HNH-00002015 IP26-00006733
Mrs M VARA LAKSHMI
23-07-1997 28 Y 11 M 11 D (F)
Dr. SWATHI H V

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SURGERY DETAILS

Date : 4/7/26

Patient Name: Mrs. Vara Lakshmi Date of Birth: 23-07-1997 Age: 28 yrs

Gender: female Ward : OT-8 UHID No.: HNH-0000 2015
IP26-0000 6733

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

Name of the Surgery : Elective LSCS + Bilateral Tubectomy

Time in : 12:40pm Time Out : 1:35pm.

	NAME	AMOUNT
1. Surgeon	Dr. Swathi HV	
2. Anaesthetist	Dr Vinutha	
3. Assistant Surgeon	Dr Swapna Veena.	
4. OT Technician	Sr. Pallavi	
5. Circulating Nurse	Sr Keerthana	
6. Assistant Nurse	Sr. Natasha	

Mrs M VARA LAKSHMI (28 Y 11 M 11 D/ F)
TUBES
NINV04329
HN26010948TUBES

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

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 26-0000210649. Order by: Sangeetha

HNH-00002015 IP26-00006733
Mrs M VARA LAKSHMI
23-07-1997 28 Y 11 M 11 D (F)
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Shru

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CONSUMABLES OF OT

Circulating staff : Karuna Technician : Pallavi Date : 4/7/26 Time :

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube			Major Pack LSCS.		01	Inj Vit.K		01
LMA			Sutures 2346, 2364		01+1	Cord Clamp		01
ECG leads : A / P / N		03	1326, 4242		01+1	Suction Catheter		
HME filter : A / P / N						Feeding Tube 6no		01
Syringes : 10 cc		01				Vaccum Suction Set		
05 cc		01	Gloves S.G 6.5		04	Surgical Gloves 6/6.5 G		04
02 cc		01	Encore		02	Gauze Pack 75		09
01 cc		01	S.G 106		01+1	Syringe 1ml / 2ml		01
Cautery plate : A / P / N		01	Surgical blade 22		01	Surgical Blade # 20		01
IV set			NG tube			Koochies (S)		
RL		01	Cautery pencil		01	Intracan 24G		01
NS : 10ml / 100ml / 500ml / 1000ml			Koochies XXL		01	Tegaderm 1610		01
Traneeza		02	Ointments			2cc		01
			Suction Catheter			Dwater		02
Fentanyl		01	Cap, Mask		10+10			
Morphine			Gauze Pack			Encore 6.5		01
Ketamine			Mop Pack		02			
Propofol			Steristrip			26-0000210658		
Rocuronium			Underpad		02			
Glycopyrolate			Draw sheet					
Myopyrolate			Abgel					
Ondansetron			Foleys catheter					
Pencan 25g/ Spinal Needle 22		01	Urobag					
Bupivacaine 0.25%			Chest Drainage Catheter					
~~Bupivacaine~~ Anawin 0.25%(Heavy)		01	Romodrain bag					
Antibiotics			Bandage					
			Tegaderm					
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg		01	Vaccum Suction set		01			
Justin : 12.5 mg / 25mg / 100mg		01	Plastic Bed Sheet Aprons		04			
Tab. Misoprost : 200mg			Betadine Solution		02			
			Microshield					
			Cotton Balls		01			
			Latex Gloves		20			
			Ramdione Scrub					
			Saral					

Surgeon Anaesthesiologist Nurse OT Technician

Order No. 26-0000210655 / 210656 Ordered by : Sangeetha.

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

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040-48873000, info@rainbowhospitals.in

ELECTRONIC MEDICINE PRESCRIPTION

MRN	HNH-00002015	**Name**	: Mrs M VARA LAKSHMI
Age / Sex	. 28 Y 11 M 11 D / Female	**Doctor**	: SWATHI H V
Adm/Reg Date/Time	03/07/2026 16:41	**Payor**	. SBI General Insurance Company Ltd
Order Date	: 04/07/2026 14:39	**Ordernumber**	: 26-0000210655
Visit ID	: IP26-00006733	**Ward/Bed No**	: 4F -OT / LDR-416
Patient Address	. 205 vasvi hight aphp colony, Adikmet, Hyderabad, Telangana, INDIA, 500044		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	NITRILE EXAMINATION GLOVES P F- MEDIUM		1 Nos	External / Once Daily	1 Days		20 Nos	Ordered
2	FACE MASK-3LAYER THREADED		1 Nos	External / Once Daily	1 Days		10 Nos	Ordered

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

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Note

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

*** Do not refill medicines.**

Printed Date/Time 04/07/2026 14:51 Printed By SUNKARI SANGEETHA

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ELECTRONIC MEDICINE PRESCRIPTION

MRN	HNH-00002015	Name	Mrs M VARA LAKSHMI
Age / Sex	28 Y 11 M 11 D / Female	Doctor	SWATHI H V
Adm/Reg Date/Time	03/07/2026 16:41	Payor	: SBI General Insurance Company Ltd
Order Date	04/07/2026 14:39	Ordernumber	26-0000210656
Visit ID	IP26-00006733	Ward/Bed No	4F -OT / LDR-416
Patient Address	205 vasvi hight aphp colony, Adikmet, Hyderabad, Telangana, INDIA, 500044		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	DSYRINGS 2.5ML(NIPRO)	SYRINGE 2ML	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
2	PREGELLED SURGICAL PLATES(ADULT)	PREGELLED PLATED ADULT	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
3	DSYRINGE 1ML (NIPRO)	SYRINGE 1ML	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
4	VACCUME SUCTION SET		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
5	POVINANZ SOLUTION 10% 100 ML		1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
6	Encore Microptic gloves-6.5		1 Nos	/ Once Daily	1 Days		2 Nos	Dispensed
7	BIOXAMIC 500 MG INJ		1 Ampule	External / Once Daily	1 Days		2 Ampule	Dispensed
8	PENCAN 27G (B/BRAUN)		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
9	TRUGUT CHROMIC CATGUT SN4242	TRUGUT CHROMIC CATGUT SN4242	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
10	SURGEON CAP(FEMALE) (PROTECTCARE)		1 Nos	External / Once Daily	1 Days		10 Nos	Dispensed
11	RL 500 ML CLOSED SYSTEM	RINGER LACTATE 500ML CLOSED	1 Bottle	/ Once Daily	1 Days		1 Bottle	Dispensed
12	DSYRINGE 5ML,(NIPRO)	SYRINGE 5ML	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
13	ANAWIN HEAVY 5 MG INJ 4 MI		1 Vial	External / Once Daily	1 Days		1 Vial	Dispensed
14	VICRYL 1-0 VP 2346	VICRYL 1-0 VP 2346	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
15	UNDERPADS 60X90 BUTTERFLY		1 Nos	External / 10 AM	1 Days		2 Nos	Dispensed
16	MOPS 30X30 8PLY 5S X-RAY	MOPS 30X308 PLYDATT	1 Nos	/ Once Daily	2 Days		2 Nos	Dispensed
17	COTTON BALLS 2 GM 5 NOS		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
18	ADULT DIAPERS-XXL		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
19	CAUTERY PENCIL (ADVANCE)		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
20	DISPOSABLE APRONS STERILE XL	DISPOSABLE APPRON STERILE XL	1 Nos	/ Once Daily	4 Days		4 Nos	Dispensed
21	SUPRIDOL SUPPOSITORIES 100 MG 5 S		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
22	VICRYL 1-0 NW 2364	VICRYL 1-0 NW 2364	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
23	LSCS DRAPE PACK (PROTECTCARE)		1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
24	SGLOVE # 6.5 (SURGICARE)	SURGICAL GLOVES 6.5	1 Nos	External / Once Daily	1 Days		4 Nos	Dispensed
25	E.C G ELECTRODES (ADULT)	ELECTRODES ADULT	1 Nos	External / Once Daily	1 Days		3 Nos	Dispensed
26	MONOCRYL 3-0 NW 1326	MONOCRYL 1326	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
27	SGLOVE # 6 (SURGICARE)	SURGICAL GLOVES 6.0	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
28	SURGICAL BLADE 22	SURGICAL BLADE 22	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
29	DSYRINGE 10ML (NIPRO)	SYRINGE 10ML	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
30	JUSTIN SUPPOSITORIES 100 MG 5 S		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed

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

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

ELECTRONIC MEDICINE PRESCRIPTION

MRN	HNH-00016354	**Name**	: Baby Of M VARA LAKSHMI
Age / Sex	0 Y 0 M 0 D 2 H / Male	**Doctor**	: S TEJASWI REDDY
Adm/Reg Date/Time	04/07/2026 13:34	**Payor**	: SBI General Insurance Company Ltd
Order Date	04/07/2026 14:47	**Ordernumber**	: 26-0000210658
Visit ID	IP26-00006739	**Ward/Bed No**	: 4F -NICU 1 / NICU1-403
Patient Address	: 205 vasvi hight aphp colony, Adikmet, Hyderabad, Telangana, INDIA, 500044		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	GAUZE 7.5X7.5 12 PLY (5 NOS) NON XRAY	GAUZE 7.5X7.5 12 PLY 5 NOS	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
2	INJEK INJ 1 MG 0.5 ML		1 Nos	/ Once Daily	1 Days		1 Vial	Dispensed
3	Encore Microptic gloves-6.5		1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
4	TEGADERM (PEAD) 1610	TEGADERM PEAD 1610	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
5	DSYRINGE 1ML (NIPRO)	SYRINGE 1ML	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
6	SGLOVE # 6.5 (SURGICARE)	SURGICAL GLOVES 6.5	1 Nos	External / Once Daily	1 Days		4 Nos	Dispensed
7	SURGICAL BLADE 20	SURGICAL BLADE 20	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
8	DSYRINGS 2.5ML(NIPRO)	SYRINGE 2ML	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
9	INFANT FEEDING TUBE-6	INFANT FEEDING TUBE 6	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
10	CORD CLAMP-ALPHAMEDICARE		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
11	D WATER 10 ML AMPULE	DISTIL WATER10ML	1 Bottle	External / Once Daily	1 Days		2 Bottle	Dispensed
12	INTROCAN 24G	IV CANULLA 24	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed

S TEJASWI REDDY

Reg No : APMC/FMR/94068

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307 - M.FC

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Name	Mrs M VARA LAKSHMI	**UHID**	HNH-00002015
Father/Guardian	Mr KALISHEKAR	**Age/Gender**	28 Y 11 M 11 D/ Female
Address	205 vasvi hight aphp colony, Adikmet, Hyderabad, Telangana, INDIA, 500044		
IP No	IP26-00006733	**Admission Date**	03-07-2026
Ref Doctor	DR. SANDHYA		
Discharge Date	06.07.2026		

DISCHARGE SUMMARY

Consultant
Dr. Swathi H V
MBBS/MS
TSMC/FMR/15501

Diagnosis: G4P1L1A2 AT 32^{+6} WEEKS WITH CHRONIC HYPERTENSION WITH PREVIOUS LSCS WITH FETAL GROWTH RESTRICTION WITH ABNORMAL DOPPLERS FOR OBSERVATION

ELECTIVE PRETERM LOWER SEGMENT CAESAREAN SECTION WITH BILATERAL TUBAL LIGATION DONE ON 04.07.2026

History:

LMP: 09.11.2026
EDD: 22.08.2026
Obstetric formula: G4P1L1A2
Gestation at admission: 32^{+6} weeks

Name	Mrs M VARA LAKSHMI	UHID	HNH-00002015
IP No	IP26-00006733	Admission Date	03-07-2026

Obstetric History:
G1 -2016- TOP - at 22weeks i/v/o congenital anomaly; amniocentesis s/o ? genetic disorder - Mertens syndrome-2, WES- heterozygous mutation- ddx58 gene
G2 - 2019- FTLSCS (oligohydramnios) , male child, 3.2kg, A&H (amniocentesis done at 16 weeks of gestation- normal study).
G3 - Spontaneous abortion at 5 weeks followed by Cu T insertion.
G4 - Present pregnancy, Spontaneous conception.

Medical History: k/c/o hypertension since 2 years (Tab Labetalol 100 mg BD)
Family History : Husband- congenital glaucoma+ aphakia
Surgical History: LSCS 2019
Allergies : Nil

Antenatal Details:
Mrs M VARA LAKSHMI was booked to Rainbow hospital at 9^{+5} weeks of gestation. She had regular antenatal checkups and investigations as advised. Genetic counselling done i/v/o congenital anomaly in previous pregnancy, WES of couple for carrier done- S/O only one of couple (Mrs Varalakshmi) - carrier of likely pathologic variant for Retinitis pigmentosa 38- AR inheritance, Therefore, Prenatal testing not recommended and advised serial growth scans and newborn screening. Renal Doppler done was normal, USG KUB - normal study, ECG and 2D echo done was normal. NT scan was normal. FTS was low risk. Early TIFFA was normal with doppler s/o unilateral artery notch noted. TIFFA scan done at 21WEEKS was normal. Scan done at 26+2 weeks showed AFI- 12.6 cm, EBW- 886g%(30%) with increased uterine artery resistance.

Name	Mrs M VARA LAKSHMI	**UHID**	HNH-00002015
IP No	IP26-00006733	**Admission Date**	03-07-2026

Maternal 2D echo was normal. High home BP readings were recorded at 31 weeks gestation, PE profile done and traced to be normal- physician opinion was sought and antihypertensives revised. Fetal growth monitoring was done by serial growth scans. Scan done at 32+4 weeks showed SLIUP with AFI 14.4cm, EFW 1557g(3%) with increased UA resistance with positive EDF, CPR normal, FGR stage 1. Antenatal steroid coverage (inj Betamethasone 12mg 2 doses) done (01.07- 02.07) for fetal lung maturity. NICU counselling done. Scan done at 32+6 weeks showed AFI 9.1cm with umbilical artery doppler showing few loops with Absent end- diastolic flow with few loops with increased resistance, CP ratio below 1 centile. She was admitted at 32+6 weeks with FGR stage 1, abnormal doppler with decreased fetal movements for observation in safe confinement and EL LSCS.

Investigations: Enclosed.
Blood Group : "B" Positive

Management: Course in hospital:
At admission on clinical examination the vitals were stable, uterus was relaxed. Fetal well being was confirmed by an admission NST which was found to be reactive. Couple was counselled regarding scan findings and inpatient close maternal and fetal monitoring. Overnight strict BP and fetal heart rate monitoring was done. 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.

Name	Mrs M VARA LAKSHMI	UHID	HNH-00002015
IP No	IP26-00006733	Admission Date	03-07-2026

Surgery Notes:

Under spinal anesthesia she was painted and draped as per hospital protocol. The 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. Antibiotic prophylaxis with Inj. Taxim 1 gm IV given. Uterus closed in layers. Hemostasis secured. Instruments and swab count checked. Rectus sheath closed. Skin closed with subcuticular sutures. Wound dressing done. Vagina cleaned with Betadine solution after expelling clots. Misoprostol 600 mcg given per rectum as prophylaxis against Postpartum hemorrhage. Patient was shifted out of theatre to post operative recovery room.

* **LUS thinned out**
* **One loop of cord around neck**
* **Bilateral tubal ligation was done with modified pomeroy's method.**
* **Placental calcification noted.**

Delivery Details:

Date : 04.07.2026
Time of Delivery : 12:40pm
Type of Delivery :Elective preterm lower segment caesarean section with B/L tubal ligation.
Indication : FGR stage 1 with Abnormal Doppler with previous LSCS.

Name	Mrs M VARA LAKSHMI	UHID	HNH-00002015
IP No	IP26-00006733	Admission Date	03-07-2026

2pm-10pm) after food.
3.Tab. Voveran (Diclofenac-50mg) 1 tablet thrice daily till 08.07.2026 (9am-3pm-11pm) after food.
4.Tab. Pantodac (Pantoprazole - 40mg) 1 tablet twice daily till 10.07.2026 (7am-7pm) before food.
5.Tab.Perinorm 10 mg 1 tab thrice daily till 11.07.2026 after food.
6.Cap.Lactare 1 cap. thrice daily till 12.07.2026 after food.
7.Tab. Livogen (Elemental Iron - 50mg, folic acid 1.5mg) once daily (7am) for three months before breakfast.
8.Tab. Shelcal (Elemental Calcium 500mg, vitamin D3 250 IU) once daily (2pm) till breast feeding after food.
9.TED stocking x 2 weeks
10.Inj Clexane 40 mg Subcutaneously once daily (1Pm) till 07.07.2026

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. SWATHI H V** after 2 weeks on 20.07.2026 at Rainbow Children's Hospital with prior appointment (**Review consultation will be charged**).

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

Name	Mrs M VARA LAKSHMI	**UHID**	HNH-00002015
IP No	IP26-00006733	**Admission Date**	03-07-2026

Anaesthesia : Spinal

Baby Details:

Date :04.07.2026
Time of Delivery :12:40pm
Sex : Male
Weight : 1.52kg
Apgar : 8,9
Gestational Age: 33 weeks
NICU Admission: Yes, Prematurity

Post-Operative Notes:

She was closely monitored. Her vital signs remained stable. Uterus was well retracted with no postpartum hemorrhage. Breast feeding initiated. Strict Vital monitoring was done. Her postoperative period following that was uneventful. **Physician opinion was taken and antihypertensive revised.** 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 10.07.2026 (9am-9pm) after food.
2.Tab. Calpol (Paracetamol 500mg) 2 tablets thrice daily till 08.07.2026 (8am-

Name	Mrs M VARA LAKSHMI	**UHID**	HNH-00002015
IP No	IP26-00006733	**Admission Date**	03-07-2026

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

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

Patient/ Attender

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

Registrar/Resident/C.M.O

Dr. Swathi H V
MBBS/MS
TSMC/FMR/15501

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00002015 IP26-00006733 Mrs M VARA LAKSHMI 23-07-1997 28 Y 11 M 11 D (F) Dr. SWATHI H V	3/7/2026 @ 4:41 pm	4/7/2026 @ 12:11 Pm
	Transfer Ordered by Dr. veena	Reason for Transfer Em USG
From Unit pre & post	To Unit OT	Information to Attendant Yes ☒ No ☐
Number of Sheets in Clinical File 32	Number of Imaging Films NST - 4	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.	Be	500 ml
2.		
3.		
4.		
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Anjali &	Dr. veena.

Patient & Clinical Records Received by : Sujatha

Date & Time of Patient Received : 4/7/26 @ 1:40pm

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

INH-00002015 IP26-00006733
Mrs M VARA LAKSHMI
13-07-1997 28 Y 11 M 13 D (F)
Dr. SWATHI H V

Anawin

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ACTIVITY RECORD FOR BILLING

Name :_____ IP26-00006733 _____

HNH-00002015
Mrs M VARA LAKSHMI
23-07-1997 28 Y 11 M 10 D (F)
Dr. SWATHI H V

UHID No. : ___ ___Consultant: _____ Dept : _____

Date of Admission _____Date of Discharge : _____ Time: _____

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
4/07/26	9:11PM	pre/post	OT	Aruna, Karuna
4/7/26	1:40pm	OT	Prepost	Puja / Sujatha
5/7/26	12PM	Pre-Post	Room	Sujatha

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	Dr. S. Tejaswi	5/7/26	10948	S
2				
3				
4				
5				
6				
7				
8				
9				
10				

Cross checked done by Sneha

INVESTIGATIONS

Date	Investigations	Order No.	Signature
3/7	NST - (1)	7970 ✓	✓
3/7	AFI Doppler	7971 ✓	✓
~~3~~/7	NST — (2)	7976 ✓	Mori
4/7/26	BTCT	10900 ✓	Mori
4/7/26	NST - (3)	7989 ✓	
4/7/26	NST (4)	7990 ✓	
4/7/26	CBP	10926 ✓	
	Cross checked done	Cross checked by Sujatha 4/7/26 @ 5pm	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
4/7	Infusion pump	2:00pm	5/7/26 11AM	210670	Anusha
4/7	Cardiac Monitor	2:00pm	11AM	210670	
				cross	checked by srinath
					5/7/26 @
					11AM

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
3/7	IV Placement	(1)	10448	@
4/7	Catheterisation		210600	
4/7	PAC (IP)		210601	
				cross checked by suvatha 4/7/26 @ 5pm
5/7/26	NHA	(1)	10947	
				cross checked done by Suv

ANY OTHER INFORMATION

.....

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.....

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.....

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

HNH-00002015 IP26-00006733
Mrs M VARA LAKSHMI
23-07-1997 28 Y 11 M 10 D (F)
Dr. SWATHI H V

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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints
Came c̄ c/o ↓FM

LMP: 9/11/2025
EDD:
Corrected EDD: 22/8/2020
GA: 32w 6days

Obstetric Formula: G4P1L1A2

Menstrual History: Regular: ☐ Yes ☐ No

Obstetric History:
(G1) - 22wk / MROP / Cong Anomaly - Amnocentesis
? Genetic d/o 2016 - Mertens's Syn-2, WES - Heterozygous mutn - dd x 58 yrs
(G2) - FTVD (oligo) / male / 3.2kg / (A9H (Ag. Nyo))
(G3) - Sp Abortn - Suction / ↓lb CaT
(G4) - PR Sp Conc insertion

Present Pregnancy Record:
NT - (N) mat 20 scan (N)
FTS LR 7 IFFA
Inj Betamethasone (1/7 - 2/7)

Obstetric Examination
Fundal Height: ~ Utr 28-30wk
Ut. Activity: ☑ Relaxed ☐ Mild ☐ Mod ☐ Severe
Liquor: ☐ Adequate ☐ Oligo ☐ Poly
PP: ☑ Cephalic ☐ Breech Others ________
Head Fifths Palpable: ________
FHS: ☑ Normal ☐ Tachy ☐ Brady ☐ Absent

RISK FACTORS: T. Ecospaun 150mg PO OD : 13w 1day POG.

Ch HTN
Preterm
Doppler changes
FGR stage 1
Genetic Counselling done in 3MOD by Dr. Gayatri

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

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

Height: 151 cm
Weight: 69 kg
Allergies: ....
Breast: ☑ Normal ☐ Abnormal
General Examination: Fair
Consciousness: (+) Pallor: (−)
Icterus: (−) Edema: (−)
Temp: Afeb PR: 86
BP: 142/80 DTR: (+)
CVS:] (−) RS: BAE (+)
Liver/Spleen: Urine Output: Adeq

DIAGNOSIS
G4P1L1A2 / 32+6 weeks / Chronic HTN c̄ Previous LSCS / Abnormal dopplers (AEDF). with stage I FGR.
for observation & LSCS SOS

Docu. No.: RCH / FRM / CLINICAL / 087 (P.T.O)

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Dr. SWATHI H V

Family History:

Husband - Cong. Glaucoma ⊕
aphakia

Surgical History:

LSCS — 2019

Medical History:

Chronic HTN : 2yrs
(Tab Labet 100mg 7.1D
Tab Nicardia 10mg BD)

Medication History:

T. Labet 100mg TID
T. Nifedipine 10mg BD
T. Iron / Calcium

Plan of Care:

- Admission NST
- Liq diet
- NBM from midnight
- NST - 4th hourly
- FHS (m) 2nd hourly (monitoring)
- DFKC
- Rest in left lateral position
- Need for close Fetal surveillance

Investigations:

BGT - B ⊕ve

HIV
HBsAg
HCV
} NR

PE profile (30/F)
INR - 1.03
LDH - 303
CRT - WNL
Hb - 12.5 / plt ⊕
CUE ⊕

USG (31/7/2021) AFI / Doppler
AFI - 9.1 / Vx
Doppler showed (UAD) →
Few loops c AEDF
Few loops c ↑ resistance
CP ratio 0.84 (<1)
DV — Forward flow

1/7
EFW - 1.55kg FGR stage I
3rd (entile)

Doctor Name: Dr Manisha
Signature:
Date & Time: 31/7/2021 @ 5 pm

Consultant Name: Dr Swathi H.V.
Signature:
Date & Time: 31/7/2021 @ 5pm

HNH-00002015 IP26-00006733
Mrs M VARA LAKSHMI 28 Y 11 M 10 D .. (F)
23-07-1997
Dr. SWATHI H V

Varalaxmi

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/7/2026 5:30pm		
	Mrs Varalaxmi & husband are counselled telephonically c̄ Dr Swathi Mam regarding Patient is 32+6 wks c̄ Chronic HTN c̄ Scan findings s/o Abnormal fetal Doppler and high risk nature of Pregnancy and need for admission for close maternal & fetal monitoring. Risk of Fetal compromise worsening Hypertension, & Possible need for Early delivery were Explained with LSCS SOS. Pt & husband understood and agreed for admission & Further management	
	Dr Manisha	

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

(P.T.O)

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

HNH-00002015 IP26-00006733
Mrs M VARA LAKSHMI
23-07-1997 28 Y 11 M 10 D (F)
Dr. SWATHI H V

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/7/2026 5:45pm	c/s/by Dr. Naveena	
	o/e GC-fair	Adv.
	Afebrile SpO2-99% on RA	- Soft
	PR: 82bpm	
	BP: 140/80mmHg	
	CVS/RS: NAD	
	PA: ut 30-32wks	
	Relaxed	
	FHR(+)144bpm	
	CLE: NAD.	
	c/d/w Dr. Swathi	
		- NBM from 12am
		- PAC
		- plan for El. LSCS from 10:30-11:30am on 4/7/2026
		- NST at 10pm-5am
		- 10am
		- strict FHR monitoring 2hrly.
		- strict BP monitoring
		- DFMC charting
		- w/f Imminent sign
		- Monitor Vitals
		- In/am SOS

Dr Naveena

(P.T.O)

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Mrs M VARA LAKSHMI
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Dr. SWATHI H V

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/07/2026 9:30 pm	c/s/by Dr. Naveena	
	o/E GC-fair Afebrile, SpO_2-99% on RA PR: 64bpm BP: 140/92mmHg CVS/RS: NAD PA: ut. 30-32wks Relaxed Cephalic FHR+ 152bpm UE: NAD	Adv - NBM from 12am - strict BP and FHR monitoring 2hrly - NST - 10pm-5am - 10am. - LSCS - SOS - Drugs as charted - Monitor Vitals - Inform SOS
4/7/26 6am.	c/s/B Dr. Veena $G_4P_1L_1A_2$ | 33wks | prev LSCS | Chr. HTN	
	Pt is stable No Imminent signs o/E GC-fair BP - 140/96mmHg PR - 82bpm P/A - Utr 32wks FHS+.	Adv - NBM - FHR 2nd hourly monitoring - Drugs as charted - Shift to OT on call - BP monitoring o..

Dr. SWATHI H V
23-07-1997 28 Y 11 M 10 D (F)
Mrs M VARA LAKSHMI
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/7/26 2pm	c/s/B Dr. Veena	
	POD-0 / P2L2 / Chr. HTN	
	Pt is stable, No c/o	
	No imminent sign	Adv
	O/E - BP - 136/93mmHg	- NBM for 4-6hrs
	PR - 70bpm	- Vital monitoring
	SpO2 - 97% on RA	- I/O charting
	P/A - Ut well retracted	- BP 2nd hourly monitoring
	Dressing (+) - Dry	- IV Abx x 24hrs
		- foley's removal c/m @ 6am
	U/O - 800ml, clear urine	- Drugs as charted
		- Cont. Anti-HTN.
		- w/f imminent signs
		- Inform SOS
		- TED stocking
	S/B Dr Swathi HV	
4/7/2026 6pm	- POD-0. / P2L2 / Ch HTN / E1 ... + B/L ...	
	O/E: vitals:	Advice:
	P - 88bpm	- Start sips
	BP - 140/90	
	PA: soft ut well (R)	→ BP @ 2hrly.
U/O ↓ ... 50ml	Dry	→ TAB NICARDIA - R
	H/E: membrane wnc	SOS 10mg
	no. imminent symptoms/ signs	→ plug discard N/W
		→ tomorrow ...

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

(P.T.O)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/7/2016	C/S/b @ Manohie	
8.50pm	POD-0	
	CC for Afebrile	- Adv
	BP - 142/92	ⓐ Drink plenty of oral liquids
	PR - 76	- Tab labet 100mg P/O @ 10pm
	SpO2 - 97% RA	- Strict vital monitoring 2nd hourly
Baby - NICU	P/A utWR ! BS⊕	- W/F S/s ⓐ (imminent) (Eclampsia)
	PV Bleeding WNL	⊕ I/O monitoring
	U/O 30-40cc/hr (high colored)	- Drugs as chart
		- Inform S/S
	[Plan: physician Opinion	⊕ TED stocking
	reg Antihypertensive Rx]	
		[signature]
5/7	C/S/b @ Manohie	
12AM	POD-0	
		- Adv
	CC for Afebrile	
	BP - 120/80	- Drink plenty of water
	PR - 88	- Strict vital monitoring
	P/A utwell retracted	- Drugs as chart
	BS⊕	- Soft Diet >6Am
	BDV ⓑ WNL	- I/O monitoring
	U/O - 80cc/hr (clear)	- Foley's removal 6Am
		[signature]

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/7/2026	C/s/b Dr Monisha	
4Am	POD 0	
		Adv
	C/c - For Afebrile	Soft Diet > 6AM
	BP 130/93	Foley Removal @ 6AM
	PR 78	Strict vital monitoring
Sl/g Nicd?	PA ut well retracted	I/O monitoring
	BS ⊕	Inform SOS
	PV - Bleeding WNL	
	U/O -	
	SpO2 - 98% on RA	
	(Plan) Physician Opinion c/morning	
		[signature]
	No Complaints	
5/7/2026	C/s/b Dr Monisha	
7Am	POD 1	
	CC For Afebrile	Adv
	BP - 160/98	- Soft Diet / Adeq Hydration
	PR 76	- Encourage to Pass urine
	P/A ut well retracted	- Strict vitals monitoring (2nd hourly)
Fx	BS ⊕	- Ambulation
[initials]	PV Bleeding WNL	- Inform SOS
	C/b/w Dr Nishanth (Physician)	(Adv) [signature]
	T Nicardia 20 mg stat	
	Continue T. Labet 7/10 / Nicardia BD → Review SOS	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/S/b @ Manasha	
5/7/2026	C/S et @ Swathi HV	
8:35 Am	POD-1 / Ch HTN	Adv
	GC - fair Afebrile	
	BP 112/70	- Soft Diet ; Adeq Hydration
	PR 86	- BP monitoring (3rd hourly)
	P/A ut well retracted	- Drugs as charted
	BS ⊕	- Strict W/F vitals & W/F
U ✓	PV Bleeding WNL	any imminent S/S
F ✓		- Ambulation (3rd hourly)
		- Shift to Room
		- Inform SOS
		- TED stockings
		Manasha
5/7/26	C/S/B Dr. Swathi. H.V	
11AM	POD-1 / Chr. HTN / P_2L_2	
	Pt is stable, No c/o	Adv
	No imminent signs.	- Soft diet.
	O/E GC - fair, Pallor ⊖	- BP monitoring (3rd hourly)
	Afebrile	- Drugs as charted
U ✓	BP - 106/72 mmHg	- W/f imminent signs
F ✓	PR - 78 bpm	- Ambulation 3rd hourly
S ×.	SpO_2 - 98% on RA	- Adequate hydration
	P/A - Ut well retracted	- Ted stockings
	BS ⊕, Mild distension ⊕	- Inform SOS.
	L/E - BWNL Soft	- Shift to Room.

Noted by Sujatha 5/7/26 @ 12PM

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/7/26 IPM	c/s/B Dr. Veena	
	POD-1 / Chr. HTN / P_2C_2	
Baby @ NICU	Pt is stable	Adv
	No immediate signs	- Soft diet
	o/e Gc-fair, Pallor (-)	- BP monitoring - (3rd hourly)
	Vitals - stable	- Drugs as charted
	P/A - Ut well retracted	- Ambulation 3rd hourly.
	BS (+)	- Ted stockings
	Mild abd distention	- Adequate hydration
	L/C - BUNL.	- Dulcolax @ night. (if didn't pass stools)
	B/L Breasts - Soft, NS (+)	- Inform SOs
		Notified by Madhavi
6/7/26 7AM	c/s/B Dr. Veena	
	POD-1 / Chr. HTN / P_2C_2	
Baby @ NICU	Pt is stable, No c/o	Adv
	No immediate signs	- ~~Soft diet~~ Regular diet
	o/e GC-fair, Pallor (-)	- BP 3rd hourly monitoring
	BP - 117/80 mmHg	- Drugs as charted
	PR - 82 bpm.	- Ambulations
	P/A - Ut well retracted	- Ted stockings
	BS (+)	- Adequate hydration
	L/C - BUNL	- ? C. Coctare. 2 tabs BD
	B/L Breasts - Soft, NS (+)	- Inform SOs
		- Tegaderm dressing today. (P.T.O)

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/7/2026 10:30am	c/s by Dr. Naveena	
	O/E GC-fair	Adv
	Afebrile	- Regular diet
	Vitals - stable	- Adequate hydration
U-✓	PA: ut-retracted well	- Ambulation
	Soft, NT	- w/f PV bleeding
F-✓	mild distension +	- Tegaderm dressing
S-✓	Dressing: dry & clean	- Physician i/v/o chronic HTN
	I/E: PVBWNL	- Monitor Vitals
	Baby: NICU	- Inform SOS
	Kindly discharge the patient	
		Dr. Naveena

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MEDICATION RECONCILIATION FORM

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

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

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

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	T Iron	1 tab	PO	OD	3/7	☐ C ☐ DC
2	T Calcium	1 tab	PO	OD	3/7	☐ C ☐ DC
3	T. Nifedipine	10mg	PO	BD	3/7	☐ C ☐ DC
4	T. Cefaclor	100mg	PO	TID	3/7	☐ 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 : .....

Date & Time : .....

Nurse Name & Signature: Madhumati @ Maddy

Date & Time : 3/7/96 @ 4pm

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DRUG CHART

Date of Admission: 3/7/2026 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 ....

HNH-00002015 IP26-00006733
Mrs M VARA LAKSHMI
23-07-1997 28 Y 11 M 11 D (F)
Dr. SWATHI H V

REGULAR PRESCRIPTIONS

Weight. 69kgs Ward. ....

DRUG: T. NIFEDIPINE, R	Date / Time	3/7	4/7	5/7	6/7
Dose: 10mg; Route: PO; Frequency: BD; Start Date: 3/7					
Name & Signature of the Doctor Starting the Drugs: Dr. Naveena	9AM	X			
Additional Instructions:	9pm		7pm		
Daily Doctor's Endorsement by a Sign					

Verified by Dr. Dhakshayani

DRUG: T. LABETOLOL	Date / Time	3/7	4/7	5/7	6/7
Dose: 100mg; Route: PO; Frequency: TID; Start Date: 3/7	6AM	X			
Name & Signature of the Doctor Starting the Drugs: Dr. Naveena	2pm	X			
Additional Instructions:	10pm				
Daily Doctor's Endorsement by a Sign					

Verified by Dr. Dhakshayani

DRUG: Inj. CEFOTAXIME	Date / Time	4/7	5/7
Dose: 1g; Route: IV; Frequency: BD; Start Date: 4/7/26	11AM		
Name & Signature of the Doctor Starting the Drugs:			
Additional Instructions: (ATD)	11Pm		
Daily Doctor's Endorsement by a Sign			

STOP 5/7/26

DRUG: TAB. PARACETAMOL	Date / Time
Dose: 1gm; Route: PO; Frequency: 6 HRLY; Start Date: 04/07	6AM
Name & Signature of the Doctor Starting the Drugs: DR. M. VINEETHA	2pm
Additional Instructions:	10pm
Daily Doctor's Endorsement by a Sign	

STOP

HNH-00002015 IP26-00006733
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23-07-1997 28 Y 11 M 11 D (F)
Dr. SWATHI H V

284/F.

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Verified by Dr. Dhakshayani

REGULAR PRESCRIPTIONS

Sheet No: .... Weight 69 kg. Ward ....

DRUG : TAB·TRAMADOL

Dose	Route	Frequency	Start Dt.
100 mg	PO	8 HRLY	04/07

Name & Signature of the Doctor Starting the Drugs: DR. M. VINEETHA

Additional Instructions:

Date/Time: 5/7, 6/7 — 7AM [illegible]; 3pm [illegible]; 11pm [illegible]

Daily Doctor's Endorsement by a Sign

DRUG : ~~TAB·~~ [illegible]

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG : T. PANTAPRAZOLE

Dose	Route	Frequency	Start Dt.
40mg	P/O	OD	5/7/26

Name & Signature of the Doctor Starting the Drugs: [illegible]

Additional Instructions:

Date/Time: 5/7, 6/7 — 6AM [illegible]

Daily Doctor's Endorsement by a Sign

DRUG : Inj. ENOXAPARIN

Dose	Route	Frequency	Start Dt.
40mg	S/C	OD	5/7

Name & Signature of the Doctor Starting the Drugs: DR. SWATHI HV

Additional Instructions: From: 1pm x 3days.

Date/Time: 5/7, 6/7 — 1PM [illegible]

Daily Doctor's Endorsement by a Sign

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

(P.T.O.)

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Dr. SWATHI H V

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Sheet No: .....

REGULAR PRESCRIPTIONS

Weight 6.9kgs Ward .....

DRUG : T. PARACETAMOL

Dose	Route	Frequency	Start Dt.
1g	P/O	Q10	5/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ Time	5/7 6/7
6AM	mapuka
12PM	
6PM	Nadi
12AM	

DRUG : T. CEFEXIME

Dose	Route	Frequency	Start Dt.
200mg	P/O	BD	5/7/26

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions: At 11PM

Daily Doctor's Endorsement by a Sign

Date ▸ Time	5/7 6/7
10AM	
10PM	

DRUG : CAP LACTARE

Dose	Route	Frequency	Start Dt.
1tsp	P/O	TID	5/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ Time

DRUG : TAB PERINORM

Dose	Route	Frequency	Start Dt.
10mg	PO	TID	5/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions: SOS

Daily Doctor's Endorsement by a Sign

Date ▸ Time

HNH-00002015 IP26-00006733
Mrs M VARA LAKSHMI
23-07-1997 28 Y 11 M 11 D (F)
Dr. SWATHI H V

Weight. 69kgs Ward. .....

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
4/7	10AM	INJ-PANTOPRAZOLE	40mG	IV		
4/7	10AM	INJ-METOCLOPRAMIDE	10mG	IV		
04/07	12:50PM	INJ.OXYTOCIN	3IU	IV		
04/07	1:00PM	INJ.TRANEXAMIC ACID	1gm	IV		
04/07	1:35PM	SUPP.TRAMADOL	100mg	PR		
4/7	7PM	Tab NICARDIA-R	10mg	P/O		Sujatha Anusha
4/7	6PM	INJ PARACETAMOL	1g	IV		Sujatha Anusha
5/7	8AM	NICARDIA	20mg	P/O		mounika Sujatha
5/7/26	—	DULCOLAX SUPPOSITORY	20mg	P/R		not given

Verified by Dr. Dhakshayani

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

HNH-00002015 IP26-00006733
Mrs M VARA LAKSHMI
23-07-1997 28 Y 11 M 10 D (F)
Dr. SWATHI H V

I.V. FLUIDS CHART

Weight. 69 kgs Ward. .....

		Position 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
4/7/26	1AM	RINGER LACTATE	IV	100ml/hr			4/7		
4/7/26	9AM	RINGER LACTATE	IV	100ml/hr			4/7		
04/07	12.35PM	RINGER LACTATE +20 IU OXYTOCIN added.	IV	200ml/hr			4/7		
4/7	3 PM	RINGER LACTATE	IV	100ml/hr			4/7		
4/7	4PM	RINGER LACTATE	IV	100 ml/hr			4/7		
4/7		RINGER LACTATE	IV	100 ml/hr			5/7		
		STOP							

HNH-00002015 IP26-00006733
Mrs M VARA LAKSHMI
23-07-1997 28 Y 11 M 10 D (F)
Dr. SWATHI H V

307

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RESULT SHEET

Date (IP)	4/7/26					
Time	11:36 AM					
Hb	12.8					
PCV	36.5					
RBC	4.56					
WBC	16.04					
N/L						
Platelets	315					
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						
BT - 2Min 30sec						
CT - 3min 30sec.						
Blood group B+ve						
HIV HbSAg } NR HC						

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

HNH-00002015 IP26-00006733
Mrs M VARA LAKSHMI
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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

317

		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	
	0 - 10																									
Saturations	94 - 100 %								99%		99%		99%		99%		99%		99%		99%		99%		99%	
	< 94 %																									
Administered O_2 (L/min.)																										
Temp°c	40																									
	39																									
	38																									
	37																									
	36								—		36		36		36		36				36					
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80								90		82		84		88		74		72		74		80		74	
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressue ↑	190																									
	180																									
	170																									
	160																									
	150								142		129		134		118		117		139		120		129		133	
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80								92		83		84		92		79		79		72		83		83	
	70																									
	60																									
	50																									
	40																									
NEURO RESPONSE [✓]	Alert										—		-		-											
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30																—		-							
	< 30																									
Proteinuria	Protein + +																									
	Protein > + +																									
Lochia	Normal																									
	Heavy / Foul																								-	
Liquor	Clear / Pink																									
	Green																									
TOTAL YELLOW SCORES																										
TOTAL ORANGE SCORES																										
Nurse Initial																										

8pm — 140 bmt
10pm — 146 bmt
12 Am — 152 bmt
2 Am — 142 bmt
4 Am — 152 bmt
6 Am — 148 bmt
8 Am — 152 bmt
9 Am — 156 bmt
11 Am — 149 bmt

Obstetrics and Gynaecology Early Warning Signs

Complete a Full Set of MEOWS Observations

1 Yellow Alert :
Repeat Observations
in 30 minutes

2 Yellow Alerts or 1 Orange Alert:
Call the Obstetrician and Repeat Observations
in 30 minutes

> 2 Yellow Alerts or ≥ 2 Orange Alerts:
Immediate Review by Obstetrician and Repeat Observations
in 15 minutes or continuous monitoring

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

HNH-00002015 IP26-00006733
Mrs M VARA LAKSHMI
23-07-1997 28 Y 11 M 10 D (F)
Dr. SWATHI H V

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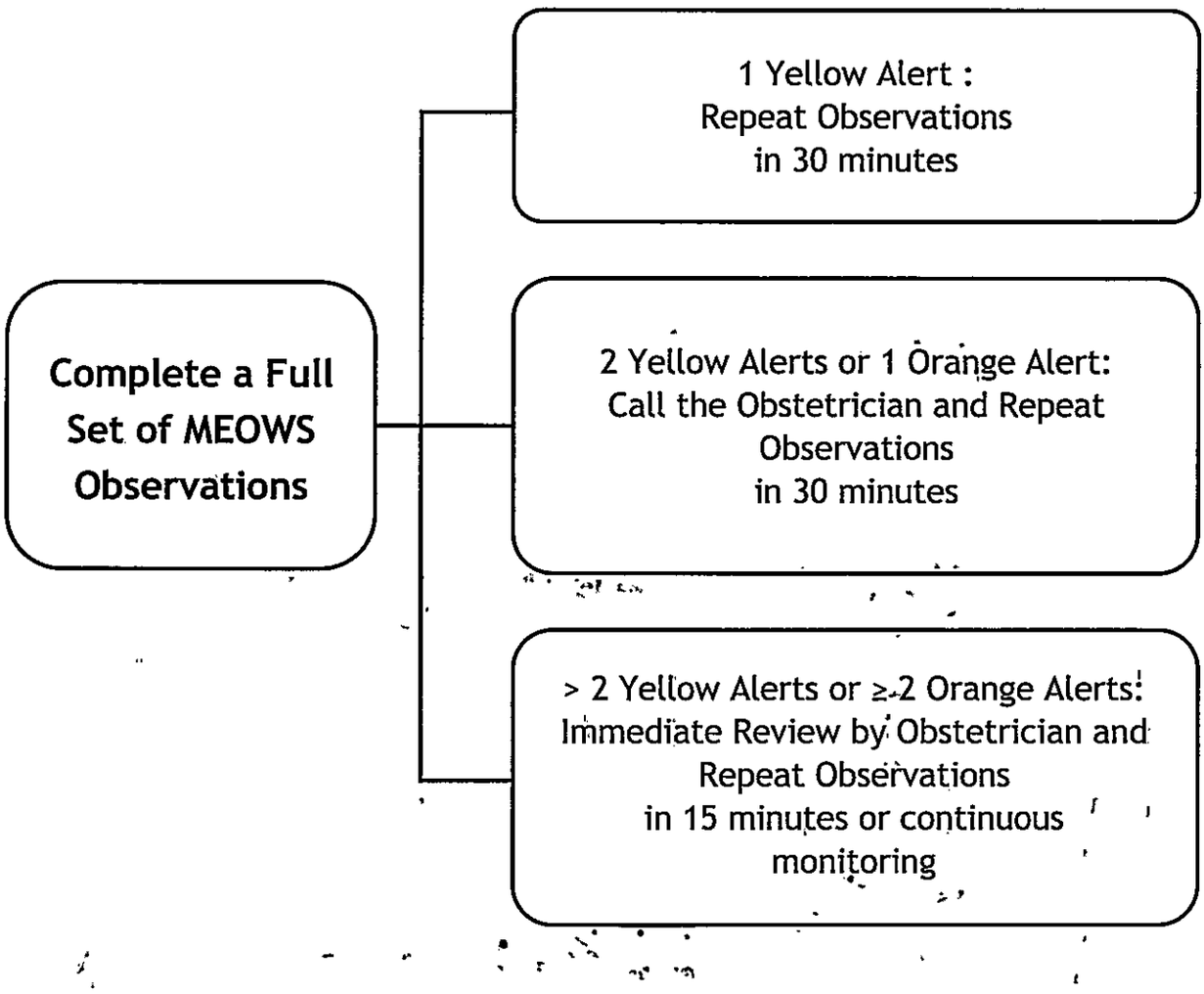
Early Warning Observation Score Chart - Obstetrics

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

		Date																						
		Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																									
	21 - 30																									
	11 - 20			20	20	20	20	20	20	20	20	20	20	20		20		20		20		20		20		20
	0 - 10																									
Saturations	94 - 100 %			99	98	98	98	99	98	98	98	98	98	98		99		99		99		99		99		99
	< 94 %																									
Administered O_2 (L/min.)																										
Temp°c	40																									
	39																									
	38																									
	37																									
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90			80	80	77	82	80	85	68	72	75	72	80		72		79		83		78		74		80
	80																									
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressue ↑	190																									
	180																									
	170																									
	160																									
	150			167	151	141	143		136	133	129	128	140	155		130		122		124		129	114			160
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100			103	101	97	93		93	94	92	90	93	97		80		83		88		83	90			90
	90																									
	80																									
	70																									
	60																									
	50																									
	40																									
NEURO RESPONSE [✓]	Alert																									
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30																									
	< 30																									
Proteinuria	Protein + +																									
	Protein > + +																									
Lochia	Normal																									
	Heavy / Foul																									
Liquor	Clear / Pink																									
	Green																									
TOTAL YELLOW SCORES				0	0	0	0	0	0	0	0	0	0	0		0		0		0		0		0		0
TOTAL ORANGE SCORES				0	0	0	0	0	0	0	0	0	0	0		0		0		0		0		0		0
Nurse Initial																										

Obstetrics and Gynaecology Early Warning Signs



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

HNH-00002015 IP26-00006733
Mrs M VARA LAKSHMI
23-07-1997 28 Y 11 M 11 D (F)
Dr. SWATHI H V

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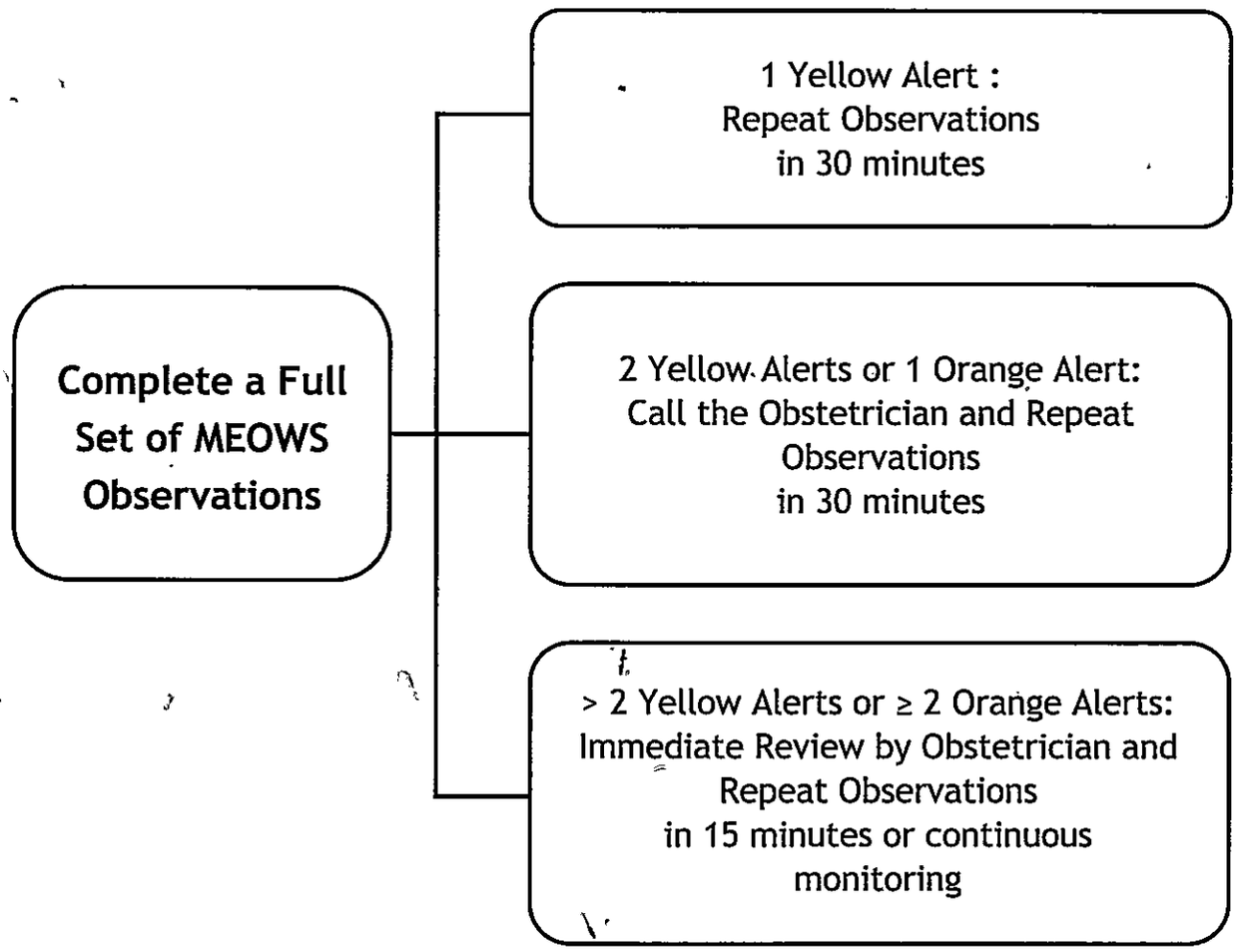
Early Warning Observation Score Chart - Obstetrics

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

5/7/26	Date																								
	Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20	20	20	20	20			20			20					20				20				20	
	0 - 10																								
Saturations	94 - 100 %	99	99	99	99			99			99					99				99				99	
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37																								
	36	98.6	98					98.3			98.6					98.2				98.2				98.6	
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80	75	80	76				87			85					85/60				80/60				82/60	
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120	117		110	112			105			113					137				115				115	
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
	60	69		65	67			70			69					80				82				82	
	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	
TOTAL ORANGE SCORES		0		0	0			0			0					0				0				0	
Nurse Initial		SV		F	Y			SV			R					SV				SV				SV	

Obstetrics and Gynaecology Early Warning Signs



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

HNH-00002015 IP26-00006733
Mrs M VARA LAKSHMI
23-07-1997 28 Y 11 M 10 D (F)
Dr. SWATHI H V

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FLUID CHART

Sheet No. : 1

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
3/2	02:00 pm		H2O							✓	0	
	03:00 pm									✓		
	04:00 pm		H2O									
	05:00 pm		Jelly									
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**				Passed		
3/2/26	08:00 pm											
	09:00 pm		Rice							✓	0	
	10:00 pm		+LJ20									
	11:00 pm											
	12:00 am	RL	NBM	100		NA						
	01:00 am	RL		100								
Total Intake :						**Total Output :**						
4/2/26	02:00 am	RL		100								
	03:00 am	RL	N	100						✓	0	
	04:00 am	RL	B	100								
	05:00 am	RL	M	100		NA						
	06:00 am	RL		100								
	07:00 am	R		100								
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

HNH-00002015 IP26-00006733
Mrs M VARA LAKSHMI
23-07-1997 28 Y 11 M 10 D (F)
Dr. SWATHI H V

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Your Right to a Safe Delivery

FLUID CHART

Sheet No. : .....

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
4/7/26												
	08:00 am	RL		100								
	09:00 am	RL	N	100						✓		
	10:00 am	RL	B	100								
	11:00 am	RL		100ml								
	12:00 pm	RL	M	100ml								
	01:00 pm	RL		100ml								
Total Intake : taken						Total Output : passed						
	02:00 pm	RL	N	100ml						800ml → Empty 1:40 pm		
	03:00 pm	RL	B	100ml								
	04:00 pm	RL	M	100ml								
	05:00 pm	RL		100ml						150ml		
	06:00 pm	RL	H_2O	100ml		IVF				150ml → Empty 5:30 pm		
	07:00 pm	RL	H_2O	100ml								
Total Intake : taken						Total Output :						
4/7/26	08:00 pm	RL		100ml								
	09:00 pm	RL	H_2O	100ml								
	10:00 pm	RL		100ml								
	11:00 pm	RL		100ml								
	12:00 am	RL		100ml		IVF				300ml → Empty		
	01:00 am	RL		100ml								
Total Intake :						Total Output :						
5/7/26	02:00 am	RL		100ml								
	03:00 am	RL		100ml								
	04:00 am	RL		100ml						300ml → Empty		
	05:00 am	RL		100ml								
	06:00 am	RL		100ml						600ml		
	07:00 am	RL		100ml								
Total Intake :						Total Output :						

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

HNH-00002015 IP26-00006733
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Dr. SWATHI H V

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FLUID CHART

Sheet No. : ....

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

5/7/26		Intake				Output					IV Site Thrombo-phlebitis Score	
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		Sign. Nurse
			Mouth	I.V	N.G							
5/7/26	08:00 am		idly							✓		
	09:00 am		H2O									
	10:00 am										0	
	11:00 am		H2O							✓		
	12:00 pm			NA				NA				
	01:00 pm											
Total Intake : taken						Total Output : Passed						
5/7/26	02:00 pm											Madhi
	03:00 pm									✓		
	04:00 pm		Idly					NA				
	05:00 pm		H2O	NA						✓		
	06:00 pm											
	07:00 pm									✓		
Total Intake :						Total Output : U-3 M-0						
5/7	08:00 pm						✓			✓		
	09:00 pm											
	10:00 pm		Idly							✓		
	11:00 pm			NA				NA			0	[illegible]
	12:00 am		H2O									
	01:00 am											
Total Intake : Taken						Total Output : U-2 M-0						
6/7	02:00 am											
	03:00 am											
	04:00 am									✓	0	[illegible]
	05:00 am		H2O									
	06:00 am			NA				NA				
	07:00 am									✓		
Total Intake : Taken						Total Output : U-2 M-0						

Total 24 hrs. Intake	

Total 24 hrs. Output	

Docu. No. : RCH /FRM / CLINICAL / 092

HNH-00002015 IP26-00006733
Mrs M VARA LAKSHMI
23-07-1997 26 Y 11 M 11 D (F)
Dr. SWATHI H V

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FLUID CHART

Sheet No. : .....

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

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

Total 24 hrs. Intake		Total 24 hrs. Output	

HNH-00002015 IP26-00006733
Mrs M VARA LAKSHMI
23-07-1997 28 Y 11 M 10 D (F)
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CHECKLIST FOR THROMBOPHLEBITIS

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

HNH-00002015 IP26-00006733
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CHECKLIST FOR THROMBOPHLEBITIS

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

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

Signature of Shift In Charge :

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

Signature of Ward In Charge :

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

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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	3/7	3/2	4/7/18
		Score	25m	Nil	M6
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0			
Secondary Diagnosis (more than one diagnosis)	Yes	15	15	4	
	No	0	0		
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0			
IV / Heparin Lock or Saline	Yes	20			
	No	0	0	0	0
GAIT / Transferring	Impaired	20		20	20
	Weak (uses touch for balance)	10			
	Normal /On Bed Rest /Immobile	0	0		
Mental Status	Forgets limitations	15			
	Oriented to own ability	0	0		
Total Morse Fall Scale Score:			35	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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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	4/7	5/7	5/7
		Score	8PM	8AM	10PM
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0			
Secondary Diagnosis (more than one diagnosis)	Yes	15			
	No	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			
Mental Status	Forgets limitations	15			
	Oriented to own ability	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

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

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BRADEN 'Q' SCALE

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					Date : 3/7	3/7	4/7	4/7
					Time : 6.2	2PM	6PM	2PM
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	4	4
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
					TOTAL SCORE	28	28	28
					Evaluator's Name			

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

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

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23-07-1997 28 Y 11 M 11 D (F)
Dr. SWATHI H V

BRADEN 'Q' SCALE

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					Date : 4/7	5/7	5/7	
					Time : AM	8AM	2pm	
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
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				TOTAL SCORE	28	28	24	28
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23-07-1997 26 Y 11 M 10 D (F)
Dr. SWATHI H V

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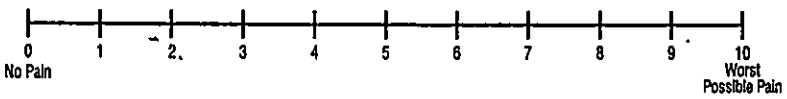
PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
3/7	4Pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	MA	
3/7	6Pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	MA	
3/7	8Pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	MA	
3/0	8pm	010	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
4/7	7Am	016	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
4/7	1Pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
5/7	12AM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
5/7	7Am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
5/7	12Pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
5/7	2pm	0	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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PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
5/1	10 pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[illegible]
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

Re-assessment Frequency:

1. Every eight hours for all hospitalized patients.
2. For post-surgical patients, patients with chronic pain, patient with severe pain:
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   b) Then every 4 hours.
   c) Prior to pain pain-relieving intervention.
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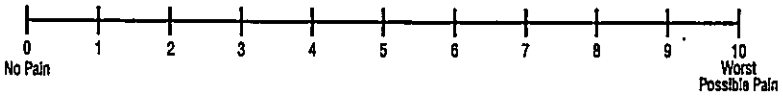
PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

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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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Mrs M VARA LAKSHMI
23-07-1997 28 Y 11 M 10 D (F)
Dr. SWATHI H V

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NURSING SHIFT HAND OVER FORM - WARD

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

SITUATION	Diagnosis:	Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:					
BACKGROUND	Area / Shift Time	3/7 N1	4/7 N6	4/7 2pm	4/7 N1	5/7 8AM	5/7 [illegible]
	Medical Condition (Any special condition to be noted):	Soft diet	NBM	NA	NA	NA	NA
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:	98.1F	98.1°F	97F	97.F	97F	98.3
	Res:	20	20	20	20	20	20
	SpO_2:	99%	98%	99%	99%	98%	98
	Pulse:	82	81	67	70	85	86
	BP:	130/71	128/80	136/93	129/69	117/69	118/70
	Fall Risk Score:	—	-	—	-	NA	✓
	Pain Score:	—	-	—	-	NA	✓
Recommendations	Safety Needs:	—	-	-	-	NA	✓
	Physiotherapy	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☑ Yes ☐ No
	Others Specify:	—	-	NA	-	NA	/
	Special Diet:	☐ Yes ☑ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☑ Yes ☐ No
	Other Special Orders / Medications:	—	-	NA	NA	NA	NA
Post Operative Procedure Special Orders:		—	-	NA	NA	NA	NA
Handed Over By Name :		Madhu	Anusha	Sjatha	Moni	Sujatha	Madhu
Signature :		[signature]	[signature]	[signature]	[signature]	[signature]	[signature]
Date:		3/7/26	4/7/26	4/7/26	5/7/26	5/7/26	5/7/26
Time:		8AM	2pm	8PM	8AM	2PM	8PM
Taken Over By Name :		Anusha	Sjatha	Moni	Sjatha	Madhu	Suzette
Signature :		[signature]	[signature]	[signature]	[signature]	[signature]	[signature]
Date:		4/7/26	4/7/26	4/7	5/7/26	5/7/26	5/7/26
Time:		8am	8PM	8pm	8AM	2pm	8pm

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

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NURSING SHIFT HAND OVER FORM - WARD

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

SITUATION	Diagnosis: LSCS.	Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:					
BACKGROUND	Area / Shift Time	5/7/26 N1					
	Medical Condition (Any special condition to be noted):	–					
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.2°					
	Res:	20 b/m					
	SpO_2:	99.1.					
	Pulse:	85 b/m					
	BP:	130/78					
	Fall Risk Score:	–					
	Pain Score:	–					
Recommendations	Safety Needs:	Y					
	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 :		Swathi					
Signature :							
Date:		5/7/26					
Time:		8 AM					
Taken Over By Name :							
Signature :							
Date:							
Time:							

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NURSING CARE RECORD

Date: 3/12/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning		NA					
Afternoon	2pm ↓ 8pm	→ Plan for vital → Plan for medication. → Plan for I/O chart.	2pm ↓ 8pm	→ vital checked & recorded. → All medication given. → Maintain I/O chart.	→ vital is normal	→ pt is stable	Madhu ©
Night	8pm to 8Am	→ Assess the pt condition → Monitor vitals → Maintain I/O chart	8pm to 8Am	→ Assessed the pt condition → monitored vitals → maintain I/O chart	Now pt is stable	Re-check vitals	Mon [signature]

Docu. No: RCH /FRM / CLINICAL / 148

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NURSING CARE RECORD

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Date: 4/07/2026

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 → chule the vitals → I/o chart Maintain → Plan for IVST → Plan for Medication	8am 2pm	→ Assessed pt condion → Chaked vitals & Recorded → Maintained I/o chart → given Medications as per doctors orders	vitals is normal	pt is stable	Anusha
Afternoon				day - duty			
Night	8pm to 8AM	→ Assess the pt condition) → monitor vitals → Administered Medication	8pm to 8AM	→ Assessed the pt condition) → monitored Vitals → Administered Medi	Now pt is stable	Re-check vital	Mouli

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NURSING CARE RECORD

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Date: 5/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8AM To 2PM	→ Assess the pt condition → plan for vitals → plan for I/o chart → plan for medication	8AM To 2PM	→ Assessed the pt condition → vital are checked & recorded → all medication given as per doctor	I/o chart maintained	I/o chart maintained	Sujatha
Afternoon	2pm to 8pm	→ Assessed the pt condition → vitals are checked → all medication given as per doctor	2pm to 8pm	→ Assessed the pt condition → vitals are checked → all medication given as per doctor.	I/o chart maintained	Check the vitals	Madhu
Night	8pm to 8am	→ Assess the pt condition → Monitor vitals & record → maintain I/o chart → Administer medication as per drug chart	8pm to 8AM	→ Assessed the pt condition → Monitored vitals & recorded → Maintained I/o chart → Administered medication as per drug chart	→ Pt is stable	Rechecked vitals	

Patient S

NURSING CARE RECORD

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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							

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CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name:	DR. SWATHI . H.V	Date of Delivery:	04/07/2026
Assistant Surgeon:	DR. VEENA.	Time of Delivery:	12:49 PM
Anaesthetist's Name:	DR. NINGETHA	Gender of Baby:	MALE
Type of Anaesthesia:	SPINAL ANESTHESIA	Weight of Baby:	1.52 kg
Neonatologist:	DR. SPANDANA	AGPAR Score:	8, 9
Scrub Nurse:	S/N. NATASHA.	NICU Admission: ☑ Yes ☐ No	Preterm.

Pre-Operative Diagnosis: G4P1L1A2 | 33wks | Chr. HTN C AEDF C Stage-I FGR C prev. LSCS

☐ Elective ☐ Emergency Indication: Stage I FGR, AEDF, prev. LSC

Urgency

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

Decision time: ..... Knief to rectus: 3mins

CTG Description: Reactive

If there was a delay give the reasons: -

Surgical Procedure: PT-Elective LSCS. + B/L Tubectomy

Post Operative Diagnosis: POD-0

Peri-Operative Complications: None

Amount of Blood Loss: 300ml	Blood Transfused (in ML): -

Name and Number of Surgical Specimen sent for examination:

None

Examination Findings when Appropriate:

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

5th Palpable: 5/5 ..... 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 * LUS thinned out

Previous Scar: ☑ Intact ☐ Thinnedout ☐ Ruptured ☐ No Scar * 1 loop of cord around neck

Incision Through Placenta: ☐ Yes ☑ No

Delivery of head: ☑ Manual ☐ Forceps * B/L Tubal ligatn c Modified Pomeroy's technique

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

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

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

Appearance of placenta: (N) & complete ..... Cavity explored ☑ Yes ☐ No

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

---

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

Peritoneal Closure: ☐ Pelvic ☑ Abdominal ☐ None ..... Vicryl 2-0 Catgut ..... Suture

Sheath Closure: ..... Vicryl 2-0 ..... Suture

Fat Closure: ☑ Yes ☐ No ..... Vicryl 2-0 ..... Suture

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

Vaginal 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 for 4-6hrs
- IVF charting
- Vital monitoring
- BP 2nd hourly monitoring
- Foley's P.C/m @ 6am
- IV Abx for 24hrs
- Drugs as charted
- IVF's, Analgesics & Thromboprophylaxis as per AXON
- Continue Anti HTN

Doctor Name: Dr. LWAPPI. NN. Doctor Signature: .....

Date & Time: .....

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Swathi
Asst. Surgeon : Dr. veena
Anaesthetist : Dr. veenitha
Scrub Nurse : Sr. Natasha, sr. Sushak

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Patient Nam
UHID No. :

Gender : 28y Female

Date : 4/7/26 In-time : time :

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Before Induction of Anaesthesia ➤➤

SIGN IN Time: 12.25 pm

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 : [signature]

Name : Dr. M. VINEETHA

Before Skin Incision ➤➤

TIME OUT Time: 12:45pm

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

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

Anticipated Critical Events

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

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

Nursing Team Reviews:
- Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns? ☑ Yes ☐ No ☐ NA

Is Essential Imaging Displayed? ☐ Yes ☐ No ☐ NA

Signature : karuna @ 12:45pm

Name :

Before Patient Leaves Operating Room

SIGN OUT Time:

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

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

Signature : [signature]

Name : Dr. Swathi H.V.

PATIENT TRANSFER FORM

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Date & Time of Admission	Date & Time of Transfer Order
3/7/26 @ 4:41pm.	4/7/26 @ 1:40pm.

Treating Consultant Name	Transfer Ordered by	Reason for Transfer
Dr. Swathi	Dr. Swathi	observation

From Unit	To Unit	Information to Attendant
OT	prepost	Yes ☑ No ☐

Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant
36	4	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
SS-pfn	Dr-Swathi

Patient & Clinical Records Received by : Sujatha

Date & Time of Patient Received : 4/7/26 @ 1:40PM

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

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

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OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 31/7/26 Time of Arrival: 4pm Time Seen by Nurse: 4.10pm

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 F Pulse: 80 RR: 20 SpO_2: 98% BP: 130/74 Weight: .....

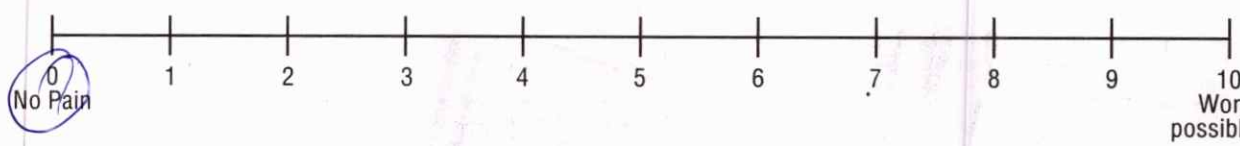
4) **Gestational Criteria:**

Gravida:	G	P	L	A

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

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

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



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

.....

6) **Past History:**

a) Surgeries: .....

b) Medical: .....

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

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

9) **Prenatal Medical History:**

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

Triage Category: (Please tick on the category)

Refer to OBSTETRICAL TRIAGE ACUITY SCALE (OTAS)

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

OBCU Obstetrical Triage Acuity Scale (OTAS)

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

Time seen by Doctor: 4.15pm

Nurse Name : Madhumati Nurse Signature: Madhu

Date: 3/7/26 Time: 4.30

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

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Patient Name : Mrs. Varalakshmi Gender: ☐ Male ☐ Female Age : 28yrs

UHID No : HNH-0000.2015 Date : 4/7/26

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

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

BILATERAL TOBECTOMY

upon

MRS. VARALAKSHMI (Name of the Patient)

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

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

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

Excessive bleeding, irreversible contraception, chances of failure, Chances need for ectopic pregnancy

My signature on this form indicates that

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

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

Consentee :

Signature M. Vijalakshmi

Name : M. Varalakshmi

Date & Time : 4/7/26 @10am

Patient Attendant :

Signature :

Name : Sign Kalishetar

Relationship with Patient: Husband

Date & Time : 4/7/26 @10am

Witness :

Signature :

Name :

Date & Time :

Doctor (who is taking the consent) :

Signature :

Name : Dr. G. Veena

Date & Time : 4/7/26 @ 10am

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

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Patient Name : MRS. M. VARA LAKSHMI Gender: ☐ Male ☑ Female Age : 28 YRS.

UHID No : HNH - 0000 2015 Date : ....

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

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

LOWER SEGMENT CAESERIAN SECTION

upon

MRS. M. Vara lakshmi (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, PPH- Atonic/ Traumatic, Injury to Adjacent Organs - Ureter, Bladder, Bowel, Need for Blood and Blood products transfusion, Need for Multidisciplinary management

My signature on this form indicates that

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

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

Consentee :
Signature : M.V Lakshmi
Name : MRS. M: VARALAKSHMI
Date & Time : 04/07/26 10:12am

Patient Attendant :
Signature : ....
Name : [signature] KAUSHEKAR Husb
Relationship with Patient: Husband.
Date & Time : 04/07/26 10.12am

Witness :
Signature : ....
Name : ....
Date & Time : ....

Doctor (who is taking the consent) :
Signature : [signature]
Name : Dr. Naveena.
Date & Time : 4/7/26 @ 10am

Docu. No. : RCH /FRM / CLINICAL / 027

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE

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Patient Name : Mrs. Vara Lakshmi Age : 28 yr. Gender : Male ☐ Female ☐

UHID NO: HNH-002015 Surgeon Name: Dr. Swathi.

Anaesthesiologist : Dr. Samie

Operative procedure planned : EL-LSCS

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, Bradycardia, PPH

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. Vara Lakshmi. the above mentioned operation / Diagnostic / Therapeutic procedures EL-LSCS

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 : M. V Lakshmi

Name : Mrs. M. Vara Lakshmi

Relationship with Patient: Self

Date & Time : 03/07/26.

Witness :

Signature : .....

Name : (H) KALISHWAR. (Husband).

Date & Time : 03/07/26.

Doctor (who is taking the consent) :

Signature : .....

Name : Dr. SAIRAM. V

Date & Time : 03/07/2026 9:15 pm

HNH-00002015 IP26-00006733
Mrs M VARA LAKSHMI
23-07-1997 28 Y 11 M 10 D (F)
Dr. SWATHI H V

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Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATIO

Name: Mrs. VARA LAKSHMI Age: 28yr Sex: Female UHID.No: HNH-002015

Date: 03/07/2026 Time: 9:00pm Proposed Operation: EL. LSCS

Diagnosis: G4P1L1A2 @ 32+6 wks @ chronic HTN

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

Laboratory Data:

Hgb:	12.5	Glucose:		Protein:	7.0	HIV:	X-Ray:
PCV:	37.4	Urea:		Alb:	3.8	HBS Ag: NR	ECG:
WBC:	12750	Creat:	0.52	Total Bill:	0.3	HCV:	2D Echo: (A) STUDY.
Plate:	3.36	Na:		Dir. Bill:	0.09	Blood group: B+ve	Stress/Anglo:
PT:		K:		LDH:		T3	Other:
PTT:		Ca++:		Alk phos:	141	T4	PLACENTA - POSTERIOR HIG
INR:	1.03	Mg++:		Amylase:		TSH	
		Cl-:		SGOT/SGPT:	28/26		

Allergies: NKDA

Medical History: CVS: CHRONIC HYPERTENSION - 2yrs ON TAB LABETALOL 100mg TID

RESP: Diabetes: TAB NICARDIA 10mg BD

CNS: NAD

Renal:

Hepatic / GE: Physical Activity:

Others: ON* TAB ECOSPIRIN 150mg → LAST DOSE TODAY [03/07/2026] AFTERNOON

Past Anaesthetic History: PREV LSCS in 2019 + SAB WE

Physical Exam: Mod Built & Nourished.

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

Lungs: BL AEE, Clear

Heart: S1 S2 (+)

CNS: NAD

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

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

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

CURRENT MEDICATIONS	DOSAGE

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:

Adv: 1. CT, BT.

Signature: Name: Dr. SAIRAM

Docu. No : RCH /FRM / CLINICAL / 044

HNH-00002015 IP26-00006733
Mrs M VARA LAKSHMI
23-07-1997 28 Y 11 M 11 D (F)
Dr. SWATHI H V

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: 89/min. B.P / CRT: 157/101 mmHg SpO$_2$: 100% R.R: 16/min. Last Feed:

Pre-OP Diagnosis: Dr. Swathi Operation: Elective LSCS Date: 04/07/26.

Surgeon: G4P1L1A2 c 32th wk c chr HTN Anaesthesiologist: Dr. Vineetha Technician: Mr. Pallavi

TIME	12.30	45	1:00	15	30	45
N_2O /AIR /O_2 LPM						
HALO /SO /SEVO						
Drugs:						
~~INJ CARBETOCIN~~	~~100mcg.~~					
INJ TRANEXAMIC ACID	1gm.					
INJ. MIDAZOLAM	2mg					
INJ. OXYTOCIN	3IU I.V + 20IU in RL @ 200 ml/hr.					
FIO_2 / SaO_2	100	100	98	97	99	
$ETCO_2$						
ECG	SR	SR	SR	SR	SR	
Temperature						
Urine Output						
Fluids / Blood: RINGER LACTATE	→	→	→	→		

Antibiotic: Given.
Suppository: TRAMADOL 100 mg PR
Blood Loss:
NOTES

B.P: V Systolic, Λ Diastolic, X Mean, • Heart Rate (scale 240, 220, 200, 180, 160, 140, 120, 100, 80, 60, 40, 20, 10, 0)
Tourniquet on Time / Tourniquet off Time
Throat Pack In / Throat Pack Out

LAB Values: ABG / GRBS / Others

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

Position: Supine
☑ 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: 12:40PM
OP Start: 12:42PM
OP End: ✓
Leave OR: 1:35PM

Anaesthesia:
☐ GA
☐ Monitored Anaesthesia Care
☑ Regional

Line (Size & Location)
☐ CVP:
☐ ART:
☑ IV: (L) DH 18G.
☐ 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:
☑ Spinal ☐ Epidural ☐ Caudal
Others:
Position: Sitting
Site: L3-L4
Needle Size: 27 (Q) Depth:
Parasthesia ☐ Yes ☑ No
Catheter at skin .... cm
Drug Name & Conc: 0.5% BUPIVACAINE 2CC
Bolus: + 25mcg (0.5CC) FENTANYL
Infusion:
Block Level: T4
Comments:
Transportation to
☑ PACU ☐ ICU ☐ Other
Relaxant Reversed ☐ Yes ☐ No ☑ NA
Name of the Doctor: DR. M. VINEETHA
Signature of the Doctor: [signature]

HNH-00002015 IP26-00006733
Mrs M VARA LAKSHMI
23-07-1997 28 Y 11 M 11 D (F)
Dr. SWATHI H V

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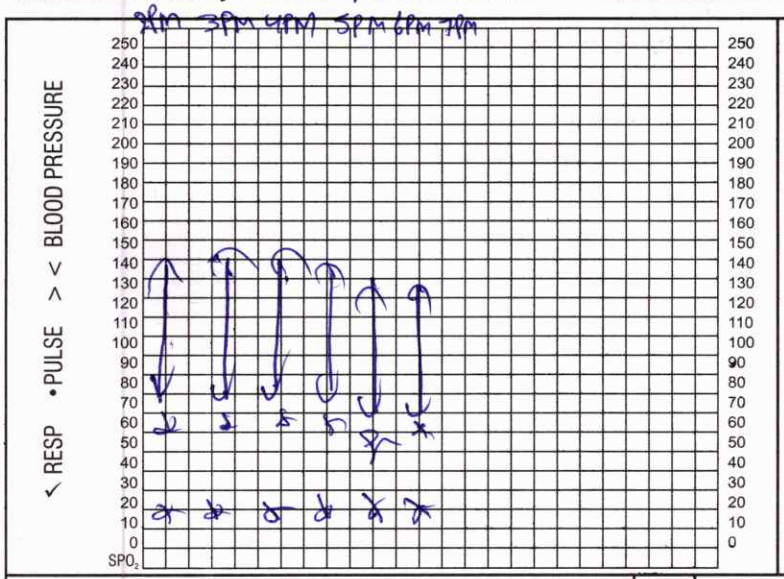
RE UNIT RECORD

Received in PACU by : Swiatha Time Received : 1:40 PM Time Discharged : .....



IV Cannula Site : .....

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

Vomiting :	☐ Yes	☑ No
NG Tube :	☐ Yes	☑ No
Drain:	☐ Yes	☑ No
Urinary Catheter:	☑ Yes	☐ No
Chest Tube:	☐ Yes	☑ No
Nil Oral	☐ Yes	☑ No

Drug: INJ' taxime 1gm

IV Fluids: RL

Oral Feeds: NBM

POST ANAESTHESIA SCORE (Modified Aldrete Score)			IN	MINUTES 30	60	90	OUT	SCORING INTERPRETATION
Able to move 4 extremities voluntary or on command Able to move 2 extremities voluntary or on command Able to move 0 extremities voluntary or on command	= 2 = 1 = 0	ACTIVITY		1	2	2	2	A Minimum Total Score of 8 is Required for Discharge 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	10	10	10	

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
4/7	2PM	0	NA	Sj
4/7	3PM	0	NA	Sj
4/7	4PM	0	NA	Sj
5/7	11AM	0	NA	Sj

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

Reassessment Frequency:

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

Anaesthesiologist Name : DR. Ayesha

Anaesthesiologist Signature: .....

Date & Time: 5/7/26 @ 11AM

PACU Nurse Name : Swiatha

PACU Nurse Signature: Sj

Date & Time: 5/7/26 @ 11AM

Transferred to Unit by (PACU): 3rd floor (307)

Date & Time: 5/7/26 @ 11AM

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 : .....

Patient Sticker

307

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NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 5/7/26 Time: 1pm

Origin: Indian Height: 151cms Weight: 64kg BMI: ☐ ~ 26 kg/m² ☐ ~ 28 kg/m² ☐ ~ 30 kg/m²

Food Allergies: NO

Diagnosis: LSCS

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

Diet Advised:

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

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

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

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

Patient's / Attendant's

Signature:

Name: varalakshmi

Date & Time: 5/7/26 ; 1pm

Dietician's

Signature:

Name: sathvika.G

Date & Time: 5/7/26 ; 1pm

DIETARY NOTES

Date	Time	Notes	Sign

Patient Sticker

307

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CROSS CONSULTATION FORM

Doctor Name : Dr. Swathi Date : 5/7/26 Time : 1 pm

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
- primi, preterm
- colostrum soon
- Advice to start Express feeds every 2-2½ hours on each side 20 mints by using electrical Breast pump
- Explained EBM & it's importances
-

Consultant :

Name : Sathwika.G Signature : Date & Time : 5/7/26, 1 pm

26-00002105 S 1

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NARCOTIC PRESCRIPTION FORM
(PATIENT COPY)

Patient Name: Mrs. M. Vara lakshmi		Age: 28y	Gender: Female
UHID No: HNH-00002015	IP No: IP26-00006733	Date: 4/7/26	Time:
Diagnosis: LSCS		word - OT	

PRESCRIPTION DETAILS (Tick only one of the following)

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

Doctor Name: Dr Sairam. V

Doctor Registration No: APMC 75177

Signature:

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

IP Registration No: IP26-00006733 **Date:** 4/7/26

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

		Remarks
1.	**Name :** Mrs. M. Vara lakshmi	
2.	Complete postal address (with contact number, if any)	205 Vasvi Eight apup colony Alwal Hyderabad Telangana 500044
3.	Brief description of the illness	LSCS
4.	Whether registered with any other registered medical practioner / recognized medical institution (If yes, details of the recorded)	NO
5.	Details of essential Narcotic drug dispensed	Fentanyl

Date	Name of the Essential Narcotic Drugs	Quantity	Signature / Thumb Impression of the patient / Patient Attender	Remarks, if any
4/7/26	Fentanyl	1 amp	M Vara lakshmi	

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

Received by (Name & ID No.): Saraswathi (021006) Signature:

Time: .....

Docu. No: RCH / FRM / CLINICAL / 133

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NARCOTIC PRESCRIPTION FORM
(MEDICAL RECORD)

Patient Name:		Age:	Gender:
UHID No:	IP No:	Date:	Time:
Diagnosis:			

PRESCRIPTION DETAILS (Tick only one of the following)

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

Doctor Name: Dr. Sairam V

Doctor Registration No: AgMC 76177

Signature:

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

IP Registration No: .....

Date: .....

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

1.	**Name :**	**Remarks**
2.	Complete postal address (with contact number, if any)	
3.	Brief description of the illness	
4.	Whether registered with any other registered medical practioner / recognized medical institution (If yes, details of the recorded)	
5.	Details of essential Narcotic drug dispensed	

Date	Name of the Essential Narcotic Drugs	Quantity	Signature / Thumb Impression of the patient / Patient Attender	Remarks, if any
12/12/26	Fentanyl	1 amp		

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

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

Time: .....