BAH-00569775 IP26-00006680
Mrs GANDHE PRANAHEETHA DEVI
16-08-1983 42 Y 10 M 13 D (F)
Dr. VELIMALA RATNA KUMARI

fha.

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SURGERY DETAILS

Date : 29/6/2026

Patient Name: MRS PRANAHITHA 42/F Date of Birth: 16-08-1983 Age: 42 yrs

Gender: female Ward : OT D UHID No.: BAH-00569775 2026-00006680

Date of Surgery: 29/6/26 ☐ OT -1 ☐ OT -2 ☐ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : Lap. Hysterectomy + BS

Time in : 11:00 AM Time Out : 12:45 PM

		NAME	AMOUNT
1.	Surgeon	DR VASISHT / DR Ratna kumari	
2.	Anaesthetist	Dr. Sameer.	
3.	Assistant Surgeon	/	
4.	OT Technician	Br. Arvind, Sr. Pallavi	
5.	Circulating Nurse	Sr. Karuna. Sr. Susheela.	
6.	Assistant Nurse	Sr Padmja, Br. Srikanth, Sr Natasha	

Mrs GANDHE PRANAHEETHA DEVI (42 Y 10 M 13 D/F)
UTERS
NINV00213
HN26010595UTERS

26-00020923/

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

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 26-00020923/2 Order by: Sangeetha

BAH-00569775 IP26-00006680
Mrs GANDHE PRANAHEETHA DEVI
16-08-1983 42 Y 10 M 13 D (F)
Dr. VELIMALA RATNA KUMARI

TLH

CONSUMABLES OF OT

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Circulating staff : Sr. Sushreela Technician : Sr. Babbar Date : 29/6/2026 Time : 2:10 PM

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube 7.0 cuffed		01	Major Pack		1	Inj Vit.K		
LMA			Sutures Stratafix 4.00			Cord Clamp		
ECG leads : A / P / N		04	Stratafix 4.00	01		Suction Catheter		
HME filter : A / P / N		02	Stratafix 4.04	01		Feeding Tube		
Syringes : 10 cc		04				Vaccum Suction Set		
05 cc		03	Gloves S.G 6.5		07	Surgical Gloves		
02 cc		04				Gauze Pack		
01 cc			Encore 6.5 7.0		1,1	Syringe 1ml / 2ml		
Cautery plate : A / P / N		01	Surgical blade NO - 11		01	Surgical Blade # 20		
IV set			NG tube			Koochies (S)		
RL		02	Cautery pencil					
NS : 10ml / 100ml / 500ml / 1000ml		01	Koochies XXL		01			
Adrenaline		01	Ointments					
Atropine			Suction Catheter					
Fentanyl		01	Cap, Mask		10+10			
Morphine		01	Gauze Pack		02			
Ketamine			Mop Pack		01			
Propofol		03	Steristrip					
Rocuronium		02	Underpad		01			
Glycopyrolate			Draw sheet					
Myopyrolate			Abgel					
Ondansetron		01	Foleys catheter 16		01			
Pencan 25g/ Spinal Needle 22			Urobag		01			
Bupivacaine 0.25%		02	Chest Drainage Catheter					
Bupivacaine 0.25%(Heavy)			Romodrain bag					
Antibiotics			Bandage					
PCM		01	Tegaderm HP Leggy		01			
Suppositories			Ioban TUR set		01			
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg			Vaccum Suction set		01			
Justin : 12.5 mg / 25mg / 100mg		01	Plastic Bed Sheet Aprons		02			
Tab. Misoprost : 200mg			Betadine Solution		02			
PMo line 200		01	Microshield		01			
Sugmadex		01	Cotton Balls		01			
O2 mask [A]		01	Latex Gloves		20	limbo circuit		01
Nasal airway 28		01	Ramdione Scrub			oral airway yellow		01
Midaz		01	Saral			Vaccum Suction Set		01

Surgeon Anaesthesiologist Nurse OT Technician

Order No. 26-000020929 4/209295 Ordered by : Sangeetha

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

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Telangana, INDIA ,500029.
040-48873000, info@rainbowhospitals.in

ELECTRONIC MEDICINE PRESCRIPTION

MRN	BAH-00569775	**Name**	Mrs GANDHE PRANAHEETHA DEVI
Age / Sex	42 Y 10 M 13 D / Female	**Doctor**	VELIMALA RATNA KUMARI
Adm/Reg Date/Time	29/06/2026 08.38	**Payor**	ICICI ICICI LOMBARD GENERAL INSURANCE
Order Date	29/06/2026 16 18	**Ordernumber**	26-0000209294
Visit ID	IP26-00006680	**Ward/Bed No**	4F -OT / PDA-412
Patient Address	FLAT NO-401, PRABHAS ENCLAVE ENGINEER'S COLONY, A.Gs Staff Quarters, Hyderabad, Telangana, INDIA, 500045		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	DSYRINGE 5ML,(NIPRO)	SYRINGE 5ML	1 Nos	Injection / Once Daily	1 Days		3 Nos	Dispensed
2	DSYRINGE 10ML (NIPRO)	SYRINGE 10ML	1 Nos	Injection / Once Daily	1 Days		4 Nos	Dispensed
3	UNDERPADS 60X90 BUTTERFLY		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
4	ADULT DIAPERS-XXL		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
5	BACTOPREP SOLUTIONS 100 ML		1 mL	/ Once Daily	1 Days		1 Nos	Dispensed
6	DISPOSABLE APRONS STERILE XL	DISPOSABLE APPRON STERILE XL	1 Nos	/ Once Daily	2 Days		2 Nos	Dispensed
7	FACE MASK 3 LAYER - ELASTIC	FACE MASK 3 LAYER	1 Nos	External / Once Daily	1 Days		10 Nos	Dispensed
8	IRRIGATTO(T.U.R SET)	IRRIGATTO(T U.R SET)	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
9	MEZOLAM INJ 5 MG 5 ML		1 Vial	Injection / Once Daily	1 Days		1 Vial	Dispensed
10	OxygenMask With Tubing - Adult ROMSONS-FC		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
11	GAUZE PACK STERILE 10X10X12 PLY 5S	GAUZE PACK STERILE 10X10X12 PLY 5 PACK	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
12	LEGGINGS DISPOSABLE (PROTECTCARE) BIG		1 Nos	/ 10 AM	1 Days		1 Nos	Dispensed
13	ONDOKIND INJ 4 MG 2 ML		1 Nos	/ Once Daily	1 Days		1 Vial	Dispensed
14	ROCURIUM INJ 50 MG 5 ML		1 Vial	Injection / Once Daily	1 Days		1 Vial	Dispensed
15	AIRWAY- 3 90 MM	AIRWAY 3	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
16	PREGELLED SURGICAL PLATE(ADULT)	PREGELLED PLATED ADULT	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
17	POVINANZ SOLUTION 10% 100 ML		1 Nos	/ Once Daily	1 Days		2 Nos	Dispensed
18	FOLEYS CATHETER 16FR POLYMED		1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
19	NASOPHARYNGEAL TUBES 28	NASOPHARYNGEAL TUBE28	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
20	UROBAG (ADULT) - URODYNE		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
21	LIMB-O TM VENTILATOR CIRCUTE	LIMB-O TM VENTILATOR CIRCUTE	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
22	COTTON BALLS 2 GM 5 NOS		1 Nos	Injection / Once Daily	1 Days		1 Nos	Dispensed
23	E.C.G ELECTRODES (ADULT)	ELECTRODES ADULT	1 Nos	External / Once Daily	1 Days		4 Nos	Dispensed
24	ET TUBE 7.0 CUFFED RUSCH		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
25	HIGH PRESSUR EXTENTION 200 CM PHYMAX		1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
26	RELIPARA(PARACETAMOL) 1000MG 100ML BOTTLE		1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
27	NITRILE EXAMINATION GLOVES P F- MEDIUM		1 Nos	External / Once Daily	1 Days		20 Nos	Dispensed
28	VACCUME SUCTION SET		1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
29	H.M.E FILTER (ADULT)-1641-POLYMED		1 Nos	External / 10 AM	1 Days		2 Nos	Dispensed
30	DSYRINGS 2.5ML(NIPRO)	SYRINGE 2ML	1 Nos	Injection / Once Daily	1 Days		4 Nos	Dispensed
31	BUPICAINE INJ VIAL 0.25% 20ML		1 Nos	Injection / 10 AM	1 Days		2 Nos	Dispensed
32	MOPS 30X30 8PLY 5S X-RAY	MOPS 30X30S PLYDATT	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
33	ADROGLARE(ADRENALINE) INJ 1MG 1ML		1 Vial	Injection / Once Daily	1 Days		1 Vial	Dispensed
34	RL 500 ML CLOSED SYSTEM	RINGER LACTATE 500ML CLOSED	1 Bottle	/ Once Daily	2 Days		2 Bottle	Dispensed
35	Encore Microptic gloves-6.5		1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
36	SURGICAL BLADE 11	SURGICAL BLADE 11	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
37	JUSTIN SUPPOSITORIES 100 MG 5 S		1 Nos	Rectal / Once Daily	1 Days		1 Nos	Dispensed
38	NS 1000 ML CLOSED EUROFLEX		1 Nos	IV Infusion / Once Daily	1 Days		1 Nos	Dispensed
39	SURGEON CAP(FEMALE) (PROTECTCARE)		1 Nos	External / Once Daily	1 Days		10 Nos	Dispensed
40	SGLOVE # 6.5 (SURGICARE)	SURGICAL GLOVES 6.5	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
41	ENCORE MICROPTIC GLOVES-7 PF		1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
42	NCT-ROF 100MG 10ML		1 Nos	/ Once Daily	1 Days		3 Nos	Dispensed

VELIMALA RATNA KUMARI

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

Note

* This prescription is valid only for specified duration.

* Do not refill medicines.

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040-48873000, info@rainbowhospitals.in

ELECTRONIC MEDICINE PRESCRIPTION

MRN	: BAH-00569775	**Name**	: Mrs GANDHE PRANAHEETHA DEVI
Age / Sex	: 42 Y 10 M 13 D / Female	**Doctor**	. VELIMALA RATNA KUMARI
Adm/Reg Date/Time	: 29/06/2026 08:38	**Payor**	. ICICI ICICI LOMBARD GENERAL INSURANCE
Order Date	: 29/06/2026 16:18	**Ordernumber**	: 26-0000209295
Visit ID	: IP26-00006680	**Ward/Bed No**	: 4F -OT / PDA-412
Patient Address	: FLAT NO-401, PRABHAS ENCLAVE ENGINEER'S COLONY, A.Gs Staff Quarters, Hyderabad, Telangana, INDIA, 500045		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	MAJOR PACK (PROTECTCARE)		1 Nos	/ 10 AM	1 Days		1 Nos	Dispensed
2	SUGMADEX 2ML INJ		1 Ampule	/ Once Daily	1 Days		1 Ampule	Dispensed

VELIMALA RATNA KUMARI

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Note

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

*** Do not refill medicines.**

208
FC

Name	Mrs GANDHE PRANAHEETHA DEVI	**UHID**	BAH-00569775
Father/Guardian	Mr MR. PRAVEEN KUMAR	**Age/Gender**	42 Y 10 M 13 D/ Female
Address	FLAT NO-401, PRABHAS ENCLAVE ENGINEER'S COLONY, A.Gs Staff Quarters, Hyderabad, Telangana, INDIA, 500045		
IP No	IP26-00006680	**Admission Date**	29-06-2026
Ref Doctor	Self		
Discharge Date	01.07.2026		

DISCHARGE SUMMARY

Consultants :
Dr. V. RATNA KUMARI
MD, DGO

Diagnosis: P2L2 WITH NVD WITH AUB - A- WITH FAILED MEDICAL MANAGEMENT

TOTAL LAPAROSCOPIC HYSTERECTOMY + BILATERAL SALPINGO-OOPHORECTOMY DONE ON 29.06.2026

History: She presented with Heavy menstural bleedng since October 2023. In december (2023)- MIRENA was placed after hysteroscopic+ polypectomy and and removed in march 2026. Recurrent Heavy menstural bleeding with

Name	Mrs GANDHE PRANAHEETHA DEVI	**UHID**	BAH-00569775
IP No	IP26-00006680	**Admission Date**	29-06-2026

dysmenorrhea since march 2026 not relieved with medication (Depot provera/ tab regesterone). MRI- AV (23.12.2026) showed Bulky uterus, ET 6.7mm, B/L ovaries low volume and paucity follicle. Scan (15.05.2026) showed ET 8.5mm, Adenomyosis with B/L ovaries normal.Papsmear (15.05.2026)- NILM
She was admitted for total laparoscopic hysterectomy and Bilateral salpingo-oophorectomy.

Menstrual History:-
LMP- 03.06.2026
Previous cycles: Irregular

Obstetric History: P2L2A1, NVD, LCB-10 years

Medical History: Nil
Surgical History: Laparoscopic tubectomy-2018
Allergies: Nil
Family History: Grand mother-ovarian cancer; Mother- passed away(Cervical cancer) ; Father-HTN-DM

Investigations: Enclosed.
Blood group: "B" Positive

Surgery Notes:
TOTAL LAPAROSCOPIC HYSTERECTOMY + BILATERAL SALPINGO-OOPHORECTOMY UNDER GENERAL ANAESTHESIA

Indication: ADENOMYOSIS

Operative findings:
- Uterus bulky, Cervix normal.

Name	Mrs GANDHE PRANAHEETHA DEVI	**UHID**	BAH-00569775
IP No	IP26-00006680	**Admission Date**	29-06-2026

- Bilateral tubes normal.
- Bilateral ovaries normal.
- Rest of viscera normal.

Procedure:

- Total laparoscopic hysterectomy with bilateral salpingo-oophorectomy was done
- Specimen removed
- Vault closed, after hysterectomy with 1-0 vicryl.
- Hemostasis secured.
- Wash given
- Wound closed in layers, Skin with clips

Post-Operative Notes: She was closely monitored in the postoperative period. Her vital signs remained stable. She was encouraged to ambulate and void spontaneously. Blood sugars monitoring was done. She was shifted to room. Her general condition was satisfactory and she was found to be fit for discharge. Medications were explained to the patient supplemented by written information.

Advice:

1. Tab. Ceftum 500mg (Cefuroxime 500mg) twice daily till 05.07.2026 (9am - 9pm) after food.
2. Tab. Calpol 500mg (Paracetamol 500mg) (2tabs)thrice daily till 03.07.2026 (7am-3pm-10pm) after food.
3. Tab. Voveran 50 mg (Diclofenac 50mg) thrice daily till 03.07.2026 (10am-4pm-10pm) after food.
4. Tab. Pantodac 40 mg (Pantoprazole 40mg) once daily (7am) before food till 05.07.2026
5. Tab. Zincovit once daily (2pm) for 1 month after food.

Name	Mrs GANDHE PRANAHEETHA DEVI	**UHID**	BAH-00569775
IP No	IP26-00006680	**Admission Date**	29-06-2026

Review consultation with **Dr. V. Ratna Kumari,** after **1** week on **08.07.2026** in Gynec OPD.

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 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**

Registrar/Resident/C.M.O

Consultants :
Dr. V. Ratna Kumari
MD, DGO

Rainbow Childrens Hospital-Himayatnagar

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TEL NO :040-48873000
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP26-00006680 **Admit Date** : 29-Jun-2026 **Admit Time** : 08:38 AM **UHID** : BAH-00569775

Patient Details :

Patient Name	: Mrs GANDHE PRANAHEETHA DEVI	**Age**	: 42 Y 10 M 13 D
Guardian	: Mr MR. PRAVEEN KUMAR	**DOB**	: 16-08-1983
Gender	: Female	**Religion**	: Hindu
Occupation	:	**Martial Status**	: Married
Address (H)	: FLAT NO-401, PRABHAS ENCLAVE ENGINEER'S COLONY A.Gs Staff Quarters Hyderabad Telangana INDIA 500045	**Phone No**	: 9866089375
		E-mail	: na123@rainbowhospitals.in

Admission Details :

Bed Type : TWIN SHARING **Bed No** : PDA-412 **Ward Name** : 4F -OT

Room No : PDA-412 **Admission Type** : First Visit

Contact Details :

Name : Mr MR. PRAVEEN KUMAR **Relationship** : W/O

Contact Address : FLAT NO-401, PRABHAS ENCLAVE ENGINEER'S COLONY A.Gs Staff Quarters Hyderabad Telangana INDIA 500045 **Phone No** : 9866089375

Signature

Doctor Details :

Doctor Name : Dr. VELIMALA RATNA KUMARI **Specialisation** : OBSTETRICS AND GYNECOLOGY

Referral Doctor : Self **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 15000.00

Payment Mode : DC/CC Card **Payor Name** : ICICI ICICI LOMBARD GENERAL INSURANCE

BAH-00569775
Mrs PRAANAHITHA IP26-00006680
18-08-1983 42 Y 10 M 13 D (F)
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ACTIVITY RECORD ..LING

Name :_____

UHID No. : _____ IP No : _____Consultant: _____ Dept : _____

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
29/6/26	10.40AM	MICU	OT	Mounika/Kasumi
29/6/26	12:45	OT	Pre-Post	Kasumi/Aeri
30/6/26	9:30Am	Pre post	ROOM(208)	Mounika/

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
29/6/26	IV placement	(1)	9121	MOW
24/6/26	PAC	(1)(OP)	26-00021 7375	MOW
29/6	Catheterization	(1)	209215	
30/6/26 (10AM)	NHA	(1)	9534	

Cross checked done

30/6

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

BAH-00569775 IP26-00006680
Mrs PRAANAHITHA
16-08-1983 42 Y 10 M 13 D (F)
Dr. VELIMALA RATNA KUMARI

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I.P. ADMISSION SHEET FOR GYNECOLOGY

Date of Admission : 29/6/26 Time of Admission :

Allergies: ☑ Not know any drug allergies

PRESENTING COMPLAINTS :

C/O:- heavy menstrual bleed :- october 2025
In December (2023) - MIRENA was placed + Hysteroscopic polypectomy
↓
Removed in March 2026.

Again heavy menstrual bleeding :- March 2026.
continous, heavy flow.
took medication. (Inj Depo Provera 150mg on 28/3/26)
Tab Regesterone TID for 30days

15/5/26 - Pap smear - NILM.

MENSTRUAL HISTORY	OBSTETRIC HISTORY
Year of Marriage : 2012.	Parity : P2L2A1
Previous Periods : Irregular.	Mode of Delivery : NVD
LMP : June 1st week 2026.	Last Child Birth : 10 year.
Contraception :	

PAST MEDICAL HISTORY	PAST SURGICAL HISTORY
Nil	Laproscopic Tubectomy — 2018

BAH-00569775 IP26-00006680
Mrs GANDHE PRANAHEETHA DEVI
18-08-1983 42 Y 10 M 13 D (F)
Dr. VELIMALA RATNA KUMARI

Patient S

FAMILY HISTORY:

- Grand mother - Ovarian cancer.
- Mother - Death due Cancer. (uterus / ovarian)
- Father - HTN DM.

MEDICATION HISTORY:

Nil

INITIAL ASSESSMENT :

Date 29/6/26.
Ht. _____ Wt. _____
BMI _____
B.P _____
Pallor -
CVR S_1S_2 (+)
Respiratory System BAE (+)
Thyroid _____

Breasts

Not done.

Abdominal Examination

Soft

Local/Speculum Examination

Not done

Bimanual Pelvic Examination

Not done.

PROVISIONAL DIAGNOSIS : P_2L_2 + NVD + AUB-A + failed Medical management.

INVESTIGATIONS ORDERED

B+ve

22/6.
Hb - 13.9
WBC - 9000
PLT - 3.2

HIV, HBsAg, HCV } NR.

15/5/26.
Ut = AV, M/S 100 x 50 x 63 mm.
ET - 8.5 mm.
Endo myometrial junction - irregular
Myometrium - s/o Adenomyosis

PLAN OF MANAGEMENT

Plan -
- TLH + BS
- NBM
- Informed consent
- Preop medications
- ~~PAC~~.
- Shift to OT on call.

Name of the Doctor : Dr. Ratna Kumari
Signature of Doctor _____
Date & Time : 29/6/26.

BAH-00569775 IP26-00006680
Mrs PRAANAHITHA
16-08-1983 42 Y 10 M 13 D (F)
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(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/6/26.	C/S/B Dr. Dhanya	
	POD-0.	
1pm.	~~Conscious~~ Afebrile	Adv.
	BP: 112/91 mmHg	- NBM till further order.
	PR: 84/min	- IV fluids
	SpO_2: 97% on RA	- ~~Inj~~ Drugs as charted
	P/A soft.	- TED stocking
U/O-50ml clear.	I/E NAD.	- Vitals Monitoring 2nd hrly.
		- W/F PV bleed
		- Inform SOS.
	Staff	
29/06/2026 4:00pm	c/s by Dr. Naveena	
	O/E GC-fair	Adv-
	Afebrile SpO_2-100% on RA	- NBM
	Vitals-stable	- IVF & drugs as charted
	PA: soft, NT	- TED STOCKINGS
	Dressing: dry & clean	- Monitor Vitals
	I/E: NAD.	- W/F PV bleeding
	U/O: Adequate & clear.	- Inform SOS
	Dr. Naveena	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/6/2026 8:00pm	cls/by Dr Naveena	
	O/E GC-fair Afebrile SpO2-99% on RA Vitals - stable PA: soft, NT Dressing: dry & clean IIE: NAD B/O: adequate clear.	Adv - NBM - drugs as charted - iut ↑ ↓ - Urine I/O charting - w/f PV bleeding - Monitor Vitals - Inform SOS Dr. Naveena.
30/6/26 12AM	O-POD No complaints GC fair & afebrile Vitals (N) PA: soft U/O ~ 1 Bowel/hr	Dr. RAMYA THEJA KADIYALA Reg. No. [illegible]38 Ramya DrRAMYA THEJA

BAH-00569775 IP26-00006680
Mrs GANDHE PRANAHEETHA DEVI
16-08-1983 42 Y 10 M 13 D (F)
Dr. VELIMALA RATNA KUMARI

(2)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/6/26 4AM	No complaints Fc fair/afebrile vitals (N) PA: soft. BS (+) ambulated	IV/o NS 100ml/hr Dr RAMYA THEJA
30/6/26 7AM	C/o/B I-POD No complaints Fc fair/afebrile PR: 80/min BP: 114/79 mmHg SpO2: 98%. PA: soft, BS (+) CVS: RS Dr. RAMYA THEJA KADIYALA Reg. No: 01458	Dr. Ratna Kumari Adv 1) Liquid diet 2) IV fluids as advised 3) drugs as charted 4) Monitor vitals 5) Remove foley's catheter 6) Ambulation 7) Can shift to room. Dr RAMYA THEJA
V/o: good		

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/6/26 9:30AM	C/S/B Dr. Dug	
	POD-1 (TLH+BSO)	
	No complaints	Adv
		- Liquid diet
	GC fair Afebrile	- Drugs as charted
	BP: 130/62 mmHg.	- Ambulation
	PR: 70 bpm	- W/F PV bleed
urine passed	SpO_2: 99% on RA.	- Monitor vitals
	P/A soft	- Inform SOS
	BS(+)	TED stockings
	L/E: NAB.	
pt can be shifted to Room		
	[signature]	
30/6/26 1pm	C/S/B Dr. Dug	
	POD-1 (TLH+BSO)	Adv
	No complaints	- Liquid diet → Soft diet (from sp[illegible])
	GC fair Afebrile	- Drugs as charted
urine passed	Vitals Normal	- Ambulation
	P/A soft	- W/F PV bleed
Flatus - X.	BS(+)	- Monitor vitals
Can be discharged	L/E NAB	TED stocking
Send file for processing.		Inform SOS
	[signature]	- Dulcolax @ night.
		- IV Abx All today night

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208

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RESULT SHEET

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

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
Blood group = B+ve						
HCV HBsAg HCV } NR						

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

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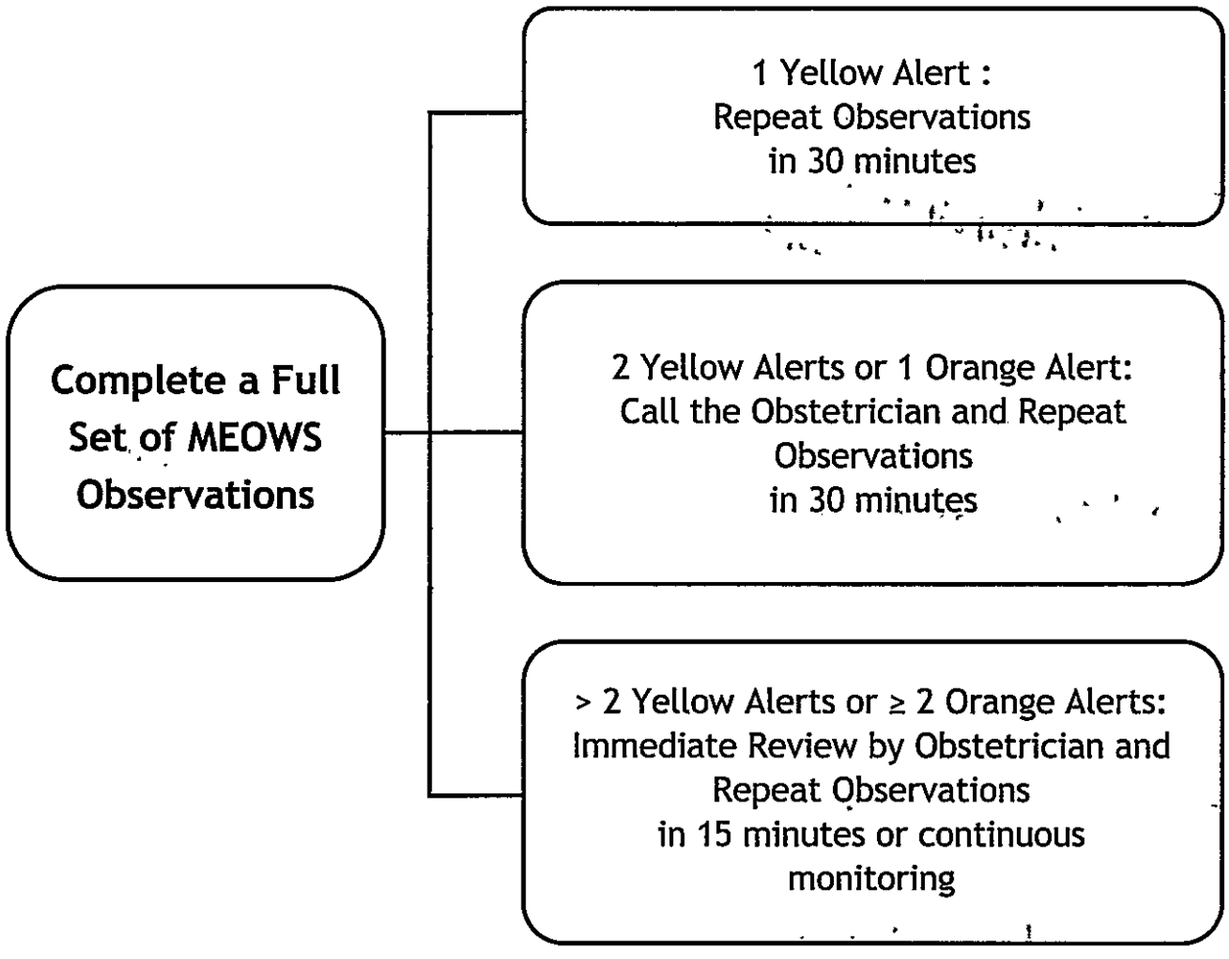
Early Warning Observation Score Chart - Obstetrics

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

2916

		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 Pressure ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
	40																									
NEURO RESPONSE [✓]	Alert																									
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30																									
	< 30																									
Proteinuria	Protein + +																									
	Protein > + +																									
Lochia	Normal																									
	Heavy / Foul																									
Liquor	Clear / Pink																									
	Green																									
TOTAL YELLOW SCORES																										
TOTAL ORANGE SCORES																										
Nurse Initial																										

Obstetrics and Gynaecology Early Warning Signs



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

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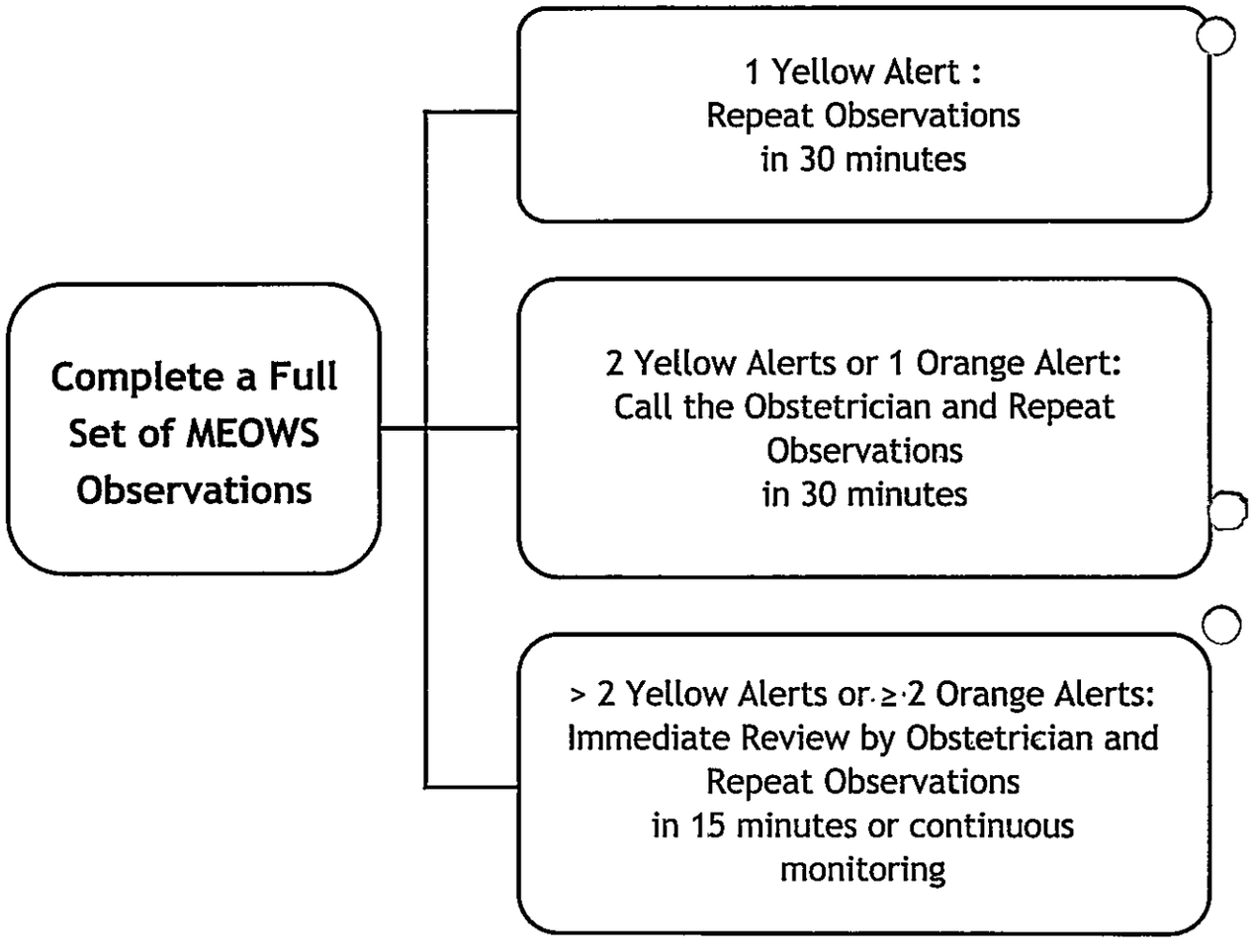
30/6/26	Date																								
	Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20		20																						
	0 - 10																								
Saturations	94 - 100 %		94																						
	< 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																						
	80																								
	70																								
	60																								
	50																								
	40																								
↑ Systolic Blood Pressue	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130		120																						
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
↓ Diastolic Blood Pressure	130																								
	120																								
	110																								
	100																								
	90		70																						
	80																								
	70		22																						
	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																						
TOTAL ORANGE SCORES			0																						
Nurse Initial			✓																						

Obstetrics and Gynaecology Early Warning Signs



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

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FLUID CHART

Sheet No. : 1

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

		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							
28/6/26	08:00 am										1	
	09:00 am	RL	N	100ml						V		
	10:00 am	RL		100ml							0	2
	11:00 am	RL	B	100ml		NA						
	12:00 pm	RL	M	100ml								
	01:00 pm	RL	M	100ml						50ml		
Total Intake :		400ml								**Total Output :**		50ml Passed
29/6	02:00 pm	RL	N	100ml							1	
	03:00 pm	RL	B	100ml								
	04:00 pm	DNS	M	100ml							0	
	05:00 pm	DNS	W	100ml		NA				300ml		Emp
	06:00 pm	DNS	B	100ml								
	07:00 pm	DNS	M	100ml								
Total Intake :		600 ml								**Total Output :**		300ml
29/6	08:00 pm	DNS	N	100ml						200ml	1	Emp
	09:00 pm	RL	B	100ml								
	10:00 pm	RL	M	100ml							0	
	11:00 pm	RL	W	100ml		NA				500ml		Emp
	12:00 am	RL	B	100ml								
	01:00 am	RL	M	100ml								
Total Intake :		600ml								**Total Output :**		700ml
30/6	02:00 am	DNS		100ml						200ml	1	Empt
	03:00 am	DNS		100ml								
	04:00 am	DNS		100ml							0	
	05:00 am	DNS		100ml		NA						LR
	06:00 am	DNS		100ml						400ml		En
	07:00 am	DNS		100ml								
Total Intake :		600ml								**Total Output :**		600ml

Total 24 hrs. Intake	2,200ml	Total 24 hrs. Output	1650ml

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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							
30/6/26	08:00 am	DNS		100x						2		
	09:00 am	DNS	120	100								
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

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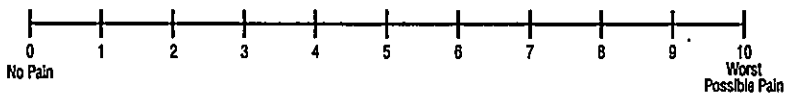
PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
29/6	10AM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
29/6	1PM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
29/6	9PM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
29/6/26	5PM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
29/6/26	10PM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
30/6/26	12AM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
30/6/26	2AM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
30/6/26	6AM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
30/6	10AM	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 brawn up
Activity	Laying quietly normal position, moves easily	Squirming shifting back and forth, tense	Arched, right, or Jerking
Cry	No Cry (Awake or asleep)	Moans or whimpers occasional complaint	Crying steadily, screams of sobs, frequent complaints
Consolability	Content, relaxed	Reassured by occasional touching, hugging, or being talked to, distractible	Difficult to console or comfort

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

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

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BRADEN 'Q' SCALE

	1	2	3	4	29	29/6	30/6	30/6
				Time :	N6	E2	[illegible]	N1
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	4	4
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
				TOTAL SCORE	28	28	28	28
				Evaluator's Name	[illegible]	[illegible]	[illegible]	[illegible]

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

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

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

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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	29/6	29/6/26	29/6/26
		Score	MG	G2	MG
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0	0		0
Secondary Diagnosis (more than one diagnosis)	Yes	15			
	No	0	0		0
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0			0
IV / Heparin Lock or Saline	Yes	20	20	20	20
	No	0	0		
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10			
	Normal /On Bed Rest /Immobile	0			
Mental Status	Forgets limitations	15			
	Oriented to own ability	0	0		0
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 GANDHE PRANAHEETHA DEVI
16-08-1983 42 Y 10 M 14 D (F)
Dr. VELIMALA RATNA KUMARI

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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	30/1			Fall Risk Grading		
		Score						
History of Falling (immediately or w/in 3 months)	Yes	25				Risk Level	Morse Fall Score (MFS)	Action
	No	0						
Secondary Diagnosis (more than one diagnosis)	Yes	15						
	No	0				Low Risk	0 - 24	Standard Fall Precaution
Ambulatory Aid	Furniture	30						
	Crutches, Cane(S), Walker	15						
	None /Bed Rest /Nurse Assist	0	0					
IV / Heparin Lock or Saline	Yes	20	20			Moderate Risk	25 - 50	Implement Moderate Fall Prevention Intervention
	No	0						
GAIT / Transferring	Impaired	20						
	Weak (uses touch for balance)	10						
	Normal /On Bed Rest /Immobile	0						
Mental Status	Forgets limitations	15				High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	Oriented to own ability	0						
Total Morse Fall Scale Score:			20					
		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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16-08-1983
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CHECKLIST FOR THROMBOPHLEBITIS

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

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

Signature of Shift In Charge :

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

Signature of Ward In Charge :

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

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

Patient Sticker

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CHECKLIST FOR THROMBOPHLEBITIS

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

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

Signature of Shift In Charge :

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

Signature of Ward In Charge :

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

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Mrs GANDHE PRANAHEETHA DEVI
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NURSING CARE RECORD

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Date: 29/8/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8Am to 2pm	→ Assess the pt condition → Monitor vitals → Maintain I/O chart	8Am to 2pm	→ Assessed the condition → Monitored vitals → Maintain I/O chart	Conscious pt is stable	Re-check vitals	[illegible]
Afternoon	2pm to 8pm	→ Assess the pt condition → Monitor the vitals & record → pt is NBM till further order → maintain I/O chart & records	2pm to 8pm	→ Assessed the pt condition → monitored the vitals & recorded → Administered medication as per doctor order → maintained I/O chart record.	Pt is stable	maintain I/O chart & record.	Akhila
Night	8pm to 8Am	⇒ Assess the patient condition ⇒ plan for vital ⇒ plan for I/O chart	8pm to 8Am	⇒ Assessed the patient condition ⇒ maintain vital checked ⇒ maintain I/O chart	patient is stable	vital is normal	[illegible]

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NURSING CARE RECORD

Rainbow® Children's Hospital
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Date: 30/6

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	8A to 2p	→ Assess the pt condition → monitor vitals → Maintain IV line	8A to 2p	→ Assessed the pt condition → monitor vitals → Maintain IVlo	Now pt is stable	Re-chkd vitals	Macri (A)
Afternoon							
Night							

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RSING SHIFT HAND OVER FORM - WARD

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

SITUATION

Diagnosis: TLH BSO

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

BACKGROUND

Area / Shift Time	29/6 MG	29/6 EV	29/6 NM	30/6 MM		
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:	98	98.1 F	97.8 F	98.4		
Res:	16	20 bmt	20	20		
SpO_2:	99%	100%	100	100		
Pulse:	90	82 bmt	86	80		
BP:	120/70	110/80	120/70	120/70		
Fall Risk Score:	-	-	-	-		
Pain Score:	-	-	-	-		

Recommendations

Safety Needs:		Yes		-		
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:	-	-	NA	NA		
Post Operative Procedure Special Orders:	-	-	NA	-		
Handed Over By Name :	Akhila	Cheeku	Cheeku	Mouni		
Signature :						
Date:	29/6	30/6/26	30/6	30/6		
Time:	2pm	8pm		2pm		
Taken Over By Name :	Akhila	Cheeku	Mouni			
Signature :						
Date:	29/6/26	29/6	30/6			
Time:	2pm	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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OPERATION THEATER NOTES

Patient's Name : MRS PRAMYTHA 42/F Age : ..... Gender : .....

UHID.: ..... I.P.No. : ..... Weight : .....

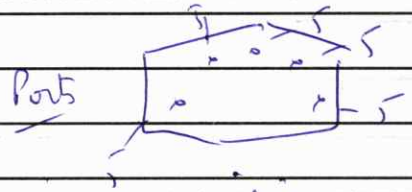
Surgeon : DR VASISHT / DR. RATNAKUMAR	Asst. Surgeon :
Anesthetist : DR SAMEER	OT Nurse : Sis Padma / Sulochana

Surgical Procedure : Lap. Hysterectomy + BSO

Indications for Surgery : Adenomyosis

Date :	Start Time :	End Time :

PRE-OPERATIVE PREPARATION :



Findings (1) Uterus - Bulky

OPERATION NOTES:

(2) Liv - (N)

(3) BIL F.T. - (N)

(4) BIL Ovaries - (N)

(5) Rest of viscera - (N)

Procedure

- Lap. Hysterectomy + BSO was done
- Sp removed
- Vault sutured c no I-O vicryl

- Haemostasis secured
- wash given
- wound closed in layers
- Skin c clips
- Postop. period was uneventful

Rx

1. NBM

POST - OPERATIVE ORDERS : 2. IV fluids @100 ml/hr
1 DNS
1 RL
1 DNS
1 RL

3. Inj MAGNEX FORTE 1.5 gm IV BD

4. Inj PANTOP 40 mg IV OD

5. Inj NEOMOL 1 gm IV TID

6. Inj Zofer 8 mg IV BD

7. vitals and I/O 8. TED STOCKINGS

9. Inj CLEXANE 60 UNITS s/c OD @ 10.00 Am from 30/6/26 × 10 days

Vasu

Consultant Surgeon's Name

Dr vasu

Consultant Surgeon's Signature

Date : 25/6 Time : 1 pm

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MEDICATION RECONCILIATION FORM

Drug Allergies: ..... ☐ Not known any Drug Allergies

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

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

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1						☐ C ☐ DC
2						☐ 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. Dna.

Date & Time : 29/6/26 @ 8AM

Nurse Name & Signature: Madhumita @ Madhu

Date & Time : 29/6/26 @ 8AM

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

BAH-00569775 IP26-00006680
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DRUG CHART

Date of Admission: 29/6/26. Drug Allergies: .... ☑ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

GENERAL - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.

DOCTOR - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).

- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
- Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
- Discontinue a drug by drawing a line / through it and a similar line through subsequent recording panels.
- The date and time of stopping the drug along with the doctors name and sign must be mentioned.
- Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.

NURSES - Nurses must follow strictly the FIVE RIGHTS before administration of medication.

1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time

- AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

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

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

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

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

BAH-00569775 IP26-00006680
Mrs GANDHE PRANAHEETHA DEVI
16-08-1983 42 Y 10 M 13 D (F)
Dr. VELIMALA RATNA KUMARI

REGULAR PRESCRIPTIONS Weight. 102kgs Ward. .....

Verified by Dr. Dhakshayani

DRUG : Inj CEFOPERAZONE + SULBACTAM

Dose	Route	Frequency	Start Date
1000mg/50mg	IV	BD	29/6

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time: 29/6 10pm 30/6 6am

Verified by Dr. Dhakshayani

DRUG : Inj PANTOPRAZOLE

Dose	Route	Frequency	Start Date
40mg	IV	OD.	29/6

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time: 30/6 6am

Verified by Dr. Dhakshayani

DRUG : Inj PARACETAMOL.

Dose	Route	Frequency	Start Date
1g	IV	TID	29/6

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time: 29/6 7am 30/6 3pm 11pm

Verified by Dr. Dhakshayani

DRUG : Inj ONDANSETRON.

Dose	Route	Frequency	Start Date
8mg	IV	BD	29/6

Name & Signature of the Doctor
Starting the Drugs:
Dr Dua

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time: 29/6 6am 30/6 6pm Akhila

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Sheet No: .....

REGULAR PRESCRIPTIONS

Weight 1.02 kgs Ward .....

DRUG : Inj ENOXAPARIN

Dose	Route	Frequency	Start Dt.
60	S/C	OD.	29/6

Name & Signature of the Doctor Starting the Drugs: Dr Dhra

Additional Instructions: For x 7 days
As per AKON. @ 8pm.

Daily Doctor's Endorsement by a Sign

Date / Time

DRUG : Inj ENOXAPARIN

Dose	Route	Frequency	Start Dt.
60 unit	S/C	OD	30/6

Name & Signature of the Doctor Starting the Drugs: Dr Dhra

Additional Instructions: x 10 days.
@ 10 AM.

Daily Doctor's Endorsement by a Sign

Date / Time 30/6 — 1 PM 10:1[illegible]

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

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

Patient Sticker

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

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

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

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

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

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

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

(P.T.O.)

BAH-00569775 IP26-00006680
Mrs GANDHE PRANAHEETHA DEVI
18-08-1983 42 Y 10 M 13 D (F)
Dr. VELIMALA RATNA KUMARI

Weight. 102kgs 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
29/6	10 AM	Inj PANTOPRAZOLE	40 mg	IV		
29/6	10 AM	Inj METOCLOPROMIDE	10 mg	IV		
29/6	1130 am	PARACETAMOL	1gm	IV		
29/6	1130 am	MORPHINE	6mg	IV		
29/6	1230 pm	ONDANSETRON	4mg	IV		
29/6	1230 pm	DICLOFENAC	100mg	PR		

Verified by Dr. Dhakshayani

18-08-1983 42 Y 10 M 13 D (F)
Dr. VELIMALA RATNA KUMARI

I.V. FLUIDS CHART

Weight. 102kgs 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
29/6	10 AM	RINGER LACTATE	IV	100ml/hr			29/6		
29/6	1130 am	RINGER LACTATE	IV	500			29/6		
29/6	1230 pm	RINGER LACTATE	IV	500 ↓ 150			29/6		
29/6	3pm	DEXTROSE NORMAL SALINE	IV	100ml/hr			29/6		
29/6	9 pm	RINGER LACTATE	IV	100ml/hr.			30/6		
30/6	2 AM	DEXTROSE NORMAL SALINE	IV	100ml/hr					
30/6	11 AM								

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

BAH-00569775 IP26-00006680
Mrs PRAANAHITHA
18-08-1983 42 Y 10 M 13 D (F)
Dr. VELIMALA RATNA KUMARI

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OBSTETRICS / GYNECOLOGY
NURSING INITIAL ASSESSMENT FORM

Date of Admission: 29/6

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: .....

TLH

Doctor Notified on Admission: ☐ Yes ☐ No

Name of the Doctor: Dr. manisha

Time Notified: 8 AM

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

Past Medical History	Past Surgical History	Previous Hospital Admission
Nil	Nil	Nil

Gynecology Assessment: ☐ Not Applicable

Menstrual History: .....

Regular

Onset of Menarche: .....

Menstrual Cycle: ☐ Regular ☐ Irregular

Last Menstrual Period: .....

Gynecology Surgical History:

Caesarean Section: ☑ No ☐ Yes

Cervical Cerclage: ☑ No ☐ Yes

Ectopic Pregnancy: ☑ No ☐ Yes

Myomectomy: ☑ No ☐ Yes

Others: _____

Gynecological History:

Contraceptives: ☑ No ☐ Yes

Vaginal Discharge: ☑ No ☐ Yes

Post-Coital Bleeding: ☑ No ☐ Yes

Infertility: ☑ No ☐ Yes

If Yes Type: ☐ Primary ☐ Secondary

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

Previous LSCS: .....

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

Family History: ☑ No Abnormalities Detected

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

☐ Liver disease ☐ Other .....

Vital Signs / Measurements: Temp: 98.5 HR: 82 RR: .....

BP: 116/71 Weight: ..... Height: ..... BMI: .....

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

BAH-00569775 IP26-00006680
Mrs GANDHE PRANAHEETHA DEVI
18-08-1983 42 Y 10 M 13 D (F)
Dr. VELIMALA RATNA KUMARI

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 .....

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: ..... Pranaheetha .....

Orientation not given Reason: ..... N.A .....

Nurse Signature: .....

Nurse Name: ..... Mounika .....

Date & Time: ..... 22/6/ .....

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
BAH-00569775 IP26-00006680 Mrs GANDHE PRANAHEETHA DEVI 18-08-1983 42 Y 10 M 13 D (F) Dr. VELIMALA RATNA KUMARI	29/6/26 @ 8:38AM	30/6/26 @ 9:30AM
	Transfer Ordered by Dr. Dua.	Reason for Transfer observation
From Unit pre post	To Unit Room (208)	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 35	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.	DNS – 100ml	1
2.		
3.		
4.		
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sr. Monika.	Dr. Dua.
Patient & Clinical Records Received by :	Sneh @ 30/6/26 @ 10:17AM
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

BAH-00569775 IP26-00006680
Mrs PRAANAHITHA
16-08-1983 42 Y 10 M 13 D (F)
Dr. VELIMALA RATNA KUMARI

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URINARY CATHETER BUNDLE CHECK LIST

Date of Insertion: 29/6 Date of Removal: 30/6/26 @ 6pm

Parameters / Date / Shift Time	29/6 M/G	29/6 G	29/6 N				
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	Madhu	Abiny	Umaday				
Signature of the Nurse	[signature]	[signature]	[signature]				

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
BAH-00569775 IP26-00006680 Mrs PRAANAHITHA 18-08-1983 42 Y 10 M 13 D (F) Dr. VELIMALA RATNA KUMARI	29/6/26 @	29/6/26 @ 10:45 Am
	Transfer Ordered by Dr. Duo.	Reason for Transfer TLH
From Unit MICU	To Unit OT	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 35	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	1
2.		
3.		
4.		
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sis. Monika	Dr. Duo.

Patient & Clinical Records Received by : Sis. Ramya @ 11:00 Am 29/6/26

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

BAH-00569775 IP26-00006680
Mrs GANDHE PRANAHEETHA DEVI
18-08-1983 42 Y 10 M 13 D (F)
Dr. VELIMALA RATNA KUMARI

208

M

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NUTRITIONAL ASSESSMENT FOR GYNEC PATIENTS

Date: 30/6/26 Time: 9:40 Am

Origin: Indian Height: 163 Cms Weight: 100 kg BMI: —

Food Allergies: NO

Diagnosis: POP-1 (TSH + RSO)

Medical History: Nil

Surgical History: Nil

☐ Vegetarian ☑ Non-Vegetarian ☐ Vegan

Diet Advised: clear liquid Diet

Patient's / Attendant's

Signature: G. pani Bhushan

Name: pranahaatha Devi

Date & Time: 30/6/26 ; 9:40 Am

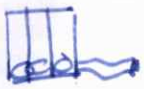
Dietician's

Signature:

Name: Sathwika-G

Date & Time: 30/6/26 ; 9:40 Am

Anticipate difficult airway.

 INCENTIVE SPIROMETR every 2nd hr.

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Department of Anaesthesiology

PRE-ANAESTHETIC EVALUATION

Name: Mrs. Praanahita Age: 42 Sex: female UHID.No : BAH - 569775

Date: 24/6 Time: 2:15pm Proposed Operation: TLH.

Diagnosis: AUB - Adenomyosis

B.P / CRT: 148/92 H.R: 84 Weight: 102 BMI - 40 ASA Physical Status: ☐ 1 ☑ 2 ☐ 3 ☐ 4 ☐ 5

Laboratory Data:

22/6
Hgb: 13.9
PCV: 41.5
WBC: 9000
Plate: 3.32
BT - 02'00" PT: 14.6
CT - 07'00" PTT:
INR: 1.09

(R) Glucose: 91
Urea: 24
Creat: 0.7
Na: 139
K: 4.4
Ca++:
Mg++:
Cl -: 105

Protein:
Alb:
Total Bill:
Dir. Bill:
LDH:
Alk phos:
Amylase:
SGOT/SGPT:

HIV: NR
HBS Ag: NR
HCV: NR
Blood group: B pos
T3
T4
(TSH) 1.606

X-Ray: ↑BVM, (N) study
ECG: PVC (+), VR-80/m, NS
2D Echo: EF-69%
Stress/Anglo: (N) VALVES
Other: NO RWMA (N) CHAMBERS

eGFR - 110.5

Allergies: NKDA.

Medical History: CVS : HTN for a week last year. resolved spontaneously. NoH/o CAD. palpitations.
RESP : occasional dry cough. DNS (+), Sinusitis Diabetes :
CNS : WNL NoH/o TB/pneumonia/mild OSA+, ~~STOP BANG~~ (-)/mild COVID (+)
Renal : No recent calculi
Hepatic / GE : No jaundice Physical Activity: NYHA - II, METS < 4.
Others : P2L2 - LCB - 10ym. - EA taken for both.
Past Anaesthetic History: hysteroscopy + polypectomy + GA (2024) / tubectomy + TIVA (2017) SERPC+
Physical Exam: coherent.
Airway: MP 1 2 3 (4) Mouth Opening: adq Mentohyoid Distance: 3FB Neck: (N) Teeth: intact.
Lungs : BAE (+) clear clinically. RR - 24/min, SpO2 - 98/m
Heart: S1+S2+ M0.
CNS: WNL - Backache (+)
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

Cardiology clearance - low risk.

CURRENT MEDICATIONS	DOSAGE
- nil -	

Pre-Operative Instructions:
1. DVT Prophylaxis : - pre & post-op.
2. NIL ORAL → Water / ORS 2 Hours; Others 6 Hours
3. Informed Consent: ☑ Standard ☐ High Risk
4. Post Operative Pain Management: ☑ Discussed with Patient
5. Other Instructions:
- INCENTIVE SPIROMETRY TO BEGIN
- FASTING & DIET TO BE EXPLAINED.

Signature: Name: Dr. Sanni Unayath.

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

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ANAESTHESIA CHART

Pre Induction Assessment:

Change in Patient Condition: ☐ Yes ☑ No — Fasting Status: Ok.

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

H.R: 72/m — B.P / CRT: 129/97 — SpO_2: 100%. — R.R: 18/m — Last Feed: >8 hrs.

Pre-OP Diagnosis: AUB — Operation: TLH + BSO — Date: 29/6

Surgeon: Dr Ratna + Dr. VS + team. — Anaesthesiologist: Dr Vani / Dr Ayesha — Technician: Pallavi

TIME	1100	15	30	45	1200	15	30	45	100
N_2O / AIR / O_2 LPM	1L/min	→							
HALO / ISO / SEVO	mac 1.1	→							
FIO_2 / SaO_2	100	100	100	100	100	100	100		
$ETCO_2$	38	38	38	36	36	38	35		
ECG	SR	SR	SR	SR	SR	SR	SR		
Temperature	34.4 →		36.5 →						
Urine Output									

Drugs:
- MIDAZOLAM 2mg IV
- FENTANYL 100 MCG IV
- PROPOFOL 160 mg IV
- ROCURONIUM 50 mg IV + 10 mg + 10 + 10 + 10
- PARACETAMOL 1 gm IV
- MORPHINE 6 mg IV
- ONDANSETRON 4 mg
- SUGAMMADEX 200 mg

Fluids / Blood: RL

Antibiotic: given.
Suppository: DICLOFENAC 100 mg
Blood Loss: minimal
NOTES

B.P — V Systolic, Λ Diastolic, X Mean, • Heart Rate
Tourniquet on Time / Tourniquet off Time
Throat Pack In / Throat Pack Out

Scale: 240, 220, 200, 180, 160, 140, 120, 100, 80, 60, 40, 20, 10, 0 (systolic ~100, heart rate ~70, diastolic ~50 plotted throughout)

LAB Values: ABG / GRBS / Others

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

Position: Litho + trend.
☑ Pressure Points Checked

Eye Care:
☐ Oint
☑ Tape
☑ Padding
☐ Awake

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

Times:
Anaes Start: 1100 am
OP Start: ↓
OP End: ↓
Leave OR: 1245 pm

Anaesthesia:
☑ GA
☐ Monitored Anaesthesia Care
☐ Regional

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

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

☑ Mask ☐ SGA
☐ Airway ☐ Oral ☐ Nasal
ETT# 7.0 at 19 cm
☑ Oral ☐ Nasal ☑ Cuff
☐ Tracheostomy ☐ Topical
☐ Drug: ROCURONIUM
☐ Awake ☐ Direct Vision
☑ Video Laryngoscopy ☑ Stylette / Bougie
☐ Fiberoptic
Blade# 4 Attempts: 01
Difficulty Why? MPG (4).

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

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

Transportation to
☑ PACU ☐ ICU ☐ Other
Relaxant Reversed ☑ Yes ☐ No ☐ NA
Name of the Doctor: Dr Vani
Signature of the Doctor: [signature]

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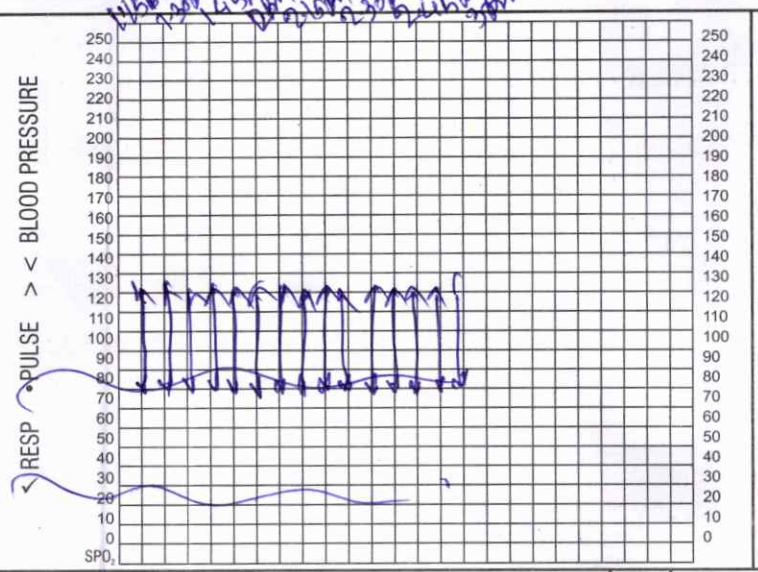
POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by: Madhu Time Received : 1pm Time Discharged : .....



IV Cannula Site : left

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

Vomiting : ☐ Yes ☑ No Drug: Kopinex

NG Tube : ☐ Yes ☑ No

Drain: ☐ Yes ☑ No

Urinary Catheter: ☑ Yes ☐ No

Chest Tube: ☐ Yes ☑ No

Nil Oral ☐ Yes ☑ No

IV Fluids: RL

Oral Feeds: NM

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

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
29/6	1Pm	0	Normal	
29/6	2Pm	0	Normal	
29/6	6Pm	0	NA	

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

Anaesthesiologist Name : Dr. SK. Ayesha

Anaesthesiologist Signature:

Date & Time:

PACU Nurse Name :

PACU Nurse Signature:

Date & Time:

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

Transferred to Unit by (PACU): .....

Date & Time: .....

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 Left Right	Maternal BP	Maternal Pulse	FHR	Comments

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

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

Patient Satisfaction : .....

Discharge /Shifting ordered by

Doctor Signature: .....

Doctor Name: .....

Date and Time : .....

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

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Patient Name : Mrs. Pranaheetha Gender: ☐ Male ☑ Female Age : 42yr.

UHID No : BAH-00569775 Date : 29/6/26.

Instruction:

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

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

TOTAL LAPROSCOPIC HYSTERECTOMY + BILATERAL SALPINGECTOM

upon

Mrs Pranaheetha. (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.

excessive bleeding, infection, injury to adjacent organs like bladder, bowel, Need for blood transfusion.

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. V. Ratna kumari

Consentee :

Signature :

Name : G. Pranaheeltha Devi

Date & Time : 29/6/26, 8.50 am

Patient Attendant :

Signature : G. Phani Bhushan

Name : G. Phani Bhushan

Relationship with Patient: Brother

Date & Time : 29/6/26, 9:05 am

Witness :

Signature : Madhu

Name : Madhumitha

Date & Time : 29/6/26

Doctor (who is taking the consent) :

Signature :

Name : Dr. Dha

Date & Time : 29/6/26 8:45 Am

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE

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Patient Name : Mrs: PRAANAHITHA Age : 42y Gender : Male ☐ Female ☑

UHID NO: BAH-569775 Surgeon Name: Dr. V. Ratnakumari

Anaesthesiologist : Dr. Samir for Ayesha

Operative procedure planned : TOTAL LAPAROSCOPIC HYSTERECTOMY + B/L SALPINGECTOMY

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 : Obese, difficult Airway, Laryngospasm, Bronchospasm,

Comments : Desaturation, post operative ICU stay.

- 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: PRAANAHITHA the above mentioned operation / Diagnostic / Therapeutic procedures TOTAL LAPAROSCOPIC HYSTERECTOMY + B/L SALPINGECTOMY

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 : G. Pranaheeltha Devi

Relationship with Patient: Self

Date & Time : 29/6/26, 8:35Am

Witness :

Signature : G. Pani Bhushan

Name : G. PHANI BHUSHAN

Date & Time : 29/6/26 8:35Am

Doctor (who is taking the consent) :

Signature : .....

Name : Dr. Sk. Ayesha

Date & Time : 29/6/26, 8:40Am

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Ratnakumari
Asst. Surgeon : Dr. Vasisht
Anaesthetist : Dr. Samir
Scrub Nurse : Padmaja/Vatsala

Patient Name : Mrs. P. Sowmithra Age : ..... Gender : .....
UHID No. : ..... Surgery Name : .....
Date : 29/6/26 In-time : ..... Out-time : .....

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Before Induction of Anaesthesia ➤➤

SIGN IN Time: 11 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 : .....
Name : .....

Before Skin Incision ➤➤

TIME OUT Time: 11:24 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 TL+PBSO ☑ Yes ☐ No

Anticipated Critical Events

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

100ml.

Anaesthesia Team Reviews:
- Are There Any Patient-specific Concerns? ☑ 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

H/o Bm! Allergic to Bronchitiel.
10 PRBC @ Surya Blood Bank.

Signature : .....
Name : ..... 29/6/26 @ 11.24 Am

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. Vasisht.

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
Mrs. Pranahitha.	29/6/26 @ 8:39Am.	29/6/26 @ 12:45Pm.
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
Dr. Ratana Kumari	Dr. Samir.	Observation
From Unit	**To Unit**	**Information to Attendant**
OT	Pre-Post	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
30	Nil	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
Karuna	Dr. Samir.

Patient & Clinical Records Received by : Madhumitha

Date & Time of Patient Received : 29/6/26 @ 1Pm

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

26-0000209107

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NARCOTIC PRESCRIPTION FORM
(PATIENT COPY)

Patient Name:	Mrs. Praanahitha	Age:	42 Yrs	Gender:	Female
UHID No:	BAH-00569775	IP No:	26-00006680	Date:	29/6/26 Time: 8:48 AM
Diagnosis:	TLH + BSO				OT

PRESCRIPTION DETAILS (Tick only one of the following)

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

Doctor Name: Dr. SK. AYESHA

Doctor Registration No: TSMC/FMR/07727

Signature:

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

IP Registration No: 26-00006680 **Date:** 29/6/26

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

		Remarks
1.	**Name :** Mrs. Praanahitha	
2.	Complete postal address (with contact number, if any)	Prabhas enclave engineers colony A.gs staff quaters
3.	Brief description of the illness	TLH + BSO
4.	Whether registered with any other registered medical practioner / recognized medical institution (If yes, details of the recorded)	No
5.	Details of essential Narcotic drug dispensed	Fentanyl

Date	Name of the Essential Narcotic Drugs	Quantity	Signature / Thumb Impression of the patient / Patient Attender	Remarks, if any
29/6/26	Fentanyl	01		

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

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

Time: .....