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VIH-00167054 IP-00060581
Mrs LALITA
04-05-1998 28 Y 2 M 2 D (F)
Dr. BHAVANA K

ACTIVIT G

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

UHID No : 167054 IP No : 60581 Consultant : ---------- Dept : ----------

Date of Admission : 6/7/26 Time : 3:14am Date of Discharge : ---------- Time: ----------

Room / Bed No : 220 Ward : L/W Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
6/7/26	2 PM	L/W	Room (217)	

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
6/7/26	NST @ 2230 am - ①	R26-010769	
6/7/26	CBP. CRP. Vaginal swabc/s	V126022520	
6/7/26	AFI. Dupplex scan	R26-010783	
	Cross Checked Dr 6/7/26 & sprm		

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
6/7/26	IV placement	1	309870	

ANY OTHER INFORMATION

Date : 07.07.26 Time : 8Am Prepared By : MERY

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Thanga.	07.07.26 8Am		

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-00060581 **Admit Date** : 06-Jul-2026 **Admit Time** : 03:14 AM **UHID** : VIH-00167054

Patient Details :

Patient Name	: Mrs LALITA	**Age**	: 28 Y 2 M 2 D
Guardian	: Mr SUMIT	**DOB**	: 04-05-1998
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: FLAT NO-303,DEVI MANI NILAYAM,RK PURAM Neredmet Hyderabad Telangana INDIA 500056	**Phone No**	: 8297400040/ 8121484412
		E-mail	: lalitanair.rani@gmail.com

Admission Details :

Bed Type : MICU **Bed No** : LW 220 **Ward Name** : N 2F-LABOUR WARD

Room No : LW 220 **Admission Type** : First Visit

Contact Details :

Name	: Mr SUMIT	**Relationship**	: Husband
Contact Address	: FLAT NO-303,DEVI MANI NILAYAM,RK PURAM Neredmet Hyderabad Telangana INDIA 500056	**Phone No**	: 8297400040 / 8121484412

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

MH-00167054 IP-00060581
Mrs LALITA
04-05-1998 28 Y 2 M 2 D (F)
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OBSTETRICS / GYNECOLOGY
NURSING INITIAL ASSESSMENT FORM

Date of Admission: 6/7/26

Baseline Information:

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

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: c/o: PV Bleeding since 2am

Doctor Notified on Admission: ☑ Yes ☐ No

Name of the Doctor: Dr. Nitisha

Time Notified: 3am

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

Past Medical History	Past Surgical History	Previous Hospital Admission
Nil	Nil	Yes

Gynecology Assessment: ☐ Not Applicable

Menstrual History: Regular

Onset of Menarche: –

Menstrual Cycle: ☑ Regular ☐ Irregular

Last Menstrual Period: 14/2/25

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 primi 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: 98.6°F HR: 76 b/mt RR: 19 br/mt

BP: 129/84 mmHg Weight: Height: 158 BMI:

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

IP-0016705
Mrs LALITA
04-05-1998 28 Y 2 M 2 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 o Pressure Sore: ☐ Yes ☑ No Score ..28.. (complete the Braden Q Sheet)

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

☐ lobility problem ☐ Walking Problem ☑ No Abnormality Detected

☐ Levelopmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTR TIONAL SCREENING: ☑ No Abnormality Detected

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

☐ nder Weight ☐ Diabetes Mellitus ☐ Hyperemesis Gravidarum

Inform consultant for positive criteria

PSYCH OLOGICAL SCREENING:

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

☐ Others .....

Inform consultant for positive criteria

SOCIA SCREENING:

1. **M rital Status:** ☐ Single ☑ Married ☐ Divorced ☐ Widow
2. **Sp cial Habits:** **Smoker:** ☐ Yes ☑ No **Alcohol Abuse:** ☐ Yes ☑ No **Drug Abuse:** ☐ Yes ☑ No

Socia History: Lives With ..Family..

Orient tion has been given regarding the following aspects:

Call Be l in Reach : ☐ Yes ☑ No Waste Disposal Explained: ☑ Yes ☐ No

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

Above information given to ..Mrs. Lalitha..

Name f Person Orientation was given to: ..Mrs. Lalitha..

Orient tion not given Reason: .....

Nurse Signature: ..Kl..

Nurse Name: ..Meghana..

Date & Time: ..6/7/26 @ 3:05AM..

PATIENT TRANSFER FORM

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Pa VIH-00167054 IP-00060581 Mrs LALITA 04-05-1998 28 Y 2 M 2 D (F) Dr. BHAVANA K	Date & Time of Admission 6/7/26 @3:14AM	Date & Time of Transfer Order 6/7/26 @2PM
Treating Consultant Name	Transfer Ordered by Dr. Bhavana.	Reason for Transfer Observation
From Unit HDU	To Unit Room (217)	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 38	Number of Imaging Films 1	Personal belongings including clinical documents. If any handed over to attendant Yes ☑ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sis. Kamala	Dr. Bhavana

Patient & Clinical Records Received by : Smitha

Date & Time of Patient Received : 6/7/26 2:30 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

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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints
c/o PV bleeding since 2Am

LMP: 14/12/2025. EDD:

Corrected EDD: 20/9/2026 GA: 29 + 1 wks.

Obstetric Formula: Primigravida.
ML - 4428. NCM

Menstrual History: Regular : ☑ Yes ☐ No

Obstetric Hostory:
G1 - Present pregnancy | spontaneous conception.

Obstetric Examination

Fundal Height: ~ 29 wks.

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

Liquor: ☐ Adequate ☐ Oligo ☐ Poly

PP: ☑ Cephalic ☐ Breech Others _____

Head Fifths Palpable: _____

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

Present Pregnancy Record: Booked to RCH
∴ conception. Diagnosed c hypothyroidism
16 wks, on Tab. Thyroxine 25 mcg OD.
H/O PV spotting at 6 wks & managed conservatively. Inj. Betnesol 12mg two doses given 12 hours apart at 28+4 wks. Inj. MgSO4 loading + maintainance dose given at 28+4 & 28+5 wks.

RISK FACTORS:
- steroids covered.
- short cervix.
- Hypothyroidism.

Per Speculum Examination Brownish Bleeding (+)

Draining: ☐ Present ☐ Absent ☑ Bleeding

Colour of Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Vaginal Examination

Cervix: ☑ Long ☐ Partially effaced ☐ Effaced

Os: Closed ~~_____~~ 1cm Dilated _____

Membranes: ☐ Present ☐ Absent

Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Presenting Part: ☐ Vertex ☐ Breech ☐ Others

Sutton: ☐ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2

Pelvis: ☐ Adequate ☐ Doubtful

Height: ...158.... cm
Weight: ..... kg
Allergies: Nil
Breast: ☑ Normal ☐ Abnormal
General Examination: pt is c/c/c
Consciousness: ⊕ Pallor: ⊖
Icterus: ⊖ Edema: ⊖
Temp: Afeb. PR: ~~76~~ bpm
BP: 129/89 mmHg DTR: ⊕
CVS: S1S2 ⊕ RS BAE ⊕
Liver/Spleen: NAD Urine Output: Adeq.

DIAGNOSIS
primigravida c 29+1 wks with hypothyroidism (25) c short cervix ? PPROM
c steroids covered
For observation & further management.

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Family History:	Surgical History:
Nil	Nil
Medical History:	**Medication History:**
Nil	Tab. Thyroxine 25 mcg OD. Syp. citralka 5ml BD.

Plan of Care:

- Admission
- FHS monitoring
- INT PIPTAZ 4.5gm IVTID
- Send CBP/CRP, HVS
- Follow Bowel chart
- Foot end Elevation
- monitor vitals
- Inform SOS.
- ~~AFI Doppler~~ ~~Growth Scan~~ tomorrow.
- pad for observation.

Noted by Meghana
6/7/26 @ 8Am

Investigations:

HIV, HBsAg, HCV, VDRL } NR.

BG: 'AB' POSITIVE

2/7/26
HUS, UCS } No growth.

CBP - 10.4/12810/2.83L.

- Growth scan -
2/7/2026.
SLIUF
28 + 4 wks.
cephalic
PL - post.
AFI - 11.4cm.
AC - 12+.
EFW - 1165 gm.
CL - 8.6 mm.

- NT scan -
16/3/26.
SLIUF
12 + 5 wks.
NT - 1.1 mm.

- TIFFA Scan -
5/5/26
SLIUF
20 + 2 wks.
CL - 30 mm
PL - post. lower end is 2cm from int. os
No anomalies.

Doctor Name: Dr. Niklita
Signature:
Date & Time: 6/7/2026 3Am.

Consultant Name: Dr. Bhavana K.
Signature:
Date & Time: 6/7/2026

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes			Doctor's Order		
	Date	Time	FHR	Date	Time	FHR
	6/7/26	2 am	- 146 b/mt			
		2:30 am	- 142 b/mt	6/7/26	11 pm	- 142 b/mt
		3 am	- 138 b/mt	7/7/26	4 am	- 134 b/mt
		3:30 am	- 139 b/mt	7/7/26	8 am	-
		4 am	- 145 b/mt	7/7/26	11 am	-
		4:30 am	- 146 b/mt			
		5 am	- 150 b/mt			
		5:30 am	- 147 b/mt			
		6 am	- 142 b/mt			
		6:30 am	- 140 b/mt			
		7 am	- 138 b/mt			
		7:30 am	- 135 b/mt			
		8 am	- 140 b/mt			
		9 AM	- 138 b/mt			
		9:30 AM	- 140 b/mt			
		10 AM	- 146 b/mt			
	6/7/26	10:30 AM	- 150 b/mt			
		11 AM	- 152 b/mt			
		11:30 AM	- 148 b/mt			
		12:00 PM	147 b/mt			
		12:30 PM	151 b/mt			
		1 PM	- 148 b/mt			
		1:30 PM	- 146 b/mt			
		2 PM	- 146 b/mt			

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/7/2026 7Am.	O/E- pt is c/c/c GC-Fair Afebrile. BP- 110/74 mmHg PR- 72 bpm. S/E- NAD P/A- ut ~ 29 w/cs. Cephalic Relaxed FHR (+) 140 bpm. L/E- NAB.	Adv: - (N) diet - Adeq. Hydration - ~~Ambulation~~ - Strict bed rest - c footend elevation - monitor vitals - FHR monitoring - Follow drug chart - Inform SOS.
AFI DOPPLER today CRP - 17 CBP - 10.7/15790/3.18L	Noted by Meghna 6/7/26 7Am	DS: Nikhita
6/7/26 9:30am AFI Doppler Today	O/E Pt is c/c/c GC-fair. Afebrile BP- 116/76 mmHg PR- 78 bpm S/E- NAD P/A- Utv 29 wks Cephalic Relaxed FHR (+) 138 bpm L/E- NAB	Adv - (N) diet - Adequate hydration - Strict Bed Rest c Foot End Elevation - FHR monitoring - Monitor Vitals - Follow drug chart - Inform SOS
Noted by Farah 9:30am 6/7/26		Dr Greeshma

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/7/26 11:20 AM	Fetal Wellbeing Scan SLIUF 29+1 weeks Cephalic Pl- Posterior AFI - 11.0 cms Doppler - (N) Residual Cervical length - 15.6 mm Funnel length - 17.2 mm Funnel width - 23.4 mm	
Noted by Ward 6/7/26 11:20AM		Gpw Dr. Greeshma
6/7/26 12 PM	C/I to Dr. Bhavana Mam AFI Doppler Scan - Normal Vitals stable	
Noted by ward 6/7/26 @ 12PM		Adv - Shift to Room - Observation for 24hrs - Inform SOS Gpw Dr. Greeshma

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(2)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/7/26 12 PM	O/E Pt is c/c/c GC- fair Afebrile BP- 116/77mmHg PR- 80 bpm S/E- NAD P/A- Ut ~29wks Cephalic Relaxed FHR (+) 149 bpm	Adv - Normal diet - Adequate hydration - Strict bed rest c̄ Foot End Elevation - Monitor vitals - Follow drug chart - FHR monitoring 4th hrly - Inform sos
Shift to Room	(signature)	Dr. Geetha (signature)
Noted by Kamal 12PM c̄ 6/7/26		
6/7/26 10pm	(N) observation pt c/c/c GC fair, afebrile BP- 129/72 mmHg PR- 84 bpm S/E- NAD P/A- Ut ~28 wks cephalic relaxed FHR (+) 148 bpm pad kept - dry	Rx: → (N) diet → adq. hydration → strict bed rest → foot end elevation → monitor vitals → follow drug chart → FHR monitoring 3rd hrly → TEDD stockings → pad for observation → Inform sos
Note by Raja Ch 6/7/26 @ 10pm		(signature)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/7/26 7.30 Am	Primi / 29+2 wks / Hypothyroidism / short cervix / steroid covered / ? PPROM / Observation	
	pt c/c/c uc ctxs, aysymle BP- 104/78 mmHg PR- 84 bpm S/E-NAD P/A-ut N 30 wks relaxed FHR+ve 146 bpm	Rx → (N) diet → follow drug chart → monitor vitals → wtt any contractions → pad ghk observation → wtt any bleeding / spotting / leaking PV → strict bed rest → foot end elevation → TEDD stockings → FHR monitoring 3rd hrly → Inform SOS
plan bed side scan today Dr. Soumya	pad dry	
Note by Dr 7th 6 @ 7.30 A.		
7/7/26 10:30 Am	C/S by Dr Bhavana Ma'am Bed side scan done -	AFI - 12 cm.
Patient can be discharged		Dr Soumya.

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Date & Time	Progress Notes	Doctor's Order

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: primigravida c 29+1wks with Hypo Hypothyroidism (25) c short cervix? PPROM c steroids covered for observation			Any Infection: ☐ Yes ☑ No ☐ Not Known If Yes Specify:			
	Surgery / Procedure:			Post OP Day:			
BACKGROUND	Date / Shift	6/7/26 N	6/7/26 M	6/7/26 E	6/7/26 N		
	Medical Condition (Any special condition to be noted):	hypothyroid	hypothyroid	hypothyroidism	hypothyroidism		
	Diet:	soft diet	soft diet	N diet	N diet		
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA		
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.4°F	98°F	98.5F	98.7F		
	Res:	19b/mt	19b/mt	22b/m	19bm		
	SpO_2:	99%	99%	99%	98%		
	Pulse:	92 b/mt	82bpm	76b/m	80b/m		
	BP:	110/74mmHg	110/68mmHg	110/70mmHg	110/69		
	LOC:	Conscious	Conscious	Conscious	Conscious		
	Fall Risk Score:	15	15	15	15		
	Pain Score:	0	0	0	0		
	Skin Integrity	Intact	Intact	Intact	Intact		
Recommendations	Safety Needs:	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:	–	–	–	Nil		
	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:	N diet	soft diet	N diet	N diet		
	Critical Lab Test / Values:	–		–	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):	Dependent	dependant	dependent	dependent		
Post Operative Procedure Special Orders:		w/f Bleeding PV & Scar	w/f Bleeding FHR hourly	w/f Bleeding FHR hourly	w/f bleeding FHR hourly		
Handed Over By Name :		Meghana	[illegible]	padma	Raja		
Signature / ID :		020232	020573	606329	[illegible]		
Date:		6/7/26	6/7/26	6/7/26	7/7/26		
Time:		@8am	@2pm	@8pm	@8AM		
Taken Over By Name :		pooja	padma	Raja			
Signature / ID :		[illegible]	606329	[illegible]			
Date:		6/7/26	6/7/26	6/7/26			
Time:		@ 8Am	@2pm	@ 8pm			

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NURSING SHIFT HAND OVER FORM

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

VIH-00167054 IP-00060581
Mrs LALITA
04-05-1998 28 Y 2 M 2 D (F)
Dr. BHAVANA K

NURSING CARE RECORD

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 6/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night	2am 4am 6am	Ensure Safety Prevent infection Maintain personal hygiene	2:05 Am 4:30 am 6:10 am	provided side rails Antibiotics given as per doctor orders personal hygiene given	→ To prevent falls → To prevent infection → To prevent infection.	→ patient is safe → patient is safe → Patient is comfortable	Meghana RN 6/7/26 8AM

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Date: 6/7/26

Goals

- ☐ Maintain Airway and Oxygenation
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- ☐ Identify Potential Complications
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- ☐ 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 12 PM	prevent infection → ensure safety	8A 12 Pm	maintain hand hygine provide side	→ prevent infection → to prevent bed fall	patient is safe patient is safe	pooja 6/7/26 @2pm
Afternoon	3pm	* Ensure safety * prevent infection	5pm	* provided the side rails * Maintain hand hygiene	* to prevent Risk of falls * prevent infection	Re-assessment done patient is stable.	padma 6/7/26 @8pm
Night	7pm	+ maintain fluid balance + Ensure safety	930 Pm	+ encouraged to oral intake fluid + provided side rails	+ To prevent dehydration + To prevent fall risk	+ Re-assessment was done every 4th hourly vital monitor	Roy

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NURSING CARE RECORD

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BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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							
Afternoon							
Night							

VIH-00167054 IP-00060581
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NURSING CARE RECORD

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Your Right to a Safe Delivery

Date: .....

Goals

- ☐ Maintain Airway and Oxygenation
- ☐ Relieve Pain & Discomfort
- ☐ Maintain Fluid Balance
- ☐ Improve Activity Tolerance
- ☐ Maintain Good Nutritional Status
- ☐ Maintain Skin Integrity
- ☐ Maintain Personal Hygiene
- ☐ Prevent Infection
- ☐ Meet Elimination Needs
- ☐ Ensure Safety
- ☐ 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							
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 LALITA**	**Age :**	**28 Y 2 M 2 D**
IP No:	**IP-00060581**	**Sex:**	**Female**
Consultant:	**Dr. BHAVANA K**	**Ward/Bed No:**	**N 2F-LABOUR WARD/LW 220**

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

Patient, be deemed advisable or necessary.

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

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

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

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

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

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

Signature of Patient/Relative:

Name: Sowmya Maam
Relationship: Husband
Date: 06-07-2026 Time:
Witness Name:
Witness Signature:

Patient Address:
FLAT NO-303,DEVI MANI NILAYAM,RK PURAM Neredmet Hyderabad Telangana INDIA 500056

VIH-00167054 IP-00060581
Mrs LALITA
04-05-1998 28 Y 2 M 2 D (F)
Dr. BHAVANA K

(1)

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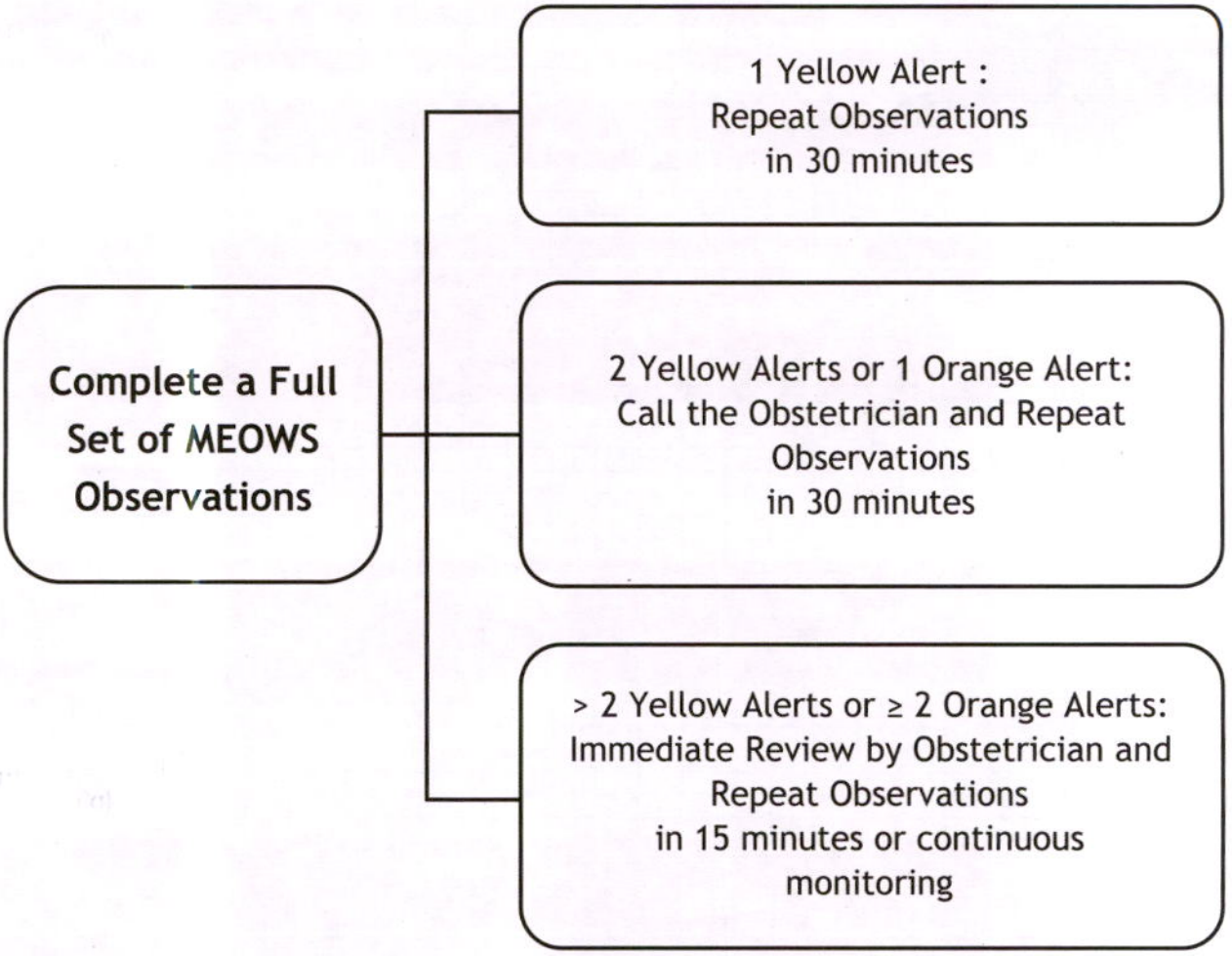
Early Warning Observation Score Chart - Obstetrics

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	
	0 - 10																								
Saturations	94 - 100 %																			99		99		99	
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37																			37.8		37.8		37.8	
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70																			76		75		72	
	60																								
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120																			129					
	110																							110	
	100																					107			
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																			89					
	70																					78		79	
	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	
TOTAL ORANGE SCORES																				0		0		0	
Nurse Initial																				MJ		MJ		MJ	

Obstetrics and Gynaecology Early Warning Signs



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

VIH-00167054 IP-00060581
Mrs LALITA
04-05-1998 28 Y 2 M 2 D (F)
Dr. BHAVANA K

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

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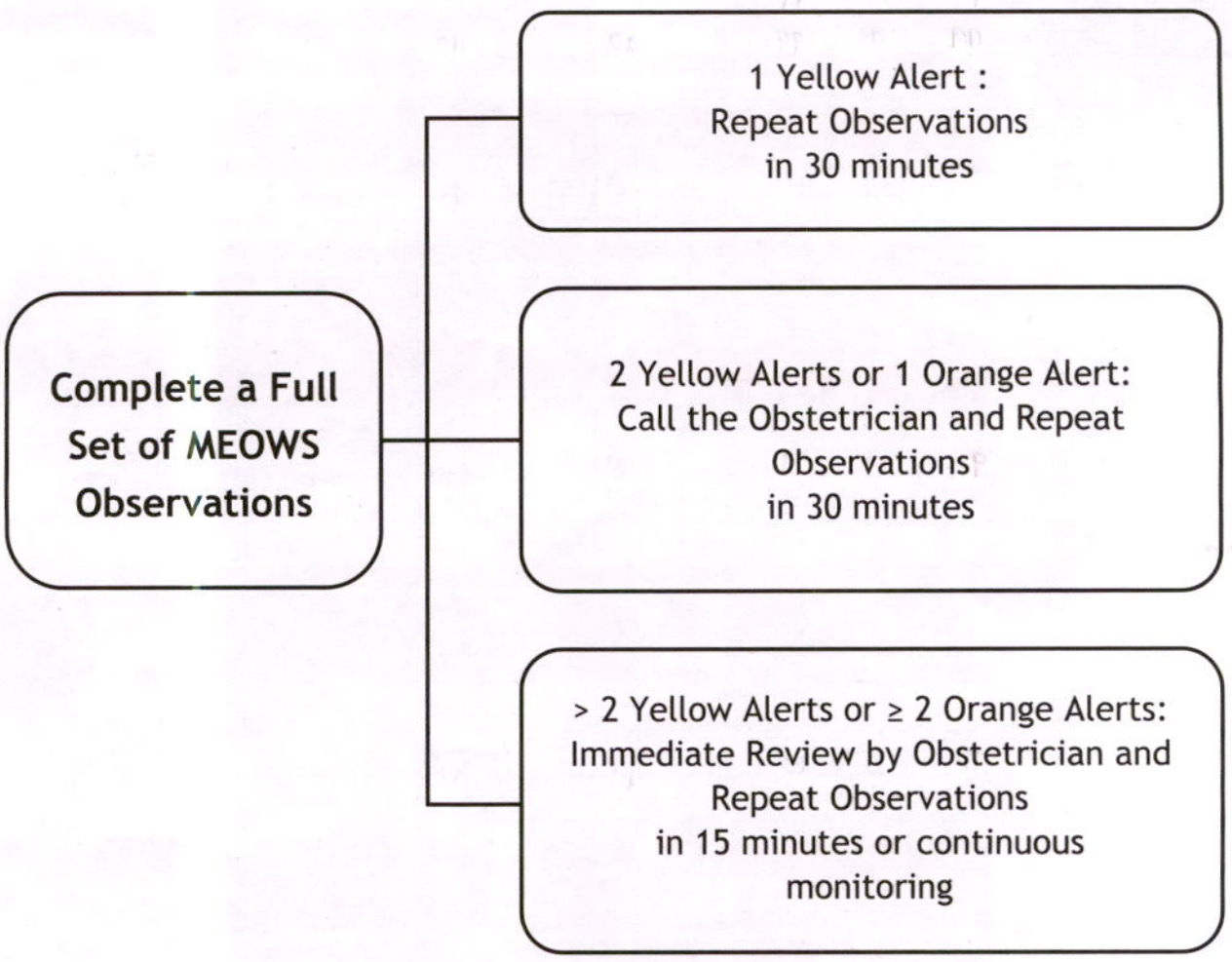
Early Warning Observation Score Chart - Obstetrics

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

6/7/25	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
	0 - 10																								
Saturations	94 - 100 %	99		99		99				99				99			99				99				99
	< 94 %																								
Administered O_2 (L/min.)																									
Temp °c	40																								
	39																								
	38																								
	37	37C		37C		37C				36C				37C			36C				36C				36C
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90	84		90		99				88				84			71				80				77
	80																								
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120	117		115		120				111				129											
	110																				111				109
	100																100								
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80	79		82		80				79				72							67				79
	70																61								
	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				NA
	Heavy / Foul																								
Liquor	Clear / Pink	NA		NA		NA				NA				NA			NA				NA				NA
	Green																								
TOTAL YELLOW SCORES		0		0		0				0				0			0				0				0
TOTAL ORANGE SCORES		0		0		0				0				0			0				0				0
Nurse Initial				NE		NE				P				P											

Obstetrics and Gynaecology Early Warning Signs



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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																								
	0 - 10																								
Saturations	94 - 100 %																								
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
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	35																								
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Heart Rate	170																								
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Systolic Blood Pressue ↑	190																								
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	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
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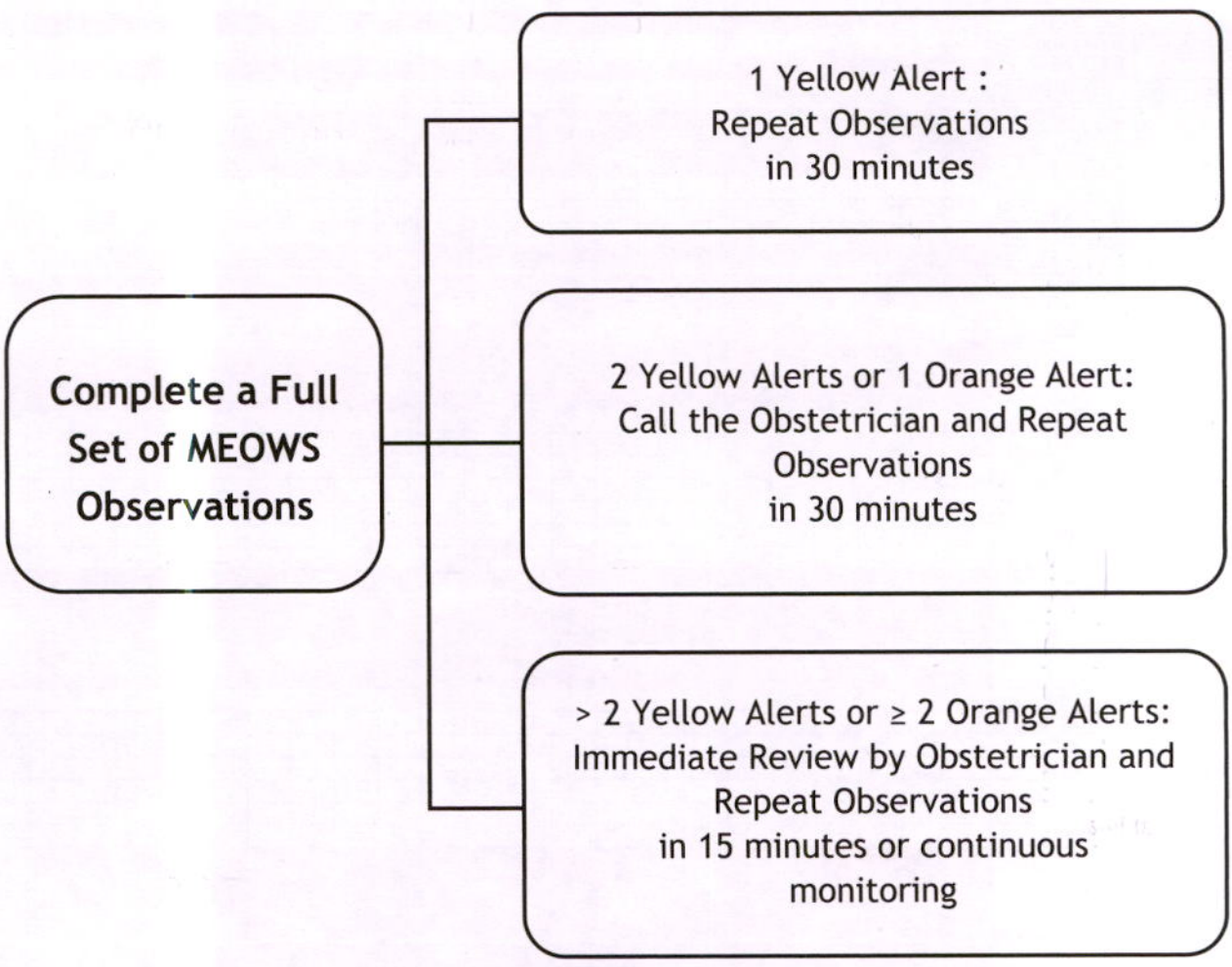
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	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)**

Mrs LALITA
04-05-1998 28 Y 2 M 2 D (F)
Dr. BHAVANA K

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 1

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

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				Nil	-						
	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				Nil	-						
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm				Nil	-						
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
6/7/26	02:00 am	H2O	50ml							✓	0	Megha
	03:00 am	H2O	50ml							✓	0	
	04:00 am	H2O	50ml	+ Inj. pipitaz	100ml					✓	0	NS
	05:00 am	H2O	30ml								0	6/7/26
	06:00 am	H2O	50ml								0	7.30
	07:00 am	H2O	100ml								0	AD
Total Intake :		400ml				**Total Output :**				passed		

Total 24 hrs. Intake	400ml	Total 24 hrs. Output	passed

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FLUID CHART

Sheet No. : .....

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
6/7/26	08:00 am	H_2O + 50ml								✓	0	
	09:00 am	H_2O + 50ml									0	
	10:00 am	H_2O + 50ml									0	
	11:00 am	H_2O + 50ml								✓	0	6/7/26
	12:00 pm	H_2O + 50ml									0	@2pm
	01:00 pm	H_2O + 100ml								✓	0	
Total Intake :						**Total Output :**						
6/7/26	02:00 pm		Diet H_2O									
	03:00 pm									✓		
	04:00 pm											
	05:00 pm						✓			✓		
	06:00 pm		H_2O							✓	0	Padma 6/7/26 @8pm
	07:00 pm									✓		
Total Intake :						**Total Output :**						
7/7/26	08:00 pm									✓		
	09:00 pm		Rice									Raju 8/7
	10:00 pm											
	11:00 pm											
	12:00 am		H_2O									
	01:00 am											
Total Intake :						**Total Output :**						
7/7/26	02:00 am											
	03:00 am		H_2O									
	04:00 am											
	05:00 am		H_2O									
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

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FLUID CHART

Sheet No. : .....

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											
	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**	

Patient Sticker

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

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Your Right to a Safe Delivery

FLUID CHART

Sheet No. : .....

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

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

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

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Mrs LALITA
04-05-1998 28 Y 2 M 2 D (F)
Dr. BHAVANA K

(1)

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Your Right to a Safe Delivery

MEDICATION RECONCILIATION FORM

Drug Allergies: ..... Nil ..... ☑ Not known any Drug Allergies

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

Shifting From: ..... L/W ..... Shifted to: ..... Room (217) .....

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	T. IRON	1 TAB	PO	ONCE DAILY	5/7	☑ C ☐ DC
2	T. CALCIUM	1 TAB	PO	ONCE DAILY	5/7	☑ C ☐ DC
3	T. FOLIC ACID.	1 TAB	PO	ONCE DAILY	5/7	☑ C ☐ DC
4	SYP. DISODIUM HYDROGEN CITRATE	5 ML	PO	12 TH HOURLY	5/7	☑ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : ..... DR. NIKHITA .....

Date & Time : ..... 6/7/2026 3 AM. .....

Nurse Name & Signature: ..... Meghana MEG .....

Date & Time : ..... 6/7/26 @ 3 AM .....

VIH-00167054 IP-00060581
Mrs LALITA
04-05-1998 28 Y 2 M 2 D (F)
Dr. BHAVANA K

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ATION RECONCILIATION FORM

Drug Allergies: ..... Nil ..... ☑ Not known any Drug Allergies

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

Shifting From: ..... ICU ..... Shifted to: ..... ROOM C 217 .....

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	INJ PIPERACILLIN + TAZOBACTAM	4.5GM	IV	8hrly	6/7	☑C ☐DC
2	T THYROXINE	25mcg	PO	ONCE DAILY	6/7	☑C ☐DC
3	T CALCIUM	1 TAB	PO	ONCE DAILY	6/7	☑C ☐DC
4	T FOLIC ACID	1 TAB	PO	ONCE DAILY	6/7	☑C ☐DC
5	SYRUP DISODIUM HYDROGEN CITRATE	5ML	PO	12hrly	6/7	☑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. Sreelekha .....

Date & Time : ..... 6/7/26, 12 PM .....

Nurse Name & Signature: ....

Date & Time : ..... 6/7/26 @ 12pm .....

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Ref. No. : F / HW / DC / RP / INPR / 05.a

VIH-00167054 IP-00060581
Mrs LALITA
04-05-1998 28 Y 2 M 2 D (F)
Dr. BHAVANA K

Patient Name :	I.P. No.	Sheet No.	Wards	Weight (kg)
		1	2/W	1

...LAR PRESCRIPTIONS

DRUG : T. FOLIC ACID

Dose	Route	Frequency	Start Dt.
1TAB	PO	ONCE DAILY	6/7

Name & Signature of the Doctor starting the Drugs: DR. NIKHITA.

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date	6/7														
Time															
	3 pm	Padv													

6/7/26 Chit

DRUG : SYP. DISODIUM HYDROGEN CITRATE

Dose	Route	Frequency	Start Dt.
5ML	PO	12TH HOURLY	6/7

Name & Signature of the Doctor starting the Drugs: DR. NIKHITA.

Additional Instructions: SYP. CITRALKA 5ML IN ONE MG GLASS OF WATER

Daily Doctor's Endorsement by a Sign.

Date	6/7														
Time															
	9 AM	RS SS													
	9 pm														

6/7/26 Chit

DRUG : SYRUP LACTULOSE

Dose	Route	Frequency	Start Dt.
10ml	PO	AT BEDTIME	6/7

Name & Signature of the Doctor starting the Drugs: Dr. Geetha.

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date	6/7														
Time															
		PV													
	10 pm														

Clinical Pharmacologist

DRUG : INJ. PARACETAMOL

Dose	Route	Frequency	Start Dt.
1GM	IV	6th hrly	6/7

Name & Signature of the Doctor starting the Drugs: Dr. Geetha.

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date	6/7	7/8													
Time															
	12 AM		PV												
	8 AM		PV SS												
	4 pm	Padv													

Stop 7/8/26 8 AM

Clinical Pharmacologist
Dr. Rishika

VIH-00167054 IP-00060581
Mrs LALITA
04-05-1998 28 Y 2 M 2 D (F)
Dr. BHAVANA K

Patient Nan	I.P. No.	Sheet No.	Wards	Weight (kg)

EGULAR PRESCRIPTIONS

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date / Time

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date / Time

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date / Time

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date / Time

VIH-00167054 IP-00060581
Mrs LALITA
04-05-1998 28 Y 2 M 2 D (F)
Dr. BHAVANA K

IP-00060581

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DRUG CHART

Date of Admission: 6/7/2026 Drug Allergies: Nil ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

DRUG : T. PARACETAMOL				Date / Time
Dose: 1.5 ML	Route: PO	Frequency: 8th July	Start Date: 7/7	
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 Dr. Rishika Clinical Pharmacologist

Signature

VERIFIED BY : Name

Mrs LALITA
14-05-1998 28 Y 2 M 2 D (F)
Dr. BHAVANA K

I.V. FLUIDS CHART

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

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign

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

Mrs LALITA
14-05-1998 28 Y 2 M 2 D (F)
Dr. BHAVANA K

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

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses

Mrs LALITA 28 Y 2 M 2 D
04-05-1998
Dr. BHAVANA K

REGULAR PRESCRIPTIONS

Weight. .... Ward. V/W

6/7/26 Chith

DRUG : INJ. PIPERACILLIN + TAZOBACTAM				Date / Time	6/7
Dose	Route	Frequency	Start Date		
4.5 GM	IV	8TH HOURLY	6/7	6 am	Nz Tej
Name & Signature of the Doctor Starting the Drugs: DR. NIKHITA				2 pm	
Additional Instructions: (AFTER TEST DOSE) INJ. PIPTAZ IN 100 ML NORMAL SALINE				10 pm	
Daily Doctor's Endorsement by a Sign					

6/7/26 Chith 6/7/26

DRUG : T. THYROXINE				Date / Time	6/7
Dose	Route	Frequency	Start Date		
25MCG	PO	ONCE DAILY	6/7	6 am	Nz Tej
Name & Signature of the Doctor Starting the Drugs: DR. NIKHITA.					
Additional Instructions: ON EMPTY STOMACH.					
Daily Doctor's Endorsement by a Sign					

6/7/26 Chith

DRUG : T. IRON				Date / Time	6/7
Dose	Route	Frequency	Start Date		
1 TAB	PO	ONCE DAILY	6/7		
Name & Signature of the Doctor Starting the Drugs: DR. NIKHITA.				2 pm	
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					

STOP DR. NIKHITA. 6/7/2026.

6/7/26 Chith

DRUG : T. CALCIUM				Date / Time	6/7
Dose	Route	Frequency	Start Date		
1 TAB	PO	ONCE DAILY	6/7		
Name & Signature of the Doctor Starting the Drugs: DR. NIKHITA				10 pm	
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					