Name	Mrs SRI PRAMADA TANGIRALA	**UHID**	VIH-00200664
Father/Guardian	Mr C SAI PRAMOD	**Age/Gender**	26 Y 10 M 1 D/Female
Address	H NO 1-23-176, H NO 232, VIJAYALAXMI NILAYAM, ROAD NO 10, BHOODEVI NAGAR, ALWAL, Hyderabad, Telangana, INDIA, 500010		
IP No	IP-00060508	**Admission Date**	28-06-2026
Ref Doctor	Self	**Discharge Date**	30-06-2026

DISCHARGE SUMMARY

Consultant: Dr. BHAVANA K, CONSULTANT GYNECOLOGIST & OBSTETRICIAN

Diagnosis: Primi with 37 weeks GA with Hypothyroid with Gestational Diabetes mellitus (Diet) with Polyhydramnios with Gestational Thrombocytopenia admitted for Induction of Labour

SPONTANEOUS NORMAL VAGINAL DELIVERY WAS DONE UNDER EPIDURAL ON 29.06.2026

History:
LMP: 8.10.2026
Obstetric formula: Primigravida
EDD: 19.7.2026
Gestation at admission: 37 weeks

Obstetric History:
G1 - Present pregnancy, Spontaneous conception.

Medical History: Hypothyroid since 1.5 yr
Family History: Mother - DM, Hypothyroid
Father - DM, HTN

Name	Mrs SRI PRAMADA TANGIRALA	UHID	VIH-00200664

Surgical History: Nil
Allergies: Nil

Antenatal Details: Mrs. SRI PRAMADA TANGIRALA was booked to Rainbow Hospital at 12+3 weeks of gestation. She had previous ANCS at Yashoda hospital. She had regular antenatal checkups and investigations as advised. She had history of urine retension at 15+1 weeks, managed conservatively. She was diagnosed with Gestational diabetes mellitus at 29+5 weeks managed with Diet. She had history of itching at 29+5 weeks on stomach, reduced spontaneously with normal LFT and Bile acids. She was admitted at 37 weeks GA with Hypothyroid with Gestational Diabetes mellitus (Diet) with Polyhydramnios with Gestational Thrombocytopenia admitted for Induction Of Labour .

Investigations: Enclosed.
Blood group: 'O' POSITIVE

Management: <u>Course in hospital and Delivery Details:</u>
At admission on clinical examination the vitals were stable, uterus was relaxed, cervix was long and os closed. Fetal well being was confirmed by an admission CTG which was found to be reactive. Informed consent taken for Induction of labour. Labour induced with 2 doses of PGE1. Spontaneous rupture of membranes occured at 2 cms dilatation revealing clear liqour. As per hospital protocol she was started on IV. Taxim in view of ruptured membranes. Partographic monitoring of labour was done. Patient opted for epidural analgesia at 3 cm dilatation for pain relief. The same was sited by an anesthetist after informed consent. Further augmentation was done by oxytocin infusion. She progressed to full dilatation at 5:30 pm. Passive descent of fetal head was allowed post full dilatation. She was put into position for vaginal birth. Parts painted with betadine solution and draped to ensure full asepsis. She was encouraged to bear down. At crowning of head episiotomy was given under local anesthesia (10 ml of 2 % xylocaine solution). Baby was

delivered by vaginal delivery, Cord clamped and cut and baby handed over to pediatrician. Cord blood collected for blood grouping and Rh typing. Placenta and membranes delivered completely with controlled cord traction. Prophylactic syntocinon given. Episiotomy inspected. No extensions or additional vaginal tears found. Episiotomy sutured in layers. Instrument and swab count checked. 600 mcg of misoprostol given per rectally as prophylaxis against post partum hemorrhage. Vagina cleaned with betadine solution.

Delivery Details:

Date: 29.6.2026
Time of Delivery: 5:50 PM
Type of Labour: Induced
Type of Delivery: Vaginal
Analgesia: Epidural

Baby Details:

Date: 29.6.2026
Time: 5:50 pm
Sex: Female
Weight:2.754 kg
Apgar: 7/10, 9/10
Gestational Age: 37+1 weeks
NICU Admission: No.

Post-Operative Notes:

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

Name	Mrs SRI PRAMADA TANGIRALA	**UHID**	VIH-00200664

Advice:

1. Tab. Taxim-O 200mg (Cefixime-200mg) twice daily till 5.7.2026 (9am-9pm) after food.
2. Tab. Calpol 500mg (2tabs) (Paracetamol 500mg) thrice daily till 5.7.2026 (9am-2pm-9pm) after food.
3. Tab. Voveran 50 mg (Diclofenac 50mg) thrice daily till 5.7.2026 (10am-4pm-10pm) after food.
4. Tab. Livogen (Elemental Iron - 50mg, folic acid 1.5mg) once daily (7am) for three months before breakfast.
5. Tab. Shelcal (Elemental Calcium 500mg, Vitamin D3 250 IU) once daily (2pm) till breast feeding after food.
6. Tab. Pantoprazole 40 mg once daily till 5.7.2026 (7am) before food.
7. Continue Tablet Thyronorm 100 mcg once daily on empty stomach till further orders.
8. Repeat S.TSH and OGTT after 6 weeks and review with reports.
9. Betadine ointment and lotion for local application.
10. Syp. Duphalac 15 ml at bedtime for one week.
11. HPV vaccine after 6 weeks of delivery.

Review after 3 days on 3/7/2026 at postnatal clinic with prior appointment (This consultation will be charged).

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

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

Name	Mrs SRI PRAMADA TANGIRALA	UHID	VHH002000664

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

Name: Signature:

Relationship:

This summary was explained by:

Summary prepared by: Dr.

Registrar/Resident/C.M.O

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

Rainbow Children's Hospital - Secunderabad

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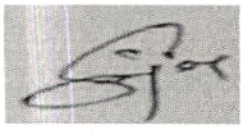
040-42462200, Ext 2000,2001,2002,

PatientName	: Mrs SRI PRAMADA TANGIRALA	**Inpatient No.**	: IP-00060508
Age/Gender	: 26 Y 10 M 0 D/ Female	**Admit Date**	: 28-06-2026
Ward/Bed	: N 2F-LABOUR WARD/ LW 219	**Discharge Date**	:

Investigation	Result	Unit		Biological Reference Interval
COMPLETE BLOOD PICTURE (Specimen : BLOOD)				TEST RESULT STATUS : REPORT AUTHORISED Order Date :28-06-2026 22:26
HEMOGLOBIN (Colorimetry)	14.1	g/dL		12 - 16
RBC COUNT (DC detection method)	4.25	10^12/L		4 - 5.2
PCV/HCT (Calculated)	38.2	VOL%		33 - 51
MCV (Calculated)	90.0	fL		80 - 100
MCH (Calculated)	33.1	pg/cells		26 - 34
MCHC (Calculated)	**36.8**	**g/dL**	H	32 - 36
RDW-CV (Calculated)	12.8	%		11.5 - 13.1
PLATELET COUNT (DC Detection Method)	**135**	**10^9/L**	L	150 - 450
MPV (Calculated)	9.4	fL		6.5 - 10
WBC COUNT (DC Detection Method)	10.91	10^9/L		4.5 - 11
Differential Count				
NEUTROPHILS (Microscopy, Leishman stain)	**81**	**%**	H	35 - 66
LYMPHOCYTES (Microscopy, Leishman stain)	**12**	**%**	L	24 - 44
MONOCYTES (Microscopy, Leishman stain)	06	%		4 - 10
EOSINOPHILS (Microscopy, Leishman stain)	01	%		1 - 4
PERIPHERAL SMEAR (Microscopy, Leishman stain)	**RBC - NORMOCYTIC / NORMOCHROMIC WBC - MORPHOLOGY NORMAL WITH RELATIVE NEUTROPHILIA PLATELETS -REDUCED**			



Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
PT/APTT (PROTHROMBIN TIME / ACTIVATED PARTIAL THROMBOPLASTIN TIME) (Specimen : PLASMA)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :28-06-2026 22:26
PT (Optical Clot Detection)	14.2	Seconds	
PT Calculated Biological Reference Interval	12.5 - 14.5 secs		
INR	1.01		
APTT (Optical Clot Detection)	32.0	Seconds	
APTT Calculated Biological Reference Interval	28.5 - 35.1 secs		

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

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040-42462200, Ext 2000,2001,2002,

PatientName	: Mrs SRI PRAMADA TANGIRALA	**Inpatient No.**	: IP-00060508
Age/Gender	: 26 Y 10 M 1 D/ Female	**Admit Date**	: 28-06-2026
Ward/Bed	: N 2F-LABOUR WARD/ LW 219	**Discharge Date**	:

Investigation	Result	Unit	Biological Reference Interval
RANDOM BLOOD GLUCOSE(POCT) (Specimen : PLASMA)			TEST RESULT STATUS : REPORT ENTERED Order Date :29-06-2026 08:00
RANDOM BLOOD GLUCOSE (GOD/POD)	110	mg/dl	70 - 140

This is an interim report. The final report will be released after 24 hours

Ref. No. : F/OT/05

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SURGERY DETAILS

VIH-00200664 IP-00060508
Mrs SRI PRAMADA TANGIRALA
28-08-1999 26 Y 10 M 1 D (F)
Dr. BHAVANA K

Sl.No.

Date : 29/6/26

Patient Name ..... Age : 26y Sex: f

UHID No. : 200664 IP No: 60508

Date of Surgery : 29/6/26 OT : BB-I ☐ OT 1 ☐ OT 2 ☐ OT 3

Name of the Surgery : Normal delivery c Epidural

Time in : 5:30pm Time Out : 6:30pm

	NAME	AMOUNT
1. Surgeon	: DR. Bhavana. k	.....
2. Anaesthetist	:	.....
3. Asst. Surgeon	:	.....
4. OT Technician	:	.....
5. Circulating Nurse	: Mangy	.....
6. Asst. Nurse	:	.....

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

Signature of the Surgeon

Signature of Circulating Nurse

Order No. : 3095828 Ordered by : .....

DEFICIENCY CHECK LIST OF M... L CASE SHEET

VIH-00200664 IP-00060508
Mrs SRI PRAMADA TANGIRALA
28-08-1999 26 Y 10 M 2 D (F)
Dr. BHAVANA K

Patient Name :

IP.No:

Ward:

DOA:

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Sl.No	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission Sheet	02	—	—	
2	Discharge Summary	02	—	—	
3	Nursing Initial assessment form	02	—	—	
4	Patient Trasfer Forms	01	—	—	
5	In-patient Medical Record				
6	Doctors Progress Sheets	04	—	—	
7	Nurses Progress notes	03	—	—	
8	Consultation Sheets				
9	General Consent for Treatment	01	—	—	
10	Conset for Surgery				
11	Consent for Blood Transfusion				
12	Consent forChemotherapy				
13	Consent for High Risk				
14	Consent for Restraint				
15	DAMA Consent				
16	Consent for Special Procedure	01	—	—	
17	Consent for Radiological Investigations				
18	Consent for HIV Test				
19	Anaesthesia consent form				
20	Anaesthesia notes(Pre Anaesthesia & Post)	03	—	—	
21	Pre Operative checklist	01	—	—	
22	Surgical safety Checklist	01	—	—	
23	Operation Theatre notes				
24	Nurses Clinical Presentation				
25	TPR & BP chart	03	—	—	
26	Intake and Output chart (fluid Chart)	02	—	—	
27	Drug Chart (Regular prescription)	04	—	—	
28	Daily Investigation sheet				
29	Investigation Values (Result Sheet)	01	—	—	
30	Nebulization Chart				
31	Diabetic chart				
32	Nutritional Review chart				
33	MLC form (in case of MLC)				
34	Patient Educatlon Form				
	pain assessment	02	—	—	
	Thrombophlebitis	02	—	—	
	Braden Scale	01	—	—	
	others pages	16	—		
	Total No. of Pages	52			

Noted by
Lakshmi
30/6/20
@9:30 a

Signature and Date :

ERROR LOG

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

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

103 (m)

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PATIENT DISCHARGE INTIMATION FROM NURSING STATION

CLEARANCE FOR DRUGS AND DISPOSABLES BILLING

Date: 30/6/26

Name of the Patient: Mrs. Sai pramada Tangirala

UHID No: 200664 / 60508 Gender: female

Ward: 1st floor Room No: 103 (m)

Certified that in respect of the above patient:

- ☐ a. There are no drugs for return
- ☐ b. Emergency cupboard issues have been replenished
- ☐ c. No pending indents are there against above patient
- ☐ d. Checked the bed side cupboard of the bed
- ☐ e. Checked by the patient's Mother / Father in the room

T. Sai Pramada

Patient Authorised Sign
Date: 30/6/26
Time: 11AM

Nurse Sign
Date: 30/6/26
Time: 11AM

Pharmacy Sign
Date:
Time:

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VIH-00200664 IP-00060508
Mrs SRI PRAMADA TANGIRALA
28-08-1999 26 Y 10 M 0 D (F)
Dr. BHAVANA K

ACTIVI **NG**

Name: --

UHID No : ---------- IP No : ---------- Consultant : ---------- Dept : ----------

Date of Admission : 28/6/26 Time : 9:00pm Date of Discharge : ---------- Time: ----------

Room / Bed No : ---------- Ward : HW Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
29/6/26	9:30Pm	HW	103	

Cross Consultation Visit

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

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
28/6/26	IV placement	(1)	✓3095570	
29/6/26	PAC	(1)	3095866	
29/6/26	catheterization	(1)	3095865	
	Cross checked by manger 29/6/26 @ 8:35pm			
29/6/26	IV placement	1	3095800	
	Cross Checked by Incharge			

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
	Incharge Nurse		

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WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP-00060508 **Admit Date** : 28-Jun-2026 **Admit Time** : 09:00 PM **UHID** : VIH-00200664

Patient Details :

Patient Name	: Mrs SRI PRAMADA TANGIRALA	**Age**	: 26 Y 10 M 0 D
Guardian	: Mr C SAI PRAMOD	**DOB**	: 28-08-1999
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: H NO 1-23-176, H NO 232, VIJAYALAXMI NILAYAM, ROAD NO 10, BHOODEVI NAGAR, ALWAL Alwal Hyderabad Telangana INDIA 500010	**Phone No**	: 8897711936/ 8940534574
		E-mail	: na@gmail.com

Admission Details :

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

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

Contact Details :

Name	: Mr C SAI PRAMOD	**Relationship**	: W/O
Contact Address	: H NO 1-23-176, H NO 232, VIJAYALAXMI NILAYAM, ROAD NO 10, BHOODEVI NAGAR, ALWAL Alwal Hyderabad Telangana INDIA 500010	**Phone No**	: 8897711936 / 8940543574

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 : MEDI ASSIST INSURANCE TPA PVT LTD

VIH-00200664 IP-00060508
Mrs SRI PRAMADA TANGIRALA
28-08-1999 26 Y 10 M 0 D (F)
Dr. BHAVANA K

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OBSTETRICS / GYNECOLOGY
NURSING INITIAL ASSESSMENT FORM

Date of Admission: 28/6/26

Baseline Information:

Admission From: ☐ ER ☐ OPD ☑ Admission Desk ☐ Others, specify —

Primary Language: ☑ Telugu ☑ English ☐ Hindi ☐ Others, specify —

Do you require an interpreter? ☐ Yes ☑ No if Yes specify —

Source of Information: ☑ Patient ☐ Family ☐ Others, specify

Allergies: ☐ Yes ☑ No ☐ Medications ☐ Blood Transfusion ☐ Food ☐ Other: —

If yes, identify —

Chief Complaints: IOL

Doctor Notified on Admission: ☑ Yes ☐ No

Name of the Doctor: Dr. Farnaz

Time Notified: 9:30pm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
Hypothyroidism	Nil	No

Gynecology Assessment: ☑ Not Applicable

Menstrual History:

Onset of Menarche:

Menstrual Cycle: ☑ Regular ☐ Irregular

Last Menstrual Period: 8/10/25

Gynecology Surgical History:

Caesarean Section: ☑ No ☐ Yes

Cervical Cerclage: ☑ No ☐ Yes

Ectopic Pregnancy: ☑ No ☐ Yes

Myomectomy: ☑ No ☐ Yes

Others:

Gynecological History:

Contraceptives: ☑ No ☐ Yes

Vaginal Discharge: ☑ No ☐ Yes

Post-Coital Bleeding: ☑ No ☐ Yes

Infertility: ☑ No ☐ Yes

If Yes Type: ☐ Primary ☐ Secondary

Obstetric History: G — Para1 L — A —

Previous LSCS: Nil

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

Family History: ☑ No Abnormalities Detected

☐ Heart Disease ☐ Hypertension ☐ Diabetes ☐ Stroke ☐ Seizures ☐ Kidney disease

☐ Liver disease ☐ Other

Vital Signs / Measurements: Temp: 98.6F HR: 82b/m RR: 18b/m

BP: 120/70mm/Hg Weight: 80kg Height: 1.5K BMI:

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

Ostomy

MH-00200664
Mrs SRI PRAMADA TANGIRALA
28-08-1999 26 Y 10 M 0 D (F)
Dr. BHAVANA K

PHYSICAL ASSESSMENT

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

Fall Assessment: ☐ Yes ☑ No Score 0 (complete the Morse Fall Risk Assessment Sheet)

Risk of Pressure Sore: ☑ Yes ☐ No Score 28 (complete the Braden Q Sheet)

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

☐ Mobility problem ☐ Walking Problem ☑ No Abnormality Detected

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING: ☑ No Abnormality Detected

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

☐ Under Weight ☐ Diabetes Mellitus ☐ Hyperemesis Gravidarum

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

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

☐ Others —

Inform consultant for positive criteria

SOCIAL SCREENING:

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

Social History: Lives With family

Orientation has been given regarding the following aspects:

Call Bell in Reach : ☐ Yes ☑ No Waste Disposal Explained: ☑ Yes ☐ No

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

Above information given to mrs. Sri pramada

Name of Person Orientation was given to: mrs. Sri pramada

Orientation not given Reason:

Nurse Signature: K. Sr

Nurse Name: K. Subasree

Date & Time: 28/6/26 9:35pm

PATIENT TRANSFER FORM

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VIH-00200664 IP-00060508
Mrs SRI PRAMADA TANGIRALA
28-08-1999 26 Y 10 M 1 D (F)
Dr. BHAVANA K

Date & Time of Admission	Date & Time of Transfer Order
28/6/26 at 9pm	29/6/26 at 9:30PM
Transfer Ordered by	**Reason for Transfer**
Dr. Bhavana. K	Observation
From Unit	**To Unit**
HW	Room (103)
Information to Attendant	Yes ☑ No ☐
Number of Sheets in Clinical File	42
Number of Imaging Films	NST - 6
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.	Tab. pan - 15	Betadine lotion - 1
2.	Tab. Diclofenac - 10	Baccisub - 1
3.	Tab. paracetamol - 15	underpad - 1
4.	Tab. cefixime - 10	Lacal - 1
5.	Betadine ointment - 1	Duphlac Syrup - 1

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

Dr. Yogeshwari

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

Patient & Clinical Records Received by :

Epidural Catheter Removed YES / NO

Date & Time of Patient Received :

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

VIH-00200664 IP-00060508
Mrs SRI PRAMADA TANGIRALA
28-08-1999 26 Y 10 M 0 D (F)
Dr. BHAVANA K

(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/6/26 9:45 pm	Pt is c/c/c GC fair Afebrile BP - 108/67 mmHg PR - 82 bpm S/E - NAD P/A - UN TG FHR @ 138 bpm Relaxed V/E - cx - long, post OS - tip of finger PPT - 3/1.	Adv - Diabetic diet - Ambulation - Birthing ball exercise - NST - 4th hourly - FHR monitoring - follow drug chart - monitor vitals - Inform SOS Thar Dr. farmer.
Tab nifedipine 20 mg kept PV @ 9:45 pm.		
Noted by Suhruti 9:45 pm 28/6/26		
28/6/26 11:30 pm	CBP - 14.1/10.91/1.23. APTT - 32 PT/INR - 14.2/1.01.	- Check - manual count Thar Dr. farmer
Noted by Suhruti 28/6/26 11:30 pm		

VIH-00200664 IP-00060508
Mrs SRI PRAMADA TANGIRALA
28-08-1999 26 Y 10 M 1 D (F)
Dr. BHAVANA K

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/6/26 2:05 AM	Pt is c/c/c G+C fair Afebrile BP - 104/71 mmHg PR - 92 bpm S/E - NAD P/A - Ut ~ TG (C) FHR (+) 138 bpm Relaxed V/E - cx - long, post OS - 1 finger light (+) PP (-) 31. Mg clear	Adv - Diabetic diet - Ambulation - Hydration - W/F POL - follow drug chart - NST - 4th hourly - Monitor vitals - Inform SOS - continuous FHR monitoring Dr Pharm Dr Farmer
SROM occurred Tab misoprostol 50 mg PO at 2:05 AM noted by Sharmila 2:05 AM 29/6/26		
29/6/26 5:45 AM.	Pt is c/c/c G+C fair Afebrile BP - 110/73 mmHg PR - 84 bpm S/E - NAD P/A - Ut ~ TG (C) FHR (+) 136 bpm BC/35 sec/10 min V/E - cx - long, post- OS - 1 finger tight (+) PP (-) 31 Mg clear	Adv - Clear liquids - HOLD - Ambulation - Hydration - W/F POL - NST - 4th hourly - FHR monitoring - follow drug chart - monitor vitals - Inform SOS - Diabetic diet Dr Pharm Dr Farmer
noted by Sharmila 5:45 AM 29/6/26		

VIH-00200664 IP-00060508
Mrs SRI PRAMADA TANGIRALA
28-08-1999 26 Y 10 M 1 D (F)
Dr. BHAVANA K

(2)

Rainbow® Children's Hospital
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BirthRight BY RAINBOW HOSPITALS
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/I to Dr. Bhavana mam	
29/8/26 10 AM.	O/E - pt is c/c/c	Adv:
	Gc - Fair	- Clear liquids
	BP - 113/70 mmHg	- Continuous FHR monitoring.
	PR - 82 bpm.	- W/F POL
	S/E - NAD.	- Ambulation
	Temp - Afebrile.	- Bisthing ball exercise
	P/A - Wt - TG	- NST 4th hourly
Tab misoprostol 50 mg oral 8 AM.	Cephalic	- monitor vitals
	FHR (+) 140 bpm.	- Follow drug chart
	SC/ 35 sec/ 10 min.	- Inform SOS.
	V/E - Cx - 50% effaced.	- Start syuto at 12-1 pm.
	OS - 2cm.	Dr. Nikhita
	PPV x 1-2/	
	membr (-), liquor clear.	
	Noted by Meghna 29/8/26 @9AM	
29/8/26 12 PM	Manual pocket count - 1.35 L	
		Dr. Ashwini

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/6/26 12:30pm	USG by Dr. Soumya Sri	
	P/A Ut ~TG	
	cephalic	
	3c/3s Sel 10min	
	FHR ⊕ 160bpm	
	P/V - Cx - 80% effaced	
	OS - 2 - 3cm	
	m ⊖ Uq ⊖	
	PPV ✗ - 21	
	Noted by Meghna at 12:30pm	Dr. Ashwini
29/6/26 21:30pm	C/S/B Dr. Soumya Sri	
	P/A - Ut ~ TG	
O/E Pt Hy c/o Lc	Cephalic	AS
GC-fair	4c/30sec/10min	- Clear liquids
Afebrile	FHR ⊕ 142bpm	- W/F POL
BP-109/78mmHg	P/V - Cx: 80% effaced	- Continuous FHR monitoring
PR- 81 bpm	OS: 2-3cm	- Monitor vitals
SCE-NAD	PP Vx 1-21	- Follow drug chart
Ie Epidural	M ⊖ Uq ⊖	- Inform SOS
	Noted by Meghna 29/6/26 at 2:30pm	

VIH-00200664 IP-00060508
Mrs SRI PRAMADA TANGIRALA
28-08-1999 26 Y 10 M 1 D (F)
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(3)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/C/B Dr Bhavana Mam.	
29/6/26 3:10 PM	O/E Pt is c/c/c	
	GC - fair	Adv
	Afebrile	- Clear liquids
	BP - 114/72 mmHg	- W/F POL
↑ Epidural	PR - 80 bpm	- Adequate hydration
	S/E - NAD	- Monitor vitals
	P/A - Ut ≈ TG	- Follow drug chart
	Cephalic	- Continuous FHR
	3c/35sec/10 min	monitoring
	FHR ⊕ 121 bpm	- Inform SOS
	V/E - Cx - 80% effaced	
	Os - 7 cm	
	PRVX - 101, Caput ⊕	
	M⊖, Liq ⊘	Dr. Sriguna
	Noted by Meghna 29/6/26 at 3:10pm	
29/6/26 5:30PM	P/A - Ut - TG	
	3c/10m/35sec - 40sec homins	
	cephalic	
	FHS ⊕	
	V/E - Cx - fully effaced	
	os - fully Dilated	
	mem(-), liquor clear	
	caput ⊕ PPVx 0	Dr. Mounika.
Noted by Manya 5:30 pm 29/6/26		

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

VIH-00200664 IP-00060508
Mrs SRI PRAMADA TANGIRALA
28-08-1999 26 Y 10 M 1 D (F)
Dr. BHAVANA K

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/6/26 6:30pm	Delivery Notes	
	under Aseptic conditions, Perineum Painted and draped. At the time of crowning at peak of contraction RMLE given under 2% Lignocaine.	
	A FEMALE Baby of weight 2.754 kg of APGAR 7/10, 9/10 delivered at 5:50 PM on 29/6/26	
	Baby cried. Immediately cord clamped & cut Baby handed over to Paediatrician	
	Placenta & membranes expelled Episiotomy sutured in layers, NO perineal tears or Extensions noted. Hemostasis secured. PR done NAD	
	FEMALE | 29/6/26 2.754 kg | 5:50 PM 7/10, 9/10	
		Dr Anuradha.

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28-08-1999 26 Y 10 M 1 D (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/6/26 6:30pm	PND-0	
	O/E	Adv
	Pt is c/c/c	- Soft diet
	Gcfair	- Monitor vitals
	Afebrile	- follow drug chart
	BP - 116/72mmHg	- W/F bleeding PV
	PR - 86bpm	- Rest
	S/E - NAD	- Adequate hydration
	P/A - Utv WR	- Inform SOS
	Soft	
	L/E - NAB	
	Baby - A/H BF(+)	
		Dr yogeshwari
29/6/26 9 PM	PND-0	
	O/E pt is c/c/c	Adv
	Gcfair	- Normal diet
	Afebrile	- Monitor vitals
urine passed	BP - 114/72mmHg	- W/F bleeding PV
	PR 86bpm	- Adequate hydration
	S/E - NAD	- Follow drug chart
	P/A - Utv WR	- Ambulation
Pt can be shifted to room	Soft	- Inform SOS
	L/E - No active bleeding	
	Baby - A/H BF(+)	
		Dr yogeshwari

Docu. No.: RCH/FRM/CLINICAL/008 (PTO)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/6/26 8 AM	PND-1	
P4L4 Hypothyroid c/o CD Cest thrombocytopen	O/E	Adv
Urine passed	Pt is c/clc	- Normal diet
motion passed	Gc-fair	- W/F bleeding PV
	Afebrile	- Monitor vitals
	BP- 100/70mmHg	- Follow drug chart
	PR- 82bpm	- Adequate Hydration
	S/E - NAD	- Ambulation
	P/A - Ut ~WR	- Inform SOS
	Soft	
Pt can be discharged	L/E - No active Bleeding	
	Baby A/H BF⊕	
		Yogeshwari Dr
		Noted by Subhan 30/6/26 @ 9.30am

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28-08-1999 26 Y 10 M 0 D (F)
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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: Preterm 37wks c Hypothyroidism c GDM (diet) c polyhydramnios
Any Infection: ☐ Yes ☑ No ☐ Not Known
If Yes Specify: —
Surgery / Procedure:
Post OP Day:

BACKGROUND

Date / Shift	28/6 N	29/6 M	29/6 E	29/6 N	30/6 M	
Medical Condition (Any special condition to be noted):	Hypothyroid	Hypothyroid	Preterm	Hypothyroid	NIL	
Diet:	60ml diet	60ml diet	60ml diet	60ml 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	RA	
Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
Vital Signs: Temp:	98.6F	98.6F	98.6F	98.6F	98.6F	
Res:	18b/m	19b/m	19b/m	19b/m	19b/m	
SpO_2:	99%	99%	99%	99%	96%	
Pulse:	82b/m	80 b/m	83 b/m	83 b/m	81 b/m	
BP:	108/70 mmHg	108/70 mmHg	110/70	112/70	109/63	
LOC:	Conscious	Conscious	Conscious	Conscious	Conscious	
Fall Risk Score:	15	15	15	15	0	
Pain Score:	0	0	0	0	0	
Skin Integrity	Intact	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:	60ml diet	60ml diet	60ml diet	60ml 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	Dependent	Dependent	Dependent	Dependent	
Post Operative Procedure Special Orders:	W/P POL	W/P POL	W/F Bleeding	W/F Bleeding	NIL	
Handed Over By Name :	Subhani	meghana	Meghana	K. Subhani	Subhani	
Signature / ID :	020477	010232	010232	020477		
Date:	29/6/26	29/6/26	29/6/26	29/6/26	30/6	
Time:	8pm	2pm	8pm	@	@9am	
Taken Over By Name :	Meghana	meghana	Subhani			
Signature / ID :	M010232	meghana	020477			
Date:	29/6/26	29/6/26	29/6/26			
Time:	8AM	2pm	8pm	@12PM		

Patient Sticker

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NURSING SHIFT HAND OVER FORM

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

VIH-00200664 IP-00060508
Mrs SRI PRAMADA TANGIRALA
28-08-1999 26 Y 10 M 0 D (F)
Dr. BHAVANA K

NURSING CARE RECORD

Rainbow® Children's Hospital
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BirthRight™ BY RAINBOW HOSPITALS
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Date: 28/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night	10 pm	maintain fluid Balance.	10 pm	Encourage to take more oral liquids	prevent dehydration	patient well hydrated	& 29/6/26 6 am
	6 am	FHR	6 am	FHR monitoring	FHR 135 b/m	FHR good	

VIH-00200664 IP-00060508
Mrs SRI PRAMADA TANGIRALA
28-08-1999 26 Y 10 M 1 D (F)
Dr. BHAVANA K

NURSING CARE RECORD

Rainbow® Children's Hospital
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BirthRight™ BY RAINBOW HOSPITALS
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Date: 29/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	9AM	* Ensure Safety	9:30	* Provided Side rails	*To prevent fall.	Patient safe & comfortable	29/6/26 @ 1pm
	12pm	* Maintain fluid balance	12pm	Provideed fluids	To prevent dehydration	Patient is hydrateed.	
Afternoon	2pm	Maintain fluid Balance	2pm	Iv fluids Administered as per doctor order	TO prevent dehydration	patient is well hydrated	Prathyusha 29/6/26 @ 4pm
	3pm	Monitor FHR & NST	3pm	Monitored FHR & NST	TO know the heart Beat	FHR is normal	
Night	8 pm	Relieve pain	8 pm	Analgesic given	Prevent pain relife	Patient calm	29/6/26 10pm Vasu
		* Maintain fluid balance		* Maintain oral fluids	* TO prevent dehydration	Reassessment done pt is stable	29/6/26 @8am

VIH-00200664 IP-00060508
Mrs SRI PRAMADA TANGIRALA
28-08-1999 26 Y 10 M 2 D (F)
Dr. BHAVANA K

NURSING CARE RECORD

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Date: 30/6/26

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..... Nil .....

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	9AM	→ Discharge Note		→ Doctor come for round and advised to discharge			Subha 30/6 9AM
Afternoon							
Night							

Patient Sticker

NURSING CARE RECORD

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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 SRI PRAMADA TANGIRALA**	**Age :**	**26 Y 10 M 0 D**
IP No:	**IP-00060508**	**Sex:**	**Female**
Consultant:	**Dr. BHAVANA K**	**Ward/Bed No:**	**N 2F-LABOUR WARD/LW 219**

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

Patient, be deemed advisable or necessary.

I understand that the confidentiality of all medical records shall be protected to the full extent of the Law. The undersigned also consent to the use of health related information/ audiovisuals of the patient for research & training purpose or for insurance coverage and while doing so confidentiality of the patient will be maintained at all times and this will not affect the [redacted]re 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.
([redacted]eceivers Signature:.....) P Pol

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: P Pol.

Name: Sai pramod
Relationship: Husband.
Date: 28/6/2026 Time: 9:00 pm.
Wittness Name:
Wittness Signature: Stecy

Patient Address:
H NO 1-23-176, H NO 232,
VIJAYALAXMI NILAYAM, ROAD NO 10,
BHOODEVI NAGAR, ALWAL Alwal
Hyderabad Telangana INDIA 500010

CONSENT FOR SPECIAL PROCEDURES

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Patient Name : Mrs. Sri Pramada Tangirala Gender: ☐ Male ☑ Female

UHID No : VIH-00200664 Department : Anesthesiology Date : 29/6/26

I Mrs. Sri Pramada S / D / W / O

Here by give consent for procedure of : Labour Epidural

For my patient, Named : SRI PRAMADA TANGIRALA.

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

Hypotension, Bradycardia, Tachycardia, Dural puncture, Re siting the catheter

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

IV opioids / Entonox

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

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

Patient Attendant :

Signature : P. Sri Pramada

Name :

Relationship with Patient: SELF

Date & Time : 29/6/26

Witness :

Signature :

Name : SAI PRAMOD

Date & Time : 29-06-2026 12:40PM

Doctor (who is taking the consent) :

Signature :

Name : Dr. P Madhav

Date & Time : 29/06/26

ప్రత్యేక విధానాలకు సమ్మతి

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

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

నేను ..... S/D/W/O .....

ప్రత్యేక విధానాలకు సమ్మతి ఇవ్వడం ద్వారా .....

నా రోగికి, పేరు : .....

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

.....

.....

.....

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

ప్రక్రియ చేస్తున్న వైద్యుని పేరు : .....

సహాయకుడు(అటెండెంట్)

సంతకము .....

పేరు .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....

సాక్షి

సంతకము .....

పేరు .....

తేదీ మరియు సమయము .....

INFORMED CONSENT FOR VAGINAL BIRTH

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

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Patient Name : MRS SRI PRAMADA UHID No : VIH-00200664

Gender: ☐ Male ☑ Female Date : 28/6/26 Time : 9:45 PM

I hereby authorized the performance of the following procedure:

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

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

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

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

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

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

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

Name of the Doctor performing the procedure: DR BHAVANA KASU

Consentee :

Signature : T. Sri Pramada

Name : SRI PRAMADA

Date & Time : 28-06-2026 | 9:45AM

Patient Attendant :

Signature : SPD

Name : SAI PRAMOD

Relationship with Patient: HUSBAND

Date & Time : 28-06-2026 | 9:45PM

Witness :

Signature : .....

Name : .....

Date & Time : .....

Doctor (who is taking the consent) :

Signature : Dr Farheen Khan

Name : .....

Date & Time : 28/6/26 9:45PM

VIH-00200664 IP-00060508
Mrs SRI PRAMADA TANGIRALA
28-08-1999 26 Y 10 M 0 D (F)
Dr. BHAVANA K

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OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 28/8/26 Time of Arrival: 9:00pm Time Seen by Nurse: 9:00pm

1) **Level of Consciousness:** ☑ Conscious ☐ Semi-Conscious ☐ UnConscious

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

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

3) **Vital Signs:** Temperature: 98.6°F Pulse: 83b/m RR: 18b/m SpO_2: 99% BP: 120/70 mmHg Weight: 80kg.

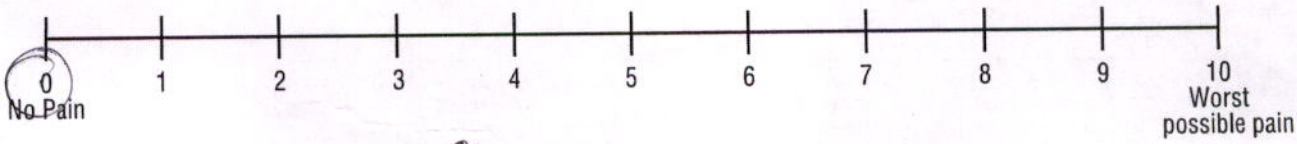
4) **Gestational Criteria:**

Gravida:	G –	P Primi	L –	A –

LMP: 8/10/25 EDD: 19/6/26 Gestational Age: 37wks.

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: Nil
- Duration: Nil Days / Weeks/ Months (Strike out which is not applicable)
- Character: Nil
- Frequency: Nil
- Interventions: Nil
  Nil

6) **Past History:**

a) Surgeries: Nil

b) Medical: Tab: thyroxine 100mcg

Mrs SRI PRAMADA TANGIRALA
28-08-1999 26 Y 10 M 0 D (F)
Dr. BHAVANA K

7) **Allergy:** ☐ Yes ☑ No, If Yes : .....

8) **Current Medications:** ☑ Prenatal Vitamin ☐ None ☐ Others: .....

9) **Prenatal Medical History:**

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

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: 9:30pm

Nurse Name : K. Sukanya Nurse Signature: .....

Date: 28/6/26 Time: 9:5pm

VIH-00200664 IP-00060508
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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

LMP: 8/10/25 EDD:

Corrected EDD: 19/7/26 GA: 37 weeks +

Obstetric Formula: Primi

MS - 2yr NCM

Menstrual History: Regular: ☐ Yes ☐ No

Obstetric Hostory:

G1 - PP - spont conception
Booked to RCH at 12+3 weeks.
Per ANCs at Yashodha.

Present Pregnancy Record:

H/O - Urine retention at 15+1 weeks & managed conservatively.
Diagnosed c Gestational Diabetes Mellitus at 29+5 weeks & managed with Diet

RISK FACTORS:

H/O Itching at 29+5 weeks on stomach reduced spontaneously c (N) Bile acid & LFT.

Hypothyroidism (100 ug).
GDM (Diet)
Polyhydramnios

Height: 158 cm
Weight: 80 kg
Allergies: -
Breast: ☑ Normal ☐ Abnormal

General Examination:

Consciousness: c/c/c Pallor: (-)
Icterus: (-) Edema: (-)
Temp: Afebrile PR:
BP: DTR: (+)
CVS: S1S2 (+) RS BAE (+)
Liver/Spleen: NAD Urine Output: NAD

Obstetric Examination

Fundal Height: Ut n TG

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

Liquor: ☐ Adequate ☐ Oligo ☑ Poly

PP: ☑ Cephalic ☐ Breech Others _____

Head Fifths Palpable: _____

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

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

Primi with 37 weeks with Hypothyroidism with Gestational Diabetes Mellitus (Diet) with Polyhydramnios with Gestational Thrombocytopenia for Induction of Labour.

VIH-00200664 IP-00060508
Mrs SRI PRAMADA TANGIRALA
28-08-1999 26 Y 10 M 0 D (F)
Dr. BHAVANA K

Family History:
mother - DM, Hypothyroid
father - DM, HTN.

Surgical History:
Nil

Medical History:
Hypothyroidism - 1½ yr

Medication History:
ON Tab Thyroxine 100 µg OD

Plan of Care: C/I to Dr Bhavana Maam
GRBS - 86
- Admission
- consent
- post preparation
- NST - 4th hourly
- FHR monitoring
- Ambulation
- Birthing ball exercise
- follow desg chart
- monitor vitals
- send CBP, APTT/PT/INR.
- Inform SOS.
- Diabetic Diet.

Noted by Rani 28/6/26 @ 2:30 PM

Investigations: BG - 'O' POSITIVE

HIV, HBsAg, HCV, VDRL } NR — 25/6/26 - CBP - 14.5/4.54/130L.

4/3/26
TIFFA scan.
- SLIUF
- 20+3 week
- No anomalies
- CL - 35 mm.

9/1/26
NT scan - c
- SLIUF
- 11+6 week
- NT - 1.10 mm
- CL - 33 mm

28/5/26 - Growth scan
- SLIUF
- 32+2 weeks
- cephalic
- PL - Ant High
- AFI - 22.6 cm
- AC - 35%.
- EFW - 1.9 3 kg.
- Dopplers - (N).

24/6/26 - AFI doppler
- SLIUF
- 36+3 weeks
- cephalic
- PL - Ant High
- AFI - 20.8 cm
Appears Echogenic
- Dopplers - (N).

Doctor Name: Dr. Fazna
Signature: Fhana
Date & Time: 28/6/26 9:30 pm

Consultant Name: Dr. Bhavana IS
Signature:
Date & Time: 28/6/26

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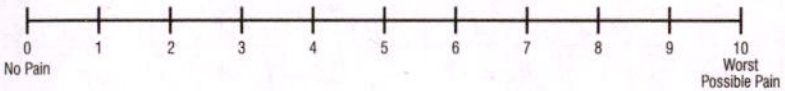
PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
28/6/26	10 PM	0 Score	No pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Comfortable position	
29/6/26	2 AM	0 Score	No pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Comfortable position	
29/6/26	4 AM	0 Score	No pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Comfortable position	
29/6/26	6 AM	0 Score	No pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	comfortable position	
29/6/26	8 AM	0 Score	No pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	change position	
29/6/26	10AM	'1'	uterine contraction	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	provide comfort position	Nkz
29/6/26	11 AM	'2'	uterine contraction	☑ Continuous ☐ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☑ Increasing ☐ Decreasing	☑ Yes ☐ No	provide comfort position	Nkz
29/6/26	12pm	'2'	uterine Contraction	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☒ Dull ☑ Aching ☐ Burning	☑ Increasing ☐ Decreasing	☑ Yes ☐ No	change position	Nkz
29/6/26	1pm	'2' Score	uterine Contraction	☑ Continuous ☐ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☐ Dull ☑ Aching ☐ Burning	☑ Increasing ☐ Decreasing	☑ Yes ☐ No	provide comfort position	Nkz
29/6/26	2pm	'2' Score	Abdomen pain	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☐ Dull ☑ Aching ☐ Burning	☑ Increasing ☐ Decreasing	☑ Yes ☐ No	Epidural guide	Nkz

Re-assessment Frequency:
1. Every eight hours for all hospitalized patients.
2. For post-surgical patients, patients with chronic pain, patient with severe pain:
   a) At least every 2 hours for the first 24 hours
   b) Then every 4 hours.
   c) Prior to pain pain-relieving intervention.
   d) 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, SaO_2	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

Patient Sticker

(1)

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PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
29/6/26	3pm	2	uterine contraction	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☐ Dull ☑ Aching ☐ Burning	☑ Increasing ☐ Decreasing	☑ Yes ☐ No	Epidural suggest	Mz
29/6/26	4pm	2	uterine contraction	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☐ Dull ☑ Aching ☐ Burning	☑ Increasing ☐ Decreasing	☑ Yes ☐ No	Epidural given	Mz
29/6/26	5pm	1	abdomen	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☐ Dull ☑ Aching ☐ Burning	☑ Increasing ☐ Decreasing	☐ Yes ☑ No	Epidural Given	[illegible]
29/6/26	6pm	0	No Pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Comfortable	[illegible]
29/6/26	8 PM	0 Score	NO pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	comfortable position	[illegible]
29/6/26	10 pm.	0 Score	NO pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	comfortable position	[illegible]
30/6/26	6AM	0 score	No pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Comfortable position	[illegible]
				☐ 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		

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(P.T.O)

PAIN ASSESSMENT TOOLS

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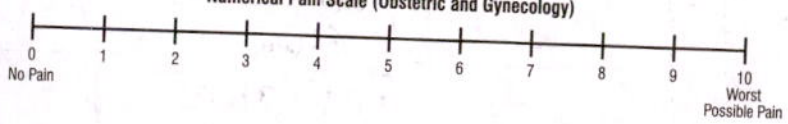
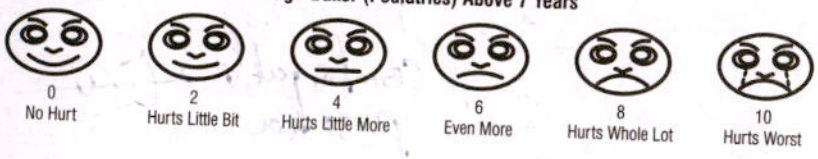


Wong - Baker (Pediatrics) Above 7 Years



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Activity	Laying quietly normal position, moves easily	Squirming shifting back and forth, tense	Arched, right, or Jerking
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VIH-00200664 IP-00060508
Mrs SRI PRAMADA TANGIRALA
28-08-1999 26 Y 10 M 0 D (F)
Dr. BHAVANA K

(1)

CHECKLIST FOR THROMBOPHLEBITIS

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S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1 28/6/26			DAY-2 29/6/26			DAY-3 30/6			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			
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 cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5			–	–	–	–	–			
		Signature of the Nurse				[illegible]	Nz	Nz	[illegible]	[illegible]			

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 : Rani Name : Rani

Signature of Ward In Charge :

Signature : Dhanalakshmi Name : Dhanalakshmi

VIH-00200664 IP-00060508
Mrs SRI PRAMADA TANGIRALA
28-08-1999 26 Y 10 M 0 D (F)
Dr. BHAVANA K

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

(1)

					Date : 28/6	29/6/24	29/6/24	29/6/24
					Time : 10pm	8am	2pm	8pm
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	4	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	4	4	4
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	4	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	4	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 mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	2	2	2
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
				TOTAL SCORE	28	16	26	26
				Evaluator's Name				

Severe Risk : less than 9 | High Risk : 10-12 | Moderate Risk : 13-14 | Mild Risk : 15-18 | Not at Risk: 19-23

Docu. No. : RCH /FRM / CLINICAL / 119

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

VIH-00200664 IP-00060508
Mrs SRI PRAMADA TANGIRALA
28-08-1999 26 Y 10 M 0 D (F)
Dr. BHAVANA K

(1)

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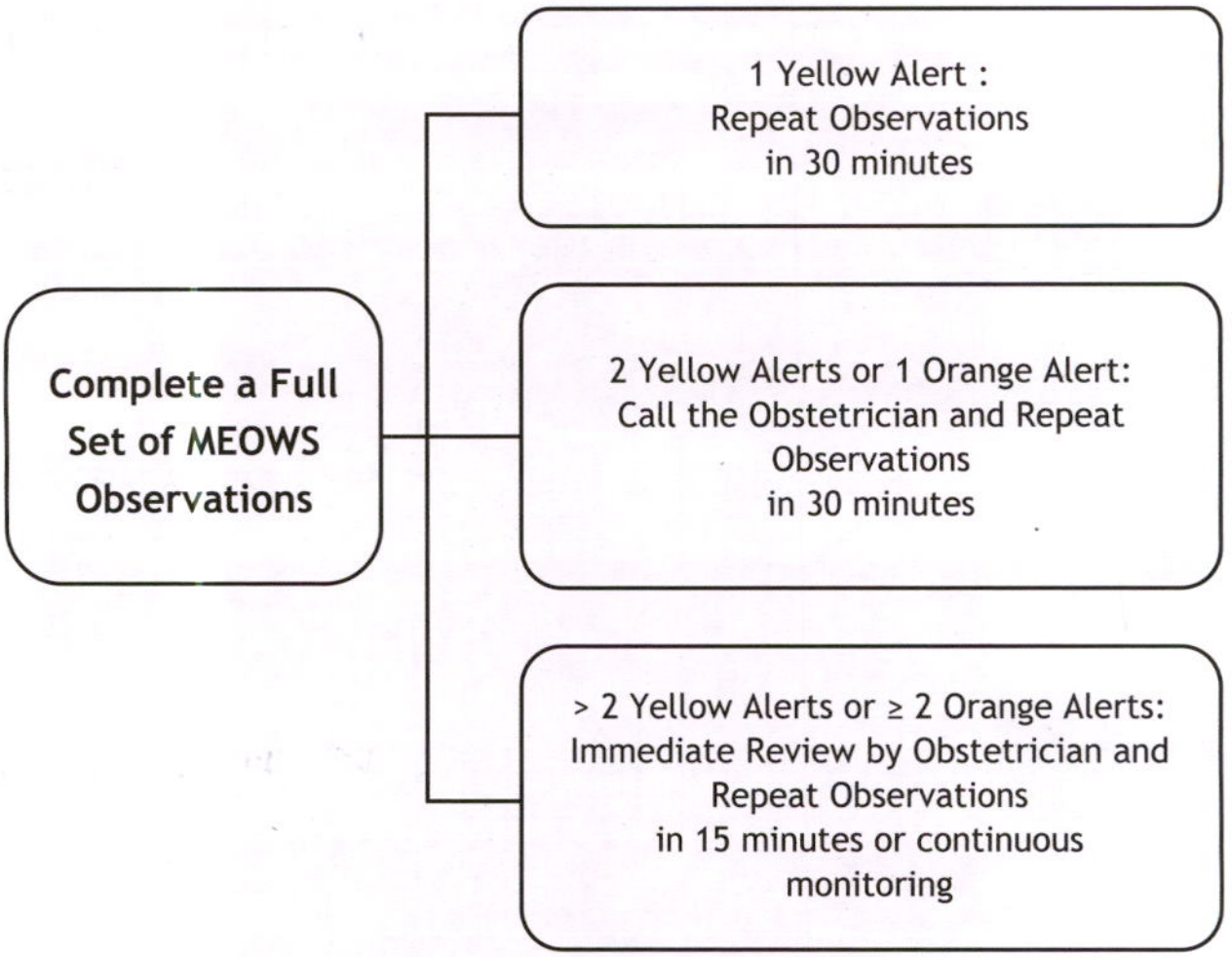
Early Warning Observation Score Chart - Obstetrics

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

28/6/26	Date																								
	Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20															19		19		19		19		19	
	0 - 10																								
Saturations	94 - 100 %															99		99		99		99		99	
	< 94 %																								
Administered O, (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37															37		37		37		37		37	
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80															90		83		83		80		82	
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120															120		120		110		113		113	
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70															70		73		74		75		70	
	60																								
	50																								
	40																								
NEURO RESPONSE [✓]	Alert															✓		✓		✓		✓		✓	
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30															✓		✓		✓		✓		✓	
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal															NAD		NAD		NAD		NAD		NAD	
	Heavy / Foul																								
Liquor	Clear / Pink															NAD		NAD		NAD		NAD		NAD	
	Green																								
TOTAL YELLOW SCORES																0		0		0		0		0	
TOTAL ORANGE SCORES																0		0		0		0		0	
Nurse Initial																									

Obstetrics and Gynaecology Early Warning Signs



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

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Mrs SRI PRAMADA TANGIRALA
28-08-1999 26 Y 10 M 0 D (F)
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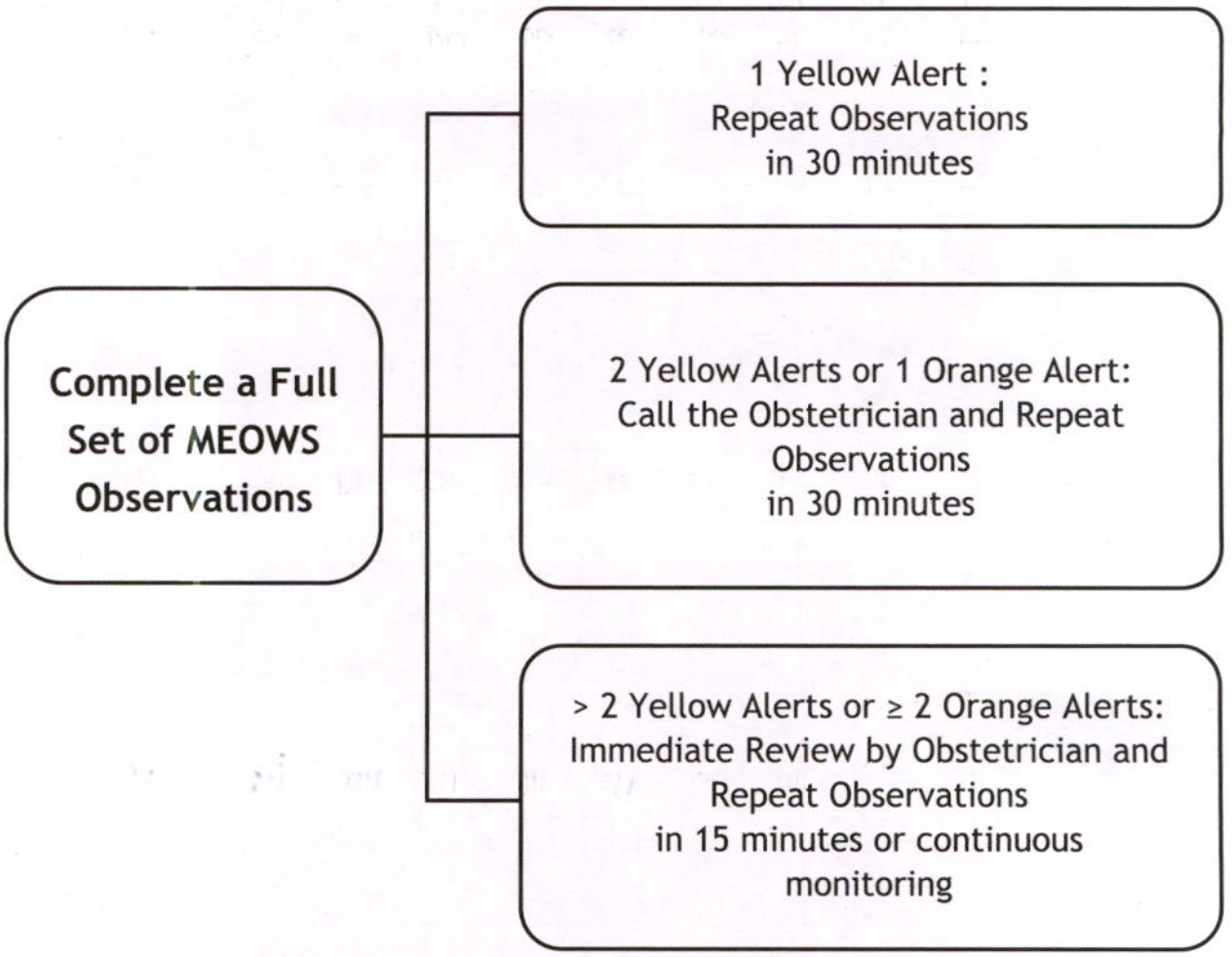
Early Warning Observation Score Chart - Obstetrics

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

29/6/25	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		19			19				19
	0 - 10																								
Saturations	94 - 100 %	99		99		99		99		99		99		99		99		99			99				99
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37	37°		38°		37.4		37.2		37.8		36		36.4		36.7		36.8			37.2				36.7
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80	80		82		84		82		88		83		83		84		78			80				82
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110	110		113		110		110		113		110		113		110		118			93				100
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70	70		72		74		70		75		90		73		74		63			75				71
	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		NA			NA				NA
	Heavy / Foul																								
Liquor	Clear / Pink	NA		NA		NA		NA		NA		NA		NA		NA		NA			NA				NA
	Green																								
TOTAL YELLOW SCORES		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
Nurse Initial																									

Obstetrics and Gynaecology Early Warning Signs



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

BirthRight™ By Rainbow

Ref. No. : F / HW / GYNIC / EWOS / 18

Early Warning Observation Score Chart - Obstetrics

CONTACT DOCTOR FOR [illegible] ERVENTION IF PATIENT TRIGGEI 'ELLOW SCORES AT ANY ONE TIME

VIH-00200664 IP-00060508
Mrs SRI PRAMADA TANGIRALA
28-08-1999 26 Y 10 M 2 D (F)
Dr. BHAVANA K

Name : ..... Date of Birth : .....

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

		Date	30/6/26																							
		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%		99																							
	< 94%																									
Administered O_2 (L/min)																										
Temp °C	40																									
	39																									
	38																									
	37		37C																							
	36																									
	35																									
	<35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80		81																							
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressure ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110		109																							
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
Diastolic Blood Pressure ↑	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70		78																							
	60																									
	50																									
	40																									
NEURO RESPONSE [✓]	Alert		✓																							
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	>30		✓																							
	<30																									
Proteinuria	Protein ++		NA																							
	Protein>++																									
Lochia	Normal		NA																							
	Heavy / Foul																									
Liquor	Clear / Pink		0																							
	Green																									
TOTAL YELLOW SCORE			0																							
TOTAL ORANGE SCORE			0																							

Alerted by Sushma 30/6/26 @ 9AM

VIH-00200664 IP-00060508
Mrs SRI PRAMADA TANGIRALA
28-08-1999 26 Y 10 M 0 D (F)
Dr. BHAVANA K

Rainbow® Children's Hospital
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BirthRight™ BY RAINBOW HOSPITALS
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FLUID CHART

Sheet No. : 1

28/6/26

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
			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 :**						
28/6/26	08:00 pm											
	09:00 pm											
	10:00 pm	H_2O	100ml								0	& 28/6/26
	11:00 pm	H_2O	100ml							✓	0	
	12:00 am	H_2O	100ml								0	
	01:00 am	H_2O	50ml								0	
Total Intake :			350ml			**Total Output :** passed						
29/6/26	02:00 am	H_2O	50ml								0	
	03:00 am	H_2O	50ml							✓	0	& 29/6/26
	04:00 am	H_2O	100ml								0	
	05:00 am	H_2O	100ml							✓	0	
	06:00 am	H_2O	100ml								0	
	07:00 am	H_2O	100ml							✓	0	(Arm)
Total Intake :			500ml			**Total Output :** passed						

Total 24 hrs. Intake	850ml	Total 24 hrs. Output	passed

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FLUID CHART

Sheet No. : 2

29/6/26

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							
29/6/26	08:00 am											
	09:00 am		1°									Vasha 29/6/26 @ 1 PM
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
30/6/26	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											Vasha 30/6/26 @ 8 AM
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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Dr. BHAVANA K

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FLUID CHART

Sheet No. : .....

30/6/26

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	ORS									✓	Vomit 2 episodes @ 7am
29/6/26	11:00 pm	H2O										
	12:00 am	H2O										
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am		H2O									
	03:00 am	H2O	ORS									
30/6/26	04:00 am	H2O	H2O									Vomit 3 episodes @ 4am
	05:00 am		ORS			✓					✓	
	06:00 am		H2O									
	07:00 am		ORS									
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

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FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
30/6	08:00 am											
	09:00 am		Jolly									
	10:00 am		water									
	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 :**						

Noted by Subadhra 30/6/26 @ 9pm

Total 24 hrs. Intake		Total 24 hrs. Output	

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28-08-1999 26 Y 10 M 0 D (F)
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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: I/W Shifted to: Room (103)

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	TAB CALCIUM	1 TAB	PO	OD	28/6	☐ C ☐ DC
2	TAB FOLIC ACID	1 TAB	PO	OD	28/6	☐ C ☐ DC
3	TAB IRON	1 TAB	PO	OD	28/6	☐ C ☐ DC
4	TAB THYROXINE	100 MCG	PO	OD	28/6	☐ 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 : D. Tanmoy

Date & Time : 28/6/16

Nurse Name & Signature: Meghana M.

Date & Time : 28/6/16

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28-08-1999 26 Y 10 M 1 D (F)
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CATION 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: LW Shifted to: 103

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	T. THYROXINE	100MCG	PO	ONCE DAILY	29/6/26	☑C ☐ DC
2	T. CEFIXIME	200MG	PO	12TH HOURLY	29/6/26	☑C ☐ DC
3	T. PARACETAMOL	1GM	PO	8TH HOURLY	29/6/26	☑C ☐ DC
4	T. DICLOFENAC	50MG	PO	8TH HOURLY	29/6/26	☑C ☐ DC
5	T. PANTOPRAZOLE	40MG	PO	ONCE DAILY	29/6/26	☑C ☐ DC
6	SYRUP LACTULOSE	15ML	PO	ONCE DAILY (AT BED TIME)	29/6/26	☑C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

* C- Continue, DC- Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : DR YOGESHWARI

Date & Time : 29/6/26 9 PM

Nurse Name & Signature: K. Sulochana

Date & Time : 29/6/26 9 p.m.

Epidural Catheter Removed YES / NO

Epidural Catheter Removed YES / NO

VIH-00200684 IP-00060508
Mrs SRI PRAMADA TANGIRALA
28-08-1999 26 Y 10 M 1 D (F)
Dr. BHAVANA K

Pa	DA	I.P. No.	Sheet No.	Wards	Weight (kg)
			(2)	1(W)	80kg

REGULAR PRESCRIPTIONS

DRUG : T. PARACETAMOL

Dose	Route	Frequency	Start Dt.
1gm	PO	8TH HOURLY	29/6/26

Name & Signature of the Doctor starting the Drugs: Dr YOUESHWARI

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

29/6/26 Chith

Date	29/6	30/6
Time		
7 AM		EOW
3 PM		
11 PM	EOW	

DRUG : T. DICLOFENAC

Dose	Route	Frequency	Start Dt.
50MG	PO	8TH HOURLY	29/6/26

Name & Signature of the Doctor starting the Drugs: Dr YOUESHWARI

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

29/6/26 Chith

Date	29/6	30/6
Time		
6 AM		EOW
2 PM		
10 PM	EOW	

DRUG : SYRUP LACTULOSE

Dose	Route	Frequency	Start Dt.
15ML	PO	ONCE DAILY	29/6/26

Name & Signature of the Doctor starting the Drugs: Dr YOUESHWARI

Additional Instructions: AT BED TIME

Daily Doctor's Endorsement by a Sign.

29/6/26 Chith

Date	29/6
Time	
10 PM	

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	

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BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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

Patient Name :	I.P. No.	Sheet No.	Wards	Weight (kg)

REGULAR PRESCRIPTIONS

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

VIH-00200664 IP-00060508
Mrs SRI PRAMADA TANGIRALA
28-08-1999 26 Y 10 M 1 D (F)
Dr. BHAVANA K

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STAT / ONCE ONLY DRUGS

Name: Padmavathi .

Weight: 80kg kgs

Sheet No: C1

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
29/6	2:45PM	INJ DROTAVA RING	40 MG	IV			
29/6	3:15PM	INJ VALETHAMATE BROMIDE	8MG	IV			
29/6	5:00pm	INJ-DROTAVERINE	40 MG	IV			
29/6	5:30pm	INJ-VALETHAMATE BROMIDE.	8MG	IV			
29/6/26	5:50pm	INJ OXYTOCIN	10UNITS	IM			
29/6/26	6:10pm	INJ TRANEXAMIC ACID	1GM	IV			
29/6/26	6:15pm	DICLOFENAC SUPPOSITORY	100 MG	PR			
29/6/26	6:15pm	TAB MISOPROSTOL	600MCG	PR			

Clear 29/6/26

VIH-00200664 IP-00060508
Mrs SRI PRAMADA TANGIRALA
28-08-1999 26 Y 10 M 0 D (F)
Dr. BHAVANA K

Rainbow® Children's Hospital
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DRUG CHART

Date of Admission: 28/6/26 Drug Allergies: Nil ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

DRUG :				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 .....

Mrs SRI PRAMADA TANGIRALA (F)

VIH-00200664 IP-00060508
Mrs SRI PRAMADA TANGIRALA
28-08-1999 26 Y 10 M 0 D (F)
Dr. BHAVANA K

I.V. FLUIDS CHART

Weight. 80 kg ..... Ward. 4/40 .....

		tion of I.V. Fluid (1 ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
29/6	12:20 PM	INJ OXYTOCIN 30 IN 500ml RINGER LACTATE	IV	5ml/hr		Nurse Manga	29/6		
29/6	1:00 AM	RINGER LACTATE	IV	100 ml/hr		Nurse Manga	29/6		Nurse Manga
29/6	12pm	RINGER LACTATE	IV	FF		Nurse Manga	29/6		Nurse Manga
29/6	2pm	RINGER LACTATE	IV	FF		Nurse Manga	29/6		Nurse Manga
29/6	4pm	RINGER LACTATE	IV	100ml/hr			29/6		
29/6/26	5:50 PM	INJ OXYTOCIN 15 UNITS + RINGER LACTATE	IV	FF			29/6		

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

VIH-00200664 IP-00060508
Mrs SRI PRAMADA TANGIRALA
28-08-1999 26 Y 10 M 1 D (F)
Dr. BHAVANA K

Weight. 80kg Ward. L.W.

	Date▸ Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
DRUG : RETADINE OINTMENT GLOTTON		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route: LA / Start Date: 29/6/26		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Name & Signature of the Doctor: Dr manika		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
28/6/26	9:45 PM.	TAB MISOPROSTOL	25 MCG	PV		
29/6/26	6 AM	INJ CEFOTAXIME (AFTER CEFT DOSE)	1 GM	IV		
29/6	3:40 AM	CENEMA PROCTOLYSIS	100ML	PR		
29/6	02:05 AM.	TAB MISOPROSTOL	50 MCG	PO		
29/6	8 AM	TAB MISOPROSTOL	50 MCG	PO		
29/6	12:45PM	INJ DROTAVARINE	40 MG	IV		
29/6	1:15PM.	INJ. VALETHAMATE BROMIDE	8 MG	IV		
29/6	1:45PM	INJ PROTAVARINE	40 MG	IV		
29/6	2:15 PM	~~INJ. VALETHAMATE~~ BROMIDE	8 MG	IV		

29/6 8AM

29/6

Mrs SRI PRAMADA TANGIRALA
28-08-1999 26 Y 10 M 0 D (F)
Dr. BHAVANA K

REGULAR PRESCRIPTIONS

Weight. 80kg Ward. HDU

DRUG : TAB THYROXINE

Dose	Route	Frequency	Start Date
100MCG	PO	ONCE DAILY	28/6/26

Name & Signature of the Doctor Starting the Drugs: Dr Tanmai

Additional Instructions: ON EMPTY STOMACH.

Daily Doctor's Endorsement by a Sign

Date/Time	29/6	30/6
	6 AM	6 AM

DRUG : TAB PANTOPRAZOLE

Dose	Route	Frequency	Start Date
40MG	PO	ONCE DAILY	29/6

Name & Signature of the Doctor Starting the Drugs: Dr Tanmai

Additional Instructions: ON EMPTY STOMACH

Daily Doctor's Endorsement by a Sign

Date/Time	29/6	30/6
	6 AM	6 AM

DRUG : TAB CEFIXIME

Dose	Route	Frequency	Start Date
200MG	PO	12TH HOURLY	29/6/26

Name & Signature of the Doctor Starting the Drugs: Dr manika

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	29/6
	10 AM
	10 PM

DRUG : TAB PANTOPRAZOLE

Dose	Route	Frequency	Start Date
40MG	PO	24TH HOURLY	29/6/26

Name & Signature of the Doctor Starting the Drugs: Dr manika.

Additional Instructions:

Daily Doctor's Endorsement by a Sign

HOLD.

VIH-00200664 IP-00060508
Mrs SRI PRAMADA TANGIRALA
28-08-1999 26 Y 10 M 1 D (F)
Dr. BHAVANA K

Weight. 80kg..... Ward. L.W.....

	Date▸ Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
DRUG : BETADINE OINTMENT & GLOTION		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route: LA / Start Date: 29/6/26		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Name & Signature of the Doctor: Dr. Manika		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
28/6/26	9:45 pm.	TAB MISOPROSTOL	25 MCG	PV		
29/6/26	6 AM	INJ CEFOTAXIME	1 GM	IV		
		(AFTER CBT DOSE)				
29/6	3:40 PM	CENEMA PROCTOLYSIS	100ML	PR		
29/6	02:05 AM.	TAB MISOPROSTOL	50 MCG	PO		
29/6	8 AM	TAB MISOPROSTOL	50 MCG	PO		
29/6	12:45PM	INJ DROTAVARINE	40 MG	IV		
29/6	1:15PM.	INJ. VALETHAMATE BROMIDE	8MG	IV		
29/6	1:45PM	INJ PROTAVARINE	40 MG	IV		
29/6	2:15 PM	INJ. VALETHAMATE BROMIDE	8MG	IV		

Mrs SRI PRAMADA TANGIRALA
28-08-1999 26 Y 10 M 0 D (F)
Dr. BHAVANA K

REGULAR PRESCRIPTIONS

Weight. 80kg Ward. HDU

DRUG : TAB THYROXINE

Dose	Route	Frequency	Start Date
100MCG	PO	ONCE DAILY	28/6/26

Name & Signature of the Doctor Starting the Drugs: Dr Tanmay

Additional Instructions: ON EMPTY STOMACH.

Daily Doctor's Endorsement by a Sign

Date / Time	29/6	30/6
	6 AM	ESW

DRUG : TAB PANTOPRAZOLE

Dose	Route	Frequency	Start Date
40MG	PO	ONCE DAILY	29/6

Name & Signature of the Doctor Starting the Drugs: Dr Tanmay

Additional Instructions: ON EMPTY STOMACH

Daily Doctor's Endorsement by a Sign

Date / Time	29/6	30/6
	6 AM	ESW

DRUG : TAB CEFIXIME

Dose	Route	Frequency	Start Date
200MG	PO	12TH HOURLY	29/6/26

Name & Signature of the Doctor Starting the Drugs: Dr manika

Additional Instructions: PM

Daily Doctor's Endorsement by a Sign

Date / Time	29/6
	10 PM
	10 AM

DRUG : TAB PANTOPRAZOLE

Dose	Route	Frequency	Start Date
40MG	PO	24TH HOURLY	29/6/26

Name & Signature of the Doctor Starting the Drugs: Dr manika

Additional Instructions:

Daily Doctor's Endorsement by a Sign

HOLD.