HNH-00012252 IP26-00006891
Mrs TASLEEM AFREEN .
04-08-2003 22 Y 11 M 16 D (F)
Dr. SWAPNA SAMUDRALA

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

SURGERY DETAILS

Date : 20/7/26

Patient Name: Mrs. Tasleem Afreen Date of Birth: 4/8/2003 Age: 22Yrs

Gender: female Ward : OT UHID No.: HNH-00012852

Date of Surgery: 20/7/26 ☐ OT -1 ☑ OT -2 ☐ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : Elective LSCS

Time in : 10:25 am Time Out : 11:55am

		NAME	AMOUNT
1.	Surgeon	Dr. Swapna	
2.	Anaesthetist	Dr. Ayeesha	
3.	Assistant Surgeon	Dr. manisha	
4.	OT Technician	Sr. pallavi	
5.	Circulating Nurse	Sr. Puja, Sr. Balu	
6.	Assistant Nurse	Sr. Sangeetha.	

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

Signature of the Surgeon
For Dr Swapna

Puja.
Signature of Circulating Nurse

Order No: 26-0000215347

Order by: Sushma 20/7/26 @ 12.27 pm.

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

HNH-00012252 IP26-00006891
Mrs TASLEEM AFREEN .
04-08-2003 22 Y 11 M 16 D (F)
Dr. SWAPNA SAMUDRALA

WSCS

CONSUMABLES OF OT

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Circulating staff ..... Technician : Sr. Pallavi Date : 20/7/26 Time : 11:00 AM

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube			Major Pack WSCS		1	Inj Vit.K	1+1	
LMA			Sutures 2346, 2364	1+1		Cord Clamp		1
ECG leads : A / P / N		OB	1242, 1326	1+1		Suction Catheter 6		2
HME filter : A / P / N						Feeding Tube 5.		1
Syringes : 10 cc		02				Vaccum Suction Set		1
05 cc		03	Gloves 6, 6.1/2	3+3		Surgical Gloves 6 1/2, 7 1/2	3+2	
02 cc		03	Encore 6.1/2		1	Gauze Pack 10x10		2
01 cc		2				Syringe 1ml / 2ml		3
Cautery plate : A / P / N		01	Surgical blade 22		1	Surgical Blade # 20		1
IV set		01	NG tube			Koochies (S)		
RL		02	Cautery pencil		1	O2 mask (P)		1
NS : 10ml / 100ml / 500ml / 1000ml			Koochies Adult		1	D/water 10ml		2
Atropine		01	Ointments			Inj Prodan		01
Adrenaline		01	Suction Catheter			26-00002154116		
Fentanyl		01	Cap, Mask	10+10				
Morphine			Gauze Pack 7.5	2+2				
Ketamine			Mop Pack	1+2				
Propofol			Steristrip					
Rocuronium			Underpad		2			
Glycopyrolate			Draw sheet					
Myopyrolate			Abgel	1+1				
Ondansetron		01	Foleys catheter					
Pencan 26g/ Spinal Needle 22		01	Urobag					
Bupivacaine 0.25%			Chest Drainage Catheter					
Bupivacaine 0.25%(Heavy)		01	Romodrain bag					
Antibiotics			Bandage					
oxytocin		01	Tegaderm					
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg		01	Vaccum Suction set		1			
Justin : 12.5 mg / 25mg / 100mg		01	Plastic Bed Sheet Aprons		4			
Tab. Misoprost : 200mg		01	Betadine Solution		2			
gauze 7.5		02	Microshield		2			
Encore 6.5		02	Cotton Balls		1			
Tramadol		02	Latex Gloves		20			
			Ramdione Scrub					
			Saral					

Surgeon Anaesthesiologist Nurse OT Technician

Order No. : 26-00002154114/413 Ordered by : Archana 20/7/26 @ 16:13pm.

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

Rainbow Childrens Hospital-Himayatnagar

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

ELECTRONIC MEDICINE PRESCRIPTION

MRN	: HNH-00012252	**Name**	: Mrs TASLEEM AFREEN .
Age / Sex	: 22 Y 11 M 16 D / Female	**Doctor**	: SWAPNA SAMUDRALA
Adm/Reg Date/Time	: 20/07/2026 09:01	**Payor**	: MEDI ASSIST INSURANCE TPA PVT LTD
Order Date	: 20/07/2026 16:07	**Ordernumber**	: 26-0000215413
Visit ID	: IP26-00006891	**Ward/Bed No**	: 4F -OT / PPO-418
Patient Address	: 1-5-356/ C& D, Musheerabad Ndso, Hyderabad, Telangana, INDIA, 500020		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	JUSTIN SUPPOSITORIES 100 MG 5 S		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
2	BCV-INTRAFIX SAFESET		1 Nos	./ Once Daily	1 Days		1 Nos	Dispensed
3	FACE MASK 3 LAYER - ELASTIC	FACE MASK 3 LAYER	1 Nos	External / Once Daily	1 Days		10 Nos	Dispensed
4	NITRILE EXAMINATION GLOVES P F- MEDIUM		1 Nos	External / Once Daily	1 Days		20 Nos	Dispensed
5	SURGEON CAP FEMALE SAFE SECURE		1 Nos	External / 10 AM	1 Days		10 Nos	Dispensed

SWAPNA SAMUDRALA

Reg No : 69924

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Note

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*** Do not refill medicines.**

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040-48873000, info@rainbowhospitals.in

ELECTRONIC MEDICINE PRESCRIPTION

MRN	: HNH-00012252	**Name**	: Mrs TASLEEM AFREEN .
Age / Sex	: 22 Y 11 M 16 D / Female	**Doctor**	: SWAPNA SAMUDRALA
Adm/Reg Date/Time	: 20/07/2026 09:01	**Payor**	: MEDI ASSIST INSURANCE TPA PVT LTD
Order Date	: 20/07/2026 16:07	**Ordernumber**	: 26-0000215414
Visit ID	: IP26-00006891	**Ward/Bed No**	: 4F -OT / PPO-418
Patient Address	: 1-5-356/ C& D, Musheerabad Ndso, Hyderabad, Telangana, INDIA, 500020		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	EVATOCIN (OXYTOCIN) INJ 5 IU 1 ML		1 Vial	External / Once Daily	1 Days		4 Vial	Dispensed
2	CUROPINE (ATROPINE) INJ 1 ML		1 Vial	Injection / Once Daily	1 Days		1 Vial	Dispensed
3	ADROGLARE(ADRENALINE) INJ 1MG 1ML		1 Vial	Injection / Once Daily	1 Days		1 Vial	Dispensed
4	MONOCRYL 3-0 NW 1326	MONOCRYL 1326	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
5	MISOPROST TAB 200MCG 4S		1 Tabs	External / Once Daily	1 Days		6 Tabs	Dispensed
6	ADULT DIAPERS-XXL		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
7	SUPRIDOL SUPPOSITORIES 100 MG 5 S		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
8	BACTOPREP SOLUTIONS 100 ML		1 mL	/ Once Daily	2 Days		2 Nos	Dispensed
9	COTTON BALLS 2 GM 5 NOS		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
10	ABGEL SURGI PAD (BIG) (GELSPON)	ABGEL	1 Nos	/ Once Daily	2 Days		2 Nos	Dispensed
11	SURGICAL BLADE 22	SURGICAL BLADE 22	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
12	VICRYL 1-0 NW 2364	VICRYL 1-0 NW 2364	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
13	DSYRINGE 5ML (NIPRO)	SYRINGE 5ML	1 Nos	External / Once Daily	1 Days		3 Nos	Dispensed
14	CAUTERY PENCIL (ADVANCE)		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
15	VICRYL 1-0 VP 2346	VICRYL 1-0 VP 2346	1 Nos	/ Once Daily	2 Days		2 Nos	Dispensed
16	ANAWIN HEAVY 5 MG INJ 4 ML		1 Vial	External / Once Daily	1 Days		1 Vial	Dispensed
17	UNDER PAD 60X90 10's Pack - MEDICUBE		1 Nos	External / 10 AM	1 Days		2 Nos	Dispensed
18	RL 500 ML CLOSED SYSTEM	RINGER LACTATE 500ML CLOSED	1 Bottle	/ Once Daily	2 Days		2 Bottle	Dispensed
19	DSYRINGE 1ML (NIPRO)	SYRINGE 1ML	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
20	POVINANZ SOLUTION 10% 100 ML		1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
21	PENCAN 27G (B/BRAUN)		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
22	VACCUME SUCTION SET		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
23	SGLOVE # 6.5 (SURGICARE)	SURGICAL GLOVES 6.5	1 Nos	External / Once Daily	1 Days		3 Nos	Dispensed
24	DSYRINGS 2.5ML(NIPRO)	SYRINGE 2ML	1 Nos	External / Once Daily	1 Days		3 Nos	Dispensed
25	TRUGUT CHROMIC CATGUT SN4242	TRUGUT CHROMIC CATGUT SN4242	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
26	ONDOKIND INJ 4 MG 2 ML		1 Nos	/ Once Daily	1 Days		1 Vial	Dispensed
27	BIOXAMIC 500 MG INJ		1 Ampule	External / Once Daily	1 Days		2 Ampule	Dispensed
28	GAUZE 7.5X7.5 12 PLY (5 NOS) NON XRAY	GAUZE 7.5X7.5 12 PLY 5 NOS	1 Nos	External / Once Daily	1 Days		4 Nos	Dispensed
29	SGLOVE # 6 (SURGICARE)	SURGICAL GLOVES 6.0	1 Nos	External / Once Daily	1 Days		3 Nos	Dispensed
30	E.C.G ELECTRODES (ADULT)	ELECTRODES ADULT	3 Nos	External / Once Daily	1 Days		3 Nos	Dispensed
31	DSYRINGE 10ML (NIPRO)	SYRINGE 10ML	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
32	PREGELLED SURGICAL PLATES(ADULT)	PREGELLED PLATED ADULT	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
33	DISPOSABLE APRONS STERILE XL	DISPOSABLE APPRON STERILE XL	1 Nos	/ Once Daily	4 Days		4 Nos	Dispensed
34	MOPS 30X30 8PLY SS X-RAY	MOPS 30X308 PLYDATT	1 Nos	/ Once Daily	3 Days		3 Nos	Dispensed
35	LSCS DRAPE PACK SAFE SECURE		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
36	Encore Microptic gloves-6.5		1 Nos	/ Once Daily	1 Days		3 Nos	Dispensed

SWAPNA SAMUDRALA

Reg No : 69924

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040-48873000, info@rainbowhospitals.in

ELECTRONIC MEDICINE PRESCRIPTION

MRN	: HNH-00016694	**Name**	: Baby Of TASLEEM AFREEN
Age / Sex	: 0 Y 0 M 0 D 7 H / Male	**Doctor**	: SPANDANA PASUPULETI
Adm/Reg Date/Time	: 20/07/2026 11:24	**Payor**	: SELFPAY
Order Date	: 20/07/2026 16:12	**Ordernumber**	: 26-0000215416
Visit ID	: IP26-00006894	**Ward/Bed No**	: 4F -OT / CRDL-HNPDA-413-1
Patient Address	: 1-5-356/ C& D, Musheerabad Ndso, Hyderabad, Telangana, INDIA, 500020		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	INFANT FEEDING TUBE-5	INFANT FEEDING TUBE 5	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
2	Oxygen Mask With Tubing - PeadROMSONS-FC		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
3	SURGICAL BLADE 20	SURGICAL BLADE 20	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
4	GAUZE PACK STERILE 10X10X12 PLY 5S	GAUZE PACK STERILE 10X10X12 PLY 5 PACK	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
5	INJEK INJ 1 MG 0.5 ML		1 Nos	/ Once Daily	2 Days		2 Vial	Dispensed
6	DSYRINGE 1ML (NIPRO)	SYRINGE 1ML	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
7	D WATER 10 ML AMPULE	DISTIL WATER10ML	1 Bottle	External / Once Daily	1 Days		2 Bottle	Dispensed
8	SGLOVE # 6.5 (SURGICARE)	SURGICAL GLOVES 6.5	1 Nos	External / Once Daily	1 Days		3 Nos	Dispensed
9	SGLOVE # 7.5 (SURGICARE)	SURGICAL GLOVES 7.5	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
10	INTROCAN 24G	IV CANULLA 24	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
11	VACCUME SUCTION SET		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
12	CORD CLAMP-ALPHAMEDICARE		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed

SPANDANA PASUPULETI

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Note

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*** Do not refill medicines.**

Name	Mrs TASLEEM AFREEN .	**UHID**	HNH-00012252
Father/Guardian	Mr MOHD RAHMAN	**Age/Gender**	22 Y 11 M 16 D/ Female
Address	1-5-356/ C& D, Musheerabad Ndso, Hyderabad, Telangana, INDIA, 500020		
IP No	IP26-00006891	**Admission Date**	20-07-2026
Ref Doctor	Self.		
Discharge Date	22.07.2026		

DISCHARGE SUMMARY

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

Diagnosis: G2P1L1 AT 37+4 WEEKS WITH PREVIOUS LOWER SEGMENT CAESAREAN SECTION WITH SHORT INTERCONCEPTIONAL PERIOD FOR ELECTIVE LOWER SEGMENT CAESAREAN SECTION

ELECTIVE LOWER SEGMENT CAESAREAN SECTION DONE ON 20.07.2026

History:

Name	Mrs TASLEEM AFREEN .	**UHID**	HNH-00012252
IP No	IP26-00006891	**Admission Date**	20-07-2026

LMP: 30.10.2025 Obstetric formula: G2P1L1
EDD: 06.08.2026 Gestation at admission: 37^{+4} weeks

Obstetric History:
G1 - 2025 / Jun - FT/LSCS (Maternal Request) , Male, Wt 2.9 kg, A & H , Uneventful.
G2 - Present pregnancy Spontaneous conception.

Medical History: Nil
Family History : Nil
Surgical History: LSCS- 2025
Allergies : Nil

Antenatal Details:
Mrs TASLEEM AFREEN . was booked to Rainbow hospital at 4+3 weeks of gestation. She had regular antenatal checkups and investigations as advised. NT + FTS (elsewhere) was low risk. TIFFA was normal. OGTT was normal. Fetal monitoring was done by serial growth scan. Scan done on 14.07.2026 showed SLIUP at 36+5 weeks with cephalic with AFI 15.7cm with EFW 2.710 (26%) with AC 6% with Placenta posterior high with normal doppler. She was admitted at 37+4 weeks with previous LSCS for EL.LSCS.

Investigations: Enclosed.
Blood group: B positive

Management: Course in hospital:

Name	Mrs TASLEEM AFREEN .	**UHID**	HNH-00012252
IP No	IP26-00006891	**Admission Date**	20-07-2026

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

Surgery Notes:

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

*** LUS thinned out**

*** 1 loop of cord around neck**

Delivery Details:

Date : 20.07.2026

Time of Delivery : 10:45Am

Type of Delivery : Elective Lower Segment Caesarean Section

Name	Mrs TASLEEM AFREEN .	UHID	HNH-00012252
IP No	IP26-00006891	Admission Date	20-07-2026

Indication : Previous LSCS with short ICP
Anaesthesia : Spinal

Baby Details:
Date : 20.07.2026
Time : 10:45 am
Sex : Male
Weight : 3.020 Kg
Apgar : 8,9
Gestational Age: 37+4 weeks
NICU Admission: No

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

Advice:
1. Tab. Taxim O 200mg twice daily till 26.07.2026 (9am-9pm) after food.
2. Tab. Calpol (Paracetamol 500mg) 2 tablets thrice daily till 24.07.2026 (8am-2pm-10pm) after food.

Name	Mrs TASLEEM AFREEN .	UHID	HNH-00012252
IP No	IP26-00006891	Admission Date	20-07-2026

3. Tab. Voveran (Diclofenac-50mg) 1 tablet thrice daily till 24.07.2026 (9am-3pm-11pm) after food.
4. Tab. Pantodac (Pantoprazole - 40mg) 1 tablet twice daily till 26.07.2026 (7am-7pm) before food.
5. Tab. Livogen (Elemental Iron - 50mg, folic acid 1.5mg) once daily (7am) for three months before breakfast.
6. Tab. Shelcal (Elemental Calcium 500mg, vitamin D3 250 IU) once daily (2pm) till breast feeding after food.
7. Nebasulf Powder for local application.

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

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

Review with **Dr. SWAPNA SAMUDRALA,** after **2 weeks** on **05.08.2027** at Rainbow Children's Hospital with prior appointment **(Review consultation will be charged).**

For Women Who Have Had a Caesarean Section
Care of the wound:
1.You can bath and shower.
2.The wound can get wet during a bath or shower. Dry it thoroughly and gently by dabbing with a gauze piece. Do not rub the wound.
3.This gauze piece needs to be discarded after one use.

Name	Mrs TASLEEM AFREEN .	UHID	HNH-00012252
IP No	IP26-00006891	Admission Date	20-07-2026

4.Prior to touching the wound clean hands thoroughly with Microshield solution and allow them to air dry or use disposable paper napkins.
5.Apply Nebasulf or Neomycin dusting powder on the wound after it is dry.
6.Do not touch the wound with unwashed hands.

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

Patient/ Attender

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

Rainbow Children's Medicare Ltd. Himayathnagar 500029 Hyderabad

Registrar/Resident/C.M.O

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

HNH-00012252 IP26-00006891
Mrs TASLEEM AFREEN .
04-08-2003 22 Y 11 M 17 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	3			
7	Nursing plan of care and handover sheets	3			
8	Consultation sheet				
9	General consent for treatment	1			
10	Consent for Surgery	1			
11	Consent for blood transfusion				
12	Consent for chemotherapy				
13	Consent for high risk				
14	Consent for Restraint				
15	LAMA consent				
16	Consent for special procedure / Sedation				
17	Consent for Formula feed				
18	Consent for MTP				
19	Consent for Radiological Investigations				
20	Consent for HIV test				
21	Anaestesia notes (Pre Anaesthesia& post)	1			
22	Neonatal Admission/Delivery/Physical Exam	1			
23	Medication Reconciliation	1			
24	Emergency Triage record				
25	Pre operative check list	1			
26	Surgical safety checklist	1			
27	Operation Theatre notes	1			
28	Nurses clinical Presentation				
29	TPR & BP chart	2			
30	Intake and Out take chart (fluid chart)	2			
31	Drug chart (Regular Prescription)	1			
32	Investigation Values (result sheet)	1			
33	Nebulization chart				
34	Nutritional review chart	1			
35	Intensive care unit (ICU Charts)				
36	Consent for Admission in PICU / NICU				
37	The Humpty dumpty scale				
38	Braden Q Scale	2			
39	Bed side check list				
40	PICU bed formula Dilution feeds				
41	Gastro monitoring chart				
42	Rch ED doctors note				
43	BP Monitoring chart				
44	RBS monitoring chart				
	Billing	1			
	Others	5			
	Total No. of Pages	34			

Doc. No. : RCH/ FRM / GENERAL / 126

Signature and Date : 22/07/26
Jyotsna (P.T.O)

ERROR LOG

LOCATION : OT / Birthing Centre / BirthRight Premium / 3rd Floor (Zone A,B,C) / NICU / PICU / 2nd Floor Ward / Oncology / 1st Floor Wards.

OBSERVATION :

DATE :

SIGNATURE OF MRD INCHARGE / EXECUTIVE

EL-LSCS

PRE - OPERATIVE CHECK LIST

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BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 20/7/26

Patient's Name : HNH-00012252 IP26-00006891
Mrs TASLEEM AFREEN . Gender : ☐ M ☐ F
Blood Group : 04-08-2003 22 Y 11 M 16 D (F)
Planned Surgery : Dr. SWAPNA SAMUDRALA
Anesthetist :

Tick Appropriate Boxes, To [illegible] / Senior Nurse.

S.No	INSTRUCTIONS	ER/Ward. Nurse			OT Nurse		
		Yes	No	NA	Yes	No	NA
1.	Weight checked and recorded?	☑	☐	☐	☐	☐	☐
2.	Is the patient fasting for over 6 hours Pre-Operatively?	☑	☐	☐	☐	☐	☐
3.	Check Pre-OP Investigations & Results (CBP, Blood Group, BT, CT, PT / APTT, Viral Screening, CXR etc) available before starting the procedure	☑	☐	☐	☐	☐	☐
4.	Enema given / Bowel Preparation	☑	☐	☐	☐	☐	☐
5.	Remove all ornaments, earrings, toe rings, nose rings etc and implants, dentures	☑	☐	☐	☐	☐	☐
6.	Sterile Gown Given	☑	☐	☐	☐	☐	☐
7.	Is Blood arranged as required?	☑	☐	☐	☐	☐	☐
8.	If Blood has been ordered - is Blood bag ready?	☑	☐	☐	☐	☐	☐
9.	IV Cannula to be placed / IV fluids if Indicated	☑	☐	☐	☐	☐	☐
10.	Pre Anesthetic consultation with anesthesiologist	☑	☐	☐	☐	☐	☐
11.	Pre Medications Given? (Sedatives / etc)	☑	☐	☐	☐	☐	☐
12.	Skin Preparation	☑	☐	☐	☐	☐	☐
13.	Site is marked	☑	☐	☐	☐	☐	☐
14.	Surgery consent / High Risk consent taken by surgeon? (Consent should be taken by the operating surgeon only)	☑	☐	☐	☐	☐	☐
15.	Implants are available	☑	☐	☐	☐	☐	☐
16.	Equipment is avaialble	☑	☐	☐	☐	☐	☐
17.	Antibiotic Prophylaxis is given within the last 60 minutes	☑	☐	☐	☐	☐	☐
18.	Other (if any)	☐	☑	☐	☐	☐	☐

NOTE: if any of above is ticked "NO" Discuss with the registrar / consultant immediately

Billing Clearance Taken : ☐ Yes ☐ No

Billing Executive Name : .....
Billing Executive Signature : .....
Date & Time : .....

OT Nurse Name : Madhumita
Signature of OT Nurse : Madhu
Date & Time : 20/7/26 @ 8 Am

ER/Ward Nurse Name : .....
Signature of ER/Ward Nurse : .....
Date & Time : .....

Rainbow Children's Hospital

Doc. No. : RCH / FRM / CLINICAL / 107

PATIENT TRANSFER FORM

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Your Right to a Safe Delivery

Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00012252 IP26-00006891 Mrs TASLEEM AFREEN . 04-08-2003 22 Y 11 M 16 D (F) Dr. SWAPNA SAMUDRALA	20/7/26 @ 9:01 AM	20/7/26 7:00 PM
	Transfer Ordered by	**Reason for Transfer**
	Dr Mrudula	o RS
From Unit	**To Unit**	**Information to Attendant**
Pre - post	Room	Yes ☐ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
35	7	Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.		
2.	Pl roool - ①	
3.		
4.		
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sis Afreen / Ali	Dr Mrudula

Patient & Clinical Records Received by : Supriya

Date & Time of Patient Received : 7:10pm @ 20/7/26

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

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

Docu. No. : RCH /FRM / CLINICAL / 102

PATIENT TRANSFER FORM

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BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00012252 IP26-00006891 Mrs TASLEEM AFREEN . 04-08-2003 22 Y 11 M 16 D (F) Dr. SWAPNA SAMUDRALA	20/7/26@9:17am	20/7/26 @ 10:13 AM
	Transfer Ordered by Dr. Mounisha	Reason for Transfer ETLSES
From Unit PRESPOST	To Unit (OT)	Information to Attendant Yes ☐ No ☐
Number of Sheets in Clinical File 30	Number of Imaging Films NST-1	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Madhumita@Madh	Dr. Mounisha

Patient & Clinical Records Received by : Puja 20/7/26@ 10:13am.

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 Children's Hospital | BirthRight by Rainbow

Rainbow Childrens Hospital-Himayatnagar

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

ADMISSION SHEET

Registration Details :

Admission No : IP26-00006891 **Admit Date** : 20-Jul-2026 **Admit Time** : 09:01 AM **UHID** : HNH-00012252

Patient Details :

Patient Name	: Mrs TASLEEM AFREEN .	**Age**	: 22 Y 11 M 16 D
Guardian	: Mr MOHD RAHMAN	**DOB**	: 04-08-2003
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 1-5-356/ C& D Musheerabad Ndso Hyderabad Telangana INDIA 500020	**Phone No**	: 9014460785/
		E-mail	: MDRAHMAN2210@GMAIL.COM

Admission Details :

Bed Type : TWIN SHARING **Bed No** : PPO-418 **Ward Name** : 4F -OT

Room No : PPO-418 **Admission Type** : First Visit

Contact Details :

Name : Mr MOHD RAHMAN **Relationship** : Husband

Contact Address : **Phone No** : 9110787749

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 : MEDI ASSIST INSURANCE TPA PVT LTD

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ACTIVITY RECORD FOR BILLING

Name: ---------- HNH-00012252 IP26-00006891 ----------

Mrs TASLEEM AFREEN
04-08-2003 22 Y 11 M 16 D (F)
Dr. SWAPNA SAMUDRALA

UHID No : ---------- | ultant : ---------- Dept : ----------

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
20/7	10.13Am	Pre & Post	OT	Puja
20/7	12pm	OT	Prepost Room	Puja
20/7/26	1.10pm	Pre-post		Afreen

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	Dr. S. Tejaswi	22/7/26	15884	
2.		cross claked by		
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Sign
29/7	CBP – (1)	12107	
29/7	NST – (1)	8792	
		cross checked done 20/7/26	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
20/7	cardiacmonitor	12PM	6:30PM	215779	
20/7	infusionpump	12PM			

Cross checked dena 20/7/17.

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
20/7	IV placement	(1)	215289	(A)
20/7	Catheterization	(1)		(A)
20/7	AAE (OP)	(1)	24867	(A)
			Cross checked done 20/7/26 (A)	
21/7/26 11AM	NHA	(1)	15707	(B)
	Cross checked by ward			

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

HNH-00012252 IP26-00006891
Mrs TASLEEM AFREEN .
04-08-2003 22 Y 11 M 16 D (F)
Dr. SWAPNA SAMUDRALA

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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints
Came for Safe Confinement

Obstetric Formula: G2P1L1.
ML - 2023 ?C ma

Obstetric Hostory:
1st: 2025, FT LSCS (indi - maternal Request) male, 2.9 Kg, @ RMG hospital.

Present Pregnancy Record:
2nd: PP, Spontaneous Conception
A & H
NT - (N), FTS - low risk.

RISK FACTORS: TIFFA - (N)

Previous LSCS.

Height: 157 cm
Weight: .... kg
Allergies: Nil
Breast: ☑ Normal ☐ Abnormal
General Examination:
Consciousness: c/c. Pallor: -ve.
Icterus: No Edema: ⊖
Temp: Afebrile. PR:
BP: DTR: (N)
CVS: S1S2 ⊕ no murmur RS B/L NVBS
Liver/Spleen: (N) Urine Output: Adequate

LMP: 30/10/2025 EDD: 6/8/2026
Corrected EDD: 6/8/2026 GA: 37 w 4 days.

Menstrual History: Regular: ☑ Yes ☐ No

Obstetric Examination

Fundal Height: Term.
Ut. Activity: ☑ Relaxed ☐ Mild ☐ Mod ☐ Severe
Liquor: ☑ Adequate ☐ Oligo ☐ Poly
PP: ☑ Cephalic ☐ Breech Others ____________
Head Fifths Palpable: ______________________
FHS: ☑ Normal ☐ Tachy ☐ Brady ☐ Absent

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

Vaginal Examination not done.
Cervix: ☐ Long ☐ Partially effaced ☐ Effaced
Os: Closed ____________ Dilated ____________
Membranes: ☐ Present ☐ Absent
Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained
Presenting Part: ☐ Vertex ☐ Breech ☐ Others
Sutton: ☐ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2
Pelvis: ☐ Adequate ☐ Doubtful

DIAGNOSIS
~~Primigravida~~ G2P1L1. with 37w 4 days POG. with previous LSCS for Elective. LSCS.

HNH-00012252 IP26-00006891
Mrs TASLEEM AFREEN .
04-08-2003 22 Y 11 M 16 D (F)
Dr. SWAPNA SAMUDRALA

Family History:	Surgical History:
Nil	2025 - LSCS.
Medical History:	**Medication History:**
Nil	Nil.
Plan of Care:	**Investigations:** BGT. 'B' Positive.
Admission NST. Informed Consent Parts preparation. Drugs as charted. Foley's Catheterisation PAC Paediatrician Call. FHR monitoring Monitor Vitals Inform SOS.	CBP Hb 11.8 WBC - 8.32 Plt - 237 HIV, HbsAg, HCV, VDRL } NR USG (14/7/2026). SLIUF 36+5 wks. Cephalic placenta - posterior high. AFI - 15.7cms EFW - 2.710 Kgs (26%) AC - 6% Doppler - Normal.

Doctor Name: Dr. Naveena
Signature: [signature]
Date & Time: 20/7/2026

Consultant Name: Dr. Swapna. S.
Signature: [signature]
Date & Time: 20/7/2026

Dr. Swapna Samudrala
Consultant Obstetrics and Gynecology
Reg. No. 65...

HNH-00012252 IP26-00006891
Mrs TASLEEM AFREEN .
04-08-2003 22 Y 11 M 16 D (F)
Dr. SWAPNA SAMUDRALA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/7/2026	C/S/b Dr Manisha	
12 AM	POD-0	ELCS
	Ae For Afebrile	Adv
	BP 100/74	- NBM x 4-6 h
	PR 84	- Drugs as charted
	P/A Ut well retracted	- I/O monitoring
	PV Bleeding wnl	- Foley's in situ till further order
Baby MS	U/O 150cc (cr clear)	- Emesis SOS
		- W/f vitals & BPV
20/7/2026	Ch/B Dr. Manisha	
3pm	POD-0 LSCS	
	O/E pt stable	Adv
	PR-87bpm	1. NBM 4-6 hrs.
	BP. 102/76 mmHg	2. Drugs as charted
	P/A - uterus retracted well	3. foleys @6am tomorrow morning.
	L/t P/v bleeding normal	
Baby not suckle	UO: 300ml :12pm	4. I/O charting
	BS - sluggish.	5 monitor vitals
		6. Emesis SOS

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

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

(P.T.O)

HNH-00012252 IP26-00006891
Mrs TASLEEM AFREEN .
04-08-2003 22 Y 11 M 16 D (F)
Dr. SWAPNA SAMUDRALA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/7 6:30pm	C/s/b Dr. Manudula	
	POD-0 / LSCS	
	o/t pt c/c/c	Adv
Baby c mother	afebrile	1. Allow oral fluids
	PR-84bpm	2. Soft diet from tomorrow morning
	BP-118/80mmHg	
	P/A - uterus contracted well	3. IV fluids
UO: 500ml ∴ 3hrs	L/E - p/v bleeding WNL	4. Drugs as charted
	B/S - well heard	5. I/O charting
		6. w/f p/v bleeding
Shift to Room		7. monitor vitals
		8. Enzyromus
		9. foley removal @ 6am tomorrow
	Dr. Manudula	
20/7 8pm	C/s/b Dr Manudula	Adv
FY	POD-0 LSCS	
SY	o/t pt c/c/c	1. Liquid diet
Baby c mother	afebrile	2. Soft diet from tomorrow
	PR. 86bpm	3. IV fluids
UO: 200ml ∴ 2hr	BP-110/72mmHg	4. Drugs as charted
	P/A - uterus contracted well	5. I/O charting
	L/E P/V NAD	6. monitor vitals
	BS (+)	Enzyromus
	Dr. Manudula	N.B. M. Supriya 20/7/26

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

HNH-00012252 IP26-00006891
Mrs TASLEEM AFREEN .
04-08-2003 22 Y 11 M 16 D (F)
Dr. SWAPNA SAMUDRALA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/7/26. 11pm	No complaints O/o: good	Adv 1) liquid diet tomorrow 2) soft diet from 6Am on 21/7/26 noted by Divya 20/7/26 Dr RAMYA THORAN Dr. RAMYA THEJA KADIYALA Reg. No: 01458
21/7/26. 8am	C/S/B Dr. Dr. [illegible]	
	POD-1. P2L2	Adv. ✓ Soft diet ✓ Drugs as charted ✓ Adequate hydration ✓ W/F bleeding PV. ✓ Monitor vitals ✓ Inform SOS - Ambulation.
Baby c mother. Urine voided Flatus passed.	GC fair Afebrile vitals - stable. P/A uterus retracted well. BSⒶ C/E NAD.	

HNH-00012252 IP26-00006891
Mrs TASLEEM AFREEN .
04-08-2003 22 Y 11 M 16 D (F)
Dr. SWAPNA SAMUDRALA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/7/2026	CNIb Dr Swapna Samudrala	
11:50AM	POD 1	
		Adv
	GC Fair Afebrile	- Soft Diet / Ambulation
	Vitals Stable	- Drugs as chart
Baby well	P/A wt well retracted	- w/f vitals / BSV
	BS⊕ ; soft	- Ambulation
U ✓	L/E Bleeding WNL	- Inform SOS
F ✓		- Dulcolax Supp ② PR at night
		c/y motions not passed.
Remove IV Cannula		

Dr. Swapna Samudrala
Consultant Obstetrics and Gynecology
Reg. No: 68924

(Dr. Swapna)

N.B. maheshe @ 1:40pm

HNH-00012252 IP26-00006891
Mrs TASLEEM AFREEN .
04-08-2003 22 Y 11 M 16 D (F)
Dr. SWAPNA SAMUDRALA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/7 7:30pm	c/h/b Dr Mrudula	
	POD-1	Adv
	O/E pt c/c/c	1. Soft diet
	afebrile	2. Ambulation
V ✓	PR-86bpm	3. Drugs as charted
I ✓	BP-106/72mmHg	4. Ambulation
S ✓	P/A-ut retracted well	5 monitor vitals
Baby c mother	L/E - p/v bleeding WNL	6. Dulcolax Suppository
B/L Breast soft		(2) P/R @ 10pm.
		Mrd Dr. Mrudula
		NB - Supriya
22/7 9am	c/h/b Dr Mrudula	
	POD-2	
	o/e pt c/c/c	Adv
V ✓	afebrile	1. Regular diet
F ✓	PR-84bpm	2. Drugs as charted
S ✓	BP-110/80mmHg	3. Ambulation
Baby c mother	P/A-ut - retracted well	4. monitor vital
B/L Breast soft	L/E - p/v bleeding WNL	Dayamani
		Dr Mrudula.

HNH-00012252 IP26-00006891
Mrs TASLEEM AFREEN .
04-08-2003 22 Y 11 M 17 D (F)
Dr. SWAPNA SAMUDRALA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/7/26 11:30 AM	POD - II	
	No comp	Adv
	O/E: G.C fair	- Regular Diet
	Afebrile	- Oral hydration
Baby well	Vitals - stable	- Drugs as charted
	P/A - UT well contracted	- monitor vitals
Stable	Scar .	- Ambulation
	L/E - MAB -	- Oxygen SOS
Can be discharged		[illegible signature]
	Dr. Swapna Samudrala Consultant Obstetrics and Gynecology Reg. No: 69924	

HNH-00012252 IP26-00006891
Mrs TASLEEM AFREEN .
04-08-2003 22 Y 11 M 16 D (F)
Dr. SWAPNA SAMUDRALA

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RESULT SHEET

Date	20/7					
Time	9.24					
Hb	11.8					
PCV	33.1					
RBC	3.81					
WBC	8.32					
N/L	66.5 / 27.5					
Platelets	237					
CRP						
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

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

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

HNH-00012252 IP26-00006891
Mrs TASLEEM AFREEN .
04-08-2003 22 Y 11 M 16 D (F)
Dr. SWAPNA SAMUDRALA

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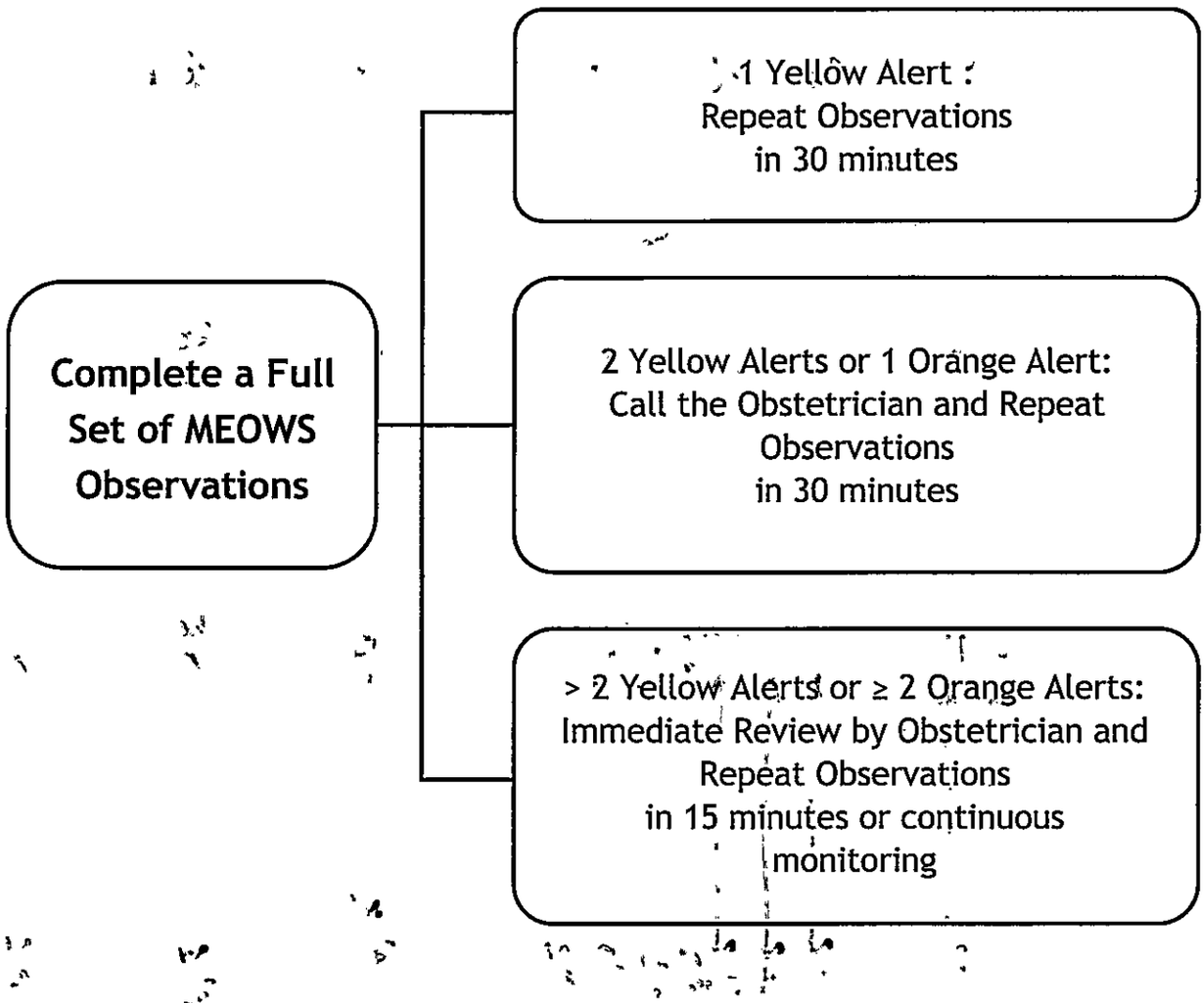
Early Warning Observation Score Chart - Obstetrics

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

2017	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	
	0 - 10																								
Saturations	94 - 100 %	99%	99%			99%	99%	99%	99%	99%	99%	99%				99%				98%				99	
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37																								
	36	36				36	36	36	36	36	36	36				38				98.4				98.2	
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80	86	81			84	86	87	82	83	84	86				82				78				84	
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120	96	116			100	101	102	109	109	110	110				117				118				110	
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80	68	71			74	76	76	76	63	73	73				78				72				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	
TOTAL ORANGE SCORES		0	0			0	0	0	0	0	0	0				0				0				0	
Nurse Initial																									

Obstetrics and Gynaecology Early Warning Signs



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

HNH-00012252 IP26-00006891
Mrs TASLEEM AFREEN .
04-08-2003 22 Y 11 M 16 D (F)
Dr. SWAPNA SAMUDRALA

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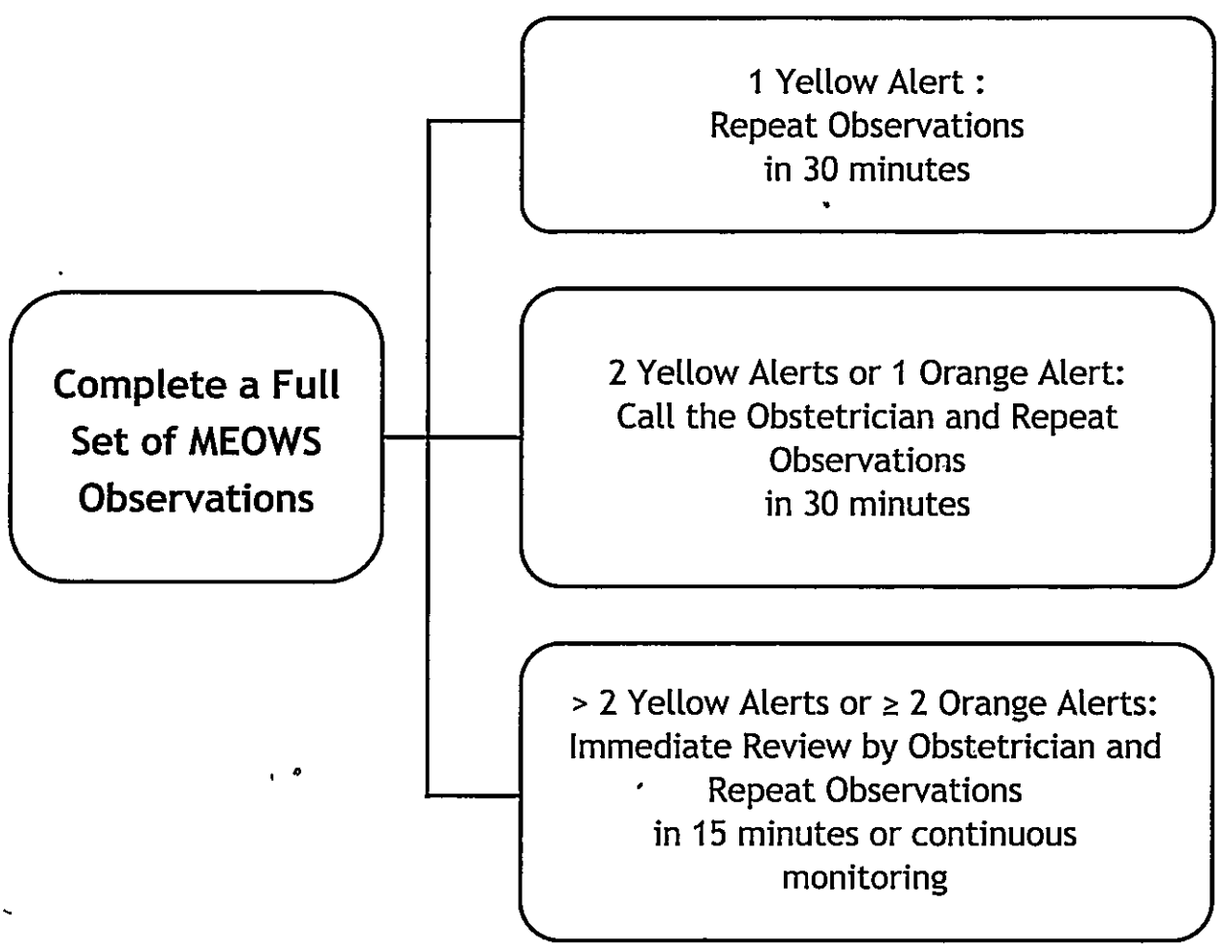
Early Warning Observation Score Chart - Obstetrics

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

21/7/26	Date																						
	Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20			23				22				20				20				20				20	
	0 - 10																								
Saturations	94 - 100 %			99%				99%				99%				99%				99%				99	
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37																								
	36		36	36°C				37°C				97.6°F				98.3°F				37°				98.3°F	
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70			77				82				86				82				80				82	
	60																								
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120			107				102				106				109				108				112	
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70			77				75				72				76				92				76	
	60																								
	50																								
	40																								
NEURO RESPONSE [✓]	Alert			–				–				✓				✓				–				✓	
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30			–				–				✓				✓				–				✓	
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal			–				–				✓				✓				–				✓	
	Heavy / Foul																								
Liquor	Clear / Pink			–				–				D				✓				–				✓	
	Green																								
TOTAL YELLOW SCORES				2				2				0				0				0				0	
TOTAL ORANGE SCORES				0				0				0				0				0				0	
Nurse Initial																									

Obstetrics and Gynaecology Early Warning Signs



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

HNH-00012252 IP26-00006891
Mrs TASLEEM AFREEN .
04-08-2003 22 Y 11 M 16 D (F)
Dr. SWAPNA SAMUDRALA

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

FLUID CHART

Sheet No. : 1

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
20/7/26	08:00 am	RL	N	100ml								
	09:00 am	RL		100ml								
	10:00 am	RL	B	100ml							0	
	11:00 am	RL	N	100ml		NA						
	12:00 pm	RL		100ml						300 ml		
	01:00 pm	RL		100ml								
Total Intake : Taken						Total Output : Passed						
20/7/26	02:00 pm	RL	N	100ml								
	03:00 pm	RL		100ml								
	04:00 pm	RL	B	100ml								
	05:00 pm	RL	N	100ml		NA						
	06:00 pm	RL	SIP	100ml						500ml		
	07:00 pm	RL		100ml								
Total Intake : Taken						Total Output :						
20/7/26	08:00 pm	RL		100ml								
	09:00 pm	RL	SOUP	100ml								
	10:00 pm	RL	H2O	100ml		NA					0	
	11:00 pm	RL		100ml								
	12:00 am	RL		100ml						400ml		
	01:00 am	RL		100ml								
Total Intake :						Total Output :						
21/7/26	02:00 am	RL		100ml						300ml		
	03:00 am	RL	H2O	100ml								
	04:00 am	RL		100ml							0	
	05:00 am	RL	H2O	100ml		NA						
	06:00 am	RL		100ml								
	07:00 am	RL		200ml						400ml		
Total Intake :						Total Output :						

Total 24 hrs. Intake	2400 ml	Total 24 hrs. Output	2200 ml

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FLUID CHART

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		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
21/7/26	08:00 am											
	09:00 am	0									0	
	10:00 am		Idly + H2O		NA		0	NA				
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :** U - 2 M -						
21/7/26	02:00 pm											
	03:00 pm		Upma									
	04:00 pm	0					0				0	
	05:00 pm											
	06:00 pm				NA			NA				
	07:00 pm											
Total Intake : Talcey						**Total Output :** U - M -						
21/7/26	08:00 pm											
	09:00 pm		idly									
	10:00 pm	0	H2O				0				0	
	11:00 pm				NA			NA				
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
22/7/26	02:00 am											
	03:00 am											
	04:00 am	0	H2O				0				0	
	05:00 am				NA			NA				
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

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Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
22/9/20	08:00 am											
	09:00 am											
	10:00 am		2d/g									
	11:00 am		NG		NA							
	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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	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

HNH-00012252 IP26-00006891
Mrs TASLEEM AFREEN .
04-08-2003 22 Y 11 M 16 D (F)
Dr. SWAPNA SAMUDRALA

NURSING CARE RECORD

Rainbow® Children's Hospital — It takes a lot to treat the little.
BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

Date: 20/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8Am – 9Am	→ Plan for vital → Plan for I/O chart → Plan for medication.	8Am – 9Am	→ Vital checked & recorded → Maintained I/O chart → All medication give	→ Vital is normal	→ Baby is well	[signature]
Afternoon	2pm – 8pm	– Assess the patient condition – plan for vital & record – plan for Urine output – plan for I/O chart	2pm – 8pm	– Assess the patient condition – Maintain vital & record – continue Urine output – Maintain I/O chart	– patient stable	– vital Normal	[signature]
Night	8PM – 8Am	→ Assess the pt condition → monitor vitals → maintain I/O chart → pt on liquid diet → administer medication as per drug chart	8PM – 8Am	→ assessed the pt condition → monitored vitals recorded → maintain I/O chart → pt on flow 100ml/hr → pt on liquid diet → medication as per drug chart	→ pt is stable → Foley's removed	→ rechecked vitals	[signature]

Patient Sticker

IP26-00006891
HNH-00012252 (F)
Mrs TASLEEM AFREEN
22 Y 11 M 16 D
04-08-2003
Dr. SWAPNA SAMUDRALA

NURSING CARE RECORD

Rainbow® Children's Hospital
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BirthRight BY RAINBOW HOSPITALS
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Date: .....

Goals

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- ☐ Early Ambulation Reduce Anxiety
- ☐ Maintain Skin Integrity
- ☐ Patient & Family Education

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8AM / 2PM	→ Assess the general condition of pt. → Monitor vitals. → Maintain IO chart. → Administer medication	8AM / 2PM	→ Assess the pt condition → monitored vitals → maintained IO chart → Administer medication as per drug chart	Patient is stable	Re-checked the vitals	
Afternoon	2PM / 8PM	→ Assess the patient general condition. → monitor vitals → Administer medication as Per doctor's orders.	2PM / 8PM	→ Assessed the patient general condition → monitored vitals → Administered medications as Per doctor's orders	Patient is stable	Rechecked vitals.	
Night	8PM to 8AM	– Assess the pt condition – Monitor the v/s – Maintain the I/O – Drug as per chart	8PM to 8AM	– Assess the pt condition – Monitor the v/s – Maintain the I/O – Drug as per chart	– Now patient is stable	– Rechecked the v/s	

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NURSING CARE RECORD

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Date: 29/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8AM 2PM	→ Assess the pt condition. → monitor the vitals. → maintain I/o chart. → drugs give as per drug chart.	8AM 2PM	→ Assessed the pt condition. → Monitored the Vitals. → maintained I/o chart. → drugs given as per drug chart	→ pt is stable now.	→ Recovered the vitals.	
Afternoon							
Night							

Pa

HNH-00012252 IP26-00006891
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NURSING CARE RECORD

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

Date: .....

Goals

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

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

HNH-00012252 IP26-00006891
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04-08-2003 22 Y 11 M 16 D (F)
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BRADEN 'Q' SCALE

Rainbow® Children's Hospital
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				Date :	20/7	20/7	20/7/26	21/7
				Time :	8Am	2PM	N1	M6
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	4	4
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
				TOTAL SCORE	28	28	28	28
				Evaluator's Name	[illegible]	[illegible]	[illegible]	[illegible]

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

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-00012252 IP26-00006891
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04-08-2003 22 Y 11 M 16 D (F)
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BRADEN 'Q' SCALE

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				Date :	21/7	22/7		
				Time :	N	M		
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		
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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	3		
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				TOTAL SCORE	28	26		
				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
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Mrs TASLEEM AFREEN .
04-08-2003 22 Y 11 M 16 D (F)
Dr. SWAPNA SAMUDRALA

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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	20/7	20/7	20/7/26
		Score		2pm	10pm
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0	0		
Secondary Diagnosis (more than one diagnosis)	Yes	15			
	No	0	0		
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0	0	0	0
IV / Heparin Lock or Saline	Yes	20	20	20	20
	No	0			
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	0		
Total Morse Fall Scale Score:			20	20	20
		Signature			

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

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

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

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

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

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

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

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CHECKLIST FOR THROMBOPHLEBITIS

20/4/26.

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	✓	NA	NA	NA						
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1	NA	NA	NA	NA						
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2	NA	NA	NA	NA						Cannula Removed
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3	NA	NA	NA	NA						
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4	NA	NA	NA	NA						
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5	NA	NA	NA	NA						
		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 : .....

Patient Sti

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CHECKLIST FOR THROMBOPHLEBITIS

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

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

Signature of Shift In Charge :

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

Signature of Ward In Charge :

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

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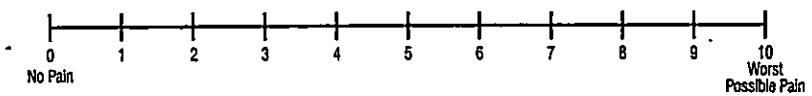
PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
20/7	9Am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
20/7	11Am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
20/7	2Pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
20/7/26	6pm	0/10	Abdomen	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	N-A	
20/7/26	10Pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
21/7/26	10Am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	~~☐ Yes~~ ☐ No	NA	
21/7/26	6pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
21/7/26	10pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
22/7/26	2am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
22/7/26	6am	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

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NURSING SHIFT HAND OVER FORM - WARD

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

SITUATION	Diagnosis: El-LSCS 20/7/26	Any Infection: ☐ Yes ☐ No ☑ Not Known If Yes Specify:					
BACKGROUND	Area / Shift Time	20/7 M6	20/7/26 4pm	20/7/26 N1	21/7 M6	21/7/26 evng	22/7 N
	Medical Condition (Any special condition to be noted):	NBA		liquid diet	—	—	soft
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Tubes/Drains/Catheter:	☑ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Vital Signs: Temp:	98.F	97.6F	98.2F	98.2°F	98.3°F	97.8°F
	Res:	20	20	20b/m	23b/m	25b/m	20b/m
	SpO_2:	99%	99	100%.	100%.	99%.	99%.
	Pulse:	82	83	72b/m	82b/m	85b/m	81b/m
	BP:	116/71	109/63	117/72	112/73	110/80	110/71
	Fall Risk Score:			—	—	—	—
	Pain Score:	—	—	—	—	—	[illegible]
Recommendations	Safety Needs:	—	yes	yes	—	—	yes
	Physiotherapy	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Others Specify:	—	—	—	—	—	—
	Special Diet:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Other Special Orders / Medications:	—	—	—	—	—	—
Post Operative Procedure Special Orders:		—	—	—	—	—	—
Handed Over By Name :		Madhy	Alisa	Divya	Anusha	Sandhya	Sunanda
Signature :		[signature]	[signature]	[signature]	[signature]	[signature]	[signature]
Date:		20/7	20/7/26	21/7/26	21/7/26	21/7/26	22/7/26
Time:		8pm	8pm.	8am	2pm	8pm	8am
Taken Over By Name :		Alisa		Anusha	Sandhya	Sunanda	Mahi
Signature :		[signature]		[signature]	[signature]	[signature]	[signature]
Date:		20/7/26		21/7/26	21/7/26	21/7/26	22/7/26
Time:		8pm		8am	2pm	8pm	8am

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

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NURSING SHIFT HAND OVER FORM - WARD

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

SITUATION	Diagnosis: LICS.				Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:		
BACKGROUND	Area / Shift Time	22/2 M6					
	Medical Condition (Any special condition to be noted):	soft					
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.1°C					
	Res:	20/L					
	SpO_2:	105%					
	Pulse:	75					
	BP:	—					
	Fall Risk Score:	—					
	Pain Score:	0					
Recommendations	Safety Needs:	yes					
	Physiotherapy	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Others Specify:	—					
	Special Diet:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Other Special Orders / Medications:	—					
Post Operative Procedure Special Orders:		—					
Handed Over By Name :		mahi					
Signature :		✓					
Date:		22/2/24					
Time:		8pm					
Taken Over By Name :							
Signature :							
Date:							
Time:							

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URINARY CATHETER BUNDLE CHECK LIST

Date of Insertion: 20/7/26 Date of Removal: .....

Parameters / Date / Shift Time	20/7/26 PM	20/7/26 N	21/7/26 6am				
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	Mady	Divya					
Signature of the Nurse							

Foley's removed at 6am

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

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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. IRON	1TAB.	PO	OD.	19/7	☐ C ☑ DC
2	T. CALCIUM	1TAB	PO	OD	19/7	☐ C ☑ DC
3						☐ C ☐ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Naveena @

Date & Time : 20/7/2026 @ 9AM

rse Name & Signature: Madhumita @ Madhu

Time : 20/7/26 @ 9AM

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

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DRUG CHART

Date of Admission: 20/7/2026 Drug Allergies: Nil ☑ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

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

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

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

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

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REGULAR PRESCRIPTIONS Weight. 60kgs Ward. CDR

Verified by Dr. Dhakshayani

DRUG : INJ. CEFOTAXIME

Dose	Route	Frequency	Start Date
1GM	IV	BD.	20/7

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

Additional Instructions: ATD x24h

Stop after morning dose. 21/7/26 Dr. DMS

Daily Doctor's Endorsement by a Sign

Date	20/7	21/7	22/7
Time	9:30AM		
	9PM		

Verified by Dr. Dhakshayani

DRUG : T. PARACETAMOL

Dose	Route	Frequency	Start Date
1gm	PO	TID	20/7/26

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

Additional Instructions:

Date	20/7	21/7	22/7
Time			
	6AM	X	
	2PM	X	
	10PM		

Daily Doctor's Endorsement by a Sign

Verified by Dr. Dhakshayani

DRUG : T. DICLOFENAC

Dose	Route	Frequency	Start Date
50mg	PO	BD	20/7/26

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

Additional Instructions:

Date	20/7	21/7	22/7
Time			
	9AM	X	
	9PM	8:40PM	

Daily Doctor's Endorsement by a Sign

Verified by Dr. Dhakshayani

DRUG : T. TRAMADOL

Dose	Route	Frequency	Start Date
100mg	PO	BD	20/7/26

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

Additional Instructions:

Date	20/7	21/7	22/7
Time			
	10AM	X	
	10PM		

Daily Doctor's Endorsement by a Sign

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Sheet No: .....

REGULAR PRESCRIPTIONS

Weight 60kg Ward ICU

DRUG : TAB PANTOPRAZOLE

Dose	Route	Frequency	Start Dt.
40mg	P/O	OD	20/7

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ➤ Time	20/7	21/7	22/7
6AM	✓	✓	✓

DRUG : CEFIXIME

Dose	Route	Frequency	Start Dt.
200mg	PO	BD	21/7

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ➤ Time	21/7	22/7
9PM	✓	✓

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ➤ Time

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ➤ Time

Verified by Dr. Dhakshayani

Dr. Dhakshayani Signature

VERIFIED BY : Name

HNH-00012252 IP26-00006891
Mrs TASLEEM AFREEN .
04-08-2003 22 Y 11 M 16 D (F)
Dr. SWAPNA SAMUDRALA

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

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

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

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

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

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

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Weight. 60/cgs Ward. 2DK

DRUG : / Route / Start Date / Name & Signature of the Doctor / Additional Instructions:	Date▸ Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
		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 : / Route / Start Date / Name & Signature of the Doctor / 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
20/7	9:45Am	INJ-METOCLOPRAMIDE	10MG	IV		
20/7	9:45Am	INJ-PANTOPRAZOLE	40MG	IV		
20/7	10:42Am	Inj. OXYTOCIN	3IU	IV		
20/7	10:45Am	Inj. OXYTOCIN	6IU in 500ml RL	IV		
20/7	11:35Am	DICLOFENAC Suppository	100mg	PR		
20/7	11:35Am	TRAMADOL Suppository	100mg	PR		
20/7	11:20Am	Inj. TRANEXAMIC ACID	1gm	IV		
20/7	6:00pm	INJ PARACETOMOL	1gm	IV		

Verified By Dr. Dhakshayani

VERIFIED BY : Name Signature

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Mrs TASLEEM AFREEN .
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Dr. SWAPNA SAMUDRALA

I.V. FLUIDS CHART

Weight. 60kg Ward. UDR

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
20/7	9AM	RINGER LACTATE	IV	100 ml/h			20/7		
20/7	10:25 AM	RINGER LACTATE	IV	2000 ml/h			20/7		
20/7	10:40AM	RINGER LACTATE	IV	500 ml/h			20/7		
20/7	11:20AM	RINGER LACTATE	IV	1000/ ml/hr			20/7		
20/7/26	8pm	RINGER LACTATE	IV	100 ml/h			20/7		
21/7/26	12AM	RINGER LACTATE	IV	100ml/h			21/7		
21/7/26	5AM	RINGER LACTATE	IV	100ml/h			21/7		
		Stop							

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

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE

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Patient Name : Mrs. TASLEEM AFREEN Age : 22y Gender : Male ☐ Female ☑

UHID NO: HNH-00012252 Surgeon Name: Dr: SWAPNA SAMUDRALA

Anaesthesiologist : Dr: AYESHA

Operative procedure planned : ELECTIVE LOWER SEGMENT CESAREAN SECTION

PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA

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

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

☐ Heart disease ☐ Hypertension ☐ Diabetes mellitus ☐ Renal failure

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

☐ Incapacitating Cronic Obstructive Pulmonary Disease

☑ Others : Hypotension, Bleeding, Need for transfusion

Comments : .....

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

DECLARATION BY PATIENT / GUARDIAN / PROXY

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

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

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

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

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

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

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

- Pregnant : ☑ Yes ☐ No

DECLARATION BY THE ANAESTHETISTS PROVIDING INFORMATION FOR THIS CONSENT

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

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

Patient / Patient Attendant :

Signature : .....

Name : .....

Relationship with Patient: .....

Date & Time : 20/7/26 @ 8:50 Am

Witness :

Signature : .....

Name : ..... (Raisa Siddiqui)

Date & Time : 20/7/26 @ 8:50 Am

Doctor (who is taking the consent) :

Signature : .....

Name : Dr. Sk. Ayesha

Date & Time : 20/7/26, 8:50Am

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

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Patient Name : MRS. TASLEEM AFREEN Gender: ☐ Male ☐ ~~Female~~ Age : 30 YRS

UHID No : HNH - 0001 2252. Date : 20/7/2026

Instruction:

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

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

ELECTIVE LOWER SEGMENT CAESERIAN SECTION

upon

MRS Tasleem Afreen (Name of the Patient)

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

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

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

Haemorrhage, Injury to adjacent organs - Ureter, Bladder, Bowel, muscles, Vessels, Need for Blood and Blood products Transfusion.

My signature on this form indicates that

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

Name of the Doctor who is performing the Surgery / Procedure: Dr. Swapna. S

Consentee :

Signature : تسلیم آفرین

Name : Mrs Tasleem Afreen

Date & Time : 20/7/2026 @ 9AM

Patient Attendant :

Signature : رئیسہ صدیقہ

Name : رئیسہ صدیقہ (Raisa Siddiqa)

Relationship with Patient: ساس (mother in law)

Date & Time : 20/7/2026 @ 9AM

Witness :

Signature : Madhu

Name : Madhumati

Date & Time : 20/7/26 @ 9AM

Doctor (who is taking the consent) :

Signature :

Name : Dr Mamtha

Date & Time : 20/7/2026 @ 8 AM

Department of Anaesthesiology

PRE-ANAESTHETIC EVALUATION

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Name: Mrs. TASLEEM AFREEN Age: 22 Sex: FEMALE UHID.No: HNH-12252

Date: 14/7 Time: 130pm Proposed Operation: LSCS. (20/7)

Diagnosis: G2P1L1 at 36+5

B.P / CRT: 105/71 H.R.: 96 Weight: 60.2 ASA Physical Status: □1 ☑2 □3 □4 □5

Laboratory Data:

16/6

Hgb: 10.9	Glucose:	Protein:	HIV: NR	X-Ray:
PCV: 30.7	Urea:	Alb:	HBS Ag: NR	ECG:
WBC: 7740	Creat:	Total Bill:	HCV: NR	2D Echo:
Plate: 2.38	Na:	Dir. Bill:	Blood group: B Pos (oral)	Stress/Anglo:
PT:	K:	LDH:	T3	Other: placenta - post high
PTT:	Ca++:	Alk phos:	T4	
INR:	Mg++:	Amylase:	TSH	
	Cl -:	SGOT/SGPT:		

Allergies: NKDA.

Medical History: CVS: /

RESP: No significant medical history Diabetes:

CNS: Regular ANCs done - uneventful - placenta.

Renal: /

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

Others:

Past Anaesthetic History: prev. LSCS + SAB → Backache

Physical Exam: Coherent / alert

Airway: NOT ASSESSED MP 1 2 3 4 Mouth Opening: Mentohyoid Distance: Neck: Teeth:

Lungs: BAE ⊕ clinically clear

Heart: S1 S2 + no

CNS:

Pregnant: ☑ Yes □ No □ NA Venous Access Site: peripheral Spine Exam for regional: ✓

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

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

4AM solids ← 6HRS — 10AM; 8AM - WATER.

CURRENT MEDICATIONS	DOSAGE
Fe/Ca/MVT	

Pre-Operative Instructions:

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

Signature: [signature] Name: Dr Somu2

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

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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: 72/min | B.P / CRT: 86/54 mmHg | SpO_2: 98% on RA | R.R: 18/min | Last Feed: >6 hrs

Pre-OP Diagnosis: G2P2L2C1 prev LSCS at 36 wks + 5 days | Operation: ELECTIVE LSCS | Date: 20/7/26

Surgeon: Dr: Swapna, Dr: Manisha | Anaesthesiologist: Dr: Ayesha | Technician: Pallavi

TIME	10:25	10:35	10:45	11:00	11:15
N_2O /AIR /O_2 LPM					
HALO /SO /SEVO					
Drugs:					
FIO_2 / SaO_2	100%	100%	100%	100%	100%
$ETCO_2$					
ECG	SR	SR	SR	SR	SR
Temperature			36.3°		
Urine Output					
Fluids / Blood	20 RL				

Antibiotic

Suppository: DICLOFENAC 100mg PR, TRAMADOL 100mg PR

Blood Loss: 300ml

NOTES

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

Tourniquet on Time
Tourniquet off Time

Throat Pack In
Throat Pack Out

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

LAB Values: ABG | GRBS | Others

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

Position:
☑ Pressure Points Checked

Eye Care:
☐ Oint
☐ Tape
☐ Padding
☑ Awake

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

Times:
Anaes Start: 10:25Am
OP Start: 10:33Am
OP End: 11:40 AM
Leave OR: 11:55 Am

Anaesthesia:
☐ GA
☐ Monitored Anaesthesia Care
☑ Regional

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

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

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

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

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

Regional:
Extremity Specify: SAB
☑ Spinal ☐ Epidural ☐ Caudal
Others:
Position: Sitting
Site: L3-L4
Needle Size: 24G PP Depth:
Parasthesia ☐ Yes ☑ No
Catheter at skin ..... cm
Drug Name & Conc: 0.5% HEAVY BUPIVACAIN
Bolus: 1.8ml + 25mcg FENTANYL
Infusion:
Block Level: T4 - T6
Comments:

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

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

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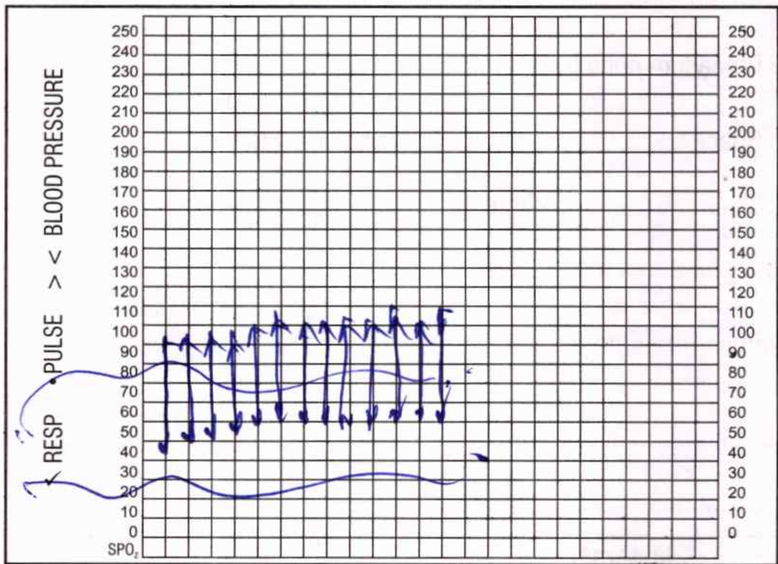
POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Madhu Time Received : 12pm Time Discharged : ....



IV Cannula Site : left

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

Vomiting : ☐ Yes ☑ No Drug: Taxim

NG Tube : ☐ Yes ☑ No

Drain: ☐ Yes ☑ No

Urinary Catheter: ☑ Yes ☐ No

Chest Tube: ☐ Yes ☑ No

Nil Oral ☐ Yes ☑ No

IV Fluids: R.L

Oral Feeds: Nil

POST ANAESTHESIA SCORE (Modified Aldrete Score)			IN	30	60	90	OUT	SCORING INTERPRETATION
Able to move 4 extremities voluntary or on command Able to move 2 extremities voluntary or on command Able to move 0 extremities voluntary or on command	= 2 = 1 = 0	ACTIVITY	1	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 Dyspnea or limited breathing Apneic	= 2 = 1 = 0	RESPIRATION	2	2	2	2		
BP ± 20 of Pre Anaesthetic leve BP ± 20-50 of Pre Anaesthetic leve BP ± 50 of Pre Anaesthetic leve	= 2 = 1 = 0	CIRCULATION	2	2	2	2		
Fully awake Arousable on calling Not responding	= 2 = 1 = 0	CONSCIOUSNESS	2	2	2	2		
Pink Pale, dusky, blotchy, jaundiced, other Cyanotic	= 2 = 1 = 0	COLOR	2	2	2	2		
		TOTAL	9	9	10	10		

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
20/7	12Pm	0	Normal	[signature]
20/7	1Pm	0	Normal	[signature]
20/7	2pm	0/10	Normal	[signature]
20/7/26.		0/10	Normal	[signature]

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

Anaesthesiologist Name : Dr. [signature]

Anaesthesiologist Signature: [signature]

Date & Time: 20/7/26 1:00pm

PACU Nurse Name : [signature]

PACU Nurse Signature: [signature]

Date & Time: 20/7/26 1:pm

Reassessment Frequency:

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

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

Date & Time: 20/7/26.

Patient Sticker

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Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

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

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

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

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

Solution Composition : .....

Any other issues :

a) .....

b) .....

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

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

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

Patient Satisfaction : .....

Discharge /Shifting ordered by

Doctor Signature: .....

Doctor Name: .....

Date and Time : .....

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CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: Dr Swapna Samudrala	Date of Delivery: 20/7/2014
Assistant Surgeon: Dr Mamsha	Time of Delivery: ~~10~~ 10:45 AM
Anaesthetist's Name: Dr Ayesha	Gender of Baby: Male
Type of Anaesthesia: Spinal	Weight of Baby: 3.020 kg
Neonatologist: Dr Tejaswi / Dr Shreegowri	AGPAR Score: 8, 9.
Scrub Nurse: Sangeetha.	NICU Admission: ☐ Yes ☑ No

Pre-Operative Diagnosis: G2P1L4 | 37+4 wks | Previous LSCS

☑ Elective ☐ Emergency Indication: Previous LSCS

Urgency

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

Decision time: NA Knief to rectus: 2mm

CTG Description: Reactive

If there was a delay give the reasons: No delay

Surgical Procedure: Elective LSCS

Post Operative Diagnosis: POD-0

Peri-Operative Complications: Nil

Amount of Blood Loss: ~ 300 cc	Blood Transfused (in ML): —

Name and Number of Surgical Specimen sent for examination:

Nil

Examination Findings when Appropriate:

Presentation: ☑ Cephalic ☐ Breech ☐ Other ....

Cervical Dilatation: ......Open...... cm

5th Palpable: ....

Fetal Position: ......°......

Station: ☑ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2

Moulding: ☑ None ☐ + ☐ ++ ☐ +++

Caput: ✗ ☐ + ☐ ++ ☐ +++

Meconium: ☑ None ☐ + ☐ ++ ☐ +++

Bladder Catheterized : ☐ Yes ☐ No

Urine: ☑ Clear ☐ Blood Stained

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

Uterine Incision: ☑ Lower Segment ☐ Classical ☐ Inverted T ☐ J Incision

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

Incision Through Placenta: ☐ Yes ☑ No

· LUS thinned out

Delivery of head: ☐ Manual ☑ Forceps

· 1 loop of cord around neck

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

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

Cord Appearance: ......Normal...... Cord around the neck ☑ Yes ☐ No 1 loop

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

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

---

Uterine Closure: ☐ One Layer ☑ Two Layers ......Vicryl no 1-0...... Suture

Peritoneal Closure: ☐ Pelvic ☑ Abdominal ☐ None ......Catgut no 1-0...... Suture

Sheath Closure: ......Vicryl no 1...... Suture

Fat Closure: ☑ Yes ☐ No ......Catgut no 1-0...... Suture

Skin Closure: ☑ Subcuticular ☐ Mattress ......Monocryl -3-0...... Suture

Vagineal Evacuated ☑ Yes ☐ No

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

Ctheter ☑ Yes ☐ No ☐ Remove in ....1.... days ☐ Await instructions

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

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

Post-Operative Notes: ....

NBM x 4-6 h

Drugs as charted

IVF 930V

I/O monitoring

Foley's in situ x 24h

~~Dr~~ Inform Drs

Doctor Name: Dr Swapna Samvelrala. Dr Monalisa

Doctor Signature: [signature] For Dr Swapna

Date & Time: ....

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Swapna
Asst. Surgeon : Dr. Manisha
Anaesthetist : Dr. Ayesha
Scrub Nurse : Sr. Sangeetha

Patient Name : HNH-00012252 IP26-00006891
Mrs TASLEEM AFREEN .
04-08-2003 22 Y 11 M 16 D (F)
Dr. SWAPNA SAMUDRALA
UHID No. :
Date : 20/7/26

Gender : F
LSCS

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Before Induction of Anaesthesia ➤➤

SIGN IN Time: 10:20am

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

Site Marked ☐ Yes ☐ No ☑ NA

Anaesthesia Safety Check Completed ☑ Yes ☐ No

Pulse Oximeter on Patient & Functioning ☑ Yes ☐ No

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

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

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

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

Signature : Ayesha
Name : Dr. SK. Ayesha

Before Skin Incision ➤➤

TIME OUT Time: 10:31am

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

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

Anticipated Critical Events

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

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

Nursing Team Reviews: Hypotension bleeding.
- 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 : Puja @ 10:31am.
Name :

Before Patient Leaves Operating Room

SIGN OUT Time: 11:55am

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 : For Dr. Swapna
Name :

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00012252 IP26-00006891 Mrs TASLEEM AFREEN , 04-08-2003 22 Y 11 M 16 D (F) Dr. SWAPNA SAMUDRALA	20/7/26 @ 9:01am	20/7/26 @ 12pm
	Transfer Ordered by Dr. Ayesha	Reason for Transfer Observation.
From Unit OT	To Unit Prepost	Information to Attendant Yes ☐ No ☐
Number of Sheets in Clinical File -	Number of Imaging Films (1)	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
SSS. Priya	Dr. Ayesha.

Patient & Clinical Records Received by : Madhumita @ Maddy

Date & Time of Patient Received : 20/7/26 @ 12pm

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

HNH-00012252 IP26-00006891
Mrs TASLEEM AFREEN .
04-08-2003 22 Y 11 M 16 D (F)
Dr. SWAPNA SAMUDRALA

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OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 9.077 Time of Arrival: 8.50Am Time Seen by Nurse: 8.55Am

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

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

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

3) **Vital Signs:** Temperature: 98.1 Pulse: 82 RR: 20 SpO_2: 99% BP: 116/71 Weight: .....

4) **Gestational Criteria:**

Gravida:	G	P	L	A

LMP: 3.6.25 EDD: 6.8.26 Gestational Age: 37+4 days

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

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

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

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

.....

6) **Past History:**

a) Surgeries: .....

b) Medical: NAD

HNH-00012252 IP26-00006891
Mrs TASLEEM AFREEN .
04-08-2003 22 Y 11 M 16 D (F)
Dr. SWAPNA SAMUDRALA

7) Allergy: ☐ Yes ☑ No, If Yes : ....

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

9) **Prenatal Medical History:**

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

Triage Category: (Please tick on the category)

Refer to OBSTETRICAL TRIAGE ACUITY SCALE (OTAS)

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

OBCU Obstetrical Triage Acuity Scale (OTAS)

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

Time seen by Doctor: ......9 AM......

Nurse Name : ......Madhumitha...... Nurse Signature: ......Madh......

Date: 20/01/26...... Time: ......8:55 AM

HNH-00012252 IP26-00006891
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04-08-2003 22 Y 11 M 16 D (F)
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OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 20/7/26

Baseline Information:

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

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

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

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

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

If yes, identify ....

Chief Complaints: ELLSC§

Doctor Notified on Admission: ☑ Yes ☐ No

Name of the Doctor: DR Naveena

Time Notified: 6AM

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

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

Gynecology Assessment: ☐ Not Applicable	**Gynecology Surgical History:**	**Gynecological History:**
Menstrual History: Regular	Caesarean Section: ☐ No ☐ Yes	Contraceptives: ☐ No ☐ Yes
Onset of Menarche:	Cervical Cerclage: ☐ No ☐ Yes	Vaginal Discharge: ☑ No ☐ Yes
Menstrual Cycle: ☑ Regular ☐ Irregular	Ectopic Pregnancy: ☐ No ☐ Yes	Post-Coital Bleeding: ☑ No ☐ Yes
Last Menstrual Period:	Myomectomy: ☑ No ☐ Yes	**Infertility:** ☑ No ☐ Yes
	Others:	**If Yes** Type: ☐ Primary ☐ Secondary

Obstetric History: G 2 P 1 L 1 A —

Previous LSCS: yes

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

Family History: ☑ No Abnormalities Detected

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

☐ Liver disease ☐ Other ....

Vital Signs / Measurements: Temp: 98.F HR: 82 RR: 20

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

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

HNH-00012252 IP26-00006891
Mrs TASLEEM AFREEN .
04-08-2003 22 Y 11 M 16 D (F)
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PHYSICAL ASSESSMENT

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

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

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

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

☐ Mobility problem ☐ Walking Problem ☐ No Abnormality Detected

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING: ☐ No Abnormality Detected

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

☐ Under Weight ☐ Diabetes Mellitus ☐ Hyperemesis Gravidarum

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

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

☐ Others .....

Inform consultant for positive criteria

SOCIAL SCREENING:

1. **Marital Status:** ☐ Single ☐ Married ☐ Divorced ☐ Widow
2. **Special Habits:** **Smoker:** ☐ Yes ☐ No **Alcohol Abuse:** ☐ Yes ☐ No **Drug Abuse:** ☐ Yes ☐ No

Social History: Lives With ..... Husband .....

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: ..... Tasleem .....

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

Nurse Signature: ..... Maddy .....

Nurse Name: ..... Maddumala .....

Date & Time: ..... 9/7/26 @ 9 AM .....

HNH-00012252 IP26-00006891
Mrs TASLEEM AFREEN .
04-08-2003 22 Y 11 M 17 D (F)
Dr. SWAPNA SAMUDRALA

307

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NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 21/7/26 Time: 10:30am

Origin: Indian Height: 157cms Weight: 60kg BMI: ☐ ~ 26 kg/m² ☐ ~ 28 kg/m² ☐ ~ 30 kg/m²
24.39 kg/m²

Food Allergies: Nil

Diagnosis: LSCS

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

Diet Advised:

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

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

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

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

Patient's / Attendant's

Signature: تسلیم آفرین

Name: Tasleem

Date & Time: 21/7/26 ; 10:30am

Dietician's

Signature: Sobiya

Name: Syeda Sobiya Zaheer

Date & Time: 21/7/26 ; 10:30am

DIETARY NOTES

Date	Time	Notes	Sign

HNH-00012252 IP26-00006891
Mrs TASLEEM AFREEN .
04-08-2003 22 Y 11 M 17 D (F)
Dr. SWAPNA SAMUDRALA

307

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CROSS CONSULTATION FORM

Doctor Name : Dr. Swapna Date : 21/7/26 Time : 12pm

Diagnosis : LSCS

Hospital : RCH – HMNR

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

Type of Referral :
☐ Emergency
☐ Urgent
☐ Non Urgent

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

Signature:

Findings and Recommendations :

Lactation care plan

- well formed Breast & Nipple's
- Colostrum seen
- G2L1, Term
- Aim for deep latch as demonstrated in cross cradle / cradle hold
- Demand feeding not exceed 2½ hours as per early hunger cues.
- Advice DBF & f/b Burping.
- warm care

Consultant :

Name : Sathwika-G Signature : S Date & Time : 21/7/26 ; 12pm

HNH-00012252 IP26-00006891
Mrs TASLEEM AFREEN .
04-08-2003 22 Y 11 M 16 D (F)
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BREAST FEEDING HANDOVER AND ASSESSMENT FORM

1. Breastfeeding initiated?
   - ☑ a. Yes
   - ☐ b. No

2. If No, Reason .....

3. Nipple condition:
   - ☑ a. Nipple well formed
   - ☐ b. Flat nipple
   - ☐ c. Inverted nipple
   - ☐ d. Short nipple

4. Milk flow:
   - ☐ a. Good
   - ☑ b. Drops of colostrums
   - ☐ c. Dry

5. Steps for Positioning and attachment:
   - ☑ a. Baby goes to the breast
   - ☑ b. Mother always sits with a back support
   - ☐ c. Ear-shoulder-hip should be in a straight line
   - ☐ d. The baby takes a latch on the areola and not on the nipple

Feeding Positions:
Cross Cradle

Feeding Positions:
Football / Clutch

6. Was the position explained:
   - ☑ a. Yes
   - ☐ b. No

7. For Caesarian mothers:
   - ☐ a. Mother is required sit and feed from the 4th feed
   - ☑ b. Please explain football hold

8. NICU admission:
   - ☐ a. Mother needs to stimulate her breast for 2 min every 2 hours

9. Additional notes: .....

Continuity of Care: Date: .....

* Plan for vitals
* Vitals checked & recorded
* Plan for EBF
* Provided EBF
* Plan for warm care
* Provided warm care

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

Signature ..... Madhu ..... Signature ..... Madhu .....

Date & Time: ..... 20/7/26 @ 2hr ..... Date & Time: ..... 20/7/26 @ 2hr .....