

H-00660023

IP5-00175860

S P JAYA

09-1953

72 Y

(F)

RAO BAHADUR BADUGU



80929

Fc

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

SURGERY DETAILS

03/7/26

Date : 2/6/26Patient Name: Mrs. P. Jaya Date of Birth: 26-09-1953 Age: 72 YGender: Female Ward: POT UHID No.: BAHGG0023Date of Surgery: 2/6/26 ☐ OT-1 ☐ OT-2 ☐ OT-3 ☐ OT-4 ☐ OBG OT-1 ☐ OBG OT-2Name of the Surgery: Vaginal Hysterectomy with cystocele-rectocele repair with pelvic floor repairTime in: 2 PM Time Out: 5 PM

NAME

AMOUNT

1. Surgeon :
2. Anaesthetist :
3. Assistant Surgeon :
4. OT Technician : S
5. Circulating Nurse : Ramadevi
6. Assistant Nurse : Sarvani, Kamari, Prabhavathi

Special Equipment: ☐ Laparoscopy ☐ Bronchoscope ☒ Harmonic ☐ Morcelator
☐ C-ARM ☐ Cystoscopy ☐ Versa Point ☐ Liver Cusa
☐ Neuro Cusa ☐ Others

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 009684409Order by: Sarvani

Docu. No. : RCHBH/FRM/GENERAL/114

Patient Sticker
 BAH-00660023
 Mrs Jaya
 6507
 40y/F

Vaginal Hysterectomy + pelvic Floor Repair
CONSUMABLES OF OT

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

BirthRight
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

Circulating staff : Technician : Date : 2/7 Time :

Anaesthesia Disposables			Surgical Disposables			Disposables (Baby Side)		
Qty			Qty			Qty		
Issued	Used		Issued	Used		Issued	Used	
ET tube 7.0, 7.5	1+	-	Major Pack	1	1+	Inj Vit.K		
LMA 3, 4	1+	-	Sutures			Cord Clamp		
ECG leads A/P/N	5	03	Vit K 1-0, 2-0	2+		Suction Catheter		
HME filter A/P/N	1	-	2347 2317	2+		Feeding Tube		
Syringes : 10 cc	10	05	2346	1+		Vaccum Suction Set		
05 cc	10	05	Gloves 60621 71712	2+	2+	Surgical Gloves		
02 cc	10	05	PF 6062 71712	2+	2+	Gauze Pack		
01 cc	3	-				Syringe 1ml / 2ml		
Cautery plate A/P/N	1	01	Surgical blade 22	2	1	Surgical Blade # 20		
IV set + Blood set	1+	-	NG tube			Koochies (S)		
RL	1	01	Cautery pencil	1	1	3500ml	2	1
NS 10ml / 100ml / 500ml / 1000ml	3+	2+	Koochies			Transdil	1	1
02 mask (A)	1		Ointments			100 15 cc	2+	2
Ativan 2.3	1+		Suction Catheter			2 Anakin 0.25	1	-
Fentanyl	1	01	Cap, Mask	5/5	5+			
Morphine			Gauze Pack	5/5	4			
Ketamine			Mop Pack	2p	1			
Propofol	3	-	Steristrip			Tr camila 20.18	1+	-
Rocuronium	1	-	Underpad	1	1	Dexa	1	-
Glycopyrolate	1	-	Draw sheet	1	1	Tramexa	2	-
Myopyrolate	1	-	Abgel			mfmisplue	2	01
Ondansetron	1	01	Foleys catheter 14	1	1	Frenhe	1	-
Pencan 25g/ Spinal Needle 22	1	01	Urobag	1	1	Ephedrine	1	01
Bupivacaine 0.25%	1	-	Chest Drainage Catheter			Mifedaz	1	1
Bupivacaine 0.25% (Heavy)	1	01	Romodrain bag			SED 3m.L	1+	-
Antibiotics			Bandage			Paylestab 14.16	1+	-
Lax 2+	1	01	Tegaderm			Nasal Airway 28.30	1+	-
Suppositories			Ioban			Porto Groom	1	-
Anamol : 80mg / 250mg / 170 mg			Double J Stent			Epilozol 18.07	1	-
Supridol : 100mg	1	01	Vaccum Suction set	1	1	Tegaderm 2 pad	1	-
Justin : 12.5 mg / 25mg / 100mg	1	01	Plastic Bed Sheet	1	-	Narelprom (A)	01	01
Tab. Misoprost : 200mg			Betadine Solution	1	1			
Vaccum set	1	01	Microshield	1	-			
Gauze	3	01	Cotton Balls	2	1			
Gloves and	4	01	Latex Gloves	100	100			
Iv pcm	1	01	Ramdione Scrub	100	100			
3-way 100+100m	1+	-	Saral		1			

Surgeon

Anaesthesiologist

Nurse

OT Technician

Order No. : 9684376

Ordered by : *[Signature]*

Doc. No. : RCH / FRM / GENERAL / 125

ADMISSION SHEET



Registration Details :

Admission No : IP5-00175860 Admit Date : 02-Jul-2026 Admit Time : 09:27 AM UHID : BAH-00660023

Patient Details :

Patient Name	: Mrs P JAYA	Age	: 72 Y
Guardian	: Mr SRIPATH REDDY	DOB	: 01-09-1953
Gender	: Female	Religion	:
Occupation	:	Martial Status	: Married
Address (H)	: FLAT NO 502, ANAND NILAYAM, BANDLAGUDA JAGIR Hyderabad Telangana INDIA 500086	Phone No	: 9440988321/
		E-mail	: NO@GMAIL.COM

Admission Details :

Bed Type : DAY CARE Bed No : RC 406 Ward Name : 4F-GYN RECOVERY
Room No : RC 406 Admission Type : First Visit

Contact Details :

Name	: Mr SRIPATH REDDY	Relationship	: Husband
Contact Address	: FLAT NO 502, ANAND NILAYAM, BANDLAGUDA JAGIR Hyderabad Telangana INDIA 500086	Phone No	: / 9440988321


Signature

Doctor Details :

Doctor Name	: Dr. RAO BAHADUR BADUGU	Specialisation	: OBSTETRICS AND GYNECOLOGY
Referral Doctor	: Self	Phone No	:
Co-Consultant	:		

Payment Details :

Payment Mode	: Cash	Deposit Amount	: 0.00
		Payor Name	: STAR HEALTH AND ALLIED INSURANCE CO LTD

ACTIVITY RECORD FOR BILLING

Name : _____

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

BAH-00660023 IP5-00175860
Mrs P JAYA
01-09-1953 72 Y (F)
Dr. RAD BAHADUR BADUGU

Date of Admission: _____ Time: _____ ge : _____ Time: _____



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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
2/7/20	@ 7pm	OT	B23-A	Srai

Cross Consultation Visit

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

[illegible]

Date	Investigations	Order No.	Signature
------	----------------	-----------	-----------

Date	Investigations	Order No.	Signature
------	----------------	-----------	-----------

Date	Investigations	Order No.	Signature
------	----------------	-----------	-----------

Date	Investigations	Order No.	Signature
------	----------------	-----------	-----------

20/10/20	biopsy for histopathology	0606637	Mr
----------	---------------------------	---------	----

20/10/20	biopsy for histopathology	03/09/20	Mr
----------	---------------------------	----------	----

20/10/20	biopsy for histopathology	03/09/20	Mr
----------	---------------------------	----------	----

20/10/20	biopsy for histopathology	03/09/20	Mr
----------	---------------------------	----------	----

02/7/26	G98B5 (128) + 10m	26066348	Jm
---------	-------------------	----------	----

02/7/26	G98B5 (128) + 10m	26066348	Jm
---------	-------------------	----------	----

02/7/26	G98B5 (128) + 10m	26066348	Jm
---------	-------------------	----------	----

02/7/26	G98B5 (128) + 10m	26066348	Jm
---------	-------------------	----------	----

05/04/20	GRBS (100mg/dl) - 5AM	26066430	Page
----------	-----------------------	----------	------

05/04/20	GRBS (100mg/dl) - 5AM	26066430	Page
----------	-----------------------	----------	------

05/04/20	GRBS (100mg/dl) - 5AM	26066430	Page
----------	-----------------------	----------	------

05/04/20	GRBS (100mg/dl) - 5AM	26066430	Page
----------	-----------------------	----------	------

03/7/21	6:45 (10mdd) - 3:30pm	96066644	thythy
---------	-----------------------	----------	--------

03/7/21	6:45 (10mdd) - 3:30pm	96066644	thythy
---------	-----------------------	----------	--------

03/7/21	6:45 (10mdd) - 3:30pm	96066644	thythy
---------	-----------------------	----------	--------

03/7/21	6:45 (10mdd) - 3:30pm	96066644	thythy
---------	-----------------------	----------	--------

03/12/26	Gross (115 mg/dl) - pre dinner		Thyroxine
----------	--------------------------------	--	-----------

03/12/26	Gross (115 mg/dl) - pre dinner		Thyroxine
----------	--------------------------------	--	-----------

03/12/26	Gross (115 mg/dl) - pre dinner		Thyroxine
----------	--------------------------------	--	-----------

4/10/2026	Grass (115 mg) - 6 am		Leaf
-----------	-----------------------	--	------

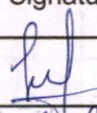
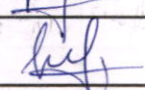
4/10/2026	Grass (115 mg) - 6 am		Leaf
-----------	-----------------------	--	------

4/10/2026	Grass (115 mg) - 6 am		Leaf
-----------	-----------------------	--	------

MEDICAL EQUIPMENT (WARD & ICU)

[illegible]

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
2/7/26	PAC on OPBast	①		
2/7/26	IV placement	968446 9684462		
2/7/26	Catheterization			

ANY OTHER INFORMATION

.....

.....

.....

.....

.....

.....

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 2/7/26

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: Pb L3 clo Mass peg Doctor Notified on Admission: ☒ Yes ☐ No
Vaginal Name of the Doctor: Dr Srinivas
Time Notified: 10 AM

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

Past Medical History	Past Surgical History	Previous Hospital Admission
<u>DM</u> <u>HTN</u> <u>Asthma</u>	<u>2/6/26 peritonitis</u>	<u>ICU</u>

Gynecology Assessment: ☐ Not Applicable **Gynecology Surgical History:** **Gynecological History:**

Menstrual History: Caesarean Section: ☒ No ☐ Yes Contraceptives: ☒ No ☐ Yes

Onset of Menarche: Cervical Cerclage: ☒ No ☐ Yes Vaginal Discharge: ☒ No ☐ Yes

Menstrual Cycle: ☐ Regular ☐ Irregular Ectopic Pregnancy: ☒ No ☐ Yes Post-Coital Bleeding: ☒ No ☐ Yes

Last Menstrual Period: Nov 2025 Myomectomy: ☒ No ☐ Yes **Infertility:** ☒ No ☐ Yes

Others: **If Yes Type:** ☐ Primary ☐ Secondary

Obstetric History: G P 3 L 3 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

Vital Signs / Measurements: Temp: 98.6°F HR: 77/m RR: 20/m
BP: 141/77 Weight: 51 kg Height: BMI:

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



PHYSICAL ASSESSMENT

General Appearance: ☒ Healthy ☐ ill looking ☐ Anxious ☐ Agitated ☐ Others:

Fall Assessment: ☒ Yes ☐ No Score 35 (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 patient

Name of Person Orientation was given to: Mrs. P. Jaya

Orientation not given Reason:

Nurse Signature: Neeyra

Nurse Name: Neeyra

Date & Time: 21/7/20 at



I.P. ADMISSION SHEET FOR GYNECOLOGY

Date of Admission : Time of Admission :

Allergies: Nu ☒ Not know any drug allergies

PRESENTING COMPLAINTS :

P₃L₃ all NVD , Reached Menopause 18 yrs
back.
c/o: men per vaginam : 4yr
also: Difficulty in urination , Retention of urine.
no c/o fever , no white discharge : 2 days.
Normal - Bowel habit.
no c/o Bleeding Ph.

15/12/26 : USG : S/o: small umbilical hernia (4.2mm)
Content: omental fat. Uterus ovaries: Post menopausal
size.

MENSTRUAL HISTORY	OBSTETRIC HISTORY
Year of Marriage : <u>ML- 1970, NCM</u>	Parity : <u>P₃L₃</u>
Previous Periods : <u>} Menopause.</u>	Mode of Delivery : <u>all NVD</u>
LMP : <u>Reached 18 yrs</u>	Last Child Birth : <u>LCB → 1976, NVD</u>
Contraception : <u>Tubectomised.</u>	<u>♀, A&H</u>

PAST MEDICAL HISTORY	PAST SURGICAL HISTORY
DM : <u>4yr</u> HTN : <u>4yr</u> also - Arthritis : <u>10yr.</u>	<u>2/6/26 - PAP smear -</u> <u>negative for</u> <u>malignancy</u> <u>& Atrophy & Inflammation</u>



father DM
Metu - HTN ?

MEDICATION HISTORY:

T. metformin 500mg OD
T. Telma 40mg twice OD
amlu
See paper

INITIAL ASSESSMENT :

Date <u>2/7/26</u>	Breasts	Local/Speculum Examination
Ht. _____ Wt. _____		
BMI _____	<u>atrophic</u>	
B.P. <u>141/67 mmHg.</u>		
Pallor <u>absent</u>		Bimanual Pelvic Examination
CVR <u>S, S, A</u>	Abdominal Examination	
Respiratory System <u>S, 1/2 A</u>	<u>soft</u>	
Thyroid <u>(2)</u>		

elderly DM, HTN, Arthritis

PROVISIONAL DIAGNOSIS : PBL, postmenopausal women & pelvic organ prolapse. for VH + PFR + Cystocele repair.

INVESTIGATIONS ORDERED	PLAN OF MANAGEMENT
BGT - CA: 125 - 3.4 RA - 5.22 CDP - Virus -	• admission • NBM • Th caula • Foley's cath • send CBP, viral markers BGT • GRS-107 • Consult - vaginal hysterectomy + PFR • Preop tests • Shift to OT on call.

Name of the Doctor : Dr. Sravada

Date & Time : 2/7/2026, 10 AM

Signature of Doctor
Signature of Doctor (Signature)

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/2 hrs 5pm	Vaginal pain (+) POD-0 / VH + PFR + antecubital + Rectocele Wile-HW DM / Antunika	
U/O: 300ml	G C: fair B.P: 128/50 (65) P.R: 72 SpO2: 100% on RA P/A: Soft	1) NBM for 8-10 hrs 2) Thw fluids - 100ml/hr 3) Drug as charted 4) w/f Ph Bleeding 5) Monitor vitals - 4hr 6) Inform if BP > 160/90 7) GRBS - 8 hourly 8) I/O charting 9) Inform 30s
	G-RBS - 128 at 7PM Vaginal pain to be removed 6AM 2/2 hrs	
	2 Turfem 50mg to Dr. Nivedita	- Dr. Saathi
2/2 hrs 2:30pm	O/E a.c. fair PR: 80bpm BP: 118/76 mmHg SpO2: 98% on RA P/A m/t non tender	Allow Sip of water from 12AM if tolerating liquids - drug as pre-charted - soft diet from 6AM - 8hr charting - GRBS - 8 hourly - Inform 30s
	No adequate - Shift room	

BAH-00660023

IP5-00175860

Mrs P JAYA

01-09-1953

72 Y

(F)

Dr. RAO BAHADUR BADUGU

**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
3/7/26 8:20 AM	POD / VH C PFR C Uterus + Rectum again	
no adequate fr sx	OE ac-fall PR-90bpm BP-130/64mmHg CMBP-25 SPU-98/100mmHg PLA soft, non-tender UG-no active bleeding	<u>Adv</u> - clamps on per chattel - vitals uterine - soft clots plenty of oral fluids - 2lb charting - (inpatient)
Vaginal pack ↓ removed		
3/7/2026 10:25 AM	conscious, oriented to person & place No complaints	<u>Adv</u> - continue medications as charted - mobilization - Ref to Bhaskar Rao Dr Bhaskar Rao 3/7/2026

BAH-00660023 IP5-00175860
Mrs P JAYA
01-09-1953 72 Y (F)
Dr. RAO BAHADUR BADUGU

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
3/7/2026 2pm	No complaints Ge fam. to be noted over.	Adm - GRBS at 3-30pm before dinner & tomorrow morning - to plan for discharge tomorrow (4/7/2026)
	Foley's catheter to be kept in place till 8/7/2026.	
	Plv on 8/7/2026 to OPD.	Rebels
3/7/26 2:30pm	POD-1 / VHT PFR & Cystocel & Rectocel Repair	
CV: good f- Sx	GC: fair Vitals: stable. P/A: soft, B@ Plv: NAB	1) Monitor vitals - q4h 2) Soft diet & plenty of oral fluid 3) Dwg as charted 4) w/t Plv Bleeding 5) GRBS pre-dinner & Tomorrow morning 6) Inform SAs
	Foley's till 8/7/2026	

Date & Time	Progress Notes	Doctor's Order
4/7/2026	Gie Jani Pituitary Lick mms	Sed Discharge today Policy Care Pls do thorough do opn (9/7/26) Babbar DOV Babbar RN 4/7/2026
	Discharge advise	
	1) T. TAXIM - O(2oomg Bp x 5 days 2) T. PANTOPRAZOLE 40mg OD x 5 days 3) Syr Cremaffin 15ml bds x 7 days 4) T. BECELAe OD x 7 days Haber 5) To keep till 9/7/26 (Rhowan 9/7/26) → Bladder care explained → Continue all previous medications	

BAH-00660023 IP5-00175860

Mrs P JAYA

01-09-1953 72 Y

(F)

Dr. RAO BAHADUR BADUGU



**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: N/A☒ 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:

Shifted to:

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. metformin SR	500mg	PO	OD	1/2	☒ C ☒ DC
2	T. Dapagliflozin	10mg	PO	OD	1/2	☐ C ☒ DC
3	T. Teneligliptin	20mg	PO	OD	1/2	☐ C ☒ DC
4	T. Atorvastatin	40mg	PO	OD	1/2	☐ C ☒ DC
5	T. Paracetamol ER	4gm	PO	OD	1/2	☐ C ☒ DC
6	T. Tramadol ^{RAMLET} Paracetamol & Domperidone	4tbls	PO	OD	1/2	☐ C ☒ DC
7	T. vertin	16mg	PO	OD	1/2	☐ C ☒ DC
8	T. Telma + Amb	40mg + 5mg	PO	OD	1/2	☐ C ☒ DC
9	T. Calcigen	1tbls	PO	once / two	25/6	☐ C ☒ DC
10						☐ C ☐ DC

* C - Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature: Dr. PrasadDate & Time: 2/7/2016, 10 AMNurse Name & Signature: KeyaDate & Time: 2/7/2016, 10 AM

Weight Ward

VERIFIED

VERIFIED
Signature

VERIFIED

02pm 1m
bupa

Weight Ward

DRUG :				Date
Dose	Route	Frequency	Start Dt.	Time
1 tab	PO	O.D	2/7	12pm
Name & Signature of the Doctor				12pm
Starting the Drugs:				12pm
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG :				Date
Dose	Route	Frequency	Start Dt.	Time
16 mg	PO	O.D	3/7	9am
Name & Signature of the Doctor				9am
Starting the Drugs:				9am
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG :				Date
Dose	Route	Frequency	Start Dt.	Time
200mg	PO	BD	3/7/26	10am
Name & Signature of the Doctor				10am
Starting the Drugs:				10am
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

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



DRUG CHART

Date of Admission: 2/7/2016 Drug Allergies: None ☒ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

- | | | |
|---------|---|--|
| GENERAL | - | Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS. |
| DOCTOR | - | Please use only approved abbreviations (refer to Hospital's approved list of abbreviations). |
| | - | Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions. |
| | - | Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions. |
| | - | Discontinue a drug by drawing a line I through it and a similar line through subsequent recording panels. |
| | - | The date and time of stopping the drug along with the doctors name and sign must be mentioned. |
| | - | Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder. |
| NURSES | - | Nurses must follow strictly the FIVE RIGHTS before administration of medication. |
| | | 1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time |
| | - | AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy. |

SOS / PRN (As Required Medication)

[illegible][illegible][illegible]



REGULAR PRESCRIPTIONS

Weight. 51 kg Ward.

VERIFIED

DRUG : <u>Ty: CEFOTAXIME</u>				Date/Time: <u>3/7/24</u>
Dose: <u>1gm</u>	Route: <u>IV</u>	Frequency: <u>BD</u>	Start Date: <u>2/7</u>	
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Sraavathi</u>				
Additional Instructions: <u>6AM Not given at home</u>				
Daily Doctor's Endorsement by a Sign				

STOP
Dr. Divya
3/7/24
8:45AM

VERIFIED

DRUG : <u>T. PANTOPRAZOLE</u>				Date/Time: <u>3/7/24</u>
Dose: <u>40mg</u>	Route: <u>P/O</u>	Frequency: <u>OD</u>	Start Date: <u>2/7</u>	
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Sraavathi</u>				
Additional Instructions: <u>6AM Not given at home</u>				
Daily Doctor's Endorsement by a Sign				

VERIFIED

DRUG : <u>T. METFORMIN</u>				Date/Time: <u>3/7/24</u>
Dose: <u>500mg</u>	Route: <u>P/O</u>	Frequency: <u>OD</u>	Start Date: <u>3/7</u>	
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Sraavathi</u>				
Additional Instructions: <u>8AM Not given at home</u>				
Daily Doctor's Endorsement by a Sign				

VERIFIED

DRUG : <u>T. DAPAGLIFLOZIN</u>				Date/Time: <u>3/7</u>
Dose: <u>10mg</u>	Route: <u>P/O</u>	Frequency: <u>OD</u>	Start Date: <u>3/7</u>	
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Sraavathi</u>				
Additional Instructions: <u>12PM Not given at home</u>				
Daily Doctor's Endorsement by a Sign				

BAH-00660023 IPS-00175860
Mrs P JAYA
01-09-1953 72 Y (F)
Dr. RAO BAHADUR BADUGU



Weight. 51.1kg Ward.

		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
2/7/26	4:15pm	DICLOFENAC suppository	100mg	PR	[Signature]	[Signature]
2/7/26	4:15pm	TRAMADOL suppository	100mg	PR	[Signature]	[Signature]

Signature
VERIFIED BY : Name

Weight. 51.18 Ward.

[illegible]

Signature _____

VERIFIED BY: Name



POST-SURGICAL CARE PLAN FORM

Procedure Done: Vaginal hysterectomy & cystocele repair Epeh
Post-Surgical Diagnosis: POP-O

Post-Operative Monitoring Parameters /Frequency:

Monitor vitals q 2 hr

Wound Care:

→ w/ f Ph Bleeding

Drain /Special Lines/Catheters:

→ Foley's catheter x 2 units

Special Patient Positioning and Requirements:

→ Can move side to side in bed

Nutritional Instructions:

NBM for 8-10 hr

When to Start Mobilization:

after Removal of foley

Special Referrals:

The new order for all required medications documented in the doctor order/medication sheet:

☐ Yes ☐ No

Any Other Post-Operative Care Needed including Required Follow Up

Surgeon
(Signature & Stamp)

Dr. RAO BAHADUR BADUGU
2/2/26

Date: 2/2/26 Time: 5pm

of care will be readjusted if necessary.

BAH-00660023
Mrs P JAYA
01-09-1953 72 Y
Dr. RAO BAHADUR BADUGU
IP5-00175860 (F)

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

OPERATION THEATER NOTES

Patient's Name : MRS. P. JAYA Age : 72 Y Gender : ☐ Male ☒ Female

UHID No. : 00660023 Weight : Height :

Surgeon : Asst. Surgeon :

Anesthetist : OT Nurse : OT Technician :

Pre-Operative Diagnosis: Uterine prolapse with cystocele with

Surgical Procedure : rectocele,

Vaginal hysterectomy with cystocele repair with

Indications for Surgery : pelvic floor repair

Date : 2/7/2026 Start Time : 2 PM End Time : 5 PM

Pre Operative Preparations:

Post Operative Diagnosis:

Peri-Operative Complications:

Operation Notes: Patient in lithotomy position

perine prepared & draped.

Sim speculum introduced, uterus well retracted, Quintero speculum introduced, cervix well retracted.

Cervix held with Allis -

incision given at cervix, bladder pushed up, pop opened. anterior exterior.

Both Mclaren's, uterus and ligaments coagulated & cut.

uv fold increased ^{perineal} both uterines
cauterized & cut.

Bilateral ^{Intubated} sigmoidoscopic ligation cauterized
& cut and sutured with Westcott
B/L Ovarian ligation & cauterized & cut.
specimen retained & sent for histopath.
Cystoscopy & rectoscopy again done.
perineal ^{perineal} repair done
Foley's drain placed ~~in~~ urethra.
patient with normal procedure well.
Wound sutured, needle count correct.

Amount of Blood Loss:

Blood Transfused (in ML)

Name and Number of Surgical Specimen sent for examination:

Vaginal packers
done with
silk suture.

Peri-Operative Complications:

- NBMAX 10 days
- Ty Taxim 1gm 12hrly
- Ty Parap 40mg OD
- Tyglucel - I O R L
I O N S
I O R L
- GRBIL 8hrly & Infuse Mr Xivodite
- Continue Anti HT
- Analgesic according to analgesic
- Wt bleeding pr
- Start I/O chart.

Name of the Surgeon:

Signature of the Surgeon:

Date & Time:

Rohit
Dr BAHADUR RA
2/7/24

BAH-00660023

Mrs P JAYA

01-09-1953

72 Y

Dr. RAO BAHADUR BADUGU

IP5-C0175860

(F)



MULTI-DISCIPLINARY PLAN OF CARE FORM

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

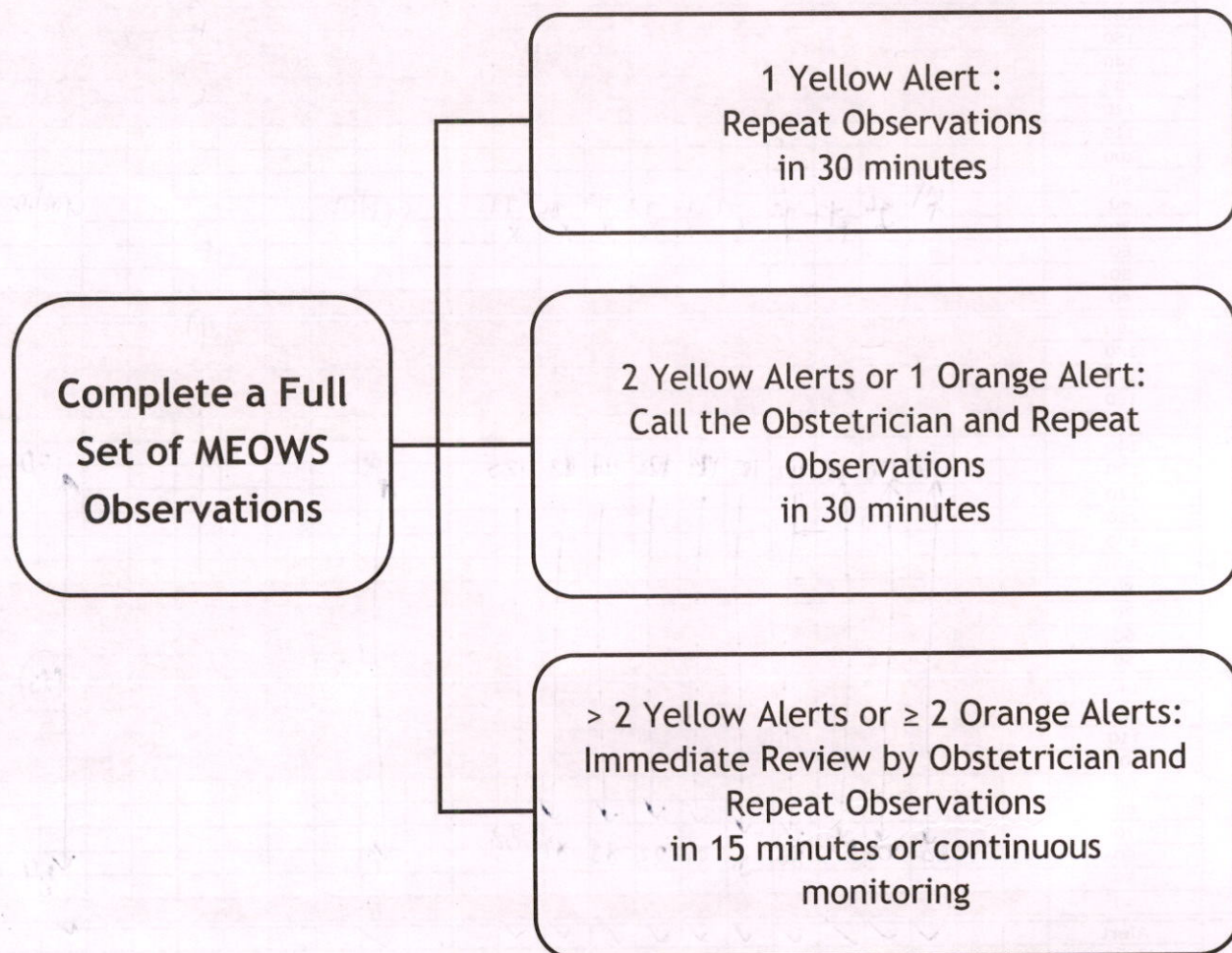
BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Post meopel wan e POP for VHA

Date Time	Discipline	Type	Patient Needs / Problem List	Goal	Plan / Intervention	Signature	Team Verification
2/2/26 10:30A	☒ Medical ☐ Nursing ☐ Others:	☒ Initial ☐ Modified ☐ Per-Op ☐ Post Op	Post meopel wan e POP for VHA.	Safe Practice	VH + PFR	Qiy	☐ Nursing ☐ Others:
2/7/26 10:30A	☐ Medical ☒ Nursing ☐ Others:	☒ Initial ☐ Modified ☐ Per-Op ☐ Post Op	Kepo semy deventu	to mention evf mydeventu	IVF and re on flow	Key	☒ Medical ☐ Others:
3/7/26 8:45 am	☐ Medical ☐ Nursing ☒ Others: dieb'ian	☐ Initial ☐ Modified ☐ Per-Op ☒ Post Op	POP-1 cytocele + Rectocele repair	soft diet	soft High protein diet	scimay	☐ Medical ☐ Nursing ☒ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☒ Nursing ☐ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Nursing ☐ Others:

[illegible]

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

IP5-00175860

72 Y

01-09-1953

72 Y

(F)

Dr. RAD BAHADUR BADUGU



3/7/26



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



BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

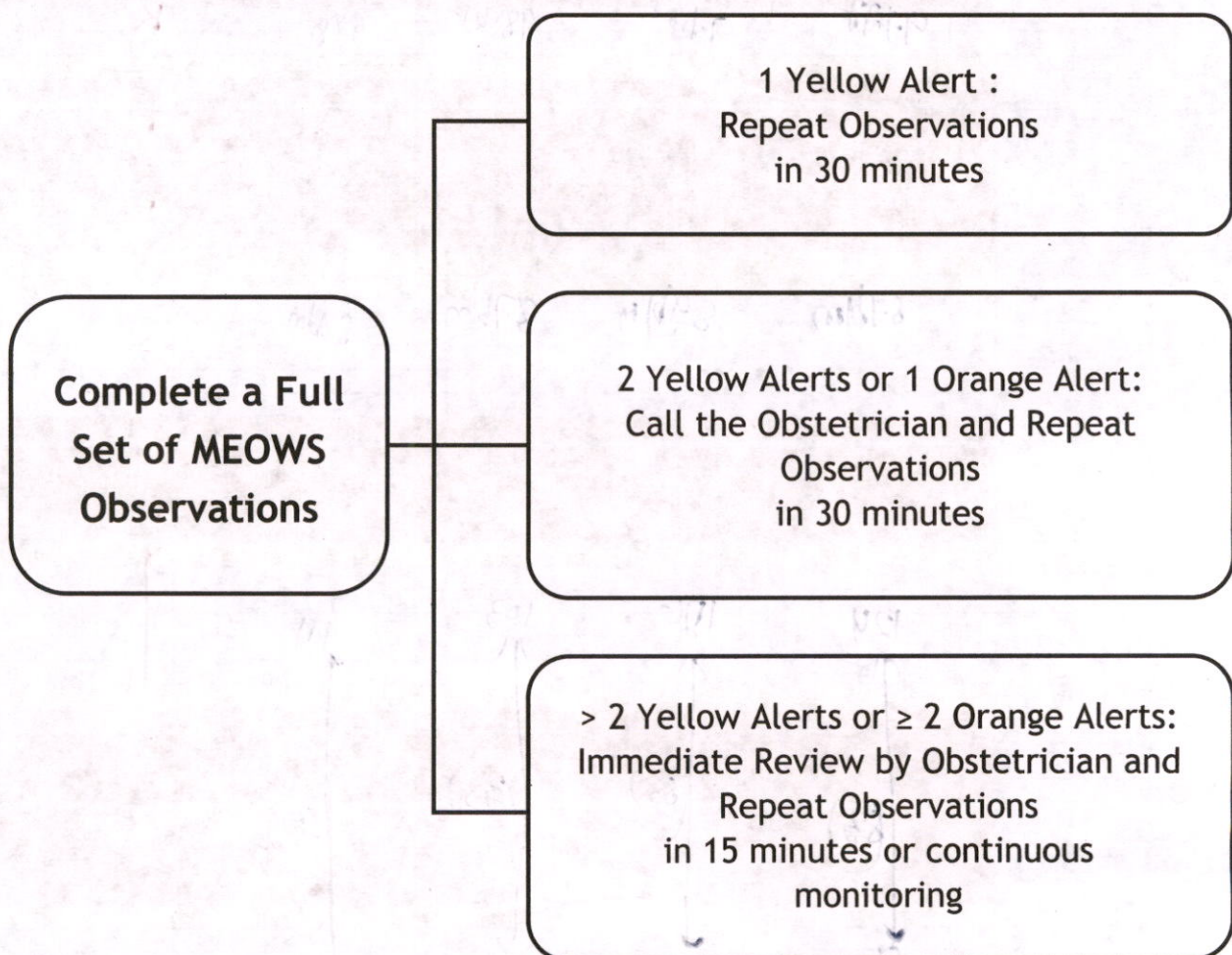
Warning Observation Score Chart - Obstetrics

CONTACT DOCTOR FOR EARLY INTERVENTION IF PATIENT

TRIGGERS ONE ORANGE OR TWO YELLOW SCORES AT ANY ONE TIME

[illegible]

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)



FLUID CHART

Sheet No. : ①

2/7/26

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
2/7	08:00 am		N										
	09:00 am										0	4	
	10:00 am	RL	P	100ml							0		
	11:00 am			100ml							0		
	12:00 pm		O	100ml							0		
	01:00 pm			100ml							0		
Total Intake :						Total Output :							
2/7	02:00 pm		N	100ml							0	4	
	03:00 pm			100ml							0		
	04:00 pm	RL	P	100ml							0		
	05:00 pm			100ml				300ml			0		
	06:00 pm		O	100ml							0		
	07:00 pm			100ml				500ml			0		
Total Intake :						Total Output :							
2/7/26	08:00 pm		I	100ml							0	4	
	09:00 pm		N	100ml							0		
	10:00 pm	R	P	100ml							0		
	11:00 pm	L	I	100ml							0		
	12:00 am		Water	100ml							0		
	01:00 am			100ml							0		
Total Intake :						Total Output :							
3/7/26	02:00 am		Water	100ml							0	4	
	03:00 am			100ml							0		
	04:00 am			100ml							0		
	05:00 am			100ml				500ml			0		
	06:00 am		Water	100ml							0		
	07:00 am			100ml							0		
Total Intake :						Total Output :							
Total 24 hrs. Intake			Taken			Total 24 hrs. Output			V=500ml m=0				



FLUID CHART

Sheet No. :

3/7/26

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
3/7	08:00 am									300	0	Katte
	09:00 am	water									0	
	10:00 am									200	0	
	11:00 am										0	
	12:00 pm	water									0	
	01:00 pm									200	0	
Total Intake : Taken						Total Output : U-700ml m=0						
3/7	02:00 pm										0	Katte
	03:00 pm	water								200ml	0	
	04:00 pm										0	
	05:00 pm	water									0	
	06:00 pm										0	
	07:00 pm									330ml	0	
Total Intake : Taken						Total Output : U-530ml m=0						
3/7	08:00 pm										0	Piy
	09:00 pm	water									0	
	10:00 pm									300ml	0	
	11:00 pm										0	
	12:00 am	water									0	
	01:00 am										0	
Total Intake : Taken						Total Output : U-300ml m=0						
4/7	02:00 am										0	Piy
	03:00 am	water								300ml	0	
	04:00 am										0	
	05:00 am										0	
	06:00 am	water								400ml	0	
	07:00 am										0	
Total Intake : Taken						Total Output : U-700ml m=0						
Total 24 hrs. Intake		Taken										
Total 24 hrs. Output		U-2230ml m=0										

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: 2/7/26

☐ Night

209 @ Amity

- ☐ 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

n of Care	Time	Implementation	Evaluation
inlet	9:35	Monitor inlet chud done	
kin preparation	9:40	skin preparation done	
v centralization	10:05	ev centralization done	
fluid	11:25	ev fluid Re on flow.	
medication	12pm	Administer medications as per order.	
perfusion care	1pm	provided perfusion care	
sp. HIV HBSAg IHC	5pm	Support give	
Sample to sent	8/15	CRP. HIV HBSAg IHC sent	

N/A * ev fluid Re on flow.

Nurse Name: Meyner

Date & Time: 2/7/26 at

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 3/7/26

ute pain

- ☐ Improve Activity Tolerance
☒ Ensure Safety
- ☐ Maintain Good Nutritional Status
☐ Early Ambulation Reduce Anxiety
- ☐ Maintain Skin Integrity
☒ Patient & Family Education

Implementation	Evaluation
assess the general condition monitored vitals and recorded maintained I/O chart medication administered as per chart Ensured safety	patient is stable doing well

Date & Time: 3/7/26 @ 2pm

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

ORD

Shift: ☐ Morning ☒ Afternoon ☐ Night

Assessment:

pt having acute pain

Date: 3/7

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

- ☒ Improve Activity Tolerance
- ☒ Ensure Safety

- ☐ Maintain Good Nutr
- ☒ Early Ambulation R

Time	Plan of Care	Time	Implementation	Evaluation
8PM	* Assess the general condition of pt.	2:10PM	* assessed the pt condition.	
4PM	* monitor vitals	4:10PM	* vitals checked	
6PM	* maintain I/O chart		* I/O checked maintained	
	* administer medications - ensure safety	6:10PM	* administered the medications	
8PM		8PM	* ensured safety	

Re-Assessment:

Special Notes:

Nurse Signature: Ranj

Nurse Name: Ranj

Date & Time: 3/7

ed the general condition of
hand and checked vitals.
need vitals 10ml m.
n medication as advised.
voided ambulatory position.
ered wine colour.
n soft diet at 6AM
turned safety

Date & Time



NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Dr. Rao Bahadur Badugu Department: 3rd Floor Date of Admission: 2/7/2026

SITUATION	Diagnosis:	Any Infection: ☐ Yes ☐ No ☒ Not Known If Yes Specify:					
	<u>Hysterectomy</u>						
BACKGROUND	Area	<u>P.O.</u>	<u>3rd Floor</u>	<u>3rd Floor</u>	<u>2nd Floor</u>	<u>3rd Floor</u>	
	Shift Time	<u>2PM-8PM</u>	<u>8PM-2PM</u>	<u>2PM-8PM</u>	<u>8PM-2PM</u>	<u>2PM-8PM</u>	
ASSESSMENT	Medical Condition (Any special condition to be noted):	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	
	Allergy:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
ASSESSMENT	Tubes/Drains/Catheter:	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	
	Vital Signs:	Temp:	<u>98.8°F</u>	<u>98.0°F</u>	<u>98.1°F</u>	<u>98.2°F</u>	<u>97.8°F</u>
		Res:	<u>20</u>	<u>18b/m</u>	<u>16b/m</u>	<u>19b/m</u>	<u>20b/m</u>
		SpO ₂ :	<u>100%</u>	<u>99%</u>	<u>98%</u>	<u>99%</u>	<u>100%</u>
		Pulse:	<u>20</u>	<u>92b/m</u>	<u>102b/m</u>	<u>101b/m</u>	<u>92b/m</u>
		BP:	<u>120/80</u>	<u>120/80</u>	<u>124/66</u>	<u>110/70</u>	<u>120/80</u>
		Fall Risk Score:	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
	Pain Score:	<u>Nil</u>	<u>NA</u>	<u>0/10</u>	<u>0/10</u>	<u>0/10</u>	
Recommendations	Safety Needs:	<u>Side dr</u>	<u>side rails</u>	<u>Yes</u>	<u>Yes</u>	<u>side rails</u>	
	Physiotherapy	☐ Yes ☐ No	☐ Yes ☒ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	
	Others Specify:	<u>Nil</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	
	Special Diet:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	Other Special Orders / Medications:	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>Foley's till 8/7/26</u>	
Post Operative Procedure Special Orders:		<u>Nil</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	
Handed Over By Name :		<u>Saci</u>	<u>Piya</u>	<u>Laksh</u>	<u>Sydney</u>	<u>Piya</u>	
Signature :		<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	
Date:		<u>2/7/26</u>	<u>3/7/26</u>	<u>3/7</u>	<u>3/7/26</u>	<u>4/7/26</u>	
Time:		<u>2PM</u>	<u>8PM</u>	<u>2PM</u>	<u>8PM</u>	<u>6AM</u>	
Taken Over By Name :		<u>Piya</u>	<u>Laksh</u>	<u>Sydney</u>	<u>Piya</u>	<u>Sukanta</u>	
Signature :		<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	
Date:		<u>2/7/26</u>	<u>3/7</u>	<u>3/7/26</u>	<u>3/7/26</u>	<u>4/7/26</u>	
Time:		<u>8PM</u>	<u>2PM</u>	<u>8PM</u>	<u>8PM</u>	<u>8AM</u>	

BAH-00660023 IP5-00175860
Mrs P JAYA
01-09-1953 72 Y (F)
Dr. RAO SAHADUR BADUGU



SING SHIFT HAND OVER FORM - WARD

Treating Doctor: Department: Date of Admission:

SITUATION	Diagnosis:		Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:				
BACKGROUND	Area						
	Shift Time						
	Medical Condition (Any special condition to be noted):						
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs:	Temp:					
	Res:						
	SpO ₂ :						
	Pulse:						
	BP:						
	Fall Risk Score:						
	Pain Score:						
Recommendations	Safety Needs:						
	Physiotherapy	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Others Specify:						
	Special Diet:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Other Special Orders / Medications:						
Post Operative Procedure Special Orders:							
Handed Over By Name :							
Signature :							
Date:							
Time:							
Taken Over By Name :							
Signature :							
Date:							
Time:							

NURSING CARE RECORD

Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 31/12/2026 @ 8 PM

Assessment: Patient having acute pain

- 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
8 PM	→ assess the general condition of the patient and ongoing vitals.	8:30 PM	→ reassessed the general condition of the patient and checked vitals.	patient is stable
10 PM	→ Giving medication as advised.	10:30 PM	→ Given medication as advised.	
12 AM	→ maintaining good nutritional status.	12:30 AM	→ maintained good nutritional status.	
4 AM	→ plan to keep Foley's till 8/1/2027.	4:30 AM	→ kept Foley's till 8/1/2027	
6 AM	→ checking urine output.	6:30 AM	→ checked urine output.	
8 AM	→ maintaining personal hygiene.	8:30 AM	→ maintained personal hygiene.	
	→ ensure safety.		→ ensured safety.	

Re-Assessment:

Pain reduced

Special Notes:

GRBS morning 6 AM, Foley's till 8/1/2027

Nurse Signature:

Riya

Nurse Name:

Riya

Date & Time:

04/01/2027 @ 8 AM

BAH-00660023

IP5-00175860

Mrs P JAYA

01-09-1953

72 Y

(F)

Dr. RAO BAHADUR BADUGU



NURSING CARE RECORD


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


BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Shift: ☐ Morning ☐ Afternoon ☐ Night

Date:

Assessment:

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation

Re-Assessment:

Special Notes:

Nurse Signature:

Nurse Name:

Date & Time:

BAH-00660023

IP5-00175860

Mrs P JAYA

01-09-1953

72 Y

(F)

Dr. RAO BAHADUR BADUGU



BRADEN 'Q' SCALE

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

					Date :	2/3/2024	3/7	3/2
					Time :	10A	8am	10am
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	2	2	2
"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	1	1	1
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	2	2	2
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	3	3	3
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	3	3	3
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 meat and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	4
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
Severe Risk : less than 9 High Risk : 10-12 Moderate Risk : 13-14 Mild Risk : 15-18 Not at Risk: 19-23					TOTAL SCORE			
					Evaluator's Name			

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

BAH-00660023

IP5-00175860

Mrs P JAYA

01-09-1953

72 Y

(F)

Dr. RAO BAHADUR BADUGU



BRADEN 'Q' SCALE

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

					Date : 24/12/2023			
					Time : 8:00 AM			
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 e. extremity position independently.	4. No limitations: Makes major and frequent changes in position without assistance.	2			
"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.	1			
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.	2			
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.	3			
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."	3			
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 meat and dairy products. Occasionally eats between meals. Does not require supplementation.	4			
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			
Severe Risk : less than 9 High Risk : 10-12 Moderate Risk : 13-14 Mild Risk : 15-18 Not at Risk: 19-23					TOTAL SCORE	19		
Docu. No. : RCHBH /FRM / CLINICAL / 119					Evaluator's Name	Puja		

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

BAH-00660023
Mrs P JAYA
01-09-1953 72 Y
Dr. RAD BAHADUR BADUGU (F)

Morse Fall Risk Assessment Form

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Choose Highest Applicable Score from each Category		Date / Time	2/2/26	2/4/26	3/7	Fall Risk Grading		
		Score				Risk Level	Morse Fall Score (MFS)	Action
History of Falling (immediately or w/in 3 months)	Yes	25				Low Risk	0 - 24	Standard Fall Precaution
	No	0	0	0	0			
Secondary Diagnosis (more than one diagnosis)	Yes	15	15	15	15	Moderate Risk	25 - 50	Implement Moderate Fall Prevention Intervention
	No	0						
Ambulatory Aid	Furniture	30				High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	Crutches, Cane(S), Walker	15						
	None /Bed Rest /Nurse Assist	0	0	0	0			
IV / Heparin Lock or Saline	Yes	20	20	20	20	Moderate Risk	25 - 50	Implement Moderate Fall Prevention Intervention
	No	0	0	0	0			
GAIT / Transferring	Impaired	20				High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	Weak (uses touch for balance)	10						
	Normal /On Bed Rest /Immobile	0	0	0	0			
Mental Status	Forgets limitations	15				High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	Oriented to own ability	0	0	0	0			
Total Morse Fall Scale Score:			35	30	35			
Signature			Key	Pign	Latka			

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

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

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

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

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

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

BAH-00660023 IP5-00175860
Mrs P JAYA
01-09-1953 72 Y (F)
Dr. RAO BAHADUR BADUGU

Morse Fall Risk Assessment Form

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Choose Highest Applicable Score from each Category		Date / Time	Fall Risk Grading		
		Score			
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0	0		
Secondary Diagnosis (more than one diagnosis)	Yes	15	15		
	No	0			
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0	0		
IV / Heparin Lock or Saline	Yes	20	20		
	No	0			
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10			
	Normal /On Bed Rest /Immobile	0	0		
Mental Status	Forgets limitations	15			
	Oriented to own ability	0	0		
Total Morse Fall Scale Score:			35		
Signature			Rign		

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

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

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

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

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

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



PAIN ASSESSMENT FORM

		ore (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
2/7/26	10A	0/10		☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	-	Key
2/7/26	10pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Pigs
3/7/26	6AM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Pigs
3/7	12pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Latter
3/7/26	8pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Pigs
4/7/26	6AM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Pigs
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

Re-assessment Frequency:

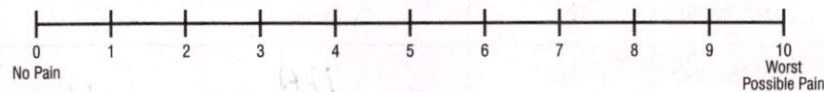
- Every eight hours for all hospitalized patients.
- For post-surgical patients, patients with chronic pain, patient with severe pain:
 - At least every 2 hours for the first 24 hours
 - Then every 4 hours.
 - Prior to pain pain-relieving intervention.
 - Within 30 – 60 minutes after pain relief intervention.

PAIN ASSESSMENT TOOLS

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

Numerical Pain Scale (Obstetric and Gynecology)



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

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

Wong - Baker (Pediatrics) Above 7 Years



BAH-00660023

IP5-00175860

Mrs P JAYA

72 Y

(F)

01-09-1953

Dr. RAO BAHADUR BADUGU



CHECKLIST FOR THROMBOPHLEBITIS

N	STAGE / ACTION	SCORE	DAY-1			DAY-2			DAY-3			Remarks
			M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	0	0	0	0	0	0					
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	1	-	-	-	-	-					
3	Two of the following Signs are evident: Pain at IV site Redness	2	-	-	-	-	-					
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	3	-	-	-	-	-					
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	4	-	-	-	-	-					
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord pyrexia	5	-	-	-	-	-					
Signature of the Nurse			Key	Key	Key	Key	Key					

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 : Name :

Signature of Ward In Charge :

Signature : Name :

BAH-00660023
Mrs P JAYA
01-09-1953 72 Y
Dr. RAD BAHADUR BADUGU (F)

URINARY CATHETER BUNDLE CHECK LIST

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date of Insertion:

Date of Removal:

Parameters	Date	Shift Time						
Need for the Catheter	21/7/16	2 PM	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Hand Hygiene			☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Usage of Sterile Equipment			☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is the Collection bag below the level of bladder			☒ Yes ☐ No	☐ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Check the Tube for Obstruction (Free of Kinking)			☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is Catheter dated as policy			☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Collecting bag is been emptied regularly?			☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Maintenance of closed system for the catheter			☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Dressing clean and dry?			☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is the line removed as Policy?			☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Performance of Perineal Care			☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Onset of New Fever			☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Asses for the leakage at the site of insertion			☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Name of the Nurse				Piya	Piya			
Signature of the Nurse				Piya	Piya			



INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

It takes a lot to treat the little.

BirthRight™
RAINBOW HOSPITALS
Your Right to a Safe Delivery

Patient Name : P. JAYA Gender: ☐ Male ☒ Female Age : 72yrs
UHID No : BAH-00660023 Date : 2/7/2026

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)

VAGINAL HYSTERECTOMY WITH CYSTOCELE REPAIR
WITH PELVIC FLOOR REPAIR upon
(Name of the Patient) P. JAYA

I have 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.

CHANCE OF BLEEDING, BLOOD AND BLOOD PRODUCTS
TRANSFUSION, CHANCE OF INFECTION, INJURY TO
ADJACENT ORGANS SUCH AS BOWEL AND BLADDER AND
TI'S REPAIR

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.
I have received all the information I desire concerning the operation or procedure and
4. I authorize the consent to the performance of the operation or procedure.

Name of the Doctor who is performing the Surgery / Procedure: Dr. RAO BAHADUR

Consentee :

Signature : P. JAYA
Name : Mrs. P. JAYA
Date & Time : 2/7/2026, 10Am

Witness :

Signature : Negeri
Name : Negeri
Date & Time : 2/7/26 at 10Am

Docu. No. : RCHBH / FRM / CLINICAL / 027

Patient Attendant :

Signature : P. Hari Krishna Reddy
Name : P. Hari Krishna Reddy
Relationship with Patient : Son
Date & Time : 2/7/2026, 10Am

Doctor (who is taking the consent) :

Signature : Dr. Ravanti
Name : Dr. Ravanti
Date & Time : 2/7/2026, 10Am

CONSENT FOR ANAESTHESIA

Authorization By: ☒ Patient ☐ Patient Attendant

Operative Procedure: Virginity check my + cystocele + cystocele repair + PPR.

Anaesthesiologist: DR. K. SRIRAMYA. Surgeon: _____

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 can be achieved by infusing weak solutions of local anaesthetics and 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 ☐ Renal Failure ☐ Multi Organ Failure ☐ Hepatic Disorders
☐ Shock ☐ Obesity ☐ Chronic Obstructive Pulmonary Disease
☐ Others DESATURATION, HYPOTENSION, HYPERTENSION, PRA D/CARDIA.

Declaration by Patient Attendant

- I authorize and give consent for anaesthesia as considered appropriate by the anaesthesia team
☒ Regional Anaesthesia ☒ General Anaesthesia ☐ Monitored Anaesthesia Care
- 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, allergic reactions, headaches, variations in blood pressure, nausea and vomiting.
- I authorize the anaesthesia team to perform any additional procedures (for example, Central Venous Access, arterial line, use of suppositories and or nerve blocks for pain relief, changing from regional to general anaesthesia etc) which are considered necessary by them during the course of surgery.
- I also 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 if need arises.
- I acknowledge that the anaesthesiologist have informed me about the anaesthetic procedure, risk, benefits and alternative treatments.
- I acknowledge that I fully understand the above information. I have had the opportunity to ask questions, and they have been answered to my satisfaction in a language I understand. I affirm that this consent is given by me in my full senses.

Patient / Patient Attendant:

Signature: P. Jaya
Name: P. Jaya
Relationship with patient: Sent
Date & Time: 30/6/26 : 1:13PM

Witness:

Signature: P. Hari Krishna Reddy
Name: P. Hari Krishna Reddy (Son)
Date & Time: 30/6/26 1:13PM

Doctor (who is taking consent):

Signature: [Signature] Name: DR. K. SRIRAMYA Date: 30/6/26 Time: 1:13PM

అనస్థీషియా కోసం అనుమతి పత్రం

అనుమతి ఇచ్చినవారు: ☐ రోగి ☐ రోగి అటెండెంట్

శస్త్రచికిత్స:

అనస్థీషియా వైద్యుడు: శస్త్రచికిత్స నిపుణుడు:

అనస్థీషియా కోసం మీ అనుమతి ఇవ్వడానికి ముందు దయచేసి ఇది చదవండి

సాధారణ అనస్థీషియా అనేది శస్త్రచికిత్స ముందు రోగిని పూర్తిగా అవస్థాపక స్థితిలోకి తీసుకెళ్లే ప్రక్రియ. దీనితో రోగి శస్త్రచికిత్స సమయంలో ఏదీ తెలుసుకోడు, నొప్పి అనుభవించడు. దీనిని శిరస్థాపం ద్వారా ఇచ్చే మందులతో లేదా అనస్థీషియా యంత్రం నుండి పీల్చే మందులతో అందిస్తారు.

రిజనల్ అనస్థీషియా అనేది శరీరంలోని ఒక ప్రత్యేక భాగాన్ని లోకల్ అనస్థీషియా నొప్పి రాకుండా చేయడం. శస్త్రచికిత్స లేదా గాయం తరువాత దీర్ఘకాలిక నొప్పి ఉపశమనం కోసం, కాథెటర్లు ఉపయోగించి వీక్ లోకల్ అనస్థీషియా లేదా నార్మల్ బ్లడ్ మందులను నిరంతరం ఆ భాగానికి అందించవచ్చు.

స్పెసిఫిక్ హై రిస్క్:

క్రింద పేర్కొన్న వైద్య సమస్యల కారణంగా ఉండే అధిక ప్రమాదాల గురించి వైద్యులు నాకు వివరంగా చెప్పారు. నాకు ఉన్న సందేహాలను నేను అడిగాను మరియు అవి నివృత్తి చేయబడ్డాయి.

☐ హృదయ వ్యాధి ☐ రక్తపోటు ☐ మధుమేహం ☐ మూత్రపిండాల వైఫల్యం ☐ బహుళ అవయవ వైఫల్యం

☐ కాలేయ సమస్యలు ☐ షాక్ ☐ ఊబకాయం ☐ దీర్ఘకాల శ్వాసకోశ వ్యాధి (COPD)

☐ ఇతరవి:

రోగి / రోగి అటెండెంట్

- అనస్థీషియా బృందం అవసరమని భావించిన విధంగా నాకు అనస్థీషియా ఇవ్వడానికి నేను అనుమతి ఇస్తున్నాను.
☐ రిజనల్ అనస్థీషియా ☐ జనరల్ అనస్థీషియా ☐ మానిటర్డ్ అనస్థీషియా కేర్
- అనస్థీషియా ఉపయోగంలో అప్పుడప్పుడూ జరిగే కొన్ని అరుదైన సమస్యలు ఉండవచ్చు అని నేను అర్థం చేసుకున్నాను. వీటిలో ఇంజెక్షన్ ఇచ్చిన చోట నొప్పి లేదా స్వల్ప గాయం, తాత్కాలిక శ్వాస ఇబ్బందులు, అలెర్జిక్ ప్రతిచర్యలు, తలనొప్పి, రక్తపోటు మార్పులు, వాంతులు మరియు అసహనం వంటి సమస్యలు ఉండవచ్చు.
- శస్త్రచికిత్స సమయంలో అవసరం అనిపిస్తే, అదనపు చర్యలు (ఉదాహరణకు సెంట్రల్ వెన్స్ యాక్సెస్, ఆర్థిలయల్ లైన్, సపోజిటరీలు, నొప్పి నివారణ కోసం నర్వ్ బ్లాకులు, రిజనల్ అనస్థీషియా నుండి జనరల్ అనస్థీషియాకు మార్పు మొదలైనవి) చేయడానికి అనస్థీషియా బృందానికి నేను అనుమతి ఇస్తున్నాను.
- శస్త్రచికిత్స సమయంలో మరియు వెంటనే అనంతరం, అవసరమైతే రక్త పదార్థాలు (Blood products) ఇవ్వడానికి నా చికిత్సలో ఉన్న వైద్యుల బృందానికి కూడా నేను అనుమతి ఇస్తున్నాను.
- అనస్థీషియా విధానం, ప్రమాదాలు, ప్రయోజనాలు మరియు ప్రత్యామ్నాయ చికిత్సల గురించి అనస్థీషియా వైద్యులు నాకు వివరించినట్లు నేను అంగీకరిస్తున్నాను.
- పై సమాచారం అంతా నేను పూర్తిగా అర్థం చేసుకున్నాను. నాకు ప్రశ్నలు అడిగే అవకాశం లభించింది, మరియు నాకు అర్థమయ్యే భాషలో వాటికి సమాధానాలు ఇచ్చారు. ఈ అనుమతి నేను పూర్తిగా స్వచ్ఛమైన భావాలతో, స్వయంగా ఇస్తున్నానని ధృవీకరిస్తున్నాను.

రోగి / రోగి అటెండెంట్:

సంతకం:

పేరు:

రోగితో సంబంధం:

తేదీ & సమయం:

సాక్షి:

సంతకం:

పేరు:

తేదీ & సమయం:

డాక్టర్ :

సంతకం: పేరు: తేదీ & సమయం:

Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION

BAH-00660023 IP5-00175860
Mrs P JAYA
01-09-1953 72 Y (F)
Dr. RAO BAHADUR BADUGU



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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Name: P. Jaya Age: 70 Sex: F. UHID.No :
Date: 30/6/26 Time: 12:32 Proposed Operation: Vaginal Hysterectomy +
Diagnosis: U.V. prolapse. Cystocoele repair + PPH
B.P / CRT: H.R: Weight: 51.1kg ASA Physical Status: ☐ 1 ☒ 2 ☐ 3 ☐ 4 ☐ 5

11/6/26

Hgb: 13.6
PCV: 36.0
WBC: 9600
Plate: 258
PT: 11.4
PTT: 24.4
INR: 1.05

HBA1C - 5.9
Glucose: 118 (FBS)
Urea: 49
Creat: 1.85
Na: 138
K: 4.6
Ca++: 2.4
Mg++: 1.05

Laboratory Data:

Protein: 4
Alb: 4
Total Bill: 6.85
Dir. Bill: 6.15
LDH: 1.4
Alk phos: 8.44
Amylase: 2.45
SGOT/SGPT:

LDL - 88. Triglycerides - 175

HIV: X-Ray:
HBS Ag: ECG:
HCV: 2D Echo:
Blood group: Stress/Angio:
T3: 1.14 Other:
T4: 8.44
TSH: 2.45

Allergies: -

Medical History: CVS: H/O HTN since 3y on medication - TELMA 40mg

RESP:

CNS:

Renal:

Hepatic / GE:

Others:

Past Anaesthetic History:

Physical Exam: Leg PEADAL EDE' edema. Both from 2 day.

Airway: MP 1 2 3 4 Mouth Opening: 23mm Mentohyoid Distance: 3cm Neck: (N) Teeth: lower (N) premolar & molar

Lungs: BAC @ clear.

Heart: S1 S2 @

CNS: Subject

Pregnant: ☐ Yes ☒ No ☐ NA

Venous Access Site:

Spine Exam for regional: (N)

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

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

CURRENT MEDICATIONS	DOSAGE
T. TELMA 40mg	1-0-0
T. GLYCOMET SR 600mg	1-0-1
T. TENEDIA 20mg	1-0-0
T. OXRA (PAPABLO) 10mg	0-1-0
T. VERTIN 60mg	1-0-0
T. atorva 20mg	0-0-1
T. E2chm 10mg	0-0-1

Signature: DR. K. SRI RAMA

Pre-Operative Instructions:

- DVT Prophylaxis:
 - Water / ORS 2 Hours
 - Others 6 Hours
- NIL ORAL
- Informed Consent: ☒ Standard ☐ High Risk
- Post Operative Pain Management: ☒ Discussed with Patient
- Other Instructions:
 - Continuous - T. VERTIN
 - STOP - Anti Hypertensive TELMA 40mg on the day of surgery
 - STOP - OHED
 - PBS On day of surgery
 - BLOOD GROUPING

BAH-00660023 IP5-00175860
Mrs P JAYA
01-09-1953 72 Y (F)
Dr. RAO BAHADUR BADUGU



ANAESTHESIA CHART

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

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

Pre Induction Assessment:

Change in Patient Condition:

☐ Yes ☒ No

Fasting Status: adequate

Physical Status:

☒ Patient Identified

☒ Consent Present

☒ Chart Reviewed

H.R: 64

B.P / CRT: 104/58

SpO₂: 100

R.R: 10

Last Feed: 8h

Pre-OP Diagnosis: Prolapse

Operation: Vaginal Hysterectomy

Date: 21/12/2016

Surgeon: Dr. Rao Bahadur

Anaesthesiologist: Dr. ms/ Dr. Shabana

Technician: Bapu

TIME

N₂O / AIR / O₂ LPM

HALO / SO / SEVO

Drugs:

Antibiotic

Suppository

DICLOFENAC 100mg

TRAMADOL 100mg

Blood Loss

NOTES

FiO₂ / SaO₂

ETCO₂

ECG

Temperature

Urine Output

Fluids
Blood

B.P

V Systolic

A Diastolic

X Mean

• Heart Rate

Tourniquet on Time

Tourniquet off Time

Throat Pack In

Throat Pack Out

LAB Values

ABG

GRBS

Others

☒ Equipment Checked and Functional

☒ BP

☒ Cuff Site: Left

☐ Art Site:

☒ EKG Lead

☒ Temp Site

☐ FIO₂ Monitor

☐ Agent Monitor

☒ Pulse Oximeter

☐ Capnograph

☐ Ventilator

☐ Nerve Stimulator

Position: Lithotomy

☐ Pressure Points Checked

Eye Care:

☐ Oint

☐ Tape

☐ Padding

☒ Awake

Temp:

☐ HME

☐ Cling Film

☐ Hugger's

☐ Other

Fluid Warmer

OH Warmer

Cotton Wool

Times:

Anaes Start: 2 pm

OP Start: 1.5 pm

OP End: 5 pm

Leave OR: 5 pm

Anaesthesia:

☐ GA

☐ Monitored Anaesthesia Care

☐ Regional

Line (Size & Location)

☐ CVP:

☐ ART:

☒ IV: 22 G @ hand

☐ IV:

☐ IV:

Induction

☐ IV

☐ Pre O₂

☐ Others

☐ Inhal

☐ RS1

☐ Mask

☐ Airway

☐ Oral

☐ Tracheostomy

☐ Drug:

☐ SG

☐ Oral

☐ Nasal

☐ Cuff

☐ Topical

☐ Awake

☐ Video Laryngoscopy

☐ Fiberoptic

Blade #

Attempts:

Difficulty Why?

☐ Bilat = BS

☐ Semi-Closed Circle

☐ Closed Circle

☐ Other

Regional:

Extremity

☒ Spinal

☐ Epidural

☐ Caudal

Others:

Position: Sitting

Site: L3-L4

Needle Size: 25 G

Parasthesia ☐ Yes ☒ No

Catheter at skin 2.5 cm

Drug Name & Conc: 2.5 ml 0.5% Bupiv

Bolus: 25 mcg Fentanyl

Infusion: 7.8 / 7.9

Block Level:

Comments:

Transportation to

☒ PACU ☐ ICU ☐ Other

Relaxant Reversed ☐ Yes ☒ No ☐ NA

Name of the Doctor: H. Subrahmanya

Signature of the Doctor: H. Subrahmanya

BAH-00660023 IP5-00175860
Mrs P JAYA
01-09-1953 72 Y (F)
Dr. RAO BAHADUR BADUGU



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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Shravan

Time Received :

Time Discharged :

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

POST ANAESTHESIA SCORE (Modified Aldrete Score)		MINUTES			OUT	SCORING INTERPRETATION
		IN	30	60	90	
Able to move 4 extremities voluntary or on command	= 2		1	1	2	A Minimum Total Score of 8 is Required for Discharge Exceptions to this, are to be explained in the space below by the Discharging Physician:
Able to move 2 extremities voluntary or on command	= 1					
Able to move 0 extremities voluntary or on command	= 0					
Able to deep breathe & cough freely	= 2		2	2	2	
Dyspnea or limited breathing	= 1					
Apneic	= 0					
BP ± 20 of Pre Anaesthetic level	= 2		1	1	2	
BP ± 20-50 of Pre Anaesthetic level	= 1					
BP ± 50 of Pre Anaesthetic level	= 0					
Fully awake	= 2		2	2	2	
Arousable on calling	= 1					
Not responding	= 0					
Pink	= 2		1	1	2	
Pale, dusky, blotchy, jaundiced, other	= 1					
Cyanotic	= 0					
TOTAL			8	8	10	

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
2/7/26	@ 7pm	2/10	Nil	

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

Anaesthesiologist Name : Dr. Amreen

Anaesthesiologist Signature: Dr. Amreen

Date & Time: 2/7/26 @ 7pm

PACU Nurse Name : Shravan

PACU Nurse Signature:

Date & Time: 2/7/26 @ 7pm

Reassessment Frequency:

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

Transferred to Unit by (PACU): 323

Date & Time: 2/7/26 @ 7pm

EPIDURAL ANALGESIA RECORD

b)

[illegible]

Date and Time :

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. RAO Bahadur
Asst. Surgeon :
Anaesthetist : Dr. Sridhara
Scrub Nurse : Prabhavathi

BAH-00660023 IP5-00175860
Mrs P JAYA
01-09-1953 72 Y (F)
Dr. RAO BAHADUR BADUGU
Barcode

Age : 72 Y Gender : F
Name : Hester
Out-time :

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: <u>1:40 PM</u>
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: <u>[Signature]</u>		
Name: <u>Dr. H. Sridharan</u>		

Before Skin Incision >>

TIME OUT		Time: <u>2 PM</u>
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? <u>30 min</u> <u>20 min</u> ☐ Yes ☐ No ☐ NA		
Anaesthesia Team Reviews:		
Are There Any Patient-specific Concerns? ☒ Yes ☐ No ☐ NA		
Nursing Team Reviews:		
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: <u>[Signature]</u>		
Name: <u>[Signature]</u>		

Before Patient Leaves Operating Room

SIGN OUT		Time: <u>5 PM</u>
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)	☐ Yes ☐ No ☐ NA	
Whether there are any Equipment Problems to be addressed	☐ Yes ☒ No ☐ NA	
To Surgeon, Anaesthetist and Nurse:		
What are the key concerns for recovery and management of this patient? ☐ Yes ☒ No		
Signature: <u>[Signature]</u>		
Name: <u>Dr. Bahadur Rao</u>		
<u>2/7/2020</u>		

BAH-00660023 IP5-00175860

Mrs P JAYA

01-09-1953

72 Y

(F)

Dr. RAO BAHADUR BADUGU



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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

BUNDLE CARE CHECKLIST TO PREVENT SURGICAL SITE INFECTION (SSI)

To Be Filled In By Assigned Nurse :

Date : 2/7/26

Department : P.O.T. Duration of Procedure : 3hr

Name of Surgeon : Dr. Rao Bahadur Date of Admission : 2/7/26

Bundle Care Criteria : (Tick (✓) if done)

		Staff Signature
1.	Antibiotic given prior to surgery ? ☒ Yes ☐ No ☒ Single Dose Antibiotic or Long Antibiotic Regime Antibiotic administered within 60 minutes prior to incision ? ☒ Yes ☐ No Name of the Antibiotic : 2nd - cefotaxim	<i>Sai</i>
2.	Hair Removal ☒ Yes ☐ No if Yes : Surgical Clipper Department where Hair Removed : ☒ Ward ☐ Operating Room ☐ Other : Nil Skin preparation done (cleanse surgical area with antiseptic agent)? ☐ Yes ☐ No	<i>Sai</i>
3.	Patient's body temperature immediately post operation (Recovery Room) _____ °C ☐ Oral Or ☒ Axilla (Goal : 36-37 °C)	<i>Sai</i>
4.	Name of doctor or staff administering the antibiotic : Sai Date & Time of antibiotic administration : 2/7/26 @ 1 PM Date & Time procedure started : 2/7/26 @ 2 PM	<i>Sai</i>

- Ensure form is filled in completely by assigned staff whenever patient had surgery
- If any bundle care criteria has not been observed or unmet, assigned staff must inform infection control nurse for management
- All forms (Bundle care and when required SSI form) are completed properly
- Forms must always be kept in Infection Control folder in respective department

Docu. No. : RCHBH/ FRM / CLINICAL / 038

BAH-00660023 IP5-00175860

Mrs P JAYA

01-09-1953

72 Y

(F)

Dr. RAD BAHADUR BADUGU



323-A

Rainbow
Children's
Hospital

It takes a lot to treat the little.

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NUTRITIONAL ASSESSMENT FOR GYNEC PATIENTS

Date: 3/7/26

Time: 8:20am

Origin: Indian Height: 155cm Weight: 51kg's BMI: 21.25kg/m²

Food Allergies: No

Diagnosis: POD-1 / VHC PPR C cytocele + Rectocele Repair

Medical History: DM, HTN, Asthama

Surgical History: -

☐ Vegetarian☒ Non-Vegetarian☐ Vegan

Diet Advised: soft High protein diet

include plenty of oral liquids

Avoid spicy, chilled and outside foods

Patient's / Attendant's

Dietician's

Signature: P. Harileela

Signature: Saima

Name: Harileela

Name: SAJMA

Date & Time: 3/7/26
8:45amDate & Time: 3/7/26
8:20am

DIETARY NOTES

[illegible]