

Name Mrs DIVYA SONI **UHID** HNH-00008368
Father/Guardian Mr PANKAJ KADEL **Age/Gender** 29 Y 4 M 2 D/ Female
Address Charminar, Hyderabad, Telangana, INDIA, 500002
IP No IP26-00006573 **Admission Date** 12-06-2026
Ref Doctor Self.
Discharge Date 17.06.2026

DISCHARGE SUMMARY

Consultant:

Dr. RAJANI KUMARI
MD (OBGYN)

Diagnosis: PRIMIGRAVIDA WITH 23⁺³ WEEKS WITH EARLY ONSET PRE-ECLAMPSIA WITH HYPOTHYROIDISM FOR FURTHER MANAGEMENT

History:

LMP:28.12.2025

Obstetric formula: PRIMI

EDD:04.10.2026

Gestation at admission: 23⁺³ weeks

Obstetric History:

G1 - Present pregnancy, Spontaneous conception.

Medical History: Hypothyroidism since 4 years on Tab Thyronorm 112.5 mcg

Family History: Nil

Surgical History: Nil

Allergies: Nil

Name	Mrs DIVYA SONI	UHID	HNH-00008368
IP No	IP26-00006573	Admission Date	12-06-2026

Antenatal Details:

Mrs DIVYA SONI was booked to Rainbow hospital at 5⁺² weeks of gestation. She had regular antenatal checkups and investigations as advised. NT Scan at 12⁺⁵ weeks showed NT-1.5 mm, Ductus venosus reversal of " A " wave with increased pulsatile index, Uterine dopplers showed increased resistance to blood flow, started her on Tab. Ecospirin 150 mg OD. FTS low risk, MTAS on 28.05.2026 at 21⁺² weeks showed Singleton pregnancy, transverse presentation, placenta -anterior high, AF-normal, EFW-388g (27%), cervical length -30mm, No obvious structural defects, Uterine dopplers showed increased resistance to blood flow. Maternal and Fetal Echo was normal. She was admitted at 23⁺³ weeks with complaints of High blood pressure recordings associated with 1 episode of vomiting and headache .

Investigations: Enclosed
Blood Group: "A" positive

Management: Patient came with complaints of High blood pressure recordings (180/120 mmhg) associated with 1 episode of vomiting and headache since 2 days. On admission her BP-164/95 mmHg, PR-79 bpm, SPO2 -99% on RA, Pedal edema was present. PE profile done suggestive of Early preclampsia. Urine dipstick positive. She was started on Tab. Labetalol 200mg thrice daily, Cap. Depin 10 mg twice daily. She had complaints of breathlessness. ECG, 2D echo done were normal. Cardiology opinion sought advised strict BP control. Started on T. Nicardia Retard 10mg twice daily. TSH-10.1, Physician opinion sought and started on T. Thyronorm 125mcg once daily. Nephrology opinion sought advised C3, C4, ANA profile, Fasting lipid profile were normal. Urine C/S showed E. Coli, 10^{^5} CFU/ml. Started on T. Augmentin 625mg twice daily after nephrology opinion. Patient recovered well with this

Name	Mrs DIVYA SONI	UHID	HNH-00008368
IP No	IP26-00006573	Admission Date	12-06-2026

management.

Advice:

1. Tab. Labetalol 200mg thrice daily(9am-2pm-9pm) after food.
2. T.Nicardia retard 10 mg twice daily (7am-7pm)
3. Tab. Thyronorm 125mcg once daily
4. Tab. Ecospirin 150 mg once daily till 36 weeks
5. Tab. Orofer XT once daily at 11 AM before lunch.
6. Tab. Shelcal XT once daily after lunch at 2PM
7. Tab. Evion Forte once daily at 8 pm
8. Home BP monitoring thrice daily.
9. Review with **CUE, Platelet count, Growth scan and cardiologist** opinion after **2 days**.

Review with **Dr. RAJANI KUMARI** after **2** days on **20.06.2026** at Rainbow Children's Hospital with prior appointment (**Review consultation will be charged**).

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

[Signature]
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.

Name	Mrs DIVYA SONI	UHID	HNH-00008368
IP No	IP26-00006573	Admission Date	12-06-2026

You can also take appointments at any time by going online to our website www.rainbowhospitals.in

RA

Registrar/Resident/C.M.O



Consultant:
Dr. RAJANI KUMARI
MD (OBGYN)

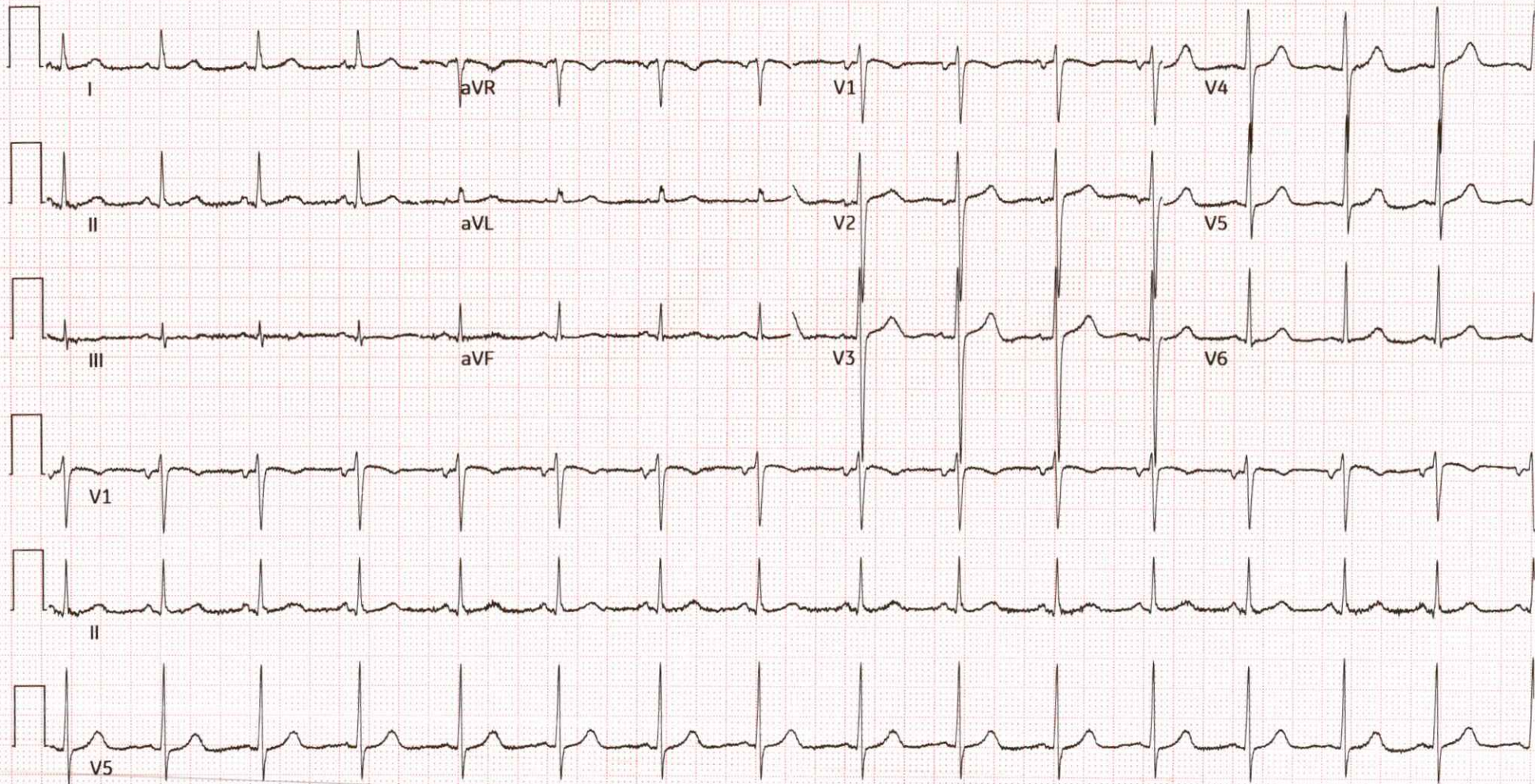
Vent. rate 91 BPM
PR interval 116 ms
QRS duration 78 ms
QT/QTc-Baz 332/408 ms
P-R-T axes 57 43 32

Normal sinus rhythm
Normal ECG

Rainbow Children Hospital

(N) Sinus Rhythm

Unconfirmed



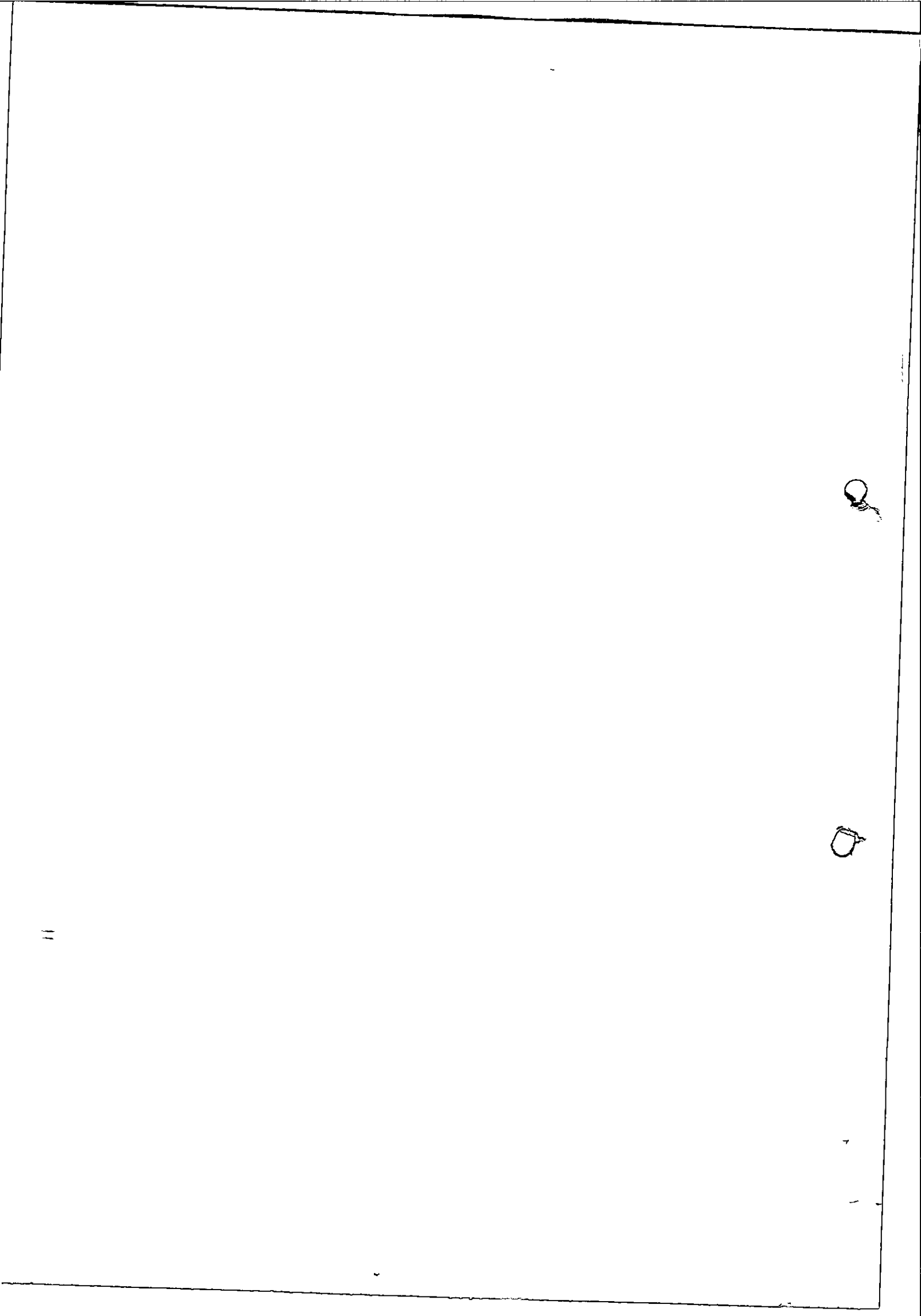
25mm/s 10.0mm/mV

0.56-150 Hz ZPD AC Off

MAC™ 5 1.00 SP05

12SL v24 by 2.5s + 3 rhythm lds

Page 1 of 1





ADMISSION SHEET

Registration Details :



Admission No : IP26-00006573 Admit Date : 12-Jun-2026 Admit Time : 10:13 PM UHID : HNH-00008368

Patient Details :

Patient Name	: Mrs DIVYA SONI	Age	: 29 Y 4 M 1 D
Guardian	: Mr PANKAJ KADEL	DOB	: 11-02-1997
Gender	: Female	Religion	:
Occupation	:	Marital Status	:
Address (H)	: Charminar Hyderabad Telangana INDIA 500002	Phone No	: 9014340118/
		E-mail	: na@gmail.com

Admission Details :

Bed Type : TWIN SHARING Bed No : PDA-413 Ward Name : 4F.-OT
Room No : PDA-413 Admission Type : First Visit

Contact Details :

Name : Mr PANKAJ KADEL Relationship : W/O
Contact Address : Charminar Hyderabad Telangana INDIA 500002 Phone No : 9014340118

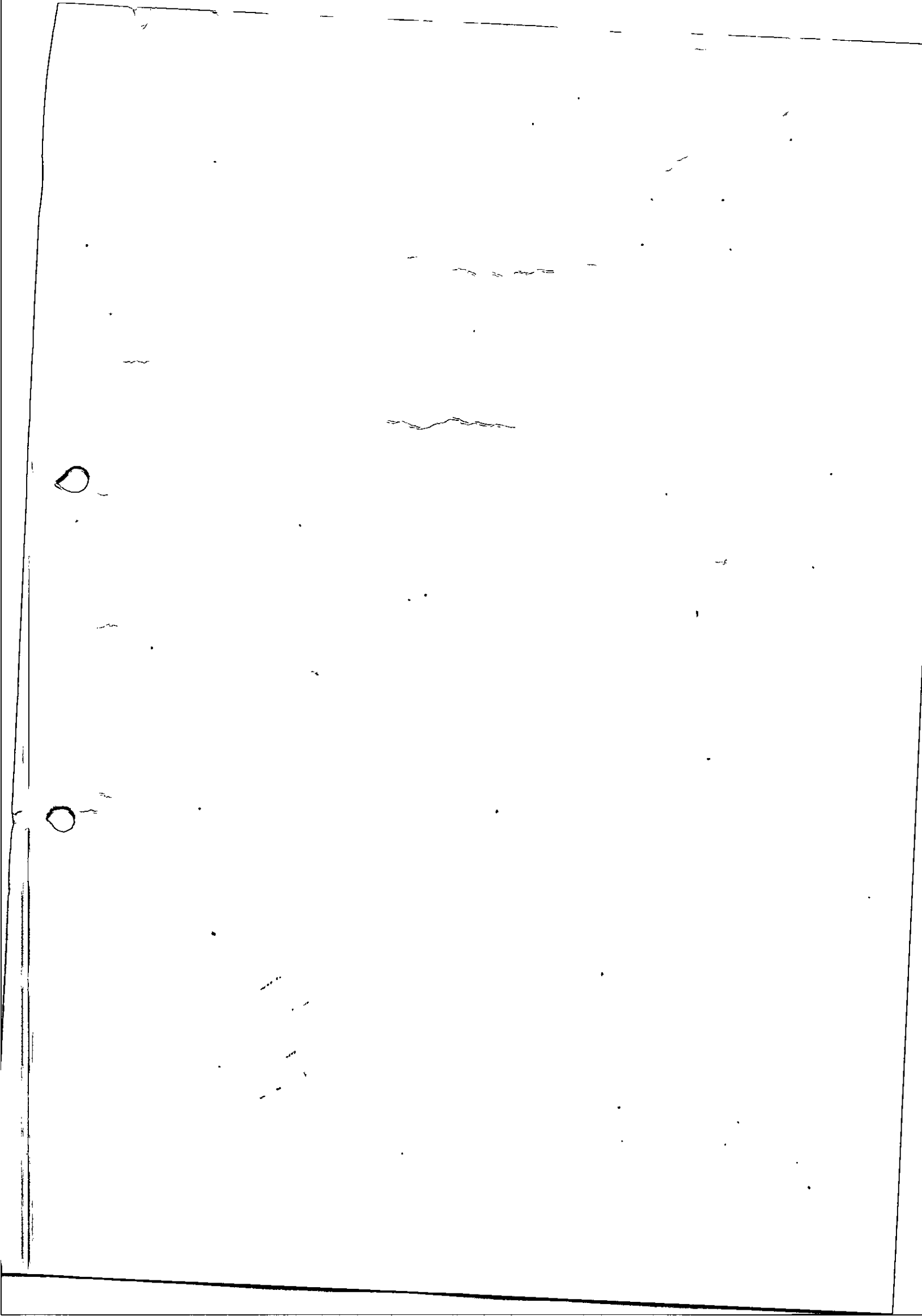
Pankaj Kadel
Signature

Doctor Details :

Doctor Name : Dr. RAJANI KUMARI Specialisation : OBSTETRICS AND GYNECOLOGY
Referral Doctor : Self. Phone No :
Co-Consultant :

Payment Details :

Deposit Amount : 10000.00
Payment Mode : DC/CC Card Payor Name : SELFPAY



ERROR LOG


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

OBSERVATION :

DATE :

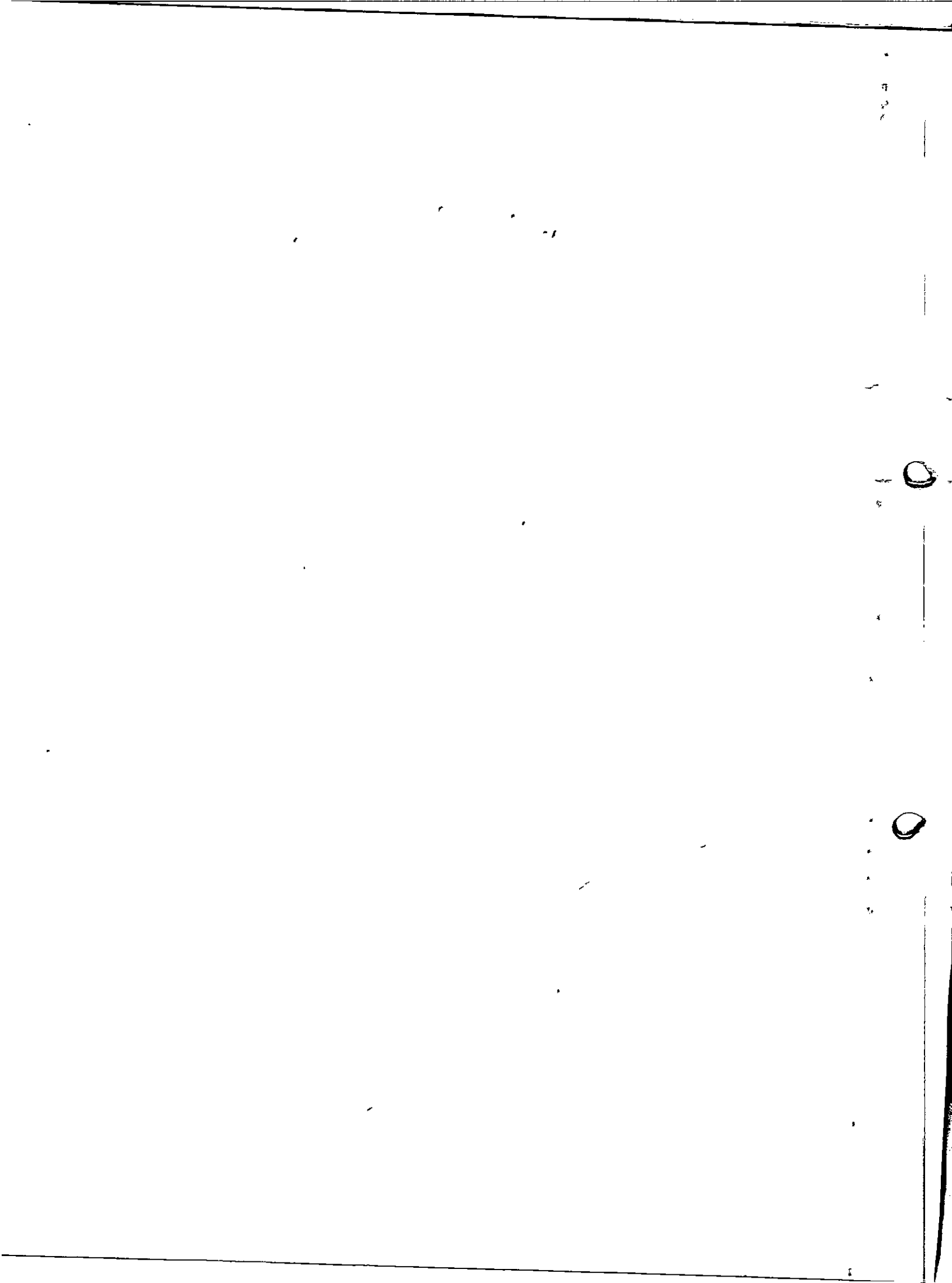
SIGNATURE OF MRD INCHARGE / EXECUTIVE

PATIENT TRANSFER FORM

Patient Name & UHID No. HNH-00008388 IP26-00006573 / Mrs DIVYA SONI 11-02-1997 29 Y 4 M 1 D (F) Dr. RAJANI KUMARI		Date & Time of Admission 12/6/26 @ 10:15 PM	Date & Time of Transfer Order 16/6/26 @
		Transfer Ordered by Dr. Navneet	Reason for Transfer Observation
From Unit Pre & Post	To Unit Floor	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File 30	Number of Imaging Films 16-0	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, what ?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.			
2.			
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes <input type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring Sis. Madhu		Name of Person Ordered Transfer Dr. Navneet	
Patient & Clinical Records Received by :			
Date & Time of Patient Received :			

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



ACTIVITY RECORD FOR BILLING

Name: **HNH-00008368** **IP26-00006573**
Mrs DIVYA SONI
11-02-1997 **29 Y 4 M 1 D** (F)
 UHID No: **Dr. RAJANI KUMARI**

Date of Admission: _____ Date of Discharge: _____ Time: _____
 Room / Bed No: _____ Ward: _____ Suggested Billable bed type: _____
 Consultant: _____ Dept: _____

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
16/6/26		Pre & Post	Floor	madhu

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	Dr. Vamee Priya (Nephro)	14/6/26	6677 ✓	madhu.
2.	Dr. Kaethik (cardiologist)	14/6/26	6690 ✓	Alu
3.				cross check done by Akwite.
4.	Dr. Vamee priya (Nephrologist)	16/6/26	7052 ✓	(4)
5.				
6.	urine albumin dipstick (2+)	12/6/26	6336 ✓	Anhed
7.				cross checked by kushu
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Sign
12/6/26	CBP, Urea, Uric Acid,	26009733	
"	Creatinine & Electrolytes,	9733	Albi
"	LFT, LDH, PT APTT,	9733	
"	CVE, SPOT Protein per,	9733	
12/6/26	Urine Albumin dipstick	6336	Albi
12/06/26	urine Albumin dipstick (+)	6336	
14/6/26	CBP, CVE, LDH, LFT	9803	AKWib
14/6	urine CBS, CRP	9807	@
14/6	ultrasound Abdomen & pelvic	7163	@
14/6	ECG	7165	@
14/6	2dcho	7166	@
15/6/26	TSH, Lipid Profile	9827	Albi
15/6/26	ESR Ser. complement C3c4	9827	Albi
15/6/26	ANA profile	9829	Albi
15/6/26	24 Hours urine protein	9879	Albi
15/6/26	C3 & C4 (quantitation)	9827	Albi
17/6	CBP, CVE, LFT	HN26009928	Suj
			was analysed later

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
12/3/28	Iv placement	①	6337 ✓	-AE
17/6/26 (10:30Am)	N/A	①	21-6880 20119 ✓	ds

ANY OTHER INFORMATION

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Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints *Obscured ↓ Safe*
Come to c/o ↑ BP reconvulsing confirmed
1 Episode of vomiting today
Headache = 2 days / Breathless - few days
 EDD: *28/12/2025*
 Corrected EDD: *4/10/2026*
 GA: _____
 Menstrual History: Regular: Yes No

Obstetric Formula: *Prim* | *took tablet way before coming to hospital*
Obstetric History: *Ce - PP, Spont Concp*
Obstetric Examination
 Fundal Height: *Oedema ⊕⊕*

Present Pregnancy Record: *DU A new ↑ PI*
UA ↑ PI
 NT - *(N)*
 2D Echo - *(N)*
 (Fetal)
 3D Echo - *(N)*
 (Mat 2D Echo - *(N)*)
 T1FFA - *(N)* (UA ↑ Resonance)
RISK FACTORS:
 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 _____

Height: cm
 Weight: kg
 Allergies: *NE*
 Breast: Normal Abnormal
 General Examination: *Fair*
 Consciousness: *⊕*
 Pallor: _____
 Icterus: *⊖*
 Edema: *⊕⊕*
 Temp: *Afebrile*
 PR: *face puffing ⊕*
 BP: *164/95*
 DTR: *⊕*
 CVS: *JHTD*
 RS: *BAR ⊕*
 Liver/Spleen: _____
 Urine Output: *Adeq*

Membranes: Present Absent
 Liquor: Clear Meconium Blood Stained
 Presenting Part: Vertex Breech Others
 Sutton: -3 -2 -1 0 +1 +2
 Pelvis: Adequate Doubtful

DIAGNOSIS
Pain / 23 weeks / mild Pre Eclampsia / Kfelo + Hypothyroidism
for observation & management



<p>Family History:</p> <p style="text-align: center;">Nil</p>	<p>Surgical History:</p> <p style="text-align: center;">Nil</p>
<p>Medical History:</p> <p>Hypothyroidism = 4 yrs</p>	<p>Medication History:</p> <p>T. Iron / Calcium / Thyronorm 112.5mcg</p>
<p>Plan of Care:</p> <ul style="list-style-type: none"> - Admission - Soft Diet - Days as charted - Fns monitoring - Send <u>PE profile</u> → collect - Monitor for imminent signs of eclampsia - Inform Sns <p>CBC, RFT, LFT, Coagulation Profile) CWB / SpH PCR / Electrolyte / Uric Acid / Urine Dipstick / LDH</p>	<p>Investigations:</p> <p>BCT - A Few <u>HbA1c - 5.0%</u></p> <div style="border: 1px solid black; padding: 5px; display: inline-block;"> <p><u>12/6/2020</u> Urine Alb 1+</p> </div> <p><u>CBP (12/6)</u></p> <p>Hb - 12.6 WBC - 9.79 PLT - 232 TCC - 35</p> <p>Urea 18 Creat - 0.7 Uric Acid - 6.4</p> <p>Na - 134 K - 4.2 Cl - 110</p> <p><u>LFT</u> ⊙</p> <p>LDH 245</p> <p>INR - 1.0 APTT - 31</p>

Doctor Name: Dr Mansha
 Signature: [Signature]
 Date & Time: 12/6/2020 @ 10:30pm

Consultant Name: Dr Rajani Kumari
 Signature:
 Date & Time: 12/6/2020



2

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/06/2026 11pm	CS/16 @ Manushi CHT @ Rajani Mani	
	Prim / 23 ⁺ w/ PE / keto hypothyroidism for Evaluation of disease	
		Adm
	CC For Afebrile	- Soft Diet / Adeq Hydration
	BP - 130/90	- Wt as charted
	PR - 98	- w/f vitals q 8hr
	P/A Oedem ⊕⊕	→ Ifo monitoring
	Fns ⊕	→ Collect PE profile
	SPO ₂ - 98% on RA	- BP monitoring hourly
	w/o Adequate	- w/f S/S of Imminent Eclampsia
	Urine Alb - 1+	- Inform SIS
	DTR +	
		M Manushi
13/6/2026 2Am	CS/16 @ Manushi	
		Adm
	CC - For Afebrile	- Wt as charted
	BP - 140/90 → 150/90 (20min)	- Strict BP monitoring
	PR - 90	- Collect PE profile
	P/A Utl ~ 20-22w	- w/f S/S of Imminent Eclampsia
	Obesity ⊕ Fns ⊕	- Repeat BP in 20min Inform
	w/o Adequate	
	(c/o headache (mild) / no other signs)	M Manushi



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/6/2020	cls/b Dr Mansha	
<u>4:15 AM</u>		
	C/O Bil Frontal headache	<u>Adv.</u>
	± Epigastric Bury (Hecatom)	- W/F vitals & Pns
	GC Fori Afabolu	- Oxyg @o check
	BP 145/90	- Collect PB profile
	PR- 83	- Ice Pack over head & neck
	PIA Ut ~ 20-22ch	- Oral hydration
	Fns PR Obesity ⊕⊕	- Dark Room!
	Uo Adequate	- Inform SV
	[no Bury of vision / no vomiting / vutye]	
		<u>My</u> <u>Dharmajy</u>
13/6/2020	cls/b Dr Mansha	
7 AM		
	GC Fori Afabolu	<u>Adv.</u>
	BP 125/60	- W/F vitals & Pns
	PR 88	- Oxyg on chart
	PIA Ut ~ 20-22ch	- Adeq Hydration
	Fns PR	- Strict BP monitoring
	Obesity ⊕⊕	- Inform SV
	Uo Adeq	
		<u>My</u> <u>Dharmajy</u>



3



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<p>13/6/26 11:30 AM</p>	<p><u>cls/B Dr. Veena</u></p> <p><u>Primi / 23⁺ wks / PE / KCB + Hypothyroidism.</u></p> <p>Pt is stable, No c/o</p> <p>No imminent signs</p> <p><u>o/e G/F fair</u></p> <p>BP - 140/94 mmHg →</p> <p>PR - 77 bpm</p> <p>SPO₂ - 99% on RA.</p> <p>P/A - Ut ~ 22 wks</p> <p>FHR ⊕</p> <p>U/O - Adequate.</p>	<p><u>Adv</u></p> <ul style="list-style-type: none"> - Soft diet - Vital monitoring - BP 2nd hourly monitoring - Drugs as charted - Adequate hydration - Cont. Antenatal medications - Perform SOS
<p>13/6/26 1:45 PM</p>	<p><u>cls/B Dr. Rajani Kumari</u></p> <p><u>Primi / 23⁺ wks / PE</u></p> <p>Pt is stable, No c/o</p> <p><u>o/e G/F fair</u></p> <p>BP - 128/85 mmHg</p> <p>PR - 101 bpm</p> <p>SPO₂ - 100% on RA</p> <p>P/A - Ut ~ 22 wks</p> <p>FHR ⊕</p> <p>U/O - Adequate</p>	<p><u>Adv</u></p> <ul style="list-style-type: none"> - Soft diet (High prot - diet) - Adequate hydration - BP 2nd hourly monitoring - T. Data 60mg SOS. - Cont Antenatal Rx - Perform SOS. - Observation in 4th floor - FHR 4th hourly monitoring


PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/6/26 8pm	<p>C/S/B Dr. Dug Prim^o @ 23⁴ wk @ Early onset PE @ K/c/o Hypothyroidism</p>	
P ^o PE ⁺⁺	<p>Ac face, Afebrile BP range - 125/146 mmHg 76-92 mmHg</p>	<p><u>Adv.</u> - soft diet</p>
NO S/S of SE	<p>PR: 88/min H/L - S₁S₂ (+) BAE (+)</p>	<p>- strict BP Monitoring 2nd hourly</p>
	<p>P/A obese Abd wall. ut = 22wk - 24wk FP (+)</p>	<p>- Drugs as charted - Adequate hydration - Continue Antenatal medications</p>
	<p>Mild Abdominal wall edema (+)</p>	<p>- Inform SOS - w/f imminent signs</p>
	<p><i>[Signature]</i></p>	
14/6/2026 8AM	<p>C/S/B Dr. Dug Prim^o @ 23⁵ wk @ Early onset PE @ K/c/o Hypothyroidism</p>	
P ^o PE ⁺⁺	<p>Ac face, Afebrile BP - 130/88 mmHg</p>	<p><u>Adv.</u> - soft diet</p>
NO S/S of SE	<p>PR: 86/min H/L NAD</p>	<p>- strict BP Monitoring 2nd hourly - Drugs as charted</p>
	<p>P/A obese Abd wall. ut = 22wk - 24wk FP (+)</p>	<p>- Adequate hydration - w/f Imminent signs</p>
	<p>Mild Abdominal wall edema (+)</p>	<p>Inform SOS</p>



(4)

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/6/26 10:00am	U/s by Dr. Ayesha (Anaesthesia) Δ: Pzimi c 23 ⁺⁵ wks c early onset PE c k/c/o Hypothyroid	Wt: 10.8 kg.
	O/E pt conscious, coherent afebrile Pitting Pedal edema (+) PR: 98/wid Bp: 94/79 mm Hg c/s: S ₁ S ₂ (+) R/S: BA (+)	Adr ① Soft diet ② Hely charting BP, I/O. ③ Treatment as per medication chart ④ W/F Imminent Signs
9/0 - 1630 equal intake SpO ₂ : 98% on RA		⑤ Monitor Vitals inform SOS.
2 Echo (12/6/26) EF: 68% (+) chambers MILD TR, mild RAH (RVSP-47mmHg) NO MR/AR. IVC (+)		
		



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/06/2026		
10:10am.	cls/ by Dr. Naveena	
U- S- 14/06/2026	OLG GC-Fair	Adv
	Afebrile.	- Soft diet
	SpO ₂ - 100% on RA	- Adequate hydration
	PR: 98bpm	- drugs as charted
	BP: 94/79 mmHg	- strict BP monitoring
	CULRS: NAD.	2hrly.
	PA: ut. 20-24wks	- w/f Imminent
	Regular	Signs
	FHR ⊕	- strict FHR
	LIE: NAD.	monitoring 4 th hrly
		- w/f PR bleeding /
		Pain abdomen
		- Monitor Vital
		- Inform SOS
	Dr. Naveena	
14/06/2026	cls/w Dr. Rajani Kumari	
11:20am.		
	OLG SpO ₂ - 94-97% on RA.	Adv
	PR: 81bpm	- Send CBP, CUE, LDH, LFT
	BP: 119/76 mmHg.	- strict BP and
	PA: ut. 20-22wks	FHR monitoring
	Relaxed	- Monitor Vital
	FHR ⊕ 152bpm.	- Inform SOS

Dr. Naveena

5

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/6/26 2:00pm	cls by <u>Dr. Ayasha</u> (Anaesthesia)	
	Δ: Primi, 23 ⁺⁵ wks, early onset PE = klclo Hypothyroid	
	Ole pt conscious, coherent	
	afebrile	-Adv
	NO fresh Complaints	① Soft diet
	PR: 98/min	② Cap. DEPM 10mg TID
	BP: 136/66 mmHg	③ Rest continue
	Cvs: S1S2 (+)	same treatment
	RS: BAE (+), clear	④ Monitor vitals, inform s/o
	SpO ₂ : 97% on RA	
	pedal edema (+)	
		<u>Ayasha</u>

T. protein - 5.3
 A/G - 2.6
 Albumin - 2.4
 Globulin - 2.6
 Hb / PCV / PLT
 11.4 / 32.3 / 2.17



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/06/2026 2:00pm	cls by	Dr. Naveena
	<p>OLE GL Fair</p> <p>Afebrile SpO₂ - 97% on RA</p> <p>PR - 86bpm</p> <p>BP - 144/90mmHg</p> <p>CosRS: NAD</p> <p>PA: wt - 20 - 22 wks</p> <p>Relaxed</p> <p>FHR (+)</p>	<p>Ado</p> <ul style="list-style-type: none"> - Regular diet - Adequate hydration - drugs as charted - strict BP and FHR monitoring - 2hly - w/f Imminent signs
	<p>CBP - (N)</p> <p>CVG - protein (3+)</p> <p>Granular casts (+)</p> <p>pus cell - 10-12</p> <p>LDH - 200</p> <p>UET - (N)</p>	<ul style="list-style-type: none"> - Monitor Vitals - Inj am. S.S.
	clilt. Dr. Rajani	Ado
		<ul style="list-style-type: none"> - Urine < 5 - 24 hr Urine protein - CRP - Nephrologist opinion - USG < abd & pelvis



6

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		- Physician opinion
		- strict BP monitoring daily.
		- wlf at Imminent signs
		- Monitor Vitals
		- Inj am SOS
		- T. Taxim 200mg BD
	Dr. Naveena	
14/6/2026 2:30pm	CLLT	Dr. Nishanth (Physician)
		Ado
		- 24hr Urine protein
		- USG $\left\{ \begin{array}{l} \text{abd.} \\ \text{pelvis} \end{array} \right.$
		- strict BP monitoring
		- Monitor Vitals
		- Inj am SOS
		Dr. Naveena

PO

. PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/06/2026 6:00pm	elslby Dr. Naveena	
	o/e GC-Pari	Ado
U/O 7am 8am	Afebrile PR: 96bpm BP: 128/80mm Hg Cvs/RS: NAD PA: ut. 20-22wks Relaxed FHR ⊕	- Regular diet - Adequate hydration - drugs as charted - strict BP & FHR monitoring - w/F Imminent signs - Monitor Vitaly - Inform SOS
	clit Dr. Rajini Kumari	
	Nephrologist opinion done advised ANA Profile ✓ ESR / CRP Serum Compliments C3, C4 Fasting lipid profile. TSH	Ado - follow Nephrologist Opinion - Cardiologist Rlx - Monitor Vitaly - Inform SOS
	Dr. Naveena	

JH-00008368

IP26-00006573

Ms DIVYA SONI

29 Y 4 M 3 D (F)

-02-1997

RAJANI KUMARI



7

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
14/06/2026 7:30pm	clit	Dr. Rajani Kumari
	Cardiologist opinion done.	Adv
	2D Echo - (N) & EF-75%	- Follow Cardiologist
	ECG - NSR.	- strict BP monitoring
	Stop Cap. Depin long	2hrly & FHR
	TID	- w/f Imminent signs
	Start T. Miracura	- Monitor Vitals
	Retard long BD	- Inform SOS
	Ty ² lasix long in stat	
		Dr. Naveena

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/6/2026 12:00am	cls by Dr. Naveena	
	OLE GC-Fair	Ado
	Afebrile	- Regular diet
	PR: 90bpm	- Adequate hydration
	BP: 122/76mmHg	- drugs as charted
	CUS/RS: NAD	- w/f Imminent
	PA: ut. 22-24wks	Signs
	Relaxed	-- strict FHR.
	FHR ⊕	and BP monitoring
		& h/o.
		- Monitor Vitals
		- Inform SCS
	Dr. Naveena.	
15/6/2026 8:00am	cls by Dr. Naveena	
	OLE GC-Fair	Ado
	Afebrile	- Regular diet
	PR: 82bpm	- Adequate hydration
	BP: 141/82mmHg	- drugs as charted
	CUS/RS: NAD	- w/f Imminent
	PA: ut. 22-24wks	Signs
	Relaxed	- strict BP and
	FHR ⊕	FHR monitoring.
		- Monitor Vitals
		- Trace. ANA Profile-
		ESR/CRP



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/June/2026 1 pm	<p>C/S/B Dr. Rajani Kumari</p> <p>GC - Fair Afebrile -</p> <p>BP - 122/80</p> <p>PR - 74</p> <p>P/A - U=22-24mm</p> <p>Relaxed</p>	<p><u>Adv</u></p> <p>- Regular Diet / Adeq Hydrat</p> <p>- Drugs as charted</p> <p>- BP monitoring 2nd hourly</p> <p>- Collect Blood Reports / Urine Report</p> <p>- W/F imminent sign</p> <p>- Strict PRR monitoring</p>
<p>U ✓</p> <p>S ✓</p>	<p>Urine 24 hr Protein (Cpm) - To send</p>	<p><u>Adv</u></p>
<p>C3/C4 - WNL</p> <p>ESR - 50</p>		
<p>15/6/2026 8:30 pm</p>	<p>C/S/B Dr. Dna</p> <p>Primi @ 23rd wk @ Early onset PE @ Hypothyroidism</p>	
<p>PO PE ✓</p> <p>NO S/S OF IE</p> <p>U ✓</p> <p>S ✓</p>	<p>GC Fair Afebrile</p> <p>BP: 149/89 mmHg</p> <p>PR: 90 bpm</p> <p>H/C NAD</p> <p>P/A - U=22-24mm</p> <p>FHR 140/min Relaxed</p> <p>obese Abd wall.</p>	<p><u>Adv</u></p> <p>- High Protein diet</p> <p>- Drugs as charted</p> <p>- BP monitoring 2nd hourly</p> <p>- W/F Imminent sign</p> <p>- FHR Monitoring</p> <p>- Collect Blood Reports</p>

[Handwritten Signature]



9

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/6/26 9:30 pm	ANA profile : Negative TSA: 10. G/S/W Dr Rajani Kumari.	
24 hr urine protein sent		<p style="text-align: center;"><u>Adv</u></p> 1) Tab THYRONORM 125mg / po / wd <u>Ramesh</u> DRAMMA THSOPAK
16/6/26 1 AM	No complaints vitals (N) PA: soft, ut relaxed HR 145/min	<p style="text-align: center;"><u>Ramesh</u></p> DRAMMA THSOPAK
16/6/26 6 AM	Prim / dmwh / early onset PE / hypothyroid / high am No discomfort of PFM well LC fast papabile PA: 87/min BP > 130/95 mmHg SpO2: 98% PA: ut relaxed HR good	<p style="text-align: center;"><u>Adv</u></p> 1) high protein diet 2) drugs as checked 3) monitor vitals 4) S/O marking 5) w/f discomfort of PFM 6) HR after baby 7) trace 24 hr urine protein <u>Ramesh</u> DRAMMA THSOPAK



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/06/2026 10:00am	cls by <u>Dr. Naveena</u>	
	ole GC-fair Afebrile, SpO ₂ 100% on RA	A
U ✓	PR: 92bpm BP: 135/85mmHg CulRS: NAD	
F ✓	PA: wt. 22-24wts Relaxed FHR(+) 134bpm	
24hr Urine Protein 6565.7.	CLIT <u>Dr. Rajani Kumari</u>	
		Ado - Nephrologist Review
		- Adms Can be shifted to room after Review and Axon team clearance
		- strict BP monitoring 2hrly
		- w/f Imminent signs - strict FHR monitoring 2hrly
	<u>Dr. Naveena</u>	- Monitor Vitals - Inform SOS

HNH-00008368

Mrs DIVYA SONI

11-02-1997

Dr. RAJANI KUMARI

IP26-00006573

29 Y 4 M 4 D (F)



10

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
16/6/25		16/6/25 1:00pm
	16/6/25 1:00pm	16/6/25 1:00pm
	16/6/25 1:00pm	16/6/25 1:00pm
	16/6/25 1:00pm	16/6/25 1:00pm
	16/6/25 1:00pm	16/6/25 1:00pm
	16/6/25 1:00pm	16/6/25 1:00pm
	16/6/25 1:00pm	16/6/25 1:00pm
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	16/6/25 1:00pm	16/6/25 1:00pm
	16/6/25 1:00pm	16/6/25 1:00pm
	16/6/25 1:00pm	16/6/25 1:00pm

16/6/25
1:00pm

OK, at clinic
PR - 84/min
BP - 141/93mmHg
WS - 5hr ⊕
AS - BAE ⊕ chr. SpO₂ - 98% on RA
✓ NO CEPTs / NO SOB ✓

OK, at clinic

PR - 84/min

BP - 141/93mmHg

WS - 5hr ⊕

AS - BAE ⊕ chr. SpO₂ - 98% on RA

✓ NO CEPTs / NO SOB ✓

BL pitting pedal edema extending upto mid leg / below knee.
NO other signs & symptoms of eclampsia.

Adv

→ Can be shifted to room after nephrologist opinion

→ TO continue Anti-HTN medication

→ Monitor vitals

@khmj

16/6/25
11:4
Pkt - 217
WBC - 9000
T. Protein - 5.35
A - 2.7
G - 2.6

LDH → 200
Proteinuria ⊕⊕



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/6/26	C/S/B Dr. Rajani	
9pm	Primi @ 24 weeks @ Early onset PE @ Hypothyroidism	
	No complaints	
	GC fair Afebrile	Adv
	BP: 140/85 mmHg	- High protein diet
	PR: 84/min	- Drug as charted
	H/L - S/S (+)	- BP Monitoring 2nd hourly
	BAC (+)	- W/F Imminent sign
	P/A ut @ 24 weeks	- FHR Monitoring 4th hourly
	H (+)	- Send CBC, C/E
	Obese Abd wall	- LFT tomorrow.
		- Before discharge
		Cardiologist Review.
		i/v/o Breathlessness
	C/S/B Dr. Veena	- Early growth scan tomorrow
	Primi @ 24 weeks @ Early onset PE @ Hypothyroidism	
	No clo. No imminent signs	Adv
	O/E GC fair	- High protein diet
	BP - 146/95 mmHg	- Drugs as charted
	PR - 98 bpm	- BP monitoring 2nd hourly
	C/S - S/S (+), bluish heart	- W/F imminent signs
	P/A - ut @ 24 weeks	- FHR 4th hourly monitoring
	Obesity (+)	- CRP, C/E, LFT clm. @ 6am
	FHR (+)	- Nephrology opinion today
	Pedal edema (+) (+)	- Cardiologist r/wf before d/s i/v/o breathlessness
		- Growth scan clm.

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4-00008388
 DIVYA SONI
 12-1897
 RAJANI KUMARI

IP26-00006573

29 Y 4 M 3 D (F)



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/6/26 6 PM	Nephrology → Opinion	<ul style="list-style-type: none"> • Can give 7 Augmentin 62mg BD • No cholesty • BP control.
	Urine cls. - Sensitive to Augmentin Resistant to Torsem.	<ul style="list-style-type: none"> • DVT prophylaxis.
	cls/B Dr. Veena	
16/6/26 10:30 AM	Primi/24wks / Early onset PE	Hypothyroidism
	No complaints	
	No imminent signs	Adv
	ole GC-fair, Afebrile	- High protein diet
	PE ++	- Drugs as charted
	BP - 135/88wt/kg	- BP monitoring 2nd hourly
	PR - 84 bpm	- w/ imminent signs
	SpO ₂ - 100% on RA.	- FHR 4 th hourly monitoring
	PIA - Ut ~ 24wks.	- CBP, CUE, CFT c/m @ 6am
	FHS (+), Obesity (+)	- Cardiology c/w before discharge
17/6/26 2 AM	cls/B Dr. Veena Primi/26wks / Early onset PE	Hypothyroidism
	No c/o, No imminent signs	Adv
	ole GC-fair, Afebrile	- High protein diet
	BP - 140/87wt/kg	- Drugs as charted
	PR 90 bpm.	- BP 2 nd hourly monitoring
	PIA - Ut ~ 24wks FHS (+)	- FHR 4 th hourly
	Obesity (+)	- CBP, CUE, LFT. c/m @ 6am

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/6/26 7am	<p>els/B Dr. Veena</p> <p>Primi 26⁺ wks / early PE / Hypo/hypoidism</p> <p>Ado</p> <p>PE is stable, No clo</p> <p>No imminent signs of GC fair, Afebrile</p> <p>BP - 140/90 mmHg</p> <p>PR - 80 bpm</p> <p>PE + +</p> <p>P/A - ut ~ 24 wks</p> <p>FHR (+)</p> <p>U/E - NAD</p>	<p>High protein diet</p> <p>- I/O charting</p> <p>- Vital monitoring</p> <p>- BP 2nd hourly</p> <p>- FHR 4th hourly monitoring</p> <p>- Flu CBP, CUE, CFT</p> <p>- Growth scan (after 11am)</p> <p>- Cardiology review before discharge</p>
17/06/2026 9:35am	<p>els by Dr. Naveena</p> <p>olG GC fair</p> <p>Afebrile</p> <p>PR: 87 bpm</p> <p>BP: 145/85 mmHg</p> <p>CUSRS: NAD</p> <p>PA: ut 22-24 wks</p> <p>Relaxed</p> <p>FHR (+)</p> <p>PE: + +</p> <p>U/E: NAD</p> <p>Dr. Naveena</p>	<p>Ado</p> <p>- High protein diet</p> <p>- Adequate hydration</p> <p>- Ambulation</p> <p>- strict BP monitoring 2 hourly</p> <p>- w/o imminent signs</p> <p>- strict FHR monitoring 4th hourly</p> <p>- Trace CBP, CUE, PLT</p> <p>- Growth Scan TIM 11am</p> <p>- Cardiology review before discharge</p>

HNH-00008368 IP26-00006573
 Mrs DIVYA SONI
 11-02-1997 29 Y 4 M 5 D (F)
 Dr. RAJANI KUMARI



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/02/2026 10:45am	clsby	Dr. Naveena
	clsby	Dr. Rajani Kumari
		Adv
		- COE, plt. count
		& Growth Scan
		after 48hrs
		- patient
		- Cardiologist opinion
		after 48hrs
		- patient can be
		discharged.
		Dr Naveena

Patient Sticker
Divya Soni
20/11/11

NUTRITIONAL ASSESSMENT FOR GYNEC PATIENTS

Date: 17/6/26 Time: 10:30 AM

Origin: Indian Height: 5'2 Weight: 108 kg BMI:

Food Allergies: NO

Diagnosis: primi @ 23⁺ wks @ early onset PE @ KICLO Hypothyroid

Medical History: Hypothyroidism - 4 years (Iron / calcium / Thyroid # 25)

Surgical History: Nil

- Vegetarian
- Non-Vegetarian
- Vegan

Diet Advised: Soft High protein Low salt diet

Patient's / Attendant's
Signature: Divya

Name: Divya

Date & Time: 17/6/26 ; 10:30 AM

Dietician's
Signature: Sathwika

Name: Sathwika-G

Date & Time: 17/6/26', 10:30 AM



CROSS CONSULTATION FORM

14/06/26

Doctor Name: Dr. Kartik Jadhav Date: Time:

Diagnosis: PIH

Hospital: Rainbow, Himayathagar

Type of Referral :

- Emergency
- Urgent
- Non Urgent

Referred for : Opinion Co-Management Transfer of care

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

PIH

Signature: _____

Findings and Recommendations :

→ Primi, Overweight, 20wks

→ PIH

190/100 → 120/80

- CVS/PE = NAD.

Pedal edema ++ (b/l LL)

ECG = NSR
- 91/min.

Consultant :

Name : Signature : Date & Time : 14/06/26

AD Echo = Good LV & RV f.
Gr II Diastolic dyf.
No PAT
VC = 2.0 cm

noncollapsing

Mild fluid
overload
state

Adv.

① IV Lasix some stat.

② Ramped up position.

③ Continue

Tb label some

Tb Nicardipine-R some

TID
BD



ECC = 1000

CHAM = 10/20/20

180/100

CROSS CONSULTATION FORM

Doctor Name: Dr. Vanee Ruy Date: 16-6-2026 Time: 5:30 PM
 Diagnosis: Pre-eclampsia

Hospital :	Type of Referral :
.....	<input type="checkbox"/> Emergency
Referred for : <input type="checkbox"/> Opinion <input type="checkbox"/> Co-Management <input type="checkbox"/> Transfer of care	<input type="checkbox"/> Urgent
	<input type="checkbox"/> 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 :

HTN diagnosed in 23 weeks with protein / Nephrotic
 Pre Eclampsia
 BP Control.
 - Antibiotics - Augmentin sensitive
 - Thyroxine increased
 - Output monitoring - 2100 ml/h
 - DVT prophylaxis. U

PH - 10.2
 urine cl (+) ve Ecoli
 ALBuri - 2.7
 ANA } Complete Profile - NC
 C3/C4 }
 Lipid Profile - ok
 BP - 146/62
 DM2

U

Consultant :

Name : Signature : Date & Time : 16/06/26.....

CROSS CONSULTATION FORM

Doctor Name: Dr. Vandre Ruiz M Date: 14-8-2026 Time: 6:00 PM

Diagnosis: Proteinuria Nephropathy

Hospital:

Type of Referral :

- Emergency
- Urgent
- Non Urgent

Referred for: Opinion Co-Management Transfer of care

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

Signature: _____

Findings and Recommendations :

128/60 UOE 3 + proteinuria
+ pillip edema Ceramide casts
ure spot pr/w ≥ 7.0
24 hr ure pr - pending.
Abd USG noted.

BP controlled:
LDH \uparrow 245/100

Advice

- ANA profile
- ESR/CAP
- Serum Complement C3, C4
- Fasting lipid profile

u

Consultant: _____

Name: _____ Signature: _____ Date & Time: _____

HNH-00008368

Mrs DIVYA SONI

IP26-00008573

11-02-1997

29 Y 4 M 1 D

(F)

Dr. RAJANI KUMARI



TSH - 10.19

**Rainbow[®]
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Hospital**

It takes a lot to treat the little.


BirthRight™

BY RAINBOW HOSPITALS

Your Right to a Safe Delivery

RESULT SHEET

Date	12/6/25	14/6	17/06/26 ^{10AM}		
Time	11:12PM		10AM		
Hb	12.6	11.4	12.4		
PCV	35.0	32.3	34.9		
RBC	4.04	3.72	4.00		
WBC	9.79	7.08	7.90		
N/L					
Platelets	232	217	203		
CRP		14.0			
ESR					
PCT					
RBS					
Na	134				
K	4.2				
Cl	110				
Ca/Mg					
Phosphate					
Urea	18				
Creatinine	0.7				
ALP	63	57	62		
SGPT	18	16	22		
SGOT	22	20	23		
T.Bill/Conj	0.2 ^{0.4} 0.1	0.2 ^{0.1} 0.1	0.3 ^{0.1} 0.2		
T.Protein	5.9	5.3	5.6		
S.Albumin	3.0	2.7	2.8		
S.Globulin	2.9	2.6	2.8		
A/G Ratio	2.4	1.6	2.8		
Uric Acid	6.4				
S.Amylase					
Sr.Lipase					
Blood Lactate					
S.Cholesterol					
PT/INR	14 / 1.0				
APTT	31				
CSF Protein / Sugar					
Cells					
N/L	LDH	245	200		

ANA Profile - Negative

Date	11/16/26	12/06/26	C ₃ -	122		
Time		10 AM.	C ₄ -	15.5		
CUE - Alb			ESR -	50		
CUE - Sugar		NIU				
CUE - Ketones	NIU	NIU	24 hours urine Protein -		6565.4	
CUE - PUS Cells	10-12	8-10				
CUE - RBC Cells	NIU	NIU				
CUE Protein	Present(+++)		(+++)			
pus cells		8-10				
Epi-thelial cells		14-16				
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
Blood Grouping A +ve.						
HIV						
HBsAg						
HCV						
Spot Protein - 273.2						
Spot protein Creatinine - 37.7						
ratio - 7.25						

Culture and Sensitivities :

.....

.....

.....

Radiology : USG :

X-Ray :

ECHO :

CT :

MRI :

Others (ECG, Contrast Studies etc.) :



MEDICATION RECONCILIATION FORM

Drug Allergies: Not known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.

(Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From: Shifted to:

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	T OROFER XT	1 tab	PO	OD	12/c	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
2	T. SHIZICAL XT	1 tab	PO	OD	12/c	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
3	T ELOSPRIN	150 mg	PO	OD	12/c	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
4	T. ELOW FORTE	1 tab	PO	OD	12/c	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
5	T. HYRONORM	112 mg	PO	OD	12/c	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
6						<input type="checkbox"/> C <input type="checkbox"/> DC
7						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

* C - Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : *Rajani* *Aravind*

Date & Time : 12/6/26 @ 10:30pm

Nurse Name & Signature: *Alabi* *Ali*

Date & Time : 12/6/26 10:00pm



1 23 4
5 6 7 8 9 10



REGULAR PRESCRIPTIONS

Weight. Ward. 104

DRUG : TABS LABETALOL Date/Time 12/6

Dose	Route	Frequency	Start Date
200mg	PO	BD	12/6

Name & Signature of the Doctor Starting the Drugs: M. D. Manish

Additional Instructions: LABETALOL

Daily Doctor's Endorsement by a Sign

Handwritten notes: 8:00 AM, 12/6, STOP, Dose

DRUG : CAP DEPIN Date/Time 12/6 13/6

Dose	Route	Frequency	Start Date
1 Cap (10mg)	PO	BD	12/6

Name & Signature of the Doctor Starting the Drugs: M. D. Manish

Additional Instructions: Nifedipine

Daily Doctor's Endorsement by a Sign

Handwritten notes: 11:00 AM, 12/6, 13/6, stop, Dose

DRUG : T. THYRONORM Date/Time 13/6 14/6 15/6

Dose	Route	Frequency	Start Date
112 mcg	PO	OD	13/6

Name & Signature of the Doctor Starting the Drugs: M. D. Manish

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Handwritten notes: 7 AM, 13/6, 14/6, 15/6, stop, Dose, 10/11/12, 13/14/15/16

DRUG : T. LABETALOL Date/Time 13/6

Dose	Route	Frequency	Start Date
200mg	PO	TAD	13/6

Name & Signature of the Doctor Starting the Drugs: M. D. Manish

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Handwritten notes: 3 PM, 13/6, 11 PM, 9:00 PM, stop, Dose

Verified by
 Dr. Dhakshayani



Sheet No:

REGULAR PRESCRIPTIONS

Weight Ward LOR

DRUG : ARGININE SACHETS.				Date Time	13/6	14/6	15/6	16/6	17/6
Dose	Route	Frequency	Start Dt.						
1 sachet	PO	BD.	13/6/20	8 AM	X	11 AM	11 AM	11 AM	
Name & Signature of the Doctor Starting the Drugs:									
Additional Instructions:									
Daily Doctor's Endorsement by a Sign									
DRUG : T LABETALOL.				Date Time	14/6	15/6	16/6	17/6	
Dose	Route	Frequency	Start Dt.						
200mg	PO	TID	14/6	6 AM	10 AM	10 AM	10 AM	10 AM	
Name & Signature of the Doctor Starting the Drugs:									
Additional Instructions:									
Daily Doctor's Endorsement by a Sign									
DRUG : Cap DEPIN				Date Time	14/6	15/6			
Dose	Route	Frequency	Start Dt.						
10mg	PO	BD	14/6	8 AM	X				
Name & Signature of the Doctor Starting the Drugs:									
Additional Instructions:									
Daily Doctor's Endorsement by a Sign									
DRUG : Cap. DEPIN				Date Time	14/6				
Dose	Route	Frequency	Start Dt.						
10mg	PO	TID	14/6	8 AM	X				
Name & Signature of the Doctor Starting the Drugs:									
Additional Instructions:									
Daily Doctor's Endorsement by a Sign									

Dr. Dhakshayani

Dr. Dhakshayani

Verified by

VERIFIED BY : Name

Sheet No:

REGULAR PRESCRIPTIONS

Weight Ward 107

DRUG : T. TAXIM 200mg				Date																
				Time																
Dose	Route	Frequency	Start Dt.																	
Name & Signature of the Doctor Starting the Drugs:				STOP Dr. Naveena																
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				
DRUG : T. CEFIXIME				Date																
				Time																
Dose	Route	Frequency	Start Dt.																	
200mg	PO	BD	14/6	9 AM	X															
Name & Signature of the Doctor Starting the Drugs:				STOP 16/6/28																
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				
DRUG : T. NICARDIA RETARD				Date																
				Time																
Dose	Route	Frequency	Start Dt.																	
20mg	PO	BD	14/6	8 AM	X															
Name & Signature of the Doctor Starting the Drugs:				STOP 17/6																
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				
DRUG : Tas THYRONORM				Date																
				Time																
Dose	Route	Frequency	Start Dt.																	
120mg	PO	OD	16/6	6 AM	X															
Name & Signature of the Doctor Starting the Drugs:				STOP 17/6																
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				

Verified by Dr. Dhakshayami

Verified by Dr. Dhakshayami

HNH-0008368
 Mrs DIVYA SONI IP26-00006573
 11-02-1997 29 Y 4 M 4 D (F)
 Dr. RAJANI KUMARI



Sheet No:

REGULAR PRESCRIPTIONS

Weight Ward

DRUG : P. AMOXICILLIN-CLAVULANIC ACID				Date Time	16/6/17/6																
Dose	Route	Frequency	Start Dt.																		
625mg	PO	BD	16/6/26	9AM	X																
Name & Signature of the Doctor Starting the Drugs:																					
Additional Instructions:				9pm Supp ANJNA																	
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



ker

Weight..... Ward. LOR

SE	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
12/6	11:30pm	T PARACETAMOL	650mg	P/O	<u>la</u>	Alex Ch
13/6	2:04AM	Tab LABETAMOL	100mg	P/O	<u>se</u>	Alex Ch Dr. Drakshayani
13/6	4:30AM	INJ PANTOPRAZOLE	40mg	IV	<u>me</u>	Alex Ch
13/6	4:30AM	INS TRAMADOL	100mg	IV	<u>se</u>	Alex Ch
13/6	4:30AM	INJ ONDENSETRON	4mg	IV	<u>@</u>	Alex Ch
14/6	6:45pm	inj. FUROSEMIDE	10mg	IV	<u>Drakshayani</u>	Alex Ch
15/6	1:00AM	INJ PANTOPRAZOLE	40mg	IV	<u>Ch</u>	Alex Ch

Signature.....
Name.....

Verified by

HNH-00008368 IP26-00006573
 Mrs DIVYA SONI
 11-02-1997 29 Y 4 M 1 D (F)
 Dr. RAJANI KUMARI

①



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																										
	0 - 10																										
Saturations	94 - 100 %																										
	< 94 %																										
Administered O ₂ (L/min.)																											
Temp °C	40																										
	39																										
	38																										
	37																										
	36																										
	35																										
	< 35																										
Heart Rate	170																										
	160																										
	150																										
	140																										
	130																										
	120																										
	110																										
	100																										
	90																										
	80																										
	70																										
	60																										
	50																										
40																											
Systolic Blood Pressure	190																										
	180																										
	170																										
	160																										
	150																										
	140																										
	130																										
	120																										
	110																										
	100																										
	90																										
	80																										
	70																										
60																											
50																											
40																											
Diastolic Blood Pressure	130																										
	120																										
	110																										
	100																										
	90																										
80																											
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																											
TOTAL ORANGE SCORES																											
Nurse Initial																											

PM 10:30 AM 10/11/20
 10/12/20

94 62 - - - 94 62 - 44

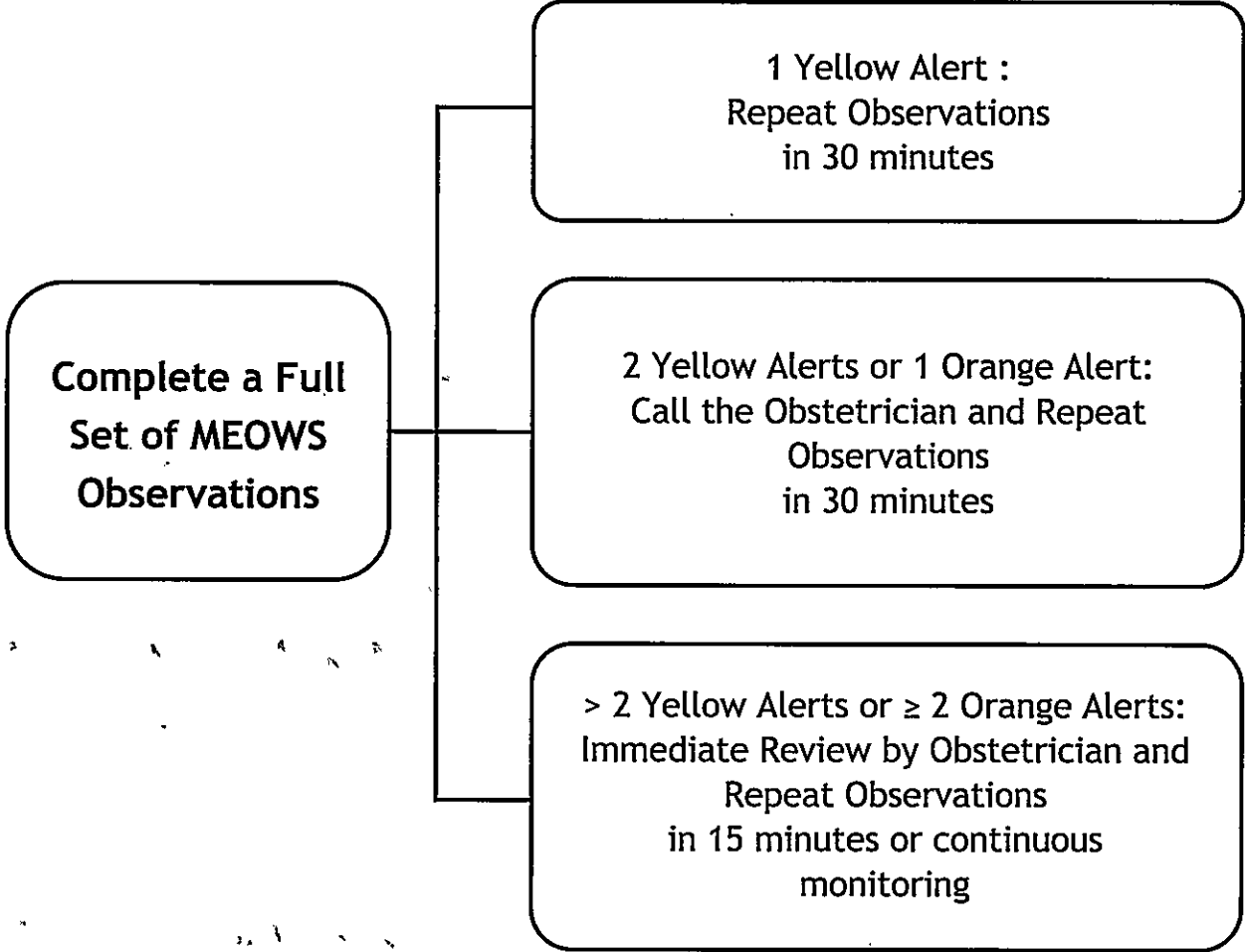
79 82 90 81 80 83 89 93 86 88

164
 139 139 123 135 141 142 157 157 145
 125

95 80 90 80 90 100 98 95 101 91 60

0 0 0 0 0 0 0 0 0 0 0
 0 0 0 0 0 0 0 0 0 0 0
 Y Y Y Y Y Y Y Y Y Y

**Obstetrics and Gynaecology
Early Warning Signs**



* The Modified Early Warning Score (MEOWS)

HNH-00008388 IP26-00006573
 Mrs DIVYA SONI
 11-02-1997 29 Y 4 M 1 D (F)
 Dr. RAJANI KUMARI

2



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	10	20	90	90	70	70	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90
	0 - 10																												
Saturations	94 - 100 %	100	100	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	
	< 94 %																												
Administered O ₂ (L/min.)																													
Temp °C	40																												
	39																												
	38																												
	37																												
	36	36.1			36.1																								
	35																												
	< 35																												
Heart Rate	170																												
	160																												
	150																												
	140																												
	130																												
	120																												
	110																												
	100																												
	90	88	88	88	88	88	88	88	88	88	88	88	88	88	88	88	88	88	88	88	88	88	88	88	88	88	88	88	88
	80																												
	70																												
60																													
50																													
40																													
Systolic Blood Pressure	190																												
	180																												
	170																												
	160																												
	150																												
	140																												
	130	144		144		144		144		144		144		144		144		144		144		144		144		144		144	
	120																												
	110																												
	100																												
	90																												
80																													
70																													
60																													
50																													
Diastolic Blood Pressure	130																												
	120																												
	110																												
	100																												
	90	90		90		90		90		90		90		90		90		90		90		90		90		90		90	
	80																												
	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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
TOTAL ORANGE SCORES		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Nurse Initial																													

13/6/2026

10 AM FHR - 139 b/min

12 AM FHR - 140 b/min

2 PM FHR - 138 b/min

4 PM FHR - 145 b/min

8 PM FHR - 140 b/min

10 PM - 139 b/min

~~12 AM~~ - 141 b/min

~~6 AM~~ - 139 b/min

10 AM - 146 b/min

12 PM - 145 b/min

2 PM - 140 b/min

4 PM - 145 b/min

6 PM - 144 b/min

8 PM - 145 b/min

10 PM - 142 b/min

Obstetrics and Gynaecology Early Warning Signs

Complete a Full
Set of MEOWS
Observations

1 Yellow Alert :
Repeat Observations
in 30 minutes

2 Yellow Alerts or 1 Orange Alert:
Call the Obstetrician and Repeat
Observations
in 30 minutes

> 2 Yellow Alerts or \geq 2 Orange Alerts:
Immediate Review by Obstetrician and
Repeat Observations
in 15 minutes or continuous
monitoring

* The Modified Early Warning Score (MEOWS)

15/6/26

12:00 AM - 138 bpm
2:00 AM - 139 bpm
4:00 AM - 140 bpm
6:00 AM - 143 bpm
8:00 AM - 140 bpm
10:00 AM - 146 bpm
12:00 PM - 150 bpm
2:00 PM - 143 bpm
4:00 PM - 142 bpm
6:00 PM - 130 bpm
8:00 PM - 128 bpm
10:00 PM - 142 bpm

Obstetrics and Gynaecology Early Warning Signs

Complete a Full
Set of MEOWS
Observations

1 Yellow Alert :
Repeat Observations
in 30 minutes

2 Yellow Alerts or 1 Orange Alert:
Call the Obstetrician and Repeat
Observations
in 30 minutes

> 2 Yellow Alerts or \geq 2 Orange Alerts:
Immediate Review by Obstetrician and
Repeat Observations
in 15 minutes or continuous
monitoring

* The Modified Early Warning Score (MEOWS)

FHR 16/6/26

12:00 AM - 142 bpm
2:00 AM - 137 bpm
4:00 AM - 140 bpm
6:00 AM - 138 bpm
7:00 AM - 137 bpm

Obstetrics and Gynaecology
Early Warning Signs

10 AM - 140 bpm
12 PM - 146 bpm
4 PM - 144 bpm
6 PM - 145 bpm
8 PM - 146 bpm
10 PM - 147 bpm

~~12:00 AM - 140 bpm~~
~~2:00 AM - 137 bpm~~
Complete a Full Set of MEOWS Observations

1 Yellow Alert :
Repeat Observations
in 30 minutes

2 Yellow Alerts or 1 Orange Alert:
Call the Obstetrician and Repeat
Observations
in 30 minutes

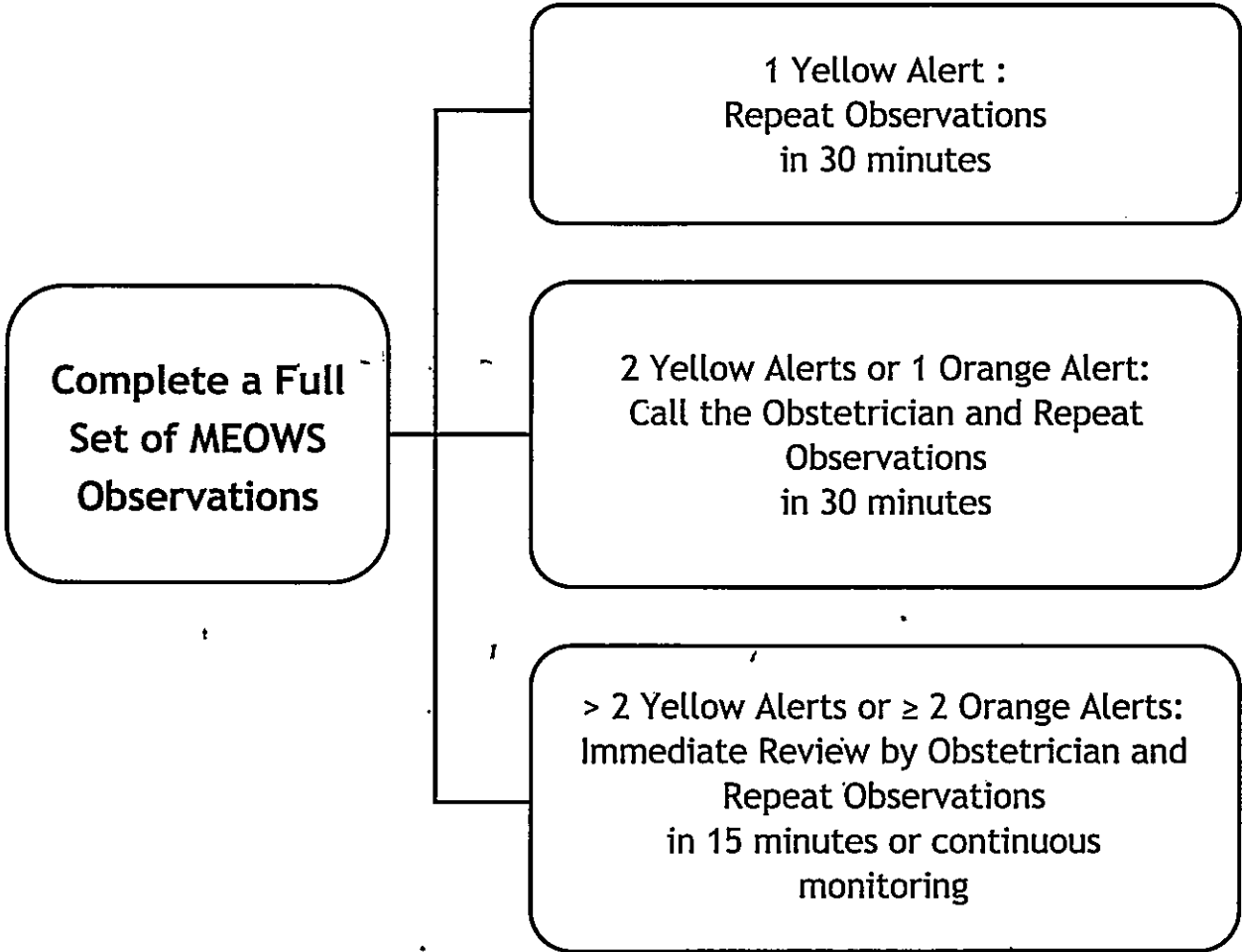
> 2 Yellow Alerts or ≥ 2 Orange Alerts:
Immediate Review by Obstetrician and
Repeat Observations
in 15 minutes or continuous
monitoring

17/6/26 FHR 2nd hourly

12 AM - 144 bpm
2 AM - 142 bpm
4 AM - 146 bpm
6 AM - 145 bpm
8 AM -

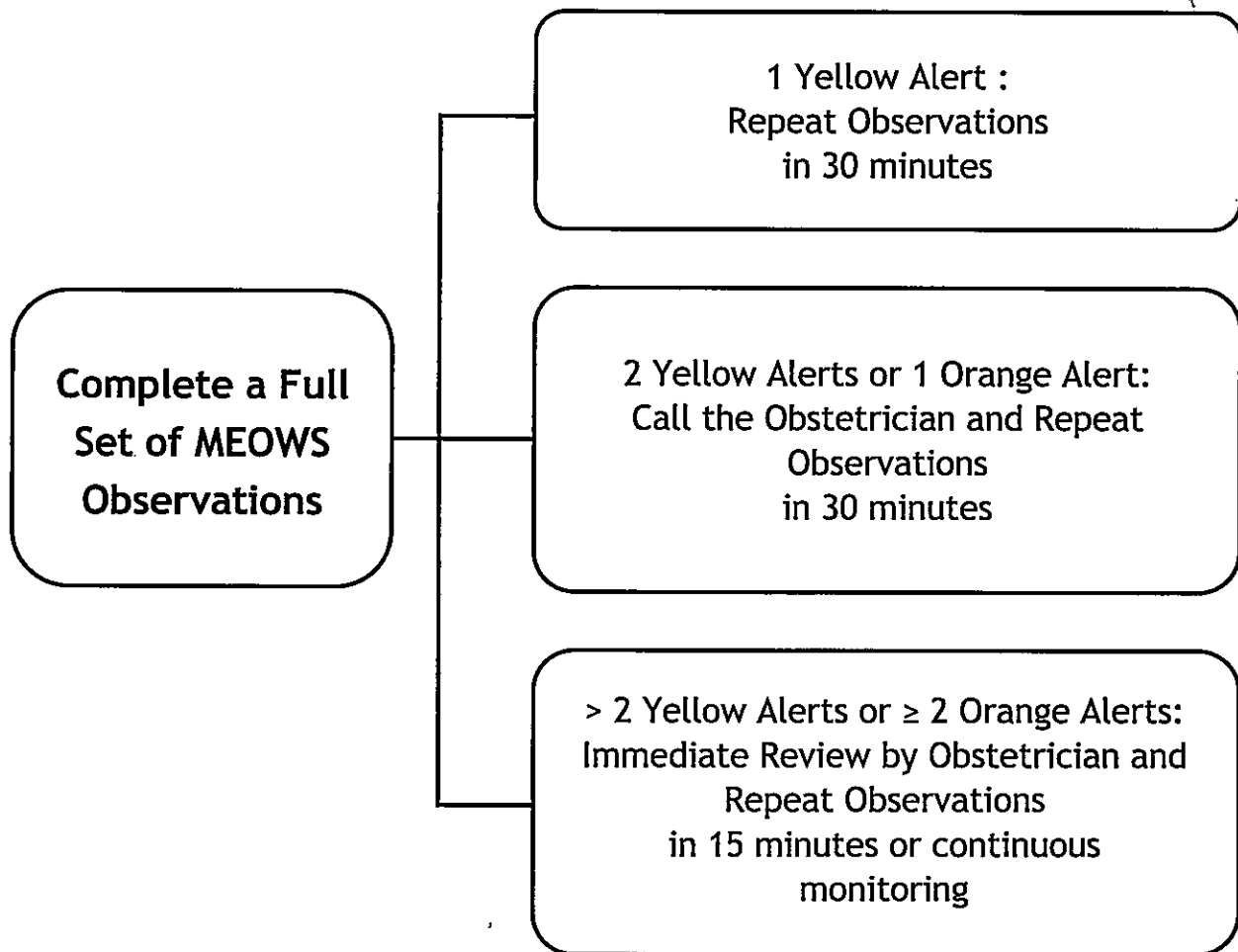
* The Modified Early Warning Score (MEOWS)

**Obstetrics and Gynaecology
Early Warning Signs**



* The Modified Early Warning Score (MEOWS)

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)



FLUID CHART

Sheet No. : 1

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo- phlebitis Score	Sign. Nurse		
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine				
	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													
	08:00 pm													
	09:00 pm													
12/6	10:00 pm	riched												
	11:00 pm	H ₂ O												
	12:00 am	H ₂ O												
	01:00 am													
Total Intake : Taken						Total Output : Passed								
13/6/20	02:00 am	H ₂ O												
	03:00 am	H ₂ O												
	04:00 am	H ₂ O												
	05:00 am	H ₂ O												
	06:00 am	H ₂ O												
	07:00 am													
Total Intake : Taken						Total Output : Passed								
Total 24 hrs. Intake						Total 24 hrs. Output								



FLUID CHART

Sheet No. : 9

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	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
13/16/28	08:00 am												
	09:00 am	H ₂ O							100ml				
	10:00 am	H ₂ O											
	11:00 am	H ₂ O											
	12:00 pm	H ₂ O											
	01:00 pm	H ₂ O								100ml			
Total Intake :			Taken			Total Output :						pass of 200ml	
13/14/26	02:00 pm	H ₂ O											
	03:00 pm	H ₂ O											
	04:00 pm												
	05:00 pm	H ₂ O								250ml			
	06:00 pm												
	07:00 pm	H ₂ O								250ml			
Total Intake :						Total Output :						600ml	
13/16/28	08:00 pm												
	09:00 pm	H ₂ O											
	10:00 pm	H ₂ O								100ml			
	11:00 pm	H ₂ O								100ml			
	12:00 am												
	01:00 am	H ₂ O								200ml			
Total Intake :			Taken			Total Output :						400ml	
14/16/28	02:00 am									180ml			
	03:00 am	H ₂ O											
	04:00 am	H ₂ O								150ml			
	05:00 am												
	06:00 am	H ₂ O											
	07:00 am	H ₂ O								150ml			
Total Intake :			Taken			Total Output :						420ml	

Total 24 hrs. Intake

Total 24 hrs. Output 1680ml

FLUID CHART

Sheet No. : 3

- All measurements in ml.
- 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			
			Mouth	I.V	N.G							
14/6	08:00 am											
	09:00 am		RTG + Biscuits									
	10:00 am		Coffee				✓	NA				
	11:00 am											
	12:00 pm											
	01:00 pm		Slup							200ml		
Total Intake :		Taken			Total Output :					200ml		
14/6	02:00 pm		H2O									
	03:00 pm											
	04:00 pm		H2O							100ml		
	05:00 pm									100ml		
	06:00 pm		H2O							200		
	07:00 pm									200ml		
Total Intake :		Taken			Total Output :					700ml passed		
14/6/20	08:00 pm		H2O							200ml		
	09:00 pm									100ml		
	10:00 pm		H2O									
	11:00 pm											
	12:00 am		H2O							✓		
	01:00 am									100ml		
Total Intake :		Taken			Total Output :							
15/6/20	02:00 am											
	03:00 am		H2O									
	04:00 am											
	05:00 am		H2O							200		
	06:00 am									200ml		
	07:00 am		Dally							100ml		
Total Intake :		Taken			Total Output :							
Total 24 hrs. Intake					Total 24 hrs. Output					1900ml		

FLUID CHART

Sheet No. :

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
15/6/20	08:00 am												
	09:00 am	Belly											
	10:00 am	1120											
	11:00 am												
	12:00 pm	1120											
	01:00 pm												
Total Intake :						Total Output :					100ml		
15/6	02:00 pm												
	03:00 pm	1120											
	04:00 pm												
	05:00 pm												
	06:00 pm	1120											
	07:00 pm												
Total Intake :			Taken			Total Output :					400ml		
15/6/20	08:00 pm												
	09:00 pm	Belly											
	10:00 pm	1120											
	11:00 pm												
	12:00 am	1120											
	01:00 am												
Total Intake :			Taken			Total Output :					400ml		
16/6/20	02:00 am												
	03:00 am	1120											
	04:00 am	1120											
	05:00 am												
	06:00 am	1120											
	07:00 am												
Total Intake :			Taken			Total Output :					400ml		
Total 24 hrs. Intake						Total 24 hrs. Output					1900ml.		



4



FLUID CHART

Sheet No. :

- All measurements in ml.
- 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							
16/6/20	08:00 am								100ml			
	09:00 am	Idly										
	10:00 am	CHD										
	11:00 am								150ml			
	12:00 pm											
	01:00 pm									100ml		
Total Intake : Taken					Total Output : Passed 350ml							
16/6	02:00 pm	H ₂ O										
	03:00 pm	H ₂ O							200ml			
	04:00 pm	H ₂ O							200ml			
	05:00 pm	H ₂ O							250ml			
	06:00 pm	H ₂ O										
	07:00 pm											
Total Intake : Taken					Total Output : 650ml Passed							
	08:00 pm	- sand which										
	09:00 pm	- H ₂ O										
	10:00 pm											
	11:00 pm	H ₂ O										
	12:00 am											
	01:00 am											
Total Intake : taken					Total Output :							
	02:00 am											
	03:00 am	H ₂ O										
	04:00 am											
	05:00 am	H ₂ O										
	06:00 am											
	07:00 am											
Total Intake : taken					Total Output : Passed							
Total 24 hrs. Intake												
Total 24 hrs. Output												

HNH-00008388 IP26-00006573

Mrs DIVYA SONI

11-02-1997 29 Y 4 M 5 D (F)

Dr. RAJANI KUMARI



FLUID CHART

Sheet No. : (3)

- All measurements in ml.
- 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 Thrombophlebitis Score	Sign. Nurse		
				Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine				
				Mouth	I.V	N.G									
17/6/26		08:00 am													
17/6/26		09:00 am		Idley	✓	-	-	-			✓	0	Kabur		
		10:00 am		uachur	✓							1			
		11:00 am													
		12:00 pm													
		01:00 pm													
Total Intake : <i>Taken</i>							Total Output : <i>Passed</i>								
		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



OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 12/6/20

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: Doctor Notified on Admission: Yes No
high BP Name of the Doctor: Dr. manisha
headache Time Notified: 10 PM

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

Past Medical History	Past Surgical History	Previous Hospital Admission
-	-	-

<p>Gynecology Assessment: <input type="checkbox"/> Not Applicable</p> <p>Menstrual History: <u>Regular</u></p> <p>Onset of Menarche:</p> <p>Menstrual Cycle: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular</p> <p>Last Menstrual Period:</p>	<p>Gynecology Surgical History:</p> <p>Caesarean Section: <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Cervical Cerclage: <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Ectopic Pregnancy: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Myomectomy: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Others:</p>	<p>Gynecological History:</p> <p>Contraceptives: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Vaginal Discharge: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Post-Coital Bleeding: <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Infertility: <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If Yes Type: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary</p>
---	--	--

Obstetric History: G P L A

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: 97.8 HR: 79 RR: 20
 BP: 146/95 Weight: Height: BMI:

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



PHYSICAL ASSESSMENT

General Appearance: Healthy ill looking Anxious Agitated Others:

Fall Assessment: Yes No Score (complete the Morse Fall Risk Assessment Sheet)

Risk of Pressure Sore: Yes No Score (complete the Braden Q Sheet)

FUNCTIONAL SCREENING: If a patient needs assistance with any of the following inform consultant

- Mobility problem
- Walking Problem
- No Abnormality Detected
- Developmental Delay
- Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING: No Abnormality Detected

- Overweight
- Poor Appetite > 3 Days
- Needs Therapeutic Diet.
- Under Weight
- Diabetes Mellitus
- Hyperemesis Gravidarum

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

- Calm & Cooperative
- Restless
- Depressed
- Agitated
- Confused
- Others

Inform consultant for positive criteria

SOCIAL SCREENING:

- 1. Marital Status: Single Married Divorced Widow
- 2. Special Habits: Smoker: Yes No Alcohol Abuse: Yes No Drug Abuse: Yes No

Social History: Lives With Herbort

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: Divya

Orientation not given Reason: self

Nurse Signature: [Signature]

Nurse Name: Chembakal

Date & Time: 12/6/26



OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 12/6/26 Time of Arrival: 9:45 pm Time Seen by Nurse: 9:50 pm

1) Level of Consciousness: Conscious ~~Semi-Conscious~~ Unconscious

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

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

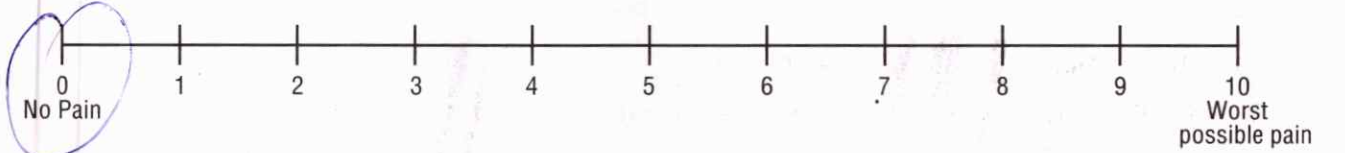
3) Vital Signs: Temperature: 36°C Pulse: 86 RR: 20 SpO₂: 100 BP: 146/100 Weight:

4) Gestational Criteria:

Gravida:	G	P	L	A
LMP:	<u>28/12/25</u>	EDD:	<u>4/10/26</u>	Gestational Age: <u>23+3 weeks</u>

Uterine Contraction	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> NA	Onset	Time	Frequency:
Membrane Rupture	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> NA	Onset	Time	Fluid Color:
Vaginal bleeding	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> NA	Onset	Time	Amount:
Pre Eclampsia Symptoms	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> NA	If Yes specify: Headache / Visual Symptoms / Pain Abdomen / Vomiting		
Good fetal Movement	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	If No specify:		

5) Pain Screening: Numerical Pain Scale (NPS)



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

6) Past History:

- a) Surgeries: not
- b) Medical: not



- 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)

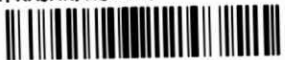
OBCU Obstetrical Triage Acuity Scale (OTAS)

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 / PPRM < 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	<ul style="list-style-type: none"> • Acute onsite severe abdominal pain • Altered level of consciousness • Cord prolapse • Severe respiratory distress • Suspected sepsis 	<ul style="list-style-type: none"> • Major trauma • Shortness of breath • Unplanned and unattended birth 	<ul style="list-style-type: none"> • Abdominal/back pain greater than expected in pregnancy • Flank pain / hematuria • Nausea /vomiting and /or diarrhea with suspected dehydration 	<ul style="list-style-type: none"> • 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) 	<ul style="list-style-type: none"> • 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: Dr. Mumbale

Nurse Name : Chembakale Nurse Signature: [Signature]

Date: 12/11/22 Time: 10 PM



CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1 17/06			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									
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 cord pyrexia	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 : [Signature] Name : Neelima

Signature of Ward In Charge :

Signature : [Signature] Name : Deepa

Patient Sticker

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 cord pyrexia	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 of Ward In Charge :

Signature : Name :

Signature : Name :

HNH-00008368 IP26-00006573
 Mrs DIVYA SONI
 11-02-1997 29 Y 4 M 1 D (F)
 Dr. RAJANI KUMARI



CHECKLIST FOR THROMBOPHLEBITIS

12/6/26 13/6/26 14/6/26

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


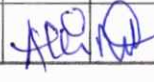



NOTE : Phlebitis greater than grade 2 should be reported to physicians and other appropriate health care personal ongoing observation of the site should continue for 48 hours post removal to detect post infusion phlebitis.

Signature of Shift In Charge :
 Signature : *[Signature]* Name : *Chandrabala*

Signature of Ward In Charge :
 Signature : *[Signature]* Name : *Karthi*


CHECKLIST FOR THROMBOPHLEBITIS

16/6/2016 17/6

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

NOTE : Phlebitis greater than grade 2 should be reported to physicians and other appropriate health care personal ongoing observation of the site should continue for 48 hours post removal to detect post infusion phlebitis.

Signature of Shift In Charge :

Signature :  Name : Mounika

Signature of Ward In Charge :

Signature :  Name : Kasthuri

HNH-00008368 IP26-00006573
 Mrs DIVYA SONI
 11-02-1997 29 Y 4 M 1 D (F)
 Dr. RAJANI KUMARI

1

Morse Fall Risk Assessment Form



Choose Highest Applicable Score from each Category		Date / Time	12/6/20	13/6/20	15/6/20	Fall Risk Grading		
		Score	8pm	M6	8pm	Risk Level	Morse Fall Score (MFS)	Action
History of Falling (immediately or w/in 3 months)	Yes	25				Low Risk	0 - 24	Standard Fall Precaution
	No	0						
Secondary Diagnosis (more than one diagnosis)	Yes	15			15	Moderate Risk	25 - 50	Implement Moderate Fall Prevention Intervention
	No	0						
Ambulatory Aid	Furniture	30				High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	Crutches, Cane(S), Walker	15						
	None /Bed Rest /Nurse Assist	0						
IV / Heparin Lock or Saline	Yes	20				Moderate Risk	25 - 50	Implement Moderate Fall Prevention Intervention
	No	0						
GAIT / Transferring	Impaired	20	20	20	20	High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	Weak (uses touch for balance)	10						
	Normal /On Bed Rest /Immobile	0						
Mental Status	Forgets limitations	15				High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	Oriented to own ability	0						
Total Morse Fall Scale Score:			20	20	35			
		Signature						

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

HNH-00008368 IP26-00006573
 Mrs DIVYA SONI
 11-02-1997 29 Y 4 M 1 D (F)
 Dr. RAJANI KUMARI



9

Morse Fall Risk Assessment Form



Choose Highest Applicable Score from each Category		Date / Time	14/6/26	15/6/26	19/6/26	Fall Risk Grading		
		Score	16	12	8pm	Risk Level	Morse Fall Score (MFS)	Action
History of Falling (immediately or w/in 3 months)	Yes	25				Low Risk	0 - 24	Standard Fall Precaution
	No	0						
Secondary Diagnosis (more than one diagnosis)	Yes	15				Moderate Risk	25 - 50	Implement Moderate Fall Prevention Intervention
	No	0						
Ambulatory Aid	Furniture	30				High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	Crutches, Cane(S), Walker	15						
	None /Bed Rest /Nurse Assist	0	5	0	0			
IV / Heparin Lock or Saline	Yes	20	20			Moderate Risk	25 - 50	Implement Moderate Fall Prevention Intervention
	No	0	0	20	20			
GAIT / Transferring	Impaired	20				High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	Weak (uses touch for balance)	10						
	Normal /On Bed Rest /Immobile	0						
Mental Status	Forgets limitations	15				High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	Oriented to own ability	0						
Total Morse Fall Scale Score:			20	20	20			
Signature			<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>			

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

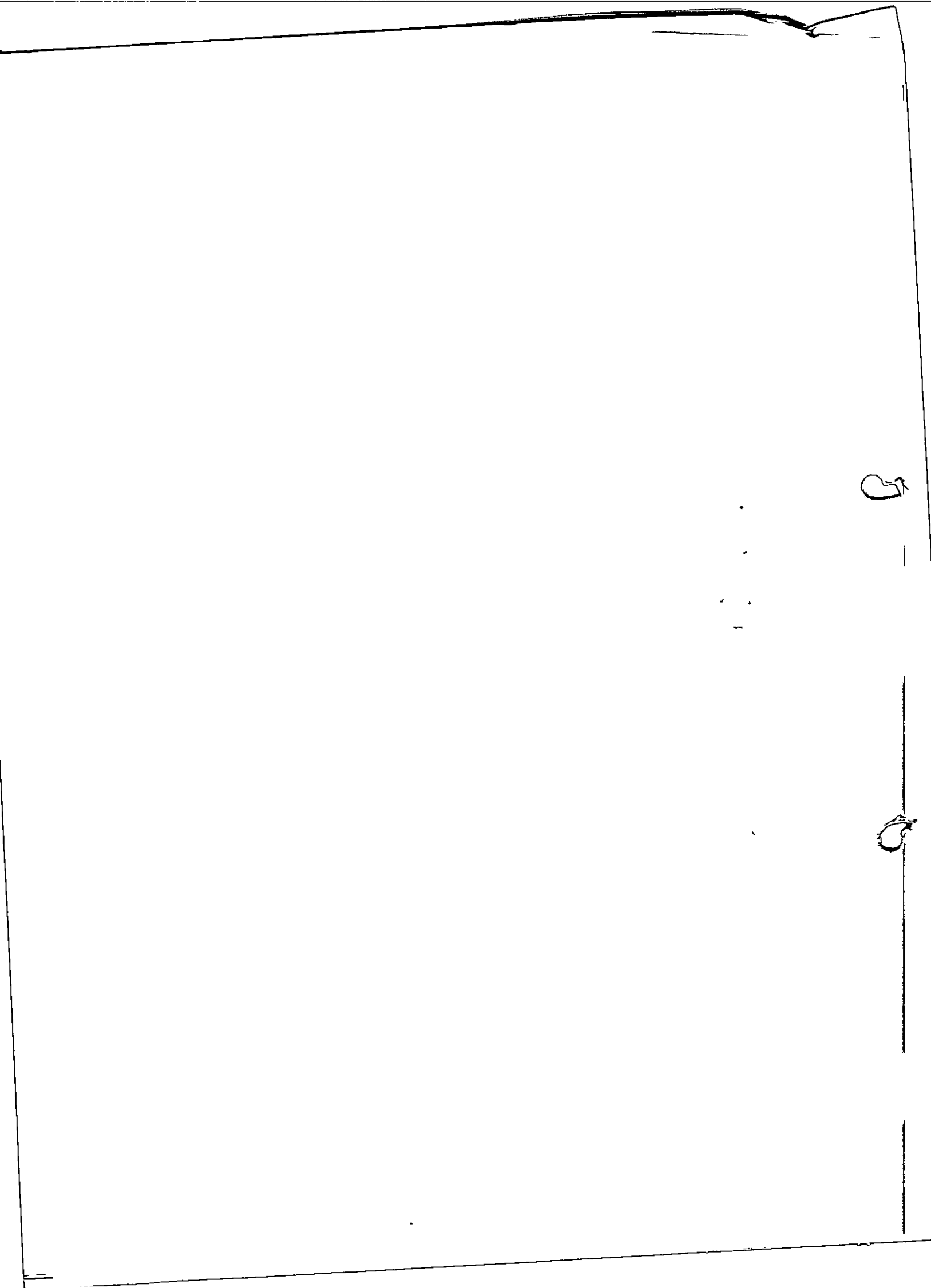
- Ensure patients use their prescribed eye glasses if any, in the hospital
- Use chairs with arm rests
- Use safety straps on stretchers and wheelchairs while transporting patients

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





3

Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	15/6/22	15/6/22	16/6/26	Fall Risk Grading		
		Score		8pm	M6	Risk Level	Morse Fall Score (MFS)	Action
History of Falling (immediately or w/in 3 months)	Yes	25				Low Risk	0 - 24	Standard Fall Precaution
	No	0						
Secondary Diagnosis (more than one diagnosis)	Yes	15				Moderate Risk	25 - 50	Implement Moderate Fall Prevention Intervention
	No	0	0	0	0			
Ambulatory Aid	Furniture	30				High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	Crutches, Cane(S), Walker	15						
	None /Bed Rest /Nurse Assist	0						
IV / Heparin Lock or Saline	Yes	20				Moderate Risk	25 - 50	Implement Moderate Fall Prevention Intervention
	No	0						
GAIT / Transferring	Impaired	20	20	20	20	High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	Weak (uses touch for balance)	10						
	Normal /On Bed Rest /Immobile	0						
Mental Status	Forgets limitations	15				High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	Oriented to own ability	0						
Total Morse Fall Scale Score:			20	20	20			
		Signature						

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



4

Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	16/6	16/6	12/06	Fall Risk Grading		
		Score	62	8PM	8PM	Risk Level	Morse Fall Score (MFS)	Action
History of Falling (immediately or w/in 3 months)	Yes	25				Low Risk	0 - 24	Standard Fall Precaution
	No	0	0	0	0			
Secondary Diagnosis (more than one diagnosis)	Yes	15	15	15	15	Moderate Risk	25 - 50	Implement Moderate Fall Prevention Intervention
	No	0						
Ambulatory Aid	Furniture	30				High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	Crutches, Cane(S), Walker	15						
	None /Bed Rest /Nurse Assist	0	0	0	0			
IV / Heparin Lock or Saline	Yes	20	20	20	20	Moderate Risk	25 - 50	Implement Moderate Fall Prevention Intervention
	No	0						
GAIT / Transferring	Impaired	20				High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	Weak (uses touch for balance)	10						
	Normal /On Bed Rest /Immobile	0	0		0			
Mental Status	Forgets limitations	15				High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	Oriented to own ability	0	0					
Total Morse Fall Scale Score:			35	35	30			
Signature			[Signature]	[Signature]	[Signature]			

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

HNH-00008368
 Mrs DIVYA SONI
 11-02-1997 29 Y 4 M 1 D (F)
 Dr. RAJANI KUMARI

IP26-00006573

BRADEN 'Q' SCALE



Date: 18/6/21 12/196 21/6/21 13/6/21
 Time: 12 PM 12 PM 12 PM 8 PM

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
FRICION-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

Evaluator's Name

28 28 28 28
 [Signatures]

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

Risk Score	Category	Action	Support Surfaces (Please Note: Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice)
15-18	At Risk	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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

HNH-00008388
 Mrs DIVYA SONI
 11-02-1997
 Dr. RAJANI KUMARI
 29 Y 4 M 1 D (F)

IP26-00006573

BRADEN 'Q' SCALE



2

Date: 14/6/2026
 Time: 11:00 AM

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: Unresponsive 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
FRICION-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 meat 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

Evaluator's Name

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

Risk Score	Category	Action	Support Surfaces (Please Note: Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice)
15-18	At Risk	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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

HNH-00008368

IP26-00006573

Mrs DIVYA SONI

11-02-1997

29 Y 4 M 4 D

(F)

Dr. RAJANI KUMARI



BRADEN 'Q' SCALE



3

Date : 15/6/16 16/6 16/6 16/6
Time : 8pm Mc 82 8pm

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	9	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	9	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	9	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.	9	4	5	4
FRICITION-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	3	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 meat and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	9	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	3	4

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

TOTAL SCORE	28	28	28	28
Evaluator's Name	Acu	M	4	R

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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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

HNH-00008368 IP26-00006573

Mrs DIVYA SONI
11-02-1997 29 Y 4 M 5 D (F)
Dr. RAJANI KUMARI



BRADEN 'Q' SCALE



Date : 12/06/26
Time : 8:30

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		
"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		
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		
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		
FRICITION-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		
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		
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		

TOTAL SCORE

28

Evaluator's Name

[Signature]

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

Risk Score	Category	Action	Support Surfaces (Please Note: Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice)
15-18	At Risk	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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

Patient Sticker



PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		

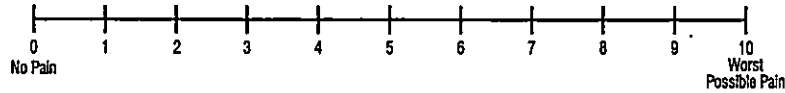
Re-assessment Frequency:
 1. Every eight hours for all hospitalized patients.
 2. For post-surgical patients, patients with chronic pain, patient with severe pain:
 a) At least every 2 hours for the first 24 hours b) Then every 4 hours.
 c) Prior to pain pain-relieving intervention. d) Within 30 – 60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

PAIN ASSESSMENT TOOLS

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

Numerical Pain Scale (Obstetric and Gynecology)



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, BF, SaO₂	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

Wong - Baker (Pediatrics) Above 7 Years



HNH-00008368
 Mrs DIVYA SONI
 11-02-1997
 Dr. RAJANI KUMARI

IP26-00006573

29 Y 4 M 1 D

(F)

PAIN ASSESSMENT FORM



Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
12/6/26	10pm	0/10	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	
13/6/26	4am	0/10	Normal	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	
13/6/26	8am	0/10	Normal	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	
13/6/26	10 ^{am}	0/10	Normal	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	
13/6	5Pm	0/10	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	
13/6/26	10pm	0/10	Normal	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	
14/6/26	4am	0/10	Normal	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	
14/6/26	8am	0/10	Normal	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	
14/6/26	11am	0/10	Normal	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	
14/6/26	2pm	0/10	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	

Re-assessment Frequency:

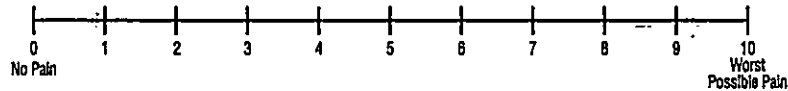
1. Every eight hours for all hospitalized patients.
2. For post-surgical patients, patients with chronic pain, patient with severe pain:
 - a) At least every 2 hours for the first 24 hours
 - b) Then every 4 hours.
 - c) Prior to pain relieving intervention.
 - d) Within 30 - 60 minutes after pain relief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

PAIN ASSESSMENT TOOLS

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, rigid, or Jerking
Cry	No Cry (Awake or asleep)	Moans or whimpers occasional complaint	Crying steadily, screams or sobs, frequent complaints
Consolability	Content, relaxed	Reassured by occasional touching, hugging, or being talked to, distractible	Difficult to console or comfort

Numerical Pain Scale (Obstetric and Gynecology)



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, SaO₂	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

Wong - Baker (Pediatrics) Above 7 Years



0

No Hurt

2

Hurts Little Bit

4

Hurts Little More

6

Even More

8

Hurts Whole Lot

10

Hurts Worst



PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
15/6/20	10 AM	0/10	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	(Signature)
15/6/20	2 PM	0/10	Normal	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	(Signature)
15/6/20	8 PM	0/10	Normal	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	PA	(Signature)
15/6/20	10 PM	0/10	Normal	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	(Signature)
16/6/20	4 AM	0/10	Normal	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	PA	(Signature)
16/6/20	8 AM	0/10	Normal	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	PA	(Signature)
16/6/20	10 AM	0/10	Normal	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	PA	(Signature)
16/6	2 PM	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	(Signature)
16/6	8 PM	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	(Signature)
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Re-assessment Frequency:

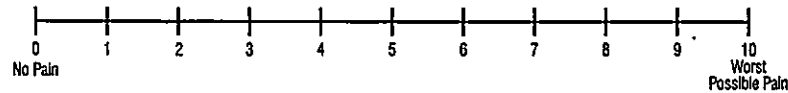
1. Every eight hours for all hospitalized patients.
2. For post-surgical patients, patients with chronic pain, patient with severe pain:
 - a) At least every 2 hours for the first 24 hours
 - b) Then every 4 hours.
 - c) Prior to pain pain-relieving intervention.
 - d) Within 30 – 60 minutes after pain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

PAIN ASSESSMENT TOOLS

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

CATEGORY	SCORING		
	0	1	2
Face	No Particular expression or smile	Occasional Grimace or Frown, withdraw, Disoriented	Frequent to constant frown, quivering chin, clenched jaw
Legs	Normal Position or Relaxed	Uneasy, restless, tense	Kicking, or legs brawn up
Activity	Laying quietly normal position, moves easily	Squirming shifting back and forth, tense	Arched, rigid, 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

Numerical Pain Scale (Obstetric and Gynecology)



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

Assessment Criteria	Sedation		Normal	Pain / Agitation	
	-2	-1	0	1	2
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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, SaO₂	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

Wong - Baker (Pediatrics) Above 7 Years



0 No Hurt 2 Hurts Little Bit 4 Hurts Little More 6 Even More 8 Hurts Whole Lot 10 Hurts Worst

PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Re-assessment Frequency:

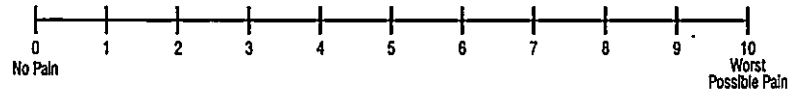
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2. For post-surgical patients, patients with chronic pain, patient with severe pain:
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 - c) Prior to pain pain-relieving intervention.
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Wong - Baker (Pediatrics) Above 7 Years



HNH-00008368
 Mrs DIVYA SONI
 11-02-1997
 Dr. RAJANI KUMARI
 IP26-00006573
 29 Y 4 M 1 D (F)



NURSING CARE RECORD

Date: 12/6/26

- 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				N/A			
Afternoon							
Night	8pm to 8Am	<ul style="list-style-type: none"> ⇒ Assess the patient condition ⇒ plumber visited ⇒ plumber blocked 	8pm to 8Am	<ul style="list-style-type: none"> ⇒ Assessed the pt condition ⇒ maintain the chart ⇒ maintain visited ⇒ checked 	patient is stable	vital is normal	Check D

HNH-00008388 IP26-00006573
 Mrs DIVYA SONI
 11-02-1997 29 Y 4 M 2 D (F)
 Dr. RAJANI KUMARI

NURSING CARE RECORD



Date: 13/06/2026

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	→ Assess the pt condition → check the vitals → No chart maintenance → pt having urine bag & vaginal piece	8am	→ Assessed pt condition → checked vitals & recorded → Maintained No chart → given Medication as per doctor's orders	pt is stable	vitals is normal	Anshu
	2pm	→ plan for Medication	2pm				
Afternoon	2pm	→ Assess the pt condition → monitor the vitals & record → Administration of medication as per doctor → maintain No chart & urine	2pm	→ Assessed the pt condition → monitored the vitals & recorded → Administered medication as per doctor's order → maintained No chart & urine.	pt is stable	vitals is normal.	Akshita
	8pm		8pm				
Night	8pm	- Assess the Patient condition - plan for vitals & record - plan for medication	8pm	- Assess the pt condition - Maintain vitals & record - medication administration	Patient stable	vitals normal	Anshu
	8am	- plan for No chart	8am				



NURSING CARE RECORD



Date: 14/10/2026

- 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 2pm	→ Assess the pt condition → Check the vitals → In chart maintain → plan for medication	8am 2pm	→ Assessed pt condition → checked vital's (pneum) → maintain Trochant → Medication as per doctor's order given	pt is stable	vital's is normal	Anusha S D
Afternoon	2pm 8pm	→ Assess the pt condition → monitor vitals → maintain flo chd	2pm 8pm	→ Assessed the pt condition → monitored vitals → maintain flo chd	now pt is stable	re-check vital	Mansi D
Night	8pm 8am	- Assess the patient condition - Plan for vital & record - maintain Trochant	8pm 8am	- Assessed the patient condition - Maintain vitals & record - maintain Trochant	- Patient stable	- vital done	Alu D

HNH-00008368 IP26-00006573
 Mrs DIVYA SONI
 11-02-1997 29 Y 4 M 4 D (F)
 Dr. RAJANI KUMARI



NURSING CARE RECORD



Date: 15/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8AM	→ Assess the pt condition	8AM	→ Assessed the pt condition	Now pt is stable	Re-check used	Mouci
	to	→ Monitor vitals	to	→ monitor vital.			
Afternoon	2pm	→ Maintain 20 cc	2pm	→ maintain 20 cc chd.	Day		
Night	8pm	→ Assess the patient condition	8pm	→ Assessed the patient condition	Patient Stable	Vital Normal	Ali
	to	→ Maintain vital	to	→ Maintain vital & record			
		→ Medication given		→ Medication given			
		→ Maintain 20 cc		→ Maintain 20 cc			

HNH-00008368

IP26-00006573

Mrs DIVYA SONI

11-02-1997

29 Y 4 M 4 D

(F)

Dr. RAJANI KUMARI



NURSING CARE RECORD



Date: 16/6/20.....

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	→ Assess the patient condition. → Monitor vitals → Medication follow-up. → Intake & output chart maintain	8am to 2pm	→ Assessed the patient condition. → Monitored vitals. → Medication followed. → Intake & output chart maintained.	The patient is now stable.	→ Rechecking of patient vitals, condition & Medication. none.	Mouska
Afternoon	Day						
Night	8pm to 8am	→ ASSESS the pt condition → vital are checked & recorded → I/O chart maintained	8pm to 8am	→ ASSESSED the pt condition → vital are checked & recorded → all medication given as per doctor order.	I/O chart maintained	patient is stable	Lij Sujatha

HNH-00008368 IP26-00006573
 Mrs DIVYA SONI
 11-02-1997 29 Y 4 M 5 D (F)
 Dr. RAJANI KUMARI



NURSING CARE RECORD



Date: 17/06/26

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 9AM 10AM 11PM	- Relieve pain & discomfort - plan for cardiologist consultation - plan for grow scan today.	8:10 AM 9:10 AM	- change the patient condition. every 2-3 hrs hourly cross the scan after 4AM.	- Thorough hand washing - we provide side rails	- Reassess offer 2-3hr	Wadhwa D
Afternoon							
Night							



NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Department: COP Date of Admission: 12/6/26

SITUATION	Diagnosis:		Any Infection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify:						
	<u>Preeclampsia</u>								
BACKGROUND	Area		<u>12/6</u>	<u>13/6/26</u>	<u>13/6/26</u>	<u>13/6/26</u>	<u>14/6/26</u>	<u>14/6/26</u>	
	Shift Time		<u>8pm</u>	<u>Nb</u>	<u>8</u>	<u>8pm</u>	<u>Nb</u>	<u>8</u>	
	Medical Condition (Any special condition to be noted):		-	-	-	-	-	-	
ASSESSMENT	Allergy:		<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Tubes/Drains/Catheter:		<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Vital Signs:	Temp:		<u>97.6</u>	<u>98.1</u>	<u>97.8</u>	<u>97.6</u>	<u>98.1</u>	<u>98.1</u>
		Res:		<u>20</u>	<u>20</u>	<u>20bmf</u>	<u>20</u>	<u>20</u>	<u>20</u>
		SpO ₂ :		<u>99</u>	<u>99%</u>	<u>97.5</u>	<u>96.1</u>	<u>96.1</u>	<u>96%</u>
		Pulse:		<u>93</u>	<u>76</u>	<u>80bmf</u>	<u>85</u>	<u>81</u>	<u>81</u>
		BP:		<u>125/60</u>	<u>110/20</u>	<u>114/25</u>	<u>134/76</u>	<u>128/71</u>	<u>128/71</u>
Fall Risk Score:									
Pain Score:		<u>0/10</u>	<u>0/10</u>	<u>0/10</u>	<u>0/10</u>	<u>0/10</u>	<u>0/10</u>		
Recommendations	Safety Needs:								
	Physiotherapy		<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Others Specify:		<u>NA</u>	<u>NA</u>		<u>NA</u>	<u>NA</u>	<u>NA</u>	
	Special Diet:		<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Other Special Orders / Medications:								
Post Operative Procedure Special Orders:									
Handed Over By Name :			<u>A. Anur</u>	<u>Anur</u>	<u>A. Anur</u>	<u>Anur</u>	<u>Anur</u>	<u>Anur</u>	
Signature :			<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	
Date:			<u>13/6/26</u>	<u>13/6/26</u>	<u>13/6/26</u>	<u>14/6/26</u>	<u>14/6/26</u>	<u>14/6</u>	
Time:			<u>8AM</u>	<u>2pm</u>	<u>8PM</u>	<u>8am</u>	<u>5pm</u>	<u>8pm</u>	
Taken Over By Name :			<u>Anur</u>	<u>AKWIS</u>	<u>Alex</u>	<u>Anur</u>	<u>Alex</u>	<u>Alex</u>	
Signature :			<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	
Date:			<u>13/6/26</u>	<u>17/6/26</u>	<u>13/6/26</u>	<u>14/6/26</u>	<u>14/6/26</u>	<u>14/6/26</u>	
Time:			<u>8AM</u>	<u>2PM</u>	<u>5:20PM</u>	<u>8AM</u>	<u>2PM</u>	<u>8pm</u>	



NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Department: Date of Admission:

SITUATION	Diagnosis:		Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Known If Yes Specify:						
	<i>Observations</i>								
BACKGROUND	Area		<i>14/6/26 8pm</i>	<i>15/6/26 Mc</i>	<i>15/6/26 8pm</i>	<i>16/6 L2</i>	<i>16/6 8pm</i>	<i>16/6/26 8am</i>	
	Shift Time								
	Medical Condition (Any special condition to be noted):		-	-	-	-	NA	-	
ASSESSMENT	Allergy:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Tubes/Drains/Catheter:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Vital Signs:	Temp:		<i>97.6</i>	<i>97</i>	<i>97.6</i>	<i>98.2</i>	<i>97</i>	<i>98.6</i>
		Res:		<i>20</i>	<i>16</i>	<i>20</i>	<i>20</i>	<i>20</i>	<i>18</i>
		SpO ₂ :		<i>97.6</i>	<i>97</i>	<i>98</i>	<i>99</i>	<i>99.1</i>	<i>99.1</i>
		Pulse:		<i>92</i>	<i>91</i>	<i>93</i>	<i>91</i>	<i>98</i>	<i>72</i>
		BP:		<i>131/91</i>	<i>140/91</i>	<i>142/95</i>	<i>130/28</i>	<i>135/88</i>	<i>135/85</i>
Fall Risk Score:		<i>0</i>	<i>-</i>	<i>0</i>	<i>-</i>	<i>-</i>	<i>-</i>		
Pain Score:		<i>0/10</i>	<i>-</i>	<i>0/10</i>	<i>-</i>	<i>-</i>	<i>-</i>		
Recommendations	Safety Needs:		<i>yes</i>	<i>yes</i>	<i>yes</i>	<i>-</i>	<i>-</i>	<i>-</i>	
	Physiotherapy		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Others Specify:		<i>-</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>-</i>	
	Special Diet:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Other Special Orders / Medications:		<i>-</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>NA</i>	<i>-</i>	
Post Operative Procedure Special Orders:			<i>-</i>	<i>no</i>	<i>-</i>	<i>-</i>	<i>NA</i>	<i>-</i>	
Handed Over By Name :			<i>Alex</i>	<i>moni</i>	<i>Alex</i>	<i>Madhvi</i>	<i>Syath</i>	<i>karthi</i>	
Signature :			<i>Alex</i>	<i>moni</i>	<i>Alex</i>	<i>Madhvi</i>	<i>Syath</i>	<i>karthi</i>	
Date:			<i>15/6/26</i>	<i>15/6/26</i>	<i>16/6/26</i>	<i>16/6</i>	<i>16/6/26</i>	<i>16/6/26</i>	
Time:			<i>9am</i>	<i>2pm</i>	<i>2pm</i>	<i>8am</i>	<i>8am</i>	<i>8am</i>	
Taken Over By Name :			<i>moni</i>	<i>Alex</i>	<i>Madhvi</i>	<i>Syath</i>	<i>karthi</i>		
Signature :			<i>moni</i>	<i>Alex</i>	<i>Madhvi</i>	<i>Syath</i>	<i>karthi</i>		
Date:			<i>15/6/26</i>	<i>15/6/26</i>	<i>16/6</i>	<i>16/6/26</i>	<i>16/6/26</i>		
Time:			<i>2pm</i>	<i>8:19pm</i>	<i>2pm</i>	<i>3pm</i>	<i>8am</i>		

GENERAL CONSENT FOR TREATMENT

Patient Name: Mrs DIVYA SONI Age : 29 Y 4 M 1 D
IP No: IP26-00006573 Sex: Female
Consultant: Dr. RAJANI KUMARI Ward/Bed No: 4F -OT/PDA-413

The undersigned patient and I or responsible relative or person hereby consent to and authorize Rainbow Hospitals doctors and medical personnel to perform medical examinations, conduct routine investigations and administer medical treatments, outpatient procedures, minor dressings, vaccinations and immunizations during the course of the patient's care, as in patient.

Patient, be deemed advisable or necessary.

I understand that the confidentiality of all medical records shall be protected to the full extent of the Law. The undersigned also consent to the use of health related information/ audiovisuals of the patient for research & training purpose or for insurance coverage and while doing so confidentiality of the patient will be maintained at all times and this will not affect the care of the patient.

In giving my general consent to treatment, I understand that I retain the right to refuse any particular examinations, test, procedure, treatment, therapy or medication recommended or deemed medically necessary by treating doctors. I also understand that the practice of medicine is not an exact science and that no guarantee have been made to me as the results of my evaluation and I or treatment.

I understand that I shall not bring valuables to the Hospitals and that the Hospital will not be responsible for the loss, destruction or theft of my personal belongings. I assume full responsibility for all my personal items and release the Hospital from responsibility and liability for such personal items and valuables.

"I am aware that during the patient care it is inevitable that certain re-useable equipment shall be re-used after sterilization and disinfection. I am informed that the hospital assures maximum level of precaution and care in sterilizing and disinfecting the equipment and monitors the whole process as per evidence based guidelines".

Note:

1 We do not allow use of medication brought from outside by the patient.

2 I have received attendant passes as per my room category. I understand that I have to return it back at the time of final bill clearance. In case of failing the submission, I will pay 200/- Rs.

(Receiver's Signature) *[Signature]*

3 IP Guide book has been given to me and I have been explained about the Hospitals rules and policies.

4 Financial and billing counseling has been done to me.

Signature of Patient/Relative:

[Signature]

Name:

[Signature]

Relationship:

Hyderabad

Date:

12/06/26

Time:

22.13 pm

Witness Name:

Sunanda Naveen

Witness Signature:

[Signature]

Patient Address:

Charminar Hyderabad Telangana
INDIA 500002

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

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HNH-00006388 IP26-00006573
Mrs DIVYA SONI
11-02-1997 29 Y 4 M 1 D (F)
Dr. RAJANI KUMARI



BILLING POLICY

- **Billing cycle:** - With effective from 1st January 2020, Our billing cycle to be start from 12 PM to 12 PM, Settlement post 12 PM, room rent will be charge for half day extra & post 6 pm, it will be charge for full day. Less than 24 hours stay will be considered as one day.
- As per the GOI guidelines, we can collect Rs 1,99,999/- only in cash mode, balance patient can pay through Card tpain the event of TPA/ Cashless denial or approval not received due to any reason then hospital tariff will be applicable and any discount or special rates given to TPA's / corporates won't be applicable.
- If the surgery / scans performed in Emergency hours (8pm - 7am), public holiday and on Sunday will be charged TPA processing charges Rs.720 for every TPA route cases.
- All charges vary as per Room category, except Pharmacy and consumables.
- We follows a "No Discounts Policy" kindly cooperate.
- No Duplicate/Second copy of OP OR IP bill is issued.
- ICU/Ward Charges DO NOT INCLUDE - Air Mattress, Monitor, Consultants/ Specialty Doctors Visit, Infusion/syringe pump, Ventilator/C pap, Oxygen, Investigations, Procedures, Consumables, Medicines or any other bedside equipment's/devices etc. (Detailed list can be taken from billing department).


Patient attendant can collect for Interim/provisional bill of the patient from the billing section on daily basis. Interim Bill shall be based on the acknowledged services in HIS. Final Bill of the patient may vary from the Interim bill based on actual update taken on the day of discharge. It is requested that patients/attendants inquire daily about the bill amount from billing section and pay the outstanding as on that day.

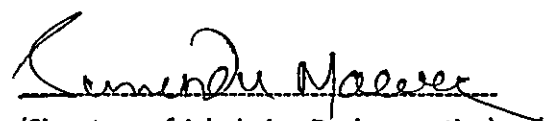
Patient bill outstanding should not be increase more than 10,000/-

You are requested to clear your outstanding amount on daily basis before 12 PM.

MODE OF PAYMENT & REFUNDS

- We accept payments by cash (up to Rs 1,99,999/- only), cards, online transfer and Demand Drafts.
- All refund more than Rs.2,000/- will be refund through NEFT in three Bank working days.


Name & signature of Patient/Attendant


(Signature of Admission Desk executive)

NOTE: Self - attested Govt. ID proof is mandatory whosoever is signing the undertaking.

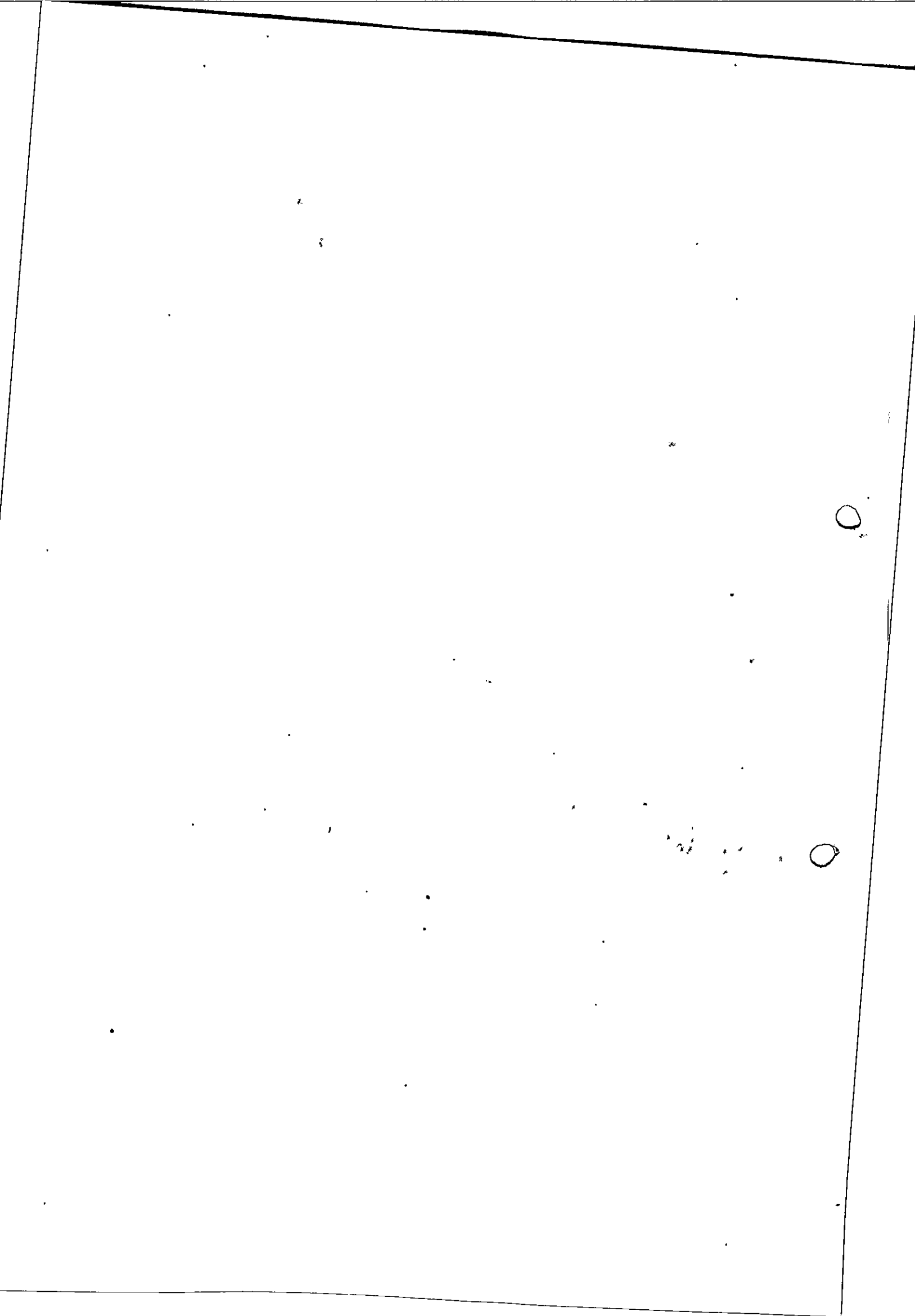
RAINBOW CHILDREN'S MEDICARE PRIVATE LIMITED

Registered Office: Road No.2, Banjara hills, Near Hotel Park Hyatt, Hyderabad - 500 034, T: +91 40 2233 4455.
Corporate Office: 8-2-19/1/A, Daulet Arcade, Karvy Line, Road No.11, Banjara Hills, Hyderabad - 500 034.
Branches : BANJARA HILLS - T: 2233 4455 | VIKRAMPURI - T: 4246 2200 | KONDAPUR - T: 4246 2400 | MADHAPUR
- T: 6464 2020 | KUKATPALLY - T: 4246 2300 | LB NAGAR - T: 7111 1333 | MARATHAHALLI, BENGALURU - T: +91 80
7111 2345 | BANNERGHATTA ROAD, BENGALURU - T: +91 80 2551 2345, HIMAYATNAGAR- T: 40 48873000

CIN: U85110 TG1998 PTC029914

email : info@rainbowhospitals.in

www.rainbowhospitals.in





UNDERTAKING FOR BALANCE DEPOSIT

To
The Management,
Rainbow Children's Hospital, Himayatnagar
Hyderabad-500029

Sub:- Undertaking Balance Deposit

I Mr./Mrs./Ms. PANKAJ KADEI (Father/
Mother/ Other _____) of Master/ Baby/ Baby of/
Mrs./ Ms. DIVYA SONI was
bought to your hospital on 12/06/2022 at 8.20 PM.
Admitted in _____. Approximate charges deposit details
were explained by the Front office/ Billing executive on duty.
I have to pay the amount of 5K as a caution deposit but for
now I'm depositing 10K. The remaining amount
I'll deposit on _____ at _____.

Thanking You

Pankaj Kadei
Signature

Name:- Pankaj Kadei
Ph. No.:- 9959936696
9063292527
9063292725

