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BirthRight BY RAINBOW HOSPITALS
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ACTIVITY RECORD FOR BILLING

VIH-00206426 IP-00060527
Mrs RAMAVATH SARITHA
15-10-2004 21 Y 8 M 15 D (F)
Dr. KOPPULA SIRISHA REDDY

Name: ----------

UHID N ---------- Consultant : ---------- Dept : ----------

Date of Admission : 30/6/26 Time : 5:53PM Date of Discharge : ---------- Time: ----------

Room / Bed No : L/W 221-1 Ward : L/W Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Sign
30/6/26	CUE ✓	V1260220/26	
30/6/26	GRBS @6:00pm, 91 mg/dl	V1260220 44	
30/6/26	CBP ✓		
30/6/26	PT, APTT, INR, CRT,	V1260220066	
30/6/26	SR. Creat, uric acid,		
30/6/26	SR. electrolytes, urea.		
1/7/26	Viability Scan	R26-0104664	
	Chart checked by	U Shanmu	1/7/26 at 5PM

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
~~30/6/26~~	~~Infusion Pump~~	~~6.00pm~~	~~7.30pm~~		
~~30/6/26~~	~~Cardiac monitor~~	~~6.00pm~~	~~7.00pm~~		
30/6/26	Infusion Pump	6pm	7 [US] pm	3096263	
	Crom	checked	by	a Sharmi	1/7/26 at 6AM

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
30/6/26	I.V placment	1	30/6/26	
30/6/26	Catherization	1		
	Orders checked by G Sharmi			30/6/26 at 1Lpm

ANY OTHER INFORMATION

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

DEFICIENCY CHECK LIST OF MEDICAL CASE SHEET

VIH-00206426 IP-00060527
Mrs RAMAVATH SARITHA
15-10-2004 21 Y 8 M 16 D (F)
Dr. KOPPULA SIRISHA REDDY

Patient Name :

Ward: HW

IP.No: 0 0060527

DOA: 30/6/26 @ 5:53pm

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Sl.No	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission Sheet	1			
2	Discharge Summary	–			
3	Nursing Initial assessment form	1			
4	Patient Trasfer Forms	–			
5	In-patient Medical Record	1			
6	Doctors Progress Sheets	3			
7	Nurses Progress notes	2			
8	Consultation Sheets	–			
9	General Consent for Treatment	1			
	Conset for ~~Surgery~~ vaginal birth	1			
..	Consent for Blood Transfusion	–			
12	Consent forChemotherapy	–			
13	Consent for High Risk	–			
14	Consent for Restraint	–			
15	DAMA Consent	–			
16	Consent for Special Procedure	–			
17	Consent for Radiological Investigations	–			
18	Consent for HIV Test	–			
19	Anaesthesia consent form	–			
20	Anaesthesia notes(Pre Anaesthesia & Post)	–			
21	Pre Operative checklist	1			
22	Surgical safety Checklist	–			
23	Operation Theatre notes	–			
24	Nurses Clinical Presentation	–			
25	TPR & BP chart	2			
	Intake and Output chart (fluid Chart)	2			
	Drug Chart (Regular prescription)	1			
28	Daily Investigation sheet	–			
29	Investigation Values (Result Sheet)	1			
30	Nebulization Chart	–			
31	~~Diabetic chart~~ neonatal in-pt medical record	1			
32	Nutritional Review chart	–			
33	MLC form (in case of MLC)	–			
34	Patient Educatlon Form	–			
35)	Medication reconciliation form	1			
36)	Triage assessment	1			
37)	Pain assessment	1			
38)	Braden Q Scale	1			
39)	checklist for thrombophlebitis	1			
40)	Morse fall risk assessment	1			
41)	DVT, ~~Billing sheet~~	–			
42)	Total No. of Pages	–			
42)	Billing sheet	5			
43	To whom so ever it may concern	1			
		30/0			

Signature and Date : 30/6/26 @ 5:53pm

ERROR LOG

LOCATION: - NICU / PICU / HDU / OT / GENERAL WARD

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

Rainbow Children's Hospital - Secunderabad
H.No.3-7-222/223,Sy.No.51 to 54,Opp.Karkhana P S,Karkhana Main Road,Kakaguda, Karkhana ,Hyderabad ,Telangana, INDIA ,500009.
TEL NO :040-42462200, Ext 2000,2001,2002
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP-00060527 **Admit Date** : 30-Jun-2026 **Admit Time** : 05:53 PM **UHID** : VIH-00206426

Patient Details :

Patient Name	: Mrs RAMAVATH SARITHA	**Age**	: 21 Y 8 M 15 D
Guardian	: Mr SURESH	**DOB**	: 15-10-2004
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 06 RAMAVATH THANDA ,GOTTIMUKKALA , DEVARAKONDA MANDALAM Devar Konda Nalgonda Telangana INDIA 508248	**Phone No**	: 8555805106
		E-mail	: NA@GMAIL.COM

Admission Details :

Bed Type : MICU **Bed No** : LW 221 **Ward Name** : N 2F-LABOUR WARD

Room No : LW 221 **Admission Type** : First Visit

Contact Details :

Name : Mr SURESH **Relationship** : Husband

Contact Address : 06 RAMAVATH THANDA ,GOTTIMUKKALA ,DEVARAKONDA MANDALAM Devar Konda Nalgonda Telangana INDIA 508248 **Phone No** : 8555805106 / 7036059766

J. Suresh

Signature

Doctor Details :

Doctor Name : Dr. KOPPULA SIRISHA REDDY **Specialisation** : OBSTETRICS AND GYNECOLOGY

Referral Doctor : SELF **Phone No** :

Co-Consultant :

Payment Details :

Payment Mode : Cash **Deposit Amount** : 0.00

Payor Name : SELFPAY

VIH-00206426 IP-00060527
Mrs RAMAVATH SARITHA
15-10-2004 21 Y 8 M 15 D (F)
Dr. KOPPULA SIRISHA REDDY

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OBSTETRICS / GYNECOLOGY
NURSING INITIAL ASSESSMENT FORM

Date of Admission: 30/6/26

Baseline Information:

Admission From: ☐ ER ☐ OPD ☑ Admission Desk ☐ Others, specify W/C

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: Dr. 25(5C Intra uterine death in preterm labour labour for delivary 1

Doctor Notified on Admission: ☑ Yes ☐ No

Name of the Doctor: Dr. Nousheen

Time Notified: @ 7pm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
Nil	Yes	NO

Gynecology Assessment: ☐ Not Applicable

Menstrual History: –

Onset of Menarche:

Menstrual Cycle: ☑ Regular ☐ Irregular

Last Menstrual Period: 17/12/25

Gynecology Surgical History:

Caesarean Section: ☐ No ☑ Yes

Cervical Cerclage: ☑ No ☐ Yes

Ectopic Pregnancy: ☑ No ☐ Yes

Myomectomy: ☑ No ☐ Yes

Others:

Gynecological History:

Contraceptives: ☑ No ☐ Yes

Vaginal Discharge: ☑ No ☐ Yes

Post-Coital Bleeding: ☑ No ☐ Yes

Infertility: ☑ No ☐ Yes

If Yes Type: ☐ Primary ☐ Secondary

Obstetric History: G 2 P 1 L 1 A –

Previous LSCS: Yes

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: 98.1°F HR: 88 b/m RR: 18 b/m

BP: WNL Weight: – Height: – BMI: –

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

VIH-00206426 IP-00060527
Mrs RAMAVATH SARITHA
15-10-2004 21 Y 8 M 16 D (F)
Dr. KOPPULA SIRISHA REDDY

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 .....28..... (complete the Braden Q Sheet)

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

☐ Mobility problem ☐ Walking Problem ☑ No Abnormality Detected

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING: ☑ No Abnormality Detected

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

☐ Under Weight ☐ Diabetes Mellitus ☐ Hyperemesis Gravidarum

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

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

☐ Others .....

Inform consultant for positive criteria

SOCIAL SCREENING:

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

Social History: Lives With .....Family.....

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 .....MRS Saritha.....

Name of Person Orientation was given to: .....MRS - Saritha.....

Orientation not given Reason: .....MRS. Saritha.....

Nurse Signature: .....Mary.....

Nurse Name: .....Mary.....

Date & Time: .....30/6/26 8.7pm.....

VIH-00206426 IP-00060527
Mrs RAMAVATH SARITHA
15-10-2004 21 Y 8 M 15 D (F)
Dr. KOPPULA SIRISHA REDDY

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IP A . . . OR OBSTETRICS

Presenting Complaints
came with c/o pain abdomen and ↓fetal movements since 8 am on 30/6/26.

Obstetric Formula: G2P1L1
ML - 3yrs NCM.

Obstetric History:
G1 - Female | 1 1/2 yrs | FTLSCS | MSL | 2.5kgs | Devarakonda | BF x Lactating
G2 - PP. SP conception

Present Pregnancy Record: unbooked. Previous ANCs at
10 loose motions at 25 weeks managed
Conservatively.

RISK FACTORS:

Intrauterine fetal Death.

Height: ..... cm
Weight: ..... kg
Allergies: Nil
Breast: ☑ Normal ☐ Abnormal
General Examination:
Consciousness: c/c/c Pallor: ⊖
Icterus: ⊖ Edema: ⊖
Temp: Afeb. PR: 95bpm
BP: DTR: ⊕
CVS: S_1S_2 ⊕ RS BAE ⊕
Liver/Spleen: NAD Urine Output: Adq.

LMP: 17/12/25 EDD: 23/9/26
Corrected EDD: ~~2~~ GA: 27+6 weeks.

Menstrual History: Regular : ☑ Yes ☐ No

Obstetric Examination
Fundal Height: ~ 26 weeks.
2C | 20sec | 10min
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
Cervix: ☐ Long ☐ Partially effaced ☑ Effaced 80%
Os: Closed _____ Dilated 3-4cm.
Membranes: ☑ Present ☐ Absent
Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained
Presenting Part: ☐ Vertex ☑ Breech ☐ Others
Sutton: ☐ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2
Pelvis: ☐ Adequate ☐ Doubtful

DIAGNOSIS
G2P1L1 with 27+6 weeks with previous LSCS with Intrauterine fetal Death in preterm labour labour for delivery / Emergency LSCS.

VIH-00206426 IP-00060527
Mrs RAMAVATH SARITHA
15-10-2004 21 Y 8 M 16 D (F)
Dr. KOPPULA SIRISHA REDDY

Family History: Nil	Surgical History: LSCS.
Medical History: Nil	Medication History: Allergies - Nil

Plan of Care:

GRBS: 91 mg/dl.

Admission
Consents
Part preparation
Monitor Vitals
Follow duychait

Send CBP, CUE, PT, APTT, INR, LFT, Sr. Creat, ~~Sugar~~, uric acid, Sr. Electrolytes, urea.

Oxytocin titration
Continuous pulse monitoring
Foleys catheterization
Reserve 1 OPRBC at tarnaka blood bank. (Hold).

Inform SOS.

Noted By manga 30/6/26 @7PM

Investigations: BG - 'B' POSITIVE

9/4/26
VDRL, HBsAg, HCV, HIV } NR
NT Scan

TIFFA = Scan
15/4/26
19+5 weeks
No anomalies
CL - 3.5 cm.

30/6/26
27 + 6 weeks
Breech.
Cardiac activity absent.
Scalp edema, Abdominal wall Edema, mild ascitis, Pericardial effusion noted -
pl- posterior

Doctor Name: Dr Nausheen.
Signature: NS
Date & Time: 30/6/26

Consultant Name: DR. K. SIRISHA REDDY
Signature:
Date & Time: 30/6/26.

VIH-00206426 IP-00060527
Mrs RAMAVATH SARITHA
15-10-2004 21 Y 8 M 16 D (F)
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S NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/6/26 6:00pm	Patient Mrs Savitha, of Age 22 yrs, G2P1L1 with 27+6 weeks with previous LSCS came with complaints of pain abdomen and ↓ fetal movements ∴ 8Am on 30/6/26.	
	O/E Pt c/c/c Gc fair Afeb BP- 112/70mmHg PR- 85bpm P/A ut ~ 26-27 weeks 2c/20sec/10min.	
	FHR was not toacable, Patient was sent for growth scan. → 30/6/26 viability Scan.	
	Breech. Cardiac activity absent. Scalp Edema, Abd wall Edema, mild ascites, pericardial effusion & pleural Effusion noted. Pl-post.	
	Patient and attenders were explained the regarding IUFD and in preterm labour. Informed consents for normal vaginal delivery taken.	Dr Nausheen

VIH-00206426 IP-00060527
Mrs RAMAVATH SARITHA
15-10-2004 21 Y 8 M 16 D (F)
Dr. KOPPULA SIRISHA REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/6/26 7:40pm	Delivery Notes	Dr K. Sirisha Reddy, Dr Ashwini, Dr Nausheen, Sis Manga.
	* Under Strict aseptic conditions, perineum painted and draped. -A dead Male fetus was delivered in breech at 7:28pm of weight 1.012kgs and placenta delivered with membranes in toto at 7:33pm of weight 0.46kgs. Uterus well retracted, No active bleeding T. Misoprostol 400mcg kept, PR done.	
Remove foleys Trace Reports	Pt is c/c/c Pfc Fair Afeb BP-111/70mmHg PR-86bpm P/A ut nt NW/R L/E NAB.	Adv - Soft diet - I/O PV bleeding - Monitor Vitals - Follow dry chart. - Inform SOS
Noted by Manga 30/6/26 @7:40PM		Dr Nausheen
30/6/26 7:45pm.	c/z to Dr Sirisha Reddy Mam	
	Patient and attenders were given the option of fetal autopsy and karyotyping with Microarray. Patient and attenders denied it.	Dr Nausheen
Noted by Manga 30/6/26 @7:45PM		

VIH-00206426 IP-00060527
Mrs RAMAVATH SARITHA
15-10-2004 21 Y 8 M 15 D (F)
Dr. KOPPULA SIRISHA REDDY

(2)

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NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/6/26 10:15pm.	C/I to Dr Sirisha Reddy mam.	
	CBP- 11.7 / 11130 / 3.24	
	PT / APTT / INR → 14.8 / 27.4 / 1.05	
	uric acid → 4.7	
	LFT → ALP → 392 U/L (N).	
	Na / K / Cl → 143 / 4.3 / 107	
	Sr. Creat → 0.3 mg/dl.	
	Urea - 10.6 mg/dl.	
	Noted by Karuna 30/6/26 @10:15pm	
30/6/26 10:30pm	PND - 0	
	O/E pt is c/c/c	Adv
	Eyes pallor	- Soft diet
	Afeb.	- H/O bleeding PV
	BP- 118/78 mmHg	- Monitor Vitals
	PR- 90 bpm	- Follow duty chart
UP	S/E NAD	- Inform SOS.
	P/A soft ND/R	
	Soft	
	C/E NAB	
	Noted by Karuna 30/6/26 @10:30pm	Dr Nausheen.

VIH-00206426 IP-00060527
Mrs RAMAVATH SARITHA
15-10-2004 21 Y 8 M 16 D (F)
Dr. KOPPULA SIRISHA REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/7/26 2:30am	Postpell.	
	O/E pt clelc	Adv
	afair	- (N) diet
	afebrile	- w/f bleeding
	BP - 107/76mmHg	PV
	PR - 73bpm	- adq. hydration
	S/E NAD	- ambulation
	P/A Ut rup	- Monitoring
	BS(+)	- follow drug chart
	AUNAB	- inform sos
Noted by [illegible] 1/7/26 2:30AM		Dr. [illegible]
1/7/26 5:00AM	CUE → pus cells 3-5	
	Epi cells 2-3	
	RBC Nil	
Noted by [illegible] @5AM 1/7/26	Dr. [illegible]	
1/7/26 8:30am	PND-01	
	O/E pt is clelc	Adv
	GC Fair	(N) Diet
	Afeb	- w/f bleeding PV
OP	BP - 110/73mmHg	- adq. hydration
	PR - 80bpm	- ambulation
	S/E NAD	- monitoring
	P/A ut NN/K	- follow drug
Noted by	BS(+)	chart
[illegible] @8:30AM 1/7/26	L/E NAB	- inform sos
		to Dr. Ashwini

VIH-00206426 IP-00060527
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(3)

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/7/26 8am	o/e pt c/c/c	Adv
	afebrile	(N) diet
		- w/f bleeding PV
UP MNP	BP - 110/76 mmhg	- monitor vitals
	PR - 82 bpm	- follow drug chart
pt can be discharged.	S/E NAD	- hydration
	P/A soft	- ambulation
	BS (+)	- informed
	PV - NAB.	
	Noted by [signature] 1/7/26 at: 8:00Am	A/Dr Ashwini

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Pati

VIH-00206426 IP-00060527
Mrs RAMAVATH SARITHA
15-10-2004 21 Y 8 M 15 D (F)
Dr. KOPPULA SIRISHA REDDY

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SHIFT HAND OVER FORM

SITUATION

Diagnosis: G2P1L1 C 27 6wks C PSV. LSCS C Intra uterine fetal death in preterm labour labour for delivery / Em. LSCS.

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

Surgery / Procedure:

Post OP Day:

	Date / Shift	30/6/26 E	1/7/26 N	1/7/26 M			
BACKGROUND	Medical Condition (Any special condition to be noted):	-	-	-			
	Diet:	Ⓢ diet	Ⓢ diet	Ⓢ diet			
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA			
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.1F	98.0°F	98.6F			
	Res:	18b/mt	17b/mt	18b/mt			
	SpO_2:	99%	100%	99%			
	Pulse:	86b/mt	88b/mt	80b/mt			
	BP:	110/70mmHg	110/70mmHg	100/60mmHg			
	LOC:	Conscious	Conscious	Conscious			
	Fall Risk Score:	0	0	0			
	Pain Score:	0	0	0			
	Skin Integrity	Intact	Intact	Intact			
Recommendations	Safety Needs:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:	-	-	-			
	Others Specify:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:	Ⓢ diet	Ⓢ diet	Ⓢ diet			
	Critical Lab Test / Values:	-	-	-			
	Other Special Orders / Medications:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):	Dependent	Dependent	DEPENDENT			
Post Operative Procedure Special Orders:				-			
Handed Over By Name :		Manga	Kamal	Tejas			
Signature / ID :		[illegible]	020573	[illegible] 010928			
Date:		30/6/26	1/7/26	1/7/26 @ 9:5[illegible]AM			
Time:		@8PM	@8AM	@ 9:50AM			
Taken Over By Name :		Kamal	Tejas				
Signature / ID :		020573	[illegible] 010928				
Date:		30/6/26	1/7/26				
Time:		@ 8PM	@ 8:50AM				

Patient Sticker

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:					Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:		
	Surgery / Procedure:					Post OP Day:		
BACKGROUND	Date / Shift							
	Medical Condition (Any special condition to be noted):							
	Diet:							
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	Ventilation (RA, NP, NIV, VENTI):							
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	Vital Signs: Temp:							
	Res:							
	SpO_2:							
	Pulse:							
	BP:							
	LOC:							
	Fall Risk Score:							
	Pain Score:							
	Skin Integrity							
Recommendations	Safety Needs:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	Physiotherapy:							
	Others Specify:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	Special Diet:							
	Critical Lab Test / Values:							
	Other Special Orders / Medications:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	PU Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	DVT Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	ADL (Dependent / Non Dependent):							
Post Operative Procedure Special Orders:								
Handed Over By Name :								
Signature / ID :								
Date:								
Time:								
Taken Over By Name :								
Signature / ID :								
Date:								
Time:								

VIH-00206426 IP-00060527
Mrs RAMAVATH SARITHA
15-10-2004 21 Y 8 M 15 D (F)
Dr. KOPPULA SIRISHA REDDY

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: 30/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon	7 Pm	Ensure Safety		To provied side rails.	To prevent fall	Patient is safe	Mamd 30/6/26 @8PM
Night	9 Pm 6 Am	Ensure safety maintain fluid Balance	9 Pm 6 Am	To provied side rails. maintaindoral fluids	To prevent fall To prevent de hydration.	Patient is safe Patient is Good	Mamd 1/7/26 @8AM

MRS SAPNA / THA

Patient Sticker

NURSING CARE RECORD

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

Date: 1/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8:00Am	ENSURE Safety	8:10Am	Provide side rials	patient Safety	Comfortable Position	Jasu 1/7/26 at 9:30 Am
	9:30Am	Maintain Airway and oxygentation	9:40Am	Maintain Airway and RA	patient vitals normal	Patient comfortable	
Afternoon							
Night							

Rainbow Children's Hospital - Secunderabad
H.No.3-7-222/223,Sy.No.51 to 54,Opp.Karkhana P S,Karkhana Main Road,Kakaguda, Karkhana ,Hyderabad ,Telangana, INDIA ,500009.
TEL NO :040-42462200, Ext 2000,2001,2002
WEB : https://rainbowhospitals.in

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Mrs RAMAVATH SARITHA**	**Age :**	**21 Y 8 M 15 D**
IP No:	**IP-00060527**	**Sex:**	**Female**
Consultant:	**Dr. KOPPULA SIRISHA REDDY**	**Ward/Bed No:**	**N 2F-LABOUR WARD/LW 221**

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

Patient, be deemed advisable or necessary.

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

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

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

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

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

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

Signature of Patient/Relative: J. Suresh

Name: Suresh
Relationship: Husband.
Date: 30/06/26 Time: 05.57 P.M
Wittness Name:
Wittness Signature:

Patient Address:
06 RAMAVATH THANDA ,
GOTTIMUKKALA ,DEVARAKONDA MANDALAM Devar Konda Nalgonda
Telangana INDIA 508248

INFORMED CONSENT FOR VAGINAL BIRTH

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Your Right to a Safe Delivery

Patient Name : MRS. RAMAVATH SARITHA UHID No : VIH-00206426

Gender: ☐ Male ☑ Female Date : 30/6/26 Time : 6:30 PM.

I hereby authorized the performance of the following procedure:

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

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

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

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

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

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

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

Name of the Doctor performing the procedure: DR. K. SIRISHA REDDY

Consentee : J. Saritha.

Signature : .....

Name : J. Saritha

Date & Time : 30/6/26 ; 6:30pm.

Patient Attendant :

Signature : .....

Name : J. Suresh

Relationship with Patient: Husband

Date & Time : 30/6/2026 ; 6:30 PM

Witness :

Signature : .....

Name : .....

Date & Time : .....

Doctor (who is taking the consent) :

Signature : .....

Name : DR NAUSHEEN

Date & Time : 30/6/26 ; 6:30PM

సహజ ప్రసవం కొరకు సమ్మతి పత్రము

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రోగి పేరు : ..... వయస్సు ..... లింగం పు స్త్రీ

యు.హెచ్.ఐ.డి. .....విభాగము .....

తేదీ .....

ఈ ప్రక్రియ యొక్క వివరములను నేను ఆమోదించాను:

- ఈ ప్రక్రియ నాకు సాధారణ పద్ధతిలో వివరించబడింది మరియు నేను అర్థం చేసుకున్నాను:
- గర్భం దాల్చిన వారికీ సహజ ప్రసవ ప్రక్రియ అవసరమవుతుంది.
- ఈ ప్రక్రియ యొక్క ఉద్దేశ్యం (యోని) ద్వారా సహజ ప్రసవం చేయడం.
- ఈ ప్రక్రియ యొక్క ఉద్దేశ్యం బిడ్డను సహజమయిన పద్ధతిలో ప్రసవించటం

సహజ ప్రసవం (యోని జననం) యొక్క ప్రక్రియ సహజంగా లేదా శక్తిని ఉపయోగించి గర్భాశయం ద్వారా శిశువును ప్రసవించడం. వాక్యూమ్ ద్వారా శిశువును వెలికితీయడం, ఎపిసియోటమీ (యోని మరియు యోని మధ్య ఖాళీలో యోని మార్గమును సుగమం చేయుట కొరకు చేసిన కోత (కట్). సహజ ప్రసవం కొరకు చేయు ప్రక్రియలలో భాగము.

సహజ ప్రసవం విజయవంతం కాకపోతే, తగిన అనస్థీషియా ఇచ్చి పాత్తికడుపు కోతతో సిజేరియన్ ద్వారా డెలివరీ చేయవలసిన అవసరం కలగవచ్చు

సహజంగా లేదా పరికరం సహాయంతో అంటే ఫోర్సెప్స్ లేదా వాక్యూమ్ సహాయంతో బిడ్డను ప్రసవించే ప్రయత్నంలో, ప్రమాదాలు ఉండవచ్చు: అంటువ్యాదులు, అలెర్జీ, మచ్చలు, రక్త నష్టం, రక్త మార్పిడి అవసరం పడటం, నొప్పి మరియు అసౌకర్యం, మూత్ర నాళానికి గాయం, శిశువుకు గాయం అయ్యే అవకాశం (లేసరేషన్, హెమటోమా, పుర్రె గాయం ఆయె అవకాశం, నరాలకు గాయం మరియు మెదడు గాయం) మరియు భవిష్యత్తులో కటి ప్రదేశంలోని ఎముకల వలయం పనిచేయకపోవడం

నాకు మరియు నా బిడ్డకు మరణం లేదా తీవ్రమైన వైకల్యం వంటి సమస్యలు తలెత్తు అవకాశం, ప్రయోజనాలు మరియు ప్రత్యామ్నాయాలు ఉన్నాయని నేను అర్థం చేసుకుని అంగీకరిస్తున్నాను.

చాలా సందర్భాలలో, యోని ద్వారా ప్రసవించడం వల్ల తల్లి మరియు బిడ్డ ఆరోగ్యంగా ఉంటారని నాకు తెలుసు; అయితే, ఎటువంటి హామీలు ఇవ్వలేరని నేను గ్రహించాను

ఇక్కడ వివరించిన లేదా సూచించిన విధానాలకు నేను స్వచ్ఛందంగా సమ్మతిస్తున్నాను. ఈ ప్రక్రియ అర్హతగల గైనకాలజిస్ట్ చేత నిర్వహించబడతాయని నేను తెలుసుకున్నాను

ఈ ప్రక్రియను నిర్వహించే డాక్టరు పేరు: .....

సహాయకుడు(అటెండెంట్)

సంతకము .....

పేరు .....

సాక్షి

సంతకము .....

పేరు .....

తేదీ మరియు సమయము .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....

VIH-00206426 IP-00060527
Mrs RAMAVATH SARITHA
15-10-2004 21 Y 8 M 15 D (F)
Dr. KOPPULA SIRISHA REDDY

(2)

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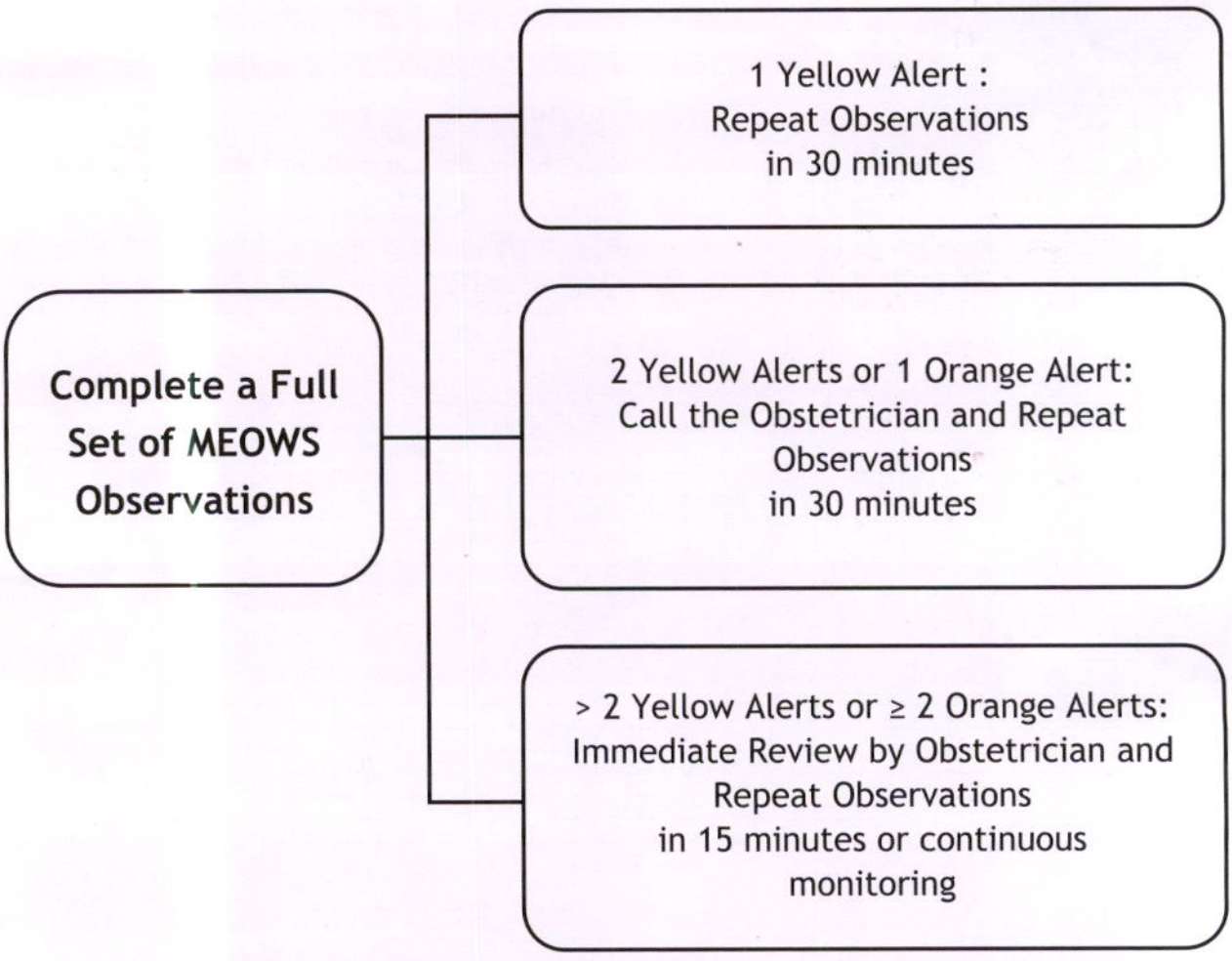
Observation Score Chart - Obstetrics

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

1/7/26	Date																								
	Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20	19																							
	0 - 10																								
Saturations	94 - 100 %	99																							
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37	37.8																							
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90	93																							
	80																								
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100	100																							
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
	60	69																							
	50																								
	40																								
NEURO RESPONSE [✓]	Alert	✓																							
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30	✓																							
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal	NA																							
	Heavy / Foul																								
Liquor	Clear / Pink	NA																							
	Green																								
TOTAL YELLOW SCORES		0																							
TOTAL ORANGE SCORES		0																							
Nurse Initial		NR																							

Obstetrics and Gynaecology Early Warning Signs



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

VIH-00206426 IP-00060527
Mrs RAMAVATH SARITHA
15-10-2004 21 Y 8 M 15 D (F)
Dr. KOPPULA SIRISHA REDDY

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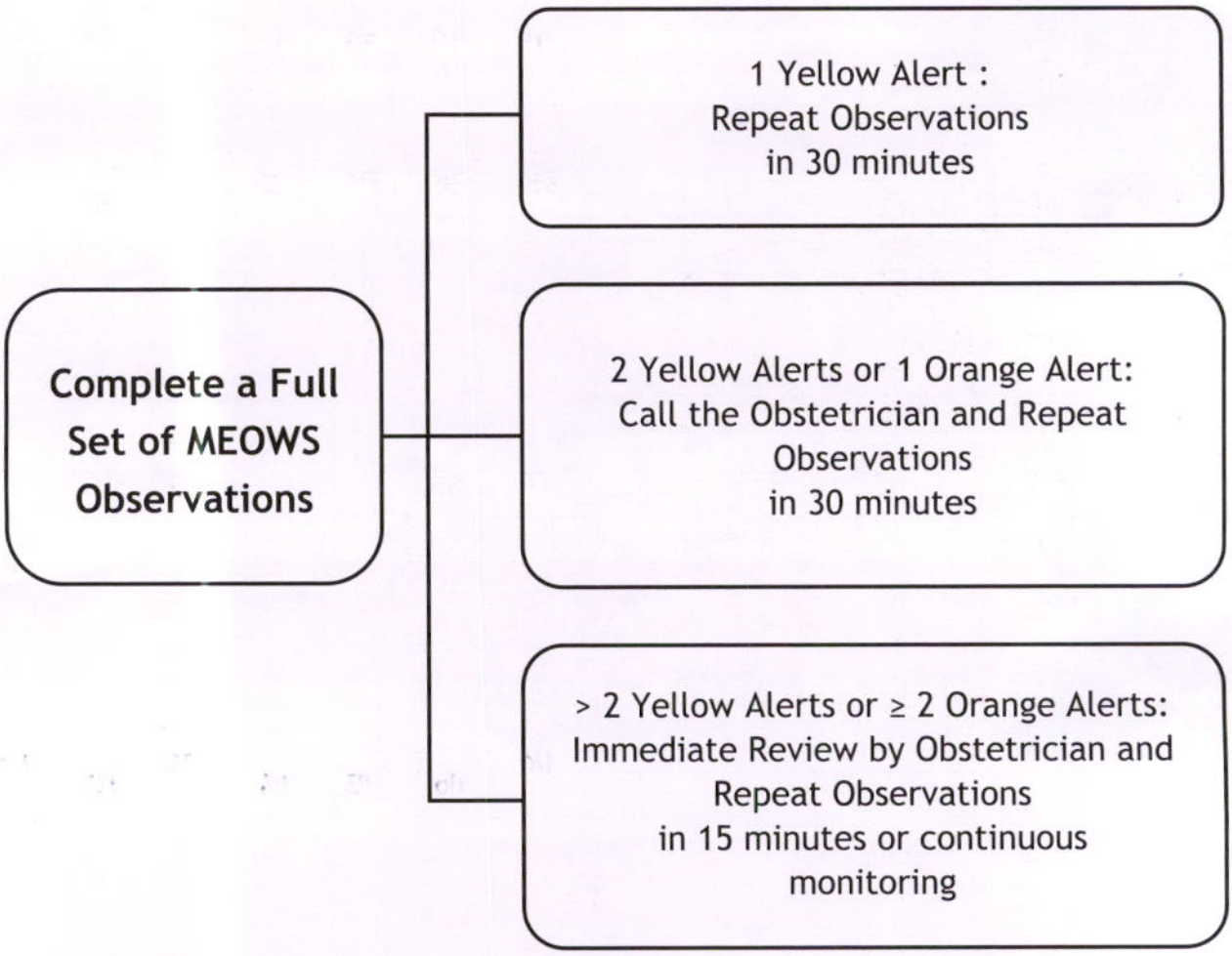
Early Warning Observation Score Chart - Obstetrics

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

30/6/26	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											19		19		19		19		19		19		18	
	0 - 10																							
Saturations	94 - 100 %											99		99		99		99		99		99		93	
	< 94 %																							
Administered O_2 (L/min.)																								
Temp°c	40																							
	39																							
	38																							
	37											37C		37C		37C		37C		37C				37C	
	36																					36C			
	35																								
	< 35																								
Heart Rate	170																							
	160																							
	150																							
	140																							
	130																							
	120																							
	110																							
	100																							
	90															90		92							
	80											80		88						87		86		88	
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120											120								122				120	
	110													110		113		116				113			
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70											70						78		70				73	
	60													62		63						60			
	50																								
	40																								
NEURO RESPONSE [✓]	Alert											✓		✓		✓		✓		✓		✓		✓	
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30											✓		✓		✓		✓		✓		✓		✓	
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal											NA		NA		NA		NA		NA		NA		NA	
	Heavy / Foul																								
Liquor	Clear / Pink											NA		NA		NA		NA		NA					
	Green																								
TOTAL YELLOW SCORES												0		0		0		0		0		0		0	
TOTAL ORANGE SCORES												0		0		0		0		0		0		0	
Nurse Initial																									

Obstetrics and Gynaecology Early Warning Signs



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

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Mrs RAMAVATH SARITHA
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FLUID CHART

Sheet No. : .....

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: 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											
30/6	06:00 pm	H2O + RL F/F								✓	0	Manoj 30/6/26 @8PM
	07:00 pm	H2O + RL 100ml Inj. Oxytocin									0	
Total Intake :		600ml				**Total Output :**				Passed		
	08:00 pm	H2O + 50ml								100ml	0	
	09:00 pm	H2O + 50ml								100ml	0	
30/6	10:00 pm	H2O + 100ml									0	Sarala 1/7/26 @8AM
	11:00 pm	H2O + 50ml								✓	0	
	12:00 am	H2O + 100ml									0	
1/7	01:00 am	H2O + 100ml								✓	0	
Total Intake :		450ml.				**Total Output :**				Passed		
	02:00 am	H2O + 50ml									0	
	03:00 am	H2O + 100ml								✓	0	Sarala 1/7/26 @8AM
1/7	04:00 am	H2O + 50ml									0	
	05:00 am	H2O + 50ml									0	
	06:00 am	H2O + 100ml								✓	0	
	07:00 am	H2O + 100ml									0	
Total Intake :		450 ml				**Total Output :**				Passed		

Total 24 hrs. Intake	1500ml	Total 24 hrs. Output	

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Mrs RAMAVATH SARITHA
15-10-2004 21 Y 8 M 15 D (F)
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FLUID CHART

Sheet No. : 2

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							
9/7/26	08:00 am	H2O	100ml	inj: metrogyl 100ml						✓	0	
	09:00 am	H2O	100ml								0	
	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

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NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Mrs Saritha. Age : 21yrs Father's Name : ..... Age : .....

Date of Birth : ..... Date of Admission : ..... I.P. No.: .....

NICU Consultant : Dr. Shiva Sir. Referring Consultant : .....

Transferring Unit : ☐ OT ☑ Labour Room ☐ ER ☐ Ward

Transported ? ☐ Yes ☑ No - If yes : ☐ Long (> 30 kms) ☐ Short (< 30 kms)

BIRTH INFORMATION

Name : B/O Saritha.

Gender : ☑ M ☐ F Blood Group : .....

Date of Birth : 30/6/26. Time of Birth : 7.28pm

Place of Birth : RIHVRP

Mother's Blood Group : 'B' Positive.

Birth Weight (gms) : ..... Length (cms) : .....

OFC (cms) : .....

Estimated Gesth Age : 27+6 weeks.

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : ..... Ht : ..... Wt : ..... BMI : ..... Married Life : 3yrs. LMP : 17/11/25 EDD : 23/9/26.

Conception : Spontaneous or with Rx. : Spontaneous.

Booked at what GA. : Unbooked AN Steroids Drugs / Doses : —

Last Scans Details : (30/6/26) → Breech, CARDIAC ACTIVITY ABSENT, SCALP EDEMA, ab dwall Edema, Ascites, Pericardial Effusion TT Immunization and Iron / Folic Acid : given

MATERNAL RISK FACTORS

Age : ☐ <18 yrs ☐ > 35yrs

Consanguinity : ☐ Yes ☑ No

If yes, degree of consanguinity : ☐ 1 ☐ 2 ☐ 3

H/o PIH (after 20 weeks) / PE

How many Drugs / Doses / Since how long : .....

.....

H/o value of recent BP recording, proteinuria, edema, oliguria, any investigations (LFT, platelet count) : .....

.....

IUGR - when detected : .....

Doppler (Increased Resistence / ADEF / REDF / Redistrbution in MCA) / Ductus Venosus : .....

AFI : .....

H/o GDM/ pre GDM/ on diet or insulin

Controlled or not, recent values, HbA1 values : .....

.....

Compliance with Rx : .....

Scans : LGA, TIFFA , Fetal Echo : .....

H/o Hypothyriodism : when diagnosed ? Medication?

.....

Any other Chronic Medical Problems, when detected drugs ? .....

(Anemia, SLE, Jaundice, CHD, Heart Disease)

Infection : H/O, Fever

(☐ Malaria ☐ UTI ☐ TORCH ☐ TB ☐ HIV ☐ HBV)

UTI : when : ..... Any culture : .....

PPROM : Duration : — ☐ Uterine Tenderness ☐ Foul Smelling Liquor ☐ HVS (if taken) - Results : —

Medication during Pregnancy : — Duration : —

PAST OBSTETRIC HISTORY

G : 1 P : 1 A : 0 L : Stillbirth ⊖ 1.

Sl. No.	Age	GA wks	B. W	Gender	Significant	Details
G1	Female / Misr / FT BLS / MSL / 2SG / APH					
G2	IUFD.					

PERINATAL HISTORY

Treating Obstetrician : Dr. Srilatha madam Hospital : KGH, VKP ☑ Inborn ☐ Outborn

Duration of Labour

First stage (> 18 hours sig) NVD.

Second stage (> 2 hours after dilation)

LSCS : ☐ Elective ☐ Emergency Indication : ....

Specify the reason : ....

Augmentation of Labour : ☐ Induced ☐ Assisted Vaginal

CTG : ☐ Normal ☐ Suspicious ☑ Pathological

MSL : ....

Resuscitaion : ☐ Yes ☐ No

Cord ABG : –

Placenta : (weight, surface, No. of cotyledons, calcifications, –

malformations, clots etc : ....

NEONATAL RESCUSTITION DETAILS

APGAR SCORE

Gestational Age : .... Weeks : ....

SIGN	0	1	2	1 Minute	5 Minutes	10 Minutes
COLOUR	Blue or Pale	Acrocyanotic	Completely Pink	0	0	0
HEART RATE	Absent	< 100 Minutes	> Minutes	0	0	0
REFLEX IRRITABILITY	No Response	Grimace	Cry or Active Withdrawal	0	0	0
MUSCLE TONE	Limp	Some Flexion	Active Motion	0	0	0
RESPIRATION	Absent	Weak Cry; Hypoventilation	Good, Crying	0	0	0
			TOTAL	0/10	0/10	0/10

Resuscitation			
Minutes	1	5	10
Oxygen			
PPV / NCPAP			
ETT			
Chest Compressions			
Epinephrine			

Comments : –

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints : –

HOPI :

Baby was delivered through ~~Emb~~ NVD on 30/6/26 at 7.28 pm

In view of Suspected Intra uterine fetal death ; and Pain in

Labour - delivered male Baby.

Baby was ayanosed, limp & No spontaneous respirations.

and No Heart rate

Baby was shifted to Resuscitation warmer & ECG leads

were connected.

Hr - 0/min

SPO2 Not detected

Intra uterine fetal demise was confirmed

Hence baby was declared dead.

Investigation details in previous Hospital :

—

Feeding History :

—

Past History :

Family History :

Socio Economic History :

GENERAL EXAMINATION ON ADMISSION

General Disposition :

VITALS : Temperature : ..... HR : ..... RR : ..... NIBP : ..... CFT : .....

Color of the extremities : .....

Jaundice : ..... Pallor : ..... SpO2 : .....

Anthropometry : Birth Weight : ..... Length : ..... HC : ..... Present Weight : .....

Ponderal Index : ..... AGA : ..... SGA : ..... LGA : .....

HEAD TO TOE EXAMINATION

HEAD :
Fontanelles :
Sutures
Shape / Moulding :
Edema / Bruising :
Size - (H.C.) :

Facies :
(Any Facial Dysmorphism)

NECK and CLAVICLES :
Range of Motion :
Asymmetry :
Masses :

EYES :
Symmetry :
Red Reflex :
Discharge :

EARS, NOSE MOUTH and THROAT :
Ear set / Shape :
Periauricular Pits / Tags :
Nasal shape / Patency :
Palate :
Gums :
Lips :
Tongue :

THORAX and BREASTS :
Shape of Thorax :
Position of Nipples and Number :

ABDOMEN and UMBILICUS :
Shape :
Organomegaly :
Bowel Sounds :
Umbilical Stump :
Discharge :

GENITILIA :
Labia / Hymen :
Testicles/penis :
Anus :

HERNIAL ORIFICES

TRUNK and SPINE :

SKIN LESIONS :

EXTREMETIES :
Fingers / Toes :
Arms / Legs :
Deformities :
Mobility :
Hip Joint Examination :

SYSTEMIC EXAMINATION

Respiratory System :

Breathing Pattern : ☐ Regular ☐ Periodic ☐ Shallow ☐ Gasping

Mention If baby has Respiratory distress : RR : ..... SCR / ICR / See - Saw breating : .....

Scoring of respiratory distress if present (Silverman or Downe's) : .....

Mention if baby is on : ☐ Hood box ☐ CPAP ☐ Ventilator

Settings : .....

Spo2 : ..... Auscultation : ..... Breath Sounds : ..... Added Sounds : .....

Cardiovascular System :

HR : ..... BP : .....

Precordial Activity : .....

Femoral Pulses : .....

Murmurs : .....

Other Peripheral Pulses : .....

Signs of Cardiac Failure : .....

Abdomen :

Hernia orifice : .....

Shape : .....

Anal Patency : .....

Palpation : .....

Umbilical Cord : .....

Palpable masses : .....

First urine passed : .....

Abdominal girth : .....

Meconium passed : .....

Nervous System : Higher intellectual functions (Sensorium) : .....

State of wakefulness : .....

Prechtle Score : .....

Nerves :

.....

.....

.....

.....

Motor System :

Passive Tone : .....

Active Tone : .....

Neonatal Reflexes : .....

Grasp : ☐ Palmar ☐ Plantar ☐ Sucking ☐ Rooting ☐ Crossed adductor : .....

Moro's : ..... DTR : .....

ATNR : ..... Skull and Spine : .....

Any Congenital Anomalies : .....

.....

.....

Diagnosis : .....

.....

.....

FOOT PRINTS

Left Side :

Right Side :

Noted by
30/6/26
@ 8:55PM

Resident Doctor :

Signature : .....

Name : .....

Date & Time : .....

Consultant :

Signature : .....

Name : .....

Date & Time : .....

PLEASE FILL UP THE FOLLOWING DETAILS

1. Name of the referring Doctor : .....
2. Name of te referring Hospital : .....
   Address : .....
   Contact Numbers : .....
3. Contact Details of the referring Doctor : .....
   Mobile No. : ..... E-mail ID : .....
4. Name of the Doctor in Rainbow Team : .....
   ..... on whose name the patient is being referred.

AT THE TIME OF TRANSFER TO THE WARD

Final Diagnosis : .....

.....

.....

Present Issues : .....

.....

.....

Vital : ☐ HR : ..... ☐ RR : ..... ☐ BP : ..... ☐ SPO2 : ..... Weight : .....

Any Oxygen requirement : .....

Systemic : .....

.....

Medications : .....

.....

.....

.....

.....

.....

Plan during ward follow up :

.....

.....

.....

.....

.....

.....

Feeding Plan at the time of shifting : .....

.....

.....

Screenings done during NICU Stay :

NSG : .....

Hearing Screen : .....

ROP : .....

TFT : .....

NP2 : .....

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RESULT SHEET

Date	30/6/26					
Time	19:03					
Hb	11.7					
PCV	33.7					
RBC	4.90					
WBC	11.13					
N/L						
Platelets	324					
CRP						
ESR						
PCT						
RBS						
Na	143					
K	4.3					
Cl	107					
Ca/Mg						
Phosphate						
Urea	10.6					
Creatinine	0.3					
ALP	392					
SGPT	16					
SGOT	25					
T.Bill/Conj	0.6 / 0.1 / 0.5					
T.Protein	8.1					
S.Albumin	4.0					
S.Globulin	4.1					
A/G Ratio	0.9					
Uric Acid	4.7					
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR	14.8/1.05					
APTT	27.4					
CSF Protein / Sugar						
Cells						
N/L						

Date	30/6/26					
Time	22:55					
CUE - Alb	Nil					
CUE - Sugar	Nil					
CUE - Ketones	negative					
CUE - PUS Cells	3-5					
CUE - RBC Cells	Nil					
CUE Epithelial cells	2-3					
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
Blood group	'B' Positive					
HIV	Non Reactive					
HBsAg						
VDRL						
HCV						

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

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(1)

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DRUG CHART

Date of Admission: 30/6/26 Drug Allergies: NiL ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

DRUG : T. PARACETAMOL				Date / Time
Dose: 1GM	Route: PO	Frequency: SOS AS REQUIRED	Start Date: 30/6/26	
Doctor's Signature: DR NAVSHEEN		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 .....

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I.V. FLUIDS CHART

Weight. ..... Ward. 4(W).....

		mposition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
30/6/26	6:55 pm	INJ OXYTOCIN 5UNITS IN RINGER LACTATE	IV	5ML HR			30/6		
30/6/26	7:00 pm	INJ OXYTOCIN 15 UNITS IN RINGER LACTATE	IV	FF			30/6		

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

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Weight. ..... Ward. L/W

DRUG :	Date➤ Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
		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.	

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
30/6/26	7:30 PM	INJ DROTAVARINE	40MG	IV		
30/6/26	7:30 PM	INJ OXYTOCIN	10UNITS	IM		
30/6/26	7:30 PM	T. MISOPROSTOL	400MCG	PR		PT 30/6/26 9pm

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REGULAR PRESCRIPTIONS

Weight. ..... Ward. ..... 2/Med .....

DRUG : INJ CEFOTAXIME

Dose	Route	Frequency	Start Date
1GM	IV	12th HOURLY	30/6/26

Name & Signature of the Doctor Starting the Drugs:
DR NAUSHEEN

Additional Instructions:
AFTER TEST DOSE

Daily Doctor's Endorsement by a Sign

Date	Time																	
30/6	1/6																	
9																		
AM																		
9																		
PM																		

4 glucose 30/6/26 @ 11pm

DRUG : INJ METRONIDAZOLE

Dose	Route	Frequency	Start Date
500MG	IV	~~500MG~~	30/6/26

Name & Signature of the Doctor Starting the Drugs:
DR NAUSHEEN

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date	Time																	
30/6																		

DRUG : T. PANTOPRAZOLE

Dose	Route	Frequency	Start Date
40MG	PO	ONCE DAILY	30/6/26

Name & Signature of the Doctor Starting the Drugs:
DR NAUSHEEN.

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date	Time																	
30/6	1/7/26																	
6																		
Am																		

30/6/26 @ 11pm

DRUG : INJ METRONIDAZOLE

Dose	Route	Frequency	Start Date
500MG	IV	8TH HOURLY	1/7/26

Name & Signature of the Doctor Starting the Drugs:
At Dr. ASHWINI

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date	Time																	
30/6	1/6																	
6																		
Am																		
2																		
Pm																		
10																		
Pm																		

1/7/26 @ 1am

Ref. No. : F/OT/05

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SURGERY DETAILS

Sl.No. Date :.....

Patient Name :Mrs. Sarithe Age :.....Sex:.....

UHID No. :206426 IP No: .....

Date of Surgery :30/6/26 BB-I OT : ☐ OT 1 ☐ OT 2 ☐ OT 3

Name of the Surgery :Normal delivery (IUD)

Time in :7pm Time Out :8pm

	NAME	AMOUNT
1. Surgeon	:Dr. Sirisha reddy	.....
2. Anaesthetist	:.....	.....
3. Asst. Surgeon	:.....	.....
4. OT Technician	:.....	.....
5. Circulating Nurse	:Manja	.....
6. Asst. Nurse	:.....	.....

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

Dr. Ashini
Signature of the Surgeon

Manja
Signature of Circulating Nurse

Order No. :3096169 Ordered by : .....