BAH-00435265 IP5-00176627
Mrs SYEDA HOOR UNNISA
01-04-1993 33 Y 3 M 19 D (F)
Dr. SHRUTHI REDDY/Dr.LAVANYA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

SURGERY DETAILS

Date : 20/7/2026

Patient Name: Mrs. Syeda Hoor Unnisa Date of Birth: 1/4/1993 Age: 33yrs

Gender: Female Ward : OBG OT-2 UHID No.: BAH-00435265

Date of Surgery: 20/7/2026 ☐ OT -1 ☐ OT -2 ☐ OT -3 ☐ OT -4 ☐ OBG OT-1 ☑ OBG OT-2

Name of the Surgery : Elective LSCS + Bilateral tubectomy

Time in : 10:10 AM Time Out : 11:10 AM

	NAME	AMOUNT
1. Surgeon	: Dr. Shruthi Reddy, Dr. Lavanya	
2. Anaesthetist	: Dr. Akhila	
3. Assistant Surgeon	: Dr. Asshaya	
4. OT Technician	: Kulsum	
5. Circulating Nurse	: Sis. Laxmi	
6. Assistant Nurse	: Sis. Srilatha	

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

Dr Asshaya for Dr. Shruthi
Signature of the Surgeon

Signature of Circulating Nurse

Order No: 971255 Order by:

Docu. No. : RCHBH/FRM/GENERAL/114

BAH-00435265 IP5-00176627
Mrs SYEDA HOOR UNNISA
01-04-1993 33 Y 3 M 19 D (F)
Dr. SHRUTHI REDDY/Dr.LAVANYA

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CONSUMABLES OF OT

Circulating st... inician : kulyum Date : 20/7/26 Time : 10 Am

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube			~~Major Pack~~ US drape		01	Inj Vit.K		01
LMA			Sutures 2346		01	Cord Clamp		01
ECG leads : A / P / N		03	2762		01	Suction Catheter 8G		01
HME filter : A / P / N			2364		01	Feeding Tube		
Syringes : 10 cc			4242		01	Vaccum Suction Set		01
05 cc		203	Gloves 6½		04	Surgical Gloves 6½		02
02 cc		203				Gauze Pack		01
01 cc						Syringe 1ml / 2ml		02
Cautery plate : A / P / N		01	Surgical blade NO 22		01	Surgical Blade # ~~20~~ 22		01
IV set			~~NG~~ tube			Koochies (S)		01
RL		02	Cautery pencil		01	O2 mask (N)		01
NS : 10ml / 100ml / 500ml / 1000ml		01	Koochies Adult XL		01			
10%2%		01	Ointments			Inj-Hepacon		01
			Suction Catheter					
Fentanyl		01	Cap, Mask	10	10			
Morphine			Gauze Pack P		02	97/2575		
Ketamine			Mop Pack		01			
Propofol			~~Steristrip~~ Skin30m		01			
Rocuronium			Underpad		01			
Glycopyrolate			~~Draw~~ sheet Quick		01			
Myopyrolate			Abgel		01			
Ondansetron		01	Foleys catheter					
Pencan 25g/ Spinal Needle 22		01	Urobag					
Bupivacaine 0.25%			Chest Drainage Catheter					
Bupivacaine 0.25%(Heavy)		01	Romodrain bag					
Antibiotics			Bandage					
Adrenaline		01	Tegaderm					
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg		01	Vaccum Suction set		01			
Justin : 12.5 mg / 25mg / 100mg		01	Plastic Bed Sheet					
Tab. Misoprost : 200mg		02	Betadine Solution		01			
Tranexa		2	Microshield					
Oxytocin		02	Cotton Balls		01			
glove 6½		01	Latex Gloves		20			
Gauze		01	Ramdione Scrub					
~~Atropine~~		01	Saral					

Surgeon Dr Sruthi Anaesthesiologist Dr Lavanya Nurse Srilatha OT Technician kulyum

Order No. : 97/2567 Ordered by : Srilatha

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

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 : IP5-00176627 **Admit Date** : 20-Jul-2026 **Admit Time** : 08:04 AM **UHID** : BAH-00435265

Patient Details :

Patient Name	: Mrs SYEDA HOOR UNNISA	**Age**	: 33 Y 3 M 19 D
Guardian	: Mr MIR ARSHAD ALI	**DOB**	: 01-04-1993
Gender	: Female	**Religion**	: Muslim
Occupation	: Housewife	**Martial Status**	: Married
Address (H)	: H NO: 9-2-499/A, SIRAJ MANZIL, PENSION PURA Kakatiya Nagar Hyderabad Telangana INDIA 500008	**Phone No**	: 9885179787/ 9700966380
		E-mail	: nomailid@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 MIR ARSHAD ALI **Relationship** : Husband

Contact Address : H NO: 9-2-499/A, SIRAJ MANZIL, PENSION PURA Kakatiya Nagar Hyderabad Telangana INDIA 500008 **Phone No** : 9885179787 / 9700966380

Signature

Doctor Details :

Doctor Name : Dr. SHRUTHI REDDY/Dr.LAVANYA JANAGAMA **Specialisation** : OBSTETRICS AND GYNECOLOGY

Referral Doctor : Self **Phone No** :

Co-Consultant :

Payment Details :

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

Payor Name : MEDI ASSIST INSURANCE TPA PVT LTD

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

ACTIVITY RECORD FOR BILLING

Name :_____ BAH-00435265 IP5-00176627
Mrs SYEDA HOOR UNNISA
01-04-1993 33 Y 3 M 19 D (F)
Dr. SHRUTHI REDDY/Dr.LAVANYA

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
20/7	10:58am	OBS	OBG-OT	Sunithe
20/7	3:40pm	OBS	3rd floor (319)	Sunithe

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
[illegible]	[illegible]		[illegible]

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
20/12/20	Cardiac monitor	12:00pm		9712595	Yamini

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
2017	IV placement	01	9312599	shobhu
2017	PAC	01	9312598	
2017	Catherization	01	9312599	

ANY OTHER INFORMATION

.....

.....

.....

.....

.....

.....

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

BAH-00435265 IP5-00176627
Mrs SYEDA HOOR UNNISA
01-04-1993 33 Y 3 M 19 D (F)
Dr. SHRUTHI REDDY/Dr.LAVANYA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

Obstetric Formula: G4 P2 L2 E1 C (2) previous LSCS for EL.LSCS

Obstetric Hostory: ML- 2017, NCM
I - 2020, FTLSCS (Non-decent on full dilatation), ♂, 3.66kgs
AGH.

Present Pregnancy Record: Ruptured.
II - 2021, E1, Right tubal ectopic.
Lap Salpingectomy done
B.Less - 3 bit, (3 RBC, 1 FFP)

RISK FACTORS: III - 2023, FTLSCS
Male, 3.6kg, AGH

IV - PP. - SP. Conception
Booked @ 5 mts +1

Height: 163 cm
Weight: 73 kg
Allergies: Dust, NKDA
Breast: ☑ Normal ☐ Abnormal
General Examination:
Consciousness: Conscious Pallor: absent
Icterus: absent Edema: absent
Temp: Afebrile PR: 72
BP: 110/70 DTR: (+)
CVS: S1S2 (+) RS BAE (+)
Liver/Spleen: Non-palpable Urine Output: adequate.

LMP: 28/10/25 EDD: 5/8/26
Corrected EDD: 5/8/26 GA: 37 wks 5 days
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 Not done

Draining: ☐ Present ☐ Absent ☐ Bleeding
Colour of Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Vaginal Examination

Cervix: ☑ Long ☐ Partially effaced ☐ Effaced
Os: Closed Closed Dilated _____
Membranes: ☐ Present ☐ Absent
Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained
Presenting Part: ☐ Vertex ☐ Breech ☐ Others
Sutton: ☐ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2
Pelvis: ☐ Adequate ☐ Doubtful

DIAGNOSIS

G4 P2 L2 E1 + (2) previous LSCS + 37 wks 5 days for EL.LSCS.

BAH-00435265 IP5-00176627
Mrs SYEDA HOOR UNNISA (F)
01-04-1993 33 Y 3 M 19 D
Dr. SHRUTHI REDDY/Dr.LAVANYA

Family History:	Surgical History:
Fathe - DM Mothe - HTN	LSCS → 2017, 2023 Lap. right Salpingectomy — 2021
Medical History:	**Medication History:**
NIL	T. Iron — OD T. Calcium — OD
Plan of Care:	**Investigations:**
• admission • Monitor vitals • FHR - Mech • NST - NOW • prepare parts • Trace = CBP, Vitals • Consent - El. LSCS • I/v canula • I/v fluids - 100 ml/hr • foley's catheterisation • Shift to OT on call.	A+ve. 16/7/26 CBP - Hb - 11.3 PLT - 2.28 WBC - 10.99 Viral - NR. 4/6/26 Hb: 11.2 PLT: 2.46 WBC: 11000 NT: 1.3mm. FTS: Low risk TIFFA: (N) 18/6/2026 33+1 wks, cephalic. CA ⊕, placenta + Pl/H AFI: 13.5cm, ACN 53%. EFW: 2315 gms (66%) Doppler - (N)

Doctor Name: Dr Sravanthi
Signature:
Date & Time: 20/7/2026, 8:10 Am

Consultant Name: Dr Shruthi Reddy
Signature:
Date & Time: 20/7/2026 8:10 Am

DR. SHRUTHI REDDY
Registration No. 48837
TELANGANA

BAH-00435265 IP5-00176627
Mrs SYEDA HOOR UNNISA
01-04-1993 33 Y 3 M 19 D (F)
Dr. SHRUTHI REDDY/Dr.LAVANYA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

DEFICIENCY CHECK LIST OF CASE SHEET

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

Signature and Date :

Doc. No. : RCHBH/ FRM / GENERAL / 126

(P.T.O)

ERROR LOG

LOCATION : OT / Birthing Centre / BirthRight Premium / 3rd Floor (Zone A,B,C) / NICU / PICU / 2nd Floor Ward / Oncology / 1st Floor Wards.

OBSERVATION :

DATE :

SIGNATURE OF MRD INCHARGE / EXECUTIVE

BAH-00435265 IP5-00176627
Mrs SYEDA HOOR UNNISA
01-04-1993 33 Y 3 M 19 D (F)
Dr. SHRUTHI REDDY/Dr.LAVANYA

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
20/7/26 12pm	POD-0	?/ 31yrs / P3L3 + Lt tubectomy
	Afebrile	adv (1) NBM 4-6hr
	afebrile	(2) vitals 2nd hr
	PR - 80/min	(3) Drug as charted
	BP - 110/70 mmHg	(4) w/f active bleed
U/O 300ml, Emptied now.	SpO2 98% @ RA	(5) IV Fluid 150ml/hr
	P/A - ut (P) well	(6) Informed
	P/V - NAB.	
		Dr. Arshiya
20/7/26 2.30pm	POD-0	
	Afebrile	adv (1) oral liquids - 5pm
	afebrile	(2) soft diet - 8pm
	PR - 90/min	(3) vitals 6th hr
B. NCU	BP - 110/70 mmHg	(4) Drug as charted
U/O 250ml.	SpO2 - 98% @ RA	(5) w/f active bleedy
	P/A - ut (P) well	(6) IV Fluids 150ml/hr
	BS (+)	(7) remove Foleys. 6Am (21/7/26)
N/B Sunitha 607700	P/V - NAB	(8) Informed.
		Shift to room.
		Dr. Arshiya

BAH-00435265 IP5-00176627
Mrs SYEDA HOOR UNNISA
01-04-1993 33 Y 3 M 19 D (F)
Dr. SHRUTHI REDDY/Dr.LAVANYA

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
20/6/26 7:00pm	O/E ac-fair, vitals stable, P/A - uterus retracted well, L/E - lochia healthy	Adv: soft diet, plenty of oral fluids; drugs as prescribed; vitals monitoring; I/O charting; inform SOS
U/O adequate		
Remove foley's @ 6Am on 21/6/26		Dr Sanna
21/6/2026 9:00pm	POD-1/El. LSCS/P3L3 + c/o: giddiness	~~NB seema~~ ① tubectomy.
	O/E G. fair, vitals stable, P/A - Ut ⓡ well contracted. L/E - lochia healthy	Adv ① soft diet ② Hydration ③ Ambulation ④ w/f active bleeding ⑤ vitals 4th hourly ⑥ inform SOS
CVS ✓ Fx Sx.	① Stop tramadol.	Dr. Divya
		N B Sowbharani

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

BAH-00435265 IP5-00176627
Mrs SYEDA HOOR UNNISA
01-04-1993 33 Y 3 M 19 D (F)
Dr. SHRUTHI REDDY/Dr.LAVANYA

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
	POD-1 / El. LS + P3/2 + Tubectomy.	
21/6/26 2:00pm	Pt comfortable	
	O/E GC fair	Adv
	Vitals stable.	1) soft diet
voided	P/A - soft	2) Ambulation
f/	Ut ⓦ well	3) Hydration
S/	U/F BWNL	4) w/f active bleeding
	BS ⊕.	5) vitals 4th hrly
		6) Inform SOS
		Dr. Divya
		NB Seema
21/7/26 8:30pm	POD-1 / El-LSCS + P3/2 + BTL	
	Pt-Comfortable	Rx
	GC: fair	1) SUPP- Dulcolax 2 tabs P/R stat
V✓	vitals: stable	2) Monitor vitals
f✓	P/A: ut ⓦ well	3) Drugs as charted
S ⊗	Soft, BS ⊕	4) w/f P/V bleed
D-new	P/V: NAD	5) ⓝ diet c plenty of oral fluid
		6) Ambulation
		7) Inform SOS
		— Dr Reddy
		N.B. [illegible]

BAH-00435265 IP5-00176627
Mrs SYEDA HOOR UNNISA
01-04-1993 33 Y 3 M 19 D (F)
Dr. SHRUTHI REDDY/Dr.LAVANYA

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
	POD-2 / EL.LS + Pslg / BTL	
22/7/26 9:30AM		
		℞
	No complaints	
	Ambulating	1) (N) diet c plenty of oral fluids
D-NICU	GC: fair	2) Ambulation
U ✓	Vitals: stable	3) Drug as charted
F ✓	P/A: U'R well	4) w/f P/V bleeding
S ✓	Soft, BS+	5) Inform SOS
	P/V: NAD	
		— Dr Sruthi
	Plan discharge	

BAH-00435265 IP5-00176627
Mrs SYEDA HOOR UNNISA
01-04-1993 33 Y 3 M 19 D (F)
Dr. SHRUTHI REDDY/Dr.LAVANYA

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

BAH-00435265 IP5-00176627
Mrs SYEDA HOOR UNNISA
01-04-1993 33 Y 3 M 19 D (F)
Dr. SHRUTHI REDDY/Dr.LAVANYA

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

BAH-00435265 IP5-00176627
Mrs SYEDA HOOR UNNISA
01-04-1993 33 Y 3 M 19 D (F)
Dr. SHRUTHI REDDY/Dr.LAVANYA

Patient

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: Dr. Shruthi Reddy Dr. Lavanya	Date of Delivery: 20/7/2026
Assistant Surgeon: Dr. Arshiya	Time of Delivery: 10:27AM
Anaesthetist's Name: Dr. Akhila	Gender of Baby: Female
Type of Anaesthesia: ↓ Spinal	Weight of Baby: 2.904kgs
Neonatologist: Dr. Lohith	AGPAR Score: 7/8
Scrub Nurse: SIS, Srilatha	NICU Admission: ☑ Yes ☐ No

Pre-Operative Diagnosis: G4P2L2E1 2 prev LSCS 37+5 wks. for ELCS

☑ Elective ☐ Emergency Indication: 2 prev LSCS.

Urgency

- ☐ Immediate Threat to life of woman or fetus
- ☐ Maternal or fetal compromise not immediately life threatening
- ☐ No maternal or fetal compromise but needs early delivery
- ☐ Delivery timed to suit woman and staff

Decision time: ..... Knief to rectus: .....

CTG Description: .....

If there was a delay give the reasons: .....

Surgical Procedure: Elective LSCS.

Post Operative Diagnosis: POD-0 / ELCS / P3L3E1

Peri-Operative Complications: /

Amount of Blood Loss: ~ 500ml	Blood Transfused (in ML): NIL.

Name and Number of Surgical Specimen sent for examination:

Examination Findings when Appropriate:

Presentation: ☐ Cephalic ☐ Breech ☐ Other .... Cervical Dilatation: .... cm

5th Palpable: .... Fetal Position: ....

Station: ☐ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2 Moulding: ☐ None ☐ + ☐ ++ ☐ +++

Caput: ☐ + ☐ ++ ☐ +++ Meconium: ☐ None ☐ + ☐ ++ ☐ +++

Bladder Catheterized : ☐ Yes ☐ No Urine: ☐ Clear ☐ Blood Stained

---

Skin Incision: ☑ Pfannensteil ☐ Transverse ☐ Midline ☐ Other ....

Uterine Incision: ☑ Lower Segment ☐ Classical ☐ Inverted T ☐ J Incision

Previous Scar: ☐ Intact ☐ Thinnedout ☐ Ruptured ☐ No Scar

Incision Through Placenta: ☐ Yes ☑ No

Delivery of head: ☑ Manual ☐ Forceps

Liquor: ☑ Clear ☐ Meconium: ☐ I ☐ II ☐ III ☐ Blood ☐ Offensive ☑ Not Offensive

Delivery of Placenta: ☐ Manual ☑ CCT .... ☑ Complete ☐ Incomplete ☐ Piecemeal

Cord Appearance: .... normal .... Cord around the neck ☐ Yes ☑ No

Appearance of placenta: .... normal .... Cavity explored ☑ Yes ☐ No

Uterus, tubes and ovaries: ☑ Normal ☐ Not Normal Sterilization: ☑ Yes ☐ No Lt tubectomy

---

Uterine Closure: ☐ One Layer ☑ Two Layers .... Vicryl 1-0 .... Suture

Peritoneal Closure: ☐ Pelvic ☑ Abdominal ☐ None .... Rapid vicryl 2-0 .... Suture

Sheath Closure: .... vicryl 1 .... Suture

Fat Closure: ☑ Yes ☐ No .... Rapid vicryl 2-0 .... Suture

Skin Closure: ☑ Subcuticular ☐ Mattress .... Rapid vicryl 2-0. .... Suture

Vagineal Evacuated ☑ Yes ☐ No

Drain: ☐ Yes ☑ No ☐ Remove in .... days ☐ Await instructions

Ctheter ☑ Yes ☐ No ☐ Remove in ....24h.... days ☐ Await instructions

Swap & Instruments count correct? ☑ Yes ☐ No ☐ Post-op Antibiotics ☐ Yes ☐ No

Intra-Operative Antibiotics Cover: ☑ Yes ☐ No ☐ Thromboprophylaxis ☐ Yes ☑ No

Post-Operative Notes: ....

NBM 4-6hr.

Vitals 2nd h.

Drug as charted.

V/A after bleedy

informs.

Doctor Name: .... Dr. Ashiya .... Doctor Signature: ....

Date & Time: .... 20/7/21, 11:45 Am.

BAH-00435265 IP5-00176627
Mrs SYEDA HOOR UNNISA
01-04-1993 33 Y 3 M 19 D (F)
Dr. SHRUTHI REDDY/Dr.LAVANYA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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: ..... 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. Iron	1tab	P/O	O.D	19/7	☐ C ☐ DC
2	T. calcium	1tab	P/O	O.D	19/7	☐ C ☐ DC
3						☐ C ☐ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Shruthi

Date & Time : 20/7/2020, 6 AM

Nurse Name & Signature: Shobha

Date & Time : 20/7/20 8 AM

BAH-00435265 IP5-00176627
Mrs SYEDA HOOR UNNISA
01-04-1993 33 Y 3 M 19 D (F)
Dr. SHRUTHI REDDY/Dr.LAVANYA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

DRUG CHART

Date of Admission: 20/7/26 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 .....

BAH-00435265 IP5-00176627
Mrs SYEDA HOOR UNNISA
01-04-1993 33 Y 3 M 19 D (F)
Dr. SHRUTHI REDDY/Dr.LAVANYA

REGULAR PRESCRIPTIONS

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

DRUG : T. PARACETAMOL

Dose	Route	Frequency	Start Date
1gm	oral	QID 6hr	20/7

Name & Signature of the Doctor Starting the Drugs: Dr. Akhila-K

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date	20/7	21/7	22/7
Time			
12 AM	X		
6 AM	X		
12 PM	X		
6 PM			

DRUG : T. TRAMADOL

Dose	Route	Frequency	Start Date
100 mg	oral	TID 8hr	20/7

Name & Signature of the Doctor Starting the Drugs: Dr. Akhila-K

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date	21/7
Time	
1 AM	
9 AM	
5 PM	

STOP
Dr Vidya
21/7/26
9 : 40 PM

DRUG : T. DICLOFENAC

Dose	Route	Frequency	Start Date
50mg	oral	TID 8hr	20/7

Name & Signature of the Doctor Starting the Drugs: Dr. Akhila-K

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date	20/7	21/7
Time		
7 AM	X	
3 PM	X	
11 PM		

DRUG : T. PANTOP

Dose	Route	Frequency	Start Date
40mg	PO	BD	20/7

Name & Signature of the Doctor Starting the Drugs: Dr. Akshay

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date	20/7	21/7	22/7
Time			
6 AM			
6 PM			

VERIFIED

BAH-00435265 IP5-00176627
Mrs SYEDA HOOR UNNISA
01-04-1993 33 Y 3 M 19 D (F)
Dr. SHRUTHI REDDY/Dr.LAVANYA

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

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
19/7	8:32 AM	Inj PERINORM	~~10~~ mg	IV		Yamuna Shobha 8:32 AM
20/7	8:30 AM	Inj PANTOPRAZOLE	40 mg	IV		Yamuna shoba 8:32 AM
20/7	8:40 AM	Inj CEFOTAXIME	1gm	IV		Yamuna shoba 8:42 AM
20/7	11:10AM	SUP·DICLOFENAC	100mg	PR		Srilatha Lavi 11:15 AM
20/7	11:10AM	SUP·TRAMADOL	100mg	PR		Srilatha Lavi 11:20 AM
20/7	10:45AM	Inj·ONDANSETRON	4mg	IV		Srilatha Lavi 10:55 AM
20/7	10:45AM	Inj. TRANEXAMIC ACID	1gm	IV		Srilatha Lavi 10:55 AM
20/7	10:30PM	I/V. PCM	1gm	IV		sumana subbiah
21/7	10:30pm	Tablet	2 tabs	P/O		Divya Divya

BAH-00435265 IPS-00176627
Mrs SYEDA HOOR UNNISA
01-04-1993 33 Y 3 M 19 D (F)
Dr. SHRUTHI REDDY/Dr.LAVANYA

I.V. FLUIDS CHART

Weight. ..... Ward. ..... B/C

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
20/7	8.30 AM	Ringer lactate	I/V	100 ml/hr		Yamuna Shoba	20/7		Sunitha Yamuna
20/7	10:15 AM	RINGER LACTATE	IV	500ml/hr		Srilatha Lavi	20/7		Srilatha Lavi
20/7	10:45 AM	RINGER LACTATE	IV	500ml/hr		Srilatha Lavi	20/7		Srilatha Lavi
20/7	11:15 AM	RINGER LACTATE	IV	100ml/hr		Srilatha Lavi	20/7/25		Srilatha Lavi
20/7	1:00 pm	RINGER LACTATE	IV	100		Yamuna Shoba	20/7		Sunitha Suvarna
20/7	3:40 pm	RINGER LACTATE	IV	100		Sunitha Suvarna	21/7		Sunitha

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

BAH-00435265 IP5-00176627
Mrs SYEDA HOOR UNNISA
01-04-1993 33 Y 3 M 19 D (F)
Dr. SHRUTHI REDDY/Dr.LAVANYA

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

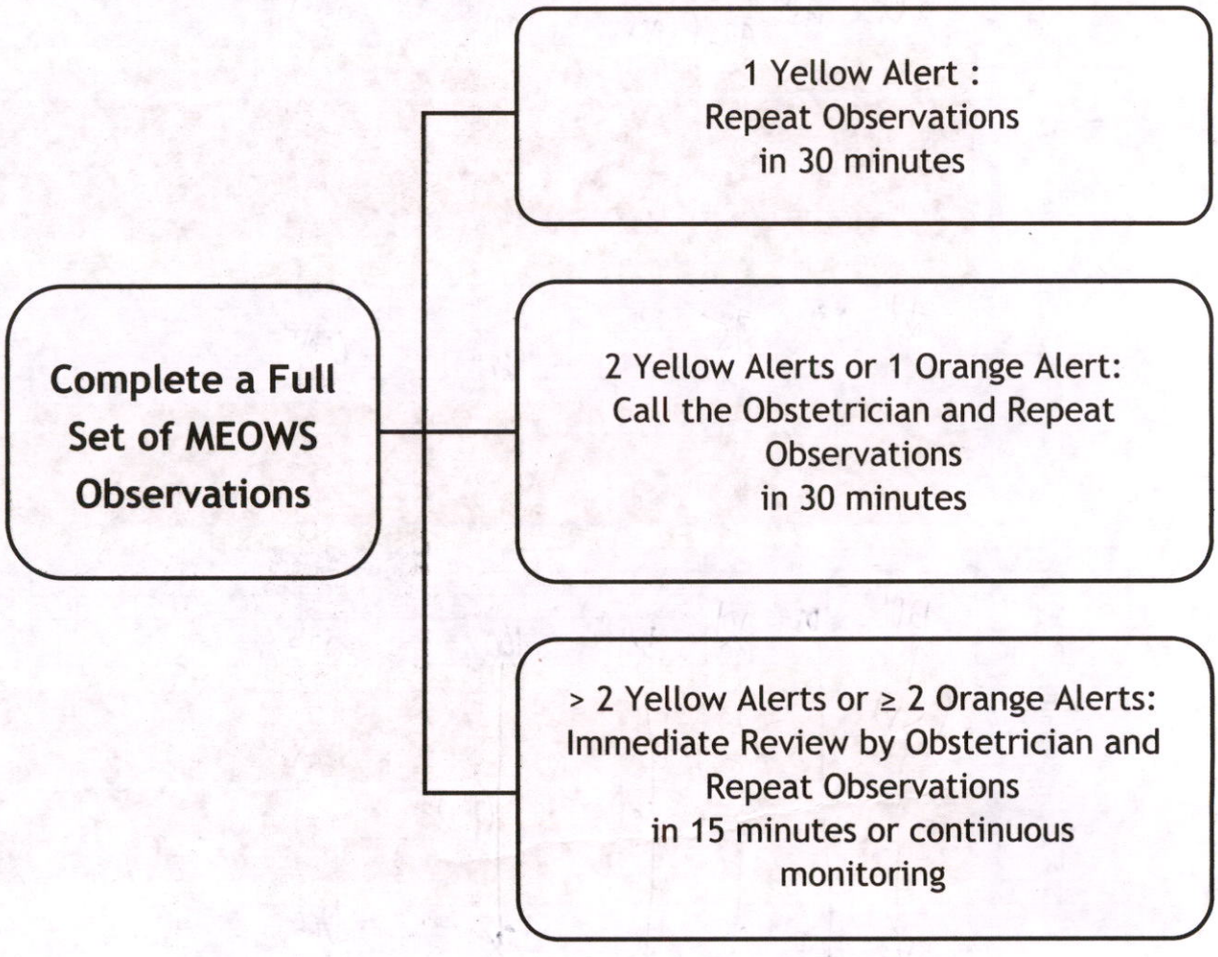
BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Early Warning Observation Score Chart - Obstetrics

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

20/7/26	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		20		19		19			20				19								19	
	0 - 10																								
Saturations	94 - 100 %		98%		98		99		99			100%				98%								99%	
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37		97.1°F		97.5°F											98.5°F								98.2°F	
	36						97.5°F		98°F			37°c													
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80		79		81		75		80															70bpm	
	70															66bpm									
	60											62													
	50																								
	40																								
↑ Systolic Blood Pressure	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120		120		102		101																	96	
	110								104			100													
	100															106									
	90																								
	80																								
	70		(85)																						
	60																								
	50						(81)									(80)								(80)	
↓ Diastolic Blood Pressure	130																								
	120								(69)			(78)													
	110																								
	100																								
	90																								
	80																								
	70		72				65									66								73	
	60				60				58			60													
	50																								
	40																								
NEURO RESPONSE [✓]	Alert		✓		✓		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								0	
TOTAL ORANGE SCORES			0		0		0		0			0				0								0	
Nurse Initial			[illegible]		[illegible]		[illegible]		[illegible]			[illegible]				[illegible]								[illegible]	

Obstetrics and Gynaecology Early Warning Signs



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

BAH-00435265 IP5-00176627
Mrs SYEDA HOOR UNNISA
01-04-1993 33 Y 3 M 19 D (F)
Dr. SHRUTHI REDDY/Dr.LAVANYA

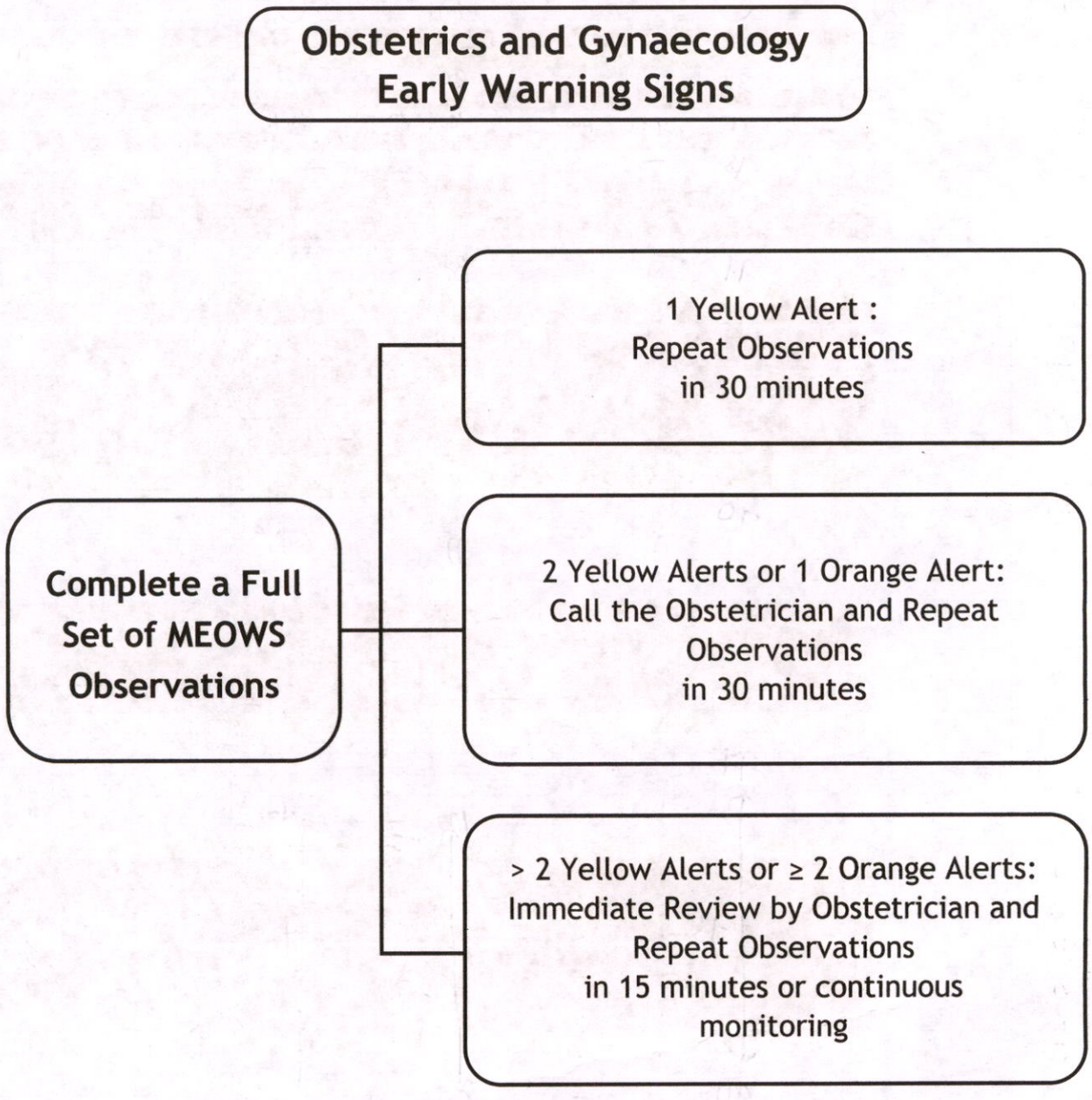
Rainbow® Children's Hospital
It takes a lot to treat the little.

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	21/3/26																						
		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					22							20				20								20
	0 - 10																								
Saturations	94 - 100 %												100%				99%								99%
	< 94 %																								
Administered O_2 (L/min.)						98																			
Temp°C	40																								
	39																								
	38																								
	37																98.8°F								98.8°F
	36					97							37C												
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90					70																			
	80												77				80bpm								78bpm
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130					97																			
	120																								
	110																								
	100												100				98								100
	90																								
	80																								
	70																								
	60																								
	50					75																			
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90												(78)				(82)								(88)
	80																								
	70																								
	60																								
	50					64							68				68								78
	40																								
NEURO RESPONSE [✓]	Alert					–							–				✓								✓
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30					–							–				✓								✓
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal					•							–				✓								✓
	Heavy / Foul																								
Liquor	Clear / Pink					•							–												
	Green																								
TOTAL YELLOW SCORES						0							0				0								0
TOTAL ORANGE SCORES						0							0				0								0
Nurse Initial																									



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

BAH-00435265 IP5-00176627
Mrs SYEDA HOOR UNNISA
01-04-1993 33 Y 3 M 20 D (F)
Dr. SHRUTHI REDDY/Dr.LAVANYA

22/7/26

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

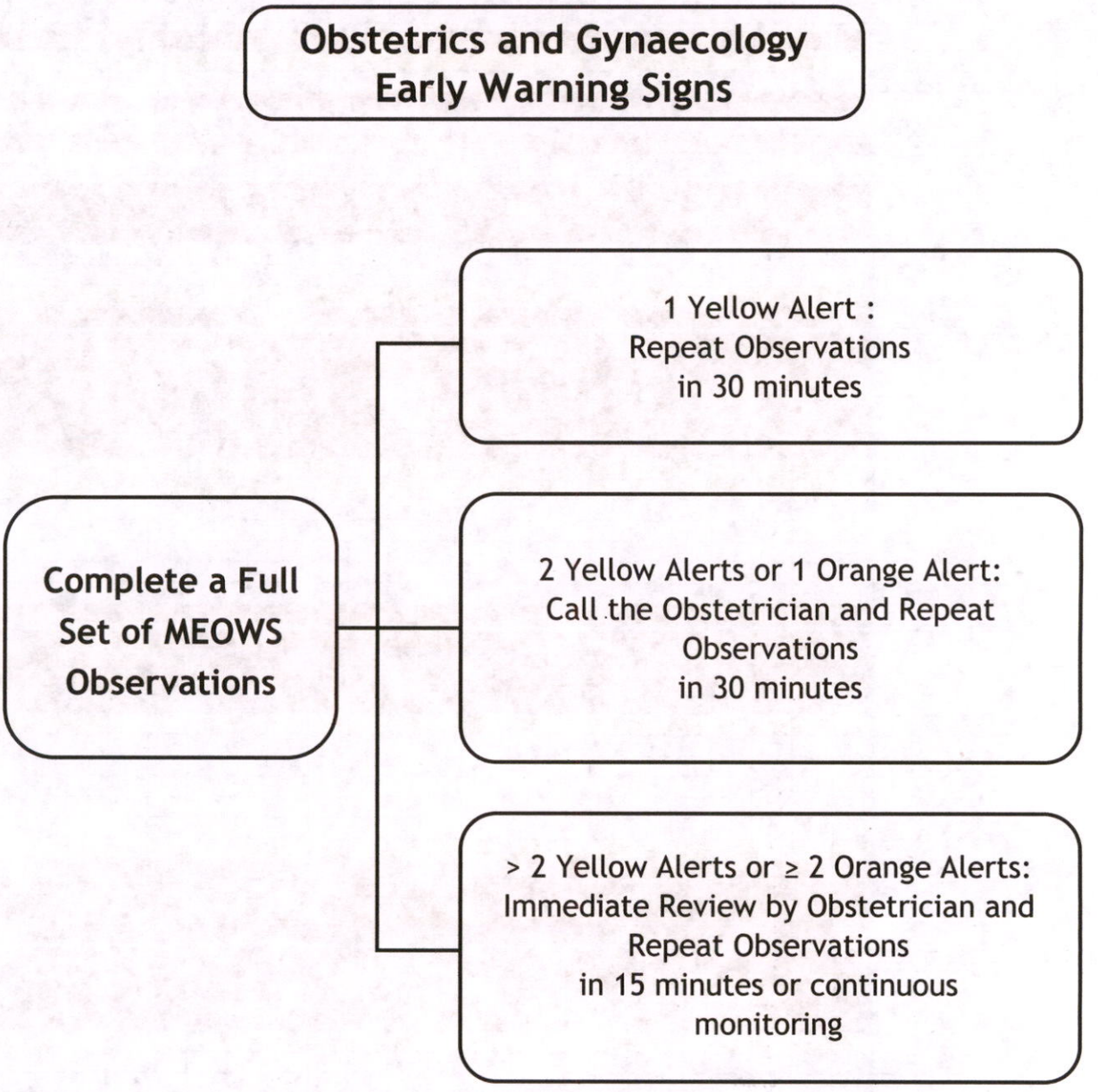
BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Early Warning Observation Score Chart - Obstetrics

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

22/7/26

		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																									
	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			86.																						
	80																									
	70																									
	60																									
	50																									
	40																									
↑ Systolic Blood Pressue	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120				105																					
	110				↑																					
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
↓ Diastolic Blood Pressure	130																									
	120																									
	110																									
	100				83																					
	90																									
	80																									
	70				↓ 39.																					
	60																									
	50																									
	40																									
NEURO RESPONSE [✓]	Alert				•																					
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30				•																					
	< 30																									
Proteinuria	Protein + +																									
	Protein > + +																									
Lochia	Normal				•																					
	Heavy / Foul																									
Liquor	Clear / Pink				•																					
	Green																									
TOTAL YELLOW SCORES					0																					
TOTAL ORANGE SCORES					0																					
Nurse Initial					SV																					



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

BAH-00435265 IP5-00176627
Mrs SYEDA HOOR UNNISA
01-04-1993 33 Y 3 M 19 D (F)
Dr. SHRUTHI REDDY/Dr.LAVANYA

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	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
20/7	08:00 am	RL	NBM	100ml								
	09:00 am	RL	NBM	100ml						✓	0	Shah
	10:00 am	RL	NBM	100ml							0	Shah
	11:00 am	RL	NBM	100ml			NP				0	Shah
	12:00 pm	RL	NBM	100ml						250ml	0	
	01:00 pm	RL	NBM	150ml							0	
Total Intake :		Taken				**Total Output :**					U-250ml	M-0
20/7	02:00 pm	RL	NBM	150ml							0	Radha
	03:00 pm	RL	NBM	150ml							0	Radha
	04:00 pm			150ml							0	
	05:00 pm	R	H2O	150ml			NP				0	Seema
	06:00 pm	L		150ml						400ml	0	
	07:00 pm		H2O	150ml							0	
Total Intake :						**Total Output :**	M-0			U-400ml		
20/7	08:00 pm			100ml							0	
	09:00 pm		Food	150ml							0	
	10:00 pm			150ml						1000ml	0	
	11:00 pm	RL	H2O	150ml			NP				0	Divya
	12:00 am			150ml							0	
	01:00 am		H2O	150ml							0	
Total Intake :						**Total Output :**	M-0			U-passed		
21/7	02:00 am			150ml							0	
	03:00 am		H2O	150ml						700ml	0	
	04:00 am			150ml							0	
	05:00 am	RL		150ml			NP				0	Divya
	06:00 am		H2O	150ml						600ml	0	
	07:00 am			150ml						60	0	
Total Intake :						**Total Output :**	M-0			U-passed		

Total 24 hrs. Intake		Total 24 hrs. Output	M-0 U-2,950ml

BAH-00435265 IP5-00176627
Mrs SYEDA HOOR UNNISA
01-04-1993 33 Y 3 M 19 D (F)
Dr. SHRUTHI REDDY/Dr.LAVANYA

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						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
21/7/26	08:00 am										0	
	09:00 am						1				0	
	10:00 am	NO	H2O				NP				0	
	11:00 am	IVF	H2O								0	Jaya
	12:00 pm						1				0	
	01:00 pm										0	
Total Intake :						**Total Output :** M-0 U-						
21/7/26	02:00 pm										0	
	03:00 pm		H2O								0	
	04:00 pm						1				0	Seema
	05:00 pm		H2O				NP				0	
	06:00 pm										0	
	07:00 pm		H2O								0	
Total Intake :						**Total Output :** M-0 U- 2						
21/7/26	08:00 pm										0	
	09:00 pm		H2O								0	
	10:00 pm						✓				0	
	11:00 pm									✓	0	Divya
	12:00 am		H2O				✓				0	
	01:00 am										0	
Total Intake :						**Total Output :** M-2 U-3						
22/7	02:00 am						✓				0	
	03:00 am		H2O								0	
	04:00 am									✓	0	
	05:00 am										0	Divya
	06:00 am		H2O								0	
	07:00 am										0	
Total Intake :						**Total Output :** M-1 U-						

Total 24 hrs. Intake		Total 24 hrs. Output	M-3 U-8

Docu. No. : RCHBH/FRM/CLINICAL/092

BAH-00435265 IP5-00176627
Mrs SYEDA HOOR UNNISA
01-04-1993 33 Y 3 M 20 D (F)
Dr. SHRUTHI REDDY/Dr.LAVANYA

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						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
22/7/26	08:00 am		Idly								0	
	09:00 am		Adl.							✓	0	
	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

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. 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**	

BAH-00435265 IP5-00176627
Mrs SYEDA HOOR UNNISA
01-04-1993 33 Y 3 M 19 D (F)
Dr. SHRUTHI REDDY/Dr.LAVANYA

319

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 20/7/26 Time: 3:40pm

Origin: Indian Height: 163cm Weight: 73Kg's BMI: 27.5Kg/m²

Food Allergies: No

Diagnosis: POD-0/E.L.LSCS (Elective Lower Segment Cesarian Section)

Type of Diet: ☑ Liquid ☐ Soft ☐ Normal ☐ Diabetic
☐ Vegetarian ☑ Non-Vegetarian ☐ Vegan

Diet Advised:

liquid diet @ 5pm
soft diet @ 8pm

Patient's / Attendant's

Signature:

Name: ARSHAD

Date & Time: 20/7/26 3:40pm

Dietician's

Signature: Saima

Name: SAIMA

Date & Time: 20/7/26 3:40pm

DIETARY NOTES

Date	Time	Notes	Sign
21/7/26	11:10am	patient is stable, oral intake is optimal continue soft diet	Saima
22/7/26	11am	patient is stable, oral intake is better. continue soft diet	Saima