

BAH-00645013
Mrs NEELAM JAIN
18-04-1991 35 Y
Dr. PRANATHI REDDY A
IP5-00176129
(F)

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

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Your Right to a Safe Delivery

POST – PARTUM ASSESSMENT FORM – IN-PATIENT

Date: 10/7/26

Chief Complaint : Pain at the suture site

Obstetric/ Birthing History : G2P1L1A1 PND-1

Previous Surgical/Medical History : -

Assessment :

On Observation: Mother seen in lying down /sitting/ reclined position

Mother is active & alert / drowsy / tired or exhausted / mobile by herself & ambulatory / needs assistance with mobility

Iv line + / -

Catheter + / -

Postural alignment -

On Palpation : Edema – absent / up to ankle / up to knee/ above knee

On Examination : Breathing pattern – abdominal/ apical/ diaphragmatic

Diastasis recti abdominis – present / absent / could not be assessed

Able to initiate Pelvic Floor Activation – ☒ Yes ☐ No

Spl Notes -

Treatment Plan :

☒ Lateral Breathing

☒ Pelvic Floor Activation

☒ Transversus Abdominis Activation

☒ Gluteus Activation

☒ Active Motion for Limbs

☒ Transfer Training & Mobility

☐ Sit to Stand

☒ Monitored Walk

☐ Posture & Ergonomic Education

Signature : J.S.

Name : Dr. Tuhena Sharma (PT)

Date & Time: 10/7/26 3:30pm



IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

Came to clo looking for
- 3 AM

Obstetric Formula:

G2A1

Obstetric History:

G1 - 2014, 5-6wks, TOP,
MERC done.

Present Pregnancy Record:

G2 - present preg,
spontaneous conception
Booked @ 6 weeks

RISK FACTORS:

- Acute urinary retention
at 12+4wks.
on Tab. Spiridex-20mg OD

Height: 161 cm

Weight: 56.5 kg

Allergies: NKDA

Breast: ☒ Normal ☐ Abnormal

General Examination: fair

Consciousness: yes Pallor: absent

Icterus: absent Edema: absent

Temp: afebrile PR: soft

BP: 102/69 (76) DTR: Normal

CVS: S/S2+ RS B/L MBS+

Liver/Spleen: Not palpable Urine Output: normal, SPA - 980 ml RN

DIAGNOSIS

G2A1 / 35+6wks / PPRM

for 2OL

LMP: 29/10/25

EDD:

Corrected EDD: 7/8/26

GA: 35+6

Menstrual History: Regular: ☒ Yes ☐ No

Obstetric Examination

Fundal Height: 36wks

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

Liquor: ☒ Adequate ☐ Oligo ☐ Poly

PP: ☒ Cephalic ☐ Breech Others

Head Fifts Palpable: 4/5

FHS: ☒ Normal ☐ Tachy ☐ Brady ☐ Absent

Per Speculum Examination

- HVS taken.

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

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Family History: NOI	Surgical History: NOI
Medical History: Nil	Medication History: see medical evancliam form
Plan of Care: - Admission - CTG now flb 3rdly - Send CBP, CRP, CUE, HVS, crinecl E Trace. - vitals uterine - w/f s/s chorioamnionitis - consents 100 Vaginal Birth - w/f progression of labour.	Investigations: - $\odot$ positive 16/5 CBP - HB-11.8, Plt- 2.7L - vitals - NR. 24/6 33+5, cephalic, 2095gm. 24(C), Ae- 6C, AFI-16.4cm. - placenta - posterior h/b, doppler - TIFPA - (K) - NT scan - $\odot$, FTS 120 Rnt

Doctor Name: Dr. Sameera

Signature:

Date & Time: 9/2/26 @ 5:10 AM

Consultant Name: Dr. Pranathi Reddy

Signature: _____

Date & Time: _____

DEFICIENCY CHECK LIST OF CASE SHEET

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

ERROR LOG

LOCATION : OT / Birthing Centre / BirthRight Premium / 3rd Floor (Zone A,B,C) / NICU / PICU /
2nd Floor Ward / Oncology / 1st Floor Wards.

OBSERVATION :

DATE :

SIGNATURE OF MRD INCHARGE / EXECUTIVE

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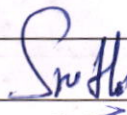
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/2/26 8AM	Pt comfortable O/E AC - fair PR - 80bpm BP - 107/60mmHg SpO₂ - 98% on RA P/A - uterus relaxed FHR ⊕	Adv - NST now 3rd hour - w/f PCL - vitals continue - Pain relief PR <i>[Signature]</i>
9/2/26 9:20AM	comfortable AC - fair vitals - BP - 119/62 (89) PR - 81bpm SpO₂ - 99% on RA P/A - uterus irritable NST - Reactive (2:20 AM) Temp - 97.2°F Tak. Pgtl 50mg - 5:30AM 25mg - 9:30AM	Advice - NST x 3rd hour - Monitor vitals - w/f progress of labor. - Inform SAs <i>[Signature]</i>

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/07/2026 10:15AM	Dr. Pranathi ✓ 3rd dose T. PGE₁ 50mg x 12:30PM ✓ Risks with PPROM explained. ✓ Need for close maternal/fetal monitoring explained. by Mr Deepika	
9/7/26 1:00PM	Pt is stable. BP- 110/70 mmHg PR 84bpm SpO₂- 100% on RA; Temp- 96.2° PLA- ut is stable.	
NOT reactive	- 3rd dose T. PGE₁ 50mg received @ 12:30PM Active continue CTG monitoring 3rd hly - FHR & vitals 1hly.	
		

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/7/2026	Stable	
3:50 pm	Has mild paroxysms.	
	Afebrile Temp - 97.4° F.	
	PR - 84b	SpO2 - 98% Room Air.
	BP - 130/70 (by map)	
	RR -	
	P/A - uterus mild contractions.	
		FUN - 1405 pm.
NST Reactive		Cephalic.
3pm		
	VE - Coefficient 3cm.	
		St - 2
On IV 100mg	Membranes absent	
MEZROXYL	legion clear.	
Labs		Adm.
Hb - 11.4	(atro)	1) Hg. Epinephrine 1000 µg
pcv - 33.6		@ 6ml/hr
WBC - 9,750		to half half hourly.
CRP - 5.0		2) NST 5pm
coke - 3-4pc.		3) Continuous FUN
		menstr.
		4) w/e present.
		5) PAC
		Epinephrine 1/200
		Dr. Anurag

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Date & Time	Progress Notes	Doctor's Order
9/7/26. 10.30pm	AND-0 / SVD / P/LA Gc fair afebrile PR - 70/min BP - 110/67 (72) mmHg SpO ₂ - 98% @ RA R. Nice.	adv (R) diet - vitals 6 hrs - Drop as charted - w/f p/w bleed - Informers - remove Foley's 12pm (10/7/26)
CRP 10/7/26	Shift to room C/E - 3-4 p/w Hb - 11.4 / Plt - 2.82 / WBC - 9.75 CRP - 5	- Informers - trace urine 12 hrs Diet 10/7/26
10/7/26	PND-1 / SVD / P/LA Gc fair Vitals: stable P/A: 04 (R) w Salt, 100ml P/L: NAB	1) Monitor vitals - 4 hrs 2) Flt charting 3) Remove Foley's at 12pm (10/7/26) 4) w/f p/w bleed 5) S/A diet E plenty of oral fluid 6) Tufu so
10/7/26	Hb: 10.4 Plt: 2.07 platelets	

(P.T.O)

Patient Sticker

PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/7/26 1:30pm	O/E GC-fair vitals-stable P/A uterine retracted well 1/E - Lochia Healthy	Adv - drugs as per charted - soft diet, plenty of oral fluids - vitals continue - Ambulate - w/ active bleeding PV + Inform H/T NB Last 9:30pm Dr. Divya
10/7/26 7:10pm	PND- 1/5rd PLA1	Adv ① soft diet ② hydration ③ Ambulation ④ w/ active bleeding ⑤ Drugs as charted ⑥ Inform S/S Dr. Divya

PRANATHI REDDY A

(F)

[illegible]

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RESULT SHEET

Date	9/7/26	10/7/26			
Time	5.16 AM	6 AM			
Hb	11.4	10.7			
PCV	33.6	31.5			
RBC	3.79	3.50			
WBC	9.75	1259			
N/L					
Platelets	2.22	2.05			
CRP	5.0	.			
ESR					
PCT					
RBS					
Na					
K					
Cl					
Ca/Mg					
Phosphate					
Urea					
Creatinine					
ALP					
SGPT					
SGOT					
T.Bill/Conj					
T.Protein					
S.Albumin					
S.Globulin					
A/G Ratio					
Uric Acid					
S.Amylase					
Sr.Lipase					
Blood Lactate					
S.Cholesterol					
PT/INR					
APTT					
CSF Protein / Sugar					
Cells					
N/L					

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
Blood group -> O +ve						

Culture and Sensitivities :

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Radiology : USG :

 X-Ray :

 ECHO :

 CT :

 MRI :

 Others (ECG, Contrast Studies etc.,) :

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MEDICATION RECONCILIATION FORM

Drug Allergies: Nil/COA ☐ Not known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.

(Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From: NA Shifted to: NA

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	Tab IRON		PO	OD	8/2	☐ C ☒ DC
2	Tab CALCIUM		PO	OD	8/2	☐ C ☒ DC
3	Tab SPORIDEX AF	250mg	PO	ON	8/2	☐ C ☒ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Suneeta

Date & Time : 8/26 @ 8:30 AM

Nurse Name & Signature : Pranathi TM

Date & Time : 8/26 @ 6 AM

Patient Sticker

Sheet No:

REGULAR PRESCRIPTIONS

Weight Ward

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

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

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

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

VERIFIED BY : Name Signature

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Sheet .

REGULAR PRESCRIPTIONS

Weight

Ward

DRUG :				Date	Time
Dose	Route	Frequency	Start Dt.		
5mg	PO	TID	9/7	10/7	
Name & Signature of the Doctor Starting the Drugs:					
Dr. Arun Kumar					
Additional Instructions:					
NPR					
Daily Doctor's Endorsement by a Sign					
DRUG :				Date	Time
Dose	Route	Frequency	Start Dt.		
15ml	PO	BD	10/7/26	10/7	
Name & Signature of the Doctor Starting the Drugs:					
Dr. Arun Kumar					
Additional Instructions:					
X Bed time					
Daily Doctor's Endorsement by a Sign					
DRUG :				Date	Time
Dose	Route	Frequency	Start Dt.		
Name & Signature of the Doctor Starting the Drugs:					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					
DRUG :				Date	Time
Dose	Route	Frequency	Start Dt.		
Name & Signature of the Doctor Starting the Drugs:					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					



DRUG CHART

Date of Admission: 9/7/26 Drug Allergies: NKDA ☒ 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)

[illegible][illegible][illegible]

Mrs NEELAM JAIN
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Dr. PRANATHI REDDY A

(F)

REGULAR PRESCRIPTIONS

Weight. 81.5 Ward. omj

DRUG :				Date
Dose	Route	Frequency	Start Date	Time
1gm	IV	BD	9/7	9/7/10/7
Name & Signature of the Doctor Starting the Drugs:				Am 9/7/10/7
Additional Instructions:				6 PM 9/7/10/7
Daily Doctor's Endorsement by a Sign				
DRUG :				Date
Dose	Route	Frequency	Start Date	Time
100mg	IV	TID	9/7	9/7/10/7
Name & Signature of the Doctor Starting the Drugs:				Am 9/7/10/7
Additional Instructions:				6 PM 9/7/10/7
Daily Doctor's Endorsement by a Sign				
DRUG :				Date
Dose	Route	Frequency	Start Date	Time
1gm	PO	TID	9/7/2	9/7/10/7
Name & Signature of the Doctor Starting the Drugs:				Am 9/7/10/7
Additional Instructions:				6 PM 9/7/10/7
Daily Doctor's Endorsement by a Sign				
DRUG :				Date
Dose	Route	Frequency	Start Date	Time
1gm	PO	BD	9/7	9/7/10/7
Name & Signature of the Doctor Starting the Drugs:				Am 9/7/10/7
Additional Instructions:				6 PM 9/7/10/7
Daily Doctor's Endorsement by a Sign				
DRUG :				Date
Dose	Route	Frequency	Start Date	Time
1gm	PO	BD	9/7	9/7/10/7
Name & Signature of the Doctor Starting the Drugs:				Am 9/7/10/7
Additional Instructions:				6 PM 9/7/10/7
Daily Doctor's Endorsement by a Sign				



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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
9/7/26	5:30 AM	Tab. PGE ₁	50mcg	PO	[Signature]	Pooni Kanchi
9/7/26	9:30 AM	Tab. PGE ₁	25mcg	PO	[Signature]	Kanng Shobha
9/7/2026	12:30 PM	Tab. PGE ₁	50mcg	PO	[Signature]	Kanng Shobha
9/7/26	4:20 PM	PROCTOLYSIS ENEMA	1 pack	P/R	[Signature]	Radha Swarna
9/7/26	8:10 PM	Im oxytocin	100	IM	[Signature]	Gayatri Kalluri
9/7/26	8:30 PM	T. PGE ₁	400mcg	P/R	[Signature]	Gayatri Kalluri
9/7/26	8:50 PM	Justine	100mg	P/R	[Signature]	Gayatri Kalluri

5:30 AM
 9:30 AM
 12:30 PM

Signature

VERIFIED BY : Natri

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ACTIVITY RECORD FOR BILLING

Name : _____

UHID No. : _____ IP No : _____ Consultant: _____ Dept : _____

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
9/7/26	11:50am	BB-11	BB-11	
9/7/26	11:20pm	BB-11	3rd floor (329)	Gayatri

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	Dr. Tanheena Sharma (PD)	10/7/26	9696507	Raj
2				
3				
4				
5				
6				
7				
8				
9				
10				

INVESTIGATIONS

[illegible]

[illegible]

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
9/7/26	IV placement	1	9694092	Tunny
9/7	PAC	1	9695243	Angali
9/21	Catheterisation	1	9695242	Angali

*Check sheet by
Kecab*

ANY OTHER INFORMATION

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Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

ADMISSION SHEET



Registration Details :

Admission No : IP5-00176129 Admit Date : 09-Jul-2026 Admit Time : 05:08 AM UHID : BAH-00645013

Patient Details :

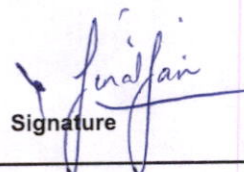
Patient Name	: Mrs NEELAM JAIN	Age	: 35 Y
Guardian	: Mr JINAL JAIN	DOB	: 18-04-1991
Gender	: Female	Religion	:
Occupation	:	Martial Status	: Married
Address (H)	: #PLOT NO 79,80 PAIGAH COLONY, BEHIND ANAND THEATRE Secunderabad Hyderabad Telangana INDIA 500003	Phone No	: 9966111151/ 8500288888
		E-mail	: nomailid@gmail.com

Admission Details :

Bed Type	: SHARED WARD	Bed No	: SW 417	Ward Name	: 4F-BIRTHING CENTRE
Room No	: SW 417	Admission Type	: First Visit		

Contact Details :

Name	: Mr JINAL JAIN	Relationship	: Husband
Contact Address	: #PLOT NO 79,80 PAIGAH COLONY, BEHIND ANAND THEATRE Secunderabad Hyderabad Telangana INDIA 500003	Phone No	: 9966111151 / 8500288888


Signature

Doctor Details :

Doctor Name	: Dr. PRANATHI REDDY A	Specialisation	: OBSTETRICS AND GYNECOLOGY
Referral Doctor	: Self	Phone No	:
Co-Consultant	:		

Payment Details :

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

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MULTI-DISCIPLINARY PLAN OF CARE FORM

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Diagnosis:

G2A1 / 35th wkn / PPROM for IOL

Date Time	Discipline	Type	Patient Needs / Problem List	Goal	Plan / Intervention	Signature	Team Verification
9/7/26 @ 5:10 PM	☐ Medical ☐ Nursing ☐ Others:	☒ Initial ☐ Modified ☐ Per-Op ☐ Post Op	G2A1 / 35 th / PPROM for IOL	for safe delivery	IOL		☐ Nursing ☐ Others:
9/11/26 @ 6 AM	☐ Medical ☒ Nursing ☐ Others:	☒ Initial ☐ Modified ☐ Per-Op ☐ Post Op	Safety	prevent infection	Antibiotic given	Tunm	☒ Medical ☐ Others:
10/7/26 8:30 am	☐ Medical ☐ Nursing ☒ Others:	☐ Initial ☐ Modified ☐ Per-Op ☒ Post Op	PND-1 SUD	Normal diet	Normal High protein diet	Sainz	☐ Medical ☐ Nursing ☒ Others:
10/7/26 3:30 pm	☐ Medical ☐ Nursing ☒ Others:	☐ Initial ☐ Modified ☐ Per-Op ☒ Post Op	PND	Post partum recovery	Deep core retraining & functional training	I.S	☐ Medical ☐ Nursing ☐ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Nursing ☐ Others:

BAH-00645013

IP5-00176129

Mrs NEELAM JAIN

18-04-1991 35 Y

Dr. PRANATHI REDDY A

(F)



INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

**Rainbow
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Part - I.

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

Identified Education Needs:

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

Part - II

Date	Time	Need Identified	Information Taught	Use codes from the list in part III					Comments	Designation / Signature
				Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		
9/3/26	5:10 AM	12/3/24	Diagnosis, Treatment & care plan, Pain management, Informed consent	PT, S	1	0	1	1		<i>[Signature]</i>
9/7/26	6 AM	7	Explain about infection control	PT, S	1	0	1	1	- Tuning	<i>[Signature]</i>
10/7/26	8:30 am	9	Lactation diet	PT	1	0	1	1	-	<i>[Signature]</i>

Part - III: CODES

Who was taught:	PT: Patient	F: Father	M: Mother	S: Spouse	Sn: Son	D: Daughter	C: Caregiver	O: Other (Specify)															
Learning Barriers:	<table border="0"> <tr> <td>1. No Learning Barriers</td> <td>4. Language Barrier</td> <td>7. Impaired Thought Process/Cognitive limitations</td> <td>10. Financial Difficulties</td> <td>13. Cultural/Religion Practice</td> </tr> <tr> <td>2. Physical Impairment</td> <td>5. Educational Level</td> <td>8. Responsibilities at Home</td> <td>11. Beliefs and Values</td> <td>14. Others (Specify)</td> </tr> <tr> <td>3. Emotional Barriers</td> <td>6. Desire / Motivate to Learn</td> <td>9. Cultural Differences</td> <td>12. Impaired Vision/ or Hearing</td> <td></td> </tr> </table>								1. No Learning Barriers	4. Language Barrier	7. Impaired Thought Process/Cognitive limitations	10. Financial Difficulties	13. Cultural/Religion Practice	2. Physical Impairment	5. Educational Level	8. Responsibilities at Home	11. Beliefs and Values	14. Others (Specify)	3. Emotional Barriers	6. Desire / Motivate to Learn	9. Cultural Differences	12. Impaired Vision/ or Hearing	
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2. Physical Impairment	5. Educational Level	8. Responsibilities at Home	11. Beliefs and Values	14. Others (Specify)																			
3. Emotional Barriers	6. Desire / Motivate to Learn	9. Cultural Differences	12. Impaired Vision/ or Hearing																				
Teaching Tools Used:	A: Audio	D: Demonstration	V: Video	O: Oral	P: Printed																		
Mechanism/s to overcome barrier/s:	<table border="0"> <tr> <td>1. None</td> <td>3. Reassurance & Support</td> <td>5. Respect values & beliefs</td> <td>7. Other, Specify</td> </tr> <tr> <td>2. Obtain translator</td> <td>4. Teach Family / Others</td> <td>6. Respect Cultural / Religion Preference</td> <td></td> </tr> </table>								1. None	3. Reassurance & Support	5. Respect values & beliefs	7. Other, Specify	2. Obtain translator	4. Teach Family / Others	6. Respect Cultural / Religion Preference								
1. None	3. Reassurance & Support	5. Respect values & beliefs	7. Other, Specify																				
2. Obtain translator	4. Teach Family / Others	6. Respect Cultural / Religion Preference																					
Understanding:	<table border="0"> <tr> <td>1. Verbalizes Understanding</td> <td>2. Demonstrates Understanding</td> <td>3. Needs Review</td> </tr> </table>								1. Verbalizes Understanding	2. Demonstrates Understanding	3. Needs Review												
1. Verbalizes Understanding	2. Demonstrates Understanding	3. Needs Review																					



OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 9/7/26 Time of Arrival: 4:30 Am Time Seen by Nurse: 4:35 Am

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

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

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

3) **Vital Signs:** Temperature: 98°F Pulse: 84 RR: 20 SpO₂: 99.1 BP: 110/70 Weight: 86.5

4) **Gestational Criteria:**

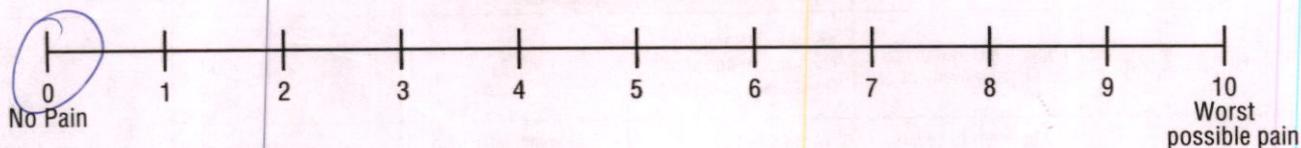
Gravida:	G <u>2</u>	P <u>—</u>	L <u>—</u>	A <u>1</u>
----------	------------	------------	------------	------------

LMP: 29/10/25 EDD: 7/8/26 Gestational Age: 35+6 wky

Uterine Contraction	☐ Yes ☒ No	☐ NA	Onset	Time	Frequency:
Membrane Rupture	☒ Yes ☐ No	☐ NA	Onset <u>4:30 Am</u>	Time <u>4 Am</u>	Fluid Color: <u>Clear</u>
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:
 • Duration: Days / Weeks/ Months (Strike out which is not applicable)
 • Character:
 • Frequency:
 • Interventions: No pain

6) **Past History:**

- a) Surgeries: Nil
 b) Medical: Nil

7) Allergy: ☐ Yes ☒ No, If Yes :8) Current Medications: ☒ Prenatal Vitamin ☐ None ☐ Others:

9) Prenatal Medical History:

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

Triage Category: (Please tick on the category)

Refer to OBSTETRICAL TRIAGE ACUITY SCALE (OTAS)

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

OBCU Obstetrical Triage Acuity Scale (OTAS)

OTAS	Level 1 (Resuscitative)	Level 2 (Emergent)	Level 3 (Urgent)	Level 4 (Less Urgent)	Level 5 (Non Urgent)
Level 1 (Resuscitative)	Immediate	≤ 15 minutes	≤ 30 minutes	≤ 60 minutes	≤ 120 minutes (2 Hours)
Re-Assessment	Continuous Nursing Care	Every 15 Minutes	Every 15 Minutes	Every 30 Minutes	Every 60 Minutes
Labour / Fluid	Imminent Birth	Suspected Pre-term Labour / PPROM < 37 Weeks	Signs of Active Labour > 37 weeks	Signs of Early Labour/ SRROM > 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: 4:45 Am.....

Nurse Name : Pune Nurse Signature: TM

Date: 9/11/26 Time: 4:55 Am



OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 9/11/20

Baseline Information:

Admission From: ☐ ER ☐ OPD ☒ Admission Desk ☐ Others, specify
Primary Language: ☒ Telugu ☐ English ☐ Hindi ☐ Others, specify
Do you require an interpreter? ☐ Yes ☒ No if Yes specify
Source of Information: ☒ Patient ☐ Family ☐ Others, specify

Allergies: ☐ Yes ☒ No ☐ Medications ☐ Blood Transfusion ☐ Food ☐ Other:
If yes, identify

Chief Complaints: PPROM Doctor Notified on Admission: ☒ Yes ☐ No
Name of the Doctor: Dr. Sameer
Time Notified: 4:55 AM

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

Past Medical History	Past Surgical History	Previous Hospital Admission
<u>Nil</u>	<u>Nil</u>	<u>Nil</u>
Gynecology Assessment: ☐ Not Applicable Menstrual History: <u>Regular</u> Onset of Menarche: Menstrual Cycle: ☒ Regular ☐ Irregular Last Menstrual Period: <u>29/10/25</u>	Gynecology Surgical History: Caesarean Section: ☒ No ☐ Yes Cervical Cerclage: ☒ No ☐ Yes Ectopic Pregnancy: ☒ No ☐ Yes Myomectomy: ☒ No ☐ Yes Others:	Gynecological History: Contraceptives: ☒ No ☐ Yes Vaginal Discharge: ☒ No ☐ Yes Post-Coital Bleeding: ☒ No ☐ Yes Infertility: ☒ No ☐ Yes If Yes Type: ☐ Primary ☐ Secondary

Obstetric History: G 2 P — L — A 1

Previous LSCS: NO

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°F HR: 80 RR: 20
BP: 107/69(76) Weight: 86.5 Height: 161 BMI: —

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

(P.T.O.)

BAH-00645013 IP5-00176129

Mrs NEELAM JAIN

18-04-1991

35 Y

(F)

Dr. PRANATHI REDDY A



PHYSICAL ASSESSMENT

General Appearance: ☒ Healthy ☐ ill looking ☐ Anxious ☐ Agitated ☐ Others:Fall Assessment: ☒ Yes ☐ No Score 20 (complete the Morse Fall Risk Assessment Sheet)Risk of Pressure Sore: ☒ Yes ☐ No Score 28 (complete the Braden Q Sheet)

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

- ☐ Mobility problem ☐ Walking Problem ☒ No Abnormality Detected
☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING: ☒ No Abnormality Detected

- ☐ Overweight ☐ Poor Appetite > 3 Days ☐ Needs Therapeutic Diet.
☐ Under Weight ☐ Diabetes Mellitus ☐ Hyperemesis Gravidarum

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

- ☒ Calm & Cooperative ☐ Restless ☐ Depressed ☐ Agitated ☐ Confused
☐ Others

Inform consultant for positive criteria

Cultural & Spiritual Needs: ☐ Yes ☐ No if Yes specify Inform consultant for positive criteria.

SOCIAL SCREENING:

1. Marital Status: ☐ Single ☒ Married ☐ Divorced ☐ Widow2. Special Habits: Smoker: ☐ Yes ☒ No Alcohol Abuse: ☐ Yes ☒ No Drug Abuse: ☐ Yes ☒ NoSocial 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 PatientName of Person Orientation was given to: PatientOrientation not given Reason: NANurse Signature: TMNurse Name: PurniDate & Time: 9/11/26 @ 5:00AM

IP5-00176129

BAH-00645013
Mrs NEELAM JAIN

35 Y

Mrs REEDY 35 Y
18-04-1991
Dr. PRANATHI REDDY A



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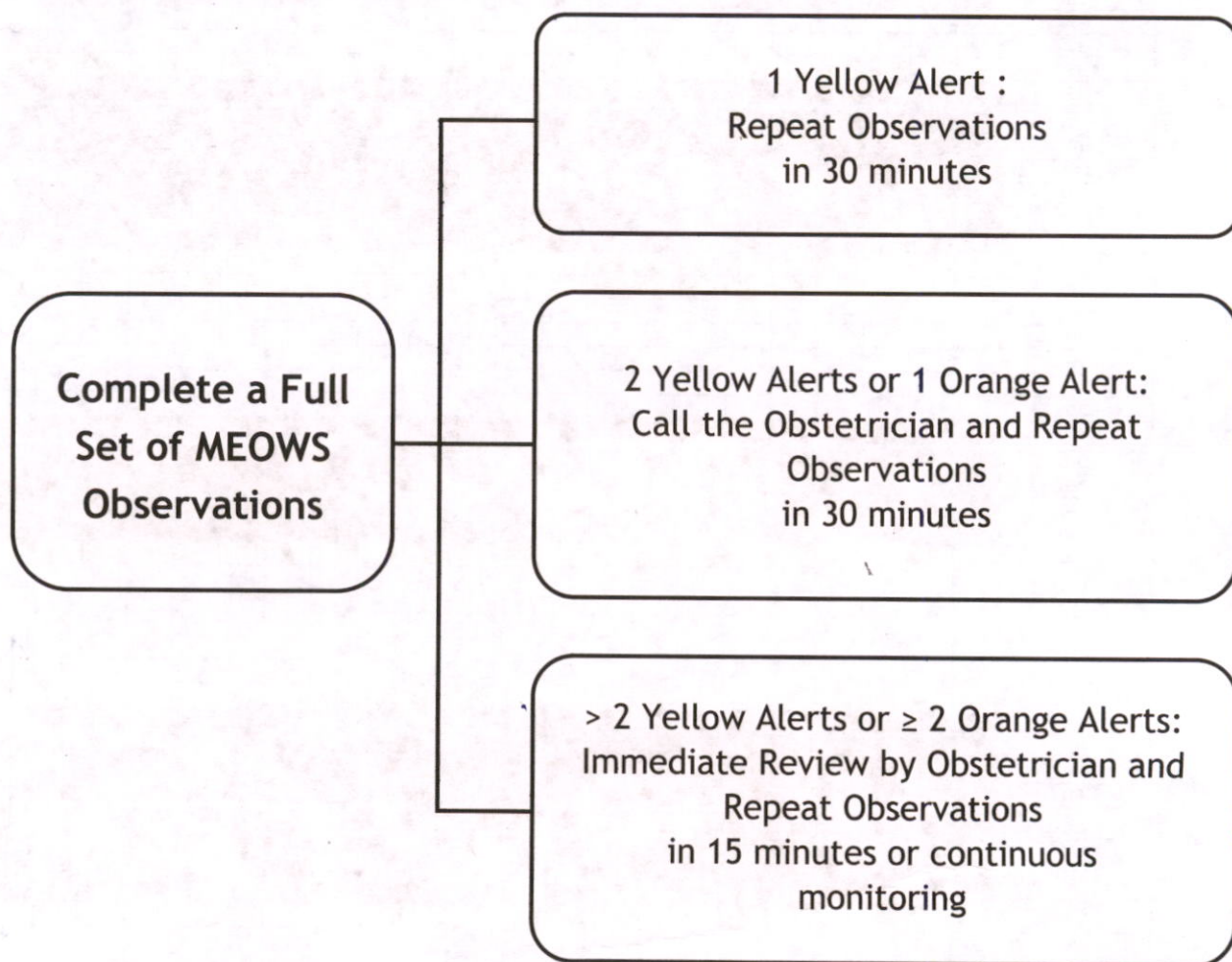


BirthRight™
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Your Right to a Safe Delivery

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

[illegible]

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)



(F)



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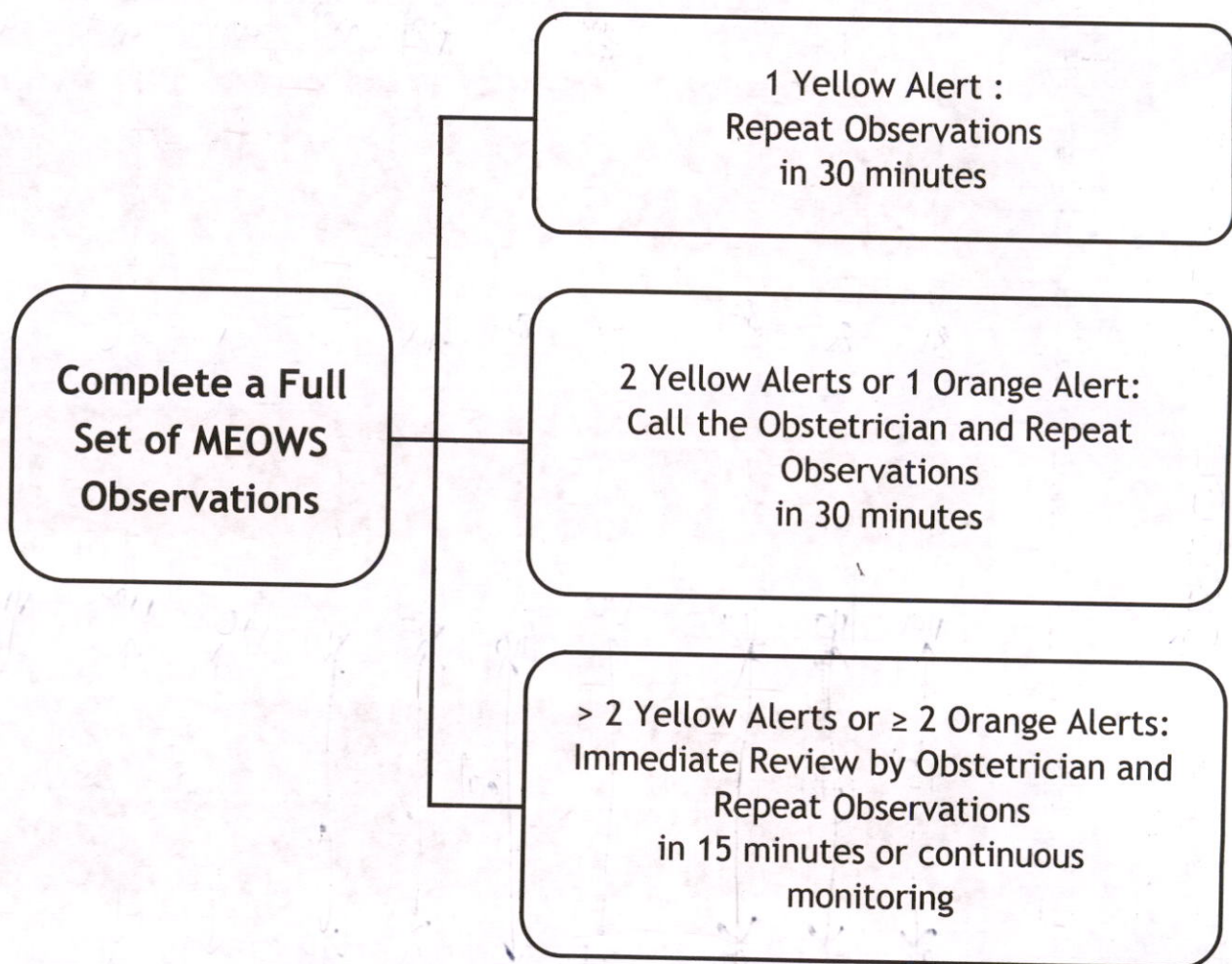
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Early Warning Observation Score Chart - Obstetrics

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

[illegible]

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

Dr. DR. M. PRATHYUSHA REDDI

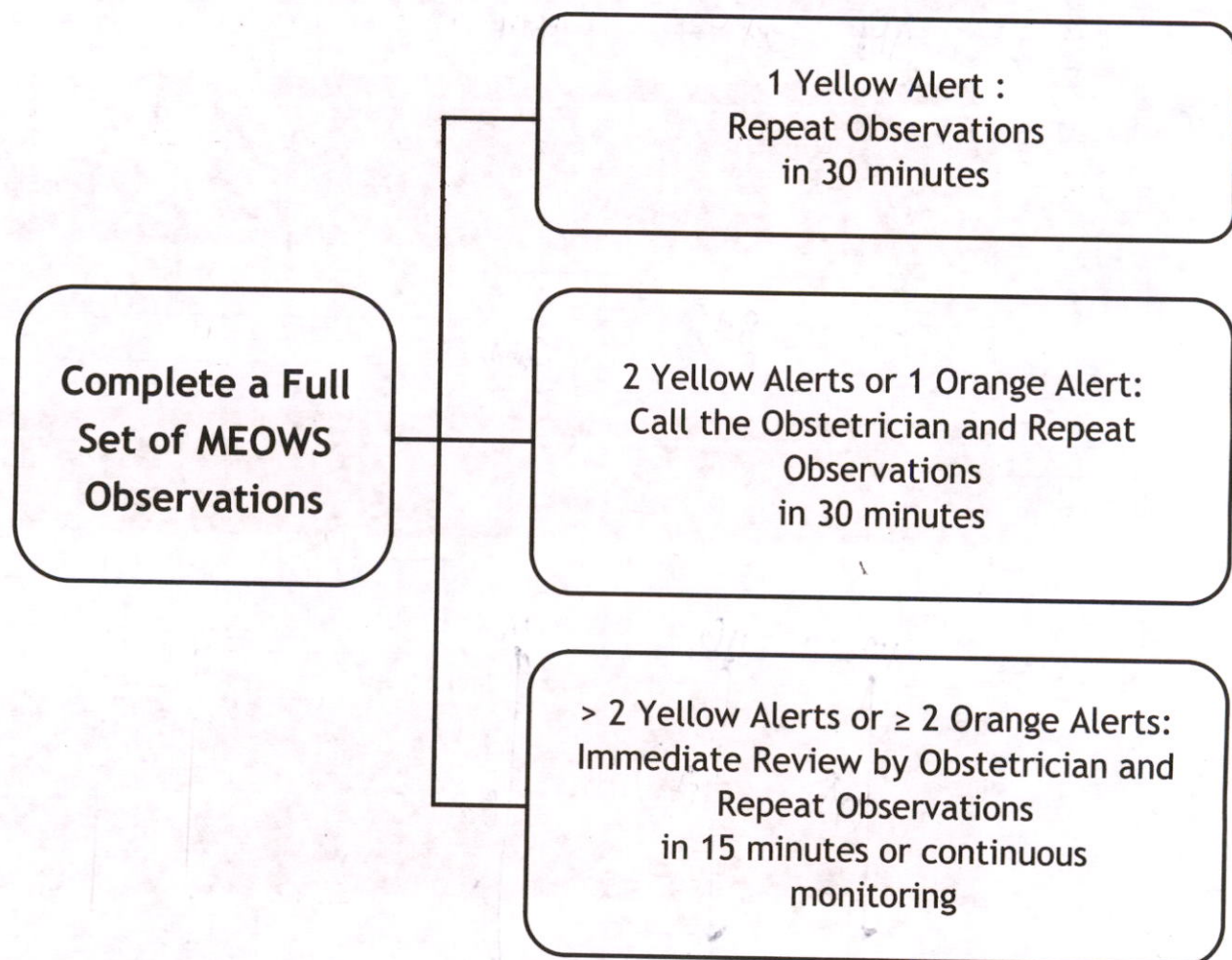


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CONTACT DOCTOR FOR EARLY INTERVENTION IF PATIENT TRIGGERS ONE ORANGE OR TWO YELLOW SCORES AT ANY ONE TIME

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

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

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18-04-1991 35 Y (F)
Dr. PRANATHI REDDY A



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FLUID CHART

Sheet No. : 1

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
	Total Intake :					Total Output :						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :					Total Output :							
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :					Total Output :							
9/7	02:00 am											
	03:00 am											
	04:00 am		H ₂ O									
	05:00 am								✓	0	Running	
	06:00 am		H ₂ O							0	Running	
	07:00 am		H ₂ O						✓	0	Running	
Total Intake : <u>taken</u>					Total Output : <u>U - 2, M - 0</u>							
Total 24 hrs. Intake		<u>taken good</u>										
Total 24 hrs. Output		<u>U - 2, M - 0</u>										



FLUID CHART

Sheet No. : 2

9/7/26

1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.
3. 24 hrs. total to be entered in the kardex in RED.

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sig' Nur
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
	08:00 am										0	Kam
	09:00 am	H2O					✓			✓	0	
	10:00 am										0	
	11:00 am	H2O								✓	0	
	12:00 pm										0	
	01:00 pm	H2O								✓	0	

Total Intake :

Total Output :

	02:00 pm	NRBM	PL							✓	0	pda
	03:00 pm		500ml							✓	0	
	04:00 pm	H2O	RL							✓	0	
	05:00 pm		500ml				✓			✓	0	
	06:00 pm						✓			✓	0	
	07:00 pm										0	

Total Intake :

Total Output :

	08:00 pm	H2O	PL								0	Gayathri
	09:00 pm	idly	500ml								0	
	10:00 pm									200ml	0	
	11:00 pm	water					✓				0	
	12:00 am										0	
	01:00 am										0	

Total Intake :

Total Output :

	02:00 am									1000ml	0	Shes
	03:00 am										0	
	04:00 am										0	
	05:00 am						✓				0	
	06:00 am										0	
	07:00 am									300ml	0	

Total Intake :

Total Output :

Total 24 hrs. Intake	Taken
----------------------	-------

Total 24 hrs. Output	61500ml M-0
----------------------	-------------

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 Mrs NEELAM JAIN
 18-04-1991 35 Y
 Dr. PRANATHI REDDY A (F)

FLUID CHART

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Sheet No. :

10/7/26

1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.
3. 24 hrs. total to be entered in the kardex in RED.

		Intake			Output					IV Site	Sign. Nurse
Date	Time	Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine	Thrombo-phlebitis Score	
			Mouth	I.V	N.G						
	08:00 am								500	0	Wally
	09:00 am	water				NP				0	
	10:00 am	Soup								0	Lally
	11:00 am								500	0	
	12:00 pm	water								0	Lally
	01:00 pm									0	
Total Intake :					Total Output : 1000ml - 0						
	02:00 pm									0	Pays
	03:00 pm	water				NP				0	Pays
	04:00 pm									0	Pays
	05:00 pm									0	Pays
	06:00 pm	water								0	Pays
	07:00 pm									0	Pays
Total Intake :					Total Output : 1 ml = 0						
	08:00 pm										
	09:00 pm										
	10:00 pm										
	11:00 pm										
	12:00 am										
	01:00 am										
Total Intake :					Total Output :						
	02:00 am										
	03:00 am										
	04:00 am										
	05:00 am										
	06:00 am										
	07:00 am										
Total Intake :					Total Output :						
Total 24 hrs. Intake					Total 24 hrs. Output						

Patient Sticker

FLUID CHART

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					IV Site Thrombo- phlebitis Score	Sign. Nurse	
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G								
	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
Total Intake :						Total Output :							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
Total Intake :						Total Output :							
	08:00 pm												
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
Total Intake :						Total Output :							
	02:00 am												
	03:00 am												
	04:00 am												
	05:00 am												
	06:00 am												
	07:00 am												
Total Intake :						Total Output :							
Total 24 hrs. Intake						Total 24 hrs. Output							

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Mrs NEELAM JAIN
18-04-1991 35 Y (F)
Dr. PRANATHI REDDY A



NURSING CARE RECORD

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Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 8/7/24

Assessment: Patient complaints of leaking p/v

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
4:30 AM	⇒ Assess the pt condition	5AM	⇒ Assessed the pt condition	patient is comfortable.
5AM	⇒ FHR monitoring	6AM	⇒ NST every 3rd hourly.	
6AM	⇒ Iv placement	6:30 AM	⇒ Iv placement done	
7AM	⇒ Administration medication	7:30 AM	⇒ medication given as per drug chart	
8:30 AM	⇒ v/o monitoring	8AM	⇒ v/o monitoring done.	

Re-Assessment: For prevent infection Antibiotic given.

Special Notes: NST 3rd hourly.

Nurse Signature: [Signature] Nurse Name: Purni Date & Time: 9/7/24 @ 8AM

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 Mrs. NEELAM JAIN
 18-04-1991 35 Y
 Dr. PRANATHI REDDY A
 (F)
 IP5-00176129

NURSING CARE RECORD

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

BirthRight™
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

Shift: ☒ Morning ☐ Afternoon ☐ Night

Date: 9/1/22

Assessment: Patient complains fear & anxiety

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
8am	* Assess the patient general condition	8am	* Assessed the patient general condition	
	* Monitor vitals		* Monitored vitals	
10am	* Administer medication	11am	* Administered medication	
12m	* Provide soft diet	12m	* Provided soft diet	* Patient is stable
	* Provide oral fluids		* Provided oral fluids	
1pm	* Ensure patient safety	2pm	* Provided safety	

Re-Assessment: Re-assessment was done

Special Notes: Not monitoring

Nurse Signature: [Signature]

Nurse Name: Kanna, [Signature]

Date & Time: 9/1/22

BAH-00641654 IP5-00176119
 Mrs POTHULA AKSHITHA
 02-07-2003 21 Y O M 6 D (F)
 Dr. DR. M PRATHYUSHA REDDY



NURSING CARE RECORD

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



Shift: ☐ Morning ☒ Afternoon ☐ Night

Date: 9/2/20

Assessment:

patient complaint for pain.

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
2pm	Asses the pt condition	3pm	Assessed the pt condition.	
4pm	monitoring vitals	4:30 PM	vitals checked & recorded	pt is
5 PM	NST	5:30 PM	NST done.	comfortable
6pm	D/o chest medication	6:10pm	D/o chest medication	
7pm	oral hydration	7:30pm	oral hydration done.	

Re-Assessment:

Re-assessment 6 hr hourly

Special Notes:

Nurse Signature:

[Signature]

Nurse Name:

Pedder

Date & Time:

9/2/20

IPD-00176129
36 Y
(F)



NURSING CARE RECORD



Shift: ☒ Morning ☐ Afternoon ☒ Night

Patient having fever & anxiety

Date: 9/2/26

- ☒ 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
8pm.	* Assess the patient general condition	8:20	* Assessed the patient general condition.	Patient is stable
10pm	* monitor vitals. * maintain I/O chart	10:30pm	* monitoring vitals & recorded. * I/O chart maintaining.	

Re-Assessment:

Re-Assessment done

Special Notes:

Nurse Signature:

Nurse Name:

Gayatri

Date & Time: 9/2/26 @ 10pm

BAH-00645013 IP5-00176129
Mrs NEELAM JAIN
18-04-1991 36 Y (F)
Dr. PRANATHI REDDY A



NURSING CARE RECORD

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BirthRight™
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Your Right to a Safe Delivery

Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 9/7/26

Assessment:

Acute pain of abdomen

- | | | | | | | |
|-------|--|---|--|--|---|---|
| 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
10pm	→ Assessed the pt	10pm	→ Assessed the pt general	
10pm	general condition		condition	
	→ Relieve pain & Discomfort	10pm	→ Relieved pain & Discomfort	Exure
2Am	→ Encourage orally	3Am	→ Encouraged orally	Safety
4Am	hydration	5Am	→ Encouraged the pt	
6Am	→ Encourage the pt to bed	7Am	to bed ambulate.	
8Am	→ Administer medication as per chart	8Am	→ Administered medication as per chart	

Re-Assessment:

Special Notes: Reduce pain
CBP T/m & Foley T/m 12pm

Nurse Signature: Shilpa Nurse Name: Shilpa Date & Time: 10/7/26 @ 8Am

Patient Sticker

NURSING CARE RECORD

Shift: ☒ Morning ☐ Afternoon ☐ Night

Date: 10/7/26

Assessment: Late pain

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
8am	* Assess the general condition	8:10am	* assessed the general condition	patient is stable
9am	* monitor vitals and record	9:10am	* monitored vitals and recorded	
10am	* medication administered as per chart	10:10am	* medication administered as per chart	
12pm	* foleys removal at 12pm	12:10pm	* foleys removed at 12pm	
1pm	* Ensure safety	1:10pm	* Ensured safety	

Re-Assessment: pain is reduced

Special Notes: foleys removed at 12pm

Nurse Signature: Lakta

Nurse Name: Lakta

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



NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Dr. Pranathi Department: OBG Date of Admission: 9/7/26

SITUATION		Diagnosis: <u>G12A1/35+6 w/PPROM for IOL</u>		Any Infection: ☐ Yes ☐ No ☒ Not Known If Yes Specify:			
BACKGROUND	Area	Shift Time	<u>08pm-8pm</u>	<u>08pm-8pm</u>	<u>08pm-8pm</u>		
	Medical Condition (Any special condition to be noted):		<u>NA</u>	<u>NA</u>	<u>NA</u>		
ASSESSMENT	Allergy:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	Tubes/Drains/Catheter:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	Vital Signs:	Temp:	<u>98.8</u>	<u>98.8</u>	<u>98.2</u>	<u>98.5</u>	<u>98.0</u>
		Res:	<u>20</u>	<u>20</u>	<u>20</u>	<u>20</u>	<u>19</u>
		SpO ₂ :	<u>98.1</u>	<u>99.1</u>	<u>100</u>	<u>100</u>	<u>99</u>
		Pulse:	<u>80b/m</u>	<u>85b/m</u>	<u>82b/m</u>	<u>75b/m</u>	<u>81b/m</u>
		BP:	<u>109/68</u>	<u>118/68</u>	<u>110/60</u>	<u>123/67</u>	<u>110/78</u>
	Fall Risk Score:	<u>20</u>	<u>20</u>	<u>35</u>	<u>35</u>	<u>35</u>	
Pain Score:	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0/10</u>		
Recommendations	Safety Needs:	<u>yes</u>	<u>yes</u>	<u>sick</u>	<u>side rails</u>	<u>side rails</u>	
	Physiotherapy	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	Others Specify:	<u>NO</u>	<u>NO</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	
	Special Diet:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	Other Special Orders / Medications:	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	
Post Operative Procedure Special Orders:		<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	
Handed Over By Name :		<u>Runny</u>	<u>Kanna</u>	<u>Runny</u>	<u>Gayatri</u>	<u>Shilpa</u>	
Signature :		<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	
Date:		<u>9/7/26</u>	<u>9/7/26</u>	<u>9/7/26</u>	<u>9/7/26</u>	<u>10/7/26</u>	
Time:		<u>8am</u>	<u>2pm</u>	<u>8pm</u>	<u>11pm</u>	<u>2pm</u>	
Taken Over By Name :		<u>Kanna</u>	<u>Runny</u>	<u>Gayatri</u>	<u>Shilpa</u>	<u>Puja</u>	
Signature :		<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	
Date:		<u>9/7/26</u>	<u>9/7/26</u>	<u>9/7/26</u>	<u>10/7/26</u>	<u>10/7/26</u>	
Time:		<u>8am</u>	<u>2pm</u>	<u>8pm</u>	<u>2pm</u>	<u>8pm</u>	

NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Dr. Praveen Reddy Department: 3rd Floor Date of Admission:

SITUATION	Diagnosis:		Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:					
	Area	Shift Time						
BACKGROUND	Medical Condition (Any special condition to be noted):							
ASSESSMENT	Allergy:		☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Tubes/Drains/Catheter:		☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs:	Temp:	97.8 F					
		Res:	20/min					
		SpO ₂ :	99%					
		Pulse:	60/min					
		BP:	105/64/73					
		Fall Risk Score:	-					
Pain Score:		0/10						
Recommendations	Safety Needs:		Side rails					
	Physiotherapy		☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Others Specify:		NA					
	Special Diet:		☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Other Special Orders / Medications:		NA					
Post Operative Procedure Special Orders:		NA						
Handed Over By Name :		Pujas						
Signature :		Pujas						
Date:		10/7/2020						
Time:		6PM						
Taken Over By Name :								
Signature :								
Date:								
Time:								



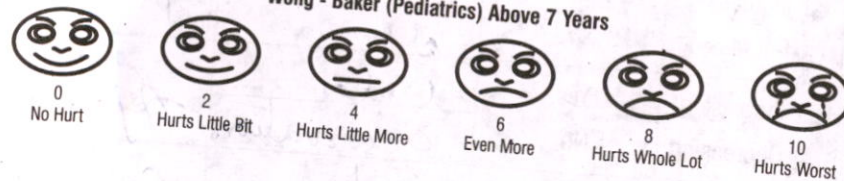
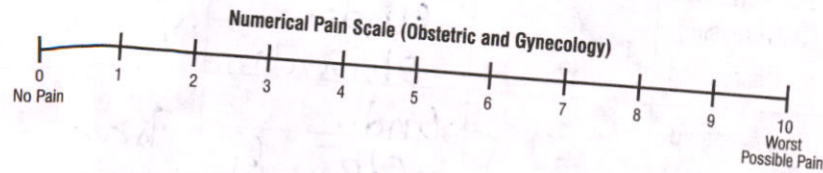
PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
9/7	7 AM	0/10	NO pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Under observation	Tonne
9/7/26	9 AM	0/10	NO pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	under observation	Kanny
9/7/26	11 AM	0/10	NO pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	under observation	Kanny
9/7/26	1 PM	0/10	No pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Under observation	Kanny
9/7/26	3 PM	1/10	lower abdomen	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	breathing exercises	Pidli
9/7/26	5 PM	2/10	lower abdomen	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	at	Pidli
9/7/26	7 PM	0	NO pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Under observation	Ridli
9/7/26	8 PM	2/10	lower abdomen	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Under observation	Cayolli
9/7/26	10 PM	0	NO pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Under observation	Cayolli
10/7/26	6 AM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Shik

Re-assessment Frequency:

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

PAIN ASSESSMENT TOOLS



FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
10/7	10AM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	hatching
10/7	2pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	hatching
10/12/6	6pm	0/10	na	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	na	hatching
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

Re-assessment Frequency:

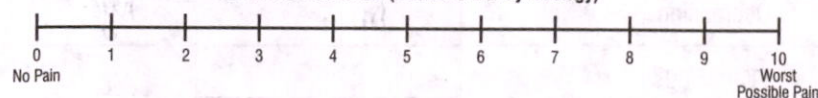
- Every eight hours for all hospitalized patients.
- For post-surgical patients, patients with chronic pain, patient with severe pain:
 - At least every 2 hours for the first 24 hours
 - Then every 4 hours.
 - Prior to pain pain-relieving intervention.
 - Within 30 – 60 minutes after pain relief intervention.

PAIN ASSESSMENT TOOLS

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

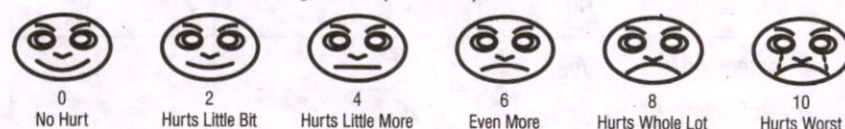
Numerical Pain Scale (Obstetric and Gynecology)



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

Assessment Criteria	Sedation		Normal	Pain / Agitation	
	-2	-1	0	1	2
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)
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Wong - Baker (Pediatrics) Above 7 Years





CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1 9/7			DAY-2 10/7			DAY-3 10/7			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0			0	0	0	0	0	0		
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1			-	-	-	-	-	-		
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2			-	-	-	-	-	-		
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3			-	-	-	-	-	-		
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4			-	-	-	-	-	-		
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord pyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5			-	-	-	-	-	-		
Signature of the Nurse				Nurse Kannan Reddy Gupta Laxmi Pujari									

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

Signature of Shift In Charge :

Signature : [Signature] Name : Kranthi

Signature of Ward In Charge :

Signature : [Signature] Name : Veena

BAH-00645013
Mrs NEELAM JAIN
18-04-1991 35 Y
Dr. PRANATHI REDDY A
IP5-00176129
(F)

Morse Fall Risk Assessment Form

Rainbow
Children
Hospital
It takes a lot to treat little

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

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

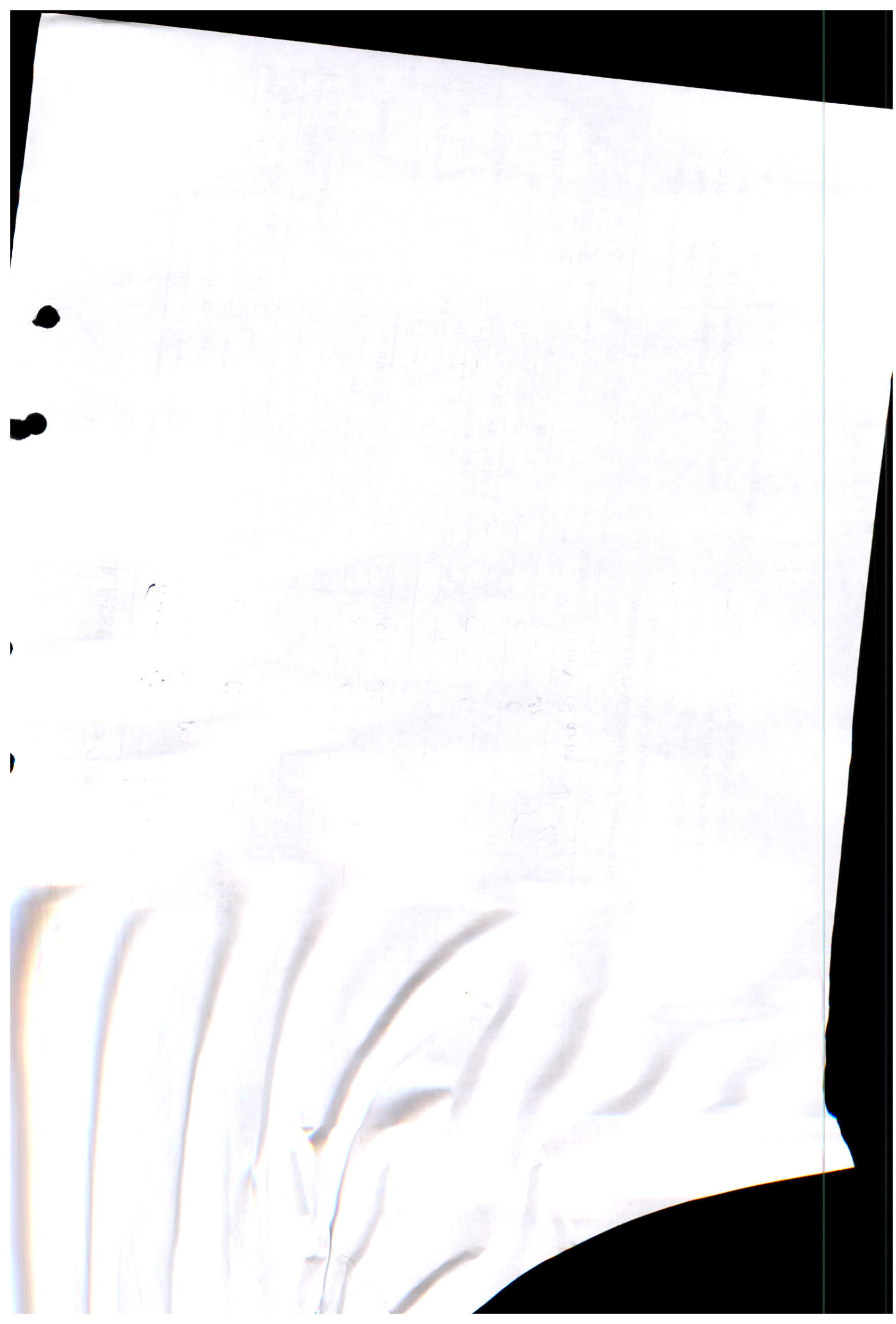
- ☐ Ensure patients use their prescribed eye glasses if any, in the hospital
- ☐ Use chairs with arm rests
- ☐ Use safety straps on stretchers and wheelchairs while transporting patients

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

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

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

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



BAH-00645013

IP5-00176129

Mrs NEELAM JAIN

18-04-1991 35 Y

(F)

Dr. PRANATHI REDDY A



Morse Fall Risk Assessment Form

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

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

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

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

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

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

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

329

NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 10/7/26 Time: 8:30am

Origin: Indian Height: 161cm Weight: 86.5kg's BMI: 33.5 kg/m²

Food Allergies: No

Diagnosis: PND-1 (SVD) (spontaneous vaginal delivery)

Type of Diet: ☐ Liquid ☐ Soft ☒ Normal ☐ Diabetic
☒ Vegetarian ☐ Non-Vegetarian ☐ Vegan

Diet Advised:

Normal High protein diet

include plenty of oral liquids

Avoid spicy, chilled & outside foods

Patient's / Attendant's

Signature: [Signature]

Name: Kusum

Date & Time: 10/7/26

Dietician's

Signature: [Signature]

Name: SAJIMA

Date & Time: 10/7/26
8:30am

DIETARY NOTES

[illegible]



BREAST FEEDING HANDOVER AND ASSESSMENT FORM

1. Breastfeeding initiated?

- ☒ a. Yes ☐ b. No

2. If No, Reason

3. Nipple condition:

- ☒ a. Nipple well formed
☐ b. Flat nipple
☐ c. Inverted nipple
☐ d. Short nipple

4. Milk flow:

- ☒ a. Good
☐ b. Drops of colostrums
☐ c. Dry

5. Steps for Positioning and attachment:

- ☒ a. Baby goes to the breast
☐ b. Mother always sits with a back support
☐ c. Ear-shoulder-hip should be in a straight line
☐ d. The baby takes a latch on the areola and not on the nipple



Feeding Positions:
Cross Cradle



Feeding Positions:
Football / Clutch

6. Was the position explained:

- ☒ a. Yes
☐ b. No

7. For Caesarian mothers:

- ☐ a. Mother is required sit and feed from the 4th feed
☐ b. Please explain football hold

8. NICU admission:

- ☐ a. Mother needs to stimulate her breast for 2 min every 2 hours

9. Additional notes:

Continuity of Care:

Date: 9/2/16

A. warm care

Handover given by Gayatri

Handover taken by Piyu

Signature Gayatri

Signature Piyu

Date & Time: 9/7/16 @ 11pm

Date & Time: 10/7/16 @ 11pm

Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION



Name: Neelam Jain Age: 35y Sex: F UHID.No: BAH-00645018

Date: 9/4/26 Time: 6:20pm Proposed Operation: _____

Diagnosis: G2 A1 35th weeks / PPROM

B.P / CRT: _____ H.R: _____ Weight: 86.5kg ASA Physical Status: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Laboratory Data:

Hgb: 11.4 Glucose: _____ Protein: _____ HIV: + X-Ray: _____
PCV: 33.6 Urea: _____ Alb: _____ HBS Ag: + ECG: _____
WBC: 9.75 Creat: _____ Total Bill: _____ HCV: _____ 2D Echo: _____
Plate: 2.22 Na: _____ Dir. Bill: _____ Blood group: O positive Stress/Anglo: _____
PT: _____ K: _____ LDH: _____ T3 _____ Other: _____
PTT: _____ Ca++: _____ Alk phos: _____ T4 _____
INR: _____ Mg++: _____ Amylase: _____ TSH _____
Cl- _____ SGOT/SGPT: _____

Allergies: NADA

Medical History: CVS: _____

RESP: not significant Diabetes: Nil

CNS: _____

Renal: _____

Hepatic / GE: _____

Physical Activity: METS 24

Others: _____

Past Anaesthetic History:

Physical Exam: High BMR

Airway: MP 1 2 3 4 Mouth Opening: > 2fb Mento-hyoid Distance: N Neck: B Teeth: all 4 - 3
Lungs: BARE ⊕, clean fixed Artificial Caps

Heart: S1 S2 ⊕

CNS: Grossly intact.

Pregnant: ☒ Yes ☐ No ☐ NA Venous Access Site: 18G Spine Exam for regional: N

Anaesthetic Plan: ☐ MAC ☒ REGIONAL ☐ GA-ETT ☐ LMA

Peri-Operative Plan Explained to the Patient: ☒ Yes ☐ No

CURRENT MEDICATIONS	DOSAGE

Pre-Operative Instructions:

- DVT Prophylaxis: _____
- NIL ORAL Water / ORS 2 Hours
Others 6 Hours
- Informed Consent: ☒ Standard ☐ High Risk
- Post Operative Pain Management: ☒ Discussed with Patient
- Other Instructions: _____

Last meal: 3:00 pm
Liquid!

Signature: [Signature] Name: Dr. K. S. Singh

Patient Sticker

POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Time Received : Time Discharged :

250 240 230 220 210 200 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50 40 30 20 10 0 SPO ₂	250 240 230 220 210 200 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50 40 30 20 10 0	IV Cannula Site : ☐ O ₂ Mask ☐ Nasal Prongs ☐ Tracheostomy ☐ T-Piece ☐ Oral Airway ☐ Nasal Airway	
		Vomiting : ☐ Yes ☐ No Drug: NG Tube : ☐ Yes ☐ No Drain: ☐ Yes ☐ No Urinary Catheter: ☐ Yes ☐ No Chest Tube: ☐ Yes ☐ No Nil Oral ☐ Yes ☐ No IV Fluids: Oral Feeds:	

POST ANAESTHESIA SCORE (Modified Aldrete Score)		IN	MINUTES			OUT	SCORING INTERPRETATION
			30	60	90		
Able to move 4 extremities voluntary or on command	= 2	ACTIVITY					A Minimum Total Score of 8 is Required for Discharge Exceptions to this, are to be explained in the space below by the Discharging Physician:
Able to move 2 extremities voluntary or on command	= 1						
Able to move 0 extremities voluntary or on command	= 0						
Able to deep breathe & cough freely	= 2	RESPIRATION					
Dyspnea or limited breathing	= 1						
Apneic	= 0						
BP ± 20 of Pre Anaesthetic level	= 2	CIRCULATION					
BP ± 20-50 of Pre Anaesthetic level	= 1						
BP ± 50 of Pre Anaesthetic level	= 0						
Fully awake	= 2	CONSCIOUSNESS					
Arousable on calling	= 1						
Not responding	= 0						
Pink	= 2	COLOR					
Pale, dusky, blotchy, jaundiced, other	= 1						
Cyanotic	= 0						
TOTAL							

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature

Pain Tool Used: ☐ N PASS ☐ FLACC ☐ Wong Baker ☐ NPS

Anaesthesiologist Name :

Anaesthesiologist Signature:

Date & Time:

PACU Nurse Name :

PACU Nurse Signature:

Date & Time:

Reassessment Frequency:

- Every eight hours for all hospitalized patients.
- For post surgical patient, patient with chronic pain, patient with severe pain
 - Every 2 hours for first 24 hours
 - After 24 hours every 4 hours
 - Prior to pain relieving intervention
 - With in 30-60 minutes after pain relief intervention

Transferred to Unit by (PACU):

Date & Time:

EPIDURAL ANALGESIA RECORD

Date: 9/7/26 Time: 6:00 pm Procedure done by Dr. R. S. Sanyal

CSE /Spinal /Epidural Position : Left Space : L2-L4 Technique (LOR/LOS) LOS

Depth: 9.5cm Catheter at Skin: 10cm Attempts: 1

Parasthesia : Yes/No if yes details :

Solution Composition : 0.1% BUPIVACAINE + 2mg 1ml PENTANYL

Any other issues :

a)

b)

[illegible]

Delivery Details : Time : 8:06 PM APGAR: 9, 10 SVD / Instrumental / LSCS (if LSCS Details)

Catheter Removed by and Tip Inspected : Removed & Tip Seen, Dr. K. Sri Surya

Patient Satisfaction : Satisfied

Discharge /Shifting ordered by

Doctor Signature:

Doctor Name: Dr K S Sanyal

Date and Time : 9/7/26 11:00pm

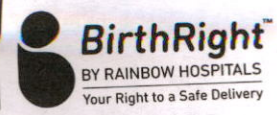
PATIENT TRANSFER FORM

Patient Name & UHID No. BAH-00645013 IP5-00176129 Mrs NEELAM JAIN 18-04-1991 35 Y (F) Dr. PRANATHI REDDY A 		Date & Time of Admission 8/7/26 @ 5:30am	Date & Time of Transfer Order 9/7/26 @ 11:29pm.
		Transfer Ordered by Dr. Arshiya	Reason for Transfer observation
From Unit BB-II	To Unit 3rd floor (329)	Information to Attendant Yes ☒ No ☐	
Number of Sheets in Clinical File - 35 -	Number of Imaging Films - 0 -	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.			
2.			
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes ☐ No ☐			
Name & Signature of Person who is Transferring Srs. Gayathri		Name of Person Ordered Transfer Dr. Arshiya	
Patient & Clinical Records Received by :		8/7/26 @ 11:49pm	
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

4-00645013 IP5-00176129
NEELAM JAIN
-1991 36 Y (F)
RANATHI REDDY A
[Barcode]



CONSENT FOR LABOUR ANALGESIA

Authorization By: ☒ Patient ☐ Patient Attendant

I undersigned do hereby acknowledge the following:

I have been made aware by the doctors in language known to me the details of the procedure as follows:

- ☒ Epidural Analgesia
- ☐ Intravenous Analgesia (Remifentanyl)

I have been made aware of the possible complications from the procedures as follows:

For Epidural: Fall in blood Pressure, Numbness, Itching, Headache, Shivering, Occasional incomplete pain relief, Need for Re-Siting the epidural.

For Remifentanyl: Drowsiness, nausea, vomiting, need for oxygen supplementation, itching, fall in blood pressure, heart rate and Respiratory Rate.

I understand that labour analgesia is offered to reduce labour pain and make the birthing process more comfortable, by reducing pain and stress and promoting better cooperation during childbirth.

I have been clearly explained about the benefits, risk, and alternative of the procedures.

I authorize Dr. Subhramanyam and his / her team to perform the above procedure(s) upon the patient / myself.

I acknowledge that I fully understand the above information. I have had the opportunity to ask questions, and they have been answered to my satisfaction in a language I understand. I affirm that this consent is given by me in my full senses.

Patient / Patient Attendant:

Signature: [Signature]
Name: JINAL JAIN
Relationship with patient: HUSBAND
Date & Time:

Witness:

Signature:
Name:
Date & Time:

Doctor (who is taking consent):

Signature: [Signature] Name: Dr. K. Sri Surya Date: 9/7/26 Time: 3:35 PM

ప్రసవ నొప్పి నివారణ కోసం అనుమతి పత్రం

 అనుమతి ఇచ్చినవారు: ☐ రోగి ☐ రోగి అటెండెంట్

వైద్యులు నాకు తెలిసిన భాషలో క్రింది విధానాల గురించి సమగ్రంగా వివరించారు:

☐ ఎపిడ్యూరల్ అనాల్జీసియా

☐ శిరస్రావం ద్వారా నొప్పి నివారణ (రెమిఫెంటానిల్)

- ఈ విధానాల వల్ల సంభవించగలిగే సమస్యలను కూడా నాకు వివరించారు:

ఎపిడ్యూరల్ సంబంధించినవి:

రక్తపోటు తగ్గడం, మందత్వం/ స్వర్ణలేమి, దద్దుర్లు/ దురద, తలనొప్పి, వణుకు, అప్పుడప్పుడు పూర్తిగా నొప్పి తగ్గకపోవడం, ఎపిడ్యూరల్ మళ్ళీ పెట్టాల్సిన అవసరం.

రెమిఫెంటానిల్ సంబంధించినవి:

నిద్రమత్తు, వాంతి భావం, వాంతులు, ఆక్సిజన్ అవసరం పెరగడం, దద్దుర్లు/ దురద, రక్తపోటు తగ్గడం, గుండె వేగం తగ్గడం, శ్వాస రేటు తగ్గడం.

- ప్రసవ నొప్పిని తగ్గించడం, ప్రసవ ప్రక్రియను సాకార్యవంతంగా చేయడం, నొప్పి మరియు ఒత్తిడిని తగ్గించడం, ప్రసవ సమయంలో సహకార మెరుగు పరచడం కోసం లేబర్ అనాల్జీసియా అందించబడుతుందని నేను అర్థం చేసుకున్నాను.
- ఈ విధానాల ప్రయోజనాలు, ప్రమాదాలు మరియు ప్రత్యామ్నాయాల గురించి నాకు స్పష్టంగా వివరించబడింది.
- డాక్టర్ _____ గారికి మరియు వారి బృందానికి, పై విధానం(లు)ను నాకు / రోగికి నిర్వహించడానికి నేను అనుమతి ఇస్తున్నాను.
- పై సమాచారాన్ని నేను పూర్తిగా అర్థం చేసుకున్నాను. నాకు ప్రశ్నలు అడిగే అవకాశం లభించింది, మరియు ఆ ప్రశ్నలకు నాకు అర్థమయ్యే భాషలో సంతృప్తికరంగా సమాధానాలు అందాయి. ఈ అనుమతి నేను పూర్తిగా స్వచ్ఛమైన చిత్తంతో ఇస్తున్నానని ధృవీకరిస్తున్నాను.

రోగి / రోగి అటెండెంట్:

సంతకం:

పేరు:

రోగితో సంబంధం:

తేదీ & సమయం:

సాక్షి:

సంతకం:

పేరు:

తేదీ & సమయం:

డాక్టర్:

సంతకం: పేరు: తేదీ & సమయం:



PROCEDURE SAFETY CHECK LIST (TIMEOUT OUTSIDE OT)

Procedure Name: Epidural Analgesia Date: 9/7/26 In-Time: Out-Time:
 Doctor Performing Procedure: Dr. K. S. Surya Doctor Giving Sedation: Assisting Nurse:

SIGN IN		Time: <u>6:38 pm</u>	
	Yes	No	NA
Patient is verified using two identifiers (Name & UHID)	☒	☐	☐
All required documents, images, studies are available	☒	☐	☐
NPO Status Checked from Patient / Patient Attendant	☒	☐	☐
Consent is Signed	☒	☐	☐
Any need for blood products	☐	☒	☐
If Yes Comment:	☐	☒	☐
Any Risk of Hemodynamic Compromise	☐	☒	☐
If Yes Comment:	☐	☒	☐
Any drug or food allergy	☐	☒	☐
If Yes Comment:	☒	☐	☐
Correct Site of Procedure Marked	☒	☐	☐
All resources required are correct, available and functioning	☒	☐	☐
Signature of the Doctor: <u>Dr. K. S. Surya</u>			
Name of the Doctor: <u>Dr. K. S. Surya</u>			

TIME OUT		Time: <u>6:40 pm</u>	
	Yes	No	NA
Correct Patient	☒	☐	☐
Correct Site	☒	☐	☐
Correct Procedure	☒	☐	☐
All the team members introduced	☒	☐	☐
Signature of the Nurse: <u>Anjali</u>			
Name of the Nurse: <u>Anjali</u>			

SIGN OUT		Time: <u>7 pm</u>	
	Yes	No	NA
Name of the Surgical / Invasive Procedure is recorded	☒	☐	☐
Instrument, Sponge and Needle Count Completed	☒	☐	☐
Specimens are labeled	☐	☒	☐
Any equipment problems are addressed	☐	☒	☐
Signature of the Nurse: <u>Anjali</u>			
Name of the Nurse: <u>Anjali</u>			

Any Adverse / Unexpected Events

.....

.....

.....

July 1st 1881

July 2nd 1881

July 3rd 1881

July 4th 1881

July 5th 1881

July 6th 1881

July 7th 1881

July 8th 1881

July 9th 1881

July 10th 1881

July 11th 1881

July 12th 1881

July 13th 1881

July 14th 1881

July 15th 1881

INFORMED CONSENT FOR VAGINAL BIRTH

Patient Name : Neelam Jain UHID No : BAH - 00645013
Gender: ☐ Male ☒ Female Date : 9/7/26 Time : 5:10 AM

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 baby 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. Pranathi Raddy

Consentee :
Signature : Neelam Jain

Name : Neelam Jain

Date & Time : 9/7/26 @ 6:15 AM

Witness :
Signature : [Signature]

Name : [Signature]

Date & Time : 9/7/26 @ 6:15 AM

Docu. No. : RCHBH / FRM / CLINICAL / 028

Patient Attendant :
Signature : [Signature]

Name : Kusum Jain

Relationship with Patient: mother

Date & Time : 9/7/26 @ 6:15 AM

Doctor (who is taking the consent) :
Signature : [Signature]

Name : Dr. [Signature]

Date & Time : 9/7/26 @ 5:30 AM

సహజ ప్రసవం కొరకు సమ్మతి పత్రము

రోగి పేరు : వయస్సు లింగం పు స్త్రీ
యు.హెచ్.ఐ.డి. విభాగము

తేదీ

ఈ ప్రక్రియ యొక్క వివరములను నేను అమోదించాను:

- ఈ ప్రక్రియ నాకు సాధారణ పద్ధతిలో వివరించబడింది మరియు నేను అర్థం చేసుకున్నాను:
- గర్భం దాల్చిన వారికీ సహజ ప్రసవ ప్రక్రియ అవసరమవుతుంది.
- ఈ ప్రక్రియ యొక్క ఉద్దేశ్యం (యోని) ద్వారా సహజ ప్రసవం చేయడం.
- ఈ ప్రక్రియ యొక్క ఉద్దేశ్యం బిడ్డను సహజమయిన పద్ధతిలో ప్రసవించటం

సహజ ప్రసవం (యోని జననం) యొక్క ప్రక్రియ సహజంగా లేదా శక్తిని ఉపయోగించి గర్భాశయం ద్వారా శిశువును ప్రసవించడం. వాక్యూమ్ ద్వారా శిశువును వెలికితీయడం, ఎసిసియోటమీ (యోని మరియు యోని మధ్య ఖాళీలో యోని మార్గమును సుగమం చేయుట కొరకు చేసిన కోత (కట్). సహజ ప్రసవం కొరకు చేయు ప్రక్రియలలో భాగము.

సహజ ప్రసవం విజయవంతం కాకపోతే, తగిన అనస్థీసియా ఇచ్చి పొత్తికడుపు కోతతో సిజేరియన్ ద్వారా డెలివరీ చేయవలసిన అవసరం కలగవచ్చు

సహజంగా లేదా పరికరం సహాయంతో అంటే ఫోర్స్ లేదా వాక్యూమ్ సహాయంతో బిడ్డను ప్రసవించే ప్రయత్నంలో, ప్రమాదాలు ఉండవచ్చు: అంటువ్యాదులు, అలెర్జీ, మచ్చలు, రక్త నష్టం, రక్త మార్పిడి అవసరం పడటం, నొప్పి మరియు అసౌకర్యం, మూత్ర నాళానికి గాయం, శిశువుకు గాయం అయ్యే అవకాశం (లేసరేషన్, హెమటోమా, పుర్రె గాయం ఆయె అవకాశం, నరాలకు గాయం మరియు మెదడు గాయం) మరియు భవిష్యత్తులో కటి ప్రదేశంలోని ఎముకల వలయం పనిచేయకపోవడం

నాకు మరియు నా బిడ్డకు మరణం లేదా తీవ్రమైన వైకల్యం వంటి సమస్యలు తలెత్తు అవకాశం, ప్రయోజనాలు మరియు ప్రత్యామ్నాయాలు ఉన్నాయని నేను అర్థం చేసుకుని అంగీకరిస్తున్నాను.

చాలా సందర్భాలలో, యోని ద్వారా ప్రసవించడం వల్ల తల్లి మరియు బిడ్డ ఆరోగ్యంగా ఉంటారని నాకు తెలుసు; అయితే, ఎటువంటి హామీలు ఇవ్వలేరని నేను గ్రహించాను

ఇక్కడ వివరించిన లేదా సూచించిన విధానాలకు నేను స్వచ్ఛందంగా సమ్మతిస్తున్నాను. ఈ ప్రక్రియ అర్హతగల గైనకాలజిస్ట్ చేత నిర్వహించబడతాయని నేను తెలుసుకున్నాను

ఈ ప్రక్రియను నిర్వహించే డాక్టరు పేరు:

సహాయకుడు(అటెండెంట్)

సాక్షి

సంతకము

సంతకము

పేరు

పేరు

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

తేదీ మరియు సమయము

సంతకము

పేరు



URINARY CATHETER BUNDLE CHECK LIST

Date of Insertion: 9/7/26

Date of Removal:

Parameters	Date	Shift Time	<u>9/7/26</u> <u>2pm to 3pm</u>	<u>9/7/26</u> <u>3pm to 6pm</u>	<u>10/7/26</u> <u>6pm to 8AM</u>				
Need for the Catheter			☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Hand Hygiene			☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Usage of Sterile Equipment			☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is the Collection bag below the level of bladder			☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Check the Tube for Obstruction (Free of Kinking)			☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is Catheter dated as policy			☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Collecting bag is been emptied regularly?			☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No
Maintenance of closed system for the catheter			☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Dressing clean and dry?			☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is the line removed as Policy?			☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Performance of Perineal Care			☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Onset of New Fever			☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Asses for the leakage at the site of insertion			☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Name of the Nurse			<u>Anjali</u>	<u>Gayathri</u>	<u>Shilpi</u>				
Signature of the Nurse			<u>A</u>	<u>G</u>	<u>Shilpi</u>				

BAH-00645013

IP5-00176129

Mrs NEELAM JAIN

18-04-1991 35 Y (F)

Dr. PRANATHI REDDY A



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

BirthRight[™]
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

DISCHARGE PLANNING FORM

Nationality: Indian

NOTES: * To be completed by a NURSE within (24) hours of admission.

1. Anticipated Date of Discharge: 11/7/26

2. Destination Post Discharge: ☒ Home

Family Members Notified (Person Contacted)

☐ Transfer

Hospital Facility Notified (Person Contacted)

3. Discharge Status:

☒ Self Care

☐ Family Home Care

☐ Home Professional Assistance

☐ Needs Assistance In:

Remarks

☐ Medication

☐ Yes

☐ No

☐ Bathing

☐ Yes

☐ No

☐ Eating

☐ Yes

☐ No

☐ Walking

☐ Yes

☐ No

☐ Dressing

☐ Yes

☐ No

☐ Toileting

☐ Yes

☐ No

yes pt needs assistance

4. Nutritional Plan:

☐ Dietary Instruction Discussed with the:

☒ Patient

☐ Family Member

☐ Others:

5. Discharge Planning Discussed with the:

☒ Patient

☐ Family Member

☐ Others:

6. Patient/Family Educational Plan:

☐ Educational Topic/s: Infection control

☐ Patient's Educational Topic/s discussed with the:

☒ Patient

☐ Family Member

☐ Others:

Nurse Signature: TM

Nurse Name: Romy

Date and Time: 9/7/26 @ 6 AM.

Docu. No. : RCHBH /FRM / CLINICAL / 191