

Name	Mrs SAHARA YASMEEN	UHID	VIH-00206073
Father/Guardian	Mr THANMAI SINGH	Age/Gender	33 Y 10 M 17 D/Female
Address	DOOR NO-401 AIBALA RESIDENCY NAGARAM, Nagaram, Hyderabad, Telangana, INDIA, 500083		
IP No	IP-00060416	Admission Date	19-06-2026
Ref Doctor	SELF	Discharge Date	22-06-2026

DISCHARGE SUMMARY

Consultant: Dr. PRASHANTHI ELIZABETH, OBSTETRICIAN & GYNAECOLOGIST

Diagnosis: G3P1L1A1 with 37+1 weeks with previous LSCS with High Body mass index with RH Negative pregnancy for Elective LSCS.

ELECTIVE LOWER SEGMENT CESAREAN SECTION DONE UNDER SPINAL ANESTHESIA ON 20.6.2026

History:

LMP: 2.10.2025

Obstetric formula: G3P1L1A1

EDD: 9.7.2026

Gestation at admission: 37+1 weeks

Obstetric History:

G1 - 4yrs/ male/ PTLSCS (35+5 weeks)/ PPROM / 2.3kgs / NICU x 3days/ A&H / BF X 1 month/ GDM (D) / Anti D taken / durgabai deshmukh hospital.

G2 - 5 weeks / spontaneous miscarriage / MERPC/ dec 2024

G3 - Present pregnancy Spontaneous conception.

Medical History: Nil

Family History: Both Parents - DM, HTN.

Name

Mrs SAHARA
YASMEEN

UHID

VIH-00206073

Surgical History: Previous LSCS, Skin tag removal (thigh) in 2026
Allergies: Nil

Antenatal Details: Mrs. SAHARA YASMEEN was unbooked to Rainbow Hospital. Previous ANC to Dr. Prashnti. She had regular antenatal checkups and investigations as advised. Injection Anti D taken at 28 weeks. She was on Tablet ecosprin 75mg OD and stopped at 34 weeks. She had an uneventful antenatal period. She was admitted at 37+1 weeks with previous LSCS with High Body mass index with RH Negative pregnancy for Elective LSCS.

Investigations: Enclosed

Blood group: 'O' NEGATIVE

Management: Course in hospital:

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

Surgery Notes: Operative Details:

Under spinal anesthesia she was painted and draped as per hospital protocol. The previous scar excised. Abdomen opened in layers. The parietal and visceral peritoneum carefully opened after identifying the urachus. Bladder was reflected. A lower segment curvilinear incision given on the uterus. Baby delivered with one loop of cord around the neck. Cord clamped and cut and cord blood collected for blood grouping and Rh typing. Baby handed over to pediatrician. Placenta delivered with controlled cord traction. Antibiotic prophylaxis with Inj. Taxim 1 gm IV given. Uterus closed in layers. Hemostasis secured. Instruments and swab count checked. Rectus sheath closed. Skin closed with subcuticular sutures. Wound dressing done. Vagina cleaned with

Name	Mrs SAHARA YASMEEN	UHID	VIH-00206073
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Betadine solution after expelling clots. Misoprostol 600 mcg given per rectum as prophylaxis against postpartum hemorrhage. Patient was shifted out of theatre to post operative recovery room.

Delivery Details:

Date: 20.6.2026
Time of Delivery: 9:16:42am
Type of Delivery: Elective LSCS
Indication: Previous LSCS
Analgesia: Spinal

Baby Details:

Date: 20.6.2026
Time: 9:16:42am
Sex: Female
Weight: 2.875kgs
Apgar: 9/10, 9/10
Gestational Age: 37+2 weeks
NICU Admission: No

Post-Operative Notes: Post Operative Period:

She was closely monitored. Her vital signs remained stable. Uterus was well retracted with no postpartum hemorrhage. Breast feeding initiated. She was shifted to room. Baby blood group "O" Positive. Her postoperative period following that was uneventful. On third postoperative day dressing was changed. On inspection wound was healthy. Her general condition was satisfactory and she was found to be fit for discharge. Wound care and medications were explained to patient supplemented by written information.

Name

Mrs SAHARA
YASMEEN

UHID

VIH-00206073

Advice:

1. Tab. Taxim-O 200mg (Cefixime-200mg) twice daily till 26.6.2026 (9am-9pm) after food.
2. Tab Metronidazole 400mg thrice daily till 26.6.2026 (8am-3pm-10pm) after food
3. Tab. Calpol 500mg (2tabs) (Paracetamol 500mg) thrice daily till 26.6.2026 (9am-2pm-9pm) after food.
4. Tab. Voveran 50 mg (Diclofenac 50mg) thrice daily till 26.6.2026 (10am-4pm-10pm) after food.
5. Tab. Pantoprazole 40 mg once daily till 26.6.2026 (7am) before food.
6. Tab. Livogen (Elemental Iron - 50mg, folic acid 1.5mg) once daily (7am) for three months before breakfast.
7. Tab. Shelcal (Elemental Calcium 500mg, Vitamin D3 250 IU) tablet once daily (2pm) till breast feeding after food.
8. Nebasulf powder for local application.
9. HPV vaccine after 6 weeks of delivery.

Review after one week on 26.6.2026 at postnatal clinic with prior appointment (This consultation will be charged).

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

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

For Women Who Have Had a Cesarean Section.

Name	Mrs SAHARA YASMEEN	UHID
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Care of the wound:

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

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

Name:

Signature:

Relationship:

This summary was explained by:

Summary prepared by: Dr.

Registrar/Resident/C.M.O

Dr. PRASHANTHI ELIZABETH
 MBBS
 DNB Obstetrics & Gynaecology
 OBSTETRICIAN & GYNAECOLOGIST
 84534

Rainbow Children's Hospital - Secunderabad

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



PatientName : Mrs SAHARA YASMEEN Inpatient No. : IP-00060416
Age/Gender : 33 Y 10 M 18 D/ Female Admit Date : 19-06-2026
Ward/Bed : N 2F-LABOUR WARD/ LW 220 Discharge Date :

Investigation	Result	Unit	Biological Reference Interval
RANDOM BLOOD GLUCOSE(POCT) (Specimen : PLASMA)			
TEST RESULT STATUS : REPORT AUTHORISED Order Date :21-06-2026 18:49			
RANDOM BLOOD GLUCOSE (GOD/POD) ok	85	mg/dl	70 - 140

Mrs MARY ELIZABETH

Investigation	Result	Unit	Biological Reference Interval
POTASSIUM (Specimen : SERUM)			
TEST RESULT STATUS : REPORT AUTHORISED Order Date :21-06-2026 20:19			
POTASSIUM (Direct ISE)	4.6	mmol/L	3.5 - 5.1

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
TROPONIN I (Specimen : BLOOD)			
TEST RESULT STATUS : REPORT AUTHORISED Order Date :21-06-2026 20:19			
TROPONIN - I	< 0.012	ng/ml	L <0.034

Dr. RASHIDA MAHREEN, MBBS,MD

CONSULTANT BIOCHEMIST, Reg No : HMC13081

VIH-00206073 IP-00060416
Mrs SAHARA YASMEEN
03-08-1992 33 Y 10 M 16 D (F)
Dr. PRASHANTHI ELIZABETH

BILLING

UHID No. : _____ Consultant : _____ Dept : _____

Date of Admission : 19/6/26 Time : 10:56pm Date of Discharge : _____ Time: _____

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
20/6/26	8:45 AM	L/W	OT	<i>Pain</i>
20/6/26	10:10 AM	OT	MICU	<i>[Signature]</i>
20/6/26	6:20 PM	MICU	Room (108)	<i>[Signature]</i>

Cross Consultation Visit

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

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
20/6/26	Iv. Placement	①	3092381	Tye
20/6/26	catheterization	①	3092382	Tye
20/6/26	PAC	①	3092382	Tye
21/6/26	GRBS 6:30pm 85mg/dl			

ANY OTHER INFORMATION

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
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DEFICIENCY CHECK LIST OF MEDICAL CASE SHEET

VH-00206073 IP-00060416

Mrs SAHARA YASMEEN

Patient Name : 03-08-1992 33 Y 10 M 19 D (F)

IP.No:

Dr. PRASHANTHI ELIZABETH

DOA:

Ward:



Sl.No	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission Sheet	1	-	-	
2	Discharge Summary				
3	Nursing Initial assessment form	1	-	-	
4	Patient Transfer Forms	3	-	-	
5	In-patient Medical Record	1	-	-	
6	Doctors Progress Sheets	4	-	-	
7	Nurses Progress notes	3	-	-	
8	Consultation Sheets				
9	General Consent for Treatment	1	-	-	
	Consent for Surgery	1	-	-	
	Consent for Blood Transfusion				
12	Consent for Chemotherapy				
13	Consent for High Risk				
14	Consent for Restraint				
15	DAMA Consent				
16	Consent for Special Procedure				
17	Consent for Radiological Investigations				
18	Consent for HIV Test				
19	Anaesthesia consent form	1	-	-	
20	Anaesthesia notes (Pre Anaesthesia & Post)	2	-	-	
21	Pre Operative checklist	1	-	-	
22	Surgical safety Checklist	1	-	-	
23	Operation Theatre notes	1	-	-	
24	Nurses Clinical Presentation				
25	TPR & BP chart	4	-	-	
	Intake and Output chart (fluid Chart)	3	-	-	
	Drug Chart (Regular prescription)	4	-	-	
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 Education Form				
	Thrombophlebitis	2	-	-	
	Pain Assessment	1	-	-	
	Braden & scale	1	-	-	
	osteoporosis triage form	1	-	-	
	Medication Reconciliation	2	-	-	
	Others	2	-	-	
	Total No. of Pages	50			

Signature and Date :
V. Natchnaji
 22/6/2016

ERROR LOG

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

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

ADMISSION SHEET

Registration Details :

Admission No : IP-00060416

Admit Date : 19-Jun-2026

Admit Time : 10:56 PM UHID : VIH-00206073



PRE - OPERATIVE CHECK LIST



: 33 Y 10 M 16 D

: 03-08-1992

: 8143883013

: NA@GMAIL.COM

Patient's Name : Mrs. Sahara Yasmeen Age : Gender : M F

Blood Group : UHID :

Planned Surgery : EL. LSCS Surgeon : DR. Prasanthi

Anesthetist : DR. madhav Date & Time of Operation : 20/6/26

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

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

Ward Name : N 2F-LABOUR WARD

and

883013 / 6301542302

[Handwritten Signature]
 Signature

STETRICS AND GYNECOLOGY

.00

MEDI ASSIST INSURANCE TPA PVT

D

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 : Vanitha ER/Ward Nurse Name : Manges


Billing Executive Signature : Signature of OT Nurse : [Signature] Signature of ER/Ward Nurse : [Signature]

Date & Time : Date & Time : 20/6/26 @ 8:50am Date & Time : 20/6/26 @ 10:56am

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

[Handwritten Signature]
 20/06/26


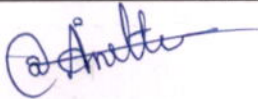
PATIENT TRANSFER FORM

Patient Name / I.P. No. VIH-00206073 IP-00060416 Mrs SAHARA YASMEEN 03-08-1992 33 Y 10 M 17 D (F) Dr. PRASHANTHI ELIZABETH 		Date & Time of Admission 19/6/26	Date & Time of Transfer Order 20/6/26 @ 8.5 am
		Transfer ordered by Dr. Madhavi	Reason for Transfer post op care
From Unit O-T	To Unit MICA	Information to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in clinical file	Number of Imaging films	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what ?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.			
2.	Mil		
3.			
4.			
5.			
Shifting Summary / notes written by Doctor :			
Name & Signature of Person who is Transferring Dr. Azad		Name of Person Ordered Transfer Dr. madhavi	
Patient & Clinical records received by : shuchobha			
Date & Time of Patient Received:			

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

Unavailable bed
 Nurse not available
 Available bed not ready


PATIENT TRANSFER FORM

<p>VIH-00206073 IP-00060416 Mrs SAHARA YASMEEN 33 Y 10 M 16 D (F) 03-08-1992 Dr. PRASHANTHI ELIZABETH</p> 			Date & Time of Admission 19/6/26 @	Date & Time of Transfer Order 20/6/26 @ 8:50am
Treating Consultant	Transfer Ordered by Dr. Mounika	Reason for Transfer El-LSCS		
From Unit CLW	To Unit OT	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, what ?		
Medications / Consumables / Surgicals / Hand over				
Sl.No.	Item Name	Quantity		
1.				
2.				
3.				
4.				
5.				
Shifting Summary / Notes Written by Doctor : Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Dr. Mounika.				
Name & Signature of Person who is Transferring Rami		Name of Person Ordered Transfer Dr. Mounika		
Patient & Clinical Records Received by : 				
Date & Time of Patient Received :				

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

- Unavailable Bed
 Nurse not Available
 Available Bed not ready

PATIENT TRANSFER FORM

VIH-00206073 IP-00060416 Mrs SAHARA YASMEEN 03-08-1992 33 Y 10 M 17 D (F) Dr. PRASHANTHI ELIZABETH 		Date & Time of Admission 19/6/26 10:56PM	Date & Time of Transfer Order 20/6/26 @ 6:20PM
Treating Consultant Name		Transfer Ordered by Dr. Nikith	Reason for Transfer Observation
From Unit MICU	To Unit Room (103)	Information to Attendant Yes <input type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File 38	Number of Imaging Films 1	Personal belongings including clinical documents. If any handed over to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, what ?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.			
2.			
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring Sis. Anitha		Name of Person Ordered Transfer Dr. Nikith	
Patient & Clinical Records Received by : Anitha			
Date & Time of Patient Received :			

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

- Unavailable Bed
 Nurse not Available
 Available Bed not ready



IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

LMP: 2/10/25 EDD:
 Corrected EDD: 9/17/26 GA: 37+1wk

Obstetric Formula:

G3 P14 A1 married: 9yrs 1 NCM.

Menstrual History: Regular: Yes No

Obstetric History:

G1 - 4yrs | 1st 8 months (35+5) PT LSCS | 2-3kg | NICU x 3 days p PROM.
 Duogabal Peshunuch hospital
 ARI | BF 7 months (admic) | AntiD taken.

Obstetric Examination

Fundal Height: ~37 wk

Present Pregnancy Record:

G3 - PP, SP, Caesarean
 unbooked to RCH. ARI ANCS & Dr. Prashanthi

Ut. Activity: Relaxed Mild Mod Severe

Liquor: Adequate Oligo Poly

PP: Cephalic Breech Others _____

RISK FACTORS:

Inj Anti D, took at 20 weeks,
 was on tab. ECOSPAN 75mg
 Pre LSCS Stopped at 34wk. 1406PM
 High BMI
 RN negative pregnancy.

Head Fifts Palpable: _____

FHS: Normal Tachy Brady Absent

Per Speculum Examination

Draining: Present Absent Bleeding

Colour of Liquor: Clear Meconium Blood Stained

Vaginal Examination

Cervix: Long Partially effaced Effaced

Os: Closed _____ Dilated _____

Membranes: Present Absent

Liquor: Clear Meconium Blood Stained

Presenting Part: Vertex Breech Others

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

Pelvis: Adequate Doubtful

Height: 149 cm

Weight: 85 kg

Allergies: Nil

Breast: Normal Abnormal

General Examination:

Consciousness: (+)

Pallor: (-)

Icterus: (-)

Edema: (-)

Temp: 97.6

PR: 82 bpm

BP: 115/60 mmg

DTR: (+)

CVS: SLS 2 (+)

RS: ABEK

Liver/Spleen:

Urine Output:

DIAGNOSIS

G3 P14 A1 with 37+1 weeks & pre-LSCS with
 High BMI & RN negative pregnancy
 for elective LSCS.



<p>Family History:</p> <p>Mother } DM HTN - Father } 2.5/1.6</p>	<p>Surgical History:</p> <p>- P&V. LSCS. - skin tag removal - 20.26 (rhin)</p>
<p>Medical History:</p> <p>- Allergies - Nil</p>	<p>Medication History:</p>
<p>Plan of Care: <u>LI to Dr. Prashanthi</u> <u>mam</u></p> <p>Admission consent PAC Post preparation NST stat NBM from 12am Tab. Dulcetan 5mg, 2 tab po night monitor vitals follow drug chart Foley's catheterisation inform SOS 10 PRBC request Banjara blood bank</p> <p><u>Noted by Rami</u> <u>19/6/26</u> <u>11pm</u></p>	<p>Investigations: NEGATIVE</p> <p>WIV } NP U&A } <u>7/6/26</u> CBP - 13.2 9040 2.29 <u>5/6/26</u> 3st+2wk SLUF Cephalic PI - Anterior AFI - 12.9cm AC - 49.1 EFW 2.5 ± 529gm. PAPP - (N)</p> <p><u>TEFFA</u> <u>19/2/26</u> 20+1wk No anomalies CI - 3.6cm <u>NTScan</u> <u>30/1/26</u> 12+6wk NT - 1.8mm AFS - Not done</p>

Doctor Name: Dr. Ashini

Signature: [Signature]

Date & Time: 19/6/26 11: PM

Consultant Name: Dr. Prashanthi

Signature: [Signature]

Date & Time: 19/6/26

PROGRESS NOTES
(USE BALL POINT PEN ONLY)

F VIH-00206073 IP-00060416
Mrs SAHARA YASMEEN
A 03-08-1992 33 Y 10 M 16 D (F) F
I Dr. PRASHANTHI ELIZABETH



DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)	
20/6/26	3am	oleptal	Adv
		cefaz	- NBM
		albriol	- full monitoring
		BP - 118/78 mmg	- monitor
		PR - 85 bpm	vitals
		steroid	- follow up
		Placenta IPM ⊕	cut
		cephalic	- inform ses
Noted by Ravi		FHR ⊕ 160 bpm	
20/6/26		delivered	Dr. Ashwin
<hr/>			
20/6/26	7am	PPM ⊕	Adv
		oleptal	- NBM
		cefaz	- monitor
		albriol	vitals
		BP - 116/80 mmg	follow up
		PR - 89 bpm	cut
		steroid	- full monitoring
		Placenta	- inform ses
		cephalic	
		delivered	
		FHR ⊕ 150 bpm	Dr. Ashwin
Noted by Ravi			
20/6/26			

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

20/6/26

10AM

POD-0

(Post LSCS)

O/E pt is c/c/c

cf fair

Afebr

BP - 94/61 mmHg

PR - 86 bpm

S/E - NAD

PA soft

ut n/w/R

LE - NAB

Baby MS BF ⊕

Adv

- NBM for 12 hrs
- W/F bleeding PV
- Monitor Vitals
- Follow dry chart
- I/O charting
- Rest
- Early Ambulation
- Inform SOS

PAL 2 A1

high BMI

RH Negative

Trace baby

Baby Blood group.

urine output 400ml clear

Noted by Subair 20/6/26 (10AM)

~~NS~~
Dr Nausheen

20/6/2026

2PM

PAL 2 A1
High BMI
RH negative

Uo - 100ml/hr
clear
adequate

POD-0 (Post LSCS)

O/E pt is c/c/c

cf fair

Afebrile

BP - 110/70 mmHg

PR - 65 bpm

S/E - NAD

PA - ut n/w/R

soft

LE - NAB

Baby ← A₁ BF ⊕

Adv

- NBM x 8 hrs
- W/F bleeding PV
- Monitor vitals
- Follow drug chart
- I/O charting
- Rest
- Early ambulation
- Inform SOS

Noted by Kanah

20/6/26 @ 2PM

Dr Yogeshwar

VIH-00206073 IP-00060416

Mrs SAHARA YASMEEN
09-08-1992 33 Y 10 M 17 D (F)
Dr. PRASHANTHI ELIZABETH



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/6/2026	POD - 0	
4 pm	vitals stable	Adv:
P2L2A1	PIA - wt - w/R	- NBM till 10 pm
O +ve	YE - NAB	- w/F bleeding PV
Baby blood group		- monitor vitals
		- Follow drug chart
		- Fufosm sos
		Dr. Nikhita
20/6/2026		
5 pm	Tray Anti D given 300 ug Im	
		Dr. Nikhita
Noted by Kunal 20/6/26 @ 4 PM		
20/6/2026	POD - 0	Adv:
9 pm	S/E - pt is clear	- water sips F/b clear
P2L2	G/C - fair	- liquids
High BMF	Afebrile	- No chasting
	BP - 114/74 mmHg	- monitor vitals
	PR - 84 bpm	- Follow drug chart
	S/E - NAD	- w/F bleeding PV
	PIA - wt - w/R	- Fufosm sos
	Soft, BS (+)	- passive Ambulation
	YE - NAB	
	Baby < A	
	M BF (+)	Dr. Nikhita

VIH-00206073 IP-00060416
 Mrs SAHARA YASMEEN 33 Y 10 M 17 D (F)
 03-08-1992
 Dr. PRASHANTHI ELIZABETH



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/6/2026 8 AM	POD-1 (LSCS)	Adv:
	O/E - pt is c/c/c	- Soft diet in afternoon.
	Gc - fair	- Adeq. Hydration
P2L2 High BMI	Afebrile	- Ambulation
U/O 1000ml	BP - 108/79 mmHg	- w/F bleeding PV
clear, adequate	PR - 86 bpm	- monitor vitals
Remove foleys tomorrow	S/E - NAD	- Follow drug chart
	P/A - W - W/R	- Inform SAS
	Soft, BS (+)	DR. NIKHITA
	L/E - NAB	
	Baby $\lt \overset{A}{M}$ BF (+)	
21/6/2026 1:30 pm	POD-1 (Post LSCS)	Adv:
	O/E pt is c/c/c	- Soft diet in afternoon
	Gc - fair	- Hydration
P2L2 high BMI	Afebrile	- Ambulation
u/o some/hrs clear.	BP - 110/72 mmHg	- W/R bleeding PV
Total 2150 ml	PR - 77 bpm	- Monitor Vitals
	S/E - NAD	- Follow drug chart
	P/A Soft	- Inform SAS
	W - W/R	- Foleys removal tomorrow
	BS (+)	
	L/E NAB	
	Baby MS BF (+)	
Noted by Subham 21/6/26 @ 2pm		DR. NAUSHEEN

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PROGRESS NOTES AND DOCTOR'S ORDER

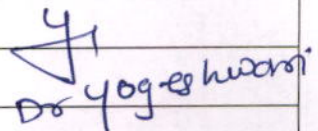
Date & Time	Progress Notes	Doctor's Order
21/6/2026 6:45 PM	C/I to DR Prashanthi mam, pt. c/o pain over chest left side with sweating.	
	BP- 103/74 mmHg	Adv - ECG
	PR- 60 bpm	- Inj Pantop 40mg Iv stat
	SpO2- 98%	- Syrup Gaviscon 2 spoon thrice daily
		- plenty of fluids
		- Remove foley's if ^{pt is} comfortable
		- Ambulation
		Dr Yogeshwar
	C/I to Dr Axon	
	ECG - Tall T waves tall QRS complex else normal	Adv - Sr potassium - 2 DECTO - oxygen if Breathing problem
		Dr Yogeshwar

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/16/2026 8 PM	C/I TO DR Prashanthi	
		Adv
	ECG - Tall T waves Tall QRS complex	- Troponin I - Sr potassium - 2DECHO tomorrow after reports - foley's removal tomorrow - soft diet - Ambulation - Adequate hydration
		↓ Dr Yogeshwar
21/16/26 10 PM	POD-1 (Lscs)	
	O/E Pt is c/c	Adv
	CC - fair Afebrile BP - 109/73 mmHg PR - 76 bpm S/E - NAD PIA - soft BSC	- soft diet - Nil per os bleeding PV - Monitor vitals - Follow drug chart - Adequate hydration - Ambulation
	PL2 High BMI Vo - 200ml/hr Clear adequate total 2300ml srkt - 406	- Foley's removal tomorrow - No charting - Inform SAs
	Trace Troponin I 2DECHO After reports check Troponin I	
	UT ~ WR L/E - NAB Baby A BSC	
		↓ Dr Yogeshwar

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 Mrs SAHARA YASMEEN
 03-08-1992 33 Y 10 M 18 D (F)
 Dr. PRASHANTHI ELIZABETH

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/6/26	POD-2 (LSCs)	
7:30 AM	o/e	Adv
	Pt is c/c/c	- Normal diet
P2h High OMR	Uc fair	- W/F bleeding PV
Uo - 300 ml	Afebrile	- Monitor vitals
Clear adequate	BP - 109/73 mmHg	- Follow drug chart
trace toponine	PR - 75 bpm,	- Adequate hydration
Remove Foley's	S/E - NAD	- Ambulation
motion not passed	PIA - U + vwr	- Inform SOS
Supp kept	Soft BSt	
Pt can be discharged	UE - NAB	
Aseptic dressing done & regudem	Baby \leftarrow h BSt	
		
		Noted by
		Beehika

Patient

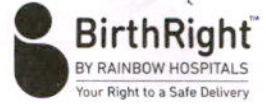


NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: <u>W3P101A1E 37th wks E Pre-LSC</u> <u>High BMI E Rh-Negative pregnant</u>		Any Infection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify:				
	Surgery / Procedure: <u>EL USCS</u>		Post OP Day:				
BACKGROUND	Date	<u>19/6/26</u>	<u>20/6/26</u>	<u>20/6/26</u>	<u>20/6/26</u>	<u>20/6/26</u>	
	Shift	<u>NIGHT</u>	<u>M</u>	<u>M</u>	<u>M</u>	<u>E</u>	
	Medical Condition (Any special condition to be noted):	-	-	-	-	-	
Diet:	<u>NBM</u>	<u>NBM</u>	<u>NBM</u>	<u>NBM</u>	<u>NBM</u>	<u>NBM</u>	
ASSESSMENT	Allergy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):	-	<u>RA</u>	<u>RA</u>	<u>RA</u>	<u>RA</u>	
	Tubes/Drains/Catheter:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Vital Signs:	Temp:	<u>98.25</u>	<u>98.65</u>	<u>98.65</u>	<u>98.10</u>	<u>98.15</u>
		Res:	<u>18 b/m</u>	<u>19 b/m</u>	<u>19 b/m</u>	<u>18 b/m</u>	<u>19 b/m</u>
		SpO ₂ :	<u>99%</u>	<u>99%</u>	<u>99%</u>	<u>98%</u>	<u>99%</u>
		Pulse:	<u>86 b/m</u>	<u>86 b/m</u>	<u>86 b/m</u>	<u>83 b/m</u>	<u>86 b/m</u>
		BP:	<u>110/70</u>	<u>110/70 mmHg</u>	<u>115/75</u>	<u>113/76 mmHg</u>	<u>113/76 mmHg</u>
		LOC:	<u>conscious</u>	<u>conscious</u>	<u>conscious</u>	<u>conscious</u>	<u>conscious</u>
	Fall Risk Score:	<u>0</u>	<u>15</u>	<u>15</u>	<u>15</u>	<u>15</u>	
Pain Score:	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>		
Skin Integrity	<u>Intact</u>	<u>Intact</u>	<u>Intact</u>	<u>Intact</u>	<u>Intact</u>		
Recommendations	Safety Needs:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Physiotherapy:	-	-	-	-	-	
	Others Specify:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Special Diet:	<u>NBM</u>	<u>NBM</u>	<u>NBM</u>	<u>NBM</u>	<u>NBM</u>	
	Critical Lab Test / Values:	-	-	-	-	-	
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	ADL (Dependent / Non Dependent):	<u>Depend</u>	<u>Dependent</u>	<u>Dependent</u>	<u>Dependent</u>	<u>Dependent</u>	
Post Operative Procedure Special Orders:	<u>EL USCS today</u>	<u>wlf bleeding</u>	<u>wlf bleeding</u>	<u>wlf bleeding</u>	<u>wlf bleeding</u>		
Handed Over By Name :	<u>Ravi</u>	<u>Shreeshin</u>	<u>Varjatha</u>	<u>Kanah</u>	<u>Anette</u>		
Signature / ID :	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>		
Date:	<u>19/6/26</u>	<u>20/6/26</u>	<u>20/6/26</u>	<u>20/6/26</u>	<u>20/6/26</u>		
Time:	<u>8 PM</u>	<u>8:30am</u>	<u>11 AM</u>	<u>2 PM</u>	<u>6 PM</u>		
Taken Over By Name :	<u>Ravi</u>	<u>Shreeshin</u>	<u>Kanah</u>	<u>Kanah</u>	<u>Anette</u>		
Signature / ID :	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>		
Date:	<u>20/6/26</u>	<u>20/6/26</u>	<u>20/6/26</u>	<u>20/6/26</u>	<u>20/6/26</u>		
Time:	<u>8 AM</u>	<u>8:30am</u>	<u>11 AM</u>	<u>2 PM</u>	<u>6:10 PM</u>		

VIH-00206073
 Mrs SAHARA YASMEEN
 03-08-1992 33 Y 10 M 17 D (F)
 Dr. PRASHANTHI ELIZABETH

IP-00060416



NURSING SHIFT HAND OVER FORM

SITUATION		Diagnosis: <u>POD-1 (LSCS)</u>					Any Infection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify: <u>nil</u>	
BACKGROUND		Surgery / Procedure: <u>-</u>					Post OP Day: <u>-</u>	
BACKGROUND	Date	20/6 N	21/6 M	21/6/26 Evening	22/6 M	22/6 M		
	Medical Condition (Any special condition to be noted):	nil	nil	nil	nil	nil		
	Diet:	Liquid diet	Liquid diet	S. diet	S. diet	Diets		
ASSESSMENT	Allergy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA	RA		
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Vital Signs:	Temp: 98.6 F	98.6 F	98.6 F	98.4 F	98.3 F		
	Res:	19 blm	18 blm	20 blm	22 blm	20 blm		
	SpO ₂ :	99%	99%	100%	100%	99%		
	Pulse:	70 blm	77 blm	85 blm	103 blm	72 blm		
	BP:	115/72	106/80	116/78 (85)	110/77 (62)	114/72		
	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:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Physiotherapy:	nil	nil	nil	nil	nil		
	Others Specify:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Special Diet:	nil	nil	S. diet	S. diet	Diets		
	Critical Lab Test / Values:	nil	nil	nil	nil	nil		
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	PU Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	DVT Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
ADL (Dependent / Non Dependent):	dependent	dependent	dependent	dependent	dependent			
Post Operative Procedure Special Orders:		nil	nil	nil	nil	nil		
Handed Over By Name:		Bevonika	Bevonika	Subham	Manista	Bevonika		
Signature / ID:		@018727	@018727	@13004	@905015	@018727		
Date:		21/6/26	21/6/26	21/6	22/6/26	22/6/26		
Time:		@ 8am	@ 2pm	@ 8pm	@ 8AM	@ 10AM		
Taken Over By Name:		Bevonika	Subham	Manista	Bevonika	Pite lend		
Signature / ID:		@018727	@13004	@905015	@018727			
Date:		21/6/26	21/6/26	21/6/26	22/6/26	to 22/6/26		
Time:		@ 8am	@ 2pm	@ 8pm	@ 8AM			

VIH-00208073 IP-00080418
 Mrs SAHARA YASMEEN
 03-08-1992 33 Y 10 M 16 D (F)
 Dr. PRASHANTHI ELIZABETH



NURSING CARE RECORD

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

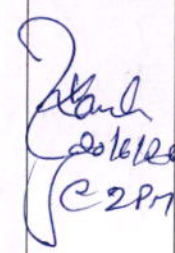
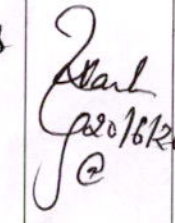
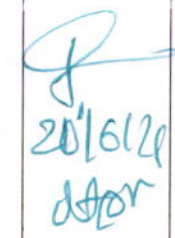
	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night		<p>⇒ Ensure safety</p> <p>⇒ maintain fluid balance</p>		<p>⇒ provided side rails</p> <p>⇒ maintained IV fluids RL 100ml/hr</p>	<p>⇒ patient safety</p> <p>⇒ encourage to take more IV fluids</p>	<p>⇒ patient safe & comfortable</p> <p>⇒ patient hydrated</p>	

NURSING CARE RECORD

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	9 AM	Ensure safety	9 AM	To provide side rails.	To prevent fall	Patient is safe	 20/6/26 @ 2 PM
	12 PM	Maintain fluid Balance	12 PM	Maintaining RL 100ml/hr	To prevent dehydration.	Patient is Good.	
Afternoon	2 PM	Ensure safety	2 PM	To provide side rails.	To prevent fall	Patient is Good	 20/6/26 @
	7 PM	Maintain fluid Balance		→ Maintaining RL 100ml/hr	→ To prevent dehydration		
Night	9 PM	Maintain fluid Balance	9:10 PM	→ Maintaining RL 100ml/hr	To prevent fall	Patient is good	 20/6/26 @

VIH-00206073 IP-00060416
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 03-08-1992 33 Y 10 M 18 D (F)
 Dr. PRASHANTHI ELIZABETH

NURSING CARE RECORD



Date: 21/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	11am	→ Relieve pain & discomfort.		→ Relieved pain & discomfort	→ Relieve pain - Ambulation	Patient is stable	Beonika 21/6 @ 2pm
	1pm	→ maintain personal hygiene.		→ provided daily bath	→ Prevent Infection		
Afternoon	3pm	Ensure safety	3pm	→ Side rails kept up	→ Prevent from fall risk	Patient is stable	Subham 21/6 @ 8pm
	4pm	Street I/O chart	4pm	→ maintained strite I/O chart	→ urine out put is good		
Night	11:00	provide comfortable position	11:00	provided comfortable position	→ To reduce discomfort	- patient is stable - no fresh complaint	manu ORA 21/6
	7:00	maintain aseptic technique	7:00	maintained aseptic technique	→ prevent from infection		

VIH-00206073 IP-00060416
 Mrs SAHARA YASMEEN
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 Dr. PRASHANTHI ELIZABETH



NURSING CARE RECORD



Date: 22/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	10 AM			<p><u>Discharge notes</u></p> <p>Doctor Came for rounds Patient is stable and doctor advised for Discharge</p>			<p>Becomika</p> <p>22/6/26</p> <p>@ 10 AM</p>
Afternoon							
Night							

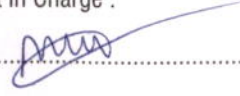


CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	19/6 DAY-1			20/6/26 DAY-2			21/6 DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0			0	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 : Mangan

Signature of Ward In Charge :

Signature :  Name : Elizabeth

VIH-00206073 IP-00060416
 Mrs SAHARA YASMEEN
 03-08-1992 33 Y 10 M 18 D (F)
 Dr. PRASHANTHI ELIZABETH



CHECKLIST FOR THROMBOPHLEBITIS


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

BirthRight
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery


S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1			DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0	0									
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 cord pyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5	-									
Signature of the Nurse				Prashanthi									

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 : Jadriya

Signature of Ward In Charge :

Signature :  Name : Elizabeth



PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
19/6/26	11pm	0 score	No pain	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	comfortable position	Pat
20/6/26	3pm	0 score	No pain	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	comfortable position	Raj
20/6/26	7pm	0 score	No pain	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	comfortable position	Raj
20/6/26	11 Am	0 score	No pain	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comfortable Position	Raj
20/6/26	4 pm	2 score	Abdomen Pain	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Change position	Raj
20/6	2pm	0	-	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ambulation	Brij
21/6	7pm	0	-	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Position Change.	Subher
21/6	11pm	0	-	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	nil	navay
22/6	2pm	0	-	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	nil	navay
22/6	10 AM	0	-	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Nil	Bevonia

Re-assessment Frequency:

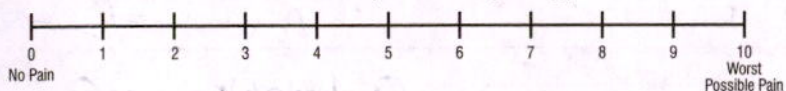
1. Every eight hours for all hospitalized patients.
2. For post-surgical patients, patients with chronic pain, patient with severe pain:
 - a) At least every 2 hours for the first 24 hours
 - b) Then every 4 hours.
 - c) Prior to pain-relieving intervention.
 - d) Within 30 - 60 minutes after pain relief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

PAIN ASSESSMENT TOOLS

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

Numerical Pain Scale (Obstetric and Gynecology)



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, SaO₂	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO ₂ 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO ₂ less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator

Wong - Baker (Pediatrics) Above 7 Years



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 Mrs SAHARA YASMEEN
 03-08-1992 33 Y 10 M 16 D (F)
 Dr. PRASHANTHI ELIZABETH

BRADEN 'Q' SCALE



					Date:	06/26	20/6/26	20/6/26	21/6
					Time:	11:45 AM	9 AM	3 PM	2 PM
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	1	1	3	
Sensory Perception	1. Completely limited: Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	2. Very limited: Responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	3. Slightly limited: Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	4. No impairment: Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	2	2	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	3	3	3	
FRICION-SHEAR Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	1. Significant problem: Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	2. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	3. Potential problem: Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	4. No apparent problem: Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	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					28	20	20	24	
Evaluator's Name					BBO	te	te	Bnij	

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

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



BUNDLE CARE CHECKLIST TO PREVENT SURGICAL SITE INFECTION (SSI)

Date: 20/6/26

To Be Filled In By Assigned Nurse:

Department: L/W Duration of Procedure: 1 hour
 Name of Surgeon: Dr. Prashanthi Date of Admission: 19/6/26

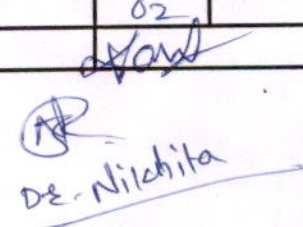
Bundle Care Criteria: (Tick (✓) if done)

		Staff Signature
1.	Antibiotic given prior to surgery? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Single Dose Antibiotic Or <input type="checkbox"/> Long Antibiotic Regime Antibiotic administered within 60 minutes prior to incision? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of the Antibiotic: <u>Iv. Cefotaxim - 1 gm</u>	<u>Rani</u>
2.	Hair Removal <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes: <input type="checkbox"/> Surgical Clipper Department where Hair Removed: <input checked="" type="checkbox"/> Ward <input type="checkbox"/> Operating Room <input type="checkbox"/> Other: Skin preparation done (cleanse surgical area with antiseptic agent)? <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Rani</u>
3.	Patient's body temperature immediately post operation (Recovery Room) <u>36</u> °C <input checked="" type="checkbox"/> Oral Or <input checked="" type="checkbox"/> Axilla (Goal: 36-37°C)	<u>Rani</u>
4.	Name of doctor or staff administering the antibiotic: <u>Rani Rani</u> Date & Time of antibiotic administration: <u>20/6/26 @ 8:40 AM</u> Date & Time procedure started: <u>20/6/26 @ 9:00 AM</u>	<u>Rani</u>

- Ensure form is filled in completely by assigned staff whenever patient had surgery
- If any bundle care criteria has not been observed or unmet, assigned staff must inform infection control nurse for management
- All forms (Bundle care and when required SSI form) are completed properly
- Forms must always be kept in Infection Control folder in respective department

RISK ASSESSMENT TOOL FOR DEEP VEIN THROMBOSIS

(Postnatal 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
	Preterm 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, postpartum sterilization	-	3
	Hyperemesis	-	3
	OHSS (first trimester only)	-	4
	Current systemic infection	-	1
	Immobility, dehydration	-	1
	Total	02	
Signature of the Nurse		 DR. Nitchita	

RISK ASSESSMENT TOOL FOR DEEP VEIN THROMBOSIS

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

Action Plan	<i>Early Ambulation.</i>
--------------------	--------------------------

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.

VIH-00206073 IP-00060416

Mrs SAHARA YASMEEN
03-08-1992 33 Y 10 M 17 D (F)
Dr. PRASHANTHI ELIZABETH



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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CAESAREAN SECTION OPERATIVE NOTES

Name: MRS. SAHARA YASMEEN Consultant I/C: DR. PRASHANTHI ELIZABETH Reg.No: 00206073

Surgeon's Name: <u>DR. PRASHANTHI ELIZABETH</u>	Date of Delivery: <u>20/6/26</u>
Asst. Surgeon's Name: <u>DR. MOUNIKA</u>	Time of Delivery: <u>9:16:42 sec Am</u>
Anaesthetist's Name: <u>DR. MADHAV</u>	Sex of Baby: <u>FEMALE</u>
Type of Anaesthesia: <u>SPINAL</u>	Weight of Baby: <u>2.875 kgs</u>
Pediatrician: <u>Dr. shrikar</u>	AGPAR Score: <u>9/10, 9/10</u>
Scrup Nurse: <u>SIS. RUBY</u>	NICU Admission: <u>NO</u>

Elective

Emergency

Indication: Previous LSCS

Urgency

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

Decision time: Knife to rectus:

TG Description:

If there was a delay give the reasons:

Examination Findings when Appropriate:

Presentation: Cephalic Breech Other Cervical Dilatation: cm

5th Palpable: Fetal Position:

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

Meconium: + ++ +++ Meconium: None + ++ +++

Catheterized: Yes No Urine: Clear Blood Stained

Perineous skin scar excised

Skin Incision: Pfannenstiel Transverse Midline Other

Uterine Incision: Lower Segment Classical Inverted T J Incision

Previous Scar: Intact Thinned out Ruptured No Scar

Incision Through Placenta: Yes No

Delivery of head: Manual Forceps

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

Delivery of Placenta: Manual CCT Complete Incomplete Piecemeal

Cord Appearance: *normal* Cord around the neck Yes No *1 loop of cord*

Appearance of placenta: *Normal* Cavity explored Yes No

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

Complications / Comments:

Uterine Closure: One Layer Two Layers *Vicryl* Suture

Peritoneal Closure: Pelvic Abdominal None Suture

Sheath Closure: *Vicryl* Suture

Fat Closure: Yes No Suture

Skin Closure: Subcuticular Mattress *Monocryl* Suture

Vaginal Evacuated Yes No Estimated Blood Loss: *~ 300* ml

Drain: Yes No Remove in days Await instructions

Catheter Yes No Remove in *12 hrs* days Await instructions

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

Intra-Operative Antibiotics Cover: Yes No Thromboprophylaxis Yes No

Post-Operative Comments: *NBM 12 hrs, Rest, 1/0 charting, w/f bleeding PV,*
Monitor vitals, follow dry chart, Inform S/S, Trace Baby
Blood group
AB
Dr. Naureen

SURGICAL SAFETY CHECKLIST

Surgeon: Dr. Prashanthi
 Asst. Surgeon: Dr. Manjula
 Anaesthetist: Dr. Madhav
 Scrub Nurse: Sr. Ruby

VIH-00206073 IP-00060416
 Mrs SAHARA YASMEEN
 03-08-1992 33 Y 10 M 1 (F)
 Dr. PRASHANTHI ELIZABETH

Pati 

Age: 34 Gender: F

UHL No: _____ Surgery name: EL. LSCS

Date: 20/6/26 In-time: 9:03AM Out-time: 10:10AM



Before Induction of Anaesthesia >>

SIGN IN	Time: <u>08:45AM</u>
Patient Has Confirmed	
Identity	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Site	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Procedure	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Consent	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Site Marked	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
Anaesthesia Safety Check Completed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Pulse Oximeter on Patient & Functioning	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Does Patient have a:	
Known Allergy?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Difficult Airway / Aspiration Risk?	
Yes, & Equipment / Assistance Available	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Risk of > 500ml Blood Loss (7ml/kg In Children)?	
Yes, and Adequate Intravenous Access and Fluids Planned	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Blood Units Reserved	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Has Antibiotic Prophylaxis been given within the last 60 minutes?	
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Signature: <u>Dr. Prashanthi</u>	
Name: _____	

Before Skin Incision >>

TIME OUT	Time: <u>9:03AM</u>
Confirm all team members have introduced themselves by Name and Role <input type="checkbox"/> Yes <input type="checkbox"/> No	
Surgeon, Anaesthesia Professional and Nurse Verbally Confirm	
Correct Patient (Check ID Band)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Correct Site	<input type="checkbox"/> Yes <input type="checkbox"/> No
Correct Procedure <u>EL LSCS</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Anticipated Critical Events	
Surgeon Reviews:	
What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Anaesthesia Team Reviews:	
Are There Any Patient-specific Concerns?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Nursing Team Reviews:	
Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is Essential Imaging Displayed?	
Power Supply, Earthing, Power Backup and functioning of equipment checked.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Signature: <u>Aras</u>	
Name: <u>Aras</u>	

Before Patient Leaves Operating Room

SIGN OUT	Time: <u>10:10AM</u>
Nurse Verbally Confirms with the Team:	
The Name of the Procedure Recorded	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
That Instrument, Sponge and Needle Counts are Correct (or Not Applicable)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
The Specimen is Labelled (including patient name)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
Whether there are any Equipment Problems to be addressed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
To Surgeon, Anaesthetist and Nurse:	
What are the key concerns for recovery and management of this patient?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Signature: <u>Dr. Nausheen</u>	
Name: <u>Dr. Nausheen</u>	

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE



Patient Name : MRS. SARARA YASMEEN Gender: Male Female Age: 33 YR

UHID No : - VIN - 20607 3 IP 60416 . Date : 20.16.26

Instruction:

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

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

ELECTIVE LOWER SEGMENT CAESAREAN SECTION
upon MRS. SARARA YASMEEN
(Name of the Patient)

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

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

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

BLEEDING, BOWEL AND BLADDER INJURY, URETERIC INJURY, BLOOD AND BLOOD PRODUCTS TRANSFUSION AND ITS ASSOCIATED REACTIONS, INFECTION

My signature on this form indicates that ADHESIONS POST PARTUM UTERINE AC

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

Name of the Doctor who is performing the Surgery / Procedure: DR. PRASHANT I

Consentee :

Signature : Sarara
Name : MRS. Yasmeen .
Date & Time : 2016/26 7am

Patient Attendant :

Signature : [Signature]
Name : Thammaraj Singh
Relationship with Patient: husband
Date & Time : 2016/26 7 Am

Witness :

Signature :
Name :
Date & Time :

Doctor (who is taking the consent) :

Signature : A.
Name : Dr. Achwinu
Date & Time : 2016/26 7am

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE

Patient Name : Mrs. Sahara Yalman Age : 33y Gender : Male Female

UHID NO: VH-00206073 Surgeon Name: Dr. Prashanthi Elizabeth

Anaesthesiologist : Dr. Madhav

Operative procedure planned : Elective Cesarean delivery

PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA

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

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

- Heart disease Hypertension Diabetes mellitus Renal failure
 Hepatic disorders Shock Multiple organ failure Polytrauma / Renal Tubular Acidosis
 Incapacitating Chronic Obstructive Pulmonary Disease
 Others : Bleeding

Comments :

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

DECLARATION BY PATIENT / GUARDIAN / PROXY

I hereby authorize Rainbow Hospital & its authorized doctors to perform upon me / my patient Mrs. Sahara Yalman the above mentioned operation / Diagnostic / Therapeutic procedures Elective Cesarean delivery

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

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

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

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

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

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

- Pregnant : Yes No

DECLARATION BY THE ANAESTHETISTS PROVIDING INFORMATION FOR THIS CONSENT

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

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

Patient / Patient Attendant :

Signature : Sahara

Name : Sahara Yasmeen

Relationship with Patient : SELF

Date & Time : 20/6/26

Witness :

Signature : Rammy Singh

Name : Rammy Singh

Date & Time : 20/6/26 @ 8 AM

Doctor (who is taking the consent) :

Signature : Dr. Branda

Name : Dr. Branda

Date & Time : 20/6/26, 7:20 am

VIH-00206073 IP-00060416
 Mrs SAHARA YASMEEN
 03-08-1992 33 Y 10 M 17 D (F)
 Dr. PRASHANTHI ELIZABETH



SURGERY DETAILS

Date : 20/6/26

Patient Name: Sahara Yasmeen Date of Birth: 20/6/26 Age: 33y

Gender: F Ward: O-T UHID No.: 206073

Date of Surgery: 20/6/26 OT-1 OT-2 OT-3 OT-4 OBG OT-1 OBG OT-2

Name of the Surgery : Elective Lower Segment Caesarean Section ↓ SA

Time in : 09:03 AM

Time Out : 10:00 AM

	<u>NAME</u>	<u>AMOUNT</u>
1. Surgeon	Dr. Prashanthi Elizabeth	OT charges
2. Anaesthetist	Dr. Mashtav	
3. Assistant Surgeon	Dr. Nausheen	
4. OT Technician	Tech. Rakesh	
5. Circulating Nurse	Res. Azad	
6. Assistant Nurse	Sr. Ruby F	

- Special Equipment: Laparoscopy Bronchoscope Harmonic Morcelator
 C-ARM Cystoscopy Versa Point Liver Cusa
 Neuro Cusa Others

Dr. Nausheen
 Signature of the Surgeon

[Signature]
 Signature of Circulating Nurse

Order No: 3092478/77

Order by: *Bhanu*

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/ SRROM > 37 weeks	Discomforts of Pregnancy
Bleeding	Active Vaginal bleeding with/ without abdominal pain	Bleeding associated with cramping (<spotting) <37 weeks	Bleeding associated with cramping (>spotting) > 37 weeks	Spotting	
Hypertension	Seizure activity	Hypertension > 160/110 and / or headache, visual disturbance, RUQ pain	Mild hypertension > 140/90 with/without associated signs and symptoms		
Fetal Assessment	Abnormal FHR tracing Non-Fetal Movement	Atypical FHR tracing, abnormal dopplers Diseased fetal movement			
Others	<ul style="list-style-type: none"> • Acute onsite severe abdominal pain • Altered level of consciousness • Cord prolapse • Severe respiratory distress • Suspected sepsis 	<ul style="list-style-type: none"> • Major trauma • Shortness of breath • Unplanned and unattended birth 	<ul style="list-style-type: none"> • Abdominal/back pain greater than expected in pregnancy • Flank pain / hematuria • Nausea/vomiting and /or diarrhea with suspected dehydration 	<ul style="list-style-type: none"> • Ongoing assessment from out patient clinic (for hypertension, blood work) • Minor trauma (minor MVC/fall) • Nausea/Vomiting and /or diarrhea • Signs of infection (ie dysuria ,cough, fever, chills) 	<ul style="list-style-type: none"> • Anything that does not seem to pose threat to mother or fetus • Cervical ripening • Out patient placenta previa protocols • Pre-booked visits (ie Rh and progesterone injections, NST • Assessment for version • Rashes

Time seen by Doctor: 11 PM

Nurse Name : Rani Nurse Signature: Rani

Date: 19/6/26 Time: 10:40 PM

VIH-00206073 IP-00060416
 Mrs SAHARA YASMEEN
 03-08-1992 33 Y 10 M 17 D (F)
 Dr. PRASHANTHI ELIZABETH



OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 19/6/26

Baseline Information:

Admission From: ER OPD Admission Desk Others, specify 4/w
 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: _____ Doctor Notified on Admission: Yes No
h3 PCLAE 32th wks. Name of the Doctor: Dr. Ashwini
pa - LSC Time Notified: 11 PM

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

Past Medical History	Past Surgical History	Previous Hospital Admission
—	<u>pre-LSC</u> <u>skin tag removed - 2022</u>	—

Gynecology Assessment: <input type="checkbox"/> Not Applicable	Gynecology Surgical History:	Gynecological History:
Menstrual History: <u>Regular</u>	Caesarean Section: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Contraceptives: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Onset of Menarche: _____	Cervical Cerclage: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Vaginal Discharge: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Menstrual Cycle: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular	Ectopic Pregnancy: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Post-Coital Bleeding: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Last Menstrual Period: <u>2/10/25</u>	Myomectomy: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Infertility: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
	Others: _____	If Yes Type: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary

Obstetric History: G h3 P 1 L 1 A 1

Previous LSCS: yes

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 - DM, HTN, Father - DM, HTN

Vital Signs / Measurements: Temp: 98.6 F HR: 86 bpm RR: 18.6
 BP: 110/70 Weight: 85 kg Height: 149 BMI: _____

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

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 28 (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. Yasmeen

Name of Person Orientation was given to: Mrs - Yasmeen

Orientation not given Reason:

Nurse Signature: Rani

Nurse Name: Rani

Date & Time: 19/6/2012 @ 11P

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	X	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		0	
Signature of the Nurse		<i>Prashanthi Elizabeth</i>	
Action Plan		Good Basic nsg care. 11/20	

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

VIH-00206073 IP-00060416
 Mrs SAHARA YASMEEN
 03-08-1992 33 Y 10 M 17 D (F)
 Dr. PRASHANTHI ELIZABETH





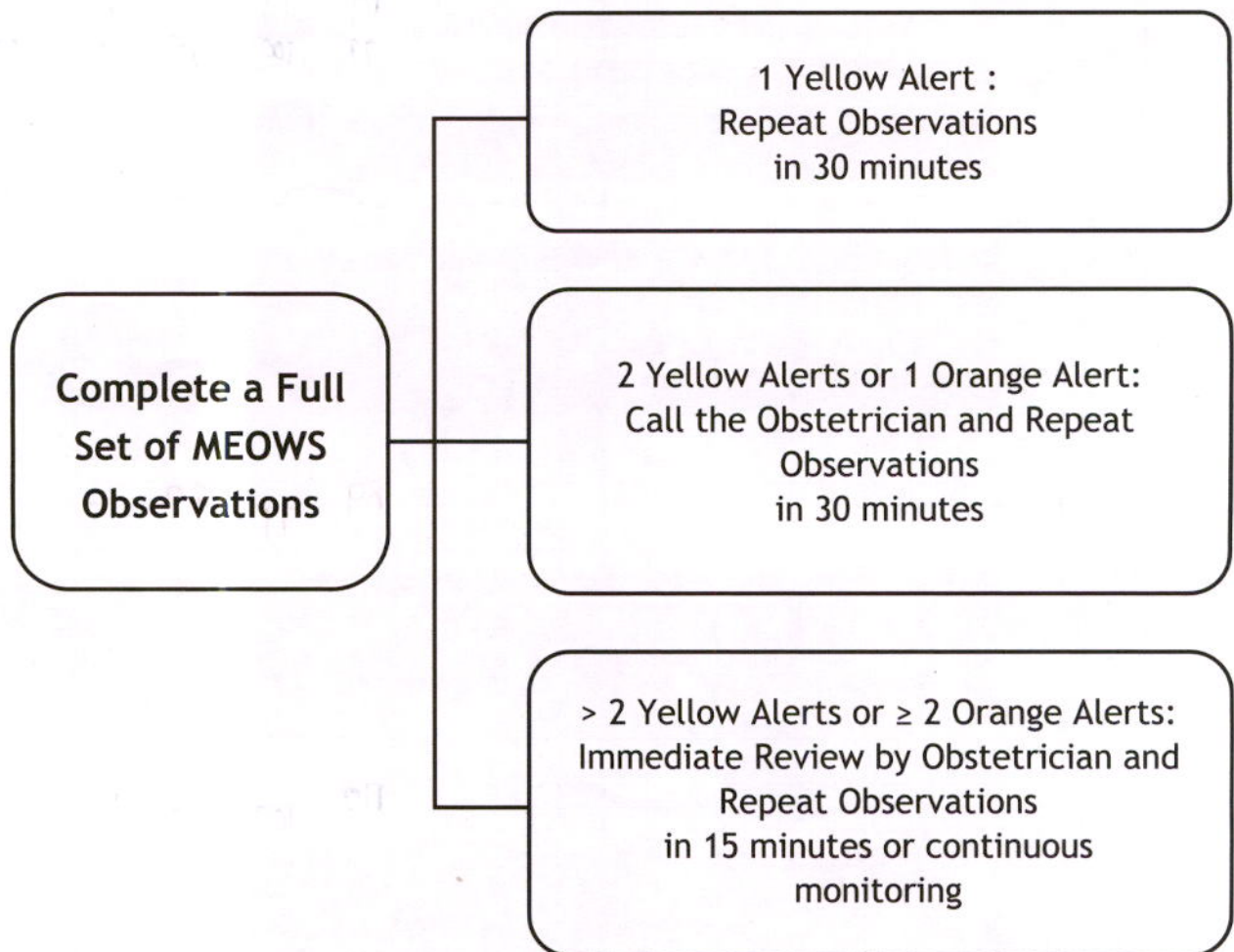
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Early Warning Observation Score Chart - Obstetrics

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

Date		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																								
	0 - 10																								
Saturations	94 - 100 %																								
	< 94 %																								
Administered O ₂ (L/min.)																									
Temp °C	40																								
	39																								
	38																								
	37																								
	36																								
	35																								
< 35																									
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
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40																									
Systolic Blood Pressure	190																								
	180																								
	170																								
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Diastolic Blood Pressure	130																								
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70																									
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																									
TOTAL ORANGE SCORES																									
Nurse Initial																									

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

VIH-00206073 IP-00060416
 Mrs SAHARA YASMEEN
 03-08-1992 33 Y 10 M 17 D (F)
 Dr. PRASHANTHI ELIZABETH

2

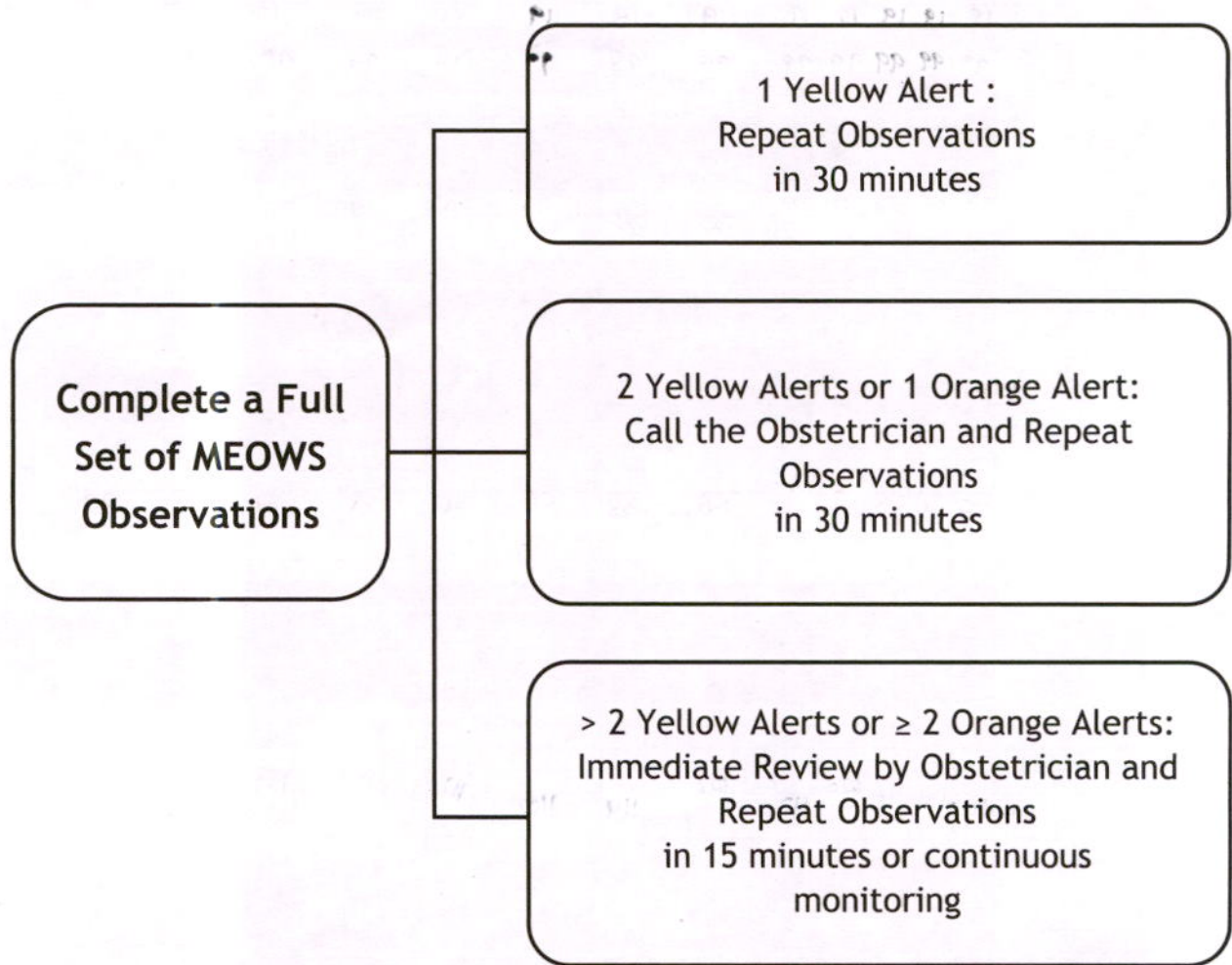


Early warning Observation Score Chart - Obstetrics

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

Date		8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	
20/6/26																										
RESP (write rate in corresp. box)	> 30																									
	21 - 30																									
	11 - 20	19	19	19	19	19	19	18	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19		
	0 - 10																									
Saturations	94 - 100 %	99	99	99	99	99	99	98	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99		
	< 94 %																									
Administered O ₂ (L/min.)																										
Temp °C	40																									
	39																									
	38																									
	37	37.1	37.0	37.2	37.1	37.2					37.1	37.1	37.1	37.1	37.1	37.1	37.1	37.1	37.1	37.1	37.1	37.1	37.1	37.1		
	36						36.2	36.2																		
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80	80	86	88	90	92		86	83	86	84	85	87	88	89	88										
	70																									
60																										
50																										
40																										
Systemic Blood Pressure	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110	110	114	115	120	113	122	114	110	114	110	112	110	109	108											
	100																									
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40																										
Diastolic Blood Pressure	130																									
	120																									
110																										
100																										
90																										
80																										
70																										
60	60	75	76	70	72	70	70	74	79	78	70	78	79													
50																										
40																										
NEURO RESPONSE [✓]	Alert	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
	Voice	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
URINE mls / hour	> 30	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
	< 30																									
Proteinuria	Protein ++																									
	Protein > ++																									
Lochia	Normal	NA	NA	NA	NA	NA	NA	NA	NA	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N		
	Heavy / Foul																									
Liquor	Clear / Pink	NA	NA	NA	NA	NA	NA	NA	NA	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N		
	Green																									
TOTAL YELLOW SCORES		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
TOTAL ORANGE SCORES		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Nurse Initial		KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA		

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)



Early Warning Observation Score Chart - Obstetrics

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

VIH-00206073 IP-00060416
 Mrs SAHARA YASMEEN
 03-08-1992 33 Y 10 M 17 D (F)
 Dr. PRASHANTHI ELIZABETH

..... Date of Birth :

..... IP No. :



21/6/26		Date	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																										
	0 - 10																										
Saturations	94 - 100%																										
	< 94%																										
Administered O ₂ (L/min)																											
Temp °C	40																										
	39																										
	38																										
	37																										
	36																										
	35																										
	<35																										
Heart Rate	170																										
	160																										
	150																										
	140																										
	130																										
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Systolic Blood Pressure	190																										
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Diastolic Blood Pressure	130																										
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	60																										
	50																										
	40																										
	NEURO RESPONSE [✓]	Alert																									
		Voice																									
	Pain																										
Unresponsive																											
URINE mis / hour	>30																										
	<30																										
Proteinuria	Protein ++																										
	Protein>++																										
Lochia	Normal																										
	Heavy / Foul																										
Liquor	Clear / Pink																										
	Green																										
TOTAL YELLOW SCORE																											
TOTAL ORANGE SCORE																											



Early Warning Observation Score Chart - Obstetrics

CONTACT DOCTOR FOR EARLY INTERVENTION IF PATIENT

TRIGGER

VIH-00206073 IP-00060416
 Mrs SAHARA YASMEEN
 03-08-1992 33 Y 10 M 18 D (F)
 Dr. PRASHANTHI ELIZABETH

ELLOW SCORES AT ANY ONE TIME

Name : Date of Birth :

UHID No. : IP No. :



Date		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			49																						
	0 - 10																									
	Saturations	94 - 100%			99																					
	< 94%																									
Administered O ₂ (L/min)																										
Temp °C	40																									
	39																									
	38																									
	37																									
	36			36																						
	35																									
	<35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
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	70			72																						
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Systolic Blood Pressure	190																									
	180																									
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	110			111																						
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Diastolic Blood Pressure	130																									
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	80																									
	70			72																						
60																										
50																										
40																										
NEURO RESPONSE [✓]	Alert																									
	Voice																									
Unresponsive	Pain																									
URINE mis / hour	>30			✓																						
	<30																									
Proteinuria	Protein ++			✓																						
	Protein>>>																									
Lochia	Normal			✓																						
	Heavy / Foul																									
Liquor	Clear / Pink			✓																						
	Green																									
TOTAL YELLOW SCORE				2																						
TOTAL ORANGE SCORE				2																						

Noted my Descent Plan 22/6/26

FLUID CHART

Sheet No. : 1

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	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	H2O 100ml								✓	0		
	12:00 am	NBM + RL 100ml								✓	0		
	01:00 am	NBM + RL 100ml								✓	0		
Total Intake : 300ml						Total Output : passed							
	02:00 am	RL 100ml NBM								✓	0		
	03:00 am	RL 100ml NBM								✓	0		
	04:00 am	RL 100ml NBM								✓	0		
	05:00 am	RL 100ml NBM								✓	0		
	06:00 am	RL 100ml NBM								✓	0		
	07:00 am	RL 100ml NBM								✓	0		
Total Intake : 600ml						Total Output : passed							
Total 24 hrs. Intake			900 ml			Total 24 hrs. Output			passed				

<u>Date</u>	<u>Time</u>	<u>FHR</u>
19/6/26	11pm	140b/min
	12AM	136b/min
	4AM	142 b/min
	8AM	146 b/min



FLUID CHART

Sheet No. : 2

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

Date	Time	Intake				Output					IV Site Thrombophlebitis Score	Sign. Nurse	
		Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G								
20/6/26	08:00 am	NBM + RL	100ml/hr						✓				
	09:00 am	NBM + RL	900ml/hr						50ml	0	Just		
	10:00 am	NBM + RL	100ml/hr						50ml	0			
	11:00 am	NBM + RL	100ml/hr						100ml	0	Hand		
	12:00 pm	NBM + RL	100ml/hr						100ml	-	20/6/26		
	01:00 pm	NBM + RL	100ml/hr						100ml	0	at 2 pm		
Total Intake :						Total Output :						400ml	
20/6	02:00 pm	NBM + RL	100ml/hr						50ml	0	Hand		
	03:00 pm	NBM + RL	100ml/hr						50ml	0	20/6/26		
	04:00 pm	NBM + RL	100ml/hr						50ml	0	at 6		
	05:00 pm	NBM + RL	100ml/hr						50ml	0	at 6		
	06:00 pm	NBM + RL	100ml/hr						50ml	0	at 6		
	07:00 pm	NBM + RL	100ml/hr						50ml	0	at 6 pm		
Total Intake :						Total Output :							
21/6/26	08:00 pm		RL	100ml/hr									
	09:00 pm								100ml				
	10:00 pm								100ml				
	11:00 pm								100ml				
	01:00 am			RL					100ml				
Total Intake :						Total Output :							
21/6/26	02:00 am		RL						100ml				
	03:00 am		RL						100ml				
	04:00 am		RL										
	05:00 am		RL						200ml				
	06:00 am		RL						200ml				
	07:00 am		RL						100ml				
Total Intake :						Total Output :							
Total 24 hrs. Intake						Total 24 hrs. Output						1650ml	

VIH-00206073 IP-00060416
 Mrs SAHARA YASMEEN
 03-08-1992 33 Y 10 M 17 D (F)
 Dr. PRASHANTHI ELIZABETH



FLUID CHART

Sheet No. :

21/6

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

		Intake			Output						IV Site Thrombo-phlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G							
21/6/26	08:00 am	water							100ml		Benonika 21/6	
	09:00 am								100ml			
	10:00 am	coffee							100ml			
	11:00 am	Biscuits							250ml			
	12:00 pm								250ml			
	01:00 pm	water							250ml			
Total Intake :					Total Output : 1000 ml							
21/6/26	02:00 pm								200ml		Subhe 21/6 @ 8pm	
	03:00 pm	idly							200ml			
	04:00 pm	water							50ml			
	05:00 pm								200ml			
	06:00 pm								150ml			
	07:00 pm								250ml			
Total Intake :					Total Output : 950 ml							
21/6	08:00 pm										manasa 21/6	
	09:00 pm								200ml			
	10:00 pm											
	11:00 pm								900ml			
	12:00 am											
	01:00 am								200ml			
Total Intake :					Total Output :							
22/6	02:00 am	water									22/6	
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am								550ml			
	07:00 am											
Total Intake :					Total Output :							

Total 24 hrs. Intake

Total 24 hrs. Output 3100 ml

VIH-00206073 IP-00060416
 Mrs SAHARA YASMEEN
 03-08-1992 33 Y 10 M 18 D (F)
 Dr. PRASHANTHI ELIZABETH




FLUID CHART

Sheet No. :

22/6/26

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
<i>22/6/26</i>	08:00 am											<i>Peronila 22/6/26 @ 10 AM</i>
	09:00 am	<i>Salys</i>										
	10:00 am	<i>H₂O</i>										
	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

Patient Sticker

FLUID CHART

Sheet No. :

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

		Intake				Output					IV Site Thrombophlebitis Score	Sign. Nurse	
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G								
	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
Total Intake :						Total Output :							
	02:00 pm												
	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-00206073 IP-00060416
 Mrs SAHARA YASMEEN
 03-08-1992 33 Y 10 M 17 D (F)
 Dr. PRASHANTHI ELIZABETH



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: mlcu Shifted to: Room (108)

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	T. PANTOPRAZOLE	40mg	PO	ONCE DAILY		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
2	T. PARACETAMOL	1 GM	PO	6TH HOURLY		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
3	T. DICLOFENAC	50 MG	PO	8TH HOURLY		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
4	T. TRAMADOL	100 MG	PO	8TH HOURLY		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
5	INS. CEFOTAXIME	1 GM	IU	12TH HOURLY		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
6	INS. METRONIDAZOLE	500 MG	IU	8TH HOURLY		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
7						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

* C - Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature: DR. NIKHITA

Date & Time: 20/6/2026 6 PM

Nurse Name & Signature: Kamal Hand

Date & Time: 20/6/26 6 PM

VIH-00206073 IP-00080418
 Mrs SAHARA YASMEEN
 03-08-1992 33 Y 10 M 16 D (F)
 Dr. PRASHANTHI ELIZABETH



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: LW Shifted to: OT

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	T-IRON	1TAB	PO	OD	19/6	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
2	T. CALCIUM	500 mg	PO	OD	19/6	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
3						<input type="checkbox"/> C <input type="checkbox"/> DC
4						<input type="checkbox"/> C <input type="checkbox"/> DC
5						<input type="checkbox"/> C <input type="checkbox"/> DC
6						<input type="checkbox"/> C <input type="checkbox"/> DC
7						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY


Doctor Name & Signature: Dr. A. Shukla

Date & Time: 19/6/26 11 PM

Nurse Name & Signature: Rani Rai

Date & Time: 19/6/26 @ 11 PM

VIH-00206073 IP-00060416
 Mrs SAHARA YASMEEN
 03-08-1992 33 Y 10 M 17 D (F)
 Dr. PRASHANTHI ELIZABETH

Patient Name :  I.P. No. 10 Sheet No. _____ Wards MICU. Weight (kg) 85kg

MULAR PRESCRIPTIONS

DRUG : INJ METRONIDAZOLE				Date	20/6/2016														
				Time	6 AM														
Dose	Route	Frequency	Start Dt.																
500mg	IV	8TH HOURLY	20/6/16																
Name & Signature of the Doctor starting the Drugs:				9 AM <u>DR. YOGESHWARI</u> 10 PM <u>DR. YOGESHWARI</u> STOP 20/6/16 11 AM <u>DR. YOGESHWARI</u>															
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign.																			

DRUG : T. PANTOPRAZOLE				Date	21/6/2016														
				Time	6 AM														
Dose	Route	Frequency	Start Dt.																
40mg	PO	ONCE DAILY	20/6/16																
Name & Signature of the Doctor starting the Drugs:				<u>DR. YOGESHWARI</u>															
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign.																			

DRUG : SYRUP GAVISCON				Date	21/6/2016														
				Time	6 AM														
Dose	Route	Frequency	Start Dt.																
2 TABLE SPOON	PO	8TH HOURLY	21/6/16																
Name & Signature of the Doctor starting the Drugs:				<u>DR. YOGESHWARI</u>															
Additional Instructions:				SODIUM ALGinate, SODIUM BICARBONATE AND CALCIUM CARBONATE ORAL SUSPENSION 10 PM <u>DR. YOGESHWARI</u>															
Daily Doctor's Endorsement by a Sign.																			

DRUG : T. CEFIXIME				Date															
				Time															
Dose	Route	Frequency	Start Dt.																
200mg	PO	12TH HOURLY	22/6/16																
Name & Signature of the Doctor starting the Drugs:				<u>DR. YOGESHWARI</u>															
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign.																			

AS Per direct order
 21/6/2016 at 8:30 AM

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

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

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

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

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



DRUG CHART

Date of Admission: 10/16/26 Drug Allergies: NM 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 Signa



I.V. FLUIDS CHART

Weight. 85 Ward.

Date	Time	Composition of I.V. Fluid (If infusion, mention ml/hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
20/6	12 AM	RINGER LACTATE	IV	FF	H	@	20/6		@
20/6	5 AM	RINGER LACTATE	I.V.	100 ml hr	H	@	20/6		Raksha vij.
20/6	09:35 AM	RINGER LACTATE	IV	900 ml/hr		Raksha vij.	20/6		
20/6	2:35 PM	RINGER LACTATE	I.V.	100 ML HR		Ka Raj	20/6		
20/6	6:15 PM	RINGER LACTATE	I.V.	100 ML HR			21/6		

Signature
 VERIFIED BY : Name



REGULAR PRESCRIPTIONS

Weight. 85..... Ward. M110

Dr. Prashanthi

DRUG: Tab. PARACETAMOL				Date/Time	20/6	21/6	22/6
Dose	Route	Frequency	Start Date				
1gm	PO	6thly	20/06	Am	Am	Am	
Name & Signature of the Doctor Starting the Drugs:				6 Am	Am	Am	
Additional Instructions:				12 PM	PM	PM	
Daily Doctor's Endorsement by a Sign				6 PM	PM	PM	

Dr. Prashanthi

DRUG: Tab. TRAMADOL				Date/Time	20/6	21/6	22/6
Dose	Route	Frequency	Start Date				
100mg	PO	8thly	20/06	Am	Am	Am	
Name & Signature of the Doctor Starting the Drugs:				3 PM	PM	PM	
Additional Instructions:				10 PM	PM	PM	
Daily Doctor's Endorsement by a Sign							

Dr. Prashanthi

DRUG: Tab. DICLOFENAC				Date/Time	20/6	21/6	22/6
Dose	Route	Frequency	Start Date				
50mg	PO	8thly	20/06	Am	Am	Am	
Name & Signature of the Doctor Starting the Drugs:				12 PM	PM	PM	
Additional Instructions:				10 PM	PM	PM	
Daily Doctor's Endorsement by a Sign							

Dr. Prashanthi

DRUG: INJ CEFOTAXIME				Date/Time	20/6	21/6	22/6
Dose	Route	Frequency	Start Date				
1gm	IV	12thly Hourly	20/6/20	Am	Am	Am	
Name & Signature of the Doctor Starting the Drugs:				9 PM	PM	PM	
Additional Instructions:				<div style="border: 1px solid black; padding: 10px; display: inline-block;"> STOP 22/6/26 7 AM DR. YOUNESHWARI </div>			
Daily Doctor's Endorsement by a Sign							



VARIABLE DOSE

Weight.....Ward.....

DRUG :	Date Time	Nurse Sig.		Nurse Sig.		Nurse Sig.	
		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route	Start Date	Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Name & Signature of the Doctor		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Additional Instructions:		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.	

DRUG :	Date Time	Nurse Sig.		Nurse Sig.		Nurse Sig.	
		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route	Start Date	Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Name & Signature of the Doctor		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Additional Instructions:		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.	

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
19/16		TAB BISACOPYL	5mg C 2 TAB	PO	H	HOLD
20/16	8:40 AM	INTJ CERTAXIME (AFTER TEST DOSE)	1gm	IV	H	Rant mod
20/16	9:30 AM	INTJ PANTO PRAZOLE	40mcg	IV	H	Rant mod
20/16	8:30 AM	INTJ METOLO PRAMIDE	70mcg	IV	H	Rant mod
20/06	09:17 AM	inj. CARBETOLIN	100mcg	IV	(Signature)	Rakesh inf.
20/06	10:00 AM	Sup. TRAMADOL	100mg	PR	(Signature)	Rakesh inf.
20/06	10:00 AM	Sup. DICLOFENAC	100mg	PR	(Signature)	Rakesh inf.
20/06	9:30 AM	inj. TRANEXAMIC ACID	1gm	IV	(Signature)	Rakesh inf.
20/6	10 AM	T. MISOPROSTOL	600mcg	PR	(Signature)	Rakesh inf.

Signature
VERIFIED BY: Name