~~Dr. Swetha~~ Dr. Swathi

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

BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

ESTIMATION SLIP

Date : 6/6/26 UHID / IP No. : HNH-00015836 Sl No. 1581

Name of Patient : Mrs. Aizah macrajulle Age: 25yr Gender: F

Father's / Husband's Name : _____ Corporate / Occupation : _____

Address : _____ Phone : 8121531325 Email : _____

Procedure / Plan : _____ EDD/Dos: Aug-26

MODE OF PAYMENT : ☐ SELF ☑ TPA : New India ☐ GIPSA : _____ OTHER

TARIFF INFORMATION : TMA

Particulars	Package Amounts (Rs.)	
Room Category	Normal Delivery	LSCS
Multi Shared Ward		
Shared Ward		
Twin Shared Ward →	90k	1.1ak
Private Room →	1.00k	1.20k
Super Deluxe Room		
Suite Room	+ Non Payables Extra 15k to 25k	
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/-
NSI, LBI ←	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 : 10,000/- Advance

REMARKS : Vaccinations, Neonatal, SBR, B/G

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 Syed Zaki 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.

Husband

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

HNH-00015836 IP26-00006688
Mrs AIZAH ZAINAB MAIRAJULLA
22-09-2000 25 Y (F)
Dr. SWATHI H V

Rainbow® Children's Hospital
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SURGERY DETAILS

Date : 30/6/26

Patient Name: Mr. Aizah Date of Birth: 22-09-2000 Age: 25Y

Gender: Female Ward : OT UHID No.: HNH-00015836

Date of Surgery: 30/6/26 ☐ OT -1 ☑ OT -2 ☐ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : Elective Lower Segment Cesarean section

Time in : 10:00Am Time Out : 11:00Am

		NAME	AMOUNT
1.	Surgeon	Dr. Swathi	
2.	Anaesthetist	Dr. Ayesha	
3.	Assistant Surgeon	Dr. Ramya / Dr. Durga	
4.	OT Technician	Sr. Pallavi	
5.	Circulating Nurse	Sr. Susheela, Sr. Natasha	
6.	Assistant Nurse	Br. Balu	

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

Signature of the Surgeon

Signature of Circulating Nurse

Order No: Q6-0002095527 Order by: Sunday, 30/6/26 @ 8:10pm
(or recdd Saved)

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

HNH-00015836 IP26-00006688
Mrs AIZAH ZAINAB MAIRAJULLA
22-09-2000 25 Y (F)
Dr. SWATHI H V

Ch- NSCS

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CONSUMABLES OF OT

Circulating staff : Sr. Susheela Technician : Sr. Pallavi Date : 30/6/26 Time : 10:40 AM

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube			Major Pack LSCS		01	Inj Vit.K	1	
LMA			Sutures 2346, 2364	01+1		Cord Clamp	1	1
ECG leads : A / P / N		03	4242 + 1326	1+1		Suction Catheter		
HME filter : A / P / N						Feeding Tube		
Syringes : 10 cc		01				Vaccum Suction Set	1	
05 cc		02	Gloves S.G 6, 6	01+03		Surgical Gloves 6 1/2, 6	2+1	3
02 cc		02	Gauze 6 1/2	4+1		Gauze Pack 7.5		2
01 cc		1+1	S.G 7 1/2	01		Syringe 1ml / 2ml		1
Cautery plate : A / P / N		01	Surgical blade 22	01+1		Surgical Blade # 20		1
IV set		01	NG tube			Koochies (S)		
RL		02	Cautery pencil		1	Catheter		01
NS : 10ml / 100ml / 500ml / 1000ml		01+1	Koochies Adult		1			
Atropine		01	Ointments			Baby Said		
O2 mask [A]		01	Suction Catheter			26-00002096 24		
Fentanyl		01	Cap, Mask	10+10				
Morphine			Gauze Pack	01				
Ketamine 100cm Extension		01	Mop Pack	2				
Propofol			Steristrip					
Rocuronium			Underpad	01	1			
Glycopyrolate			Draw sheet					
Myopyrolate			Abgel	1				
Ondansetron		02	Foleys catheter					
Pencan 25g/ Spinal Needle 22		01	Urobag					
Bupivacaine 0.25%			Chest Drainage Catheter					
Anauth Bupivacaine 0.25%(Heavy)		1 01	Romodrain bag					
Antibiotics			Bandage					
Oxytocin		03	Tegaderm					
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg		01	Vaccum Suction set	1				
Justin : 12.5 mg / 25mg / 100mg		01	Plastic Bed Sheet Aprons	2				
Tab. Misoprost : 200mg		1	Betadine Solution	1				
Tramera		04	Microshield	4				
Gncore 6.5		01	Cotton Balls	1				
gauze 7.5		1 01	Latex Gloves	20				
18G cannula		1 01	Ramdione Scrub					
			Saral					

Surgeon Anaesthesiologist Nurse OT Technician

Order No. : 26-0000209623 / 622 / 632 Ordered by : Archana 30/6/26 @ 23:06 pm

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

Rainbow Children's Hospital

Birthing Rainbow

Rainbow Childrens Hospital-Himayatnagar

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

ELECTRONIC MEDICINE PRESCRIPTION

MRN	: HNH-00015836	**Name**	: Mrs AIZAH ZAINAB MAIRAJULLA
Age / Sex	: 25 Y / Female	**Doctor**	: SWATHI H V
Adm/Reg Date/Time	: 29/06/2026 23:18	**Payor**	: MEDI ASSIST INSURANCE TPA PVT LTD
Order Date	: 30/06/2026 23:05	**Ordernumber**	: 26-0000209622
Visit	: IP26-00006688	**Ward/Bed No**	: 3F -PRIVATE ROOM / PVT-305
Patient Address	: 8-1/405,FORT VIEW EDIFICE, HYDERSHAKOTE BANDLAGUDA JAGIR, AP Police Academy PO, Hyderabad, Telangana, INDIA, 500091		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	NITRILE EXAMINATION GLOVES P F- MEDIUM		1 Nos	External / Once Daily	1 Days		20 Nos	Dispensed
2	ADULT DIAPERS-XXL		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
3	SURGEON CAP(FEMALE) (PROTECTCARE)		1 Nos	External / Once Daily	1 Days		10 Nos	Dispensed
4	CUROPINE (ATROPINE) INJ 1 ML		1 Vial	/ Once Daily	1 Days		1 Vial	Dispensed
5	DSYRINGS 2.5ML(NIPRO)	SYRINGE 2ML	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
6	VEIN-O-LINE 100CM ROMSONS		1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
7	SUPRIDOL SUPPOSITORIES 100 MG 5 S		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
8	FACE MASK 3 LAYER ELASTIC	FACE MASK 3 LAYER	1 Nos	External / Once Daily	1 Days		10 Nos	Dispensed
9	ANAWIN INJ VIAL 0.25% 20 ML		1 Vial	External / Once Daily	1 Days		1 Vial	Dispensed

SWATHI H V
OBSTETRICS AND GYNECOLOGY
Reg No : TSMC/FMR/15501

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Note

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

*** Do not refill medicines.**

Rainbow Childrens Hospital-Himayatnagar

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040-48873000, info@rainbowhospitals.in

ELECTRONIC MEDICINE PRESCRIPTION

MRN	: HNH-00015836	**Name**	: Mrs AIZAH ZAINAB MAIRAJULLA
Age / Sex	: 25 Y / Female	**Doctor**	SWATHI H V
Adm/Reg Date/Time	29/06/2026 23:18	**Payor**	MEDI ASSIST INSURANCE TPA PVT LTD
Order Date	: 30/06/2026 23:05	**Ordernumber**	26-0000209623
Visit ID	IP26-00006688	**Ward/Bed No**	3F -PRIVATE ROOM / PVT-305
Patient Address	8-1/405,FORT VIEW EDIFICE, HYDERSHAKOTE BANDLAGUDA JAGIR, AP Police Academy PO, Hyderabad, Telangana, INDIA, 500091		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	DSYRINGE 10ML (NIPRO)	SYRINGE 10ML	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
2	JUSTIN SUPPOSITORIES 100 MG 5 S		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
3	DSYRINGE 1ML (NIPRO)	SYRINGE 1ML	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
4	VICRYL 1-0 NW 2304	VICRYL 1-0 NW 2304	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
5	MONOCRYL 3-0 NW 1326	MONOCRYL 1326	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
6	CAUTERY PENCIL (ADVANCE)		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
7	RL 500 ML CLOSED SYSTEM	RINGER LACTATE 500ML CLOSED	1 Bottle	/ Once Daily	2 Days		2 Bottle	Dispensed
8	VICRYL 1-0 VP 2346	VICRYL 1-0 VP 2346	1 Nos	/ Once Daily	2 Days		2 Nos	Dispensed
9	LSCS DRAPE PACK (PROTECTCARE)		1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
10	PENCAN 25G*3 1 2	PENCAN 25G*3 1 2	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
11	VACCUME SUCTION SET		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
12	DSYRINGE 5ML(NIPRO)	SYRINGE 5ML	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
13	SGLOVE # 7.5 (SURGICARE)	SURGICAL GLOVES 7 5	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
14	OxygenMask With Tubing - Adult ROMSONS-FC		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
15	TRUGUT CHROMIC CATGUT SN4242	TRUGUT CHROMIC CATGUT SN4242	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
16	MOPS 30X30 8PLY 5S X-RAY	MOPS 30X308 PLYDATT	1 Nos	/ Once Daily	2 Days		2 Nos	Dispensed
17	COTTON BALLS 2 GM 5 NOS		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
18	DISPOSABLE APRONS STERILE XL	DISPOSABLE APPRON STERILE XL	1 Nos	/ Once Daily	2 Days		2 Nos	Dispensed
19	BIOXAMIC 500 MG INJ		1 Ampule	/ Once Daily	1 Days		4 Ampule	Dispensed
20	PREGELLED SURGICAL PLATES(ADULT)	PREGELLED PLATED ADULT	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
21	BCV-INTRAFIX SAFESET		1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
22	E.C.G ELECTRODES (ADULT)	ELECTRODES ADULT	1 Nos	External / Once Daily	1 Days		3 Nos	Dispensed
23	NS 1000 ML CLOSED EUROFLEX		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
24	POVINANZ SOLUTION 10% 100 ML		1 Nos	/ Once Daily	1 Days		2 Nos	Dispensed
25	ABGEL SURGI PAD (BIG) (GELSPON)	ABGEL	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
26	Encore Micropic gloves-6 5		1 Nos	/ Once Daily	1 Days		3 Nos	Dispensed
27	VENFLON 1 - 18 G	IV CANULLA 18	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
28	BACTOPREP SOLUTIONS 100 ML		1 mL	/ Once Daily	1 Days		1 Nos	Dispensed
29	MISOPROST TAB 200MCG 4S		1 Tabs	External / Once Daily	1 Days		4 Tabs	Dispensed
30	ONDOKIND INJ 4 MG 2 ML		1 Nos	/ Once Daily	2 Days		2 Vial	Dispensed
31	SURGICAL BLADE 22	SURGICAL BLADE 22	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
32	NS 500ML CLOSED BOTTLE		1 Bottle	External / Once Daily	1 Days		1 Bottle	Dispensed
33	UNDERPADS 60X90 BUTTERFLY		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
34	GAUZE 7 5X7.5 12 PLY (5 NOS) NON XRAY	GAUZE 7.5X7 5 12 PLY 5 NOS	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
35	SGLOVE # 6 (SURGICARE)	SURGICAL GLOVES 6.0	1 Nos	External / Once Daily	1 Days		3 Nos	Dispensed

SWATHI H V
OBSTETRICS AND GYNECOLOGY
Reg No : TSMC/FMR/15501

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Rainbow Childrens Hospital-Himayatnagar

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040-48873000, info@rainbowhospitals.in

ELECTRONIC MEDICINE PRESCRIPTION

MRN	: HNH-00016263	**Name**	: Baby Of AIZAH ZAINAB MAIRAJULLA
Age / Sex	: 0 Y 0 M 0 D 13 H / Female	**Doctor**	: S TEJASWI REDDY
Adm/Reg Date/Time	30/06/2026 11:23	**Payor**	: SELFPAY
Order Date	30/06/2026 23:10	**Ordernumber**	: 26-0000209624
Visit	: IP26-00006691	**Ward/Bed No**	: 4F -NICU 2 / NICU2-410
Patient Address	: 8-1/405,FORT VIEW EDIFICE, HYDERSHAKOTE BANDLAGUDA JAGIR, AP Police Academy PO, Hyderabad, Telangana, INDIA, 500091		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	SURGICAL BLADE 20	SURGICAL BLADE 20	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
2	VACCUME SUCTION SET		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
3	INJEK INJ 1 MG 0.5 ML		1 Nos	/ Once Daily	1 Days		1 Vial	Dispensed
4	DSYRINGE 1ML (NIPRO)	SYRINGE 1ML	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
5	SGLOVE # 6.5 (SURGICARE)	SURGICAL GLOVES 6.5	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
6	SGLOVE # 6 (SURGICARE)	SURGICAL GLOVES 6.0	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
7	CORD CLAMP-ALPHAMEDICARE		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
8	GAUZE 7.5X7.5 12 PLY (5 NOS) NON XRAY	GAUZE 7.5X7.5 12 PLY 5 NOS	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed

S TEJASWI REDDY

Reg No : APMC/FMR/94068

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040-48873000, info@rainbowhospitals.in

ELECTRONIC MEDICINE PRESCRIPTION

MRN	: HNH-00015836	**Name**	: Mrs AIZAH ZAINAB MAIRAJULLA
Age / Sex	: 25 Y / Female	**Doctor**	: SWATHI H V
Adm/Reg Date/Time	: 29/06/2026 23:18	**Payor**	: MEDI ASSIST INSURANCE TPA PVT LTD
Order Date	: 30/06/2026 23:32	**Ordernumber**	: 26-0000209632
Visit ID	: IP26-00006688	**Ward/Bed No**	: 3F -PRIVATE ROOM / PVT-305
Patient Address	: 8-1/405,FORT VIEW EDIFICE, HYDERSHAKOTE BANDLAGUDA JAGIR, AP Police Academy PO, Hyderabad, Telangana, INDIA, 500091		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	ANAWIN HEAVY 5 MG INJ 4 ML		1 Vial	External / Once Daily	1 Days		1 Vial	Dispensed

SWATHI H V
OBSTETRICS AND GYNECOLOGY
Reg No : TSMC/FMR/15501

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Your Right to a Safe Delivery

Name	Mrs AIZAH ZAINAB MAIRAJULLA	**UHID**	HNH-00015836
Father/Guardian	Mr SYED ZABEEHULLAH	**Age/Gender**	25 Y / Female
Address	8-1/405,FORT VIEW EDIFICE, HYDERSHAKOTE BANDLAGUDA JAGIR, AP Police Academy PO, Hyderabad, Telangana, INDIA, 500091		
IP No	IP26-00006688	**Admission Date**	29-06-2026
Ref Doctor	Self.		
Discharge Date	02.07.2026		

DISCHARGE SUMMARY

Consultant:
Dr. SWATHI H V,
MBBS/MS
TSMC/FMR/15501

Diagnosis: PRIMI AT 34 WEEKS WITH BREECH WITH OLIGOHYDRAMNIOS WITH FGR WITH ABNORMAL DOPPLERS with HYPOTHROID FOR ELECTIVE LSCS

ELECTIVE LOWER SEGMENT CESAREAN SECTION DONE ON 30.06.2026

History:
LMP: 04.11.2025 Obstetric formula: Primi ML: 2years ,NCM
EDD: 11.08.2026 Gestation at admission:33^{+6} weeks

Obstetric History:
G1 - Present Pregnancy, Spontaneous conception.

Medical History: Nil
Family History : Both Parents-Diabetic
Surgical History: Nil
Allergies : Nil

Antenatal Details:
Mrs AIZAH ZAINAB MAIRAJULLA was booked to Rainbow hospital at 29 weeks of gestation. She had regular antenatal checkups and investigations as advised. NT scan was normal. FTS was low risk. TIFFA was normal. Fetal monitoring was

done by serial growth scan. Scan done on 20.06.2026 showed Single live intrauterine fetus breech at 32^{+4} weeks with cephalic presentation with EFW: 1736gm (11%) AC:7%with AFI:7.9cm(reduced) with placenta- anterior high and with normal Doppler. Serial AFI monitoring done .She recieved antenatal steroid coverage with 2 doses of Inj Betamethasone ,24 hours apart on 24.06.2026 and 25.06.2026 .Scan done on 29.06.2026 showed Single live intrauterine fetus breech at 33^{+6} weeks with breech presentation with EFW: 1779gm (3%) AC:2%with AFI:4.9cm(oligohydramnios) with placenta- anterior high and with Increased resistance in Umbilical Artery Doppler(97%) s/o Stage 1 FGR. She was admitted at 34 weeks for EL.LSCS.

Investigations: Enclosed.
Blood group: "AB" Positive

Management: Course in hospital:
She was prepared for elective C- section with indwelling Foley's catheter and IV canula under aseptic conditions. Written informed consent for surgery taken. Preanesthetic check up done. Anesthetic premedication (IV Pantop and Perinorm) given. Antibiotic prophylaxis with Inj. Taxim 1 gm IV given. Patient shifted to theatre.

Surgery Notes:
Under spinal anesthesia she was painted and draped as per hospital protocol. Abdomen opened in layers. The parietal and visceral peritoneum carefully opened after identifying the urachus. Bladder was reflected. A Lower segment curvilinear incision given on the uterus. Baby delivered. Cord clamped and cut and cord blood collected for blood grouping and Rh typing. Baby handed over to pediatrician. Placenta delivered with controlled cord traction. Antibiotic prophylaxis with Inj. Taxim 1 gm IV given. Uterus closed in layers. Hemostasis secured. Instruments and swab count checked. Rectus sheath closed. Skin closed with subcuticular sutures. Wound dressing done. Vagina cleaned with Betadine solution after expelling clots. Misoprostol 600 mcg given per rectum as prophylaxis against Postpartum hemorrhage. Patient was shifted out of theatre to post operative recovery room.

* **Complete breech presentation.**
* **Delivered by breech extraction.**
* **Liquor scanty**

Delivery Details:

Date : 30.06.2026
Time of Delivery :10:14am
Type of Delivery : Elective Lower segment section
Indication : Breech with oligohydramnios with FGR with abnormal doppler
Anesthesia : Spinal

Baby Details:

Date : 30.06.2026
Time : 10:14am
Sex : Female
Weight : 2.16kg
Apgar : 7,8
Gestational Age: 34 weeks
NICU Admission: Yes

Post-Operative Notes:

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

Advice:

1. Tab. Taxim O 200mg twice daily till 06.07.2026 (9am-9pm) after food.
2. Tab. Calpol (Paracetamol 500mg) 2 tablets thrice daily till 04.07.2026 (8am-2pm-10pm) after food.
3. Tab. Voveran (Diclofenac-50mg) 1 tablet thrice daily till 04.07.2026 (9am-3pm-11pm) after food.
4. Tab. Pantodac (Pantoprazole - 40mg) 1 tablet twice daily till 06.07.2026 (7am-7pm) before food.
5. Tab. Livogen (Elemental Iron - 50mg, folic acid 1.5mg) once daily (7am) for three months before breakfast.
6. Tab. Shelcal XT (Elemental Calcium 500mg, vitamin D3 250 IU) once daily

(2pm) till breast feeding after food.

7.

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

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

Review with **Dr. SWATHI H V,** after **1** weeks on **09.07.2026** Rainbow Children's Hospital with prior appointment **(Review consultation will be charged).**

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

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

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

Patient/ Attender

In case of emergency like bleeding, fever [please refer to postpartum book for further details - Chapter II page 6] kindly contact 9154865045 at Rainbow children's hospital just dial one toll free number - 18002122.You can also take appointments at any time by going online to our website **www.rainbowhospitals.in**

Name	Mrs AIZAH ZAINAB MAIRAJULLA	**UHID**	CHIL.0015[illegible]
IP No	IP26-00006688	**Admission Date**	29-06-2026

Registrar/Resident/C.M.O

Consultant:
Dr. SWATHI H V
MBBS/MS
TSMC/FMR/15501

HNH-00015836 IP26-00006688
Mrs AIZAH ZAINAB MAIRAJULLA
22-09-2000 25 Y (F)
Dr. SWATHI H V

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DEFICIENCY CHECK LIST OF CASE SHEET

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

Signature and Date : 02/07/26

(P.T.O)

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00015836 IP26-00006688 Mrs AIZAH ZAINAB MAIRAJULLA 22-09-2000 25 Y (F) Dr. SWATHI H V	29/6/26 @ 11:18 Pm	30/6/26 @ 3.50 Pm
	Transfer Ordered by Dr-Sreeathi	Reason for Transfer OBY
From Unit PREPOST	To Unit (305)	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File Nil	Number of Imaging Films NST	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Madhumita @Madhu	Dr. Sreeathi

Patient & Clinical Records Received by : Sr. Sandhya 30/6/26

Date & Time of Patient Received : @ 6 Pm

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

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

Rainbow 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 : IP26-00006688 **Admit Date** : 29-Jun-2026 **Admit Time** : 11:18 PM **UHID** : HNH-00015836

Patient Details :

Patient Name	: Mrs AIZAH ZAINAB MAIRAJULLA	**Age**	: 25 Y
Guardian	: Mr SYED ZABEEHULLAH	**DOB**	: 22-09-2000
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 8-1/405,FORT VIEW EDIFICE, HYDERSHAKOTE BANDLAGUDA JAGIR AP Police Academy PO Hyderabad Telangana INDIA 500091	**Phone No**	: 9121008834/ 8421531325
		E-mail	: 9121008834@GMAIL.COM

Admission Details :

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

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

Contact Details :

Name : Mr SYED ZABEEHULLAH **Relationship** : W/O

Contact Address : 8-1/405,FORT VIEW EDIFICE, HYDERSHAKOTE BANDLAGUDA JAGIR AP Police Academy PO Hyderabad Telangana INDIA 500091 **Phone No** : 9121008834

Signature

Doctor Details :

Doctor Name : Dr. SWATHI H V **Specialisation** : OBSTETRICS AND GYNECOLOGY

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

Co-Consultant :

Payment Details :

Payment Mode : Cash **Deposit Amount** : 10000.00

Payor Name : MEDI ASSIST INSURANCE TPA PVT LTD

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00015836 IP26-00006688 Mrs AIZAH ZAINAB MAIRAJULLA 22-09-2000 25 Y (F) Dr. SWATHI H V	29/6/26 @ 11:18PM	30/6/26 @ 9:50AM
	Transfer Ordered by DR. manisha	Reason for Transfer EL-LSCS
From Unit PR - post	To Unit OT	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 30	Number of Imaging Films -/-	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sis. Swatha Sri	DR. manisha

Patient & Clinical Records Received by :
Natasha @ 9:58 Am

Date & Time of Patient Received :

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

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

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ACTIVITY RECORD FOR BILLING

HNH-00015836 IP26-00006688
Name :___ Mrs AIZAH ZAINAB MAIRAJULLA _____
22-09-2000 25 Y (F)
Dr. SWATHI H V

UHID No. :

_____Consultant: _____ Dept : _____

Date of Admission: _____ _____Date of Discharge : _____ Time: _____

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
30/6/26	9.50am	pre-post	OT	Sujatha
30/6/26	11.20AM	OT	Pre-Post	Natasha / Sujatha
30/6/26	3.50PM	PRE & POST	FLOOR	AKHILA

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	Dr. Tejeswin Reddy	2/7	10020	
2				
3				
4				
5				
6				
7				
8				
9				
10				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
29/6	NST ⟶ ①	7771 ✓	Anhe
	CBP	10635 ✓	Chndu
30/6	NST ⟶ ②	7772 ✓	Anhe
30/6	NST ⟶ ③	007793 ✓	[illegible]

CPOE check done
Akila

Crosschecked done
2/7/26

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
30/6/25	Cardiac monitor	11:20 AM	3:30 PM	209473	
30/6/25	Infusion pump	11:20 AM	3:30 PM	9473	Sujatha

Cross checked done 21/4/26

Cross check done Ans. 9.

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
30/6/26	IV placement	1	209378	Cludep
30/6/26	Catheterization PAC (OP)	1	209484 / OCS26-00122701	Archen
30/6/26	NHA	(1)	9593	

Cross checked done by Akhila 2/7/26

Cross checked done 2/7/26

ANY OTHER INFORMATION

.....

.....

.....

.....

.....

.....

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints
Came for Sale Confinement

LMP: 4/11/2025 EDD:
Corrected EDD: 11/8/2026 GA: 33wks 6days

Obstetric Formula: Primi
ML: 24yrs, NCM

Menstrual History: Regular: ☑ Yes ☐ No

Obstetric Hostory:
1st: PP, Spontaneous Conception.
Booked @ 29wks.

Obstetric Examination

Fundal Height: ~ 30wks

Present Pregnancy Record:
NT – (N), eFTS-low risk
TIFFA – (N)
Received doses of Beta methasone on 24/6, 25/6

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

Liquor: ☐ Adequate ☑ Oligo ☐ Poly

PP: ☐ Cephalic ☑ Breech Others _____

Head Fifths Palpable: _____

FHS: ☐ Normal ☐ Tachy ☐ Brady ☐ Absent

RISK FACTORS:
Oligohydramnios.
FGR.
Preterm.
Breech.

Per Speculum Examination not done.

Draining: ☐ Present ☐ Absent ☐ Bleeding

Colour of Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Vaginal Examination not done.

Cervix: ☐ Long ☐ Partially effaced ☐ Effaced

Os: Closed _____ Dilated _____

Membranes: ☐ Present ☐ Absent

Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Presenting Part: ☐ Vertex ☐ Breech ☐ Others

Sutton: ☐ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2

Pelvis: ☐ Adequate ☐ Doubtful

Height: 157 cm
Weight: ..... kg
Allergies: Nil.
Breast: ☑ Normal ☐ Abnormal

General Examination:
Consciousness: clc
Icterus: No
Temp: Afebrile
BP: 110/60mmHg
CVS: S_1S_2 (+), no murmur
Liver/Spleen: (N)
Pallor: (-)
Edema: (-)
PR: 90/min
DTR: (N)
RS BILNVBS (+)
Urine Output: Adequate

DIAGNOSIS
Primi | 33+6 wks | Breech | oligohydramnios | FGR | for elective LSCS
abnormal dopplers.
hypothyroid

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Dr. SWATHI H V

Family History:

Both Parents - Diabetic.

Surgical History:

Nil.

Medical History:

Nil

Medication History:

T- IRON
T. CALCIUM.

Plan of Care:

Admission. NST.
Informed. Consent
Parts Preparation.
Foley's Catheterisation
drugs as charted.
Review PAC
Paediatrician Call
Monitor Vitals
Inform SOS
CBP to be sent

→ Neonatologists informed

Investigations: BGT 'A B' Positive

CBP (29/6/2026

Hb 11.7
plt 2.7
TLC 14.6
PCV 33.9

HIV
HbsAg
HCV
VDRL
} NR.

USG on 20/6 @ 32+4 wks

SLIUF
Breech
AFI 7.9cm
EFW 1736gm 11%.
placenta: (N)
Doppler

Repeat USG today: Breech ; AFI : 4.9cm
EFW: 3%. 1779 gm.

Doctor Name: Dr Naveena
Signature: for Varun
Date & Time: 29/06/2026 @ 11pm

Consultant Name: Dr. Swathi HV
Signature: Dr. Swathi H V Consultant Obstetrics and Gynecology Reg. No: 15501
Date & Time: 29/06/2026 @ 11

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/6/2026	C/s/b Dr Manisha.	
8Am	Primi / 33+6 / Breech / Oligo / FGR (AbN) Doppler / /	
	Hypothyroidism Pln	El LSCS
	C/c for 4/febrile	Adv
	vitals Stable	NBM
	P/A ut ~ 30 wks	Drugs as charted
	Pres @R	Consent
NST Reactive	Breech	Parts prepare
		Inform Anaes / Pediatrician
		Collect CBP
		Shift to OT on Call
		Foley's Catheterization
		[signature]

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/S/B Dr. DNG	
30/6/26. 11:15 AM.	POD-0 : P,L Preterm LSCS	
	GC Fair, Afebrile	Adv
	BP: 97/73 mmHg	- NBM till 6 hr
Baby @ NICU.	PR: 70 bpm.	- IVF
	SpO2: 99% on RA	- Drugs as charted
	P/A - URW	- Urine I/O charting
	L/E NAB	- w/f bleeding P.V
		- Monitor vitals
U/O - 150 ml clear.		- Inform SOS
	[signature]	
30/6/2026	C/S/B Dr Manisha	
2 pm		
	GC Fair Afebrile	Adv
	BP - 111/70	- Allow sips of water > 4:30 pm
	PR - 86	- Drugs as charted
Baby - NICU	P/A Ut well retracted	- I/O monitoring
	BS ⊕ sluggish	- w/f vitals & Excess BPV
	PV Bleeding WNL	- Inform SOS
	U/O ~ 40 ml/h	- IVF / Analgesics / Thromboprophylaxis as per Anaes
		[signature] Manisha

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/6/26 3:30pm	c/s/b Dr. Veena	
	POD-0 / P1L1 / PT-LSCS	
	Pt is stable, No c/o	
	o/e GC fair	Adv
	Afebrile, Pallor ⊖	- Oral sips.
Baby in NICU	BP - 110/70 mmHg	- Liquid diet (from 5pm)
	PR - 60bpm	Soft diet (>9pm)
	SpO2 - 98% on RA.	- I/O charting
	P/A - Ut well retracted	- Vital monitoring
	BS ⊕	- Drugs as charted
	UC - BWNL	- w/f excessive bleeding p/v
	U/O - 50ml/hr, clear	- Shift to Room
	S/b Dr Swathi.	Dr. Swathi H V, Consultant Obstetrics and Gynecology, Reg. No: 15501
30/6/2026.		
	- pt reviewed, comfortable	Adv
	OPE: ulcer ⊖	- Oral sips
	no pallor	- Shift to room
	PA: soft ut well ⊕	- Soft diet by night
	RS +/+	
Baby in NICU.	O/P - 40ml/hr	
		noted by Sr. Sandhya 30/6/26 @ 6:15

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/6/2026 6:45pm.	c/s by Dr. Naveena	
	G1 G2 Fem	Adv
	Afebrile	- Soft diet
	Vitals - stable	- Adequate hydration
f-x	PA: ut retracted well	- drugs as charted
	Soft, NT	- w/f PV bleeding
	Dressing: dry & clean	- Urine I/O charting
	UE: PV bleeding WNL	- Remove foley's
	U/O: adequate	TIM @ 6am.
	clear.	- Monitor Vitals
		- Inform SOS
	Baby: NICU	
		Dr. Naveena.
		noted by SV. Scandhe 30/6/26 6:45pm

(P.T.O)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/7/2026 7:00am	c/s/by Dr. Naveena	
	O/E GC-fair	Adv
	Afebrile	- Soft diet
U ✓ F ✓	Vitals - stable	- Adequate hydration
	PA: ut. retracted well	- drugs as charted
	Soft, NT	- w/f PV bleeding
	Dressing: dry & clean	- Ambulation
	LLE: PV bleeding WNL	- Monitor Vitals
	u/o: adequate	- Inform SOS
	Baby: NICU	Noted by Divya 1/7/26
		Dr. Naveena
1/7/2026 10AM	R/b Dr. Swathi HV	
	- pt remained comfortable	
	O/E: vitals ✓	Advice.
	PA - soft, ut. well (R)	- stop iv fluids
	↓ clear	
U ✓ S ✓	LLE: NAD	
Flatus ✓		
voided ✓		Dr. Swathi H V Consultant Obstetrics and Gynecology Reg. No: 15501

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/7/26 2pm	c/s/b Dr Manisha POD 01	
		Adv
Baby NICU	Ce Fair Afebrile Vitals Stable PA Ut well retracted BS (+) UE Bloody wound	- Soft Diet / Adeq Hydration - Drugs as chart - W/F writes / BPV - Ambulation - Inform SOs
U/ S/x		
	c/s/b Dr. Veena	NM Amounts
1/7/26 7:30 PM Baby in NICU	POD-1 / Ethilscs Pt is stable, Noc/o O/E GC-fair, Afebrile Vitals - Stable Pallor (-) P/A - Ut well retracted BS (+) UE - BUNL B/c Breasts - Soft, NS (+)	Adv - Soft diet - Adequate hydration - Ambulation - Vital monitoring - Drugs as charted. - Inform SOs - T. Dulcolax supp. @ 8pm NB Separate
U/ F/x (retrieval passed) S/x		

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/7/26 7AM	c/s/B Dr.Veena	
	POD-2 / Em. LSCS	Adv
	Pt is stable, Noc/o	- Regular diet
	o/E GC-fair	- Ambulation
	Vitals - stable	- Adequate hydration
	Pallor ⊖	- Vital monitoring
	P/A - Ut well retracted	- Inform SOS
	UE - BUNL.	- ASD today (Ulterizone).
		Noted by Divya 21/7/26 @7AM
21/7/2026 12 pm	C/S/B Dr Manisha POD- 2	
	CC Fair Afebrile Vitals Stable	- Can be discharge - Send file for Recovery

Dr Manisha

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

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DRUG CHART

Date of Admission: 29/6/26 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-00015836 IP26-00006688
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Dr. SWATHI H V

REGULAR PRESCRIPTIONS

Weight. 79.6kg Ward. ....

DRUG : INJ CEFOTAXIME				Date/Time	30/6	1/7
Dose	Route	Frequency	Start Date			
1GM	IV	BD	30/6/26	10AM		
Name & Signature of the Doctor Starting the Drugs: Dr. Nauzeera						
Additional Instructions: ATD (4 doses) For 48hours.				10pm		
Daily Doctor's Endorsement by a Sign						

STOP 2/7/26

DRUG : Inj. PARACETAMOL				Date/Time	30/6	1/7/26
Dose	Route	Frequency	Start Date			
1gm	IV	TID	30/6/26	6AM	X	
Name & Signature of the Doctor Starting the Drugs: Dr. Ayesha				2pm		
Additional Instructions: To be converted to oral after 24 hrs.				10pm		
Daily Doctor's Endorsement by a Sign						

STOP

DRUG : Inj. DICLOFENAC				Date/Time	30/6	1/7
Dose	Route	Frequency	Start Date			
75mg	IV	BD	30/6/26	9AM	X	
Name & Signature of the Doctor Starting the Drugs: Dr. Ayesha						
Additional Instructions: To be converted to oral after 24 hrs.				9pm		
Daily Doctor's Endorsement by a Sign						

STOP

DRUG : Inj. TRAMADOL				Date/Time	30/6	1/7/26
Dose	Route	Frequency	Start Date			
100mg	IV	BD	30/6/26	4AM	X	
Name & Signature of the Doctor Starting the Drugs: Dr. Ayesha						
Additional Instructions: To be converted to oral after 24hrs				4pm		
Daily Doctor's Endorsement by a Sign						

STOP

Verified by Dr. Dhakshayani

HNH-00015836 IP26-00006688
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Verified by Dr. Dhakshayani

REGULAR PRESCRIPTIONS

Sheet No: .... Weight 79.6kg Ward ....

DRUG : Inj PANTOPRAZOLE				Date / Time
Dose	Route	Frequency	Start Dt.	
40mg	IV	OD	30/6.	6am
Name & Signature of the Doctor Starting the Drugs: Dr. Dr[illegible]				STOP
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG : T-THYRONORM				Date / Time: 1/7, 2/7/26
Dose	Route	Frequency	Start Dt.	
25mcg	PO	OD	1/7	
Name & Signature of the Doctor Starting the Drugs: Ⓡ Dr. Naveera.				6am
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG : TAB DICLOFENAC				Date / Time: 1/7, 2/7
Dose	Route	Frequency	Start Dt.	
50mg	P/O	BD	1/7	9am ✓
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				9pm
Daily Doctor's Endorsement by a Sign				

DRUG : TAB. TRAMADOL				Date / Time: 1/7, 2/7
Dose	Route	Frequency	Start Dt.	
100mg	P/O	TID	1/7	8am ✓
Name & Signature of the Doctor Starting the Drugs:				2pm
Additional Instructions:				10pm
Daily Doctor's Endorsement by a Sign				

Signature .... VERIFIED BY : Name Dr. Dhakshayani

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Mrs AIZAH ZAINAB MAIRAJULLA
22-09-2000 25 Y (F)
Dr. SWATHI H V

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Sheet No: .....

REGULAR PRESCRIPTIONS

Weight 79.6kg Ward .....

DRUG : TAB. PARACETAMOL

Dose	Route	Frequency	Start Dt.
1g	P/O	TID	1/7

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 ✓ 2pm ✓ 10pm ✓

DRUG : TAB. PANTOPRAZOLE

Dose	Route	Frequency	Start Dt.
40mg	P/O	OD	1/7

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 ✓

DRUG : T. CEFIXIME

Dose	Route	Frequency	Start Dt.
200mg	P/O	BD	2/7/26

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions: At 10 AM

Daily Doctor's Endorsement by a Sign

Date/Time: 2/7/26

10pm

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time:

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Dr. SWATHI H V

Weight. 79.6 kg 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
30/6/26	9:45AM	INJ. METOCLOPRAMIDE	10MG	IV		Swathi Mounika
30/6/26	9:45AM	INJ. PANTOPRAZOLE	40MG	IV		Swathi Mounika
30/6/26	10:20Am	Inj. TRANEXAMIC ACID	1gm	IV		Nitasha
30/6/26	10:45Am	DICLOFENAC Suppository	100mg	PR		Nitasha
30/6/26	10:45Am	TRAMADOL Suppository	100mg	PR		Nitasha
30/6/26	10:35Am	Inj. ONDANSETRON	4mg	IV		Nitasha
30/6/26	10:55 AM	T. MISOPROSTOL	600 mcg	PR		
1/7/26	11.40am	INJ METOCLOPRAMIDE	10 mg	IV slow		
1/7/26	9PM	DUCOLAX SUPPOSITORY	2 to bs	P/R		

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I.V. FLUIDS CHART

Weight. 79.6 kg 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
30/6/26	12 AM	RINGER LACTATE	IV	100 ml/hr			30/6		
30/6/26	10:20 AM	RINGER LACTATE	IV	2000 ml/hr			30/6		
30/6/26	10:20 AM	RINGER LACTATE	IV	1000 ml/hr			30/6		
30/6/26	2 PM	RINGER LACTATE	IV	FF			30/6		
30/6	4PM	RINGER LACTATE	IV	100ml			1/7		
1/7/26	8PM	RINGER LACTATE	IV	100ml			1/7		
1/7/26	12AM	RINGER LACTATE	IV	100ml			1/7		
1/7		RINGER LACTATE	IV	100 ml/hr			1/7		
1/7/26	4AM	RINGER LACTATE	IV	100ml			1/7		
		STOP							

Page: 4/4

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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: NA Shifted to: NA

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	T. IRON	1TAB	PO	OD	29/6	☐ C ☒ DC
2	T. CALCIUM	1TAB	PO	OD	29/6	☐ C ☒ DC
3						☐ C ☐ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr- Naveena

Date & Time : 29/6/2026 @ 11 pm

Nurse Name & Signature: Anushed

Date & Time : Anushed 11PM

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

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RESULT SHEET

Date	30/6/26					
Time						
Hb	11.7					
PCV	33.9					
RBC	4.01					
WBC	14.48					
N/L						
Platelets	2.76.					
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						

SP

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

AB +ve [Availability there] in survey blood bank

HIV
HbsAg
HCV
VDRL
→ NR

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

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305

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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

29/8.

		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	
	0 - 10																									
Saturations	94 - 100 %																	100				99			99	
	< 94 %																									
Administered O_2 (L/min.)																										
Temp°c	40																									
	39																									
	38																									
	37																	37				✓			—	
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80																					90			82	
	70																									
	60																	86								
	50																									
	40																									
Systolic Blood Pressue ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																	122				112			129	
	90																									
	80																									
	70																									
	60																									
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																	60				62			72	
	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	
TOTAL ORANGE SCORES																		0	0			0			0	
Nurse Initial																		S								

30/6/26

EWR

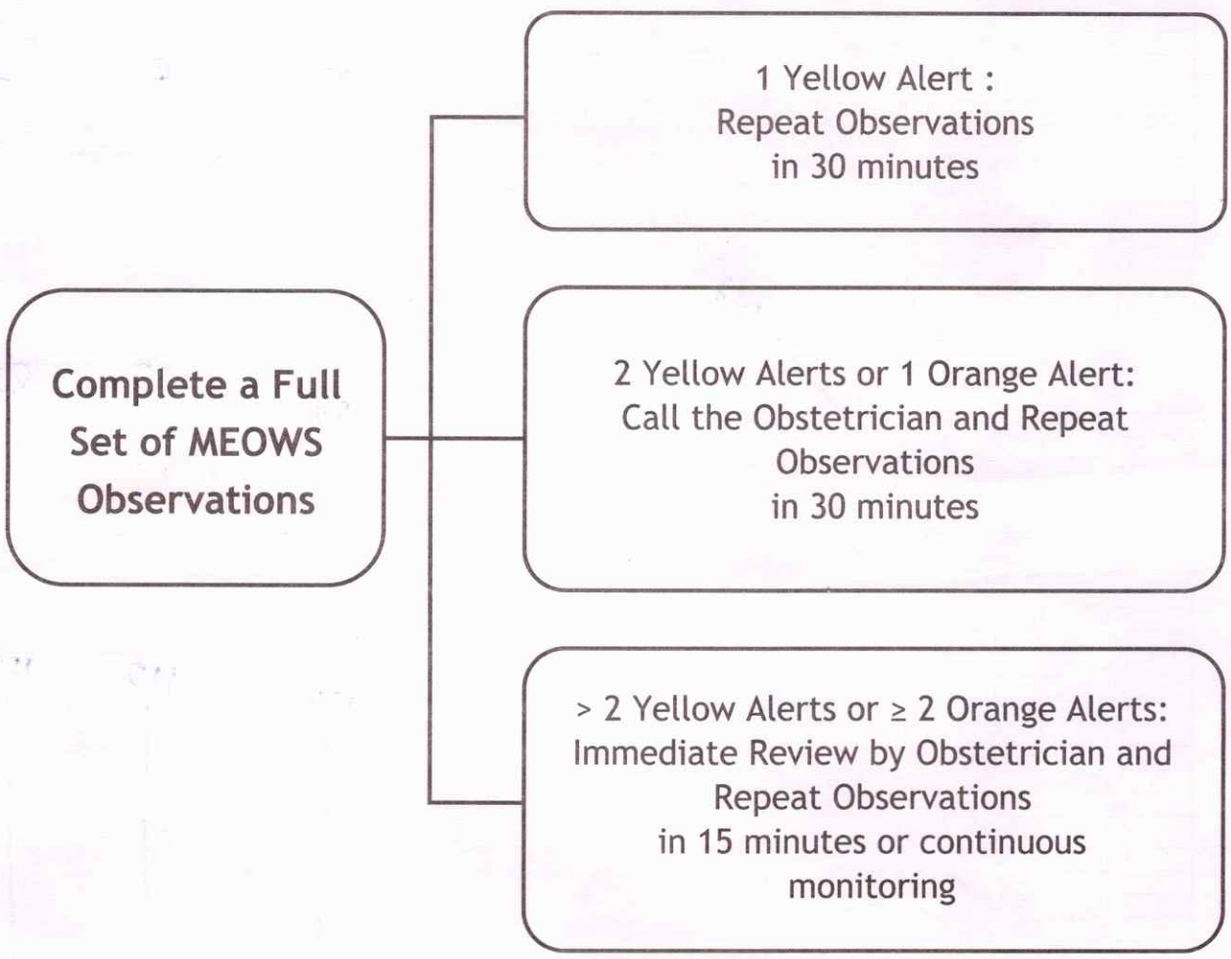
12 Am ⇒ 148 bmt

2 Am ⇒ 150 bmt

4 Am. ⇒ 147 bmt

6 Am ⇒ 150 bmt

Obstetrics and Gynaecology Early Warning Signs



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

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22-09-2000 25 Y (F)
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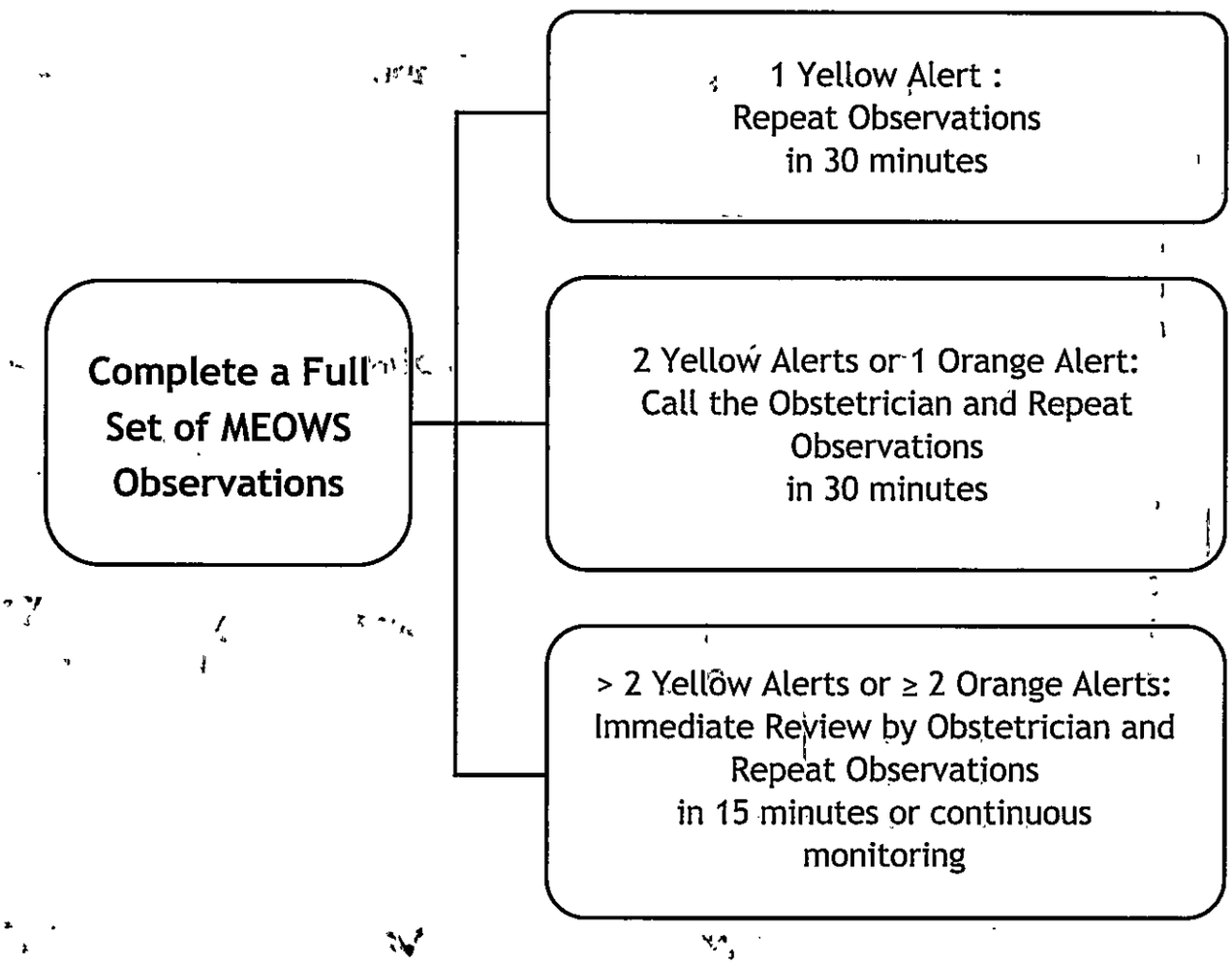
Early Warning Observation Score Chart - Obstetrics

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

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	20				20				20				20				20	
	0 - 10																								
Saturations	94 - 100 %	99%	99%		99%	99%	98%	99%				99%				99%				99%				99%	
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37																								
	36	98.4			98.6	--		98.4				98.5				98.4				98.2			0	98.2	
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80	80	77		82	80	88	86				85				92				80				82	
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110	110	112		114	108	116	115	116			113				129				115				136	
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
	40																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70	68	77		75	68	70	72	73			70				85				85				89	
	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				0	
TOTAL ORANGE SCORES		0	0		0	0	1	0	0			0	0			0				0				0	
Nurse Initial																									

Obstetrics and Gynaecology Early Warning Signs



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

HNH-00015836 IP26-00006688
Mrs AIZAH ZAINAB MAIRAJULLA
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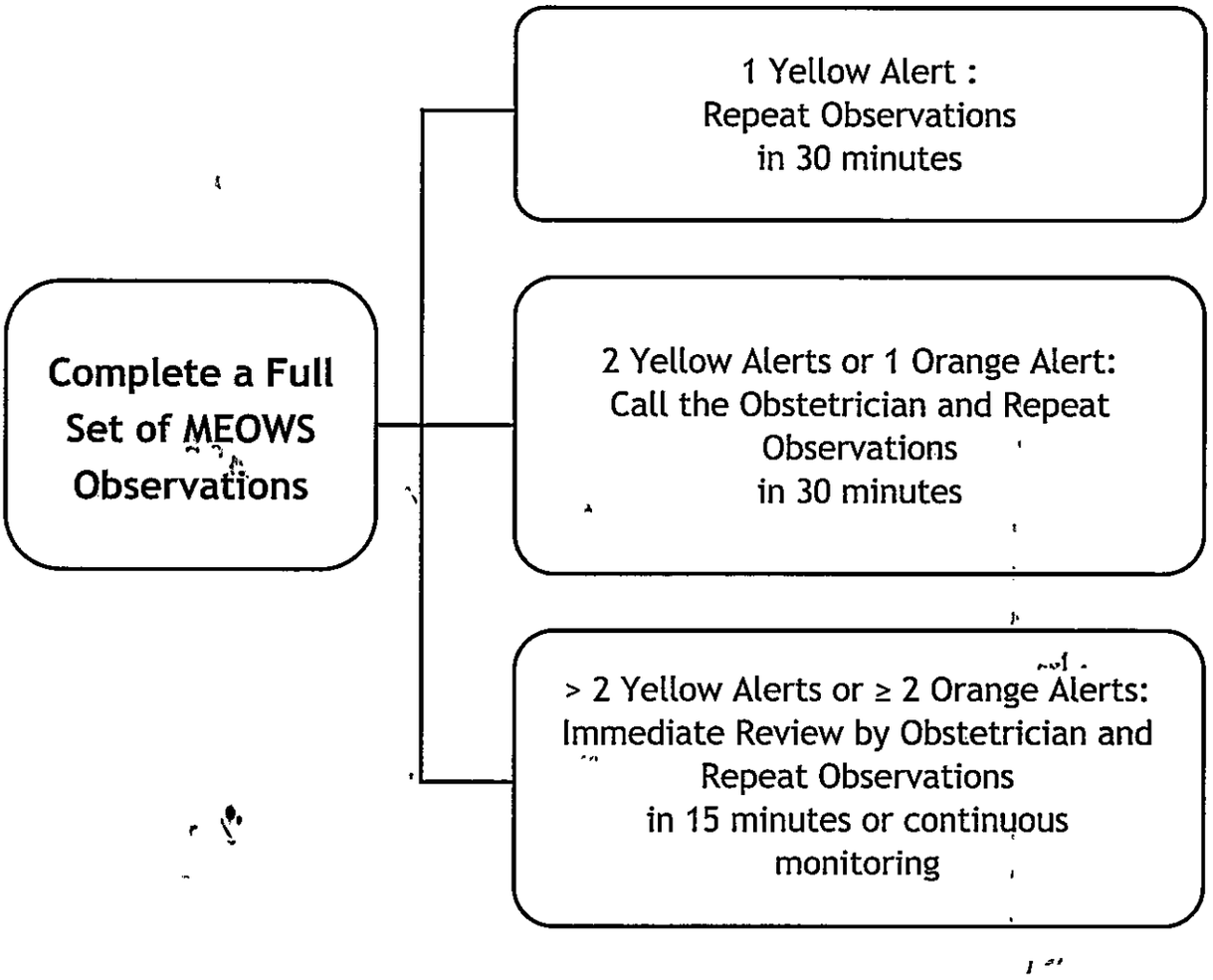
Early Warning Observation Score Chart - Obstetrics

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

1/7/26	Date																							
	Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20				20				20				20				20			20				20	
	0 - 10																								
Saturations	94 - 100 %												98%				99%			99%				98%	
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37				98.5°F				98.2°F				98.3°F				97.2°F			97.5°F				98.3°F	
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90				78				72				68				84			88bpm.				91	
	80																								
	70																								
	60																								
	50																								
	40																								
↑ Systolic Blood Pressue	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120				113				116				118				126			119				126	
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
↓ Diastolic Blood Pressure	130																								
	120																								
	110																								
	100																								
	90				76				78				76				120			76				76	
	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				0	
TOTAL ORANGE SCORES					0				0				0				0			0				0	
Nurse Initial					SR				SR				SR				SR			SR				SR	

Obstetrics and Gynaecology Early Warning Signs



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

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Early Warning Observation Score Chart - Obstetrics

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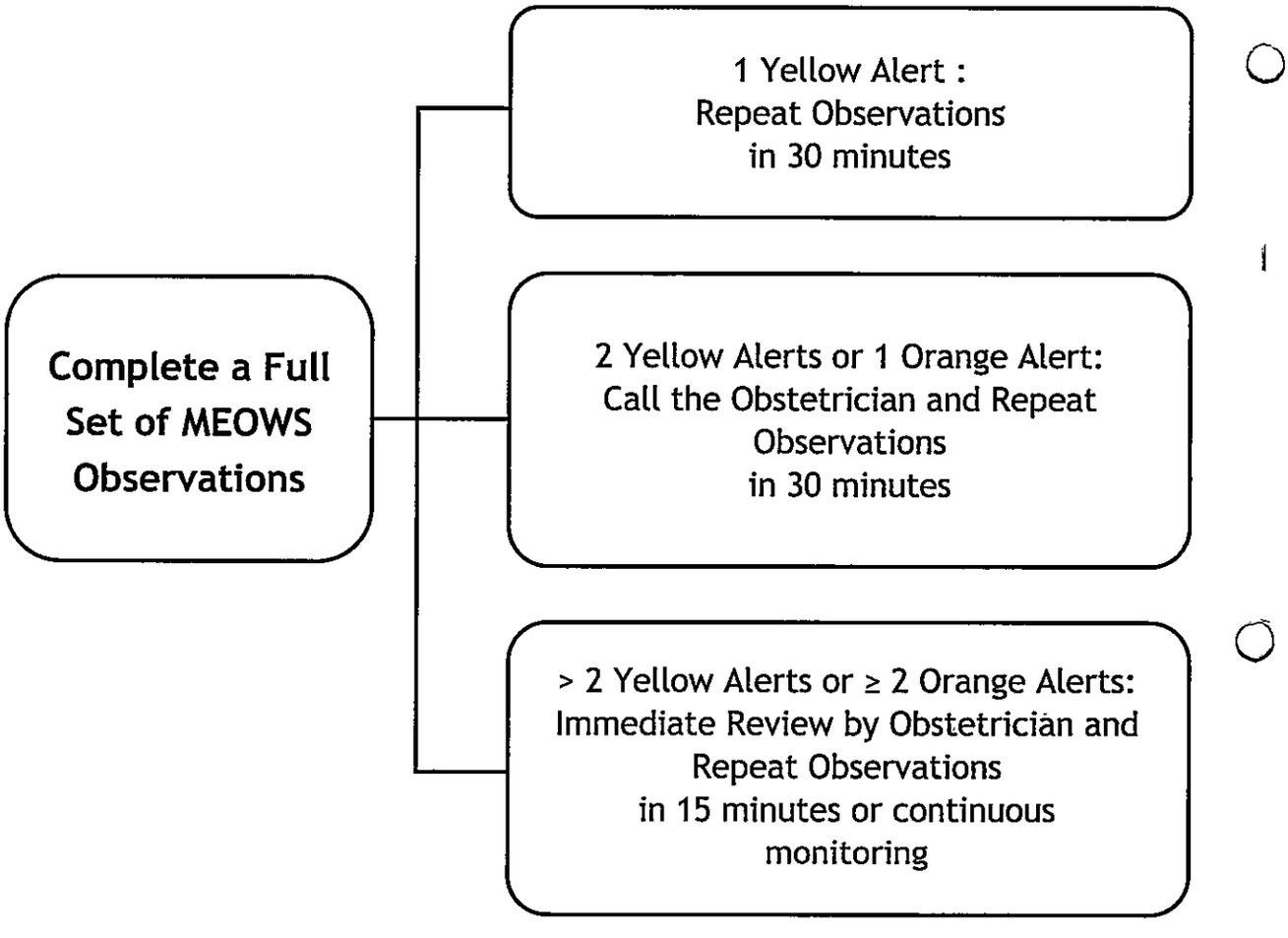
		Date																						
		Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																									
	21 - 30																									
	11 - 20																									
	0 - 10																									
Saturations	94 - 100 %																									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

Obstetrics and Gynaecology Early Warning Signs



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

HNH-00015836 IP26-00006688
Mrs AIZAH ZAINAB MAIRAJULLA
22-09-2000 25 Y (F)
Dr. SWATHI H V

Patient Sticker

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FLUID CHART

Sheet No. : 9

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	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	RL	NBM	50ml						✓		Ankle
	01:00 am		NBM	50ml								
Total Intake :		TAKEN				**Total Output :**				passed		
	02:00 am	RL	N	50ml								
	03:00 am	RL	B	50ml						✓		
	04:00 am	RL	M	50ml								Anushed
	05:00 am	RL	N	50ml								
	06:00 am	RL	B	50ml						✓		
	07:00 am	RL	M	50ml								
Total Intake :		TAKEN				**Total Output :**				passed		

Total 24 hrs. Intake		Total 24 hrs. Output	

HNH-00015836 IP26-00006688
Mrs AIZAH ZAINAB MAIRAJULLA
22-09-2000 25 Y (F)
Dr. SWATHI H V

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FLUID CHART

Sheet No. : 2

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
30/6												
	08:00 am	RL	N	100ml				/			1	
	09:00 am	RL		100ml							0	
	10:00 am	RL	B	100ml			NA				0	
30/6	11:00 am	RL	M	100ml						150ml	0	
	12:00 pm	RL		100ml		/						
	01:00 pm	RL		100ml								
Total Intake :		taken 600ml.				**Total Output :**				150ml.		
	02:00 pm	RL		100ml						100ml	Passed 2:10pm	
	03:00 pm	RL		100ml								
	04:00 pm	RL		100ml			NA					
30/6	05:00 pm	RL		100ml						300	0	0
	06:00 pm	RL		100ml								
	07:00 pm	RL		100ml		/						
Total Intake :		600ml				**Total Output :**						
	08:00 pm	RL		100ml						100ml		Empty
	09:00 pm	RL		100ml								
	10:00 pm	RL	Tabs	100ml							0	
30/6/26	11:00 pm	RL	1	100ml		NA		NA		200ml		Empty
	12:00 am	RL	Tab	100ml								
	01:00 am	RL		100ml								
Total Intake :		taken				**Total Output :**				U – M –		
	02:00 am	RL		100ml						100ml		Empty
	03:00 am			100ml								
	04:00 am	RL	H2O	100ml							0	
1/7/26	05:00 am			100ml		NA		NA				Foley's removed Empty
	06:00 am			100ml						300ml		
	07:00 am			100ml								
Total Intake :		taken				**Total Output :**				U – M –		

Total 24 hrs. Intake		Total 24 hrs. Output	

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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							
11/7/26	08:00 am											
	09:00 am	0	idly									
	10:00 am		H2O			NA	0	NA			0	
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :								Total Output :		U —	M —	
11/7/26	02:00 pm											
	03:00 pm		idly									
	04:00 pm	0			NA		0	NA			0	
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :								Total Output :				
11/7/26	08:00 pm											
	09:00 pm		Ufng									
	10:00 pm	0	f/H20		NA			NA			0	
	11:00 am											
	12:00 am											
	01:00 am											
Total Intake :								Total Output :		U —	M —	
12/7/26	02:00 am											
	03:00 am											
	04:00 am	0			NA			NA			0	
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :								Total Output :		U —	M —	

Total 24 hrs. Intake		Total 24 hrs. Output	

0015836 IP26-00008688
AIZAH ZAINAB MAIRAJULLA
12-09-2000 25 Y (F)
Dr. SWATHI H V

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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											
	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-00015836 IP26-00006688
Mrs AIZAH ZAINAB MAIRAJULLA
22-09-2000 25 Y (F)
Dr. SWATHI H V

NURSING CARE RECORD

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Date: 30/6/25

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	8Pm to 2pm	=> Assess the patient condition => plan for vitals => plan for Blockage	8Pm to 2pm	=> Assessed the pt condition => maintain vitals & Record => maintain Blockage	patient is stable	vitals is normal	Cindy
Afternoon	2Pm | 8Pm	-> Assess the pt condition -> monitor the vitals & record. -> Administration of medication -> maintain I/O chart & record.	2pm | 8pm	-> Assessed the pt condition -> monitored the vitals & record. -> Administered medication -> maintain Blockage	pt is stable	maintain I/O chart & record	Akhila
Night	8pm 8Am	- Assess the pt Condition - monitor vitals & I/O chart - drug as prescribed -> proned Condition position		-> Assessed the pt Condition - monitor vitals & Blockage -> drug as prescribed proned Condition position	pt is Stable	Recheck vits	

HNH-00015836 IP26-00006688
Mrs AIZAH ZAINAB MAIRAJULLA
22-09-2000 25 Y (F)
Dr. SWATHI H V

Patient

NURSING CARE RECORD

Rainbow® Children's Hospital
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BirthRight™ BY RAINBOW HOSPITALS
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Date: 1/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am to 2pm	- Assess the patient condition - Monitor the v/s - Maintain the I/O - Drug as per chart	8am to 2pm	- Assess the patient condition - Monitor the v/s - Maintain the I/O - Drug as per chart	- Now patient is stable	- Rechecked the v/s	
Afternoon				DAY DUTY			
Night	8pm to 8am	→ Assess the Pt condition → monitor vitals → Maintain the I/O chart → Administer medication as per drug chart	8pm to 8am	→ Assess the Pt condition → Monitored the vitals recorded → maintained I/O chart → Medication as per drug chart	→ Pt is stable	→ rechecked vitals	

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NURSING CARE RECORD

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							

Patient Sticker

NURSING CARE RECORD

Rainbow® Children's Hospital
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BirthRight BY RAINBOW HOSPITALS
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							

HNH-00015836 IP26-00006688
Mrs AIZAH ZAINAB MAIRAJULLA
22-09-2000 25 Y (F)
Dr. SWATHI H V

BRADEN 'Q' SCALE

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					Date : 30/6	30/6	1/7	1/7
					Time : M6	G2	N1	M5
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	3	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	2	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	23	28
				Evaluator's Name				

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

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

NH-00015836 IP26-00006688
rs AIZAH ZAINAB MAIRAJULLA
-09-2000 25 Y
. SWATHI H V (F)

BRADEN 'Q' SCALE

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					Date : 11/7/20			
					Time : N1			
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4			
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4			
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4			
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4			
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4			
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4			
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4			
				TOTAL SCORE	28			
				Evaluator's Name				

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

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

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s AIZAH ZAINAB MAIRAJULLA
-09-2000 25 Y
SWATHI H V (F)

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CHECKLIST FOR THROMBOPHLEBITIS

30/6/26 1/7/20

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	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	NA	NA	NA	NA				
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2	NA	NA	NA	NA	NA	NA				
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3	NA	NA	NA	NA	NA	NA				
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4	NA	NA	NA	NA	NA	NA				
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5	NA	NA	NA	NA	NA	NA				
		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 : .....

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

HNH-00015836 IP26-00006688
Mrs AIZAH ZAINAB MAIRAJULLA
22-09-2000 25 Y
Dr. SWATHI H V (F)

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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	-	-							
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2	NA	✓	✓							
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3	NA	✓	✓							
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	✓	✓							
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	✓	✓							
			Signature of the Nurse	CL									

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 : .....

Patient Sticker

HNH-00015836 IP26-00006688
Mrs AIZAH ZAINAB MAIRAJULLA (F)
22-09-2000 25 Y
Dr. SWATHI H V

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Morse Fall Risk Assessment Form

Choose ... each Category		Date / Time	30/6	30/6/26	30/6/26
		Score	MB	KR	NI
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0	0		
Secondary Diagnosis (more than one diagnosis)	Yes	15			
	No	0	0	0	0
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0	0		0
IV / Heparin Lock or Saline	Yes	20	20	20	20
	No	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
Total Morse Fall Scale Score:			20	20	20
		Signature			

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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Mrs AIZAH ZAINAB MAIRAJULLA
22-09-2000 25 Y (F)
Dr. SWATHI H V

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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	1/7/2	11/4/20		Fall Risk Grading		
		Score	MS	N1				
History of Falling (immediately or w/in 3 months)	Yes	25				Risk Level	Morse Fall Score (MFS)	Action
	No	0	0	0				
Secondary Diagnosis (more than one diagnosis)	Yes	15						
	No	0	0	0		Low Risk	0 - 24	Standard Fall Precaution
Ambulatory Aid	Furniture	30						
	Crutches, Cane(S), Walker	15						
	None /Bed Rest /Nurse Assist	0	0	0				
IV / Heparin Lock or Saline	Yes	20	20	20		Moderate Risk	25 - 50	Implement Moderate Fall Prevention Intervention
	No	0						
GAIT / Transferring	Impaired	20						
	Weak (uses touch for balance)	10						
	Normal /On Bed Rest /Immobile	0	0	0		High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
Mental Status	Forgets limitations	15						
	Oriented to own ability	0	0	0				
Total Morse Fall Scale Score:			20	20				
		Signature						

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

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

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

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

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

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

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PAIN ASSESSMENT FORM

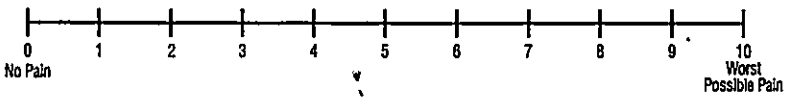
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
30/6/26	8AM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
30/6/26	12PM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
30/6	3PM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
30/6	4PM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
30/6	8PM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
30/6/26	10PM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
1/7/26	10am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
1/7/26	2pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
1/7/26	10PM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
				☐ 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 drawn 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: EL-LSCS 3U WICS.

Any Infection: ☐ Yes ☐ No ☐ Not Known
If Yes Specify: .....

BACKGROUND

Area / Shift Time	30/6 PM	30/6/26 E	30/6/26 N	1/7/26 M	1/7/26 N	
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:	97°F	98.1°F	98.4°F	98.3°F	97.2°F	
Res:	20	20bmt	20b/m	22b/m	20b/m	
SpO_2:	100%	99%	99%	99%	100%	
Pulse:	80	81bmt	87	81	72b/m	
BP:	122/60	114/70	129/76	116/74	110/60	
Fall Risk Score:	—	—	—	—	—	
Pain Score:	—	0/10	—	—	—	

Recommendations

Safety Needs:	Yes	Yes	Yes	Yes	Yes	
Physiotherapy	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Others Specify:	NA	—	—	—	—	
Special Diet:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Other Special Orders / Medications:	NA	—	—	—	—	
Post Operative Procedure Special Orders:	NA	—	—	—	—	
Handed Over By Name :	Cheda	Akhila	Divya	Sunanda	Divya	
Signature :						
Date:	30/6/26	30/6/26	30/6/26	1/7/26	1/7/26	
Time:	2PM	8pm	8AM	8pm	8AM	
Taken Over By Name :	Akhila	Divya	Sunanda	Divya		
Signature :						
Date:	30/6/26	30/6/26	1/7/26	1/7/26		
Time:	2pm	8pm	8pm	8PM		

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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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URINARY CATHETER BUNDLE CHECK LIST

Date of Insertion: 30/6/26 Date of Removal: .....

Parameters / Date / Shift Time	30/6 8AM	30/6 E2	30/6/26 N1	1/7/26 M6			
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	Swatha	Adhils	Divya				
Signature of the Nurse	Sy.	①	②				

Catheter Removed 6/7/26

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

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CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: Dr. Swathi HV.	Date of Delivery: 30.06.2026
Assistant Surgeon: Dr. Ramya, Dr. Dua.	Time of Delivery: 10:14 AM
Anaesthetist's Name: Dr. Ayesha.	Gender of Baby: FEMALE
Type of Anaesthesia: Spinal.	Weight of Baby: 2.16 kg.
Neonatologist: Dr Tejaswi Dr Pranav	AGPAR Score: 7, 8
Scrub Nurse: Babu	NICU Admission: ☑ Yes ☐ No

Pre-Operative Diagnosis:

☑ Elective ☐ Emergency Indication: Breech with Oligohydramnios

Urgency

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

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

CTG Description: Reactive.

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

Surgical Procedure:
Elective Lower Segment Cesarean Section.

Post Operative Diagnosis: POD-0 P1L4.

Peri-Operative Complications:

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

Name and Number of Surgical Specimen sent for examination:

Examination Findings when Appropriate:

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

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

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

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

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

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

Uterine Incision: ☑ Lower Segment ☐ Classical ☐ Inverted T ☐ J Incision Complete Breech.

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

Incision Through Placenta: ☐ Yes ☑ No Delivered by Breech extraction.

Delivery of head: ☐ Manual ☐ Forceps

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

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

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

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

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

Left

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

Peritoneal Closure: ☑ Pelvic ☐ Abdominal ☐ None ..... Vicryl No. 1. ..... Suture

Sheath Closure: ..... Vicryl No. 1 ..... Suture

Fat Closure: ☑ Yes ☐ No ..... Vicryl NO. 1. ..... Suture

Skin Closure: ☑ Subcuticular ☐ Mattress ..... Monocryl No. 1 ..... Suture

Vaginal Evacuated ☑ Yes ☐ No

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

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

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

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

Post-Operative Notes: .....

- NBM till 4-6hours.
- IVF.
- Drugs as charted.
- Urine I/O charting
- Monitor vitals
- Inform sos.

Doctor Name: DR.NATHI.HV. Doctor Signature: .....

Date & Time: .....

SURGICAL SAFETY CHECKLIST

HNH-00015836 IP26-00006688
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Dr. SWATHI H V

Surgeon : Dr Swathi
Asst. Surgeon : -
Anaesthetist : Dr Ayesha
Scrub Nurse : Br. Balu

Age : 25 Gender : F
Surgery Name : EL LSCS
Date : 30/8/26 In-time : 10:00 Am Out-time : 11:00 Am

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Before Induction of Anaesthesia ➤➤

SIGN IN Time: 9:50 Am

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

Site Marked ☐ Yes ☐ No ☑ NA

Anaesthesia Safety Check Completed ☑ Yes ☐ No

Pulse Oximeter on Patient & Functioning ☑ Yes ☐ No

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

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

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

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

Signature : Ayesha
Name : Dr. SK. Ayesha

Before Skin Incision ➤➤

TIME OUT Time: 10:02 Am

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

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

Anticipated Critical Events

Surgeon Reviews:
- What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss? Bleeding 1 hr. 500ml ☑ Yes ☐ No ☐ NA

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

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

Signature : Natalie
Name : Natasha.

Before Patient Leaves Operating Room

SIGN OUT Time:

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

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

Signature :
Name : Dr. Ayesha

PATIENT TRANSFER FORM

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Mrs AIZAH ZAINAB MAIRAJULLA
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Dr. SWATHI H V

Date & Time of Admission	Date & Time of Transfer Order
29/6/26 @ 11:18 PM	30/6/26 @ 11:20 AM
Transfer Ordered by	**Reason for Transfer**
Dr. Ayesha	Observation
From Unit	**To Unit**
OT	Pre-Post
Number of Sheets in Clinical File	**Number of Imaging Films**
32	-

Information to Attendant: Yes ☑ No ☐

Personal belongings including clinical documents. If any handed over to attendant: Yes ☐ No ☑

If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Dr. Ayesha.

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sushela.	Dr. Ayesha.

Patient & Clinical Records Received by : Sujatha

Date & Time of Patient Received : 30/6/26 @ 11:20 AM

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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OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 30/6/26 Time of Arrival: 11 PM Time Seen by Nurse: 11 PM

1) **Level of Consciousness:** ☑ Conscious ☐ Semi-Conscious ☐ UnConscious

2) **Chief Complaint (Reason for Visit):** (Circle the item as appropriate)

- ☐ Severe Pain / Moderate Pain
- ☐ Bleeding PV: Slight / Heavy
- ☐ Decreased Fetal Movement
- ☐ No Fetal Movement
- ☐ Preterm rupture of Membranes / Leaking Water PV
- ☐ Preterm Labor/ Labor
- ☐ Spontaneous Rupture of Membrane / Leaking Water PV
- ☐ Other Reason: .....

3) **Vital Signs:** Temperature: 97F Pulse: 85 RR: 20 SpO_2: 99% BP: 115/75 Weight: .....

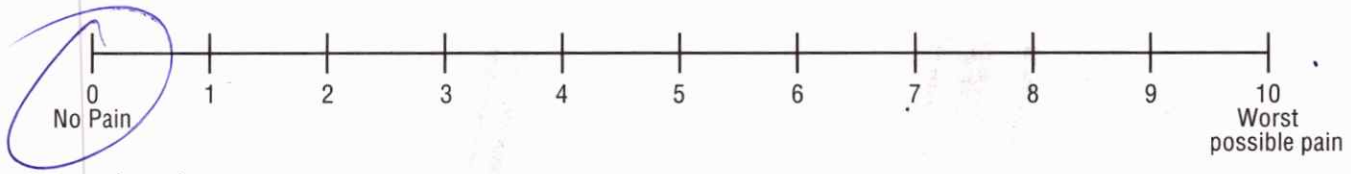
4) **Gestational Criteria:**

Gravida:	G	P 1	L	A

LMP: 4/11/26 EDD: 1/8/26 Gestational Age: 33 weeks 4 days

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: .....
- Frequency: NA
- Interventions: .....

.....

6) **Past History:**

a) Surgeries: Nil

b) Medical: Nil

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7) **Allergy:** ☐ Yes ☑ No, If Yes : .....

8) **Current Medications:** ☐ Prenatal Vitamin ☐ None ☐ Others: .....

9) **Prenatal Medical History:**

☑ None
☐ Chronic Hypertension
☐ Gestational Hypertension
☐ Diabetes
☐ Gestational Diabetes
☐ Low placenta
☐ Others if yes, specify .....

Triage Category: (Please tick on the category)

Refer to OBSTETRICAL TRIAGE ACUITY SCALE (OTAS)

☐ **Category I:** Resuscitative (Time to Physician: Immediate & Reassessment: Continuous nursing care)
☐ **Category II:** Emergent (Time to Physician: ≤ 15 minutes & Reassessment: Every 15 minutes)
☐ **Category III:** Urgent (Time to Physician: ≤ 30 minutes & Reassessment: Every 15 minutes)
☑ **Category IV:** Less Urgent (Time to Physician: ≤ 60 minutes & Reassessment: Every 30 minutes)
☐ **Category V:** Non Urgent (Time to Physician: ≤ 120 minutes & Reassessment: Every 60 minutes)

OBCU Obstetrical Triage Acuity Scale (OTAS)

OTAS	Level 1 (Resuscitative)	Level 2 (Emergent)	Level 3 (Urgent)	Level 4 (Less Urgent)	Level 5 (Non Urgent)
Level 1 (Resuscitative)	Immediate	≤ 15 **minutes**	≤ 30 **minutes**	≤ 60 **minutes**	≤ 120 **minutes (2 Hours)**
Re-Assessment	Continuous Nursing Care	**Every 15 Minutes**	**Every 15 Minutes**	**Every 30 Minutes**	**Every 60 Minutes**
Labour / Fluid	Imminent Birth	Suspected Pre-term Labour / PPROM < 37 Weeks	Signs of Active Labour > 37 weeks	Signs of Early Labour/ SROM > 37 weeks	Discomforts of Pregnancy
Bleeding	Active Vaginal bleeding with/ without abdominal pain	Bleeding associated with cramping (<spotting) <37 weeks	Bleeding associated with cramping (>spotting) >37 weeks	Spotting	
Hypertension	Seizure activity	Hypertension > 160/110 and / or headache, visual disturbance, RUQ pain	Mild hypertension >140/90 with/without associated signs and symptoms		
Fetal Assessment	Abnormal FHR tracing Non-Fetal Movement	Atypical FHR tracing, abnormal dopplers Diseased fetal movement			
Others	• Acute onsite severe abdominal pain • Altered level of consciousness • Cord prolapse • Severe respiratory distress • Suspected sepsis	• Major trauma • Shortness of breath • Unplanned and unattended birth	• Abdominal/back pain greater than expected in pregnancy • Flank pain / hematuria • Nausea /vomiting and /or diarrhea with suspected dehydration	• Ongoing assessment from out patient clinic (for hypertension, blood work) • Minor trauma (minor MVC/fall) • Nausea/Vomiting and /or diarrhea • Signs of infection (ie dysuria ,cough, fever, chills)	• Anything that does not seem to pose threat to mother or fetus • Cervical ripening • Out patient placenta previa protocols • Pre-booked visits (ie Rh and progesterone injections, NST • Assessment for version • Rashes

Time seen by Doctor: .....

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

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

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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 abdomen

Doctor Notified on Admission: ☑ Yes ☐ No

Name of the Doctor: Dr. I

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 1 ..... L ..... A .....

Previous LSCS: ..... NO

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: 97F HR: 85 RR: 20

BP: 115/75 Weight: ..... Height: ..... BMI: .....

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

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PHYSICAL ASSESSMENT

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

Fall Assessment: ☐ Yes ☑ No Score ..... (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 ..... family members .....

Orientation has been given regarding the following aspects:

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

Infusion Pump : ☑ Yes ☐ No Hand Hygiene Explained: ☑ Yes ☐ No ☐ Others

Above information given to ..... patient .....

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

Orientation not given Reason: .....

Nurse Signature: .....

Nurse Name: ..... Chembrakalam .....

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

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE

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Patient Name : Mrs. AIZAH ZAINAB MAIRAJULLA Age : 25y Gender : Male ☐ Female ☑

UHID NO: HNH-0001583G Surgeon Name: Dr. Swathi HV

Anaesthesiologist : Dr. Ayesha

Operative procedure planned : ELECTIVE LOWER SEGMENT CESAREAN SECTION

PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA

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

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

☐ Heart disease ☐ Hypertension ☐ Diabetes mellitus ☐ Renal failure

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

☐ Incapacitating Cronic Obstructive Pulmonary Disease

☑ Others : Hypotension, bleeding, Need for transfusion

Comments : .....

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

DECLARATION BY PATIENT / GUARDIAN / PROXY

I hereby authorize Rainbow Hospital & its authorized doctors to perform upon me / my patient Mrs. AIZAH ZAINAB MAIRAJULLA the above mentioned operation / Diagnostic / Therapeutic procedures ELECTIVE LOWER SEGMENT CESAREAN SECTION

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

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

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

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

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

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

- Pregnant : ☑ Yes ☐ No

DECLARATION BY THE ANAESTHETISTS PROVIDING INFORMATION FOR THIS CONSENT

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

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

Patient / Patient Attendant :

Signature : .....

Name : Aizah Zainab

Relationship with Patient: .....

Date & Time : 30/6/26 @ 8:20Am

Witness :

Signature : .....

Name : Syed Zabeehullah

Date & Time : 30/6/26 @ 8:20Am

Doctor (who is taking the consent) :

Signature : .....

Name : Dr. SK. Ayesha

Date & Time : 30/6/26, 8:20Am

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

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Patient Name : MRS. AIZAH ZAINAB Gender: ☐ Male ☑ Female Age : 25 YRS

UHID No : HNH - 0001 5836 Date : 30/06/2026

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

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

LOWER SEGMENT CAESERIAN SECTION.

upon

MRS. Aizah Zainab (Name of the Patient)

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

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

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

Infection
Haemorrhage, Atonic PPH, Need for Blood and Blood products transfusion, Injury to adjacent organs - Ureter, Bladder.

My signature on this form indicates that

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

Name of the Doctor who is performing the Surgery / Procedure: Dr. Swathi HV.

Consentee :

Signature : Aizah

Name : Mrs Aizah Zainab

Date & Time : 30/6/2026 @ 7AM

Patient Attendant :

Signature : Syed

Name : Syed Zaheerullah

Relationship with Patient: Husband

Date & Time : 30/6/26 9:30AM.

Witness :

Signature : Sy

Name : Sujatha

Date & Time : 30/6/26 @ 7AM

Doctor (who is taking the consent) :

Signature : Ramya

Name : Dr RAMYA THEDA.W

Date & Time : 30/6/26 @ 7AM

Department of Anaesthesiology

PRE-ANAESTHETIC EVALUATION

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Name: Mrs. Aizah Mainajulla Age: 25 Sex: Female UHID.No : HHH-15836

Date: 29/6 Time: 3pm. Proposed Operation: LSCS (30/06)

Diagnosis: Primi at 38+6

B.P / CRT: 106/74 H.R: ..... Weight: 79.6 ASA Physical Status: ☐ 1 ☑ 2 ☐ 3 ☐ 4 ☐ 5

Laboratory Data:

27/6

Hgb: 11.1	Glucose:	Protein:	HIV: NR (oral)	X-Ray:	
PCV: 33.5	Urea:	Alb:	HBS Ag: NR	ECG:	
WBC: 18.44	Creat:	Total Bill:	HCV: NR	2D Echo:	
Plate: 2.91	Na:	Dir. Bill:	Blood group: AB pos.	Stress/Anglo:	
PT:	K:	LDH:	T3	Other:	
PTT:	Ca++:	Alk phos:	T4	placenta - ant. ↑	
INR:	Mg++:	Amylase:	TSH		
	Cl -:	SGOT/SGPT:			

Allergies: NKDA

Medical History: CVS : /

RESP : No significant medical history Diabetes :

CNS : Regular AYCS - uneventful largely - obs/2 VAR. - immunised.

Renal : /

Hepatic / GE : Physical Activity: active, NYHA-I

Others : hypothyroid on medication.

Past Anaesthetic History: adenotonsillectomy in childhood.

Physical Exam: alert, coherent

NOT ASSESSED

Airway: MP 1 2 3 4 Mouth Opening: Mentohyoid Distance: Neck: Teeth:

Lungs : / Clear.

Heart:

CNS:

Pregnant: ☑ Yes ☐ No ☐ NA Venous Access Site : Peripheral Spine Exam for regional : —

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

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

CURRENT MEDICATIONS	DOSAGE
THYRONORM	25 mcg.
Fe/Ca/Arg 9 /protein powder	-

Pre-Operative Instructions:

1. DVT Prophylaxis : 12AM / food, juice, milk
2. NIL ORAL → Water / ORS 2 Hours / 6AM / WATER; Others 6 Hours
3. Informed Consent: ☑ Standard ☐ High Risk
4. Post Operative Pain Management: ☐ Discussed with Patient
5. Other Instructions:
   - Check availability of PRBC.
   - CBP to repeat tomorrow.
   - Thyronorm to continue.

Signature: Name: Dr Sanvi Vinayak

Docu. No. : RCH/FRM / CLINICAL / 044

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Dr. SWATHI H V (F)

ANAESTHESIA CHART

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Change in Patient Condition: ☐ Yes ☑ No | Fasting Status: Adequate

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

H.R: 82/min | B.P / CRT: 114/70 mmHg | SpO_2: 98% RA | R.R: 18/min | Last Feed: >6 hrs

Pre-OP Diagnosis: Primi, 33+6 days, Oligo ☑ FGR | Operation: ELECTIVE LSCS | Date: 30/6/25

Surgeon: Dr. Swathi, Dr. Ramya | Anaesthesiologist: Dr. Ayesha | Technician: Aravind Pallavi

TIME: 10:00 | 10:10 | 10:20 | 10:30 | 10:40 | 10:50

N_2O /AIR/O_2 LPM: Huff/min

HALO /SO /SEVO

Drugs:

1g. OXYTOCIN 3IU IV

1g. OXYTOCIN 10IU IV in RL

1g. TRANEXAMIC ACID 1gm IV

1g. ONDANSETRON 4mg IV

FIO_2 / SaO_2: 100/100 | 100/100 | 100/100 | 100/100 | 100/100 | 100/100

ETCO$_2$

ECG: SR | SR | SR | SR | SR | SR

Temperature

Urine Output

Fluids: 2 RL

Blood

Antibiotic

Suppository: DICLOFENAC 100mg, TRAMADOL 100mg

Blood Loss: 350ml

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: Rt UL
☐ Art Site:
☐ EKG Lead
☑ Temp Site (Rt Axilla) 3 lead
☐ 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: 10:00Am
OP Start: 10:05Am
OP End:
Leave OR: 11:00AM

Anaesthesia:
☐ GA
☐ Monitored Anaesthesia Care
☑ Regional

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

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

☐ Mask ☐ SGA
☐ Airway ☐ Oral ☐ Nasal
ETT# ..... at ..... cm
☐ Oral ☐ Nasal ☐ Cuff
☐ Tracheostomy ☐ Topical
☐ Drug:

☐ Awake ☐ Direct Vision
☐ Video Laryngoscopy ☐ Stylette / Bougie
☐ Fiberoptic
Blade# ..... Attempts:
Difficulty Why?

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

Regional:
Extremity Specify: SAB
☑ Spinal ☐ Epidural ☐ Caudal
Others:
Position: Sitting
Site: L3-L4
Needle Size: 25G PP Depth:
Parasthesia ☐ Yes ☑ No
Catheter at skin ..... cm
Drug Name & Conc: 0.5% HEAVY
Bolus: ANAWIN 2ml + 25mcg FENTANYL
Infusion:
Block Level: T4 – T4
Comments:

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

Name of the Doctor: Dr. Ayesha
Signature of the Doctor:

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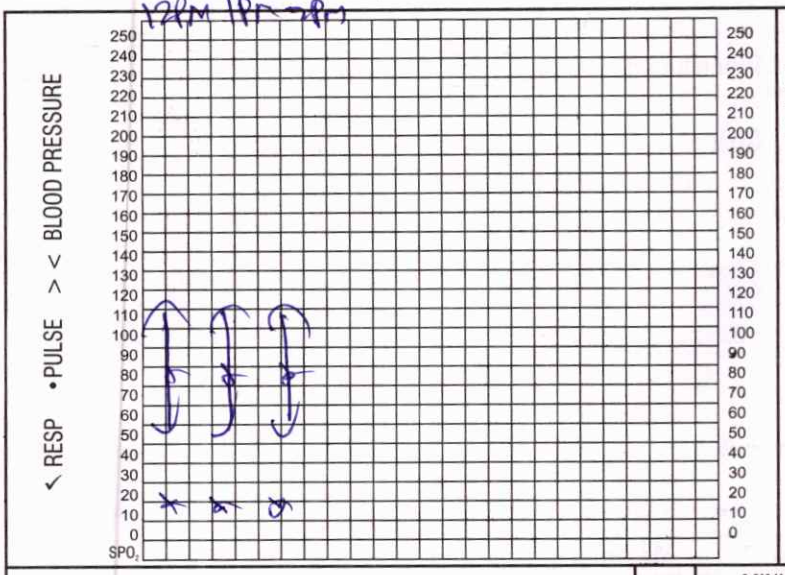
POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Swatha Time Received : 11:20AM Time Discharged : .....



IV Cannula Site : .....

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

Vomiting : ☐ Yes ☐ No Drug: INJ Taxim 1gm
NG Tube : ☐ Yes ☐ No
Drain: ☐ Yes ☐ No
Urinary Catheter: ☐ Yes ☐ No
Chest Tube: ☐ Yes ☐ No
Nil Oral ☐ Yes ☐ No
IV Fluids: RL
Oral Feeds: NBM

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

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
30/6	12PM	0	NA	Si
30/6	1PM	0	NA	Si
30/6	2PM	0	NA	Si

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

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

Anaesthesiologist Name : Dr. Sk. Ayesha
Anaesthesiologist Signature: Ayesha
Date & Time: 30/6/26 @ 3:50Pm

PACU Nurse Name : Madhumitej
PACU Nurse Signature: Madhu
Date & Time: 30/6/26 @ 3:50Pm

Transferred to Unit by (PACU): ~~(3:50Pm)~~ (3
Date & Time: 30/6/26 @ 3:50Pm

Patient Sticker

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Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

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

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

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

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

Solution Composition : .....

Any other issues :

a) .....

b) .....

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

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

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

Patient Satisfaction : .....

Discharge /Shifting ordered by

Doctor Signature: .....

Doctor Name: .....

Date and Time : .....

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Dr. SWATHI H V

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Your Right to a Safe Delivery

NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 30/6/26 Time: 5pm

Origin: Indian Height: 157cms Weight: 79.7kg. BMI: ☐ ~26 kg/m² ☑ ~28 kg/m² ☐ ~30 kg/m²

Food Allergies: NO

Diagnosis: LSCS

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

Diet Advised:

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

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

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

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

Patient's / Attendant's	Dietician's
Signature: Shazia	Signature: S
Name: Zainab	Name: Sathwika.G
Date & Time: 30/6/26 ; 5pm	Date & Time: 30/6/26 ; 5pm

DIETARY NOTES

Date	Time	Notes	Sign

INH-00015836 IP26-00006688
Mrs AIZAH ZAINAB MAIRAJULLA
2-09-2000 25 Y
Dr. SWATHI H V (F)

305

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

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Your Right to a Safe Delivery

CROSS CONSULTATION FORM

Doctor Name : Dr. Swathi Date : 30/6/26 Time : 6pm

Diagnosis : LSCS

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 NICU
- Advice Expressed Breast milk 15-20 mints on each side every 2-3 hours
- can use electrical breast pump

Consultant :

Name : Sathwika-G Signature : Date & Time : 30/6/26 ; 6pm

26-0000204421

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NARCOTIC PRESCRIPTION FORM
(PATIENT COPY)

Patient Name:	Mis Aizah Zainab Maisajulla	Age:	25Y	Gender:	Female
UHID No:	HNH-00015836	IP No:	26-00006688 (Ward-OT)	Date:	30/6/26
Diagnosis:	LSCS			Time:	8:26 Am

PRESCRIPTION DETAILS (Tick only one of the following)

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

Doctor Name: Dr Sk. Ayesha

Doctor Registration No: TSMC/FMR/07725

Signature:

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

IP Registration No: 26-00006688 Date: 30/6/26

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

1.	Name : Mis Aizah Zainab Maisajulla	Remarks
2.	Complete postal address (with contact number, if any)	Hydushakote Bandlaguda Hyderabad
3.	Brief description of the illness	LSCS
4.	Whether registered with any other registered medical practioner / recognized medical institution (If yes, details of the recorded)	NO
5.	Details of essential Narcotic drug dispensed	INJ: Fentanyl

Date	Name of the Essential Narcotic Drugs	Quantity	Signature / Thumb Impression of the patient / Patient Attender	Remarks, if any
30/6	INJ: Fentanyl	01		

Dispensed by (Name & ID No.): M Arvind Kumar (02157) Signature:

Received by (Name & ID No.): ..... Signature: .....

Time: .....

Docu. No: RCH / FRM / CLINICAL / 133