Rainbow® Children's Hospital
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BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery.

6/6/26
(1)

ACTIVITY RECORD FOR BILLING

MAH-00388703 IP2-00056480
Mrs HARIPRIYA
Name: ------ 10-06-1993 32 Y 11 M 27 D (F) ----------
Dr. CHINTHAPARTHY HARITHA
UHID No : -- -------- Consultant : ---------- Dept : ----------

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
6/6/26	4pm	4W	Billing	

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	1pm		943586	Rania
6/6/26	Lap. Equipment	12:15pm	12:30pm	943599	Rania
			Cross cleared by Nurse		
				6.6.26 @ 3 Pm	

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
6/6/26	IV Placement	(1)	943587	Rezia
6/6/26	PAC	(1)	943585	
6/6/26	Lap. Tubectomy done		943598	
6/6/26	↓ GA By Dr. Haritha		943597	
			Coons cleared by 6/6/26	Resh @ 3pm

ANY OTHER INFORMATION

OP file given to pt. attender
↓
(N) Seethu

Date : 6/6/26 Time : 4pm. Prepared By : Rezia

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
[illegible signature]	L/W To Billing		

Ref. No. : F/GYNIC/18

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I.P. ADMISSION SHEET FOR GYNECOLOGY

Date of Admission : 6/6/26

Time of Admission : 10:12 Am.

PERSONAL DETAILS

Name : Hasipriya Age 32y Date of Birth 10/06/1993

UHID No.: MAH-0038703 IP No.: 56480

Department : L/w Consultant : Dr. Haritha

PRESENTING COMPLAINTS

P2L2 | 2 prev VD | 1 gest. hypothyroidism

completed family - wishes permanent sterilization

MENSTRUAL HISTORY	OBSTETRIC HISTORY
Year of Marriage :	Parity : P2L2
Previous Periods : Regular	Mode of Delivery both SVD
LMP : 27/5/26	Last Child Birth : 4 months
Contraception :	

MEDICAL HISTORY	SURGICAL HISTORY
H/O gestational hypothyroid	nil
FAMILY HISTORY	**NOTES / ALLERGIES**
F - HTN DM	nil

INITIAL ASSESSMENT :

Date ______	**Breasts**	**Local / Speculum Examination**
Ht. ______ Wt. ______		
BMI ______		
B.P 116/70 PR-82/min		**Bimanual Pelvic Examination**
Pallor ______	**Abdominal Examination**	
CVS ______	Soft	
Respiratory System ______		
Thyroid ______		

PROVISIONAL DIAGNOSIS : P2L2 \| 2 prev. SVD \| hypothyroid \| completed family

INVESTIGATIONS ORDERED	PLAN OF MANAGEMENT	PRESCRIPTION
B+ve Hb - 14.6 TC - 6390 Plt - 3.05 HIV, HBsAg, HCV } NR	lap. tubectomy	Admit Prepare parts WGI consents PAC Premedications Shift to OT on call

Name of the Doctor : ______

Date : ______ Time : ______ Signature of Doctor

MAH-00388703 IP2-00056480
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(1)

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:SS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	6/6/26	POD-0
	1pm	Pt is
		c/o fever, afebrile.
		BP = 110/80
		PR = 78/min
		SpO2 = 96% @RA
		PA - soft
		V/E - NAD
		Adv
		- NBM x 2 hrs
		- monitor vitals
		- drugs as charted
		- Informed Dr.

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-00388703 IP2-00056480
Mrs HARIPRIYA
10-06-1993 32 Y 11 M 27 D (F)
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6/6/26

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MEDICATION RECONCILIATION FORM

Drug Allergies: ..... ☐ Not known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.
(Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From: 4W 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. Vasavi.

Date & Time : 6/6/26 11 Am

Nurse Name & Signature: Renu, Rezia

Date & Time : 6/6/26, 11am

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

MAH-00388703 IP2-00056480
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6/6/26
(1)

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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 ....

MAH-00388703 IP2-00056480
Mrs HARIPRIYA
10-06-1993 32 Y 11 M 27 D (F)
Dr. CHINTHAPARTHY HARITHA

REGULAR PRESCRIPTIONS

Weight. ..... Ward. 4W

DRUG : TAB. PARACETAMOL

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

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

DRUG : TAB. TRAMADOL

Dose	Route	Frequency	Start Date
100mg	ORAL	8HRLY	6/6/2026

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

DRUG : TAB. DICLOFENAC

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

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

DRUG :

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

Ra
Ch
Hc

MAH-00388703 IP2-00056480
Mrs HARIPRIYA
10-06-1993 32 Y 11 M 27 D (F)
Dr. CHINTHAPARTHY HARITHA

P	I.P. No.	Sheet No.	Wards	Weight (kg)
		(3)	4W	

REGULAR PRESCRIPTIONS

DRUG :

Dose	Route	Frequency	Start Dt.

Date ➤ / Time ▼

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

DRUG :

Dose	Route	Frequency	Start Dt.

Date ➤ / Time ▼

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

DRUG :

Dose	Route	Frequency	Start Dt.

Date ➤ / Time ▼

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

DRUG :

Dose	Route	Frequency	Start Dt.

Date ➤ / Time ▼

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

MAH-00388703 IP2-00056480
Mrs HARIPRIYA
10-06-1993 32 Y 11 M 27 D (F)
Dr. CHINTHAPARTHY HARITHA

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

I.P. No.	Sheet No.	Wards	Weight (kg)
	4	4w	

REGULAR PRESCRIPTIONS

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date / Time

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date / Time

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date / Time

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date / Time

Dr. CHINTHAPARTHY HARITHA

IP2-0005648O

MAH-0038870J

(5) Weight. ..... Ward. 4W

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.	

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
6/6/26	11:30 am	Inj TAXIM	1g	IV		
6/6/26	10:55 am	Inj PANTOP	40mg	IV		
6/6/26	11:50 am	Inj TT	0.5cc	IM		
6/6/2026	12:35 pm	INJ. PARACETAMOL INFUSION	1gm	IV	QB	
6/6/2026	12:40 pm	INJ. ONDANSETRON	4mg	IV	QB	
6/6/2026	12:55 pm	TRAMADOL SUPP	100mg	per rectal	QB	
6/6/2026	12:55 pm	DICLOFENAC SUPP.	100mg	per rectal	QB	

VERIFIED ..... Name ..... Signature .....

Mrs HARIPRIYA
10-06-1993 32 Y 11 M 27 D (F)
Dr. CHINTHAPARTHY HARITHA

MAH-003887O3
Mrs HARIPRIYA
10-06-1993 32 Y 11 M 27 D (F)
IP2-0005648O

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
6/6/26	11am	RL	IV	100 ml/hr	RB		6/6	RB	
6/6/2026	12:35 pm	1 RL	IV	FF	RB		6/6	RB	
6/6/2026	12:48 pm	1 RL	IV	FF	RB		6/6		
6/6/26	2:40 pm	1 RL	IV	FF			6/6		
6/6/26	4 pm	1 RL	IV	FF			6/6		

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

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OPERATION THEATER NOTES

Patient's Name : Mrs Hari Priya Age : 32 Gender : F

UHID.: MAH-0388703 I.P.No.: 56480 Weight : —

Surgeon : Dr Haritha	Asst. Surgeon :
Anesthetist : Dr Nupoor	OT Nurse :

Surgical Procedure : Laparoscopic Tubectomy

Indications for Surgery : Permanent sterilisation

Date : 6/6/26	Start Time : 12:05 pm	End Time : 12:50 pm

PRE-OPERATIVE PREPARATION : NBM
Prepare parts
Priopmedication

OPERATION NOTES :

Under all aseptic condition, Patient in lithotomy position. Parts painted & draped.

1° port 5mm introduced supraumbilically pneumoperitoneum created.

2° port 7mm introduced on left side ~~mid~~

Intraop findings:- Uterus (N) in shape & size
B/L Fallopian tubes & ovaries (N)
B/L Fallop rings applied over both tubes
Hemostasis checked

Pt tolerated procedure well.

POST-OPERATIVE ORDERS :

NBM for 4hrs
Vitals Monitoring
T Taxim 200mg BD
T Pantop 40mg OD
} 5 days

Dr Harini ..... for .....

Consultant Surgeon's Name

Consultant Surgeon's Signature

Date : 6/6/22 Time : .....

SURGICAL SAFETY CHECKLIST

Surgeon : Dr Haritha
Asst. Surgeon : Dr Nithin
Anaesthetist : Dr Noopur
Scrub Nurse : Sr. Madhavi / Sr. Asin

Patient Name : Mrs. Hari Priya Age : 32y Gender : F
UHID No. : 3.8.703 Surgery Name : Lap. Tubectomy
Date : 6/6/23 In-time : 12:05pm Out-time : 12:50pm

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Before Induction of Anaesthesia ➤➤

SIGN IN Time: 12:30pm

Patient Has Confirmed
- Identity ☑ Yes ☐ No
- Site ☑ Yes ☐ No
- Procedure ☑ Yes ☐ No
- Consent ☑ Yes ☐ No

Site Marked ☐ Yes ☐ No ☑ NA

Anaesthesia Safety Check Completed ☑ Yes ☐ No

Pulse Oximeter on Patient & Functioning ☑ Yes ☐ No

Does Patient have a:
- Known Allergy? ☐ Yes ☑ No

Difficult Airway / Aspiration Risk?
- Yes, & Equipment / Assistance Available ☐ Yes ☑ No

Risk of > 500ml Blood Loss (7ml/kg In Children)?
- Yes, and Adequate Intravenous Access and Fluids Planned ☑ Yes ☐ No ☐ NA
- Blood Units Reserved ☑ Yes ☑ No ☐ NA

Has Antibiotic Prophylaxis been given within the last 60 minutes? ☑ Yes ☐ No ☐ NA

Signature : [signature]
Name : Dr. NOOPUR

Before Skin Incision ➤➤

TIME OUT Time: 12:34pm

Confirm all team members have introduced themselves by Name and Role ☑ Yes ☐ No

Surgeon, Anaesthesia Professional and Nurse Verbally Confirm
- Correct Patient (Check ID Band) ☑ Yes ☐ No
- Correct Site ☑ Yes ☐ No
- Correct Procedure ☑ Yes ☐ No

Anticipated Critical Events

Surgeon Reviews:
- What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss? 30 minutes ☐ Yes ☑ No ☐ NA

Anaesthesia Team Reviews:
- Are There Any Patient-specific Concerns? ☑ Yes ☐ No ☐ NA

Nursing Team Reviews:
- Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns? ☑ Yes ☐ No ☐ NA

Is Essential Imaging Displayed? ☐ Yes ☑ No ☐ NA

Signature : [signature]
Name : Bidya

Before Patient Leaves Operating Room

SIGN OUT Time: 12:45pm

Nurse Verbally Confirms with the Team:
- The Name of the Procedure Recorded ☑ Yes ☐ No
- That Instrument, Sponge and Needle Counts are Correct (or Not Applicable) ☑ Yes ☐ No ☐ NA
- The Specimen is Labelled (including patient name) ☐ Yes ☐ No ☐ NA
- Whether there are any Equipment Problems to be addressed ☐ Yes ☐ No ☐ NA

To Surgeon, Anaesthetist and Nurse:
- What are the key concerns for recovery and management of this patient? ☑ Yes ☐ No

Signature : [signature]
Name : Dr. Sonali

MAH-00388703 IP2-00056480
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6/6/26 (1)

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RESULT SHEET

Date	2-6-26					
Time (OP Basis)						
Hb	14.6					
PCV	43.1					
RBC	5.2					
WBC	6390					
N/L						
Platelets	305900					
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						

(P.T.O)

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
Blood group = B+ve (Availability in laych)						
HIV HCV HbsAg } N/R						

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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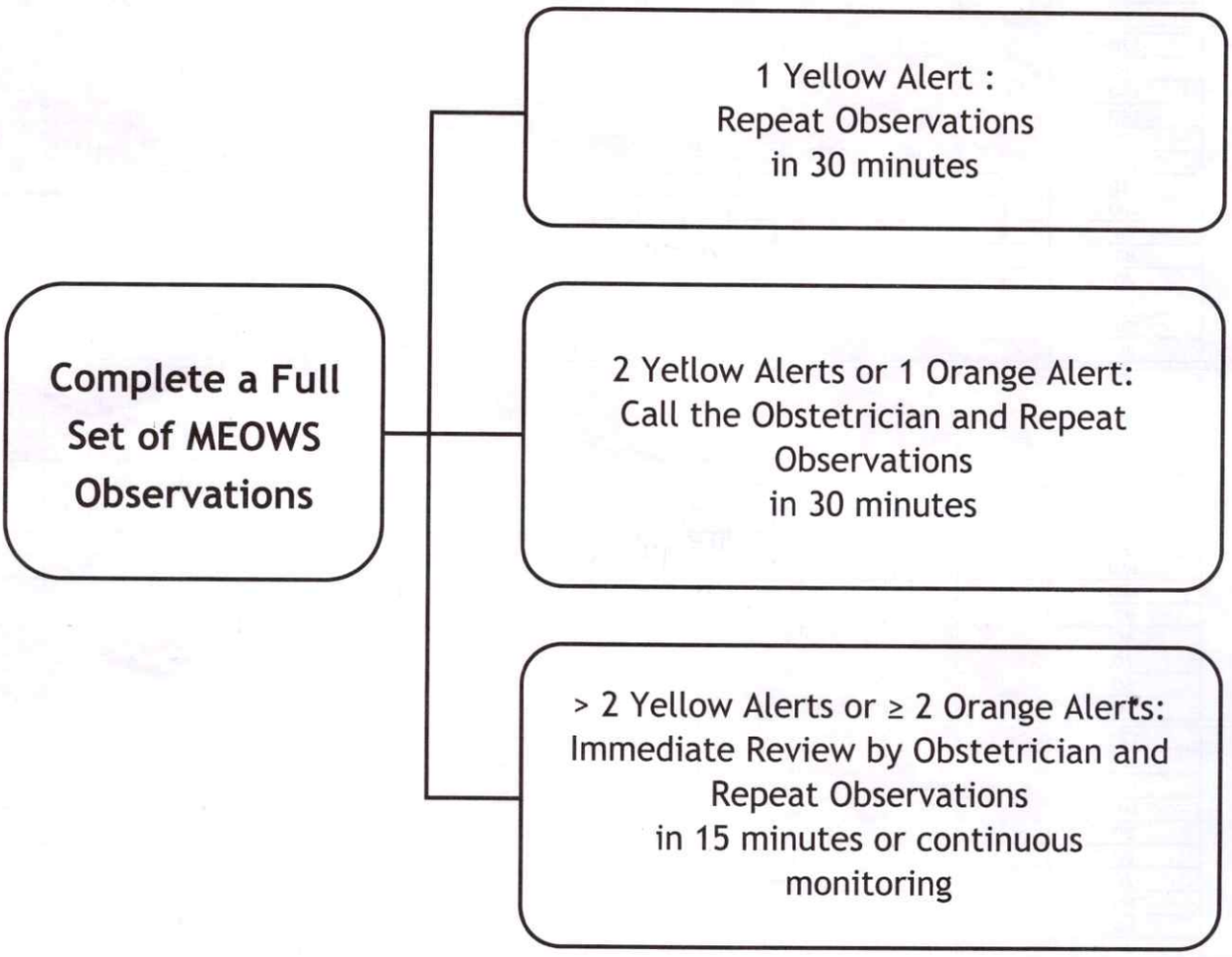
Early Warning Observation Score Chart - Obstetrics

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

		Date																							
		Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																									
	21 - 30																									
	11 - 20					19		20	19	20	20															
	0 - 10																									
Saturations	94 - 100 %					99		100	98	98	98															
	< 94 %																									
Administered O_2 (L/min.)																										
Temp°c	40																									
	39																									
	38																									
	37					98		98	98	98	98															
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80					88		88																		
	70									77	74															
	60								62																	
	50																									
	40																									
Systolic Blood Pressue ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110					110		111		117	114															
	100								100																	
	90																									
	80																									
	70																									
	60																									
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70					73		72	60	64	69															
	60																									
	50																									
	40																									
NEURO RESPONSE [✓]	Alert					✓		✓	✓	✓	✓															
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30					✓		✓	✓	✓	✓															
	< 30																									
Proteinuria	Protein + +																									
	Protein > + +																									
Lochia	Normal					✓		✓	✓	✓	✓															
	Heavy / Foul																									
Liquor	Clear / Pink					–		–	–	–	–															
	Green																									
TOTAL YELLOW SCORES						0		0	0	0	0															
TOTAL ORANGE SCORES						0		0	0	0	0															
Nurse Initial						H		H	H	D	N															

Obstetrics and Gynaecology Early Warning Signs



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

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FLUID CHART

Sheet No. : 1

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

Date	Time	Intake: Nature of Fluid	Intake: Route: Mouth	Intake: Route: I.V	Intake: Route: N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am						T	T			0	
	09:00 am		N							✓		
	10:00 am										0	Rem.
	11:00 am		B	RL 500ml								
	12:00 pm			RL 500ml			✓	—			0	
	01:00 pm		M									
Total Intake : 1500ml						**Total Output :** V-1, M-0, V-0						
	02:00 pm		RL 500ml				T				T	Sch
	03:00 pm											
	04:00 pm		RL 500ml									
	05:00 pm						✓				✓	
	06:00 pm		RL 500ml									
	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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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**	

MAH-00388703 IP2-00056480
Mrs HARIPRIYA
10-06-1993 32 Y 11 M 27 D (F)
Dr. CHINTHAPARTHY HARITHA

6/6/26 (1)

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NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Dr. Haritha Department: C/W Date of Admission: 6/6/26

SITUATION	Diagnosis: P2L2 /2 prev. SVD/ completed family	Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:					
BACKGROUND	Area / Shift Time	UW M					
	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:	19					
	SpO_2:	99					
	Pulse:	88					
	BP:	110/73					
	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:	Inj. Taxim					
Post Operative Procedure Special Orders:		–					
Handed Over By Name :		Rena					
Signature :		Rena					
Date:		6/6/26					
Time:		2pm					
Taken Over By Name :		Abhinai					
Signature :		Abh					
Date:		6/6/26					
Time:		2pm					

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

Patient Sticker

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NURSING SHIFT HAND OVER FORM - WARD

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

SITUATION	Diagnosis:	Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:					
BACKGROUND	Area / Shift Time						
	Medical Condition (Any special condition to be noted):						
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:						
	Res:						
	SpO_2:						
	Pulse:						
	BP:						
	Fall Risk Score:						
	Pain Score:						
Recommendations	Safety Needs:						
	Physiotherapy	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Others Specify:						
	Special Diet:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Other Special Orders / Medications:						
Post Operative Procedure Special Orders:							
Handed Over By Name :							
Signature :							
Date:							
Time:							
Taken Over By Name :							
Signature :							
Date:							
Time:							