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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery.

6/6/26
①

ACTIVITY RECORD FOR BILLING

MAH-00389995 IP2-00056478
Mrs SAMATHA BODAPATI
30-05-1990 36 Y 0 M 7 D (F)
Dr. LAKSHMI KIRAN S

Name: ---- --

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

Date of Ad : -------------- Date of Discharge : ----------------- Time: -----------

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
6/6/26	2pm	GW	Billing	[signature]

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Sign

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
6/6/26	Cardiac monitor	11:35Am	2pm	943560	[signature]
6/6/26	Lap-equipment	10:40Am	11:30Am	943596	[signature]
	Cross checked by Sis Deepika				6/6/26

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
6/6/26	IV placement	1	943561	[signature]
6/6/26	PAC	1	943559	
6/6/26	Lap. Tubectomy	1	943536	
6/6/26	GA done by Dr Lakshmi Kiran	1	943537	
	Cross Checked by Sr Deepika 6/6/26			

ANY OTHER INFORMATION

Op file Given to pt Attender [signature]

Lap film Given.

Date : 6/6/26 Time : 2pm Prepared By : Deepika

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Deepika	GW to Billing		

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I.P. ADMISSION SHEET FOR GYNECOLOGY

Date of Admission : 6/6/26 Time of Admission :

Allergies: ☐ Not know any drug allergies

PRESENTING COMPLAINTS :

P2L2 c̄ 2 prev NVD's for lap B/L tubectomy

MENSTRUAL HISTORY	OBSTETRIC HISTORY
Year of Marriage : ML- 10 Yrs	Parity : G1 - SVD / ♂ / 3.2kg / 2019
Previous Periods : regular	Mode of Delivery : G2 - SVD / ♀ / 3.4kg /
LMP : 13/5/26	Last Child Birth : 2022 @ Canada
Contraception : Nil	

PAST MEDICAL HISTORY	PAST SURGICAL HISTORY
Nil	Nil

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	MEDICATION HISTORY:
Nil	Nil

INITIAL ASSESSMENT :

	Breasts	Local/Speculum Examination
Date 6/6/26	NAD	not done
Ht. ____ Wt. 80.9 kg		
BMI ____		
B.P ____		
Pallor ~~Si~~		Bimanual Pelvic Examination
CVR S1S2 (+)	Abdominal Examination	not done
Respiratory System BLAE (+)	soft, non tender	
Thyroid ____		

PROVISIONAL DIAGNOSIS : P2L2 c̄ prev NVD's for laparoscopic sterilization

INVESTIGATIONS ORDERED	PLAN OF MANAGEMENT
BGT - 'O' POSITIVE 2/06/26 CBP - 13 / 7570 / 3.6L HbA1C - 5.2 TSH - 4.73 RBS - 84 HIV, HBsAg, HCV } NR	→ NBM → follow diet chart → monitor vitals → PAC → part preparation → Inform SOS

Name of the Doctor : Dr. Lakshmi Kiran

Signature of Doctor ____

Date & Time : 6/6/26

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30-05-1990 36 Y 0 M 7 D (F)
Dr. LAKSHMI KIRAN S

① 6/6/26

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/6/26 11:35AM	O - POD	Adv
	PR = 84	NBM for 4hrs
	BP = 130/70	Vitals Monitoring
	P/A soft	w/f bleeding pv
	P/V: No active	inform s/o
	bleeding	
		[signature]
	Noted by s/s	Deepika 6/6/26
		Adv
2PM	PR - 80	NBM till further order
	BP 126/78	Vitals monitor
	P/A soft	w/f bleeding pv
	P/V - No active	inform
	bleeding	
	fit for discharge	[signature]
	Noted by	s/s Deepika

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

(P.T.O)

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

MAH-00389995 IP2-00056478
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Dr. LAKSHMI KIRAN S

① 6/6/26

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: Ucw Shifted to: Billing

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						☐ C ☐ DC
2						☐ C ☐ DC
3						☐ 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

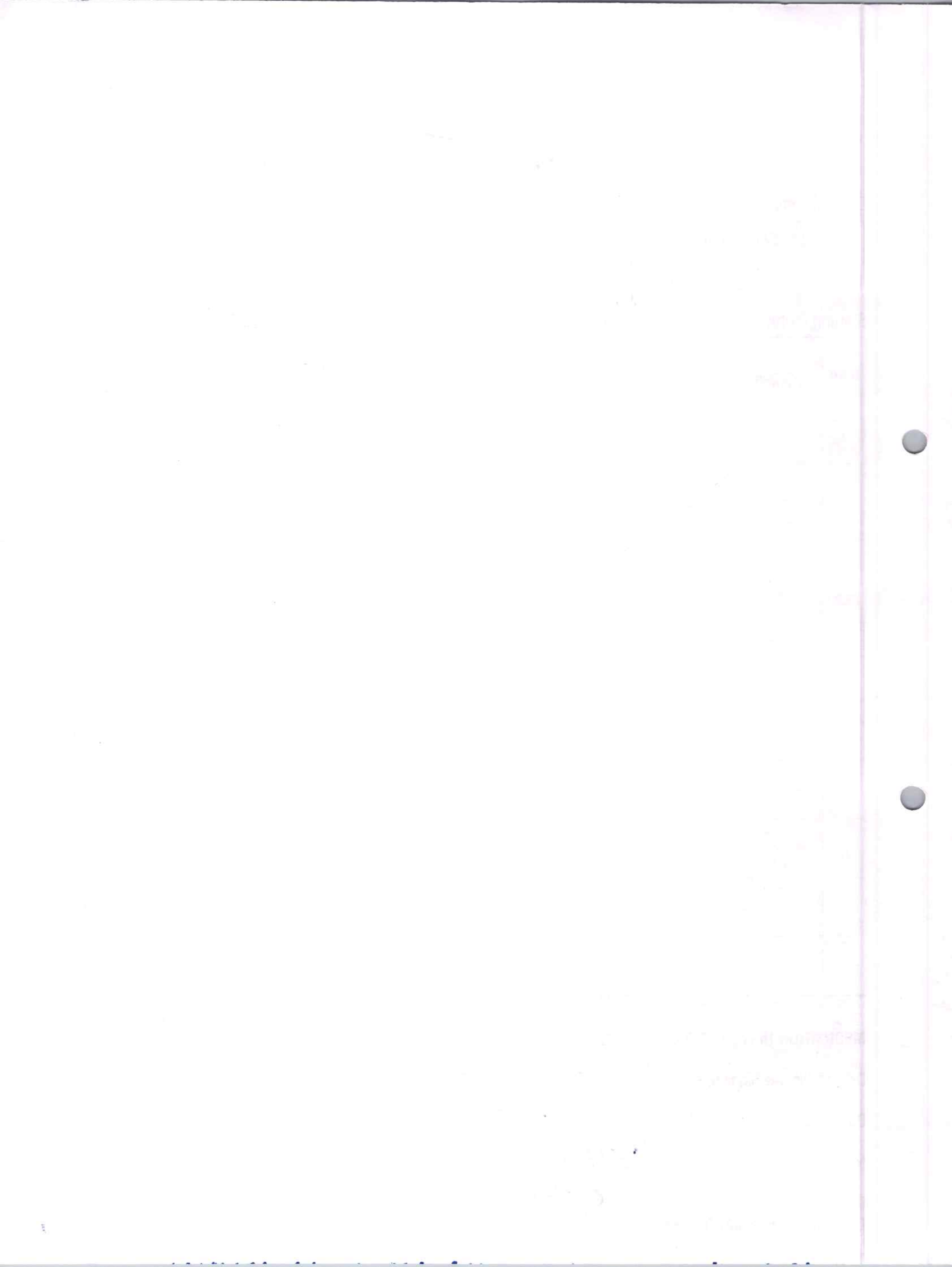
Doctor Name & Signature : Dr. Sonali

Date & Time : 6/6/26 2pm

Nurse Name & Signature: Deepika

Date & Time : 6/6/26 2pm

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



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DRUG CHART

Date of Admission: 6/6/26 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 / 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 ....

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Mrs SAMATHA BODAPATI
30-05-1990 36 Y 0 M 7 D (F)
Dr. LAKSHMI KIRAN S

(2)

REGULAR PRESCRIPTIONS

Weight. .... Ward. (1 ɴ)

DRUG : TAB. PARACETAMOL

Dose	Route	Frequency	Start Date
1gm	ORAL	6HRLY	6/6/2026

Name & Signature of the Doctor Starting the Drugs: [signature] Dr. Noopur

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG : TAB. TRAMADOL

Dose	Route	Frequency	Start Date
10mg	ORAL	8HRLY	6/6/2026

Name & Signature of the Doctor Starting the Drugs: [signature] Dr. Noopur

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG : TAB. DICLOFENAC

Dose	Route	Frequency	Start Date
50mg	ORAL	8HRLY	6/6/2026

Name & Signature of the Doctor Starting the Drugs: [signature] Dr. Noopur

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

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

MAH-00389995 IP2-00056478
Mrs SAMATHA BODAPATI
30-05-1990 36 Y 0 M 7 D (F)
Dr. LAKSHMI KIRAN S

Patient		I.P. No.	Sheet No.	Wards	Weight (kg)
				ICU	

REGULAR PRESCRIPTIONS

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.				

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MAH-00389995 IP2-00056478
Mrs SAMATHA BODAPATI
30-05-1990 36 Y 0 M 7 D (F)
Dr. LAKSHMI KIRAN S

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

Patient Name	I.P. No.	Sheet No.	Wards	Weight (kg)
	–	–	4W	11

REGULAR PRESCRIPTIONS

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.																		

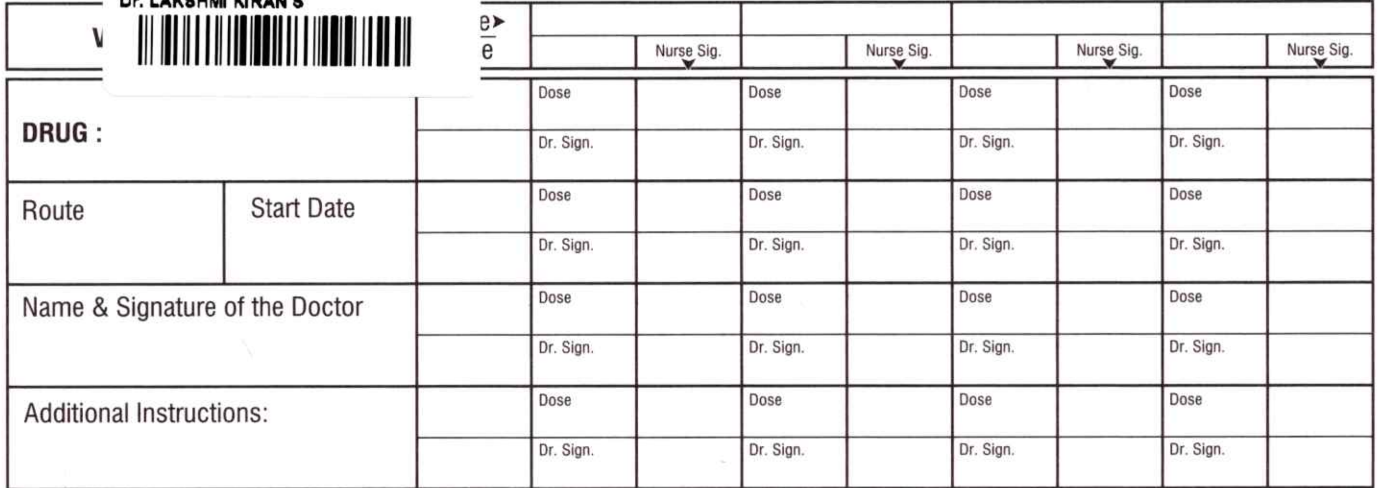
DRUG :				Date / Time														
Dose	Route	Frequency	Start Dt.															
Name & Signature of the Doctor starting the Drugs:																		
Additional Instructions:																		
Daily Doctor's Endorsement by a Sign.																		

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.																		

MAH-00389995 IP2-00056478
Mrs SAMATHA BODAPATI
30-05-1990 36 Y 0 M 7 D (F)
Dr. LAKSHMI KIRAN S

(5)

Weight. .... Ward. ...(P.W)...



DRUG :			Date / Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
				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
6/6	9:40 Am	INJ. TAXIM	1GM	IV	[signature]	[signature]
6/6	9AM	INJ. PANTOP	40MG	IV	[signature]	[signature]
6/6/2026	11:12 AM	INJ. PARACETAMOL INFUSION	1gm	IV	DB	[signature]
6/6/2026	11:15 AM	INJ. ONDANSETRON	4 mg	IV	DB	[signature]
6/6/2026	11:35 AM	TRAMADOL SUPP	100mg	per rectal	DB	[signature]
6/6/2026	11:35 AM	DICLOFENAC SUPP	100mg	per rectal	DB	[signature]

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Mrs SAMATHA BODAPATI
30-05-1990 36 Y 0 M 7 D (F)
Dr. LAKSHMI KIRAN S

(6)

I.V. FLUIDS CHART

Weight. .... Ward. ....

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
6/6	9am	RINGER LACTATE	IV	100 ml/hr	[signature]	[signature]	6/6/26	PB	[signature]
6/6/2026	10:50 AM	1ORL	IV	ff	PB	[signature]	6/6	PB	[signature]
6/6/2026	11:20 AM	1ORL	IV	ff	PB	[signature]	6/6	S	[signature]

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

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OPERATION THEATER NOTES

Patient's Name : Ms Samatha Age : 36 Gender : F

UHID.: MA1-0038999 I.P.No.: 0005 6UA8 Weight : –

Surgeon : Dr Lakshmi Kiran	Asst. Surgeon : –
Anesthetist : Dr Nupoor	OT Nurse : Sister Madhavi, Anitha

Surgical Procedure : Laproscopic tubectomy

Indications for Surgery : Wants sterilisation

Date : 6/6/26	Start Time : 10:35 AM	End Time : 11:35 AM

PRE-OPERATIVE PREPARATION : NBM

Prepare parts

Preop medication

OPERATION NOTES :

Under all aseptic condition, patient in lithotomy position. Parts painted & drapped.

5mm 1° port supraumbilically introduced, pneumoperitoneum created

2° port ~~create~~ 5mm introduced ~~on~~ on left side

Intraop finding : Uterus appear normal in size & shape
— B/L tubes & ovaries (N)
→ B/L Fallop rings applied laprosopically
Hemostasis checked

Pt tolerated procedure well

POST-OPERATIVE ORDERS :

NBM for 4hrs
Vitals Monitor
T Toxim 200mg BD
T Pantop 40mg OD
T Calpol 500mg P/O TID
T. Voveran 50mg TID
} 5 day

Dr LAKSHMI KIRAN

Consultant Surgeon's Name

for [signature]

Consultant Surgeon's Signature

Date : 6/6/26 Time :

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SURGICAL SAFETY CHECKLIST

Ref. No.: F / SSC / OT / 06

Surgeon : Dr Lakshmi Khan
Asst. Surgeon : –
Anaesthetist : Dr Noopur
Scrub Nurse : Sr Madhavi / Sr Anitha

Patient Name : Mrs. Samatha Age 31Y/F Gender F
IP No. : 389995 Surgery Name : Lap Tubectomy
Date : 6/1/26 In-time : 10:35 Am Out-time : 11:25 Am

Before Induction of Anaesthesia ➢ ➢

SIGN IN 10:55 Am

- ☑ Patient Has Confirmed
  - ✓ Identity
  - ✓ Site
  - ✓ Procedure
  - ✓ Consent
- ☑ Site Marked/not Applicable
- ☑ Anaesthesia Safety Check Completed
- ☑ Pulse Oximeter on Patient & Functioning
- ☐ Does Patient Have A:
- ☑ Known Allergy?
  - ☐ Yes ☑ No
- ☑ Difficult Airway/aspiration Risk?
  - ☐ Yes, & Equipment / Assistance Available
  - ☑ No
- ☑ Risk of >500ml Blood Loss (7ml/kg In Children)?
  - ☐ Yes, and Adequate Intravenous Access and Fluids Planned
  - ☑ No

Signature of the Anesthetist: [signature] Dr. Noopur

Before Skin Incision ➢ ➢

TIME OUT 11:02 Am

- ☑ Confirm all team members have introduced themselves by Name and Role
- ☑ Surgeon, Anaesthesia Professional and Nurse Verbally Confirm
  - Patient
  - Site
  - Procedure

Anticipated Critical Events

- ☑ **Surgeon Reviews:** What are the Critical or Unexpected Steps, Operative Duration, 15 mins. Anticipated Blood Loss? 10ml
- ☑ **Anaesthesia Team Reviews :** Are There Any Patient-specific Concerns? NO
- ☑ **Nursing Team Reviews:** Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns?
- ☑ Has Antibiotic Prophylaxis been given within the last 60 minutes?
  - ☑ Yes ☐ Not Applicable
- ☐ Is Essential Imaging Displayed?
  - ☐ Yes ☑ Not Applicable

Signature of the Nurse : [signature]

Before Patient Leaves Operating Room

SIGN OUT 11:10 Am

Nurse Verbally Confirms with the Team:

- ☑ The Name of the Procedure Recorded
- ☑ That Instrument, Sponge and Needle Counts are Correct (or Not Applicable)
- ☐ How the Specimen is Labelled (including patient name)
- ☑ Whether there are any Equipment Problems to be addressed
- ☐ Surgeon, Anaesthesia Professional and Nurse Review the Key Concerns for Recovery and Management of this Patient

Signature of the Surgeon : [signature]

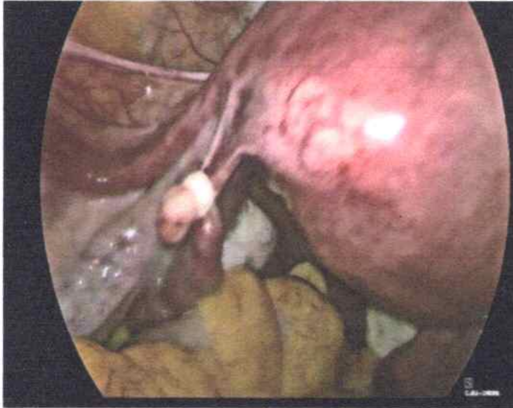
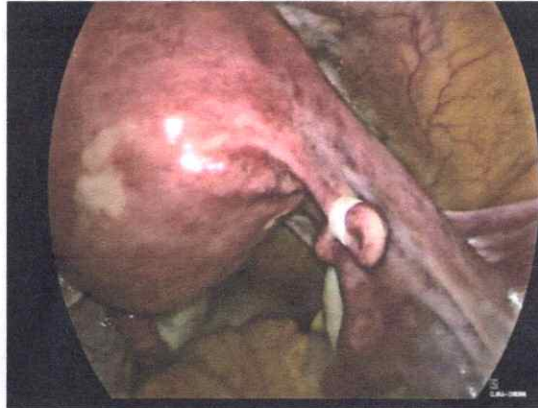
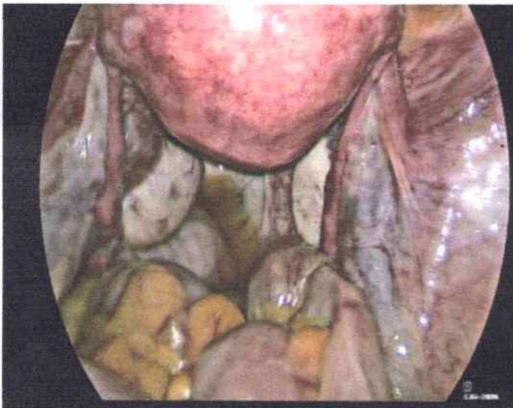
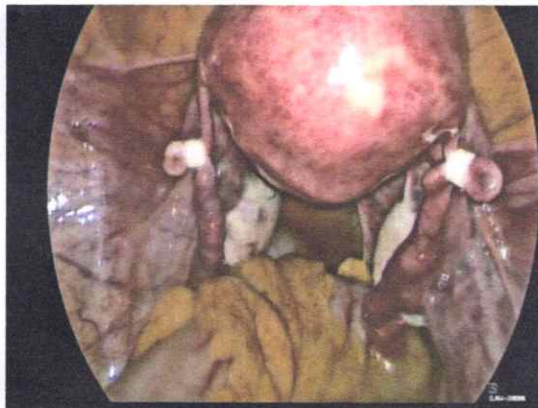
THIS CHECKLIST IS NOT INTENDED TO BE COMPREHENSIVE. ADDITIONS AND MODIFICATIONS TO FIT LOCAL PRACTICE ARE ENCOURAGED.

RAINBOW CHILDREN'S HOSPITAL

[A UNIT OF RAINBOW CHILDREN'S MEDICARE PVT. LTD.]
KONDAPUR, HYDERABAD
040 - 23 11 44 55 www.rainbowhospitals.in

Name	::	Mrs. Samatha	Age/Sex	:: 36	Date	::	06-06-2026
MR. No	::	056478					
Surgeon	::	Dr. Lakshmi Kiran					
Anaesthetist	::	Dr Noopur					
Anaesthesia	::	GA					

Lap B/L Tubectomy

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Mrs SAMATHA BODAPATI
30-05-1990 36 Y 0 M 7 D (F)
Dr. LAKSHMI KIRAN S

6/6/26
(1)

RESULT SHEET

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BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date	2/6/26					
Time	(2) 1:44 Pm					
Hb	13.0					
PCV	38.4					
RBC	4.15					
WBC	7.57					
N/L						
Platelets	360					
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 group	O +ve					
HIV }						
HbsAg }	NR					
HCV }						

Culture and Sensitivities : ....

....

....

....

Radiology: USG : ....

X-Ray:..

ECHO: ....

CT: ....

MRI ....

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

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6/6/26 (1)

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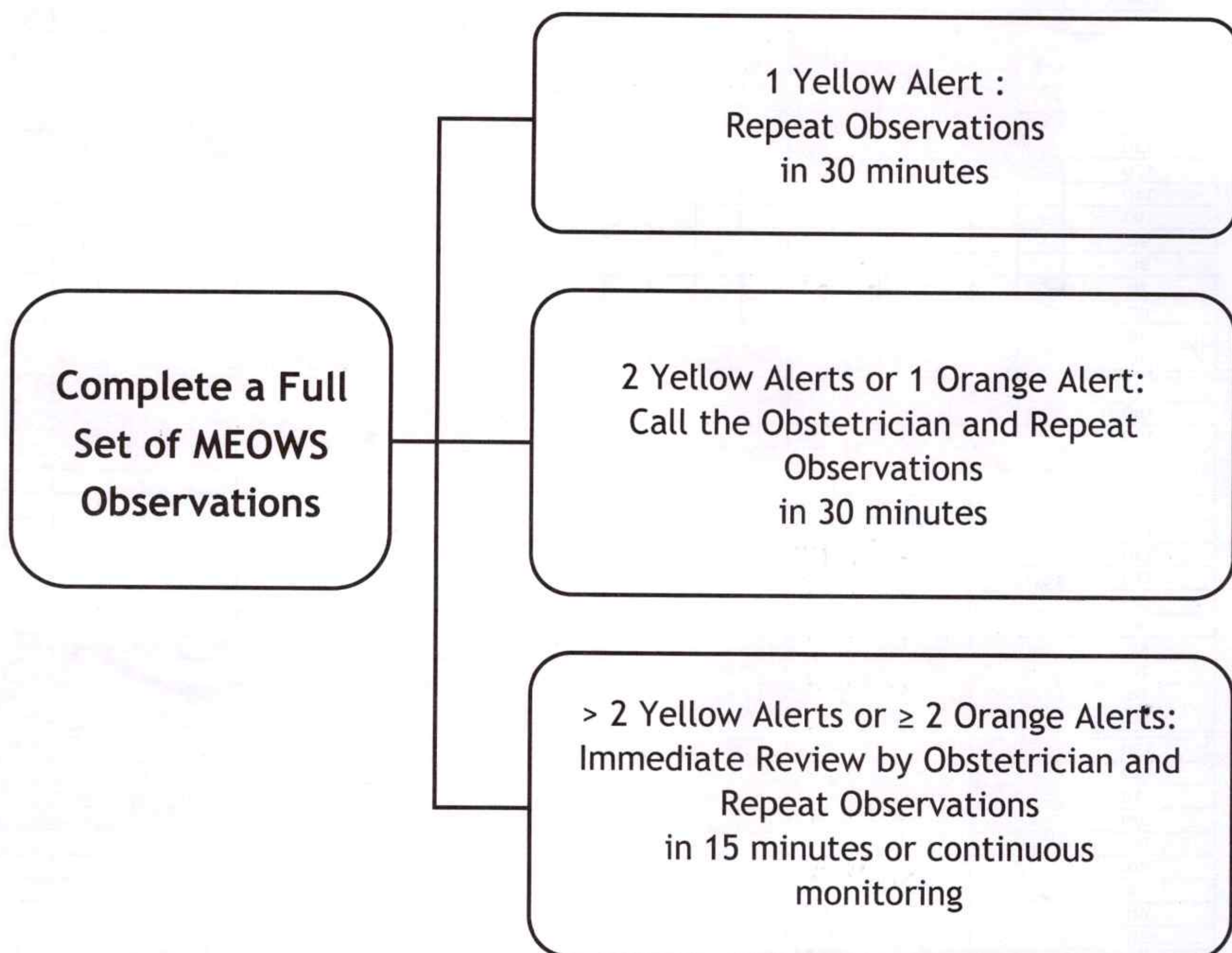
Early Warning Observation Score Chart - Obstetrics

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

	Date				25																				
	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																		
	0 - 10																								
Saturations	94 - 100 %	100			100	100	100																		
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37	98F			98F	98F	98F																		
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80				84																				
	70	72																							
	60					65	61																		
	50																								
	40																								
Systolic Blood Pressure ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130				130	125																			
	120						114																		
	110																								
	100	100																							
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70				70	78	71																		
	60	62																							
	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																		
TOTAL ORANGE SCORES		[illegible]			[illegible]	[illegible]	[illegible]																		
Nurse Initial		[illegible]			[illegible]	[illegible]	[illegible]																		

Obstetrics and Gynaecology Early Warning Signs



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

MAH-00389995 IP2-00056478
Mrs SAMATHA BODAPATI
30-05-1990 36 Y 0 M 7 D (F)
Dr. LAKSHMI KIRAN S

6/6/26

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.

		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							
	08:00 am									✓		[signature]
	09:00 am			RL 500ml						4	0	
	10:00 am			RL 500ml.						✓	0	
	11:00 am			DNS 500ml.								
	12:00 pm											
	01:00 pm											
Total Intake : 1500ml.						**Total Output :** U-2, M-0						
	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

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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						
		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	

MAH-00389995 IP2-00056478
Mrs SAMATHA BODAPATI
30-05-1990 36 Y 0 M 7 D (F)
Dr. LAKSHMI KIRAN S

6/6/26

NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: DR. Lakshmi Kiran Department: GW Date of Admission: 6/6/26

SITUATION	Diagnosis: Lap. Tubectomy done.			Any Infection: ☐ Yes ☐ No ☑ Not Known If Yes Specify:		

BACKGROUND	Area / Shift Time	GW					
	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:	98°F					
	Res:	20					
	SpO_2:	100					
	Pulse:	90					
	BP:	110/70					
	Fall Risk Score:	–					
	Pain Score:	–					
Recommendations	Safety Needs:	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:	AM Traxim					
Post Operative Procedure Special Orders:		c/f PPV bleeding					
Handed Over By Name :		Deepika					
Signature :		[signature]					
Date:		6/6/26					
Time:		2pm					
Taken Over By Name :		Billing					
Signature :		[signature]					
Date:		6/6/26					
Time:		2pm					

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:						

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

① 6/6/26

NURSING PLAN OF CARE AND HAND OVER SHEET

MAH-00389995 IP2-00056478
Mrs SAMATHA BODAPATI
30-05-1990 36 Y 0 M 7 D (F)
Dr. LAKSHMI KIRAN S

Patient Name: ....
Age: .... F
UHID: ....

Clinical Diagnosis : O - POD

Nursing Diagnosis : * Acute pain related to surgical site

*Coalden hours: pt Come for surgery. I received. Checked vital sign, prepration, Cannulization, pre op medication, Given.

Plan & Implementation of Care :

Plan	Implementation
→ Assess the pt Condition	→ Assessed pt Condition
→ To monitor the vital sign & I/O Chart	→ monitord vital's sign & I/O Chart
→ To provide the Comfortable position.	→ Provided Comfortable position.
→ To check the P/V bleedings.	→ pre op medication Given.

STRUCTURED HAND-OVER	
Respiratory System	
Airway If intubated size and position of ETT	☐ Clear ☐ Maintainable ☐ Intubated ✓ ....
Oxygen Requirement If yes : .... L/min	☐ Yes ☑ No Plan of Next 12 hours : ....
Ventilator / CPAP Setting	☐ Yes ☑ No Plan of Next 12 hours : ....
Suction Requirement	☐ Yes ☑ No If Yes, Plan : ....
Physiotherapy Requirment	☐ Yes ☑ No If Yes, Plan : ....
Cardio Vascular System	
HR : 86 BP : 110/70 Temperature ← CVP : .... CRT :	
Cardiac Rhythm	(N)
Inotropes Requirement ? If yes, types of Inotropes :	☐ Yes ☑ No If Yes, Plan : ....
Need for anti hypertensives/Insulin If yes, then details :	☐ Yes ☑ No If Yes, Plan : ....

Bleeding (Vaginal)	☐ Yes ☑ No If Yes, Plan :
Breast Feeding with in 1 hour after birth	☐ Yes ☑ No If No Why :
Operative Site	☐ Yes ☑ No If Yes, Plan :
Thromboprophylaxis	☐ Yes ☑ No If Yes, Plan :
Reports	
Need of Restraints	☐ Yes ☑ No If Yes, Plan :
Pain Score plan of Care	☐ Yes ☑ No If Yes, Plan :
Need of Sedation	☐ Yes ☑ No If Yes, Plan :
Need of Paralysis	☐ Yes ☑ No If Yes, Plan :
Risk of Fall (Humpty Dumpty Score)	Score : 0 Plan as per score :
Risk of Bedsore (Braden Score)	Score : 0 Plan as per score :
IV Fluids	—
Feeding Plan	NBM till further order
Input/output discussed ?	☐ Yes ☑ No If Yes, Plan :
Urinary Catheter Issues	☐ Yes ☑ No If Yes, Plan :
Other Drains Issues	☐ Yes ☑ No If Yes, Plan :
Need for PD ? If yes, then plan of care :	☐ Yes ☑ No If Yes, Plan :
Arterial Line Issues If yes, then the condition of the skin & tips of fingers / toes :	☐ Yes ☑ No —
Central / PICC Line Issues	
IV Sites (VIP Score & Plan)	Score : — Plan as per score
Planned Procedures if any ? If yes, Plan of Procedure :	☐ Yes ☑ No
Any plan of taking consultation from other consultants If yes, describe :	☐ Yes ☑ No
Hand Over of Labs & other Investigations	
Need for IV Antibiotics	
Blood Sugar Monitoring	
Blood Transfusions (Intra OP/Post OP)	

Name of the Nurse (Giving Hand over) Deepika

Signature : [signature]

Date & Time : 6/6/26 9pm

Name of the Nurse (Taking Hand over) [illegible]

Signature : [signature]

Date & Time : 6/6/26