HNH-00015320 IP26-00006482
Mrs B LAVANYA
07-01-1974 52 Y 4 M 29 D (F)
Dr. SWAPNA SAMUDRALA

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DEFICIENCY CHECK LIST OF CASE SHEET

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

Signature and Date : 5/06/2026

(P.T.O)

307

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Name	Mrs B LAVANYA	**UHID**	HNH-00015320
Father/Guardian	Mr B SRINIVAS	**Age/Gender**	52 Y 4 M 27 D/ Female
Address	1-7-574/23,SRI SRINIVASA NILAYAM ,GEMINI COLONY,RAM NAGAR, Attapur Ring Road, Hyderabad, Telangana, INDIA, 500028		
IP No	IP26-00006482	**Admission Date**	03-06-2026
Ref Doctor	Self.		
Discharge Date	06.06.2026		

DISCHARGE SUMMARY

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

Diagnosis: P2L2 WITH ABNORMAL UTERINE BLEEDING - LEIOMYOMA AND ADENOMYOSIS

TOTAL LAPROSCOPIC HYSTERECTOMY WITH BILATERAL SALPINGO-OPHERECTOMY WITH OMENTAL ADHESIOLYSIS WITH ANATOMICAL REPAIR OF INCISIONAL HERNIA DONE ON 03.06.2026

History: She presented with complain of Irregular Menstrual cycles since

Name	Mrs B LAVANYA	UHID	HNH-00015320
IP No	IP26-00006482	Admission Date	03-06-2026

2013 and heavy mensural bleeding since 05.05.2026. Endometrial Biopsy on 21.05.2026 showed Proliferative Endometrium. USG (08.05.2026) showed Bulky Uterus (107*63*70 mm)Adherent to Anterior Abdominal wall, Adenomyosis, ET - 11.7 mm, Multiple Fibroids (24*23*24) -posterior/ left lateral/ Posterior Intramural, Posterior wall intramural with Bilateral ovaries Visualised, with left Hydrosalpinx. Patient admitted for Total Laparoscopic Hysterectomy with Bilateral Salpingo- oophorectomy with Adhesiolysis.

Menstrual History:-
LMP- 05.05.2026
Previous cycles: Irregular

Obstetric History: P2l2, 2 previous LSCS, LCB -1999

Medical History: T2DM since 2005 and on OHA (T.Glycomet 1000mg BD & T.Amaryl 2mg OD) and Insulin (Inj. Toujeo solostar 20 AD).
Hypertensive since 2005 and on T.Caedace AM 5 &T.Rosuzv CV).
Hypothyroidism since 2005 and on T.Eltroxin 100 mcg.

Surgical History: Laprotomy in 1995 (Unknown cause).
LSCS in 1995 and 1999.
Cataract Surgery of Bilateral Eyes in 2022.

Allergies: Nil
Family History: Mother - HTN, Father- HTN, T2DM, Asthma.

Investigations: Enclosed.
Blood group : " B " Positive

Surgery Notes:

Name	Mrs B LAVANYA	**UHID**	HNH-00015320
IP No	IP26-00006482	**Admission Date**	03-06-2026

Operation performed:

TOTAL LAPROSCOPIC HYSTERECTOMY WITH BILATERAL SALPINGO-OPHERECTOMY WITH OMENTAL ADHESIOLYSIS WITH ANATOMICAL REPAIR OF INCISIONAL HERNIA DONE ON 03.06.2026

Indication: AUB- L /A left parafimbrial cyst with Omental Adhesions, with Incisional Hernia.

Operative findings:

1. Omental Adhesions to Anterior Abdominal wall.
2. Dense Omental Adhesions to Right Ovary and Right Faloopian Tube forming Tubo-ovarian mass.
3. Omental Adhesions to Left Ovary.
4. 2*1 cm Incisional Hernia with Omentum as its content in midline scar.
5. Uterus - Bulky around 10-12 weeks size.
6. Cervix - Normal.
7. Bladder densely Adherent due to previous LSCS.
8. 4*5 cms Left Para Fimbrial Cyst with left Fallopian tube ???? over it.
9. Left Ovary - Normal.
10. Right Fallopian Tube - Minimal Hydrosalpinx present.
11. Right Ovary - normal , Densely adherent to omentum forming a Tubo ovarian mass.
12. Rest of Viscera normal.

Procedure:

1. Pneumoperitoneum created.
2. Omental Adhesiolysis done from the hernial sac, Right Tubo ovarian Mass

Name	Mrs B LAVANYA	UHID	HNH-00015320
IP No	IP26-00006482	Admission Date	03-06-2026

and Left Ovary.

3. Laparoscopic hysterectomy with bilateral salpingo- oopherecty with with excision of left parafimbrial Cyst done.
4. Specimen cut and removed.
5. Vault sutured with Vicryl no. 1-0.
6. Haemostasis secured.
7. Wash given.
8. Anatomical Repair of Incisional hernia done with Stratafix no. 1.
9. Wound closed in layers- sheath closed with Vicryl no1-0 and skin closed with clips.
10. Post operative period was uneventful.

Post-Operative Notes: She was closely monitored in the postoperative period. Her vital signs remained stable. She was encouraged to ambulate. On first post operative day Foleys removed and she voided spontaneously. 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. T. Ceftum 500mg (Cefuroxime axetil) twice daily (9am-9pm) till 11.06.2026 after food.
2. T. Pantop 40mg(Pantaprazole) once daily at (8am) till 11.06.2026 before food.
3. Tab Hifenac P (Aceclofenac 100 mg+Paracetamol 325mg) thrice daily (8am-3pm- 10pm) till 11.06.2026 after food.
4. Tab Zofer (Ondansetron) 8mg Twice daily (8am-8pm) before food till

Name	Mrs B LAVANYA	**UHID**	HNH-00015320
IP No	IP26-00006482	**Admission Date**	03-06-2026

11.06.2026

5. T. Zincovit once daily at 2 pm for 1 month.
6. Soft diet for 2 days (till 05.06.2026) and normal diet from 06.05.2026.
7. Collect HPE report.

Review with **Dr. SWAPNA SAMUDRALA,** after 10 **DAYS** on 16.06.2026 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

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00015320 IP26-00006482 Mrs B LAVANYA 07-01-1974 52 Y 4 M 27 D (F) Dr. SWAPNA SAMUDRALA	3/6/26 @ 8:51Am	3/6/26 @ 3:50Pm.
	Transfer Ordered by dr. veena.	Reason for Transfer observation.
From Unit MICU	To Unit floor	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 500ml	0
2.		
3.		
4.		
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
AKLild @	dr. veena.

Patient & Clinical Records Received by : Supriya 3/6/26 @ 3:55pm

Date & Time of Patient Received :

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

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

Rainbow 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 : IP26-00006482 **Admit Date** : 03-Jun-2026 **Admit Time** : 08:51 AM **UHID** : HNH-00015320

Patient Details :

Patient Name	: Mrs B LAVANYA	**Age**	: 52 Y 4 M 27 D
Guardian	: Mr B SRINIVAS	**DOB**	: 07-01-1974
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 1-7-574/23,SRI SRINIVASA NILAYAM ,GEMINI COLONY,RAM NAGAR Attapur Ring Road Hyderabad Telangana INDIA 500028	**Phone No**	: 8125203032/ 9246105090
		E-mail	: BUSSABHAVANI30@GMAIL.COM

Admission Details :

Bed Type : TWIN SHARING **Bed No** : PDA-413 **Ward Name** : 4F -OT

Room No : PDA-413 **Admission Type** : First Visit

Contact Details :

Name : Mr B SRINIVAS **Relationship** : Husband

Contact Address : **Phone No** : 8125203032

Signature

Doctor Details :

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

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

Co-Consultant :

Payment Details :

Payment Mode : DC/CC Card **Deposit Amount** : 10000.00

Payor Name : STAR HEALTH AND ALLIED INSURANCE CO LTD

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ACTIVITY RECORD FOR BILLING

HNH-00015320 IP26-00006482
Nam Mrs B LAVANYA
07-01-1974 52 Y 4 M 27 D (F)
Dr. SWAPNA SAMUDRALA
UHID

---------- Consultant : ---------- Dept : ----------

Date - Time : ---------- Date of Discharge : ---------- Time: ----------

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
3/6/26	10 AM	M2CU	O.T	
3/6/26	1:30 pm	OT	Pre-post	
4/6/26	3:50 pm	MICU	FLOOR	
~~14/6/26~~				

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Sign
3/6/26	GRBS 79mg/dl	9267	
3/6/26	CBP	9242	
3/6/26	GRBS- 192 mg/dl @ 2:30 Pm	self	
3/6/26	GRBS- 79mg/dl @ 6:30 Pm	self	
3/6/26	GRBS- 91mg/dl @ 10:30 pm	self	
4/6/26	GRBS - 97mg/dl @ 2:30 Am	self	
4/6/26	GRBS- 94mg/dl @ 6:30 Am	self	
4/6/26	GRBS 77mg/dl @ 11:30 pm	self	
4/6/26	GRBS 115mg/dl @ 9:30 pm	self	
4/6/26	GRBS 95mg/dl @ 5:30 pm	self	
5/6/26	GRBS 99mg/dl @ 1:30 pm	self	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
3/6/26	Caredia C monitore	2:	3:30pm.	203908	
"	Infusion pump	1:30pm	3:30pm.	203908	Alo
"	oxygeen		3:30 Pm	3910	

pos check doneby Akhila.

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
3/6/26	Implement	(1)	3835	Clip
30/5/26	PAC	(1)	as 26-00 415854	Clerk
3/6/26	Catheterisation	(1)	203970	Ale
			1708 checked sign Akhila	
4/6/26	NHA	(1)	4329	
			cross check done	

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

HNH-00015320 IP26-00006482

HNH-00015320
Mrs B LAVANYA
07-01-1974 52 Y 4 M 27 D (F)
Dr. SWAPNA SAMUDRALA

IP26-00006482

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I.P. ADMISSION SHEET FOR GYNECOLOGY

Date of Admission : ..... Time of Admission : .....

Allergies: ..... ☑ Not know any drug allergies

PRESENTING COMPLAINTS :

P_2L_2 | 2LSCS | Perimenopausal AUB.

AUB - HMB. :: 5/5/26. & Irregular cycles.

↓

Consulted elsewhere - Bulky uterus & ET = 18mm

↓.

Hysteroscopy (21/5/26.) - Proliferative Endometrium

↓.

℞ Requesting TLH+BSO

MENSTRUAL HISTORY	OBSTETRIC HISTORY
Year of Marriage : 95yrs	Parity : P_2L_2
Previous Periods : Irregular ~~5 days~~.	Mode of Delivery : 2LSCS
LMP : .	Last Child Birth : 1999.
Contraception : Tubectomy done.	

PAST MEDICAL HISTORY	PAST SURGICAL HISTORY
K/C/O T_2DM on :. 2005	LSCS < 1995, 1999
K/C/O Hypothyroidism on :. 2005	Cataract surgery - 2022.
K/C/O HTN :. 2005	Laparotomy - 1995 (Untraceable).

Mrs B LAVANYA
07-01-1974 52 Y 4 M 27 D (F)
Dr. SWAPNA SAMUDRALA

FAMILY HISTORY:

Father - HTN + DM + ~~Asthma~~.

Mother - HTN.

MEDICATION HISTORY:

T. ELTROXIN 100mg
T. CARDACE 5mg
T. ROSUVIN
T. GLYCOMET 1gm
T. AMARYL 2gm.

INITIAL ASSESSMENT :

Date 3/6/26
Ht. _____ Wt. _____
BMI _____
B.P _____
Pallor (-)
CVR S1S2 (+)
Respiratory System B/L NVBS
Thyroid (N)

Breasts: (N)

Abdominal Examination: P/A - Soft

Local/Speculum Examination: ~~Not~~ -

Bimanual Pelvic Examination: -

PROVISIONAL DIAGNOSIS : P_2L_2 | 2LSCS & AUB - ~~S~~L/A.

INVESTIGATIONS ORDERED

Blood Group - 'B positive'
HIV, HbsAg, Hcv
Pap(GS) - NILM
Hb -
Plt -
WBC -
CA125 - 10.4
CEA - 1.74
AFP - 0.99.
USG (8/5/26) - Bulky uterus 10.7X6.3X7cm.
Uterus anteverted to ant. abd. wall.
Multiple fibroids (+) [2.4X2.3 cm. 4.5X3X4.2] Intramural
Subserosal in post. wall.
ET = 11.7mm

PLAN OF MANAGEMENT

- NBM
- Informed consent
- Prepare parts
- Pre-anesthetic medications as charted
- Inform OT / ~~Anesthetist~~
- Shift to OT on call.
- GRBS
- CBP
- 1(U) PRBC Reserve.

Name of the Doctor : Dr. Swapna Samudrala
Signature of Doctor
Date & Time : 3/6/26

Dr. Swapna Samudrala
Consultant Obs...
Reg. No: 69924

HNH-00015320 IP26-00006482
Mrs B LAVANYA
07-01-1974 52 Y 4 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
31/01/2026 10:30am.	HIGH RISK CONSENT.	
	Patient and Patient attenders were explained about patient condition i.e. P_2L_2 with previous 2 LSCS with AUB+L/A with uterus being adherent to Anterior abdominal wall and the need for Total laproscopic Hysterectomy with Bilateral Salpingo oopherectomy with adhesiolysis with risk of. injury to adjacent organs, Conversion of laproscopic Procedure to laprotomy, Haemorrhage, Need for Multidisciplinary management. In their own Vernacular language.	
	B. Srinivas (patient's husband).	

Dr. Swapna Samudrala
Consultant Obstetrician
Reg. No: 088744

HNH-00015320 IP26-00006482
Mrs B LAVANYA
07-01-1974 52 Y 4 M 27 D (F)
Dr. SWAPNA SAMUDRALA

(2)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/6/26	POD - 0	TLH + BSO + Adhesiolysis + Incisional Hernia Repair
11:30pm	Pt stable.	
		Adv
	PR: 88bpm.	- NBM till further orders
	BP: 126/72mmHg	- IVF / Analgesic (Thromboprophylaxis / Antihypertensive - Axon)
	900ml CVS/RS: NAD	
	U.O → emptied in OT PA: soft, NT	- GRBS 6th hrly & Insulin
	clear	Dressings: dry & clean	as per sliding scale
	LLE: no bleeding.	- Drugs as charted
		- monitor vitals ½ hrly
		- I/O chart
		- Inform SOS
		Dr. Swapna S. Dr. Swapna Samudrala Consultant Obstetrics and Gynecology Reg. No: 69924
3/6/2026	C/o/b Dr	Manasha
7:30pm	POD-0	
		Adv
	GC Fair Afebrile	- NBM till further orders
	BP 116/70	- Drugs as charted
	PR 75	- IVF/Analgesics/Thromboprophylaxis/Antihypertensive
	P/A Soft ! BS ⓟ	as per Axon
	L/E NAD	- Monitor vitals
	U/O 100cc/hr	- I/O monitoring
	GRBS - 79	- Inform SOS
		Dr Manasha

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

(P.T.O)

HNH-00015320 IP26-00006482
Mrs B LAVANYA
07-01-1974 52 Y 4 M 27 D (F)
Dr. SWAPNA SAMUDRALA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Anaes advised : GRBS monitoring 4th hourly (First 12hrs)	
	GRBS (Target) <200 mg/dl ; Above as per sliding scale	
	- physician opinion (ie GRBS) after	
	NBM breaks.	
	- Inform SR	
		Sd/- Dr. [signature]
4/6/26	Case b Dr. [illegible]	
12AM		Adv
	GC. Fair Afebrile	- NBM till further order
	BP 122/70	- Spirometry
	PR 92	- ~~Feed Stocking~~
	P/A soft	- w/p vitals
	U/O ~~80~~ 90 cc/hr (clear)	- I/O monitoring
		Sd/- Dr. [signature]
GRBS (10:30pm) - 91 mg/dl		

HNH-00015320 IP26-00006482
Mrs B LAVANYA
07-01-1974 52 Y 4 M 27 D (F)
Dr. SWAPNA SAMUDRALA

3

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/6/2026		
3Am	C/s/b Dr Manasa	
	Cc For Afebrile	Adv
	BP 106/63	- W/F vitals
	PR 91	- I/O monitoring
	P/A Soft	- Drugs as charted
	L/E NAD	- Ambulation c/w
	U/O ~80 cc/hr	- Inform SOS
	(GRBS - 97mg/dl) 2:30Am	Manasa
4/6/2026	C/s/b Dr Manasa	
7:30Am	POD 1	
		Adv
	Cc For Afebrile	- NBM till Further order
	BP 108/70	- Drugs as charted
	PR 85	- W/F vitals & BP/V (if any - inform)
	P/A Soft; BS+	- ~~TED stocking~~
F/	L/E NAD	- Spirometry
	U/O ~80-90 cc/hr Clear	- GRBS monitoring 8th hourly
		- Ambulation
	GRBS (6:30Am) 94mg/dl	- I/O monitoring
		- Inform SOS
		Manasa

HNH-00015320 IP26-00006482
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/6/26. 10:45AM	C/S/B Dr. Swapna	
	POD-1 (S/P TLH+BSO)	
	GC Fair, Afebrile	Adv.
	BP: 120/70 mmHg	- Oral sips allowed
Passed flatus	PR: 84 bpm.	- followed by Liquid diet
	P/A soft	
U/O-200ml.	Bowel sounds (+)	- Drugs as charted
Clear.	L/E - NAB.	- CBGs Monitoring 6th hrly
100ml/hr.		- Ambulation
		- urine I/O charting
Shift to Room		- Spirometry
		- Vital Monitoring
		Inform sres.
	Dr. Swapna Samudrala Consultant Obstetrics and Gynecology Reg. No.	
4/6/26. 3:30PM.	C/S/B Dr. Swapna.	(Dr. Swapna)
	POD-1 (S/P TLH+BSO)	
	GC Fair-Afebrile	Adv.
	vitals-(N).	- Liquid diet
Passed flatus.	P/A soft.	- Drugs as charted
	BS (+)	- CBGs 8th hourly.
Foleys removed.	L/E NAB.	- Ambulation
	U/O-Adequate	- urine Spirometry
Pt can be shifted to Room		- Vital monitoring
		Inform SLG.
		NB Surgery @ 3:30pm

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/6/2026 7:30pm	clslby Dr. Naveena POD1. F/b TLH+BSO O/E GC-fair Afebrile. U-✓ Vitals- stable F-✓ PA: soft, NT S-✓ Dressing: dry & clean I/E no bleeding.	Adv - liquid diet - drugs as charted - Adequate hydration. - Ambulation - w/f PV bleeding - GRBS 8th hrly. - Spirometry - Monitor Vitals - In/sum SOS Dr Naveena N/B Supriza @ 7:30pm
5/6/2026 7:00am	clslby Dr. Naveena. O/E GC-fair had 3 episodes of loose stools. Afebrile Vitals- stable U-✓ PA: soft, NT F-✓ Dressing: dry & clean S-✓ I/E: ~~PV~~ NAD	Adv - liquid diet - Adequate hydration - drugs as charted - Ambulation - w/f PV bleeding - GRBS 8th hrly - Spirometry - Monitor. Vitals noted by Sp. - ~~In/sum SOS~~ Dr Naveena

HNH-00015320 IP26-00006482
Mrs B LAVANYA 52 Y 4 M 28 D (F)
07-01-1974
Dr. SWAPNA SAMUDRALA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/6/2021	CNSLD Dr.	Swapna Samudrala
2pm	POD-2 / TLH + BSO	
	C/C - For Afebrile	Adv.
	Vitals (N)	- Soft Diet / Adeq Hydration
	P/A Soft	- Drugs as charted
	ASD Dry	- W/F vitals
	L/E - NAD	- Ambulation
UV		- Spirometry
FV	No Complaints	- Inform SVS
SV		- Lozenges (7 hrs Q / Streptsils) QID
-	Tegaderm Dressing To do	
-	Can be discharged	
-	Send fub for Processing	
-	Review after 10 days (clip removal)	

Dr. Swapna Samudrala
Consultant Obstetrics and Gynecology
Reg. No: 69924

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OPERATION THEATER NOTES

Patient's Name : .....Age : .....Gender : .....

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

Surgeon : DR. VASUHT IDR SWAPNA	Asst. Surgeon :
Anesthetist : DR SAMIR	OT Nurse : Sis Padma / Sukesh / Babu
Surgical Procedure : Lap. Hysterectomy + BSO + Omental adhesiolysis + Anatomical Repair of Inguinal Hernia	
Indications for Surgery : Adenomyosis + (L) Parafimbrial cyst + Omental adhesions + Inguinal Hernia	
Date : 3/6/26.	Start Time : 10:15 Am / End Time : 1815 pm

PRE-OPERATIVE PREPARATION :

Finding (1) Omental adhesion to ant. abd. wall

OPERATION NOTES:

(2) Dense Omental adhesion to (R) Ovary & (R) F.T forming a TO mass

(3) Omental adhesion to (L) Ovary

(4) 2 x 1 cm Inguinal Hernia c omentum at its content in the midline scar

(5) Uterus - Bulky about 10 - 12 weeks in size

(6) Ut - (2)

(7) Bladder densely adherent due to previous LSCS

(8) 4 x 5 cm (L) Para fimbrial cyst + T (L) F.T stretched over it

(9) (L) Ovary - (2)

(10) (R) F.T - minimal Hydrosalpinx + +

(10) (R) ovary - Ⓒ densely adherent to omentum forming TO mass

(11) Rest of viscera - Ⓒ

Procedure - pneumoperitoneum created

- omental adhesiolysis done from the hernial sac

(R) TO mass & (L) ovary

- Lap Hysterectomy e BSO ̄c excision of (L) paraovarian cyst done

- Sp cut & removed, vault sutured ̄c nylon vicryl.

- wash given - Haemostasis secured

- Anatomical Repair of Inguinal Hernia done ̄c No 1 STRATAFIX

- wound closed in layers - Sheath ̄c no 1-0 vicryl.

- Skin ̄c clips

- Postop period was uneventful.

POST - OPERATIVE ORDERS :

Rx

(1) NBM

(2) IV fluids e 100 ml/hr - 1 Ⓞ NS, 1 Ⓞ RL, 1 Ⓞ NS, 1 Ⓞ RL

(3) RBS 6th hrly 4

(4) inform Physician

Inj MAGNEX FORTE 1.5 gm IV BD

(5) Inj METROGYL 500 mg IV TID

(6) Inj PANTOP 40 mg IV OD

(7) Inj NEOMOL 1 gm IV TID

(8) vitals 2nd hrly (9) JONAC SUPPOSITORY BD

(10) Anti HTN Rx & T. ELTROXIN from 4/6/26

(11) Inform C.S

Consultant Surgeon's Name: [signature]

Consultant Surgeon's Signature: [signature]

Date : 3/6 Time : 1.30 pm

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3/6/26

RESULT SHEET

Date	3/6/26					
Time						
Hb	11.9					
PCV	33.4					
RBC	4.12					
WBC	4.94					
N/L						
Platelets	326					
CRP						
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
Blood grouping	B positive					
HIV HBsAg HCV } NAR		1 D PRBC Reserve sorry as Blood Bank.				

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

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MEDICATION RECONCILIATION FORM

Drug Allergies: Nil ☑ 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-ELTROXIN	100mg	P/O	OD	3/6/26	☑ C ☐ DC
2	(RAMIPRIL+AMLODIPINE) T. CARDACE	5mg	P/O.			☐ C ☐ DC
3	(ROSUVASTATIN + T. ROSUZEN CLOPIDOGREL)					☐ C ☑ DC
4	T-GLYCOMET.	1g	P/O	BD	2/6/26	☐ C ☑ DC
5	(GLIMIPRIDE). T. AMARYL.	2mg	P/O	OD	2/6/26	☐ C ☑ DC
6	INSULIN.					☐ 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 : 3/6/26 @ 9:00am.

Nurse Name & Signature: Chembakala

Date & Time : 3/6/26 at 9AM

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

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DRUG CHART

Date of Admission: 3/6/26 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 *I* through it and a similar line through subsequent recording panels.
- The date and time of stopping the drug along with the doctors name and sign must be mentioned.
- Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.

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

SOS / PRN (As Required Medication)

DRUG : Inj. TRAMADOL				Date → Time														
Dose	Route	Frequency	Start Date															
100mg	IV	SOS	03/6/26															
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 Dr. Dhakshayani
Signature .....
VERIFIED BY : Name .....

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Dr. SWAPNA SAMUDRALA

REGULAR PRESCRIPTIONS

Weight. 58 kg Ward. LDR

DRUG : INJ. CEFTRIAXONE SULBACTAM.

Dose	Route	Frequency	Start Date
1.5g	IV	BD	3/6/26

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions: ATD

Date/Time: 3/6 4/6 5/6

Daily Doctor's Endorsement by a Sign

DRUG : INJ. PANTOPRA 20MG

Dose	Route	Frequency	Start Date
40mg	IV	BD	3/6

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

Additional Instructions:

Date/Time: 3/6 4/6 5/6

Daily Doctor's Endorsement by a Sign

DRUG : INJ. METROGYL.

Dose	Route	Frequency	Start Date
500mg	IV	TID	3/6

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

Additional Instructions: (METRONIDAZOLE)

Date/Time: 3/6 4/6 5/6

Daily Doctor's Endorsement by a Sign

DRUG : Inj PARACETAMOL

Dose	Route	Frequency	Start Date
1g	IV	TID	3/6/26

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Date/Time: Stop

Daily Doctor's Endorsement by a Sign

Verified by Dr. Dhakshayani

Verified by Dr. Dhakshayani

Verified by Dr. Dhakshayani

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Sheet No: .....

REGULAR PRESCRIPTIONS

Weight 58.9kg Ward LDR

DRUG : Inj. PARACETAMOL

Dose	Route	Frequency	Start Dt.
1gm	IV	TID	3/6/26

Name & Signature of the Doctor X24 hrs
Starting the Drugs:
Dr. Ayesha

Additional Instructions:
To convert to oral after 24 hrs

Daily Doctor's Endorsement by a Sign

Date / Time	3/6	4/6	5/6
6AM	+	MOM	
2PM	6PM 9PM	MOM	
10PM	MOM		

DRUG : Inj. DICLOFENAC

Dose	Route	Frequency	Start Dt.
75mg	IM	BD	3/6/26

Name & Signature of the Doctor X24 hrs
Starting the Drugs:
Dr. Ayesha

Additional Instructions:
To convert to oral after 24 hrs.

Daily Doctor's Endorsement by a Sign

Date / Time	3/6	4/6	5/6
9AM	+	MOM	
9PM	MOM		
	2		

DRUG : Inj. ENOXAPARIN

Dose	Route	Frequency	Start Dt.
40mg	SC	OD	3/6/26

Name & Signature of the Doctor 11:00pm X3days
Starting the Drugs:
Dr. Ayesha

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	3/6	4/6
11PM	MOM	
	2	

DRUG : T. SPOROLAC

Dose	Route	Frequency	Start Dt.
2tab.	P/O	TID	5/6/26

Name & Signature of the Doctor
Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	5/6
6AM	X
2PM	MOM.
10PM	

Verified by Dr. Dhakshayani

Verified by Dr. Dhakshayani

Verified by Dr. Dhakshayani

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 ....

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07-01-1974 52 Y 4 M 27 D (F)
Dr. SWAPNA SAMUDRALA

Weight. 58.9kg Ward. 2DR

	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
3/6/26.	10AM	INJ. PANTAPRAZOLE	40mg	IV		
3/6/26	10AM	INJ. METOCLOPRAMIDE	10mg	IV		
3/6	1030AM	MORPHINE	4.5mg	IV		
3/6	1030AM	PARACETAMOL	1gm	IV		
3/6	1pm	ONDANSETRON	4mg	IV		
3/6	1pm	DICLOFENAC	100mg	PR		

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I.V. FLUIDS CHART

Weight. 58.9 kg Ward. LDR

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
3/6/26	8.30PM	RINGER. LACTATE	IV	100ml/hr ↓ 1000			3/6		
3/6	11AM	RINGER LACTATE	IV	1000 ↓ 500			3/6		
3/6	12pm	RINGER LACTATE	IV	500			3/6		
3/6	1pm	RINGER LACTATE	IV	100			3/6		
3/6	5PM	NORMAL SALINE	IV	100 ml/hr			3/6		
4/6	12AM	RINGER LACTATE	IV	100 ml/hr			4/6		
4/6	4AM	NORMAL SALINE	IV	100 ml/hr			4/6		
4/6	10AM	RINGER LACTATE	IV	100ml/hr			4/6		
4/6	2pm	RINGER LACTATE	IV	100ml/hr			4/6		
4/6	7pm	RINGER LACTATE	IV	100ml/hr			4/6		

STOP

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LABOUR AND DELIVERY NURSING ASSESSMENT

Date of Admission: 3/6/26

Baseline Information:

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

Primary Language: ☑ Telugu ☑ English ☐ Hindi ☐ Others

Do you require an interpreter? ☐ Yes ☐ No

Source of Information: ☐ Patient ☑ Family ☐ Others

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

handed over to .....

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

If yes , identify .....

Chief Complaints: TLH + BSO

Doctor Notified on Admission: ☐ Yes ☐ No

Name of the Doctor: Dr naveena

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
-	-	-

Blood Group: B+ positive LMP: ..... EDD: NA Gestational age during admission: NA

Contractions: NIL Vaginal Discharge: NIL

Obstetric History: G 1 P - L - A - Previous LSCS NO

Height: ..... Weight: 58 kgs BMI: .....

Temp: 97°F HR: 80 RR: 20 BP: 127/82 SpO_2 100%

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

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

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Family History: ☐ No Abnormalities Detected

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

☐ Liver disease ☐ Other .....

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

Fall Assessment: ☐ Yes ☐ No Score ..... (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:

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

☐ Under Weight ☐ Diabetes Mellitus ☐ No Abnormality Detected

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

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

☐ Others .....

Inform consultant for positive criteria

SOCIAL SCREENING:

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

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

Social History: Lives With ..... family member .....

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: ..... Lavanya .....

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

Nurse Signature: .....

Nurse Name: ..... Chandrakala .....

Date & Time: ..... 2/6/18 .....

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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

8/6/26	Date																							
	Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20		20				20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20
	0 - 10																								
Saturations	94 - 100 %		100				100	100	99%	98	98	97	97	94	94	99	99	99	99	99	99	99	99	99	99
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37						37.6	37.1								36	36	36	36	36	36	36	36	36	
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70	86					73	78	85	88	77	75	88	100	95	92	93	91	82	86	90	85	92	89	85
	60																								
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130						126	127	127	120	116	111	117	118	122	116	119	102	106	119	107	104	108	104	
	120																								
	110																								
	100		127	127																					
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70		77				72	78	80	74	75	70	69	82	78	70	72	78	67	70	72	63	66	64	70
	60																								
	50																								
	40																								
NEURO RESPONSE [✓]	Alert	✓					✓	✓					✓												
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30																								
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal																								
	Heavy / Foul																								
Liquor	Clear / Pink																								
	Green																								
TOTAL YELLOW SCORES			0				0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL ORANGE SCORES			0				0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Nurse Initial																									

HNH-00015320
Mrs B LAVANYA
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07-01-1974
52 Y 4 M 27 D
Dr. SWAPNA SAMUDRALA
(F)

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Early Warning Observation Score Chart - Obstetrics

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

4/6/26.	Date																						
	Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20	20	20	20	20	20	20	20	20		20					22				23				23	
	0 - 10																								
Saturations	94 - 100 %	98	96	98	96	95	96	95	97		98					99				99				95	
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37	98			97						97					97.5				96.5				97.3	
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80	84	92	92	84	84	80	90	95		95					85				82				85	
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130	119	122	117	117	112	121	121	114		127					122				120				119	
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70	65	69	65	69	67	66	65	70		60					68				73				80	
	60																								
	50																								
	40																								
NEURO RESPONSE [✓]	Alert	✓	✓	✓	✓		✓	✓			✓					✓				✓				✓	
	Voice					✓																			
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30	✓	✓	✓	✓	✓	✓	✓			✓					✓				✓				✓	
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal															✓				✓				✓	
	Heavy / Foul										✓														
Liquor	Clear / Pink										✓					✓				✓				✓	
	Green																								
TOTAL YELLOW SCORES		0	0	0	1	0	0	1	0		0					0				0				0	
TOTAL ORANGE SCORES		0	0	0	0	0	0	0	0		0					0				0				0	
Nurse Initial																									

HNH-00015320 IP26-00006482
Mrs B LAVANYA
07-01-1974 52 Y 4 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.

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
3/6/26	08:00 am	RL	M	100				1	1			
	09:00 am	RL		100ml								
	10:00 am	RL	B	100ml		NA		2	0		0	
	11:00 am	RL	B	100ml				1	1			
	12:00 pm	RL		100ml								
	01:00 pm	RL	M	100ml						900ml		1:30 pm 6 mg
Total Intake :				600ml				**Total Output :**		900ml		
3/6	02:00 pm	RL	N	100ml								
	03:00 pm	RL		100ml								
	04:00 pm	RL	B	100ml						500ml	0	Empty 4:30 pm
	05:00 pm	NS	M	100ml		NA						
	06:00 pm	NS	N	100ml								
	07:00 pm	NS	M	100ml						400ml		Empty 7:10
Total Intake :		600ml						**Total Output :**		900ml		
3/6/26	08:00 pm	NS	NRM	100ml								
	09:00 pm	DNS		100ml								
	10:00 pm	DNS		100ml								
	11:00 pm	NS	N	100ml		NO						
	12:00 am	NS	B	100ml								
	01:00 am	RL	M	100ml						600ml		Empty
Total Intake :								**Total Output :**				
4/6/26	02:00 am	RL		100ml								
	03:00 am	RL	N	100ml								
	04:00 am	RL	B	100ml						300ml	0	Empty
	05:00 am	RL	M	100ml								
	06:00 am	RL		100ml						500ml		Empty
	07:00 am	RL		100ml								
Total Intake :								**Total Output :**				

Total 24 hrs. Intake	1200ml	Total 24 hrs. Output	1400ml

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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							
4/6/26.	08:00 am	NS	M	100ml								
	09:00 am	NS	M	100ml		NA				200ml		
	10:00 am	RL	B	100ml								
	11:00 am	RL	B	100ml						200ml		
	12:00 pm	RL	M	100ml								
	01:00 pm	RL	M	100ml								
Total Intake :		Taken				**Total Output :**				400ml		
4/6/26.	02:00 pm	RL	SIPS	100ml								
	03:00 pm	RL		100ml						200ml		
	04:00 pm	RL	water	100ml						✓		
	05:00 pm	RL		100ml								
	06:00 pm	RL		100ml			✓			2		
	07:00 pm	RL		100ml						✓		
Total Intake :						**Total Output :**						
4/6/26	08:00 pm	RL		50ml								
	09:00 pm	RL		50ml						✓		
	10:00 pm	RL	Belly	50ml			✓					
	11:00 pm	RL	+	50ml								
	12:00 am	RL	H2O.	50ml			✓			✓		
	01:00 am	RL.		50ml								
Total Intake :						**Total Output :**				4-2 M-		
5/6/26	02:00 am	RL		50ml								
	03:00 am	RL		50ml						✓		
	04:00 am	RL		50ml			✓					
	05:00 am	RL		50ml								
	06:00 am	RL		50ml						✓		
	07:00 am	RL.		50ml								
Total Intake :						**Total Output :**				4-2 M-		

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.

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

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

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

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CHECKLIST FOR THROMBOPHLEBITIS

3/6/26 4/6/26

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

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

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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	3/6/26	3/6/26	3/6/26
		Score	MB	EZ	NM
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0			
Secondary Diagnosis (more than one diagnosis)	Yes	15		15	15
	No	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			
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10			
	Normal /On Bed Rest /Immobile	0	0	0	0
Mental Status	Forgets limitations	15			
	Oriented to own ability	0	0		
Total Morse Fall Scale Score:			20	35	35
		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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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	4/6/26	4/6/26	
		Score	8AM	2PM	
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0			
Secondary Diagnosis (more than one diagnosis)	Yes	15	15	15	
	No	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	
	No	0			
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10			
	Normal /On Bed Rest /Immobile	0	0	0	
Mental Status	Forgets limitations	15			
	Oriented to own ability	0			
Total Morse Fall Scale Score:			35	35	
		Signature	Asst	AKWala.	

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)

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- ☐ 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.

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BRADEN 'Q' SCALE

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					Date : 3/6/26	3/6/26	3/6/26	4/6/26
					Time : MG	EZ	NI	8 AM
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				

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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BRADEN 'Q' SCALE

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					Date : 4/6/26	4/6/26		
					Time : 2PM	10PM		
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		
"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		
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		
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		
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		
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		
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		
				TOTAL SCORE	28	28		
				Evaluator's Name	[illegible]	[illegible]		

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

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

HNH-00015320 IP26-00006482
Mrs B LAVANYA
07-01-1974 52 Y 4 M 27 D (F)
Dr. SWAPNA SAMUDRALA

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PAIN ASSESSMENT FORM

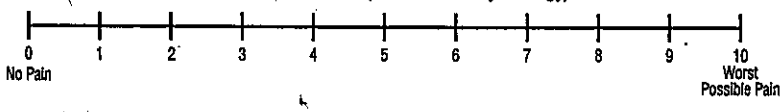
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
3/6	10A	0/10	WA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
3/6/26	2pm	0/10	Normal	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
3/6/26	6pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
3/6/26	8pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
3/6/26	10pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA NA	
4/6/26	4AM	0/10	Normal	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
4/6/26	8AM	0/10	Normal	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
4/6/26	10AM	0/10	Normal	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
4/6/26	2pm	0/10	Normal	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
4/6/26	5pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	

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

Patient Sticker

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PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
4/6/26	10pm	0/10	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		
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				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
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PAIN ASSESSMENT TOOLS

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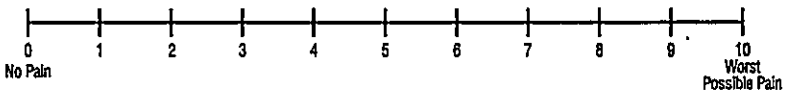

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HNH-00015320 IP26-00006482
Mrs B LAVANYA
07-01-1974 52 Y 4 M 27 D (F)
Dr. SWAPNA SAMUDRALA

NURSING CARE RECORD

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

Date: 3/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8Am to 2pm	=> Assess the patient condition => plan for vitals => plan for Discharge	8Am to 2pm	=> Assessed the patient condition => maintain vitals & Record => maintain Discharge	patient is stable.	vitals is normal	Check
Afternoon	8Am | 2pm	→Assess the pt condition monitor the vitals & record →Administration of medication as Per doctor order →maintain I/O chart & record →pt is NBM. tilt up Movements	8Am | 2pm	→Assessed the pt condition →monitored the vitals & recorded →Administered medication as Per doctor order →maintained Bladder →pt is NBM.	pt is stable	vitals is Normal	Akhila (A).
Night	8pm to 8Am	→ Assess the pt condition →monitor vitals →maintain I/O chart	8pm to 8Am	→Assessed the pt condition →monitor vitals →maintained	Now pt is stable	Re-check vitals	Monika (NO)

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BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 4/6/26

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	↓ Assess the Patient Condition ↓ plan fore vital ↓ recored ↓ plan for IV fluids ↓ plan fore Io chard	8pm	↓ Assessed the pt condition ↓ Maintain vital ↓ recorded ↓ continued IV fluids ↓ Maintain Io chard	↓ Patient Stable	↓ vital observed	
	2pm		2pm				
Afternoon	2pm	→Assess the Condition →monitor the vitals & Neuro →Administration of medication as doctor →maintain Io chart & Urine.	2pm	→Assessed the Condition →monitored the vitals & Neuro →Administered medication →maintained Io chart & Urine.	Stable	maintain Io chart & Urine,	Akhila
	8pm		8pm				
Night	8PM	→ Assess the patient general condition → monitor vitals → RL 50ml/hr to Cont → Administer medications as per doctor's order	8PM	→ Assessed the patient general Condition → monitored vitals → Administered medications as per doctor's order	Patient is Stable	Rechecked vitals	
	8am		8am				

Patient Sticker

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Date: .....

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- ☐ Maintain Good Nutritional Status
- ☐ Maintain Skin Integrity
- ☐ Maintain Personal Hygiene
- ☐ Prevent Infection
- ☐ Meet Elimination Needs
- ☐ Ensure Safety
- ☐ Early Ambulation Reduce Anxiety
- ☐ Patient & Family Education
- ☐ Identify Potential Complications
- ☐ Any Others. Specify.....

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

Patient Sticker

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Date: .....

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- ☐ Maintain Personal Hygiene
- ☐ Prevent Infection
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- ☐ Ensure Safety
- ☐ Early Ambulation Reduce Anxiety
- ☐ Patient & Family Education
- ☐ Identify Potential Complications
- ☐ Any Others. Specify.....

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

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: TLH + BSO			Any Infection: ☐ Yes ☐ No ☑ Not Known If Yes Specify:			
	Surgery / Procedure:			Post OP Day:			
BACKGROUND	Date / Shift	3/6/26 M	3/6/26 E2	3/6/26 E2	4/6/26 8AM	4/6/26 2PM	4/6/26 10PM
	Medical Condition (Any special condition to be noted):	—	—	—		—	—
	Diet:	NBM	NBM	NBM	Liquid		—
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☑ No
	Ventilation (RA, NP, NIV, VENTI):	RA	NA	NA	RA	NA	NA
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☑ No
	Vital Signs: Temp:	97°F	97°F	97.1	97F	97.°F	98.2°F
	Res:	20	20b/mt	20b/m	20	20b/mt	30b/m
	SpO₂:	100	99%	99%	98%	97%	99%
	Pulse:	86	87b/mt	87	90	87b/mt	85b/m
	BP:	127/87	132/80	110/70	124/65	127/65	120/80
	LOC:	0	—	—	—	—	—
	Fall Risk Score:	—	—	—	0/10	—	—
	Pain Score:	—	0/10	—	0/10	—	—
	Skin Integrity	—	good	good	good	good	Good
Recommendations	Safety Needs:	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No
	Physiotherapy:	—	—	—	—	—	—
	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No
	Special Diet:	NBM	NBM	—	Liquid	Liquid	—
	Critical Lab Test / Values:	—		—			—
	Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No
	DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	ADL (Dependent / Non Dependent):	—	—	dependent	yes	—	—
Post Operative Procedure Special Orders:		—	—	NA	—	—	—
Handed Over By Name :		Chandu	Akhila	Mouni	Alex	Akhila	Sandhya
Signature / ID :		[signature]	[signature]	[signature]	Alex	[signature]	[signature]
Date:		3/6/26	3/6/26	4/6/26	4/6/26	4/6/26	5/6/26
Time:		2PM	8PM	8AM	2PM	8PM	8am
Taken Over By Name :		Akhila	Mouni	Alex	Akhila	Sandhya	
Signature / ID :		[signature]	[signature]	Alex	[signature]	[signature]	
Date:		3/6/26	3/6/26	4/6/26	4/6/26	4/6/26	
Time:		2PM	8pm	8AM	2PM	8pm.	

Patient Sticker

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:				Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:		
	Surgery / Procedure:				Post OP Day:		
BACKGROUND	Date / Shift						
	Medical Condition (Any special condition to be noted):						
	Diet:						
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):						
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:						
	Res:						
	SpO_2:						
	Pulse:						
	BP:						
	LOC:						
	Fall Risk Score:						
	Pain Score:						
	Skin Integrity						
Recommendations	Safety Needs:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:						
	Others Specify:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:						
	Critical Lab Test / Values:						
	Other Special Orders / Medications:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):						
Post Operative Procedure Special Orders:							
Handed Over By Name :							
Signature / ID :							
Date:							
Time:							
Taken Over By Name :							
Signature / ID :							
Date:							
Time:							

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URINARY CATHETER BUNDLE CHECK LIST

Date of Insertion: 3/6/26 Date of Removal: .....

Parameters	Date / Shift Time	3/6/26 8am	9/6/26 (2)					
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		Ala	Akhila					
Signature of the Nurse								

Foley's Removed at 3pm 9/6/26

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

PAC #3

INCENTIVE SPIROMETRY

DUTY MOBILE 9246160961

Department of Anaesthesiology

PRE-ANAESTHETIC EVALUATION

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

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Name: Mrs. B LAVANYA Age: 52y Sex: FEMALE UHID.No : HNH-15320

Date: 30/5 Time: 5pm Proposed Operation: TLH + BSO

Diagnosis: PERIMENOPAUSAL AUB

B.P / CRT: 101/69 H.R: ..... Weight: 58.9 ASA Physical Status: ☐ 1 ☐ 2 ☑ 3 ☐ 4 ☐ 5

Laboratory Data:

3/6/26

Hgb: 11.9	Glucose: FBS/PP%	Protein:	HIV:	X-Ray:
PCV: 33.4	Urea:	Alb:	HBS Ag: NR	ECG:
WBC: 4940	Creat:	Total Bill:	HCV:	2D Echo:
Plate: 3.26 lakh	Na:	Dir. Bill:	Blood group: B pos	Stress/Anglo:
PT:	K:	LDH:	T3	Other:
PTT:	Ca++:	Alk phos:	T4	
INR:	Mg++:	Amylase:	TSH	
	Cl -:	SGOT/SGPT:		

Allergies: NKDA

Medical History: CVS : HTN : 2005

RESP :

Diabetes : DM2 : 2005

CNS :

Renal :

Hepatic / GE :

Physical Activity: active, NYHA - I. METS = 4.

Others : HYPOTHYROID : 2005

Past Anaesthetic History: 2 PREV. LSCS + SAB — 1999 + 1995 | B/L Cataract

Physical Exam: conscious, coherent.

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

Lungs : Clear.

Heart:

CNS:

Pregnant: ☐ Yes ☐ No ☑ NA

Venous Access Site : peripheral Spine Exam for regional : —

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

PAC reviewed

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

✓ Cardiac - mod. risk.

	CURRENT MEDICATIONS	DOSAGE
①	CARDACE AM → AMLODIPINE 5mg + RAMIPRIL 5mg	1 — x — x
②	THYRONORM 100mcg	1 — x — x
③	TOUJEO (GLARGINE)	x — x — 28
④	GLIMSAY (GLIMEPERIDE + METF)	1 — x — 1
⑤	JARDIANCE MET (EMPAGLIFLOZIN + METF)	1 — x — 1

Pre-Operative Instructions: DIET TO BE EXPLAIN.

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

✓ THYRONORM - TO CONTINUE TILL DAY OF SX.

✓ STOP BP MEDICINE / SUGAR MEDICINE ON DAY OF SURGERY.

✓ 1 (U) PRBC RESERVE PRIOR TO SX.

✓ CBP / GRBS ON ADMISSON.

Signature: ..... Name: Dr Soumya Chayala

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

HNH-00015320 IP26-00006482
Mrs B LAVANYA
07-01-1974 52 Y 4 M 27 D (F)
Dr. SWAPNA SAMUDRALA

ANAESTHESIA CHART

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Pre Induction Assessment:

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

H.R: 83/m	B.P / CRT: 131/72	SpO_2: 99%	R.R: 18/m	Last Feed: >6 hours.

Pre-OP Diagnosis: Fibroid uterus. Operation: TLH + BSO. Date: 3/6

Surgeon: Dr. VS + team (Dr. SS) Anaesthesiologist: Dr Samir / Dr AYESHA Technician: Sri. Pallani

TIME	1015	45	1115	45	1215	45	115
N_2O /AIR/ O_2 LPM	1L/min	>>	>>	>>	>>	>>	>>
HALO /SO /SEVO	MAC 1.0	~	~	~	~	~	~
Drugs:							
MIDAZOLAM	2mg iv						
FENTANYL	100 mcg						
PROPOFOL	100 + 50 mg iv						
ROCURONIUM	40 mg	+10mg	+10mg	+ 10mg			
MORPHINE	4.5 mg iv						
PARACETAMOL	1gm iv						
ONDANSETRON	4mg iv						
GLYCOPYRROLATE	5mL iv						
FIO_2 / SaO_2	99	99	99	99	99	98	98	98	98	98	98	98
$ETCO_2$	36	32	36	36	35	35	34	35	36	35	35	35
ECG	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR
Temperature	← 34.5 →		←		36.2						36.5 →	
Urine Output											③	
Fluids / Blood	RL ①		②									

Antibiotic: given.
Suppository: DICLOFENAC 100mg
Blood Loss: ~20mL
NOTES

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

Tourniquet on Time
Tourniquet off Time

Throat Pack In
Throat Pack Out

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

LAB Values
ABG
GRBS
Others

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

Position: Lithotomy + 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: 10:15 am
OP Start: ↓
OP End: 1:15 pm.
Leave OR: 1:30 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 20 cm
☑ Oral ☐ Nasal ☑ Cuff
☐ Tracheostomy ☐ Topical
☐ Drug:

☐ Awake ☑ Direct Vision
☑ Video Laryngoscopy ☑ Stylette / Bougie
☐ Fiberoptic
Blade# 4 Attempts: 01
Difficulty Why?

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

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

Transportation to
☑ PACU ☐ ICU ☐ Other
Relaxant Reversed ☑ Yes ☐ No ☐ NA
Name of the Doctor: Dr Samir
Signature of the Doctor:

HNH-00015320 IP26-00006482
Mrs B LAVANYA
07-01-1974 52 Y 4 M 27 D (F)
Dr. SWAPNA SAMUDRALA

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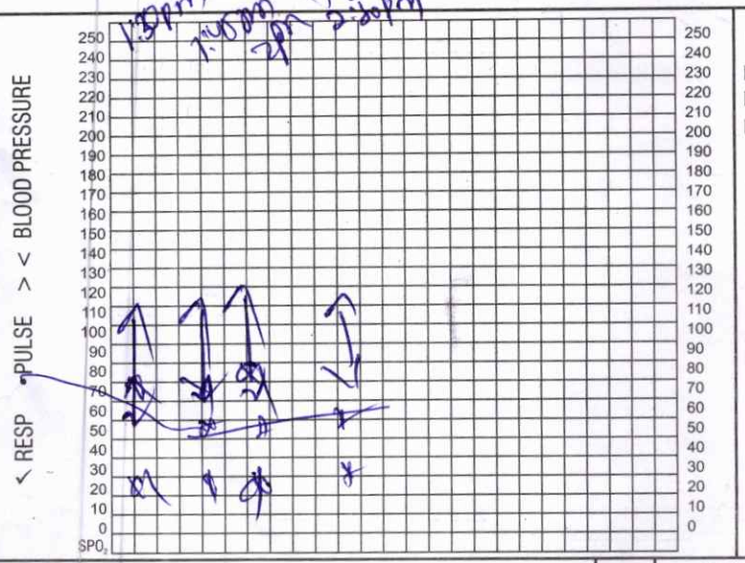
POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Alaka Time Received : 1:30pm Time Discharged : 3:50pm.



IV Cannula Site : Left hand

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

Vomiting : ☐ Yes ☐ ~~No~~ Drug: Inj Zofinax
NG Tube : ☐ Yes ☑ No
Drain: ☐ Yes ☐ ~~No~~
Urinary Catheter: ☐ ~~Yes~~ ☐ No
Chest Tube: ☐ Yes ☐ No
Nil Oral ☐ ~~Yes~~ ☐ No
IV Fluids: RL
Oral Feeds: N BM

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
3/6/26	1:30pm	0/10	Normal	
3/6/26	2:30pm	0/10	NA	
3/6/26	8:30pm	0/10	NA	
4/6/26		0/10	NA	

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

Anaesthesiologist Name :
Anaesthesiologist Signature:
Date & Time:

PACU Nurse Name : Akhila
PACU Nurse Signature:
Date & Time: 4/6/26

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 relieving intervention
   d. With in 30-60 minutes after pain relief intervention

Transferred to Unit by (PACU):
Date & Time: 4/6/26 8.00 PM

Patient Sticker

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EPIDURAL ANALGESIA RECORD

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

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

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

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

Solution Composition : .....

Any other issues :

a) .....

b) .....

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

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

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

Patient Satisfaction : .....

Discharge /Shifting ordered by

Doctor Signature: .....

Doctor Name: .....

Date and Time : .....

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

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Patient Name : Mrs. B. Lavanya Gender: ☐ Male ☐ Female Age : 52 YRS

UHID No : HNH-0001532O Date : 3/6/26

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 LAPAROSCOPIC HYSTERECTOMY + BILATERAL SALPINGO-OOPHERECTOMY upon

(Name of the Patient) Mrs. B. Lavanya

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., need for transfusion of blood or blood products, inadvertent injury to bowel., bladder or ureter., wound infection.

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. Swapna. Samudrala.

Consentee : B. Lavanya

Signature :

Name : Mrs. B. Lavanya.

Date & Time : 3/06/2026 @ 8:50am

Patient Attendant :

Signature :

Name : B. Srinivas.

Relationship with Patient: Husband.

Date & Time : 3/06/2026 @ 8:50am

Witness :

Signature : Alali

Name : Alali

Date & Time : 3/6/26 8:50AM

Doctor (who is taking the consent) :

Signature :

Name : Dr. Naveena

Date & Time : 8/6/26 @ 8:50am.

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE

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Patient Name : MRS. B LAVANYA Age : 52 Gender : Male ☐ Female ☑

UHID NO: KNH-15320 Surgeon Name: Dr. SWAPNA / Dr. VASISHT

Anaesthesiologist : Dr. AMMIR INAYATH

Operative procedure planned : TLH + BSO.

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 : BLEEDING / NEED FOR TRANSFUSION

Comments : .....

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

DECLARATION BY PATIENT / GUARDIAN / PROXY

I hereby authorize Rainbow Hospital & its authorized doctors to perform upon me / my patient ..... the above mentioned operation / Diagnostic / Therapeutic procedures .....

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 : MRS LAVANYA

Relationship with Patient: SELF

Date & Time : 03/06 at 930am

Witness :

Signature : .....

Name : MR. B. SRINIVAS

Date & Time : (HUSBAND) 03/06 at 930am

Doctor (who is taking the consent) :

Signature : .....

Name : DR. SAMIR NAYATH

Date & Time : 03/06 930AM.

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00015320 IP26-00006482 Mrs B LAVANYA 07-01-1974 52 Y 4 M 27 D (F) Dr. SWAPNA SAMUDRALA	3/6/26 8:57AM	3/6/26 at 10AM
	Transfer Ordered by DR Naveena	Reason for Transfer Dr naveena.
From Unit prepost	To Unit OT	Information to Attendant Yes ☐ No ☐
Number of Sheets in Clinical File 25	Number of Imaging Films Nil	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
Chembakkala	Dr naveena

Patient & Clinical Records Received by : Sandipta

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

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Vashist
Asst. Surgeon : Dr. Swapna S.
Anaesthetist : Dr. Sanjiv
Scrub Nurse : Sr. Padmalaya, Br. Srikanth

Patient Name : ..... Age : ..... Gender : .....
UHID No. : ..... Surgery Name : .....
Date : 3/6/26 In-time : 9.45 Am Out-time : 11.15 pm

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Before Induction of Anaesthesia ➤➤

SIGN IN Time: 10AM

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: .....

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

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

Anticipated Critical Events

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

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

Signature : .....
Name : Ashwini

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. VAISH

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00015320 IP26-00006482 Mrs B LAVANYA 07-01-1974 52 Y 4 M 27 D (F) Dr. SWAPNA SAMUDRALA	3/6/26 @ 8:15 AM	3/6/26 @ 2:30 pm
	Transfer Ordered by Dr. Samir	Reason for Transfer observation
From Unit OT	To Unit pre - post	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File	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
	Dr. Samir

Patient & Clinical Records Received by : 3/6/26 2:30 pm

Date & Time of Patient Received : 3/6/26 @

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

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