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 : IP5-00175891 **Admit Date** : 02-Jul-2026 **Admit Time** : 08:12 PM **UHID** : BAH-00654732

Patient Details :

Patient Name	: Mrs DISHA WADHWA	**Age**	: 28 Y 4 M 5 D
Guardian	: Mr JAIESH SUNIL PAHLAJANI	**DOB**	: 27-02-1998
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	: Married
Address (H)	: FLAT NO 1201, BLOCK D, ADITYA EMPRESS TOWERS, SHAIKPET Tolichowki Hyderabad Telangana INDIA 500008	**Phone No**	: 9962405220/ 9966664025
		E-mail	: NOMAIL@GMAIL.COM

Admission Details :

Bed Type : SHARED WARD **Bed No** : SW 416 **Ward Name** : 4F-BIRTHING CENTRE

Room No : SW 416 **Admission Type** : First Visit

Contact Details :

Name : Mr JAIESH SUNIL PAHLAJANI **Relationship** : Husband

Contact Address : FLAT NO 1201, BLOCK D, ADITYA EMPRESS TOWERS, SHAIKPET Tolichowki Hyderabad Telangana INDIA 500008 **Phone No** : 9962405220

Jaiesh

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 : MEDI ASSIST INSURANCE TPA PVT LTD

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ACTIVITY RECORD FOR BILLING

Name :_____

BAH-00654732 IP5-00175891
Mrs DISHA WADHWA
27-02-1998 28 Y 4 M 6 D (F)
Dr. HIMABINDU VEERLA

UHID No. : _____ Consultant: _____ Dept : _____

Date of Admi _____ Date of Discharge : _____ Time: _____

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
3/7/26	12'30p.m.	OB/GOT	OBS	
3/7/26	5pm.	OBS	Room(304)	Rams

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	Dr. Tuheena Sharma (PT)	4/7/26	0697805	
2				
3				
4				
5				
6				
7				
8				
9				
10				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
2/7/20	NST – (1)	2650033041	[signature]
2/7/20	NST – (2)		[signature]
3/7/20	CBP 2.	26066376	[signature]
3/7/20	NST – (3)		[signature]
3/7/20	NST – (4)	265033105	[signature]
3/7/20	NST – 5		[signature]

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
3/7	Infusion pum	8:00 am	5pm	96859a7e	[signature]
3/7	cardiac monitor	10 Am	5 pm		

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
3/7/26	RV placement	1	9685566	
3/7	PAC catheterization	1		

ANY OTHER INFORMATION

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.....

.....

.....

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

BAH-00654732 IP5-00175891
Mrs DISHA WADHWA
27-02-1998 28 Y 4 M 6 D (F)
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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

C/o-Nil

Admitted for Induction

Obstetric Formula: Primi

Obstetric Hostory:

1° PP - Spontaneous Conception

Present Pregnancy Record:

Booked at 28+1

RISK FACTORS:

Height: 162 cm

Weight: 71.6 kg

Allergies: Nil

Breast: ☐ Normal ☐ Abnormal

General Examination:

Consciousness:

Pallor: —

Icterus: —

Edema: +

Temp: (N)

PR: 88/m

BP: 110/70

DTR:

CVS:

RS

Liver/Spleen:

Urine Output:

LMP: 7/10/2025.

EDD:

Corrected EDD: 14/7/2026.

GA: 38+2

Menstrual History: Regular : ☐ Yes ☐ No

Obstetric Examination

Fundal Height: Term

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

Liquor: ☐ Adequate ☐ Oligo ☐ Poly

PP: ☐ Cephalic ☐ Breech Others ____

Head Fifths Palpable: ____

FHS: ☐ Normal ☐ Tachy ☐ Brady ☐ Absent

Per Speculum Examination

Draining: ☐ Present ☐ Absent ☐ Bleeding

Colour of Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Vaginal Examination

Cervix: ☐ Long ☐ Partially effaced ☐ Effaced

Os: Closed ____ Dilated ____

Membranes: ☐ Present ☐ Absent

Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Presenting Part: ☐ Vertex ☐ Breech ☐ Others

Sutton: ☐ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2

Pelvis: ☐ Adequate ☐ Doubtful

DIAGNOSIS

Primi at 38+2 wks. with Obstetric Cholestasis for Induction of labour.

DR. HIMABINDU VEERLA Registration No: [illegible]

BAH-00654732 IP5-00175891
Mrs DISHA WADHWA
27-02-1998 28 Y 4 M 6 D (F)
Dr. HIMABINDU VEERLA

Family History:	Surgical History:
Father - HTN.	Nil
Medical History:	**Medication History:**
- Hypothyroid - 5 any	- on Iron/ Calcium. - Ecosprin.
Plan of Care:	**Investigations:**
- for Induction of labour. - Admission - preparation - Consent. - ~~Inj Cefotaxim 1gm IV~~ - NST - x 2nd hourly. - Send Blood availability. - PHE - 4th hourly. - Send CBP.	O +ve HIV HBsAg } NR. 16/6/2026 SLF, 36 weeks. 2.3kg (46 centile) AFI - 9-10 Doppler - normal.

Doctor Name: Dr [illegible]
Signature: [signature]
Date & Time: 3/7/2026, 9pm

Consultant Name: Dr. Hemabindu.
Signature: [signature]
Date & Time: 3/7/2026, 9AM

DR. HIMABINDU VEERLA
Registration No.: 37[illegible]45

BAH-00654732 IP5-00175891
Mrs DISHA WADHWA
27-02-1998 28 Y 4 M 7 D (F)
Dr. HIMABINDU VEERLA

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DEFICIENCY CHECK LIST OF CASE SHEET

Sl.No.	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission sheet	1			
2	Discharge Summary	1			
3	Nursing Initial assessment	1			
4	Patient Transfer form	1			
5	In-patient Medical record	1			
6	Doctors progress sheets	4			
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	2			
14	Consent for ~~Restraint~~	1			
15	LAMA consent				
16	Consent for special procedure / Sedation	2			
17	Consent for Formula feed				
18	Consent for ~~MTP~~	1			
19	Consent for Radiological Investigations				
20	Consent for ~~HIV test~~	1			
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)	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	8			
42	Rch ED doctors note				
43	BP Monitoring chart	1			
44	RBS monitoring chart				
		1			
	Total No. of Pages	44			

Signature and Date :

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-00654732 IP5-00175891
Mrs DISHA WADHWA
27-02-1998 28 Y 4 M 6 D (F)
Dr. HIMABINDU VEERLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/7/26 12:40AM	NST → non reassuring O/E GC-fair vitals stable P/A uterus mild activity FHR ⊕ cephalic 4/5th palpable P/V- Cx [illegible] [illegible] Under aseptic precautions ARM done. Clear liquor noted Vx -3 station	Adv - W/F POC - Inj Cefotaxim 1gm IV after test dose - CTG - hrly - vitals hourly - Pain relief SOS - Inform SR Dr Sameera
Trace CBP		
3/7/2026 [illegible]:30 AM	NST - Reactive.	
3/7/2026 [illegible]:30AM	NST - Reactive. Discussed c̄ Dr. [illegible]	- for next dose - NST at 6:30. - Watch for progress. - Enema [illegible signature]

BAH-00654732 IP5-00175891
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/7/26 6:30AM	Primi / 38+3wks / obstetric cholestasis / IOL	
	Pt comfortable	
	O/E GC-fair, Temp 97.9°F	Adv
	PR- 76bpm	- W/F POL
	CBP→11.1/6,750/2.11. BP- 101/64mmHg (Lt)	- Vitals 4th hourly
	SpO2- 98% on RA	- CTG 3rd hourly
	P/A uterus mild acting	- Inform AT
	FHR ⊕	
	cephalic 3/5th palpable	Dr Sameera
	P/V- Cx - 2cm dilated ½inch long clear liquor V/x 3station	
TAT.	NST- Reactive	
		- Counselled couple. - Epidural Needs. - want's to decide about U/S V/s Epidural
		Dr Bhavani.

BAH-00654732 IP5-00175891
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/7/26 9:45AM	Primi / 38+3 wks / obs. cholestasis	
	C/O: pain abdomen	Rx
	GC: fair	1) w/f POL
	B.P - 101/64 (77) mmHg	2) Monitor vitals - 4thly
	P.R - 77 Bpm	3) CTG - 3rd hrly
	SPO2 - 100% on RA	4) Tufom SOS
Synto - Bolus	P/A: Ut - acting 4 contractions/40 min.	
	CTG - on reading!	
		- Dr. Sravanthi
	S/B. Dr. Hema Bindu	
3/7/26 10AM	PA - ut - term. Cephalic / Abdominal FHS P	① Counselled for Emerg LSCS
	PV - Cx - effaced OS - 3 cm Membranes - absent Caput + PP - high up	② PAC.
	CVP - MSL	③ NBM
	for Emerg LSCS - NPO & C PFC.	DR. HIMABINDU VEERLA Registration No: 37245 (Dr. V. Hema Bindu)

BAH-00654732 IP5-00175891
Mrs DISHA WADHWA
27-02-1998 28 Y 4 M 6 D (F)
Dr. HIMABINDU VEERLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/7/2026 12:45pm	POD-0 / P1L1 / EmLSCS / obs-cholestasis	
	GC: fair	Rx
	B.P - 100/72(83)	1) NBM for 4-6 hrs
B-well	PR - 82 bpm	2) IV fluids - 100ml/hr
U/O: 400ml	SPO2 - 100% on RA	3) I/O charting
	P/A: Ut Ⓡ well	4) Drug as charted
	soft	5) W/f P/V Bleeding
	P/V: NAD	6) Monitor vitals - 4 hrly
		7) Ambulation
		8) Tufen sos
		- Dr. Sravanthi
	POD-0 / Em LSCS / obs cholestasis	
3/7/26 4pm.	GC - fair	Advice
	BP - 108/60(74)	① Oral sips now
	PR - 79 bpm.	② Clear liquids @ 5pm
	SpO2 - 100% on RA	f/b soft diet @ 8pm
	P/A - Ut well retracted	③ Drugs as charted
	dressing dry & intact	④ Vitals 4th hrly
	BS ⊕	⑤ W/f bleeding p/v
	L/E - lochia ⊕	hypotension, tachycardia
	O/O - 100ml/hr	⑦ Tufen sos
- Shift to Ward.		
- Catheter removal @ 6am on 4/7/26		[signature]

BAH-00654732 IP5-00175891
Mrs DISHA WADHWA
27-02-1998 28 Y 4 M 7 D (F)
Dr. HIMABINDU VEERLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/2/26 7:30pm	POD-0 / P1L1 / EMLS / obs-cholestasis	
		&
	GC: fair	1) soft diet & plenty of oral fluid
	vitals: Stable	
Bowel	P/A: UT (R) wall soft	2) Drug as charted
U/O: 600ml	BS (+)	3) w/f PV Bleeding
	P/V: NAB	4) Ambulation.
		5) Inform SOS
		6) Monitor vitals 4th hrly
	Remove foleys at 10am 4/2/26 hours	— Dr Sruthi
		&
		noted by Dr Pooja.
4/2/26 9AM	POD-1 / P1L1 / E mln / obs. cholestasis	
		&
B-wel	GC: fair	1) soft / (R) diet
	vitals: Stable	2) plenty of charted
U/O: good	P/A: UT (R) wall soft	3) w/f PV Bleeding
	BS (+)	4) Ambulation
Continue	P/V: NAD	5) Monitor vitals 4th hrly
		6) Inform SOS
	Remove foley	— Dr Sruthi

BAH-00654732 IP5-00175891
Mrs DISHA WADHWA
27-02-1998 28 Y 4 M 7 D (F)
Dr. HIMABINDU VEERLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/7/26	S/B. Dr. Hima Bindu Pt - comfortable Ambulatory passed urine & flatus PA - Soft BS + uterus involuted PV - lochia normal DR. HIMABINDU VEERLA Registration No: 37245	1) Soft diet c plenty of oral fluids 2) Remove IV cannula [illegible] (Dr. Hima Bindu)
4/7/26 7:00pm HR ✓ BP ✓ SpO2 ✓ RS ✓ B - well	POD-1 / Em. LSCS / obs cholestasis c/o: pain over (L) abdomen O/E GC fair vitals - stable P/A - soft Distension (+) BS (+) UT (R) well P/V - Lochia healthy	Adv 1) Soft diet 2) Ambulation 3) Hydration 4) Drugs as chart 5) Monitor vitals 6) w/f bleeding per vaginum 7) Inform SR Dr Divya noted by [illegible] 120953

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Mrs DISHA WADHWA
27-02-1998 28 Y 4 M 7 D (F)
Dr. HIMABINDU VEERLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/7/2026 9:15 AM	POD-2	Fm.LC / obs-cholestasy
		Pt comfortable
	C/c fair	Adv
	vital stable	soft diet
VV	P/A - soft	Ambulation
SV	BS (+)	Hydration
SV	VT - (R) well	Drugs as charted
B-well	UF - BWML	monitor vitals
		void after bladder
		Dr. Divya

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

BAH-00654732 IP5-00175891
Mrs DISHA WADHWA
27-02-1998 28 Y 4 M 6 D (F)
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RESULT SHEET

Date	8/7/26.					
Time						
Hb						
PCV						
RBC						
WBC						
N/L						
Platelets						
CRP						
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

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

Culture and Sensitivities : .....

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Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

BAH-00654732 IP5-00175891
Mrs DISHA WADHWA
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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	Iron	1tsf	P/o	OD empty	2/7	☐C ☐DC
2	Calcium	1tsf	P/o	OD morn	1/7	☐C ☐DC
3	Ursiv	3	P/o		2/7	☐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 Himabindu
Date & Time : 2/7/26 8pm
Nurse Name & Signature: Radhika
Date & Time : 2/7/26 9pm

BAH-00654732 IP5-00175891
Mrs DISHA WADHWA
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DRUG CHART

Date of Admission: 2/7/2026 Drug Allergies: Nil ☐ 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 ..... ature .....

Mrs DISHA WADHWA
27-02-1998 28 Y 4 M 6 D (F)
Dr. HIMABINDU VEERLA

REGULAR PRESCRIPTIONS

Weight. 71.6 ..... Ward. ...

DRUG : INJ CEFOTAXIME

Dose	Route	Frequency	Start Date
1gm	IV	BD	3/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	3/7	4/7
1AM		
1pm		
9pm		

STOP after 1 predose

4/7/26

DRUG : T. PARACETAMOL

Dose	Route	Frequency	Start Date
1g	oral	6hly	3/7

Name & Signature of the Doctor Starting the Drugs:

for SHABNA

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	3/7	4/7	5/7
12AM			
6AM			
12PM			
6PM			

DRUG : T. DICLOFENAC

Dose	Route	Frequency	Start Date
50mg	oral	8hly	3/7

Name & Signature of the Doctor Starting the Drugs:

for SHABNA

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	3/7	4/7	5/7
3AM			
3PM			
11PM			

DRUG : T. TRAMADOL

Dose	Route	Frequency	Start Date
100mg	oral	8hly	3/7

Name & Signature of the Doctor Starting the Drugs:

for SHABNA

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	4/7	5/7
1AM		
9AM		
5PM		

BAH-00654732 IP5-00175891
Mrs DISHA WADHWA
27-02-1998 28 Y 4 M 6 D (F)
Dr. HIMABINDU VEERLA

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

				Date / Time			
DRUG : T. PANTOPRAZOLE					3/7	4/7	5/7
Dose	Route	Frequency	Start Dt.	6AM			
40mg	PO	BD	3/7/26				
Name & Signature of the Doctor Starting the Drugs: Dr [illegible]							
Additional Instructions:				6PM			
Daily Doctor's Endorsement by a Sign							

				Date / Time		
DRUG : T. Sporidex AF					4/7	5/7
Dose	Route	Frequency	Start Dt.	10AM		
750mg	P/O	BD	4/7			
Name & Signature of the Doctor Starting the Drugs: Dr [illegible]						
Additional Instructions:				10PM		
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				

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

Patient Sticker

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

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

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

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

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

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

BAH-00654732 IP5-00175891
Mrs DISHA WADHWA
27-02-1998 28 Y 4 M 6 D (F)
Dr. HIMABINDU VEERLA

Weight. 71.6 kg Ward. BC

	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
2/7	9pm	Tab. PGE1	25mcg	PO	[signature]	Anjali / Radha
	~~TAB~~	~~PGE1~~	~~25mcg~~	~~P/O~~	[signature]	Natasha
3/7	6am	Enema	100ml	PR	[signature] 4	Ridhi / Sudha
3/7	5AM	Zofer inj	4mg	IV	[signature] 4	Ridhi / Sudha
3/7	11AM	Inj PERINOM	10mg	I/V	[signature]	Keerthi / Gayathri
3/7	11AM	Inj PANTOPRAZOLE	40mg	I/V	[signature]	Keerthi / Gayathri
3/7	11.30am	Inj METHERGINE	0.2mg	IM	[signature]	Lani / Rebecca
3/7	12.15pm	DICLOFENAC suppository	100mg	PR	[signature]	Lani / Rebecca
3/7	12.15pm	TRAMADOL suppository	100mg	PR	[signature]	Lani / Rebecca

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

27-02-1998 28 Y 4 M 6 D (F)
Dr. HIMABINDU VEERLA

I.V. FLUIDS CHART

Weight. 77.6 kg Ward. BC

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
2/7	12:30 AM	RINGER LACTATE	IV	100 ml/hr	R	Anjali / Radha	3/7		
3/7	8 am	RINGER LACTATE + Inj OXYTOCIN 10U	IV	6ml/hr		Sudha / Sudha			Lavi / Rebecca
3/7	11:45	RINGER LACTATE	IV	500ml/hr		Lavi / Rebecca	3/7/25		Lavi / Rebecca
3/7	12 pm	RINGER LACTATE	IV	500ml/hr		Lavi / Rebecca	3/7/25		Lavi / Rebecca

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

BAH-00654732 IP5-00175891
Mrs DISHA WADHWA
27-02-1998 28 Y 4 M 6 D (F)
Dr. HIMABINDU VEERLA

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STAT / ONCE ONLY DRUGS

Name: ..... Weight: ..... kgs

Sheet No: .....

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
3/2/26	4:39 PM	Inj PARACETAMOL	1gm	IV		Ram	Shobha

BAH-00654732 IP5-00175891
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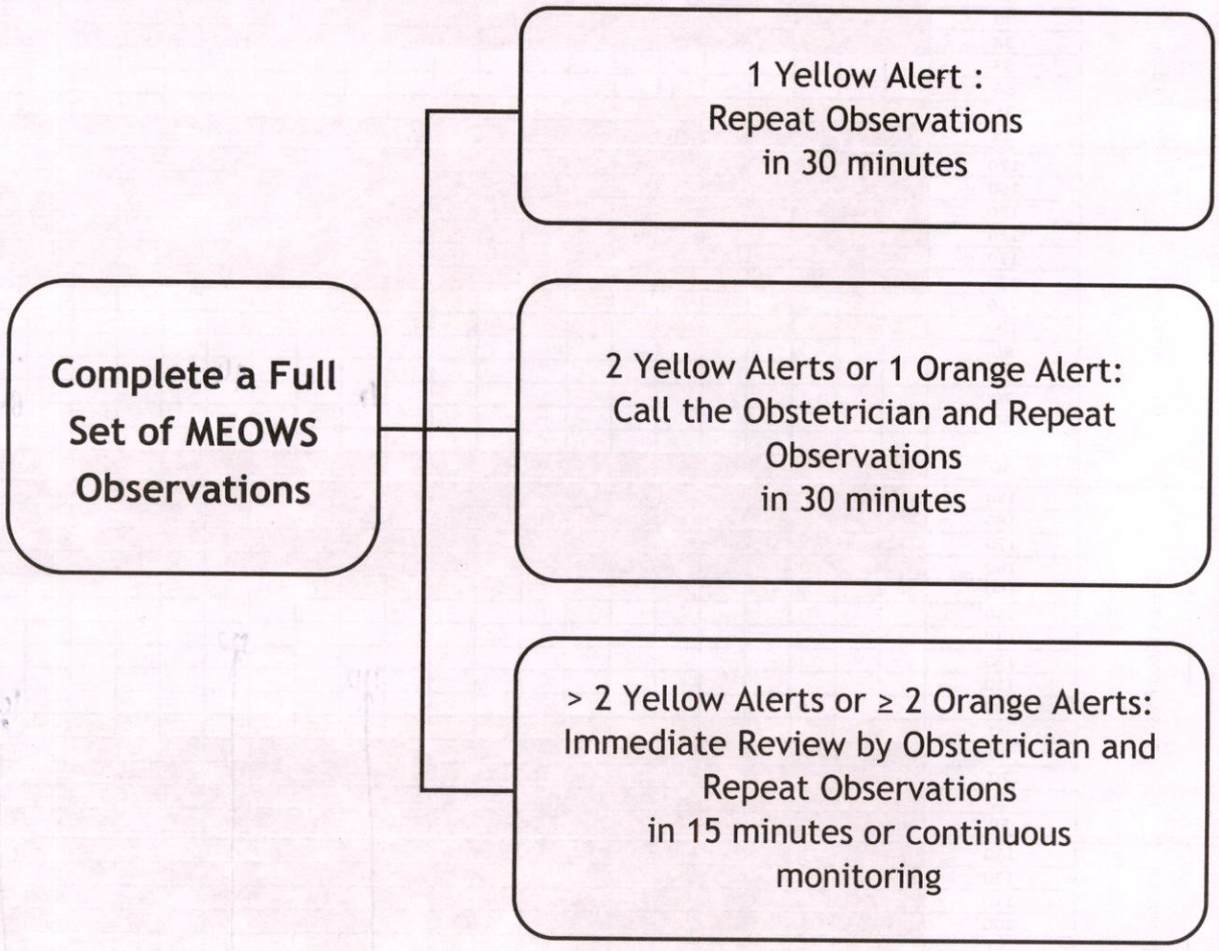
Early Warning Observation Score Chart - Obstetrics

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

2/7/26	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				20			19
	0 - 10																								
Saturations	94 - 100 %													99				99				99			99
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37																								
	36																								97.9°F
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70													70				74				64			77
	60																								
	50																								
	40																								
Systolic Blood Pressure ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100													110				122				100			101
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70													70				76				60			64
	60																								
	50																								
	40																								
NEURO RESPONSE [✓]	Alert													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
TOTAL ORANGE SCORES														0				0				0			0
Nurse Initial																									

Obstetrics and Gynaecology Early Warning Signs



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

BAH-00654732 IP5-00175891
Mrs DISHA WADHWA
27-02-1998 28 Y 4 M 6 D (F)
Dr. HIMABINDU VEERLA

2

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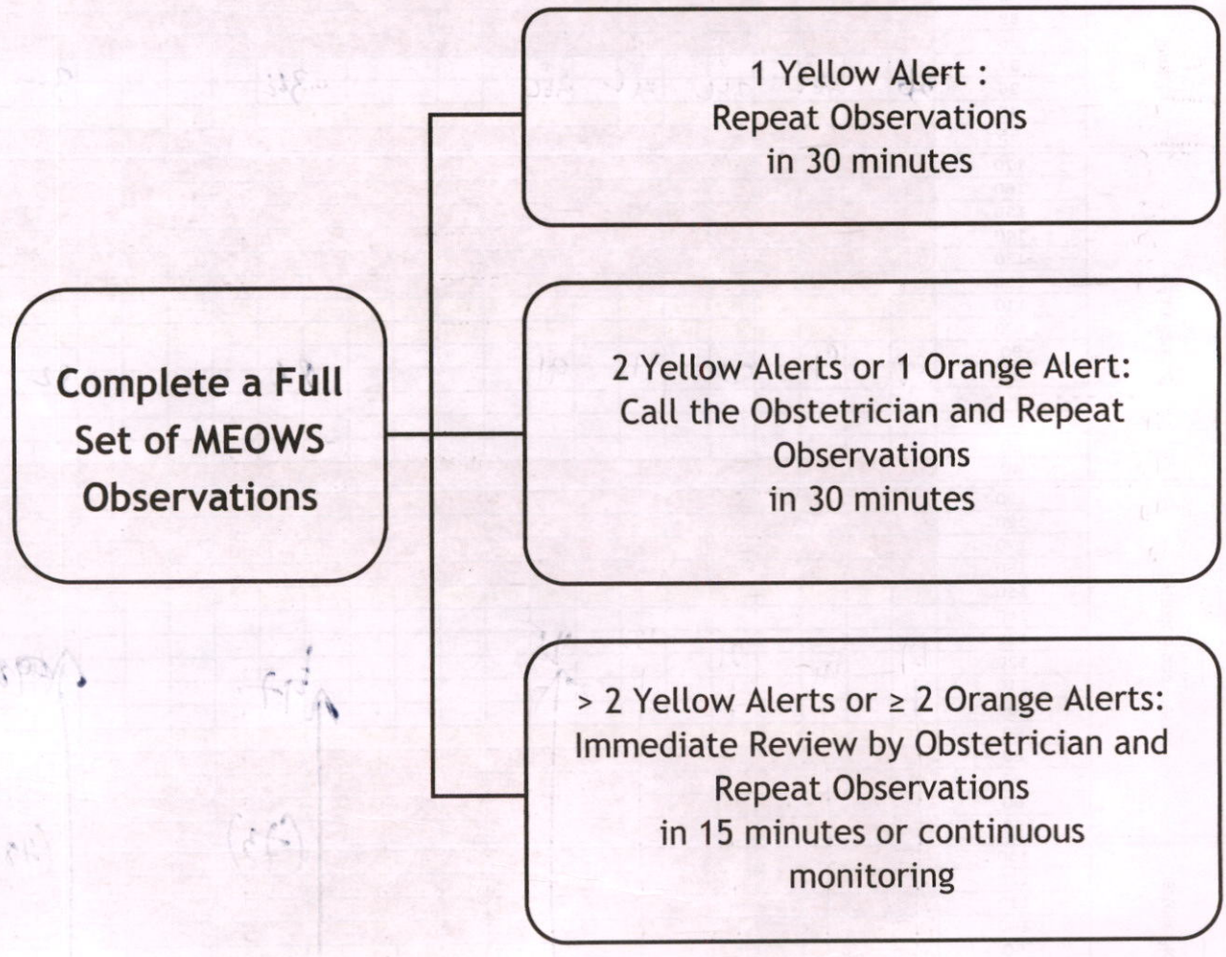
Early Warning Observation Score Chart - Obstetrics

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

		Date		3/7/26.																				
		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		18		17		19.		18.		20						19					19				
	0 - 10																									
Saturations	94 - 100 %		98		99		99		99.		99						97					98				
	< 94 %																									
Administered O_2 (L/min.)																										
Temp°c	40																									
	39																									
	38																									
	37																									
	36		36		36.6		36.6		36.6		36.6						36.6					36				
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80		80		81		82		91		91						86					82				
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressue ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120		121		115		121		122		128						117					98			100	
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
	40																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70		77		65		75		74		74						69					72			63	
	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		1						0					0			0	
TOTAL ORANGE SCORES			0		0		0		0		0						0					0			0	
Nurse Initial																										

Obstetrics and Gynaecology Early Warning Signs



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

BAH-00654732 IP5-00175891
Mrs DISHA WADHWA
27-02-1998 28 Y 4 M 6 D (F)
Dr. HIMABINDU VEERLA

u/7/20

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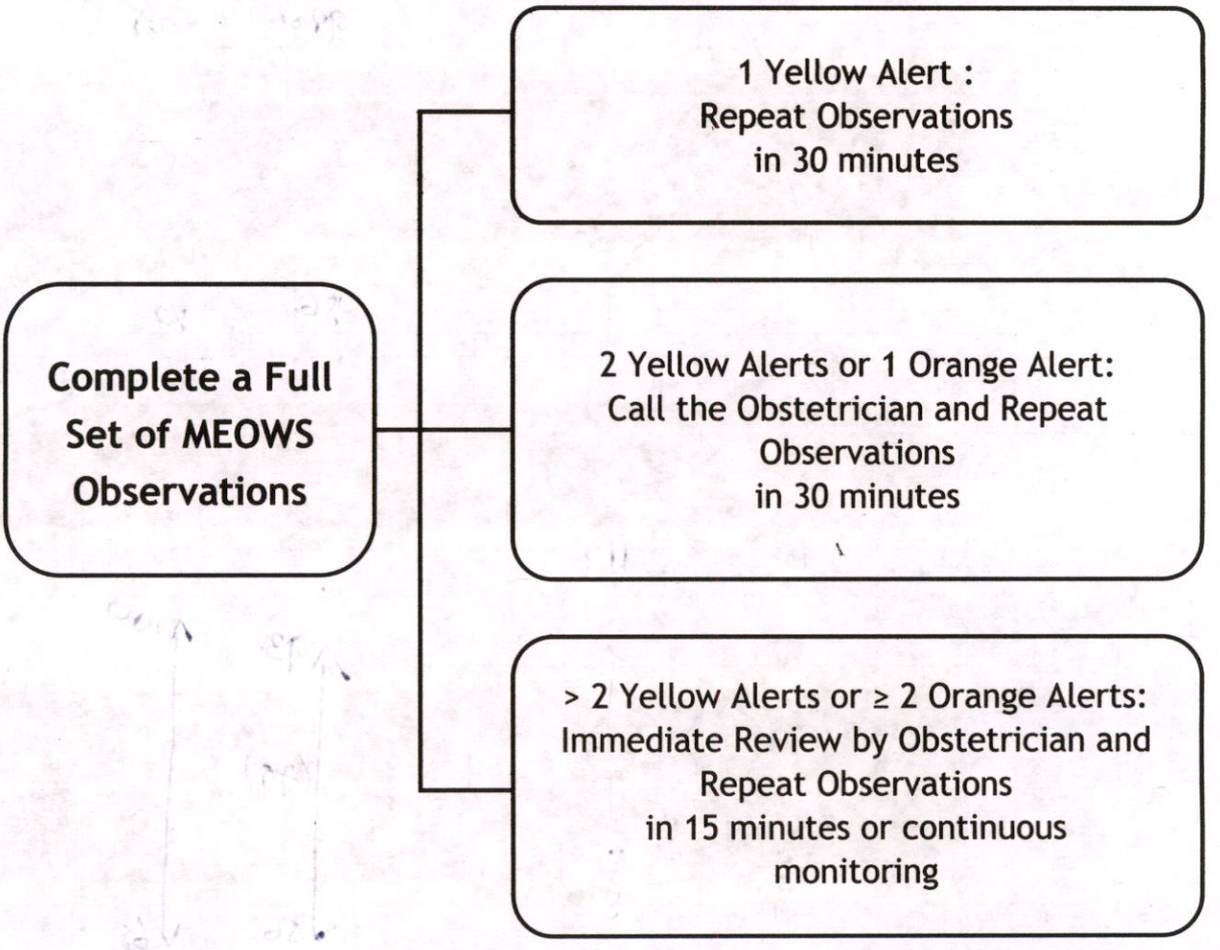
Early Warning Observation Score Chart - Obstetrics

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

		Date																						
		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					21							19				19				20
	0 - 10																									
Saturations	94 - 100 %					98%					99%							98%				98%				98%
	< 94 %																									
Administered O_2 (L/min.)																										
Temp°c	40																									
	39																									
	38																									
	37					98.6					97.6							98.2				97.5				98.2
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110					100bpm					98bpm															
	100																									
	90																									
	80																	86				82				85
	70																									
	60																									
	50																									
	40																									
↑ Systolic Blood Pressue	190																									
	180																									
	170																									
	160																									
	150																									
	140					130					110															
	130																									
	120																									
	110																									
	100																	93				100				97
	90																									
	80																									
	70																									
	60																									
	50																	(79)								(70)
↓ Diastolic Blood Pressure	130																									
	120																									
	110																									
	100																									
	90																									
	80					71					81							56				68				57
	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
TOTAL ORANGE SCORES						0					0							0				0				0
Nurse Initial																										

Obstetrics and Gynaecology Early Warning Signs



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BAH-00654732 IP5-00175891
Mrs DISHA WADHWA
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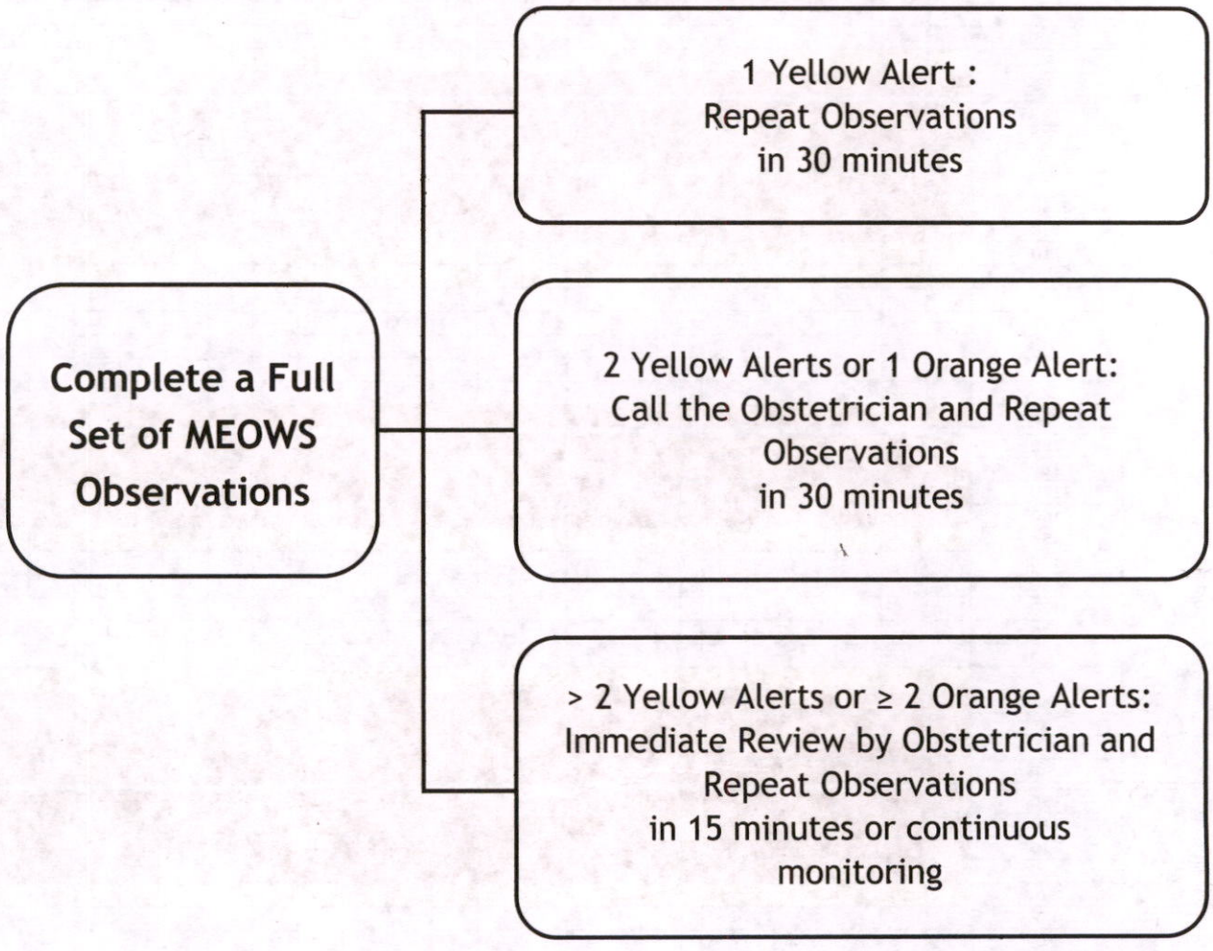
Early Warning Observation Score Chart - Obstetrics

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

		Date																							
		Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																									
	21 - 30																									
	11 - 20																									
	0 - 10																									
Saturations	94 - 100 %																									
	< 94 %																									
Administered O_2 (L/min.)																										
Temp °c	40																									
	39																									
	38																									
	37																									
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
	40																									
↑ Systolic Blood Pressue	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-00654732 IP5-00175891
Mrs DISHA WADHWA
27-02-1998 28 Y 4 M 6 D (F)
Dr. HIMABINDU VEERLA

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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
			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				NIL							
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
2/7	08:00 pm		H2O				|			✓	0	Radha
	09:00 pm		H2O								0	Radha
	10:00 pm		Milk H2O							✓	0	Radha
	11:00 pm		H2O				NIL				0	Radha
	12:00 am	RL	H2O	500ml			|				0	Radha
	01:00 am		H2O							✓	0	Radha
Total Intake :	Taken					**Total Output :**	Passed U-3-M-0					
	02:00 am			NIL			1				0	
	03:00 am									✓	0	Radha
	04:00 am	NBM		500ml			Nil			✓	0	
	05:00 am										0	
	06:00 am										0	Radha
	07:00 am										0	
Total Intake :						**Total Output :**	U—			M—		

Total 24 hrs. Intake		Total 24 hrs. Output	

BAH-00654732 IP5-00175891
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Dr. HIMABINDU VEERLA

FLUID CHART

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Sheet No. : 2 3/7/26.

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

Date	Time	Intake				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
		Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
	08:00 am										0	
	09:00 am										0	
	10:00 am										0	
	11:00 am										0	
	12:00 pm									300ml	0	
	01:00 pm										0	
Total Intake :						Total Output :						
	02:00 pm										0	
	03:00 pm										0	
	04:00 pm										0	
	05:00 pm										0	
	06:00 pm										0	
	07:00 pm										0	
Total Intake :						Total Output : U-600ml m-0						
	08:00 pm										0	
	09:00 pm										0	
	10:00 pm									1500ml	0	
	11:00 pm										0	
	12:00 am										0	
	01:00 am										0	
Total Intake :						Total Output : U-1500ml m-0						
	02:00 am										0	
	03:00 am										0	
	04:00 am										0	
	05:00 am										0	
	06:00 am										0	
	07:00 am									1000ml	0	
Total Intake :						Total Output : U-1000ml m-0						

Total 24 hrs. Intake	900ml	Total 24 hrs. Output	U-3300ml m-0

BAH-00654732 IP5-00175891
Mrs DISHA WADHWA
27-02-1998 28 Y 4 M 6 D (F)
Dr. HIMABINDU VEERLA

4/7/26.

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Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 3

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						0	LCCU
	08:00 am										0	LCCU
	09:00 am		ABD							✓	0	LCCU
	10:00 am						NP				0	LCCU
	11:00 am		H/O								0	LCCU
	12:00 pm										0	LCCU
	01:00 pm		H/O								0	LCCU
Total Intake :						**Total Output :** U- 1						M: 0
	02:00 pm											LCCU
	03:00 pm		H/O									LCCU
	04:00 pm						NP			✓	WORD CHANGE	LCCU
	05:00 pm		H/O									LCCU
	06:00 pm											LCCU
	07:00 pm		H/O									LCCU
Total Intake :						**Total Output :** U- 1						M: 0
	08:00 pm											Pooja
	09:00 pm		H/O									Pooja
	10:00 pm						NP				NO IV COMMENTS	Pooja
	11:00 am									✓		Pooja
	12:00 am		H/O									Pooja
	01:00 am											Pooja
Total Intake :						**Total Output :** U-						M-
	02:00 am											Pooja
	03:00 am		H/O				NP					Pooja
	04:00 am									NP	NO IV COMMENTS	Pooja
	05:00 am											Pooja
	06:00 am		H/O									Pooja
	07:00 am											Pooja
Total Intake :						**Total Output :** U- 0.						M- 0

Total 24 hrs. Intake		Total 24 hrs. Output	U- 3 M- 1

BAH-00654732 IP5-00175891
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27-02-1998 28 Y 4 M 7 D (F)
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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**	

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CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name:	Dr. Himabindu	Date of Delivery:	3/7/26
Assistant Surgeon:	Dr Sravanthi	Time of Delivery:	11:31AM
Anaesthetist's Name:	Dr. Shabanam	Gender of Baby:	Male
Type of Anaesthesia:	J/SA	Weight of Baby:	3.094 Kgs
Neonatologist:	Dr. Rohith	AGPAR Score:	9/9
Scrub Nurse:	Sis. Laxmi	NICU Admission:	☐ Yes ☑ No

Pre-Operative Diagnosis: primigravida @ 38 +2 wks @ obs. cholestasis

☐ Elective ☑ Emergency Indication: Non progression of Labour @ presumed fetal compromise.

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: 2 min.

CTG Description: .....

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

Surgical Procedure: Emergency Lower segment Cesarean Section.

Post Operative Diagnosis: POD-0 | PIL1

Peri-Operative Complications: NIL

Amount of Blood Loss: 300ml	Blood Transfused (in ML):

Name and Number of Surgical Specimen sent for examination: —

Examination Findings when Appropriate:

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

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

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

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

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

Skin Incision: ☑ 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

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

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

Sheath Closure: ..... Vicryl 1-0 ..... Suture

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

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

Vaginal Evacuated ☑ Yes ☐ No

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

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

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

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

Post-Operative Notes:

- NBM for 4-6 hrs
- IV fluids - 100ml/hr
- Drug as charted
- c/o if PV Bleeding
- I/O charting
- Inform SO.

Doctor Name: Dr. V Hima Bindu Doctor Signature: Hindu

Date & Time: 2/7/26. 12 Noon

BAH-00654732 IP5-00175891
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RISK ASSESSMENT TOOL FOR DEEP VEIN THROMBOSIS

(Postnatal Assessment and Management (to be assessed on delivery suite)

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

Signature of the Doctor: Hindu (Dr. Hima Bindu) Date: 3/7/26 Time: 12 NOON

Action Plan: hydration & Ambulation.

Risk Assessment Tool for Deep Vein Thrombosis

- ☐ If total score ≥ 4 antenatally, consider thromboprophylaxis from the first trimester.
- ☐ If total score 3 antenatally, consider thromboprophylaxis from 28 weeks.
- ☐ If total score > 2 postnatally, consider thromboprophylaxis for at least 10 days.
- ☐ If total score = 2, Hydration & Ambulation.
- ☐ If admitted to hospital antenatally consider thromboprophylaxis.
- ☐ If prolonged admission (≥ 3 days) or readmission to hospital within the puerperium consider thromboprophylaxis.
- ☐ For patient with an identified bleeding risk, the balance of risks of bleeding and thrombosis should be discussed in consultation with a haematologist with expertise in thrombosis and bleeding in pregnancy.

*Ref:Rcog Green-Top Guideline No - 37a

BAH-00654732 IP5-00175891
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POST-SURGICAL CARE PLAN FORM

Procedure Done: Emergency Lower segment Cesarean Section

Post-Surgical Diagnosis: POD-0

Post-Operative Monitoring Parameters /Frequency:

Monitor vitals 1/hourly x24hrs

Wound Care:

W/f P/v Bleeding

Drain /Special Lines/Catheters:

- foley catheter x24hrs

Special Patient Positioning and Requirements:

- can move side to side in Bed.

Nutritional Instructions:

NBM for ~~4~~ 6 hrs

When to Start Mobilization:

- after Removal of foley

Special Referrals:

-

The new order for all required medications documented in the doctor order/medication sheet:

☐ Yes ☐ No

-

Any Other Post-Operative Care Needed including Required Follow Up

-

Hindu (Dr. Hema Bindu)

Treating Surgeon
(Signature & Stamp)

Date: 3/7/26 Time: 12NOON

Note: Plan of care will be readjusted if necessary.

Patie

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BUNDLE CARE CHECKLIST TO PREVENT SURGICAL SITE INFECTION (SSI)

Date : 3/7/26

To Be Filled In By Assigned Nurse :

Department : OBG OT Duration of Procedure : 1:00hrs

Name of Surgeon : Dr. Himabindu Date of Admission : 2/7/26

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

		Staff Signature
1.	Antibiotic given prior to surgery ? ☑ Yes ☐ No ☑ Single Dose Antibiotic or Long Antibiotic Regime Antibiotic administered within 60 minutes prior to incision ? ☑ Yes ☐ No Name of the Antibiotic : Inj-Taxim	
2.	Hair Removal ☑ Yes ☐ No if Yes : Surgical Clipper Department where Hair Removed : ☑ Ward ☐ Operating Room ☐ Other : ..... Skin preparation done (cleanse surgical area with antiseptic agent) ? ☑ Yes ☐ No	
.	Patient's body temperature immediately post operation (Recovery Room) 36 °C ☐ Oral Or ☑ Axilla (Goal : 36-37 °C)	
4.	Name of doctor or staff administering the antibiotic : Sis. Sharadha Date & Time of antibiotic administration : 3/7/26 @ 12:45 PM Date & Time procedure started : 3/7/26 @ 11:29 AM	

- Ensure form is filled in completely by assigned staff whenever patient had surgery
- If any bundle care criteria has not been observed or unmet, assigned staff must inform infection control nurse for management
- All forms (Bundle care and when required SSI form) are completed properly
- Forms must always be kept in Infection Control folder in respective department