

BAH-00641787 IP5-00176169
Mrs SHAZIA FATIMA
20-10-1997 28 Y 8 M 20 D (F)
Dr. DR.M PRATHYUSHA REDDY



SURGERY DETAILS

Date : 10/7/26
Patient Name: Mrs. Shazia Fatima Date of Birth: 20/10/1997 Age: 28 yrs
Gender: Female Ward : UHID No: BAH-00641787
Date of Surgery: ☐ OT-1 ☐ OT-2 ☐ OT-3 ☐ OT-4 ☒ OBG OT-1 ☐ OBG OT-2
Name of the Surgery : EMERGENCY LOWER SEGMENT CAESAREAN SECTION
↓ SPINAL

Time in : 4:00 pm

Time Out : 5:00 pm

	NAME	AMOUNT
1. Surgeon	Dr. Prathyusha Reddy	
2. Anaesthetist	Dr. Ramya	
3. Assistant Surgeon	Dr. Deepika	
4. OT Technician	Kishor	
5. Circulating Nurse	Sr. Rebecca	
6. Assistant Nurse	Sr. Srilatha	

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

Sudhi
Signature of the Surgeon

Signature of Circulating Nurse

Order No: 9697366

Order by: Sr. Rajani

5317

Mrs. Shayia Fatima
GMDSCS

CONSUMABLES OF OT

Circulating staff : Technician : *Kulsum* Date : *10/7/16* Time :

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube			Major Pack <i>1x1 Drip</i>		<i>1</i>	Inj Vit.K		<i>2</i>
LMA			Sutures <i>2346</i>	<i>1</i>	<i>1</i>	Cord Clamp		<i>1</i>
ECG leads : <i>A</i> P / N	<i>03</i>		<i>2364</i>	<i>1</i>		Suction Catheter <i>8NO</i>		<i>0</i>
HME filter : A / P / N			<i>2762</i>	<i>1</i>		Feeding Tube		
Syringes : 10 cc	<i>4</i>					Vacuum Suction Set		<i>1</i>
05 cc	<i>04</i>		Gloves <i>6 1/2 1617</i>	<i>3</i>	<i>3</i>	Surgical Gloves <i>6</i>		<i>3</i>
02 cc	<i>04</i>		<i>PF 6 1/2</i>	<i>1</i>		Gauze Pack		<i>1</i>
01 cc						Syringe 1ml / 2ml		<i>2</i>
Cautery plate : <i>A</i> P / N	<i>01</i>		Surgical blade <i>22</i>	<i>1</i>		Surgical Blade # 20		<i>1</i>
IV set			NG tube			Koochies (S) <i>1.5</i>		<i>1</i>
RL	<i>03</i>		Cautery pencil	<i>1</i>				
NS : 10ml / 100ml / 500ml / 1000ml			Koochies <i>XL</i>	<i>1</i>				
<i>6x 21- Ephedrine</i>	<i>01</i>		Ointments					
Fentanyl	<i>01</i>		Suction Catheter					
Morphine	<i>01</i>		Cap, Mask					
Ketamine			Gauze Pack	<i>1</i>	<i>1</i>			
Propofol			Mop Pack	<i>2</i>				
Rocuronium	<i>02</i>		Steristrip <i>2one</i>	<i>1</i>				
Glycopyrolate			Underpad	<i>1</i>				
Myopyrolate	<i>0</i>		Draw sheet <i>Quick Cut</i>	<i>1</i>				
Ondansetron	<i>01</i>		Abgel	<i>1</i>				
Pencan 25g / Spinal Needle 22	<i>01</i>		Foleys catheter					
Bupivacaine 0.25%			Urobag					
Bupivacaine 0.25%(Heavy)			Chest Drainage Catheter					
Antibiotics : <i>Tranera</i>	<i>01</i>		Romodrain bag			<i>Ormark</i>	<i>01</i>	
			Bandage			<i>Tremadol inj</i>	<i>01</i>	
Suppositories			Tegaderm			<i>185 Cannula</i>	<i>01</i>	
namol : 80mg / 250mg / 170 mg			Ioban					
Jupridol : 100mg	<i>01</i>		Double J Stent					
Justin : 12.5 mg / 25mg / 100mg	<i>01</i>		Vacuum Suction set	<i>1</i>				
Tab. Misoprost : 200mg	<i>01</i>		Plastic Bed Sheet					
<i>Oxytocin</i>	<i>03</i>		Betadine Solution	<i>2</i>				
<i>glove 6</i>	<i>00</i>		Microshield					
<i>gauze</i>	<i>00</i>		Cotton Balls	<i>2</i>				
<i>methergin</i>	<i>01</i>		Latex Gloves	<i>2</i>				
			Ramdione Scrub					
			Saral <i>DA</i>	<i>3</i>				

9697328

Surgeon

Anaesthesiologist

Nurse

OT Technician

Order No. : *9697369*Ordered by : *S.R.P.*

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

ADMISSION SHEET

Registration Details :

Admission No : IP5-00176169 Admit Date : 09-Jul-2026 Admit Time : 07:35 PM UHID : BAH-00641787

Patient Details :

Patient Name	: Mrs SHAZIA FATIMA	Age	: 28 Y 8 M 19 D
Guardian	: Mr SYED FAROOQ ALI	DOB	: 20-10-1997
Gender	: Female	Religion	:
Occupation	:	Martial Status	: Married
Address (H)	: FLAT NO 501, SAARAH HEIGHTS, NEAR AL SABA HOTEL, 7 TOOMBS ROAD Tolichowki Hyderabad Telangana INDIA 500008	Phone No	: 7842459782/ 9032380444
		E-mail	: fshazia578@gmail.com

Admission Details :

Bed Type : SHARED WARD Bed No : SW 416 Ward Name : 4F-BIRTHING CENTRE
 Room No : SW 416 Admission Type : First Visit

Contact Details :

Name : Mr SYED FAROOQ ALI Relationship : Husband
 Contact Address : FLAT NO 501, SAARAH HEIGHTS, NEAR AL SABA HOTEL, 7 TOOMBS ROAD Tolichowki Hyderabad Telangana INDIA 500008 Phone No : 7842459782


 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 : SELFPAY

ACTIVITY RECORD FOR BILLING

Name : **BAH-00641787 IP5-00176169**
Mrs SHAZIA FATIMA
20-10-1997 28 Y 8 M 20 D (F)
Dr. DR.M PRATHYUSHA REDDY
 UHID No.  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
10/7/26	9:26 pm	ORs	Room (341)	Tunna

Cross Consultation Visit

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

[illegible]

Signature

NST (1)

NST - (2)

NST (3)

NST - (9)

NST - S

NGT - 6

NST - (4)

CBP

126068767

26534 1/1

265034185

265034384

26069260

8

Tony

Tom

1 Turn

John

End

Tunnel

slingsh

[illegible]

PROCEDURE				
Date	Procedure	Quantity	Order No.	Signature
9/7	TV Placement	1	9695468	Tunng
10/7	Catheterization	1	9696894	(
10/7	PAC	1	9696895	Tunng-

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

For 30c

Obstetric Formula:

Premigravida.

Obstetric History:

1. Sp conception booked at 5 weeks.
started on aspirin & clexane
at 33 weeks, polyhydramnios with

Present Pregnancy Record:

Dilated small Bowel loops, max diameter
10-12 mm. paediatric surgeon
consultation was sought.

RISK FACTORS:

1/clo antithrombin 3 deficiency

Height: cm

Weight: kg

Allergies: Nil.

Breast: ☐ Normal ☐ Abnormal

General Examination:

Consciousness: Common Pallor: abn

Icterus: absent

Temp: 37.5

BP: 111/60mm

CVS: 140/90

Liver/Spleen: Not palpable

Edema: abn

PR: 73/min

DTR: (+)

RS: 18/min

Urine Output: adequate

LMP:

21/10/25

EDD:

Corrected EDD:

28/7/26

GA:

37+2

Menstrual History: Regular: ☐ Yes ☐ No

Obstetric Examination

Fundal Height:

Term

Ut. Activity:

☒ Relaxed ☐ Mild ☐ Mod ☐ Severe

Liquor:

☒ Adequate ☐ Oligo ☒ Poly

PP:

☒ Cephalic ☐ Breech Others _____

Head Fifths Palpable: _____

FHS:

☒ Normal ☐ Tachy ☐ Brady ☐ Absent

Per Speculum Examination

Draining:

☐ Present ☐ Absent ☐ Bleeding

Colour of Liquor:

☐ Clear ☐ Meconium ☐ Blood Stained

Vaginal Examination

Cervix:

☒ Long ☐ Partially effaced ☐ Effaced

Os: Closed

1 finger

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

Premigravida 37+2 polyhydramnios. antithrombin 3 deficiency.
For 30c



Family History: Father - DM, HTN. Mother - antithrombin 3 deficiency.	Surgical History: lap appendectomy in childhood
Medical History: No panic attack + claustrophobia.	Medication History: T. Escopin 150mg op T. Iron T. Sheld T. clexane 40mg op
Plan of Care: Admission NHI on admission prep of part send BP check blood availability Serials & FHR 4th h NHI 3rd h. Foley's induction. T. PG E 25mg	Investigations: Bone. 29/1/26: 35th / Breech / Pl-A/H / AFI - 29.6 EFW - 3.03kg - 75% AC - 53% Topple - 10 Small bowel loops appear dilated measuring 10x12mm. perianal sphincter complex seen.

Doctor Name: Dr. Ashu
 Signature: [Signature]
 Date & Time: 9/7/26, 7pm

DR. M PRATHYUSHA REDDY
 Registration No: 59755
 Consultant Name: Dr. Prathyusha
 Signature: [Signature]
 Date & Time: 9/7/26



CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: Dr Prathyusha Reddy	Date of Delivery: 10/1/26
Assistant Surgeon: Dr Deepika Reddy	Time of Delivery: 4.17pm
Anaesthetist's Name: Dr. Sri Divya	Gender of Baby: female
Type of Anaesthesia: Spinal	Weight of Baby: 2.952 kg
Neonatologist: Dr Parvathi	AGPAR Score: 8.9
Scrub Nurse: Sri Latha	NICU Admission: ☒ Yes ☒ No RD

Pre-Operative Diagnosis: Paimi / 37+2wks / polyhydramnios / anti-thrombin 3 deficiency

Urgency: ☐ Elective ☐ Emergency Indication: reduced beat to beat variability & non progression of labour (NPOC = equivocal NST)

☒ 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: used beat to beat variability

If there was a delay give the reasons:

Surgical Procedure: Emergency Lower segment caesarean Section

Post Operative Diagnosis: MOD-0

Peri-Operative Complications: Nil

Amount of Blood Loss: 800ml Blood Transfused (in ML): —

Name and Number of Surgical Specimen sent for examination: —

Examination Findings when Appropriate:Presentation: ☒ Cephalic ☐ Breech ☐ OtherCervical Dilatation: 3 cm dilated cm

5th Palpable:

Fetal Position:

Station: ☒ -3 ☒ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2Moulding: ☒ None ☐ + ☐ ++ ☐ +++Caput: ☒ + ☐ ++ ☐ +++Meconium: ☒ None ☐ + ☐ ++ ☐ +++Bladder Catheterized: ☒ Yes ☐ NoUrine: ☒ Clear ☐ Blood StainedSkin Incision: ☒ Pfannenstiel ☐ Transverse ☐ Midline ☐ OtherUterine Incision: ☒ Lower Segment ☐ Classical ☐ Inverted T ☐ J IncisionPrevious Scar: ☐ Intact ☐ Thinned out ☐ Ruptured ☒ No ScarIncision Through Placenta: ☐ Yes ☒ NoDelivery of head: ☒ Manual ☐ ForcepsLiquor: ☒ Clear ☐ Meconium: ☐ I ☐ II ☐ III ☐ Blood ☐ Offensive ☐ Not OffensiveDelivery of Placenta: ☒ Manual ☐ CCT ☐ Complete ☐ Incomplete ☐ PiecemealCord Appearance: Normal Cord around the neck ☐ Yes ☒ NoAppearance of placenta: Normal Cavity explored ☒ Yes ☐ NoUterus, tubes and ovaries: ☒ Normal ☐ Not Normal Sterilization: ☐ Yes ☒ NoUterine Closure: ☐ One Layer ☒ Two Layers No 1 to vicryl SuturePeritoneal Closure: ☒ Pelvic ☐ Abdominal ☐ None No 2 to rapid vicryl SutureSheath Closure: No 1 vicryl SutureFat Closure: ☒ Yes ☐ No No 2 to rapid vicryl SutureSkin Closure: ☒ Subcuticular ☐ Mattress No 2 to rapid vicryl SutureVaginal Evacuated ☒ Yes ☐ NoDrain: ☐ Yes ☒ No ☐ Remove in days ☐ Await instructionsCatheter ☒ Yes ☐ No ☐ Remove in days ☐ Await instructionsSwap & Instruments count correct? ☒ Yes ☐ No ☐ Post-op Antibiotics ☒ Yes ☐ NoIntra-Operative Antibiotics Cover: ☒ Yes ☐ No ☐ Thromboprophylaxis ☒ Yes ☐ NoPost-Operative Notes: - NBM- clear liquids today- soft diet tomorrow- Drugs as charted- Vitals 15 min for 1 hr P/B 1 hrly for 2 hrs- Inform SOS- will hypotension tachycardia, bleed by p/w- CBR tomorrow morningDoctor Name: Dr. PradyumnDoctor Signature: Sethi For Dr. PradyumnDate & Time: 10 Feb 2017 7:00 AM

BAH-00641787 IP5-00176169
 Mrs SHAZIA FATIMA
 20-10-1997 28 Y 8 M 20 D (F)
 Dr. DR.M PRATHYUSHA REDDY



POST-SURGICAL CARE PLAN FORM

Procedure Done: P.O.D. : Emergency Lower Segment caesarean section

Post-Surgical Diagnosis: P.O.D. : Nil ✓

Post-Operative Monitoring Parameters /Frequency:

BP / PR / SpO₂ / T₁₀ / W/P Bleeding every 15min for
 1hr R/b 1hrly for 2hrs.

Wound Care:

Dressing x 48hrs.

Drain /Special Lines/Catheters:

Catheter x 24hrs
 Cannula x 48hrs.

Special Patient Positioning and Requirements:

+

Nutritional Instructions:

NBM x 4hrs
 clear liquids today -> R/b soft diet tomorrow

When to Start Mobilization:

after catheter removed.

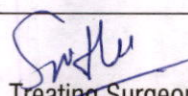
Special Referrals:

—

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


 Treating Surgeon
 (Signature & Stamp)

Date: 10/7/20 Time: 6 PM

Note: Plan of care will be readjusted if necessary.

BAH-00641787 IP5-00176169
Mrs SHAZIA FATIMA
20-10-1997 28 Y 8 M 20 D (F)
Dr. DR.M PRATHYUSHA REDDY



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/7/26 4pm	In aseptic precaution, perineum cleaned and soaked	
	Intrauterine Foley bulb kept & Inflated with Sterilized H ₂ O. 4pm.	
		adv - ① 10mg Paracetamol 1000mg - NSI 30ml - vitals & FHR 4th - w/p PR
		<u>Dr. Ashy 1.</u>
9/7/26 6am.	Grafan. apokule vitals & FHR	adv - NSI 30ml - vitals & FHR 4th - w/p PR - plan ABM at 4pm. (controlled).
10/7/26	Pl - ut mldg active FHR ①	
	15-18 AT - 1.60. LBC - 772	<u>Dr. Ashy 1</u>

BAH-00641787 IP5-00176169

Mrs SHAZIA FATIMA

20-10-1997

28 Y 8 M 20 D

(F)

Dr. DR.M PRATHYUSHA REDDY



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/7/20 4.20 AM	Glucfa. apaboule. PR - 80/mm BP - 110/70 mmHg SpO₂ - 98% @ RA P/A - ut acting FHR 140 P/L - Cx 1/2 inch by 2cm. membr. 1 APM done clearly. 4th dot - PGH 2mg	adv - NG 324 - vitals EPR 24 - w/ppl. - 4.30 AM Dr. Arthy
10/7/20 7.30 AM	Glucfa. apaboule PR - 71 mm BP - 101/70 mmHg SpO₂ - 98% @ RA P/A - ut acting FHR 140 P/L - Cx 1/2 inch by 2cm membr. 1 clearly	adv : To nail oxytocin at 6ml/h. - NG 324 - w/ppl. Dr. Arthy

BAH-00641787
Mrs SHAZIA FATIMA
20-10-1997 28 Y 8 M 20 D
Dr. DR.M PRATHYUSHA REDDY (F)

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/7/26 10:39 AM	primi / 37+2 wks / polyhydramnios / Anti-thrombin 3 deficiency ARM down / 4 dose ptef, ✓ O/I Ceftriaxone Bp- 110/70 mmHg PR- 69 bpm SpO ₂ - 98% at p/A - ut cutting.	Adv ① titrate oxytocin ② ↓ 12 ml every 30 mins. ③ w/f pol ④ monitor vitals 3rd hour ⑤ NST 3rd hour ⑥ Inform sos
	NST- ongoing	PR- Diagnostics
10/7/2026 11:15 AM	C/O/w Dr. Prathyusha. C/O pains Vitals- BP- 118/79 (76) PR- 81 SpO ₂ - 99% p/A- uterus Active NST- Reactive V/S- Cx soft 1 1/2 inch 2-3cm, Chauk (4), Vx high up.	Advice: ✓ Continue Synto titration ✓ Monitor vitals / FHR ✓ Fetal movement (COS) Ball exercises ✓ Inform sos
		by Ch. Rupika



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/7/26 12pm	pt stable vitals (2) P/A - uterus active, cephalic FHR good V/E - 4 y, 11" long as 2-3 cm V, at - 2 66ml/h Adv - FHR monitoring - woff progress of labor - Titrate Synto	clear liquor 1/2 Dr. Harish
10/7/2026 2:00pm	C/D/w Dr. Prathyusha O/F ac fair vital stable phv - ex - 60-70 eff and 3-4 cm dilated. Vertex - 1+ clear liquor	Adv ① stop synto for 30 min ② hydrate w/ 10% ③ restart synto 10mg/h at 2:30pm ④ Repeat NST @ 2:30pm ⑤ monitor vital 4th hr ⑥ Inform sus ⑦ FHR monitoring Dr. Dilip

DR. M PRATHYUSHA REDD.



BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date & Time	Progress Notes	Doctor's Order
10/7/26. 2:40pm	pt stable NST done - Equivocal result NST showing reduced BTB variability P/A - ut relax acting cephalic FHR good V/C - G 4 1/2" long as 3 cm V ₂ - 2 clear lungs	
	Counselled family that there is no progress of labor with NST being equivocal. On V/C no progress of labor with equivocal NST Counselled about need for emergency CS	

Patient Sticker

PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/7/26 6:00pm	POD-0 / Em. lsu / P/L 1 Episode of vomiting O/E Cetane Baby - Nil BP - 125/80(93)mm PR - 79 bpm SpO2 - 99% RA PA - ut @ well UE - BWNL VO - good. → clear liqueur today after BS heard → soft diet tomorrow → Send CBP on 11/7/26 @ 6am.	Adv 1. ut @ 100ml/hr 2. NBTI till further order 3. Monitor vitals every 30 mins 4. Etocharting 5. Drugs as charted 6. ut active bleeding 7. Inform JCS 8. DR. Diney
10/7/2026 9:00pm	POD-0 / Em. lsu / P/L pt comfortable O/E Cetane Bp - 113/73(80)mm PR - 82 bpm SpO2 - 99% RA PA - ut @ well LIE - BWNL. Baby - Nil VO - good clear Shift to Room CBP - @ 11/7/26 @ 6am	Adv 1. ut @ 100ml/hr till 12:00pm 2. Allow sips of water 3. Liqueur diet from 11:00pm 4. soft diet tomorrow 5. Etocharting 6. Flaps Removal @ 12:00pm on 11/7/26 7. ut active bleeding per vaginam 8. Inform JCS. DR. Diney AB Tonn

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/7/2026 7:51 AM	POD-1 / Fm. lscu / Pili O/E Gt. fawn Bp- 110 / 70 mmHg PR- 84 bpm SpO2- 98% RA P/A- ut @ well fkey removal @ 12:30 pm soft BST L/E- BwNL	Adv ① soft diet ② ambulation ③ oral hydration ④ monitor vitals q4h hly ⑤ I/O charting ⑥ w/ active bleeding ⑦ Informer Noted Shirish
	Dr. Divy	
11/7/2026 6:15 PM	POD-1 pt stable vitals @ P/A- ut RW P/V- BwNL Baby pp in NICU	Adv - Regular diet - Plenty of fluids - Ambulation - T. Sutures 24h No at 6 pm
flatus By Removal cannula		DR. M PRATHYUSHA REDDY Registration No: 59755 Shulay NB further review

BAH-00641787 IP5-00176169
Mrs SHAZIA FATIMA
20-10-1997 28 Y 8 M 20 D (F)
Dr. DR. M PRATHYUSHA REDDY



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/2/16 7pm	POD-1/Emlars 1 P/L Acetaminophen 3 doses	
B-NICU U/ fr S(1)	C/C: fair Vitals: stable P/A: U/A @ w Sick BSA P/R: NAD	1) (R) diet 2) pleckys of oral fluid 3) Drug as charted 4) w/f flw Bleeding 5) Analgesia 6) Temperature
		- Dr. Sankar 18-10-2016
12/2/16 10:10am	POD-2/Emlars 1 P/L Acetaminophen 3 doses	
B-NICU U/ fr S(1)	C/C: fair Vitals: stable P/A: U/A @ w Sick 1 BSA P/R: NAD	1) (R) diet 2) pleckys of oral fluid 3) Analgesia 4) Drug as charted 5) w/f flw Bleeding 6) Temperature
D/E/10e S(1)	Plan disage.	- Dr. Sankar



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



BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

[illegible]

BAH-00641787 IP5-00176169
 Mrs SHAZIA FATIMA
 20-10-1997 28 Y 8 M 20 D (F)
 Dr. DR.M PRATHYUSHA REDDY




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


BirthRight™
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

RESULT SHEET

Date	9/11/26	11/7/26				
Time	~8pm.	9am				
Hb	10.8	11.1				
PCV	33.2	33.2				
RBC	4.01	4.07				
WBC	7.72	10.95				
N/L						
Platelets	1.60	142				
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						
Blood group → B+ve.						
HIV & HBsAg - NR						

Culture and Sensitivities :

.....

.....

.....

Radiology : USG :

 X-Ray :

 ECHO :

 CT :

 MRI :

 Others (ECG, Contrast Studies etc.) :



MEDICATION RECONCILIATION FORM

Drug Allergies:

☒ 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	T. Iron	1 tab	PO	OD		☐ C ☒ DC
2	T. thelax	1 tab	PO	B		☐ C ☒ DC
3						☐ C ☐ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Ashy

Date & Time : 9/1/20 6.45pm

Nurse Name & Signature: Punni

Date & Time : 9/1/20 @ 8pm



BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Name:

Weight: kgs

Sheet No:

Docu. No. : RCHBH / FRM / CLINICAL / 136



Weight Ward

[illegible]

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



REGULAR PRESCRIPTIONS

Weight. 68.5 Ward. 08C

DRUG: <u>Ty CEFOTAXIME</u>				Date Time	9/7	10/7	11/7													
Dose	Route	Frequency	Start Date																	
1gm	iv	BD	9/7/20																	
Name & Signature of the Doctor Starting the Drugs: <u>[Signature]</u>																				
Additional Instructions: <u>2 tubes</u>																				
Daily Doctor's Endorsement by a Sign																				
DRUG: <u>T. PARALUMOL</u>				Date Time	11/7	12/7														
Dose	Route	Frequency	Start Date																	
1g	P/O	QID	10/7																	
Name & Signature of the Doctor Starting the Drugs: <u>[Signature]</u>																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				
DRUG: <u>T. DICLOFENAL</u>				Date Time	11/7															
Dose	Route	Frequency	Start Date																	
80mg	P/O	TID	10/7																	
Name & Signature of the Doctor Starting the Drugs: <u>[Signature]</u>																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				
DRUG: <u>T. TRAMADOL</u>				Date Time	11/7															
Dose	Route	Frequency	Start Date																	
100mg	P/O	TID	10/7																	
Name & Signature of the Doctor Starting the Drugs: <u>[Signature]</u>																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				

Date > Time		Nurse Sig.	Nurse Sig.	Nurse Sig.	Nurse Sig.
10/7/2016 11:25 PM					
DRUG : INJ CLAXANE		Dose 400mg	Dose	Dose	Dose
Route SIC		Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.
Start Date 10/7/2016		Dose	Dose	Dose	Dose
Name & Signature of the Doctor		Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.
Additional Instructions: X10day		Dose	Dose	Dose	Dose
		Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
9/7	7:30 PM	T. PGE ₂	25mg	P	[Signature]	Swara Reddy
9/7	10:30 PM	T. PGE ₂	25mg	P	[Signature]	Tunng Kanchi
10/7	1 AM	TPGE ₂	25mg	P	[Signature]	Tunng Kanchi
10/7	1:20 PM	ENEMA	1	PIB	[Signature]	Tunng Kanchi
10/7	4:20 AM	T. PGE ₂	25mg	P/O	[Signature]	Tunng Kanchi
10/7	4:30 AM	INT. CEFOTAXIME	1 gm	IV	[Signature]	Swara Not given
10/7	1 PM	INT. ZOFFER	4 mg	IV	[Signature]	Swara
10/7/2016	2:50 PM	Inj. Pantop	40mg	IV	[Signature]	Shardai Swara
10/7	3:15 PM	INT PERINORM	10mg	IV	[Signature]	Shardai Swara
11/7	10 PM	Inj. Diclofenac 75mg in 100ml as IV		P/O	[Signature]	Shardai Swara



I.V. FLUIDS CHART

Weight. 68.5 Ward. 08

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
9/7	11:50 pm	RINGER LACTATE	IV	150	[Signature]	Tunny Kanth	10/7	[Signature]	Tunny Kanth
10/7	3 AM	RINGER LACTATE	IV	100ml/hr	[Signature]	Tunny Kanth	10/7	[Signature]	Tunny Kanth
10/7	6 AM	RINGER LACTATE	IV	100ml/hr	[Signature]	Tunny Kanth	10/7	[Signature]	Tunny Kanth
10/7	8:50 AM	RINGER LACTATE	IV	100	[Signature]	[Signature]	10/7	[Signature]	[Signature]
10/7	8:50 AM	RINGER LACTATE + 100 OXYTOCIN	IV	6ml/hr	[Signature]	[Signature]	10/7	[Signature]	[Signature]
10/7	5 PM	RINGER lactate + 30 OXYTOCIN	IV	100ml/hr	[Signature]	[Signature]	10/7	[Signature]	[Signature]
10/7	6 PM	RINGER LACTATE	IV	100ml/hr	[Signature]	[Signature]	10/7	[Signature]	[Signature]
10/7	9 PM	RINGER LACTATE	IV	100ml/hr	[Signature]	[Signature]	10/7	[Signature]	Tunny Kanth
10/7	11:5 PM	RINGER LACTATE	IV	100ml/hr	[Signature]	[Signature]	11/7	[Signature]	[Signature]
11/7	6 PM	RINGER LACTATE	IV	100ml/hr	[Signature]	[Signature]	11/7	[Signature]	[Signature]

Signature
VERIFIED BY : Name

BAH-00641787 IP5-00176169
 Mrs SHAZIA FATIMA
 20-10-1997 28 Y 8 M 20 D (F)
 Dr. DR.M PRATHYUSHA REDDY


INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD


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

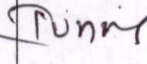
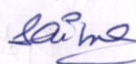

BirthRight™
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

Patient's / Learner Language: 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		
9/7/25	4pm	4.	Informed consent	PI	1	0	1	1	NA	
9/7	5pm	7	Explain about infection control	PT	1	0	1	1	NA	
11/7/26	9am	9	lactation bite	pt	1	0	1	1	—	

Part - III: CODES

Who was taught: PT: Patient F: Father M: Mother S: Spouse Sn: Son D: Daughter C Caregiver O: Other (Specify)																					
Learning Barriers: <table border="0"> <tr> <td>1. No Learning Barriers</td> <td>4. Language Barrier</td> <td>7. Impaired Thought Process/Cognitive limitations</td> <td>10. Financial Difficulties</td> <td>13. Cultural/Religion Practice</td> </tr> <tr> <td>2. Physical Impairment</td> <td>5. Educational Level</td> <td>8. Responsibilities at Home</td> <td>11. Beliefs and Values</td> <td>14. Others (Specify)</td> </tr> <tr> <td>3. Emotional Barriers</td> <td>6. Desire / Motivate to Learn</td> <td>9. Cultural Differences</td> <td>12. Impaired Vision/ or Hearing</td> <td></td> </tr> </table>							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	
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: <table border="0"> <tr> <td>1. None</td> <td>3. Reassurance & Support</td> <td>5. Respect values & beliefs</td> <td>7. Other, Specify</td> </tr> <tr> <td>2. Obtain translator</td> <td>4. Teach Family / Others</td> <td>6. Respect Cultural / Religion Preference</td> <td></td> </tr> </table>							1. None	3. Reassurance & Support	5. Respect values & beliefs	7. Other, Specify	2. Obtain translator	4. Teach Family / Others	6. Respect Cultural / Religion Preference								
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: <table border="0"> <tr> <td>1. Verbalizes Understanding</td> <td>2. Demonstrates Understanding</td> <td>3. Needs Review</td> </tr> </table>							1. Verbalizes Understanding	2. Demonstrates Understanding	3. Needs Review												
1. Verbalizes Understanding	2. Demonstrates Understanding	3. Needs Review																			

BAH-00641787

IP5-00176169

Mrs SHAZIA FATIMA

20-10-1997 28 Y 6 M 20 D (F)

Dr. DR.M PRATHYUSHA REDDY



MULTI-DISCIPLINARY PLAN OF CARE FORM

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Diagnosis: _____

Date Time	Discipline	Type	Patient Needs / Problem List	Goal	Plan / Intervention	Signature	Team Verification
9/17/20	☒ Medical ☐ Nursing ☐ Others:	☒ Initial ☐ Modified ☐ Per-Op ☐ Post Op	food Jol	safe delivery	NVD		☐ Nursing ☐ Others:
9/17/20 @10 pm	☐ Medical ☒ Nursing ☐ Others:	☒ Initial ☐ Modified ☐ Per-Op ☐ Post Op	Safety	prevent infection	Antibiotic given	Tunna	☐ Medical ☐ Others:
11/7/26 9 am	☐ Medical ☐ Nursing ☒ Others:	☐ Initial ☐ Modified ☐ Per-Op ☒ Post Op	pon-1/US	soft diet	soft high protein diet	same	☐ 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:

BAH-00641787

IP5-00176169

Mrs SHAZIA FATIMA

20-10-1997

28 Y 8 M 20 D

(F)

Dr. DR.M PRATHYUSHA REDDY

Rainbow[®]
Children's
Hospital

It takes a lot to treat the little



BirthRight™

BY RAINBOW HOSPITALS

Your Right to a Safe Delivery

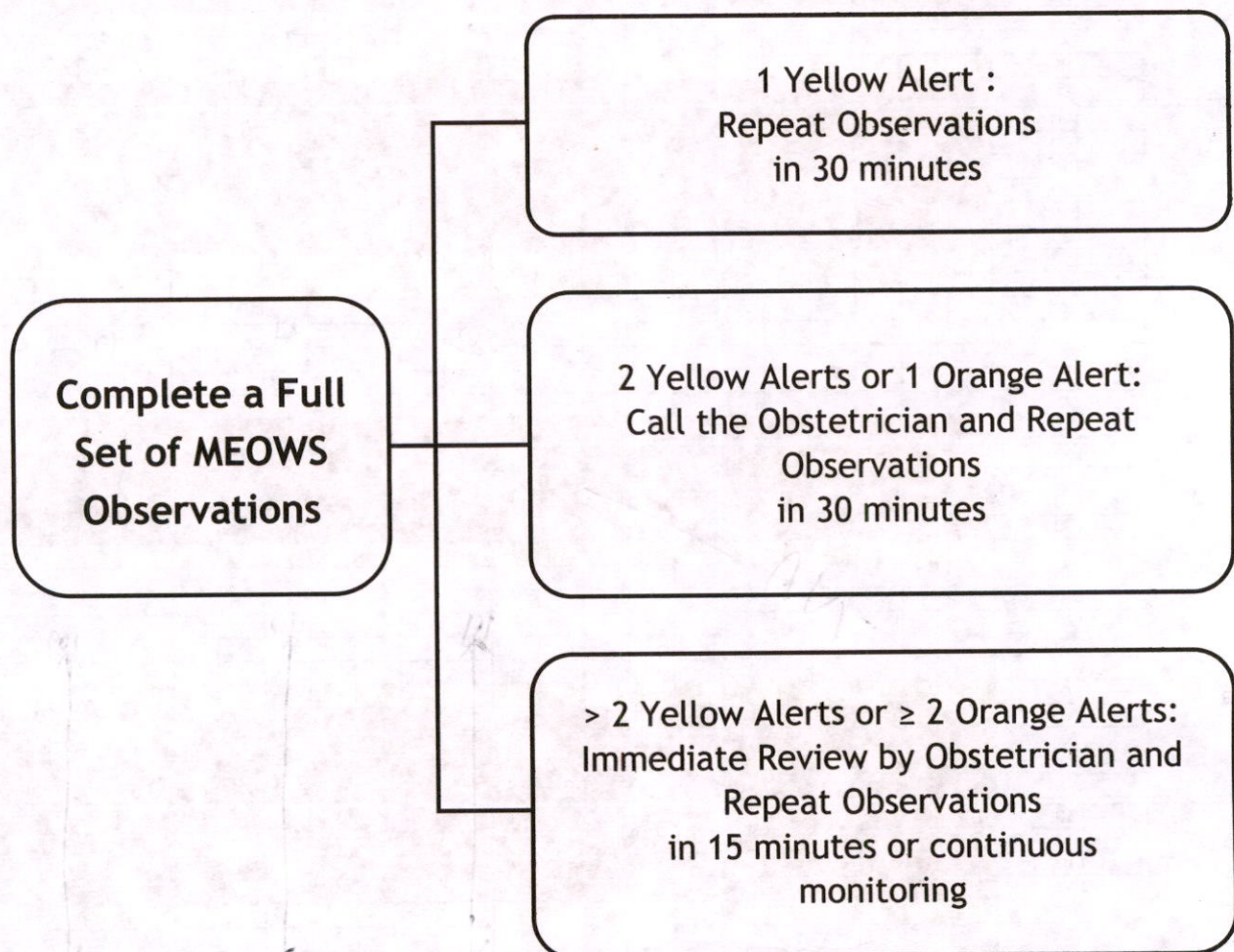
Early Warning Observation Score Chart - Obstetrics

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																														
	< 35																														
Heart Rate	170																														
	160																														
	150																														
	140																														
	130																														
	120																														
	110																														
	100																														
	90																														
	80																														
	70																														
	60																														
Systolic Blood Pressure ↑	190																														
	180																														
	170																														
	160																														
	150																														
	140																														
	130																														
	120																														
	110																														
	100																														
	90																														
	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



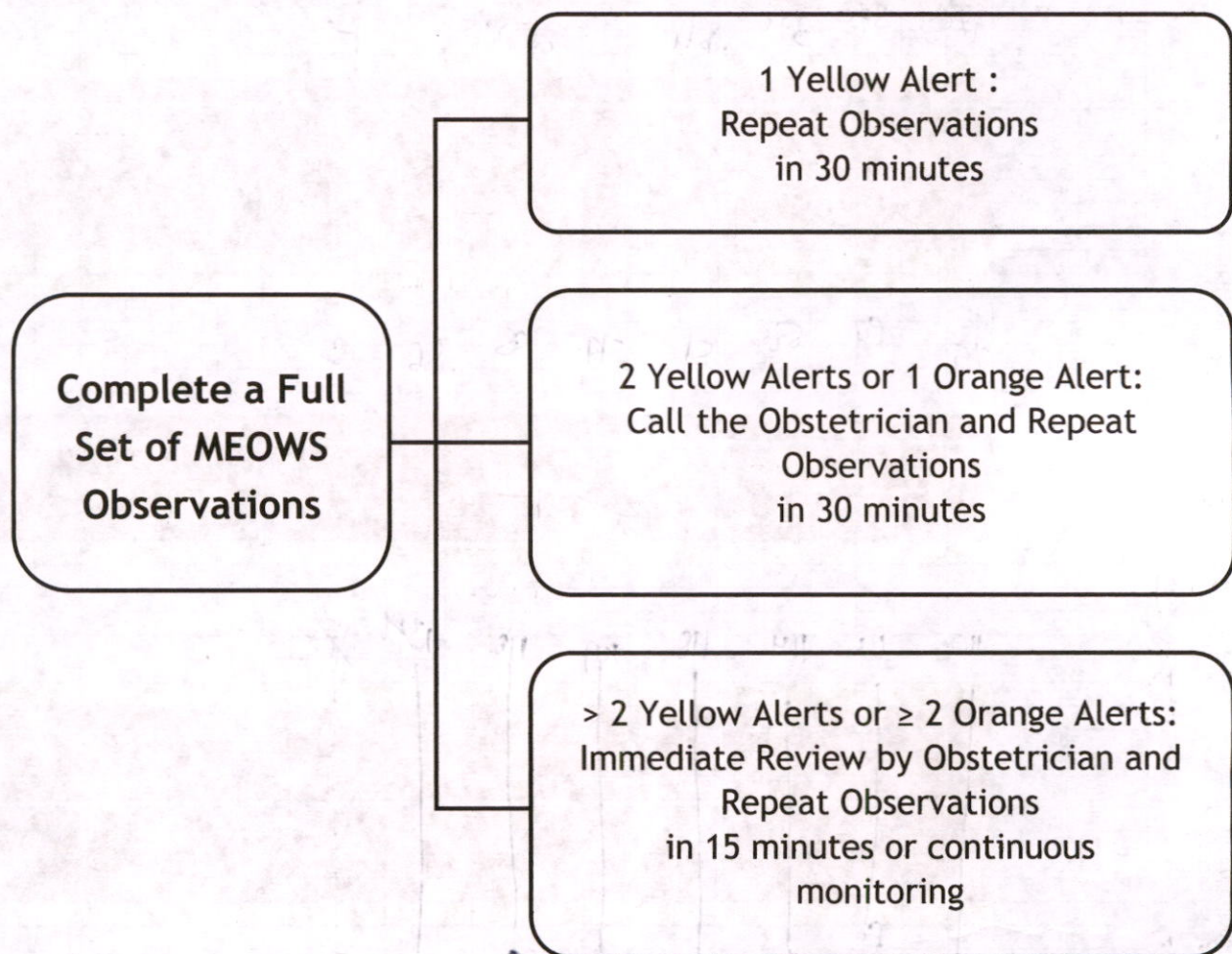
* The Modified Early Warning Score (MEOWS)



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)

BAH-00641787

IPS-00176169

Mrs SHAZIA FATIMA

20-10-1997

28 Y 8 M 20 D

(F)

Dr. DR.M PRATHYUSHA REDDY

Rainbow[®]
Children's
Hospital

It takes a lot to treat the little



BirthRight™

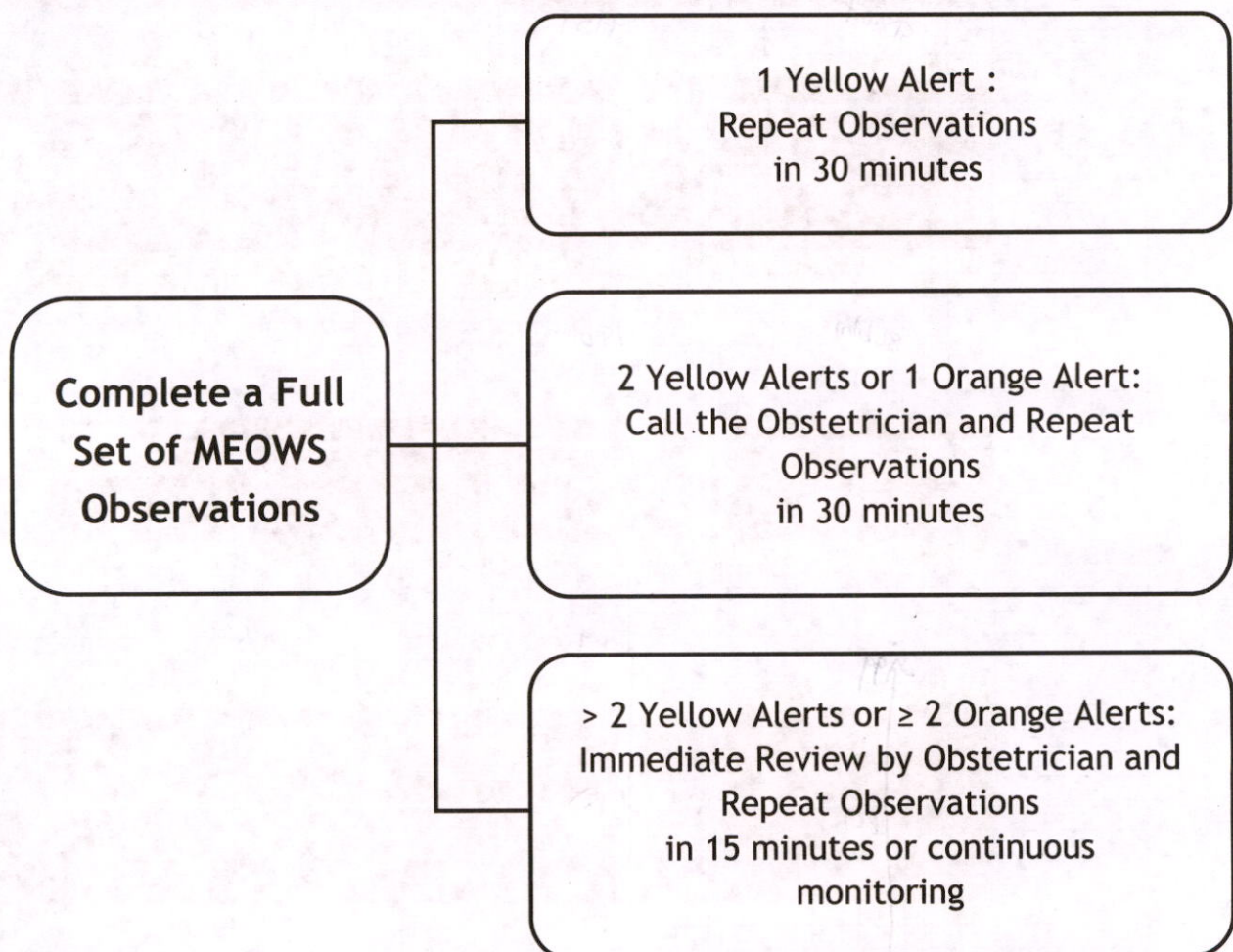
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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 11/7/20		Time																								
		8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	
RESP (write rate in corresp. box)	> 30																									
	21 - 30																									
	11 - 20																									
	0 - 10																									
Saturations	94 - 100 %																									
	< 94 %																									
Administered O ₂ (L/min.)																										
Temp °C	40																									
	39																									
	38																									
	37																									
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
40																										
↑ Systolic Blood Pressure	190																									
	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)

Mrs SHAZIA FATIMA
20-10-1997 28 Y 8 M 20 D (F)
Dr. DR.M PRATHYUSHA REDDY



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



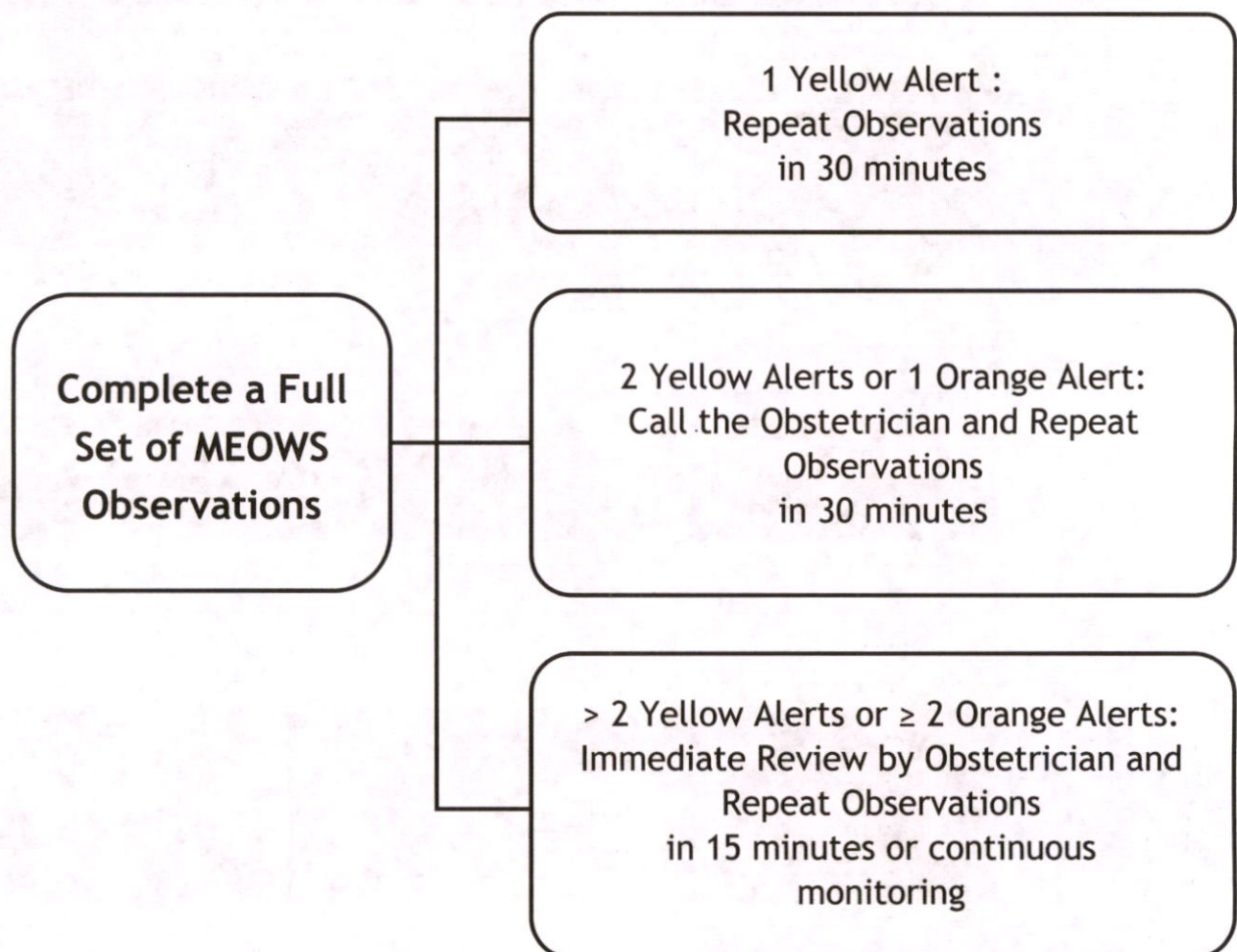
BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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																									
< 35																										
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
40																										
Systolic Blood Pressure ↑	190																									
	180																									
	170																									
	160																									

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

BAH-00641787 IP5-00176169

Mrs SHAZIA FATIMA

20-10-1997 28 Y 8 M 20 D (F)

Dr. DR. M PRATHYUSHA REDDY



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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 1

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

Date	Time	Nature of Fluid	Intake			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 :			N/A			Total Output :							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
Total Intake :						Total Output :							
9/7	08:00 pm									0	Pump		
	09:00 pm	H ₂ O					1 MP		✓	0	Pump		
	10:00 pm	H ₂ O								0	Pump		
	11:00 pm	H ₂ O							✓	0	Pump		
	12:00 am									0	Pump		
	01:00 am	H ₂ O							✓	0	Pump		
Total Intake :			Taken			Total Output :						U - 3, M - 0	
	02:00 am						✓		✓	0	Pump		
	03:00 am	H ₂ O								0	Pump		
	04:00 am	H ₂ O							✓	0	Pump		
	05:00 am									0	Pump		
	06:00 am	H ₂ O								0	Pump		
	07:00 am								✓	0	Pump		
Total Intake :			Taken			Total Output :						U - 3, M - 1	
Total 24 hrs. Intake		taken good											
Total 24 hrs. Output		U - 6, M - 01											



FLUID CHART

Sheet No. : 7

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		Intake				Output					IV Site Thrombophlebitis Score	Sign. Nurse	
	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G								
10/7/2016	08:00 am			Plasma 5ml/hr						✓	0	By	
	09:00 am			Plasma 1hr							0	By	
	10:00 am			30ml/hr						✓	0	By	
	11:00 am			Plasma							0	By	
	12:00 pm			Plasma							0	By	
	01:00 pm			Plasma							0	By	
Total Intake : Taken						Total Output : passed							
10/7	02:00 pm										0	By	
	03:00 pm	AL	AL	100ml							0	By	
	04:00 pm	AL	B	100ml						500ml	0	By	
	05:00 pm	AL	B	100ml							0	By	
	06:00 pm	AL	M	100ml							0	By	
	07:00 pm	AL		100ml						300ml	0	By	
Total Intake : 500ml						Total Output : 800ml							
	08:00 pm	PL	NBM	100ml/hr							0	By	
	09:00 pm	PL	NBM	100ml/hr						400ml	0	By	
	10:00 pm		H2O	100ml							0	By	
	11:00 pm	PL		100ml							0	By	
	12:00 am		sup	100ml							0	By	
	01:00 am			100ml						200ml	0	By	
Total Intake :						Total Output : 600ml							
	02:00 am			100ml							0	By	
	03:00 am		H2O	100ml							0	By	
	04:00 am	PL		100ml						200ml	0	By	
	05:00 am		H2O	100ml							0	By	
	06:00 am			100ml						100ml	0	By	
	07:00 am			100ml							0	By	
Total Intake :						Total Output : 600ml							
Total 24 hrs. Intake		2470 ml											
Total 24 hrs. Output		1200ml											

BAH-00641787 IP5-00176169
 Mrs SHAZIA FATIMA
 20-10-1997 28 Y 8 M 20 D (F)
 Dr. DR.M PRATHYUSHA REDDY



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.

		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						
11/7	08:00 am									0	} <i>Relax</i>
	09:00 am	food								0	
	10:00 am	H ₂ O								0	
	11:00 am					NP				0	
	12:00 pm								500ml	0	
	01:00 pm									0	
	Total Intake :					Total Output : m-0 u-passed					
11/7	02:00 pm									0	} <i>Kerathi</i>
	03:00 pm	H ₂ O							✓	0	
	04:00 pm									0	
	05:00 pm	H ₂ O							✓	0	
	06:00 pm									0	
	07:00 pm									0	
	Total Intake :					Total Output : U=2 m=0					
	08:00 pm									0	} <i>Slurish</i>
	09:00 pm	food							✓	0	
	10:00 pm									0	
	11:00 pm	H ₂ O								0	
	12:00 am								✓	0	
	01:00 am	H ₂ O								0	
	Total Intake :					Total Output : m-0 u-2					
	02:00 am									0	} <i>Slurish</i>
	03:00 am	H ₂ O								0	
	04:00 am								✓	0	
	05:00 am	H ₂ O								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-6									

BAH-00641787 IP5-00176169
 Mrs SHAZIA FATIMA
 20-10-1997 28 Y 8 M 20 D (F)
 Dr. DR.M PRATHYUSHA REDDY



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.

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

Total 24 hrs. Intake	
-----------------------------	--

Total 24 hrs. Output	
-----------------------------	--

BAH-00641787 IP5-00176169
Mrs SHAZIA FATIMA
20-10-1997 28 Y 8 M 20 D (F)
Dr. DR.M PRATHYUSHA REDDY



NURSING CARE RECORD

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 9/7/24

Assessment: Patient complaints of fear & 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
8pm	⇒ Assess the patient condition	10pm	⇒ Assessed the pt condition	patient is comfortable.
10pm	⇒ FHR monitoring	12Am	⇒ NST done	
12Am	⇒ Iv placement	2Am	⇒ Iv placement done	
2Am	⇒ Administration medication	4Am	⇒ medication given.	
4Am	⇒ Ensure safety	6Am	⇒ Side rails provided.	
6Am	⇒ U/O monitoring	8Am	⇒ U/O monitoring done.	

Re-Assessment:

FHR is good, U/O is good.

Special Notes:

w/ft any bleeding.

Nurse Signature: TM

Nurse Name: Punna

Date & Time: 10/7/24 @ 8Am

BAH-00641787
Mrs SHAZIA FATIMA
20-10-1997 28 Y 8 M 20 D (F)
Dr. DR.M PRATHYUSHA REDDY

Patient Name

NURSING CARE RECORD

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Shift: ☐ Morning ☒ Afternoon ☐ Night

Date: 10/7/26

Assessment: Acute pain - related

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
8am	* Assess the patient condition.	8:10 am	* Assesed the patient condition.	patient's comfortable.
9am	* NST Every 3rdly	9:10 am	* NST doing Every 3rdly.	
10am	* aft progress after	10:10 am	* R-3cm.	
12pm	* Infused on flow	12:10 pm	* R/w is connected on flow.	
4pm	* plan for LSCS	4:10pm	* shifted to OT.	
7pm	* To charting / NBM	7:10pm	* patient NPO / maintained	

Re-Assessment: Reassessing daily

Special Notes: RSP doing Every 3rdly, Foley

Nurse Signature: Eula

Nurse Name: Eula

Date & Time: 10/7/26 8pm

NURSING CARE RECORD

Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 10/7/26

Assessment: Patient complaints of fear & discomfort

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	8:05pm	=> Assessed the pt condition vitals stable, cannula healthy	PT is comfortable.
10pm	=> IV fluids	10:05am	=> Finger lactate ongoing	
12Am	=> Administration medication	12:05am	=> medication given as per drug chart	
2Am	=> prevent infection	2:05am	=> Hand hygiene maintained	
4Am	=> Ensure Safety	4:05am	=> Side rails provided.	
6Am	=> U/O monitoring	6:05am	=> U/O monitoring done.	
7Am	=> To Administer medication	7:05am	=> Administer medication	

Re-Assessment: Vitals stable, U/O good & position changing for discomfort.

Special Notes: w/ excessive bleeding CBP sent trace Report.

Nurse Signature: *FM*

Nurse Name: Tunaf

Date & Time: 11/7/26 @ 8am



NURSING CARE RECORD

Shift: ☒ Morning ☐ Afternoon ☐ Night

Date: 11/7/26

Assessment: patient having pain & discomfort

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
8am	=> Assess the patient General condition	8:10 AM	=> Assessed the patient General condition	patient is comfortable
10am	=> Assess the patient vitals	10:20 AM	=> Assessed the patient vitals	
12pm	=> To Assess the patient comfortable position	12:10 PM	=> To maintain Ilo chart	
1pm	=> To Encourage oral intake	1:10 PM	=> To Encourage oral intake	
2pm	=> To provide Enema	2:10 PM	=> To provided comfortable position	
			=> Ensure safety	

Re-Assessment: patient is comfortable

Special Notes: Foley removed 12:20 pm

Nurse Signature:  Nurse Name: Aliya

Date & Time: 11/7/26 @ 2pm



NURSING CARE RECORD

Shift: ☐ Morning ☒ Afternoon ☐ Night

Date: 11/7/26

Assessment: patient having mild pain & discomfort at surgical site

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
☒ Patient & Family Education

Time	Plan of Care	Time	Implementation	Evaluation
2pm	→ Assess the patient general condition	2:30pm	→ Assessed the patient general condition on the Bed	→ patient was stable now
4pm	→ To monitor vitals	4:30pm	→ monitored vitals	
5pm	→ To maintain Ilo chart	5:30pm	→ maintained Ilo chart	
6pm	→ To provide comfortable position	6:30pm	→ provided comfortable position to the patient	
7pm	→ To administer the medications	7:30pm	→ Administer the medications	

Re-Assessment:

Re-assessment has done after 1 hour the patient was stable now

Special Notes: patient voided

NA -

Nurse Signature:

Nurse Name: Revathi

Date & Time: 11/7/26 @ 8pm

BAH-00641787

IP5-00176169

Mrs SHAZIA FATIMA

20-10-1997 28 Y 8 M 20 D (F)

Dr. DR.M PRATHYUSHA REDDY



NURSING CARE RECORD

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 11/7/26

Assessment:

patient having mild pain & discomfort surgical site

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 comfort & general condition	8:30 PM	Assessed the patient general condition on bed.	→ patient is stable
10pm	To monitor vitals	10:30 PM	monitored patient vitals	
12am	To monitor I/O chart	12:30 AM	monitored patient I/O chart	
2am	To provide comfortable position	2:30 AM	provided patient comfortable position	
4am	To Administered medication	4:30 AM	Administered medication	
6am	To maintain personal hygiene	6:30 AM	maintained patient personal hygiene	

Re-Assessment:

Re-assessment has done provide comfortable position

Special Notes:

NA

Nurse Signature:

Shrisha

Nurse Name:

Shrisha

Date & Time:

12/7/26 @ 8:00am



NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Dr. Shazia Department: Obs Date of Admission: 9/7/26

SITUATION		Diagnosis: <u>Prim / 37⁺ 2wks For JOL</u>		Any Infection: ☐ Yes ☐ No ☒ Not Known		If Yes Specify:		
BACKGROUND	Area	<u>Obs 8pm-8am</u>	<u>Obs 8am-12pm</u>	<u>Obs 12pm-2pm</u>	<u>Obs 2pm-5pm</u>	<u>Obs 5pm-8pm</u>	<u>Obs 8pm-11pm</u>	
	Shift Time							
ASSESSMENT	Medical Condition (Any special condition to be noted):	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	
	Allergy:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
ASSESSMENT	Tubes/Drains/Catheter:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	Vital Signs:	Temp:	<u>98°F</u>	<u>98.1°F</u>	<u>98°F</u>	<u>98.1°F</u>	<u>98.0°F</u>	<u>98.0°F</u>
		Res:	<u>20</u>	<u>18</u>	<u>20</u>	<u>20</u>	<u>20b/m</u>	<u>18b/m</u>
		SpO ₂ :	<u>98%</u>	<u>99%</u>	<u>98%</u>	<u>98%</u>	<u>98%</u>	<u>98%</u>
		Pulse:	<u>78</u>	<u>89</u>	<u>80b/m</u>	<u>80b/m</u>	<u>82b/m</u>	<u>75b/m</u>
		BP:	<u>110/70</u>	<u>110/68</u>	<u>108/72</u>	<u>110/72</u>	<u>98/78</u>	<u>99/70</u>
	Fall Risk Score:	<u>35</u>	<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>	<u>0</u>	
Recommendations	Safety Needs:	<u>yes</u>	<u>yes</u>	<u>yes</u>	<u>yes</u>	<u>yes</u>	<u>side rails</u>	
	Physiotherapy	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	Others Specify:	<u>NO</u>	<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	☐ Yes ☒ No	
	Other Special Orders / Medications:	<u>NA</u>	<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>	<u>NA</u>	
Handed Over By Name :		<u>Tunne</u>	<u>Shazia</u>	<u>Tunne</u>	<u>Shazia</u>	<u>Shazia</u>	<u>Shazia</u>	
Signature :		<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	
Date:		<u>10/7/26</u>	<u>10/7/26</u>	<u>10/7/26</u>	<u>11/7/26</u>	<u>11/7/26</u>	<u>11/7/26</u>	
Time:		<u>8am</u>	<u>8pm</u>	<u>8pm</u>	<u>8am</u>	<u>8pm</u>	<u>8pm</u>	
Taken Over By Name :		<u>Shazia</u>	<u>Tunne</u>	<u>Shazia</u>	<u>Shazia</u>	<u>Shazia</u>	<u>Shazia</u>	
Signature :		<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	
Date:		<u>10/7/26</u>	<u>10/7/26</u>	<u>10/7/26</u>	<u>11/7/26</u>	<u>11/7/26</u>	<u>11/7/26</u>	
Time:		<u>8pm</u>	<u>8pm</u>	<u>9pm</u>	<u>8am</u>	<u>8pm</u>	<u>8pm</u>	

NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Dr. P. R. Department: 3rd Floor Date of Admission: 12/12

SITUATION	Diagnosis: <u>Primi 37 weeks for TOR</u>		Any Infection: ☐ Yes ☐ No ☒ Not Known If Yes Specify:					
	Area	Shift Time						
BACKGROUND	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: <u>97.1</u>					
	Res:		<u>19.6/m</u>					
	SpO ₂ :		<u>98</u>					
	Pulse:		<u>92b/m</u>					
	BP:		<u>100/70</u>					
	Fall Risk Score:		<u>35</u>					
Recommendations	Safety Needs:		<u>yes</u>					
	Physiotherapy		☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Others Specify:		<u>NA</u>					
	Special Diet:		☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Other Special Orders / Medications:		<u>NA</u>					
Post Operative Procedure Special Orders:		<u>NA</u>						
Handed Over By Name :		<u>Shivika</u>						
Signature :		<u>[Signature]</u>						
Date:		<u>12/12</u>						
Time:		<u>8am</u>						
Taken Over By Name :		<u>[Signature]</u>						
Signature :		<u>[Signature]</u>						
Date:		<u>12/12</u>						
Time:		<u>8am</u>						



PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
9/7	8pm	0/10	No pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Under observation	Tunne
9/7	11 pm	1/10	Abdomen pain	☐ Continuous ☒ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☒ Dull ☐ Aching ☐ Burning	☒ Increasing ☐ Decreasing	☒ Yes ☐ No	Under observation	Tunne
10/7	3 pm	2/10	Abdomen pain	☐ Continuous ☐ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☒ Dull ☐ Aching ☐ Burning	☒ Increasing ☐ Decreasing	☒ Yes ☐ No	Under observation	Tunne
10/7	4pm	2/10	Abdomen pain	☐ Continuous ☒ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☒ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☒ Yes ☐ No	under observation	Tunne
10/7	9am	1/10	pain Abdomen	☐ Continuous ☒ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☒ Dull ☐ Aching ☐ Burning	☒ Increasing ☐ Decreasing	☒ Yes ☐ No	Breathery Exercises	Shade.
10/7	11am	1/10	pain Abdomen	☐ Continuous ☒ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☒ Dull ☐ Aching ☐ Burning	☐ Increasing ☒ Decreasing	☒ Yes ☐ No	Breathery Exercises	Shade.
10/7	1pm	1/10	pain Abdomen	☐ Continuous ☒ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☒ Burning	☐ Increasing ☒ Decreasing	☒ Yes ☐ No	Breathery Exercises	Shade.
10/7	2pm	0/10	no pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	no	Shade.
10/7	5pm	0/10	no pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	no	Shade.
10/7	8pm	0/10	no pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	no	Shade.

Re-assessment Frequency:

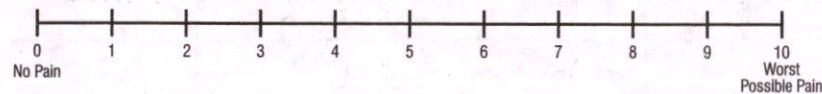
- Every eight hours for all hospitalized patients.
- For post-surgical patients, patients with chronic pain, patient with severe pain:
 - At least every 2 hours for the first 24 hours
 - Then every 4 hours.
 - Prior to pain relieving intervention.
 - Within 30 – 60 minutes after pain relief intervention.

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, rigid, 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

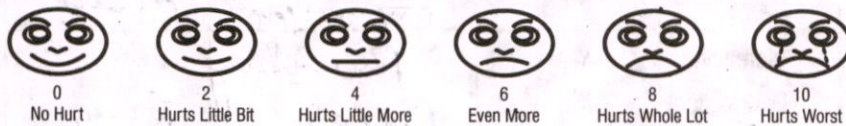
Numerical Pain Scale (Obstetric and Gynecology)



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



PAIN ASSESSMENT FORM

Date	Time	core (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
10/7/26	10 pm	0/10	NO pain	☐ Continuous ☒ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Under observation	Tonnes.
10/7/26	6 AM	2/10	s/s	☐ Continuous ☒ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☒ Dull ☐ Aching ☐ Burning	☐ Increasing ☒ Decreasing	☒ Yes ☐ No	T: paracetamol	slight
11/7/26	7 AM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	under observation	slight
11/7/26	10 pm	2/10	s/s	☐ Continuous ☒ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☒ Dull ☐ Aching ☐ Burning	☐ Increasing ☒ Decreasing	☒ Yes ☐ No	Tr tramadol	Drugs
11/7/26	11 pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	under observation	Drugs
11/7/26	3 pm	0/10	s/s	☐ Continuous ☒ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☐ Dull ☒ Aching ☐ Burning	☐ Increasing ☒ Decreasing	☒ Yes ☐ No	T. Paracetamol given	Paracetamol
11/7/26	4 pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	under observation	Paracetamol
11/7/26	11 pm	2/10	s/s	☐ Continuous ☒ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☒ Dull ☐ Aching ☐ Burning	☐ Increasing ☒ Decreasing	☐ Yes ☐ No	Tab: Diclofenac	slight
12/7/26	12 AM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	under observation	slight
12/7/26	6 AM	2/10	s/s	☐ Continuous ☒ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☒ Dull ☐ Aching ☐ Burning	☐ Increasing ☒ Decreasing	☒ Yes ☐ No	Tab: Paracetamol	slight

Re-assessment Frequency:

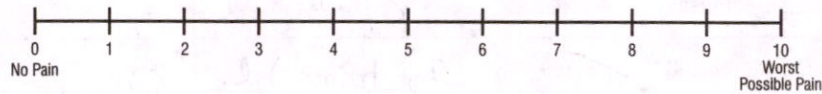
- Every eight hours for all hospitalized patients.
- For post-surgical patients, patients with chronic pain, patient with severe pain:
 - At least every 2 hours for the first 24 hours
 - Then every 4 hours.
 - Prior to pain relieving intervention.
 - Within 30 – 60 minutes after pain relief intervention.

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

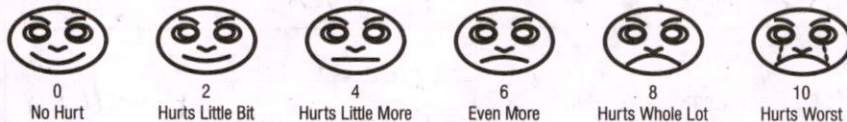
Numerical Pain Scale (Obstetric and Gynecology)



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





PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
12/7/20	7AM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Tender observation	Stomach
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

Re-assessment Frequency:

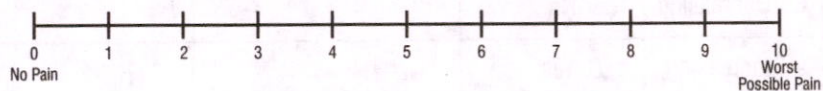
- Every eight hours for all hospitalized patients.
- For post-surgical patients, patients with chronic pain, patient with severe pain:
 - At least every 2 hours for the first 24 hours
 - Then every 4 hours.
 - Prior to pain pain-relieving intervention.
 - Within 30 – 60 minutes after pain relief intervention.

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

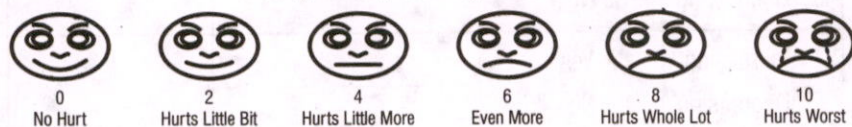
Numerical Pain Scale (Obstetric and Gynecology)



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



PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ 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:

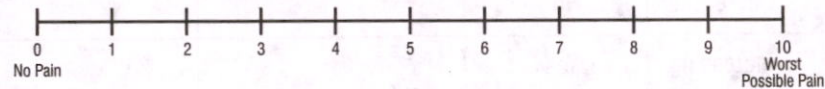
- Every eight hours for all hospitalized patients.
- For post-surgical patients, patients with chronic pain, patient with severe pain:
 - At least every 2 hours for the first 24 hours
 - Then every 4 hours.
 - Prior to pain pain-relieving intervention.
 - Within 30 – 60 minutes after pain relief intervention.

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

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



BAH-00641787 IP5-00176169
Mrs SHAZIA FATIMA
20-10-1997 28 Y 8 M 20 D (F)
Dr. DR. M PRATHYUSHA REDDY



BRADEN 'Q' SCALE

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

BirthRight[™]
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

					Date :	9/7/26	10/7/26	11/7	12/7
					Time :	8pm	8pm	8am	8am
Mobility	1. Completely immobile: Does not make even slight changes in body or extremity position without assistance.	2. Very limited: Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	3. Slightly limited: Makes frequent through slight changes in body or e.tremity position independently.	4. No limitations: Makes major and frequent changes in position without assistance.	4	3	3	3	
"Activity The degree of physical activity"	1. Bedfast : Confined to bed	2. Chairfast : Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	3. Walks occasionally: Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	1	1	1	
Sensory Perception	1. Completely limited: Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	2. Very limited: responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	3. Slightly limited: Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	4. No impairment: Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4	
Moisture Degree to which skin is exposed to moisture	1. Constantly moist: Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	2. Very moist: Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	3. Occasionally moist: Skin is occasionally moist, requiring linen change every 12 hours.	4. Rarely moist: Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	3	3	3	
FRICION-SHEAR Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	1. Significant problem: Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	2. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	3. Potential problem: Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	4. No apparent problem: Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	3	3	3	
Nutritional Usual food intake - pattern	1. Very Poor: NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	2. Inadequate: Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	3. Adequate: Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	4. Excellent: Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation.	4	2	2	2	
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be < 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	7	4	
Severe Risk : less than 9 High Risk : 10-12 Moderate Risk : 13-14 Mild Risk : 15-18 Not at Risk: 19-23					TOTAL SCORE				
					Evaluator's Name				
					28 20 20 20 Sam Tunde Steve Shindia				



CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1 9/7 10/7			DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0			0	0	0	0	0	0	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				Tunne Sanyal			Tunne Sanyal			Tunne Sanyal			

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 : [Signature] Name : Kranthi

Signature of Ward In Charge :

Signature : [Signature] Name : Veena

f.H.R man7osing.

10/7/6	8:30 AM	140btlwt	6my/hr.
	9:00 AM	135btlwt	12my/hr.
	9:30 AM	130btlwt	24my/hr.
	10:00 AM	135btlwt	36my/hr.
	10:30 AM	136btlwt	45my/hr.
	11:00 AM	140btlwt	60my/hr.
	11:30 AM	145btlwt	66my/hr.
	12:00 PM	140btlwt	72my/hr.
	12:30 PM	150btlwt	78my/hr.
	1:00 PM	145btlwt	84my/hr.
	1:30 PM	140btlwt	
		144btlwt	90my/hr.

BAH-00641787 IP5-00176169
Mrs SHAZIA FATIMA
20-10-1997 28 Y 8 M 20 D (F)
Dr. DR.M PRATHYUSHA REDDY



CHECKLIST FOR THROMBOPHLEBITIS

12/7/20

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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

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 of Ward In Charge :

Signature : Name :

Signature : Name :

15/11/20

Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	9/17/26	10/7/26	10/1/26	Fall Risk Grading		
		Score	8pm-8am	8am-4pm	4pm-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			
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			
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			
Mental Status	Forgets limitations	15			0	High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	Oriented to own ability	0	0		0			
Total Morse Fall Scale Score:			35	35	35			
		Signature	Tunne	Guy	Tunne			

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	11/7/20	12/7		Fall Risk Grading		
		Score	8 AM	8 AM		Risk Level	Morse Fall Score (MFS)	Action
History of Falling (immediately or w/in 3 months)	Yes	25				Risk Level	Morse Fall Score (MFS)	Action
	No	0	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	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	0				
Mental Status	Forgets limitations	15				High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	Oriented to own ability	0	0	0				
Total Morse Fall Scale Score:			35	35				
		Signature	slait	shrishta				

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



OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 9/11/26 Time of Arrival: 7:10 pm Time Seen by Nurse: 7:15 pm

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: JO L

3) **Vital Signs:** Temperature: 98.6 Pulse: 72 RR: 20 SpO₂: 99.1 BP: 110/70 Weight: 65.5

4) **Gestational Criteria:**

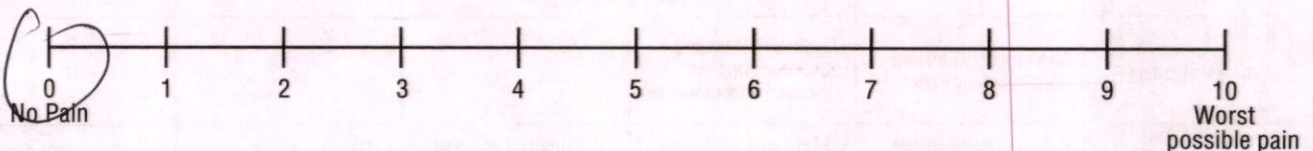
Gravida:	G <u>1</u>	P <u>—</u>	L <u>—</u>	A <u>—</u>
----------	------------	------------	------------	------------

LMP: 21/10/25 EDD: 20/7/26 Gestational Age: 37+2 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:
- Duration: Days / Weeks/ Months (Strike out which is not applicable)
- Character: No pain
- Frequency:
- Interventions:

6) **Past History:**

- a) Surgeries: Lap appendectomy
- b) Medical: panic attacks



1) **Emergency.** ☐ Yes ☒ 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: 7:30 PM

Nurse Name : Nurse Signature:

Date: 9/11/26 Time: 7:40 PM

BAH-00641787 IP5-00176169
Mrs SHAZIA FATIMA
20-10-1997 28 Y 8 M 20 D (F)
Dr. DR.M PRATHYUSHA REDDY



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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: <u>9/7/26</u>		
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: <u>TOL</u> Doctor Notified on Admission: ☒ Yes ☐ No		
Name of the Doctor: <u>Dr. Anshika</u>		
Time Notified: <u>7:30 PM</u>		
Past Medical History: Obtained From ☒ Patient ☐ Family Member ☐ Medical Record ☐ Other (specify)		
Past Medical History	Past Surgical History	Previous Hospital Admission
<u>No panic attack claustrophobia.</u>	<u>lap appendectomy</u>	<u>-</u>
Gynecology Assessment: ☐ Not Applicable	Gynecology Surgical History:	Gynecological History:
Menstrual History: <u>Regular</u>	Caesarean Section: ☒ No ☐ Yes	Contraceptives: ☒ No ☐ Yes
Onset of Menarche: <u>-</u>	Cervical Cerclage: ☒ No ☐ Yes	Vaginal Discharge: ☒ No ☐ Yes
Menstrual Cycle: ☒ Regular ☐ Irregular	Ectopic Pregnancy: ☒ No ☐ Yes	Post-Coital Bleeding: ☒ No ☐ Yes
Last Menstrual Period: <u>21/10/25</u>	Myomectomy: ☒ No ☐ Yes	Infertility: ☐ No ☐ Yes
	Others: <u>-</u>	If Yes Type: ☐ Primary ☐ Secondary
Obstetric History: G <u>1</u> P <u>-</u> L <u>-</u> A <u>-</u>		
Previous LSCS: <u>NO</u>		
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: <u>98°F</u>	HR: <u>72</u>	RR: <u>20</u>
BP: <u>111/68</u>	Weight: <u>68.5</u>	Height: <u>-</u> BMI: <u>-</u>
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 35 (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 Family

Orientation has been given regarding the following aspects:

- Call Bell in Reach : ☒ Yes ☐ No Waste Disposal Explained: ☒ Yes ☐ No
Infusion Pump : ☐ Yes ☒ No Hand Hygiene Explained: ☒ Yes ☐ No ☐ Others

Above information given to Patient

Name of Person Orientation was given to: Tunnal

Orientation not given Reason: NA

Nurse Signature: TM

Nurse Name: Tunnal

Date & Time: 9/11/26 @ 7:40pm



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 polyarthropathy 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	3	

Signature of the Doctor: *Dr. Sanki* Date: *10 Feb 2020* Time: *7pm*

Action Plan: *Thromboprophylaxis - For 10 days*

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.

BAH-00641787 IP5-00176169
Mrs SHAZIA FATIMA
20-10-1997 28 Y 8 M 20 D (F)
Dr. DR.M PRATHYUSHA REDDY

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

INDUCTION OF LABOR CONSENT

Name: SHAZIA Age: 28 Gender: Male ☐ Female ☒
UHID.No: BAH-00641787 Date: 9/7/26

You are scheduled for an induction of labor on 9/7/26 (date) at 37+2 (weeks of gestation).

The reason for your induction is Gen.

The goal of induction of labor is to achieve vaginal delivery by starting uterine contractions before the spontaneous start of labor.

Induction of labor for a medical indication is done when continuation of pregnancy is considered detrimental to the health of the mother or fetus. This can be done at any stage of pregnancy irrespective of fetal maturity if there is a valid indication.

Elective induction of labor (scheduled induction without a medical indication) may not be done until you are at least 39 weeks. This is important so that your newborn does not have complications due to possible prematurity.

The alternative to induction of labor is to wait for labor to start spontaneously.

I have read the information provided and also discussed the process with my doctor.

I understand the risks and benefits of this procedure and wish to proceed.

Patient

Signature: Shazia fatima
Name: Shazia fatima
Date & Time: 9/7/26 7:30pm

Patient Attendant:

Signature: [Signature]
Name: Saba Farnaz
Relationship with Patient: Sister
Date & Time: 9/7/26 @ 7pm

Doctor:

Signature: [Signature]
Name: Dr. Prathyusha
Date & Time: 9/7/26, 8pm

Witness

Signature: [Signature]
Name: Purni
Date & Time: 9/7/26 @ 7pm

INFORMED CONSENT FOR VAGINAL BIRTH

BAH-00641787
Mrs SHAZIA FATIMA
20-10-1997 28 Y 8 M 20 D (F)
Dr. DR. M PRATHYUSHA REDDY
IP5-00176169

rthRight
RAINBOW HOSPITALS
Right to a Safe Delivery

Patient Name : Shazia Fatima UHID No : BAH00641787
Gender: ☐ Male ☒ Female Date : 9/7/26 Time : 7pm

I hereby authorized the performance of the following procedure:

- The Procedure has been explained to me in general terms and I understand that:
- The indication requiring the procedure of vaginal birth is pregnancy.
- The purpose of this procedure of vaginal birth pregnancy.
- The purpose of this procedure is to deliver the bay vaginally.

The outcome of the vaginal birth is the delivery of infant through birth canal either naturally or with possible use of force vacuum extraction. An episiotomy (a cut performed for enlarging of the vaginal opening in the space between the vaginal and the rectum) may be performed as part of a vaginal delivery.

Should vaginal delivery be unsuccessful, delivery by cesarean section with an abdominal incision under appropriate anesthesia may be necessary.

In an attempt to deliver the baby either naturally or with the help of instrument i.e. forceps or vacuum, there may be risks of: infection, allergic reaction, scarring, blood loss, need for blood transfusion, pain and discomfort, injury to urinary tract, possible injury to the baby (laceration, hematoma, skull fracture, nerve injury and brain injury) and possible future pelvic floor dysfunction,

I understand and accept that there are complications, benefits, alternatives including the remote risk of death or serious disability, which exists for me and my baby.

I am aware that in most cases, vaginal delivery results in a healthy mother and baby; however, I realize that there are no guarantees.

I voluntarily consent to the procedures described or otherwise referred to herein. I am aware that they will be performed by a qualified gynecologist.

Name of the Doctor performing the procedure: Dr. Prathyusha

Consentee :
Signature : Shazia Fatima

Name : Shazia Fatima

Date & Time : 9/July/2026 7:30pm

Witness :
Signature : TM

Name : Tunny

Date & Time : 9/7/26 @ 7pm

Docu. No. : RCHBH /FRM / CLINICAL / 028

Patient Attendant :
Signature : Saba Farnaaz

Name : Saba Farnaaz

Relationship with Patient : Sister

Date & Time : 9/7/26 @ 7pm

Doctor (who is taking the consent) :
Signature : Dr. Prathyusha

Name : Dr. Prathyusha

Date & Time : 9/7/26 7pm

సహజ ప్రసవం కొరకు సమ్మతి పత్రము



రోగి పేరు : వయస్సు లింగం పు స్త్రీ
యు.హెచ్.ఐ.డి. విభాగము
తేదీ

ఈ ప్రక్రియ యొక్క వివరములను నేను ఆమోదించాను:

- ఈ ప్రక్రియ నాకు సాధారణ పద్ధతిలో వివరించబడింది మరియు నేను అర్థం చేసుకున్నాను:
- గర్భం దాల్చిన వారికి సహజ ప్రసవ ప్రక్రియ అవసరమవుతుంది.
- ఈ ప్రక్రియ యొక్క ఉద్దేశ్యం (యోని) ద్వారా సహజ ప్రసవం చేయడం.
- ఈ ప్రక్రియ యొక్క ఉద్దేశ్యం జడ్డను సహజమయిన పద్ధతిలో ప్రసవించటం

సహజ ప్రసవం (యోని జననం) యొక్క ప్రక్రియ సహజంగా లేదా శక్తిని ఉపయోగించి గర్భాశయం ద్వారా శిశువును ప్రసవించడం. వాక్యూమ్ ద్వారా శిశువును వెలికితీయడం, ఎపిసియొటమీ (యోని మరియు యోని మధ్య ఖాళీలో యోని మార్గమును సుగమం చేయుట కొరకు చేసిన కోత (కట్). సహజ ప్రసవం కొరకు చేయు ప్రక్రియలలో భాగము.

సహజ ప్రసవం విజయవంతం కాకపోతే, తగిన అనస్థీషియా ఇచ్చి పాత్రికడుపు కోతతో సిజేరియన్ ద్వారా డెలివరీ చేయవలసిన అవసరం కలిగవచ్చు

సహజంగా లేదా పరికరం సహాయంతో అంటే ఫోర్సెప్స్ లేదా వాక్యూమ్ సహాయంతో జడ్డను ప్రసవించే ప్రయత్నంలో, ప్రమాదాలు ఉండవచ్చు: అంటువ్యాదులు, అలెర్జీ, మచ్చలు, రక్త నష్టం, రక్త మార్పిడి అవసరం పడటం, నొప్పి మరియు అసౌకర్యం, మూత్ర నాళానికి గాయం, శిశువుకు గాయం అయ్యే అవకాశం (లేసరేషన్, హెమటోమా, పుర్రె గాయం ఆయె అవకాశం, నరాలకు గాయం మరియు మెదడు గాయం) మరియు భవిష్యత్తులో కటి ప్రదేశంలోని ఎముకల వలయం పనిచేయకపోవడం

నాకు మరియు నా జడ్డకు మరణం లేదా తీవ్రమైన వైకల్యం వంటి సమస్యలు తలెత్తు అవకాశం, ప్రయోజనాలు మరియు ప్రత్యామ్నాయాలు ఉన్నాయని నేను అర్థం చేసుకుని అంగీకరిస్తున్నాను.

చాలా సందర్భాలలో, యోని ద్వారా ప్రసవించడం వల్ల తల్లి మరియు జడ్డ ఆరోగ్యంగా ఉంటారని నాకు తెలుసు; అయితే, ఎటువంటి హామీలు ఇవ్వలేరని నేను గ్రహించాను

ఇక్కడ వివరించిన లేదా సూచించిన విధానాలకు నేను స్వచ్ఛందంగా సమ్మతిస్తున్నాను. ఈ ప్రక్రియ అర్హతగల గైనకాలజిస్ట్ చేత నిర్వహించబడతాయని నేను తెలుసుకున్నాను

ఈ ప్రక్రియను నిర్వహించే డాక్టరు పేరు:

సహాయకుడు(అటెండెంట్)

సాక్షి

సంతకము

సంతకము

పేరు

పేరు

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

తేదీ మరియు సమయము

సంతకము

పేరు

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Prathyusha
Asst. Surgeon : Dr. P.D.
Anaesthetist : Dr. Laxmi
Scrub Nurse : Se. Laxmi

BAH-00641787 IP5-00176169
Mrs SHAZIA FATIMA
20-10-1997 28 Y 8 M 20 D (F)
Dr. DR.M PRATHYUSHA REDDY



Age : Gender :
Surgery Name : Gynec.
Date : In-time : 4:20pm Out-time : 5:40pm



Before Induction of Anaesthesia >>

SIGN IN	Time: <u>4:20pm</u>
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 : <u>Dr. Laxmi</u>	
Name : <u>Dr. Sri Laxmi</u>	

Before Skin Incision >>

TIME OUT	Time: <u>4:30pm</u>
Confirm all team members have introduced themselves by Name and Role	
☒ Yes ☐ No	
Surgeon, Anaesthesia Professional and Nurse Verbally Confirm	
Correct Patient (Check ID Band)	☒ Yes ☐ No
Correct Site	☒ Yes ☐ No
Correct Procedure	☒ Yes ☐ No
Anticipated Critical Events	
Surgeon Reviews:	
What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss?	
☒ Yes ☐ No ☐ NA	
Anaesthesia Team Reviews:	
Are There Any Patient-specific Concerns?	
☒ Yes ☐ No ☐ NA	
Nursing Team Reviews:	
Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns?	
☒ Yes ☐ No ☐ NA	
Is Essential Imaging Displayed?	
☒ Yes ☐ No ☐ NA	
Power Supply, Earthing, Power Backup and functioning of equipment checked.	
☒ Yes ☐ No	
Signature : <u>Anjali</u>	
Name : <u>Anjali</u>	

Before Patient Leaves Operating Room

SIGN OUT	Time: <u>5:10pm</u>
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 : <u>Dr. Laxmi</u>	
Name : <u>Dr. Laxmi</u>	

Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION

BAH-00641787 IPS-00176169
Mrs SHAZIA FATIMA
20-10-1997 28 Y 8 M 20 D (F)
Dr. DR.M PRATHYUSHA REDDY



rainbow
children's
hospital
takes a lot to treat the little.

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Name: shazia fatima Age: 28 Sex: F UHID.No: _____

Date: _____ Time: _____ Proposed Operation: Ces.

Diagnosis: mmigranda 32 Hpolyhydramnios on hithromb 3dchans

B.P / CRT: _____ H.R: _____ Weight: 64 kg ASA Physical Status: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Laboratory Data:

Hgb: 10.8 Glucose: _____ Protein: _____ HIV: _____ X-Ray: _____
PCV: _____ Urea: _____ Alb: _____ HBS Ag: _____ ECG: _____
WBC: 22.2 Creat: _____ Total Bill: _____ HCV: _____ 2D Echo: _____
Plate: 1.60 Na: _____ Dir. Bill: _____ Blood group: B+ve Stress/Anglo: _____
PT: _____ K: _____ LDH: _____ T3 _____ Other: _____
PTT: _____ Ca++: _____ Alk phos: _____ T4 _____
INR: _____ Mg++: _____ Amylase: _____ TSH _____
Cl -: _____ SGOT/SGPT: _____

Allergies: -

Medical History: CVS: -

RESP: _____

CNS: _____

Renal: _____

Hepatic / GE: _____

Others: _____

Past Anaesthetic History: - Appendectomy - U/e

Physical Exam: (New born time)

Airway: MP 1 2 3 4 Mouth Opening: 2.5 cm Mento-hyoid Distance: 2.5 cm Neck: (2) Teeth: (2)

Lungs: BAL (P) clear

Heart: CR (P)

CNS: Abact

Pregnant: ☒ Yes ☐ No ☐ NA

Venous Access Site: (P) 18F Spine Exam for regional: _____

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

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

CURRENT MEDICATIONS	DOSAGE

Pre-Operative Instructions:

- DVT Prophylaxis: 3 explained
- NIL ORAL Water / ORS 2 Hours
Others 6 Hours
- Informed Consent: ☒ Standard ☐ High Risk
- Post Operative Pain Management: ☒ Discussed with Patient
- Other Instructions: 10PRBC Gov. chicle present, not

Signature: A Name: P.R. KRISHNAMOORTHY



POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by: S.S. Shanthi Time Received: 5:45pm Time Discharged: 6:30pm

250 240 230 220 210 200 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50 40 30 20 10 0 SPO ₂	250 240 230 220 210 200 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50 40 30 20 10 0	IV Cannula Site: <u>lt Side</u> ☐ O ₂ Mask ☐ Nasal Prongs ☐ Tracheostomy ☐ T-Piece ☐ Oral Airway ☐ Nasal Airway
		Vomiting: ☒ Yes ☐ No NG Tube: ☐ Yes ☒ No Drain: ☐ Yes ☒ No Urinary Catheter: ☒ Yes ☐ No Chest Tube: ☐ Yes ☒ No Nil Oral: ☒ Yes ☐ No IV Fluids: <u>Nil</u> Oral Feeds: <u>Nil</u>

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

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
10/7	8pm	0/10	NA	Shaf
10/7	10pm	0/10	NA	Thane

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

Anaesthesiologist Name: Dr. B. Sri Pratha

Anaesthesiologist Signature: [Signature]
Date & Time: 10/7/26 @ 9:30 PM

PACU Nurse Name: Shanthi

PACU Nurse Signature: [Signature]

Date & Time: 10/7/26 8pm

Reassessment Frequency:

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

Transferred to Unit by (PACU): OR

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

Patient Sticker

Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

Date: Time: Procedure done by

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

Depth: Catheter at Skin: Attempts :

Parasthesia : Yes/No if yes details :

Solution Composition :

Any other issues :

a)

b)

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

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

Catheter Removed by and Tip Inspected :

Patient Satisfaction :

Discharge /Shifting ordered by

Doctor Signature:

Doctor Name:

Date and Time :

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

Patient Name : Shazia Fatima Gender: ☐ Male ☒ Female Age : 28 yrs

UHID No : BAH- 00641787 Date : 10/7/2026

Instruction:

This consent form should be signed by Patient (If an adult 18 years or older) or by a parent / guardian, if the patient is a minor or lacks the ability to make an informed decision. The purpose of this form is to verify that you have received this information and have given your consent to the surgery or special procedure recommended to you.

I hereby authorize the performance of the following operation (s) or procedure (s) (use no abbreviation / Avoid technical terms)

Emergency lower Segment Caesarean Section
upon
Shazia Fatima (Name of Patient)

I have been advised of the benefits and reason of the procedure(s) as indicated by the clinical observations and / or diagnostics performed. I recognized that the practice of medicine is as much an art as a science and therefore acknowledge that no guarantees have been or can be made regarding the likelihood of success or outcomes. My questions regarding the condition, the proposed surgery and the outcome have been answered to my satisfaction prior to signing this form by the surgeon.

I have been explained the risks of this surgery /procedure and also about the reasonable alternative and the relevant risks, benefits and side effects related to such alternatives, including the possible results of not receiving care or treatment.

I have been explained that the following complications though rare are possible and will not hold Surgeon, Anesthesiologist or the hospital staff responsible for any untoward event thereof.

Infection, Bleeding, Need for Blood transfusion
Injury to Bowel, Bladder & its Repair

My signature on this form indicates that

1. I have read and understood the information provided in this form
2. My doctor had adequately explained to me the operation or procedure along with the complications written above, along with the risks, benefits and other information.
3. I have had a chance to ask my surgeon questions.
4. I have received all the information I desire concerning the operation or procedure and I authorize the consent to the performance of the operation or procedure

Name of the Doctor who is performing the Surgery / Procedure: Dr. Prathivisha Reddy

Consentee :

Signature : Shazia Fatima

Name : Shazia Fatima

Date & Time : 10/7/2026 3 PM

Witness :

Signature : Shazia Fatima

Name : Shazia Fatima

Date & Time : 10/7/2026, 3pm

Docu. No. : RCHBH /FRM / CLINICAL / 027

Patient Attendant

Signature : Amna Begum

Name : Amna Begum

Relationship with Patient: sister law

Date & Time : 10/7/2026 3 PM

Doctor (who is taking the consent) :

Signature : Dr. Rupika

Name : Dr. Rupika

Date & Time : 10/7/2026, 3pm



CONSENT FOR ANAESTHESIA

Authorization By: ☒ Patient ☒ Patient Attendant

Operative Procedure: EMUS

Anaesthesiologist: DR. K. SRI RAMYA

Surgeon: _____

Please read this before you consent for Anaesthesia

General anaesthesia involves rendering a patient unconscious before an operation. This ensures the patient is not aware of events and does not feel pain during the operation. Drugs given through a vein and / or inhaled from an anaesthesia machine produce it. Regional anaesthesia involves using a local anaesthetic to numb a specific area of the body for surgery. Prolonged pain relief can be achieved by infusing weak solutions of local anaesthetics and narcotic drugs to particular parts of the body after surgery or injury, using catheters.

Specific High Risk(s): The doctors have explained to me the details of the high risk involved due to the following medical problems and I have sought necessary clarification on all my doubts.

☐ Heart Disease ☐ Hypertension ☐ Diabetes ☐ Renal Failure ☐ Multi Organ Failure ☐ Hepatic Disorders

☐ Shock ☐ Obesity ☐ Chronic Obstructive Pulmonary Disease

☐ Others Hypotension, Bleeding, Arrhythmias

Declaration by Patient Attendant

- I authorize and give consent for anaesthesia as considered appropriate by the anaesthesia team
☒ Regional Anaesthesia ☐ General Anaesthesia ☐ Monitored Anaesthesia Care
- I understand that there are some infrequent complications that can occur due to use of anaesthesia, these include pain or some injury at the site of injections, temporary breathing difficulties, allergic reactions, headaches, variations in blood pressure, nausea and vomiting.
- I authorize the anaesthesia team to perform any additional procedures (for example, Central Venous Access, arterial line, use of suppositories and or nerve blocks for pain relief, changing from regional to general anaesthesia etc) which are considered necessary by them during the course of surgery.
- I also authorize and give consent to the team of doctors attending on me to administer blood products during the course of operative period and immediately thereafter if need arises.
- I acknowledge that the anaesthesiologist have informed me about the anaesthetic procedure, risk, benefits and alternative treatments.
- I acknowledge that I fully understand the above information. I have had the opportunity to ask questions, and they have been answered to my satisfaction in a language I understand. I affirm that this consent is given by me in my full senses.

Patient / Patient Attendant:

Signature: Shazia Fatima

Name: Shazia Fatima

Relationship with patient: Self

Date & Time: 10/11/2016, 3:30 p.m

Witness:

Signature: Saba Farooq

Name: Saba Farooq

Date & Time: 10/11/2016, 3:30 p.m

Doctor (who is taking consent):

Signature: DR. K. SRI RAMYA

Name: DR. K. SRI RAMYA

Date: 10/11/2016 Time: 3:30 PM

అనస్థీషియా కోసం అనుమతి పత్రం

అనుమతి ఇచ్చినవారు: ☐ రోగి ☐ రోగి అటెండెంట్

శస్త్రచికిత్స:

అనస్థీషియా వైద్యుడు: శస్త్రచికిత్స నిపుణుడు:

అనస్థీషియా కోసం మీ అనుమతి ఇవ్వడానికి ముందు దయచేసి ఇది చదవండి

సాధారణ అనస్థీషియా అనేది శస్త్రచికిత్స ముందు రోగిని పూర్తిగా అవస్థాపక స్థితిలోకి తీసుకెళ్లే ప్రక్రియ. దీనితో రోగి శస్త్రచికిత్స సమయంలో ఏదీ తెలుసుకోడు, నొప్పి అనుభవించడు. దీనిని శిరస్రావం ద్వారా ఇచ్చే మందులతో లేదా అనస్థీషియా యంత్రం నుండి పీల్చే మందులతో అందిస్తారు.

లిజనల్ అనస్థీషియా అనేది శరీరంలోని ఒక ప్రత్యేక భాగాన్ని లోకల్ అనస్థీషియా నొప్పి రాకుండా చేయడం. శస్త్రచికిత్స లేదా గాయం తరువాత దీర్ఘకాలిక నొప్పి ఉపశమనం కోసం, కాథెటర్లు ఉపయోగించి వీక్ లోకల్ అనస్థీషియా లేదా నార్కోటిక్ మందులను నిరంతరం ఆ భాగానికి అందించవచ్చు.

స్పెసిఫిక్ హై రిస్క్:

క్రింద పేర్కొన్న వైద్య సమస్యల కారణంగా ఉండే అధిక ప్రమాదాల గురించి వైద్యులు నాకు వివరంగా చెప్పారు. నాకు ఉన్న సందేహాలను నేను అడిగాను మరియు అవి నివృత్తి చేయబడ్డాయి.

☐ హృదయ వ్యాధి ☐ రక్తపోటు ☐ మధుమేహం ☐ మూత్రపిండాల వైఫల్యం ☐ బహుళ అవయవ వైఫల్యం

☐ కాలేయ సమస్యలు ☐ షాక్ ☐ ఊబకాయం ☐ దీర్ఘకాల శ్వాసకోశ వ్యాధి (COPD)

☐ ఇతరవి:

రోగి / రోగి అటెండెంట్

- అనస్థీషియా బృందం అవసరమని భావించిన విధంగా నాకు అనస్థీషియా ఇవ్వడానికి నేను అనుమతి ఇస్తున్నాను.
☐ లిజనల్ అనస్థీషియా ☐ జనరల్ అనస్థీషియా ☐ మానిటర్డ్ అనస్థీషియా కేర్
- అనస్థీషియా ఉపయోగంలో అప్పుడప్పుడూ జరిగే కొన్ని అరుదైన సమస్యలు ఉండవచ్చు అని నేను అర్థం చేసుకున్నాను. వీటిలో ఇంజెక్షన్ ఇచ్చిన చోట నొప్పి లేదా స్వల్ప గాయం, తాత్కాలిక శ్వాస ఇబ్బందులు, అలెర్జిక్ ప్రతిచర్యలు, తలనొప్పి, రక్తపోటు మార్పులు, వాంతులు మరియు అసహనం వంటి సమస్యలు ఉండవచ్చు.
- శస్త్రచికిత్స సమయంలో అవసరం అనిపిస్తే, అదనపు చర్యలు (ఉదాహరణకు సింట్రిల్ వెనెస్ యాక్సెస్, ఆర్థిరియల్ లైన్, సపోజిటరీలు, నొప్పి నివారణ కోసం నర్వ్ బ్లాకులు, లిజనల్ అనస్థీషియా నుండి జనరల్ అనస్థీషియాకు మార్పు మొదలైనవి) చేయడానికి అనస్థీషియా బృందానికి నేను అనుమతి ఇస్తున్నాను.
- శస్త్రచికిత్స సమయంలో మరియు వెంటనే అనంతరం, అవసరమైతే రక్త పదార్థాలు (Blood products) ఇవ్వడానికి నా చికిత్సలో ఉన్న వైద్యుల బృందానికి కూడా నేను అనుమతి ఇస్తున్నాను.
- అనస్థీషియా విధానం, ప్రమాదాలు, ప్రయోజనాలు మరియు ప్రత్యామ్నాయ చికిత్సల గురించి అనస్థీషియా వైద్యులు నాకు వివరించినట్లు నేను అంగీకరిస్తున్నాను.
- పై సమాచారం అంతా నేను పూర్తిగా అర్థం చేసుకున్నాను. నాకు ప్రశ్నలు అడిగే అవకాశం లభించింది, మరియు నాకు అర్థమయ్యే భాషలో వాటికి సమాధానాలు ఇచ్చారు. ఈ అనుమతి నేను పూర్తిగా స్వచ్ఛమైన భావాలతో, స్వయంగా ఇస్తున్నానని ధృవీకరిస్తున్నాను.

రోగి / రోగి అటెండెంట్:

సంతకం:

పేరు:

రోగితో సంబంధం:

తేదీ & సమయం:

సాక్షి:

సంతకం:

పేరు:

తేదీ & సమయం:

డాక్టర్ :

సంతకం: పేరు: తేదీ & సమయం:

BAH-00641787 IP5-00176169
Mrs SHAZIA FATIMA
20-10-1997 28 Y 8 M 20 D (F)
Dr. DR. M PRATHYUSHA REDDY



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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

DISCHARGE PLANNING FORM

Nationality: Indian

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

1. Anticipated Date of Discharge: 12/11/26

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 measures.

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

☒ Patient

☐ Family Member

☐ Others:

Nurse Signature: TM

Nurse Name: Dr. M. Prathyusha Reddy

Date and Time: 9/11/26 @ 9pm



341

NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 11/7/26

Time: 9Am

Origin: Indian

Height: 155cm

Weight: 80kg

BMI: 33.3 kg/m²

Food Allergies: NO

Diagnosis: P00-1/L50 lower segment caesarian section

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

☐ Vegetarian ☒ Non-Vegetarian ☐ Vegan

Diet Advised:

Soft high protein diet
with plenty of liquids
→ Avoid spicy, chilled & outside foods

Patient's / Attendant's

Dietician's

Signature: Shazia

Signature: Raima

Name: Shazia

Name: Raima

Date & Time: 11/7/26

Date & Time: 11/7/26

9Am

8Am

DIETARY NOTES[illegible]