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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Name	Mrs AKHILA REDDY.J	**UHID**	BAH-00579692
Father/Guardian	Mr MR.SRI RAM REDDY	**Age/Gender**	32 Y 10 M 29 D/ Female
Address	1-10-20 PRANAV HOMES FLT NO 202 STREET 3 ASHOK NAGAR , Ashok Nagar, Hyderabad, Telangana, INDIA, 500020		
IP No	IP26-00006939	**Admission Date**	24-07-2026
Ref Doctor	Self		
Discharge Date	26.07.2026		

DISCHARGE SUMMARY

Consultant:
Dr. KADIYALA RAMYA THEJA
MBBS/DNB
TSMC/FMR/01458

Diagnosis: G2A1 AT 32 WEEKS WITH PRE GESTATIONAL DIABETES MELLITUS ON RAL HYPOGLYCEMIC AGENTS AND INSULIN WITH EARLY ONSET FETAL GROWTH RESTRICTION STAGE 1 FOR ANTENATAL CORTICOSTEROID COVERAGE AND GLYCEMIC CPNTROL

History:
LMP: 12.12.2025
EDD: 18.09.2026
Obstetric formula: G2A1
Gestation at admission: 32 weeks

Obstetric History:
G1 - 2024 - Spontaneous complete miscarriage

Name	Mrs AKHILA REDDY.J	**UHID**	BAH-00579692
IP No	IP26-00006939	**Admission Date**	24-07-2026

G2 - Present pregnancy, Spontaneous conception.

Medical History: Nil
Surgical History: Appendicectomy (Open)
Family History: Father - DM
Allergies: Nil

Antenatal Details:
Mrs AKHILA REDDY.J was booked to Rainbow hospital at 19+3 weeks of gestation. Previous ANC's elsewhere. She had regular antenatal checkups and investigations as advised. She was on T. GLUCONORM SR 1 gm twice daily for her blood sugars. NT + FTS was low risk. TIFFA was normal. Fetal echo was normal. Home Blood Sugars readings were Uncontrolled - Physician opinion was sought and started on Insulin + OHA. Growth scan done on 01-07-2026 showed SLIUF, 28+5 weeks, cephalic, fundal placenta, AFI 19.9cm (85th centile), EFW 1043gm 5%, AC 2%, Dopplers - normal - FGR stage 1. Fetal growth monitoring was done by serial growth scans. Growth scan showed SLIUF at 30+6 weeks, transverse, fundal placenta, AFI 20.4cm (85th centile), EFW 1277gm 3%, AC <1%, Dopplers - normal/ uterine dopplers increased resistance - FGR stage 1. AFI doppler scan done on 23.07.2026 showed SLIUF, 31+6 weeks, transverse, fundal placenta, AFI 22.7cm (92nd centile), Dopplers - umbilical artery increased resistance 90th centile/ uterine dopplers increased resistance. Couple was explained in detail regarding scan findings, need for admission and strict fetal surveillance, chances of preterm delivery for fetal indication - static growth/ abnormal dopplers/ fetal distress. She was admitted at 32 weeks for antenatal corticosteroid coverage and blood sugar monitoring.

Investigations: Enclosed
Blood Group: "O" Positive

Name	Mrs AKHILA REDDY.J	**UHID**	BAH-00579692
IP No	IP26-00006939	**Admission Date**	24-07-2026

Management: On admission, vitals were stable, uterus was relaxed. Fetal heart rate was monitored by admission NST and was found to be reactive. She received 2 doses of Inj Betamethasone 12mg intramuscular 24 hours apart. Regular Blood sugar monitoring was done and controlled as per physician advice. Strict FHS monitoring was done. Close maternal and fetal monitoring done, which was uneventful. She was hemodynamically stable and found fit for discharge.

Advice:

1. Diabetic diet
2. Tab SOLFE EXTRA once daily at 11am till delivery.
3. Tab SUPRACAL 2000 once daily at 2 pm till delivery
4. Tab SUPORT once daily at 2pm till delivery
5. PRO-PL lite - 2spoons in 1glass milk twice daily
6. Tab. Zofer 4mg SOS.
7. Plenty of oral fluids.
8. Strict fetal kick count.
9. Continue diabetic diet, Gluconorm and Insulin as advised
10. ....
11. Home blood sugar monitoring, every alternate day - FBS, 2 hours ABF, AL, AD
12. Home BP monitoring, every alternate day - report if <130/80mmHg
13. Growth scan on 30th July 2026

Review with **Dr Ramya Theja Kadiyala** with growth scan on **30.07.2026** at Rainbow Himayatnagar hospital.

The content of the patient discharge summary, medication, food & drug interaction, care to be provided at home, nutrition, immunization and safe parenting, when and how to obtain emergency care etc also have been

Name	Mrs AKHILA REDDY.J	**UHID**	BAH-00579692
IP No	IP26-00006939	**Admission Date**	24-07-2026

explained by doctor .....in a language that I can understand and I acknowledge.

Patient/ Attender

In case of emergency like bleeding, fever please refer to postpartum book for further details - Chapter II page 6 kindly contact 9154865045 at rainbow children's hospital just dial one toll free number - 18002122.You can also take appointments at any time by going online to our website **www.rainbowhospitals.in**

Dr. Pya

Registrar/Resident/C.M.O

Consultant:
Dr. Kadiyala Ramya Theja
MBBS/DNB
TSMC/FMR/01458

Rainbow Childrens Hospital-Himayatnagar

Rainbow Children's Hospital | BirthRight by Rainbow

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 : IP26-00006939 **Admit Date** : 24-Jul-2026 **Admit Time** : 03:01 PM **UHID** : BAH-00579692

Patient Details :

Patient Name	: Mrs AKHILA REDDY.J	**Age**	: 32 Y 10 M 29 D
Guardian	: Mr MR.SRI RAM REDDY	**DOB**	: 25-08-1993
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	: Married
Address (H)	: 1-10-20 PRANAV HOMES FLT NO 202 STREET 3 ASHOK NAGAR Ashok Nagar Hyderabad Telangana INDIA 500020	**Phone No**	: 9705015898/ 8500000468
		E-mail	: na123@gmail.com

Admission Details :

Bed Type : TWIN SHARING **Bed No** : PDA-414 **Ward Name** : 4F -OT

Room No : PDA-414 **Admission Type** : First Visit

Contact Details :

Name : Mr MR.SRI RAM REDDY **Relationship** : Husband

Contact Address : 1-10-20 PRANAV HOMES FLT NO 202 STREET 3 ASHOK NAGAR Ashok Nagar Hyderabad Telangana INDIA 500020 **Phone No** : 9705015898

Signature

Doctor Details :

Doctor Name : Dr. KADIYALA RAMYA THEJA **Specialisation** : OBSTETRICS AND GYNECOLOGY

Referral Doctor : Self **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 5000.00

Payment Mode : DC/CC Card **Payor Name** : ICICI ICICI LOMBARD GENERAL INSURANCE

BAH-00579692 IP26-00006939
Mrs AKHILA REDDY.J
25-08-1993 32 Y 10 M 30 D (F)
Dr. KADIYALA RAMYA THEJA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CROSS CONSULTATION FORM

Doctor Name : Dr. Nishanth Reddy. L Date : 3/7/26 Time : 4:45 pm

Diagnosis : Pre - GHTN ↓ Steroid Cover

Hospital : Star Hospital

Referred for : ☑ Opinion ☐ Co-Management ☐ Transfer of care

Type of Referral :
☐ Emergency
☐ Urgent
☐ Non Urgent

Reason for Referral : If for concurrent care specify the particular need, especially in the absence of a second diagnosis:

Signature:

Findings and Recommendations :

- G_2A_1C 32 wk 1 GA
- Pre - GHTN - on inj. [illegible] < 140/90 + T. [illegible] 120/80

On Steroid Cover

Adv

GRBS — Pre BF / Pre lunch / Pre dinner ↓ 10 pm] 2 days

Consultant :

Name : Dr. Nishanth Reddy. L Signature : [signature] Date & Time : 3/7/26; 4:45 pm

Doc. No. : RCH / FRM / CLINICAL / 049

PATIENT TRANSFER FORM

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Patient Name & UHID No	Date & Time of Admission	Date & Time of Transfer Order
BAH-00579892 IP26-00006939 Mrs AKHILA REDDY.J 25-08-1993 32 Y 10 M 29 D (F) Dr. KADIYALA RAMYA THEJA	24/7/26 @ 3:01pm	24/7/26 @ 11:30PM
	Transfer Ordered by: Dr Manisha	Reason for Transfer: OBS
From Unit: Pre-post	To Unit: Room	Information to Attendant: Yes ☑ No ☐
Number of Sheets in Clinical File: 35	Number of Imaging Films: 1	Personal belongings including clinical documents. If any handed over to attendant: Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
SS Akhila	Dr Manisha

Patient & Clinical Records Received by : Sunanda @ 4.30 pm

Date & Time of Patient Received : 24/7/26

If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below :

☐ Unavailable Bed ☐ Nurse not Available ☐ Available Bed not ready

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery.

ACTIVITY RECORD FOR BILLING

BAH-00579692 IP26-00006939
Mrs AKHILA REDDY.J
25-08-1993 32 Y 10 M 29 D (F)
Dr. KADIYALA RAMYA THEJA

Name: ----------

UHID No : ---------- Consultant : ---------- Dept : ----------

Date of Admission : ---------- Date of Discharge : ---------- Time: ----------

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
24/7/26	11:30 pm	Pre-op	Room	Akai /

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	Dr. Nisanth Reddy Involv	25/7/26	16907	
2.				
3.	Cross checked done		by Supriyi	
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Sign
24/7/26	NST — (1)	9047	[illegible]
24/7/26	GRBS 102mg/dl 3pm	12497	[illegible]
24/7/26	GRBS 136mg/dl (1) 7pm	12505	[illegible]
24/7/26	GRBS 208mg/dl 10:00pm	12514	Ale
24/7/26	NST — (2)	9060	[illegible]
		Cross checked done 24/7/26 11:00pm	
	Cross checked done by Sunanda		
25/7/26	GRBS 115mg/dl (Premeal)	12552	[illegible]
25/7/26	GRBS- 97mg/dl (PPBS)	self	Sandhya
25/7/26	NST (11:am)	9100	[illegible]
25/7/26	GRBS- 112 mg/dl (Pre lunch)	self	[illegible]
25/7/26	GRBS - 118 mg/dl (PPBS) (32 units insulin given)	self	Madhuri
25/7/26	GRBS 184 (mg/dl) (Premeals) (6 units human actrapid)	self	Madhuri
25/7/26	GRBS 225 mg/dL 10:30pm	self	[illegible]
25/7/26	NST (11 pm)	9146	[illegible]
26/7/26	GRBS- 128 mg/dl (Pre meal) 8:38am (Ryzodeg 18U given)	Self	[illegible]
26/7/26	NST (11Am)	9155	[illegible]
	cross checked done by Supriya		

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature

ANY OTHER INFORMATION

FHR:- 25/7/26
1 am - 138b/m, 4am - 142b/m 8am - 126b/m
12pm - 135b/m

25/7/26
12PM Homefood a Don't Charge for NHA
Sathika G
Dietitian & lactation

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

BAH-00579692 IP26-00006939
Mrs AKHILA REDDY.J
25-08-1993 32 Y 10 M 29 D (F)
Dr. KADIYALA RAMYA THEJA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

Admitted for Steroid coverage

Obstetric Formula: G2A1

Obstetric Hostory:

ML-2023 I-2024 | Spont. Complete Miscarriage.

Present Pregnancy Record:

G1 - PP, Sp conception
Booked @ 19wk +3D
NT+FTS - Low risk
TIFFA - Normal
Fetal 2D ECHO - (N).
Overt DM @ 8wk
Started on Metformin 1g BD
11/12
FBS - 112
HbA1C - 6.4.
Since 24wk - Started Insulin

RISK FACTORS:

Height: ..... cm

Weight: ..... kg

Allergies: NIL

Breast: ☑ Normal ☐ Abnormal

General Examination:

Consciousness: clear Pallor: absent

Icterus: ~~present~~ Edema: —

Temp: ~~Afebrile~~ PR: 82/min

BP: 110/70 mmHg DTR:

CVS: S_1S_2 (+) RS ~~BAE~~ (+)

Liver/Spleen: (N) Urine Output: (N)

LMP: 12/12/2025 EDD: 18/9/26.

Corrected EDD: 18 GA: 32wk

Menstrual History: Regular: ☑ Yes ☐ No

Obstetric Examination

Fundal Height: ut ~28-30wk.

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

G2A1 | 32 weeks | Pre GDM on OHA + Insulin | FGR stage-I for steroid cover.

BAH-00579692 IP26-00006939
Mrs AKHILA REDDY.J
25-08-1993 32 Y 10 M 29 D (F)
Dr. KADIYALA RAMYA THEJA

Family History:
Father - DM

Surgical History:
Open Appendicectomy - 2016

Medical History:
PGDM on (1) T. GLUCONORM-SR 1000mg. BD
(2) Inj Ryzodeg 14 units/4 AM/28 units

Medication History:
T. IRON
T. CALCIUM } OD
T. Supot

Plan of Care:
- ~~Admission~~ CTG.
- FHR Monitoring 2nd hourly.
- NST - BD
- GRBS Monitoring - premeals
- BP Monitoring 4th hourly.
-

GRBS at 9:35pm - 102mg/dl

Investigations:
10+ve

HIV
HbsAg } NR.
HCV

23/7/2026.
SLUF
Transreceive
PL- fundal
AFI - 22.7cm.
EFW - 1.277g (3%)
AC (<1%)
FGR stage - I
Uterine artery - ↑ sed Resistance.

Doctor Name: Dr. Dna
Signature:
Date & Time: 24/7/26 @ 3pm

Dr. RAMYA THEJA KADIYALA
Reg. No: 01458

Consultant Name: Dr. Ramya.
Signature:
Date & Time: 24/7/26 @ 3pm

BAH-00579692 IP26-00006939
Mrs AKHILA REDDY.J
25-08-1993 32 Y 10 M 29 D (F)
Dr. KADIYALA RAMYA THEJA

(1)

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/7/26 3:40pm	Counselled Mrs. Akhila, blood sugar monitoring,	
	steroid cover, Physician Review.	
	NST: (R)	
	GRBS: 102mg/dl	(signature)
		Dr RAMYA THEJA.K
24/7/2026 8pm	C/o/b Dr Mamdu	
	G2A1 32wk / PGDM (OHA) / FGR stage I for closure	
	C/C For Afebrile	Adv
	Vitals Stable	
	P/A ut ~ 28-30wks	- NST BD
	FHS ⊕R	- GRBS monitoring premeal.
	L/A [illegible]	- BP monitoring 4th hourly
		- DFMC
	GRBS - 136mg/dl (Pre-dinner)	- Physician opinion Bedside c/m
		- Inform SO
	→ K/D/W Dr Nishanth Spr.	
	Adv + Inj. Ryzodeg 36 ⊙ S/c stat.	
	+ Inform GRBS @ 10pm.	
		(signature)

BAH-00579692 IP26-00006939
Mrs AKHILA REDDY.J
25-08-1993 32 Y 10 M 29 D (F)
Dr. KADIYALA RAMYA THEJA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/7/2026		
10:30pm	(CRBS · 208mg/dl)	
	C/O/w Dr Mohuth sir	
	Adv Inj Actrapid 8 © stat	
		(signature)
24/7/2026	C/s/b Dr Manasha	
11:30pm		
		Adv,
	C/ Pain Afebrile	
	vitals Stable	NST · BD / FHS ⓜ ~~2nd hourly~~ 4th hourly
	P/A Ut ~28-30wks	- GRBS monitoring Premeals
	FHS GR	↳ Inform
NST - Reactive		- BP monitoring 4th hourly
		- DFKC
PPmp		Ⓐ Physician Opinion Bedside c/m
		- Inform SRS
		- Shift to room
		Ⓐ Steroid 2nd dose · 3:40pm
		(signature)

BAH-00579692 IP26-00006939
Mrs AKHILA REDDY.J
25-08-1993 32 Y 10 M 30 D (F)
Dr. KADIYALA RAMYA THEJA

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/7/2026 7Am	C/S/b Dr Manisha	
	GC- fair Afebrile	Adv
	BP 104/70	
	PR 75	✓ NST BD / FHS 4th hourly
	P/A Ut ~ 28-30wk	⊕ GRBS monitoring - Premeals →
	FHS ⊕R (125-135/min) (Doppler)	↳ Inform
		✓ BP monitoring 4th hourly
	PFM ⊕	⊕ Physician Opinion Bedside Today
		✓ Inj Betnesol 12mg im @ 3:45pm
		✓ Inform sos
		My formal
		NB Sunanda
25/7/26 2:50pm	C/S/B Dr. Ramya.	
		Adv
	GC fair Afebrile	- NST-BD
	vitals stable.	- FHR Monitoring 4th hourly.
	P/A Ut≅28-30wk	- 7 ⑥ GRBS Monitoring
	FHS ⊕	- BP Monitoring 4th hourly.
7⑥	Relaxed.	- Inj Betnasol 12mg - 2nd dose at 3:45pm.
Premeal -		
Postmeal - 2hr		- Physician opinion due.
FBS		
	Dr. RAMYA THEJA KADIYALA Reg. No: 01458 (signature)	Dr RAMYA THEJA

BAH-00579692 IP26-00006939
Mrs AKHILA REDDY.J
25-08-1993 32 Y 10 M 30 D (F)
Dr. KADIYALA RAMYA THEJA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/I/B Dr. Mrudula	
25/7 8:00pm	G2A1 c 32+1 w/G / pre GDM on OHA + Insulin	Stage 2 FGR
	o/E pt click	
	GC - fair	
	PR - 84bpm	Adv
Before Dinner - 187mg/dl	BP - 110/80 mmHg	→ NST - BD
After Dinner - 224mg/dl	P/A - Ut - 30wks	→ FHR monitoring 4th hrly
	Relaxed	→ 7 ⊙ GRBS monitoring
	FHR ⊕	· Betnasol 2nd dose completed
		physician opinion taken
After Dinner - Inj Atrapid 6U / stat. Advised by Dr. Nishant		Adv - Inj Ryzodeg 32U by Dr. Nishat
		· Do GRBS after dinner.
		· monitor vitals
		· Gynaec sos.
	Dr. Mrudula	Noted by madhuri 25/7/26
26/7 7am	C/I/B Dr. Mrudula	
	G2A1 c 32+2 wks of GA / pre DM on OHA & insulin	Stage 2 FGR
	PFM ⊕	
	o/E pt click	Adv
	PR - 84bpm	✓ NST BD
	BP - 102/70 mmHg	✓ FHR monitoring 4th hrly
	P/A - Ut - 30wks	✓ 7 ⊙ GRBS monitoring
	Relaxed	✓ physician opinion before meals bedside
	cephalic	✓ monitor vitals
	FHR ⊕ (128-132 doppler)	/ Gynaec sos.
		Dr. Mrudula.
		NB Sunanda @ 7am

BAH-00579692 IP26-00006939
Mrs AKHILA REDDY.J
25-08-1993 32 Y 10 M 30 D (F)
Dr. KADIYALA RAMYA THEJA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/7/26		
11 AM	Blood sugars - better	with insulin
	post meal due.	
	NST ongoing :	
		Adv
		1) Can be discharged today
		2) Growth scan on 30/7/26
		DR RAMYA THEJA

Dr. Kadiyala Ramya Theja
Consultant Obstetrics and Gynecology
Reg. No: 1458

Patient Sticker

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

BAH-00579892 IP26-00006939
Mrs AKHILA REDDY.J
25-08-1993 32 Y 10 M 29 D (F)
Dr. KADIYALA RAMYA THEJA

Mrs Akhila

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

DRUG CHART

Date of Admission: 24/7/26 Drug Allergies: Nil ☑ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

DRUG :				Date / Time
Dose	Route	Frequency	Start Date	
Doctor's Signature		Valid Period	Pharm.	
Additional Instructions:				

DRUG :				Date / Time
Dose	Route	Frequency	Start Date	
Doctor's Signature		Valid Period	Pharm.	
Additional Instructions:				

DRUG :				Date / Time
Dose	Route	Frequency	Start Date	
Doctor's Signature		Valid Period	Pharm.	
Additional Instructions:				

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

BAH-00579692 IP26-00006939
Mrs AKHILA REDDY.J
25-08-1993 32 Y 10 M 29 D (F)
Dr. KADIYALA RAMYA THEJA

REGULAR PRESCRIPTIONS Weight. .... Ward. ....LD4....

DRUG: T SOLFE EXTRA				Date / Time	25/7
Dose	Route	Frequency	Start Date		
1 tab	P/O	OD	25/7		
Name & Signature of the Doctor Starting the Drugs: (signature)				2PM	(initials)
Additional Instructions: (Dose - 1 tab)					
Daily Doctor's Endorsement by a Sign					

DRUG: T. SUPRACAL				Date / Time	25/7
Dose	Route	Frequency	Start Date		
1 tab	P/O	OD	25/7		
Name & Signature of the Doctor Starting the Drugs: (signature)				10PM	(initials)
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					

DRUG: T SUPORT				Date / Time	25/7
Dose	Route	Frequency	Start Date		
1 tab	P/O	OD	25/7		
Name & Signature of the Doctor Starting the Drugs: (signature)				2PM	(initials)
Additional Instructions: (Multivitamin/Minerals)					
Daily Doctor's Endorsement by a Sign					

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

BAH-00579692 IP26-00006939
Mrs AKHILA REDDY.J
25-08-1993 32 Y 10 M 29 D (F)
Dr. KADIYALA RAMYA THEJA

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....4DR....

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				

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 ....

Patient Sticker

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ......[illegible]......

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				

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 ....

Patient Sticker

Weight. ..... Ward. UDK

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.	

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.	

Signature

VERIFIED BY : Name

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
24/7	3.40pm	BETAMETHASONE	12mg	S IM		Cindy. Akkila.
25/7	3:40pm	Inj. BETAMETHASONE	12mg	IM		
24/7	9:10pm	INJ RYZODEG (DEGLUDEC + ASPART)	36 Unit	S/C		
24/7	10:20pm	INJ ACTRAPID	8 Unit	S/C		
25/7	10.30pm	ACTRAPID	6 UNITS	S/C		
26/7/25	8.40AM	Insulin degludec (2.56mg) + Insulin Aspart (1.05mg)	18 units	S/C		

BAH-00579692 IP26-00006939
Mrs AKHILA REDDY.J
25-08-1993 32 Y 10 M 29 D (F)
Dr. KADIYALA RAMYA THEJA

I.V. FLUIDS CHART

Weight. ..... Ward. UD4

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

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

BAH-00579892 IP26-00006939
Mrs AKHILA REDDY.J
25-08-1993 32 Y 10 M 29 D (F)
Dr. KADIYALA RAMYA THEJA

304

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

RESULT SHEET

Date						
Time						
Hb						
PCV						
RBC						
WBC						
N/L						
Platelets						
CRP						
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
Blood Grouping	-ve					
HIV	NR					
HbsAg						
HCV						

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

BAH-00579682
Mrs AKHILA REDDY.J IP26-00006939
25-08-1993 32 Y 10 M 29 D (F)
Dr. KADIYALA RAMYA THEJA

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

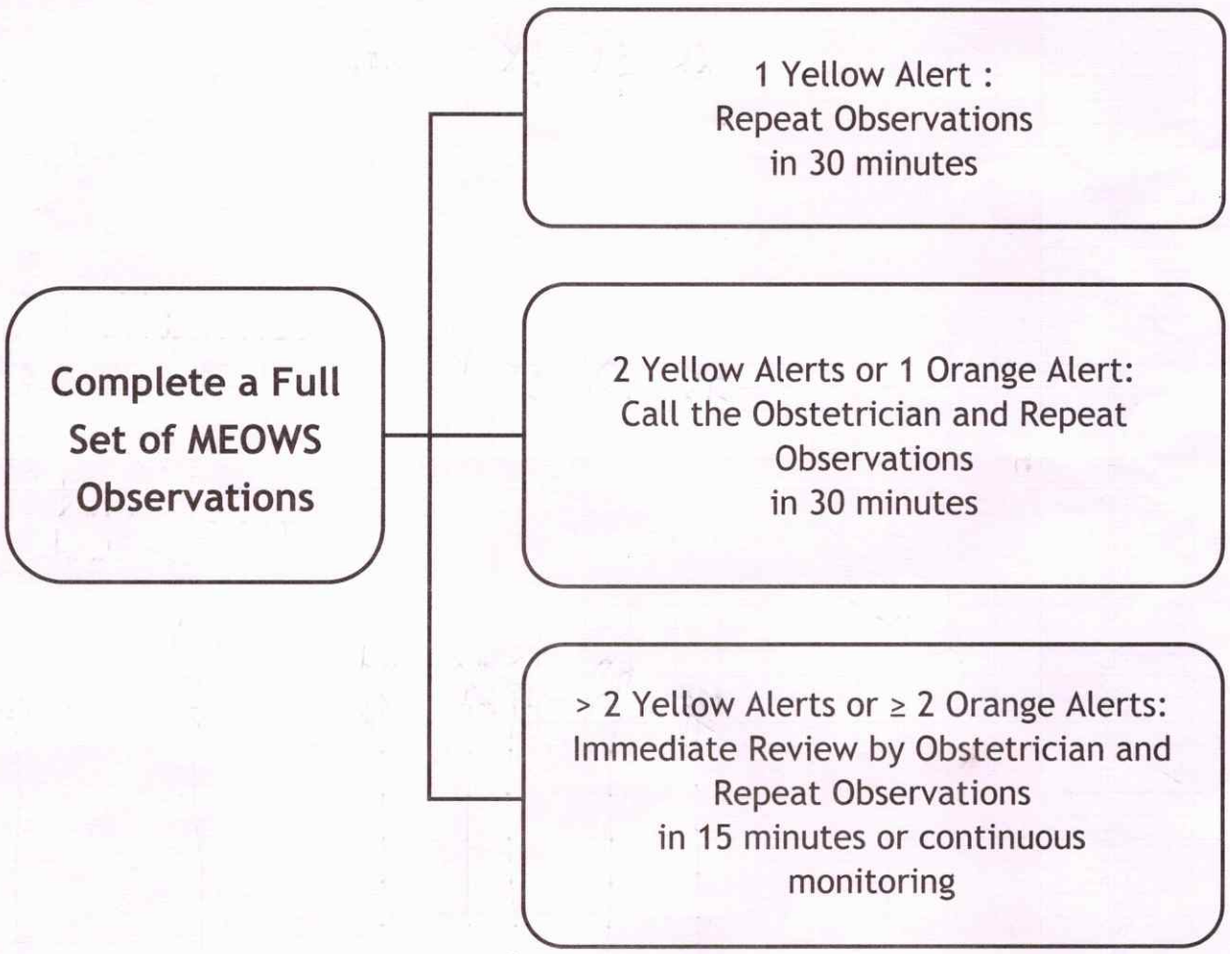
Early Warning Observation Score Chart - Obstetrics

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

29/7/26	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								20		20		20	20		20				20				20	
	0 - 10																								
Saturations	94 - 100 %								100		99		99	99		98				99				99	
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37								97.5		97.5		97.5			97.6				98.6				98.6	
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80								75		71		75	94	80	80				78				75	
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130			110																					
	120																								
	110																								
	100								120		122		115	118		117				114				104	
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70								70		72		70	80		76				72				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				0				0	
TOTAL ORANGE SCORES									0		0		0	0		0				0				0	
Nurse Initial																									

4/7/26
7pm 250

Obstetrics and Gynaecology Early Warning Signs



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

BAH-00579692 IP26-00006939
Mrs AKHILA REDDY.J
25-08-1993 32 Y 10 M 30 D (F)
Dr. KADIYALA RAMYA THEJA

Patient Stick

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Early Warning Observation Score Chart - Obstetrics

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

25/7/26

		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			20					20																	
	11 - 20												20				20				20				20	
	0 - 10																									
Saturations	94 - 100 %			99%					99%				98%				99%				99				98%	
	< 94 %																									
Administered O_2 (L/min.)																										
Temp°c	40																									
	39																									
	38																									
	37																									
	36			97.4°F					98.3°F				98.4°F				98.3°F				98.3°F				97.6°F	
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100			80					83								92				68				92	
	90												90													
	80																									
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressue ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140			105					117				123				119				140				102	
	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70			70					80				76				83				74				70	
	60																									
	50																									
	40																									
NEURO RESPONSE [✓]	Alert			✓					✓				✓				✓				✓				✓	
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30			✓					✓				✓				✓				✓				✓	
	< 30																									
Proteinuria	Protein + +																									
	Protein > + +																									
Lochia	Normal			✓					✓				✓				✓				✓				✓	
	Heavy / Foul																									
Liquor	Clear / Pink			✓					✓				✓				✓				✓				✓	
	Green																									
TOTAL YELLOW SCORES				0					0				0				0				0				0	
TOTAL ORANGE SCORES				0					0				0				0				0				0	
Nurse Initial																										

25/7/26

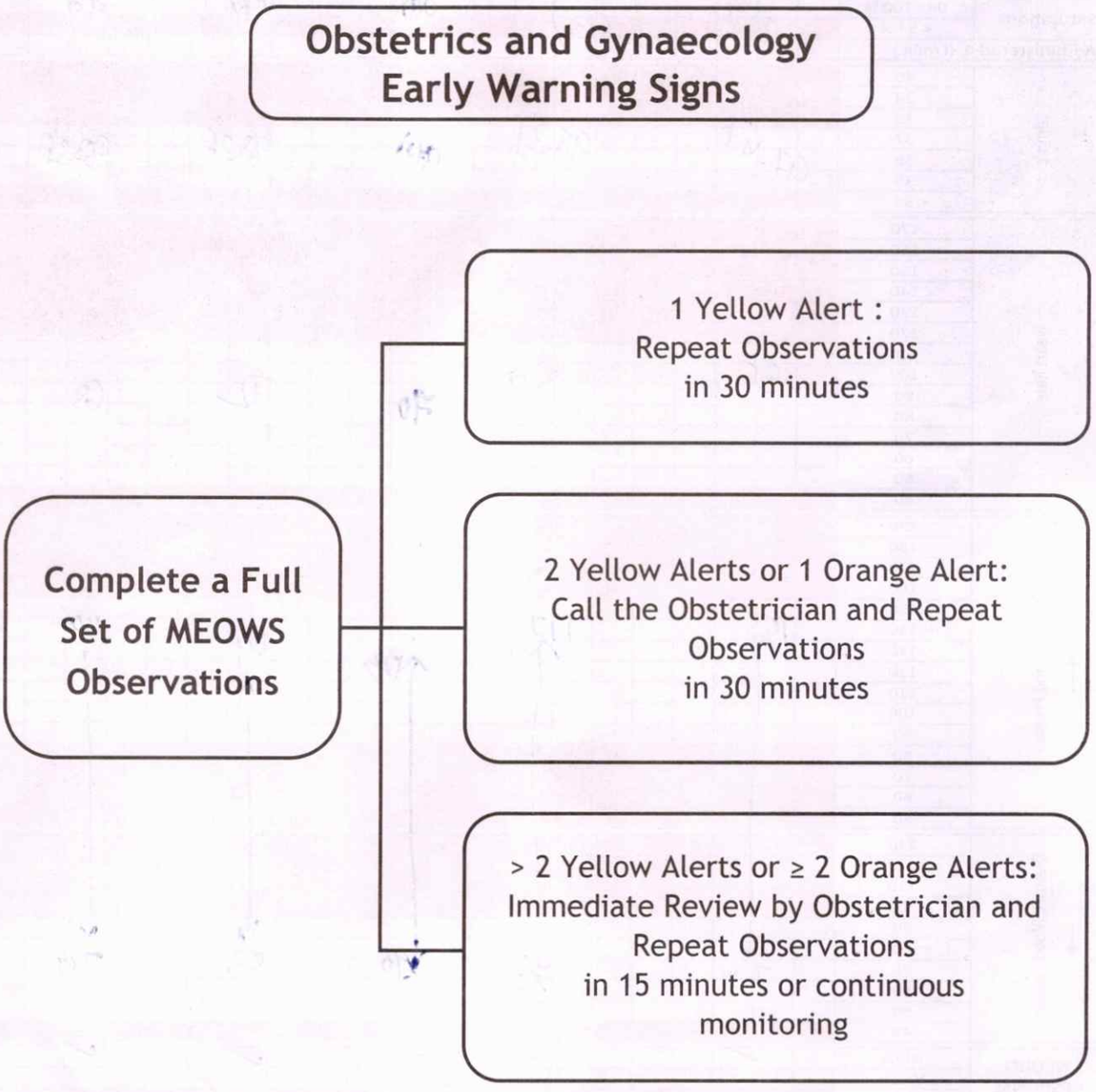
4pm — 140 b/m

8pm — 137 b/m

26/7/26

8 4am — 136 b/m

~~7~~ 9am — 138 b/m



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

BAH-00579692 IP26-00006939
Mrs AKHILA REDDY.J
25-08-1993 32 Y 10 M 30 D (F)
Dr. KADIYALA RAMYA THEJA

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

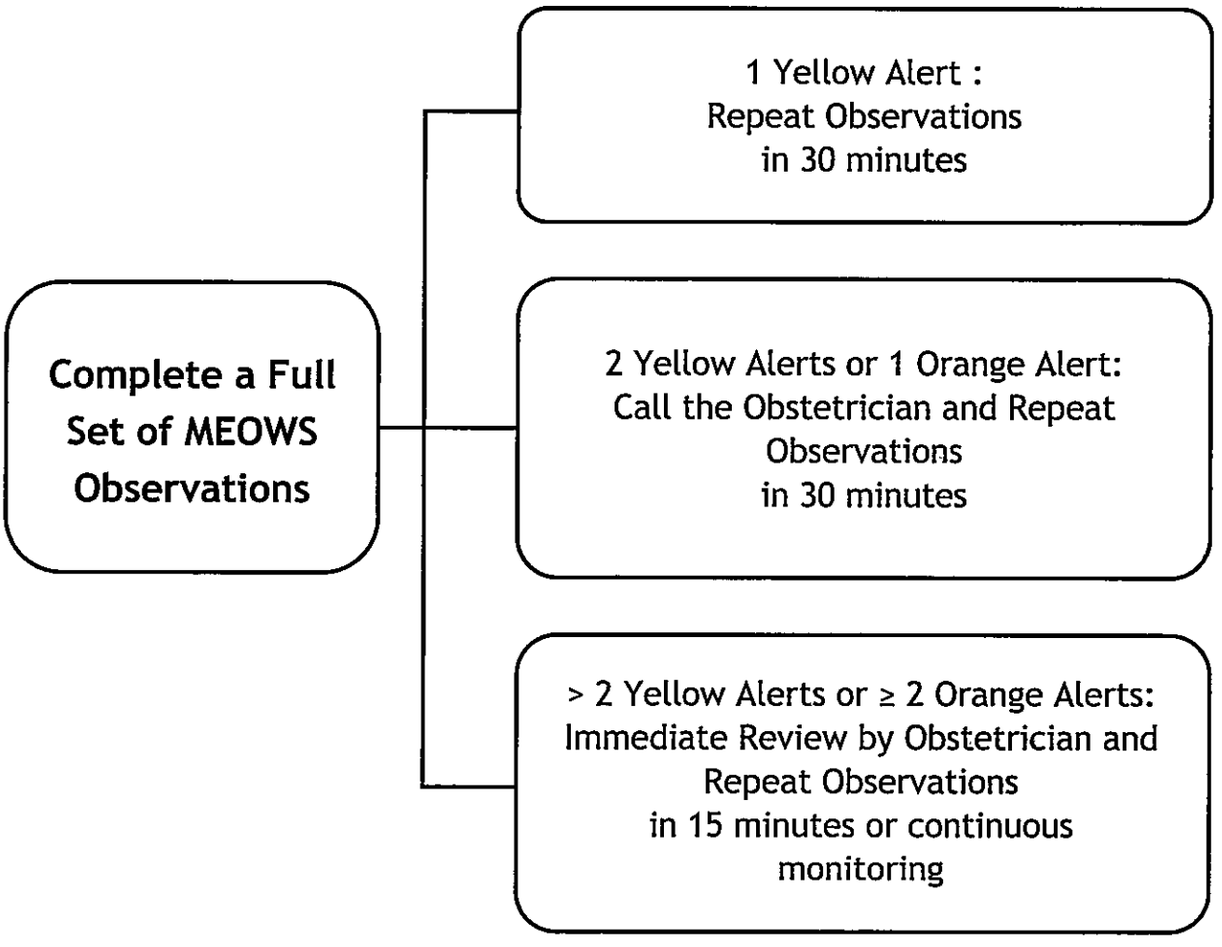
BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Early Warning Observation Score Chart - Obstetrics

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

26/7/26	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			20																					
	0 - 10																								
Saturations	94 - 100 %			99%																					
	< 94 %																								
Administered O_2 (L/min.)																									
Temp °c	40																								
	39																								
	38																								
	37			97.6°F																					
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80			80																					
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120			114																					
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70			72																					
	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																					
TOTAL ORANGE SCORES				0																					
Nurse Initial																									

Obstetrics and Gynaecology Early Warning Signs



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

BAH-00579692 IP26-00006939
Mrs AKHILA REDDY.J
25-08-1993 32 Y 10 M 29 D (F)
Dr. KADIYALA RAMYA THEJA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 1

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am					NA						
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
24/7	02:00 pm		H2O									
	03:00 pm											
	04:00 pm											
	05:00 pm	0										
	06:00 pm											
	07:00 pm	Idly										
Total Intake :						**Total Output :**				Passed		
24/7	08:00 pm											
	09:00 pm		Meals H2O									
	10:00 pm	0									0	
	11:00 pm		H2O		NA							
	12:00 am											
	01:00 am											
Total Intake :		Taken				**Total Output :**				passed		
25/7/26	02:00 am											
	03:00 am											
	04:00 am							NA				
	05:00 am				NA							
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**				passed		

Total 24 hrs. Intake		Total 24 hrs. Output	

BAH-00579692 IP26-00006939
Mrs AKHILA REDDY.J
25-08-1993 32 Y 10 M 30 D (F)
Dr. KADIYALA RAMYA THEJA

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : ....

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

Date	Time	Intake				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
		Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
25/7/26			Mouth	I.V	N.G							
	08:00 am											
	09:00 am	0					✓			✓	0	
	10:00 am		Eddly + H2O									[illegible]
	11:00 am							NA				
	12:00 pm			NA						✓		
	01:00 pm											
Total Intake : Taken						**Total Output :** U-2 M-						
25/7/26	02:00 pm											
	03:00 pm											
	04:00 pm						+			✓		
	05:00 pm	0		NA				NA			0	[illegible]
	06:00 pm									✓		
	07:00 pm											
Total Intake :						**Total Output :**						
25/7/26	08:00 pm						✓					
	09:00 pm									✓		
	10:00 pm	0									0	[illegible]
	11:00 pm				NA			NA				
	12:00 am									✓		
	01:00 am											
Total Intake :						**Total Output :**						
26/7/26	02:00 am											
	03:00 am											
	04:00 am	0	H2O				0			✓	0	[illegible]
	05:00 am				NA			NA				
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

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

Patient Sticker

BAH-00579692 IP26-00006939
Mrs AKHILA REDDY.J
25-08-1993 32 Y 10 M 30 D (F)
Dr. KADIYALA RAMYA THEJA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : .....

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

		Intake				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
25/7/26	08:00 am	1					✓			✓	0	
	09:00 am	1	Upma								0	
	10:00 am	0									0	
	11:00 am				NA						0	
	12:00 pm	1									0	
	01:00 pm										0	
Total Intake :								**Total Output :** U-			M-	
	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	

Patient Sticker

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : .....

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

		Intake				Output						
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**	

BAH-00579692 IP26-00006939
Mrs AKHILA REDDY.J
25-08-1993 32 Y 10 M 29 D (F)
Dr. KADIYALA RAMYA THEJA

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: 24/2/26

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				NA			
Afternoon	8pm to 8pm	=> Assess the patient condition => plan for vital => plan for Flochart	2pm to 8pm	=> Assessed the patient condition => maintain vital & Recored => maintain Flochart	patient is stable	vital is warned	CH
Night	8pm to 8am	- Assess the Patient condition - plan for Vital & recored - plan for Flochart		- Assess the Patient condition - Maintain Vital & record - Maintain Flochart	Patient Stable	Vital Normal	C

Patient St

-00579692 IP26-00006939
Mrs AKHILA REDDY.J
25-08-1993 32 Y 10 M 30 D (F)
Dr. KADIYALA RAMYA THEJA

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: 25/7/2026

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	→ Assess the patient general condition → NST BD → GRBS monitoring → B.P @ 4th hrly → physician opinion today	8am ↓ 2pm	→ Assessed the patient general condition → monitored vitals → Maintained I/O → Provided Comfortable position.	Rechecked vitals. patient has no specific complaints.	~~Need~~ Patient is stable	
Afternoon	2pm to 8pm	→ Assess the pt condition → Monitored vitals → NSD - BD. → BP. Monitoring 2nd hrly → physician opinion	2pm to 8pm	→ Assess the pt condition → Monitored vitals → NSD - BD → BP. Monitoring 2nd hrly → physician opinion	Re-checked vitals	pt is stable	
Night	8pm to 8am	- Assess the pt condition - Monitor the v/s - Maintain the I/O - Drug as per chart	8pm to 8am	- Assess the pt condition - Monitor the v/s - Maintain the I/O - Drug as per chart	- Now patient is stable	- Rechecked the v/s	

BAH-00579692 IP26-00006939
Mrs AKHILA REDDY.J
25-08-1993 32 Y 10 M 30 D (F)
Dr. KADIYALA RAMYA THEJA

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING CARE RECORD

Date: 25/7/26

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 2PM	→ To assess the pt. condition → To check the vitals & record → To administer the medication as per drug chart → I/O chart maintain	8AM to 2PM	→ To assessed the pt. condition → To checked vitals & recorded → To administered the medication as per drug chart → I/O chart maintained	→ Patient is stable → GRBS monitoring every pre meal & post meal	→ Re-checked the Vitals → I/O → FHR 4th hourly → NST 12th hourly	Supriya
Afternoon							
Night							

Patient Sticker

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: .....

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							

BAH-00579692 IP26-00006939
Mrs AKHILA REDDY.J
25-08-1993 32 Y 11 M 0 D (F)
Patient Dr. KADIYALA RAMYA THEJA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: 32+1 weeks Observation						Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify: .....
	Surgery / Procedure:						Post OP Day:
BACKGROUND	Date / Shift	25/7 N1	26/7/26 M6				
	Medical Condition (Any special condition to be noted):	—	-				
	Diet:	—	Soft				
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):	—	-				
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.3°F	98.4°F				
	Res:	28b/m	20b/m				
	SpO_2:	99%	99%				
	Pulse:	84b/m	86b/m				
	BP:	110/72	110/73				
	LOC:	—	-				
	Fall Risk Score:	4 0 b	-				
	Pain Score:	4 0 b	"0"				
	Skin Integrity	Good	Good				
Recommendations	Safety Needs:	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:	—	—				
	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:	—	Soft				
	Critical Lab Test / Values:	—	-				
	Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):	—	-				
Post Operative Procedure Special Orders:		—	-				
Handed Over By Name :		Sirisha	Supriya				
Signature / ID :							
Date:		25/7/26	26/7/26				
Time:		8am	2pm				
Taken Over By Name :		Supriya					
Signature / ID :							
Date:		26/7/26					
Time:		8AM					

Patient Sticker

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING SHIFT HAND OVER FORM

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

BAH-00579692 IP26-00006939
Mrs AKHILA REDDY.J
25-08-1993 32 Y 10 M 29 D (F)
Dr. KADIYALA RAMYA THEJA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

MEDICATION RECONCILIATION FORM

Drug Allergies: NA ☑ 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: NA Shifted to: NA

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	Plo	OD		☑C ☐DC
2	T. CALCIUM	Hab	Plo	OD		☑C ☐DC
3	T. SUPORT	Hab	Plo	OD		☑C ☐DC
4	Inj. Insulin degludec/Insulin Aspart (Ryzodeg)	40/4/28	SC	7AD		☐C ☐DC
5	T. Metformin (Glucanorm)	1000	Plo	BD		☐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. Mounika

Date & Time : 24/7/26 @ 3:00pm

Nurse Name & Signature: Chaitanya

Date & Time : 24/7/26 @ 3pm

Docu. No. : RCH / FRM / GENERAL / 090

BAH-00579692 IP26-00006939
Mrs AKHILA REDDY.J
25-08-1993 32 Y 10 M 29 D (F)
Dr. KADIYALA RAMYA THEJA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

OBSTETRICS / GYNECOLOGY
NURSING INITIAL ASSESSMENT FORM

Date of Admission: 27/10/26

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 abd

Doctor Notified on Admission: ☐ Yes ☐ No

Name of the Doctor: Dr naveena

Time Notified: .....

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

Past Medical History	Past Surgical History	Previous Hospital Admission
—	—	—

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 2 P — L — A 1

Previous LSCS: NO

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

Family History: ☐ No Abnormalities Detected

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

☐ Liver disease ☐ Other .....

Vital Signs / Measurements: Temp: 98°F HR: 86 RR: 20

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

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

BAH-00579692 IP26-00006939
Mrs AKHILA REDDY.J
25-08-1993 32 Y 10 M 29 D (F)
Dr. KADIYALA RAMYA THEJA

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 .....0..... (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 .....Husband.....

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: .....Akhila Reddy.....

Orientation not given Reason: .....self.....

Nurse Signature: .....

Nurse Name: .....Chenchakala.....

Date & Time: .....24/2/26@2pm.....

BAH-00579692 IP26-00006939
Mrs AKHILA REDDY.J
25-08-1993 32 Y 10 M 29 D (F)
Dr. KADIYALA RAMYA THEJA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 24/7/26 Time of Arrival: 2pm Time Seen by Nurse: 2.03pm.

1) **Level of Consciousness:** ☐ Conscious ☐ Semi-Conscious ☐ UnConscious

2) **Chief Complaint (Reason for Visit):** (Circle the item as appropriate)

- ☐ Severe Pain / Moderate Pain
- ☐ Bleeding PV: Slight / Heavy
- ☐ Decreased Fetal Movement
- ☐ No Fetal Movement
- ☐ Preterm rupture of Membranes / Leaking Water PV
- ☐ Preterm Labor/ Labor
- ☐ Spontaneous Rupture of Membrane / Leaking Water PV
- ☐ Other Reason: .....

3) **Vital Signs:** Temperature: 98°F Pulse: 20 RR: 80 SpO_2: 100 BP: 110/70 Weight: .....

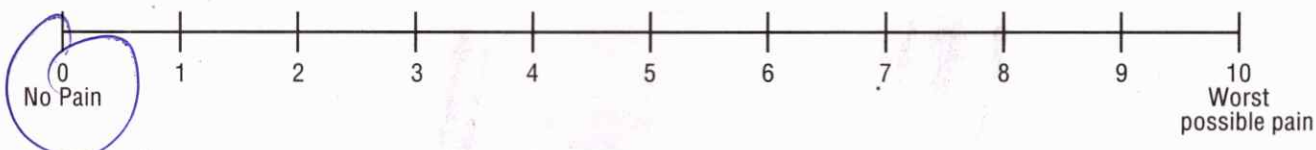
4) **Gestational Criteria:**

Gravida:	G 2	P	L	A 1

LMP: 12/12/25 EDD: 18/9/26 Gestational Age: 32 weeks.

Uterine Contraction	☐ Yes	☑ No	☐ NA	Onset	Time	Frequency:
Membrane Rupture	☐ Yes	☑ No	☐ NA	Onset	Time	Fluid Color:
Vaginal bleeding	☐ Yes	☑ No	☐ NA	Onset	Time	Amount:
Pre Eclampsia Symptoms	☐ Yes	☑ No	☐ NA	If Yes specify: Headache / Visual Symptoms / Pain Abdomen / Vomiting		
Good fetal Movement	☑ Yes	☐ No	☐ NA	If No specify:		

5) **Pain Screening:** **Numerical Pain Scale (NPS)**



- Location: .....
- Duration: ..... Days / Weeks/ Months (Strike out which is not applicable)
- Character: .....
- Frequency: NA
- Interventions: .....

.....

6) **Past History:**

a) Surgeries: NA

b) Medical: .....

BAH-00579692 IP26-00006939
Mrs AKHILA REDDY.J
25-08-1993 32 Y 10 M 29 D (F)
Dr. KADIYALA RAMYA THEJA

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

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

9) **Prenatal Medical History:**

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

Triage Category: (Please tick on the category)

Refer to OBSTETRICAL TRIAGE ACUITY SCALE (OTAS)

☐ **Category I:** Resuscitative (Time to Physician: Immediate & Reassessment: Continuous nursing care)
☑ **Category II:** Emergent (Time to Physician: ≤ 15 minutes & Reassessment: Every 15 minutes)
☐ **Category III:** Urgent (Time to Physician: ≤ 30 minutes & Reassessment: Every 15 minutes)
☐ **Category IV:** Less Urgent (Time to Physician: ≤ 60 minutes & Reassessment: Every 30 minutes)
☐ **Category V:** Non Urgent (Time to Physician: ≤ 120 minutes & Reassessment: Every 60 minutes)

OBCU Obstetrical Triage Acuity Scale (OTAS)

OTAS	Level 1 (Resuscitative)	Level 2 (Emergent)	Level 3 (Urgent)	Level 4 (Less Urgent)	Level 5 (Non Urgent)
Level 1 (Resuscitative)	**Immediate**	≤ 15 **minutes**	≤ 30 **minutes**	≤ 60 **minutes**	≤ 120 **minutes (2 Hours)**
Re-Assessment	**Continuous Nursing Care**	**Every 15 Minutes**	**Every 15 Minutes**	**Every 30 Minutes**	**Every 60 Minutes**
Labour / Fluid	Imminent Birth	Suspected Pre-term Labour / PPROM < 37 Weeks	Signs of Active Labour > 37 weeks	Signs of Early Labour/ SROM > 37 weeks	Discomforts of Pregnancy
Bleeding	Active Vaginal bleeding with/ without abdominal pain	Bleeding associated with cramping (<spotting) <37 weeks	Bleeding associated with cramping (>spotting) >37 weeks	Spotting	
Hypertension	Seizure activity	Hypertension > 160/110 and / or headache, visual disturbance, RUQ pain	Mild hypertension >140/90 with/without associated signs and symptoms		
Fetal Assessment	Abnormal FHR tracing Non-Fetal Movement	Atypical FHR tracing, abnormal dopplers Diseased fetal movement			
Others	• Acute onsite severe abdominal pain • Altered level of consciousness • Cord prolapse • Severe respiratory distress • Suspected sepsis	• Major trauma • Shortness of breath • Unplanned and unattended birth	• Abdominal/back pain greater than expected in pregnancy • Flank pain / hematuria • Nausea /vomiting and /or diarrhea with suspected dehydration	• Ongoing assessment from out patient clinic (for hypertension, blood work) • Minor trauma (minor MVC/fall) • Nausea/Vomiting and /or diarrhea • Signs of infection (ie dysuria ,cough, fever, chills)	• Anything that does not seem to pose threat to mother or fetus • Cervical ripening • Out patient placenta previa protocols • Pre-booked visits (ie Rh and progesterone injections, NST • Assessment for version • Rashes

Time seen by Doctor: 2pm

Nurse Name : Chandrakala Nurse Signature: CK

Date: 24/9/25 Time: .....

BAH-00579692 IP26-00006939
Mrs AKHILA REDDY.J
25-08-1993 32 Y 10 M 29 D (F)
Dr. KADIYALA RAMYA THEJA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PAIN ASSESSMENT FORM

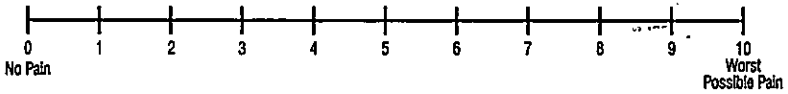
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
24/7/26	8pm	'0'	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
24/7/26	6pm	'0'	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
24/7/26	10pm	0/10	Normal	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
25/7/26	6am	0/10	"	☐ Continuous ☑ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	NA	[signature]
25/7/26	10: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		

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 drawn 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-00579692 IP26-00006939
Mrs AKHILA REDDY.J
25-08-1993 32 Y 10 M 29 D (F)
Dr. KADIYALA RAMYA THEJA

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

BRADEN 'Q' SCALE

					Date : 24/7	24/7	24/7	
					Time : 6 pm	8 pm	Night	morning
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

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

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

BAH-00579692 IP26-00006939
Mrs AKHILA REDDY.J
25-08-1993 32 Y 10 M 29 D (F)
Dr. KADIYALA RAMYA THEJA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	24/7/26	24/7	25/7/26
		Score	E2	8 pm	8 am
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0			
Secondary Diagnosis (more than one diagnosis)	Yes	15			
	No	0			
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0	0		
IV / Heparin Lock or Saline	Yes	20	20	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

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

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

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

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

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

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

BAH-00579692 IP26-00006939
Mrs AKHILA REDDY.J
25-08-1993 32 Y 10 M 29 D (F)
Dr. KADIYALA RAMYA THEJA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CHECKLIST FOR THROMBOPHLEBITIS

25/7/26

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1 24/7			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						
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						
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2			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						
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						
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						
		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 : Sandhya

Signature of Ward In Charge :

Signature : ..... Name : Barbara

Patient Sticker

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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-00579692 IP26-00006939
Mrs AKHILA REDDY.J
25-08-1993 32 Y 10 M 29 D (F)
Dr. KADIYALA RAMYA THEJA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Ramya Theja Department: ..... Date of Admission: .....

SITUATION

Diagnosis: G2A1 32

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

BACKGROUND

Area / Shift Time		24/7/26 8pm	24/7/26 N	25/7/26 mrng		
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:	98.1°F	98.6°F	98.6°F	98.3°F		
Res:	20b/m	20	20b/m	25b/m		
SpO_2:	99%	99	99%	99%		
Pulse:	87b/m	89	86b/m	85b/m		
BP:	110/70	118/80	112/76	119/70		
Fall Risk Score:	—	-	-	—		
Pain Score:	0/10	0/10	"0"	"0"		

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	—	-	—		
Post Operative Procedure Special Orders:	NA	—	—	—		
Handed Over By Name :	Akhila	Akhila	Sumanda	sandhya		
Signature :						
Date:	24/7/26	24/7/26	25/7/26	25/7/26		
Time:	8pm	10pm	8am	2pm		
Taken Over By Name :	Akhila	Sumanda	sandhya			
Signature :						
Date:	24/7/26	24/7/26	25/7/26			
Time:	8pm	10pm	8am			

Patient Sticker

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING SHIFT HAND OVER FORM - 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:							

BAH-00579692 IP26-00006939
Mrs AKHILA REDDY.J
25-08-1993 32 Y 10 M 30 D (F)
Dr. KADIYALA RAMYA THEJA

304

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NUTRITIONAL ASSESSMENT FOR GYNEC PATIENTS

Date: 25/7/26 Time: 11 Am

Origin: Indian Height: 145 Cms Weight: 58.1 kg BMI:

Food Allergies: NO

Diagnosis: G2 A1 / 32 weeks / PGDM(OH) / FGR stage-1 for observation

Medical History: Nil

Surgical History: 2016 - App

☐ Vegetarian ☑ Non-Vegetarian ☐ Vegan

Don't charge for NHA
Not willing to sign

Diet Advised: Soft diet

Patient's / Attendant's

Signature:

Name: Akhila reddy.

Date & Time: 25/7/26 ; 11 Am

Dietician's

Signature:

Name: sathwica-G

Date & Time: 25/7/26 ; 11 Am