211-Fc

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Name	Mrs DEEPIKA AGARWAL	**UHID**	HNH-00016430
Father/Guardian	Mr AKSHAY AGARWAL	**Age/Gender**	33 Y 1 M 8 D/ Female
Address	Himayatnagar, Hyderabad, Telangana, INDIA, 500029		
IP No	IP26-00006783	**Admission Date**	08-07-2026
Ref Doctor	Self.		
Discharge Date	15.07.2026		

DISCHARGE SUMMARY

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

CO-Consultants:
Dr. Vasisht R Satwalekar
DNB
45453

Diagnosis: ACUTE CHOLECYSTITIS FOR FURTHER MANAGEMENT

History:
She presented with complain of pain in right upper abdomen since 4 am associated with nausea and vomitings - 2episode. Scan done on 08.07.2026 showed hepatomegaly with fatty liver, echogenic foci within gall bladder wall thickening and tenderness with probe pressure suggestive of calculus

Name	Mrs DEEPIKA AGARWAL	UHID	HNH-00016430
IP No	IP26-00006783	Admission Date	08-07-2026

cholecystitis. She was admitted with acute cholecystitis for further management.

LMP: 11.06.2026
Obstetric History : P1L1, Previous LSCS - 2021

Medical History: k/c/o cholelithiasis (gall stones since 5 years)- not on treatment), K/c/o hypothyroidism since 1 month- tab thyronorm 25mcg. K/c/o anxiety disorder- on medication 2 weeks back.
Surgical History: LSCS - 2021
Allergies: Nil
Family History: Mother- DM ; Father - HTN

Investigations: Enclosed
Blood Group: B positive

Management: On admission her vitals were stable. On per abdomen examination - diffuse tenderness noted more over right hypochondriac region. Physician and Surgeon opinion was sought. Investigation sent and traced. She was kept Nil by mouth. Conservative management was done with IV fluids, antibiotic and analgesic. MRCP done showed Multiple gallbladder calculi with a 14 mm impacted calculus in gall bladder neck. Diffuse gall bladder wall thickenening (~6mm) with mild pericholecytic inflammatory change. Imaging features suspicious for acute calculus cholecystitis with no evidence of choledocholilthiasis or biliary ducutal dilation with mild hepatomegaly and minimal reactive ascitis. Further Conservative management was done as per surgeon advice.

Advice:
1. Tab. Ceftum 500mg twice daily(9am-9pm) till 20.07.2026 after food.

Name	Mrs DEEPIKA AGARWAL	**UHID**	HNH-00016430
IP No	IP26-00006783	**Admission Date**	08-07-2026

2. Tab Metronidazole 400mg thrice daily (8am-3pm-10pm) till 17.07.2026 after food.
3. Cap. Pan-40 once daily (7am) till 20.07.2026 before breakfast.
4. Tab. Zofer 4mg SOS.
5. Plenty of oral fluids.

Review consultation with **Dr. SWAPNA SAMUDRALA**, on **21.07.2026** in Gynec OPD in Himayatnagar (**Review consultation will be charged**).

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

Patient/ Attender

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

Registrar/Resident/C.M.O

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

Rainbow Children's Hospital

Rainbow Childrens Hospital-Himayatnagar

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

ADMISSION SHEET

Registration Details :

Admission No : IP26-00006783 **Admit Date** : 08-Jul-2026 **Admit Time** : 01:06 PM **UHID** : HNH-00016430

Patient Details :

Patient Name	: Mrs DEEPIKA AGARWAL	**Age**	: 33 Y 1 M 7 D
Guardian	: Mr AKSHAY AGARWAL	**DOB**	: 01-06-1993
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: Himayatnagar Hyderabad Telangana INDIA 500029	**Phone No**	: 9996127878
		E-mail	: 9996127878@gmail.com

Admission Details :

Bed Type : TWIN SHARING **Bed No** : PPO-417 **Ward Name** : 4F -OT

Room No : PPO-417 **Admission Type** : First Visit

Contact Details :

Name	: Mr AKSHAY AGARWAL	**Relationship**	: Husband
Contact Address	: Himayatnagar Hyderabad Telangana INDIA 500029	**Phone No**	: 9996127878

Signature

Doctor Details :

Doctor Name	: Dr. SWAPNA SAMUDRALA	**Specialisation**	: OBSTETRICS AND GYNECOLOGY
Referral Doctor	: Self.	**Phone No**	:
Co-Consultant	: Dr. VASISHT R SATWALEKAR		

Payment Details :

Payment Mode	: DC/CC Card	**Deposit Amount**	: 5000.00
		Payor Name	: STAR HEALTH AND ALLIED INSURANCE CO LTD

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

ACTIVITY RECORD FOR BILLING

Name :_____ HNH-00016430 IP26-00006783
Mrs DEEPIKA AGARWAL
01-06-1993 33 Y 1 M 7 D (F)
Dr. SWAPNA SAMUDRALA

UHID No. : ____ Consultant: _____ Dept : _____

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
9/07/26	12:30pm	OBJ	Room	
10/7/26	5AM	[illegible] - Room	Pre-post	Amrutha/ Sujitha
11/7/26	1:40pm	pre post	Room(211)	Mounika/

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	Dr. vasisth (Surgeon opinion done)	8/7/26	211917	Anshes
2				
3	Dr. Nishanth Reddy	9/7/26	12200	
4				
5	Dr. karthik Jadhav (Cardiologist)	10/7/26	2485	MOUI
6	Dr. Nishanth Reddy Navolu	10/7/26	2546.	MOUI
7	Dr. Vashist	11/7/26	212785	
8				
9				
10				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
	Blood group / CBP / LFT		
	Urea / uric acid / Creatine		
	HIV / HCV / HBsAg /		
8/7/26	Lipid profile / TSH	26011252	Amshid
	Free T3 / T4		
	PT / APTT		
8/7/26	Eletrolytes	11259	Au
	Cross checked done by Supriya @ 12:55pm		
10/7	ECG	8268	@
10/7	X Ray chest	8267	@
10/7	2D echo	8309	Mani
11/7	CBP, CRP, TPO antibodies	11468	Sri
13/7/26	CBP, Creatinine, L.F.T		
	fasting Blood sugar, Urea,	11602	Sundhya.
	electrolytes		
	cross checked by RD		

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
8/7	Infusion pump	2pm	13/6/20 2AM	11848	Anushed

Concluded done by Supriya

HNH-00016430 IP26-00006783
Mrs DEEPIKA AGARWAL
01-06-1993 33 Y 1 M 13 D (F)
Dr. SWAPNA SAMUDRALA

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/7/26	C/S/B Dr. Dhq	
1:30 pm	C/C fair	Adv
	~~Afebrile~~	- Coconut water,
	Vitals - Normal	water,
	P/A soft	- ORS to be given
		- Drugs as charted
		- Monitor vitals
		- Inform SOS
		Noted by math
14/7/26	C/S/B Dr Manshu	
8:30 Am	Acute Cholecystitis For observation	
	C/C- Fair - Afebrile	Adv:-
	Vitals Stable	
	P/A Soft	- Coconut water / ORS / water
		Clear soups to be given
	pt comfortable	- Drugs as charted
		- Ambulation
		- Inform SOS
		My
		Answer

HNH-00016430 IP26-00006783
Mrs DEEPIKA AGARWAL
01-06-1993 33 Y 1 M 13 D (F)
Dr. SWAPNA SAMUDRALA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/Dt Dr Vasisht Sn	
	Mdr — ~~Full~~ liquid Diet today (Proper)	
Plan	Allow Full Liquids today	My
	Soft Dt tomorrow	
	if all well — Discharge C/M	
	My	
14/7/2026	C/o/b Dr Swapna Samudrala	
11:50 AM	Dx Acute Calculus Cholecystitis	
	C/C - Pain : Aplenda	Ax - Allow Full liquid diet
	Vitals stable	as per Surgeon's Advice
	P/A Soft	- W/Rules &
		- Ambulation
	Pt comfortable	- Inform SOS
		(M. Swapna's)
14/7	Case seen by DR Vasisht	
	—	E
3.15 pm	G.c better	(1) liquid diet
	Pain ↓↓	
	vitals - WNL	(2) Inj NEOMOL 1gm IV SOS
	PA - Soft	(3) Neb CS 2
	BS P	

HNH-00016430 IP26-00006783
Mrs DEEPIKA AGARWAL
01-08-1993 33 Y 1 M 13 D (F)
Dr. SWAPNA SAMUDRALA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	from 11/7	
	① TAB. CEFTUM 500 mg BD × 7 days	
	② TAB METROGYL 400 mg TID × 3 days	
Refer	③ TAB. RAZO	BD × 10 days
f/u		
	④ TAB. ULTRACET	BD × 7 days
	⑤ TAB. ZINCOVIT	1 OD × 7 days
	⑥ TAB ELTROXIN	to continue
	⑦ Sgt diet till	19/7
	⑧ Normal diet from 20/7	
	⑨ Review after	10 days

Docu. No. : RCH /FRM / CLINICAL / 088 (P.T.O)

HNH-00016430 IP26-00006783
Mrs DEEPIKA AGARWAL
01-06-1993 33 Y 1 M 13 D (F)
Dr. SWAPNA SAMUDRALA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/7/2026 4:15pm	C/S/B Dr. Swapna	
	Δ^sis - Acute cholecystitis	
	o/e pt c/c/c	→ CS)
	GC-fair	→ Can be discharged tomorrow.
	Pt is comfortable	
	No fresh complaints.	
		(Dr. Swapna .S)
5/7/26 7pm	C/S/B Dr. Dnq	
	GC fair	Adv.
	Afebrile	- Liquid diet
	Vitals stable.	- Dengi advised.
	P/A soft	- Monitor vitals
		- Inform sos.
		File can be sent for discharge processing

HNH-00016430 IP26-00006783
Mrs DEEPIKA AGARWAL
01-06-1993 33 Y 1 M 13 D (F)
Dr. SWAPNA SAMUDRALA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

HNH-00016430 IP26-00006783
Mrs DEEPIKA AGARWAL
01-06-1993 33 Y 1 M 10 D (F)
Dr. SWAPNA SAMUDRALA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CROSS CONSULTATION FORM

Doctor Name : Dr. Vaishnavi Date : 11/02/26 Time : 1PM

Diagnosis :

Hospital :

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:

Vaishnavi

Signature:

Findings and Recommendations :

Conservative Rx

Rx

(1) ONLY WATER

(2) IV fluids @ 100 ml/hr
(D 5 NS
(G RL

(3) Rest CST

Consultant :

Name : DR. VASISHTA Signature : Vaishnavi Date & Time : 11/02/2026 1pm

HNH-00016430 IP26-00006783
Mrs DEEPIKA AGARWAL
01-06-1993 33 Y 1 M 8 D (F)
Dr. SWAPNA SAMUDRALA

308

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NUTRITIONAL ASSESSMENT FOR GYNEC PATIENTS

Date: 9/7/25 Time: 3:00 pm

Origin: Indian Height: 5'2cm Weight: 87 Kg BMI: 33 Kg/m²

Food Allergies: No

Diagnosis: Acute cholecystitis

Medical History: Hypothyroid, Anxiety disorder Cholelithiasis (Gallstones) 2 week back

Surgical History: P.L, LSCS

☑ Vegetarian ☐ Non-Vegetarian ☐ Vegan

Diet Advised: Clear liquid diet

Patient's / Attendant's

Signature: Deepika

Name: Deepika

Date & Time: 9/7/25, 3pm

Dietician's

Signature: Sabiya

Name: Syeda Sabiya Zaheen

Date & Time: 9/7/25, 3pm

HNH-00016430 IP26-00006783
Mrs DEEPIKA AGARWAL
01-06-1993 33 Y 1 M 8 D (F)
Dr. SWAPNA SAMUDRALA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CROSS CONSULTATION FORM

Doctor Name : Dr. Nishanth Reddy. L Date : 10/7/26 Time : 4:30 pm

Diagnosis : Ac. Calculous cholecystitis

Hospital : Star Hospital

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 :

- Pt. Reviewed
- Pain Abdomen ↓
- NV Feels
  - Pt_ c/c/c
  - A.c-Pain
  - Pt_ Abdm
  - Pt_ Hot bag
  - Cm_ Sips ↑
  - Pt - RA-O

AV
10/7/26
- CBP/CRP/LFTs
- Hnt TPO Continuing

Consultant :

Name : Dr. Nishanth Reddy. L Signature : Date & Time : 10/7/26; 4:30 pm

HNH-00016430 IP26-00006783
Mrs DEEPIKA AGARWAL
01-06-1993 33 Y 1 M 9 D (F)
Dr. SWAPNA SAMUDRALA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CROSS CONSULTATION FORM

Doctor Name : Dr Jadhav Date : 10/07/26 Time : .....

Diagnosis : Acute Cholecystitis.

Hospital : Raibow Himayath nagar.

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:

Pre Sx fitness

Signature:

Findings and Recommendations :

33yrs / F
K/C/O Hypothyroid
Now
Acute Cholecystitis
Planned for Cholecystectomy

P = 82/min.
BP = 115/78 mmHg.
CVS = } NAD.
RS = }

Consultant :

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

ECG = SR + Tinv in V_1-V_3 (Nonspecif

Echo = Good LV & RV fn
No RWMA
No PAH.

Adv

① Pt can undergo Sx under mild risk for MACE.

② IVF NS @ 75ml/hr.

HNH-00016430 IP26-00006783
Mrs DEEPIKA AGARWAL
01-06-1993 33 Y 1 M 8 D (F)
Dr. SWAPNA SAMUDRALA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CROSS CONSULTATION FORM

Doctor Name : Dr. Nishanth Reddy .T Date : 9/7/26 Time : 8:30pm

Diagnosis : Ac. Calculous cholecystitis

Hospital : STAR Hospital

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 :

- A case of Ac. Calculous cholecystitis
- History with [illegible] Inj [illegible]
- Pain abdomen ⊕
- No fever

PR - [illegible]
G.C - [illegible]
RR - [illegible]
BP - 100/60mm
[illegible]

→ Continue Inj [illegible]

Consultant :

Name : Dr. Nishanth Reddy .T. Signature : [signature] Date & Time : 9/7/26 ; 8:30pm

Doc. No. : RCH / FRM / CLINICAL / 049

HNH-00016430 IP26-00006783
Mrs DEEPIKA AGARWAL
01-06-1993 33 Y 1 M 7 D (F)
Dr. SWAPNA SAMUDRALA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CROSS CONSULTATION FORM

Doctor Name : Dr. Vashist Date : 8/02/26 Time : @ 5 pm

Diagnosis : .....

Hospital : .....

.....

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 :

Calculous Cholecystitis

LFT - (N)

Advised conservative Rx

Rx

① NBM

② IV fluids @100 ml/hr - 1 @ DNS
1 @ RL

③ Rest CST

Consultant :

Name : ..... Signature : ..... Date & Time : 8/2/26

HNH-00016430 IP26-00006783
Mrs DEEPIKA AGARWAL
01-06-1993 33 Y 1 M 7 D (F)
Dr. SWAPNA SAMUDRALA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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	Thyronorm.	25mcg	PO	OD.		☐ C ☐ DC
2						☐ C ☐ DC
3						☐ C ☐ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Dua

Date & Time : 8/7/26. 2pm

Nurse Name & Signature: Anushed

Date & Time : 8/7/26 @ 2pm

HNH-00016430 IP26-00006783
Mrs DEEPIKA AGARWAL
01-06-1993 33 Y 1 M 7 D (F)
Dr. SWAPNA SAMUDRALA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

DRUG CHART

Date of Admission: 8/7/26. 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 *I* through it and a similar line through subsequent recording panels.
- The date and time of stopping the drug along with the doctors name and sign must be mentioned.
- Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.

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

SOS / PRN (As Required Medication)

DRUG : INJ TRAMADOL

Dose	Route	Frequency	Start Date
100mg	IM	SOS	10/7

Doctor's Signature | Valid Period | Pharm.

Additional Instructions:

Date/Time: 10/7 11/7 — Nil @ 6.40 pm

DRUG : INJ BUSCOPAN

Dose	Route	Frequency	Start Date
1amp	IM	SOS	10/7

Doctor's Signature | Valid Period | Pharm.

Additional Instructions:

Date/Time: 10/7 @ 3PM

DRUG :

Dose	Route	Frequency	Start Date

Doctor's Signature | Valid Period | Pharm.

Additional Instructions:

Date/Time

Verified by Dr. Dhakshayani

Verified by Dr. Dhakshayani

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

ANH-00018430 IP26-00000783

Mrs DEEPIKA AGARWAL
01-06-1993 33 Y 1 M 7 D (F)
Dr. SWAPNA SAMUDRALA

Patien

GULAR PRESCRIPTIONS

Weight. 89kgs Ward. .....

DRUG : Inj CEFOPERAZONE SULBACTUM

Dose	Route	Frequency	Start Date
1.5g	IV	BD	8/7/26

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

Additional Instructions: After test dose.

Date / Time	8/7	9/7	10/7	11/7	12/7	13/7	14/7
7 AM	X	Inj AMOX	Inj PANTOP				
7 PM	4PM		MOW			8:00	
Daily Doctor's Endorsement by a Sign							

DRUG : Inj PANTOPRAZOLE

Dose	Route	Frequency	Start Date
40mg	IV	BD	8/7/26

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

Additional Instructions:

Date / Time	8/7	9/7	10/7	11/7	12/7	13/7	14/7
6 AM	X	Inj AMOX	Inj AMX	Inj PANTOP			Inj Mudit
6 PM			MOW				
Daily Doctor's Endorsement by a Sign							

DRUG : Inj ONDANSETRON

Dose	Route	Frequency	Start Date
4mg	IV.	BD	8/7/26

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

Additional Instructions:

Date / Time	8/7	9/7	10/7	11/7	12/7	13/7	14/7
6 AM	X	Inj AMOX	Inj AMX	Inj PANTOP			Inj Mudit
6 PM			MOW				
Daily Doctor's Endorsement by a Sign							

DRUG : Inj PARACETAMOL.

Dose	Route	Frequency	Start Date
1g	IV	TID	8/7/26

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

Additional Instructions:

Date / Time	8/7	9/7	10/7	11/7	12/7	13/7
7 AM	X	Inj AMOX	Inj PANTOP			
3 PM						
11 PM	Inj AMX		Inj PANTOP			
Daily Doctor's Endorsement by a Sign						

STOP

Verified by Dr. Dhaksnayani

HNH-00016430 IP26-00006783
Mrs DEEPIKA AGARWAL
01-06-1993 33 Y 1 M 7 D (F)
Dr. SWAPNA SAMUDRALA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Verified by Dr. Dhakshayani

verified by Dr. Dhakshayani

REGULAR PRESCRIPTIONS

Sheet No: ..... Weight 89kgs Ward .....

DRUG : T PANTOPRAZOLE

Dose	Route	Frequency	Start Dt.
25mg	PO	OD	8/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Date / Time	8/7/17	9/7	10/7	11/7	12/7	13/7	14/7
Daily Doctor's Endorsement by a Sign							

DRUG : INJ METRONIDAZOLE

Dose	Route	Frequency	Start Dt.
500mg	IV	TID	10/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Date / Time	10/7	11/7	12/7	13/7	14/7
Daily Doctor's Endorsement by a Sign					

DRUG : INJ PARACETAMOL

Dose	Route	Frequency	Start Dt.
1g	IV	BD	12/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Date / Time	13/7	14/7
Daily Doctor's Endorsement by a Sign		

STOP

Dr. Naveena

DRUG : TAB. SPOROLAC

Dose	Route	Frequency	Start Dt.
½ tab	ORAL	TID	13/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Date / Time	13/7	14/7
Daily Doctor's Endorsement by a Sign		

HNH-00016430 IP26-00006783
Mrs DEEPIKA AGARWAL
01-06-1993 33 Y 1 M 7 D (F)
Dr. SWAPNA SAMUDRALA

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

REGULAR PRESCRIPTIONS

Sheet No: .... Weight .... Ward ....

DRUG : T. ULTRACET

Dose	Route	Frequency	Start Dt.
1TAB	PO	BD	12/7.

Date / Time: 13/7
9Am X
9pm

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Date / Time

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Date / Time

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Date / Time

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

VERIFIED BY : Name Signature

Patient Sticker

Weight. 89/6g Ward. .....

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
8/7	5:30 pm	INJ. TRAMADOL	100mg	IM.		Anusha
8/7	8pm	INJ DICLOFENAC	75mg	IM		Anu
10/7	1:55AM	Inj TRAMADOL	100mg	im.		
10/7	1:55AM	Inj BUSCOPAN	20mg	im		
10/7	1:55AM	Inj ONDENSETRON & 4mg		iv		
10/7	10:30AM	INJ PARACETAMOL	1g	IV		Madly
10/7	9:30AM	DROTAVARINE	40mg	IM		Madly
10/7	10AM	INJ TRAMADOL	100mg	IM		Madly
10/7	7:50PM	TRAMADOL	100mg	IV		Madly
11/7	1:00 AM	Inj tramadol	100mg	IV		Madly

Verified by Dr. Dhakshayani

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

HNH-00016430
Mrs DEEPIKA AGARWAL
01-06-1993 33 Y 1 M 7 D (F)
Dr. SWAPNA SAMUDRALA

I.V. FLUIDS CHART

Weight. 59 kg Ward. .....

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
8/7/26	2 pm	RINGER LACTATE	~~IV~~ ~~100ml~~ ~~BT~~	100ml/hr					
9/7	2AM	DEXTROSE NORMAL SALINE	IV	100 ml/hr			9/7		
8/7	8 ~~P~~ AM	RINGER LACTATE	IV	100ml/hr			9/7		
9/7	10AM	DEXTROSE NORMAL SALINE	IV	100 ml/hr			9/7		
9/7	12PM	RINGER LACTATE	IV	100ml/hr			9/7		
9/7/26	6PM	DEXTROSE NORMAL SALINE	IV	100ml/hr			9/7		
9/7/26	11PM	RINGER LACTATE	IV	100ml/hr			10/7		
10/7	3AM	DEXTROSE NORMAL SALINE	IV	100ml/hr			10/7		
10/7	3AM	RINGER LACTATE	IV	100 ml/hr			11/7		
10/7	~~10~~ 10 PM	DEXTROSE NORMAL SALINE	IV	100ml/hr			11/7		

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

HNH-00016430 IP26-00006783
Mrs DEEPIKA AGARWAL
01-06-1993 33 Y 1 M 9 D (F)
Dr. SWAPNA SAMUDRALA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

I.V. FLUID CHART

DATE	TIME	Composition of I.V. FLUID (if infusion, mention ml / hr = Mcg / kg / min. etc.)	ROUTE	Flow Rate (ml/hr)	Doctor Sign.	Nurse Sign.	Date of Stopping	Doctor Sign.	Nurse Sign.
11/7	12AM	RINGER LACTATE	IV	100 ml/hr			11/7		
11/7	8AM	DEXTROSE NORMAL SALINE	IV	100 ml/hr			11/7		
11/7	5pm	RINGER LACTATE	IV	100 ml/hr			11/7		
11/7	10pm	DEXTROSE PM NORMAL SALINE	IV	100 ml/hr			12/7		
12/7	3AM	RL RINGER LACTATE	IV	100 ml/hr			12/7		
12/7	10AM	DW. DEXTROSE NORMAL SALINE	IV	100 ml/hr			12/7		
12/7	3pm	RL RINGER LACTATE	IV	100 ml/hr					
12/7/26	2:am	DEXTROSE NORMAL SALINE	IV	100 ml/hr					
		STOP							

Docu. No. : RCH /FRM / CLINICAL / 182

HNH-00016430 IP26-00006783
Mrs DEEPIKA AGARWAL
01-06-1993 33 Y 1 M 7 D (F)
Dr. SWAPNA SAMUDRALA

306 (211)

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

RESULT SHEET

Date	8/7/26.	11/7/26	13/7/26			
Time						
Hb	11.5	11.5	10.6			
PCV	33.9	34.2	31.1			
RBC	4.24	4.28	3.93			
WBC	11.34	13.22	7.56			
N/L			74.8/17.9			
Platelets	2.71	256	265			
CRP		298				
ESR						
PCT						
RBS Fasting			104			
Na			137			
K			4.4			
Cl			106			
Ca/Mg						
Phosphate						
Urea			11			
Creatinine			0.5			
ALP			110			
SGPT			21			
SGOT			23			
T.Bill/Conj			~~0.7~~ <0.5 / <0.2			
T.Protein			6.4			
S.Albumin			3.2			
S.Globulin			3.2			
A/G Ratio			1			
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

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

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

HNH-00016430 IP26-00006783
Mrs DEEPIKA AGARWAL
01-08-1993 33 Y 1 M 7 D (F)
Dr. SWAPNA SAMUDRALA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Early Warning Observation Score Chart - Obstetrics

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

8/7 — 9/7

		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%				96		95	99%	99%		99%		99%		99%		95	
	< 94 %																									
Administered O_2 (L/min.)									-																	
Temp°c	40																									
	39																									
	38																									
	37								-				-				98°				97°		98°			
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90								90				84	76	81		76				80		82		76	
	80																									
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressue ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130								122				119	111	124		112									
	120																				118		122		129	
	110																		110							
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70								72				54	80	76		77		65		72		68		71	
	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	
TOTAL ORANGE SCORES									0				0	0	0		0		0		0		0		0	
Nurse Initial																										

HNH-00018430 IP26-00006783
Mrs DEEPIKA AGARWAL
01-06-1993 33 Y 1 M 7 D (F)
Dr. SWAPNA SAMUDRALA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Early Warning Observation Score Chart - Obstetrics

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

9/7	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		22				20				23				23		20		20	20
	0 - 10																								
Saturations	94 - 100 %	99		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				36				36		37		37	37
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80	81		82		84		80				75				68				69		77		80	85
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130			119		122		127				120				122				120		118		120	
	120	116																							
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70	76		74		76		81				79				80				78		75		75	
	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	
TOTAL ORANGE SCORES		0		0		0		0				0				0				0		0		0	
Nurse Initial																									

HNH-00016430 IP26-00006783
Mrs DEEPIKA AGARWAL
01-08-1993 33 Y 1 M 8 D (F)
Dr. SWAPNA SAMUDRALA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Early Warning Observation Score Chart - Obstetrics

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

10/7	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
	0 - 10																								
Saturations	94 - 100 %	99		99		99		99		99		99		99		99		99		99		99		99	99
	< 94 %																								
Administered O_2 (L/min.)																									
Temp °c	40																								
	39																								
	38																								
	37																								
	36	36F				36				?		36				98F				98F					
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80	81		80		82		72		80		80		70		77		78		80		82		85	80
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120	116		117		104		122		109		108		112		110		115		118		109		110	112
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70	71		72		70		62		61		59		70		65		68		65		68		72	75
	60																								
	50																								
	40																								
NEURO RESPONSE [✓]	Alert	✓		✓		✓		✓		✓		✓		✓		✓		✓		✓		✓		✓	✓
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30															✓		✓							
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal															✓		✓							
	Heavy / Foul																								
Liquor	Clear / Pink															✓		✓							
	Green																								
TOTAL YELLOW SCORES		1		0		0	0			0	0			0		0		0		0	0	0	0	0	0
TOTAL ORANGE SCORES		0		1		1	1			1	1			1		0		0		0	0	0	0	0	0
Nurse Initial																									

HNH-00016430 IP26-00006783
Mrs DEEPIKA AGARWAL
01-06-1993 33 Y 1 M 9 D (F)
Dr. SWAPNA SAMUDRALA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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	11/7/26																						
		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	
	0 - 10																								
Saturations	94 - 100 %								99%					99%			99%				99%				99%	
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37								98					98			98.3				98.6				98.3	
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80								71					73			80				85				80	
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120								110					112			110				116				119	
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
	60								72					83			70				70				80	
	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				2				0	
TOTAL ORANGE SCORES									0					0			0				0				0	
Nurse Initial									SN					SN			SN				SN				SN	

HNH-00016430 IP26-00006783
Mrs DEEPIKA AGARWAL
01-06-1993 33 Y 1 M 11 D (F)
Dr. SWAPNA SAMUDRALA

Patient

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Early Warning Observation Score Chart - Obstetrics

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

12/7

		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				26				20					20				20				20	
	0 - 10																									
Saturations	94 - 100 %																									
	< 94 %																									
Administered O_2 (L/min.)				99%				99%				99%				99%				99%				99%		
Temp°c	40																									
	39																									
	38																									
	37																									
	36			98.1°F				36C				98.2°F				97.2°F				98.6°F				98.3°F		
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70			85 89 89				82				86				80				85				82		
	60																									
	50																									
	40																									
Systolic Blood Pressue ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120			112												115				119				116		
	110								110																	
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70			72					70				80			70					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	
TOTAL ORANGE SCORES				0					0				0				0				0				0	
Nurse Initial				SB					SB																	

HNH-00016430 IP26-00006783
Mrs DEEPIKA AGARWAL
01-06-1993 33 Y 1 M 11 D (F)
Dr. SWAPNA SAMUDRALA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

[illegible]ng Observation Score Chart - Obstetrics

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

13/07

		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				20bpm				20bpm				20				20				20				20	
	0 - 10																									
Saturations	94 - 100 %				99%				99%				99%				99%				99%				99%	
	< 94 %																									
Administered O_2 (L/min.)																										
Temp°c	40																									
	39																									
	38																									
	37																									
	36				96.4°F				98.1°F				98°F				97°F				98°F				97°F	
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80				80bpm				80bpm				85				86				95				85	
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressue ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120				112				110				113				114				110				115	
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70				70				72				69				70				79				80	
	60																									
	50																									
	40																									
NEURO RESPONSE [✓]	Alert				—				—				—				—				—				—	
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30				—				—				—				—				—				—	
	< 30																									
Proteinuria	Protein + +																									
	Protein > + +																									
Lochia	Normal				—				—				—				—				—				—	
	Heavy / Foul																									
Liquor	Clear / Pink				—				—								—				—				—	
	Green																									
TOTAL YELLOW SCORES					0				0				0				0				0				0	
TOTAL ORANGE SCORES					0				0				1				1				1				1	
Nurse Initial					[illegible]				[illegible]				[illegible]				[illegible]				[illegible]				[illegible]	

HNH-00016430 IP26-00006783
Mrs DEEPIKA AGARWAL
01-06-1993 33 Y 1 M 13 D (F)
Dr. SWAPNA SAMUDRALA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Early Warning Observation Score Chart - Obstetrics

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

14/7/26	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																					
	0 - 10																								
Saturations	94 - 100 %			99																					
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37																								
	36			36°																					
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80			80																					
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100			119																					
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70			85																					
	60																								
	50																								
	40																								
NEURO RESPONSE [✓]	Alert			✓																					
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30			–																					
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal			–																					
	Heavy / Foul																								
Liquor	Clear / Pink			–																					
	Green																								
TOTAL YELLOW SCORES				0																					
TOTAL ORANGE SCORES				0																					
Nurse Initial				[signature]																					

HNH-00016430 IP26-00006783
Mrs DEEPIKA AGARWAL
01-06-1993 33 Y 1 M 13 D (F)
Dr. SWAPNA SAMUDRALA

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

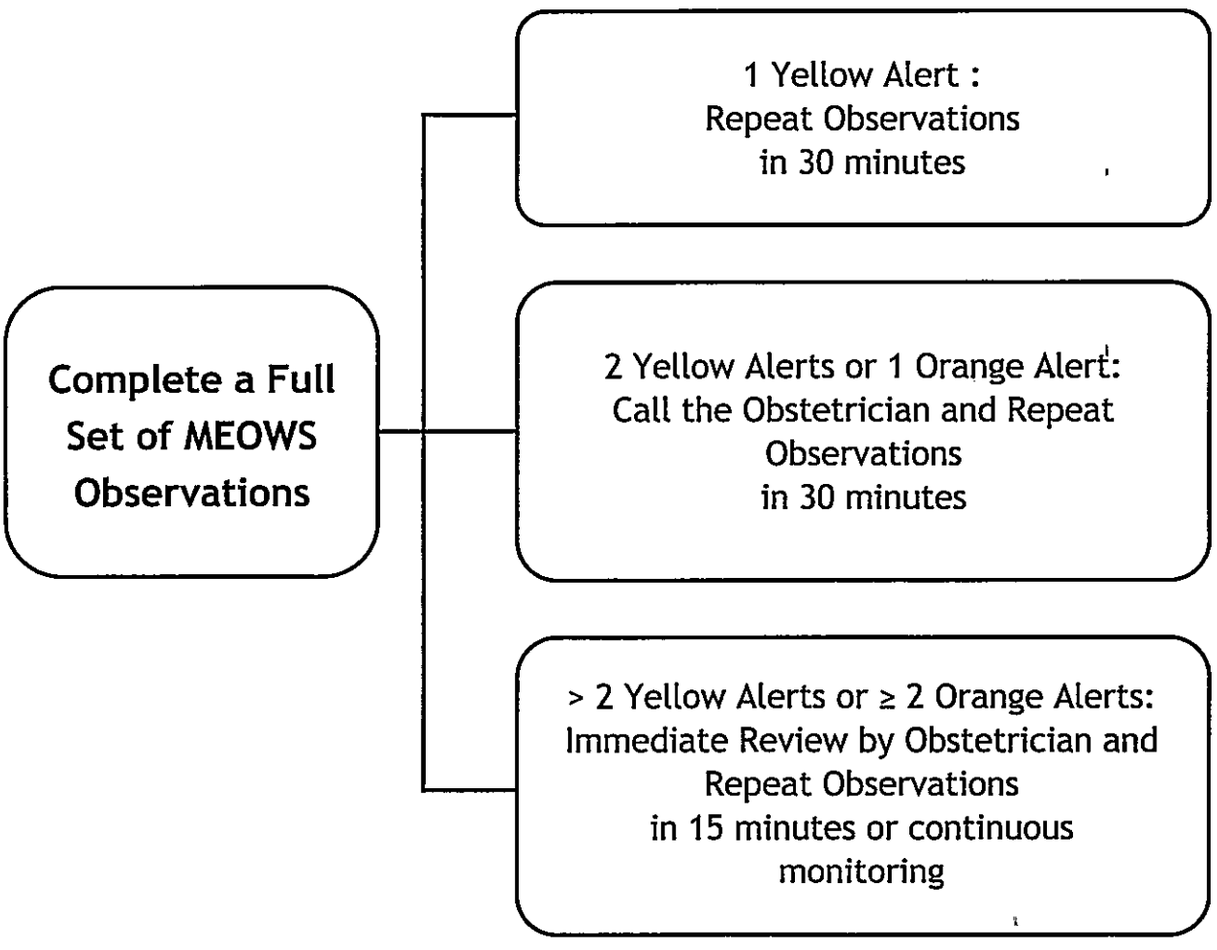
BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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																								
	0 - 10																								
Saturations	94 - 100 %																								
	< 94 %																								
Administered 0_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37																								
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
	40																								
NEURO RESPONSE [✓]	Alert																								
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30																								
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal																								
	Heavy / Foul																								
Liquor	Clear / Pink																								
	Green																								
	TOTAL YELLOW SCORES																								
	TOTAL ORANGE SCORES																								
	Nurse Initial																								

Obstetrics and Gynaecology Early Warning Signs



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

HNH-00016430 IP26-00006783
Mrs DEEPIKA AGARWAL
01-06-1993 33 Y 1 M 7 D (F)
Dr. SWAPNA SAMUDRALA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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				NA							
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm	RL	N	100ml						✓	1	
	03:00 pm	RL	B	100ml								
	04:00 pm	RL	M	100ml						✓	0	
	05:00 pm	RL	N	100ml								
	06:00 pm	RL	B	100ml						✓	1	
	07:00 pm	RL	M	100ml								
Total Intake :		taken 600 ml.				**Total Output :**				passed		
	08:00 pm	RL		100							1	
	09:00 pm	RL	N	100								
	10:00 pm	RL		100ml						✓	0	
	11:00 pm	RL	B	100ml								Amyla.
	12:00 am	RL		100ml								
	01:00 am	RL	M	100ml						✓	1	
Total Intake :		taken				**Total Output :**				passed		
	02:00 am	RL		100ml							1	
	03:00 am	RL	N	100ml								
	04:00 am	RL	B	100ml						✓	0	
	05:00 am	RL		100ml								S.
	06:00 am	RL	M	100ml								
	07:00 am	RL		100ml						✓	1	
Total Intake :						**Total Output :**				passed		

Total 24 hrs. Intake		Total 24 hrs. Output	

HNH-00016430 IP26-00006783
Mrs DEEPIKA AGARWAL
01-06-1993 33 Y 1 M 7 D (F)
Dr. SWAPNA SAMUDRALA

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 2

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
9/7												
9/7	08:00 am	DNS	M	100ml		NA		NA				
	09:00 am	↓	B	100ml								
	10:00 am	DNS	M	100ml								
	11:00 am	RL		100ml							0	
	12:00 pm	RL		100ml								
	01:00 pm	RL		100ml								
Total Intake :						**Total Output :** Passed						
9/7/26	02:00 pm			100ml								
	03:00 pm	↑		100ml								
	04:00 pm			100ml							0	
	05:00 pm	RL		100ml		NA		NA				
	06:00 pm	↓		100ml								
	07:00 pm			100ml								
Total Intake :						**Total Output :**						
9/7/26	08:00 pm			100ml								
	09:00 pm			100ml								
	10:00 pm		H2O	10ml								
	11:00 pm	RL	+	10ml		NA	0	NA			0	
	12:00 am		H2O	100ml								
	01:00 am			100ml								
Total Intake : Taken						**Total Output :** M-0				U-2		
10/7/26	02:00 am											
	03:00 am		H2O									
	04:00 am	DNS	+	100ml		NA						
	05:00 am		H2O				0	NA			0	
	06:00 am											
	07:00 am											
Total Intake : Taken						**Total Output :** M-0				U-3		

Total 24 hrs. Intake		Total 24 hrs. Output	

HNH-00016430 IP26-00006783
Mrs DEEPIKA AGARWAL
01-06-1993 33 Y 1 M 7 D (F)
Dr. SWAPNA SAMUDRALA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 3

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	RL	N	100ml						✓	1	
	09:00 am	RL		100ml								
	10:00 am	RL	B	100ml								
	11:00 am	RL	M	100ml							0	
	12:00 pm	RL		100ml								
	01:00 pm	RL		100ml							1	
Total Intake :						Total Output :						
10/2/26	02:00 pm	RL		100ml							1	
	03:00 pm	RL	N	100ml								
	04:00 pm	RL		100ml						✓		
	05:00 pm	RL	B	100ml							1	
	06:00 pm	RL	N	100ml								
	07:00 pm	RL		100ml						✓		
Total Intake :						Total Output :						
	08:00 pm	DNS	N	100ml							1	
	09:00 pm	DNS		100ml								
	10:00 pm	DNS	B	100ml						✓		
	11:00 pm	DNS		100ml							0	
	12:00 am	DNS	M	100ml						✓		
	01:00 am	DNS		100ml							1	
Total Intake : taken						Total Output : Passed						
	02:00 am	RL		100ml							1	
	03:00 am	RL	N	100ml						✓		
	04:00 am	RL		100ml								
	05:00 am	RL	B	100ml						✓	1	
	06:00 am	RL	M	100ml								
	07:00 am	RL		100ml							1	
Total Intake :						Total Output : Passed						

Total 24 hrs. Intake		Total 24 hrs. Output	

HNH-00016430 IP26-00006783
Mrs DEEPIKA AGARWAL
01-05-1993 33 Y 1 M 7 D (F)
Dr. SWAPNA SAMUDRALA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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
11/7												
11/7/26	08:00 am	DNS		100 ml		NA	1			✓		
	09:00 am	DNS		100 ml							2	
	10:00 am	DNS		100 ml			0					
	11:00 am	DNS		100 ml								
	12:00 pm	PNS		100 ml			1					
	01:00 pm	DNS		100 ml								
Total Intake :						**Total Output :**						
11/7/26	02:00 pm	DNS	Water	100 ml			1					
	03:00 pm	DNS		100 ml								
	04:00 pm	RL		100 ml			0			✓	0	
	05:00 pm	RL		100 ml								
	06:00 pm	RL		100 ml			1					
	07:00 pm	RL		100 ml		NA		NA		✓		
Total Intake :						**Total Output :**					U-2 M-0	
12/7/26	08:00 pm	RL	water	100 ml								
	09:00 pm	RL		100 ml						✓		
	10:00 pm	RL		100 ml			0				0	
	11:00 pm	RL		100 ml								
	12:00 am	RL		100 ml						✓		
	01:00 am	RL	water	100 ml		NA		NA				
Total Intake :						**Total Output :**					U-2 M-	
12/7/26	02:00 am	DNS	water	100 ml								
	03:00 am	DNS		100 ml						✓		
	04:00 am	DNS		100 ml							0	
	05:00 am	DNS		100 ml								
	06:00 am	DNS		100 ml						✓		
	07:00 am	DNS	water	100 ml		NA		NA				
Total Intake :						**Total Output :**					U-2 M-0	

Total 24 hrs. Intake		Total 24 hrs. Output	

HNH-00016430 IP26-00006783
Mrs DEEPIKA AGARWAL
01-06-1993 33 Y 1 M 10 D (F)
Dr. SWAPNA SAMUDRALA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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							
12/7	08:00 am									✓		
	09:00 am											
	10:00 am	DNS		100ml							0	
	11:00 am	DNS	water	100ml							0	
	12:00 pm	DNS		100ml		NA		NA			0	
	01:00 pm	DNS		100ml						✓	0	
Total Intake :		Taken						**Total Output :**		U-2	M-0	
12/7	02:00 pm	RL	water	100ml								
	03:00 pm	RL		100ml						✓		
	04:00 pm	RL		100ml		NA		NA				
	05:00 pm	RL		100ml						✓		
	06:00 pm	RL		100ml								
	07:00 pm	RL		100ml						✓		
Total Intake :		Taken						**Total Output :**		U-3	M-1	
13/7	08:00 pm	RL	water	100ml							0	
	09:00 pm	RL		100ml						✓	0	
	10:00 pm	RL		200ml							0	
	11:00 pm	RL	coconut water	100ml						✓	0	Sn
	12:00 am	RL		100ml		NA		NA			0	
	01:00 am	RL		100ml						✓	0	
Total Intake :								**Total Output :**		U-3		
13/7	02:00 am	DNS	coconut water	200ml							0	
	03:00 am	DNS		100ml						✓	0	
	04:00 am	DNS		100ml							0	
	05:00 am	DNS		20ml		✓					0	Sn
	06:00 am	DNS		100ml				NA		✓	0	
	07:00 am	DNS		100ml		NA					0	
Total Intake :								**Total Output :**		U-2 M-1		

Total 24 hrs. Intake		Total 24 hrs. Output	U - M -

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

HNH-00016430 IP26-00006783
Mrs DEEPIKA AGARWAL
01-06-1993 33 Y 1 M 11 D (F)
Dr. SWAPNA SAMUDRALA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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							
13/7	08:00 am											
	09:00 am											
	10:00 am	DNS	water									
	11:00 am				NA		0	NA				
	12:00 pm		coconut water									
	01:00 pm											
Total Intake :								**Total Output :**		U-2 M-		
13/7	02:00 pm											
	03:00 pm		ORS									
	04:00 pm		+H2O		NA			NA				
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :		taken						**Total Output :**		U — M —		
13/7	08:00 pm		coconut									
	09:00 pm		ORS									
	10:00 pm				NA			NA				
	11:00 pm		H2O									
	12:00 am											
	01:00 am											
Total Intake :								**Total Output :**		U-2 M-1		
14/7	02:00 am											
	03:00 am											
	04:00 am		ORS									
	05:00 am		H2O		NA			NA				
	06:00 am											
	07:00 am											
Total Intake :								**Total Output :**		U-2 M-0		

Total 24 hrs. Intake		Total 24 hrs. Output	

HNH-00016430 IP26-00006783
Mrs DEEPIKA AGARWAL
01-06-1993 33 Y 1 M 13 D (F)
Dr. SWAPNA SAMUDRALA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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							
14/7/26	08:00 am		Water & Coconut water + ORS		NA		✓		NA	✓		
	09:00 am											
	10:00 am	0									0	M
	11:00 am											
	12:00 pm											
	01:00 pm			✓				✓				
Total Intake : Taken						**Total Output :** U- M-						
14/7/26	02:00 pm											
	03:00 pm		Water & Coconut water + ORS									
	04:00 pm								NA			
	05:00 pm	0			NA			NA			0	NA
	06:00 pm											
	07:00 pm	✓		✓				✓			✓	
Total Intake : Taken						**Total Output :** U- M-						
	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-00016430 IP26-00006783
Mrs DEEPIKA AGARWAL
01-08-1993 33 Y 1 M 13 D (F)
Dr. SWAPNA SAMUDRALA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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-00016430 IP26-00006783
Mrs DEEPIKA AGARWAL
01-08-1993 33 Y 1 M 7 D (F)
Dr. SWAPNA SAMUDRALA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1			9/7 DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0		0	0	0	0	NA	0	0	0	
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1		-	-	-	-	NA	NA	NA	NA	
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2		-	-	-	-	NA	NA	NA	NA	
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3		-	-	-	-	NA	NA	NA	NA	
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4		-	-	-	-	NA	NA	NA	NA	
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5		-	-	-	-	NA	NA	NA	NA	
		Signature of the Nurse											

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

Signature of Shift In Charge :
Signature : Anushod Name : Anushod

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

HNH-00016430 IP26-00006783
Mrs DEEPIKA AGARWAL
01-08-1993 33 Y 1 M 9 D (F)
Dr. SWAPNA SAMUDRALA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1 11/7/26			DAY-2			13/7 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	0	
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1			—	—	—	NA	NA	NA	NA	
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2			—	—	—	NA	NA	NA	NA	
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3			—	—	—	NA	NA	NA	NA	
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4			-	—	—	NA	NA	NA	NA	
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5			—	—	—	NA	NA	NA	NA	
		Signature of the Nurse											

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

Signature of Shift In Charge :
Signature : ..... Name : .....

Signature of Ward In Charge :
Signature : Balarani Name : Balarani

HNH-00016430 IP26-00006783
Mrs DEEPIKA AGARWAL
01-06-1993 33 Y 1 M 11 D (F)
Dr. SWAPNA SAMUDRALA

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	14/9/22 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								
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	0	0								
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2	0	0								
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	0	0								
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	0	0								
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	0	0								
		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 : Rani Name : Rani

Signature of Ward In Charge :

Signature : Balarani Name : Balarani

Patient Sticker

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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 : .....

HNH-00016430 IP26-00006783
Mrs DEEPIKA AGARWAL
01-06-1993 33 Y 1 M 7 D (F)
Dr. SWAPNA SAMUDRALA

BRADEN 'Q' SCALE

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

					Date :	8/7	8/7	9/7	9/7
					Time :	2pm	N1	M6	E2
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.		4	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.		4	4	4	4
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.		4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.		4	4	4	4
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."		4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.		4	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.		4	4	4	4
					TOTAL SCORE	28	28	28	28
					Evaluator's Name	[illegible]	[illegible]	[illegible]	[illegible]

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

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

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

HNH-00016430 IP26-00006783
Mrs DEEPIKA AGARWAL
01-06-1993 33 Y 1 M 7 D (F)
Dr. SWAPNA SAMUDRALA

BRADEN 'Q' SCALE

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

					Date : 9/7	10/7	10/7	11/7
					Time : 8AM	2	8PM	8PM
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	4	4
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
				TOTAL SCORE	28	28	28	28
				Evaluator's Name				

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

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

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

HNH-00016430 IP26-00006783
Mrs DEEPIKA AGARWAL
01-06-1993 33 Y 1 M 9 D (F)
Dr. SWAPNA SAMUDRALA

BRADEN 'Q' SCALE

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

					Date : 12/2 12/2 12/2 14/2 Time : 2pm 6pm 8pm 7am
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 3 4 3
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	20 24 28 27
				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

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

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

Patient Sticker

HNH-00016430 IP26-00006783
Mrs DEEPIKA AGARWAL
01-06-1993 33 Y 1 M 7 D (F)
Dr. SWAPNA SAMUDRALA

Morse Fall Risk Assessment Form

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Choose Highest Applicable Score from each Category		Date / Time	9/7/26 2pm	8/7/26 N1	9/7/26 M6
		Score			
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0		0	0
Secondary Diagnosis (more than one diagnosis)	Yes	15			
	No	0		0	0
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0		0	0
IV / Heparin Lock or Saline	Yes	20	20	20	20
	No	0		0	0
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10			
	Normal /On Bed Rest /Immobile	0		0	0
Mental Status	Forgets limitations	15		0	0
	Oriented to own ability	0			
Total Morse Fall Scale Score:			20	20	20
		Signature	Anbu	RAJ	

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

Patient Sticker

HNH-00016430 IP26-00006783
Mrs DEEPIKA AGARWAL
01-06-1993 33 Y 1 M 7 D (F)
Dr. SWAPNA SAMUDRALA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	9/7/26	9/7	
		Score	EL	8PM	8AM
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0	0	0	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	0	0	0
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10			
	Normal /On Bed Rest /Immobile	0	0		0
Mental Status	Forgets limitations	15			
	Oriented to own ability	0	0	0	0
Total Morse Fall Scale Score:			20	20	20
		Signature			

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

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

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

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

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

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

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

HNH-00016430 IP26-00006783
Mrs DEEPIKA AGARWAL
01-06-1993 33 Y 1 M 7 D (F)
Dr. SWAPNA SAMUDRALA

Morse Fall Risk Assessment Form

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Choose Highest Applicable Score from each Category		Date / Time	10/7	12/7	12/7
		Score	8PM	10AM	4pm
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

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

HNH-00016430 IP26-00006783
Mrs DEEPIKA AGARWAL
01-06-1993 33 Y 1 M 7 D (F)
Dr. SWAPNA SAMUDRALA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

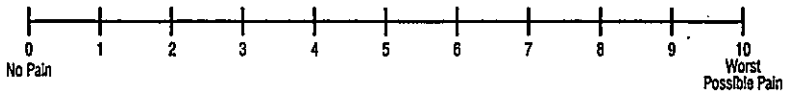
PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
8/7/26	2PM	0-2	abdomen	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
8/7/26	10PM	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
9/7/26	10AM	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
9/7/26	2PM	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
9/7/26	6PM	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
10/7	12AM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
10/7	4AM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
10/7	8AM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
10/7	11AM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
10/7	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

HNH-00016430 IP26-00006783
Mrs DEEPIKA AGARWAL
01-06-1993 33 Y 1 M 7 D (F)
Dr. SWAPNA SAMUDRALA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PAIN ASSESSMENT FORM

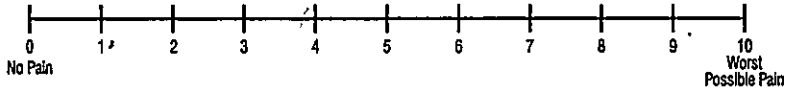
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
10/7	8Pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
11/7	12AM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
11/7	4AM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
11/7	8AM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
11/7/26	10pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
12/7	10AM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
12/7	3pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
12/7/26	8pm	0/10	NA	☐ Continuous ☑ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
12/7	11Pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
13/7	8Am	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

HNH-00016430 IP26-00006783
Mrs DEEPIKA AGARWAL
01-06-1993 33 Y 1 M 11 D (F)
Dr. SWAPNA SAMUDRALA

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PAIN ASSESSMENT FORM

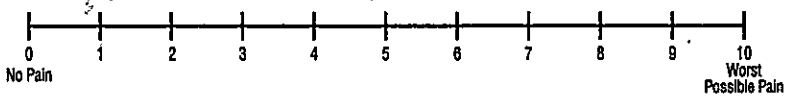
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
14/7/26	10Am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
14/7/26	2pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
14/7/26	8pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ 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:
   a) At least every 2 hours for the first 24 hours
   b) Then every 4 hours.
   c) Prior to pain pain-relieving intervention.
   d) Within 30 – 60 minutes after pain relief intervention.

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

CATEGORY	SCORING		
	0	1	2
Face	No Particular expression or smile	Occasional Grimace or Frown, withdraw, Disoriented	Frequent to constant frown, quivering chin, clenched jaw
Legs	Normal Position or Relaxed	Uneasy, restless, tense	Kicking, or legs drawn up
Activity	Laying quietly normal position, moves easily	Squirming shifting back and forth, tense	Arched, right, or Jerking
Cry	No Cry (Awake or asleep)	Moans or whimpers occasional complaint	Crying steadily, screams of sobs, frequent complaints
Consolability	Content, relaxed	Reassured by occasional touching, hugging, or being talked to, distractible	Difficult to console or comfort

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

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

HNH-00016430 IP26-00006783
Mrs DEEPIKA AGARWAL
01-06-1993 33 Y 1 M 7 D (F)
Dr. SWAPNA SAMUDRALA

NURSING CARE RECORD

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: .....

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning				NA			
Afternoon	8pm 8pm	=◂ plan for vitals =◂ plan for medicat — tion =◂ plan for I/o chart =◂ plan for NBM	2pm 8pm	=◂ vitals Normal =◂ Medication given as per chart =◂ I/o chart Main tained =◂ NBM continued	stable.	Conscious coherant after 2 hours Reassessment)	Anu
Night	8pm 6am	→ Assess the pt condition → Check the vital's → I/o chart Maintained → Plan for NBM. → Plan for Medication	8pm 6am	→ Assessed pt condition → checked vitals & noted. → Maintained I/o chart → still Morning NBM → given Medication as per doctor's order.	Vital's is Normal	pt is stable	Anusha

HNH-00016430 IP26-00006783
Mrs DEEPIKA AGARWAL
01-06-1993 33 Y 1 M 8 D (F)
Dr. SWAPNA SAMUDRALA

NURSING CARE RECORD

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 9/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8 am / 2 pm	- Assess the pt condition - Monitor vitals - Maintain I/O Chart - Medication Given as per drug chart	8 am / 2 pm	- Assessed the pt condition - Monitored vitals - Maintained I/O Chart - Medication Given as per drug chart	pt is Stable	Re checked vitals	
Afternoon	2 pm / 8 pm	→ Assess the pt condition. → monitor the vitals. → maintain I/o chart. → drugs give as per drug chart.	2 pm / 8 pm	→ Assessed the pt condition. → monitored the vitals. → maintained I/o chart. → drugs given as per drug chart.	→ pt is stable Now.	→ Re assessed the vitals	
Night	8 pm / 8 Am	⇒ Assess the pt condition ⇒ monitoring vitals checked and recorded ⇒ I/o chart maintained.	8 pm / 8 Am	→ Assessed the pt condition ⇒ Administration & medication given as per doctor orders → I/o chart maintain	→ Pt is stable	→ Re - checked vitals	

HNH-00016430 IP26-00006783
Mrs DEEPIKA AGARWAL
01-06-1993 33 Y 1 M 9 D (F)
Dr. SWAPNA SAMUDRALA

NURSING CARE RECORD

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 10/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8Am → 2pm	→ Plan for vitals → Plan for I/O chart. → Plan for medication.	8Am → 2pm	→ vitals checked & recorded. → Maintaining I/O chart. → All medications given	→ vitals is normal	→ PT is stable	Madhu
Afternoon		Day					
Night	8pm To 8Am	→ Assess the pt condition → plan for vitals → plan for I/o chart → plan for medication	8pm To 8Am	→ Assessed the pt condition → vital are checked & recorded → all medication given as per doctor order	I/o chart maintained	patient is stable	Sri Sujatha

Patient

HNH-00016430 IP26-00006783
Mrs DEEPIKA AGARWAL
01-06-1993 33 Y 1 M 10 D (F)
Dr. SWAPNA SAMUDRALA

NURSING CARE RECORD

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 11/7/26

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							
Afternoon							
Night	8pm ↓ 8am	→ Assess the patient general condition → monitor vitals → Administer medications as Per doctors orders	8pm ↓ 8am	→ Assessed the patient general condition → monitored vitals → Administered medications as Per doctor's orders	Patient is stable	Rechecked vitals	

HNH-00016430 IP26-00006783
Mrs DEEPIKA AGARWAL
01-06-1993 33 Y 1 M 11 D (F)
Dr. SWAPNA SAMUDRALA

NURSING CARE RECORD

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

Date: 12/4/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8AM to 2pm	⇒ Assess the pt condition ⇒ monitor vitals 4hrly ⇒ Maintain I/O chart ⇒ Administer medication as per drug chart		⇒ Assessed the pt condition ⇒ Monitored vitals & recorded ⇒ maintained I/O Chart ⇒ Administer medication as per drug chart	Pt is stable	⇒ Rechecked vitals	
Afternoon				DAY			
Night	8PM to 8AM	Assess the pt condition. monitor vitals 4hrly. Maintain I/O chart. Provide the comfortable position. Medication give as per as doctor order.	8PM to 8AM	Assessed the pt condition. monitored vitals 4hrly. maintained I/O chart. Provided the comfortable position. medication given as per as doctor orders.	⇒ pt is stable ⇒ vitals normal	⇒ monitor vitals ⇒ maintain I/O Chart	

Patient Sticker

HNH-00016430 IP26-00006783
Mrs DEEPIKA AGARWAL
01-06-1993 33 Y 1 M 11 D (F)
Dr. SWAPNA SAMUDRALA

NURSING CARE RECORD

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 13/7/26

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 4pm	↳ Assess the pt condition. ↳ monitor the vital ↳ maintain. I/O chart. ↳ drugs give as per drug chart.	8AM 2pm	↳ Assessed the pt condition ↳ monitored the vitals. ↳ maintained I/O chart. ↳ drugs given as per drug chart.	↳ pt is stable now	↳ Reassessed the vitals	
Afternoon	2pm 8PM	→ ~~Assess the~~ Pt condition → ~~monitor the~~ vitals → ~~maintain~~ I/O chart → medication as per drug chart	2pm 8PM	→ ~~Assessed the~~ pt condition → ~~monitored the~~ vitals → ~~maintained~~ I/O chart → ORS/RL alternate → drug as per chart	→ pt is stable	→ rechecked vitals	
Night	8pm to 8AM	⇒ Assess the pt condition. ⇒ monitor the vitals ⇒ medication as Pr. drug chart	8pm to 8AM	⇒ Assess the pt condition ⇒ monitored the vitals. ⇒ drug as per chart	pt is a stable	re-checked vitals	

HNH-00016430
Mrs DEEPIKA AGARWAL
01-08-1993 33 Y 1 M 13 D (F)
Dr. SWAPNA SAMUDRALA
IP26-00006783

NURSING CARE RECORD

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 14/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am 2pm	- Assess the Pt condition - Monitor vitals - Maintain I/O Chart - Medication Given as per drug Chart	8am 2pm	- Assessed the Pt condition - Monitored vitals - Maintained I/O Chart - Maintained I/O Chart - Medication Given as per drug Chart	Pt is Stable	Re-checked vitals	Mamatha
Afternoon		Day					
Night							

HNH-00016430 IP26-00006783
Mrs DEEPIKA AGARWAL
01-06-1993 33 Y 1 M 11 D (F)
Dr. SWAPNA SAMUDRALA

NURSING CARE RECORD

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: .....

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 Rëduce Anxiety
- ☐ Patient & Family Education
- ☐ Identify Potential Complications
- ☐ Any Others. Specify.....

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

HNH-00016430 IP26-00006783
Mrs DEEPIKA AGARWAL
01-06-1993 33 Y 1 M 7 D (F)
Dr. SWAPNA SAMUDRALA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING SHIFT HAND OVER FORM - WARD

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

SITUATION

Diagnosis: Acute cholecystasis

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

BACKGROUND

Area / Shift Time	8/7/26 E	8/7/26 N1	9/7 M	9/7 E	9/7 N	10/7
Medical Condition (Any special condition to be noted):	NA	NA	NBM	NBM	Liquid	NBM

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:	98.7F	98.1°F	98.6°F	98.1°F	98.3F	98.F
Res:	20	20	20/m	20b/m	20b/m	20
SpO_2:	99%	98%	99	99%	100%	105
Pulse:	90	76	80	81b/m	80b/m	81b/m
BP:	122/62	121/76	127/80	120/79	121/78	120/81
Fall Risk Score:	0		0	0	0	—
Pain Score:	0-2	0-1	Good	0-1	Good	—

Recommendations

Safety Needs:	Yes	Yes	Yes	Yes	Yes	—
Physiotherapy	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Others Specify:	NO	NO	—	NO	—	—
Special Diet:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Other Special Orders / Medications:	NBM	NBM	—	NBM.	NA	—
Post Operative Procedure Special Orders:	—	—	—	—	NA	—
Handed Over By Name :	Anusha	Anusha	G. Supriya	Mouthushi	Amrutha	—
Signature :						
Date:	8/7/26	9/7/26	9/7/26	9/7/26.	10/7/26	Madhu 10/7
Time:	8pm	8am	2pm	8pm.	8Am	8pm
Taken Over By Name :	Anusha	Madhu	Mouthushi	Sujatha	Madhu	Sujatha
Signature :						
Date:	8/7/26	9/7	9/7/26	9/7/26	10/7/26	10/7
Time:	@8pm	8Am	2pm.	8Pm	8Am	8pm

HNH-00016430 IP26-00006783
Mrs DEEPIKA AGARWAL
01-06-1993 33 Y 1 M 7 D (F)
Dr. SWAPNA SAMUDRALA

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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	10/7/26 8PM	11/7/26 NS	12/7/26 MS	12/7/26 AN	13/7 AC	13/7/26 ES
	Medical Condition (Any special condition to be noted):	NA	NA	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:	97F	98.3	98.6°F	98.6°F	98.1°F	97.1°F
	Res:	20	20	20bm	20bm	20bm	20bm
	SpO_2:	99%	99%	99%	99%	99%	98%
	Pulse:	85	85bpm	86bm	87bm	85bl	80bm
	BP:	110/75	110/80	120/80	120/80	120/71	110/75
	Fall Risk Score:	—	—	—	—	—	—
	Pain Score:	—	—	—	—	—	—
Recommendations	Safety Needs:	NA	NA	NA	NA	NA	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 :		Swathi	Sandhya	Swathi	Sne	Mahi	Divya
Signature :		Rj	DH	S	13/7/2603 P	E	D
Date:		10/7/26	12/7/26	12/7/26	13/7	13/7	13/7/26
Time:		8pm	8am	8pm	8A	2pm	8pm
Taken Over By Name :		Sandhya	Swathi	Sneha	mahi	Divya	Nadia
Signature :		DH	S	13/7/2603	E	D	N
Date:		12/7/26	12/7/26	13/7	13/7	13/7/26	13/7/26
Time:		8am	8am	8pm	8AM	2PM	8pm

HNH-00016430 IP26-00006783
Mrs DEEPIKA AGARWAL
01-06-1993 33 Y 1 M 11 D (F)
Dr. SWAPNA SAMUDRALA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:				Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:		
	Surgery / Procedure:				Post OP Day:		
BACKGROUND	Date / Shift	14/7/26 M5					
	Medical Condition (Any special condition to be noted):	NA					
	Diet:	-					
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):	-					
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.6°F					
	Res:	20 b/m					
	SpO_2:	99%					
	Pulse:	89 b/m					
	BP:	118/76					
	LOC:	-					
	Fall Risk Score:	-					
	Pain Score:	"0"					
	Skin Integrity	Good					
Recommendations	Safety Needs:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:	-					
	Others Specify:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:	-					
	Critical Lab Test / Values:	-					
	Other Special Orders / Medications:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):	-					
Post Operative Procedure Special Orders:		-					
Handed Over By Name :		Manisha M					
Signature / ID :							
Date:		14/7/26					
Time:							
Taken Over By Name :							
Signature / ID :							
Date:							
Time:							

Patient Sticker

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING SHIFT HAND OVER FORM

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

Department of Anaesthesiology

PRE-ANAESTHETIC EVALUATION

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

BirthRight™ BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

Name: Mrs. DEEPIKA AGARWAL Age: 33 Sex: F UHID.No : HNH-16430

Date: 10/7/26 Time: 11:00Am Proposed Operation:

Diagnosis: ACUTE CHOLECYSTITIS

B.P / CRT: H.R: Weight: 89 kg ASA Physical Status: ☐ 1 ☑ 2 ☐ 3 ☐ 4 ☐ 5

8/7/26

Laboratory Data:

Hgb: 11.5	Glucose:	Protein:	HIV:	X-Ray: ↑ B.V markings
PCV: 33.9	Urea:	Alb:	HBS Ag:	ECG:
WBC: 11340	Creat:	Total Bill:	HCV:	2D Echo:
Plate: 2.7 lakh	Na:	Dir. Bill:	Blood group:	Stress/Anglo:
PT:	K:	LDH:	T3	Other:
PTT:	Ca++:	Alk phos:	T4	
INR:	Mg++:	Amylase:	TSH	
	Cl -:	SGOT/SGPT:		

Allergies: NIL

Medical History: CVS : –

RESP : SOB on exertion - 1 month Diabetes : –

CNS : –

Renal : –

Hepatic / GE : on & off cholecystitis pain Abd. - 2021 Physical Activity: METS > 4

Others : known HYPOTHYROID - 1 month

Past Anaesthetic History: 2 SCS ↓ SAB (2021)

Physical Exam:

Airway: MP 1 (2) 3 4 Mouth Opening: 2F Mentohyoid Distance: 3FB Neck: Short Teeth: (N) Alignment

Lungs : BAE (+), clear Breath holding : 21 sec

Heart: S_1S_2 (+)

CNS: NAD

Pregnant: ☐ Yes ☑ No ☐ NA Peripheral (+) Venous Access Site : Spine Exam for regional : Midline

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

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

CURRENT MEDICATIONS	DOSAGE
on T. THYRONORM	25mcg OD

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:
   (1) ECG, 2D Echo, RFT, LFT
   (2) Consent due

Signature: Name: Dr. SK. Ayesha

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

Patient Sticker

ANAESTHESIA CHART

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Pre Induction Assessment:

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

H.R:	B.P / CRT:	SpO_2:	R.R:	Last Feed:

Pre-OP Diagnosis: ..... Operation: ..... Date : .....

Surgeon: ..... Anaesthesiologist: ..... Technician: .....

TIME

N_2O /AIR /O_2 LPM:

HALO /SO /SEVO

Drugs:

Antibiotic

Suppository

Blood Loss

FIO_2 / SaO_2

$ETCO_2$

ECG

Temperature

Urine Output

NOTES

Fluids
Blood

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

Tourniquet on Time
Tourniquet off Time

Throat Pack In
Throat Pack Out

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

LAB Values

ABG

GRBS

Others

☐ Equipment Checked and Functional
☐ BP
☐ Cuff Site: .....
☐ Art Site: .....
☐ EKG Lead
☐ Temp Site
☐ FIO_2 Monitor
☐ Agent Monitor
☐ Pulse Oximeter
☐ Capnograph
☐ Ventilator
☐ Nerve Stimulator

Position: .....
☐ Pressure Points Checked

Eye Care:
☐ Oint
☐ Tape
☐ Padding
☐ Awake

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

Times:
Anaes Start: .....
OP Start: .....
OP End: .....
Leave OR: .....

Anaesthesia:
☐ GA
☐ Monitored Anaesthesia Care
☐ Regional

Line (Size & Location)
☐ CVP: .....
☐ ART: .....
☐ IV: .....
☐ 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: .....
Site: .....
Needle Size: ..... Depth: .....
Parasthesia ☐ Yes ☐ No
Catheter at skin ..... cm
Drug Name & Conc: .....
Bolus: .....
Infusion: .....
Block Level: .....
Comments: .....

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

Name of the Doctor : .....

Signature of the Doctor : .....

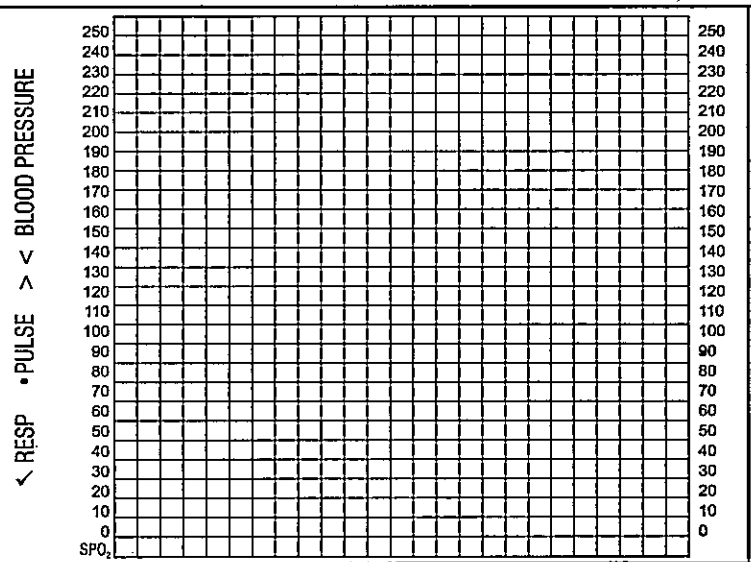
Patient Sticker

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : ..... Time Received : ..... Time Discharged : .....



IV Cannula Site : .....

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

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

IV Fluids: .....
Oral Feeds: .....

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						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						
BP ± 20 of Pre Anaesthetic leve BP ± 20-50 of Pre Anaesthetic leve BP ± 50 of Pre Anaesthetic leve	= 2 = 1 = 0 CIRCULATION						
Fully awake Arousable on calling Not responding	= 2 = 1 = 0 CONSCIOUSNESS						
Pink Pale, dusky, blotchy, jaundiced, other Cyanotic	= 2 = 1 = 0 COLOR						
	TOTAL						

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature

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 : .....

Anaesthesiologist Signature: .....

Date & Time: .....

PACU Nurse Name : .....

PACU Nurse Signature: .....

Date & Time: .....

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

Date & Time: .....

Patient Sticker

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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 TRANSFER FORM

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00016430 IP26-00006783 Mrs DEEPIKA AGARWAL 01-06-1993 33 Y 1 M 7 D (F) Dr. SWAPNA SAMUDRALA Dr. Sweapna.	8/7/26 @ 1:06 pm	9/7/26 @ 12:30 pm
	Transfer Ordered by Dr. Veena	Reason for Transfer OBS
From Unit OBS	To Unit Room (306)	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File -35-	Number of Imaging Films - NIL -	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.		
2.		
3.		
4.		
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Dr. Naveena.	[illegible]

Patient & Clinical Records Received by : [illegible] 9/7/26 @ 12:50pm

Date & Time of Patient Received :

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

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

PATIENT TRANSFER FORM

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

HNH-00016430 IP26-00006783
Mrs DEEPIKA AGARWAL
01-06-1993 33 Y 1 M 10 D (F)
Dr. SWAPNA SAMUDRALA

	Date & Time of Admission	Date & Time of Transfer Order
	08/07/26 @ 1:06pm.	4/07/26 @ 1:48 pm
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
Dr. Swapna	Dr. Manisha	OBS
From Unit	**To Unit**	**Information to Attendant**
OBS	ROOM	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
35	2D Echo - ① X-ray - ② MRCP ® - ①	Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.		
2.		
3.		
4.		
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Dr. Manisha.	kalpa

Patient & Clinical Records Received by : 1:48 pm

Date & Time of Patient Received : 4/7/26

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

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