Dr. Archana Lalithanohar

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

BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

ESTIMATION SLIP

Date : 05/7/26 **UHID / IP No. :** HNH-00015976 **Sl No.** 1748

Name of Patient : mrs. Birdiya yadav **Age:** 20yrs **Gender:** F

Father's / Husband's Name : Mr. mohit lal yadav **Corporate / Occupation :**

Address : Begum bazar **Phone :** 7569841990 **Email :**

Procedure / Plan : ~~NI~~ LSCS **EDD/Dos:** July-26

MODE OF PAYMENT : ☑ **SELF** ☐ **TPA :** ☐ **GIPSA :** **OTHER**

TARIFF INFORMATION :

Particulars	**Package Amounts (Rs.)**	
Room Category	**Normal Delivery**	**LSCS**
Multi Shared Ward		
Shared Ward	85k →	85k
Twin Shared Ward		
Private Room		
Super Deluxe Room		
Suite Room		
Package includes (Package starts from the time of admission)	Room Rent, Nursing Charges, Doctors Fee, Surgeon's Fee and Labour Ward Charges	Room Rent, Nursing Charges, Doctors Fee, Surgeon's Fee Anesthetist's Fees and OT Charges
	Length of Stay for : 2 Days	Length of Stay for :
	Pharmacy up to 9,000/-	Pharmacy up to
NST, LBC ←	Investigations up to 2,500/-	Investigations up to
Others	well baby care	10k to 20k

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

Initial Minimum Deposit : 30,000/- Advance paid

REMARKS :

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

DECLARATION

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

Signature of the Client	Signatory Relationship: Husband	Signature of the financial Counselor: Arti medam

Ref No F/OT/05

SURGERY DETAILS

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Sl. No. Date : 24/7/26

Patient Name : mrs. Bindiya Yadav Age : 29 Y Sex: Female

UHID No. : HNH-00015976 IP No: 26-00006940

Date of Surgery : 24/7/26 OT: ☐ OT 1 ☐ OT 2 ☐ OT 3 LDR-T

Name of the Surgery : Normal delivery

Time in : 6 PM Time Out : 7 PM

	NAME	AMOUNT
1. Surgeon	DR. Archana	
2. Anaesthetist	—	
3. Asst. Surgeon	DR. manisha	
4. OT Technician	—	
5. Circulating Nurse	sis. Akhila	
6. Asst. Nurse	sis. Sujatha	

Special Equipment : ☐ Laparascopy ☐ Bronchoscope ☐ Harmonic ☐ Morcelator ☐ C - ARM ☐ Cystoscopy

Signature of the Surgeon

Sujatha
Signature of Circulating Nurse

Order No. : 26-0000216671 Ordered by : Sujatha

HNH-00015976 IP26-00006940
Mrs BINDIYA YADAV
01-01-1997 29 Y (F)
Dr. ARCHANA LALITHMOHAN

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DEFICIENCY CHECK LIST OF CASE SHEET

Sl.No.	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission sheet	1			
2	Discharge Summary	1			
3	Nursing Initial assessment	1			
4	Patient Transfer form	1			
5	In-patient Medical record	1			
6	Doctors progress sheets	3			
7	Nursing plan of care and handover sheets	1			
8	Consultation sheet				
9	General consent for treatment	1			
10	Consent for Surgery				
11	Consent for blood transfusion				
12	Consent for chemotherapy				
13	Consent for high risk				
14	Consent for Restraint				
15	LAMA consent				
16	Consent for special procedure / Sedation				
17	Consent for Formula feed				
18	Consent for MTP				
19	Consent for Radiological Investigations				
20	Consent for HIV test				
21	Anaestesia notes (Pre Anaesthesia& post)				
22	Neonatal Admission/Delivery/Physical Exam	1			
23	Medication Reconciliation	1			
24	Emergency Triage record				
25	Pre operative check list				
26	Surgical safety checklist				
27	Operation Theatre notes				
28	Nurses clinical Presentation				
29	TPR & BP chart	3			
30	Intake and Out take chart (fluid chart)	3			
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				
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 Sheets	1 6			
	Total No. of Pages	27			

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

Signature and Date : 25/7/2019

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

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Name	Mrs BINDIYA YADAV	**UHID**	HNH-00015976
Father/Guardian	Mr MOHIT LAL YADAV	**Age/Gender**	29 Y / Female
Address	15-6-212 BEGUM BAZAR,HYDERABAD, Begum Bazar, Hyderabad, Telangana, INDIA, 500012		
IP No	IP26-00006940	**Admission Date**	24-07-2026
Ref Doctor	Self.		
Discharge Date	26.07.2026		

DISCHARGE SUMMARY

Consultant:
Dr. Archana Lalithmohan Bhuriwale
MBBS
59786

Diagnosis: G4P1L1A2 AT 39^{+4} WEEKS IN EARLY LABOUR FOR DELIVERY

SPONTANEOUS VAGINAL DELIVERY DONE ON 24.07.2026

History:
LMP: 20.10.2025
EDD: 27.07.2026
Obstetric formula: G4P1L1A2
Gestation at admission: 39+4 weeks

Obstetric History:
G1 - 2022 - FTNVD, female, 3kg, A&H
G2 - Spontaneous miscarriage at 2nd month.

Name	Mrs BINDIYA YADAV	**UHID**	HNH-00015976
IP No	IP26-00006940	**Admission Date**	24-07-2026

G3 - Spontaneous miscarriage at 3rd month - D&C done.
G4 - Present pregnancy, Spontaneous conception.

Medical History : Nil
Surgical History: Nil
Family History : Father - HTN
Allergies : Nil

Antenatal Details:
Mrs BINDIYA YADAV was booked to Rainbow hospital at 33^{+2} weeks of gestation. She had regular antenatal checkups and investigations as advised.Fetal monitoring was done by serial growth scan. Scan done on 08.07.2026 showed SLIUP at 37+2 weeks with cephalic presentation with AFI 8cm with Placenta Anterior US with EFW 2.8kg with normal doppler. She was induced with Cerviprime gel at 39+4 weeks after informed consent. She was admitted at 39^{+4} weeks in early labour for delivery.

Investigations: Enclosed
Blood Group : "A" Positive

Management: Course in hospital and Delivery Details:
At admission on clinical examination the vitals were stable, uterus was mod acting, cervix was 2 finger loose dilated, long, membrane flat, vertex -2, pelvis adequate. Fetal well being was confirmed by an admission CTG which was found to be reactive. Informed consent taken for vaginal birth. Artificial rupture of membrances done at 6 cms dilatation revealing clear liqour. As per hospital protocol she was started on IV. Taxim in view of ruptured membranes. Partographic monitoring of labour was done. Further augmentation was done by oxytocin infusion. She progressed to full dilatation at 6pm. Passive descent of fetal head was allowed. She was put into position for vaginal birth. Parts painted with betadine solution and draped to ensure full asepsis. She was encouraged to bear down. Baby was delivered by sponatneous vaginal

Name	Mrs BINDIYA YADAV	**UHID**	HNH-00015976
IP No	IP26-00006940	**Admission Date**	24-07-2026

delivery, Cord clamped and cut and baby handed over to pediatrician. Cord blood collected for blood grouping and Rh typing. Placenta and membranes delivered completely with controlled cord traction. Prophylactic syntocinon given. Perineum inspected. 2nd degree perineal noted, same sutured in layers. Instrument and swab count checked. 600 mcg of misoprostol given per rectally as prophylaxis against post partum hemorrhage. Vagina cleaned with betadine solution.

Delivery Details:
Date : 24.07.2026
Time of Delivery: 06:17pm
Type of Labour : Spontaenous
Type of Delivery: Spontaneous vaginal delivery

Baby Details:
Date : 24.07.2026
Time of Delivery: 06:17pm
Sex : Male
Weight : 2.740kg
Apgar : 8,9
Gestational Age: 39^{+4} weeks
NICU Admission: No.

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

Name	Mrs BINDIYA YADAV	**UHID**	HNH-00015976
IP No	IP26-00006940	**Admission Date**	24-07-2026

information. She was given the postpartum book for further reference.

Advice:

1. Tab. Pantodac (Pantoprazole - 40mg) 1 tablet twice daily till 30.07.2026 (7am-7pm) before food.
2. Tab. Zofer 8mg sos
3. Tab. Livogen (Elemental iron - 50mg, folic acid 1.5mg) once daily (7am) for three months before breakfast.
4. Tab. Shelcal (Elemental Calcium 500 mg, vitamin D3 250 IU) once daily (2pm) till breast feeding after food.
5. Betadine ointment for local application..
6. Sitz Bath x 1 week.

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.

Review with **Dr. Archana Lalithmohan Bhuriwale** after 1 week on 03.08.2026 at postnatal clinic with prior appointment.

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

Name	Mrs BINDIYA YADAV	**UHID**	HNH-00015976
IP No	IP26-00006940	**Admission Date**	24-07-2026

Himayatnagar or just dial one toll free number - 18002122.

You can also take appointments at any time by going online to our website **www.rainbowhospitals.in**

Registrar/Resident/C.M.O

Consultant:
Dr. Archana Lalithmohan Bhuriwale
MBBS
59786

Rainbow Childrens Hospital-Himayatnagar

Rainbow Children's Hospital

BirthRight by Rainbow

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 : IP26-00006940 **Admit Date** : 24-Jul-2026 **Admit Time** : 04:19 PM **UHID** : HNH-00015976

Patient Details :

Patient Name	: Mrs BINDIYA YADAV	**Age**	: 29 Y
Guardian	: Mr MOHIT LAL YADAV	**DOB**	: 01-01-1997
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 15-6-212 BEGUM BAZAR,HYDERABAD Begum Bazar Hyderabad Telangana INDIA 500012	**Phone No**	: 7569847090
		E-mail	: NA@GMAIL.COM

Admission Details :

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

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

Contact Details :

Name : Mr MOHIT LAL YADAV **Relationship** : Father

Contact Address : 15-6-212 BEGUM BAZAR,HYDERABAD Begum Bazar Hyderabad Telangana INDIA 500012 **Phone No** : 7569847090

Signature

Doctor Details :

Doctor Name : Dr. ARCHANA LALITHMOHAN BHURIWALE **Specialisation** : OBSTETRICS AND GYNECOLOGY

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

Co-Consultant :

Payment Details :

Payment Mode : Cash **Deposit Amount** : 30000.00

Payor Name : SELFPAY

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00015976 IP26-00006940 Mrs BINDIYA YADAV 01-01-1997 29 Y (F) Dr. ARCHANA LALITHMOHAN	24/7/26 @ 4:19 PM	24/7/26 @ 10:15 PM
	Transfer Ordered by DR. Manisha	Reason for Transfer observation
From Unit LDR.	To Unit Room	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.	—	
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. Anu D	DR. manisha

Patient & Clinical Records Received by : 24/7/26 @ 10.15 PM

Date & Time of Patient Received : Sunanda

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

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

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ACTIVITY RECORD FOR BILLING

Name: ---------- HNH-00015976 IP26-00006940 ----------

Mrs BINDIYA YADAV
01-01-1997 29 Y (F)
Dr. ARCHANA LALITHMOHAN

UHID No : ---------- IP No t : ---------- Dept : ----------

Date of Admission : ---------- of Discharge : ---------- Time: ----------

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
24/7/26	10:15 pm	Pre-poll	Room	AG /

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
24/7	NST → (i)	009058	Li
24/7	CBP —	124973	Li
25/7	CBP, Electrolyte	12578	[illegible]

cross three

Cross checked done by Supriya

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
[illegible]	Infusion pump	6pm	9pm		Sukatha
29/10	cardiac monitor				

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
24/7	IV placement	(1)	16667	
25/7/26	NHA	(1)	16913	
26/7/26	IV placement	(1)	17086	

Cross checked done by Supvsr

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

HNH-00015976 IP26-00006940
Mrs BINDIYA YADAV
01-01-1997 29 Y (F)
Dr. ARCHANA LALITHMOHAN

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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

c/o pain abdomen ē 1hr.
She was induced ē CVP gel @ 2:30pm.

Obstetric Formula: G4P1L1A2

Obstetric Hostory:

I - FCH | 2022 | FTNVD | 3kg.
II - Spont Abortion at 2 month
III - Spont abortion at 3 month

Present Pregnancy Record:

IV - PP, DHC dose

LMP:

EDD: 27/7/26.

Corrected EDD: 27/7/26

GA: 39+4 week

Menstrual History: Regular : ☑ Yes ☐ No

Obstetric Examination

Fundal Height: Term gestation

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

Liquor: ☐ Adequate ☑ Oligo ☐ Poly

PP: ☑ Cephalic ☐ Breech Others ____________

Head Fifths Palpable: 3/5th

FHS: ☑ Normal ☐ Tachy ☐ Brady ☐ Absent

RISK FACTORS:

Height: .... cm

Weight: .... kg

Allergies: ....

Breast: ☑ Normal ☐ Abnormal

General Examination:

Consciousness:

Pallor: —

Icterus:

Edema: —

Temp: Afebrile

PR: 90bpm

BP: 110/80 mmHg.

DTR: (N)

CVS: S_1S_2 (+)

RS (N)

Liver/Spleen: (N)

Urine Output:

Per Speculum Examination

Draining: ☐ Present ☑ Absent ☐ Bleeding

Colour of Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Vaginal Examination

Cervix: 3/4 ☑ Long ☐ Partially effaced ☐ Effaced

Os: Closed ________________ Dilated 2F loose

Membranes: ☐ Present ☑ Absent

Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Presenting Part: ☑ Vertex ☐ Breech ☐ Others

Sutton: ☐ -3 ☑ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2

Pelvis: ☑ Adequate ☐ Doubtful

DIAGNOSIS

G4P1L1A2 | 39+4 weeks | Prev NVD | Early labor.
Hypothyroid.

Docu. No. : RCH /FRM / CLINICAL / 087

(P.T.O)

HNH-00015976 IP26-00006940
Mrs BINDIYA YADAV (F)
01-01-1997 29 Y
Dr. ARCHANA LALITHMOHAN

Family History: Father-HTN Nil..	Surgical History: Nil.
Medical History: Hypothyroid on thyronorm 25mcg OD	Medication History: T. Iron T. Calcium } OD
Plan of Care: - Admission CTG - CBC to send - Informed consent - WFPOL. - NST 3rd hourly - FHR Monitoring -	Investigations: A+ve HIV HbsAg HCV VDRL } NR. 8/7/26 10.5 11,400 Plt-1.65 8/7/26 SLIUF Cephalic 37+2 week 27/7/26. 2.8kg. Pl- Ant u/s G III AFI-8cm. Doppler (N)

Doctor Name: Dr. Dna
Signature: [signature]
Date & Time: 24/7/26 @ 4:00pm

Consultant Name: Dr. Archana.
Signature: [signature]
Date & Time: 24/7/2026 @ 4:00pm

HNH-00015976 IP26-00006940
Mrs BINDIYA YADAV
01-01-1997 29 Y (F)
Dr. ARCHANA LALITHMOHAN

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/6/26 4:50 pm	c/s/B Dr. Archana	
	G4P3L4A2 / 39+4wk / NVD / Early labour.	
	GC Fair	
	Afebrile	
	Vitals-(N)	Adv.
	P/A Wt = 7kg	- Liquid diet
	Cephalic	- IVF
	FHS(+)	- Monitor FHR.
NKDA-Reactive	Mod-Acting	- T Misoprostol at 8:30 pm
		- WFPOL
		- Inj Pan 40mg IV/stat
		- Inj Zofer IV/stat
		- Monitor vitals
		- Inform Dr.

HNH-00015976 IP26-00006940
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01-01-1997 29 Y (F)
Dr. ARCHANA LALITHMOHAN

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...OGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/7/2026	C/o/b Dr Manish	
6:50pm	PND-0	
	CC for Afebrile	Adv
	BP - 120/70	- Regular Diet / Adeq Hydration
	PR 86	- Drugs as charted
	P/A - Ut well retracted	- Ambulation
SV	PV Episiotomy (H)	- ~~[illegible]~~
(PA (Enema))		- Encourage to Pass urine
Bony		- Inform SS
		Archana (signature)
24/7/2026	Clsb Dr Manish	
10:15pm	PND-0	
		Adv
	CC For Afebrile	- Regular Diet / Adeq Hydration
	Vitals Stable	- Drugs as charted
Bms	P/A ut well retracted	- Ambulation
	PV Bleeding WNL	- Encourage Breastfeeding
Cv		- Inform SS
		Shift to room any
		Bms (signature)

HNH-00015976 IP26-00006940
Mrs BINDIYA YADAV
01-01-1997 29 Y (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/7/2026	C/S/b	Dr Manisha
6Am	C/2/t	Dr Archana
	CC - For Afebrile	Adv
	Conscious to T/P/P	✓ NBM
	BP 134/85	✓ IVF @ 100ml/hr
	PR - C7	✓ Send Electrolyte & CBP
	P/A - wt well retracted	✓ IV Permorm lamp IV slow stat
	BS ⊕ soft	✓ W/F vitals 1 Bpr
	PV Bleeding WNL	✓ Inform SOS
U ✓		
S ✓ (y'day night)		My Amanshu
		NB Sunandae @ 6am
	S/B Dr. Archana	
		- IV NS 1 ⓘ
	BP - 140/90 mHg.	1 Tab. Domperidone 10mg
		TID
	Omit Cefixime.	- Tab. ~~[illegible]~~ Nexpro 40mg
		Before Breakfast
		Nicardia - 10mg
		- Tab. ~~Labebet 100mg~~ BD
		- Tab. Azithral 500mg OD
		- Inj. Berisoguest i/v stat x5d
		- IV Metrogyl 100ml ①
		Stat

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

- Tab. Dolo - 650 BD. (P.T.O)

HNH-00015976 IP26-00006940
Mrs BINDIYA YADAV
01-01-1997 29 Y (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		Inj. Zofer 8mg BD Inj. Pantop 40mg OD.
		noted by S. Sandhya 25/7/26 2:00
25/7/26. 3pm	C/S/B Dr. Dha. PND-1	Adv Liquid Regular diet Adequate hydration Drugs as advised Monitor vitals Inform SOS BP Monitoring 2nd hour
Baby & Mother V ✓ F ✓ S ✓	GC fair Afebrile BP: 114/84 PR: 86/m. P/A Uterus Retracted well L/E - NAD	noted by Madhuri 25/7/26

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

HNH-00015976 IP26-00006940
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/7/26	C/I/B Dr. Mrudula.	
8:30 pm	PND-1	Adv.
	c/o vomiting 3 Episodes.	- liquid diet
Baby c mother	o/t ptclelt	- Adequate hydration
Vv	ayebit	- Drugs as charted
Fv	PR-64/pm	- BP Monitoring
Sv	BP- 114/84mm	- monitor Vitals
	P/A- uterus retracted well	- Emesis.
	P/v- NAD	physician opinion i/v/o vomiting.
		→ 10DNS
25/7/26		Dr. Mrudula
7am	C/I/B Dr Mrudula	
	PND-2 No PhU.	
	No fresh complaints	Adv
Vv	vomiting subsided	- liquid diet
Fv	o/t ptclelt	- Adequate Hydration
Sv	ayebit	- Drugs as charted
Baby c mother.	PR-86bpm	- BP monitoring
All breast soft	BP- 138/89mmHg	- monitor Vitals
	P/A- uterus retracted well	- Emesis.
	P/v bleeding normal.	- T. Valicardia 10mg OD.
		Dr. Mrudula N.B. Maheshwari
		26/7/26 @ 8:45Am

HNH-00015976 IP26-00006940
Mrs BINDIYA YADAV
01-01-1997 29 Y (F)
Dr. ARCHANA LALITHMOHAN

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/7/26 12:30pm	c/s/B Dr. Dna	
	No complaints	Adv
	GC Fair	~~Soft~~ diet if tolerating
Baby & Mother	Afebrile	Drugs as chart
	vitals-stable	W/f PV bleed
	P/A Uterus Retracted well.	Inform sos
	C/B NAD	Monitor vital.
		Pt can be discharged
		NB- Supply 1pm

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NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 25/7/26 Time: 4pm

Origin: Indian Height: — Weight: — BMI: ☐ ~ 26 kg/m² ☐ ~ 28 kg/m² ☐ ~ 30 kg/m²

Food Allergies: NO

Diagnosis: NVP

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

Diet Advised:

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

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

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

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

Patient's / Attendant's

Signature: बिंदिया यादव

Name: Bindiya yadav

Date & Time: 25/7/26 ; 4pm

Dietician's

Signature:

Name: Sathwika-G

Date & Time: 25/7/26 ; 4pm

DIETARY NOTES

Date	Time	Notes	Sign

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DRUG CHART

Date of Admission: 24/7/26 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 / through it and a similar line through subsequent recording panels.
- The date and time of stopping the drug along with the doctors name and sign must be mentioned.
- Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.

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

SOS / PRN (As Required Medication)

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

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

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

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

HNH-00015976 IP26-00006940
Mrs BINDIYA YADAV
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Dr. ARCHANA LALITHMOHAN

REGULAR PRESCRIPTIONS

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

DRUG : INJ. CEFOTAXIME

Dose	Route	Frequency	Start Date
1gm	IV	BD	24/7

Name & Signature of the Doctor Starting the Drugs: @ Dr. Naveena.

Additional Instructions: ATD.

Date/Time: 24/7 — Stop

Daily Doctor's Endorsement by a Sign

DRUG : ~~T. CEFIXIME~~

Dose	Route	Frequency	Start Date
~~200mg~~			

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Stop

Daily Doctor's Endorsement by a Sign

DRUG : T. CEFIXIME

Dose	Route	Frequency	Start Date
200mg	P/o	BD	24/7

Name & Signature of the Doctor Starting the Drugs: M Dmann.

Additional Instructions: 10pm

Date/Time: 24/7 25/7 — 10pm ✗ — Stop

Daily Doctor's Endorsement by a Sign

DRUG : T. ZERODOL SP

Dose	Route	Frequency	Start Date
1tab	P/o	BD	24/7

Name & Signature of the Doctor Starting the Drugs: M Dmann

Additional Instructions: Aceclofenac + Serratiopeptidase + Paracetamol

Date/Time: Stop (unavailable)

Daily Doctor's Endorsement by a Sign

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

DRUG : T. PANTOPRAZOLE

Dose	Route	Frequency	Start Dt.
40mg	P/O	OD	24/7

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time: 24/7 — 6am [initials]; STOP Dr. Dna [signature]

DRUG : SYP DUPHALAC

Dose	Route	Frequency	Start Dt.
15ml	P/O	P/O	25/7

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

Additional Instructions: @ BEDTIME

Daily Doctor's Endorsement by a Sign

Date/Time: 24/7, 25/7 — 10pm [initials] [initials]; STOP Dr. Dna [signature] 26/7/24.

DRUG : OINT METRO-P

Dose	Route	Frequency	Start Dt.
Pea size	L/A	BD	24/7

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

Additional Instructions: Metronidazole + Povidone Iodine

Daily Doctor's Endorsement by a Sign

Date/Time: 24/7, 25/7 — 10am [initials]; 10pm [initials] [initials]

DRUG : T. PARACETAMOL

Dose	Route	Frequency	Start Dt.
1g	P/O	TID	25/7

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time: 24/7, 25/7 — 6am [initials]; 2pm; 10pm [initials]; STOP Dr. Dna

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

(P.T.O.)

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

HNH-00015976 IP26-00006940
Mrs BINDIYA YADAV
01-01-1997 29 Y (F)
Dr. ARCHANA LALITHMOHAN

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REGULAR PRESCRIPTIONS

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

DRUG : T. Dompeeidone

Dose	Route	Frequency	Start Dt.
10mg	PO	TID	25/7

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

Additional Instructions:

Date/Time: 25/7 — 6AM, 2pm, 10pm — Stop — Dr Dra

Daily Doctor's Endorsement by a Sign

DRUG : T. Nicardia

Dose	Route	Frequency	Start Dt.
10mg	PO	OD	25/7

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

Additional Instructions:

Date/Time: 25/7 (?) — 10am

Daily Doctor's Endorsement by a Sign

DRUG : Azithromycin

Dose	Route	Frequency	Start Dt.
500mg	PO	OD	25/7

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

Additional Instructions: x 5days.

Date/Time: 25/7 — 2pm — Stop

Daily Doctor's Endorsement by a Sign

DRUG : T Esomeprazole Magnesium

Dose	Route	Frequency	Start Dt.
40mg	PO.	OD	25/7

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

Additional Instructions: Before breakfast

Date/Time: 25/7 — 6AM, 6PM — Stop — Dr Dra

Daily Doctor's Endorsement by a Sign

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

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

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Sheet No: .....

REGULAR PRESCRIPTIONS

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

DRUG : Inj ONDANSETRON

Dose	Route	Frequency	Start Dt.
8mg	IV	BD	25/7

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸	25/7	26/7
Time		
	6AM X	
	6pm 3pm	

DRUG : PANTOPRAZOLE

Dose	Route	Frequency	Start Dt.
40mg	IV	OD	25/7

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸	25/7
Time	
	6AM 3pm

Stop DDT

DRUG : DEXAMETHASONE

Dose	Route	Frequency	Start Dt.
4mg	IV	BD	25/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸	25/7	26/7
Time		
	10am	

DRUG : PANTOPRAZOLE

Dose	Route	Frequency	Start Dt.
40mg	IV	BD	25/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸	25/7	26/7
Time		
	6am	
	6pm	

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

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Dr. ARCHANA LALITHMOHAN

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

				Date ▸ / Time ▾														
DRUG : METOCLOPROMIDE					25/7													
Dose	Route	Frequency	Start Dt.															
10mg	IM	OD	25/7															
Name & Signature of the Doctor Starting the Drugs: [signature]				10pm	10:30pm [initials]													
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 ▾														
DRUG :																		
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-00015976 IP26-00006940
Mrs BINDIYA YADAV
01-01-1997 29 Y (F)
Dr. ARCHANA LALITHMOHAN

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
24/7/26	3:30pm	CEFOTAXIME	1g	IV		Akcuy
24/7	5pm	PANTOPRAZOLE	40mg	IV		Sujatha Akhila
24/7	5pm	ONDANSETRON	4mg	IV		Sujatha Akhila
24/7	5:15pm	PROCTOLYSIS ENEMA	100ml.	PR		Sujatha Akhila
24/7	5:50pm	INJ DROTAVARINE	1amp	IV		Sujatha chandu
24/7	6:00pm	INJ EPIDOSIN	1amp	IV slow		chandu Sujatha
24/7	6:40pm	INJ PARACETAMOL	1g	IV		Sujatha chandu
24/7	6:45pm	TAB MISOPROSTOL	600mg	PR		Sujatha chandu
24/7	6:45pm	DICLOFENAC SUPPOSITORY	20mg	P/R		Sujatha chandu

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

Mrs BINDIYA YADAV
01-01-1997 29 Y (F)
Dr. ARCHANA LALITHMOHAN

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
24/7	6PM	INJ OXYTOCIN 5U + RINGER LACTATE	IV	6ml/h			24/7		
		Stop							
25/7	3am	RINGER LACTATE	IV	100 ml/hr					
25/7	8:30AM	~~NORMAL~~ RINGER LACTATE	IV	100ml/hr					
25/7	3 pm	NORMAL SALINE	IV	100ml/hr					
25/7	11pm	DEXTROSE NORMAL SALINE	IV	100ml/hr					
26/7	2AM	RL	IV	100ml/hr					

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

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RESULT SHEET

Date	24/7	25/7				
Time						
Hb	4.6	11.8				
PCV	32.7	38.7				
RBC	3.95	4.10				
WBC	11.17	13.30				
N/L	61.8/~~25~~	81.7/10.0				
Platelets	171	164				
CRP						
ESR						
PCT						
RBS						
Na	132					
K	~~3.8~~ 3.8					
Cl	~~102~~ 102					
Ca/Mg	-					
Phosphate	~~3.8~~					
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 group :- A' positive						
HIV HCV VDRL } NR ~~Malaria~~						

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

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01-01-1997 29 Y
Dr. ARCHANA LALITHMOHAN

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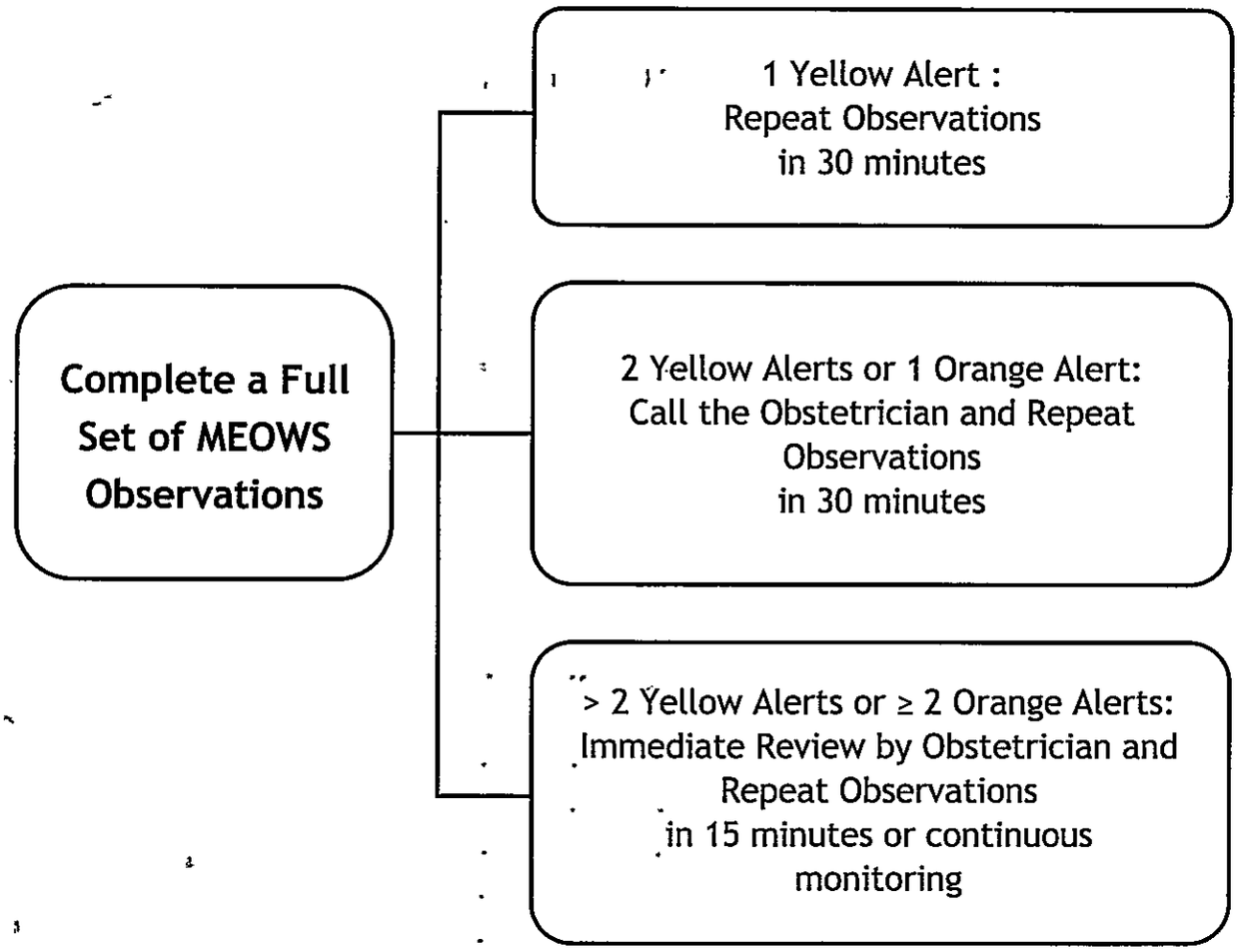
Early Warning Observation Score Chart - Obstetrics

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

24/7

		Date																							
		Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																									
	21 - 30																									
	11 - 20									20	20	20	20	21	20		20				20					
	0 - 10																									
Saturations	94 - 100 %									99%	99%	99%	99%	99%	99%		99%				99%					
	< 94 %																									
Administered O_2 (L/min.)																										
Temp°c	40																									
	39																									
	38																(2) 101.1F (101.4F)									
	37										97F		98F		98F		98.6F		(100.4F		(99.1F)		100.2F Sponging		98.7F	
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80										75	80	82	79	82		76				72				67	
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressue ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110										110		112		118		131				121				135	
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
	40										67		67		79		83				80				85	
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					
TOTAL ORANGE SCORES																	0				0					
Nurse Initial																										

Obstetrics and Gynaecology Early Warning Signs



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

HNH-00015976
Mrs BINDIYA YADAV
01-01-1997 29 Y
Dr. ARCHANA LALITHMOHAN
IP26-00006940
(F)

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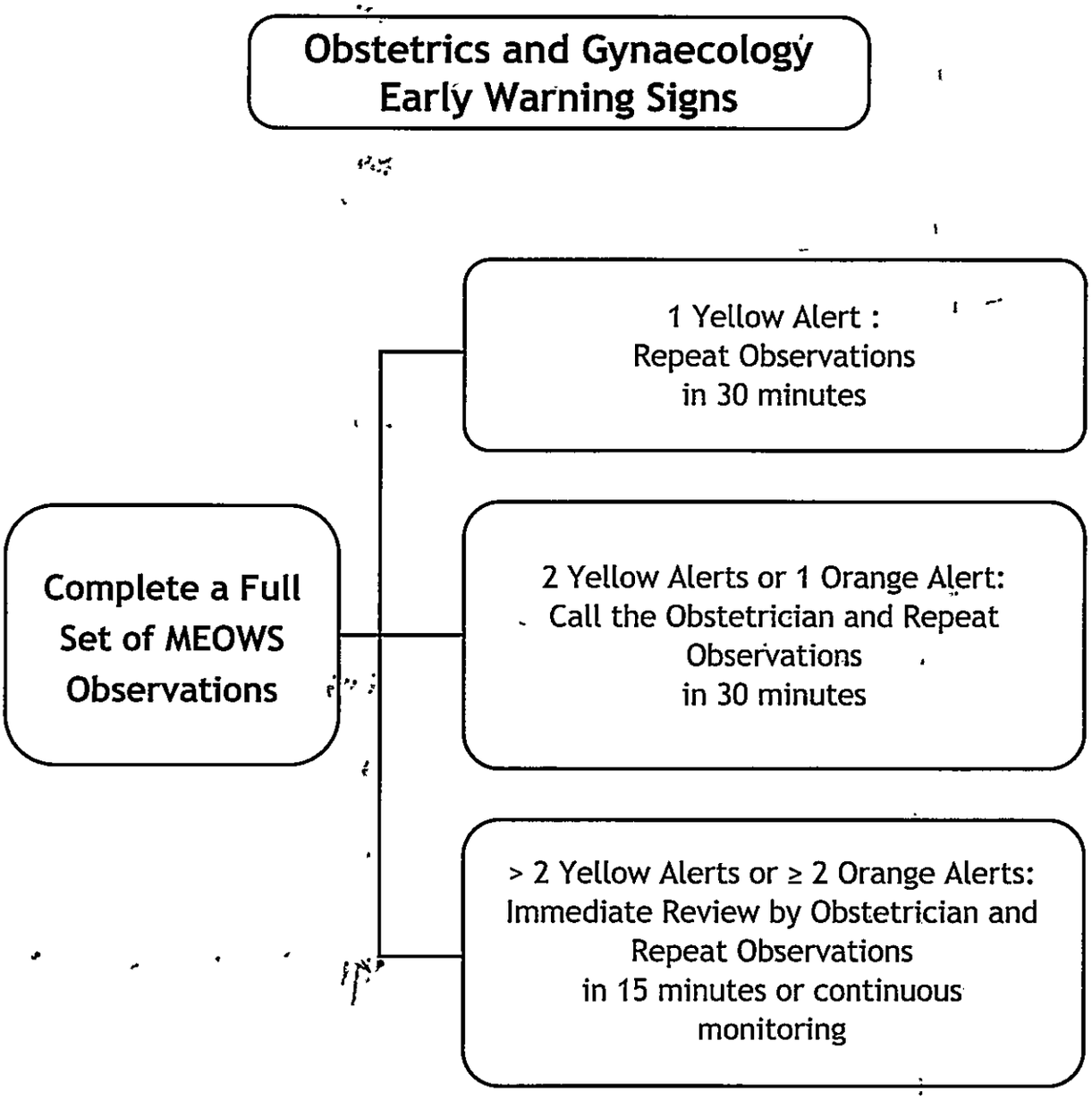
Early Warning Observation Score Chart - Obstetrics

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

25/7/26

		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				20				20		20			20		20		20		20		20		20		20
	11 - 20																									
	0 - 10																									
Saturations	94 - 100 %				99%				99%		100%			99%		99%		99%		99%		98%		99%		
	< 94 %																									
Administered O_2 (L/min.)																										
Temp°c	40																									
	39																									
	38																									
	37																									
	36			97.3°F					98.2°F		98°			98.4°F		98.1°F		98.1°F		98.1°F		98.1°F		98.2°F		98.6°F
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100			83					79		85															
	90													76		73bpm		83bpm		68bpm		68bpm		61bpm		79
	80																									
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressue ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140			135					140		114															
	130																									
	120																									
	110													116		115		120		116		125		118		136
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70			70					90		84			91		81		79		84		73		69		89
	60																									
	50																									
	40																									
NEURO RESPONSE [✓]	Alert		✓						✓		✓			✓		✓		✓		✓		✓		✓		✓
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30		✓							✓	✓			✓		✓		✓		✓		✓		✓		✓
	< 30																									
Proteinuria	Protein + +																									
	Protein > + +																									
Lochia	Normal		✓								✓			✓		✓		✓		✓		✓		✓		✓
	Heavy / Foul																									
Liquor	Clear / Pink				✓						✓			✓		✓		✓		✓		✓		✓		✓
	Green																									
TOTAL YELLOW SCORES				0							0			0		0		0		0		0		0		0
TOTAL ORANGE SCORES				0							0			0		0		0		0		0		0		0
Nurse Initial				SA							SA			SA		SA		SA		SA		SA		SA		SA



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

HNH-00015976 IP26-00006940
Mrs BINDIYA YADAV
01-01-1997 29 Y (F)
Dr. ARCHANA LALITHMOHAN

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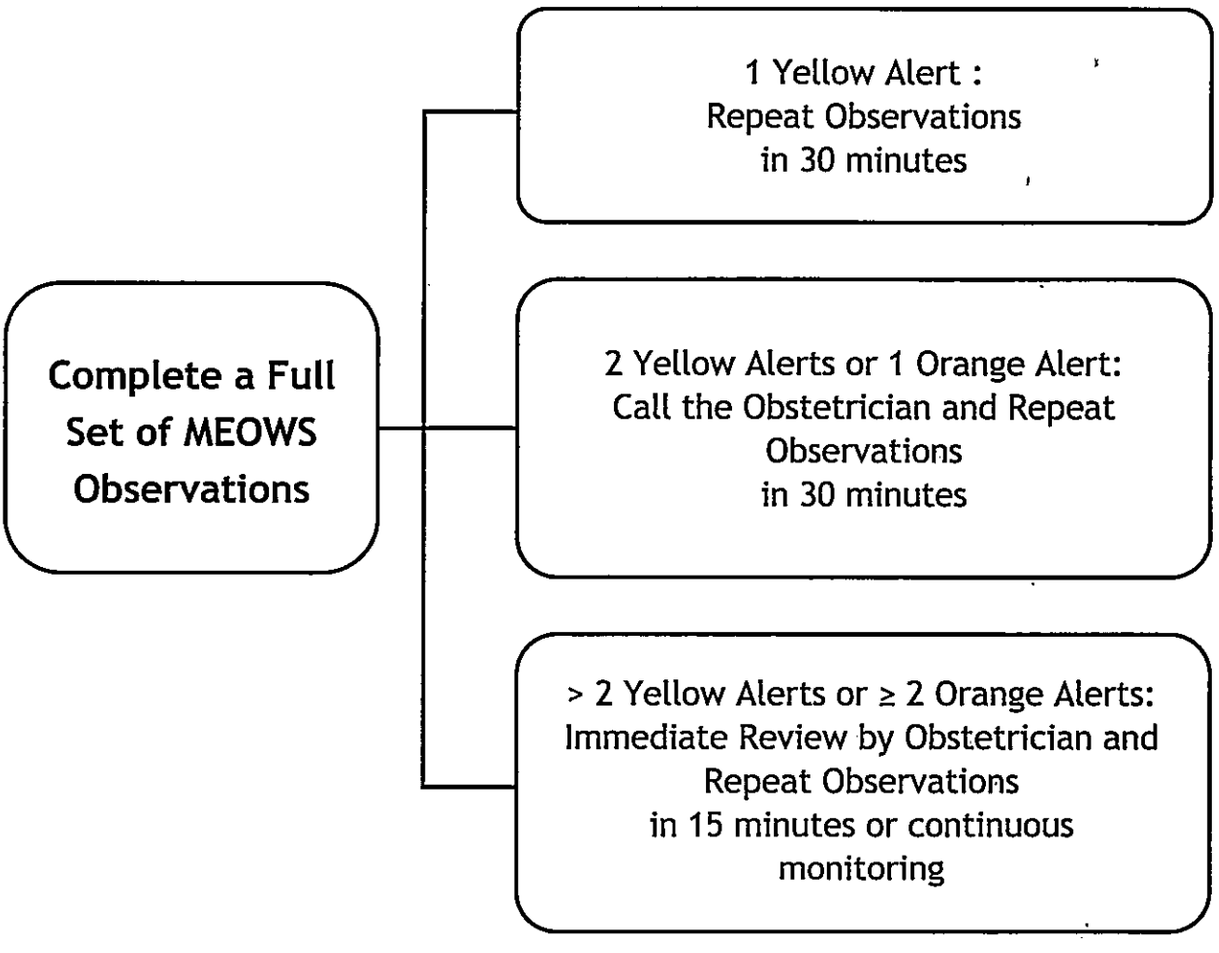
rning Observation Score Chart - Obstetrics

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

26/4/26	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																								
	0 - 10																								
Saturations	94 - 100 %																								
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37																								
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
	40																								
NEURO RESPONSE [✓]	Alert																								
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30																								
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal																								
	Heavy / Foul																								
Liquor	Clear / Pink																								
	Green																								
	TOTAL YELLOW SCORES																								
	TOTAL ORANGE SCORES																								
	Nurse Initial																								

Obstetrics and Gynaecology Early Warning Signs



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

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FLUID CHART

Sheet No. : .....

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

24/7		Intake				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm	RL		100ml							1	
	03:00 pm	RL		100ml						—		
	04:00 pm	RL	H2O	100ml							0	Ri
24/7/26	05:00 pm	RL	~	100ml						✓		
	06:00 pm	RL	H2O	100ml							1	
	07:00 pm	RL		100ml								
Total Intake :		taken				**Total Output :**				Passed		
	08:00 pm	—	Idly	—						✓	1	
	09:00 pm	—	H2O	—								
	10:00 pm							✓		NA	0	
29/8/26	11:00 pm											
	12:00 am		idly								1	
	01:00 am											
Total Intake :		Taken				**Total Output :**				U. 1		M-0
	02:00 am										1	
	03:00 am		H2O	100ml			✓	✓				
	04:00 am	RL		100ml								
25/8/26	05:00 am		MBM	100ml	NA		✓	✓ NA		✓	0	
	06:00 am			100ml								
	07:00 am			100ml							1	
Total Intake :		Taken				**Total Output :**				U-1		M-1

Total 24 hrs. Intake		Total 24 hrs. Output	

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		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							
25/7/26	08:00 am	RL		100ml						✓	1	
	09:00 am	RL	NBM	100ml							0	
	10:00 am	RL		100ml			✓			✓	1	dy
	11:00 am	RL	NBM	100ml							1	
	12:00 pm	RL		100ml						✓	1	
	01:00 pm	RL	NBM	100ml							1	
Total Intake :										**Total Output :**	U-3 M-1	
25/7/26	02:00 pm	RL		100ml							1	Medlife
	03:00 pm	RS		100ml			1					
	04:00 pm	NS		100ml			0			✓	1	
	05:00 pm	NS		100ml								
	06:00 pm	NS		100ml			1			✓	1	
	07:00 pm	NS		100ml								
Total Intake :										**Total Output :**		
25/7/26	08:00 pm	NS		100ml								
	09:00 pm	NS		100ml								
	10:00 pm	NS	liquid	100ml						✓		
	11:00 am	NS	water	100ml							1	
	12:00 am	DNS		100ml								
	01:00 am	DNS		100ml								
Total Intake :										**Total Output :**		
26/7/26	02:00 am	DNS		100ml								
	03:00 am	DNS		100ml						✓	1	
	04:00 am	DNS	soup	100ml								dy
	05:00 am	DNS		100ml							1	
	06:00 am	DNS		100ml						✓		
	07:00 am	DNS		100ml								
Total Intake :										**Total Output :**		

Total 24 hrs. Intake		Total 24 hrs. Output	

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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	RL		100ml							1	
	09:00 am			100ml								
	10:00 am			100ml	NA						0	
	11:00 am											
	12:00 pm										1	
	01:00 pm											
Total Intake :								**Total Output :**		U – M –		
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :								**Total Output :**				
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :								**Total Output :**				
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :								**Total Output :**				

Total 24 hrs. Intake		Total 24 hrs. Output	

Patient Sticker

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FLUID CHART

Sheet No. : .....

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

Total 24 hrs. Intake		**Total 24 hrs. Output**	

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NURSING CARE RECORD

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Date: 24/7/26

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							
Afternoon	2PM To 8PM	→ Assess the pt condition → Vital are check → plan for IV place	2PM To 8PM	→ Assessed the pt condition → Vital are checked & recorded → IV placement done	I/o chart maintained	patient is stable	Sri Sruthi
Night	8pm To 8am	- Assess the pt Condition - monitor vitals - maintain I/O Chart - 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	pt is Stable	Rechecked vitals	Manjitha

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NURSING CARE RECORD

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Date: 25/7/2026

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am ↓ 2pm	→ Assess the patient general condition → patient is on NBM till further orders → IV fluids 100 ml/hr. to continue. → Trace electrolyte (K)	8am ↓ 2pm	→ Assessed the patient general condition → monitored vitals. → maintained I/O. → Administered medications as per orders.	Patient is stable.	Rechecked vitals	
Afternoon	2pm to 8pm	→ Assess the Pt condition → Monitored vitals → Administered medication	2pm to 8pm	→ Assessed the pt condition → Monitored vitals → Administered medication	pt is stable.	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.	→ Reassessed the	

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NURSING CARE RECORD

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Date: 26/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am 2pm	→Assess the Pt condition →monitor vitals →maintain I/O chart →Administer medication as per drug chart →Pt on liquid diet	8am 2pm	→Assessed the Pt condition →monitored vitals & recorded →maintained I/O chart →medication as per drug chart →Pt on liquides	→Pt is stable	→rechecked vitals	
Afternoon							
Night							

Patient Sticker

NURSING CARE RECORD

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Date: .....

Goals

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

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

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CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1 24/7			DAY-2 25/7/26			DAY-3 26/7/26			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0		NA	NA	NA	NA	NA	NA			
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1		NA	NA	NA	NA	NA	NA			
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2		NA	NA	NA	NA	NA	NA			
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3		NA	NA	NA	NA	NA	NA			
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4		NA	NA	NA	NA	NA	NA			
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5		NA	NA	NA	NA	NA	NA			
		Signature of the Nurse											

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

Signature of Shift In Charge :

Signature : ..... Name : Sivatha

Signature of Ward In Charge :

Signature : ..... Name : Kalthoni

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CHECKLIST FOR THROMBOPHLEBITIS

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

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

Signature of Shift In Charge :

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

Signature of Ward In Charge :

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

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BRADEN 'Q' SCALE

					Date : 26/7/26	25/7/26	25/7/26	25/7/26
					Time : 2PM	N1	MRNG	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	3	3	3
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	3	3	3
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

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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	24/7	26/4/20	
		Score	8PM	MG	
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	
IV / Heparin Lock or Saline	Yes	20	20	20	
	No	0			
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10			
	Normal /On Bed Rest /Immobile	0			
Mental Status	Forgets limitations	15			
	Oriented to own ability	0			
Total Morse Fall Scale Score:			20	20	
		Signature			

Fall Risk Grading

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

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

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

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

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

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

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

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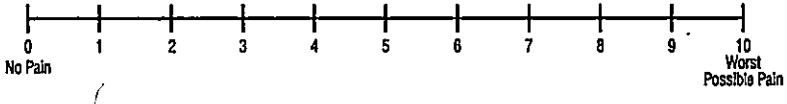
PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
24/7	3pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
24/7	8pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
24/7	10pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	NA	
24/7	6am	0/10	NA	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☑ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	NA	
25/7/26	10am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
25/7/26	2pm	0/10	NA	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☑ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	NA	
26/7/26	10Am	0/10	NA	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☑ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	~~Paracetamol~~ NA	
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

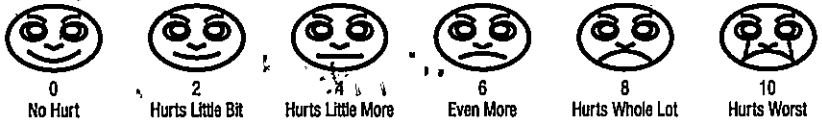
Re-assessment Frequency:
1. Every eight hours for all hospitalized patients.
2. For post-surgical patients, patients with chronic pain, patient with severe pain:
   a) At least every 2 hours for the first 24 hours
   b) Then every 4 hours.
   c) Prior to pain pain-relieving intervention.
   d) Within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

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years



FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

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NURSING SHIFT HAND OVER FORM - WARD

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

SITUATION

Diagnosis: NVD

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

	Area / Shift Time	24/7 2PM	24/7/26 N1	25/7/26 mrng	26/7/26 M6		
BACKGROUND	Medical Condition (Any special condition to be noted):	NA	NA	NA	NA		
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	36c	36°C	97.6°f	98.2°F		
	Res:	20	20bb	25 b/m	20b/m		
	SpO_2:	99%	99%	99%	99%		
	Pulse:	85	85bb	88 b/m	72b/m		
	BP:	110/77	118/71	120/80	117/76		
	Fall Risk Score:	—	—	—	—		
	Pain Score:	—	—	—	—		
Recommendations	Safety Needs:	NA	NA	NA	NA		
	Physiotherapy	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	Others Specify:	NA	NA	NA	—		
	Special Diet:	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	Other Special Orders / Medications:	NA	NA	NA	NA		
Post Operative Procedure Special Orders:		NA	NA	NA	NA		
Handed Over By Name :		Sneha	Sumanda	sandhya	Divya		
Signature :							
Date:		24/7/26	25/7/26	25/7/26	25/7/26		
Time:		8PM	8am	8pm	8pm		
Taken Over By Name :		Sumanda	sandhya				
Signature :							
Date:		24/7/26	25/7/26				
Time:		8pm	8am				

Patient Sticker

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NURSING SHIFT HAND OVER FORM - WARD

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

SITUATION	Diagnosis:			Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:			
BACKGROUND	Area / Shift Time						
	Medical Condition (Any special condition to be noted):						
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:						
	Res:						
	SpO_2:						
	Pulse:						
	BP:						
	Fall Risk Score:						
	Pain Score:						
Recommendations	Safety Needs:						
	Physiotherapy	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Others Specify:						
	Special Diet:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Other Special Orders / Medications:						
Post Operative Procedure Special Orders:							
Handed Over By Name :							
Signature :							
Date:							
Time:							
Taken Over By Name :							
Signature :							
Date:							
Time:							

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STAT / ONCE ONLY DRUGS

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

Sheet No: .....

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
25/6	3.30 AM	INJ ONDANSETRON	8mg	IV slow			
25/6	7am	INJ METOCLOPRAMIDE	10mg	IV slow			
25/6	7am	INJ PANTOPRAZOLE	40mg	IV			
25/7	10Am	METRONIDAZOLE	500mg	IV			
~~25/7~~		BLG.					
25/7	3pm	HYOSCINE BUTYL BROMIDE	20mg	IV			

Docu. No. : RCH /FRM / CLINICAL / 136

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MEDICATION RECONCILIATION FORM

Drug Allergies: NIL ☑ Not known any Drug Allergies

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

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

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	T. IRON	1TAB	PO	OD	23/7	☐ C ☑ DC
2	T. CALCIUM	1TAB	PO	OD	23/7	☐ C ☑ DC
3						☐ C ☐ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Naveena &

Date & Time : 24/7/2026 @ 3:30pm.

Nurse Name & Signature: Akula @

Date & Time : 24/7/26 @4Pm

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BREAST FEEDING HANDOVER AND ASSESSMENT FORM

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

2. If No, Reason .....

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

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

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

Feeding Positions:
Cross Cradle

Feeding Positions:
Football / Clutch

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

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

8. NICU admission: NO
   - ☐ a. Mother needs to stimulate her breast for 2 min every 2 hours

9. Additional notes: .....

Continuity of Care: Date: 26/7/26

→ Assess the pt condition
→ vital are checked & recorded
→ I/O chart maintained
→ 2nd hourly PBF given

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

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

Date & Time: 24/7/26 @ 2pm Date & Time: .....

PARTOGRAPH

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LABOUR

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

Indications for IOL-Accel: ☐ None ☑ Oxytocin

Memb. Repture Type: ☐ SROM ☐ PROM ☑ ARM

Presentation: ☑ Vertex ☐ Breech ☐ Others

INTRA PARTUM COMPLICATION

Maternal: ☑ Nome ☐ Pyrexia ☐ HTN ☐ Others

Liquor: ☑ Adequate ☐ Oligo ☐ Poly ☐ Clear

☐ Blood ☐ Meconium ☐ Cord: .....

Shoulder Dystocia: ☐ Yes ☑ No

DELIVERY DETAILS

Anesthesia: ☑ None ☐ Epidural

Non-epi: ☑ Local ☐ Spinal ☐ General

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

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

Indications: .....

Application, Locking & Traction: .....

Duration of Instrumentation: .....

No. of Pulls: .....

Catherised : ☐ Yes ☐ No

Type: ☐ Fileys ☐ Plain

Perineum : ☐ Intact ☐ Episiotomy ☐ Tear Superficial 1° Perineal tear

Suture Material Used: Rapid vicryl 2-0

STAGE III

Placenta: ☑ Normal ☐ Abnormal ☐ RP Clots
☐ CCT ☐ Retained ☐ MRP

PPH : ☐ Atomic ☐ Traumatic ☑ None

Lacerations: Nil

Cervical: Intact f NAD

Perineal: NAD

Others: .....

Prophylaxis: Synocinon Prostodin

Blood Loss: N (100 cc – 150 cc

Blood Transfusion: No

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

Ractal Examination: NAD

Lenda of Mops count correct

DURATION OF LABOUR

1st Stage: 2-3hr

2nd Stage: ~ 20mn

3rd Stage: ~ 5mn

Duration of Active Pushing: ~ 5-10 mn

No. of VE'S: 3

BABY DETAILS

Gender: Male

Weight: 2.740 kg

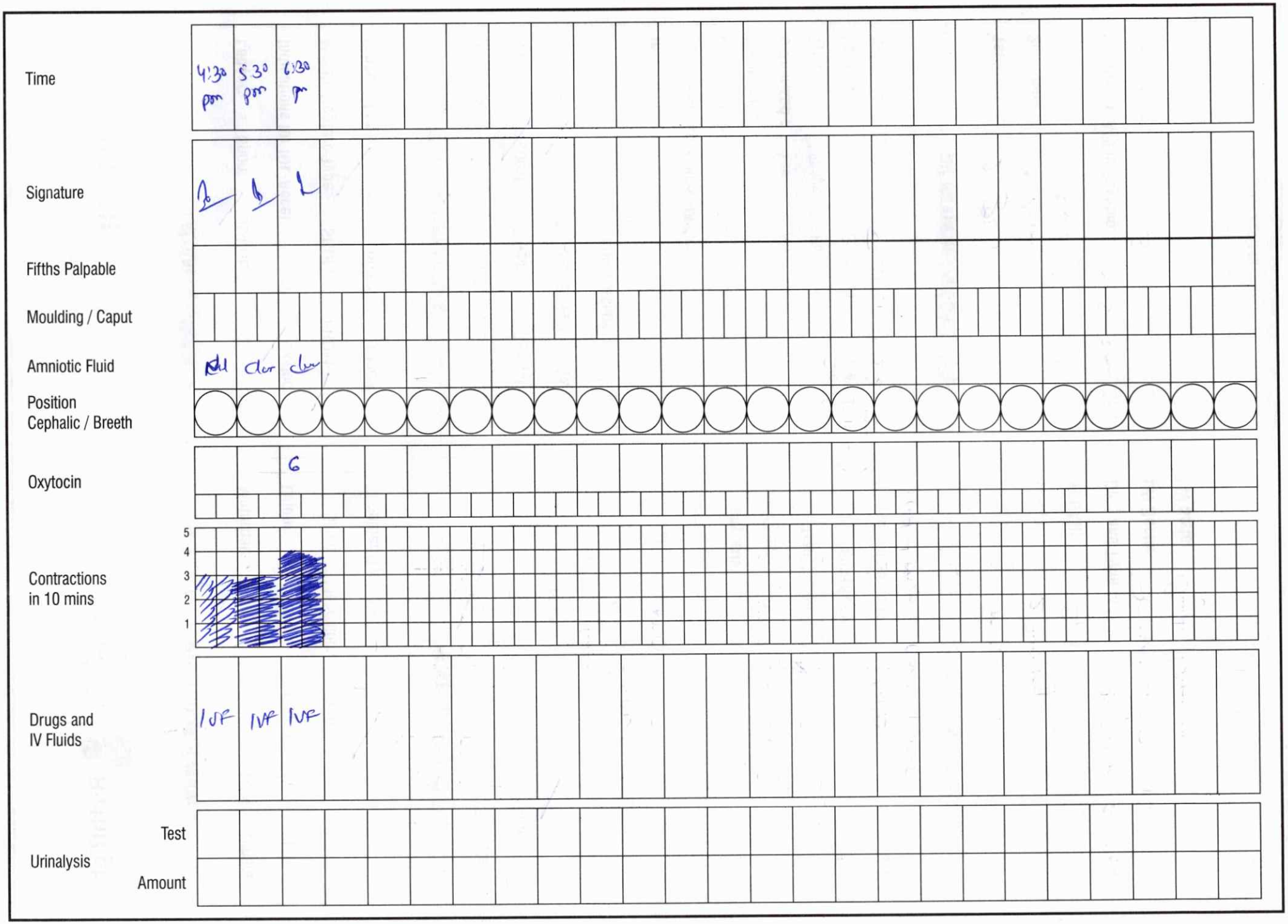
APGAR: 8, 9

Date and Time of Delivery: 24/7/2020 / 6:17 pm

LW Doctor: Dr Archana / Dr Manisha

LW Sister: Sujata / Akhila

Archana


Time
4:30 pm
5:30 pm
6:30 pm
Signature
Fifths Palpable
Moulding / Caput
Amniotic Fluid
clear
clear
Position
Cephalic / Breeth
Oxytocin
6
Contractions
in 10 mins
5
4
3
2
1
Drugs and
IV Fluids
IVF
IVF
IVF
Urinalysis
Test
Amount

PARTOGRAPH

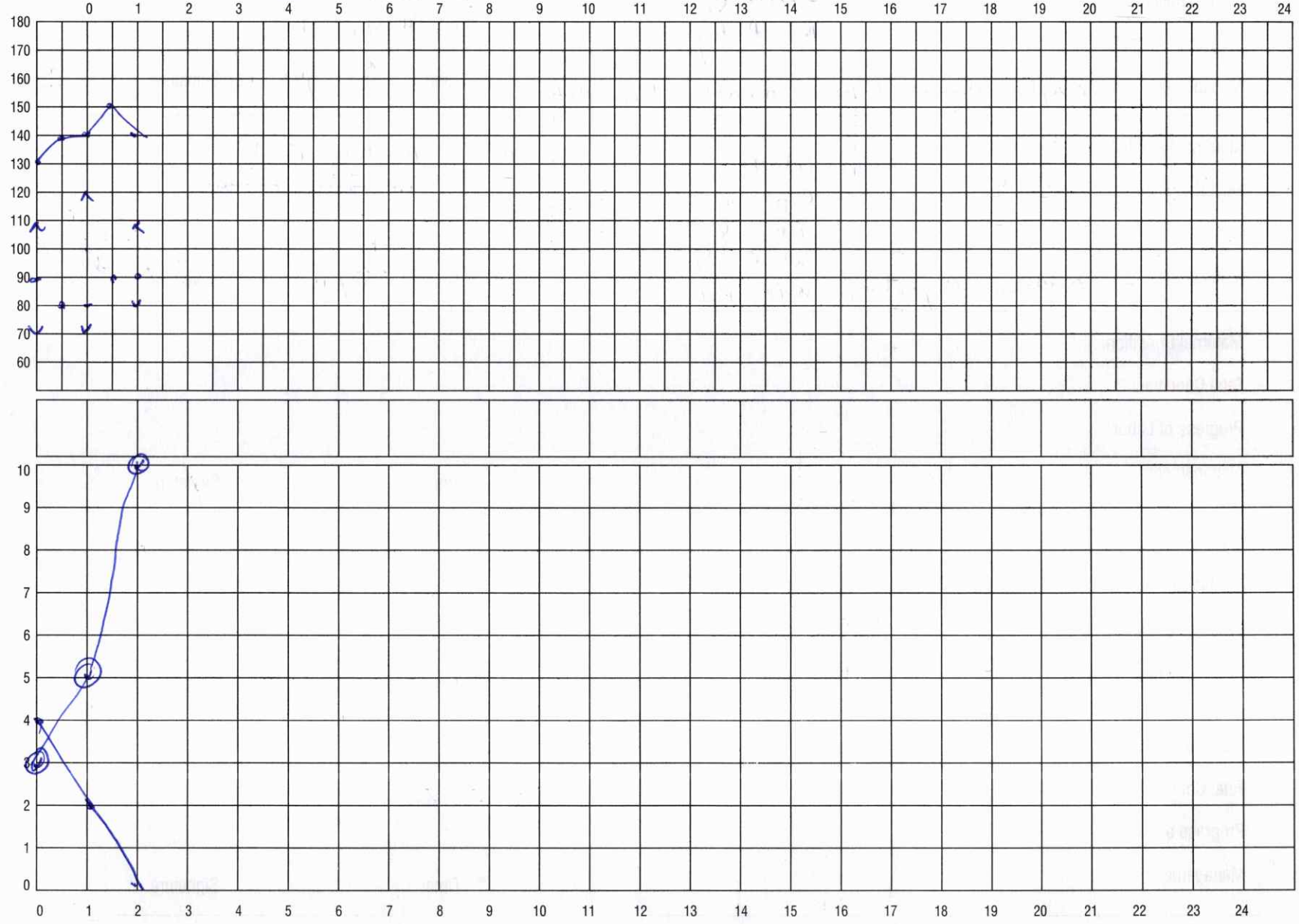
Name: Bindya ..... Obstetrics Formula: G4P1L4A0 ..... Blood Group Type: A+

Memb. Ruptured: SROM PROM (ARM) **Risk Factors:** .....

Fetal Heart ●

Maternal BP ↕

Maternal Pulse ×



Record of Labor:

Maternal Condition: P/A Ut 7cm size / Cephalic / FHS ⊕ R, Int Activity — P/V - 5cm; Effaced / Vx -2 / Memb ⊕ / Show ⊕

Fetal Condition:

Progress of Labor:

Management: – Oxytocin Augment / FHS monitoring / w/f POL

Time: 5:30 pm Signature: [signature]

Maternal Condition: P/A Ut 7s / Cephalic / FHS ⓅR / Ut Activity — P/V - Os Fully dilated / Cx Fully Effaced

Fetal Condition:

Progress of Labor:

Management: – Oxytocin Augmented / W/f POL

Time: 6 pm Signature: [signature]

Maternal Condition:

Fetal Condition:

Progress of Labor:

Management:

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

Maternal Condition:

Fetal Condition:

Progress of Labor:

Management:

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

Maternal Condition:

Fetal Condition:

Progress of Labor:

Management:

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

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OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 24/7 Time of Arrival: 4:40 P.M Time Seen by Nurse: 4:41 P.M

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: 97F Pulse: 85 RR: 20 SpO_2: 99% BP: 115/75 Weight: .....

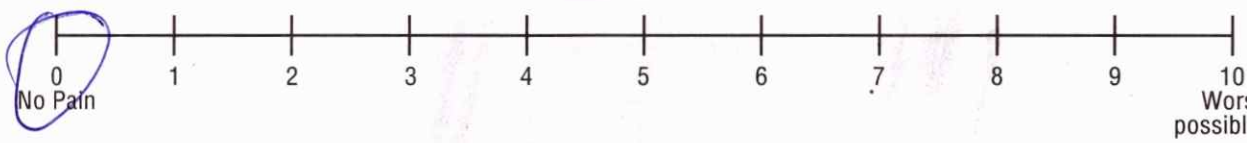
4) **Gestational Criteria:**

Gravida:	G 4	P 1	L 1	A 2

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

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

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



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

.....

6) **Past History:**

a) Surgeries: .....

b) Medical: .....

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

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

9) **Prenatal Medical History:**

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

Triage Category: (Please tick on the category)

Refer to OBSTETRICAL TRIAGE ACUITY SCALE (OTAS)

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

OBCU Obstetrical Triage Acuity Scale (OTAS)

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

Time seen by Doctor: 4:20 PM

Nurse Name : Sujatha Nurse Signature: Sj

Date: 24/7/26 Time: 5 PM

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OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 24/7

Baseline Information:

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

Primary Language: ☑ Telugu ☑ English ☑ Hindi ☐ Others, specify .....

Do you require an interpreter? ☐ Yes ☐ No if Yes specify .....

Source of Information: ☑ Patient ☐ Family ☐ Others, specify .....

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

If yes , identify .....

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

..... Name of the Doctor: .....

..... Time Notified: .....

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

Past Medical History	Past Surgical History	Previous Hospital Admission

Gynecology Assessment: ☐ Not Applicable

Menstrual History: .....

.....

Onset of Menarche: .....

Menstrual Cycle: ☐ Regular ☐ Irregular

Last Menstrual Period: .....

Gynecology Surgical History:

Caesarean Section: ☑ No ☐ Yes

Cervical Cerclage: ☑ No ☐ Yes

Ectopic Pregnancy: ☑ No ☐ Yes

Myomectomy: ☑ No ☐ Yes

Others: _____

Gynecological History:

Contraceptives: ☑ No ☐ Yes

Vaginal Discharge: ☑ No ☐ Yes

Post-Coital Bleeding: ☑ No ☐ Yes

Infertility: ☑ No ☐ Yes

If Yes Type: ☐ Primary ☐ Secondary

Obstetric History: G 4 P 1 L 1 A 2

Previous LSCS: .....

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

Family History: ☐ No Abnormalities Detected

☐ Heart Disease ☐ Hypertension ☐ Diabetes ☐ Stroke ☐ Seizures ☐ Kidney disease

☐ Liver disease ☐ Other .....

Vital Signs / Measurements: Temp: 97F HR: 85 RR: 20

BP: 110/72 Weight: ..... Height: ..... BMI: .....

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

HNH-00015976 IP26-00006940
Mrs BINDIYA YADAV (F)
01-01-1997 29 Y
Dr. ARCHANA LALITHMOHAN

PHYSICAL ASSESSMENT

General Appearance: ☑ Healthy ☐ ill looking ☐ Anxious ☐ Agitated ☐ Others: .....

Fall Assessment: ☐ Yes ☑ No Score .....0..... (complete the Morse Fall Risk Assessment Sheet)

Risk of Pressure Sore: ☐ Yes ☑ No Score .....8..... (complete the Braden Q Sheet)

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

☐ Mobility problem ☐ Walking Problem ☑ No Abnormality Detected

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING: ☑ No Abnormality Detected

☐ Overweight ☐ Poor Appetite > 3 Days ☐ Needs Therapeutic Diet.

☐ Under Weight ☐ Diabetes Mellitus ☐ Hyperemesis Gravidarum

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

☐ Calm & Cooperative ☐ Restless ☐ Depressed ☐ Agitated ☐ Confused

☐ Others .....

Inform consultant for positive criteria

SOCIAL SCREENING:

1. **Marital Status:** ☐ Single ☑ Married ☐ Divorced ☐ Widow
2. **Special Habits:** **Smoker:** ☐ Yes ☑ No **Alcohol Abuse:** ☐ Yes ☑ No **Drug Abuse:** ☐ Yes ☑ No

Social History: Lives With .....

Orientation has been given regarding the following aspects:

Call Bell in Reach : ☐ Yes ☐ No Waste Disposal Explained: ☐ Yes ☐ No

Infusion Pump : ☐ Yes ☐ No Hand Hygiene Explained: ☐ Yes ☐ No ☐ Others

Above information given to .....patient.....

Name of Person Orientation was given to: ...mrs. Bindiya Yadav...

Orientation not given Reason: .....

Nurse Signature: .....Sri.....

Nurse Name: .....Sujatha.....

Date & Time: .....24/7/26 @ 7pm

INFORMED CONSENT FOR VAGINAL BIRTH

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 Bindiya. UHID No : .....

Gender: ☐ Male ☑ Female Date : 24/7/26 Time : .....

I hereby authorized the performance of the following procedure:

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

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

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

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

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

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

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

Name of the Doctor performing the procedure: Dr Archana.

Consentee :

Signature : Bindya

Name : MRS. Bindya.

Date & Time : 24/7/2026 @ 4:00pm

Patient Attendant :

Signature : + Mohitlalyadav

Name : MOHIT Lal YADAV

Relationship with Patient: Husband

Date & Time : 24/7/26 @ 4 P.M.

Witness :

Signature : Akuls

Name : Akuls

Date & Time : 24/7/26 @ 4 PM

Doctor (who is taking the consent) :

Signature : .....

Name : Dr. Dua

Date & Time : 24/7/26 @ 4:00 pm

Rainbow Childrens Hospital-Himayatnagar

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

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Mrs BINDIYA YADAV**	**Age :**	**29 Y**
IP No:	**IP26-00006940**	**Sex:**	**Female**
Consultant:	**Dr. ARCHANA LALITHMOHAN BHURIWALE**	**Ward/Bed No:**	**4F -OT/LDR-415**

The undersigned patient and I or responsible relative or person hereby consent to and authorize Rainbow Hospitals doctors and medical personnel to perform medical examinations, conduct routine investigations and administer medical treatments, outpatient procedures, minor dressings, vaccinations and immunizations during the course of the patient's care, as in patient.

Patient, be deemed advisable or necessary.

I understand that the confidentiality of all medical records shall be protected to the full extent of the Law. The undersigned also consent to the use of health related information/ audiovisuals of the patient for research & training purpose or for insurance coverage and while doing so confidentiality of the patient will be maintained at all times and this will not affect the care of the patient.

In giving my general consent to treatment, I understand that I retain the right to refuse any particular examinations, test, procedure, treatment, therapy or medication recommended or deemed medically necessary by treating doctors. I also understand that the practice of medicine is not an exact science and that no guarantee have been made to me as the results of my evaluation and I or treatment.

I understand that I shall not bring valuables to the Hospitals and that the Hospital will not be responsible for the loss, destruction or theft of my personal belongings. I assume full responsibility for all my personal items and release the Hospital from responsibility and liability for such personal items and valuables.

"I am aware that during the patient care it is inevitable that certain re-useable equipment shall be re-used after sterilization and disinfection. I am informed that the hospital assures maximum level of precaution and care in sterilizing and disinfecting the equipment and monitors the whole process as per evidence based guidelines".

Note:
1 We do not allow use of medication brought from outside by the patient.
2 I have received attendant passes as per my room category. I understand that I have to return it back at the time of final bill clearance. In case of failing the submission, I will pay 200/- Rs.
(Receivers Signature:.....)

3 IP Guide book has been given to me and I have been explained about the Hospitals rules and policies.
4 Financial and billing counseling has been done to me.

Signature of Patient/Relative:

Name: MOHIT Lal YADAV
Relationship: Husband
Date: 24/07/26 Time: 16:34
Wittness Name:
Wittness Signature:

Patient Address:

15-6-212 BEGUM BAZAR,HYDERABAD
Begum Bazar Hyderabad Telangana
INDIA 500012

HNH-00015976 IP26-00006940
Mrs BINDIYA YADAV
01-01-1997 29 Y (F)
Dr. ARCHANA LALITHMOHAN

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Your Right to a Safe Delivery

25 years

BILLING POLICY

- Billing cycle: - With effective from 1st January 2020, Our billing cycle to be start from 12 PM to 12 PM, Settlement post 12 PM, room rent will be charge for half day extra & post 6 pm, it will be charge for full day. Less than 24 hours stay will be considered as one day.
- As per the GOI guidelines, we can collect Rs 1,99,999/- only in cash mode, balance patient can pay through Card tpaln the event of TPA/ Cashless denial or approval not received due to any reason then hospital tariff will be applicable and any discount or special rates given to TPA's / corporates won't be applicable.
- If the surgery / scans performed in Emergency hours (8pm - 7am), public holiday and on Sunday will be charged TPA processing charges Rs.720 for every TPA route cases.
- All charges vary as per Room category, except Pharmacy and consumables.
- We follows a "No Discounts Policy" kindly cooperate.
- No Duplicate/Second copy of OP OR IP bill is issued.
- ICU/Ward Charges DO NOT INCLUDE - Air Mattress, Monitor, Consultants/ Specialty Doctors Visit, Infusion/syringe pump, Ventilator/C pap, Oxygen, Investigations, Procedures, Consumables, Medicines or any other bedside equipment's/devices etc. (Detailed list can be taken from billing department).

Patient attendant can collect for Interim/provisional bill of the patient from the billing section on daily basis. Interim Bill shall be based on the acknowledged services in HIS. Final Bill of the patient may vary from the Interim bill based on actual update taken on the day of discharge. It is requested that patients/attendants inquire daily about the bill amount from billing section and pay the outstanding as on that day.

Patient bill outstanding should not be increase more than 10,000/-

You are requested to clear your outstanding amount on daily basis before 12 PM.

MODE OF PAYMENT & REFUNDS

- We accept payments by cash (up to Rs 1,99,999/- only), cards, online transfer and Demand Drafts.
- All refund more than Rs.2,000/- will be refund through NEFT in three Bank working days.

Name & signature of Patient/Attendant

(Signature of Admission Desk executive)

NOTE: Self - attested Govt. ID proof is mandatory whosoever is signing the undertaking.

RAINBOW CHILDREN'S MEDICARE PRIVATE LIMITED

Registered Office: Road No.2, Banjara hills, Near Hotel Park Hyatt, Hyderabad - 500 034, T: +91 40 2233 4455.
Corporate Office: 8-2-19/1/A, Daulet Arcade, Karvy Line, Road No.11, Banjara Hills, Hyderabad - 500 034.
Branches : BANJARA HILLS - T: 2233 4455 | VIKRAMPURI - T: 4246 2200 | KONDAPUR - T: 4246 2400 | MADHAPUR - T: 6464 2020 |KUKATPALLY - T: 4246 2300 | L B NAGAR - T: 7111 1333 | MARATHAHALLI, BENGALURU - T: +91 80 7111 2345 | BANNERGHATTA ROAD, BENGALURU - T: +91 80 2551 2345, HIMAYATNAGAR- T:- 40 48873000

CIN: U85110 TG1998 PTC029914 email : info@rainbowhospitals.in **www.rainbowhospitals.in**

HNH-00015976 IP26-00006940
Mrs BINDIYA YADAV
01-01-1997 29 Y (F)
Dr. ARCHANA LALITHMOHAN

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Your Right to a Safe Delivery

25 of loving the guiding light

UNDERTAKING FOR BALANCE DEPOSIT

To

The Management,

Rainbow Children's Hospital, Himayatnagar

Hyderabad-500029

Sub:- **Undertaking Balance Deposit**

I Mr./Mrs./Ms. Mohit lal yadav (Father/ Mother/ Other Husband) of Master/ Baby/ Baby of/ Mrs./ Ms. Bindiya yadav was bought to your hospital on 24/7/26 at 16:19 PM. Admitted in 4E-OT. Approximate charges deposit details were explained by the Front office/ Billing executive on duty. I have to pay the amount of 85 K as a caution deposit but for now I'm depositing 30 K. The remaining amount 55 K I'll deposit on _____ at _____.

Thanking You

Mohitlalyadav

Signature

Name:- MOHITlal YADAV

Ph. No.:- 7569847090