BAH-00634486 IP26-00006879
Mrs ASHIKA AGARWAL
05-08-1993 32 Y 11 M 15 D (F)
Dr. SWAPNA SAMUDRALA

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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	2			
3	Nursing Initial assessment	—			
4	Patient Transfer form	—			
5	In-patient Medical record	1			
6	Doctors progress sheets	06			
7	Nursing plan of care and handover sheets	—			
8	Consultation sheet	1			
9	General consent for treatment	1			
10	Consent for Surgery	—			
11	Consent for blood transfusion	1			
12	Consent for chemotherapy	—			
13	Consent for high risk	—			
14	Consent for Restraint	—			
15	LAMA consent	—			
16	Consent for special procedure / Sedation	—			
17	Consent for Formula feed	—			
18	Consent for MTP	1			
19	Consent for Radiological Investigations	—			
20	Consent for HIV test	—			
21	Anaestesia notes (Pre Anaesthesia& post)	—			
22	Neonatal Admission/Delivery/Physical Exam	—			
23	Medication Reconciliation	1			
24	Emergency Triage record	—			
25	Pre operative check list	01			
26	Surgical safety checklist	—			
27	Operation Theatre notes	—			
28	Nurses clinical Presentation	02			
29	TPR & BP chart	02			
30	Intake and Out take chart (fluid chart)	02			
31	Drug chart (Regular Prescription)	—			
32	Investigation Values (result sheet)	—			
33	Nebulization chart	—			
34	Nutritional review chart	—			
35	Intensive care unit (ICU Charts)	—			
36	Consent for Admission in PICU / NICU	—			
37	The Humpty dumpty scale	—			
38	Braden Q Scale	2			
39	Bed side check list	—			
40	PICU bed formula Dilution feeds	—			
41	Gastro monitoring chart	—			
42	Rch ED doctors note				
43	BP Monitoring chart				
44	RBS monitoring chart				
		17			
	Total No. of Pages 17				

Doc. No. : RCH/ FRM / GENERAL / 126

Signature and Date :

20/09/26

(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

Rainbow Childrens Hospital-Himayatnagar

Rainbow Children's Hospital, Door no. 3-6-267, opp. Cafe niloufer, Old MLA quarters road AP State Housing Board Himayatnagar ,Hyderabad ,Telangana, INDIA ,500029.
TEL NO :040-48873000
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP26-00006879 **Admit Date** : 18-Jul-2026 **Admit Time** : 02:59 PM **UHID** : BAH-00634486

Patient Details :

Patient Name	: Mrs ASHIKA AGARWAL	**Age**	: 32 Y 11 M 13 D
Guardian	: Mr NITIN KUMAR	**DOB**	: 05-08-1993
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	: Married
Address (H)	: Himayat Himayat Nagar East Hyderabad Telangana INDIA 500029	**Phone No**	: 8125375495/
		E-mail	: NO@gamil.com

Admission Details :

Bed Type : TWIN SHARING **Bed No** : PPO-419 **Ward Name** : 4F -OT

Room No : PPO-419 **Admission Type** : First Visit

Contact Details :

Name : Mr NITIN KUMAR **Relationship** : W/O

Contact Address : Himayat Himayat Nagar East Hyderabad Telangana INDIA 500029 **Phone No** : 8125375495

Signature

Doctor Details :

Doctor Name : Dr. SWAPNA SAMUDRALA **Specialisation** : OBSTETRICS AND GYNECOLOGY

Referral Doctor : Self **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 25000.00

Payment Mode : DC/CC Card **Payor Name** : SELFPAY

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ACTIVITY RECORD FOR BILLING

Name :_____

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

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	Dr. S. Tejaswi	19/7/26	21-0000	Asha D
2	Reddy		215171	
3	(Neonatal Counselling)			
4				
5			Cross checked by	
6				
7				
8				
9				
10				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
18/7	CBP, LFT, LDH, PT/APTT	120642	
	Uric Acid, Urea,		
	Creatinine, Electro-		
	lytes		
18/7/26	NST — (1)	8769	
18/7/26	NST — (2)	8770	
19/7	NST — (3)	8773	
19/7/26	AFI doppler Scan	8745	
19/7/26	NST — (4)	8785	
20/7	AFI	2826008775	
20/7/26	NST — (5)	8798	

Cards called by Saba

MEDICAL EQUIPMENT (WARD & ICU)					
Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
18/7	infusionpump	4pm	19/7/28 4:00pm	14999	[illegible]

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
18/7	IV Placement	(1)	14993	(K)

ANY OTHER INFORMATION

.....

.....

.....

.....

.....

.....

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints
Came c abN doppler changes for observation.

Obstetric Formula: Primi

Obstetric History: NCM.
G1 - PP IVI conception 3rd cycle

Present Pregnancy Record:
Booked @ 12+4wks
→ NT + Double marker Low Risk.

RISK FACTORS: TIFFA - N

T-Ecospirin 150mg was started @ 12wks 3days i/v/o uterine artery showing increased Resistance
Growth scan - @ 29wks - abN doppler.
→ At 23+3wks gGA came to labour c clo pain abd managed conservatively

Height: 160 cm
Weight: 69.7 kg BMI - 27.2 kg/m²
Allergies: Nil
Breast: ☑ Normal ☐ Abnormal
General Examination:
Consciousness: ✓ Pallor: absent
Icterus: ⊖ Edema: ⊖
Temp: afebrile PR: 74/pm
BP: 110/72mmHg DTR: +
CVS: S1S2 ✓ RS - BAE + clear.
Liver/Spleen: Urine Output: Adequate.

LMP: 27/12/2025 EDD: 3/10/26
Corrected EDD: 3/10/26 GA: 29wks

Menstrual History: Regular: ☑ Yes ☐ No

Obstetric Examination

Fundal Height: ~28wks
Ut. Activity: ☑ Relaxed ☐ Mild ☐ Mod ☐ Severe
Liquor: ☐ Adequate ☐ Oligo ☐ Poly
PP: ☑ Cephalic ☐ Breech Others _____
Head Fifths Palpable: _____
FHS: ☑ Normal ☐ Tachy ☐ Brady ☐ Absent

Per Speculum Examination not done.
Draining: ☐ Present ☐ Absent ☐ Bleeding
Colour of Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Vaginal Examination Not done.
Cervix: ☐ Long ☐ Partially effaced ☐ Effaced
Os: Closed _____ Dilated _____
Membranes: ☐ Present ☐ Absent
Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained
Presenting Part: ☐ Vertex ☐ Breech ☐ Others
Sutton: ☐ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2
Pelvis: ☐ Adequate ☐ Doubtful

DIAGNOSIS
Primi c 29wks gGA c Grade III FGR with abN Doppler changes for Observation.

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Family History: Husbands Brother - 2 daughter 1 Downs / others congenital heart disorder with multiple cardiac surgeries.	Surgical History: Nil
Medical History: Nil	Medication History: Nil
Plan of Care: → Admission NST → NICU counselling. → Steroid coverage. Betnosol 2nd dose tomorrow 2:40pm → DFKC → Strict BP monitoring → Magsou for Neuroprotection → PE profile. → Scan after 2days for AFI and doppler. → FHR monitoring 2hrly.	Investigations: 18/6 OGTT — 77 mg/dl, 121 mg/dl, 93 mg/dl BIGIT - B +ve HIV - NR HbsAg - NR HCV - NR VDRL - NR CBC: Hb, TLC, Plat, PCV. 18/7 SIUF, cephalic plac - post - High AFI - 13.5cm EFW - 1,102 g - 67. stage 3 FGR AC - < 1%. Umb. Artery - AEDF Cerebral redistribution CPR - < 1st centile, DV - forward flow Uterine artery - Increased resistance.

Doctor Name: Dr. Mrudula
Signature: Mudu
Date & Time: 18/7/26 @ 3:30pm

Consultant Name: Dr. Swapna
Signature: [signature]
Date & Time:

BAH-00634486 IP26-00006879
Mrs ASHIKA AGARWAL
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Dr. SWAPNA SAMUDRALA

19/7/2026
2:00pm

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Counselling	
	Mother :- Ashika Agarwal.	
	GA :- 29 wks + 5 days.	(30 wks).
	EFW :- 1.1kg	
→	AEDF	
→	Steroid coverage. →	2 doses by evening.
1)	LUNGS → immaturity	37wks → mature
	RD (+)	
	Ventilator	CPAP
	NICU → Surfactant → Lung Expansion	
	CXR, Lung USG	
	NIV	
	CPAP	
	HFNC →	LFNC. → Room air

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2)	HEART → Hole - PDA	↳ Medically close.
		↓ Surgical closure
3)	BRAIN →	
	↓ Bleed < 28 wks	28 → 32 wks ↳ Moderate risk
	Grades.	> 34 wks → very minimal
→	STOMACH → . feed intolerance	
	↓ Shut down	↳ feeding
	0.3ml every 3hrs	↳ 48 to 72 hrs. ↓ Stomach rest
	Milk → BREAST MILK.	
	↓ Mother milk.	Donor milk. (Milk Bank).
→	INFECTION	
	↓ Immunity → 9 months	
Samples sent.		
↳ Antibiotic start		
	If culture neg.	Antibiotic stop.

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2UA → 1.
1UV.

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	→ CENTRAL LINES	UVC | UAC (7 to 8 days).
		– fluids – Antibiotics → Nutrition
		→ Samples. → BP monitor
	→ NICU duration of stay.	
	– 34 wks. → 1.4 kg.	
	→ Spoon feeding → No infection. → Mother's confidence.	
	Dr. Tejas	

Nutri

Docu. No. : RCH /FRM / CLINICAL / 088 (P.T.O)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/7/2026. 4:30pm.	c/s/b/y Dr. Swapna Primi with 29wks IUI Conception with FGR stage-III and abnormal Doppler changes (AEDF of Umbilical Artery). ut. Art. Resistance)	
	no complaints	
	Scan: SLF, 29wks, AFI-13.5cm, 1102gms (6%) AC (<1%) stage 3 FGR, pl-P/h. Dopplers: UA-AEDF UA-↑sed Resistance.	
	steroid. 1st dose done 2nd dose-due. NNC-due.	
	O/E GC-fair Afebrile SpO_2-99% on RA PR: 92bpm BP: 111/72 mmHg PA: ut ≅ 28wks Relaxed. FHR (+) IIE: NAD	Adv - NST. Postmeals - FHR: 2hrly - High Protein Diet - PE Profile. - Drugs as charted - LLP - NNC. today. - Inj: Betnasol 12mg. im stat TIM @ 2:40pm.

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		→ Inj. Mg SO4 4gm in 100ml NS loading dose IV/b.
		20gm in 460ml NS MD @ 25ml/hr
		– strict BP/PR/ monitoring
		– ~~Inform~~ TIM AFI + Doppler.
		– Monitor Vitals
		– Inform SOS.
	→ Counselled patient/ Husband regarding present maternal and fetal condition: Stage 3 FGR/ IUI Conception/ ab(ND) doppler changes	
	→ Plan – Conservative Management at present/ steroid coverage/ Mg SO4 for Neuroprotection/ NNC/ close maternal & fetal monitoring	
	→ Plan: delivery SOS if → fetal distress ab(ND) doppler changes	
	→ Councelled regarding Complications of pregnancy & prolonged NICU Cause –	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/7/26	C/S/B Dr. Dnq	
4:45pm	Primi / 29wk / Stage-III	FGR c̄ Abnormal Doppler.
	C/C Fair	Adv
	Afebrile	
	BP: 106/71 mmHg.	- Regular diet
	PR: 91bpm.	- NICU counselling
	P/A: Ut ≈ 28wk	- Drugs as charted
	cephalic	- Inj MgSO4 Maintenance dose on flow x 24hrs.
	FHS (+)	
	Relaxed.	- FHR Monitoring 2nd hourly
		- Strict BP Monitoring
		- 2nd dose. Betamethasone. 12mg. IM/stat
		- AFI + Doppler. Hpm.
	(signature)	
19/7/26 8:30AM	C/c/B Dr. Dnq	
	Primi / 29wk / Stage III FGR	Abnormal Doppler.
		Adv
	C/C Fair	- Regular diet, NST BD
	Afebrile	- NICU counselling
	BP: 110/67 mmHg.	- Drugs as charted
	PR: 82bpm	- Inj MgSO4 Maintenance dose on flow
	P/A Ut ≈ 28wk	- FHR Monitoring 2nd hourly
	cephalic	- 2nd dose Betamethasone 12mg IM
	FHS (+) Relaxed	- AFI + Doppler today

(signature)

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

(P.T.O)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	clsl by Dr. Naveena	
19/07/2026 10:00am	Primi with 29w1day POG c FGR stage-3	and ab(N) doppler changes
	O/E GC-fair Afebrile. PR: 81bpm BP: 111/80mm Hg CVS/RS: NAD PA: ≅ 28wks Relaxed. FHR (+) 142bpm UE: NAD	Adv - Regular diet - Adequate hydration - Drugs as charted - Iv: MgSO4 MD on flow - Inj: Betnesol 12mg im stat @ 2:40pm 2nd dose. - NVC - FHR monitoring 2hrly - DFKC - shift to AFI + Doppler on Call.

U-✓
F-✓
S-✓

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(2)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/2/26 11:40pm	Primi | 29+1 wks | FGR Stage 3 | Abnormal Dopplers	AREDF + DV-(N).
	No comp, FM(+)	
	NST - R, now.	
	Scan today - AFI 12.8 cm	AEDF | CPR - 0.45
		DV - forward flow
		MgSO4 for 2 hrs.
	O/E: G.C fair	NNC + (Dis)
	Afebrile	
	O Sat - 99% RA	Adv
	Vitals - (N)	- High protein Diet
U.Alb - Nil	BP - 110/80 mmHg	- NST post meals.
	P/A - UT relaxed	- Drugs as charted
P/E [illegible] (N)	FHR +	- Inj Betnesol 12 mg, IM
		@ 2:40 pm (2nd dose)
		- QPR | BP | FHR monitoring
		- AFI + Doppler on 20/2
	→ Counselled couple	- Strict [illegible]
	regarding the condition +	[illegible]
	fetal monitoring.	
		[signature]

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/7/2026 2:00pm	cls/by Dr Naveena	
	G1 C GC-fair	Adv
	Afebrile	- Soft, high protein diet
	Vitals - stable	- Adequate hydration
	PA: ut - 28wks	- drug's as charted
	Relaxed	- NST Post meals
	Cephalic, FHR(+)	- M/V & I/SOS
	UE: NAD	
		Dr. Naveena
20/7/2026 1:00am	cls/by Dr Naveena	
	G1 C GC-fair	Adv
	Afebrile	- Soft, high protein diet
	Vitals - stable	- Adequate hydration
NST - Reactive	PA: ut ≅ 28wks	- drug's as charted
	Relaxed	- NST Post meals
	FHR(+)	- FHR 2 hrly
	UE: NAD	- m/v & I/SOS
		Dr. Naveena

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/7/2026 7:30am	c/s/by Dr Naveena	
	OG GC-fair Afebrile Vitals stable PA: ut ≅ 28wks Relaxed FHR+ UE: NAD	Adv - Early Breakfast f/b NBM - shift to AFI + Doppler on Call - drugs as charted - NST Post meals - FHR 2hrly - m/v E&I/SOS Dr Naveena.
20/7/26 11AM	c/s/B Dr. Dhq ac Fair Afebrile vitals stable. P/A Ut≅28wk Relaxed FHS+ U/E NAD.	Adv - NBM - Preop Medications - Foleys catheter -
Pt can be discharged		

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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RESULT SHEET

Date	18/7	18/7				
Time	3.30pm					
Hb	12.6					
PCV	35.5					
RBC	4.15					
WBC	9.23					
N/L	71.5/22.0					
Platelets	220					
CRP						
ESR						
PCT						
RBS						
Na		136				
K		4.2				
Cl		110				
Ca/Mg						
Phosphate						
Urea		12				
Creatinine		0.4				
ALP						
SGPT		18				
SGOT		21				
T.Bill/Conj		0.2 / 0.1				
T.Protein		0.1				
S.Albumin		3.6				
S.Globulin		3				
A/G Ratio		1.2				
Uric Acid		4.0				
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR		14/1.0				
APTT						
CSF Protein / Sugar						
~~Cells~~ LDH		165				
N/L						

Date	18/1/26					
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones	negative					
CUE - PUS Cells	5-6					
CUE - RBC Cells	Nil					
CUE Protein	Trace					
glucose	Nil					
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities : .....

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.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

Others (ECG, Contrast Studies etc.,) : .....

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MEDICATION RECONCILIATION FORM

Drug Allergies: ..... ☐ 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	Hab	P/o	OD	18/7/26	☑ C ☐ DC
2	T-CALCIUM	Hab	P/o	OD	18/7/26	☑ C ☐ DC
3	T-ECOSPRIN	150mg	P/o	OD	17/7/26	☐ C ☑ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Mrudula

Date & Time : 18/7 @ 3pm

Nurse Name & Signature: Madhumeeta @ Madhu

Date & Time : 18/7/26 @ 3 pm

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DRUG CHART

Date of Admission: 18/7/26 Drug Allergies: ..... ☐ 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 ..... Signatu

BAH-00634486 IP26-00006879
Mrs ASHIKA AGARWAL
05-08-1993 32 Y 11 M 13 D (F)
Dr. SWAPNA SAMUDRALA

REGULAR PRESCRIPTIONS

Weight. 69.4 Ward. LDF

DRUG : T-ECOSPIRIN.

Dose	Route	Frequency	Start Date
150mg	PO	OD	18/7

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

Additional Instructions: at 8pm daily

Daily Doctor's Endorsement by a Sign

Date	18/7	19/7
Time	8pm	
	Sig	

DRUG : T. IRON

Dose	Route	Frequency	Start Date
1 TAB	PO	OD	18/7

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date	18/7	19/7
Time	12pm	
	Sig	

DRUG : T. CALCIUM.

Dose	Route	Frequency	Start Date
1 TAB	PO	OD	18/7

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date	18/7	19/7
Time	2pm	
	Sig	

DRUG :

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date		
Time		

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Mrs ASHIKA AGARWAL
05-08-1993 32 Y 11 M 13 D (F)
Dr. SWAPNA SAMUDRALA

Weight. 69.7 Ward. LDR

	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
19/7/26	2:40pm	BETNOSOL				withheld
19/7/26	2:40pm	INJ. BETAMETHASONE	12mg	IM	[signature]	Monika Hete
19/7/26	3:30 pm	INJ. MGSO4 [MAGNESIUM SULPHATE] + 100ml NS	4gm	IV	[signature]	Anuleep Chandsal

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

BAH-00634486 IP26-00006879
Mrs ASHIKA AGARWAL
05-08-1993 32 Y 11 M 13 D (F)
Dr. SWAPNA SAMUDRALA

I.V. FLUIDS CHART

Weight. 69.7 Ward. LDK

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
18/7	4 pm	INJ. MAGNESIUM SULPHATE 20gms + 46ml NS	IV	25ml/hr		Ansb / Chd			
19/7	4pm	INJ. MAGNESIUM SULPHATE 4gm + 100ml NS	IV	25ml/hr		Rev /	19/7/26 4:30pm		

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

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OBSTETRICS / GYNECOLOGY
NURSING INITIAL ASSESSMENT FORM

Date of Admission: 18/8/26

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: pain in abdomen

Doctor Notified on Admission: ☐ Yes ☐ No

Name of the Doctor: Dr. Naveena

Time Notified: 3pm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
Nil	Nil	Nil

Gynecology Assessment: ☐ Not Applicable

Menstrual History: Regular

Onset of Menarche: .....

Menstrual Cycle: ☐ Regular ☐ Irregular

Last Menstrual Period: .....

Gynecology Surgical History:

Caesarean Section: ☑ No ☐ Yes

Cervical Cerclage: ☑ No ☐ Yes

Ectopic Pregnancy: ☑ No ☐ Yes

Myomectomy: ☑ No ☐ Yes

Others: _____

Gynecological History:

Contraceptives: ☑ No ☐ Yes

Vaginal Discharge: ☑ No ☐ Yes

Post-Coital Bleeding: ☑ No ☐ Yes

Infertility: ☑ No ☐ Yes

If Yes Type: ☐ Primary ☐ Secondary

Obstetric History: G ..... P ..... L ..... A .....

Previous LSCS: .....

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

Family History: ☑ No Abnormalities Detected

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

☐ Liver disease ☐ Other .....

Vital Signs / Measurements: Temp: 97°F HR: 86 RR: 20

BP: 110/70 Weight: ..... Height: ..... BMI: .....

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

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PHYSICAL ASSESSMENT

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

Fall Assessment: ☐ Yes ☑ No Score ...0..... (complete the Morse Fall Risk Assessment Sheet)

Risk of Pressure Sore: ☐ Yes ☑ No Score ..... (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 .....

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: ...Ashika...

Orientation not given Reason: ...N.A...

Nurse Signature: ...

Nurse Name: ...Chandrakala...

Date & Time: ...18/A/26 @ 3pm...

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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

18/A/126

		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									20			20		20		20		20		20		20		20	
	0 - 10																									
Saturations	94 - 100 %									100			99%		99%		99%		99%		99%		99%		99%	
	< 94 %																									
Administered O_2 (L/min.)																										
Temp°c	40																									
	39																									
	38																									
	37									–			–													
	36																97.8				98.6		97.4		98.6	
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80									82			90		91		80		82		85		75		82	
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressue ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110												107		106		110		112		110		105		110	
	100																									
	90									110																
	80																									
	70																									
	60																									
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70									70			62		71		72		65		68		67		65	
	60																									
	50																									
	40																									
NEURO RESPONSE [✓]	Alert									–			–		–						–		–		–	
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30									–			–				–		–		–		–		–	
	< 30																									
Proteinuria	Protein + +																									
	Protein > + +																									
Lochia	Normal																–		–		–		–		–	
	Heavy / Foul																									
Liquor	Clear / Pink																–		–		c		–		–	
	Green																									
TOTAL YELLOW SCORES										0			0		0		0		0		0		0		0	
TOTAL ORANGE SCORES																										
Nurse Initial																										

12/7/2026

6pm → 148 bmt

8pm → 152 bmt.

10pm – 148 bmt

12 Am – 147 b/mt

2 Am – 148 b/mt

4 Am – 152 b/mt

6 Am – 147 b/mt

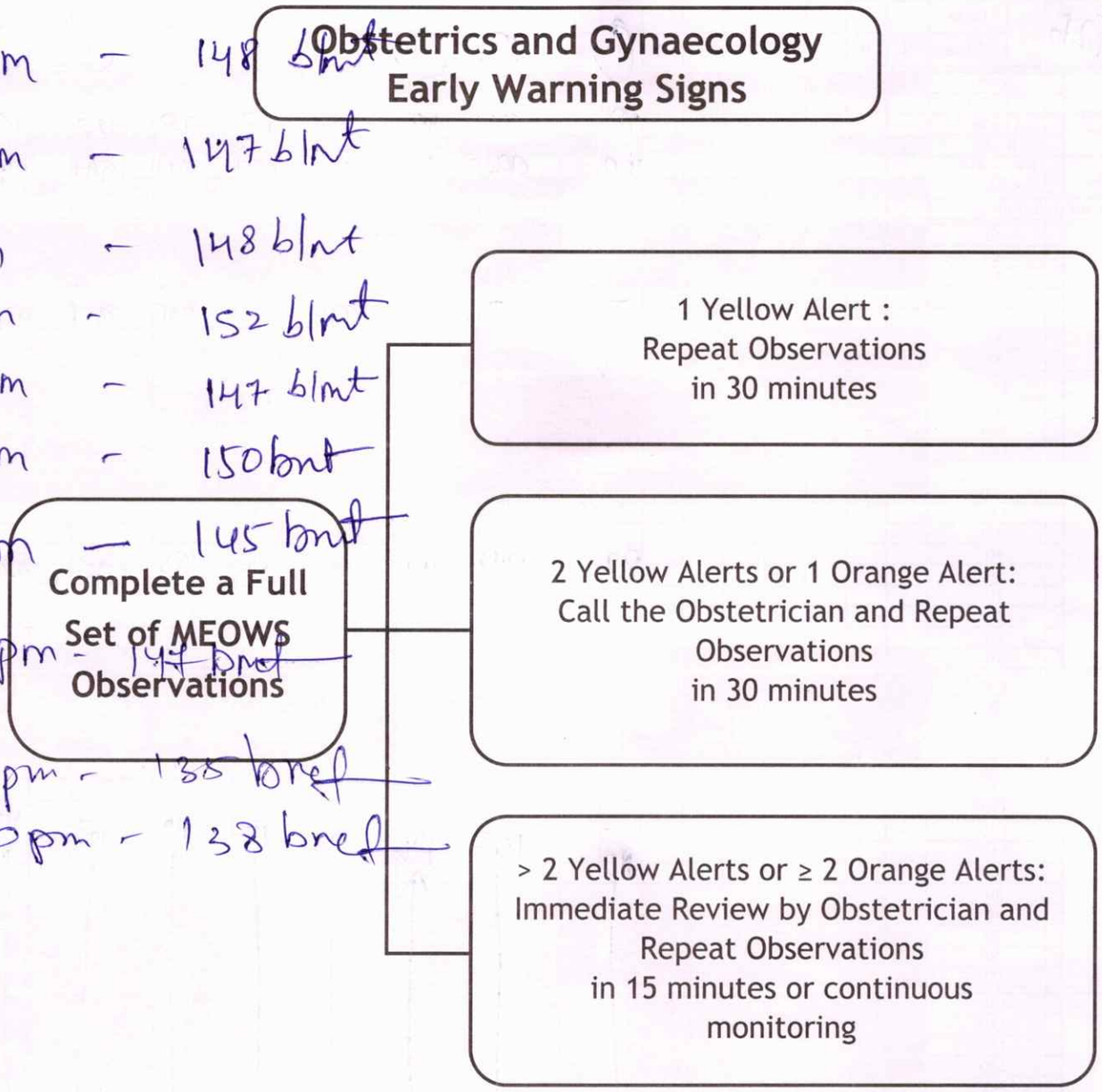
8 Am – 150 bmt

12pm – 145 bmt

2:30pm – 147 bmt

5:30pm – 135 bref

7:30pm – 138 bref



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

BAH-00634486 IP26-00006879
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05-08-1993 32 Y 11 M 13 D (F)
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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

19/1/26

		8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
Date																									
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20	20			20		20			20		20	20	20		20		20		20		20		20	
	0 - 10																								
Saturations	94 - 100 %	99%			99%		99%			99		[illegible]	99%	99%		97%		98%		98%					
	< 94 %																								
Administered O_2 (L/min.)																				98		98%		99%	
Temp°c	40																								
	39																								
	38																								
	37				✓		✓			98.6F		98													
	36	✓														98F		98°F		✓		✓		98°F	
	35																								
	< 35																								
Heart Rate	170–100																								
	90						90																		
	80	80			89					80			83			80		75		83		85		87	
	70											78													
	60 – 40																								
Systolic Blood Pressure ↑	190–140																								
	130						102																		
	120	130			101					112		110	122			110		107		102		105		110	
	110 – 50																								
Diastolic Blood Pressure ↓	130–80																								
	70												84					69		70		72			
	60				70		72			72						65								68	
	50	72																							
	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		[illegible]			[illegible]		[illegible]			[illegible]		0	[illegible]			0		✓		✓				✓	
TOTAL ORANGE SCORES												0				0		✓		0		0			
Nurse Initial		[illegible]								[illegible]		[illegible]	[illegible]			[illegible]						[illegible]		[illegible]	

20/7/26 FHR

12AM - 145 b/mt

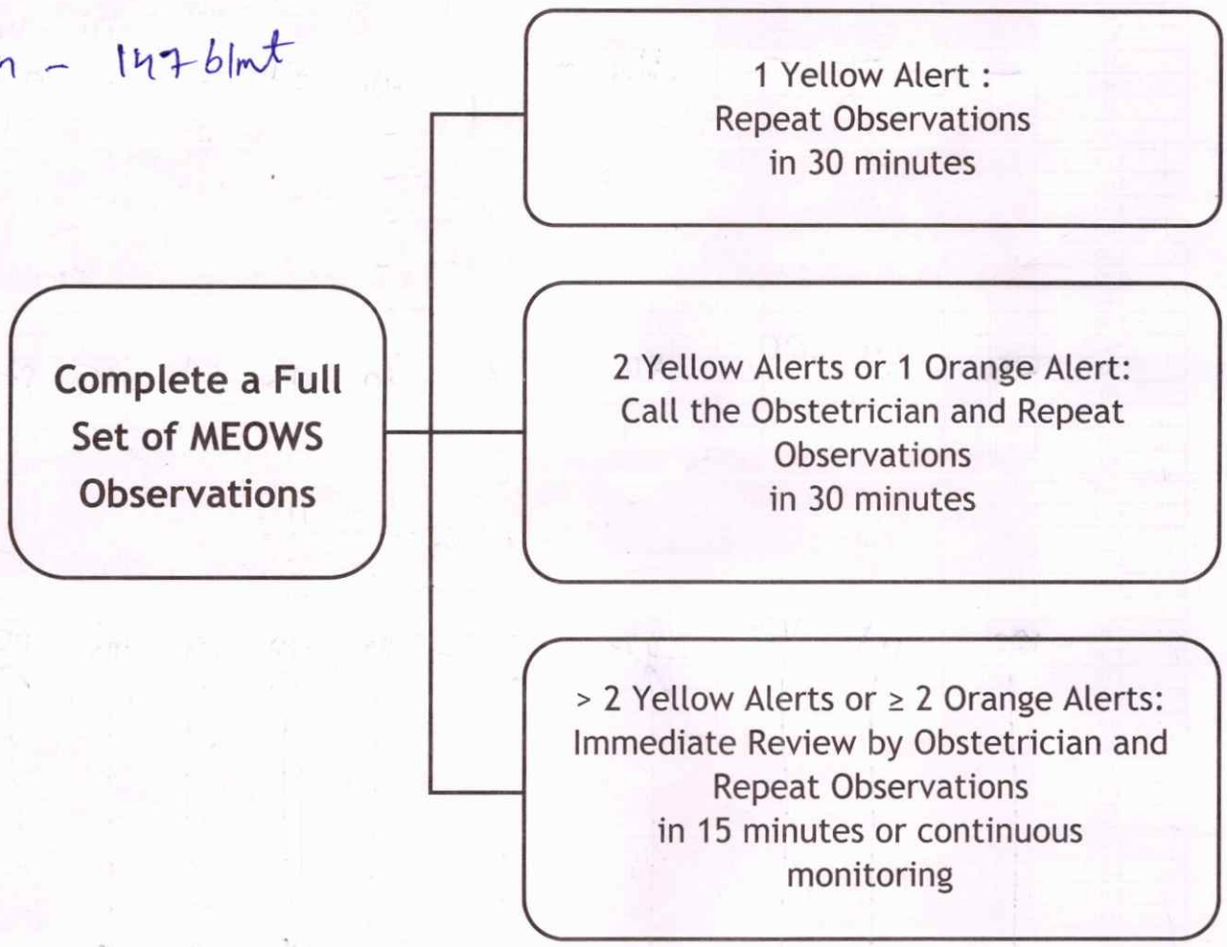
2AM - 130 b/mt

4AM - 132 b/mt

6 AM - 142 b/mt

8 AM - 147 b/mt

Obstetrics and Gynaecology Early Warning Signs



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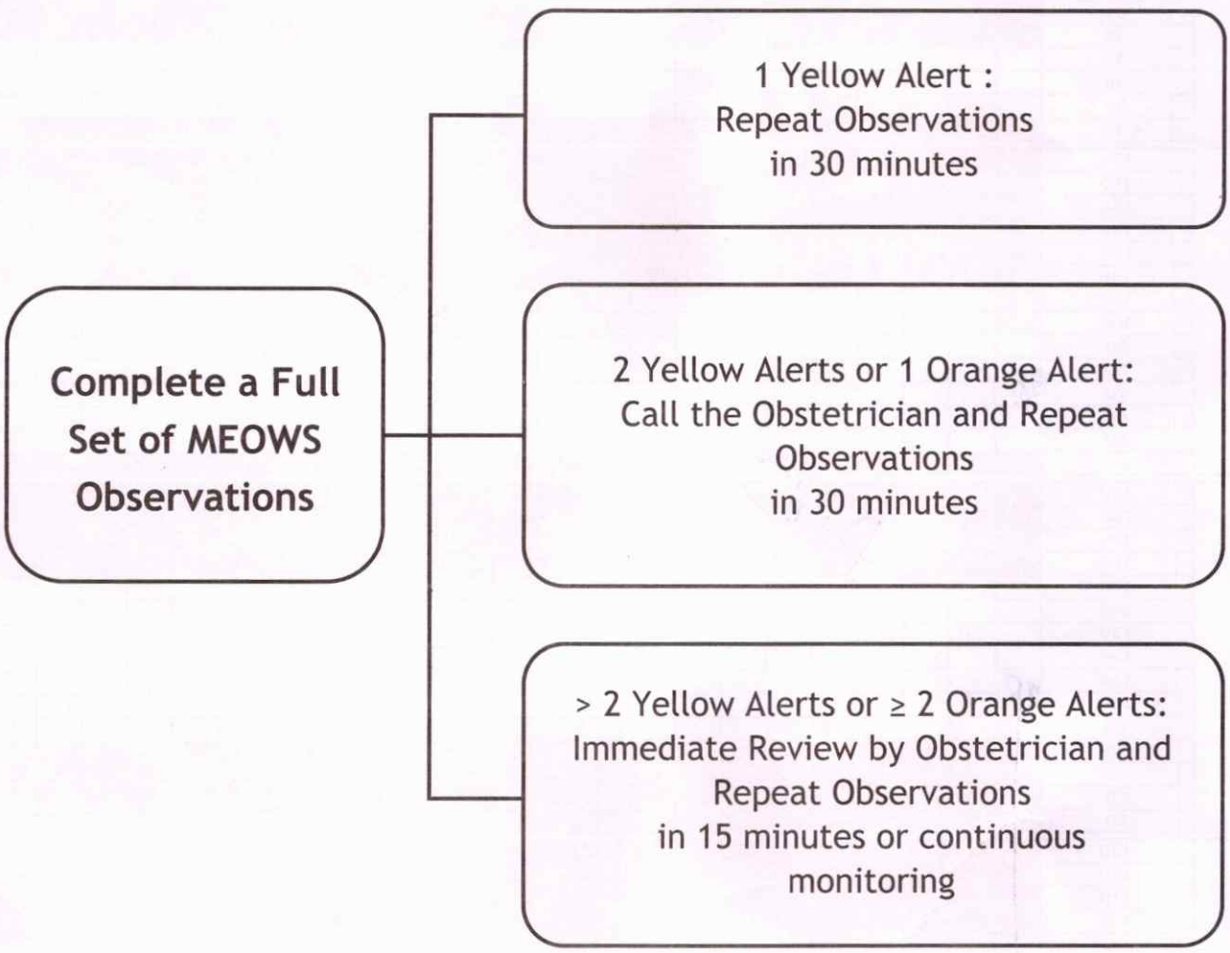
...rning Observation Score Chart - Obstetrics

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

20/7/25	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	20																							
	0 - 10																								
Saturations	94 - 100 %	100																							
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37																								
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70	80																							
	60																								
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100	110																							
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
	60	70																							
	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																							
TOTAL ORANGE SCORES		0																							
Nurse Initial																									

P-105

Obstetrics and Gynaecology Early Warning Signs



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

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FLUID CHART

Sheet No. : 1

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am					N/A						
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
08/A/26	02:00 pm											
	03:00 pm		Kitchdi									
	04:00 pm	mgsov	–	25ml				–		✓		
	05:00 pm	mgsov		25ml			N/A			✓	0	
	06:00 pm	mgsov	–	25ml						✓		
	07:00 pm	mgsov	–	25ml								
Total Intake :		Taken 100ml				**Total Output :**				passed.		
09/A/26	08:00 pm	mgsov	RTC	25ml								
	09:00 pm	mgsov	water	25ml						✓		
	10:00 pm	mgsov		25ml				–		✓		
	11:00 pm	mgsov		25ml			Nil				0	
	12:00 am	mgsov	water	25ml								
	01:00 am	mgsov		25ml						600ml		
Total Intake :		150ml + 100ml = 250ml				**Total Output :**						
nil	02:00 am	mgsov		25ml								
	03:00 am	mgsov		25ml						300ml		
	04:00 am	mgsov		25ml								
	05:00 am	mgsov		25ml			Nil			✓		
	06:00 am	mgsov	water	25ml								
	07:00 am			25ml								
Total Intake :		taken				**Total Output :**				passed		

Total 24 hrs. Intake		Total 24 hrs. Output	

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FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
19/4/26	08:00 am	Mgsoy	—	25ml						200ml	1	
	09:00 am	Mgsoy		25ml							0	
	10:00 am	"		25ml								
	11:00 am	"		25ml						✓	1	
	12:00 pm	"		25ml							1	
	01:00 pm	"		25ml								
Total Intake : Taken						**Total Output :** passed						
19/4/26	02:00 pm	Mgsoy		25ml								
	03:00 pm	Mgsoy	H2O	25ml								
	04:00 pm	Mgsoy	Some H2O	25ml						550ml	1	H2O
	05:00 pm		H2O									
	06:00 pm										1	
	07:00 pm											
Total Intake : Taken						**Total Output :** Passed						
19/4/26	08:00 pm											
	09:00 pm		H2O							✓	1	
	10:00 pm											
	11:00 pm		milk							✓	0	
	12:00 am											
	01:00 am		water							✓	1	
Total Intake : taken						**Total Output :** Passed						
20/4/26	02:00 am										1	
	03:00 am											
	04:00 am		water							✓	0	
	05:00 am											
	06:00 am		water							✓		
	07:00 am											
Total Intake :						**Total Output :** Passed						

Total 24 hrs. Intake		Total 24 hrs. Output	

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

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CHECKLIST FOR THROMBOPHLEBITIS

18/7/26 19/7/26 20/7/26

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

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 : .....

Docu. No. : RCH /FRM / CLINICAL / 137

Patient Sticker

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CHECKLIST FOR THROMBOPHLEBITIS

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

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-00634486 IP26-00006879
Mrs ASHIKA AGARWAL
05-08-1993 32 Y 11 M 13 D (F)
Dr. SWAPNA SAMUDRALA

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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	18/7/26	19/7/26	19/7
		Score	M5	M2	M
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0	0		
Secondary Diagnosis (more than one diagnosis)	Yes	15			
	No	0	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	20	20
	No	0	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:			20	20	20
		Signature			

Fall Risk Grading		
Risk Level	**Morse Fall Score (MFS)**	**Action**
Low Risk	0 - 24	Standard Fall Precaution
Moderate Risk	25 - 50	Implement Moderate Fall Prevention Intervention
High Risk	≥ 51	Implement High Risk Fall Prevention Intervention

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

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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	19/7	19/7	20/7/26
		Score	2PM	8PM	8AM
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0			
Secondary Diagnosis (more than one diagnosis)	Yes	15			
	No	0	0	0	0
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0			
IV / Heparin Lock or Saline	Yes	20	20	20	20
	No	0			
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10			
	Normal /On Bed Rest /Immobile	0			
Mental Status	Forgets limitations	15			
	Oriented to own ability	0			0
Total Morse Fall Scale Score:			20	20	20
		Signature			

Fall Risk Grading		
Risk Level	**Morse Fall Score (MFS)**	**Action**
Low Risk	0 - 24	Standard Fall Precaution
Moderate Risk	25 - 50	Implement Moderate Fall Prevention Intervention
High Risk	≥ 51	Implement High Risk Fall Prevention Intervention

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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- ☐ 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

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BRADEN 'Q' SCALE

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					Date : 18/9/26	18/7	19/7	19/7
					Time : 22	N2	M	2pm
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	4	4
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	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
				TOTAL SCORE	28	28	28	28
				Evaluator's Name				

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

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

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BRADEN 'Q' SCALE

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					Date : 19/7	20/7		
					Time : 8PM	8AM		
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4		
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				TOTAL SCORE	28	28		
				Evaluator's Name	[illegible]	[illegible]		

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

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PAIN ASSESSMENT FORM

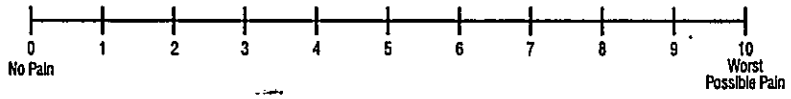
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
18/7/26	3pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
18/7	8pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
19/7/26	8AM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
19/7/26	10AM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
19/7/26	2pm	0/10	None	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
19/7/26	4pm	0/10	None	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
19/7/26	8pm	0/10	None	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
20/7	12AM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
20/7	4AM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
20/7	7AM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	

Re-assessment Frequency:

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

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

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PAIN ASSESSMENT FORM

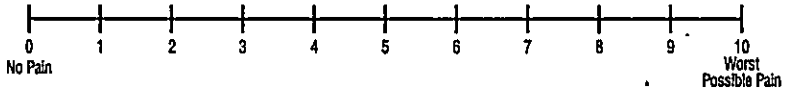
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
20/1/26	8 Am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ 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:

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

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

BAH-00634486 IP26-00006879
Mrs ASHIKA AGARWAL
05-08-1993 32 Y 11 M 13 D (F)
Dr. SWAPNA SAMUDRALA

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: 18/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning					NA		
Afternoon	2pm to 8pm	=> Assess the patient condition => plan for vital => plan for Bl chart	2pm to 8pm	=> Assessed the patient condition => maintain vital & Record => maintain Bl chart	patient is stable	Vital is normal	Checked
Night	8pm | 8Am	=> Assess the pt condition => monitor the vitals & record => Administration of medication => maintain Bl chart & the => NST BD & FHR during	8pm | 8Am	=> Assessed the pt condition => monitored the vitals recorded => Administered medication => NST BD & FHR monitoring => maintained Bl chart & record.	pt is stable	maintain Bl chart & record	Akhila

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NURSING CARE RECORD

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Date: 19/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8AM – 2pm	plan for vitals; plan for NST; plan for scan as per orders; plan for medication	8AM – 2pm	vitals Normal; NST done; scan done; medication given as per orders	Normal	Stable	Anitha
Afternoon	2pm – 8pm	- Assess the patient condition - plan for vital & recored - planfore I/ochart	2pm – 8pm	- Assessed the pt condition - Maintain vital & recored - Maintain I/ochart	- Patient Stable	- vital Nomal	[signature]
Night	8PM To 8AM	→ Assess the pt condition → plan for vitals → plan for I/o chart → plan for medication	8PM To 8AM	→ Assessed the pt condition → vital are checked & recorded → I/o chart maintaines	patient is Stable	vital are normal	Sujatha

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NURSING CARE RECORD

Date: 20/7/26

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	Nurse Name & Signature
Morning	8Am to 8pm	=> Assess the patient condition => maintain vital => maintain I/O chart	8Am to 2pm	=> Assessed the pt condition => maintain vitals & Record => maintain I/O chart	patient is stable	vitals is Normal	Candy [signature]
Afternoon							
Night							

Patient Sticker

NURSING CARE RECORD

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Date: .....

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	Nurse Name & Signature
Morning							
Afternoon							
Night							

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NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: .... Department: LDR Date of Admission: 18/7/26

SITUATION

Diagnosis: primi 29 weeks c GA grade III FGR c abn doppler changes for observation

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

		18/7 M/E	18/7/26 N	19/7 M	19/7/26 2PM	19/7 8PM	
BACKGROUND	Area / Shift Time	18/7 M/E	18/7/26 N	19/7 M	19/7/26 2PM	19/7 8PM	
	Medical Condition (Any special condition to be noted):	—	—	—	—	NA	
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:	98	98.1F	98.1F	98.6F	97F	
	Res:	26	20bpm	20	20	20	
	SpO_2:	99	99%	99%	97	98%	
	Pulse:	82	87bpm	90	84	85	
	BP:	120/80	110/70	107/72	122/83	110/75	
	Fall Risk Score:	—	—	—	—	—	
	Pain Score:	—	0/10	0/10	0/10	0/10	
Recommendations	Safety Needs:	—	yes	Yes	yes	yes	
	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:	NA	NA	—	NA	NA	
Post Operative Procedure Special Orders:		NA	NA	NA	NA	NA	
Handed Over By Name :		Mouni	Akhila	Anusha	Anusha	Akhila	
Signature :		[signature]	[signature]	[signature]	[signature]	[signature]	
Date:		18/7	19/7/26	19/7/26	19/7/26	20/7/26	
Time:		2pm	8AM	01		8Am	
Taken Over By Name :		Akhila	Anusha	Anusha	Akhila		
Signature :		[signature]	[signature]	[signature]	[signature]		
Date:		18/7/26		19/7/26	19/7/26		
Time:		8Pm			8Pm		

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

Patient Sticker

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NURSING 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:							