Ref. No. : F/OT/05

SURGERY DETAILS

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Sl.No. Date : 06/7/2026

Patient Name VIH-00202635 IP-00060578 Mrs NITTALA VENKATA RAJASRI 26-08-2000 25 Y 10 M 10 D (F) Dr. BHAVANA K ..... Age :.....Sex:.....

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

Date of Surgery :06/7/2026.....OT : ☐ OT 1 ☐ OT 2 ☐ OT 3

Name of the Surgery :Normal delivery & epidural.

Time in :2pm..... Time Out :3pm.....

	NAME	AMOUNT
1. Surgeon	:Dr. Bhavana K	.....
2. Anaesthetist	:Dr. Madhav	.....
3. Asst. Surgeon	:.....	.....
4. OT Technician	:.....	.....
5. Circulating Nurse	:.....	.....
6. Asst. Nurse	:.....	.....

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

Signature of the Surgeon

Signature of Circulating Nurse

Order No. :3098097..... Ordered by : .....

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ACTIVITY RECORD FOR BILLING

VIH-00202635 IP-0006057
Mrs NITTALA VENKATA RAJASRI
28-08-2000 25 Y 10 M 9 D (F)
Dr. BHAVANA K

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

UHID No : ---- ------ Consultant : ---------- Dept : labour ward

Date of Admission : ---- 5/7/26 Time : 4:16:52PM Date of Discharge : ---------- Time: ----------

Room / Bed No : (1) ---------- Ward : LW ---------- Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
6/7/26	6:30Pm	LW	Room (203)	

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
5/7/26	NST at: 7:00PM (1)	R26-010763	
5/7/26	LBP	V126022508	
5/7/26	NST at: 11:00PM (2)	R26-010766	
6/7/26	NST at: 3:00AM (3)	R26-010773	
6/7/26	NST at: 7:00AM (4)	R26-010774	
6/7/26	NST at:- 11 AM -(5)	R26-010817	
6/7/26	NST at:-1:50Pm-6	R26-010818	
	cross checked & Verified by Dr at 6pm		

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
6/7/26	Infusion pump	10:am	4pm		
6/7/26	Cardiac monitor	10:am	4pm		
6/7/26	epidural pump	10am	2pm	3098107	
	Cross checked by Dr. 6/7/2026 6PM				

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
6/7/26	Iv placement	1	3097~~88~~	
6/7/26	catheterization	1	3097915	
6/7/26	IV placement	1	3098~~08~~2	
6/7/26	PAC	1	3097914	
	cross Medsurg 6/7/2026 6 Pm			

ANY OTHER INFORMATION

Date : 7.07.2026 Time : 8Am Prepared By : MC-Ray

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Padma	07.07.2026 8A		

PATIENT COPY

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Name	Mrs NITTALA VENKATA RAJASRI SUPRIYA	**UHID**	VIH-00202635
Father/Guardian	Mr ABHINAY SONTI	**Age/Gender**	25 Y 10 M 10 D/Female
Address	lakshmi nagar extension,dammaiguda, Nagaram, Hyderabad, Telangana, INDIA, 500083		
IP No	IP-00060578	**Admission Date**	05-07-2026
Ref Doctor	Self	**Discharge Date**	07-07-2026

DISCHARGE SUMMARY

Consultant: Dr. BHAVANA K, CONSULTANT GYNECOLOGIST & OBSTETRICIAN

Diagnosis: Primigravida 37+1 weeks with High BMI with Hypothyroidism with Severe Oligohydramnios with Small for Gestational age baby for Induction of labour

NORMAL VAGINAL DELIVERY WAS DONE UNDER EPIDURAL ON 6.07.2026

History:
LMP: 14/10/2025
Obstetric formula: Primigravida
EDD: 25/7/2026
Gestation at admission: 37+1weeks

Obstetric History:
G1 - Present pregnancy, Spontaneous conception.

Medical History: Nil
Family History: Nil
Surgical History: Nil
Allergies: Nimesulide allergy

Name	Mrs NITTALA VENKATA RAJASRI SUPRIYA	**UHID**	VIH-00202635

Antenatal Details: Mrs. NITTALA VENKATA RAJASRI SUPRIYA was booked to Rainbow Hospital at 19+2 weeks of gestation. She had regular antenatal checkups and investigations as advised. She was diagnosed with hypothyroidism since conception and is on Tab Thyroxine 25mcg OD. She was admitted at 37+1 weeks with High BMI with Hypothyroidism with Severe Oligohydramnios with Small for Gestational age baby for Induction of labour.

Investigations: Enclosed.

Blood group: 'B' POSITIVE

Management: <u>Course in hospital and Delivery Details:</u>
At admission on clinical examination the vitals were stable, uterus was relaxed, cervix was long and 1 finger dilated. Fetal well being was confirmed by an admission CTG which was found to be reactive. Informed consent taken for Induction of labour. Labour induced with 2 doses of PGE1. Artificial rupture of membranes done at 4 cms dilatation revealing clear liqour. As per hospital protocol she was started on IV. Taxim in view of ruptured membranes. Partographic monitoring of labour was done. Patient opted for epidural analgesia at 4cm dilatation for pain relief. The same was sited by an anesthetist after informed consent. Further augmentation was done by oxytocin infusion. She progressed to full dilatation at 2pm. Passive descent of fetal head was allowed post full dilatation. She was put into position for vaginal birth at 2pm. Parts painted with betadine solution and draped to ensure full asepsis. She was encouraged to bear down. At crowning of head episiotomy was given under local anesthesia (10 ml of 2 % xylocaine solution). Baby was delivered by normal vaginal delivery with one loop of cord around neck, Cord clamped and cut and baby handed over to pediatrician. Cord blood collected for blood grouping and Rh typing. Placenta and membranes delivered completely with controlled cord traction. Prophylactic syntocinon given. Episiotomy inspected. No extensions or additional vaginal tears found.

Episiotomy sutured in layers. Instrument and swab count checked. 600 mcg of misoprostol given per rectally as prophylaxis against post partum hemorrhage. Vagina cleaned with betadine solution.

Delivery Details:

Date: 6.7.2026
Time of Delivery: 2:18pm
Type of Labour: Induced
Type of Delivery: Normal vaginal delivery
Analgesia: Epidural

Baby Details:

Date: 6.7.2026
Time: 2:18pm
Sex: Male
Weight: 2.665kgs
Apgar: 8/10,9/10
Gestational Age: 37+2 weeks
NICU Admission: No.

Post-Operative Notes:

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

Name	Mrs NITTALA VENKATA RAJASRI SUPRIYA	**UHID**	VIH-00202635

Advice:

1. Tab. Taxim-O 200mg (Cefixime-200mg) twice daily till 12.7.2026 (9am-9pm) after food.
2. Tab. Calpol 500mg (2tabs) (Paracetamol 500mg) thrice daily till 12.7.2026 (9am-2pm-9pm) after food.
3. Tab. Voveran 50 mg (Diclofenac 50mg) thrice daily till 12.7.2026 (10am-4pm-10pm) after food.
4. Tab. Livogen (Elemental Iron - 50mg, folic acid 1.5mg) once daily (7am) for three months before breakfast.
5. Tab. Shelcal (Elemental Calcium 500mg, Vitamin D3 250 IU) once daily (2pm) till breastfeeding after food.
6. Tab. Pantoprazole 40 mg once daily till 12.7.2026 (7am) before food.
7. Continue Tab Thyroxine 25mcg once daily till further orders on empty stomach (6am)
8. Repeat TSH after 6 weeks and review with reports.
9. Betadine ointment and lotion for local application.
10. Syp. Duphalac 15 ml at bedtime for one week.
11. HPV vaccine after 6 weeks of delivery.

Review after 3 days on 12.7.2026 at postnatal clinic with prior appointment (This consultation will be charged).

To take appointment for OPD consultation at Rainbow Children's Hospital, just dial one number 1800-2122 (between 8 a.m. to 8 p.m.) (or) log on to www.rainbowhospitals.in

In case of emergency like bleeding, fever - kindly contact 040-42462200. Extension 2220 (Rainbow Hospital, Karkhana).

Name	Mrs NITTALA VENKATA RAJASRI SUPRIYA	**UHID**	RH-00202635

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

Name: S Abhinay Signature: S Abhinay

Relationship: Husband

This summary was explained by:

Summary prepared by: Dr.

Registrar/Resident/C.M.O

Dr. BHAVANA K
MBBS, DNB, FMAS, PGDMLE (NLSIU), MRCOG (UK),
CONSULTANT GYNECOLOGIST
& OBSTETRICIAN
54774

DEFICIENCY CHECK LIST OF MEDICAL CASE SHEET

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

BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

VIH-00202635 IP-00060578

Patient Name : Mrs NITTALA VENKATA RAJASRI 28-08-2000 25 Y 10 M 10 D (F)

Dr. BHAVANA K

IP.No:

Ward:

DOA:

Sl.No	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission Sheet	1	✓	✓	
2	Discharge Summary	2	✓	✓	
3	Nursing Initial assessment form	1	✓	✓	
4	Patient Trasfer Forms	1	✓	✓	
5	In-patient Medical Record	1	✓	✓	
6	Doctors Progress Sheets	6	✓	✓	
7	Nurses Progress notes	3	✓	✓	
8	Consultation Sheets				
9	General Consent for Treatment	1	✓	✓	
10	Conset for Surgery	1	✓	✓	
11	Consent for Blood Transfusion				
12	Consent forChemotherapy				
13	Consent for High Risk				
14	Consent for Restraint				
15	DAMA Consent				
16	Consent for Special Procedure	1	✓	✓	
17	Consent for Radiological Investigations				
18	Consent for HIV Test				
19	Anaesthesia consent form	2	✓	✓	
20	Anaesthesia notes(Pre Anaesthesia & Post)	2	✓	✓	
21	Pre Operative checklist	1	✓	✓	
22	Surgical safety Checklist	1	✓	✓	
23	Operation Theatre notes				
24	Nurses Clinical Presentation				
25	TPR & BP chart	3	✓	✓	
26	Intake and Output chart (fluid Chart)	3	✓	✓	
27	Drug Chart (Regular prescription)	3	✓	✓	
28	Daily Investigation sheet				
29	Investigation Values (Result Sheet)	1	✓	✓	
30	Nebulization Chart				
31	Diabetic chart				
32	Nutritional Review chart				
33	MLC form (in case of MLC)				
34	Patient Educatlon Form				
	Braden 'Q'	2	✓	✓	
	pain Assessment	2	✓	✓	
	Thrombophlebilitis	1	✓	✓	
	Morse fall.	2	✓	✓	
	-others	8+2	✓	✓	
	Total No. of Pages	52 pages			

Deepika 4/7/26 @12AM

Signature and Date :

ERROR LOG

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

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

Rainbow Children's Hospital

BirthRight Rainbow

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-00060578 **Admit Date** : 05-Jul-2026 **Admit Time** : 06:52 PM **UHID** : VIH-00202635

Patient Details :

Patient Name	: Mrs NITTALA VENKATA RAJASRI SUPRIYA	**Age**	: 25 Y 10 M 9 D
Guardian	: Mr ABHINAY SONTI	**DOB**	: 26-08-2000
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: lakshmi nagar extension,dammaiguda Nagaram Hyderabad Telangana INDIA 500083	**Phone No**	: 9959863224/ 9966664444
		E-mail	: na@gmail.com

Admission Details :

Bed Type : MICU **Bed No** : LW 219 **Ward Name** : N 2F-LABOUR WARD

Room No : LW 219 **Admission Type** : First Visit

Contact Details :

Name : Mr ABHINAY SONTI **Relationship** : W/O

Contact Address : lakshmi nagar extension,dammaiguda Nagaram Hyderabad Telangana INDIA 500083 **Phone No** : 9959863224

Signature

Doctor Details :

Doctor Name	: Dr. BHAVANA K	**Specialisation**	: OBSTETRICS AND GYNECOLOGY
Referral Doctor	: Self	**Phone No**	:
Co-Consultant	:		

Payment Details :

Payment Mode	: Cash	**Deposit Amount**	: 0.00
		Payor Name	: SELFPAY

VIH-00202635 IP-00060578
Mrs NITTALA VENKATA RAJASRI
26-08-2000 25 Y 10 M 9 D (F)
Dr. BHAVANA K

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OBSTETRICS / GYNECOLOGY
NURSING INITIAL ASSESSMENT FORM

Date of Admission: 5/2/26

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. manika

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	Nil	Nil

Gynecology Assessment: ☐ Not Applicable

Menstrual History:

Onset of Menarche:

Menstrual Cycle: ☐ Regular ☐ Irregular

Last Menstrual Period: 14/10/25

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 1 P — L — A —

Previous LSCS: Nil

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: 98.6F HR: 93bpm RR: 19bpm

BP: 117/70 Weight: 89.3kgs Height: 162cm BMI: 34.1 kg/m²

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

VIH-00202635 IP-00060578
Mrs NITTALA VENKATA RAJASRI
26-08-2000 25 Y 10 M 9 D (F)
Dr. BHAVANA K

PHYSICAL ASSESSMENT

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

Fall Assessment: ☐ Yes ☑ No Score ..15.. (complete the Morse Fall Risk Assessment Sheet)

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

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

☐ Mobility problem ☐ Walking Problem ☑ No Abnormality Detected

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING: ☐ No Abnormality Detected

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

☐ Under Weight ☐ Diabetes Mellitus ☐ Hyperemesis Gravidarum

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

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

☐ Others .....

Inform consultant for positive criteria

SOCIAL SCREENING:

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

Social History: Lives With ..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 supriya..

Name of Person Orientation was given to: ..supriya..

Orientation not given Reason: .....

Nurse Signature: .....

Nurse Name: ..Pooja..

Date & Time: ..5/2/26 at 7pm..

PATIENT TRANSFER FORM

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VIH-00202635 IP-00060578
Mrs NITTALA VENKATA RAJASRI
26-08-2000 25 Y 10 M 9 D (F)
Dr. BHAVANA K

	Date & Time of Admission	Date & Time of Transfer Order
	5/7/26 @ 6:52 PM	6/7/26 @6:30PM
Treating Consultant Name	Transfer Ordered by	Reason for Transfer
	Dr. Yogeshwari	observation for [illegible]
From Unit	To Unit	Information to Attendant
MICU	Room (203)	Yes ☑ No ☐
Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant
38	6	Yes ☑ No ☐
		If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Tab:- Ceftriaxone	10
2.	Tab:- Pantoprazole	15
3.	Tab:- Paracetamol	13
4.	Tab:- Diclofenac	10
5.	Underpad-1 Sosel-1 Baccired-1	

Shifting Summary / Notes Written by Doctor : Yes ☑ No ☐ Betadine gargle -1 Betadine ointment 1

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Kamal	Dr. Yogeshwari

Patient & Clinical Records Received by : Padma

Epidural Catheter Removed YES / NO Dr Madhav

Date & Time of Patient Received : 6/7/26 @7 pm

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

Nimesulide allergy.

VIH-00202635 IP-00060578
Mrs NITTALA VENKATA RAJASRI
26-08-2000 25 Y 10 M 9 D (F)
Dr. BHAVANA K

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IP A... ...OR OBSTETRICS

Presenting Complaints

LMP: 14/10/2025 EDD:

Corrected EDD: 25/7/26 GA: 37+1 weeks.

Obstetric Formula: primigravida.
ML – 1½ yr. NCM.

Menstrual History: Regular: ☐ Yes ☑ No

Obstetric Hostory:
G1 – present pregnancy | sp. conception

Obstetric Examination

Fundal Height: ~ Term.

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

Present Pregnancy Record: Booked to RCH at 19+2 weeks, prev ANCs at Trinity hospital, Bangalore. Diagnosed c̄ hypothyroidism si[redacted] conception, on Tab' Thyroxine 25 mcg

Liquor: ☐ Adequate ☑ Oligo ☐ Poly

P.P.: ☑ Cephalic ☐ Breech Others ______

Head Fifths Palpable: ______

FHS: 146 bpm ☑ Normal ☐ Tachy ☐ Brady ☐ Absent

RISK FACTORS: H/o headache + epigastric pain at 31 weeks (No imminent signs) managed conservatively.

oligohydramnios.
High BMI
Hypothyroidism.

Per Speculum Examination Not done.

Draining: ☐ Present ☐ Absent ☐ Bleeding

Colour of Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Vaginal Examination

Cervix: ☑ Long ☐ Partially effaced ☐ Effaced

Os: Closed ______ Dilated 1F

Membranes: ☑ Present ☐ Absent

Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Presenting Part: ☑ Vertex ☐ Breech ☐ Others

Sutton: ☑ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2

Pelvis: ☑ Adequate ☐ Doubtful

Height: 162 cm

Weight: 89.45 kg

Allergies: Nimesulide

Breast: ☑ Normal ☐ Abnormal

General Examination: pt is c/c/c

Consciousness: ⊕ Pallor:

Icterus: ⊖ Edema: ⊕

Temp: Afebrile. PR: 87 bpm.

BP: 117/74 mmHg DTR: ⊕

CVS: S1S2 ⊕ RS BAE ⊕

Liver/Spleen: NAD Urine Output: Adeq.

DIAGNOSIS

Primigravida with 37+1 weeks with high BMI with hypothyroidism (25) with severe oligohydramnios (7.7) with small for gestational age baby

for induction of labour

VIH-00202635 IP-00060578
Mrs NITTALA VENKATA RAJASRI
26-08-2000 25 Y 10 M 9 D (F)
Dr. BHAVANA K

Family History:

Nil

Surgical History:

Nil

Medical History:

Nil

Medication History:

Tab. Thyroxine 25 mcg OD.
Azg-g sachets. TID.

Plan of Care:

c/I to Dr. Bhavana mam

- Admission
- consent
- (N) diet
- part preparation
- FHR monitoring
- monitor vitals
- NST 4th hourly
- Follow drug chart.
- Inform SOS.
- Tab. misc 25 mcg PV 6th hourly.
- Send CBP.

Noted by pooja 5/7/26 @ 7pm

Investigations:

BG: 'B' POSITIVE

HIV, HBSAg, HCV, VDRL } NR

27/6 - Urine Albumin - negative.

5/7/26 -
CBP - 12.5 | 10290 | 2.18 L

- AFI Doppler

4/7/2026
SLIUF
37 wks
Cephalic
PL - Aut, high
AFI - 7.7 cms
Dopplers (N)

- Growth scan -

27/6/2026
SLIUF
36 wks.
Cephalic
PL - Aut. high.
AFI - 8.8 cm.
AC - 4%.
EFW - 2484 gm.
Dopplers (N).

- TIFFA scan -

13/3/2026.
SLIUF
20+2 wks.
PL - Aut. left lateral, lower end reaching OS.
CL - 30 mm.
No anomalies.
Ut. artery doppler mean PI - increased resistance.

- NT scan - (out)

9/1/2026
SLIUF
11+6 wks.
NT - 1.2 mm.
NB (+).

FTS - low risk

Doctor Name: Dr. Niklita
Signature: (R.
Date & Time: 5/7/2026 7 pm.

Consultant Name: Dr. Bhavana K.
Signature:
Date & Time: 5/7/2026.

VIH-00202635 IP-0006057S
Mrs NITTALA VENKATA RAJASRI
26-08-2000 25 Y 10 M 9 D (F)
Dr. BHAVANA K

(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes			Doctor's Order			
Date	TIME	FHR	Contraction	Date	TIME	FHR	Contraction
5/7/26	6:00PM	149 b/mt		6/7/26	7 AM	– 140 b/mt	
	6:30PM	144 b/mt			7:30 AM	– 156 b/mt	
	7:00PM	142 b/mt			8 AM	– 155 b/mt	
	7:30PM	147 b/mt	nil		8:30 AM	– 142 b/mt	
	8:00PM	145 b/mt			9 AM	– 150 b/mt	
	8:30PM	140 b/mt			9:30 AM	– 146 b/mt	
	9:00PM	149 b/mt			10 AM	– 154 b/mt	
	9:30PM	144 b/mt	nil		10:30 AM	– 150 b/mt	
	10:00PM	139 b/mt			11 AM	– 140 b/mt	
	10:30PM	142 b/mt			11:30 AM	– 142 b/mt	
	11:00PM	146 b/mt			12 AM	– 158 b/mt	
	11:30PM	147 b/mt			12:30 PM	– 146 b/mt	
5/7/26	12:00AM	149 b/mt			12:45 delivered		
	12:30AM	146 b/mt					
	1:00AM	140 b/mt					
	1:30AM	147 b/mt	nil				
	2:00AM	140 b/mt					
	2:30AM	142 b/mt					
	3:00AM	144 b/mt					
	3:30AM	[illegible]					
	4:00AM	139 b/mt					
	4:30AM	137 b/mt					
	5:00AM	– 142 b/mt					
	5:30AM	– 156 b/mt					
	6:00AM	– 140 b/mt					
	6:30AM	– 148 b/mt					

VIH-00202835 IP-00060578
Mrs NITTALA VENKATA RAJASRI
26-08-2000 25 Y 10 M 11 D (F)
Dr. BHAVANA K

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

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

VIH-00202635 IP-00060578
Mrs NITTALA VENKATA RAJASRI
26-08-2000 25 Y 10 M 9 D (F)
Dr. BHAVANA K

(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/7/2026 7:20PM	O/E - pt is c/c/c Gc - Fair. Afebrile BP - 116/74 mmHg PR - 88 bpm S/E - NAD P/A - Ut ~ TG cephalic relaxed FHR (+) 142 bpm V/E - Cx - long. OS - 1F PPV x |-3|	Adv: - (N) diet - Adeq. Hydration - Ambulation - Birthing ball exercises. - FHR monitoring - NST 4th hourly - monitor vitals - W/F POL - Follow drug chart - Inform SOS Dr. Nikhita
	noted by pooja 5/7/26 @ 7pm	
6/7/2026 1:15AM	O/E - pt is c/c/c Gc - Fair. Afebrile BP - 121/72 mmHg PR - 90 bpm. S/E - NAD P/A - Ut ~ TG cephalic relaxed FHR (+) 140 bpm V/E - Cx - long, post. OS - 1F PPV x |-3|	Adv: - (N) diet - Adeq. Hydration - Ambulation - Birthing ball exercise - FHR monitoring - monitor vitals - NST 4th hrly - Follow drug chart - Inform, SOS Dr. Nikhita

Tab. misoprostol 25 mcg kept PV at 7:20PM

NST reactive

2nd dose Tab. misoprostol 25 mcg kept PV at 1:15AM

Noted by Meghna 6/7/26 1:15Am

VIH-00202635 IP-00060578
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26-08-2000 25 Y 10 M 9 D (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/7/2026		Adv:
5:15 Am.	O/E- pt is c/c/c	- (N) diet
	GC - Fair	- Adeq. Hydration
	Afebrile	- Ambulation
	BP - 117/80 mmHg	- Bridging ball exercise
NST reactive	PR - 86 bpm	- monitor vitals
	S/E - NAD.	- FHR monitoring
	P/A - ut - TG.	- Follow drug chart
	Cephalic	- Inform SOS
	Relaxed.	
	FHR (+) 146 bpm.	Dr. Nikitha
	Noted by Meghna 6/7/26 5:15am	
6/7/2026 8 Am.	c/I to Dr. Bhavana mam	
	P/A - ut ~ TG	
	Cephalic	
	FHR (+) 140 bpm.	
	4C/25 sec/10 min	
	V/E - Cx - ½ inch long.	
	OS - 2-3cm	
	PPVx + 21	
	BOM (+)	Dr. Nikitha.
Noted by Kerala 8 AM 6/7/26		

VIH-00202635 IP-00060578
Mrs NITTALA VENKATA RAJASRI
28-08-2000 25 Y 10 M 9 D (F)
Dr. BHAVANA K

(2)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/7/26 9:30 Am	O/E Pt is c/c/c	Adv
	GC- fair	- clear liquids
	Afebrile	- W/F POL
	BP - 116/79 mmHg	- Adequate hydration
ARM done	PR - 84 bpm	- Monitor vitals
	S/E - NAD	- Follow drug chart
	P/A - Ut ~ TG	- Continuous FHR monitoring
	Cephalic.	- Inform SOS
	4c/25sec/10min	
	V/E - Cx: 50% effaced	
	Os: 4cm	
	PP Vx 1-2	
	M⊖, Liq ⊖	
Noted by Dr. Suresh	@9:30am 6/7/26	Dr. Greeshma
6/7/26 10:30 am	O/E	Adv
	Pt is c/c/c	- clear liquids
	GC-fair.	- W/F POL
	Vitals stable	- Adequate hydration
epidural	P/A - Ut ~ TG.	- Inj oxytocin 5 units in RL
	Cephalic	- Monitor FHR continuous
	2c/30sec/10min	- Monitor Vitals.
	FHR ⊕ 140 bpm	- NST
	P/V - Cx 50% effaced	- Follow drug chart
Noted by Dr. Suresh 6/7/26 10:30am	OS - 4-5 cm	- Inform SOS
	PPVx 1-2	
	m⊖ clear liquor	Dr. Yogeshwari

VIH-00202635 IP-00060578
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/7/2026 1:30pm.	c/s/B Dr. Bhavanamam	
	Pt is c/c/c	Adv
	Afair	- clear liquids
	Afebrile	- W/F POL
↓ epidural	BP- 122/78mmHg	- Monitor FHR continuously
	PR- 95 bpm	- Monitor vitals
	S/E- NAD	- Follow drug chart
	P/A- Ut- TG	- NST 4th bdy
	Cephalic	- Adequate hydration
	FHR ⊕ 140bpm	- Inform SOS
	3c/25sec/10min.	
	P/V.- Cx - 70% effaced	
	OS- 6-7 cm	
	PPV✗ 1-1 1→0.	
Noted by Kavala 6/7/2026 2 PM	M⊖ clear liquor. 6/7/26 1:30PM	↓ Dr Yogeshwari.
	O/E pt is c/c/c	Adv
	Vitals stable	- clear liquids
	P/A- Ut- TG	- W/F POV
	Cephalic	- Monitor FHR
	4c/30sec/10min	- Monitor vitals
	FHR ⊕ 140bpm	- Follow drug chart
	P/V- Cx fully effaced	- Inform SOS
	os- fully dilated	
Noted by Kavala 2PM 6/7/26	PPV✗ 0/1→ +1	
	M⊖ clear liquor	↓ Dr. Yogeshwari

VIH-00202635 IP-00060578
Mrs NITTALA VENKATA RAJASRI
28-08-2000 25 Y 10 M 10 D (F)
Dr. BHAVANA K

(3)

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GRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/7/26 3 PM	Delivery Notes	.
		Dr. Bhavana man.
		Dr. Nausheen / Dr. Yogeshwari
		Sis Kamala.
		Sis. Pooja.
	Under aseptic conditions, perineum painted and draped. At the time of crowning, at peak of contraction. Right medio lateral episiotomy given under 2% lignocaine	
	A Male baby of weight 2.665kg of APGAR 8/10, 9/10 delivered at 2:18 pm on 06/07/2026 with one loop of cord around Neck.	
	Baby cried immediately cord clamped and cut baby handed over to pediatrician.	
	Placenta & membranes expelled.	
	Episiotomy sutured in layers., No perineal tears or extensions Noted. Hemostasis secured.	
	PR done NAD.	
	Male 2.665kgm	6/07/2026 2:18 pm
		8/10, 9/10

Dr Yogeshwari

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/7/26 3pm	PND-0	
	O/E	Adv
	Pt is c/c/c	- soft diet
	GC fair	- W/F bleeding PV
	Afebrile	- Monitor vitals
	BP-120/80mmHg	- Adequate hydration
	PR- 94bpm	- Follow drug chart
	S/E-NAD	- Inform SOS
	P/A-Ut ~ WR	
	soft	
	L/E-No active	
	Bleeding	
Noted by	Baby A/H BF ⊕	
[signature] 6/7/26 @3PM		Dr Yogeshwari
6/7/26 5PM	PND-0	
	O/E	
	Pt is c/c/c	Adv
	GC fair,	- Normal diet
	Afebrile	- W/F bleeding PV
	BP- 117/72mmHg	- Monitor vitals
Urine passed	PR- 84 bpm	- Follow drug chart
	S/E-NAD	- Adequate hydration
	P/A-Ut ~ WR	- Ambulation
shift to room	soft	- Inform SOS
	L/E-No active bleeding	
	Baby A/MS BF ⊕	
Noted by [signature] 6/7/26 5PM	per vaginal examination done No active bleeding	Dr Yogeshwari

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...GRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/7/26 10 pm	PND-0	Rx°
	pt c/c/c	→ (N) diet
	c/c fair, afebrile	→ follow diet chart
baby - NS (A/H), BF (+)	BP - 100/51 mmHg	→ monitor vitals
	PR - 93 bpm	→ w/f bleeding PV
U - P, M - NP	S/E - NAD	→ pad for observation
	P/A - ut N WR	→ Ambulation
	soft	→ adq. hydration
	Ut - NAB	→ Ospemisa
		Noted by Deepika 6/7/26 @ 10pm
7/7/26 7:30 Am	PND - 1	Rx
	pt c/c/c	→ (N) diet
	c/c fair, afebrile	→ follow diet chart
	BP - 117/73 mmHg	→ monitor vitals
U - P, M - P	PR - 85 bpm	→ w/f bleeding PV
	S/E - NAD	→ pad for observation
baby - NS (A/H), BF (+)	P/A - ut NWR	→ Ambulation
	soft	→ adq. hydration
	Ut - NAB	→ Ospemi sos
	per vaginal examination done no active bleeding.	
Patient can be discharged		

VIH-00202635 IP-00060578
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

VIH-00202635 IP-00060578
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BirthRight BY RAINBOW HOSPITALS
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SING SHIFT HAND OVER FORM

SITUATION

Diagnosis: primigravida 37+1 weeks high BMI hypothyroid (c-sec) with oligohydramnios (4.7) for IOL

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

Surgery / Procedure:

Post OP Day:

BACKGROUND	Date / Shift	5/7/26 E	5/7/26 N	6/7/26 M	6/7/26 E	6/7/26 D	6/7/26 N
	Medical Condition (Any special condition to be noted):	hypothyroidism M	hypothyroidism M	hypothyroidism M	Hypothyroid SIM -	Hypothyroidism M	Hypothyroidism
	Diet:	Ⓝdiet	Ndiet	N 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	RA	RA
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Vital Signs: Temp:	98.6F	98.6°F	98.6°F	98.1F	98.5F	98.5F
	Res:	19b/m	19 b/mt	19b/m	17b/mt	20b/m	20b/m
	SpO_2:	99%	99%	97%	98%	99%	99b/m
	Pulse:	93 bpm	86 b/mt	96b/m.	89b/mt	76b/m	90b/m
	BP:	107/74	113/77 mmHg	127/85 mmHg	118/64 mmHg	118/64 mmHg	110/64 mmHg
	LOC:	Conscious	Conscious	Conscious.	Conscious	Conscious	Conscious
	Fall Risk Score:	15 Score	15	15	15	15	15
	Pain Score:	0	1	1	0	0	0
	Skin Integrity	Intact	Intact	Intact	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:	nil	Ndiet	N Diet	Ⓝdiet	Ⓝdiet	Ⓝdiet
	Critical Lab Test / Values:	nil	Nil	Nil	-	-	-
	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):	dependant	dependent	dependent	dependent	dependent	dependent
Post Operative Procedure Special Orders:		-	-	-	W/F Bleeding	W/F Bleeding	W/F Bleeding
Handed Over By Name :		pooja	Meghana	Kavala	Kavala	Padma	Dupika
Signature / ID :		[illegible]	M 020232	020573	020573	606829	607469
Date:		5/7/26	6/7/26	6/7/26	6/7/26	6/7/26	7/7/26
Time:		@8:00pm	@8am	@2pm	@6:30pm	@8pm	@8AM
Taken Over By Name :		Teja	Kavala	Kavala	padma	Dupika	padma
Signature / ID :		M 810978	020573	020573	606829	607469	606329
Date:		5/7/26	6/7/26	6/7/26	6/7/26	6/7/26	7/7/26
Time:		at 8:00PM	@8AM	@2pm	6:30pm	@8pm	@8AM

VIH-00202635 IP-00060578
Mrs NITTALA VENKATA RAJASRI
26-08-2000 25 Y 10 M 10 D (F)
Dr. BHAVANA K

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BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: Primigravida 37+1wk with High BMI with Hypothyroidism with Severe Oligohydramnios with Small for gestational age baby for 10 day.

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

Surgery / Procedure:

Post OP Day: PND-1

BACKGROUND	Date / Shift	7/9/26 M					
	Medical Condition (Any special condition to be noted):	Hypothyroidism					
	Diet:	(N) diet					
ASSESSMENT	Allergy:	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):	RA					
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.6 F					
	Res:	19 b/m					
	SpO_2:	99.%					
	Pulse:	79 b/m					
	BP:	110/70					
	LOC:	conscious					
	Fall Risk Score:	0					
	Pain Score:	0					
	Skin Integrity	Intact					
Recommendations	Safety Needs:	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:	Nill					
	Others Specify:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:	(N) diet					
	Critical Lab Test / Values:	Nill					
	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					
Post Operative Procedure Special Orders:							
Handed Over By Name :		Padma					
Signature / ID :		606319					
Date:		7/9/26					
Time:		@1PM					
Taken Over By Name :		send to the Bill Billing					
Signature / ID :							
Date:							
Time:							

VIH-00202635 IP-00060578
Mrs NITTALA VENKATA RAJASRI
28-08-2000 25 Y 10 M 9 D (F)
Dr. BHAVANA K

NURSING CARE RECORD

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Date: 5/7/26

Goals

- ☑ Maintain Airway and Oxygenation
- ☐ Maintain Personal Hygiene
- ☐ Identify Potential Complications
- ☐ Relieve Pain & Discomfort
- ☐ Prevent Infection
- ☑ Any Others. Specify..... N.ST 4th hourly & F.HR checked
- ☐ 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	7pm	Ensure Safety		Provide side rails	To prevent falls	patient is safe	poojaq 5/7/26 @8pm
Night	9PM	Maintain Airway and oxygenation	9:10 PM	Maintain Airway and RA	Patient vitals Normal	Patient was stable	Meghna M 6/7/26 8am
	12:00 AM	Any others Specify	12:10 AM	NST 4th hourly & FHR check	checked FHR & NST 4th hourly	FHR & NST Good	
	6:00 PM	Ensure Safety	6:10 AM	Provide side rials	Patient Safety	Patient comfortable Position	

VIH-00202635 IP-00060578
Mrs NITTALA VENKATA RAJASRI
28-08-2000 25 Y 10 M 9 D (F)
Dr. BHAVANA K

NURSING CARE RECORD

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Date: 6/07/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am.	Ensure Safety.	8am.	provided side rails.	prevent falls	patient is safe	
	12pm	Maintain fluid balance	12pm	provided fluids	To prevent dehydration	patient is dehydrated	6/7/26 @12pm
Afternoon	3 Pm	Ensure safety	3 Pm	To provied side rails	To prevent fall	Patient is Stable	6/7/26 @ Padma 6/7/26 @3pm
	7pm	Maintain fluid Balance	7.10pm	Maintain oral intake	& to Prevent dehydration.	Re-assessment done after Stable	
Night	8pm	Maintain personal Hygiene	11pm	To give hand rub to the patient	To prevent infection	Re-Assessment done with help vitals checked	Rupika 6/7/26 @ 8AM
	12pm	Ensure safety	8AM	To provide side rails	To provide safety		

VIH-00202635 IP-00060578
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26-08-2000 25 Y 10 M 10 D (F)
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NURSING CARE RECORD

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BirthRight BY RAINBOW HOSPITALS
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Date: 7/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning				1 Discharge Note's 1 Doctor came for the Rounds, Patient is stable. 1 Doctor Adviced Discharge			Padma 7/7/26 @11 AM
Afternoon							
Night							

Patient Sticker

NURSING CARE RECORD

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

Date: .....

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							
Night							

Rainbow Children's Hospital

BirthRight by Rainbow

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 NITTALA VENKATA RAJASRI SUPRIYA**	**Age :**	**25 Y 10 M 9 D**
IP No:	**IP-00060578**	**Sex:**	**Female**
Consultant:	**Dr. BHAVANA K**	**Ward/Bed No:**	**N 2F-LABOUR WARD/LW 219**

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

Patient, be deemed advisable or necessary.

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

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

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

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

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

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.

S Abhinay
Signature of Patient/Relative:

Name: Mr. Abhinay Sastri
Relationship: Husband
Date: 5/7/26 Time: 6:52 pm
Witness Name: Murthy
Witness Signature:

Patient Address:
lakshmi nagar extension,dammaiguda Nagaram Hyderabad Telangana INDIA 500083

CONSENT FOR SPECIAL PROCEDURES

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Patient Name : NITTALA VENKATA RAJASRI Gender: ☐ Male ☑ Female

UHID No : VIH00202635 Department : Date : 06/07/26

I ..... S / D / W / O .....

Here by give consent for procedure of : Labour Epidural

For my patient, Named : NITTALA VENKATA RAJASRI

The doctors have clearly explained to me that the procedure has following possible complications:

Hypotension, Bradycardia, Tachycardia, Dural puncture, Resiting the catheter

The doctor have explained to me about the alternatives, risks and benefits for this procedure that :

IV opioids / Entonox

I have understood the matter mentioned above in language known to me and give consent for the procedure.

Name of the Doctor performing the procedure: Dr. P Madhav

Patient Attendant :

Signature : .....

Name : Abhinay Sonti

Relationship with Patient: Husband

Date & Time : 6/7/26 9:45

Witness :

Signature : .....

Name : .....

Date & Time : 6/7/26 at 2pm

Doctor (who is taking the consent) :

Signature : .....

Name : Dr P Madhav

Date & Time : 06/07/26 9am

ప్రత్యేక విధానాలకు సమ్మతి

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రోగి పేరు ..... లింగం ☐ పురుషుడు ☐ స్త్రీ

యు.హెచ్.ఐ.డి ..... విభాగం ..... తేదీ .....

నేను ..... S/D/W/O .....

ప్రత్యేక విధానాలకు సమ్మతి ఇవ్వడం ద్వారా .....

నా రోగికి, పేరు : ....

ఈ ప్రక్రియ కోసం ప్రత్యామ్నాయాలు, నష్టాలు మరియు ప్రయోజనాలు గురించి డాక్టర్ నాకు తెలిసిన భాషలో వివరించా

.....

.....

.....

నాకు తెలిసిన భాషలో పైన పేర్కొన్న విషయాన్ని నేను అర్థం చేసుకున్నాను మరియు ప్రక్రియకు సమ్మతిని తెలియజేస్తున్నాను.

ప్రక్రియ చేస్తున్న వైద్యుని పేరు : .....

సహాయకుడు(అటెండెంట్)

సంతకము .....

పేరు .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....

సాక్షి

సంతకము .....

పేరు .....

తేదీ మరియు సమయము .....

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INFORMED CONSENT FOR VAGINAL BIRTH

Patient Name : Mrs. NITTALA VENKATA R. SUPRIYA UHID No : VIH-00202635.

Gender: ☐ Male ☑ Female Date : 5/07/2026. Time : 6:50 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. BHAVANA K.

Consentee :
Signature : Supriya
Name : Mrs. SUPRIYA.
Date & Time : 5/7/2026 6:55 PM.

Patient Attendant :
Signature : Abhinay
Name : ABHINAY SONTI
Relationship with Patient: HUSBAND
Date & Time : 5/7/2026 6:50 PM.

Witness :
Signature :
Name : Dhanalakshmi
Date & Time : 5/7/2026 at 8 pm

Doctor (who is taking the consent) :
Signature :
Name : DR. NIKHITA.
Date & Time : 5/6/2026. 7 PM

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(అటెండ్డెంట్)

సంతకము .....

పేరు .....

సాక్షి

సంతకము .....

పేరు .....

తేదీ మరియు సమయము .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....

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Induction of Labor Consent

Name: M-25. NITTALA VENKATA RAJASRI SUPRIYA.
Consulatant: DR BHAVANA K.
Date of Birth: 26/08/2000
Registration Number: UIH-00202635.
ANC No: 1051B

You are scheduled for an induction of labor on 5/7/2026 (date) at 37+1 (weeks of gestation).

The reason for your induction is TERM GESTATION WITH OLIGOHYDRAMNIOS.

The goal of induction of labor is to achieve vaginal delivery by starting uterine contractions before the spontaneous start of labor.

Induction of labor for a medical indication is done when continuation of pregnancy is considered detrimental to the health of the mother of fetus. This can be done at any stage of pregnancy irrespective of fetal maturity if there is a valid indication.

Elective induction of labor (scheduled induction without a medical indication) may not be done until you are at least 39 weeks. This is important so that your newborn does not have complications due to possible prematurity.

The alternative to induction of labor is to wait for labor to start spontaneously.

I have read the information provided and also discussed the process with my doctor.

I understand the risks and benefits of this procedure and wish to proceed.

Parents Signature — Date: 5/7/2026 6:50 PM.

Husband's Signature — Date: 5/7/2026 6:50 PM.

DR. NIKHITA. — Doctor's Signature — Date: 5/7/2026 7PM.

PROCEDURE SAFETY CHECK LIST (TIMEOUT OUTSIDE OT)

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Patient Name: NITTALA VENKATA RAJASRI Gender: ☐ Male ☑ Female UHID. No: VIH 00202635 Age: 25yr

Date: 06/07/21 In-Time: 10:00Am Out-Time: 10:10Am

Doctor Performing Procedure: Dr. PMadhav Doctor Giving Sedation: Assisting Nurse:

SIGN IN Time: 10:00Am	Yes	No	NA
Patient is verified using two identifires (Name & UHID)	☑	☐	☐
All required documents, images, studies are available	☑	☐	☐
NPO Status Checked from Patient / Patient Attendant	☐	☐	☑
Consent is Signed	☑	☒	☐
Any need for blood products	☐	☑	☐
If Yes Comment:			
Any Risk of Hemodynamic Compromise	☐	☑	☐
If Yes Comment:			
Any drug or food allergy	☑	☐	☐
If Yes Comment: NIMESULIDE			
Correct Site of Procedure Marked	☑	☐	☐
All resources required are correct, available and functioning	☑	☐	☐

Signature of the Doctor: Dr Madhav

Name of the Doctor:

TIME OUT Time:	Yes	No	NA
Correct Patient	☑	☐	☐
Correct Site	☑	☐	☐
Correct Procedure	☑	☐	☐
All the team members introduced	☐	☐	☐

Signature of the Nurse:

Name of the Nurse:

SIGN OUT Time:	Yes	No	NA
Name of the Surgical / Invasive Procedure is recorded	☑	☐	☐
Instrument, Sponge and Needle Count Completed	☑	☐	☐
Specimens are labeled	☑	☐	☐
Any equipment problems are addressed	☐	☐	☐

Signature of the Nurse:

Name of the Nurse:

Any Adverse / Unexpected Events

.....

.....

.....

IP-00060578
Mrs NITTALA VENKATA RAJASRI
16-08-2000 25 Y 10 M 9 D (F)
Dr. BHAVANA K

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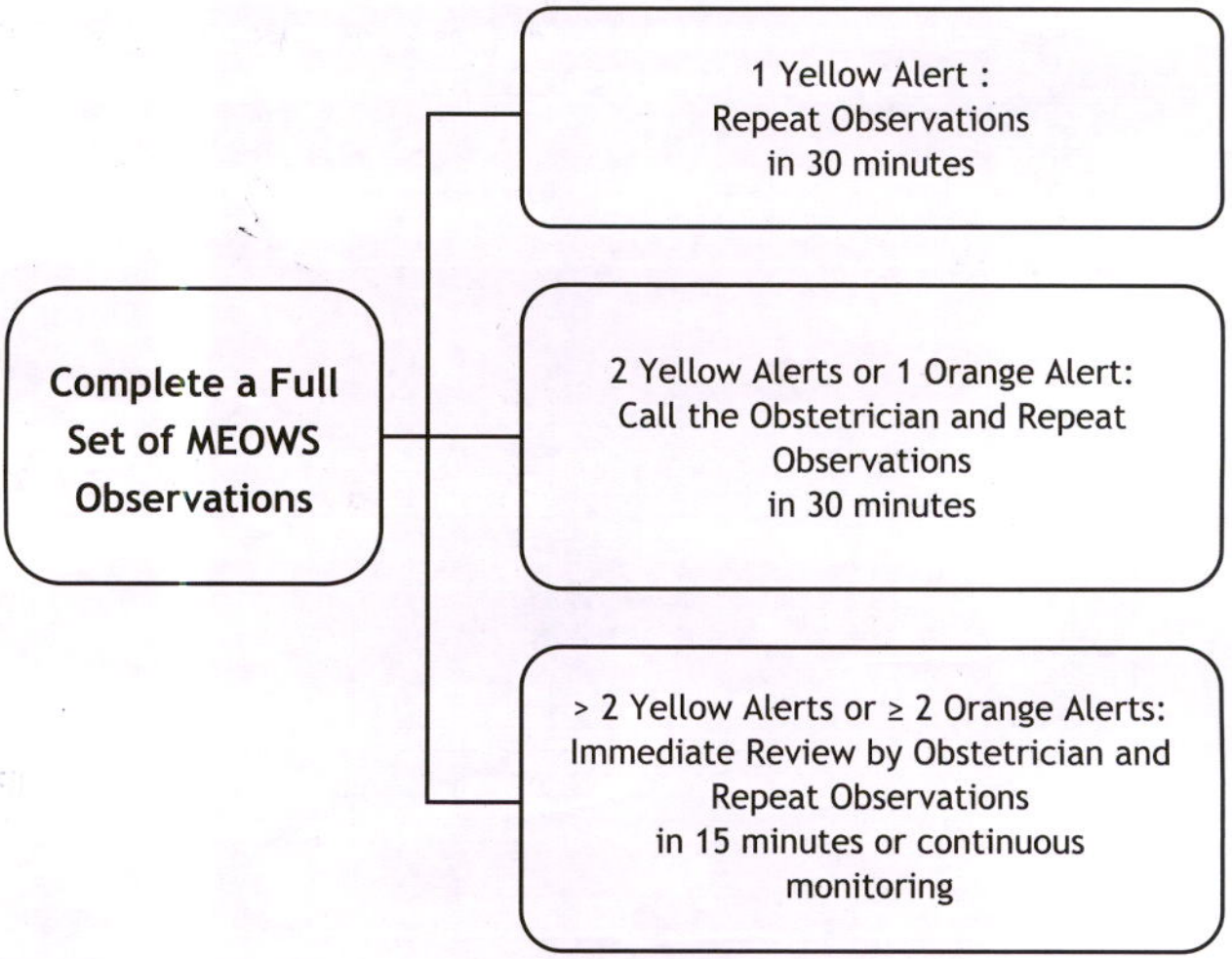
Early Warning Observation Score Chart - Obstetrics

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

5/7/26	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		19		19		19		19		19		19	
	0 - 10																							
Saturations	94 - 100 %											99		99		99		100		100		100		99	
	< 94 %																							
Administered O_2 (L/min.)																								
Temp°c	40																							
	39																							
	38																							
	37																							37.8
	36											36.6		36.6		36.7		36.7		36.6		36.6			
	35																								
	< 35																								
Heart Rate	170																							
	160																							
	150																							
	140																							
	130																							
	120																							
	110																							
	100																							
	90																							
	80											87		80						84		82		85	
	70															79		72							
	60																								
	50																								
	40																								
Systolic Blood Pressue ↑	190																							
	180																							
	170																							
	160																							
	150																							
	140																							
	130																							
	120																							
	110											117		110		116		112		109		110		117	
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70											74		70		72		76		66		70		73	
	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		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																								M	

Obstetrics and Gynaecology Early Warning Signs



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

VIH-00202635 IP-0006057/8
Mrs NITTALA VENKATA RAJASRI
26-08-2000 25 Y 10 M 9 D (F)
Dr. BHAVANA K

2

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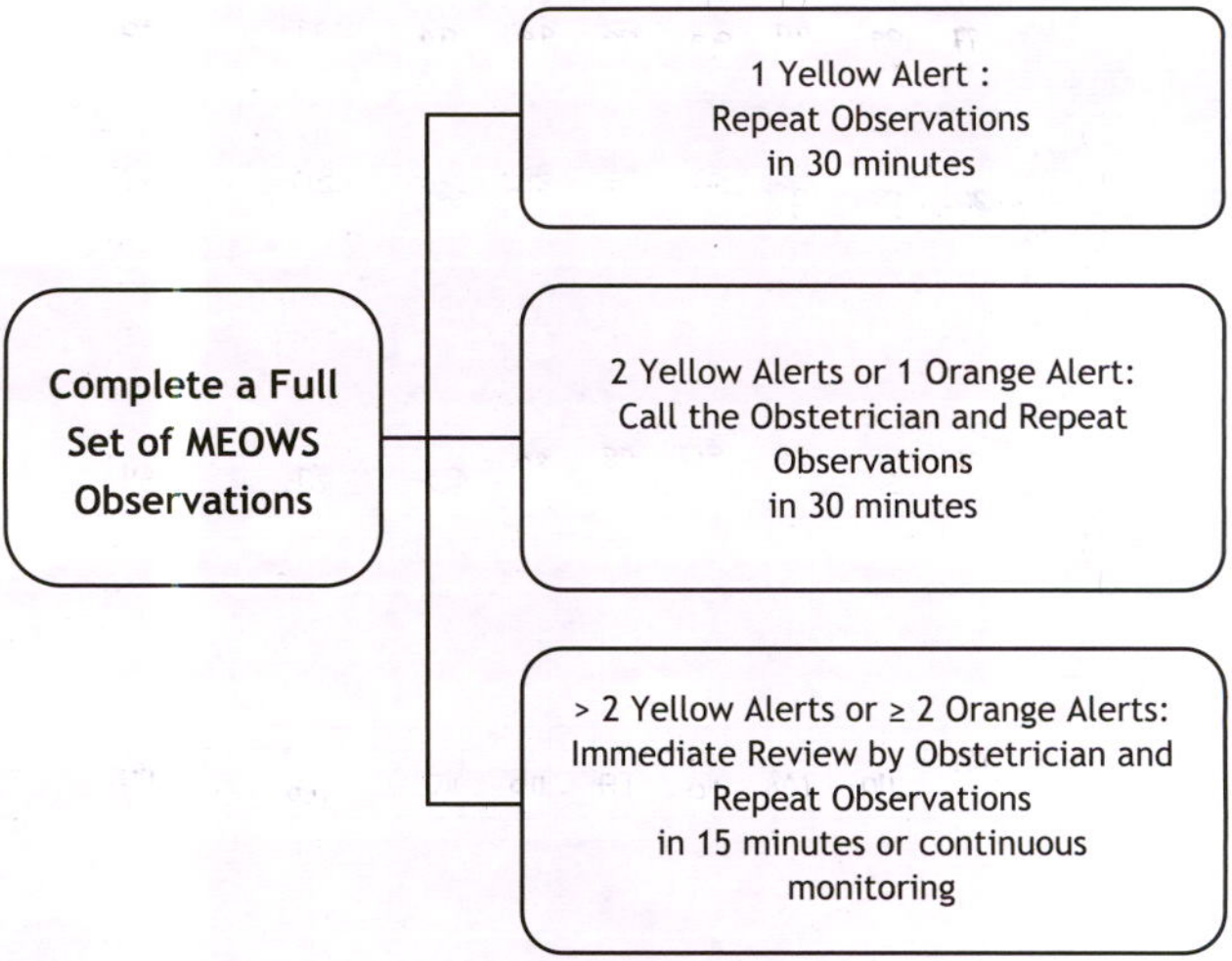
Early Warning Observation Score Chart - Obstetrics

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

6/7/26	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		19		19		19		19		19		19			19				19				19
	0 - 10																								
Saturations	94 - 100 %	99		99		99		99		99		99		99			99				98				99
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37							37°C		37°C		37°C		36.4			37°C				37°C				36.6
	36	36		36.2		36.6																			
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90	96				88		86		88		80		82			82				84				88
	80			82																					
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120	127																							
	110			110		108		110		117		110		110			100				110				104
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80	85		80		71		70		72		80		70											
	70																				60				52
	60																								
	50																51								
	40																								
NEURO RESPONSE [✓]	Alert	✓		✓		✓		✓		✓		✓		✓			✓				✓				✓
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30	✓		✓		✓		✓		✓		✓		✓			✓				✓				✓
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal	NA		NA		NA		NA		NA		NA		NA			NA				NA				NA
	Heavy / Foul																								
Liquor	Clear / Pink	NA		NA		NA		NA		NA		NA		NA			NA				NA				NA
	Green																								
TOTAL YELLOW SCORES		0		0		0		0		0		0		0			0				0				0
TOTAL ORANGE SCORES		0		0		0		0		0		0		0			0				0				0
Nurse Initial		NE		K		B		K		K		K					B				B				B

Obstetrics and Gynaecology Early Warning Signs



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

VIH-00202635 IP-00060578
Mrs NITTALA VENKATA RAJASRI
26-08-2000 25 Y 10 M 10 D (F)
Dr. BHAVANA K

3

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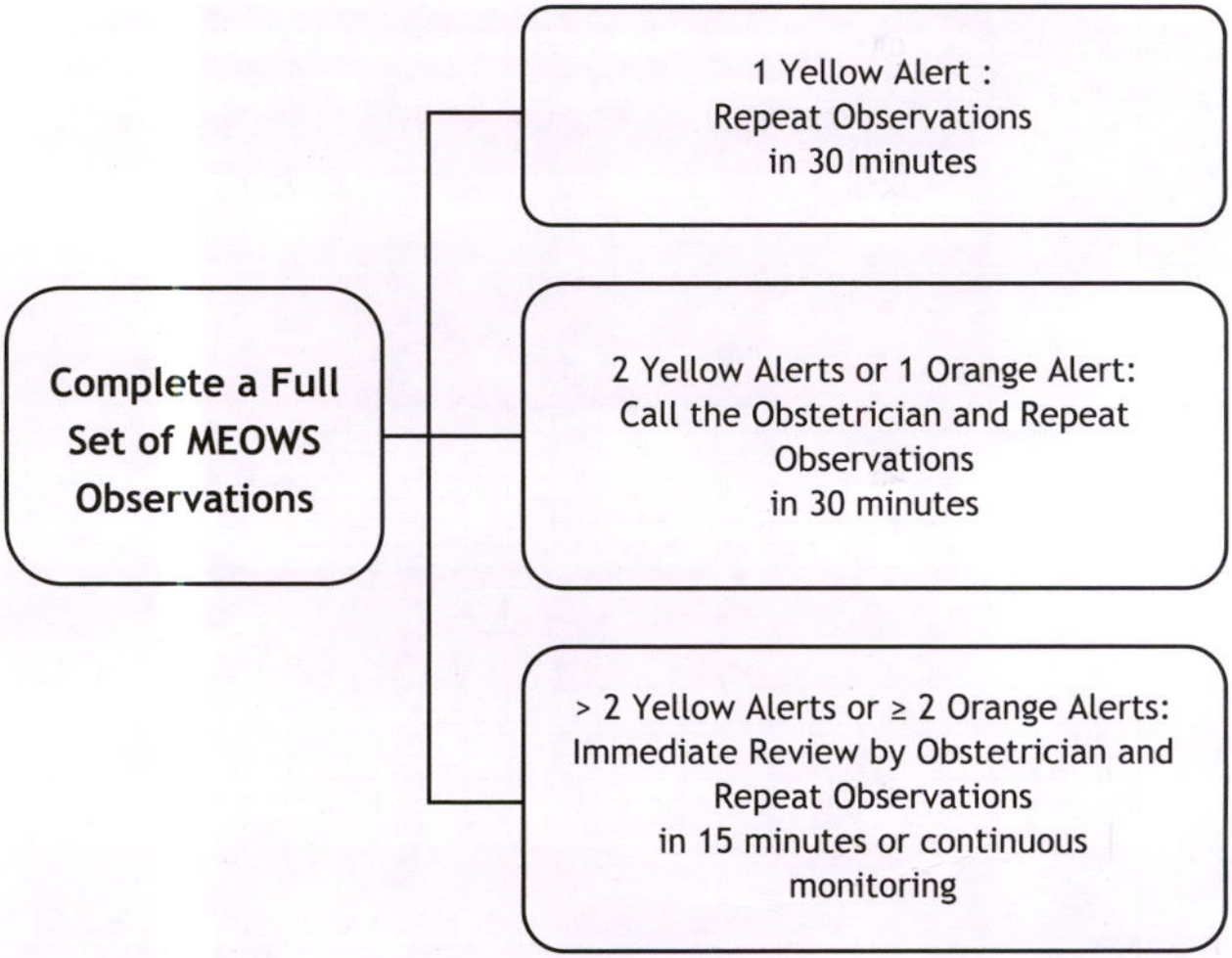
Early Warning Observation Score Chart - Obstetrics

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

7/7/26	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																								
	36			37 E																					
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80			70																					
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110			110																					
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70			90																					
	60																								
	50																								
	40																								
NEURO RESPONSE [✓]	Alert			✓																					
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30			✓																					
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal			N																					
	Heavy / Foul																								
Liquor	Clear / Pink			N																					
	Green																								
TOTAL YELLOW SCORES				0																					
TOTAL ORANGE SCORES				0																					
Nurse Initial				P																					

Obstetrics and Gynaecology Early Warning Signs



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

IH-00202635 IP-00060578
Mrs NITTALA VENKATA RAJASRI
6-08-2000 25 Y 10 M 9 D (F)
Dr. BHAVANA K

Rainbow® Children's Hospital
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FLUID CHART

Sheet No. : 1

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

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
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 am											
	01:00 pm											
Total Intake :						**Total Output :**						
5/7/26	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm	H20	50ml							✓	-	Puja 5/7/26
	07:00 pm	H20	50ml							-	-	
Total Intake :		100ml				**Total Output :**				passed		
5/7/26	08:00 pm	H20	100ml								-	
	09:00 pm	H20	100ml							✓	-	
	10:00 pm	H20	100ml								-	
	11:00 pm	H20	50ml							✓	-	Puja 6/7/26 at 1:00 am
	12:00 am	H20	100ml									
	01:00 am	H20	100ml									
Total Intake :		550ml				**Total Output :**				passed		
6/7/26	02:00 am											
	03:00 am	H20	100ml							✓	-	
	04:00 am	H20	100ml								-	
	05:00 am										-	Puja
	06:00 am	H20	100ml							✓	0	6/7/26
	07:00 am	H20	50ml								0	at 7:00 am
Total Intake :		350ml				**Total Output :**				Passed		

Total 24 hrs. Intake	1000ml	Total 24 hrs. Output	

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Dr. BHAVANA K

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BirthRight™ BY RAINBOW HOSPITALS
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FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
6/7/26	08:00 am	H_2O + 50 ml										
	09:00 am	H_2O + 50 ml								✓	0	
	10:00 am	RL + oxy @ 5ml									0	
	11:00 am	RL + oxy @ 10 ml								✓	0	Sandhya
	12:00 pm	RL + oxy @ 20 ml									0	6/7/26
	01:00 pm	H_2O + RL 100ml / [illegible]								50ml	0	@2PM
Total Intake :										50ml		
Total Output :										100ml		
6/7/26	02:00 pm	H_2O + RL 100ml/hr								100ml	0	
	03:00 pm	H_2O + RL 100ml/hr								100ml	0	
	04:00 pm	H_2O + 50ml									0	Sandhya
	05:00 pm	H_2O + 50ml								✓	0	6/7/26
	06:00 pm											@8PM
	07:00 pm											
Total Intake :												
Total Output :												
6/7/26	08:00 pm	Rice										
	09:00 pm	+										
	10:00 pm	H_2O								✓		
	11:00 pm											
	12:00 am	H_2O				✓						
	01:00 am											
Total Intake :												
Total Output :												
9/7/26	02:00 am	H_2O										
	03:00 am											
	04:00 am	H_2O										
	05:00 am	H_2O								✓		
	06:00 am											
	07:00 am	H_2O										
Total Intake :												
Total Output :												

Dupika 6/7/26 @8AM

Total 24 hrs. Intake		Total 24 hrs. Output	

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Dr. BHAVANA K

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FLUID CHART

Sheet No. : 3

7/7/26

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		idly 1/2									
7/7	10:00 am									✓		
	11:00 am										0	Padma 7/7/26 @ 11 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**	

VIH-00202635 IP-00060578
Mrs NITTALA VENKATA RAJASRI
26-08-2000 25 Y 10 M 10 D (F)
Dr. BHAVANA K

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FLUID CHART

Sheet No. : .....

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

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

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

VIH-00202635 IP-00060578
Mrs NITTALA VENKATA RAJASRI
26-08-2000 25 Y 10 M 9 D (F)
Dr. BHAVANA K

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MEDICATION RECONCILIATION FORM

Drug Allergies: Nimesulide ☐ 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: L/W Shifted to: Room (203)

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. THYROXINE	25 MCG	PO	ONCE DAILY	5/7	☑C ☐DC
2	T. IRON	1 TAB	PO	ONCE DAILY	4/7	☐C ☑DC
3	T. CALCIUM	1 TAB	PO	ONCE DAILY	5/7	☐C ☑DC
4	T. FOLIC ACID	1 TAB	PO	ONCE DAILY	4/7	☐C ☑DC
5	L-ARGININE SACHETS	ONE SACHET	PO	THRICE DAILY		☑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. NIKHITA.

Date & Time : 5/7/2026 7 PM.

Nurse Name & Signature: Pooja

Date & Time : 5/7/26 @ 7pm

VIH-00202635 IP-00060578
Mrs NITTALA VENKATA RAJASRI
26-08-2000 25 Y 10 M 9 D (F)
Dr. BHAVANA K

(2)

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Your Right to a Safe Delivery

MEDICATION RECONCILIATION FORM

Drug Allergies: Nimesulide ☐ 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: ICU Shifted to: ROOM (203)

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. THYROXINE	25MCG	PO	ONCE DAILY	6/7/26	☐C ☐DC
2	T. CEFIXIME	200MG	PO	12TH HOURLY	6/7/26	☐C ☐DC
3	T. PARACETAMOL	1GM	PO	8TH HOURLY	6/7/26	☐C ☐DC
4	T. DICLOFENAC	50MG	PO	8TH HOURLY	6/7/26	☐C ☐DC
5	T. PANTO PRAZOLE	40MG	PO	ONCE DAILY	6/7/26	☐C ☐DC
6	SYRUP LACTULOSE	15ML	PO	ONCE DAILY (AT BED TIME)	6/7/26	☐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 YOGESHWARI

Date & Time : 6/7/2026 5PM

Nurse Name & Signature: Hannah Hand

Date & Time : 6/7/26 @ 5PM

Epidural Catheter Removed YES / NO