Name	Mrs PRAGNYA TUNIKI	**UHID**	VIH-00153544
Father/Guardian	Mr DINESH	**Age/Gender**	34 Y 8 M 14 D/Female
Address	42A,GODAVARI GARDENS, Jai Jawahar Nagar, Hyderabad, Telangana, INDIA, 500087		
IP No	IP-00060379	**Admission Date**	17-06-2026
Ref Doctor	Self	**Discharge Date**	19-06-2026

DISCHARGE SUMMARY

Consultant: Dr. MADHUMITA ANIRUDDHA GITAY, GYNECOLOGIST AND OBSTETRICIAN

Diagnosis: G2P1L1 with 34+2weeks with PreGestational Diabetes Mellitus (diet) with corrected anaemia admitted for Observation

SPONTANEOUS VAGINAL DELIVERY DONE ON 19.6.2026

History:
LMP: 23.10.2025
Obstetric formula: G2P1L1
EDD: 27.7.2026
Gestation at admission: 34+2 weeks

Obstetric History:
G1 - Female/ 2.5years/ NVD/ BW 3.2kg/ GDM, Hypothyridism /A&H/ VKP
G2 - Present pregnancy Spontaneous conception.

Medical History: Nil
Family History: Both parents- DM
Surgical History: Nil

Name	Mrs PRAGNYA TUNIKI	UHID	VIH-00153544

Allergies: Nil

Antenatal Details: Mrs. PRAGNYA TUNIKI was booked to Rainbow Hospital at 7+2 weeks of gestation. She had regular antenatal checkups and investigations as advised. She had history of Spotting PV at 11+2 weeks managed conservatively. She was diagnosed with Pre GDM at conception regular sugar monitoring done managed with diabetic diet. She had history of anaemia at 22weeks managed with Inj FCM 500mg 1dose IV. She came with c/o Pain in abodmen since 7am on 17.6.2026 She was admitted at 34+2 weeks with PreGestational Diabetes Mellitus (diet) with corrected anaemia admitted for Observation

Investigations: Enclosed.
Blood group: B POSITIVE

Management: <u>Course in hospital and Delivery Details:</u>
At admission on clinical examination the vitals were stable, uterus was relaxed, cervix was long and 2 cmr dilated, show present. Fetal well being was confirmed by an admission CTG which was found to be reactive. CBP, CUE sent. Neonatal councelling done. 2 doses of Inj Betamethasone 12mg IM given after checking GRBS. NST done shown decreased variability. Per vaginal examination done showed excess show, with 3cm dilatation. Informed consent taken for normal vaginal delivery. Artificial rupture of membrance done at 3 cms dilatation revealing clear liqour. As per hospital protocol she was started on IV. Taxim in view of ruptured membranes. Partographic monitoring of labour was done. The same was sited by an anesthetist after informed consent. Further augmentation was done by oxytocin infusion. She progressed to full dilatation at 3.40 am. Passive descent of fetal head was allowed for 2 hours post full dilatation. She was put into position for vaginal birth at 3:45 am. Parts painted with betadine solution and draped to ensure full asepsis. She was encouraged to bear down. At crowning of head episiotomy was given under local anesthesia (10ml of 2% xylocaine solution). Baby was delivered by

DOL

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A[illegible] RECORD FOR BILLING

VIH-00153544 IP-00060379
Mrs PRAGNYA TUNIKI
05-10-1991 34 Y 8 M 12 D (F)
Dr. BHAVANA K

N ----------

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

Date of Admission : 17/6/26 Time : 2:59 Pm Date of Discharge : ---------- Time: ----------

Room / Bed No : 221 Ward : C/W Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
18/6	9:50AM	2/W	107	

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
17/6/26	NST @ 3PM - (1)	R26-009729	
17/6/26	NST @ 7 PM - (2)	R26-009725	
17/6/26	CBPs at 1PM - 89 mg/dl	V/26020685	
17/6/26	CBP, CUE	V/26020662	
	Cross checked by G Bhanu		17/6/26 2pm
17/6/26	NST at 11:00PM (3)	R26-009733	
18/6/26	NST @ 3am - (4)	R26-009746	
18/6/26	NST at 7:30AM (5)	R26-009747	
18/6/26	NST@ 10AM - (6)	R26-009760	
	Cross checked by	18/6/2026	11.45Am
18/6/26	NST @ 4:00PM - 7	R26-009801	
18/6/26	NST at 9:00PM (8)	R26-009802	
19/6/26	NST at 1:00AM (9)	R26-009803	
Cross	Checked by	19/6/26 @ 9Am	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
18/6/26	Infusion pump	10:15AM	5Am.	309164	[illegible]
	Cross checked [illegible]			19/6/2026	

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
17/6/26	IV - placement	1	3091300	
18/6/26	I.V placement	1	3091972	

cross checked 18/6/26

ANY OTHER INFORMATION

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
	20/6 @ 3:30pm		

Name	Mrs PRAGNYA TUNIKI	UHID	VIH-00153544

spontaneous vaginal delivery, Cord clamped and cut and baby handed over to pediatrician. Cord blood collected for blood grouping and Rh typing. Placenta and membranes delivered completely with controlled cord traction. Prophylactic syntocinon given. Episiotomy inspected. No extensions or additional vaginal tears found. Episiotomy sutured in layers. Instrument and swab count checked. 400 mcg of misoprostol given per rectally as prophylaxis against post partum hemorrhage. Vagina cleaned with betadine solution.

Delivery Details:

Date: 19.6.2026
Time of Delivery: 4:07Am
Type of Labour: Induced
Type of Delivery: spontaneous

Baby Details:

Date: 19.6.2026
Time: 4:07 am
Sex: male
Weight: 2.414kg
Apgar: 7/10, 9/10
Gestational Age: 34+3 weeks
NICU Admission: YES(prematurity)

Post-Operative Notes:

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

Name	Mrs PRAGNYA TUNIKI	UHID	VIH-00153544

Advice:

1. Tab. Taxim-O 200mg (Cefixime-200mg) twice daily till 24.6.2026 (9am-9pm) after food.
2. Tab. Calpol 500mg (2tabs) (Paracetamol 500mg) thrice daily till 24.6.2026 (9am-2pm-9pm) after food.
3. Tab. Voveran 50 mg (Diclofenac 50mg) thrice daily till 24.6.2026 (10am-4pm-10pm) after 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) once daily (2pm) till breast feeding after food.
6. Tab. Pantoprazole 40 mg once daily till 24.6.2026 (7am) before food.
7. Betadine ointment and lotion for local application.
8. Syp. Duphalac 15 ml at bedtime for one week.
9. HPV vaccine after 6 weeks of delivery.

Review after 3 days 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).

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	Mrs PRAGNYA TUNIKI	UHID	VIH-00153544

Name: Signature:

Relationship:

This summary was explained by:

Summary prepared by: Dr.

Registrar/Resident/C.M.O

Dr. MADHUMITA ANIRUDDHA GITAY
MBBS,MS,DNB
GYNECOLOGIST AND OBSTETRICIAN
03312

DEFICIENCY CHECK LIST OF MEDICAL CASE SHEET

VIH-00153544 IP-00060379
Mrs PRAGNYA TUNIKI
05-10-1991 34 Y 8 M 14 D (F)
Dr. BHAVANA K

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Patient Nam

IP.No:

Ward:

DOA:

Sl.No	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission Sheet	1	—	—	
2	Discharge Summary	3	—	—	
3	Nursing Initial assessment form	1	—	—	
4	Patient Trasfer Forms	1	—	—	
5	In-patient Medical Record	1	—	—	
6	Doctors Progress Sheets	7	—	—	
7	Nurses Progress notes	3	—	—	
8	Consultation Sheets				
9	General Consent for Treatment	1	—	—	
10	Conset for Surgery				
	Consent for Blood Transfusion				
12	Consent forChemotherapy				
13	Consent for High Risk	1			
14	Consent for Restraint	1			
15	DAMA Consent				
16	Consent for Special Procedure				
17	Consent for Radiological Investigations				
18	Consent for HIV Test				
19	Anaesthesia consent form				
20	Anaesthesia notes(Pre Anaesthesia & Post)				
21	Pre Operative checklist				
22	Surgical safety Checklist				
23	Operation Theatre notes				
24	Nurses Clinical Presentation				
25	TPR & BP chart	4	—	—	
26	Intake and Output chart (fluid Chart)	3	—	—	
27	Drug Chart (Regular prescription)	3	—	—	
28	Daily Investigation sheet				
29	Investigation Values (Result Sheet)	1	—	—	
30	Nebulization Chart				
31	Diabetic chart				
32	Nutritional Review chart	1	—	—	
33	MLC form (in case of MLC)				
34	Patient Educatlon Form				
	Pain Assessment	2	—	—	
	Braden Score	2	—	—	
	Thromboprophelebeles	1	—	—	
	Others	10			
	Total No. of Pages	57			

noted by Bhavika 2016 @ 3.40 pm

Signature and Date :

ERROR LOG

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

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

Rainbow Children's Hospital

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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

ADMISSION SHEET

Registration Details :

Admission No : IP-00060379 **Admit Date** : 17-Jun-2026 **Admit Time** : 02:59 PM **UHID** : VIH-00153544

Patient Details :

Patient Name	: Mrs PRAGNYA TUNIKI	**Age**	: 34 Y 8 M 12 D
Guardian	: Mr DINESH	**DOB**	: 05-10-1991
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 42A,GODAVARI GARDENS Jai Jawahar Nagar Hyderabad Telangana INDIA 500087	**Phone No**	: 7993468750/ 9866243215
		E-mail	: thuniki.pragna@gmail.com

Admission Details :

Bed Type : MICU **Bed No** : LW 221 **Ward Name** : N 2F-LABOUR WARD

Room No : LW 221 **Admission Type** : First Visit

Contact Details :

Name : Mr DINESH **Relationship** : W/O

Contact Address : 42A,GODAVARI GARDENS Jai Jawahar Nagar Hyderabad Telangana INDIA 500087 **Phone No** : 7993468750

G.Dinesh

Signature

Doctor Details :

Doctor Name : Dr. BHAVANA K **Specialisation** : OBSTETRICS AND GYNECOLOGY

Referral Doctor : Self **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash **Payor Name** : SELFPAY

PATIENT TRANSFER FORM

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VIH-00153544 IP-00060379
Mrs PRAGNYA TUNIKI
05-10-1991 34 Y 8 M 12 D (F)
Dr. BHAVANA K

	Date & Time of Admission	Date & Time of Transfer Order
	17/6/26 @ 2:59pm	19/6/26 @ 9:50 AM
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
	Dr Yogeshwari	Observation
From Unit	**To Unit**	**Information to Attendant**
L/W	Room (107)	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
36.	9 NST	Yes ☐ No ☑
		If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Saral - (1) underpad - (1) Baccitrab - (1)	
2.	TAB :- PANTOPRAZOLE - (15)	
3.	TAB :- PARACETAMOL - (15)	
4.	TAB :- DICLOFENAC - (1)	
5.	Lactulose Syrup - (1) Betadine ointment - (1) Betadine solution (1)	

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

Dr. Yogeshwari

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
SN Suhasini	Dr. Yogeshwari

Patient & Clinical Records Received by : Sr. Beevanika

Date & Time of Patient Received : 19/6/26 @ 10 am

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

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

VIH-00153544 IP-00060379
Mrs PRAGNYA TUNIKI
05-10-1991 34 Y 8 M 13 D (F)
Dr. BHAVANA K

(1)

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OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 17/6/26 Time of Arrival: 2:30pm Time Seen by Nurse: 2:30pm

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

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

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

3) **Vital Signs:** Temperature: 96.2°F Pulse: 79bpm RR: 20pm SpO_2: 98% BP: 112/70mm Weight: 71kgs.

) **Gestational Criteria:**

Gravida:	G 2	P 1	L 1	A -

LMP: 23/10/25 EDD: 27/7/26 Gestational Age: 34+2 weeks

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:		

, **Pain Screening:**

Numerical Pain Scale (NPS)

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

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

.....

6) **Past History:**

a) Surgeries: Nil

b) Medical: Nil

VIH-00153544 IP-00060379
Mrs PRAGNYA TUNIKI
05-10-1991 34 Y 8 M 13 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: 1:45pm

Nurse Name : Shamini Nurse Signature:

Date: 17/6/26 Time: 11:20pm

VIH-00153544 IP-00060379
Mrs PRAGNYA TUNIKI
05-10-1991 34 Y 8 M 13 D (F)
Dr. BHAVANA K

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OBSTETRICS / GYNECOLOGY
NURSING INITIAL ASSESSMENT FORM

Date of Admission: 14/6/26

Baseline Information:

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

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

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

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

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

If yes, identify —

Chief Complaints: preterm labour admitted for observation

Doctor Notified on Admission: ☑ Yes ☐ No

Name of the Doctor: Dr. mounika

Time Notified: 1:45 pm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
Nil	Nil	Yes

Gynecology Assessment: ☐ Not Applicable

Menstrual History:

Onset of Menarche:

Menstrual Cycle: ☐ Regular ☐ Irregular

Last Menstrual Period: 23/10/25

Gynecology Surgical History:

Caesarean Section: ☑ No ☐ Yes

Cervical Cerclage: ☑ No ☐ Yes

Ectopic Pregnancy: ☑ No ☐ Yes

Myomectomy: ☑ No ☐ Yes

Others: preterm labour for observation

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 2 P 1 L 1 A —

Previous LSCS: Nil

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 Mother - Father (DM)

Vital Signs / Measurements: Temp: 97.2°F HR: 80/m RR: 19/m

BP: 110/70 mm Hg Weight: 71 kgs. Height: 157 Cms. BMI: 30.2

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

VIH-00153544 IP-00060379
Mrs PRAGNYA TUNIKI
05-10-1991 34 Y 8 M 13 D (F)
Dr. BHAVANA K

PHYSICAL ASSESSMENT

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

Fall Assessment: ☐ Yes ☑ No Score ..0.. (complete the Morse Fall Risk Assessment Sheet)

Risk of Pressure Sore: ☐ Yes ☑ No Score ..0.. (complete the Braden Q Sheet)

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

☐ Mobility problem ☐ Walking Problem ☑ No Abnormality Detected

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING: ☐ No Abnormality Detected

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

☐ Under Weight ☐ Diabetes Mellitus ☐ Hyperemesis Gravidarum

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

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

☐ Others .....

Inform consultant for positive criteria

SOCIAL SCREENING:

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

Social History: Lives With ..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.

Name of Person Orientation was given to: Mrs.

Orientation not given Reason: .....

Nurse Signature: .....

Nurse Name: Shania

Date & Time: 14/6/24 @ 1:55pm

VIH-00153544 IP-00060379
Mrs PRAGNYA TUNIKI
05-10-1991 34 Y 8 M 12 D (F)
Dr. BHAVANA K

(1)

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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints
c/o pain abdomen on & off
since 7AM

LMP: 23/10/25 EDD:

Corrected EDD: 27-7-26 GA: 34+2 weeks

Obstetric Formula: G2P1L1
ML - 4yrs, NCM

Menstrual History: Regular: ☑ Yes ☐ No

Obstetric Hostory:
G1 - Female / 2.5yrs / SVD / 3.2kg / G.dm /
hypothyroid / NKP / AGW
G2 - PP, spontaneous conception

Obstetric Examination

Fundal Height: at ~34 wks

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

Liquor: ☐ Adequate ☐ Oligo ☐ Poly

PP: ☑ Cephalic ☐ Breech Others ______

Present Pregnancy Record: Booked to RCH at 7+2 wks
H/o spotting at 11+6wks / managed conservatively
H/o Anemia at 22wks, took inj Fcm 500mg
- Diagnosed c GDM since conception managing c Diabetic diet

Head Fifths Palpable: ______

FHS: ☑ Normal ☐ Tachy ☐ Brady ☐ Absent

RISK FACTORS:

- GDM (Diet)
- Preterm labour
- Uterine Artery Dopplers - increased resistance

Per Speculum Examination not done.

Draining: ☐ Present ☐ Absent ☐ Bleeding

Colour of Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Vaginal Examination

Cervix: ☑ Long soft ☐ Partially effaced ☐ Effaced

Os: Closed ______ Dilated 2cm

Membranes: ☐ Present (Bom +) ☐ Absent show (+)

Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Presenting Part: ☑ Vertex ☐ Breech ☐ Others

Sutton: ☐ -3 ☑ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2

Pelvis: ☐ Adequate ☐ Doubtful

Height: 151 cm

Weight: 71 kg

Allergies: NIL

Breast: ☑ Normal ☐ Abnormal

General Examination:

Consciousness:	(A)	Pallor:	–
Icterus:	–	Edema:	(+)
Temp:	Afebrile	PR:	86bpm
BP:	110/70	DTR:	(+)
CVS:	S1S2 (+)	RS	BAE (+)
Liver/Spleen:	NAD	Urine Output:	Adequate

DIAGNOSIS

G2P1L1 c 34+2 wks GA c GDM (Diet) with corrected Anemia in preterm labour admitted for observation.

Docu. No. : RCH /FRM / CLINICAL / 087 (P.T.O)

VIH-00153544 IP-00060379
Mrs PRAGNYA TUNIKI
05-10-1991 34 Y 8 M 12 D (F)
Dr. BHAVANA K

Family History:	Surgical History:
Parents - om	NIL
Medical History:	**Medication History:**
NIL	—

Plan of Care: GRBS - 89mg/dl

- Admission
- Inj Betnesol 12mg 12th hourly
- Neonatal counselling
- FHR monitoring
- NST 4th hourly
- Follow drug chart
- monitor vitals
- Inform sos.
- send CBP, CUE, RBS.

Noted by G Sherin 17/6/26 2pm

Investigations: BG: B positive

HIV
HBsAg
HCV
VDRL } NR . 12/6/26

CBP - 10.1/7.77/2.4L

13/6/26 Growth scan
SLIUF, 33wt5d
cephalic
PL - Ant, High
AFI - 14cm
SPD - >99%.
EFW - 2510gms
Fetal doppler - Normal.
uterine artery - Increased Resistance

TIFFA scan 20wt1d
13/3/26 No Anomalies

NT scan
17/1/26 NT - 1.7mm
12wt5d
CL - 30mm.

Doctor Name: [signature]
Signature: Dr. Mounika
Date & Time: 17/6/26, 1:45pm

Consultant Name: Dr. K. BHAVANA
Signature:
Date & Time:

(1)

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PROGRESS NOTES
(USE BALL POINT PEN ONLY)

Ref. No.: F / HW / PGN / INPR / 15

Patient: VIH-00153544 IP-00060379
Mrs PRAGNYA TUNIKI
05-10-1991 34 Y 8 M 12 D (F)
Age
Dr. BHAVANA K
I.P. No.

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)	
17/6/26			
1:45 PM		O/E Pt is c/c/c	
		GC-fair	Adv.
		Afebrile	- Diabetic diet
1st dose		BP- 110/70 mmHg	- FHR monitoring
Inj Betamethasone		PR- 86 bpm	- HST 4th hrly
12mg given IM		S/E-NAD	- Monitor vitals
@ 1:45 PM		P/A - Ut ~ 34 wks	- Follow drug chart
		Relaxed	- Inform SOS
		FHR ⊕ 143 bpm.	
		V/E - Cx - long, soft	
		Os-2cm	
		PPV x 1-2	
		BOM ⊕, show ⊕	
			Dr Greeshma
17/6/26			
06:45 pm		Pt is c/c/c	Adv
		GC fair	- Diabetic diet
		Afebrile	- HST - 4th hourly
		BP - 109/76 mmHg	- FHR monitoring
		PR - 84 bpm.	- follow drug chart
		S/E - NAD	
		P/A - Ut ~ 32 weeks	- monitor vitals
		Relaxed	- Ambulation
		FHR ⊕ 148 bpm	- Inform SOS
			- w/f contraction
	Noted by Samini @ 12:45 PM		Dr Fareen

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

VIH-00153544 IP-00060379
Mrs PRAGNYA TUNIKI
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time		Progress Notes	Doctor's Order
17/6/26 5pm		C/I to Dr. Bhavana mam	
		O/E pt c/c/c	Adv
		GC fair	- Normal diet
1st dose betnesol		afebrile	- NST 4th hrly
given at 1:45PM		BP - 115/60mmHg	- monitor
NST		PR - 80bpm	vitals
reactive →		S/E NAD	- follow drug
CBP - 10.1		P/A irritable	chart
7.77/2.4/L		ut ~34wk	- W/F pains
CUE - blood +++		FHR ⊕ 160bpm	inform SOS
	pus cells - 4-6		
	epi cells 10-12		d/w Dr. Ashwini
	neonatal counselling		
	done		
		Noted by ~~Prathyusha~~ Devi @ 5pm	
17/6/26 4pm		Fetal movements	Adv
		good	- (N) diet
		O/E pt c/c/c	- NST 4th hrly
		GC fair	- W/F contract…
2nd dose		afebrile	- monitor
of betnesol		BP - 101/70mmHg	vitals
covered →		PR - 83bpm	- follow d…
		S/E NAD	…
NST reactive		P/A ut ~34wk	- infor…
		relaxed	
		FHR ⊕ 135bpm	d/…

Noted by Tiya 17/6/26 at 9:00PM

VIH-00153544 IP-00060379
Mrs PRAGNYA TUNIKI
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Dr. BHAVANA K

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/6/26	Pt is clcl	
1 Am	GC fair	Adv
	Afebrile	- Diabetic diet
	BP - 109/69 mmHg	- Ambulation
	PR - 81 bpm.	- w/f contraction
	S/E - NAD	- NST - 4th hourly
	P/A - Ut ~ 34 weeks	- FHR monitoring
	© Relaxed	- follow drug chart
	FHR ⊕ 138 bpm.	
		- monitor vitals
Noted		- Inform SOS
	Tejas 18/6/26 at 1:00 Am	
18/6/26		Sharo Dr Jamna
5Am		
	Pt is clcl	
	GC fair	Adv
	Afebrile	- Diabetic diet
nd dose	BP - 111/73 mmHg.	- Ambulation
	PR - 78 bpm.	- w/f contraction
	- NAD	- NST - 4th hourly
	4 weeks	- FHR monitoring
	Relaxed	- follow drug
	⊕ / 42 bpm.	chart
		- monitor vitals
		- Inform SOS
	18/6/26 at 5:00	Sharo Dr Jamna

(P.T.O)

Dr. Archana

VIH-00153544 IP-00060379
Mrs PRAGNYA TUNIKI
05-10-1991 34 Y 8 M 12 D (F)
Dr. BHAVANA K

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/6/26 9am	US by Dr. Bhavana mam	Adv
	Excess show (+).	- start
	P/A relaxed	oxytocin.
	FHR (+) 140 bpm	- FHR
NST at 10 AM	cephalic	monitoring.
	PV - Cx 50% effaced	
	OS - 3cm,	
ARM done	hindwater clear,	
	forewater - bloodstained	
	[PPUN-2]	
		Dr. Ashwini
	noted by manga	Ashwini
	18/6/26 @ 9 AM	
18/6/26 10 AM	O/E	
	Pt is c/c/c	Adv
	GC fair	- Diabetic diet
	Afebrile	- Ambulation
	BP - 114/70 mmHg	- W/F contraction
	PR - 84 bpm.	- NST 4th hrly
	S/E - NAD	- FHR monitoring continuous
	P/A - Ut ~ 34 wks	- Follow drugchart
	(C) Relaxed.	- Monitor vitals
	FHR (+) 150 bpm.	- Inform SOS
	noted by manga	
	18/6/26 @ 10 AM	Dr Yogeshwari

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/s/B Dr Bhavana Mam	
18/6/26 2 PM	O/E Pt is c/c/c GC- fair Afebrile. BP- 116/72 mmHg PR- 80 bpm S/E - NAD P/A - Ut ~ 34 wks Relaxed FHR (+) 141 bpm	Adv - Diabetic diet - Ambulation - W/F Contractions - NST 4th hrly - Continuous FHR monitoring - Monitor vitals - Follow drug chart - Inform SOS. Dr Greeshma
Noted by Kamal B/C/26 @2PM		
18/6/26 6PM	O/E Pt is c/c/c GC fair Afebrile BP - 118/72 mmHg PR - 80 bpm S/E - NAD P/A - Ut ~ 34 wks Relaxed FHR (+) 142 bpm	Adv - Diabetic diet - Ambulation - W/F contraction - NST 4th hrly - continuous FHR - Monitor vitals - Follow drug chart - Inform SOS
Noted by Padmavathi @6pm		Dr Jayageshwari

IH-00153544 IP-00060379
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Dr. BHAVANA K

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/6/26 9pm	O/E	
	Pt is c/c/c	Adv
	ucfair	- Diabetic diet
	Afebrile	- stop oxytocin
	Bp- 116/70mmHg	- T. Misoprostol 50mcg
T. Misoprostol 50mcg PO given at 9PM	PR- 120bpm	oral stat
	S/E - NAD	- NST 4th hrly
	P/A - Ut ~ 34 weeks	- Contineous FHR
	Relaxed ©	- Monitor vitals
	FHR ⊕ 148bpm	- W/F POL
	P/V- Cx 50% effaced	- Inform SOS
	OS - 2cm	
	M⊖ liquor clear	
	PPV (-3)	
	Noted by pooja 18/6/26 9pm	Dr Yogeshwari
18/6/26 1Am	O/E Pt is c/c/c	Adv
	ucfair	
	Afebrile	- Diabetic diet
	BP-120/74mmHg	- Stop ox. W/F POL
	PR 88bpm	- Monitor FHR continuously
	S/E-NAD	- NST 4th hrly
	P/A - Ut ~ 34wks	- Monitor vitals
	Relaxed	- Follow drug chart
	FHR ⊕ 150bpm	- Inform SOS
	P/V - Cx-50% effaced	- Ambulation
	OS - 2cm	
	M⊖ liquor clear, PPV (-3)	
	Noted by pooj 18/6/26 1Am	Dr Yogeshwari

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/6/2026		
3:40 AM	O/E	
	Pt is c/c/c	Adv
	GC fair	- clear liquids
	Afebrile	- Monitor FHR
	BP- 114/70 mmHg	- W/F POL
	PR- 86 bpm	- Adequate hydration
	S/E - NAD	- Monitor vitals
	P/A - Ut ~ 34 wks	- Follow drug chart
	4c/30sec/10min	- NST
	(C) FHR (+) 140 bpm	- Inform SOS
	P/V - Cx fully effaced	
	Os - fully dilated	
	PPVx 101	
	M (-) clear liquor	
		Dr yogeshwari
	Noted by Pradyuthi @ 3:40 am	

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/6/26 4:30 AM	Delivery Notes	
		DR. Bhavana.
		Dr. Madhumita., Dr Yogeshwaran
		Sis Teja
		Sis Pooja.
	under aseptic conditions, perineum painted and draped. At the time of crowning, at peak of contraction Right medio lateral episiotomy given under 2% lignocaine. A. Male baby of weight 2.414 kg of APGAR 7/10, 9/10 delivered at 4:07 AM on 19/6/2026 Baby cried immediately, cord clamped & cut. Baby handed over to pediatrician placenta & membranes expelled. Episiotomy sutured in layers, No perineal tears or extension noted Hemostasis secured. PR done NAD.	
	Male 19/6/2026 2.414 kg. 4:07 AM	
		Dr Yogeshwaran

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/6/26 4:30 Am	PND-0	
	O/E	Adv
	pt is c/c/c	- soft diet
	Gc fair	- Monitor vitals
	Afebrile	- W/F bleeding PV
	BP- 114/70mmHg	- Follow drug chart
	PR. 82bpm	- Rest
	S/E - NAD	- Adequate hydration
	P/A - Ut ~WR	- Inform SOS
	soft	
	L/E - NAB	
	Baby - NICU.	
	noted by prathyusha @4:30 Am	Dr Yogeshwari
19/6/2026 9:15 Am.	PND-0	
	O/E - pt is c/c/c	Adv:
	Gc - Fair.	- soft (N) diet
	Afebrile.	- monitor vitals
urine passed	BP - 118 / 72 mmHg.	- W/F bleeding PV
	PR - 84 bpm.	- Ambulation
pt. can be shifted to room.	S/E - NAD	- Adeq. Hydration
	P/A - ut - W/R.	- Follow drug chart
	soft.	- Inform SOS.
noted by Suhini 19/6/26 9:15 Am	L/E - NAB.	
	Baby - NICU	Dr. Nikhita

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/6/26 11AM		
	PND-0	Adv
	c/c/pt c/c/c	- soft diet
UP	afebrile	- w/f bleeding PV
MNP	BP-115/62mmg	- monitor
pt can be discharged	PR-85bpm	vitals
	HGNAD	- following diet chart
	P/A soft	
	ut - up	- hydration
	PV - enamitions	- inform SOS
	done INAB	
	Baby - NICU,	f/ Dr Ashwini
		Noted by Benonika 19/6 @ 2pm

No. : RCH /FRM / CLINICAL / 088

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/6/26	PND - 0	
2:30pm.	o/e pt is c/c/c	Adv
	g/c fair	- Soft diet
	Afeb	- w/f bleeding PV
urine passed	BP - 116/72mmHg	- Monitor Vitals
motion passed	PR - 75 bpm	- follow drug chart
	S/E NAD	- w/f bleeding PV
	P/A wt N W/R	- Ambulation
	L/E NAB	+ Hydration
	Baby - NICU	- Inform SOS
		Dr Nausheen
		Noted by Anitha 19/6 @ 7pm
19/6/26 9pm		
	PND-0	
	o/e pt c/c/c	Adv
	g/c fair	~~soft diet~~
UP	afebrile	Normal
MP	BP - 114/76mmHg	- w/f bleeding PV
	PR - 85bpm	
	S/E NAD	- monitor vitals
	P/A wt N W/R	- follow drug chart
	BS (+)	- adq hydration
	PV NAB.	- ambulation
		- inform sos
		A1 Dr Alhu

VIH-00153544 IP-00060379
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/6/26 6.30am	PND-1	Adv
	O/E pt c/c/c	- adq hydration
	G/C fair	- ambulation
	afebrile	- (N) diet
	BP - 115/72 mmhg	- W/F bleeding PV
	PR - 85 bpm.	
UP	S/E NAD	- monitor vitals
MP	P/A ut - W/R	- follow drug chart
	BS (+)	
baby NICU	PV - PV examination done	- inform SOS.
c/o cough		
↳ chest clear		
		Dr. Ashwini
		Noted by Bellonika 20/6 @10am
	PND-1	
20/6/26 2pm	O/E - pt is c/c/c	Adv:
	G/C - Fair.	
	Afebrile	- (N) diet
	BP - 110/71 mmHg	- Adeq. Hydration
Urine passed	PR - 76 bpm	- Ambulation
motion passed	S/E - NAD.	- W/F bleeding PV
	P/A - ut - W/R	- monitor vitals
	V/E - NAB	- Follow drug chart
	Baby - NICU	- Inform SOS.
		Dr. Parmar Dr. Nikuita

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

VIH-00153544 IP-00060379
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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: G2 P1 L1 34+2 wks GA + PGDM(Diet) + corrected Anemia

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

Surgery / Procedure: Observation

Post OP Day:

	Date / Shift	17/6/26 E	18/6 N	18/6/26 M	18/6 E	18/6/26 M	19/6/26 M
BACKGROUND	Medical Condition (Any special condition to be noted):	-	-	-	-	-	-
	Diet:	Diabetic	Diabetic	D diet	D diet	D diet	D diet
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):	-	-	RA	RA	RA	RA
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Vital Signs: Temp:	98.6°F	98.1°F	98.1°F	98.0°F	98.6°F	98.6°F
	Res:	18 b/mt	20 b/mt	18 b/mt	17 b/mt	17 b/m	19 b/m
	SpO_2:	99%	96%	99%	98%	99%	99%
	Pulse:	86 b/mt	80 b/m	86 b/mt	88 b/mt	85 b/m	86 b/m
	BP:	110/70	111/69 mmHg	114/72 mmHg		115/80	110/70
	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
	Physiotherapy:	-	-	-	-	-	-
	Others Specify:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Special Diet:	Diabetic	Diabetic	D diet	D diet	D diet	D 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	dependent	Dependent	Dependent	dependent	Dependent
Post Operative Procedure Special Orders:		NST 4th hourly.		NST 4th hourly.	NST 4th hourly.		W/F Bleeding
Handed Over By Name :		Rani	Pratyusha	Kamal	Kamal	pooja	Suhani
Signature / ID :		020822	020533	020573	020573		020477
Date:		17/6/26	18/6/26	18/6/26	18/6/26	19/6/26	19/6/26
Time:		8pm	@8Am	@2Pm	@8Pm	8-8pm	9:50AM
Taken Over By Name :		Pratyusha	Kamal	Kamal	pooja	K. Suhani	Begonika
Signature / ID :		020533	020573	020573		020477	
Date:		17/6/26	18/6/26	18/6/26	18/6	19/6/26	1916
Time:		@8pm	8 Am	@ 2 Pm	@ 8pm	8am	@8am

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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: $G_2P_1C_1$ @ 34+2 wks GA @ DGDM diet @ corrected Anemia observation

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

Surgery / Procedure: Nil

Post OP Day: -Ni

BACKGROUND

Date / Shift	19/6 M	19/6 E	19/6 N	20/6 M	20/6 E	
Medical Condition (Any special condition to be noted):	Nil	Nil	Nil	Nil	Nil	
Diet:	Soft diet	S. diet	S. diet	Soft diet	S. diet	

ASSESSMENT

Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA	RA	
Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
Vital Signs: Temp:	98.6°F	98.4°F	98.6°F	98.6°F	98.4°F	
Res:	19 b/m	18 b/m	17 b/m	19 b/m	18 b/m	
SpO_2:	99%	98.1%	99%	99%	98.1%	
Pulse:	78 b/m	74 b/m	70 b/m	75 b/m	74 b/m	
BP:	110/66 (81)	114/70 (78)	116/72 (85)	115/70	114/70 mmHg	
LOC:	Conscious	Conscious	Conscious	Conscious	Conscious	
Fall Risk Score:	0	0	0	0	0	
Pain Score:	0	0	0	0	0	
Skin Integrity	Intact	Intact	Intact	Intact	Intact	

Recommendations

Safety Needs:	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No
Physiotherapy:	Nil	Nil	Nil	Nil	Nil	
Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
Special Diet:	S. diet	S. diet	S. diet	S. diet	S. diet	
Critical Lab Test / Values:	Nil	Nil	Nil	Nil	Nil	
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	Dependent	Dependent	dependent	Dependent	

Post Operative Procedure Special Orders:	Nil	Nil	Nil	Nil	Nil	
Handed Over By Name :	Bevanika	Anitha	Subhan	Bevanika		
Signature / ID :	~~B018727~~	Anitha	~~B/017444~~	B018727		
Date:	19/6/26	19/6	20/6	20/6/26		
Time:	@2pm	@8pm	8AM	@12pm		
Taken Over By Name :	Anitha	Subhan	Bevanika	Anitha		
Signature / ID :	Anitha	~~B/017444~~	~~B018727~~	Anitha	Anitha	
Date:	19/6	19/6	20/6/26	20/6	@3.45pm	
Time:	@8pm	8PM	@8am	@8pm		

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NURSING CARE RECORD

Date: 17/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon	3pm	→ maintain fluid Balance.	3:45 pm	→ provided fluids of oral fluids	→ maintained fluid balance	→ Re-Assessed maintained fluid balance	RAK 17/6/26 @ 3pm
Night	9pm	Ensure Safety	9pm	provide side rails	to prevent fall from bedside	Patient was safe	Prathyusha 18/6/26 @9pm
	6am	Monitored vitals	6am	checked vitals	vitals are normal	Patient was Stable	Prathyusha @6am 18/6/26

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Date: 18/6/26

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	⇒ Ensure safety	8:10 AM	⇒ provided side rails	⇒ patient safety	⇒ patient safe & comfortable	Vani 18/6/26 @2Pm
	12 Pm	⇒ Any other, Specify	12 Pm	⇒ Check FHR & NST 4th hourly	⇒ Checked FHR & NST	⇒ FHR & NST good	
Afternoon	2 Pm	Ensure safety	2 Pm	To provied side rais	To prevent fall	Patient is good	Vani 18/6/26 @8Pm
	7 Pm	Maintain fluid Balance	7 Pm	Maintained RL fluids	To prevent de hydration	Patient is safe.	
Night	1pm	ensure Safety	1pm	To provide Side rails	To prevent fall	patient is safe	pooja 18/6 @1pm
	8pm	maintain fluid Balance	8pm	~~Encourage to~~ Intake oral fluid	To prevent infection	patient is safe	

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Date: 19/6/26

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	Pain relief	Patient calm & comfortable	19/6/26
	1pm	→ Maintain good Nutritional Status		→ To Oral Intake is good	→ To Provided soft diet	Patient is Stable	Bhavika 19/6 @2pm
Afternoon	3pm	→ maintain personal Hygiene		→ Maintained personal hygiene	→ To prevent infection	→ patient is Stable	Anitha 19/6 @8pm
	5pm	→ Ensure Safety		→ To side rails kept up	→ To prevent fall risk		
Night	8pm	→ Assessment → Vital signs	8pm	→ Assess the mother condition → Vital are checked & Recorded	→ Mother is conscious → Vitals are normal	→ Now Mother stable	Subhasri 19/6/2026 @8AM

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NURSING CARE RECORD

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Date: 20/6/26

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	1pm	→ Maintain good Nutritional Status		→ To Oral Intake is good	Provided Soft diet	Patient is stable	Bennitta 20/6 @ 2pm
Afternoon		Discharge Note:-		Doctor come for rounds & advice Discharge		Noted by Anetta 20/6 3.00pm	
Night							

Docu. No: RCH /FRM / CLINICAL / 148

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CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	17/6 DAY-1			DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0		0	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 : .....

Signature of Ward In Charge :

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

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(1)

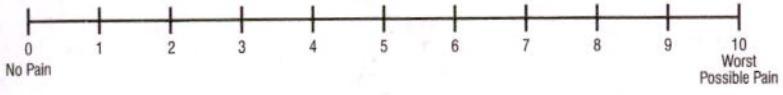
PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
17/6/26	3 PM	0 Score	No pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Comfortable position	
17/6/26	5 PM	0 Score	No pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Comfortable position	
17/6/26	7PM	0 Score	No pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Comfortable	
17/6	11 pm	0 Score	No Pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Comfortable	
18/6	6 Am	0 Score	No Pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Comfortable	
18/6	8AM	1 Score	Back Pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Comfortable position	
18/6	12 pm	4 score	Back Pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Comfortable position	
18/6/26	8 pm	10 Score	No pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Comfortable position	
19/6/26	12Am	0 Score	Back pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Comfortable	
19/6/26	3 Am	(2) Score	Back pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Comfortable	

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

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

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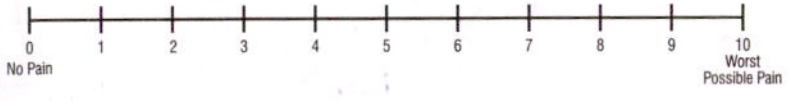
PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
19/6	4 Am	0 Score	No Pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Comfortabl	[illegible]
19/6	[illegible]	0 Score	No Pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Comfortal	[illegible]
19/6	2pm	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Ambulated	Brinj
19/6	8pm	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Ambulated	Anuj
20/6	4AM	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	comfortable	Sabham
20/6	10am	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Brinj
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

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

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

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(1)

BRADEN 'Q' SCALE

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					Date : 17/6/16	18/6/16	19/6/16	20/6/16
					Time : 3pm	3pm	9AM	8pm
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	4	4
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
					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
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 : 19/6/21	19/6	19/6	20/6
					Time : ~~2pm~~	2pm	8pm	4 AM
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	4	4
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	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	3	3	3
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
				TOTAL SCORE	23	26	26	26
				Evaluator's Name		Brijesh	Anuj	Sneha

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

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 PRAGNYA TUNIKI**	**Age :**	**34 Y 8 M 12 D**
IP No:	**IP-00060379**	**Sex:**	**Female**
Consultant:	**Dr. BHAVANA K**	**Ward/Bed No:**	**N 2F-LABOUR WARD/LW 221**

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 urance coverage and while doing so confidentiality of the patient will be maintained at all times and this will not affect the care 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 arance. In case of failing the submission, I will pay 200/- Rs.
(..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: G.Dinesh

Name: Dinesh.

Relationship: Father

Date: 17/6/2026 Time: 2:59 pm.

Witness Name:

Witness Signature:

Patient Address:
42A,GODAVARI GARDENS Jai Jawahar Nagar Hyderabad Telangana INDIA 500087

G2P1L1 @ 34+2 w/g

VIH-00153544 IP-00060379
Mrs PRAGNYA TUNIKI
05-10-1991 34 Y 8 M 13 D (F)
Dr. BHAVANA K

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Your Right to a Safe Delivery

PRE - OPE

Date : 18/6/26

Patient's Name ..... Age : 34Y Gender : ☐ M ☐ F

Blood Group : B positive UHID : 153544

Planned Surgery: NVD & Em: LSCS Surgeon : DR. Bhavana. K

Anesthetist : DR: madhav Date & Time of Operation : 18/6/26

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

S.No.	INSTRUCTIONS	ER/Ward,Nurse			OT Nurse		
		Yes	No	NA	Yes	No	NA
1	Weight checked recorded ? 71 kgs	☑	☐	☐	☐	☐	☐
2	Is the patient fasting for over 6 hours Pre-Operatively ?	☑	☐	☐	☐	☐	☐
3	Check Pre-OP Investigations & Results (CBP, Blood Group, BT, CT, PT, APTT, Viral Screning, CXR etc) Available before starting the procedure	☑	☐	☐	☐	☐	☐
4	Enema given / Bowel Preparation	☑	☐	☐	☐	☐	☐
5	Remove all ornaments, earrings, toe rings, nose rings etc and implants, dentures	☑	☐	☐	☐	☐	☐
6	Sterile Gown Given	☑	☐	☐	☐	☐	☐
7	Is Blood arranged as required ?	☐	☑	☐	☐	☐	☐
8	If Blood has been ordered - is Blood bag ready ?	☐	☑	☐	☐	☐	☐
9	IV Cannula to be placed / IV fluids if Indicated	☑	☐	☐	☐	☐	☐
10	Pre Anesthetic consultation with anesthesiologist	☑	☐	☐	☐	☐	☐
11	Pre Medications Given ? (Sedatives / etc)	☑	☐	☐	☐	☐	☐
12	Skin Preparation	☑	☐	☐	☐	☐	☐
13	Site is marked	☑	☐	☐	☐	☐	☐
14	Surgery Consent / High Risk consent taken by surgeon? (Consent should be taken by the operating surgeon only)	☑	☐	☐	☐	☐	☐
15	Implants are available	☑	☐	☐	☐	☐	☐
16	Equipment is available	☑	☐	☐	☐	☐	☐
17	Antibiotic Prophylaxis is given within the last 60 minutes	☑	☐	☐	☐	☐	☐
18	Other (if any)	☐	☑	☐	☐	☐	☐

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

Billing Clearance Taken : ☐ Yes ☐ No

Billing Executive Name : ..... OT Nurse Name : ..... ER/Ward Nurse Name : manju

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

Date & Time :..... Date & Time : ..... Date & Time : 18/6/26 @ 11:30 AM

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

INFORMED CONSENT FOR VAGINAL BIRTH

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

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Your Right to a Safe Delivery

Patient Name : MRS. PRAGNYA TUNIKI UHID No : VIH-00153544
IP-00060379

Gender: ☐ Male ☑ Female Date : 18/06/2026 Time : 11 AM

I hereby authorized the performance of the following procedure:

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

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

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

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

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

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

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

Name of the Doctor performing the procedure: DR. BHAVANA K.

Consentee :
Signature : Pragnya
Name : T. Pragnya
Date & Time : 18/6/2026 11:04:00 AM

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

Patient Attendant :
Signature : G. Dinesh
Name : G. DINESH
Relationship with Patient: HUSBAND
Date & Time : 18/6/2026 11:04:00

Doctor (who is taking the consent) :
Signature : .....
Name : Dr. AJ kwine
Date & Time : 18/6/2026 11:04 AM

సహజ ప్రసవం కొరకు సమ్మతి పత్రము

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రోగి పేరు : ..... వయస్సు ..... లింగం పు స్త్రీ

యు.హెచ్.ఐ.డి. .....విభాగము .....

తేదీ .....

ఈ ప్రక్రియ యొక్క వివరములను నేను ఆమోదించాను:

- ఈ ప్రక్రియ నాకు సాధారణ పద్ధతిలో వివరించబడింది మరియు నేను అర్థం చేసుకున్నాను:
- గర్భం దాల్చిన వారికీ సహజ ప్రసవ ప్రక్రియ అవసరమవుతుంది.
- ఈ ప్రక్రియ యొక్క ఉద్దేశ్యం (యోని) ద్వారా సహజ ప్రసవం చేయడం.
- ఈ ప్రక్రియ యొక్క ఉద్దేశ్యం బిడ్డను సహజమయిన పద్ధతిలో ప్రసవించటం

సహజ ప్రసవం (యోని జననం) యొక్క ప్రక్రియ సహజంగా లేదా శక్తిని ఉపయోగించి గర్భాశయం ద్వారా శిశువును ప్రసవించడం. వాక్యూమ్ ద్వారా శిశువును వెలికితీయడం, ఎపిసియోటమీ (యోని మరియు యోని మధ్య ఖాళీలో యోని మార్గమును సుగమం చేయుట కొరకు చేసిన కోత (కట్). సహజ ప్రసవం కొరకు చేయు ప్రక్రియలలో భాగము.

సహజ ప్రసవం విజయవంతం కాకపోతే, తగిన అనస్థీషియా ఇచ్చి పాత్తికడుపు కోతతో సిజేరియన్ ద్వారా డెలివరీ చేయవలసిన అవసరం కలగవచ్చు

సహజంగా లేదా పరికరం సహాయంతో అంటే ఫోర్సెప్స్ లేదా వాక్యూమ్ సహాయంతో బిడ్డను ప్రసవించే ప్రయత్నంలో, ప్రమాదాలు ఉండవచ్చు: అంటువ్యాదులు, అలెర్జీ, మచ్చలు, రక్త నష్టం, రక్త మార్పిడి అవసరం పడటం, నొప్పి మరియు అసౌకర్యం, మూత్ర నాళానికి గాయం, శిశువుకు గాయం అయ్యే అవకాశం (లేసరేషన్, హెమటోమా, పుర్రె గాయం ఆయె అవకాశం, నరాలకు గాయం మరియు మెదడు గాయం) మరియు భవిష్యత్తులో కటి ప్రదేశంలోని ఎముకల వలయం పనిచేయకపోవడం

నాకు మరియు నా బిడ్డకు మరణం లేదా తీవ్రమైన వైకల్యం వంటి సమస్యలు తలెత్తు అవకాశం, ప్రయోజనాలు మరియు ప్రత్యామ్నాయాలు ఉన్నాయని నేను అర్థం చేసుకుని అంగీకరిస్తున్నాను.

చాలా సందర్భాలలో, యోని ద్వారా ప్రసవించడం వల్ల తల్లి మరియు బిడ్డ ఆరోగ్యంగా ఉంటారని నాకు తెలుసు; అయితే, ఎటువంటి హామీలు ఇవ్వలేరని నేను గ్రహించాను

ఇక్కడ వివరించిన లేదా సూచించిన విధానాలకు నేను స్వచ్ఛందంగా సమ్మతిస్తున్నాను. ఈ ప్రక్రియ అర్హతగల గైనకాలజిస్ట్ చేత నిర్వహించబడతాయని నేను తెలుసుకున్నాను

ఈ ప్రక్రియను నిర్వహించే డాక్టరు పేరు: .....

సహాయకుడు(అటెండెంట్)

సంతకము .....

పేరు .....

సాక్షి

సంతకము .....

పేరు .....

తేదీ మరియు సమయము .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....

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

Neonatal Counseling

Date: 17/6/26

Time: 5:30 PM.

Name: PRAGNYA TUNIKI Age: 34y

Husband's Name: DINESH. Years of Marriage: 4YRS.

Referral Doctor : DR BHAVANA

Address: HYDERABAD.

Tel: 98662-43215

Maternal Risk Factors : PGDM (ON DIET)

UTERINE A. DOPPLER

Fetal Details :

Gestational Age: 34+2 WKS. Estimated Birth Weight : 2.7kg.

Fetal Problem : (-)

Details of Prenatal Testing : TIFFA - (N)

Amniotic Fluid Volume : 14 CM. Doppler : ↑ UT. A. DOPPLER. Cardiotocogram :

Steroid Cover : 1 DOSE, BETNESA. Date & Time : 17/6/26

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 an[✓]unseling 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 : BARASHA

Parents Signature : G. Dinesh

VIH-00153544 IP-00060379
Mrs PRAGNYA TUNIKI
05-10-1991 34 Y 8 M 12 D (F)
Dr. BHAVANA K

(1)

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			
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

(1)

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VIH-00153544 IP-00060379
Mrs PRAGNYA TUNIKI
05-10-1991 34 Y 8 M 12 D (F)
Dr. BHAVANA K

RISK ASSESSMENT TOOL FOR DEEP VEIN THROMBOSIS

›stnatal assessment and management (to be assessed on delivery suite)

C Pre-existing risk factors	Tick	Score
Previous VTE (except a single event related to major surgery)	–	4
Previous VTE provoked by major surgery	–	3
Known high-risk thrombophilia	–	3
Medical comorbidities e.g. cancer, heart failure; active systemic lupus erythematosus, inflammatory polyarthropathy or inflammatory bowel disease; nephrotic syndrome; type I diabetes mellitus with nephropathy; sickle cell disease; current intravenous drug user	–	3
Family history of unprovoked or estrogen-related VTE in first-degree relative	–	1
Known high-risk thrombophilia (no VTE)	–	1
Age (? 35 years)	–	1
Obesity	–	1 or 2
Parity ≥3	–	1
Smoker	–	1
Gross varicose veins	–	1
Obesity risk factors		
Pre-eclampsia in current pregnancy	–	1
ART/IVF (antenatal only)	–	1
Multiple pregnancy	–	1
Caesarean section in labour	–	2
Elective caesarean section	–	1
Mid-cavity or rotational operative delivery	–	1
Prolonged labour (24 hours)	–	1
PPH (1 litre or transfusion)	–	1
Pretem birth ? 37+0 weeks in current pregnancy	–	1
Stillbirth in current pregnancy	–	1
Transient risk factors		
Any surgical procedure in pregnancy or puerperium except immediate repair of the perineum, e.g. appendectomy, postprtum sterilization	–	3
Hyperemesis	–	3
OHSS (first trimester only)	–	4
Current systemic infection	–	1
Immobility, dehydration	–	1
Total	00	
Signature of the Nurse	[signature]	

Dr. Nikwita

VIH-00153544 IP-00060379
Mrs PRAGNYA TUNIKI
05-10-1991 34 Y 8 M 13 D (F)
Dr. BHAVANA K

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RISK ASSESSMENT TOOL FOR DEEP VEIN THROMBOSIS

(Postnatal assessment and management (to be assessed on delivery suite)

Action Plan	Early Ambulation

Risk assessment for venous thromboembolism (VTE)

- ✓ If total score ≥ 4 antenatally, consider thromboprophylaxis from the first trimester.
- ✓ If total score 3 antenatally, consider thromboprophylaxis from 28weeks.
- ✓ If total score ≥ 2 postnatally, consider thromboprophylaxis for at least 10 days.
- ✓ If admitted to hospital antenatally consider thromboprophylaxis.
- ✓ If prolonged admission (≥ 3 days) or readmission to hospital within the puerperium consider thromboprophylaxis.

For patient with an identified bleeding risk, the balance of risks of bleeding and thrombosis should be discussed in consultation with a haematologist with expertise in thrombosis and bleeding in pregnancy.

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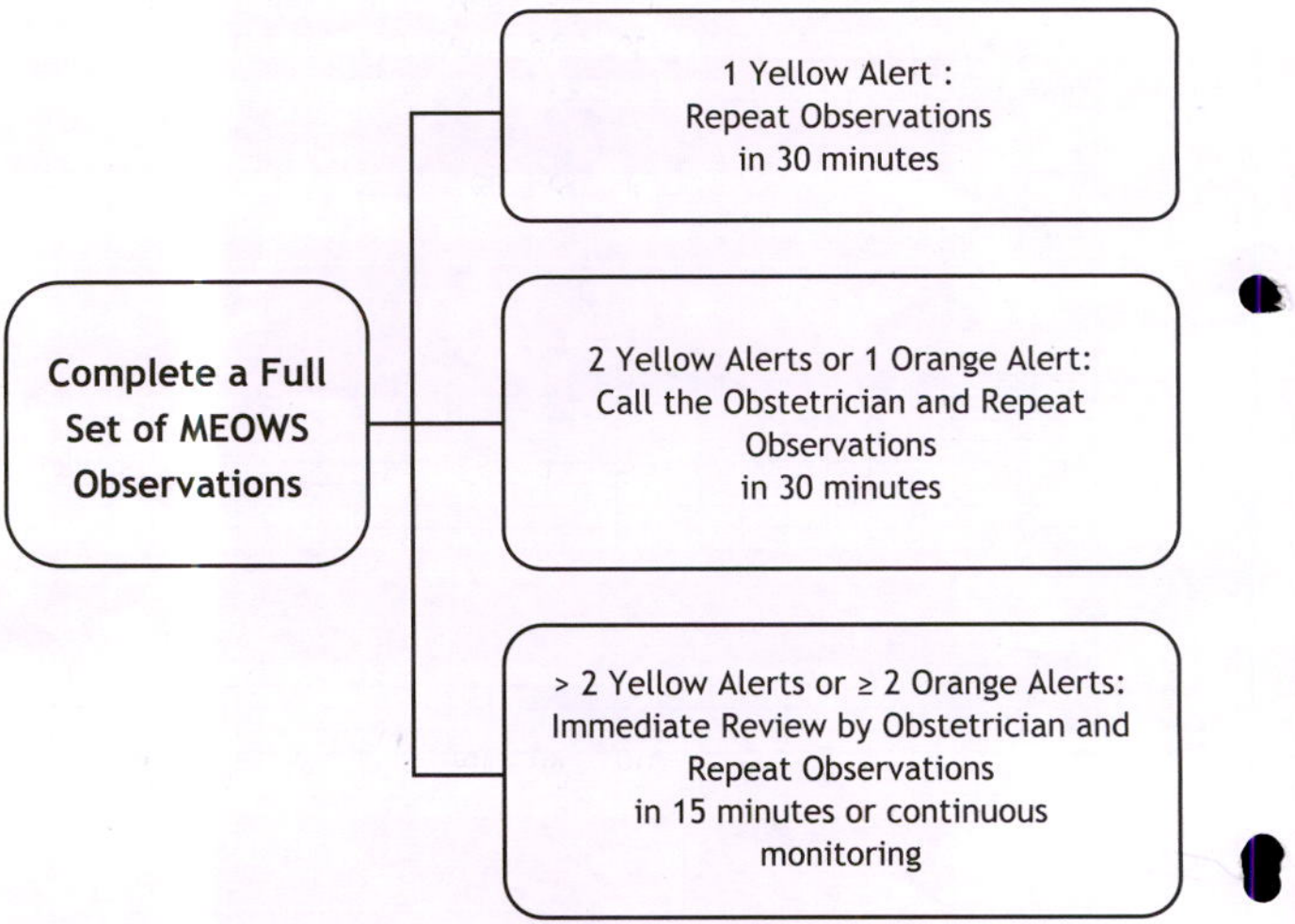
Early Warning Observation Score Chart - Obstetrics

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

12/6/26

		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
	0 - 10																									
Saturations	94 - 100 %									99		99		99		95		95		99		99		99		95
	< 94 %																									
Administered O_2 (L/min.)																										
Temp °C	40																									
	39																									
	38																									
	37									37		35		35		36.6		36.2		36.8		36.2		36.2		36.4
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80									86		80		82		81		79		86		80		82		80
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressue ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120															121										
	110									110		112		110				116				110				111
	100																			105				106		
	90																									
	80																									
	70																									
	60																									
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70															80				72		70				72
	60									70		72		70				69						69		
	50																									
	40																									
NEURO RESPONSE [✓]	Alert									✓		✓		✓		✓		✓		✓		✓		✓		✓
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30									✓		✓		✓		✓		✓		✓		✓		✓		✓
	< 30																									
Proteinuria	Protein + +																									
	Protein > + +																									
Lochia	Normal									✓		✓		✓		NP		NP		NP		NP		NP		NP
	Heavy / Foul																									
Liquor	Clear / Pink									✓		✓		✓		NP		NP		NP		NP		NP		NP
	Green																									
TOTAL YELLOW SCORES										0		0		0		0		0		0		0		0		0
TOTAL ORANGE SCORES										0		0		0		0		0		0		0		0		0
Nurse Initial										SD		SD		SD		SD		SD		SD		SD		SD		SD

Obstetrics and Gynaecology Early Warning Signs



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

VIH-00153544 IP-00060379
Mrs PRAGNYA TUNIKI
05-10-1991 34 Y 8 M 13 D (F)
Dr. BHAVANA K

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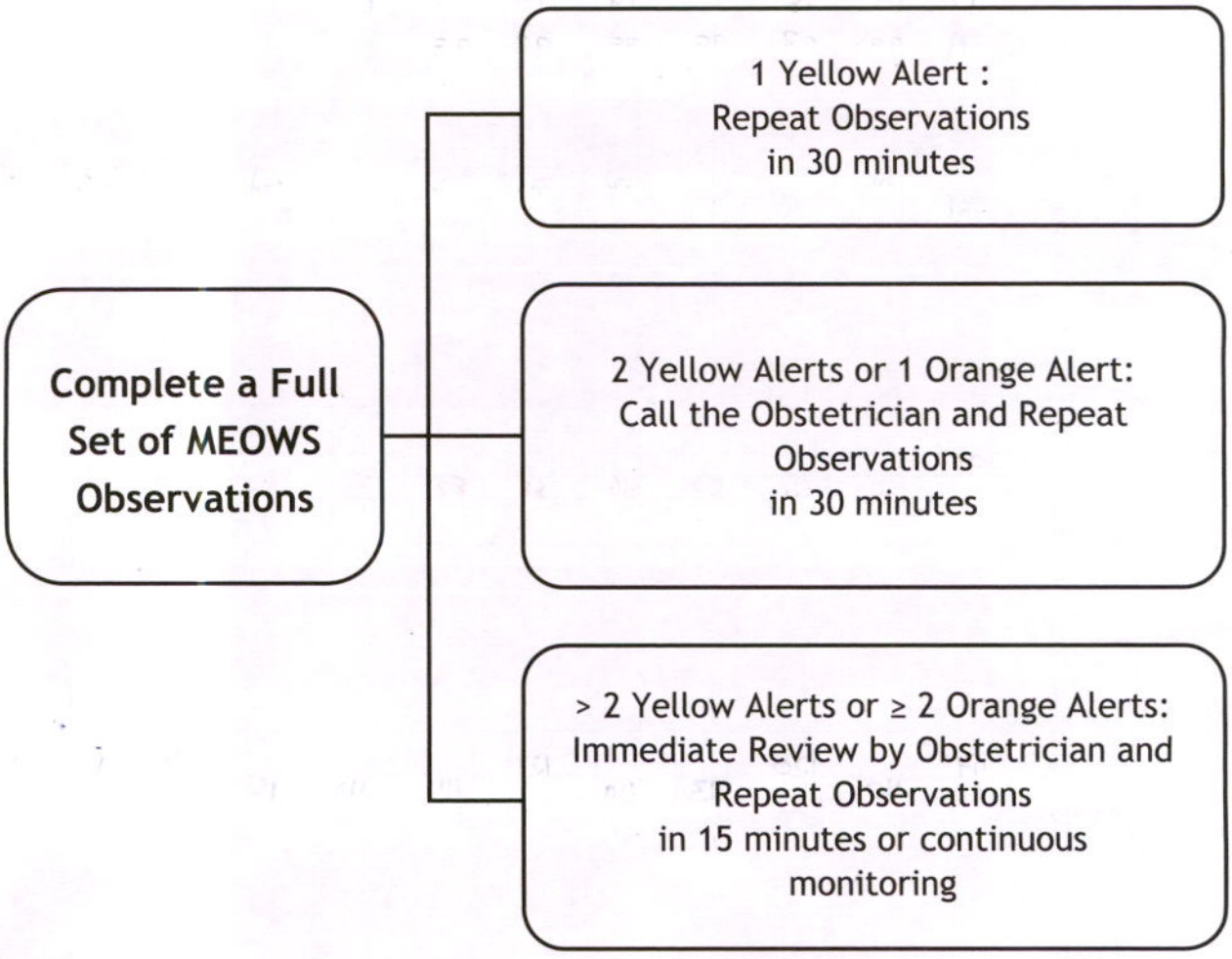
ning Observation Score Chart - Obstetrics

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

18/6

		Date																						
		Time	(8)	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																									
	21 - 30																									
	11 - 20		19		19		18		19		19		98		18		19		19		19		18		19	
	0 - 10																									
Saturations	94 - 100 %		99		99		98		99		99		98		98		99		99		99		100		99	
	< 94 %																									
Administered O_2 (L/min.)																										
Temp°c	40																									
	39																									
	38																									
	37				37						37		37		37		37		37		37		37		37	
	36		36				36		36																	
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90		97																							
	80				80		86		83		86		88		82		85		86		87		88		87	
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressue ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120		117				120						123								120		121		121	
	110				110				113		110				114		116		117							
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80								80		86		88		86		85		86							
	70				70		72														75		78		77	
	60		59																							
	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									
	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		1		1		1		1		1	
Nurse Initial			NA																							

Obstetrics and Gynaecology Early Warning Signs



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

VIH-00153544 IP-00060379
Mrs PRAGNYA TUNIKI
05-10-1991 34 Y 8 M 13 D (F)
Dr. BHAVANA K

(3)

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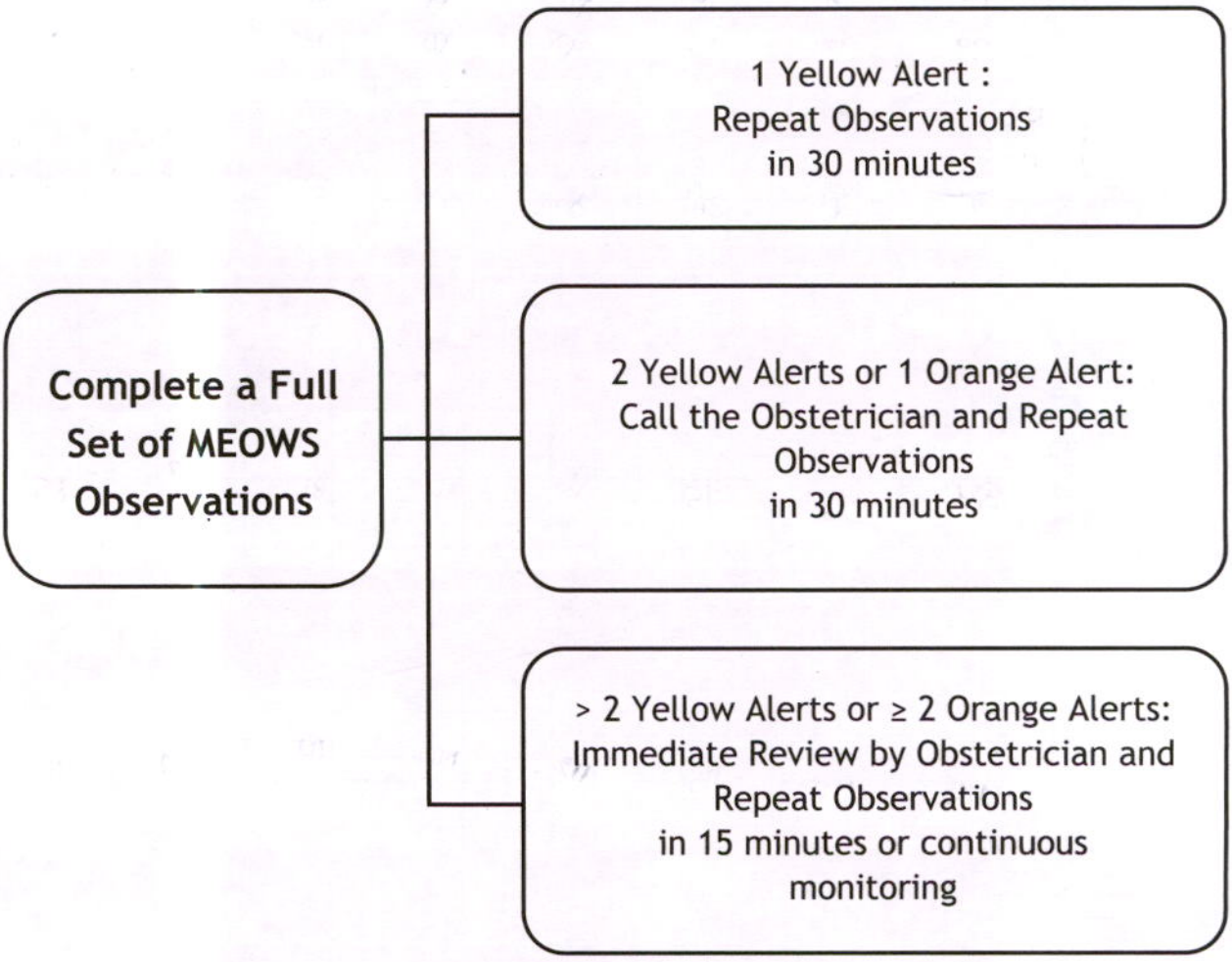
Early Warning Observation Score Chart - Obstetrics

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

19/6/26	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			20			18			19		20
	0 - 10																							
Saturations	94 - 100 %	99			99			98			99			99			102			99			96		98
	< 94 %																							
Administered O_2 (L/min.)																								
Temp°c	40																							
	39																							
	38																							
	37	36			36°			36°			36°			36°			37			37			36		37
	36																							
	35																							
	< 35																							
Heart Rate	170																							
	160																							
	150																							
	140																							
	130																							
	120																							
	110																							
	100																							
	90																			92				92
	80	84			78			75			76			80			81						85		
	70																							
	60																							
	50																							
	40																							
Systolic Blood Pressue ↑	190																							
	180																							
	170																							
	160																							
	150																							
	140																							
	130																							
	120							115			112			114			112			109			112		103
	110	110			110																				
	100																							
	90																							
	80																							
	70																							
	60																							
	50																							
Diastolic Blood Pressure ↓	130																							
	120																							
	110																							
	100																							
	90																							
	80																			85				
	70							78			74			76			77						69		80
	60	70			66																				
	50																							
	40																							
NEURO RESPONSE [✓]	Alert	✓			✓			✓			✓			✓			✓			✓			✓		✓
	Voice																							
	Pain																							
	Unresponsive																							
URINE mls / hour	> 30	✓			✓			✓			✓			✓			✓			✓			✓		✓
	< 30																							
Proteinuria	Protein + +																							
	Protein > + +																							
Lochia	Normal	NA			NA			NA			N			N			NA			NA			NA		NA
	Heavy / Foul																							
Liquor	Clear / Pink	NA			NA			NA			N			N			NA			NA			NA		NA
	Green																							
TOTAL YELLOW SCORES		0			0			0			0			0			0			0			0		0
TOTAL ORANGE SCORES		0			0			0			0			0			0			0			0		0
Nurse Initial		SK			B			B			SK			SK			SK			SK			SK		SK

Obstetrics and Gynaecology Early Warning Signs



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

VIH-00153544 IP-00060379
Mrs PRAGNYA TUNIKI
05-10-1991 34 Y 8 M 14 D (F)
Dr. BHAVANA K

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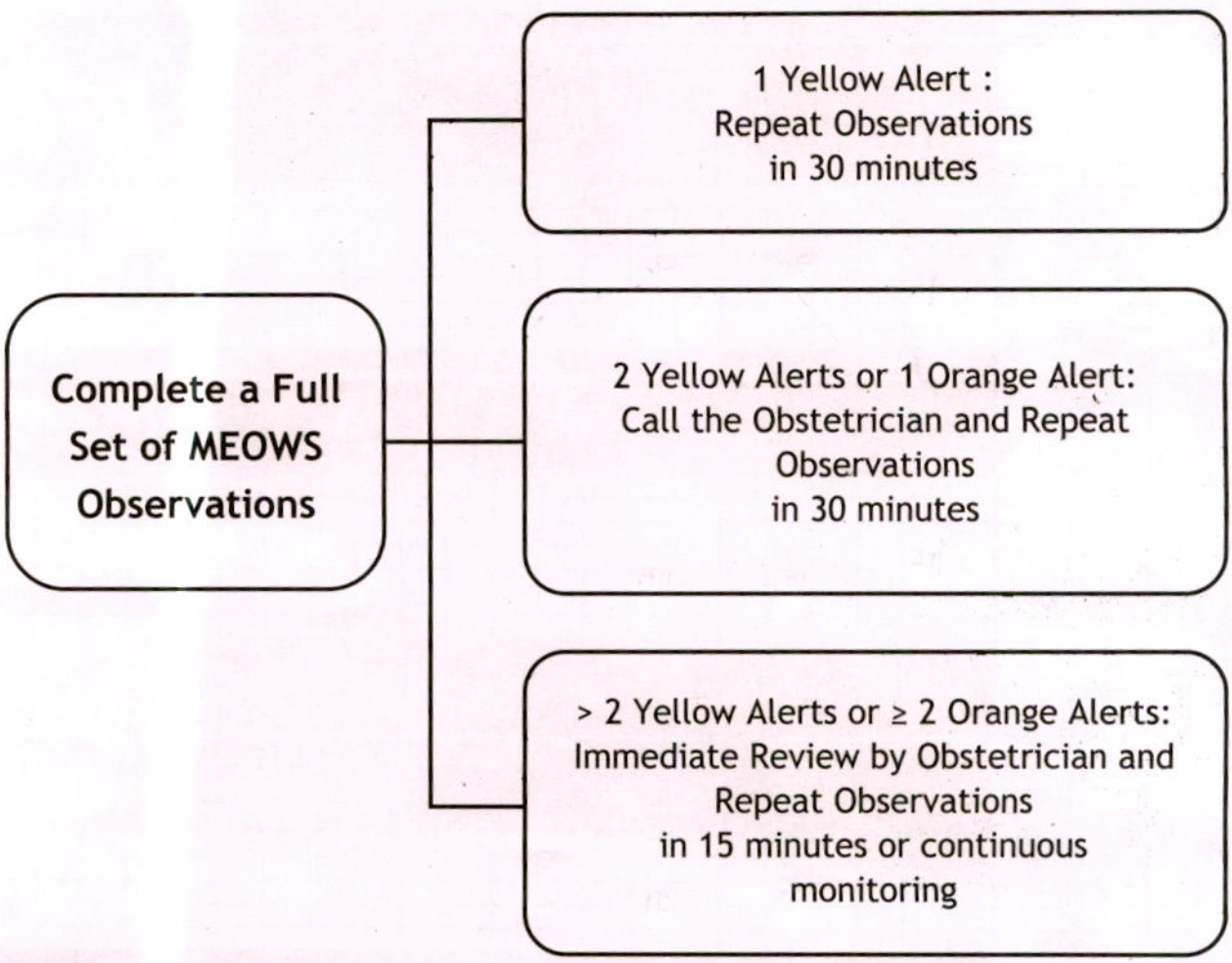
...ing Observation Score Chart - Obstetrics

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

20/6/26	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																
	0 - 10																								
Saturations	94 - 100 %		99			99			98																
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37																								
	36		36°C			36°C			36°C																
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80					80			76																
	70		75																						
	60																								
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120		115																						
	110					102			110																
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70		70			98			71																
	60																								
	50																								
	40																								
NEURO RESPONSE [✓]	Alert		✓			✓			✓																
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30		✓			✓			✓																
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal		✓			✓			✓																
	Heavy / Foul																								
Liquor	Clear / Pink		✓			✓			✓																
	Green																								
TOTAL YELLOW SCORES			0			0			0																
TOTAL ORANGE SCORES			0			0			0																
Nurse Initial			B			B			B																

Noted by Anitha 20/6 @8.45pm

Obstetrics and Gynaecology Early Warning Signs



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

VIH-00153544 IP-00060379
Mrs PRAGNYA TUNIKI
05-10-1991 34 Y 8 M 13 D (F)
Dr. BHAVANA K

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FLUID CHART

Sheet No. : 1

17/6/26

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
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
17/6/26	02:00 pm	H2O 100ml								✓	0	
	03:00 pm	H2O 100ml									0	
	04:00 pm	H2O 100ml									0	
	05:00 pm	H2O 100ml								✓	0	
	06:00 pm	H2O 100ml									0	
	07:00 pm	H2O 100ml									0	
Total Intake :		600ml				**Total Output :**				passed		
17/6/26	08:00 pm	H2O 100ml								✓	0	
	09:00 pm	H2O 100ml									0	
	10:00 pm	H2O 100ml									0	
	11:00 pm	H2O 100ml									0	
	12:00 am									✓	0	
	01:00 am	H2O 100ml									0	
Total Intake :		500ml				**Total Output :**				Passed		
18/6/26	02:00 am	H2O 100ml							✓		0	
	03:00 am										0	
	04:00 am	H2O 100ml									0	
	05:00 am										0	
	06:00 am	H2O 100ml							✓	✓	0	
	07:00 am	H2O 50ml									0	
Total Intake :		350ml				**Total Output :**				Passed		

Total 24 hrs. Intake	1450ml	Total 24 hrs. Output	Passed

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

17/6	Time	FHR
	3pm	142 b/mt
	3:30pm	138 b/mt
	4pm	146 b/mt
	4:30pm	129 b/mt
	5pm	132 b/mt
	5:30pm	140 b/mt
	6pm	136 b/mt
	6:30pm	138 b/mt
	7pm	142 b/mt
	7:30pm	140 b/mt
	8pm	138 b/mt
	8:30pm	132 b/mt
	9pm	129 b/mt
	9:30pm	136 b/mt
	10pm	132 b/mt
	10:30pm	142 b/mt
	11pm	148 b/mt
	11:30pm	139 b/mt
18/6	12Am	140 b/mt
	12:30Am	141 b/mt
	1Am	133 b/mt
	1:30Am	130 b/mt

18/6	Time	FHR
	2Am	140 b/mt
	2:30Am	136 b/mt
	3Am	140 b/mt
	3:30Am	144 b/mt
	4Am	142 b/mt
	4:30Am	147 b/mt
	5Am	140 b/mt
	5:30Am	142 b/mt
	6Am	149 b/mt
	6:30Am	147 b/mt
	7Am	142 b/mt
	7:30Am	140 b/mt
	8Am	147 b/mt
	8:30AM	140 b/mt
	9AM	149 b/mt
	9:30AM	144 b/mt
	10AM	150 b/mt
	10:30AM	155 b/mt
	11AM	
	11:30AM	
	12pm	

VIH-00153544 IP-00060379
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(2)

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FLUID CHART

Sheet No. : ....

18/6/26

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
18/6/26	08:00 am	H2O	100ml							✓	0	[illegible]
	09:00 am	H2O	100ml								0	Manasa
	10:00 am	H2O	100ml + RL 100ml + oxy 5ml							✓	0	18/6/26
	11:00 am	H2O + 50ml + RL 100ml/hr									0	@ [illegible]
	12:00 pm	H2O + 50ml + RL 100ml/oxy 5ml								✓	0	[illegible]
	01:00 pm	H2O + 50ml + RL 100ml/hr									0	
Total Intake :		450ml				**Total Output :**						
18/6/26	02:00 pm	H2O 50ml + RL 100ml + oxytocin 5ml								✓	0	
	03:00 pm	H2O 50ml + RL 100ml + oxytocin 5ml									0	
	04:00 pm	H2O 50ml + RL 100ml + oxytocin 5ml								✓	0	[illegible]
	05:00 pm	H2O 50ml + RL 100ml + oxytocin 5ml									0	18/6/26
	06:00 pm	H2O 50ml + RL 100ml / oxytocin								✓	0	@ 8pm
	07:00 pm	H2O + 50ml 100ml + oxytocin 5ml									-	
Total Intake :		930ml				**Total Output :**				passed		
18/6/26	08:00 pm	H2O	50ml + oxytocin 10ml								0	
	09:00 pm	H2O	50ml + inj oxytocin 10ml							✓	0	
	10:00 pm	H2O	50ml + inj oxytocin 10ml								0	
	11:00 pm	H2O	50ml + inj oxytocin 15ml							✓	0	[illegible]
	12:00 am	H2O	50ml + inj oxytocin 15ml								0	18/6/26
	01:00 am	H2O	50ml + inj oxytocin 20ml								0	at 1:00 am
Total Intake :		355ml				**Total Output :**				Passed		
19/6/26	02:00 am		inj oxytocin 25ml							✓		
	03:00 am	H2O	50ml inj oxytocin 30ml								0	
	04:00 am	H2O	50ml inj. oxytocin @ 400ml								0	[illegible]
	05:00 am	H2O	100ml								0	@ 7am
	06:00 am	H2O	100ml							✓	0	19/6/26
	07:00 am	H2O	100ml								0	
Total Intake :		855ml.				**Total Output :**						

Total 24 hrs. Intake	2590 ml.	Total 24 hrs. Output	Passed

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

VIH-00153544 IP-00060379
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Dr. BHAVANA K

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FLUID CHART

Sheet No. : 1

19/6

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							
19/6/26	08:00 am	+60	100ml							✓	0	19/6/26
	09:00 am	+120	100ml								0	
	10:00 am											
	11:00 am		Lemon water									
	12:00 pm										0	Beenajka 19/6 @1pm
	01:00 pm		Rice							✓		
Total Intake :						**Total Output :**						
19/6	02:00 pm											
	03:00 pm		Rice							✓		
	04:00 pm		water								0	Anitha 19/6 @4pm
	05:00 pm											
	06:00 pm									✓		
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm		Rice									
	10:00 pm											
	11:00 pm		water									
	12:00 am									✓		
	01:00 am											
Total Intake :						**Total Output :**						
20/6	02:00 am											Subha 20/6 @8Am
	03:00 am		water									
	04:00 am											
	05:00 am											
	06:00 am									✓		
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	6 time

VIH-00153544 IP-00060379
Mrs PRAGNYA TUNIKI
05-10-1991 34 Y 8 M 14 D (F)
Dr. BHAVANA K

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FLUID CHART

Sheet No. : .....

20/6/26

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							
20/6	08:00 am											
	09:00 am		Idly water							~		
	10:00 am										0	Bavaika 20/6 @1pm
	11:00 am											
	12:00 pm											
	01:00 pm									~		
Total Intake :						**Total Output :**						
20/6	02:00 pm											
	03:00 pm		Rice water							~		
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :** noted by Anitha 20/6 @3.00pm						
	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	

Patient Sticker

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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											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		**Total 24 hrs. Output**	

VIH-00153544 IP-00060379
Mrs PRAGNYA TUNIKI
05-10-1991 34 Y 8 M 12 D (F)
Dr. BHAVANA K

pragnya1

(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: C/W Shifted to: BB-1

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	TAB IRON	1TAB	PO	OD	16/6/26	☐ C ☐ DC
2	TAB CALCIUM	500MG	PO	OD	16/6/26	☐ C ☐ DC
3	TAB FOLIC ACID	5MG	PO	OD	16/6/26	☐ C ☐ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr, Anuradha

Date & Time : 16/6/26, 2:00pm

Nurse Name & Signature: Rani

Date & Time : 17/6/26 @ 2pm

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Mrs PRAGNYA TUNIKI
05-10-1991 34 Y 8 M 12 D (F)
Dr. BHAVANA K

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...ATION RECONCILIATION FORM

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

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

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

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	TAB. CEFIXIME	200 MG	PO	12TH HOURLY		☑C ☐DC
2	TAB. DICLOFENAC	50 MG	PO	8 TH HOURLY		☑C ☐DC
3	TAB. PANTOPRAZOLE	40MG	PO	ONCE DAILY		☑C ☐DC
4	TAB. PARACETAMOL	1 GM	PO	8 TH HOURLY		☑C ☐DC
5	SYP. LACTULOSE	15 ML	PO	ONCE DAILY		☑C ☐DC
6						☐C ☐DC
7						☐C ☐DC
8						☐C ☐DC
9						☐C ☐DC
10						☐C ☐DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. NIKHITA

Date & Time : 19/6/2026 9:20 AM.

Nurse Name & Signature: K. Sukanya

Date & Time : 19/6/26 at 9:20AM

VIH-00153544 IP-00060379
Mrs PRAGNYA TUNIKI
05-10-1991 34 Y 8 M 12 D (F)
Dr. BHAVANA K

pragnya, (1)

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DRUG CHART

Date of Admission: 17/6/26 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 *I* through it and a similar line through subsequent recording panels.
- The date and time of stopping the drug along with the doctors name and sign must be mentioned.
- Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.

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

SOS / PRN (As Required Medication)

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

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

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

VERIFIED BY : Name ..... ture .....

VIH-00153544 IP-00060379
Mrs PRAGNYA TUNIKI
05-10-1991 34 Y 8 M 12 D (F)
Dr. BHAVANA K

REGULAR PRESCRIPTIONS

Weight. 71 kgs Ward.

				Date / Time	17/6/26	18/6/26	19/6/26
DRUG : INJ CEFOTAKIME							
Dose	Route	Frequency	Start Date	6 AM			
1GM	IV	12TH HOURLY	17/6/26				
Name & Signature of the Doctor Starting the Drugs: Dr MOUNIKA							
Additional Instructions: AFTER TEST DOSE				6 PM			
Daily Doctor's Endorsement by a Sign							

STOP

				Date / Time	17/6/26	18/6/26
DRUG : INJ PARACETAMOL						
Dose	Route	Frequency	Start Date	6 AM		
1GM	IV	8TH HOURLY	17/6/26			
Name & Signature of the Doctor Starting the Drugs: Dr. mounika				2 PM		
				10 PM		
Additional Instructions:						
Daily Doctor's Endorsement by a Sign						

STOP Dr farm Khan

				Date / Time	19/6	20/6
DRUG : T. CEFIXIME						
Dose	Route	Frequency	Start Date	6 AM		
200MG	PO	12TH HOURLY	19/6/26			
Name & Signature of the Doctor Starting the Drugs: DR YOGESHWARI						
Additional Instructions:				6 PM		
Daily Doctor's Endorsement by a Sign						

				Date / Time	19/6	20/6
DRUG : T. PARACETAMOL						
Dose	Route	Frequency	Start Date	6 AM	8	
1GM	PO	8TH HOURLY	19/6/26			
Name & Signature of the Doctor Starting the Drugs: DR YOGESHWARI				2 PM		
Additional Instructions:				10 PM		
Daily Doctor's Endorsement by a Sign						

17/6/26 @ 6pm
17/6/26 @ 6pm
19/6/26
19/6/26

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VIH-00153544 IP-00060379
Mrs PRAGNYA TUNIKI (F)
05-10-1991 34 Y 8 M 13 D
Dr. BHAVANA K

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

Patient Name	I.P. No.	Sheet No.	Wards	Weight (kg)
		(2)	L(W	Alby

REGULAR PRESCRIPTIONS

DRUG : T. DICLOFENAC				Date / Time	19/6/26
Dose	Route	Frequency	Start Dt.	7 Am	
50MG	PO	8TH HOURLY	19/6/26	3 pm	
Name & Signature of the Doctor starting the Drugs: Y1 DR YOGESHWARI				11 pm	
Additional Instructions:					
Daily Doctor's Endorsement by a Sign.					

DRUG : T. PANTOPRAZOLE				Date / Time	19/6
Dose	Route	Frequency	Start Dt.	6 Am	
40MG	PO	ONCE DAILY	19/6/26		
Name & Signature of the Doctor starting the Drugs: Y1 DR YOGESHWARI					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign.					

DRUG : SYRUP LACTULOSE				Date / Time	19/6
Dose	Route	Frequency	Start Dt.		
15ML	PO	ONCE DAILY	19/6/26		
Name & Signature of the Doctor starting the Drugs: Y1 DR. YOGESHWARI				10 pm	
Additional Instructions: SYRUP DUPHALAC					
Daily Doctor's Endorsement by a Sign.					

DRUG : SYP. CHLORPHENIRAMINE + DEXTROMETHORPHAN + PHENYLEPH...				Date / Time	20/6
Dose	Route	Frequency	Start Dt.	6 AM	
5ML	PO	STH HOURLY	20/6	2 pm	
Name & Signature of the Doctor starting the Drugs: Dr Ashu				10 pm	
Additional Instructions: SYP. ASCORIL D PLUS					
Daily Doctor's Endorsement by a Sign.					

As per doctor's order
Stopped 19/6/26 at 10

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

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

REGULAR PRESCRIPTIONS

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date ➤ Time

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date ➤ Time

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date ➤ Time

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date ➤ Time

VIH-00153544 IP-00060379
Mrs PRAGNYA TUNIKI
05-10-1991 34 Y 8 M 13 D (F)
Dr. BHAVANA K

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STAT / ONCE ONLY DRUGS

Name: MRS PRAGNYA

Weight: 71 kg kgs

Sheet No: 1

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
19/6/26	6:50Am	T. MISOPROSTOL	400 MCG	PR			
19/6/26	6:40Am	INJ OXYTOCIN	10UNITS	IM			
19/6/26	6:55Am	SUPPOSITORY DICLOFENAC	100 MG	PR			

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

VIH-00153544 IP-00060379
Mrs PRAGNYA TUNIKI
05-10-1991 34 Y 8 M 13 D (F)
Dr. BHAVANA K

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STAT / ONCE ONLY DRUGS

Name: .....

Weight: 71kg kgs

Sheet No: (2)

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
18/6/26 9:00PM	9:00PM						
18/6/26	9 PM	TAB MISOPROSTOL	50MCG	PO			

VIH-00153544 IP-00060379
Mrs PRAGNYA TUNIKI
05-10-1991 34 Y 8 M 12 D (F)
Dr. BHAVANA K

Weight. 71kgs Ward. L/W

	Date▸ Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
DRUG : BETADINE LOTION		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route LOCAL APPLICATION / Start Date 19/6/26		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Name & Signature of the Doctor Y1 DR.YOGESHWARI		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 : BETADINE OINTMENT		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route LOCAL APPLICATION / Start Date 19/6/26		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Name & Signature of the Doctor Y1 DR.YOGESHWARI		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
17/6/26	1:45PM	INJ BETAMETHASONE	12MG	IM		
18/6/26	1:45 AM	INJ BETAMETHASONE	12 MG	IM		
18/6	10:15 AM	PROCTOCLYSIS ENEMA	100 ML	PR	Y1	
18/6	10:20AM	INJ DROTAVARINE	40MG	IV	Y1	
18/6	10:50AM	INJ VALETHAMATE BROMIDE	8MG	IV	Y1	
18/6/26	11:20AM	INJ DROTAVARINE	40MG	IV	Y1	
18/6/26	11:50AM	INJ VALETHAMATE BROMIDE	8MG	IV	Y1	
18/6/26	12:40AM	INJ DROTAVARINE	40MG	IV	Y1	
18/6/26	01:50AM	INJ VALETHAMATE BROMIDE	8MG	IV	Y1	

Signature
VERIFIED BY : Nar

VIH-00153544 IP-00060379
Mrs PRAGNYA TUNIKI
05-10-1991 34 Y 8 M 12 D (F)
Dr. BHAVANA K

I.V. FLUIDS CHART

Weight. 71/6/26 Ward. L/W

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
18/6	10:30 AM	RINGER LACTATE	IV	100 ML/HR			18/6		
18/6	10:15 AM	INJ OXYTOCIN SU + RINGER LACTATE	IV	5ML/HR			18/6	STOP	
19/6/26	1:00AM	INJ OXYTOCIN 5 UNITS IN RINGER LACTATE	IV	5 ML/HR			19/6		
19/6/26	3:30 AM	INJ OXYTOCIN 15 UNITS IN RINGER LACTATE	IV	FF			19/6		

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

VIH-00153544 IP-00060379
Mrs PRAGNYA TUNIKI
05-10-1991 34 Y 8 M 12 D (F)
Dr. BHAVANA K

(1)

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RESULT SHEET

Date	17/6/26					
Time	15:28					
Hb	10.1					
PCV	28.3					
RBC	3.17					
WBC	7.77					
N/L						
Platelets	241					
CRP						
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						

Date	17/6/26					
Time	15:29					
CUE - Alb	Trace					
CUE - Sugar	NIL					
CUE - Ketones	Negative					
CUE - PUS Cells	4 - 6					
CUE - RBC Cells	Plenty					
CUE Epithelial cells	10 - 12					
Leucocytes	Negative					
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
Blood Group	B positive					
HIV	Non Reactive					
HBsAg						
VDRL						
HCV						

Culture and Sensitivities : .....

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Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

Ref. No. : F/OT/05

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SURGERY DETAILS

UH-00153544 IP-00060379
Mrs PRAGNYA TUNIKI
15-10-1991 34 Y 8 M 14 D (F)
Dr. BHAVANA K

Sl.No. Date : 19/6/26

Patient Name ..... Age : 34Y Sex: F

UHID No. : UH-00153544 ..... IP No: 60379

Date of Surgery : 19/6/26 ..... OT : BB-I ☐ OT 1 ☐ OT 2 ☐ OT 3

Name of the Surgery Normal Delivery

Time in : 4:00AM Time Out : 5:00AM

	NAME	AMOUNT
1. Surgeon	: Dr. Bhavana Kasu	.....
2. Anaesthetist	:	.....
3. Asst. Surgeon	:	.....
4. OT Technician	:	.....
5. Circulating Nurse	:	.....
6. Asst. Nurse	:	.....

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

Dr. Madhumita
Signature of the Surgeon

Signature of Circulating Nurse

Order No. : 3091982 Ordered by : .....