Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Children's Hospital - Banjara Hills

8-2-120/103/1,2,3,4 and 5,Road No: 2, Banjara Hills, Telangana, Hyderabad, INDIA Banjara Hills ,Hyderabad ,Telangana, India ,500034.
TEL NO :+91-40-4466 5555
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP5-00176732 **Admit Date** : 21-Jul-2026 **Admit Time** : 07:57 PM **UHID** : BAH-00390608

Patient Details :

Patient Name	: Mrs PREETI BHARATHI	**Age**	: 33 Y 4 M 19 D
Guardian	: Mr DEEPAK KUMAR BHARATI	**DOB**	: 02-03-1993
Gender	: Female	**Religion**	: Hindu
Occupation	:	**Martial Status**	: Married
Address (H)	: E BLOCK, FLAT NO G4, NAKSHITRA COLONY, SIDDHANTI Hyderabad Airport 1 Hyderabad Telangana INDIA 501218	**Phone No**	: 8121715054/ 9133589092
		E-mail	: deepak.noor488@gmail.com

Admission Details :

Bed Type : SHARED WARD **Bed No** : SW 417 **Ward Name** : 4F-BIRTHING CENTRE

Room No : SW 417 **Admission Type** : First Visit

Contact Details :

Name : Mr DEEPAK KUMAR BHARATI **Relationship** : Husband

Contact Address : E BLOCK, FLAT NO G4, NAKSHITRA COLONY, SIDDHANTI Hyderabad Airport 1 Hyderabad Telangana INDIA 501218 **Phone No** : 8121715054

Signature

Doctor Details :

Doctor Name : Dr. HIMABINDU VEERLA **Specialisation** : OBSTETRICS AND GYNECOLOGY

Referral Doctor : Self **Phone No** :

Co Consultant :

Payment Details :

Payment Mode : Cash **Deposit Amount** : 0.00

Payor Name : FAMILY HEALTH PLAN INSURANCE TPA LTD

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ACTIVITY RECORD FOR BILLING

BAH-00390608 IP5-00176732
Mrs PREETI BHARATHI
02-03-1993 33 Y 4 M 19 D (F)
Dr. HIMABINDU VEERLA

Name :_ _

UHID No. : _ _ _ _ _ _ _ _ _ IP :ant: _ _ _ _ _ _ _ _ _ _ _ Dept : _ _ _ _ _ _ _ _ _

Date of Admission: _ _ _ _ _ _ _ _ Time : _ _ _ _ _ _ _ _ f Discharge : _ _ _ _ _ _ _ _ Time: _ _ _ _ _ _ _ _

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Signature
21/2/26	GRBS. 86 mg/dl	BD2-6073369	Suvarda
21/2/26	CBP.		
21/2/26	TSH, HIV HBS Ag, AEV	BD-2-6073335	Suvarda
21/2/26	B-bCG, PT, INR.		

MEDICAL EQUIPMENT (WARD & ICU)

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

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
21/2/26	IV Placement	01	9715675	

ANY OTHER INFORMATION

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.....

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

BAH-00390608 IP5-00176732
Mrs PREETI BHARATHI
02-03-1993 33 Y 4 M 19 D (F)
Dr. HIMABINDU VEERLA

Patient: mrs

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I.P. ADMISSION SHEET FOR GYNECOLOGY

Date of Admission : 21/7/2026 Time of Admission :

Allergies: NKDA ☑ Not know any drug allergies

PRESENTING COMPLAINTS :

G3P1L1E1 c 5+3 wks c/o: ~~Stomach~~ Left lower abdoml pain :: 1 wk.
aggrevated :: evening - not taken any medical
No nausea & vomiting
~~Bhcg 2/10/2026 ...~~

21/7/2026 :- Vascular space occupying lesion of mixed echogenicity measuring 41 x 15 x 37mm noted in the Left adnexa containing collapsed Gestational sac in centre measuring 5.1mm and yolksac measuring 2.1mm
S/o → unruptured Left tubal ectopic pregnancy, ET: 17.6

MENSTRUAL HISTORY	OBSTETRIC HISTORY
Year of Marriage : ML-2016 Previous Periods : regular LMP : 13/6/2026 Contraception : NIL.	Parity : G3P1L1 : Mode of Delivery : 1st - 2019, FTLSCS (fetal distress) @ RCH, ♂, 4 yrs, A&H Last Child Birth : 2nd → 2021, Rt tubal pregnancy Rt salpingectomy done → converted to Laparotomy. 3rd → PP -

PAST MEDICAL HISTORY	PAST SURGICAL HISTORY
NIL.	h/o 2 units Blood transfusion 2011 - Lap, Right Salpingectomy (done) + Laparotomy LSCS - 2019.

Mrs PREETI BHARATHI
02-03-1993 33 Y 4 M 19 D (F)
Dr. HIMABINDU VEERLA

FAMILY HISTORY:	MEDICATION HISTORY:
Nil Significant	→ T. folic acid OD → T. Duphaston 10mg BD

INITIAL ASSESSMENT :

Date 21/7/26 Ht. ____ Wt. ____ BMI ____ B.P 119/82 Pallor NO pallor CVR S1 S2 ⊕ Respiratory System BAE ⊕ Thyroid Ⓝ P.R: 82	Breasts Ⓝ Abdominal Examination P/A: Soft Left iliac region tenderness ⊕	Local/Speculum Examination Bimanual Pelvic Examination P/A: Soft, Left

SpO2: 98% on RA.

PROVISIONAL DIAGNOSIS : G3P1L1E1 c 5+3 wks c Left tubal unruptured ectopic for conservative/surgical mang

INVESTIGATIONS ORDERED	PLAN OF MANAGEMENT
• Atve. •	• admission • I/V Canula • I/V fluids - 50 ml/hr • Monitor - B.P, P.R, SpO2 - 4hly • Drugs charted. - send - CBP, RBS, TSH HIV, HBsAg, HCV, B-hCG, PT/INR.

Name of the Doctor : Dr Shruthi

Signature of Doctor : [signature]

Date & Time : 21/7/2026, 7pm 21/7/26. 7PM

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/7/26 11pm	- $G_3P_1L_1E_1$ c 5+3wks c left tubal ectopic pregnancy. - BP- 92/60 [71] PR- 80bpm SpO_2 - 100% on RA P/A- Soft.	
	To give Inj Methotrexate 78mg IM Stat.	
	- Advice:- Monitor vitals c/f tachycardia, bleeding p/v, breathlessness. Tease CBP, TSH, Serology, BHCG & PT & INR.	Sruthi. NB Sumanda
22/7/26 7:30AM	Pt is stable Sleeping comfortable BP- 98/60 [74] PR- 84bpm SpO_2 - 100% on RA	Advice. ① Monitor vitals ② c/f tachycardia, bleeding p/v, breathlessness. ③ Tease Serology.
	BHCG- 4238; TSH- 2.01. Hb = 11.4 / Plt = 4.46L / TC = 9.5k PT = 15 / INR = 1.1 / APTT = 31 RBS- 86.	Sruthi NB Sumanda

(P.T.O)

BAH-00390608 IP5-00176732
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/7/26 6.00AM	- $G_3P_1L_1E_1$ / 5+4wks / left tubal unruptured ectopic - Pt is stable No c/o BP - 109/60 [69] PR - 72bpm SpO2 - 99% on RA Temp - 97.5°F P/A - soft, non-tender L/E - no bleeding p/v.	Advice. ① Vitals monitoring 2nd hrly ② Trace serology, ③ w/f tachycardia, bleeding p/v, breathlessness ④ NBM till further orders Sd/-
22/7/26 9AM BHCG - 4238. urine NT (ed?)	$G_3P_1L_1E_1$ / 5+4 wks / left tubal unruptured. Ectopic No complaint Afebrile afebrile PR - 72/min BP - 106/79 mmHg. SpO2 - 97% on RA P/A - soft. No tenderness P/V No Bleeding	adv - Vital Monitoring - NBM till Further order - (IV) Fluid - 100ml/hr - Trace Serology - Inform us Dr. Akshay Sd/-

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

Patient

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/7/26 10AM	S/O. Dr. Hima Bindu Pt - Comfortable Ambulating PR - 110/min - BP - 106/78 SPO2 - 98%. PA - Soft. Noted by Soumya	① Clear liquids ② Repeat Hct before discharge Hima (Dr. Hima Bindu) (RMO)

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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02-03-1993 33 Y 4 M 19 D (F)
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RESULT SHEET

Date	2/2/26					
Time						
Hb	11.9					
PCV	35.5					
RBC	4.69					
WBC	9.59					
N/L						
Platelets	496					
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	15/1.1					
APTT	31					
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 grouping (Attre)

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

Others (ECG, Contrast Studies etc.,) : .....

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Patien

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MEDICATION RECONCILIATION FORM

Drug Allergies: NKDA ☐ Not known any Drug Allergies

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

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

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	T. FOLICACID	1Tab	P/O	O.D	21/7	☐C ☐DC
2	T. Dupheston	10mg	P/O	BD	21/7	☐C ☐DC
3						☐C ☐DC
4						☐C ☐DC
5						☐C ☐DC
6						☐C ☐DC
7						☐C ☐DC
8						☐C ☐DC
9						☐C ☐DC
10						☐C ☐DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Shri, Dr Smriti

Date & Time : 21/7/2026, 7pm.

Nurse Name & Signature: Sunanda

Date & Time : 21/7/26 7:10 PM

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DRUG CHART

Date of Admission: 2-12-22 Drug Allergies: NKDA ☑ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

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

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

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

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

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Dr. HIMABINDU VEERLA

REGULAR PRESCRIPTIONS

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

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

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

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

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

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Dr. HIMABINDU VEERLA

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

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

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

Signature .....

VERIFIED BY : Name .....

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
21/8/26	11 PM	Inj METHOTREXATE	78 mg	I/m		Sumanda sandhya
21/8/26		Inj DICLOFENAC	75 mg	I/m		Not given.
21/8/26	11:20 PM	INJ DICLOFENAC	75mg	IM	Sruthi	sumanda sandhya

Mrs PREETI BHARATHI
02-03-1993 33 Y 4 M 19 D (F)
Dr. HIMABINDU VEERLA

I.V. FLUIDS CHART

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

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
21/2/26	10:00 PM	Ringer Lactate	I/V	70ml/hr		Sumandh Sandhya	22/2		Sumandh Sandhya
22/2	2:30 AM	RINGER LACTATE	IV	100ml/hr	Sathi	Sumandh Sandhya			
		RINGER LACTATE	IV	100ml/hr	Sathi				
		RINGER LACTATE	IV	100ml/hr	Sathi				
		RINGER LACTATE	IV	100					
		RINGER LACTATE	IV	100					

Signature .....

VERIFIED BY : Name .....

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Mrs PREETI BHARATHI
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INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

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Part

Patien ..... Patient / Learner Literacy: ☐ Read ☐ Write ☐ Speak Willingness to Learn: ☐ Yes ☐ No Healthcare Literacy: ☐ Yes ☐ No

Identified Education Needs:

1. Diagnosis
2. Treatment and Care Plan
3. Pain Management
4. Informed Consent
5. Medication / Therapy (safety, effects/ side effect, interactions)
6. Discharge Medication
7. Infection Control Measures
8. Diagnostic Test / Procedures
9. Nutrition / Diet
10. Fall Risk Education
11. Safe use of Medical Equipment / Implantable Devices Safety
12. Patient's / Family Rights
13. Risk / Safety
14. Activity / Exercise
15. Social & Rehabilitation Needs
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		
21/1/26	7pm	1,2,3,4	D2 Rx, Careplan, Patient Foot Count	PT	1	0	1	1	Nil	SL
21/1/26	8PM	7	INFECTION control measures	PT	1	0	1	1	—	Sunanda

Part - III: CODES

Who was taught: PT: Patient F: Father M: Mother S: Spouse Sn: Son D: Daughter C Caregiver O: Other (Specify) .....

Learning Barriers:

1. No Learning Barriers
2. Physical Impairment
3. Emotional Barriers
4. Language Barrier
5. Educational Level
6. Desire / Motivate to Learn
7. Impaired Thought Process/Cognitive limitations
8. Responsibilities at Home
9. Cultural Differences
10. Financial Difficulties
11. Beliefs and Values
12. Impaired Vision/ or Hearing
13. Cultural/Religion Practice
14. Others (Specify .....

Teaching Tools Used: A: Audio D: Demonstration V: Video O: Oral P: Printed

Mechanism/s to overcome barrier/s:

1. None
2. Obtain translator
3. Reassurance & Support
4. Teach Family / Others
5. Respect values & beliefs
6. Respect Cultural / Religion Preference
7. Other, Specify .....

Understanding: 1. Verbalizes Understanding 2. Demonstrates Understanding 3. Needs Review

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MULTI-DISCIPLINARY PLAN OF CARE FORM

Diagnosis: G3 P1 L1 E1 c 5th wks c left cornual ectopic pregnancy for conservative mgmt

Date Time	Discipline	Type	Patient Needs / Problem List	Goal	Plan / Intervention	Signature	Team Verification
21/7/20	☑ Medical ☐ Nursing ☐ Others:	☑ Initial ☐ Modified ☐ Per-Op ☐ Post Op	G3 P1 L1 E1 c 5 wks Left cornual ectopic	Safe management	Conservative mant	[signature]	☐ Nursing ☐ Others:
21/7/20	☐ Medical ☑ Nursing ☐ Others:	☐ Initial ☑ Modified ☐ Per-Op ☐ Post Op	↑ fear & anxiety	↓ reduce to fear & anxiety	↑ provided to said details	Sumand	☑ Medical ☐ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Nursing ☐ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Nursing ☐ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Nursing ☐ Others:

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OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 21/5/26 Time of Arrival: 2:50 PM Time Seen by Nurse: 3:55 PM

1) **Level of Consciousness:** ☑ Conscious ☐ Semi-Conscious ☐ UnConscious

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

- ☐ Severe Pain / Moderate Pain
- ☐ Bleeding PV: Slight / Heavy
- ☐ Decreased Fetal Movement
- ☐ No Fetal Movement
- ☐ Preterm rupture of Membranes / Leaking Water PV
- ☐ Preterm Labor/ Labor
- ☐ Spontaneous Rupture of Membrane / Leaking Water PV
- ☐ Other Reason: ectopic

3) **Vital Signs:** Temperature: 98°F Pulse: 90 RR: 20 SpO2: 100 BP: 110/72 Weight: .....

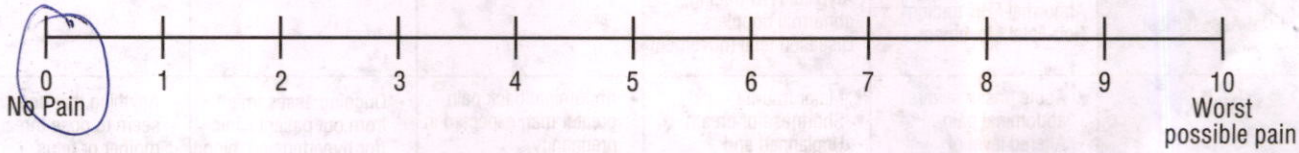
4) **Gestational Criteria:**

Gravida:	G 3	P 1	L 1	A

LMP: 13/6/26 EDD: ..... Gestational Age: 5+3wks

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: .....
- Frequency: ..... only
- Interventions: .....

.....

6) **Past History:**

a) Surgeries: .....

b) Medical: T. Duphaston 10mg BD. / T. folicacid OD

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7) **Allergy:** ☐ Yes ☑ No, If Yes : .....

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

9) **Prenatal Medical History:**

☐ None
☑ Chronic Hypertension
☐ Gestational Hypertension
☐ Diabetes
☐ Gestational Diabetes
☐ Low placenta
☐ Others if yes, specify .....

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: 2:50 pm

Nurse Name : Suvarde Nurse Signature: Suvarde

Date: 21/7/26 Time: 8pm

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OBSTETRICS / GYNECOLOGY
NURSING INITIAL ASSESSMENT FORM

Date of Admission: 21/2/26

Baseline Information:

Admission From: ☐ ER ☐ OPD ☑ Admission Desk ☐ Others, specify .....

Primary Language: ☑ Telugu ☐ English ☑ Hindi ☐ Others, specify .....

Do you require an interpreter? ☐ Yes ☑ No if Yes specify .....

Source of Information: ☑ Patient ☐ Family ☐ Others, specify .....

Allergies: ☐ Yes ☑ No ☐ Medications ☐ Blood Transfusion ☐ Food ☐ Other: .....

If yes, identify .....

Chief Complaints: pain

Doctor Notified on Admission: ☑ Yes ☐ No

Name of the Doctor: DR. Shruthe

Time Notified: 2.57 PM

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

Past Medical History	Past Surgical History	Previous Hospital Admission
	Nil	Nil

Gynecology Assessment: ☐ Not Applicable

Menstrual History: .....

Regular

Onset of Menarche: .....

Menstrual Cycle: ☑ Regular ☐ Irregular

Last Menstrual Period: .....

Gynecology Surgical History:

Caesarean Section: ☐ No ☐ Yes

Cervical Cerclage: ☐ No ☐ Yes

Ectopic Pregnancy: ☐ No ☐ Yes

Myomectomy: ☐ No ☐ Yes

Others: _____

Gynecological History:

Contraceptives: ☐ No ☐ Yes

Vaginal Discharge: ☐ No ☐ Yes

Post-Coital Bleeding: ☐ No ☐ Yes

Infertility: ☐ No ☐ Yes

If Yes Type: ☐ Primary ☐ Secondary

Obstetric History: G 3 P 1 L 1 A .....

Previous LSCS: .....

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

Family History: ☑ No Abnormalities Detected

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

☐ Liver disease ☐ Other .....

Vital Signs / Measurements: Temp: 98.6°F HR: 90 RR: 20

BP: 110/72 Weight: — Height: — BMI: —

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

BAH-00390608 IP5-00176732
Mrs PREETI BHARATHI
02-03-1993 33 Y 4 M 19 D (F)
Dr. HIMABINDU VEERLA

PHYSICAL ASSESSMENT

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

Fall Assessment: ☑ Yes ☐ No Score ..28.. (complete the Morse Fall Risk Assessment Sheet)

Risk of Pressure Sore: ☑ Yes ☐ No Score ..20.. (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 ..Husband..

Name of Person Orientation was given to: ..Mrs. Preeti..

Orientation not given Reason: ..Ill Sinusitis..

Nurse Signature: .....

Nurse Name: ..Suvarna..

Date & Time: ..21/12/26 8PM..

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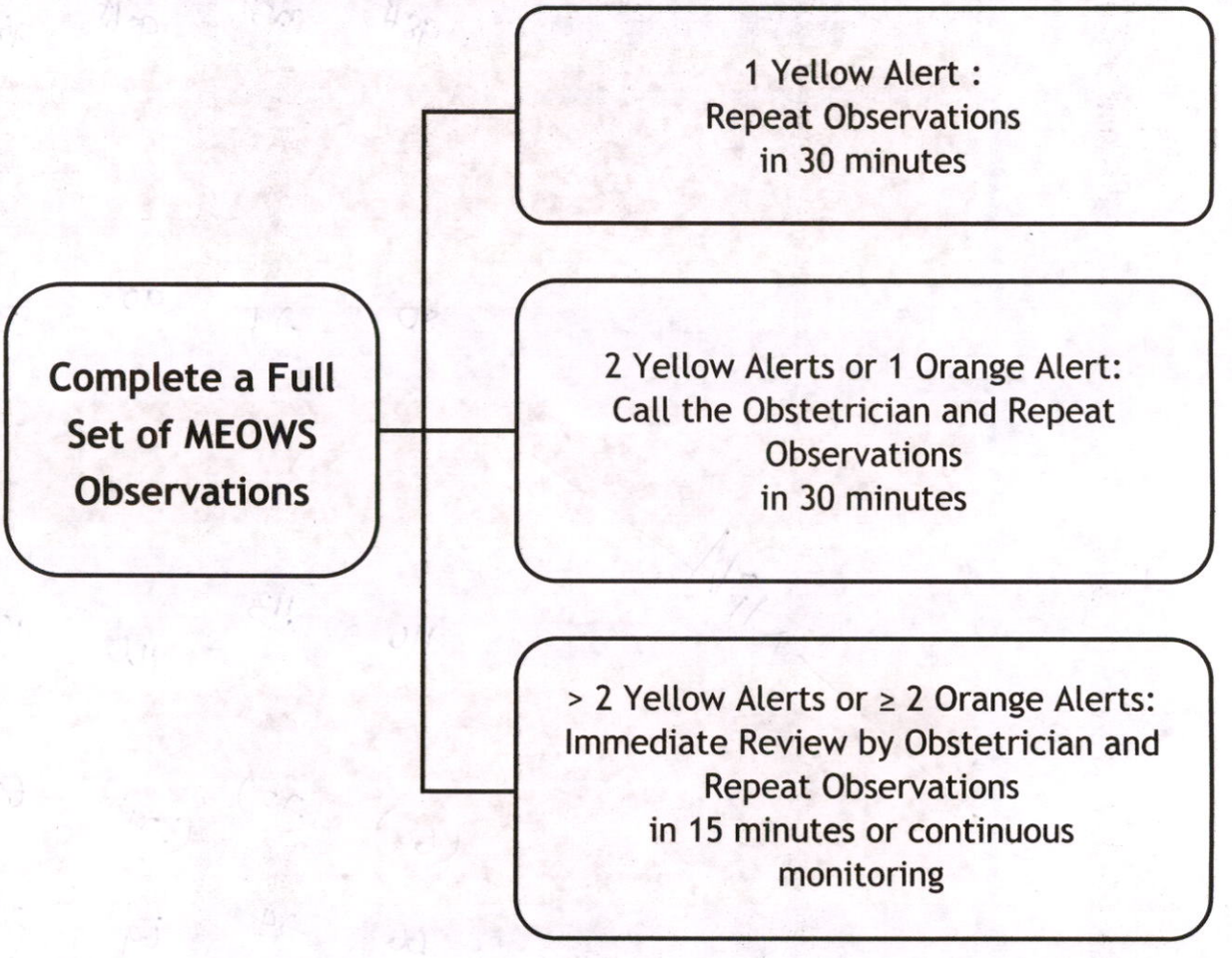
Early Warning Observation Score Chart - Obstetrics

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

21/2/26

		Date																							
		Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																									
	21 - 30																									
	11 - 20														19			19			19			19	19	19
	0 - 10																									
Saturations	94 - 100 %														99			98			99			100	99	99
	< 94 %																									
Administered O_2 (L/min.)																										
Temp °c	40																									
	39																									
	38																									
	37														98.6			99.37			98.6			96.8	98.6	97.5
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80														80			79			90			80	92	72
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressue ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110														116			113						106	102	109
	100																				100					
	90																									
	80																									
	70																									
	60																									
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110														(68)			(72)			(74)			(68)	(72)	(69)
	100																									
	90																									
	80																									
	70														66			74			69			73	66	
	60																									60
	50																									
	40																									
NEURO RESPONSE [✓]	Alert														A			A			A			A	A	A
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30														✓			✓			✓			✓	✓	
	< 30																									
Proteinuria	Protein + +																									
	Protein > + +																									
Lochia	Normal														✓			✓			✓					
	Heavy / Foul																							✓	✓	✓
Liquor	Clear / Pink														✓			✓			✓			✓	✓	✓
	Green																									
TOTAL YELLOW SCORES															0			0			0			0	0	0
TOTAL ORANGE SCORES															0			0			0			0	0	0
Nurse Initial																										

Obstetrics and Gynaecology Early Warning Signs



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

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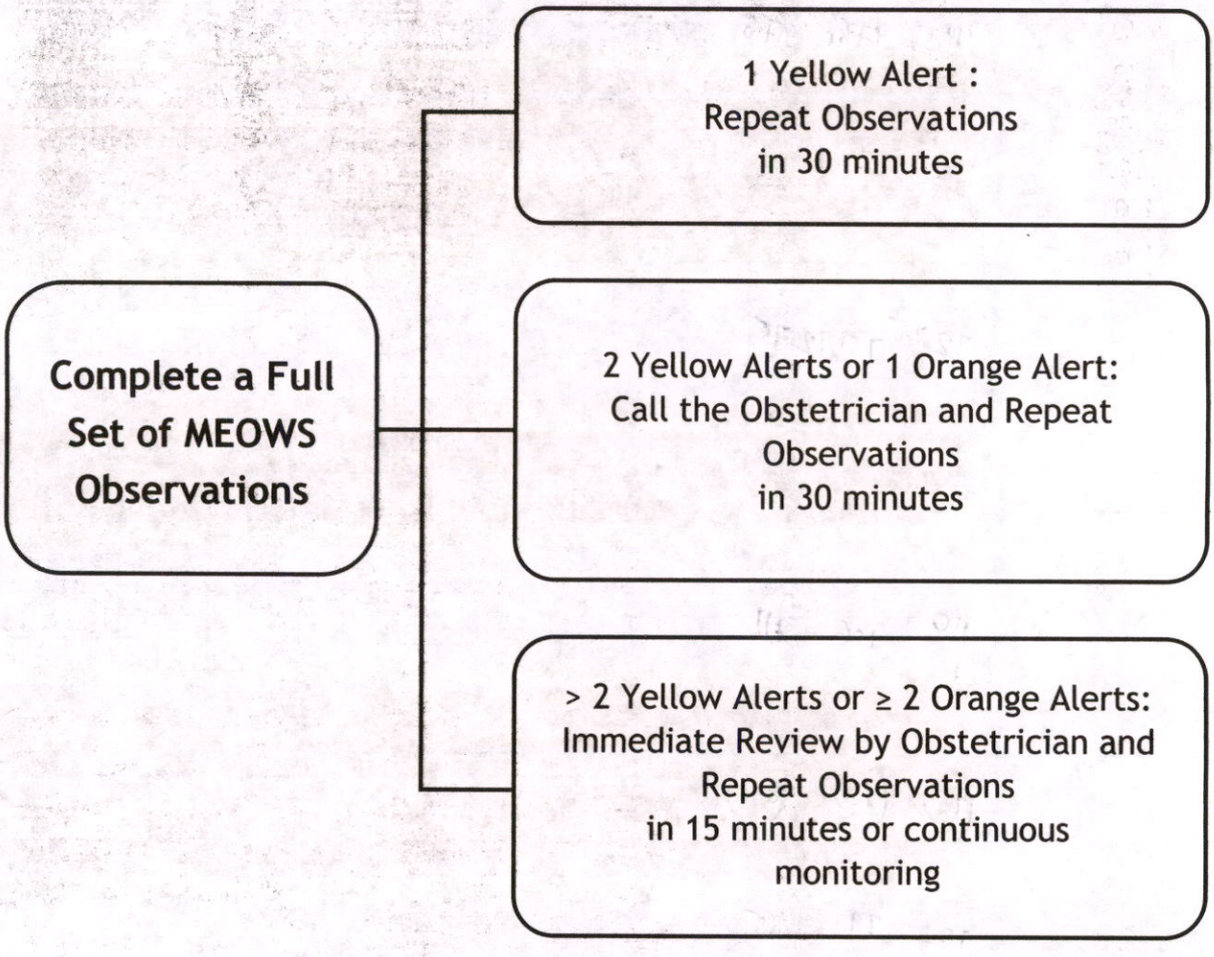
Early Warning Observation Score Chart - Obstetrics

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

		Date	22/7/26																							
		Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																									
	21 - 30																									
	11 - 20		19	20	19		18																			
	0 - 10																									
Saturations	94 - 100 %		98%	98%	99%		98%																			
	< 94 %																									
Administered O_2 (L/min.)																										
Temp°c	40																									
	39																									
	38																									
	37																									
	36		98.5°F		97.6°F		97.6°F																			
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70		72	75	70		72	75																		
	60																									
	50																									
	40																									
Systolic Blood Pressue ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110		110		106		111																			
	100																									
	90		1																							
	80																									
	70																									
	60																									
	50																									
Diastolic Blood Pressure ↓	130																									
	120		(78)		(82)		(85)																			
	110																									
	100																									
	90																									
	80																									
	70		72		79		75																			
	60																									
	50																									
	40																									
NEURO RESPONSE [✓]	Alert		A		A		A																			
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30		✓		✓		✓																			
	< 30																									
Proteinuria	Protein + +																									
	Protein > + +																									
Lochia	Normal		—		—		—																			
	Heavy / Foul																									
Liquor	Clear / Pink		✓		✓		✓																			
	Green																									
TOTAL YELLOW SCORES			0		0		0																			
TOTAL ORANGE SCORES			0		0		0																			
Nurse Initial			Vay		Vay		Vay																			

Obstetrics and Gynaecology Early Warning Signs



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

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FLUID CHART

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BirthRight BY RAINBOW HOSPITALS
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Sheet No. : 1

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

		Intake				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :							**Total Output :**					
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :							**Total Output :**					
21/2	08:00 pm		H20				1			✓	0	
	09:00 pm						1			✓	0	
	10:00 pm	RL	3 dly	50			N				0	
	11:00 pm	RL	H20	50ML			P			✓	0	Syrcad
	12:00 am	RL		50ML			P				0	
	01:00 am	RL	H20	50ML			1			✓	0	
Total Intake :		taken.					**Total Output :**				passed	
22/2	02:00 am	RL	H20	50ML			1			✓	0	
	03:00 am	RL		50ML			1				0	
	04:00 am	RL	H20	50ML			N				0	
	05:00 am	RL		50ML			P			✓	0	Syrcad
	06:00 am	RL	H20	50ML			P				0	
	07:00 am	RL	H20	50ML			1			✓	0	
Total Intake :		taken					**Total Output :**				passed	

Total 24 hrs. Intake		Total 24 hrs. Output	

RL — 50ML
Hinds — 0

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FLUID CHART

Sheet No. : 2

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

Date	Time	Intake				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
		Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
22/7/26	08:00 am					—					0	Yasu
	09:00 am										0	
	10:00 am									✓	0	Yasu
	11:00 am		water 100ml								0	
	12:00 pm										0	Yasu
	01:00 pm		water 100ml								6	Yasu
Total Intake :		Taken.				**Total Output :**				U- Nil		
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

Patient Sticker

FLUID CHART

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Sheet No. : .....

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

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

Total 24 hrs. Intake		**Total 24 hrs. Output**	

Patient Sticker

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Sheet No. : .....

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

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

Total 24 hrs. Intake		**Total 24 hrs. Output**	