@ 7013196241 @
9133228664

ESTIMATION SLIP

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date : 31/1/26 UHID / IP No. : NEW Sl No. 1152

Name of Patient : Mrs. vineetha Age: 31yr Gender: F

Father's / Husband's Name : Mr. Ajithesh Corporate / Occupation :

Address : @ jiyaguda Phone : Email :

Procedure / Plan : ND / LSCS EDD/Dos: July-26

MODE OF PAYMENT : ☐ SELF ☐ TPA : ☐ GIPSA : ✓ OTHER

FHPL & Aditya birla

TARIFF INFORMATION :

Particulars	Package Amounts (Rs.)	
Room Category	Normal Delivery	LSCS
Multi Shared Ward		
Shared Ward		
Twin Shared Ward	91,000/-	1,12,000/-
Private Room	1,12,000/-	1,32,000/-
Super Deluxe Room		
Suite Room	Disposable -10-15k.	Disposable 10-15k
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 : 2days	Length of Stay for : 3 days.
	Pharmacy up to : 9000/-	Pharmacy up to 12,000/-
	Investigations up to : 2500/-	Investigations up to 3000/-
Others	Well Baby - 25-35k.	

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

Initial Minimum Deposit :

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 ______ 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	Husband Signatory Relationship	Signature of the financial Counselor

HNH-00016145 IP26-00006674
Mrs VINEETHA PARCHA
28-12-1993 32 Y 6 M 0 D (F)
Dr. CHEGIREDDY SUBHASHINI

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SURGERY DETAILS

Date : 28/6/26

Patient Name: Mrs. Vineetha Parcha Date of Birth: 28-12-1993 Age: 32yrs

Gender: female Ward : OT-II UHID No.: HNH-000 16145
IP26-000 06674

Date of Surgery: 28/6/26 ☐ OT-1 ☑ OT-2 ☐ OT-3 ☐ OT-4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : Elective LSCS + SA

Time in : 9:10 AM Time Out : 10:10 AM.

		NAME	AMOUNT
1.	Surgeon	Dr. Subhashini	
2.	Anaesthetist	Dr. Akhila	
3.	Assistant Surgeon	Dr. Manisha	
4.	OT Technician	Sr. Pallavi	
5.	Circulating Nurse	Sr. Karuna	
6.	Assistant Nurse	Sr. Sandya	

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

Signature of the Surgeon Signature of Circulating Nurse

Order No: 26-00002088-76 Order by: Sandhya 28/6/26 @ 10:35am
(Or record saved.)

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

HNH-00016145 IP26-00006674
Mrs VINEETHA PARCHA
28-12-1993 32 Y 6 M 0 D (F)
Dr. CHEGIREDDY SUBHASHINI

LSCS

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CONSUMABLES OF OT

Circulating staff : Sr. Sandhya ...... Technician : Sr. Pallavi .... Date : 28/6/26 .... Time : ....

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube			~~Major Pack~~ LSCS		01	Inj Vit.K		01
LMA ✓			Sutures 2346, 2364	01 +	01	Cord Clamp		01
ECG leads : A / P / N		03	2317, 1326, 4242	01 +	01 + 1	Suction Catheter no-6		01
HME filter : A / P / N						Feeding Tube		
Syringes : 10 cc		02				Vaccum Suction Set		01
05 cc		02	Gloves 8 · 6 6½, 6	1 +	1	Surgical Gloves SG65		01
02 cc		04	Encore 6½	1		Gauze Pack 7080		01
01 cc						Syringe 1ml / 2ml		01
Cautery plate : A / P / N		01	Surgical blade 22	01		Surgical Blade # 20		01
IV set			NG tube			Koochies (S)		
RL		02	Cautery pencil	01		Encore 6.5		01
NS : 10ml / 100ml / 500ml / 1000ml			Koochies XXL	01				
~~Atropine~~		~~01~~	Ointments			26-0000208901		
Adrenaline		01	Suction Catheter					
Fentanyl		01	Cap, Mask	10	+10			
Morphine			Gauze Pack 7.5cm x 7.5cm	02				
Ketamine			Mop Pack	2				
Propofol			Steristrip					
Rocuronium			Underpad	03				
Glycopyrolate			Draw sheet					
Myopyrolate			Abgel					
Ondansetron ✓			Foleys catheter					
Pencan 25g/ Spinal Needle 22		01	Urobag					
Bupivacaine 0.25%			Chest Drainage Catheter					
Bupivacaine 0.25%(Heavy)		01	Romodrain bag					
Antibiotics			Bandage					
gauze 7.5		01	Tegaderm					
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg		01	Vaccum Suction set	01				
Justin : 12.5 mg / 25mg / 100mg		01	Plastic ~~Bed Sheet~~ Aprons	03				
Tab. Misoprost : 200mg		04	Betadine Solution	01				
Oxytocin		03	Microshield	01				
Encore 6.5		01	Cotton Balls	01				
Medaz		01	Latex Gloves	20				
			Ramdione Scrub					
			Saral					

Surgeon | Anaesthesiologist | Nurse | OT Technician

Order No. : 26-00002088 3884 .... Ordered by : Sandhya 28/6/26 @ 10:47 Am ....

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

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040-48873000, info@rainbowhospitals.in

ELECTRONIC MEDICINE PRESCRIPTION

MRN	HNH-00016145	Name	Mrs VINEETHA PARCHA
Age / Sex	32 Y 6 M 0 D / Female	Doctor	CHEGIREDDY SUBHASHINI REDDY
Adm/Reg Date/Time	28/06/2026 06:36	Payor	FAMILY HEALTH PLAN INSURANCE TPA LTD
Order Date	28/06/2026 10 44	Ordernumber	26-0000208683
Visit ID	IP26-00006674	Ward/Bed No	4F -OT / LDR-416
Patient Address	13-3-506/320/121/92,IMAMPURA, Jiaguda, Hyderabad Telangana, INDIA, 500006		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	VACCUME SUCTION SET		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
2	GAUZE 7 5X7 5 12 PLY (5 NOS) NON XRAY	GAUZE 7 5X7 5 12 PLY 5 NOS	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
3	NITRILE EXAMINATION GLOVES P F- MEDIUM		1 Nos	External / Once Daily	1 Days		20 Nos	Dispensed
4	ADULT DIAPERS-XXL		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
5	ADROGLARE(ADRENALINE) INJ 1MG 1ML		1 Vial	External / Once Daily	1 Days		1 Vial	Dispensed
6	UNDERPADS 60X90 BUTTERFLY		1 Nos	External / 10 AM	1 Days		3 Nos	Dispensed
7	MONOCRYL 3-0 NW 1326	MONOCRYL 1326	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
8	COTTON BALLS 2 GM 5 NOS		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
9	PREGELLED SURGICAL PLATES(ADULT)	PREGELLED PLATED ADULT	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
10	SGLOVE # 6 5 (SURGICARE)	SURGICAL GLOVES 6.5	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
11	RL 500 ML CLOSED SYSTEM	RINGER LACTATE 500ML CLOSED	1 Bottle	/ Once Daily	2 Days		2 Bottle	Dispensed
12	PENCAN 25G*3 1 2	PENCAN 25G*3 1 2	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
13	VICRYL 2-0 VP 2317	VICRYL 2-0 VP 2317	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
14	MEZOLAM INJ 5 MG 5 ML		1 Vial	External / Once Daily	1 Days		1 Vial	Dispensed
15	DSYRINGE 5ML (NIPRO)	SYRINGE 5ML	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
16	DSYRINGE 10ML (NIPRO)	SYRINGE 10ML	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
17	BACTOPREP SOLUTIONS 100 ML		1 mL	/ Once Daily	1 Days		1 Nos	Dispensed
18	DSYRINGS 2.5ML(NIPRO)	SYRINGE 2ML	1 Nos	External / Once Daily	1 Days		4 Nos	Dispensed
19	DISPOSABLE APRONS STERILE XL	DISPOSABLE APPRON STERILE XL	1 Nos	/ Once Daily	3 Days		3 Nos	Dispensed
20	JUSTIN SUPPOSITORIES 100 MG 5 S		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
21	EVATOCIN (OXYTOCIN) INJ 5 IU 1 ML		1 Vial	External / Once Daily	1 Days		3 Vial	Dispensed
22	CAUTERY PENCIL (ADVANCE)		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
23	TRUGUT CHROMIC CATGUT SN4242	TRUGUT CHROMIC CATGUT SN4242	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
24	SURGICAL BLADE 22	SURGICAL BLADE 22	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
25	E C.G ELECTRODES (ADULT)	ELECTRODES ADULT	1 Nos	External / Once Daily	1 Days		3 Nos	Dispensed
26	SGLOVE # 6 (SURGICARE)	SURGICAL GLOVES 6.0	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
27	MOPS 30X30 8PLY 5S X-RAY	MOPS 30X308 PLYDATT	1 Nos	/ Once Daily	2 Days		2 Nos	Dispensed
28	POVINANZ SOLUTION 10% 100 ML		1 Nos	Once Daily	1 Days		1 Nos	Dispensed
29	VICRYL 1-0 VP 2346	VICRYL 1-0 VP 2346	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
30	BUPICAIN HEAVY 60MG INJ 4ML		1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
31	Encore Microptic gloves-6.5		1 Nos	/ Once Daily	1 Days		2 Nos	Dispensed
32	LSCS DRAPE PACK (PROTECTCARE)		1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
33	VICRYL 1-0 NW 2364	VICRYL 1-0 NW 2364	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed

CHEGIREDDY SUBHASHINI REDDY

Reg No : HMC6962

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

Note

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

* **Do not refill medicines.**

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040-48873000, info@rainbowhospitals.in

ELECTRONIC MEDICINE PRESCRIPTION

MRN	: HNH-00016145	**Name**	: Mrs VINEETHA PARCHA
Age / Sex	: 32 Y 6 M 0 D / Female	**Doctor**	: CHEGIREDDY SUBHASHINI REDDY
Adm/Reg Date/Time	28/06/2026 06:36	**Payor**	: FAMILY HEALTH PLAN INSURANCE TPA LTD
Order Date	: 28/06/2026 10:44	**Ordernumber**	: 26-0000208884
Visit ID	IP26-00006674	**Ward/Bed No**	: 4F -OT / LDR-416
Patient Address	13-3-506/320/121/92.IMAMPURA, Jiaguda, Hyderabad, Telangana, INDIA, 500006		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	SURGEONS CAP	SURGEONS CAP	1 Cap	Oral / Once Daily	1 Days		10 Cap	Dispensed
2	FACE MASK 3 LAYER - ELASTIC	FACE MASK 3 LAYER	1 Nos	External / Once Daily	1 Days		10 Nos	Dispensed

CHEGIREDDY SUBHASHINI REDDY

Reg No : HMC6962

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Note

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

*** Do not refill medicines.**

Printed Date/Time 28/06/2026 11:57 Printed By BODIGADDA KARUNA

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040-48873000, info@rainbowhospitals.in

ELECTRONIC MEDICINE PRESCRIPTION

MRN	: HNH-00016224	Name	: Baby Of VINEETHA PARCHA
Age / Sex	: 0 Y 0 M 0 D 2 H / Female	Doctor	: S TEJASWI REDDY
Adm/Reg Date/Time	: 28/06/2026 10:49	Payor	: SELFPAY
Order Date	: 28/06/2026 11:36	Ordernumber	: 26-0000208901
Visit ID	: IP26-00006675	Ward/Bed No	: 4F -OT / CRDL-HNPDA-415-1
Patient Address	: 13-3-506/320/121/92.IMAMPURA, Jiaguda, Hyderabad, Telangana, INDIA, 500006		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	CORD CLAMP-ALPHAMEDICARE		1 Nos	External / 10 AM	1 Days		1 Nos	Ordered
2	SURGICAL BLADE 20	SURGICAL BLADE 20	1 Nos	External / Once Daily	1 Days		1 Nos	Ordered
3	SUCTION CATHETER 6 ROMSONS		1 Nos	External / Once Daily	1 Days		1 Nos	Ordered
4	EASYCLOT-K1 1MG INJ 0.5 ML		1 Nos	External / 10 AM	1 Days		1 Nos	Ordered
5	Encore Microptic gloves-6.5		1 Nos	/ Once Daily	1 Days		1 Nos	Ordered
6	GAUZE 7.5X7.5 12 PLY (5 NOS) NON XRAY	GAUZE 7.5X7.5 12 PLY 5 NOS	1 Nos	External / Once Daily	1 Days		1 Nos	Ordered
7	VACCUME SUCTION SET		1 Nos	External / Once Daily	1 Days		1 Nos	Ordered

S TEJASWI REDDY

Reg No : APMC/FMR/94068

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

Note

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

*** Do not refill medicines.**

210
PC

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Name	Mrs VINEETHA PARCHA	**UHID**	HNH-00016145
Father/Guardian	Mr AJEETESH JOSHUA	**Age/Gender**	32 Y 6 M 0 D/ Female
Address	13-3-506/320/121/92.IMAMPURA, Jiaguda, Hyderabad, Telangana, INDIA, 500006		
IP No	IP26-00006674	**Admission Date**	28-06-2026
Ref Doctor	Subhashini Reddy		
Discharge Date	01.07.2026		

DISCHARGE SUMMARY

Consultant:
Dr. CHEGIREDDY SUBHASHINI REDDY,
MBBS/Diploma/ MD
HMC6962

Diagnosis: PRIMI AT 37 WEEKS FOR ELECTIVE LOWER SEGMENT CAESAREAN SECTION

ELECTIVE LOWER SEGMENT CAESAREAN SECTION DONE ON 28.06.2026

History:
LMP: 12.10.2025 Obstetric formula: Primi
EDD: 19.07.2026 Gestation at admission: 37 weeks

Obstetric History:

Name	Mrs VINEETHA PARCHA	**UHID**	HNH-00016145
IP No	IP26-00006674	**Admission Date**	28-06-2026

G1 - Present pregnancy Spontaneous conception.

Medical History: Nil
Surgical History: Nil

Family History : Mother DM
Allergies : Nil

Antenatal Details:
Mrs VINEETHA PARCHA was booked to Rainbow hospital at 37 weeks of gestation. She had regular antenatal checkups and investigations as advised. NT scan was normal. FTS was low risk. TIFFA was normal. Fetal growth monitoring was done by serial growth scans. Scan done on 24.06.2026 showed SLIUP at 36 weeks with cephalic presentation with placenta anterior Upper segment with AFI 15-16cm with EFW 2.6kg with normal doppler. She was admitted at 37 weeks for EL.LSCS.

Investigations: Enclosed.
Blood Group : "O" Positive

Management: Course in hospital:
She was prepared for elective C- section with indwelling Foley's catheter and IV canula under aseptic conditions. Written informed consent for surgery taken. Preanesthetic check up done. Anesthetic premedication (IV Pantop and Perinorm) given. Antibiotic prophylaxis with Inj. Taxim 1 gm IV given. Patient shifted to theatre.

Surgery Notes:
Under spinal anesthesia she was painted and draped as per hospital protocol.

Name	Mrs VINEETHA PARCHA	**UHID**	HNH-00016145
IP No	IP26-00006674	**Admission Date**	28-06-2026

Abdomen opened in layers. The parietal and visceral peritoneum carefully opened after identifying the urachus. Bladder was reflected. A Lower segment curvilinear incision given on the uterus. Baby delivered. Cord clamped and cut and cord blood collected for blood grouping and Rh typing. Baby handed over to pediatrician. Placenta delivered with controlled cord traction. Uterus closed in layers. Hemostasis secured. Instruments and swab count checked. Rectus sheath closed. Skin closed with subcuticular sutures. Wound dressing done. Vagina cleaned with Betadine solution after expelling clots. Misoprostol 600 mcg given per rectum as prophylaxis against Postpartum hemorrhage. Patient was shifted out of theatre to post operative recovery room.

* **OP presentation**
* **One loop of cord around neck.**

Delivery Details:

Date : 28.06.2026
Time : 09:30am
Type of Delivery :Elective lower segment caesarean section
Indication : Maternal Request
Anaesthesia : Spinal

Baby Details:

Date : 28.06.2026
Time : 09:30am
Sex : Female
Weight : 2.6kg
Apgar : 8,9

Name	Mrs VINEETHA PARCHA	**UHID**	HNH-00016145
IP No	IP26-00006674	**Admission Date**	28-06-2026

Gestational Age: 37 weeks
NICU Admission: No

Post-Operative Notes:
She was closely monitored. Her vital signs remained stable. Uterus was well retracted with no postpartum hemorrhage. Breast feeding initiated. She was shifted to room. Her postoperative period following that was uneventful. On second postoperative day dressing was changed. On inspection wound was healthy. Her general condition was satisfactory and she was found to be fit for discharge. Wound care and medications were explained to patient supplemented by written information. She was given the postpartum book for further reference.

Advice:
1. Tab. Taxim O 200mg twice daily till 04.07.2026 (9am-9pm) after food.
2. Tab. Calpol (Paracetamol 500mg) 2 tablets thrice daily till 02.07.2026 (8am-2pm-10pm) after food.
3. Tab. Voveran (Diclofenac-50mg) 1 tablet thrice daily till 02.07.2026 (9am-3pm-11pm) after food.
4. Tab. Pantodac (Pantoprazole - 40mg) 1 tablet twice daily till 04.07.2026 (7am-7pm) before food.
5. Tab. Livogen (Elemental Iron - 50mg, folic acid 1.5mg) once daily (7am) for three months before breakfast.
6. Tab. Shelcal (Elemental Calcium 500mg, vitamin D3 250 IU) once daily (2pm) till breast feeding after food.

Name	Mrs VINEETHA PARCHA	**UHID**	HNH-00016145
IP No	IP26-00006674	**Admission Date**	28-06-2026

Review with **Dr. CHEGIREDDY SUBHASHINI REDDY,** after **1** weeks on **07.07.2026**

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

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

Patient/ Attender

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

Name	Mrs VINEETHA PARCHA	UHID	HNH-00016145
IP No	IP26-00006674	Admission Date	28-06-2026

Registrar/Resident/C.M.O

Consultant:
Dr. CHEGIREDDY SUBHASHINI REDDY,
MBBS/Diploma/ MD
HMC6962

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Childrens Hospital-Himayatnagar

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TEL NO :040-48873000
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP26-00006674 **Admit Date** : 28-Jun-2026 **Admit Time** : 06:36 AM **UHID** : HNH-00016145

Patient Details :

Patient Name	: Mrs VINEETHA PARCHA	**Age**	: 32 Y 6 M 0 D
Guardian	: Mr AJEETESH JOSHUA	**DOB**	: 28-12-1993
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 13-3-506/320/121/92.IMAMPURA Jiaguda Hyderabad Telangana INDIA 500006	**Phone No**	: 7013196241/ 9949550005
		E-mail	: NA@GMAIL.COM

Admission Details :

Bed Type	: TWIN SHARING	**Bed No**	: LDR-416	**Ward Name**	: 4F -OT
Room No	: LDR-416	**Admission Type**	: First Visit		

Contact Details :

Name	: Mr AJEETESH JOSHUA	**Relationship**	: W/O
Contact Address	: 13-3-506/320/121/92.IMAMPURA Jiaguda Hyderabad Telangana INDIA 500006	**Phone No**	: 7013196241

Signature

Doctor Details :

Doctor Name	: Dr. CHEGIREDDY SUBHASHINI REDDY	**Specialisation**	: OBSTETRICS AND GYNECOLOGY
Referral Doctor	: Self.	**Phone No**	:
Co-Consultant	:		

Payment Details :

		Deposit Amount	: 20000.00
Payment Mode	: DC/CC Card	**Payor Name**	: FAMILY HEALTH PLAN INSURANCE TPA LTD

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ACTIVITY RECORD FOR BILLING

Name : HNH-00016145 IP26-00006674
Mrs VINEETHA PARCHA
UHID No. : 28-12-1993 32 Y 6 M 0 D (F)
Dr. CHEGIREDDY SUBHASHINI
Consultant: ____________ Dept : __________

Date of Ad ________ Date of Discharge : _________ Time: _________

Room / Bed No : __________ Ward : __________ Suggested Billable bed type : ______________

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
28/6/26	9AM	pre-post	OT	Mounika / Sandhya
28/6/26	10:15 Am	OT ~~Pre-post~~	pre-post	[illegible] / Srilatha
28/6	2:40PM	PRE&POST	(317)	(W) / Priyanka

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	Dr. Tejaswin Reddy	30/6/26	9522	[signature]
2				
~~3~~				
4	[illegible]			
5				
6				
7				
8				
9				
10				

Docu. No. RCH/FRM/GENERAL/145

INVESTIGATIONS

Date	Investigations	Order No.	Signature
28/6/26	NST -	7675	
28/6/26	CBP	H1126010511	

cross checked done

cross checked done 30/6/26

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
28/6/26	Cardiac monitor	10:30 Am	2:30pm	208891	Mai
28/6/26	Infusion pump				

crosschecked done

cross checked done 30/6/26

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
28/6/26	IV placement	1	208862	[illegible]
28/6	Catheterization	1	8898	[illegible]
28/6	PAC (OP)		217720	[illegible]
29/6/26 9:00am	NTA	1	9158	[illegible]

cross checked done

Cross checked done 30/6/26

ANY OTHER INFORMATION

....

....

....

....

....

....

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

IH-00016145 IP26-00006674
VINEETHA PARCHA
-12-1993 32 Y 6 M 0 D (F)
. CHEGIREDDY SUBHASHINI

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IP AD[illegible] R OBSTETRICS

Presenting Complaints
Admitted for. El. LSCS.

Obstetric Formula: Primi

Obstetric Hostory:

Present Pregnancy Record:
I - PP. ? OF spontaneous conception
NT scan - N.

RISK FACTORS: TIFFA - N.

Height: .... cm
Weight: .... kg
Allergies: ....
Breast: ☑ Normal ☐ Abnormal
General Examination:
Consciousness: GC Fair Pallor: -
Icterus: Edema: -
Temp: Afeb PR: 86/m.
BP: 110/70mmHg DTR:
CVS: S_1S_2 (+). RS Normal.
Liver/Spleen: Urine Output:

LMP: 12.10.25 EDD: 19.7.26.
Corrected EDD: 19/7/26. GA: 37wk.
Menstrual History: Regular: ☑ Yes ☐ No

Obstetric Examination

Fundal Height: Ut ≅ Term.

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

Per Speculum Examination Not done
Draining: ☐ Present ☐ Absent ☐ Bleeding
Colour of Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Vaginal Examination Not done.
Cervix: ☐ Long ☐ Partially effaced ☐ Effaced
Os: Closed ______________ Dilated ______________
Membranes: ☐ Present ☐ Absent
Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained
Presenting Part: ☐ Vertex ☐ Breech ☐ Others
Sutton: ☐ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2
Pelvis: ☐ Adequate ☐ Doubtful

DIAGNOSIS

Primi c̄ 37week For. El. LSCS

NH-00016145 IP26-00006674
'S VINEETHA PARCHA
-12-1993 32 Y 6 M 0 D (F)
. CHEGIREDDY SUBHASHINI

Family History:	Surgical History:
Mother - DM.	Nil
Medical History:	**Medication History:**
Nil.	Tab Iron Tab Calcium } OD
Plan of Care:	**Investigations:**
- Admission CTG - Informed Consent. - Parts preparation - Foleys catheterization. - Preop Medication. - PAC - Shift to OT on call.. - CBP to send.	O+ve 16/5 10.6 / 11,600 / 2.7 HIV HbsAg VDRL HCV } NR. 24/6/26 Single Cephalic Pl - Ant u/s G(II) Liq - 15-16 cm. 36 wk. 2.6 kg.

Doctor Name: Dr. Dna
Signature: [signature]
Date & Time: 28/6/26 6:30 Am,

Consultant Name: Dr Subhashini Reddy
Signature: [signature]
Date & Time: 28/06/2026 @ 9Am

HNH-00016145 IP26-00006674
Mrs VINEETHA PARCHA
28-12-1993 32 Y 6 M 0 D (F)
Dr. CHEGIREDDY SUBHASHINI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/06/2026	C/s/b Dr	Manisha
10:15AM	POD-0 / EL	LSCS
	CC - Fair Afebrile	Adv
	BP 115/79	- NBM x4-6 h
	PR 60	- Drugs as charted
Baby mother side	P/A Ut well retracted	- W/F vitals & BPV
	ASD Dry	- Input/output monitoring
	PV - Bleeding WNL	- Exclusive Breastfeeding
	U/O 300 cc (OT-Empty)	- Foley's in situ x24 h.
		- Inform SOS
Plan: (S) Tegaderm Dressing @ D/C		
		Dr Manisha
28/06/2026	C/s/b	Dr Manisha
2:10pm	POD-0	
		Adv
	CC - Fair Afebrile	- Allow sips > 3pm → Liq diet > 5pm (if tolerates)
	Vitals stable	- Drugs as charted
	P/A ut well retracted	- I/O monitoring
BMS	BS ⊕	- Foley's Removal @ 6AM (29/6/2026)
	PV Bleeding WNL	- Ambulation @/m
	U/O 50 cc/h	- Inform SOS
		- Shift to room
Plan: Tegaderm Dressing @ D/C		Dr Manisha

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

(P.T.O)

NH-00016145 IP26-00006674
rs VINEETHA PARCHA (F)
3-12-1993 32 Y 6 M 0 D
r. CHEGIREDDY SUBHASHINI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/06/2026	C/S/b Dr	Manisha
7:15pm.	POD 0	
		Adv
	GC Fair Afebrile	
	BP 115/70	- Liq diet → if tolerates →
3ms	PR 78	Soft Diet > 9pm
	P/A ut well retracted	- Drugs as charted
	BS ⊕	- W/F vitals & BPV
	L/E Bleeding WNL	- Ambulation c/m
	u/o 30-40 cc/hr	- Foley's removal @ 6Am c/m
		- I/o monitoring → Inform After 1 hr
		- Inform SOS
		M
	N/B priyanka.	
28/06/2026		
10 pm	C/S/b Dr	Manisha
	POD-0	
	GC-Fair Afebrile	Adv
	Vitals stable	~~Regular Diet~~ Soft Diet
	P/A ut well retracted	- Foley's removal @ 6Am
3ms	Bleeding WNL	- I/o monitoring (if u/o <30 cc/hr)
	u/o ~~30-40 cc/hr~~ 30-40 cc/hr	inform
		Noted by Divya
		28/6/26 10PM My
		Amantha

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

NH-00016145 IP26-00006674
Irs VINEETHA PARCHA
8-12-1993 32 Y 6 M 0 D (F)
Ir. CHEGIREDDY SUBHASHINI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/06/2026		
12Am	C/s/b Dr	Manshe.
	c/o/t Dr	Akhila. (Asm)
	Cc- Fow Afebrile	Adv
	BP - 113/72	Encourage oral Hydration
	PR - 80	I/O monitoring
	P/A WNR	4/f vitals 1 BPV
	BS⊕	Inj Lasix 5mg Stat
	H/E NAD	Inform After 30-45min.
	U/O 25ml/hr	Inform SOS
I 2700		Noted by Divya 28/6/26
O 1700		Dr Mansh
(-8Am)		
29/6/2026		
1Am		
	Cc- Fov Afebrile	
	U/O ~60 cc/hr	
	pt Comfortable	
		Dr Mansh

HNH-00016145 IP26-00006674
Mrs VINEETHA PARCHA
28-12-1993 32 Y 6 M 1 D (F)
Dr. CHEGIREDDY SUBHASHINI

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GRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/6/2026 7:15 Am	C/s/b Dr Manisha	
		Adv
	GC - Fair Afebrile	
	Vitals stable	Soft Diet / Adeq hydration
	P/A Ut well retracted	Drugs as charted
F✓	BS⊕	Wpt vitals 1 BPV
	PV Bleeding WNL	Inform sos
	(U) yet to void	Ambulation
		Encourage to void → Inform
		Noted by Divya @7:15AM 29/6/26
10:30 AM	S/B. Dr. C.S. Reddy	
	abd. soft passed flatus	apt all
	bleeding ↓	
29/6/26 12:30pm	c/s/B Dr. Veena	
	Pt is stable, No c/o	Adv
	o/e GC-fair, Afebrile	- Soft diet
F✓	Vitals - stable	- Drugs as charted
U✓	P/A - Ut well retracted	- Vital monitoring
SX	BS (+)	- ↑ Ambulation
	C/C - BWNL	- Adequate hydration
	B/C Breast - Soft, MS(+)	- Inform SOS
		- Dulcolax @ night
		N/B Anusha 29/6/26 @ 1:40 PM

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

HNH-00016145 IP26-00006674
Mrs VINEETHA PARCHA
28-12-1993 32 Y 6 M 1 D (F)
Dr. CHEGIREDDY SUBHASHINI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/06/2026 8:00pm	c/s/by Dr. Naveena	
	O/E GC-fair	Adv
	Afebrile	- Soft diet
V ✓	Vitals - stable	- Adequate hydration
F ✓	PA: ut retracted well	- drugs as charted
S - ✗		- Ambulation
	Soft, NT	- w/f PV bleeding
	Dressing: dry & clean	- Dulcolax suppositories 2 - PR
	L/E: PV bleeding WNL	@ 10pm if stools not passed
	Baby: Mother side	- Monitor Vitals
		- Inform SOS
		Noted by Priyanka 29/6/26 @ 8pm
	Dr. Naveena	
30/6/2026 8.40Am	c/s/b Dr Mamatha	
	POD 2	
	GC - Fair Afebrile	Adv
	Vitals stable	- Regular Diet After Motions Passed
	P/A ut well retracted	- Adeq Hydration
✓	BS ⊕	- Drugs as charted
- ✓	L/E Bleeding WNL	- w/f vitals & BP/PV
		- Inform SOS
	Plan: TEGADERM Dressing	[illegible]

HNH-00016145 IP26-00006674
Mrs VINEETHA PARCHA
28-12-1993 32 Y 6 M 1 D (F)
Dr. CHEGIREDDY SUBHASHINI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/S/B Dr. Dng	
30/6/26	POD-2	
12:45pm		Adv
	GC fair Afebrile	- Regular diet
	Vitals (N)	- Adequate hydration
Baby c Mother.	P/A Uterus Retracted	- Drugs as charted
	well	- W/F PV bleed
	L/E NAB	- Monitor vitals
UV ✓		- Inform SOS
FV ✓	Tegaderm Dressing done - wound	
SV ✓	healthy	
30-6-26	S/B. Dr. C.S. Reddy	
1pm		
	Mother - normal	
	abd - soft	opt - all
	bleeding ↓	
	G.C. fair	
	for discharge	
	Review. 1 wk / SOS	

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

HNH-00016145 IP26-00006674
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DRUG CHART

Date of Admission: 28/6/26 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 ....

INH-00016145 IP26-00006674
Mrs VINEETHA PARCHA
28-12-1993 32 Y 6 M 0 D (F)
Dr. CHEGIREDDY SUBHASHINI

REGULAR PRESCRIPTIONS

Weight. 69kgs Ward. ....

DRUG : Inj CEFOTAXIME

Dose	Route	Frequency	Start Date
1g	IV	BD	28/6

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

Additional Instructions: x24h — FO oral After Test dose.

Date / Time	28/6	29/6/26
9AM		
9pm		

STOP after morning dose by tomorrow

Daily Doctor's Endorsement by a Sign

DRUG : T. PARACETAMOL

Dose	Route	Frequency	Start Date
1gm	oral	QID / 6 hrly	28/6

Name & Signature of the Doctor Starting the Drugs: Dr. Akhila. K

Additional Instructions:

Date / Time	28/6	29/6/26	30/6/26
12AM	X		
6AM	X		
12pm	X	Anu	
6pm			

Daily Doctor's Endorsement by a Sign

DRUG : T. TRAMADOL

Dose	Route	Frequency	Start Date
100mg	oral	TID 8 hrly	28/6

Name & Signature of the Doctor Starting the Drugs: Dr. Akhila. K

Additional Instructions:

Date / Time	28/6	29/6/26	30/6/26
12AM	X		
8AM	X		Anu
4pm	X		

Daily Doctor's Endorsement by a Sign

DRUG : T. DICLOFENAC

Dose	Route	Frequency	Start Date
50mg	oral	TID 8 hrly	28/6

Name & Signature of the Doctor Starting the Drugs: Dr. Akhila. K

Additional Instructions:

Date / Time	28/6	29/6/26	30/6/26
7AM	X	Anu	Anu
3pm	X		
11pm			

Daily Doctor's Endorsement by a Sign

Verified by Dr. Dhakshayani

HNH-00016145 IP26-00006674
Mrs VINEETHA PARCHA
28-12-1993 32 Y 6 M 0 D (F)
Dr. CHEGIREDDY SUBHASHINI

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REGULAR PRESCRIPTIONS

Sheet No: .... Weight 69kgs Ward ....

DRUG : T. PANTOPRAZOLE				Date/Time	29/6/26	30/6/26
Dose	Route	Frequency	Start Dt.			
40mg	P/O	OD	28/6			
Name & Signature of the Doctor Starting the Drugs: Dr. Manda				6 AM		
Additional Instructions:						
Daily Doctor's Endorsement by a Sign						

DRUG : T. CEFIXIME				Date/Time	29/6	30/6
Dose	Route	Frequency	Start Dt.			
200mg	P/O	BD	29/6	10AM	✓	
Name & Signature of the Doctor Starting the Drugs: Dr. Mand						
Additional Instructions: From 9pm onward				10PM		
Daily Doctor's Endorsement by a Sign						

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

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

Verified by Dr. Dhakshayani

HNH-00016145 IP26-00006674
Mrs VINEETHA PARCHA
28-12-1993 32 Y 6 M 0 D (F)
Dr. CHEGIREDDY SUBHASHINI

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

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

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ➤ Time ▼

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ➤ Time ▼

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ➤ Time ▼

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 ▼

HNH-00016145 IP26-00006674
Mrs VINEETHA PARCHA
28-12-1993 32 Y 6 M 0 D (F)
Dr. CHEGIREDDY SUBHASHINI

Weight. 69kgs 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
28/6	8:40 AM	Inj PANTOPRAZOLE	40mg	IV	[illegible]	Mani
28/6	8:40 AM	Inj METOCLOPROMIDE	10mg	IV	[illegible]	Mouni
28/6	10:00AM	SUP. DICLOFENAC	100mg	PR	[illegible]	[illegible]
28/6	10:00 AM	SUP. TRAMADOL	100mg	PR	[illegible]	[illegible]
29/6	12:30AM	INJ FUROSEMIDE	5mg	IV	[illegible]	Mounika

Verified by Dr. Dhakshayani

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

HNH-00016145 IP26-00006674
Mrs VINEETHA PARCHA
28-12-1993 32 Y 6 M 0 D (F)
Dr. CHEGIREDDY SUBHASHINI

I.V. FLUIDS CHART

Weight. 69kgs Ward. ....

		Composition of I.V. Fluid (mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
28/6/26	7.AM	RINGER LACTATE	IV	100 ml/hr			28/6		
28/6/26	9:20 AM	RINGER LACTATE	IV	1000ml/hr			28/6		
28/6/26	9:50 AM	RINGER LACTATE	IV	100ml/hr			28/6		
28/6	10:10 AM	RINGER LACTATE	IV	100 ml/hr			28/6		
28/6	10:45 AM	RINGER LACTATE	IV	100 ml			28/6		
28/6	4pm	RINGER LACTATE	IV	100 ml/hr			28/6		
28/6		RINGER LACTATE	IV	100 ml/hr		Priyanka / Priyanka	28/6		
28/6/26	10Pm	RINGER LACTATE	IV	ff			28/6		
		Stop							

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

HNH-00016145 IP26-00006674
Mrs VINEETHA PARCHA
28-12-1993 32 Y 6 M 0 D (F)
Dr. CHEGIREDDY SUBHASHINI

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RESULT SHEET

Date (IP)	28/6/26					
Time	7AM.					
Hb	10.3					
PCV	30.8					
RBC	4.04					
WBC	9.78					
N/L	65.1					
Platelets	271.					
CRP						
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
Blood Grouping	O'positive					
HIV						
HbsAg NR						
HCV						

Culture and Sensitivities : ....

....

....

....

Radiology : USG : ....

X-Ray : ....

ECHO : ....

CT : ....

MRI ....

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

HNH-00016145 IP26-00006674
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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

		8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
Date: 28/6/26	Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20	20		20	20	20	20	20				20				20				20				20	
	0 - 10																								
Saturations	94 - 100 %	100		99%	99%	99%	99%	99%				100%				99%				98%				99%	
	< 94 %																								
Administered 0_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37																								
	36															97.4°F				98°F				97.4°F	
	35																								
	< 35																								
Heart Rate	170 – 90																								
	80											78				87				79				82	
	70							80																	
	60	76		75	68	70	95																		
	50																								
	40																								
Systolic Blood Pressure	190 – 120																								
	110							115				115				113				116				110	
	100	90		110	98	110																			
	90 – 50																								
Diastolic Blood Pressure	130 – 80											(82)													
	70															70				76					
	60	60		67	65	65		[illegible]				68												64	
	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		[illegible]		[illegible]	[illegible]		[illegible]	[illegible]				[illegible]				[illegible]				[illegible]				[illegible]	

Obstetrics and Gynaecology Early Warning Signs

Complete a Full Set of MEOWS Observations

- 1 Yellow Alert : Repeat Observations in 30 minutes
- 2 Yellow Alerts or 1 Orange Alert: Call the Obstetrician and Repeat Observations in 30 minutes
- > 2 Yellow Alerts or ≥ 2 Orange Alerts: Immediate Review by Obstetrician and Repeat Observations in 15 minutes or continuous monitoring

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

HNH-00016145 IP26-00006674
Mrs VINEETHA PARCHA (F)
28-12-1993 32 Y 6 M 1 D
Dr. CHEGIREDDY SUBHASHINI

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

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

29/6/26	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			23				23				20				20				20				20	
	0 - 10																								
Saturations	94 - 100 %			99%				99%				98%				99%				98%				99%	
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37																								
	36			97.5°F				95°F				97.8°F				98.1°F				98.1°F				97.2°F	
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80			82																87					
	70								75				68			72								71	
	60																								
	50																								
	40																								
Systolic Blood Pressure ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120												123			125									
	110			110					112											110				119	
	100																								
	90																								
	80																								
	70																								
	60				(72)					(75)															
	50													(81)											
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80															81								77	
	70			67					70				66												
	60																			80					
	50																								
	40																								
NEURO RESPONSE [✓]	Alert			–					–							–				–				–	
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30			–				–	–				–			–				–				–	
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal			–					–				–			–				–				–	
	Heavy / Foul																								
Liquor	Clear / Pink			–					–				–			–				–				–	
	Green																								
TOTAL YELLOW SCORES				–					0				0			0				0				0	
TOTAL ORANGE SCORES				0					0				1			0				0				0	
Nurse Initial				[illegible]					[illegible]				[illegible]			[illegible]				[illegible]				[illegible]	

Obstetrics and Gynaecology Early Warning Signs

Complete a Full Set of MEOWS Observations

1 Yellow Alert :
Repeat Observations
in 30 minutes

2 Yellow Alerts or 1 Orange Alert:
Call the Obstetrician and Repeat Observations
in 30 minutes

> 2 Yellow Alerts or ≥ 2 Orange Alerts:
Immediate Review by Obstetrician and Repeat Observations
in 15 minutes or continuous monitoring

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

HNH-00015145 IP26-00006674
Mrs VINEETHA PARCHA
26-12-1993 32 Y 6 M 1 D (F)
Dr. CHEGIREDDY SUBHASHINI

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...ning Observation Score Chart - Obstetrics

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

30/6	Date																								
	Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20				20																				
	0 - 10																								
Saturations	94 - 100 %				99%																				
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37																								
	36				98.2°F																				
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70				60																				
	60																								
	50																								
	40																								
↑ Systolic Blood Pressue	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130				127																				
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
↓ Diastolic Blood Pressure	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
	60				70																				
	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				[illegible]																				

Obstetrics and Gynaecology Early Warning Signs

Complete a Full Set of MEOWS Observations

- 1 Yellow Alert : Repeat Observations in 30 minutes
- 2 Yellow Alerts or 1 Orange Alert: Call the Obstetrician and Repeat Observations in 30 minutes
- > 2 Yellow Alerts or ≥ 2 Orange Alerts: Immediate Review by Obstetrician and Repeat Observations in 15 minutes or continuous monitoring

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

HNH-00016145 IP26-00006674
Mrs VINEETHA PARCHA
28-12-1993 32 Y 6 M 0 D (F)
Dr. CHEGIREDDY SUBHASHINI

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 1

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

28/6		Intake				Output					IV Site Thrombo-phlebitis Score	
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		Sign. Nurse
			Mouth	I.V	N.G							
28/6	08:00 am	RL	N	100ml								
	09:00 am	Rl	B	100ml								
	10:00 am	Rl		100ml							0	b
	11:00 am	Rl	M	100ml						300ml		
	12:00 pm	Rl		100ml								
	01:00 pm	RL		100ml						500ml		
Total Intake : taken						Total Output : passed 300ml						
28/6	02:00 pm	RL		100ml								
	03:00 pm	RL	H2O	100ml								
	04:00 pm	Rl		100ml								
	05:00 pm	Rl		100ml		NA		NA			0	
	06:00 pm	Rl		100ml								
	07:00 pm	Rl		100ml						200ml		
Total Intake :						Total Output :						
28/6/26	08:00 pm	RL		100ml						25ml		
	09:00 pm	RL	Dally	100ml								
	10:00 pm	RL	H2O	Bofi		NA		NA				
	11:00 pm	RL		ff							0	
	12:00 am	RL		100ml						100ml		
	01:00 am	RL		100ml								
Total Intake : taken						Total Output : U — M —						
29/6/26	02:00 am	RL		100								
	03:00 am	RL								400ml		
	04:00 am	RL				NA		NA			0	
	05:00 am	RL		100								
	06:00 am	RL								400ml		
	07:00 am	RL										
Total Intake :						Total Output :						

Empty 10.3 P empty 2pm

Emp 8.3 Emp

Foley Empty

Total 24 hrs. Intake	

Total 24 hrs. Output	

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

HNH-00016145 IP26-00006674
Mrs VINEETHA PARCHA
28-12-1993 32 Y 6 M 0 D (F)
Dr. CHEGIREDDY SUBHASHINI

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : ....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
29/6/26	08:00 am											
	09:00 am											
	10:00 am	0	Idly							✓	0	Aup
	11:00 am		+		NA		0	NA				
	12:00 pm		H2O							✓		
	01:00 pm											
Total Intake : Taken						**Total Output :** U-2					M-0	
29/6/26	02:00 pm		phulkadi									
	03:00 pm		+									
	04:00 pm	0	H2O							✓		
	05:00 pm							NA			0	[illegible]
	06:00 pm				NA					✓		
	07:00 pm											
Total Intake :						**Total Output :**						
29/6/26	08:00 pm											
	09:00 pm		Rw									
	10:00 pm		+		m		0		m	✓	0	
	11:00 pm	0	H2O									Jv
	12:00 am									✓		
	01:00 am											
Total Intake : Taken						**Total Output :** U-2						
30/6/26	02:00 am											
	03:00 am									✓		
	04:00 am											
	05:00 am	0			m				m		0	Jv
	06:00 am		H2O									
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake	

Total 24 hrs. Output	

HNH-00016145 IP26-00006674
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28-12-1993 32 Y 6 M 0 D (F)
Dr. CHEGIREDDY SUBHASHINI

Rainbow® Children's Hospital
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BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : ....

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

		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							
30/6/20	08:00 am											
	09:00 am		Oral H2O									
	10:00 am	0						N/A			0	[illegible]
	11:00 am			N/A								
	12:00 pm											
	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

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : ....

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

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

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

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

HNH-00016145 IP26-00006674
Mrs VINEETHA PARCHA
28-12-1993 32 Y 6 M 0 D (F)
Dr. CHEGIREDDY SUBHASHINI

NURSING CARE RECORD

Rainbow® Children's Hospital
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BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 28/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8Am to 2pm	=> Assess the patient condition => plan for vital => plan for I/O chart => plan for NST	8Am to 2pm	=> Assessed the patient condition => maintain vital & Recred => maintain I/O chart => NST done	patient is stable	vital is normal	[signature]
Afternoon	2pm to 8pm	-> Plan for vital -> Plan for I/O chart. -> Plan for medication.	2pm to 8pm	-> vital checked & recorded. -> Maintain I/O chart. -> All medication given	-> vital is normal	-> Pt is stable	[signature]
Night	8pm to 8am	-> Assess the Pt condition -> monitor vitals -> Pt on soft diet -> maintain I/O chart -> Foley's present -> Foley's removed at 1/m -> IV cannula present -> CT fluids ->	8pm to 8am	-> Assessed the Pt condition -> monitored vitals & recorded -> maintained I/O chart -> Foley's removed T/M -> IV cannula present -> CT fluids	-> Pt is stable	-> rechecked vitals	[signature]

HNH-00016145 IP26-00006674
Mrs VINEETHA PARCHA
28-12-1993 32 Y 6 M 0 D (F)
Dr. CHEGIREDDY SUBHASHINI

NURSING CARE RECORD

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 29/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8Am to 2Pm	→ Assess pt condition → monitor the vitals → maintain I/O chart → Administer medicati-on as per drug chart → Stop IVF	8Am to 2Pm	→ Assessed pt condition → monitored vitals → maintained I/O chart → Administered medicat-ion as per drugchart → Stoped IVF	Patient is stable	Re-checked vitals	Anusha [signature]
Afternoon	2pm to 8pm	- Assess the pt. condition - monitor vitals & records - maintain I/o chart - Give medication as prescribed by doctor.	2pm to 8pm	- Assessed the pt. condition - Monitored vitals & records - Maintained I/o chart - Given medication as prescribed by doctor	patient is stable now	Re-checked vitals	[signature]
Night	8pm to 8am	Assess the baby Monitor the V/S administer all medication as [illegible]	8pm to 8am	Assessed the [illegible] checked V/S Administered all [illegible]	[illegible]	Reassessed the V/S	[signature]

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NURSING SHIFT HAND OVER FORM - WARD

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

SITUATION	Diagnosis: LSCS	Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify: ....

BACKGROUND	Area / Shift Time	28/6 8AM	28/6 E1	28/6/26 N1	29/6/26 M6	29/6 E2	29/6 N
	Medical Condition (Any special condition to be noted):	NA	NA	N/A	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:	98F	98.1°F	97.2°F	98.3°F	97.8F	98F
	Res:	20	20	20b/m	23b/m	20b/m	20
	SpO_2:	99%	99%	98%	99%	100%	99
	Pulse:	85	86	87b/m	85b/m	86b/m	78
	BP:	110/75	116/76	113/76	113/75	121/72	106/72
	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	—	—	—	—	—
	Special Diet:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☑ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No
	Other Special Orders / Medications:	NA	—	—	—	—	—
Post Operative Procedure Special Orders:		NA	—	—	—	—	—
Handed Over By Name :		Sujatha	Madhu	Divya	Anusha	Priyanka	[illegible]
Signature :		[signature]	[signature]	[signature]	[signature]	[signature]	[signature]
Date:		28/6/26	28/6	29/6/26	29/6/26	29/6/26	29/6
Time:		2PM	8PM	8AM	2pm	8pm	8
Taken Over By Name :		Madhu	Priyanka	Anusha	Priyanka	[illegible]	
Signature :		[signature]	[signature]	[signature]	[signature]	[signature]	
Date:		28/6	28/6/26	29/6/26	29/6/26	29/6	
Time:		2PM	8PM	8AM	2pm	[illegible]	

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

HNH-00016145 IP26-00006674
Mrs VINEETHA PARCHA
26-12-1993 32 Y 6 M 1 D (F)
Dr. CHEGIREDDY SUBHASHINI

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

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Your Right to a Safe Delivery

NURSING SHIFT HAND OVER FORM - WARD

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

SITUATION	Diagnosis:			Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:			
BACKGROUND	Area / Shift Time						
	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:							

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

HNH-00016145 IP26-00006674
Mrs VINEETHA PARCHA
28-12-1993 32 Y 6 M 0 D (F)
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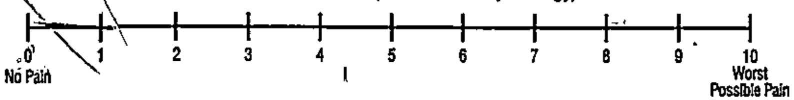
PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
28/6/26	8Am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[illegible]
28/6	11Am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[illegible]
28/6	3Am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[illegible]
28/6	8Am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[illegible]
28/6	2pm	0/10	NA	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☑ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	NA	[illegible]
28/6	6pm	0/10	NA	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☑ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	NA	[illegible]
28/6/26	10Pm	0/10	pain in surgical site	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☑ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	Tramadol Diclo	[illegible]
29/6/26	8Am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[illegible]
29/6/26	2pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[illegible]
29/6/26	6pm	0/10	NA	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☑ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	NA	[illegible]

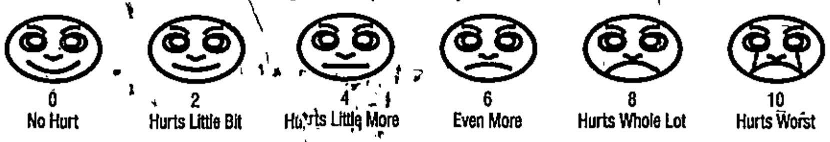
Re-assessment Frequency:
1. Every eight hours for all hospitalized patients.
2. For post-surgical patients, patients with chronic pain, patient with severe pain:
   a) At least every 2 hours for the first 24 hours
   b) Then every 4 hours.
   c) Prior to pain pain-relieving intervention.
   d) Within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

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years



FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

HNH-00016145 IP26-00006674
Mrs VINEETHA PARCHA
28-12-1993 32 Y 6 M 1 D (F)
Dr. CHEGIREDDY SUBHASHINI

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PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
29/6	11pm	0	NO	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	ND	[illegible]
30/6	6am	0	NO	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	ND	[illegible]
30/6/26	9Am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	ND	Sneha
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

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

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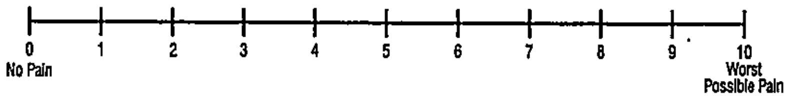
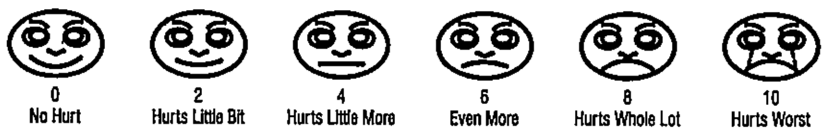


Wong - Baker (Pediatrics) Above 7 Years



FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

CATEGORY	SCORING		
	0	1	2
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Neonatal Pain, Agitation and Sedation Scale (upto 1 Month)

Assessment Criteria	Sedation		Normal	Pain / Agitation	
	-2	-1	0	1	2
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BRADEN 'Q' SCALE

				Date : / Time :	28/6 / m6	28/6 / E2	28/6/25 / N1	29/6 / M6
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	4	4
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
				TOTAL SCORE	28	28	28	28
				Evaluator's Name				

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

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

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

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BRADEN 'Q' SCALE

				Date :	29/6	30/6/26		
				Time :	E2	M0		
Mobility	**1. Comp... nmobile:** 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		
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				TOTAL SCORE	28	28		
				Evaluator's Name	[signature]	Sneha		

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

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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	28/6	28/6	
		Score	mb	b2	
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0	0	0	
Secondary Diagnosis (more than one diagnosis)	Yes	15			
	No	0	0	0	
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0	0	0	
IV / Heparin Lock or Saline	Yes	20	20	20	
	No	0			
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10			
	Normal /On Bed Rest /Immobile	0			
Mental Status	Forgets limitations	15			
	Oriented to own ability	0	0	0	
Total Morse Fall Scale Score:			20	20	
		Signature	Ck	[illegible]	

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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URINARY CATHETER BUNDLE CHECK LIST

Date of Insertion: 28/6 Date of Removal: ....

Parameters / Date / Shift Time	28/6 8AM	28/6 E2	28/6/26				
Need for the Catheter	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Hand Hygiene	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Usage of Sterile Equipment	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is the Collection bag below the level of bladder	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Check the Tube for Obstruction (Free of Kinking)	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No Foley's	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is Catheter dated as policy	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No removed	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Collecting bag is been emptied regularly?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No 29/6/26	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Maintenance of closed system for the catheter	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Dressing clean and dry?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is the line removed as Policy?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Performance of Perineal Care	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Onset of New Fever	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Asses for the leakage at the site of insertion	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Name of the Nurse	Srijatha	Madhu	Divya				
Signature of the Nurse	[signature]	[signature]	[signature]				

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

HNH-00016145 IP26-00006674
Mrs VINEETHA PARCHA
28-12-1993 32 Y 6 M 0 D (F)
Dr. CHEGIREDDY SUBHASHINI

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MEDICATION RECONCILIATION FORM

Drug Allergies: .... ☐ Not known any Drug Allergies

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

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

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	T. IRON	1tab	PO	OD		☐ C ☐ DC
2	T. Calcium	1tab	PO	OD.		☐ C ☐ DC
3	T MULTIVITAMIN	1tab	PO	OD		☐ 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. Dna.

Date & Time : 28/6/26.

Nurse Name & Signature: Srjatha Sr

Date & Time : 28/6/26 @ 8AM

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

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PATIENT TRANSFER FORM

Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00016145 IP26-00006674 Mrs VINEETHA PARCHA 28-12-1993 32 Y 6 M 0 D (F) Dr. CHEGIREDDY SUBHASHINI	28/6/26 @	28/6/26 @ 9AM
	Transfer Ordered by DR. Manisha	Reason for Transfer EL-LSCS
From Unit pre-past	To Unit OT	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 30	Number of Imaging Films NST - 1	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
S9S. Mounika.	Dr. Dua.

Patient & Clinical Records Received by : Sandhya 28/6/26 @ 8:55 am

Date & Time of Patient Received :

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

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

Docu. No. : RCH /FRM / CLINICAL / 102

HNH-00016145 IP26-00006674
Mrs VINEETHA PARCHA
28-12-1993 32 Y 6 M 1 D (F)
Dr. CHEGIREDDY SUBHASHINI

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NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 29/6/26 Time: 9:30 am

Origin: Indian Height: 152cm Weight: 69 kg BMI: ☐ ~ 26 kg/m² ☑ ~ 28 kg/m² ☐ ~ 30 kg/m²

Food Allergies: NO FA

Diagnosis: CSCS

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: [signature]

Name: Vineetha Parcha

Date & Time: 29/6/26; 9:30 am

Dietician's Signature: Sobiya

Name: Syeda Sobiya Zaheer

Date & Time: 29/6/26; 9:30 am

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

(P. T. O)

DIETARY NOTES

Date	Time	Notes	Sign

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PATIENT TRANSFER FORM

Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00016145 IP26-00006674 Mrs VINEETHA PARCHA 28-12-1993 32 Y 6 M 0 D (F) Dr. CHEGIREDDY SUBHASHINI	28/6/26 @ 6:36Am	28/6/26 @ 2:40pm
	Transfer Ordered by	**Reason for Transfer**
	Dr. Mounisha	OBG
From Unit	**To Unit**	**Information to Attendant**
Prespost	(OT)	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
90	NST-1	Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Madhumita @ Madh	Dr. Mounisha

Patient & Clinical Records Received by : Priyanka

Date & Time of Patient Received : 28/6/26 @ 3pm.

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

Docu. No. : RCH /FRM / CLINICAL / 102

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PATIENT TRANSFER FORM

Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00016145 IP26-00006674 Mrs VINEETHA PARCHA 28-12-1993 32 Y 6 M 0 D (F) Dr. CHEGIREDDY SUBHASHINI Dr. Subhashini	28/6/26 @ 6:36AM	28/6/26 @ 10:10AM
	Transfer Ordered by	**Reason for Transfer**
	Dr. Akhila	Observation
From Unit	**To Unit**	**Information to Attendant**
OT	Pre-Post	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant** Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Karuna	Dr. Akhila

Patient & Clinical Records Received by : Sujatha Li

Date & Time of Patient Received : 28/6/26 @ 10AM

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

Docu. No. : RCH /FRM / CLINICAL / 102

HNH-00016145 IP26-00006674
Mrs VINEETHA PARCHA
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Dr. CHEGIREDDY SUBHASHINI

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CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: Dr Subhashini	Date of Delivery: 28/6/2026
Assistant Surgeon: Dr Mamatha	Time of Delivery: 9:30 AM
Anaesthetist's Name: Akhila	Gender of Baby: Female
Type of Anaesthesia: Spinal	Weight of Baby: 2.60 Kg
Neonatologist: Dr Narpunya	AGPAR Score: 8, 9
Scrub Nurse: Sandhya	NICU Admission: ☐ Yes ☑ No

Pre-Operative Diagnosis: Primi | 37 week

☑ Elective ☐ Emergency Indication: Maternal Req.

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

Decision time: NA Knief to rectus: 2 min

CTG Description: Reactive

If there was a delay give the reasons: No delay

Surgical Procedure:

Elective LSCS

Post Operative Diagnosis: POD-0

Peri-Operative Complications: –

Amount of Blood Loss: ~ 150 cc	Blood Transfused (in ML): NA

Name and Number of Surgical Specimen sent for examination:

–

Examination Findings when Appropriate:

Presentation: ☑ Cephalic ☐ Breech ☐ Other ....

Cervical Dilatation: ......closed...... cm

5th Palpable: ....

Fetal Position: ......OP......

Station: ☐ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2

Moulding: ☐ None ☐ + ☐ ++ ☐ +++

Caput: X ☐ + ☐ ++ ☐ +++

Meconium: ☐ None ☐ + ☐ ++ ☐ +++

Bladder Catheterized : ☑ Yes ☐ No

Urine: ☐ Clear ☐ Blood Stained

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

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

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

Incision Through Placenta: ☐ Yes ☑ No

- Face to Pubis (OP Posterior)
- One loop of cord around neck

Delivery of head: ☐ Manual ☑ Forceps

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

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

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

Appearance of placenta: ......Normal...... Cavity explored ☑ Yes ☐ No

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

---

Uterine Closure: ☐ One Layer ☑ Two Layers ......Vicryl no 1-0...... Suture

Peritoneal Closure: ☐ Pelvic ☑ Abdominal ☐ None ......~~Cat~~ Vicryl no 2-0...... Suture

Sheath Closure: ......Vicryl no: 1...... Suture

Fat Closure: ☑ Yes ☐ No ......~~Rapid vicryl~~ Monocryl 2-0...... Suture

Skin Closure: ☑ Subcuticular ☐ Mattress ......monocryl 2-0...... Suture

Vagineal Evacuated ☑ Yes ☐ No

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

Ctheter ☑ Yes ☐ No ☐ Remove in ......1...... days ☐ Await instructions

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

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

Post-Operative Notes: ....

NBM x 4-6h

Drugs as charted

W/f vitals & BPV

Foley removal after 24h

I/O monitoring

Inform SO

Doctor Name: ......Dr Subhasini...... Doctor Signature: ......Subhashini......

Date & Time: ......28/Jan/2022 @ 10:15 Am.

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Subhashini
Asst. Surgeon : ....
Anaesthetist : Dr. Akhila
Scrub Nurse : A. Sandya

HNH-000[illegible]145 IP26-00006674
Mrs VINEETHA PARCHA
28-12-1993 32 Y 6 M 0 D (F)
Dr. CHEGIREDDY SUBHASHINI

...ery Name : .... Age : .... Gender : ....
Date : .... In-time : .... Out-time : ....

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Before Induction of Anaesthesia ➢ ➢

SIGN IN Time: 9:13 AM

Patient Has Confirmed

Identity	☑ Yes	☐ No	
Site	☑ Yes	☐ No	
Procedure	☑ Yes	☐ No	
Consent	☑ Yes	☐ No	
Site Marked	☐ Yes	☐ No	☑ NA
Anaesthesia Safety Check Completed	☑ Yes	☐ No	
Pulse Oximeter on Patient & Functioning	☑ Yes	☐ No	

Does Patient have a:

Known Allergy?	☐ Yes	☑ No	
Difficult Airway / Aspiration Risk?			
Yes, & Equipment / Assistance Available	☐ Yes	☑ No	
Risk of > 500ml Blood Loss (7ml/kg In Children)?			
Yes, and Adequate Intravenous Access and Fluids Planned	☐ Yes	☑ No	☐ NA
Blood Units Reserved	☐ Yes	☑ No	☐ NA
Has Antibiotic Prophylaxis been given within the last 60 minutes?	☑ Yes	☐ No	☐ NA

Signature : Akhila
Name : DR. AKHILA. K

Before Skin Incision ➢ ➢

TIME OUT Time: 9:14 AM

Confirm all team members have introduced themselves by Name and Role	☑ Yes	☐ No	
Surgeon, Anaesthesia Professional and Nurse Verbally Confirm			
Correct Patient (Check ID Band)	☑ Yes	☐ No	
Correct Site	☑ Yes	☐ No	
Correct Procedure	☑ Yes	☐ No	
Anticipated Critical Events			
Surgeon Reviews:			
What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss? nil, 1 hour, 500ml.	☑ Yes	☐ No	☐ NA
Anaesthesia Team Reviews:			
Are There Any Patient-specific Concerns?	☑ Yes	☐ No	☐ NA
Nursing Team Reviews:			
Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns?	☑ Yes	☐ No	☐ NA
Is Essential Imaging Displayed?	☐ Yes	☐ No	☐ NA
Power Supply, Earthing, Power Backup and functioning of equipment checked.	☐ Yes	☐ No	

Signature : Kavya
Name : Karuna @ 9:14 Am

Before Patient Leaves Operating Room

SIGN OUT Time: ....

Nurse Verbally Confirms with the Team:

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

To Surgeon, Anaesthetist and Nurse:

What are the key concerns for recovery and management of this patient?	☐ Yes	☐ No

Signature : Subhashini
Name : ....

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28-12-1993 32 Y 6 M 0 D (F)
Dr. CHEGIREDDY SUBHASHINI

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OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 28/6/26

Baseline Information:

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

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

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

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

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

If yes, identify ....

Chief Complaints: ....

Doctor Notified on Admission: ☐ Yes ☐ No

Name of the Doctor: Dr. DUD

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	**Gynecology Surgical History:**	**Gynecological History:**
Menstrual History:	Caesarean Section: ☐ No ☐ Yes	Contraceptives: ☐ No ☐ Yes
....	Cervical Cerclage: ☐ No ☐ Yes	Vaginal Discharge: ☐ No ☐ Yes
Onset of Menarche:	Ectopic Pregnancy: ☐ No ☐ Yes	Post-Coital Bleeding: ☐ No ☐ Yes
Menstrual Cycle: ☐ Regular ☐ Irregular	Myomectomy: ☐ No ☐ Yes	**Infertility:** ☐ No ☐ Yes
Last Menstrual Period:	Others: ______	**If Yes** Type: ☐ Primary ☐ Secondary

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

Previous LSCS: ....

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

Family History: ☐ No Abnormalities Detected

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

☐ Liver disease ☐ Other ....

Vital Signs / Measurements: Temp: 98F HR: 85 RR: 20

BP: 110/75 Weight: .... Height: .... BMI: ....

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

HNH-00016145 IP26-00006674
Mrs VINEETHA PARCHA
28-12-1993 32 Y 6 M 0 D (F)
Dr. CHEGIREDDY SUBHASHINI

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 ...0........... (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: ....

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

Nurse Signature: ....

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

Date & Time: ...28/3/26..................................

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OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 28/6/26 Time of Arrival: .... Time Seen by Nurse: ....

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: 98F Pulse: 85 RR: 20 SpO_2: 99% BP: 110/70 Weight: ....

4) Gestational Criteria:

Gravida:	G	P	L	A

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)**

0 1 2 3 4 5 6 7 8 9 10
No Pain — Worst possible pain

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

....

6) Past History:

a) Surgeries: ....NA..............................

b) Medical: ....

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Mrs VINEETHA PARCHA
28-12-1993 32 Y 6 M 0 D (F)
Dr. CHEGIREDDY SUBHASHINI

7) 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 2 (Emergent)	Level 3 (Urgent)	Level 4 (Less Urgent)	Level 5 (Non Urgent)
Level 1 (Resuscitative)		≤ 15 minutes	≤ 30 minutes	≤ 60 minutes	≤ 120 minutes (2 Hours)
Re-Assessment		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: ....DY DVD..........

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

Date: ....28/6/26.... Time: ....

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CROSS CONSULTATION FORM

Doctor Name : Dr. Subhashini Date : 30/6/26 Time : 11 Am

Diagnosis : LSCS

Hospital : RCH - HMNR

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

Type of Referral :
☐ Emergency
☐ Urgent
☐ Non Urgent

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

Signature:

Findings and Recommendations :

Lactation care plan

- well formed breast
- flat Nipple's formed
- Advice Nipple shield
  - Aim for deep latch as demonstrated in cross cradle
  - make baby to suck 15 – 20 mints on each side every 2 - 2½ hours
  - baby sucking latch observed
  - stimulate baby

Consultant :

Name : Sathwika. G Signature : Date & Time : 30/6/26 ; 11 Am

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

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Mrs VINEETHA PARCHA
28-12-1993 32 Y 6 M 0 D (F)
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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: 28/6/26

→ Assess the pt condition

→ vital are checked & recorded

→ I/O chart maintain

→ 2nd hourly DBF given

Handover given by Sujatha

Signature Su

Date & Time: 28/6/26 @ 2P.M

Handover taken by Madhumita

Signature Madhu

Date & Time: 28/6/26 @ 8Pm

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE

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Patient Name : Mrs - Vineetha Age : 31y - Gender : Male ☐ Female ☑

UHID NO: HNH-00016145 Surgeon Name: Dr - Subhashini Reddy

Anaesthesiologist : Dr - Samir

Operative procedure planned : Elective caeserean

PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA

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

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

☐ Heart disease ☐ Hypertension ☐ Diabetes mellitus ☐ Renal failure

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

☐ Incapacitating Cronic Obstructive Pulmonary Disease

☐ Others : hypotension, Bradycardia, PDPH.

Comments :

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

DECLARATION BY PATIENT / GUARDIAN / PROXY

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

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

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

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

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

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

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

- Pregnant : ☑ Yes ☐ No

DECLARATION BY THE ANAESTHETISTS PROVIDING INFORMATION FOR THIS CONSENT

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

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

Patient / Patient Attendant :

Signature : ....

Name : Vineetha

Relationship with Patient: Self

Date & Time : 28/6/26 8:30AM

Witness :

Signature : ....

Name : Ajeetesh Joshua

Date & Time : 28/06/2026 0835AM

Doctor (who is taking the consent) :

Signature : ....

Name : Dr. Akhila-K

Date & Time : 28/6/26 8:30AM

Department of Anaesthesiology

PRE-ANAESTHETIC EVALUATION

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Name: Mrs. Vineetha Age: 31 Sex: Female UHID.No : –

Date: 25/6 Time: 2pm Proposed Operation: LSCS (28/6)

Diagnosis: Primi at 36 weeks.

B.P / CRT: .... H.R: .... Weight: 69 ASA Physical Status: ☐ 1 ☑ 2 ☐ 3 ☐ 4 ☐ 5

Laboratory Data:

Hgb: 10.3	Glucose:	Protein:	HIV: NR	X-Ray:
PCV:	Urea:	Alb:	HBS Ag: NR	ECG:
WBC: 9780	Creat:	Total Bill:	HCV: NR	2D Echo:
Plate: 271	Na:	Dir. Bill:	Blood group: O +ve.	Stress/Anglo:
PT:	K:	LDH:	T3	Other:
PTT:	Ca++:	Alk phos:	T4	placenta - Ant. upper segment.
INR:	Mg++:	Amylase:	TSH	
	Cl -:	SGOT/SGPT:		

Allergies: NKDA.

Medical History: CVS : /

RESP : No significant medical history Diabetes :

CNS : Regular ANCs - uneventful - twin gestation → now singleton

Renal : - vaccinated

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

Others :

Past Anaesthetic History: – nil –

Physical Exam: coherent

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

Lungs : / clear

Heart:

CNS:

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

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

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

CURRENT MEDICATIONS	DOSAGE
MVT / Ca / D3.	

Pre-Operative Instructions:

solids / tea / milk / juice 9AM → 3AM

7AM water / ORS.

1. DVT Prophylaxis :
2. NIL ORAL → Water / ORS 2 Hours; → Others 6 Hours
3. Informed Consent: ☑ Standard ☐ High Risk
4. Post Operative Pain Management: ☑ Discussed with Patient
5. Other Instructions: - CBP. to be done.

Signature: Name: Dr. Sanni Unayath.

Docu. No: RCH / FRM / CLINICAL / 044

HNH-00016145 IP26-00006674
Mrs VINEETHA PARCHA
28-12-1993 32 Y 6 M 0 D (F)
Dr. CHEGIREDDY SUBHASHINI

ANAESTHESIA CHART

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Pre Induction Assessment . .0 AM

Change in Patient Condition: ☐ Yes ☑ No	Fasting Status: Adequate

Physical Status: ☑ Patient Identified ☑ Consent Present ☑ Chart Reviewed

H.R: 78	B.P / CRT: 108/68	SpO_2: 100	R.R: 14	Last Feed: 56 hr

Pre-OP Diagnosis: Primi 36 wks Operation: El. caesarean Section Date: 28/6/26

Surgeon: Dr. Subhashini Reddy Anaesthesiologist: Dr. Akhila K Technician: Pallavi

TIME	910	940	1010	
N_2O /AIR /O_2 LPM				
HALO /SO /SEVO				
Drugs:				
Inj. OXYTOCIN 3IU + 6IU				
Inj. MIDAZOLAM 2mg				
FIO_2 / SaO_2	97 96 97 97			
$ETCO_2$				
ECG	SR SR SR SR			
Temperature				
Urine Output				
Fluids / Blood	RL (1) → (2) →			

Antibiotic: —

Suppository: SPDKLO SUPTRAL

Blood Loss: ~300ml

NOTES: Fch @ 9:30 AM

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

Tourniquet on Time
Tourniquet off Time
Throat Pack In
Throat Pack Out

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

LAB Values
ABG
GRBS
Others

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

Position: Supine
☑ Pressure Points Checked

Eye Care:
☐ Oint
☐ Tape
☐ Padding
☑ Awake

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

Times:
Anaes Start: 9:10 AM
OP Start:
OP End:
Leave OR: 10:10 AM

Anaesthesia:
☐ GA
☐ Monitored Anaesthesia Care
☑ Regional

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

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

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

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

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

Regional:
Extremity Specify:
☑ Spinal ☐ Epidural ☐ Caudal
Others:
Position: Sitting
Site: L3 L4
Needle Size: 25 G Whitacre Depth: 5 Cm
Parasthesia ☐ Yes ☑ No
Catheter at skin .... cm
Drug Name & Conc: 0.5% Bupivacaine heavy 10 mg + 25 mcg Fentanyl
Bolus:
Infusion:
Block Level: Adequate T6
Comments:

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

Name of the Doctor: Dr. Akhila K
Signature of the Doctor: (signature)

HNH-00016145 IP26-00006674
Mrs VINEETHA PARCHA
28-12-1993 32 Y 6 M 0 D (F)
Dr. CHEGIREDDY SUBHASHINI

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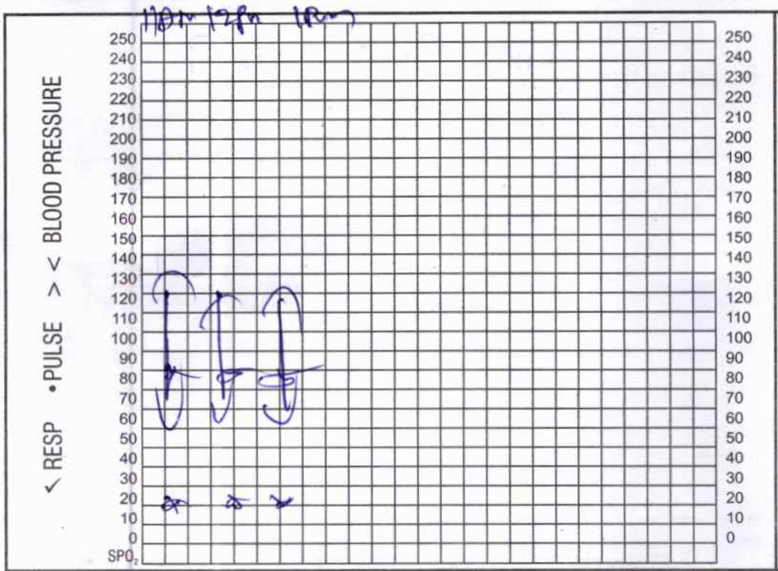
F UNIT RECORD

Received in PACU by : Sujatha Time Received : 11Am Time Discharged : ....



IV Cannula Site : ....

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

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

Drug: INJ Itaxim 1gm

IV Fluids: RL

Oral Feeds: NBM

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

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
28/6	11Am	0	NA	Sri
28/6	12PM	0	NA	Sri
28/6	1Pm	0	NA	
28/6	3Pm	0	NA	(signature)

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

Anaesthesiologist Name : Dr. Akhila. K

Anaesthesiologist Signature: (signature)

Date & Time: 28/6/26 @ 3Pm

PACU Nurse Name : Madhu

PACU Nurse Signature: Madhumita

Date & Time: 28/6/26 @ 3Pm

Reassessment Frequency:

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

Transferred to Unit by (PACU): (9 10)

Date & Time: 28/6/26 @ 3Pm

Patient Sticker

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EPIDURAL ANALGESIA RECORD

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

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

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

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

Solution Composition : ....

Any other issues :

a) ....

b) ....

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

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

Catheter Removed by and Tip Inspected :...

Patient Satisfaction : ....

Discharge /Shifting ordered by

Doctor Signature: ....

Doctor Name: ....

Date and Time : ....

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

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Patient Name : Mrs Vineetha Gender: ☐ Male ☑ Female Age : 31 yr

UHID No : HPNH-00016145 Date : 28/6/26

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

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

ELECTIVE LOWER SEGMENT CESAREAN SECTION

upon

Mrs Vineetha (Name of the Patient)

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

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

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

excessive bleeding, wound infection, injury to bowel, bladder, blood vessels, Need for blood transfusion

My signature on this form indicates that

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

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

Consentee :

Signature : [signature]

Name : Vineetha Parcha

Date & Time : 28/6/26 @ 7 Am

Patient Attendant :

Signature : [signature]

Name : Ajeeth Joshua

Relationship with Patient: Husband

Date & Time : 28/06/2026 0700 AM

Witness :

Signature : [signature]

Name : Sujatha

Date & Time : 28/6/26 @ 7:Am

Doctor (who is taking the consent) :

Signature : [signature]

Name : Dr. Diva

Date & Time : 28/6/26 6:30 AM.

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

26-00020885 6

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NARCOTIC PRESCRIPTION FORM

(PATIENT COPY)

Patient Name: Mrs Vineetha Parcha		Age: 32Y		Gender: F	
UHID No: HNH-00016145	IP No: 26-00006674	Date: 28/06/26		Time: 7:33Am	
Diagnosis: LSCS (Ward-OT)					

PRESCRIPTION DETAILS (Tick only one of the following)

S.No	Drug Name	Dosage	Remarks
1.	Fentanyl Citrate Inj. 50mcg/Ml	100mcg	01 Amp
2.	Morphine Sulphate Inj. 15mg/Ml	—	—
3.	Remifentanil Hydrochloride Inj. 2MG	—	—
4.	Remifentanil Hydrochloride inj. 1MG	—	—

Doctor Name: DR. SK. AYESHA

Doctor Registration No: TSMC/FMR/07725

Signature: [signature]

NARCOTIC DISPENSING FORM

APPENDIX 4 – FORM NO. 3E

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

IP Registration No: 26-00006674

Date: 28/6/26

Aadhaar No. of the Patient (Optional): ....

1.	Name : Mrs Vineetha Parcha	Remarks
2.	Complete postal address (with contact number, if any)	Immpura Jeoguda Hyderabad
3.	Brief description of the illness	LSCS
4.	Whether registered with any other registered medical practioner / recognized medical institution (If yes, details of the recorded)	NO
5.	Details of essential Narcotic drug dispensed	INJ: Fentanyl

Date	Name of the Essential Narcotic Drugs	Quantity	Signature / Thumb Impression of the patient / Patient Attender	Remarks, if any
28/	INJ: Fentanyl	01	[signature]	

Dispensed by (Name & ID No.): Sania (018442) Signature: ....

Received by (Name & ID No.): M Arvind Kumar (021257) Signature: [signature]

Time: ....

Docu. No: RCH / FRM / CLINICAL / 133