HNH-00016111 IP26-00006628
Mrs T VARSHA RUDRANI
27-08-1998 27 Y 9 M 28 D (F)
Dr. PADMAJA YELISETTY

4th baby

Date	time	FHR ~~and~~ baby	signature
24/6/26	12:PM	134 bmt	Sandhya
	4 PM.	148 b/m	
	8pm	158 b/m	
25/6/26	12Am	145 b/m	Madhu
25/6/26	4Am	157 b/m	Madhu
25/6/26	8AM		
	12pm.	150 b/m	Sandhya

PATIENT TRANSFER FORM

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00016111 IP26-00006628 Mrs T VARSHA RUDRANI 27-08-1998 27 Y 9 M 27 D (F) Dr. P PRIYADARSHINI	23/6/26 12:39pm	24/6/26 . 10:54 pm.
	Transfer Ordered by Dr.. priyadharsini P Dr.. Nareene .	Reason for Transfer OBS ,
From Unit MICU	To Unit Room (315)	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 28	Number of Imaging Films NIL (3)	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Anusha D	Dr.. Nareene .

Patient & Clinical Records Received by :
Sr. Sandhya @ 11:15 am .

Date & Time of Patient Received : 24/6/26 .

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

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

HNH-00015111 IP26-00006528
Mrs T VARSHA RUDRANI
27-08-1998 27 Y 9 M 27 D (F)
Dr. PADMAJA YELISETTY

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

ACTIVITY RECORD FOR BILLING

Name : _____

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

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Signature
23/6/26	NST — (1)	7489 ✓	Mohi
23/6/26	urine albumin dipstic (Negative)	7903 ✓	AKulg.
23/6/26	NST - (2). (others)	7498 ✓	AKulg
23/6/26.	NST - (3)	7506. ✓	AKulg
24/6/26	NST - (4)	7536	Madhu
25/6/26.	AFI doppler.	7547	Sarathya
		Cross checked by 25/6/26	

MEDICAL EQUIPMENT (WARD & ICU)

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

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
24/6/25 (Tue)	NHA	1	8115	Sandhya

ANY OTHER INFORMATION

.....

.....

.....

.....

.....

.....

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

HNH-00016111 IP26-00006628
Mrs T VARSHA RUDRANI
27-08-1998 27 Y 9 M 27 D (F)
Dr. P PRIYADARSHINI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints
c/o decreased fetal movements since today morning.

Obstetric Formula: Primigravida. ML: 10 months.

Obstetric History:
1st: PP, Spontaneous Pregnancy. ML - NCM.

Present Pregnancy Record: Diagnosed c hypothyroidism in 2MOA & started on T thyronorm - 25mcg. NT + eFTS - (N) & not done
TIFFA - (N) @ 19wks.
OGTT - 77/143/110

RISK FACTORS:
Rh Negative Pregnancy
ICT (31/5/2026) - Negative.
Anti D received on 21/6/2026
FGR stage I
Oligohydramnios
Steroid covered (on 21/6 & 22/6).

Height: ..... cm
Weight: ..... kg
Allergies: Nil.
Breast: ☒ Normal ☐ Abnormal

General Examination:
Consciousness: c/c
Pallor: No
Icterus: No
Edema: No
Temp: Afebrile
PR: 84 bpm
BP: 109/79 mmHg
DTR: (N)
CVS: S1S2 (+), no
RS: BL NVBS (+)
Liver/Spleen: (N) not palpable
Urine Output: Adequate

LMP: 13/11/2025 EDD: 20/8/2026
Corrected EDD: 20/8/2026 GA: 31w5days.

Menstrual History: Regular: ☒ Yes ☐ No

Obstetric Examination
Fundal Height: 30-32 wks
Ut. Activity: ☒ Relaxed ☐ Mild ☐ Mod ☐ Severe
Liquor: ☐ Adequate ☒ Oligo ☐ Poly
PP: ☒ Cephalic ☐ Breech Others _____
Head Fifths Palpable: 5/5th
FHS: ☒ Normal ☐ Tachy ☐ Brady ☐ Absent

Per Speculum Examination
Draining: ☐ Present ☐ Absent ☐ Bleeding
Colour of Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

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

DIAGNOSIS
Primigravida with 31w5days POG with FGR - stage I and Oligohydramnios with Rh Negative Pregnancy with k/c/o hypothyroidism c decreased fetal movements for Observation.

HNH-00016111 IP26-00006628
Mrs T VARSHA RUDRANI
27-08-1998 27 Y 9 M 27 D (F)
Dr. P PRIYADARSHINI

Family History:
Mother - T2 DM, hypothyroidism
Father - HTN, DM | MatGM - T2DM
Pat-GM - HTN, DM | MatGF: HTN.

Surgical History: Nil.

Medical History:
Hypothyroidism

Medication History: T. Thyronorm 25 mcg.
T. IRON
T. CALCIUM
T. D-Rise

Plan of Care:
- Admission NST.
- Continue previous medication.
- start FHR monitoring 2hrly
- NST - BD
- AFI + Doppler on thursday (25/6/2026)
- Emergency LSCS - SOS
- Monitor Vitals
- Inform SOS.

Investigations: BgT 'A' Negative

CBP (16/6/2026)

Hb - 11.7	HIV	NR.
WBC - 8340	HbsAg	
plt - 3.2	HCV	
PCV - 36.9	VDRL	

USG (22/06/2026).
SCIUF, 31w 4days.
Cephalic.
AFI - 8.5cm.
placenta - Post. & Rt. lateral high.
EFW - 1.041 kg (<1%)
AC - <1%
Dopplers - (N)

23/06/2026
AFI - 10.3, Doppler - (N).

Doctor Name: Dr. Naveena
Signature:
Date & Time: 23/6/2026 @ 12:50 pm

Dr. Pampana Priyadarshini
Consultant Obstetrics and Gynecology
Reg. No. 96596

Consultant Name: Dr. Priyadarshini
Signature:
Date & Time: 23/6/2026 @ 12:50 pm

HNH-00016111 IP26-00006628
Mrs T VARSHA RUDRANI
27-08-1998 27 Y 9 M 27 D (F)
Dr. P PRIYADARSHINI

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
g.3/6/26 4PM	c/c/B Dr. Veena Primi/31+5wks/FAR-T/Oligo.(Rh-ve)/Used FM	
	No c/o. Good FM (+) O/E GC/fair - Afebrile Vitals - stable Pallor (-) P/A - Uterus 32wks Cephalic AHS (+) L/E - NAD	Adv - Regular diet - Drugs as charted - Vital monitoring - FHR 2nd hourly monitoring - NST - BD - AFI + Doppler on 25/6/26. - Perform SOS
Steroids ✓ (21/6 & 22/6).	ne. protein - Negative. (Dipstick).	
	Reports: Fernandez (21/6) Enterococcus faecalis $\times 10^5$ CFU/ml Sensitive to Ampillicin, Amoxicillin, Ampicillin-sulbactum, Amoxicillin-clavulanate. Piperacillin-Tazobactum CUC - (N) Pus cells - 4-6. Protein (-).	
	c/c/B/Anal Dr. Priyadarshini	Adv - C Amoxicillin 500mg P/O TID -

HNH-00016111 IP26-00006628
Mrs T VARSHA RUDRANI
27-08-1998 27 Y 9 M 27 D (F)
Dr. PADMAJA YELISETTY

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
23/6/2022	C/s/b Dr Mansha	
8pm	Primi / 32+ wks / FGR-I / Oligo / Renney / ↓FM / UTI for observation	
		Adv
	CC Fair Afebrile	
	vitals stable	- Regular Diet
	P/A : Ut ~32wks	- Adeq Hydration
	Cephalic : Relax	- Drugs as charted
	FHS ⊕R	⊕ FHS monitoring 2nd hourly
	L/E NAD	- NST - BD (8Am - 8pm).
- PFM ⊕ well		- AFI + Doppler on 25/6/2022
- no urinary complaints		- Inform s/o
NST ⊕R		- DFMC, RCP.
UV		~~- Shift to Room (if NST Reactive)~~ Can
SV		
		M / Dr Mansha
23/6/2022	Cl/s/b Dr Mansha	
11:45pm		
	CC Fair Afebrile	Adv
	vitals stable	- Regular Diet / Adeq Hydration
	P/A Ut relax	- NST BD
	FHS ⊕R	- Drugs as charted
PFM ⊕		- w/f vitals q 4th FHS ⓝ
		M / Dr Mansha

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

HNH-00012125 IP26-00006630
Mrs KEERTHI MAYI BHANURI
03-05-1996 30 Y 1 M 21 D (F)

HNH-00016111 IP26-00006628
Mrs T VARSHA RUDRANI
27-08-1998 27 Y 9 M 28 D (F)
Dr. PADMAJA YELISETTY

(2)

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/6/2026 8Am	C1S1b @ Mamsha	
	GC-Fair Afebrile Vitals (N) P/A ut ~ 32wks Cephalic Relaxed FHS (+)ve PFM (+)ve	Adv - Regular Diet - Adequate Hydration - Drugs as charted - FHS monitoring 2nd hourly - NST BD - AFI Dopplers on 25/6/2026 - DFKC, RUP - Inform SOS M Dr Mamsha.
24/6/26 9845Am.	C1S1B Dr. Priyadharshini O/E GC-fair Afebrile. SpO2-99% on RA Vitals-stable PA: ut. 30-32wks Relaxed FHR (+) L/E: NAD Kindly shift the patient to room.	Adv - Soft diet - Adequate hydration - Ambulation - Drugs as charted - strict FHR monitoring 2hrly. - NST- BD. - Monitor Vitals - Inform SOS. Dr. Priyadarshini 24/6/26.

Dr. Pampana Priyadarshini
Consultant Obstetrics and Gynecology
Reg. No: 85550

(P.T.O)

HNH-00016111 IP26-00006628
Mrs T VARSHA RUDRANI
27-08-1998 27 Y 9 M 28 D (F)
Dr. PADMAJA YELISETTY

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/06/2026 1:30pm	c/s by Dr. Naveena	
	O/E GC-fair Afebrile Vitals - stable PA: ut. 30-32wks Relaxed FHR(+) 148bpm	Adv - Soft diet - Adequate hydration - Ambulation - strict FHR monitoring 4th hrly - NST BD. - T/M. AFI + Doppler. - drugs as charted - Monitor Vitals - Inform SOS
	Dr. Naveena.	noted by Sr. Sandhya 24/6/26 1:30pm.

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

HNH-00016111 IP26-00006628
Mrs T VARSHA RUDRANI
27-08-1998 27 Y 9 M 28 D (F)
Dr. PADMAJA YELISETTY

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/6/26 8PM	c/s/B Dr. Veena	
	Primi | 32+6 wks. | FGR-I | Oligo | Rh-ve. | UTI. | Rfm for observation	
	d/o. cold; No cough. (nose block)	Adv
	Perceiving fetal movements well (+)	✓ Regular diet
	o/e GC-fair, Pallor (−)	✓ Drugs as chaunted
	Afebrile, Chest-clear.	✓ FHR 4th hourly monitorig
	Vitals-stable	✓ NST-BD. (9pm). Due.
	P/A - Ut ~ 32wks	✓ AFI + Doppler c/m
	Cephalic	✓ Vital monitorig
	FHS (+) (158 bpm)	✓ Inform SOS.
	L/E - NAD.	✓ Fetal kick count monitorig
		✓ Steam inhalation thrice daily.
25/6/26 7AM	C/s/B Dr. Veena	N/B - Supriya @ 8:05pm @ 24/6/26
	Primi | 32+6 wks | FGR-I | Oligo | Rh-ve. | UTI.	
	No complaints.	Adv
	Good FM (+)	- Regular diet
	o/e GC-fair; Pallor (−)	- Drugs as chaunted
	Vitals-stable	- FHR 4th hourly monitorig
	P/A - Ut ~ 32 wks	- NST-BD
	Cephalic, FHS (+)	- AFI + Doppler today (at 10pm)
	L/E - NAD	- Fetal kick count monitorig
		- Vital monitorig
		- Inform SOS

noted by maam

H-00016111 IP26-00006628
T VARSHA RUDRANI
08-1998 27 Y 9 M 29 D (F)
PADMAJA YELISETTY

Rainbow Children's Hospital — It takes a lot to treat the little.
BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/6/26. 10:30am	C/s/B Dr. Priyadarshini	
	Primi ē 32+6 wks ē FGR ē Rh -ve pregnancy.	
	O/E	
	pt c/c	Rx
	G.C. fair	1. Rest in LLP
DFKC good.	afebrile	2. DFKC
	P° / PE°	3. FHR monitoring 4th hrly
	PR - 84	4. Twice daily NST
	B.P - 110/70	5. follow drug chart
Adv	P/A - ut 30wks - 32wks	6. Inf dom SOS
AFI + Doppler Scan	cephalic	
	relaxed	Dr. Priyadarshini
	FHS (+) 140/min	
	liq Just (A) clinically	
		noted by Sr. Sandhya 25/6/26 10:32
	pt can be discharged	
	C/D/W Dr. Padmaja	
	- AFI + Doppler today (N)	
	→ Adv - Discharge today.	
	- Review ē scan on Monday (29/6/2026)	
	- Strict fetal kick count	
	- Review sos in case of any reduced movement / pain abdomen / leaking or bleeding PV.	
		noted by Sandhya

Stamp: Dr. Pampana Priyadarshini, Consultant Obstetrics and Gynecology, Reg. No: 63596

HNH-00016111 IP26-00006628
Mrs T VARSHA RUDRANI
27-08-1998 27 Y 9 M 27 D (F)
Dr. P PRIYADARSHINI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

MEDICATION RECONCILIATION FORM

Drug Allergies: Nil ☐ 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						☐ C ☐ DC
2						☐ C ☐ DC
3						☐ C ☐ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Dua

Date & Time : 23/6/2026

Nurse Name & Signature: Mounika

Date & Time : 23/6/2026 1pm

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

315
FC

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Name	Mrs T VARSHA RUDRANI	**UHID**	HNH-00016111
Father/Guardian	Mr T S RAHUL	**Age/Gender**	27 Y 9 M 28 D/ Female
Address	5-112 cplot no 55 shanthi nagar, AP Police Academy PO, Hyderabad, Telangana, INDIA, 500091		
IP No	IP26-00006628	**Admission Date**	23-06-2026
Ref Doctor	Self.		
Discharge Date	25.06.2026		

DISCHARGE SUMMARY

Consultant
Dr. PADMAJA YELISETTY
MBBS, MD, MRCOG,FRCOG
52427

Co-Consultant:
Dr. P Priyadarshini,
MBBS, MS OBGY
63596

Diagnosis: PRIMIGRAVIDA AT 31^{+5} WEEKS WITH FETAL GROWTH RESTRICTION STAGE 1 WITH OLIGOHYDRAMNIOS WITH RH NEGATIVE PREGNANCY WITH HYPOTHYROIDISM WITH DECREASED FETAL MOVEMENTS FOR OBSERVAVTION.

Name	Mrs T VARSHA RUDRANI	**UHID**	HNH-00016111
IP No	IP26-00006628	**Admission Date**	23-06-2026

13. AFI+ DOPPLER SCAN on 29.06.2026(Monday)
14. Review sos in case of any reduced fetal movement/ pain abdomen /leaking or bleeding PV .

Review with **Dr. PADMAJA YELISETTY** on **29.06.2026** at Rainbow Children's Hospital with prior appointment **(Review consultation will be charged).@ 11:30am**

The content of the patient discharge summary, medication, food & drug interaction, care to be provided at home, nutrition, immunization, when and how to obtain emergency care etc also have been explained by doctor ..... in a language that I can understand and I acknowledge.

Patient/ Attender

In case of emergency like bleeding, fever please refer to postpartum book for further details - Chapter II page 6 kindly contact 9154865045 at Rainbow Children's Hospital just dial one toll free number - 18002122.

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

Registrar/Resident/C.M.O

Consultant
Dr. PADMAJA YELISETTY
MBBS, MD, MRCOG,FRCOG
52427

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Childrens Hospital-Himayatnagar

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

ADMISSION SHEET

Registration Details :

Admission No : IP26-00006628 **Admit Date** : 23-Jun-2026 **Admit Time** : 12:39 PM **UHID** : HNH-00016111

Patient Details :

Patient Name	: Mrs T VARSHA RUDRANI	**Age**	: 27 Y 9 M 27 D
Guardian	: Mr T S RAHUL	**DOB**	: 27-08-1998
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 5-112 cplot no 55 shanthi nagar AP Police Academy PO Hyderabad Telangana INDIA 500091	**Phone No**	: 7799333738/ 7801028373
		E-mail	: tsrahul1819@gmail.com

Admission Details :

Bed Type : TWIN SHARING **Bed No** : LDR-416 **Ward Name** : 4F -OT

Room No : LDR-416 **Admission Type** : First Visit

Contact Details :

Name : Mr T S RAHUL **Relationship** : Husband

Contact Address : 5-112 cplot no 55 shanthi nagar AP Police Academy PO Hyderabad Telangana INDIA 500091 **Phone No** : 7799333738

Signature

Doctor Details :

Doctor Name : Dr. PADMAJA YELISETTY **Specialisation** : OBSTETRICS AND GYNECOLOGY

Referral Doctor : Self. **Phone No** :

Co-Consultant : Dr. P PRIYADARSHINI

Payment Details :

Deposit Amount : 20000.00

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

Rainbow Childrens Hospital-Himayatnagar

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

ADMISSION SHEET

Registration Details :

Admission No : IP26-00006628 **Admit Date** : 23-Jun-2026 **Admit Time** : 12:39 PM **UHID** : HNH-00016111

Patient Details :

Patient Name	: Mrs T VARSHA RUDRANI	**Age**	: 27 Y 9 M 27 D
Guardian	: Mr T S RAHUL	**DOB**	: 27-08-1998
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 5-112 plot no 55 shanthi nagar AP Police Academy PO Hyderabad Telangana INDIA 500091	**Phone No**	: 7799333738/ 7801028373
		E-mail	: tsrahul1819@gmail.com

Admission Details :

Bed Type : TWIN SHARING **Bed No** : LDR-416 **Ward Name** : 4F -OT

Room No : LDR-416 **Admission Type** : First Visit

Contact Details :

Name : Mr T S RAHUL **Relationship** : Husband

Contact Address : 5-112 plot no 55 shanthi nagar AP Police Academy PO Hyderabad Telangana INDIA 500091 **Phone No** : 7799333738

Signature

ctor Details :

Doctor Name : Dr. P PRIYADARSHINI **Specialisation** : OBSTETRICS AND GYNECOLOGY

Referral Doctor : Self. **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 20000.00

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

HNH-00016111 IP26-00006628
Mrs T VARSHA RUDRANI
27-08-1998 27 Y 9 M 27 D (F)
Dr. P PRIYADARSHINI

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

DRUG CHART

Date of Admission: 23/6/2026 Drug Allergies: .... ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

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

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

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

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

HNH-00016111 IP26-00006628
Mrs T VARSHA RUDRANI
27-08-1998 27 Y 9 M 27 D (F)
Dr. P PRIYADARSHINI

REGULAR PRESCRIPTIONS Weight. .... Ward. ......UDK......

DRUG : Tab Iron.				Date 23/6, 24/6, 25/6; Time 9AM, 9PM
Dose	Route	Frequency	Start Date	
1tab	PO	BD	23/6	
Name & Signature of the Doctor Starting the Drugs: Dr. Dna				
Additional Instructions: 30 mins before meals				
Daily Doctor's Endorsement by a Sign				

DRUG : Tab Calcium.				Date 23/6, 24/6, 25/6; Time 3PM
Dose	Route	Frequency	Start Date	
2tab	PO	OD	23/6	
Name & Signature of the Doctor Starting the Drugs: Dr. Dna				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG : Vitamin-D.				Date 23/6, 24/6; Time 9PM
Dose	Route	Frequency	Start Date	
1tab	PO	OD	23/6	
Name & Signature of the Doctor Starting the Drugs: Dr. Dna.				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG : Arginine Sachets				Date 24/6, 25/6; Time 9AM, 9PM
Dose	Route	Frequency	Start Date	
1 sachet	PO	BD	23/6.	
Name & Signature of the Doctor Starting the Drugs: Dr. Dna				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

Verified by Dr. Dhakshayani

HNH-00016111 IP26-00006628
Mrs T VARSHA RUDRANI
27-08-1998 27 Y 9 M 27 D (F)
Dr. P PRIYADARSHINI

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Verified by Dr. Dhakshayani

REGULAR PRESCRIPTIONS

Sheet No: .... Weight .... Ward 10R

DRUG : T. THYRONORM

Dose	Route	Frequency	Start Dt.
25mcg	PO	OD.	23/6

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

Additional Instructions: EXCEPT MONDAY & THURSDAY.

Date/Time: 24/6, 25/6 — 7Am

Daily Doctor's Endorsement by a Sign

DRUG : T. THYRONORM.

Dose	Route	Frequency	Start Dt.
50mcg.	PO	OD	23/6

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

Additional Instructions: ON MONDAY & THURSDAY.

Date/Time: 25/6 — 7Am

Daily Doctor's Endorsement by a Sign

DRUG : C. AMOXICILLIN.

Dose	Route	Frequency	Start Dt.
500mg	P/O.	TID	23/6/26

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions: x 5days

Date/Time: 23/6, 24/6, 25/6 — 7Am, 3Pm, 11Pm

Daily Doctor's Endorsement by a Sign

Verified by Dr. Dhakshayani

DRUG : T. PANTAPRAZOLE

Dose	Route	Frequency	Start Dt.
40mg	P/O	OD	23/6/26

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions: Before food

Date/Time: 24/6, 25/6 — 6Am

Daily Doctor's Endorsement by a Sign

Verified by Dr. Dhakshayani

Docu. No. : RCH /FRM / CLINICAL / 108

(P.T.O.)

HNH-00012125 IP26-00006630
Mrs KEERTHI MAYI BHANURI
03-05-1996 30 Y 1 M 21 D (F)
Dr. P PRIYADARSHINI

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Sheet No: .... **REGULAR PRESCRIPTIONS** Weight .... Ward ....LDK....

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

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

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

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

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

HNH-00016111 IP26-00006628
Mrs T VARSHA RUDRANI
27-08-1998 27 Y 9 M 27 D (F)
Dr. P PRIYADARSHINI

Mrs T VARSHA RUDRANI
HNH-00016111 IP26-00006628

Weight. .... Ward. ......102......

		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.	

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses

27-08-1998 27 Y 9 M 27 D (F)
Dr. P PRIYADARSHINI

I.V. FLUIDS CHART

Weight. ..... Ward. LOR

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign

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

HNH-00016111 IP26-00006628
Mrs T VARSHA RUDRANI
27-08-1998 27 Y 9 M 27 D (F)
Dr. P PRIYADARSHINI

315

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

RESULT SHEET

Date	(OP)	1/5/26					
Time							
Hb		11.7					
PCV		36.9					
RBC							
WBC		8340					
N/L							
Platelets		3.2					
CRP							
ESR							
PCT							
RBS							
Na							
K							
Cl							
Ca/Mg							
Phosphate							
Urea							
Creatinine							
ALP							
SGPT							
SGOT							
T.Bill/Conj							
T.Protein							
S.Albumin							
S.Globulin							
A/G Ratio							
Uric Acid							
S.Amylase							
Sr.Lipase							
Blood Lactate							
S.Cholesterol							
PT/INR							
APTT							
CSF Protein / Sugar							
Cells							
N/L							

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
HW						
HIC	NR.					
Hbscog						

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

HNH-00016111 IP26-00006628
Mrs T VARSHA RUDRANI
27-08-1998 27 Y 9 M 27 D (F)
Dr. P-PRIYADARSHINI

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Early Warning Observation Score Chart - Obstetrics

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

23/6/26	Date																							
	Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20					20				20		20		20				20				20			20
	0 - 10																								
Saturations	94 - 100 %					99				99		100		99				99				99			99
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37																								
	36					36				–		97		–				98.4	–	–		98.6			98.4
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80					84				84		89		90				92				84			90
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120					109				120		127		113				116				105			116
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80					79				80		78		63				67				61			73
	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
TOTAL ORANGE SCORES						0				0		0	0	0				0				0			0
Nurse Initial																									

THR

4pm —— 140bmt
6pm —— 139bmt
8pm – 141bmt
10pm – 144bmt
12Am – 142bmt
2Am – 144bmt
4Am – 140bmt
6Am – 142bmt
8Am – 142bmt

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

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

HNH-00016111 IP26-00006628
Mrs. T VARSHA RUDRANI
27-08-1998 27 Y 9 M 27 D (F)
Dr. PADMAJA YELISETTY

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

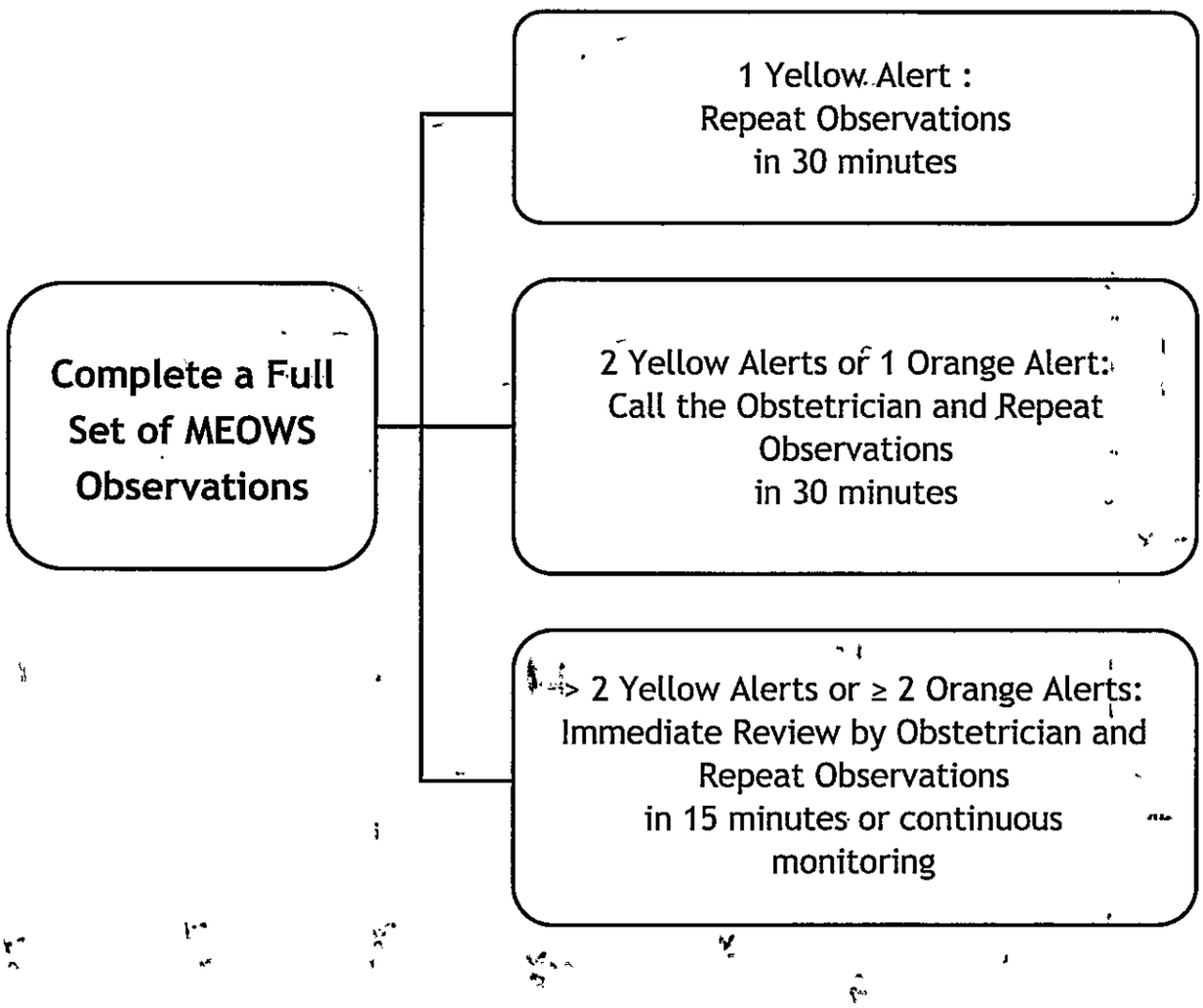
BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Early Warning Observation Score Chart - Obstetrics

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

		Date	24/6/26.																						
		Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																									
	21 - 30																									
	11 - 20		20	20		20			20				20				20				20				20	
	0 - 10																									
Saturations	94 - 100 %		99%	99%		99%			99%				99%				99				99				98%	
	< 94 %																									
Administered O_2 (L/min.)																										
Temp°c	40																									
	39																									
	38																									
	37																									
	36		97.6			—			36°C				36°C				98.2				98.6				98.2	
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80					80			83				87				85				87				80	
	70		80	85																						
	60																									
	50																									
	40																									
Systolic Blood Pressue ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120		110	112		122			128				124				120				110				112	
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70		65	67		67			80				86				69				70				69	
	60																									
	50																									
	40																									
NEURO RESPONSE [✓]	Alert		✓	✓		✓			✓				✓				✓				✓				✓	
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30		✓	✓		✓			✓				✓				✓				✓				✓	
	< 30																									
Proteinuria	Protein + +																									
	Protein > + +																									
Lochia	Normal		✓	✓		✓			✓				✓				✓				✓				✓	
	Heavy / Foul																									
Liquor	Clear / Pink		✓	✓		✓			✓				✓				✓				✓				✓	
	Green																									
TOTAL YELLOW SCORES			0	0		0			0				0				1				1				1	
TOTAL ORANGE SCORES			0	0		0			0				0				1				1				1	
Nurse Initial																										

Obstetrics and Gynaecology Early Warning Signs



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

HNH-00016111 IP26-00006628
Mrs T VARSHA RUDRANI
27-08-1998 27 Y 9 M 27 D (F)
Dr. P PRIYADARSHINI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 1

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
23/6/26	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm		KEEP H2O									
	01:00 pm											
Total Intake : Taken								**Total Output :** Passed				
23/6	02:00 pm											
	03:00 pm		Boiled Milk									
	04:00 pm											
	05:00 pm		H2O								0	Leak
	06:00 pm		Milk Upma									
	07:00 pm											
Total Intake : Taken								**Total Output :** Passed				
23/6	08:00 pm		H2O									
	09:00 pm		Dimen									
	10:00 pm											
	11:00 pm		H2O								0	
	12:00 am											
	01:00 am		H2O									
Total Intake : Taken								**Total Output :** Passed				
24/6	02:00 am											
	03:00 am		H2O									
	04:00 am											
	05:00 am										0	
	06:00 am		H2O									
	07:00 am		Eddy									
Total Intake : Taken								**Total Output :** Passed				

Total 24 hrs. Intake		Total 24 hrs. Output	

HNH-00016111 IP26-00006628
Mrs T VARSHA RUDRANI
27-08-1998 27 Y 9 M 27 D (F)
Dr. P PRIYADARSHINI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 2

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
24/6/26	08:00 am									~	1	
	09:00 am		H2O							~		
	10:00 am									~	0	Priy
	11:00 am		H2O				✓					
	12:00 pm											
	01:00 pm											
Total Intake : taken										**Total Output :** U-2	M-1	
24/6/26	02:00 pm		Khichdi + H2O								0	
	03:00 pm									✓	0	
	04:00 pm										0	
	05:00 pm				NA			NA			0	
	06:00 pm						✓			✓	0	
	07:00 pm										0	
Total Intake : Taken										**Total Output :** U-2	M-1	
24/6/26	08:00 pm											
	09:00 pm									✓		
	10:00 pm		Khichdi H2O									Maddy
	11:00 pm				NA			NA		✓		
	12:00 am											
	01:00 am									✓		
Total Intake :										**Total Output :** U-3	M-0	
25/6/26	02:00 am											
	03:00 am									✓		
	04:00 am		H2O									Ubeda
	05:00 am				NA			NA				
	06:00 am									✓		
	07:00 am											
Total Intake :										**Total Output :** U-2	M-0	

Total 24 hrs. Intake		Total 24 hrs. Output	

HNH-00016111 IP26-00006628
Mrs T VARSHA RUDRANI
27-08-1998 27 Y 9 M 27 D (F)
Dr. P PRIYADARSHINI

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING CARE RECORD

Date: 23/6/26

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	8AM to 2pm	→ Assess the pt condition → Monitor vitals → Maintain I/o chart	8AM to 2pm	→ Assessed the pt condition → monitored vitals → Maintain I/o chart	Now pt is stable	Re-check vitals	Muni
Afternoon	2pm to 8pm	=> Assess the patient condition => plan for vital => plan for I/o chart	2pm to 8pm	=> Assessed the pt condition => maintain vital & Record => maintain I/o chart	patient is stable	vital is normal	Clerk
Night	8pm ↓ 8am	→ Plan for vital → Plan for I/o chart. → Plan for medication	8pm ↓ 8am	→ vital checked & recorded → Maintain I/o chart → All medication given.	→ vital is normal	→ pt is stable	Daddy

HNH-00012125 IP26-00006630
Mrs KEERTHI MAYI BHANURI
03-05-1996 30 Y 1 M 21 D (F)
Dr. P PRIYADARSHINI

NURSING CARE RECORD

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 24/6/26

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							
Afternoon	2pm to 8pm	→ To assess the pt. condition → To check the vitals & record → To administer the medication as per drug chart → I/O chart maintain	2pm to 8pm	→ To assessed the pt. condition → To checked the vitals recorded → To administer the medication as per drug chart → I/O chart maintained	→ Patient is stable → FHR 4th hourly → NST BD	→ Re-checked the vitals → I/O → T/M AFI + doppler	Supriya
Night	8pm | 8Am	→ Assess the Pt. Condition → To check the vitals & record → To administer the medication as per doctor. → I/O chart maintain	8pm | 8am	→ To assed the Pt. condition → To checked the vitals recorded → To administer the medication as per drug chart → I/O Chart maintained	→ Patient is Stable → FHR 4th hourly → NST BD	→ Re-checked the vitals → I/O → T/M AFI + doppler	madhuri

HNH-00016111 IP26-00006628
Mrs T VARSHA RUDRANI
27-08-1998 27 Y 9 M 27 D (F)
Dr. P PRIYADARSHINI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1 24/6			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	NA	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 cordpyrexia	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 : .....

Signature of Ward In Charge :

Signature : ..... Name : .....

Patient Sticker

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CHECKLIST FOR THROMBOPHLEBITIS

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

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

Signature of Shift In Charge :

Signature : ..... Name : .....

Signature of Ward In Charge :

Signature : ..... Name : .....

HNH-00016111 IP26-00006628
Mrs T VARSHA RUDRANI
27-08-1998 27 Y 9 M 27 D (F)
Dr. P PRIYADARSHINI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	23/6/26	23/6/26	23/6
		Score	20	20	M
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0	0	0	0
Secondary Diagnosis (more than one diagnosis)	Yes	15			
	No	0	0	0	0
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0	0	0	0
IV / Heparin Lock or Saline	Yes	20	20	20	20
	No	0	0	0	0
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10			
	Normal /On Bed Rest /Immobile	0	0	0	0
Mental Status	Forgets limitations	15			
	Oriented to own ability	0	0	0	0
Total Morse Fall Scale Score:			20	20	20
		Signature			

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

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

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

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

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

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

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

Patient Sticker

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	24/6			Fall Risk Grading		
		Score	N1					
History of Falling (immediately or w/in 3 months)	Yes	25				**Risk Level**	**Morse Fall Score (MFS)**	**Action**
	No	0	0					
Secondary Diagnosis (more than one diagnosis)	Yes	15	.					
	No	0	0			Low Risk	0 - 24	Standard Fall Precaution
Ambulatory Aid	Furniture	30						
	Crutches, Cane(S), Walker	15						
	None /Bed Rest /Nurse Assist	0	0					
IV / Heparin Lock or Saline	Yes	20				Moderate Risk	25 - 50	Implement Moderate Fall Prevention Intervention
	No	0	0					
GAIT / Transferring	Impaired	20	20	20	20			
	Weak (uses touch for balance)	10						
	Normal /On Bed Rest /Immobile	0	0			High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
Mental Status	Forgets limitations	15	.					
	Oriented to own ability	0	0					
Total Morse Fall Scale Score:			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

HNH-00016111 IP26-00006628
Mrs T VARSHA RUDRANI
27-08-1998 27 Y 9 M 27 D (F)
Dr. P PRIYADARSHINI

BRADEN 'Q' SCALE

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

					Date : 23/6	23/6	23/6	24/6
					Time : M6	E2	M6	8AM
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	4	4
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
				TOTAL SCORE	25	28	28	28
				Evaluator's Name	E	C	E	PJ

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

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

HNH-00016111 IP26-00006628
Mrs T VARSHA RUDRANI
27-08-1998 27 Y 9 M 28 D (F)
Dr. PADMAJA YELISETTY

BRADEN 'Q' SCALE

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

					Date : 24/6	24/6		
					Time : E2	N1		
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		
"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		
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		
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		
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4		
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		
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		
				TOTAL SCORE	28	28		
				Evaluator's Name				

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

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

HNH-00016111 IP26-00006628
Mrs T VARSHA RUDRANI
27-08-1998 27 Y 9 M 27 D (F)
Dr. P PRIYADARSHINI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PAIN ASSESSMENT FORM

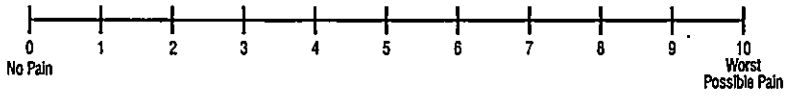
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
23/6/26	12 pm	0/8	P	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
23/6/26	3pm	0/10	I	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
23/6/26	8pm	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
23/6	11Am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
24/6	4Am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
24/6	8Am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
24/6/26	3pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
24/6/26	10pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

Re-assessment Frequency:

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

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

HNH-00016111 IP26-00006628
Mrs T VARSHA RUDRANI
27-08-1998 27 Y 9 M 27 D (F)
Dr. P PRIYADARSHINI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Dr. Pallavi Department: NNR Date of Admission: 23/6/26

SITUATION

Diagnosis:

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

BACKGROUND

Area / Shift Time	23/6/26 M6	23/6 E2	23/6 M1	24/6/26 8AM	24/6/26 E2	24/6/26
Medical Condition (Any special condition to be noted):	-	-	-	NA	-	-

ASSESSMENT

Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Vital Signs: Temp:	97	97°F	98°F	97F	97.6°F	97.6°F
Res:	16	20	20	20	20 b/m	20 b/m
SpO_2:	99	97%	99%	99%	99%	98%
Pulse:	84	84	84	85	82 b/m	80 b/m
BP:	109/70	106/76	111/76	110/26	112/72	110/70
Fall Risk Score:		-	-	-	-	-
Pain Score:	-	-	-	-	"0"	0

Recommendations

Safety Needs:	-	-	-	-	Yes	Yes
Physiotherapy	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Others Specify:	-	-	-	-	-	-
Special Diet:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Other Special Orders / Medications:	NA	NA	NA	NA	-	-
Post Operative Procedure Special Orders:	NA	NA	NA	NA	T/H AFL + Droppler	T/H AFL + Droppler
Handed Over By Name :	Mani	Claudia	Madhu	Sathya	Supriya	Madhuri
Signature :						
Date:	23/6	23/6/26	24/6	24/6/26	24/6/26	24/6/26
Time:	2pm	8pm	8AM	2pm	8pm	8AM
Taken Over By Name :	Claudia	Madhu	Sathya	Supriya	Madhuri	
Signature :						
Date:	23/6	23/6	24/6	24/6/26	24/6/26	
Time:	2pm	8pm	8AM	2pm	8pm	

Patient Sticker

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING SHIFT HAND OVER FORM - WARD

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

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

HNH-00016111 IP26-00006628
Mrs T VARSHA RUDRANI
27-08-1998 27 Y 9 M 27 D (F)
Dr. P PRIYADARSHINI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 23/6/26 Time of Arrival: 12pm Time Seen by Nurse: 12:1pm

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

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

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

3) **Vital Signs:** Temperature: 97 Pulse: 84 RR: 16 SpO_2: 100 BP: 109/69 Weight: .....

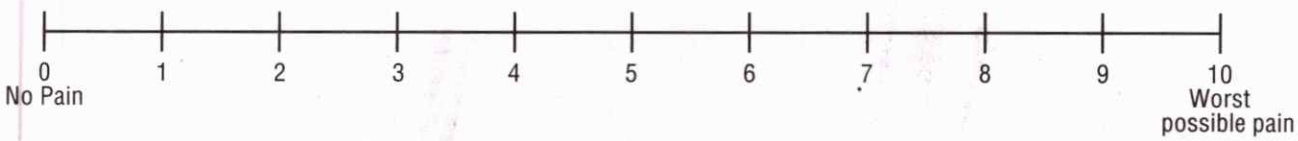
4) **Gestational Criteria:**

Gravida:	G	P —	L —	A —

LMP: 13/11/25 EDD: 20/8/26 Gestational Age: 31wks 5days

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

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



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

.....

6) **Past History:**

a) Surgeries: .....

b) Medical: ..... Nil

HNH-00016111 IP26-00006628
Mrs T VARSHA RUDRANI
27-08-1998 27 Y 9 M 27 D (F)
Dr. P PRIYADARSHINI

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

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

9) **Prenatal Medical History:**

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

Triage Category: (Please tick on the category)

Refer to OBSTETRICAL TRIAGE ACUITY SCALE (OTAS)

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

OBCU Obstetrical Triage Acuity Scale (OTAS)

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

Time seen by Doctor: 12:15 PM

Nurse Name : Manika Nurse Signature: .....

Date: 23/6/26 Time: 12 pm

HNH-00012125 IP26-00006630
Mrs KEERTHI MAYI BHANURI
03-05-1996 30 Y 1 M 21 D (F)
Dr. P PRIYADARSHINI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NUTRITIONAL ASSESSMENT FOR GYNEC PATIENTS

Date: 24/6/26 Time: 11:11 Am

Origin: Indian Height: 154 Cms Weight: 84 kg BMI: 35 kg/m²

Food Allergies: NO

Diagnosis: primi / 32+1 weeks / FGR-I / oligo / IVFM / VTF / Hypothyroid

Medical History: Nil

Surgical History: Nil

☑ Vegetarian ☐ Non-Vegetarian ☐ Vegan

Diet Advised: Soft High protein Diet

Patient's / Attendant's

Signature:

Name: Keerthi

Date & Time: 24/6/26 ; 11:11 Am

Dietician's

Signature:

Name: sathwika-G

Date & Time: 24/6/26 ; 11:11 Am

HNH-00016111 IP26-00006628
Mrs T VARSHA RUDRANI
27-08-1998 27 Y 9 M 27 D (F)
Dr. P PRIYADARSHINI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 23/6/26

Baseline Information:

Admission From: ☐ ER ☐ OPD ☑ Admission Desk ☐ Others, specify .....

Primary Language: ☑ Telugu ☐ English ☐ Hindi ☐ Others, specify .....

Do you require an interpreter? ☐ Yes ☑ No if Yes specify .....

Source of Information: ☑ Patient ☑ Family ☐ Others, specify .....

Allergies: ☐ Yes ☐ No ☐ Medications ☐ Blood Transfusion ☐ Food ☐ Other: .....

If yes , identify .....

Chief Complaints: ..... Doctor Notified on Admission: ☐ Yes ☐ No

..... obgnavitiam ..... Name of the Doctor: .....

..... Time Notified: .....

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

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

Gynecology Assessment: ☐ Not Applicable	Gynecology Surgical History:	Gynecological History:
Menstrual History:	Caesarean Section: ☐ No ☐ Yes	Contraceptives: ☐ No ☐ Yes
.....	Cervical Cerclage: ☑ No ☐ Yes	Vaginal Discharge: ☐ No ☐ Yes
Onset of Menarche:	Ectopic Pregnancy: ☐ No ☐ Yes	Post-Coital Bleeding: ☐ No ☐ Yes
Menstrual Cycle: ☑ Regular ☐ Irregular	Myomectomy: ☐ No ☐ Yes	**Infertility:** ☐ No ☐ Yes
Last Menstrual Period:	Others: _____	**If Yes** Type: ☐ Primary ☐ Secondary

Obstetric History: G .....1..... 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..... HR: ...84..... RR: .....16.....

BP: .....109/69..... Weight: ..... Height: ..... BMI: .....

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

HNH-00016111 IP26-00006628
Mrs T VARSHA RUDRANI
27-08-1998 27 Y 9 M 27 D (F)
Dr. P PRIYADARSHINI

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 ..... Family members .....

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 ..... At .....

Name of Person Orientation was given to: ..... Mr. Vaelly. .....

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

Nurse Signature: ..... Monika .....

Nurse Name: ..... (M) .....

Date & Time: 23/6/26 .....