213
FC

Name	Mrs BHAVANI JETLING	**UHID**	HNH-00013639
Father/Guardian	Mr GADAPA RAKESH	**Age/Gender**	30 Y 6 M 27 D/ Female
Address	1-7-131/14/a, srk nagar, Musheerabad Ndso, Hyderabad, Telangana, INDIA, 500020		
IP No	IP26-00006714	**Admission Date**	02-07-2026
Ref Doctor	Self.		
Discharge Date	04.07.2026		

DISCHARGE SUMMARY

Consultant:
Dr. SWAPNA SAMUDRALA
MBBS, MS (OBG)
69924

Diagnosis: G2P1L0 WITH 33^{+4} WEEKS WITH HISTORY OF PRETERM VAGINAL BIRTH WITH PRETERM LABOUR.

History:
LMP: 09.11.2026 Obstetric formula:G2P1L0
EDD: 16.08.2026 Gestation at admission: 33^{+4} weeks

Obstetric History:
G1 2024,Preterm vaginal delivery at 28+4 weeks ,PPROM ,MCDA twins ,both

Name	Mrs BHAVANI JETLING	**UHID**	HNH-00013639
IP No	IP26-00006714	**Admission Date**	02-07-2026

female ,wt -930 gm and 940 Gm, NICU admission for 14 and 25 days.
G2 - Present pregnancy Spontaneous conception.

Medical History : Nil
Surgical History: Nil
Family History : Nil
Allergies : Nil

Antenatal Details:
Mrs BHAVANI JETLING was booked to Rainbow hospital at 13+2 weeks of gestation. She had regular antenatal checkups and investigations as advised. NT Scan was normal, FTS was low risk, MTAS was normal except Lateral Ventricle appears prominent (Right-9.7 mm,Left-9.2 mm) ,Third ventricle appears prominent. Serial fetal growth monitoring done .Growth Scan on 02.07.2026 showed 33+4 weeks ,SLIUF, cephalic presentation,AFI-9.3 CMS ,placenta - anterior ,high ,EFW-2249 gm (45%),AC(62%),Dopplers- normal. She was admitted at 33+4 weeks in view of preterm labour.

Investigations: Enclosed
Blood Group -"O" Positive

Management: Course in hospital and Delivery Details:

At admission on clinical examination the vitals were stable, uterus was mild acting, cervix was partially effaced and os closed. Fetal well being was confirmed by an admission CTG which was found to be reactive. Injection Betamethasone 12mg I.M. given for fetal lung maturity on 02.07.2026. Artificial rupture of membranes done at 7-8 cms dilatation revealing clear liqour. As per hospital protocol she was started on IV. Taxim in view of ruptured membranes. Partographic monitoring of labour was done. Further augmentation was done by oxytocin infusion. She progressed to full dilatation at 4:20pm. Passive descent of fetal head was allowed post full dilatation. She

Name	Mrs BHAVANI JETLING	**UHID**	HNH-00013639
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was put into position for vaginal birth. Parts painted with betadine solution and draped to ensure full asepsis. She was encouraged to bear down. At crowning of head episiotomy was given under local anesthesia (10 ml of 2 % xylocaine solution).

Baby was delivered by spontaneous vaginal delivery, Cord clamped and cut and baby handed over to pediatrician. Cord blood collected for blood grouping and Rh typing. Placenta and membranes delivered completely with controlled cord traction. Prophylactic syntocinon given. Episiotomy inspected. No extensions or additional vaginal tears found. Episiotomy sutured in layers. Instrument and swab count checked. 600 mcg of misoprostol given per rectally as prophylaxis against post partum hemorrhage. Vagina cleaned with betadine solution.

Delivery Details:

Date : 02.07.2026
Time of Delivery: 4:26 PM
Type of Labour : Spontaneous Preterm Labour
Type of Delivery: Preterm vaginal delivery
Indication : Preterm labour

Baby Details:

Date : 02.07.2026
Time : 4:26 PM
Sex : Male
Weight : 2.380 kg
Apgar : 5,7
Gestational Age: 33^{+4} weeks
NICU Admission: Yes

Name	Mrs BHAVANI JETLING	**UHID**	HNH-00013639
IP No	IP26-00006714	**Admission Date**	02-07-2026

Post-Partum Notes: She was closely monitored for post partum hemorrhage. Breast feeding initiated. Vitals were stable; patient ambulated and was shifted to room. Patient was encouraged for spontaneous voiding. Dietary advice given. Her postpartum period following that was uneventful. On first postpartum day episiotomy wound was healthy and intact. Her general condition was satisfactory and she was found to be fit for discharge. Wound care and medications were explained to patient supplemented by written information. She was given the postpartum book for further reference.

Advice:

1. Tab. Taxim - O 200mg (Cefixime 200mg) twice daily till 08.07.2026 (9am-9pm) after food.
2. Tab. Calpol 500mg (Paracetamol 500mg) (2tabs) thrice daily till 06.07.2026 (8am-2pm-10pm) after food.
3. Tab. Pantodac (Pantoprazole - 40mg) 1 tablet twice daily till 08.07.2026 (7am-7pm) before food.
4. Tab. Voveran 50 mg (Diclofenac 50mg) thrice daily till 06.07.2026 (9am-3pm-11pm) after food.
5. Tab. Livogen (Elemental iron - 50mg, folic acid 1.5mg) once daily (7am) for three months before breakfast.
6. Tab. Shelcal (Elemental Calcium 500 mg, vitamin D3 250 IU) once daily (2pm) till breast feeding after food.
7. Betadine ointment for local application.
8. Syp. Duphalac 15 ml (Lactulose 3.33gm/5ml) at bed time for one week.

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

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Name	Mrs BHAVANI JETLING	**UHID**	HNH-00013639
IP No	IP26-00006714	**Admission Date**	02-07-2026

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

Review with **Dr. SWAPNA SAMUDRALA** after **2** weeks on **11.07.2026** at Rainbow Children's Hospital with prior appointment **(Review consultation will be charged).**

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**

Registrar/Resident/C.M.O

Consultant:
Dr. SWAPNA SAMUDRALA
MBBS, MS (OBG)
69924

VH-00013639 IP26-00006714
's BHAVANI JETLING
-12-1995 30 Y 6 M 28 D (F)
. SWAPNA SAMUDRALA

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CROSS CONSULTATION FORM

Doctor Name : Dr. Swapna Date : 3/7/26 Time : 12:40 pm

Diagnosis : NVD

Hospital : RCH - HMNR

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

Type of Referral :
☐ Emergency
☐ Urgent
☐ Non Urgent

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

Signature:

Findings and Recommendations :

Lactation care plan

- well formed breast & Nipple's
- Baby at NICU
- Advice Expressed Breast milk every 2-2½ hours on each side 15-20 mints.
- massage Breast with ghee twice a day.
- send EBM to NICU baby
- Advice to start lactogogues / galactagogue foods
- 2-3 lit liquid diet

Consultant :

Name : Sathwika.G Signature : Date & Time : 3/7/26 ; 12:40pm

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Childrens Hospital-Himayatnagar

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

ADMISSION SHEET

Registration Details :

Admission No : IP26-00006714 **Admit Date** : 02-Jul-2026 **Admit Time** : 10:00 AM **UHID** : HNH-00013639

Patient Details :

Patient Name	: Mrs BHAVANI JETLING	**Age**	: 30 Y 6 M 27 D
Guardian	: Mr GADAPA RAKESH	**DOB**	: 05-12-1995
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 1-7-131/14/a, srk nagar Musheerabad Ndso Hyderabad Telangana INDIA 500020	**Phone No**	: 7659081907/ 9059349743
		E-mail	: 7659081907@gmai.com

Admission Details :

Bed Type : TWIN SHARING **Bed No** : PDA-414 **Ward Name** : 4F -OT

Room No : PDA-414 **Admission Type** : First Visit

Contact Details :

Name : Mr GADAPA RAKESH **Relationship** : Husband

Contact Address : 1-7-131/14/a, srk nagar Musheerabad Ndso Hyderabad Telangana INDIA 500020 **Phone No** :

G. Rakesh

Signature

Doctor Details :

Doctor Name : Dr. SWAPNA SAMUDRALA **Specialisation** : OBSTETRICS AND GYNECOLOGY

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

Co-Consultant :

Payment Details :

Deposit Amount : 50000.00

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

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ACTIVITY RECORD FOR BILLING

Name :_____

HNH-00013639 IP26-00006714
Mrs BHAVANI JETLING
05-12-1995 30 Y 6 M 27 D (F)
Dr. SWAPNA SAMUDRALA

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

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	~~Dr. Tejaswi~~			
2	Dr. Tejaswi	2/7/26	210097	
3	Reddy (NNE)			
4				
5				
6				
7				
8				
9				
10				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
2/7	CBP,	10775	
2/7	CRP	10792	
2/7	NST - (1)	7894	
2/7	[illegible]		
	DOPPLER ROUTINE	R9626-007895	
2/7	RBS (81mg/dl)(9.10Am	10801	
2/7	NST - (2)	7905	
2/7	NST - (3)	7916	Anu
	Cross checked done by Amrutha 3/7/26 @ 12pm		

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
2/7	infusion pump	9AM	5pm	~~10027~~	[signature]
			stop.		
			2/7/2026		

cross checked done by Amrutha.

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
2/7	IV Placement	(1)	10028	
2/7	catheterization	(1)	210028	
3/7/26 10:30am	NFA	(1)	10294	
		Cross checked done by Amrutha 3/7/26 12pm		

ANY OTHER INFORMATION

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.....

.....

.....

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

HNH-00013639 IP26-00006714
Mrs BHAVANI JETLING
05-12-1995 30 Y 6 M 27 D (F)
Dr. SWAPNA SAMUDRALA

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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints
c/o Pain abdomen: today morning
c/o loose stools today morning
NCM: 3 episodes

Obstetric Formula: G2P1L0, ML: 2020

Obstetric History: 1st: 2024, PTVD @ 28w 4days
c PPROM c MCDA twins Both ♀. B.wt 930gm B.wt 940gm
2nd: P1 Spont. Conceptn CNICU 14 & 25 days (@ AMS)

Present Pregnancy Record: NT – (N) c placenta-Ant/low
eFTS – low risk each OS
MTAS – (N) except LV – appears promi CRT 9.7mm
3rd V – appears promi lt – 9.2mm

RISK FACTORS:
- previous PTVD

Height: 155 cm
Weight: ..... kg
Allergies: .....
Breast: ☒ Normal ☐ Abnormal

General Examination:
Consciousness: c/c Pallor: -ve
Icterus: No Edema: Nil
Temp: Afebrile. PR: 86bpm
BP: 108/71mmHg DTR: (N)
CVS: S1S2 (+) normal RS: B/L NVBS (+)
Liver/Spleen: normal Urine Output: Adequate

LMP: 9/11/2025 EDD:
Corrected EDD: 16/8/26 GA: 33w 4days
Menstrual History: Regular: ☒ Yes ☐ No

Obstetric Examination
Fundal Height: 34 cms
Ut. Activity: ☐ Relaxed ☒ Mild ☐ Mod ☐ Severe
Liquor: ☒ Adequate ☐ Oligo ☐ Poly
PP: ☒ Cephalic ☐ Breech Others _____
Head Fifths Palpable: _____
FHS: ☒ Normal ☐ Tachy ☐ Brady ☐ Absent

Per Speculum Examination not done
Draining: ☐ Present ☐ Absent ☐ Bleeding
Colour of Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

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

DIAGNOSIS
G2P1L0 with 33w 4days POG with previous PTNVD with threatened Preterm labour.

HNH-00013639 IP26-00006714
Mrs BHAVANI JETLING
05-12-1995 30 Y 6 M 27 D (F)
Dr. SWAPNA SAMUDRALA

Family History: Nil.	Surgical History: Nil.
Medical History: Nil.	Medication History: T. IRON T. CALCIUM.
Plan of Care: - Admission NST. - Inj: Tramadol. 50mg imstat. - Inj. Betnasol. 12mg imstat - GRBS - 81mg/dl. - Parts Preparation - strict FHR monitoring - W/F Pain abdomen. - NST 4th hrly. - Growth Scan	Investigations: BG T - 'O' Positive. CBP (2/7/2026) Hb 10.5 HIV plt 372 HbsAg PCV HCV TLC. 11.16 VDRL. USG (30/5/2026) SLIUF 29-30wks. Cephalic. placenta - Ant upp & mid Segment AFI - 11-12cms. EFW - 1555 ± 250 gms. Doppler - (N)

Doctor Name: Dr. Naveena
Signature: (Naveena)
Date & Time: 2/7/2026

Consultant Name: Dr Swapna S
Signature:
Date & Time: 2/7/2026

Dr. SWAPNA SAMUDRALA Reg. No. 1924

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Mrs BHAVANI JETLING
05-12-1995 30 Y 6 M 27 D (F)
Dr. SWAPNA SAMUDRALA

(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/2/2026	Counselling	
	GA → 33 wks.	
	Estimated wt → 2.2kg.	
	1 dose of steroid covered (given today).	
	Problems Anticipated	
	→ Lung immaturity → RDS.	
	DR- CPAP → followed by NIV.	
	at NICU.	CPAP.
	→ feeding intolerance	
	initially On tube. gradually escalate the feeds	
	→ 2D Echo & USG at 24 HOL.	

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Dr. SWAPNA SAMUDRALA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	→ Septic Screen will be done.	
	Antibiotics to be given after NICU admission	
	Expected duration of Stay	
		↳ 4 to 5 days.
	Dr. Tejaswi	G. Rakesh
	Dr. S. TEJASWI REDDY Registration No: 94508	

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

HNH-00013639 IP26-00006714
Mrs BHAVANI JETLING
05-12-1995 30 Y 6 M 27 D (F)
Dr. SWAPNA SAMUDRALA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/1/26, 11:00 AM	$G_2P_1L_0$ / 33+4 wks / c/o pain Abdomen :: App for mx	Threatened Preterm Labour 4:00 Am
	O/E - G.C fair, Afebrile, SpO2 99 % RA, PR - 84, B.P - 110/70, P/A - Ut Irritable, Ceph ↓, FHR 148 bpm, V/E - Cx 1f, PE, Sup, PP - Vx - 2, memb (+), Term	Adv - Growth Scan today - Inj Betnesol 12 mg IM @ 9:45 pm (2nd dose) - NNC - W/F S/S of labour. - TPR / BP / FHR monitoring - Drugs as charted - Inform Sos
	Couple / Attendee counselled	(M. Sruganni)
	G.S → SLF, 33+4 wks, 2249 gm (95% / AC 62 %) AFI - 9.3 cm, UA PI - (N)	Dr. SWAPNA SAMUDRALA Reg. No: 69924
- [Send CBP, CRP, CUE]		
	[signature]	

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Mrs BHAVANI JETLING
05-12-1995 30 Y 6 M 27 D (F)
Dr. SWAPNA SAMUDRALA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/7/26	PND-0	
6:00pm	No comp	Adv
	O/E: G.C fair	- Regular Diet
	Afebrile	- Oral hydration
Baby NICU	O_2 sat- 99% RA	- Drugs as charted
	PR - 98	- Monitor vitals 1/2 hrly
	B.P - 122/80	- W/F excessive P/V bleeding
Chest rowling	P/A- UT well retracted	
	A/E - NAD.	- D/o chart
		- Inform SOS
	C/S/B Dr. Divya	
2/7/26	PND-0	Adv
6:45pm	No complaints	- Regular diet
	GC fair	- Adequate hydration
	Afebrile	- Drugs as charted
Baby @NICU	PR: 89bpm.	- Monitor vitals
	BP: 110/70 mmHg	- W/F excessive P/V bleed
urine passed	P/A uterus Retracted well	- Inform SOS
	P/E - bleeding WNL	
Pt can be shifted to Room.		N.B. Anusha @ 8pm

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Mrs BHAVANI JETLING
05-12-1995 30 Y 6 M 27 D (F)
Dr. SWAPNA SAMUDRALA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/S/B Dr. Dng	
2/7/26	PND-0.	Adv
9pm	c/o Fever.	- Regular diet
	C/C Fair	- Adequate hydration
	Temp: 100.4 @ 8:30pm.	- Drugs as charted
	PR: 100 bpm	- Monitor vitals.
Urine passed	BP: 110/70.	- W/F excessive bleeding P/V.
	P/A Uterus Retracted well	- Inform SOS
Baby @ NICU	I/E - NAD.	- Temp Monitoring 2nd hr.
		N/B
3/7/26	C/S/B Dr. Dng	
7:30AM	PND-1	Adv
Baby @ NICU.	C/C fair.	- Regular diet
	Afebrile	- Adequate hydration
Urine ✓.	PR: 86/m.	- Drug as charted
FV.	BP: 120/70 mmHg	- Monitor vitals
SV.	P/A Uterus Retracted well	- W/F PV bleed.
		Inform SOS.
	I/E NAD	Temp Monitoring 4th hrly.
	Pt Not willing for PV examination	N/B

INH-00013639 IP26-00006714
Mrs BHAVANI JETLING
15-12-1995 30 Y 6 M 28 D (F)
Dr. SWAPNA SAMUDRALA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/7/2026	C/S/b Dr	Swapna Samudrala
11:30 Am	PNID - 2	
	No comp	Adv
	GC/E - Gr fair	- Regular Diet
	Afebrile	- Oral hydration
	Vitals - (N)	- Drugs as charted
Baby - NICU	P/A - UT well retracted	- Monitor vitals
Shifted	HLE - NAB	- Ambulation
		- Oxygen Sre.
	Can be discharged	
	Dr. SWAPNA SAMUDRALA Reg. No: 69924	[signature]
		N.B. Anesth. @ 12pm

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

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Mrs BHAVANI JETLING
05-12-1995 30 Y 6 M 27 D (F)
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DRUG CHART

Date of Admission: 2/7 Drug Allergies: Nil ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

DRUG : PARA				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-00013639 IP26-00006714
Mrs BHAVANI JETLING
05-12-1995 30 Y 6 M 27 D (F)
Dr. SWAPNA SAMUDRALA

REGULAR PRESCRIPTIONS

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

DRUG : TAB CEFIXIME

Dose	Route	Frequency	Start Date
200mg	P/o	BD	2/7

Name & Signature of the Doctor Starting the Drugs: M Dr Swapna

Additional Instructions:

Date / Time	2/7	3/7
10Am	X	
10Pm	✓	

Daily Doctor's Endorsement by a Sign

DRUG : T PARACETAMOL

Dose	Route	Frequency	Start Date
1g	P/o	TID	2/7

Name & Signature of the Doctor Starting the Drugs: M Dr Swapna

Additional Instructions:

Date / Time	2/7	3/7
6Am	X	
2Pm	X	
10Pm	8:30 Pm	

Daily Doctor's Endorsement by a Sign

DRUG : T PANTOPRAZOLE

Dose	Route	Frequency	Start Date
40mg	P/o	OD	2/7

Name & Signature of the Doctor Starting the Drugs: M Dr Swapna

Additional Instructions:

Date / Time	2/7	3/7
6Am	✓	

Daily Doctor's Endorsement by a Sign

DRUG : T. DICLOFENAC

Dose	Route	Frequency	Start Date
50mg	P/o	BD	2/7

Name & Signature of the Doctor Starting the Drugs: M Dr Swapna

Additional Instructions:

Date / Time	2/7	3/7
10Am	X	
10Pm	✓	

Daily Doctor's Endorsement by a Sign

HNH-00013639
Mrs BHAVANI JETLING IP26-00006714
05-12-1995 30 Y 6 M 27 D (F)
Dr. SWAPNA SAMUDRALA

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Sheet No: .... **REGULAR PRESCRIPTIONS** Weight .... Ward ....

DRUG : OINT BETADIENE				Date ▸ Time ▾	2/7
Dose	Route	Frequency	Start Dt.		
Small amount	L/A	BD	2/7		
Name & Signature of the Doctor Starting the Drugs: M Dmonde				10AM ✗	
Additional Instructions:				10PM ✗	
Daily Doctor's Endorsement by a Sign					

DRUG : SYP DUPHALAC				Date ▸ Time ▾	
Dose	Route	Frequency	Start Dt.		
15ml	P/O	~~HS~~ OD	2/7		
Name & Signature of the Doctor Starting the Drugs:					STOP M Dmonde
Additional Instructions: Freq. OD (at Bedtime)					
Daily Doctor's Endorsement by a Sign					

DRUG : SYP DUPHALAC				Date ▸ Time ▾	2/7
Dose	Route	Frequency	Start Dt.		
15ml	P/O	OD	2/7		
Name & Signature of the Doctor Starting the Drugs: M Dmonde				10PM	
Additional Instructions: at Bedtime					
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 ....

HNH-00013639 IP25-00008714
Mrs BHAVANI JETLING
05-12-1995 30 Y 6 M 27 D (F)
Dr. SWAPNA SAMUDRALA

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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				

Mrs BHA...
05-12-1995 30 Y 6 M 27 D (F)
Dr. SWAPNA SAMUDRALA

HNH-00013639

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

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.	

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
2/7	9:10AM	INJ-TRAMADOL	50mG.	Im	[signature]	[signature]
2/7	9:45	INJ-BETNASOL	12mG.	Im	[signature]	[signature]
2/7	3PM	INJ DROTIN	1 amp	IV	[signature]	[signature]
2/7	3PM	INJ BUSCOPAN	1 amp	IV	[signature]	[signature]
2/7	4PM	INJ CEFOTAXIME	1g [illegible]	IV	[signature]	[signature]
2/7	5pm	T MISOPROST	600mcg	PR	[signature]	[signature]
2/7	5PM	JUSTIN SUPPOSITORY	100mg	P/R	[signature]	[signature]
2/7	5PM	OXYTOCIN	10U	IM	[signature]	[signature]
2/7		TRAMADOL.	50mg	IM.	[signature]	[signature]

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

Mrs BHAVANI JETLING
05-12-1995 30 Y 6 M 27 D (F)
Dr. SWAPNA SAMUDRALA

IP26-00006714 HNH-0001363

I.V. FLUIDS CHART

Weight. ..... 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
2/7	9AM	RINGER LACTATE	IV	100 ml/L			2/7		
2/7	4 pm	RINGER LACTATE + 10 U OXYTOCIN	IV	6ml/L			2/7		
2/7	8 pm	RINGER LACTATE	IV	100 ml/L			2/7		
		STOP IV Anomaly							

Signature .....

VERIFIED BY : Name .....

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Mrs BHAVANI JETLING
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Dr. SWAPNA SAMUDRALA

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RESULT SHEET

Date	21/1/26					
Time						
Hb	10.5					
PCV	30.4					
RBC	4.17					
WBC	11.16					
N/L	25.7/19.1					
Platelets	372					
CRP						
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

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

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

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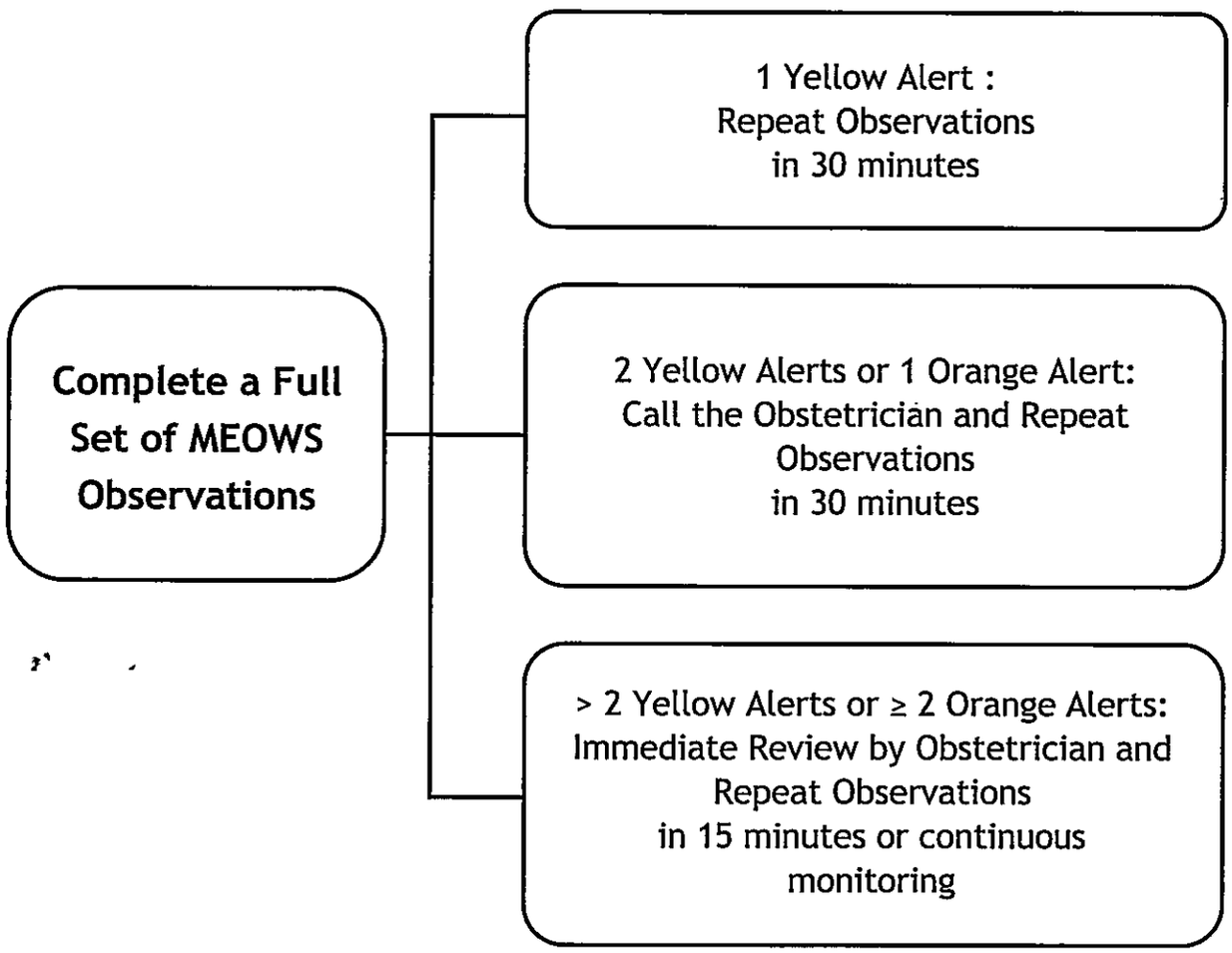
Early Warning Observation Score Chart - Obstetrics

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

27/7/26	Date																							
	Time	8	9	10	11	12	1	2	3	4	5	6	7	8:30 PM	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			22							20			20	
	0 - 10																								
Saturations	94 - 100 %			100			99%				99%			100 on RA							100 on 1 L			100	
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37																								
	36									36.0				100.4°F				99.6°F			98.5°F			99.0°F	
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70			86			86				89					79						90			72	
	60																								
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110					112				122						117					108			110	
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70			70			70				76					73						80			88	
	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				1			0				0					1						1		0	
TOTAL ORANGE SCORES				0			0				0					0						0		0	
Nurse Initial																									

Obstetrics and Gynaecology Early Warning Signs



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

Patient Sticker

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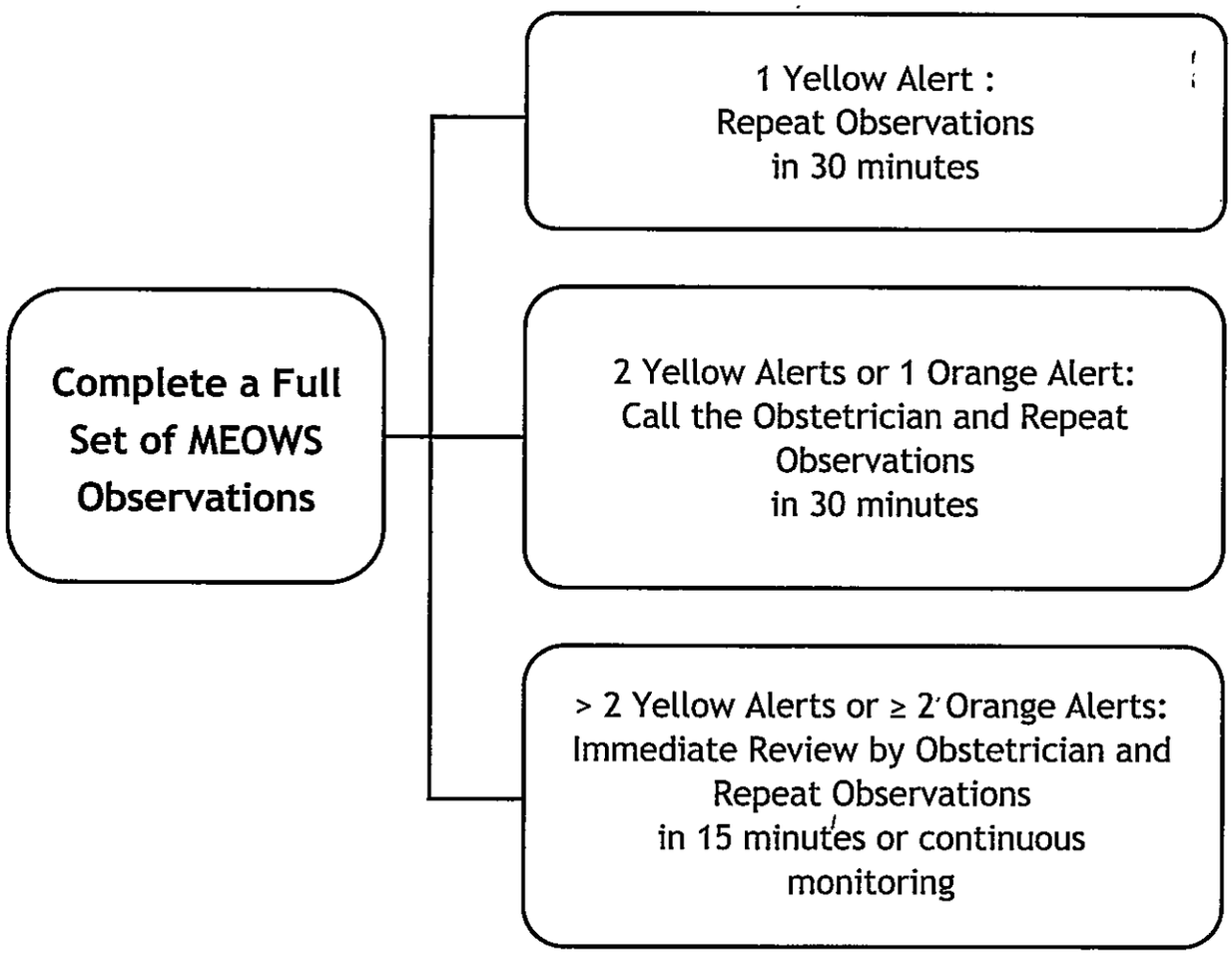
Early Warning Observation Score Chart - Obstetrics

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

3/7/26	Date	~~10~~ 11																								
	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			22																					
	0 - 10																								
Saturations	94 - 100 %			99-1.																					
	< 94 %																								
Administered O, (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37			96.5°F																					
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80			68																					
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100			102																					
	90																								
	80																								
	70																								
	60																								
	50				(75)																				
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70			69																					
	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)**

HNH-00013639 IP26-00006714
Mrs BHAVANI JETLING
05-12-1995 30 Y 6 M 27 D (F)
Dr. SWAPNA SAMUDRALA

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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							
2/7/26	08:00 am											
	09:00 am											
	10:00 am	RL	120	100ml						✓		
	11:00 am	RL		100ml								
	12:00 pm	RL		100ml								
	01:00 pm	RL		100ml								
Total Intake :						**Total Output :**						
2/7/26	02:00 pm	RL		100ml								
	03:00 pm	RL + Syrup		100ml								
	04:00 pm	RL		100ml						200ml		
	05:00 pm	RL										
	06:00 pm	RL										
	07:00 pm											
Total Intake :		Tablet				**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

Patient Sticker

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FLUID CHART

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							
3/7/26	08:00 am	1			/				/		1	
	09:00 am	1									1	
	10:00 am	P	Idly		DA			NA		✓	2	PA
	11:00 am		T									
	12:00 pm	1	H2O	/				/			1	
	01:00 pm	1										
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-00013639 IP26-00006714
Mrs BHAVANI JETLING
05-12-1995 30 Y 6 M 27 D (F)
Dr. SWAPNA SAMUDRALA

NURSING CARE RECORD

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Date: 2/7/26

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				NA			
Afternoon	2pm to 8pm	=> Assess the patient condition => plan for vital => plan for Bloch chart	2pm to 8pm	=> Assessed the pt condition => maintain vital & Record => maintain Bloch chart	Patient is stable	vital is normal	Cand Ct
Night	8pm to 8AM	=> Assess the patient condition => plan for vital => plan for I/O chart	8pm to 8AM	=> Assess the pt. condition => Maintain v/s Record. => Maintain I/O chart.	Patient is stable	vital is Normal	

Patient Sticker

NURSING CARE RECORD

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

Date: 3/7/26

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	8pm to 2pm	→ Assess pt condition → Monitor the vitals → Maintain I/o chart → Drug as per chart → NO IVF → Monitor Temperature 4th July	8pm to 2pm	→ Assessed pt condition → monitored vitals → maintained I/o chart → Drugs given as per drug chart → NO IVF → monitor Tem. 4th July	Patient is stable	Re-checked vitals	Arif
Afternoon							
Night							

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NURSING SHIFT HAND OVER FORM - WARD

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

SITUATION	Diagnosis: NVD.			Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:			
BACKGROUND	Area / Shift Time	2/7 E	3/7	3/7 M6			
	Medical Condition (Any special condition to be noted):	NA	—	PA			
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:	98.6F	98.0F	98.5°F			
	Res:	20	20	23b/m			
	SpO_2:	99%	100%	100%			
	Pulse:	90	72	85			
	BP:	122/72	110/72	100/68			
	Fall Risk Score:	0	—	—			
	Pain Score:	0	—	—			
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	—	—			
Post Operative Procedure Special Orders:		—	—	—			
Handed Over By Name :		Anusha	Jamal	Anusha			
Signature :							
Date:			3/7	3/7/26			
Time:		0188	8am	2pm			
Taken Over By Name :			Anusha				
Signature :							
Date:			3/7/26				
Time:		8am	8am				

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

Patient Sticker

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NURSING SHIFT HAND OVER FORM - WARD

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

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

HNH-00013639 IP26-00006714
Mrs BHAVANI JETLING
05-12-1995 30 Y 6 M 27 D (F)
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PAIN ASSESSMENT FORM

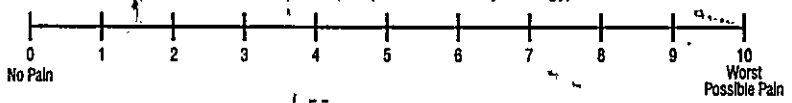
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
1/7/26	2pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	NA	[signature]
2/7/26	4pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	NA	[signature]
2/7	1900	1	Ramu Sit	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	[illegible]	[signature]
2/7	11pm	0	NO	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	NR	[signature]
3/7	800	0	NO	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	NR	[signature]
3/7/26	2pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	NA	[signature]
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

Re-assessment Frequency:

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

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

CATEGORY	SCORING		
	0	1	2
Face	No Particular expression or smile	Occasional Grimace or Frown, withdraw, Disoriented	Frequent to constant frown, quivering chin, clenched jaw
Legs	Normal Position or Relaxed	Uneasy, restless, tense	Kicking, or legs 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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05-12-1995 30 Y 6 M 27 D (F)
Dr. SWAPNA SAMUDRALA

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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	2/7/26	3:17		Fall Risk Grading		
		Score	E					
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						
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						
Mental Status	Forgets limitations	15				High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	Oriented to own ability	0						
Total Morse Fall Scale Score:								
		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

BRADEN 'Q' SCALE

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					Date : 2/7	2/7	3/7	3/7
					Time : 6	N	8	2PM
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	20	28	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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CHECKLIST FOR THROMBOPHLEBITIS

3/7/26

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1 2/7			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		–	–	–						
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 : Anushed Name : Anushed

Signature of Ward In Charge :
Signature : Kasturi Name : Kasturi

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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URINARY CATHETER BUNDLE CHECK LIST

Date of Insertion: 2/7/2026 Date of Removal: 2/7/2026

Parameters / Date / Shift Time	2/7 E	2/7 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	Ankita	Monika					
Signature of the Nurse							

Catheter removed @ 2/7/26

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

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Patient S

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MEDICATION RECONCILIATION FORM

Drug Allergies: ~~No~~ No ☐ Not known any Drug Allergies

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

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

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

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Naveena @.

Date & Time : 2/7/2026 @ 9PM

Nurse Name & Signature: Mandhumitha @ Madhy

Date & Time : 2/7/26 @ 9PM

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

INH-00013639 IP26-00006714
Mrs BHAVANI JETLING
5-12-1995 30 Y 6 M 28 D (F)
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215 -> 213

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NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 3/7/26 Time: 10:30 am

Origin: Indian Height: 5.1 Weight: 81 kg BMI: ☐ ~ 26 kg/m² ☐ ~ 28 kg/m² ☐ ~ 30 kg/m²

Food Allergies: NO

Diagnosis: NVD

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

Diet Advised:

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

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

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

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

Patient's / Attendant's
Signature: G. Rakesh
Name: Bhavani
Date & Time: 3/7/26, 10:30 am

Dietician's
Signature: Sobiya
Name: Syeda Sobiya Zaheer
Date & Time: 3/7/26, 10:30 am

DIETARY NOTES

Date	Time	Notes	Sign

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00013639 IP26-00006714 Mrs BHAVANI JETLING 05-12-1995 30 Y 6 M 27 D (F) Dr. SWAPNA SAMUDRALA	2/7/26 . 10AM	2/7/26 9:03PM
	Transfer Ordered by Dr. Dua.	Reason for Transfer OBS
From Unit LDR-2	To Unit Room (215)	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 28	Number of Imaging Films 3	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.		
2.		
3.		
4.		
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Anushree D	Dr. Dua

Patient & Clinical Records Received by : Anushree 2/7/26 @ 7pm

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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OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 2/7/26 Time of Arrival: 9 AM Time Seen by Nurse: 9.05 AM

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: 98.3F Pulse: 79 RR: 20 SpO_2: 100% BP: 120/80 Weight: .....

4) **Gestational Criteria:**

Gravida:	G	P	L	A

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

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

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

0 No Pain — 1 — 2 — 3 — 4 — 5 — 6 — 7 — 8 — 9 — 10 Worst possible pain

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

6) **Past History:**

a) Surgeries: NAD

b) Medical: .....

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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: 9.10 Am

Nurse Name : Madhumeka Nurse Signature: Madhumeka

Date: ..... Time: 9.05 Am

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Your Right to a Safe Delivery

OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 2/7/26

Baseline Information:

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

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

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

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

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

If yes , identify .....

Chief Complaints: Pain abd. .....

.....

.....

Doctor Notified on Admission: ☐ Yes ☐ No

Name of the Doctor: Dr. Naveen

Time Notified: 10 PM

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

Past Medical History	Past Surgical History	Previous Hospital Admission

Gynecology Assessment: ☐ Not Applicable

Menstrual History: .....

Regular

Onset of Menarche: .....

Menstrual Cycle: ☐ Regular ☐ Irregular

Last Menstrual Period: .....

Gynecology Surgical History:

Caesarean Section: ☑ No ☐ Yes

Cervical Cerclage: ☑ No ☐ Yes

Ectopic Pregnancy: ☑ No ☐ Yes

Myomectomy: ☑ No ☐ Yes

Others: _____

Gynecological History:

Contraceptives: ☑ No ☐ Yes

Vaginal Discharge: ☑ No ☐ Yes

Post-Coital Bleeding: ☑ No ☐ Yes

Infertility: ☐ No ☐ Yes

If Yes Type: ☐ Primary ☐ Secondary

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

Previous LSCS: .....

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

Family History: ☐ No Abnormalities Detected

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

☐ Liver disease ☐ Other .....

Vital Signs / Measurements: Temp: ..... HR: 80 RR: 20

BP: 110/70 Weight: ..... Height: ..... BMI: .....

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

HNH-00013639 IP26-00006714
Mrs BHAVANI JETLING
05-12-1995 30 Y 6 M 27 D (F)
Dr. SWAPNA SAMUDRALA

PHYSICAL ASSESSMENT

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

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

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

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

☐ Mobility problem ☐ Walking Problem ☑ No Abnormality Detected

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING: ☐ 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 .....

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

Orientation not given Reason: .....

Nurse Signature: Sujatha

Nurse Name: S

Date & Time: 9/7/26 0 2

PARTOGRAPH

HNH-00013639 IP26-00006714
Mrs BHAVANI JETLING
05-12-1995 30 Y 6 M 27 D (F)
Dr. SWAPNA SAMUDRALA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

LABOUR

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

Indications for IOL-Accel: ☐ None ☑ Oxytocin

Memb. Repture Type: ☐ SROM ☑ PROM ☐ ARM

Presentation: ☑ Vertex ☐ Breech ☐ Others

INTRA PARTUM COMPLICATION

Maternal: ☑ Nome ☐ Pyrexia ☐ HTN ☐ Others

Liquor: ☐ Adequate ☐ Oligo ☐ Poly ☐ Clear

☐ Blood ☐ Meconium ☐ Cord: ....

Shoulder Dystocia: ☐ Yes ☑ No

DELIVERY DETAILS

Anesthesia: ☐ None ☑ Epidural

Non-epi: ☐ Local ☐ Spinal ☐ General

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

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

Indications: ....

Application, Locking & Traction: ....

Duration of Instrumentation: ....

No. of Pulls: ....

Catherised : ☑ Yes ☐ No

Type: ☐ Fileys ☑ Plain

Perineum : ☐ Intact ☐ Episiotomy ☑ Tear 1° PT

Suture Material Used: Vaginal Vicryl 2'0'

STAGE III

Placenta: ☑ Normal ☐ Abnormal ☐ RP Clots

☑ CCT ☐ Retained ☐ MRP

PPH : ☐ Atomic ☐ Traumatic ☑ None

Lacerations: } nil

Cervical: ....

Perineal: nil

Others: ....

Prophylaxis: Synocinon Prostodin

Blood Loss: ~ 300 ml

Blood Transfusion: NIL

Other Details (if any): Urine & needle count

Ractal Examination: Rectal mucosa intact

DURATION OF LABOUR

1st Stage: 2-3hr

2nd Stage: 10min

3rd Stage: 10 min

Duration of Active Pushing: 10min

No. of VE'S: 4

BABY DETAILS

Gender: Male

Weight: 2.380 kg

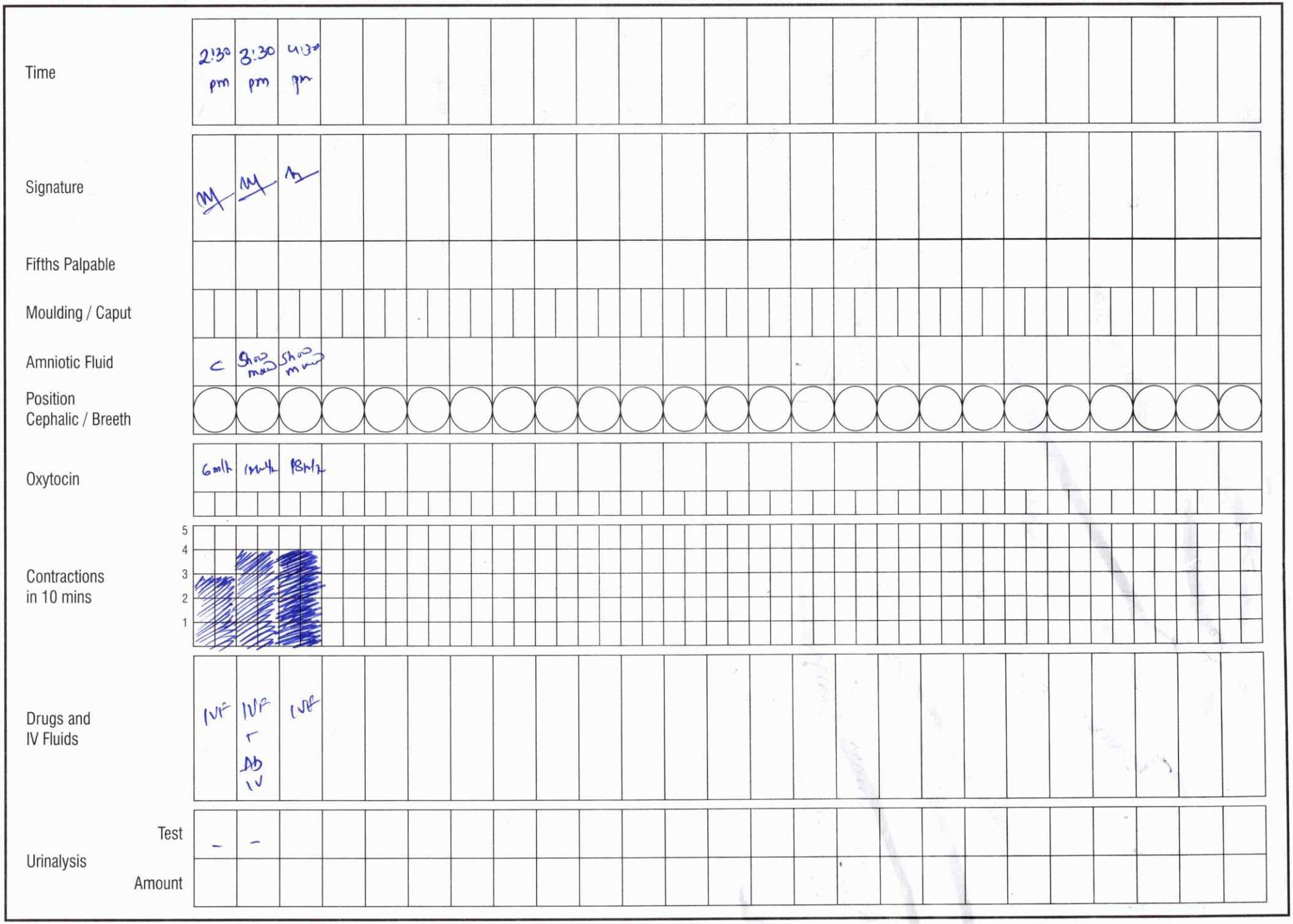
APGAR: 5,7

Date and Time of Delivery: 2/7/2026 4:26 pm

LW Doctor: Dr. Swapna / Dr. Mansi

LW Sister: Anusha / Anjana

Baby - NICU - (RD)


Time
2:30 pm
3:30 pm
4:30 pm
Signature
Fifths Palpable
Moulding / Caput
Amniotic Fluid
C
Show mod
Show mod
Position
Cephalic / Breeth
Oxytocin
6 mlh
Contractions
in 10 mins
5
4
3
2
1
Drugs and
IV Fluids
IVF
IVF
+
AB
IV
IVF
Urinalysis
Test
-
-
Amount

Record of Labor:

Maternal Condition:

Fetal Condition:

Progress of Labor:

Management:

P/A Ut ~34wks
Cephalic
FHS ⊕R
Actng

PV - OS ~ 5cm
Ce Effaced
m ⊕
Vx - 2
P.Adq Excessive show ⊕

Adv - Oxytocin Augmentation
- W/F vitals & FHS
- W/F Progress of labour
- Drugs as charted
- Inform SMO

Time: 2:30pm Signature: (Dr. Smagnus)

Maternal Condition:

Fetal Condition:

Progress of Labor:

Management:

P/A Ut ~34wks
Cephalic : Actng
FHS ⊕2

PV - OS 7-8cm
Ce Effaced
m ⊕ — ARM done → by clear
Vx - 1
P.Adq : Excessive Show ⊕

Adv
- W/F Progress of labour
- Drugs as charted
- Oxytocin Augmentation

Time: 4:15pm Signature:

Maternal Condition:

Fetal Condition:

Progress of Labor:

Management:

P/A Ut. Actng
Cephalic
FHS ⊕2

PV - OS Fully dilated
Fully Effaced
Vx - +2

Adv
- Vag Birth Possible (with history)
- Inform Pediatrician

Time: 4:20pm Signature: (Dr. Smagnus)

Maternal Condition:

Fetal Condition:

Progress of Labor:

Management:

Time: Signature:

Maternal Condition:

Fetal Condition:

Progress of Labor:

Management:

Time: Signature:

PARTOGRAPH

Name: Mrs Bhavani Jetlaj Obstetrics Formula: G2P1L0 Blood Group Type: O Rve

Memb. Ruptured: SROM PROM (ARM) **Risk Factors:** Postem labour

Fetal Heart ●

Maternal BP ↕

Maternal Pulse ×