ent Sticker

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

SURGERY DETAILS

BAH-00604350 IP5-00176610
Mrs YELAMPALLI SUPRIYA
04-11-1990 35 Y 8 M 16 D (F)
Dr. SHRUTHI REDDY/Dr.LAVANYA

Date : 21/7/26

Patient Name ..... Date of Birth: 4/11/1990 Age: 35 yrs

Gender: ..... Ward : ..... UHID No.: BAH-00604350

Date of Surgery: ..... ☐ OT -1 ☐ OT -2 ☐ OT -3 ☐ OT -4 ☐ OBG OT-1 ☑ OBG OT-2

Name of the Surgery : Emergency LSCS ↓SA

Time in : 6:00pm Time Out : 7:00pm

	NAME	AMOUNT
1. Surgeon	Dr Shruthi Reddy	
2. Anaesthetist	Dr Athila	
3. Assistant Surgeon	Dr Sameena	
4. OT Technician	Br Vijay	
5. Circulating Nurse	Sr Swaroopa	
6. Assistant Nurse	Sr Rajeshwari	

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

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 5713330 Order by: Pavlabi

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

BAH-00604350 IPS-00176610
Mrs YELAMPALLI SUPRIYA
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Dr. SHRUTHI REDDY/Dr.LAVANYA

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CONSUMABLES OF OT

Circulating Staff ..... Technician : VIJAY KUMAR Date : 20/7/26 Time : 7:30 PM

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube			~~Major~~ Pack Leg Drape		1 ✓	Inj Vit.K		1
LMA			Sutures 2346		1 ✓	Cord Clamp		1
ECG leads : A / P / N		3 ✓	2364		1 ✓	Suction Catheter		
HME filter : A / P / N			2762		1 ✓	Feeding Tube		
Syringes : 10 cc		4 ✓			✓	Vaccum Suction Set		
05 cc		3 ✓	Gloves 6, 6½		2/3 ✓	Surgical Gloves 6½		2
02 cc		2 ✓	P.F 7		1 ✓	Gauze Pack		1
01 cc						Syringe 1ml / ~~2ml~~		2
Cautery plate : A / P / N		1 ✓	Surgical blade 22		1 ✓	Surgical Blade # 20 ✓		1
IV set		1 ✓	~~NG~~ tube			Koochies (S) 1'S		1
RL		2 ✓	Cautery pencil		1 ✓			
NS : 10ml / 100ml / 500ml / 1000ml		1 ✓	Koochies XL		1 ✓			
Minispike		0	Ointments			971337		
			Suction Catheter		✓			
Fentanyl		1	Cap, Mask		10/10			
Morphine			Gauze Pack		1 ✓			
Ketamine			Mop Pack		2 ✓			
Propofol			~~Steristrip~~ 2ons		1 ✓			
Rocuronium			Underpad		1 ✓			
Glycopyrolate			Draw sheet ~~Allevrb~~		1 ✓			
Myopyrolate			Abgel		1 ✓			
Ondansetron			Foleys catheter					
Pencan 25g/ Spinal Needle 22			Urobag					
Bupivacaine 0.25%			Chest Drainage Catheter					
Bupivacaine 0.25%(Heavy)			Romodrain bag					
Antibiotics			Bandage					
			Tegaderm					
uppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg		1 ✓	Vaccum Suction set		1 ✓			
Justin : 12.5 mg / 25mg / 100mg		1 ✓	Plastic Bed Sheet					
Tab. Misoprost : 200mg		2 ✓	Betadine Solution		2 ✓			
Oxytocin		0	Microshield					
PCM		1 ✓	Cotton Balls		1 ✓			
			Latex Gloves		20 ✓			
			Ramdione Scrub					
			~~Saral~~ D/A		1 ✓			

Surgeon Anaesthesiologist Nurse OT Technician

Order No. : 9713375 Ordered by : Poulabi

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

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Children's Hospital - Banjara Hills

8-2-120/103/1,2,3,4 and 5,Road No: 2, Banjara Hills, Telangana, Hyderabad, INDIA Banjara Hills ,Hyderabad ,Telangana, India ,500034.
TEL NO :+91-40-4466 5555
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP5-00176610 **Admit Date** : 19-Jul-2026 **Admit Time** : 05:19 PM **UHID** : BAH-00604350

Patient Details :

Patient Name	: Mrs YELAMPALLI SUPRIYA	**Age**	: 35 Y 8 M 15 D
Guardian	: Mr DHEERAJ REDDY	**DOB**	: 04-11-1990
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	: Married
Address (H)	: marina skies, tower-2 f.no-602, moosapet , hyderabad Moti Nagar Hyderabad Telangana INDIA 500018	**Phone No**	: 9741511585/ 9246895552
		E-mail	: supriya89reddy@gmail.com

Admission Details :

Bed Type : SHARED WARD **Bed No** : SW 416 **Ward Name** : 4F-BIRTHING CENTRE

Room No : SW 416 **Admission Type** : First Visit

Contact Details :

Name	: Mr DHEERAJ REDDY	**Relationship**	: Husband
Contact Address	: marina skies, tower-2 f.no-602, moosapet , hyderabad Moti Nagar Hyderabad Telangana INDIA 500018	**Phone No**	: 9741511585 / 9246895552

Signature

Doctor Details :

Doctor Name	: Dr. SHRUTHI REDDY/Dr.LAVANYA JANAGAMA	**Specialisation**	: OBSTETRICS AND GYNECOLOGY
Referral Doctor	: SELF	**Phone No**	:
Co-Consultant	:		

Payment Details :

Payment Mode	: Cash	**Deposit Amount**	: 0.00
		Payor Name	: MEDI ASSIST INSURANCE TPA PVT LTD

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ACTIVITY RECORD FOR BILLING

BAH-00604350 IP5-00176610
Mrs YELAMPALLI SUPRIYA
04-11-1990 35 Y 8 M 15 D (F)
Dr. SHRUTHI REDDY/Dr.LAVANYA

Name :_____

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

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
20/1/26	10:30PM	OBS	Room (320)	Abhaitha

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Signature
19/7/20	NST - (1)	265-036003	
19/7	CBP	26072482	
19/7	NST - (2)	265036022	
20/7	NST - (3)	265036023	
20/7	NST - (4)		
20/7	NST - (5)	265036003	
20/7	NST (6)	265036158	
20/7	NST - (7)		
20/7	NST (8)	265036280	
20/7	NST (9)		
		cross check	

MEDICAL EQUIPMENT (WARD & ICU)					
Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
20/7	Cardiac monitor	9Am	10:00pm		
20/7	Epidural pump	9Am	~~10~~:00pm	9712461	[signature]
20/7	Infusion pump	9Am	10:30pm		
				Cross checked	

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
19/7/26	IV placement	1	9711372	Kanna
	PAC		9712463	
20/7	catheterization		9712462	

cross clave

ANY OTHER INFORMATION

.....

.....

.....

.....

.....

.....

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

BAH-00604350 IP5-00176610
Mrs YELAMPALLI SUPRIYA
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Dr. SHRUTHI REDDY/Dr.LAVANYA

Patien

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IP ADMIS... OBSTETRICS

Presenting Complaints

Primi ☾ 38 wks for IOL

Obstetric Formula:

Obstetric Hostory: M1-2023, NCM

I→PP→IVF Conception, Donor egg (Confirmed)

Present Pregnancy Record: Booked @ 13+4 wks

LMP: 26/10/25 EDD: 2/8/26

Corrected EDD: 2/8/26 GA: 38 wks

Menstrual History: Regular : ☑ Yes ☐ No

Obstetric Examination ET: 14/11/25

Fundal Height: Term

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

Liquor: ☑ Adequate ☐ Oligo ☐ Poly

PP: ☑ Cephalic ☐ Breech Others _____

Head Fifths Palpable: _____

FHS: ☐ Normal ☐ Tachy ☐ Brady ☐ Absent

RISK FACTORS:

- IVF Conception.
- DCDA → Sp. reduced to Singleton at 6 wks
- Hypothyroid: 10 yrs
- FGR: 36 wks, Doppler changes: 36 wks

Height: ..... cm

Weight: 70.2 kg

Allergies: NKDA

Breast: ☑ Normal ☐ Abnormal

General Examination:

Consciousness: Conscious Pallor: absent

Icterus: absent Edema: absent

Temp: Afebrile PR: 72

BP: 113/80 DTR: (+)

CVS: S1S2 (+) RS BAE (+)

Liver/Spleen: Not palpable Urine Output: adequate.

Per Speculum Examination

Draining: ☐ Present ☐ Absent ☐ Bleeding

Colour of Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Vaginal Examination

Cervix: ☐ Long ☐ Partially effaced ☐ Effaced

Os: Closed _____ Dilated _____

Membranes: ☐ Present ☐ Absent

Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Presenting Part: ☐ Vertex ☐ Breech ☐ Others

Sutton: ☐ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2

Pelvis: ☐ Adequate ☐ Doubtful

DIAGNOSIS

Primigravida ☾ 38 wks ☾ IVF Conception ☾ Singleton ☾ hypothyroid for IOL ☾ FGR ☾ Doppler changes

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Family History:

Mother - hypothyd.

Surgical History:

Left side.
Laparotomy @ 17yrs → Ovarian cyst
hysteroscopic Polypectomy, Septal resection & Metroplasty - 2025. (NOV, Monday)

Medical History:

hypothyroid : 10yrs

Medication History:

→ T. Iron OD
+ T. Calcium O.D
+ T. Eltroxin 150 mg OD
- T. Thyronorm 75µg OD

Plan of Care:

- admission
- NST - now
- NST - 3rd day
- Send - CBP & trace
- Monitor vitals - 4th hly
- Drug as charted
- consent - IOL, NVD
- Pre pave parts
- Chema (SOS)
- epidural (SOS)
- w/f POL
- foley's bulb induction

Investigations:

A+ve
Virals - NR.

21/6/26	19/7/26
Hb: 11.3	Hb: 10.9
Plt: 278	Plt: 2.58
WBC: 12910	WBC: 11.10

- NT: 1.8mm, FTS: Down Screen } Nov - 2025
Screen +ve for PE.
fetal ECHO - normal
TIFFA: (N)

7/7/26: 36+2 wks, Cephalic
2344 gms (8%), AC < 1%
AFI: 19cm, placenta Anterior
Doppler: MCA: Cerebral redistribution
& (N) Umbilical & UV Doppler

Doctor Name: Dr. Sravathi
Signature:
Date & Time: 19/7/2026, 6pm

Consultant Name: Dr. Shruthi Reddy
Signature:
Date & Time: 19/7/26, 6 pm

SHRUTHI REDDY YELAMPALLI CONSULTANT OBSTETRICIAN & GYNAECOLOGIST Registration No: 46820

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CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: Dr Shruthi Reddy	Date of Delivery: 20/1/26
Assistant Surgeon: Dr Sameena	Time of Delivery: 6:21 pm
Anaesthetist's Name: Dr Akhila	Gender of Baby: female
Type of Anaesthesia: ~~GA~~ (Epidural)	Weight of Baby: 2.369 kgs
Neonatologist: Dr Lohith, Dr ~~Aishwarya~~	AGPAR Score: 9|10
Scrub Nurse: Sr Rajeshwari	NICU Admission: ☑ Yes ☐ No

Pre-Operative Diagnosis:

☐ Elective ☑ Emergency Indication: Non-descent of fetal head 2nd stage arrest

Urgency

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

Decision time: ..... Knief to rectus: 3min

CTG Description: Reactive

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

Surgical Procedure: Emergency LSCS

Post Operative Diagnosis: POD0 | P1L1 | Emergency LSCS

Peri-Operative Complications: - Bladder drawn up
- Left ovary not visualised

Amount of Blood Loss: 500ml | Blood Transfused (in ML):

Name and Number of Surgical Specimen sent for examination:

~

Examination Findings when Appropriate:

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

5th Palpable: ..... 0/5 ..... Fetal Position: .....

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

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

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

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

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

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

Incision Through Placenta: ☐ Yes ☑ No

Delivery of head: ☑ Manual ☐ Forceps

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

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

Cord Appearance: ..... Normal ..... Cord around the neck ☐ Yes ☑ No

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

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

Left ovary - not removed

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

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

Sheath Closure: ..... Vicryl 1-0 ..... Suture

Fat Closure: ☑ Yes ☐ No ..... Rapid vicryl ..... Suture

Skin Closure: ☑ Subcuticular ☐ Mattress ..... Rapid vicryl ..... Suture

Vaginal Evacuated ☑ Yes ☐ No

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

Ctheter ☑ Yes ☐ No ☐ Remove in ..... 24hrs ..... days ☐ Await instructions

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

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

Post-Operative Notes: .....

- NBM for 6-10hrs
- IV fluids @ 150ml/hr
- vitals every 15min for 2hrs f/b 2nd hrly
- I/O charting

Doctor Name: ..... Dr Rameen ..... Doctor Signature: .....

Date & Time: ..... 20/07/2026 @ 7pm .....

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DEFICIENCY CHECK LIST OF CASE SHEET

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

Signature and Date :

(P.T.O)

ERROR LOG

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

OBSERVATION :

DATE :

SIGNATURE OF MRD INCHARGE / EXECUTIVE

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Patient placed in lithotomy position	
	Aseptic conditions	
	Parts painted & Draped.	
	Anterior & posterior vaginal wall retracted & Sims speculum.	
	anterior lip of Cx held & sponge holding forceps.	
	Intracervical foley placed, & Inflated & 10ml of distilled water	
	Post procedure vitals stable	
19/4/2026		
7pm	Primi / 38ws / IVF Cephtx & FGR & Dopplerwps hypothyroid	for IOL
	GC: Fair	Rx
	B.P - 110/70	1) W/f POL
	P.R: 72	2) Monitor vitals - 4th hrly x 24
	SPO2: 100% on RA	3) Drug as charted
	P/A: Ut - Term relaxed	4) ~~4th~~ HR - 4th hrly
	FHR (+)	5) NST - 3rd hrly
		6) Inform SOS.
	Trace CBP	- Dr Shruthi

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/2/26 10 PM	Primi | 38 wks | FGR | Abnormal dopplers Hypothyroidism | IOL	
NST-Reactive	Pt - comfortable No complaints G.c - fair Afebrile PR - 72/min. BP - 108/73 (supine) P/A - ut Term, Relaxed, NAIS foley's insitu	Adv:- ① W/f uterine contractions ② FHR Monitoring. ③ NST - 3rd hourly ④ Drugs as charted ⑤ Maintain vitals 4th hrly ⑥ Inform SOS hr (Dr.Sowmya)
20/2/26 12:30 Am	Primi | 38 wks | FGR | Abn Dopplers Hypothyroidism | IOL	
NST reactive	Pt: Comfortable NO Complaints G.C: fair B.P → 110/60 mmHg P.R :- 70 bpm SPO2 : 100% on RA P/A: UT-Term relaxed. foleys insitu	Rx 1) W/f UT-Contractions 2) W/f PDL 3) Monitor vitals - 4th hrly 4) Drugs as charted 5) NST - 3rd hourly 6) Inform SOS — Dr Sruthi

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/2/26		
9 Am	Primi / 38+1 wks / FGR / Abnormal doppler c̄ hypotension / IOL	
	GC: fair	Rx
	B.P - 106/71	1) CST
	P.R: 70	2) Drugs as charted.
	SPO2: 100% on RA	
	P/A: Ut - Term relaxed	
		- Dr Smruthi
20/2/26 8:30 am	Primi / 38+1 wks / FGR / Abnormal dopplers c̄ hypotension / IOL	
	No complaints	
	GC: fair	Rx
	BP - 110/70	
	PR - 72	1) 5th dose of T. PGE1 given at 5:30 Am
	SPO2 - 100% on RA	
	P/A: Ut Term relaxed	2) w/f POL
		3) FHR, Vitals - 4 hrly
	P/V: Cx: 1/4" long	4) NST - 3rd hrly
	Os → 2 fingers	5) Fem sec
	PPV: high	
	ARM done	- Dr Sruthi
	M ⊖, liquor clear	

Noted by [illegible]

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/4/26 10.40 Am	→ Primi / 38+1wks / IVF conception / FGR c̄ doppler changes / Hyp pathyords	
	⇒ BP - 106/70(81)	
	PR - 86bpm	
- On Epidural.	SpO2 - 98% on RA	
- Synto - 12ml.	P/A - UH ~ term	
	acting.	
- T. PGE1 - 5 doses.	Cephalic	
	P/V - Cx - 2-3cm; well effaced.	
	Vx = -2 station; clear liquor.	
	E/S/B/- Dr. Shruthi.	
	Advice ① Synto augmentation till 24ml.	
	② Inj. Paracetamol 1 amp stat	
	③ CTG - 3rd hrly.	
	④ vitals & FHR / 1hrly.	
	Sruthi	

Docu. No. : RCHBH /FRM / CLINICAL / 088

(P.T.O)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/7/26 7.30PM	POD0 | RL | Emerg LSCS c/o - drowsy Baby - NICU Epidural catheter (+)	Adv - NBM for 8 hrs - Inf. RL @ 100 ml/hr - Vitals every 1 hrly for 2 hrs then 2 hrly - drugs as per chaded - I/O charting - Inform SR Dr Saanvi
20/7/2026 10:30PM	POD-0 Emg. LSCS | Full dilatation BP: 131/76 (mmHg) (94) PR: 72 bpm SpO_2: 99% RA P/A: URW BS (+) P/V: BWNL U/O: 400ml, clear Shift to room Baby NICU	① Allow oral trips liquid diet 11PM 12AM ② Soft > 12AM diet ③ IVF @ 120 ml/hr RL - 12AM to ml/hr RL - 6AM ④ Drugs as chart ⑤ vitals 4 hrly ⑥ I/O hrly ⑦ w/f Bleeding PV IV Taxim MTG clearance NB by Smitha

Dr. Y. Sneha

BAH-00604350 IP5-00176610
Mrs YELAMPALLI SUPRIYA
04-11-1990 35 Y 8 M 16 D (F)
Dr. SHRUTHI REDDY/Dr.LAVANYA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/7/2026 9:00am	POD-1 / Em. LSCS	P/L
	O/E	
	G.C - fair	Adv
Baby - NICU	PR - vitals stable	① Soft diet
UO - adequate	P/A - UT @ UU	② Hydration
	P/V - BWNL	③ Ambulation
	Lochia healthy	④ Drugs as charted
FV		⑤ Monitor vitals 4th hrly
SX		⑥ Inform SOS
- Remove foley at 4:00pm		
		Dr Divya
		N.B Santhoshini
21/7/2026 2:20PM	POD-1 / Em. LSCS / AL	
	O/E	Adv
Baby - NICU	G.C fair	① Soft diet
	vital stable	② Ambulation
UO - adequate	P/A - UT @ UU	③ Hydration
	P/V BWNL	④ Drugs as charted
	Lochia healthy	⑤ Inform SOS
foley removal @ 4:10pm		
FV	→ Inj. taxim	Dr. Divya
SX	→ Inj. metrogyl. 24hrs	NB Seema

Docu. No. : RCHBH /FRM / CLINICAL / 088

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/7/2026 8:30 AM	POD-1 / Emlscs / P1L1	
	Pt: Comfortable	Rx
	No complaints	1) (R) diet & plenty of oral fluid
	GC: fair	
B- N/O	vitals: stable	2) Ambulation
U/	P/A: Ut (R) well	3) Drug as charted
F/	soft	4) W/f P/V Bleeding
S (x)	BS (+)	5) Monitor vitals 4thly
	P/V: NAD	
		— Dr. Shruthi
		N/B Chaithanya G02887
22/7/26 9:30 AM	POD-2 / Emlscs / P1L1	
		Rx
	Pt: Comfortable	1) Dulcolax 2 tabs if not passed stools
B- N/O	GC: fair	2) Drug as charted
U/	vitals: Stable	3) W/f P/V bleeding
F/	P/A: Ut (R) well	4) Monitor vitals 4thly
S (x)	soft, BS (+)	5) Ambulation
T/F	P/V: NAD	6) Tea/free sos
D/E		— Dr Shruthi
	Plan discharge.	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

BAH-00604350 IP5-00176610
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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: ..... 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. Iron	½tb	P/o	O.D	18/7	☐C ☑DC
2	T. Calcium	1tab	P/O	O.D	18/7	☐C ☑DC
3	T. Thyronorm	75mg	P/o	O.D	19/7	☐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 : Shruthi, Dr. Shruthi

Date & Time : 19/7/2026, 5:30 PM

Nurse Name & Signature: Swapna

Date & Time : 19/7/2026 6pm

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DRUG CHART

Date of Admission: 19/7/26 Drug Allergies: NKDA ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

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 .....

BAH-00604350 IP5-00176610
Mrs YELAMPALLI SUPRIYA
04-11-1990 36 Y 8 M 15 D (F)
Dr. SHRUTHI REDDY/Dr.LAVANYA

REGULAR PRESCRIPTIONS

Weight. 70.2 Ward. OBS

DRUG : Inj CEFOTAXIME

Dose	Route	Frequency	Start Date
1gm	I/V	BD	19/2

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

Additional Instructions:

STOP

Daily Doctor's Endorsement by a Sign

DRUG : T. PARACETAMOL

Dose	Route	Frequency	Start Date
1gm	oral	QID 6hr	20/2

Name & Signature of the Doctor Starting the Drugs: Dr-Akhila

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG : T. TRAMADOL

Dose	Route	Frequency	Start Date
100 mg	oral	TID 8h	20/2

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG : T. DICLOFENAC

Dose	Route	Frequency	Start Date
50mg	oral	TID 8h	20/2

Name & Signature of the Doctor Starting the Drugs: Dr-Akhila K

Additional Instructions:

Daily Doctor's Endorsement by a Sign

VERIFIED

VERIFIED

VERIFIED

VERIFIED

BAH-00604350 IP5-00176610
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REGULAR PRESCRIPTIONS

Sheet No: .... Weight .... Ward ....

DRUG : Inj METRONIDAZOLE				Date / Time	20/7	21/7
Dose	Route	Frequency	Start Dt.			
500mg	IV	TID	20/7	6am	X	
Name & Signature of the Doctor Starting the Drugs: Dr Sameera				2PM	X	
Additional Instructions: for 24hrs				10PM		
Daily Doctor's Endorsement by a Sign						

Stop abx every dose.

DRUG : Inj CLEXANE				Date / Time	21/7	22/7
Dose	Route	Frequency	Start Dt.			
40mg	S/C	OD	21/7			
Name & Signature of the Doctor Starting the Drugs: Dr Sameera				8am		
Additional Instructions: at 8Am						
Daily Doctor's Endorsement by a Sign						

DRUG : Tab PANTOPRAZOLE				Date / Time	21/7	22/7
Dose	Route	Frequency	Start Dt.			
40mg	PO	OD	21/7			
Name & Signature of the Doctor Starting the Drugs: Dr Sameera				6am		
Additional Instructions:						
Daily Doctor's Endorsement by a Sign						

DRUG : T. THYRONORM				Date / Time	22/7
Dose	Route	Frequency	Start Dt.		
75mg	P/O	O.D	21/7		
Name & Signature of the Doctor Starting the Drugs: Dr Sushma				6AM	
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					

Patient Sticker

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

DRUG : T. CEFIXIME				Date ▸ Time ▾
Dose	Route	Frequency	Start Dt.	
200mg	P/O	BD	22/7	
Name & Signature of the Doctor Starting the Drugs: Dr Sruthi				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

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

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

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

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

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Weight. 70.2 Ward. OBS

	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
19/7	5:30 pm	T. PGE1	25 µgm	P/O		Swapna Kavya
19/7	9:30pm	T. PGE1	25 µgm	P/O		priya sona
20/7	12:30 AM	T-PGE1	25 mcg	P/O		priya sona
20/7	3:30 AM	T-PGE1	25 mcg	P/O		priya sona
20/7	5:30 AM	T. PGE1	25 µgm	P/O		priya sona
20/7	10:10 Am	Inj DROTIN	1 amp	IM	Sruthi	Shruthi Veena 10:15 Am
20/7/26	9 AM	ENEMA-PROCTOLYSIS		P/R		Shruthi Veena
20/7/26	6 PM	Inj PANTOPRAZOLE	1 amp	IV		Bharath Veena
20/7/26	6 PM	Inj NEBINORM	1 amp	IV		Bharath Veena

Signature
VERIFIED BY : Name

BAH-00604350 IP5-00176610
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Dr. SHRUTHI REDDY/Dr.LAVANYA

I.V. FLUIDS CHART

Weight. 70.2 Ward. OBS

Date	Time	Composition of I.V. Fluid (In infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
20/7/26	12AM	Ringer Lactate	IV	100/hr		priya Sona	20/7/26		priya SONA
20/7	3AM	Ringer Lactate	IV	100/hr		priya SONA	20/7/26		priya Sona
20/7	6AM	Ringer Lactate	IV	100/hr		priya SONA	20/7		Bhagya
20/7	10AM	RINGER LACTATE 500ml	IV	100ml/hr	Sruthi	Bhagya veena	20/7		Bhagya veena
20/7	12 PM.	RINGER LACTATE	IV	150		Bhagya veena	20/7		Bhagya veena
20/7	12 PM	RINGER LACTATE	IV	150		Bhagya veena	20/7		Bhagya veena
20/7	12:30 PM	RINGER LACTATE	IV	150		Bhagya veena	20/7	Rimmi	Abhaita veena
20/7	6:15 PM	RINGER LACTATE	IV	500ml/hr	Rimmi	Abhaita Sudha	21/7		Abhaita Sudha
20/7	10:30PM					Abhaita Sudha			

Page: 4/4

BAH-00604350 IP5-00176610
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19/7/26

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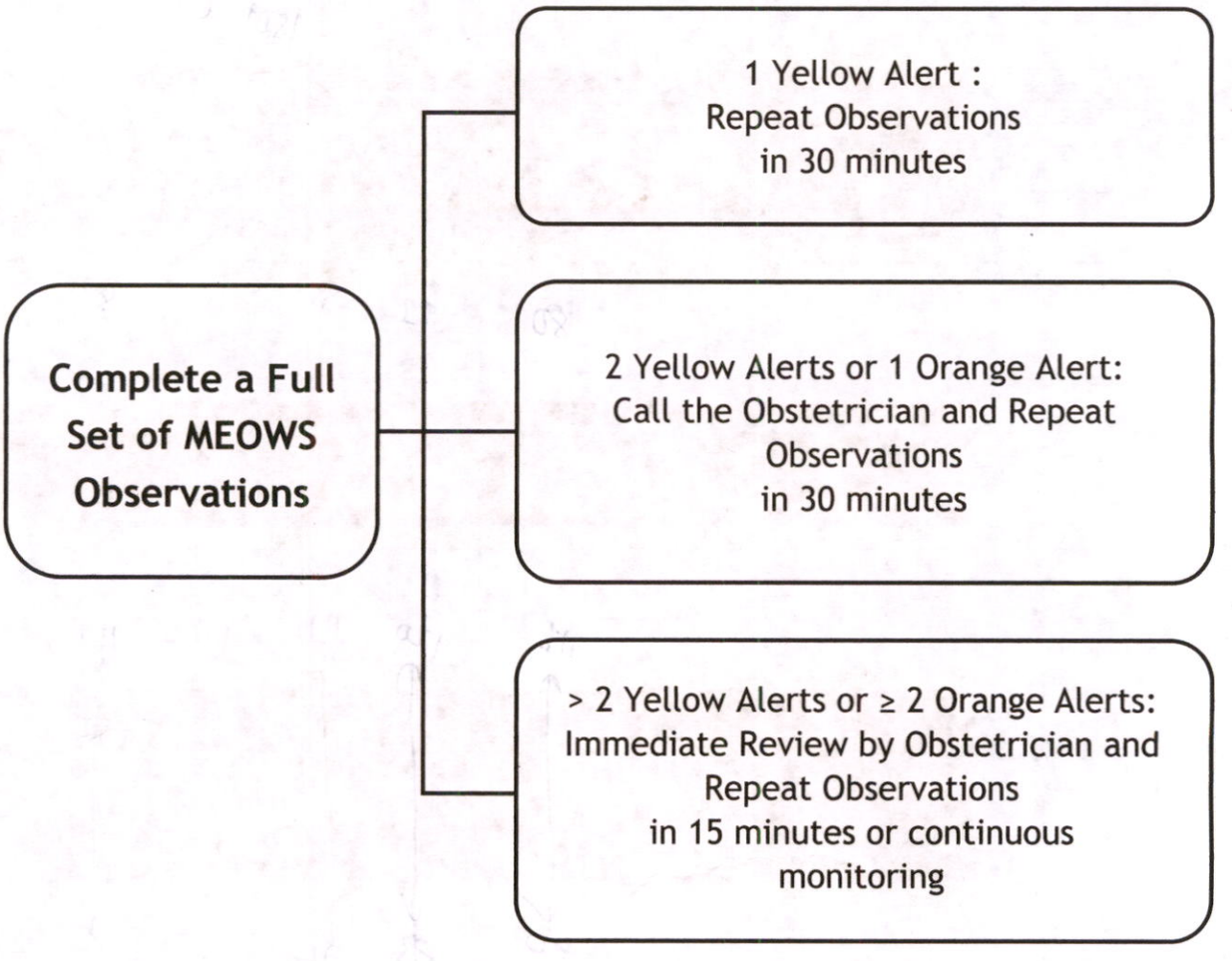
Early Warning Observation Score Chart - Obstetrics

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

		Date																						
		Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																									
	21 - 30																									
	11 - 20											19			20			19				19				19
	0 - 10																									
Saturations	94 - 100 %											99			98			98%				98%				98%
	< 94 %																									
Administered O_2 (L/min.)																										
Temp°c	40																									
	39																									
	38																									
	37																									
	36																	98.0F				97.6F				97.5F
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80											80			83			85				89				72
	70																									
	60																									
	50																									
	40																									
↑ Systolic Blood Pressue	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110											118			120			119				110				108
	100																									
	90																									
	80																					(82)				(85)
	70																									
	60																									
	50																									
↓ Diastolic Blood Pressure	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70											60			73			72				62				69
	60																									
	50																									
	40																									
NEURO RESPONSE [✓]	Alert											✓			✓			✓				✓				✓
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30											✓			✓			✓				✓				✓
	< 30																									
Proteinuria	Protein + +																									
	Protein > + +																									
Lochia	Normal											✓			✓			✓				✓				✓
	Heavy / Foul																									
Liquor	Clear / Pink																	✓				✓				✓
	Green																									
TOTAL YELLOW SCORES												0			0			0				0				0
TOTAL ORANGE SCORES												0			0			0				0				0
Nurse Initial												Q			Q			M				M				M

Obstetrics and Gynaecology Early Warning Signs



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

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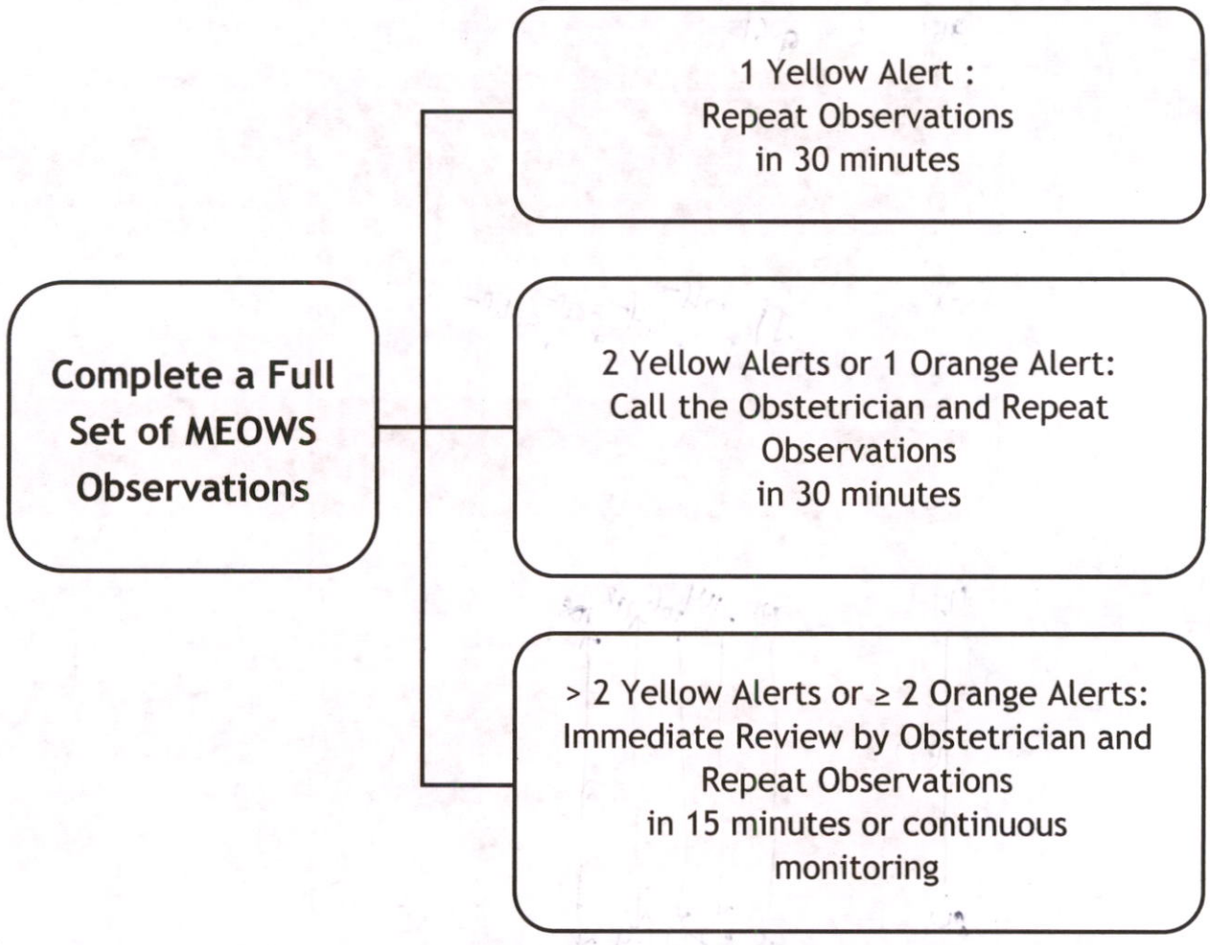
CONTACT DOCTOR FOR EARLY INTERVENTION IF PATIENT TRIGGERS ONE ORANGE OR TWO YELLOW SCORES AT ANY ONE TIME

20/7/26	Date																							
	Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																							
	21 - 30																							
	11 - 20	19				20	18	20	18	18	18			20		19								19
	0 - 10																							
Saturations	94 - 100 %	97				97	98	99	98	99	98			99		100								99%
	< 94 %																							
Administered O_2 (L/min.)						2																		
Temp °C	40																							
	39																							
	38																							
	37																							98.2°F
	36	36°C				98.6°F								✓		✓								
	35																							
	< 35																							
Heart Rate	170																							
	160																							
	150																							
	140																							
	130																							
	120																							
	110																							
	100																							
	90	88				74	72	74	66	64														
	80													80		80								80
	70																							
	60																							
	50																							
	40																							
Systolic Blood Pressure ↑	190																							
	180																							
	170																							
	160																							
	150																							
	140																							
	130																							
	120	117				118	114	106	118	108				116		131								108
	110																							
	100																							
	90																							
	80																							
	70																							
	60																							
	50	(83)														(94)								(80)
Diastolic Blood Pressure ↓	130																							
	120																							
	110																							
	100																							
	90																							
	80	80				60	62	61	64					86		86								78
	70									68														
	60																							
	50	✓																						
	40																							
NEURO RESPONSE [✓]	Alert					✓	✓	✓	✓	✓				✓		✓								—
	Voice																							
	Pain																							
	Unresponsive																							
URINE mls / hour	> 30	✓				✓	✓	✓	✓	✓				✓		✓								—
	< 30																							
Proteinuria	Protein + +																							
	Protein > + +																							
Lochia	Normal	✓					✓	✓	✓	✓				✓		✓								—
	Heavy / Foul																							
Liquor	Clear / Pink	✓																						
	Green																							
TOTAL YELLOW SCORES		0				0	0	0	0	0				0		0								0
TOTAL ORANGE SCORES		0				0	0	0	0	0				0		0								0
Nurse Initial																								

Obstetrics and Gynaecology Early Warning Signs



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

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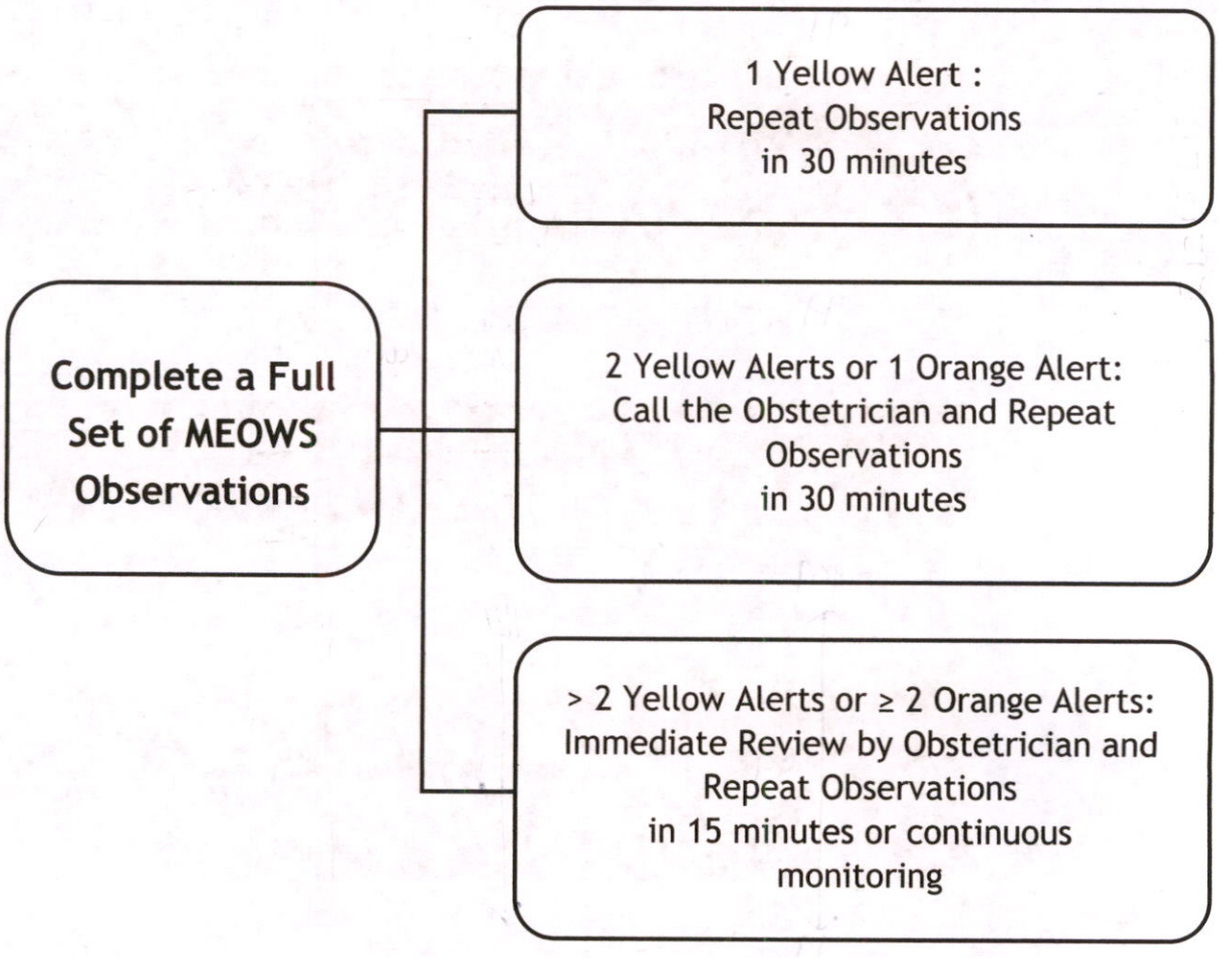
CONTACT DOCTOR FOR EARLY INTERVENTION IF PATIENT TRIGGERS ONE ORANGE OR TWO YELLOW SCORES AT ANY ONE TIME

		Date	21/3/26																						
		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				22								20				19								19	
	0 - 10																									
Saturations	94 - 100 %				99								100%				98%								98%	
	< 94 %																									
Administered O_2 (L/min.)																										
Temp°c	40																									
	39																									
	38																									
	37				97								37°				98.2°F								98.0°F	
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80					74																			78bpm	
	70																70bpm									
	60												64													
	50																									
	40																									
Systolic Blood Pressue ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130					109																				
	120																									
	110												114				112								116	
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
	40																									
						89							(88)				(85)								(92)	
						79							77				78								88	
NEURO RESPONSE [✓]	Alert					✓							–				✓								✓	
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30					✓							–				✓								✓	
	< 30																									
Proteinuria	Protein + +																									
	Protein > + +																									
Lochia	Normal					✓							–				✓								✓	
	Heavy / Foul																									
Liquor	Clear / Pink					✓							–				✓								✓	
	Green																									
TOTAL YELLOW SCORES						0							0				0								0	
TOTAL ORANGE SCORES						0							0				0								0	
Nurse Initial																										

Obstetrics and Gynaecology Early Warning Signs



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

BAH-00604350 IP5-00176610
Mrs YELAMPALLI SUPRIYA
04-11-1990 35 Y 8 M 15 D (F)
Dr. SHRUTHI REDDY/Dr.LAVANYA

19/7/26

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 1

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

19/7		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											
19/7	05:00 pm		H20				1				0	
	06:00 pm						Nil				0	Swapna.
	07:00 pm		H20				P				0	
tal Intake :			Taken			**Total Output :**				Passed.		
	08:00 pm						1				0	Nanda
	09:00 pm		H20								0	Nanda
	10:00 pm						Nil				0	Nanda
	11:00 pm		H20								0	Nanda
	12:00 am						1				0	Nanda
	01:00 am		H20								0	Nanda
Total Intake :		Taken.				**Total Output :**				Passed		
	02:00 am										0	Nanda
	03:00 am		H20				1				0	Nanda
	04:00 am										0	Nanda
	05:00 am		H20				Nil				0	Nanda
	06:00 am						1				0	Nanda
	07:00 am		H20								0	Nanda
Total Intake :		Taken				**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

BAH-00604350 IP5-00176610
Mrs YELAMPALLI SUPRIYA
04-11-1990 36 Y 8 M 15 D (F)
Dr. SHRUTHI REDDY/Dr.LAVANYA

FLUID CHART

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Sheet No. : (2)

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

		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							
20/7	08:00 am		40								0	
	09:00 am	RL		150 ml			✓			✓	0	Shaj
	10:00 am	RL		150 ml							0	
	11:00 am	RL	40	500 ml							0	
	12:00 pm	RL		250 ml						100 ml	0	Shaj
	01:00 pm	RL	40	100 ml							0	
Total Intake : 1150 ml.						Total Output : U=100 ml, m=)						
20/7	02:00 pm	RL		150 ml							0	Raj
	03:00 pm	RL		150 ml							0	Raj
	04:00 pm	RL		150 ml						300 ml	0	Raj
	05:00 pm	RL		150 ml							0	Raj
	06:00 pm	RL					NP				0	Raj
	07:00 pm	RL									0	Raj
Total Intake : Rabeon						Total Output : Passed						
20/7	08:00 pm	RL		150 ml							0	Ashu
	09:00 pm	RL		150 ml							0	Ashu
	10:00 pm	RL		150 ml						350 ml	0	Ashu
	11:00 pm			150 ml							0	
	12:00 am	RL		150 ml			NP				0	Dilip
	01:00 am			150 ml							0	
Total Intake :						Total Output : m-0 U- passed						
21/7	02:00 am			150 ml							0	
	03:00 am			150 ml							0	
	04:00 am			150 ml							0	
	05:00 am	RL		150 ml			NP				0	Dilip
	06:00 am	RL		-						600 ml	0	
	07:00 am			-							0	
Total Intake :						Total Output : m-0 U- passed						

Total 24 hrs. Intake		Total 24 hrs. Output	m- U- 1,500

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

BAH-00604350 IP5-00176610
Mrs YELAMPALLI SUPRIYA
04-11-1990 35 Y 8 M 16 D (F)
Dr. SHRUTHI REDDY/Dr.LAVANYA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : .....

1. All measurements in ml. 21/7/26
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am										0	
	09:00 am										0	
	10:00 am	NP DIF	H2O				NP				1	Soubhagya
	11:00 am										0	
	12:00 pm		H2O								0	
	01:00 pm									600ml	0	
Total Intake :						**Total Output :**				m-0	U-600ml	
	02:00 pm										0	
	03:00 pm		H2O								0	
21/7	04:00 pm									400ml	0	Seema
	05:00 pm		H2O				NP				0	
	06:00 pm										0	
	07:00 pm		H2O								0	
Total Intake :						**Total Output :**				m-0	U-1	
	08:00 pm										0	
	09:00 pm		food				✓			✓	0	
	10:00 pm										0	
21/7	11:00 pm										0	Dilip
	12:00 am		H2O								0	
	01:00 am										0	
Total Intake :						**Total Output :**				m-1	U-1	
	02:00 am										0	
	03:00 am										0	
	04:00 am		H2O							✓	0	
22/7	05:00 am						NP				0	
	06:00 am										0	Dilip
	07:00 am		H2O								0	
Total Intake :						**Total Output :**				m-0	U-1	

Total 24 hrs. Intake		Total 24 hrs. Output	m-1 U-4

Patient Sticker

FLUID CHART

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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.
3. 24 hrs. total to be entered in the kardex in RED.

		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**	