BAH-00611905 IP5-00174914
Mrs DIVYA GUDDETI
08-04-1991 35 Y 2 M 1 D (F)
Dr. K BHARGAVI REDDY

Shekhar 10/6/26

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SURGERY DETAILS

Date : 9/6/26

Patient Name: Mrs Divya. Date of Birth: 8/4/1991 Age: 35 yrs

Gender: Female Ward : UHID No.: BAH-00611905

Date of Surgery: ☐ OT -1 ☐ OT -2 ☐ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : Elective lower segment Caesarean Section LSCS

Time in : 10:45 Am Time Out : 11:45 Am

		NAME	AMOUNT
1.	Surgeon	: Dr. Bhargavi Reddy	
2.	Anaesthetist	: Dr. Saritha	
3.	Assistant Surgeon	: Dr. Divya.	
4.	OT Technician	: Prashanth	
5.	Circulating Nurse	Sis. Swapna	
6.	Assistant Nurse	: Sis. Srilatha	

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

Dr. Divya for Dr. Bhargavi
Signature of the Surgeon

Signature of Circulating Nurse

Order No: 9650275 Order by: Dr. Rajani

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

Patient Sticker

Baby of pt. Divya

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CONSUMABLES OF OT

Circulating staff : .... Technician : Shinkeela .... Date : 9/6/20 3720 Time : 11 Am

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube			~~Major Pack~~ 44 drape		01	Inj Vit.K		02
LMA			Sutures 2346		01	Cord Clamp		01
ECG leads : A / P / N		03	2762		01	Suction Catheter 8 no		1
HME filter : A / P / N			2364		01	Feeding Tube		
Syringes : 10 cc		8				Vaccum Suction Set		01
05 cc		3	Gloves 6½/6/7		3/3/3	Surgical Gloves 7/6½/6		02/2
02 cc		3	7, P.F 6½		1/2	Gauze Pack		01
01 cc						Syringe 1ml / 2ml		02
Cautery plate : (A) / P / N		1	Surgical blade No 22		01	Surgical Blade # ~~20~~ 22		01
IV set			NG tube			Koochies (S) 1's.		01
RL		3	Cautery pencil		01			
NS : 10ml / (100ml) / 500ml / 1000ml		1	Koochies Adult XL		01			
minispike		1	Ointments					
LOX 2% [illegible]		1	Suction Catheter			9650299		
Fentanyl		1	Cap, Mask	10	10			
Morphine			Gauze Pack		01			
Ketamine			Mop Pack		03			
Propofol		3	~~Steristrip~~ Sterizone		01			
Rocuronium		0	Underpad		01			
Glycopyrolate		2	~~Draw sheet~~ Quick sheet		01			
Myopyrolate			Abgel		01			
Ondansetron		1	Foleys catheter					
(Pencan 25g) Spinal Needle 22		1	Urobag					
Bupivacaine 0.25%			Chest Drainage Catheter			Gauze		3
Bupivacaine 0.25%(Heavy)		2	Romodrain bag			(600) Glovsal		1
Antibiotics			Bandage					
Oxytocin		1	Tegaderm					
Suppositories			Ioban			Evalocin		5
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg		02	Vaccum Suction set		01			
Justin : 12.5 mg / 25mg / 100mg ✓		01	Plastic Bed Sheet					
Tab. Misoprost : 200mg		02	Betadine Solution		02			
Tranexa		0	Microshield		00			
Atropine		2	Cotton Balls		01			
Adrenaline		2	Latex Gloves		20			
Ephedrine		2	Ramdione Scrub					
			Saral		2			

Dr. Bhargavi Surgeon   Dr. Bhargavi Anaesthesiologist   [illegible] Nurse   Shinkeela OT Technician

Order No. : 9650293 .... Ordered by : Sr. S. [illegible] ....

Doc. No. : RCHBH/ FRM / GENERAL / 125

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Children's Hospital - Banjara Hills

8-2-120/103/1,2,3,4 and 5,Road No: 2, Banjara Hills, Telangana, Hyderabad, INDIA Banjara Hills ,Hyderabad ,Telangana, India ,500034.
TEL NO :+91-40-4466 5555
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP5-00174914 **Admit Date** : 09-Jun-2026 **Admit Time** : 09:13 AM **UHID** : BAH-00611905

Patient Details :

Patient Name	: Mrs DIVYA GUDDETI	**Age**	: 35 Y 2 M 1 D
Guardian	: MR. VAMSHI KRISHNA ADEPU	**DOB**	: 08-04-1991
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	: Married
Address (H)	: H NO1-3-138, OLD BUS STAND, Metpalli Karimnagar Telangana INDIA 505325	**Phone No**	: 8080126020/ 8080126020
		E-mail	: vamshikrishna.adp@gmail.com

Admission Details :

Bed Type : SHARED WARD **Bed No** : SW 416 **Ward Name** : 4F-BIRTHING CENTRE

Room No : SW 416 **Admission Type** : First Visit

Contact Details :

Name : MR. VAMSHI KRISHNA ADEPU **Relationship** : Husband

Contact Address : **Phone No** : / 8080126020

Signature

Doctor Details :

Doctor Name : Dr. K BHARGAVI REDDY **Specialisation** : OBSTETRICS AND GYNECOLOGY

Referral Doctor : Self **Phone No** :

Co-Consultant :

Payment Details :

Payment Mode : Cash **Deposit Amount** : 0.00

Payor Name : ICICI LOMBARD GENERAL INSURANCE CO LTD

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ACTIVITY RECORD FOR BILLING

BAH-00611905 IP5-00174914
Mrs DIVYA GUDDETI
08-04-1991 35 Y 2 M 1 D (F)
Dr. K BHARGAVI REDDY

No : _____ Consultant: _____ Dept : _____

_____ Time : _____ Date of Discharge : _____ Time: _____

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
9/6/26	10.35	OBS	OT	
9/6/26.	12.35 pm	OT	OBS	
9/6/26	4:40 pm.	OBS	Room (302)	

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Signature
9/6/26	NST ①	R265-028978	Chuh
9/6/26	GRBS 82 mg/dl	26058283	Guh.
10/6/26	FBS - 81 mg/dl 9am	26058790	Sinha
11/6/26	PPBS - 88 mg/dl	26058940	Roopa

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
9/6/26	cardiac monitor	12:40 pm	4pm	09650087	[illegible]

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
9/6/26	IV placement	1	09650083	Sush.
"	PAC		09650084	
"	Catheterization		09650083	
11/6/26	NHA	1	9653028	Roop

ANY OTHER INFORMATION

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.....

.....

.....

.....

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

BAH-00611905 IP5-00174914
Mrs DIVYA GUDDETI
08-04-1991 35 Y 2 M 1 D (F)
Dr. K BHARGAVI REDDY

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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints
for Elective LSCS

LMP: 17-09-2025 **EDD:**

Corrected EDD: 24-6-26 **GA:** 37+6 wks

Obstetric Formula:
G2A1

Menstrual History: Regular: ☑ Yes ☐ No

Obstetric Hostory:
G1- 2025, 8 wks. missed miscarriage. MERPC done

Obstetric Examination

Fundal Height: Term

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

Present Pregnancy Record:
G2- present pregnancy, spontaneous conception - Booked at 21st wks

Liquor: ☑ Adequate ☐ Oligo ☐ Poly

PP: ☑ Cephalic ☐ Breech Others

Head Fifths Palpable: 4/5

FHS: ☑ Normal ☐ Tachy ☐ Brady ☐ Absent

RISK FACTORS:
- GDM on OHA :- 33+2 wks.
  on Tab. Glycomet 250mg ~~→ 500mg~~ → 500mg
- GDM onset :- 29 wks

Per Speculum Examination - not done

Draining: ☐ Present ☐ Absent ☐ Bleeding

Colour of Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Vaginal Examination - not done

Cervix: ☐ Long ☐ Partially effaced ☐ Effaced

Os: Closed ______ Dilated ______

Membranes: ☐ Present ☐ Absent

Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Presenting Part: ☐ Vertex ☐ Breech ☐ Others

Sutton: ☐ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2

Pelvis: ☐ Adequate ☐ Doubtful

Height: 180 cm
Weight: 62.4 kg
Allergies: NKDA
Breast: ☑ Normal ☐ Abnormal
General Examination: fair
Consciousness: Yes Pallor: absent
Icterus: absent Edema: absent
Temp: afebrile PR: 72 bpm
BP: 96/61 mmHg (MAP 69) DTR: Normal
CVS: S1S2 ⊕ RS: BLAE ⊕ NVBS ⊕
Liver/Spleen: Not palpable Urine Output: normal, SpO2: 100% on RA

DIAGNOSIS
G2A1 | 37+6 wks | GDM on OHA
for Elective LSCS

Docu. No. : RCHBH /FRM / CLINICAL / 087

(P.T.O)

BAH-00611905 IP5-00174914
Mrs DIVYA GUDDETI
08-04-1991 35 Y 2 M 1 D (F)
Dr. K BHARGAVI REDDY

Family History:	Surgical History:
Paunt - DM, HTN	Open Appendicectomy - 2014
Medical History:	**Medication History:**
Nil.	See Medical reconciliation form
Plan of Care:	**Investigations:**
- Admission - NBM - NST now - vitals 4th hrly - Since IV line - Prepare parts - Foley's catheterization - PAC - Pre-op medications - Shift to OT on call. - Stat 4RBS → 82mg/dL - Check blood availability. ✓	26/10 A positive CBP → 10.7, 11 610, 3.10 visab → NR 22/5 - 35+2 wks, cephalic, 2459 gms. 29C, AC-26C, AFI-12cm, placenta Anterior dopplers - (N) - TIFFA - (N) NT scan - (N) - FTS - low Risk

Doctor Name: Dr. Sameena
Signature:
Date & Time: 9/6/26 @ 8am

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

DR. BHARGAVI REDDY
Registration No. 93315

Patient Sticker

BAH-00611905 IP5-00174914
Mrs DIVYA GUDDETI
08-04-1991 35 Y 2 M 1 D (F)
Dr. K BHARGAVI REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/6/26	POD-0 / P1L1A1	E1. LSCS
12:35pm	O/E GC - fair BP - 110/60mmHg PR - 86 BPM. SpO2 - 98% @ RA P/A - UT (R) well P/V - BWNL	Adv 1) NBM for 6 hours 2) Monitor vitals every 15 mins 3) I/O charting 4) W/F active bleeding per vaginal / suture site / tachycardia 5) Encourage Breast feeding 6) Drugs as charted 7) Inform SOS
UO - 50ml (Clear) (Emptied)		
FBS / PBS / 11/6/26		Dr. D Dr. Divya.
9/6/2026 4:05PM	POD-0 / P1L1A1 / E.L: LSCS / GDM on OHA Pt comfortable. O/E GC - fair BP - 108/80mmHg PR - 82 BPM SpO2 - 98% @ RA P/A - UT (R) well P/V - BWNL.	Adv 1) NBM till 6:00PM 2) liquid diet from 7:00pm. 3) Soft diet from 8:00pm 4) I/O charting 5) W/F active bleeding, tachycardia. 6) Encourage Breast feeding 7) Drugs as charted 8) Monitor vitals 4th hourly 9) Inform SOS
UO - (250ml since 2:00pm)		
FBS / PBS } 11/6/26.		
Shift to Room Remove foleys @ 6:00pm on 10/6/2026.		Dr. D NB Done

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08-04-1991 35 Y 2 M 1 D (F)
Dr. K BHARGAVI REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/6/26 7pm	POD-0 / P1L1A1 / ELCS / GDM on OHA	
		Rx
	C/C: fair	1) Monitor vitals
U/O: 100ml	vitals: stable	2) Drug as charted
	P/A: Ut ® well	3) W/F P/V Bleeding
B-well	soft	4) Ambulation
	BS ⊕	5) I/O charting
FBS	P/V: NAB	6) liquid diet
PPBS / on 10/6/26		7) soft diet at 8pm
		8) Inform SOS
	Remove foleys	
	@ 6am on 10/6/26	
		— Dr Sravanthi
	Noted by Durga	
10/6/26	POD-1 / P1L1A1 / ELCS / GDM on OHA	
		Rx
[illegible]	No complaints	
voided	C/C: fair	1) Soft diet c̄ plenty of oral fluids
f	vitals: stable	2) Drug as charted
S ⊗	P/A: Ut ® well	3) W/F P/V Bleeding
B-well	soft	4) Ambulation
FBS	BS ⊕	5) Inform SOS
PPBS / 11/6/26	P/V-NAD	— Dr Sravanthi

BAH-00611905 IP5-00174914
Mrs DIVYA GUDDETI
08-04-1991 35 Y 2 M 2 D (F)
Dr. K BHARGAVI REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/6/2026 11AM	I-POD	
	C/o - Nil.	- Send CBP
	G.C - fair.	- Vitals Monitoring.
	Vitals - Stable.	- Soft Diet.
	P/A uterus - Retracted	- Dulcolax Supp.
	BS ⊕ soft Distension	- Ambulate
	P/V - NAD	- Plenty of liquids.
	Baby - well.	DR. BHARGAVI REDDY K Registration No: 93315 (Dr. Bhargavi)
10/6/2026 2:00pm	POD-1 / P1L1A1 /	EL.LSCS / GDM on OHA
	Ambulating well	
	O/E G.C. fair	Adv
	Vitals - stable	1) Soft diet & Hydration
	P/A - soft	2) Ambulation
Baby - well	Ut (R) well	3) Drugs as charted
	BS ⊕, soft Distension ⊕	4) Monitor Vital
Dulco. supp - kept	P/V - BWNL	5) Trace CBP
		6) Inform SOS
		Dr. Divya
		noted by Swapna

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

(P.T.O)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/6/26 7:30pm	POD - 1 / FL. LSCS / P1L1A1 / GDM on DHA	
	pt comfortable	
	O/E	
	Gc-fair	Adv
	vitals-stable	1) soft diet
	P/A - ut (R) well	2) Ambulation & Hydration
VV	P/V - BWNL	3) Drugs as charted
FV		4) Monitor Vitals
SV		5) w/f active bleeding
	FBS } 11/6/26	6) Inform SW
	PPBS }	7) Encourage BF
		Dr (Dr. Divya)
		noted by sneha
11/6/26 9:00pm	POD-2 / FL. LSCS / P1L1	
	pt comfortable	
	O/E	
	Gc-fair	Adv
VV	Vitals-stable	1) soft diet
FV	P/A - ut (R) well	2) Ambulation & Hydration
SV	P/V - BWNL	3) Drugs as charted
		4) Monitor vital
		5) w/f active bleeding
FBS - 81mg/dL		6) Inform SW
PPBS - Due		
		Dr
SE } Due	plan discharge	Dr. Divya.
BIE }		

BAH-00611905 IPS-00174914
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08-04-1991 35 Y 2 M 1 D (F)
Dr. K BHARGAVI REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/6/26 1pm	POD-2/EL.LSCS/P1L1A1/GDM ONOHA	
		Rx
B-well	GC: fair Vitals: Stable	1) Soft diet & Plenty of oral fluid
U/A/S	P/A: UT (R) well soft BS (+)	2) Drug as charted 3) c/o PV Bleeding 4) Ambulation 5) Inform SOS
	P/V: NAD	
D/E/S/E	Done.	
	Plan discharge	-Dr. Sravathi

.H-00611905 IP5-00174914
s DIVYA GUDDETI
04-1991 35 Y 2 M 3 D (F)
K BHARGAVI REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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Mrs DIVYA GUDDETI
08-04-1991 35 Y 2 M 1 D (F)
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RESULT SHEET

Date	8/6/26					
Time						
Hb	10.7					
PCV						
RBC	4.71					
WBC	11,610					
N/L						
Platelets	3,10,000					
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						

qp basis.

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
Blood group — A+ve.						
HIV & HBsAg — NR						

Culture and Sensitivities : .....

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.....

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Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

Patie

BAH-00611905 IP5-00174914
Mrs DIVYA GUDDETI
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MEDICATION RECONCILIATION FORM

Drug Allergies: NKDA ☑ 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: NA Shifted to: NA

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	Tab. IRON		PO	OD	8/6	☐ C ☐ DC
2	Tab. CALCIUM		PO	OD	8/6	☐ C ☐ DC
3	Tab. GLYCOMET	250mg	PO	BD	8/6	☐ C ☐ DC
4	Tab. GLYCOMET	500mg	PO	OD	8/6	☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Ramana

Date & Time : 9/6/26 @ 8am

Nurse Name & Signature: Sravanthi

Date & Time : 9.6.26 8Am

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DRUG CHART

Date of Admission: 9.6.26 Drug Allergies: NKDA ☑ 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 .....

BAH-00611905 IP5-00174914
Mrs DIVYA GUDDETI
08-04-1991 35 Y 2 M 1 D (F)
Dr. K BHARGAVI REDDY

REGULAR PRESCRIPTIONS

Weight. 62.4 kgs Ward. OBG

DRUG: T. PANTOPRAZOLE

Dose	Route	Frequency	Start Date
40mg	PO	BD	9/6/26

Name & Signature of the Doctor Starting the Drugs: Dr. Divya.

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	9/6	10/6	11/6
6AM	✓	[signature]	[signature]
6pm	[signature]	[signature]	

DRUG: T. PARACETAMOL.

Dose	Route	Frequency	Start Date
1gm.	ORAL	QID	9/6/26

Name & Signature of the Doctor Starting the Drugs: Dr. SARITHA

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	9/6	10/6/26	11/6
12AM	X	[signature]	[signature]
6AM	X	[signature]	[signature]
12pm	X	[signature]	[signature]
6pm	[signature]	[signature]	

DRUG: T. TRAMADOL

Dose	Route	Frequency	Start Date
100mg	ORAL	TID	9/6/26

Name & Signature of the Doctor Starting the Drugs: Dr. SARITHA

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	10/6/26	11/6
1Am	[signature]	[signature]
9AM	[signature]	[signature]
5pm	[signature]	

DRUG: T. DICLOFENAC.

Dose	Route	Frequency	Start Date
50mg	ORAL	TID	9/6/26

Name & Signature of the Doctor Starting the Drugs: Dr. SARITHA

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	9/6	10/6	11/6
7am	X	[signature]	[signature]
3pm	X	[signature]	
11pm	[signature]	[signature]	[signature]

BAH-00611905 IP5
Mrs DIVYA GUDDETI
08-04-1991 35 Y 2 M 1 D (F)
Dr. K BHARGAVI REDDY

Weight. 62.4 Kgs Ward. OBS

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
9/6/26	10:10AM	Inj CEFOTAXIM	1gm	IV		Sneha / Jyothi
9/6/26	10:00 AM	Inj. PANTOP	40mg	IV		Sneha / Jyothi
9/6/26	10:05 AM	Inj PERINORM	10mg	IV		Sneha / Jyothi
9/6/26	11:55Am.	SUPP. TRAMADOL	100 mg	P/R		Sneha / Swapna
9/6/26	11:55Am.	SUPP. DICLOFENAC	100 mg	P/R		Sneha / Swapna
9/6/26	11Am.	INJ. TRANEXAMIC ACID	1gr.	Slow IV.		Sneha / Swapna
9/6/26	11:55 AM	T. Misoprostol	400mg	P/R		Sneha / Swapna
10/6/26		T. 1				

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

BAH-00611905 IP5-00174914
Mrs DIVYA GUDDETI
08-04-1991 35 Y 2 M 1 D (F)
Dr. K BHARGAVI REDDY

I.V. FLUIDS CHART

Weight. 62.4 Kgs Ward. ORS

		Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
9/6/24	10AM	RINGER LACTATE	IV	100ml/hr			9/6		
9/6/24	11AM	RINGER LACTATE. 500ml.	IV	200		Laxmi	9/6		
9/6/24	11.40 AM	RINGER LACTATE. 500ml.	IV	200		Srilatha	9/6		
9/6/24	12.15 pm	RINGER LACTATE 500ml.	IV	100		Srilatha	9/6		
9/6/24	1pm	RINGER LACTATE	IV	FF		Tunna	9/6		
9/6/24	3pm	RINGER LACTATE	IV	100ml/hr		Tunna	9/6		

VERIFIED BY : Name Signature

BAH-00611905 IP5-00174914
Mrs DIVYA GUDDETI
08-04-1991 35 Y 2 M 1 D (F)
Dr. K BHARGAVI REDDY

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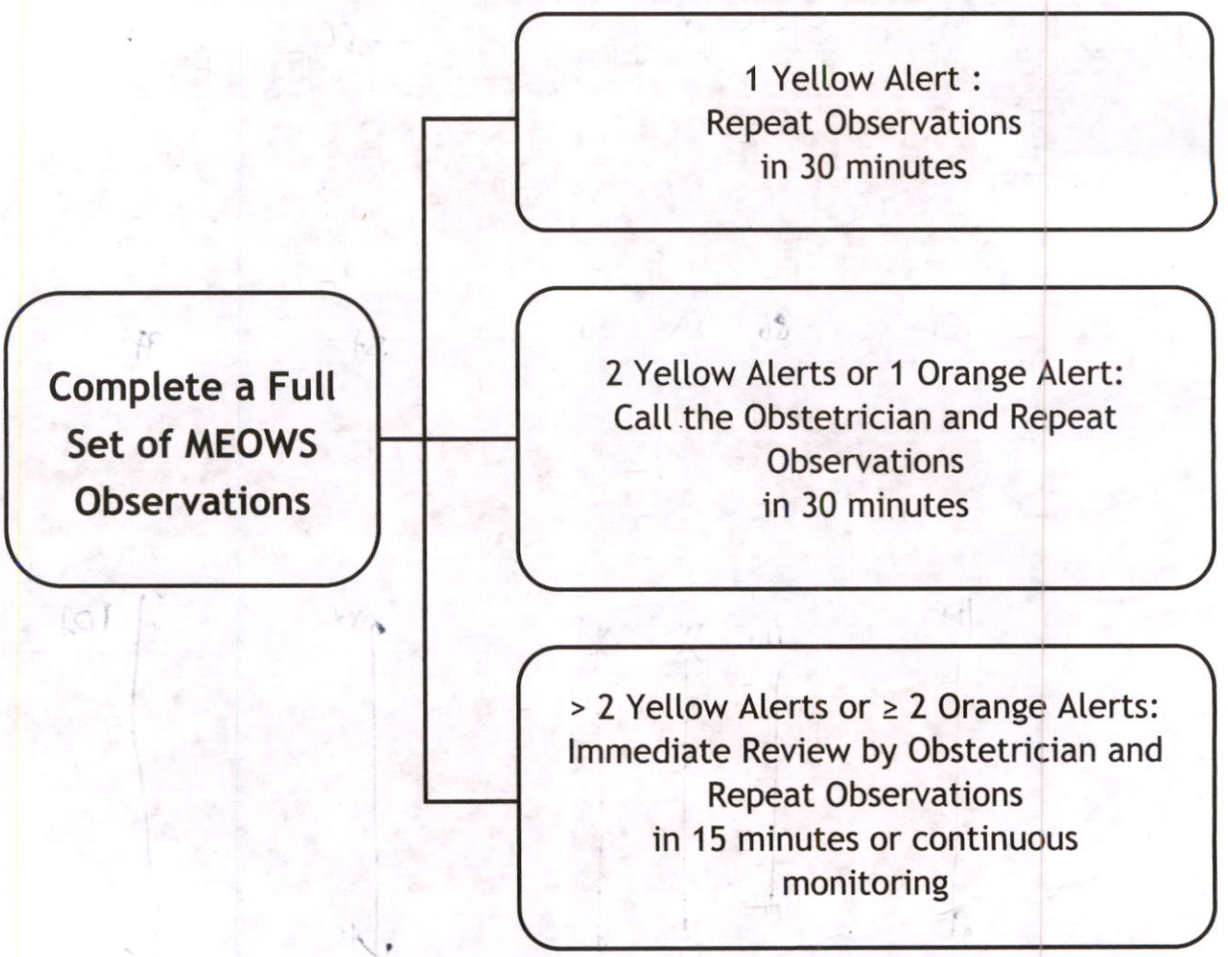
Early Warning Observation Score Chart - Obstetrics

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

9/6/26	Date																								
	Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20	18				18		19		19					20					19				20	
	0 - 10																								
Saturations	94 - 100 %	99%		OT		99%		98%		98%					98%					98%				99%	
	< 94 %																								
Administered O_2 (L/min.)																									
Temp °c	40																								
	39																								
	38																								
	37	37°C				37°C		.		.															
	36														38°C					37°C				38°C	
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80	89				86		84		80														82	
	70														87					97					
	60																								
	50																								
	40																								
Systolic Blood Pressure ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120	12[illegible]													106						107				100
	110					110		113		119															
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90					90																			
	80	80																							
	70							8[illegible]							75										
	60									75											65				71
	50																								
	40																								
NEURO RESPONSE [✓]	Alert	✓				✓		A		A					✓				✓					✓	
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30							✓		✓					✓					✓				✓	
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal														✓					✓				✓	
	Heavy / Foul																								
Liquor	Clear / Pink														✓					✓				✓	
	Green																								
TOTAL YELLOW SCORES		0				1		0		0					0					0				0	
TOTAL ORANGE SCORES		0						0		0					0					0				0	
Nurse Initial		[illegible]				[illegible]		[illegible]		[illegible]					[illegible]					[illegible]				[illegible]	

Obstetrics and Gynaecology Early Warning Signs



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

BAH-00611905 IP5-00174914
Mrs DIVYA GUDDETI
08-04-1991 35 Y 2 M 1 D (F)
Dr. K BHARGAVI REDDY

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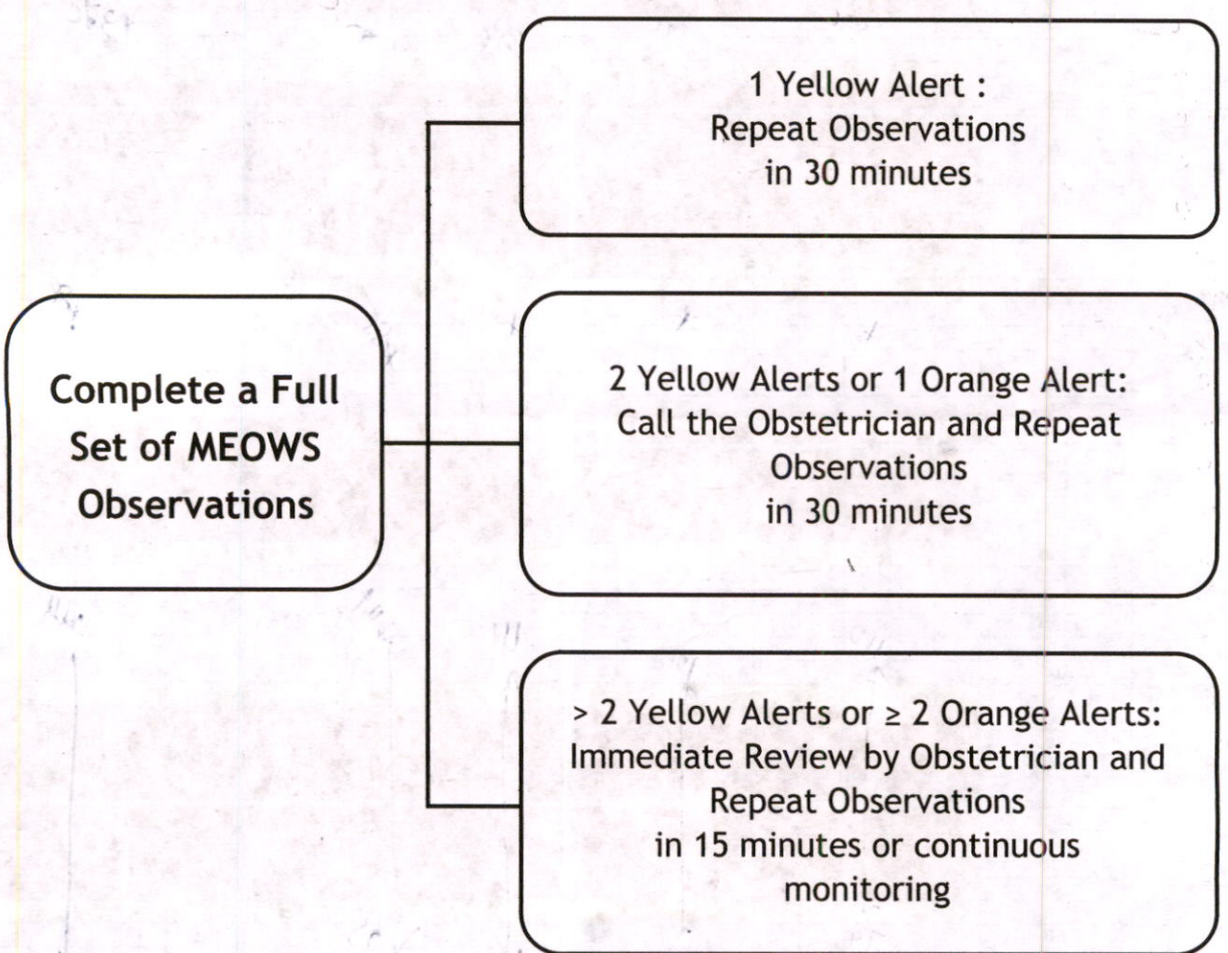
Early Warning Observation Score Chart - Obstetrics

10/6/26

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			22					19				21	
	0 - 10																									
Saturations	94 - 100 %				99%				98%				99%			98%					97%				99%	
	< 94 %																									
Administered O_2 (L/min.)																										
Temp°c	40																									
	39																									
	38																									
	37				37c				37c				37c			36c					37c				36c	
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																						88		71	
	80				*				*				*			*									*	
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressure ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110				110				102				111			114							111		120	
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80				79				59																	
	70												67			85										
	60																									
	50																						61			
	40																									
NEURO RESPONSE [✓]	Alert				✓				✓				✓			✓							✓		✓	
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30				✓				✓				✓			✓						✓			✓	
	< 30																				✓					
Proteinuria	Protein + +																									
	Protein > + +															✓										
Lochia	Normal				✓				✓				✓								✓				✓	
	Heavy / Foul																									
Liquor	Clear / Pink																									
	Green																					✓				
TOTAL YELLOW SCORES					0				0				0			0					0				0	
TOTAL ORANGE SCORES					0				0				0			1					0				0	
Nurse Initial					By				By				By			By					Q				L	

Obstetrics and Gynaecology Early Warning Signs



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

H-00611905 IP5-00174914
DIVYA GUDDETI
04-1991 35 Y 2 M 3 D (F)
K BHARGAVI REDDY

11/6/26.

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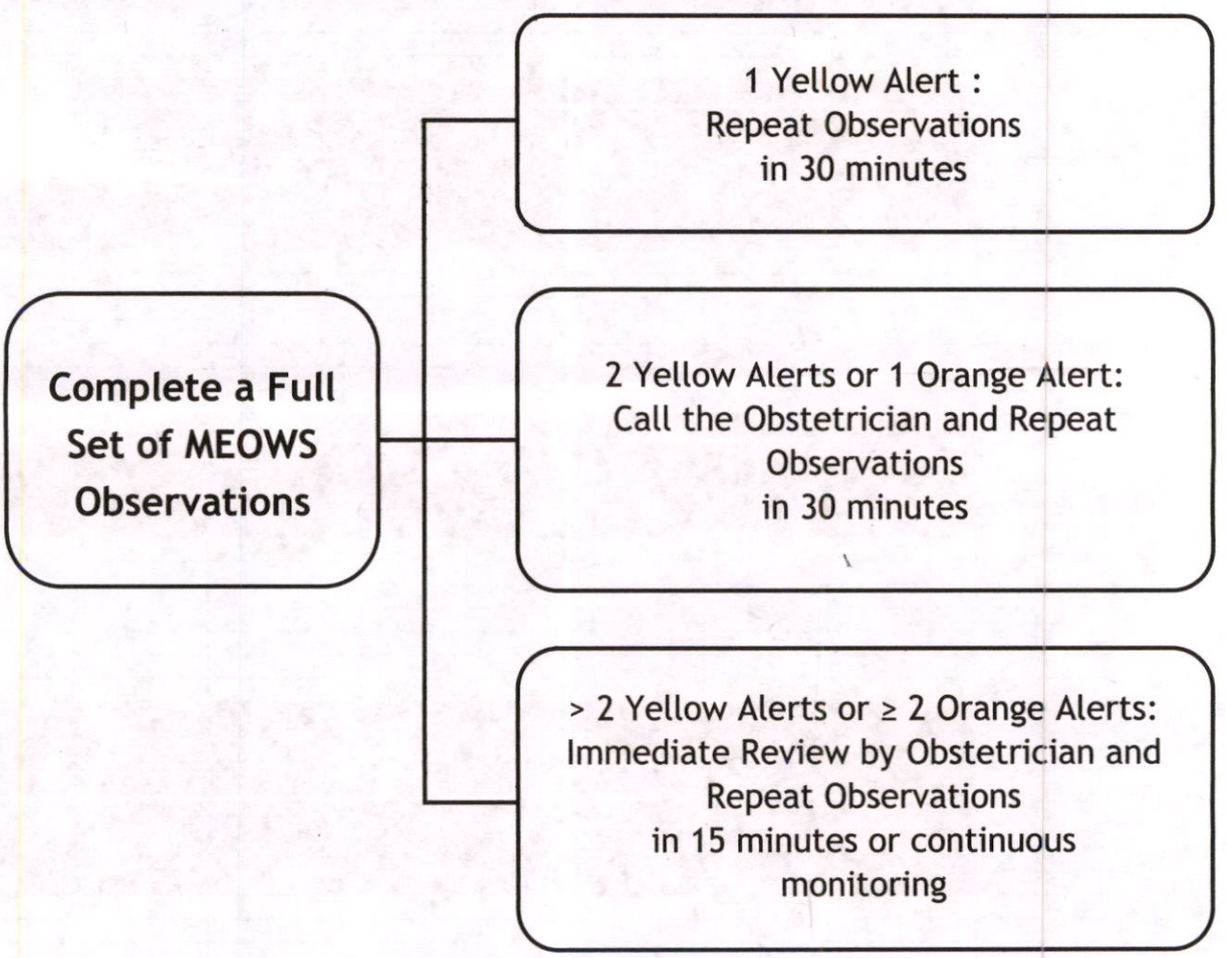
Early Warning Observation Score Chart - Obstetrics

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

		Date																							
		Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																									
	21 - 30					19																			
	11 - 20																								
	0 - 10																								
Saturations	94 - 100 %					99																			
	< 94 %																								
Administered O_2 (L/min.)																									
Temp °c	40																								
	39																								
	38																								
	37																								
	36					37.2																			
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80					76																			
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressure ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110					105																			
	100																								
	90																								
	80																								
	70																								
	60																								
	50					(92)																			
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70					71																			
	60																								
	50																								
	40																								
NEURO RESPONSE [✓]	Alert					✓																			
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30																								
	< 30					✓																			
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal																								
	Heavy / Foul																								
Liquor	Clear / Pink																								
	Green																								
TOTAL YELLOW SCORES						0																			
TOTAL ORANGE SCORES						0																			
Nurse Initial						CE																			

Obstetrics and Gynaecology Early Warning Signs



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

BAH-00611905 IP5-00174914
Mrs DIVYA GUDDETI
08-04-1991 35 Y 2 M 1 D (F)
Dr. K BHARGAVI REDDY

9/6/26

Rainbow® Children's Hospital
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FLUID CHART

Sheet No. : 9

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.

9/6/26		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am			RL							0	Suy
	10:00 am		N				NP				0	Suy
	11:00 am		B								0	Suy
	12:00 pm		M							50	0	Suy
	01:00 pm			RL							0	Suy
Total Intake :			1000ml			Total Output :				50ml	M: 0	
	02:00 pm	RL	N	100ml							0	Tunny
	03:00 pm	RL	B	100ml							0	Tunny
	04:00 pm	RL	M	100ml			NP			200ml	0	Tunny
	05:00 pm	RL	H2O	100ml							0	Tunny
	06:00 pm	RL	H2O	100ml							0	Tunny
	07:00 pm	RL	H2O	100ml						100ml	0	Tunny
Total Intake :			600ml			Total Output :				U-300ml, M-0		
	08:00 pm	RL	H2O	100ml							0	Durga
	09:00 pm	RL		100ml						280ml	0	Durga
	10:00 pm		H2O	100ml			NP				0	Durga
	11:00 pm			100ml							0	Durga
	12:00 am		H2O	100ml							0	Durga
	01:00 am										0	Durga
Total Intake :			500ml			Total Output :				M — U —		
	02:00 am		H2O							1000ml	0	Durga
	03:00 am										0	Durga
	04:00 am		H2O								0	Durga
	05:00 am						NP				0	Durga
	06:00 am		H2O							200ml	0	Durga
	07:00 am										0	Durga
Total Intake :			1100ml			Total Output :				M — O U —		

Total 24 hrs. Intake		Total 24 hrs. Output	M-0 U-1830ml

BAH-00611905 IP5-00174914
Mrs DIVYA GUDDETI
08-04-1991 35 Y 2 M 1 D (F)
Dr. K BHARGAVI REDDY

FLUID CHART

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

Sheet No. : (2) 10/6/26

1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.
3. 24 hrs. total to be entered in the kardex in RED.

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign Nur
			Mouth	I.V	N.G					✓	0	
10/6	08:00 am	NO IV fluids	H2O							✓	0	
	09:00 am										0	
	10:00 am		H2O				NP				0	
	11:00 am									✓	0	
	12:00 pm		H2O								0	
	01:00 pm										0	
Total Intake :						Total Output : U-2 m-0						
10/6	02:00 pm										0	
	03:00 pm		H2O								0	
	04:00 pm	NO IV fluids									0	
	05:00 pm		H2O				✓			✓	0	
	06:00 pm										0	
	07:00 pm		H2O								0	
Total Intake :						Total Output : U-1 m-1						
10/6	08:00 pm										0	
	09:00 pm	NO IV fluids	H2O							✓	0	
	10:00 pm						NP				0	
	11:00 pm									✓	0	
	12:00 am		H2O								0	
	01:00 am										0	
Total Intake :						Total Output : U-2 m-0						
10/6	02:00 am										0	
	03:00 am	NO IV fluids	H2O							✓	0	
	04:00 am										0	
	05:00 am		H2O								0	
	06:00 am						✓			✓	0	
	07:00 am										0	
Total Intake :						Total Output : U-2 m-1						

Total 24 hrs. Intake		Total 24 hrs. Output	U-7 m-2

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

H-00611905 IP5-00174914
DIVYA GUDDETI
04-1991 35 Y 2 M 3 D (F)
K BHARGAVI REDDY

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Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 3 .11/6/26

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am										0	Poop
	09:00 am		tea								0	Poop
	10:00 am										0	Poop
	11:00 am										0	Poop
	12:00 pm		tea								0	Poop
	01:00 pm										0	
Total Intake :						**Total Output :** 0 — m—						
	02:00 pm										0	
	03:00 pm										0	
	04:00 pm										0	
	05:00 pm										0	
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :** 0 — m—						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

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

Patient Sticker

FLUID CHART

Rainbow® Children's Hospital
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BirthRight™ BY RAINBOW HOSPITALS
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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.
3. 24 hrs. total to be entered in the kardex in RED.

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

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

BAH-00611905 IP5-00174914
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CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name:	Dr. Bhargavi Reddy	Date of Delivery:	09/06/26.
Assistant Surgeon:	Dr. Divya.	Time of Delivery:	11:08 Am
Anaesthetist's Name:	Dr. Sarita	Gender of Baby:	male
Type of Anaesthesia:	Spinal.	Weight of Baby:	2.793
Neonatologist:	Dr. Pavani	AGPAR Score:	9/10
Scrub Nurse:	Sr. Srilata.	NICU Admission: ☐ Yes	☑ No

Pre-Operative Diagnosis: G2A1 | 37+6wks | G on OHA.

☐ Elective ☐ Emergency Indication: Maternal request.

Urgency

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

Decision time: Reactive Knief to rectus:

CTG Description: Reactive

If there was a delay give the reasons:

Surgical Procedure: El. LSCS

Post Operative Diagnosis: POD-0 | P1L1 | El. LSCS.

Peri-Operative Complications: Nil

Amount of Blood Loss: 450ml	Blood Transfused (in ML): Nil

Name and Number of Surgical Specimen sent for examination:
Nil

Examination Findings when Appropriate:

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

5th Palpable: 4/5 Fetal Position: .....

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

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

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

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

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

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

Incision Through Placenta: ☐ Yes ☑ No

Delivery of head: ☐ Manual ☑ Forceps

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

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

Cord Appearance: normal. Cord around the neck ☐ Yes ☑ No

Appearance of placenta: Normal Cavity explored ☑ Yes ☐ No

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

Uterine Closure: ☐ One Layer ☑ Two Layers 1 Vicryl ..... Suture

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

Sheath Closure: 1-0 Vicryl ..... Suture

Fat Closure: ☑ Yes ☐ No 2-0 Rapid vicryl ..... Suture

Skin Closure: ☑ Subcuticular ☐ Mattress 2-0 Rapid vicryl ..... Suture

Vaginal Evacuated ☑ Yes ☐ No

Drain: ☐ Yes ☑ No ☐ Remove in ..... days ☐ Await instructions

Ctheter ☑ Yes ☐ No ☐ Remove in 24hrs days ☐ Await instructions

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

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

Post-Operative Notes:

1) NBM for 6 hours
2) IVF @ 100ml/hr (RL/NS)
3) Monitor vitals 4½th hourly
4) wf active bleeding per vagina/tachycardia
5) Drugs as charted
6) Inform SOS

Doctor Name: Dr. Divya Doctor Signature: .....

Date & Time: 9/6/2026

Patien

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POST-SURGICAL CARE PLAN FORM

Procedure Done: EL.LSCS

Post-Surgical Diagnosis: P.G.D-0 / PLAY EL-LSCS. 1 GPM on OHA.

Post-Operative Monitoring Parameters /Frequency:
BP/PR/SPO2 Every 15 mins

Wound Care: X 48 hours.

[redacted]

Drain /Special Lines/Catheters: Foleys for 24 hours

Special Patient Positioning and Requirements: Supine

Nutritional Instructions: NBM for 6 hours

When to Start Mobilization: after foleys removal.

Special Referrals: N/

The new order for all required medications documented in the doctor order/medication sheet:
☑ Yes ☐ No

Any Other Post-Operative Care Needed including Required Follow Up N/

Dr. Divya for Dr. Bhargavi

Treating Surgeon
(Signature & Stamp)

Date: 9/6/2026 Time: 12:05 PM

Note: Plan of care will be readjusted if necessary.

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NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 10/6/26 Time: 8:30am

Origin: Indian. Height: 150cm Weight: 62.4kgs BMI: 28kg/m²

Food Allergies: NO

Diagnosis: POD-1 / E.l. LSCS (lower Segment Cesarian Section)

Type of Diet: ☐ Liquid ☑ Soft ☐ Normal ☐ Diabetic

☐ Vegetarian ☑ Non-Vegetarian ☐ Vegan

Diet Advised:

Soft High protein diet
include plenty of oral liquids
avoid spicy, chilled and outside foods

Patient's / Attendant's

Signature: Avanthi

Name: ADEPU VAMSHIKRISHNA

Date & Time: 10/6/26 & 8:30am

Dietician's

Signature: Saima

Name: SAIMA

Date & Time: 10/6/26 & 8:30am

DIETARY NOTES

Date	Time	Notes	Sign
11/6/26	8:30am	patient is stable, oral intake is	Saina
		optimal, continue soft diet	

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NURSING CARE RECORD

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Shift: ☑ Morning ☐ Afternoon ☐ Night Date: 7/6/16

Assessment: fever & anxiety about delivery

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
8am	* Assess the pt general condition.	8:10 am	* Assessment done.	Pt is comfortable.
9am	* Preparation & IV medication as by doctor orders.	9:10 am	* Preparation done medication given as per doctor.	
10am	* Shifted to OT	10:30 am	* Shift the pt to OT	
11am	* NBM continue IV fluids	11:10 am	* PV is connected	
12pm	* utf bleeding	12:10 pm	* Bleeding is minimum.	

Re-Assessment: Reassess done after conscious safe delivery.

Special Notes: utf bleeding.

Nurse Signature: Nurse Name: Date & Time: 7/6/16

Docu. No: RCHBH /FRM / CLINICAL / 148

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NURSING CARE RECORD

Shift: ☐ Morning ☑ Afternoon ☐ Night

Date: 9/6/26

Assessment: Patient complaints of dehydration in body.

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
2pm	=> Assess the pt condition	3pm	=> Assessed the pt condition	patient is comfortable.
3pm	=> Maintain Fluid balance	4pm	=> Ringer Lactate Ongoing	
4pm	=> Ensure Safety	5pm	=> Side rails provided	
5pm	=> NBM	6pm	=> pt is on NBM.	
7pm	=> V/O monitoring	8pm	=> VIO monitoring done.	

Re-Assessment: V/O is good, Patient comfortable

Special Notes: Check P/V bleeding

Nurse Signature: TM Nurse Name: Tunnf Date & Time: 9/6/26 @8PM

NURSING CARE RECORD

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Shift: ☐ Morning ☐ Afternoon ☑ Night

Date: 9/6/26

Assessment: patient having discomfort

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
8Pm	* Assess the general condition of the Pt	9Pm	* Assessed the general condition of the Pt	* Now Pt is stable
10Pm	* monitor the vital's	11Pm	* monitored the vital's	
12Am	* Administer medication as per chart	1Am	* Administered medication as per chart	
2Am	* Relieve Pain & discomfort	3Am	* Retieved Pain & discomfort	
4Am	* maintain I/O chart	5Am	* maintained I/O chart	
6Am	* ensure safety	7Am	* ensured safety	

Re-Assessment: re-Assessment done

Special Notes:

Nurse Signature: Durga

Nurse Name: Durga (60753)

Date & Time: 10/6/26 @ 8Am

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NURSING CARE RECORD

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Shift: ☑ Morning ☑ Afternoon ☐ Night

Date: 10/6/26

Assessment: patient is having discomfort

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
6 AM →	Assess the patient general condition.	8:20 AM →	Assessed the patient general condition.	patient is stable now.
10 AM →	monitor vitals	10:20 AM →	monitor vitals	
12 PM →	Maintain Dlo diet	12:20 PM →	maintain Dlo diet	
3 PM →	Administer medication as per chart	3:30 PM →	Administered medication as per chart	
6 PM →	Ensure safety	6:30 PM →	Ensure safety	

Re-Assessment: patient is stable

Special Notes: only soft diet

Nurse Signature: ..... Nurse Name: Sangeetha @ 607728 Date & Time: 10/6/26 @ 8 PM

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NURSING CARE RECORD

Shift: ☐ Morning ☐ Afternoon ☑ Night

Date: 10/6/26

Assessment: Patient is having discomfort.

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
8PM	* Assess the patient condition	9PM	* Assessed the patient condition	Patient is stable.
10PM	* monitor vitals	11PM	* monitored vitals.	
12AM	* ensure safety.	1AM	* Provided side rails.	
2AM	* maintain personal hygiene	3AM	* maintained personal hygiene	
4AM	* Administer medication as per doctor order	5AM	* Administered medication given as per doctor order.	
6AM	* prevent infection	7AM	* prevented infection	

Re-Assessment: Re-assessment done every 6th hrly.

Special Notes: FBS, PPBS TIW.

Nurse Signature: Sly Nurse Name: sneha (607635) Date & Time: 11/6/26 @ 8AM

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NURSING CARE RECORD

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Shift: ☐ Morning ☐ Afternoon ☐ Night

Date: .....

Assessment: .....

.....

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: .....

.....

Special Notes: .....

.....

Nurse Signature: ..... Nurse Name: ..... Date & Time: .....

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NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Dr. Bhargavi reddy. Department: 4w. Date of Admission: 9/6/26.

SITUATION	Diagnosis: G_2A_1 | 34+6 wks | GDM on OHA [illegible] Ele. LSCS.	Any Infection: ☐ Yes ☑ No ☐ Not Known If Yes Specify: ....

	Area / Shift Time	OPS. 8am-8pm	3rd floor 8pm-8am	3rd floor 8Am-8pm	3rd floor 8pm-8am		
BACKGROUND	Medical Condition (Any special condition to be noted):	NA.	NA	NA	NA		
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	Tubes/Drains/Catheter:	☑ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.1°F	98.2°F	98.2F	98°F		
	Res:	18	20	20	20		
	SpO_2:	99%	98%	98%	98%		
	Pulse:	84b/m	87b/m	87b/m	82b/m		
	BP:	110/72	106/75	107/69	100/60		
	Fall Risk Score:	35	35	35	35		
	Pain Score:	0	0	0	0		
Recommendations	Safety Needs:	Yes.	yes	yes	yes		
	Physiotherapy	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	Others Specify:	NA	NA	NA	NA		
	Special Diet:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	Other Special Orders / Medications:	NA	NA	NA	NA		
	Post Operative Procedure Special Orders:	NA	NA	NA	NA		
	Handed Over By Name :	Chaitr	Durga	Sangeetha	sneha		
	Signature :	[signature]	[signature]	[signature]	[signature]		
	Date:	9/6/26	10/6/26	10/6/26	11/6/26		
	Time:	8pm.	8AM	8PM	8am		
	Taken Over By Name :	Durga	Sangeetha	sneha	Pooja		
	Signature :	[signature]	[signature]	[signature]	[signature]		
	Date:	9/6/26	10/6	10/6/26	11/6/26		
	Time:	8PM	8AM	8PM	8Am		

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NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: ..... Department: ..... Date of Admission: .....

SITUATION	Diagnosis:	Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:					
BACKGROUND	Area / Shift Time						
	Medical Condition (Any special condition to be noted):						
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:						
	Res:						
	SpO_2:						
	Pulse:						
	BP:						
	Fall Risk Score:						
	Pain Score:						
Recommendations	Safety Needs:						
	Physiotherapy	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Others Specify:						
	Special Diet:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Other Special Orders / Medications:						
Post Operative Procedure Special Orders:							
Handed Over By Name :							
Signature :							
Date:							
Time:							
Taken Over By Name :							
Signature :							
Date:							
Time:							

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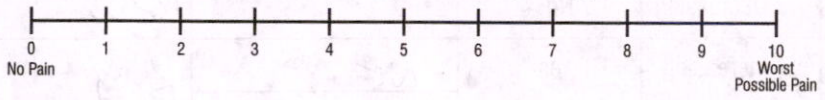
PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
9/6/26	9am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Guru.
9/6/26	12am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Guru
9/6/26	1pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Guru
9/6/26	3pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Guru.
9/6/26	5pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		Durga
9/6/26	11pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Durga
10/6/26	3am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Durga
10/6	6am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Durga
10/6	9pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Sangeeth
10/6	6pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Sangeeth

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

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

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PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
11/6/26	12AM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
11/6/26	6AM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

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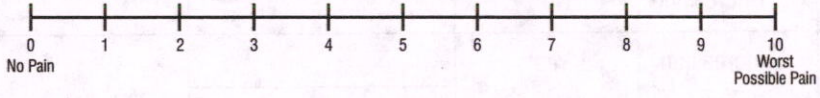
Docu.No: RCHBH /FRM / CLINICAL / 152

(P.T.O)

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



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Legs	Normal Position or Relaxed	Uneasy, restless, tense	Kicking, or legs brawn up
Activity	Laying quietly normal position, moves easily	Squirming shifting back and forth, tense	Arched, right, or Jerking
Cry	No Cry (Awake or asleep)	Moans or whimpers occasional complaint	Crying steadily, screams of sobs, frequent complaints
Consolability	Content, relaxed	Reassured by occasional touching, hugging, or being talked to, distractible	Difficult to console or comfort

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

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

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BRADEN 'Q' SCALE

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

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

Risk Score	Category	Action	Support Surfaces (**Please Note:** Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice
15-18	At Risk	• Regular Turning Schedule • Enable as much activity as possible • Protect the heels • Use pressure redistribution surfaces • Manage moisture, friction and shear • Advance to a higher level of risk if other major risk factors are present	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
13-14	Moderate Risk	• Use the Same Protocol as for **"At Risk"** Patients • Position patient at 30 degree lateral incline using foam wedges	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
10-12	High Risk	• Follow the same protocol as for **"Moderate Risk"** Patients • In addition to regular turning schedule • Make small shifts in their position frequently	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
Less than 9	Severe Risk	• Use same protocol as for **"High Risk"** Patients • Add a pressure redistribution surface for patients with severe pain or with additional risk factors.	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay

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CHECKLIST FOR THROMBOPHLEBITIS

10/6/26

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	9/6/26 DAY-1			DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0	0	0	0	0	0	0				
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1	–	–	–	–	–	–				
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2	–	–	–	–	–	–				
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3	–	–	–	–	–	–				
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4	–	–	–	–	–	–				
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5	–	–	–	–	–	–				
		Signature of the Nurse		Suny	Suny	Durga	Sangee	Sangee	Sneha				

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 : ..... Rebeca ..... Name : ..... Rebeca .....

Signature of Ward In Charge :

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

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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	9/6/26 8pm	10/6/26 8PM	10/6/26 8PM
		Score			
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0	0	0	0
Secondary Diagnosis (more than one diagnosis)	Yes	15	15	15	15
	No	0			
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0	0	0	0
IV / Heparin Lock or Saline	Yes	20	20	20	20
	No	0			
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10			
	Normal /On Bed Rest /Immobile	0			
Mental Status	Forgets limitations	15			
	Oriented to own ability	0			
Total Morse Fall Scale Score:			35	35	35
		Signature	Suraj	Durga	Sneha

Fall Risk Grading		
Risk Level	**Morse Fall Score (MFS)**	**Action**
Low Risk	0 - 24	Standard Fall Precaution
Moderate Risk	25 - 50	Implement Moderate Fall Prevention Intervention
High Risk	≥ 51	Implement High Risk Fall Prevention Intervention

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

- ☐ Ensure patients use their prescribed eye glasses if any, in the hospital
- ☐ Use chairs with arm rests
- ☐ Use safety straps on stretchers and wheelchairs while transporting patients

Moderate Risk (25-50) Apply all low risk intervention and

- ☑ Assist and/or supervise ambulation. Reinforce to always call for assistance
- ☑ Hourly safety check
- ☑ Assess patient after visitors, leave to ensure safety measures in place

High Risk (≥ 51) Apply all low and moderate risk interventions, and.

- ☐ Initiate constant observation by healthcare provider as appropriate to patient's needs

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MULTI-DISCIPLINARY PLAN OF CARE FORM

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Diagnosis: G2A1 | 37+6wks | GDM mOHA for Elective LSCS.

Date Time	Discipline	Type	Patient Needs / Problem List	Goal	Plan / Intervention	Signature	Team Verification
9/6/26 @ 8AM	☑ Medical ☐ Nursing ☐ Others:	☑ Initial ☐ Modified ☐ Per-Op ☐ Post Op	G2A1 | 37+6wks | GDM mOHA	for safe delivery	Elective LSCS		☑ Nursing ☐ Others:
9/6/26 9am	☐ Medical ☑ Nursing ☐ Others:	☑ Initial ☐ Modified ☐ Per-Op ☐ Post Op	fear & anxiety about delivery	To reduce the fear.	Counseling done by Safedelivery Team		☑ Medical ☐ Others:
10/6/26 8:30 am	☐ Medical ☐ Nursing ☑ Others: dietitian	☐ Initial ☐ Modified ☐ Per-Op ☑ Post Op	POD-0 Ex: LSCS	soft diet	Soft High protein diet		☐ Medical ☐ Nursing ☑ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Nursing ☐ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Nursing ☐ Others:

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INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

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Patient's / Learner Language: Telugu, English Patient / Learner Literacy: ☑ Read ☐ Write ☐ Speak Willingness to Learn: ☑ Yes ☐ No Healthcare Literacy: ☑ Yes ☐ No

Identified Education Needs:

1. Diagnosis
2. Treatment and Care Plan
3. Pain Management
4. Informed Consent
5. Medication / Therapy (safety, effects/ side effect, interactions)
6. Discharge Medication
7. Infection Control Measures
8. Diagnostic Test / Procedures
9. Nutrition / Diet
10. Fall Risk Education
11. Safe use of Medical Equipment / Implantable Devices Safety
12. Patient's / Family Rights
13. Risk / Safety
14. Activity / Exercise
15. Social & Rehabilitation Needs
16. Special Discharge / Follow-up Education / Coping Skills
17. Others .....

Part - II

Date	Time	Need Identified	Information Taught	Use codes from the list in part III					Comments	Designation / Signature
				Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		
9/6/26	9am	1,2,4	Diagnosis, Treatment & care plan, Informed consent	PT, S	1	0	1	1	NA	
9/6/26	9am	7	Educating about hand hygiene	PT'S	1	0	1	1	NA	
10/6/26	8:30 am	9	Lactation diet	PT	1	0	1	1	-	

Part - III: CODES

Who was taught: PT: Patient F: Father M: Mother S: Spouse Sn: Son D: Daughter C Caregiver O: Other (Specify) .....

Learning Barriers:

1. No Learning Barriers
2. Physical Impairment
3. Emotional Barriers
4. Language Barrier
5. Educational Level
6. Desire / Motivate to Learn
7. Impaired Thought Process/Cognitive limitations
8. Responsibilities at Home
9. Cultural Differences
10. Financial Difficulties
11. Beliefs and Values
12. Impaired Vision/ or Hearing
13. Cultural/Religion Practice
14. Others (Specify .....

Teaching Tools Used: A: Audio D: Demonstration V: Video O: Oral P: Printed

Mechanism/s to overcome barrier/s:

1. None
2. Obtain translator
3. Reassurance & Support
4. Teach Family / Others
5. Respect values & beliefs
6. Respect Cultural / Religion Preference
7. Other, Specify .....

Understanding: 1. Verbalizes Understanding 2. Demonstrates Understanding 3. Needs Review

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OBSTETRICS / GYNECOLOGY
NURSING INITIAL ASSESSMENT FORM

Date of Admission: 9/6/26

Baseline Information:

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

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

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

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

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

If yes, identify .....

Chief Complaints: PR BSG

Doctor Notified on Admission: ☑ Yes ☐ No

Name of the Doctor: Dr. Sneha

Time Notified: 8:55 Am.

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

Past Medical History	Past Surgical History	Previous Hospital Admission
Nil	Open appendicotomy - 2014	—

Gynecology Assessment: ☐ Not Applicable

Menstrual History: Regular

Onset of Menarche: —

Menstrual Cycle: ☑ Regular ☐ Irregular

Last Menstrual Period: -

Gynecology Surgical History:

Caesarean Section: ☑ No ☐ Yes

Cervical Cerclage: ☑ No ☐ Yes

Ectopic Pregnancy: ☑ No ☐ Yes

Myomectomy: ☑ No ☐ Yes

Others: _____

Gynecological History:

Contraceptives: ☑ No ☐ Yes

Vaginal Discharge: ☑ No ☐ Yes

Post-Coital Bleeding: ☑ No ☐ Yes

Infertility: ☑ No ☐ Yes

If Yes Type: ☐ Primary ☐ Secondary

Obstetric History: G 2 P — L — A 1

Previous LSCS: NIL

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

Family History: ☐ No Abnormalities Detected

☐ Heart Disease ☐ Hypertension ☑ Diabetes (F) ☐ Stroke ☐ Seizures ☐ Kidney disease

☐ Liver disease ☐ Other .....

Vital Signs / Measurements: Temp: 98°F HR: 76/min RR: 20

BP: 110/70 Weight: — Height: — BMI: —

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

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PHYSICAL ASSESSMENT

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

Fall Assessment: ☑ Yes ☐ No Score ..35.. (complete the Morse Fall Risk Assessment Sheet)

Risk of Pressure Sore: ☑ Yes ☐ No Score ..22.. (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

Cultural & Spiritual Needs: ☐ Yes ☐ No if Yes specify ..... 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 ..Patient.....

Name of Person Orientation was given to: ..Sharada.....

Orientation not given Reason: ..NA.....

Nurse Signature: ..TM.....

Nurse Name: ..Suma.....

Date & Time: ..9/6/26 @ 8:30 AM.....

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OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 9/6/26. Time of Arrival: 8:10AM Time Seen by Nurse: 8:15am

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

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

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

3) **Vital Signs:** Temperature: 98.1F. Pulse: 89 RR: 18 SpO_2: 99% BP: 120/80 Weight: 62.4 kgs.

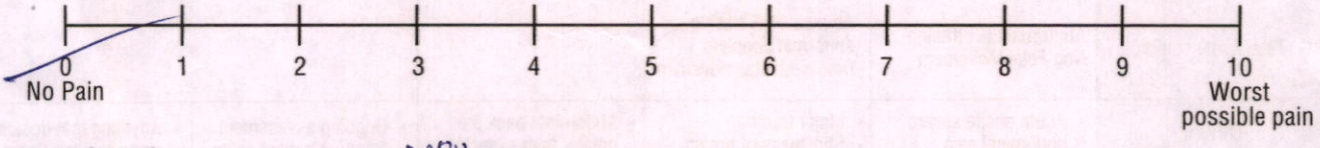
4) **Gestational Criteria:**

Gravida:	G	P	L	A
	2			1

LMP: 17/9/25 EDD: 24/6/26 Gestational Age: 37 6wks.

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

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



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

6) **Past History:**

a) Surgeries: Open Appendicectomy — 2014.

b) Medical: Nill

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7) **Allergy:** ☐ Yes ☑ No, If Yes : .....

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

9) **Prenatal Medical History:**

☑ None
☐ Chronic Hypertension
☐ Gestational Hypertension
☐ Diabetes
☐ Gestational Diabetes
☐ Low placenta
☐ Others if yes, specify .....

Triage Category: (Please tick on the category)

Refer to OBSTETRICAL TRIAGE ACUITY SCALE (OTAS)

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

OBCU Obstetrical Triage Acuity Scale (OTAS)

OTAS	Level 1 (Resuscitative)	Level 2 (Emergent)	Level 3 (Urgent)	Level 4 (Less Urgent)	Level 5 (Non Urgent)
Level 1 (Resuscitative)	Immediate	≤ 15 minutes	≤ 30 minutes	≤ 60 minutes	≤ 120 minutes (2 Hours)
Re-Assessment	Continuous Nursing Care	Every 15 Minutes	Every 15 Minutes	Every 30 Minutes	Every 60 Minutes
Labour / Fluid	Imminent Birth	Suspected Pre-term Labour / PPROM < 37 Weeks	Signs of Active Labour > 37 weeks	Signs of Early Labour/ SROM > 37 weeks	Discomforts of Pregnancy
Bleeding	Active Vaginal bleeding with/ without abdominal pain	Bleeding associated with cramping (<spotting) <37 weeks	Bleeding associated with cramping (>spotting) >37 weeks	Spotting	
Hypertension	Seizure activity	Hypertension > 160/110 and / or headache, visual disturbance, RUQ pain	Mild hypertension >140/90 with/without associated signs and symptoms		
Fetal Assessment	Abnormal FHR tracing Non-Fetal Movement	Atypical FHR tracing, abnormal dopplers Diseased fetal movement			
Others	• Acute onsite severe abdominal pain • Altered level of consciousness • Cord prolapse • Severe respiratory distress • Suspected sepsis	• Major trauma • Shortness of breath • Unplanned and unattended birth	• Abdominal/back pain greater than expected in pregnancy • Flank pain / hematuria • Nausea /vomiting and /or diarrhea with suspected dehydration	• Ongoing assessment from out patient clinic (for hypertension, blood work) • Minor trauma (minor MVC/fall) • Nausea/Vomiting and /or diarrhea • Signs of infection (ie dysuria ,cough, fever, chills)	• Anything that does not seem to pose threat to mother or fetus • Cervical ripening • Out patient placenta previa protocols • Pre-booked visits (ie Rh and progesterone injections, NST • Assessment for version • Rashes

Time seen by Doctor: 8:55am

Nurse Name : Suvarchala Nurse Signature: Suvarchala

Date: 9/6/26 Time: 8:30pm

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DEFICIENCY CHECK LIST OF CASE SHEET

Sl.No.	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission sheet	1			
2	Discharge Summary	1			
3	Nursing Initial assessment	1			
4	Patient Transfer form	1			
5	In-patient Medical record	1			
6	Doctors progress sheets	3			
7	Nursing plan of care and handover sheets	5			
8	Consultation sheet	1			
9	General consent for treatment	1			
10	Consent for Surgery				
11	Consent for blood transfusion				
12	Consent for chemotherapy				
13	Consent for high risk				
14	Consent for Restraint				
15	LAMA consent				
16	Consent for special procedure / Sedation	2			
17	Consent for Formula feed				
18	Consent for MTP				
19	Consent for Radiological Investigations				
20	Consent for HIV test				
21	Anaestesia notes (Pre Anaesthesia& post)	2			
22	Neonatal Admission/Delivery/Physical Exam				
23	Medication Reconciliation	1			
24	Emergency Triage record	1			
25	Pre operative check list	1			
26	Surgical safety checklist	1			
27	Operation Theatre notes	1			
28	Nurses clinical Presentation				
29	TPR & BP chart	3			
30	Intake and Out take chart (fluid chart)	2			
31	Drug chart (Regular Prescription)	1			
32	Investigation Values (result sheet)	1			
33	Nebulization chart				
34	Nutritional review chart	1			
35	Intensive care unit (ICU Charts)				
36	Consent for Admission in PICU / NICU				
37	The Humpty dumpty scale				
38	Braden Q Scale	1			
39	Bed side check list				
40	PICU bed formula Dilution feeds				
41	Gastro monitoring chart Antenatal				
42	Rch ED doctors note Pantu	2			
43	BP Monitoring chart				
44	RBS monitoring chart				
	Billing	1			
	Total No. of Pages	39			

Signature and Date : 12/6/26

Doc. No. : RCHBH/ FRM / GENERAL / 126

(P.T.O)

ERROR LOG

LOCATION : OT / Birthing Centre / BirthRight Premium / 3rd Floor (Zone A,B,C) / NICU / PICU / 2nd Floor Ward / Oncology / 1st Floor Wards.

OBSERVATION :

DATE :

SIGNATURE OF MRD INCHARGE / EXECUTIVE

BAH-00611905 IP5-00174914
Mrs DIVYA GUDDETI
08-04-1991 35 Y 2 M 1 D (F)
Dr. K BHARGAVI REDDY

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RISK ASSESSMENT TOOL FOR DEEP VEIN THROMBOSIS

(Postnatal Assessment and Management (to be assessed on delivery suite)

Pre-Existing Risk Factors Tick Score	Tick	Score
Previous VTE (except a single event related to major surgery)	–	4
Previous VTE provoked by major surgery	–	3
Known high-risk thrombophilia	–	3
Medical comorbidities e.g. cancer, heart failure; active systemic lupus erythematosus, inflammatory poly arthropathy or inflammatory bowel disease; nephrotic syndrome; type-I diabetesmellitus with nephropathy; sicklecell disease; current intravenous drug user	–	3
Family history of unprovoked or estrogen-related VTE in first-degree relative	–	1
Known low-risk thrombophilia (no VTE)	–	1
Age (? 35 years)	–	1
Obesity	–	1 or 2
Parity ≥ 3	–	1
Smoker	–	1
Gross varicose veins	–	1
Obstetric Risk Factors		
Pre-eclampsia in current pregnancy	–	1
ART/IVF (antenatal only)	–	1
Multiple pregnancy	–	1
Caesarean section in labour	–	2
Elective caesarean section	1	1
Mid-cavity or rotational operative delivery	–	1
Prolongedlabour (? 24hours)	–	1
PPH (?1litreortransfusion	–	1
+0 Preterm birth? 37 weeks in current pregnancy	–	1
Still birth in current pregnancy	–	1
Transient Risk Factors		
Any surgical procedure in pregnancy or puerperium except immediate repair of theperineum, e.g. appendicectomy, postpartum sterilization	–	3
Hyperemesis	–	3
OHSS (first trimester only)	–	4
Current systemic infection	–	1
Immobility, dehydration	–	1
Total	(1)	

Signature of the Doctor: Dr.K Date: 9/6/2026 Time: 12:06 pm

Action Plan: Hydration & Ambulation

Risk Assessment Tool for Deep Vein Thrombosis

- ☐ If total score ≥ 4 antenatally, consider thromboprophylaxis from the first trimester.
- ☐ If total score 3 antenatally, consider thromboprophylaxis from 28 weeks.
- ☐ If total score > 2 postnatally, consider thromboprophylaxis for at least 10 days.
- ☑ If total score = 2, Hydration & Ambulation.
- ☐ If admitted to hospital antenatally consider thromboprophylaxis.
- ☐ If prolonged admission (≥ 3 days) or readmission to hospital within the puerperium consider thromboprophylaxis.
- ☐ For patient with an identified bleeding risk, the balance of risks of bleeding and thrombosis should be discussed in consultation with a haematologist with expertise in thrombosis and bleeding in pregnancy.

*Ref:Rcog Green-Top Guideline No - 37a

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BUNDLE CARE CHECKLIST TO PREVENT SURGICAL SITE INFECTION (SSI)

Date : 9/6/26

To Be Filled In By Assigned Nurse :

Department : OBG-OT Duration of Procedure : 1 Hr

Name of Surgeon : Dr. Bhargavi Reddy Date of Admission : 9/6/26

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

		Staff Signature
1.	Antibiotic given prior to surgery ? ☑ Yes ☐ No ☑ Single Dose Antibiotic or Long Antibiotic Regime Antibiotic administered within 60 minutes prior to incision ? ☑ Yes ☐ No Name of the Antibiotic : Inj Tarim 1 gram	Nasa
2.	Hair Removal ☑ Yes ☐ No if Yes : Surgical Clipper Department where Hair Removed : ☑ Ward ☐ Operating Room ☐ Other : ..... Skin preparation done (cleanse surgical area with antiseptic agent)? ☑ Yes ☐ No	Nasa
3.	Patient's body temperature immediately post operation (Recovery Room) 36 °C ☐ Oral Or ☐ Axilla (Goal : 36-37 °C)	
4.	Name of doctor or staff administering the antibiotic : Sr Shalaka Date & Time of antibiotic administration : 9/6/26 @ 10:10Am Date & Time procedure started : 9/6/26 @ 10:45Am.	Nasa

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

SURGICAL SAFETY CHECKLIST

Surgeon : Dr Bhargavi
Asst. Surgeon : Dr Divya.
Anaesthetist : Dr Sarita
Scrub Nurse : Sri. Srilata

BAH-00611905 P5-00174914
Mrs DIVYA GUDDE..
08-04-1991 35 Y 2 M 1 D (F)
Dr. K BHARGAVI REDDY

Patient Na ..... Gender : .....
UHID No. .....
Date : ..... ut-time : 12:30 pm

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Before Induction of Anaesthesia ➤➤

SIGN IN Time: 10:40Am

Patient Has Confirmed
- Identity ☑Yes ☐No
- Site ☑Yes ☐No
- Procedure ☑Yes ☐No
- Consent ☑Yes ☐No

Site Marked ☐Yes ☐No ☑NA

Anaesthesia Safety Check Completed ☑Yes ☐No

Pulse Oximeter on Patient & Functioning ☑Yes ☐No

Does Patient have a:
- Known Allergy? ☐Yes ☑No

Difficult Airway / Aspiration Risk?
- Yes, & Equipment / Assistance Available ☐Yes ☑No

Risk of > 500ml Blood Loss (7ml/kg In Children)?
- Yes, and Adequate Intravenous Access and Fluids Planned ☐Yes ☑No ☐NA
- Blood Units Reserved ☐Yes ☑No ☐NA

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

Signature : Dr
Name : Dr. SARITHA

Before Skin Incision ➤➤

TIME OUT Time: 10:50 pm

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

Surgeon, Anaesthesia Professional and Nurse Verbally Confirm
- Correct Patient (Check ID Band) ☑Yes ☐No
- Correct Site ☑Yes ☐No
- Correct Procedure ☑Yes ☐No

Anticipated Critical Events

Surgeon Reviews:
- What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss? Bleeding 500ml ☑Yes ☐No ☐NA

Anaesthesia Team Reviews:
- Are There Any Patient-specific Concerns? ☐Yes ☑No ☐NA

Nursing Team Reviews:
- Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns? ☐Yes ☑No ☐NA
- **Is Essential Imaging Displayed?** ☐Yes ☐No ☑NA
- Power Supply, Earthing, Power Backup and functioning of equipment checked. ☑Yes ☐No

Signature : Dr
Name : Sr. veena.

Before Patient Leaves Operating Room

SIGN OUT Time: 12:10 pm

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

To Surgeon, Anaesthetist and Nurse:
- What are the key concerns for recovery and management of this patient? ☐Yes ☐No

Signature : Dr. Divya for Dr. Bhargavi
Name : Dr. Divya.

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PATIENT TRANSFER FORM

Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
BAH-00611905 IP5-00174914 Mrs DIVYA GUDDETI 08-04-1991 35 Y 2 M 1 D (F) Dr. K BHARGAVI REDDY	9/6/26 @ 9:43 A	9/6/26 @ 4:40 pm
	Transfer Ordered by	**Reason for Transfer**
	Dr. Sneha	Observation
From Unit	**To Unit**	**Information to Attendant**
OR	Room (302)	Yes ☑ No ☐
Number of Sheets in Clinical File 35	**Personal belongings including clinical documents. If any handed over to attendant** Yes ☐ No ☑ If Yes, what?	**Patient shifted with ID band:** Yes ☑ No ☐ If No: ....
Number of Imaging Films NST - 1		

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
[illegible signature]	Dr. Sneha

Patient & Clinical Records Received by : [illegible] @ [illegible]

Date & Time of Patient Received : 9/6/26

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

Docu. No. : RCHBH / FRM / CLINICAL / 102 (26)

BAH-00611905 IP5-00174914
Mrs DIVYA GUDDETI
08-04-1991 35 Y 2 M 1 D (F)
Dr. K BHARGAVI REDDY

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Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION

Name: Mrs. Divya Guddeti Age: 35 Sex: f. UHID.No : BAH-00611905

Date: ..... Time: ..... Proposed Operation: Elective LSCS.

Diagnosis: G2 A1 @ 37+6 wks @ GDM on OHA.

B.P / CRT: 96/65 mm H.R: 72/min Weight: 62.4kgs ASA Physical Status: ☐ 1 ☑ 2 ☐ 3 ☐ 4 ☐ 5

Laboratory Data:

Hgb: 10.7	Glucose:	Protein:	HIV:	X-Ray:
PCV:	Urea:	Alb:	HBS Ag:	ECG:
WBC: 4.71	Creat:	Total Bill:	HCV:	2D Echo:
Plate: 3.1	Na:	Dir. Bill:	Blood group:	Stress/Anglo:
PT:	K:	LDH:	T3	Other:
PTT:	Ca++:	Alk phos:	T4	
INR:	Mg++:	Amylase:	TSH	
	Cl -:	SGOT/SGPT:		

Allergies: — Nil —

Medical History: CVS :

RESP : Nothing significant.

CNS :

Renal : Diabetes : GDM on OHA : 33+2 wks.

Hepatic / GE : Physical Activity: —

Others :

Past Anaesthetic History: H/o. Appendicectomy 10yrs back - uneventful.

Physical Exam:

Airway: MP (1) 2 3 4 Mouth Opening: Adequate Mentohyoid Distance: 3F Neck: ○ Teeth: ○

Lungs : Cl. clear.

Heart: S1+ S2+

CNS:

Pregnant: ☑ Yes ☐ No ☐ NA Venous Access Site : Spine Exam for regional : palpable.

Anaesthetic Plan: ☐ MAC ☑ REGIONAL ☐ GA-ETT ☐ LMA

Peri-Operative Plan Explained to the Patient: ☐ Yes ☐ No

CURRENT MEDICATIONS	DOSAGE
T. Glycomet	BD.

Pre-Operative Instructions:

1. DVT Prophylaxis :
2. NIL ORAL → Water / ORS 2 Hours; Others 6 Hours — Yesterday night 10
3. Informed Consent: ☑ Standard ☐ High Risk
4. Post Operative Pain Management: ☑ Discussed with Patient
5. Other Instructions:

Signature: ..... Name: Dr. Savitha

Mrs DIVYA GUDDETI
08-04-1991 35 Y 2 M 1 D
Dr. K BHARGAVI REDDY (F)

ANAESTHESIA CHART

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Pre Induction Assessment:

Change in Patient Condition: ☐ Yes ☑ No
Fasting Status: Confirmed
Physical Status: ☑ Patient Identified ☑ Consent Present ☑ Chart Reviewed

H.R: 78/min. B.P / ~~CRT~~: 110/70mmhg SpO2: 100% on RA R.R:
Pre-OP Diagnosis: ......
Operation: El. LSCS
Last Feed: Yesterday night
Surgeon: Dr. Bhargavi Reddy
Date: 9.6.26
Anaesthesiologist: Dr. Saritha
Technician: Mr. Prashanth

TIME	10 AM	11:15	11:45 AM
N_2O /AIR /O_2 LPM			
HALO /SO /SEVO			
Drugs:			
Inj. Phenylephrine 100mg + 100mg			
Inj. Texanixa 1gr.			
Inj. Oxytocin 3U + 3U.			
FIO_2 / SaO_2	100%	100%	100% 100%
$ETCO_2$			
ECG	NSR NSR	NSR	NSR
Temperature			
Urine Output			
Fluids / Blood	RL + RL + RL →		

Antibiotic
Suppository
Blood Loss
NOTES

B.P: V Systolic, Λ Diastolic, X Mean, • Heart Rate
Tourniquet on Time
Tourniquet off Time
Throat Pack In
Throat Pack Out

Scale: 240, 220, 200, 180, 160, 140, 120, 100, 80, 60, 40, 20, 10, 0 (systolic marks plotted around 100–110, diastolic around 60)

LAB Values: ABG / GRBS / Others

☑ Equipment Checked and Functional
☑ BP
☑ Cuff Site: (L) UL.
☐ Art Site: ......
☑ EKG Lead
☐ Temp Site
☐ FIO_2 Monitor
☐ Agent Monitor
☑ Pulse Oximeter
☐ Capnograph
☐ Ventilator
☐ Nerve Stimulator

Position: Supine
☑ Pressure Points Checked

Eye Care:
☐ Oint
☐ Tape
☐ Padding
☑ Awake

Temp:
☐ HME ☐ Fluid Warmer
☐ Cling Film ☐ OH Warmer
☐ Hugger's ☐ Cotton Wool
☑ Other

Times:
Anaes Start: 10:45AM.
OP Start: ......
OP End: ......
Leave OR: 11:45AM.

Anaesthesia:
☐ GA
☐ Monitored Anaesthesia Care
☑ Regional

Line (Size & Location)
☐ CVP: ......
☐ ART: ......
☑ IV: 18G (R) UL.
☐ IV: ......
☐ IV: ......

Induction
☐ IV ☐ Inhal
☐ Pre O_2 ☐ RSI
☐ Others

☐ Mask ☐ SGA
☐ Airway ☐ Oral ☐ Nasal
ETT# ...... at ...... cm
☐ Oral ☐ Nasal ☐ Cuff
☐ Tracheostomy ☐ Topical
☐ Drug: ......
☐ Awake ☐ Direct Vision
☐ Video Laryngoscopy ☐ Stylette / Bougie
☐ Fiberoptic
Blade# ...... Attempts: ......
Difficulty Why? ......

☐ Bilat = BS
☐ Semi-Closed Circle
☐ Closed Circle
☐ Other

Regional:
Extremity Specify: ......
☑ Spinal ☐ Epidural ☐ Caudal
Others: ......
Position: Sitting
Site: L3-4
Needle Size: 25G whitacre Depth: ......
Parasthesia ☐ Yes ☑ No
Catheter at skin ...... cm
Drug Name & Conc: 0.5% Bupi (Heavy)
Bolus: 10mg + 15mcg fentanyl
Infusion: ......
Block Level: T6 Lvl
Comments: Adequate

Transportation to
☐ PACU ☐ ICU ☑ Other
Relaxant Reversed ☐ Yes ☐ No ☑ NA

Name of the Doctor: Dr. SARITHA
Signature of the Doctor: [signature]

BAH-00611905 IP5-00174914
Mrs DIVYA GUDDETI
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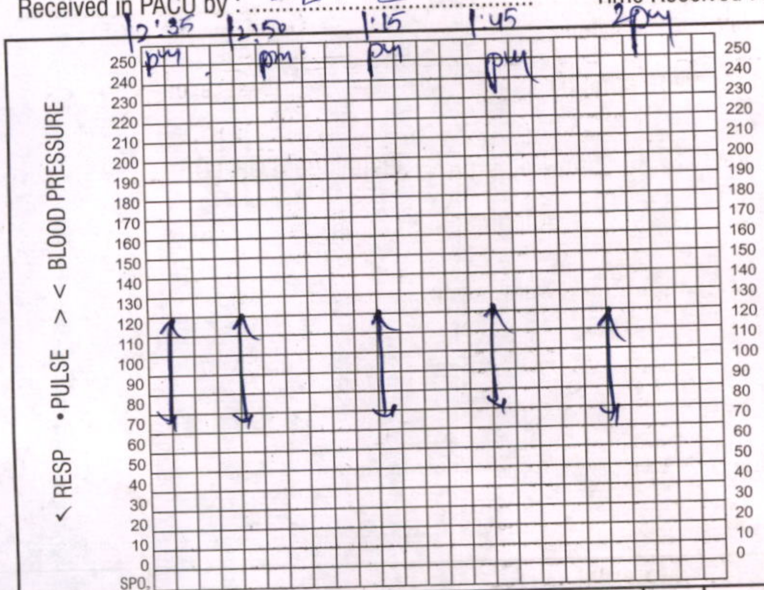
POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : S.S. Swath. Time Received : 12:35p Time Discharged : 3pm.



IV Cannula Site : Left hand.

- ☐ O_2 Mask
- ☐ Tracheostomy
- ☐ Oral Airway
- ☐ Nasal Prongs
- ☐ T-Piece
- ☐ Nasal Airway

Vomiting : ☐ Yes ☑ No Drug: ....
NG Tube : ☐ Yes ☑ No
Drain: ☐ Yes ☑ No
Urinary Catheter: ☑ Yes ☐ No
Chest Tube: ☐ Yes ☑ No
Nil Oral ☐ Yes ☑ No

IV Fluids: RL.
Oral Feeds: NBM.

POST ANAESTHESIA SCORE (Modified Aldrete Score)			IN	MINUTES 30	60	90	OUT	SCORING INTERPRETATION
Able to move 4 extremities voluntary or on command Able to move 2 extremities voluntary or on command Able to move 0 extremities voluntary or on command	= 2 = 1 = 0	ACTIVITY	1	2	2	2	2	A Minimum Total Score of 8 is Required for Discharge
Able to deep breathe & cough freely Dyspnea or limited breathing Apneic	= 2 = 1 = 0	RESPIRATION	2	2	2	2	2	Exceptions to this, are to be explained in the space below by the Discharging Physician:
BP ± 20 of Pre Anaesthetic leve BP ± 20-50 of Pre Anaesthetic leve BP ± 50 of Pre Anaesthetic leve	= 2 = 1 = 0	CIRCULATION	2	2	2	2	2	
Fully awake Arousable on calling Not responding	= 2 = 1 = 0	CONSCIOUSNESS	2	2	2	2	2	
Pink Pale, dusky, blotchy, jaundiced, other Cyanotic	= 2 = 1 = 0	COLOR	2	2	2	2	2	
		TOTAL	9	10	10	10	10	

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
9/6/26.	12:35 pm	0/10	NA	[signature]
9/6/26	1:00 pm	0/10	NA	[signature]
9/6/26.	3pm	0/10	NA	[signature]

Pain Tool Used: ☐ N PASS ☐ FLACC ☐ Wong Baker ☑ NPS

Anaesthesiologist Name : Dr. Akhila - K

Anaesthesiologist Signature: [signature]

Date & Time: 9/6/26 @ 4pm

PACU Nurse Name : Swathi.

PACU Nurse Signature: [signature]

Date & Time: 9/6/26 11 Am

Reassessment Frequency:

1. Every eight hours for all hospitalized patients.
2. For post surgical patient, patient with chronic pain, patient with severe pain
   a. Every 2 hours for first 24 hours
   b. After 24 hours every 4 hours
   c. Prior to pain reliving intervention
   d. With in 30-60 minutes after pain relief intervention

Transferred to Unit by (PACU): OMS

Date & Time: 9/6/26 @ 11 Am.

Patient Sticker

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Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

Date: ..... Time: ..... Procedure done by .....

CSE /Spinal /Epidural Position : ..... Space :..... Technique (LOR/LOS) .....

Depth: ..... Catheter at Skin: ..... Attempts : .....

Parasthesia : Yes/No if yes details : .....

Solution Composition : .....

Any other issues :

a) .....

b) .....

Time	Infusion Rate (ml/hr)	Bolus (ml)	Level Left Right	Maternal BP	Maternal Pulse	FHR	Comments

Delivery Details : Time : ..... APGAR: ..... SVD / Instrumental / LSCS (if LSCS Details)

Catheter Removed by and Tip Inspected : .....

Patient Satisfaction : .....

Discharge /Shifting ordered by

Doctor Signature: .....

Doctor Name: .....

Date and Time : .....