

5 BP - 6:30

Dr. Rajani Kumar

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

ESTIMATION SLIP

Date: 6/6/26 UHID / IP No.: BAH-00524030 SI No. 1576
Name of Patient: Mrs. P. Sai Kirithya Age: 33yr Gender: F
Father's / Husband's Name: Mr. Additya Corporate / Occupation: _____
Address: Tant Band Phone: 9908626219 Email: 98LG301139
Procedure / Plan: MD/LSGS EDD/Dos: July-26
MODE OF PAYMENT: ☐ SELF ☒ TPA: Future ☐ GIPSA: _____ OTHER _____

TARIFF INFORMATION :

General

Particulars	Package Amounts (Rs.)	
Room Category	Normal Delivery	LSCS
Multi Shared Ward		
Shared Ward		
Twin Shared Ward →	97k	1.12k
Private Room →	1.15k	1.32k + 50,000
Super Deluxe Room		
Suite Room	+ Non Payable Entire 15k to 20k	
Package includes (Package starts from the time of admission)	Room Rent, Nursing Charges, Doctors Fee, Surgeon's Fee and Labour Ward Charges	Room Rent, Nursing Charges, Doctors Fee, Surgeon's Fee Anesthetist's Fees and OT Charges
	Length of Stay for: <u>2 Days</u>	Length of Stay for: <u>3 Days</u>
	Pharmacy up to <u>9,000/-</u>	Pharmacy up to <u>12,000/-</u>
	Investigations up to <u>2,500/-</u>	Investigations up to <u>3,000/-</u>
Others	Well baby care 25k to 35k	

Neonatologist Charges: ☐ Covered ☐ Not Covered Epidural / Entonox: ☐ Covered ☐ Not Covered

Initial Minimum Deposit: 10,000/- Advance

REMARKS: Neonatal, Vaccination, SBR, B1G

- Room eligibility is purely subject to TPA approval and the Package / Room Tariff starts from the time of admission. The estimated amount may Change according to duration of stay, medical condition, investigations, pharmacy and any other procedure.
- Proportionate difference of bill amount is applicable in case the patient opts for a category higher than the TPA approved, which has to be paid by the patient and may not be reimbursed by the TPA at later stage.
- Total baby charges are extra which include admission, pharmacy, vaccinations, investigations, disposables, consumables, equipments, speciality consultations, etc.
- In Case the patient gets discharged earlier than the packages permitted days, no refund of any type is applicable and if the length of stay is beyond the package permitted, additional payment is applicable for which kindly contact the Financial Counselling desk between 9am to 6pm
- For Non-medicals, Disposables, Consumables, Taxes, Kiwi Cup charges, Implants, Tubectomy charges, HIV/HbsAg, Anti-D, Medical Records, Double Occupancy and Registration Charges, etc. credit cannot be exchanged. These items are not payable to us as per Insurance company norms.
- Difference if any between the final bill amount and amount permitted/approved by TPA or total bill amount in case of denial from TPA has to be paid by the patient. In case of denial, cash tariff would be applicable.
- Two attendants are permitted with patients in SDLX, DLX and PVT rooms and only one attendant is permitted in the rest of the categories of rooms and no attendant is permitted in ICU's
- Tariffs are subject to revision
- Kindly check your billing status on day to day basis at IP Billing Department.
- Additional Charges on package are applicable for Non-working hours and Non-working days (sundays and public holidays)

DECLARATION

I Additya Saikiran have attended the Financial counseling desk and understood the expected costs and other conditions applicable. In case the TPA / Insurance Company rejects the claim for whatsoever reasons at any point of time I promise to settle the hospital bill with the hospital without any ambiguity.

Signature of the Client

Signature Relationship

Signature of the financial Counselor

BAH-00524030
Mrs P SAI NITHYA
03-02-1993 33 Y 4 M 23 D (F)
Dr. RAJANI KUMARI

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SURGERY DETAILS

Date : 26/6/26

Patient Name: Sai Nithya Date of Birth: 03-02-1993 Age: 33y

Gender: Female Ward: OT-2 UHID No: BAH-00524030

Date of Surgery: 26/6/26 ☒ OT-1 ☐ OT-2 ☐ OT-3 ☐ OT-4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery: Emergency US + cesarean hysterectomy

Time in : 5 AM

Time Out : 6:30 am

	NAME	AMOUNT
1. Surgeon	Dr. Rajani / Dr. PV Reddy	
2. Anaesthetist	Dr. Sanger	
3. Assistant Surgeon	Dr. Suresh HV	
4. OT Technician	Dr. Aravind	
5. Circulating Nurse	Sr. Madhupathy	
6. Assistant Nurse	Sr. Sangeetha	

Special Equipment: ☐ Laparoscopy ☐ Bronchoscope ☐ Harmonic ☐ Morcelator
☐ C-ARM ☐ Cystoscopy ☐ Versa Point ☐ Liver Cusa
☐ Neuro Cusa ☐ Others


Signature of the Surgeon


Signature of Circulating Nurse

Order No: 26-0000206295

Order by: Sangeetha



CONSUMABLES OF OT

Circulating staff : Technician : Arvind Date 26/06/26 Time :

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube			Major Pack <u>25cs drop</u>			Inj Vit.K		<u>01</u>
LMA			Sutures <u>2346, 2762</u>			Cord Clamp		<u>01</u>
ECG leads : A / P / N			<u>4241, 4278</u>			Suction Catheter <u>8</u>		<u>01</u>
HME filter : A / P / N			<u>4259</u>			Feeding Tube		
Syringes : 10 cc						Vaccum Suction Set		
05 cc			Gloves <u>S.G 6 1/2</u>			Surgical Gloves <u>S.G 6 1/2</u>		<u>01</u>
02 cc			<u>EN 6 1/2</u>			Gauze Pack		<u>02</u>
01 cc						Syringe 1ml / 2ml		<u>01</u>
Cautery plate : A / P / N			Surgical blade <u>22</u>			Surgical Blade # 20		<u>01</u>
IV set			NG tube			Koochies (S)		
RL			Cautery pencil			<u>Durodurm</u>		<u>01</u>
NS : 10ml / 100ml / 500ml / 1000ml			Koochies					
<u>Oxytocin</u>			Ointments					
<u>Troxen</u>			Suction Catheter					
Fentanyl			Cap, Mask					
Morphine			Gauze Pack					
Ketamine			Mop Pack					
Propofol			Steristrip					
Rocuronium			Underpad					
Glycopyrolate			Draw sheet					
Myopyrolate			Abgel					
Ondansetron			Foleys catheter					
<u>27</u> Pencil 22 / Spinal Needle 22			Urobag					
Bupivacaine 0.25%			Chest Drainage Catheter					
Bupivacaine 0.25% (Heavy)			Romodrain bag					
Antibiotics			Bandage					
			Tegaderm					
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg			Vaccum Suction set					
Justin : 12.5 mg / 25mg / 100mg			Plastic Bed Sheet <u>Aprons</u>					
Tab. Misoprost : 200mg			Betadine Solution					
<u>Encore 7.0 ulong</u>			Microshield					
<u>Encore 7.5x7.5</u>			Cotton Balls					
			Latex Gloves					
			Ramdione Scrub					
			Saral					

Surgeon

Anaesthesiologist

Nurse

OT Technician

Order No. : 26-0000208306/305 Ordered by : Aravinda 26/6/26

Doc. No. : RCH / FRM / GENERAL / 125 285

Rainbow Childrens Hospital-Himayatnagar

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



ELECTRONIC MEDICINE PRESCRIPTION

MRN	: BAH-00524030	Name	: Mrs P SAI NITHYA
Age / Sex	: 33 Y 4 M 23 D / Female	Doctor	: RAJANI KUMARI
Adm/Reg Date/Time	: 25/06/2026 22:54	Payor	: GENERALI CENTRAL INSURANCE COMPANY LIMITED
Order Date	: 26/06/2026 08:58	Ordernumber	: 26-0000208305
Visi	: IP26-00006649	Ward/Bed No	: 4F -OT / LDR-416
Patient Address	FLAT NO. 307,VAIBHAV KUNCH,LOWER TANKBAND ROAD, Gandhi Nagar, Hyderabad, Telangana, INDIA, 110005		

S.No	Description	Generic Name	Dosage	Route / Frequency				
1	VICRYL 1-0 VP 2346	VICRYL 1-0 VP 2346	1 Nos	/ Once Daily	2 Days		2 Nos	Ordered
2	TRUGUT CHROMIC CATGUT SN4241	TRUGUT CHROMIC CATGUT SN4241	1 Nos	/ Once Daily	1 Days		1 Nos	Ordered
3	TRUGUT CHROMIC CATGUT SN 4278		1 Nos	/ Once Daily	1 Days		1 Nos	Ordered
4	BIOXAMIC 500 MG INJ		1 Ampule	/ Once Daily	1 Days		2 Ampule	Ordered
5	MISOPROST TAB 200MCG 4S		1 Tabs	Rectal / Once Daily	1 Days		4 Tabs	Ordered
6	BUPICAIN HEAVY 80MG INJ 4ML		1 Nos	/ Once Daily	1 Days		1 Nos	Ordered
7	PENCAN 27G (B/BRAUN)		1 Nos	External / 1-2 TIMES A DAY	1 Days		1 Nos	Ordered
8	ABGEL SURG PAD (BIG) (GELSPON)	ABGEL	1 Nos	/ Once Daily	2 Days		2 Nos	Ordered
9	TRUGUT CHROMIC CATGUT SN4259	TRUGUT CHROMIC CATGUT SN4259	1 Nos	/ Once Daily	1 Days		1 Nos	Ordered
10	ENCORE MICROPTIC GLOVES-7 PF		1 Nos	/ Once Daily	1 Days		1 Nos	Ordered

RAJANI KUMARI

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Note

* This prescription is valid only for specified duration.

* Do not refill medicines.



ELECTRONIC MEDICINE PRESCRIPTION

MRN : BAH-00524030 Name : Mrs P SAI NITHYA
 Age / Sex : 33 Y 4 M 23 D / Female Doctor : RAJANI KUMARI
 Adm/Reg Date/Time : 25/06/2026 22:54 Payor : GENERALI CENTRAL INSURANCE COMPANY LIMITED
 Order Date : 26/06/2026 08:58 Ordernumber : 26-0000208306
 Visit ID : IP26-00006649 Ward/Bed No : 4F -OT / LDR-416
 Patient Address : FLAT NO. 307,VAIBHAV KUNCH,LOWER TANKBAND ROAD, Gandhi Nagar, Hyderabad, Telangana, INDIA, 110005

S.No	Description	Generic Name	Dosage	Route / Frequency				
1	DEXTROSE 5 % 500 ML CLOSED BOTTLE		1 Nos	Injection / Once Daily	1 Days		1 Nos	Dispensed
2	EVATOCIN (OXYTOCIN) INJ 5 IU 1 ML		1 Vial	Injection / Once Daily	1 Days		10 Vial	Dispensed

RAJANI KUMARI

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040-48873000, info@rainbowhospitals.in



ELECTRONIC MEDICINE PRESCRIPTION

MRN	HNH-00016175	Name	: Baby Of P SAI NITHYA
Age / Sex	0 Y 0 M 0 D 5 H / Female	Doctor	: S TEJASWI REDDY
Admission Date/Time	: 26/06/2026 05:40	Payor	: SELF PAY
Order Date	26/06/2026 09:05	Ordernumber	: 26-0000208313
Visit ID	: IP26-00006651	Ward/Bed No	: 4F -OT / CRDL-HNPDA-415-1
Patient Address	: FLAT NO. 307,VAIBHAV KUNCH,LOWER TANKBAND ROAD, Gandhi Nagar, Hyderabad, Telangana, INDIA, 110005		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	SURGICAL BLADE 20	SURGICAL BLADE 20	1 Nos	External / Once Daily	1 Days		1 Nos	Ordered
2	CORD CLAMP- ALPHAMEDICARE		1 Nos	External / 1-2 TIMES A DAY	1 Days		1 Nos	Ordered
3	DUODERM EXTRA THIN 10X10 CM(187955)	HYDROCOL THIN EXTRA 10X10	1 Nos	External / Once Daily	1 Days		1 Nos	Ordered
4	SGLOVE # 6.5 (SURGICARE)	SURGICAL GLOVES 6.5	1 Nos	External / Once Daily	1 Days		1 Nos	Ordered
5	DSYRINGE 1ML (NIPRO)	SYRINGE 1ML	1 Nos	External / Once Daily	1 Days		1 Nos	Ordered
6	EASYCLOT-K1 1MG INJ 0.5 ML		1 Nos	Injection / 1-2 TIMES A DAY	1 Days		1 Nos	Ordered
	SUCTION CATHETER 6 ROMSONS		1 Nos	External / Once Daily	1 Days		1 Nos	Ordered

S TEJASWI REDDY

Reg No : APMC/FMR/94068

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ELECTRONIC MEDICINE PRESCRIPTION

MRN : BAH-00524030 Name : Mrs P SAI NITHYA
Age / Sex : 33 Y 4 M 23 D / Female Doctor : RAJANI KUMARI
Adm/Reg Date/Time : 25/06/2026 22:54 Payor : GENERALI CENTRAL INSURANCE COMPANY LIMITED
Order Date : 26/06/2026 04:40 Ordernumber : 26-0000208285
Visit ID : IP26-00006649 Ward/Bed No : 4F -OT / LDR-416
Patient Address : FLAT NO. 307,VAIBHAV KUNCH,LOWER TANKBAND ROAD, Gandhi Nagar, Hyderabad, Telangana, INDIA, 110005

S.No	Description	Generic Name	Dosage	Route / Frequency				
1	VICRYL 1-0 VP 2346	VICRYL 1-0 VP 2346	1 Nos	/ Once Daily	2 Days		2 Nos	Ordered
2	UNDERPADS 60X90 BUTTERFLY		1 Nos	External / 10 AM	1 Days		1 Nos	Ordered
3	VICRYL 2-0 NW 2762	VICRYL 2-0 NW 2762	1 Nos	/ Once Daily	1 Days		1 Nos	Ordered
4	BACTOPREP SOLUTIONS 100 ML		1 mL	/ Once Daily	1 Days		1 Nos	Ordered
5	VACCUME SUCTION SET		1 Nos	External / Once Daily	1 Days		1 Nos	Ordered
6	GAUZE PACK STERILE 10X10X12 PLY 5S	GAUZE PACK STERILE 10X10X12 PLY 5 PACK	1 Nos	External / Once Daily	1 Days		1 Nos	Ordered
7	SURGICAL BLADE 22	SURGICAL BLADE 22	1 Nos	External / Once Daily	1 Days		1 Nos	Ordered
8	CAUTERY PENCIL (ADVANCE)		1 Nos	External / Once Daily	1 Days		1 Nos	Ordered
9	LSCS DRAPE PACK (PROTECTCARE)		1 Nos	/ Once Daily	1 Days		1 Nos	Ordered
10	Encore Microptic gloves-6.5		1 Nos	/ Once Daily	1 Days		1 Nos	Ordered
11	SGLOVE # 6.5 (SURGICARE)	SURGICAL GLOVES 6.5	1 Nos	External / Once Daily	1 Days		2 Nos	Ordered
12	MISOPROST TAB 200MCG 4S		1 Tabs	External / Once Daily	1 Days		4 Tabs	Ordered
13	DISPOSABLE APRONS STERILE XL	DISPOSABLE APPRON STERILE XL	1 Nos	/ Once Daily	3 Days		3 Nos	Ordered
14	PREGELLED SURGICAL PLATES(ADULT)	PREGELLED PLATED ADULT	1 Nos	External / Once Daily	1 Days		1 Nos	Ordered
15	E C.G ELECTRODES (ADULT)	ELECTRODES ADULT	1 Nos	External / Once Daily	1 Days		3 Nos	Ordered
16	JUSTIN SUPPOSITORIES 100 MG 5 S		1 Nos	External / Once Daily	1 Days		1 Nos	Ordered
17	SUPRIDOL SUPPOSITORIES 100 MG 5 S		1 Nos	External / Once Daily	1 Days		1 Nos	Ordered
18	COTTON BALLS 2 GM 5 NOS		1 Nos	External / Once Daily	1 Days		1 Nos	Ordered
19	MOPS 30X30 8PLY 5S X-RAY	MOPS 30X308 PLYDATT	1 Nos	/ Once Daily	2 Days		2 Nos	Ordered

RAJANI KUMARI

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ELECTRONIC MEDICINE PRESCRIPTION

MRN : HNH-00016175 Name : Baby Of P SAI NITHYA
Age / Sex : 0 Y 0 M 0 D 5 H / Female Doctor : S TEJASWI REDDY
Adm/Reg Date/Time : 26/06/2026 05:40 Payor : SELFPAY
Order Date : 26/06/2026 09:05 Ordernumber : 26-0000208314
Visit ID : IP26-00006651 Ward/Bed No : 4F -OT / CRDL-HNPDA-415-1
Patient Address : FLAT NO. 307,VAIBHAV KUNCH,LOWER TANKBAND ROAD, Gandhi Nagar, Hyderabad, Telangana, INDIA, 110005

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	GAUZE 7.5X7.5 12 PLY (5 NOS) NON XRAY	GAUZE 7.5X7.5 12 PLY 5 NOS	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed

S TEJASWI REDDY

Reg No : APMC/FMR/94068

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Name	Mrs P SAI NITHYA	UHID	BAH-00524030
Father/Guardian	Mr AADITYA SAI KIRAN	Age/Gender	33 Y 4 M 23 D/ Female
Address	FLAT NO. 307, VAIBHAV KUNCH, LOWER TANKBAND ROAD, Gandhi Nagar, Hyderabad, Telangana, INDIA, 110005		
IP No	IP26-00006649	Admission Date	25-06-2026
Ref Doctor	Self.		
Discharge Date	28.06.2026		

DISCHARGE SUMMARY

Consultant:

Dr. RAJANI KUMARI
MD (OBGYN)

Diagnosis: G2P1L1 AT 37⁺4 WEEKS WITH PREVIOUS LOWER SEGMENT CAESAREAN SECTION WITH FIBROID COMPLICATING PREGNANCY WITH ALLERGIC BRONCHITIS IN EARLY LABOUR

EMERGENCY LOWER SEGMENT CAESAREAN SECTION DONE ON 26.06.2026

History:

LMP: 05.10.2025

EDD: 12.07.2026

Obstetric formula: G2P1L1

Gestation at admission: 37⁺4 weeks

Obstetric History:

Name	Mrs P SAI NITHYA	UHID	BAH-00524030
IP No	IP26-00006649	Admission Date	25-06-2026

G1 - 2023 - Em LSCS (ind: SGA with ?abnormal Doppler with fibroids), boy, 3years, A&H

G2 - Present pregnancy, Spontaneous conception.

Medical History: K/c/o allergic bronchitis (on and off nebuliser), K/c/o PCOS

Surgical History: LSCS

Allergies: Nil

Family History: Parents - DM + HTN

Antenatal Details:

Mrs P SAI NITHYA was booked to Rainbow hospital at 5+4 weeks of gestation. She had regular antenatal checkups and investigations as advised. Viability scan done on 21.11.2025 showed SLF at 7⁺³ weeks with Multiple fibroids: Right lateral wall intramural fibroid (36x26x24mm) with calcific degeneration FIGO 4, Right lateral fundal fibroid (57x39x46mm) FIGO 4 with calcific degeneration. NT scan was normal with Multiple fibroid. FTS was low risk , screen positive for PE. She had complain of on & off cough since 15-16weeks gestation, pulmonolist consultation was sought. TIFFA showed EIF in LV, rest normal. Fetal Echo was normal. Antenatal steroid (Inj Betamethasone 12mg im) coverage was done (15.06.2026 - 16.06.2026) for fetal lung maturity. Fetal growth monitoring was done by serial growth scan . Scan done on 06.06.2026 showed SLIUP at 34+6weeks with cephalic with placenta posterior with AFI 13.2cm with EFW 2.302kg (22%) with AC 43% with doppler normal with Multiple uterine fibroids:1) anterior right lateral intramural lower corpus fibroid with calcific regeneration 40x31x40mm- FIGO4, 2) Right lateral intramural lower corpus fibroid seen with calcific degeneration 63x39x59mm- FIGO 4. She was

Name	Mrs P SAI NITHYA	UHID	BAH-00524030
IP No	IP26-00006649	Admission Date	25-06-2026

admitted at 37+4 weeks in early labour for Em LSCS.

Investigations: Enclosed
Blood Group : "B" Positive

Management:

Course in hospital and Delivery Details:

At admission on clinical examination the vitals were stable, uterus was mild acting, cervix was uneffaced and Os closed. Fetal well being was confirmed by an admission CTG which was found to be reactive. She was decided for emergency C- section in view of Previous LSCS with fibroid complicating pregnancy in early labour, prepared with indwelling Foley's catheter and IV canula under aseptic conditions. Written informed consent for surgery taken. Preanesthetic check up done. Anesthetic premedication (IV Pantop and Perinorm) given. Patient shifted to theatre.

Surgery Notes:

Under spinal anesthesia she was painted and draped as per hospital protocol. Abdomen opened in layers. The parietal and visceral peritoneum carefully opened after identifying the urachus. Bladder was reflected. A lower segment curvilinear incision given on the uterus. Baby delivered. Cord clamped and cut and cord blood collected for blood grouping and Rh typing. Baby handed over to pediatrician. Placenta delivered with controlled cord traction. Uterus closed in layers. Hemostasis secured. Instruments and swab count checked. Rectus sheath closed. Skin closed with subcuticular sutures. Wound dressing done. Vagina cleaned with Betadine solution after expelling clots. Misoprostol 400

Name	Mrs P SAI NITHYA	UHID	BAH-00524030
IP No	IP26-00006649	Admission Date	25-06-2026

mcg given per rectum as prophylaxis against Postpartum hemorrhage. Patient was shifted out of theatre to post operative recovery room.

*** Intramural fibroid ~6x6 cm at right angle, just above incision line.**

*** Myomectomy done, myoma bed sutured in layer.**

Delivery Details :

Date : 26.06.2026

Time : 05:10 am

Type of Delivery : Emergency lower segment caesarean section

Indication : Previous LSCS with fibroid complicating pregnancy in early labour
Anaesthesia : spinal

Baby Details:

Date : 26.06.2026

Time : 05:10 am

Sex : Female

Weight : 2.8 Kg

Apgar : 8,9

Gestational Age : 37+4 weeks

NICU Admission : No

Post-Operative Notes:

She was closely monitored. Her vital signs remained stable. Uterus was well retracted with no Postpartum hemorrhage. Breast feeding initiated. Persistent tachycardia noted, axon opinion was sought. S creatinine, CBP, CRP, Blood and urine culture and sensitivity sent and traced. She was shifted to room. Her

Name	Mrs P SAI NITHYA	UHID	BAH-00524030
IP No	IP26-00006649	Admission Date	25-06-2026

postoperative period following that was uneventful. On second postoperative day dressing was changed. On 3rd post operative day chest x-ray done, Physician opinion sought.

On inspection wound was healthy. Her general condition was satisfactory and she was found to be fit for discharge. Wound care and medications were explained to patient supplemented by written information. She was given the postpartum book for further reference.

Advice:

1. Tab. Ceftum 500 mg twice daily (8am-8pm) till 05.07.2026 after food.
2. Tab. Calpol 500mg (Paracetamol 500mg) (2tabs) thrice daily till 30.06.2026 (8am-2pm-10pm) after food.
3. Tab. Voveran 50 mg (Diclofenac 50mg) thrice daily till 30.06.2026 (9am-3pm-11pm) after food.
4. Tab. Pantop 40mg twice daily till 02.07.2026 (7am-7pm) before food.
5. Cap Providac 1 tab once daily (1pm) till 05.07.2026.
6. Cap Lactare 2 tablets thrice daily for 1 week .
7. Tab. Livogen (Elemental Iron - 50mg, folic acid 1.5mg) once daily (7am) for three months before breakfast.
8. Tab. Shelcal (Elemental Calcium 500 mg, Vitamin D3 250 IU) once daily (2pm) till breast feeding for after food.
9. Nebasulf Powder for local application.
10. Spirometry x 2weeks.
11. Tab. Emeset 4mg SOS.

Home Blood pressure monitoring to be done **twice daily** for **two weeks**.

Name	Mrs P SAI NITHYA	UHID	BAH-00524030
IP No	IP26-00006649	Admission Date	25-06-2026

Report to emergency if **BP >140/90mmHg**, presence of headache, vomitings, blurred vision, reduced urine output, epigastric pain, seizures.

Review with **Dr. RAJANI KUMARI** after **1 week** on **06.07.2026** at Rainbow Children's Hospital with prior appointment (**Review consultation will be charged**).

For Women Who Have Had a Caesarean Section

Care of the wound:

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

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

Patient/ Attender

In case of emergency like bleeding, fever please refer to postpartum book for

Name	Mrs P SAI NITHYA	UHID	BAH-00524030
IP No	IP26-00006649	Admission Date	25-06-2026

further details - Chapter II page 6 kindly contact 9154865045 at Rainbow Children's Hospital just dial one toll free number - 18002122. You can also take appointments at any time by going online to our website **www.rainbowhospitals.in**

Registrar/Resident/C.M.O

Consultant:

Dr. RAJANI KUMARI
MD (OBS & GYN)

BAH-00524030 IP26-00006649
 Mrs P SAI NITHYA
 03-02-1993 33 Y 4 M 22 D (F)
 Dr. RAJANI KUMARI




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

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

NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
	00.00			
	01.00			
	02.00			
28/6/26	03.00	Budecort (1)		
	04.00	(8977)		
	05.00			
	06.00			
	07.00			
	08.00			
	09.00			
	10.00			
	11.00	Budecort (1)		
	12.00			
	13.00			
	14.00			
	15.00			
	16.00			
	17.00			
29/6/26	18.00			
	19.00	Budecort (2)		
	20.00	(9100)		
	21.00			
	22.00			
	23.00			

BAH-00524030 IP26-00006649
 Mrs P SAI NITHYA
 03-02-1993 33 Y 4 M 23 D (F)
 Dr. RAJANI KUMARI



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NEBULISATION CHART

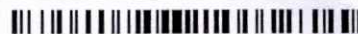
Date	Time	Drug	Nurse	Parents Signature
26/6/26	6PM 00.00	nebulization τ O ₂ resp Budocort	8472 Akhila/rajathi	[Signature]
26/6/26	10PM 01.00	Nebulization τ O ₂ Budocort	Amrutha 8471	[Signature]
	02.00			
	03.00			
26/6/26	8:15PM 04.00	Budocort Budocort	[Signature]	
	05.00			
	06.00			
	07.00			
	08.00			
	09.00			
	10.00			
	11.00			
	12.00			
	13.00			
	14.00			
	15.00			
	16.00			
	17.00			
	18.00			
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			

**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 : IP26-00006649

Admit Date : 25-Jun-2026

Admit Time : 10:54 PM UHID : BAH-00524030

Patient Details :

Patient Name : Mrs P SAI NITHYA

Age : 33 Y 4 M 22 D

Guardian : Mr AADITYA SAI KIRAN

DOB : 03-02-1993

Gender : Female

Religion : Hindu

Occupation :

Martial Status : Married

Address (H) : FLAT NO. 307,VAIBHAV KUNCH,LOWER
TANKBAND ROAD Gandhi Nagar Hyderabad
Telangana INDIA 110005

Phone No : 9908626219/ 9849301139

E-mail : aaditya.sai.kiran@gmail.com

Admission Details :

Bed Type : TWIN SHARING

Bed No : LDR-416

Ward Name : 4F -OT

Room No : LDR-416

Admission Type : First Visit

Contact Details :

Name : Mr AADITYA SAI KIRAN

Relationship : W/O

Contact Address : FLAT NO. 307,VAIBHAV KUNCH,LOWER
TANKBAND ROAD Gandhi Nagar Hyderabad
Telangana INDIA 110005

Phone No : 9908626219


Signature

Doctor Details :

Doctor Name : Dr. RAJANI KUMARI

Specialisation : OBSTETRICS AND GYNECOLOGY

Referral Doctor : Self.

Phone No :

Co-Consultant :

Payment Details :

Deposit Amount : 10000.00

Payment Mode : DC/CC Card

Payor Name : GENERALI CENTRAL INSURANCE
COMPANY LIMITED

ACTIVITY RECORD FOR BILLING

Name : BAH-00524030 IP26-00006649
Mrs P SAI NITHYA
03-02-1993 33 Y 4 M 22 D (F)
Dr. RAJANI KUMARI

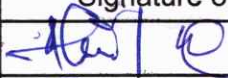
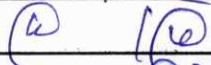
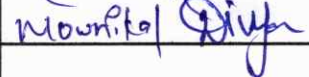
UHID No. : 

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
26/6/26	4.50 AM	Pre & post OT		
26/6	6:30 AM	OT	Pre & post	
26/6	12:30 PM	Pre - post	Room	

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	Dr. Nishanth Reddy	29/6/26	9188	
2				
3				
4				
5				
6				
7				
8				
9				
10				

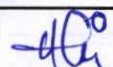
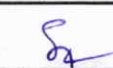
INVESTIGATIONS

[illegible]

MEDICAL EQUIPMENT (WARD & ICU)

[illegible]

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
25/6/26	Iv placement —	①	208251	
26/6/26	Cardiorespiratory	①	8283	
25/6/26	PAC —	①	8282	
26/6/26	nebulisation with			
26/6/26	nebulisation with oxygen	①	208471	
			67055	checked by sinatha
26/6/26	Nebulization T02	①	8492	26/6/26 @ 2pm
28/6/26	NHA	①	8882	
28/6	Iv Placement	①	8983	

ANY OTHER INFORMATION

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
-------------	--------------	-------------------	--------------------



IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

G2P1Y. nervous @ 37th wks
do need lower
Abd pain.

Obstetric Formula:

Obstetric History:

G1 → Mch 34 wks / term LSCS.

G2 → P.P.

Present Pregnancy Record:

- NT scan @ 12 wks
Fibroid. ① 5.0 x 4.5 x 5.4 cm lateral wall. H40-4
noted
② 4.7 x 4.5 cm, at lateral intermuscular fibroid. H40-4.

RISK FACTORS:

- T1FF @ 12 wks
- Fetus @ 37 wks.

Fibroid complicating pregnancy.

Height: cm

Weight: 66 kg

Allergies:

Breast: ☒ Normal ☐ Abnormal

General Examination:

Consciousness: Pallor: -nd

Icterus: - Edema:

Temp: PR: - 88-90 bpm

BP: - 110/80 DTR:

CVS: RS (w)

Liver/Spleen: Urine Output:

LMP: 5/10/2015

EDD: 12/9/2016

Corrected EDD: 12/07/2016

GA: 37 wks 4d

Menstrual History: Regular: ☒ Yes ☐ No

Obstetric Examination

Fundal Height: TS

Ut. Activity: ☐ Relaxed ☒ Mild ☐ Mod ☐ Severe

Liquor: ☒ Adequate ☐ Oligo ☐ Poly

PP: ☒ Cephalic ☐ Breech Others

Head Fifths Palpable: 4/5th

FHS: ☒ Normal ☐ Tachy ☐ Brady ☐ Absent

Per Speculum Examination - ND

Draining: ☐ Present ☒ Absent ☐ Bleeding

Colour of Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Vaginal Examination

Cervix: ☒ Long ☐ Partially effaced ☐ Effaced

Os: Closed Dilated

Membranes: ☐ Present ☐ Absent

Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Presenting Part: ☒ Vertex ☐ Breech ☐ Others

Sutton: ☒ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2

Pelvis: ☒ Adequate ☐ Doubtful

DIAGNOSIS

G2P1Y. nervous @ 37 wks 4d / fibroid complicating pregnancy / Allergic mononucleosis
w/ 1 false labor for observation & safe confinement.



Family History: - Both parents - HTN, DM,	Surgical History: ↓ 1 ces.
Medical History: KHO Allergic Bronchitis in pregnancy took on OT Rebreather.	Medication History: on TAB MONITACE one daily
Plan of Care: → - NBM. → CTG 3rd hly. → Bt fluid @ 100ml/hr - Btj TRANADOL in stat - Btj BUSCOPAN in stat. Plan: - wff. T pain / leak / SC → Plan: emergency use of pt sets into labor. Send CBC ② 20 PRBC + 20 FFP → to be reserved ③ PAC to be done	Investigations: (24/13) Hb → 11.7 Plt - 2.2 HbA1C - 5.4 TTPA @ RFTS - @ But - Btue HIV HbsAg Acr. NP RPR Fetal Echo - @ (@ 24 wks) Last scan: (6/6/2020) PLUG @ 34 wks 6d APF - 13.2 AC - 43% EBW - 2302 g (22%) OAD - @ Fibroid: ① 4 x 3 x 4 - P lat wall 1404 ② 6.3 x 3.9 x 5.9 cm P lat wall.

Doctor Name: Dr. Swathi H V

Signature: *[Signature]*

Date & Time: 26/01/2020 @ 11:30pm

Consultant Name: Dr. Rajani Kumari

Signature: *[Signature]*

Date & Time: 24/6/26



(1)

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/10/2026 3:30 AM	✓/B Dr Swathi H → G₂P₁ 4 prev RUC@ 37wk 4d. 1 fibroid complication pregnancy. • No P₁ Abd O/E: P-88cm BP-110/70 PA-UTS uph₁ FHT@ Ry 2/10/10-15" P/H: 1cm, V₁ 1-2, G₁ posterior ment₁, no show/no leak - Explained findings to pt & relatives. plan: Emergency CS +/- Myomectomy - Informed consent - Reserve 20 PRBC., 2 OFFP - Foley catheterization - Sw/lt to OT on call.	<u>Admit</u> Dr. Swathi H V Consultant Obstetrics and Gynecology Reg. No: 15501 Dr. Swathi H V



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/01/2020	C/S/b or Memshe	
9:30 AM	POD-0	
		<u>Adv</u>
	Cc For Afabuler	
	BP 110/70	- NBM
Baby M	PR 134	- Drugs as charted
	PIA ut well retracted	- w/f vitals & gpr
	PR Bleeding w/w	- Ifo monitoring (strict)
	U/o 40-50 cc/hr	- Informers
	(Blood tinged)	- Axon specimen
	B/c chest clear	by <u>Dr. M. S. Srinivas</u>
26/01/2020	C/S/b or Memshe	
12:30 pm	POD-0	
		<u>Adv</u>
	Cc For Afabuler	
	BP 123/78	- Allow sips > 3pm → if tolerates
	PR 112	Ug Diet > 5pm
BMS	PIA ut well retracted	- Drugs as charted
	BS ⊕	- Ifo monitoring (strictly)
	PR Bleeding w/w	- propped up
	U/o - 40cc/hr (clear in tube)	- Breathy (Deep) exercises - Spontaneously
	B/c chest clear	- Foley's removed GAN clear
	No complaint	- Inform S/O
(Lox patches on Abdomen ← low)		by <u>Dr. M. S. Srinivas</u>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/S/b Dr Rajani Momm	
26/6/2020	C/S/b Dr Mammale	
3pm	POD - 0 / Embryo	
	CC Par Afebrile	- Febr
	BP - 110/70	- Allow sips of water - i.e
	PR - 96	- tolerates well → Leg dist > 6pm.
<u>Bms</u>	PIA soft	- No monitoring
	BS ⊕	- Propped up
	LE Bleeding wnl	⊕ Steam Inhalation (3-4 times a day)
	UO 40-50 a/w.	⊕ Spirometry QID
	(Clear)	- Foley's removal @ 6 AM CPM
	SPO ₂ - 97% on RA	- Limb mobilization
	No complaints	- Inform SUR
		- Shift to Room
		- Inj. cefazone 40mg s/c @ 00
		@ 7pm x 3d
	C/S/b Acon i Dr Mammale	
3:30pm	CC Par Afebrile (100°F)	C/S/b Dr Rajani
	BP - 110/70	
	PR - 126/min	- Sips of water only.
	PIA - Ut well retracted	- Send S. creatinine - Collect
	Gases distant ⊕	- Evening plan to start Inj Piptaz
	BS ⊕	- Vital monitoring hourly (7/8/PR/SpO ₂)
	LE - Bleeding wnl	- Tepid spongy



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/6/26 3:00pm	cls by Dr. Ayesha (Anaesthesia) A: POD-0 slp 2 scs, P₂ L₂ c fibroid Complicating pregnancy c myomectomy Temp: 100 VIF Pt Conscious, coherent PR: 124/min Bp: 135/70 mmHg Cvs: S1S2 (+) RS: BAE (+), clear SpO₂: 96% c RA	H/O ALLERGIC BRONCHITIS Adv ① IVF @ 100 ml/h ② Allow sips ③ Rest continue same treatment ④ Monitor vitals inform SOS ⑤ Rapid Sponging <i>[Signature]</i>
26/6/2026 6:05pm	cls by Dr. Naveena OLE GC-Fair Alebrile PR: 98bpm BP: 120/88 mmHg Cvs/RS: NAD PA: ut-tracted well Soft INT. Dressing: dry & clean UE: PU bleeding WNL UO: 100-120 ml/hr clear.	Adv - liquid diet - Adequate hydration - drugs as charted - Spirometry - Buprenorphine D10 - steroid inhalation D10. - Key's removal - TLM @ 6am. - Urine Ilochastrg.

2900ml
 to 5-75ml
 to be sent

- Urine C&S
- CBP
- CRP
- ur Blood for C&S
- CXR (bedside)

F-X.

Date & Time	Progress Notes	Doctor's Order
		- w/f PR bleeding
		- Tepid Sponging
		- Temp. monitoring QID.
		- limb mobilization
		- Trace CBP, CRP, Urine C&S, Se. Creatinine,
		CXR - Bed side
		Blood Culture & Sensitivity
		- Budecort Nebulisation QID.
		+ steam
		- Monitor Vitals
		- Inform SOS
22/06/2026 12:15am	Dr. Naveena	
	cls by Dr. Naveena	
	o/e GC - fair Alebrile Temp. 99.1°F SpO₂ - 96% on RA PR: 94bpm BP: 121/79mmHg C/S/RS: NAD PA: ut. unobscured Sgt. NT Dressing: dry & clean HE: w/ bleeding w/ NL Baby: Morthende	<u>Adv.</u> - liquid diet - Adequate hydration - drugs as charted - Spirometry QID - steam & Budecort Nebulisation QID - Temp. monitoring 4th hrly - Tepid SPONGING SOS. - Foley's removal @ 6am. - Trace Urine & Blood C&S. - w/f PR bleeding

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

BAH-00524030

IP26-00006649

Mrs P SAI NITHYA

03-02-1993

33 Y 4 M 23 D (F)

Dr. RAJANI KUMARI



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ESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/6/26 10am.	cls/BQ. Veena POD - 1 / LSCS + Myomectomy / P₃ L₂ Pt is stable, No c/o O/E GC fair, Afebrile BPallor ⊖ BP - 117/62 mmHg PR - 95 bpm SpO₂ - 98% on RA P/A - Ut well retracted BS ⊕ LE - BWNL.	Foley's removed Adv - Soft diet - Encourage to void - Incentive Spirometry QID - Adequate hydration - Ambulation - Nebulisation (Steam & R) - Trace Blood & urine c/s - w/o bleeding plv - Vital monitoring / Temp monitoring 4th hourly - Inform SOS. NOTED by Mounika 28/6/26
27/6/26 12pm	cls/B Dr. Rajani Kumari Adv :- Trij. Piptaz usg IV TID x 3 days (till discharge) - Temp. monitoring - Vital monitoring - Flu Blood c/s & Urine c/s - Shift to Room NOTED by Mounika 27/6/26	



GRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/06/2020 7:15 AM	Ccstb & Memshe POD-3	
		<u>Adv</u>
	GC fair Afebrile	
8ms	vitals stable	✓ Regula Diet / Hydration
	PIA Soft WNR	✓ Drops as directed
	PR Bleedly WNR	✓ W/F vitals 1 gm
UV		✓ (Plan) = Chest Xray Pls
SV		✓ Physician opinion for
		✓ nebulizer / chronic cough
		✓ Ambulation
		✓ ASD to do
		✓ Inform SOS
29/6/20 1:230 PM	c/s/b Wa-Vena POD-3 / <u>Em-LSCS</u>	Noted by Divya 29/6/20 @ 7:15 AM
		<u>Adv</u>
Baby @ ms	Pt is stable.	- 2 episodes - Regular diet
	c/c cough. also vomiting	- Drops as directed
	(Anti-Zofarung given)	- CXR - done
UV	o/c GC fair.	- Physician opinion to be done
SV	Afebrile. Pallor ⊖	- Nebulisation.
	PIA - Ut well retracted	- Ambulation
	BS(F)	- Adequate hydration
	c/c - BUNL	- Inform SOS
ASD done	c/c headache.	Can be discharged

IP25-00008649

Mrs P SAI NITHYA

03-02-1993

Dr. RAJANI KUMARI

31 MAR 22 D 14 (F)



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PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]

BAH-00524030 IP26-00006649
Mrs P SAI NITHYA
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PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]



DRUG CHART

Date of Admission: 28/6 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 : <u>NEBULIZATION c BUDENORF</u>				Date Time															
Dose	Route	Frequency	Start Date																
<u>0.5mg Inhalation SOS</u>																			
Doctor's Signature		Valid Period	Pharm.																
Additional Instructions:																			

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

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



REGULAR PRESCRIPTIONS

Weight. 66kg Ward. 602

Verified by
 Dr. Dhakshayani

Verified by
 Dr. Dhakshayani

Verified by
 Dr. Dhakshayani

Verified by
 Dr. Dhakshayani

DRUG: <u>Am CEFOTAXIM</u>				Date Time <u>26/6</u>
Dose <u>1g</u>	Route <u>iv</u>	Frequency <u>BD</u>	Start Date <u>26/6</u>	
Name & Signature of the Doctor Starting the Drugs: <u>[Signature]</u>				
Additional Instructions: <u>224 hrs.</u>				
Daily Doctor's Endorsement by a Sign <u>[Signature]</u>				
DRUG: <u>PARACETAMOL</u>				Date Time <u>26/6</u>
Dose <u>1gm</u>	Route <u>iv</u>	Frequency <u>TID</u>	Start Date <u>26/6</u>	
Name & Signature of the Doctor Starting the Drugs: <u>[Signature]</u>				
Additional Instructions: <u>iv for 24 hours followed by ORALS</u>				
Daily Doctor's Endorsement by a Sign <u>[Signature]</u>				
DRUG: <u>TRAMADOL</u>				Date Time <u>26/6</u>
Dose <u>100mg</u>	Route <u>P/O</u>	Frequency <u>TID</u>	Start Date <u>27/6</u>	
Name & Signature of the Doctor Starting the Drugs: <u>[Signature]</u>				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign <u>[Signature]</u>				
DRUG: <u>DICLOFENAC</u>				Date Time <u>26/6</u>
Dose <u>50mg</u>	Route <u>P/O</u>	Frequency <u>TID</u>	Start Date <u>26/6</u>	
Name & Signature of the Doctor Starting the Drugs: <u>[Signature]</u>				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign <u>[Signature]</u>				



Sheet No:

REGULAR PRESCRIPTIONS

Weight 6.5 kg Ward LDR

DRUG : <u>INJ PANTOPRAZOLE</u>				Date Time
Dose	Route	Frequency	Start Dt.	
<u>40mg</u>	<u>IV</u>	<u>OD</u>	<u>26/6</u>	<u>6 AM</u>
Name & Signature of the Doctor Starting the Drugs:				
<u>[Signature]</u>				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG : <u>INJ. METRONIDAZOLE</u>				Date Time
Dose	Route	Frequency	Start Dt.	
<u>500mg</u>	<u>IV</u>	<u>TID</u>	<u>26/6/26</u>	<u>6 AM</u>
Name & Signature of the Doctor Starting the Drugs:				
<u>[Signature]</u>				
Additional Instructions:				
<u>x24 hrs.</u>				
Daily Doctor's Endorsement by a Sign				

DRUG : <u>INJ ENOXAPARIN</u>				Date Time
Dose	Route	Frequency	Start Dt.	
<u>40mg</u>	<u>SC</u>	<u>OD</u>	<u>26/6</u>	
Name & Signature of the Doctor Starting the Drugs:				
<u>[Signature]</u>				
Additional Instructions:				
<u>(7pm)</u> <u>x3d</u>				
Daily Doctor's Endorsement by a Sign				

DRUG : <u>NEBULISATION = BUDOCORT</u>				Date Time
Dose	Route	Frequency	Start Dt.	
<u>0.5mg</u>	<u>IN</u>	<u>TID</u>	<u>26/6</u>	
Name & Signature of the Doctor Starting the Drugs:				
<u>[Signature]</u>				
Additional Instructions:				
<u>Nebulization c Budocort</u> <u>Saline</u>				
Daily Doctor's Endorsement by a Sign				

Verified by: Dr. Rajani Kumari
 Verified by: Dr. Dhakshayani
 VERIFIED BY: Name



Sheet No:

REGULAR PRESCRIPTIONS

Weight 6.5 kg Ward LD-2

DRUG : NEBULISATION + BUDECORT				Date/Time	26/6/2016
Dose	Route	Frequency	Start Dt.		
0.5mg	PN	TID	26/6/2016	6am	X
Name & Signature of the Doctor Starting the Drugs:				6pm 2pm 10pm STOP 1.0.1.1 26/6/2016	
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					
DRUG : INJ. PIPERACILLIN AND TAZOBACTAM				Date/Time	26/6/2016
Dose	Route	Frequency	Start Dt.		
4.5gm	IV	TID	26/6	6am	X
Name & Signature of the Doctor Starting the Drugs:				2pm 10pm 1.0.1.1 26/6/2016	
Additional Instructions:				After test done. x3 d 1.0.1.1 26/6/2016	
Daily Doctor's Endorsement by a Sign					
DRUG : INJ. METRONIDAZOLE				Date/Time	26/6/2016
Dose	Route	Frequency	Start Dt.		
100ml	IV	TID	26/6	7am	X
Name & Signature of the Doctor Starting the Drugs:				3pm 11pm 1.0.1.1 26/6/2016	
Additional Instructions:				STOP 1.0.1.1 26/6/2016	
Daily Doctor's Endorsement by a Sign					
DRUG : NEBULISATION + BUDECORT				Date/Time	26/6/2016
Dose	Route	Frequency	Start Dt.		
0.5mg	PN	TID	26/6		
Name & Signature of the Doctor Starting the Drugs:				See the chart 1.0.1.1 26/6/2016	
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					

Signature

VERIFIED BY : Name



Sheet No:

REGULAR PRESCRIPTIONS

Weight Ward

DRUG : Cap LACTARE				Date Time	28/6	29/6/2016													
Dose	Route	Frequency	Start Dt.																
2cap	P/O	TID	28/6	11am															
Name & Signature of the Doctor Starting the Drugs:																			
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign																			
DRUG : Tob PAN10PRAZOLE				Date Time	28/6	29/6/2016													
Dose	Route	Frequency	Start Dt.																
400mg	P/O	BD	28/6	6pm															
Name & Signature of the Doctor Starting the Drugs:																			
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign																			
DRUG : T. PARACETAMOL				Date Time															
Dose	Route	Frequency	Start Dt.																
1g	P/O	TID	28/6/2016																
Name & Signature of the Doctor Starting the Drugs:																			
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign																			
DRUG :				Date Time															
Dose	Route	Frequency	Start Dt.																
Name & Signature of the Doctor Starting the Drugs:																			
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign																			

Sheet No:

REGULAR PRESCRIPTIONS

Weight Ward

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

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

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

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



Weight. 66kg Ward. 104

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
25/6	11:15pm	Brj TRAMADOL	100mg	im	[Signature]	Abi
25/6	11:15pm	Brj MUSCOPAN	40mg	im	[Signature]	Madhu
25/6/26	11:30pm	Brj ONDENSETRON	4mg	iv	[Signature]	Abi
25/6/26	11:30pm	Brj PANTOPRAZOLE	40mg	iv	[Signature]	Madhu
26/6	4:00AM	Brj PANTOPRAZOLE	40mg	iv		[Signature]
26/6	4:00AM	Brj RUCTACHOPRAMIDE	100mg	iv		[Signature]
26/6	5am	TRANEXAMIC ACID	1gm	iv	[Signature]	[Signature]
26/6	630AM	DICLOFENAC	100mg	PL	[Signature]	[Signature]
26/6	630AM	TRAMADOL	100mg	PL	[Signature]	[Signature]



I.V. FLUIDS CHART

Weight. 66kg Ward. 102

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
25/6/16	11:30pm	RINGER LACTATE	IV	100	M	Alex A	26/6	M	S
26/6	5AM	RINGER LACTATE	IV	1000	M	B B	26/6	M	S
26/6	5AM	RINGER LACTATE	IV	500	M	C B	26/6	M	S
26/6	530 AM	RINGER LACTATE + 200 OXYTOCIN	IV	150	M	B A	26/6	M	S
26/6	630 am	RINGER LACTATE + 200 OXYTOCIN	IV	75	M	B B	26/6	B	S
26/6	7:00 AM	RINGER LACTATE	IV	FF	M	A A	26/6	B	S
26/6	8:10 AM	RINGER LACTATE	IV	FF	M	A A	26/6	B	S
26/6	12 PM	NORMAL SALINE	IV	100 ml/hr	M	A A	26/6	B	S
26/6	4 PM	RINGER LACTATE	IV	100ml/hr	M	A A	26/6	M	S
26/6	9 PM	RINGER LACTATE	IV	100ml/hr	M	A A	27/6	M	S

STOPPED
Dr. Rajani



MEDICATION RECONCILIATION FORM

Drug Allergies: rel ☐ 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	<u>Imun. ca.</u>	<u>1 tab</u>	<u>P/O</u>	<u>OD</u>	<u>25/6</u>	☐ C ☒ DC
2	<u>TAB MONTEK-LC</u>	<u>1 tab</u>	<u>P/O</u>	<u>OD</u>	<u>25/6</u>	☒ 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. Rajani Kumari

Date & Time: 25/6/2016 @ 25

Nurse Name & Signature: Alexia

Date & Time: 25/6/2016 @ 11:00pm

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



213

RESULT SHEET

Date	25/6/26	26/6				
Time		4pm				
Hb	12.7	11.6				
PCV	36.7	33.3				
RBC	4.32	3.93				
WBC	12.06	16.50				
N/L						
Platelets	238	211				
CRP		32.				
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine		0.5				
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
Blood Group. B+ve						
HIV } NR 2 PRBC Reserve.						
HbsAg } 2 AFP Reserve.						
HCV }						

Culture and Sensitivities :

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Radiology : USG :

 X-Ray :

 ECHO :

 CT :

 MRI :

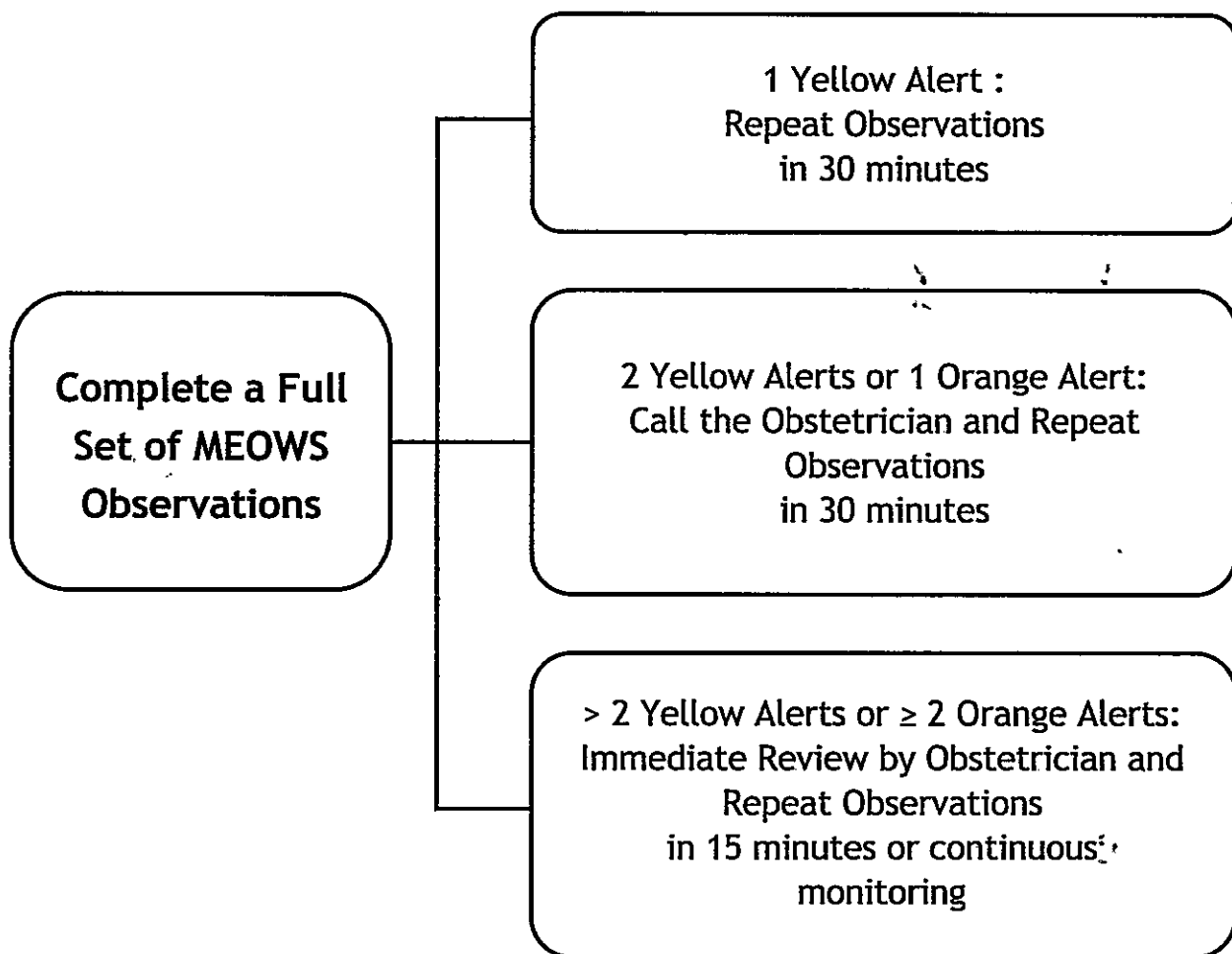
 Others (ECG, Contrast Studies etc.,) :



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

Date		8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
Time																									
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20																								
	0 - 10																								
Saturations	94 - 100 %																								
	< 94 %																								
Administered O ₂ (L/min.)																									
Temp °C	40																								
	39																								
	38																								
	37																								
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
	40																								
↑ Systolic Blood Pressure	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)

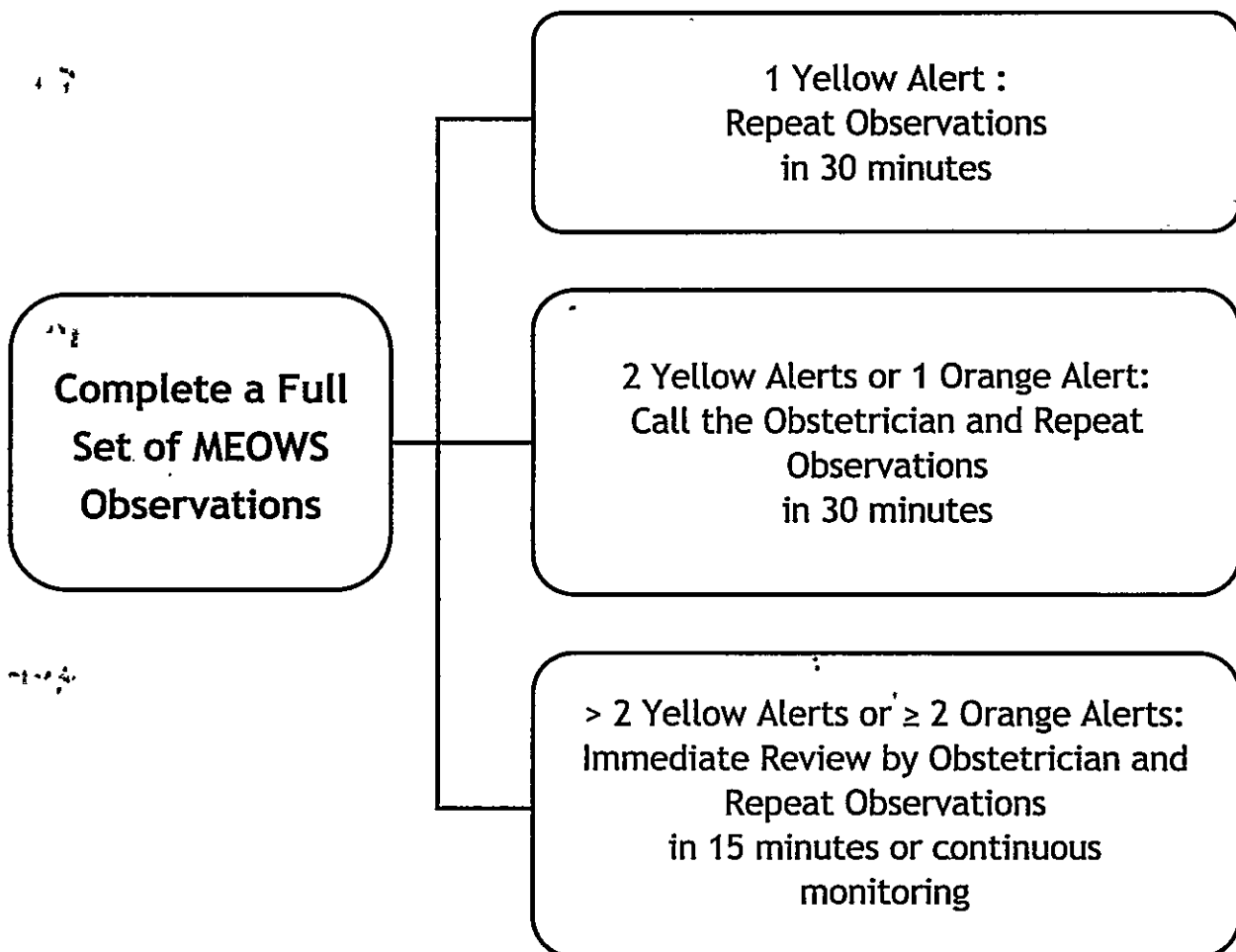


Early Warning Observation Score Chart - Obstetrics

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

26/6/23		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	25	25	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	
	0 - 10																													
Saturations	94 - 100 %	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	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	97.7	97.7																											
	35																													
	< 35																													
Heart Rate	170																													
	160																													
	150																													
	140																													
	130	136	121	120	118																									
	120																													
	110																													
	100																													
	90																													
	80																													
	70																													
	60																													
	50																													
40																														
Systolic Blood Pressure	190																													
	180																													
	170																													
	160																													
	150																													
	140																													
	130	120	124	120	112	115	110	109	115	112	110	120	122	123	122	117	112	110	108	106	105	104	103	102	101	100	99	98	97	
	120																													
	110																													
	100																													
	90																													
	80																													
	70																													
60																														
50																														
Diastolic Blood Pressure	130																													
	120																													
	110																													
	100																													
	90																													
	80	65	72	67	72	65	75	72	70	75	65	68	66	67	70	70	62	60	58	56	55	54	53	52	51	50	49	48	47	
	70																													
60																														
50																														
40																														
NEURO RESPONSE [✓]	Alert																													
	Voice																													
	Pain																													
	Unresponsive																													
URINE mls / hour	> 30																													
	< 30																													
Proteinuria	Protein ++																													
	Protein > ++																													
Lochia	Normal																													
	Heavy / Foul																													
Liquor	Clear / Pink																													
	Green																													
TOTAL YELLOW SCORES		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
TOTAL ORANGE SCORES		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Nurse Initial																														

Obstetrics and Gynaecology Early Warning Signs



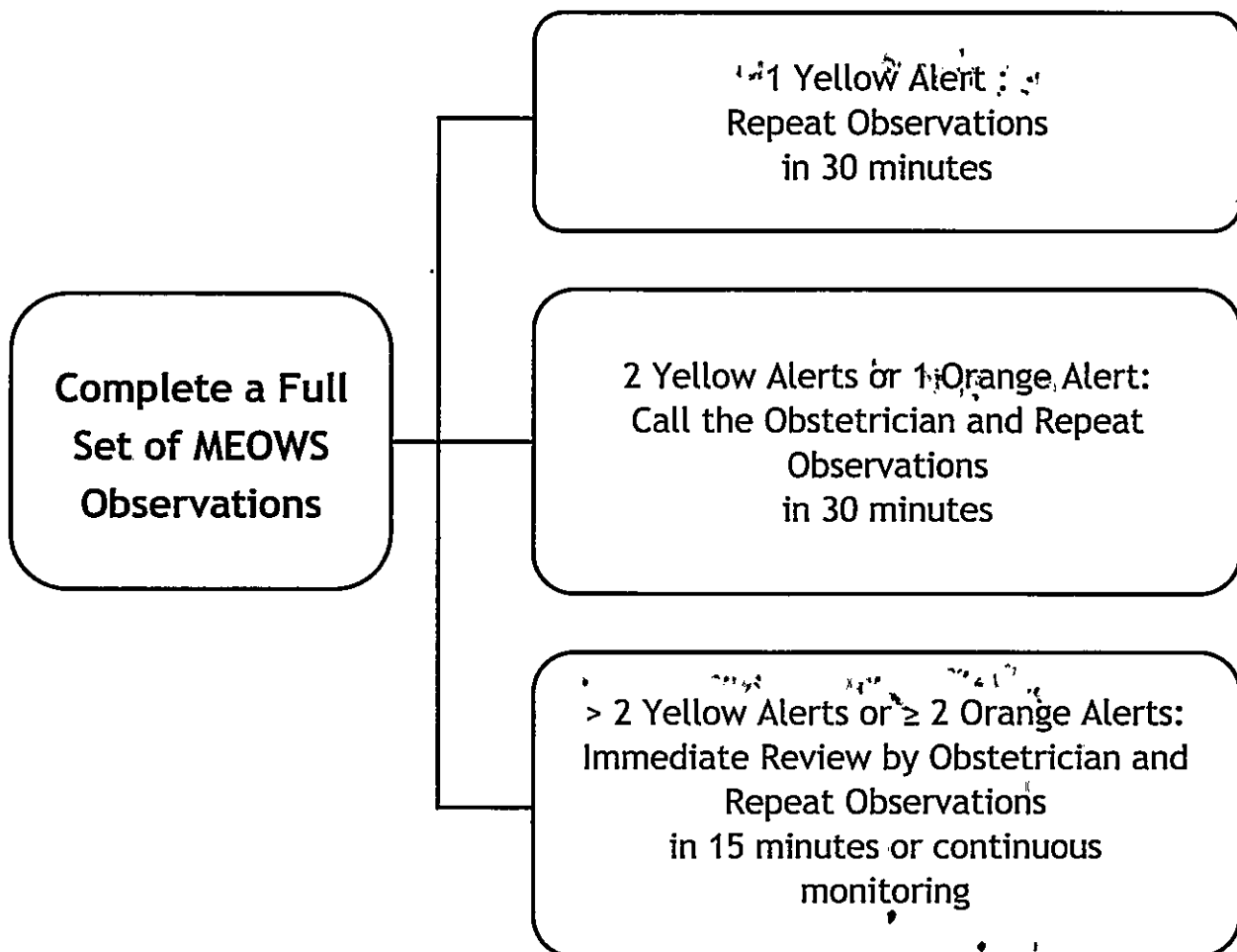
* The Modified Early Warning Score (MEOWS)

Early Warning Observation Score Chart - Obstetrics

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

Date																									
Time		8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20	20	20	20	20	20					20					20				20					
	0 - 10																								
Saturations	94 - 100 %	99	99	99	99	99					99					99				99					
	< 94 %																								
Administered O ₂ (L/min.)																									
Temp °C	40																								
	39																								
	38																								
	37	37.5	37.5	37.5	37.5	37.5					37.5					37.5				37.5					
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90	92	92	92	92	84					104					89	89	89	89	85				86	86
	80																								
	70																								
	60																								
	50																								
40																									
Systolic Blood Pressure	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120	110	113	109	112	123					115					120				110				110	
	110																								
	100																								
	90																								
	80																								
	70																								
60																									
50																									
Diastolic Blood Pressure	130																								
	120																								
	110																								
	100	90	90	90	90	90					90					90				90				90	
	90																								
	80																								
	70																								
60																									
50																									
40																									
NEURO RESPONSE [✓]	Alert																								
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30																								
	< 30																								
Proteinuria	Protein ++																								
	Protein > ++																								
Lochia	Normal																								
	Heavy / Foul																								
Liquor	Clear / Pink																								
	Green																								
TOTAL YELLOW SCORES		0	0	0	0	0					0					0				0				0	
TOTAL ORANGE SCORES		0	0	0	0	0					0					0				0				0	
Nurse Initial																									

Obstetrics and Gynaecology Early Warning Signs



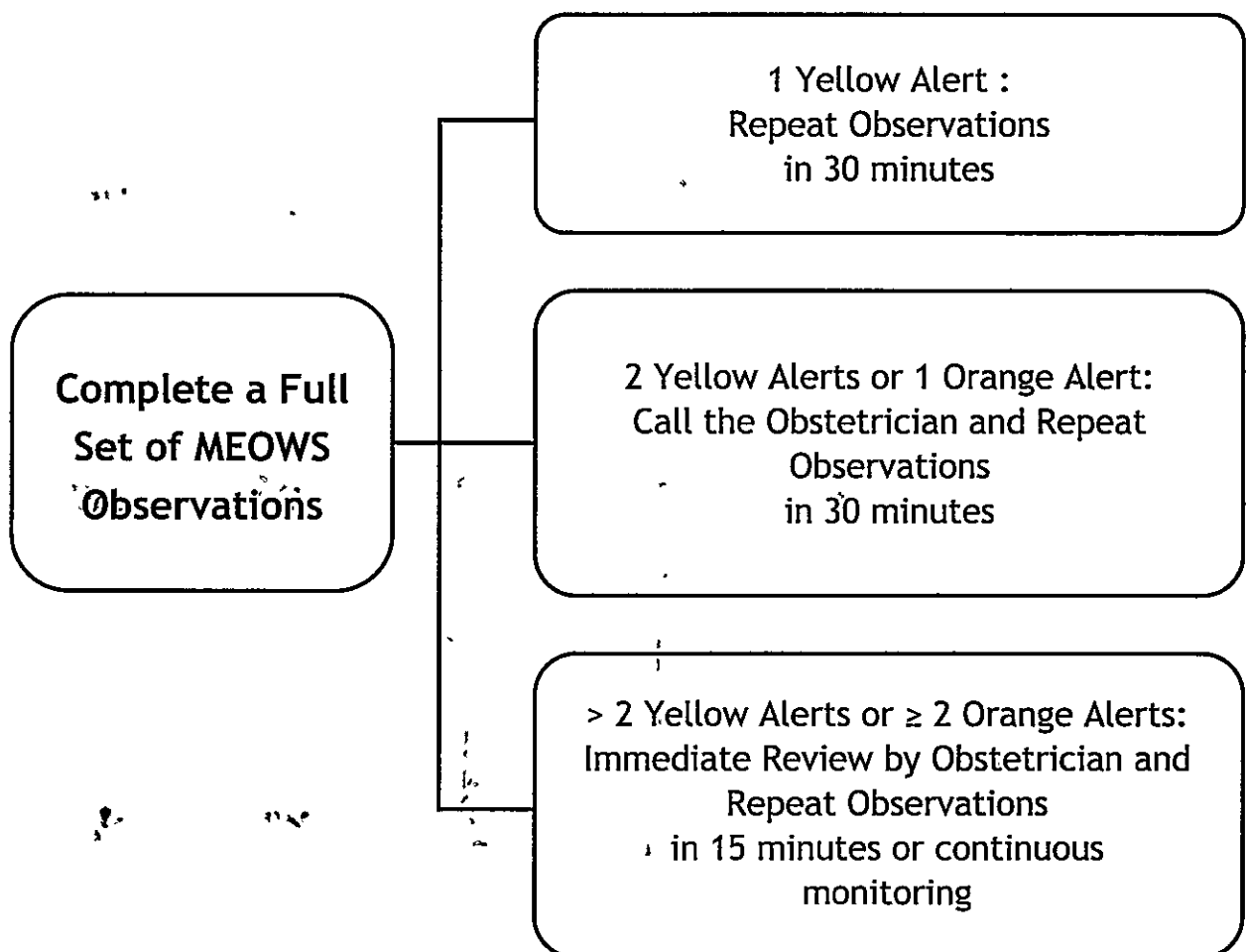
* The Modified Early Warning Score (MEOWS)



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

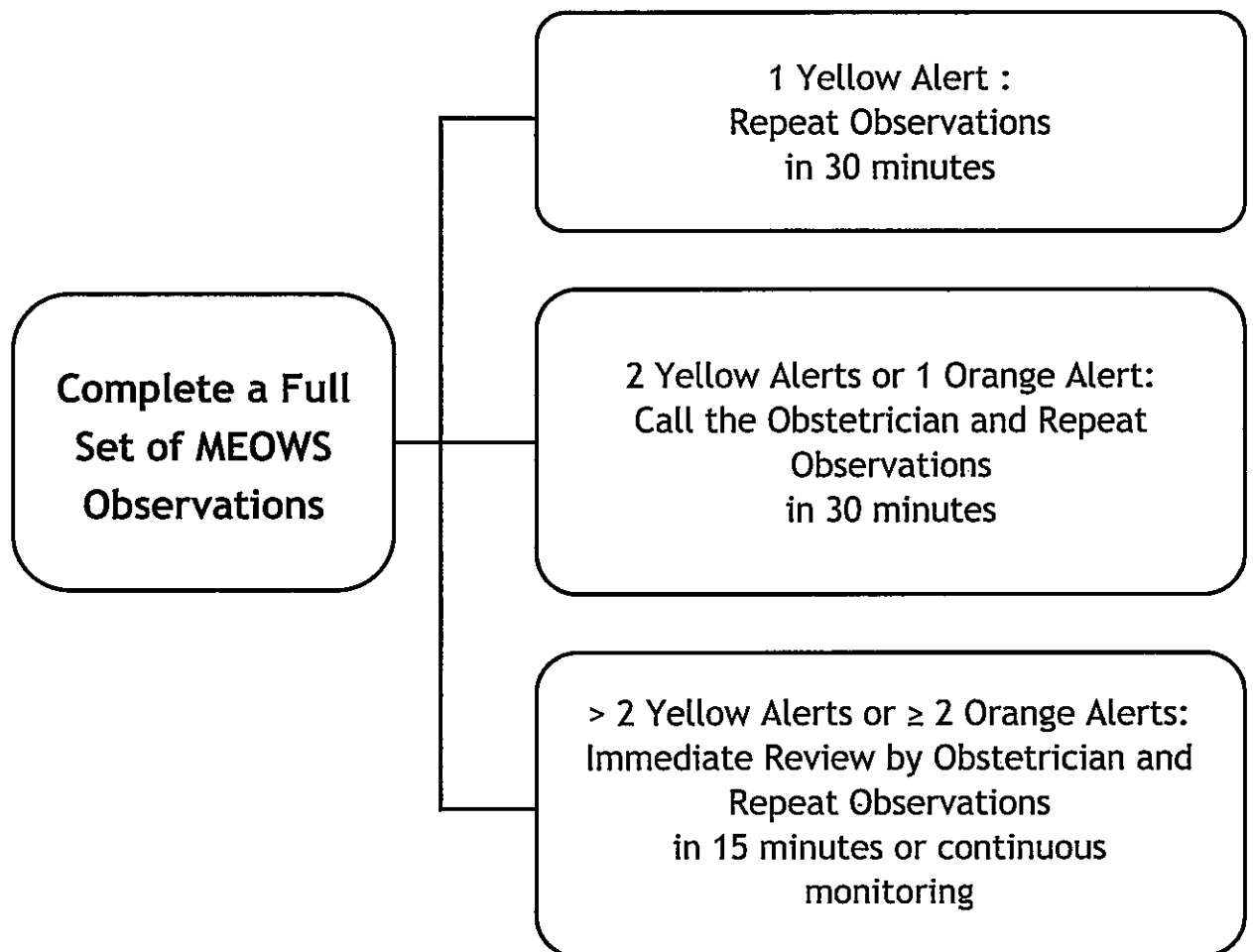
[illegible]

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)



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					IV Site Thrombo- phlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			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	Re	N	100ml								
	12:00 am	Re	B	100ml								
	01:00 am	Re	M	100ml								
Total Intake :						Total Output :						
	02:00 am	Re		100ml								
	03:00 am	Re	N	100ml								
	04:00 am	Re		100ml								
	05:00 am	Re	B	100ml								
	06:00 am	Re	M	100ml								
	07:00 am	Re		100ml								
Total Intake :						Total Output :						

Total 24 hrs. Intake

Total 24 hrs. Output



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						IV Site Thrombo- phlebitis Score	Sign. Nurse			
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine					
			Mouth	I.V	N.G										
26/6/20	08:00 am	PL		100ml											
	09:00 am	PL	N	100ml						75ml					
	10:00 am	PL	B	100ml											
	11:00 am	PLS	B	100ml						250ml					
	12:00 pm	PLS	M	100ml											
	01:00 pm	PLS	M	100ml											
Total Intake :			taken 600ml			Total Output :			428						
26/6	02:00 pm	PL		100ml											
	03:00 pm	PL	SIPS	100ml						200ml					
	04:00 pm	PL	wat	100ml											
	05:00 pm	PL	wat	100ml						800ml					
	06:00 pm	PL		100ml											
	07:00 pm	PL		100ml						600ml					
Total Intake :			taken 600ml			Total Output :			1600ml						
26/6	08:00 pm	PL	H2O	100ml											
	09:00 pm	NS	SOUP	100ml											
	10:00 pm	NS		100ml						500ml					
	11:00 pm	NS		100ml											
	12:00 am	NS		100ml											
	01:00 am	NS		100ml											
Total Intake :			600ml			Total Output :			500ml						
26/6	02:00 am	PL	SOUP	100ml											
	03:00 am	PL		100ml						500ml					
	04:00 am	PL		100ml											
	05:00 am	PL	H2O	100ml											
	06:00 am	PL		100ml											
	07:00 am	PL		100ml											
Total Intake :			taken 600ml			Total Output :			500ml						
Total 24 hrs. Intake		2,400ml										Total 24 hrs. Output		3025ml	

BAH-00524030 IP26-00006649
 Mrs P SAI NITHYA
 03-02-1993 33 Y 4 M 23 D (F)
 Dr. RAJANI KUMARI

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	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse													
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine															
27/6	08:00 am	RC		100ml																					
	09:00 am	RC		100ml																					
	10:00 am	RC	Idly																						
	11:00 am	RC	+120																						
	12:00 pm	RC																							
	01:00 pm	RC																							
Total Intake : <u>taken</u>						Total Output : <u>passed</u>																			
27/6	02:00 pm																								
	03:00 pm																								
	04:00 pm																								
	05:00 pm																								
	06:00 pm																								
	07:00 pm																								
Total Intake :						Total Output :																			
27/6/20	08:00 pm																								
	09:00 pm																								
	10:00 pm																								
	11:00 pm																								
	12:00 am																								
	01:00 am																								
Total Intake :						Total Output :																			
28/6/20	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												



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	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
	Total Intake :						Total Output :					
28/6	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
	Total Intake :						Total Output :					
28/6/26	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
	Total Intake :						Total Output :					
29/6/26	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

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					IV Site Thrombo- phlebitis Score	Sign. Nurse	
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G								
29/6/26	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
Total Intake :						Total Output :							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
Total Intake :						Total Output :							
	08:00 pm												
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
Total Intake :						Total Output :							
	02:00 am												
	03:00 am												
	04:00 am												
	05:00 am												
	06:00 am												
	07:00 am												
Total Intake :						Total Output :							
Total 24 hrs. Intake						Total 24 hrs. Output							

Patient Sticker

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					IV Site Thrombo- phlebitis Score	Sign. Nurse	
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine			
			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

BAH-00524030

IP26-00006649

Mrs P SAI NITHYA

03-02-1993

33 Y 4 M 22 D

(F)

Dr. RAJANI KUMARI



NURSING CARE RECORD

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

BirthRight
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Date: 25/6/26

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	Assess the patient condition plan for vital & record	8pm	Assess the patient condition Maintain vital continuity of care	Patient stable	Vital record	HL
	8am	plan for IV fluid plan for oral intake	8am	Maintain vital continuity of care			



NURSING CARE RECORD

Date: 26/6/20

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8Am to 2pm	→ Assess the pt condition → monitor vital → maintain I/O	8Am to 2pm	→ assessed the pt condition → monitored vital	→ Now pt is fine	Re-check vit	me
	2pm to 8pm	→ Assess the pt condition → monitor the vitals & record → Administration of medication as per doctor order → maintain I/O fluid & record	2pm to 8pm	→ Assessed the pt condition → monitored the vitals & record → Administered medication as per doctor order → maintained fluid chart & record	pt is stable	maintain I/O change record.	Akshika ①
Night	8pm to 8Am	→ Assess the patient condition → plan for vitals → plan for Nochart	8pm to 2pm	→ Assessed the patient condition → maintain vitals & record → maintain Nochart	patient is stable	vitals is normal	Chandana

BAH-00524030 IP26-00006649
 Mrs P SAI NITHYA
 03-02-1993 33 Y 4 M 23 D (F)
 Dr. RAJANI KUMARI



NURSING CARE RECORD

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BirthRight
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Date: 25/11

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	8h	→ Assess the pt condition & monitor vitals	8h	→ Assessed the pt condition & monitor vitals	Now pt is stable	Re-checked vitals	<u>neeraj</u>
Afternoon	2pm	- Assess the pt condition - Monitor vitals & records - Maintain I/O chart - Give medications as prescribed by doctor	2pm	- Assessed the pt condition - Monitored vitals & records - Maintained I/O chart - Given medications as prescribed by doctor	Patient is stable now	Re-checked vitals	<u>P</u>
Night	8pm	→ Assess the pt condition. → monitor the vitals. → maintain I/O chart. → drugs give as per drug chart.	8pm	→ 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	<u>AS</u>

BAM-00524030 IP26-00006649
 Mrs P SAI NITHYA
 03-02-1993 33 Y 4 M 24 D (F)
 Dr. RAJANI KUMARI



NURSING CARE RECORD

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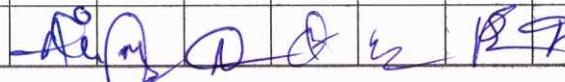
Date: 28/6/26

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.....

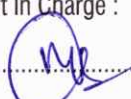
	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am	→ Assess pt condition	8am	→ Assessed pt condition	Patient is stable	Re-checked vitals	Aub
	to 2pm	→ monitor the vitals → maintain Ilo chart → Administer medication as per drug chart	to 2pm	→ monitored the vitals → maintained Ilo chart → Administered medication as per drug chart			
Afternoon	2pm	→ Assess the pt condition	2pm	→ Assessed the pt condition	Patient is stable now	Re-checked	A
	8pm	→ Monitor vitals & records → maintain Ilo chart → Give medication as prescribed by doctor	8pm	→ monitored vitals & records → maintained Ilo chart → Given medication as prescribed by doctor			
Night	8pm	→ Assess the pt condition	8pm	→ Assessed the pt condition	pt is stable	rechecked vitals	Jy
	8am	→ monitor vitals → maintain Ilo chart → Administer medication as per drug chart → IV cannula present	8am	→ monitored vitals & recorded → maintained Ilo chart → medication as per drug chart			

CHECKLIST FOR THROMBOPHLEBITIS

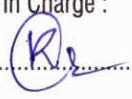
S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1			DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0			NA	NA	0	0	0	0	0	
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly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

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

Signature of Shift In Charge :

Signature :  Name : Mounika

Signature of Ward In Charge :

Signature :  Name : Rashmi

BAH-00524030 IP26-00006649
Mrs P SAI MTHYA
03-02-1993 33 Y 4 M 24 D (F)
Patient: Dr. RAJANI KUMARI



CHECKLIST FOR THROMBOPHLEBITIS

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S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1			DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0										
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1										
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2										
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3										
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4										
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord pyrexia	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 personnel ongoing observation of the site should continue for 48 hours post removal to detect post infusion phlebitis.

Signature of Shift In Charge :

Signature of Ward In Charge :

Signature : Name :

Signature : Name :

BAH-00524030 IP26-00006649
Mrs P SAI NITHYA
03-02-1993 33 Y 4 M 23 D (F)
Dr. RAJANI KUMARI



CHECKLIST FOR THROMBOPHLEBITIS

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S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1			DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0	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 cord pyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5	NA	NA	NA	NA						
Signature of the Nurse				NA	NA	NA	NA						

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 : Amrutha Name : Amrutha

Signature of Ward In Charge :

Signature : _____ Name : _____

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										
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Signature of the Nurse													

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

Signature of Shift In Charge :

Signature of Ward In Charge :

Signature : Name :

Signature : Name :

BAH-00524030 IP26-00006649
Mrs P SAI NITHYA
03-02-1993 33 Y 4 M 23 D (F)
Dr. RAJANI KUMARI



CHECKLIST FOR THROMBOPHLEBITIS

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

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

Signature of Shift In Charge :

Signature : [Signature] Name : Mohide

Signature of Ward In Charge :

Signature : _____ Name : _____

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										
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Signature of the Nurse													

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

Signature of Shift In Charge :

Signature of Ward In Charge :

Signature : Name :

Signature : Name :



Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	Fall Risk Grading		
		Score			
History of Falling (immediately or w/in 3 months)	Yes	25	25/6/26 11 PM	26/6/26 ME	26/6/26 E2
	No	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			
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			Dr. Rajani Kumari	(Signature)	(Signature)

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

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

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

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

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

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

Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	26/6/26	27/6	27/6	Fall Risk Grading		
		Score	NI	M6	E2			
History of Falling (immediately or w/in 3 months)	Yes	25				Risk Level	Morse Fall Score (MFS)	Action
	No	0	0		0			
Secondary Diagnosis (more than one diagnosis)	Yes	15				Low Risk	0 - 24	Standard Fall Precaution
	No	0	0	0	0			
Ambulatory Aid	Furniture	30						
	Crutches, Cane(S), Walker	15						
	None /Bed Rest /Nurse Assist	0	0					
IV / Heparin Lock or Saline	Yes	20	20	20	20	Moderate Risk	25 - 50	Implement Moderate Fall Prevention Intervention
	No	0						
GAIT / Transferring	Impaired	20				High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	Weak (uses touch for balance)	10						
	Normal /On Bed Rest /Immobile	0						
Mental Status	Forgets limitations	15						
	Oriented to own ability	0	0		0			
Total Morse Fall Scale Score:			20	20	20			
Signature			CD	CD	P			

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

BAH-00524030
Mrs P SAI NITHYA
03-02-1993
Dr. RAJANI KUMARI

IP26-00006649

33 Y 4 M 22 D (F)



BRADEN 'Q' SCALE

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					Date: 25/6/2016	26/6/2016	26/6/2016	26/6/2016
					Time: 11pm	11pm	11pm	11pm
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
FRICION-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 of 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 meat 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					Dr. Rajani Kumari	Dr. Rajani Kumari	Dr. Rajani Kumari	Dr. Rajani Kumari

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

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



BRADEN 'Q' SCALE

					Date :	28/6	28/6	28/6	28/6
					Time :	06	02	01	06
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.		6	7	7	7
"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.		6	7	7	7
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.		6	7	7	7
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.		6	7	7	7
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."		6	7	7	7
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 meat and dairy products. Occasionally eats between meals. Does not require supplementation.		7	7	7	7
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.		7	7	7	7
					TOTAL SCORE	28	28	28	28
					Evaluator's Name	R	R	R	R

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

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PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Interventior	Sign
25/6/16	11pm	4/10	Lower abdomen pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☒ Dull ☐ Aching ☐ Burning	☐ Increasing ☒ Decreasing	☐ Yes ☐ No	ins. analgesic ins. tramadol	✓
26/6/16	1am	4/10	abdomen pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☒ Dull ☐ Aching ☐ Burning	☐ Increasing ☒ Decreasing	☐ Yes ☐ No	NA	✓
26/6/16	4am	4/10	Abdomen pain	☐ Continuous ☐ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☒ Dull ☐ Aching ☐ Burning	☐ Increasing ☒ Decreasing	☐ Yes ☐ No	NA	✓
26/6/16	8am	0/10	abdomen	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	ins. PCM	✓
26/6/16	8am	0/8	lower abdomen	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
26/6/16	2pm	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	①
26/6/16	8pm	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	✓
26/6/16	10pm	0/7	abdomen	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	PCM	✓
26/6/16	2pm	4/10	abdomen pain	☐ Continuous ☐ Intermittent	☒ Acute ☐ Chronic	☒ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☒ Decreasing	☒ Yes ☐ No	NA	✓
26/6/16	6pm	0/10	NA	☐ Continuous ☐ Intermittent	☒ Acute ☐ Chronic	☒ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☒ Decreasing	☒ Yes ☐ No	NA	✓

Re-assessment Frequency:

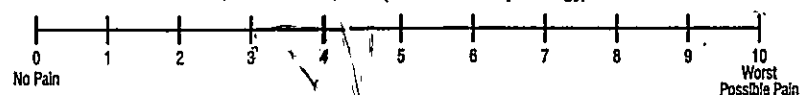
- Every eight hours for all hospitalized patients.
- For post-surgical patients, patients with chronic pain, patient with severe pain:
 - At least every 2 hours for the first 24 hours
 - Then every 4 hours.
 - Prior to pain relieving intervention.
 - Within 30 – 60 minutes after pain relief intervention.

PAIN ASSESSMENT TOOLS

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, rigid, 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

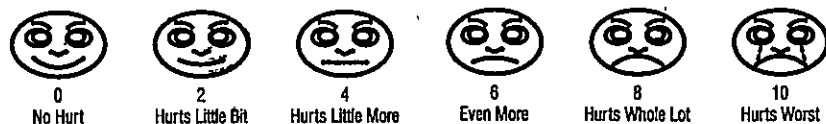
Numerical Pain Scale (Obstetric and Gynecology)



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

Wong - Baker (Pediatrics) Above 7 Years





PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
28/6/26	6AM	0/10		☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[Signature]
28/6/26	10AM	0/10	PA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[Signature]
28/6/26	2PM	0/10	PA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[Signature]
28/6	6PM	0/10	NA	☐ Continuous ☒ Intermittent	☒ Acute ☐ Chronic	☒ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☒ Decreasing	☒ Yes ☐ No	NA	[Signature]
28/6/26	10PM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[Signature]
29/6/26	8AM	0/10	PA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[Signature]
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

Re-assessment Frequency:

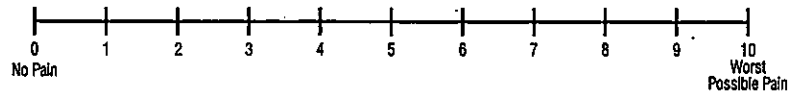
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Wong - Baker (Pediatrics) Above 7 Years





NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Dr. Rajani Kumari Department: L08 Date of Admission: 23/6

SITUATION		Diagnosis:		Any Infection: ☐ Yes ☐ No ☒ Not Known		If Yes Specify:		
BACKGROUND	Area	26/6/2020 8:15 AM 26/6/2020 2 PM 26/6/2020 8 AM 26/6/2020 8 PM						
	Shift Time							
BACKGROUND	Medical Condition (Any special condition to be noted):							
ASSESSMENT	Allergy:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	Tubes/Drains/Catheter:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	Vital Signs:	Temp:	98.6	98.1	98.5	98.1	98.5	98.5
		Res:	20	20	20	20	20	20
		SpO ₂ :	99%	99%	99%	99%	99%	99%
		Pulse:	92	92	100	104	82	86
		BP:	120/80	110/70	120/80	110/70	112/76	110/72
	Fall Risk Score:	0	0	0	0	0	0	
	Pain Score:	0/10	0	0	0	0	0	
	Recommendations	Safety Needs:	Yes	Yes	Yes	Yes	Yes	Yes
Physiotherapy		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
Others Specify:								
Special Diet:		☒ Yes ☐ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
Other Special Orders / Medications:								
Post Operative Procedure Special Orders:								
Handed Over By Name :		Ali Mou Aksh Chub Mou Prityal						
Signature :		Ali Mou Aksh Chub Mou Prityal						
Date:		26/6/2020 26/6 26/6 27/6/20 27/6 27/6/20						
Time:		8:15 AM 2 PM 8 PM 8 AM 8 8 PM						
Taken Over By Name :		Mou Aksh Chub Mou Mou mahi						
Signature :		Mou Aksh Chub Mou Mou mahi						
Date:		26/6 26/6 26/6/20 27/6 27/6 27/6/20						
Time:		2 PM 2 PM 8 PM 8 PM 8 PM 8 PM						

URSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Department: Date of Admission:

SITUATION	Diagnosis:		Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:			
	LICS					
BACKGROUND	Area	Shift Time	28/6 M	28/6 M6	28/6 E	28/6/26 M6
	Medical Condition (Any special condition to be noted):		-	-	-	-
ASSESSMENT	Allergy:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No ☐ Yes ☐ No
	Tubes/Drains/Catheter:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No ☐ Yes ☐ No
	Vital Signs:	Temp:	98.1°C	98.5°F	97.8°F	97.4°F
	Res:	20b/min	23b/min	20b/min	20b/min	
	SpO ₂ :	94%	99.1%	100%	99.1%	
	Pulse:	85	83b/min	81b/min	81b/min	
	BP:	110/75	112/76	110/76	110/71	
	Fall Risk Score:	-	-	-	-	
Pain Score:	0	0	-	-		
Recommendations	Safety Needs:	Yes	Yes	-	-	
	Physiotherapy	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No ☐ Yes ☐ No
	Others Specify:	-	-	-	-	
	Special Diet:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No ☐ Yes ☐ No
	Other Special Orders / Medications:	-	-	-	-	
Post Operative Procedure Special Orders:		-	-	-	-	
Handed Over By Name :		mahi	Anusha	Priyanka	Dinesh	
Signature :		[Signature]	[Signature]	[Signature]	[Signature]	
Date:		28/6/26	28/6/26	28/6/26	29/6/26	
Time:		8 AM	2 PM	8 PM	8 AM	
Taken Over By Name :		Anusha	Priyanka	Dinesh		
Signature :		[Signature]	[Signature]	[Signature]		
Date:		28/6/26	28/6/26	28/6/26		
Time:		8 AM	2 PM	8 PM		

Date of Removal:

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

PATIENT TRANSFER FORM

Patient Name & UHID No. BAH-00524030 IP26-00006649 Mrs P SAI NITHYA 33 Y 4 M 24 D (F) -03-02-1993 Dr. RAJANI KUMARI 		Date & Time of Admission 26/6/26	Date & Time of Transfer Order 27/6/26
		Transfer Ordered by Dr. Veena	Reason for Transfer Observation
From Unit Pre post	To Unit Room C213	Information to Attendant Yes ☒ No ☐	
Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant Yes ☒ No ☐ If yes, what ?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.			
2.			
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes ☐ No ☐			
Name & Signature of Person who is Transferring Sis. Monice.		Name of Person Ordered Transfer Dr. Veena	
Patient & Clinical Records Received by : Divya 27/6/26 4 PM			
Time of Patient Received :			

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

☐ Available Bed

☐ Nurse not Available

☐ Available Bed not ready

PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]

Patient Sticker

PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]



213

NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 28/6/26 Time: 9:45 am

Origin: Indian Height: 150cm Weight: 66.4 kg BMI: ☐ ~ 26 kg/m²
☐ ~ 28 kg/m²
☐ ~ 30 kg/m²

Food Allergies: No

Diagnosis: LSCS

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

Diet Advised:

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

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

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

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

Patient's / Attendant's

Signature: P. Sai Nithya

Name: P. Sai Nithya

Date & Time: 28/6/26; 9:45 am

Doc. No. : RCH / FRM / CLINICAL / 195

Dietician's

Signature: Syeda Sobiya Zaher

Name: Syeda Sobiya Zaher

Date & Time: 28/6/26; 9:45 am

(P. T. O)

DIETARY NOTES

[illegible]

BAH-00524030 IP26-00006649
 Mrs P SAI NITHYA
 03-02-1993 33 Y 4 M 23 D (F)
 Dr. RAJANI KUMARI



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

BirthRight
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: <u>Dr Rajani / Dr JV Reddy</u>	Date of Delivery: <u>- 26/06/2026</u>
Assistant Surgeon: <u>- Dr. Luvam HV</u>	Time of Delivery: <u>5:10 AM</u>
Anaesthetist's Name: <u>- Dr. AMIR</u>	Gender of Baby: <u>Female</u>
Type of Anaesthesia: <u>LA</u>	Weight of Baby: <u>2.8 kg</u>
Neonatologist: <u></u>	AGPAR Score: <u>8/10 ; 9/10</u>
Scrub Nurse: <u>- SN Sangeetha</u>	NICU Admission: ☐ Yes ☒ No

Pre-Operative Diagnosis:

☐ Elective

☒ Emergency

Indication:

Urgency

☐ Immediate Threat to life of woman or fetus

☐ Maternal or fetal compromise not immediately life threatening

☒ No maternal or fetal compromise but needs early delivery

☐ Delivery timed to suit woman and staff

Decision time: 30 min

Knife to rectus: 4 min

CTG Description: Reactive

If there was a delay give the reasons:

Surgical Procedure:

Emergency UCD + cesarean hysterectomy

Post Operative Diagnosis:

Peri-Operative Complications:

Amount of Blood Loss: - 500 ml

Blood Transfused (in ML):

Name and Number of Surgical Specimen sent for examination:

↓
Jelmoide

Examination Findings when Appropriate:

Presentation: ☒ Cephalic ☐ Breech ☐ Other

5th Palpable: 4/5+

Station: ☒ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2

Caput: ☐ + ☐ ++ ☐ +++

Bladder Catheterized: ☒ Yes ☐ No

Cervical Dilatation: cm

Fetal Position:

Moulding: ☐ None ☐ + ☐ ++ ☐ +++

Meconium: ☐ None ☐ + ☐ ++ ☐ +++

Urine: ☒ Clear ☐ Blood Stained

Skin Incision: ☒ Pfannenstiel ☐ Transverse ☐ Midline ☐ Other

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

Previous Scar: ☒ Intact ☐ Thinned out ☐ Ruptured ☐ No Scar

Incision Through Placenta: ☐ Yes ☒ No

Delivery of head: ☒ Manual ☐ Forceps

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

Delivery of Placenta: ☐ Manual ☒ CCT ☒ Complete ☐ Incomplete ☐ Piecemeal

Cord Appearance: normal Cord around the neck ☐ Yes ☐ No

Appearance of placenta: normal Cavity explored ☐ Yes ☐ No

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

Uterine Closure: ☐ One Layer ☒ Two Layers very moist Suture

Peritoneal Closure: ☒ Pelvic ☐ Abdominal ☐ None rapid wryl No. 1 Suture

Sheath Closure: - Suture

Fat Closure: ☒ Yes ☐ No rapid wryl No. 1 Suture

Skin Closure: ☒ Subcuticular ☐ Mattress rapid wryl No. 1 Suture

Vaginal Evacuated ☒ Yes ☐ No

Drain: ☐ Yes ☒ No ☐ Remove in days ☐ Await instructions

Catheter ☒ Yes ☐ No ☐ Remove in days ☐ Await instructions

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

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

Post-Operative Notes: - NBM x 6 hrs

- Ev fluids - 100ml, 100ml @ 100ml/hr

AI 2v Ab x 24 hrs

→ Inj TRANSOL 1g iv stat.

→ Foley - x 24 hrs.

→ Analgesics → As per Axon team

Doctor Name: Dr Rajni

Doctor Signature: (for) [Signature]

Date & Time: 26/6/2020 @ 6:50 AM

SURGICAL SAFETY CHECKLIST

Surgeon: Dr. Rajani Kumari
 Asst. Surgeon: Dr. J.V. Reddy
 Anaesthetist: Dr. Samir
 Scrub Nurse: Sr. Sangeetha

BAH-00524030 IP26-00006649
 Mrs P SAI NITHYA
 03-02-1993 33 Y 4 M 22 D (F)
 Dr. RAJANI KUMARI



Age: Gender:

UHL: Surgery Name:

Date: 20/6/20 In-time: 5:00 Out-time: 6:30



Before Induction of Anaesthesia ➤ ➤

SIGN IN		Time: <u>5:00</u>
Patient Has Confirmed		
Identity	☒ Yes ☐ No	
Site	☒ Yes ☐ No	
Procedure	☒ Yes ☐ No	
Consent	☒ Yes ☐ No	
Site Marked	☒ Yes ☐ No ☐ NA	
Anaesthesia Safety Check Completed	☒ Yes ☐ No	
Pulse Oximeter on Patient & Functioning	☒ Yes ☐ No	
Does Patient have a:		
Known Allergy?	☐ Yes ☒ No	
Difficult Airway / Aspiration Risk?		
Yes, & Equipment / Assistance Available	☒ Yes ☐ No	
Risk of > 500ml Blood Loss (7ml/kg In Children)?		
Yes, and Adequate Intravenous Access and Fluids Planned	☒ Yes ☐ No ☐ NA	
Blood Units Reserved	☒ Yes ☐ No ☐ NA	
Has Antibiotic Prophylaxis been given within the last 60 minutes?		
	☒ Yes ☐ No ☐ NA	
Signature: <u>[Signature]</u>		
Name: <u>[Signature]</u>		

Before Skin Incision ➤ ➤

TIME OUT		Time: <u>5:10</u>
Confirm all team members have introduced themselves by Name and Role ☒ Yes ☐ No		
Surgeon, Anaesthesia Professional and Nurse Verbally Confirm		
Correct Patient (Check ID Band)	☒ Yes ☐ No	
Correct Site	☒ Yes ☐ No	
Correct Procedure	☒ Yes ☐ No	
Anticipated Critical Events		
Surgeon Reviews:		
What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss? ☐ Yes ☐ No ☐ NA		
Anaesthesia Team Reviews:		
Are There Any Patient-specific Concerns? ☐ Yes ☐ No ☐ NA		
Nursing Team Reviews:		
Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns? ☒ Yes ☐ No ☐ NA		
Is Essential Imaging Displayed? ☒ Yes ☐ No ☐ NA		
Power Supply, Earthing, Power Backup and functioning of equipment checked. ☐ Yes ☐ No		
Signature: <u>[Signature]</u>		
Name: <u>Sangeetha</u>		

Before Patient Leaves Operating Room

SIGN OUT		Time: <u>6:30</u>
Nurse Verbally Confirms with the Team:		
The Name of the Procedure Recorded	☐ Yes ☐ No	
That Instrument, Sponge and Needle Counts are Correct (or Not Applicable)	☐ Yes ☐ No ☐ NA	
The Specimen is Labelled (including patient name)	☐ Yes ☐ No ☐ NA	
Whether there are any Equipment Problems to be addressed	☐ Yes ☐ No ☐ NA	
To Surgeon, Anaesthetist and Nurse:		
What are the key concerns for recovery and management of this patient? ☐ Yes ☐ No		
Signature: <u>[Signature]</u>		
Name: <u>Dr. Rajani</u>		



OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 25/6/26 Time of Arrival: 10:45 AM Time Seen by Nurse: 10:50 AM

1) Level of Consciousness: ☒ Conscious ☐ Semi-Conscious ☐ Unconscious

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

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

3) Vital Signs: Temperature: 98.6 Pulse: 94 RR: 20 SpO₂: 99 BP: 130/82 Weight:

4) Gestational Criteria:

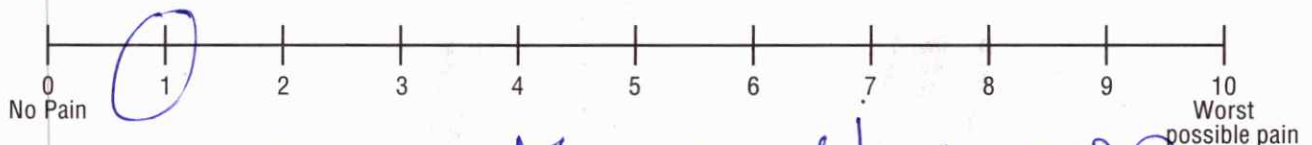
Gravida:	G <u>2</u>	P <u>1</u>	L <u>1</u>	A
----------	------------	------------	------------	---

LMP: 5/10/2025 EDD: 12/21/2026 Gestational Age: 21 weeks

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

5) Pain Screening:

Numerical Pain Scale (NPS)



- Location: Lower abdomen & back pain
- Duration: Days / Weeks/ Months (Strike out which is not applicable)
- Character:
- Frequency:
- Interventions:

6) Past History:

- a) Surgeries: LSCS
- b) Medical: ALL



7) Allergy: ☐ Yes ☒ No, If Yes :

8) Current Medications: ☒ Prenatal Vitamin ☐ None ☐ Others:

9) Prenatal Medical History:

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

Triage Category: (Please tick on the category)

Refer to **OBSTETRICAL TRIAGE ACUITY SCALE (OTAS)**

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

OBCU Obstetrical Triage Acuity Scale (OTAS)

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

Time seen by Doctor: 11:00pm

Nurse Name : Nurse Signature: [Signature]

Date: 25/6/2020 Time: 11pm



OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 25/6/26

Baseline Information:

Admission From: ☐ ER ☐ OPD ☒ Admission Desk ☐ Others, specify
Primary Language: ☒ Telugu ☒ English ☐ Hindi ☐ Others, specify
Do you require an interpreter? ☐ Yes ☐ No if Yes specify
Source of Information: ☒ Patient ☒ Family ☐ Others, specify

Allergies: ☐ Yes ☒ No ☐ Medications ☐ Blood Transfusion ☐ Food ☐ Other:
If yes, identify

Chief Complaints: Lower Abdomen Pain Doctor Notified on Admission: ☐ Yes ☒ No
Name of the Doctor: Dr. Swathi Time Notified: 11:00 PM

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

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

Obstetric History: G 2 P 1 L 1 A

Previous LSCS: 2nd

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

Family History: ☐ No Abnormalities Detected

☐ Heart Disease ☒ Hypertension ☒ Diabetes ☐ Stroke ☐ Seizures ☐ Kidney disease
☐ Liver disease ☐ Other

Vital Signs / Measurements: Temp: 97.6 HR: 97 RR: 20
BP: 120/82 Weight: 60 kg Height: BMI:

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



PHYSICAL ASSESSMENT

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

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

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

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

- ☐ Mobility problem ☐ Walking Problem ☒ No Abnormality Detected
☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING: ☒ No Abnormality Detected

- ☐ Overweight ☐ Poor Appetite > 3 Days ☐ Needs Therapeutic Diet.
☐ Under Weight ☐ Diabetes Mellitus ☐ Hyperemesis Gravidarum

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

- ☒ Calm & Cooperative ☐ Restless ☐ Depressed ☐ Agitated ☐ Confused
☐ Others

Inform consultant for positive criteria

SOCIAL SCREENING:

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

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

Social History: Lives With family member

Orientation has been given regarding the following aspects:

- Call Bell in Reach : ☒ Yes ☐ No Waste Disposal Explained: ☒ Yes ☐ No
Infusion Pump : ☐ Yes ☒ No Hand Hygiene Explained: ☐ Yes ☒ No ☐ Others

Above information given to Patient

Name of Person Orientation was given to: Mrs. Sai Nithya

Orientation not given Reason:

Nurse Signature: [Signature]

Nurse Name: [Signature]

Date & Time: 25/11/2023 11:00 AM

BREAST FEEDING HANDOVER AND ASSESSMENT FORM

1. Breastfeeding initiated?

- ☒ a. Yes ☐ b. No

2. If No, Reason

3. Nipple condition:

- ☒ a. Nipple well formed
☐ b. Flat nipple
☐ c. Inverted nipple
☐ d. Short nipple

4. Milk flow:

- ☒ a. Good
☐ b. Drops of colostrums
☐ c. Dry

5. Steps for Positioning and attachment:

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



Feeding Positions:
Cross Cradle



Feeding Positions:
Football / Clutch

6. Was the position explained:

- ☒ a. Yes
☐ b. No

7. For Caesarian mothers:

- ☒ a. Mother is required sit and feed from the 4th feed
☐ b. Please explain football hold

8. NICU admission:

- ☐ a. Mother needs to stimulate her breast for 2 min every 2 hours

9. Additional notes:

Continuity of Care:

Date: 26/6/20

- Assess the Patient Condition
- Explained position
- milk flow drop of colostrums
- and howly feeding given

Handover given by NCA

Handover taken by

Signature (Signature)

Signature

Date & Time: 26/6/20 @ 8:00am

Date & Time:

Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION



Name: Mrs. P. Jain Nithya Age: 32y Sex: Female UHID.No: BAH-524030
Date: 25/6 Time: 11pm Proposed Operation: LSCS
Diagnosis: G2P1L1, 0 prev. LSCS, fibroid complicating pregnancy
B.P / CRT: 112/65 H.R: 102 Weight: 69 ASA Physical Status: ☐ 1 ☒ 2 ☐ 3 ☐ 4 ☐ 5

Laboratory Data:

Hgb: 12.7 Glucose: Protein: HIV: JNR X-Ray:
PCV: 36.7 Urea: Alb: HBS Ag: ECG:
WBC: 12060 Creat: Total Bill: HCV: 2D Echo:
Plate: 2.38 Na: Dir. Bill: Blood group: Bpos Stress/Angio:
PT: K: LDH: T3 Other:
PTT: Ca++: Alk phos: T4
INR: Mg++: Amylase: TSH
Cl -: SGOT/SGPT:

Allergies: NKOA

Medical History: CVS: /

RESP: No significant medical history Diabetes:

CNS: ? Allergic bronchitis - takes MONTEK-LC

Renal: Regular tests - uneventful throat

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

Others: 2 fibroids 5x4x5 Cat mall 3x3x2 fundal

Past Anaesthetic History: prev. LSCS & SAB 2023

Physical Exam: Coherent

Airway: MP 1 2 3 4 Mouth Opening: adq Mentohyoid Distance: 3cm Neck: (N) Teeth: intact

Lungs: breath clear

Heart: S1+S2+M0

CNS:

Pregnant: ☒ Yes ☐ No ☐ NA

Venous Access Site: peripheral x2

Spine Exam for regional: midline

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

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

CURRENT MEDICATIONS	DOSAGE
<u>Ecosprin stopped</u>	
<u>Fe/Ca/Arg 9.</u>	

Pre-Operative Instructions:

- DVT Prophylaxis: fasting as per protocol
- NIL ORAL Water / ORS 2 Hours
Others 6 Hours
- Informed Consent: ☒ Standard ☐ High Risk
- Post Operative Pain Management: ☒ Discussed with Patient
- Other Instructions: 200mg / 200mg reserve : crossmatch - CBP stat.

Signature: [Signature] Name: Dr Lamin Chayath

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



ANAESTHESIA CHART

Pre Induction Assessment:

Change in Patient Condition: ☐ Yes ☒ No

Fasting Status: okay

Physical Status:

☒ Patient Identified

☒ Consent Present

☒ Chart Reviewed

H.R: 102/m B.P / CRT: 112/73 mmHg SpO₂: 96% ERS R.R: 14/m Last Feed: 76 hrs

Pre-OP Diagnosis: GALLBLADDER STONE Operation: USG Date: 26/6

Surgeon: Dr. RK / Dr. GUR / Dr. MSV Anaesthesiologist: Dr. Samir Technician: Pravind

TIME		500	15	30	45	600	15	30
N ₂ O /AIR /O ₂ LPM								
HALO /SO /SEVO								
Drugs:								
MEPENTERLINE		6mg	+	6mg	iv			
TRANEXAMIC ACID		1gm	iv					
OXYTOCIN		3U	+	20U	infusion iv			
FIO ₂ / SaO ₂		97	97					
ETCO ₂								
ECG		SL	SL					
Temperature								
Urine Output		100ml						
Fluids	Blood	RL @ 500ml/hr	→	→	→			
		RL @ 150ml/hr	→	→	→			
		(OXYTOCIN 10U)						

Antibiotic	
ZINEN	
Suppository	
DICLOFENAC	100mg
TRAMADOL	100mg
Blood Loss	~500mL
NOTES	



POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by: Madhu

Time Received: 6:30 AM

Time Discharged: 12:30 PM

BLOOD PRESSURE PULSE RESP SPO₂	250 240 230 220 210 200 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50 40 30 20 10 0	250 240 230 220 210 200 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50 40 30 20 10 0	IV Cannula Site: <u>Left</u> ☐ O₂ Mask ☐ Nasal Prongs ☐ Tracheostomy ☐ T-Piece ☐ Oral Airway ☐ Nasal Airway Vomiting: ☐ Yes ☒ No NG Tube: ☐ Yes ☒ No Drain: ☐ Yes ☒ No Urinary Catheter: ☒ Yes ☐ No Chest Tube: ☐ Yes ☒ No Nil Oral: ☐ Yes ☒ No IV Fluids: <u>P.L.</u> Oral Feeds: <u></u> Drug: <u>Taxim</u>
	Graph area for vital signs (Pressure, Pulse, Resp, SPO₂)		

POST ANAESTHESIA SCORE (Modified Aldrete Score)		IN	MINUTES			OUT	SCORING INTERPRETATION
			30	60	90		
Able to move 4 extremities voluntary or on command	= 2	ACTIVITY	1	1	2	2	A Minimum Total Score of 8 is Required for Discharge Exceptions to this, are to be explained in the space below by the Discharging Physician:
Able to move 2 extremities voluntary or on command	= 1		2	2	2	2	
Able to move 0 extremities voluntary or on command	= 0		2	2	2	2	
Able to deep breathe & cough freely	= 2	RESPIRATION	2	2	2	2	
Dyspnea or limited breathing	= 1		2	2	2	2	
Apneic	= 0		2	2	2	2	
BP $\pm$ 20 of Pre Anaesthetic level	= 2	CIRCULATION	2	2	2	2	
BP $\pm$ 20-50 of Pre Anaesthetic level	= 1		2	2	2	2	
BP $\pm$ 50 of Pre Anaesthetic level	= 0		2	2	2	2	
Fully awake	= 2	CONSCIOUSNESS	2	2	2	2	
Arousable on calling	= 1		2	2	2	2	
Not responding	= 0		2	2	2	2	
Pink	= 2	COLOR	2	2	2	2	
Pale, dusky, blotchy, jaundiced, other	= 1		2	2	2	2	
Cyanotic	= 0		2	2	2	2	
TOTAL			9	9	10	10	

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
26/6	6:30 AM	0	Normal	<u>Li</u>
26/6	2:30 PM	0	Normal	<u>Li</u>
26/6	9 AM	0	NA	<u>Li</u>
27/6		0	NA	<u>Li</u>

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

Reassessment Frequency:

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

Anaesthesiologist Name: Dr. Aysha

Anaesthesiologist Signature: [Signature]

Date & Time:

PACU Nurse Name: Sujatha

PACU Nurse Signature: Li

Date & Time: 26/6/26

Transferred to Unit by (PACU):

Date & Time: 26/6/26

Patient Sticker

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 Left Right		Maternal		FHR	Comments
					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

Patient Name & UHID No. BAH-00524030 IP26-00006649 Mrs P SAI NITHYA 33 Y 4 M 23 D (F) Dr. RAJANI KUMARI 		Date & Time of Admission 25/6/26	Date & Time of Transfer Order 26/6/26 @ 6:30 am
		Transfer Ordered by Dr. Saurav	Reason for Transfer observational
From Unit OT	To Unit Pwrt post	Information to Attendant Yes ☐ No ☐	
Number of Sheets in Clinical File 35	Number of Imaging Films 2	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☐ If yes, what ?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.	RL	1	
2.			
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes ☒ No ☐			
Name & Signature of Person who is Transferring Sangeetha		Name of Person Ordered Transfer Dr Swathi	
Patient & Clinical Records Received by : Alekhya 26/6/26 S. Srinivas			
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

Patient Name & UHID No. BAH-00524030 IP26-00006649 Mrs P SAI NITHYA 03-02-1993 33 Y 4 M 22 D (F) Dr. RAJANI KUMARI 		Date & Time of Admission 25/6/26 10:54 PM	Date & Time of Transfer Order 26/6/26 @ 4:50 AM
		Transfer Ordered by Dr. Swathi	Reason for Transfer 2800
From Unit Pre-post	To Unit OP	Information to Attendant Yes ☒ No ☐	
Number of Sheets in Clinical File 25	Number of Imaging Films 1	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☐ If yes, what ?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.			
2.	Handed over		
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes ☒ No ☐			
Name & Signature of Person who is Transferring Sri - Aravali		Name of Person Ordered Transfer Dr. Rajani Kumari	
Patient & Clinical Records Received by : Sangeetha			
Date & Time of Patient Received : 26/6/26 @ 4:50 AM			

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

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE



Patient Name : SAI NITHYA P. Gender: ☐ Male ☒ Female Age : 32 Y 4 M 23 D
UHID No : BAH-00524030 Date :

Instruction:

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

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

CESAREAN MYOMECTOMY.

upon

(Name of the Patient) SAI NITHYA P.

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

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

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

- Excess Bleeding / need of Blood & blood product transfusion. Injury to fetal structures.

My signature on this form indicates that

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

Name of the Doctor who is performing the Surgery / Procedure: Dr. F. V. Reddy / Dr. Rajani

Consentee :

Signature : Nithya
Name : P Nithya
Date & Time : 26/6/26 @ 4:00 PM

Witness :

Signature : Madhu
Name : Madhumita
Date & Time : 26/6/26 @ 4 AM

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

Patient Attendant

Signature : [Signature]
Name : Aaditya Saikiran P
Relationship with Patient : Husband
Date & Time : 26/6/26 @ 4:00 PM

Doctor (who is taking the consent) :

Signature : [Signature]
Name : Dr. F. V. Reddy
Date & Time : 26/06/2016 @ 4 AM

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

Patient Name : SAI NITYA . P. Gender: ☐ Male ☒ Female Age : 32 F.

UHID No : BAH-00524030 Date : 26/6/2026

Instruction:

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

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

EMERGENCY LOWER SEGMENT CESAREAN SECTION +/-
MYOMECTOMY. upon
P. SAI NITYA (Name of the Patient)

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

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

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

- EXCESS BLEEDING, need of BLOOD & BLOOD PRODUCT TRANSFUSION
RISK OF INJURY TO BOWEL, BLADDER OR OTHER VITAL STRUCTURES
RISK OF INJURY TO BABY, THROMBOEMBOLISM, WOUND
INFECTION.

My signature on this form indicates that

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

Name of the Doctor who is performing the Surgery / Procedure: Dr Rajani Kumari / Dr B.V Reddy

Consentee :

Signature : Nitya

Name : P. Nitya

Date & Time : 26/6/26 @ 4:00pm

Witness :

Signature : Madhu

Name : Madhumita

Date & Time : 26/6/26 @ 4 AM

Patient Attendant :

Signature : Aaditya

Name : Aaditya Saikiran Pegallapati

Relationship with Patient :

Date & Time : 26/6/26 @ 4:00pm

Doctor (who is taking the consent) :

Signature : Dr. Rajani

Name : Dr. Rajani Kumari

Date & Time : 26/6/2026 @ 4 AM

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE

Patient Name : Ms Sai Nithya Age : 32 Gender : Male ☐ Female ☒
UHID NO: BAH-524030 Surgeon Name: Dr. Rajini Kumari
Anaesthesiologist : Dr. Samir Chayath / Dr. Ayesha Sa.
Operative procedure planned : LSCS + myomectomy

PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA

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

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

- ☐ Heart disease ☐ Hypertension ☐ Diabetes mellitus ☐ Renal failure
☐ Hepatic disorders ☐ Shock ☐ Multiple organ failure ☐ Polytrauma / Renal Tubular Acidosis
☐ Incapacitating Chronic Obstructive Pulmonary Disease
☒ Others : Bleeding / Need for blood & products

Comments :

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

DECLARATION BY PATIENT / GUARDIAN / PROXY

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

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

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

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

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

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

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

- Pregnant : ☒ Yes ☐ No

DECLARATION BY THE ANAESTHETISTS PROVIDING INFORMATION FOR THIS CONSENT

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

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

✓ Patient / Patient Attendant :

Signature : [Signature]
Name : P. Sai Nithya
Relationship with Patient : Self
Date & Time : 26/6/28 @ 4:00 AM

Witness :

Signature : [Signature]
Name : Aaditya Saikiran P
Date & Time : 26/6/28 @ 4:00 AM

Doctor (who is taking the consent) :

Signature : [Signature]
Name : Dr. Jamin Chayalk
Date & Time : 2/6 at 1130am

96-0000208281

NARCOTIC PRESCRIPTION FORM (PATIENT COPY)

Patient Name: Mrs P Sai Nithya	Age: 33Y	Gender: F	
UHID No: BAH-00524037	IP No: 26-00006649	Date: 26/6/26	
Diagnosis: Em HSCS	(Ward - OT)	Time: 5:49 AM	
PRESCRIPTION DETAILS (Tick only one of the following)			
S.No	Drug Name	Dosage	Remarks
1.	Fentanyl Citrate Inj. 50mcg/ML	100 mcg	01 AMP
2.	Morphine Sulphate Inj. 15mg/ML	—	—
3.	Remifentanyl Hydrochloride Inj. 2MG	—	—
4.	Remifentanyl Hydrochloride inj. 1MG	—	—
Doctor Name: Dr SWATHI.HV.		Doctor Registration No: 15MC15501	
Signature: <i>[Signature]</i>			

NARCOTIC DISPENSING FORM APPENDIX 4 – FORM NO. 3E

(Details of the Patient to whom Essential Narcotic Drugs Dispensed)

IP Registration No: **26-00006649**

Date: **26/6/26**

Aadhaar No. of the Patient (Optional):

1.	Name: Mrs P Sai Nithya	Remarks: Tank bond Road Wardh Nagar Em HSCS		
2.	Complete postal address (with contact number, if any)			
3.	Brief description of the illness			
4.	Whether registered with any other registered medical practitioner / recognized medical institution (If yes, details of the recorded)	NO		
5.	Details of essential Narcotic drug dispensed	INJ: Fentanyl		
Date	Name of the Essential Narcotic Drugs	Quantity	Signature / Thumb Impression of the patient / Patient Attender	Remarks, if any
26/6	INJ: Fentanyl	01		

Dispensed by (Name & ID No.): **Sania (018442) M Arvind Kumar (021257)** Signature: *[Signature]*

Received by (Name & ID No.): Signature: *[Signature]*

Time:

Patient Name	Mrs P SAI NITHYA	Patient Ph. No	9908626219
Age	33 Y 4 M 23 D	Requisition No	R2626-007604
Gender	Female	Collected on	26-06-2026 04:53 PM
IP / Bill No.	IP26-00006649	Received on	27-06-2026 11:37 AM
UHID No.	BAH-00524030	Reported on	27-06-2026 11:37 AM
Ref. Doctor	RAJANI KUMARI	Ward / Bed No	

X-RAY CHEST AP VIEW

Mid inspiratory film.

Cardiothoracic ratio within normal limits.

No evidence of fracture of the ribs.

No pneumothorax / pleural effusion.

Both lung fields are clear

CP angles are clear.

Domes of diaphragm are normal.

For clinical correlation.



Dr. YELMAREDDY POOJA REDDY
MD, CONSULTANT RADIOLOGIST
Reg No: 74406

Print Date/Time : 27-06-2026 11:37 AM

Printed By : BATKIRI CHAYA
DEVI

Page: 1 of 1

Note: Clinically Correlate, Kindly discuss if necessary.

For Further Details
Scan QR Code

