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Mrs MARATI NIKHITHA  
09-09-1997 28 Y 9 M 6 D (F)  
Dr. BHAVANA K

**BILLING**

----- Consultant : ----- Dept : -----  
Date of Admission : 15/6/26 Time : 3:14 PM Date of Discharge : 17/6/26 Time : 9:30 AM  
Room / Bed No : 220 Ward : LW Suggested Billable bed type : -----

**WARD TRANSFERS**

Date	Time	From	To	Signature of Nurse
<u>17/6/26</u>	<u>9: AM</u>	<u>LW</u>	<u>(207)</u>	<u>[Signature]</u>

**Cross Consultation Visit**

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









# SURGERY DETAILS

VIH-00114941 IP-00060352  
 Mrs MARATI NIKHITHA  
 09-09-1997 28 Y 9 M 7 D (F)  
 Dr. BHAVANA K



Date : 16/6/26

SI.No. \_\_\_\_\_ Patient Name \_\_\_\_\_ Age : 28 Y Sex: F

UHID No. : VIH-00114941 IP No: 60352

Date of Surgery : 16/6/26 OT :  OT 1  OT 2  OT 3

Name of the Surgery : Normal delivery

Time in : 10:00 PM Time Out : 11:00 PM

	<u>NAME</u>	<u>AMOUNT</u>
1. Surgeon	DR. Bhavana Kase	.....
2. Anaesthetist	.....	.....
3. Asst. Surgeon	.....	.....
4. OT Technician	.....	.....
5. Circulating Nurse	.....	.....
6. Asst. Nurse	Raja	.....

Special Equipment :  Laparoscopy  Bronchoscope  Harmonic  Morcelator  C - ARM  Cystoscopy

Signature of the Surgeon *[Signature]*

Signature of Circulating Nurse *[Signature]*

Order No. : 3090945 Ordered by : .....



Name	Mrs MARATI NIKHITHA	UHID	VIH-00114941
Father/Guardian	Mr D. RAGHUNATH	Age/Gender	28 Y 9 M 8 D/Female
Address	H.NO-1-508, JYOTHI COLONY, BALAJI NAGAR, SECUNDERABAD, YAPRAL, Hyderabad, Telangana, INDIA, 500087		
IP No	IP-00060352	Admission Date	15-06-2026
Ref Doctor	Self	Discharge Date	17-06-2026

## DISCHARGE SUMMARY

**Consultant:** Dr. BHAVANA K, CONSULTANT GYNECOLOGIST & OBSTETRICIAN

**Diagnosis:** G4P1L1A2 with 37+6 weeks with previous NVD with Hypothyroidism with Steroids covered with Uterine artery increased Resistance in latent labour for delivery.

**SPONTANEOUS VAGINAL DELIVERY DONE ON 17.06.2026 .**

### **History:**

LMP: 20.09.2025

Obstetric formula: G4P1L1A2

EDD: 30.06.2026

Gestation at admission: 37+6 weeks

### **Obstetric History:**

G1- Male/ 6 years/ FTNVD/ 3.5kg/ A&H/ Uneventful/ Sagarlal hospital/ BF x 20months

G2- 12 weeks/ Missed miscarriage/ ?Blighted ovum/ MERPC/ Sagarlal hospital

G3- 9 weeks/ Missed miscarriage/ SERPC/ Sagarlal hospital

G4 - Present pregnancy Spontaneous conception.

Medical History: Hypothyroidism since June 2025 on Tab Thyroxine 25mcg.

Name	Mrs MARATI NIKHITHA	UHID	VIH-00114941
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Family History: Nil

Surgical History: SERPC in March 2024

Allergies: Nil

**Antenatal Details:** Mrs MARATI NIKHITHA was booked to Rainbow hospital at 35+4 weeks of gestation. Previous ANC's at Dr Srimathi. H/o UTI at 36+2 weeks and was managed conservatively. Inj Betamethasone 12mg 2 doses given at 34+3 weeks. She was on Tab Ecospirin 75mg since conception and stopped at 36weeks. She had regular antenatal checkups and investigations as advised. She was admitted at 37+6 weeks previous NVD with Hypothyroidism with Steroids covered in latent labour for delivery.

**Investigations:** Enclosed.

**Blood group: 'O' POSITIVE**

**Management: Course in hospital and Delivery Details:**

At admission on clinical examination the vitals were stable, uterus was Irritable, cervix was long and 1 finger dilated. Fetal well being was confirmed by an admission CTG which was found to be reactive. Labour was Augmented with 1 dose of PGE1. Artificial rupture of membranes done at 2 cms dilatation revealing Grade 1 Meconium stained liquor. As per hospital protocol she was started on IV. Taxim in view of ruptured membranes. FHS Monitoring was done . Partographic monitoring of labour was done. Further augmentation was done by oxytocin infusion. She progressed to full dilatation at 10.10 pm. Passive descent of fetal head was allowed post full dilatation. She was put into position for vaginal birth. Parts painted with betadine solution and draped to ensure full asepsis. She was encouraged to bear down. At crowning of head episiotomy was given under local anesthesia (10 ml of 2 % xylocaine solution). Baby was delivered spontaneous vaginal delivery, Cord clamped and cut and baby handed over to pediatrician. Cord blood collected for blood grouping and

<b>Name</b>	Mrs MARATI NIKHITHA	<b>UHID</b>
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Rh typing. Placenta and membranes delivered completely with controlled cord traction. Prophylactic syntocinon given. Episiotomy inspected. No extensions or additional vaginal tears found. Episiotomy sutured in layers. Instrument and swab count checked. 600 mcg of misoprostol given per rectally as prophylaxis against post partum hemorrhage. Vagina cleaned with betadine solution.

**Delivery Details:**

Date: 16.06.2026

Time of Delivery: 10:16 PM

Type of Labour: Spontaneous

Type of Delivery: Vaginal Delivery

**Baby Details:**

Date: 16.06.26

Time: 10:16 PM

Sex: Female

Weight: 3.091kg

Apgar: 8/10, 9/10

Gestational Age: 37+6 weeks

NICU Admission: No.

**Post-Operative Notes:**

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

**Advice:**

1. Tab. Taxim-O 200mg (Cefixime-200mg) twice daily till 22.06.2026 (9am-

Name	Mrs MARATI NIKHITHA	UHID	VIH-00114941
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- 9pm) after food.
2. Tab. Calpol 500mg (2tabs) (Paracetamol 500mg) thrice daily till 22.06.2026 (9am-2pm-9pm) after food.
  3. Tab. Voveran 50 mg (Diclofenac 50mg) thrice daily till 22.06.2026 (10am-4pm-10pm) after food.
  4. Tab. Livogen (Elemental Iron - 50mg, folic acid 1.5mg) once daily (7am) for three months before breakfast.
  5. Tab. Shelcal (Elemental Calcium 500mg, Vitamin D3 250 IU) once daily (2pm) till breast feeding after food.
  6. Tab. Pantoprazole 40 mg once daily till 22.06.2026 (7am) before food.
  7. Betadine ointment and lotion for local application.
  8. Syp. Duphalac 15 ml at bedtime for one week.
  9. Continue Tab Thyronorm 25 mcg till further orders .
  10. Repeat S.TSH after 6 weeks and Review with Reports .
  11. HPV vaccine after 6 weeks of delivery.

Review after 3 days on 19.06.2026 at postnatal clinic with prior appointment (This consultation will be charged).

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

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

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

Name

Mrs MARATI  
NIKHITHA

UHID

  
**Rainbow<sup>®</sup>  
Children's  
Hospital**  
It takes a lot to treat the little.

  
**BirthRight<sup>™</sup>**  
BY RAINBOW HOSPITALS  
Your Right to a Safe Delivery

Relationship: *Husband.*

This summary was explained by: *Rajesh 17/06/20 @ 12:00 PM*

Summary prepared by: Dr.



**Registrar/Resident/C.M.O**

**Dr. BHAVANA K**

MBBS, DNB, FMAS, PGDMLE (NLSIU), MRCOG (UK),  
CONSULTANT GYNECOLOGIST & OBSTETRICIAN  
54774

VIH-00114941 IP-00080352  
 Mrs MARATI NIKHITHA  
 09-09-1997 28 Y 9 M 8 D (F)  
 Dr. BHAVANA K

LIST OF MEDICAL CASE SHEET

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

BirthRight  
 BY RAINBOW HOSPITALS  
 Your Right to a Safe Delivery

IP.No:

DOA:

15/6/26

Sl.No	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission Sheet	01	-	-	
2	Discharge Summary	02	-	-	
3	Nursing Initial assessment form	01	-	-	
4	Patient Trasfer Forms	01	-	-	
5	In-patient Medical Record	01	-	-	
6	Doctors Progress Sheets	01	-	-	
7	Nurses Progress notes	05	-	-	
8	Consultation Sheets				
9	General Consent for Treatment	01	-	-	
	Conset for Surgery				
	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				
20	Anaesthesia notes(Pre Anaesthesia & Post)				
21	Pre Operative checklist	01	-	-	
22	Surgical safety Checklist				
23	Operation Theatre notes				
24	Nurses Clinical Presentation				
25	TPR & BP chart	03	-	-	
26	Intake and Output chart (fluid Chart)	03	-	-	
27	Drug Chart (Regular prescription)	01	-	-	
28	Daily Investigation sheet				
29	Investigation Values (Result Sheet)	01	-	-	
30	Nebulization Chart				
31	Diabetic chart				
32	Nutritional Review chart	01	-	-	
33	MLC form (in case of MLC)				
34	Patient Education Form				
	Informed consent for vaginal birth	01	-	-	
	medial reconciliation	02	-	-	
	Stat	01	-	-	
	Checklist for thrombopflebsis	01	-	-	
	Braden - 9	02	-	-	
	pain assessment	03	-	-	
	others	14	-	-	
	Total No. of Pages	47			

Signature and Date :

*Nagani*  
 15/6/26

# ERROR LOG

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

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

### ADMISSION SHEET

#### Registration Details :



Admission No : IP-00060352

Admit Date : 15-Jun-2026

Admit Time : 03:14 PM UHID : VIH-00114941

#### Patient Details :

Patient Name : Mrs MARATI NIKHITHA

Age : 28 Y 9 M 6 D

Guardian : Mr D. RAGHUNATH

DOB : 09-09-1997

Gender : Female

Religion :

Occupation :

Martial Status : Married

Address (H) : H.NO-1-508, JYOTHI COLONY, BALAJI NAGAR,  
SECUNDERABAD Yaprul Hyderabad  
Telangana INDIA 500087

Phone No : 9700515871

E-mail : raghunath.kapil@gmail.com

#### Admission Details :

Bed Type : MICU

Bed No : LW 220

Ward Name : N 2F-LABOUR WARD

Room No : LW 220

Admission Type : First Visit

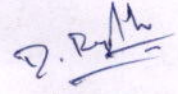
#### Contact Details :

Name : Mr D. RAGHUNATH

Relationship : W/O

Contact Address : H.NO-1-508, JYOTHI COLONY, BALAJI  
NAGAR,SECUNDERABAD Yaprul Hyderabad  
Telangana INDIA 500087

Phone No : 9700515871 / 9515052800



Signature

#### Doctor Details :

Doctor Name : Dr. BHAVANA K

Specialisation : OBSTETRICS AND GYNECOLOGY

Referral Doctor : Self

Phone No :

Co-Consultant :

#### Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash

Payor Name : MEDI ASSIST INSURANCE TPA PVT  
LTD



7) Allergy:  Yes  No, If Yes : .....

8) Current Medications:  Prenatal Vitamin  None  Others: .....

9) Prenatal Medical History:

- None  Gestational Diabetes  
 Chronic Hypertension  Low placenta  
 Gestational Hypertension  Others if yes, specify hypothyroidism  
 Diabetes

Triage Category: (Please tick on the category)

Refer to OBSTETRICAL TRIAGE ACUITY SCALE (OTAS)

- Category I: Resuscitative (Time to Physician: Immediate & Reassessment: Continuous nursing care)  
 Category II: Emergent (Time to Physician: ≤ 15 minutes & Reassessment: Every 15 minutes)  
 Category III: Urgent (Time to Physician: ≤ 30 minutes & Reassessment: Every 15 minutes)  
 Category IV: Less Urgent (Time to Physician: ≤ 60 minutes & Reassessment: Every 30 minutes)  
 Category V: Non Urgent (Time to Physician: ≤ 120 minutes & Reassessment: Every 60 minutes)

OBCU Obstetrical Triage Acuity Scale (OTAS)

OTAS	Level 1 (Resuscitative)	Level 2 (Emergent)	Level 3 (Urgent)	Level 4 (Less Urgent)	Level 5 (Non Urgent)
Level 1 (Resuscitative)	Immediate	≤ 15 minutes	≤ 30 minutes	≤ 60 minutes	≤ 120 minutes (2 Hours)
Re-Assessment	Continuous Nursing Care	Every 15 Minutes	Every 15 Minutes	Every 30 Minutes	Every 60 Minutes
Labour / Fluid	Imminent Birth	Suspected Pre-term Labour / PPRM < 37 Weeks	Signs of Active Labour > 37 weeks	Signs of Early Labour/ SROM > 37 weeks	Discomforts of Pregnancy
Bleeding	Active Vaginal bleeding with/ without abdominal pain	Bleeding associated with cramping (<spotting) <37 weeks	Bleeding associated with cramping (>spotting) >37 weeks	Spotting	
Hypertension	Seizure activity	Hypertension > 160/110 and / or headache, visual disturbance, RUQ pain	Mild hypertension > 140/90 with/without associated signs and symptoms		
Fetal Assessment	Abnormal FHR tracing Non-Fetal Movement	Atypical FHR tracing, abnormal dopplers Diseased fetal movement			
Others	<ul style="list-style-type: none"> <li>Acute onsite severe abdominal pain</li> <li>Altered level of consciousness</li> <li>Cord prolapse</li> <li>Severe respiratory distress</li> <li>Suspected sepsis</li> </ul>	<ul style="list-style-type: none"> <li>Major trauma</li> <li>Shortness of breath</li> <li>Unplanned and unattended birth</li> </ul>	<ul style="list-style-type: none"> <li>Abdominal/back pain greater than expected in pregnancy</li> <li>Flank pain / hematuria</li> <li>Nausea /vomiting and /or diarrhea with suspected dehydration</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing assessment from out patient clinic (for hypertension, blood work)</li> <li>Minor trauma (minor MVC/fall)</li> <li>Nausea/Vomiting and /or diarrhea</li> <li>Signs of infection (ie dysuria ,cough, fever, chills)</li> </ul>	<ul style="list-style-type: none"> <li>Anything that does not seem to pose threat to mother or fetus</li> <li>Cervical ripening</li> <li>Out patient placenta previa protocols</li> <li>Pre-booked visits (ie Rh and progesterone injections, NST</li> <li>Assessment for version</li> <li>Rashes</li> </ul>

Time seen by Doctor: 3 Pm

Nurse Name : Rani Nurse Signature: Rani

Date: 15/6/26 Time: 6:15 Pm



## OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 15/6/26

**Baseline Information:**

Admission From:  ER  OPD  Admission Desk  Others, specify 4/6

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:** Gulfil AL Doctor Notified on Admission:  Yes  No  
3x to 6 wks r previous NVPC Name of the Doctor: Dr. Yogeshwar  
Hypothyroidism r steroid coverl r IOL Time Notified: 3pm

**Past Medical History:** Obtained From  Patient  Family Member  Medical Record  Other (specify) \_\_\_\_\_

Past Medical History	Past Surgical History	Previous Hospital Admission
<u>Hypothyroidism since</u> <u>JUNE 2025</u>	<u>SERPC - In - 2024</u> <u>march</u>	<u>NIL</u>

Gynecology Assessment: <input type="checkbox"/> Not Applicable	Gynecology Surgical History:	Gynecological History:
Menstrual History: _____ <u>Regular</u> Onset of Menarche: _____ Menstrual Cycle: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular Last Menstrual Period: <u>20/9/25</u>	Caesarean Section: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Cervical Cerclage: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Ectopic Pregnancy: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Myomectomy: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Others: _____	Contraceptives: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Vaginal Discharge: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Post-Coital Bleeding: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Infertility: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If Yes Type: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary

**Obstetric History:** G 4 P 1 L 1 A 2

**Previous LSCS:** NIL

**Current Medication:**  None  Yes, If Yes, Fill the reconciliation form

**Family History:**  No Abnormalities Detected

Heart Disease  Hypertension  Diabetes  Stroke  Seizures  Kidney disease  
 Liver disease  Other \_\_\_\_\_

**Vital Signs / Measurements:** Temp: 98.2 F HR: 86/nt RR: 18/nt  
 BP: 106/72 Weight: 60 Height: 1.53 BMI: 25.6 kg/m<sup>2</sup>

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



**PHYSICAL ASSESSMENT**

**General Appearance:**  Healthy  ill looking  Anxious  Agitated  Others: .....

**Fall Assessment:**  Yes  No Score 15 (complete the Morse Fall Risk Assessment Sheet)

**Risk of Pressure Sore:**  Yes  No Score 25 (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. Nikhita  
Name of Person Orientation was given to: Mrs. Nikhita  
Orientation not given Reason: .....

Nurse Signature: Dani  
Nurse Name: Dani  
Date & Time: 15/6/26 @ 4pm

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...ET FOR OBSTETRICS

Presenting Complaints

clo pain in abdomen since yesterday

LMP: 20/9/2025

EDD:

Corrected EDD: 30/6/2026

GA: 37+6 weeks

Obstetric Formula: G4P1L1A2

Menstrual History: Regular:  Yes  No

ML- 7 years 3rd degree CM

Obstetric Examination

Obstetric History:

I- Male / 64x / FTNVD / 3.5kg / A 2 W / uneventful / sagartal Hospital / BFx 20 months  
 Fundal Height: TG

II- 12 wks / Missed miscarriage / 2 blighted ovum / MERPC / sagartal Hospital  
 Irritable, 2c / 20 sec / 10 min

III- 9 wks / Missed Miscarriage / SERPC / sagartal Hospital  
 Ut. Activity:  Relaxed  Mild  Mod  Severe

IV- PP, spontaneous conception.

Liquor:  Adequate  Oligo  Poly

Present Pregnancy Record:

Booked to Rch at 35+4 wks previous

PP:  Cephalic  Breech  Others

ANCA at Dr Srinathi.

H/O UTI at 36+2 wks managed conservatively.

Head Fifths Palpable: \_\_\_\_\_

Inj Betnesol given at 34+3 wks

FPS:  Normal  Tachy  Brady  Absent

24 hrs apart two doses given.

RISK FACTORS:

on Tab. Ecospirin 75mg op since conception stopped at 36 wks.

⊕ 150bpm

Hypothyroidism (25)  
 steroids covered  
 UTI  
 uterine artery increased resistance

Per Speculum Examination

Not done

Draining:  Present  Absent  Bleeding

Colour of Liquor:  Clear  Meconium  Blood Stained

Vaginal Examination

Cervix:  Long  Partially effaced  Effaced

soft

Os: Closed \_\_\_\_\_ Dilated tip of finger

Membranes:  Present  Absent

Liquor:  Clear  Meconium  Blood Stained

Presenting Part:  Vertex  Breech  Others

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

High up

Pelvis:  Adequate  Doubtful

Height: 153 cm

Weight: 60 kg

Allergies: Nil

Breast:  Normal  Abnormal

General Examination:

Consciousness: c/c/c

Pallor: ⊖

Icterus: ⊖

Edema: ⊖

Temp: Afebrile

PR: 88bpm

BP: 106/72mmHg

DTR: ⊕

CVS: S1S2 ⊕

RS BAEC ⊕

Liver/Spleen: N

Urine Output: Adequate

DIAGNOSIS

G4P1L1A2 with 37+6 weeks with previous NVD with Hypothyroidism (25) with steroids covered with uterine artery increased resistance

in latent labour for delivery.



<p>Family History:</p> <p>Nil</p>	<p>Surgical History:</p> <p>nil SERPC in 2024 March</p>
<p>Medical History:</p> <p>Hypothyroidism since June 2025</p>	<p>Medication History:</p> <p>Tab Thyroxine 25 mcg OD</p>
<p>Plan of Care: <u>CI to DR BHAVANA mam</u></p> <ul style="list-style-type: none"> <li>- Admission</li> <li>- Normal diet</li> <li>- Monitor FHR</li> <li>- Part preparation</li> <li>- consent</li> <li>- NST 4<sup>th</sup> hrly</li> <li>- Monitor vitals</li> <li>- Inj PCM 1cm IV stat</li> <li>- Follow drug chart</li> <li>- Inform sos</li> </ul> <p>Noted by Rani 15/6/26 @ 3pm.</p>	<p>Investigations:</p> <p>22/3/2026        HIV } NR        HBsAg }        HCV }        RPR }        4/6/26        HPLC (1)        FBS - 72        PLBS - 104</p> <p>27/5/2026        Growth scan        35+1 wks        SLIUF, cephalic        EFW - 2529gms.        AC - 537.        AFI - 16.5cm        PI - post High        Doppler - uterine A. ↑ sed. Resistance        fetal Doppler - Normal.</p> <p>18/12/25        NT scan        12+2 wks        SLIUF        NT - 1.5mm</p> <p>4/6/2026        CBp - 12.3   8200   2.39 L        TSH - 3.518        Anti TPO abf - &lt; 6.6        Anti microsomal        CUE - Protein - trace        PwL cells - 40-45        Epi cells - 25-30</p> <p>16/2/2026        TIFFA scan        20+6 wks        SLIUF        CL - 38mm        NO anomalies        PI - post High</p> <p>FTS - Low Risk</p>

*(Signature)*  
 Dr. Bhavana Kasi  
 Reg. No. 4774


Doctor Name: DR YOGESHWARI  
 Signature: *(Signature)*  
 Date & Time: 15/6/2026 3PM

Consultant Name: DR BHAVANA K.  
 Signature: *(Signature)*  
 Date & Time: 15/6/2026

1

# PATIENT TRANSFER FORM



VIH-00114941 IP-00060352 Mrs MARATI NIKHITHA 09-09-1997 28 Y 9 M 6 D (F) Dr. BHAVANA K 		Date & Time of Admission 15/6/26 @ 3:14 PM	Date & Time of Transfer Order 17/6/26 @ 3:00 AM
Reading Consultant Name		Transfer Ordered by Dr. Nikhitha	Reason for Transfer for observation
From Unit L/w	To Unit (207)	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File 35	Number of Imaging Films 9	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.	1) para acetamol	15	
2.	2) Diclofenac	10	
3.	3) SYP - LACTULOSE	1	
4.	4) TAB - CEPTRAXIM	16	
5.	5) Betadine Ointment - 10 Sachet - 10 Underpad - 10		
Shifting Summary / Notes Written by Doctor : Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Dr.			
Name & Signature of Person who is Transferring Sis. Prathya		Name of Person Ordered Transfer Dr. Nikhitha	
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

**PROGRESS NOTES**  
(USE BALL POINT PEN ONLY)



F

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
15/6/25	7pm.	<p>O/E pt is c/c/c Adv</p> <p>Gcfair - (N) Diet</p> <p>Afeb - w/f spontaneous POL</p> <p>BP-117/70mmHg - Monitor Vitals</p> <p>PR- 85bpm. - Follow drug chart</p> <p>S/E-NAD - NST with baby</p> <p>P/A utw TG - FHR monitoring</p> <p>Irritable. - Ambulation</p> <p>(C) FHR 150bpm. - Hydration</p> <p>V/e - G long - Inform SOS</p> <p>OS- 1cm.</p> <p>PPVx - 3</p>
<p>Noted by Dani 15/6/26 @ 7pm.</p>		<p>Dr. Nausheers</p>
15/6/26	11PM	<p>O/E</p> <p>Pt is c/c/c Adv</p> <p>Gcfair - Normal diet</p> <p>Afeboile - W/F Spontaneous POL</p> <p>BP-114/72mmHg - Monitor Vitals</p> <p>PR- 84bpm - Follow drug chart</p> <p>S/E - NAD - NST G<sup>th</sup> baby</p> <p>P/A - utw TG - FHR Monitoring continue daily</p> <p>Irritable - Ambulation</p> <p>FHR (C) 148bpm - Hydration</p> <p>Cephalic - Inform SOS</p>
<p>Noted by prateekha @ 11pm</p>		<p>Dr. Yogeshwar</p>

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

16/6/26  
6:15 AM

Tab misoprostol  
25mcg kept  
PV at 6:15 AM  
NST Reactive

pt is c/c

O/E

ucfair  
Attebale

BP-114/70 mmHg

PR-86 bpm

SE-NAD

PIA-U-Tg

Imitable

Cephalic

FHR ⊕ 150 bpm

P/V - cy 3/4 th long

OS-1cm

M ⊕ Ppx-1-3

- Normal diet

- W/F POL

- Monitor FHR

- NST & th body

- Ambulation

- Biting ball exercises

- Adequate hydration

- Monitor vitals

- Follow drug chart

- Inform SOS

Adv

Noted by

Pradyula

⊙ 3 AM

Dr Brygeshaan

16/6/26  
3 AM

O/E

pt is c/c

ucfair

Attebale

BP-114/70 mmHg

PR-82 bpm

SE-NAD

PIA-U-Tg

Imitable

Cephalic

FHR ⊕ 140 bpm

- Normal diet

- W/F spontaneous for

- FHR monitoring

- Monitor vitals

- Follow drug chart

- NST & th body

- Ambulation

- Biting ball exercises

- Hydration + th

- Inform SOS

Adv

**PROGRESS NOTES**  
(USE BALL POINT PEN ONLY)

2

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
16/6/26	9 AM	<p>016 Pt is c/d/c</p> <p>GC - fair</p> <p>Afebrile</p> <p>BP - 116/72 mmHg</p> <p>PR - 84 bpm</p> <p>S/E - NAD</p> <p>PIA - ut ~ 38 w/cs</p> <p>Instable</p> <p>Cephalic</p> <p>FHR 140 bpm.</p> <p>Adv</p> <ul style="list-style-type: none"> <li>- (A) diet</li> <li>- WIF POL</li> <li>- NST utn hly</li> <li>- Ambulation</li> <li>- Adequate hydration</li> <li>- FHR monitoring</li> <li>- Birthing Ball Exercises</li> <li>- Monitor vitals</li> <li>- Follow lung chart</li> <li>- Inform SOS</li> </ul> <p>Dr. Gresham</p>
16/6/26	10:45 AM	<p>CLS By Dr Bhavana Ma'am</p> <p>PIA - 2c / 20 sec / 10 min</p> <p>v/c - cx - 1/2<sup>nd</sup> long, post</p> <p>os - 2cm m/c</p> <p>PPT (-) <sup>vx</sup> <del>tip clear</del> meconium stained liquor = clear liquor</p> <p>grade I</p> <p>- less liquor - noted.</p> <p>Adv</p> <ul style="list-style-type: none"> <li>- continuous FHR monitoring</li> <li>- Enema</li> <li>- 1x oxytocin</li> <li>- Inform SOS</li> </ul> <p>Dr. Parvati</p>

Noted by Subhini 16/6/26 9 AM

ARM done

Noted by Subhini 16/6/26 10:45 AM

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Dr. Fournier

16/6/86  
3pm  
booked by  
Schwarz

os - lam  
pp (31)

yle - cx - 1/2 inch, long post

FHR ⊕ 132 bpm

P/A - 3c | 30 sec | 12 min

16/6/86  
3pm

Dr. Hagedorn

16/6/86  
booked by  
Schwarz

cephalic

FHR ⊕ 140 bpm

P/A - ut-ntg

S/E - NAD

PR - 84 bpm

BP - 113/74 mmHg

Atebaile

air

pt 15 c/c

o/c

16/6/86  
1pm

- Inform 505

- Follow drug chart

- Birthing Ball

- Adequate by

- Ambulation

- NST 4th hrly

- W/F PAL

- Monitor vitals

- Monitor FHR continuously

- clear liquids

Adv

3

# PROGRESS NOTES

(USE BALL POINT PEN ONLY)

Ref. No. : F VIIH-00114941 / INPR / 15  
 Mrs MARATI NIKHITHA IP-00060352  
 Patient Name : 09-09-1997 28 Y 9 M 6 D (F)  
 Dr. BHAVANA K  
 Age : .....  
 I.P. No. : .....

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
16/6/26	5:15 Pm.	o/E - pt is c/c/c
		G.C - fair
		Afebrile
		BP - 120/80 mmHg
		PR - 83 bpm.
		S/E - NAD.
		P/A - ut ~ TG
		Cephalic
		FHR ⊕ 140 bpm.
		3C/25-30 sec/10 min.
		V/E - Cx - 1/2 inch
		OS - 2cm.
		PPV x 1-31
		mem b ⊖, liquor - grad I
		MSL ⊕
		Noted by Rani 16/6/26 @ 5:15 Pm.
16/6/2026	8 pm.	C/S/B Dr. Mounika mam
		P/A - 3C/35 sec/10 min.
		cephalic
		FHR ⊕ 148 bpm.
		V/E - Cx - 50% effaced.
		OS - 3-4 cm
		PPV x 1-21
		mem b ⊖, liquor clear.
		Noted by Sahana 16/6/26 8pm
		Dr. Nikhita
		Dr. Nikhita

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

16/6/26  
10:00 PM

NST  
Reactive  
@ 9 PM

PIA - ut - TL  
36cm / 30-35 sec doming  
cephalic  
FHS (+)  
VLE - cx - Fully Effaced  
OS - Fully Dilated  
mem (-)  
PPV x 10/1

Ay  
Dr. Manika

Delivery Notes

Under Aseptic conditions, perineum painted and draped. At the time of crowning at peak of contraction RMLT given under 2% lignocaine.

A Female Baby of weight 3.091 kg of APGAR 8/10, 9/10 delivered at 10:16 PM on 16/6/26.

Baby cried immediately. cord clamped & cut  
Baby handed over to pediatrician

Placenta and membranes expelled

Episiotomy sutured in layers. NO perineal tears noted.

Hemostasis secured. PR done NAD

Female	3.091 kg
10:16 PM	16/6/26

Ay  
Dr. Manika

**PROGRESS NOTES**  
(USE BALL POINT PEN ONLY)



DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
16/6/26	11:00 AM	PND-0 O/E
		PT'S UC, AC FAIR
		Afebrile
		BP - 118/70 mmHg
		PR - 86 bpm
		S/E - NAD
		PIA - ut - w/r
		Soft stool
		ut - NAD.
		Ady Soft diet Ambulation w/ bleeding PV Follow drug chart monitor vitals inform sos
		Noted by pooja 16/6/26 at 11:00 AM Dr. NIKHITA
17/6/26	3:50 AM	PND-0
		O/E - pt is c/c
		Gc - fair
		Afebrile
		BP - 121/69 mmHg
		PR - 84 bpm
		S/E - NAD
		PIA - ut - w/r
		Soft
		ut - NAD
		Ady: - (N) diet - Ambulation - w/ bleeding PV - Follow drug chart - monitor vitals - Inform sos
		urine passed pt. can be shifted to room.
		Baby <sup>A</sup> <sub>M</sub> BF (+) Dr. NIKHITA
		Noted by pooja 16/6/26 at 12 PM

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

17/6/2026  
T: 45 AM.

PND-1

O/E - pt is c/c/c  
G/C - Fair  
Afebrile.  
BP - 108 / 68 mmHg.  
PR - 86 bpm.  
S/E - NAD.  
PIA - w - w/r.  
SOA, NT.  
UE - NAB.  
Baby < <sup>A</sup><sub>m</sub> BF ⊕

Adv:

- (N) diet
- Adeq. Hydration
- w/F bleeding PV
- monitor vitals
- Follow drug chart
- Inform SOS

urine passed  
motion passed

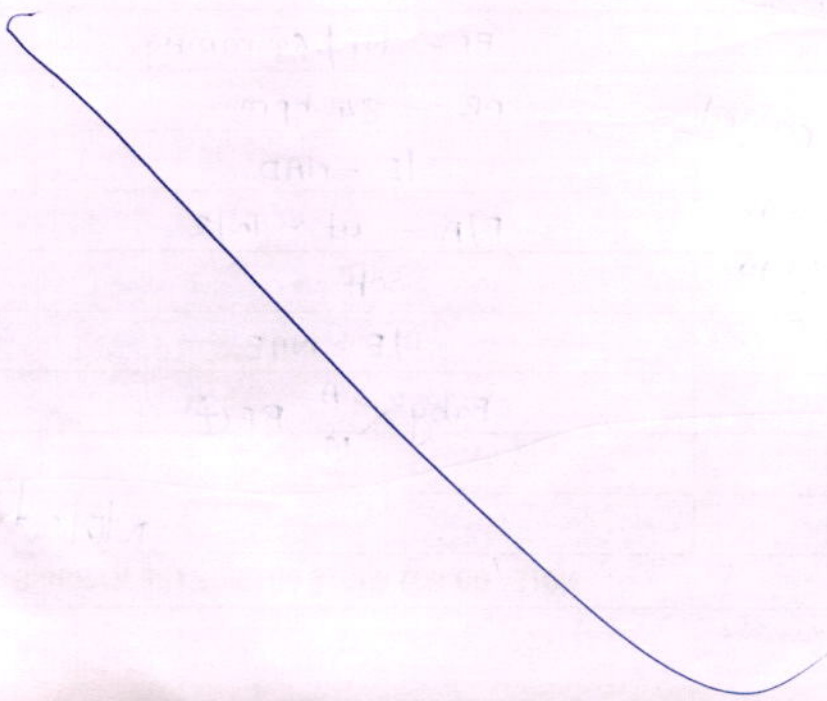
Discharge

Dr. Sham



Dr. Nidhita

noted by  
Sushil  
17/6/26  
at 8:30 AM





### JRSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: <u>Gupilia 2 @ 37 weeks &amp; prev. NVD @ hypothyroidis &amp; steroids</u>	Any Infection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Known						
	Surgery / Procedure: <u>IOL</u>	If Yes Specify: .....						
BACKGROUND	Date	Shift	15/6 Evening	15/6 N	16/6/26 M	16/6/26 E	17/6 N	17/6/26
	Medical Condition (Any special condition to be noted):		-	-	Hypothyroid	Hypothyroid	-	-
	Diet:		<u>N diet</u>		normal diet	clear liquid	<u>B diet</u>	<u>A diet</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	<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	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Vital Signs:	Temp:	98.6F	96.2F	98.6F	98.6F	98.4F	98.2F
		Res:	18/lt	19/lt	19/lt	18/lt	19/lt	19/lt
		SpO <sub>2</sub> :	99%	98%	98%	99%	99%	98%
		Pulse:	86/lt	80/lt	82/lt	86/lt	85/lt	86/lt
		BP:	110/70	112/70	112/lt	110/70	120/70	121/62/lt
		LOC:	conscious	conscious	conscious	conscious	conscious	conscious
	Fall Risk Score:		15	15	15	15	15	
Pain Score:	-	0	0	12	2	0		
Skin Integrity		Intact	Intact	Intact	Intact	Intact		
Recommendations	Safety Needs:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input 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 type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Physiotherapy:	-	-	-	-	-	nil	
	Others Specify:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input 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 type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Special Diet:	<u>N diet</u>	<u>N -</u>	normal diet	clear liquid	<u>B diet</u>	<u>A diet</u>	
	Critical Lab Test / Values:							
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input 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 type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	ADL (Dependent / Non Dependent):	dependent	dependent	dependent	dependent	dependent	dependent	
Post Operative Procedure Special Orders:	NSI 4th Nov 4	-	w/f POL FHR bands	w/f POL	w/r POL	w/f steady		
Handed Over By Name :	Dani	pradhyale	K. Subramini	K. Subra	poofa	Nagma		
Signature / ID :	02052	020533	020477	020477	020477	020477		
Date:	15/6/26	16/6/26	16/6/26	16/6/26	17/6/26	17/6/26		
Time:	6pm	@ 8am	2pm	8pm	@ 8am	@ 8am		
Taken Over By Name :	K. Subra	K. Subra	K. Subra	poofa	Nagma	Sushale		
Signature / ID :	020477	020477	020477	9050150	020477	020477		
Date:	15/6/26	16/6/26	16/6/26	17/6/26	17/6/26	17/6/26		
Time:	8pm	8am	2pm	8pm	6 AM	8 AM		



### NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: <u>G<sub>4</sub> P<sub>1</sub> L<sub>1</sub> A<sub>2</sub> with 37 + 6 weeks with</u>		Any Infection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Known				
	Prev. MVD & Hypothyroidism & steroids		If Yes Specify: .....				
	Surgery / Procedure: -		Post OP Day: -				
BACKGROUND	Date	17/6/20					
	Shift	M					
	Medical Condition (Any special condition to be noted):	nil					
	Diet:	pdiet					
ASSESSMENT	Allergy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):	RA					
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Vital Signs:	Temp:	98.6f				
		Res:	20b/mf				
		SpO <sub>2</sub> :	99%				
		Pulse:	89b/mf				
		BP:	110/69/76				
		LOC:	conscious				
		Fall Risk Score:	0				
Pain Score:	0						
Skin Integrity	Intact						
Recommendations	Safety Needs:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Physiotherapy:	nil					
	Others Specify:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Special Diet:	pdiet					
	Critical Lab Test / Values:	nil					
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	PU Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	DVT Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
ADL (Dependent / Non Dependent):	dependent						
Post Operative Procedure Special Orders:		nil					
Handed Over By Name :		Sushrta					
Signature / ID :		86993					
Date:		17/6/20					
Time:		10AM					
Taken Over By Name :							
Signature / ID :							
Date:							
Time:							

Mrs MARATI NIKHITHA  
 09-08-1997 28 Y 0 M 0 D (F)  
 Dr. BHAVANA K  


# NURSING CARE RECORD



Date: 15/6/20

**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 *FHR and NST 4th hour*

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon	3pm	Maintain fluid balance.	3pm	provided liquids	to prevent dehydration	patient is hydrated	Dani 15/6/20 3pm
	6pm	any others, specify	6:10pm	check FHR & NST	checked FHR & NST 4th hour	FHR & NST good	
Night	9pm	Ensure Safety	9pm	provide side rails	to prevent fall from bedside.	Patient was safe	Pradip @ 9pm 15/6/20 Pradip @ 10pm 15/6/20 Pradip @ 11pm 15/6/20
	11am	Relieve Pain & Discomfort	11am	provide analgesic	Telling patient change position.	Patient was comfortable	
	7am	monitored vitals	7am	checked vitals	vitals are normal	Patient was stable	



# NURSING CARE RECORD

Date: 16/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8 AM	Maintain fluid balance	8 AM	Encourage to take more oral liquid.	Prevent dehydration	Patient good.	} 16/6/26 1 PM
	12 PM	FHR monitoring	12 PM	FHR monitoring continue	FHR 142b/m	FHR good.	
Afternoon	4 PM	Ensure safety	4 PM	provided side Rails	prevent fall	patient safe.	} 16/6/26 6 PM
	6 PM	FHR monitoring	6 PM	FHR monitoring continue	FHR 154b/m	FHR good.	
Night	10 PM	Maintain fluid Balance	10 PM	Encourage to take oral fluids	Prevent dehydration	patient was dehydrated	} 16/6/26 2 AM
	3 AM	monitored vitals	3 AM	checked vitals	vitals are normal	patient was stable	



# NURSING CARE RECORD



Date: 17/6/26

**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	9AM	maintain good nutritional diet	9:10 AM	To provided good nutritional diet	oral intake is good	patient is stable	sushil 17/6/26 at 10 AM
Afternoon	<i>discharge note doctor advised for discharge</i>						
Night	<i>noted by sushil 17/6/26 at 10 AM</i>						

VIH-00114941 IP-00060352  
 Mrs MARATI NIKHITHA  
 08-09-1997 28 Y 9 M 8 D (F)  
 Dr. BHAVANA K



# NURSING CARE RECORD



Date: .....

**Goals**

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

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

### GENERAL CONSENT FOR TREATMENT

Patient Name: Mrs MARATI NIKHITHA Age : 28 Y 9 M 6 D  
IP No: IP-00060352 Sex: Female  
Consultant: Dr. BHAVANA K Ward/Bed No: N 2F-LABOUR WARD/LW 220

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

Patient, be deemed advisable or necessary.


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

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

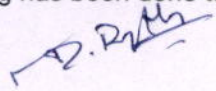
I understand that I shall not bring valuables to the Hospitals and that the Hospital will not be responsible for the loss, destruction or theft of my personal belongings. I assume full responsibility for all my personal items and release the Hospital from responsibility and liability for such personal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

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

Note:

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

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

Signature of Patient/Relative: 

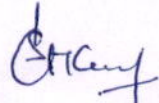
Name: Raghurath.

Relationship: Husband.

Date: 15/6/2026

Time: 3:14 pm.

Witness Name:

Witness Signature: 

Patient Address:

H.NO-1-508, JYOTHI COLONY, BALAJI  
NAGAR, SECUNDERABAD YAPRAL  
Hyderabad Telangana INDIA 500087

PRE - OPE

VIH-00114941 IP-00060352  
 Mrs MARATI NIKHITHA  
 09-09-1997 28 Y 9 M 6 D (F)  
 Dr. BHAVANA K



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

BirthRight  
 BY RAINBOW HOSPITALS  
 Your Right to a Safe Delivery

Patient's Name :

Age : 28 Y

Date : 15/6/26  
 Gender :  M  F

Blood Group :

Position: NUD & FM - LSCB  
 PHID : VIH - 00114941

Planned Surgery :

Surgeon : DR. Bhavana Kasse

Anesthetist : DR. NASHAL

Date & Time of Operation : 15/6/26

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

S.No.	INSTRUCTIONS	ER/Ward/Nurse			OT Nurse		
		Yes	No	NA	Yes	No	NA
1	Weight checked recorded ? <i>60kgs</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Enema given / Bowel Preparation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Sterile Gown Given	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Is Blood arranged as required ?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	If Blood has been ordered - is Blood bag ready ?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 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 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Skin Preparation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Site is marked	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Implants are available	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Equipment is available	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	Other (if any)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Billing Clearance Taken :  Yes  No

Billing Executive Name : ..... OT Nurse Name : ..... ER/Ward Nurse Name : *Tija*

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

Date & Time : ..... Date & Time : ..... Date & Time : *15/6/26 at 5.20PM*

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

# INFORMED CONSENT FOR VAGINAL BIRTH

Patient Name : MRS MARATI NIKITHA UHID No : VIH-00114941  
Gender:  Male  Female Date : 15/6/2026 Time : 3:30 PM

I hereby authorized the performance of the following procedure:

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

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

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

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

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

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

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

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

**Consentee :**

Signature : M. Nikitha

Name : M. Nikitha

Date & Time : 15/6/2026 3:30PM

**Witness : (N/A)**

Signature : .....

Name : .....

Date & Time : .....

**Patient Attendant :**

Signature : D. Raghaveth

Name : D. Raghaveth

Relationship with Patient : Husband

Date & Time : 15/6/2026 3:30 PM

**Doctor (who is taking the consent) :**

Signature : [Signature]

Name : DR. MOON IGA

Date & Time : 15/6/26 , 3:30 PM

రోగి పేరు : ..... వయస్సు ..... లింగం పు స్త్రీ  
యు.హెచ్.ఐ.డి. .... విభాగము .....

తేదీ .....

ఈ ప్రక్రియ యొక్క వివరములను నేను ఆమోదించాను:

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

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

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

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

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

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

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

ఈ ప్రక్రియను నిర్వహించే డాక్టరు పేరు: .....

సహాయకుడు(అటెండెంట్)

సాక్షి

సంతకము .....

సంతకము .....

పేరు .....

పేరు .....

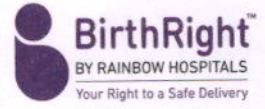
వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

తేదీ మరియు సమయము .....

సంతకము .....

పేరు .....

Mrs MARATI NIKHITHA  
09-09-1997 28 Y 9 M 8 D (F)  
Dr. BHAYANA K

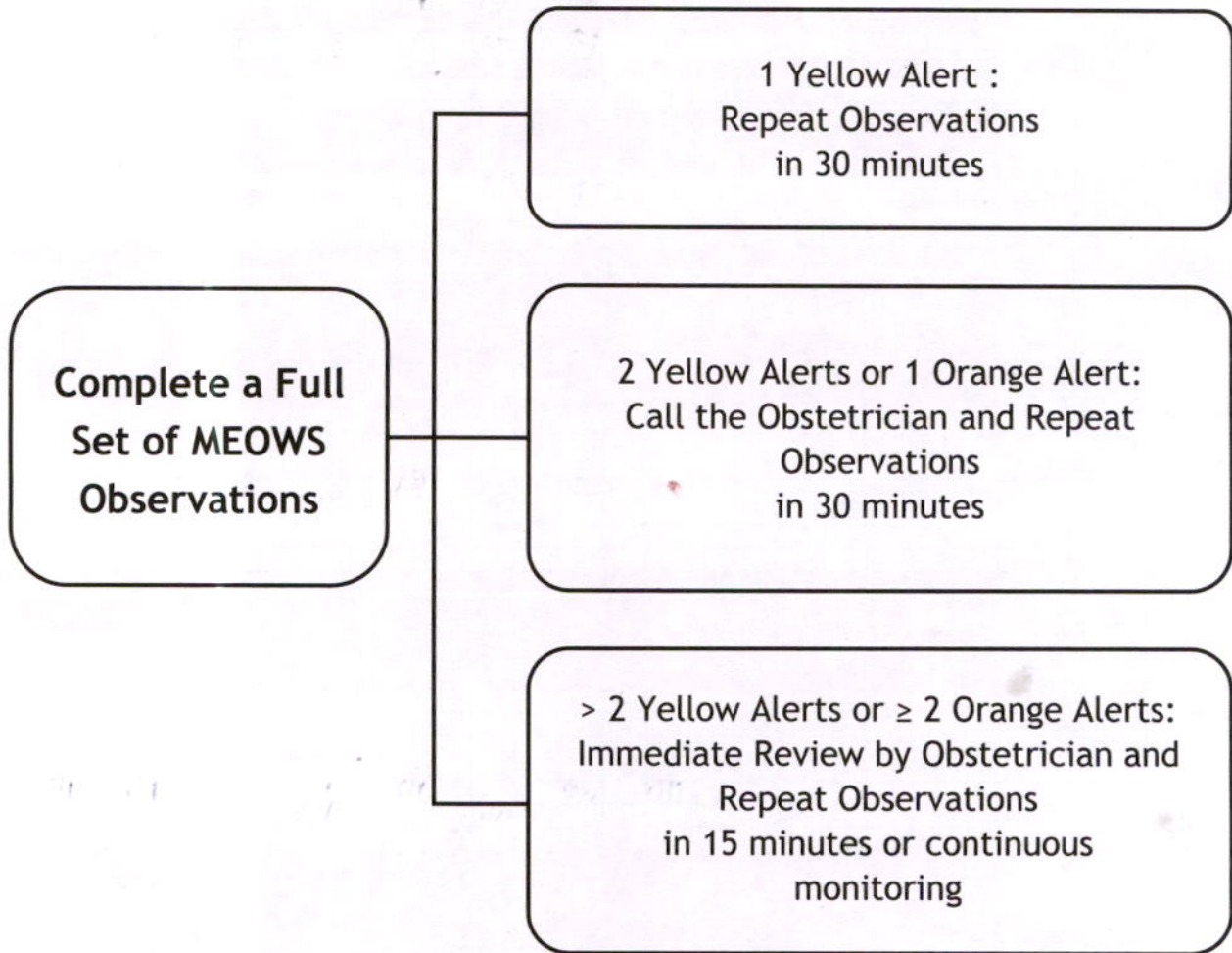


## Early Warning Observation Score Chart - Obstetrics

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								19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	
	0 - 10																								
Saturations	94 - 100 %							99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	
	< 94 %																								
Administered O <sub>2</sub> (L/min.)																									
Temp °C	40																								
	39																								
	38																								
	37							37.0	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80								80	80	80	81	81	81	81	81	81	81	81	81	81	81	81	81	
	70																								
	60																								
	50																								
40																									
Systemic Blood Pressure	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100								110	110	110	112	112	112	112	112	112	112	112	112	112	112	112	112	
	90																								
	80																								
	70																								
60																									
50																									
Diastolic Blood Pressure	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70								70	65	60	62	62	62	62	62	62	62	62	62	62	62	62	62	
60																									
50																									
40																									
NEURO RESPONSE [✓]	Alert							✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30							✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
	< 30																								
Proteinuria	Protein ++																								
	Protein > ++																								
Lochia	Normal							NP	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W		
	Heavy / Foul																								
Liquor	Clear / Pink							NP	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W		
	Green																								
TOTAL YELLOW SCORES								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		
Nurse Initial								W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W		

## Obstetrics and Gynaecology Early Warning Signs



\* The Modified Early Warning Score (MEOWS)

VIH-00114941 IP-00060352  
 Mrs MARATI NIKHITHA  
 09-09-1997 28 Y 9 M 6 D (F)  
 Dr. BHAVANA K



2

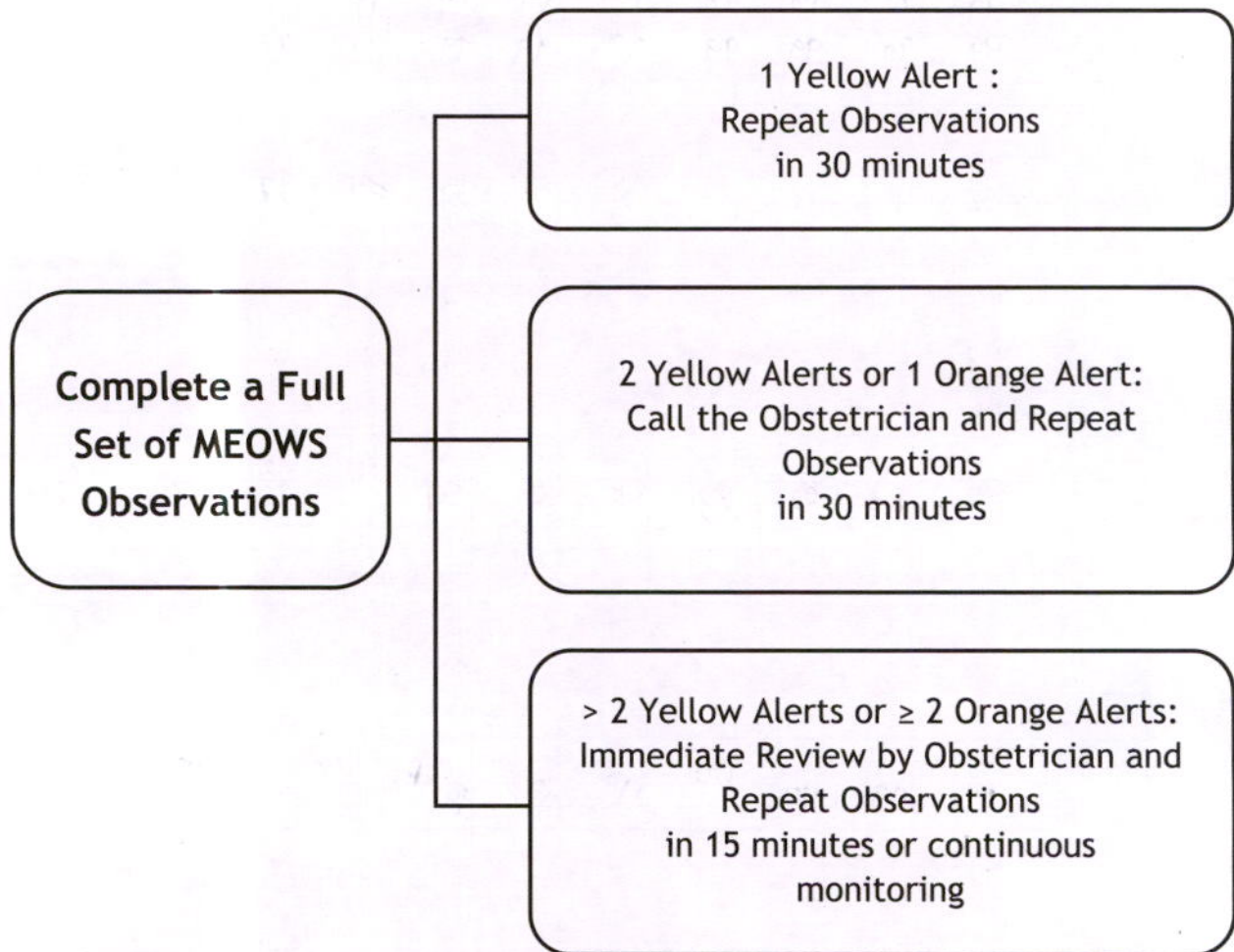


## Early Warning Observation Score Chart - Obstetrics

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

16/6		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	
		Time																									
RESP (write rate in corresp. box)	> 30																										
	21 - 30																										
	11 - 20		19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	
	0 - 10																										
Saturations	94 - 100 %		99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	
	< 94 %																										
Administered O <sub>2</sub> (L/min.)																											
Temp °C	40																										
	39																										
	38																										
	37																										
	36		36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	
	35																										
	< 35																										
Heart Rate	170																										
	160																										
	150																										
	140																										
	130																										
	120																										
	110																										
	100																										
	90																										
	80		82	83	82	83	86	86	89	91	93	85	82	86													
	70																										
60																											
50																											
40																											
Systolic Blood Pressure	190																										
	180																										
	170																										
	160																										
	150																										
	140																										
	130																										
	120																										
	110																										
	100		90	113	110	120	110	117	110	120	121	113/113	112	108													
	90																										
80																											
70																											
60																											
50																											
40																											
Diastolic Blood Pressure	130																										
	120																										
	110																										
	100																										
90																											
80																											
70																											
60		77	72	70	80	70	77	70	72	74	81	72	68														
50																											
40																											
NEURO RESPONSE [✓]	Alert		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
	Voice																										
	Pain																										
	Unresponsive																										
URINE mls / hour	> 30		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
	< 30																										
Proteinuria	Protein ++																										
	Protein > ++																										
Lochia	Normal		NA	NA	NA	NA	W	W	✓	✓	✓	✓	✓														
	Heavy / Foul																										
Liquor	Clear / Pink		NA	NA	NA	NA	W	W	✓	✓	✓	✓	✓														
	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			2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2		

## Obstetrics and Gynaecology Early Warning Signs



\* The Modified Early Warning Score (MEOWS)

VIH-00114941 IP-00060352

Mrs MARATI NIKHITHA

09-09-1997 28 Y 9 M 7 D (F)

Dr. BHAVANA K



3



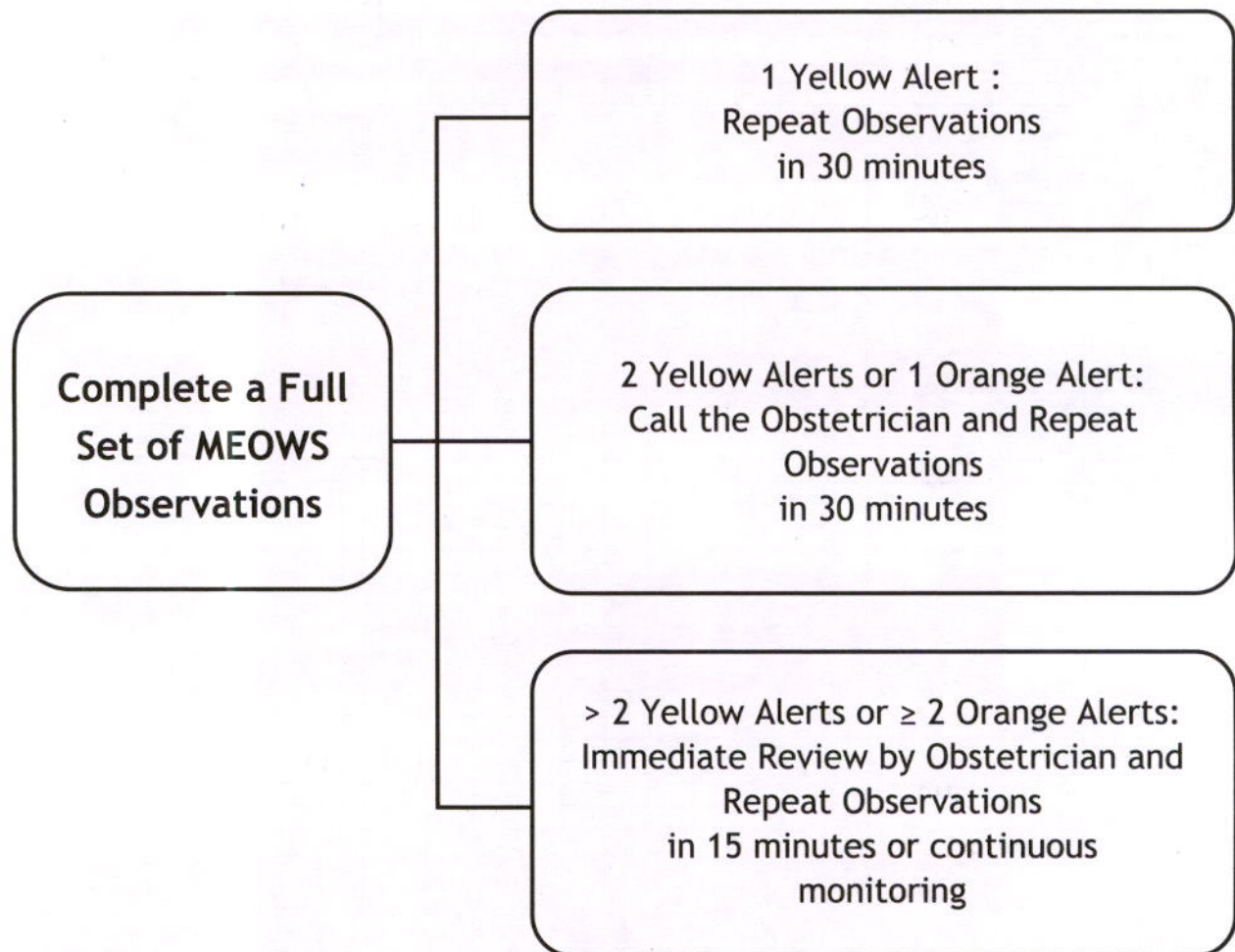
# Early warning Observation Score Chart - Obstetrics

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		19																								
	0 - 10																										
Saturations	94 - 100 %		99																								
	< 94 %																										
Administered O <sub>2</sub> (L/min.)																											
Temp <sup>o</sup> C	40																										
	39																										
	38																										
	37																										
	36		36																								
	35																										
	< 35																										
Heart Rate	170																										
	160																										
	150																										
	140																										
	130																										
	120																										
	110																										
	100																										
	90																										
	80		80																								
	70																										
	60																										
	50																										
40																											
Systolic Blood Pressure	190																										
	180																										
	170																										
	160																										
	150																										
	140																										
	130																										
	120																										
	110																										
	100																										
	90																										
	80																										
	70																										
60																											
50																											
Diastolic Blood Pressure	130																										
	120																										
	110																										
	100																										
	90																										
80																											
70																											
60																											
50																											
40																											
NEURO RESPONSE [✓]	Alert																										
	Voice		✓																								
	Pain																										
	Unresponsive																										
URINE mls / hour	> 30		✓																								
	< 30																										
Proteinuria	Protein ++																										
	Protein > ++																										
Lochia	Normal		PA																								
	Heavy / Foul																										
Liquor	Clear / Pink		PA																								
	Green																										
TOTAL YELLOW SCORES			1																								
TOTAL ORANGE SCORES			0																								
Nurse Initial			SN																								

Noted by SN  
Swati  
17/6/26  
at 10 AM

## Obstetrics and Gynaecology Early Warning Signs



\* The Modified Early Warning Score (MEOWS)



# FLUID CHART

Sheet No. : ..... 1

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

Date	Time	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
		Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											

**Total Intake :** \_\_\_\_\_ **Total Output :** \_\_\_\_\_

15/6	02:00 pm	H <sub>2</sub> O 100ml										
	03:00 pm	H <sub>2</sub> O 100ml								✓		
	04:00 pm	H <sub>2</sub> O 100ml								✓		
	05:00 pm	H <sub>2</sub> O 100ml										
	06:00 pm	H <sub>2</sub> O 100ml										
	07:00 pm	H <sub>2</sub> O 100ml										

**Total Intake :** 600ml **Total Output :** Paused

15/6	08:00 pm	H <sub>2</sub> O 100ml										
	09:00 pm	H <sub>2</sub> O 100ml										
	10:00 pm	H <sub>2</sub> O 100ml										
	11:00 pm	H <sub>2</sub> O 100ml										
	12:00 am	H <sub>2</sub> O 100ml										
	01:00 am	H <sub>2</sub> O 100ml										

**Total Intake :** 600ml **Total Output :** Paused

16/6	02:00 am	H <sub>2</sub> O 50ml										
	03:00 am											
	04:00 am	H <sub>2</sub> O 100ml										
	05:00 am	H <sub>2</sub> O 50ml										
	06:00 am	H <sub>2</sub> O 100ml										
	07:00 am	H <sub>2</sub> O 100ml										

**Total Intake :** 400ml **Total Output :** Paused

<b>Total 24 hrs. Intake</b>	1600ml
-----------------------------	--------

<b>Total 24 hrs. Output</b>	Paused
-----------------------------	--------

Date      Time      FHR      contractions

15/6/26

2pm - 140 b/mt  
 2:30pm - 146 b/mt  
 3pm - 139 b/mt  
 3:30pm - 142 b/mt  
 4pm - 140 b/mt  
 4:30pm - 132 b/mt  
 5pm - 142 b/mt  
 5:30pm - 142 b/mt  
 6pm - 140 b/mt  
 6:30pm - 129 b/mt  
 7pm - 136 b/mt  
 7:30pm - 142 b/mt  
 8pm - 140 b/mt  
 8:30pm - 155 b/mt  
 9pm - 157 b/mt  
 9:30pm - 150 b/mt  
 10pm - 148 b/mt  
 10:30pm - 146 b/mt  
 11pm - 143 b/mt  
 11:30pm - 152 b/mt

Invariable 3-sec

16/6/26

12:30am - 159 b/mt  
 1am - 148 b/mt  
 1:30am - 140 b/mt  
 2am - 147 b/mt  
 2:30am - 138 b/mt  
 3am - 135 b/mt

Invariable

16/6 3:30am - 142 b/mt  
 4am - 148 b/mt  
 4:30am - 133 b/mt  
 5am - 139 b/mt  
 5:30am - 153 b/mt  
 6am - 147 b/mt  
 6:30am - 157 b/mt  
 7am - 139 b/mt  
 7:30am - 140 b/mt  
 8am - 149 b/mt

VIH-00114941 IP-00060352  
 Mrs MARATI NIKHITHA  
 09-09-1997 28 Y 9 M 6 D (F)  
 Dr. BHAVANA K

2

**FLUID CHART**

Sheet No. : .....

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
16/6/26	08:00 am	H <sub>2</sub> O 50ml								✓	0	16/26
	09:00 am	H <sub>2</sub> O 100ml									0	
	10:00 am	H <sub>2</sub> O 50ml									0	
	11:00 am	H <sub>2</sub> O 100ml + 2 drops to 50ml RL 50ml 5ml/hr.								✓	0	
	12:00 pm	H <sub>2</sub> O 100ml + 10ml, RL-100ml									0	
	01:00 pm	H <sub>2</sub> O 50ml + 2 drops to 100ml RL-100ml									0	
<b>Total Intake :</b>			500ml			<b>Total Output :</b>					passed	
16/6/26	02:00 pm	H <sub>2</sub> O 50ml, RL-100ml								✓	0	16/26
	03:00 pm	H <sub>2</sub> O 50ml, RL-100ml								✓	0	
	04:00 pm	H <sub>2</sub> O 100ml, RL-100ml								✓	0	
	05:00 pm	H <sub>2</sub> O 50ml, RL-100ml								✓	0	
	06:00 pm	H <sub>2</sub> O 50ml, RL-100ml								✓	0	
	07:00 pm	H <sub>2</sub> O 50ml, RL-100ml								✓	0	
<b>Total Intake :</b>			600ml			<b>Total Output :</b>					passed	
17/6/26	08:00 pm	H <sub>2</sub> O 50ml + 2 drops to 50ml RL 50ml								✓	0	17/26
	09:00 pm	H <sub>2</sub> O 50ml + 2 drops to 50ml RL 50ml								✓	0	
	10:00 pm	H <sub>2</sub> O 50ml + 2 drops to 50ml RL 50ml								✓	0	
	11:00 pm	H <sub>2</sub> O 100ml + RL 100ml								✓	0	
	12:00 am	H <sub>2</sub> O 50ml								✓	0	
	01:00 am	H <sub>2</sub> O 50ml								✓	0	
<b>Total Intake :</b>			1500ml			<b>Total Output :</b>					250ml	
17/6/26	02:00 am	H <sub>2</sub> O 100ml								✓	0	17/26
	03:00 am	H <sub>2</sub> O 100ml								✓	0	
	04:00 am	H <sub>2</sub> O 100ml								✓	0	
	05:00 am									✓	0	
	06:00 am	H <sub>2</sub> O 100ml								✓	0	
	07:00 am	H <sub>2</sub> O 100ml								✓	0	
<b>Total Intake :</b>						<b>Total Output :</b>						

**Total 24 hrs. Intake**

**Total 24 hrs. Output**



# FLUID CHART

Sheet No. : .....

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
<i>17/6/22</i>	08:00 am											<i>17/6/22</i> <i>17/6/22</i> <i>17/6/22</i> <i>17/6/22</i> <i>17/6/22</i> <i>17/6/22</i>	
	09:00 am												
	10:00 am	<i>poly</i>											
	11:00 am	<i>water</i>											
	12:00 pm												
	01:00 pm												
<b>Total Intake :</b>						<b>Total Output :</b>							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
<b>Total Intake :</b>						<b>Total Output :</b>							
	08:00 pm												
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
<b>Total Intake :</b>						<b>Total Output :</b>							
	02:00 am											<i>noted by</i> <i>17/6/22</i> <i>17/6/22</i> <i>17/6/22</i> <i>17/6/22</i> <i>17/6/22</i>	
	03:00 am												
	04:00 am												
	05:00 am												
	06:00 am												
	07:00 am												
<b>Total Intake :</b>						<b>Total Output :</b>							

**Total 24 hrs. Intake**

**Total 24 hrs. Output**

VIH-00114941 IP-00060352  
 Mrs MARATI NKHITHA  
 09-09-1997 28 Y 9 M 6 D (F)  
 Dr. BHAVANA K

*(Handwritten mark)*



## MEDICATION RECONCILIATION FORM

Drug Allergies: NIL  Not known any Drug Allergies

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

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

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	ONCE DAILY	15/6/26	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
2	T. CALCIUM	1TAB	PO	ONCE DAILY	15/6/26	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
3	F. THYROXINE	25mcg	PO	ONCE DAILY	15/6/26	<input checked="" 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. YOGESHWART

Date & Time: 15/6/2026 3PM

Nurse Name & Signature: Rani Rai

Date & Time: 15/6/26 @ 3pm



2

## 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: ..... LIW ..... Shifted to: ..... Room 207 ]

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	TAB. THYROXINE	25 MCG	PO	ONCE DAILY		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
2	TAB. PANTOPRAZOLE	40 MG	PO	ONCE DAILY		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
3	TAB. PARACETAMOL	1 GM	PO	6TH HOURLY		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
4	TAB. DIFLOFENAC	50 MG	PO	8TH HOURLY		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
5	TAB. CEFIXIME	200 MG	PO	12TH HOURLY		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
6	SYP. LACTULOSE	15 ML	PO	ONCE DAILY		<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. NIKHITHA

Date & Time : ..... 16/6/2026

Nurse Name & Signature: ..... Pooja

Date & Time : ..... 16/6/2026 at 12pm

Patient Name :



I.P. No.

Sheet No. (1)

Wards L/W

Weight (kg) 60kg

REGULAR PRESCRIPTIONS

ChkH 16/6/26

<b>DRUG : TAB - PARACETAMOL</b>				Date Time	16/6														
Dose	Route	Frequency	Start Dt.																
167M	PO	6TH HOURLY	16/6																
Name & Signature of the Doctor starting the Drugs:				<p>12AM</p> <p>12PM</p> <p>6PM</p>															
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign.																			

ChkH 16/6/26

<b>DRUG : TAB - DICLOFENAC</b>				Date Time	16/6														
Dose	Route	Frequency	Start Dt.																
50MG	PO	8TH HOURLY	16/6																
Name & Signature of the Doctor starting the Drugs:				<p>7AM</p> <p>11PM</p>															
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign.																			

ChkH 16/6/26

<b>DRUG : SYP : LACTULOSE</b>				Date Time	17/6/26														
Dose	Route	Frequency	Start Dt.																
15ML	PO	ONCE DAILY	16/6																
Name & Signature of the Doctor starting the Drugs:				<p>10PM</p>															
Additional Instructions:				<p>AT BED TIME</p>															
Daily Doctor's Endorsement by a Sign.																			

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

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

**REGULAR PRESCRIPTIONS**

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

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

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

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



VIH-00114841 IP-00060352  
 Mrs MARATI NIKHITHA  
 09-09-1997 28 Y 9 M 6 D (F)  
 Dr. BHAVANA K



# DRUG CHART

Date of Admission: 15/6/2020 Drug Allergies: NIL  Not known any Drug Allergies

## FOR THE SAFETY OF THE PATIENT

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

## SOS / PRN (As Required Medication)

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

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

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

VERIFIED BY: Name Signature







REGULAR PRESCRIPTIONS

Weight..... *60kg* Ward. *4/1*

15/6/26  
 Enigusee 8 am

DRUG: TAB. THYROXINE				Date Time	16/6	13/6														
Dose	Route	Frequency	Start Date	6	<del>13/6</del>	<del>13/6</del>														
25mcg	PO	ONCE DAILY	15/6/26	AM	<del>AM</del>	<del>AM</del>														
Name & Signature of the Doctor Starting the Drugs:																				
<i>DR. YOGESHWAR</i>																				
Additional Instructions:																				
ON EMPTY STOMACH.																				
Daily Doctor's Endorsement by a Sign																				

16/6/26  
 10:30 am

DRUG: INT CEFOTAXIME				Date Time																
Dose	Route	Frequency	Start Date																	
1GM	IV	12TH HOURLY	16/6																	
Name & Signature of the Doctor Starting the Drugs:																				
<i>DR. NEKHITA</i>																				
Additional Instructions:																				
AFTER TEST DOSE.																				
Daily Doctor's Endorsement by a Sign																				

16/6/26  
 9 AM

DRUG: TAB. CEFIXIME				Date Time	16/6															
Dose	Route	Frequency	Start Date																	
200MG	PO	12TH HOURLY	16/6	9AM																
Name & Signature of the Doctor Starting the Drugs:																				
<i>DR. NEKHITA</i>																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				

16/6/26  
 6 AM

DRUG: TAB. PANTOPRAZOLE				Date Time	16/6															
Dose	Route	Frequency	Start Date	6																
40 MG	PO	ONCE DAILY	16/6	AM																
Name & Signature of the Doctor Starting the Drugs:																				
<i>DR. NEKHITA</i>																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				

Mrs MARATI NIKHITHA  
09-1997 28 Y 9 M 6 D (F)  
SHAVANA K



## RESULT SHEET

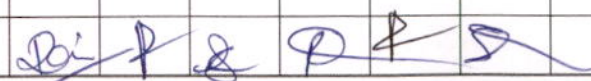
Date	4/6/26				
Time					
Hb	12.3				
PCV					
RBC					
WBC	8200				
N/L					
Platelets	2.39				
CRP					
ESR					
PCT					
RBS					
Na					
K					
Cl					
Ca/Mg					
Phosphate					
Urea					
Creatinine					
ALP					
SGPT					
SGOT					
T.Bill/Conj					
T.Protein					
S.Albumin					
S.Globulin					
A/G Ratio					
Uric Acid					
S.Amylase					
Sr.Lipase					
Blood Lactate					
S.Cholesterol					
PT/INR					
APTT					
CSF Protein / Sugar					
Cells					
N/L					





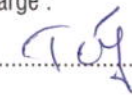

①

## CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	15/6 DAY-1			16/6 DAY-2			17/6 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 cord pyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5		-	-	-	-	-	-			
Signature of the Nurse													

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

Signature of Shift In Charge :

Signature :  Name : 

Signature of Ward In Charge :

Signature : \_\_\_\_\_ Name : \_\_\_\_\_



10

# BRADEN 'Q' SCALE

					Date :	15/6	16/6	16/6/26	16/6/26
					Time :	11:30 AM	10 AM	8:30 AM	2 PM
Mobility	<b>1. Completely immobile:</b> Does not make even slight changes in body or extremity position without assistance.	<b>2. Very limited:</b> Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	<b>3. Slightly limited:</b> Makes frequent through slight changes in body or extremity position independently.	<b>4. No limitations:</b> Makes major and frequent changes in position without assistance.		4	4	4	4
'Activity The degree of physical activity'	<b>1. Bedfast :</b> Confined to bed	<b>2. Chairfast :</b> Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	<b>3. Walks occasionally:</b> Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	<b>4. All patients too young to ambulate; OR walks frequently:</b> Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.		4	4	4	4
Sensory Perception	<b>1. Completely limited:</b> 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.	<b>2. Very limited:</b> 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.	<b>3. Slightly limited:</b> 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.	<b>4. No impairment:</b> Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.		4	4	4	4
Moisture Degree to which skin is exposed to moisture	<b>1. Constantly moist:</b> Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	<b>2. Very moist:</b> Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	<b>3. Occasionally moist:</b> Skin is occasionally moist, requiring linen change every 12 hours.	<b>4. Rarely moist:</b> Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.		4	4	4	4
<b>FRICITION-SHEAR</b> Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	<b>1. Significant problem:</b> Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	<b>2. Problem:</b> 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.	<b>3. Potential problem:</b> 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.	<b>4. No apparent problem:</b> Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."		4	4	4	4
Nutritional Usual food intake pattern	<b>1. Very Poor:</b> 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.	<b>2. Inadequate:</b> 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.	<b>3. Adequate:</b> 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.	<b>4. Excellent:</b> Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation.		4	4	4	2
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
<b>TOTAL SCORE</b>						28	28	28	26
<b>Evaluator's Name</b>						Dr. P	P	P	P

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	<b>Support Surfaces</b> (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"> <li>• Regular Turning Schedule</li> <li>• Enable as much activity as possible</li> <li>• Protect the heels</li> <li>• Use pressure redistribution surfaces</li> <li>• Manage moisture, friction and shear</li> <li>• Advance to a higher level of risk if other major risk factors are present</li> </ul>	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
13-14	Moderate Risk	<ul style="list-style-type: none"> <li>• Use the Same Protocol as for “<b>At Risk</b>” Patients</li> <li>• Position patient at 30 degree lateral incline using foam wedges</li> </ul>	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
10-12	High Risk	<ul style="list-style-type: none"> <li>• Follow the same protocol as for “<b>Moderate Risk</b>” Patients</li> <li>• In addition to regular turning schedule</li> <li>• Make small shifts in their position frequently</li> </ul>	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"> <li>• Use same protocol as for “<b>High Risk</b>” Patients</li> <li>• Add a pressure redistribution surface for patients with severe pain or with additional risk factors.</li> </ul>	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay



# BRADEN 'Q' SCALE

2

				Date :	17/6/26	17/6		
				Time :	1 Am	10 Am		
Mobility	<b>1. Completely immobile:</b> Does not make even slight changes in body or extremity position without assistance.	<b>2. Very limited:</b> Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	<b>3. Slightly limited:</b> Makes frequent through slight changes in body or extremity position independently.	<b>4. No limitations:</b> Makes major and frequent changes in position without assistance.	4	9		
"Activity The degree of physical activity"	<b>1. Bedfast :</b> Confined to bed	<b>2. Chairfast :</b> Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	<b>3. Walks occasionally:</b> Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	<b>4. All patients too young to ambulate; OR walks frequently:</b> Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	9		
Sensory Perception	<b>1. Completely limited:</b> 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.	<b>2. Very limited:</b> 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.	<b>3. Slightly limited:</b> 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.	<b>4. No impairment:</b> Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	9		
Moisture Degree to which skin is exposed to moisture	<b>1. Constantly moist:</b> Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	<b>2. Very moist:</b> Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	<b>3. Occasionally moist:</b> Skin is occasionally moist, requiring linen change every 12 hours.	<b>4. Rarely moist:</b> Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	9		
<b>FRICITION-SHEAR</b> <b>Friction</b> Occurs when Skin moves against support surfaces <b>Shear</b> Occurs when skin and adjacent bony surface slide across one another	<b>1. Significant problem:</b> Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	<b>2. Problem:</b> 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.	<b>3. Potential problem:</b> 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.	<b>4. No apparent problem:</b> 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	9		
Nutritional Usual food intake pattern	<b>1. Very Poor:</b> 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.	<b>2. Inadequate:</b> 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.	<b>3. Adequate:</b> 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.	<b>4. Excellent:</b> Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation.	4	9		
Tissue Perfusion & Oxygenation	<b>1. Extremely compromised:</b> Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	<b>2. Compromised:</b> Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	<b>3. Adequate:</b> Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	<b>4. Excellent:</b> Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	9		
<b>TOTAL SCORE</b>					28	29		
<b>Evaluator's Name</b>					A	SR		

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	<b>Support Surfaces</b> (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"> <li>• Regular Turning Schedule</li> <li>• Enable as much activity as possible</li> <li>• Protect the heels</li> <li>• Use pressure redistribution surfaces</li> <li>• Manage moisture, friction and shear</li> <li>• Advance to a higher level of risk if other major risk factors are present</li> </ul>	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
13-14	Moderate Risk	<ul style="list-style-type: none"> <li>• Use the Same Protocol as for “<b>At Risk</b>” Patients</li> <li>• Position patient at 30 degree lateral incline using foam wedges</li> </ul>	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
10-12	High Risk	<ul style="list-style-type: none"> <li>• Follow the same protocol as for “<b>Moderate Risk</b>” Patients</li> <li>• In addition to regular turning schedule</li> <li>• Make small shifts in their position frequently</li> </ul>	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"> <li>• Use same protocol as for “<b>High Risk</b>” Patients</li> <li>• Add a pressure redistribution surface for patients with severe pain or with additional risk factors.</li> </ul>	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay



1

## PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
15/6/26	4pm	Abdominal	Abdominal	<input type="checkbox"/> Continuous <input checked="" type="checkbox"/> Intermittent	<input checked="" type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input checked="" type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input checked="" type="checkbox"/> Decreasing	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Analgesic given	<i>[Signature]</i>
15/6/26	6pm	1	Abdominal pain	<input type="checkbox"/> Continuous <input checked="" type="checkbox"/> Intermittent	<input checked="" type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input checked="" type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input checked="" type="checkbox"/> Decreasing	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	comfortable	<i>[Signature]</i>
15/6/26	8pm	0	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	<i>[Signature]</i>
16/6/26	12am	1 Score	Back pain	<input type="checkbox"/> Continuous <input checked="" type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input checked="" type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input checked="" type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input checked="" type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	changing position	<i>[Signature]</i>
16/6/26	1am	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	<i>[Signature]</i>
16/6	6am	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	<i>[Signature]</i>
16/6	8 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	<i>[Signature]</i>
16/6	10 AM	10 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	<i>[Signature]</i>
16/6	12pm	1 score	Abdominal 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	<i>[Signature]</i>
16/6	2pm	1 score	Abdominal pain	<input type="checkbox"/> Continuous <input checked="" type="checkbox"/> Intermittent	<input checked="" type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input checked="" type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input checked="" type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	comfortable	0

**Re-assessment Frequency:**

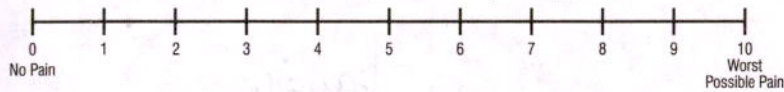
- Every eight hours for all hospitalized patients.
- For post-surgical patients, patients with chronic pain, patient with severe pain:
  - At least every 2 hours for the first 24 hours
  - Then every 4 hours.
  - Prior to pain relieving intervention.
  - Within 30 - 60 minutes after pain relief intervention.

# PAIN ASSESSMENT TOOLS

## FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

## Numerical Pain Scale (Obstetric and Gynecology)



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

Assessment Criteria	Sedation		Normal	Pain / Agitation	
	-2	-1	0	1	2
<b>Crying Irritability</b>	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
<b>Behavior State</b>	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)
<b>Facial Expression</b>	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual
<b>Extremities Tone</b>	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
<b>Vital Signs HR RR, BP, SaO<sub>2</sub></b>	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 <sub>2</sub> 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO <sub>2</sub> 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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# PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
16/6/26	4 PM	10 score	Abdom pain	<input type="checkbox"/> Continuous <input checked="" type="checkbox"/> Intermittent	<input checked="" type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input checked="" type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input checked="" type="checkbox"/> Decreasing	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Carprofen paracet	R
16/6/26	6 PM	1 score	Abdom pain	<input type="checkbox"/> Continuous <input checked="" type="checkbox"/> Intermittent	<input checked="" type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input checked="" type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input checked="" type="checkbox"/> Decreasing	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Carprofen paracet	R
16/6/26	8 PM	2 score	Back pain	<input type="checkbox"/> Continuous <input checked="" type="checkbox"/> Intermittent	<input checked="" type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input checked="" type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input checked="" type="checkbox"/> Decreasing	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Carprofen paracet	R
16/6/26	10 PM	3 score	Back pain	<input type="checkbox"/> Continuous <input checked="" type="checkbox"/> Intermittent	<input checked="" type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input checked="" type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input checked="" type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Changing position	R
16/6/26	12 PM	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	R
16/6/26	5 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	Provided comfortable position	R
17/6/26	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	R
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		

**Re-assessment Frequency:**

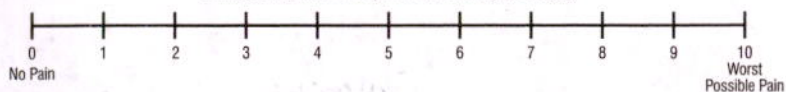
- Every eight hours for all hospitalized patients.
- For post-surgical patients, patients with chronic pain, patient with severe pain:
  - At least every 2 hours for the first 24 hours
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  - Prior to pain-relieving intervention.
  - Within 30 – 60 minutes 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
<b>Crying Irritability</b>	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
<b>Behavior State</b>	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)
<b>Facial Expression</b>	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual
<b>Extremities Tone</b>	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
<b>Vital Signs HR RR, BP, SaO<sub>2</sub></b>	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 <sub>2</sub> 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO <sub>2</sub> less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator

## Wong - Baker (Pediatrics) Above 7 Years





①

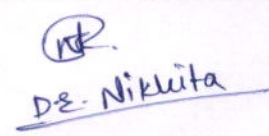
## Fall risk Assessment tool for Adults

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

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

**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)	<input checked="" type="checkbox"/>	4
	Previous VTE provoked by major surgery	<input checked="" type="checkbox"/>	3
	Known high-risk thrombophilia	<input checked="" type="checkbox"/>	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	<input checked="" type="checkbox"/>	3
	Family history of unprovoked or estrogen-related VTE in first-degree relative	<input checked="" type="checkbox"/>	1
	Known high-risk thrombophilia (no VTE)	<input checked="" type="checkbox"/>	1
	Age (? 35 years)	<input checked="" type="checkbox"/>	1
	Obesity	<input checked="" type="checkbox"/>	1 or 2
	Parity ≥3	<input checked="" type="checkbox"/>	1
	Smoker	<input checked="" type="checkbox"/>	1
	Gross varicose veins	<input checked="" type="checkbox"/>	1
<b>Obesity risk factors</b>			
	Pre-eclampsia in current pregnancy	<input checked="" type="checkbox"/>	1
	ART/IVF (antenatal only)	<input checked="" type="checkbox"/>	1
	Multiple pregnancy	<input checked="" type="checkbox"/>	1
	Caesarean section in labour	<input checked="" type="checkbox"/>	2
	Elective caesarean section	<input checked="" type="checkbox"/>	1
	Mid-cavity or rotational operative delivery	<input checked="" type="checkbox"/>	1
	Prolonged labour (24 hours)	<input checked="" type="checkbox"/>	1
	PPH (1 litre or transfusion)	<input checked="" type="checkbox"/>	1
	Preterm birth ? 37+0 weeks in current pregnancy	<input checked="" type="checkbox"/>	1
	Stillbirth in current pregnancy	<input checked="" type="checkbox"/>	1
<b>Transient risk factors</b>			
	Any surgical procedure in pregnancy or puerperium except immediate repair of the perineum, e.g. appendectomy, postprtum sterilization	<input checked="" type="checkbox"/>	3
	Hyperemesis	<input checked="" type="checkbox"/>	3
	OHSS (first trimester only)	<input checked="" type="checkbox"/>	4
	Current systemic infection	<input checked="" type="checkbox"/>	1
	Immobility, dehydration	<input checked="" type="checkbox"/>	1
	<b>Total</b>	0	
	Signature of the Nurse	<input checked="" type="checkbox"/>	
		 <u>Dr. Nikhita</u>	



**RISK ASSESSMENT TOOL FOR DEEP VEIN THROMBOSIS**

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

<b>Action Plan</b>	Early Ambulation.
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**Risk assessment for venous thromboembolism (VTE)**

- ✓ If total score  $\geq 4$  antenatally, consider thromboprophylaxis from the first trimester.
- ✓ If total score 3 antenatally, consider thromboprophylaxis from 28 weeks.
- ✓ If total score  $\geq 2$  postnatally, consider thromboprophylaxis for at least 10 days.
- ✓ If admitted to hospital antenatally consider thromboprophylaxis.
- ✓ If prolonged admission ( $\geq 3$  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.



**ANTENATAL RECORD**



Antenatal No: 10810/v/26  
 Reg. No: VIH-00114941

Dr Bhavana  
 Consultant:

PERSONAL DETAILS

Name: Marati Nikitha Age: 28 Date of Birth 09/09/1997 Education: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Phone No: \_\_\_\_\_ Mobile: \_\_\_\_\_  
 Husband's Name: D. Raghunath Age: 38 Education: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Address: 1-502, Jyothi colony, Jawahar Nagar, K.R.; Secunderabad, 500087  
 Mobile: 9700515871, 9515052800 E-mail Id: \_\_\_\_\_

IMPORTANT FEATURES	SUGGESTED MANAGEMENT
<u>G4P14A2</u> <u>- hypothyroidism (25)</u> <u>Transverse lie</u> <u>UT</u> <u>had incuitana</u>	Corrected EDD <u>30/6/26</u> <u>cephalic (35wks)</u> <u>steroids covered</u>

HISTORY

Year of Marriage: 7Y Menstrual History: Previous Periods NCM LMP 20/9/25 EDD \_\_\_\_\_ Corrected EDD \_\_\_\_\_  
 Consanguinity: III NCM Contraception: \_\_\_\_\_ OBSTETRIC FORMULA: \_\_\_\_\_  
 Gravida \_\_\_\_\_ Para \_\_\_\_\_ Live \_\_\_\_\_ Abortions \_\_\_\_\_

OBSTETRIC HISTORY

SL. NO.	DATE OF DELIVERY	GA WEEKS	ANTENATAL DETAILS	MODE OF DELIVERY	BABY	WT	REMARKS
<u>I</u>	<u>m/6Y</u>	<u>FTND</u>	<u>Sagarial hosp.</u>	<u>13.5kg</u>	<u>unwntful</u>		
<u>II</u>			<u>- 12wks missed miscarriage</u>		<u>? blighted ovum</u>		<u>MERPC</u>
<u>III</u>			<u>- 9wks missed miscarriage</u>				<u>SERPC</u>
<u>IV</u>			<u>- PP, sp. conception</u> <u>- AN6 E Dr. Srinathi</u>				<u>- Booked at 35+4 wks</u>

Medical History: Hypothyroidism Family History: Nil  
 Surgical History: Nil Allergies: Nil

ANTENATAL ADMISSION

DOA	DOD	GA Weeks	Complaint	Management	Advice

BRIEF DELIVERY NOTES

Gestational age \_\_\_\_\_ Date & time of delivery: \_\_\_\_\_

Type of labour: Spontaneous

Induction: Indication \_\_\_\_\_

Method - PGE1  PGE2

Mode of delivery: SVD  AVD  Vacuum  Forceps

Indication: \_\_\_\_\_

Caesarean section: Emergency  Elective

Indication: \_\_\_\_\_

SALIENT FEATURES:

Baby details: Girl  Boy  Wt: \_\_\_\_\_ Apgar score: \_\_\_\_\_

Postpartum Period: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 15/06/26 Time: 4pm

Origin: Indian Height: 153cm Weight: 60kg  
BMI:  ~ 26 kg/m<sup>2</sup>  
 ~ 28 kg/m<sup>2</sup>  
 ~ 30 kg/m<sup>2</sup>

Food Allergies: Nil (Roti)  
Gulika with 37+6 weeks with previous NVP with Hypothyroidism  
Diagnosis: with steroids covered with uterine artery increased

Type of Diet:  Liquid  Soft  Normal  Diabetic  
 Vegetarian  Non-Vegetarian  Vegan

Resistance in latent labour for delivery

Diet Advised: Normal diet

Liquid Diet – ORS/ Coconut Water / Butter Milk / Barley Water / Soups

Normal Diet – Rice, Rotis, Dal and Soft Cooked Vegetables and Curd

Soft Diet – Soft Rice, Dal and Vegetable Curries Soft Cooked, Curd

Diabetic Diet – Brown Rice / Oats/ Dahlia/ Rotis; Dal and Vegetables and Curd (Avoid Roots / Tubers)

Patient's / Attendant's

Signature: M Nikhitha

Name: Nikhitha

Date & Time: 16/6/26 9AM

Dietician's


Signature: Zohra

Name: Zohra

Date & Time: 15/6/26 4pm



**PROGRESS NOTES**  
(USE BALL POINT PEN ONLY)

R: VH-00114941 IP-00060352  
Mrs MARATI NIKHITHA  
Patient: 09-09-1997 28 Y 9 M 6 D (F)  
Dr. BHAVANA K  
Age:   
I.P. No:

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
		<u>FHR monitoring chart</u>
<u>Date</u>	<u>Time</u>	<u>FHR</u>
16/6/26	8 AM	145 b/m <span style="float: right;">← ALL</span>
	8:30 am	149 b/m
	9 am	150 b/m
	9:30 am	142 b/m
	10 AM	147 b/m <span style="float: right;">← ALL</span>
	10:30 am	148 b/m
	11 am	150 b/m
	11:30 am	141 b/m
	12 pm	148 b/m
	12:30 pm	140 b/m
	1 pm	136 b/m <span style="float: right;">← 1 - contd.</span>
	1:30 pm	142 b/m
	2 AM	147 b/m
	2:30 am	140 b/m
	3 pm.	146 b/m
	3:30 pm	142 b/m
	4 PM	146 b/m
	4:30 pm	142 b/m
	5 PM	146 b/m <span style="float: right;">← 2 - contd.</span>
	5:30 pm	140 b/m
	6 PM	142 b/m
	6:30 pm	142 b/m
	7 pm.	146 b/m
	7:30 pm	142 b/m

NOTE : DO NOT WRITE OUTSIDE THE MARGINS



## INVESTIGATIONS

**MATERNAL EVALUATION**

Blood group & Rh: Wife **0 POSITIVE** Husband \_\_\_\_\_ ICT \_\_\_\_\_

VDRL \_\_\_\_\_ HIV **NR** HbSAg **NR** TSH **2.9(22/3)** GCT **not done**

ROUTINE INVESTIGATIONS **HCW - NR** SPECIFIC INVESTIGATIONS \_\_\_\_\_

Date	GA Weeks	Investigations	Report	Date	GA Weeks	Investigations	Report
23/4/26	26	Hb = 10.8					
29/12/25	25	creat - 0.3 LFT - ⊕ APLA - neg					

Tetanus Toxoid: 1<sup>st</sup> dose  2<sup>nd</sup> dose

**FETAL EVALUATION**

**ULTRASONOGRAPHY**

First Trimester	18/12/25 12w2d NT = 1.5mm CL = 31mm									
TIFFA	16/12/26 20w6d No anomalies									
Growth scan	Date	GA Weeks	Indication	PP	Wt.	Centile	Growth Velocity	AFI	Placenta	Remarks
	27/5/26	35+1	G	C	2529	39%	AC-53%	16.5	P.H	Dopp ⊕
Others										

Were any Prenatal diagnostics done - Yes  No  If yes please specify the details below:

DATE	GA/Weeks	TYPE OF TEST	INDICATION	REPORT
Coupl		karyotype ⊕ SMNI negative		FTS - low risk