

ADMISSION SHEET



Registration Details :

Admission No : IP5-00176127 Admit Date : 09-Jul-2026 Admit Time : 01:32 AM UHID : BAH-00640370

Patient Details :

Patient Name	: Mrs RUBEENA SAMREEN	Age	: 25 Y 9 M 7 D
Guardian	: Mr SYED MATEEN UDDIN	DOB	: 02-10-2000
Gender	: Female	Religion	:
Occupation	:	Marital Status	: Married
Address (H)	: H NO 17-2-134/1, CHAUNINADEALI BAIG, YAKUTPURA Yakutpura Hyderabad Telangana INDIA 500023	Phone No	: 7097417097/
		E-mail	: SYEDMATEEN05@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 SYED MATEEN UDDIN Relationship : Husband
Contact Address : H NO 17-2-134/1, CHAUNINADEALI BAIG,
YAKUTPURA Yakutpura Hyderabad Telangana
INDIA 500023 Phone No : 8309038370 / 7097417097


Signature

Doctor Details :

Doctor Name : Dr. DR.M PRATHYUSHA REDDY Specialisation : OBSTETRICS AND GYNECOLOGY
Referral Doctor : Self Phone No :
Co-Consultant :

Payment Details :

Deposit Amount : 0.00
Payment Mode : Cash Payor Name : SELFPAAY

ACTIVITY RECORD FOR BILLING

Name : BAH-00640370 IP5-00176127
Mrs RUBEENA SAMREEN
02-10-2000 25 Y 9 M 7 D (F)
 UHID No Dr. DR.M PRATHYUSHA REDDY Consultant: _____ Dept : _____



Date of Admission: _____ Time : _____ 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	Dr. Nivideha.	9/7/26.	9694571	Shobha
2				
3				
4				
5				
6				
7				
8				
9				
10				

INVESTIGATIONS

[illegible]

MEDICAL EQUIPMENT (WARD & ICU)

[illegible]

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
9/1/26	Iv Placement	ONE	9694596	Tunne

ANY OTHER INFORMATION

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Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

BAH-00640370 IP5-00176127
Mrs RUBEENA SAMREEN
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Dr. DR.M PRATHYUSHA REDDY




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I.P. ADMISSION SHEET FOR GYNECOLOGY

Date of Admission : 9/7/26 Time of Admission : 1:30 AM

Allergies: NKA ☒ Not know any drug allergies

PRESENTING COMPLAINTS :

- P₄ ↓ SVD on 3/7/26.
- came to c/o headache and increased BP
recordings at home since yesterday morning
No c/o nausea, vomiting, epigastric pain,
Blurring of vision

MENSTRUAL HISTORY

Year of Marriage : 2025
Previous Periods : Regular
LMP : 9/10/25
Contraception : None

OBSTETRIC HISTORY

Parity : P₄
Mode of Delivery : SVD
Last Child Birth : PNDG Day 6 of life.

PAST MEDICAL HISTORY

NKI

PAST SURGICAL HISTORY

~~Appendectomy~~
NKI



FAMILY HISTORY:

Father - HTN

MEDICATION HISTORY:

see Medical
 consultation forms

INITIAL ASSESSMENT :

Date <u>9/7/26</u>	Breasts	Local/Speculum Examination
Ht. _____ Wt. _____		
BMI _____	<u>soft</u>	
B.P. <u>156/96 mmHg, PR-60bpm.</u>		
Pallor <u>No</u>		Bimanual Pelvic Examination
CVR <u>S1S2@</u>	Abdominal Examination	
Respiratory System <u>Clear</u>	<u>uterus empty</u>	
Thyroid <u>normal</u>	<u>well</u>	
<u>SA - 98/MLA</u>		

PROVISIONAL DIAGNOSIS :

RLI / PNDb / Gest. thrombocytopenia / post partum
HTN / Abnormal

INVESTIGATIONS ORDERED

3/7 Operative
CBP -> 15.2 / 10.430 / 1.082.
normal NR
Urine Alb. negative.

PLAN OF MANAGEMENT

Admission
Tab. Labetalol 100mg po stat
now
vitals regularly
Send complete PE profile &
Trace
I/O charting
drugs as per charted
w/f of Imminent
Pre-eclampsia
Physician aware in my

Name of the Doctor :

Dr. Rubeena

Date & Time :

9/7/26

@ 11:30am

Signature of Doctor

[Signature]



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/7/26 1:45 PM	After Tab labromy stt. PR - 68 bpm Recheck BP - 142/80 mmHg (106) SpO ₂ - 98% on RA	
9/7/26 5:30 AM	A conscious & oriented PR - 62 bpm BP - 118/52 mmHg (60) SpO ₂ - 98% on RA P/A - infus Emolusyl cell Uti - Cocur Healthy	<u>Adv</u> - drugs as per charted - vitab uterine - I/O charting - w/f s/s Immunerol Eclampsia physician even - trace urine c/s UE, spot PLR
9/7/26 6:30 AM	CBS CBP → 13.3 / 79.80 / 1.76 L PT - 14 APTT - 39 INR - 1.0 Nat / K ⁺ / Cl ⁻ - 140 / 3.4 / 111 Uric Acid - 5.0 Urea - 4 CDH - 3 / 3 P UFT - TB - 0.4 DB 0.1 Creat - 0.4 S407 - 31 SUP L44	

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/7/26 9:30 AM	RVD-6 post partum PC. - NO imminent signs. - BP - 139/88/101 - T. label 100mg → 135/84 [100] PR - 72bpm SpO₂ - 100% on air. P/A - soft, ut well involuted 4c - lochia ⊕ healthy	<u>Adv</u> ① Continue MgSO₄ ② vitals q4hly ③ Strict I/O monitoring ④ w/o sign of pre-eclampsia. ⑤ Hydrate Soft diet. ⑥ Drop as chart ⑦ Zfue sor.
9/7/26 12:45 PM	ft stable PR : 84bpm BP : 135/84 mmHg P/A = ut RWL Sgt P/v - And wNL Baby A9H.	<u>Adv</u> - Continue MgSO₄ - TPR/BP q4hly - Continue Met-XL as advised - w/o imminent symptoms

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/7/26 2:17 PM	PND-6 / Post partum PE with PF profile (10) O/E	
	Bp-132/83 mmHg (103) PR-66 bpm SpO ₂ -99% RA	→ Continue Mgsoy + Rest LT
	2/I/T Dr. Niveditha advised to give 7. MET-XL every po / stat. e Inform 9pm BP to Dr. Niveditha. before give night dose.	
		Dr. Dilys
9/7/2026 5:30 PM	PND-6 / Postpartum PE. O/E no complaints GI-tailor	Adv
Ongoing Mgsoy	Bp-126/76 mm PR-76 bpm SpO ₂ -98% RA	(1) Soft diet (2) Bp 4h well. (3) Hydration (4) Drugs check (5) w/ sign of PE (6) Inform SAs
3 count-emptied @ 4:00 PM	PLA- ut involung well	
		Dr. Dilys



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/11/2021	No Complaints	
8:30pm	Gcfae akboul PR 78/min BP - 126/77 SpO ₂ 98% @ R _h	adv Monitor vitals 4th - Inform BP > 140/90mmHg - Drop as checked - continue Nurog 4 till 2am - stop P&S if imminent Elongate - loose urine C&S
On Nurog 4 Jill 2am		
U/O - 50ml 7pm	P/A - 6AFT	
	T. Metxl. 5am 00 - 9am T. Metxl 25mg 00 - 9am	DeAthy
10/11/2021	No Complaints	
1:00AM	Gcfae akboul PR - 72/min BP - 136/87mmHg SpO ₂ - 100% @ R _h	adv - Monitor vitals 4th - Inform BP > 140/90mmHg - stop P&S if imminent Elongate - stop Nurog 4 at 2am - shift to room - loose urine C&S - self U/O monitoring
on floor Nurog	P/A - 10h	
		DeAthy

Patient

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10.11.25 4 AM	No complaints patient is comfortably sleeping don't want to be checked	Dr. Prathyusha
10.11.25 4 AM	No complaints fever abdominal PR - 90/min BP - 127/80 mmHg SpO2 - 98% on RA	ad. trace wave CG (2) Monitor vital signs (3) Inform PR & nursing (4) Inform PR (5) Inform PR
	Pl. A. ut of plan delivery	Dr. Prathyusha L.
	DISCHARGE	NO FOM

Patient Sticker

PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]

Patient Sticker

PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]

Patient Sticker

PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]

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RESULT SHEET

Date	9/11/26				
Time	@ 1:49 PM				
Hb	13.3				
PCV	39.0				
RBC	4.28				
WBC	7.98				
N/L					
Platelets	1.76				
CRP					
ESR					
PCT					
RBS					
Na	140				
K	3.4				
Cl	111				
Ca/Mg					
Phosphate					
Urea	4				
Creatinine	0.4				
ALP					
SGPT	44				
SGOT	31				
T.Bill/Conj	0.4 < 0.1 0.3				
T.Protein	6.3				
S.Albumin	3.4				
S.Globulin	2.9				
A/G Ratio	1.1				
Uric Acid	5.0				
S.Amylase					
Sr.Lipase					
Blood Lactate					
S.Cholesterol					
PT/INR	14 / 1.0				
APTT	39				
CSF Protein / Sugar					
Cells					
N/L LDH	313				

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
Blood group +ve						
vitals - NR.						

Culture and Sensitivities :

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Radiology : USG :

 X-Ray :

 ECHO :

 CT :

 MRI :

 Others (ECG, Contrast Studies etc.,) :



CROSS CONSULTATION FORM

Doctor Name : Dr. C. Mixedike Date : 9/1/26 Time : 11:45AM

Diagnosis : Post partum HON

Hospital : STAR HOSP

Type of Referral :

☐ Emergency

☐ Urgent

☒ Non Urgent

Referred for : ☐ Opinion ☒ Co-Management ☐ Transfer of care

Reason for Referral : If for concurrent care specify the particular need, especially in the absence of a second diagnosis:

HON

W
Signature:

Findings and Recommendations :

R/P END- 6

cb headache
neck pain : last night
no vomiting
no blurring of vision
no pedal edema

on MgSO4

ok
PR - telum
BP - 122/75 mm Hg

ok
NS - SPT, clear

Consultant :

Name : Dr. C. Mixedike Signature : W Date & Time : 9/1/26, 11:50 AM

subum BP
2pm

Q1-

① T-net XL 50

1-9am

② T-net XL 25

1-9pm

K

BAH-00640370 IP5-00176127
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Dr. DR.M PRATHYUSHA REDDY



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	8/7	☐ C ☒ DC
2	Tab. CALCIUM		PO	OD	8/7	☐ C ☒ DC
3						☐ 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: Dr. Samreen

Date & Time: 9/7/26 @ 1:30 PM

Nurse Name & Signature: Tunna JM

Date & Time: 9/7/26 @ 2 AM



REGULAR PRESCRIPTIONS

Weight. 66 Ward. OMs

DRUG : <u>Tab. CABETACOL</u>				Date Time																
Dose	Route	Frequency	Start Date																	
<u>100mg</u>	<u>PO</u>	<u>TID</u>	<u>9/7</u>	<u>1</u>	<u>9/7</u>															
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Samreena</u>				<u>9</u>	<u>Am</u>	<u>9/7</u>														
Additional Instructions:				<u>5</u>	<u>Pm</u>															
Daily Doctor's Endorsement by a Sign																				
DRUG : <u>T-MET XL</u>				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 : <u>T-MET XL</u>				Date Time																
Dose	Route	Frequency	Start Date																	
<u>50mg</u>	<u>PO</u>	<u>OD</u>	<u>10/7</u>																	
Name & Signature of the Doctor Starting the Drugs: <u>U</u>				<u>9</u>	<u>Am</u>	<u>10/7</u>														
Additional Instructions: <u>RAW</u>																				
Daily Doctor's Endorsement by a Sign																				
DRUG : <u>T-MET XL</u>				Date Time																
Dose	Route	Frequency	Start Date																	
<u>25mg</u>	<u>PO</u>	<u>OD</u>	<u>9/7</u>																	
Name & Signature of the Doctor Starting the Drugs: <u>9pm</u>				<u>10</u>	<u>Pm</u>	<u>9/7</u>														
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				

Weight. 66 Ward. 0123

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.	

[illegible]

BAH-00640370

IP5-00176127

Mrs RUBEENA SAMREEN

02-10-2000 25 Y 9 M 7 D (F)

Dr. DR.M PRATHYUSHA REDDY



MULTI-DISCIPLINARY PLAN OF CARE FORM

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Diagnosis:

PND_b / P.L.I. / Gest. thrombocytopenic / post partum HTN for observation

Date Time	Discipline	Type	Patient Needs / Problem List	Goal	Plan / Intervention	Signature	Team Verification
9/11/26 @ 1:30 AM	☒ Medical ☐ Nursing ☐ Others:	☒ Initial ☐ Modified ☐ Per-Op ☐ Post Op	PND _b / P.L.I. / Gest. thrombocytopenic / post partum HTN	for observation	mgst + Anti HTN		☐ Nursing ☐ Others:
9/11/26 @ 1:30 PM	☐ Medical ☒ Nursing ☐ Others:	☒ Initial ☐ Modified ☐ Per-Op ☐ Post Op	post partum HTN	Reduce BP	medication given -	Turns	☒ Medical ☐ 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:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Nursing ☐ Others:

INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

Part - I.

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

Identified Education Needs:

- | | | | |
|----------------------------|--|--|---|
| 1. Diagnosis | 5. Medication / Therapy (safety, effects/ side effect, interactions) | 9. Nutrition / Diet | 13. Risk / Safety |
| 2. Treatment and Care Plan | 6. Discharge Medication | 10. Fall Risk Education | 14. Activity / Exercise |
| 3. Pain Management | 7. Infection Control Measures | 11. Safe use of Medical Equipment / Implantable Devices Safety | 15. Social & Rehabilitation Needs |
| 4. Informed Consent | 8. Diagnostic Test / Procedures | 12. Patient's / Family Rights | 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		
9/7/20	1:30 AM	1, 2.	Diagnosis, treatment & care plan	PT, M	1	0	1	1	-	Le
9/7	1:30 AM	7	Explain about infection control	PT, M	1	0	1	1	-	Tony

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	4. Language Barrier	7. Impaired Thought Process/Cognitive limitations	10. Financial Difficulties	13. Cultural/Religion Practice					
2. Physical Impairment	5. Educational Level	8. Responsibilities at Home	11. Beliefs and Values	14. Others (Specify)					
3. Emotional Barriers	6. Desire / Motivate to Learn	9. Cultural Differences	12. Impaired Vision/ or Hearing						
Teaching Tools Used: A: Audio D: Demonstration V: Video O: Oral P: Printed									
Mechanism/s to overcome barrier/s:									
1. None	3. Reassurance & Support	5. Respect values & beliefs	7. Other, Specify						
2. Obtain translator	4. Teach Family / Others	6. Respect Cultural / Religion Preference							
Understanding: 1. Verbalizes Understanding 2. Demonstrates Understanding 3. Needs Review									

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02-10-2000 25 Y 9 M 8 D (F)
Dr. DR.M PRATHYUSHA REDDY



OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 9/11/26

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: Post partum HTN Doctor Notified on Admission: ☒ Yes ☐ No
Name of the Doctor: Dr. Sameer Time Notified: 1:40 AM

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

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

Gynecology Assessment: ☐ Not Applicable Menstrual History: Onset of Menarche: Menstrual Cycle: ☒ Regular ☐ Irregular Last Menstrual Period: 9/10/26	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
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Obstetric History: G P 1 L 1 A

Previous LSCS: NO

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°F HR: 64b/m RR: 20
BP: 156/96 Weight: 66 Height: 5 BMI:

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



PHYSICAL ASSESSMENT

General Appearance: ☒ Healthy ☐ ill looking ☐ Anxious ☐ Agitated ☐ Others:

Fall Assessment: ☒ Yes ☐ No Score35..... (complete the Morse Fall Risk Assessment Sheet)

Risk of Pressure Sore: ☒ Yes ☐ No Score28..... (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 WithFamily.....

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 toPatient.....

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

Orientation not given Reason:NA.....

Nurse Signature:TM.....

Nurse Name:Tunna.....

Date & Time:9/11/26 @ 2pm.....

BAH-00640370 IP5-00176127
Mrs RUBEENA SAMREEN
02-10-2000 25 Y 9 M 7 D (F)
Dr. DR.M PRATHYUSHA REDDY

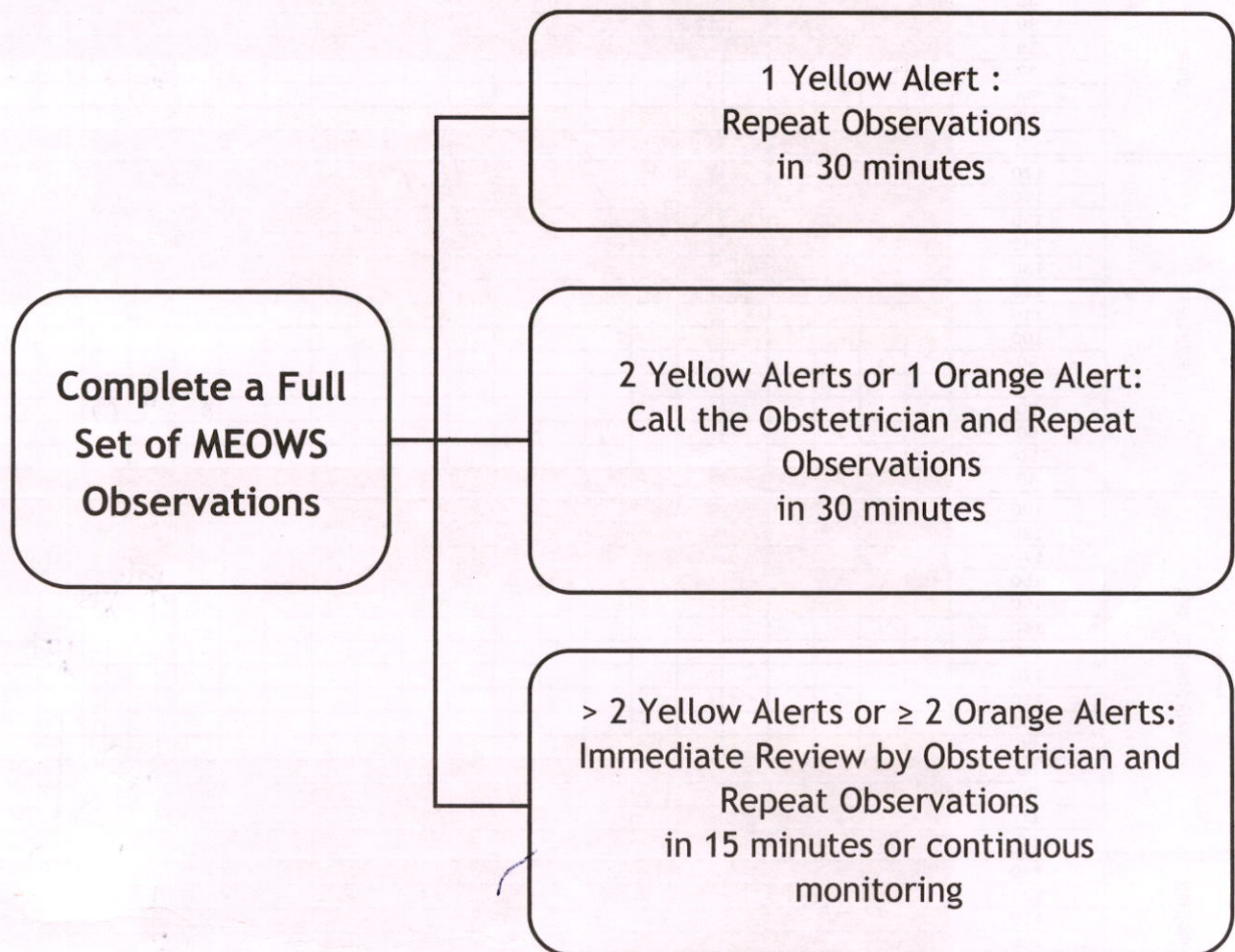


Early Warning Observation Score Chart - Obstetrics

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

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

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

IP5-00176127

BAH-00640370
Mrs RUBEENA SAMREEN
02-10-2000 25 Y 9 M 7 D (F)
Dr. DR.M PRATHYUSHA REDDY



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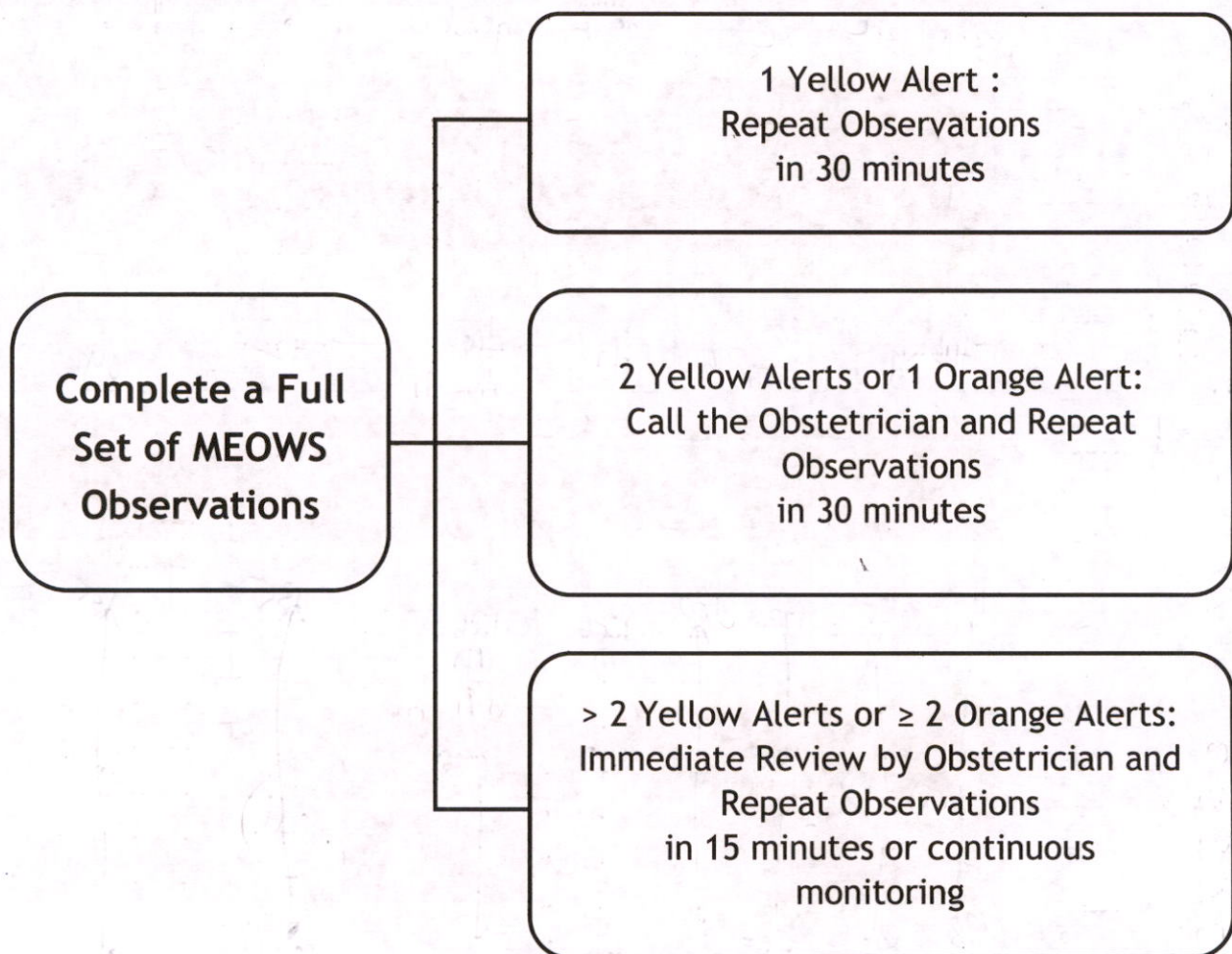
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CONTACT DOCTOR FOR EARLY INTERVENTION IF PATIENT TRIGGERS ONE ORANGE OR TWO YELLOW SCORES AT ANY ONE TIME

[illegible]

Obstetrics and Gynaecology Early Warning Signs



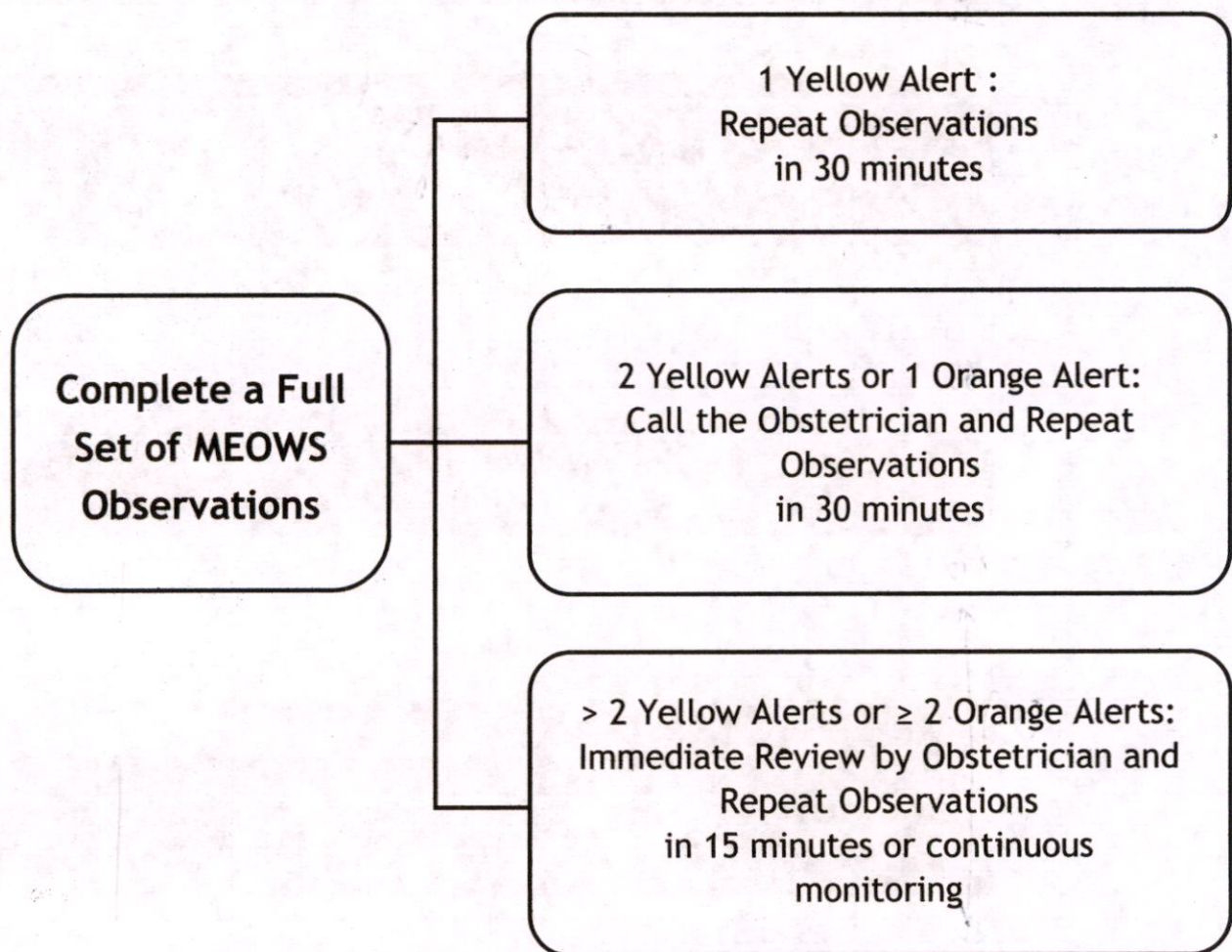
* The Modified Early Warning Score (MEOWS)



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	18																													
	0 - 10																														
Saturations	94 - 100 %	99																													
	< 94 %																														
Administered O ₂ (L/min.)																															
Temp °C	40																														
	39																														
	38																														
	37	37.0																													
	36																														
	35																														
	< 35																														
Heart Rate	170																														
	160																														
	150																														
	140																														
	130																														
	120																														
	110																														
	100																														
	90																														
	80																														
	70																														
	60	66																													
	50																														
Systolic Blood Pressure ↑	190																														
	180																														
	170																														
	160																														
	150																														
	140	140																													
	130																														
	120																														
	110																														
	100																														
	90																														
	80	69																													
	70																														
Diastolic Blood Pressure ↓	130																														
	120																														
	110																														
	100																														
	90																														
	80	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		0																													
TOTAL ORANGE SCORES		0																													
Nurse Initial																															

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

BAH-00640370 IP5-00176127
 Mrs RUBEENA SAMREEN
 02-10-2000 25 Y 9 M 7 D (F)
 Dr. DR.M PRATHYUSHA REDDY

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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.

		Intake			Output					IV Site	Sign. Nurse
Date	Time	Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine	Thrombo-phlebitis Score	
			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	H ₂ O							✓	0	Punry
Total Intake : Taken					Total Output : U-1, M-0						
	02:00 am	mgsoy	H ₂ O	25ml/hr						0	Punry
	03:00 am	mgsoy		25ml/hr					360ml	0	Punry
	04:00 am	mgsoy	H ₂ O	25ml/hr						0	Punry
	05:00 am	mgsoy	H ₂ O	25ml/hr					300ml	0	Punry
	06:00 am	mgsoy		25ml/hr					400ml	0	Punry
	07:00 am	mgsoy	H ₂ O	25ml/hr						0	Punry
Total Intake : Taken					Total Output : U-1060, M-0						
Total 24 hrs. Intake		Taken good									
Total 24 hrs. Output		U-1060ml, M-0									



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.
3. 24 hrs. total to be entered in the kardex in RED.

		Intake			Output					IV Site	Sign. Nurse
Date	Time	Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine	Thrombo-phlebitis Score	
			Mouth	I.V	N.G						
9/7	08:00 am	mg soy		25ml					400ml	0	Shobu
	09:00 am	mg soy		25ml					50ml	0	
	10:00 am	mg soy tho		25ml					400ml	0	Shobu
	11:00 am	mg soy		25ml						0	
	12:00 pm	mg soy tho		25ml					550ml	0	Shobu
	01:00 pm	mg soy		25ml						0	
Total Intake : Taken 150ml					Total Output : 1500ml 1300ml						
	02:00 pm	mg soy tho		25ml					500ml	0	Shobu
	03:00 pm	mg soy		25ml						0	
	04:00 pm	mg soy tho		25ml					300ml	0	Shobu
	05:00 pm	mg soy		25ml						0	
	06:00 pm	mg soy tho		25ml					320ml	0	Shobu
	07:00 pm	mg soy tho		25ml						0	
Total Intake : Taken 150ml					Total Output : 1720ml						
	08:00 pm	mg soy		25ml					500ml	0	Shobu
	09:00 pm	mg soy tho		25ml						0	
	10:00 pm	mg soy		25ml						0	Shobu
	11:00 pm	mg soy tho		25ml					400ml	0	
	12:00 am	mg soy		25ml						0	Shobu
	01:00 am	mg soy tho		25ml						0	
Total Intake : Taken					Total Output : V - 900ml						
	02:00 am	mg soy		25ml					500ml	0	Shobu
	03:00 am	tho							500ml	0	
	04:00 am									0	Shobu
	05:00 am	tho								0	
	06:00 am								500ml	0	Shobu
	07:00 am	tho							500ml	0	
Total Intake : Taken					Total Output : V - 1000ml - 0						
Total 24 hrs. Intake		Taken good									
Total 24 hrs. Output		V - 4320 ml - 0									

BAH-00640370 IP5-00176127
Mrs RUBEENA SAMREEN (F)
02-10-2000 25 Y 9 M 7 D
Dr. DR.M PRATHYUSA REDDY



FLUID CHART

Sheet No. : 2

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	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
				Mouth	I.V	N.G							
		08:00 am										0	[Signature]
		09:00 am										0	
		10:00 am										0	
		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										

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.

		Intake				Output					IV Site Thrombo- phlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
	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												

NURSING CARE RECORD

Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 8/7/26

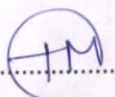
Assessment: Patient complaints of 1 BP

- 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
1Am	⇒ Assess the Patient Condition	2Am	⇒ Assessed the Pt Condition	Patient is comfortable.
2Am	⇒ IV Placement	3Am	⇒ IV Cannulation done	
3Am	⇒ Administration medication	4Am	⇒ medication given as per drug chart.	
4Am	⇒ Ensure Safety	5Am	⇒ Side rails provided.	
6Am	⇒ maintain good nutritional status	7Am	⇒ Idley given.	
7Am	⇒ U/O measurement	8Am.	⇒ U/O measurement done.	

Re-Assessment: U/O is good.

Special Notes: mgsoy continue for 24 hours.

Nurse Signature: 

Nurse Name: Tunna.

Date & Time: 9/7/26 @ 8Am

BAH-00640370

IP5-00176127

Mrs. RUBEENA SAMREEN

02-10-2000 25 Y 9 M 7 D (F)

Dr. DR. M PRATHYUSHA REDDY



NURSING CARE RECORD

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 Shift: ☐ Morning ☒ Afternoon ☐ Night

Date: 9/7/22

Assessment: pt complains for Abdominal pain

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
8 AM	Assess pt general condition	8:10 AM	Assessed pt general condition	pt is Stable
10 AM	monitor vital	10:10 AM	Bp SpO2 pulse checked and recorded	
11 AM	Administration medication	11:10 AM	medication given for as per doctor	
12 PM	Ensure safety	12:10 PM	ensure safety provided	
1 PM	prevent infection	1:10 PM	TO prevent infection	

Re-Assessment:

 Special Notes: ~~and~~ Re Assessment ~~and~~ ~~done~~

Nurse Signature: \$

Nurse Name: Shobha

Date & Time: 9/7/22 2 PM

BAH-00640370 IP5-00176127
 Mrs RUBEENA SAMREEN
 02-10-2000 25 Y 9 M 7 D (F)
 Dr. DR.M PRATHYUSHA REDDY

NURSING CARE RECORD

Rainbow Children's Hospital
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BirthRight
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Shift: ☐ Morning ☒ Afternoon ☐ Night

Date: 11/7/2026

Assessment: patient complaint 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
2pm	→ assessed the patient condition	2:30pm	→ assessed the Patient condition	→ Patient stable
3pm	→ monitor vitals	3:30pm	→ monitor vitals	
4pm	→ ensure safety	4:30pm	→ Provided side rails	
5pm	→ administration of medication	5:30pm	→ medication given as per drug chart	
6pm	→ ensure safety	6pm	→ Provided side rail	
7pm	→ Ambulation	7:30pm	→ Ambulation done	
8pm	→ Regular diet	8pm	→ Regular diet taken	

Re-Assessment: done pt stable

Special Notes: mgsoy on going. Bp and heavy urine self measurement

Nurse Signature: Sw

Nurse Name: Swapna

Date & Time: 11/7/2026 8pm

BAH-00640370 IP5-00176127
Mrs RUBEENA SAMREEN
02-10-2000 25 Y 9 M 7 D (F)
Dr. DR.M PRATHYUSHA REDDY



NURSING CARE RECORD

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Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 9/7/26

Assessment: Patient complaints of fear & Anxiety

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
8pm	⇒ Assess the patient condition	10pm	⇒ Assessed pt condition	patient is comfortable.
10pm	⇒ mgso4 continue	12Am	⇒ mgso4 onflow	
12Am	⇒ Regular diet	2Am	⇒ meals given.	
2Am	⇒ Ensure safety	4Am	⇒ Side rails provided.	
4Am	⇒ prevent infection	6Am	⇒ Hand hygiene maintaining	
6Am	⇒ U/O monitoring	8Am	⇒ U/O monitoring done.	

Re-Assessment: vitals stable.

Special Notes: U/O monitoring.

Nurse Signature:

Nurse Name: Pooja

Date & Time: 10/7/26 @ 8AM

BAH-00640370 IP5-00176127
 Mrs RUBEENA SAMREEN (F)
 02-10-2000 25 Y 9 M 8 D
 Dr. DR.M PRATHYUSHA REDDY

NURSING CARE RECORD

Rainbow Children's Hospital
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BirthRight
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Shift: ☒ Morning ☐ Afternoon ☐ Night

Date: 10/7/26

Assessment: fears & anxiety about hospitalization

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
5am	* Assess the patient condition.	5:10 am	* Assessed the patient condition.	patient is comfortable.
9am	* BP monitoring.	9:10 am	* BP monitoring done & recording	
10am	* Advised discharged	10:10 am	* Discharged advised patient is stable.	

Re-Assessment: Reassess done.

Special Notes: BP monitoring.

Nurse Signature: [Signature] Nurse Name: [Signature] Date & Time:

Patient Sticker

NURSING CARE RECORD

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:



NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Dr. Prathyusha Department: OMH Date of Admission: 9/7/26

SITUATION	Diagnosis: <u>PND 6 / P.11 A BP for observation</u>		Any Infection: ☐ Yes ☐ No ☒ Not Known If Yes Specify:				
BACKGROUND	Area	<u>OMH</u>	<u>OBS</u>	<u>OBS</u>	<u>OMH</u>	<u>OBS</u>	
	Shift Time	<u>8pm-8am</u>	<u>8am-2pm</u>	<u>2pm-8pm</u>	<u>8pm-8am</u>	<u>8am-2pm</u>	
	Medical Condition (Any special condition to be noted):	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	
ASSESSMENT	Allergy:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	Tubes/Drains/Catheter:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	Vital Signs:	Temp:	<u>98°F</u>	<u>98°F</u>	<u>98.1°F</u>	<u>98.3°F</u>	<u>98.1°F</u>
		Res:	<u>20</u>	<u>20</u>	<u>20b/min</u>	<u>20b/min</u>	<u>18b/min</u>
		SpO ₂ :	<u>99.1</u>	<u>99</u>	<u>99.1</u>	<u>99.1</u>	<u>99.1</u>
		Pulse:	<u>69b/min</u>	<u>72b/min</u>	<u>75b/min</u>	<u>72b/min</u>	<u>66</u>
		BP:	<u>136/84</u>	<u>134/82</u>	<u>130/81</u>	<u>135/82</u>	<u>140/60</u>
	Fall Risk Score:	<u>35</u>	<u>35</u>	<u>35</u>	<u>35</u>	<u>35</u>	
	Pain Score:	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	
	Recommendations	Safety Needs:	<u>Yes</u>	<u>Yes</u>	<u>Yes</u>	<u>Yes</u>	<u>Yes</u>
Physiotherapy		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
Others Specify:		<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	
Special Diet:		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
Other Special Orders / Medications:		<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	
Post Operative Procedure Special Orders:		<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	
Handed Over By Name :		<u>Tunni</u>	<u>Shobha</u>	<u>Swapna</u>	<u>Tunni</u>	<u>Swapna</u>	
Signature :		<u>TM</u>	<u>Sh</u>	<u>SW</u>	<u>TM</u>	<u>SW</u>	
Date:		<u>9/7/26</u>	<u>9/7/26</u>	<u>9/7/26</u>	<u>10/7/26</u>	<u>10/7/26</u>	
Time:		<u>8PM</u>	<u>2PM</u>	<u>8PM</u>	<u>8PM</u>	<u>2PM</u>	
Taken Over By Name :		<u>Shobha</u>	<u>Swapna</u>	<u>Tunni</u>	<u>Swapna</u>	<u>Swapna</u>	
Signature :		<u>Sh</u>	<u>SW</u>	<u>TM</u>	<u>SW</u>	<u>SW</u>	
Date:		<u>9/7/26</u>	<u>9/7/26</u>	<u>9/7/26</u>	<u>10/7/26</u>	<u>10/7/26</u>	
Time:		<u>8AM</u>	<u>2:10PM</u>	<u>8PM</u>	<u>8PM</u>	<u>8PM</u>	

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:							

BAH-00640370
Mrs RUBEENA SAMREEN
02-10-2000 25 Y 9 M 7 D
Dr. DR.M PRATHYUSHA REDDY (F)

PAIN ASSESSMENT FORM

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date	Time	Age (yr.)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
9/7	1AM	0/10	No pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Tummy
9/7	8AM	0/10	No pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Tummy
9/7	10AM	0/10	No pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Shoky
9/7	12PM	0/10	No pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Shoky
9/7	4PM	0	No pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	under observation	Swapna
9/7	8PM	0/10	No pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	under observation	Swapna
10/7	02 AM	0/10	No pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	under observation	Tummy
10/7	8AM	0/10	No pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	under observation	Tummy
				☐ 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:

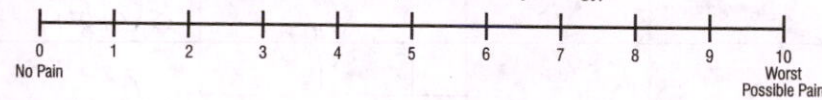
- Every eight hours for all hospitalized patients.
- For post-surgical patients, patients with chronic pain, patient with severe pain:
 - At least every 2 hours for the first 24 hours
 - Then every 4 hours.
 - Prior to pain relieving intervention.
 - Within 30 - 60 minutes after pain relief intervention.

PAIN ASSESSMENT TOOLS

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

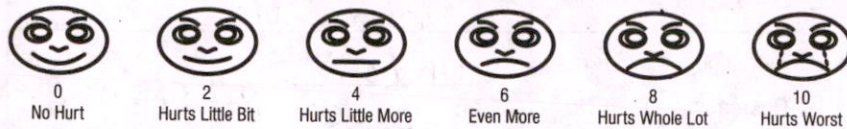
Numerical Pain Scale (Obstetric and Gynecology)



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

Assessment Criteria	Sedation		Normal	Pain / Agitation	
	-2	-1	0	1	2
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense
Vital Signs HR, RR, BP, SaO₂	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO ₂ 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO ₂ less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator

Wong - Baker (Pediatrics) Above 7 Years





CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1 <i>8/7</i>			DAY-2 <i>9/7</i>			DAY-3 <i>10/7</i>			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			
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1			-	-	-	-	-			
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2			-	-	-	-	-			
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3			-	-	-	-	-			
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4			-	-	-	-	-			
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord pyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5			-	-	-	-	-			
Signature of the Nurse				<i>Tummy Shide Sripati Tummy Sripati</i>									

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 : *VP* Name : *Kranthi*

Signature of Ward In Charge :

Signature : *veena* Name : *veena*

BAH-00640370 IP5-00176127
Mrs RUBEENA SAMREEN
02-10-2000 25 Y 9 M 7 D (F)
Dr. DR.M PRATHYUSHA REDDY



Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	8/11/26	9/17/26	9/17/26	Fall Risk Grading		
		Score	8pm 8am	8am 2pm	2pm 8pm	Risk Level	Morse Fall Score (MFS)	Action
History of Falling (immediately or w/in 3 months)	Yes	25				Low Risk	0 - 24	Standard Fall Precaution
	No	0	0	0	0			
Secondary Diagnosis (more than one diagnosis)	Yes	15	15	15	15	Moderate Risk	25 - 50	Implement Moderate Fall Prevention Intervention
	No	0						
Ambulatory Aid	Furniture	30				High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	Crutches, Cane(S), Walker	15						
	None /Bed Rest /Nurse Assist	0	0	0	0			
IV / Heparin Lock or Saline	Yes	20	20	20	20	Moderate Risk	25 - 50	Implement Moderate Fall Prevention Intervention
	No	0						
GAIT / Transferring	Impaired	20				High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	Weak (uses touch for balance)	10						
	Normal /On Bed Rest /Immobile	0	0	0	0			
Mental Status	Forgets limitations	15				High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	Oriented to own ability	0	0	0	0			
Total Morse Fall Scale Score:			35	35	35			
		Signature	Tunna.	Shobly	Swapne			

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

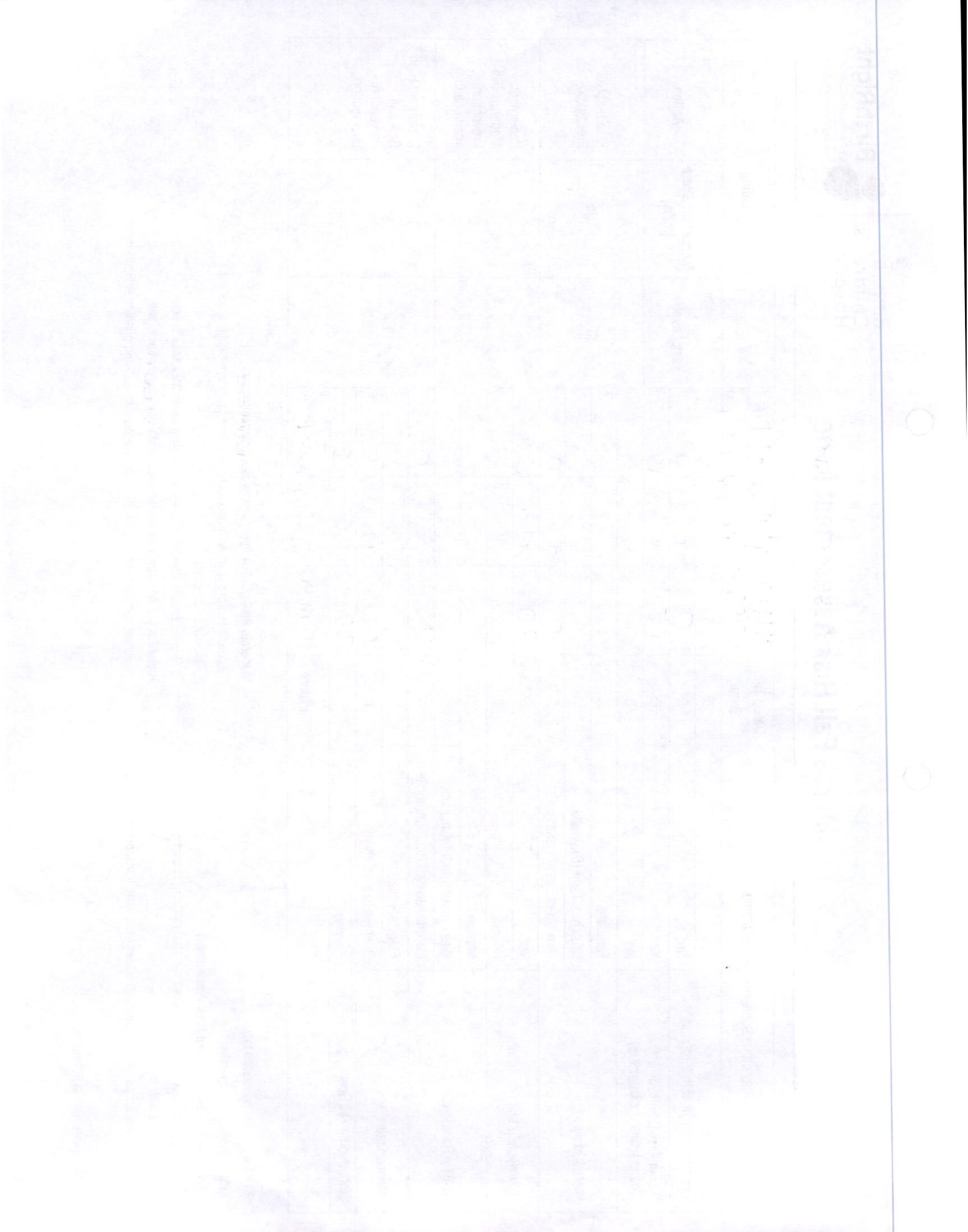
- ☐ Ensure patients use their prescribed eye glasses if any, in the hospital
- ☐ Use chairs with arm rests
- ☐ Use safety straps on stretchers and wheelchairs while transporting patients

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





Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	9/17/26	10/17/26	Fall Risk Grading		
		Score	8 PM	4 PM			
History of Falling (immediately or w/in 3 months)	Yes	25			Risk Level	Morse Fall Score (MFS)	Action
	No	0	0				
Secondary Diagnosis (more than one diagnosis)	Yes	15	15	15	Low Risk	0 - 24	Standard Fall Precaution
	No	0					
Ambulatory Aid	Furniture	30			Moderate Risk	25 - 50	Implement Moderate Fall Prevention Intervention
	Crutches, Cane(S), Walker	15					
	None /Bed Rest /Nurse Assist	0	0				
IV / Heparin Lock or Saline	Yes	20	20	20	High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	No	0					
GAIT / Transferring	Impaired	20			High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	Weak (uses touch for balance)	10					
	Normal /On Bed Rest /Immobile	0	0				
Mental Status	Forgets limitations	15			High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	Oriented to own ability	0	0				
Total Morse Fall Scale Score:			35	35			
		Signature	Tunny	Buy.			

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
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- ☐ Assess patient after visitors, leave to ensure safety measures in place

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

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DISCHARGE PLANNING FORM

Nationality: Indian

NOTES: * To be completed by a NURSE within (24) hours of admission.

1. Anticipated Date of Discharge: 10/11/26

2. Destination Post Discharge: ☒ Home

Family Members Notified (Person Contacted)

☐ Transfer

Hospital Facility Notified (Person Contacted)

3. Discharge Status: ☒ Self Care ☐ Family Home Care ☐ Home Professional Assistance

☐ Needs Assistance In:

Remarks

☐ Medication ☐ Yes ☐ No

☐ Bathing ☐ Yes ☐ No

☐ Eating ☐ Yes ☐ No

☐ Walking ☐ Yes ☐ No

☐ Dressing ☐ Yes ☐ No

☐ Toileting ☐ Yes ☐ No

} yes pt needs assistance

4. Nutritional Plan:

☐ Dietary Instruction Discussed with the:

☒ Patient ☐ Family Member

☐ Others:

5. Discharge Planning Discussed with the:

☒ Patient ☐ Family Member

☐ Others:

6. Patient/Family Educational Plan:

☐ Educational Topic/s: Infection Control

☐ Patient's Educational Topic/s discussed with the:

☒ Patient ☐ Family Member

☐ Others:

Nurse Signature: Tunif

Nurse Name: TM

Date and Time: 9/11/26 @ 2AM