BAH-00654109 IP5-00176656
Mrs ANUSHA GANDE
20-05-1997 29 Y 2 M 1 D (F)
Dr. SHRUTHI REDDY/Dr.LAVANYA

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SURGERY DETAILS

Date : 21/7/26

Patient Name: Mrs. Anusha Gande Date of Birth: 20/5/97 Age: 29 Y

Gender: f Ward : BB-11 UHID No.: BAH-00654109

Date of Surgery: 21/7/26 ☐ OT -1 ☐ OT -2 ☐ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : Lscs + Epidural

Time in : 1.30 AM Time Out : 2.30 Am

	NAME	AMOUNT
1. Surgeon	: Dr. Sneha	
2. Anaesthetist	: Dr. Sumidara	
3. Assistant Surgeon	: —	
4. OT Technician	: —	
5. Circulating Nurse	: Ls. Sneha	
6. Assistant Nurse	: Ls. Sandhya	

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

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 9713622 Order by: Ls. Sneha

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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 : IP5-00176656 **Admit Date** : 20-Jul-2026 **Admit Time** : 02:43 PM **UHID** : BAH-00654109

Patient Details :

Patient Name	: Mrs ANUSHA GANDE	**Age**	: 29 Y 2 M 0 D
Guardian	: MR VARUN RAJ TUDURU	**DOB**	: 20-05-1997
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	: Married
Address (H)	: 101, 2ND FLOOR, SAI BHASKAR ARCADE, NEAR OLD AGE HOME, HUDA COMPLEX, MIYAPUR Nizampat Medak Telangana INDIA 502102	**Phone No**	: 9790057453/ 9790057453
		E-mail	: tuduruvarunraj@gmail.com

Admission Details :

Bed Type : SHARED WARD **Bed No** : SW 419 **Ward Name** : 4F-BIRTHING CENTRE

Room No : SW 419 **Admission Type** : First Visit

Contact Details :

Name	: MR VARUN RAJ TUDURU	**Relationship**	: Husband
Contact Address	:	**Phone No**	: 9790057453 / 9790057453

Signature

Doctor Details :

Doctor Name	: Dr. SHRUTHI REDDY/Dr.LAVANYA JANAGAMA	**Specialisation**	: OBSTETRICS AND GYNECOLOGY
Referral Doctor	: Self	**Phone No**	:
Co-Consultant	:		

Payment Details :

		Deposit Amount	: 0.00
Payment Mode	: Cash	**Payor Name**	: MEDI ASSIST INSURANCE TPA PVT LTD

BAH-00654109 IP5-00176656
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20-05-1997 29 Y 2 M 0 D (F)
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ACTIVITY RECORD FOR BILLING

Name :_____

UHID No. : _____ IP 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
21/7/26	4:55PM	BB-II	31-7	priya

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
20/7	NST — (1)	26503b285	Shobha
20/7/26	NST — (2)	26503b286	
20/7/26	NST - (3)	26503b287	priya
20	CBP	2607a826	shobha
21/7	NST - (4)	26503b278	
21/7	NST - (5)	26503b279	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
20/7	Infusion pampu	5:00pm	2Am	971365 3	Shobhe
20/7	Cardiac monitor	6:00pm	2Am		2
20/7	Epidural pump	6:30 pm	2Am		2

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
20/7	Dr placement :	01	9713655	Shobha
20/7	pte.	01	9713652	Shobha
20/7	Catheterization	01	9713655	priya

ANY OTHER INFORMATION

.....

.....

.....

.....

.....

.....

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

BAH-00654109
Mrs ANUSHA GANDE (F)
20-05-1997 29 Y 2 M 0 D
Dr. SHRUTHI REDDY/Dr.LAVANYA

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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints
Came for IOL

Obstetric Formula: G2A1

Obstetric Hostory:
A1 - 2025 - 10+5 wks, Missed Miscarriage, D&C Done

Present Pregnancy Record:
PP - 1p conception booked at 12 weeks, uneventful ANC.

RISK FACTORS:

LMP: 18/10/2025 EDD: 25/7/2026
Corrected EDD: 29/7/2026 GA: 38+5 wks
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: 4/5
FHS: ☐ Normal ☐ Tachy ☐ Brady ☐ Absent

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

Vaginal Examination 80% effaced
Cervix: ☐ Long ☐ Partially effaced ☐ Effaced
Os: Closed _____ Dilated 2CM
Membranes: ☑ Present ☐ Absent BOM (+)
Liquor: ☑ Clear ☐ Meconium ☐ Blood Stained
Presenting Part: ☑ Vertex ☐ Breech ☐ Others
Sutton: ☐ -3 ☑ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2
Pelvis: ☑ Adequate ☐ Doubtful

Height: 161 cm
Weight: 68.2 kg
Allergies: NKDA
Breast: ☑ Normal ☐ Abnormal
General Examination:
Consciousness: c/d
Icterus: absent
Temp: Afebrile
BP: 114/80 mmHg
CVS: S1S2 (A)
Liver/Spleen: not PCL palpable
Pallor: (-)
Edema: absent
PR: 70/min
DTR: (+)
RS BAE (-)
Urine Output: adequate

DIAGNOSIS
G2A1 / 38+5 wks of GA / in labor.

BAH-00654109 IP5-00176656
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20-05-1997 29 Y 2 M 0 D (F)
Dr. SHRUTHI REDDY/Dr.LAVANYA

Family History: father - HTN	Surgical History: D&C - 2025
Medical History: Nil.	Medication History: fe, cq.
Plan of Care: - Admission - IV cannulation - NST 3rd hly - written & Informed consent - part preparation. - Monitor vitals - Send o trace CBP.	Investigations: BGT - O+ve Viral - NR CBP - 21/7/25 GS - 36+1 | cephalic | 2.4 kg - 13% fe - 5% | tpp/cm

Doctor Name: Dr. Divya
Signature:
Date & Time: 20/7/2026; 3:10pm

Consultant Name: Dr. Shruthi
Signature:
Date & Time:

DR. SHRUTHI REDDY PODDUTOOR
Registration No: 46820

BAH-00654109 IP5-00176656
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DEFICIENCY CHECK LIST OF CASE SHEET

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

Signature and Date :

(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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/7/2026 4:00pm	G2A1 | 38+5wks of GA | in labour	
	O/E	
	G. fair	Adv
	Vital stable	- Inj. cefotaxime 1gm IV stat
	~~ARM done~~	- Enema
	V/E - (2-3 cm)	- part preparation
	80% effaced	- Epidural.
	-2 station	
	head -2 to -1	
	ARM done	
	clear liquor	
		Dr. Divya
20/7/2026 7PM		
	Epidural sited.	
	NST on going.	
	PR: 90bpm	✓ OX4 @ 12ml/hr.
	BP: 119/78 mmHg (90)	✓ IVF @ 100ml/hr RL.
	SpO_2: 99% RA	
	P/A: Acting (+)	
	P/V: 80% effaced, 3cm, PPVH -2	
	(Dr.Divya) clear leak.	Dr. Y. Sneha
	Shift to BS	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/7/26 8PM		
	Pt comfortable	
	On Epidural	
	OXY @18 ml/hr	✓ Inj DROTIN 1amp IV Stat
	P/A: Acting	✓ WIT POL
	P/V: Effaced, 3cm	
	-2, memb (-)	
	clear leak	
	NST: Reactive.	
	V/O: clear	
		Dr Y. Sneha

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	21/7/2026	
	2.00AM PND-0 SVD P1L4A1	
	PR: 80 bpm	① Soft diet
	BP: 100/67(75) mmHg	② plenty of oral fluids
	SpO_2: 98% RA	③ Drugs as chart
	P/A: URW	④ Vitals ½ hrly
	P/V: BWNL	⑤ I/o hrly
	U/O: 150ml, clear	⑥ c/o Bleeding PV
	Baby well	⑦ Inform SOS
		Dr.Y.Sneha.
	21/7/26	
	4AM PND-0 SVD P1L4A1	
	PR:	① Soft diet
	BP:	② plenty of oral fluids
	SpO_2: 100% RA	③ Drugs as chart
	P/A: URW	④ Vitals 6 hrly
	P/V: BWNL	⑤ w/f Bleeding PV
	U/O:	⑥ Inform SOS
	Baby well	
	Shift to room	
		Dr Y Sneha
	Note By Priya GNM	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/7/2026	PND-0/SVD/P1L1A1	
9:00 Am	Pt comfortable.	
	O/E	
	G.C fair	Adv
	Vitals stable	1) R diet
	P/A - ut R well	2) Ambulation
VU - adequate	L/F BWNL	3) Drugs as above
		4) Monitor vitals + the…
→ Remove foleys now.		5) Inform SOS
@ 12:00 pm.		
		Dr Divya
		N.B southamani
21/7/2026	PND-0/SVD/P1L1A1	
2:00 AM	Pt comfortable	
	O/E G.C fair	Adv
voided.	Vitals stable	1) R diet
	P/A - ut R well	2) Ambulation
fv	L/F BWNL	3) Hydration
SY	Lochia healthy.	4) Monitor vitals + the…
B - well.		5) Inform SOS
		Dr. Divya
		NB Seema

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/2/26 8:30am	PND-0 / SVD / P1L1A1	
	Pt: Comfortable	Rx
B-well	GC: fair	1) R diet c plenty of oral fluids
	vitals: stable	
U ✓	P/A: Ut R well	2) Drug as charted
J ✓	soft	3) w/f P/V Bleeding
S ✓	BS +	4) Ambulation.
	P/V: NAD	5) Breast feeding.
		6) Monitor vitals
		— Dr Sruthi
		N.B. Divya 607557
22/2/26 9:30am	PND-1 / SVD / P1L1A1	
		Rx
	Pt: Comfortable	1) R diet
B-well	GC: fair	2) Ambulation
U ✓	vitals: stable	3) Drug as charted
J ✓	P/A: Ut R well	4) w/f P/V Bleeding
S ✓	soft	5) Inform SOS
V/E - due	BS +	
S/E ✓	P/V: NAD	— Dr Sruthi
	Plan discharge	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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RESULT SHEET

Date	20/5/20					
Time	3:51pm					
Hb	13.2					
PCV	39.1					
RBC	4.39					
WBC	14.43					
N/L	82/12					
Platelets	283					
CRP						
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

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

Culture and Sensitivities : .....

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.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

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OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 20/7/26 Time of Arrival: 2:50 pm Time Seen by Nurse: 2:55 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: Dol

3) **Vital Signs:** Temperature: 98°F Pulse: 80 RR: 20 SpO_2: 100 BP: 110/60 Weight: 68.2 kgs

) **Gestational Criteria:**

Gravida:	G_2	P	L	A_1

LMP: 18/10/2025 EDD: 25/7/26 Gestational Age: 38+5 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:		

) **Pain Screening:** **Numerical Pain Scale (NPS)**

0 No Pain 1 2 3 4 5 6 7 8 9 10 Worst possible pain

- Location: .....
- Duration: ..... Days / Weeks/ Months (Strike out which is not applicable)
- Character: .....
- Frequency: No pain
- Interventions: .....

.....

6) **Past History:**

a) Surgeries: D&C - 2025

b) Medical: Nil

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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: ..3 p.m.....

Nurse Name : ..Shobha..... Nurse Signature: .....

Date: ..20/7/21..... Time: ..3:10 p.m....

Patient Sticker

MULTI-DISCIPLINARY PLAN OF CARE FORM

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Diagnosis: G2A1 | 38+5 wks of GA |

Date Time	Discipline	Type	Patient Needs / Problem List	Goal	Plan / Intervention	Signature	Team Verification
20/8/26 3:00pm	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op	→ 38+5 wks.	Safe Delivery	→ Vaginal Delivery	Divya	☐ Nursing ☐ Others:
20/7/26 8:10 pm	☐ Medical ☑ Nursing ☐ Others:	☑ Initial ☐ Modified ☐ Per-Op ☐ Post Op	→ 38+5 wks	→ Safe Delivery	→ IOL	Shobha	☐ Medical ☐ Others:
21/7/26 8:30 am	☐ Medical ☐ Nursing ☑ Others: dietician	☐ Initial ☐ Modified ☐ Per-Op ☑ Post Op	PND-0 SVD	soft diet	soft High protein diet	saima	☐ 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:

Patient Sticker

INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

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Part - I.

Patient's / Learner Language: English / Telugu ..... 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		
20/7/26	3:00 pm	1,2,3,4	Diagnosis, Treatment & complications pain management, Informed cons	PT/S	1	0	1	1	-	Divya
20/7	3:10 pm	7	Infection control Measures	PT/S	1	0	1	1	-	Shobha
21/7/26	8:30 am	9	Lactation diet	PT	1	0	1	1	-	Saima

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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MEDICATION RECONCILIATION FORM

Drug Allergies: ..... N.k.n.k ..... ☐ 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. CIPLA	1 tab	PO	OD	19/7/26	☐ C ☐ DC
2	T. CIDENSE	1 tab	PO	OD	19/7/26	☐ 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 : .....

Date & Time : 20/7/26 2:45PM.

Nurse Name & Signature: Shobha

Date & Time : 20/7/26 2:30pm

BAH-00654109 IP5-00176656
Mrs ANUSHA GANDE
20-05-1997 29 Y 2 M 0 D (F)
Dr. SHRUTHI REDDY/Dr.LAVANYA

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DRUG CHART

Date of Admission: 20/7/2026 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 **/** 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 :

Dose	Route	Frequency	Start Date
Doctor's Signature		Valid Period	Pharm.

Additional Instructions:

Date ▸ / Time ▾

DRUG :

Dose	Route	Frequency	Start Date
Doctor's Signature		Valid Period	Pharm.

Additional Instructions:

Date ▸ / Time ▾

DRUG :

Dose	Route	Frequency	Start Date
Doctor's Signature		Valid Period	Pharm.

Additional Instructions:

Date ▸ / Time ▾

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

BAH-00654109 IP5-00176656
Mrs ANUSHA GANDE
20-05-1997 29 Y 2 M 0 D (F)
Dr. SHRUTHI REDDY/Dr.LAVANYA

REGULAR PRESCRIPTIONS

Weight. .... Ward ....

VERIFIED

DRUG: INJ. CEFOTAXIM				Date/Time	20/7
Dose	Route	Frequency	Start Date		
1gm	IV	BD	20/7/26		
Name & Signature of the Doctor Starting the Drugs: Dr. Divya				6 Am	X
Additional Instructions:				6 pm	Shobha
Daily Doctor's Endorsement by a Sign					

Stop
Dr. Sneha. Y
21/7/26 2Am

VERIFIED

DRUG: T. PARACETAMOL				Date/Time	21/7	22/7
Dose	Route	Frequency	Start Date			
1gm	PO	TID	21/7/26	6am	[illegible]	[illegible]
Name & Signature of the Doctor Starting the Drugs: Dr. Y Dr. Y. Sneha				2PM	Sneha	
Additional Instructions:				10PM	[illegible]	
Daily Doctor's Endorsement by a Sign						

VERIFIED

DRUG: T. DICLOFENAC				Date/Time	21/7
Dose	Route	Frequency	Start Date		
50mg	PO	TID	21/7/26	7am	[illegible]
Name & Signature of the Doctor Starting the Drugs: Dr. Y Dr. Y. Sneha				3PM	Sneha
Additional Instructions:				11PM	[illegible]
Daily Doctor's Endorsement by a Sign					

VERIFIED

DRUG: T. PANTOP				Date/Time	21/7	22/7
Dose	Route	Frequency	Start Date			
40mg	PO	BD	21/7/26	6am	[illegible]	[illegible]
Name & Signature of the Doctor Starting the Drugs: Dr. Y Dr. Y. Sneha						
Additional Instructions:				6PM	[illegible]	
Daily Doctor's Endorsement by a Sign						

BAH-00654109 IP5-00176656
Mrs ANUSHA GANDE (F)
20-05-1997 29 Y 2 M 1 D
Dr. SHRUTHI REDDY/Dr.LAVANYA

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Sheet No: ...

REGULAR PRESCRIPTIONS

Weight .... Ward ....

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

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

BAH-00654109 IP5-00176656
Mrs ANUSHA GANDE
20-05-1997 29 Y 2 M 1 D (F)
Dr. SHRUTHI REDDY/Dr.LAVANYA

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VERIFIED

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

Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

DRUG : Syp Duphalac				Date ► 21/7
Dose	Route	Frequency	Start Dt.	Time ▼
15ml	PO	OD	21/7/26	
Name & Signature of the Doctor Starting the Drugs: O/c 4 Dr. 4. Sneha				10PM Not given
Additional Instructions: X10PM				
Daily Doctor's Endorsement by a Sign				

DRUG :				Date ►
Dose	Route	Frequency	Start Dt.	Time ▼
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG :				Date ►
Dose	Route	Frequency	Start Dt.	Time ▼
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG :				Date ►
Dose	Route	Frequency	Start Dt.	Time ▼
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

20-05-1997 29 Y 2 M 0 D (F)
Dr. SHRUTHI REDDY/Dr.LAVANYA

Weight. .... Ward. OR8

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.	

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
20/7/26	4:00pm	PROCTOLYSIS	- P/R	.	Divya	Shobha / radha
20/7	8pm	Inj PROTIN	1amp	IV	Dr. Y	priya / Shoba
20/7	11:30pm	Inj BUSCOPAN	1amp	IV	Dr. Y	priya / Shobh
20/7	1:40Am	Inj ZOFER	4mg	IV	Dr Y	priya / shobh
20/7	1:41Am	Inj TRANEXAMIC ACID	1gm	IV	Dr Y	priy / sudh
21/7	1:48Am	Inj METHERGINE	0.2mg	IV	Dr Y	priy / sudh
21/7	1:48Am	Inj OXYTOCIN	15U	IM	Dr Y	priy / sudh
21/7	1:48Am	Sup DICLOFENAC	100mg	PR	Dr Y	priy / sudh
21/7	1:50Am	~~Sup~~ T-MISO	400mcg	PR	Dr Y	priy / sudh

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

Mrs ANUSHA GANDE IPS-00176656
20-05-1997 29 Y 2 M 0 D (F)
Dr. SHRUTHI REDDY/Dr.LAVANYA

I.V. FLUIDS CHART

Weight. ..... Ward. OBS

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
20/4	9:00 pm	RINGER LACTATE + 10U OXYTOCIN	IV	6ml		Shobha / radha	20/4		
20/4	8:00 pm	RINGER LACTATE	IV	100		Shobha / radha	21/4/24		

Signature .....

VERIFIED BY : Name .....

BAH-00654109 IP5-00176656
Mrs ANUSHA GANDE
20-05-1997 29 Y 2 M 0 D (F)
Dr. SHRUTHI REDDY/Dr.LAVANYA

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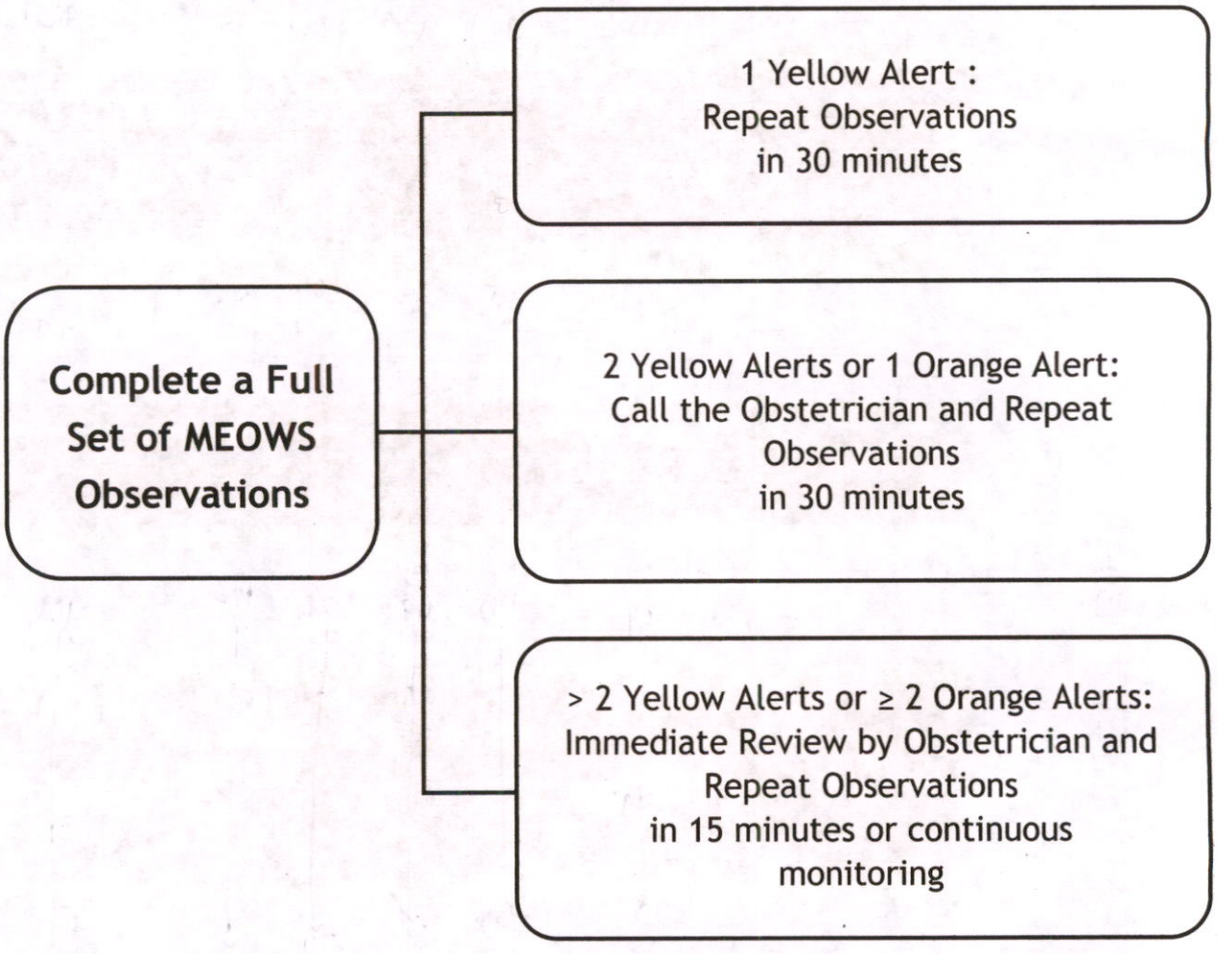
Early Warning Observation Score Chart - Obstetrics

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

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								20			20		19		19		19				20		20	
	0 - 10																								
Saturations	94 - 100 %								99%			99		98%		100%		100%				95%		99%	
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37								98.0F			98.1F		97.6F		97.8F		98.0F				98.2F		98.8F	
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80								80			81		82		90		88				79		82	
	70																								
	60																								
	50																								
	40																								
↑ Systolic Blood Pressue	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120								114			115		119		120		122				108		98	
	110																								
	100																								
	90													(96)		(84)		(80)				(82)			
	80																								
	70																								
	60																								
	50																								
↓ Diastolic Blood Pressure	130																								
	120																								
	110																								
	100																								
	90								(91)															(80)	
	80								80			70		80		70		82				69		72	
	70																								
	60																								
	50																								
	40																								
NEURO RESPONSE [✓]	Alert								✓			–		✓		✓		✓				✓		✓	
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30											✓		✓		✓		✓				✓			
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal											–		✓		✓		✓				✓		–	
	Heavy / Foul																								
Liquor	Clear / Pink											–		✓		✓		✓				✓			
	Green																								
TOTAL YELLOW SCORES									0			0		0		0		0				0		0	
TOTAL ORANGE SCORES									0			0		0		0		0				0		0	
Nurse Initial									SM																

Obstetrics and Gynaecology Early Warning Signs



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

BAH-00654109 IP5-00176656
Mrs ANUSHA GANDE
20-05-1997 29 Y 2 M 0 D (F)
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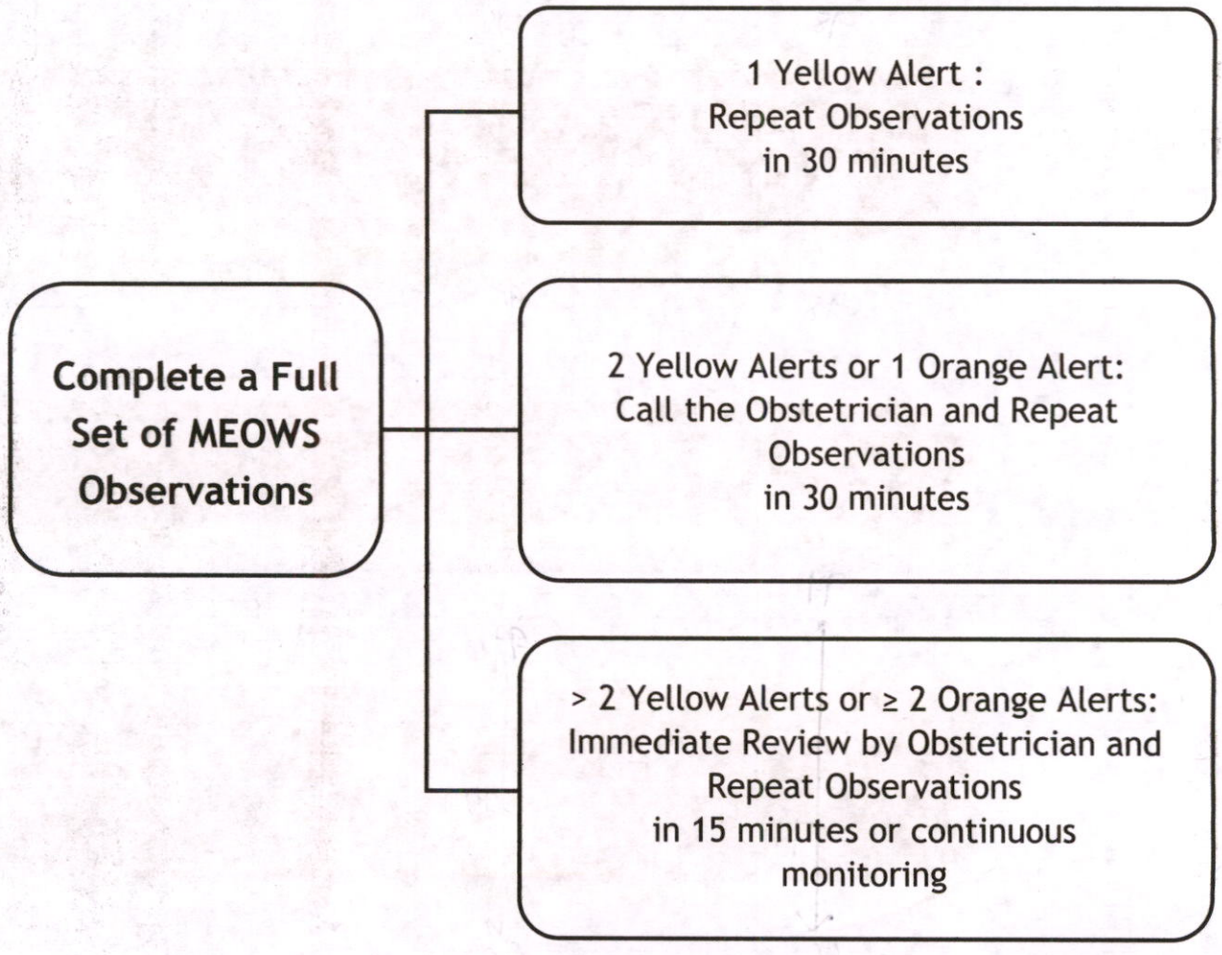
Early Warning Observation Score Chart - Obstetrics

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

21/7/26	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			21								20				19								19	
	0 - 10																								
Saturations	94 - 100 %			97								100%				100%								99%	
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37			98								37C				98.0°F								98.2°F	
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90			78								95				80bpm								76bpm	
	80																								
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130			97																					
	120																								
	110											97				99								100	
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
	40																								
				77								(79)				(73)								(78)	
				66								68				80								80	
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	
TOTAL ORANGE SCORES					0							0				0								0	
Nurse Initial					AM							SJ												AM	

Obstetrics and Gynaecology Early Warning Signs



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

BAH-00654109 IP5-00176656
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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																							
8/2/26		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																									
	0 - 10																									
Saturations	94 - 100 %																									
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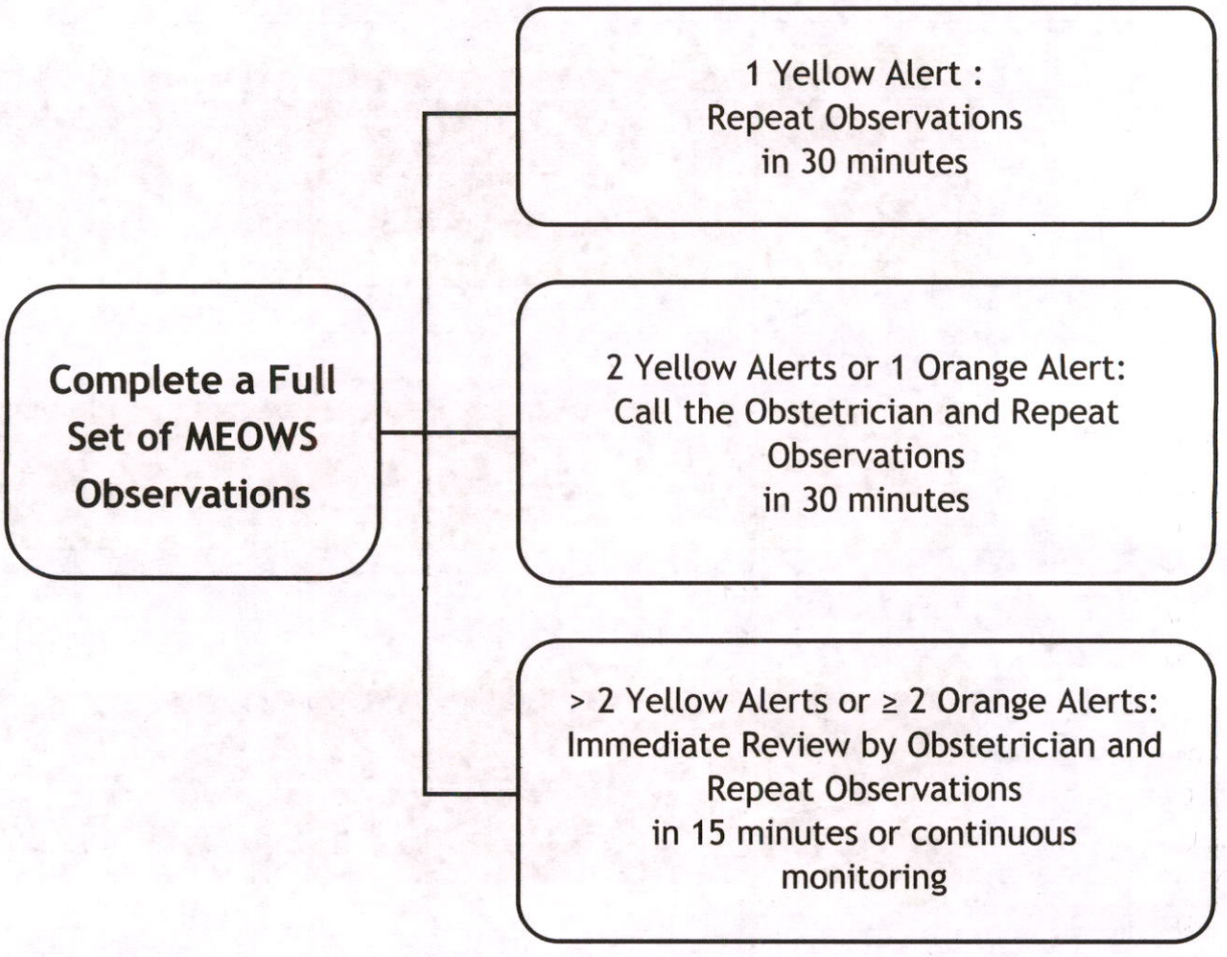
Administered O_2 (L/min.)																										
Temp °C	40																									
	39																									
	38																									
	37																									
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	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)**

BAH-00654109 IP5-00176656
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FLUID CHART

Sheet No. : 0

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
			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 :**						
19/8/18	02:00 pm											
	03:00 pm		H2O	RL						L	0	Shobha
	04:00 pm		H2O				L			L	0	
	05:00 pm		H2O	500ml			L			L	0	Pallu
	06:00 pm										0	
	07:00 pm										0	
Total Intake :		Nil				**Total Output :**						
	08:00 pm	RL	H2O	100ml							0	priya
	09:00 pm	RL		100ml							0	
	10:00 pm	RL	H2O	100ml							0	
	11:00 pm	RL		100ml			NP				0	priya
20/8	12:00 am	RL									0	priya
	01:00 am	RL	H2O							200ml	0	priya
Total Intake :						**Total Output :**				passed		
	02:00 am	RL		100ml						150ml	0	priya
	03:00 am	RL	H2O	100ml							0	priya
	04:00 am	RL		100ml						50ml	0	priya
21/8	05:00 am	RL	H2O	100ml			NP				0	priya
	06:00 am			100ml						300ml	0	
	07:00 am		H2O	100ml							0	
Total Intake :		Nil				**Total Output :**				passed		

Total 24 hrs. Intake		Total 24 hrs. Output	m-0 U-11500 ml

BAH-00654109 IP5-00176656
Mrs ANUSHA GANDE
20-05-1997 29 Y 2 M 1 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						1				0	
	09:00 am										0	
	10:00 am	NBM 2NF	H2O				NP			200ml	0	Jaish
	11:00 am						|				0	
	12:00 pm		H2O				|				0	
	01:00 pm						|			~	0	
Total Intake :						**Total Output :** m-0 u-1						
21/7/26	02:00 pm										0	
	03:00 pm		H2O				1				0	
	04:00 pm										0	Seema
	05:00 pm		H2O				NP				0	
	06:00 pm									~	0	
	07:00 pm		H2O				1				0	
Total Intake :						**Total Output :** m-0 u-1						
21/7	08:00 pm						1				0	
	09:00 pm		H2O							~	0	
	10:00 pm										0	
	11:00 pm						NP			~	0	Ravi
	12:00 am		H2O				|				0	
	01:00 am						|				0	
Total Intake :						**Total Output :** m-1 u-2						
22/7	02:00 am										0	
	03:00 am		H2O				~				0	
	04:00 am									~	0	
	05:00 am										0	Pallavi
	06:00 am						~			~	0	
	07:00 am		H2O								0	
Total Intake :						**Total Output :** m-2 u-2						

Total 24 hrs. Intake		Total 24 hrs. Output	m-3 u-4