Dr. Padmaja

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ESTIMATION SLIP

Date : 15/6/26 UHID / IP No. : BHNH-00005590 Sl No. 1599

Name of Patient : Mrs. Sandhya Loya Age: 24 Gender: F

Father's / Husband's Name : Mr. Raman Loya Corporate / Occupation :

Address : Himayatnagar Phone : 8008015927 Email :

Procedure / Plan : ND/LSCS EDD/Dos: July

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

TARIFF INFORMATION : 99,999/- PKG

Particulars	Package Amounts (Rs.)	
Room Category	Normal Delivery	LSCS
Multi Shared Ward		
Shared Ward		
Twin Shared Ward		
Private Room →	1.10L	1.20L
Super Deluxe Room		
Suite Room		
Package includes (Package starts from the time of admission)	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/-	Pharmacy up to 12,000/-
CBP, NST ←	Investigations up to 2,500/-	Investigations up to 3,000/-
Others	Well baby care	25k to 35k

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

Initial Minimum Deposit : 80% Advance time of Admission

REMARKS : Vaccination, Warmer, SBR etc.

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 Raman Loya 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.

Signature of the Client — Husband — Signatory Relationship — Signature of the financial Counselor

HNH-00005590 IP26-00006699
Mrs SANDHYA LOYA
24-08-1996 29 Y 10 M 7 D (F)
Dr. PADMAJA YELISETTY

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SURGERY DETAILS

Date : 11/7/26

Patient Name: MRS. Sandhya Loya Date of Birth: 24.08.1998 Age: 29y

Gender: Female Ward : LDR UHID No.: HNH-00005590

Date of Surgery: 11/7/26 ~~☐ OT -1~~ LDR I ☐ OT -2 ☐ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : NVD with Epidural

Time in : 5PM Time Out : 6PM

		NAME	AMOUNT
1.	Surgeon	: M. Padmaja yelisetty	
2.	Anaesthetist	: Dr. Samir	
3.	Assistant Surgeon	: Dr. P. Priyadharsini	
4.	OT Technician	:	
5.	Circulating Nurse	: Kasthuri	
6.	Assistant Nurse	: Madhumitha	

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

Signature of the Surgeon

Madhu
Signature of Circulating Nurse

Order No: 26-000020983 8/9835 Order by: Madhumitha

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306
Fc

Name	Mrs SANDHYA LOYA	**UHID**	HNH-00005590
Father/Guardian	Mr RAMAN LOYA	**Age/Gender**	29 Y 10 M 7 D/ Female
Address	3-6-175, hyderguda, Himayathnagar, Hyderabad, Telangana, INDIA, 500029		
IP No	IP26-00006699	**Admission Date**	30-06-2026
Ref Doctor	Self.		
Discharge Date	02.07.2026		

DISCHARGE SUMMARY

Consultant:
Dr. PADMAJA YELISETTY
MBBS, MD, MRCOG,FRCOG
52427

Diagnosis: PRIMIGRAVIDA AT 37^{+2} WEEKS WITH GESTATIONAL DIABETES MELLITUS ON ORAL HYPOGLYCEMIC AGENTS FOR INDUCTION OF LABOUR

INDUCED VAGINAL DELIVERY DONE ON 01.07.2026

History:
LMP: 15.10.2025
EDD: 18.07.2026

Obstetric formula: Primigravida
Gestation at admission: 37^{+2} weeks

Name	Mrs SANDHYA LOYA	**UHID**	HNH-00005590
IP No	IP26-00006699	**Admission Date**	30-06-2026

Obstetric History:
G1- Present Pregnancy, Spontaneous conception.

Medical History: Nil
Family History: Mother-HTN,Hypothyroidism; Paternal GM-Oesophageal cancer
Surgical History: Nil
Allergies: Nil

Antenatal Details:
Mrs SANDHYA LOYA was booked to Rainbow hospital at 5^{+5} weeks of gestation. She had regular antenatal checkups and investigations as advised. NT-normal. eFTS-low risk. TIFFA-normal.OGTT-96/149/138.Advised diabetic diet.Regular home sugar monitoring done.Physician opinion sought and she was started on OHAs at 31^{+2} weeks(T.Glycomet 500mg BD dose adjusted to T.Glycomet 500mg OD and T.Glycomet SR 850mg OD). Fetal growth monitoring was done by serial growth scan. Scan done 15.06.2026 showed single live intrauterine fetus at 35+2 weeks with cephalic presentation with anterior high with AFI: 9.6cms with EFW: 2.6kg (45%), dopplers normal.Serial monitoring done with AFI scans. Scan done 29.06.2026 showed single live intrauterine fetus at 37+2 weeks with cephalic presentation with anterior high with AFI:7.3cms(lower limit of normal) with normal dopplers She was admitted at 37^{+2} weeks for induction of labour.

Investigations: Enclosed

Name	Mrs SANDHYA LOYA	**UHID**	HNH-00005590
IP No	IP26-00006699	**Admission Date**	30-06-2026

Blood group: "B" Positive

Management: Course in hospital and Delivery Details:

At admission on clinical examination the vitals were stable, uterus was relaxed, cervix was long and 1cm dilated. Fetal well being was confirmed by an admission CTG which was found to be reactive. Informed consent obtained for Induction of labour. She was induced with 4 doses of PGE1(Misoprostol).Artificial rupture of membrances done at 3cms dilatation revealing clear liqour. As per hospital protocol she was started on IV Taxim in view of ruptured membranes. Partographic monitoring of labour was done.She opted for epidural analgesia at 3cms of cervical dilatation. She progressed to full dilatation at 3:45pm. Passive descent of fetal head was allowed for 1hr 30 min. post full dilatation. She was put into position for vaginal birth at 5pm. Parts painted with betadine solution and draped to ensure full asepsis. She was encouraged to bear down. At crowning of head episiotomy was given under local anesthesia (10 ml of 2 % xylocaine solution). Baby was delivered by spontaneous vaginal delivery, Cord clamped and cut and baby handed over to pediatrician. Cord blood collected for blood grouping and Rh typing. Placenta and membranes delivered completely with controlled cord traction. Prophylactic syntocinon given. Episiotomy inspected. No extensions or additional vaginal tears found. Episiotomy sutured in layers. Instrument and swab count checked. 800 mcg of misoprostol given per rectally as prophylaxis against post partum hemorrhage. Vagina cleaned with betadine solution.

Delivery Details :

Date : 01.07.2026
Time of Delivery: 05:19pm
Type of Delivery: Induced vaginal delivery
Anaesthesia : Epidural

Name	Mrs SANDHYA LOYA	**UHID**	HNH-00005590
IP No	IP26-00006699	**Admission Date**	30-06-2026

Indication: Low liqour, GDM on OHA

Baby Details:

Date : 01.07.2026
Time : 05:19pm
Sex : Male
Weight : 2.88kg
Apgar :5, 7
Gestational Age: 37^{+2} weeks
NICU Admission: Yes

Post-Partum Notes: She was closely monitored for post partum hemorrhage. Breast feeding initiated. Vitals were stable; patient ambulated and was shifted to room. Patient was encouraged for spontaneous voiding. Dietary advice given. Her postpartum period following that was uneventful. On first postpartum day episiotomy wound was healthy and intact. On first postpartum day FBS 91mg/dl , PPBS 89mg/ dl. 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.

Advice:

1. Tab. Taxim - O 200mg (Cefixime 200mg) twice daily till 06.07.2026 (9am-9pm) after food.
2. Tab. Calpol 500mg (Paracetamol 500mg) (2tabs) thrice daily till 04.07.2026 (8am-2pm-10pm) after food.
3. Tab. Pantodac (Pantoprazole - 40mg) 1 tablet twice daily till 06.07.2026 (7am-7pm) before food.

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Name	Mrs SANDHYA LOYA	**UHID**	HNH-00005590
IP No	IP26-00006699	**Admission Date**	30-06-2026

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 or just dial one toll free number - 18002122. You can also take appointments at any time by going online to our website **www.rainbowhospitals.in**

Registrar/Resident/C.M.O

Dr. PADMAJA YELISETTY
MBBS, MD, MRCOG,FRCOG
52427

CHILDREN'S MEDICARE LIMITED HYDERABAD

HNH-00005590 IP26-00006699
Mrs SANDHYA LOYA
24-08-1996 29 Y 10 M 7 D (F)
Dr. PADMAJA YELISETTY

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NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 2/7/26 Time: 11 Am

Origin: Indian Height: 5.3 Weight: 58 kg BMI: ☐ ~ 26 kg/m² ☐ ~ 28 kg/m² ☐ ~ 30 kg/m²

Food Allergies: NO

Diagnosis: NVD

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: Sandhya

Name: Sandhya C

Date & Time: 2/7/26 ; 11 Am

Dietician's

Signature:

Name: Sathwika-S

Date & Time: 2/7/26 ; 11 Am

DIETARY NOTES

Date	Time	Notes	Sign

HNH-00005590 IP26-00006699
Mrs SANDHYA LOYA
24-08-1996 29 Y 10 M 7 D (F)
Dr. PADMAJA YELISETTY

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CROSS CONSULTATION FORM

Doctor Name : Dr. padmaja Date : 2/7/26 Time : 12pm

Diagnosis : NVD

Hospital : RCH - HMNR

Referred for : ☐ Opinion ☑ Co-Management ☐ Transfer of care

Type of Referral :
☐ Emergency
☐ Urgent
☐ Non Urgent

Reason for Referral : If for concurrent care specify the particular need, especially in the absence of a second diagnosis:

Signature:

Findings and Recommendations :

Lactation care plan

- well formed breast & Nipple's
- Baby at NICU
- Advice Expressed breast milk every 2 - 3 hours on each side 15 - 20 mins
- massage Breast & Nipple's
- Recommended to start Lactogogues foods

Consultant :

Name : Sathwika. G Signature : S Date & Time : 2/7/26 ; 12pm

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 : IP26-00006699 **Admit Date** : 30-Jun-2026 **Admit Time** : 08:53 PM **UHID** : HNH-00005590

Patient Details :

Patient Name	: Mrs SANDHYA LOYA	**Age**	: 29 Y 10 M 6 D
Guardian	: Mr RAMAN LOYA	**DOB**	: 24-08-1996
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 3-6-175, hyderguda Himayathnagar Hyderabad Telangana INDIA 500029	**Phone No**	: 8008015927/ 8919105375
		E-mail	: 8008015927@email.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 RAMAN LOYA **Relationship** : Father

Contact Address : 3-6-175, hyderguda Himayathnagar Hyderabad Telangana INDIA 500029 **Phone No** : 8008015927

Signature

Doctor Details :

Doctor Name : Dr. PADMAJA YELISETTY **Specialisation** : OBSTETRICS AND GYNECOLOGY

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

Co-Consultant :

Payment Details :

Deposit Amount : 80000.00

Payment Mode : DC/CC Card **Payor Name** : SELFPAY

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00005590 IP26-00006699 Mrs SANDHYA LOYA 24-08-1996 29 Y 10 M 6 D (F) Dr. PADMAJA YELISETTY	30/6/26	1~~0~~/7/26 @ 9:30pm
	Transfer Ordered by Dr. Veena	Reason for Transfer Observation
From Unit LDR	To Unit Room / 306	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 35	Number of Imaging Films NST - 8	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.	O2 — 100ml	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. Monika.	Dr. Veena.
Patient & Clinical Records Received by : Divya 10PM	
Date & Time of Patient Received : 21/7/26	

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

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ACTIVITY RECORD FOR BILLING

Name : HNH-00005590 Mrs SANDHYA LOYA IP26-00006699
24-08-1996 29 Y 10 M 6 D (F)
Dr. PADMAJA YELISETTY

UHID No. _____ Consultant: _____ Dept : _____

Date of A _____ Date of Discharge : _____ Time: _____

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
1/7/26	9:30pm	LDR-2	Room(306)	Mounika

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	Dr. S. Tejaswi Reddy	2/7/26	10018	
2				
3				
4				
5				
6				
7				
8				
9				
10				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
30/6	NST · —— (1)	7817 ✓	Anhed
30/6	NST —— (2)	7818 ✓	
30/6.	GRBS. 103mg/dl.	10704 ✓	
1/7	NST —— (3)	·7819 ✓	Ank
1/7	NST – (4)	7821 ✓	Ank
1/7	NST – (5)	7864 ✓	[illegible]
1/7	NST – (6)	7865 ✓	[illegible]
1/7	NST – (7)	7866 ✓	[illegible]
1/7	NST – (8)	7867 ✓	[illegible]
1/7	GRBS (7pm) ~~109~~ 109 mg/dL	10758	[illegible]
		Crosschecked Crosschecked done 2/7/26	
2/7	FBS (7Am) 91mg/dl	0770	[illegible]
2/7/26.	PLBS (11:30Am) 89mg/dl	10796	[illegible]

checked [illegible]

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
1/7	Cardiacmonitor	11:30Am			[illegible]
1/7	Infusionpump	11:30Am	8:30pm	209757	[illegible]
1/7	Epidural	2:30Pm	6Pm		[illegible]
1/7	oxygen	4Pm	5Pm	209857	[illegible]

Crosschecked

Crosschecked done 2/7/26

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
30/6	IV placement	1	9610	Arulen
1/7	Catheterization	(1)	209855	(R)
1/7	PAC	(1)	9854	(R)
2/7	NITA		100/8	

Cross-checked
Cross checked done
2/7/26

ANY OTHER INFORMATION

.....

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.....

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.....

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

HNH-00005590 IP26-00006699
Mrs SANDHYA LOYA
24-08-1996 29 Y 10 M 6 D (F)
Dr. PADMAJA YELISETTY

Patient

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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints
Came for Safe Confinement

LMP: 15/10/2025 EDD:
Corrected EDD: 18/7/2026 GA: 37wks 3days.

Obstetric Formula: Primigravida.
ML: 1½ year, NCM.

Menstrual History: Regular: ☑ Yes ☐ No

Obstetric Hostory:
1st: PP, Spontaneous Conception.

Obstetric Examination
Fundal Height: term.

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

Present Pregnancy Record:
NT - normal, eFTS - low risk.
TIFFA - normal.
GS at 36+2 wks showed oligohydramnios (AFI - 8.3) which was managed conservatively.

Liquor: ☑ Adequate ☐ Oligo ☐ Poly
PP: ☑ Cephalic ☐ Breech Others ______
Head Fifths Palpable: 5/5th
FHS: ☑ Normal ☐ Tachy ☐ Brady ☐ Absent

RISK FACTORS:

OGTT @ 6 mon - 91/149/138.
Ee started on T. Glycomet SR 500mg OD
Ee T-Glycoment SR 850mg OD (added in 8 mon)

Per Speculum Examination not done

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

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

Height: 159 cm
Weight: 58.1 kg
Allergies: Nil
Breast: ☑ Normal ☐ Abnormal

General Examination:
Consciousness: c/c Pallor: -ve.
Icterus: No Edema: -ve
Temp: Afebrile PR: 82 bpm.
BP: 130/80mmHg DTR: (N)
CVS: S1S2 (+), no murmur RS B/L NVBS (+)
Liver/Spleen: (N) Urine Output: Adequate

DIAGNOSIS
Primigravida with 37wks 3days POG. with GDM on OHA for IOL.

HNH-00005590 IP26-00006699
Mrs SANDHYA LOYA
24-08-1996 29 Y 10 M 7 D (F)
Dr. PADMAJA YELISETTY

Family History: Mother - HTN, hypothyroidism.
Pat. GM - Oesophageal Cancer (passed away)

Surgical History: Nil.

Medical History: diagnosed with GDM.

Medication History:
T-IRON
T. CALCIUM
T. Glycomet SR 500mg
T. Glycomet SR 850mg.

Plan of Care:
Admission NST
Informed Consent
Parts Preparation
Drugs as charted.
NST - 4th hrly.
strict fHR monitoring 2hrly
wlf POL / PV leak / PV bleeding.
IOL with T. Misoprostol 25mcg PV @ 10:30am
~~25mcg~~ PO @ 3:30am.
↓
5:30am.
Monitor Vitals
Inform SOS

Investigations: Bg T. 'B' Positive.

CBP (29/6/2026)

Hb - 11.9.	HIV	NR.
plt. - 3.37.	Hbsag	
TLC - 8800	HCV	
PCV - 35.1.	VDRL	

USG (29/6/2026).
SLIUF 36+2.
Cephalic
AFI - 8.3cm.
Placenta - Anterior high.
AFI - ~~8.0~~ 7.3cm (29/6).
EFW - 2.6kg. (15/6 GS).
Doppler - (N) AC-J 35.1.

Dr. Padmaja Yelisetty
Consultant Obstetrics and Gynaecologist
Reg. No: 52427

Doctor Name: Dr. Naveena
Signature: N
Date & Time: 30/6/2026 @ 4:15pm.

Consultant Name: Dr. Padmaja Yelisetty
Signature: Y. Padmaja P. Yelisetty 52427
Date & Time: 30/6/2026 @

HNH-00005590
Mrs SANDHYA LOYA
24-08-1996 29 Y 10 M 6 D (F)
Dr. PADMAJA YELISETTY
IP26-00006699

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/6/2026 10:00pm	Cls/by Dr. Naveena O/E GC-fair Afebrile PR: 86bpm BP: 110/70mmHg CVS/RS: NAD PA: ut. term size. irritable. Cephalic. FHR (+) 152bpm PV: Stretch &. Sweep done Cx 1cm dilated 3/4th Inch length membranes +ve Vx at -3 station.	Adv - Soft diet - Adequate hydration - Ambulation - NST 4th hrly - T. Misoprostol 25mcg PV stat. 25mcg PO @ 2:30am 5:30am Based on NST & Contraction - strict FHR monitoring 2hrly. - w/f PCL/PV leak/PV bleeding - Monitor Vitals - Inform SOS Dr-Naveena.

HNH-00005590 IP26-00006699
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/7/2026 2:30am	c/s/by Dr. Naveena	
	O/E GC - fair	Adv
	Afebrile	- T. MISOPROSTOL
	Vitals - stable	25mcg PO
	PA: ut. term size	stat
	1-2c/10-15"/10'	- w/f POL /
	Cephalic	PV leak /
	FHR (+) 152bpm	PV bleeding
		- Monitor Vitals
	NST - Reactive	- Inform SOS
		Dr. Naveena
1/7/2026 6:00am	c/s/by Dr Naveena	
	O/E GC - fair	Adv
	Afebrile	- Early breakfast
	Vitals - stable	f/b liquid diet
	PA: ut. term size	- Ambulation
	2-3c/10-15"/10'	- NST 4th hrly
	Cephalic	- strict FHR monitoring
	FHR (+) 146bpm	2hrly
		- w/f POL / PV leak /
NST - Reactive		PV bleeding
		- Monitor Vitals

- Inform SOS

HNH-00005590 IP26-00006699
Mrs SANDHYA LOYA
24-08-1996 29 Y 10 M 6 D (F)
Dr. PADMAJA YELISETTY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	c/o Lbw Dr. Padmaja Mam	
		Adv
		- following 4th dose
		- ~~ABG~~ PU will be done by mam
		- w/f POL
		- strict FHR monitoring
		- Monitor Vitals
		- Inform SOS.
		Dr Naveena

HNH-00005590 IP26-00006699
Mrs SANDHYA LOYA
24-08-1996 29 Y 10 M 7 D (F)
Dr. PADMAJA YELISETTY

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Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/7/26 8:30AM	C/S/B Dr. Dna	
	Primi c 37+4 wk. c GDM on OHA ↓ IOL.	
	GC fair Afebrile	Adv
	Vitals - BP - 110/70mmHg	- Liquid diet
P ⊖ ; PE ⊖	PR: 88bpm.	- Ambulation
	P/A Ut = Term	- NST 4th hourly
	cephalic	- Strict FHR Monitoring 2nd hourly
3 doses of Misoprostol given	FHS ⊕	- WFPOL
	1-2 / 10-15sec / 10.	- Monitor vitals
		- Inform sos
		- 1 ⓘ RL → f/b NST.
		- P/V ↑
	(signature)	- Left lateral position

Docu. No. : RCH /FRM / CLINICAL / 088 (P.T.O)

HNH-00005590 IP26-00006699
Mrs SANDHYA LOYA
24-08-1996 29 Y 10 M 6 D (F)
Dr. PADMAJA YELISETTY

Rainbow® Children's Hospital
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Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/7/26. 9:30 AM.	C/s/B Dr. Padmaja.	
	Primi @ 37+4 week & GDM on OHA ongoing IOL.	
	GC Fair, Afebrile	
	BP: 110/70 mmHg	Adv.
P° Pt°.	PR: 86/min	- Liquid diet
	P/A ut ≃ Term.	- Ambulation.
	Cephalic	- NST 4th hourly
	FHS (+).	- Strict FHR Monitoring 2nd hourly
	2c/15-/10.	
	Head 2/5 palpable	- WFPOL
		- Monitor Vitals.
	PV - Cx partially effaced	- 4th dose
	2-3 cm BOM firm	T. Misoprostol 25 mcg PO.
	PP ~~X~~ Hand felt.	
	-2. byside of head.	

Dr. Padmaja Yelisetty
Consultant Obstetrics and Gynecology
Reg. No: 52427

Padmaja
Yelisetty
52427

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/7/2026	C/S/O Dr Priyadarshini	
11:15AM		
	CC For Admn	
	Vitals Stable	Rx
	P/A Ut ~7cm Size	1. Rest in LLP
	Cephalic	2. FHR monitoring
	FHS (+)ve	3. I/F POL
	P/V Os 3cm	4. Start oxytocin drip
	50% eff.	@ 6ml/hr @ 11:30am
	MB → Admn done	5. ↑ titrate according ly
	Clear Liq draining	
	V2-2	5. ETA.
		6. Infection sos.
	Dr. Pampana Priyadarshini Consultant Obstetrics and Gynecology Reg. No: 63596	
1/7/26		1/7/26
2:50pm		Dr. Priyadarshini
	C/D/W Dr. Padmaja	
	Adv-	- NST
		- Strict FHR Monitoring
		- Synto Acceleration
		- No more P/V examination
		-

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/7/26 3:45pm	c/s/B Dr. Padmaja / Dr. Priyadarshini	
	Pt is stable, No c/o	
	O/E GC-fair	
	Vitals - stable	Adv
	P/A - Ut ~ Term	- Continuous FHR monitoring
	Moderate to severe activity	- Oxytocin infusion on/off as
	P/V Cx - fully dilated	- Vital monitoring
	fully effaced	- W/f progress.
	Vx = 0' station	
1/7/26 5:30pm	c/s/B Dr. Veena	
	PND-0 / GDM on OHA	Adv
		- Soft diet
	Pt is stable, No c/o	- Drugs as charted
	O/E GC-fair	- Vital monitoring
	BP- ~~100~~ 100/70 mmHg	- W/f excessive bleeding P/V
	PR- 84 bpm	- Sitz bath - twice daily
	SpO_2 - 100% on RA	- PND-1 - FBS/PPBS
	P/A - Ut well retracted	- Inform SOS
	L/E - BWNL	

Dr. Pampana Priyadarshini
Consultant Obstetrics and Gynecology
Reg. No: 63596

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

(P.T.O)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	c/s/B Dr. Veena	
1/7/26 8:30pm	PND-0 / GDM on OHA	GRBS 7pm 109mg/dl
	Pt is stable, No c/o	
	O/E GC fair, Pallor (-)	Adv
	BP - 109/63mmHg	- Soft diet
Baby in NICU → On NIV mode maintaining saturation.	PR - 78 bpm	- Drugs as charted
	SpO_2 - 99% on RA	- Vital monitoring
	P/A - Ut well retracted	- w/f excessive bleeding P/v
	c/E - BWNL	- Rx FBS / PPBS - c/m
	P/v - Episiotomy intact	- Encourage to void
	No active bleeding	- Adequate hydration
		- Sitz bath BD
	Foley's removed @ 8:15pm	- Inform SOS
	Epidural catheter removed.	- Shift to Room
		(signature)
	Noted by Jay Monika	
2/7/26 7AM	c/s/B Dr. Veena	
	PND-1 / GDM on OHA / P1L1	
Baby in NICU ↳ NIV mode.	Pt is stable, No c/o	Adv
U ✓	O/E GC fair, Vitals stable.	- Regular diet.
F ✗	Pallor (-) Afebrile	- Drugs as charted
S ✗.	P/A - Ut well retracted	- Vital monitoring
FBS - 91mg/dl.	BS (+)	- Ambulation
	P/v - Episiotomy intact	- Adequate hydration
	No active bleeding	- PPBS to f/u.
	B/L Breasts - Soft, P/V	- Sitz bath BD
	ms (+)	- Inform SOS (signature)

Noted by Divya 2/7/26

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/7/2026 9:10am	c/s/by	Dr. Naveena
U-✓ S-✗ F-✗	O/E GC-fair Afebrile PR: 82bpm BP: 120/82 bpm CVS/RS: NAD PA: ut. retracted well Soft, NT L/E: PV bleeding WNL. episiotomy: clean & intact.	Adv - Soft diet - Adequate hydration - drugs as charted - Ambulation - CAP. LACTARE 2-2-2 - SITZ BATH. - Syp. Duphalac 20ml PO stat - w/f PV bleeding - Monitor Vitals, Inform SOS Y. Padmaja P. Yelisetty 52427 Dr. Padmaja Yelisetty Consultant Obstetrics and Gynecology Reg. No. 52427
	Baby: NICU on RA	
2/7/2026 12:45pm	C/s/b Dr. Manisha	
	ac for Afebrile vitals stable	Can be discharged Said folder for Processing
		[signature]

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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DRUG CHART

Date of Admission: 30/6/26 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 *I* through it and a similar line through subsequent recording panels.
- The date and time of stopping the drug along with the doctors name and sign must be mentioned.
- Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.

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

SOS / PRN (As Required Medication)

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

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

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

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

HNH-00005590 IP26-00006699
Mrs SANDHYA LOYA
24-08-1996 29 Y 10 M 7 D (F)
Dr. PADMAJA YELISETTY

REGULAR PRESCRIPTIONS

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

DRUG : T. CEFEXIME

Dose	Route	Frequency	Start Date
200mg	P/O	BD	1/7/26

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	1/7	2/7
11AM	✓	
11pm		

DRUG : T. PANTAPRAZOLE

Dose	Route	Frequency	Start Date
40mg	P/O	OD	1/7/26

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions: Before food

Daily Doctor's Endorsement by a Sign

Date / Time	2/7/26
6am	

DRUG : T. PARACETAMOL

Dose	Route	Frequency	Start Date
1g	P/O	TID	1/7/26

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	1/7	2/7/26
6am	X	
2PM	X	
11PM		

DRUG : T- DICLOFENAC

Dose	Route	Frequency	Start Date
50mg	P/O	OD	1/7/26

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	1/7	2/7
6am	X	
4PM		

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Sheet No: .....

REGULAR PRESCRIPTIONS

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

DRUG : SYP. DUPHALAC				Date	1/7														
Dose	Route	Frequency	Start Dt.	Time															
15ml	P/O	OD	1/7/26																
Name & Signature of the Doctor Starting the Drugs:				10PM	BD														
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign																			

DRUG : OINT. BETADINE				Date	1/7														
Dose	Route	Frequency	Start Dt.	Time															
19	LA	BD	1/7/26	10PM	✗														
Name & Signature of the Doctor Starting the Drugs:																			
Additional Instructions:				10PM	✓														
Daily Doctor's Endorsement by a Sign																			

DRUG : CAP. LACTARE				Date	2/7														
Dose	Route	Frequency	Start Dt.	Time															
2CAP	PO	TID	2/7																
Name & Signature of the Doctor Starting the Drugs: Dr. Naveena.				6AM															
Additional Instructions:				2PM															
				10PM															
Daily Doctor's Endorsement by a Sign																			

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

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

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

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

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

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

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

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

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Mrs SANDHYA LOYA
24-08-1996 29 Y 10 M 7 D (F)
Dr. PADMAJA YELISETTY

Weight. 58.1kg Ward. ....

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
30/6	10:30 pm	T. MISOPROSTOL.	25mcg.	PV	@.	[illegible]
1/7	2:30AM	T. MISOPROSTOL	25mcg	PO	@.	[illegible]
1/7	5:30AM	T. MISOPROSTOL	25 mcg	PO	@	[illegible]
1/7	6AM	PROCTOLYSIS ENEMA	1 PACK	PR	@.	[illegible]
1/7	9:30am	T. MISOPROSTOL	25mcg	PO	@	[illegible]
1/7	12pm	INJ CEFOTAXIME	1g. (AST)	IV	[signature]	[illegible]
1/7	12pm	INJ BUSCOPAN	1amp	IV	[signature]	[illegible]
1/7	11:20 AM	INJ DROTIN	1amp	IV	[signature]	[illegible]
1/7	1.20 pm	INJ BUSCOPAN	1amp	IV	[signature]	[illegible]
1/7	1:00PM	INJ DROTIN	1amp	IV	[signature]	[illegible]

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

Verified by Dr. Dakshayani

HNH-00005590 IP26-00006699
Mrs SANDHYA LOYA
24-08-1996 29 Y 10 M 6 D (F)
Dr. PADMAJA YELISETTY

I.V. FLUIDS CHART

Weight. 58.1kg Ward. .....

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
30/6	9:30 pm	RINGER LACTATE	IV	FF			30/6		
1/7/26	5 AM	RINGER LACTATE	IV	100ml/hr			1/7		
1/7/26	8:30 AM	RINGER LACTATE	IV	FF			1/7		
1/7/26	11:30 AM	RINGER LACTATE + 10 U OXYTOCIN	IV	6AM/h			1/7		
		STOP 2/7/26							

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

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STAT / ONCE ONLY DRUGS

Weight: ..... kgs

Name: .....

Sheet No: .....

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
1/7/20	5.20pm	INJ. OXYTOCIN	10U	IM		Maddy	Anusha
1/7/20	5.30pm	T. MISOPROSTOL	1000mcg	P/R		Maddy	Anusha
1/7/20	6pm	JUSTIN SUPPOSITORY	1	P/R		Maddy	Anusha

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MEDICATION RECONCILIATION FORM

Drug Allergies: No ☐ Not known any Drug Allergies

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

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

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	T. IRON	1TAB	PO	OD	30/6	☐ C ☑ DC
2	T-CALCIUM	1TAB	PO	OD	30/6	☐ C ☑ DC
3	T. GLYCOMET SR	500mg	PO	OD	30/6	☐ C ☑ DC
4	T. GLYCOMET SR.	850mg	PO	OD	30/6	☐ 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

Date & Time : 30/6/2026 @ 9:00pm.

Nurse Name & Signature: Anuhe

Date & Time : 30/6/26 9pm

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Mrs SANDHYA LOYA
24-08-1996 29 Y 10 M 6 D (F)
Dr. PADMAJA YELISETTY

306

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RESULT SHEET

Date	29/6/36					
Time						
Hb	11.9					
PCV	35.1					
RBC						
WBC	8800					
N/L						
Platelets	3.37					
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 Grouping — B +ve						
HIV, HbsAg, HCV, VDR — NR						

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

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Early Warning Observation Score Chart - Obstetrics

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

30/6/26	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
	0 - 10																								
Saturations	94 - 100 %														100			99%			99%			99%	99%
	< 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																								
	40																								
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															0			0			0			0	0
TOTAL ORANGE SCORES															0			0			0			0	0
Nurse Initial																									

NA

86 82 90 92 84

132 122 130 131 132

80 67 75 69 69

30/6/26

11pm ⇒ 148 bmt

12AM ⇒ 152 bmt

2AM ⇒ 145 bmt

6AM ⇒ 155 bmt

6AM ⇒ 160 bmt

9AM ⇒ 156 b/mt

12PM ⇒ 142 b/mt

Obstetrics and Gynaecology Early Warning Signs

Complete a Full Set of MEOWS Observations

- 1 Yellow Alert : Repeat Observations in 30 minutes
- 2 Yellow Alerts or 1 Orange Alert: Call the Obstetrician and Repeat Observations in 30 minutes
- > 2 Yellow Alerts or ≥ 2 Orange Alerts: Immediate Review by Obstetrician and Repeat Observations in 15 minutes or continuous monitoring

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

HNH-00005590
Mrs SANDHYA LOYA
24-08-1996 29 Y 10 M 6 D (F)
Dr. PADMAJA YELISETTY
IP26-00006699

Rainbow® Children's Hospital
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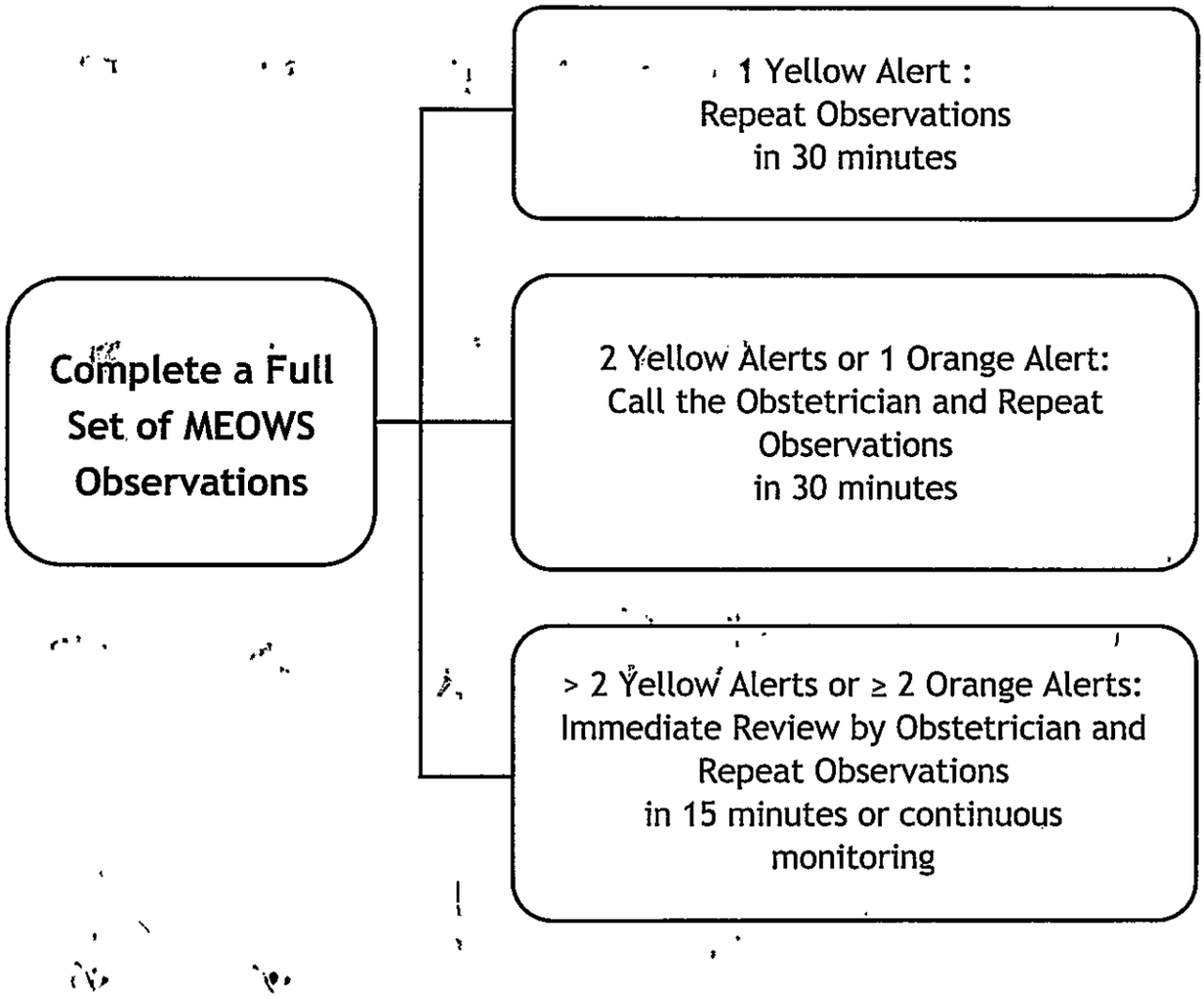
Early Warning Observation Score Chart - Obstetrics

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

		Date																							
117		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		20		20		20				20				20			
	0 - 10																									
Saturations	94 - 100 %		94%	98%	99%	98%	99%		99%		99%		99%		99%				98%				99%			
	< 94 %																									
Administered O_2 (L/min.)																										
Temp°c	40																									
	39																									
	38																									
	37																									
	36								36		36		36		36				37				37			
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90	87	87	85	89	89		94		85		96		97				92				89			
	80																									
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressue ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130	127	130	99	130	134		129		116		118		116				105				110			
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80	70	80	79	80	87		84		84		85		86				65				60			
	70																									
	60																									
	50																									
	40																									
NEURO RESPONSE [✓]	Alert																		—				—			
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30																		—				—			
	< 30																									
Proteinuria	Protein + +																									
	Protein > + +																									
Lochia	Normal																		—				—			
	Heavy / Foul																									
Liquor	Clear / Pink																		—				—			
	Green																									
TOTAL YELLOW SCORES			0	0	0	0	0		0		0		0		0				0				0			
TOTAL ORANGE SCORES			0	0	0	0	0		0		0		0		0				0				0			
Nurse Initial																										

Obstetrics and Gynaecology Early Warning Signs



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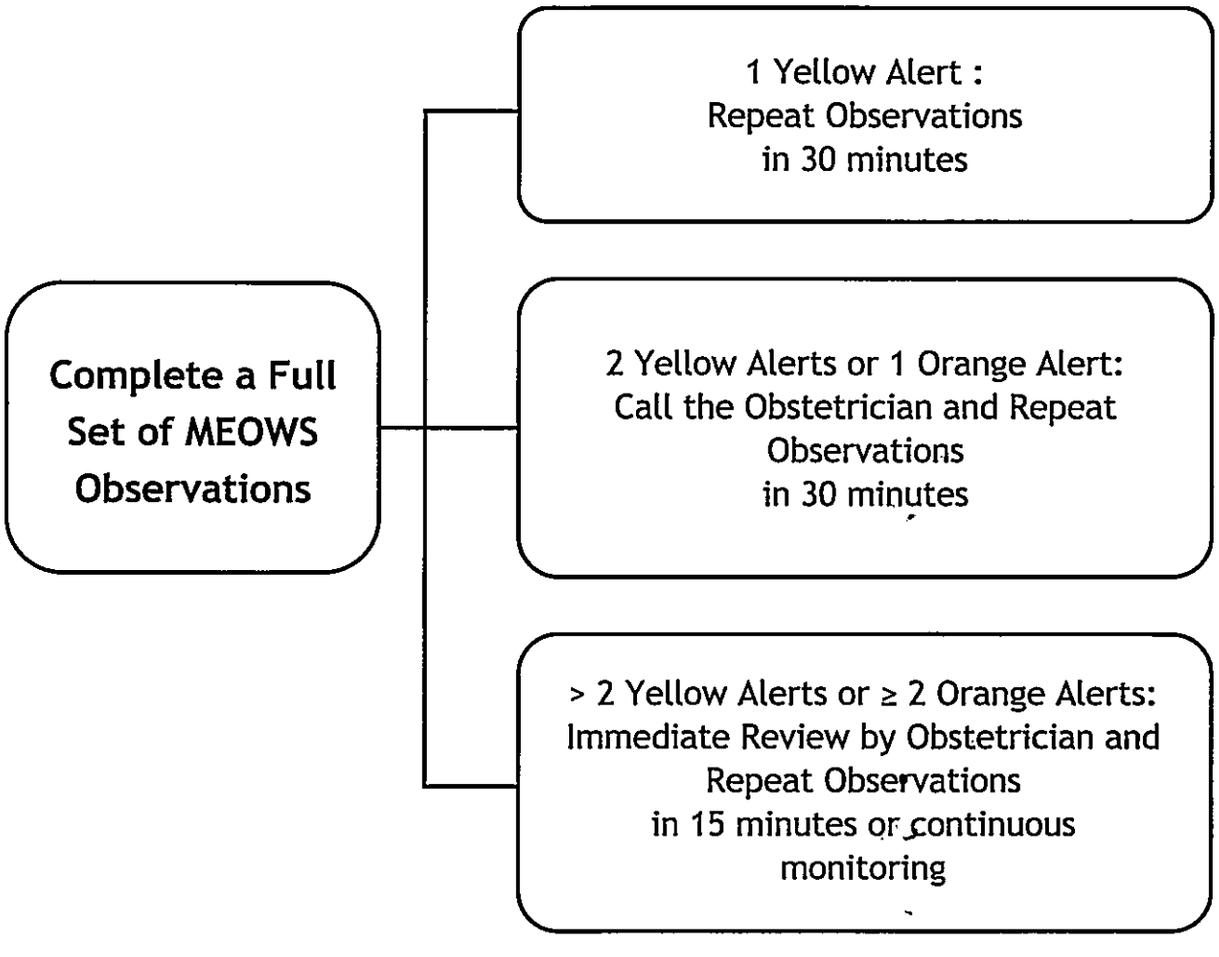
		Date																							
		Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																									
	21 - 30																									
	11 - 20	20																								
	0 - 10																									
Saturations	94 - 100 %	99%																								
	< 94 %																									
Administered O_2 (L/min.)																										
Temp°c	40																									
	39																									
	38																									
	37																									
	36	98.1°C																								
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80	82																								
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressue ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100	114																								
	90																									
	80																									
	70																									
	60																									
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60	68																								
	50																									
	40																									
NEURO RESPONSE [✓]	Alert	✓																								
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30	✓																								
	< 30																									
Proteinuria	Protein + +																									
	Protein > + +																									
Lochia	Normal	✓																								
	Heavy / Foul																									
Liquor	Clear / Pink	✓																								
	Green																									
TOTAL YELLOW SCORES		0																								
TOTAL ORANGE SCORES		0																								
Nurse Initial																										

Obstetrics and Gynaecology Early Warning Signs



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

HNH-00005590 IP26-00006699
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24-08-1996 29 Y 10 M 6 D (F)
Dr. PADMAJA YELISETTY

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It takes a lot to treat the little.

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FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :							**Total Output :**					
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :							**Total Output :**					
	08:00 pm											
	09:00 pm											
	10:00 pm	RL	H20	FF						✓		
	11:00 pm	RL		FF						✓		Anuja
	12:00 am											
	01:00 am		H20									
Total Intake :		Taken					**Total Output :**			Passed		
	02:00 am											
	03:00 am		H20							✓		
	04:00 am											
	05:00 am	RL	-	FF								Anuja
	06:00 am		H20				Passed 2 time			✓		
	07:00 am											
Total Intake :		Taken					**Total Output**			Passed		

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

HNH-00005590 IP26-00006699
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FLUID CHART

Sheet No. : ....

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

Date	Time	Nature of Fluid	Intake – Route: Mouth	Intake – Route: I.V	Intake – Route: N.G	Output: NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am	RL	NPO	100ml						✓		
	09:00 am	RL		100ml						✓		
	10:00 am	RL	NPO	100ml						✓	0	
	11:00 am	RL + Synto	NPO	100 ml								
	12:00 pm	RL + Synto		100 ml								
	01:00 pm	"		100 ml								
Total Intake :						Total Output :						
	02:00 pm	RL +										
	03:00 pm	Synto	H2O	28ml								
	04:00 pm	↓		↓							0	
	05:00 pm		H2O	28ml								
	06:00 pm	RL + Synto										
	07:00 pm		idle									
Total Intake : Taken						Total Output :						
	08:00 pm											
	09:00 pm		[illegible] +H2O									
	10:00 pm					N/A		N/A		✓		
1/7/26	11:00 pm	0					0				0	
	12:00 am											
	01:00 am											
Total Intake : Taken						Total Output : U — M —						
	02:00 am											
	03:00 am											
2/7/26	04:00 am	0				N/A —		N/A —				
	05:00 am										0	
	06:00 am											
	07:00 am											
Total Intake :						Total Output : U — M —						

Total 24 hrs. Intake	

Total 24 hrs. Output	

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

HNH-00005590 IP26-00006699
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24-08-1996 29 Y 10 M 6 D (F)
Dr. PADMAJA YELISETTY

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FLUID CHART

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

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

Total 24 hrs. Intake		Total 24 hrs. Output	

Patient Sticker

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FLUID CHART

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

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

HNH-00005590 IP26-00006699
Mrs SANDHYA LOYA
24-08-1996 29 Y 10 M 6 D (F)
Dr. PADMAJA YELISETTY

NURSING CARE RECORD

Rainbow® Children's Hospital
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Your Right to a Safe Delivery

Date: .....

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							
Afternoon							
Night	8pm to 8am	⇒ Assess the patient's condition ⇒ plan for vital ⇒ plan for Discharge	8pm to 8am	⇒ Assessed the patient condition ⇒ maintain vital & record ⇒ maintain discharge	patient is stable	vital is warnm	

Docu. No: RCH /FRM / CLINICAL / 148

HNH-00005590 IP26-00006699
Mrs SANDHYA LOYA
24-08-1996 29 Y 10 M 7 D (F)
Dr. PADMAJA YELISETTY

NURSING CARE RECORD

Rainbow Children's Hospital
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BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 01/02/2026

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 – 8pm	→ Assess the pt condition → Check the vital's → I/O chart Maintain → plan for NST	8am – 8pm	→ Assessed pt condition → Checked vital's & [illegible] → Maintained I/O chart → 4th day NST	Vital's is Normal	pt is stable	[signature]
Afternoon		Day					
Night	8pm to 8Am	→ Assess the pt condition → monitor vitals → Meds	8pm to 8pm	→ Assessed the pt condition → monitored vitals	Now pt's stable	Re-check vitals	[signature]

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CHECKLIST FOR THROMBOPHLEBITIS

30/6/26

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1			DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0			0	—	0	0				
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	NR				
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2			NA	—	NA	NR				
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	NR				
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	NR				
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	—	N/A	NR				
		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 .....

IH-00005590 IP26-00006699
Mrs SANDHYA LOYA
24-08-1996 29 Y 10 M 7 D (F)
Dr. PADMAJA YELISETTY

CHECKLIST FOR THROMBOPHLEBITIS

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S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1			DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0										
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										
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2										
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										
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										
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										
			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 : .....

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BRADEN 'Q' SCALE

				Date :	30/6	01/7/2026	1/7	1/7
				Time :	N4	N5	E2	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	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 only 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	4	4	4
				TOTAL SCORE	28	28	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

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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	30/6	01/07/2026	1/7
		Score	N1	N5	52
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0	0	0	0
Secondary Diagnosis (more than one diagnosis)	Yes	15			
	No	0			
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0	0	0	0
IV / Heparin Lock or Saline	Yes	20	20	20	20
	No	0	0	0	0
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10			
	Normal /On Bed Rest /Immobile	0			
Mental Status	Forgets limitations	15			
	Oriented to own ability	0	0	0	0
Total Morse Fall Scale Score:			20	20	20
		Signature	CB		

Fall Risk Grading		
Risk Level	**Morse Fall Score (MFS)**	**Action**
Low Risk	0 - 24	Standard Fall Precaution
Moderate Risk	25 - 50	Implement Moderate Fall Prevention Intervention
High Risk	≥ 51	Implement High Risk Fall Prevention Intervention

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

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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	17			Fall Risk Grading		
		Score	14					
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				Low Risk	0 - 24	Standard Fall Precaution
Ambulatory Aid	Furniture	30						
	Crutches, Cane(S), Walker	15						
	None /Bed Rest /Nurse Assist	0	0					
IV / Heparin Lock or Saline	Yes	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				High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
Mental Status	Forgets limitations	15						
	Oriented to own ability	0						
Total Morse Fall Scale Score:			25					
		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

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PAIN ASSESSMENT FORM

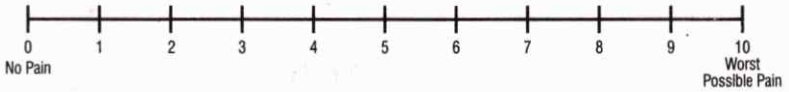
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
30/6/20	9pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
1/7/26	6AM	0-2	Lower abdomen	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☐ Dull ☑ Aching ☐ Burning	☑ Increasing ☐ Decreasing	☑ Yes ☐ No	NA	[signature]
01/7/26	8AM	0-2	lower abdomen	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☐ Dull ☑ Aching ☐ Burning	☑ Increasing ☐ Decreasing	☑ Yes ☐ No	NA	[signature]
1/7	2PM	2	"	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
1/7	8Pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
1/7	8pm	0/10	NP	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NP	[signature]
				☐ 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

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NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: .... Department: .... Date of Admission: ....

SITUATION	Diagnosis: primi @ 37+3 wks (RBM) on OHA for IOL.			Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:			
BACKGROUND	Area / Shift Time	B4b / M1	01/07 / M6	1/7 / E2	1/7 / N1		
	Medical Condition (Any special condition to be noted):	NA	NA	NA	NA		
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	97°F	97.9F	98.1°F	97		
	Res:	20	20	20	20		
	SpO_2:	100%	100%	100	100		
	Pulse:	97	97	98	98		
	BP:	130/80	128/86	120/70	110/70		
	Fall Risk Score:				–		
	Pain Score:	–	–		–		
Recommendations	Safety Needs:	–	–		–		
	Physiotherapy	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	Others Specify:	–	–				
	Special Diet:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	Other Special Orders / Medications:	–	–		✓		
Post Operative Procedure Special Orders:		–			✓		
Handed Over By Name :		Chudr	Anusha	[illegible]	Navi		
Signature :		Ch	[signature]	[signature]	[signature]		
Date:		1/7/26	1/7/26		2/7		
Time:		8AM	8PM		8AM		
Taken Over By Name :		Anusha	Vaddy				
Signature :		[signature]	[signature]				
Date:		1/7/26	1/7				
Time:		8AM	2PM				

Docu. No. : RCH/FRM/CLINICAL/097

Patient Sticker

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NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: ..... Department: ..... Date of Admission: .....

SITUATION	Diagnosis:			Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:			
BACKGROUND	Area / Shift Time						
	Medical Condition (Any special condition to be noted):						
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:						
	Res:						
	SpO_2:						
	Pulse:						
	BP:						
	Fall Risk Score:						
	Pain Score:						
Recommendations	Safety Needs:						
	Physiotherapy	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Others Specify:						
	Special Diet:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Other Special Orders / Medications:						
Post Operative Procedure Special Orders:							
Handed Over By Name :							
Signature :							
Date:							
Time:							
Taken Over By Name :							
Signature :							
Date:							
Time:							

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OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 30/6/26 Time of Arrival: 8AM Time Seen by Nurse: 8.10AM

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: 98F Pulse: 86 RR: 20 SpO_2: 100% BP: ..... Weight: .....

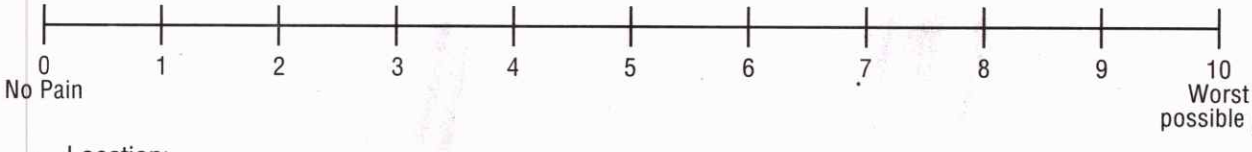
4) **Gestational Criteria:**

Gravida:	G	P	L	A

LMP: ..... EDD: ..... Gestational Age: .....

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

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



- Location: .....
- Duration: ..... Days / Weeks/ Months (Strike out which is not applicable)
- Character: N/A .....
- Frequency: .....
- Interventions: .....

.....

6) **Past History:**

a) Surgeries: .....

b) Medical: Nil .....

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7) **Allergy.** — io, 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: 8:15 AM

Nurse Name : Madhumitha Nurse Signature: Madhu

Date: 1/7/26 Time: 8:10 AM

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OBSTETRICS / GYNECOLOGY
NURSING INITIAL ASSESSMENT FORM

Date of Admission: 30/6/26

Baseline Information:

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

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

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

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

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

If yes , identify .....

Chief Complaints: pain abd

Doctor Notified on Admission: ☐ Yes ☐ No

Name of the Doctor: Dr naveena

Time Notified: .....

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

Past Medical History	Past Surgical History	Previous Hospital Admission
–	–	–

Gynecology Assessment: ☐ Not Applicable

Menstrual History: Regular

Onset of Menarche: .....

Menstrual Cycle: ☐ Regular ☐ Irregular

Last Menstrual Period: .....

Gynecology Surgical History:

Caesarean Section: ☑ No ☐ Yes

Cervical Cerclage: ☑ No ☐ Yes

Ectopic Pregnancy: ☑ No ☐ Yes

Myomectomy: ☑ No ☐ Yes

Others: _____

Gynecological History:

Contraceptives: ☑ No ☐ Yes

Vaginal Discharge: ☑ No ☐ Yes

Post-Coital Bleeding: ☑ No ☐ Yes

Infertility: ☐ No ☐ Yes

If Yes Type: ☐ Primary ☐ Secondary

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

Previous LSCS: .....

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

Family History: ☑ No Abnormalities Detected

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

☐ Liver disease ☐ Other .....

Vital Signs / Measurements: Temp: 97°F HR: 80 RR: 20

BP: 100/60 Weight: 8 Height: ..... BMI: .....

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

HNH-00005590 IP26-00006699
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PHYSICAL ASSESSMENT

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

Fall Assessment: ☑ Yes ☐ No Score 0 | 10 ..... (complete the Morse Fall Risk Assessment Sheet)

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

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

☐ Mobility problem ☐ Walking Problem ☑ No Abnormality Detected

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING: ☑ No Abnormality Detected

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

☐ Under Weight ☐ Diabetes Mellitus ☐ Hyperemesis Gravidarum

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

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

☐ Others .....

Inform consultant for positive criteria

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 .....

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: ..... Sandhya .....

Orientation not given Reason: ..... self .....

Nurse Signature: .....

Nurse Name: ..... Chennakale .....

Date & Time: ..... 30/6/26 .....

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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: .....

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

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

Date & Time: ..... Date & Time: .....

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URINARY CATHETER BUNDLE CHECK LIST

Date of Insertion: ..... Date of Removal: .....

Parameters	Date / Shift Time						
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							
Signature of the Nurse							

Department of Anaesthesiology

PRE-ANAESTHETIC EVALUATION

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Name: Mrs Sandhya [illegible] Age: 29 Sex: Female UHID.No: HNH-5590

Date: 1/7 Time: 1pm Proposed Operation: Epidural analgesia

Diagnosis: Primi

B.P / CRT: 102/67 H.R: 89 Weight: 58.1 ASA Physical Status: ☐1 ☑2 ☐3 ☐4 ☐5

Laboratory Data:

29/6

Hgb: 11.9	Glucose:	Protein:	HIV: NR	X-Ray:
PCV: 38.1	Urea:	Alb:	HBS Ag: NR	ECG:
WBC: 8600	Creat:	Total Bill:	HCV: NR	2D Echo:
Plate: 3.37	Na:	Dir. Bill:	Blood group: B pos	Stress/Anglo:
PT:	K:	LDH:	T3	Other:
PTT:	Ca++:	Alk phos:	T4	
INR:	Mg++:	Amylase:	TSH	
	Cl -:	SGOT/SGPT:		

Allergies:

Medical History: CVS: /

RESP: No significant medical history Diabetes: GDM on medication

CNS: Regular ANC - On Induction

Renal:

Hepatic / GE: /

Physical Activity: active

Others:

Past Anaesthetic History: nil

Physical Exam: coherent.

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

Lungs: / Clear

Heart:

CNS:

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
Fe/Ca	
GLYCOMET SR	500 - X - 850

Pre-Operative Instructions:

1. DVT Prophylaxis:
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:

Signature: [signature] Name: Dr. Sanni Cherayath

Docu. No. RCH / FRM / CLINICAL / 044

Patient Sticker

ANAESTHESIA CHART

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Pre Induction Assessment:

Change in Patient Condition: ☐ Yes ☐ No		Fasting Status:
Physical Status:	☐ Patient Identified	☐ Consent Present ☐ Chart Reviewed

H.R:	B.P / CRT:	SpO_2:	R.R:	Last Feed:

Pre-OP Diagnosis: ..... Operation: ..... Date : .....

Surgeon: ..... Anaesthesiologist: ..... Technician: .....

TIME

N_2O /AIR /O_2 LPM

HALO /SO /SEVO

Drugs:

FIO_2 / SaO_2

$ETCO_2$

ECG

Temperature

Urine Output

Fluids

Blood

Antibiotic

Suppository

Blood Loss

NOTES

B.P
V Systolic
Λ Diastolic
X Mean
• Heart Rate

Tourniquet on Time
Tourniquet off Time

Throat Pack In
Throat Pack Out

240 220 200 180 160 140 120 100 80 60 40 20 10 0

LAB Values

ABG

GRBS

Others

☐ Equipment Checked and Functional
☐ BP
☐ Cuff Site: .....
☐ Art Site: .....
☐ EKG Lead
☐ Temp Site
☐ FIO_2 Monitor
☐ Agent Monitor
☐ Pulse Oximeter
☐ Capnograph
☐ Ventilator
☐ Nerve Stimulator

Position: .....
☐ 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: .....
OP Start: .....
OP End: .....
Leave OR: .....

Anaesthesia:
☐ GA
☐ Monitored Anaesthesia Care
☐ Regional

Line (Size & Location)
☐ CVP: .....
☐ ART: .....
☐ IV: .....
☐ 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

Regional:
Extremity Specify: .....
☐ Spinal ☐ Epidural ☐ Caudal
Others: .....
Position: .....
Site: .....
Needle Size: ..... Depth: .....
Parasthesia ☐ Yes ☐ No
Catheter at skin ..... cm
Drug Name & Conc: .....
Bolus: .....
Infusion: .....
Block Level: .....
Comments: .....

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

Name of the Doctor : .....
Signature of the Doctor : .....

Patient Sticker

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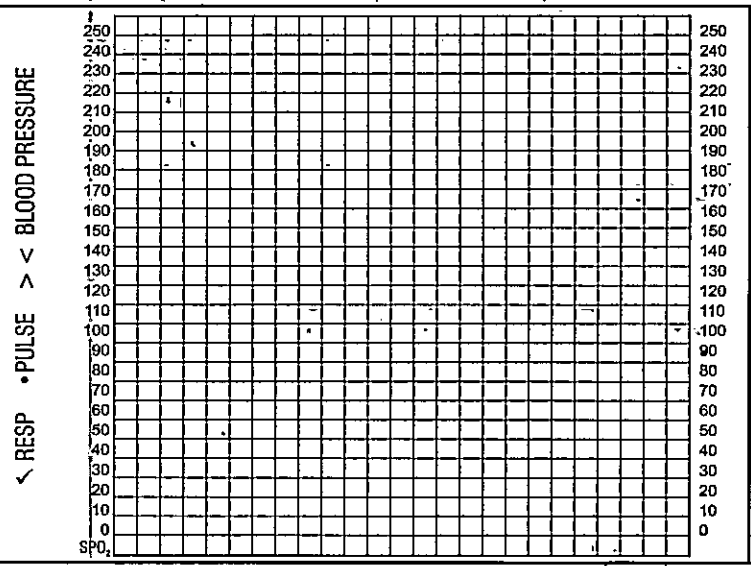
POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : ..... Time Received : ..... Time Discharged : .....



IV Cannula Site : .....

☐ 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: .....
Oral Feeds: .....

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						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						
BP ± 20 of Pre Anaesthetic leve BP ± 20-50 of Pre Anaesthetic leve BP ± 50 of Pre Anaesthetic leve	= 2 = 1 = 0	CIRCULATION						
Fully awake Arousable on calling Not responding	= 2 = 1 = 0	CONSCIOUSNESS						
Pink Pale, dusky, blotchy, jaundiced, other Cyanotic	= 2 = 1 = 0	COLOR						
		TOTAL						

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature

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 : .....
Anaesthesiologist Signature: .....
Date & Time: .....

PACU Nurse Name : .....
PACU Nurse Signature: .....
Date & Time: .....

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

HNH-00005590 IP26-00006699
Mrs SANDHYA LOYA
24-08-1996 29 Y 10 M 7 D (F)
Dr. PADMAJA YELISETTY

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Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

Date: 1/7 Time: 1PM Procedure done by Dr Ramu Thayath

CSE /Spinal /Epidural DPE Position : sitting Space : L3-4 Technique (LOR/LOS)

Depth: 4cm Catheter at Skin: 10cm Attempts : 01

Parasthesia : Yes/No if yes details : —

Solution Composition : 0.1% BUPIVACAINE + 2MCG/ML FENTANYL

Any other issues :

a)

b)

Time	Infusion Rate (ml/hr)	Bolus (ml)	Level Left Right	Maternal BP	Maternal Pulse	FHR	Comments
135	—	8 ML	126/87 →		77	132	0.8% LOX C ADR Rx.
155pm	→	5 ML	inadequate patient unable to express	125/87	84	132	repeat bolus inadq. level
230pm		9 ML →	0.1% BUPIVACAINE + 2MCG/ML				Catheter withdrawn to 9 cm.

Delivery Details : Time : 5:19pm APGAR: 7 SVD / Instrumental / LSCS (if LSCS Details)

Catheter Removed by and Tip Inspected : Dr. Ayesha

Patient Satisfaction : Comfortable

Discharge /Shifting ordered by

Doctor Signature:

Doctor Name: Dr. SK Ayesha

Date and Time : 01/7/26

CONSENT FOR SPECIAL PROCEDURES

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Patient Name : Mrs Sandhya Loya Gender: ☐ Male ☐ Female

UHID No : HNH-5596 Department : Labor Ward Date : 1/7/26

I Mrs. Sandhya Loya S/D/W/O Raman Loya

Here by give consent for procedure of : Epidural Labor Analgesia

For my patient, Named : self

The doctors have clearly explained to me that the procedure has following possible complications:
Headache/Hypotension/Bradycardia/Epidural failure - patchy block
Epidural redo.

The doctor have explained to me about the alternatives, risks and benefits for this procedure that :
Entonox / IV analgesia

I have understood the matter mentioned above in language known to me and give consent for the procedure.

Name of the Doctor performing the procedure: Dr Sanni Narayan

Patient Attendant :
Signature : Sandhya
Name : Sandhya Loya
Relationship with Patient: self
Date & Time : 01/07/2026 1pm

Witness :
Signature :
Name : Raman Loya
Date & Time : 01/07/2026 1pm

Doctor (who is taking the consent) :
Signature :
Name : Dr Sanni Narayan
Date & Time : 01/7/26 at 1pm

ప్రత్యేక విధానాలకు సమ్మతి

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రోగి పేరు ..... లింగం ☐ పురుషుడు ☐ స్త్రీ

యు.హెచ్.ఐ.డి ..... విభాగం ..... తేదీ .....

నేను ..... S/D/W/O .....

ఇక్కడ ప్రక్రియ కోసం సమ్మతి ఇవ్వడం ద్వారా .....

నా రోగికి, పేరు : .....

ఈ ప్రక్రియ కోసం ప్రత్యామ్నాయాలు, నష్టాలు మరియు ప్రయోజనాలు గురించి డాక్టర్ నాకు తెలిసిన భాషలో వివరించా

.....

.....

.....

నాకు తెలిసిన భాషలో పైన పేర్కొన్న విషయాన్ని నేను అర్థం చేసుకున్నాను మరియు ప్రక్రియకు సమ్మతిని తెలియజేస్తున్నాను.

ప్రక్రియ చేస్తున్న వైద్యుని పేరు : .....

సహాయకుడు(అటెండెంట్)

సంతకము .....

పేరు .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....

సాక్షి

సంతకము .....

పేరు .....

తేదీ మరియు సమయము .....

PARTOGRAPH

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LABOUR

Labour: ☐ Spont ☑ IOL-PGE 1 ☐ E2 ☐ Others

Indications for IOL-Accel: ☐ None ☑ Oxytocin

Memb. Repture Type: ☐ SROM ☐ PROM ☑ ARM

Presentation: ☑ Vertex ☐ Breech ☐ Others

INTRA PARTUM COMPLICATION

Maternal: ☑ Nome ☐ Pyrexia ☐ HTN ☐ Others

Liquor: ☑ Adequate ☐ Oligo ☐ Poly ☐ Clear

☐ Blood ☐ Meconium ☐ Cord: .....

Shoulder Dystocia: ☐ Yes ☑ No

DELIVERY DETAILS

Anesthesia: ☐ None ☑ Epidural

Non-epi: ☐ Local ☐ Spinal ☐ General

Del. Type: ☑ SVD ☐ Asst. Breech ☐ Twins

AVD: ☐ Outlet ☐ Low Forceps ☐ Ventouse
☐ Trails of Forceps

Indications: .....

Application, Locking & Traction: ..... N/A .....

Duration of Instrumentation: .....

No. of Pulls: .....

Catherised : ☑ Yes ☐ No

Type: ☑ Fileys ☐ Plain

Perineum : ☐ Intact ☑ Episiotomy ☐ Tear

Suture Material Used: ..... Rapidvicryl .....

STAGE III

Placenta: ☑ Normal ☐ Abnormal ☐ RP Clots
☑ CCT ☐ Retained ☐ MRP

PPH : ☐ Atomic ☐ Traumatic ☑ None

Lacerations: ..... (1st) Lateral & (2nd) Lateral mucosal tear ~ 2c

Cervical: ..... Nome .....

Perineal: ..... - .....

Others: ..... - .....

Prophylaxis: (Synocinon) Prostodin

Blood Loss: ..... ?50ml .....

Blood Transfusion: ..... Nil .....

Other Details (if any): ..... Nome .....

Ractal Examination: ..... Intact & Normal .....

DURATION OF LABOUR

1st Stage: ..... 11 hrs. .....

2nd Stage: ..... 1hr 30min .....

3rd Stage: ..... 10 mins .....

Duration of Active Pushing: ..... 10mins .....

No. of VE'S: ..... @ 4 .....

BABY DETAILS

Gender: ..... MALE .....

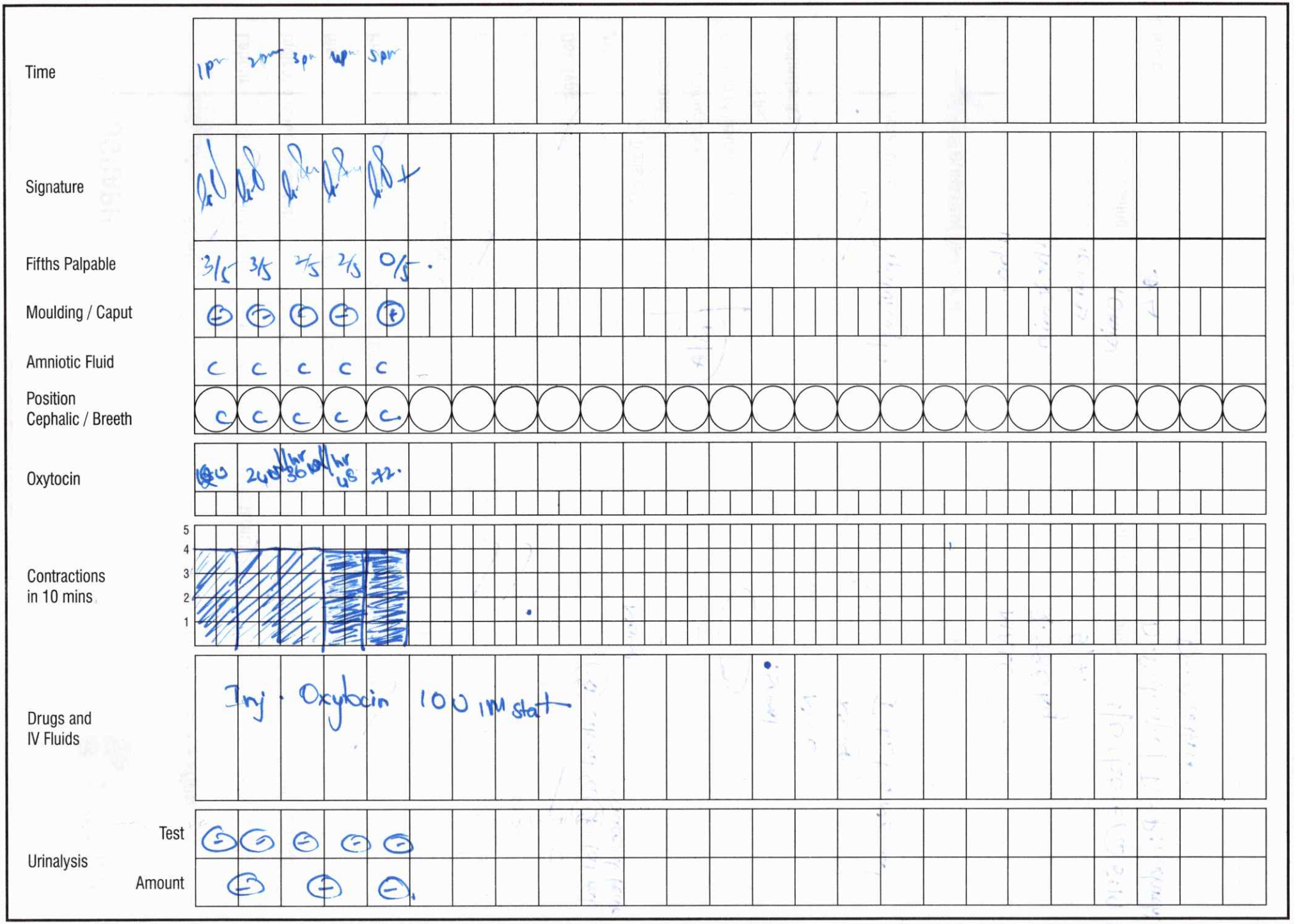
Weight: ..... 2.880 kg .....

APGAR: ..... 5, 7. .....

Date and Time of Delivery: ..... 1/07/2026 @ 5:19 PM

LW Doctor: ..... Dr. Padmaja / Dr. Priyadarshini

LW Sister: ..... Dr. Madhu. .....


Time
1pm
2pm
3pm
4pm
5pm
Signature
Fifths Palpable
3/5
3/5
2/5
2/5
0/5
Moulding / Caput
Amniotic Fluid
C
Position
Cephalic / Breeth
Oxytocin
24 hr
36 hr
48 hr
72.
Contractions
in 10 mins
5
4
3
2
1
Drugs and
IV Fluids
Inj. Oxytocin 10U IM stat
Urinalysis
Test
Amount

PARTOGRAPH

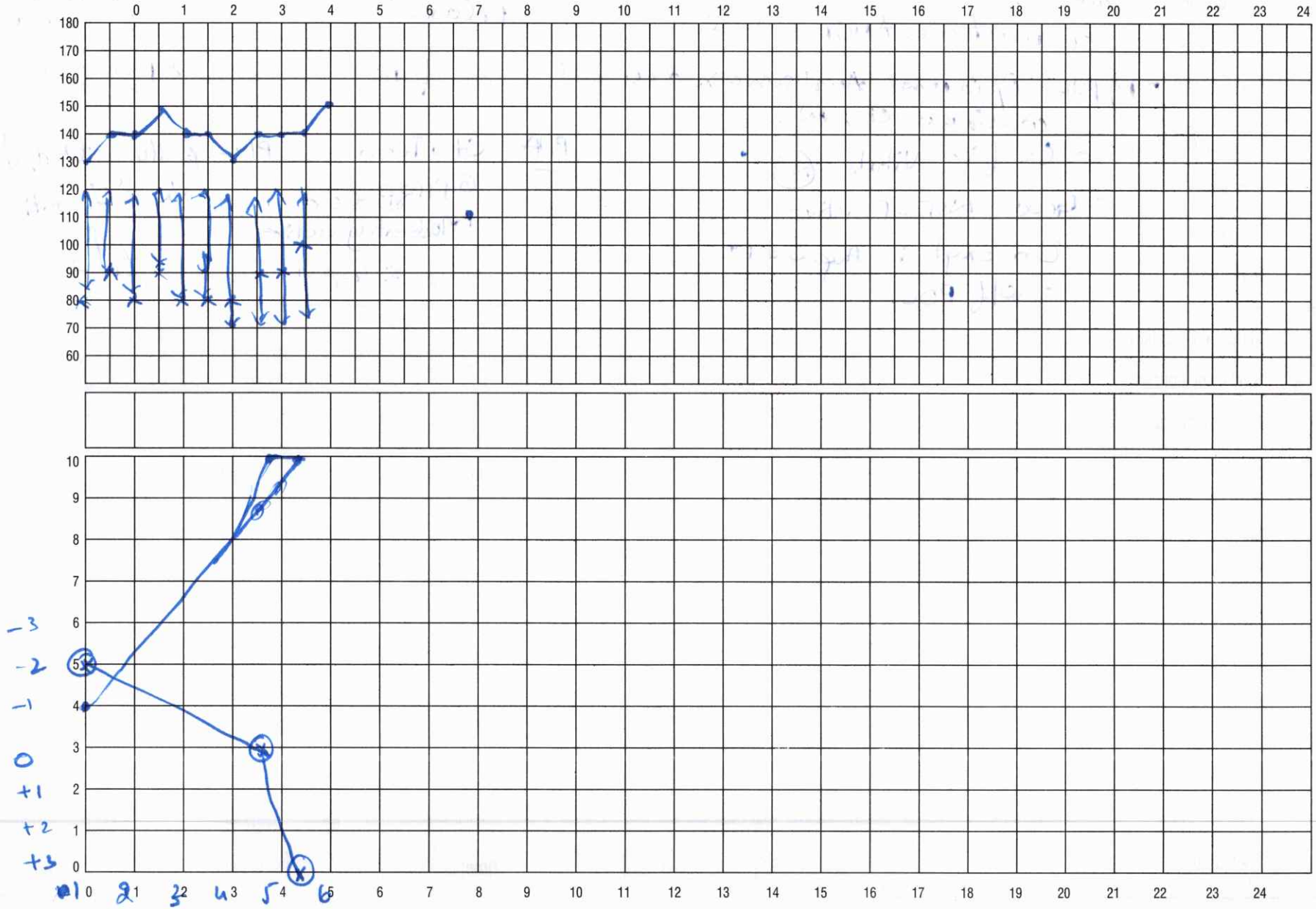
Name: mrs Sandhya. Obstetrics Formula: Primi Blood Group Type: B positive

Memb. Ruptured: **SROM** **PROM** **ARM** **Risk Factors:** "GDM on OHA"

Fetal Heart ●

Maternal BP ↕

Maternal Pulse ×



Record of Labor: - Good.

O/E? PA: ut ?? . Cephal 3/5th FHR ⊕ Reg. Relaxed.

PV: → OS 3-4 cm, 50% effaced, Vx St(-1-2), memb (-), clear ... relevant adequate

Maternal Condition: " "

Fetal Condition: -Good.

Progress of Labor: - On oxytocin Augmentation.

Management: w/f POL, Epidural Analgesia on demand, continue CTG ⊕.

Time: 1pm Signature: [signature]

Maternal Condition: - GC fair, Vitals - Ⓝ

Fetal Condition: - Good NST - Reactive

Progress of Labor:

Management: - On oxytocin Augmentation - w/f POL.

P/A - Ut ~ Term, ⊕ FHR ⊕ - Good, Moderately active

P/V - fully dilated, fully effaced, Vx = '0' station.

Time: 3:45pm Signature: [signature]

Maternal Condition:

Fetal Condition:

Progress of Labor:

Management:

Time: .... Signature: ....

Maternal Condition:

Fetal Condition:

Progress of Labor:

Management:

Time: .... Signature: ....

Maternal Condition:

Fetal Condition:

Progress of Labor:

Management:

Time: .... Signature: ....

INFORMED CONSENT FOR VAGINAL BIRTH

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Patient Name : MRS. SANDHYA LOYA UHID No : HNH-0000 5590

Gender: ☐ Male ☒ Female Date : 30/06/2026 Time : 9:00pm.

I hereby authorized the performance of the following procedure:

- The Procedure has been explained to me in general terms and I understand that:
- The indication requiring the procedure of vaginal birth is pregnancy.
- The purpose of this procedure of vaginal birth pregnancy.
- The purpose of this procedure is to deliver the bay vaginally.

The outcome of the vaginal birth is the delivery of infant through birth canal either naturally or with possible use of force vacuum extraction. An episiotomy (a cut performed for enlarging of the vaginal opening in the space between the vaginal and the rectum) may be performed as part of a vaginal delivery.

Should vaginal delivery be unsuccessful, delivery by cesarean section with an abdominal incision under appropriate anesthesia may be necessary.

In an attempt to deliver the baby either naturally or with the help of instrument i.e. forceps or vacuum, there may be risks of: infection, allergic reaction, scarring, blood loss, need for blood transfusion, pain and discomfort, injury to urinary tract, possible injury to the baby (laceration, hematoma, skull fracture, nerve injury and brain injury) and possible future pelvic floor dysfunction.,

I understand and accept that there are complications, benefits, alternatives including the remote risk of death or serious disability, which exists for me and my baby.

I am aware that in most cases, vaginal delivery results in a healthy mother and baby; however, I realize that there are no guarantees.

I voluntarily consent to the procedures described or otherwise referred to herein. I am aware that they will be performed by a qualified gynecologist.

Name of the Doctor performing the procedure: Dr. PADMAJA YELISETTY.

Consentee :

Signature : Sandhya

Name : sandhya

Date & Time : 30/6/2026 10:30 pm

Patient Attendant :

Signature :

Name : Ramar Loya

Relationship with Patient: Husband

Date & Time : 30/06/26 : 10:30 pm

Witness :

Signature : Anusha

Name : Anusha

Date & Time : 30/6/26 @ 10:30pm

Doctor (who is taking the consent) :

Signature :

Name : Dr. Naveena.

Date & Time : 30/06/2026 @ 9:00pm. 10:30pm

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INDUCTION OF LABOR CONSENT

Name: MRS. SANDHYA LOYA Age: 29YRS Gender: Male ☐ Female ☑

UHID.No : HNH-0000 5590 Date: 30/06/2026

You are scheduled for an induction of labor on 30/06/2026 (date) at 37w 3days. (weeks of gestation).

The reason for your induction is .....

The goal of induction of labor is to achieve vaginal delivery by starting uterine contractions before the spontaneous start of labor.

Induction of labor for a medical indication is done when continuation of pregnancy is considered detrimental to the health of the mother or fetus. This can be done at any stage of pregnancy irrespective of fetal maturity if there is a valid indication.

Elective induction of labor (scheduled induction without a medical indication) may not be done until you are at least 39 weeks. This is important so that your newborn does not have complications due to possible prematurity.

The alternative to induction of labor is to wait for labor to start spontaneously.

I have read the information provided and also discussed the process with my doctor.

I understand the risks and benefits of this procedure and wish to proceed.

Patient

Signature: Sandhya

Name: Sandhya

Date & Time: 30/6/26 @ 10:30 pm

Patient Attendant:

Signature:

Name: Raman Loya

Relationship with Patient: Husband.

Date & Time: 30/06/26 - 10:30 PM

Doctor:

Signature:

Name: Dr. Naveena.

Date & Time: 30/06/2026 @10:30pm

Witness

Signature: Anusha

Name: Anusha

Date & Time: 30/6/26 @ 10:30 PM