Dr. Swathi. H.V

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

ESTIMATION SLIP

Date : 17/12/2025 **UHID / IP No. :** HNH-0001260 3 **Sl No.** 1050

Name of Patient : Mrs. Areeba Fatima **Age:** 26yrs **Gender:** F

Father's / Husband's Name : Mr. Mohd Samad **Corporate / Occupation :** _____

Address : Mehdipatnam **Phone :** 7680902074 **Email :** _____

Procedure / Plan : NVD/LSCS G2 8686876732 **EDD/Dos:** July 2026

MODE OF PAYMENT : ☐ SELF ☐ TPA : Self. ☐ GIPSA : _____ OTHER

TARIFF INFORMATION :

Particulars	Package Amounts (Rs.)	
Room Category	Normal Delivery	LSCS
Multi Shared Ward		
Shared Ward	99,999 1kg.	
Twin Shared Ward		
Private Room →	1.35K	1.45K.
Super Deluxe Room →	1.55K	1.65K.
Suite Room		
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 : 2 days	Length of Stay for : 3 days.
	Pharmacy up to 12,000/-	Pharmacy up to
	Investigations up to 3,000/-	Investigations up to
Others Well Baby Bill.	25 to 35K.	

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

Initial Minimum Deposit : 80%.

REMARKS : Neonatologist, Grouping, SBR. Vaccination - BCG, Hepatatis B, Polio.

1. 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.
2. 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.
3. **Total baby charges are extra which include admission, pharmacy, vaccinations, investigations, disposables, consumables, equipments, speciality consultations, etc.**
4. 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
5. **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.**
6. 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.
7. 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
8. Tariffs are subject to revision
9. Kindly check your billing status on day to day basis at IP Billing Department.
10. Additional Charges on package are applicable for Non-working hours and Non-working days (sundays and public holidays)

DECLARATION

I Areeba Fatima 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.

Areeba — Signature of the Client

Self — Signatory Relationship

Signature of the financial Counselor

HNH-00012603 IP26-00006678
Mrs AREEBA FATIMA
03-07-1999 26 Y 11 M 26 D (F)
Dr. SWATHI H V

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SURGERY DETAILS

Date : 29/6/26

Patient Name: ..... HNH-00012603 IP26-00006678 Mrs AREEBA FATIMA 03-07-1999 26 Y 11 M 26 D (F) Dr. SWATHI H V ..... Date of Birth: ..... Age: .....

Gender: .... UHID No.: HNH-00012603

Date of Surgery: .. OT -1 ☐ OT -2 ☐ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : Normal delivery

Time in : 10 Am Time Out : 11 Am

		NAME	AMOUNT
1.	Surgeon	: Dr. Swathi	
2.	Anaesthetist	: Dr. Samira	
3.	Assistant Surgeon	:	
4.	OT Technician	:	
5.	Circulating Nurse	: Madhumitha	
6.	Assistant Nurse	: Kasthuri	

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

Signature of the Surgeon

Madhu
Signature of Circulating Nurse

Order No: 26-0000209159/A159 Order by: Madhumitha

HNH-00012603 IP26-00006678
Mrs AREEBA FATIMA
03-07-1999 26 Y 11 M 26 D (F)
Dr. SWATHI H V

Named Delivery for OT used Hospital

CONSUMABLES OF OT

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Circulating staff : Sandhya Technician : Anand Date : 29/6/26 Time :

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube			~~Major~~ Pack 2 Nos		01	Inj Vit.K		1
LMA			Sutures			Cord Clamp		1
ECG leads : A / P / N			2346, 2364	1+1		Suction Catheter		
HME filter : A / P / N			4242, 1326	1+1		Feeding Tube 8		1
Syringes : 10 cc						Vaccum Suction Set		
05 cc			Gloves S. & 6½	1		Surgical Gloves 6.5		1
02 cc			Encore 6½	01		Gauze Pack		1
01 cc						Syringe 1ml / 2ml		1
Cautery plate : A / P / N			Surgical blade 22	01		Surgical Blade # 20		1
IV set			NG tube			Koochies (S)		1
RL			Cautery pencil	01				
NS : 10ml / 100ml / 500ml / 1000ml			Koochies			26-0000209299/9300		
			Ointments					
			Suction Catheter					
Fentanyl			Cap, Mask	~~05~~ 10				
Morphine			Gauze Pack 7.5		01			
Ketamine			Mop Pack		3			
Propofol			Steristrip					
Rocuronium			Underpad					
Glycopyrolate			Draw sheet					
Myopyrolate			Abgel					
Ondansetron			Foleys catheter					
Pencan 25g/ 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		01			
Justin : 12.5 mg / 25mg / 100mg			Plastic ~~Bed Sheet~~ Aprons		02			
Tab. Misoprost : 200mg			Betadine Solution					
			Microshield					
			Cotton Balls		01			
			Latex Gloves					
			Ramdione Scrub					
			Saral					

Surgeon Anaesthesiologist Nurse OT Technician

Order No. : 26-0000209203/204 Ordered by : Sandhya 29/6/26 @ 1:20pm

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

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040-48873000, info@rainbowhospitals.in

ELECTRONIC MEDICINE PRESCRIPTION

MRN	: HNH-00012603	**Name**	: Mrs AREEBA FATIMA
Age / Sex	: 26 Y 11 M 26 D / Female	**Doctor**	: SWATHI H V
Adm/Reg Date/Time	: 29/06/2026 02:38	**Payor**	: SELFPAY
Order Date	: 29/06/2026 13:18	**Ordernumber**	: 26-0000209203
Visit ID	: IP26-00006678	**Ward/Bed No**	: 4F -OT / LDR-415
Patient Address	: 10-2-510/1/a beside azra public school asif nagar, Gudimalkapur, Hyderabad, Telangana, INDIA, 500028		

S	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	MONOCRYL 3-0 NW 1326	MONOCRYL 1326	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
2	SURGICAL BLADE 22	SURGICAL BLADE 22	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
3	VICRYL 1-0 VP 2346	VICRYL 1-0 VP 2346	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
4	LSCS DRAPE PACK (PROTECTCARE)		1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
5	COTTON BALLS 2 GM 5 NOS		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
6	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		1 Nos	Dispensed
7	SGLOVE # 6.5 (SURGICARE)	SURGICAL GLOVES 6.5	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
8	DISPOSABLE APRONS STERILE XL	DISPOSABLE APPRON STERILE XL	1 Nos	/ Once Daily	2 Days		2 Nos	Dispensed
9	VACCUME SUCTION SET		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
10	TRUGUT CHROMIC CATGUT SN4242	TRUGUT CHROMIC CATGUT SN4242	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
11	Encore Microptic gloves-6.5		1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
12	VICRYL 1-0 NW 2364	VICRYL 1-0 NW 2364	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
13	MOPS 30X30 8PLY 5S X-RAY	MOPS 30X308 PLYDATT	1 Nos	/ Once Daily	2 Days		2 Nos	Dispensed

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

* This document is just for reference purpose only. Not to be considered as primary report.

Note

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

*** Do not refill medicines.**

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ELECTRONIC MEDICINE PRESCRIPTION

MRN	: HNH-00012603	**Name**	: Mrs AREEBA FATIMA
Age / Sex	: 26 Y 11 M 26 D / Female	**Doctor**	: SWATHI H V
Adm/Reg Date/Time	: 29/06/2026 02:38	**Payor**	: SELFPAY
Order Date	: 29/06/2026 13:18	**Ordernumber**	: 26-0000209204
Visit ID	: IP26-00006678	**Ward/Bed No**	: 4F -OT / LDR-415
Patient Address	: 10-2-510/1/a beside azra public school asif nagar, Gudimalkapur, Hyderabad, Telangana, INDIA, 500028		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	FACE MASK 3 LAYER - ELASTIC	FACE MASK 3 LAYER	1 Nos	External / Once Daily	1 Days		5 Nos	Dispensed
2	SURGEON CAP(FEMALE) (PROTECTCARE)		1 Nos	External / Once Daily	1 Days		5 Nos	Dispensed

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

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ELECTRONIC MEDICINE PRESCRIPTION

MRN	HNH-00016240	**Name**	: Baby Of AREEBA FATIMA
Age / Sex	0 Y 0 M 0 D 6 H / Male	**Doctor**	: S TEJASWI REDDY
Adm Reg Date/Time	29/06/2026 11:49	**Payor**	: SELFPAY
Order Date	29/06/2026 16:38	**Ordernumber**	: 26-0000209300
Visit ID	. IP26-00006683	**Ward/Bed No**	: 2F -PRIVATE ROOM / CRDL-HNPVT-212-1
Patient Address	. 10-2-510/1/a beside azra public school asif nagar, Gudimalkapur, Hyderabad, Telangana, INDIA, 500028		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	CORD CLAMP-ALPHAMEDICARE		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
2	SURGICAL BLADE 20	SURGICAL BLADE 20	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
3	DSYRINGE 1ML (NIPRO)	SYRINGE 1ML	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
4	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		1 Nos	Dispensed
5	INJEK INJ 1 MG 0.5 ML		1 Nos	/ Once Daily	1 Days		1 Vial	Dispensed

S TEJASWI REDDY

Reg No : APMC/FMR/94068

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Note

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*** Do not refill medicines.**

Printed Date/Time . 29/06/2026 17:02 Printed By : BODIGADDA KARUNA

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040-48873000, info@rainbowhospitals.in

ELECTRONIC MEDICINE PRESCRIPTION

MRN	: HNH-00016240	**Name**	: Baby Of AREEBA FATIMA
Age / Sex	. 0 Y 0 M 0 D 6 H / Male	**Doctor**	. S TEJASWI REDDY
Adm/Reg Date/Time	: 29/06/2026 11:49	**Payor**	SELFPAY
Order Date	: 29/06/2026 16:38	**Ordernumber**	: 26-0000209299
Visit ID	: IP26-00006683	**Ward/Bed No**	: 2F -PRIVATE ROOM / CRDL-HNPVT-212-1
Patient Address	: 10-2-510/1/a beside azra public school asif nagar, Gudimalkapur, Hyderabad, Telangana, INDIA, 500028		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	SGLOVE # 6.5 (SURGICARE)	SURGICAL GLOVES 6.5	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
2	KOOCHEES- SMALL 5 S		1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed

S TEJASWI REDDY

Reg No : APMC/FMR/94068

* This document is just for reference purpose only. Not to be considered as primary report.

Note

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

*** Do not refill medicines.**

HNH-00012603 IP26-00006678
Mrs AREEBA FATIMA
03-07-1999 26 Y 11 M 26 D (F)
Dr. SWATHI H V

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DEFICIENCY CHECK LIST OF CASE SHEET

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

Signature and Date : 30/6/2021

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

(P.T.O)

212
FC

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Name	Mrs AREEBA FATIMA	**UHID**	HNH-00012603
Father/Guardian	Mr MAHAMMED SAMAD	**Age/Gender**	26 Y 11 M 26 D/ Female
Address	10-2-510/1/a beside azra public school asif nagar, Gudimalkapur, Hyderabad, Telangana, INDIA, 500028		
IP No	IP26-00006678	**Admission Date**	29-06-2026
Ref Doctor	Self.		
Discharge Date	30.06.2026		

DISCHARGE SUMMARY

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

Diagnosis: G3P1L1A1 AT 39^{+3} WEEKS WITH SMALL FOR GESTATIONAL AGE FOR DELIVERY

SPONTANEOUS VAGINAL DELIVERY DONE ON 29.06.2026

History:
LMP: 26.09.2025
EDD: 03.07.2026
Obstetric formula: G3P1L1A1
Gestation at admission: 39^{+3} weeks

Obstetric History:
G1 -FT-NVD, Female,2.6KG, H/O IUGR.
G2 - Spontaneous miscarriage at 5 weeks
G3- Present Pregnancy, Spontaneous conception.

Medical History: Nil
Surgical History: Nil
Family History: Nil
Allergies: Nil

Antenatal Details:
Mrs AREEBA FATIMA was booked to Rainbow hospital at 11^{+4} weeks of gestation. She had regular antenatal checkups and investigations as advised. NT-normal. FTS-low risk. TIFFA- Echogenic foci in left ventricle noted rest

normal.OGTT normal. Fetal growth monitoring was done by seral growth scan. Scan done 04.06.2026 showed single live intrauterine fetus at 35+6 weeks with cephalic presentation with posterior high with AFI: 10.7cm with EFW: 2.4kg (17%) AC: 4% Umbilical artery doppler normal. She was admitted at 39^{+3} weeks for delivery.

Investigations: Enclosed
Blood group: "AB" Positive

Management: Course in hospital and Delivery Details:

At admission on clinical examination the vitals were stable, uterus was relaxed, cervix was long and 3cm dilated. Fetal well being was confirmed by an admission CTG which was found to be reactive. Artificial rupture of membranes done at 4-5cms dilatation revealing grade 1 meconium stained liqour. As per hospital protocol she was started on IV Taxim in view of ruptured membranes. Partographic monitoring of labour was done. She progressed to full dilatation at 10:45am. Passive descent of fetal head was allowed for 15 min. post full dilatation. She was put into position for vaginal birth at 10:45am. Parts painted with betadine solution and draped to ensure full asepsis. She was encouraged to bear down. At crowning of head episiotomy was given under local anesthesia (10 ml of 2 % xylocaine solution). Baby was delivered by spontaneous vaginal delivery, Cord clamped and cut and baby handed over to pediatrician. Cord blood collected for blood grouping and Rh typing. Placenta and membranes delivered completely with controlled cord traction. Prophylactic syntocinon given. Episiotomy inspected. No extensions or additional vaginal tears found. Episiotomy sutured in layers. Instrument and swab count checked. 800 mcg of misoprostol given per rectally as prophylaxis against post partum hemorrhage. Vagina cleaned with betadine solution.

Delivery Details :
Date : 29.06.2026
Time of Delivery: 10:48am
Type of Delivery: Spontaneous vaginal delivery
Analgesia : None

Baby Details:
Date : 29.06.2026
Time : 10:48am
Sex : Male

Name	Mrs AREEBA FATIMA	**UHID**	HNH-00012603
IP No	IP26-00006678	**Admission Date**	29-06-2026

Weight : 2.8kg
Apgar : 7,9
Gestational Age: 39^{+3} weeks
NICU Admission: No

Post-Partum Notes: She was closely monitored for post partum hemorrhage. Breast feeding initiated. Vitals were stable; patient ambulated and was shifted to room. Patient was encouraged for spontaneous voiding. Dietary advice given. Her postpartum period following that was uneventful. On first postpartum day episiotomy wound was healthy and intact. Her general condition was satisfactory and she was found to be fit for discharge. Wound care and medications were explained to patient supplemented by written information. She was given the postpartum book for further reference.

Advice:

1. Tab. Taxim - O 200mg (Cefixime 200mg) twice daily till 05.07.2026 (9am-9pm) after food.
2. Tab. Calpol 500mg (Paracetamol 500mg) (2tabs) thrice daily till 03.07.2026 (8am-2pm-10pm) after food.
3. Tab. Pantodac (Pantoprazole - 40mg) 1 tablet twice daily till 05.07.2026 (7am-7pm) before food.
4. Tab. Voveran 50 mg (Diclofenac 50mg) thrice daily till 05.07.2026 (9am-3pm-11pm) after food.
5. Tab. Livogen (Elemental iron - 50mg, folic acid 1.5mg) once daily (7am) for three months before breakfast.
6. Tab. Shelcal (Elemental Calcium 500 mg, vitamin D3 250 IU) once daily (2pm) till breast feeding after food.
7. Ointment Metro-P for local application.
8. Syp. Duphalac 15 ml (Lactulose 3.33gm/5ml) at bed time for one week.

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

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

Review with **Dr. SWATHI H V** after **2** weeks on **13.07.2026** at Rainbow Children's Hospital with prior appointment. **(Review consultation will be charged).**

Name	Mrs AREEBA FATIMA	**UHID**	HNH-00012603
IP No	IP26-00006678	**Admission Date**	29-06-2026

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

Patient/ Attender

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

Registrar/Resident/C.M.O

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

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 : IP26-00006678 **Admit Date** : 29-Jun-2026 **Admit Time** : 02:38 AM **UHID** : HNH-00012603

Patient Details :

Patient Name	: Mrs AREEBA FATIMA	**Age**	: 26 Y 11 M 26 D
Guardian	: Mr MAHAMMED SAMAD	**DOB**	: 03-07-1999
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 10-2-510/1/a beside azra public school asif nagar Gudimalkapur Hyderabad Telangana INDIA 500028	**Phone No**	: 7680902074/ 8686876732
		E-mail	: areeba.fatima99@gmai.com

Admission Details :

Bed Type : TWIN SHARING **Bed No** : LDR-415 **Ward Name** : 4F -OT

Room No : LDR-415 **Admission Type** : First Visit

Contact Details :

Name : Mr MAHAMMED SAMAD **Relationship** : W/O

Contact Address : 10-2-510/1/a beside azra public school asif nagar Gudimalkapur Hyderabad Telangana INDIA 500028 **Phone No** : 7680902074

Signature

Doctor Details :

Doctor Name : Dr. SWATHI H V **Specialisation** : OBSTETRICS AND GYNECOLOGY

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

Co-Consultant :

Payment Details :

Deposit Amount : 75000.00

Payment Mode : Cash **Payor Name** : SELFPAY

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ACTIVITY RECORD FOR BILLING

HNH-00012603 IP26-00006678
Name :_____ Mrs AREEBA FATIMA
03-07-1999 26 Y 11 M 26 D (F)
Dr. SWATHI H V

UHID No. : _ _____Consultant: _____ Dept : _____

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
29/6/26	10:40 am	LDR	dr room	
29/6/26	1:30 pm	pre-pod		

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	Dr. Teja sri (Lactation Salwika)	29/6/26	9321.	
2				
3				
4				
5				
6				
7				
8				
9				
10				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
29/6	NST ——(1)	7688	
29/6	NST ——(2)	7689	Ash
29/6	CBP	10561	
29/6/26	NST ——(3)	~~7690~~	Ash
29/6/26	NST ——(4)	7730	done
		cross checked 29/6/26	2:00pm
		Crosschecked done 30/6/26	
	Cross duel by Rs	30/6/26 @ 11:59 A	

MEDICAL EQUIPMENT (WARD & ICU)

29/6/26.

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
29/6/26	Infusion pump	8:30AM	11:00AM	9211	[signature]
29/6/26	oxygen	9:30AM	10:30AM	9211	[signature]

Cross checked done 29/6/26 @ 1:30pm

cross checked done 30/6/26

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
29/6	IV placement	1	209074	Ashed
29/6/26	Catheterization	(1)	9205	AS
			Cross Checked done	
			29/6/26	1:30pm
29/6/26	NHA	(1)	9322	AS
			Cross Checked done 30/6/26.	

ANY OTHER INFORMATION

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Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

HNH-00012603 IP26-00006678
Mrs AREEBA FATIMA
03-07-1999 26 Y 11 M 26 D (F)
Dr. SWATHI H V

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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints
Came for IOL
PFM(+)

Obstetric Formula: G3P1L1A1

Obstetric Hostory: (G1) FTN/NVD (IOL) 4/10 ↑ UGF ; EFW-2.6 kg
(G2) - Spont Miscarriage @ 5wk
(G3) - PP

Present Pregnancy Record:
FTS - LR
TIFFA (N)

RISK FACTORS:

—

Height: 156 cm
Weight: 77.60 kg
Allergies: Nil
Breast: ☑ Normal ☐ Abnormal
General Examination: Fair

Consciousness:	(+)	Pallor:	(−)
Icterus:	(−)	Edema:	(−)
Temp:	Afeb	PR:	
BP:		DTR:	(+)
CVS:	(−)	RS	BAE (+)
Liver/Spleen:	(−)	Urine Output:	Adeq

LMP: 26/09/2025 EDD:
Corrected EDD: 3/7/2026 GA:
Menstrual History: Regular : ☑ Yes ☐ No

Obstetric Examination

Fundal Height: ~ 36 wk

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

Per Speculum Examination not done

Draining: ☐ Present ☐ Absent ☐ Bleeding
Colour of Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Vaginal Examination ~ 20-30% effaced

Cervix: ☐ Long ☐ Partially effaced ☐ Effaced
Os: Closed Os - 3cm Dilated ____
Membranes: ☑ Present ☐ Absent
Liquor: X ☐ Clear ☐ Meconium ☐ Blood Stained
Presenting Part: ☑ Vertex ☐ Breech ☐ Others
Sutton: ☑ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2
Pelvis: ☑ Adequate ☐ Doubtful

DIAGNOSIS

G3P1L1A1 | 39+3 | SGA

for Delivery

Patient Sticker

Family History:	Surgical History:
Nil	Nil
Medical History:	**Medication History:**
Nil	T Iron / Calcium
Plan of Care:	**Investigations:**
- Admission NST - Informed consent - Parts prepare - Drugs as charted - NST 3rd hourly - FHS 2nd hourly - W/F FHS & vitals - Spont Progress of labour - Inform SOS	BGT - AB Positive HIV, HBsAg, VDRL, HCV — NR Ict - neg USG (4/6/2024) - SLIUP / 35+6 / Vx Pl - P/H AFI - 10.7cm EFW - 2.4kg (17%) / AC 4% UA Doppler - S/o SGA

Doctor Name: Dr Manisha

Signature: [signature]

Date & Time: 29/06/2024 @ 2:30 Am

Consultant Name: Dr Swathi HV

Dr. Swathi H V
Consultant Obstetrics and Gynaecology
Reg. No: 15501

Signature:

Date & Time:

HNH-00012603 IP26-00006678
Mrs AREEBA FATIMA
03-07-1999 26 Y 11 M 26 D (F)
Dr. SWATHI H V

(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/6/2026	C/S/b Dr	Monika
6Am		
		Adv
	Ac for Afebrile	
	Vitals stable	- Vital monitoring
	P/A ut ~ 36wk	- NST 3rd hourly
	Cephalic	- FHS 2nd hourly
	FHS ⊕R	- W/F spont progress of labour
	Relax	- Collect CBP
	NST - Reactive	- Inform SM
		Dr Monika
29/6/2026	C/S/b Dr	Monika
8:30Am	4th Dr	Swathi
	GC Fair Afebrile	Adv
	Vitals stable	- W/F vitals & FHS
	PA ut ~36 wks	- NST Continue monitoring
	Cephalic	- Augmentation c Oxytocin
	FHS ⊕R	- W/F Progress of labour
	PV - Os 4-5cm	- Inform SOS
	Cx soft; Effaced	
	Mem - ARM - MSL thin	
	Vx -3 to -2	Dr Monika

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/06/2016. 9:30AM	S/B. Dr Swathi. HV	
	• G2P1L1. MEU ... @ 39wks.	
	in labor	
	O/E: vitals:	Advice
	P - 70/m	• NPO
	BP - 110/80	- Inj Oxytocin
	PA - ut 36wks	Augmentation
	cephal 3/5th	• IV fluid +
	FHS ⊕ reg.	maternal O2
	3/10/20"	
CTG reactive	PV: Os. 6cm; Vx -2	• Inform NICU
	meml (-)	
	liquor not demonstrable.	
	- Patient & husband explained regarding meconium stained amniotic fluid, its complications, need of NICU support, possibility of operative delivery in case of fetal distress.	
	Dr. Swathi H V Consultant Obstetrics and Gynecology Reg. No: 15501	[signature]

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/6/26 10:30AM	C/s/B Dr. Swathi. H.V	
	G2P1L1 / prev NVD / 39wks	
	Pt is stable	Adv
	O/E GC fair.	- NBM
	Vitals - stable	- Vital monitoring
	P/A - Uterus term	- Shift to OT
	Cephalic, 3/5th	- Inform Anaesthetist
	FHS (+)	
	P/V - 3cm dilated	
	Vx = -2 to -1 station	
	Membranes (-)	
	NST → Late decelerations upto 80 bpm	
	Baseline - 140bpm - 145bpm	
	Couple counselled regarding need for Emergency LSCS r/o fetal distress. Complications, risks have been explained	
		[signature]

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..ROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes C/S/B Di. Dx	Doctor's Order
29/6/26	PND ①	
11AM	C/c Fair Afebrile	Adv
	BP: 120/70 mmHg	- Regular diet
	PR: 86bpm	- Drugs as charted
Baby c Mother.	P/A Uterus Retracted well	- Adequate hydration
	L/F - NAB	- W/F PV bleed
U/o - clear		- Monitor vitals
Adequate		- Inform SOS
	Urine passed.	Foleys Removed
Shift to Room		
	S/B Dr SWATHI HV	
29/06/2026 3:30PM	- PND - O	
	- pt comfortable	Advice:
		+ Ⓝ diet
	O/E: vitals @	- plenty of fluids
urine passed.	PA - soft u/well Ⓡ	
	O/E: wound dry	+ NB pain/fever
	Epi healthy	bleed pv
		- Inform SOS
		- follow order.

Dr. Swathi H V
Consultant Obstetrics and Gynecology
Reg. No: 15501

N/B Sup... @3:30pm

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/06/2026 8:00pm	C/s/by	Dr. Naveena
	o/e GC-fair	Adv.
	Afebrile.	- Soft diet
U ✓	Vitals - stable	- Adequate hydration
	PA: ut. retracted well.	- drugs as charted
F ✓	Soft, NT.	- Ambulation
S ✓	l/e: PVB WNL	- w/f PV bleeding
		- Monitor Vitals
		- Inform SOS
	Dr. Naveena	N/B Supriya
30/6/2026 8:30AM	c/s/b Dr Manasa	
	POD 1	
	GC - fair Afebrile	Adv
BMs	Vitals stable	- Regular Diet / Adeq fluid
	P/A ut well retracted	- Drugs as charted
	BS (+)	- w/f vitals & BSV
U ✓	PV Bleeding WNL	- Ambulation
S ✓		- Inform SOS
	No Complaints	- Can be Discharged by
PV NAD		Sent file for Processing

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Dr. SWATHI H V

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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DRUG CHART

Date of Admission: 29/06/2024 Drug Allergies: Nil ☑ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

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

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

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

VERIFIED BY : Name .... Sign...........

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Mrs AREEBA FATIMA
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Dr. SWATHI H V

REGULAR PRESCRIPTIONS

Weight. ..... Ward. LDA

DRUG : Inj CEFOTAXIME

Dose	Route	Frequency	Start Date
1g	IV	BD	29/6

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

Additional Instructions: for 24hr.

Daily Doctor's Endorsement by a Sign

Date →	29/6	30/6
Time		
10am	✓	✓
10pm	✓	

DRUG : Inj Metronidazole

Dose	Route	Frequency	Start Date
500mg	IV	TID	29/6

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

Additional Instructions: for 24hr

Daily Doctor's Endorsement by a Sign

Date →	29/6	30/6/26
Time		
6AM	X	✓
2pm	✓	
10pm	✓	

STOP M Dhanu

DRUG : Inj PANTOPRAZOLE

Dose	Route	Frequency	Start Date
40mg	IV	OD	29/6

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date →	29/6	30/6/26
Time		
6AM	✓	✓
2pm	—	
10pm	✓	

DRUG : T. PARACETAMOL

Dose	Route	Frequency	Start Date
1g	PO	TID	29/6.

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date →	29/6	30/6/26
Time		
6AM	X	✓
2pm	✓ 12pm	
10pm	✓	

Verified by Dr. Dhakshayani

Verified by Dr. Dhakshayani
Verified by Dr. Dhakshayani
Verified by Dr. Dhakshayani

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Mrs AREEBA FATIMA
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Dr. SWATHI H V

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REGULAR PRESCRIPTIONS

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

DRUG: Inj TRANEXAMIC ACID				Date ▸	29/6	30/6
Dose	Route	Frequency	Start Dt.	Time ▾		
1g	IV	TID	29/6.	7AM	×	
Name & Signature of the Doctor Starting the Drugs: Dr. Dna.				3pm		
Additional Instructions: For 24 hours.				11pm		
Daily Doctor's Endorsement by a Sign						

STOP

DRUG: DICLOFENAC				Date ▸	29/6	30/6
Dose	Route	Frequency	Start Dt.	Time ▾		
50mg	PO	TID	29/6	7AM	×	
Name & Signature of the Doctor Starting the Drugs: Dr. Dna				3pm	11am	
Additional Instructions:				11pm		
Daily Doctor's Endorsement by a Sign						

DRUG: OINT. METROGYL-P				Date ▸	29/6	30/6
Dose	Route	Frequency	Start Dt.	Time ▾		
	L/A	BD	29/6	10AM	✓	3pm
Name & Signature of the Doctor Starting the Drugs: Dr. Naveera.						
Additional Instructions: (Metronidazole + Povidone Iodine)				10pm		
Daily Doctor's Endorsement by a Sign						

DRUG: SYP. DUPHALAC.				Date ▸	29/6
Dose	Route	Frequency	Start Dt.	Time ▾	
15ml	PO	OD	29/6/26		
Name & Signature of the Doctor Starting the Drugs:				10pm	
Additional Instructions: At Bed time					
Daily Doctor's Endorsement by a Sign					

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

(P.T.O.)

Patient Sticker

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

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

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

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

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

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

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

Patient Sticker

Weight. ..... Ward. LDR

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
29/6	9:30AM	Inj CEFOTAXIME	1g	IV		
29/6	9:30AM	Inj PROTAVERINE	1 Ampoule	IV		
29/6	9:48AM	Inj HYOSINE BUTYLBROMIDE	1 Ampoule	IV		
29/6	10:00AM	Inj DROTAVERINE	1 Ampoule	IV		
29/6	10:15AM	Inj HYOSCINE BUTYLBROMIDE	1 Ampoule	IV		
29/6/26	10:36AM	INJ. PANTAPRAZOLE	40mg	IV		
29/6/26	10:36AM	INJ. METOCLOPRAMIDE	10mg	IV		
29/6.	11:AM	MISOPROSTOL	800mcg	PR		
29/6	11:AM	DICLOFENAC suppository	1 tab	PR		
29/6	12:00PM	Inj PCM	1GM.	IV		

Verified by Dr. Dhakshayani

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

HNH-00012603 IP26-00006678
Mrs AREEBA FATIMA
03-07-1999 26 Y 11 M 26 D (F)
Dr. SWATHI H V

I.V. FLUIDS CHART

Weight. ..... Ward. .....

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
29/6	8:30AM	RINGER LACTATE + OXYTOCIN (10U)	IV	6ml/L			29/6		
29/6	9:00AM	RINGER LACTATE	IV	FF			29/6		
29/6	9:30AM	RINGER LACTATE	IV	FF			29/6		
29/6.	11AM	RINGER LACTATE + OXYTOCIN.	IF	100ml			29/6		
		STOP							

Signature .....

VERIFIED BY : Name .....

HNH-00012603
Mrs AREEBA FATIMA
03-07-1999 26 Y 11 M 26 D (F)
Dr. SWATHI H V
IP26-00006678

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MEDICATION RECONCILIATION FORM

Drug Allergies: Nil ☑ Not known any Drug Allergies

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

Shifting From: NA Shifted to: NA

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	Tab Iron	1tab	P/O	OD	28/6	☐ C ☑ DC
2	Tab Calcium	1tab	P/O	OD	28/6	☐ 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 Manjula / [signature]

Date & Time : 29/6/24 @ 3pm

Nurse Name & Signature: Anusha D

Date & Time : 29/6/24 @ 2:30 hrs

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Dr. SWATHI H V

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RESULT SHEET

Date	29/6/26					
Time	3AM					
Hb	10.2					
PCV	31.5					
RBC	4.77					
WBC	9.95					
N/L						
Platelets	2.69					
CRP						
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
Blood grouping	A B+ve					
HIV	NR					
Hb sAg						
HCV						
VDRL						

Culture and Sensitivities : .....

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.....

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Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

Patient Sticker

HNH-00012603 IP26-00006678
Mrs AREEBA FATIMA
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Dr. SWATHI H V

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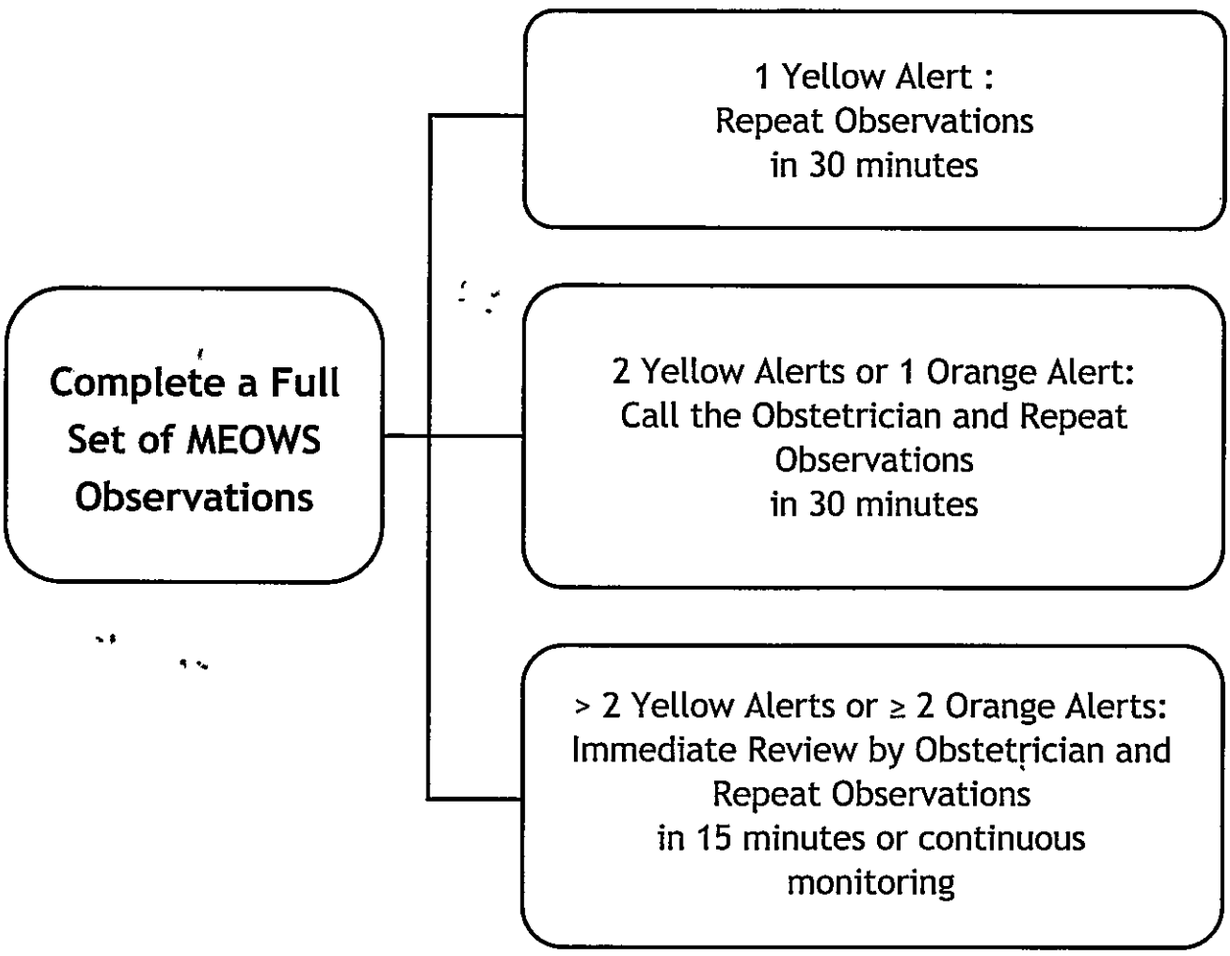
Early Warning Observation Score Chart - Obstetrics

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

28/6/26

		Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30	Date																								
	21 - 30																	20			20		20			20
	11 - 20																									
	0 - 10																									
Saturations	94 - 100 %																	100								
	< 94 %																									
Administered O_2 (L/min.)																					99%		99%			99%
Temp°c	40																									
	39																									
	38																									
	37																									
	36																				—		—			—
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																				90		89			90
	80																									
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressue ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																	119			110		122			123
	80																									
	70																									
	60																									
	50																									
	40																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
	40																	80			80		62			84
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			
TOTAL ORANGE SCORES																		0			0		0			
Nurse Initial																										

Obstetrics and Gynaecology Early Warning Signs



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

HNH-00012603 IP26-00006678
Mrs AREEBA FATIMA
03-07-1999 26 Y 11 M 26 D (F)
Dr. SWATHI H V

Rainbow® Children's Hospital
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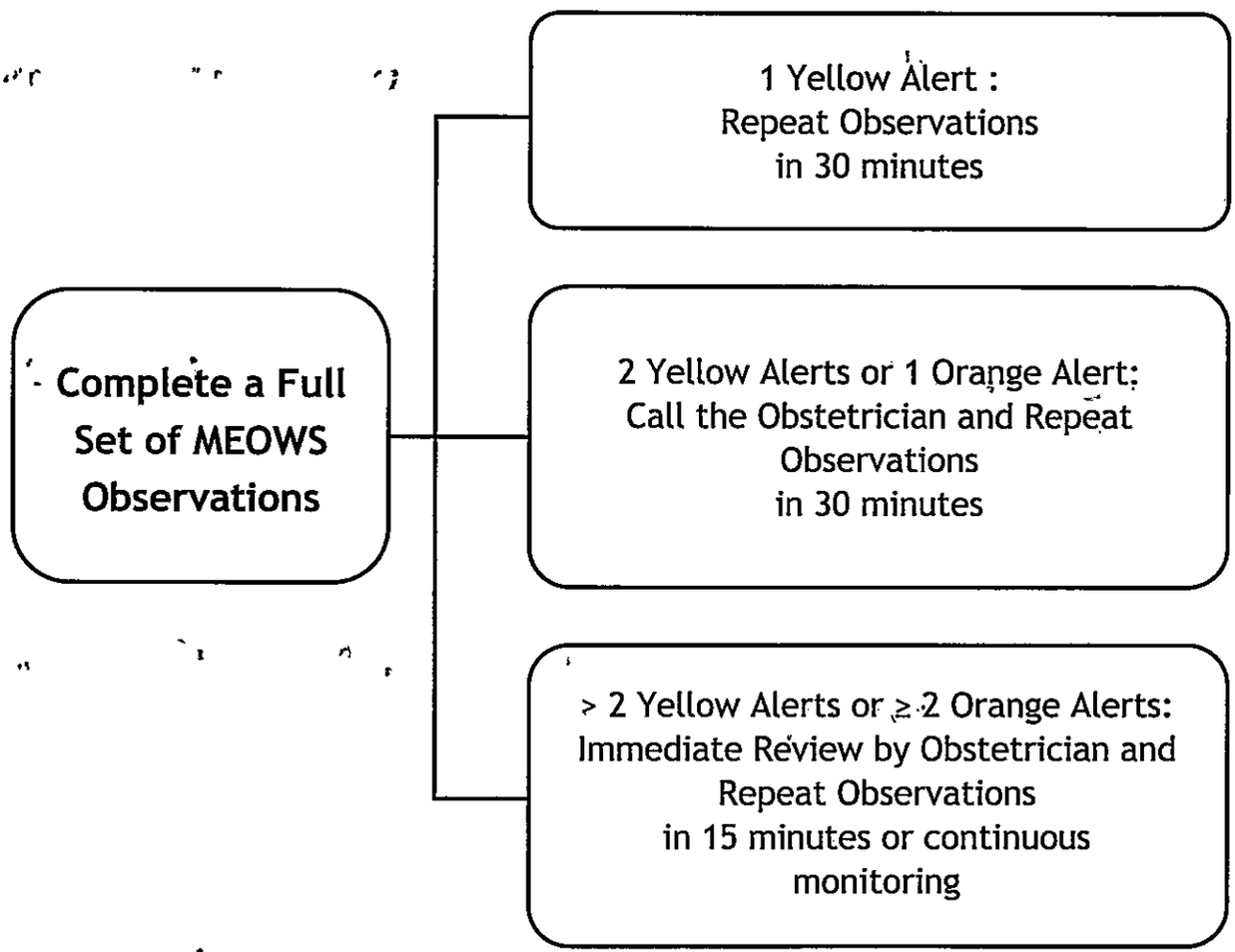
Early Warning Observation Score Chart - Obstetrics

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

		Date																						
2 0/6 hr		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 %			100	100	99	100						99				98				99				98	
	< 94 %																									
Administered O_2 (L/min.)																										
Temp°c	40																									
	39																									
	38																									
	37			98.4																						
	36												36°C				98.6				98.6				98.6	
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80			83	82	84							78				82				73				70	
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressue ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110												106				116				120				123	
	100																									
	90			90	100	103	98	96																		
	80																									
	70																									
	60																									
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70			76	73	73	71						72				76				80				60	
	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	1	0					0				0				0				0	
TOTAL ORANGE SCORES			0	0	0	0	0	0					0				0				0				0	
Nurse Initial																										

Obstetrics and Gynaecology Early Warning Signs



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

HNH-00012603 IP26-00006678
Mrs AREEBA FATIMA
03-07-1999 26 Y 11 M 26 D (F)
Dr. SWATHI H V

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Early Warning Observation Score Chart - Obstetrics

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

		Date																							
		Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																									
	21 - 30																									
	11 - 20																									
	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 Pressue ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
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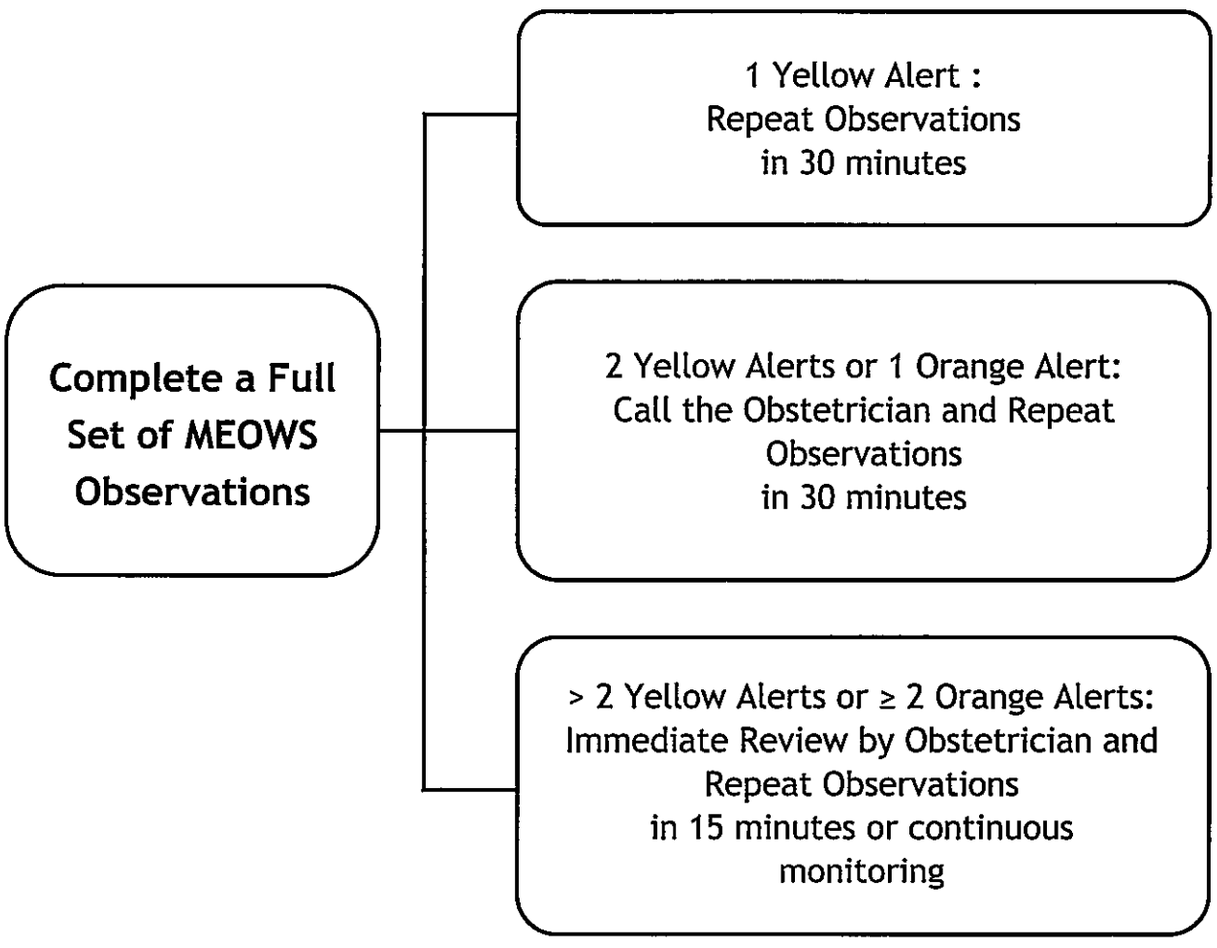
	90																									
	80																									
	70																									
	60																									
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	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)**

Patient Sticker

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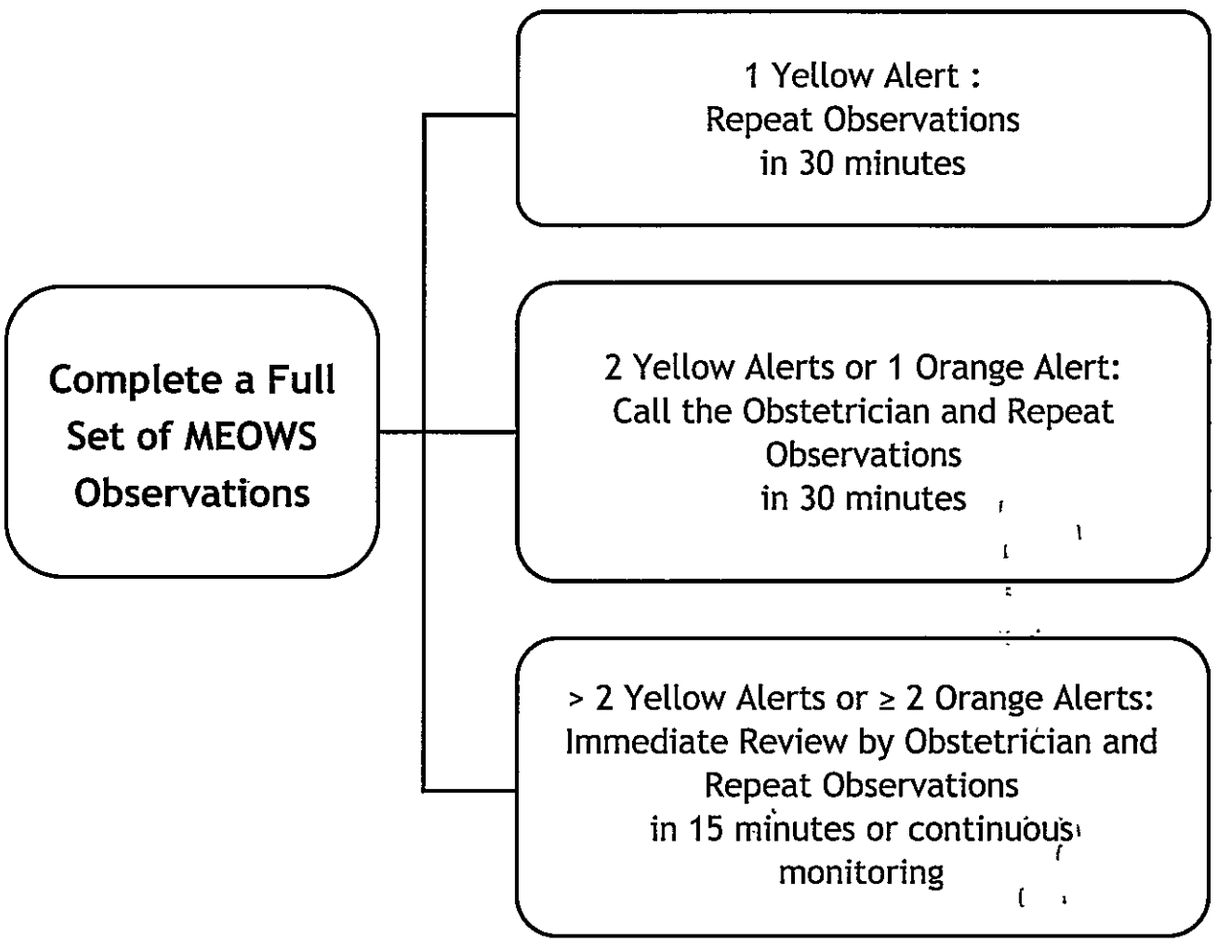
Early Warning Observation Score Chart - Obstetrics

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

		Date																							
		Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																									
	21 - 30																									
	11 - 20																									
	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 Pressue ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
	40																									
NEURO RESPONSE [✓]	Alert																									
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30																									
	< 30																									
Proteinuria	Protein + +																									
	Protein > + +																									
Lochia	Normal																									
	Heavy / Foul																									
Liquor	Clear / Pink																									
	Green																									
	TOTAL YELLOW SCORES																									
	TOTAL ORANGE SCORES																									
	Nurse Initial																									

Obstetrics and Gynaecology Early Warning Signs



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

HNH-00012603 IP26-00006678
Mrs AREEBA FATIMA
03-07-1999 26 Y 11 M 26 D (F)
Patie Dr. SWATHI H V

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

BirthRight™ BY RAINBOW HOSPITALS
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FLUID CHART

Sheet No. : 1

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

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

Total 24 hrs. Intake		Total 24 hrs. Output	

HNH-00012603 IP26-00006678
Mrs AREEBA FATIMA
03-07-1999 26 Y 11 M 26 D (F)
Dr. SWATHI H V

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BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : ....

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

Date	Time	Intake				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
		Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
29/6/26	08:00 am	RL	H2O	100ml								
	09:00 am	RL		100ml								
	10:00 am	RL	H2O	100ml		Nil		Nil				Alex
	11:00 am	RL	H2O	100ml			0					
	12:00 pm	RL	Jelly	100ml						200ml		Comp
	01:00 pm	RL		100ml						1		
Total Intake :		Taken.						Total Output :		Passed.		
29/6/26	02:00 pm											
	03:00 pm											
	04:00 pm	0	Rot + dal + H2O	0	NA		0	NA		✓	0	
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :								Total Output :				
29/6/26	08:00 pm											
	09:00 pm		Water									
	10:00 pm		H2O		nil					✓		
	11:00 pm						0	nil			0	[illegible]
	12:00 am											
	01:00 am											
Total Intake :								Total Output :				
30/6/26	02:00 am											
	03:00 am											
	04:00 am				nil						0	[illegible]
	05:00 am						0	nil		✓		
	06:00 am		H2O									
	07:00 am											
Total Intake :								Total Output :				

Total 24 hrs. Intake		Total 24 hrs. Output	

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

HNH-00012603 IP26-00006676
Mrs AREEBA FATIMA
Pati 03-07-1999 26 Y 11 M 26 D (F)
Dr. SWATHI H V

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

FLUID CHART

Sheet No. : .....

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

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

Total 24 hrs. Intake		Total 24 hrs. Output	

HNH-00012603 IP26-00006678
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03-07-1999 26 Y 11 M 26 D (F)
Dr. SWATHI H V

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FLUID CHART

Sheet No. : .....

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

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

Total 24 hrs. Intake		Total 24 hrs. Output	

HNH-00012603 IP26-00006678
Mrs AREEBA FATIMA
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Dr. SWATHI H V

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NURSING CARE RECORD

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							
Afternoon							
Night	8pm to 8AM	=> Assess the patient's condition => plan for vitals => plan for discharge => plan PST	8pm to 8AM	=> Assessed the patient condition => maintain vitals & Record => maintain discharge => PST done	vitals is normal	patient is stable	Cloudy / GA

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03-07-1999 -26 Y 11 M 26 D (F)
Dr. SWATHI H V

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BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

NURSING CARE RECORD

Date: 29/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am – 2pm	– Assess the patient condition – plan for vital & record – plan for IV fluids – plan for Tlochart	8am – 2pm	– Assessed the patient condition – Maintain vital & record – continue IV fluids maintain Tlochart	– patient stable	– vital Normal	[signature]
Afternoon	2pm – 8pm	– Assess the pt condition – monitor vitals & I/O chart – drug as per chart – provide comfortable position		→ Assessed the pt cond – monitor vitals & I/O chart → drugs as per chart → provided comfortable position	pt is stable	Rechecked vitals	[signature]
Night	8pm – 8am	Assess the baby Monitor the vitals administer the [illegible] Maintain I/O chart	8pm – 8am	Assessed the baby checked VLS administer [illegible] Monitor I/O chart	[illegible]	[illegible]	[signature]

HNH-00012603 IP26-00006676
Mrs AREEBA FATIMA
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NURSING CARE RECORD

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Your Right to a Safe Delivery

Date: .....

Goals

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

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

HNH-00012603 IP26-00006678
Mrs AREEBA FATIMA
03-07-1999 ~ 26 Y 11 M 26 D (F)
Dr. SWATHI H V

NURSING CARE RECORD

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BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: .....

Goals

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

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

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NURSING SHIFT HAND OVER FORM - WARD

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

SITUATION

Diagnosis: labour

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

BACKGROUND

Area / Shift Time	28/6 N	29/6/26 8am	29/6/26 2pm	29/6 8pm		
Medical Condition (Any special condition to be noted):	-	-	-	DSL		

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:	98.7	97.6	98.1	98.4		
Res:	20	20	20	20		
SpO_2:	100%	99	100%	100%		
Pulse:	86	87	86	88		
BP:	117/82	98/68	100/80	107/64		
Fall Risk Score:	-	-	-	-		
Pain Score:	0/10	-	-	-		

Recommendations

Safety Needs:	Yes	Yes	Yes	-		
Physiotherapy	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
Others Specify:	-		-	-		
Special Diet:	☑ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
Other Special Orders / Medications:	NIL	-	-	-		
Post Operative Procedure Special Orders:	NIL	-	-	-		
Handed Over By Name :	Claude	Aqsa	Aqsa	Claude		
Signature :						
Date:	29/6	29/6/26	29/6/26	30/6		
Time:		2pm	8pm	8am		
Taken Over By Name :	Aqsa	Aqsa	AK			
Signature :						
Date:	29/6/26	29/6/26	29/6			
Time:	8:15AM	8.	8pm			

Patient Sticker

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NURSING SHIFT HAND OVER FORM - WARD

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

SITUATION	Diagnosis:				Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:		
BACKGROUND	Area / Shift Time						
	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:						
	Res:						
	SpO_2:						
	Pulse:						
	BP:						
	Fall Risk Score:						
	Pain Score:						
Recommendations	Safety Needs:						
	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 :							
Signature :							
Date:							
Time:							
Taken Over By Name :							
Signature :							
Date:							
Time:							

HNH-00012603 IP26-00006678
Mrs AREEBA FATIMA
03-07-1999 26 Y 11 M 26 D (F)
Dr. SWATHI H V

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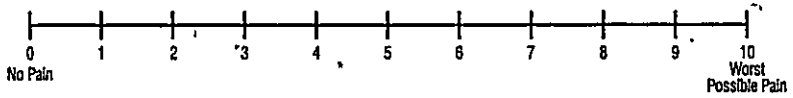
PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
28/11/26	11pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
29/	8am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
29/6/26	10AM	2/10	abdomen Pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Breathing Exercise	[signature]
29/6/26	2pm	0/10	Normal	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
29/6/26	4pm	3/10	Surgical site	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Diclo given	[signature]
30/6/26	6am	0	no	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	no	[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:
1. Every eight hours for all hospitalized patients.
2. For post-surgical patients, patients with chronic pain, patient with severe pain:
   a) At least every 2 hours for the first 24 hours
   b) Then every 4 hours.
   c) Prior to pain pain-relieving intervention.
   d) Within 30 – 60 minutes after pain relief intervention.

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

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PAIN ASSESSMENT FORM

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

Re-assessment Frequency:
1. Every eight hours for all hospitalized patients.
2. For post-surgical patients, patients with chronic pain, patient with severe pain:
   a) At least every 2 hours for the first 24 hours
   b) Then every 4 hours.
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PAIN ASSESSMENT TOOLS

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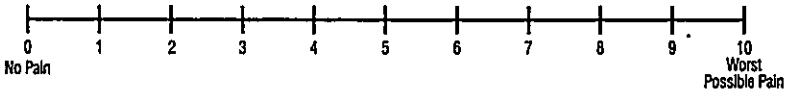

Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

CATEGORY	SCORING		
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Legs	Normal Position or Relaxed	Uneasy, restless, tense	Kicking, or legs brawn up
Activity	Laying quietly normal position, moves easily	Squirming shifting back and forth, tense	Arched, right, or Jerking
Cry	No Cry (Awake or asleep)	Moans or whimpers occasional complaint	Crying steadily, screams of sobs, frequent complaints
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	-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)
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HNH-00012603 IP26-00006678
Mrs AREEBA FATIMA
03-07-1999 26 Y 11 M 26 D (F)
Dr. SWATHI H V

BRADEN 'Q' SCALE

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					Date : 28/6	29/6	29/6	
					Time : NN	2 AM	3pm	
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	3	4
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
				TOTAL SCORE	28	28	27	28
				Evaluator's Name			8	

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

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

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BRADEN 'Q' SCALE

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				Date :				
				Time :				
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				TOTAL SCORE				
				Evaluator's Name				

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

Risk Score	Category	Action	Support Surfaces (**Please Note:** Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice
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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	28/6	29/6/26	29/6/26
		Score	NM	8 AM	2pm
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0	0		
Secondary Diagnosis (more than one diagnosis)	Yes	15			
	No	0	0	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
	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	0		
Total Morse Fall Scale Score:			20	20	26
		Signature			

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

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

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

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

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

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

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

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Mrs AREEBA FATIMA
03-07-1999 26 Y 11 M 26 D (F)
Dr. SWATHI H V

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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				**Risk Level**	**Morse Fall Score (MFS)**	**Action**
	No	0						
Secondary Diagnosis (more than one diagnosis)	Yes	15						
	No	0						
Ambulatory Aid	Furniture	30				Low Risk	0 - 24	Standard Fall Precaution
	Crutches, Cane(S), Walker	15						
	None /Bed Rest /Nurse Assist	0						
IV / Heparin Lock or Saline	Yes	20				Moderate Risk	25 - 50	Implement Moderate Fall Prevention Intervention
	No	0						
GAIT / Transferring	Impaired	20						
	Weak (uses touch for balance)	10						
	Normal /On Bed Rest /Immobile	0				High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
Mental Status	Forgets limitations	15						
	Oriented to own ability	0						
Total Morse Fall Scale Score:								
		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

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CHECKLIST FOR THROMBOPHLEBITIS

28/6 29/6/20

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	NA	NA	0				
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1			NA	NA	NA	0				
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2			NA	NA	NA	0				
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3			NA	NA	NA	0				
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4			NA	NA	NA	0				
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5			NA	NA	NA	0				
			Signature of the Nurse										

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

Signature of Shift In Charge :

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

Signature of Ward In Charge :

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

Patient Sticker

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

Patient Sticker

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

Signature of Ward In Charge :

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

PARTOGRAPH

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LABOUR

Labour: ☑ Spont ☐ IOL-PGE 1 ☐ E2 ☐ Others

Indications for IOL-Accel: ☐ None ☑ Oxytocin

Memb. Repture Type: ☐ SROM ☐ PROM ☑ ARM

Presentation: ☑ Vertex ☐ Breech ☐ Others

INTRA PARTUM COMPLICATION

Maternal: ☑ Nome ☐ Pyrexia ☐ HTN ☐ Others

Liquor: ☐ Adequate ☐ Oligo ☐ Poly ☐ Clear

☐ Blood ☑ Meconium ☐ Cord: ..... G-F1 MSL.

Shoulder Dystocia: ☐ Yes ☑ No

DELIVERY DETAILS

Anesthesia: ☑ None ☐ Epidural

Non-epi: ☐ Local ☐ Spinal ☐ General

Del. Type: ☑ SVD ☐ Asst. Breech ☐ Twins

AVD: ☐ Outlet ☐ Low Forceps ☐ Ventouse
☐ Trails of Forceps

Indications: .....

Application, Locking & Traction: .....

Duration of Instrumentation: .....

No. of Pulls: .....

Catherised : ☑ Yes ☐ No

Type: ☑ Fileys ☐ Plain

Perineum : ☐ Intact ☑ Episiotomy ☐ Tear

Suture Material Used: ... Rapid Vicryl No-1.

STAGE III

Placenta: ☑ Normal ☐ Abnormal ☐ RP Clots

☑ CCT ☐ Retained ☐ MRP

PPH : ☐ Atomic ☐ Traumatic ☑ None

Lacerations: .....

Cervical: ..... Normal

Perineal: ..... Episiotomy sutured.

Others: .....

Prophylaxis: ☑ Synocinon Prostodin

Blood Loss: .....

Blood Transfusion: .....

Other Details (if any): .....

Ractal Examination: ..... Intact.

Mgso4 Ecunda --

DURATION OF LABOUR

1st Stage: ..... 6 hours.

2nd Stage: ..... 0 5 mins

3rd Stage: ..... 5 mins

Duration of Active Pushing: ..... 2 mins

No. of VE'S: ..... 3-4.

BABY DETAILS

Gender: ..... MALE

Weight: ..... 2.8. kg.

APGAR: 7, 9

Date and Time of Delivery: 29/06/2024 10:45AM

LW Doctor: ..... Dr Lavanya HV / Dr Rma

LW Sister: ..... RN Kavitha.

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
Time	8:30 AM	9:30 AM	10:30 AM																						
Signature	[signature]	[signature]	[signature]																						
Fifths Palpable	3/5	2/5	0/5																						
Moulding / Caput	– –	– –	–																						
Amniotic Fluid	M	M	M																						
Position Cephalic / Breeth	C	C	C																						
Oxytocin	–	–	–																						
Contractions in 10 mins (1–5)	3	3	5																						
Drugs and IV Fluids	IVF – Inj Drotaverine Inj Buscopan } IV																								
Urinalysis – Test	–																								
Urinalysis – Amount	–																								

PARTOGRAPH

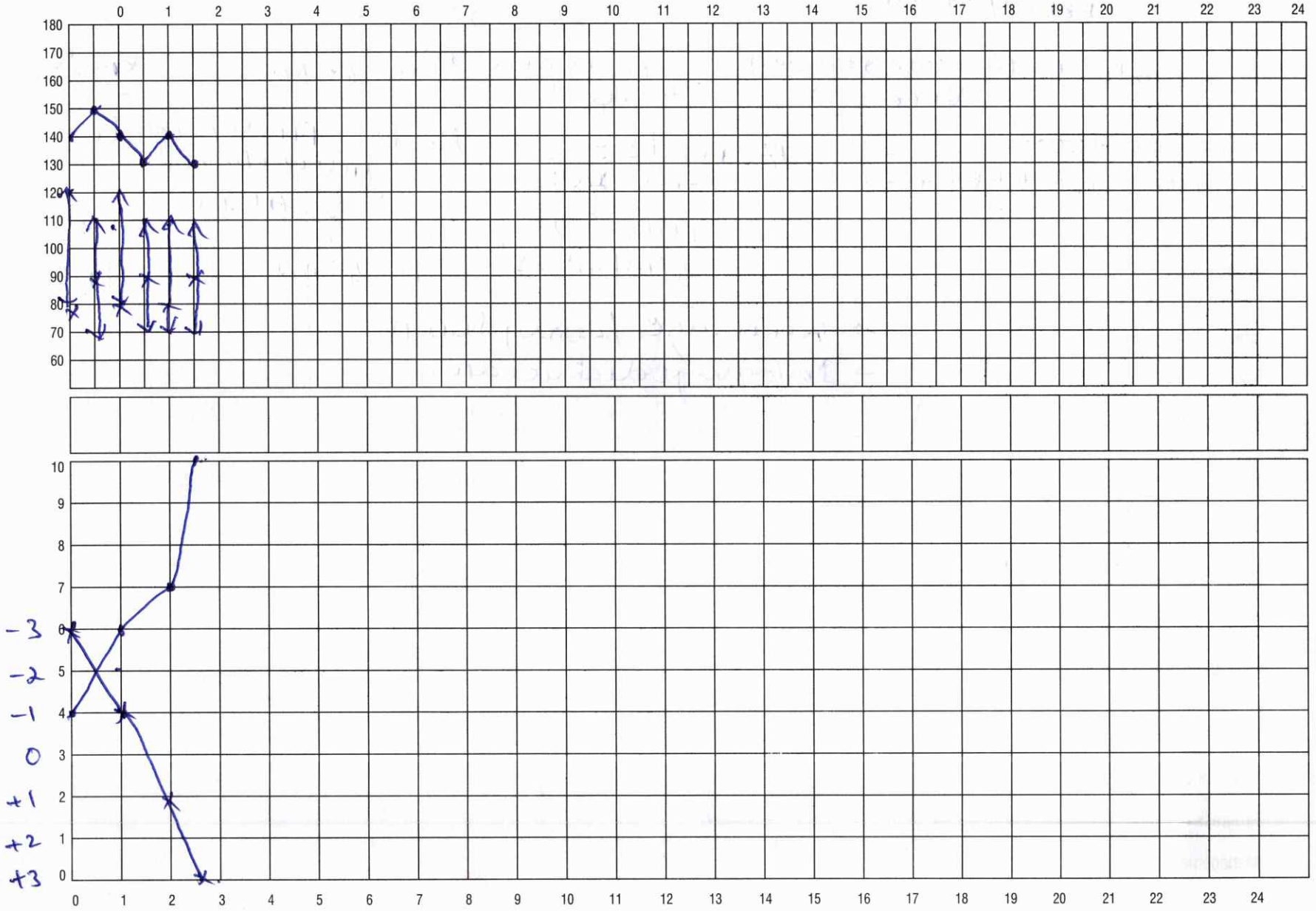
Name: Mrs Areeba. Obstetrics Formula: $G_2P_1L_1$ Blood Group Type: .....

Memb. Ruptured: **SROM** **PROM** **ARM** @ 8:30Am **Risk Factors:** .....

Fetal Heart ●

Maternal BP ↕

Maternal Pulse ×



Record of Labor: → Good.

Maternal Condition: - Good.

Fetal Condition: - Early decelerations (+).

Progress of Labor:

Management: → shifted to OT → to be rearranged SOS for LSCS

PA: ut TS. cephal. FHR (+) reg 3/10/20"

Early decels (+) to late.

PV: os 7 cm dilated. V&STN (+), thick MSL (+).

Time: 10:40AM Signature: [signature]

Maternal Condition: → Good

Fetal Condition: - fetal distress (+).

Progress of Labor: - -

Management:

PA: ut TS. cephal 2/5th FHR (+) reg 3/10/20+ 25"

PV: os. fully dilated. fully effaced. V&STN +

Time: 10:46AM Signature: [signature]

Maternal Condition:

Fetal Condition:

Progress of Labor:

Management:

→ Encourage bearing down.
→ Inform pediatrician.

Time: .... Signature: ....

Maternal Condition:

Fetal Condition:

Progress of Labor:

Management:

Time: .... Signature: ....

Maternal Condition:

Fetal Condition:

Progress of Labor:

Management:

Time: .... Signature: ....

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OBSTETRICS / GYNECOLOGY
NURSING INITIAL ASSESSMENT FORM

Date of Admission: 28/6/26

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: T&L pain in abdmin

Doctor Notified on Admission: ☐ Yes ☐ No

Name of the Doctor: Dr manisha

Time Notified: 11 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 3 P 2 L 2 A .....

Previous LSCS: .....

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°F HR: 80 RR: 20

BP: 100/80 Weight: ..... Height: ..... BMI: .....

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

Patient Sticker

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 .....

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: ..... Samaeera .....

Orientation not given Reason: ..... Self .....

Nurse Signature: .....

Nurse Name: ..... C. Premkarala .....

Date & Time: ..... 28/6/24 .....

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BREAST FEEDING HANDOVER AND ASSESSMENT FORM

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

2. If No, Reason .....

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

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

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

Feeding Positions:
Cross Cradle

Feeding Positions:
Football / Clutch

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

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

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

9. Additional notes: .....

Continuity of Care: Date: 29/6/26

- Assess the Patient condition
- Explained position
- and baby feeding given

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

Signature ..... Signature .....

Date & Time: 29/6/26 2:00 pm Date & Time: .....

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URINARY CATHETER BUNDLE CHECK LIST

Date of Insertion: 29/06/26 Date of Removal: 29/06/26

Parameters / Date / Shift Time	29/06/26 8AM						
Need for the Catheter	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Hand Hygiene	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Usage of Sterile Equipment	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is the Collection bag below the level of bladder	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Check the Tube for Obstruction (Free of Kinking)	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is Catheter dated as policy	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Collecting bag is been emptied regularly?	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Maintenance of closed system for the catheter	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Dressing clean and dry?	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is the line removed as Policy?	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Performance of Perineal Care	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Onset of New Fever	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Asses for the leakage at the site of insertion	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Name of the Nurse	Kavitha						
Signature of the Nurse							

Pologs Removal

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

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NVD (OG) EM-LSCS

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PRE - OPERATIVE CHECK LIS

Date : 29/6/26

Patient's Name : Mrs. Areeba Age : 26 Gender : ☐ M ☐ F

Blood Group : UHID : HNH-00012603

Planned Surgery: NVD (OG) EM-LSCS Surgeon : Dr. Swathi HV

Anesthetist Dr. Akhila Date & Time of Operation : 29/6/26

Tick Appropriate Boxes, To be filled by Nurse Incharge / Senior Nurse :

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

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

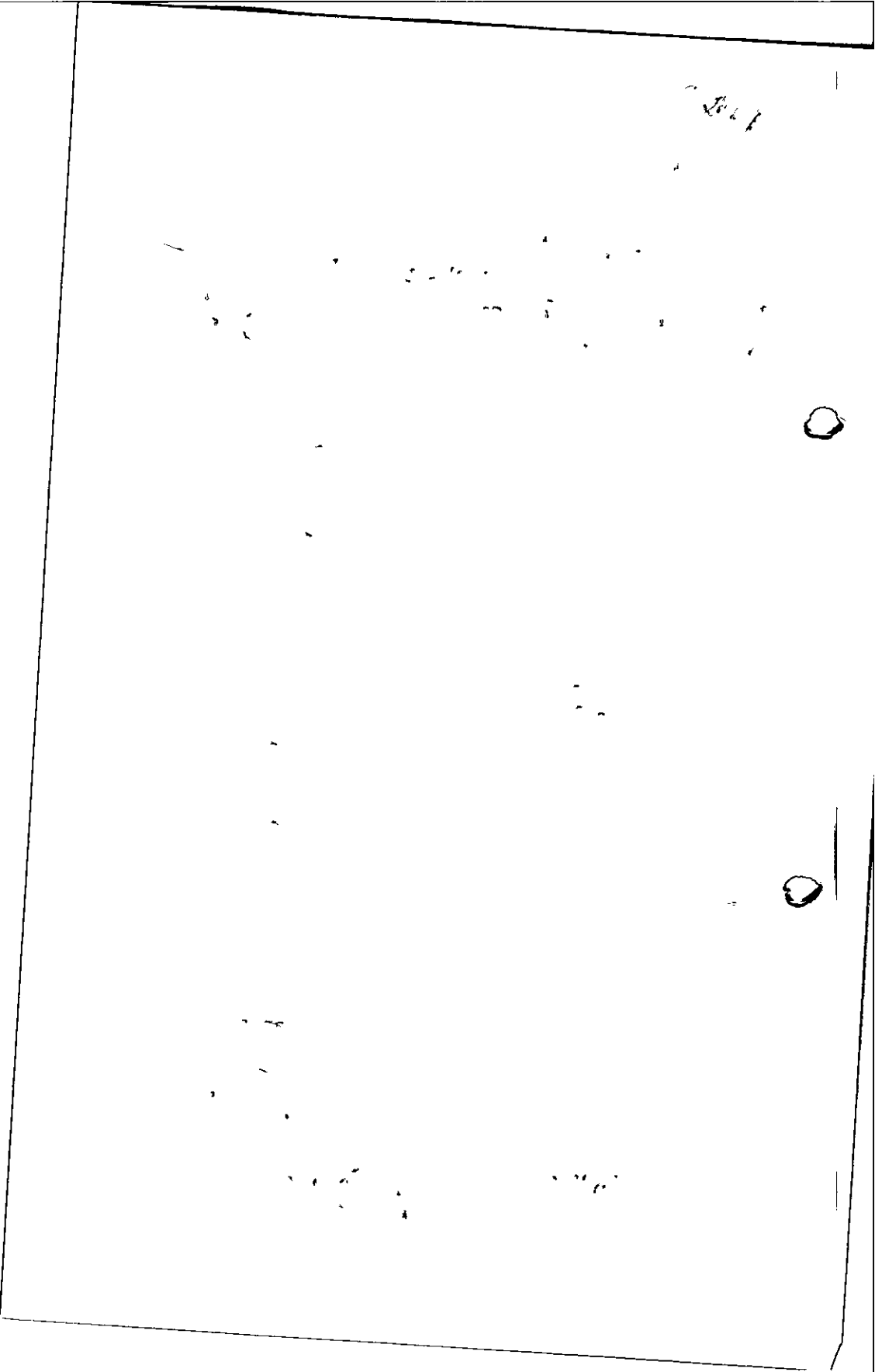
Billing Clearance Taken : ☐ Yes ☐ No

Billing Executive Name : ..... OT Nurse Name : Anushea ER/Ward Nurse Name : .....

Billing Executive Signature : 29/06/26 Signature of OT Nurse : ..... Signature of ER/Ward Nurse.....

Date & Time : ..... Date & Time : 29/6/26 Date & Time : .....

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



PATIENT TRANSFER FORM

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
IP26-00006678 HNH-00012603 Mrs AREEBA FATIMA 26 Y 11 M 26 D (F) 03-07-1999 Dr. SWATHI H V	29/6/26 2:38 AM	29/6/26 2 1:30 PM
	Transfer Ordered by DR DUA	Reason for Transfer OBS
From Unit Pre-POST	To Unit ROOM	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 35	Number of Imaging Films 4	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
SIS Mounika	DR DUA
Patient & Clinical Records Received by : 29/6/26 Sapna @ 2:30pm.	
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

INFORMED CONSENT FOR VAGINAL BIRTH

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Patient Name : Ms Areeba UHID No : HNH-000 12603

Gender: ☐ Male ☑ Female Date : 29/06/2026 Time : .....

I hereby authorized the performance of the following procedure:

- The Procedure has been explained to me in general terms and I understand that:
- The indication requiring the procedure of vaginal birth is pregnancy.
- The purpose of this procedure of vaginal birth pregnancy.
- The purpose of this procedure is to deliver the bay vaginally.

The outcome of the vaginal birth is the delivery of infant through birth canal either naturally or with possible use of force vacuum extraction. An episiotomy (a cut performed for enlarging of the vaginal opening in the space between the vaginal and the rectum) may be performed as part of a vaginal delivery.

Should vaginal delivery be unsuccessful, delivery by cesarean section with an abdominal incision under appropriate anesthesia may be necessary.

In an attempt to deliver the baby either naturally or with the help of instrument i.e. forceps or vacuum, there may be risks of: infection, allergic reaction, scarring, blood loss, need for blood transfusion, pain and discomfort, injury to urinary tract, possible injury to the baby (laceration, hematoma, skull fracture, nerve injury and brain injury) and possible future pelvic floor dysfunction.,

I understand and accept that there are complications, benefits, alternatives including the remote risk of death or serious disability, which exists for me and my baby.

I am aware that in most cases, vaginal delivery results in a healthy mother and baby; however, I realize that there are no guarantees.

I voluntarily consent to the procedures described or otherwise referred to herein. I am aware that they will be performed by a qualified gynecologist.

Name of the Doctor performing the procedure: Dr Swathi HV

Consentee :

Signature : Areeba Fatima

Name : Areeba

Date & Time : 29/6/26 - 4AM

Patient Attendant :

Signature : Samad

Name : Samad

Relationship with Patient: Spouse

Date & Time : 29/6/26 @ 4AM

Witness :

Signature : Anusha

Name : Anusha D

Date & Time : 29/6/26 @ 4AM

Doctor (who is taking the consent) :

Signature : Manisha

Name : Manisha

Date & Time : 29/6/26 @ 4AM

Patient Sticker

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NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 29/6/26 Time: 6:36pm

Origin: Indian Height: 156cms Weight: 77kg BMI: ☑ ~26 kg/m² ☐ ~28 kg/m² ☐ ~30 kg/m²

Food Allergies: NO

Diagnosis: NVP

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: Areeba Fatima

Name: Areeba fatima

Date & Time: 29/6/26 ; 6:36pm

Dietician's

Signature:

Name: Sathwika.G

Date & Time: 29/6/26 ; 6:36pm

DIETARY NOTES

Date	Time	Notes	Sign

Patient Sticker

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Your Right to a Safe Delivery

CROSS CONSULTATION FORM

Doctor Name : Dr. Swathi Date : 29/6/26 Time : 6:30pm

Diagnosis : NVD

Hospital : RCH-HMNR

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

Type of Referral :
☐ Emergency
☐ Urgent
☐ Non Urgent

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

Signature:

Findings and Recommendations :

Lactation care plan

- well formed Breast
- flat Nipple's formed
- Colostrum seen
- Demand feeding do not exceed 2-2½ hours as per early hunger cues.
-
- Aim for deep latch as demonstrated in cross cradle / cradle hold

Consultant :

Name : Sathwika-G Signature : Date & Time : 29/6/26; 6:30PM