Name	Mrs KIRTHI AKULA	**UHID**	VIH-00155037
Father/Guardian	Mr MR. G. VAMSHI VARDHAN	**Age/Gender**	33 Y 9 M 26 D/Female
Address	HNO. 1-24-502, PLOT NO. 99, ROAD NO. 2, LOTHKUNTA, ALWAL, SECUNDERABAD, Alwal, Hyderabad, Telangana, INDIA, 500010		
IP No	IP-00060572	**Admission Date**	05-07-2026
Ref Doctor	Self	**Discharge Date**	07-07-2026

DISCHARGE SUMMARY

Consultant: Dr. NABAT LAKHANI, Clinical Associate

Diagnosis: G2P1L1 with 39+4 weeks with Previous LSCS with oligohydramnios for Elective Lower Segment Cesarean Section with Bilateral Tubectomy

ELECTIVE LOWER SEGMENT CESAREAN SECTION WITH BILATERAL TUBECTOMY DONE UNDER SPINAL ANAESTHESIA ON 05.07.2026.

History:
LMP:1.10.2025
Obstetric formula:G2P1L1
EDD: 08.07.2026
Gestation at admission: 39+4 weeks

Obstetric History:
G1 - Male/ 4.5 years / FTLSCS / Fetal distress / 2.85 kg/A & H/Uneventful/ RCH
VKP /BF- 18 months.
G2 - Present pregnancy Spontaneous conception.

Medical History: Nil
Family History: Both parents HTN, DM.

Name	Mrs KIRTHI AKULA	UHID	VIH-00155037

Surgical History: Previous LSCS in 2022.
Allergies: Nil

Antenatal Details: Mrs KIRTHI AKULA was unbooked to Rainbow hospital. Previous ANCs at Mysha hospital. She had regular antenatal checkups and investigations as advised. She had an uneventful antenatal period. She was admitted at 39+4 weeks with Previous LSCS with Oligohydramnios for Elective Lower Segment Cesarean Section with Bilateral Tubectomy.

Investigations: Enclosed

Blood group: **'B' POSITIVE**

Management: Course in hospital:
She was prepared for elective C-section with indwelling Foley's catheter and IV canula under aseptic conditions. Written informed consent for surgery taken. Preanesthetic check up done. Anesthetic premedication (IV Pantop and Perinorm) given. Antibiotic prophylaxis with Inj. Taxim 1 gm IV given. Patient shifted to theatre.

Surgery Notes: Operative Details:
Under spinal anesthesia she was painted and draped as per hospital protocol. The previous scar excised. Abdomen opened in layers. The parietal and visceral peritoneum carefully opened after identifying the urachus. Bladder was drawn up & adherent to lower uterine segment. Bladder was reflected. A lower segment curvilinear incision given on the uterus. Baby delivered. Delayed cord clamping done and cut and cord blood collected for blood grouping and Rh typing. Baby handed over to pediatrician. Placenta delivered with controlled cord traction. Antibiotic prophylaxis with Inj. Taxim 1 gm IV given. Uterus closed in layers. Endometriotic spots seen on posterior wall of uterus. Bilateral fallopian tubes & ovaries identified. Bilateral tubectomy done using modified Pomeroy's method & both tubes sent for HPE. Hemostasis

secured. Instruments and swab count checked. Rectus sheath closed. Skin closed with subcuticular sutures. Wound dressing done. Vagina cleaned with Betadine solution after expelling clots. Patient was shifted out of theatre to post operative recovery room.

Delivery Details:
Date: 05.07.2026
Time of Delivery: 5:27:23 AM.
Type of Delivery: Elective LSCS
Indication: Previous LSCS
Analgesia: Spinal

Baby Details:
Date:05.07.2026
Time: 5:27:23 AM.
Sex: Male
Weight: 3.019 kg
Apgar:8/10, 9/10.
Gestational Age:39+4 weeks
NICU Admission: NO.

Post-Operative Notes: Post Operative Period:

She was closely monitored. Her vital signs remained stable. Uterus was well retracted with no postpartum hemorrhage. Breastfeeding initiated. She was shifted to room. Her postoperative period following that was uneventful. On third postoperative day dressing was changed. On inspection wound was healthy. 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 KIRTHI AKULA	UHID	VIH-00155037

Advice:

1. Tab. Taxim-O 200mg (Cefixime-200mg) twice daily till 11.07.2026 (9am-9pm) after food.
2. Tab. Pantoprazole-D 40 mg once daily till 11.07.2026 (7am) before food.
3. Tab. Zerodol SP thrice daily till 11.07.2026 (10am-3pm-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) 1 tablet once daily (2pm) till breastfeeding after food.
6. Nebasulf powder for local application.
7. Discuss HPV vacine.

Review after one week on 11.07.2026 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).

For Women Who Have Had a Cesarean Section.

Care of the wound:

1.You can bath and shower.
2.The wound can get wet during a bath or shower. Dry it thoroughly and gently by dabbing with a gauze piece. Do not rub the wound.
3.This gauze piece needs to be discarded after one use.
4.Prior to touching the wound clean hands thoroughly with Microshield solution and allow them to air dry or use disposable paper napkins.
5.Apply Nebasulf or Neomycin dusting powder on the wound after it is dry.
6.Do not touch the wound with unwashed hands.

Name Mrs KIRTHI AKULA **UHID** VIH-00155037

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: A. KIRTHI Signature:

Relationship: Self

This summary was explained by:

Summary prepared by: Dr.

Registrar/Resident/C.M.O

Dr. NABAT LAKHANI
MBBS, MRCOG
Clinical Associate
APMC - 64779

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
040-42462200, Ext 2000,2001,2002,

INSURANCE COPY

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PatientName	: Mrs KIRTHI AKULA	**Inpatient No.**	: IP-00060572
Age/Gender	: 33 Y 9 M 26 D/ Female	**Admit Date**	: 05-07-2026
Ward/Bed	: N 2F-LABOUR WARD/ LW 219	**Discharge Date**	:

COMPLETE BLOOD PICTURE (Specimen : BLOOD)

TEST RESULT STATUS : REPORT AUTHORISED

Order Date :05-07-2026 01:38

Investigation	Result	Unit		Biological Reference Interval
HEMOGLOBIN (Colorimetry)	**11.5**	**g/dL**	L	12 - 16
RBC COUNT (DC detection method)	4.38	10^12/L		4 - 5.2
PCV/HCT (Calculated)	33.2	VOL%		33 - 51
MCV (Calculated)	**75.8**	**fL**	L	80 - 100
MCH (Calculated)	26.2	pg/cells		26 - 34
MCHC (Calculated)	34.5	g/dL		32 - 36
RDW-CV (Calculated)	**23.0**	%	H	11.5 - 13.1
PLATELET COUNT (DC Detection Method)	227	10^9/L		150 - 450
MPV (Calculated)	9.4	fL		6.5 - 10
WBC COUNT (DC Detection Method)	9.91	10^9/L		4.5 - 11
Differential Count				
NEUTROPHILS (Microscopy, Leishman stain)	**89**	%	H	35 - 66
LYMPHOCYTES (Microscopy, Leishman stain)	**7**	%	L	24 - 44
MONOCYTES (Microscopy, Leishman stain)	**3**	%	L	4 - 10
EOSINOPHILS (Microscopy, Leishman stain)	1	%		1 - 4
PERIPHERAL SMEAR (Microscopy, Leishman stain)	**RBC : NORMOCYTIC / HYPOCHROMIC WBC : TC NORMAL WITH RELATIVE NEUTROPHILIA PLATELETS : ADEQUATE**			

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

VIH-00155037 IP-00060572
Mrs KIRTHI AKULA
09-09-1992 33 Y 9 M 26 D (F)
Dr. NABAT LAKHANI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

SURGERY DETAILS

Date : 5/7/26

Patient Name: Mrs. Kirthi Akula Date of Birth: 9/9/1992 Age: 33y

Gender: F Ward : OT UHID No.: 155037

Date of Surgery: 5/7/26 ☑ OT -1 ☐ OT -2 ☐ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : Elective LSCS with B/L tubal ligation under spinal

Time in : 5:15Am Time Out : 6:15Am

		NAME	AMOUNT
1.	Surgeon	Dr. Nabat Lakhani	OT-charges
2.	Anaesthetist	Dr Akhila	
3.	Assistant Surgeon	Dr. Rajni / Dr Yogeshwari	Tubectomy Charge
4.	OT Technician	Tech-Vaishnavi	3097655
5.	Circulating Nurse	Dr. Mania / Dr. Arif	
6.	Assistant Nurse	Dr. Jyothi	

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

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 3097619/26 Order by: Mania

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery.

ACTIVITY

VIH-00155037 IP-00060572
Mrs KIRTHI AKULA
09-09-1992 33 Y 9 M 26 D (F)
Dr. NABAT LAKHANI

Name: ---

UHID No :

---------- Consultant : ---------- Dept : ----------

Date of Admission : 5/7/26 Time : 1:17AM Date of Discharge : ---------- Time: ----------

Room / Bed No : 219 Ward : HW Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
5/7/26	4:57AM	HW	OT	
8/7/26	6:20Pm	OT	MICU	
5/7/26	1:10PM	MICU	Room (207)	

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Sign
5/8/26	CBP	V126022447	Teja
5/7/26	NST 1Am – (1)	R26-010747	Priyi
5/7/26	NST 2:30am (2)	R26-010752	Tiy
5/7/26	Biopsy For histopathology (medium)	V126092461	Jyothi
[illegible]	Checked by Teja	5/7/26 at 7:27 AM	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
5/7/26	Infusion pump	1AM	12^30 pm	309760	[illegible]
5/7/26	cardiac monitor	6:20AM	12^30 pm	309760	[illegible]
	Checked by G Shamini 5/7/26 at 12^40 pm				

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
5/7/26	IV placement	(1)	3097603	Tiya
5/7/26	PAC	(1)	3097602	Tiya
5/7/26	catheterization	(1)	3097603	Tiya
crossed	checked by Tiya	5/7/26 at 7.27AM.		

ANY OTHER INFORMATION

Date : 07.07.26 Time : 8 Am Prepared By : MERY

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
padma	07.07.26 8A		

DEFICIENCY (L CASE SHEET

VIH-00155037 IP-00060572
Mrs KIRTHI AKULA
09-09-1992 33 Y 9 M 27 D (F)
Dr. NABAT LAKHANI

Patient Name

Ward:

IP.No: 60572

DOA: 5/7/26

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Sl.No	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission Sheet	1	✓	✓	
2	Discharge Summary	3	✓	✓	
3	Nursing Initial assessment form	2	✓	–	
4	Patient Trasfer Forms	3	✓	–	
5	In-patient Medical Record	1	✓	–	
6	Doctors Progress Sheets	3	✓	–	
7	Nurses Progress notes	3	✓	–	
8	Consultation Sheets				
9	General Consent for Treatment	1	✓	✓	
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	1	✓	–	
17	Consent for Radiological Investigations				
18	Consent for HIV Test				
19	Anaesthesia consent form	1	✓	–	
20	Anaesthesia notes(Pre Anaesthesia & Post)	2	✓	–	
21	Pre Operative checklist	1	✓	–	
22	Surgical safety Checklist	1	✓	–	
23	Operation Theatre notes	1	✓	–	
24	Nurses Clinical Presentation				
25	TPR & BP chart	4	✓	–	
26	Intake and Output chart (fluid Chart)	3	✓	–	
27	Drug Chart (Regular prescription)	5	✓	–	
28	Daily Investigation sheet				
29	Investigation Values (Result Sheet)	1	✓	–	
30	Nebulization Chart				
31	Diabetic chart				
32	Nutritional Review chart				
33	MLC form (in case of MLC)	1	✓	–	
34	Patient Educatlon Form				
35	thRombophlebiti-				
36	Braden scale	1	✓	–	
37	pain assessment	3	✓	–	
38	medication chart	3	✓	–	
39	other	2	✓	–	
		9	✓	–	
		–			
	Total No. of Pages	56 pages			

Signature and Date :

ERROR LOG

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

ICD CODE :-

OBSERVATION: -

MRD EXECUTIVE

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

ADMISSION SHEET

Registration Details :

Admission No : IP-00060572 **Admit Date** : 05-Jul-2026 **Admit Time** : 01:07 AM **UHID** : VIH-00155037

Patient Details :

Patient Name	: Mrs KIRTHI AKULA	**Age**	: 33 Y 9 M 26 D
Guardian	: Mr MR. G. VAMSHI VARDHAN	**DOB**	: 09-09-1992
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	: Married
Address (H)	: HNO. 1-24-502, PLOT NO. 99, ROAD NO. 2, LOTHKUNTA, ALWAL, SECUNDERABAD Alwal Hyderabad Telangana INDIA 500010	**Phone No**	: 9962537009/ 9949096444
		E-mail	: kirthi.akula@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 MR. G. VAMSHI VARDHAN **Relationship** : Husband

Contact Address : HNO. 1-24-502, PLOT NO. 99, ROAD NO. 2, LOTHKUNTA, ALWAL, SECUNDERABAD Alwal Hyderabad Telangana INDIA 500010 **Phone No** : 9962537009

Signature

Doctor Details :

Doctor Name : Dr. NABAT LAKHANI **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

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PATIENT TRANSFER FORM

VIH-00155037 IP-00060572
Mrs KIRTHI AKULA
09-09-1992 33 Y 9 M 26 D (F)
Dr. NABAT LAKHANI

Date & Time of Admission	Date & Time of Transfer Order
5/7/26 at 1:7 AM	5/7/26 at 4:57 AM

Treating Consultant Name	Transfer Ordered by	Reason for Transfer
	Dr. yogeshwari	EL. LSCS

From Unit	To Unit	Information to Attendant
LW	OT	Yes ☑ No ☐

Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant
35	NST – 2	Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sis. K. Suhasini	Dr. yogeshwari

Patient & Clinical Records Received by : Mani

Date & Time of Patient Received : 5/7/26 @ 4:57 AM.

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

PATIENT TRANSFER FORM

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Patient Name / I.P. No.	Date & Time of Admission	Date & Time of Transfer Order
VIH-00155037 IP-00060572 Mrs KIRTHI AKULA 09-09-1992 33 Y 9 M 26 D (F) Dr. NABAT LAKHANI	5/7/26 @ 11:07Am	5/7/26 @ 6:20 Am
	Transfer ordered by Dr. Akhila	Reason for Transfer Post Op Care
From Unit OT	To Unit MICU.	Information to attendant Yes ☐ No ☐
Number of Sheets in clinical file 29	Number of Imaging films Nil (2)	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.	Nil	
3.		
4.		
5.		

Shifting Summary / notes written by Doctor :
Dr. Yogeshwari

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sr Maria	Dr. Akhila

Patient & Clinical records received by :
K. Suhasini

Date & Time of Patient Received: 5/7/26 6:30AM

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

PATIENT TRANSFER FORM

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

VIH-00155037 IP-00060572
Mrs KIRTHI AKULA
09-09-1992 33 Y 9 M 26 D (F)
Dr. NABAT LAKHANI

	Date & Time of Admission	Date & Time of Transfer Order
Treating Consultant Name	5/7/26 1:07AM	5/7/26 @ 1:10PM
	Transfer Ordered by: Dr. Nikitha	Reason for Transfer: observation
From Unit: MICU	To Unit: Room (207)	Information to Attendant: Yes ☒ No ☐
Number of Sheets in Clinical File: 38	Number of Imaging Films: 2	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:- Pantoprazole	15
2.	Tab:- Paracetamol	13
3.	Tab:- Tramadol	10
4.	Tab:- DI Diclofenac	10
5.	underpad - 1 saree - 1	1

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sis. Sarah	Dr. Nikitha

Patient & Clinical Records Received by : Sarah @ 1:15 pm

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-00155037 IP-00060572
Mrs KIRTHI AKULA
09-09-1992 33 Y 9 M 26 D (F)
Dr. NABAT LAKHANI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 5/7/26 Time of Arrival: 1:00 AM Time Seen by Nurse: 1:05 AM

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: eL.LSCS

3) **Vital Signs:** Temperature: 98.6°F Pulse: 89bm RR: 18b/m SpO_2: 99% BP: 105/72 Weight: 77.50kg

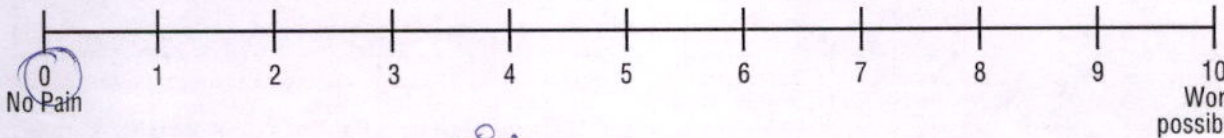
4) **Gestational Criteria:**

Gravida:	G 2	P ,	L ,	A —

LMP: 1/10/25 EDD: 8/7/26 Gestational Age: 39+4 wks

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: prev. LSCS

b) Medical: Nil

Mrs KIRTHI AKULA
09-09-1992 33 Y 9 M 26 D (F)
Dr. NABAT LAKHANI

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 mother & father

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: 1AM

Nurse Name : K. Subasini Nurse Signature:

Date: 5/7/26 Time: 1:55AM

VIH-00155037 IP-00060572
Mrs KIRTHI AKULA
09-09-1992 33 Y 9 M 26 D (F)
Dr. NABAT LAKHANI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

OBSTETRICS / GYNECOLOGY
NURSING INITIAL ASSESSMENT FORM

Date of Admission: 5/7/26

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: EL. LSCS

Doctor Notified on Admission: ☑ Yes ☐ No

Name of the Doctor: Dr. Yogeshwari

Time Notified: 1am

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

Past Medical History	Past Surgical History	Previous Hospital Admission
No	prev LSCS	Yes

Gynecology Assessment: ☑ Not Applicable

Menstrual History: —

Onset of Menarche: .....

Menstrual Cycle: ☑ Regular ☐ Irregular

Last Menstrual Period: 1/10/25

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 2 P 1 L 1 A —

Previous LSCS: Prev LSCS

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

Family History: ☐ No Abnormalities Detected

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

☐ Liver disease ☐ Other Father & mother

Vital Signs / Measurements: Temp: 98.6F HR: 89b/m RR: 19b/m

BP: 105/70mmHg Weight: 77.50kg Height: 162 cm BMI: .....

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

VIH-00155037 IP-0006057
Mrs KIRTHI AKULA
09-09-1992 33 Y 9 M 26 D (F)
Dr. NABAT LAKHANI

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. kirthi

Name of Person Orientation was given to: mrs. kirthi

Orientation not given Reason: —

Nurse Signature: K. [illegible]

Nurse Name: K. Sukanya

Date & Time: 5/7/26 at 1:35Am

VIH-00155037 IP-00060572
Mrs KIRTHI AKULA
09-09-1992 33 Y 9 M 26 D (F)
Dr. NABAT LAKHANI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

LMP: 1/10/2025 EDD: 8/7/2026

Corrected EDD: GA: 39+4 weeks

Obstetric Formula: G2P1L1
ML- 4½ yr NCM

Menstrual History: Regular : ☑ Yes ☐ No

Obstetric Hostory:
I- Male / 7½ yr / FTLSCS / Fetal distress / A&H / uneventful / BF × 18 months / RCH / VKP
II- PP, spontaneous conception
Unbooked to RCH. previous TG 2.85 kg

Obstetric Examination

Fundal Height:

Present Pregnancy Record: ANCs at Mysha clinic
T1 T2 T3 uneventful
TT Two doses taken

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

Liquor: ☐ Adequate ☑ Oligo ☐ Poly

PP: ☑ Cephalic ☐ Breech Others _____

Head Fifths Palpable: dw _____

FHS: ☑ Normal ☐ Tachy ☐ Brady ☐ Absent
⊕ 160bpm

RISK FACTORS:

previous LSCS
oligohydramnios

Per Speculum Examination Not done

Draining: ☐ Present ☐ Absent ☐ Bleeding

Colour of Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Vaginal Examination Not done

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

Height: 160 cm
Weight: 77.50 kg
Allergies: NIL
Breast: ☑ Normal ☐ Abnormal

General Examination:

Consciousness: C/C/C Pallor: ⊖
Icterus: ⊖ Edema: ⊖
Temp: Afebrile PR: 100bpm
BP: 105/72 mmHg DTR: ⊕
CVS: S1S2 ⊕ RS BAE ⊕
Liver/Spleen: Normal Urine Output: Adequate

DIAGNOSIS

G2P1L1 with 39+4 weeks with previous LSCS with oligohydramnios

for Elective LSCS with Bilateral Tubectomy

VIH-00155037 IP-00060572
Mrs KIRTHI AKULA
09-09-1992 33 Y 9 M 26 D (F)
Dr. NABAT LAKHANI

Family History:

Both parents- HTN, DM

Surgical History:

Previous LSCS - 2022

Medical History:

Nil

Medication History:

Nil

Plan of Care: C/I to Dr. Nabat mam

- Admission
- NBM
- Monitor vitals
- part preparation
- PAC
- consent
- Monitor FHR
- Follow drug chart
- Inform SOS
- Send CBP
- foley's catheterization

noted by Suhasini AM 5/7/26

Investigations: BG- 'B' POSITIVE

3/1/2026
HIV, HBsAg, HCV, VDRL } NR

CBP- 11.5/9.91/2.27L

18/6/2026
Growth scan
36+1 weeks
SLIUF,
EFW- 2824 ± 413gm
AC - 31.98 cm
AFI - 9-10 cm
PI - Ant. Gr II/III maturity
Scar thickness - 3.2-3.4mm

4/3/2026
TIFFA scan
22 wks
SLIUF
No anomalies
CL - 42mm
PI - Ant upper mid segment Gr II

3/1/2026
NT scan
13+1 wks
SLIUF
NT- 1.2mm

Doctor Name: Dr. Yogeshwari
Signature:
Date & Time: 5/7/2026 1:30AM

Consultant Name: Dr. Nabat Lakhani
Signature:
Date & Time: 5/7/2026

VIH-00155037 IP-00060572
Mrs KIRTHI AKULA
09-09-1992 33 Y 9 M 26 D (F)
Dr. NABAT LAKHANI

(1)

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	POD-0	
5/7/26 6:20AM		Rx
	pt c/c/c	→ NBM x 4hrs
	GC fair, afebrile	→ follow drug chart
	BP - 112/69mmHg	→ monitor vitals
	PR - 66 bpm	→ w/f bleeding PV
baby - NV < A/H, BF (+)	S/E - NAD	→ I/O charting
	P/A - ut NWR	→ pad for observation
U.O - 200ml clear adequate.	soft,	→ early Ambulation
	BS -	→ EBF
Noted by Sukesini 6:20Am		→ Infusion sos
	UE - NAB	
	Baby < A/MS BF (+)	
5/7/26 10:20 AM	POD-0.	
	pt is c/c/c	Adv:
	GC - fair	- water sips f/b
	Afebrile	clear liquids.
U/O 700ml clear, adeq	BP - 103/72 mmHg.	- w/f bleeding PV
	PR - 65 bpm.	- passive ambulation
	S/E - NAD.	- monitor vitals
	P/A - ut - W/R.	- I/O charting
	soft, BS (+)	- Follow drug chart
	UE - NAB.	- Infusion SOS.
Noted by Kamala	Baby < A/M BF (+)	
	@ 10:20am 5/7/26	Dr. Nikita

VIH-00155037 IP-00060572
Mrs KIRTHI AKULA
09-09-1992 33 Y 9 M 26 D (F)
Dr. NABAT LAKHANI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

SS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/7/26 12:30 pm.	POD - 0 (LSCS)	Adv:
	Vitals stable	- water sips f/b clear liquids-
	P/A - ut - W/R.	- Soft diet at 4:30 pm
pt can be shifted to rooms	BS ⊕	- w/F bleeding PV
	V/E - No active bleeding:	- monitor vitals.
		Dr. Nikita
Noted by Karola	5/7/26 @ 2:30PM	
	POD - 0 (LSCS)	
5/7/26 9 pm.	O/E - pt is c/c/c	Adv:
	Gc - Fair.	- Soft diet
	Afebrile.	- w/F bleeding PV
	BP - 115/72 mmHg.	- Adeq. Hydration
V/O	PR - 82 bpm.	- monitor vitals
1710 ml clear, adeq	S/E - NAD.	- Follow drug chart
	P/A - ut - W/R.	- Inform SOS
	soft, BS ⊕	- Passive ambulation
	L/E - NAB.	
	Baby < A/M BF ⊕	Dr. Nikita
		Note by Rohini 5/7/26 @ 9 PM

VIH-00155037 IP-00060572
Mrs KIRTHI AKULA
09-09-1992 33 Y 9 M 26 D (F)
Dr. NABAT LAKHANI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/7/2026 8:30 AM	POD-1 (LSCS)	Adv:
	O/E- pt is c/c/c	- (N) diet
	GC - Fair	- Adeq. Hydration.
	Afebrile	- Ambulation
U/O	BP- 103/67 mmHg	- W/F bleeding PV
2610 ml	PR- 75 bpm.	- monitor vitals.
clear, adeq	S/E - NAD.	- Follow drug chart
Remove	P/A - ut - W/R.	- Inform SOS.
foleys.	soft, BS (+)	
	L/E - NAB.	
	Baby c̄ M/A BF (+)	Dr Nikhita
Noted by ... 6/7/26		
6/7/26 1:30 PM	POD-1 (post LSCS)	
	Pt is c/c/c	Adv
	GC fair	- ~~soft~~ (N) diet
	Afebrile	- Adeq Hydration
	BP - 109/68 mmHg	- Ambulation
urine	PR - 79 bpm.	- w/f PV bleeding
passed	S/E - NAD	- follow drug chart
	P/A - Ut n WR	- monitor vitals
	soft BS (+)	- Inform SOS
	L/E - No active bleeding	
	Baby c̄ M/A BF (+)	Dr. Farner
Noted by ... 6/7/26		

VIH-00155037 IP-00060572
Mrs KIRTHI AKULA
09-09-1992 33 Y 9 M 27 D (F)
Dr. NABAT LAKHANI

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/7/26 10 PM	POD-1 (Post LSCS)	
	O/E Pt is c/c/c	
	GC- fair	Adv
	Afebrile	- Normal diet
	BP- 115/69 mmHg	- W/F Bleeding PV
Urine Passed	PR- 80 bpm	- Ambulation
Motion Passed	S/E-NAD	- Adequate hydration
	P/A- Ut-w W/R	- Monitor vitals
	Soft, BS (+)	- Follow drug chart
	L/E-NAB	- Inform SOS
	Baby [A/M, BF (+)	
Noted by Roja Sri 6/7/26 @10PM		Dr. Gunalan
7/7/26 7:10Am	POD-2 (Post LSCS)	
	O/E Pt is c/c/c.	Adv
	GC- fair	- (N) diet
	Afebrile	- W/F Bleeding PV
	BP- 106/69 mmHg	- Ambulation
Urine Passed	PR- 70 bpm	- Adequate hydration
Motion Passed	S/E-NAD	- Monitor vitals
	P/A- Ut-w W/R	- Follow drug chart
Aseptic dressing done	Soft, BS (+)	- Inform SOS.
	L/E- NAB	
	Baby [A/M, BF (+)	
Patient can be discharged		Dr. Gunalan
Noted by Roja Sri 7/7/26 @7:30AM		Noted by Thansi 07/7/26 @11:Am

VIH-00155037 IP-00060572
Mrs KIRTHI AKULA
09-09-1992 33 Y 9 M 26 D (F)
Dr. NABAT LAKHANI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: G2P1L1 c 39+4wks c prev LSCS c oligo EL LSCS	Any Infection: ☐ Yes ☑ No ☐ Not Known If Yes Specify: —
	Surgery / Procedure: EMERGENCY L.S.C.S	Post OP Day: 0 POD

		Date / Shift	5/7/26 N	5/7/26 Day call	5/7/26 N	5/7/26 M	5/7/26 M	5/7/26 E
BACKGROUND		Medical Condition (Any special condition to be noted):	oligo	oligo	oligo	.	—	Nill
		Diet:	NBM	NBM	NBM	sips of water	clear liquid	(S) 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	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	98.1°F	97.6°F	98.6F
		Res:	18b/m	19b/m	19b/m	18b/mt	19b/m	20b/m
		SpO_2:	99%	99%	99%	99%	98%	99%
		Pulse:	89b/m	82b/m	82b/m	86b/mt	80b/m	79b/m
		BP:	105/70mmHg	101/70mmHg	104/66	113/72mmHg	110/76mmHg	110/70
		LOC:	Conscious	Conscious	Conscious	Conscious	Conscious	Conscious
		Fall Risk Score:	15	15	15	15	15	15
		Pain Score:	0	0	0	0	0	0
		Skin Integrity	Intact	Intact	Intact	Intact	Intact	Intact
Recommendations		Safety Needs:	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No
		Physiotherapy:	—	—	—	—	—	Nill
		Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
		Special Diet:	NBM	NBM	NBM		clear liquid	(S) diet
		Critical Lab Test / Values:	—	—	—	—	—	Nill
		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	dependent
Post Operative Procedure Special Orders:			PHR monitoring		w/f Bleeding	w/f Bleeding	w/f bleeding	
Handed Over By Name :			K Sukasini	Marie	Sukasini	Komal	Syed	padma
Signature / ID :			020477	018133	020477	020573	01645	606329
Date:			5/7/26	5/7/26	5/7/26	5/7/26	5/7/26	5/7/26
Time:			4:57am	@ 6pm	8am	@ 1:10pm	@ 2pm	@ 8pm
Taken Over By Name :			Mana	K Sukasini	Komal	Syed	padma	Raja
Signature / ID :			018133	020477	020573	016458	606329	[illegible]
Date:			5/7/26	5/7/26	5/7/26	5/7/26	5/7/26	5/7/26
Time:			4:57am	6:20pm	@8AM	@ 1:10pm	@ 2pm	@8PM

VIH-00155037 IP-00060572
Mrs KIRTHI AKULA
09-09-1992 33 Y 9 M 26 D (F)
Dr. NABAT LAKHANI

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING SHIFT HAND OVER FORM

SITUATION							
Diagnosis: G2P1L1 ē 39+1WKS / ē Prev LSCS, ē diGo, EL-LSCS				Any Infection: ☐ Yes ☑ No ☐ Not Known; If Yes Specify: —			
Surgery / Procedure: EMERGENCY LSCS				Post OP Day: 1 POD			

	Date / Shift	5/7/26 N	6/7/26 M	6/7/26 E	6/7/26 N	7/7/26 M	
BACKGROUND	Medical Condition (Any special condition to be noted):	Nil	Nil	Nil	Nil	Nil	
	Diet:	(S) diet	(N) diet	(N) diet	(N) diet	(N) diet	
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA	RA	
	Tubes/Drains/Catheter:	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
	Vital Signs: Temp:	98 F	97.6 F	98.5 F	98 F	98.6 F	
	Res:	19 b/m	18 b/m	20 b/m	19 b/m	20 b/m	
	SpO_2:	98%	99%	99%	98%	99%	
	Pulse:	80 b/m	78 b/m	74 b/m	89 b/m	80 b/m	
	BP:	100/62 mmHg	106/66 mmHg	110/70 mmHg	111/66 mmHg	117/66 mmHg	
	LOC:	Conscious	Conscious	Conscious	Conscious	Conscious	
	Fall Risk Score:	15	15	15	15	15	
	Pain Score:	0	0	0	0	01	
	Skin Integrity	Intact	Intact	Intact	Intact	Intact	
Recommendations	Safety Needs:	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:	Nil	Nil	Nil	Nil	Nil	
	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
	Special Diet:	(S) diet	(N) diet	(N) diet	(N) diet	(N) diet	
	Critical Lab Test / Values:	Nil	Nil	Nil	Nil	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:		—	—	—		—	
Handed Over By Name :		Raja	Ohal	padma	Raja	Jhansi	
Signature / ID :		[illegible]	016457	606329	[illegible]	17542	
Date:		6/7/26	6/7/26	6/7/26	7/7/26	7/7/26	
Time:		@8AM	@2pm	@8pm	@8AM		
Taken Over By Name :		Syed	padma	Raja	Jhansi		
Signature / ID :		016457	606329	[illegible]	17542		
Date:		6/7/26	6/7/26	6/7/26	7/7/26		
Time:		@8am	@2pm	@8pm	@8am		

Noted by Jhansi 07/07/26 @ 11 AM

Docu. No. : RCH /FRM / CLINICAL / 097

VIH-00155037 IP-0006057?
Mrs KIRTHI AKULA
09-09-1992 33 Y 9 M 26 D (F)
Dr. NABAT LAKHANI

NURSING CARE RECORD

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 5/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night	2 AM	maintain fluid Balance	2 AM	RL 150ml/hr	prevent dehydration	Patient well hydrated	8 5/7/26 Sfm
	5 AM	Ensure Safety	5 AM	Provided Side Rails	prevent fall from bed	Patient Safe	

VIH-00155037 IP-00060572
Mrs KIRTHI AKULA
09-09-1992 33 Y 9 M 26 D (F)
Dr. NABAT LAKHANI

NURSING CARE RECORD

Rainbow Children's Hospital — It takes a lot to treat the little.
BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

Date: 5/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8 Am	Ensure safety.	8 Am	To provied side rails.	To prevent fall	Patient is stable.	[signature] 5/7/26 @1:10pm
	1:20pm	Maintain fluid balance.	1:30pm	Maintained oral Intake	provided for dehydration.	Re-assessment done every 4th hourly vital checked pt is stable	[signature] 5/7/26 @2pm
Afternoon	4pm	* maintain fluid Balance.	7pm	* maintained the fluid Balanced. Nutritional status.	* prevent to the dehydration.	* Re-Assessment Done patient condition is stable.	Padma 5/7/26 @8pm
Night	9pm	* Relieve pains Discomfort	930 pm	* Analgises given as per doctor order	* To reduce pain	* Re-assessment was done every 4th hourly vital monitor	Raja 6/7/26 @8am

VIH-00155037 IP-00060572
Mrs KIRTHI AKULA
09-09-1992 33 Y 9 M 27 D (F)
Dr. NABAT LAKHANI

NURSING CARE RECORD

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 6/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	9Am	Maintain fluid balance Ensure safety	9:30Am	Maintained oral Intake. provided side rails.	provided for dehydration. prevented for fall risk.	Re assessment done every 4th hrly vital checked pt is stable	[signature] 6/7/26 02pm
Afternoon	3pm	* Ensure Safety * Maintain fluid Balance	5pm	* Provided the Side rails * Maintain oral intake	* To Prevent Risk of falls * To Prevent dehydration	Re-assessment done Patient is stable	Padma 6/7/26 @8pm
Night	9Pm	+ Relieve pain & Discomfort + Ensure safety	9:30 Pm	+ Analgises is a given as per doctor order + provided side rails	+ To reduce pain + To prevent fall risk	+ Re-assessment was done every 4th hourly vital monitor	Roja [signature] 7/7/26 @8Am

VIH-00155037 IP-00060572
Mrs KIRTHI AKULA
09-09-1992 33 Y 9 M 27 D (F)
Dr. NABAT LAKHANI

NURSING CARE RECORD

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 7/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning		Noted by Jhanee 07/07/26 @ 11: Am		Discharge Notes Doctor Came for Round patient is stable Advice for discharge.			
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 KIRTHI AKULA**	**Age :**	**33 Y 9 M 26 D**
IP No:	**IP-00060572**	**Sex:**	**Female**
Consultant:	**Dr. NABAT LAKHANI**	**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 care of the patient.

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

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

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

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

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

Signature of Patient/Relative:

Name: G Vamshi Vardhan

Relationship: Husband

Date: 05-07-2026

Time:

Patient Address:

HNO. 1-24-502, PLOT NO. 99, ROAD NO. 2, LOTHKUNTA, ALWAL, SECUNDERABAD Alwal Hyderabad Telangana INDIA 500010

Witness Name:

Witness Signature:

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Patient Name : MRS. KIRTHI AKULA Gender: ☐ Male ☑ Female Age : 33 YEARS

UHID No : VIH-00155037 | IP - Date : 5/7/2026

Instruction:

This consent form should be signed by Patient (If an adult 18 years or older) or by a parent / guardian, if the patient is a minor or lacks the ability to make an informed decision. The purpose of this form is to verify that you have received this information and have given your consent to the surgery or special procedure recommended to you.

I hereby authorize the performance of the following operation (s) or procedure (s) (use no abbreviation / Avoid technical terms)

ELECTIVE LOWER SEGMENT CESAREAN SECTION WITH BILATERAL TUBAL LIGATION upon MRS. KIRTHI AKULA

(Name of the Patient)

ave been advised of the benefits and reason of the procedure(s) as indicated by the clinical observations and / or diagnostics performed. I recognized that the practice of medicine is as much an art as a science and therefore acknowledge that no guarantees have been or can be made regarding the likelihood of success or outcomes. My questions regarding the condition, the proposed surgery and the outcome have been answered to my satisfaction prior to signing this form by the surgeon.

I have been explained the risks of this surgery /procedure and also about the reasonable alternative and the relevant risks, benefits and side effects related to such alternatives, including the possible results of not receiving care or treatment.

I have been explained that the following complications though rare are possible and will not hold Surgeon, Anesthesiologist or the hospital staff responsible for any untoward event thereof.

BLEEDING, BOWEL AND BLADDER INJURY, URETERIC INJURY BLOOD AND BLOOD PRODUCTS TRANSFUSION AND ITS ASSOCIATED REACTIONS, INFECTION, POST PARTUM HEMORRHAGE ADHESIONS, PERMANENT AND IRREVERSIBLE METHOD, <1% CHANCE OF FAILURE RATE, RISK OF ECTOPIC PREGNANCY

My signature on this form indicates that

1. I have read and understood the information provided in this form
2. My doctor had adequately explained to me the operation or procedure along with the complications written above, along with the risks, benefits and other information.
3. I have had a chance to ask my surgeon questions.
4. I have received all the information I desire concerning the operation or procedure and
5. I authorize the consent to the performance of the operation or procedure.

Name of the Doctor who is performing the Surgery / Procedure: DR. NABAT LAKHANI

Consentee :

Signature : A. Kirthi

Name : A. KIRTHI

Date & Time : 5/7/2026

Patient Attendant :

Signature : G.

Name : GOLLA VAMSHI VARDHAN

Relationship with Patient: HUSBAND

Date & Time : 5/7/2026

Witness :

Signature :

Name :

Date & Time :

Doctor (who is taking the consent) :

Signature :

Name : DR YOGESHWARI

Date & Time : 5/7/2026

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MAC

Patient Name : Kirthi Akula Age : 33y9m.

Gender : M ☐ F ☑ - IP No : VIH-00155037 Consultant : Dr. Nabat

Ward / Bed No. : Anaesthesiologist : Dr. Madhav

Operative procedure planned : El-LSCS-

PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA

General anaesthesia involves rendering a patient unconscious before an operation. This ensures the patient is not aware of events and does not feel pain during the operation. Drugs given through a vein and / or inhaled from an anaesthesia machine produce it. Regional anaesthesia involves using a local anaesthetic to numb a specific area of the body for surgery: Prolonged pain relief without numbness can be achieved by infusing weak solutions of local anesthetics arid narcotic drugs to particular parts of the body after surgery or injury, using catheters.

Specific High Risk (s) : The doctors have explained to me the details of the high risk involved due to the following medical problems and I have sought necessary clarification on all my doubts.

☐ Heart disease ☐ Hypertension ☐ Diabetes mellitus ☐ Renal failure

☐ Hepatic disorders ☐ Shock ☐ Multiple organ failure ☐ Polytrauma / RTA

☐ Incapacitating COPD ☐ Others :

Comments : Hypotension, Bradycardia, PPH.

- Doctor to document in medical record also if necessary (Cross-out if not applicable)

DECLARATION BY PATIENT / GUARDIAN / PROXY

I hereby authorize Rainbow Hospital & its authorized doctors to perform upon me / my patient Kirthi A the above mentioned operation / Diagnostic / Therapeutic procedures El-LSCS-

I authorize and give consent for anaesthesia (☑ Regional / ☐ General Anesthesia / ☐ Monitored anesthesia care (MAC)) as considered appropriate by the anaesthetic team.

I acknowledge that the anaesthetists have informed me about the anaesthetic procedure, alternative treatments and answered my specific queries and concerns about this matter. I have read and understood the information provided in this form I acknowledge that I have discussed with the anaesthetists any significant risk and Complications specific to my individual circumstances, and I have considered them before Consenting for anesthesia.

I understand that there are some infrequent complications that can occur due to use of anaesthesia, these include pain or some injury at the site of injections, temporary breathing difficulties, asthmatic reactions, headaches.

I authorize the anaesthetic team to perform any additional procedures (for example, CVP line, arterial line, use of nerve blocks for pain relief, changing from regional to general anaesthesia etc), which are considered necessary by them during the course of surgery.

That I authorize and give consent to the team of doctors attending on me to administer blood products during the course of operative period and immediately thereafter in need arises.

I understand that the above mentioned consultant anesthesiologist or occasionally a colleague deputed by him I her will administer the Anaesthesia.

- Pregnant : ☑ Yes ☐ No

DECLARATION BY THE ANAESTHETISTS PROVIDING INFORMATION FOR THIS CONSENT

I declare that I have explained the nature of General Anaesthesia / Regional Anaesthesia / MAC to be given and discussed the risks that particularly concern this patient.

I have given the patient an opportunity to ask questions and I have answered these.

Patient / Patient Attendant :
Signature : .....
Name : A. Kiran
Relationship with Patient: Self
Date & Time : 5/7/26 12:50 AM

Witness :
Signature : .....
Name : GOLLA VAMSHI VARDHAN.
Date & Time : 5/7/26 12:50 AM

Doctor (who is taking the consent) :
Signature : .....
Name : Dr. Akhila. K.
Date & Time : 5/7/26 12:50 AM

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Nabat
Asst. Surgeon : Dr. Yogeshwari
Anaesthetist : Dr. Akhila
Scrub Nurse : Dr. Jyothi

VIH-00155037 IP-00060572
Mrs KIRTHI AKULA
09-09-1992 33 Y 9 M 26 D (F)
Dr. NABAT LAKHANI

P
L

.... Age : ..... Gender : .....
Name : .....

Date : 5/1/26 In-time : 5.15 Am Out-time : 6.15 Am

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Before Induction of Anaesthesia ➤➤

SIGN IN Time: 5:10 AM

Patient Has Confirmed
- Identity ☑ Yes ☐ No
- Site ☑ Yes ☐ No
- Procedure ☑ Yes ☐ No
- Consent ☑ Yes ☐ No

Site Marked ☐ Yes ☐ No ☑ NA

Anaesthesia Safety Check Completed ☑ Yes ☐ No

Pulse Oximeter on Patient & Functioning ☑ Yes ☐ No

Does Patient have a:
- Known Allergy? ☐ Yes ☑ No

Difficult Airway / Aspiration Risk?
- Yes, & Equipment / Assistance Available ☐ Yes ☑ No

Risk of > 500ml Blood Loss (7ml/kg In Children)?
- Yes, and Adequate Intravenous Access and Fluids Planned ☐ Yes ☑ No ☐ NA
- Blood Units Reserved ☐ Yes ☑ No ☐ NA

Has Antibiotic Prophylaxis been given within the last 60 minutes? ☑ Yes ☐ No ☐ NA

Signature : .....
Name : Dr. Akhila

Before Skin Incision ➤➤ 5.15 Am

TIME OUT Time: .....

Confirm all team members have introduced themselves by Name and Role ☑ Yes ☐ No

Surgeon, Anaesthesia Professional and Nurse Verbally Confirm
- Correct Patient (Check ID Band) ☑ Yes ☐ No
- Correct Site ☑ Yes ☐ No
- Correct Procedure ☑ Yes ☐ No

Anticipated Critical Events

Surgeon Reviews:
- What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss? Bleeding, Chorn 500ml ☐ Yes ☐ No ☐ NA

Anaesthesia Team Reviews:
- Are There Any Patient-specific Concerns? ☑ Yes ☐ No ☐ NA

Nursing Team Reviews: Bleeding,
- Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns? ☑ Yes ☐ No ☐ NA
- **Is Essential Imaging Displayed?** ☐ Yes ☑ No ☐ NA
- Power Supply, Earthing, Power Backup and functioning of equipment checked. ☑ Yes ☐ No

Signature : .....
Name : Dr Mania

Before Patient Leaves Operating Room

SIGN OUT Time: 6 Am

Nurse Verbally Confirms with the Team:
- The Name of the Procedure Recorded ☑ Yes ☐ No
- That Instrument, Sponge and Needle Counts are Correct (or Not Applicable) ☑ Yes ☐ No ☐ NA
- The Specimen is Labelled (including patient name) B/L Fallopian ☑ Yes ☐ No ☐ NA
- Whether there are any Equipment Problems to be addressed Tubes for HPE ☐ Yes ☑ No ☐ NA

To Surgeon, Anaesthetist and Nurse:
- What are the key concerns for recovery and management of this patient? ☑ Yes ☐ No

Signature : .....
Name : Dr. Yogeshwari / Dr. Nabat

VIH-00155037 IP-00060572
Mrs KIRTHI AKULA
09-09-1992 33 Y 9 M 26 D (F)
Dr. NABAT LAKHANI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name:	Dr. Nabat Lakhani	Date of Delivery:	5/7/26
Assistant Surgeon:	Dr. Rajani / Dr. Yogeshwari	Time of Delivery:	5.27 AM 23 sec
Anaesthetist's Name:	Dr. Akhila	Gender of Baby:	Male
Type of Anaesthesia:	Spinal	Weight of Baby:	3.019 kg
Neonatologist:	Dr. Prathyusha	AGPAR Score:	8/10, 9/10
Scrub Nurse:	Sis. Jyothi	NICU Admission: ☐ Yes ☐ No	

Pre-Operative Diagnosis: G2P1L1 @ 39+4wks @ prev LSCS @ oligohydramnios for El. LSCS & B/L tubectomy

☐ Elective ☐ Emergency Indication: 1 prev LSCS

Urgency

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

Decision time: ..... Knief to rectus: .....

CTG Description: .....

If there was a delay give the reasons: .....

Surgical Procedure: Elective LSCS

Post Operative Diagnosis:

Peri-Operative Complications:

Amount of Blood Loss: 400 ml	Blood Transfused (in ML):

Name and Number of Surgical Specimen sent for examination:

B/L fallopian tissue sent for HPE

Examination Findings when Appropriate:

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

5th Palpable: ..... Fetal Position: .....

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

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

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

Skin Incision: ☑ Pfannensteil ☐ Transverse ☐ Midline ☐ Other ..prev. scar excised

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

Previous Scar: ☑ Intact ☐ Thinnedout ☐ Ruptured ☐ No Scar

Incision Through Placenta: ☐ Yes ☑ No Bladder drawn up & adherent to LUS

Delivery of head: ☐ Manual ☑ Forceps post. wall of uterus - Endometriotic spots (+)

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

Delivery of Placenta: ☐ Manual ☐ CCT ..... ✓ ☑ Complete ☐ Incomplete ☐ Piecemeal

Cord Appearance: ..... (N) ..... Cord around the neck ☐ Yes ☑ No

Appearance of placenta: ..... Normal ..... Cavity explored ☑ Yes ☐ No

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

B/L tubectomy done by modified pomeroys method and sample sent for HPE

Uterine Closure: ☐ One Layer ☑ Two Layers ..... vicryl 1-0 ..... Suture

Peritoneal Closure: ☐ Pelvic ☐ Abdominal ☑ None ..... Suture

Sheath Closure: ..... vicryl no: 1 ..... Suture

Fat Closure: ☑ Yes ☐ No ..... Suture

Skin Closure: ☑ Subcuticular ☐ Mattress ..... monocryl 3-0 ..... Suture

Vaginal Evacuated ☑ Yes ☐ No

Drain: ☐ Yes ☑ No ☐ Remove in ..... days ☐ Await instructions

Ctheter ☑ Yes ☐ No ☐ Remove in ..10-12 hrs days ☐ Await instructions

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

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

Post-Operative Notes: NBM x 4hrs, follow Duty chart, monitor Vitals, wt bleeding PV, I/O charting, Inform SOS

Doctor Name: Dr. Nabat Doctor Signature: .....

Date & Time: 5/7/26

VIH-00155037 IP-00060572
Mrs KIRTHI AKULA
09-08-1992 33 Y 9 M 26 D (F)
Dr. NABAT LAKHANI

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

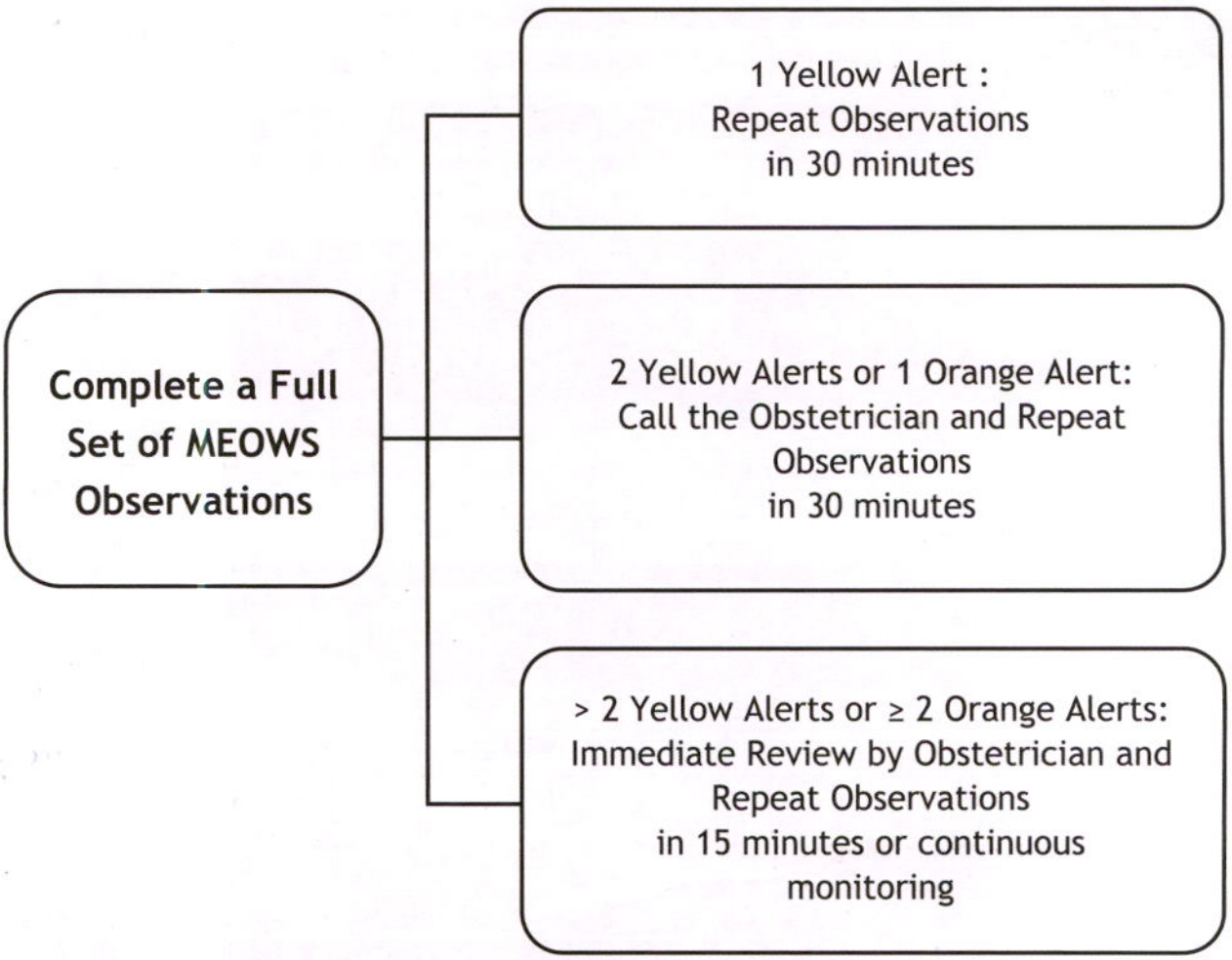
BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Early Warning Observation Score Chart - Obstetrics

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

5/7/26	Date																								
	Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20																		19		19		19	19	19
	0 - 10																								
Saturations	94 - 100 %																		99		99		99	99	99
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37																		37		38		38	38	37
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																		92		93				
	80																						84	80	
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120																						115	117	
	110																				112				
	100																		105						105
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
	60																		69		70	72	71	70	69
	50																								
	40																								
NEURO RESPONSE [✓]	Alert																		✓		✓			✓	✓
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30																		✓		✓				✓
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal																		NAT		NAT				NAT
	Heavy / Foul																								
Liquor	Clear / Pink																		NAT		NAT				NAD
	Green																								
TOTAL YELLOW SCORES																			0		0	0	0	0	0
TOTAL ORANGE SCORES																			0		0	0	0	0	0
Nurse Initial																									

Obstetrics and Gynaecology Early Warning Signs



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

VIH-00155037 IP-00060572
Mrs KIRTHI AKULA
09-09-1992 33 Y 9 M 26 D (F)
Dr. NABAT LAKHANI

2

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

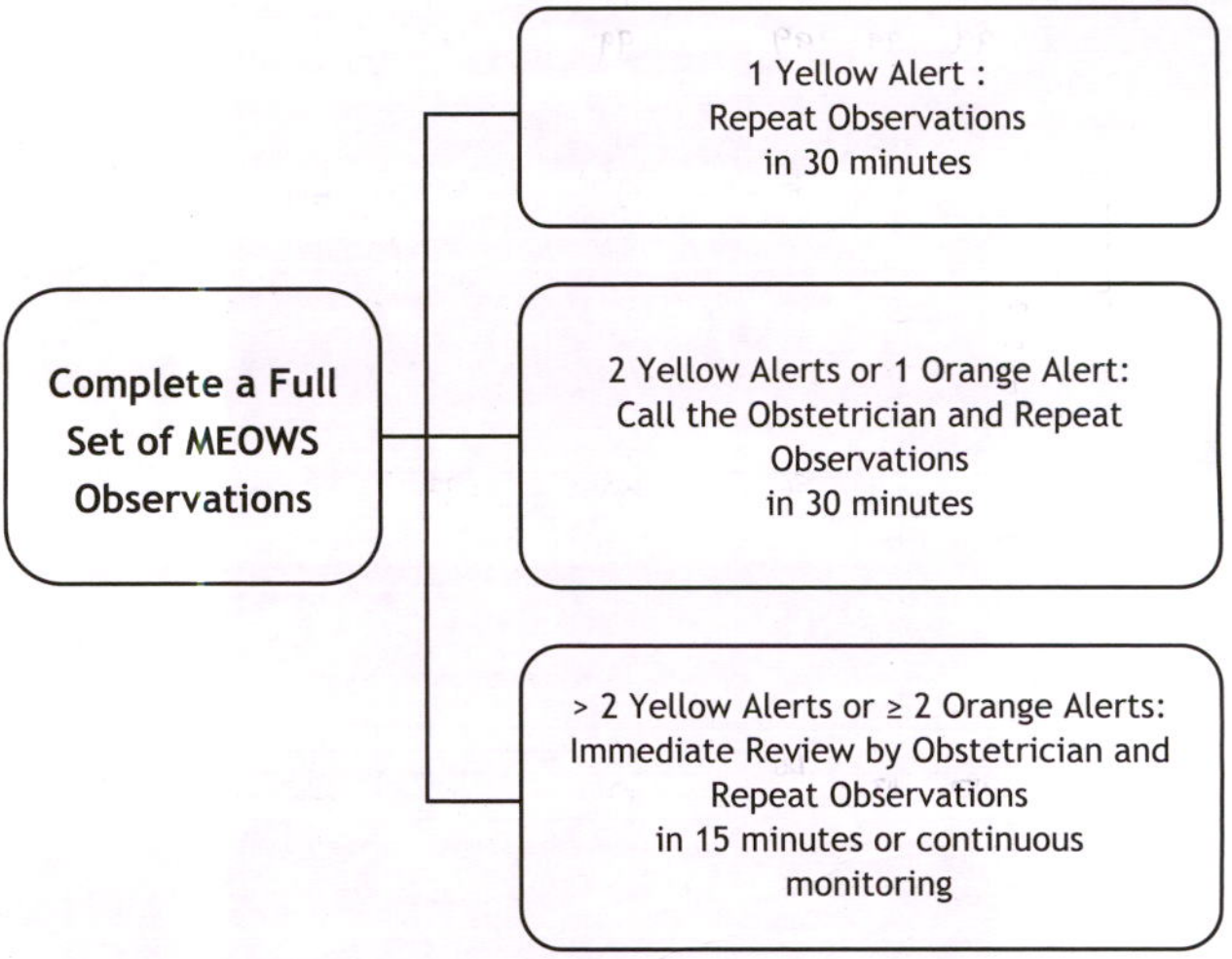
BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Early Warning Observation Score Chart - Obstetrics

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

5/7/26	Date																							
	Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20	19		19		19				19				19			19			19		19			19
	0 - 10																								
Saturations	94 - 100 %	99		99		99				99				99			99			99		99			99
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37	37c		37c		37c				36c				37c			36c			36c		36c			36.9
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90	90		92																					
	80					86				79				82			84			79		80			
	70																								75
	60																								
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120					120																			
	110	110		113						112				115			100			116		111			103
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70	70		72		70				70				72			62			79		70			67
	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
	Heavy / Foul																								
Liquor	Clear / Pink	NA		NA		NA				NA				NA			NA			NA	NA	NA			NA
	Green																								
TOTAL YELLOW SCORES		0		0		0				0				0			0			0	0	0			0
TOTAL ORANGE SCORES		0		0		0				0				0			0			0	0	0			0
Nurse Initial										P				P											

Obstetrics and Gynaecology Early Warning Signs



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

VIH-00155037 IP-00060572
Mrs KIRTHI AKULA
09-09-1992 33 Y 9 M 26 D (F)
Dr. NABAT LAKHANI

3

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

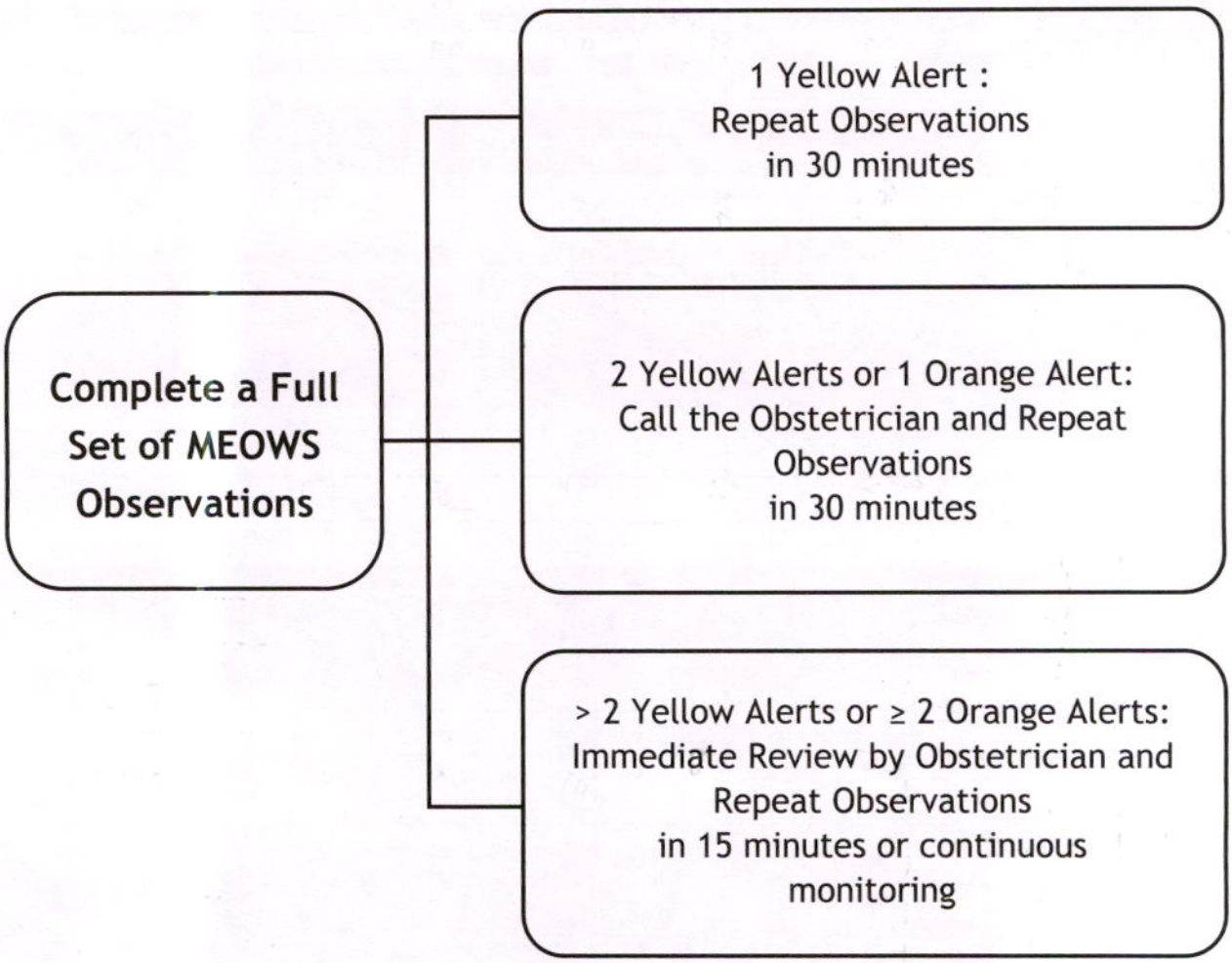
BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Early Warning Observation Score Chart - Obstetrics

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

6/7/26	Date																								
	Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20			19				19.			19			18			19				19				19
	0 - 10																								
Saturations	94 - 100 %			99				99.			99			99			99				99				99
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37																								
	36			36°c				36°c			36°			36°c			36°c				36°				36°c
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80			66				78			82			80			89								
	70																				70				70
	60																								
	50																								
	40																								
Systolic Blood Pressure ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120			105				118																	
	110										111			115			111				119				
	100																								106
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70										70			69			66								
	60			69				76													79				69
	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
	Heavy / Foul																								
Liquor	Clear / Pink			NA				NA			NA			NA			NA				NA				NA
	Green																								
TOTAL YELLOW SCORES				0				0			0			0			0				0				0
TOTAL ORANGE SCORES				0				0			0			0			0				0				0
Nurse Initial				[illegible]				[illegible]			P			D			[illegible]				[illegible]				[illegible]

Obstetrics and Gynaecology Early Warning Signs



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

VIH-00155037 IP-00060572
Mrs KIRTHI AKULA
09-09-1992 33 Y 9 M 27 D (F)
Dr. NABAT LAKHANI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

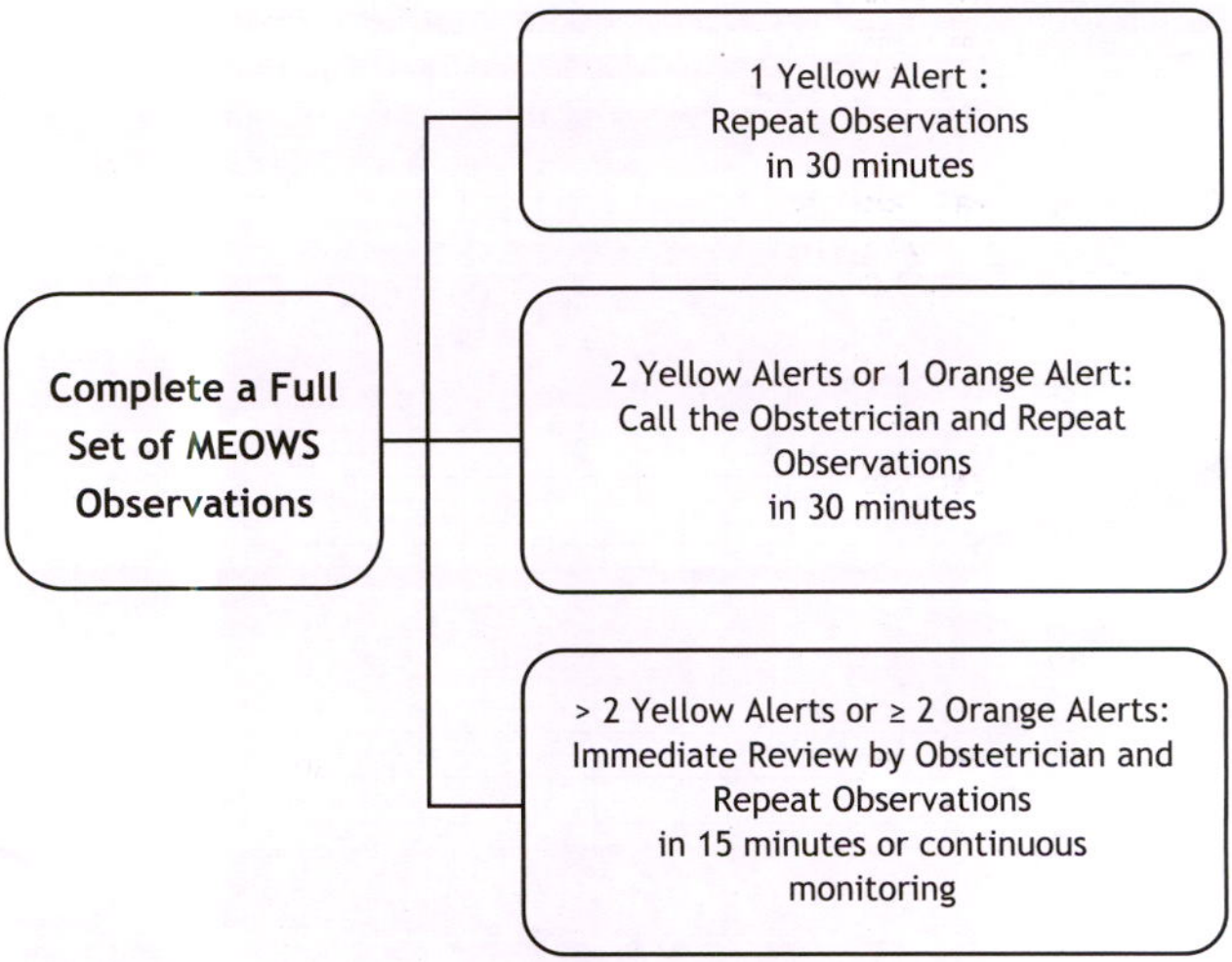
Early Warning Observation Score Chart - Obstetrics

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

7/7/26	Date																								
	Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20	19		20																					
	0 - 10																								
Saturations	94 - 100 %	99%		99%																					
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37																								
	36	37°C		37°C																					
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80	85		80																					
	70																								
	60																								
	50																								
	40																								
↑ Systolic Blood Pressue	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120	120		117																					
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
↓ Diastolic Blood Pressure	130																								
	120																								
	110																								
	100																								
	90																								
	80	88		66																					
	70																								
	60																								
	50																								
	40																								
NEURO RESPONSE [✓]	Alert	✓		✓																					
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30	✓		✓																					
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal	✓		✓																					
	Heavy / Foul																								
Liquor	Clear / Pink	✓		✓																					
	Green																								
TOTAL YELLOW SCORES		0		0																					
TOTAL ORANGE SCORES																									
	Nurse Initial	Jh		Jh																					

Noted by Jhoni 07/7/26 @ 11:pm

Obstetrics and Gynaecology Early Warning Signs



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

VIH-00155037 IP-00060572
Mrs KIRTHI AKULA
09-09-1992 33 Y 9 M 26 D (F)
Dr. NABAT LAKHANI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 1

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			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											
5/7/26	01:00 am	NBM+RL 500ml								✓	0	
Total Intake :		500 ml						**Total Output :**		Passed.		
	02:00 am	NBM+RL 150ml								100ml	0	
	03:00 am	NBM+RL 150ml								100ml	0	
	04:00 am	NBM+RL 150ml								50ml	0	
6/7/26	05:00 am	RL NBM 1000 ml								50ml	0	
	06:00 am	RL NBM 100ml								50ml	0	
	07:00 am	RL NBM 100ml								50ml		
Total Intake :		750ml						**Total Output :**		400ml		

Total 24 hrs. Intake	1250 ml.

Total 24 hrs. Output	400 ml

VIH-00155037 IP-00060572
Mrs KIRTHI AKULA
09-09-1992 33 Y 9 M 26 D (F)
Dr. NABAT LAKHANI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 2

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							
5/7/26	08:00 am	NBM + RL 100ml/hr								100ml	0	
	09:00 am	NBM + RL 100ml/hr								100ml	0	Akhil
	10:00 am	NBM + RL 100ml/hr								100ml	0	5/7/26
	11:00 am	H20 + 50ml RL 100ml/hr								50ml	0	
	12:00 pm	H20 + 50ml RL 100ml/hr								100ml	0	1:10PM
	01:00 pm	H20 + 50ml								50ml	0	
Total Intake : 500ml.						Total Output : 500ml						
5/7	02:00 pm		Water							120ml		Padma 5/7/26 @8pm
	03:00 pm									130ml		
	04:00 pm		RDW H2O							150ml		
	05:00 pm									200ml		
	06:00 pm									100ml		
	07:00 pm		H2O							110ml		
Total Intake :						Total Output : 810ml						
6/7/26	08:00 pm									200ml		Roja 6/7/26 @8AM
	09:00 pm		Ibdy							200ml		
	10:00 pm									100ml		
	11:00 pm									100ml		
	12:00 am		H2O							100ml		
	01:00 am									100ml		
Total Intake :						Total Output : 800ml						
6/7/26	02:00 am									100ml		Roja 6/7/26 @8AM
	03:00 am		H2O							100ml		
	04:00 am									100ml		
	05:00 am		H2O							100ml		
	06:00 am									50ml		
	07:00 am									50ml		
Total Intake :						Total Output : 500ml						

Total 24 hrs. Intake		Total 24 hrs. Output	2,610ml

VIH-00155037 IP-00060572
Mrs KIRTHI AKULA
08-09-1992 33 Y 9 M 27 D (F)
Dr. NABAT LAKHANI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 3 6/7/26

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

		Intake				Output					IV Site Thrombo-phlebitis Score	
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		Sign. Nurse
			Mouth	I.V	N.G							
6/7	08:00 am											
	09:00 am		Sly									
	10:00 am									✓		
	11:00 am		H2O									6/7/26 @ 7p.
	12:00 pm											
	01:00 pm											
Total Intake :						Total Output :						
6/7	02:00 pm											
	03:00 pm		Solid H2O							✓		Padma
	04:00 pm											6/7/26
	05:00 pm		Supp									
	06:00 pm									✓		@ 8pm
	07:00 pm		H2O									
Total Intake :						Total Output :						
7/7/26	08:00 pm											
	09:00 pm		Rice									
	10:00 pm									✓		Raj
	11:00 pm		H2O									
	12:00 am									✓		7/7/26
	01:00 am											@ 8Am
Total Intake :						Total Output :						
7/7/26	02:00 am											
	03:00 am		H2O									
	04:00 am									✓		Raj
	05:00 am		H2O									
	06:00 am									✓		7/7/26
	07:00 am											@ 8Am
Total Intake :						Total Output :						

Total 24 hrs. Intake		Total 24 hrs. Output	

VIH-00155037 IP-00060572
Mrs KIRTHI AKULA
09-09-1992 33 Y 9 M 27 D (F)
Dr. NABAT LAKHANI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : .....

7/7/26

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

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

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

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

VIH-00155037 IP-00060572
Mrs KIRTHI AKULA
09-09-1992 33 Y 9 M 27 D (F)
Dr. NABAT LAKHANI

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : ....

1. 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	
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

Noted by [illegible] 07/07/26 @ 11 Am

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

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

VIH-00155037 IP-00060572
Mrs KIRTHI AKULA
09-09-1992 33 Y 9 M 26 D (F)
Dr. NABAT LAKHANI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

MEDICATION RECONCILIATION FORM

Drug Allergies: NIL ☑ Not known any Drug Allergies

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

Shifting From: LW Shifted to: OT

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	T. IRON	1 TAB	PO	ONCE DAILY	4/7/26	☑ C ☑ ~~DC~~
2	T. CALCIUM	1 TAB	PO	ONCE DAILY	4/7/26	☐ C ☑ ~~DC~~
3						☐ C ☐ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : DR YOGESHWARI
Date & Time : 5/7/2026 1:30 AM
Nurse Name & Signature: K. Subashini
Date & Time : 5/7/26 1:30 AM

VIH-00155037 IP-00060572
Mrs KIRTHI AKULA
09-09-1992 33 Y 9 M 26 D (F)
Dr. NABAT LAKHANI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

MEDICATION RECONCILIATION FORM

Drug Allergies: Nil ☑ Not known any Drug Allergies

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

Shifting From: MICU Shifted to: Room C207

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. PANTOPRAZOLE	40MG	PO	ONCE DAILY		☑C ☐DC
2	T. TRAMADOL	100 MG	PO	8TH HOURLY		☑C ☐DC
3	T. PARACETAMOL + ACECLOFENAC + SERRATIOPEPTIDASE	325 + 100	PO	12TH HOURLY	HOLD	☑C ☐DC
4	INJ. CEFOTAXIME	1GM	IV	12TH HOURLY		☑C ☐DC
5	T. PARACETAMOL	1GM	PO	6TH HOURLY		☑C ☐DC
6	T. DICLOFENAC					☐C ☐DC
7						☐C ☐DC
8						☐C ☐DC
9						☐C ☐DC
10						☐C ☐DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : DR. NIKHITA.

Date & Time : 5/7/2026 12:30 PM.

Nurse Name & Signature:

Date & Time : 5/7/26 @ 12:30 PM

Rainbow Child Hosp

VIH-00155037 IP-00060572
Mrs KIRTHI AKULA
09-09-1992 33 Y 9 M 26 D (F)
Dr. NABAT LAKHANI

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

Patie		I.P. No.	Sheet No.	Wards	Weight (kg)

REGULAR PRESCRIPTIONS

DRUG : INJ. CEFOTAXIME

Dose	Route	Frequency	Start Dt.
1GM	IV	12TH HOURLY	5/7

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

Additional Instructions:

STOP
Dr. Nikhita
8:30 AM
6/7/2026.

Daily Doctor's Endorsement by a Sign.

VERIFIED

DRUG : T. PARACETAMOL

Dose	Route	Frequency	Start Dt.
1GM	PO	6TH HOURLY	5/7

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

VERIFIED

DRUG : T. DICLOFENAC

Dose	Route	Frequency	Start Dt.
50MG	PO	8TH HOURLY	5/7

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

VERIFIED

DRUG : T. PANTOPRAZOLE

Dose	Route	Frequency	Start Dt.
40MG	PO	ONCE DAILY	5/7

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

VERIFIED

Verified
Dr. Rishika
Clinical Pharmacologist

Rainbow Children's Hospital | BirthRight

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

VIH-00155037 IP-00060572
Mrs KIRTHI AKULA
09-09-1992 33 Y 9 M 27 D (F)
Dr. NABAT LAKHANI

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

REGULAR PRESCRIPTIONS

Verified
Dr. Rishika
Clinical Pharmacologist

DRUG : T- CEFIXIME

Dose	Route	Frequency	Start Dt.
200MG	PO	12TH HOURLY	6/7

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

Additional Instructions:

Date	6/7	7/7
Time		
10 Am		(signed)
10 pm	(signed)	

Daily Doctor's Endorsement by a Sign.

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Date / Time

Daily Doctor's Endorsement by a Sign.

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Date / Time

Daily Doctor's Endorsement by a Sign.

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Date / Time

Daily Doctor's Endorsement by a Sign.

VIH-00155037 IP-00060572
Mrs KIRTHI AKULA
09-09-1992 33 Y 9 M 26 D (F)
Dr. NABAT LAKHANI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

DRUG CHART

Date of Admission: 5/7/26 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 KIRTHI AKULA
09-09-1992 33 Y 9 M 26 D (F)
Dr. NABAT LAKHANI

I.V. FLUIDS CHART

Weight. 77.50kg Ward. CHO

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
5/7/26	1 AM	RINGER LACTATE	IV	FF		Teja	5/7/26		Teja
5/7/26	7:30 AM	RINGER LACTATE	IV	100ml/HR		Teja	5/7		Vanish
5/7/26	5:20 AM	RINGER LACTATE	IV	1000ml/hr		Vanish	5/7		Vanish
5/7/26	6:10 AM	RINGER LACTATE	IV	100ml/hr		Vanish	5/7		
5/7/26	9 AM	RINGER LACTATE	IV	100ML/HR			5/7		

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

VIH-00155037 IP-00060572
Mrs KIRTHI AKULA
09-09-1992 33 Y 9 M 26 D (F)
Dr. NABAT LAKHANI

Weight. 77.50kg Ward. HW

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
5/7/26	4:25 AM	INJ CEFOTAXIME (AFTER TEST DOSE)	1 GM	IV		
5/7/26	4AM	INJ. PANTOPRAZOLE	40 MG	IV		
5/7/26	4AM	INJ METOCLOPRAMIDE	10MG	IV		
5/7/26	6:00AM	SUP. DICLOFENAC	100mg	PR		
5/7/26	6:00AM	SUP. TRAMADOL	100mg	PR		
5/7/26	5:45AM	Inj ONDANSETRON	4mg	IV		
5/7/26	5:45AM	Inj. TRANEXAMIC ACID	1gm	IV		
5/7		T. MISOPROSTOL		PR		HOLD.

Verified
Dr. Rishika
Clinical Pharmacologist

5/7/26 8AM

VIH-00155037 IP-00060572
Mrs KIRTHI AKULA
09-09-1992 33 Y 9 M 26 D (F)
Dr. NABAT LAKHANI

REGULAR PRESCRIPTIONS Weight. 77.50kg Ward. LLW

Drug :

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

DRUG : T-PARACETAMOL

Dose	Route	Frequency	Start Date
1gm	Oral	Q10/6hrly	5/7/26

Name & Signature of the Doctor Starting the Drugs: Dr. Akhila.k

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time 5/7/26

12 AM — 6 AM — 12 PM — 6 PM

STOP
5/7/2026
12:30 PM
DR. NIKHITA.

VERIFIED 5/7/26

DRUG : T-TRAMADOL

Dose	Route	Frequency	Start Date
100mg	Oral	TID/8hrly	5/7/26

Name & Signature of the Doctor Starting the Drugs: Dr. Akhila.k

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time 5/7/26 6/7 7/7

7 AM — 3 PM — 11 PM

VERIFIED 5/7/26

DRUG : T-DICLOFENAC

Dose	Route	Frequency	Start Date
50mg	Oral	TID/8hrly	5/7/26

Name & Signature of the Doctor Starting the Drugs: Dr. Akhila.k

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time 5/7/26

6 AM — 2 PM — 10 PM

STOP
DR. NIKHITA.
12:30 PM
DR. NIKHITA.

VERIFIED 5/7/26