Bromocresol Green)	**2.9**	**g/dL**	L	3.5 - 5
GLOBULIN (Calculated)	2.7	g/dL		1.6 - 3.5
A/G RATIO (Calculated)	**1**		L	1.4 - 3.4

Dr. **SRUJANA SHYAMALA, MD, DNB**

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
PT/APTT (PROTHROMBIN TIME / ACTIVATED PARTIAL THROMBOPLASTIN TIME) (Specimen : PLASMA)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :22-06-2026 07:57
PT (Optical Clot Detection)	18.0	Seconds	
PT Calculated Biological Reference Interval	12.5 - 14.5 secs		
INR	1.2		
APTT (Optical Clot Detection)	27.0	Seconds	
APTT Calculated Biological Reference Interval	28.5 - 35.1 secs		

Dr. **SRUJANA SHYAMALA, MD, DNB**

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
RANDOM BLOOD GLUCOSE(POCT) (Specimen : PLASMA)			TEST RESULT STATUS : REPORT ENTERED Order Date :22-06-2026 17:59
RANDOM BLOOD GLUCOSE (GOD/POD)	114	mg/dl	70 - 140
RANDOM BLOOD GLUCOSE(POCT) (Specimen : PLASMA)			TEST RESULT STATUS : REPORT ENTERED Order Date :22-06-2026 18:40
RANDOM BLOOD GLUCOSE (GOD/POD)	127	mg/dl	70 - 140

Investigation	Result	Unit	Biological Reference Interval
VENOUS BLOOD GAS (POCT) (Specimen : BLOOD)			TEST RESULT STATUS : REPORT ENTERED Order Date :22-06-2026 20:36
PH (Reagent Strip/Double PH Indicator)	7.38	unit	7.35 - 7.45

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040-42462200, Ext 2000,2001,2002,

PatientName	: Mrs CHAITANYA PINNAPATI JAI KRISHNA RAJ	**Inpatient No.**	: IP-00060436
Age/Gender	: 36 Y 5 M 12 D/ Female	**Admit Date**	: 21-06-2026
Ward/Bed	: N 2F-LABOUR WARD/ LW 220	**Discharge Date**	:

Investigation	Result	Unit		Biological Reference Interval
pCO2	**29.3**	**mm Hg**	L	35 - 48
pO2	**42**	**mm Hg**	L	83 - 108
HCO3	18.3	mmol/L		
BE	-7.7	mmol/L		
O2 Sat	77.7	mmol/L		

Investigation	Result	Unit		Biological Reference Interval
RANDOM BLOOD GLUCOSE(POCT) (Specimen : PLASMA)				TEST RESULT STATUS : REPORT ENTERED Order Date :22-06-2026 20:39
RANDOM BLOOD GLUCOSE (GOD/POD)	111	mg/dl		70 - 140

Investigation	Result	Unit		Biological Reference Interval
COMPLETE BLOOD PICTURE (Specimen : BLOOD)				TEST RESULT STATUS : REPORT AUTHORISED Order Date :23-06-2026 06:29
HEMOGLOBIN (Colorimetry)	**6.4**	**g/dL**	L	12 - 16
RBC COUNT (DC detection method)	**2.64**	**10^12/L**	L	4 - 5.2
PCV/HCT (Calculated)	**18.5**	**VOL%**	L	33 - 51
MCV (Calculated)	**71.9**	**fL**	L	80 - 100
MCH (Calculated)	**25.3**	**pg/cells**	L	26 - 34
MCHC (Calculated)	35.2	g/dL		32 - 36
RDW-CV (Calculated)	**17.8**	**%**	H	11.5 - 13.1
PLATELET COUNT (DC Detection Method)	160	10^9/L		150 - 450
WBC COUNT (DC Detection Method)	**20.16**	**10^9/L**	H	4.5 - 11
Differential Count				
NEUTROPHILS (Microscopy, Leishman stain)	**82**	**%**	H	35 - 66
LYMPHOCYTES (Microscopy, Leishman stain)	**11**	**%**	L	24 - 44
MONOCYTES (Microscopy, Leishman stain)	06	%		4 - 10
EOSINOPHILS (Microscopy, Leishman stain)	01	%		1 - 4
PERIPHERAL SMEAR (Microscopy, Leishman stain)	**RBC : ANISOCYTOSIS WITH NORMOCYTIC / HYPOCHROMIC MICROCYTES(+),4-6nRBC/100WBC WBC : NEUTROPHILIC LEUCOCYTOSIS PLATELETS : ADEQUATE ON SMEAR**			

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
ELECTROLYTES (Specimen : SERUM)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :23-06-2026 06:29

PatientName	:	Mrs CHAITANYA PINNAPATI JAI KRISHNA RAJ	**Inpatient No.**	:	IP-00060436
Age/Gender	:	36 Y 5 M 13 D/ Female	**Admit Date**	:	21-06-2026
Ward/Bed	:	N 2F-LABOUR WARD/ LW 220	**Discharge Date**	:	

Investigation	Result	Unit	Biological Reference Interval
SODIUM (Direct ISE)	140	mmol/L	135 - 145
POTASSIUM (Direct ISE)	4.1	mmol/L	3.5 - 5.1
CHLORIDE (Direct ISE)	102	mmol/L	98 - 108

Dr. **SRUJANA SHYAMALA, MD, DNB**

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit		Biological Reference Interval
RANDOM BLOOD GLUCOSE(POCT) (Specimen : PLASMA)				TEST RESULT STATUS : REPORT ENTERED Order Date :23-06-2026 09:02
RANDOM BLOOD GLUCOSE (GOD/POD)	**148**	**mg/dl**	H	70 - 140
RANDOM BLOOD GLUCOSE(POCT) (Specimen : PLASMA)				TEST RESULT STATUS : REPORT ENTERED Order Date :23-06-2026 09:02
RANDOM BLOOD GLUCOSE (GOD/POD)	81	mg/dl		70 - 140

Investigation	Result	Unit	Biological Reference Interval
RANDOM BLOOD GLUCOSE(POCT) (Specimen : PLASMA)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :23-06-2026 14:05
RANDOM BLOOD GLUCOSE (GOD/POD)	94	mg/dl	70 - 140

Ms **YANAMALA RAJESWARI**

Investigation	Result	Unit		Biological Reference Interval
RANDOM BLOOD GLUCOSE(POCT) (Specimen : PLASMA)				TEST RESULT STATUS : REPORT ENTERED Order Date :23-06-2026 19:23
RANDOM BLOOD GLUCOSE (GOD/POD)	136	mg/dl		70 - 140
RANDOM BLOOD GLUCOSE(POCT) (Specimen : PLASMA)				TEST RESULT STATUS : REPORT ENTERED Order Date :23-06-2026 20:36
RANDOM BLOOD GLUCOSE (GOD/POD)	136	mg/dl		70 - 140
RANDOM BLOOD GLUCOSE(POCT) (Specimen : PLASMA)				TEST RESULT STATUS : REPORT ENTERED Order Date :24-06-2026 00:11
RANDOM BLOOD GLUCOSE (GOD/POD)	94	mg/dl		70 - 140
RANDOM BLOOD GLUCOSE(POCT) (Specimen : PLASMA)				TEST RESULT STATUS : REPORT ENTERED Order Date :24-06-2026 00:12
RANDOM BLOOD GLUCOSE (GOD/POD)	**148**	**mg/dl**	H	70 - 140

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040-42462200, Ext 2000,2001,2002,

PatientName	:	Mrs CHAITANYA PINNAPATI JAI KRISHNA RAJ	**Inpatient No.**	:	IP-00060436
Age/Gender	:	36 Y 5 M 14 D/ Female	**Admit Date**	:	21-06-2026
Ward/Bed	:	N 2F-LABOUR WARD/ LW 220	**Discharge Date**	:	

Investigation	Result	Unit		Biological Reference Interval
RANDOM BLOOD GLUCOSE(POCT) (Specimen : PLASMA)				TEST RESULT STATUS : REPORT ENTERED Order Date :24-06-2026 00:12
RANDOM BLOOD GLUCOSE (GOD/POD)	79	mg/dl		70 - 140

Investigation	Result	Unit		Biological Reference Interval
COMPLETE BLOOD PICTURE (Specimen : BLOOD)				TEST RESULT STATUS : REPORT AUTHORISED Order Date :24-06-2026 09:52
HEMOGLOBIN (Colorimetry)	**6.4**	**g/dL**	L	12 - 16
RBC COUNT (DC detection method)	**2.54**	**10^12/L**	L	4 - 5.2
PCV/HCT (Calculated)	**18.3**	**VOL%**	L	33 - 51
MCV (Calculated)	**71.9**	**fL**	L	80 - 100
MCH (Calculated)	**25.1**	**pg/cells**	L	26 - 34
MCHC (Calculated)	34.9	g/dL		32 - 36
RDW-CV (Calculated)	**17.6**	**%**	H	11.5 - 13.1
PLATELET COUNT (DC Detection Method)	176	10^9/L		150 - 450
MPV (Calculated)	9.1	fL		6.5 - 10
WBC COUNT (DC Detection Method)	**17.62**	**10^9/L**	H	4.5 - 11
Differential Count				
NEUTROPHILS (Microscopy, Leishman stain)	**81**	%	H	35 - 66
LYMPHOCYTES (Microscopy, Leishman stain)	**14**	%	L	24 - 44
MONOCYTES (Microscopy, Leishman stain)	04	%		4 - 10
EOSINOPHILS (Microscopy, Leishman stain)	01	%		1 - 4
PERIPHERAL SMEAR (Microscopy, Leishman stain)	**RBC : ANISOCYTOSIS WITH NORMOCYTIC / NORMOCHROMIC NORMOCYTIC / HYPOCHROMIC,6-8nRBC/100WBC WBC : NEUTROPHILIC LEUCOCYTOSIS PLATELETS : ADEQUATE**			

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
RANDOM BLOOD GLUCOSE(POCT) (Specimen : PLASMA)			TEST RESULT STATUS : REPORT ENTERED Order Date :24-06-2026 16:10
RANDOM BLOOD GLUCOSE (GOD/POD)	115	mg/dl	70 - 140

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PatientName	:	Mrs CHAITANYA PINNAPATI JAI KRISHNA RAJ	**Inpatient No.**	:	IP-00060436
Age/Gender	:	36 Y 5 M 14 D/ Female	**Admit Date**	:	21-06-2026
Ward/Bed	:	N 2F-LABOUR WARD/ LW 220	**Discharge Date**	:	

Investigation	Result	Unit	Biological Reference Interval

DEFICIENCY CHECK LIST OF MEDICAL CASE SHEET

VIH-00156587 IP-00060436
Mrs CHAITANYA PINNAPATI JAI
10-01-1990 36 Y 5 M 13 D (F)
Dr. BHAVANA K

Patient Name :

IP.No: 6 04936

Ward:

DOA:

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Sl.No	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission Sheet	01	✓	✓	
2	Discharge Summary	-	-	-	
3	Nursing Initial assessment form	1	✓	✓	
4	Patient Trasfer Forms	3	✓	✓	
5	In-patient Medical Record	1	✓	✓	
6	Doctors Progress Sheets	14	✓	✓	
7	Nurses Progress notes	4	✓	✓	
8	Consultation Sheets				
9	General Consent for Treatment	1	✓	✓	
10	Conset for Surgery	1	✓	✓	
	Consent for Blood Transfusion	8+8	✓	✓	
12	Consent forChemotherapy				
13	Consent for High Risk				
14	Consent for Restraint				
15	DAMA Consent				
16	Consent for Special Procedure	1	✓	✓	
17	Consent for Radiological Investigations				
18	Consent for HIV Test				
19	Anaesthesia consent form	01	✓	✓	
20	Anaesthesia notes(Pre Anaesthesia & Post)	2	✓	✓	
21	Pre Operative checklist	1	✓	✓	
22	Surgical safety Checklist	1	✓	✓	
23	Operation Theatre notes	1	✓	✓	
24	Nurses Clinical Presentation				
25	TPR & BP chart	4	✓	✓	
26	Intake and Output chart (fluid Chart)	3	✓	✓	
27	Drug Chart (Regular prescription)	6	✓	✓	
28	Daily Investigation sheet				
29	Investigation Values (Result Sheet)	1	✓	✓	
30	Nebulization Chart	1	✓	✓	
31	Diabetic chart				
32	Nutritional Review chart	1	✓	✓	
33	MLC form (in case of MLC)				
34	~~Patient Education Form~~ RBS chart	11	✓	✓	
	Medical Reconcilation	2	✓	✓	
	Braden Q'	2	✓	✓	
	Pain Assessment	3	✓	✓	
	Thrombophlebitis	2	✓	✓	
	Others	16	✓	✓	
	Total No. of Pages	92 pages			

Signature and Date : 24/6/26

ERROR LOG

LOCATION: - NICU / PICU / HDU / OT / GENERAL WARD

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

PATIENT TRANSFER FORM

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VIH-00156587 IP-00060436
Mrs CHAITANYA PINNAPATI JAI
10-01-1990 36 Y 5 M 14 D (F)
Dr. BHAVANA K

	Date & Time of Admission: 21/6/26 @ 9.57pm	Date & Time of Transfer Order: 24/6/26 @ 7.12pm
Treating Consultant Name	Transfer Ordered by: Dr Nausheen	Reason for Transfer: observation
From Unit: 4W	To Unit: Room (207)	Information to Attendant: Yes ☑ No ☐
Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant: Yes ☑ No ☐ If yes, what? gold chain & ornament

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
Sr. Kamala	Dr. Nausheen

Patient & Clinical Records Received by : Rags

Date & Time of Patient Received : 24/6/26 @ 7:30pm

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

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VIH-00156587 IP-00060436
Mrs CHAITANYA PINNAPATI JAI
10-01-1990 36 Y 5 M 14 D (F)
Dr. BHAVANA K

	Date & Time of Admission	Date & Time of Transfer Order
	24/6/26 @ 9:57PM	24/6/26 @9:57PM
Treating Consultant Name	Transfer Ordered by	Reason for Transfer
	Dr. Nausheen	observation
From Unit	To Unit	Information to Attendant
207	MICU	Yes ☑ No ☐
Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant
67 pages	Egg - 1 NST - 2	Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

DR. Bhavana-K

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sis:- Roja	Dr. Nausheen.

Patient & Clinical Records Received by :

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

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TEL NO :040-42462200, Ext 2000,2001,2002
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP-00060436 **Admit Date** : 21-Jun-2026 **Admit Time** : 09:57 PM **UHID** : VIH-00156587

Patient Details :

Patient Name	: Mrs CHAITANYA PINNAPATI JAI KRISHNA RAJ	**Age**	: 36 Y 5 M 11 D
Guardian	: Mr JAI KRISHNA RAJ P. R	**DOB**	: 10-01-1990
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: FLAT-102 BHAVANI NILAYAM CIEFL COLONY KALYAN NAGAR EAST ANADBAGH Malkajgiri Hyderabad Telangana INDIA 500047	**Phone No**	: 9030696327/ 8121055530
		E-mail	: pj.chaitanyakrishna@gmail.com

Admission Details :

Bed Type : MICU **Bed No** : LW 220 **Ward Name** : N 2F-LABOUR WARD

Room No : LW 220 **Admission Type** : First Visit

Contact Details :

Name	: Mr JAI KRISHNA RAJ P. R	**Relationship**	: W/O
Contact Address	: FLAT-102 BHAVANI NILAYAM CIEFL COLONY KALYAN NAGAR EAST ANADBAGH Malkajgiri Hyderabad Telangana INDIA 500047	**Phone No**	: 9030696327 / 8121055530

Signature

Doctor Details :

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

Payment Details :

Payment Mode	: Cash	**Deposit Amount**	: 0.00
		Payor Name	: SELFPAY

PATIENT TRANSFER FORM

(1)

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
VIH-00156587 IP-00060436 Mrs CHAITANYA PINNAPATI JAI 10-01-1990 36 Y 5 M 12 D (F) Dr. BHAVANA K	21/6/26 @: 10.5 pm	21/6/26 @: 10.30 pm
	Transfer Ordered by Dr. Nasreen	Reason for Transfer for LSCS
From Unit LW	To Unit (OT)	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File NO	Number of Imaging Films NBT-1	Personal belongings including clinical documents. If any handed over to attendant Yes ☑ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sis Pooja	Dr. Nasreen
Patient & Clinical Records Received by :	21/6/26 @10.30
Date & Time of Patient Received :	

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

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

PATIENT TRANSFER FORM

(2)

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Patient Name & UHID No	Date & Time of Admission	Date & Time of Transfer Order
VIH-00156587 IP-00060436 Mrs CHAITANYA PINNAPATI JAI (F) 10-01-1990 36 Y 5 M 11 D Dr. BHAVANA K	21 6/26 @10:05 Pm	21/6/26 @ 1:35 Am
	Transfer Ordered by Dr. Durga	Reason for Transfer Postop Care
From Unit OT	To Unit MICU	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File (43)	Number of Imaging Films NST-(1)	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Dr. Bhavana. K

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sr. Bhavani	Dr. Durga.

Patient & Clinical Records Received by : Manga 22/6/26 @ 1:40AM

Date & Time of Patient Received :

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

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

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
	21/6/26 @9:57Pm	23/6/26 @2:10Pm
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
	Dr. Bhalara	observation
From Unit	**To Unit**	**Information to Attendant**
MCCU	Room (207)	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
38	NST - 1 ECG - 1	Yes ☑ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Tab. paracetamol	13
2.	Tab. - Pantoprazole	15
3.	Tab. - Tramadol	8
4.	under pad	1
5.	Sorel	1

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sis. Kamal	Dr. Bhavara

Patient & Clinical Records Received by : Deepika 23/6/26 @ 2:10 pm

Date & Time of Patient Received :

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

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

VIH-00156587 IP-00060436
Mrs CHAITANYA PINNAPATI JAI
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Dr. BHAVANA K

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OBSTETRICS / GYNECOLOGY
NURSING INITIAL ASSESSMENT FORM

Date of Admission: 21/6/26

Baseline Information:

Admission From: ☐ ER ☐ OPD ☐ Admission Desk ☑ Others, specify OP

Primary Language: ☑ Telugu ☐ English ☐ Hindi ☐ Others, specify —

Do you require an interpreter? ☐ Yes ☑ No if Yes specify —

Source of Information: ☑ Patient ☐ Family ☐ Others, specify —

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

If yes, identify —

Chief Complaints: G3P1L4A1E 33+2wks prev-LSCS & an-LSCS

Doctor Notified on Admission: ☑ Yes ☐ No

Name of the Doctor: Dr. Nirmala

Time Notified:

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

Past Medical History	Past Surgical History	Previous Hospital Admission
Hypothyroidism	prev-LSCS	NIL

Gynecology Assessment: ☐ Not Applicable

Menstrual History: Regular

Onset of Menarche:

Menstrual Cycle: ☑ Regular ☐ Irregular

Last Menstrual Period: 31/10/25

Gynecology Surgical History:

Caesarean Section: ☐ No ☑ Yes

Cervical Cerclage: ☑ No ☐ Yes

Ectopic Pregnancy: ☑ No ☐ Yes

Myomectomy: ☑ No ☐ Yes

Others: _____

Gynecological History:

Contraceptives: ☑ No ☐ Yes

Vaginal Discharge: ☑ No ☐ Yes

Post-Coital Bleeding: ☑ No ☐ Yes

Infertility: ☑ No ☐ Yes

If Yes Type: ☐ Primary ☐ Secondary

Obstetric History: G 3 P 1 L 1 A —

Previous LSCS: 4 yrs

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

Family History: ☑ No Abnormalities Detected

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

☐ Liver disease ☐ Other

Vital Signs / Measurements: Temp: 98.6 F HR: 85 bpm RR: 18 cpm

BP: 120/70 Weight: 78 kgs Height: 153 BMI:

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

VIH-00156587 IP-00060436
Mrs CHAITANYA PINNAPATI JAI
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Dr. BHAVANA K

PHYSICAL ASSESSMENT

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

Fall Assessment: ☑ Yes ☐ No Score ..15..... (complete the Morse Fall Risk Assessment Sheet)

Risk of Pressure Sore: ☑ Yes ☐ No Score ..24..... (complete the Braden Q Sheet)

FUNCTIONAL SCREENING: If a patient needs assistance with any of the following inform consultant

☐ Mobility problem ☐ Walking Problem ☑ No Abnormality Detected

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING: ☑ No Abnormality Detected

☐ Overweight ☐ Poor Appetite > 3 Days ☐ Needs Therapeutic Diet.

☐ Under Weight ☐ Diabetes Mellitus ☐ Hyperemesis Gravidarum

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

☑ Calm & Cooperative ☐ Restless ☐ Depressed ☐ Agitated ☐ Confused

☐ Others .....

Inform consultant for positive criteria

SOCIAL SCREENING:

1. **Marital Status:** ☐ Single ☑ Married ☐ Divorced ☐ Widow
2. **Special Habits:** **Smoker:** ☐ Yes ☑ No **Alcohol Abuse:** ☐ Yes ☑ No **Drug Abuse:** ☐ Yes ☑ No

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

Orientation has been given regarding the following aspects:

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

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

Above information given to ..mrs chaitanya.....

Name of Person Orientation was given to: mrs chaitanya

Orientation not given Reason: .....

Nurse Signature: .....

Nurse Name: ..Rani.....

Date & Time: ..28/6/20 11 pm

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OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 21/6/26 Time of Arrival: 9:50 pm Time Seen by Nurse: 9:55pm

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: c/o no fetal movement

3) **Vital Signs:** Temperature: 98.6F Pulse: 82 bpm RR: 20 bpm SpO_2: 99% BP: 120/80 Weight: .....

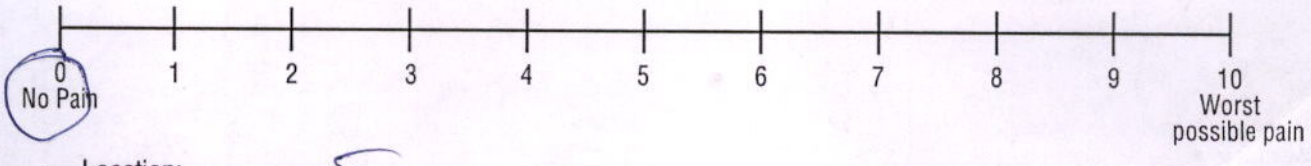
4) **Gestational Criteria:**

Gravida:	G 3	P 1	L 1	A 1

LMP: 31/10/25 EDD: 7/8/26 Gestational Age: 33+2 wks

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

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



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

6) **Past History:**

a) Surgeries: Nil

b) Medical: Hypothyroidism

Mrs CHAITANYA PINNAPATI JAI
10-01-1990 36 Y 5 M 12 D (F)
Dr. BHAVANA K

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: .....

Nurse Name : Rani ..... Nurse Signature: .....

Date: 21/6/26 ..... Time: 11 PM .....

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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints
C/o Decreased fetal movements since Afternoon & Backache & Heavyness in lower abdomen

Obstetric Formula: G3P1L1A1
ML - 12yrs NCM.

Obstetric History:
dy1 - Male | 8.5yrs | FTLSCS | NPL | 3.4kgs | A&W | BF x 1.5yrs | Life spring hospital uneventful
dy2 - partial Mole | MERPC | Feb 2023
dy3 - PP, SP conception

Present Pregnancy Record: Booked to RCH at 7+4weeks on Tab ECOSprin 150mg since conception. Rheumatologist Review done i/v/o. RA +ve and anti ccp positive

RISK FACTORS: Diagnosed with precestational diabetes since conception on Tab. metformin 500mg twice daily
diagnosed & Anemia since conception
&
previous LSCS
pre GDM (M+D)
B Thalasemia trait
Hypothyroidism (100)
Anemia
RA positive, Anti CCP positive

Height: 153 cm
Weight: 78.1 kg
Allergies: NIL
Breast: ☑ Normal ☐ Abnormal

General Examination:
Consciousness: C/C/C Pallor: ⊕
Icterus: ⊖ Edema: ⊖
Temp: Afebrile PR: 66bpm
BP: 139/83 mmHg DTR: ⊕
CVS: S1S2 ⊕ RS BAE ⊕
Liver/Spleen: Normal. Urine Output: Adequate

LMP: 31/10/2025 EDD:
Corrected EDD: 7/08/2026 GA: 33+2weeks.
Menstrual History: Regular : ☑ Yes ☐ No

Obstetric Examination
Fundal Height:
Ut. Activity: ☑ Relaxed ☐ Mild ☐ Mod ☐ Severe
Liquor: ☑ Adequate ☐ Oligo ☐ Poly
PP: ☑ Cephalic ☐ Breech Others _____
Head Fifths Palpable: _____
FHS: ☑ Normal ☐ Tachy ☐ Brady ☐ Absent ⊕ 150bpm

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 closed
Membranes: ☑ Present ☐ Absent
Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained
Presenting Part: ☑ Vertex ☐ Breech ☐ Others
Sutton: ☐ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2
Pelvis: ☐ Adequate ☐ Doubtful

DIAGNOSIS
G3P1L1A1 with 33+2 weeks with previous LSCS with Anemia Hypothyroidism (100) with PGDM(M) (Pre gestational & RA & Anti CCP +ve) Diabetes mellitus with Beta thal trait with Decreased fetal Movements for Observation / Emergency LSCS

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Dr. BHAVANA K

Family History:

Nil

Surgical History:

LSCS

Medical History:

Hypothyroid : 7 yrs (100 mcg)

Medication History:

Tab. Thyroxine 100 mcg OD
Allergies Nil
T METFORMIN 500 mg TWICE daily

Plan of Care:

GRBS : 97 mg/dl.

Admission
Consents
Part preparation
Continue NST
Inj Betnesol 12 mg IM after checking GRBS.
PAC
NBM.
Send CBP.
1 U PRBC reserved at Tarnaka blood bank.
Neonatal Counselling
Inform SOS.

Noted by Dr. @ 10PM 21/6/26

Investigations: BG 'A' POSITIVE

HIV
HBsAg
HCV
VDRL
} NR.

NT Scan
27/1/26
12+4 weeks
NT - 1.6 mm.

TIFFA
SLIUF
21/3/26
20+1 weeks.
CL - 20 mm
No anomalies

Growth Scan
30/5/26 SLIUF
30+1 weeks
Cephalic
pl - P, H,
AFI : 14.7 cm
AC - 19%
EFW - 1477 gms
ut art dopp + resist
Fetal Dopp (N)

Fetal Echo (N).

FTS - T 13 intermediate RISK

NIPS - Low RISK

Doctor Name: DR. Nasheen
Signature:
Date & Time: 21/6/26

Consultant Name: Dr Bhavana. K
Signature:
Date & Time: 21/6/26.

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/6/26	BP & P R R.S urine output /	Drain output - GRBS
11 AM	116/73 mmHg 92 b/mt 18 b/mt Passed	post tiffen 12 Mg/dl
12 PM	127/73 mmHg 90 b/mt 17 b/mt	
1 PM	107/77 mmHg 96 b/mt 18 b/mt passed	Pre lunch - 88 Mg/dl
2 PM	112/72 mmHg 92 b/mt 17 b/mt	

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes — vitals monitoring chart					Doctor's Order
22/6/26 Time	BP	pulse	RS	SpO2	urine / Drain	GRBS
3pm	126/85	75 b/m	18 b/m	99%	150 ml	
3:30	121/70	98 b/m	19 b/m	99%		197 mg/dl 2
4pm	129/82	76 b/m	20 b/m	100%	130 ml	
4:30pm	123/82	78 b/m	20 b/m	99%		
5pm	128/76	72 b/m	20 b/m	99%	200 ml	
5:30pm	112/84	84 b/m	20 b/m	99%		
6pm	108/80	72 b/m	19 b/m	100%	125 ml	
6:30pm	110/70	83 b/m	19 b/m	99%		
7:00pm	117/74	82 b/m	19 b/m	99%	300 ml	
7:30pm	119/72	78 b/m	19 b/m	100%	133 ml big, small 5 ml	
8pm	114/78	79 b/m	19 b/m	99%	120 ml	7:40pm 111 mg/dl 2
22/6/26 9pm	117/70	82 b/mt	19 b/mt	98%	150 ml	
10pm	116/72	80 b/mt	19 b/mt	98%	150 ml	
11pm	106/69	80 b/mt	19 b/mt	95%		
12 AM	117/71	90 b/mt	19 b/mt	100%	Urine passed	
1 AM	106/67	80 b/mt	20 b/mt	95%		
2 AM	102/70	86 b/mt	19 b/mt	98%	Urine passed	
3 AM	108/62	90 b/mt	20 b/mt	95%		
4 AM	116/70	86 b/mt	19 b/mt	98%		
5 AM	136/80	81 b/mt	19 b/mt	99%	Urine passed	
6 AM	120/75	86 b/m	19 b/mt	99%		
7 AM	125/90	80 b/m	19 b/mt	99%	Urine passed	
8 AM	119/70	91 b/mt	19 b/mt	99%		GRBS 81 mg
9 AM	109/71	95 b/mt	18 b/mt	99%	8:40am urine passed pic 10:45a motion passed	post sugar
10 AM	127/79	98 b/mt	17 b/mt	99%	Drain small - 3ml Big - 73 ml at 9:30 pm	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/6/26	BP PR RS SPO2 - urine/output	Drain output GRBS
2 AM	147/89 - 74b/m - 28 - 100%	150ml
2:30AM	155/85 - 79b/m - 20 - 100%	145 mg/dl
3 AM	165/71 - 69b/m - 27 - 100%	
3:30AM	166/83 - 79b/m - 18 - 100%	
4 AM	161/87 - 80b/m - 19 - 99%	50ml
4:30 AM	147/76 - 80b/m - 18 - 99%	
5 AM	132/75 - 78b/m - 20 - 99%	150ml
5:30AM	131/77 - 84b/m - 20 100%	
6 AM	134/75 - 83b/m - 18 - 99%	100ml
6:30 AM	124/60 - 86b/m - 20 - 100%	141 mg/dl
7 AM	120/82 - 83b/m - 18 - 100%	150ml
7:30 AM	121/80 - 82b/m - 18 - 100%	
8 AM	122/86 - 80b/m - 18 - 100%	
8:30 AM	121/82 - 82b/m 18b/m 99%	
9 AM	110/72 - 83b/m 19b/m 99%	
9:30 AM	120/74 - 72b/m 20b/m 100%	
10 AM	113/74 - 78b/m 20b/m 100%	210ml big + 5ml small
10:30 AM	121/73 - 69b/m 19b/m 99%	
11 AM	122/74 - 74b/m 18b/m 99%	
11:30 AM	120/70 - 73b/m 18/bm 98%	
12 pm	121/74 - 75b/m 18/b/m 99%	
12:30 pm	113/80 - 70b/m 21 b/m 100%	
1 pm	110/70 - 82b/m 20b/m 100%	
1:30 pm	113/70 - 84b/m 19b/m 99%	
2 pm	112/74 - 80b/m 19b/m 99%	
2:30 pm	114/70 - 82b/m 19b/m 99%	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/6/26 10:15pm	C/I to Dr Bhavana Mam	
	NST non reassuring	
	pt is c/c/c	Adv
	g/c fair	- Left lateral
	Afeb	- O_2 Supplementation
	BP - 139/83mmHg	- RL free flow
	PR - 66bpm.	- Continue NST
	P/A soft	- Send CBP
	ut Relaxed. ~32weeks	- Inform SR.
	No tenderness	
	L/E No bleeding	
	V/e Cx long	
	Os closed.	
Noted by Dr. 21/6/26 10:15pm		Dr Nausheen
21/6/26 10:25pm.	C/I to DR. Bhavana Mam	
	Continued NST - non Reassuring.	
	Left lateral, O_2 supplementation given,	
	RL free flow given	
	V/e stimulation done.	
	↓	
	Continued NST Non Reassuring.	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		Adv
		- Prepare LSCS
		- Part preparation
		- PAC
		- Trace CBP
		- Cont. FHR monitoring
		- Foleys catheterization
		- NBM
noted by Ranjy 21/6/26 10:25pm		- Shift to OT on call
		Dr Nausheen.
21/6/26 10:30PM	Counselling Notes	
	Patient and attenders were explained regarding the non reassuring NST, decreased fetal movements risks of fetal distress and the need for emergency LSCS and they opted for Emergency LSCS	
	Chaitanya (patient) — Jai (Patient attendant)	Dr Nausheen

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/6/26 1:45Am	POD-0 (Post Emergency LSCS)	
	1 PRBC and 3 FFP transfused intraoperatively	
	1 pRBC transfusion going on.	
P2L2A1 PGDM(M)	O/E pt is c/c/c	Adv
	Pc fair	- NBM
	Afeb	- Rest
Urine output 200ml clear	BP- 140/96mmHg	- Input Output charting ; urometer
	PR- 77bpm	- Drain Output charting (Both drains)
	S/E NAD	- Monitor Vitals
Drain output Subcut - minimal serous. Intraperit → minimal	P/A- Soft	- Follow duty chart
	wt ~ N/R	- GRBS 4th hrly.
GRBS - 115mg/dl.	L/E NAB	- W/F any transfusion
	Baby NICU.	- TEDD stockings
noted by manga 22/6/26 @1:45AM		- Incentive Spirometry.
		- Inform SOS.
		Dr Nausheen
22/6/26 2Am.	C/S/B Axon	Adv Coag profile, LFT, Sr. Createnine, LDH, Blood urea, Sr uric acid, Sr. Electrolyte, CRP, Pro Calcitonin.
	ECG.	
Inj Ca gluconate at 8am slow IV		- Reserve 2 PRBC, 4th FFP at 4Am.
		- CBP at 8am ; Clexane after 24 hrs.
		4 Electrolytes
noted by manga 22/6/26 @2AM	C/I to Dr Bhavana Mam	Dr Nausheen
		Send Investigations
		Dr Nausheen

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/6/26 4:1 Am	C/I to Dr Bhavana Mam	
	PT/APTT/INR - 18/1-2/32	
	Sr. creat - 0.8	
	urea, uric acid (N).	
	CRP - 11	
	Na/K/cl - 143/6.1/107.	
	LFT → Total Bilirubin 2.7 (↑) Conj 0-2	
	SGOT → 48 (↑) unconj 2.7	
	SGPT → 27 (↑)	
	ALP - 93	
	Protein → 6.6 Alb → 3.6 Globulin → 3	
	A/G Ratio 1.2	
	noted by manga 22/6/26 @4AM	Adv Send CBP, Sr Electrolytes LFT, PT, APTT, INR at 8 Am. Dr Nausheen

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/6/26 2AM	C b/B AXON ANAESTHESIA TEAM	
	POD-0 Emms GDM RA+ve. Hypothyroidism (s/p Atonic PPH)	
	1 PRBC ongoing	
	Examination	
	Vitals BP-140/96 CVS-S1,S2 (+)	
	PR-74 RS-BAE (+), clear	
	SpO2-97% c 4lito2 CNS-C/C/C, Oriented	
	1 PRBC & 1 FFP transfused.	
		Adv
		1) NPO till further orders.
BBG		2) RL @ 130ml/hr.
PH-7.38		3) INJ. LASIX 5MG IV.
125/4.91/97		4) O2 4lit facemask
Hb-8.1		5) Incentive Spirometry
HCO3-18.3		6) Reserve 2 PRBC
Ca-0.8		7) stockings
GRBS-115mg/dl.		8) GRBS 4th hrly.
Adv		9) Monitor I/O, U.O hrly.
Coagulation profile		10) Monitor B.P., HR, drain
LFT, RFT, S.electrolytes		11) Neb - Levolin 0.63MG 8th hrly
LDH, CRP, procalcitonin		12) CBP, S.electrolytes @ 8AM
CBP @ 8AM S.electrolytes	Dr. [illegible] Dr. Durga Bhavani	13) INJ. CALCIUM gluconate 10ml IV slow @ 8AM.
Ca+ 0.8, K+ 6↑ Na 143		14) INJ. ENOXAPARIN to be started after 24hr after checking for bleeding tendencies according to surgeon's call
	noted by manga 22/6/26 @2AM	15) ECG.
		16) BP monitoring, U.O every hour hrly.

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/6/2026 5:45AM	POD-0	
	O/E	Adv
	Pt is c/c	- NBM
2 PRBC + 4 FFP given	c/c fair	- W/F bleeding PV
	Afebrile	- Monitor vitals
	BP - 131/77mmHg	- I/O charting
trace LDH procalcitonin	PR - 84bpm	- Drain output charting
send CBP, Sr electrolyte	S/E - NAD	- Follow drug chart
LFT, PT APTT INR at 8AM	P/A - U+ ~ WR	- GRBS 4th hrly
	soft	- TEDD stocking
2 PRBC Reserved at Tarnaka Blood bank	L/E - NAB	- W/F any reaction
	Baby - NICU.	- Incentive spirometry
		- Inform SOS
Noted by Ravi 22/6/26 5:45 AM		
		Dr Yogeshwari
22/6/2026 8AM		
	LDH - 593	
	Procalcitonin - 0.163	
trace CBP, PT APTT INR LFT Sr electrolyte CBI	CBP - 6.5/23,330/1.33L	
	GRBS at 6:20AM 141 mg/dl	Dr Yogeshwari
Noted by Sulochana 22/6/26 8AM		

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/6/2026 9:40 PM	Drain output- Big drain - 210ml small drain - 5ml. noted by Suhasini 22/6/26 9:40AM	Dr yogeshwari
22/6/26 9:50 Am	C/I to Dr Bhavana Mam	
	O/E Pt is c/c/c ac-fair BP - 109/92 mmHg PR - 98 bpm SpO2 - 100 %.	Adv. - Slow soft Diabetic diet - check all Pre & Post sugars - Physician Review today - 2D. Echo today
	I/O - 110ml, Adequate clear D/O - Large : 210ml, serous Small : 5 ml, serous noted by Suhasini 9:50AM 22/6/26	
22/6/26 10 AM	C/I to Dr kiran sir	Dr Priyanka
	noted by Suhasini 10AM 22/6/26	Adv - 2 ⓞ PRBC transfusion - Send Blood culture & urine culture - Inj Metronidazole 500mg IV TID. Dr yogeshwari

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/6/26 10AM	POD-0 (LSCS)	
	O/E Pt is c/c/c	Adv
	Gc fair	- sips of water f/b clear liquids f/b slow soft diabetic diet.
2 OPRBC & 4 FFP given	Afebrile	Adequate hydration
	BP-124/78mmHg	- Ambulation
UO-100ml/HR clear adequate	PR-76bpm	- Monitor vitals
	S/E-NAD	- W/F bleeding PV
physician review	P/A-Ut~COR	- Follow drug chart
2D ECHO today	soft BS⊕	- DO dbl pre and post sugars
	L/E NAD	- TEDD stocking
Drain in large-210ml output small-5ml	Baby-NICU	- Incentive spirometry
		- Inform SOS
noted by sahasini 10AM 22/6/26		Dr yogeshwari
22/6/26 10:30am	CD to Dr. Bhavanamam	
	CBP-6.5/23330/1.33L	Adv
	LFT-Total bilirubin-4.2↑	- Inj metrogyl 500mg IV TID
	conjugated-0.2 unconjugated-4↑	- Send blood culture pus/sive culture
	-SGOT-41↑	
	-SGPT-27	
	-ALP-64	Dr. Ashini
	-protein-5.6 Albumin-2.9 Globulin-2.7	
noted by ashini 22/6/26 10:30 pm.	A/G ratio-1	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	- Na/K/Cl - 142/4.9/108.	
	- PT/APTT/INR - 27/18/1.2.	
22/6/2026 12:45 pm	c/s/B Dr. Prashanth sir & c/f to Dr. Bhavana mam	
noted by Saluri	2D Echo - Normal.	Dr. Nikhita
22/6/26 2pm.	POD-0 (LSCS)	Adv:
2 PRBC 4 FFP given	O/E - pt is c/c/c	- Slow soft diabetic diet
	Gc - Fair	- Adeq. Hydration
	Afebrile	- Ambulation.
	BP - 132/79 mmHg.	- TEDD stockings.
	PR - 70 bpm.	- I/o charting
	SpO_2 - 98 %.	- Drain output charting
	S/E - NAD.	- monitor vitals
	P/A - Ut - N/R.	- W/F bleeding PV
	Soft, BS (+)	- Follow drug chart
	L/E - NAD.	- Incentive spirometry
	Baby - NICU	- Inform SOS.
u/o 650 ml clear, adeq.		
Post meal sugar at 3:30 pm		
Physician review today		Dr. Nikhita
noted by Saluri 22/6/26 9pm		

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/6/26 3:30 pm.	PLBS - 127 mg/dl	(R) Dr Nikhita
22/6/26 4:30 pm	C/S by. Dr. kiran sir BP - 128/76 mmHg PR - 83 bpm	Adv - IV fluids 50ml/hr - LFT on 24/6 - CBP, creatinine tomorrow - T. Udiliv 300mg TID - Send Sr. iron, B12 - 2 (1) PRBC transfusion d/ Dr. Ashwini
noted by Sushmi 22/6/26 4:30 pm		

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes			Doctor's Order	
22/6/26	BP	PR	RR	SpO_2	I/O Drain output
2 AM	147/89 mmHg	74 bpm	28	100%	150ml
2:30 AM	155/85 mmHg	79 bpm	20	100	100ml/hr
3 AM	165/71 mmHg	69 bpm	27	100	50ml/hr.
3:30 AM	166/83 mmHg	79 bpm	18	100	
4 AM	161/87 mmHg	80 bpm.	20	100	
4:30 AM	147/76 mmHg	75 bpm	30	100	50ml/hr
5 AM	132/75 mmHg	82 bpm	22	100	
5:30 AM	131/77 mmHg	84 bpm	20	100	
6 AM	134/65 mmHg	86 bpm	22	100	
6:30 AM	124/60 mmHg	88 bpm	24	99	50ml/hr
7:~~0~~ AM	120/82 mmHg	90 bpm	20	100	
7:30 AM	128/68 mmHg	92 bpm	18	100	
8 AM	121/65 mmHg	90 bpm	24	100	50ml/hr
8:30 AM	124/76 mmHg	90 bpm	20	98	
9 AM	109/92 mg	86 bpm	22	98%.	Big-2 tbsp Small-sm
9:30 AM	122/80 mg	88 bpm	20	98%.	
10 AM	124/78 mmg	86 bpm	22	95%.	
10:30 AM					
11 AM.	113/73 mmHg.	74 bpm.	18	98%.	
11:30 AM.				97%.	
12 PM	121/80 mmHg.	82 bpm.	20	96%.	100 ml/hr
12:30 pm.	123/88 mmHg	73 bpm.	22	98%.	
1 pm.	126/80 mmHg	78 bpm	20	98%.	
2 PM	123/78 mmg	86 bpm	18	95%.	100ml/hr
3 PM	125/80 mmg	82 bpm	22	96%.	
4 PM	120/75 mmg.	89 bpm	20	95%.	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/6 6pm	SIB Dr Srinidhara (Asan)	
	POD1. Atonic PPH ~2000ml blood loss	
Chest clear.	Oxytocics given. intraop.	
	No HypoTN.	
	2 0 PRBC, 4 0 FFP given	
B/L pedal pitting oedema. B/L UL,	Bil ↑ 4 ID/D. LDH ~ 500. Alb (2.9).	
	Hb 6.6. preop 8.8.	
	U/O adeq.	c/o Giddiness on walking
	Adv.	HR - 72-80/mt No Tachycardia
		BP - 109/73 mm Hg.
		No HypoTN readings
	Drain 200 ml.	
	- 2 0 PRBC to be transfused.	
	- Inj Lasix 10mg IV stat after each PRBC	
	- Catheter can be removed	
	Monitor Scy Voided U/O.	
	- Mobilisation & Cont Enoxaparin.	
	- Rpt CBC, S. Elect.	
	- Stop IVF. Cont Complete oral Diet.	(signature)
	- Convert all Meds to oral except IV Abs.	

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[redacted]

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/6/26 6pm	POD-0	Adv
	O/E pt c/c/c	- Soft diabetic diet
	cc/fair	Ambulation
	afebrile	- Incentive spirometry
	BP - 109/73 mmg	- D/O charting
U.O 2700ml adq, clear.	PR - 87bPM	- I/O charting
	s/CNAD	- monitor all pre
	P/A soft	& post meal
2 PRBC to be transfused.	BS +/+ −/−	sugars
		- monitor vitals
	PIU NAB	- follow drug chart
noted by Suhina 22/6/26 6pm	baby - NICU	- inform SOS
		A/Dr. Ashwin
22/6/26 7pm	c/s by AXON	
		Adv
		- I PRBC transfusion
		- Stop IV fluids
7pm		completely.
big Drain - 133ml		- Oral fluids
Small Drain - snil		- Inj. Lasix 10mg IV
		stat after each
noted by Suhina 7pm 22/6/26		PRBC
		- send CBC, Sr electrolytes tomorrow 6am
		A/Dr. Ashwin

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/S/B Dr. Bhavana Mam	
22/6/26 8:30 PM	POD-0 (Post LSCS)	
	O/E Pt is c/c/c	
	GC-fair	Adv
	Afebrile.	- 2 O PRBC to be transfused
USG Abd & Pelvis Tomorrow	Vitals stable	- Remove Foley's.
	P/A - Ut ~ W/R	- Incentive Spirometry
Remove Foley's	soft, BS (+)	- Monitor vitals
		- Follow drug chart
		- Continue all medications
	Noted by Ravi 22/6/26 @ 8:30 PM	- Inform SOS
		Dr. Geeetha
22/6/26 10 PM	Pre-transfusion notes	
	O/E pt c/c/c	Adv
	GC fair	- soft diabetic diet
	afebrile	
	BP - 110/75 mmHg	- Inform pre & post sugar
W/F transfusion reaction	PR - 89 bpm	
	SPO2 - 99%	- w/f bleeding PV
	P/A soft	- monitor vitals
	ut ~ UR	- following chart
Send CBP Sr. electrolyte tomorrow morning 6 am	BS (+)	
	PV - NAB	- inform SOS
	Noted by Ravi 22/6/26 @ 10 PM	
		Dr. Ashwini

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/6/24	BP PR RR	SPO2 U/O D/O
5PM	128/76mmg 76bpm 98%→	130ml/hr
6PM	108/80mmg 78bpm 95%→	200ml/hr
7PM	109/73 mmg 80bpm 98%→	125ml/hr DO:- big 133 ml small 5 ml.
8PM		
9PM	110/73mmHg 78bpm 18 98%.	130ml/hr
10PM	116/72mmHg 80bpm 18 98%.	Foley's removed @ 10pm
11PM	110/70mmHg 80bpm 17 98%.	
12AM	117/71mmHg 90bpm 18 100%.	Voice Passed
1AM	106/62mmHg 80bpm 16 95%.	
2AM	109/72mmHg 91bpm 18 100%.	
3AM	108/62 mmHg 96bpm 18 99%	
4AM	116/88 mmHg 88bpm 16 100%	
5AM	126/80 mmHg 81bpm 18 98%.	
6AM	115/90 mmHg 84bpm 18 98%.	
7AM	119/70 mmHg 92bpm 16 100%.	
8AM	119/70 mmHg 91bl/mt 18 99%.	Urine Passed
9AM	109/71 mg/dl 95bl/mt 18bl/mt 99%.	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Post transfusion notes	
23/6/26 12 AM	O/E Pt is c/c/c GC- fair Afebrile	- No transfusion reactions noted.
1 U PRBC transfused	BP - 117/71 mmHg PR - 90 bpm S/E - NAD SpO2 - 100%. P/A - Ut ~ W/R Soft, BS (+) P/V - NAB	Adv - Soft diabetic diet - Inform Pre & Post sugars - W/F Bleeding PV - Monitor Vitals - Follow drug chart - Inform SOS
noted by Rani 23/6/26 @ 1 PM		Dr Greeshma.
23/6/26. 12:45 AM	Pre transfusion notes O/E Pt is c/c/c GC- fair Afebrile	Adv - W/F Transfusion reactions - Soft diabetic diet - Inform Pre & Post sugars - W/F Bleeding PV
2nd PRBC transfusion started	BP - 104/66 mmHg PR - 86 bpm S/E - NAD SpO2 - 98%. P/A - Ut ~ W/R Soft BS (+)	- Monitor Vitals - Follow drug chart - Inform SOS
Send CBP, Electrolytes at 6 AM	P/V - NAB	Dr Greeshma
noted by Rani 23/6/26 @ 1 PM		

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/6/26 2:20 AM	Post transfusion notes O/E Pt is c/c/c GC- fair Afebrile	- No transfusion reactions Noted.
2 PRBC transfused	BP- 109/70 mmHg PR- 91 bpm S/E- NAD	Adv - Soft diabetic diet - Inform Pre & Post Sugars
Send CBP, S electrolytes at 6 AM	SpO2- 100% P/A- Utn W/R Soft BS (+) P/V- NAB.	- W/F Bleeding PV - Monitor vitals - Follow dugchart - Inform SOS
Noted by Rani	23/6/26 @ 2:20 AM	Dr. Greeshma
23/6/26 6:30 AM	O/E Pt is c/c/c GC- fair Afebrile	Adv - Soft Diabetic Diet - Inform Pre & Post Sugars
Send CBP, S electrolytes	BP- 117/78 mmHg PR- 84 bpm S/E- NAD	- W/F Bleeding PV - Monitor vitals - Follow dugchart
Urine Passed Motion Not Passed Flatus Passed	P/A- Utn W/R Soft BS (+) P/V- NAB	- Inform SOS.
USG Abdomen & Pelvis Today	Noted by Rani.	23/6/26 @ 6:30 A	Dr. Greeshma

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/S/B Dr Bhavana Mam	
23/6/26 9:45AM	O/E Pt is c/c/c	
	GC-fair	Adv
Urine Passed	Vitals stable	- USG Abdomen & Pelvis today
D/o- Large: 73ml Small: 3ml	P/A- Ut ~ W/R Soft, BS ⊕	- Remove Subcutaneous Drain
	L/E-NAB	- Shift to room after Scan
Trace CBP, S.electrolytes		- Inform SOS
FBS- 81 mg/dL		Dr. Geethma
9:05 PBBS - 167 mg/dL		
Noted by Komal 23/6/26 @ 9:45AM	POD - 1 (LSCS)	
23/6/26 10:30AM	O/E	
Trace Blood culture Urine C/S	Pt is c/c/c.	Adv
USG Abdomen pelvis scan today	GC fair	- Diabetic soft diet
	Afebrile	- Monitor vitals
	BP-115/68 mmHg	- W/F bleeding PV
Urine passed	PR 90bpm	- Inform pre & post sugars
Motion passed	S/E-NAD	
PBBS -125mg/dL	P/A-Ut ~ W/R	- Follow drug chart
	Soft BS⊕	- Drain output charting
CBP- 6.4/20.16/ 1.60L	L/E-NAB	- TEDD Stocking
	Baby-NICU.	- Ambulation
Na+ -140 Cl- - 102 K+ - 4.01		- Adequate hydration
		- Inform SOS

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Noted by Komal 23/6/26 @ 10:30AM

Dr. Yogeshwari

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/6/26 1pm	USG (Abdomen + pelvis)	
	Mild interbowel free fluid. Noted	
	- Uterus appears Bulky & heterogenous - post partum status	
	- Bilateral adnexa - appears normal	
	- Multiple small Hypoechoic collection largest one measuring 21x18mm in the subcutaneous tissue near scar site - likely post partum changes	
Noted	by Komal 23/6/26 @ 1PM	
		Dr Yogeshwari
23/6/26 1:30pm	POD-2 (LSCS)	
	O/E pt is c/c/c	Adv
	GC fair	- Diabetic diet
trace Blood culture report	Afebrile	- W/F bleeding PV
	BP- 112/80 mmHg	- Monitor vitals
urine passed	PR- 90bpm	- Inform pre & post sugars
Motion passed	S/E - NAD	- Follow drug chart
pre lunch-88mg/dl	P/A - Ut ~ WR	- Drain output charting
Aseptic dressing done wound healthy	soft BS ⊕	- TEDD stocking
Urine C/S - No growth	L/E - NAB	- Adequate hydration
Negative No polymorph or organism	Baby - NICU	- Ambulation
		- Inform SOS
pt can be shifted to Room		Dr Farm
Do Post lunch sugars	Noted by Komal 23/6/26 @1:30pm	Dr Yogeshwari

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/6/26 4pm Intra peritoneal drain removed	Post Surgical GRBS - 136 mg/dl. Urine C/S - No growth. Drain output - 14 ml serous	Adv - Inform all pre & post sugars Dr Farnees
	Noted by Deepika 23/6/26 @ 4pm	
23/6/26 9 pm. P2L2 PNPM(M) premeal sugars - 94 mg/dl. Post meal - 148 mg/dl Trace blood culture report	POD - 2 (LSCS) O/E - pt is c/c/c CL - Fair Afebrile. BP - 110/70 mmHg. PR - 87 bpm S/E - NAD P/A - Ut - W/R. Soft, BS(+) L/E - NAB. Baby - NFW	Adv: - Diabetic diet - Adeq. Hydration - Ambulation - W/F bleeding PV - monitor vitals - Follow drug chart. - TEDD stockings. - Infosm SOS. - Check pre & post meal sugars. Dr. Nikhita.

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BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/6/26	POD-3 (LSCS)	Adv:
7 Am.	O/E - pt is c/c/c	- Diabetic diet
	Ox - Fair	- Adeq. Hydration
P2L2 POD3 (TM)	Afebrile	- Ambulation
FBS - 79 mg/dl. Post sugar - 108 mg/dl.	BP - 116/70 mmHg.	- W/F bleeding PV
Urine passed	PR - 87 bpm	- monitor vitals
	S/E - NAD	- Follow drug chart
Motion passed	P/A - Ut - W/R.	- TEDD stockings
	Soft, BS (+)	- Inform SOS.
Trace Blood culture reports	L/E - NAD.	
	Baby - NICU.	DR. Nikhita

Noted by Akanksha 24/6/26 @8 am

24/6/26 9:45 am

CI to Dr. Bhavana mam.

Adv
- send CBP

Dr. Aswini

VIH-00156587 IP-00060436
Mrs CHAITANYA PINNAPATI JAI
10-01-1990 36 Y 6 M 14 D (F)
Dr. BHAVANA K

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/06/26 11:15 AM	S/D Dr. Vineeth (Anes).	
	POD-3 S/P ATONIC PPH ~2000ml Bloodloss intraop.	
	VITALS: pt is conscious & coherent. SPO2 - 98% on RA	
FBS - 79 mg/dl	PR - Effluic	
23/6: NA: 140	BP - 116/70 mmHg	
K: 4.1	CNS - GCS E4	
CL: 102	RS - BILATERAL	
24/6: Hb: 6.5	CVS - NAD.	
WBC: 17.62		
PLT: 1.76L		Advice: 1) 1 U PRBC transfusion 2) Adequate Hydration 3) TEDD stockings 4) Monitor VITALS. 5) Mobilization. 6) Inform SOS. Dr. M. Vineeth 24/6/26
	Noted by Dr. Pilla 24/6/26 @ 11:15 AM	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/6/26 11:40Am	C/I to Dr Bhavana Mam. CBP - 6.4/17620/1.76	Adv - 1 ⊕ PRBC transfusion - Shift to MICU for transfusion Dr Naushree
	Noted by Dupitca 24/6/26 @ 11:40	
24/6/26 2:30pm. P2L2 PGDM (M) PLL 121mg/dl. lunch. Shift to MICU for 1 ⊕ PRBC transfusion urine and motion passed	POD-3 (Post Em LSCS) o/e pt is c/c/c GC fair Afeb BP - 106/87 mmHg PR - 72bpm. S/E NAD P/A wt ~ W/R Soft BS⊕ L/E NAB Baby NS BF⊕ NICU.	Adv - Diabetic diet - Hydration - Ambulation - W/F bleeding PV - Monitor Vitals - follow drug chart - TEDD stockings - Inform SOS - L Dr Naushree
		Note by Ref a Dr 24/6/26 @ 2:30Pm

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/6/26 6:45 PM P2L2 POD-3 (LSCS) post lunch - 115 mg/dl 1 U PRBC transfusion given Urine & motion passed shifted to Room	POD-3 (LSCS) O/E - Pt is c/c/c GC fair Afebrile BP - 118/72 mmHg PR - 82 bpm S/E - NAD. P/A - UH ~ WR Soft BS (+) L/E - NAB Baby - NICU	Adv - No transfusion Reaction Noted. - Normal diet - Adequate hydration - Ambulation - W/F bleeding PV - Monitor vitals - Follow drug chart - TEDD stocking - Inform SOS
Noted by Farah 24/6/26 @ 6:45 Am		Dr Yogeshwaran
24/6/26 8:30 pm. P2L2 POD-3 (LSCS) Urine passed Motion passed DO FBS tomorrow	POD-3 (LSCS) O/E Pt is c/c/c GC fair Afebrile BP - 118/74 mmHg PR - 86 bpm. S/E - NAD. P/A - UH ~ WR Soft BS (+) L/E - NAB Baby - NICU	Adv - Normal diet - Monitor vitals - Adequate hydration - Ambulation - W/F bleeding PV - Follow drug chart - TEDD stocking - Inform SOS
Note by Rafeeq, Staff Nurse 088291		Dr Yogeshwaran.

VIH-00156587 IP-00060436
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/6/26	POD-4 (Post LSCS)	
8 AM	O/E	
P242 PGDM.	Pt is c/c/c	Adv
urine & motion passed	Gc fair	- Normal diet
	Afebrile	- I/O F bleeding PV
	BP- 112/70 mmHg	- Monitor vitals
	PR- 76 bpm.	- follow drug chart
pt can be discharged	S/E - NAD	- Adequate hydration
	P/A - Ut ~ UR soft BS (+)	- Ambulation.
		- TEDD Stocking
Aseptic dressing done wound healthy		- Inform SOS
	L/E - NAB	
	Baby - NICU.	
	Vaginal Examination done No active bleeding	Dr Nausheen
25/6/26 9:30 am	c/t to Dr. Bhavana mam	
		Adv - send CBP
	Noted by Deepika 25/6/26 @ 9:30 Am	A/c Dr. Ashwini

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

VIH-00156587 IP-00060436
Mrs CHAITANYA PINNAPATI JAI (F)
10-01-1990 36 Y 5 M 11 D
Dr. BHAVANA K

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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: G3P1L1A1 C 33+2 wks R Preg LSCS c Anemia.	Any Infection: ☐ Yes ☑ No ☐ Not Known If Yes Specify: ....
Surgery / Procedure:	Post OP Day:

Section	Item	21/6/26 8pm-8am	22/6/26 N	22/6 N	22/6/26 C	22/6/26 E	22/6/26 N
BACKGROUND	Medical Condition (Any special condition to be noted):	—		—	—	Hypothermy	—
BACKGROUND	Diet:	—		—	soft diet	soft diet	soft diet
ASSESSMENT	Allergy:	No	No	No	No	No	No
ASSESSMENT	Ventilation (RA, NP, NIV, VENTI):	R/A	RA	—	RA	RA	R/A
ASSESSMENT	Tubes/Drains/Catheter:	Yes	Yes	Yes	Yes	Yes	Yes
ASSESSMENT	Vital Signs: Temp:	98.6°F	98.4°F	98.6°F	98.6°F	98.6°F	98.6°F
ASSESSMENT	Res:	26 b/m	21 B/M	20 b/m	20 b/m	20 b/m	30 b/m
ASSESSMENT	SpO₂:	100%	99%	99%	99%	99%	97%
ASSESSMENT	Pulse:	112 b/m	121 B/M	85 b/m	82 b/m	84 b/m	90 b/m
ASSESSMENT	BP:	130/70 mmHg	122/80 mmHg	130/80	132/79 mmHg	121/71 mmHg	118/73 (80)
ASSESSMENT	LOC:	—	conscious	conscious	conscious	conscious	conscious
ASSESSMENT	Fall Risk Score:	—		—	15	15	15
ASSESSMENT	Pain Score:	—	0	0	0	0	0
ASSESSMENT	Skin Integrity	—	Intact	Intact	Intact	Intact	Intact
Recommendations	Safety Needs:	Yes	Yes	Yes	Yes	Yes	Yes
Recommendations	Physiotherapy:	—	Nill	—	—	—	—
Recommendations	Others Specify:	No	No	No	No	No	No
Recommendations	Special Diet:	—	NBM	NBM	soft diet	soft diet	DM soft diet
Recommendations	Critical Lab Test / Values:	—	Nill	—	—	—	—
Recommendations	Other Special Orders / Medications:	No	No	No	No	No	No
Recommendations	PU Prophylaxis:	No	No	No	No	No	No
Recommendations	DVT Prophylaxis:	No	No	No	No	No	No
Recommendations	ADL (Dependent / Non Dependent):	Non Dependent	dependent	depat	dependent	dependent	dependent
	Post Operative Procedure Special Orders:	—	NBM -1 BT Transfusion Blanule	NBM w/f Bleeding	w/f Bleeding Vitals	Pre & post GRBS @ Doorn Prase Big & small	Pre & post GRBS @ USG abdomen CBP, [illegible]
	Handed Over By Name:	Pooja	Anib	Rani	K. Suhasini	K. Suhasini	Rani
	Signature / ID:	[illegible]	020264	020820	020477	020477	019882
	Date:	21/06/26	22/6/26	22/6/26	22/6/26	22/6/26	23/6/26
	Time:	@ 8pm	@ 1:55	8 AM	2PM	8pm	8 AM
	Taken Over By Name:	Bhavani	Raghu	K. Suhasini	K. Suhasini	Renuka	Kamala
	Signature / ID:	019443	0184	020477	020477	019370	020573
	Date:	21/6/26	22/6	22/6/26	22/6/26	22/6/26	23/6/26
	Time:	@ 10:45 PM	[illegible]	8 AM	2PM	8PM	@ 8AM

Patient Ou...
VIH-00156587 IP-00060436
Mrs CHAITANYA PINNAPATI JAI
10-01-1990 36 Y 5 M 11 D (F)
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SING SHIFT HAND OVER FORM

SITUATION

Diagnosis: $G_3P_1L_4A_1$ c 33+2wks c previous LSCS c Anemia.

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

Surgery / Procedure:

Post OP Day:

BACKGROUND / ASSESSMENT / Recommendations

	Date / Shift	23/6/26 M	23/6/26	23/6/26 N	24/6/26 M	24/6/26 Evening	24/6/26 N
BACKGROUND	Medical Condition (Any special condition to be noted):	Diabetic	Diabetic diet	Diabetic Diet	Diabetic Diet		Diabetic
BACKGROUND	Diet:	Soft diet	(B) diet	(N) diet	(N) diet	(N) Diet	(N) diet
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
ASSESSMENT	Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA	RA	RA
ASSESSMENT	Tubes/Drains/Catheter:	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
ASSESSMENT	Vital Signs: Temp:	98°F	98°F	98.0°F	98.0°F	98.6F	98.0°F
	Res:	19b/m	19b/m	19b/m	19b/m	20b/mt	19b/m
	SpO_2:	99%	99%	99%	99%	100%	99%
	Pulse:	90bpm	80b/m	82b/m	80b/m	88b/mt	82bpm
	BP:	115/68mmHg	115/68mm	122/74(83)	120/74mm	116/72mmHg	128/69(83)
	LOC:	Conscious	Conscious	Conscious	Conscious	Conscious	Conscious
	Fall Risk Score:	'15'	'15'	'15'	'15'	15	'15'
	Pain Score:	'0'	'0'	'0'	'0'	0	'0'
	Skin Integrity	Intact	Intact	Intact	Intact	Intact	Intact
Recommendations	Safety Needs:	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☑ No	☑ Yes ☐ No
Recommendations	Physiotherapy:	-	-	Nil	Nil	Nil	Nil
Recommendations	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Recommendations	Special Diet:	Diabetic (B) Diet	Diabetic diet	Diabetic diet	Diabetic diet	(B) Diet	(N) diet
Recommendations	Critical Lab Test / Values:	-	-	-	-	Nil	-
Recommendations	Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Recommendations	PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Recommendations	DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Recommendations	ADL (Dependent / Non Dependent):	dependent	dependent	Dependent	dependent	Dependent	Dependent
Post Operative Procedure Special Orders:		Drain is there		-	-	No any reactions during transfer	-
Handed Over By Name :		Kanak	Deepika	Akanksha	Deepika	L.Sharon	Akanksha
Signature / ID :		020573	607469	606607	607469		606607
Date:		23/6/26	23/6/26	24/6/26	24/6/26	24/6/26	25/6/26
Time:		@2:10PM	@8pm	@8am	@2pm		@8am
Taken Over By Name :		Deepika	Akanksha	Deepika	L.Sharon	Akanksha	Deepika
Signature / ID :		607469	606607	607469		606607	607469
Date:		23/6/26	23/6/26	24/6/26	24/6/26	24/6/26	25/6/26
Time:		@2PM	@8PM	@8PM	2 PM	@ 8pm	@8AM

VIH-00156587 IP-00060436
Mrs CHAITANYA PINNAPATI JAI
10-01-1990 36 Y 6 M 14 D (F)
Dr. BHAVANA K

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: G1 3 P1 L1 A1 @ 33+2wks @ previous LSCS @ Anemia					Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:	
	Surgery / Procedure:					Post OP Day:	
BACKGROUND	Date / Shift	25/6/26 M					
	Medical Condition (Any special condition to be noted):	Diabetic ~~Diet~~					
	Diet:	(N) diet					
ASSESSMENT	Allergy:	☐ Yes ☐ ~~No~~	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):	RA					
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.0°F					
	Res:	20b/m					
	SpO_2:	99%					
	Pulse:	82b/m					
	BP:	112/70					
	LOC:	Conscious					
	Fall Risk Score:	'15'					
	Pain Score:	'0'					
	Skin Integrity	Intact					
Recommendations	Safety Needs:	☐ ~~Yes~~ ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:	Nil					
	Others Specify:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:	(N) diet					
	Critical Lab Test / Values:	—					
	Other Special Orders / Medications:	☐ Yes ☐ ~~No~~	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):	dependent					
Post Operative Procedure Special Orders:		—					
Handed Over By Name :		Dupika					
Signature / ID :		607469					
Date:		25/6/26					
Time:		@2pm					
Taken Over By Name :		File sended to Billing on 25/6/26 @2pm					
Signature / ID :							
Date:							
Time:							

Patient Sticker

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:					Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:	
	Surgery / Procedure:					Post OP Day:	
BACKGROUND	Date / Shift						
	Medical Condition (Any special condition to be noted):						
	Diet:						
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):						
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:						
	Res:						
	SpO_2:						
	Pulse:						
	BP:						
	LOC:						
	Fall Risk Score:						
	Pain Score:						
	Skin Integrity						
Recommendations	Safety Needs:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:						
	Others Specify:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:						
	Critical Lab Test / Values:						
	Other Special Orders / Medications:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):						
Post Operative Procedure Special Orders:							
Handed Over By Name :							
Signature / ID :							
Date:							
Time:							
Taken Over By Name :							
Signature / ID :							
Date:							
Time:							

VIH-00156587 IP-00060436
Mrs CHAITANYA PINNAPATI JAI (F)
10-01-1990 36 Y 5 M 11 D
Dr. BHAVANA K

NURSING CARE RECORD

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BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

Date: 21/06/26

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		NILL					
Afternoon							
Night	9pm	=> Assess the Baby condition => monitor vitals and Recorded => maintain Input and output chart => corrected fluid	=> => => =|	Assessed Baby condition monitored vitals and Recorded maintain Input and output chart corrected fluids	[illegible] => [illegible]	=> Hemodynamically stable	[signature]

Docu. No: RCH /FRM / CLINICAL / 148

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Mrs CHAITANYA PINNAPATI JAI
10-01-1990 36 Y 5 M 12 D (F)
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NURSING CARE RECORD

Date: 22/6/26

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	8 Am	Relieve pain & Discomfort	8 Am	Analgesic given	For pain relife	patient is calm & comfortable.	Sri Suhasini @ 1pm 22/6/26
	1pm	Maintain fluid balance	1pm	provided IV fluids	To prevent dehydration	patient is hydrated	
Afternoon	2pm	Ensure safety	2pm	provided side rails	To prevent fresh fall	patient is safe	22/6/26 8pm
	6 pm	maintain fluid Balance.	6 pm	encourage to take moral oral	prevent fall	patient well hydrated	
Night	8 pm	→ Maintain fluid Balance	8:10 P	→ provided plenty of oral fluids	→ maintained the fluid balance	→ Re-Assessed maintained	22/6/26 @ 10 P.
	10 P	→ prevent Infection	10:10 P	→ provided antibiotic inj. mebrogyl	→ prevent Infection	→ Re-Assessed prevented Infection	

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NURSING CARE RECORD

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Date: 23/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am	Maintain fluid balance	8am	provided liquids	To prevent dehydration	patient is hydrated.	Vakul 23/6/26 @ 2:10pm
	12 pm	Ensure safety	12 pm	To provided side rails	To prevent fall	Patient is Good.	
Afternoon	2pm	Ensure Safety	5pm	To provide side rails	To provide Safety	Re-Assessment was done	Deepika 23/6/26 @8pm
	6pm	Maintain fluid Balance	8pm	To Maintain IV Fluids	To prevent dehydration	Patient is stable	
Night	9 pm	* Improve activity & Tolerance. * Ensure Safety	10 pm	* Encouraged pt to Ambulate every 4th hourly * provided Side Rails (upside.	* prevented DVT. * Reduced falls Risk.	* Re-assessment Done. Pt condition is stable.	Akaushe 24/6/26 @ 6am

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NURSING CARE RECORD

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BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: ....

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	8 AM 12 PM	*Ensure Safety Maintain fluid balance	10 AM 2 PM	To provide side rails. Encourage to take plenty of oral fluids	* Prevent falls risk Prevent dehydration	Reassessment Done. Patient is safe	Deepika 24/6/26 @ 2pm
Afternoon	3:30 pm	Patient received from 207 room conscious oriented Blood transfusion started	3:30 pm	Patient is fine Vitals are normal	no any specific complaints	Patients is fine & safe	[illegible] 24/6/26 6pm
Night	9 pm	* maintain personal Hygiene. * Ensure Safety	10 pm	* Bedsheets changed & maintained Hand hygiene. * Provided side Rails upside	* prevented cross Infection. * Reduced falls Risk.	* Re-Assessment Done. pt condition is stable.	Akanksha 25/6/26 @ 8am

VIH-00156587 IP-00060436
Mrs CHAITANYA PINNAPATI JAI
10-01-1990 36 Y 5 M 14 D (F)
Dr. BHAVANA K

Rainbow® Children's Hospital
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Birth
BY RAINBOW HOS
Your Right to a Safe Deliv

NURSING CARE RECORD

Date: .....

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	8 Am	* Maintain fluid balance	9 Am	* Maintained fluid balance of the patient	* prevent dehydration of the patient	* Re-Assessment done patient is hydrated.	Deepika 25/6/26 @ 2pm
Afternoon				Discharge Notes Doctor came for rounds Patient is safe. Doctor said patient to be discharge.		Deepika 25/6/26 @ 2pm	
Night					Noted by Deepika 25/6/26 @ 2pm		

Docu. No: RCH /FRM / CLINICAL / 148

Patient Sticker

NURSING CARE RECORD

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Date: .....

Goals

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

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

Rainbow Children's Hospital
BirthRight by Rainbow

Rainbow Children's Hospital - Secunderabad

H.No.3-7-222/223,Sy.No.51 to 54,Opp.Karkhana P S,Karkhana Main Road,Kakaguda, Karkhana ,Hyderabad ,Telangana, INDIA ,500009.
TEL NO :040-42462200, Ext 2000,2001,2002
WEB : https://rainbowhospitals.in

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Mrs CHAITANYA PINNAPATI JAI KRISHNA RAJ**	**Age :**	**36 Y 5 M 11 D**
IP No:	**IP-00060436**	**Sex:**	**Female**
Consultant:	**Dr. BHAVANA K**	**Ward/Bed No:**	**N 2F-LABOUR WARD/LW 220**

The undersigned patient and I or responsible relative or person hereby consent to and authorize Rainbow Hospitals doctors and medical personnel to perform medical examinations, conduct routine investigations and administer medical treatments, outpatient procedures, minor dressings, vaccinations and immunizations during the course of the patient's care, as in patient.

Patient, be deemed advisable or necessary.

I understand that the confidentiality of all medical records shall be protected to the full extent of the Law. The undersigned also consent to the use of health related information/ audiovisuals of the patient for research & training purpose or for [redacted]urance coverage and while doing so confidentiality of the patient will be maintained at all times and this will not affect [redacted]e of the patient.

In giving my general consent to treatment, I understand that I retain the right to refuse any particular examinations, test, procedure, treatment, therapy or medication recommended or deemed medically necessary by treating doctors. I also understand that the practice of medicine is not an exact science and that no guarantee have been made to me as the results of my evaluation and I or treatment.

I understand that I shall not bring valuables to the Hospitals and that the Hospital will not be responsible for the loss, destruction or theft of my personal belongings. I assume full responsibility for all my personal items and release the Hospital from responsibility and liability for such personal items and valuables.

"I am aware that during the patient care it is inevitable that certain re-useable equipment shall be re-used after sterilization and disinfection. I am informed that the hospital assures maximum level of precaution and care in sterilizing and disinfecting the equipment and monitors the whole process as per evidence based guidelines".

Note:
1 We do not allow use of medication brought from outside by the patient.
2 I have received attendant passes as per my room category. I understand that I have to return it back at the time of final bill clearance. In case of failing the submission, I will pay 200/- Rs.
[redacted]ceivers Signature:.....)

3 IP Guide book has been given to me and I have been explained about the Hospitals rules and policies.
4 Financial and billing counseling has been done to me.

Signature of Patient/Relative:

Name: JAI KRISHNA RAJ
Relationship: Husband.
Date: 21/06/26 Time: 09.57P.M
Wittness Name: Srinu
Wittness Signature:

Patient Address:
FLAT-102 BHAVANI NILAYAM CIEFL COLONY KALYAN NAGAR EAST ANADBAGH Malkajgiri Hyderabad Telangana INDIA 500047

VIH-00156587 IP-00060436
Mrs CHAITANYA PINNAPATI JAI
10-01-1990 36 Y 5 M 12 D (F)
Dr. BHAVANA K

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

Ref. No. : F / HW/CONS.F/INPR / 01

CONSULTATION FORM

Doctor Name : Dr. Karan Mocem

Date : 22/6/20 Hour : 4pm

Hospital :	**Type of Referral :** ☐ Emergency (within one hr.)
....	☐ Urgent (within 6 hrs.) ☐ Non Urgent (within 24 hrs.)
Referred for : ☐ Opinion ☐ Co-Management ☐ Transfer of care	Date : .... Time : .... By : ....

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

Signature: [signature] M.D.

Report of Findings and Recommendations :

Abruptio placenta

delivered baby

C-section

Postop

Consult

Cur

Crtaly

[illegible]

BP – 110/70

G.O Good

Consultant :

Name : Dr. Karan [illegible] Signature : .... Date & Time : ....

NOTE : If more space is required use another consultation sheet as continuation

CIN : U85110 TG1998 PTC029914

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① PRBC

CONSENT FOR BLOOD TRANSFUSION

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Name: MRS CHAITANYA PINNAPATI JAI KRISHNA RAJ Age: 36 YEARS Gender: Male ☐ Female ☑

UHID.No : VIH-00156587 / IP-00060436 Date: 22/06/2026

Type of Blood Product:

☐ Fresh Frozen Plasma	☑ Packed Red Blood Cells	☐ Random Donor Platelets
☐ Cryoprecipitate	☐ Single Donor Platelet	☐ Whole Blood
☐ Albumin	☐ Red Blood Cell	☐ Others .....

I ..... hereby give my consent for whole blood transfusion or the blood components as part of treatment of myself / my patient while being admitted at Rainbow Hospital. I have been explained all the known risks of transfusion reactions. I have also been explained that the donor blood has been screened for Human Immunodeficiency Virus antibodies, Hepatitis B surface antigen, Hepatitis C antibodies, Malaria and Syphilis. I have also been explained that transfusion transmitted infections occur even with screened blood, especially if it is in the "window period" and also due to various other infections which have not been screened for. I also understand that any blood components transfusions carries risk of transfusion associated reactions, fluid overload etc. which are generally rare. The same risks apply for multiple transfusions too.

The doctor has explained to me about the alternative for this procedure which is .....

.....

All the above-mentioned risk, benefits and alternatives have been explained to me by the doctor treating me / my patient in the language that I fully understand and I accept the same and give my consent for all transfusions (the whole blood / or blood components Packed Red Blood Cells, Red Blood Cell, Platelets, Fresh Frozen Plasma, Cryoprecipitate etc.) to me / my Patient during he present hospital stay and treatment.

Patient (Or Patient Relative / Guardian):

Signature: .....

Name: CHAITANYA PINNAPATI JAI

Date & Time 22/6/26

Doctor (Who is talking the consent)

Signature: .....

Name: Dr Nausheen

Date & Time 22/6/26

Witness

Signature: .....

Name: Jai Krishna Raj (Husband)

Date & Time 22/06/2026

(1) PRBC

Ref. No.: F/HW/BTM/NSG/03

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BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Name of the patient: MRS. CHAITANYA PINNAPA JAI KRISHNA RAJ / UHID : 00156587 I.P. No.: 60436

Age: 36y Gender: FEMALE Department: OT Ward: OT

Blood group of the patient: A+ Blood group on the Blood bag: A+ POSITIVE

Blood bank issue no.: 640 Date of collection: 18/06/26 Date of expiry: 23-07-26

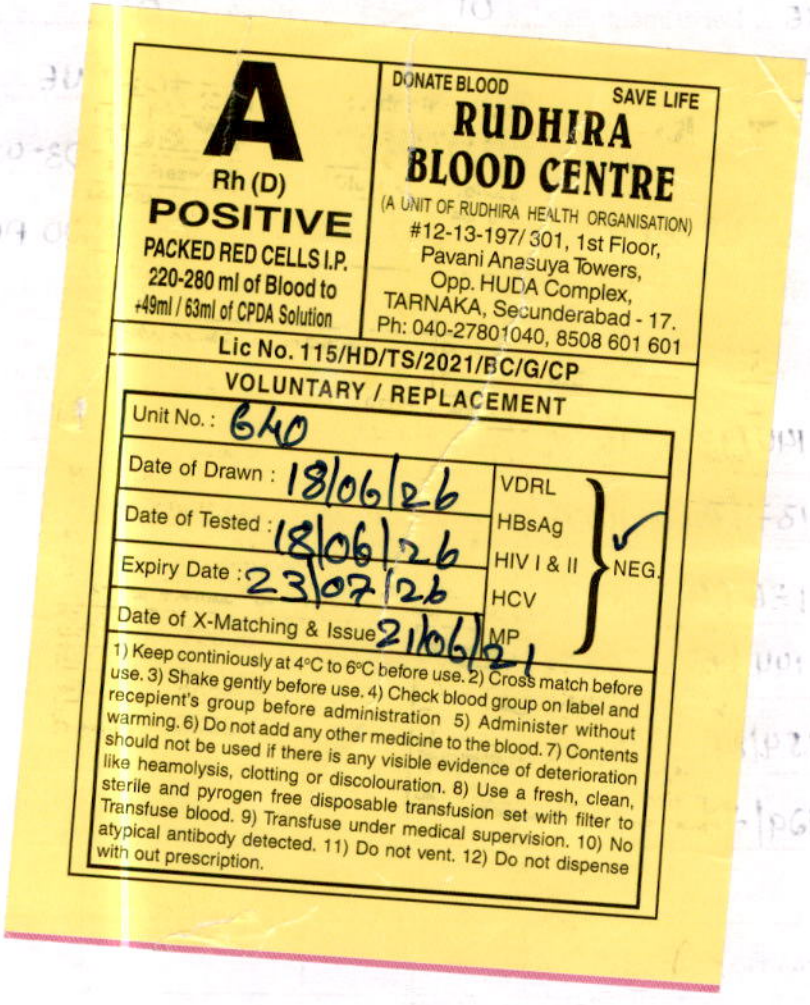
Date & Time of starting transfusion : 12:30AM Planned duration of transfusion : 1:20 AM

PLEASE MONITOR THE FOLLOWING EVERY 30 MINUTES

Time	HR	Temperature	Blood Pressure	SpO_2	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
12:30 PM	92	21	140/93	100%	—	—	—	—
12:40 PM	94	26	137/98	100%	—	—	—	—
12:50 PM	86	26	136/96	100%	—	—	—	—
1:00AM	95	26	144/95	100%	—	—	—	—
1:10AM	98	26	154/84	100%	—	—	—	—
1:20AM	100	26	129/77	100%	—	—	—	—

Comments: Nill

Nurse Name: Vaishnavi Nurse Signature :



A

Rh (D)

POSITIVE

PACKED RED CELLS I.P.

220-280 ml of Blood to

+49ml / 63ml of CPDA Solution

DONATE BLOOD SAVE LIFE

RUDHIRA BLOOD CENTRE

(A UNIT OF RUDHIRA HEALTH ORGANISATION)

#12-13-197/ 301, 1st Floor,
Pavani Anasuya Towers,
Opp. HUDA Complex,
TARNAKA, Secunderabad - 17.
Ph: 040-27801040, 8508 601 601

Lic No. 115/HD/TS/2021/BC/G/CP

VOLUNTARY / REPLACEMENT

Unit No. : 640

Date of Drawn : 18/06/26

Date of Tested : 18/06/26

Expiry Date : 23/07/26

Date of X-Matching & Issue 21/06/21

VDRL
HBsAg
HIV I & II
HCV
MP
} NEG. ✓

1) Keep continiously at 4°C to 6°C before use. 2) Cross match before use. 3) Shake gently before use. 4) Check blood group on label and recepient's group before administration 5) Administer without warming. 6) Do not add any other medicine to the blood. 7) Contents should not be used if there is any visible evidence of deterioration like heamolysis, clotting or discolouration. 8) Use a fresh, clean, sterile and pyrogen free disposable transfusion set with filter to Transfuse blood. 9) Transfuse under medical supervision. 10) No atypical antibody detected. 11) Do not vent. 12) Do not dispense with out prescription.

②PRBC

CONSENT FOR BLOOD TRANSFUSION

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Name: MR CHAITANYA PINNAPATI JAI KRISHNA RAJ Age: 36 YEARS Gender: Male ☐ Female ☑

UHID.No : VIH-001565-87 / IP-60436 Date: 22/06/2026

Type of Blood Product:

- ☐ Fresh Frozen Plasma
- ☑ Packed Red Blood Cells
- ☐ Random Donor Platelets
- ☐ Cryoprecipitate
- ☐ Single Donor Platelet
- ☐ Whole Blood
- ☐ Albumin
- ☐ Red Blood Cell
- ☐ Others .....

I ..... hereby give my consent for whole blood transfusion or the blood components as part of treatment of myself / my patient while being admitted at Rainbow Hospital. I have been explained all the known risks of transfusion reactions. I have also been explained that the donor blood has been screened for Human Immunodeficiency Virus antibodies, Hepatitis B surface antigen, Hepatitis C antibodies, Malaria and Syphilis. I have also been explained that transfusion transmitted infections occur even with screened blood, especially if it is in. The "window period" and also due to various other infections which have not been screened for. I also understand that any blood components transfusions carries risk of transfusion associated reactions, fluid overload etc. which are generally rare. The same risks apply for multiple transfusions too.

The doctor have explained to me about the alternative for this procedure that .....

.....

All the above-mentioned risk, benefits and alternatives have been explained to me by the doctor treating me / my patient in the language that I fully understand and I accept the same and give my consent for all transfusions (the whole blood / or blood components Packed Red Blood Cells, Red Blood Cell, Platelets, Fresh Frozen Plasma, Cryoprecipitate etc.) to me / my Patient during he present hospital stay and treatment.

Patient (Or Patient Relative / Guardian):

Signature: .....

Name: CHAITANYA PINNAPATI JAI

Date & Time 22/6/26

Doctor (Who is talking the consent)

Signature: .....

Name: Dr Nausheen

Date & Time 22/6/26

Witness

Signature: .....

Name: Jaikrishna Raj

Date & Time .....

VIH-00156587 IP-00060436
Mrs CHAITANYA PINNAPATI JAI
10-01-1990 36 Y 5 M 12 D (F)
Dr. BHAVANA K

(2) PRBC

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BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: MRS. CHAITANYA PINNAPATI Time: 22/6/26

Blood Group of the Patient: A1 positive Blood Group on the Blood Bag: A1 positive

Blood Bank Issue No: 644 Date of Collection: 18/6/26 Date of Expiry: 23/7/26

Date & Time of Starting Transfusion: 22/6/26 @1:50AM Planned duration of Transfusion: 22/6/26 @ 3:30AM

Check for Correct Unit: ☑ Correct Patient: ☑

Blood products cross checked by: Nurse 1: manga Devi Nurse 2: Rani

Before starting transfusion vitals: Temp: 98.6°F HR 71b/mt RR: 25b/mt BP: 160/70 SpO_2 100%

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO_2	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
22/6/26	2AM 15 Min	66b/mt	98.7°C	144/84mHg	100%	—	—	—	—
22/6/26	2:30AM 15 Min	71b/mt	98.4°F	155/85mH	100%	—	—	—	—
22/6/26	3AM 30 Min	71b/mt	98.6°F	165/71mHg	100%	—	—	—	—
22/6/26	3:30AM 30 Min	69b/mt	98.6°F	166/83mHg	100%	—	—	—	—
	30 Min								
	1 Hr								
	1 Hr								

Comments: No reaction after blood transfusion

Name of the Incharge-Nurse: manga Devi Name of the Nurse: [signature]

Signature of the Incharge-Nurse: Signature of the Nurse:

Date & Time: 22/6/26 @ 3AM Date & Time: 22/6/26 @ 3:30AM

A

Rh (D)

POSITIVE

PACKED CELLS I.P.

220-280 ml of Blood to
+49ml / 63ml of CPDA Solution

DONATE BLOOD SAVE LIFE

RUDHIRA BLOOD CENTRE

(A UNIT OF RUDHIRA HEALTH ORGANISATION)
#12-13-197/ 301, 1st Floor,
Pavani Anasuya Towers,
Opp. HUDA Complex,
TARNAKA, Secunderabad - 17.
Ph: 040-27801040, 8508 601 601

Lic No. 115/HD/TS/2021/BC/G/CP

VOLUNTARY / REPLACEMENT

Unit No. : 644

Date of Drawn : 18/06/26	VDRL	✓ NEG.
Date of Tested : 18/06/26	HBsAg	
Expiry Date : 23/07/26	HIV I & II	
Date of X-Matching & Issue 21/06/26	HCV	
	MP	

1) Keep continiously at 4°C to 6°C before use. 2) Cross match before use. 3) Shake gently before use. 4) Check blood group on label and recepient's group before administration 5) Administer without warming. 6) Do not add any other medicine to the blood. 7) Contents should not be used if there is any visible evidence of deterioration like heamolysis, clotting or discolouration. 8) Use a fresh, clean, sterile and pyrogen free disposable transfusion set with filter to Transfuse blood. 9) Transfuse under medical supervision. 10) No atypical antibody detected. 11) Do not vent. 12) Do not dispense

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(3) PRBC

CONSENT FOR BLOOD TRANSFUSION

Patient Name: Mrs: CHAITANYA PINNAPATI Age: 36Years
Gender : ☐ M ☒ F - IP No. : IP-00060436
Ward / Bed NO. : MICU (Bed 1) Date : 23/6/26

Type of Blood Product:

I Mrs: CHAITANYA PINNAPATI hereby give my consent for whole blood transfusion or the blood components as part of treatment of myself / my patient while being admitted at Rainbow Hospital. I have been explained all the known risks of transfusion reactions. I have also been explained that the donor blood has been screened for HIV antibodies, Hepatitis B surface antigen, Hepatitis C antibodies, Malaria and Syphilis. I have also been explained that transfusion transmitted infections can very rarely occur even with screened blood, especially if it is in. the "window period" and also due to various other infections which have not been screened for. I also understand that any blood component transfusions carries risk of transfusion associated reactions, fluid overload etc. which are generally rare. The same risks apply for multiple transfusions too.

The doctor have explained to me about he alternative for this procedure that.....

.....

All the above-mentioned risks have been explained to me by the doctor treating me / my patient in the language that I fully understand and I accept the same and give my consent for all transfusions (the whole blood /or blood components (PRBC, Platelets, FFP, Cryoprecepitate etc) to me /my Patient during he present hospital stay and treatment.

Patient(Or Patient relative / Guardian):

Signature : Chaitanya
Name : CHAITANYA P
Date & Time : 23/6/26, 12:40 AM

Witness:

Signature : Jyothi
Name : A. Jyothi
Address : .....
.....
Contact No. : .....
Date & Time : 23/6/26, 12:40 AM

Doctor(Who is taking the consent):

Signature : .....
Name : Dr. Geeethma
Date & Time : 23/6/26, 12:40 AM

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రక్త మార్పిడి కొరకు అంగీకార పత్రము

రోగిపేరు ..... వయస్సు.....పు ☐ స్త్రీ ☐

ఐ.పి. నెంబరు ..... వార్డు/ బెడ్ నెం .....

రక్త మార్పిడి రకం .....

నేను ..... ఇందు మూలముగా రెయిన్‌బో ఆసుపత్రిలో అడ్మిట్ అయి ఉన్నపుడు పూర్తి చికిత్సలో భాగంగా (నాకు గాని/ నా రోగికి గాని రక్తమార్పిడికై/ రక్త భాగాల మార్పిడికి అంగీకారం తెలుపుతున్నాను. దాత రక్తాన్ని హెచ్ ఐ వి యాంటీ బడీస్, హైపటైటీస్ బి సర్ఫేస్ యాంటిజన్, హైపటైటీస్ యాంటిబడీస్, మలేరియా మరియు సిఫ్లిస్ లక్షణాలు లేవని పరీక్షించబడినదనియు వివరించడమైనది. రక్త పరీక్ష విండో పీరియడ్ లో జరిగినప్పటికి మరియు పరీక్షలో కనబడని అనేక ఇతర ఇన్‌ఫెక్షన్ ద్వారా అతి అరుదుగా రక్తమారిపడి చేసినప్పడు మార్పిడి ఇన్‌ఫెక్షన్‌లు సోకి వచ్చునని కూడా తెలియపరచడమైనది. ఏదైన రక్త భాగ మార్పిడికి సంబంధించిన రియాక్షన్‌లు సోకే ప్రమాదం వుందని, ద్రవం ఓవర్ లోడ్ మొదలగు సాధారణంగా అరుదైనది అని నేను అర్థం చేసుకున్నాను.

.....

డాక్టర్లు ఈ ప్రక్రియలో ప్రత్యామ్నాయం గురించి నాకు/ నా రోగికి ఏమని వివరించారనగా పైన పేర్కొన్న అన్ని రకాల సమస్యలను నా రోగికి చికిత్స చేసే డాక్టరు నాకు / మాకు పూర్తిగా అర్థమయ్యే ఙాషలో వివరించినారు, దానికి నేను అంగీకరింస్తూ, నా రోగికి పూర్తి రక్తమార్పిడికి (మొత్తం రక్తం) / రక్త భాగాల మార్పిడికి (పి.ఆర్.బి.సి., ప్లేట్‌లెట్స్, ఎఫ్.ఎఫ్.పి.,) క్రయోప్రెస్పిటెట్ మొదలగునవి. మా సమ్మతిని ఇస్తున్నాను.

సహాయకుడు(అటెండ్డెంట్)

సంతకము .....

పేరు.....

తేది మరియు సమయము .....

డాక్టర్

సంతకము .....

పేరు.....

తేది మరియు సమయము .....

సాక్షి

సంతకము .....

పేరు.....

తేది మరియు సమయము .....

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CONSENT FOR BLOOD TRANSFUSION

Patient Name: Mrs. CHAITANYA PINNAPATI Age: 36 years
Gender : ☐ M ☑ F - IP No. : OOOG04436
Ward / Bed NO. : 4W Date : 24/6/26

Type of Blood Product:

I Mrs. CHAITANYA PINNAPATI hereby give my consent for whole blood transfusion or the blood components as part of treatment of myself / my patient while being admitted at Rainbow Hospital. I have been explained all the known risks of transfusion reactions. I have also been explained that the donor blood has been screened for HIV antibodies, Hepatitis B surface antigen, Hepatitis C antibodies, Malaria and Syphilis. I have also been explained that transfusion transmitted infections can very rarely occur even with screened blood, especially if it is in. the "window period" and also due to various other infections which have not been screened for. I also understand that any blood component transfusions carries risk of transfusion associated reactions, fluid overload etc. which are generally rare. The same risks apply for multiple transfusions too.

The doctor have explained to me about he alternative for this procedure that.....

.....

All the above-mentioned risks have been explained to me by the doctor treating me / my patient in the language that I fully understand and I accept the same and give my consent for all transfusions (the whole blood /or blood components (PRBC, Platelets, FFP, Cryoprecepitate etc) to me /my Patient during he present hospital stay and treatment.

Patient(Or Patient relative / Guardian):

Signature : Chaitanya
Name : Mrs. Chaitanya
Date & Time : 24/6/26 3:20 pm

Witness:

Signature : Jyothi
Name : A. Jyothi
Address : Seethafalmandi Secunderabad
Contact No. : 9295603496
Date & Time : 24/6/26 @ 3:20 pm

Doctor(Who is taking the consent):

Signature :
Name : Dr. Ashwini
Date & Time : 24/6/26 3:20 pm

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Your Right to a Safe Delivery

రక్త మార్పిడి కొరకు అంగీకార పత్రము

రోగిపేరు ..... వయస్సు.....పు ☐ స్త్రీ ☐

ఐ.పి. నెంబరు ..... వార్డు/ బెడ్ నెం .....

రక్త మార్పిడి రకం .....

నేను ..... ఇందు మూలముగా రెయిన్‌బో ఆసుపత్రిలో అడ్మిట్ అయి ఉన్నపుడు పూర్తి చికిత్సలో భాగంగా (నాకు గాని/ నా రోగికి గాని రక్తమార్పిడికై/ రక్త భాగాల మార్పిడికి అంగీకారం తెలుపుతున్నాను. దాత రక్తాన్ని హెచ్ ఐ వి యాంటీ బడీస్, హైపటైటీస్ బి సర్ఫేస్ యాంటిజన్, హైపటైటీస్ యాంటిబడీస్, మలేరియా మరియు సిఫ్లిస్ లక్షణాలు లేవని పరీక్షించబడినదనియు వివరించడమైనది. రక్త పరీక్ష విండో పీరియడ్ లో జరిగినప్పటికి మరియు పరీక్షలో కనబడని అనేక ఇతర ఇన్‌ఫెక్షన్ ద్వారా అతి అరుదుగా రక్తమారిపడి చేసినప్పడు మార్పిడి ఇన్‌ఫెక్షన్‌లు సోకి వచ్చునని కూడా తెలియపరచడమైనది. ఏదైన రక్త భాగ మార్పిడికి సంబంధించిన రియాక్షన్‌లు సోకే ప్రమాదం వుందని, ద్రవం ఓవర్ లోడ్ మొదలగు సాధారణంగా అరుదైనది అని నేను అర్థం చేసుకున్నాను.

.....

డాక్టర్లు ఈ ప్రక్రియలో ప్రత్యామ్నాయం గురించి నాకు/ నా రోగికి ఏమని వివరించారనగా పైన పేర్కొన్న అన్ని రకాల సమస్యలను నా రోగికి చికిత్స చేసే డాక్టరు నాకు / మాకు పూర్తిగా అర్థమయ్యే బాషలో వివరించినారు, దానికి నేను అంగీకరింస్తూ, నా రోగికి పూర్తి రక్తమార్పిడికి (మొత్తం రక్తం) / రక్త భాగాల మార్పిడికి (పి.ఆర్.బి.సి., ప్లేట్‌లెట్స్, ఎఫ్.ఎఫ్.పి.,) క్రయోప్రెస్సిపిటెట్ మొదలగునవి. మా సమ్మతిని ఇస్తున్నాను.

సహాయకుడు(అటెండ్డెంట్)

సంతకము .....

పేరు.....

తేది మరియు సమయము .....

సాక్షి

సంతకము .....

పేరు.....

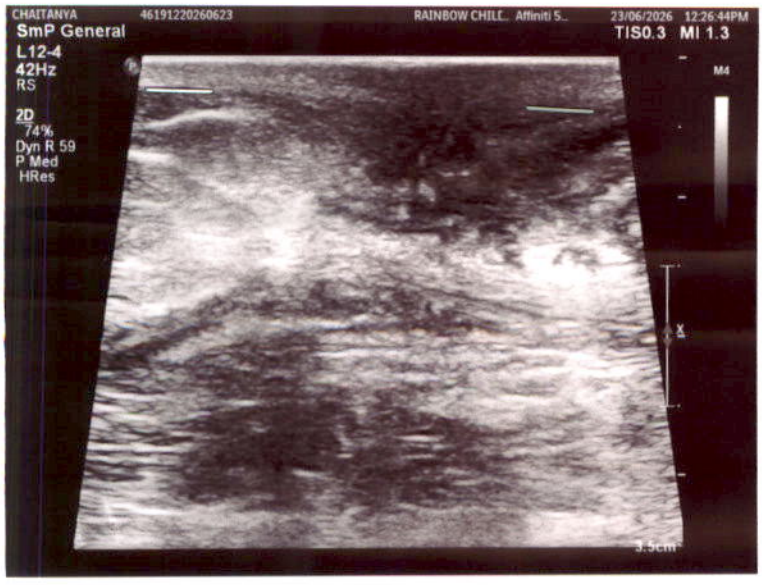
తేది మరియు సమయము .....

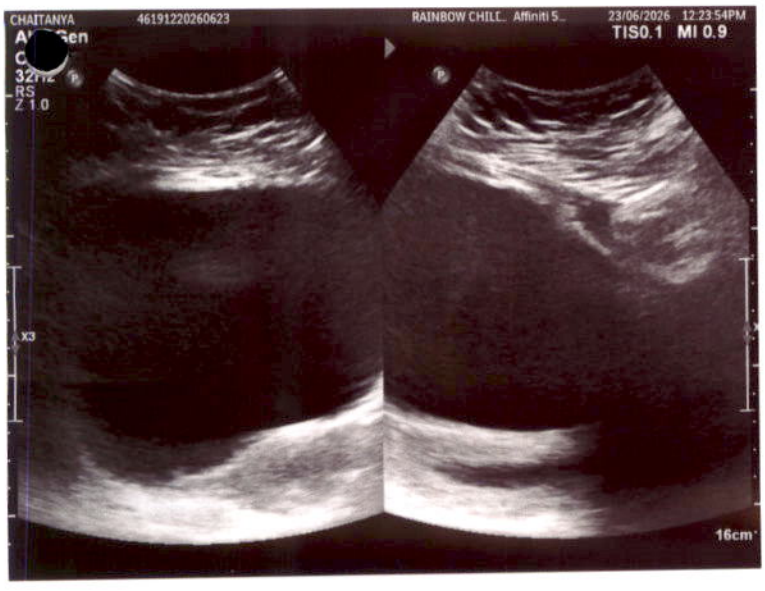
డాక్టర్

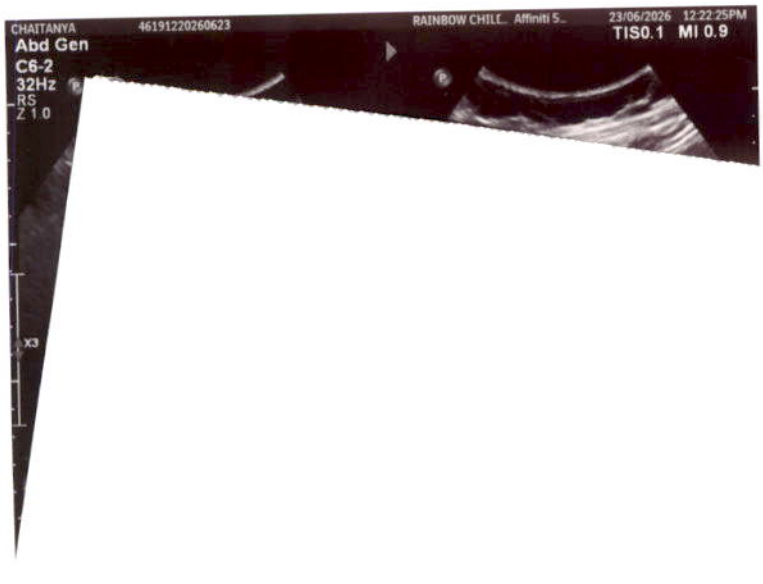
సంతకము .....

పేరు.....

తేది మరియు సమయము .....







23/06/2026
AFTERNOON
MICU/LABOUR WARD

	AGE / SEX
	DATE :

MEN AND PELVIS

ture.No intra hepatic biliary duct dilatation.

thickening. Common bile duct appears

D not dilated. No calcification noted.

e and echotexture and shows smooth

exture and shows smooth contour.No

s normal.

l in size shape and echotexture. No focal
easures- mm.
ovary measures- mm
pe and echotexture. No focal lesion.

POD.
lid

Uterus appears bulky & heterogenous - post partum status
lateral adnexa appears normal
ple Small hypoechoic
tions, largest one measuring
mm in the Subcutaneous
ce of scar Site
↓
likely post operative changes

VIH-00156587 IP-00060436
Mrs CHAITANYA PINNAPATI JAI
10-01-1990 36 Y 5 M 11 D (F)
Dr. BHAVANA K

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REQUEST FOR BLOOD / COMPONENTS ISSUE / RESERVE

NOTE : Kindly fill up in BLOCK LETTERS, incomplete forms will be rejected

Name : MRS. CHAITANYA PINNAPATI JAI KRISHNA Blood Group & Rh (D) Type : 'A' POSITIVE

AGE / SEX : 36 years / female UHID.No : U14-0015-6587 Blood Counts :

Date : 21/6/2026 Department : OBGY Hb: 8.8

Mother's Blood Group: (for neonatal transfusion) Platelet count: 1.91

Fibrinogen Levels: Total WBC count: 14.62

PT: APTT:

Referred by Dr. Bhavana K. Diagnosis: G2P1L1A1 with 33+2wk ↑ previous LSCS ↑ Hypothyroid ↑ PIGDM ↑ RA +ve for emergency LSCS

Indications: ☑ Emergency ☐ Non-Emergency

Previous Transfusion ☐ Yes ☑ NO

Any Transfusion Reaction ☐ Yes ☑ NO

Name of the Blood Component	Packed RBC	Random Donor Platelets	Single Donor Platelets	F.F.P	Cryoprecipitate
No. of Units Required	2 U PRBC			4 U FFP	
Date & Time of Requirement	21/6/26 11:30PM				

Signature of Doctor: Date: 21/6/2026

Name of the Doctor (in Block letters): DR YOGESHWARI Time: 11:25 pm

INSTRUCTIONS

1. 3.0 ml of EDTA blood must be sent to Bank Centre along with complete patient details.
2. Incase of neonatal transfusions, both mother and baby's EDTA blood samples have to be sent for cross matching
3. Replacement donors should be sent along with requisition.
4. If Transfusion reaction occurs, send the following samples to blood centre
   a) Post-Transfusion blood sample. (3.0 ml. clotted blood and 3.0 ml. EDTA Blood)
   b) Post-Transfusion urine sample
   c) Blood bag and tubing with remaining contents
5. Cross matching samples should be sent 24 hours before requirement.

Sample taken by

Nurse Name:

Nurse Signature:

Date & Time:

Sample Checked by

Nurse Name:

Nurse Signature:

Date & Time:

VIH-00156587 IP-00060436
Mrs CHAITANYA PINNAPATI JAI
10-01-1990 36 Y 5 M 12 D (F)
Dr. BHAVANA K

Ref. No.: F/HW/BTM/NSG/03

(3) PRBC

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BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Name of the patient: mrs. chaitanya UHID : 00156587 I.P. No.: 00060436

Age: 36 Gender: Female Department: OBG. Ward: ch.1 (micu)

Blood group of the patient: 'A' Positive. Blood group on the Blood bag: 'A' Positive

Blood bank issue no.: 648 Date of collection: 18/06/26 Date of expiry: 23/07/26

Date & Time of starting transfusion : 22/6/26 @ 10 PM Planned duration of transfusion : 2 - HOURS.

PLEASE MONITOR THE FOLLOWING EVERY 30 MINUTES

Time	HR	Temperature	Blood Pressure	SpO_2	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
10 PM	80 b/m	98.6°F	116/72 mmHg	98%	-	-	-	-
10:15 PM	82 b/m	98.6°F	110/70 mmHg	95%	-	-	-	-
10:30 PM	81 b/m	98.6°F	116/70 mmHg	96%	-	-	-	-
11 PM	80 b/m	98.6°F	106/69 mmHg	95%	-	-	-	-
11:30 PM	86 b/m	98.6°F	114/70 mmHg	98%	-	-	-	-
12 AM	90 b/m	98.6 F	117/71 mmHg	100%	-	-	-	-

Comments: NIL

Nurse Name: Rani Nurse Signature : Rani

SAVE LIFE

DONATE BLOOD

RUDH[illegible] BLOOD CENTRE

(A UNIT OF [illegible] HEALTH ORGANISATION)
#12-13-197/ 301, 1st Floor,
Pavani Anasuya Towers,
Opp. HUDA Complex,
TARNAKA, Secunderabad
Ph: [illegible] 40-2780 [illegible]

A

Rh (D)

POSITIVE

PACKED R[illegible] P.

220-280 ml

+49ml / 63ml

15/[illegible] 2021/B[illegible]

[illegible] TARY / REPLACEMENT

Unit No: [illegible]	VDRL	NEG. ✓
Date of Drawn : 18/06/26	HBsAg	
Date of Tested : 18/06/26	HIV I & II	
Expiry Date : 23/07/26	HCV	
	MP	

Date of XMatching & Issue 22/06/26

1) Keep continiously at 4°C to 6°C before use. 2) Cross match before use. 3) Shake gently before use. 4) Check blood group on label and [illegible] administration 5) Administer without [illegible] medicine to the blood. 7) Co[illegible] visible evidence of dete[illegible] [illegible] ration. 8) Use a fr[illegible] [illegible] transfusion set [illegible] medical supe[illegible] [illegible] not vent. 12)

Ref. No. F/HW/CON/BT/03

(4) PRBC

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CONSENT FOR BLOOD TRANSFUSION

Patient Name: Mst: CHAITANYA PINNAPATI Age: 36 years

Gender : ☐ M ☒ F - IP No. : IP-000604366

Ward / Bed NO. : MICU (Bed 12) Date : 22/6/26

Type of Blood Product:

I, Mst: CHAITANYA PINNAPATI, hereby give my consent for whole blood transfusion or the blood components as part of treatment of myself / my patient while being admitted at Rainbow Hospital. I have been explained all the known risks of transfusion reactions. I have also been explained that the donor blood has been screened for HIV antibodies, Hepatitis B surface antigen, Hepatitis C antibodies, Malaria and Syphilis. I have also been explained that transfusion transmitted infections can very rarely occur even with screened blood, especially if it is in. the "window period" and also due to various other infections which have not been screened for. I also understand that any blood component transfusions carries risk of transfusion associated reactions, fluid overload etc. which are generally rare. The same risks apply for multiple transfusions too.

The doctor have explained to me about he alternative for this procedure that.....

.....

All the above-mentioned risks have been explained to me by the doctor treating me / my patient in the language that I fully understand and I accept the same and give my consent for all transfusions (the whole blood /or blood components (PRBC, Platelets, FFP, Cryoprecepitate etc) to me /my Patient during he present hospital stay and treatment.

Patient(Or Patient relative / Guardian):

Signature : Chaitanya

Name : Chaitanya

Date & Time : 22/6/26 @ 9:45 Pm

Witness:

Signature : Jai

Name : Jaikanth Rj

Address : .....

.....

Contact No. : .....

Date & Time : .....

Doctor(Who is taking the consent):

Signature : .....

Name : Dr. Ashwini

Date & Time : 22/6/26 @ 9:45 Pm

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రక్త మార్పిడి కొరకు అంగీకార పత్రము

రోగిపేరు ..... వయస్సు.....పు ☐ స్త్రీ ☐

ఐ.పి. నెంబరు ..... వార్డు/ బెడ్ నెం .....

రక్త మార్పిడి రకం .....

నేను ..... ఇందు మూలముగా రెయిన్‌బో ఆసుపత్రిలో అడ్మిట్ అయి ఉన్నపుడు పూర్తి చికిత్సలో భాగంగా (నాకు గాని/ నా రోగికి గాని రక్తమార్పిడికై/ రక్త భాగాల మార్పిడికి అంగీకారం తెలుపుతున్నాను. దాత రక్తాన్ని హెచ్ ఐ వి యాంటీ బడీస్, హైపటైటీస్ బి సర్ఫేస్ యాంటిజన్, హైపటైటీస్ యాంటిబడీస్, మలేరియా మరియు సిఫ్లిస్ లక్షణాలు లేవని పరీక్షించబడినదనియు వివరించడమైనది. రక్త పరీక్ష విండో పీరియడ్ లో జరిగినప్పటికి మరియు పరీక్షలో కనబడని అనేక ఇతర ఇన్‌ఫెక్షన్ ద్వారా అతి అరుదుగా రక్తమారిపడి చేసినప్పడు మార్పిడి ఇన్‌ఫెక్షన్‌లు సోకి వచ్చునని కూడా తెలియపరచడమైనది. ఏదైన రక్త భాగ మార్పిడికి సంబంధించిన రియాక్షన్‌లు సోకే ప్రమాదం వుందని, ద్రవం ఓవర్ లోడ్ మొదలగు సాధారణంగా అరుదైనది అని నేను అర్థం చేసుకున్నాను.

.....

డాక్టర్లు ఈ ప్రక్రియలో ప్రత్యామ్నాయం గురించి నాకు/ నా రోగికి ఏమని వివరించారనగా పైన పేర్కొన్న అన్ని రకాల సమస్యలను నా రోగికి చికిత్స చేసే డాక్టరు నాకు / మాకు పూర్తిగా అర్థమయ్యే బాషలో వివరించినారు, దానికి నేను అంగీకరింస్తూ, నా రోగికి పూర్తి రక్తమార్పిడికి (మొత్తం రక్తం) / రక్త భాగాల మార్పిడికి (పి.ఆర్.బి.సి., ప్లేట్‌లెట్స్, ఎఫ్.ఎఫ్.పి..) క్రయోప్రెస్సిపిటేట్ మొదలగునవి. మా సమ్మతిని ఇస్తున్నాను.

సహాయకుడు(అటెండ్డెంట్)

సంతకము .....

పేరు.....

తేది మరియు సమయము .....

సాక్షి

సంతకము .....

పేరు.....

తేది మరియు సమయము .....

డాక్టర్

సంతకము .....

పేరు.....

తేది మరియు సమయము .....

VIH-00156587 IP-0006043
Mrs CHAITANYA PINNAPATI JAI
10-01-1990 36 Y 5 M 12 D (F)
Dr. BHAVANA K

Ya (4) PRBC

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BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 23/06/26 Time: 12:45Am

Blood Group of the Patient: 'A'- Positive Blood Group on the Blood Bag: 'A'- Positive

Blood Bank Issue No: 652 Date of Collection: 18/06/26 Date of Expiry: 23/07/26

Date & Time of Starting Transfusion: 23/6/26@ Planned duration of Transfusion:

Check for Correct Unit: ☐ Correct Patient: ☐

Blood products cross checked by: Nurse 1: Manga Nurse 2: Rani

Before starting transfusion vitals: Temp: 98.6°f HR 88 b/m RR: 18 b/m BP: 106/67 SpO_2 98%

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO_2	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
23/6/26 12:45 AM	15 Min	82 b/m	98.6°f	107/60	97%	—	—	—	—
23/6/26	15 Min	80	98.6°c	106/67	95%	—	—	—	—
23/6/26 1:30	30 Min	88 b/m	98.6°f	113/68 mmHg	95%	—	—	—	—
23/6/26 2am	30 Min	102 b/m	98.6°f	107/70	97%	—	—	—	—
23/6/26 2:20 Am	30 Min	96 b/m	98.6°f	108/70	97%	—	—	—	—
23/6/26	1 Hr			109/70					

Comments: NIL

Name of the Incharge-Nurse:

Signature of the Incharge-Nurse:

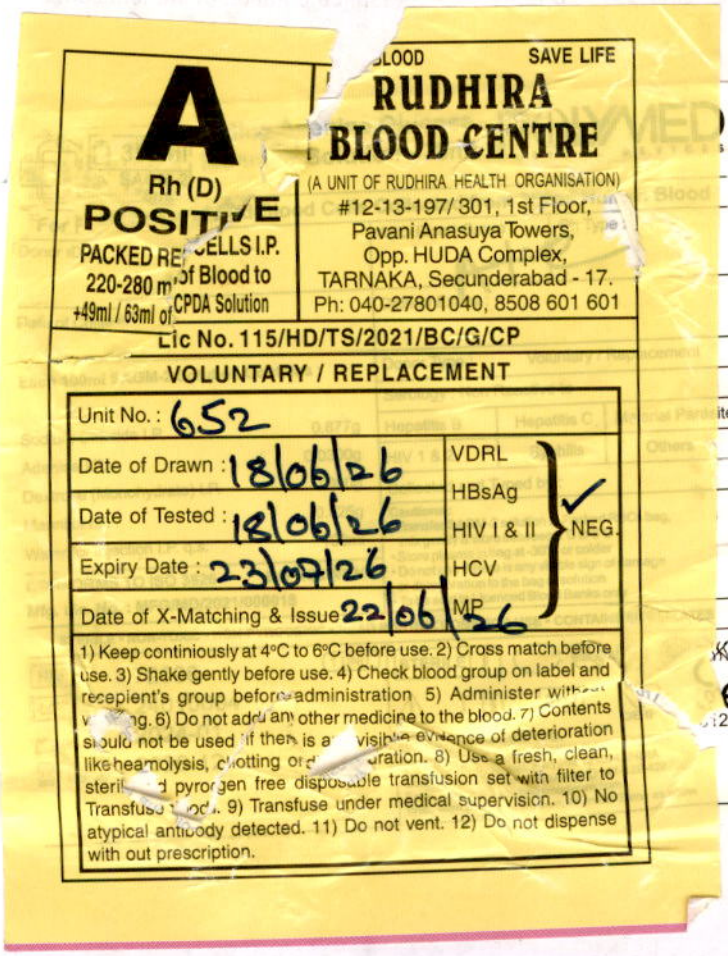
Date & Time:

Name of the Nurse: Rani

Signature of the Nurse: Rani

Date & Time: 23/6/26 @ 2'20 Am

Docu. No. : RCH /FRM / CLINICAL / 078



BLOOD SAVE LIFE

A

Rh (D)
POSITIVE
PACKED RED CELLS I.P.
220-280 ml of Blood to
+49ml / 63ml of CPDA Solution

RUDHIRA BLOOD CENTRE

(A UNIT OF RUDHIRA HEALTH ORGANISATION)
#12-13-197/ 301, 1st Floor,
Pavani Anasuya Towers,
Opp. HUDA Complex,
TARNAKA, Secunderabad - 17.
Ph: 040-27801040, 8508 601 601

Lic No. 115/HD/TS/2021/BC/G/CP

VOLUNTARY / REPLACEMENT

Unit No. : 652

Date of Drawn : 18/06/26

Date of Tested : 18/06/26

Expiry Date : 23/07/26

Date of X-Matching & Issue 22/06/26

VDRL
HBsAg
HIV I & II } NEG. ✓
HCV
MP

1) Keep continiously at 4°C to 6°C before use. 2) Cross match before use. 3) Shake gently before use. 4) Check blood group on label and recepient's group before administration 5) Administer without warming. 6) Do not add any other medicine to the blood. 7) Contents should not be used if there is any visible evidence of deterioration like heamolysis, clotting or discoloration. 8) Use a fresh, clean, sterile and pyrogen free disposable transfusion set with filter to Transfuse blood. 9) Transfuse under medical supervision. 10) No atypical antibody detected. 11) Do not vent. 12) Do not dispense with out prescription.

Rev. 23/07

(1) FFB

CONSENT FOR BLOOD TRANSFUSION

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Name: MRS. CHAITANYA PINNAPATI JAI Age: 36 YEARS Gender: Male ☐ Female ☑

UHID.No : VIH-00156587 / IP-00060436 Date: 22/06/2026

Type of Blood Product:

☑ Fresh Frozen Plasma	☐ Packed Red Blood Cells	☐ Random Donor Platelets
☐ Cryoprecipitate	☐ Single Donor Platelet	☐ Whole Blood
☐ Albumin	☐ Red Blood Cell	☐ Others .....

I ..... hereby give my consent for whole blood transfusion or the blood components as part of treatment of myself / my patient while being admitted at Rainbow Hospital. I have been explained all the known risks of transfusion reactions. I have also been explained that the donor blood has been screened for Human Immunodeficiency Virus antibodies, Hepatitis B surface antigen, Hepatitis C antibodies, Malaria and Syphilis. I have also been explained that transfusion transmitted infections occur even with screened blood, especially if it is in the "window period" and also due to various other infections which have not been screened for. I also understand that any blood components transfusions carries risk of transfusion associated reactions, fluid overload etc. which are generally rare. The same risks apply for multiple transfusions too.

The doctor has explained to me about the alternative for this procedure which is .....

.....

All the above-mentioned risk, benefits and alternatives have been explained to me by the doctor treating me / my patient in the language that I fully understand and I accept the same and give my consent for all transfusions (the whole blood / or blood components Packed Red Blood Cells, Red Blood Cell, Platelets, Fresh Frozen Plasma, Cryoprecipitate etc.) to me / my Patient during he present hospital stay and treatment.

Patient (Or Patient Relative / Guardian):

Signature: .....

Name: CHAITANYA PINNAPATI JAI

Date & Time 22/6/26

Doctor (Who is talking the consent)

Signature: .....

Name: DR Nausheen

Date & Time 22/6/26

Witness

Signature: .....

Name: .....

Date & Time .....

(1) FFB

Ref. No.: F/HW/BTM/NSG/03

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BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Name of the patient: MRS. CHAITANYA PINNAPATI JAI KRISHNA RAT UHID : 00156587 I.P. No.: 60436

Age: 36 Gender: FEMALE Department: OT Ward: OT

Blood group of the patient: A+ Blood group on the Blood bag: A+ POSITNE

Blood bank issue no.: 635 Date of collection: 18/6/26 Date of expiry: 17/06/27

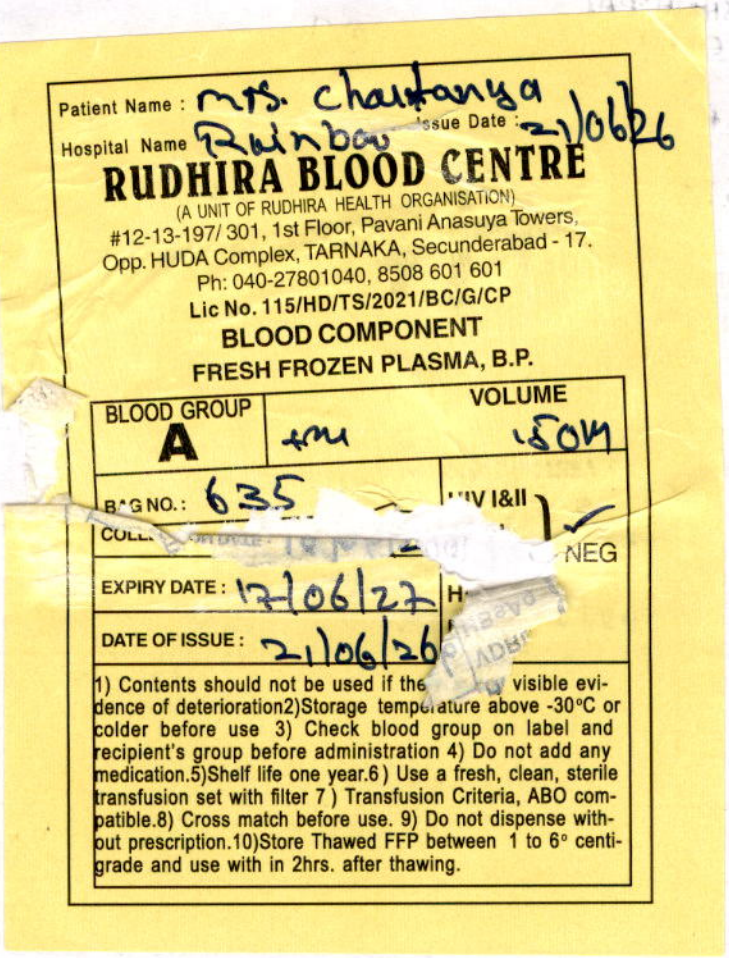
Date & Time of starting transfusion : 1:20 AM Planned duration of transfusion : 1:40 AM

PLEASE MONITOR THE FOLLOWING EVERY 30 MINUTES

Time	HR	Temperature	Blood Pressure	SpO_2	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
1:20AM	100	26	129/77	100%	—	—	—	—
1:30AM	98	26	134/60	100%	—	—	—	—
1:40	71	26	147/89	100%	—	—	—	—

Comments: Nil

Nurse Name: Vaishnavi Nurse Signature : Vaishnavi



Patient Name : Mrs. Chaitanya

Hospital Name Rainbow

Issue Date : 21/06/26

RUDHIRA BLOOD CENTRE

(A UNIT OF RUDHIRA HEALTH ORGANISATION)

#12-13-197/ 301, 1st Floor, Pavani Anasuya Towers,
Opp. HUDA Complex, TARNAKA, Secunderabad - 17.
Ph: 040-27801040, 8508 601 601

Lic No. 115/HD/TS/2021/BC/G/CP

BLOOD COMPONENT

FRESH FROZEN PLASMA, B.P.

BLOOD GROUP	VOLUME
A +ve	450ml
BAG NO.: 635	HIV I&II ✓
COLL...	NEG
EXPIRY DATE : 17/06/27	H...
DATE OF ISSUE : 21/06/26	

1) Contents should not be used if the ... visible evidence of deterioration2)Storage temperature above -30°C or colder before use 3) Check blood group on label and recipient's group before administration 4) Do not add any medication.5)Shelf life one year.6) Use a fresh, clean, sterile transfusion set with filter 7) Transfusion Criteria, ABO compatible.8) Cross match before use. 9) Do not dispense without prescription.10)Store Thawed FFP between 1 to 6° centigrade and use with in 2hrs. after thawing.

VIH-00156587 IP-00060436
Mrs CHAITANYA PINNAPATI JAI
10-01-1990 36 Y 5 M 14 D (F)
Dr. BHAVANA K

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BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 24/6/26 Time: 3:30 Pm

Blood Group of the Patient: A Positive Blood Group on the Blood Bag: A Positive

Blood Bank Issue No: 654 Date of Collection: 19/6/26 Date of Expiry: 24/7/26

Date & Time of Starting Transfusion: 24/6/26 @3.30pm Planned duration of Transfusion: 3-4 hours

Check for Correct Unit: ☑ Correct Patient: ☑

Blood products cross checked by: Nurse 1: Shanieni Nurse 2: Kamala

Before starting transfusion vitals: Temp: 98.6F HR 99 b/mt RR: 20 b/mt BP: 116/60 mm/Hg SpO_2 100 %

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO_2	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
24/6/26	15 Min	82 b/mt	98.6 F	116/60 mm/Hg	100 %	—	—	—	—
24/6/26	15 Min	86 b/mt	98.4 F	112/60 mm/Hg	100 %	—	—	—	—
24/6/26	30 Min	82 b/mt	98.6 F	116/70 mm/Hg	99 %	—	—	—	—
24/6/26	30 Min	90 b/mt	98.2 F	112/74 mm/Hg	100 %	—	—	—	—
24/6/26	30 Min	91 b/mt	98.6 F	118/74 mm/Hg	100 %	—	—	—	—
24/6/26	1 Hr	92 b/mt	98.6 F	112/70 mm/Hg	100 %	—	—	—	—
24/6/2	1 Hr	88 b/mt	98.4 F	108/76 mm/Hg	100 %	—	—	—	—

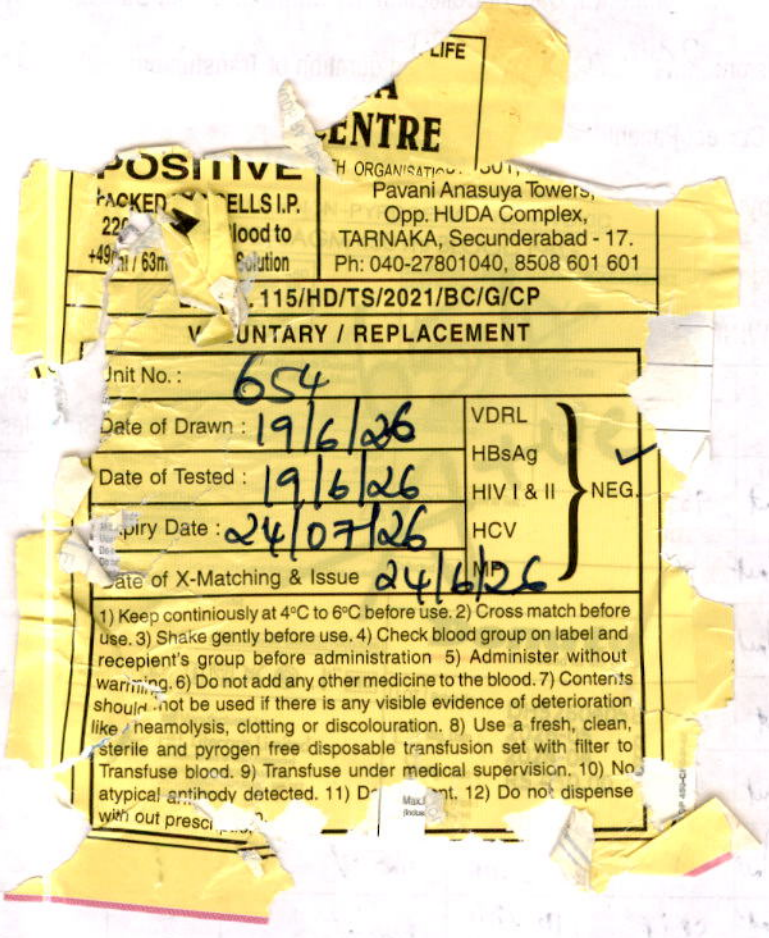
Comments: no any reactions during blood Transfusion

Name of the Incharge-Nurse: C Shanieni Name of the Nurse: Kamala

Signature of the Incharge-Nurse: S Signature of the Nurse: K

Date & Time: 24/6/26 @ 6.20 pm Date & Time: 24/6/26 6:20pm

Docu. No. : RCH /FRM / CLINICAL / 078



LIFE

ENTRE

POSITIVE

H ORGANISATION

Pavani Anasuya Towers,
Opp. HUDA Complex,
TARNAKA, Secunderabad - 17.
Ph: 040-27801040, 8508 601 601

ELLS I.P.

lood to

olution

115/HD/TS/2021/BC/G/CP

UNTARY / REPLACEMENT

Unit No. : 654

Date of Drawn : 19/6/26

Date of Tested : 19/6/26

piry Date : 24/07/26

ate of X-Matching & Issue 24/6/26

VDRL
HBsAg
HIV I & II
HCV
} NEG. ✓

1) Keep continiously at 4°C to 6°C before use. 2) Cross match before use. 3) Shake gently before use. 4) Check blood group on label and recepient's group before administration 5) Administer without warming. 6) Do not add any other medicine to the blood. 7) Contents should not be used if there is any visible evidence of deterioration like haemolysis, clotting or discolouration. 8) Use a fresh, clean, sterile and pyrogen free disposable transfusion set with filter to Transfuse blood. 9) Transfuse under medical supervision. 10) No atypical antibody detected. 11) D nt. 12) Do not dispense with out presc

(2) FFB

Ref. No. F/HW/CON/BT/03

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CONSENT FOR BLOOD TRANSFUSION

Patient Name: MRS. CHAITANYA PINNAPATI Age: .....

Gender : ☐ M ☑ F - IP No. : VIH-00156587 / IP-00060436 JAI

Ward / Bed NO. : ..... Date : 22/06/2026

Type of Blood Product:

I.....hereby give my consent for whole blood transfusion or the blood components as part of treatment of myself / my patient while being admitted at Rainbow Hospital. I have been explained all the known risks of transfusion reactions. I have also been explained that the donor blood has been screened for HIV antibodies, Hepatitis B surface antigen, Hepatitis C antibodies, Malaria and Syphilis. I have also been explained that transfusion transmitted infections can very rarely occur even with screened blood, especially if it is in. the "window period" and also due to various other infections which have not been screened for. I also understand that any blood component transfusions carries risk of transfusion associated reactions, fluid overload etc. which are generally rare. The same risks apply for multiple transfusions too.

The doctor have explained to me about he alternative for this procedure that.....

.....

All the above-mentioned risks have been explained to me by the doctor treating me / my patient in the language that I fully understand and I accept the same and give my consent for all transfusions (the whole blood /or blood components (PRBC, Platelets, FFP, Cryoprecepitate etc) to me /my Patient during he present hospital stay and treatment.

Patient(Or Patient relative / Guardian):

Signature : .....

Name : CHAITANYA PINNAPATI JAI

Date & Time : 22/6/26

Witness:

Signature : .....

Name : .....

Address : FLAT-102 BHAVANI NILAYAM CHPL COLONY KALYAN NAGAR EAST ANADBAGH HYDERABAD TELANGANA INDIA-500047

Contact No. : 9030696327

Date & Time : 22/6/26

Doctor(Who is taking the consent):

Signature : .....

Name : Dr Nausheen

Date & Time : 22/6/26

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రక్త మార్పిడి కొరకు అంగీకార పత్రము

రోగిపేరు ..... వయస్సు.....పు ☐ స్త్రీ ☐

ఐ.పి. నెంబరు ..... వార్డు/ బెడ్ నెం .....

రక్త మార్పిడి రకం .....

నేను ..... ఇందు మూలముగా రెయిన్‌బో ఆసుపత్రిలో అడ్మిట్ అయి ఉన్నపుడు పూర్తి చికిత్సలో భాగంగా (నాకు గాని/ నా రోగికి గాని రక్తమార్పిడికై/ రక్త భాగాల మార్పిడికి అంగీకారం తెలుపుతున్నాను. దాత రక్తాన్ని హెచ్ ఐ వి యాంటీ బడీస్, హైపటైటీస్ బి సర్ఫేస్ యాంటిజన్, హైపటైటీస్ యాంటిబడీస్, మలేరియా మరియు సిఫ్లిస్ లక్షణాలు లేవని పరీక్షించబడినదనియు వివరించడమైనది. రక్త పరీక్ష విండో పీరియడ్ లో జరిగినప్పటికి మరియు పరీక్షలో కనబడని అనేక ఇతర ఇన్‌ఫెక్షన్ ద్వారా అతి అరుదుగా రక్తమారిపడి చేసినప్పుడు మార్పిడి ఇన్‌ఫెక్షన్‌లు సోకి వచ్చునని కూడా తెలియపరచడమైనది. ఏదైన రక్త భాగ మార్పిడికి సంబంధించిన రియాక్షన్‌లు సోకే ప్రమాదం వుందని, ద్రవం ఓవర్ లోడ్ మొదలగు సాధారణంగా అరుదైనది అని నేను అర్థం చేసుకున్నాను.

.....

డాక్టర్లు ఈ ప్రక్రియలో ప్రత్యామ్నాయం గురించి నాకు/ నా రోగికి ఏమని వివరించారనగా పైన పేర్కొన్న అన్ని రకాల సమస్యలను నా రోగికి చికిత్స చేసే డాక్టరు నాకు / మాకు పూర్తిగా అర్థమయ్యే బాషలో వివరించినారు, దానికి నేను అంగీకరింస్తూ, నా రోగికి పూర్తి రక్తమార్పిడికి (మొత్తం రక్తం) / రక్త భాగాల మార్పిడికి (పి.ఆర్.బి.సి., ప్లేట్‌లెట్స్, ఎఫ్.ఎఫ్.పి.,) క్రయోప్రెస్పిటెట్ మొదలగునవి. మా సమ్మతిని ఇస్తున్నాను.

సహాయకుడు(అటెండ్డెంట్)

సంతకము .....

పేరు.....

తేది మరియు సమయము .....

సాక్షి

సంతకము .....

పేరు.....

తేది మరియు సమయము .....

డాక్టర్

సంతకము .....

పేరు.....

తేది మరియు సమయము .....

(2) FFB

Ref. No.: F/HW/BTM/NSG/03

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BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Name of the patient: MRS. CHAITANYA PINNAPATI UHID : 00156587 I.P. No.: 60436

Age: 36y Gender: FEMALE Department: OT Ward: OT

Blood group of the patient: A+ Blood group on the Blood bag: A+ POSITIVE

Blood bank issue no.: 644 Date of collection: 18/6/26 Date of expiry: 17/06/27

Date & Time of starting transfusion : 12:30 AM Planned duration of transfusion : 1:00 AM

PLEASE MONITOR THE FOLLOWING EVERY 30 MINUTES

Time	HR	Temperature	Blood Pressure	SpO_2	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
12:30AM	92	21	140/93	100%	—	—	—	—
12:40AM	94	26	137/98	100%	—	—	—	—
12:50AM	88	26	136/96	100%	—	—	—	—
1:00AM	95	26	144/95	100%	—	—	—	—

Comments: Nill

Nurse Name: Vaishnavi Nurse Signature :

Patient Name : MRS. chaitanya

Hospital Name Rainbow Issue Date : 21/06/26

RUDHIRA BLOOD CENTRE

(A UNIT OF RUDHIRA HEALTH ORGANISATION)

#12-13-197/ 301, 1st Floor, Pavani Anasuya Towers,
Opp. HUDA Complex, TARNAKA, Secunderabad - 17.
Ph: 040-27801040, 8508 601 601

Lic No. 115/HD/TS/2021/BC/G/CP

BLOOD COMPONENT

FRESH FROZEN PLASMA, B.P.

BLOOD GROUP **A**	VOLUME 200 / 1[illegible]
BAG NO.: 644	HIV I[illegible]
COLLECTION DATE: 18/06/26	VDRL
EXPIRY DATE: 17/06/27	HBsAg } NEG
DATE OF ISSUE: 21/06/26	HCV
	MP

1) Contents should not be used if there is any visible evidence of deterioration2)Storage temperature above -30°C or colder before use 3) Check blood group on label and recipient's group before administration 4) Do not add any medication.5)Shelf life one year.6) Use a fresh, clean, sterile transfusion set with filter 7) Transfusion Criteria, ABO compatible.8) Cross match before use. 9) Do not dispense without prescription.10)Store Thawed FFP between 1 to 6° centigrade and use with in 2hrs. after thawing.

(3) FFB

Ref. No. F/HW/CON/BT/03

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CONSENT FOR BLOOD TRANSFUSION

Patient Name: MRS CHAITANYA PINNAPATI Age: 36Years

Gender : ☐ M ☑ F - IP No. : VIH-001565871 IP-60436

Ward / Bed NO. : ..... Date : 22/6/2026

Type of Blood Product:

I.....hereby give my consent for whole blood transfusion or the blood components as part of treatment of myself / my patient while being admitted at Rainbow Hospital. I have been explained all the known risks of transfusion reactions. I have also been explained that the donor blood has been screened for HIV antibodies, Hepatitis B surface antigen, Hepatitis C antibodies, Malaria and Syphilis. I have also been explained that transfusion transmitted infections can very rarely occur even with screened blood, especially if it is in. the "window period" and also due to various other infections which have not been screened for. I also understand that any blood component transfusions carries risk of transfusion associated reactions, fluid overload etc. which are generally rare. The same risks apply for multiple transfusions too.

The doctor have explained to me about he alternative for this procedure that.....

.....

All the above-mentioned risks have been explained to me by the doctor treating me / my patient in the language that I fully understand and I accept the same and give my consent for all transfusions (the whole blood /or blood components (PRBC, Platelets, FFP, Cryoprecepitate etc) to me /my Patient during he present hospital stay and treatment.

Patient(Or Patient relative / Guardian):

Signature : Chaitanya

Name : CHAITANYA PINNAPATI JAI

Date & Time : 22/6/26 @ 12 AM

Witness:

Signature : Jai

Name : Jaikanth Raj

Address : FLAT-102 Bhavani Vijayam CHS Colony kalyan Nagar East Anandbagh Malkajgiri Hyderabad Telangana India-500047

Contact No. : 9030696327

Date & Time : 22/6/26

Doctor(Who is taking the consent):

Signature : .....

Name : Dr Nausheen

Date & Time : 22/6/26 @ 12AM

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రక్త మార్పిడి కొరకు అంగీకార పత్రము

రోగిపేరు ..... వయస్సు.....పు ☐ స్త్రీ ☐

ఐ.పి. నెంబరు ..... వార్డు/ బెడ్ నెం .....

రక్త మార్పిడి రకం .....

నేను ..... ఇందు మూలముగా రెయిన్‌బో ఆసుపత్రిలో అడ్మిట్ అయి ఉన్నపుడు పూర్తి చికిత్సలో భాగంగా (నాకు గాని/ నా రోగికి గాని రక్తమార్పిడికై/ రక్త భాగాల మార్పిడికి అంగీకారం తెలుపుతున్నాను. దాత రక్తాన్ని హెచ్ ఐ వి యాంటీ బడీస్, హైపటైటీస్ బి సర్ఫేస్ యాంటిజన్, హైపటైటీస్ యాంటిబడీస్, మలేరియా మరియు సిఫ్లిస్ లక్షణాలు లేవని పరీక్షించబడినదనియు వివరించడమైనది. రక్త పరీక్ష విండో పీరియడ్ లో జరిగినప్పటికి మరియు పరీక్షలో కనబడని అనేక ఇతర ఇన్‌ఫెక్షన్ ద్వారా అతి అరుదుగా రక్తమారిపడి చేసినప్పడు మార్పిడి ఇన్‌ఫెక్షన్‌లు సోకి వచ్చునని కూడా తెలియపరచడమైనది. ఏదైన రక్త భాగ మార్పిడికి సంబంధించిన రియాక్షన్‌లు సోకే ప్రమాదం వుందని, ద్రవం ఓవర్ లోడ్ మొదలగు సాధారణంగా అరుదైనది అని నేను అర్థం చేసుకున్నాను.

.....

డాక్టర్లు ఈ ప్రక్రియలో ప్రత్యామ్నాయం గురించి నాకు/ నా రోగికి ఏమని వివరించారనగా పైన పేర్కొన్న అన్ని రకాల సమస్యలను నా రోగికి చికిత్స చేసే డాక్టరు నాకు / మాకు పూర్తిగా అర్థమయ్యే ఙాషలో వివరించినారు, దానికి నేను అంగీకరిస్తూ, నా రోగికి పూర్తి రక్తమార్పిడికి (మొత్తం రక్తం) / రక్త భాగాల మార్పిడికి (పి.ఆర్.బి.సి., ప్లేట్‌లెట్స్, ఎఫ్.ఎఫ్.పి.,) క్రయోప్రెస్పిటెట్ మొదలగునవి. మా సమ్మతిని ఇస్తున్నాను.

సహాయకుడు(అటెండ్డెంట్)

సంతకము .....

పేరు.....

తేది మరియు సమయము .....

సాక్షి

సంతకము .....

పేరు.....

తేది మరియు సమయము .....

డాక్టర్

సంతకము .....

పేరు.....

తేది మరియు సమయము .....

(3) FFB

Ref. No.: F/HW/BTM/NSG/03

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BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Name of the patient: MRS. CHAITANYA PINNAPATI JAI KRISHNA RAJ UHID : 00156587 I.P. No.: 60236

Age: 36y Gender: FEMALE Department: OT Ward: OT

Blood group of the patient: A+ Blood group on the Blood bag: A+ POSITIVE

Blood bank issue no.: 640 Date of collection: 18/6/26 Date of expiry: 17/6/27

Date & Time of starting transfusion : 1:00 AM Planned duration of transfusion : 1:30 AM

PLEASE MONITOR THE FOLLOWING EVERY 30 MINUTES

Time	HR	Temperature	Blood Pressure	SpO_2	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
1:00AM	95	26	144/95	100%	—	—	—	—
1:10AM	98	26°	120/70	100%	—	—	—	—
1:20AM	100	26	129/77	100%	—	—	—	—
					—	—		

Comments: Nill

Nurse Name: Vaishnavi Nurse Signature :

FFP

Patient Name : mrs. chaitanya Issue Date : 21/06/26

Hospital Name Rainbow

RUDHIRA BLOOD CENTRE

(A UNIT OF RUDHIRA HEALTH ORGANISATION)

#12-13-197/ 301, 1st Floor, Pavani Anasuya Towers,
Opp. HUDA Complex, TARNAKA, Secunderabad - 17.
Ph: 040-27801040, 8508 601 601

Lic No. 115/HD/TS/2021/BC/G/CP

BLOOD COMPONENT

FRESH FROZEN PLASMA, B.P.

BLOOD GROUP		VOLUME	
A	+ve	150ml	
BAG NO.:	6610	HIV I&II	✓
COLLECTION DATE:	18/06/26	VDRL	NEG
EXPIRY DATE:	17/06/27	HBsAg	
DATE OF ISSUE:	21/06/26	HCV	
		MP	

1) Contents should not be used if there is any visible evidence of deterioration2)Storage temperature above -30°C or colder before use 3) Check blood group on label and recipient's group before administration 4) Do not add any medication.5)Shelf life one year.6) Use a fresh, clean, sterile transfusion set with filter 7) Transfusion Criteria, ABO compatible.8) Cross match before use. 9) Do not dispense without prescription.10)Store Thawed FFP between 1 to 6° centigrade and use with in 2hrs. after thawing.

(4) FBB

CONSENT FOR BLOOD TRANSFUSION

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Name: MR. CHAITANYA PINNAPATI JAI Age: 36 YEARS Gender: Male ☐ Female ☑

UHID.No : VIH-00156587 / IP - 60436 Date: 22/6/2026

Type of Blood Product:

- ☑ Fresh Frozen Plasma
- ☐ Packed Red Blood Cells
- ☐ Random Donor Platelets
- ☐ Cryoprecipitate
- ☐ Single Donor Platelet
- ☐ Whole Blood
- ☐ Albumin
- ☐ Red Blood Cell
- ☐ Others .....

I ..... hereby give my consent for whole blood transfusion or the blood components as part of treatment of myself / my patient while being admitted at Rainbow Hospital. I have been explained all the known risks of transfusion reactions. I have also been explained that the donor blood has been screened for Human Immunodeficiency Virus antibodies, Hepatitis B surface antigen, Hepatitis C antibodies, Malaria and Syphilis. I have also been explained that transfusion transmitted infections occur even with screened blood, especially if it is in the "window period" and also due to various other infections which have not been screened for. I also understand that any blood components transfusions carries risk of transfusion associated reactions, fluid overload etc. which are generally rare. The same risks apply for multiple transfusions too.

The doctor has explained to me about the alternative for this procedure which is .....

.....

All the above-mentioned risk, benefits and alternatives have been explained to me by the doctor treating me / my patient in the language that I fully understand and I accept the same and give my consent for all transfusions (the whole blood / or blood components Packed Red Blood Cells, Red Blood Cell, Platelets, Fresh Frozen Plasma, Cryoprecipitate etc.) to me / my Patient during he present hospital stay and treatment.

Patient (Or Patient Relative / Guardian):

Signature: .....

Name: CHAITANYA PINNAPATI JAI

Date & Time 22/6/26 @ 12:50 AM

Doctor (Who is talking the consent)

Signature: .....

Name: Dr Nausheen

Date & Time 22/6/26

Witness

Signature: .....

Name: Jaikrishna

Date & Time 22/6/26 @ 12:50 AM

VIH-00156587 IP-00060436
Mrs CHAITANYA PINNAPATI JAI
10-01-1990 36 Y 5 M 12 D (F)
Dr. BHAVANA K

(4) FFB

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BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 22/6/26 Time: 4AM

Blood Group of the Patient: A: Positive Blood Group on the Blood Bag: A: Positive

Blood Bank Issue No: 638 Date of Collection: 18/6/26 Date of Expiry: 17/6/2027

Date & Time of Starting Transfusion: 22/6/26 @ 4AM Planned duration of Transfusion: 22/6/26 @ 4:40AM

Check for Correct Unit: ☑ Correct Patient: ☑

Blood products cross checked by: Nurse 1: manga Devi Nurse 2: Rani

Before starting transfusion vitals: Temp: 98.4°F HR: 69b/mt RR: 23b/mt BP: 161/87mHg SpO_2: 100%

PLEASE MONITOR THE FOLLOWING:

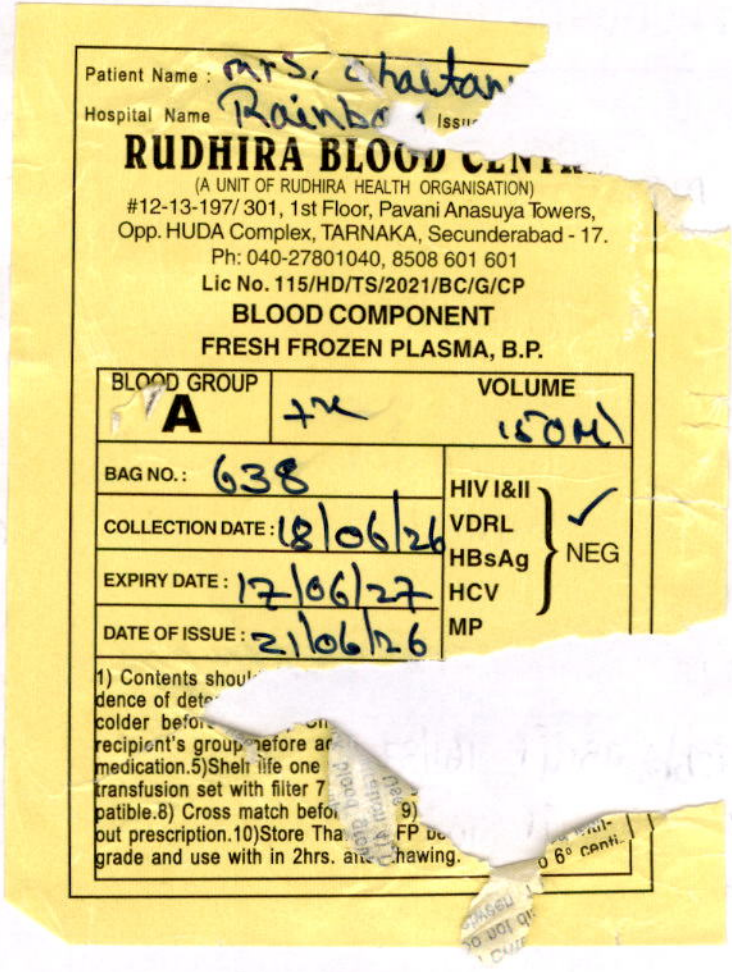
Date	Time	HR	Temperature	Blood Pressure	SpO_2	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
22/6/26	4AM 15 Min	72b/m	98.4°F	161/87	100%	–	–	–	–
22/6/26	4:20AM 15 Min	69b/mt	98.4°F	147/71	100%	–	–	–	–
22/6/26	4:40AM 30 Min	73	98.6°F	146/69	100%	–	–	–	–
	30 Min								
	30 Min								
	1 Hr								
	1 Hr								

Comments: NO reaction after transfusion

Name of the Incharge-Nurse: manga Devi Name of the Nurse: Manga Devi

Signature of the Incharge-Nurse: Signature of the Nurse:

Date & Time: 22/6/26 @ 4AM Date & Time: 22/6/26 @ 4:40AM



Patient Name : MRS. Chaitan

Hospital Name Rainbo

RUDHIRA BLOOD CENT

(A UNIT OF RUDHIRA HEALTH ORGANISATION)

#12-13-197/ 301, 1st Floor, Pavani Anasuya Towers,
Opp. HUDA Complex, TARNAKA, Secunderabad - 17.
Ph: 040-27801040, 8508 601 601

Lic No. 115/HD/TS/2021/BC/G/CP

BLOOD COMPONENT

FRESH FROZEN PLASMA, B.P.

BLOOD GROUP	VOLUME
A +ve	150ml

BAG NO.: 638	HIV I&II	✓
COLLECTION DATE: 18/06/26	VDRL	NEG
EXPIRY DATE: 17/06/27	HBsAg	NEG
DATE OF ISSUE: 21/06/26	HCV	NEG
	MP	NEG

1) Contents shou
dence of dete
colder befor
recipient's grou efore ar
medication.5)Shelf life one
transfusion set with filter 7
patible.8) Cross match befo 9)
out prescription.10)Store Tha FP b
grade and use with in 2hrs. af hawing.
o 6° centi

VIH-00156587 IP-00060436
Mrs CHAITANYA PINNAPATI JAI
10-01-1990 36 Y 5 M 12 D (F)
Dr. BHAVANA K

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RANDOM BLOOD SUGAR MONITORING CHART

S. NO	DATE	TIME	SCHEDULE	RESULT	INSULIN	DUTY DOCTOR	ENDOCRYN-OLOGIST	SISTER SIGNATURE
1.	21/6/26	9:30pm		97mg/dl		Dr. Nausheen		
2.	22/6/26	2:30 Am		115 mg/dl		Dr. Nausheen		
3.	22/6/26	6:30 Am		141 mg/dl		Dr. Yogeshwari		
4.	22/6/26	10:30 Am		114 mg/dl		Dr. Farnaz		
5.	22/6/26	3:30pm	Post Luch	127mg/dL		Dr. Greeshma		
6.	22/6/26	7:40pm	Pre Dinner	111mg/dL		Dr. Ashwini		
	22/6/26	10:30pm	Post Dinner	148 mg/dl		Dr. Ashwini		
	23/6/26	8:30 Am	pre tiffen	81 mg/dl		Dr Nausheen		
	23/6/26	11:30 Am	Post tiffen	125 mg/dl		Dr. Yogeshwari		
	23/6/26	1:25 PM	Pre lunch	88 mg/dl		Dr. Yogeshwari		

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

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Patient Name : MRS. CHAITANYA PINNAPATI JAI KRISHNA Gender: ☐ Male ☑ Female Age : 36 YEARS

UHID No : VIH-00156587 /IP- Date : 21/06/2026

Instruction:

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

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

EMERGENCY LOWER SEGMENT CESAREAN SECTION

upon MRS. CHAITANYA PINNAPATI JAI KRISHNA
(Name of the Patient)

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

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

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

BLEEDING, BOWEL AND BLADDER INJURY, URETERIC INJURY BLOOD AND BLOOD PRODUCTS TRANSFUSION AND ITS ASSOCIATED REACTIONS, INFECTION, POST PARTUM HEMORRHAGE, ADHESIONS NEED FOR NICU ADMISSION

My signature on this form indicates that

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

Name of the Doctor who is performing the Surgery / Procedure: DR. BHAVANA K.

Consentee :

Signature :

Name : Chaitanya Jai Krishna

Date & Time : 21/06/2026 10PM

Patient Attendant :

Signature : Jai

Name : Jai Krishna RJ

Relationship with Patient: Husband

Date & Time : 21/06/2026 10PM

Witness :

Signature :

Name :

Date & Time :

Doctor (who is taking the consent) :

Signature :

Name : DR. NAUSHEEN

Date & Time : 21/6/26 ; 10PM.

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE

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Patient Name : Mrs. Chaitanya Pinnapati Jaikeishna Age : 36yrs Gender : Male ☐ Female ☑

UHID NO: ..... Surgeon Name: Dr. Bhavana

Anaesthesiologist : Dr. Durga Bhavani

Operative procedure planned : Emergency Cesarean Delivery

PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA

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

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

☐ Heart disease ☐ Hypertension ☐ Diabetes mellitus ☐ Renal failure

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

☐ Incapacitating Cronic Obstructive Pulmonary Disease

☐ Others : Hemodynamic changes, Bleeding, PDPH, patchy block, Need for Blood transfusion

Comments : .....

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

DECLARATION BY PATIENT / GUARDIAN / PROXY

I hereby authorize Rainbow Hospital & its authorized doctors to perform upon me / my patient Mrs. Chaitanya Pinnapati Jaikeishna the above mentioned operation / Diagnostic / Therapeutic procedures Emergency Cesarean Delivery

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

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

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

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

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

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

- Pregnant : ☑ Yes ☐ No

DECLARATION BY THE ANAESTHETISTS PROVIDING INFORMATION FOR THIS CONSENT

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

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

Patient / Patient Attendant :

Signature : .....

Name : CHAITANYA PINNAPATIJAI

Relationship with Patient: SELF

Date & Time : 21/6/26 10:12pm

Witness :

Signature : .....

Name : .....

Date & Time : 21/6/26 10:12pm

Doctor (who is taking the consent) :

Signature : .....

Name : DR. Durga Bhavani

Date & Time : 21/6/26 10:12pm

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Bhavana. K
Asst. Surgeon : Dr. Nausheen
Anaesthetist : Dr. Durga Bhavani
Scrub Nurse : Jyothi

VIH-00156587 IP-00060436
Mrs CHAITANYA PINNAPATI JAI (F)
10-01-1990 36 Y 5 M 11 D
Dr. BHAVANA K

Age : 36y Gender : F
Name : Em. Lscs
Out-time : 10:35pm

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Before Induction of Anaesthesia ➤➤

SIGN IN Time: 10:30pm

Patient Has Confirmed

- Identity ☑ Yes ☐ No
- Site ☐ Yes ☑ No
- Procedure ☑ Yes ☐ No
- Consent ☑ Yes ☐ No

Site Marked ☐ Yes ☐ No ☑ NA

Anaesthesia Safety Check Completed ☑ Yes ☐ No

Pulse Oximeter on Patient & Functioning ☑ Yes ☐ No

Does Patient have a:

- Known Allergy? ☐ Yes ☑ No

Difficult Airway / Aspiration Risk?

- Yes, & Equipment / Assistance Available ☑ Yes ☐ No

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

- Yes, and Adequate Intravenous Access and Fluids Planned ☑ Yes ☐ No ☐ NA
- Blood Units Reserved ☑ Yes ☐ No ☐ NA

Has Antibiotic Prophylaxis been given within the last 60 minutes? ☑ Yes ☐ No ☐ NA

Signature : Dr. Al

Name : Dr. Durga Bhavani 21/6/26

Before Skin Incision ➤➤

TIME OUT Time: 10:40pm

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

Surgeon, Anaesthesia Professional and Nurse Verbally Confirm

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

Anticipated Critical Events

Surgeon Reviews:

What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss? Bldg 1hr 500ml ☑ Yes ☐ No ☐ NA

Anaesthesia Team Reviews: Short stature anemia

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

Nursing Team Reviews: Bldg Yes Need for transfusion

Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns? ☑ Yes ☐ No ☐ NA

Is Essential Imaging Displayed? ☐ Yes ☐ No ☐ NA

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

Signature : [signature]

Name : [signature]

Before Patient Leaves Operating Room

SIGN OUT Time: 11:30 Am

Nurse Verbally Confirms with the Team:

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

To Surgeon, Anaesthetist and Nurse:

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

Signature : [signature]

Name : Dr Nausheen.

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

VIH-00156587 IP-00060436
Mrs CHAITANYA PINNAPATI JAI
10-01-1990 36 Y 5 M 11 D (F)
Dr. BHAVANA K

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CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: Dr. Bhavana K	Date of Delivery: 21/6/26
Assistant Surgeon: DR. NAUSHEEN	Time of Delivery: 10:56:41 Pm
Anaesthetist's Name: DR. DURGA BHAVANI	Gender of Baby: Male
Type of Anaesthesia: SPINAL	Weight of Baby: 1.908 kgs
Neonatologist: Dr. Harish.	AGPAR Score: 5/10, 7/10, 9/10
Scrub Nurse: SIS JYOTHI	NICU Admission: ☐ Yes ☐ No

Pre-Operative Diagnosis:

☐ Elective ☑ Emergency Indication: Non Reassuring NST with No fetal Movements

Urgency

- ☐ Immediate Threat to life of woman or fetus
- ☐ Maternal or fetal compromise not immediately life threatening
- ☐ No maternal or fetal compromise but needs early delivery
- ☐ Delivery timed to suit woman and staff

Decision time: 10 mins Knief to rectus: 5 mins

CTG Description: Non Reassuring

If there was a delay give the reasons:

Surgical Procedure: Emergency Lower Segment Cesarean Section
↓ SA

Post Operative Diagnosis:

Peri-Operative Complications:

Amount of Blood Loss: ~ 2000 ml	Blood Transfused (in ML): 1 unit PRBC 3 FFPs.

Name and Number of Surgical Specimen sent for examination:

Placenta for HPE

Examination Findings when Appropriate: Oblique lie

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

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

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

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

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

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

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

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

Incision Through Placenta: ☐ Yes ☑ No

Delivery of head: ☑ Manual ☐ Forceps

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

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

Cord Appearance: Normal Cord around the neck ☑ Yes ☐ No 1 loop of cord.

Appearance of placenta: Normal, Sent for HPE Cavity explored ☑ Yes ☐ No Placenta separated completely and 160gms of Retroplacental clots noted.

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

Uterus atonic, uterotonics given.

Uterine Closure: ☐ One Layer ☑ Two Layers Vicryl 1-0, 3-0. Suture

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

Sheath Closure: Vicryl No.1 Suture

Fat Closure: ☐ Yes ☑ No ..... Suture

Skin Closure: ☐ Subcuticular ☑ Mattress Ethilon Suture

Vagineal Evacuated ☑ Yes ☐ No

Drain: ☑ Yes ☐ No ☐ Remove in ..... days ☐ Await instructions Intraperitoneal Drain, Subcutaneous drain placed.

Ctheter ☑ Yes ☐ No ☐ Remove in 12hrs days ☐ Await instructions

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

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

Post-Operative Notes: NBM, Rest, Strict Vitals Monitoring, Follow duyclart Input Output Charting, Drain Output charting, TEDD Stockings, w/F bleeding PV, Inform SOS

Dr Nausheen

Doctor Name: DR. BHAVANA .K Doctor Signature: .....

Date & Time: 2 .....

VIH-00156587 IP-00060436
Mrs CHAITANYA PINNAPATI JAI
10-01-1990 36 Y 5 M 11 D (F)
Dr. BHAVANA K

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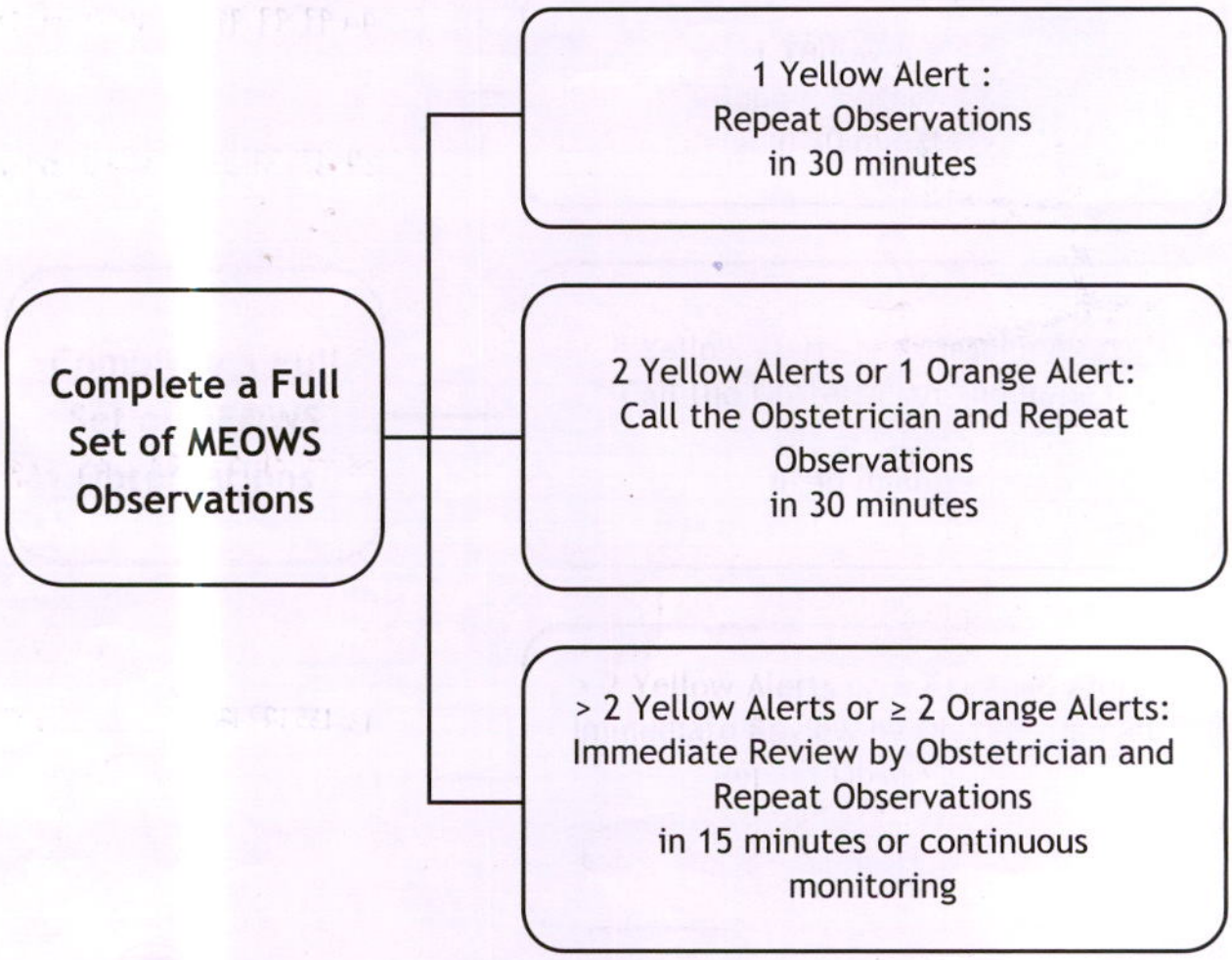
Early Warning Observation Score Chart - Obstetrics

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

21/6/26	Date																								
	Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20															19	21	19	19	20	20	20	19	19	
	0 - 10																								
Saturations	94 - 100 %															99	99	99	99	99	99	99	99	99	
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37															37	37	37	37	37	37	37	37	37	
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80															55	88	86	87	79	69	80	87	86	90
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
	160																								
	150																			147	155	161			
	140																								
	130															130	135	122	121				134	134	121
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80															80	84	86	88	89	85	87	75	65	65
	70																								
	60																								
	50																								
	40																								
NEURO RESPONSE [✓]	Alert															✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30															✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal															NA	NA	NA	NA						
	Heavy / Foul																								
Liquor	Clear / Pink															NA	NA	NA	NA						
	Green																								
TOTAL YELLOW SCORES																0	0	0	0	1	1	0	2	2	0
TOTAL ORANGE SCORES																0	0	0	0	0	0	0	0	0	0
Nurse Initial																									

Obstetrics and Gynaecology Early Warning Signs



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

VIH-00156587 IP-00060436
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10-01-1990 36 Y 5 M 11 D (F)
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(2)

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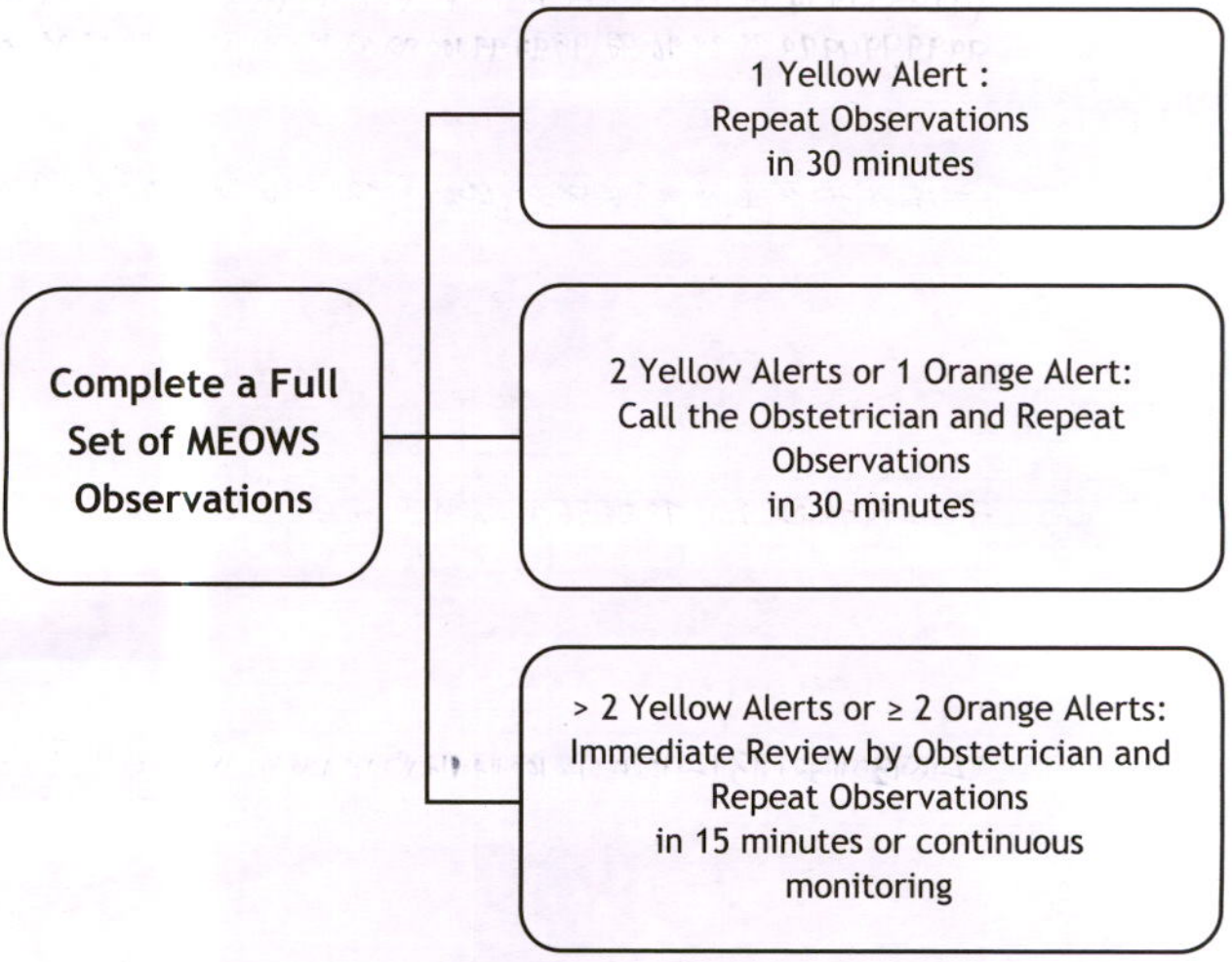
Early Warning Observation Score Chart - Obstetrics

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

22/6/26	Date																								
	Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19
	0 - 10																								
Saturations	94 - 100 %	99	99	99	99	99	99	99	96	98	99	97	99	100	99	99	99	99	99	99	99	99	99	99	99
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37	37	36	36	36	36	36	36	36	36	36	36	36	36	37	37	37	37	37	37	37	37	37	37	37
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70	79	72	74	74	82	82	83	75	74	76	72	82	79	80	82	68	90	80	86	96	68	84	80	82
	60																								
	50																								
	40																								
↑ Systolic Blood Pressue	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120	112	110	120	113	121	113	120	126	129	128	108	114	114	115	116	106	102	106	102	108	116	138	126	119
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
↓ Diastolic Blood Pressure	130																								
	120																								
	110																								
	100																								
	90																								
	80								85	85		80													
	70	72	74	74	73	80	70	74			76		74	78	80	70	69	61	70	62	67	80	90	80	70
	60																								
	50																								
	40																								
NEURO RESPONSE [✓]	Alert	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	✓	✓	✓	✓	✓	✓	✓	✓		✓
	Heavy / Foul																								
Liquor	Clear / Pink	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	✓	✓	✓	✓	✓	✓	✓	✓		✓
	Green																								
TOTAL YELLOW SCORES		0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	1	1	1		1
TOTAL ORANGE SCORES		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0
Nurse Initial																									

Obstetrics and Gynaecology Early Warning Signs



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

VIH-00156587 IP-00080436
Mrs CHAITANYA PINNAPATI JAI
10-01-1990 36 Y 5 M 13 D (F)
Dr. BHAVANA K

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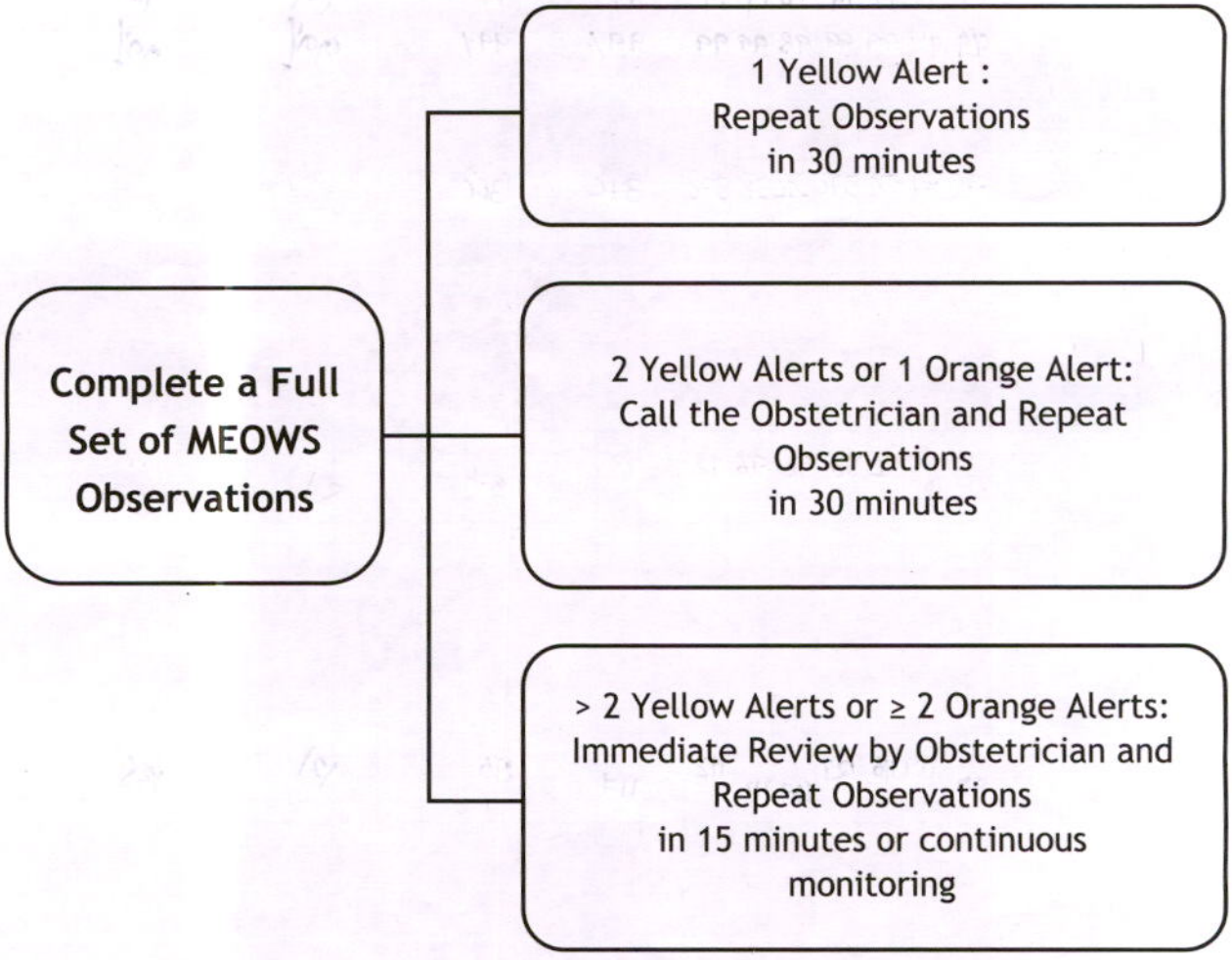
rning Observation Score Chart - Obstetrics

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

23/6/26	Date																							
	Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20	19	19	19	19	18	19	19		19			19				19				19				19
	0 - 10																								
Saturations	94 - 100 %	99	99	99	99	98	99	99		99%			99%				99%				99%				99%
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37	37	37	37	37	37	37	37		37			36				36				36				36
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90		90	92	90	92	96	92		93			87				81				82				81
	80	86																							
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120		115	116	127			112																	122
	110	110				107	112			117			116				121				135				
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70	70	66	70	73	71	70	73		71			70				91				68				71
	60																								
	50																								
	40																								
NEURO RESPONSE [✓]	Alert	✓	✓	✓	✓	✓	✓	—		✓			✓				✓				—				✓
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30	✓	✓	—	✓	✓	—	✓		✓			✓				✓				✓				✓
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal	NA	NA	NA	NA	NA	NA	NA		NA			NA				NA				NA				NA
	Heavy / Foul																								
Liquor	Clear / Pink	NA	NA	NA	NA	NA	NA	NA		NA			NA				NA				NA				NA
	Green																								
TOTAL YELLOW SCORES		0	0	0	0	0	0	0		0			0				0				0				0
TOTAL ORANGE SCORES		0	0	0	0	0	0	0		0			0				0				0				0
Nurse Initial																									

Obstetrics and Gynaecology Early Warning Signs



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

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Early Warning Observation Score Chart - Obstetrics

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

24/6/26	Date																						
	Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20			19			19	19		19	18	19				19				19				19	
	0 - 10																								
Saturations	94 - 100 %			99			99	98		99	98	100				99				98				99	
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37			37°c			36°	36°		36°	36°	36°				36°				36°				36°	
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90							92																	
	80									82	88	86				80				81				88	
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120																							129	
	110									114	112	118				121				112					
	100							105																	
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Diastolic Blood Pressure ↓	130																								
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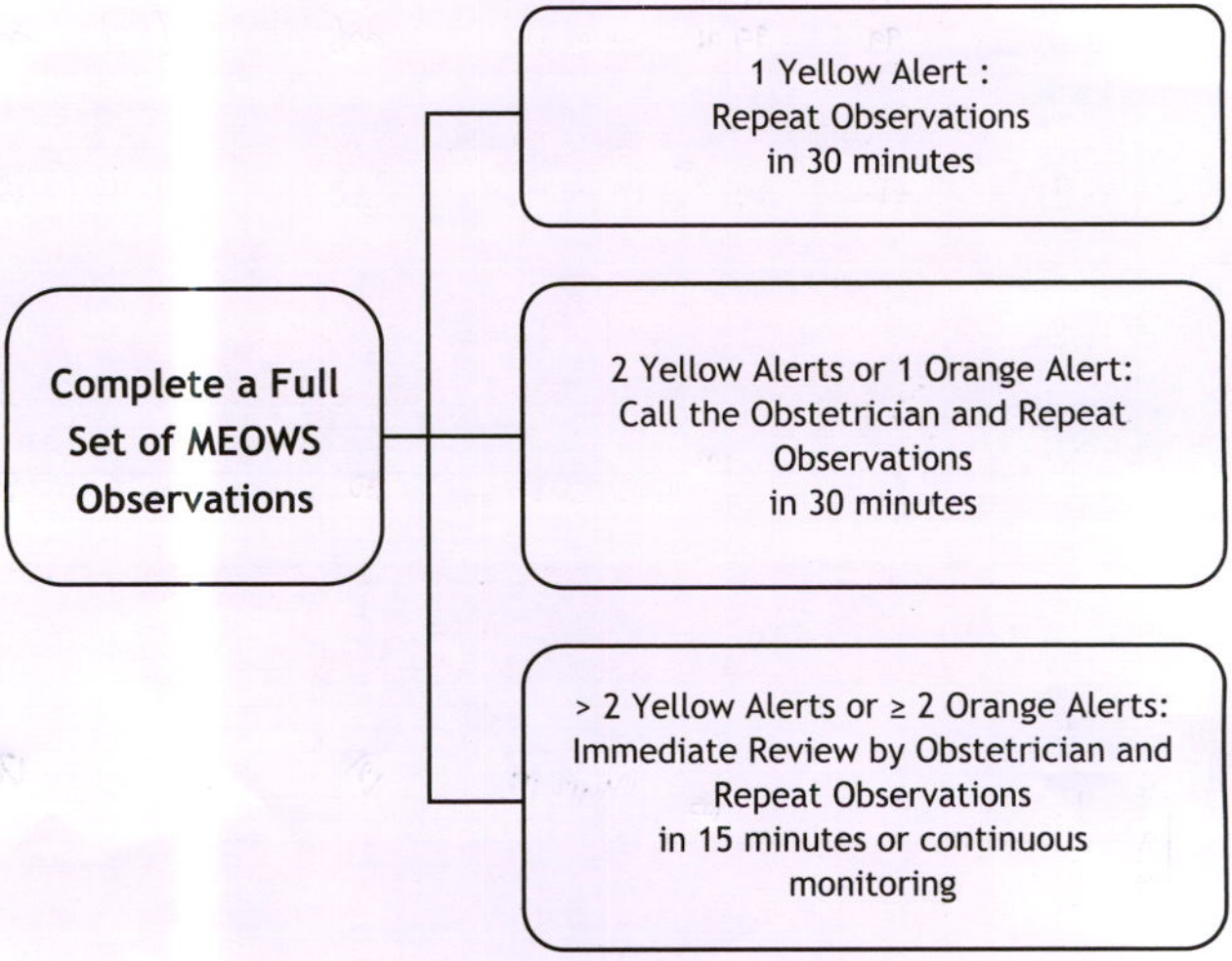
	90							91																	
	80																								
	70									76	74	76				80				65				69	
	60																								
	50																								
	40																								
NEURO RESPONSE [✓]	Alert			✓			✓	✓		✓	✓	✓				✓				✓				✓	
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30			✓			✓	✓		✓	✓	✓				✓				✓				✓	
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal			NA			NA	N			✓	✓													
	Heavy / Foul																								
Liquor	Clear / Pink			NA			NA	N																NA	
	Green																								
TOTAL YELLOW SCORES				0			0	0		0	0	0				1				1				1	
TOTAL ORANGE SCORES				0			0	0		0	0	0				0				0				0	
Nurse Initial				D			D			W	W	W				D				D				P	

Docu. No. : RCHBH /FRM / CLINICAL / 053

Obstetrics and Gynaecology Early Warning Signs



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

VIH-00156587 IP-00060436
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Early Warning Observation Score Chart - Obstetrics

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

		Date	25/6/20																							
		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				19																					
	0 - 10																									
Saturations	94 - 100 %				99																					
	< 94 %																									
Administered O_2 (L/min.)																										
Temp°c	40																									
	39																									
	38																									
	37				37.6																					
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80				82																					
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	120																									
	110				119																					
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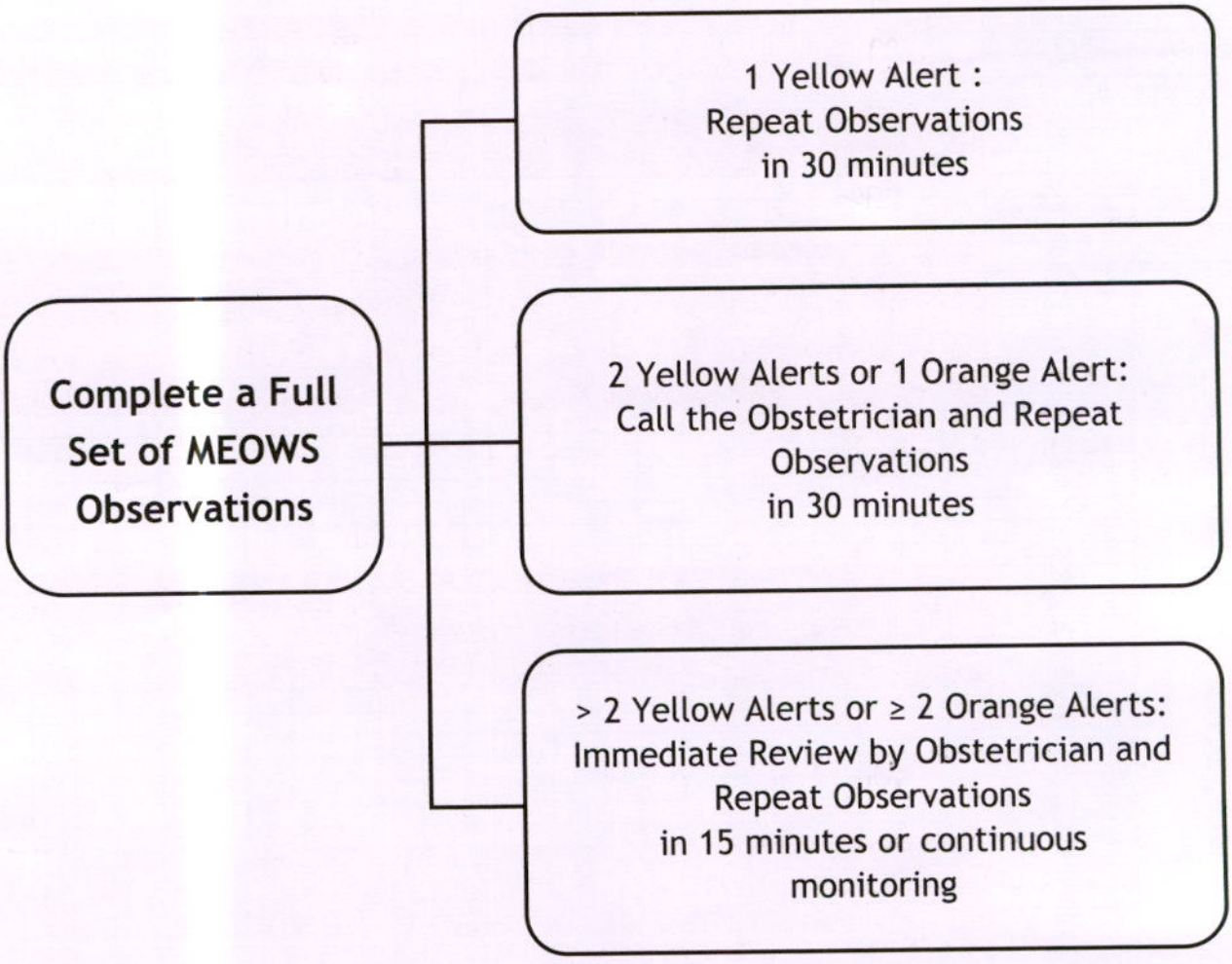
	90																									
	80				85																					
	70																									
	60																									
	50																									
	40																									
NEURO RESPONSE [✓]	Alert				✓																					
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30				✓																					
	< 30																									
Proteinuria	Protein + +																									
	Protein > + +																									
Lochia	Normal				NA																					
	Heavy / Foul																									
Liquor	Clear / Pink				NA																					
	Green																									
TOTAL YELLOW SCORES					0																					
TOTAL ORANGE SCORES					0																					
Nurse Initial					D																					

Noted by Deepika 25/6/20 @ 8.00am

Obstetrics and Gynaecology Early Warning Signs



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FLUID CHART

Sheet No. : (1)

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						Total Output :						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						Total Output :						
	08:00 pm											
	09:00 pm											
21/6/26	10:00 pm	RL 500ml FF IV										[illegible] 21/6/26 pm 11.30
	11:00 pm	RL 500ml FF IV									0	
	12:00 am	RL 100ml IV									0	
	01:00 am	RL 100ml -								600ml Emty		
Total Intake :		1200 ml				Total Output :				600 ml		
21/6/26	02:00 am	RL 130ml - NBM.								100ml	0	Ravi 21/6 [illegible]
	03:00 am	RL 130ml - NBM								100ml	0	
	04:00 am	RL 130ml - NBM								50ml	0	
	05:00 am	RL 130ml - NBM.								100ml	0	
	06:00 am	RL 130ml - NBM, Inj. Tramadol 100ml								150ml	0	[illegible] 21/6 6am
	07:00 am	RL 130ml - NBM; Inj. PCM 100ml, Inj. [illegible]								100ml	0	
Total Intake :		780 ml + 300ml				Total Output :				600 ml		

Total 24 hrs. Intake	2280 ml.	Total 24 hrs. Output	1200 ml

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FLUID CHART

Sheet No. : ....

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

Date	Time	Intake: Nature of Fluid	Route: Mouth	Route: I.V	Route: N.G	Output: NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
22/6/26	08:00 am	NBm + RL 100ml								50ml	0	[illegible] 22/6/26 1pm
	09:00 am	NBm + RL 100ml							bag 210	750ml	0	
	10:00 am	H_2O	50ml						Small 5ml	75ml	0	
	11:00 am	H_2O	100ml							50ml	0	
	12:00 pm	H_2O	50ml							100ml	0	
	01:00 pm	H_2O	100ml + Jelly							100ml	0	
Total Intake : 500ml						Total Output : 450ml						
22/6/26	02:00 pm	H_2O	100ml							150ml	0	Sushmi 22/6/26 @ 8pm
	03:00 pm		100ml							150ml	0	
	04:00 pm		100ml							130ml	0	
	05:00 pm		50ml		Supe. 140ml					200ml	0	
	06:00 pm		50ml							125ml	0	
	07:00 pm		50ml							300ml	0	
Total Intake : 590ml						Total Output : 1055ml						
22/6	08:00 pm	H_2O 100ml								75ml	0	[illegible] 22/6
	09:00 pm	H_2O 100ml								150ml	0	
	10:00 pm	H_2O 100ml, Inj. metro 100ml								150ml	0	
	11:00 pm	H_2O 100ml									0	
	12:00 am	H_2O 100ml + Inj. Pepsin 100ml								✓	0	
	01:00 am	H_2O 100ml									0	
Total Intake : 800ml						Total Output : Passed + 375ml						
23/6	02:00 am	H_2O 100ml								✓	0	[illegible] 23/6/26
	03:00 am	H_2O 100ml									0	
	04:00 am	H_2O 100ml									0	
	05:00 am	H_2O 100ml								✓	0	
	06:00 am	H_2O 100ml									0	
	07:00 am	H_2O 100ml								✓	0	
Total Intake : 600ml						Total Output : passed + 1880ml						

Total 24 hrs. Intake	2490 ml	Total 24 hrs. Output	1880ml

VIH-00156587 IP-00060436
Mrs CHAITANYA PINNAPATI JAI
10-01-1990 36 Y 5 M 12 D (F)
Dr. BHAVANA K

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FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
23/6/26	08:00 am	H_2O + 50ml								✓	0	
	09:00 am	H_2O + 50ml								✓	0	Akash 23/6/26 @2:10pm
	10:00 am	H_2O + 50ml									0	
	11:00 am	H_2O + 50ml					✓			✓	0	
	12:00 pm	H_2O + 50ml									0	
	01:00 pm	H_2O + 50ml								✓	0	
Total Intake :						**Total Output :**						
23/6	02:00 pm	H_2O + 50ml										Dimpika 23/6/26 @8pm
	03:00 pm											
	04:00 pm	H_2O										
	05:00 pm						✓					
	06:00 pm									✓		
	07:00 pm	Rice water										
Total Intake :						**Total Output :**						
23/6	08:00 pm		H_2O									
	09:00 pm											
	10:00 pm		H_2O							✓		Akash 24/6/26 @8am
	11:00 pm											
	12:00 am											
	01:00 am		H_2O									
Total Intake :						**Total Output :**						
24/6/26	02:00 am									✓		Akash 24/6/26 @8am
	03:00 am											
	04:00 am		H_2O									
	05:00 am											
	06:00 am									✓		
	07:00 am		H_2O									
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

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Mrs CHAITANYA PINNAPATI JAI
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Dr. BHAVANA K

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FLUID CHART

Sheet No. : .....

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
24/6/26			Mouth	I.V	N.G							
	08:00 am		Paddy + H_2O									
	09:00 am									✓		
	10:00 am											Dupika 24/6/26 @2pm
	11:00 am						✓					
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
24/6/26	02:00 pm											
	03:00 pm	Blood	250 ml							✓	0	
	04:00 pm	H_2O	60 ml								0	24/6/26
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
24/6	08:00 pm		Rice + H_2O									
	09:00 pm									✓		
	10:00 pm											Alekh 25/6/26 @2am
	11:00 pm											
	12:00 am											
	01:00 am		H_2O							✓		
Total Intake :						**Total Output :**						
25/6	02:00 am											
	03:00 am									✓		
	04:00 am		H_2O									Alekh 25/6/26 @8am
	05:00 am											
	06:00 am									✓		
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

VIH-00156587
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FLUID CHART

Sheet No. : ....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
25/6/26	09:00 am		Pdly									
	10:00 am		+				✓			✓		Dupli[illegible]
	11:00 am											[illegible]/6/26
	12:00 pm		H_2O									@2pm
	01:00 pm											
Total Intake :						Total Output :						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						Total Output :						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						Total Output :						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						Total Output :						

Total 24 hrs. Intake		Total 24 hrs. Output	

VIH-00156587 IP-00060436
Mrs CHAITANYA PINNAPATI JAI
10-01-1990 36 Y 5 M 12 D (F)
Dr. BHAVANA K

(1)

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MEDICATION RECONCILIATION FORM

Drug Allergies: NIL ☑ Not known any Drug Allergies

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

Shifting From: MICU Shifted to: Room (207)

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	INJ PIPERACILLIN AND TAZOBACTAM	4.5GM	IV	8TH HOURLY	23/6/26	☑C ☐ DC
2	INJ ENOXAPARIN	40MG	SC	ONCE DAILY	23/6/26	☑C ☐ DC
3	T. THYROXINE	100MCG	PO	ONCE DAILY	23/6/26	☑C ☐ DC
4	T. PARACETAMOL	1GM	PO	8TH HOURLY	23/6/26	☑C ☐ DC
5	T. TRAMADOL	100MG	PO	8TH HOURLY	23/6/26	☑C ☐ DC
6	T. PANTOPRAZOLE	40MG	PO	ONCE DAILY	23/6/26	☑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 YOGESHWARI

Date & Time : 23/6/2026 1:30PM

Nurse Name & Signature: Kavala

Date & Time : 23/6/26 @ 1:30Pm

VIH-00156587 IP-00060436
Mrs CHAITANYA PINNAPATI JAI
10-01-1990 36 Y 5 M 13 D (F)
Dr. BHAVANA K

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MEDICATION RECONCILIATION FORM

Drug Allergies: NIL ☑ ~~Not~~ known any Drug Allergies

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

Shifting From: L/W Shifted to: O.T

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	T. THYROXINE	100MCG	PO	ONCE DAILY	21/6/26	☑ C ☐ DC
2	T. METFORMIN	500MG	PO	12TH HOURLY	21/6/26	☐ C ☑ DC
3	T. ECOSPRIN	150MG	PO	ONCE DAILY	21/6/26	☐ C ☑ DC
4	T. IRON	1TAB	PO	ONCE DAILY	21/6/26	☐ C ☑ DC
5	T. CALCIUM	1TAB	PO	ONCE DAILY	21/6/26	☐ C ☑ DC
6	T. FOLIC ACID	1TAB	PO	ONCE DAILY	21/6/26	☐ 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 YOGESHWARI

Date & Time : 22/6/26. 2 AM.

Nurse Name & Signature:

Date & Time : 22/6/26 @ 2 AM

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

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VIH-00156587 IP-00060436
Mrs CHAITANYA PINNAPATI JAI
10-01-1990 36 Y 5 M 12 D (F)
Dr. BHAVANA K

Ref. No. : F / HW / DC / RP / INPR / 05.a

Patient Name :	I.P. No.	Sheet No.	Wards	Weight (kg)
		1	CW	78kg

REGULAR PRESCRIPTIONS

DRUG : INJ PARACETAMOL

Dose	Route	Frequency	Start Dt.
1GM	IV	8th hourly	22/6

Name & Signature of the Doctor starting the Drugs: Dr. Durga Bhavani

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date / Time: 22/6 — 12 PM; 8 AM; 4 PM

STOP Dr Ashwini 22/6/26 7:20pm

S. Maaf Komal 22/6/26

DRUG : INJ. TRAMADOL

Dose	Route	Frequency	Start Dt.
100MG	Slow IV	8th hourly	22/6

Name & Signature of the Doctor starting the Drugs: Dr. Durga Bhavani

Additional Instructions: Add in 100ml NS and administer slowly

Daily Doctor's Endorsement by a Sign.

Date / Time: 22/6 — 6 AM; 2 PM; 10 PM

STOP Dr Ashwini 22/6/26 7:20PM

S. Maaf Komal 22/6/26

DRUG : LEVOSALBUTAMOL NEBULISATION

Dose	Route	Frequency	Start Dt.
0.63 MG	INHALATION	8TH HOURLY	22/6/26

Name & Signature of the Doctor starting the Drugs: DR YOGESHWARI

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date / Time: 22/6, 23/6 — 4:30PM; 7 AM; 3 PM; 11 PM

STOP 23/6/26 DR YOGESHWARI

Komal 22/6/26

DRUG : INJ- ENOXAPARIN

Dose	Route	Frequency	Start Dt.
40MG	SC	ONCE DAILY	22/6

Name & Signature of the Doctor starting the Drugs: DR. NIKHITA.

Additional Instructions: FOR 1 WEEK.

Daily Doctor's Endorsement by a Sign.

Date / Time: 22/6, 23/6, 24/6, 25/6 — 10 AM

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Ref. No. : F / HW / DC / RP / INPR / 05.a

VIH-00156587 IP-00060436
Mrs CHAITANYA PINNAPATI JAI
10-01-1990 36 Y 5 M 12 D (F)
Dr. BHAVANA K

Patient Name :	I.P. No.	Sheet No.	Wards	Weight (kg)
			MICU	78 kg

REGULAR PRESCRIPTIONS

DRUG : INJ METRONIDAZOLE

Dose	Route	Frequency	Start Dt.
500 MG	IV	8th HOURLY	22/6/2

Name & Signature of the Doctor starting the Drugs: DR NAUSHEEN

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date / Time	22/6	23/6
6 AM		
2 PM		
10 PM		

Stop 23/6

DRUG : T. THYROXINE

Dose	Route	Frequency	Start Dt.
100 MCG	PO	ONCE DAILY	22/6

Name & Signature of the Doctor starting the Drugs: Dr. Ashwini

Additional Instructions: ON EMPTY STOMACH

Daily Doctor's Endorsement by a Sign.

Date / Time	22/6	23/6	24/6	25/6
6 AM				

DRUG : TAB PARACETAMOL

Dose	Route	Frequency	Start Dt.
1 GM	PO	8TH HOURLY	22/6

Name & Signature of the Doctor starting the Drugs: Dr. Ashwini

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date / Time	23/6	24/6	25/6
12 PM			
8 AM			
4 PM			

Check 22/6/26

DRUG : TAB . TRAMADOL

Dose	Route	Frequency	Start Dt.
100 MG	PO	8TH HOURLY	22/6

Name & Signature of the Doctor starting the Drugs: Dr. Ashwini

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date / Time	22/6	23/6	24/6	25/6
6 AM				
2 PM				
10 PM				

Check 22/6

VIH-00156587 IP-00060436
Mrs CHAITANYA PINNAPATI JAI
10-01-1990 36 Y 5 M 12 D (F)
Dr. BHAVANA K

Ref. No. : F / HW / DC / RP / INPR / 05.a

Name	I.P. No.	Sheet No.	Wards	Weight (kg)
			MICU	48kg

REGULAR PRESCRIPTIONS

DRUG : T. PANTOPRAZOLE

Dose	Route	Frequency	Start Dt.
40mg	PO	ONCE DAILY	22/6

Date	23/6	24/6	25/6
Time: 6 am	✓	✓	✓

Name & Signature of the Doctor starting the Drugs: Dr. Ashwini

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

DRUG : TAB. CEFUROXIME

Dose	Route	Frequency	Start Dt.
250mg	PO	12TH HOURLY	23/6

Date	24/6	25/6
Time: 10 AM	✓	✓
Time: 10 PM	✓	

Name & Signature of the Doctor starting the Drugs: DR. NIKHITA

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

S. Meghana 23/6/26 Chitti

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

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Mrs CHAITANYA PINNAPATI JAI
10-01-1990 36 Y 5 M 12 D (F)
Dr. BHAVANA K

Ref. No. : F / HW / DC / RP / INPR / 05.a

Patient Name :	I.P. No.	Sheet No.	Wards	Weight (kg)

REGULAR PRESCRIPTIONS

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.				

VIH-00156587 IP-00060436
Mrs CHAITANYA PINNAPATI JAI
10-01-1990 36 Y 5 M 12 D (F)
Patient Dr. BHAVANA K

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STAT / ONCE ONLY DRUGS

Name: .....

Weight: 78kg kgs

Sheet No: 1

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
21/6/26	11:20PM	IND. METHYLERGOMETRINE	0.2MG	slow IV			
21/6/26	11:30pm	IND. CARBOPROST	0.25MG	IM			
21/6/26	11PM	IND ONDANSETRON	8MG	IV			
22/6/26	12PM	IND. TRANEXAMICACID	1GM	slow IV			
22/6/26	11:40PM	IND METHYLERGOMETRINE	0.2MG	slow IV			
21/6/26	11:50PM	IND. CARBOROST	0.25MG	Intr-Myometrial IM			
22/6/26	12:10AM	IND. CARBOPROST	0.25MG	IM			
22/6/26	12:30AM	IND. CALCIUM GLUCONATE	10ml	slow IV			
22/6/26	12:40AM	IND AVIL	45.5MG	IM			
22/6/26	1AM	IND. PIPTAZ PIPERACILLIN TAZORACTUM	4.5GM	slow IV			
22/6/26	2AM	IND. LASIX (FUROSEMIDE)	5MG	IV			
22/6/26	12AM	IND. PARACETAMOL	1GM	IV			
22/6/26	4AM	FRESH FROZEN PLASMA		IV		→ HOLD	
22/6/26	12:45AM	INT LASIX (FUROSEMIDE)	10MG	IV			
23/6/26	2:30 AM	INT LASIX (FUROSEMIDE)	10MG	IV			
23/6/26	10:05 AM	SUPPOSITORY BISACODYL	20MG	PR			

Docu. No. : RCH /FRM / CLINICAL / 136

VIH-00156587 IP-00060436
Mrs CHAITANYA PINNAPATI JAI
10-01-1990 36 Y 5 M 12 D (F)
Dr. BHAVANA K

MRs

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DRUG CHART

Date of Admission: 21/06/2026 Drug Allergies: NIL ☑ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

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

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

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

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

Mrs CHAITANYA PINNAPATI JAI
10-01-1990 36 Y 5 M 12 D (F)
Dr. BHAVANA K

I.V. FLUIDS CHART

Weight. 78kg Ward. Labour

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
21/6	9:50 PM	RINGER LACTATE	IV	500			21/6		
21/6	11PM	RINGER LACTATE + 40U OXYTOCIN	IV	300			21/6		
21/6	11:30PM	RINGER LACTATE	IV	500		Jyoth	22/6		
21/6	12:15pm	RINGER LACTATE	IV	500		Jyoth	22/6		
22/6	12:30AM	1 @ PRBC	IV	200		Jyoth	22/6		
22/6	12:30AM	FFP (FRESH FROZEN PLASMA)	IV	500		Jyoth	22/6		
22/6	1AM	FFP (FRESH FROZEN PLASMA)	IV	500			22/6		
22/6	1:30AM	FFP (FRESH FROZEN PLASMA)	IV	500			22/6		
22/6	1:50AM	RINGER LACTATE	IV	130			22/6		
22/6	1:50AM	1 @ PRBC	IV	200			22/6		

Signature

VERIFIED BY : Name

VIH-00156587 IP-00060436
Mrs CHAITANYA PINNAPATI JAI
10-01-1990 36 Y 5 M 12 D (F)
Dr. BHAVANA K

Weight. 78kg Ward. LW

	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
21/6/26	10:40 PM.	INJ CEFOTAXIME	1GM	IV		Rani Mangu
21/6/26	9:50PM.	INJ PANTOPRAZOLE	40MG	IV		Rani Mangu
21/6/26	9:50PM.	INJ METOCLOPRA-MIDE	10MG	IV		Mangu Rani
21/6/26	9:50 PM.	INJ BETAMETHA-SONE	12MG	IM		Mangu Rani Bhavani
21/6/26	10:55 PM	T. MISOPROSTOL	1000 MCG	PR	NS	Vahini
21/6/26	10:56pm	IND. CARBETOCIN	100MG	IV		Bhavani Vahini
21/6/26	10:45pm	IND. TRANEXAMICACID	1GM	IV		Bhavani Vahini
21/6/26	11:04pm	IND. METHYLERGOMETRINE	0.2MG	slow IV		Bhavani Vahini
21/6/26	11:12pm	IND. CARBOPROST	0.25MG.	IM		Bhavani

Signature

VERIFIED BY :

Mrs CHAITANYA PINNAPATI JAI
10-01-1990 36 Y 5 M 12 D (F)
Dr. BHAVANA K

REGULAR PRESCRIPTIONS

Weight: 78 kg Ward: MCW

DRUG	Dose	Route	Frequency	Start Date	Name & Signature of the Doctor Starting the Drugs	Additional Instructions	Date / Time
INJ PIPERACILLIN AND TAZOBACTAM	4.5 GM	IV	8th HOURLY	22/6/26	DR NAUSHEEN	AFTER TEST DOSE	22/6, 23/6; 12 PM, 8 AM, 4 PM; STOP 23/6/26 9 PM
INJ PANTOPRAZOLE	40MG	IV	ONCE DAILY	22/6/26	DR NAUSHEEN.		22/6; 6 AM; STOP 22/6/26 Dr. 7:20 PM
T. PARACETAMOL	1GM	P/O	6th hourly	22/6/26	Dr. Durga Bhavani		HOLD
T. TRAMADOL	100MG	P/O	8th hourly	22/6/26	Dr. Durga Bhavani		HOLD

Daily Doctor's Endorsement by a Sign

S. Maaz Kamal 22/6/26

VIH-00156587 IP-00060436
Mrs CHAITANYA PINNAPATI JAI
10-01-1990 36 Y 5 M 12 D (F)
Dr. BHAVANA K

Name :		I.P. No	Weight(kg)	Sheet No:
			78/F	(2)

I. V. FLUIDS CHART

DATE	TIME	Composition of I.V. FLUID (If infusion, mention ml/hr=Mcg/kg/min. et.c.)	ROUTE	Flow Rate (ml/hr)	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
22/6	4:00 AM	FRESH FROZEN PLASMA (FFB)	IV	500			22/6		
22/6	4:20 AM	RINGER LACTATE	IV	130 ML/HR			22/6		
22/6	6 PM	RINGER LACTATE	IV	50ML/hr			22/6		
22/6	10 PM	1 U PRBC	IV	200 ml/hr			23/6		
23/6	12:45 AM	1 U PRBC	IV	200 ml/hr			23/6 @ 2:20 PM		
24/6	3:30 PM	1 U PRBC	IV	200 ml/hr			24/6/24 6:15 PM		

24/06/26

Ref. No. F/INPR/12

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Patient Name : Mrs CHAITANYA PINNAPATI JAI
VIH-00156587 IP-00060436
10-01-1990 36 Y 5 M 13 D (F)
Dr. BHAVANA K

Registration No

Medication

NEBULISATION CHART

207

Date	Time	Drug	Nurse	Parents SIgnature
	00.00	12 AM		
	1.00	T. Paracetamol - 1gm | po | 8th Hourly		
	2.00	6 AM		
	3.00	T. Tramadol - 100mg | po | 8th hourly	Mishenya	Chaitanya
	4.00	T. Pantoprazole - 40mg | po | once Daily		
	5.00	8 AM		
	6.00	T. Paracetamol - 1gm | po | 8th Hourly		
	7.00	10 AM		
	8.00	Tab. Cefuroxime - 250mg | po | 12th Hourly		
	9.00	Inj. Enoxaparin - 40mg | sc | once daily		
	10.00	2pm		
	11.00	T. Tramadol - 100mg | po | 8th Hourly		
	12.00	4pm		
	13.00	T. paracetamol - 1gm | po | 8th Hourly		
	14.00	10pm		
	15.00	T. Cefuroxime - 250mg | po | 12th hourly		
	16.00			
	17.00			
	18.00			
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			

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RESULT SHEET

Date	21/6/26	22/6/26	23/6/26			
Time	at 10:02PM	at 7:57PM	10AM at			
Hb	8.8	6.5	6.4			
PCV	25.6	18.8				
RBC	3.82	2.68				
WBC	14.62	23.33	20.16			
N/L						
Platelets	191	133	1.60L			
CRP		11				
ESR						
PCT						
RBS						
Na		142	140			
K		4.9	4.1			
Cl		108	102			
Ca/Mg						
Phosphate						
Urea		20.6				
Creatinine						
ALP		64				
SGPT		27				
SGOT		41				
T.Bill/Conj		4.2 / 0.2 < 4.0				
T.Protein		5.6				
S.Albumin		2.9				
S.Globulin		2.7				
A/G Ratio		1				
Uric Acid		5.6				
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR	16.0/1.1	18.0/1.2				
APTT	31.0	27.0				
CSF Protein / Sugar						
~~Cells~~ PROCALCITONIN :-		0.163				
~~N/L~~ LDH		593				

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
Blood grouping :- 'A' positive						
HIV	Non Reactive					
HBSAG						
HCV						
VDRL						

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

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NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 22/6/26 Time: 9Am

Origin: Indian. Height: 153 Weight: 78kg BMI: ☐ ~26 kg/m² ☐ ~28 kg/m² ☐ ~30 kg/m²

Food Allergies: .....

Diagnosis: G3P1L1A1 with 33+2 weeks previous lscs with Anaemia with pregestational Diabetes with β Thalassemia trait Emergency c-section.

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: Jai Krishna Raj

Date & Time: 22/6/26.

Dietician's

Signature: .....

Name: Vidhyalakshmi

Date & Time: 22/6/26 9Am

DIETARY NOTES

Date	Time	Notes	Sign
24/6/26	9Am	normal diet	
25/6/26	9Am	normal diet	

VIH-00156587 IP-00060436
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10-01-1990 36 Y 5 M 11 D (F)
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BRADEN 'Q' SCALE

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					Date : 26/6/26	22/6	22/6	22/6
					Time : 11:30pm	8am	2pm	9pm
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	3	3	3
"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	2	2	2
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	1	1	1
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	2	2	2
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	3	3	3
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of 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	2	2	2
					TOTAL SCORE	28	17	17	17
					Evaluator's Name	[illegible]	[illegible]	[illegible]	[illegible]

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

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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BRADEN 'Q' SCALE

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					Date : 23/6/26	23/6	24/6	24/6
					Time : 10Am	6PM	2AM	10Am
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
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					TOTAL SCORE 28	28	28	28
					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
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10-12	High Risk	• Follow the same protocol as for **"Moderate Risk"** Patients • In addition to regular turning schedule • Make small shifts in their position frequently	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
Less than 9	Severe Risk	• Use same protocol as for **"High Risk"** Patients • Add a pressure redistribution surface for patients with severe pain or with additional risk factors.	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay

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PAIN ASSESSMENT FORM

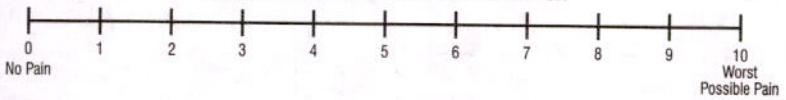
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
22/6/26	8 PM	'1' Score	Sutures Site	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	comfortable Position	
	10 PM	'1' Scor	Suture Site	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	comfortable Posi	
23/6/26	12 AM	'1' Scor	Suture Site	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Comfortable Posi	
23/6/26	2 AM	'2' Scor	Suture Site	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Comfortable Posi	
23/6/26	4 AM	'2' Score	Suture Site	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Comfortable Pos	
23/6/26	6 AM	'1' Scor	Suture Site	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	medicated give	
23/6/26	10 AM	0 score	No Pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Comfortable position	
23/6/26	2 PM	0 score	NO pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Comfortable position	
23/6/26	6pm	0 score	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	- -	Aleshe.
23/6/26	10pm	0 score	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	- -	Aleshe

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.

(P.T.O)

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

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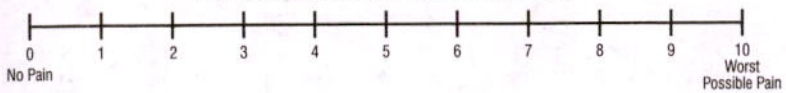
PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
21/6/26	11 pm	0	No pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Comfortable position	
22/6	2 Am	0 Score	No Pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Comfortable pos	
22/6	4 Am	0 Score	No Pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Comfortable pos	
22/6	6 Am	0 Score	No Pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Comfortable pos	
22/6	8 Am	1 Score	Suture site	☐ Continuous ☑ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	Comfortable pos	
22/6/26	10 am	2 Score	Suture site	☐ Continuous ☐ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	Analgesic given	
22/6/26	12 pm	0 Score	No pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Comfortable position	
22/6/26	2 pm	1 Score	Suture site	☐ Continuous ☐ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	Comfortable position	
22/6/26	6 pm	0 Score	No pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Comfortable position	
22/6/26	8 pm	0 Score	No pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Comfortable position	

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

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

VIH-00156587 IP-00060436
Mrs CHAITANYA PINNAPATI JAI
10-01-1990 36 Y 5 M 14 D (F)
Dr. BHAVANA K

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PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
24/6/26	2AM	0	No pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	— —	[signature]
24/6/26	6AM	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	— —	[signature]
24/6/26	4pm	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Comfortable	[signature]
24/6/26	8pm	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	— —	[signature]
25/6/26	12AM	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	— —	[signature]
25/6/26	4AM	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	— —	[signature]
25/6/26	8am	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	— —	[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
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PAIN ASSESSMENT TOOLS

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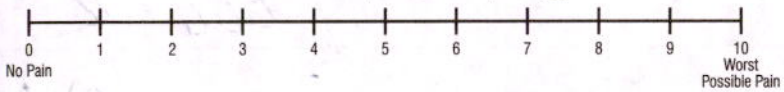

Wong - Baker (Pediatrics) Above 7 Years

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CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1 21/6			DAY-2 22/6/2			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	0	0	
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1			–	–	–	–	–	–	–	
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2			–	–	–	–	–	–	–	
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3			–	–	–	–	–	–	–	
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4			–	–	–	–	–	–	–	
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5			–	–	–	–	–	–	–	
		Signature of the Nurse											

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

Signature of Shift In Charge :

Signature : ..... Name : Rani

Signature of Ward In Charge :

Signature : ..... Name : Dhanalaxmi

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

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CHECKLIST FOR THROMBOPHLEBITIS

24/6/24

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						
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 : .....

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Neonatal Counseling

Date: 21/6/26

Time: 21/6/26

Name: Chaitanya Age: _____

Husband's Name: Jagi Krishna Years of Marriage: 12yrs

Referral Doctor : Dr Bhavana

Address: Old Safaiguda

_____ Tel: _____

Maternal Risk Factors : 33+2 wks, hypothyroidism treated

PUPM with BC to thal trait

Fetal Details :

Gestational Age: 33+2 wks Estimated Birth Weight : 1677gm

Fetal Problem : PVOligo, decreased fetal movt

Details of Prenatal Testing : Normal

Amniotic Fluid Volume : 16.7cm Doppler : (N) Cardiotocogram : (A)

Steroid Cover : NO Date & Time : NO NST - suspicious

Based on above details provided patient and her husband have been counseled in detail about :

☑ Short Term Outcome ☐ Long Term Outcome ☑ Sequelae

Based on the information and counseling received, we have decided :

☑ Provide all possible care for our baby after birth

☑ We would like to deliver the baby in best possible condition, allow neonatal evaluation after birth and decide on further course of action based on evaluation

☐ We would not want any aggressive management of the baby. We would like everything to be done in the best interests of the mother

☐ We do not want any aggressive management of the baby including no aggressive obstetric interventions. We decline further fetal evaluation including fetal heart monitoring. We understand that this may lead to stillbirth.

Signature:

Neonatologist : Dr Harish

Parents Signature :

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Morse Fall risk Assessment tool for Adults

Parameter	Interpretation	Tick	Score
1.HISTORY OF FALLING (immediately or w/in 3 months)	Yes	X	25
	No	0	0
2. OLDER THAN 60	Yes	X	15
	No	0	0
3. SECONDARY DIAGNOSIS (more than one diagnosis)	Yes	15	15
	No	0	0
4.AMBULATORY AID	Furniture	X	30
	Crutches, Cane(S), Walker	X	15
	None/Bed Rest/Nurse Assist	0	0
5. IV / HEPARIN LOCK OR SALINE	Yes	X	20
	No	0	0
6.GAIT / TRANSFERRING	Impaired	X	20
	Weak (uses touch for balance)	X	10
	Normal/On Bed Rest/Immobile	0	0
7.MENTAL STATUS	Impaired Vision/ Hearing	X	20
	Forgets limitations / Dizziness	X	15
	Oriented to own ability	0	0
8.MEDICATION USE	Anti-hypertensives/ diuretics/ antianxiety/within 2 hours post anesthesia/ sedation	X	25
	None	0	0
Total Score		15	
Signature of the Nurse		Rani 21/6/22	
Action Plan	Good Basic Nsg Care		

Risk Level	MFS Score	Action
No Risk	0 - 24	Good Basic Nursing Care
Low Risk	25 - 50	Implement Standard Fall
High Risk	≥ 51	Implement High Risk Fall

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