

Patient Sticker

Shelshar
08/07/26

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

BAH-00659769
TUBES
NIN/04329
BA26068087TUBES

SURGERY DETAILS

Date : 7/7/26

Patient Name: Date of Birth: 2/2/1996 Age: 29yrs

Gender: Mrs CHANDANA VIJAYA ARUNADEVI (F)
08-08-1996 29 Y
Dr. KIRTI REDDY PATLOLLA
UHID No.: BAH-00659769

Date of : ☐ OT-1 ☐ OT-2 ☐ OT-3 ☐ OT-4 ☐ OBG OT-1 ☒ OBG OT-2

Name of the Surgery : Emergency Lower Segment Cesarean Section + B/L tubectomy

Time in : 6:00pm

Time Out : 7:00pm

	NAME	AMOUNT
1. Surgeon	Dr. Kirti Reddy	
2. Anaesthetist	Dr. Aditi	
3. Assistant Surgeon	Dr. Sravanthi	
4. OT Technician	Kulsum	
5. Circulating Nurse	Asima	
6. Assistant Nurse	Shabana	

Special Equipment: ☐ Laparoscopy ☐ Bronchoscope ☐ Harmonic ☐ Morcelator
☐ C-ARM ☐ Cystoscopy ☐ Versa Point ☐ Liver Cusa
☐ Neuro Cusa ☐ Others

Dr. Kirti Reddy
Signature of the Surgeon

Signature of Circulating Nurse

Order No: 9692336

Order by: Dr. Rajeswari



CONSUMABLES OF OT

Circulating staff : A.REENA Technician : B. Gopi Date : 21.07.26 Time : 6.00 PM

Anaesthesia Disposables		Qty	Surgical Disposables		Qty	Disposables (Baby Side)		Qty
Issued	Used		Issued	Used		Issued	Used	
ET tube			Major Pack	<u>key Drape</u>	<u>01</u>	Inj Vit.K		<u>9</u>
LMA			Sutures	<u>2346</u>	<u>01</u>	Cord Clamp		<u>1</u>
ECG leads <u>(A) P / N</u>	<u>03</u>			<u>2364</u>	<u>01</u>	Suction Catheter	<u>6ml</u>	<u>1</u>
HME filter : A / P / N	<u>-</u>			<u>2262</u>	<u>01</u>	Feeding Tube		
Syringes : 10 cc	<u>09</u>					Vacuum Suction Set		<u>1</u>
05 cc	<u>04</u>		Gloves	<u>6 1/2, 16, 17</u>	<u>3/3/3</u>	Surgical Gloves	<u>6 1/2</u>	<u>3</u>
02 cc	<u>00</u>					Gauze Pack		<u>1</u>
01 cc	<u>-</u>			<u>P.F 1</u>	<u>1</u>	Syringe 1ml / 2ml		<u>2</u>
Cautery plate <u>(A) P / N</u>	<u>01</u>		Surgical blade	<u>22</u>	<u>1</u>	Surgical Blade # 20		<u>1</u>
IV set			NG tube		<u>1</u>	Koochies (S)	<u>115</u>	<u>1</u>
RL	<u>09</u>		Cautery pencil		<u>1</u>			
NS : 10ml / 100ml / 500ml / 1000ml	<u>01</u>		Koochies	<u>XL</u>	<u>1</u>			
<u>minispt</u>	<u>00</u>		Ointments					
<u>20x20</u>	<u>00</u>		Suction Catheter					
Fentanyl	<u>01</u>		Cap, Mask		<u>00/00</u>			
Morphine			Gauze Pack		<u>2</u>			
Ketamine			Mop Pack		<u>2</u>			
Propofol			Steristrip	<u>2 one</u>	<u>1</u>			
Rocuronium			Underpad		<u>1</u>			
Glycopyrolate			Draw sheet	<u>Quick Swt</u>	<u>1</u>			
Myopyrolate			Abgel		<u>1</u>			
Ondansetron			Foleys catheter					
Pencan 25g/ Spinal Needle 22	<u>1</u>		Urobag					
Bupivacaine 0.25%			Chest Drainage Catheter					
Bupivacaine 0.25%(Heavy)	<u>1</u>		Romodrain bag					
Antibiotics			Bandage					
<u>Transaxanic</u>	<u>02</u>		Tegaderm					
Suppositories			Ioban			<u>Adrenaline</u>		<u>1</u>
Anamol : 80mg / 250mg / 170 mg			Double J Stent			<u>Atrophine</u>		<u>1</u>
Supridol <u>(100mg)</u>	<u>01</u>		Vacuum Suction set		<u>1</u>			
Justin : 12.5 mg / 25mg / <u>(100mg)</u>	<u>01</u>		Plastic Bed Sheet					
Tab. Misoprost : <u>200mg</u>	<u>02</u>		Betadine Solution		<u>2</u>			
<u>oxytocin</u>	<u>00</u>		Microshield					
<u>P.F. phylloepine</u>	<u>01</u>		Cotton Balls		<u>1</u>			
<u>epidone</u>	<u>01</u>		Latex Gloves		<u>20</u>			
<u>obvious gauze</u>	<u>0+0</u>		Ramdone Scrub					
			Sara		<u>1</u>			

Surgeon

Anaesthesiologist

Nurse

OT Technician

Order No. : 9692852/354

Ordered by : B. Gopi

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

ADMISSION SHEET
Registration Details :

Admission No : IP5-00176079

Admit Date : 07-Jul-2026

Admit Time : 04:01 PM **UHID** : BAH-00659769

Patient Details :
Patient Name : Mrs CHANDANA VIJAYA ARUNADEVI

Age : 29 Y

Guardian : MR CHANDANA SATYAMURTHI

DOB : 08-08-1996

Gender : Female

Religion :

Occupation :

Martial Status : Married

Address (H) : 6-3-165/1/2, PREM NAGAR, BANJARAHILLS,
 RD NO 1 Khairatabad Hyderabad Telangana
 INDIA 500004

Phone No : 6302409298/ 6302409298

E-mail : NO@gmail.com

Admission Details :
Bed Type : SHARED WARD

Bed No : SW 415

Ward Name : 4F-BIRTHING CENTRE

Room No : SW 415

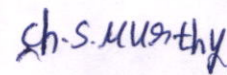
Admission Type : First Visit

Contact Details :
Name : MR CHANDANA SATYAMURTHI

Relationship : Father

Contact Address : 6-3-165/1/2, PREM NAGAR, BANJARAHILLS,
 RD NO 1 Khairatabad Hyderabad Telangana
 INDIA 500004

Phone No : 6302409298 / 6303933569


Signature
Doctor Details :
Doctor Name : Dr. KIRTI REDDY PATLOLLA

Specialisation : OBSTETRICS AND GYNECOLOGY

Referral Doctor : Self

Phone No :

Co-Consultant :

Payment Details :
Deposit Amount : 0.00

Payment Mode : Cash

Payor Name : GO DIGIT GENERAL INSURANCE
 LIMITED

ACTIVITY RECORD FOR BILLING

Name : _____ BAH-00659769 IP5-00176079
Mrs CHANDANA VIJAYA ARUNADEVI
08-08-1996 29 Y (F)
Dr. KIRTI REDDY PATLOLLA
UHID No. : _____ Consultant: _____ Dept : _____



Date of Admission: _____ Time : _____ Date of Discharge : _____ Time: _____

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
11/12/26	5:45pm	OBS	OT.	Swapna
11/12/26	1:15pm	OBS	OBS	Swapna
11/12/26	11:00pm	OBS	318	Sudhakar

Cross Consultation Visit

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

[illegible]

Investigations

Signature

NST-①

265-033776

Swapping

CBP

26068019

Swapna

MEDICAL EQUIPMENT (WARD & ICU)

[illegible]

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
17/12/26	Iv placement	01	9652154	} Swapna
17/12/26	PAC		9692155	
17/12/26	Catheterisation		9692154	

ANY OTHER INFORMATION

.....

.....

.....

.....

.....

.....

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor



IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

Came with pain abdomen

Obstetric Formula: G2P1L1

Obstetric History:

I-2020-FT-1scs (ANC uneventful)
(wound gaping) - 0 → +
2.5kg
@ Kakinada

Present Pregnancy Record:

II - PP - sp-conception - previous ANC
at our Hospital

RISK FACTORS: Booked at 36+5wks

+ Migraine
- β thalassemia trait
→ previous LSC
→ Husband HPLC - (N)

Height: 151 cm

Weight: 78 kg

Allergies: NKA

Breast: ☐ Normal ☐ Abnormal

General Examination:

Consciousness:

Icterus: clear

Temp: afebrile

BP: 116/75 (87)

CVS: SLS1 ⊕

Liver/Spleen: not palpable

Pallor: absent

Edema: absent

PR: 70 bpm

DTR: ⊕

RS: BAF ⊕

Urine Output: adequate

LMP: 18/10/2015

Corrected EDD: 25/7/2026

Menstrual History: Regular ☒ Yes ☐ No

Obstetric Examination

Fundal Height: ~ term

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

Liquor: ☐ Adequate ☐ Oligo ☐ Poly

PP: ☒ Cephalic ☐ Breech Others _____

Head Fifths Palpable: 5/5

FHS: ☐ Normal ☐ Tachy ☐ Brady ☐ Absent

Per Speculum Examination

Draining: ☐ Present ☐ Absent ☐ Bleeding

Colour of Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Vaginal Examination

Cervix: ☒ Long ☐ Partially effaced ☐ Effaced

Os: Closed ☒ Dilated _____

Membranes: ☒ Present ☐ Absent

Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Presenting Part: ☒ Vertex ☐ Breech ☐ Others

Sutton: ☒ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2

Pelvis: ☒ Adequate ☐ Doubtful

DIAGNOSIS

G2P1L1 / 37+3 wks / previous LSC / in labour / for Emergency LSC.
Migraine / β thalassemia trait



Family History: Father - DM Mother - Hypothyroid	Surgical History: 1st CS - 2020 Cosmetic surgery over @ leg - 2023			
Medical History: Migraine :: 15 years β thalassaemia trait.	Medication History:			
Plan of Care: - Admission - NST - IV cannulation - port preparation - Drugs as charted. - Send & trace CBP. - Listen & informed consent - Monitor vital - Shift to OT on call	Investigations: - BAT - O+ve - viral - NR - CBP 17/5/2026 <table border="1"> <tr> <td>CBP</td> </tr> <tr> <td>Hb - 9.8</td> </tr> <tr> <td>PLT - 3.32</td> </tr> </table> - 24/6/26 (Grs) 35+4wks, cephalic, 2877grams, (67%), AFI - 10.4, PR - A/H Doppler - (N) TFFA - (N) NT - not done (missed) Quadruple test - Low risk.	CBP	Hb - 9.8	PLT - 3.32
CBP				
Hb - 9.8				
PLT - 3.32				

Doctor Name: Dr. Dmy

Signature: [Signature]

Date & Time: 7/7/26 ; 4:10pm

Consultant Name: Dr. Kirti Reddy

Signature: [Signature]

Date & Time: 7/7/26 ; 6pm



CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: <u>Dr. Kirti Reddy</u>	Date of Delivery: <u>7/7/2026</u>
Assistant Surgeon: <u>Dr. Sravanthi</u>	Time of Delivery: <u>6:11pm</u>
Anaesthetist's Name: <u>Dr. Aditi</u>	Gender of Baby: <u>male Baby</u>
Type of Anaesthesia: <u>ASA</u>	Weight of Baby: <u>2.963 kg</u>
Neonatologist: <u>Dr. Pavani</u>	AGPAR Score: <u>9/10 9/10</u>
Scrub Nurse: <u>Sis. Shabana</u>	NICU Admission: ☐ Yes ☒ No

Pre-Operative Diagnosis: 42P14 E @ previous LSCS 2 3rd us 2 Migrated B-threads
emita trait in Labour for 4 hrs.

☐ Elective ☒ Emergency Indication: Previous LSCS in Labour

Urgency

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

Decision time: Knife to rectus: 2 MM

CTG Description:

If there was a delay give the reasons:

Surgical Procedure: Emergency Lower segment Cesarean
Section + BL Tubal ligation

Post Operative Diagnosis: P000

Peri-Operative Complications: NIL

Amount of Blood Loss: 200ml Blood Transfused (in ML):

Name and Number of Surgical Specimen sent for examination:

Bilateral fallopian tubes sent for HPE.

Examination Findings when Appropriate:

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

5th Palpable: Fetal Position:

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

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

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

Skin Incision: ☒ Pfannenstiel ☐ Transverse ☐ Midline ☐ Other

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

Previous Scar: ☐ Intact ☒ Thinned out ☐ Ruptured ☐ No Scar

Incision Through Placenta: ☐ Yes ☒ No

Delivery of head: ☐ Manual ☒ Forceps

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

Delivery of Placenta: ☐ Manual ☒ CCT ☒ Complete ☐ Incomplete ☐ Piecemeal

Cord Appearance: Cord around the neck ☒ Yes ☐ No

Appearance of placenta: Cavity explored ☒ Yes ☐ No

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

1 loop of cord around neck

Normal

Normal

Uterine Closure: ☐ One Layer ☒ Two Layers Suture

Peritoneal Closure: ☐ Pelvic ☒ Abdominal ☐ None Suture

Sheath Closure: Suture

Fat Closure: ☒ Yes ☐ No Suture

Skin Closure: ☒ Subcuticular ☐ Mattress Suture

Vaginal Evacuated ☒ Yes ☐ No

Drain: ☐ Yes ☒ No ☐ Remove in days ☐ Await instructions

Catheter: ☒ Yes ☐ No ☐ Remove in *24hrs* days ☐ Await instructions

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

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

Post-Operative Notes:

- NBM for 4-6 hrs
- Flt fluids - 100ml/hr
- Drug as charted
- w/o Flt Bleeding
- Ambulation
- Flt Charting
- Tufen SW
- B/L fallopian tubes for HPE

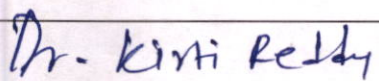
Doctor Name: *Dr. Sravanthi* Doctor Signature: *Dr.*

Date & Time: *7/1/26, 7pm*

BAH-00659769 IP5-00176079
Mrs CHANDANA VIJAYA ARUNADEVI
08-08-1996 29 Y (F)
Dr. KIRTI REDDY PATLOLLA



POST-SURGICAL CARE PLAN FORM

Procedure Done:	Emergency lower segment cesarean section + 1/2 labat
Post-Surgical Diagnosis:	P.O.D - 0
Post-Operative Monitoring Parameters /Frequency:	Monitor vitals q4 x24h
Wound Care:	→ w/f Plw Bleeding
Drain /Special Lines/Catheters:	→ foley's x 24h
Special Patient Positioning and Requirements:	→ can move side to side in Bed
Nutritional Instructions:	NBM for 4-6h
When to Start Mobilization:	→ after Removal of foley's
Special Referrals:	-
The new order for all required medications documented in the doctor order/medication sheet: ☐ Yes ☐ No	
Any Other Post-Operative Care Needed including Required Follow Up	-
 Treating Surgeon (Signature & Stamp)	Date: 7/1/16 Time: 9pm
Note: Plan of care will be readjusted if necessary.	

BAH-00659769 IP5-00176079
Mrs CHANDANA VIJAYA ARUNADEVI
08-08-1996 29 Y 11 M 1 D (F)
Dr. KIRTI REDDY PATLOLLA



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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

DEFICIENCY CHECK LIST OF CASE SHEET

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

ERROR LOG

LOCATION : OT / Birthing Centre / BirthRight Premium / 3rd Floor (Zone A,B,C) / NICU / PICU /

2nd Floor Ward / Oncology / 1st Floor Wards.

OBSERVATION :

DATE :

SIGNATURE OF MRD INCHARGE / EXECUTIVE



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<u>8/1/16</u> <u>7:30 PM</u>	POD-0 / Emus + BTL / PLL	
B-weel	GC: per	
	B.P: 122/61 mmHg	1) NBM for 4 hours
U/O: 500ml	P.R: 66 bpm	2) FLW with loom/ur
	SPR: 100% on RA	3) I/O charting
	PLA: UT @ weel	4) Ambulation in Bed
	Salt	5) Drug as charted
	PLW: NAB	6) w/f PLW Bleeding
		7) Iufem sos
		Dr. Bravanti
		Order by Swapne
<u>8/1/16</u> <u>10:30 PM</u>	POD-0 / Emus + BTL / PLL	
B-weel	GC: per	1) Allow of sips of fluid at 11:30 PM liquid diet → 12:30 AM
U/O: 500ml	B.P: 115/72 (74)	Salt diet at 6 AM 8/1/16
	P.R: 65 bpm	2) FLW with loom/ur
	SPR: 100% on RA	3) I/O charting, Monitor vials
	PLA: UT @ weel	4) w/f PLW Bleeding
	Salt	5) Drug as charted
	BTD	6) w/f Breast feeding
Remove fluid at 12 PM	PLW: NAB	7) Iufem sos
<u>8/1/16</u>		

BAH-00659769 IP5-00176079
 Mrs CHANDANA VIJAYA ARUNADEVI
 08-08-1996 29 Y (F)
 Dr. KIRTI REDDY PATLOLLA

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

BirthRight
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/7/26 8:00 AM	POD-4 / Em. Isus + BTL / PTL (6pm) procolu m.	
	o/f	
Bruch	gc-far	
DD-200ml (clw)	BP-110/70mmHg	Adv
	PR-80bpm	3 bft diet
fv	spo2-98% + RA	② To remove Foley @ 12:00pm
SX	plA-ut @ um	③ Ambulation on bed
	LIE-BWNL	④ Hydration
		⑤ Wif active bleeding
on inj. cefotaxime D1		⑥ Drugs are charted.
		⑦ In form soc
		Dr. Diya
		15 another 200-503



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/7/26 7:00PM	POD-1 LSC + BTL. Pt is stable No c/o BP - 100/65 [78] PR - 66bpm SpO₂ - 100% on RA. Pl - Ut well retracted. 4c - lochia (+); healthy.	<u>Advised</u> ① Soft diet. ② Hydrate & ambulate ③ Drugs as charted ④ Vitals 6th July ⑤ W/ heavy bleedng plv. ⑥ Tupper SOS.
	⇒ Remove cannula. ⇒ Dulcolax 2T PR tomorrow morn @ 6AM (8/7/26) if doesn't pass stools.	<u>Snelli</u> <u>NB Seema</u>
8/7/26 8:30AM	POD-2 LSC + BTL Pt is stable No c/o BP - 107/60 [73] PR - 66bpm. SpO₂ - 98% on RA Pl - Ut well retracted, soft Dressing dry for 4c - lochia (+);	<u>Advised</u> ①
	- Remove cannula. - Discharge.	



Date & Time	Progress Notes	Doctor's Order
9/7/26 1:15pm	POD-2/Lscst BTL o/r Cecum vitals - stable p/A - soft vt @ cecum LG - BWM	Adv ① soft diet ② hydration ③ ambulation ④ w/ a/c bleeding ⑤ monitor vitals q4h hly ⑥ Informers
	plan discharge by evening.	
	T-Taxim-0	
	2/15/26 BTL	
	Adv ① soft diet ② hydration ③ ambulation ④ w/ a/c bleeding ⑤ monitor vitals q4h hly ⑥ Informers	
	Drugs	
	noted by Sate	
	2/15/26 BTL	
	Adv ① soft diet ② hydration ③ ambulation ④ w/ a/c bleeding ⑤ monitor vitals q4h hly ⑥ Informers	
	Drugs	
	noted by Sate	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/2/26 10 AM	POD-3 LMS + BTCL	
0-wed	GC: per	1) salt diet
✓	Vitals: stable	2) plenty of oral fluids
✓	Plat: ut @ wed	3) Dig as charted
8-	skt	4) w/ A Plw Dleedy
DE	Bx ⊕	5) Antibiotic
SE	P/R: NAD	6) Feds 50s
	Place dingo	- Dr. Kirti



BAH-00659769 IP5-00176079
 Mrs CHANDANA VIJAYA ARUNADEVI
 08-08-1996 29 Y
 Dr. KIRTI REDDY PATLOLLA (F)



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

BirthRight™
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

RESULT SHEET

Date	11/12/26				
Time					
Hb	10.2				
PCV	33.2				
RBC	4.96				
WBC	12.36				
N/L					
Platelets	358.				
CRP					
ESR					
PCT					
RBS					
Na					
K					
Cl					
Ca/Mg					
Phosphate					
Urea					
Creatinine					
ALP					
SGPT					
SGOT					
T.Bill/Conj					
T.Protein					
S.Albumin					
S.Globulin					
A/G Ratio					
Uric Acid					
S.Amylase					
Sr.Lipase					
Blood Lactate					
S.Cholesterol					
PT/INR					
APTT					
CSF Protein / Sugar					
Cells					
N/L					

BAH-00659769 IP5-00176079
Mrs CHANDANA VIJAYA ARUNADEVI
08-08-1996 29 Y (F)
Dr. KIRTI REDDY PATLOLLA



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

BirthRight®
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 7/2/20

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: Case for Em-lsy Doctor Notified on Admission: ☒ Yes ☐ No
Name of the Doctor: Dr. Divya
Time Notified:

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

Past Medical History	Past Surgical History	Previous Hospital Admission
Thalassemia trait	UG-2020	
Gynecology Assessment: ☒ Not Applicable Menstrual History: Regular Onset of Menarche: Menstrual Cycle: ☐ Regular ☐ Irregular Last Menstrual Period:	Gynecology Surgical History: Caesarean Section: ☐ No ☒ Yes Cervical Cerclage: ☒ No ☐ Yes Ectopic Pregnancy: ☒ No ☐ Yes Myomectomy: ☒ No ☐ Yes Others:	Gynecological History: Contraceptives: ☒ No ☐ Yes Vaginal Discharge: ☒ No ☐ Yes Post-Coital Bleeding: ☒ No ☐ Yes Infertility: ☒ No ☐ Yes If Yes Type: ☐ Primary ☐ Secondary

Obstetric History: G 2 P 1 L 1 A

Previous LSCS:

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

Family History: ☒ No Abnormalities Detected

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

Vital Signs / Measurements: Temp: 98.3 F HR: 80 RR: 20
BP: 106/65 Weight: 78 Height: 157 BMI:

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



PHYSICAL ASSESSMENT

General Appearance: ☒ Healthy ☐ ill looking ☐ Anxious ☐ Agitated ☐ Others:

Fall Assessment: ☐ Yes ☐ No Score 35 (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

Cultural & Spiritual Needs: ☐ Yes ☒ No if Yes specify 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 the husband

Orientation has been given regarding the following aspects:

- Call Bell in Reach : ☒ Yes ☐ No Waste Disposal Explained: ☒ Yes ☐ No
Infusion Pump : ☒ Yes ☐ No Hand Hygiene Explained: ☒ Yes ☐ No ☐ Others

Above information given to patient

Name of Person Orientation was given to: vijaya

Orientation not given Reason: -

Nurse Signature: 

Nurse Name: Swapne

Date & Time: 7/12/26 5pm

BAH-00659769 IP5-00176079
Mrs CHANDANA VIJAYA ARUNADEVI
08-08-1996 29 Y (F)
Dr. KIRTI REDDY PATLOLLA



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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

OBSTETRIC ASSESSMENT FORM

Date: 5/2/26 Time of Arrival: 4:45 PM Time Seen by Nurse: 4:50 PM

1) Level of Consciousness: ☒ Conscious ☐ Semi-Conscious ☐ Unconscious

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

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

3) Vital Signs: Temperature: 98.3°F Pulse: 80 RR: 20 SpO₂: 99% BP: 115/65 Weight:

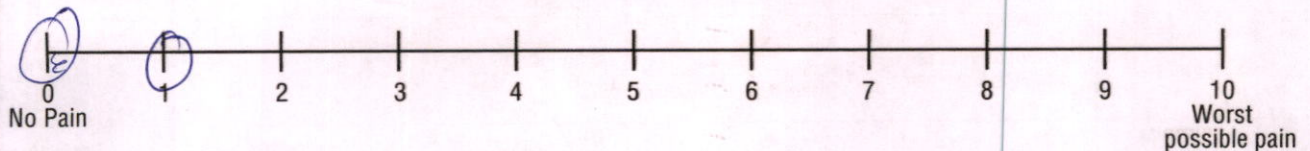
4) Gestational Criteria:

Gravida: G 2 P 1 L 1 A

LMP: 18/10/25 EDD: 25/2/26 Gestational Age: 34+3 weeks

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

5) Pain Screening: Numerical Pain Scale (NPS)



- Location: lower abdomen
- Duration: 5 to 10 min Days / Weeks/ Months (Strike out which is not applicable)
- Character: dull
- Frequency: 5 min
- Interventions: Breathing exercise

6) Past History:

- a) Surgeries: 2020
- b) Medical: thalassemia



1) Allergy: ☐ Yes ☒ No, If Yes :

8) Current Medications: ☐ Prenatal Vitamin ☒ None ☐ Others:

9) Prenatal Medical History:

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

Triage Category: (Please tick on the category)

Refer to **OBSTETRICAL TRIAGE ACUITY SCALE (OTAS)**

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

OBCU Obstetrical Triage Acuity Scale (OTAS)

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

Time seen by Doctor: 5:45pm

Nurse Name: Swapne Nurse Signature: su

Date: 10/12/20 Time: 5pm

BAH-00659769 IP5-00176079
Mrs CHANDANA VIJAYA ARUNADEVI
08-08-1996 29 Y (F)
Dr. KIRTI REDDY PATLOLLA



INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Patient's / Learner Language: English Patient / Learner Literacy: ☒ Read ☐ Write ☒ Speak Willingness to Learn: ☒ Yes ☐ No Healthcare Literacy: ☒ Yes ☐ No

Identified Education Needs:

- | | | | |
|----------------------------|--|--|---|
| 1. Diagnosis | 5. Medication / Therapy (safety, effects/ side effect, interactions) | 9. Nutrition / Diet | 13. Risk / Safety |
| 2. Treatment and Care Plan | 6. Discharge Medication | 10. Fall Risk Education | 14. Activity / Exercise |
| 3. Pain Management | 7. Infection Control Measures | 11. Safe use of Medical Equipment / Implantable Devices Safety | 15. Social & Rehabilitation Needs |
| 4. Informed Consent | 8. Diagnostic Test / Procedures | 12. Patient's / Family Rights | 16. Special Discharge / Follow-up Education / Coping Skills |
| | | | 17. Others |

Part - II

Date	Time	Need Identified	Information Taught	Use codes from the list in part III					Comments	Designation / Signature
				Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		
7/7/26	4:30 pm	1,2,3,4	Diagnosis, treatment & care plan Pain management & Informed consent	PT's	1	0	1	1		Dr. Dhy
7/8	5pm	7	Infection control measures	PT's	1	0	1	1	0	g
8/7/26	8:30 am	9	Lactation diet	PT	1	0	1	1	-	Saima

Part - III: CODES

Who was taught: PT: Patient		F: Father		M: Mother		S: Spouse		Sn: Son		D: Daughter		C: Caregiver		O: Other (Specify)					
Learning Barriers:																			
1. No Learning Barriers				4. Language Barrier				7. Impaired Thought Process/Cognitive limitations				10. Financial Difficulties				13. Cultural/Religion Practice			
2. Physical Impairment				5. Educational Level				8. Responsibilities at Home				11. Beliefs and Values				14. Others (Specify)			
3. Emotional Barriers				6. Desire / Motivate to Learn				9. Cultural Differences				12. Impaired Vision/ or Hearing							
Teaching Tools Used: A: Audio D: Demonstration V: Video O: Oral P: Printed																			
Mechanism/s to overcome barrier/s:																			
1. None				3. Reassurance & Support				5. Respect values & beliefs				7. Other, Specify							
2. Obtain translator				4. Teach Family / Others				6. Respect Cultural / Religion Preference											
Understanding: 1. Verbalizes Understanding 2. Demonstrates Understanding 3. Needs Review																			



MULTI-DISCIPLINARY PLAN OF CARE FORM

Diagnosis: G2 PCL 1 / 37+3wks / previous lcs / in labour / migraine / B thalassaemia trait.

Date Time	Discipline	Type	Patient Needs / Problem List	Goal	Plan / Intervention	Signature	Team Verification
7/7/26 4:30pm	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op	- previous lcs - migraine - B thal trait	+ Safe Delivery	+ Em. lcs	Drugs	☐ Nursing ☐ Others:
7/7/26 5pm	☐ Medical ☒ Nursing ☐ Others:	☒ Initial ☐ Modified ☐ Per-Op ☐ Post Op	fear and anxiety	→ To reduce fear & anxiety	→ Provided Psychological Support	[Signature]	☐ Medical ☒ Others:
8/7/26 8:30 am	☐ Medical ☐ Nursing ☒ Others: dietitian	☐ Initial ☐ Modified ☐ Per-Op ☒ Post Op	POD-1 Em. lcs	soft diet	soft High protein diet	Saima	☐ Medical ☐ Nursing ☒ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Nursing ☐ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Nursing ☐ Others:

BAH-00659769 IP5-00176079
Mrs CHANDANA VIJAYA ARUNADEVI
08-08-1996 29 Y (F)
Dr. KIRTI REDDY PATLOLLA



MEDICATION RECONCILIATION FORM

Drug Allergies: None

☒ 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: NA

Shifted to: NA

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
	LIVOLFN	1 TAB	PO	OD	7/7/24	☐ C ☒ DC
2	SHELICAL	1 TAB	PO	OD	6/7/24	☐ C ☒ DC
3						☐ C ☐ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature: Dr. Kirti Reddy

Date & Time: 7/7/2024; 4:15 PM

Nurse Name & Signature: Swapna

Date & Time: 7/7/24 5 PM

Sheet No:

REGULAR PRESCRIPTIONS

Weight Ward

DRUG : <u>Tig. CEFOTAXIME</u>				Date Time	<u>8/7</u>
Dose	Route	Frequency	Start Dt.		
<u>1gm</u>	<u>IV</u>	<u>BD</u>	<u>7/7</u>	<u>12PM</u>	<u>5PM</u>
Name & Signature of the Doctor Starting the Drugs:					
<u>Dr. Sravanti</u>					
Additional Instructions:					
				<u>12PM</u>	
				<u>stop Dr. Sanku</u>	
				<u>Sanku</u>	
				<u>7:00PM 8/7/26</u>	
Daily Doctor's Endorsement by a Sign				<u>Sanku</u>	

DRUG : <u>T.P ANTOPRAZOLE</u>				Date Time	<u>8/7</u>
Dose	Route	Frequency	Start Dt.		
<u>10mg</u>	<u>PO</u>	<u>BD</u>	<u>7/7</u>	<u>6AM</u>	<u>10/7</u>
Name & Signature of the Doctor Starting the Drugs:					
<u>Dr. Sravanti</u>					
Additional Instructions:					
				<u>6PM</u>	
				<u>stop</u>	
				<u>Dr. Sanku</u>	
				<u>Dr. Sanku</u>	
Daily Doctor's Endorsement by a Sign				<u>Dr. Sanku</u>	

DRUG : <u>T. TAXIM O</u>				Date Time	<u>8/7</u>
Dose	Route	Frequency	Start Dt.		
<u>200mg</u>	<u>PO</u>	<u>BD</u>	<u>8/7</u>	<u>10AM</u>	<u>5PM</u>
Name & Signature of the Doctor Starting the Drugs:					
<u>Dr. Sanku</u>					
Additional Instructions:					
				<u>10PM</u>	
				<u>Dr. Sanku</u>	
				<u>from tomorrow</u>	
Daily Doctor's Endorsement by a Sign				<u>Dr. Sanku</u>	

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

VERIFIED

VERIFIED

Signature

VERIFIED BY : Name

Patient Sticker

Sheet No:

REGULAR PRESCRIPTIONS

Weight

Ward

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

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

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

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

VERIFIED BY : Name Signature



DRUG CHART

Date of Admission: 7/7/26 Drug Allergies: NKA ☒ 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 :				Date Time															
Dose	Route	Frequency	Start Date																
Doctor's Signature		Valid Period	Pharm.																
Additional Instructions:																			

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

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

VERIFIED BY : Name _____ Signature _____

REGULAR PRESCRIPTIONS

Weight. 48 kg. Ward. 08C



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

DRUG : T PARACETAMOL				Date	8	9	10/7													
				Time	7	7	10/7													
Dose	Route	Frequency	Start Date																	
1gm	PO	QID	7/7/2																	
Name & Signature of the Doctor Starting the Drugs: Dr. Kirti N. Patlolla																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				

DRUG : T DICLOFENAC				Date	8	9	10/7													
				Time	7	7	10/7													
Dose	Route	Frequency	Start Date																	
50mg	PO	TID	7/7/2																	
Name & Signature of the Doctor Starting the Drugs: Dr. Kirti N. Patlolla																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				

DRUG : T TRAMADOL				Date	8	9	10/7													
				Time	7	7	10/7													
Dose	Route	Frequency	Start Date																	
100mg	PO	TID	7/7/2																	
Name & Signature of the Doctor Starting the Drugs: Dr. Kirti N. Patlolla																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				



Weight. 48 kg Ward. OBS

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
7/7/26	4:30pm	INTJ. CEFOTAXIM	1gm	IV	Wiley	Ashwitha Swapna
7/7/26	4:40pm	INTJ. PERINORM	10mg	IV	Wiley	Ashwitha Swapna
7/7/26	4:45pm	INTJ. PANTOP	40mg	IV	Wiley	Ashwitha Swapna
7/7/26	6:08	TRANEXAMIC ACID	1gm	IV	Idid	Asima Shabbar
7/7/26	6:00	TRAMADOL SUPP	100mg	PR	Idid	Asima Shabbar
7/7/26	7:02	DICLOFENAC SUPP	100mg	PR	Idid	Asima Shabbar
7/7/26	7:15pm	T. PGE1	400mcg	PR	Phr	Tunna Sudh
7/7/26	9:30pm	Ty PARACETAMOL	1gm	IV	Phr	Tunna Sudh
7/7/26	9:17pm	INTJ. TRAMADOL	100mg + 100mg	IV	L	Tunna Sudh
8/7/26	10pm	INTJ. TRAMADOL	100mg + 100mg	IV		



Weight. 78 kg Ward. OBS

[illegible]



9 780130 261809



Sheet No:

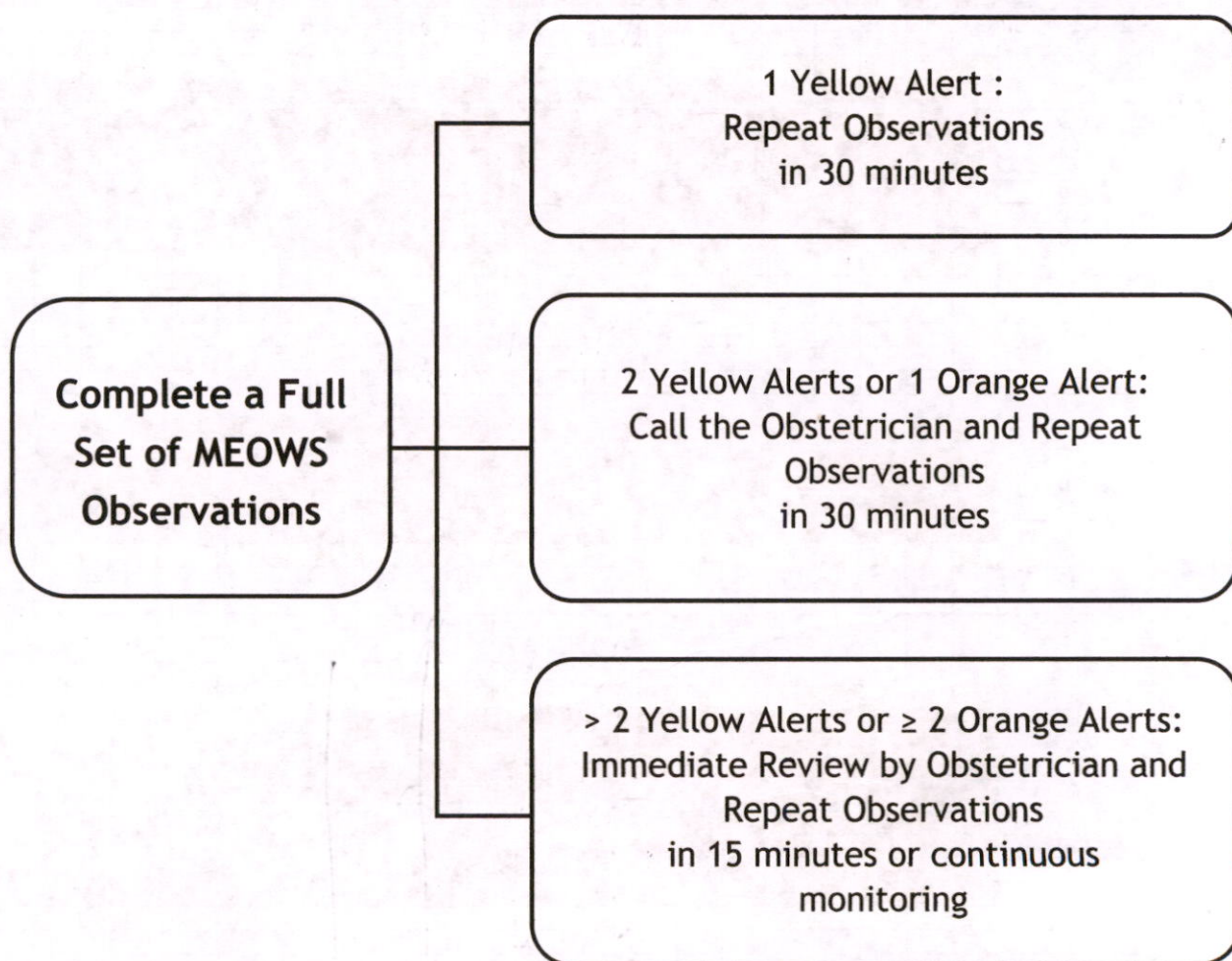
HBH / FRM / CLINICAL / 136



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

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

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

BAH-00659769 IP5-00176079
Mrs CHANDANA VIJAYA ARUNADEVI
08-08-1996 29 Y (F)
Dr. KIRTI REDDY PATLOLLA

8/7/26



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



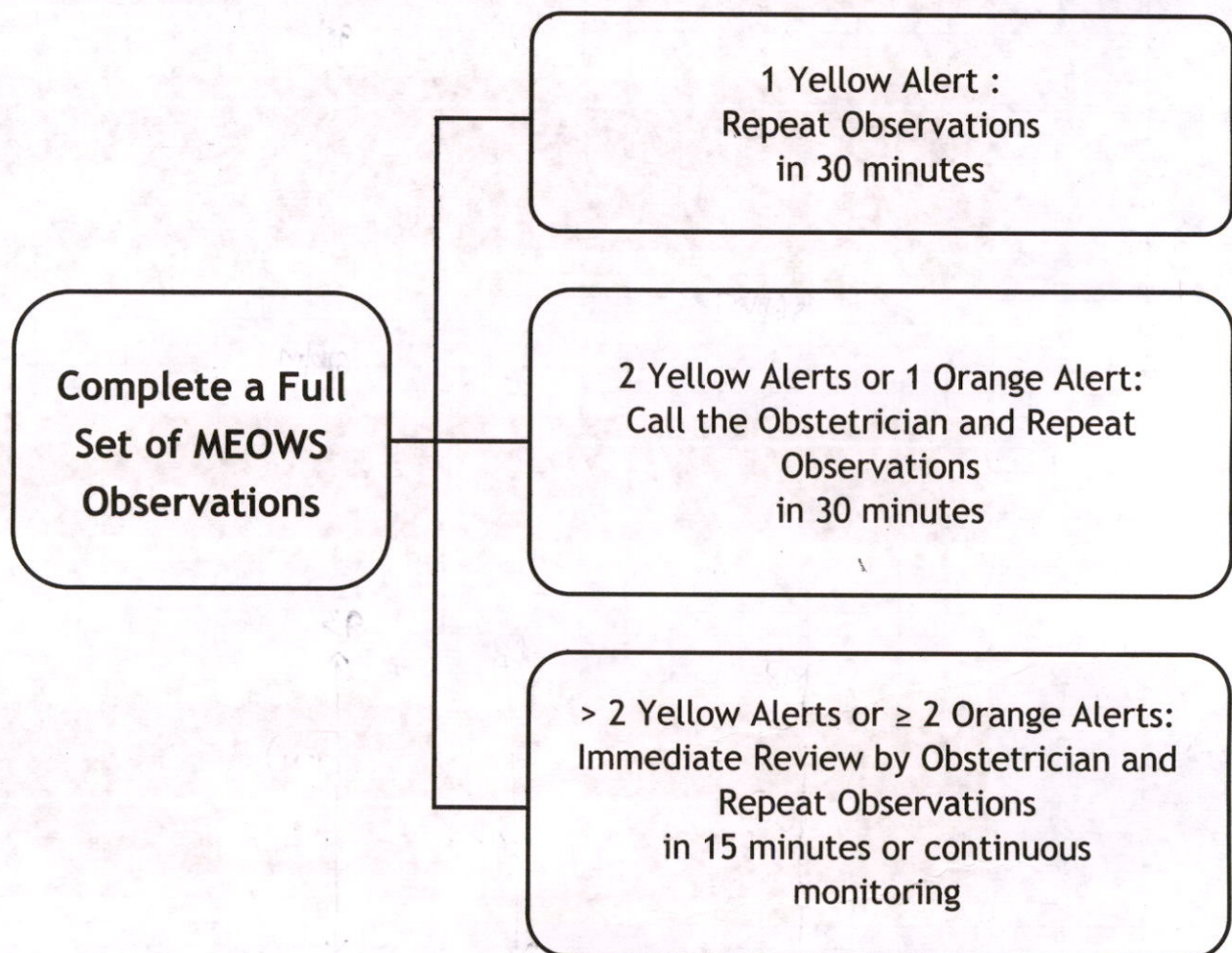
BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Learning Observation Score Chart - Obstetrics

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

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

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

BAH-00659769 IP5-00176079
Mrs CHANDANA VIJAYA ARUNADEVI
08-08-1996 29 Y 11 M 0 D (F)
Dr. KIRTI REDDY PATLOLLA

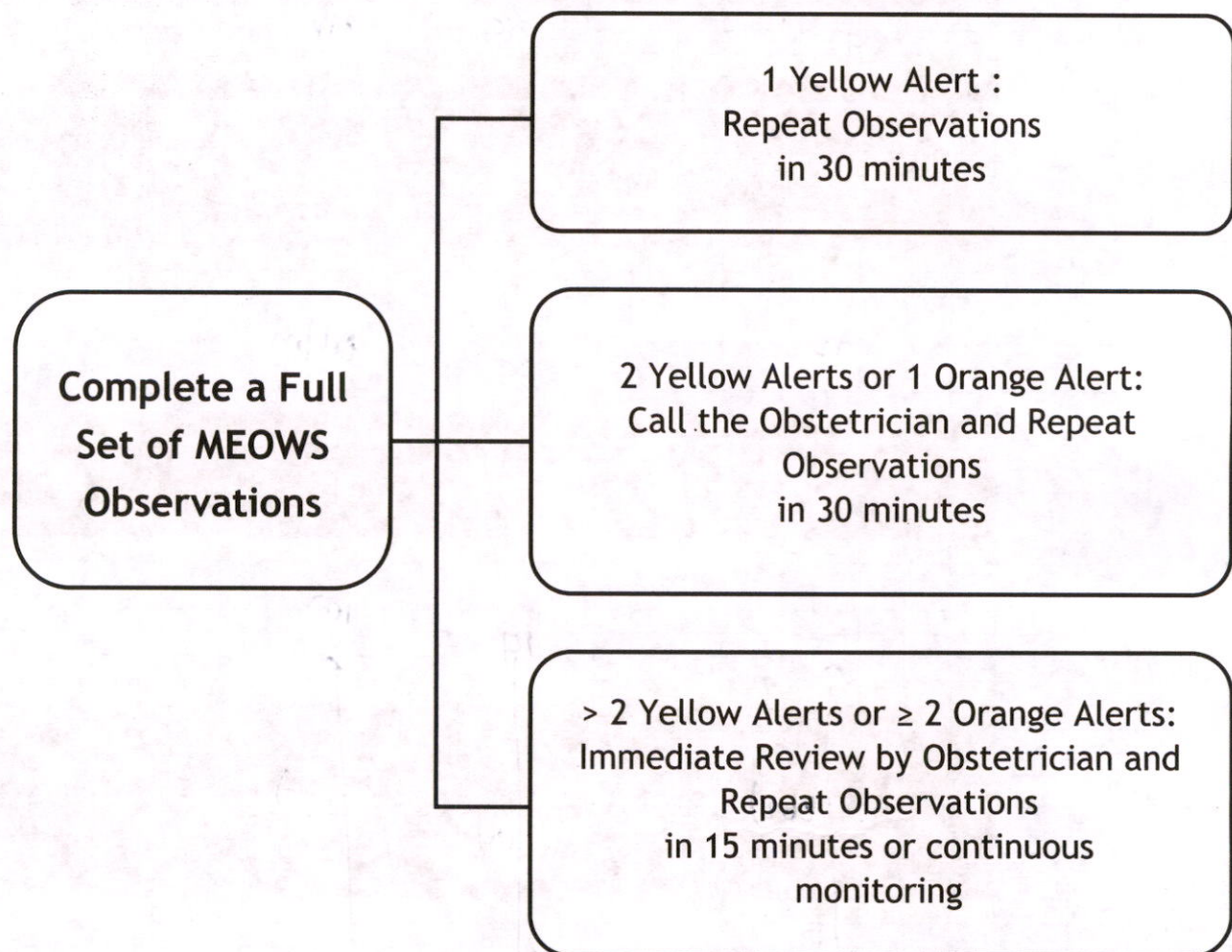


Early Warning Observation Score Chart - Obstetrics

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

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

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

BAH-00659769 IP5-00176079
Mrs CHANDANA VIJAYA ARUNADEVI
08-08-1996 29 Y (F)
Dr. KIRTI REDDY PATLOLLA



FLUID CHART

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Sheet No. : 9

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.
3. 24 hrs. total to be entered in the kardex in RED.

		Intake				Output						IV Site Thrombo-phlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G								
	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
Total Intake :						Total Output :							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm	RL		500ml									
	06:00 pm	Re	N	150ml									
	07:00 pm	Re	B	150ml									
			M	150ml									
Total Intake :						Total Output :							
	08:00 pm	Re	NBM	100ml									
	09:00 pm	RL	NBM	100ml									
	10:00 pm	RL		100ml									
	11:00 pm	RL	H ₂ O	100ml									
	12:00 am			100ml									
	01:00 am		H ₂ O	100ml									
Total Intake :						Total Output :							
	02:00 am		H ₂ O	100ml									
	03:00 am			100ml									
	04:00 am	RL	H ₂ O	100ml									
	05:00 am			100ml									
	06:00 am		H ₂ O	100ml									
	07:00 am			100ml									
Total Intake :						Total Output :							
Total 24 hrs. Intake						Total 24 hrs. Output							

BAH-00659769 IP5-00176079
 Mrs CHANDANA VIJAYA ARUNADEVI
 08-08-1996 29 Y (F)
 Dr. KIRTI REDDY PATLOLLA



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

BirthRight™
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

FLUID CHART

Sheet No. :

8/7/26

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
8/7/26													
	08:00 am										0		
	09:00 am										0		
	10:00 am	H ₂ O								Feome	0	feather	
	11:00 am										0		
	12:00 pm	H ₂ O								✓	0		
	01:00 pm										0		
Total Intake :						Total Output :						02	m=
	02:00 pm										0		
	03:00 pm	H ₂ O								✓	0		
	04:00 pm										0		
	05:00 pm	H ₂ O									0	Suma	
	06:00 pm									✓	0		
	07:00 pm	H ₂ O									0		
	Total Intake :						Total Output :						m=0
8/7	08:00 pm										0		
	09:00 pm	H ₂ O									0		
	10:00 pm									✓	0		
	11:00 pm	H ₂ O									0	Malayani	
	12:00 am	H ₂ O									0		
	01:00 am										0		
	Total Intake :						Total Output :						
9/7	02:00 am										0		
	03:00 am										0		
	04:00 am	H ₂ O									0		
	05:00 am										0		
	06:00 am	H ₂ O								✓	0		
	07:00 am										0		
	Total Intake :						Total Output :						

Total 24 hrs. Intake

Total 24 hrs. Output

M=0, U=6



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			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
		Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G							
9/7	08:00 am		H ₂ O							✓	0	Sathy
	09:00 am		FOOD								0	
	10:00 am		H ₂ O								0	
	11:00 am										0	
	12:00 pm		H ₂ O				✓				0	
	01:00 pm										0	
Total Intake :					Total Output : N-1 U-1							
9/7	02:00 pm										1	Sema
	03:00 pm		H ₂ O							✓	1	
	04:00 pm										1	
	05:00 pm		H ₂ O				✓				1	
	06:00 pm									✓	1	
	07:00 pm		H ₂ O								1	
Total Intake :					Total Output : M-0 U-2							
9/7	08:00 pm										1	Kalyani
	09:00 pm		H ₂ O								1	
	10:00 pm									✓	NA	
	11:00 pm		H ₂ O				✓				1	
	12:00 am										1	
	01:00 am		H ₂ O							✓	1	
Total Intake :					Total Output :							
10/7	02:00 am		H ₂ O								1	Kalyani
	03:00 am										1	
	04:00 am		H ₂ O								1	
	05:00 am						✓				NA	
	06:00 am		H ₂ O							✓	1	
	07:00 am										1	
Total Intake :					Total Output :							

Total 24 hrs. Intake

Total 24 hrs. Output

M21, U=7

BAH-00659769 IP5-00176079
 Mrs CHANDANA VIJAYA ARUNADEVI
 08-08-1996 29 Y 11 M 1 D
 Dr. KIRTI REDDY PATLOLLA



FLUID CHART

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

BirthRight™
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

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.
3. 24 hrs. total to be entered in the kardex in RED.

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

BAH-00659769 IP5-00176079
Mrs CHANDANA VIJAYA ARUNADEVI
08-08-1996 29 Y (F)
Dr. KIRTI REDDY PATLOLLA



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

Shift: ☐ Morning ☒ Afternoon ☐ Night

Date: 11/7/2026

Assessment: patient complaint fear and anxiety

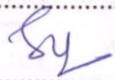
Goals

- | | | | | | |
|---|---|--|--|---|---|
| ☒ 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
4pm	→ assess the patient condition	4:20pm	→ assessed the patient condition	→ Patient stable
4:30pm	→ monitor vital	4:35pm	→ monitor vital	
4:40pm	→ ensure safety	4:45pm	→ provided side rails	
5pm	→ administration of medication	5pm	→ medication given as per	
5:10pm	→ Ambulation	5:10pm	deep chest	
6pm	→ NST	→ ambulation done		
7pm	→ Ilo chart monitoring	7pm	→ NST done	
		8pm	→ Ilo chart monitoring	

Re-Assessment: done pt stable

Special Notes: vitals and hourly

Nurse Signature: 

Nurse Name: Swapna

Date & Time: 11/7/2026 8pm

BAH-00659769 IP5-00176079
Mrs CHANDANA VIJAYA ARUNADEVI
08-08-1996 29 Y (F)
Dr. KIRTI REDDY PATLOLLA



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

Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 7/7/26

Assessment: Patient complaints of fear & Anxiety

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
8pm	⇒ Assess the Pt condition	10pm	⇒ Assessed the Pt condition vitals stable.	pt is comfortable.
10pm	⇒ NBM & IV fluids	12pm	⇒ Pt is on NBM & Ringer lactate ongoing	
12Am	⇒ Administration medication	2Am	⇒ medication given as per drug chart.	
2Am	⇒ Ensure Safety	2Am	⇒ Side rails provided.	
4Am	⇒ pain assessment	6Am	⇒ pain assessment done.	
6Am	⇒ U/O monitoring	8Am	⇒ U/O monitoring done.	

Re-Assessment: U/O is good & vitals stable.

Special Notes: w/ excessive bleeding

Nurse Signature:

Nurse Name: Tunna

Date & Time: 8/7/26 @ 8Am

BAH-00659769 IPS-00176079
 Mrs CHANDANA VIJAYA ARUNADEVI
 08-08-1996 29 Y (F)
 Dr. KIRTI REDDY PATLOLLA



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

Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 8/7/26

Assessment:

Acute pain Surgical site

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
8pm	Assess the patient general condition	8:30 am	Assessed the patient general condition	patient was stable now & well ambulated
10am	→ To monitor vitals	10:30 am	→ monitored vitals	
11am	→ To maintain I/O chart	11:30 am	→ maintained I/O chart	
12pm	→ To remove catheter	12:30 pm	→ removed catheter after removing she passed urine	
1pm	→ To administer the medications	1:30 pm	→ Administered the medications as per chart	

Re-Assessment:

Re assessment has done after 1 hour the patient was stable now

Special Notes:

voiding has done

Nurse Signature:

Nurse Name: P. Ravathi

Date & Time: 8/7/26 @ 2pm

BAH-00659769 IP5-00176079
Mrs CHANDANA VIJAYA ARUNADEVI
08-08-1996 29 Y (F)
Dr. KIRTI REDDY PATLOLLA



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

Shift: ☐ Morning ☒ Afternoon ☐ Night

Date: 8/7/26

Assessment: patient having mild pain in surgical site.

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
2pm	* Assess the patient condition	2:30 pm	* Assessed the patient condition, patient is stable.	* patient is well
3pm	* plan to monitor vitals	3:10 pm	* Monitor vitals stable.	
4pm	* plan to maintain I/O Chart.	4:20 pm	* maintain I/O Chart	
5pm	* plan to ambulation	5:20 pm	* patient ambulation	
6pm	* plan to soft diet	6:30 pm	* patient taken soft diet	
7pm	* plan to w/o bleeding	7:10 pm	* Bleeding is normal	
8pm	* plan to medication.	8pm	* Given medication as per doctor orders.	

Re-Assessment: provide comfortable position

Special Notes: -NA-

Nurse Signature:

Nurse Name: Seema

Date & Time: 8/7/26 @ 8 pm

BAH-00659769 IP5-00176079
Mrs CHANDANA VIJAYA ARUNADEVI
08-08-1996 29 Y 11 M 0 D (F)
Dr. KIRTI REDDY PATLOLLA



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

Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 8/7/26

Assessment: Pain and discomfort at surgical site

- 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
8pm	→ To assess the general condition of the pt	8pm	→ Assessed the general condition of the pt	Patient stable Vitals normal
11pm	→ To monitor vital signs	11:30pm	→ Monitored vitals and recorded	
2am	→ To provide comfortable position	2am	→ Provided comfortable position	
5am	→ To encourage oral intake	5:40am	→ Encouraged oral intake	
8am	→ To administer medicines.	8:05am	→ Administered medicines.	

Re-Assessment: After receiving Snj- Tramadol, she feels comfort → pain reduced

Special Notes:

Nurse Signature:

Nurse Name: Kalyani

Date & Time: 9/7 at 8am

BAH-00659769 IP5-00176079
 Mrs CHANDANA VIJAYA ARUNADEVI
 08-08-1996 29 Y 11 M 0 D (F)
 Dr. KIRTI REDDY PATLOLLA

NURSING CARE RECORD



Shift: ☒ Morning ☐ Afternoon ☐ Night

Date: 9/17/26

Assessment: patient having pain at surgical site

- | | | | | | | |
|--------------|---|---|--|---|--|---|
| 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
8am	Assess the patient general condition	8.10am	patient is stable	pt stable
9am	monitor vitals	9.10am	vitals stable	
10am	monitor Eto	10.10am	monitored Eto check documented	
11am	to administer medication	11.10am	administered medication	
12pm	to encourage stable	12.20pm	oral intake good	
1pm	to encourage ambly - labors	1.30pm	well ambulatory	

Re-Assessment: Re-assessed after 2 hrs pt stable

Special Notes: n/a

Nurse Signature: Satya Nurse Name: Satya Date & Time: 9/17/26 @ 2pm

NURSING CARE RECORD

Shift: ☐ Morning ☒ Afternoon ☐ Night

Date: 9/7/26

Assessment: patient having mild pain in surgical site.

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
2pm	* Assess the patient condition.	2:10pm	* Assessed the patient condition. patient is stable.	patient is stable
3pm	* plan to monitor vitals	3:15pm	* monitor vitals stable.	
4pm	* plan to maintain Ho chart.	4:20pm	* maintain Ho chart	
5pm	* plan to ambulation	5:15pm	* patient ambulate.	
6pm	* plan to Dressing wound	6:20pm	* wound dressing done.	
	* plan to soft diet		* patient taken soft diet	
7pm	* plan to medication.	7:10pm	* Given medication as per doct	

Re-Assessment: assessment done every 2nd hly

Special Notes: will

Nurse Signature: Seema

Nurse Name: Seema

Date & Time: 9/7/26 @ 8pm

NURSING CARE RECORD

Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 9/7/26

Assessment: Mild pain and discomfort at surgical site

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
8pm	→ To assess the general condition of the patient	8:10pm	Assessed the general condition of the patient	Patient stable Vitals normal
11pm	→ To monitor vital signs	11:30pm	Monitored vitals & recorded.	
2am	→ To encourage oral intake	2:40am	She had soft diet	
4am	→ To provide comfortable position	4:20am	Provided comfortable position	
7am	→ To administer medicines	7:05am	Administered medications	

Re-Assessment: Pain & discomfort has reduced after administering of Tab-Paracetamol

Special Notes: Please o/c T/m

Nurse Signature: [Signature]

Nurse Name: Kalyani

Date & Time: 10/7/26 at 8am



NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Dr. Kirti Department: OBS Date of Admission: 4/8/2020

SITUATION	Diagnosis: <u>GRV 34 weeks Preeclampsia in labour Em-Us migraine B-thalassemia trait</u>		Any Infection: ☐ Yes ☒ No ☐ Not Known If Yes Specify: _____					
	Area	Shift Time	OBS 2pm-8pm	ONS 8am-2pm	3rd floor 8pm-11pm	3rd floor 11pm-8am	3rd floor 8am-11pm	
BACKGROUND	Medical Condition (Any special condition to be noted):		migraine thalassemia	thalassemia	NA	NA	28CS migraine	
ASSESSMENT	Allergy:		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	Tubes/Drains/Catheter:		☒ Yes ☐ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	Vital Signs:	Temp:	98.1°F	98°F	98.0°F	97.8°F	97.8°F	98°F
		Res:	20b/m	20b/m	18	19b/m	20b/m	18b/m
		SpO ₂ :	100%	99.1	99	98.1	100%	99%
		Pulse:	72b/m	60b/m	71	86b/m	66b/m	62b/m
		BP:	121/78	113/63	113/60	110/60	100/65	97/62
	Fall Risk Score:	35	35	35	35	35	35	
Pain Score:	0	0	0	0	0/10	0		
Recommendations	Safety Needs:	Side rails	Y	Y	Side rails	Yes	Side rails	
	Physiotherapy	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	Others Specify:	NA	NO	NA	NA	NA	NA	
	Special Diet:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	Other Special Orders / Medications:	NA	NA	NA	NA	NA	NA	
Post Operative Procedure Special Orders:		NA	NA	NA	NA	NA	NA	
Handed Over By Name :		Suapue	Tomy	Shishu	Kalyani	Kalyani	Kalyani	
Signature :		Suapue	Tomy	Shishu	Kalyani	Kalyani	Kalyani	
Date:		4/8/20	8/8/20	8/8/20	8/8/20	8/8/20	9/8/20	
Time:		8pm	8pm	@ 8am	@ 2pm	@ 8pm	8am	
Taken Over By Name :		Tomy	Shishu	Kalyani	Kalyani	Kalyani	Saty	
Signature :		Tomy	Shishu	Kalyani	Kalyani	Kalyani	Saty	
Date:		4/8/20	8/8/20	8/8/20	8/8/20	8/8/20	9/8/20	
Time:		8pm	@ 8pm	@ 8am	@ 8pm	8pm	8am	



NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: DR. KIRTI REDDY Department: 3rd Floor Date of Admission: 21/7/26

SITUATION	Diagnosis: <u>LSCS</u>		Any Infection: ☐ Yes ☐ No ☒ Not Known If Yes Specify:				
BACKGROUND	Area	Shift Time	<u>3rd Floor</u> <u>2pm</u>	<u>3rd Floor</u> <u>8pm</u>	<u>3rd Floor</u> <u>8am</u>		
	Medical Condition (Any special condition to be noted):		<u>NA</u>	<u>LSCS</u>	<u>LSCS</u>		
ASSESSMENT	Allergy:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	
	Tubes/Drains/Catheter:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	
	Vital Signs:	Temp:	<u>97.5°F</u>	<u>97.8°F</u>	<u>98°F</u>		
		Res:	<u>19</u>	<u>20b/m</u>	<u>18b/m</u>		
		SpO ₂ :	<u>99%</u>	<u>100%</u>	<u>99%</u>		
		Pulse:	<u>78</u>	<u>65b/m</u>	<u>70b/m</u>		
		BP:	<u>100/60</u>	<u>101/69</u>	<u>102/71</u>		
		Fall Risk Score:	<u>-</u>	<u>35</u>	<u>35</u>		
Pain Score:	<u>-</u>	<u>0/10</u>	<u>0</u>				
Recommendations	Safety Needs:	<u>Yes</u>	<u>Yes</u>	<u>Side rails</u>			
	Physiotherapy	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	
	Others Specify:	<u>NA</u>	<u>NA</u>	<u>NA</u>			
	Special Diet:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	
	Other Special Orders / Medications:	<u>NA</u>	<u>NA</u>	<u>NA</u>			
Post Operative Procedure Special Orders:		<u>NA</u>	<u>NA</u>	<u>NA</u>			
Handed Over By Name :		<u>Saty</u>	<u>seema</u>	<u>Kalyani</u>			
Signature :		<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>			
Date:		<u>9/7/26</u>	<u>9/7/26</u>	<u>10/7</u>			
Time:		<u>2pm</u>	<u>8pm</u>	<u>8am</u>			
Taken Over By Name :		<u>seema</u>	<u>Kalyani</u>				
Signature :		<u>[Signature]</u>	<u>[Signature]</u>				
Date:		<u>9/7/26</u>	<u>9/7</u>				
Time:		<u>8pm</u>	<u>8pm</u>				



PAIN ASSESSMENT FORM

		Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
7/2	5pm	0	NO Pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	under observation	Simple
7/2	8pm	0	NO Pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	under observation	Simple
7/2	10 pm	0	NO pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	under observation	Turns.
8/2	6AM	2/10	S/S	☐ Continuous ☒ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☒ Dull ☐ Aching ☐ Burning	☐ Increasing ☒ Decreasing	☒ Yes ☐ No	T. paracetamol	slight.
8/2	7AM	0/10	NO	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	under observation	slight
8/2/26	9am	0/10	S/S	☐ Continuous ☒ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☐ Dull ☒ Aching ☐ Burning	☐ Increasing ☒ Decreasing	☒ Yes ☐ No	T. Tramadol	patient
8/2/26	1pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	under observation	patient
8/2/26	3pm	2/10	S/S	☐ Continuous ☒ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☒ Dull ☐ Aching ☐ Burning	☐ Increasing ☒ Decreasing	☒ Yes ☐ No	T. Diclofenac	Seema
8/2/26	4pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	under observation	Seema
8/2/26	6pm	3/10	S/S	☐ Continuous ☒ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☒ Dull ☐ Aching ☐ Burning	☐ Increasing ☒ Decreasing	☒ Yes ☐ No	T. Coelap	Seema

Re-assessment Frequency:

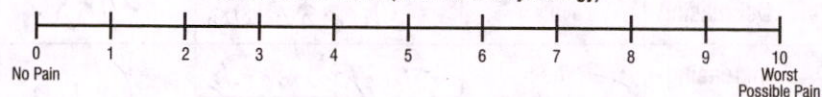
- Every eight hours for all hospitalized patients.
- For post-surgical patients, patients with chronic pain, patient with severe pain:
 - At least every 2 hours for the first 24 hours
 - Then every 4 hours.
 - Prior to pain relieving intervention.
 - Within 30 – 60 minutes after pain relief intervention.

PAIN ASSESSMENT TOOLS

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

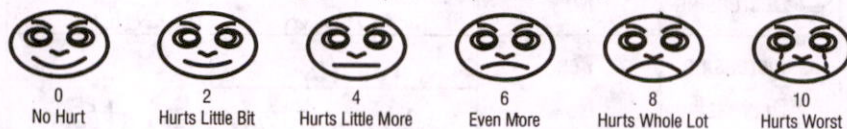
Numerical Pain Scale (Obstetric and Gynecology)



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

Assessment Criteria	Sedation		Normal	Pain / Agitation	
	-2	-1	0	1	2
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense
Vital Signs HR, RR, BP, SaO₂	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO ₂ 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO ₂ less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator

Wong - Baker (Pediatrics) Above 7 Years





PAIN ASSESSMENT FORM

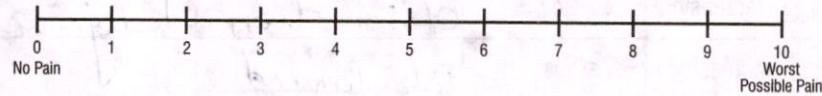
Date	Time	Pain score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
8/9/26	9pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	under observation	Seema
8/9	10pm	5/10	S/S	☒ Continuous ☐ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☐ Dull ☒ Aching ☐ Burning	☐ Increasing ☒ Decreasing	☒ Yes ☐ No	T. Trame - sol	Kalyani
8/9	11pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Under observation	Kalyani
9/9	6am	3/10	S/S	☒ Continuous ☐ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☒ Decreasing	☒ Yes ☐ No	Pab. Paracetamol	Kalyani
9/9	7am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Under observation	Kalyani
9/9	9am	2/10	S/S	☒ Continuous ☐ Intermittent	☒ Acute ☐ Chronic	☒ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	T. diclo	Sathya
9/9	2pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	under observation	Sathya
9/9	1:30pm	1/10	S/S	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	T. calpo	Sathya
9/9	6pm	2/10	S/S	☐ Continuous ☒ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☒ Decreasing	☒ Yes ☐ No	Paracetamol given	Seema
9/9	7pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	under observation	Seema

Re-assessment Frequency:

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

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years



FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

Assessment Criteria	Sedation		Normal	Pain / Agitation	
	-2	-1	0	1	2
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense
Vital Signs HR, RR, BP, SaO₂	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO ₂ 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO ₂ less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator



PAIN ASSESSMENT FORM

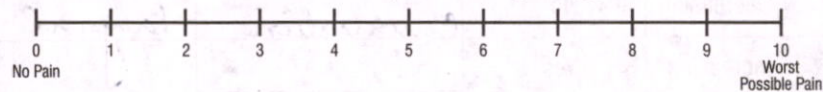
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
9/7	10pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Under Observation	Kalyani
10/7	6am	3/10	S/S	☒ Continuous ☐ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☒ Dull ☐ Aching ☐ Burning	☐ Increasing ☒ Decreasing	☒ Yes ☐ No	Paracetamol	Kalyani
10/7/16	7am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Under Observation	Kalyani
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

Re-assessment Frequency:

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

PAIN ASSESSMENT TOOLS

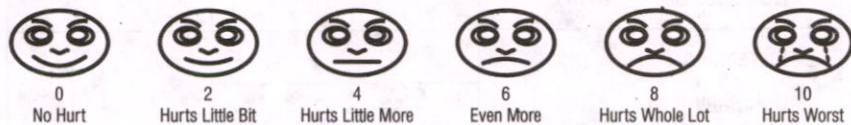
Numerical Pain Scale (Obstetric and Gynecology)



FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

Wong - Baker (Pediatrics) Above 7 Years



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

Assessment Criteria	Sedation		Normal	Pain / Agitation	
	-2	-1	0	1	2
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense
Vital Signs HR, RR, BP, SaO₂	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO ₂ 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO ₂ less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator



CHECKLIST FOR THROMBOPHLEBITIS

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

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

Signature of Shift In Charge :

Signature : [Signature] Name : Ludha

Signature of Ward In Charge :

Signature : [Signature] Name : Veena

BAH-00659769 IP5-00176079
Mrs CHANDANA VIJAYA ARUNADEVI
08-08-1996 29 Y (F)
Dr. KIRTI REDDY PATLOLLA



Morse Fall Risk Assessment Form

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Choose Highest Applicable Score from each Category		Date / Time	7/12/26	7/12/26	9/1	Fall Risk Grading		
		Score	2pm-8pm	8pm-8am	6am			
History of Falling (immediately or w/in 3 months)	Yes	25				Risk Level	Morse Fall Score (MFS)	Action
	No	0	0	0	0			
Secondary Diagnosis (more than one diagnosis)	Yes	15	15	15	15	Low Risk	0 - 24	Standard Fall Precaution
	No	0						
Ambulatory Aid	Furniture	30				Moderate Risk	25 - 50	Implement Moderate Fall Prevention Intervention
	Crutches, Cane(S), Walker	15						
	None /Bed Rest /Nurse Assist	0	0	0	0			
IV / Heparin Lock or Saline	Yes	20	20	20	20	High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	No	0						
GAIT / Transferring	Impaired	20				High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	Weak (uses touch for balance)	10						
	Normal /On Bed Rest /Immobile	0	0	0	0			
Mental Status	Forgets limitations	15				High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	Oriented to own ability	0	0	0	0			
Total Morse Fall Scale Score:			25	35	35			
Signature			Sy	Tunna	Kalyani			

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

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

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

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

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

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



Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	Fall Risk Grading		
		Score			
History of Falling (immediately or w/in 3 months)	Yes	25	10/1/26		
	No	0	Cam		
Secondary Diagnosis (more than one diagnosis)	Yes	15	0		
	No	0	15		
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0			
IV / Heparin Lock or Saline	Yes	20	20		
	No	0			
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10			
	Normal /On Bed Rest /Immobile	0	0		
Mental Status	Forgets limitations	15			
	Oriented to own ability	0	0		
Total Morse Fall Scale Score:			35		
Signature			Kalyani		

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

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

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

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

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

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

BAH-00659769 IP5-00176079
Mrs CHANDANA VIJAYA ARUNADEVI
08-08-1996 29 Y (F)
Dr. KIRTI REDDY PATLOLLA

BRADEN 'Q' SCALE

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

					Date :	21/08/2026		a/h 10/7		
					Time :	2 pm		6 am		
Mobility	1. Completely immobile: Does not make even slight changes in body or extremity position without assistance.	2. Very limited: Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	3. Slightly limited: Makes frequent through slight changes in body or extremity position independently.	4. No limitations: Makes major and frequent changes in position without assistance.	4	3	4	4		
"Activity The degree of physical activity"	1. Bedfast : Confined to bed	2. Chairfast : Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	3. Walks occasionally: Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	1	3	3		
Sensory Perception	1. Completely limited: Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	2. Very limited: responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	3. Slightly limited: Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	4. No impairment: Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4		
Moisture Degree to which skin is exposed to moisture	1. Constantly moist: Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	2. Very moist: Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	3. Occasionally moist: Skin is occasionally moist, requiring linen change every 12 hours.	4. Rarely moist: Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	3	4	4		
FRICTION-SHEAR Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	1. Significant problem: Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	2. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	3. Potential problem: Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	4. No apparent problem: Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	3	4	4		
Nutritional Usual food intake pattern	1. Very Poor: NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	2. Inadequate: Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	3. Adequate: Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	4. Excellent: Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	4		
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4		
Severe Risk : less than 9 High Risk : 10-12 Moderate Risk : 13-14 Mild Risk : 15-18 Not at Risk: 19-23					TOTAL SCORE		28	22	207	27
Docu. No. : RCHBH /FRM / CLINICAL / 119					Evaluator's Name		K. R. Patolla			

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

318

NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 8/7/26

Time: 8:30am

Origin: Indian

Height: 151cm

Weight: 78kgs

BMI: 34.2 kg/m²

Food Allergies: No

Diagnosis: POD-0 / Em-LSCS (emergency lower segment cesarean section)

Type of Diet: ☐ Liquid ☒ Soft ☐ Normal ☐ Diabetic

☐ Vegetarian ☒ Non-Vegetarian ☐ Vegan

Diet Advised:

soft High protein diet
include plenty of oral liquids
avoid spicy, chilled and outside foods

Patient's / Attendant's

Dietician's

Signature: ch. S. Murthy.

Signature: Saima

Name: ch. S. Satya Murthy.

Name: Saima

Date & Time: 8/7/26 8:30am

Date & Time: 8/7/26 8:30am

DIETARY NOTES[illegible]