Dr. Ramya

Rainbow Children's Hospital — It takes a lot to treat the little.
BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

ESTIMATION SLIP

Date : 20/4/26 **UHID / IP No. :** HNH-000 11508 **Sl No.** 1461

Name of Patient : Mrs. Prerna Srivastava **Age:** 34Yr **Gender:** F

Father's / Husband's Name : Mr. Dilip malviya **Corporate / Occupation :**

Address : Chikkadpally **Phone :** 9959179560 **Email :** 9790887632

Procedure / Plan : WD/LSCS **EDD/Dos:** June-26

MODE OF PAYMENT : ☐ SELF ☐ TPA : Medi Assist ☐ GIPSA : ☐ OTHER

TARIFF INFORMATION :

Particulars	Package Amounts (Rs.)	
Room Category	Normal Delivery	LSCS
Multi Shared Ward		
Shared Ward		
Twin Shared Ward		
Private Room →		1.35k &
Super Deluxe Room	Tubectomy - 25k	
Suite Room 2.50 (M+B)	+ Pharmacy & Investigation Extra 10k to 15k	
Package includes (Package starts from the time of admission) + Non Payable Endre	Room Rent, Nursing Charges, Doctors Fee, Surgeon's Fee and Labour Ward Charges	Room Rent, Nursing Charges, Doctors Fee, Surgeon's Fee Anesthetist's Fees and OT Charges
	Length of Stay for : 2 Days	Length of Stay for : 3 Days
	Pharmacy up to 9,000 k	Pharmacy up to 12,000/-
	Investigations up to 2,500 k	Investigations up to 3,000 k
Others	Well baby Care	25k to 35k

Neonatologist Charges : ☐ Covered ☐ Not Covered **Epidural / Entonox :** ☐ Covered ☐ Not Covered

Initial Minimum Deposit : 20,000/- Advance time of Admission

REMARKS : Vaccination, Neonatal, SBK, BLG

1. Room eligibility is purely subject to TPA approval and the Package / Room Tariff starts from the time of admission. The estimated amount may Change according to duration of stay, medical condition, investigations, pharmacy and any other procedure.
2. Proportionate difference of bill amount is applicable in case the patient opts for a category higher than the TPA approved, which has to be paid by the patient and may not be reimbursed by the TPA at later stage.
3. **Total baby charges are extra which include admission, pharmacy, vaccinations, investigations, disposables, consumables, equipments, speciality consultations, etc.**
4. In Case the patient gets discharged earlier than the packages permitted days, no refund of any type is applicable and if the length of stay is beyond the package permitted, additional payment is applicable for which kindly contact the Financial Counselling desk between 9am to 6pm
5. **For Non-medicals, Disposables, Consumables, Taxes, Kiwi Cup charges, Implants, Tubectomy charges, HIV/HbsAg, Anti-D, Medical Records, Double Occupancy and Registration Charges, etc. credit cannot be exchanged. These items are not payable to us as per Insurance company norms.**
6. Difference if any between the final bill amount and amount permitted/approved by TPA or total bill amount in case of denial from TPA has to be paid by the patient. In case of denial, cash tariff would be applicable.
7. Two attendants are permitted with patients in SDLX, DLX and PVT rooms and only one attendant is permitted in the rest of the categories of rooms and no attendant is permitted in ICU's
8. Tariffs are subject to revision
9. Kindly check your billing status on day to day basis at IP Billing Department.
10. Additional Charges on package are applicable for Non-working hours and Non-working days (sundays and public holidays)

DECLARATION

I _____ have attended the Financial counseling desk and understood the expected costs and other conditions applicable. In case the TPA / Insurance Company rejects the claim for whatsoever reasons at any point of time I promise to settle the hospital bill with the hospital without any ambiguity.

Siddu Malla

Signature of the Client | Signatory Relationship | Signature of the financial Counselor

HNH-00011508 IP26-00006371
Mrs PRERNA SRIVASTAVA
08-11-1991 34 Y 6 M 11 D (F)
Dr. KADIYALA RAMYA THEJA

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 : 19/5/26

Patient Name: Mrs. Prerna Srivastava Date of Birth: 8/11/1991 Age: 34Yrs

Gender: Female Ward : OT UHID No.: HNH-00011508

Date of Surgery: 19/5/26 ☐ OT -1 ☐ OT -2 ☐ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : Elective LSCS & BTL

Time in : 10 AM Time Out : 11 AM

	NAME	AMOUNT
1. Surgeon	: Dr. Ramya theja	
2. Anaesthetist	: Dr. Samir	
3. Assistant Surgeon	: Dr. Manisha.	
4. OT Technician	: Br. Saichandu, Sr. pallavi	
5. Circulating Nurse	: Sr. Puja	
6. Assistant Nurse	: Sr. Sandhya	

Mrs PRERNA SRIVASTAVA (34 Y 6 M 11 D/F)
TUBES
NINV04329
HN26008396TUBES
HNH-00011508

Special Equipment: ☐ Laparascopy ☐ Broncoscope ☐ Harmonic ☐ Morcelator
☐ C-ARM ☐ Cystoscopy ☐ Versa Point ☐ Liver Cusa
☐ Neuro Cusa ☐ Others Tubectomy → 26-0000200638

Mk Dr Manisha (For Dr Ramya)
Signature of the Surgeon

Puja.
Signature of Circulating Nurse

Order No: 26-0000200639

Order by: Sandhya 19/5/26 @ 12:15pm (or verbal told)

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

HNH-00011508 IP26-00006371
Mrs PRERNA SRIVASTAVA
08-11-1991 34 Y 6 M 11 D (F)
Dr. KADIYALA RAMYA THEJA

EL LSCS + Tubectomy

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 staff : ..... Technician : Sr. I ..... Date : ..... Time : .....

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube			Major Pack LSCS drape		01	Inj Vit.K		01
LMA			Sutures 2346, 2366	1+1		Cord Clamp		01
ECG leads : A / P / N		05	1942 + 1326	1+1		Suction Catheter		
HME filter : A / P / N						Feeding Tube 6.0		01
Syringes : 10 cc		03				Vaccum Suction Set		
05 cc		04	Gloves S. 6.5 6.0	2+1		Surgical Gloves SC 6.5	1+1	
02 cc		02	Vicryl 6/2		01	Gauze Pack 7.5x7.5		01
01 cc		01				Syringe 1ml / 2ml		01
Cautery plate : A / P / N		01	Surgical blade 22		01	Surgical Blade # 20		01
IV set		01	NG tube			Koochies (S)		01
RL	01+02		Cautery pencil		01	Diaper		01
NS : 10ml / 100ml / 500ml / 1000ml		01	Koochies XXL		01			
Minispike		01	Ointments			26-00009061 7 / 618		
O2 mask [A]		01	Suction Catheter					
Fentanyl		01	Cap, Mask	20+20				
Morphine			Gauze Pack		02			
Ketamine			Mop Pack		02+1			
Propofol			Steristrip					
Rocuronium			Underpad		02			
Glycopyrolate		01	Draw sheet					
Myopyrolate			Abgel	01+01				
Ondansetron			Foleys catheter					
Pencan 25g/ Spinal Needle 22		01	Urobag					
Bupivacaine 0.25%			Chest Drainage Catheter					
Bupivacaine 0.25%(Heavy)		01	Romodrain bag					
Antibiotics			Bandage Inj. mebtree		01			
			Tegaderm					
Suppositories			Ioban Disposable Apn		01			
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		6	Betadine Solution		02			
Encore 7.0		01	Microshield		01			
Gauze 7.5		01	Cotton Balls		01			
Oxytocin		05	Latex Gloves		201			
methergin		01	Ramdione Scrub					
Tranexa		01	Saral Handcare		01			

/637/636

Surgeon Anaesthesiologist Nurse OT Technician

Order No. : 26-00009061 3/614 Ordered by : Sangeetha

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

Rainbow Childrens Hospital-Himayatnagar

Rainbow Children's Hospital, Door no. 3-6-267, opp. Cafe niloufer,
Old MLA quarters road AP State Housing Board Himayatnagar ,
Hyderabad ,Telangana, INDIA ,500029.
040-48873000, info@rainbowhospitals.in

ELECTRONIC MEDICINE PRESCRIPTION

MRN	: HNH-00011508	**Name**	: Mrs PRERNA SRIVASTAVA
Age / Sex	: 34 Y 6 M 11 D / Female	**Doctor**	: KADIYALA RAMYA THEJA
Adm/Reg Date/Time	: 19/05/2026 07:28	**Payor**	: SELFPAY
Order Date	: 19/05/2026 10:50	**Ordernumber**	: 26-0000200614
Visit ID	: IP26-00006371	**Ward/Bed No**	: 4F -OT / LDR-418
Patient Address	: 1-1-301/11, BAPUNAGAR, Chikkadpally, Hyderabad, Telangana, INDIA, 500020		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	PREGELLED SURGICAL PLATES(ADULT)	PREGELLED PLATED ADULT	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
2	SURGICAL BLADE 22	SURGICAL BLADE 22	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
3	MINISPIKE-V	MINISPIKE-V	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
4	SGLOVE # 6 (SURGICARE)	SURGICAL GLOVES 6.0	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
5	Encore Microptic gloves-6.5		1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
6	MONOCRYL 3-0 NW 1326	MONOCRYL 1326	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
7	VICRYL 1-0 NW 2364	VICRYL 1-0 NW 2364	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
8	PENCAN 25G*3 1 2	PENCAN 25G*3 1 2	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
9	BUPICAIN HEAVY 80MG INJ 4ML	BUPIVACAINE 80MG INJ	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
10	ABGEL SURGI PAD (BIG) (GELSPON)	ABGEL	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
11	COTTON BALLS 2 GM 5 NOS	COTTON BALLS 2G- 5 NOS	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
12	TRUGUT CHROMIC CATGUT SN4242	TRUGUT CHROMIC CATGUT SN4242	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
13	MISOPROST TAB 200MCG 4S		1 Tabs	Rectal / Once Daily	1 Days		6 Tabs	Dispensed
14	BACTOPREP SOLUTIONS 100 ML	CHLORHEXIDINE GLUCONATE2% &ALCOHOL80% 500	1 mL	/ Once Daily	1 Days		1 Nos	Dispensed
15	ADULT DIAPERS-XXL		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
16	SURGEON CAP(FEMALE) (PROTECTCARE)		1 Nos	/ Once Daily	1 Days		20 Nos	Dispensed
17	SUPRIDOL SUPPOSITORIES 100 MG 5 S		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
18	RL 500 ML CLOSED SYSTEM	RINGER LACTATE 500ML CLOSED	1 Bottle	/ Once Daily	2 Days		2 Bottle	Dispensed
19	CAUTERY PENCIL(ADVANCE)	CAUTERY PENCIL (ADVANCE)	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
20	DSYRINGS 2.5ML(NIPRO)	SYRINGE 2ML	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
21	DISPOSABLE APRONS STERIL XL	DISPOSABLE APPRON STERILE XL	1 Nos	/ Once Daily	4 Days		4 Nos	Dispensed
22	ENCORE MICROPTIC GLOVES-7 PF		1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
23	GAUZE 7.5X7.5 12 PLY (5 NOS)	GAUZE 7.5X7.5 12 PLY 5 NOS	1 Nos	External / Once Daily	1 Days		3 Nos	Dispensed
24	POVINANZ SOLUTION 10% 100 ML		1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
25	THEMIPYRRNOM 0.2MG INJ		1 Nos	Injection / 10 AM	1 Days		1 Nos	Dispensed
26	FACE MASK 3 LAYER - ELASTIC	FACE MASK 3 LAYER	1 Nos	/ Once Daily	20 Days		20 Nos	Dispensed
27	OxygenMask With Tubing - Adult ROMSONS-FC		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
28	E.C.G ELECTRODES (ADULT)	ELECTRODES ADULT	1 Nos	External / Once Daily	1 Days		5 Nos	Dispensed
29	JUSTIN SUPPOSITORIES 100 MG 5 S		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
30	LSCS DRAPE PACK (PROTECTCARE)		1 Nos	/ Once Daily	2 Days		2 Nos	Dispensed
31	MOPS 30X30 8PLY 5S X-RAY	MOPS 30X308 PLYDATT	1 Nos	/ Once Daily	2 Days		2 Nos	Dispensed
32	VACCUME SUCTION SET	VACCUME SUCTION SET	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
33	VICRYL 1-0 VP 2346	VICRYL 1-0 VP 2346	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed

KADIYALA RAMYA THEJA

Reg No : TSMC/FMR/01458

* This document is just for reference purpose only. Not to be considered as primary report.

Note

*** This prescription is valid only for specified duration.**

*** Do not refill medicines.**

Rainbow Childrens Hospital-Himayatnagar

Rainbow Children's Hospital, Door no. 3-6-267, opp. Cafe niloufer, Old MLA quarters road AP State Housing Board Himayatnagar ,Hyderabad , Telangana, INDIA ,500029.
040-48873000, info@rainbowhospitals.in

ELECTRONIC MEDICINE PRESCRIPTION

MRN	: HNH-00011508	**Name**	: Mrs PRERNA SRIVASTAVA
Age / Sex	: 34 Y 6 M 11 D / Female	**Doctor**	: KADIYALA RAMYA THEJA
Adm/Reg Date/Time	: 19/05/2026 07:28	**Payor**	: SELFPAY
Order Date	: 19/05/2026 12:07	**Ordernumber**	: 26-0000200636
Visit ID	: IP26-00006371	**Ward/Bed No**	: 4F -OT / LDR-416
Patient Address	: 1-1-301/11, BAPUNAGAR, Chikkadpally, Hyderabad, Telangana, INDIA, 500020		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	HAND CARE GLOVE	HAND CARE GLOVE	1 Nos	/ Once Daily	2 Days		2 Nos	Dispensed
2	MEBLU-N INJ 10 ML - N CARE REMEDIES		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
3	RL 500 ML CLOSED SYSTEM	RINGER LACTATE 500ML CLOSED	1 Bottle	/ Once Daily	1 Days		1 Bottle	Dispensed
4	ABGEL SURGI PAD (BIG) (GELSPON)	ABGEL	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed

KADIYALA RAMYA THEJA

Reg No : TSMC/FMR/01458

* This document is just for reference purpose only. Not to be considered as primary report.

Note

*** This prescription is valid only for specified duration.**

*** Do not refill medicines.**

Rainbow Childrens Hospital-Himayatnagar

Rainbow Children's Hospital, Door no. 3-6-267, opp. Cafe niloufer, Old MLA quarters road AP State Housing Board Himayatnagar ,Hyderabad , Telangana, INDIA ,500029.
040-48873000, info@rainbowhospitals.in

ELECTRONIC MEDICINE PRESCRIPTION

MRN	: HNH-00011508	**Name**	: Mrs PRERNA SRIVASTAVA
Age / Sex	: 34 Y 6 M 11 D / Female	**Doctor**	: KADIYALA RAMYA THEJA
Adm/Reg Date/Time	: 19/05/2026 07:28	**Payor**	: SELFPAY
Order Date	: 19/05/2026 10:50	**Ordernumber**	: 26-0000200613
Visit ID	: IP26-00006371	**Ward/Bed No**	: 4F -OT / LDR-416
Patient Address	: 1-1-301/11, BAPUNAGAR, Chikkadpally, Hyderabad, Telangana, INDIA, 500020		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	NS 100ML ACCULIFE - EH		1 mL	External / 10 AM	1 Days		1 mL	Dispensed
2	DSYRINGE 5ML.(NIPRO)	SYRINGE 5ML	1 Nos	External / Once Daily	1 Days		4 Nos	Dispensed
3	NITRILE EXAMINATION GLOVES P F- MEDIUM	NITRILE GLOVES M	1 Nos	/ Once Daily	20 Days		20 Nos	Dispensed
4	EVATOCIN (OXYTOCIN) INJ 5 IU 1 ML		1 Nos	/ Once Daily	5 Days		5 Vial	Dispensed
5	DSYRINGE 1ML (NIPRO)	SYRINGE 1ML	1 Nos	Injection / Once Daily	1 Days		1 Nos	Dispensed
6	DSYRINGE 10ML (NIPRO)	SYRINGE 10ML	1 Nos	External / Once Daily	1 Days		3 Nos	Dispensed

KADIYALA RAMYA THEJA

Reg No : TSMC/FMR/01458

* This document is just for reference purpose only. Not to be considered as primary report.

Note

*** This prescription is valid only for specified duration.**

*** Do not refill medicines.**

Rainbow Childrens Hospital-Himayatnagar

Rainbow Children's Hospital, Door no. 3-6-267, opp. Cafe niloufer,
Old MLA quarters road AP State Housing Board Himayatnagar ,
Hyderabad ,Telangana, INDIA ,500029.
040-48873000, info@rainbowhospitals.in

ELECTRONIC MEDICINE PRESCRIPTION

MRN	: HNH-00011508	**Name**	: Mrs PRERNA SRIVASTAVA
Age / Sex	: 34 Y 6 M 11 D / Female	**Doctor**	: KADIYALA RAMYA THEJA
Adm/Reg Date/Time	: 19/05/2026 07:28	**Payor**	: SELFPAY
Order Date	: 19/05/2026 12:07	**Ordernumber**	: 26-0000200637
Visit ID	: IP26-00006371	**Ward/Bed No**	: 4F -OT / LDR-416
Patient Address	: 1-1-301/11, BAPUNAGAR, Chikkadpally, Hyderabad, Telangana, INDIA, 500020		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	BCV-INTRAFIX SAFESET		1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed

KADIYALA RAMYA THEJA

Reg No : TSMC/FMR/01458

* This document is just for reference purpose only. Not to be considered as primary report.

Note

*** This prescription is valid only for specified duration.**

*** Do not refill medicines.**

ELECTRONIC MEDICINE PRESCRIPTION

MRN	: HNH-00015490	**Name**	: Baby Of PRERNA SRIVASTAVA
Age / Sex	: 0 Y 0 M 0 D 2 H / Female	**Doctor**	: SPANDANA PASUPULETI
Adm/Reg Date/Time	: 19/05/2026 10:49	**Payor**	: SELFPAY
Order Date	: 19/05/2026 11:07	**Ordernumber**	: 26-0000200618
Visit ID	: IP26-00006375	**Ward/Bed No**	: 4F -OT / CRDL-HNPDA-413-1
Patient Address	: H.NO: 1-1-301/11, BAPUNAGAR, Chikkadpally, Hyderabad, Telangana, INDIA, 500020		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	INFANT FEEDING TUBE-6	INFANT FEEDING TUBE 6	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
2	SGLOVE # 6 (SURGICARE)	SURGICAL GLOVES 6.0	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
3	EASYCLOT-K1 1MG INJ 0.5 ML		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
4	GAUZE 7.5X7.5 12 PLY (5 NOS)	GAUZE 7.5X7.5 12 PLY 5 NOS	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
5	CORD CLAMP-ALPHAMEDICARE		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
6	DUODERM EXTRA THIN 10X10 CM(187955)	HYDROCOL THIN EXTRA 10X10	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed

SPANDANA PASUPULETI

* This document is just for reference purpose only. Not to be considered as primary report.

Note

*** This prescription is valid only for specified duration.**

*** Do not refill medicines.**

Printed Date/Time : 19/05/2026 13:15 Printed By : GUVVALA VIJAYA SUSHEELA

Rainbow Childrens Hospital-Himayatnagar

Rainbow Children's Hospital, Door no. 3-6-267, opp. Cafe niloufer,
Old MLA quarters road AP State Housing Board Himayatnagar ,
Hyderabad ,Telangana, INDIA ,500029.
040-48873000, info@rainbowhospitals.in

ELECTRONIC MEDICINE PRESCRIPTION

MRN	: HNH-00015490	**Name**	: Baby Of PRERNA SRIVASTAVA
Age / Sex	: 0 Y 0 M 0 D 2 H / Female	**Doctor**	: SPANDANA PASUPULETI
Adm/Reg Date/Time	: 19/05/2026 10:49	**Payor**	: SELFPAY
Order Date	: 19/05/2026 11:07	**Ordernumber**	: 26-0000200617
Visit ID	: IP26-00006375	**Ward/Bed No**	: 4F -OT / CRDL-HNPDA-413-1
Patient Address	: H.NO: 1-1-301/11, BAPUNAGAR, Chikkadpally, Hyderabad, Telangana, INDIA, 500020		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	KOOCHEES- SMALL 5 S		1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
2	DSYRINGE 1ML (NIPRO)	SYRINGE 1ML	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed

SPANDANA PASUPULETI

* This document is just for reference purpose only. Not to be considered as primary report.

Note

*** This prescription is valid only for specified duration.**

*** Do not refill medicines.**

Rainbow Children's Hospital | BirthRight a Rainbow

Rainbow Childrens Hospital-Himayatnagar

Rainbow Children's Hospital, Door no. 3-6-267, opp. Cafe niloufer,
Old MLA quarters road AP State Housing Board Himayatnagar ,
Hyderabad ,Telangana, INDIA ,500029.
040-48873000, info@rainbowhospitals.in

HNH-00011508 IP26-00006371
Mrs PRERNA SRIVASTAVA
06-11-1991 34 Y 6 M 14 D (F)
Dr. KADIYALA RAMYA THEJA

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	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	3			
8	Consultation sheet				
9	General consent for treatment				
10	Consent for Surgery	1			
11	Consent for blood transfusion				
12	Consent for chemotherapy				
13	Consent for high risk				
14	Consent for Restraint				
15	LAMA consent				
16	Consent for special procedure / Sedation				
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)	1			
22	Neonatal Admission/Delivery/Physical Exam	1			
23	Medication Reconciliation	1			
24	Emergency Triage record				
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	2			
39	Bed side check list				
40	PICU bed formula Dilution feeds				
41	Gastro monitoring chart				
42	Rch ED doctors note				
43	BP Monitoring chart				
44	RBS monitoring chart				
	Billing	1			
	Others	6			
	Total No. of Pages	36			

Signature and Date : 22/05/26
Jyotsna

Doc. No. : RCH/ FRM / GENERAL / 126 (P.T.O)

308
FC

Name	Mrs PRERNA SRIVASTAVA	**UHID**	HNH-00011508
Father/Guardian	Mr DILIP MOLUGU	**Age/Gender**	34 Y 6 M 11 D/ Female
Address	1-1-301/11, BAPUNAGAR, Chikkadpally, Hyderabad, Telangana, INDIA, 500020		
IP No	IP26-00006371	**Admission Date**	19-05-2026
Ref Doctor	Self.		
Discharge Date	23.05.2026		

DISCHARGE SUMMARY

Consultant:
Dr. KADIYALA RAMYA THEJA
MBBS/DNB
TSMC/FMR/01458

Diagnosis: G2P1L1 WITH 37^{+3} WEEKS WITH PREVIOUS LOWER SEGMENT CAESAREAN SECTION FOR ELECTIVE LOWER SEGMENT CAESEREAN SECTION WITH BILATERAL TUBECTOMY

ELECTIVE LOWER SEGMNET CAESAREAN SECTION done on 19.05.2026

History:
LMP: 30.08.2025 Obstetric formula: G2P1L1

Name	Mrs PRERNA SRIVASTAVA	UHID	HNH-00011508
IP No	IP26-00006371	Admission Date	19-05-2026

EDD: 06.06.2026 Gestation at admission: 37^{+4} weeks

Obstetric History:
G1 - 2021, FTLSCS (IND - LGA), Male, B.Wt. - 4.2 kg, A & H.
G2 - Present pregnancy, Spontaneous conception.

Medical History: Nil.
Surgical History: LSCS in 2021.
Family History : Father- T2DM, Mother - Thyroid disorder.
Allergies : Nil.

Antenatal Details:
Mrs PRERNA SRIVASTAVA was booked to Rainbow hospital at 7^{+3} weeks of gestation. She had regular antenatal checkups and investigations as advised. NT scan was normal. FTS was low risk. TIFFA was normal. Fetal growth monitoring done by serial growth scan. Growth scan done at 04.05.2026 showed SLIUP at 35^{+2} weeks with Placenta fundo posterior High, Cephalic presentation with AFI 13.1cm with EFW 3128gm, (91%/AC-88%) with Doppler normal. She was admitted at 37^{+3} weeks with previous LSCS for EL.LSCS with tubectomy.

Investigations: Enclosed.
Blood grouping : "A"Positive

Management: Course in hospital:
She was prepared for elective C- section with indwelling Foley's catheter and IV

Name	Mrs PRERNA SRIVASTAVA	**UHID**	HNH-00011508
IP No	IP26-00006371	**Admission Date**	19-05-2026

canula under aseptic conditions. Written informed consent for surgery taken. Preanesthetic check up done. Anesthetic premedication (IV Pantop and Perinorm) given. Antibiotic prophylaxis with Inj. Taxim 1 gm IV given. Patient shifted to theatre.

Surgery Notes:

Under spinal anesthesia she was painted and draped as per hospital protocol. Abdomen opened in layers. The parietal and visceral peritoneum carefully opened after identifying the urachus. Bladder was reflected. A Lower segment curvilinear incision given on the uterus. Baby delivered. Cord clamped and cut and cord blood collected for blood grouping and Rh typing. Baby handed over to pediatrician. Placenta delivered with controlled cord traction. Uterus closed in layers. Hemostasis secured. Instruments and swab count checked. Rectus sheath closed. Skin closed with subcuticular sutures. Wound dressing done. Vagina cleaned with Betadine solution after expelling clots. Misoprostol 600 mcg given per rectum as prophylaxis against Postpartum hemorrhage. Patient was shifted out of theatre to post operative recovery room.

***Bladder drawn up and densely adherent to Lower uterine segment, and to mid uterine segment by a band on left side.**
***Sharp dissection done and bladder pushed down.**
***Uterine incision given highup the LUS.**
***Bladder integrity checked by Methylene blue - found intact.**
***Bilateral Tubectomy done by Modified Pomeroy's method and sample sent for HPE.**

Delivery Details:

Name	Mrs PRERNA SRIVASTAVA	UHID	HNH-00011508
IP No	IP26-00006371	Admission Date	19-05-2026

Date : 19.05.2026
Time of Delivery : 10:16 AM
Type of Delivery : Elective Lower segment caesrean section and bilateral tubectomy
Indication : Previous LSCS
Anaesthesia : Spinal

Baby Details:
Date : 19.05.2026
Time : 10:16 AM
Sex : Female
Weight : 3.8 KG
Apgar : 8,9
Gestational Age: 37^{+3} weeks
NICU Admission: NO

Post-Operative Notes:
She was closely monitored. Her vital signs remained stable. Uterus was well retracted with no postpartum hemorrhage. Breast feeding initiated. She was shifted to room. Her postoperative period following that was uneventful. On second postoperative day dressing was changed. On inspection wound was healthy. Her general condition was satisfactory and she was found to be fit for discharge. Wound care and medications were explained to patient supplemented by written information. She was given the postpartum book for further reference.

Name	Mrs PRERNA SRIVASTAVA	**UHID**	HNH-00011508
IP No	IP26-00006371	**Admission Date**	19-05-2026

Advice:

1. Tab. Taxim O 200mg twice daily till 24.05.2026 (9am-9pm) after food.
2. Tab. Calpol (Paracetamol 500mg) 2 tablets thrice daily till 22.05.2026 (8am-2pm-10pm) after food.
3. Tab. Voveran (Diclofenac-50mg) 1 tablet thrice daily till 22.05.2026 (9am-3pm-11pm) after food.
4. Tab. Pantodac (Pantoprazole - 40mg) 1 tablet twice daily till 24.05.2026 (7am-7pm) before food.
5. Syp.Ascoril 10ml thrice daily till 23.05.2026 (8am-2pm-9pm) after food.
6. Syp.Duphalac 10ml once daily till 23.05.2026(9pm) after food .
7. Tab. Livogen (Elemental Iron - 50mg, folic acid 1.5mg) once daily (7am) for three months before breakfast.
8. Tab. Shelcal (Elemental Calcium 500mg, vitamin D3 250 IU) once daily (2pm) till breast feeding after food.
9. Hexilak gel & Contratubex oint for local application, once daily for 1 month (to start from 26.05.2026)
10. Collect HPE report

Home Blood pressure monitoring to be done **twice daily** for **two weeks**. Report to emergency if **BP >140/90mmHg**, presence of headache, vomitings, blurred vision, reduced urine output, epigastric pain, seizures.

* Suggest **PAP smear** and **HPV Vaccine** after **6 weeks**; Please discuss with your treating doctor regarding **HPV vaccination.**

Review with **Dr. KADIYALA RAMYA THEJA,** after **2** weeks on **06.06.2026**

Name	Mrs PRERNA SRIVASTAVA	UHID	HNH-00011508
IP No	IP26-00006371	Admission Date	19-05-2026

with HPE report at Rainbow Children's Hospital with prior appointment **(Review consultation will be charged).**

For Women Who Have Had a Caesarean Section
Care of the wound:

1.You can bath and shower.
2.The wound can get wet during a bath or shower. Dry it thoroughly and gently by dabbing with a gauze piece. Do not rub the wound.
3.This gauze piece needs to be discarded after one use.
4.Prior to touching the wound clean hands thoroughly with Microshield solution and allow them to air dry or use disposable paper napkins.
5.Apply Nebasulf or Neomycin dusting powder on the wound after it is dry.
6.Do not touch the wound with unwashed hands.

The content of the patient discharge summary, medication, food & drug interaction, care to be provided at home, nutrition, when and how to obtain emergency care etc also have been explained by doctor ..... in a language that I can understand and I acknowledge.

Patient/ Attender

In case of emergency like bleeding, fever [please refer to postpartum book for further details - Chapter II page 6] kindly contact 9154865045 at Rainbow Children's Hospital just dial one toll free number - 18002122.

You can also take appointments at any time by going online to our website **www.rainbowhospitals.in**

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Name	Mrs PRERNA SRIVASTAVA	**UHID**	HNH-00011508
IP No	IP26-00006371	**Admission Date**	19-05-2026

Registrar/Resident/C.M.O

RAINBOW CHILDREN'S MEDICARE LIMITED * HYDERABAD

Dr. KADIYALA RAMYA THEJA
MBBS/DNB
TSMC/FMR/01458

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Childrens Hospital-Himayatnagar

Rainbow Children's Hospital, Door no. 3-6-267, opp. Cafe niloufer, Old MLA quarters road AP State Housing Board Himayatnagar ,Hyderabad ,Telangana, INDIA ,500029.
TEL NO :040-48873000
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP26-00006371 **Admit Date** : 19-May-2026 **Admit Time** : 07:28 AM **UHID** : HNH-00011508

Patient Details :

Patient Name	: Mrs PRERNA SRIVASTAVA	**Age**	: 34 Y 6 M 11 D
Guardian	: Mr DILIP MOLUGU	**DOB**	: 08-11-1991
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 1-1-301/11, BAPUNAGAR Chikkadpally Hyderabad Telangana INDIA 500020	**Phone No**	: 9959179560/ 8790887632
		E-mail	: PRERNASRIVASTAVA8401@GMAIL.COM

Admission Details :

Bed Type : TWIN SHARING **Bed No** : LDR-416 **Ward Name** : 4F -OT

Room No : LDR-416 **Admission Type** : First Visit

Contact Details :

Name : Mr DILIP MOLUGU **Relationship** : Husband

Contact Address : 1-1-301/11, BAPUNAGAR Chikkadpally Hyderabad Telangana INDIA 500020 **Phone No** : 9959179560

Signature

Doctor Details :

Doctor Name : Dr. KADIYALA RAMYA THEJA **Specialisation** : OBSTETRICS AND GYNECOLOGY

Referral Doctor : Self. **Phone No** :

Co-Consultant :

Payment Details :

Payment Mode : DC/CC Card **Deposit Amount** : 100000.00

Payor Name : SELFPAY

PATIENT TRANSFER FORM

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00011508 IP26-00006371 Mrs PRERNA SRIVASTAVA 08-11-1991 34 Y 6 M 11 D (F) Dr. KADIYALA RAMYA THEJA	19/5/26. @ 1:28AM	19/5/26,
	Transfer Ordered by	**Reason for Transfer**
	DR Naveena	OBS
From Unit	**To Unit**	**Information to Attendant**
LDR	ROOM	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
35	1	Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.		
2.	Kl room.	
3.		
4.		
5.		

Shifting Summary / Notes Written by Doctor : Yes ☑ No ☐

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sis Aleeti / -Ali.	DR Naveena

Patient & Clinical Records Received by : Supriya 19/5/26 @ 3:30pm.

Date & Time of Patient Received :

If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below :

☐ Unavailable Bed ☐ Nurse not Available ☐ Available Bed not ready

Docu. No. : RCH /FRM / CLINICAL / 102

PATIENT TRANSFER FORM

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
Mrs. Prerana HNH-00011508 IP26-00006371 Mrs PRERNA SRIVASTAVA 08-11-1991 34 Y 6 M 11 D (F) Dr. KADIYALA RAMYA THEJA Dr|| Theja.	19/5/26 @ 7:28 AM	19/5/26 9:40 AM
Transfer Ordered by	**Reason for Transfer**	
Dr|| Ramya Theja.	EL-LSCS + B/L.	
From Unit	**To Unit**	**Information to Attendant**
LDR	OT	Yes ☐ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
25	NCT - 1	Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	R2 500ml	1
2.		
3.		
4.		
5.		

Shifting Summary / Notes Written by Doctor : Yes ☐ No ☐

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sis. Anushed	Dr|| Ramya Theja.

Patient & Clinical Records Received by : 19/5/26 @ 9:40Am.

Date & Time of Patient Received :

If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below :

☐ Unavailable Bed ☐ Nurse not Available ☐ Available Bed not ready

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

HNH-00011508 IP26-00006371
Mrs PRERNA SRIVASTAVA
08-11-1991 34 Y 6 M 11 D (F)
Dr. KADIYALA RAMYA THEJA

Name: ---------- M ----------

UHID No : ---------- IP No : ---------- : ---------- 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
19/5/26	10:00am	LDR	OT	P /Puja
19/5/26	11:10am	OT	LDR	Puja/
19/5/26	3:00pm	LDR	Room	Hari / Supriya

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	Dr. Tejaswi	22/5/26	1354	
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Sign
19/5/26	NST — (1)	Akash 6222	
		Cross checked done	
		19/5/26, (1)	3 copies
	NBST — (1)		

MEDICAL EQUIPMENT (WARD & ICU)

19/5/26

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
19/5/26	Caredial Monitor	11:10 AM	3:00pm	26-0000	
19/5/26	Infusion pump	11:10 AM	3:00pm	200691	

Checked done
19/5/26 @ 3:00pm

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
19/5	IV Placement	(1)	26-0000	
19/5	catheterization	(1)	20062	
19/5	PAC	(1)	4516	
			Cross checked done	
			19/5/26 @ 3:00pm	
20/5/26	NHA	(1)	1155	

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

HNH-00011508 IP26-00006371
Mrs PRERNA SRIVASTAVA
08-11-1991 34 Y 6 M 11 D (F)
Dr. KADIYALA RAMYA THEJA

Pati

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
Came for Elective LSCS + Bilateral tubectomy

Obstetric Formula:
G2P1L1

Obstetric History:
1. 2021 - PTLSCS (Ind: LGA) boy, 4.2 kg, A&W

Present Pregnancy Record:
II : PP booked @ 7 wks
uneventful ANC.

RISK FACTORS:

- prev LSCS

Height: 157 cm
Weight: 73.4 kg
Allergies: Nil.
Breast: ☑ Normal ☐ Abnormal
General Examination:
Consciousness: c/c
Pallor: ⊖
Icterus: no
Edema: absent
Temp: Afebrile
PR: 100/min
BP: 110/60 mmHg
DTR: Ⓝ
CVS: S1S2 + no murmurs
RS: B/L NVBS ⊕
Liver/Spleen: Ⓝ
Urine Output: Adequate

LMP: 30/8/25
EDD:
Corrected EDD: 6/6/26
GA: 37+3 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: ___
FHS: ☑ Normal ☐ Tachy ☐ Brady ☐ Absent

Per Speculum Examination not done.

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

Vaginal Examination not done

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

G2P1L1 | 37+3 wks | previous LSCS | for Elective LSCS + bilateral tubectomy

HNH-00011508 IP26-00006371
Mrs PRERNA SRIVASTAVA
08-11-1991 34 Y 6 M 11 D (F)
Dr. KADIYALA RAMYA THEJA

Family History: father: DM, mother: thyroid.	Surgical History: LSCS - 2021
Medical History: NIL.	Medication History: Clas Rel Cal / MVT
Plan of Care: NBM Admission NST. Informed Consent Parts preparation drugs as charted PAC Paediatrician Call. strict FHR monitoring. Monitor Vitals Inform SOS foley's catheter to be inserted Check CBP. & Pend.	Investigations: BGT A POSITIVE. CBP (14/5/2026) Hb - 11.6 plt - 2.07. PCV - 32.9. TLC - 11.17. HIV, HbsAg, HCV, VDRL } NR. USG on 4/5/26. SUIF, 35 wks, cephalic. AFI: 13.1cm, posterior high, EFW: 2128gm 9%. AC 88%. dopplers (N)

Doctor Name: Dr Ramya Thejak
Signature: Ramya
Date & Time: 14/5/26 @ 7:30Am

Consultant Name: Dr Ramya Thejak
Signature: Ramya
Date & Time: 15/5/26 @ 7:30Am

HNH-00011508 IP26-00006371
Mrs PRERNA SRIVASTAVA
08-11-1991 34 Y 6 M 11 D (F)
Dr. KADIYALA RAMYA THEJA

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
19/5/2026	C/o/b Dr Manshi	
12 pm	POD-0	/ELSCS c BTL
		Adv
	GC Fair, Afebrile	- NBM till further order
	BP 110/70	- Drugs as charted
	PR 80	- Foley's Removal @ 6AM C/M
	P/A Ut well retracted	- Vital monitoring
	PV Bleeding WNL	- I/O monitoring
	U/O ~ 200cc (CT-empty)	- Inform SOS
		- IV Tranexamic Acid 1g TID
	HPE sent	Dr Manshi
		Dr RAMYA THEJA N
19/5/2026 2:15pm.	C/s/b Dr. Ramya	
	O/E GC- fair	Adv.
	Afebrile SpO2-100% on RA.	- ~~liquid diet~~ Sips of water. f/b. liquid diet
	PR: 92bpm.	
	BP: 100/60mmHg	- Soft diet at 9pm.
	CVS/RS: NAD	- Urine I/O charting.
	PA: ut. retracted	- w/f PV bleeding.
	Soft, NT	- Monitor Vitals
	Dressing: ~~[illegible]~~ clean & dry.	- drugs as charting.
	I/E: PV bleeding WNL	- Inform SOS
	U/O: 70-80ml/hr	Kindly shift the patient to room
	Bowel sounds: present	Dr. Naveena
	Baby - mother side	

Dr. Kadiyala Ramya Theja
Consultant Obstetrics and Gynecology
Reg. No: 1458

HNH-00011508 IP26-00006371
Mrs PRERNA SRIVASTAVA
08-11-1991 34 Y 6 M 11 D (F)
Dr. KADIYALA RAMYA THEJA

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
19/5/26 7pm	c/s/B Dr. Veena	
	POD - 0 | P_1L_1	
	Pt is stable, No c/o	
	o/e GC: fair, Afebrile	Adv
Baby @ ms	BP Pallor (-)	- Liquid diet
	BP - 113/69 mm Hg	- Soft diet from 6pm.
	PR - 82 bpm.	- If foley's removal c/m @ 6am
	SpO_2 - 98% on RA	- Vital monitoring
tolerating clq diet ✓	P/A - Ut well retracted	- I/o charting.
	BS (+)	- Drugs as charted
	L/E - BUNL.	- w/f excessive bleeding p/v
	u/o - 100ml/hr clear urine.	- Remove foley's c/m @ 6am
		- Inform SOs
		noted by Supriya @ 7pm
20/5/26 7:30am	c/s/B Dr. Veena	
Bl/Breast-Soft ms (+)	POD-1 | P_2L_2	Pt denied foley's removal @ 6am
	Pt is stable, No c/o	Adv
	o/e GC: fair, Afebrile	✓ Soft diet
Baby @ ms	No Pallor.	✓ Drugs as charted
	BP - 110/74 mm Hg	✓ foley's removal @ now
	PR - 87 bpm, SpO_2 - 99% on RA	✓ Vital monitoring
U - Yet to void	P/A - Ut well retracted	✓ w/f excessive bleeding p/v
F ✓	BS (+)	✓ Encourage to void
S ↑	L/E - BUNL.	✓ Ambulation
	u/o - 100ml/hr clear	✓ Adequate hydration
		✓ Inform SOs
		Noted by Divya 20/5/26 @ 7:30am

HNH-00011508 IP26-00006371
Mrs PRERNA SRIVASTAVA
08-11-1991 34 Y 6 M 11 D (F)
Dr. KADIYALA RAMYA THEJA

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
20/5/2026		C/o/b Dr Mamsha
11:30AM	POD - 1	ELCSD c BTL
	Ac - Far Afebrile	Adv
Baby NS	Vitals stable	- Soft Diet / Adeq Hydration
	P/A Ut well Retracted	- Drugs as charted
	BS ⊕	- w/f vitals q3h
	N Bleeding wnl	- Ambulation
U ✓		- Inform SOS
F ✓	No Complaints	
S ✗		Dr Mamsha
		noted by Madhuri @ 11:35AM.
20/5/26 3pm	No complaints	
	GC fair/afebrile	
	Vitals (N)	
baby well	PA : soft, UWR	
	BS (+)	
U: ✓	N: bleeding (N)	
F: ✓		
S: ✗		
		Dr. Kadiyala Ramya ... Consultant Obstetrics ... Reg. No: 1458 — Ramya Theja

HNH-00011508 IP26-00006371
Mrs PRERNA SRIVASTAVA
08-11-1991 34 Y 6 M 11 D (F)
Dr. KADIYALA RAMYA THEJA

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
20/5/26 8pm	C/S/B Dr. Dna	
	Baby c mother — POD-1	
	No complaints	Adv
	GC Fair Afebrile	- Soft diet
	urine passed; Vitals (N)	- Adequate hydration
	flatus passed; P/A Ut Retracted well	- Drugs as charted
	stools Not passed. L/E NAD	- Ambulation
		- Fetal Monitoring
		- Inform SOS
		Tab Dulcolax suppository
		to be kept B/R 6AM tomorrow
		Noted by Supriya @ 8pm
21/5/26 7:30 AM.	C/S/B Dr. Dna	
	Baby c Mother — POD-2	
	c/o. heart burn - 1/2 hr.	Adv.
	GC fair Afebrile	Soft diet
	BP: 90/50 mmHg ↓ Recheck.	Adequate hydration
U ✓		Drug as charted
F ✓		Ambulation
	PR: 81 bpm.	Monitor vitals
	P/A Ut Retracted well	Inform SOS.
	Abdominal distension	Noted by Divya
	L/E NAD	21/5/26 @ 7:30 AM

HNH-00011508 IP26-00006371
Mrs PRERNA SRIVASTAVA
06-11-1991 34 Y 6 M 11 D (F)
Dr. KADIYALA RAMYA THEJA

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
21/5/2026	9S/b	Amanshe
9:30Am	Pos -2	
		Adv
	GC For Afebrile	- Regular Diet
Baby MB	Vitals stable	- Adequate Hydration
	P/A Ut well retracted	- Drugs as charted
	BS(P) : soft	- Ambulation (3rd hourly)
UV	PV Bleeding WNL	- W/f vitals + BP
FV		- Inform SOS
SV	No complaints	
		M Amanshe
		noted by Madhuri
		@9:40Am
21/05/2026	Cls by	Dr. Naveena
3:00pm		clocough.
	O/E GC - fair	Adv
	Afebrile	Regular diet
	Vitals - stable	- Adequate hydration
U-✓	PA : ut-retracted	- drugs as charted
	Soft, NT	- Ambulation
F-✓	Dressing : dry & clean	- w/f PV bleeding
S-✓	HE : NAD	- Monitor Vitals
	RS : B/L NVBS	- Inform SOS
	Baby : Mother side	Dr. Naveena

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

HNH-00011508 IP26-00006371
Mrs PRERNA SRIVASTAVA
06-11-1991 34 Y 6 M 11 D (F)
Dr. KADIYALA RAMYA THEJA

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
21/05/2026 3:15pm.	c/s/by Dr. Naveena	
	c/s/by. Dr. Ramya theja	
		Adv
		- Syp. Ascoryl 1oml TID x 3days
		- Syp. Duphalac 1oml OD x3days
		Dr. Naveena.
21/5/26 7pm	c/s/B Dr Veena POD-2/P_2L_2	
Baby @ nns	Pt is stable	Adv
U ✓	No c/o	Regular diet
F ✓	o/e GC-fair	Drugs as charted
S ✓	Vitals - stable	Vital monitoring
	P/A - Ut well retracted BS (+)	Ambulation
	Ue - NAD BWNL	Adequate hydration
		Inform SOS
		Noted by Supriya 21/5/26 @7PM

HNH-00011508 IP26-00006371
Mrs PRERNA SRIVASTAVA
08-11-1991 34 Y 6 M 11 D (F)
Dr. KADIYALA RAMYA THEJA

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
22/05/2026 8:35am	c/s/lby Dr. Naveena	
	o/E GC-fair Afebrile Vitals- stable. U- ✓ PA: ut retracted F-✓ Soft, NT S-✓ Dressing: dry & clean I/E: PV bleeding WNL	Adv - Regular diet - Adequate hydration - drugs as charted - Ambulation - dressing (Close) - w/f PV bleeding - Monitor Vitals - Inform SOS
	Baby: Mother side. on phototherapy	
23/5/26 10:45am	Dr. Naveena. c/s/B Dr. Veena	
	POD- 3 / P_2L_2 Pt is stable, Noc/o o/E GC-fair Vitals- stable P/A- Ut well retracted Soft, ND I/E- BWNL	Adv - Regular diet - Ambulation - Adequate hydration - Drugs as charted - Vital monitoring Inform SOS
U ✓ F ✓ S ✓ Baby @ NS on DSPT	Par Send file for discharge processing	Dr. Kadiyala Ramya Theja, Consultant Obstetrics and Gynaecology, Reg. No. 94458

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

HNH-00011508 IP26-00006371
Mrs PRERNA SRIVASTAVA
06-11-1991 34 Y 8 M 11 D (F)
Dr. KADIYALA RAMYA THEJA

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

HNH-00011508 IP26-00006371
Mrs PRERNA SRIVASTAVA
05-11-1991 34 Y 6 M 11 D (F)
Dr. KADIYALA RAMYA THEJA

Patient S

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

)RUG CHART

Date of Admission: 18/8/26 .... 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 / 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 ....

HNH-00011508 IP26-00006371
Mrs PRERNA SRIVASTAVA
08-11-1991 34 Y 6 M 11 D (F)
Dr. KADIYALA RAMYA THEJA

REGULAR PRESCRIPTIONS Weight. 73.4kg Ward. LDR

DRUG : INJ. CEFOTAXIME				Date/Time	19/5	20/5
Dose	Route	Frequency	Start Date	9 AM		
1GM	IV	BD	19/5			
Name & Signature of the Doctor Starting the Drugs: Dr. Naveena				9 pm		
Additional Instructions: ATD						
Daily Doctor's Endorsement by a Sign						

Stop after morning dose 20/5/26

DRUG : PARACETAMOL				Date/Time	19/5	20/5/26
Dose	Route	Frequency	Start Date	6AM	x	
1gm	IV	TID	19/5			
Name & Signature of the Doctor Starting the Drugs: DMAMIR				2pm	3:30pm	
Additional Instructions: IV FOR 24 HOURS FOLLOWED BY ORALS.				10pm		
Daily Doctor's Endorsement by a Sign						

STOP 20/5/26

DRUG : DICLOFENAC				Date/Time	19/5	20/5/26	21/5/26	22/5
Dose	Route	Frequency	Start Date	7AM	x			
50mg	P/O	TID	19/5					
Name & Signature of the Doctor Starting the Drugs: DMAMIR				3pm	x			
Additional Instructions:				11pm				
Daily Doctor's Endorsement by a Sign								

DRUG : TRAMADOL				Date/Time	19/5	20/5/26	21/5/26	22/5/26
Dose	Route	Frequency	Start Date	12AM	X			
100mg	P/O	TID	19/5					
Name & Signature of the Doctor Starting the Drugs: DMAMIR				8AM	X			
Additional Instructions:				4pm				
Daily Doctor's Endorsement by a Sign								

STOP

HNH-00011508 IP26-00006371
Mrs PRERNA SRIVASTAVA
08-11-1991 34 Y 6 M 11 D (F)
Dr. KADIYALA RAMYA THEJA

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

REGULAR PRESCRIPTIONS

Sheet No: .... Weight 73.46 Ward LDR

DRUG : INJ TRANEXAMIC ACID				Date/Time	19/5	20/5/26	
Dose	Route	Frequency	Start Dt.				
1g	IV	TID	19/5	6AM	×		
Name & Signature of the Doctor Starting the Drugs:				2PM	×		STOP
Additional Instructions: X24hrs → F/b stop				10PM			
Daily Doctor's Endorsement by a Sign							

DRUG : T. PANTOPRAZOLE				Date/Time	19/5	20/5/26	21/5/26
Dose	Route	Frequency	Start Dt.				
40mg	P/O	OD	19/5				
Name & Signature of the Doctor Starting the Drugs:				6AM			STOP
Additional Instructions:							
Daily Doctor's Endorsement by a Sign							

DRUG : T. CEFEXIME				Date/Time	20/5	21/5	22/5
Dose	Route	Frequency	Start Dt.				
200mg	P/O	BD.	20/5/26	9AM	✓		
Name & Signature of the Doctor Starting the Drugs:							
Additional Instructions: At 9pm				9pm			
Daily Doctor's Endorsement by a Sign							

DRUG : T PARACETAMOL				Date/Time	20/5	21/5/26	22/5/26
Dose	Route	Frequency	Start Dt.				
1g	P/O	TID	20/5	6AM	✓		
Name & Signature of the Doctor Starting the Drugs:				2pm			
Additional Instructions:				10pm			
Daily Doctor's Endorsement by a Sign							

Docu. No. : RCH /FRM / CLINICAL / 108

(P.T.O.)

HNH-00011508 IP26-00006371
Mrs PRERNA SRIVASTAVA
08-11-1991 34 Y 6 M 11 D (F)
Dr. KADIYALA RAMYA THEJA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Sheet No: .....

REGULAR PRESCRIPTIONS

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

DRUG : Tab PANTOPRAZOLE

Dose	Route	Frequency	Start Dt.
40mg	PO	BD	21/5/26

Name & Signature of the Doctor Starting the Drugs: Ramya

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time: 21/5 22/5/26

6AM ✓ ✓

6pm ✓

DRUG : SYP. ASCORIL

Dose	Route	Frequency	Start Dt.
10ml	PO	TID	21/5

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

Additional Instructions: FOR 3days

Daily Doctor's Endorsement by a Sign

Date / Time: 21/5 22/5/26

6AM ✓ 3AM ✓

9pm ✓ 3:30pm ✓

10pm ✓ ✓

DRUG : SYP. DUPHALAC.

Dose	Route	Frequency	Start Dt.
10ml	PO	OD	21/5

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

Additional Instructions: FOR 3days

Daily Doctor's Endorsement by a Sign

Date / Time: 21/5

10pm ✓ ✓

N

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: Name Signature

HNH-00011508 IP26-00006371
Mrs PRERNA SRIVASTAVA
08-11-1991 34 Y 6 M 11 D (F)
Dr. KADIYALA RAMYA THEJA

Weight. 73.46 Ward. ICU

		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
19/5	9:40 AM	INJ. METOCLOPRAMIDE	10MG	IV		
19/5	9:40 AM	INJ. PANTOPRAZOLE	40MG	IV		
19/5	1015am	TRANEXAMIC ACID	1gm	IV		
19/5	11AM	DICLOFENAC	100mg	PR		
19/5	11AM	TRAMADOL	100mg	PR		
19/5	1025am	METHERGINE	0.2mg	IV		
21/5/26	6AM	SUP-BULLOLAR	10mg	PR		
21/5/26		Inj PANTOPRAZOLE	40mg	IV		not given

Dr. Dhakshayani

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

HNH-00011508 IP26-00006371
Mrs PRERNA SRIVASTAVA
08-11-1991 34 Y 6 M 11 D (F)
Dr. KADIYALA RAMYA THEJA

I.V. FLUIDS CHART

Weight. 73.4kg Ward. LDR

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
19/5/26	7:35 am	RINGER LACTATE	IV	100 ml/hr			19/5		
19/5	10 AM	RINGER LACTATE	IV	1000			19/5		
19/5	1030 AM	RINGER LACTATE + 2IU OXYTOCIN	IV	100			19/5		
19/5	2pm	RINGER LACTATE	IV	100ml/hr			19/5		
19/5	6pm	RINGER LACTATE	IV	100ml/hr					
		RINGAR LACTATE	IV	100ml/hr					
		STOP 2026/5/26							

HNH-00011508 IP26-00006371
Mrs PRERNA SRIVASTAVA
08-11-1991 34 Y 6 M 11 D (F)
Dr. KADIYALA RAMYA THEJA

308

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

RESULT SHEET

Date	19/8/26	20/8/26				
Time						
Hb	11.6					
PCV						
RBC						
WBC	11-17					
N/L						
Platelets	2-07					
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 = A +ve						
HIV, HbsAg, Hcv } NR.						

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

HNH-00011508 IP26-00006371
Mrs PRERNA SRIVASTAVA
08-11-1991 34 Y 6 M 11 D (F)
Dr. KADIYALA RAMYA THEJA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

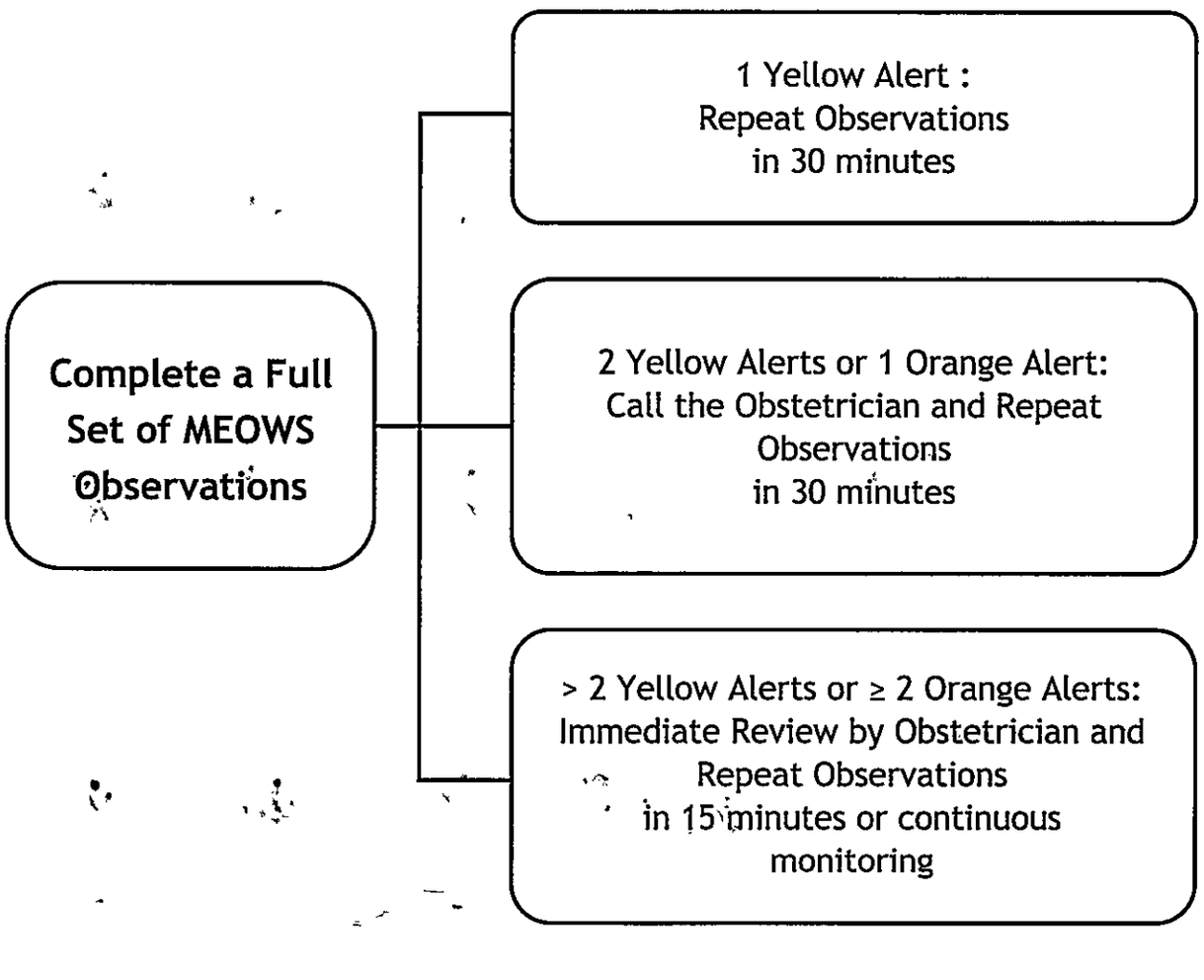
Early Warning Observation Score Chart - Obstetrics

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

19/5/26.

		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	Date																								
	21 - 30																									
	11 - 20			20			20	20	20	20			20				20				20				20	
	0 - 10																									
Saturations	94 - 100 %			99%			100	100	99	98			98				98%				99%				99%	
	< 94 %																									
Administered O_2 (L/min.)																										
Temp°c	40																									
	39																									
	38																									
	37								98.6 F																	
	36			—									98.1 F				98.4 F				98.2 F				98.4 F	
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80			80			80	80	83	78			82				76				87				75	
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressue ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120			110			110	110	112	121			113				120				109				110	
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70			70			70	70	68	73			69				70				74				66	
	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)**

HNH-00011508 IP26-00006371
Mrs PRERNA SRIVASTAVA
08-11-1991 34 Y 6 M 11 D (F)
Dr. KADIYALA RAMYA THEJA

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

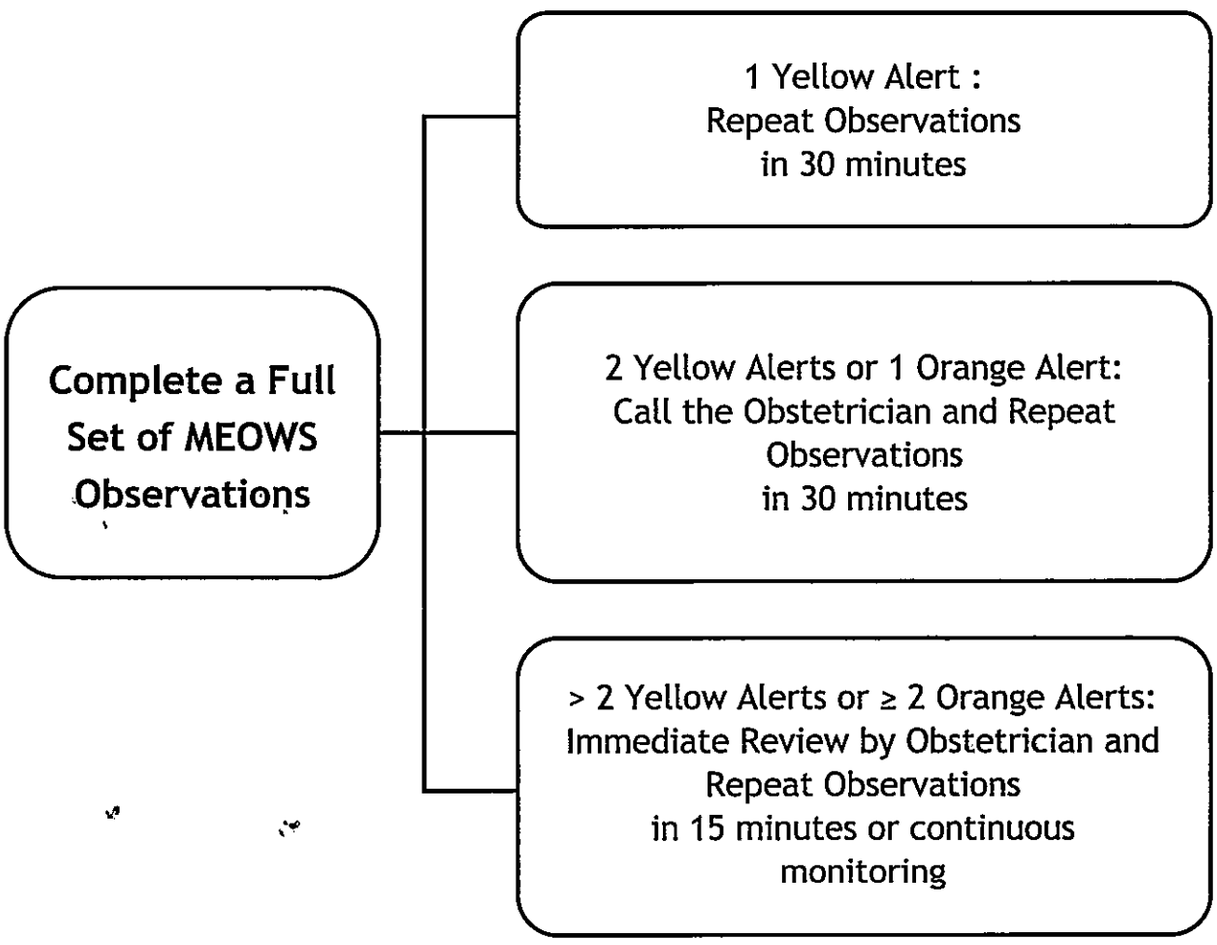
BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Early Warning Observation Score Chart - Obstetrics

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

20/05/26	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				20				20				20				20	
	0 - 10																								
Saturations	94 - 100 %			100%				100				99%				99%				99%				98%	
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37			98.8				98.3				98.9				98.8				98.4				98.4	
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80			85				86				87				93				82				91	
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110			110				113				109				112				110				100	
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70			69				72				73				68				80				80	
	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	
TOTAL ORANGE SCORES				0				0				0				0				0				0	
Nurse Initial																									

Obstetrics and Gynaecology Early Warning Signs



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

HNH-00011508 IP26-00006371
Mrs PRERNA SRIVASTAVA
08-11-1991 34 Y 6 M 11 D (F)
Dr. KADIYALA RAMYA THEJA

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

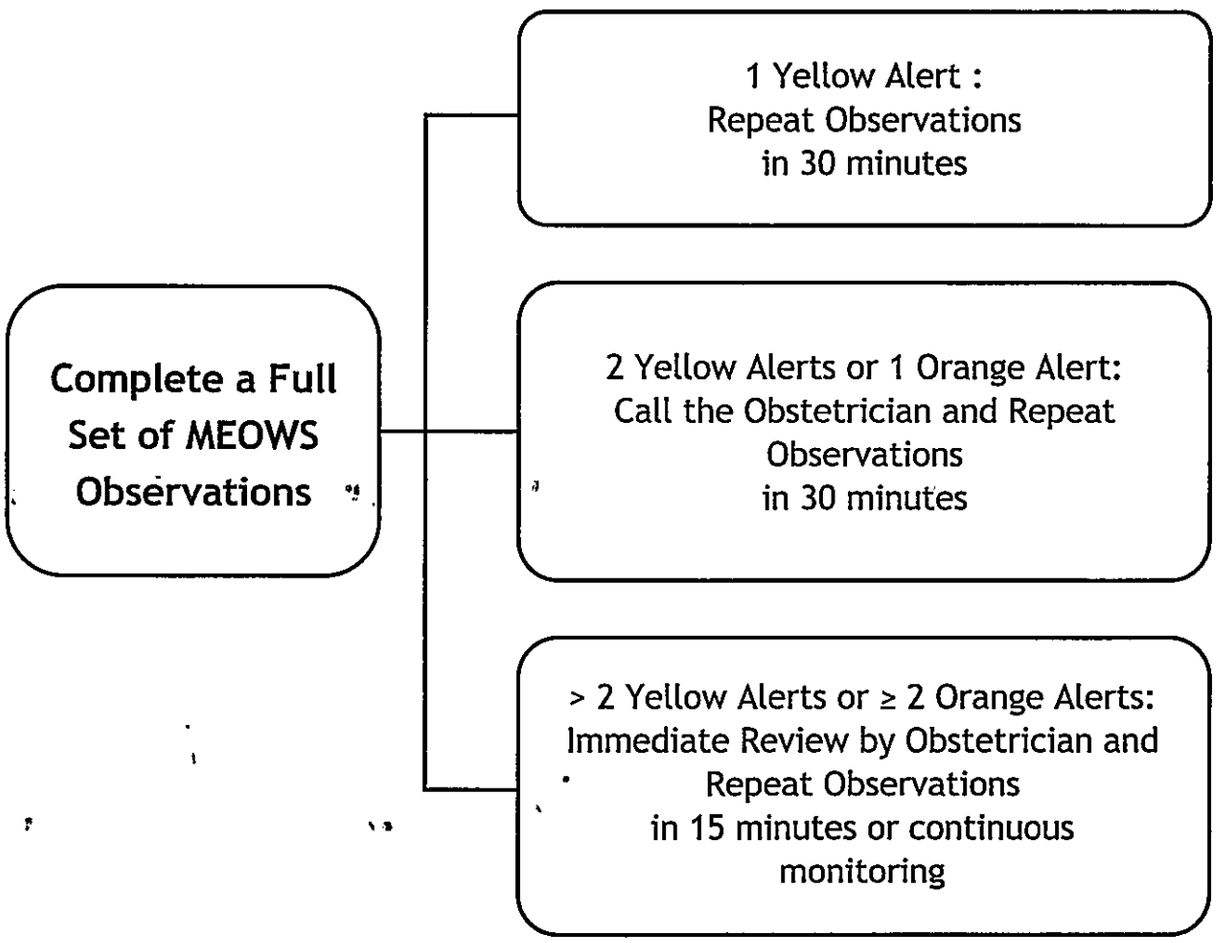
BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

ng Observation Score Chart - Obstetrics

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

21/5/26	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				20				20				20				20	
	0 - 10																								
Saturations	94 - 100 %			99%				99%				99%				99%				98%				98%	
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37																								
	36			36.2				36.2				36.2				36.4				36.2				36.4	
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80			76				76				80				73				82				70	
	70																								
	60																								
	50																								
	40																								
↑ Systolic Blood Pressue	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120			109				111				110				110				115				112	
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
↓ Diastolic Blood Pressure	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70			79				78				79				80				70				82	
	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	
TOTAL ORANGE SCORES				0				0				0				0				0				0	
Nurse Initial																									

Obstetrics and Gynaecology Early Warning Signs



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

HNH-00011508 IP26-00006371
Mrs PRERNA SRIVASTAVA
08-11-1991 34 Y 6 M 11 D (F)
Dr. KADIYALA RAMYA THEJA

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

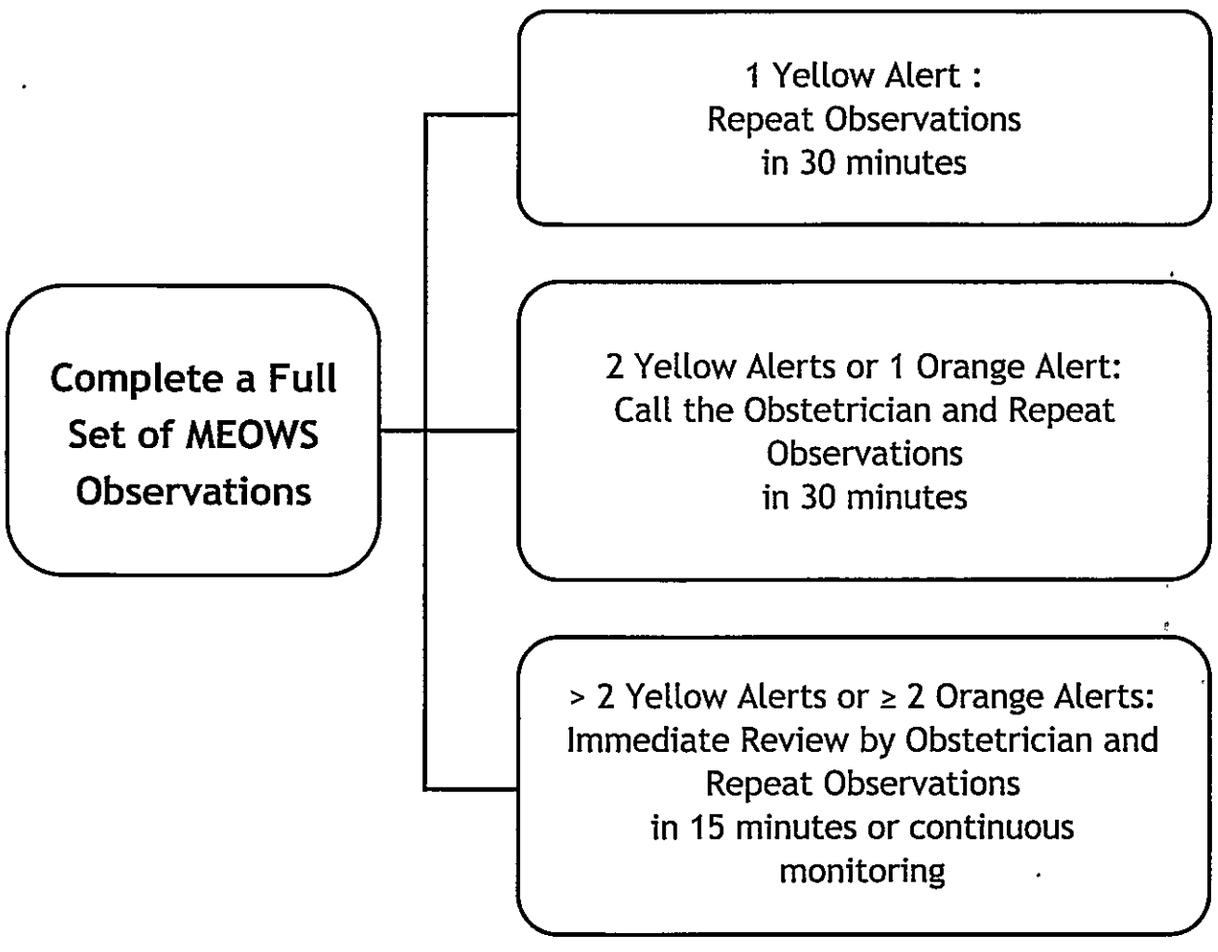
BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Early Warning Observation Score Chart - Obstetrics

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

22/5/26	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																								
	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)**

HNH-00011508 IP26-00006371
Mrs PRERNA SRIVASTAVA
08-11-1991 34 Y 6 M 11 D (F)
Dr. KADIYALA RAMYA THEJA

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.

		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							
19/5	08:00 am											
	09:00 am	R	N	100ml					—		0	
	10:00 am			100ml			NA					
	11:00 am	L	B	100ml		—						
	12:00 pm			100ml								
	01:00 pm		M	100ml								
Total Intake :		Taken				**Total Output :**						
19/5	02:00 pm	RL		100ml						500ml		empty
	03:00 pm	RL		100ml						100ml		empty
	04:00 pm	RL		100ml								
	05:00 pm	RL		100ml			0			100ml		Empty.
	06:00 pm	RL		100ml								
	07:00 pm	RL		100ml						200ml		Empty.
Total Intake :						**Total Output :**						
	08:00 pm	RL		100ml								
	09:00 pm	RL	UPMG	100ml								
	10:00 pm	RL	+H2O	100ml						200ml		empty
	11:00 pm	RL		100ml		—	0				0	
	12:00 am	RL		100ml						[illegible]		
	01:00 am	RL		100ml						100ml		empty
Total Intake :		1400ml				**Total Output :**				U — M —		
20/5/16	02:00 am	RL		100ml								
	03:00 am	RL	H2O	100ml								
	04:00 am	RL		100ml						300ml		empty
	05:00 am	RL		100ml		—	0				0	
	06:00 am	RL		100ml						100ml		foley removed
	07:00 am	RL		100ml								
Total Intake :		1400ml				**Total Output :**				U — M —		

Total 24 hrs. Intake		Total 24 hrs. Output	

HNH-00011508 IP26-00006371
Mrs PRERNA SRIVASTAVA
08-11-1991 34 Y 6 M 11 D (F)
Dr. KADIYALA RAMYA THEJA

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. : 2

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

		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							
20/5/26	08:00 am											
	09:00 am		upma							✓		Wadly
	10:00 am	0	Jelly		NA		0	NA			0	
	11:00 am		+							✓		
	12:00 pm		H2O									
	01:00 pm											
Total Intake :						Total Output :				U-2	M-0	
20/5/26	02:00 pm											
	03:00 pm		kichidi									
	04:00 pm	0	+							✓	0	
	05:00 pm		H2O		NA		0	NA				
	06:00 pm											
	07:00 pm											
Total Intake :						Total Output :						
20/5/26	08:00 pm											
	09:00 pm		Upma							✓		
	10:00 pm	0	+ H2O		NA		0	NA				0
	11:00 pm		Kichdi							✓	0	
	12:00 pm		+ H2O									
	01:00 am											
Total Intake : taken						Total Output :				U-2	M-0	
21/5/26	02:00 am											
	03:00 am		H2O									
	04:00 am				NA							
	05:00 am	0					0	NA			0	0
	06:00 am											
	07:00 am		Soup									
Total Intake : taken						Total Output :				U —	M—	

Total 24 hrs. Intake		Total 24 hrs. Output	

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

HNH-00011508 IP26-00006371
Mrs PRERNA SRIVASTAVA
08-11-1991 34 Y 6 M 11 D (F)
Dr. KADIYALA RAMYA THEJA

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. : 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.

		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							
21/5/26	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :							**Total Output :**					
21/5/26	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :							**Total Output :**					
21/5/26	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :							**Total Output :**					
22/5/26	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	

HNH-00011508 IP26-00006371
Mrs PRERNA SRIVASTAVA
08-11-1991 34 Y 6 M 11 D (F)
Dr. KADIYALA RAMYA THEJA

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. : 4

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							
22/5/26	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**	

HNH-00011508 IP26-00006371
Mrs PRERNA SRIVASTAVA
08-11-1991 34 Y 6 M 11 D (F)
Dr. KADIYALA RAMYA THEJA

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING CARE RECORD

Date: 19/5/26

Goals

- ☐ Maintain Airway and Oxygenation
- ☐ Maintain Personal Hygiene
- ☑ Identify Potential Complications
- ☑ Relieve Pain & Discomfort
- ☑ Prevent Infection
- ☐ Any Others. Specify.................
- ☑ Maintain Fluid Balance
- ☑ Meet Elimination Needs
- ☐ Improve Activity Tolerance
- ☑ Ensure Safety
- ☐ Maintain Good Nutritional Status
- ☑ Early Ambulation Reduce Anxiety
- ☐ Maintain Skin Integrity
- ☑ Patient & Family Education

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8Am – 2Pm	→Assess the pt condition →monitor the vitals & record →Administration of medication →maintain I/O chart Enu.	8Am – 2Pm	→Assessed the pt condition →monitored the vitals & recorded →Administered medication orally periodically →maintain I/O chart & record	pt is stable	monitor the vitals & record	Akhila [signature]
Afternoon	2pm – 8pm	– Assess the patient condition – plan for vital record – plan for I/O chart	2pm – 8 pm	– Assessed the pt condition – maintain vital – maintain I/O checked	patient stable	– vital normal	[signature]
Night	8Pm – 8Am	→ Assess the pt condition →monitor vitals →maintain I/O chart →Administer medication as per drug chart →pt on soft diet →IV cannula present	8Pm – 8Am	→Assess the pt condition →monitored vitals & recorded →maintained I/O chart →medication as per drug chart →Foley's presented	→ pt is stable →Foley's removed @ 6am	→ rechecked vitals	[signature]

HNH-00011508 IP26-00006371
Mrs PRERNA SRIVASTAVA
08-11-1991 34 Y 6 M 11 D (F)
Dr. KADIYALA RAMYA THEJA

Patient

NURSING CARE RECORD

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 20/5/26

Goals

- ☐ Maintain Airway and Oxygenation
- ☐ Maintain Personal Hygiene
- ☐ Identify Potential Complications
- ☐ Relieve Pain & Discomfort
- ☐ Prevent Infection
- ☐ Any Others. Specify.....
- ☐ Maintain Fluid Balance
- ☐ Meet Elimination Needs
- ☐ Improve Activity Tolerance
- ☐ Ensure Safety
- ☐ Maintain Good Nutritional Status
- ☐ Early Ambulation Reduce Anxiety
- ☐ Maintain Skin Integrity
- ☐ Patient & Family Education

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8AM to 2pm	⇒ Assess the pt condition ⇒ foley's removed today ⇒ Maintain Ilo chart ⇒ Ambulation Informsos ⇒ Soft diet ⇒	8AM TO 2pm	⇒ Assess the pt condition ⇒ foley's removed today ⇒ Monitor vitals ⇒ Soft diet. ⇒ Drugs as charted.	- check the vitals pt is a stable	pt is a stable	Madhu
Afternoon		⇒ Assess the pt condition ⇒ foley's removed today ⇒ Maintain Ilo chart ⇒ Ambulation Inform sos ⇒ give soft diet		⇒ Assessed the pt condition - she passed urine - maintained Ilo & vitals ⇒ Ambulated ⇒ she had upma	⇒ pt is stable ⇒ she feel Comfortable.	⇒ Rechecked vitals	Rupa
Night	8pm | | | | 8am	⇒ Assess the pt condition ⇒ Monitor vitals ⇒ Maintain Ilo chart ⇒ Medication as per drug chart ⇒ IV cannula present ⇒ pt on soft diet	8pm | | | | 8am	⇒ Assessed the pt condition ⇒ monitored vitals & recorded ⇒ maintained Ilo chart ⇒ Administered medication as per drug chart ⇒ IV cannula presented ⇒ Ambulated.	⇒ pt is stable.	⇒ rechecked vitals	D

HNH-00011508 IP26-00006371
Mrs PRERNA SRIVASTAVA
08-11-1991 34 Y 6 M 11 D (F)
Dr. KADIYALA RAMYA THEJA

NURSING CARE RECORD

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 21/5/26

Goals

- ☐ Maintain Airway and Oxygenation
- ☐ Relieve Pain & Discomfort
- ☐ Maintain Fluid Balance
- ☐ Improve Activity Tolerance
- ☐ Maintain Good Nutritional Status
- ☐ Maintain Skin Integrity
- ☐ Maintain Personal Hygiene
- ☐ Prevent Infection
- ☐ Meet Elimination Needs
- ☐ Ensure Safety
- ☐ Early Ambulation Reduce Anxiety
- ☐ Patient & Family Education
- ☐ Identify Potential Complications
- ☐ Any Others. Specify.....

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8AM to 2pm	⇒ Assess the pt condition. ⇒ check the vitals ⇒ Maintain I/o Chart ⇒ soft diet	8AM to 2pm	⇒ Assess the pt condition ⇒ check the vitals ⇒ Maintain I/o chart ⇒ soft diet ⇒ Purge as chart	pt is a stable.	check the vitals	Madhu
Afternoon	2pm to 8pm	- Assess the pt Condition - monitor vitals & I/o chart - drug as per chart - provided Comfortable position		- Assessed the pt condition - monitored vitals & I/o chart - drugs as per chart - provided Comfortable position	pt is stable	Rechecked vitals	
Night	8pm to 8am	- Assess the pt condition - monitor vitals - maintain I/o chart - medication as per drug chart - Ambulation - pt can Regular diet	8pm to 8am	- Assessed the pt condition - monitored vitals & recorded - maintained I/o chart - IV cannula removed - Ambulation - medication as per drug chart	- pt is stable	- rechecked vitals	

HNH-00011508 IP26-00006371
Mrs PRERNA SRIVASTAVA
08-11-1991 34 Y 6 M 11 D (F)
Dr. KADIYALA RAMYA THEJA

NURSING CARE RECORD

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 22/5/96

Goals

- ☐ Maintain Airway and Oxygenation
- ☐ Maintain Personal Hygiene
- ☐ Identify Potential Complications
- ☐ Relieve Pain & Discomfort
- ☐ Prevent Infection
- ☐ Any Others. Specify.....
- ☐ Maintain Fluid Balance
- ☐ Meet Elimination Needs
- ☐ Improve Activity Tolerance
- ☐ Ensure Safety
- ☐ Maintain Good Nutritional Status
- ☐ Early Ambulation Reduce Anxiety
- ☐ Maintain Skin Integrity
- ☐ Patient & Family Education

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night							

HNH-00011508 IP26-00006371
Mrs PRERNA SRIVASTAVA
08-11-1991 34 Y 6 M 11 D (F)
Dr. KADIYALA RAMYA THEJA

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING SHIFT HAND OVER FORM

SITUATION		
Diagnosis: G2P1L1 37+3 weeks previous LSCS + Bilateral tubectomy	Any Infection: ☐ Yes ☑ No ☐ Not Known	If Yes Specify: ....
Surgery / Procedure: Em-LSCS	Post OP Day:	

BACKGROUND	Date / Shift	19/5/26 M6	19/5/26 E2	19/5/26 N1	20/5/26 M6	20/5/26 E2	20/5/26 N1
	Medical Condition (Any special condition to be noted):	NA	NA	NA	NA	NA	NA
	Diet:	NBM	Liquid	Soft diet	Soft diet	Soft diet	Soft diet
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Ventilation (RA, NP, NIV, VENTI):	—	—	—	—	—	—
	Tubes/Drains/Catheter:	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Vital Signs: Temp:	97.1°F	98.1°F	97.6°F	97.8°	98.1°F	98.2°F
	Res:	20b/m	21b/m	20b/m	20b/m	21b/m	20b/m
	SpO_2:	99%	99%	100%	100%	99%	99%
	Pulse:	87b/m	86b/m	80b/m	70b/m	71b/m	70b/m
	BP:	110/70	111/75	110/60	110/60	112/65	110/60
	LOC:	—	—	—	—	—	—
	Fall Risk Score:	—	—	—	—	—	—
	Pain Score:	—	—	—	—	—	—
	Skin Integrity	good	good	good	good	good	good
Recommendations	Safety Needs:	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No
	Physiotherapy:	—	—	—	—	—	—
	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Special Diet:	NBM	Liquid	Soft diet	Soft diet	Soft	Soft diet
	Critical Lab Test / Values:	—	—	—	—	—	—
	Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	ADL (Dependent / Non Dependent):	NA	NA	NA	NA	NA	NA
	Post Operative Procedure Special Orders:	NA	NA	NA	NA	NA	NA
	Handed Over By Name :	Alex	Capriya	Divya	Madhu	Capriya	Divya
	Signature / ID :	[signature]	[signature]	[signature]	[signature]	[signature]	[signature]
	Date:	19/5/26	19/5/26	20/5/26	20/5/26	20/5/26	21/5/26
	Time:	3:30pm	8pm	8AM	8pm	8pm	8AM
	Taken Over By Name :	Capriya	Divya	Madhu	Capriya	Divya	Madhu
	Signature / ID :	[signature]	[signature]	[signature]	[signature]	[signature]	[signature]
	Date:	19/5/26	19/5/26	20/5/26	20/5/26	20/5/26	21/5/26
	Time:	3:30pm	8PM	8AM	8pm	8PM	8AM

HNH-00011508 IP26-00006371
Mrs PRERNA SRIVASTAVA
08-11-1991 34 Y 6 M 11 D (F)
Dr. KADIYALA RAMYA THEJA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: LSCS			Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:			
	Surgery / Procedure:			Post OP Day:			
BACKGROUND	Date / Shift	21/05/26 M6	21/5/26 E	21/5/26 N1			
	Medical Condition (Any special condition to be noted):	—	—	—			
	Diet:	—	—	Regular diet			
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):	—	—	—			
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.3°F	98.1°F	97.9°F			
	Res:	20/m	21/m	20/m			
	SpO_2:	100%	100%	98%			
	Pulse:	85	86	72/m			
	BP:	110/65	118/68	102/68			
	LOC:	—	—	—			
	Fall Risk Score:	—	—	—			
	Pain Score:	—	—	—			
	Skin Integrity	—	—	—			
Recommendations	Safety Needs:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:	—	—	—			
	Others Specify:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:	—	—	—			
	Critical Lab Test / Values:	—	—	—			
	Other Special Orders / Medications:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):	—	—	—			
Post Operative Procedure Special Orders:		NA	NA	NA			
Handed Over By Name :		Madhu	Aprim	Divya			
Signature / ID :				D			
Date:		21/05/26	21/5/26	22/5/26			
Time:		2pm	8pm	8AM			
Taken Over By Name :		Aprim	Divya				
Signature / ID :		G	D				
Date:		21/5/26	21/5/26				
Time:		2pm	8pm				

HNH-00011508 IP26-00006371
Mrs PRERNA SRIVASTAVA
08-11-1991 34 Y 6 M 11 D (F)
Dr. KADIYALA RAMYA THEJA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	19/5 DAY-1 M	DAY-1 E	DAY-1 N	20/5 DAY-2 M	DAY-2 E	DAY-2 N	21/5 DAY-3 M	DAY-3 E	DAY-3 N	Remarks
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0	0	NA	NA	NA	NA	NA	NA	NA	NA	
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1	NA	NA	NA	NA	NA	NA	NA	NA	NA	
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2	NA	NA	NA	NA	NA	NA	NA	NA	NA	
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3	NA	NA	NA	NA	NA	NA	NA	NA	NA	
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4	NA	NA	NA	NA	NA	NA	NA	NA	NA	
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5	NA	NA	NA	NA	NA	NA	NA	NA	NA	
			Signature of the Nurse										

NOTE : Phlebitis greater than grade 2 should be reported to physicians and other appropriate health care personal ongoing observation of the site should continue for 48 hours post removal to detect post infusion phlebitis.

Signature of Shift In Charge :

Signature : ..... Name : .....

Signature of Ward In Charge :

Signature : ..... Name : Kavitha

Docu. No. : RCH /FRM / CLINICAL / 137

HNH-00011508 IP26-00006371
Mrs PRERNA SRIVASTAVA
08-11-1991 34 Y 6 M 11 D (F)
Dr. KADIYALA RAMYA THEJA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	15/5/26	19/5/26	19/5/26	Fall Risk Grading		
		Score	6 AM	8pm	10PM			
History of Falling (immediately or w/in 3 months)	Yes	25				Risk Level	Morse Fall Score (MFS)	Action
	No	0						
Secondary Diagnosis (more than one diagnosis)	Yes	15						
	No	0	0	0	0	Low Risk	0 - 24	Standard Fall Precaution
Ambulatory Aid	Furniture	30						
	Crutches, Cane(S), Walker	15						
	None /Bed Rest /Nurse Assist	0						
IV / Heparin Lock or Saline	Yes	20	20	20	20	Moderate Risk	25 - 50	Implement Moderate Fall Prevention Intervention
	No	0						
GAIT / Transferring	Impaired	20						
	Weak (uses touch for balance)	10						
	Normal /On Bed Rest /Immobile	0	0	0	0			
Mental Status	Forgets limitations	15				High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	Oriented to own ability	0						
Total Morse Fall Scale Score:			20	20	20			
		Signature						

Tick (✓) whichever precaution taken.

Risk Level and Interventions

Low Risk (0 – 24) (Standard Falls Precautions)

- ☐ Ensure patients use their prescribed eye glasses if any, in the hospital
- ☐ Use chairs with arm rests
- ☐ Use safety straps on stretchers and wheelchairs while transporting patients

Moderate Risk (25-50) Apply all low risk intervention and

- ☐ Assist and/or supervise ambulation. Reinforce to always call for assistance
- ☐ Hourly safety check
- ☐ Assess patient after visitors, leave to ensure safety measures in place

High Risk (≥ 51) Apply all low and moderate risk interventions, and.

- ☐ Initiate constant observation by healthcare provider as appropriate to patient's needs

HNH-00011508 IP26-00006371
Mrs PRERNA SRIVASTAVA
08-11-1991 34 Y 6 M 11 D (F)
Dr. KADIYALA RAMYA THEJA

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PAIN ASSESSMENT FORM

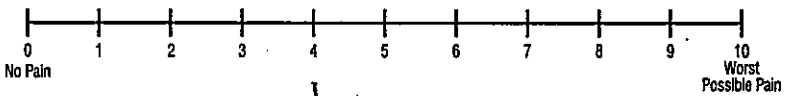
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
19/5	8AM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
19/5	2pm	0/10	None	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NV	
19/5	8pm	0/10	None	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	ND	
19/5/26	10PM	0/10	ND	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	ND	
20/5/26	10AM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
20/5/26	3pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
20/5/26	11PM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	ND	
21/5/26	10AM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
21/5/26	3pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
21/5/26	10PM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	ND	

Re-assessment Frequency:

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

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

CATEGORY	SCORING		
	0	1	2
Face	No Particular expression or smile	Occasional Grimace or Frown, withdraw, Disoriented	Frequent to constant frown, quivering chin, clenched jaw
Legs	Normal Position or Relaxed	Uneasy, restless, tense	Kicking, or legs brawn up
Activity	Laying quietly normal position, moves easily	Squirming shifting back and forth, tense	Arched, right, or Jerking
Cry	No Cry (Awake or asleep)	Moans or whimpers occasional complaint	Crying steadily, screams of sobs, frequent complaints
Consolability	Content, relaxed	Reassured by occasional touching, hugging, or being talked to, distractible	Difficult to console or comfort

Neonatal Pain, Agitation and Sedation Scale (upto 1 Month)

Assessment Criteria	Sedation		Normal	Pain / Agitation	
	-2	-1	0	1	2
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry inconsolable
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense
Vital Signs HR RR, BP, SaO_2	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO_2 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO_2 less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator

HNH-00011508 IP26-00006371
Mrs PRERNA SRIVASTAVA
08-11-1991 34 Y 6 M 12 D (F)
Dr. KADIYALA RAMYA THEJA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

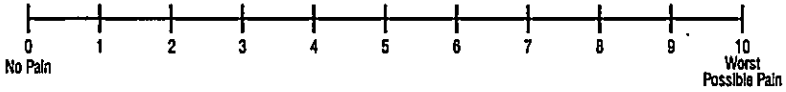
PAIN ASSESSMENT FORM

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

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

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

CATEGORY	SCORING		
	0	1	2
Face	No Particular expression or smile	Occasional Grimace or Frown, withdraw, Disoriented	Frequent to constant frown, quivering chin, clenched jaw
Legs	Normal Position or Relaxed	Uneasy, restless, tense	Kicking, or legs brawn up
Activity	Laying quietly normal position, moves easily	Squirming shifting back and forth, tense	Arched, right, or Jerking
Cry	No Cry (Awake or asleep)	Moans or whimpers occasional complaint	Crying steadily, screams of sobs, frequent complaints
Consolability	Content, relaxed	Reassured by occasional touching, hugging, or being talked to, distractible	Difficult to console or comfort

Neonatal Pain, Agitation and Sedation Scale (upto 1 Month)

Assessment Criteria	Sedation		Normal	Pain / Agitation	
	-2	-1	0	1	2
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense
Vital Signs HR RR, BP, SaO_2	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO_2 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO_2 less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator

HNH-00011508 IP26-00006371
Mrs PRERNA SRIVASTAVA
08-11-1991 34 Y 6 M 11 D (F)
Dr. KADIYALA RAMYA THEJA

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

BRADEN 'Q' SCALE

				Date :	19/5	[illegible]	19/5/26	20/5
				Time :	M6	8PM	10PM	10AM
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	4	4
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen oply requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	2	4	4
				TOTAL SCORE	28	21	28	28
				Evaluator's Name	[illegible]	[illegible]	[illegible]	[illegible]

Severe Risk : less than 9 | High Risk : 10-12 | Moderate Risk : 13-14 | Mild Risk : 15-18 | Not at Risk: 19-23

Docu. No. : RCH /FRM / CLINICAL / 119

Risk Score	Category	Action	Support Surfaces (**Please Note:** Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice
15-18	At Risk	• Regular Turning Schedule • Enable as much activity as possible • Protect the heels • Use pressure redistribution surfaces • Manage moisture, friction and shear • Advance to a higher level of risk if other major risk factors are present	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
13-14	Moderate Risk	• Use the Same Protocol as for **"At Risk"** Patients • Position patient at 30 degree lateral incline using foam wedges	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
10-12	High Risk	• Follow the same protocol as for **"Moderate Risk"** Patients • In addition to regular turning schedule • Make small shifts in their position frequently	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
Less than 9	Severe Risk	• Use same protocol as for **"High Risk"** Patients • Add a pressure redistribution surface for patients with severe pain or with additional risk factors.	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay

BRADEN 'Q' SCALE

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

					Date : 20/5/24	20/6/24	21/06/24	22/5/24
					Time : 6	11	11	6
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	3	3	3	3
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	3	3	3	3
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	3	3	3	3
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	3	3	3	3
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	3	3	3	3
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	3	3	3	3
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
				TOTAL SCORE	23	23	23	23
				Evaluator's Name				

Severe Risk : less than 9 | High Risk : 10-12 | Moderate Risk : 13-14 | Mild Risk : 15-18 | Not at Risk: 19-23

Risk Score	Category	Action	Support Surfaces (**Please Note:** Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice
15-18	At Risk	• Regular Turning Schedule • Enable as much activity as possible • Protect the heels • Use pressure redistribution surfaces • Manage moisture, friction and shear • Advance to a higher level of risk if other major risk factors are present	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
13-14	Moderate Risk	• Use the Same Protocol as for **"At Risk"** Patients • Position patient at 30 degree lateral incline using foam wedges	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
10-12	High Risk	• Follow the same protocol as for **"Moderate Risk"** Patients • In addition to regular turning schedule • Make small shifts in their position frequently	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
Less than 9	Severe Risk	• Use same protocol as for **"High Risk"** Patients • Add a pressure redistribution surface for patients with severe pain or with additional risk factors.	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay

HNH-00011508 IP26-00006371
Mrs PRERNA SRIVASTAVA
08-11-1991 34 Y 6 M 12 D (F)
Dr. KADIYALA RAMYA THEJA

BRADEN 'Q' SCALE

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

					Date : 21/7/20			
					Time : N1			
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4			
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4			
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4			
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4			
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4			
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4			
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4			
				TOTAL SCORE	28			
				Evaluator's Name				

Severe Risk : less than 9 | High Risk : 10-12 | Moderate Risk : 13-14 | Mild Risk : 15-18 | Not at Risk: 19-23

Risk Score	Category	Action	Support Surfaces (**Please Note:** Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice
15-18	At Risk	• Regular Turning Schedule • Enable as much activity as possible • Protect the heels • Use pressure redistribution surfaces • Manage moisture, friction and shear • Advance to a higher level of risk if other major risk factors are present	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
13-14	Moderate Risk	• Use the Same Protocol as for **"At Risk"** Patients • Position patient at 30 degree lateral incline using foam wedges	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
10-12	High Risk	• Follow the same protocol as for **"Moderate Risk"** Patients • In addition to regular turning schedule • Make small shifts in their position frequently	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
Less than 9	Severe Risk	• Use same protocol as for **"High Risk"** Patients • Add a pressure redistribution surface for patients with severe pain or with additional risk factors.	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay

HNH-00011508 IP26-00006371
Mrs PRERNA SRIVASTAVA
08-11-1991 34 Y 6 M 11 D (F)
Dr. KADIYALA RAMYA THEJA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

URINARY CATHETER BUNDLE CHECK LIST

Date of Insertion: 19/5/26 Date of Removal: ...../...../.....

Parameters	Date / Shift Time	19/5/26 M6	19/5/26 N1	20/5/26 E				
Need for the Catheter		☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Hand Hygiene		☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Usage of Sterile Equipment		☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is the Collection bag below the level of bladder		☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Check the Tube for Obstruction (Free of Kinking)		☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is Catheter dated as policy		☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Collecting bag is been emptied regularly?		☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Maintenance of closed system for the catheter		☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Dressing clean and dry?		☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is the line removed as Policy?		☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Performance of Perineal Care		☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Onset of New Fever		☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Asses for the leakage at the site of insertion		☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Name of the Nurse			[illegible]					
Signature of the Nurse			[illegible]					

7 days
removed

Docu. No. : RCH /FRM / CLINICAL / 114

HNH-00011508 IP26-00006371
Mrs PRERNA SRIVASTAVA
08-11-1991 34 Y 6 M 11 D (F)
Dr. KADIYALA RAMYA THEJA

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 Ramya Theja	Date of Delivery: 19/5/2021
Assistant Surgeon: Dr Manisha	Time of Delivery: 10:16 AM
Anaesthetist's Name: Dr Samir ; Dr Bindu	Gender of Baby: Female
Type of Anaesthesia: Spinal	Weight of Baby: 3.8 kg
Neonatologist: Dr Anusha	AGPAR Score: 8/9
Scrub Nurse: SN Sandhya	NICU Admission: ☐ Yes ☑ No

Pre-Operative Diagnosis: G3P1L1 / 37+5 / Previous LSCS /

☑ Elective ☐ Emergency Indication: Previous c B/L

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: NA Knief to rectus: 2mm

CTG Description: Reactive

If there was a delay give the reasons: No delay

Surgical Procedure:

Elective LSCS c B/L

Post Operative Diagnosis: POD-0

Peri-Operative Complications: –

Amount of Blood Loss: ~500-600 cc	Blood Transfused (in ML): –

Name and Number of Surgical Specimen sent for examination:

B/L Tubal Segment

Examination Findings when Appropriate:

Presentation: ☑ Cephalic ☐ Breech ☐ Other .... Cervical Dilatation: ......closed...... 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 (Methylene Blue tinged)

Bladder drawn up & was adherent to LUS and to mid uterine segment by band on left side

Skin Incision: ☑ Pfannenstiel ☐ Transverse ☐ Midline ☐ Other ......on left side......

Uterine Incision: ☑ mid Lower Segment ☐ Classical ☐ Inverted T ☐ J Incision - sharp dissection done and bladder pushed down

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

Incision Through Placenta: ☐ Yes ☑ No - adherent band was clamped, cut & ligated

Delivery of head: ☐ Manual ☑ Forceps - uterine incision given at mid uterine segment.

- Bladder integrity checked by methylene Blue → Found Intact

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 by modified Pomeroy's Method

Sample sent for HPE

Uterine Closure: ☐ One Layer ☑ Two Layers ......Vicryl no 1-0...... Suture

Peritoneal Closure: ☐ Pelvic ☑ Abdominal ☐ None ......Catgut no 1-0...... Suture

Sheath Closure: ......Vicryl no 1...... Suture

Fat Closure: ☑ Yes ☐ No ......monocryl no 3-0...... Suture

Skin Closure: ☑ Subcuticular ☐ Mattress ......monocryl no 3-0...... Suture

Vagineal 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 x 4-6 h.
- Drugs as charted
- I/O monitoring
- Check vitals & BP
- Foley's Removal after 24 hr (If ... Adeq)
- Inform Dr

Collect HPE

Doctor Name: Dr Ramya / Dr Manisha Doctor Signature: Dr Manisha (For Dr Ramya)

Date & Time: 19/5/20.. @ 11:40pm

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Ramya theja
Asst. Surgeon : Dr. Manisha
Anaesthetist : Dr. Samir
Scrub Nurse : Sr. Sandhya

Patient Name
HNH-00011508 IP26-00006371
Mrs PRERNA SRIVASTAVA
08-11-1991 34 Y 6 M 11 D (F)
Dr. KADIYALA RAMYA THEJA
UHID No. : ...
Date : 19/5/26

9477 Gender : Female
.....
ne : .....

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Before Induction of Anaesthesia ➤ ➤

SIGN IN Time: 9:55am

Patient Has Confirmed
- Identity ☑ Yes ☐ No
- Site ☑ Yes ☐ No
- Procedure ☑ Yes ☐ No
- Consent ☑ Yes ☐ No

Site Marked ☐ Yes ☐ No ☑ NA

Anaesthesia Safety Check Completed ☑ Yes ☐ No

Pulse Oximeter on Patient & Functioning ☑ Yes ☐ No

Does Patient have a:
- Known Allergy? ☐ Yes ☑ No

Difficult Airway / Aspiration Risk?
- Yes, & Equipment / Assistance Available ☑ Yes ☐ No

Risk of > 500ml Blood Loss (7ml/kg In Children)?
- Yes, and Adequate Intravenous Access and Fluids Planned ☑ Yes ☐ No ☐ NA
- Blood Units Reserved ☑ Yes ☐ No ☐ NA

Has Antibiotic Prophylaxis been given within the last 60 minutes? ☑ Yes ☐ No ☐ NA

Signature : .....
Name : .....

Before Skin Incision ➤ ➤

TIME OUT Time: 10:02am

Confirm all team members have introduced themselves by Name and Role ☑ Yes ☐ No

Surgeon, Anaesthesia Professional and Nurse Verbally Confirm
- Correct Patient (Check ID Band) ☑ Yes ☐ No
- Correct Site ☑ Yes ☐ No
- Correct Procedure ☑ Yes ☐ No

Anticipated Critical Events

Surgeon Reviews:
- What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss? Previous PPH, 45to1hr, 500ml ☑ Yes ☐ No ☐ NA

Anaesthesia Team Reviews:
- Are There Any Patient-specific Concerns? ☐ Yes ☑ No ☐ NA

Nursing Team Reviews: bleeding
- Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns? ☑ Yes ☐ No ☐ NA
- **Is Essential Imaging Displayed?** ☑ Yes ☐ No ☐ NA
- Power Supply, Earthing, Power Backup and functioning of equipment checked. ☑ Yes ☐ No

Signature : Puja @ 10:02am
Name : Puja

Before Patient Leaves Operating Room

SIGN OUT Time: .....

Nurse Verbally Confirms with the Team:
- The Name of the Procedure Recorded ☑ Yes ☐ No
- That Instrument, Sponge and Needle Counts are Correct (or Not Applicable) ☑ Yes ☐ No ☐ NA
- The Specimen is Labelled (including patient name) ☑ Yes ☐ No ☐ NA
- Whether there are any Equipment Problems to be addressed ☐ Yes ☑ No ☐ NA

To Surgeon, Anaesthetist and Nurse:
- What are the key concerns for recovery and management of this patient? ☑ Yes ☐ No

Signature : Dr. Ramya
Name : 19/5/2026 @ 11:40pm

PATIENT TRANSFER FORM

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00011508 IP26-00006371 Mrs PRERNA SRIVASTAVA 08-11-1991 34 Y 6 M 11 D (F) Dr. KADIYALA RAMYA THEJA	19/5/26 @ 7:20 am	19/5/26 @ 11:10am.
	Transfer Ordered by Dr-samir	Reason for Transfer Observation
From Unit OT	To Unit Prepost	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 1	Number of Imaging Films 30	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	RL	1
2.		
3.		
4.		
5.		

Shifting Summary / Notes Written by Doctor : Yes ☑ No ☐

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sis. Puja	Dr. Samir.

Patient & Clinical Records Received by :

Date & Time of Patient Received :

If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below :

☐ Unavailable Bed ☐ Nurse not Available ☐ Available Bed not ready

HNH-00011508 IP26-00006371
Mrs PRERNA SRIVASTAVA
08-11-1991 34 Y 6 M 11 D (F)
Dr. KADIYALA RAMYA THEJA

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: N/A ☐ Not known any Drug Allergies

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

Shifting From: NA Shifted to: NA

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	T. IRON	1TAB	PO	OD	18/5	☐ C ☒ DC
2	T. CALCIUM	1TAB	PO	OD	18/5	☐ 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. Naveena @ 8Am

Date & Time : 19/05/2026 @ 8Am

Nurse Name & Signature: Abid @ Abid

Date & Time : 19/5/26 2:00 pm

Docu. No. : RCH / FRM / GENERAL / 090

HNH-00011508 IP26-00006371
Mrs PRERNA SRIVASTAVA
08-11-1991 34 Y 6 M 11 D (F)
Dr. KADIYALA RAMYA THEJA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

LABOUR AND DELIVERY NURSING ASSESSMENT

Date of Admission: 19/5/26

Baseline Information:

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

Primary Language: ☑ Telugu ☐ English ☐ Hindi ☐ Others

Do you require an interpreter? ☐ Yes ☑ No

Source of Information: ☑ Patient ☐ Family ☐ Others

Personal belonging if any: ☑ Jewelry ☐ Nose Ring ☐ Bangles ☐ Anklets ☐ Finger Ring ☐ Bracelets

handed over to Family members

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

If yes , identify .....

Chief Complaints: .....

El - UCC

Doctor Notified on Admission: ☑ Yes ☐ No

Name of the Doctor: Dr. Ramya Theja

Time Notified: 4:30 PM

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

Past Medical History	Past Surgical History	Previous Hospital Admission
-	-	-

Blood Group: A positive LMP: 20/8/25 EDD: 6/5/26 Gestational age during admission: 37+3

Contractions: 0/0 Vaginal Discharge: 0/0

Obstetric History: G 2 P 1 L 1 A ..... Previous LSCS Yes

Height: ..... Weight: 83 BMI: .....

Temp: afebrile HR: 90 RR: 20 BP: 110/73 SpO_2 100

High Risk Factors: (Please select by ticking (✓) the box as applicable)

☐ Hypothyroidism	☐ Rh Incompatibility	☐ Fertility Treatment
☐ Hyperthyroidism	☐ Previous LSCS	☐ Preterm Labour
☐ Hypertension	☐ Gestational Hypertension	☐ Others: (Specify)
☐ Diabetes	☐ Bad Obstetric History	
☐ Anemia	☐ Obesity (BMI)	
	☐ Twins / Multiple Pregnancy	

HNH-00011508
Mrs PRERNA SRIVASTAVA
08-11-1991 34 Y 6 M 11 D (F)
Dr. KADIYALA RAMYA THEJA

Family History: ☑ No Abnormalities Detected

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

☐ Liver disease ☐ Other .....

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

Fall Assessment: ☐ Yes ☑ No Score ..0.. (complete the Morse Fall Risk Assessment Sheet)

Risk of Pressure Sore: ☐ Yes ☑ No Score ..0.. (complete the Braden Q Sheet)

FUNCTIONAL SCREENING: If a patient needs assistance with any of the following inform consultant

☐ Mobility problem ☐ Walking Problem ☑ No Abnormality Detected

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING:

☐ Overweight ☐ Poor Appetite > 3 Days ☐ Needs Therapeutic Diet.

☐ Under Weight ☐ Diabetes Mellitus ☑ No Abnormality Detected

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

☑ Calm & Cooperative ☐ Restless ☐ Depressed ☐ Agitated ☐ Confused

☐ Others .....

Inform consultant for positive criteria

SOCIAL SCREENING:

1. Marital Status: ☐ Single ☑ Married ☐ Divorced ☐ Widow

2. Special Habits: **Smoker:** ☐ Yes ☑ No **Alcohol Abuse:** ☐ Yes ☑ No **Drug Abuse:** ☐ Yes ☑ No

Social History: Lives With ..Family members..

Orientation has been given regarding the following aspects:

Call Bell in Reach : ☐ Yes ☐ No Waste Disposal Explained: ☐ Yes ☐ No

Infusion Pump : ☐ Yes ☐ No Hand hygiene Explained: ☐ Yes ☐ No ☐ Others

Above information given to ..Patient..

Name of Person Orientation was given to: ..mrs. Prerna..

Orientation not given Reason: .....

Nurse Signature: ..D..

Nurse Name: ..Akhila..

Date & Time: ..25/3/26..

HNH-00011508 IP26-00006371
Mrs PRERNA SRIVASTAVA
08-11-1991 34 Y 6 M 11 D (F)
Dr. KADIYALA RAMYA THEJA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 19/5/26 Time of Arrival: ..... Time Seen by Nurse: .....

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: .....

3) **Vital Signs:** Temperature: 97.1°F Pulse: 82bpm RR: 20bpm SpO_2: 99% BP: 110/70 Weight: .....

4) **Gestational Criteria:**

Gravida:	G 2	P 1	L 1	A

LMP: 30/8/25 EDD: 6/6/26 Gestational Age: 37+3 weeks

Uterine Contraction	☐ Yes	☑ No	☐ NA	Onset	Time	Frequency:
Membrane Rupture	☐ Yes	☑ No	☐ NA	Onset	Time	Fluid Color:
Vaginal bleeding	☐ Yes	☑ No	☐ NA	Onset	Time	Amount:
Pre Eclampsia Symptoms	☐ Yes	☑ No	☐ NA	If Yes specify: Headache / Visual Symptoms / Pain Abdomen / Vomiting		
Good fetal Movement	☑ Yes	☐ No	☐ NA	If No specify:		

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

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: NIL
- Interventions: .....

6) **Past History:**

a) Surgeries: Previous LSCS

b) Medical: NIL

HNH-00011508 IP26-00006371
Mrs PRERNA SRIVASTAVA
08-11-1991 34 Y 6 M 11 D (F)
Dr. KADIYALA RAMYA THEJA

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: 8Am

Nurse Name : dkwly Nurse Signature: [signature]

Date: 19/5/26 Time: [illegible]

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

BREAST FEEDING HANDOVER AND ASSESSMENT FORM

1. Breastfeeding initiated?
   - ☑ a. Yes
   - ☐ b. No

2. If No, Reason .....

3. Nipple condition:
   - ☑ a. Nipple well formed
   - ☐ b. Flat nipple
   - ☐ c. Inverted nipple
   - ☐ d. Short nipple

4. Milk flow:
   - ☐ a. Good
   - ☑ b. Drops of colostrums
   - ☐ c. Dry

5. Steps for Positioning and attachment:
   - ☑ a. Baby goes to the breast
   - ☐ b. Mother always sits with a back support
   - ☐ c. Ear-shoulder-hip should be in a straight line
   - ☐ d. The baby takes a latch on the areola and not on the nipple

Feeding Positions:
Cross Cradle

Feeding Positions:
Football / Clutch

6. Was the position explained:
   - ☐ a. Yes
   - ☐ b. No

7. For Caesarian mothers:
   - ☑ a. Mother is required sit and feed from the 4th feed
   - ☐ b. Please explain football hold

8. NICU admission:
   - ☐ a. Mother needs to stimulate her breast for 2 min every 2 hours

9. Additional notes: .....

Continuity of Care: Date: 19/5/20

- c Assess the patient condition
- b Explained position
- c Milk flow Good
- c 2nd hourly feeding given

Handover given by ..... Handover taken by .....

Signature ..... Signature .....

Date & Time: 19/5/20 2pm Date & Time: .....

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Patient Name : Mrs. PREENA SRIVASTAVA Age : 34 yr. Gender : Male ☐ Female ☑

UHID NO: HNH-0001508 Surgeon Name: Dr. Kadiyala Ramya Theja

Anaesthesiologist : Dr. Ayesha

Operative procedure planned : ELECTIVE LOWER SEGMENT CESAREAN SECTION + B/L TUBECTOMY

PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA

General anaesthesia involves rendering a patient unconscious before an operation. This ensures the patient is not aware of events and does not feel pain during the operation. Drugs given through a vein and / or inhaled from an anaesthesia machine produce it. Regional anaesthesia involves using a local anaesthetic to numb a specific area of the body for surgery: Prolonged pain relief without numbness can be achieved by infusing weak solutions of local anesthetics arid narcotic drugs to particular parts of the body after surgery or injury, using catheters.

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

☐ Heart disease ☐ Hypertension ☐ Diabetes mellitus ☐ Renal failure

☐ Hepatic disorders ☐ Shock ☐ Multiple organ failure ☐ Polytrauma / Renal Tubular Aacidosis

☐ Incapacitating Cronic Obstructive Pulmonary Disease

☑ Others : Hypotension, Bleeding, Need for transfusion, Post op ICU care

Comments : ...

- Doctor to document in medical record also if necessary (Cross-out if not applicable)

DECLARATION BY PATIENT / GUARDIAN / PROXY

I hereby authorize Rainbow Hospital & its authorized doctors to perform upon me / ~~my~~ patient Mrs. PREENA SRIVASTAVA. the above mentioned ~~operation~~ / Diagnostic / Therapeutic procedures ELECTIVE LOWER SEGMENT CESAREAN SECTION + B/L TUBECTOMY

I authorize and give consent for anaesthesia (☑ Regional / ☐ General Anesthesia / ☐ Monitored Anesthesia Care as considered appropriate by the anaesthetic team.

I acknowledge that the anaesthetists have informed me about the anaesthetic procedure, risk, benefits and alternative treatments and answered my specific queries and concerns about this matter. I have read and understood the information provided in this form I acknowledge that I have discussed with the anaesthetists any significant risk and Complications specific to my individual circumstances, and I have considered them before Consenting for anesthesia.

I understand that there are some infrequent complications that can occur due to use of anaesthesia, these include pain or some injury at the site of injections, temporary breathing difficulties, asthmatic reactions, headaches.

I authorize the anaesthetic team to perform any additional procedures (for example, Central Venous Pressure line, arterial line, use of nerve blocks for pain relief, changing from regional to general anaesthesia etc), which are considered necessary by them during the course of surgery.

That I authorize and give consent to the team of doctors attending on me to administer blood products during the course of operative period and immediately thereafter in need arises.

I understand that the above mentioned consultant anesthesiologist or occasionally a colleague deputed by him / her will administer the Anaesthesia.

- Pregnant : ☑ Yes ☐ No

DECLARATION BY THE ANAESTHETISTS PROVIDING INFORMATION FOR THIS CONSENT

I declare that I have explained the nature of General Anaesthesia / Regional Anaesthesia / Monitored Anesthesia Care to be given and discussed the risks that particularly concern this patient.

I have given the patient an opportunity to ask questions and I have answered these.

Patient / Patient Attendant :

Signature : Prerna

Name : PRERNA SRIVASTAVA

Relationship with Patient: Self

Date & Time : .....

Witness :

Signature : .....

Name : DILIP.M

Date & Time : 16/05/26

Doctor (who is taking the consent) :

Signature : .....

Name : Dr. Sk. Ayeske

Date & Time : .....

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Patient Name : Mrs. Prerna Srivastava Gender: ☐ Male ☑ Female Age : 34yrs

UHID No : HNH-0001150 8 Date : 19/5/26

Instruction:

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

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

BILATERAL TUBECTOMY

upon (Name of the Patient) Prerna Srivastava

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

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

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

- permanent procedure, postoperative pain
- risk of failure of procedure (1 in 200)
- risk of ectopic pregnancy

My signature on this form indicates that

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

Name of the Doctor who is performing the Surgery / Procedure: Dr. RAMYA THOTA

Consentee :

Signature : Prerna

Name : Prerna Srivastava

Date & Time : 19/5/26 @ 8AM

Patient Attendant :

Signature :

Name : Dilip Mologu

Relationship with Patient: husband

Date & Time : 19/5/26 @ 8AM

Witness :

Signature :

Name :

Date & Time :

Doctor (who is taking the consent) :

Signature :

Name : Dr RAMYA THOTA

Date & Time : 19/5/26 @ 8AM

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Patient Name : MRS. PRERNA SRIVASTAVA Gender: ☐ Male ☑ Female Age : 34Yrs.

UHID No : HNH - 00011508 Date : 19/05/2026

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

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

ELECTIVE LOWER SEGMENT CAESERIAN SECTION

upon

MRS Prerna Srivastava (Name of the Patient)

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

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

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

Haemorrhage, Injury to adjacent organs - Ureter, Bladder, Bowel, Need for Blood and Blood products transfusion, need for multidisciplinary management

My signature on this form indicates that

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

Name of the Doctor who is performing the Surgery / Procedure: Dr. RAMYA THOTA.U

Consentee :

Signature : Prerna

Name : Prerna Srivastava

Date & Time : 19/5/26 @ 8Am

Witness :

Signature :

Name :

Date & Time :

Patient Attendant :

Signature :

Name : DILIP MALOO

Relationship with Patient: Husband

Date & Time : 19/5/26 @ 8Am

Doctor (who is taking the consent) :

Signature :

Name : Dr RAMYA THOTA.U

Date & Time : 19/5/26 @ 8Am

19/5/26
Dr. Ramya
(10-1 Hrs)

Department of Anaesthesiology

PRE-ANAESTHETIC EVALUATION

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

BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

Name: Mrs. PRERNA SRIVASTAVA Age: 34 Sex: Female UHID.No : HNH-0001150B

Date: 16/5/26 Time: 1:30pm Proposed Operation: E.L.C.LSCS + B/L Tubectomy

Diagnosis: $G_2P_1L_1$ / 37 Wks / prev LSCS

B.P / CRT: 108/58 H.R: 100/min Weight: 73.4kg ASA Physical Status: ☐1 ☑2 ☐3 ☐4 ☐5

3/5/26

Laboratory Data:

Hgb: 11.2	Glucose:	Protein:	HIV: NR	X-Ray:
PCV:	Urea:	Alb:	HBS Ag: NR	ECG:
WBC: 10,500	Creat:	Total Bill:	HCV:	2D Echo:
Plate: 2.51 lakhs	Na:	Dir. Bill:	Blood group: A POSITIVE	Stress/Anglo:
PT:	K:	LDH:	T3	Other:
PTT:	Ca++:	Alk phos:	T4	
INR:	Mg++:	Amylase:	TSH 2.58 uIU/ml	
	Cl -:	SGOT/SGPT:		

Allergies: NIL

Medical History: CVS : NIL SIGNIFICANT

RESP : Diabetes :

CNS :

Renal :

Hepatic / GE : Physical Activity: METS > 4

Others :

Past Anaesthetic History: prev LSCS ↓SAB (2021), UE

Physical Exam:

Airway: MP 1 (2) 3 4 Mouth Opening: Adequate Mentohyoid Distance: 3FB Neck: (N) Teeth: (N) Alignment

Lungs : BAE⊕, Clear, SpO_2 : 98% on RA

Heart: S_1S_2⊕

CNS: NAD

Pregnant: ☑Yes ☐ No ☐ NA | Venous Access Site : Peripheral ⊕ | Spine Exam for regional : Midline

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

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

CURRENT MEDICATIONS	DOSAGE
T. CALCIUM	OD
T. Iron	OD

Pre-Operative Instructions:

1. DVT Prophylaxis : Explained
2. NIL ORAL → Water / ORS 2 Hours; → Others 6 Hours
3. Informed Consent: ☐ Standard ☐ High Risk.
4. Post Operative Pain Management: ☑ Discussed with Patient
5. Other Instructions:

(1) .....

(2) .....

.....

Signature ..... Name: Dr. SK. Ayesha.

HNH-00011508 IP26-00006371
Mrs PRERNA SRIVASTAVA
08-11-1991 34 Y 6 M 11 D (F)
Dr. KADIYALA RAMYA THEJA

ANAESTHESIA CHART

Rainbow® Children's Hospital — It takes a lot to treat the little.
BirthRight™ BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

Change in Patient Condition: ☐ Yes ☐ No (ticked) | Fasting Status: okay

Physical Status: ☑ Patient Identified ☑ Consent Present ☑ Chart Reviewed

H.R.: 93/m | B.P / CRT: 107/63 | SpO2: 98% @ RA | R.R.: 18/m | Last Feed: >6 hrs

Pre-OP Diagnosis: prev LSCS | Operation: LSCS + BLT | Date: 19/5

Surgeon: Dr RT / Dr Manisha | Anaesthesiologist: Dr Jamu / Dr RB | Technician: Br Chandu

TIME	10	(15)	(30)	(45)	11
N_2O /AIR /O_2 LPM					
HALO /SO /SEVO					
Drugs:					
OXYTOCIN	3U + 20U infusion				
METHERGIN	0.2mg iv				
MIDAZOLAM	1mg iv				
TRANEXAMIC ACID	1gm iv				
FIO_2 / SaO_2	100	100	100	100	
$ETCO_2$					
ECG	SR	SR	SR	SR	
Temperature					
Urine Output					
Fluids / Blood	RL →				

Antibiotic: given.
Suppository: DICLOFENAC 100mg
TRAMADOL 100mg
Blood Loss: ~150mL

NOTES

B.P: V Systolic, Λ Diastolic, X Mean, • Heart Rate
Tourniquet on Time / Tourniquet off Time
Throat Pack In / Throat Pack Out
Scale: 240, 220, 200, 180, 160, 140, 120, 100, 80, 60, 40, 20, 10, 0
(Systolic charted ~115–120, heart rate ~95–100, diastolic ~60–65)

LAB Values: ABG / GRBS / Others

☑ Equipment Checked and Functional
☑ BP
☐ Cuff Site: (R) UL
☐ Art Site:
☑ EKG Lead: 3 leads
☐ Temp Site
☐ FIO_2 Monitor
☐ Agent Monitor
☑ Pulse Oximeter
☐ Capnograph
☐ Ventilator
☐ Nerve Stimulator

Position: Supine
☑ Pressure Points Checked

Eye Care:
☐ Oint
☐ Tape
☐ Padding
☑ Awake

Temp:
☐ HME ☐ Fluid Warmer
☐ Cling Film ☐ OH Warmer
☐ Hugger's ☐ Cotton Wool
☐ Other

Times:
Anaes Start: 10AM
OP Start: ↓
OP End:
Leave OR: 11AM

Anaesthesia:
☐ GA
☐ Monitored Anaesthesia Care
☑ Regional

Line (Size & Location)
☐ CVP:
☐ ART:
☑ IV: 18G (L) UL
☐ IV:
☐ IV:

Induction
☐ IV ☐ Inhal
☐ Pre O_2 ☐ RSI
☐ Others

☐ Mask ☐ SGA
☐ Airway ☐ Oral ☐ Nasal
ETT# .... at .... cm
☐ Oral ☐ Nasal ☐ Cuff
☐ Tracheostomy ☐ Topical
☐ Drug:
☐ Awake ☐ Direct Vision
☐ Video Laryngoscopy ☐ Stylette / Bougie
☐ Fiberoptic
Blade# .... Attempts: ....
Difficulty Why? ....

☐ **Bilat = BS**
☐ Semi-Closed Circle
☐ Closed Circle
☐ Other

(section struck through)

Regional:
Extremity Specify:
☑ Spinal ☐ Epidural ☐ Caudal
Others:
Position: Sitting
Site: L3-4
Needle Size: 25G (P) Depth:
Parasthesia ☐ Yes ☐ No
Catheter at skin .... cm
Drug Name & Conc: 10 mg BUPIVACAINE (H)
Bolus:
Infusion: + 25 mcg FENTANYL
Block Level: T4 - B/L equal to cold
Comments:

Transportation to
☑ PACU ☐ ICU ☐ Other
Relaxant Reversed ☐ Yes ☐ No ☑ NA

Name of the Doctor: Dr [signature]
Signature of the Doctor: [signature]

HNH-00011508 IP26-00006371
Mrs PRERNA SRIVASTAVA
08-11-1991 34 Y 6 M 11 D (F)
Dr. KADIYALA RAMYA THEJA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Anusha D Time Received : 11:10 Time Discharged : 3:00 pm

IV Cannula Site : Left hand

- ☐ O_2 Mask
- ☐ Nasal Prongs
- ☐ Tracheostomy
- ☐ T-Piece
- ☐ Oral Airway
- ☐ Nasal Airway

Vomiting : ☐ Yes ☐ No Drug: —
NG Tube : ☐ Yes ☐ No
Drain: ☐ Yes ☐ No
Urinary Catheter: ☐ Yes ☐ No
Chest Tube: ☐ Yes ☐ No
Nil Oral ☐ Yes ☐ No
IV Fluids: RL
Oral Feeds: W B R

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

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
9/6/18	11:40	0/10	None	
19/5	12pm	0/10	Normal	
19/5	1pm	0/10	Normal	
19/5	2pm	0/10	Normal	

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

Reassessment Frequency:
1. Every eight hours for all hospitalized patients.
2. For post surgical patient, patient with chronic pain, patient with severe pain
   a. Every 2 hours for first 24 hours
   b. After 24 hours every 4 hours
   c. Prior to pain reliving intervention
   d. With in 30-60 minutes after pain relief intervention

Anaesthesiologist Name : Dr. Ramya
Anaesthesiologist Signature:
Date & Time:

PACU Nurse Name :
PACU Nurse Signature:
Date & Time: 19/5/18 3 pm

Transferred to Unit by (PACU):
Date & Time:

Patient Sticker

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

Date: ..... Time: ..... Procedure done by .....

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

Depth: ..... Catheter at Skin: ..... Attempts : .....

Parasthesia : Yes/No if yes details : .....

Solution Composition : .....

Any other issues :

a) .....

b) .....

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

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

Catheter Removed by and Tip Inspected : .....

Patient Satisfaction : .....

Discharge /Shifting ordered by

Doctor Signature: .....

Doctor Name: .....

Date and Time : .....

#26-0000 200594

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NARCOTIC PRESCRIPTION FORM
(MEDICAL RECORD)

Patient Name: Mrs. Prerna Srivastava		Age: 34 Yrs	Gender: Female
UHID No: HNH-00011508	IP No: 26-00006371	Date: 19/5/26	Time: 8 35 AM
Diagnosis: LSCS OT			

PRESCRIPTION DETAILS (Tick only one of the following)

S.No	Drug Name	Dosage	Remarks
1.	Fentanyl Citrate Inj. 50mcg/Ml	100 mcg	01
2.	Morphine Sulphate Inj. 15mg/Ml		
3.	Remifentanil Hydrochloride Inj. 2MG		
4.	Remifentanil Hydrochloride inj. 1MG		

Doctor Name: [illegible] Doctor Registration No: [illegible]

Signature:

NARCOTIC DISPENSING FORM
APPENDIX 4 – FORM NO. 3E
(Details of the Patient to whom Essential Narcotic Drugs Dispensed)

IP Registration No: 26-00006371 **Date:** 19/5/26

Aadhaar No. of the Patient (Optional): ....

1.	**Name :** Mrs. Prerna Srivastava	**Remarks**
2.	Complete postal address (with contact number, if any) 1-1-391/11, Bapunagar chikkadpally Hyderabad	
3.	Brief description of the illness	LSCS
4.	Whether registered with any other registered medical practioner / recognized medical institution (If yes, details of the recorded)	No
5.	Details of essential Narcotic drug dispensed	Fentanyl

Date	Name of the Essential Narcotic Drugs	Quantity	Signature / Thumb Impression of the patient / Patient Attender	Remarks, if any
19/5/26	Fentanyl	01	–	

Dispensed by (Name & ID No.): Sonia (015442) Signature: ....

Received by (Name & ID No.): U. Pallavi 017921 Signature: U. Pallavi

Time: ....

Docu. No: RCH / FRM / CLINICAL / 133

#26-0000 200594

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NARCOTIC PRESCRIPTION FORM
(PATIENT COPY)

Patient Name:	Mrs. Prerna Srivastava	Age:	34 Yrs	Gender:	Female
UHID No:	HNH-00011508 IP No: 26-00006371	Date:	19/5/26	Time:	8:35 AM
Diagnosis:	LSCS		OT		

PRESCRIPTION DETAILS (Tick only one of the following)

S.No	Drug Name	Dosage	Remarks
1.	Fentanyl Citrate Inj. 50mcg/Ml	100 mcg	01
2.	Morphine Sulphate Inj. 15mg/Ml		
3.	Remifentanil Hydrochloride Inj. 2MG		
4.	Remifentanil Hydrochloride inj. 1MG		

Doctor Name: Dr. RAMYA HIRON KADIYALA Doctor Registration No: [illegible]

Signature: [signature]

NARCOTIC DISPENSING FORM
APPENDIX 4 – FORM NO. 3E
(Details of the Patient to whom Essential Narcotic Drugs Dispensed)

IP Registration No: 26-00006371 **Date:** 19/5/26

Aadhaar No. of the Patient (Optional): ....

1.	**Name:** Mrs. Prerna Srivastava	**Remarks**
2.	Complete postal address (with contact number, if any)	1-1-341/H, Bapunagar Chikkadpally Hyderabad.
3.	Brief description of the illness	LSCS
4.	Whether registered with any other registered medical practioner / recognized medical institution (If yes, details of the recorded)	No
5.	Details of essential Narcotic drug dispensed	Fentanyl

Date	Name of the Essential Narcotic Drugs	Quantity	Signature / Thumb Impression of the patient / Patient Attender	Remarks, if any
19/5/26	Fentanyl	01	[signature]	

Dispensed by (Name & ID No.): Sania (018442) ..... Signature: ....

Received by (Name & ID No.): U. Pallavi 017921 ..... Signature: U. Pallavi

Time: ....

HNH-00011508 IP26-00006371
Mrs PRERNA SRIVASTAVA
06-11-1991 34 Y 6 M 11 D (F)
Dr. KADIYALA RAMYA THEJA

308

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: 20/5/26 Time: 11:00am

Origin: Indian Height: 157cm Weight: 73.4kg BMI: ☐ ~26 kg/m² ☐ ~28 kg/m² ☐ ~30 kg/m²

Food Allergies: NO F A

Diagnosis: LSCS

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

Diet Advised:

Liquid Diet – ORS/ Coconut Water / Butter Milk / Barley Water / Soups

Normal Diet – Rice, Rotis, Dal and Soft Cooked Vegetables and Curd

Soft Diet – Soft Rice, Dal and Vegetable Curries Soft Cooked, Curd

Diabetic Diet – Brown Rice / Oats/ Dahlia/ Rotis, Dal and Vegetables and Curd (Avoid Roots / Tubers)

Patient's / Attendant's

Signature: Roma

Name:

Date & Time:

Dietician's

Signature: Sabiya

Name: Syeda Sabiya Zahar

Date & Time: 20/5/26; 11:00

Doc. No. : RCH / FRM / CLINICAL / 195

DIETARY NOTES

Date	Time	Notes	Sign