Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Children's Hospital - Banjara Hills

8-2-120/103/1,2,3,4 and 5,Road No: 2, Banjara Hills, Telangana, Hyderabad, INDIA Banjara Hills ,Hyderabad ,Telangana, India ,500034.
TEL NO :+91-40-4466 5555
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP5-00176686 **Admit Date** : 21-Jul-2026 **Admit Time** : 03:58 AM **UHID** : BAH-00377159

Patient Details :

Patient Name	: Mrs ERVYCHETTY JAHNAVI	**Age**	: 31 Y 1 M 6 D
Guardian	: Mr YALAVARTI SRIMUKHA	**DOB**	: 15-06-1995
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	: Married
Address (H)	: #A504, PRISTGE ST.JOHN WOODS APTS APTS TAVAREKERE MAIN ROAD Taverekere Bangalore Karnataka INDIA 560029	**Phone No**	: 8147547696/ 8123000821
		E-mail	: nomailid@gmail.com

Admission Details :

Bed Type : SHARED WARD **Bed No** : SW 418 **Ward Name** : 4F-BIRTHING CENTRE

Room No : SW 418 **Admission Type** : First Visit

Contact Details :

Name : Mr YALAVARTI SRIMUKHA **Relationship** : Husband

Contact Address : #A504, PRISTGE ST.JOHN WOODS APTS APTS TAVAREKERE MAIN ROAD Taverekere Bangalore Karnataka INDIA 560029 **Phone No** : 8147547696 / 8123000821

V. Srimukha

Signature

Doctor Details :

Doctor Name : Dr. PRANATHI REDDY A **Specialisation** : OBSTETRICS AND GYNECOLOGY

Referral Doctor : Self **Phone No** :

Co-Consultant :

Payment Details :

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

Payor Name : FAMILY HEALTH PLAN INSURANCE TPA LTD

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ACTIVITY RECORD FOR BILLING

BAH-00377159 IP5-00176686
Mrs ERVYCHETTY JAHNAVI
15-06-1995 31 Y 1 M 6 D (F)
Dr. PRANATHI REDDY A

Name :_____

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
21/7/26	3:20 pm	OBS	BB-II	Anita
22/7	12:20Am	BB-II	Room 337	Shanthi
22/7/26	1.50 am	337	325	Satya

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Signature
21/7	CBP	26672969 ✓	Ashwitha
21/7	NST-①	265036295	Ashwitha
21/7	NST-②	}	Ashwitha
21/7	NST-③	} 265036297	Ashwitha
21/7	NST-④	}	Yamuna
21/7	NST-⑤	26503649)	Anjali
			[illegible]
22/7	CBP	Entered	Priya

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
21/7	Cardiac monitor	3:30pm			
21/7	Infusion pump	3pm		9715370	Anita
21/7	Epidural pump	3:40pm			

Cross checked

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
21/7	IV Cannulisation	1	9713760.	Ashwitha
21/7	PAC	1	9715571	Ayd
21/7	Catheterization	1	9715370	Anita

ANY OTHER INFORMATION

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.....

.....

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

BAH-00377159 IP5-00176686
Mrs ERVYCHETTY JAHNAVI
15-06-1995 31 Y 1 M 6 D (F)
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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

C/o pain

Obstetric Formula: Primi

Obstetric Hostory:

ML 2025 NCM
sp. conception

Present Pregnancy Record:

Booked @ 13 + 2

RISK FACTORS:

Height: 165 cm
Weight: 65.4 kg
Allergies: NKDA
Breast: ☑ Normal ☐ Abnormal
General Examination:
Consciousness: + Pallor: –
Icterus: – Edema: –
Temp: 97.6 PR: 96
BP: 100/60 DTR: /NAD
CVS: /NAD RS
Liver/Spleen: Urine Output: Adequate

LMP: 25/10/25 EDD:
Corrected EDD: 31/7/26 GA: 38 +4
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: _____
FHS: ☑ Normal ☐ Tachy ☐ Brady ☐ Absent

Per Speculum Examination

Draining: ☐ Present ☐ Absent ☐ Bleeding
Colour of Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Vaginal Examination

Cervix: 1/2" ☐ Long ☐ Partially effaced ☐ Effaced
Os: Closed _____ Dilated 1cm
Membranes: ☑ Present ☐ Absent
Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained
Presenting Part: ☑ Vertex ☐ Breech ☐ Others
Sutton: ☑ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2
Pelvis: ☑ Adequate ☐ Doubtful

DIAGNOSIS

Primi 38 +4 | Early Labor

BAH-00377159 IP5-00176686
Mrs ERVYCHETTY JAHNAVI
15-06-1995 31 Y 1 M 6 D (F)
Dr. PRANATHI REDDY A

Family History:	Surgical History:
Father HTN	Nill
Medical History:	**Medication History:**
Nill	T Fe/Ca OD
Plan of Care:	**Investigations:**
consent - VD CBP Parts prep NST 3 hrly Vitals, FHR hrly c/f POL	B positive HIV HBsAg VDRL } NR 11/6/26 : Hb 12.3 TC 8970 Plt 2.3 12/7/26 : 37+1 / G / cephalic 2811 - 27% AC - 8% 1810m P/: P/H 3cm from OS Doppler (N)

Doctor Name: Dr. Y. Sneha
Signature: Dr. Y
Date & Time: 21/7/26 4AM

Consultant Name: Dr. Pranathi
Signature:
Date & Time:

Dr. PRANATHI REDDY
Registration No: 11946

BAH-00377159 IP5-00176686
Mrs ERVYCHETTY JAHNAVI
15-06-1995 31 Y 1 M 7 D (F)
Dr. PRANATHI REDDY A

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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+1			
3	Nursing Initial assessment	1			
4	Patient Transfer form	2-1			
5	In-patient Medical record	1			
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				
17	Consent for Formula feed				
18	Consent for ~~MTP~~ labour	1			
19	Consent for Radiological Investigations				
20	Consent for ~~HIV test~~ Vaginal Birth	1			
21	Anaestesia notes (Pre Anaesthesia& post)				
22	Neonatal Admission/Delivery/Physical Exam				
23	Medication Reconciliation	1			
24	~~Emergency~~ Triage record OBG	1			
25	Pre operative check list				
26	Surgical safety checklist				
27	Operation Theatre notes				
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 Antenatal	1			
39	Bed side check list				
40	PICU bed formula Dilution feeds Others	10			
41	Gastro monitoring chart				
42	Rch ED doctors note Billing	1			
43	BP Monitoring chart				
44	RBS monitoring chart				
	Total No. of Pages	38			

Doc. No. : RCHBH/ FRM / GENERAL / 126

Signature and Date 24/7/26

(P.T.O)

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

BAH-00377159 IP5-00176686
Mrs ERVYCHETTY JAHNAVI
15-05-1995 31 Y 1 M 6 D (F)
Dr. PRANATHI REDDY A

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/7/26 9AM	Pt comfortable O/E GC-fair vitals-stable. CBP → 13.3/13300/2.62L P/A - uterus contable. FHR (+) Noted by Sr. Yamuna (018268)	Adv - W/F POL - PTG 3rdhrly - vitals 4thrly - Pain meds SOS Dr Sameena
21/7/26 11AM	S/B Dr. Pranathi Pt c/o mild pain NST → Reactive O/E GC-fair vitals-stable P/A uterus mildtenby P/V - Cx-1fingr 1k anterior lip soft AKM done (Membranes intact) Cx-2cm	Adv - W/F POL - OTC 3rdhrly - T. Misoprostol 25mg Per vaginum - Inj cefotaxim 1gm IV after test dose - Epidural SOS - Syntocinon 10u in 1000ml RL @ 10ml/hr Dr Sameena

BAH-00377159 IP5-00176686
Mrs ERVYCHETTY JAHNAVI
15-06-1995 31 Y 1 M 6 D (F)
Dr. PRANATHI REDDY A

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/7/2026 2pm	Primi / 38+4 wks / early Labor	
	c/o: pain abdomen	Rx
	GC: fair	1) epidural
	B.P - 111/70	2) Moniter vitals - 4th ly
	P.R - 72	3) w/f POL
syntocin	SpO2 - 100% onRA	4) Drug as charted
	P/A: Ut-activity	
	FHR (+)	
	cephalic	
21/7/26	S/B Dr. Bhargavi	
4:35pm	Pt comfortable	Adv
	O/E - GC fair	- w/f POL
	vitals stable	- vitals 4th hrly
on Synto 30ml/hr	P/A uterine activity	- I/O charting
	FHR (+)	- CTG 3rd hrly
	P/V - Cx 2cm dilated	- Continuous
	80% effaced	FHR monitoring
	1/4 mech. long	- Inform Dr
	clear liquor	
	vx - 2 to -1 station	
		Dr Samee

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

BAH-00377159 IP5-00176686
Mrs ERVYCHETTY JAHNAVI
15-06-1995 31 Y 1 M 6 D (F)
Dr. PRANATHI REDDY A

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/S/B - Dr. Pranathi Reddy,	
21/7/26 6PM	Primi / 38+4 wks / early Labour	
	C/O: pain abdomen.	
	GC: fair	Rx
	B.P - 110/71 mmHg	1) W/f POL
	P.R - 72 bpm	2) vitals 2nd hrly
	SpO2 - 100% on RA	3) I/O charting
	P/A: Ut - 38 wks	4) CTG - 3rd hrly
Syntocin 4 2U/W	acting (+)	5) FHR - 4 hrly
Epidural -	FHR (+)	6) Infer sy
	P/V: Cx: 80% effaced	
	OS → 3-4 cm	
	PP Vx -1	- Dr. Sruthi
21/7/26 9:00AM	→ PND-0; P1L1 / SVD.	Advice
	Immediate post op	1) Soft
	BP - 121/83 [96]	2) Hydrate
	PR - 87 bpm	3) Ambulate
	SpO2 - 100% on RA.	4) Drugs as charted
	P/A - Ut well retracted.	5) W/f hypotension,
	L/C - BUONL.	bleeding p/v, tachycardia
	U/O - 400ml; clear.	6) Vitals & I/O & W/f
	Episiotomy - healthy.	bleeding p/v every 15 min for 1 hr f/b 1 hr for 2 hrs
	CBP on 22/7/26 @ 6AM.	7) Inform SOS
		Sruthi

BAH-00377159 IP5-00176686
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Dr. PRANATHI REDDY A

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/7/26 11:45 PM	PND-0, SVD; P1L c mild atonic PPH Pt is stable BP- 125/75 [90] mmHg PR - 90 bpm. SpO_2 - 97% on RA P/A- Ut well retracted C/C- BWNL Episiotomy - intact, no swelling, no active trickling. U/O- 150ml; clear. Advice. ⇒ Vitals & I/O 4th hrly, drugs as charted W/F bleeding p/v heavy Soft diet, Hydrate, ambulate. Perineal care BD. Shift to ward Send CBP @ 6:00AM on 22/7/26 Remove foleys @ 6:00am on 22/7/26 Noted by Sig, RAN Sruthi	

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

BAH-00377159 IP5-00176686
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Dr. PRANATHI REDDY A

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/7/26	PND-1 / SVD / P1L1 c Atonic PPH	
	GC: fair	Rx
Hb: 11.1	Vitals: stable	1) Soft diet c plenty of oral fluid
Plt: 2.42	P/A: UT (R) well	
WBC: 15.25	soft	2) Drug as advised
	DI+	3) Ambulation
V/E ✓	P/V: NAD	4) w/f P/V bleeding
D-NCO		
	Plan discharge	- Dr Sruthi
		Noted by Sun
~~22/07/26 12:20PM~~	~~c/o loose stools~~	
	~~c/o~~	
	~~NST~~	
	~~No further loose stools~~	
22/7/26 1:00pm.	Pt went to NICU	
B-N/LU		Dr. Divya

Docu. No. : RCHBH /FRM / CLINICAL / 088 (P.T.O)

BAH-00377159 IP5-00176686
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15-06-1995 31 Y 1 M 7 D (F)
Dr. PRANATHI REDDY A

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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RESULT SHEET

Date	21/7/26	22/7/26				
Time	5:20 AM	8:00am				
Hb	13.3	11.1				
PCV	39.2	32.8				
RBC	4.19	3.47				
WBC	13.37	15.25				
N/L						
Platelets	262.	242.				
CRP						
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
Blood group	B+ve					
HIV						
HBsAg	NR					
VDRL						

Culture and Sensitivities : .....

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Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

BAH-00377159 IP5-00176686
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MEDICATION RECONCILIATION FORM

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

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

Shifting From: BC Shifted to: 325

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 Fe	1tab	PO	OD	20/7	☐C ☑DC
2	Tca	1tab	PO	OD	20/7	☐C ☑DC
3						☐C ☐DC
4						☐C ☐DC
5						☐C ☐DC
6						☐C ☐DC
7						☐C ☐DC
8						☐C ☐DC
9						☐C ☐DC
10						☐C ☐DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature: Dr. Y Dr. Y. Sneha

Date & Time: 21/7/26 4AM

Nurse Name & Signature: Ashwini Ashwini

Date & Time: 21/7/26 @ 4AM

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

BAH-00377159 IP5-00176686
Mrs ERVYCHETTY JAHNAVI
15-06-1995 31 Y 1 M 6 D (F)
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STAT / ONCE ONLY DRUGS

Name: Mrs. Jahnavi

Weight: — kgs

Sheet No: —

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
21/7	8:30 pm	INJ METHERGIN	0.2mg	IV	Sathe	Bhag	Sudha
21/7	8:32 pm	INJ OXYTOCIN	10U	IM	Sathe	Bhag	Sudha
21/7	9pm	JUSTIN SUPPOSITORY	100 mg	PR	Sathe	Bhag	Sudha
21/7	8:45 pm	INJ TRANEXAMIC ACID	1gm	IV	Sathe	Bhag	Sudha
21/7	8:40 pm	INJ ZOFER	4mg	IV	Sathe	Bhag	Sudha

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DRUG CHART

Date of Admission: ....21/7/26..... Drug Allergies: ..... ☑ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

DOCTOR
- Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
- Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
- Discontinue a drug by drawing a line *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:					

Sign/Cre

VERIFIED BY : Name .....

Daily Doctor's Endorsement by a Sign																

Patient Sticker

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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 ....

Mrs ERVYCHETTY JAHNAVI
15-06-1995 31 Y 1 M 6 D (F)
Dr. PRANATHI REDDY A

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

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.	

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
21/7/26	4:50am	T. MISO	25 mcg	PO		Ashwitha Pavlabi
21/7/26	7:30AM	T.MISO	50 mcg	PO		Ashwitha Pavlabi 7.40AM
21/7/26	6:40am	Pan Inj PANTOP	40 mg	IV		Ashwitha Pavlabi
21/7/26	11:15AM	T MISO	25mcg	PO		Hamsini Shoba 11:17 AM
21/7/26	12:09pm	Inj CEFOTAXIM.	1gm	IV		Yamuna shoba 12:02 pm
21/7/26	1:30pm	PL Enema	1	P/R		Yamuna Sudha
21/7/26	5:30pm	DROTIN	1 amp	IV		Anjali Suanupa
21/7/26	5:30pm	BUSCOPAN	1 amp	IV		Anjali Suanupa
21/7	8:05 pm	T. MISOPROSTOL	800 mg	P/R		Shruthi Snehith

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

BAH-00377159 IP5-00176686
Mrs ERVYCHETTY JAHNAVI
15-06-1995 31 Y 1 M 6 D (F)
Dr. PRANATHI REDDY A

IP5-00176686 BAH-00377159

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
21/7/26	8AM	RINGER LACTATE 500ml	IV	100ml/hr	[signature]	Ashok / Sudha	21/7	[signature]	Ashok / Sudha
21/7/26	1:30 pm	Inj OXYTOCIN 10IU + RINGER LACTATE 500ml start at 6ml/hr	IV	6ml/hr	[signature]	Yamy / Shoba	21/7	[signature]	[signature]
N/F	contraction - 3-4 in 10min titrate every 30min							[signature]	
21/7/26	1:00 pm	RINGER LACTATE 500ml	IV	100ml/hr	[signature]	Yamy / Shoba	21/7	[signature]	[signature]
21/7/26	3pm	RINGER LACTATE 500ml	IV	100ml/hr	[signature]	[signature] / Sudha	21/7	[signature]	[signature]
21/7	9:30 am	RINGER LACTATE + OXYTOCIN 40	IV	150ml/hr	[signature]	[signature] / Sudha	21/7	[signature]	[signature] / Sudha

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

BAH-00377159 IP5-00176686
Mrs ERVYCHETTY JAHNAVI
15-06-1995 31 Y 1 M 6 D (F)
Dr. PRANATHI REDDY A

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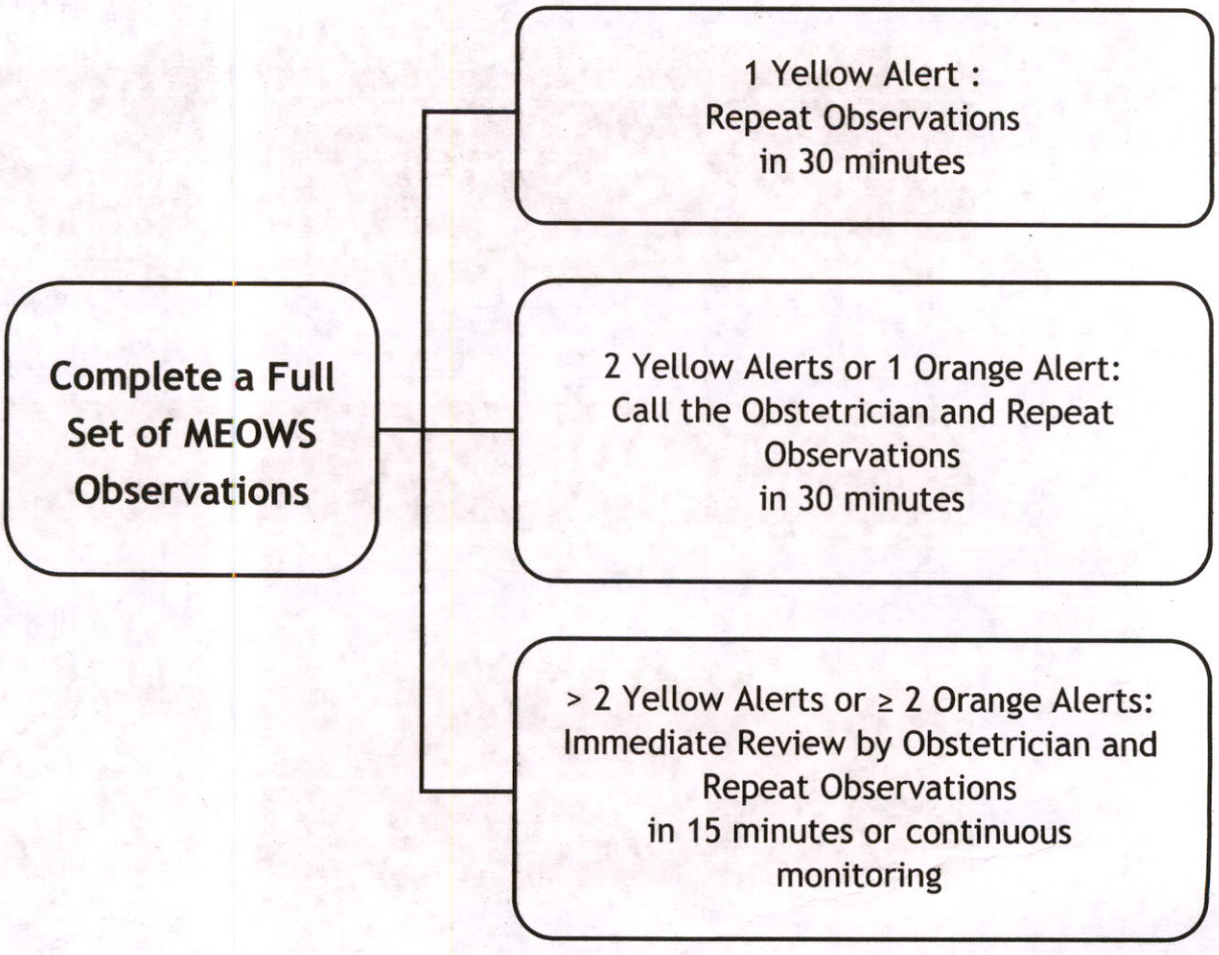
Early Warning Observation Score Chart - Obstetrics

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

21/7/26

		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																						20		20	
	0 - 10																									
Saturations	94 - 100 %																						98%		99	
	< 94 %																									
Administered O_2 (L/min.)																										
Temp °c	40																									
	39																									
	38																									
	37																						97.8°		98.4°	
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80																								80	
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressure ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																						100		120	
	100																									
	90																									
	80																						(86)		(64)	
	70																									
	60																									
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80																								82	
	70																									
	60																						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	
TOTAL ORANGE SCORES																							0		0	
Nurse Initial																										

Obstetrics and Gynaecology Early Warning Signs



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

BAH-00377159 IP5-00176686
Mrs ERVYCHETTY JAHNAVI
15-06-1995 31 Y 1 M 6 D (F)
Dr. PRANATHI REDDY A

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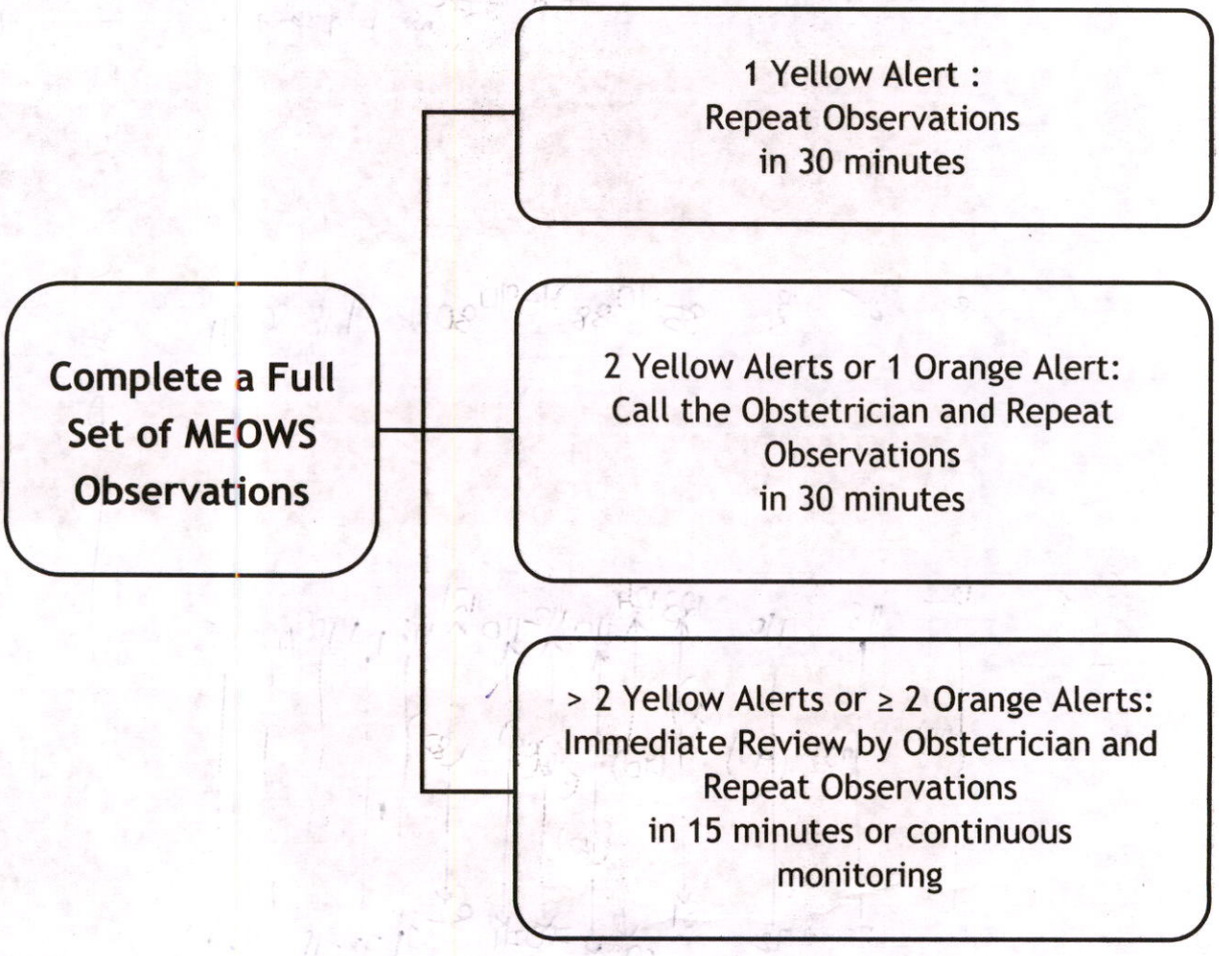
Early Warning Observation Score Chart - Obstetrics

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

21/7/26	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	20		20			20	18	18	18	19	18	20	20	20	20	20	20					18	
	0 - 10																							
Saturations	94 - 100 %	98%		99%			98	97	97	97	98	94	99	99	99	97	97	97					99%	
	< 94 %																							
Administered O_2 (L/min.)																								
Temp °c	40																				R			
	39																							
	38																							
	37									37°C		37°C												
	36																						97	
	35																				E			
	< 35																							
Heart Rate	170																							
	160																							
	150																							
	140																							
	130																							
	120																							
	110																							
	100																							
	90																				F			
	80	88		85		80	85	90	88	92	90	80	86	79	78	86	71						84	
	70																				U			
	60																							
	50																				S			
	40																							
Systolic Blood Pressue ↑	190																				E			
	180																							
	170																				D			
	160																							
	150																							
	140																							
	130																							
	120	122		118		110	123	124	110	112	110	121	116	121	108	124	125						126	
	110																							
	100																							
	90																							
	80																							
	70																							
	60																							
	50																							
Diastolic Blood Pressure ↓	130																							
	120																							
	110																							
	100																							
	90																							
	80	80		78		72	81	69	66	70	71	82	71	77	75	76	69						76	
	70																							
	60																							
	50																							
	40																							
NEURO RESPONSE [✓]	Alert	A		A		A	A	A	A	A	A	A	A	O	O	O	O	O					✓	
	Voice																							
	Pain																							
	Unresponsive																							
URINE mls / hour	> 30	✓		✓		✓	✓	✓	✓	✓	✓	✓	O	O	O	O	O	O					✓	
	< 30																							
Proteinuria	Protein + +																							
	Protein > + +																							
Lochia	Normal	–		–		–	–	–	–	–	–	–	O	O	O	O	O	O					✓	
	Heavy / Foul																							
Liquor	Clear / Pink	✓		✓		✓																		
	Green																							
TOTAL YELLOW SCORES		0		0		0	0	0	0	0	0	0	0	0	0	0	0	0					0	
TOTAL ORANGE SCORES		0		0		0	0	0	0	0	0	0	0	0	0	0	0	0					0	
Nurse Initial		Vijay		Vijay																				

Obstetrics and Gynaecology Early Warning Signs



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

BAH-00377159 IP5-00176686
Mrs ERVYCHETTY JAHNAVI
15-06-1995 31 Y 1 M 7 D (F)
Dr. PRANATHI REDDY A

22/7/26

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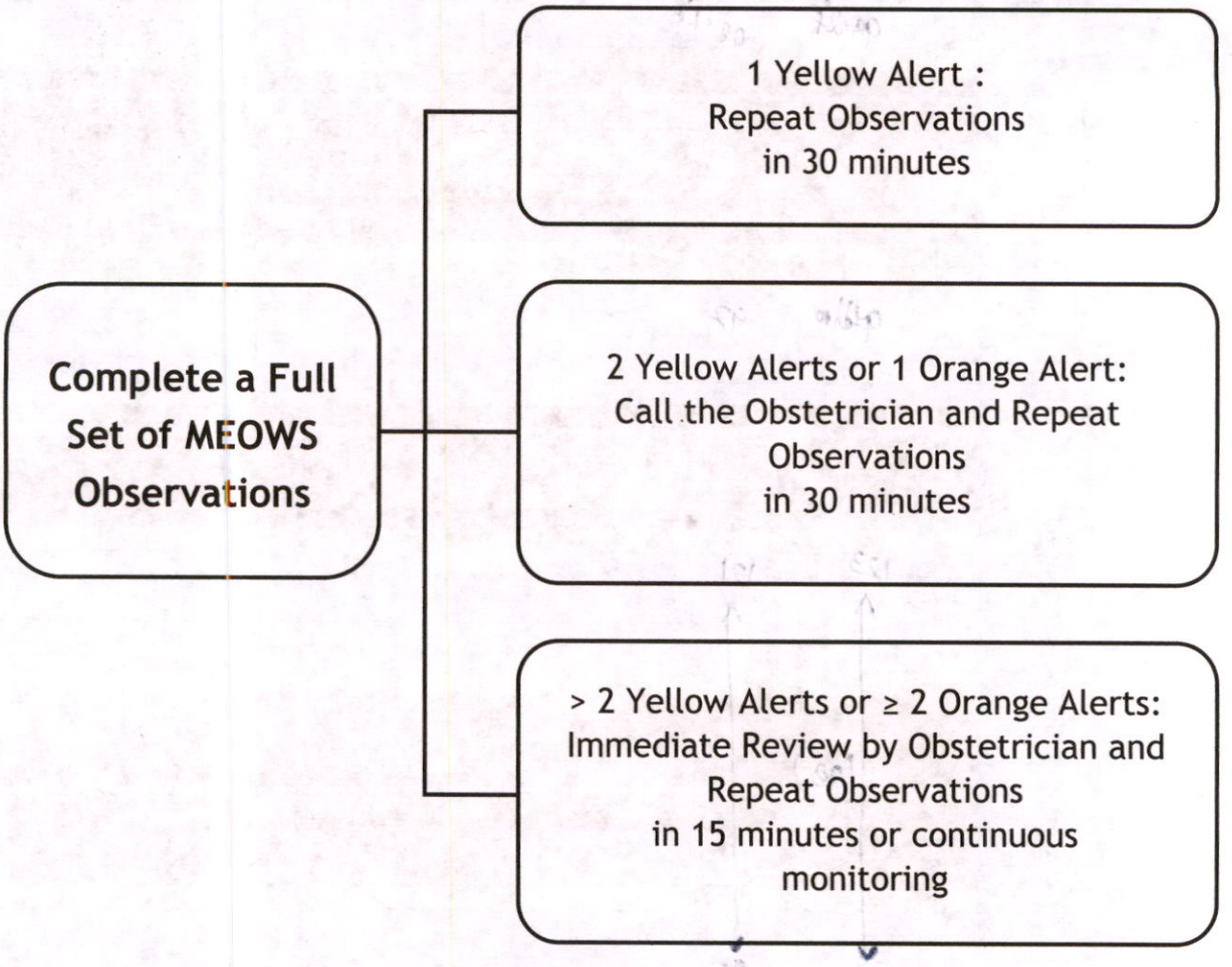
Early warning Observation Score Chart - Obstetrics

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

22/7/26	Date			am			pm																		
	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			22			21																		
	0 - 10																								
Saturations	94 - 100 %			98%			100%																		
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37			98.2F			98.1F																		
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80			98			92																		
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressure ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140			123			121																		
	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50			(98)																					
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
	60			87			91																		
	50																								
	40																								
NEURO RESPONSE [✓]	Alert			A			A																		
	Voice			—			—																		
	Pain			—			—																		
	Unresponsive			—			—																		
URINE mls / hour	> 30			—			—																		
	< 30			—			—																		
Proteinuria	Protein + +			—			—																		
	Protein > + +			—			—																		
Lochia	Normal			—			—																		
	Heavy / Foul			—			—																		
Liquor	Clear / Pink			—			—																		
	Green			—			—																		
TOTAL YELLOW SCORES				0			0																		
TOTAL ORANGE SCORES				0			0																		
Nurse Initial				SM			d																		

Obstetrics and Gynaecology Early Warning Signs



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

BAH-00377159 IP5-00176686
Mrs ERVYCHETTY JAHNAVI
15-08-1995 31 Y 1 M 6 D (F)
Dr. PRANATHI REDDY A

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FLUID CHART

Sheet No. : (1) 21/7/26.

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.

Date	Time	Intake: Nature of Fluid	Intake: Route: Mouth	Intake: Route: I.V	Intake: Route: N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 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	RL	H2O	IVN							0	
	05:00 am	RL		IVN			NP				0	
	06:00 am										0	
	07:00 am										0	
Total Intake :		Taken				**Total Output :**				Passed		

Total 24 hrs. Intake		Total 24 hrs. Output	J-2 M-0

BAH-00377159 IP5-00176686
Mrs ERVYCHETTY JAHNAVI
15-06-1995 31 Y 1 M 6 D (F)
Dr. PRANATHI REDDY A

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BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 2 22/7/26

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

Date	Time	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
21/7/26	08:00 am		water 100ml								0	[illegible]
	09:00 am									✓	0	
	10:00 am		water 200ml								0	
	11:00 am										0	
	12:00 pm	RL	water 100ml	100ml						✓	0	
	01:00 pm	RL		100ml							0	
Total Intake :		Taken		600ml		Total Output :						
21/7	02:00 pm	RL	H2O	100ml			✓			✓	0	[illegible]
	03:00 pm	RL	H2O	100ml			✓			✓	0	
	04:00 pm	RL	H2O	100ml							0	
	05:00 pm	RL	H2O	100ml						✓	0	
	06:00 pm	RL	H2O	100ml							0	
	07:00 pm	RL	H2O	100ml							0	
Total Intake :		Taken		600ml		Total Output :				U-2	M-2	
21/7	08:00 pm	RL		100ml			np				0	[illegible]
	09:00 pm (8:30)	RL		100ml						300ml	0	
	10:00 pm	RL	H2O	100ml							0	
	11:00 pm	RL	H2O	150ml						150ml	0	
	12:00 am	RL		100ml							0	
	01:00 am	RL									0	
Total Intake :						Total Output :				450ml, M=0		
22/7	02:00 am		[illegible]								0	[illegible]
	03:00 am	RL									0	[illegible]
	04:00 am	RL					nil				0	
	05:00 am		[illegible]								0	[illegible]
	06:00 am									80ml	0	
	07:00 am										0	[illegible]
Total Intake :						Total Output :				U3 80ml M0		

Total 24 hrs. Intake		Total 24 hrs. Output	U3 1180ml M=0

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

BAH-00377159 IP5-00176686
Mrs ERVYCHETTY JAHNAVI
15-06-1995 31 Y 1 M 7 D (F)
Dr. PRANATHI REDDY A

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FLUID CHART

Sheet No. : 3

22/7/26

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.

Date	Time	Intake: Nature of Fluid	Route: Mouth	I.V	N.G	Output: NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am						|			✓	0	Saahiti
	09:00 am		water				|				0	
	10:00 am						Np			✓	0	
	11:00 am		water				|				0	Saahiti
	12:00 pm						|				0	
	01:00 pm						|				0	
Total Intake : Taken.						Total Output : m—Np				u-2.		
	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

FLUID CHART

Rainbow® Children's Hospital
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BirthRight™ BY RAINBOW HOSPITALS
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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						
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**	

BAH-00377159 IPS-00176686
Mrs ERVYCHETTY JAHNAVI
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SURGERY DETAILS

Date : 21/7/26

Patient Name: Mrs. Ervychetty Jahnavi Date of Birth: 15/6/1995 Age: 31y

Gender: f Ward : BB-II UHID No.: BAH-00377159

Date of Surgery: 21/7/26 ☐ OT -1 ☐ OT -2 ☐ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : SVD C Epidural

Time in : 3pm Time Out : 9pm

		NAME	AMOUNT
1.	Surgeon	Dr. Kirti Reddy	
2.	Anaesthetist	Dr. Sunidara	
3.	Assistant Surgeon	Dr. Lavanya	
4.	OT Technician		
5.	Circulating Nurse	Sr. Sudha	
6.	Assistant Nurse		

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

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 9715299 Order by: Sr. Sudha