HNH-00016822 IP26-00006949
Mrs NIKITHA G
04-12-1994 31 Y 7 M 21 D (F)
Dr. THULABANDULA SANTHOSHI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

SURGERY DETAILS

Date : 25/7/26

Patient Name: Mrs. Nikitha Date of Birth: 4/12/1994 Age: 31 Yrs

Gender: female Ward : OT UHID No.: HNH-00016822

Date of Surgery: 25/7/26 ☐ OT -1 ☑ OT -2 ☐ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : Emergency Lower Segment Cesarean Section V spinal Anaesthesia

Time in : 4:25 Pm Time Out : 5:15 Pm

		NAME	AMOUNT
1.	Surgeon	: Dr. Santhoshi	
2.	Anaesthetist	: Dr. Vineetha	
3.	Assistant Surgeon	: Dr. Dua	
4.	OT Technician	: Sr. Pallavi	
5.	Circulating Nurse	: Sr. Puja, Sr. karuna	
6.	Assistant Nurse	: Sr. Sangeetha	

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

Shalini
Signature of the Surgeon

Puja.
Signature of Circulating Nurse

Order No: 26-0000216950 Order by: Sangeetha

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

312
FC

Name	Mrs NIKITHA G	**UHID**	HNH-00016822
Father/Guardian	Mr G KRISHNA SAI	**Age/Gender**	31 Y 7 M 22 D/ Female
Address	FLAT NO 102 GOLDEN SAI RESIDENCY DD COLONY HYDERABAD, Bagh Amberpet, Hyderabad, Telangana, INDIA, 500013		
IP No	IP26-00006949	**Admission Date**	25-07-2026
Ref Doctor	Dr Shalini		
Discharge Date	28.07.2026		

DISCHARGE SUMMARY

Consultant:
Dr. THULABANDULA SANTHOSHI SHALINI
MBBS, MS OBGYN
Regd. 61026

Diagnosis: PRIMI AT 33^{+3} WEEKS WITH IVF CONCEPTION WITH DICHORIONIC DIAMNIOTIC TWINS WITH CERVICAL STITCH INSITU WITH PRETERM PREMATURE RUPTURE OF MEMBRANES FOR EMERGENCY LOWER SEGMENT CAESAREAN SECTION

EMERGENCY LOWER SEGMENT CAESAREAN SECTION DONE ON 25.07.2026

History:
LMP: 22.12.2025
EDD: 09.09.2026

Obstetric formula: Primi
Gestation at admission: 33^{+3} weeks

Name	Mrs NIKITHA G	**UHID**	HNH-00016822
IP No	IP26-00006949	**Admission Date**	25-07-2026

Obstetric History:
G1 - Present pregnancy, IVF Conception.

Medical History: Nil
Surgical History: Laparoscopy ovarian drilling-2025
Family History: Nil
Allergies: Nil

Antenatal Details:
Mrs NIKITHA G was booked to Rainbow hospital at 33+3 weeks of gestation. She had regular antenatal checkups and investigations as advised by Dr.Santhoshi Shalini. NT scan was normal. TIFFA was normal. Fetal surveillance done by serial growth scans. Scan done on 19.07.2026 at 33^{+3} weeks showed Twins, Dichorionic Diamniotic fetus with both cephalic presentation, Twin 1- 31^{+4} weeks, weight 1.83kg, and Twin 2 - 31^{+4} weeks, weight 1.77kg. She was admitted for Emergency LSCS.

Investigations: Enclosed.
Blood group: "B" Positive.

Management:
Course in hospital and Delivery Details:
At admission on clinical examination the vitals were stable, uterus was acting, P/s examination showed active leak, draining claer liquor, cervix was effaced, os 1 cm dilated with cervical stitch insitu. Fetal well being of twins was confirmed by an admission CTG which was found to be reactive. She was

Name	Mrs NIKITHA G	**UHID**	HNH-00016822
IP No	IP26-00006949	**Admission Date**	25-07-2026

decided for emergency C- section in view of Precious pregnancy (DCDA with PPROM), prepared with indwelling Foley's catheter and IV canula under aseptic conditions. Written informed consent for surgery taken. Preanesthetic check up done. Anesthetic premedication (IV Pantop and Perinorm) given. Patient shifted to theatre.

Surgery Notes:

Under spinal anesthesia she was painted and draped as per hospital protocol. Abdomen opened in layers. The parietal and visceral peritoneum carefully opened after identifying the urachus. Bladder was reflected. A lower segment curvilinear incision given on the uterus. Baby delivered. Cord clamped and cut and cord blood collected for blood grouping and Rh typing. Baby handed over to pediatrician. Placenta delivered with controlled cord traction. Uterus closed in layers. Hemostasis secured. Instruments and swab count checked. Rectus sheath closed. Skin closed with subcuticular sutures. Wound dressing done. Vagina cleaned with Betadine solution after expelling clots. Misoprostol 800 mcg given per rectum as prophylaxis against Postpartum hemorrhage. Patient was shifted out of theatre to post operative recovery room.

* **Twin-1- delivered by Patwardhan technique**
* **Twin-2- vertex**
* **Placenta - Dichorionic Diamniotic**

Delivery Details :

Date : 25.07.2026
Type of Delivery: Emergency Preterm lower segment caesarean section
Indication : Precious pregnancy (DCDA with PPROM)

Name	Mrs NIKITHA G	**UHID**	HNH-00016822
IP No	IP26-00006949	**Admission Date**	25-07-2026

Anaesthesia : Spinal

Baby Details: Twin-1
Date : 25.07.2026
Time : 04.30pm
Sex : Male
Weight : 1.74kg
Apgar : 7,8
Gestational Age: 33^{+3} weeks
NICU Admission: Yes, prematurity

Baby Details: Twin-2
Date : 25.07.2026
Time : 04.31pm
Sex : Male
Weight : 1.94kg
Apgar : 7,8
Gestational Age: 33^{+3} weeks
NICU Admission: Yes, prematurity

Post-Operative Notes:
She was closely monitored. Her vital signs remained stable. Uterus was well retracted with no Postpartum hemorrhage. Breast feeding initiated. She was shifted to room. Her postoperative period following that was uneventful. On second postoperative day dressing was changed. On inspection wound was healthy. Her general condition was satisfactory and she was found to be fit for

Name	Mrs NIKITHA G	**UHID**	HNH-00016822
IP No	IP26-00006949	**Admission Date**	25-07-2026

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. Cefakind 500mg (cefuroxime axetil) twice daily till 31.07.2026 (9am-9pm) after food.
2. Tab. Metronidazole 400 mg Thrice daily till 31.07.2026 (8am-3pm-10pm) after food
3. Tab. Calpol 500mg (Paracetamol 500mg) (2tabs) thrice daily till 29.07.2026(8am-2pm-10pm) after food.
4. Tab. Voveran 50 mg (Diclofenac 50mg) thrice daily till 29.07.2026 (9am-3pm-11pm) after food.
5. Tab. Pantop 40mg twice daily till 31.07.2026 (7am-7pm) before food.
6. Tab. Livogen (Elemental Iron - 50mg, folic acid 1.5mg) once daily (7am) for three months before breakfast.
7. Tab. Shelcal (Elemental Calcium 500 mg, Vitamin D3 250 IU) once daily (2pm) till breast feeding for after food.
8. Inj Clexane 40 units ,Subcutaneously at 8pm till 29.07.2026

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

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

Name	Mrs NIKITHA G	**UHID**	HNH-00016822
IP No	IP26-00006949	**Admission Date**	25-07-2026

Review with **Dr. THULABANDULA SANTHOSHI SHALINI,** after **1** week on **03.08.2026** at postnatal clinic with prior appointment **(Review consultation will be charged).**

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

The content of the patient discharge summary, medication, food & drug interaction, care to be provided at home, nutrition, 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 just dial one toll free number - 18002122. You can also take appointments at any time by going online to our

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Name	Mrs NIKITHA G	**UHID**	HNH-00016822
IP No	IP26-00006949	**Admission Date**	25-07-2026

website **www.rainbowhospitals.in**

Registrar/Resident/C.M.O

Consultant:
Dr. THULABANDULA SANTHOSHI SHALINI
MBBS MS OBGYN
Regd. 61026

Rainbow Childrens Hospital-Himayatnagar

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

ELECTRONIC MEDICINE PRESCRIPTION

MRN	: HNH-00016832	**Name**	: Baby Of NIKITHA G TWIN -2
Age / Sex	: 0 Y 0 M 0 D 15 H / Male	**Doctor**	: SPANDANA PASUPULETI
Adm/Reg Date/Time	: 25/07/2026 19:32	**Payor**	: SELFPAY
Order Date	: 25/07/2026 22:22	**Ordernumber**	: 26-0000217013
Visit ID	: IP26-00006953	**Ward/Bed No**	: 4F -NICU 1 / NICU1-404
Patient Address	: FLAT NO 102 GOLDEN SAI RESIDENCY DD COLONY HYDERABAD, Bagh Amberpet, Hyderabad, Telangana, INDIA, 500013		

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		3 Nos	Dispensed
2	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
3	INJEK INJ 1 MG 0.5 ML		1 Nos	/ Once Daily	1 Days		1 Vial	Dispensed
4	D WATER 10 ML AMPULE	DISTIL WATER10ML	1 Bottle	External / Once Daily	1 Days		2 Bottle	Dispensed
5	SURGICAL BLADE 20	SURGICAL BLADE 20	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
6	INTROCAN 24G	IV CANULLA 24	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
7	CORD CLAMP-ALPHAMEDICARE		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
8	TEGADERM (PEAD) 1610	TEGADERM PEAD 1610	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed

SPANDANA PASUPULETI

* 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.**

Rainbow Childrens Hospital-Himayatnagar

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

ELECTRONIC MEDICINE PRESCRIPTION

MRN	HNH-00016822	Name	Mrs NIKITHA G
Age / Sex	31 Y 7 M 22 D / Female	Doctor	Dr. THULABANDULA SANTHOSHI SHALINI
Adm/Reg Date/Time	25/07/2026 14:16	Payor	SELFPAY
Order Date	25/07/2026 19:27	Ordernumber	26-0000216954
Visit ID	IP26-00006949	Ward/Bed No	4F -OT , PDA-414
Patient Address	FLAT NO 102 GOLDEN SAI RESIDENCY DD COLONY HYDERABAD, Bagh Amberpet, Hyderabad, Telangana, INDIA, 500013		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	CAUTERY PENCIL (ADVANCE)		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
2	SGLOVE # 6.5 (SURGICARE)	SURGICAL GLOVES 6.5	1 Nos	External / Once Daily	1 Days		3 Nos	Dispensed
3	OxygenMask With Tubing - Adult ROMSONS-FC		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
4	TRUGUT CHROMIC CATGUT SN4242	TRUCUT CHROMIC CATGUT SN4242	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
5	VICRYL 1-0 NW 2364	VICRYL 1-0 NW 2364	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
6	VACCUME SUCTION SET		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
7	SURGICAL BLADE 22	SURGICAL BLADE 22	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
8	FACE MASK 3 LAYER - ELASTIC	FACE MASK 3 LAYER	1 Nos	External / Once Daily	1 Days		10 Nos	Dispensed
9	EVATOCIN (OXYTOCIN) INJ 5 IU 1 ML		1 Vial	External / Once Daily	1 Days		3 Vial	Dispensed
10	Encore Microptic gloves-6.5		1 Nos	/ Once Daily	1 Days		3 Nos	Dispensed
11	MISOPROST TAB 200MCG 4S		1 Tabs	External Once Daily	1 Days		4 Tabs	Dispensed
12	MOPS 30X30 8PLY 5S X-RAY	MOPS 30X30S PLYDATT	1 Nos	/ Once Daily	2 Days		2 Nos	Dispensed
13	VICRYL 1-0 VP 2346	VICRYL 1-0 VP 2346	1 Nos	/ Once Daily	2 Days		2 Nos	Dispensed
14	COTTON BALLS 2 GM 5 NOS		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
15	ABGEL SURGI PAD (BIG) (GELSPON)	ABGEL	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
16	ANAWIN HEAVY 5 MG INJ 4 ML		1 Vial	External / Once Daily	1 Days		1 Vial	Dispensed
17	PENCAN 27G (B/BRAUN)		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
18	BACTOPREP SOLUTIONS 100 ML		1 ml	/ Once Daily	2 Days		2 Nos	Dispensed
19	DSYRINGS 2.5ML(NIPRO)	SYRINGE 2ML	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
20	ETHILON 1 NW 3348	ETHILON 1 NW 3348	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
21	BIOXAMIC 500 MG INJ		1 Ampule	External / Once Daily	1 Days		2 Ampule	Dispensed
22	ADULT DIAPERS-XXL		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
23	POVINANZ SOLUTION 10% 100 ML		1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
24	UNDER PAD 60X90 10's Pack - MEDICUBE		1 Nos	External / 10 AM	1 Days		2 Nos	Dispensed
25	DSYRINGE 5ML (NIPRO)	SYRINGE 5ML	1 Nos	External / Once Daily	1 Days		3 Nos	Dispensed
26	LSCS DRAPE PACK SAFE SECURE		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
27	E.C.G ELECTRODES (ADULT)	ELECTRODES ADULT	1 Nos	External / Once Daily	1 Days		3 Nos	Dispensed
28	JUSTIN SUPPOSITORIES 100 MG 5 S		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed

Dr. THULABANDULA SANTHOSHI SHALINI
OBSTETRICS AND GYNECOLOGY
Reg No : 61026

* 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.**

Rainbow Childrens Hospital-Himayatnagar

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

ELECTRONIC MEDICINE PRESCRIPTION

MRN	: RNH-30016822	**Name**	Mrs NIKITHA G
Age / Sex	31 Y 7 M 22 D Female	**Doctor**	Dr. THULABANDULA SANTHOSHI SHALINI
Adm/Reg Date/Time	: 25/07/2026 14:16	**Payor**	SELF PAY
Order Date	: 25/07/2026 19:27	**Ordernumber**	: 26-0000216955
Visit ID	: IP26-00000949	**Ward/Bed No**	: 4F-OT / POA-414
Patient Address	FLAT NO 102 GOLDEN SAI RESIDENCY DD COLONY HYDERABAD, Bagh Amberpet, Hyderabad, Telangana, INDIA, 500013		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	NITRILE EXAMINATION GLOVES P F- MEDIUM		1 Nos	External / Once Daily	1 Days		20 Nos	Dispensed
2	NITRILE EXAMINATION GLOVES P F- MEDIUM		1 Nos	External / Once Daily	1 Days		10 Nos	Dispensed
3	DSYRINGE 10ML (NIPRO)	SYRINGE 10ML	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
4	BCV-INTRAFIX SAFESET		1 Nos	/ Once Daily	2 Days		2 Nos	Dispensed
5	COMPLETE BLOOD PICTURE			/	1 Days		1	Report Entered
6	SURGEON CAP FEMALE SAFE SECURE		1 Nos	External / 10 AM	1 Days		10 Nos	Dispensed
7	FOLEYS CATHETER 16- UROCATH		1 Nos	External / 1-2 TIMES A DAY	1 Days		1 Nos	Dispensed
8	NS 100ML ACCULIFE - EH	NORMALSALINE 0.9% SODIUMCHLORIDE100ML CLO	1 mL	/ Once Daily	4 Days		4 mL	Dispensed
9	CEFBACT INJ 1GM		1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
10	DSYRINGE 10ML (NIPRO)	SYRINGE 10ML	1 Nos	Intravenous / Once Daily	1 Days		10 Nos	Dispensed
11	VOVERAID TAB		1 Tabs	/ Once Daily	10 Days		10 Nos	Dispensed
12	BUTRIDOL SUPPOSITORIES 100 MG S S		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
13	FRUSECURE INJ 2 ML		1 Vial	External / Once Daily	1 Days		1 Vial	Dispensed
14	ACUGYL 500MG INJ		1 Nos	Intravenous / Once Daily	1 Days		3 Nos	Dispensed
15	UNDERPADS 60X90 BUTTERFLY		1 Nos	External / 1-2 TIMES A DAY	1 Days		4 Nos	Dispensed
16	VENFLON I -20G	IV CANULLA 20	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
17	UROBAG (ADULT) - URODYNE		1 Nos	External / 1-2 TIMES A DAY	1 Days		1 Nos	Dispensed
18	RL 500 ML CLOSED SYSTEM	RINGER LACTATE 500ML CLOSED	1 Bottle	/ Once Daily	5 Days		5 Bottle	Dispensed
19	RL 500 ML CLOSED SYSTEM	RINGER LACTATE 500ML CLOSED	1 Bottle	/ Once Daily	2 Days		2 Bottle	Dispensed
20	THENTOCIL INJ 2VL		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
21	AIMA FLO 40MG INJ		1 Nos	SKIN / 1-1-1 UP TO NEXT VISIT	Days		3 Nos	Dispensed
22	CALPOL TAB 500MG IP		1 Tabs	Oral / THREE TIMES A DAY	1 Days		10 Tabs	Dispensed
23	DISPOSABLE APRONS STERILE XL	DISPOSABLE APPRON STERILE XL	1 Nos	/ Once Daily	4 Days		4 Nos	Dispensed
24	ACUGYL 500MG INJ		1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
25	GAUZE 7.5X7.5 12 PLY (5 NOS) NON X-RAY	GAUZE 7.5X7.5 12 PLY 5 NOS	1 Nos	External / Once Daily	1 Days		5 Nos	Dispensed
26	PRASOPHEG INJ 40MG		1 Vial	Intravenous / Once Daily	1 Days		4 Vial	Dispensed
27	TRD-CONTIN TAB 100MG 10S		1 Tabs	Oral / Once Daily	1 Days		10 Tabs	Dispensed
28	CEFBACT INJ 1GM		1 Nos	/ Once Daily	2 Days		2 Nos	Dispensed
29	DSYRINGE 2.5ML(NIPRO)	SYRINGE 2ML	1 Nos	Intravenous / Once Daily	5 Days		5 Nos	Dispensed
30	ADULT DIAPERS-XXL		1 Nos	SKIN / 1-1-1 UP TO NEXT VISIT	1 Days		0 Nos	Dispensed
31	NITRILE EXAMINATION GLOVES P F- MEDIUM		1 Nos	External / Once Daily	1 Days		20 Nos	Dispensed
32	ELECTROCARDIOGRAPHY (ECG) 12 LEAD			/	1 Days		1	Registered
33	DSYRINGE 1ML (NIPRO)	SYRINGE 1ML	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
34	ESKALGUT INJ 40MG		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
35	DSYRINGE 5ML(NIPRO)	SYRINGE 5ML	1 Nos	Intravenous / Once Daily	1 Days		5 Nos	Dispensed
36	RELIPARA(PARACETAMOL) 1000MG 100ML BOTTLE		1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
37	DSYRINGE 10ML (NIPRO)	SYRINGE 10VL	1 Nos	External / Once Daily	1 Days		5 Nos	Dispensed

Dr. THULABANDULA SANTHOSHI SHALINI
OBSTETRICS AND GYNECOLOGY
Reg No : 61026

* 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.

Rainbow Childrens Hospital-Himayatnagar

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

ELECTRONIC MEDICINE PRESCRIPTION

MRN	: HNH-00016831	**Name**	: Baby Of NIKITHA G'TWIN-1
Age / Sex	: 0 Y 0 M 0 D 15 H / Male	**Doctor**	: SPANDANA PASUPULETI
Adm/Reg Date/Time	: 25/07/2026 19:29	**Payor**	: SELFPAY
Order Date	: 25/07/2026 22:18	**Ordernumber**	: 26-0000217006
Visit ID	: IP26-00006952	**Ward/Bed No**	: 4F -NICU 1 / NICU1-403
Patient Address	: FLAT NO 102 GOLDEN SAI RESIDENCY DD COLONY HYDERABAD, Bagh Amberpet, Hyderabad, Telangana, INDIA, 500013		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	INTROCAN 24G	IV CANULLA 24	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
2	D WATER 10 ML AMPULE	DISTIL WATER10ML	1 Bottle	External / Once Daily	1 Days		1 Bottle	Dispensed
3	TEGADERM (PEAD) 1610	TEGADERM PEAD 1610	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed

SPANDANA PASUPULETI

* 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.**

Rainbow Childrens Hospital-Himayatnagar

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

ELECTRONIC MEDICINE PRESCRIPTION

MRN	: HNH-00016831	**Name**	: Baby Of NIKITHA G TWIN-1
Age / Sex	: 0 Y 0 M 0 D 15 H / Male	**Doctor**	: SPANDANA PASUPULETI
Adm/Reg Date/Time	: 25/07/2026 19:29	**Payor**	: SELFPAY
Order Date	: 25/07/2026 22:16	**Ordernumber**	: 26-0000217004
Visit ID	: IP26-00006952	**Ward/Bed No**	: 4F -NICU 1 / NICU1-403
Patient Address	: FLAT NO 102 GOLDEN SAI RESIDENCY DD COLONY HYDERABAD, Bagh Amberpet, Hyderabad, Telangana, INDIA, 500013		

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		3 Nos	Dispensed
2	INJEK INJ 1 MG 0.5 ML		1 Nos	/ Once Daily	1 Days		1 Vial	Dispensed
3	SURGICAL BLADE 20	SURGICAL BLADE 20	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
4	CORD CLAMP-ALPHAMEDICARE		1 Nos	External / 1-2 TIMES A DAY	1 Days		1 Nos	Dispensed
5	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	Ordered

SPANDANA PASUPULE

* 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-00016822 IP26-00006949
Mrs NIKITHA G
04-12-1994 31 Y 7 M 23 D (F)
Dr. THULABANDULA SANTHOSHI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

DEFICIENCY CHECK LIST OF CASE SHEET

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

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

Signature and Date : 28/07/26

(P.T.O)

ERROR LOG

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

OBSERVATION :

DATE :

SIGNATURE OF MRD INCHARGE / EXECUTIVE

EM - LSCS Twins

PRE - OPERATIVE CHECK LIST

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

HNH-00016822 IP26-00006949 Date: 25/7/26

Patient's Name : Mrs NIKITHA G 04-12-1994 31 Y 7 M 21 D (F) Gender : ☐ M ☑ F

Blood Group : Dr. THULABANDULA SANTHOSHI

Planned Surgery :

Anesthetist : Date & Time of Operation :

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

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

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

Billing Clearance Taken : ☑ Yes ☐ No

Billing Executive Name :

Billing Executive Signature :

Date & Time : 25/7/26 10:20

OT Nurse Name : Sujatha

Signature of OT Nurse :

Date & Time : 25/7/26 @ 1PM

ER/Ward Nurse Name :

Signature of ER/Ward Nurse :

Date & Time :

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

Rainbow Childrens Hospital-Himayatnagar

Rainbow Children's Hospital

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 : IP26-00006949 **Admit Date** : 25-Jul-2026 **Admit Time** : 02:16 PM **UHID** : HNH-00016822

Patient Details :

Patient Name	: Mrs NIKITHA G	**Age**	: 31 Y 7 M 21 D
Guardian	: Mr G KRISHNA SAI	**DOB**	: 04-12-1994
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: FLAT NO 102 GOLDEN SAI RESIDENCY DD COLONY HYDERABAD Bagh Amberpet Hyderabad Telangana INDIA 500013	**Phone No**	: 9000235886/ 9866374760
		E-mail	: NO@GMAIL.COM

Admission Details :

Bed Type : TWIN SHARING **Bed No** . PDA-414 **Ward Name** : 4F -OT

Room No : PDA-414 **Admission Type** : First Visit

Contact Details :

Name : Mr G KRISHNA SAI **Relationship** : Husband

Contact Address : **Phone No** : 9000235886

Signature

Doctor Details :

Doctor Name : Dr. THULABANDULA SANTHOSHI SHALINI **Specialisation** : OBSTETRICS AND GYNECOLOGY

Referral Doctor : Dr Shalini **Phone No** : 9866591359

Co-Consultant

Payment Details :

Deposit Amount : 100000.00

Payment Mode : DC/CC Card **Payor Name** : SELFPAY

PATIENT TRANSFER FORM

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

HNH-00016822 IP26-00006949
Mrs NIKITHA G
04-12-1994 31 Y 7 M 21 D (F)
Dr. THULABANDULA SANTHOSHI

Date & Time of Admission	Date & Time of Transfer Order
25/7/26 @ 2:16pm	25/7/26 @ 4pm
Transfer Ordered by	**Reason for Transfer**
Dr naveena.	Em-hSLs
From Unit	**To Unit**	**Information to Attendant**
pre-past	D.T	Yes ☐ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
(30)	NST-1 ~~CXR~~ E.C.G-1	Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	RL -500ml	1D
2.	ECG -	(1)
3.		
4.		
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sis. Sujatha	DR. Naveena

Patient & Clinical Records Received by : Karuna

Date & Time of Patient Received : 25/7/26 @ 4pm

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

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

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

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

ACTIVITY RECORD FOR BILLING

HNH-00016822 IP26-00006949
Mrs NIKITHA G
04-12-1994 31 Y 7 M 21 D (F)
Dr. THULABANDULA SANTHOSHI

Name: -- --

UHID No ------------ Consultant : ------------------------ Dept : ----------------

Date of ... ne : -------------- Date of Discharge : ---------------- Time: -----------

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
25/7/26	4PM	pre-post	OT	Sujatha / [illegible]
25/7/26	5:30pm	OT	pre-post	[illegible] Sujatha
25/7	11:50PM	prespost	312	[illegible] / Samanta

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Sign
25/7	CBP	12554	Sij
25/7	NST	9128	Sij
25/7	E.C.G	9141	Sij
26/7	CBP		
		1261/4	

Cross checked done by Sunanda

Cross checked done

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
25/7	Infusion pump	5:30pm	11:50pm	16933	Sujatha
25/7	cardiac monitor	5:30pm	11:50pm	16933	

cross checked done

Cross checked done by Sunanda

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
25/7	IV placement	①	16935	
25/7	catheterisation	①	16932	Sujatha
25/7	PAC (IJ)	①	16934	
			Cross check	
	Cross checked by Sunanda			
26/7.	NHA.	①	7918	

Cross checked & done 27/7/26

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

HNH-00016822 IP26-00006949
Mrs NIKITHA G
04-12-1994 31 Y 7 M 21 D (F)
Dr. THULABANDULA SANTHOSHI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints
c/o leaking P.V @ 2:30pm.

Obstetric Formula: P1+0

Obstetric Hostory: Primi
IVF conception

Present Pregnancy Record:
1- IVF Conception
NT scan - (N).
TIFFAS - (N)

RISK FACTORS:

Height: ..... cm
Weight: ..... kg
Allergies: .....
Breast: ☐ Normal ☐ Abnormal
General Examination:
Consciousness: Pallor: -
Icterus: Edema: -
Temp: Afebrile PR: 90 bpm.
BP: 130/90 mmHg DTR:
CVS: S_1S_2 (+). RS BAE (+).
Liver/Spleen: Urine Output:

LMP: 22/12/25 EDD: 11/9/26
Corrected EDD: 9/9/26 GA: 33+3 wks

Menstrual History: Regular : ☑ Yes ☐ No

Obstetric Examination

Fundal Height: Ut- over distended.

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

Draining: ☑ Present ☐ Absent ☐ Bleeding

Colour of Liquor: ☑ Clear ☐ Meconium ☐ Blood Stained

Cervical stitch (+).

Vaginal Examination

Cervix: ☐ Long ☐ Partially effaced ☑ Effaced

Os: Closed _____ Dilated 1cm.

Membranes: ☐ Present ☑ Absent

Liquor: ☑ Clear ☐ Meconium ☐ Blood Stained

Presenting Part: ☑ Vertex ☐ Breech ☐ Others

Sutton: ☑ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2

Pelvis: ☐ Adequate ☐ Doubtful

DIAGNOSIS

Primi | 33+3 weeks | DCDA Twins | cervical stitch in situ
IVF conception | PPROM for emLSCS

HNH-00016822 IP26-00006949
Mrs NIKITHA G
04-12-1994 31 Y 7 M 21 D (F)
Dr. THULABANDULA SANTHOSHI

Family History:	Surgical History:
Nil.	Lapsroscopy ovarian puncture - 2025

Medical History:	Medication History:
Nil	T. Iron / T calci T. Susten 200mg / Duvadilan. T Ecosprin 75mg OD

Plan of Care:	Investigations:
- Admission CTG. - Informed Consent - Parts preparation - MgSO4 4g I.V. loading dose. - PAC - ECG. - CBC - Foleys Catheterization - Inform Pediatrician - 1 (i) PRBC reserve. - Shift to OT on call.	B+ve HIV, HbsAg, VDRL, HCV } NR. 19/7/26 twins I: cephalic, 1.583kg, 31^{+4} wk II: cephalic, 1.77kg, 31^{+4} wk.

Doctor Name: Dr. Dna
Signature: [signature]
Date & Time: 25/7/26.

Consultant Name: [signature]
Signature: [signature]
Date & Time: 25/7/26 @

HNH-00016822 IP26-00006949
Mrs NIKITHA G
04-12-1994 31 Y 7 M 21 D (F)
Dr. THULABANDULA SANTHOSHI

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

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/7/26 6:30 pm	P1L1+1 c POD -0	
	No fresh complaints	
	O/E pt c/c/c	Rx
	afebrile	- NBM after 4hrs
	PR - 90bpm	- IV fluids
babies in NICU	BP - 124/ [illegible] mmHg	- Drugs as charted
	P/A - uterus retracted well	- Inj clexane 40 units x 5 days
	L/E - p/v bleeding WNL	- foley removal after at 6am
	Bowel sounds - sluggish	tomorrow
	U/O - 100ml	- CBC sent @ 6am.
		- w/f p/v bleeding
		monitor vitals
	Dr Manudeela	Surgeon
25/7/26 10:45 pm	c/b Dr. Manudeela	
	P1L1+1 c POD-0	
	No fresh complaints	Adv
	O/E pt c/c/c	- Allow oral fluid
	afebrile	- IV fluids
Both babies NICU	PR - 84bpm	- Drugs as charted
	BP - 120/[illegible] mmHg	- B/o charting
	P/A - uterus retracted well	- foley removal @ 6am
	L/E - p/v bleeding WNL	tomorrow
	Bowel sounds (+)	- CBC sent 6am
	U/O - 300ml :: urine clear	- w/f p/v bleeding
Shift to room		monitor vitals
		Surgeon.
	Dr Manudeela.	

HNH-00016822 IP26-00006949
Mrs NIKITHA G
04-12-1994 31 Y 7 M 21 D (F)
Dr. THULABANDULA SANTHOSHI

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

...OGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/7 10 am	Ch/B Dr. Menaka	
	POD-0 / EmLSCS	
	No fresh complaints	Adv
U	O/E pt stable	soft diet
F	afebrile	Adequate hydration
S	PR - 84/m	Drugs as charted
Baby - NICU	BP - 119/87 mmHg	collect CBC.
B/L breast soft	P/A - uterus contracted well	monitor vitals
	LL - No bleeding WNL	Ambulation
	Bowel sounds (+)	Encourage voiding urine
	Dr. Menaka	
		N/B Sunanda @
	C/S / B Dr. Dng	
26/7/26 2pm	POD1 / EmLSCS	Adv
Baby I/II NICU	GC fair	Soft diet
U	Afebrile	Adequate hydration
F	vitals - stable	Drugs as charted
S	P/A uterus Retracted	cott
	well, minimal distension	Monitor vitals
	C/E PV bleed WNL	Infan ser.
26/7	12g/l | 9.6×10³ | 16.	
		NB Supriya

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

HNH-00016822 IP26-00006949
Mrs NIKITHA G
04-12-1994 31 Y 7 M 21 D (F)
Dr. THULABANDULA SANTHOSHI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/7/26. 7:30pm.	C/S/B Dr. Dna POD-1 P/L2.	
Baby-2 @NICU.	· CC fair ~~Afebrile~~ vitals - stable. P/A Utero Retracted well, BS(+) ~~S/E~~ Minimal gaseous distension(+) U/E NAD.	~~Adv~~ - Soft diet - Adequate hydration - Drugs as charted - Monitor vitals - w/f PV bleed - Inform sos. - Ambulation
UV FV SV		
27/7/26 7AM	C/S/B Dr. Dna POD-2 P/L2.	~~Adv~~ - Soft diet - Adequate hydration. - Drugs as charted - Monitor vitals - w/f PV bleed - Ambulation Inform sos
Baby-2 @NICU	CC fair ~~Afebrile~~ vitals-Stable P/A-Utero Retracted well, soft S/E NAD	
UV FV SV		
		N.B. Maheshwari 27/7/26 @ 8:40Am

Noted by medico

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

(P.T.O)

HNH-00016822 IP26-00006949
Mrs NIKITHA G
04-12-1994 31 Y 7 M 21 D (F)
Dr. THULABANDULA SANTHOSHI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/7/2026	C/S/b Dr Manshe	
1:30pm	POD 2	
	CC Few Afebrile	Adv.
	vitals stable	Soft Diet → Regular Diet Allowed
Sebou NICU	P/A - ut well retracted	Adequate Hydration
	H/F BS⊕ Soft	Drugs as charted
	gaseous distⁿ (+)	Ambulation
	4E - Bleeding well	M/F vitals & BSV
UV		Inform SMS
PV		Tegaderm Drsng to do.
SV		Noted by Divya 27/7/26 Dr Manshe
27/7	C/S/b Dr. Mewadule	
7pm	POD-2	
	o/f afebrile	Adv
UV	afebrile	Regular diet
FV	Al-sudpn	Adequate hydration
SV Babie NICU	BP 110/[illegible]	Drugs as charted
	P/A - Uterus retracted well	Ambulation
	Ut. P/V bleeding well	Tegaderm dressing tomorrow.
		Monitor vitals
		Ayoom sr.
	Dr. Mewadule	N Bhavani @7pm

HNH-00016822 IP26-00006949
Mrs NIKITHA G
04-12-1994 31 Y 7 M 21 D (F)
Dr. THULABANDULA SANTHOSHI

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/7 9AM	Cs/b Dr Manasa	
	C/C Fair Afebrile	Adv
	Vitals stable	
	P/A Ut well retracted	Regular diet / Adeq hydration
	Soft Gaseous distn +	Drugs as charted
	L/E Scanty wnl	Monitor vitals 1 hr
Ur		Ambulation
PV		Inform SOS
SV		
		Dr Manasa
9:40pm	C/s/b Dr Shalini Mam	
	Adv:	
	Dulcolax supp 20mg PR (2) stat	
		Dr Manasa
28/7/26 11:30AM	C/s/b Dr. Dmg	
		Adv
	C/C Fair	- Regular diet.
	Vitals stable.	- Drugs as charted
	P/A Uterus Retracted well.	- Tegaderm dressing today.
		- Monitor vitals
	C/E NAB	- Inform SOS
		- Pt can be discharged.

HNH-00016822 IP26-00006949
Mrs NIKITHA G
04-12-1994 31 Y 7 M 23 D (F)
Dr. THULABANDULA SANTHOSHI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

HNH-00016822 IP26-00006949
Mrs NIKITHA G
04-12-1994 31 Y 7 M 21 D (F)
Dr. THULABANDULA SANTHOSHI

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
25/7	3PM	RINGER LACTATE	IV	900 ml/hr			25/7		
25/07	4.35PM	RINGER LACTATE + 10 IU OXYTOCIN	IV	120 ml/hr			25/7		
25/7	7PM	RINGER LACTATE	IV	100 ml/hr			25/7		
25/7	11:30PM	RINGER LACTATE	IV	100 ml/hr					
26/7	4am	RINGER LACTATE	IV	100 ml/hr					
		← Stop							
		Dr Dra ff							

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

HNH-00016822 IP26-00006949
Mrs NIKITHA G
04-12-1994 31 Y 7 M 21 D (F)
Dr. THULABANDULA SANTHOSHI

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

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
25/7	3:30 PM	PANTOPRAZOLE	40mg	IV	[signature]	Sujatha Anusha.
25/7	3:30 PM	METOCLOPROMIDE	10mg	IV	[signature]	Sujatha Anusha.
25/07	4:32 Pm	INJ. OXYTOCIN	3IU + 10IU INFUSION	IV	[signature]	[signature]
25/07	4:35 Pm	INJ. TRANEXAMIC ACID	1gm	IV	[signature]	[signature]
25/07	4:25 Pm	INJ. METRONIDAZOLE	500 mg	IV	[signature]	[signature]
25/07	5.10 Pm	SUPP. TRAMADOL	100 mg	PR	[signature]	[signature]
25/07	5.10 Pm	SUPP. DICLOFENAC	100 mg	PR	[signature]	[signature]
25/07	2pm	MAGNESIUM SULPHATE in 100ml NS	4gms	IV	[signature]	Sujatha Anusha
26/7/26	1:40pm	ONDANSETRON	4mg	IV	[signature]	[signature]

26/7/26 7pm [illegible]

Verified by Dr. Dakshayani

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

HNH-00016822 IP26-00006949
Mrs NIKITHA G
04-12-1994 31 Y 7 M 21 D (F)
Dr. THULABANDULA SANTHOSHI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

REGULAR PRESCRIPTIONS

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

DRUG : TAB DICLOFENAC

Dose	Route	Frequency	Start Dt.	Date/Time	25/7	26/7	27/7	28/7
50 mg	PO	8 HRLY	25/07	7am	X	[illegible]	[illegible]	[illegible]
				3pm	X	[illegible]	[illegible]	
				9pm	X	[illegible]	[illegible]	

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG : TAB TRAMADOL

Dose	Route	Frequency	Start Dt.	Date/Time	25/7	26/7	27/7
100 mg	PO	8 HRLY	25/07	8am	X	[illegible]	[illegible]
				4pm	X	[illegible]	
				12am	X	[illegible]	

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

Additional Instructions:

Stop

STOP

Daily Doctor's Endorsement by a Sign

DRUG : Inj METRONIDAZOLE

Dose	Route	Frequency	Start Dt.	Date/Time	25/7	26/7	27/7
500mg	IV	TID	25/7	6am	X	[illegible]	[illegible]
				2pm	X	[illegible]	
				10pm	[illegible]		

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

Additional Instructions: For USM.

Stop

STOP

Daily Doctor's Endorsement by a Sign

DRUG : Inj PANTOPRAZOLE

Dose	Route	Frequency	Start Dt.	Date/Time	25/7	26/7	27/7
40mg	IV	BD	25/7	6am	X	[illegible]	[illegible]
				6pm	X	[illegible]	

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

Additional Instructions:

STOP

Stop

Daily Doctor's Endorsement by a Sign

Verified by Dr. Dhakshayani

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

(P.T.O.)

HNH-00016822 IP26-00006949
Mrs NIKITHA G
04-12-1994 31 Y 7 M 21 D (F)
Dr. THULABANDULA SANTHOSHI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Verified by Dr. Dhakshayani

Sheet No: .....

REGULAR PRESCRIPTIONS

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

DRUG : ENOXAPARIN

Dose	Route	Frequency	Start Dt.
40 unit	S/C	OD	25/7

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

Additional Instructions: Show After delivery

Date/Time: 26/7 27/7 28/7

Daily Doctor's Endorsement by a Sign

DRUG : T. MONOCEF-O

Dose	Route	Frequency	Start Dt.
200mg	P/O	BD	27/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions: CEFPODOXIME

Date/Time: Stop 31/7

Daily Doctor's Endorsement by a Sign

DRUG : T METRONIDAZOLE

Dose	Route	Frequency	Start Dt.
400mg	P/O	TID	27/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Date/Time: 27/7 28/7
6AM ✓
2PM Nadi
10PM

Daily Doctor's Endorsement by a Sign

DRUG : T. PANTOPRAZOLE

Dose	Route	Frequency	Start Dt.
40mg	P/O	OD	27/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Date/Time: 27/7 28/7
6AM Sij

Daily Doctor's Endorsement by a Sign

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

Patient Sticker

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

DRUG : T. CEFTUM

Dose	Route	Frequency	Start Dt.
500mg	P/O	BD	28/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ Time ▾

10AM

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ Time ▾

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ Time ▾

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ Time ▾

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

Patient Sticker

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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 :

HNH-00016822 IP26-00006949
Mrs NIKITHA G
04-12-1994 31 Y 7 M 21 D (F)
Dr. THULABANDULA SANTHOSHI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

DRUG CHART

Date of Admission: 25/7/26 Drug Allergies: ..... ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As required Medication)

DRUG : T. ONDANSETRONE				Date / Time → 25/7/26 11 PM
Dose: 4mg	Route: PO	Frequency: SOS	Start Date: 25/7	
Doctor's Signature:	Valid Period	Pharm.		
Additional Instructions:				

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

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

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

HNH-00016822 IP26-00006949
Mrs NIKITHA G
04-12-1994 31 Y 7 M 21 D (F)
Dr. THULABANDULA SANTHOSHI

REGULAR PRESCRIPTIONS Weight. .... Ward. ....

DRUG : CEFOTAXIME				Date / Time
Dose	Route	Frequency	Start Date	
1g	IV	BD	25/7	STOP
Name & Signature of the Doctor Starting the Drugs: Dr. Dna				
Additional Instructions: for 48hrs.				
Daily Doctor's Endorsement by a Sign				

DRUG : MONOCEF				Date / Time	25/7	26/7	27/7/26
Dose	Route	Frequency	Start Date				
1g	IV	BD	25/7	10AM		1.40 pm	
Name & Signature of the Doctor Starting the Drugs: Dr. Dna							
Additional Instructions: for 48hrs. After test done.				10PM			
Daily Doctor's Endorsement by a Sign							

Stop

DRUG : TAB. PARACETAMOL				Date / Time	25/7	26/7	27/7	28/7
Dose	Route	Frequency	Start Date					
1gm	PO	6 HRLY	25/07	12am	X			
Name & Signature of the Doctor Starting the Drugs: DR. M. VINEETHA				6am	X			
Additional Instructions:				12pm	X			
				6pm	X			
Daily Doctor's Endorsement by a Sign								

DRUG : TAB. TRAMADOL				Date / Time
Dose	Route	Frequency	Start Date	
~~50 mg~~ 100 mg	PO	8 HRLY	25/07	STOP
Name & Signature of the Doctor Starting the Drugs: DR. M. VINEETHA				DR. M. VINEETHA 26/07/26
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

Verified by Dr. Dhakshayani

Department of Anaesthesiology

PRE-ANAESTHETIC EVALUATION

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

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

Name: Mrs. G. Nilekhe Age: 31 Sex: female UHID.No :

Date: 25/7 Time: 215pm Proposed Operation: LSCS

Diagnosis: Prim IVF 32W DCDA PROM

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

Laboratory Data:

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

Allergies: NKDA

Medical History: CVS :

RESP : No significant medical history Diabetes :

CNS : Regular ANCs done → C-stitch at 24 weeks → uneventful

Renal :

Hepatic / GE: No hospitalizations Physical Activity: good. Active NYHA-1

Others :

Past Anaesthetic History: prev. Hysterolap & C-stitch & GA.

Physical Exam: coherent

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

Lungs : BAE (+)

Heart: S1S2 + M0

CNS:

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

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

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

CURRENT MEDICATIONS	DOSAGE
Ecospan	75 mg
DUVADILON	½ — ½ — ½
SUSTEN 200mg	
Fe/Ca/MVT	
PROGESTERONE Weekly dose	

Pre-Operative Instructions: Home meal at 2pm

1. DVT Prophylaxis :
2. NIL ORAL → Water / ORS 2 Hours; Others 6 Hours
3. Informed Consent: ☐ Standard ☐ High Risk
4. Post Operative Pain Management: ☐ Discussed with Patient
5. Other Instructions:
   - CBP/ECG
   - Aspiration explained / prophylaxis advised
   - check viral markers

Signature: Name: Dr Sanvi Trainee

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

HNH-00016822 IP26-00006949
Mrs NIKITHA G
04-12-1994 31 Y 7 M 21 D (F)
Dr. THULABANDULA SANTHOSHI

ANAESTHESIA CHART

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Pre Induction Assessment:

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

H.R: 88/min. B.P / CRT: 130/90 mm Hg SpO_2: 100% R.R: 16/min. Last Feed:

Pre-OP Diagnosis: Primi 32 wk IVF PROM Operation: Emergency LSCS. Date: 25/07/26

Surgeon: Dr. Santhoshi Anaesthesiologist: Dr. Samir/Dr. V.M Technician: MM. Prasad.

TIME 4:15 4:30 4:45 5:00 5:15

N_2O /AIR /O_2 LPM
HALO /SO /SEVO
Drugs:
INJ. OXYTOCIN 3IU + 10IU infusion
INJ. TRANEXAMIC ACID 1gm
INJ. METROGYL 500mg IV.

FIO_2 / SaO_2 100 100 100
$ETCO_2$
ECG ON ON ON
Temperature
Urine Output
Fluids
Blood RL

Antibiotic given
Suppository TRAMADOL 100 mg DICLOFENAC 100 mg
Blood Loss ~500 ml

NOTES

B.P
V Systolic
Λ Diastolic
X Mean
• Heart Rate
Tourniquet on Time
Tourniquet off Time
Throat Pack In
Throat Pack Out

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

LAB Values
ABG
GRBS
Others

☑ Equipment Checked and Functional
☑ BP
☐ Cuff Site: (R) UL
☐ Art Site:
☑ EKG Lead 2 lead
☐ Temp Site
☐ FIO_2 Monitor
☐ Agent Monitor
☑ Pulse Oximeter
☐ Capnograph
☐ Ventilator
☐ Nerve Stimulator

Position: Supine
☑ Pressure Points Checked

Eye Care:
☐ Oint
☐ Tape
☐ Padding
☑ Awake

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

Times:
Anaes Start: 4:25 PM
OP Start:
OP End:
Leave OR: 5:15 PM

Anaesthesia:
☐ GA
☐ Monitored Anaesthesia Care
☑ Regional

Line (Size & Location)
☐ CVP:
☐ ART:
☑ IV: (L) UL 18G.
☐ IV:
☐ IV:

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

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

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

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

Regional:
Extremity Specify: .....
☑ Spinal ☐ Epidural ☐ Caudal
Others: .....
Position: Sitting
Site: L3 L4
Needle Size: 27G (W) Depth: .....
Parasthesia ☐ Yes ☑ No
Catheter at skin ..... cm
Drug Name & Conc: 0.5% (H) BUPIVACAINE + 25 mcg FENTANYL
Bolus: .....
Infusion: .....
Block Level: T4 NIL regd
Comments: .....

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

Name of the Doctor: DR. M. VINAYATHA
Signature of the Doctor:

0016822 IP26-00006949
NIKITHA G 31 Y 7 M 21 D (F)
4094
THULABANDULA SANTHOSHI

LSCS / Twins

CONSUMABLES OF OT

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Technician : Pallavi Date : .... Time : ....

Circulating staff : ....

Anaesthesia Disposables	Qty Issued	Qty Used
ET tube		
LMA		
ECG leads : A / P / N		
HME filter : A / P / N		
Syringes : 10 cc		
05 cc		
02 cc		
01 cc		
Cautery plate : A / P / N		
IV set		
RL		
NS : 10ml / 100ml / 500ml / 1000ml		
Toraneeza		
O_2 mask (A)		
Fentanyl		
Morphine		
Ketamine		
Propofol		
Rocuronium		
Glycopyrolate		
Myopyrolate		
Ondansetron		
Pencan 2?G / Spinal Needle 22		
Bupivacaine 0.25%		
Anawin Bupivacaine 0.25%(Heavy)		
Antibiotics		
Oxytocin		
Suppositories		
Anamol : 80mg / 250mg / 170 mg		
Supridol : 100mg		
Justin : 12.5 mg / 25mg / 100mg		
Tab. Misoprost : 200mg		
Encore 6.5		
gauze 7.5		

Qty	Surgical Disposables	Qty Issued	Qty Used
	Major Pack LSCS	01	1
	Sutures 2346; 2364	2	1
02	4242, 1326	1	1
	@ 2348	01	
01			
03	Gloves SG 6.5	2	
03	Encore 6.5	2	
02			
01	Surgical blade 22	1	
	...ube		
02	...ery pencil	01	
	...hies XXL	01	
02	...ents		
01	...n Catheter		
01	...ask	10+10	
	...ack 7.5	02	
	...k	02	
	S...		
	U...	2	
	D...		
	Ab...	01	
	Fo... ...er		
01	Uro...		
	Che...		
01	Rom... Catheter		
	Band...		
03	Tegad...		
	Ioban		
	Double ...		
01	Vaccum ...	01	
01	Plastic Be...	2	
1/2	Betadine Sol	2	
	Microshiel...	2	
01	Cotton Balls	1	
01	Latex Gloves	20	
	Ramdione Sc...		
	Saral		

Disposables (Baby Side) Twin-I	Qty Issued	Qty Used
Inj Vit.K	01	1
Cord Clamp		1
Suction Catheter		
Feeding Tube		
Vaccum Suction Set		
Surgical Gloves SG 6.5		02+1
Gauze Pack 7.5		01
Syringe 1ml / 2ml		[illegible]+1
Surgical Blade # 20		1
Koochies (S)		
Tegardam 1610		1
Canula 24G		1
Distell water		2
Twin-II		
Vitamin K		1
Cord clamp		1
~~suction catheter~~		
SG 6.5		03
Gauze 7.5		1
~~DS syringe~~		
1ml		
~~Decamt~~		
Blade 20		1
Tegardom 1610		1
Canula 24		1
Distell water		2

Twin I 26-0000217006 / 7004
Twin II 26-0000217013

27/2/26

Anaesthesiologist Nurse OT Technician

Surgeon

Order No. : 26-00002169584 / 955

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

HNH-00016822 IP26-00006949
Mrs NIKITHA G
04-12-1994 31 Y 7 M 21 D (F)
Dr. THULABANDULA SANTHOSHI

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

STAT / ONCE ONLY DRUGS

Name: ..... Weight: ..... kgs

Sheet No: .....

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
26/7	10pm	DULCOLAX suppository	1tab	PR			
28/7	11AM	DULCOLAX SUPPOSITORY	20mg	PR			

HNH-00016822 IP26-00006949
Mrs NIKITHA G
04-12-1994 31 Y 7 M 21 D (F)
Dr. THULABANDULA SANTHOSHI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

MEDICATION RECONCILIATION FORM

Drug Allergies: ..... ☑ Not known any Drug Allergies

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

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

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	T. [illegible]					☐ C ☐ DC
2	T. IRON	1 tab	PO	OD		☐ C ☐ DC
3	T. CALCIUM	1 tab	PO	OD		☐ C ☐ DC
4	T. Dwadilon	5mg	PO	TID		☐ C ☐ DC
5	T. Ecosprin	75mg	PO	OD		☐ C ☐ DC
6	Tab susten	200mg	PO	TID		☐ C ☐ DC
7	T. Zincovit	1 tab	PO	OD		☐ C ☐ DC
8	Inj Cefoine	1 Amp	IM	weekly once		☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Dwa

Date & Time : 25/7/26

Nurse Name & Signature: Sujatha

Date & Time : 25/7/26 @ 3pm

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

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PATIENT TRANSFER FORM

Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00016822 IP26-00006949 Mrs NIKITHA G 04-12-1994 31 Y 7 M 21 D (F) Dr. THULABANDULA SANTHOSHI	25/7/26 @ 21.16pm	25/7/26 @ 11.50pm
	Transfer Ordered by Dr. Madhula	Reason for Transfer OBG
From Unit PreSPost	To Unit (312)	Information to Attendant Yes ☒ No ☐
Number of Sheets in Clinical File 30	Number of Imaging Films EBL-1 NST-1	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☒ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Madhu mitter @ Madhu	Dr. Madhula

Patient & Clinical Records Received by : Sunanda @ 12am

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

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

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

HNH-00016822 IP26-00006949
Mrs NIKITHA G
04-12-1994 31 Y 7 M 21 D (F)
Dr. THULABANDULA SANTHOSHI

312

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

RESULT SHEET

Date IP	25/7	26/7				
Time	2:23Pm					
Hb	14.1	12.0				
PCV	39.0	34.0				
RBC	4.63	4.04				
WBC	7.93	9.68				
N/L		78.2/14.2				
Platelets	207	163				
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	'B' positive					
HIV HbsAg HCV	10 PRBC reserved in Surya				Blood bank	

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

HNH-00016822
Mrs NIKITHA G
04-12-1994 31 Y 7 M 21 D (F)
Dr. THULABANDULA SANTHOSHI
IP26-00006949

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

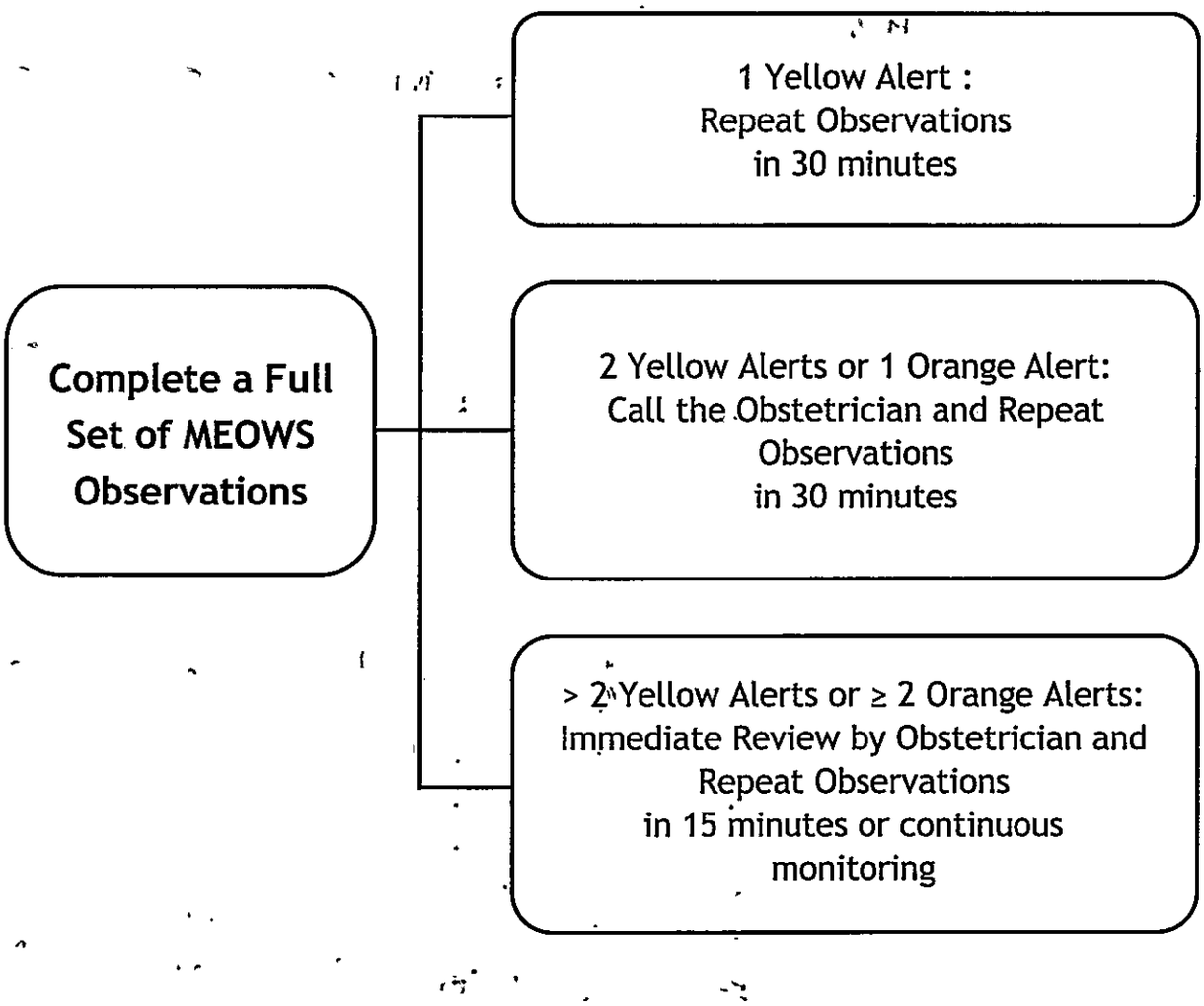
BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Early Warning Observation Score Chart - Obstetrics

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

25/7/25	Date																							
	Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20							20			20	20	20	20	20	20	20			20				20	
	0 - 10																								
Saturations	94 - 100 %							100			99	99	99	99	99	99	99			99				99	
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37																								
	36										97.2		98.6		98.6		99			98				99.1 F	
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																100	101							
	90																			115				100	
	80																								
	70																								
	60							86			75	79	80	85											
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120											122	125	130	122	120	122			117				119	
	110																								
	100																								
	90							120																	
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70							70			75	79	100	71	72	78				83				87	
	60																								
	50																								
	40																								
NEURO RESPONSE [✓]	Alert																								
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30																								
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal																								
	Heavy / Foul																								
Liquor	Clear / Pink																								
	Green																								
TOTAL YELLOW SCORES								0			0		0	0			0			0				0	
TOTAL ORANGE SCORES								0			0		0	0			0			0				0	
Nurse Initial																									

Obstetrics and Gynaecology Early Warning Signs



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

HNH-00016822
Mrs NIKITHA G
04-12-1994 31 Y 7 M 21 D (F)
Dr. THULABANDULA SANTHOSHI
IP26-00006949

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

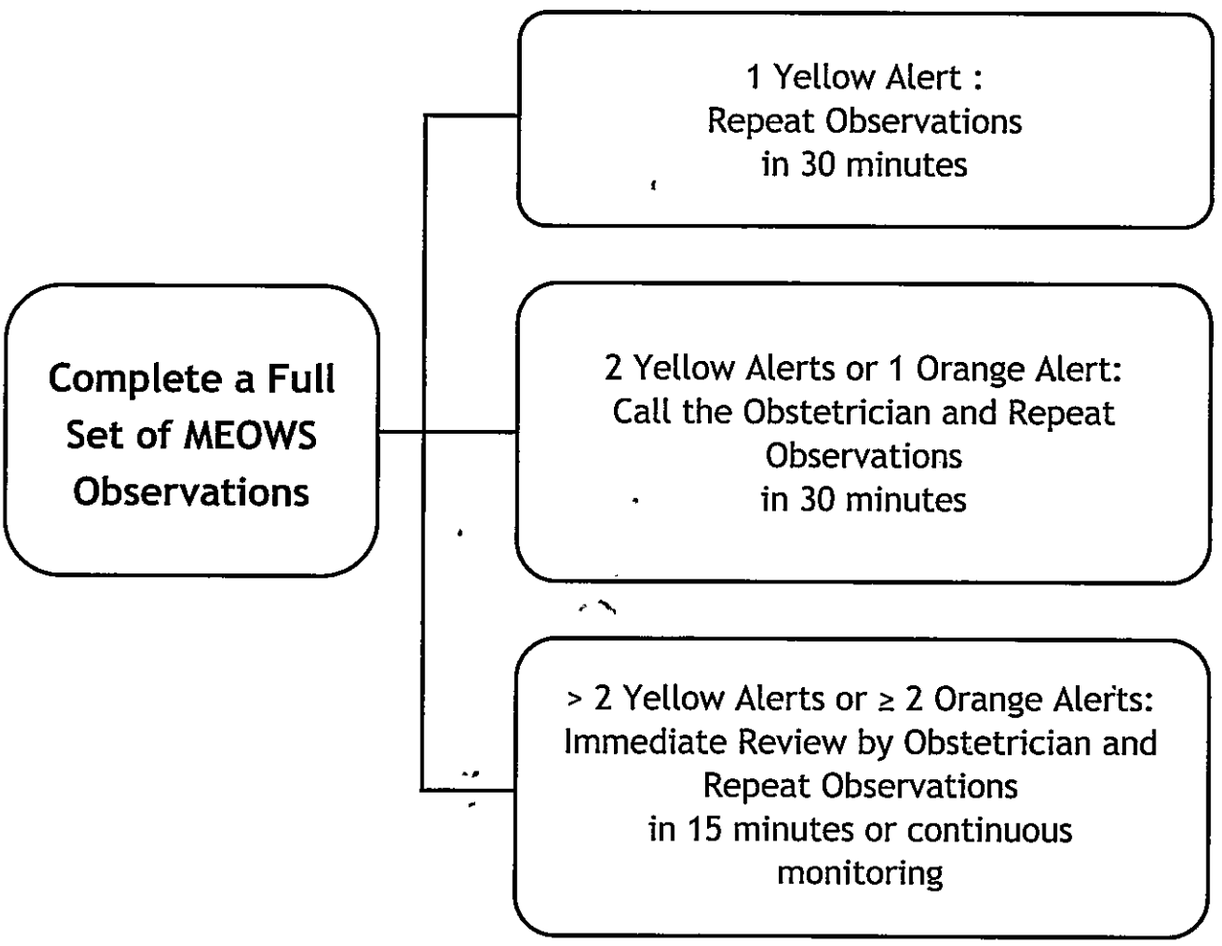
BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Early Warning Observation Score Chart - Obstetrics

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

26/7/26	Date																						
	Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20			20				20				20				20				20				20	
	0 - 10																								
Saturations	94 - 100 %			99%				99%				99%				99%				99%				99%	
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37																								
	36			97.6°F				98.1°F				98.4°F				98.1°F				98.1°F				98.1°F	
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80			94				96				84				80bpm				80bpm				81bpm	
	70																								
	60																								
	50																								
	40																								
↑ Systolic Blood Pressue	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130			125				121																	
	120															115				110				109	
	110											110													
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
	40																								
↓ Diastolic Blood Pressure	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
	60			88				79				84				70				70				61	
	50																								
	40																								
NEURO RESPONSE [✓]	Alert		✓					✓																	
	Voice															—				—				—	
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30		✓					✓								—				—				—	
	< 30																								
Proteinuria	Protein + +																			—					
	Protein > + +																								
Lochia	Normal											—				—				—				—	
	Heavy / Foul																								
Liquor	Clear / Pink							0				—				—				—				—	
	Green																								
TOTAL YELLOW SCORES				0				0				0				0				0				0	
TOTAL ORANGE SCORES																									
Nurse Initial																									

Obstetrics and Gynaecology Early Warning Signs



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

HNH-00016822
Mrs NIKITHA G
04-12-1994 31 Y 7 M 21 D (F)
Dr. THULABANDULA SANTHOSHI
IP26-00006949

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

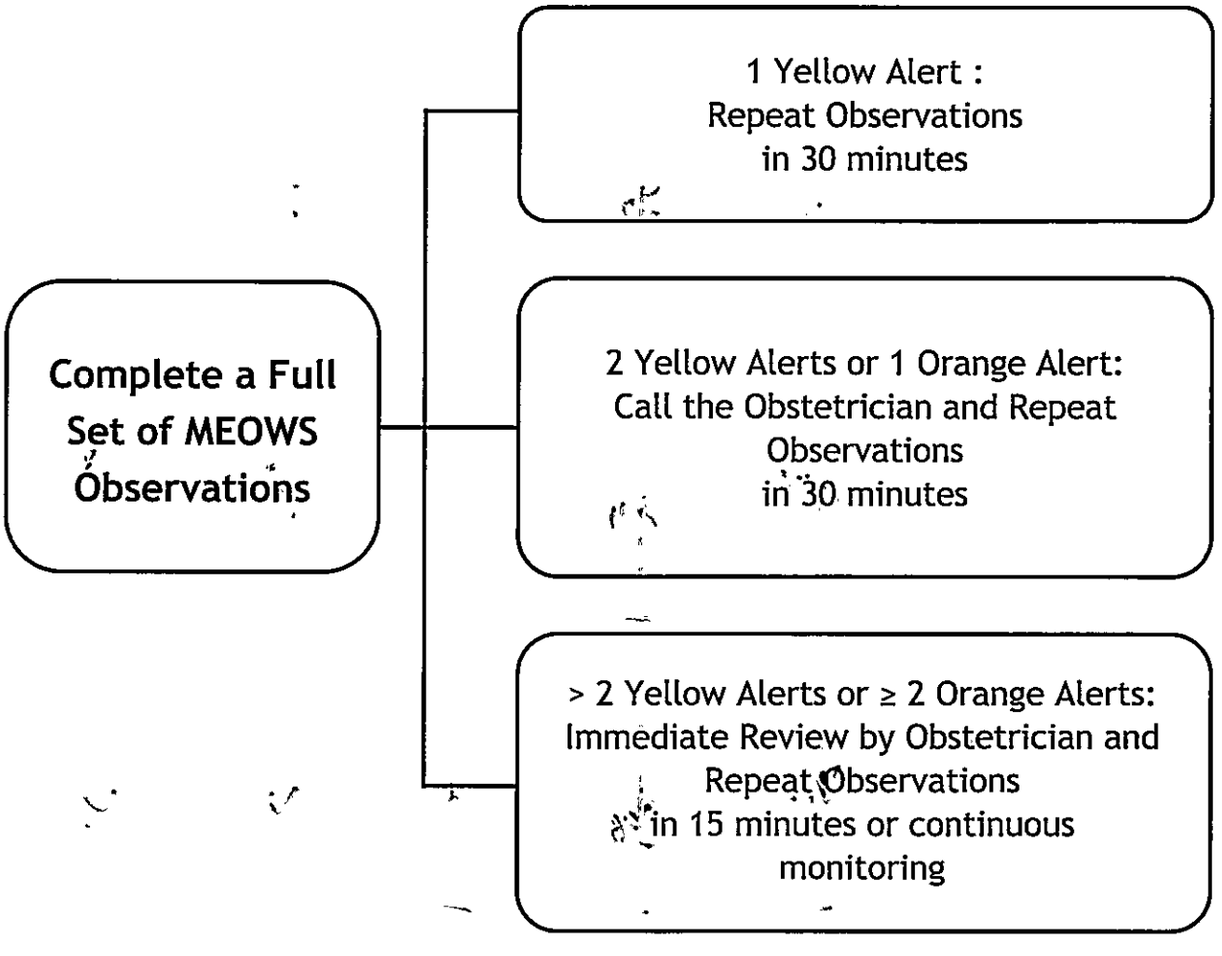
BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Early Warning Observation Score Chart - Obstetrics

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

		Date	24/4/26																					
		Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																									
	21 - 30																									
	11 - 20				20				20				20				20				20				20	
	0 - 10																									
Saturations	94 - 100 %				99%				98%				99%				99%				99%				99%	
	< 94 %																									
Administered O_2 (L/min.)																										
Temp°c	40																									
	39																									
	38																									
	37																									
	36				97.4				97.4				97				98°				98.2°				98.4°	
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70				73				70				85				86				87				88	
	60																									
	50																									
	40																									
Systolic Blood Pressue ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120				122				113				127				128				120				135	
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80				87				78				83				84				80				79	
	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				—				—				—				—				D					
	Green																									
TOTAL YELLOW SCORES					0				0				1				0				1				1	
TOTAL ORANGE SCORES					0				0				0				0				0				0	
Nurse Initial																										

Obstetrics and Gynaecology Early Warning Signs



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

HNH-00016822 IP26-00006949
Mrs NIKITHA G
04-12-1994 31 Y 7 M 21 D (F)
Dr. THULABANDULA SANTHOSHI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 1

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.

25/7		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 :**						
25/7	02:00 pm	RL	N	100ml								
	03:00 pm	RL		100ml								
	04:00 pm	RL	B	100ml								
	05:00 pm	RL		100ml						200ml		Empty 5:30 PM
	06:00 pm	RL		100ml								
	07:00 pm	RL	M	100ml								
Total Intake :		takup				**Total Output :**				passed 200ml		
25/7	08:00 pm	RL	N	100ml								
	09:00 pm	RL	BM	100ml						300ml		Passed 11.30PM
	10:00 pm	RL		100ml								
	11:00 pm	RL	H2O	100ml						100ml		
	12:00 am	RL		100ml								
	01:00 am	RL		100ml						100ml		Empty
Total Intake :						**Total Output :**						
26/7/26	02:00 am	↑		100ml								
	03:00 am			100ml						400ml		Empty
	04:00 am	RL		100ml								
	05:00 am			100ml								
	06:00 am	↓	soup	100ml						600ml		Empty
	07:00 am			100ml								
Total Intake :						**Total Output :**						

Total 24 hrs. Intake	1800ml	Total 24 hrs. Output	1700ml

HNH-00016822 IP26-00006949
Mrs NIKITHA G
04-12-1994 31 Y 7 M 21 D (F)
Dr. THULABANDULA SANTHOSHI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
26/7/26	08:00 am											
	09:00 am		Jelly									
	10:00 am											
	11:00 am				NA							
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
26/7/26	02:00 pm											
	03:00 pm		Today H2O									
	04:00 pm				NA							
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :** U-2 M-0						
26/7/26	08:00 pm											
	09:00 pm		Kichadi									
	10:00 pm											
	11:00 pm				NA							
	12:00 am		Ate									
	01:00 am											
Total Intake :						**Total Output :**						
27/7/26	02:00 am											
	03:00 am											
	04:00 am		Water									
	05:00 am				NA							
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

HNH-00016822
Mrs NIKITHA G
04-12-1994 31 Y 7 M 21 D (F)
Dr. THULABANDULA SANTHOSHI
IP26-00006949

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
27/7/26	08:00 am											
	09:00 am											
	10:00 am	0	Idly + H2O		NA		0	NA			0	
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake : Taken						**Total Output :** U – M –						
27/7/26	02:00 pm											
	03:00 pm											
	04:00 pm	0	Khichdi + H2O		NA		0	NA			0	
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake : Taken						**Total Output :** U-2 M-0						
27/7/26	08:00 pm											
	09:00 pm											
	10:00 pm	0	Idly +									
	11:00 pm											
	12:00 am		H2O									
	01:00 am											
Total Intake :						**Total Output :**						
28/7/26	02:00 am											
	03:00 am											
	04:00 am	0	Idly +									
	05:00 am											
	06:00 am		H2O									
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

HNH-00016822 IP26-00006949
Mrs NIKITHA G
04-12-1994 31 Y 7 M 23 D (F)
Dr. THULABANDULA SANTHOSHI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
28/7	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
28/7	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-00016822 IP26-00006949
Mrs NIKITHA G
04-12-1994 31 Y 7 M 21 D (F)
Dr. THULABANDULA SANTHOSHI

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

NURSING CARE RECORD

Date: 23/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon	2pm to 8pm	=> Assess the patient condition => plan for vital => plan for I/O chart	2pm to 8pm	=> Assessed the patient condition => maintain vital & Record => maintain I/O chart	patient is stable	vital is normal	Chandu CR
Night	8Pm ↓ 8Am	-> Plan for vital -> Plan for I/O chart. -> Plan for medication.	8Pm ↓ 8Am	-> vital checked & recorded. -> Maintain I/O chart. -> All medication given	-> vital is normal	-> pt is stable	Madhu

Docu. No: RCH /FRM / CLINICAL / 148

HNH-00016822
Mrs NIKITHA G
04-12-1994 31 Y 7 M 21 D (F)
Dr. THULABANDULA SANTHOSHI
IP26-00006949

NURSING CARE RECORD

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 26/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8AM to 2pm	→ To assess the pt condition → To checked the vitals & recorded → To administered the medication as per drug chart → I/O chart maintain	8AM to 2pm	→ To assessed the pt condition → To checked the vitals & recorded → To administered the medication as per drug chart → I/O chart maintained	→ Patient is stable → Patient is complaining for vomiting sensation we given Ondansetron 4mg I.V 10pm	→ Re-checked the vitals → I/O	Supriya
Afternoon	2pm | 8pm	- Assessed the pt condition - Monitor vitals & records - Maintain I/o chart - Give medication as prescribed by doctor	2pm | 8pm	- Assessed the pt condition - Monitored vitals & records - Maintained I/o chart - Given medication as prescribed by doctor	Patient is Stable now	Re-checked vitals	
Night	8pm 8AM	→ Assess the pt condition. → monitor the vitals. → maintain I/o chart. → drugs give as per drug chart.	8pm 8AM	→ Assessed the pt condition. → monitored the vitals. → maintained I/o chart. → drugs given as per drug chart.	→ pt is stable Now.	→ Re assessed the vitals	

HNH-00016822 IP26-00006949
Mrs NIKITHA G
04-12-1994 31 Y 7 M 21 D (F)
Dr. THULABANDULA SANTHOSHI

NURSING CARE RECORD

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 27/7/-

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8AM to 2pm	- Assess the pt condition - Monitor vitals & records - Maintain I/o chart - Give medications as prescribed by doctor.	8AM to 2pm	- Assessed the pt condition - Monitored vitals & records - Maintained I/o chart - Given medications as prescribed by doctor	Patient is Stable → IV cannula site swelling Informed to Madam → Applied Hot comb.	Re-checked vitals	R
Afternoon	2pm to 8pm	- Assess the pt condition - Monitor vitals - Maintain I/o Chart - Medication Given as per drug chart	2pm to 8pm	- Assessed the pt condition - Monitor vitals - Maintain I/o Chart - Medication Given as per drug chart	Pt is stable	Rechecked vitals	Manisha
Night	8pm to 8am	- Assess the pt condition - monitor vitals - maintain I/o chart - Administer medication Given as per drug chart	8pm to 8am	- Assessed the pt condition - monitored vitals - Maintain I/o chart - Medication Given as per drug chart	Patient is stable	Re-Assessment vitals	

HNH-00016822
Mrs NIKITHA G
04-12-1994
Dr. THULABANDULA SANTHOSHI
IP26-00006949
31 Y 7 M 23 D
(F)

NURSING CARE RECORD

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 28/7

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	8pm to 8pm	⇒ Assess the pt condition ⇒ Monitor vital & record 8 hrly ⇒ Maintain I&O chart ⇒ Administer medications as per drug chart	8 to 8pm	⇒ Assessed the pt conditions ⇒ Monitored vitals & recorded ⇒ Maintaining I&O chart ⇒ Administered meds as per drug chart	⇒ Pt is stable	⇒ Recheck vitals	SD
Afternoon							
Night							

HNH-00016822 IP26-00006949
Mrs NIKITHA G
04-12-1994 31 Y 7 M 21 D (F)
Dr. THULABANDULA SANTHOSHI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CHECKLIST FOR THROMBOPHLEBITIS

25/7/26 26/7 27/7

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

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

Signature of Shift In Charge :

Signature : ..... Name : Sujatha

Signature of Ward In Charge :

Signature : ..... Name : Kasthuri

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CHECKLIST FOR THROMBOPHLEBITIS

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

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

Signature of Shift In Charge :

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

Signature of Ward In Charge :

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

HNH-00016822 IP26-00006949
Mrs NIKITHA G
04-12-1994 31 Y 7 M 21 D (F)
Dr. THULABANDULA SANTHOSHI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	26/7/26	27/7	28/7
		Score		16	16
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0			
Secondary Diagnosis (more than one diagnosis)	Yes	15			
	No	0			
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0	0	0	0
IV / Heparin Lock or Saline	Yes	20	20	20	20
	No	0			
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10			
	Normal /On Bed Rest /Immobile	0			
Mental Status	Forgets limitations	15	1		
	Oriented to own ability	0	0	0	0
Total Morse Fall Scale Score:			20	20	20
		Signature			

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

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

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

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

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

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

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

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	24/7/26	25/7	26/7
		Score	8pm	8pm	E2
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0	0	0	0
Secondary Diagnosis (more than one diagnosis)	Yes	15			
	No	0	0	0	
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0	0	0	0
IV / Heparin Lock or Saline	Yes	20	20	20	20
	No	0	0	0	
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10			
	Normal /On Bed Rest /Immobile	0	0	0	
Mental Status	Forgets limitations	15			
	Oriented to own ability	0	0	0	0
Total Morse Fall Scale Score:			20	20	20
		Signature			

Fall Risk Grading

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

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

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

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

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

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

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

HNH-00016822
Mrs NIKITHA G
04-12-1994
31 Y 7 M 21 D
Dr. THULABANDULA SANTHOSHI
IP26-00006949
(F)

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

BRADEN 'Q' SCALE

	1	2	3	4				
				Date :	27/7	25/7	26/7	26/7
				Time :	2pm	8PM	8AM	[illegible]
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	4	4
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
				TOTAL SCORE	28	28	28	28
				Evaluator's Name	[illegible]	[illegible]	[illegible]	[illegible]

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

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

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

HNH-00016822 IP26-00006949
Mrs NIKITHA G
04-12-1994 31 Y 7 M 21 D (F)
Dr. THULABANDULA SANTHOSHI

BRADEN 'Q' SCALE

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

					Date : 26/7	27/7	27/7	28/7
					Time : N	M6	E2	N6
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	4	4
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
					TOTAL SCORE 28	28	28	28
					Evaluator's Name			

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

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

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

HNH-00016822 IP26-00006949
Mrs NIKITHA G
04-12-1994 31 Y 7 M 21 D (F)
Dr. THULABANDULA SANTHOSHI

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PAIN ASSESSMENT FORM

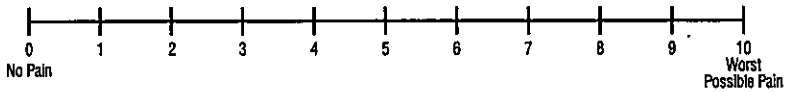
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
25/7/26	2pm	0/10	0	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
25/7	7PM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
25/7	9PM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
25/7	11PM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
26/7	2AM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
26/7	4AM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
26/7	8AM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
26/7/26	10pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
26/7	6pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
27/7	8AM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	

Re-assessment Frequency:

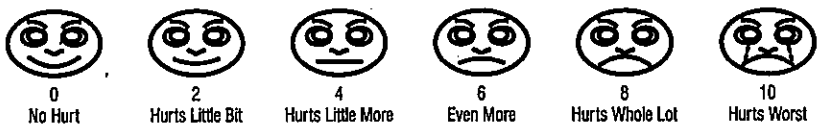
1. Every eight hours for all hospitalized patients.
2. For post-surgical patients, patients with chronic pain, patient with severe pain:
   a) At least every 2 hours for the first 24 hours
   b) Then every 4 hours.
   c) Prior to pain pain-relieving intervention.
   d) Within 30 – 60 minutes after pain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

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years



FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

HNH-00016822 IP26-00006949
Mrs NIKITHA G
04-12-1994 31 Y 7 M 21 D (F)
Dr. THULABANDULA SANTHOSHI

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PAIN ASSESSMENT FORM

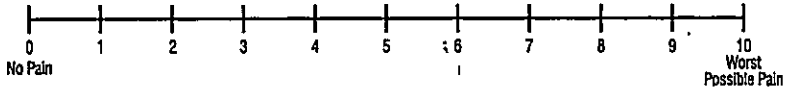
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
27/7	10Am	0/10	NA	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☑ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	NA	[signature]
27/7	2pm	0/10	NA	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☑ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	NA	[signature]
27/7/26	6pm	0/10	NA	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☑ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	NA	[signature]
28/7	10Am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ 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

HNH-00016822 IP26-00006949
Mrs NIKITHA G
04-12-1994 31 Y 7 M 21 D (F)
Dr. THULABANDULA SANTHOSHI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING SHIFT HAND OVER FORM - WARD

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

SITUATION

Diagnosis: GM-LSCS

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

BACKGROUND / ASSESSMENT / Recommendations							
Area / Shift Time		25/7 8pm	25/7 8pm	26/7/26 M1	26/7 E2	26/7 N1	27/7 CM6
Medical Condition (Any special condition to be noted)		NA	NA	LSCS	LSCS	LSCS	LSCS
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:	97°F	98.1°F	98.1°F	97.8°F	98.1°F	97.8°F
	Res:	20	20	20b/m	20b/m	20b/m	20b/m
	SpO_2:	100	99%	99%	100%	100%	100%
	Pulse:	86	86	86b/m	86b/m	75b/m	87b/m
	BP:	126/73	122/71	120/76	112/78	120/75	118/72
	Fall Risk Score:	—	—	—	—	—	—
	Pain Score:	—	—	0	—	—	—
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		NA	NA	—	—	—	—
Post Operative Procedure Special Orders		NA	NA	—	—	—	—
Handed Over By Name		Chandu	Madhu	Supriya	Priyanka	Maki	Priyanka
Signature							
Date		25/7/26	26/7/26	26/7/26	26/7/26	27/7/26	27/7/26
Time		8pm	8Am	2pm	8pm	8Am	2pm
Taken Over By Name		Madhu	Supriya	Priyanka	Maki	Priyanka	Madhuri
Signature							
Date		25/7	26/7/26	26/7/26	26/7/26	27/7/26	27/7/26
Time		8Pm	8Am	2pm	8pm	8Am	2pm

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

HNH-00016822 IP26-00006949
Mrs NIKITHA G
04-12-1994 31 Y 7 M 21 D (F)
Dr. THULABANDULA SANTHOSHI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING SHIFT HAND OVER FORM - WARD

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

SITUATION	Diagnosis: c/o LSCS			Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:			
BACKGROUND	Area / Shift Time	27/7/26 E2	27/7/26 N1	28/7/26			
	Medical Condition (Any special condition to be noted):	-	-	-			
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.6°F	98.5°F	98.2°F			
	Res:	20/m	21/m	24/m			
	SpO_2:	102%	100%	100%			
	Pulse:	99	78	88/m			
	BP:	120/80	121/80	120/80			
	Fall Risk Score:	"0"	0	-			
	Pain Score:	Yes	Yes	-			
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 :		Madhuri					
Signature :							
Date:		27/7/26	28/7/26	28/7			
Time:		8pm	8	8			
Taken Over By Name :							
Signature :							
Date:		27/7/26	28/7				
Time:		8	8				

HNH-00016822 IP26-00006949
Mrs NIKITHA G
04-12-1994 31 Y 7 M 21 D (F)
Dr. THULABANDULA SANTHOSHI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

URINARY CATHETER BUNDLE CHECK LIST

Date of Insertion: ..... Date of Removal: .....

Parameters	Date / Shift Time	25/7 8pm	25/7 8pm	26/7 6am				
Need for the Catheter		☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Hand Hygiene		☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Usage of Sterile Equipment		☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is the Collection bag below the level of bladder		☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Check the Tube for Obstruction (Free of Kinking)		☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is Catheter dated as policy		☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Collecting bag is been emptied regularly?		☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Maintenance of closed system for the catheter		☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Dressing clean and dry?		☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is the line removed as Policy?		☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Performance of Perineal Care		☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Onset of New Fever		☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Asses for the leakage at the site of insertion		☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Name of the Nurse		Sriatha	Nadly					
Signature of the Nurse								

Catheter Removed by Mam

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

HNH-00016822 IP26-00006949
Mrs NIKITHA G
04-12-1994 31 Y 7 M 21 D (F)
Dr. THULABANDULA SANTHOSHI

312

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 26/7/26 Time: 3 pm

Origin: Indian Height: 157cm Weight: 78 Kg BMI: ☐ ~ 26 kg/m² ☐ ~ 28 kg/m² ☐ ~ 30 kg/m²
31 Kg/m²

Food Allergies: No

Diagnosis: LSCS

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

Diet Advised:

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

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

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

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

Patient's / Attendant's	Dietician's
Signature: Nikitha	Signature: Sobiya
Name: Nikitha	Name: Syeda Sobiya Zaheer
Date & Time: 26/7/26; 3 pm	Date & Time: 26/7/26; 3 pm

DIETARY NOTES

Date	Time	Notes	Sign
27/7/26	11 AM	Can start with Normal Diet	8

HNH-00016822 IP26-00006949
Mrs NIKITHA G
04-12-1994 31 Y 7 M 21 D (F)
Dr. THULABANDULA SANTHOSHI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: Dr. Santhoshi		Date of Delivery: 25/7/26	
Assistant Surgeon: Dr. Dua		Time of Delivery:	Twin I 4:30pm / II 4:31pm
Anaesthetist's Name: Dr. Samir		Gender of Baby:	MALE / MALE
Type of Anaesthesia: Spinal		Weight of Baby:	1.74kg / 1.94kg
Neonatologist: Dr. Tejaswini Dr. Pranav Dr. Shushant		AGPAR Score:	7,8 / 7,8
Scrub Nurse: Sangeetha		NICU Admission: ☑ Yes ☐ No	

Pre-Operative Diagnosis: Primi / 33+3 weeks / DCDA twins / PPROM / IVF Conception

☐ Elective ☑ Emergency Indication: Precious pregnancy

Urgency

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

Decision time: ..... Knief to rectus: .....

CTG Description: Reactive

If there was a delay give the reasons: .....

Surgical Procedure:

Post Operative Diagnosis: P1L1+1 POD-0

Peri-Operative Complications:

Amount of Blood Loss:	Blood Transfused (in ML):

Name and Number of Surgical Specimen sent for examination:

Examination Findings when Appropriate:

Presentation: ☐ Cephalic ☐ Breech ☐ Other ..... Cervical Dilatation: ..1.... cm

5th Palpable: ..... Fetal Position: .....

Station: ☐ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2 Moulding: ☐ None ☐ + ☐ ++ ☐ +++

Caput: ☐ + ☐ ++ ☐ +++ Meconium: ☐ None ☐ + ☐ ++ ☐ +++

Bladder Catheterized : ☑ Yes ☐ No Urine: ☑ Clear ☐ Blood Stained

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

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

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

Incision Through Placenta: ☐ Yes ☑ No Twin-I - Delivred by patwardhan, Liq (N)

Delivery of head: ☐ Manual ☐ Forceps Twin II - Veeter - Liq (N)

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

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

Cord Appearance: Normal Cord around the neck ☐ Yes ☑ No

Appearance of placenta: Normal Cavity explored ☑ Yes ☐ No

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

Placenta - Dichorionic Diamniotic

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

Peritoneal Closure: ☑ Pelvic ☐ Abdominal ☐ None ..... Catgut NO-2 ..... Suture

Sheath Closure: ..... Loop Ethylene ..... Suture

Fat Closure: ☑ Yes ☐ No ..... 6 — ..... Suture

Skin Closure: ☑ Subcuticular ☐ Mattress ..... Monocryl NO-1 ..... Suture

Vaginal Evacuated ☑ Yes ☐ No

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

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

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

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

Post-Operative Notes:

- NBM till 4-6hrs
- IV Fluids
- Drugs as charted
- I/O charting
- W/F PV bleed
- Monitor vitals
- Informed

Doctor Name: Dr. Shalini Doctor Signature: Shalini C.

Date & Time: 25/7/26

HNH-00016822 IP26-00006949
Mrs NIKITHA G
04-12-1994 31 Y 7 M 21 D (F)
Dr. THULABANDULA SANTHOSHI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

LABOUR AND DELIVERY NURSING ASSESSMENT

Date of Admission: 25/7/26

Baseline Information:

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

Primary Language: ☐ Telugu ☑ English ☐ Hindi ☐ Others

Do you require an interpreter? ☐ Yes ☐ No

Source of Information: ☐ Patient ☑ Family ☐ Others

Personal belonging if any: ☐ Jewelry ☐ Nose Ring ☐ Bangles ☐ Anklets ☐ Finger Ring ☐ Bracelets

handed over to .....

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

If yes , identify .....

Chief Complaints: ..... Doctor Notified on Admission: ☐ Yes ☐ No

..... pain abd. Name of the Doctor: Dr naveena

..... Time Notified: 2pm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
–	–	–

Blood Group: B positive LMP: 22/8/25 EDD: 11/9/26 Gestational age during admission: 33 + 3 weeks

Contractions: ..... Vaginal Discharge: .....

Obstetric History: G ..... P ..... L ..... A ..... Previous LSCS .....

Height: ..... Weight: ..... BMI: .....

Temp: 97°F HR: 86 RR: 20 BP: 120/70 SpO_2 100

High Risk Factors: (Please select by ticking (✓) the box as applicable)

☐ Hypothyroidism	☐ Rh Incompatibility	☐ Fertility Treatment
☐ Hyperthyroidism	☐ Previous LSCS	☐ Preterm Labour
☐ Hypertension	☐ Gestational Hypertension	☐ Others: (Specify)
☐ Diabetes	☐ Bad Obstetric History	
☐ Anemia	☐ Obesity (BMI)	
	☐ Twins / Multiple Pregnancy	

HNH-00016822 IP26-00006949
Mrs NIKITHA G
04-12-1994 31 Y 7 M 21 D (F)
Dr. THULABANDULA SANTHOSHI

alities Detected

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

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

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:

☐ Overweight ☐ Poor Appetite > 3 Days ☐ Needs Therapeutic Diet.
☐ Under Weight ☐ Diabetes Mellitus ☑ No Abnormality Detected

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: ..... nikitha .....
Orientation not given Reason: ..... self .....

Nurse Signature: .....
Nurse Name: ..... Chennakesavulu .....
Date & Time: ..... 25/7/26 @ 2pm

HNH-00016822 IP26-00006949
Mrs NIKITHA G
04-12-1994 31 Y 7 M 21 D (F)
Dr. THULABANDULA SANTHOSHI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 25/12/26 Time of Arrival: 2pm Time Seen by Nurse: 2:2PM

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

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

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

3) **Vital Signs:** Temperature: 98°F Pulse: 86 RR: 20 SpO_2: 100 BP: 110/70 Weight: .....

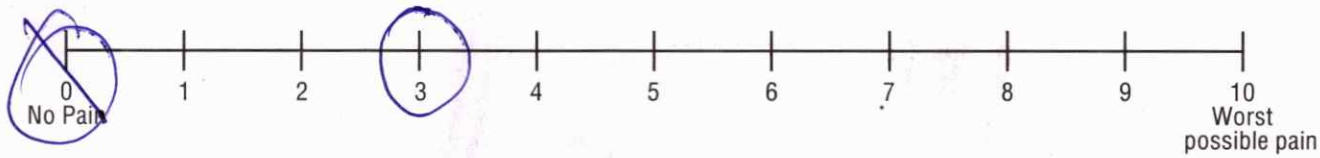
4) **Gestational Criteria:**

Gravida:	G	P	L	A

LMP: 22/12/25 EDD: 21/09/26 Gestational Age: 33+3weeks

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

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



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

.....

6) **Past History:**

a) Surgeries: NIL

b) Medical: .....

HNH-00016822 IP26-00006949
Mrs NIKITHA G
04-12-1994 31 Y 7 M 21 D (F)
Dr. THULABANDULA SANTHOSHI

7) Allergy: ☐ Yes ☑ No, If Yes : .....

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

9) **Prenatal Medical History:**

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

Triage Category: (Please tick on the category)

Refer to OBSTETRICAL TRIAGE ACUITY SCALE (OTAS)

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

OBCU Obstetrical Triage Acuity Scale (OTAS)

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

Time seen by Doctor: ..2pm.....

Nurse Name : ..Chandrakala..... Nurse Signature: .....

Date: ..25/7/26..... Time: ..2pm.....

HNH-00016822 IP26-00006949
Mrs NIKITHA G
04-12-1994 31 Y 7 M 21 D (F)
Dr. THULABANDULA SANTHOSHI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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

9. Additional notes: ....

Continuity of Care: Date: 25/7/26

» Reanfon vitel
» vitel checked & recorded

Handover given by Sujata Handover taken by Madhu

Signature Sujata Signature Madhumita

Date & Time: 25/7/26 @ 8Pm Date & Time: 25/7/26 @ 8Pm

SURGICAL SAFETY CHECKLIST

HNH-00016822 IP26-00006949
Mrs NIKITHA G
04-12-1994 31 Y 7 M 21 D (F)
Dr. THULABANDULA SANTHOSHI

Surgeon : Dr. Santhoshi
Asst. Surgeon : Dr. Puja
Anaesthetist : Dr. Vineetha
Scrub Nurse : Sr. Sangeetha
Age : 31Y Gender : female
Surgery Name : EM-LSCS
Date : 25/7/26 In-time : 4:25 PM Out-time : 5:15 PM

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

Before Induction of Anaesthesia ➤➤

SIGN IN Time: 4:15 PM

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

Site Marked ☑ Yes ☐ No ☐ NA

Anaesthesia Safety Check Completed ☑ Yes ☐ No

Pulse Oximeter on Patient & Functioning ☑ Yes ☐ No

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

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

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

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

Signature : V
Name : Dr. M. VINEETHA

Before Skin Incision ➤➤

TIME OUT Time: 4:25 PM

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

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

Anticipated Critical Events

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

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

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

Signature : Puja @ 4:25 PM
Name : Puja.

Before Patient Leaves Operating Room

SIGN OUT Time: 4:20 PM

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

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

Signature :
Name : Dr. Vineetha

PATIENT TRANSFER FORM

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00016822 IP26-00006949 Mrs NIKITHA G 04-12-1994 31 Y 7 M 21 D (F) Dr. THULABANDULA SANTHOSHI	25/7/26 @ 2:16pm	25/7/26 @ 5:15pm
	Transfer Ordered by Dr. samir	Reason for Transfer observation
From Unit OT	To Unit prepost	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 30	Number of Imaging Films -1-	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	RL - 500ml	1
2.		
3.		
4.		
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sis. Puja	Dr. Vineetha

Patient & Clinical Records Received by : Sujatha fi

Date & Time of Patient Received : 25/7/26 @ 5:30pm

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

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

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Patient Name : Mrs G. Nikitha Gender: ☐ Male ☐ Female Age : .....

UHID No : ..... Date : 25/7/26

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

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

Emeregency Lower Segment Cesaeean Sechon

upon

Mrs G. Nikitha (Name of the Patient)

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

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

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

excessive bleeding, infechon., injury to adjacent organs like bowel, bladdee, Need for blood transfusion

My signature on this form indicates that

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

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

Consentee :

Signature : G. Nikitha

Name : G. Nikitha

Date & Time : 25/07/26 @4pm

Witness :

Signature : G. Mahesh

Name : G. MAHESH

Date & Time : 25/7/26 @ 4.P.m

Patient Attendant :

Signature : G. Krishna

Name : Krishna Sai Gururam

Relationship with Patient: Husband

Date & Time : 25/7/26 @4.P.m

Doctor (who is taking the consent) :

Signature :

Name : Dr. Dna

Date & Time : 25/7/26. 4P.m

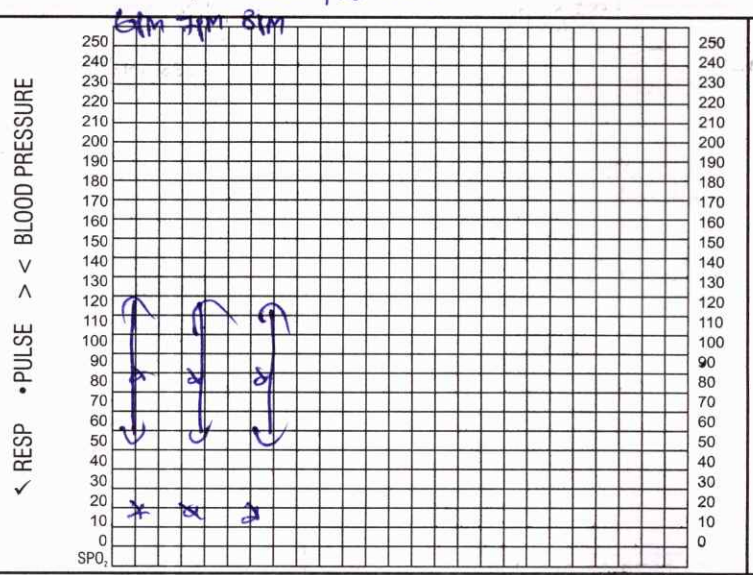
HNH-00016822 IP26-00006949
Mrs NIKITHA G
04-12-1994 31 Y 7 M 21 D (F)
Dr. THULABANDULA SANTHOSHI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Sujatha Time Received : 5:30pm Time Discharged : .....



IV Cannula Site : .....

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

Vomiting : ☐ Yes ☑ No Drug: INJ. Monocef 1gm
NG Tube : ☐ Yes ☑ No
Drain: ☐ Yes ☑ No
Urinary Catheter: ☑ Yes ☐ No
Chest Tube: ☐ Yes ☑ No
Nil Oral ☐ Yes ☐ No
IV Fluids: RL
Oral Feeds: NBM

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

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
25/7	6PM	0	NA	Sj
25/7	7PM	0	NA	Sj
25/7	8PM	0	NA	Sj
25/7	11:50PM	0	NA	Sj

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

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

Anaesthesiologist Name : DR. M. VINEETHA
Anaesthesiologist Signature : M
Date & Time : 25/07/26 @ 11:50PM

PACU Nurse Name : Madhumitha
PACU Nurse Signature : Madhu
Date & Time : 25/7/26 @ 11:50PM

Transferred to Unit by (PACU): C312
Date & Time : 25/7/26 @ 11:50PM

HNH-00016822 IP26-00008949
Mrs NIKITHA G
04-12-1994 31 Y 7 M 21 D (F)
Dr. THULABANDULA SANTHOSHI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

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

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

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

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

Solution Composition : .....

Any other issues :

a) .....

b) .....

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

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

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

Patient Satisfaction : .....

Discharge /Shifting ordered by

Doctor Signature: .....

Doctor Name: .....

Date and Time : .....

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Patient Name : Mrs. G. Nikitha Age : 31 Gender : Male ☐ Female ☑

UHID NO: ..... Surgeon Name: Dr. Shalini

Anaesthesiologist : Dr. Sanvi / Dr. Subrahmanyam

Operative procedure planned : LSCS

PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA

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

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

☐ Heart disease ☐ Hypertension ☐ Diabetes mellitus ☐ Renal failure

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

☐ Incapacitating Cronic Obstructive Pulmonary Disease

☐ Others : Bleeding / Aspiration risk explained

Comments : .....

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

DECLARATION BY PATIENT / GUARDIAN / PROXY

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

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

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

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

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

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

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

- Pregnant : ☑ Yes ☐ No

DECLARATION BY THE ANAESTHETISTS PROVIDING INFORMATION FOR THIS CONSENT

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

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

Patient / Patient Attendant :

Signature : .....

Name : Kg. Nikitha

Relationship with Patient: Self

Date & Time : 25/07/26 @ 4pm

Witness :

Signature : .....

Name : G. Krishna Sai

Date & Time : 25/7/26 @ 4p.m.

Doctor (who is taking the consent) :

Signature : .....

Name : Dr. Laxman Chaitanya

Date & Time : 25/7 at 2:15pm