

Patient Sticker

APH-00001063 IP5-00174908
Mrs GANAPAM SRAVANI
11-07-1993 32 Y 10 M 29 D (F)
Dr. KIRTI REDDY PATLOLLA



Mrs GANAPAM SRAVANI (32 Y 10 M 29 D/F)
TUBES
NINVO4329
BA26058186TUBES

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t the little.



ERY DETAILS

Shekhar 10/06/26

Date : 09/06/26

Patient Name: Mrs. G. Shavani Date of Birth: 11/7/1993 Age: 32 yrs

Gender: female Ward: OBG-OT UHID No.: APH-00001063

Date of Surgery: 9/6/26 OT-1 OT-2 OT-3 OT-4 OBG OT-1 OBG OT-2

Name of the Surgery : Elective Lower segment caesarean section + Bilateral tubectomy.

Time in : 10:40 Am Time Out : 11:40 Am

	<u>NAME</u>	<u>AMOUNT</u>
1. Surgeon	<u>Dr. Kirti Reddy</u>
2. Anaesthetist	<u>Dr. Saita</u>
3. Assistant Surgeon	<u>Dr. Shavanti</u>
4. OT Technician	<u>Sivaleela</u>
5. Circulating Nurse	<u>Se. veena</u>
6. Assistant Nurse	<u>Sri Lakmi</u>

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

Dr. Kirti Reddy
Signature of the Surgeon

Signature of Circulating Nurse

Order No: 9650222 Order by: S.S. Raji

ADMISSION SHEET

Registration Details :



Admission No : IP5-00174908 Admit Date : 09-Jun-2026 Admit Time : 08:20 AM UHID : APH-00001063

Patient Details :

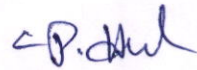
Patient Name	: Mrs GANAPAM SRAVANI	Age	: 32 Y 10 M 29 D
Guardian	: MR. PALAGATI HARISH	DOB	: 11-07-1993
Gender	: Female	Religion	:
Occupation	:	Martial Status	: Married
Address (H)	: 29-32, SUBRAHMANYA SWAMI COLONY, PHASE 1, BAIRAGI GUDA, NARSINGI AP Police Academy PO Hyderabad Telangana INDIA 500091	Phone No	: 9912796677/
		E-mail	: PALAGATIHARISH@GMAIL.COM

Admission Details :

Bed Type : SHARED WARD Bed No : SW 415 Ward Name : 4F-BIRTHING CENTRE
Room No : SW 415 Admission Type : First Visit

Contact Details :

Name : MR. PALAGATI HARISH Relationship : Husband
Contact Address : 29-32, SUBRAHMANYA SWAMI COLONY,
PHASE 1, BAIRAGI GUDA, NARSINGI AP Police
Academy PO Hyderabad Telangana INDIA
500091 Phone No : / 9912796677


Signature

Doctor Details :

Doctor Name : Dr. KIRTI REDDY PATLOLLA Specialisation : OBSTETRICS AND GYNECOLOGY
Referral Doctor : SELF Phone No :
Co-Consultant :

Payment Details :

Payment Mode : Cash Deposit Amount : 0.00
Payor Name : MEDI ASSIST INSURANCE TPA PVT LTD

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ACTIVITY RECORD FOR BILLING

Name : _____

UHID No. : _____ IP No **APH-00001063** **IP5-00174908** : _____ Dept : _____

Mrs GANAPAM SRAVANI
11-07-1993 32 Y 10 M 29 D (F)

Date of Admission: _____ **Dr. KIRTI REDDY PATLOLLA** Discharge : _____ Time: _____



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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
9/6/26	10:30am	ORC	ORC401	Sharda
9/6/26	5:40 pm	ORC	Room(303)	Pooja

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	Dr. Tuheena Sharma(PT)	10/6/26	2652496	Sharma
2				
3				
4				
5				
6				
7				
8				
9				
10				



IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

for elective ces

Obstetric Formula:

G2 P1 L1.

Obstetric History:

G1- 2022, Full term, US into NPL, Male-3kg, Alive & healthy

Present Pregnancy Record:

G2. Present pregnancy - spontaneous conception

RISK FACTORS:

- Booked at 6th wks
 - GDM on diet = 26th wks

LMP: 15-9-25

EDD:

Corrected EDD: 22-6-26

GA: 38th wks

Menstrual History: Regular: Yes No

Obstetric Examination

Fundal Height: Term

Ut. Activity: Relaxed Mild Mod Severe

Liquor: Adequate Oligo Poly

PP: Cephalic Breech Others

Head Fifths Palpable: 4/5

FHS: Normal Tachy Brady Absent

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: 157 cm

Weight: kg

Allergies: NEDA

Breast: Normal Abnormal

General Examination: fair

Consciousness: yes Pallor: absent

Icterus: absent Edema: absent

Temp: afebrile PR: soft

BP: 96/60 mmHg DTR: normal

CVS: 2/2 RS - Blu NBS

Liver/Spleen: not palpable Urine Output: normal, 150 - 200ml

DIAGNOSIS

G2 P1 L1 | 38th wks | GDM on diet | previous US
 for elective ces + tubectomy

Family History:

Mother - DM
 Husband - DM

Surgical History:

USG - 2022

Medical History:

Nil.

Medication History:

see Medical
 consultation form.

Plan of Care:

- Admission
- NBM
- NIST now → Recursive.
- vitals 4th mly
- Secure IV line
- Prepare patch
- Foley's catheterization
- PAE
- Pre-op medications
- Shift to OT on call.
- stat CRBS → 82mg/dl.

Investigations:

- B positive
- ^{8/6/26} CBP → 12.4 | 8,110 | 1.7L.
- Urabr NR
- ^{2/6} 37th wks, cephalic, 3125gms,
 SAC, AC 30C, AFI - 10.4cm
 placenta - posterior high,
 doppler ⊕
- TIFFA - ⊕
- NT scan ⊕, FTS - low risk

Doctor Name: Dr. Summe
 Signature:
 Date & Time: 9/6/20 @ 8pm

Consultant Name: Dr. Kirti Reddy
 Signature:
 Date & Time:

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 11-07-1993 32 Y 10 M 29 D (F)
 Dr. KIRTI REDDY PATLOLLA



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/6/26 12:30pm	POD-0 / P2L2 / EL-lscs / previous lscs +BTL o/f	
Baby-well UB = 2 small emptied Clear.	Gc-fair BP- 90/60mmHg PR- 76BPM. SpO2- 98% RA PLA- ut @ well PLV- BUNL	Adv 1) NBM for 6hour 2) Wt @ 100ml/hr. 3) Drugs as charted 4) Monitor vitals 1/2rd hourly. 5) w/ active bleeding per vaginal Tachycardia 6) Inform SJS
		Dr. Dudge Dr. D.
9/6/26 12:30pm	POD-0 / P2L2 / EL-lscs + BTL o/f Pt comfortable	
Baby-well UB 500ml (Clear) Shift to Room	Gc-fair BP- 90/66mmHg PR- 72BPM SpO2- 98% RA PLA- ut @ well PLV- BUNL	Adv 1) NBM till 6:00pm 2) Liquid diet from 7:00pm 3) Soft diet from 8:00pm 4) Wt @ 100ml/hr till 12:00pm 5) I/O charting 6) w/ active bleeding 7) Drugs as charted 8) Inform SJS 9) Foley removal @ 6:00am on 6/6/26 10) Encourage breast feeding

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/6/26 7pm	POD-0 / Lvs + BTL Gpm diet	
B-well	Gc: fair vitals: stable	1) Monitor vitals - 4ty 2) Drug as charted
U/O: normal	P/A: UT @ end Soft	3) w/f Plv Bleeding 4) Ambulation
	B ⊕	5) Liquid diet
	P/v: NAB	6) Soft diet at 8pm
		7) I/O charting
	Remove Foley's - 6 AM on 10/6/26	8) Fupm sus
	FBS / on 11/6/26	
	PPBS	
	tubes sent for HPE	Dr. Bravani
		By Durga
		Noted by Durga
		607539



CONSUMABLES OF OT

Circulating staff : K. Venk Technician : Shivaleela Date : 9/6/20 **3719** Time : 11 AM

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube			Major Pack <u>54 drupe</u>		01	Inj Vit.K		02
LMA			Sutures <u>2346</u>		01	Cord Clamp		01
ECG leads : A / P / N			<u>2762</u>		01	Suction Catheter		01
HME filter : A / P / N			<u>2364</u>		01	Feeding Tube		01
Syringes : 10 cc						Vacuum Suction Set		01
05 cc			Gloves <u>6 1/2 = 16</u>		3/3	Surgical Gloves <u>6 1/2</u>		02
02 cc			<u>7</u>		02	Gauze Pack		01
01 cc			<u>P.F 7</u>		01	Syringe 1ml / 2ml		01
Cautery plate : A / P / N			Surgical blade <u>NO 22</u>		01	Surgical Blade #20 <u>22</u>		01
IV set			NG tube			Koochies (S) <u>1'S</u>		01
RL			Cautery pencil		01			
NS : 10ml / 100ml / 500ml / 1000ml			Koochies <u>Adult XL</u>		01			
<u>Mintospine</u>			Ointments					
<u>Glove 6-0</u>			Suction Catheter			<u>9650 253</u>		
Fentanyl			Cap, Mask		10-110410			
Morphine			Gauze Pack		01			
Ketamine			Mop Pack		03			
Propofol			Steristrip <u>Sterizone</u>		01			
Rocuronium			Underpad		01			
Glycopyrolate			Draw-sheet <u>Quick sheet</u>		01	<u>Ephedrine</u>		01
Myopyrolate			Abgel		01	<u>Adrenaline</u>		02
Ondansetron			Foleys catheter			<u>Atrophine</u>		01
Pencan 25g/ Spinal Needle 22			Urobag					
Bupivacaine 0.25%			Chest Drainage Catheter					
Bupivacaine 0.25% (Heavy)			Romodrain bag					
Antibiotics			Bandage					
			Tegaderm					
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg			Vacuum Suction set		01			
Justin : 12.5 mg / 25mg / 100mg			Plastic Bed Sheet					
Tab. Misoprost : 200mg			Betadine Solution		02			
<u>Vacuum set</u>			Microshield		00			
<u>Gauze</u>			Cotton Balls		01			
<u>Latex 2+</u>			Latex Gloves		20			
<u>Oxytocin</u>			Ramdione Scrub					
<u>Toradol</u>			Saral					

Surgeon : Dr. Kirti Anaesthesiologist : Dr. Shivaleela Ordered by : Sri-Ravi Dr. Shivaleela Technician

Order No. : 9650249
Doc. No. : RCHBH/FRM/GENERAL/125

Ordered by : Sri-Ravi

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



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<p>10/6/26 <u>10 AM</u></p>	<p>POD-1 / LSCS + BTL / 4 PM on diet</p>	
<p>R-cut ✓ ✓ S(⊕)</p>	<p>GC: / per Vitals: stable P/A: UT (⊕) well Soft BS (⊕) P/V: NAB</p> <p>FBS / PPBS / 11/6/26</p>	<p>Re</p> <ol style="list-style-type: none"> 1) Monitor vitals - 4ty 2) soft diet + plenty of oral fluids 3) Drug as charted 4) w/f Plv Bleeding 5) Ambulation 6) Inform sus
		<p align="right">- Dr. Sanku Brit</p>
<p>10/6/26 <u>2:00 PM</u></p>	<p>POD-1 / LSCS / 4 PM on Diet ambulating well</p>	
<p>Baby - well ✓ ✓ SX</p>	<p>GC: fair Vitals - stable P/A - UT (⊕) well Soft BS (⊕) Plv BWNL</p> <p>FBS } PPBS } 11/6/26</p>	<p>Adv</p> <ol style="list-style-type: none"> 1) soft diet / High fiber diet 2) Ambulation 3) Hydration 4) w/f active bleeding plv 5) Drugs as charted 6) Inform sus
		<p>Dr. Dicky noted by Sanyal @ 6:30</p>

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 KIRTI REDDY PATLOLLA



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/6/26 7:00pm	POD-1 Fl. lscu + BtL	
	Pt - comfortable feeling better	
Baby - well	<u>o/f</u> Gc - fair	<u>Adv</u> stop of cefotaxime
Vv	Vital - stable	1) Start J. Cefixime 200mg po/3D
-V	PA - B UTRW	2) Soft diet
Sx	soft	3) Monitor vitals
	R/E - BWNL	4) Ambulation
		5) Hydration
FBS } PPBS }	11/6/26	6) Drugs as charted
		7) Inform sos
		Dr. Dicky
		noted by Sargulla
11/6/26 7:00pm	POD-2 Fl. lscu BtL	
FBS - 81mg/dl PPBS - 100	Pt comfortable	
Baby - well	<u>o/f</u> Gc - fair	<u>Adv</u> 1) Soft diet
Vv	Vital stable	2) monitor vitals
-V	PA - ut @ well	3) Ambulation & Hydration
Sx	soft	4) Drugs as charted
S/E } D/E }	plv - BWNL	5) Inform sos
	plan discharge	
		Dr. Dicky Dr. Dicky

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 Dr. KIRTI REDDY PATLOLLA



RESULT SHEET

Date	8/6/26.				
Time					
Hb	12.4.				
PCV					
RBC					
WBC	8,110.				
N/L					
Platelets	1.7				
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					

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MEDICATION RECONCILIATION FORM

Drug Allergies: NECA 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	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
-	Tab. CALCIUM		PO	OD	8/6	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
3						<input type="checkbox"/> C <input type="checkbox"/> DC
4						<input type="checkbox"/> C <input type="checkbox"/> DC
5						<input type="checkbox"/> C <input type="checkbox"/> DC
6						<input type="checkbox"/> C <input type="checkbox"/> DC
7						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

* C - Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature: Dr. Suresh

Date & Time: 9/6/26 @ 2PM

Nurse Name & Signature: Eswari

Date & Time: 9/6/26 5PM

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 Mrs GANAPAM SRAVANI
 11-07-1993 32 Y 10 M 29 D (F)
 Dr. KIRTI REDDY PATLOLLA



DRUG CHART

Date of Admission: 2/6/20 Drug Allergies: None Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

SOS / PRN (As Required Medication)

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

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

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

VERIFIED BY : Name Signature

REGULAR PRESCRIPTIONS

Weight. 84 kg Ward. 081



				Date																		
				Time																		
Dose	Route	Frequency	Start Date																			
Name & Signature of the Doctor Starting the Drugs:																						
Additional Instructions:																						
Daily Doctor's Endorsement by a Sign																						
DRUG : T. PARACETAMOL .				Date	9/6	10/6	11/6															
				Time																		
Dose	Route	Frequency	Start Date																			
1g	ORAL	QID	9/6/2020	noon																		
Name & Signature of the Doctor Starting the Drugs:																						
Additional Instructions:																						
Daily Doctor's Endorsement by a Sign																						
DRUG : T. DICOFENAC .				Date	9/6	10/6	11/6															
				Time																		
Dose	Route	Frequency	Start Date																			
50mg	ORAL	TID	9/6/2020	noon																		
Name & Signature of the Doctor Starting the Drugs:																						
Additional Instructions:																						
Daily Doctor's Endorsement by a Sign																						
DRUG : T. TRAMADOL .				Date	9/6	10/6	11/6															
				Time																		
Dose	Route	Frequency	Start Date																			
100mg	ORAL	TID	9/6/2020	noon																		
Name & Signature of the Doctor Starting the Drugs:																						
Additional Instructions:																						
Daily Doctor's Endorsement by a Sign																						

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 GANAPAM BRAVANI
 07-1993 32 Y 10 M 29 D (F)
 KIRTI REDDY PATLOLLA



Sheet No:

REGULAR PRESCRIPTIONS

Weight 57 kg Ward OBS

DRUG : Tri CEFOTAXIME Date/Time 7/6 10/6

Dose	Route	Frequency	Start Dt.
<u>1gm</u>	<u>IV</u>	<u>BD</u>	<u>7/6</u>

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

Additional Instructions:
X 24 hrs +/b
Oral.

Daily Doctor's Endorsement by a Sign

Handwritten notes: 10 AM ✓ (Signature), 11 PM (Signature), STOP (Signature), Dr. Divya 10/6/26 8:00 PM.

DRUG : T. PANTOPRAZOLE Date/Time 7/6 10/6 11/6

Dose	Route	Frequency	Start Dt.
<u>40mg</u>	<u>P/O</u>	<u>BD</u>	<u>9/6</u>

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Handwritten notes: 6 AM ✓ (Signature), Always (Signature), 6 PM (Signature), on.

DRUG : T. CEFIXIME Date/Time 10/6 11/6

Dose	Route	Frequency	Start Dt.
<u>200mg</u>	<u>PO</u>	<u>BD</u>	<u>10/6/26</u>

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Handwritten notes: 10 PM (Signature), on.

DRUG : _____ Date/Time _____

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Patient Sticker

Sheet No:

REGULAR PRESCRIPTIONS

Weight

Ward

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

Signature
Name



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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
9/6/26	9:35 AM	inj. CEFOTAXIM	1gm	IV	[Signature]	Reby, [Signature]
9/6/26	9:10 AM	inj. PANTOP	40mg	IV	[Signature]	Reby, [Signature]
9/6/26	9:00 AM	inj. PERINORM	10mg	IV	[Signature]	Reby, [Signature]
9/6/26	10:45 AM	200mg TRANEXAMIC ACID	1g	slow IV	[Signature]	Shah, [Signature]
9/6/26	12pm	SUPP. TRAMADOL	100mg	P/R	[Signature]	Shah, [Signature]
9/6/26	12pm	SUPP. DICOFFENAC	100mg	P/R	[Signature]	Shah, [Signature]
9/6/26	12:35 PM	T. PGE1	400mg	P/R	[Signature]	Shah, [Signature]
9/6	5:30 PM	ENT PARACETAMOL	1g	IV	[Signature]	Tony, [Signature]

Signature
Verified by: Name

I.V. FLUIDS CHART

Weight. 54 kg Ward. 085



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
9/6/26	8:30AM RINGER LACTATE 500ml	IV	100ml/h	<u>Dr</u>	<u>Reba</u> <u>Reba</u>	9/6	<u>Dr</u>	<u>Reba</u> <u>Reba</u>
9/6/26	10:40AM RINGER LACTATE 500ml.	IV	200	<u>Dr</u>	<u>Reba</u> <u>Reba</u>	9/6	<u>Dr</u>	<u>Reba</u> <u>Reba</u>
9/6/26	11:15AM RINGER LACTATE 500ml.	IV	200	<u>Dr</u>	<u>Reba</u> <u>Reba</u>	9/6	<u>Dr</u>	<u>Reba</u> <u>Reba</u>
9/6/26	14:50pm RINGER LACTATE 500ml.	IV	100	<u>Dr</u>	<u>Reba</u> <u>Reba</u>	9/6		<u>Reba</u> <u>Reba</u>
9/6	12pm Ringer Lactate	IV	100ml/h	<u>Dr</u>	<u>Reba</u> <u>Reba</u>	9/6		<u>Reba</u> <u>Reba</u>
9/6	4pm				<u>Reba</u> <u>Reba</u>			

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

APH-00001063 IP5-00174908
 Mrs GANAPAM SRAVANI
 11-07-1993 32 Y 10 M 29 D (F)
 Dr. KIRTI REDDY PATLOLLA



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			
RESP (write rate in corresp. box)	> 30																	
	21 - 30																	
	11 - 20	18					16	19	19				19		20		19	
	0 - 10																	
Saturations	94 - 100 %	99%					98%	98%	98%				99%		99%		98%	
	< 94 %																	
Administered O ₂ (L/min.)																		
Temp °C	40																	
	39																	
	38																	
	37	37°C					37°C						37°C		38°C		37°C	
	36																	
	35																	
	< 35																	
Heart Rate	170																	
	160																	
	150																	
	140																	
	130																	
	120																	
	110																	
	100																	
	90																	
	80																	
	70	71						70	70	72				83		98		75
	60																	
	50																	
40																		
Systolic Blood Pressure	190																	
	180																	
	170																	
	160																	
	150																	
	140																	
	130																	
	120																	
	110																	
	100																	
	90																	
	80																	
	70																	
60																		
50																		
Diastolic Blood Pressure	130																	
	120																	
	110																	
	100																	
	90																	
	80																	
	70																	
	60																	
	50																	
	40																	
	NEURO RESPONSE [✓]	Alert	✓					✓	✓	✓				✓		✓		✓
		Voice																
		Pain																
Unresponsive																		
URINE mls / hour	> 30																	
	< 30																	
Proteinuria	Protein ++																	
	Protein > ++																	
Lochia	Normal																	
	Heavy / Foul																	
Liquor	Clear / Pink																	
	Green																	
TOTAL YELLOW SCORES		1					0	0	0				0		0		0	
TOTAL ORANGE SCORES		0					0	0	0				0		0		0	
Nurse Initial		SR					M	TR	Junt				SD		SD		K	

Obstetrics and Gynaecology Early Warning Signs

Complete a Full
Set of MEOWS
Observations

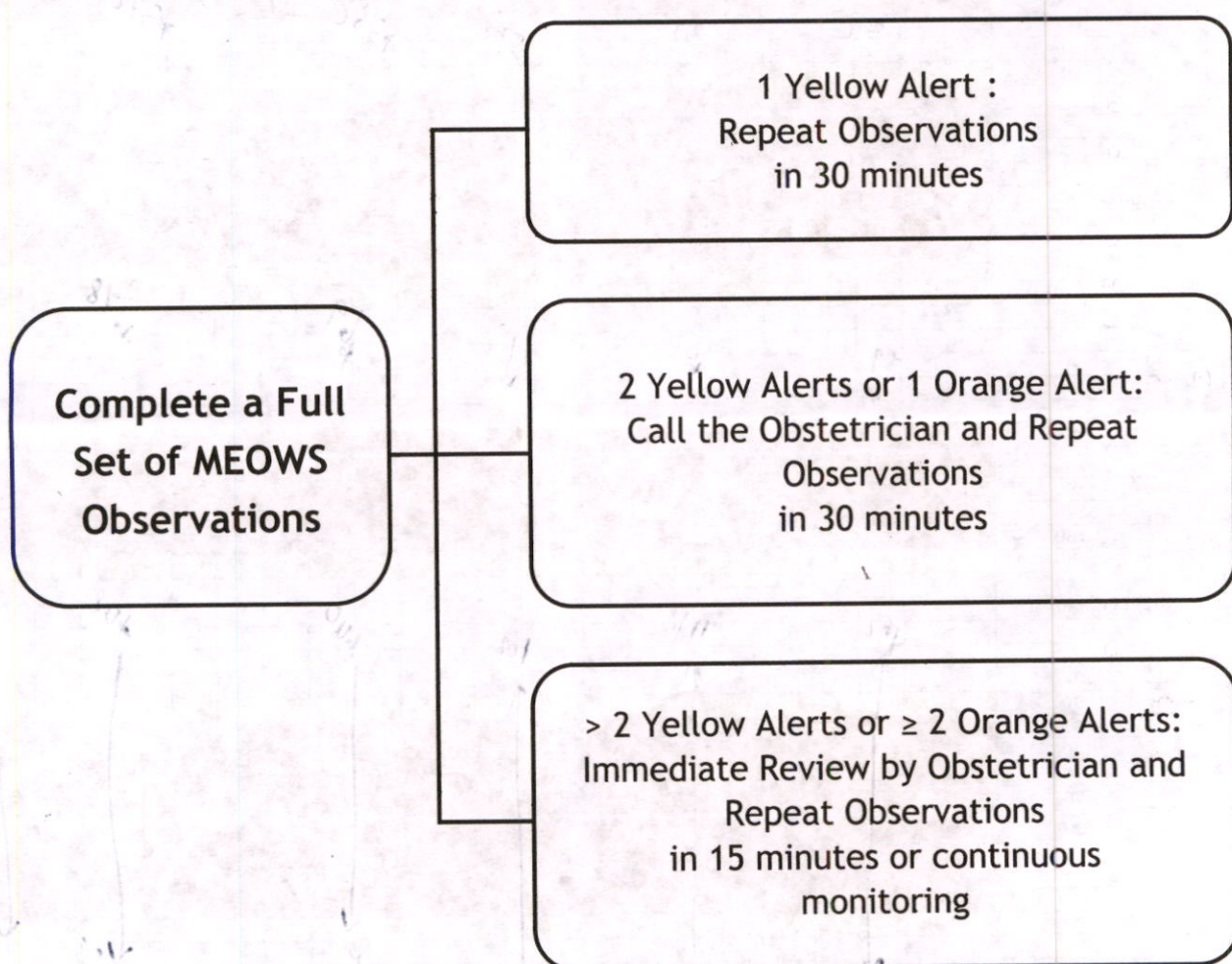
1 Yellow Alert :
Repeat Observations
in 30 minutes

2 Yellow Alerts or 1 Orange Alert:
Call the Obstetrician and Repeat
Observations
in 30 minutes

> 2 Yellow Alerts or \geq 2 Orange Alerts:
Immediate Review by Obstetrician and
Repeat Observations
in 15 minutes or continuous
monitoring

* The Modified Early Warning Score (MEOWS)

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

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 07-1993
 KIRTI REDDY PATLOLLA

11/6/26

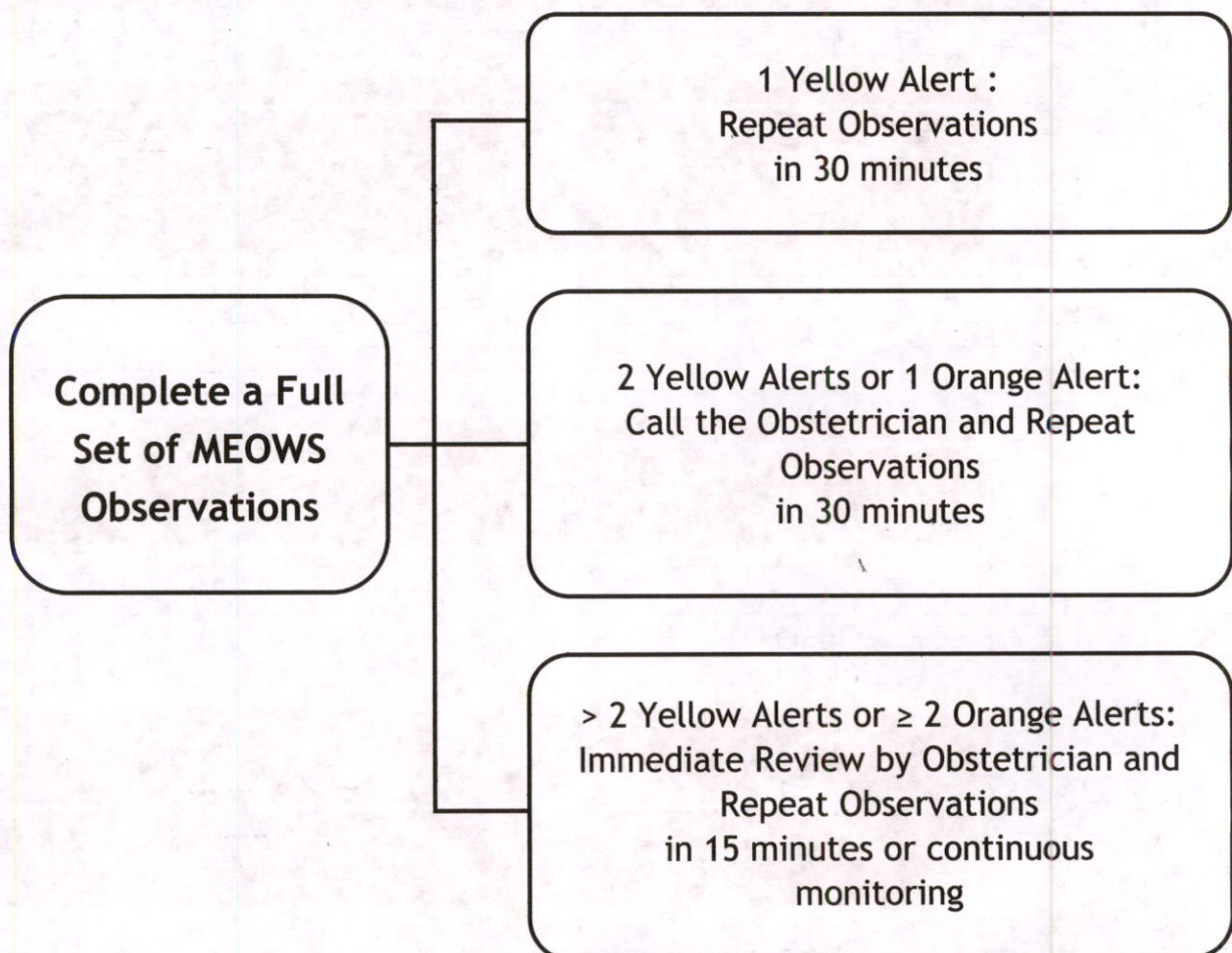


Warning Observation Score Chart - Obstetrics

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

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

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

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 Mrs GANAPAM SRAVANI
 11-07-1993 32 Y 10 M 29 D (F)
 Dr. KIRTI REDDY PATLOLLA



FLUID CHART



Sheet No. : 9/6

9/6/26

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
9/6	08:00 am	RL		100ml						✓	0	Draper	
	09:00 am	RL	N	100ml							0	Sw	
	10:00 am	RL	B	100ml							0	Sw	
	11:00 am	RL	B	100ml							0	Sw	
	12:00 pm	RL	M	100ml					100ml		0	Sw	
	01:00 pm	RL		100ml							0		
Total Intake :						Total Output :						Passed 100ml	
	02:00 pm	PL	N	100ml							0	Sw	
	03:00 pm	PL	B	100ml							0	Sw	
	04:00 pm	PL	M	100ml					600ml		0	Sw	
	05:00 pm	PL	NBM	100ml							0	Sw	
	06:00 pm	PL	H ₂ O	100ml							0	Sw	
	07:00 pm	PL	H ₂ O	100ml					120ml		0	Sw	
Total Intake : taken						Total Output : V 700 100ml m-0							
	08:00 pm		H ₂ O	100ml								Sw	
	09:00 pm	PL		100ml								Sw	
	10:00 pm		H ₂ O	100ml					200ml			Sw	
	11:00 pm	RL		100ml								Sw	
	12:00 am		H ₂ O	100ml								Sw	
	01:00 am								1000ml			Sw	
Total Intake :						Total Output : U m-							
	02:00 am		H ₂ O									Sw	
	03:00 am											Sw	
	04:00 am	H ₂ O	H ₂ O									Sw	
	05:00 am	H ₂ O										Sw	
	06:00 am		H ₂ O						250ml			Sw	
	07:00 am											Sw	
Total Intake :						Total Output : U 250ml m-0							

Total 24 hrs. Intake

Total 24 hrs. Output U 2270ml m-0

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GANAPAM BRAVANI
07-1993 32 Y 10 M 31 D (F)
KIRTI REDDY PATLOLLA



FLUID CHART

Sheet No. : 2

10/6/26

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

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

Total 24 hrs. Intake

Total 24 hrs. Output U-7 M-0

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 GANAPAM BRAVANI
 07-1993 32 Y 10 M 31 D (F)
 KIRTI REDDY PATLOLLA



FLUID CHART

Sheet No. : ②

11/6/26

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

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

Total 24 hrs. Intake

Total 24 hrs. Output

Patient Sticker

FLUID CHART



Sheet No. :

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

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

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Dr. KIRTI REDDY PATLOLLA

303



NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

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

Origin: Indian Height: 151cm Weight: 68kgs BMI: 28 kg/m²

Food Allergies: No

Diagnosis: POP-1 / El: LSCS + BTL (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

Dietician's

Signature: P. Harish

Signature: Saima

Name: P. Harish

Name: SAIMA

Date & Time: 10/6/26 @ 8:30 AM

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

CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: Dr. Kirti Reddy	Date of Delivery: 09/06/26.
Assistant Surgeon: Dr. Sravantu	Time of Delivery: 11:10 Am.
Anaesthetist's Name: Dr. Sarita	Gender of Baby: Male
Type of Anaesthesia: ↓ Spinal	Weight of Baby: 3162
Neonatologist: Dr. Poojita	AGPAR Score: 8/10.
Scrub Nurse: Sri. Laxmi	NICU Admission: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pre-Operative Diagnosis: G2 P1L1 35+ weeks GDM on diet 2 Previous LSCs

Elective Emergency Indication: Previous LSCs
 Urgency

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

Decision time: Knife to rectus: 2 min

CTG Description:

If there was a delay give the reasons:

Surgical Procedure:
 Elective Lower segment cesarean section +
 Bilateral tubectomy

Post Operative Diagnosis: POD-0 / P1L2

Peri-Operative Complications: Bladder edematous drawn up
 adherent to lower-uterine segment.

Amount of Blood Loss: 300ml Blood Transfused (in ML):

Name and Number of Surgical Specimen sent for examination:
 Bilateral fallopian tubes sent for HPE

Examination Findings when Appropriate:

Presentation: Cephalic Breech Other Cervical Dilatation: cm
5th Palpable: Fetal Position:
Station: -3 -2 -1 0 +1 +2 Moulding: None + ++ +++
Caput: + ++ +++ Meconium: None + ++ +++
Bladder Catheterized: Yes No Urine: Clear Blood Stained

Skin Incision: Pfannenstall Transverse Midline Other
Uterine Incision: Lower Segment Classical Inverted T J Incision
Previous Scar: Intact Thinned out Ruptured No Scar
Incision Through Placenta: Yes No
Delivery of head: Manual Forceps
Liquor: Clear Meconium: I II III Blood Offensive Not Offensive
Delivery of Placenta: Manual CCT Complete Incomplete Piecemeal
Cord Appearance: Cord around the neck Yes No
Appearance of placenta: Cavity explored Yes No
Uterus, tubes and ovaries: Normal Not Normal Sterilization: Yes No

Uterine Closure: One Layer Two Layers Suture
Peritoneal Closure: Pelvic Abdominal None Suture
Sheath Closure: Suture
Fat Closure: Yes No Suture
Skin Closure: Subcuticular Mattress Suture
Vaginal Evacuated Yes No
Drain: Yes No Remove in days Await instructions
Catheter: Yes No Remove in days Await instructions
Swap & Instruments count correct? Yes No Post-op Antibiotics Yes No
Intra-Operative Antibiotics Cover: Yes No Thromboprophylaxis Yes No

Post-Operative Notes:

- NBM for 4-6 hrs
- IIV fluids - 100ml/hr
- Drug as charted
- I/O charting
- Monitor vitals
- Sent tubes for HPE

Doctor Name: Dr. Sravanti Doctor Signature: [Signature]
Date & Time: 9/6/16, 12pm

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Dr. KIRTI REDDY PATLOLLA



POST-SURGICAL CARE PLAN FORM

Procedure Done: Elective lower segment Cesarean Section + ^{Bilateral} tubectomy
Post-Surgical Diagnosis: POP-O, P2L2

Post-Operative Monitoring Parameters /Frequency:
Monitor vitals 1/hour x2hr

Wound Care:
-1 w/f p/v Bleeding

Drain /Special Lines/Catheters:
→ Foley's x24hrs

Special Patient Positioning and Requirements:
- Can move side to side in bed

Nutritional Instructions:
NBM for 4-6 hrs

When to Start Mobilization:
after Removal of foley's

Special Referrals:
-

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
-

Dr. Kirti Reddy
Treating Surgeon
(Signature & Stamp)

Date: 9/6/16 Time: 12pm

Note: Plan of care will be readjusted if necessary.

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 Dr. KIRTI REDDY PATLOLLA



BUNDLE CARE CHECKLIST TO PREVENT SURGICAL SITE INFECTION (SSI)

To Be Filled In By Assigned Nurse :

Date : 9/6/26

Department : OB-GYN Duration of Procedure : 1 Hr.

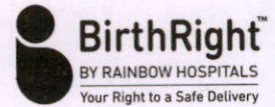
Name of Surgeon : Dr. Kirti Reddy Date of Admission : 09/05/26

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

		Staff Signature
1.	Antibiotic given prior to surgery ? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Single Dose Antibiotic or Long Antibiotic Regime Antibiotic administered within 60 minutes prior to incision ? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Name of the Antibiotic : <u>Drugi Panam 1 gram</u>	<u>Srera</u>
2.	Hair Removal <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No if Yes : Surgical Clipper Department where Hair Removed : <input checked="" type="checkbox"/> Ward <input type="checkbox"/> Operating Room <input type="checkbox"/> Other : _____ Skin preparation done (cleanse surgical area with antiseptic agent)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Srera</u>
3.	Patient's body temperature immediately post operation (Recovery Room) <u>37</u> °C <input type="checkbox"/> Oral Or <input checked="" type="checkbox"/> Axilla (Goal : 36-37 °C)	<u>Srera</u>
4.	Name of doctor or staff administering the antibiotic : <u>Sen Shalada</u> Date & Time of antibiotic administration : <u>9/6/26 @ 9:35 AM</u> Date & Time procedure started : <u>9/6/26 @ 10:40 AM</u>	<u>Srera</u>

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

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 Dr. KIRTI REDDY PATLOLLA



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	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
Prolonged labour (? 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	2	

Signature of the Doctor: Qri Date: 9/6/16 Time: 12pm

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.

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Kirthi
 Asst. Surgeon : Dr. Saravani
 Anaesthetist : Dr. Sankar
 Scrub Nurse : S. Lakshmi

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 Dr. KIRTI REDDY PATLOLLA



Age : Gender : F
 Surgery Name :
 Out-time : 12:50 pm



Before Induction of Anaesthesia >>

Before Skin Incision >>


Before Patient Leaves Operating Room

SIGN IN		Time: <u>10:30 AM</u>
Patient Has Confirmed		
Identity	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Site	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Procedure	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Consent	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Site Marked	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Anaesthesia Safety Check Completed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Pulse Oximeter on Patient & Functioning	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Does Patient have a:		
Known Allergy?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Difficult Airway / Aspiration Risk?		
Yes, & Equipment / Assistance Available	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Risk of > 500ml Blood Loss (7ml/kg In Children)?		
Yes, and Adequate Intravenous Access and Fluids Planned	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	
Blood Units Reserved	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	
Has Antibiotic Prophylaxis been given within the last 60 minutes?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Signature : <u>[Signature]</u>		
Name : <u>Dr. Sankar</u>		

TIME OUT		Time: <u>10:40 AM</u>
Confirm all team members have introduced themselves by Name and Role <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Surgeon, Anaesthesia Professional and Nurse Verbally Confirm		
Correct Patient (Check ID Band)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Correct Site	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Correct Procedure	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Anticipated Critical Events		
Surgeon Reviews:		
What are the Critical or Unexpected Steps, Operative Duration, <u>45 mins</u> Anticipated Blood Loss? <u>500ml</u> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		
Anaesthesia Team Reviews:		
Are There Any Patient-specific Concerns? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA		
Nursing Team Reviews:		
Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA		
Is Essential Imaging Displayed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		
Power Supply, Earthing, Power Backup and functioning of equipment checked. <input type="checkbox"/> Yes <input type="checkbox"/> No		
Signature : <u>[Signature]</u>		
Name : <u>Dr. Veena</u>		

SIGN OUT		Time: <u>11:00 AM</u>
Nurse Verbally Confirms with the Team:		
The Name of the Procedure Recorded	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
That Instrument, Sponge and Needle Counts are Correct (or Not Applicable)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
The Specimen is Labelled (including patient name) <u>(Tubes)</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Whether there are any Equipment Problems to be addressed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	
To Surgeon, Anaesthetist and Nurse:		
What are the key concerns for recovery and management of this patient? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Signature : <u>[Signature]</u>		
Name : <u>Dr. Saravani</u>		

PATIENT TRANSFER FORM

Patient Name: APH-00001063 IP5-00174908 Mrs GANAPAM SRAVANI 11-07-1993 32 Y 10 M 29 D (F) Dr. KIRTI REDDY PATLOLLA 		Date & Time of Admission 9/6/26 @ 8:20 AM	Date & Time of Transfer Order 9/6/26 @ 5:30 PM
		Transfer Ordered by Mr. Kirati Reddy	Reason for Transfer Observation
From Unit OR5	To Unit Room 303	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, what?	Patient shifted with ID band: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If No:	
Number of Imaging Films			

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	BP Band	→ 1
2.		
3.		
4.		
5.		

Shifting Summary / Notes Written by Doctor : Yes No

Name & Signature of Person who is Transferring S.S. Guvande	Name of Person Ordered Transfer Dr. Kirati
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Patient & Clinical Records Received by :

Kirati

Date & Time of Patient Received :

5:40pm 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