SURGERY DETAILS

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

VIH-00201967 IP-00060512
Mrs PREETHI U
21-07-1994 31 Y 11 M 8 D (F)
Dr. MADHUMITA ANIRUDDHA GITAY

Sl.No. Date : 29/6/26

Patient Name ..... Age : 31y Sex: F

UHID No. : 201967 IP No: 60512

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

Name of the Surgery : Normal delivery

Time in : 2:30pm Time Out : 3:30pm

	NAME	AMOUNT
1. Surgeon	: DR. madhumita	.....
2. Anaesthetist	:.....	.....
3. Asst. Surgeon	:.....	.....
4. OT Technician	:.....	.....
5. Circulating Nurse	: Manga	.....
6. Asst. Nurse	:.....	.....

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

Signature of the Surgeon

Signature of Circulating Nurse

Order No. : 3095767 Ordered by : .....

(1)

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ACTIV[illegible]NG

VIH-00201967 IP-00060512
Mrs PREETHI U
21-07-1994 31 Y 11 M 8 D (F)
Dr. MADHUMITA ANIRUDDHA GITAY

Name: [illegible]

UHID N[illegible] Consultant : ---------- Dept : ----------

Date of Admission : 29/6/26 Time : 10:24AM Date of Discharge : ---------- Time: ----------

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
29/6/26	7:40pm	MLW	Room (L/W)	(NU)

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
29/6/26	CBP, Blood grouping	V126021842	
29/6/26	NST @ 11:30AM ← (1)	R26-010335	
	CROS Checked by manga 29/6/26 @ 7PM		

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
29/6/26	~~Cardiac monitor~~				
29/6/26	Infusion pump	10:30AM	3:45PM	3095778	(ME)
	CROs checked by manger 29/6/26 @ 7pm				

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
29/6/26	IV placement	(1)	3095651	
	Cross checked by manga 29/6/26 @ 7pm			

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

Name	Mrs PREETHI U	**UHID**	VIH-00201967
Father/Guardian	Mr MUTHURAMAN M	**Age/Gender**	31 Y 11 M 8 D/Female
Address	BODUPPAL, Boduppal, Hyderabad, Telangana, INDIA, 500092		
IP No	IP-00060512	**Admission Date**	29-06-2026
Ref Doctor	Self	**Discharge Date**	30-06-2026

DISCHARGE SUMMARY

Consultant: Dr. MADHUMITA ANIRUDDHA GITAY, GYNECOLOGIST AND OBSTETRICIAN

Diagnosis: Primigravida with 37 weeks with OI conception with Hypothyroidism with Anemia in Latent labour for delivery.

SPONTANEOUS VAGINAL DELIVERY DONE ON 29.06.2026.

History:
LMP: 13.10.2025
Obstetric formula: Primigravida
EDD: 20.07.2026
Gestation at admission: 37 weeks

Obstetric History:
G1 - Present pregnancy OI conception.

Medical History: Hypothyroid since June 2025 on tab thyroxine 100mcg OD
Family History: Mother- hypothyroid
Father- DM.
Surgical History: Cervical cerclage at 17+3 weeks in view of short cervix (17mm)
Allergies: Nil

Name	Mrs PREETHI U	UHID	VIH-00201967

Antenatal Details: Mrs. PREETHI U was booked to Rainbow Hospital at 17+3 weeks of gestation. Previous ANCs done at Vaishali nursing home. She had regular antenatal checkups and investigations as advised Cervical cerclage was done at 17+3 weeks in view of short cervix. She had history of PV leaking at 25+2 weeks, Actim PROM test was negative. She came for cervical cerclage removal at 37 weeks. She was admitted at 37 weeks with OI conception with Hypothyroidism (100) with Anemia in Latent labour for delivery.

Investigations: Enclosed.
Blood group: 'O' POSITIVE

Management: <u>Course in hospital and Delivery Details:</u>
At admission on clinical examination the vitals were stable, uterus was relaxed, cervix was 50% effaced, 3-4 cm dilated. Fetal well being was confirmed by an admission CTG which was found to be reactive. Inj Betamethasone 12mg given IM after checking GRBS. Informed consent taken for normal vaginal birth. Artificial rupture of membrance done at 4 cms dilatation revealing clear liqour. As per hospital protocol she was started on IV. Taxim in view of ruptured membranes. Partographic monitoring of labour was done. Further augmentation was done by oxytocin infusion. She progressed to full dilatation at 1.30 pm. Passive descent of fetal head was allowed post full dilatation. She was put into position for vaginal birth. Parts painted with betadine solution and draped to ensure full asepsis. She was encouraged to bear down. At crowning of head episiotomy was given under local anesthesia (10 ml of 2 % xylocaine solution). Baby was delivered by spontaneous vaginal delivery, Cord clamped and cut and baby handed over to pediatrician. Cord blood collected for blood grouping and Rh typing. Placenta and membranes delivered completely with controlled cord traction. Prophylactic syntocinon given. Episiotomy inspected. No extensions or additional vaginal tears found. Episiotomy sutured in layers. Instrument and swab count checked. 800 mcg of misoprostol given per rectally as prophylaxis against post partum hemorrhage. Vagina cleaned with betadine solution.

Delivery Details:
Date: 29.06.2026
Time of Delivery: 2:21 PM
Type of Labour: Spontaneous
Type of Delivery: Normal vaginal delivery
Analgesia: Local

Baby Details:
Date: 29.06.2026
Time: 2.21 PM
Sex: Female
Weight: 2.689 kg
Apgar: 8/10 ,9/10.
Gestational Age: 37 weeks
NICU Admission: No.

Post-Operative Notes:

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

Advice:

1. Tab. Taxim-O 200mg (Cefixime-200mg) twice daily till 05.07.2026 (9am-9pm) after food.
2. Tab. Calpol 500mg (2tabs) (Paracetamol 500mg) thrice daily till 05.07.2026 (9am-2pm-9pm) after food.

Name	Mrs PREETHI U	UHID	VIH-00201967

3. Tab. Voveran 50 mg (Diclofenac 50mg) thrice daily till 05.07.2026 (10am-4pm-10pm) after food.
4. Tab. Livogen (Elemental Iron - 50mg, folic acid 1.5mg) once daily (7am) for three months before breakfast.
5. Tab. Shelcal (Elemental Calcium 500mg, Vitamin D3 250 IU) once daily (2pm) till breastfeeding after food.
6. Tab. Pantoprazole 40 mg once daily till 05.07.2026 (7am) before food.
7. Tab. Thyroxine 100 mcg once daily on empty stomach (6 am) till further orders.
8. Repeat TSH levels after 6 weeks & review with reports.
9. Betadine ointment and lotion for local application.
10. Syp. Duphalac 15 ml at bedtime for one week.
11. HPV vaccine after 6 weeks of delivery.

Review after two weeks on 14.07.2026 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).

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

Name: Signature:

Name	Mrs PREETHI U	UHID	VIH-00201967

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Relationship:

This summary was explained by:

Summary prepared by: Dr.

Registrar/Resident/C.M.O

Dr. MADHUMITA ANIRUDDHA GITAY
MBBS,MS,DNB
GYNECOLOGIST AND OBSTETRICIAN
03312

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

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PatientName	: Mrs PREETHI U	**Inpatient No.**	: IP-00060512
Age/Gender	: 31 Y 11 M 8 D/ Female	**Admit Date**	: 29-06-2026
Ward/Bed	: N 2F-LABOUR WARD/ LW 219	**Discharge Date**	:

Investigation	Result	Unit	Biological Reference Interval
BLOOD GROUPING (Specimen : BLOOD)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :29-06-2026 10:47
BLOOD GROUP	O		
RH (D) TYPE	POSITIVE		

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit		Biological Reference Interval
COMPLETE BLOOD PICTURE (Specimen : BLOOD)				TEST RESULT STATUS : REPORT AUTHORISED Order Date :29-06-2026 10:47
HEMOGLOBIN (Colorimetry)	**9.8**	**g/dL**	L	12 - 16
RBC COUNT (DC detection method)	**3.85**	**10^12/L**	L	4 - 5.2
PCV/HCT (Calculated)	**28.7**	**VOL%**	L	33 - 51
MCV (Calculated)	**74.5**	**fL**	L	80 - 100
MCH (Calculated)	**25.3**	**pg/cells**	L	26 - 34
MCHC (Calculated)	34.0	g/dL		32 - 36
RDW-CV (Calculated)	**14.6**	**%**	H	11.5 - 13.1
PLATELET COUNT (DC Detection Method)	205	10^9/L		150 - 450
MPV (Calculated)	**10.5**	**fL**	H	6.5 - 10
WBC COUNT (DC Detection Method)	**13.25**	**10^9/L**	H	4.5 - 11
Differential Count				
NEUTROPHILS (Microscopy, Leishman stain)	**71**	**%**	H	35 - 66
LYMPHOCYTES (Microscopy, Leishman stain)	**22**	**%**	L	24 - 44
MONOCYTES (Microscopy, Leishman stain)	05	%		4 - 10
EOSINOPHILS (Microscopy, Leishman stain)	02	%		1 - 4
PERIPHERAL SMEAR (Microscopy, Leishman stain)	**RBC : NORMOCYTIC / NORMOCHROMIC,NORMOCYTIC / HYPOCHROMIC WBC : LEUCOCYTOSIS PLATELETS : ADEQUATE**			

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

DEFICIENCY CHECK LIST OF [illegible] L CASE SHEET

VIH-00201967 IP-00060512
Mrs PREETHI U
21-07-1994 31 Y 11 M 8 D (F)
Dr. MADHUMITA ANIRUDDHA GITAY

Patient Name :

IP.No:

Ward:

DOA:

Sl.No	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission Sheet	02	–	–	
2	Discharge Summary	02	–	–	
3	Nursing Initial assessment form	01	–	–	
4	Patient Trasfer Forms	01	–	–	
5	In-patient Medical Record				
6	Doctors Progress Sheets	03	–	–	
7	Nurses Progress notes	02	–	–	
8	Consultation Sheets				
9	General Consent for Treatment				
10	Conset for Surgery				
	Consent for Blood Transfusion				
12	Consent forChemotherapy				
13	Consent for High Risk				
14	Consent for Restraint				
15	DAMA Consent				
16	Consent for Special Procedure				
17	Consent for Radiological Investigations				
18	Consent for HIV Test				
19	Anaesthesia consent form				
20	Anaesthesia notes(Pre Anaesthesia & Post)				
21	Pre Operative checklist				
22	Surgical safety Checklist				
23	Operation Theatre notes				
24	Nurses Clinical Presentation				
25	TPR & BP chart	02	–	–	
26	Intake and Output chart (fluid Chart)	02	–	–	
	Drug Chart (Regular prescription)	02	–	–	
28	Daily Investigation sheet				
29	Investigation Values (Result Sheet)	01	–	–	
30	Nebulization Chart				
31	Diabetic chart				
32	Nutritional Review chart	01	–	–	
33	MLC form (in case of MLC)				
34	Patient Educatlon Form				
	OTHERS	21			
	Total No. of Pages	40			

Signature and Date :

noted by
manisha
30/6/26
@9am

ERROR LOG

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

ICD CODE :-

OBSERVATION: -

DATE :

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-00060512 **Admit Date** : 29-Jun-2026 **Admit Time** : 10:24 AM **UHID** : VIH-00201967

Patient Details :

Patient Name	: Mrs PREETHI U	**Age**	: 31 Y 11 M 8 D
Guardian	: Mr MUTHURAMAN M	**DOB**	: 21-07-1994
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: BODUPPAL Boduppal Hyderabad Telangana INDIA 500092	**Phone No**	: 9791677105/ 8197799480
		E-mail	: na@gmail.com

Admission Details :

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

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

Contact Details :

Name	: Mr MUTHURAMAN M	**Relationship**	: W/O
Contact Address	: BODUPPAL Boduppal Hyderabad Telangana INDIA 500092	**Phone No**	: 9791677105

Signature

Doctor Details :

Doctor Name	: Dr. MADHUMITA ANIRUDDHA GITAY	**Specialisation**	: OBSTETRICS AND GYNECOLOGY
Referral Doctor	: Self	**Phone No**	:
Co-Consultant	:		

Payment Details :

Payment Mode	: Cash	**Deposit Amount**	: 0.00
		Payor Name	: Paramount Health ServicesInsurance TPA Pvt Ltd

VIH-00201967 IP-00060512
Mrs PREETHI U
21-07-1994 31 Y 11 M 8 D (F)
Dr. MADHUMITA ANIRUDDHA GITAY

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OBSTETRICS / GYNECOLOGY
NURSING INITIAL ASSESSMENT FORM

Date of Admission: 29/6/26

Baseline Information:

Admission From: ☐ ER ☐ OPD ☑ Admission Desk ☐ Others, specify v/w

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

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: - Doctor Notified on Admission: ☑ Yes ☐ No

Name of the Doctor: Dr: Nikhita

Time Notified: 10:30 AM

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

Past Medical History	Past Surgical History	Previous Hospital Admission
Hypothyroid since june 2025	cuclage at 17+3 wk	yes

Gynecology Assessment: ☑ Not Applicable

Menstrual History: Regular

Onset of Menarche: .....

Menstrual Cycle: ☑ Regular ☐ Irregular

Last Menstrual Period: 13/10/25

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 primi P - L - A -

Previous 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 - DM, mother Hypothyroid

Vital Signs / Measurements: Temp: 98.6°F HR: 96 b/mt RR: 19 b/mt

BP: 115/75 mmHg Weight: 88.75 kg Height: 167.64cm BMI: .....

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

VIH-00201967 IP-00060512
Mrs PREETHI U
21-07-1994 31 Y 11 M 8 D (F)
Dr. MADHUMITA ANIRUDDHA GITAY

PHYSICAL ASSESSMENT

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

Fall Assessment: ☑ Yes ☐ No Score ..15.. (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: preethi..

Name of Person Orientation was given to: ..Mrs: preethi..

Orientation not given Reason: -

Nurse Signature: ..Mr..

Nurse Name: ..Meghna..

Date & Time: ..29/6/26 at 10:35pm..

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Dr. MADHUMITA ANIRUDDHA GITAY

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OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 29/6/26 Time of Arrival: 10 AM Time Seen by Nurse: 10:05AM

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: Delivery

3) **Vital Signs:** Temperature: 98.6°F Pulse: 96 b/m RR: 19 b/m SpO2: 99% BP: 115/75 mmHg Weight: 88.75 kg

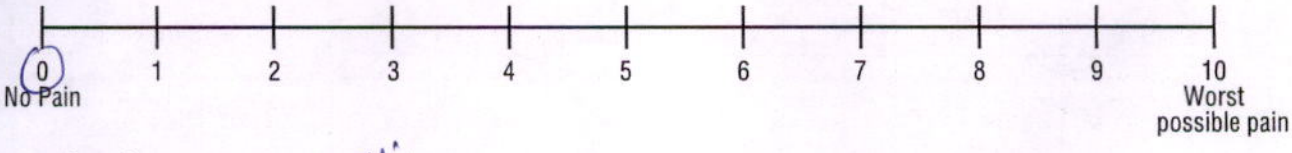
4) **Gestational Criteria:**

Gravida:	G primi°	P –	L –	A –

LMP: 13/10/25 EDD: 20/7/26 Gestational Age: 37 weeks

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: –
- Frequency: –
- Interventions: –

6) **Past History:**

a) Surgeries: Cervical cerclage at 17+3 wks

b) Medical: Hypothyroid since june 2025

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Dr. MADHUMITA ANIRUDDHA GITAY

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

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

9) **Prenatal Medical History:**

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

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: 10:30 Am

Nurse Name : Meghna Nurse Signature: Mr

Date: 29/6/26 Time: 10:10Am

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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

Came to remove cerclage.

Obstetric Formula: primigravida.
ML - 8 1/2 yrs. III° CM.

Obstetric History:
I- present pregnancy | OI conception |

Present Pregnancy Record: Booked to [illegible] at 17 wks. prev. ANCs at vaishali nursing home. cervical cerclage done at 17+3 wks i|v|o closed cx. H/o PV leaking at 25 wks, ACtim PROM +2 test negative. cervical cerclage removed at 37 weeks.

RISK FACTORS:

- Cerclage in site.
- OI conception.
- Hypothyroidism (100)

Height: 167.64 cm
Weight: 88.75 kg
Allergies: Nil
Breast: ☑ Normal ☐ Abnormal
General Examination: pt is c/c/c
Consciousness: ⊕ Pallor: ⊖
Icterus: ⊖ Edema: ⊖
Temp: Afeb. PR: 105 bpm.
BP: 116/71 mmHg DTR: ⊕
CVS: S_1S_2 ⊕ RS BAE ⊕
Liver/Spleen: NAD Urine Output: Adeq.

LMP: 13/10/2025. EDD:
Corrected EDD: 20/7/2026. GA: 37 weeks.

Menstrual History: Regular : ☑ Yes ☐ No

Obstetric Examination

Fundal Height: - 36.

Ut. Activity: ☑ Relaxed ☐ Mild ☐ Mod ☐ Severe
Liquor: ☑ Adequate ☐ Oligo ☐ Poly
PP: ☑ Cephalic ☐ Breech Others _____
Head Fifths Palpable: _____
FHS: ☑ Normal ☐ Tachy ☐ Brady ☐ Absent 146 bpm.

Per Speculum Examination Not done.

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

Vaginal Examination cerclage removed.

Cervix: ☐ Long ☑ Partially effaced 50% ☐ Effaced
Os: Closed _____ Dilated 3-4 cm.
Membranes: ☑ Present ☐ Absent
Liquor: ☑ Clear ☐ Meconium ☐ Blood Stained
Presenting Part: ☐ Vertex ☐ Breech ☐ Others
Sutton: ☐ -3 ☑ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2
Pelvis: ☐ Adequate ☐ Doubtful

DIAGNOSIS

primigravida with 37 weeks with OI conception with hypothyroidism (100) with Anemia in latent labour.

for delivery.

VIH-00201967 IP-00060512
Mrs PREETHI U
21-07-1994 31 Y 11 M 8 D (F)
Dr. MADHUMITA ANIRUDDHA GITAY

Family History:
Mother - Hypothyroid
Father - DM

Surgical History:
Cervical cerclage at 17+3 wks.

Medical History:
Hypothyroid since June 2025

Medication History:
Tab. Thyronorm 100 mcg.

Plan of Care: GRBS - 96 mg/dl

C/I to Dr. Madhumita mam

- Admission
- consent
- (N) diet
- Part preparation
- NST 4th hrly
- FHR monitoring
- monitor vitals
- Follow drug chart.
- Inj. Betnesol 12mg Im stat.
- w/F POL
- Ambulation
- Birthing ball exercise
- Inj Tocosm SOS.
- Enema Proctoclysis.
- send CBP, Blood grouping & Rh typing.

Noted by Meghna
29/6/26 10:30AM

Investigations: BG: 'O' POSITIVE

HIV, HBSAg, HCV, VDRL } NR.

- NT Scan (out)
  9/1/2026.
  SLIUF
  12+6 wks.
  NT - 1.6 mm.
  NB (+)

- TIFFA Scan
  11/3/2026
  SLIUF
  20+4 wks.
  PL - Aut, high.
  CL - 22 mm.
  No anomalies.

CBP - 12/2/2026
9.6 / 9.037 / 2.025L
29/6/2026
9.8 / 13250 / 2.05 L

- Growth Scan -
  26/5/2026.
  SLIUF
  32+1 wks.
  Cephalic.
  PL - Aut. high.
  AFI - 13.1cm.
  AC - 66.1.
  EFW - 1.887 kg
  Dopplers - (N).

FTS - low risk
HPLC - (N)

Doctor Name: Dr. Nikhita.
Signature: (NK)
Date & Time: 29/6/2026 10:30 Am.

Consultant Name: Dr. Madhumita G.
Signature: (MG)
Date & Time: 29/6/2026

PATIENT TRANSFER FORM

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	Date & Time of Admission	Date & Time of Transfer Order
Dr. MADHUMITA ANIRUDDHA GITAY (F)	29/6/26 at 10:24 Am	29/6/26 at 7:40pm
	Transfer ordered by: Dr. Yogeshwari	Reason for Transfer: Observation
From Unit: L/w	To Unit: Room (#15)	Information to attendant: Yes ☑ No ☐
Number of Sheets in clinical file: 37	Number of Imaging films: NST - 1	Personal belongings including clinical documents. If any handed over to attendant: Yes ☑ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Tab. calpol - 15	underpad – 1
2.	Tab. pan – 15	Baccinb – 1
3.	Tab. Diclofenac – 10	Betadine solution – 1
4.	Tab. ceferime – (10)	Betadine ointment – 1
5.	Saral – 1	Duphlac Syrup – 1

Shifting Summary / notes written by Doctor : Dr. Yogeshwari

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sis. Neglna	Dr. Yogeshwari

Patient & Clinical records received by : Manisha

Date & Time of Patient Received: 29/6/26 @ 7:40PM

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-00201967 IP-00060512
Mrs PREETHI U
21-07-1994 31 Y 11 M 8 D (F)
Dr. MADHUMITA ANIRUDDHA GITAY

(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/6/2026 10:30 Am.	O/E - pt is c/c/c	Adv:
	GC - Fair	- clear liquids
	Afebrile.	- continuous FHR monitoring
Inj. Betnesol 12 mg Im given at 10:10 Am.	BP - 115/72 mg	- monitor vitals
	PR - 86 bpm	- w/F POL
	S/E - NAD.	- Ambulation
	P/A - wt wnTG	- Bisthing ball exercises
	Cephalic.	- NST 4th hourly
ARM done liquor clear	Relaxed	- Follow drug chart
	FHR (+) 142 bpm.	- Inform SOS.
	V/E - Cx - 50% effaced.	
	OS - 4-5 cm.	
	PPU x 1-2)	Dr. Nikunja
	memb (-), liquor clear.	
	Noted by Meghna 29/6/26 10:30Am	
	C/S/B Dr. madhumita mam	
29/6/2026 11:30 AM	V/E - Cx - 70% effaced.	
	OS - 6cm	
	PPU x 1-1)	Adv:
NST reactive	memb (-), liquor clear.	- Tab Cyto
	P/A - irritable.	- give drotin, epidosin.
	cephalic	
	FHR (+) 150 bpm.	- continuous FHR.
		Dr. Nikunja
	Noted by Meghna 29/6/26 11:30 Am	

VIH-00201967 IP-00060512
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Dr. MADHUMITA ANIRUDDHA GITAY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/6/26 1:30 PM	C/S/B Dr. Madhumita Mam OT RT is c/d/c GC- fair Afebrile BP- 110/72 mmHg PR- 81 bpm S/E- WNAD P/A- UT ~ TG Cephalic 3-4/5 poss/10 min FHR ⊕ 154 bpm V/E - Cx: fully effaced Os: fully dilated PPV x 1 - 1 → 0 M ⊖, liq ⊙ Noted by Meghna 29/6/26 @ 1:30 pm	DOV - Clear liquids - W/F POL - Monitor vitals - Follow duty chart - Contin uous FHR monitoring - Inform tos. Dr. Madhumita Dr. Greeshma.

VIH-00201967 IP-00060512
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Dr. MADHUMITA ANIRUDDHA GITAY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/6/26 2.30 PM	Delivery Notes	Dr. Madhumita Dr. Mascheen / Dr. Nikhita Sr's Mangal / Sr. Pratyusha.

Under strict aseptic conditions, patient placed in lithotomy position, perineum painted and draped.
At the time of crowning, at peak of contraction, RMCE given under 2% Lignocaine.
A Female baby of weight 2.689 kg & APGAR 8/10, 9/10 delivered at 2:21 PM on 29/6/26.
Baby cried immediately, cord clamped & cut.
Baby handed over to Pediatrician.
Placenta & membranes expelled.
Episiotomy sutured in layers. No Perineal tear or extensions noted. Hemostasis secured.
PR done NAD

FEMALE	2.689 kg
2:21 PM	29/6/26
	8/10, 9/10

Dr. Madhumita

Dr. Greeshma.

VIH-00201967 IP-00060512
Mrs PREETHI U
21-07-1994 31 Y 11 M 8 D (F)
Dr. MADHUMITA ANIRUDDHA GITAY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/6/26 3PM	PND-0	
	O/E Pt is c/c/c	Adv
	GC- fair	- Soft diet
	Afebrile	- W/F Bleeding PV
	BP- 112/74 mmHg	- Adequate hydration
	PR- 86 bpm	- Monitor vitals
	S/E-NAD	- Following chart
	P/A- Ut c/w UIR	- Inform sos
	Cs/o BS (+)	
	L/E-NAD	
	Baby c/ A/M, BF (+)	Dr. Madhumita Dr. Gurukiran
	Noted by Meghna 29/6/26 at 3pm	
	PND-0	
29/6/26 7PM	O/E	Adv
	Pt is c/c/c	- Normal diet
	GC fair	- W/F bleeding PV
	Afebrile	- Adequate hydration
	BP- 114/72 mmHg	- Ambulation
Urine passed	PR- 86 bpm	- monitor vitals
	S/E-NAD	- follow drug chart
	P/A- Ut c/w UR soft	- Inform sos
pt can be shifted to room	L/E- NO Active bleeding	
noted by meghna	Baby- A/M BF (+)	Dr yogeshwar

VIH-00201967 IP-00060512
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(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/6/26 8 AM	PND-1	
P1L1 Hypothyroi	O/E	Adv
Urine passed	Pt is c/c/c	- Normal diet
	Gc fair	- W/F bleeding PV
Motion passed	Afebrile	- Monitor vitals
	BP-110/76mmHg	- Adequate hydration
	PR- 80 bpm	- Ambulation
	S/E - NAD	- Follow drug chart
	P/A - Ut ~ WR	- Inform SOS
Pt can be discharged	Soft Bs (+).	
	L/E - NAB.	
	Baby - A/4 B.F (+)	
		Dr Yogeshwari
30/6/26 10 AM	PNP-1	
	Comfortable	Noted by Manisha
V-P	Vitals stable	&
m-P	P/A - ut. WR Soft NT	· Ø diet · Ambulation · CST 30/6/26 @ 9AM
	Y/E - NAB	
	Baby - w & bf	
		Dr. Madhumita

VIH-00201967 IP-00060512
Mrs PREETHI U
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

VIH-00201967 IP-00060512
Mrs PREETHI U
21-07-1994 31 Y 11 M 8 D (F)
Dr. MADHUMITA ANIRUDDHA GITAY

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SING SHIFT HAND OVER FORM

SITUATION

Diagnosis: Primi with 37 weeks with OF Conception with hypothyroidism (GIO) with anaemia in latent labour for delivery

Any Infection: ☐ Yes ☐ No ☐ Not Known
If Yes Specify: .....

Surgery / Procedure:

Post OP Day:

BACKGROUND

Date / Shift	29/6/26 M	29/6/26 E	29/6/26 E	30/6/26 M	30/6/26 M	
Medical Condition (Any special condition to be noted):	-	Hypothyroid	Hypothyroid	Hypothyroid	Hypothyroid	
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	98.6°F	98.6°F	98.4°F	98.4°F	
Res:	19 b/m	19 b/mt	20 b/m	20 b/m	22 b/m	
SpO_2:	99%	99%	99%	98%	99%	
Pulse:	82 bpm	80 b/mt	92 b/m	84 b/m	90 b/m	
BP:	113/ mmHg	117/ mmHg	110/78	110/70	105/	
LOC:	Conscious	Conscious	Conscious	Conscious	Conscious	
Fall Risk Score:	15	15	15	15	15	
Pain Score:	0	0	0	0	0	
Skin Integrity	Intact	Intact	Intact	Intact	Intact	

Recommendations

Safety Needs:	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No
Physiotherapy:	-	-	-	-	-	
Others Specify:	☐ Yes ☑ No	☑ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
Special Diet:	N diet	N diet	N diet	N diet	N diet	
Critical Lab Test / Values:	-	-	-	-	-	
Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No
ADL (Dependent / Non Dependent):	dependent	dependent	dependent	dependent	Dependent	

Post Operative Procedure Special Orders:		W/F Bleeding PV	W/F Bleeding -	W/F Bleeding	W/F Bleeding	
Handed Over By Name :	Meghana	Meghana	manisha	Veronika	manisha	
Signature / ID :	M 020232	M 020232	[illegible]	[illegible]	[illegible]	
Date:	29/6/26	29/6/26	29/6/26	30/6/26	30/6/26	
Time:	2pm	7:45pm	@8pm	@8am	@9am	
Taken Over By Name :	Meghana	manisha	Veronika	manisha		
Signature / ID :	M 020232	[illegible]	[illegible]	[illegible]		
Date:	29/6/26	29/6/26	29/6/26	30/6/26		
Time:	2pm	@9:45pm	@8pm	@8AM		

Noted by manisha 30/6/26 @9AM

Patient Sticker

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NURSING SHIFT HAND OVER FORM

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

VIH-00201967 IP-00060512
Mrs PREETHI U
21-07-1994 31 Y 11 M 8 D (F)
Dr. MADHUMITA ANIRUDDHA GITAY

NURSING CARE RECORD

Rainbow® Children's Hospital
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Your Right to a Safe Delivery

Date: 29/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	10 Am	Ensure Safety	10AM	Provide side rails	TO prevent Falls	patient is safe	Meghana RN 29/6/26 2pm
	11Pm	Maintain fluid Balance	11AM	Rv fluids Administered	TO prevent falls	patient is well hydrated	
Afternoon	2pm	Maintain fluid Balance	2pm	Rv fluids administered	TO prevent dehydration	patient is well hydrated	Meghana 29/6/26 7pm
	6pm	Maintain personal hygiene	6pm	personal hygiene given	TO prevent infection	patient is comfortable	
Night	9pm	* Ensure safety	9pm	* Provided the side rails	* TO Prevent Risk of Falls	Re-assessment done, Patient is Stable & comfortable	Beronika 30/6 @8am
	11pm	* Maintain Fluid Balance	11pm	* Maintain, oral intake	* TO Prevent dehydration		

VIH-00201967 IP-00060512
Mrs PREETHI U
21-07-1994 31 Y 11 M 8 D (F)
Dr. MADHUMITA ANIRUDDHA GITAY

NURSING CARE RECORD

Rainbow® Children's Hospital
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Date: 30/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning				Discharge Note doctor come for round advice for discharge			
Afternoon					Noted by manisha 30/6/26 @9am		
Night							

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 PREETHI U**	**Age :**	**31 Y 11 M 8 D**
IP No:	**IP-00060512**	**Sex:**	**Female**
Consultant:	**Dr. MADHUMITA ANIRUDDHA GITAY**	**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:

Relationship: Husband

Date: 29-06-2026 Time:

Wittness Name:

Wittness Signature:

Patient Address:

BODUPPAL Boduppal Hyderabad
Telangana INDIA 500092

INFORMED CONSENT FOR VAGINAL BIRTH

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Patient Name : Mrs. PREETHI. U UHID No : VIH-00201967

Gender: ☐ Male ☑ Female Date : 29/6/26 Time : 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 bay vaginally.

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

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

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

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

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

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

Name of the Doctor performing the procedure: Dr. MADHUMITA

Consentee :
Signature : Preethi. U
Name : Preethi. U
Date & Time : 29/6/26, 10 AM

Witness :
Signature : .....
Name : .....
Date & Time : .....

Patient Attendant :
Signature : M. M
Name : Muthuramam.
Relationship with Patient: Husband
Date & Time : 29/6/26, 10 AM

Doctor (who is taking the consent) :
Signature : .....
Name : Dr. Gayathri
Date & Time : 29/6/26, 10 AM

సహజ ప్రసవం కొరకు సమ్మతి పత్రము

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రోగి పేరు : ..... వయస్సు ..... లింగం పు స్త్రీ

యు.హెచ్.ఐ.డి. .....విభాగము .....

తేదీ .....

ఈ ప్రక్రియ యొక్క వివరములను నేను ఆమోదించాను:

- ఈ ప్రక్రియ నాకు సాధారణ పద్దతిలో 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 పద్దతిలో ప్రసవించటం

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

సహజ ప్రసవం విజయవంతం కాకపోతే, తగిన అనస్థీషియా ఇచ్చి పాత్తికడుపు కోతతో సిజేరియన్ ద్వారా డెలివరీ చేయవలసిన అవసరం కలగవచ్చు

సహజంగా లేదా పరికరం సహాయంతో అంటే ఫోర్సెప్స్ 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)

సంతకము .....

పేరు .....

సాక్షి

సంతకము .....

పేరు .....

తేదీ మరియు సమయము .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....

VIH-00201967 IP-00060512
Mrs PREETHI U
21-07-1994 31 Y 11 M 8 D (F)
Dr. MADHUMITA ANIRUDDHA GITAY

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BRADEN 'Q' SCALE

					Date : 29/6/26	29/6/26	29/6/26	30/6/26
					Time : 10AM	2pm	10PM	9AM
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	4	4
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	2	2	2
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
				TOTAL SCORE	28	26	26	28
				Evaluator's Name	MS	MS	[illegible]	MS

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

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

Note to be marked 30/6 9AM

Risk Score	Category	Action	Support Surfaces (**Please Note:** Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice
15-18	At Risk	• Regular Turning Schedule • Enable as much activity as possible • Protect the heels • Use pressure redistribution surfaces • Manage moisture, friction and shear • Advance to a higher level of risk if other major risk factors are present	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
13-14	Moderate Risk	• Use the Same Protocol as for **"At Risk"** Patients • Position patient at 30 degree lateral incline using foam wedges	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
10-12	High Risk	• Follow the same protocol as for **"Moderate Risk"** Patients • In addition to regular turning schedule • Make small shifts in their position frequently	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
Less than 9	Severe Risk	• Use same protocol as for **"High Risk"** Patients • Add a pressure redistribution surface for patients with severe pain or with additional risk factors.	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay

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CHECKLIST FOR THROMBOPHLEBITIS

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S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1			30/6 DAY-2			DAY-3			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						
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1	–	–	–	–						
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2	–	–	–	–						
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3	–	–	–	–						
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4	–	–	–	–						
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5	–	–	–	–						
			Signature of the Nurse	MS	MS	MS	MS						

Noted by Manisha 30/6/16 @9pm

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 : ..... Manga ..... Name : ..... Manga .....

Signature of Ward In Charge :

Signature : ..... Name : ..... Dhanalakshmi

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PAIN ASSESSMENT FORM

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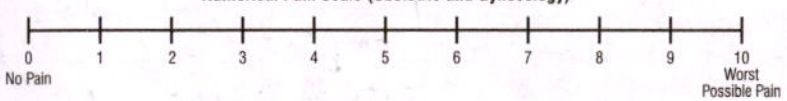
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
29/6/26	10Am	0	No pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Comfortable	Ms
29/6/26	12pm	1	Abdomen	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	Change position	Ms
29/6/26	1pm	1	Abdomen	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	provide comfort	Ms
29/6/26	2pm	2	Contracted	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☐ Dull ☑ Aching ☐ Burning	☑ Increasing ☐ Decreasing	☑ Yes ☐ No	provide support	Ms
29/6/26	8pm	1	contract	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	Analgesics given	Ms
29/6/26	8pm	0	No pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	comfortable	Ms
29/6/26	7pm	0	No pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Comfortable	Ms
30/6/26	8Am	0	No Pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Comfortable	[illegible]
30/6	8am	0	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Ambulation	Bmj
30/6/26	9AM	0	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NPI	Manisha

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

(P.T.O)

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

Assessment Criteria	Sedation		Normal	Pain / Agitation	
	-2	-1	0	1	2
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense
Vital Signs HR RR, BP, SaO_2	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO_2 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO_2 less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator

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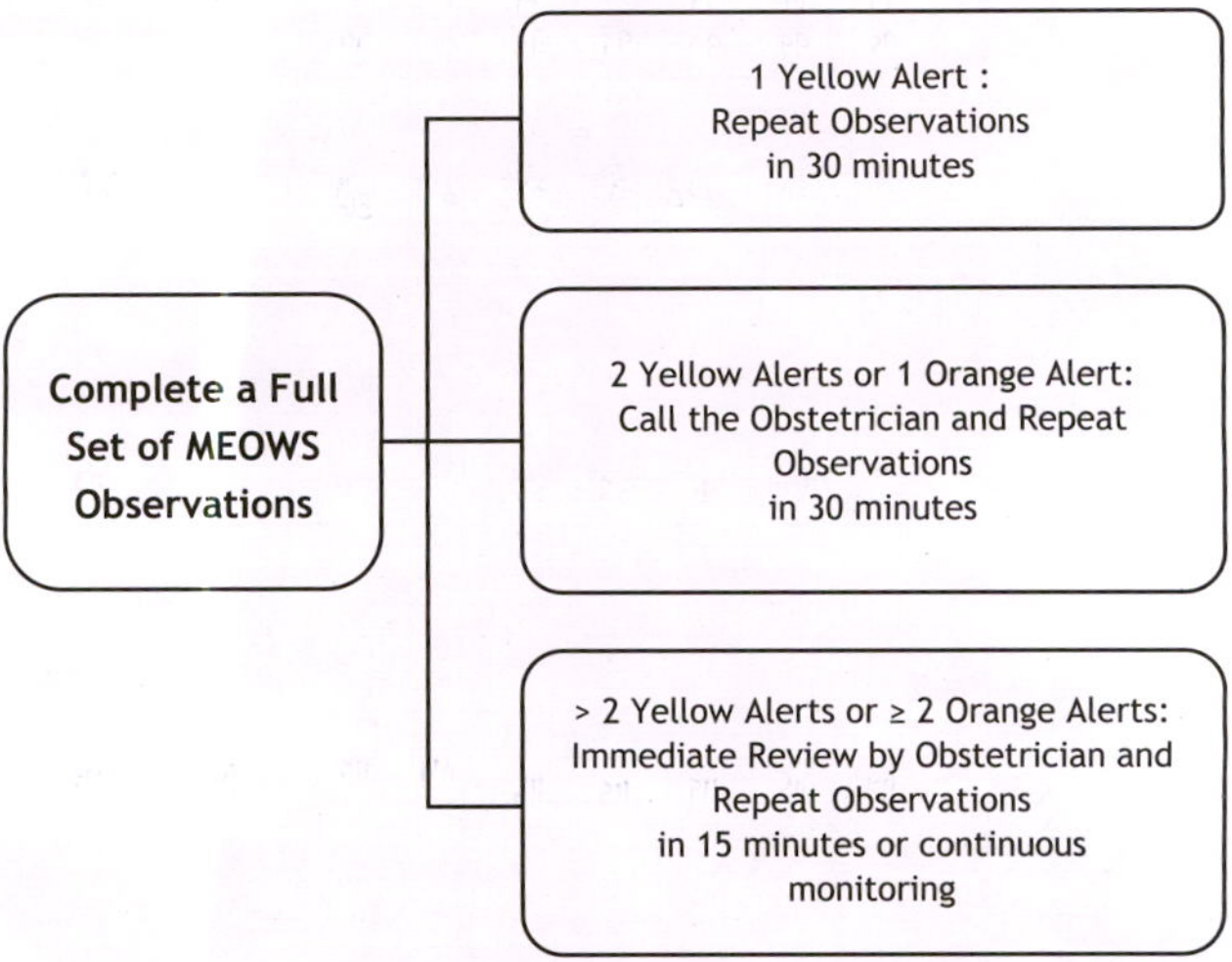
Early Warning Observation Score Chart - Obstetrics

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

29/6/16																								
	Date																							
	Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20			19		19		19		19		19		19		19			19			19			19
	0 - 10																								
Saturations	94 - 100 %			99		99		99		99		99		99		99			98			99			98
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37			38°C		38°C		38.5°C		38°C		38°C		37°C		36°C			36°C			36°C			36°C
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90			96										86											
	80					80		86		85		80				80			85			77			80
	70																								
	60																								
	50																								
	40																								
↑ Systolic Blood Pressure	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110			117		115		119		115		116		114		110			110			110			115
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
↓ Diastolic Blood Pressure	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70			75		70		76		70		71		72		70			76			70			72
	60																								
	50																								
	40																								
NEURO RESPONSE [✓]	Alert			✓		✓		✓		✓		✓		✓		✓			✓			✓			✓
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30			✓		✓		✓		✓		✓		✓		✓			✓			✓			✓
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal			NA		NA		✓		✓		✓		✓		✓			✓			✓			✓
	Heavy / Foul																								
Liquor	Clear / Pink			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				MJ		MJ		MJ		MJ		MJ		VM		CB			CB			CB			CB

Obstetrics and Gynaecology Early Warning Signs



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

BirthRight™ By Rainbow

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

Early Warning Observation Score Chart - Obstetrics

CONTACT DOCTOR FOR EARLY INTERVENTION IF PATIENT TRIGGERS ONE (…) TWO YELLOW SCORES AT ANY ONE TIME

VIH-00201967 IP-00060512
Mrs PREETHI U
21-07-1994 31 Y 11 M 8 D (F)
Dr. MADHUMITA ANIRUDDHA GITAY

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

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

		Date	30/6/26																								
		Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (Write rate in corresp. box)	> 30																										
	21- 30																										
	11 - 20			19																							
	0 - 10																										
Saturations	94 - 100%																										
	< 94%																										
Administered O_2 (L/min)																											
Temp °C	40																										
	39																										
	38																										
	37			37°C																							
	36																										
	35																										
	<35																										
Heart Rate	170																										
	160																										
	150																										
	140																										
	130																										
	120																										
	110																										
	100																										
	90			96																							
	80																										
	70																										
	60																										
	50																										
	40																										
Systolic Blood Pressure ↑	190																										
	180																										
	170																										
	160																										
	150																										
	140																										
	130																										
	120																										
	110			116																							
	100																										
	90																										
	80																										
	70																										
	60																										
	50																										
Diastolic Blood Pressure ↑	130																										
	120																										
	110																										
	100																										
	90																										
	80																										
	70		78	78																							
	60																										
	50																										
	40																										
NEURO RESPONSE [✓]	Alert																										
	Voice																										
	Pain																										
	Unresponsive																										
URINE mls / hour	>30			✓																							
	<30																										
Proteinuria	Protein ++			✓																							
	Protein>++																										
Lochia	Normal			NA																							
	Heavy / Foul																										
Liquor	Clear / Pink			NA																							
	Green																										
TOTAL YELLOW SCORE				0																							
TOTAL ORANGE SCORE				0																							

Noted by Manisha 30/6/26 @9AM

VIH-00201967 IP-00060512
Mrs PREETHI U
21-07-1994 31 Y 11 M 8 D (F)
Dr. MADHUMITA ANIRUDDHA GITAY

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)

29/6/25

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
29/6/25	08:00 am											
	09:00 am											
	10:00 am	H2O 50ml + RL F									0	Megha 29/6/25 2pm
	11:00 am	H2O 100ml + RL 100ml/HR + Inj oxyt 5ml/HR									0	
	12:00 pm	H2O 100ml + RL 100ml/HR + Inj oxyt ·									0	
	01:00 pm	H2O 150ml + RL 100ml									0	
Total Intake : 750ml						Total Output : passed						
29/6/25	02:00 pm	H2O 100ml + RL 500ml FF + Inj oxy								✓	0	Megha 29/6/25 7:30 pm
	03:00 pm	H2O 50ml + Pcm 100ml/HR									0	
	04:00 pm	H2O 100ml ·									0	
	05:00 pm	H2O 50ml									0	
	06:00 pm	H2O 50ml								✓	0	
	07:00 pm	H2O 100ml									0	
Total Intake : 1050ml						Total Output : passed						
29/6/25	08:00 pm											Bernadica 29/6 @10am
	09:00 pm		RL water									
	10:00 pm									✓		
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						Total Output :						
30/6/25	02:00 am											Bernadica 30/6 @7am
	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	

VIH-00201967 IP-00060512
Mrs PREETHI U
21-07-1994 31 Y 11 M 8 D (F)
Dr. MADHUMITA ANIRUDDHA GITAY

Rainbow® Children's Hospital
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BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : .....

30/6/26

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
30/6/26	08:00 am		Idly Vada								1	
	09:00 am									✓		
	10:00 am										0	
	11:00 am											
	12:00 pm											
	01:00 pm										1	manisha 30/6/26 @9am
Total Intake :						**Total Output :**						
	02:00 pm											Noted by manisha 30/6/26 @2pm
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

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

Patient Sticker

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FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	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**	

VIH-00201967 IP-00060512
Mrs PREETHI U
21-07-1994 31 Y 11 M 8 D (F)
Dr. MADHUMITA ANIRUDDHA GITAY

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MEDICATION RECONCILIATION FORM

Drug Allergies: Nil ☑ Not known any Drug Allergies

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

Shifting From: L/W Shifted to: Room (115)

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	T. THYROXINE	100 MCG	PO	ONCE DAILY		☑C ☐DC
2	T. IRON	1 TAB	PO	ONCE DAILY		☐C ☑DC
3	T. CALCIUM	1 TAB	PO	ONCE DAILY		☐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. NIKHITA

Date & Time : 29/6/2026 10:30 AM.

Nurse Name & Signature: Meghna M

Date & Time : 29/6/26 10:30 AM

VIH-00201967 IP-00060512
Mrs PREETHI U
21-07-1994 31 Y 11 M 8 D (F)
Dr. MADHUMITA ANIRUDDHA GITAY

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MEDICATION RECONCILIATION FORM

Drug Allergies: NIL ☐ Not known any Drug Allergies

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

Shifting From: L/W Shifted to: Room 615

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

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. YOGESHWARI

Date & Time : 29/6/2026 7 PM

Nurse Name & Signature: Meghna M

Date & Time : 29/6/26 7pm

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VIH-00201967 IP-00060512
Mrs PREETHI U
21-07-1994 31 Y 11 M 8 D (F)
Dr. MADHUMITA ANIRUDDHA GITAY

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

Patient Name :

	I.P. No.	Sheet No.	Wards	Weight (kg)
		(1)	L/W	88.75kg

ULAR PRESCRIPTIONS

DRUG : T. PANTOPRAZOLE

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

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

Additional Instructions: ON EMPTY STOMACH

Daily Doctor's Endorsement by a Sign.

Date	29/6															
Time																
	6	CSW														
	AM															

29/6/26 Chith

DRUG : SYRUP DUPHALAC.

Dose	Route	Frequency	Start Dt.
15ML	PO	AT BEDTIME	29/6

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date	29/6															
Time																
	10	CSW														
	PM															

29/6/2- Chith

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date																
Time																

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date																
Time																

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BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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

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

REGULAR PRESCRIPTIONS

DRUG :

Dose	Route	Frequency	Start Dt.

Date ➤
Time ▼

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

DRUG :

Dose	Route	Frequency	Start Dt.

Date ➤
Time ▼

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

DRUG :

Dose	Route	Frequency	Start Dt.

Date ➤
Time ▼

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

DRUG :

Dose	Route	Frequency	Start Dt.

Date ➤
Time ▼

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

VIH-00201967 IP-00060512
Mrs PREETHI U
21-07-1994 31 Y 11 M 8 D (F)
Dr. MADHUMITA ANIRUDDHA GITAY

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Your Right to a Safe Delivery

STAT / ONCE ONLY DRUGS

Name: .....

Weight: 55.75 kgs

Sheet No: (1)

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
29/6	8PM	TAB. MISOPROSTOL	800 MCG	PR			
29/6	150 1PM	INJ. PARACETAMOL	1GM	IV			
29/6	3PM	SUPPOSITORY DICLOFENAC	100 MG	PR			

VIH-00201967 IP-00060512
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21-07-1994 31 Y 11 M 8 D (F)
Dr. MADHUMITA ANIRUDDHA GITAY

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Your Right to a Safe Delivery

DRUG CHART

Date of Admission: 29/6/2026 Drug Allergies: Nil ☑ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

VIH-00201967 IP-00060512
Mrs PREETHI U
21-07-1994 31 Y 11 M 8 D (F)
Dr. MADHUMITA ANIRUDDHA GITAY

I.V. FLUIDS CHART

Weight. 88.75kg Ward. 4/W

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
29/6	11 AM	INJ. OXYTOCIN 5IU IN 500 ML RINGER LACTATE	IV	5ML/HR			29/6		
29/6	11 AM	RINGER LACTATE	IV	100ML/HR			29/6		
29/6	1PM	RINGER LACTATE	IV	100ml/hr			29/6		
29/6	2:21 PM	INJ. OXYTOCIN 15 IU IN 500 ML RINGER LACTATE	IV	F/F			29/6		

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

VIH-00201967 IP-0006051x
Mrs PREETHI U
21-07-1994 31 Y 11 M 8 D (F)
Dr. MADHUMITA ANIRUDDHA GITAY

Weight. 88.75 kg Ward. L/W

	Date▸ Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
DRUG : BETADINE LOTION		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route: LOCAL / Start Date: 29/6		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Name & Signature of the Doctor: Dr. Greeshma		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 : BETADINE OINTMENT		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route: LOCAL / Start Date: 29/6		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Name & Signature of the Doctor: Dr. Greeshma		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
29/6	10:10 AM	INJ. BETAMETHASONE	12 MG	IM		Nr Manga
29/6	10:30 AM	ENEMA PROCTOCLYSIS	100 ML	PR		Nr Manga
29/6	10:50 AM	INJ. CEFOTAXIME [AFTER TEST DOSE]	1 GM	IV		Nr Manga
29/6	11:20 AM	INJ. DROTAVERINE	40 MG	IV		Nr Manga
29/6	11:50 AM	INJ. VALETHAMATE BROMIDE	8 MG	IV		Nr Manga
29/6	12:20 PM	INJ. DROTAVERINE	40 MG	IV		Nr Manga
29/6	12:50 PM	INJ. VALETHAMATE BROMIDE	8 MG	IV		Nr Manga
29/6	1:20 PM	INJ. DROTAVERINE	40 MG	IV		Nr Manga
29/6	1:50 PM	INJ. VALETHAMATE BROMIDE	8 MG	IV		Nr Mangs

Chitra 29/6

Chitra 29/6

21-07-1994 31 Y 11 M 8 D (F)
Dr. MADHUMITA ANIRUDDHA GITAY

REGULAR PRESCRIPTIONS

Weight. 88.75kg Ward. L/W

DRUG : TAB · THYROXINE

Dose	Route	Frequency	Start Date
100MCG	PO	ONCE DAILY	29/6

Name & Signature of the Doctor Starting the Drugs:
DR · NIKHITA ·

Additional Instructions:

Date → / Time	29/6	30/6
6 AM	DR taken	EBW

Daily Doctor's Endorsement by a Sign

Chith 29/6/26

DRUG : T·CEFIXIME

Dose	Route	Frequency	Start Date
200MG	PO	12th hrly	29/6

Name & Signature of the Doctor Starting the Drugs:
Dr·Greeshma

Additional Instructions:

Date → / Time	29/6
10 AM	
10 pm	EBW

Daily Doctor's Endorsement by a Sign

Chith 29/6/26

DRUG : T· PARACETAMOL

Dose	Route	Frequency	Start Date
1GM	PO	8th hrly	29/6

Name & Signature of the Doctor Starting the Drugs:
Dr·Greeshma

Additional Instructions:

Date → / Time	29/6	30/6
7 AM		EBW
3 pm		
11 pm	EBW	

Daily Doctor's Endorsement by a Sign

Chith 29/6/26

DRUG : T· DICLOFENAC

Dose	Route	Frequency	Start Date
50MG	PO	8th hrly	29/6

Name & Signature of the Doctor Starting the Drugs:
Dr·Greeshma

Additional Instructions:

Date → / Time	29/6	30/6
6 AM		EBW
2 pm		
10 pm	EBW	

Daily Doctor's Endorsement by a Sign

Chith 29/6/26