



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 : IP5-00175885

Admit Date : 02-Jul-2026

Admit Time : 04:00 PM UHID : BAH-00653487

Patient Details :

Patient Name : Mrs SATYA YAMINI PEMMARAJU

Age : 30 Y 4 M 17 D

Guardian : MR LAKSHMAN TEJA LATTIPALLY

DOB : 15-02-1996

Gender : Female

Religion :

Occupation :

Marital Status : Married

Address (H) : FLAT NO 1107, KSR TOGETHERMENTS, NEAR
SITARA GRAND MIYAPUR Hyderabad
Telangana INDIA 500049

Phone No : 8756793989/ 9573856269

E-mail : psyamini9@gmail.com

Admission Details :

Bed Type : DAY CARE

Bed No : BC DC 418

Ward Name : 4F-BIRTHING CENTRE

Room No : BC DC 418

Admission Type : First Visit

Contact Details :

Name : MR LAKSHMAN TEJA LATTIPALLY

Relationship : Husband

Contact Address :

Phone No : / 8756793989

Signature

Doctor Details :

Doctor Name : Dr. HIMABINDU VEERLA

Specialisation : OBSTETRICS AND GYNECOLOGY

Referral Doctor : Self

Phone No :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash

Payor Name : MEDI ASSIST INSURANCE TPA PVT
LTD

ACTIVITY RECORD FOR BILLING

Name : BAH-00653487 IP5-00175885
Mrs SATYA YAMINI PEMMARAJU
15-02-1996 30 Y 4 M 17 D (F)
Dr. HIMABINDU VEERLA
 UHID No. : 982 T2/1 A/C
 Date of Admission : 3/7/26 Time : 7:10 pm Date of Discharge : 3/7/26 Time : 11 am
 Room / Bed No : 839 Ward : OBG-OT Suggested Billable bed type : Room (839)

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
2/7/26	7:10 pm	OBS	OBS OT	Anita
2/7/26	9:30 pm	OBS-OT	OBS	Anjali
3/7/26	11 am	OBS	Room (839)	Anjali

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	Dr. Teheena Sharma(PJ)	3/7/26	9686234	Soubhasini
2				
3				
4				
5				
6				
7				
8				
9				
10				

INVESTIGATIONS

[illegible]

[illegible]

Date _____

Name of Equipment

Connecting Time

Disconnecting Time

Order No.

Signature

2/2/20

Cardamom tree.

9:30pm

12:50 AM

9634941

Handwritten signature

Date	Procedure	Quantity	Order No.	Signature
2/7/26	IV Placement	1	9684944	Anita
2/7/26	PAC	1	9684943	Anita
2/7/26	Catheterization	1	9684944	Anita

ANY OTHER INFORMATION

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

Date :

Time :

Prepared By :

Staff Nurse

Shift / Ward

Billing Assistant

Billing Supervisor



IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

Primi E 38th wks
↓ PFM - morning
Obstetric Formula:

Obstetric History: M1-2022, NCM,

I → PP - sp. Conception,
Booked at 28 wks

Present Pregnancy Record:

prior ANC's at
Manipal hptl.

RISK FACTORS:

hypotensive: 4yr

Height: cm

Weight: 66 kg

Allergies: N/A

Breast: ☒ Normal ☐ Abnormal

General Examination:

Consciousness: conscious

Icterus: absent

Temp: Afebrile

BP: 111/65

CVS: S1S2 (+)

Liver/Spleen: Not palpable

Pallor: absent

Edema: absent

PR: 72

DTR: (+)

RS: BAE (+)

Urine Output: adequate

LMP: 8/10/2026

EDD: 15/2/2027

Corrected EDD: 12/2/2027

GA: 38th wks

Menstrual History: Regular: ☐ Yes ☐ No

Obstetric Examination

Fundal Height: 10cm

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

Liquor: ☒ Adequate ☐ Oligo ☐ Poly

PP: ☒ Cephalic ☐ Breech Others _____

Head Fifts Palpable: _____

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 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

DIAGNOSIS

Primi gravida E 38th wks ↓ PFM for observation/
Delivery.



Family History: NIL	Surgical History: NIL
Medical History: hypertension 20 yrs.	Medication History: Thyroxine - 62.5mg.
Plan of Care: • admission • send CBP & trace • NBM • Flw put - loose / w • Monitor - vitals - 4 hourly • Connect - ECG • PAC • prepare parts • Drug as charted • Flw cauter • Foley's catheter	Investigations: B+ve Virals - NR <u>12/6/26</u> Hb: 11 WBC: 12000 PLT: 2.48 NT: 1.4mm TLEFA - NR NLPT - (N) study <u>15/6/26</u>: 36⁺3⁺ w, 8LUS, 2.5kg (15%) AG ~ 12%, 14.1 cm - AFI, phib < Anterior US Doppler - NR

Doctor Name: Dr. Sravathi

Signature: Dr.

Date & Time: 2/7/2026, 5:15 PM

Consultant Name: Dr. Himabindu

Signature: Hudu

Date & Time: 2/7/2026, 15:15 PM

Dr. HIMABINDU VEERLA
 Reg. No: 3705

BAH-00653487 IP5-00175885
 Mrs SATYA YAMINI PEMMARAJU
 15-02-1996 30 Y 4 M 18 D (F)
 Dr. HIMABINDU VEERLA



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DEFICIENCY CHECK LIST OF CASE SHEET

Sl.No.	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission sheet	1			
2	Discharge Summary	1			
3	Nursing Initial assessment	1			
4	Patient Transfer form	2			
5	In-patient Medical record				
6	Doctors progress sheets	3			
7	Nursing plan of care and handover sheets	6			
8	Consultation sheet				
9	General consent for treatment	1			
10	Consent for Surgery				
11	Consent for blood transfusion				
12	Consent for chemotherapy				
13	Consent for high risk				
14	Consent for Restraint				
15	LAMA consent				
16	Consent for special procedure / Sedation	2 + 1			
17	Consent for Formula feed				
18	Consent for MTP				
19	Consent for Radiological Investigations				
20	Consent for HIV test				
21	Anaesthesia notes (Pre Anaesthesia & post)	1			
22	Neonatal Admission/Delivery/Physical Exam				
23	Medication Reconciliation	1			
24	Emergency Triage record	1			
25	Pre operative check list	1			
26	Surgical safety checklist	1			
27	Operation Theatre notes	1			
28	Nurses clinical Presentation				
29	TPR & BP chart	3			
30	Intake and Out take chart (fluid chart)	2			
31	Drug chart (Regular Prescription)	1			
32	Investigation Values (result sheet)	1			
33	Nebulization chart				
34	Nutritional review chart	1			
35	Intensive care unit (ICU Charts)				
36	Consent for Admission in PICU / NICU				
37	The Humpty dumpty scale				
38	Braden Q Scale	1			
39	Bed side check list				
40	PICU bed formula Dilution feeds				
41	Gastro monitoring chart				
42	Rch ED doctors note				
43	BP Monitoring chart				
44	RBS monitoring chart	1			
	Antenatal	1			
	BV	2			
	Obstetric	1			
	Total No. of Pages	3 + 7 + 3 + 2 + 1 = 53			

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/4/26 5:30 PM	S/B. Dr. Himma Bindu	
SG post	PA - ut - 38 wks, acting Cephalic (Above brim.) FH 8 1/4.	
	PV - C. long OS closed. PP - high. up. Pelvis - Small gynaecoid.	
	condition explained to couple & parents regarding non-assuring NST, occ. posterior, closed OS & small gynaecoid pelvis.	
	4 - udu. (Dr. V. Himma Bindu)	
	Dr. HIMABINDU VEERLA Reg. No: 37245	

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/7/26 10pm	PODs Eng ucs OLE AC-fail PR- 86bpm BP- 113/62mmHg (70) SpO2- 96% on RA P/A uterus retracted well UE Bleeding none.	Adv - NBM for hrs - IV fluids @ 100ml/hr - vitals every 1 hr for hrs - 8/6 analgesy - Ho chachy - w/active bleeding or inform hr
2/7/26 10.30pm	OLE AC-fail PR- 86bpm BP- 100/60mmHg (MAP 22) SpO2- 95% on RA P/A uterus retracted well UE Bleeding none	Adv - Allow sips of water from 4pm if tolerating liquids - soft diet from 6am - vitals every 1 hr chachy - w/active bleeding or inform hr
	U/O 100ml clear	
	Baby well	
	- Shift to room	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/7/26 8:00 AM	POD-1 / LSC / P023 FBS 120 mg/dl	
	Ulor good	
	fx sx	
	Get in Vital stable Platlet @ 100 Soft Distention Hv + Bw 2	Adv ① Soft diet ② Remove Foley's @ 12:00 pm. ③ Monitor vitals ④ w/lt active bleeding ⑤ Mxgs as per chart ⑥ In room 10
	Dr. Dinger	
3/7/26 10:30 AM	S/O. Dr. Himabindu PT Comfortable Passed flatus PA - Soft Bst 1- Uterus involuting PV - Lochia healthy	① Soft diet plenty of oral fluids ② Remove PT cannula Foley's by SPIV OK
		Noted by Sis. Satyami 06/30/26

Dr. HIMABINDU VEERLA
Reg. No. 37245



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/7/26 1:30pm	POD-1 / Fm. W4 o/f Cef-taz BP- 93/60 (70/40) PR- 67 bpm SpO2- 98% RA PIA- ut @ uul Plv BwNL	Abv ① Wf 10 stop ② Foley removal 5:00pm ↓ Encourage voiding ③ Monitor vitals 4th hr ④ Drugs as charted ⑤ soft diet ⑥ Hydrocodone ⑦ Amblycine
		Dr. Diney
		Noted by Sis. [unclear] 06394 [unclear] 2pm
3/7/26 3:30pm	POD-1 / Emulins / Hypotensib. Cef: per Vitals: stable PIA: ut @ uul soft BS @ Plv: NAO	1) Soft diet & plenty of oral fluid 2) Drug as charted 3) W/f Plv Bleeding 4) Ambulation 5) Tylenol 800



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/2/26 9 AM	POD-1 / EMLM / hypotensive	
4/2/26 9 AM	GC: per vital: stable P/A: U+@ well salt RST P/V: MAB	1) Regular diet 2) plenty of oral fluid 3) Drug as charted 4) w/f Plv Bleeding 5) Ankle edema 6) Temperature
4/2/26 9 AM	Plan - discontinue Remove catheter.	- Dr. [Signature] N.B. Anuradha
4/2/26 2:00 PM	POD-1 P/A comfortable vital stable P/A: U+@ well Plv BWR	Adv 1) Regular diet 2) plenty of oral hydration 3) Drugs as charted 4) w/f bleeding pb 5) Ankle edema
4/2/26 2:00 PM		Dr. [Signature]

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RESULT SHEET

Date	21/7/26				
Time					
Hb	10.5				
PCV					
RBC					
WBC	12.01				
N/L					
Platelets	244				
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					

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities :

.....

.....

.....

Radiology : USG :

 X-Ray :

 ECHO :

 CT :

 MRI :

 Others (ECG, Contrast Studies etc.,) :



MEDICATION RECONCILIATION FORM

Drug Allergies: None ☒ 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	T. Thyronorm	75mcg	PO	OD	1/2	☐ C ☒ DC
2	T. Iron	144	PO	OD	1/2	☐ C ☒ DC
3	T. Calcium	144	PO	OD	1/2	☐ 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. S. S. S. S. S.

Date & Time: 2/2/2026, 5:30pm

Nurse Name & Signature: Anita

Date & Time: 2/2/2026 6pm



DRUG CHART

Date of Admission: 2/2/2020 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:																			

Weight. 160 Ward. 16

Page: 2/4



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Weight 66.5 Ward 35

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																				

VERIFIED BY : Name Signature

BAH-00653487 IP5-00175885
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Dr. HIMABINDU VEERLA

Weight. 66 kg Ward. B5



Date Time	Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.	
DRUG :	Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route	Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
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.	
DRUG :	Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route	Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
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
2/7/26	6:30 pm	iv PANTOP	4mg	iv	[Signature]	Anita Sobha
2/7/26	6:35 pm	iv PERINORM	1mg	iv	[Signature]	Anita Sobha
2/7/26	8:30pm	Sup. TRAMADOL	100mg	P/R	[Signature]	[Signature] Nikhil
2/7/26	8:30pm	Sup. DICLOFENAC	100mg	P/R	[Signature]	[Signature] Nikhil

6:30 pm
6:38 pm



I.V. FLUIDS CHART

Weight. 66 kg Ward. BC

Signature

VERIFIED BY : Name

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
2/2/2026	5:15 pm	Ringer lactate	Flw	100 ml/hr	Dr. [Signature]	Anita Sobha	2/7	[Signature]	Shay
2/2/26	7pm	RINGER LACTATE	Flw	1000 ml/hr	Dr. [Signature]	[Signature]	2/7	Am	[Signature]
2/2/26	7pm	RINGER LACTATE	Flw	1000 ml/hr	Dr. [Signature]	[Signature]	2/7	[Signature]	[Signature]
2/2/26	9 pm	RINGER LACTATE	IV	1000 ml/hr	Dr. [Signature]	[Signature]	2/7	[Signature]	[Signature]
2/2/26	10:30 pm	RINGER LACTATE	IV	1000 ml/hr	Dr. [Signature]	[Signature]	2/7	[Signature]	[Signature]
2/2/26	1 am	RINGER LACTATE	IV	1000 ml/hr	Dr. [Signature]	[Signature]	2/7	[Signature]	[Signature]
3/2/26	1 am	RINGER LACTATE	IV	1500 ml/hr	Dr. [Signature]	[Signature]	3/2/26	[Signature]	[Signature]

CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: Dr Himabindu veerla	Date of Delivery: 2/07/26
Assistant Surgeon: Dr Sameena	Time of Delivery: 8:17 pm
Anaesthetist's Name: Dr Sai	Gender of Baby: Male
Type of Anaesthesia: USA	Weight of Baby: 3.188 kgs
Neonatologist: Dr Neethu Raj	AGPAR Score:
Scrub Nurse: Sr Rajeshwari	NICU Admission: ☒ Yes ☐ No

Pre-Operative Diagnosis: Primigravida / 38+4 wks / fetal movements

☐ Elective ☒ Emergency Indication: Non-Reassuring NST

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:

CTG Description: Non-Reassuring

If there was a delay give the reasons:

Surgical Procedure: Emergency USCS

Post Operative Diagnosis: PODO / P14 / Emergency USCS

Peri-Operative Complications:

- adherent placenta noted

- 1 loop of cord around neck

Amount of Blood Loss: 400ml

Blood Transfused (in ML): —

Name and Number of Surgical Specimen sent for examination:

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: ☒ Pfannenstiel ☐ 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 ☒ ECT ☒ Complete ☐ Incomplete ☐ Piecemeal
Cord Appearance: Normal Cord around the neck ☒ Yes ☐ No
Appearance of placenta: Normal Cavity explored ☒ Yes ☐ No
Uterus, tubes and ovaries: ☒ Normal ☐ Not Normal Sterilization: ☐ Yes ☒ No

Uterine Closure: ☐ One Layer ☒ Two Layers 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 24hrs days ☐ Await instructions
Swap & Instruments count correct? ☒ Yes ☐ No ☐ Post-op Antibiotics ☒ Yes ☐ No
Intra-Operative Antibiotics Cover: ☒ Yes ☐ No ☐ Thromboprophylaxis ☐ Yes ☐ No

Post-Operative Notes: - NBM for 6hrs
- IV fluids @ 100ml/hr
- drugs as per charted
- vitals every min for 1hr followed by
- I/O charting

Doctor Name: Dr. V. Hema Bindu Doctor Signature: [Signature]

Date & Time: 21/7/20 9 PM

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15-02-1996 30 Y 4 M 17 D (F)
Dr. HIMABINDU VEERLA



POST-SURGICAL CARE PLAN FORM

Procedure Done: *Emergency csd*

Post-Surgical Diagnosis: *PPD / Emergency us*

Post-Operative Monitoring Parameters /Frequency:

*PR, BP, SpO₂ - every 15min for 2h post surgery
If chalking*

Wound Care:

*check for wound leakage
Dressing on RD-V.*

Drain /Special Lines/Catheters:

Foley's for 24hrs

Special Patient Positioning and Requirements:

-

Nutritional Instructions:

NBM for 6hrs

When to Start Mobilization:

After foley's removal

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

Hindu (Dr. V. Hema Bindu)
Treating Surgeon
(Signature & Stamp)

Date: *2/7/26* Time: *9 PM*

Note: Plan of care will be readjusted if necessary.

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RISK ASSESSMENT TOOL FOR DEEP VEIN THROMBOSIS (Postnatal Assessment and Management (to be assessed on delivery suite))

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

Signature of the Doctor: Hindu (Dr. Himabindu) Date: 21/7/26 Time: 9 P.M

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.

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BUNDLE CARE CHECKLIST TO PREVENT SURGICAL SITE INFECTION (SSI)

To Be Filled In By Assigned Nurse :

Date : 21/07/26

Department : 086 OT Duration of Procedure : 1 hr

Name of Surgeon : Dr. Himabindu Veerla Date of Admission : 21/7/26

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

		Staff Signature
1.	Antibiotic given prior to surgery ? ☒ Yes ☐ No ☒ Single Dose Antibiotic or Long Antibiotic Regime Antibiotic administered within 60 minutes prior to incision ? ☒ Yes ☐ No Name of the Antibiotic : Inj. Taxim	Anjali
2.	Hair Removal ☒ Yes ☐ No if Yes : Surgical Clipper Department where Hair Removed : ☒ Ward ☐ Operating Room ☐ Other : Skin preparation done (cleanse surgical area with antiseptic agent) ? ☒ Yes ☐ No	Anjali
3.	Patient's body temperature immediately post operation (Recovery Room) _____ °C ☐ Oral Or ☒ Axilla (Goal : 36-37 °C)	Anjali
4.	Name of doctor or staff administering the antibiotic : Sis. Anila Date & Time of antibiotic administration : 21/07/26 @ 7 PM Date & Time procedure started : 21/07/26 @ 8:10 PM	Anjali

- 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

Docu. No. : RCHBH/ FRM / CLINICAL / 038

SURGICAL SAFETY CHECKLIST

Surgeon :
Asst. Surgeon :
Anaesthetist :
Scrub Nurse :

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Age : Gender :
Name :

Date : In-time : Out-time :



Before Induction of Anaesthesia ➤ ➤

SIGN IN		Time: 5:50 pm
Patient Has Confirmed		
Identity	☒ Yes ☐ No	
Site	☒ Yes ☐ No	
Procedure	☒ Yes ☐ No	
Consent	☒ Yes ☐ No	
Site Marked	☒ Yes ☐ No ☐ NA	
Anaesthesia Safety Check Completed	☒ Yes ☐ No	
Pulse Oximeter on Patient & Functioning	☒ Yes ☐ No	
Does Patient have a:		
Known Allergy?	☐ Yes ☒ No	
Difficult Airway / Aspiration Risk?		
Yes, & Equipment / Assistance Available	☐ Yes ☒ No	
Risk of > 500ml Blood Loss (7ml/kg In Children)?		
Yes, and Adequate Intravenous Access and Fluids Planned	☐ Yes ☒ No ☐ NA	
Blood Units Reserved	☐ Yes ☒ No ☐ NA	
Has Antibiotic Prophylaxis been given within the last 60 minutes?		
	☐ Yes ☒ No ☐ NA	
Signature : <i>M. K. S.</i>		
Name : <i>Dr. K. S.</i>		

Before Skin Incision ➤ ➤

TIME OUT		Time: 8:50 pm
Confirm all team members have introduced themselves by Name and Role ☒ Yes ☐ No		
Surgeon, Anaesthesia Professional and Nurse Verbally Confirm		
Correct Patient (Check ID Band)	☒ Yes ☐ No	
Correct Site	☒ Yes ☐ No	
Correct Procedure	☒ Yes ☐ No	
Anticipated Critical Events		
Surgeon Reviews:		
What are the Critical or Unexpected Steps, Operative Duration, <i>Bleeding</i>		
Anticipated Blood Loss? <i>300ml</i> ☐ Yes ☐ No ☐ NA		
Anaesthesia Team Reviews:		
Are There Any Patient-specific Concerns? ☐ Yes ☒ No ☐ NA		
Nursing Team Reviews:		
Has Sterility (including indicator results) <i>yes</i> Been Confirmed? are there Equipment issues or any Concerns? ☐ Yes ☒ No ☐ NA		
Is Essential Imaging Displayed? ☒ Yes ☐ No ☐ NA		
Power Supply, Earthing, Power Backup and functioning of equipment checked. ☒ Yes ☐ No		
Signature : <i>A.</i>		
Name : <i>Anjali</i>		

Before Patient Leaves Operating Room

SIGN OUT		Time:
Nurse Verbally Confirms with the Team:		
The Name of the Procedure Recorded	☐ Yes ☐ No	
That Instrument, Sponge and Needle Counts are Correct (or Not Applicable)	☐ Yes ☐ No ☐ NA	
The Specimen is Labelled (including patient name)	☐ Yes ☐ No ☐ NA	
Whether there are any Equipment Problems to be addressed	☐ Yes ☐ No ☐ NA	
To Surgeon, Anaesthetist and Nurse:		
What are the key concerns for recovery and management of this patient? ☐ Yes ☐ No		
Signature : <i>Hindu</i>		
Name : <i>Dr. V. Heema Bindu</i>		

MULTI-DISCIPLINARY PLAN OF CARE FORM

Diagnosis:

Primigravida @ 38th wks @ +1 PFM for obstructed / Delay

Date Time	Discipline	Type	Patient Needs / Problem List	Goal	Plan / Intervention	Signature	Team Verification
2/7/2016 5PM	☒ Medical ☐ Nursing ☐ Others:	☒ Initial ☐ Modified ☐ Per-Op ☐ Post Op	Primigravida @ 38 th wks @ +1 PFM	Safe Prenatal	Obstruction/ Delivery	[Signature]	☐ Nursing ☒ Others:
2/7/21 5PM	☐ Medical ☒ Nursing ☐ Others:	☒ Initial ☐ Modified ☐ Per-Op ☐ Post Op	→ Patient needs → Safe Delivery	→ Safe Delivery	→ Relieve Anxiety	Anita	☒ Medical ☐ Others:
3/7/26 8:40 am	☐ Medical ☐ Nursing ☒ Others: dichitkam	☐ Initial ☐ Modified ☐ Per-Op ☒ Post Op	POD-1 LSCS	soft diet	soft high protein diet	Saima	☐ Medical ☐ Nursing ☒ Others:
3/7/26 4:15pm	☐ Medical ☐ Nursing ☒ Others:	☐ Initial ☐ Modified ☐ Per-Op ☒ Post Op	Post LSCS	Post partum recovery	Deep core retraining & functional training	T.S	☐ Medical ☒ Nursing ☒ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Nursing ☐ Others:

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INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

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Part - I

Patient's / Learner Language: Telugu / Hindi 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		
2/2/26	5 PM	1, 2, 3	D, R, Care plan, pain, Mant, Temp & Count	PT	1	0	1	1	etc	
2/1/26	6 PM	7	Infection Control measures	PT	1	0	1	1	N91	
3/2/26	8:40 AM	9	Lactation diet	PT	1	0	1	1	-	Sainz

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							



OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 2/2/26 Time of Arrival: 2pm Time Seen by Nurse: 3:10pm

1) **Level of Consciousness:** ☒ Conscious ☐ Semi-Conscious ☐ Unconscious

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

☐ Severe Pain / Moderate Pain

☐ Preterm rupture of Membranes / Leaking Water PV

☐ Bleeding PV: Slight / Heavy

☐ Preterm Labor/ Labor

☒ Decreased Fetal Movement

☐ Spontaneous Rupture of Membrane / Leaking Water PV

☐ No Fetal Movement

☐ Other Reason:

3) **Vital Signs:** Temperature: 98.1°F Pulse: 90b/min RR: 18b/min SpO₂: 99% BP: 121/76 Weight:

4) **Gestational Criteria:**

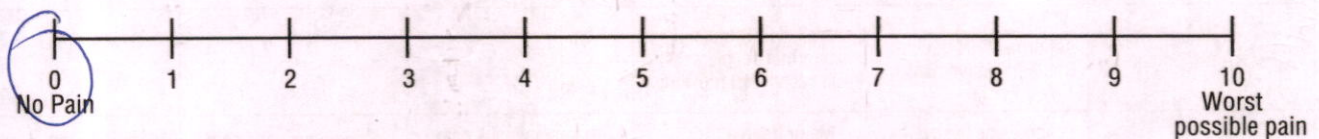
Gravida:	G <u>1</u>	P	L	A
----------	------------	---	---	---

LMP: 8/10/26 EDD: 15/7/26 Gestational Age: 38+4 wks

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

5) **Pain Screening:**

Numerical Pain Scale (NPS)



- Location: Left
- Duration: 9 Days / Weeks/ Months (Strike out which is not applicable)
- Character: Still
- Frequency: Still
- Interventions: Still

6) **Past History:**

- a) Surgeries: Still
- b) Medical: Hypothyroid



es ☒ No, If Yes :

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

9) **Prenatal Medical History:**

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

Triage Category: (Please tick on the category)

Refer to OBSTETRICAL TRIAGE ACUITY SCALE (OTAS)

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

OBCU Obstetrical Triage Acuity Scale (OTAS)

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

Time seen by Doctor: 5pm

Nurse Name : Anila Nurse Signature: [Signature]

Date: 21/6/26 Time: 6pm

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OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 2/7/16

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: 502 Doctor Notified on Admission: ☐ Yes ☒ No
Name of the Doctor: Dr. Suresh
Time Notified: 8 PM

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

Past Medical History	Past Surgical History	Previous Hospital Admission
hypertension	nil	nil
Gynecology Assessment: ☒ Not Applicable Menstrual History: Onset of Menarche: Menstrual Cycle: ☐ Regular ☐ Irregular Last Menstrual Period:	Gynecology Surgical History: Caesarean Section: ☒ No ☐ Yes Cervical Cerclage: ☒ No ☐ Yes Ectopic Pregnancy: ☒ No ☐ Yes Myomectomy: ☒ No ☐ Yes Others:	Gynecological History: Contraceptives: ☒ No ☐ Yes Vaginal Discharge: ☒ No ☐ Yes Post-Coital Bleeding: ☒ No ☐ Yes Infertility: ☒ No ☐ Yes If Yes Type: ☒ Primary ☐ Secondary

Obstetric History: G P 2 L A

Previous LSCS:

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: 36.2 HR: 89 RR: 20
BP: 102/71 Weight: 66 kg Height: 160 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 Score 25 (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

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

Name of Person Orientation was given to: patient

Orientation not given Reason:

Nurse Signature: [Signature]

Nurse Name: Pudh

Date & Time: 2/2/26 09pm

HIMABINDU VEERLA

(F)

30 Y 4 M 17 D

15-02-1996
Dr. HIMABINDU VEERLA

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[illegible][illegible]

25/6/2

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 ≥ 2 Orange Alerts:
Immediate Review by Obstetrician and
Repeat Observations
in 15 minutes or continuous
monitoring

* The Modified Early Warning Score (MEOWS)



2/7/26



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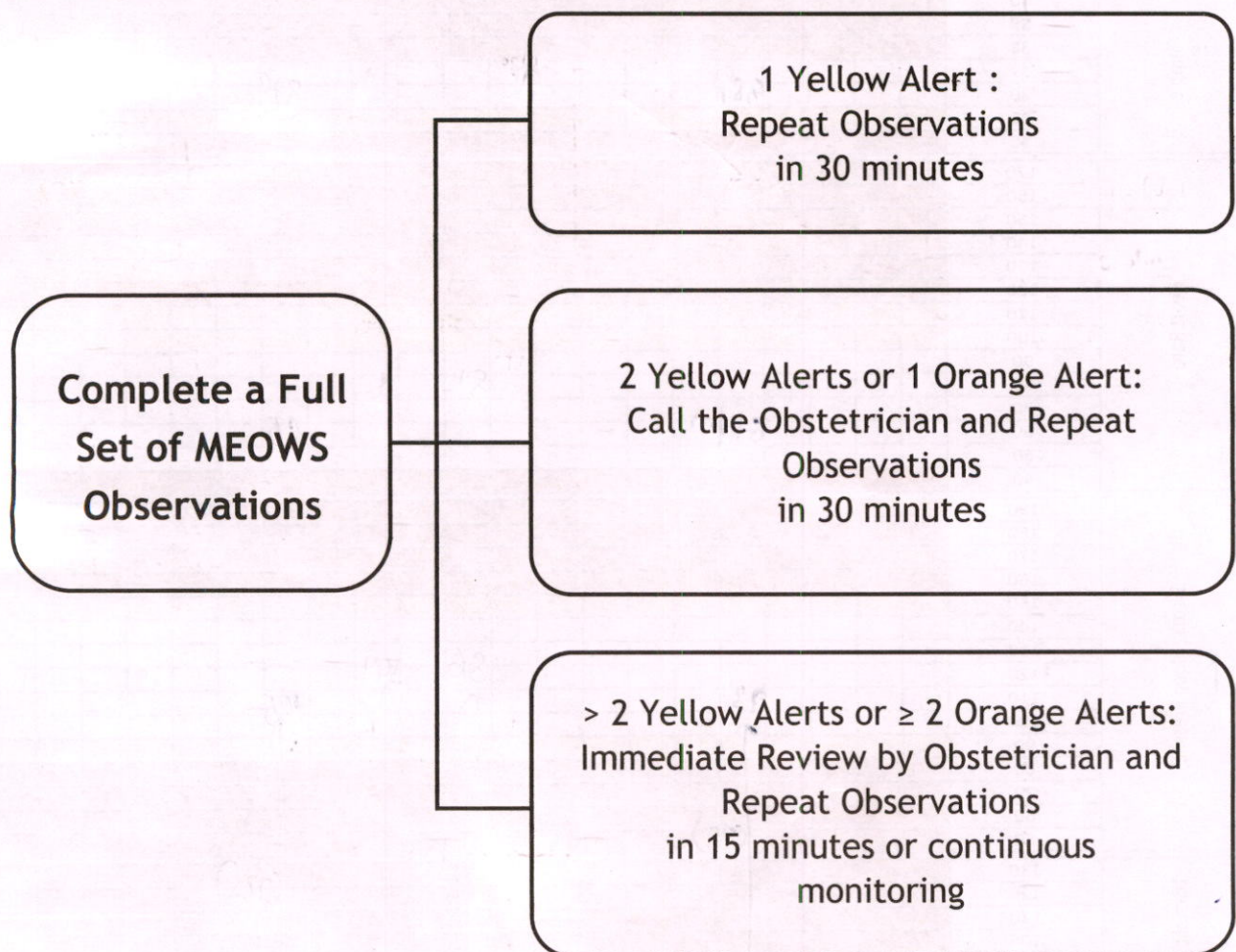


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CONTACT DOCTOR FOR EARLY INTERVENTION IF PATIENT TRIGGERS ONE ORANGE OR TWO YELLOW SCORES AT ANY ONE TIME

[illegible]

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

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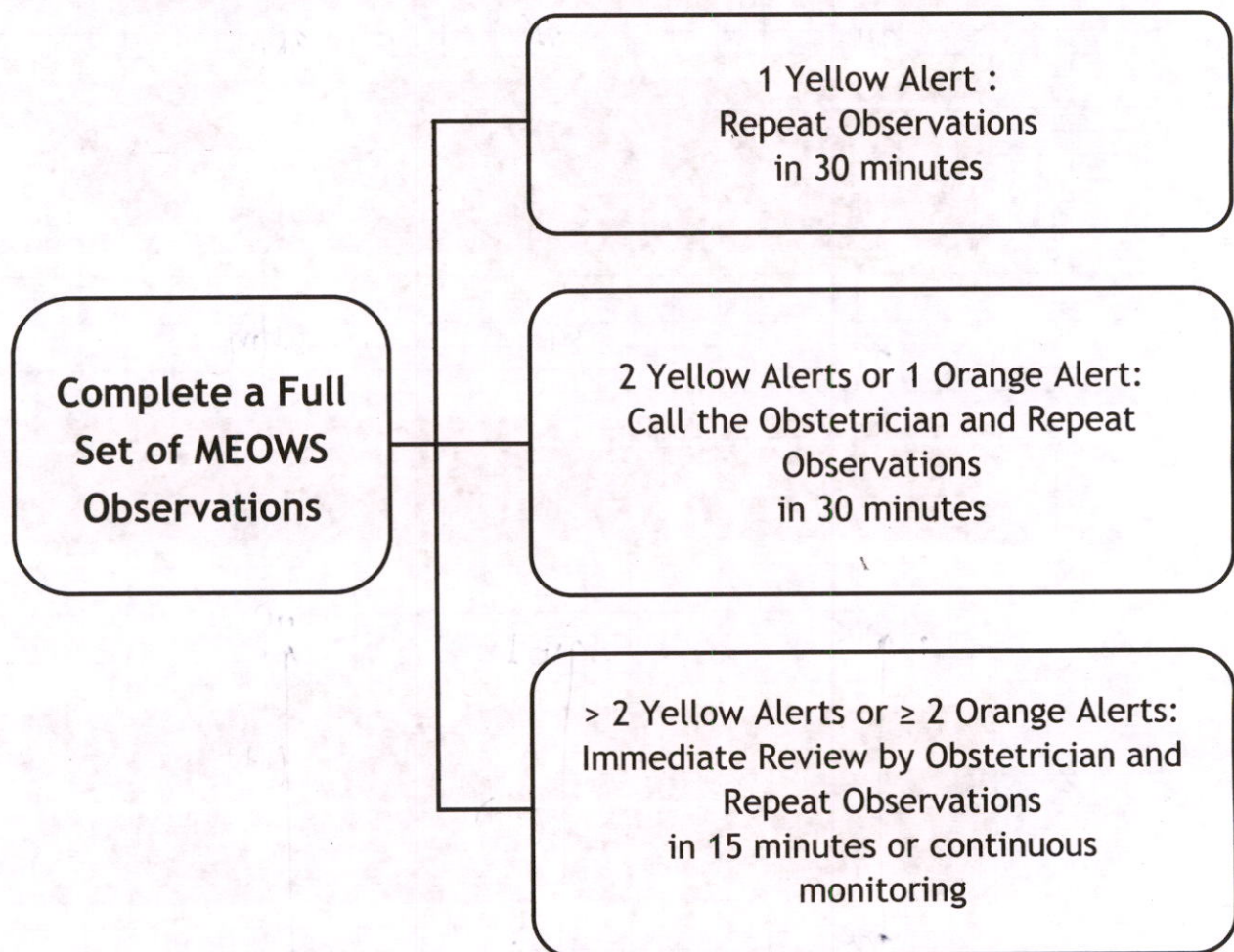
4/1/26

Early Warning Observation Score Chart - Obstetrics

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

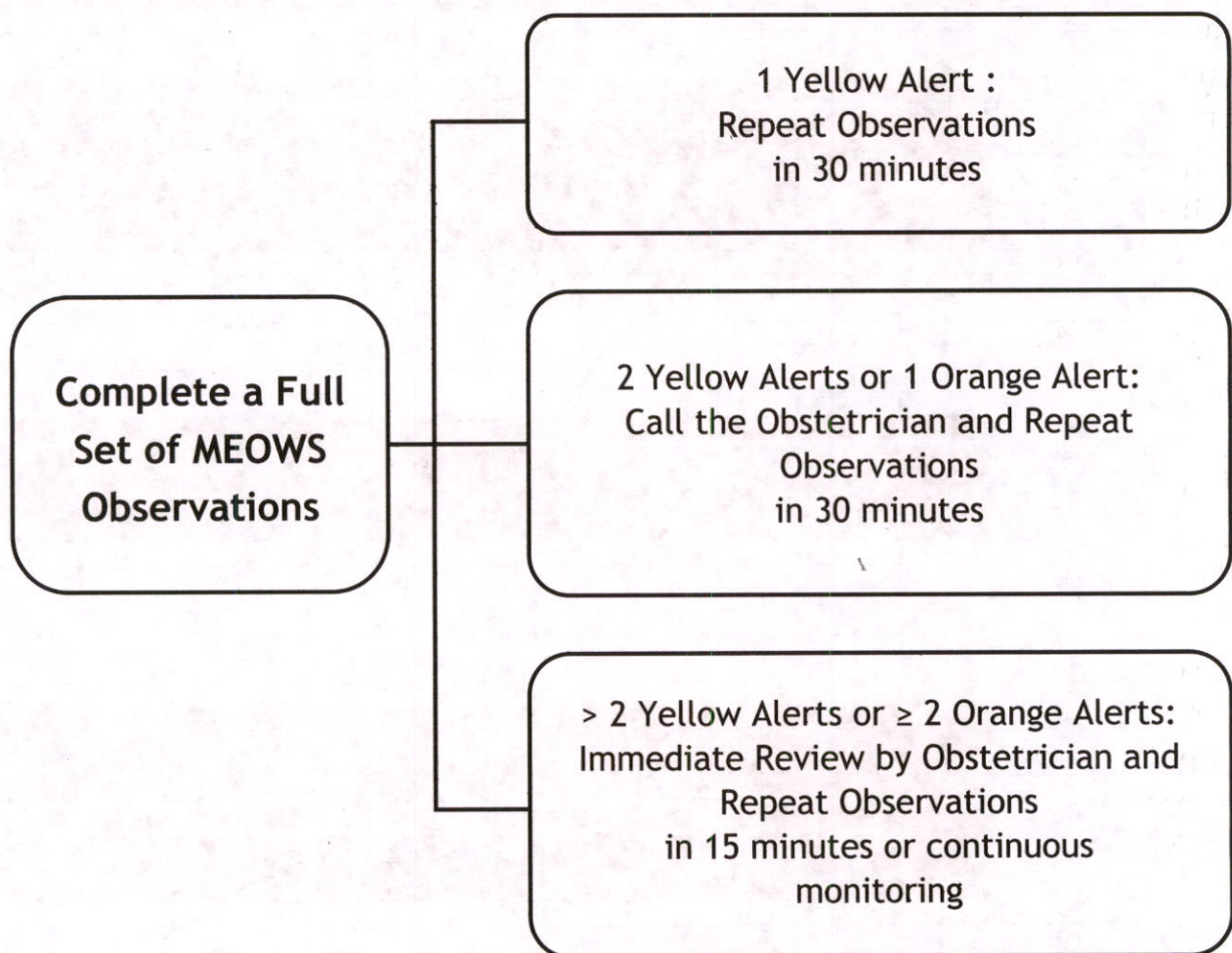
		Date																												
		Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7				
RESP (write rate in corresp. box)	> 30																													
	21 - 30																													
	11 - 20				20						20							144							184					
	0 - 10																													
Saturations	94 - 100 %				99						99							97							96					
	< 94 %																													
Administered O ₂ (L/min.)																														
Temp °C	40																													
	39																													
	38																													
	37																													
	36				98.1						98.4							98.2							98.0					
	35																													
	< 35																													
Heart Rate	170																													
	160																													
	150																													
	140																													
	130																													
	120																													
	110																													
	100																													
	90																													
	80																													
	70				86						89							86							82					
	60																													
	40																													
↑ Systolic Blood Pressure	190																													
	180																													
	170																													
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	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					0						0						0							0						
TOTAL ORANGE SCORES					0						0						0							0						
Nurse Initial					SV						SV						SV						SV							

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

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FLUID CHART

Sheet No. : 11

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis 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	RL NBM	150ml									
	06:00 pm	RL NBM	150ml									
	07:00 pm	RL NBM	150ml							200ml		

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	IVP - 2250ml	Total 24 hrs. Output	m-o - 1650ml
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BAH-00653487 IP5-00175885
Mrs SATYA YAMINI PEMMARAJU
15-02-1996 30 Y 4 M 18 D (F)
Dr. HIMABINDU VEERLA



FLUID CHART

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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		
3/2/16	08:00 am			150ml							0	} Makani
	09:00 am		H ₂ O	150ml							0	
	10:00 am	RL	H ₂ O	150ml							0	
	11:00 am		H ₂ O	150ml			NP		800ml	0		
	12:00 pm		H ₂ O	150ml						0		
	01:00 pm		H ₂ O	150ml						0		
Total Intake :						Total Output : M=0 U=800ml						
3/2/16	02:00 pm			150ml							0	} Switch
	03:30 pm		H ₂ O	150ml					1000ml	0		
	04:00 pm			gof						0		
	05:00 pm		H ₂ O				NP		500ml	0		
	06:00 pm									0		
	07:00 pm									0		
Total Intake :						Total Output : M=0 U=1500ml						
3/2/16	08:00 pm										0	} seems
	09:00 pm		H ₂ O							0		
	10:00 pm									0		
	11:00 pm		H ₂ O				NP			0		
	12:00 am									0		
	01:00 am		H ₂ O							0		
Total Intake :						Total Output : M=0 U=2						
3/2/16	02:00 am										0	} seems
	03:00 am									0		
	04:00 am		H ₂ O							0		
	05:00 am						NP			0		
	06:00 am									0		
	07:00 am		H ₂ O							0		
Total Intake :						Total Output : M=0 U=2						
Total 24 hrs. Intake						Total 24 hrs. Output			M=0 U=5			

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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					IV Site	Sign. Nurse	
Date	Time	Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine	Thrombo- phlebitis Score		
4/7/20			Mouth	I.V	N.G						0	Anuram
	08:00 am	food								0		
	09:00 am								✓	0		
	10:00 am	H ₂ O				NP			✓	0		
	11:00 am								✓	0		
	12:00 pm	H ₂ O							✓	0		
Total Intake :					Total Output :					M - U -		
	02:00 pm	food								0	shishu	
	03:00 pm	coconut				✓			✓	0		
	04:00 pm	H ₂ O							✓	0		
	05:00 pm								✓	0		
	06:00 pm	H ₂ O							✓	0		
	07:00 pm									0		
Total Intake :					Total Output :					m - 1 U - 3		
4/7	08:00 pm									0	Kalyani	
	09:00 pm	H ₂ O							✓	0		
	10:00 pm									0		
	11:00 pm	H ₂ O				NP				0		
	12:00 am									0		
	01:00 am	H ₂ O								0		
Total Intake :					Total Output :							
5/7	02:00 am									0	Kalyani	
	03:00 am	H ₂ O							✓	0		
	04:00 am									0		
	05:00 am	H ₂ O				NP				0		
	06:00 am								✓	0		
	07:00 am	H ₂ O							✓	0		
Total Intake :					Total Output :							
Total 24 hrs. Intake		Total 24 hrs. Output										
		M = 1, U = 6										

BAH-00653487 IP5-00175885
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 15-02-1996 30 Y 4 M 18 D (F)
 Dr. HIMABINDU VEERLA

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.

		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													



339

NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 3/7/26

Time: 8:10 am

Origin: Indian

Height: 155 cm

Weight: 68 kg

BMI: 28.3 kg/m²

Food Allergies: No

Diagnosis: P00-1 | LSCS (Lower Segment Cesarean 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: Lakshman

Signature: Saima

Name: LAKSHMAN TEJA L

Name: SAIMA

Date & Time: 3/7/26

Date & Time: 3/7/26
8:10 am

DIETARY NOTES[illegible]