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 : IP5-00173721 **Admit Date** : 12-May-2026 **Admit Time** : 11:39 AM **UHID** : BAH-00352065

Patient Details :

Patient Name : Mrs PREMALATHA
Guardian : Dr. PRANATHI REDDY A
Gender : Female
Occupation :
Address (H) : H NO. 3-5-700, F NO. 204,SRI SAI RAM APARTMENTS,NEAR OLD MLA QUARTERS Narayanguda Hyderabad Telangana INDIA 500029

Age : 85 Y 7 M 12 D
DOB : 30-09-1940
Religion :
Martial Status : Married
Phone No : 9849762895
E-mail : na123@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 : Dr. PRANATHI REDDY A **Relationship** : Guardian
Contact Address : H NO. 3-5-700, F NO. 204,SRI SAI RAM APARTMENTS,NEAR OLD MLA QUARTERS Narayanguda Hyderabad Telangana INDIA 500029 **Phone No** : / 9849762895

Signature

Doctor Details :

Doctor Name : Dr. SUBRAMANYAM **Specialisation** : ANESTHESIOLOGY
Referral Doctor : Self **Phone No** :
Co-Consultant :

Payment Details :

Payment Mode : Cash **Deposit Amount** : 0.00
Payor Name : SELFPAY

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ACTIVITY RECORD FOR BILLING

Name :_____

BAH-00352065 IP5-00173721
Mrs PREMALATHA
30-09-1940 85 Y 7 M 12 D (F)
Dr. SUBRAMANYAM

UHID No. : _____ Consultant: _____ Dept : _____

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse

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

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
12/05/26	IV placement	1		Sadhya
12/05/26	catheterization			Sadhya

ANY OTHER INFORMATION

.....

.....

.....

.....

.....

.....

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

BAH-00352065 IP3-00...
Mrs PREMALATHA
30-09-1940 85 Y 7 M 12 D (F)
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I.P. ADMISSION SHEET FOR GYNECOLOGY

Date of Admission : 12/5/2026. Time of Admission : 11.30AM

Allergies: Nil. ☐ Not know any drug allergies

PRESENTING COMPLAINTS :

H/o - Burns. today early morning.
Underwent. Dressing.
Mild Pain.

Has Indwelling Catheter. in Situ.

MENSTRUAL HISTORY	OBSTETRIC HISTORY
Year of Marriage : /	Parity : P2L.
Previous Periods : NA.	Mode of Delivery : /
LMP :	Last Child Birth : NA.
Contraception :	

PAST MEDICAL HISTORY	PAST SURGICAL HISTORY
- O/o - UTI Prophylaxis. - HTN.	

BAH-00352065 IP5-00173721
Mrs PREMALATHA
30-09-1940 85 Y 7 M 12 D (F)
Dr. SUBRAMANYAM

Patient Sticker

FAMILY HISTORY:	MEDICATION HISTORY:
Nil.	- HCQ 200mg OD. - [illegible] - Tb Thyronorm [illegible]

INITIAL ASSESSMENT :

Date 12/5/2026. Ht. ____ Wt. ____ BMI P - . B.P 110/70. Pallor ____ CVR ____ Respiratory System ____ Thyroid ____	Breasts Abdominal Examination	Local/Speculum Examination Bimanual Pelvic Examination

PROVISIONAL DIAGNOSIS : 2nd Degree Burns.-

INVESTIGATIONS ORDERED	PLAN OF MANAGEMENT
- NA.	- Inj Inj [illegible] 1.2gm IV after test Dose. - IV Ringer lactate @ 70ml/hr. - Dressing to be changed every 2 hours. -

Name of the Doctor : Dr Bhargavi Reddy

Signature of Doctor [signature]

Date & Time : 12/5/2026. 12:15 PM

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Sheet No: .....

REGULAR PRESCRIPTIONS

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

DRUG : TAB HCQ

Dose	Route	Frequency	Start Dt.
200mg	P/O	once	12/5

Date/Time: 12/5 8 PM

Name & Signature of the Doctor Starting the Drugs: B.SUBRAMANYAM

Additional Instructions: at 8pm.

Daily Doctor's Endorsement by a Sign

DRUG : TAB THYRONORM

Dose	Route	Frequency	Start Dt.
50mcg	P/O	once	13/5

Date/Time: 13/5 6AM

Name & Signature of the Doctor Starting the Drugs: B.SUBRAMANYAM

Additional Instructions: Empty Stomach.

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Date/Time

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Date/Time

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

VERIFIED BY : Name Signature

(P.T.O)

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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				

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

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DRUG CHART

Date of Admission: ..... Drug Allergies: Nil. ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

GENERAL - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.

DOCTOR
- Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
- Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
- Discontinue a drug by drawing a line *I* through it and a similar line through subsequent recording panels.
- The date and time of stopping the drug along with the doctors name and sign must be mentioned.
- Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.

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

SOS / PRN (As Required Medication)

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

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

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

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

Mrs PREMALATHA
30-09-1940 85 Y 7 M 12 D (F)
Dr. SUBRAMANYAM

REGULAR PRESCRIPTIONS

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

DRUG : INJ AUGMENTINE				Date/Time	12/5	13/5/26
Dose	Route	Frequency	Start Date	10AM	[signature]	8:30AM [signature]
1.2gm	IV	BD	12/5			
Name & Signature of the Doctor Starting the Drugs: RMV BHARGAVI						
Additional Instructions: (after test dose)				10PM	Nandini [signature]	
Daily Doctor's Endorsement by a Sign						

DRUG : TAB DYNAPAR.				Date/Time	12/5	13/5
Dose	Route	Frequency	Start Date	7 AM	X	Nandini [signature]
50mg	P/O	TID	12/5.			
Name & Signature of the Doctor Starting the Drugs: RMV BHARGAVI				3 PM	4:45PM [signature]	
Additional Instructions:				11 PM	Nandini	
Daily Doctor's Endorsement by a Sign						

DRUG : TAB PANTOP				Date/Time	13/5
Dose	Route	Frequency	Start Date	6 AM	Nandini [signature]
40mg	P/O	once	13/5		
Name & Signature of the Doctor Starting the Drugs: RMV BHARGAVI					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					

DRUG : TAB ZINCOVIT.				Date/Time	12/5
Dose	Route	Frequency	Start Date		
1 tab	P/O	once	12/5		
Name & Signature of the Doctor Starting the Drugs: RMV BHARGAVI				2 PM	[signature]
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					

Patient Sticker

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

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
12/5	9:30 PM	ZOLFRESH-T	5mg	PO		Nandini
						sandhya
12/5	9:05 PM	Asthalin Inhaler	2puffs	AD		Nandini

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

BAH-00352065 IP5-00173721
Mrs PREMALATHA
30-09-1940 85 Y 7 M 12 D (F)
Dr. SUBRAMANYAM

I.V. FLUIDS CHART

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

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
12/5/26	12 PM	RINGER LACTATE	IV	70 ml/h	R.	Swapna Sadhya	12/5/26		Swapna Sadhya
12/5/26	5 PM	RINGER LACTATE	IV	70 ml/hr	R	Sadhya Swapna	13/5/26		Sadhya Swapna

Signature .....

VERIFIED BY : Name .....

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MEDICATION RECONCILIATION FORM

Drug Allergies: Nil ☐ Not known any Drug Allergies

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

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

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	Tb HCQ	200 mg	P/o	one.	12/5	☐C ☐DC
2	Tb Thyronorm	50 mg	P/o	one	12/5	☐C ☐ DC
3	Tb Mulkivitamin	1 tab	P/o	one	11/5	☐C ☐DC
4						☐C ☐DC
5						☐C ☐DC
6						☐C ☐DC
7						☐C ☐DC
8						☐C ☐DC
9						☐C ☐DC
10						☐C ☐DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : .....

Date & Time : 12/5/2026

Nurse Name & Signature: .....

Date & Time : 12/5/26 .....

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/5/26		
	Operation +	Release + collagen applied
		R
		① T. Augmentin 625 mg 0/0 x 5 days
		② T. DYNAPAR 0/0/0
		③ T. Pan 40 mg 0/0
		④ T. ZERCOUET 1/0/1
		⑤ Neosporin ointment local application

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

(P.T.O)

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/5/2026 9PM	Pt comfortable 126/72(82) mm Hg 78 bpm 99·1·RA 97·8° F U/o: 100ml emptied	Dr Y Sneha.
13/5/2026 2AM	Pt comfortable sleeping	Dr. Y Sneha

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/5/2026 8AM		
	pt comfortable	
	vitals stable	
	o/o : 600 ml emptied 6 AM	
		DISCHARGE
		Dr. Y
		Dr. Y Sneha

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OBSTETRICS / GYNECOLOGY
NURSING INITIAL ASSESSMENT FORM

Date of Admission: 12/05/2026

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: ..... Doctor Notified on Admission: ☑ Yes ☐ No

..... Burns today early morning. Name of the Doctor: Dr. Bhargavi Reddy.

..... Time Notified: 11AM

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

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

Gynecology Assessment: ☑ Not Applicable

Menstrual History: .....

.....

Onset of Menarche: Regular

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 ..... P 2 ..... L 2 ..... A .....

Previous LSCS: nil

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

Family History: ☑ No Abnormalities Detected

☐ Heart Disease ☐ Hypertension ☐ Diabetes ☐ Stroke ☐ Seizures ☐ Kidney disease

☐ Liver disease ☐ Other .....

Vital Signs / Measurements: Temp: 98.6 HR: 87 bpm RR: 19

BP: 119/73 Weight: ..... Height: ..... BMI: .....

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

BAH-00352065 IP5-00173721
Mrs PREMALATHA
30-09-1940 85 Y 7 M 12 D (F)
Dr. SUBRAMANYAM

PHYSICAL ASSESSMENT

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

Fall Assessment: ☑ Yes ☐ No Score 20 (complete the Morse Fall Risk Assessment Sheet)

Risk of Pressure Sore: ☑ Yes ☐ No Score 28 (complete the Braden Q Sheet)

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

☐ Mobility problem ☐ Walking Problem ☑ No Abnormality Detected

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING: ☑ No Abnormality Detected

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

☐ Under Weight ☐ Diabetes Mellitus ☐ Hyperemesis Gravidarum

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

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

☐ Others .....

Inform consultant for positive criteria

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 ..... Husband .....

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: ..... Husband .....

Orientation not given Reason: ..... — .....

Nurse Signature: .....

Nurse Name: ..... Sendhuja .....

Date & Time: ..... 12/5/20 ..... 11:20 hrs

Mrs PREMALATHA
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CHECKLIST FOR THROMBOPHLEBITIS

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S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1 (12/5/26)			DAY-2 (13/5/26)			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							
2	One of the following signs is evident: * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1	—	—	—							
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2	—	—	—							
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3	—	—	—							
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4	—	—	—							
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5	—	—	—							
		Signature of the Nurse											

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

Signature of Shift In Charge :

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

Signature of Ward In Charge :

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

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BRADEN 'Q' SCALE

					Date :	12/5/26	12/5/26	
					Time :	01:30PM	8PM	SAM
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.		4	4	
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.		4	4	
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	28	28	
					Evaluator's Name		Sandini	

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

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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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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	12/5/26 12pm–8pm	12/5/26 8pm–8Am	
		Score			
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0	0	0	
Secondary Diagnosis (more than one diagnosis)	Yes	15	15	15	
	No	0			
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0	0	0	
IV / Heparin Lock or Saline	Yes	20	20	20	
	No	0			
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10			
	Normal /On Bed Rest /Immobile	0	0	0	
Mental Status	Forgets limitations	15			
	Oriented to own ability	0			
Total Morse Fall Scale Score:			35	35	
		Signature	S	Nandini	

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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PAIN ASSESSMENT FORM

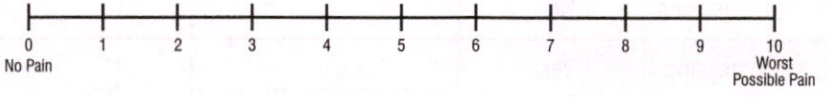
		(0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
12/5	12pm	0	No pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
12/5	2pm	0	No pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
12/5	4pm	0	No pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
12/5	6pm	0	No pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
12/5	8pm	0	No pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Nandini
12/5	10pm	0	No pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Nandini
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

Re-assessment Frequency:

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

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

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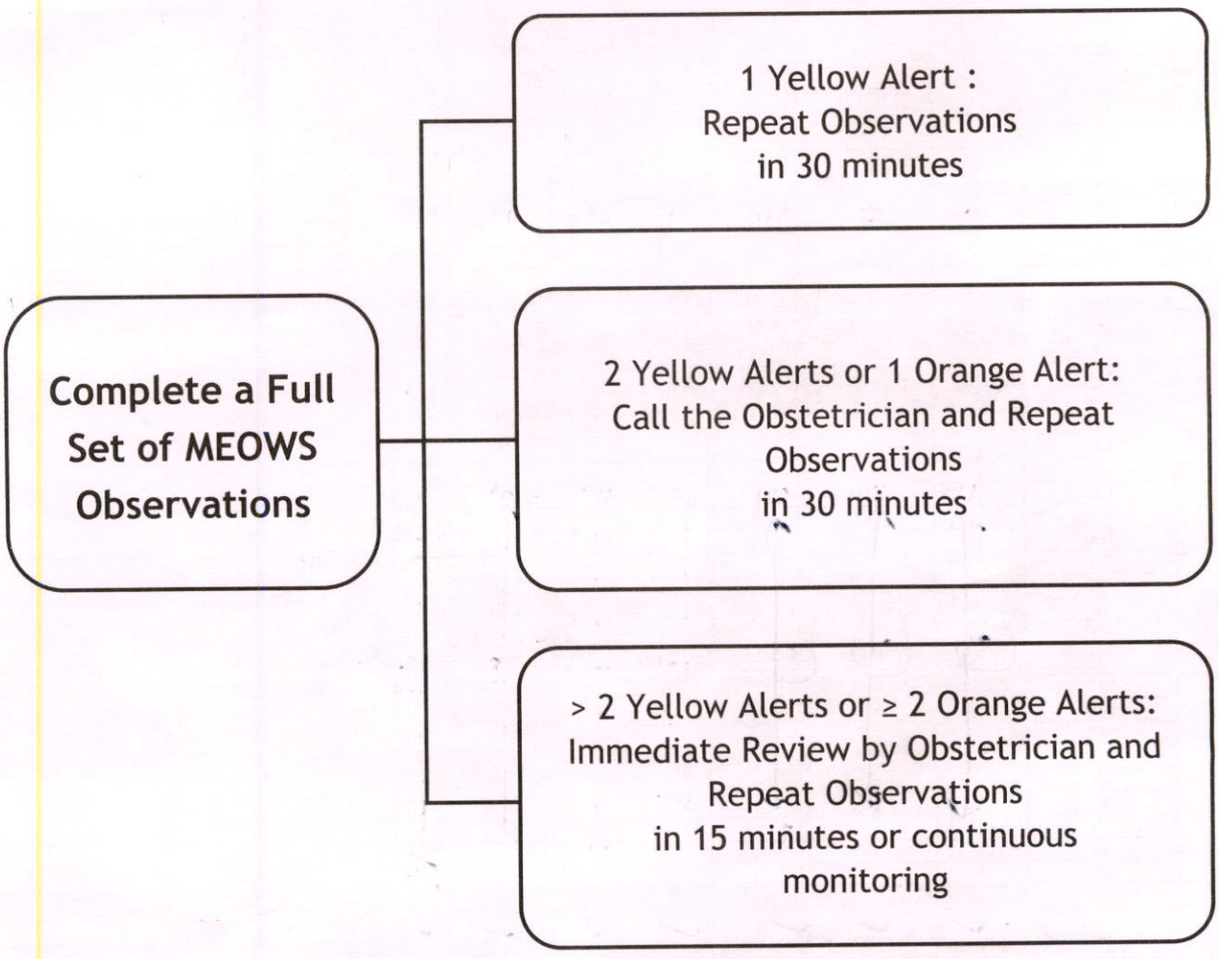
Early Warning Observation Score Chart - Obstetrics

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

12/5/25	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		18		19		19		19		19		18										
	0 - 10																								
Saturations	94 - 100 %		99%		100%		100%		99%		100%		99%		100%										
	< 94 %																								
Administered O_2 (L/min.)																									
Temp °c	40																								
	39																								
	38																								
	37																								
	36		37°C		37°C		37°C		98.6°F		98.6°F		97.8°F		98.2°F										
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80		80		78		86		81		80		79		78										
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120		128		124		121		119		117		126		137										
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50		(89)		(92)		(85)		(81)		(79)		(82)		(67)										
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70		73		83		76		71		61		72		56										
	60																								
	50																								
	40																								
NEURO RESPONSE [✓]	Alert		✓		✓		✓		✓		✓		✓		✓										
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30		✓		✓		✓		✓		✓		✓		✓										
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal																								
	Heavy / Foul																								
Liquor	Clear / Pink																								
	Green																								
TOTAL YELLOW SCORES		0		0		0	0		0		0		0		0										
TOTAL ORANGE SCORES			0		0		0		0		0		0		0										
Nurse Initial			S		S		S		S		S		S		RM										

Obstetrics and Gynaecology Early Warning Signs



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

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FLUID CHART

Sheet No. : ....1........

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

Date	Time	Nature of Fluid	Intake: Route: Mouth	Intake: Route: I.V	Intake: Route: N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombophlebitis Score	Sign. Nurse
12/5	08:00 am		Water 100ml								0	Swathi
	09:00 am											Swathi
	10:00 am		Water 100ml	RL 100ml							0	Swathi
	11:00 am		Water 100ml	RL 100ml			M				0	Swathi
	12:00 pm			RL 100ml						1000ml	0	Swathi
	01:00 pm			RL 100ml								Swathi
Total Intake : Taken						**Total Output :** Passed						
	02:00 pm	RL	H_2O	100ml							0	Sandhya
	03:00 pm	RL		100ml							0	Sandhya
	04:00 pm	RL	H_2O Tea	100ml							0	Sandhya
	05:00 pm	RL		100ml						500ml	0	Sandhya
	06:00 pm	RL	H_2O	100ml.							0	Sandhya.
	07:00 pm		H_2O									
Total Intake : Taken						**Total Output :** Passed						
12/5	08:00 pm		milk								0	Nandini
	09:00 pm		H_2O							100ml.	0	Nandini
	10:00 pm										0	Nandini
	11:00 pm		H_2O								0	Nandini
	12:00 am										0	Nandini
	01:00 am										0	Nandini
Total Intake : Taken						**Total Output :** U = passed						
13/5	02:00 am										0	Nandini
	03:00 am										0	Nandini
	04:00 am										0	Nandini
	05:00 am	RL -	H_2O								0	Nandini
	06:00 am									600ml	0	Nandini
	07:00 am						✓				0	Nandini
Total Intake :						**Total Output :** U = M = Passed.						

Total 24 hrs. Intake		Total 24 hrs. Output	

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Patient Sticker

FLUID CHART

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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**	

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NURSING CARE RECORD

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Shift: ☐ Morning ☑ Afternoon ☐ Night

Date: 12/05/2026

Assessment: patient complaints burns skin today early morning

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 patient condition	2pm	⇒ Assessed the patient condition	⇒ patient is stable.
3pm		3pm	⇒ monitoring vitals checked & recorded	
4pm	⇒ monitor vitals	4pm		
5pm	⇒ Provide medication	5pm	⇒ provided medication given. as for drug chart	
6pm	⇒ monitor I/o chart	6pm	⇒ monitoring I/o chart maintained	
7pm	⇒ maintain personal hygiene.	7pm	⇒ maintained personal hygiene.	
8pm	⇒ Ensure safety needs	8pm	⇒ Ensured safety needs	

Re-Assessment: Re-Assessment done.

Special Notes: monitoring vitals

Nurse Signature: Sruja Nurse Name: Sandhya Date & Time: 12/05/2026 @ 8pm

Docu. No: RCHBH /FRM / CLINICAL / 148

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NURSING CARE RECORD

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Shift: ☐ Morning ☐ Afternoon ☐ Night

Date: 12/5/26

Assessment: patient having fear and anxiety

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
9 PM	→ Assess the patient general condition	9:10 PM	→ Assessed the patient general condition	Patient is stable
11 PM	→ monitor the vitals	11:05 PM	→ monitored vitals BP, HR, RR spo2, Temp. checked & recorded	
1 AM	→ maintained I/O chart	1:05 AM	→ maintained I/O chart hrly	
3 AM	→ Administer medications	3:06 AM	→ Administered medications	
6 AM	→ prevent Infection	6:18 AM	→ prevented the Infection	
7 AM	→ provide ensure safety	7:10 AM	→ provided ensure safety	

Re-Assessment: Done

Special Notes:

Nurse Signature: Nandini Nurse Name: Nandini Date & Time: 12/5/26 @ 8PM