Dr. Padmaja. Y

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

ESTIMATION SLIP

Date : 04/02/2026 **UHID / IP No. :** _____ **Sl No.** 1159

Name of Patient : Mrs. Mainuna **Age:** 34yrs **Gender:** F

Father's / Husband's Name : Mr. Mujtaba **Corporate / Occupation :** _____

Address : Shalibanda **Phone :** 7893402660 **Email :** _____

Procedure / Plan : NVD/LSCS P2 7075689043 **EDD/Dos:** June-2026.

MODE OF PAYMENT : ☐ **SELF** ☐ **TPA :** Self. ☐ **GIPSA :** _____ **OTHER**

TARIFF INFORMATION :

Particulars	Package Amounts (Rs.)	
Room Category	**Normal Delivery**	**LSCS**
Multi Shared Ward		
Shared Ward		
Twin Shared Ward		
Private Room →	1.35K	1.45K.
Super Deluxe Room →	1.55K	1.65K.
Suite Room	2.60K. 4 days.	
Package includes (Package starts from the time of admission)	Room Rent, Nursing Charges, Doctors Fee, Surgeon's Fee and Labour Ward Charges	Room Rent, Nursing Charges, Doctors Fee, Surgeon's Fee Anesthetist's Fees and OT Charges
	Length of Stay for : 2 days	Length of Stay for : 3 days
	Pharmacy up to 9,000	Pharmacy up to 12,000
	Investigations up to 2,500	Investigations up to 3,000
Others Well Baby Bill.	25k to 35 appx.	

Neonatologist Charges : ☐ **Covered** ☐ **Not Covered** **Epidural / Entonox :** ☐ **Covered** ☐ **Not Covered**

Initial Minimum Deposit : 80%.

REMARKS : Neonatologist Grouping, CBC. Vaccinations. BCG, Hepatitis B, Polio

1. Room eligibility is purely subject to TPA approval and the Package / Room Tariff starts from the time of admission. The estimated amount may Change according to duration of stay, medical condition, investigations, pharmacy and any other procedure.
2. Proportionate difference of bill amount is applicable in case the patient opts for a category higher than the TPA approved, which has to be paid by the patient and may not be reimbursed by the TPA at later stage.
3. **Total baby charges are extra which include admission, pharmacy, vaccinations, investigations, disposables, consumables, equipments, speciality consultations, etc.**
4. In Case the patient gets discharged earlier than the packages permitted days, no refund of any type is applicable and if the length of stay is beyond the package permitted, additional payment is applicable for which kindly contact the Financial Counselling desk between 9am to 6pm
5. **For Non-medicals, Disposables, Consumables, Taxes, Kiwi Cup charges, Implants, Tubectomy charges, HIV/HbsAg, Anti-D, Medical Records, Double Occupancy and Registration Charges, etc. credit cannot be exchanged. These items are not payable to us as per Insurance company norms.**
6. Difference if any between the final bill amount and amount permitted/approved by TPA or total bill amount in case of denial from TPA has to be paid by the patient. In case of denial, cash tariff would be applicable.
7. Two attendants are permitted with patients in SDLX, DLX and PVT rooms and only one attendant is permitted in the rest of the categories of rooms and no attendant is permitted in ICU's
8. Tariffs are subject to revision
9. Kindly check your billing status on day to day basis at IP Billing Department.
10. Additional Charges on package are applicable for Non-working hours and Non-working days (sundays and public holidays)

DECLARATION

I Mainuna Sahara have attended the Financial counseling desk and understood the expected costs and other conditions applicable. In case the TPA / Insurance Company rejects the claim for whatsoever reasons at any point of time I promise to settle the hospital bill with the hospital without any ambiguity.

Signature of the Client

Husband
Signatory Relationship

Signature of the financial Counselor

HNH-00009045 IP26-00006519
Mrs MAIMUNA SAFURA
13-08-1991 34 Y 9 M 24 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

SURGERY DETAILS

Date : 6/6/26

Patient Name: Mrs. maimuna Safura Date of Birth: 13/8/1991 Age: 34yrs

Gender: female Ward : OT UHID No.: HNH-0000 9045

Date of Surgery: 6/6/26 ☐ OT -1 ☐ OT -2 ☐ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : Em. CSCS

Time in : 1:55 pm Time Out : 4 pm

		NAME	AMOUNT
1.	Surgeon	: Dr. padmaja	
2.	Anaesthetist	: Dr. Samir, Dr. Sreeja	
3.	Assistant Surgeon	: Dr. Swapna, Dr. Ramya, Dr. Veena.	
4.	OT Technician	: Sr. Saraswathi	
5.	Circulating Nurse	: Sr. Pooja, Sr. Archana	
6.	Assistant Nurse	: Sr. Sushila	

Special Equipment: ☐ Laparascopy ☐ Broncoscope ☐ Harmonic ☐ Morcelator
☐ C-ARM ☐ Cystoscopy ☐ Versa Point ☐ Liver Cusa
☐ Neuro Cusa ☐ Others .....

Signature of the Surgeon

Signature of Circulating Nurse

Order No: P6000090858

Order by: Sandhya 6/6/26 @ 6:30pm
(Or record Saved)

Docu. No. : RCH /FRM / GENERAL / 114

HNH-00009045 IP26-00006519
Mrs MAIMUNA SAFURA
13-08-1991 34 Y 9 M 24 D (F)
Dr. PADMAJA YELISETTY

Em- hscs

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

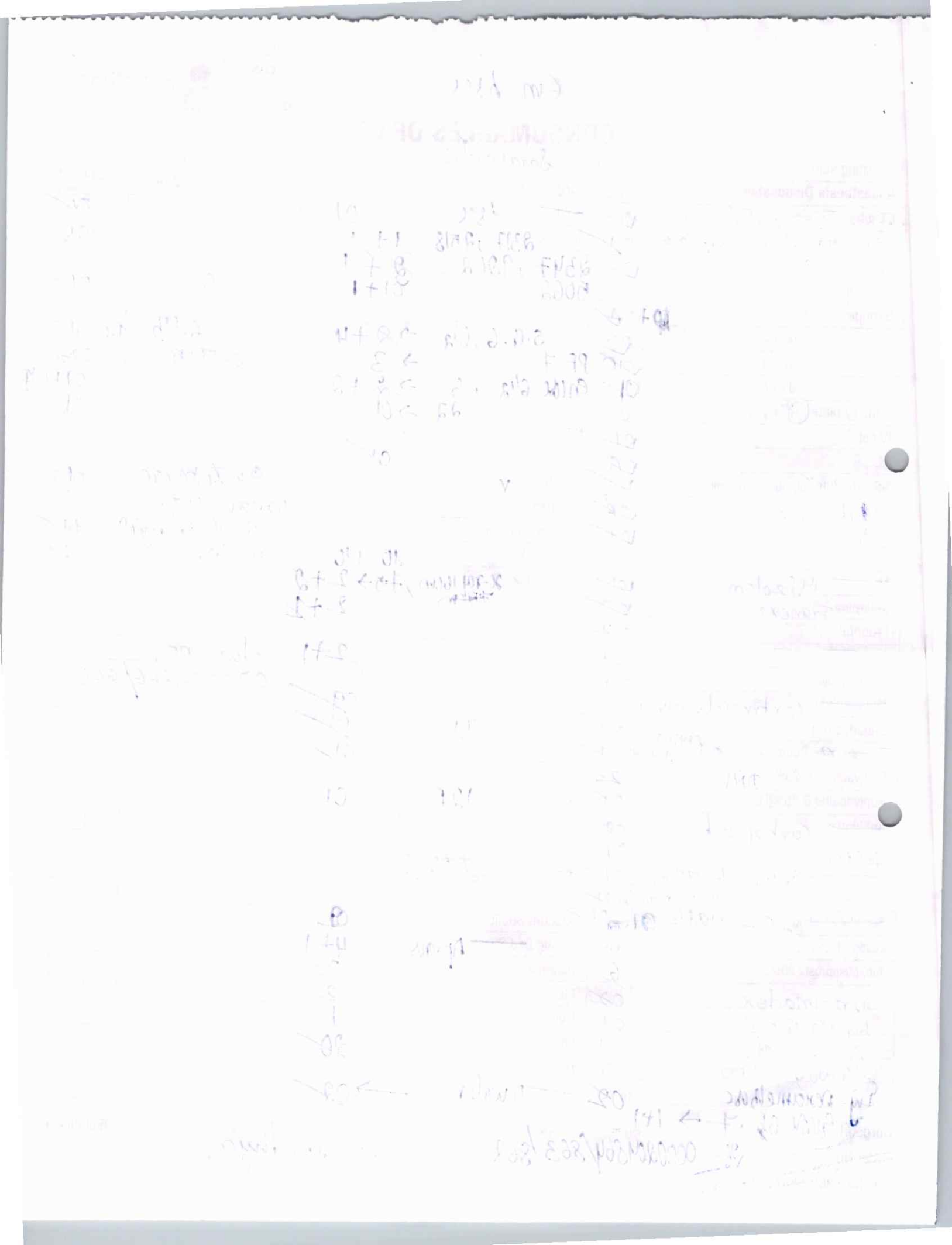
CONSUMABLES OF OT

Technician : Saraswathi Date : Time :

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube 6.5 cuffed		01	~~Major~~ Pack hscs		01	Inj Vit.K		01
~~LMA~~ Nasal airway 2.5		01	Sutures 2317, 2518	1+1	1	Cord Clamp		01
ECG leads : A / P / N		03	2347, 9262	2+1		Suction Catheter		
HME filter : A / P / N			5062	01+1		Feeding Tube 6		01
Syringes : 10 cc	10	04				Vaccum Suction Set		
05 cc		25	Gloves S.9. 6, 6½	→ 8	+4	Surgical Gloves 6, 6½	4+	01
02 cc		010	PF 7	→ 3		Gauze Pack ~~7.5~~		02
01 cc		01	Encore 6½, 6	→ 2	+2	Syringe 1ml / 2ml		01+01
Cautery plate : A / P / N		12	Surgical blade 22	→ 01		Surgical Blade # 20		01
IV set		01	NG tube			Koochies (S)		
IL		26	Cautery pencil	01				
NS : 10ml / 100ml / 500ml / 1000ml		02	Koochies V			24 Fentracan		01
oxytocine		08	Ointments			oxygen mask		
Sucol		01	Suction Catheter			with tubing(N)		01
Fentanyl		01	Cap, Mask	10	+10	D water		02
~~Morphine~~ Mizolam		01	Gauze Pack X-ray 10cm, 7.5	→ 2	+2			
~~Ketamine~~ Tranexa		03	Mop Pack		2+1			
Propofol		02	~~Steristrip~~					
Rocuronium		02	Underpad		2+1	order no:-		
Glycopyrolate		01	Draw sheet			26-00-00020866/865		
~~Myopyrolate~~ cortircach 100mg		01	Abgel		02			
Ondansetron		01	Foleys catheter 16F		01			
~~Pencan 25g~~ / Spinal Needle 22 25 vygon whitacre		01	Urobag		01			
Bupivacaine 0.25% DNS		2	Chest Drainage Catheter					
Bupivacaine 0.25%(Heavy)		01	Romodrain bag 12F		01			
~~Antibiotics~~ Carboprost		02	Bandage					
PCM		01	Tegaderm					
~~Suppositories~~ Dicloquick 75mg		01	~~Ioban~~ Surgical blade	15	1			
~~Anamol : 80mg / 250mg / 170 mg~~ PMOL IV		01	Double J Stent					
~~Supridol : 100mg~~ O2 mask		01	Vaccum Suction set		01			
Justin : 12.5 mg / 25mg / 100mg		05	Plastic ~~Bed Sheet~~ Aprons		4+1			
Tab. Misoprost : 200mg		6	Betadine Solution		2			
Sugammadex		02	Microshield		2			
bupirigesic		01	Cotton Balls		1			
Vaccum set		01	Latex Gloves		20			
airway 3 NO		01	Ramdione Scrub					
Inj- Dexamethasone		02	~~Saral~~ D water	→	02			

Surgeon Encore 6½, 7 → 1+1 Anaesthesiologist Nurse OT Technician

Order No. : 26-00002004864/863/862 Ordered by : Sr. Sandhya



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.
040-48873000, info@rainbowhospitals.in

ELECTRONIC MEDICINE PRESCRIPTION

MRN	: HNH-00009045	**Name**	Mrs MAIMUNA SAFURA
Age / Sex	: 34 Y 9 M 24 D / Female	**Doctor**	PADMAJA YELISETTY
Adm/Reg Date/Time	: 06/06/2026 12:23	**Payor**	SELFPAY
Order Date	: 06/06/2026 18:58	**Ordernumber**	: 26-0000204862
Visit ID	: IP26-00006519	**Ward/Bed No**	. 4F -OT / LDR-415
Patient Address	: Red Hills, Hyderabad, Telangana, INDIA, 500004		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	ROMOVAC SET 12	ROMOVAC SET 12	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
2	ABGEL SURGI PAD (BIG) (GELSPON)	ABGEL	1 Nos	/ Once Daily	2 Days		2 Nos	Dispensed
3	DISPOSABLE APRONS STERILE XL	DISPOSABLE APPRON STERILE XL	1 Nos	/ Once Daily	5 Days		5 Nos	Dispensed
4	SGLOVE # 6.5 (SURGICARE)	SURGICAL GLOVES 6.5	1 Nos	External / Once Daily	1 Days		4 Nos	Dispensed
5	HIGH PRESSUR EXTENTION 200 CM PRYMAX		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
6	RELIPARA(PARACETAMOL) 1000MG 100ML BOTTLE		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
7	DICLOQUICK 1ML INJ		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
8	MOPS 30X30 8PLY 5S X-RAY	MOPS 30X308 PLYDATT	1 Nos	/ Once Daily	3 Days		3 Nos	Dispensed
9	CABOPROST INJ AMP 250 MCG 1 ML		1 Nos	/ Once Daily	2 Days		2 Ampule	Dispensed
10	VICRYL 2-0 VP 2317	VICRYL 2-0 VP 2317	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
11	COTTON BALLS 2 GM 5 NOS	COTTON BALLS 2G- 5 NOS	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
12	Encore Microptic gloves-6.5		1 Nos	/ Once Daily	1 Days		2 Nos	Dispensed
13	BUPRIGESIC INJ AMP 0.3 MG 1 ML	BUPRENORPHINE 0.3 MG 1ML INJ	1 Ampule	External / Once Daily	1 Days		1 Ampule	Dispensed
14	MISOPROST TAB 200MCG 4S		1 Tabs	External / Once Daily	1 Days		6 Tabs	Dispensed
15	DEXAMETHASONE INJ 2 ML		1 Nos	/ Once Daily	2 Days		2 Vial	Dispensed
16	DNS 500ML BOTTLE (EURO HEAD)- AQUA PULSE		1 Bottle	/ Once Daily	2 Days		2 Bottle	Dispensed
17	BUPICAIN HEAVY 80MG INJ 4ML	BUPIVACAINE 80MG INJ	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
18	ENCORE MICROPTIC GLOVES-6 PF		1 Nos	External / Once Daily	1 Days		3 Nos	Dispensed
19	BACTOPREP SOLUTIONS 100 ML	CHLORHEXIDINE GLUCONATE2% &ALCOHOL80% 500	1 mL	/ Once Daily	2 Days		2 Nos	Dispensed
20	MERSILK 1-0 NW 5062	MERSILK 5062	1 Nos	/ Once Daily	2 Days		2 Nos	Dispensed
21	SGLOVE # 6 (SURGICARE)	SURGICAL GLOVES 6.0	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
22	AIRWAY- 3 90 MM	AIRWAY 3	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
23	PDS II NW 9262		1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
24	VACCUME SUCTION SET	VACCUME SUCTION SET	1 Nos	/ Once Daily	3 Days		3 Nos	Dispensed
25	D WATER 10 ML AMPULE	DISTIL WATER10ML	1 Bottle	External / Once Daily	1 Days		2 Bottle	Partially Dispensed
26	ENCORE MICROPTIC GLOVES-7 PF		1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
27	LSCS DRAPE PACK (PROTECTCARE)		1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
28	CAUTERY PENCIL (ADVANCE)	CAUTERY PENCIL (ADVANCE)	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
29	VICRYL PLUS 1 VP - (2347)	VICRYL PLUS 1 VP 2347	1 Nos	/ Once Daily	3 Days		3 Nos	Dispensed
30	VICRYL USP-0 VP2518		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
31	OxygenMask With Tubing - Adult ROMSONS-FC		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed

PADMAJA YELISETTY

Reg No : 52427

* This document is just for reference purpose only. Not to be considered as primary report.

Note

*** This prescription is valid only for specified duration.**

*** Do not refill medicines.**

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.
040-48873000, info@rainbowhospitals.in

ELECTRONIC MEDICINE PRESCRIPTION

MRN	: HNH-00009045	**Name**	: Mrs MAIMUNA SAFURA
Age / Sex	: 34 Y 9 M 24 D / Female	**Doctor**	: PADMAJA YELISETTY
Adm/Reg Date/Time	: 06/06/2026 12:23	**Payor**	: SELFPAY
Order Date	: 06/06/2026 18:58	**Ordernumber**	: 26-0000204863
Visit ID	: IP26-00006519	**Ward/Bed No**	: 4F -OT / LDR-415
Patient Address	: Red Hills, Hyderabad, Telangana, INDIA, 500004		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	FOLEYS CATHETER 16-UROCATH		1 Nos	External / 10 AM	1 Days		2 Nos	Ordered
2	NITRILE EXAMINATION GLOVES P F- MEDIUM	NITRILE GLOVES M	1 Nos	/ Once Daily	20 Days		20 Nos	Ordered
3	POVINANZ SOLUTION 10% 100 ML		1 Nos	External / Once Daily	1 Days		2 Nos	Ordered
4	SURGEON CAP(FEMALE)	FEMALE CAP	1 Cap	/ Once Daily	10 Days		10 Cap	Ordered
5	GAUZ SWAB 10 X 10 CM 12PLY 5S X-RAY	GAUZE SWABS-510X10 12 PLY XRAY STERILE	1 Pkt	External / Once Daily	1 Days		2 Pkt	Ordered
6	FACE MASK 3 LAYER - ELASTIC	FACE MASK 3 LAYER	1 Nos	/ Once Daily	10 Days		10 Nos	Ordered
7	UROBAG (ADULT) - URODYNE		1 Nos	External / 1-2 TIMES A DAY	1 Days		1 Nos	Ordered
8	UNDERPADS 60X90 BUTTERFLY		1 Nos	External / 10 AM	1 Days		3 Nos	Ordered
9	GAUZE 7.5X7.5 12 PLY (5 NOS)	GAUZE 7.5X7.5 12 PLY 5 NOS	1 Nos	External / Once Daily	1 Days		2 Nos	Ordered
10	SUGMADEX 2ML INJ		1 Ampule	External / Once Daily	1 Days		2 Ampule	Ordered

PADMAJA YELISETTY

Reg No : 52427

* This document is just for reference purpose only. Not to be considered as primary report.

Note

*** This prescription is valid only for specified duration.**

*** Do not refill medicines.**

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.
040-48873000, info@rainbowhospitals.in

ELECTRONIC MEDICINE PRESCRIPTION

MRN	: HNH-00009045	**Name**	: Mrs MAIMUNA SAFURA
Age / Sex	: 34 Y 9 M 24 D / Female	**Doctor**	: PADMAJA YELISETTY
Adm/Reg Date/Time	: 06/06/2026 12:23	**Payor**	: SELFPAY
Order Date	: 06/06/2026 18:58	**Ordernumber**	: 26-0000204864
Visit ID	: IP26-00006519	**Ward/Bed No**	: 4F -OT / LDR-415
Patient Address	: Red Hills, Hyderabad, Telangana, INDIA, 500004		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	SGLOVE 7.0(POWDER FREE)			/	1 Days		3 Nos	Dispensed

PADMAJA YELISETTY

Reg No : 52427

* This document is just for reference purpose only. Not to be considered as primary report.

Note

*** This prescription is valid only for specified duration.**

*** Do not refill medicines.**

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.
040-48873000, info@rainbowhospitals.in

ELECTRONIC MEDICINE PRESCRIPTION

MRN	: HNH-00015835	**Name**	: Baby Of MAIMUNA SAFURA
Age / Sex	: 0 Y 0 M 0 D 5 H / Female	**Doctor**	: SPANDANA PASUPULETI
Adm/Reg Date/Time	: 06/06/2026 14:52	**Payor**	: SELFPAY
Order Date	: 06/06/2026 19:03	**Ordernumber**	: 26-0000204865
Visit	. IP26-00006521	**Ward/Bed No**	: 4F -NICU 1 / NICU1-403
Patient Address	: H.NO: 20-6-616., Red Hills, Hyderabad, Telangana, INDIA, 500004		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	DSYRINGS 2.5ML(NIPRO)	SYRINGE 2ML	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
2	CORD CLAMP-ALPHAMEDICARE		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
3	SGLOVE # 6.5 (SURGICARE)	SURGICAL GLOVES 6.5	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
4	D WATER 10 ML AMPULE	DISTIL WATER10ML	1 Bottle	External / Once Daily	1 Days		1 Bottle	Dispensed
5	INFANT FEEDING TUBE-6	INFANT FEEDING TUBE 6	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
6	EASYCLOT-K1 1MG INJ 0.5 ML		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
7	SURGICAL BLADE 20	SURGICAL BLADE 20	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
8	SGLOVE # 6 (SURGICARE)	SURGICAL GLOVES 6.0	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
9	Oxygen Mask With Tubing - AdultROMSONS-FC		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
10	INTROCAN 24G	IV CANULLA 24	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed

SPANDANA PASUPULETI

* This document is just for reference purpose only. Not to be considered as primary report.

Note

*** This prescription is valid only for specified duration.**

*** Do not refill medicines.**

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.
040-48873000, info@rainbowhospitals.in

ELECTRONIC MEDICINE PRESCRIPTION

MRN	: HNH-00015835	**Name**	: Baby Of MAIMUNA SAFURA
Age / Sex	: 0 Y 0 M 0 D 5 H / Female	**Doctor**	: SPANDANA PASUPULETI
Adm/Reg Date/Time	: 06/06/2026 14:52	**Payor**	: SELFPAY
Order Date	: 06/06/2026 19:03	**Ordernumber**	: 26-0000204866
Visit ID	: IP26-00006521	**Ward/Bed No**	: 4F -NICU 1 / NICU1-403
Patient Address	: H.NO: 20-6-616., Red Hills, Hyderabad, Telangana, INDIA, 500004		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	DSYRINGE 1ML (NIPRO)	SYRINGE 1ML	1 Nos	External / Once Daily	1 Days		2 Nos	Ordered
2	GAUZE 7.5X7.5 12 PLY (5 NOS)	GAUZE 7.5X7.5 12 PLY 5 NOS	1 Nos	External / Once Daily	1 Days		2 Nos	Ordered

SPANDANA PASUPULETI

* This document is just for reference purpose only. Not to be considered as primary report.

Note

*** This prescription is valid only for specified duration.**

*** Do not refill medicines.**

Printed Date/Time : 06/06/2026 19:36

Printed By : SUNKARI SANGEETHA

FE 215-S

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Name	Mrs MAIMUNA SAFURA	**UHID**	HNH-00009045
Father/Guardian	Mr MUJTABA	**Age/Gender**	34 Y 9 M 25 D/ Female
Address	Red Hills, Hyderabad, Telangana, INDIA, 500004		
IP No	IP26-00006519	**Admission Date**	06-06-2026
Ref Doctor	Self.		
Discharge Date	09.06.2026		

DISCHARGE SUMMARY

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

Diagnosis: G2P1L1 AT 38^{+6} WEEKS WITH MORBID OBESITY WITH OLIGOHYDRAMNIOS FOR EMERGENCY LOWER SEGMENT CAESAREAN SECTION

EMERGENCY LOWER SEGMENT CAESAREAN SECTION UNDER GA ON 06.06.2026

History:

LMP:13.09.2025
EDD: 20.06.2026

Obstetric formula:G2P1L1
Gestation at admission:38+6weeks

Name	Mrs MAIMUNA SAFURA	UHID	HNH-00009045
IP No	IP26-00006519	Admission Date	06-06-2026

Obstetric History:
G1 -2018- FT-NVD, Female, 2.4kg, A&H
G2 - Present pregnancy, OI conception.

Medical History: Nil
Surgical History: H/o perineotomy for vaginismus(2016), Laparoscopic ovarian cystectomy (2020), HPE- Dermoid cyst
Allergies: Nil
Family History: Mother-HTN and DM

Antenatal Details:

Mrs MAIMUNA SAFURA was booked with DR.PADMAJA YELISETTY at 12^{+4} weeks of gestation. She had regular antenatal checkups and investigations as advised. NT scan normal. FTS-Low risk, Risk for FGR before 37weeks is 1:6. Hence, she was started on T.Ecosprin 150mg once daily. Early OGTT normal. TIFFA normal. Fetal echo normal. OGTT at 24^{+6} weeks normal. Fetal monitoring done by serial growth scans. Scan done on 29.05.2026 showed single live fetus with cephalic presentation, AFI- 9.7cms, Placenta-posterior and high, EFW-3.1kg(61%), AC at 77% with normal dopplers. Serial monitoring done with AFI scan. Scan done on 06.06.2026 showed single live fetus with cephalic presentation, AFI- 7.8cms (lower limit of normal), Placenta-posterior and high with normal dopplers. She was admitted at 38^{+6} weeks in view of low liqour for Emergency LSCS.

Investigations: Enclosed

Name	Mrs MAIMUNA SAFURA	UHID	HNH-00009045
IP No	IP26-00006519	Admission Date	06-06-2026

Blood group- "A" Positive"

Management:

Course in hospital and Delivery Details:

At admission on clinical examination the vitals were stable, uterus was relaxed, cervix was uneffaced and os closed. Fetal well being was confirmed by an admission CTG which was found to be reactive. She was decided for emergency C- section in view of low liqour and was prepared with indwelling Foley's catheter and IV canula under aseptic conditions. Written informed consent for surgery taken. Preanesthetic check up done. Anesthetic premedication (IV Pantop and Perinorm) given. Patient shifted to theatre.

Surgery Notes:

Under general anesthesia she was painted and draped as per hospital protocol. Abdomen opened in layers. The parietal and visceral peritoneum carefully opened after identifying the urachus. Bladder was reflected. A lower segment curvilinear incision given on the uterus. Baby delivered. Cord clamped and cut and cord blood collected for blood grouping and Rh typing. Baby handed over to pediatrician. Placenta delivered with controlled cord traction. Uterus closed in layers. Hemostasis secured. Instruments and swab count checked. Rectus sheath closed. Subcutaneous fat approximated and Drain tube kept. Skin closed with Mattress sutures. Wound dressing done. Vagina cleaned with Betadine solution after expelling clots. Misoprostol 1000 mcg given per rectum as prophylaxis against Postpartum hemorrhage. Patient was shifted out of theatre to post operative recovery room.

***LUS thickened**

Name	Mrs MAIMUNA SAFURA	UHID	HNH-00009045
IP No	IP26-00006519	Admission Date	06-06-2026

***Mattress sutures for skin**
***Subcutaneous drain kept**
***Scanty liqour**

Delivery Details :
Date : 06.06.2026
Time of Delivery:1:59 PM
Type of Delivery: Emergency lower segment caesarean section
Indication : Low liqour
Anaesthesia : General

Baby Details:
Date : 06.06.2026
Time : 1:59PM
Sex : Female
Weight : 3.38kg
Apgar : 6,10
Gestational Age: 38+6 weeks
NICU Admission: Yes, for RD

Post-Operative Notes:
She was closely monitored. Her vital signs remained stable. Uterus was well retracted with no Postpartum hemorrhage. Breast feeding initiated. She was shifted to room. Her postoperative period following that was uneventful. On second postoperative day dressing was changed .On inspection wound was healthy. Subcutaneous drain removed. Her general condition was satisfactory and she was found to be fit for discharge. Wound care ,drain care and

Name	Mrs MAIMUNA SAFURA	UHID	HNH-00009045
IP No	IP26-00006519	Admission Date	06-06-2026

medications were explained to patient supplemented by written information. She was given the postpartum book for further reference.

Advice:

1. Tab. Taxim O 200mg twice daily till 12.06.2026(9am-9pm) after food.
2. Tab.Metrogyl 400mg thrice daily till 15.06.2026 (8am-2pm-8pm) after food
3. Tab. Calpol 500mg (Paracetamol 500mg) (2tabs) thrice daily till 10.06.2026 (8am-2pm-10pm) after food.
4. Tab. Voveran 50 mg (Diclofenac 50mg) thrice daily till 10.06.2026 (9am-3pm-11pm) after food.
5. Tab. Pantop 40mg twice daily till 12.06.2026(7am-7pm) before food.
6. Tab. Livogen (Elemental Iron - 50mg, folic acid 1.5mg) once daily (7am) for three months before breakfast.
7. Tab. Shelcal (Elemental Calcium 500 mg, Vitamin D3 250 IU) once daily (2pm) till breast feeding for after food.
8. Inj.Clexane 80mg (Enoxaparin) subcutaneously over thigh once daily till 05.07.2026
9. T.Chymoral forte thrice daily till 16.06.2026 after food.
10. TED stockings for 6 weeks
11. Nebasulf Powder for local application

Home Blood pressure monitoring to be done **twice daily** for **two weeks**. Report to emergency if **BP >140/90mmHg**, presence of headache, vomitings, blurred vision, reduced urine output, epigastric pain, seizures.

* Suggest **PAP smear** and **HPV Vaccine** after **6 weeks**; Please discuss with

Name	Mrs MAIMUNA SAFURA	UHID	HNH-00009045
IP No	IP26-00006519	Admission Date	06-06-2026

your treating doctor regarding **HPV vaccination.**

Review with **Dr. Padmaja Yelisetty,** on Monday (15.06.2026) Rainbow Children's Hospital with prior appointment **(Review consultation will be charged).**

For Women Who Have Had a Caesarean Section
Care of the wound:
1.You can bath and shower.
2.The wound can get wet during a bath or shower. Dry it thoroughly and gently by dabbing with a gauze piece. Do not rub the wound.
3.This gauze piece needs to be discarded after one use.
4.Prior to touching the wound clean hands thoroughly with Microshield solution and allow them to air dry or use disposable paper napkins.
5.Apply Nebasulf or Neomycin dusting powder on the wound after it is dry.
6.Do not touch the wound with unwashed hands.

The content of the patient discharge summary, medication, food & drug interaction, care to be provided at home, nutrition, 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.

Name	Mrs MAIMUNA SAFURA	**UHID**	HNH-00009045
IP No	IP26-00006519	**Admission Date**	06-06-2026

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

Rainbow Children's Medicare Ltd. Himayathnagar 500029 Hyderabad

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 : IP26-00006519. **Admit Date** : 06-Jun-2026 **Admit Time** : 12:23 PM **UHID** : HNH-00009045

Patient Details :

Patient Name	: Mrs MAIMUNA SAFURA	**Age**	: 34 Y 9 M 24 D
Guardian	: Mr MUJTABA	**DOB**	: 13-08-1991
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: Red Hills Hyderabad Telangana INDIA 500004	**Phone No**	: 7893402660/ 7075689043
		E-mail	: MOONASAF.MS@GMAIL.COM

Admission Details :

Bed Type : TWIN SHARING **Bed No** : LDR-415 **Ward Name** : 4F -OT

Room No : LDR-415 **Admission Type** : First Visit

Contact Details :

Name : Mr MUJTABA **Relationship** : W/O

Contact Address : Red Hills Hyderabad Telangana INDIA 500004 **Phone No** : 7893402660

Signature

Doctor Details :

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

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

Co-Consultant :

Payment Details :

Deposit Amount : 114000.00

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

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-00009045 IP26-00006519 Mrs MAIMUNA SAFURA 13-08-1991 34 Y 9 M 24 D (F) Dr. PADMAJA YELISETTY	6/6/26 @ 12:23 PM	6/6/26. @ 1:10 PM
	Transfer Ordered by DR. Veena	Reason for Transfer observation
From Unit pre_post	To Unit Room	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 30	Number of Imaging Films	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.	[illegible]	1
2.		
3.		
4.		
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sis. Alei	DR Veena

Patient & Clinical Records Received by : Sandhya 6/6/26 @ 1:10pm

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

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 :_____

HNH-00009045 IP26-00006519
Mrs MAIMUNA SAFURA
13-08-1991 34 Y 9 M 24 D (F)
Dr. PADMAJA YELISETTY

UHID No. : _____ Itant: _____ Dept : _____

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
6/6/26	1PM	PreIPost	OT	Archana
6/6/26	4:00PM	OT	PrePost	Anusha
7/6/26	11:10AM	~~Recovery - Post~~	Room	Alex

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	Dr. Sindhura	7/6/26	5073	
2				
3			Cxon	checked done by priyanka.
4				
5				
6				
7				
8				
9				
10				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
[illegible]	[illegible]	[illegible]	[illegible]
		Cross checked done	
		7/06/20[illegible]	[illegible]

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
6/6/26	Cardiac Monitor		7/6/26 8:00AM	204823	
6/6/26	Infusion pump	4pm	8:00AM		[illegible]
6/6/26	oxygen	4pm	7Am	204880	
			cross	checked done	
			7/6/26 @		10:00AM

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
6/6/26	Dr placement	1	204825	Amith
6/6/26	catheterisation	1		
6/6/26	PAC	1	204824	
6/6/26	Nebulisation with oxygen	1	204880	Asha
7/6/26	Nebelzat 800	1	204964	Alex
			Cross checked dose	
			7/6/26 @ 10AM	
7/6/26	NHA	1	5072	

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

HNH-00009045 IP26-00006519
Mrs MAIMUNA SAFURA
13-08-1991 34 Y 9 M 24 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

IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

for Emergency lscs ; l/o/o oligohydramnios

LMP: 13/9/2025 EDD: 20/6/2026

Corrected EDD: 20/6/2026 GA: 38w 6days

Obstetric Formula: $G_2P_1L_1$

ML: 10 years

Obstetric Hostory:

1st → 2018 FTND, F, B.wt 2.4kg

2nd → PP, 01 Conception (4th cycle)

Present Pregnancy Record:

Booked case @ 8+3wks, NT (N).

FTS - Low risk; T.1 FFA (N)

: Growth scan (N)

RISK FACTORS:

- ~~Oligohydramnios~~

Low liquor

Height: 157 cm

Weight: 127 kg

Allergies: Nil

Breast: ☑ Normal ☐ Abnormal

General Examination:

Consciousness: (+) Pallor: (-)

Icterus: (-) Edema: (-)

Temp: Afebile PR:

BP: 103/70 mmHg DTR: (+)

CVS: S1S2 (+) RS B/L NVBS

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

Menstrual History: Regular : ☑ Yes ☐ No

Obstetric Examination

Fundal Height: UH at term

Ut. Activity: ☑ Relaxed ☐ Mild ☐ Mod ☐ Severe

Liquor: ☐ Adequate ☑ Oligo ☐ Poly

PP: ☑ Cephalic ☐ Breech Others _____

Head Fifths Palpable: 5/5

FHS: ☑ Normal ☐ Tachy ☐ Brady ☐ Absent

Per Speculum Examination - N/A

Draining: ☐ Present ☐ Absent ☐ Bleeding

Colour of Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Vaginal Examination - N/A

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

$G_2P_1L_1$ | 38^{+6} wks c (B) morbid obesity c

low liquor

HNH-00009045 IP26-00006519
Mrs MAIMUNA SAFURA
13-08-1991 34 Y 9 M 24 D (F)
Dr. PADMAJA YELISETTY

Family History:

~~Father~~ - HTN & DM

Surgical History:

- H/O perineotomy for vaginismus (2018)
- H/O lap. ovarian cystectomy (2020)
  HPE - Dermoid cyst.

Medical History:

~~H/O~~ Nil.

Medication History:

On T. Fe / T. Ca.

Plan of Care:

Emergency LSCS

- Informed consent
- Prepare parts
- Admission NST
- Review PAC
- Foley's Catheterisation
- drugs as charted
- strict FHR monitoring
- Monitor Vitals
- Inform SOS
- ~~Send CBP~~
- Reserve 2 PRBC.

Investigations: BGT - "A positive"

CBP

Hb:- 11.1g/dl, plt- 2.7 lkh, TLC:- 8.2 lc, PCV - 32.1%

HIV, Hbsag, HCV, VDRL } NR

USG (6/6/26) ~ 38+6 wks

SLIOP, Cephalic

AFI - 7.8cm (lower limit)

PI - Post & high

EFW - 3.1kg (61%)

~~Accepted~~

Doctor Name: Dr. G. Veera

Signature:

Date & Time: 6/6/26 @

Consultant Name: Dr. Padmaja Yelisetty

Signature: Y Padmaja

Date & Time: 6/06/2026

HNH-00009045 IP26-00006519
Mrs MAIMUNA SAFURA
13-08-1991 34 Y 9 M 24 D (F)
Dr. PADMAJA YELISETTY

(1)

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	c/s/B Dr. Veena - Dr. Padmaja Yelisetty	
6/6/26 4PM	POD-0 / P_2L_2 11.1 SCC	Adv
	Pt is stable, No c/o	- NBM for 4-6 hours
	O/E GC-fair, Afebrile	- IVF's, Analgesics & Thromboprophylaxis as per AXON
Baby @ NICU	BP- 100/70mmHg	- Vital monitoring
	PR- 65bpm	- T/o charting
	SpO_2 - 100% on RA	- Drain care (s/c) X 7 days.
	P/A - UH soft retracted	- Remove Foley's c/m @ 6am
	L/E - BUBNL	- Early ambulation c/m
	DT - minimal.	- Thromboprophylaxis - Inj. Clexane 80mg sc for 4 weeks. (Tonight).
		- TED stocking for 6 weeks.
		- w/f excessive bleeding P/v.
		- POD-2 - Dynaplast dressing.
		- T. Chymoral forte TID X 10 days (From c/m).
		- IV Abx for 48 hours (Inj Taxim & Inj Metro)
		Padmaja P Yelisetty 52423

HNH-00009045 IP26-00006519
Mrs MAIMUNA SAFURA
13-08-1991 34 Y 9 M 24 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
06/06/26. 4pm	C/c/ by Dr. M. Vineetha (Anaesthesiologist)	
	Pt is stable.	
	vitals: PR - 68/min	
	BP - 100/70 mmHg	
	SpO2 - 100% on facemask O2/air.	
	CVS - S1S2 +	
	RS - B/L AE +	
	CNS - conscious.	
		Advice:
		✓ monitor vitals
		✓ I/O charting.
		✓ Incentive spirometry & breathing exercises after completely awake
		✓ Adequate hydration
		✓ Infusion IVs
		Dr. M. Vineetha 06/06/26.
6/6/26 5:00pm	Reviewed the mother.	
	vitals stable	
	Drowsy	
	Drain minimal serous fluid	
	catheter : high coloured urine	continue treatment as documented previously
		Padmaja Yelisetty 52420

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

HNH-00009045 IP26-00006519
Mrs MAIMUNA SAFURA
13-08-1991 34 Y 9 M 24 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
6/6/2021		
9pm	C/S/O Dr Manisha	
	POD-0 | P_2L_2 | Emesis	
		Adv
	GC Fair ; Afebrile	- Allow sips of water >10:00pm
	BP 116/86	- If tolerates → liquid diet
	PR 100	- Soft Diet > 6AM c/m (if tolerates)
	P/A Lt wall retracted ; BS (+)	- I/o monitory
	PIV - Bleeding WNL	- Drain Care x 7 day
	U/o - 80 c/h clear	- Foley's removal c/m 6AM
	D/o - minimal	- IUF / Analgesics / Thromboprophylaxis
Baby-NICU		as per Axm
	No Complaints	- TED Stocking x c w/s
		- W/F vitals & BDR
		- POD-2 - Dynaplast dressing
		- CU AD x 48hr
		- Inform SVD
		- Spirometry QID
		Dr Manisha
	TED stocking unavailable in hospital → asked Attender to get it from outside	Informed Mom (Dr Padmaja)

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

(P.T.O)

HNH-00009045 IP26-00006519
Mrs MAIMUNA SAFURA
13-08-1991 34 Y 9 M 24 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
7/6/2026	C/S/b Dr Manusha	
3 Am	POD-0	
		Adv
	GC - Fair Afebrile -	Liq diet; Soft Diet >6 AM
	BP 107/59 -	Ambulation (>6 AM)
	PR 90 -	Foley's removal @ 6 AM
	P/A Ut well retracted -	Drugs as charted
Baby NICU	BS ⊕ -	W/F vitals & BPV
	PV Bleeding WNL -	Infirm SOS
	I/O ~ 30-40 c/w	
	O/O ~ Minimal	
	B/L chest clear	M/S Dr Manusha
7/6/2026	C/S/b Dr Manusha	
8 Am	POD-0 / Stable	
		Adv.
	GC - Fair Afebrile -	Soft Diet / oral hydration
	BP 117/60 -	Ambulation
Baby-NICU	P/R 87 -	Encourage to void
	P/A Ut well retracted/BS⊕ -	Drugs as charted
	Obesity ⊕⊕ -	TED Stocking
FV ✓	P/V - Bleeding WNL -	W/F vitals & BPV
S ✓	I/O - 60 c/w → (Foley's removed @ 6:50 AM) -	Oron Care x 7d
U Passed	O/O ≅ 10 cc -	Infirm SOS
		- Shift to Room. Dr Manusha
	TED Stocking unavailable)	Noted by Alw

HNH-00009045 IP26-00006519
Mrs MAIMUNA SAFURA
13-08-1991 34 Y 9 M 24 D (F)
Dr. PADMAJA YELISETTY

(3)

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
7/6/26 12pm	c/s/B Dr. Veena POD-1 / Em. LSCS Pt is stable, No c/o O/E GC-fair, Afebrile BP- 120/74mmHg PR- 76bpm Pallor (-) P/A - Ut well retracted BS (+). Obesity (+)(+) Drain tube - 85ml. (Serous.) L/E - BWNL. TED stockings - unavailable.	Adv ✓ Soft diet ✓ - Drugs as chaated ✓ Ambulation every 3rd hourly ✓ Adequate hydration ✓ TED stockings ✓ Drain care x 7 days ✓ Inform SOS. ✓ - Vital monitoring MB Sunanda
7/6/26 8:30pm	c/s/B Dr. Veena POD-1 / Em. LSCS Pt is stable, No c/o O/E GC-fair, Afebrile Pallor (-) Vitals - stable P/A - Ut well retracted, BS (+) L/E - BWNL TED stockings - Not available DT - 30ml (Serous.)	Adv ✓ Soft diet ✓ Drugs as chaated ✓ Ambulation every 3rd hourly ✓ Adequate hydration ✓ Drain care x 7 days ✓ Vital monitoring ✓ Inform SOS noted by Sr. Sandhya 7/6/26 9:1pm

Ambulation ✓
U ✓
F ✓
S ✓
Baby in NICU
Seeing baby by videocall (c/s/o Drain tube insitu)
Ambulation ✓
U ✓
F ✓
S ✓
Baby in NICU
B/L Breasts Soft, NS (+)

HNH-00009045 IP26-00006519
Mrs MAIMUNA SAFURA
13-08-1991 34 Y 9 M 25 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
8/6/26	c/s/B Dr. Veena	
7:30 am	POD- 2 / Emr. CSCS	
	Pt is stable	
Baby in NICU	* Had 1 episode of giddiness in morning	Adv
↓	↳ Vitals - (N).	✓ Soft diet → Regular diet
- On Room Air	o/e GC-fair, Afebrile	✓ Days as charted
- Plan to shift in evening.	Pallor (-)	✓ Ambulation every 3rd hourly
U ✓	Vitals - BP- 116/67 mmHg	✓ Vital monitoring.
F ✓	PR- 86 bpm	✓ Drain care x 7 days
S ✓	P/A - UT well retracted	✓ Inform SOS
B/C Breasts	Soft, BS (+)	
↓	L/E - BLNL	NB Sunanda
Soft, Milk secretion (+) (But low).	DT - 30cc (Serous)	

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

(P.T.O)

HNH-00009045 IP26-00006519
Mrs MAIMUNA SAFURA
13-08-1991 34 Y 9 M 25 D (F)
Dr. PADMAJA YELISETTY

4

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
8/6/2026 10:00am	cls/by Dr. Padmaja Yelisetty	
V-✓	O/E GC-fair	Adv
	Afebrile	- Regular diet
	PR: 86bpm	- Adequate hydration
	BP: 99/74 mmHg	- Ambulation
F-✓	CVS/RS: NAD.	- T. Domperidone 10mg TID
S-✓	PA: ut-retracted/well Soft, NT, old.	- Cap. lactose 2 tab 1-1-1. x7wk + 1 tab 1-1-1 x7wk.
	Dressing: mild Soakage	- drugs as charted.
	UE: PV bleeding. WNL.	- T/M: Dynoplast dressing, - w/f PV bleeding. - Monitor Vitals - Inform SOS.
	Baby: NICU on RA	

Y. Padmaja Yelisetty 52427

HNH-00009045 IP26-00006519
Mrs MAIMUNA SAFURA
13-08-1991 34 Y 9 M 24 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
8/6/2026	C/s/b Dr	Manshe
7pm	POD-2	
		Adv:-
	GC-Fair Afebrile	Regular Diet / Adeq Hydration
	Vitals stable	Ambulation (3rd hourly)
	P/A - Soft / Obesity (+) (+)	Dressing (Tegaderm) (2) E/m
Baby-M/S	L/E Bleeding WNL	Drugs as charted
	ASD - mild soaked	W/F vitals, PBM
UV	O/P ~ 200cc	Inform SOS
BV		Drain care x 7d
SV	No Complaints	fpre
		NB Sr Ay Dr ramsh
8/6/26		
10:30pm	D-POD	
	No complaints	
	V: ✓	
	A: ✓	Bhramya Thomas

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

HNH-00009045 IP26-00006519
Mrs MAIMUNA SAFURA (F)
13-08-1991 34 Y 9 M 25 D
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
9/6/2026 8:30am	c/s/by Dr. Naveena	
	O/E GC - fair	Adv
	Afebrile	- Regular diet
	PR: 86bpm.	- Adequate hydration.
	BP: 97/62mmHg.	- drugs as charted
	CVS/RS: NAD	- Ambulation
U-✓	PA: ut retracted well	- w/f P/V bleeding.
F-✓	Soft, NT	- Tegaderm Dressing
S-✓	Dressing: mild old	- Drain care for
	Soakage	7days.
	L/E: P/V bleeding WNL	- Monitor Vitals
		- Inform SOS
	Baby: mother side.	
	Bilateral breasts: soft	
	minimal Secretions (+)	N/D [signature]
		Dr. Naveena

Patient Sticker

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/6/2026 11'40am.	c/s/by Dr. Naveena	
	c/s/by Dr. Ramya theja.	
	O/E GC-fair	Adv
	Afebrile	- Regular diet
	Vitals - stable	- Adequate
	PA: ut retracted well	hydration
	Soft, NT	- drugs as charted
	Dressing: dry & clean	- Ambulation
	L/E: PV bleeding WNL	- w/f PV bleeding
		- Monitor Vitals
	Baby MS on phototherapy	- Inform SOS
		- Tegaderm dressing
	patient can be discharge	Dr. Naveena
	I/c all aseptic precaution, LSCS wound dressing	
	changed and s/c drain removed.	
		Dr. Naveena.

U ✓
F ✓
S ✓

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

HNH-00009045 IP26-00006519
Mrs MAIMUNA SAFURA
13-08-1991 34 Y 9 M 24 D (F)
Dr. PADMAJA YELISETTY

215

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

RESULT SHEET

Date						
Time						
Hb	11.1					
PCV	32.1					
RBC						
WBC	8.2					
N/L						
Platelets	2.7					
CRP						
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
Blood grouping = A+ve						
HIV						
Hbsag & NR HCV			2 ⊙ PRBC	Reserve insurya blood bank		

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

HNH-00009045 IP26-00005519
Mrs MAIMUNA SAFURA
13-08-1991 34 Y 9 M 24 D (F)
Dr. PADMAJA YELISETTY

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

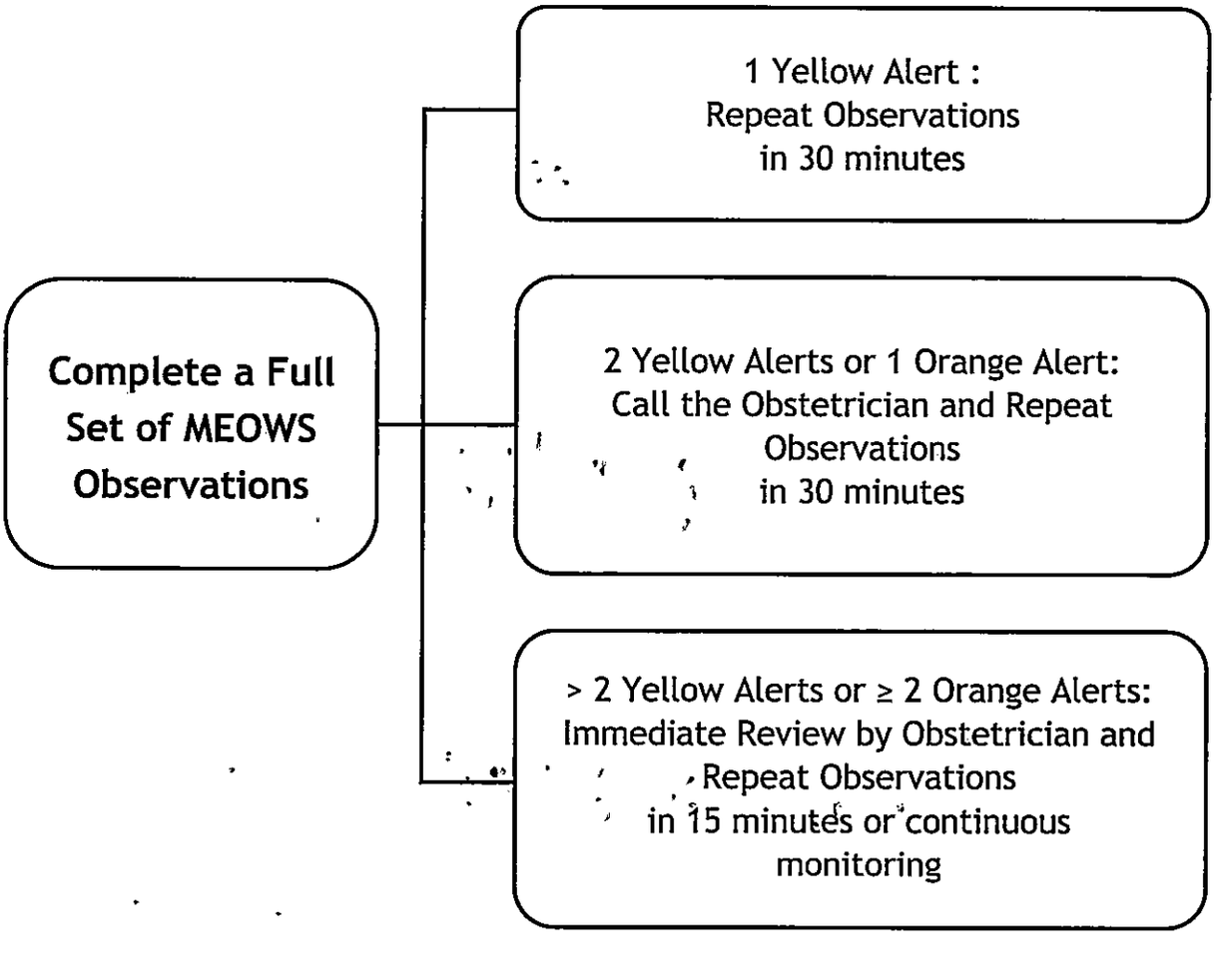
BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

/arning Observation Score Chart - Obstetrics

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

		Date	6/6/26																						
		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	20	20	20	20	20	20	20	20	20
	0 - 10																								
Saturations	94 - 100 %							98		98	99	99	100	100	99	99	99	99	99	99	99	99	99	99	99
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37									36.6			36		36		36		36			36			36
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80							73		81	78	70	86	96	104	100	99	101	99	86	82	80	88	86	
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130							103		100	111	113	113	112	114	116	112	116	116	104	107	111	105	117	116
	120																								
	110																								
	100																								
	90							70		90	70	64	79	86	87	88	83	84	85	76	70	80	76	81	82
	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								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
Nurse Initial																									

Obstetrics and Gynaecology Early Warning Signs



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

HNH-00009045 IP26-00006519
Mrs MAIMUNA SAFURA
13-08-1991 34 Y 9 M 24 D (F)
Dr. PADMAJA YELISETTY

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

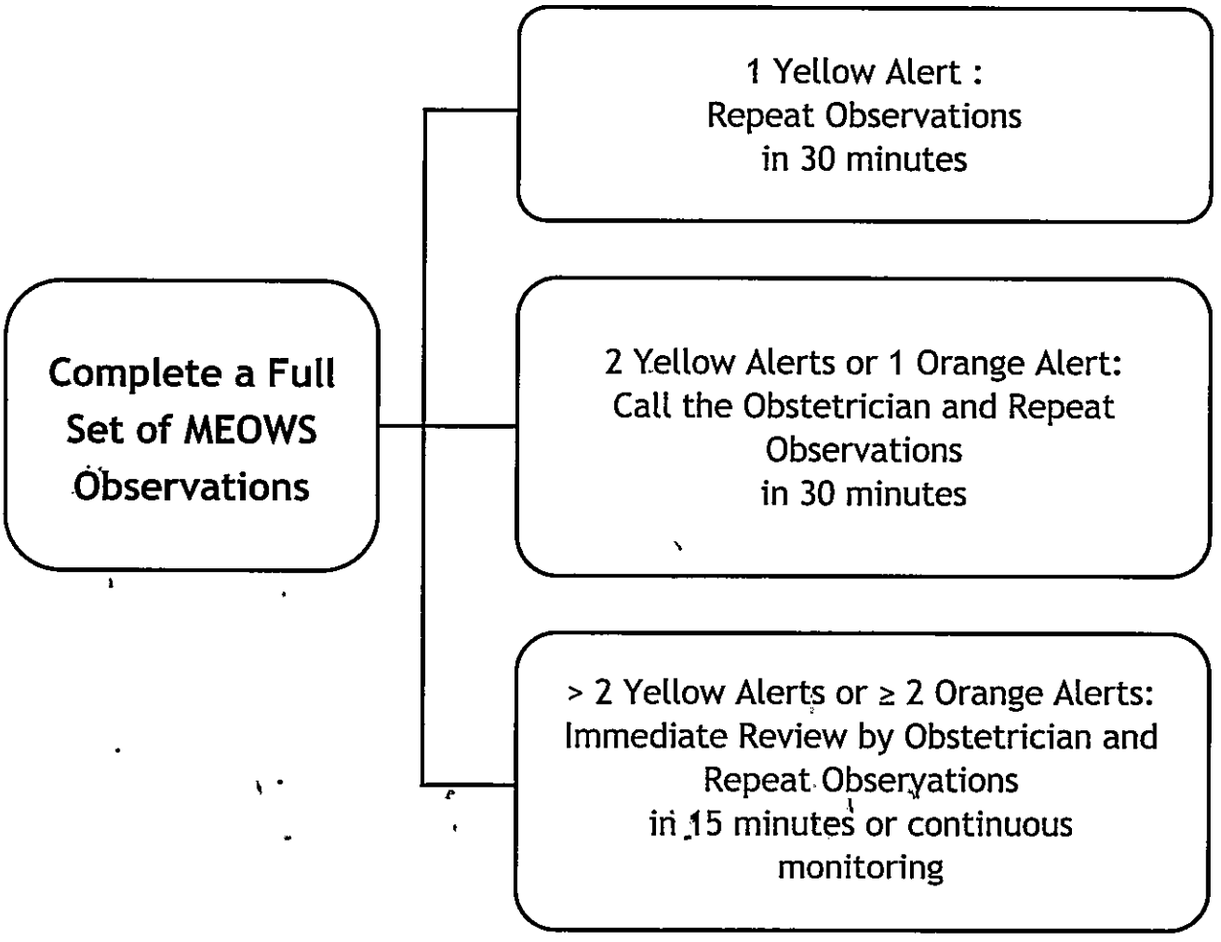
BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Early Warning Observation Score Chart - Obstetrics

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

7/6/26	Date	7/6/26																							
	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 %	96	99	95			99%					99%				100%				99%				98%	
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37			97.6°F												97.8°F				96.8°F				97.8°F	
	36						98.3°F					36°C													
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80	81	82	87			86					73				78				82				86	
	70																								
	60																								
	50																								
	40																								
↑ Systolic Blood Pressure	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																							99	
	120																			118					
	110						116					116				121									
	100	95	101	99																					
	90																								
	80																								(82)
	70																								
	60																								
	50																								
↓ Diastolic Blood Pressure	130																								
	120																								
	110																								
	100																								
	90																								
	80																							74	
	70	61	67									73								70					
	60			67			63									72									
	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		[illegible]	[illegible]	[illegible]			[illegible]					[illegible]				[illegible]				[illegible]				[illegible]	

Obstetrics and Gynaecology Early Warning Signs



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

HNH-00009045 IP26-00006519
Mrs MAIMUNA SAFURA
13-08-1991 34 Y 9 M 25 D (F)
Dr. PADMAJA YELISETTY

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

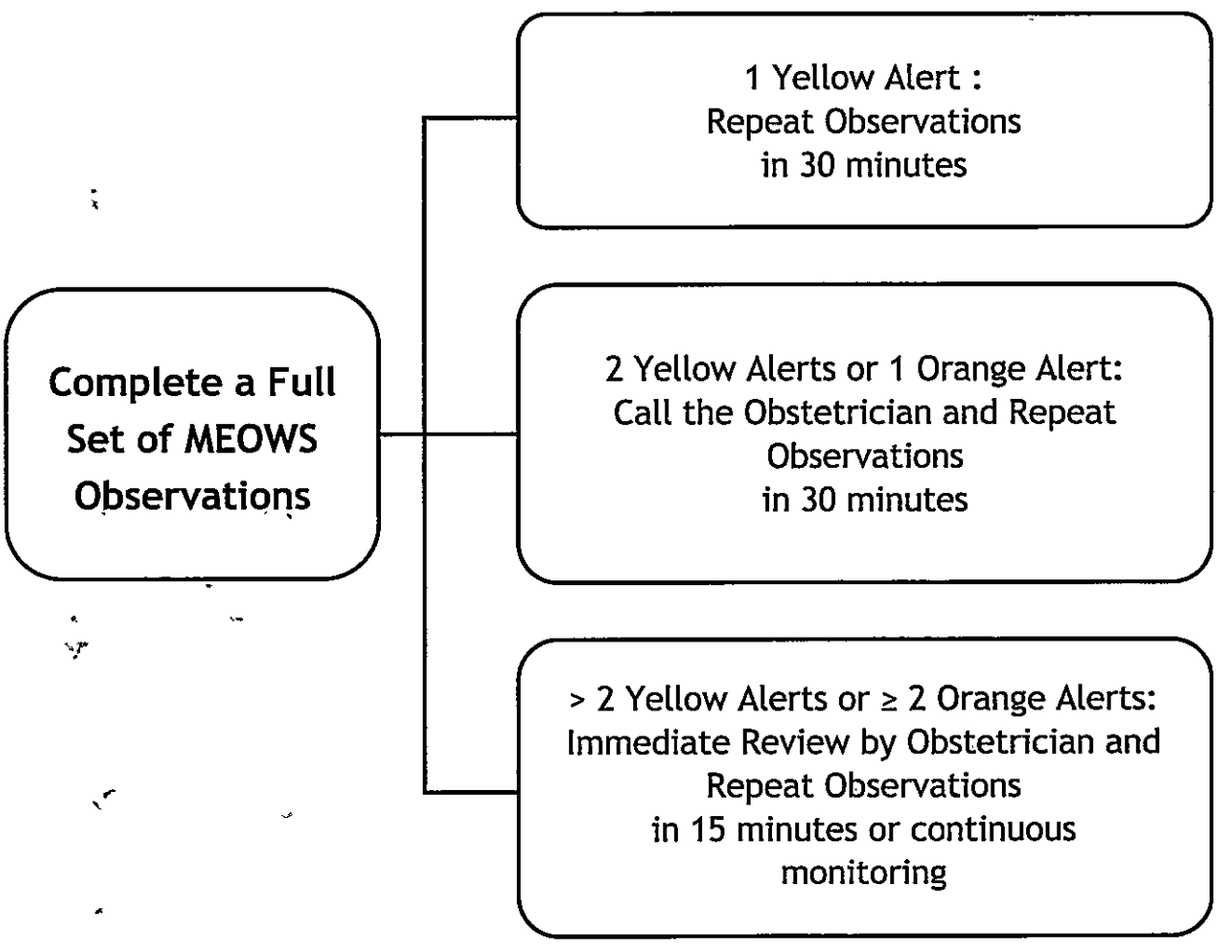
BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Early Warning Observation Score Chart - Obstetrics

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

8/6/26	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				22				23				22	
	0 - 10																								
Saturations	94 - 100 %			99%				99%				99%				99%				99%				99%	
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37			98.5°F				98.4°F				36°C				36°C				36°C				37°C	
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90			99				88				90bb				83				98				86	
	80																								
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100		99					115				121				100				98				97	
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70		77					80				74				60				59				62	
	60																								
	50																								
	40																								
NEURO RESPONSE [✓]	Alert		✓				✓					✓				✓				✓				✓	
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30		✓				✓					✓				✓				✓				✓	
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal		✓				✓					✓				✓				✓				✓	
	Heavy / Foul																								
Liquor	Clear / Pink		✓				✓					✓				✓				✓				✓	
	Green																								
TOTAL YELLOW SCORES			0				0					0				0				0				0	
TOTAL ORANGE SCORES			0				0					0				0				0				0	
Nurse Initial			[illegible]				[illegible]					[illegible]				[illegible]				[illegible]				[illegible]	

Obstetrics and Gynaecology Early Warning Signs



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

HNH-00009045 IP26-00006519
Mrs MAIMUNA SAFURA
13-08-1991 34 Y 9 M 24 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

FLUID CHART

Sheet No. : 1

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
6/6/26	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm	RL	Nbm	100 ml								
	01:00 pm	RL		100 ml								
Total Intake :		Taken 900 ml				**Total Output :**						
6/6/26	02:00 pm	RL	N	100 ml								
	03:00 pm	RL	B	100 ml								
	04:00 pm	RL		100 ml						200 ml		
	05:00 pm	RL	M	100								
	06:00 pm	RL		100						150 ml		
	07:00 pm	RL		100								
Total Intake :		Taken 600 ml				**Total Output :**				passed 350 ml		
6/6	08:00 pm	RL		100 ml								
	09:00 pm	RL		100 ml								
	10:00 pm	RL	H2O	100 ml						300 ml		
	11:00 am	RL		100 ml								
	12:00 am	RL		100 ml								
	01:00 am	RL	H2O	100 ml						150 ml		
Total Intake :		Taken 600 ml				**Total Output :**				450 ml		
7/6	02:00 am	RL	H2O	100 ml								
	03:00 am	RL		100 ml								
	04:00 am	RL		100 ml								
	05:00 am	RL	H2O	100 ml								
	06:00 am	RL		100 ml						800 ml		
	07:00 am	RL		100 ml								
Total Intake :		600 ml				**Total Output :**				800 ml passed		

Total 24 hrs. Intake	2000 ml. Taken	Total 24 hrs. Output	1600 ml

HNH-00009045 IP26-00006519
Mrs MAIMUNA SAFURA
13-08-1991 34 Y 9 M 24 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

FLUID CHART

Sheet No. : 02

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							
7/6/26	08:00 am	RL	Ad lib	100ml				1				
	09:00 am											
	10:00 am							0		1	0	
	11:00 am							1				
	12:00 pm					NA						
	01:00 pm											
Total Intake :		Taken				**Total Output :**					Passed U-1 m-1	
7/6/26	02:00 pm	1	Upma 150				1					
	03:00 pm											
	04:00 pm							NA		1	0	
	05:00 pm	0					0					
	06:00 pm											
	07:00 pm				NA							
Total Intake :		Taken				**Total Output :**					U-1 m-0	
7/6/26	08:00 pm	1	Rice 1/2							U-1		
	09:00 pm											
	10:00 pm	0									0	
	11:00 pm							NA				
	12:00 am											
	01:00 am				NA							
Total Intake :						**Total Output :**						
8/6/26	02:00 am	1										
	03:00 am											
	04:00 am	0										
	05:00 am							NA				
	06:00 am				NA							
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

HNH-00009045 IP26-00006519
Mrs MAIMUNA SAFURA
13-08-1991 34 Y 9 M 25 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

FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
8/6/26	08:00 am											
	09:00 am		Idly									
	10:00 am				NA				NA			
	11:00 am	6	Upma				0				0	
	12:00 pm											
	01:00 pm											
Total Intake : Taken						Total Output : U-2 M-0						
8/6/26	02:00 pm											
	03:00 pm		Chapathi									
	04:00 pm	0										
	05:00 pm				NA		0		NA		0	
	06:00 pm											
	07:00 pm											
Total Intake : Taken						Total Output : U-1 M-						
8/6/26	08:00 pm											
	09:00 pm											
	10:00 pm	0										
	11:00 pm				NA				NA		0	
	12:00 am											
	01:00 am											
Total Intake :						Total Output :						
9/6/26	02:00 am											
	03:00 am											
	04:00 am	0										
	05:00 am				NA				NA		0	
	06:00 am											
	07:00 am											
Total Intake :						Total Output :						

Total 24 hrs. Intake		Total 24 hrs. Output	

HNH-00009045 IP26-00006519
Mrs MAIMUNA SAFURA
13-08-1991 34 Y 9 M 25 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

FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
9/8/26	08:00 am											
	09:00 am											
	10:00 am	0			NA			NA			0	
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake : Taken						**Total Output :** U M						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

HNH-00009045 IP26-00006519
Mrs MAIMUNA SAFURA
13-08-1991 34 Y 9 M 24 D (F)
Dr. PADMAJA YELISETTY

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: 6/6/20

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	8pm – 2pm	- Assess the patient condition - plan for vital & record - plan for IV/fluids - plan for Rocket	8pm – 2pm	- Assessed the patient condition - Maintain vitals recorded. - Maintain Rocket	- patient stable	- vitals done	
Afternoon				Day			
Night	8pm – 8a	- assess the pt condition - monitor vitals - maintain flo chart	8pm – 8a	- assess the pt condition - monitor vitals - maintain flo	now pt is stable	done	

HNH-00009045 IP26-00006519
Mrs MAIMUNA SAFURA
13-08-1991 34 Y 9 M 24 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

NURSING CARE RECORD

Date: 7/6/26

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 – 2pm	- Assess the patient condition - plan for vital & record - plan for medication - plan for I/O chart	8am – 2pm	- Assessed the patient condition - Maintain vital & record - medication given as per chart - Maintain I/O chart	- Patient stable	- vital normal	[signature]
Afternoon	2PM – 8PM	- Assess the pt. condition monitor vitals Maintain I/O chart. Drug give as per drug chart.	2PM – 8PM	Assessed the pt. condition monitored vitals Maintained I/O chart. Drug given as per drug chart.	patient is stable now	Rechecked vitals	Khushboo [signature]
Night	8pm – 8Am	- Assess the pt. condition - monitor vitals & record - maintain I/O chart - Give medication as prescribed by doctor	8pm – 8Am	- Assessed the pt. condition - Monitored vitals & records - Maintained I/O chart - Given medication as prescribed by doctor	patient is stable now	Re-checked vitals	[signature]

HNH-00009045 IP26-00006519
Mrs MAIMUNA SAFURA
13-08-1991 34 Y 9 M 25 D (F)
Dr. PADMAJA YELISETTY

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: 8/6/26

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	8 AM 2 PM	Assess the Pt. Condition monitor vitals Maintain I/O chart. Drug give as per drug. chart.	8AM 2PM	Assessed the Pt. condition Monitored vitals Maintained I/O Chart. Drug given as per drug chart.	Patient is Stable Now	Rechecked Vitals	Khushboo (Kha)
Afternoon	2pm 8pm	- Assess the Pt Condition - Monitor vitals - Maintain I/O Chart - Medication Given as per drug Chart	2pm 8pm	- Assessed the Pt condition - monitored vitals - Maintained I/O chart - Medication Given as per drug chart	Pt is Stable	Rechecked vitals	Sm
Night	8pm to 8am	-> Assess the pt condition -> monitor the vitals -> maintain I/O chart -> give the drain care -> Administer medication as per drug chart	8pm to 8am	->Assessed pt condition ->monitored vitals ->maintain I/O chart ->given the drain care -> Administer medication as per chart	Patient is Stable	Re-checked vitals	Anusha

HNH-00009045 IP26-00006519
Mrs MAIMUNA SAFURA
13-08-1991 34 Y 9 M 25 D (F)
Dr. PADMAJA YELISETTY

Patie

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: 9/6/20

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am 2pm	- Assess the PT Condition - Monitor vitals					
Afternoon							
Night							

HNH-00009045 IP26-00006519
Mrs MAIMUNA SAFURA
13-08-1991 34 Y 9 M 24 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

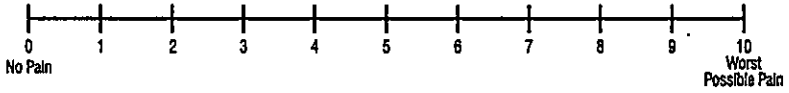
PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
6/6/26	2pm	0/10	Nasal	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NH	
6/6/26	4pm	0/10	Nasal	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NH NA	
6/6/26	10pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
7/6	12Am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
7/6	4Am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
7/6	8Am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
7/6	10Am	0/10	Nasal	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NH	
7/6	2pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
7/6	10pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
8/6	2Am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ 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 pain-relieving intervention. d) Within 30 – 60 minutes after pain relief intervention.

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

HNH-00009045 IP26-00006519
Mrs MAIMUNA SAFURA
13-08-1991 34 Y 9 M 25 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

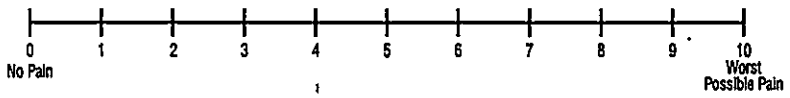
PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
8/6	6Am	0/10	NA	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☑ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	NA	[signature]
8/6/26	12Am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	NA	[signature]
8/6/26	2pm	6/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
8/6/26	6pm	0/10	NA	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☑ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	NA	[signature]
8/6/26	10pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
9/6/26	8Am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

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-00009045 IP26-00006519
Mrs MAIMUNA SAFURA
13-08-1991 34 Y 9 M 24 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

CHECKLIST FOR THROMBOPHLEBITIS

6/6/26 7/6/26. 8/6/26

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	NA	—	—	NA	NA	NA	NA	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	NA	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	NA	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	NA	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	NA	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	NA	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-00009045 IP26-00006519
Mrs MAIMUNA SAFURA
13-08-1991 34 Y 9 M 24 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

BRADEN 'Q' SCALE

	1.	2.	3.	4.	Date : 6/6	6/6	6/6	7/6
					Time : 8AM	E		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	28	24	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-00009045 IP26-00006519
Mrs MAIMUNA SAFURA
13-08-1991 34 Y 9 M 24 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

Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	6/6/26	6/6	7/6
		Score	Today	8PM	8AM
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	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		
IV / Heparin Lock or Saline	Yes	20	20	20	20
	No	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	
Total Morse Fall Scale Score:			20	20	20
		Signature	Nurse		Nurse

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)

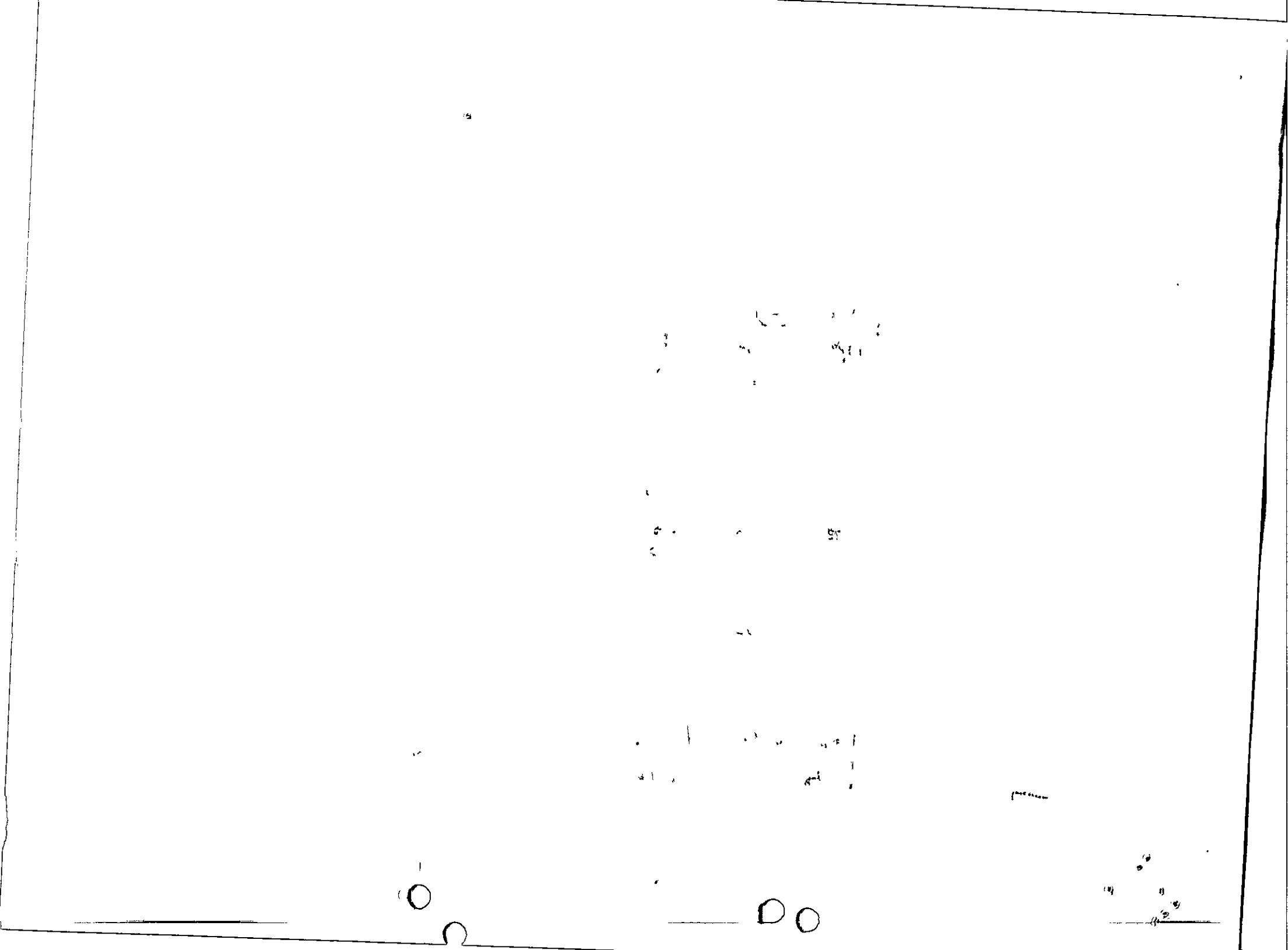
- ☐ Ensure patients use their prescribed eye glasses if any, in the hospital
- ☐ Use chairs with arm rests
- ☐ Use safety straps on stretchers and wheelchairs while transporting patients

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



HNH-00009045 IP26-00006519
Mrs MAIMUNA SAFURA
13-08-1991 34 Y 9 M 24 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

URINARY CATHETER BUNDLE CHECK LIST

Date of Insertion: ..... Date of Removal: .....

Parameters / Date / Shift Time	6/5/26 A2	7/6/26 M1					
Need for the Catheter	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Hand Hygiene	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Usage of Sterile Equipment	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is the Collection bag below the level of bladder	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Check the Tube for Obstruction (Free of Kinking)	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is Catheter dated as policy	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Collecting bag is been emptied regularly?	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Maintenance of closed system for the catheter	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Dressing clean and dry?	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is the line removed as Policy?	☐ Yes ☑ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Performance of Perineal Care	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Onset of New Fever	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Asses for the leakage at the site of insertion	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Name of the Nurse	Alin	Maddy					
Signature of the Nurse							

Foley's Removed 7/6/26 9:45 AM

Docu. No. : RCH /FRM / CLINICAL / 114

HNH-00009045 IP26-00006519
Mrs. MAIMUNA SAFURA
15-08-1991 34 Y 9 M 24 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

NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: CM - LSCS

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

Surgery / Procedure:

Post OP Day:

BACKGROUND / ASSESSMENT / Recommendations

Date / Shift	6/6/26 8am	6/6 N1	7/6/26 8am	7/6/26 E2	7/6/26 N1	8/6/26 M6
Medical Condition (Any special condition to be noted):	-	-	-	-	-	-
Diet:	NBM	NBM	Soft	Soft	-	-
Allergy:	☐ Yes ☐ No	☐ Yes ☐ ~~No~~	☐ Yes ☐ No	☐ Yes ☐ ~~No~~	☐ Yes ☐ ~~No~~	☐ Yes ☐ ~~No~~
Ventilation (RA, NP, NIV, VENTI):	RA	-	RA	RA	-	-
Tubes/Drains/Catheter:	~~☐ Yes~~ ☐ No	☐ Yes ☐ No	☐ Yes ~~☐ No~~	☐ Yes ~~☐ No~~	☐ Yes ~~☐ No~~	☐ Yes ~~☐ No~~
Vital Signs: Temp:	97.6F	97.	97.6F	98.1°F	97.8F	98.1°F
Res:	20	20	20	20	20bm	20bm
SpO_2:	100%	100	99	99%	100%	100%
Pulse:	87	90	87	85bm	86bm	92bm
BP:	110/73	110/70	123/73	120/80mm	121/72	101/75
LOC:	LOR	LOR	LOR		-	-
Fall Risk Score:	-	-	-	-	-	-
Pain Score:	-	-	-	-	-	-
Skin Integrity	Good	Good	Good.	Good	-	-
Safety Needs:	~~☐ Yes~~ ☐ No	☐ ~~Yes~~ ☐ No	☐ Yes ☐ No	☐ ~~Yes~~ ☐ No	☐ Yes ~~☐ No~~	☐ ~~Yes~~ ☐ No
Physiotherapy:	~~NA~~	-	NA	~~NA~~	-	-
Others Specify:	☐ Yes ~~☐ No~~	☐ Yes ~~☐ No~~	☐ Yes ☐ No	☐ Yes ~~☐ No~~	☐ Yes ~~☐ No~~	☐ Yes ~~☐ No~~
Special Diet:	NBM	-	Soft	-	-	-
Critical Lab Test / Values:			-	-	-	-
Other Special Orders / Medications:	☐ Yes ☐ No	☐ Yes ~~☐ No~~	☐ Yes ☐ No	☐ Yes ~~☐ No~~	☐ Yes ~~☐ No~~	☐ Yes ~~☐ No~~
PU Prophylaxis:	☐ Yes ~~☐ No~~	☐ Yes ~~☐ No~~	☐ Yes ~~☐ No~~	☐ Yes ~~☐ No~~	☐ Yes ~~☐ No~~	☐ Yes ~~☐ No~~
DVT Prophylaxis:	☐ Yes ~~☐ No~~	☐ Yes ~~☐ No~~	☐ Yes ~~☐ No~~	☐ Yes ~~☐ No~~	☐ Yes ~~☐ No~~	☐ Yes ~~☐ No~~
ADL (Dependent / Non Dependent):	yes	dependt	yes	Y-S	-	-
Post Operative Procedure Special Orders:	-	NA	-	-	-	-
Handed Over By Name :	Alei	Alei	Alei	Khushboo	Priyanka	Sunanda
Signature / ID :	Alei	Alei	Alei	Kh	P	S
Date:	6/6/26	6/6/26	6/6/26	7/6/26	8/6/26	8/6/26
Time:	Night	8Am	Khushboo	8PM	8AM	2PM
Taken Over By Name :	Priyanka	Alei	Khushboo	priyanka	Sunanda	Sneha
Signature / ID :	P	Alei	Kh	P	S	S
Date:	6/6/26	7/6/26	7/6/26	7/6/26	8/6/26	8/6/26
Time:	6PM	8:00AM	2PM	8PM	8AM	2PM

HNH-00009045 IP26-00006519
Mrs MAIMUNA SAFURA
13-08-1991 34 Y 9 M 25 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

NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: Em. LSCS.			Any Infection: ☐ Yes ☐ No ☑ Not Known If Yes Specify:			
	Surgery / Procedure:			Post OP Day:			
BACKGROUND	Date / Shift	8/6/26 E	8/6/26 N				
	Medical Condition (Any special condition to be noted):	-	-				
	Diet:	-	-				
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):	-	-				
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.6°F	97.6°F				
	Res:	20b/m	22b/m				
	SpO_2:	100%	100%				
	Pulse:	87b/m	83b/m				
	BP:	118/78 mm	100/60				
	LOC:	-	-				
	Fall Risk Score:	-	-				
	Pain Score:	"0"	"0"				
	Skin Integrity	Good	Good				
Recommendations	Safety Needs:	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:	-	-				
	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:	-	-				
	Critical Lab Test / Values:	-	-				
	Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):	-	-				
Post Operative Procedure Special Orders:		-	-				
Handed Over By Name :		Sudha	Anusha				
Signature / ID :		S	AN				
Date:		8/6/26	9/6/26				
Time:		8pm	8AM				
Taken Over By Name :		Anusha					
Signature / ID :		AN					
Date:		8/6/26					
Time:		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

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

HNH-00009045 IP26-00006519
Mrs MAIMUNA SAFURA
13-08-1991 34 Y 9 M 24 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

DRUG CHART

Date of Admission: 6/6/2026 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 ....

REGULAR PRESCRIPTIONS

Weight. 37kg Ward. LDC

DRUG : INJ CEFTRIAXONE

Dose	Route	Frequency	Start Date
1GM			

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

STOP Dr. Naveena

DRUG : INJ METRONIDAZOLE

Dose	Route	Frequency	Start Date
100mL	IV	TID	6/6

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

Additional Instructions: x4sh

Daily Doctor's Endorsement by a Sign

Date / Time 6/6 7/6 8/6 9/6

6Am X

2pm X

10pm

STOP Dr. Naveena

DRUG : INJ CEFOTAXIME

Dose	Route	Frequency	Start Date
1GM	IV	BD	6/6

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

Additional Instructions: x4sh

ATD.

Daily Doctor's Endorsement by a Sign

Date / Time 7/6 8/6 9/6

2pm

2pm

STOP Dr. Naveena

DRUG : INJ PANTOPRAZOLE

Dose	Route	Frequency	Start Date
40mg	IV	BD	6/6

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time 7/6 8/6 9/6

6Am

6pm

STOP Dr. Naveena

HNH-00009045 IP26-00006519
Mrs MAIMUNA SAFURA
13-08-1991 34 Y 9 M 24 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

Sheet No: ....

REGULAR PRESCRIPTIONS

Weight 13+kg Ward LDR

DRUG	Date / Time	7/6	8/6	9/6
DRUG : INJ ENOXAPARIN				
Dose: 80mg; Route: S/C; Frequency: OD; Start Dt.: 7/6	12AM	[illegible]	[illegible]	
Name & Signature of the Doctor Starting the Drugs: Dr Amamli				
Additional Instructions: X4WEEKS				
Daily Doctor's Endorsement by a Sign		[illegible]	[illegible]	

DRUG	Date / Time	7/6	8/6	9/6
DRUG : T. CHYMORAL FORTE				
Dose: 1tab; Route: P/O; Frequency: TID; Start Dt.: 7/6	8AM	[illegible]	[illegible]	[illegible]
Name & Signature of the Doctor Starting the Drugs: Dr Amamli	3pm	[illegible]	[illegible]	
Additional Instructions: from 7/6/2026 onwards (CHYMOTRYPSIN + TRYPSIN)	11pm	[illegible]	[illegible]	
Daily Doctor's Endorsement by a Sign		[illegible]		

DRUG	Date / Time	7/6	8/6	9/6
DRUG : TAB. PARACETAMOL				
Dose: 1gm; Route: PO; Frequency: 6 HRLY; Start Dt.: 07/06	12AM	X	[illegible]	[illegible]
Name & Signature of the Doctor Starting the Drugs: DR. M. VINEETHA	6AM	[illegible]	[illegible]	[illegible]
Additional Instructions:	12PM	[illegible]	[illegible]	
	6PM	[illegible]	[illegible]	
Daily Doctor's Endorsement by a Sign		[illegible]		

DRUG	Date / Time	7/6	8/6	9/6
DRUG : TAB. TRAMADOL				
Dose: 100mg; Route: PO; Frequency: 8HRLY; Start Dt.: 07/06	8AM	[illegible]	[illegible]	[illegible]
Name & Signature of the Doctor Starting the Drugs: DR. M. VINEETHA	4PM	[illegible]	[illegible]	
Additional Instructions:	12AM	[illegible]	[illegible]	
Daily Doctor's Endorsement by a Sign		[illegible]		

Verified by Dr. Dhakshayani

Verified by Dr. Dhakshayani

Verified by Dr. Dhakshayani

VERIFIED BY: Name .... Signature

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

HNH-00009045 IP26-00006519
Mrs MAIMUNA SAFURA
13-08-1991 34 Y 9 M 24 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

Sheet No. .....

REGULAR PRESCRIPTIONS

Weight ...13.7kg... Ward ...2DR...

DRUG : TAB · DICLOFENAC

Dose	Route	Frequency	Start Dt.
50 mg	PO	8 HRLY	07/06

Name & Signature of the Doctor Starting the Drugs: DR. M. VINEETHA

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time: 7/6 8/6 9/6

7am ... 3pm ... 11pm ...

DRUG : IND ONDANSETRON

Dose	Route	Frequency	Start Dt.
8mg	IV	OD	7/6

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time: 7/6 8/6 9/6

6pm ...

STOP ✓ Dr. Naveena

DRUG : T. DOMPERIDONE

Dose	Route	Frequency	Start Dt.
10mG	PO	TID	8/6

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

Additional Instructions: AFTER FOOD

Daily Doctor's Endorsement by a Sign

Date/Time: 8/6 9/6

8am ... 9pm ... 2am ...

DRUG : CAP LACTARE

Dose	Route	Frequency	Start Dt.
2TAB	PO	TID	8/6

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

Additional Instructions: FOR 1 week. f/b. 1 TAB TID x 1 week

Daily Doctor's Endorsement by a Sign

Date/Time: 8/6 9/6

8am ... 3pm ... 10pm ...

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Patient Sticker

Sheet No: .....

REGULAR PRESCRIPTIONS

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

DRUG : T. CEFIXIME				Date / Time
Dose: 200mg	Route: PO	Frequency: BD	Start Dt.: 9/6	
Name & Signature of the Doctor Starting the Drugs: Dr. Naveena.				
Additional Instructions: AFTER FOOD				
Daily Doctor's Endorsement by a Sign				

DRUG : T. PANTOPRAZOLE				Date / Time
Dose: 40mg	Route: PO	Frequency: BD	Start Dt.: 9/6	
Name & Signature of the Doctor Starting the Drugs: Dr. Naveena				
Additional Instructions: BEFORE FOOD				
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				

Patient Sticker

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

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																		

HNH-00009045 IP26-00006519
Mrs MAIMUNA SAFURA
13-08-1991 34 Y 9 M 24 D (F)
Dr. PADMAJA YELISETTY

Weight. 137kg Ward. 20A

	Date▸ Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
DRUG :		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route / Start Date		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Name & Signature of the Doctor		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Additional Instructions:		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	

VARIABLE DOSE	Date▸ Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
DRUG :		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route / Start Date		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Name & Signature of the Doctor		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Additional Instructions:		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
6/6	1:30 PM	INJ. PANTOPRAZOLE	40MG	IV		AKhil
6/6	1:30 PM	INJ. METOCLOPRAMIDE	10MG	IV		AKhil
6/6	1:30PM	INJ. CEFOTAXIM	1gm	IV		AKhil
06/06	2.00 PM	INJ. OXYTOCIN	3IU	IV		AKhil
06/06	1.55PM	INJ. PARACETAMOL	1gm	IV		
06/06	2.30 PM	INJ. TRANEXAMIC ACID	1.5 gm	IV		
06/06	2.15PM	INJ. HYDROCORTISONE	100 mg	IV		
06/06	2.00 PM	INJ. CARBOPROST	250 MCG	IM		
06/06	3.50PM	INJ. DICLOFENAC	75 mg	IM		

HNH-00009045 IP26-00006519
Mrs MAIMUNA SAFURA
13-08-1991 34 Y 9 M 24 D (F)
Dr. PADMAJA YELISETTY

I.V. FLUIDS CHART

Weight. 13.7kg Ward. 204

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
06/06	1.45PM	RINGER LACTATE	IV	1000 ml/hr			06/06		
06/06	2.15PM	RINGER LACTATE	IV	1000 ml/hr			06/06		
06/06	2.50PM	RINGER LACTATE	IV	1000 ml/hr			6/6		
06/06	5PM	RINGER LACTATE	IV	100 ml/hr			6/6		
6/6	8PM	RINGER LACTATE	IV	100 ml/hr			6/6		
6/6	11PM	RINGER LACTATE	IV	100 ml/hr			7/6		
7/6	4AM	RINGER LACTATE	IV	100 ml/hr			7/6		
		STOP IV fluids							

Page: 4/4

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

HNH-00009045 IP26-00006519
Mrs MAIMUNA SAFURA
13-08-1991 34 Y 9 M 24 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

MEDICATION RECONCILIATION FORM

Drug Allergies: N:F ☐ 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	TAB. IRON	1 tab	P/O	OD	5/6/26	☐ C ☑ DC
2	TAB. CALCIUM	1 tab	P/O	OD	5/6/26	☐ 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. G. Veena.

Date & Time : 6/6/26 @

Nurse Name & Signature: .....

Date & Time : .....

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

HNH-00009045 IP26-00006519
Mrs MAIMUNA SAFURA
13-08-1991 34 Y 9 M 24 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

STAT / ONCE ONLY DRUGS

Weight: 13.7 kgs

Name: .....

Sheet No: (1)

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
06/06	7.00 PM	NEBULISATION WITH DUOLIN-BUDECORT	1 Respule each	NASAL			
06/06	8.00 PM	INJ. PARACETAMOL	1gm	IV			
06/06	1 AM	INJ ONDANSETRON	8mg	IV			
07/06	7.30 AM	INJ HYDROCORTISONE	100 mg	IV			
07/06	7.30 AM	NEBULISATION WITH DUOLIN BUDECORT	1 Respule each	Nebulizer			

Docu. No. : RCH /FRM / CLINICAL / 136

HNH-00009045 IP26-00006519
Mrs MAIMUNA SAFURA
13-08-1991 34 Y 9 M 24 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

CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name:	DR. PADMAJA YELISETTY	Date of Delivery:	06/06/2026
Assistant Surgeon:	DR-SUDAPNA / DR-RAMYA / DR-VGENA	Time of Delivery:	1:59 PM.
Anaesthetist's Name:	DR. SAMIR	Gender of Baby:	FEMALE
Type of Anaesthesia:	& GENERAL ANESTHESIA	Weight of Baby:	3.38 kg
Neonatologist:	& DR. SPANDANA	AGPAR Score:	
Scrub Nurse:	S/N SUSHEELA	NICU Admission:	☐ Yes ☑ No

Pre-Operative Diagnosis: $G_2P_1L_1$ / 38^{+6} wks c. low liquor c morbid obesity

☐ Elective ☑ Emergency Indication: Morbid obesity c. Low liquor.

Urgency

- ☐ Immediate Threat to life of woman or fetus
- ☐ Maternal or fetal compromise not immediately life threatening
- ☑ No maternal or fetal compromise but needs early delivery
- ☐ Delivery timed to suit woman and staff

Decision time: 10mins Knief to rectus: 3mins

CTG Description: Reactive.

If there was a delay give the reasons: -

Surgical Procedure: Emergency LSCS

Post Operative Diagnosis: POD-0

Peri-Operative Complications: None.

Amount of Blood Loss: 500ml	Blood Transfused (in ML): -

Name and Number of Surgical Specimen sent for examination:

None.

Dr. Padmaja. performed surgery. - Baby delivered until Uterus closure.
Dr. Ramya. - after uterus closure.

Examination Findings when Appropriate:

Presentation: ☑ Cephalic ☐ Breech ☐ Other ....
Cervical Dilatation: ...... – ...... cm
5th Palpable: ...... 5/5 ......
Fetal Position: ...... - ......
Station: ☑ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2
Moulding: ☑ None ☐ + ☐ ++ ☐ +++
Caput: ☐ + ☐ ++ ☐ +++ ⊖
Meconium: ☑ None ☐ + ☐ ++ ☐ +++
Bladder Catheterized: ☑ Yes ☐ No
Urine: ☑ Clear ☐ Blood Stained

Skin Incision: ☑ Pfannensteil ☐ Transverse ☐ Midline ☐ Other ....
Uterine Incision: ☑ Lower Segment ☐ Classical ☐ Inverted T ☐ J Incision * LUS thickened.
Previous Scar: ☑ Intact ☐ Thinnedout ☐ Ruptured ☐ No Scar *
Incision Through Placenta: ☐ Yes ☑ No
Delivery of head: ☑ Manual ☐ Forceps
Liquor: ☑ Clear ☐ Meconium: ☐ I ☐ II ☐ III ☐ Blood ☐ Offensive ☐ Not Offensive
Delivery of Placenta: ☐ Manual ☑ CCT .... ☑ Complete ☐ Incomplete ☐ Piecemeal
Cord Appearance: ...... Intact & normal ...... Cord around the neck ☐ Yes ☑ No
Appearance of placenta: ...... Normal. ...... Cavity explored ☑ Yes ☐ No → OS opened.
Uterus, tubes and ovaries: ☑ Normal ☐ Not Normal
Sterilization: ☐ Yes ☑ No

Uterine Closure: ☐ One Layer ☑ Two Layers ...... Vicryl No-1 ...... Suture
Peritoneal Closure: ☐ Pelvic ☑ Abdominal ☐ None ...... Vicryl 2-0 ...... Suture
Sheath Closure: ...... PDS. ...... Suture
Fat Closure: ☑ Yes ☐ No ...... Vicryl 2-0 ...... Suture
Skin Closure: ☐ Subcuticular ☑ Mattress ...... Silk ...... Suture

Vagineal Evacuated ☑ Yes ☐ No
Drain: ☑ Yes ☐ No ☐ Remove in ...... days ☑ Await instructions
Ctheter ☑ Yes ☐ No ☐ Remove in ...... 1 ...... days ☐ Await instructions
Swap & Instruments count correct? ☑ Yes ☐ No ☐ Post-op Antibiotics ☑ Yes ☐ No
Intra-Operative Antibiotics Cover: ☑ Yes ☐ No ☐ Thromboprophylaxis ☑ Yes ☐ No

Post-Operative Notes:
- NBM for 4-6 hours
- IVF's, Analgesics & Thromboprophylaxis as per AXON
- Vital monitoring
- I/O charting
- Drain care
- Remove foley's catheter @ 6am C/m
- Early ambulation
- Inj Tranexa 1g IV TID X 24 hours.
- Clexane from 6 tonight (80mg) x 4 weeks
- Ted stockings x 6 weeks.

Doctor Name: ...... Dr. Padmaja Yelisetty ......
Doctor Signature: ...... [signature] ......
Date & Time: ...... 6/6/26 @ ......

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. padmaja
Asst. Surgeon : Dr. Swapna, Dr. Ramya
Anaesthetist : Dr. Samir, Dr. Sreeja
Scrub Nurse : Sr. Susheela

Patient Name: HNH-00009045 IP26-00006519 Mrs MAIMUNA SAFURA 13-08-1991 34 Y 9 M 24 D (F) Dr. PADMAJA YELISETTY
Gender : F
UHID No. :
Date : 7/6/26 In-time : Out-time :

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

Before Induction of Anaesthesia ➤➤

SIGN IN Time: 1.45 Pm

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

Site Marked ☑ Yes ☐ No ☐ NA

Anaesthesia Safety Check Completed ☑ Yes ☐ No

Pulse Oximeter on Patient & Functioning ☑ Yes ☐ No

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

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

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

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

Signature :
Name : DR. M. VINEETHA

Before Skin Incision ➤➤

TIME OUT Time: 1:43 pm

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

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

Anticipated Critical Events

Surgeon Reviews:
- What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss? ☑ Yes ☐ No ☐ NA (Bleeding, 2 hours)

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

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

Is Essential Imaging Displayed? ☐ Yes ☑ No ☐ NA

Power Supply, Earthing, Power Backup and functioning of equipment checked. ☑ Yes ☐ No

Signature :
Name :

Before Patient Leaves Operating Room

SIGN OUT Time:

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

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

Signature : Y. Padmaja
Name :

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-00009045 IP26-00006519 Mrs MAIMUNA SAFURA 13-08-1991 34 Y 9 M 24 D (F) Dr. PADMAJA YELISETTY	6/6/26 12:28 PM	6/6/26 @ 4:00 PM
	Transfer Ordered by Dr. Samir	Reason for Transfer observation
From Unit OT	To Unit Pre-post	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 35	Number of Imaging Films NIL	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.	RL	1
2.		
3.		
4.		
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
	Dr. Samir

Patient & Clinical Records Received by : 6/6/26 1:45 PM

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

HNH-00009045 IP26-00006519
Mrs MAIMUNA SAFURA
13-08-1991 34 Y 9 M 24 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

OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 6/6/26 Time of Arrival: 12 Pm Time Seen by Nurse: 12.10 Pm

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: 97.6F Pulse: 87 RR: 20 SpO_2: 98 BP: 110/73 Weight: .....

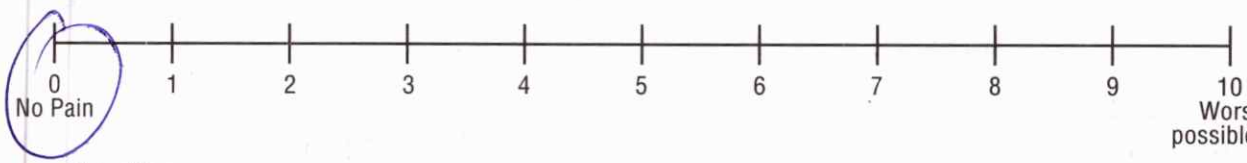
4) **Gestational Criteria:**

Gravida:	G	P	L	A

LMP: 13/9/25 EDD: 20/6/26 Gestational Age: 38+6 wks

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: ..... NAD
- Frequency: .....
- Interventions: .....

.....

6) **Past History:**

a) Surgeries: ..... NAD

b) Medical: .....

HNH-00009045 IP26-00006519
Mrs MAIMUNA SAFURA
13-08-1991 34 Y 9 M 24 D (F)
Dr. PADMAJA YELISETTY

☐ 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 Am

Nurse Name : Alavi Nurse Signature: Alavi

Date: 6/6/26 Time: 1.8pm

HNH-00009045 IP26-00006519
Mrs MAIMUNA SAFURA
13-08-1991 34 Y 9 M 24 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

LABOUR AND DELIVERY NURSING ASSESSMENT

Date of Admission: 6/6/26

Baseline Information:

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

Primary Language: ☑ Telugu ☐ English ☐ Hindi ☐ Others

Do you require an interpreter? ☐ Yes ☐ No

Source of Information: ☑ Patient ☐ Family ☐ Others

Personal belonging if any: ☐ Jewelry ☐ Nose Ring ☐ Bangles ☐ Anklets ☐ Finger Ring ☐ Bracelets

handed over to .....

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

If yes , identify .....

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

EM-LSCS ..... Name of the Doctor: DR Veena

..... Time Notified: 12:00pm

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

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

Blood Group: A +ve LMP: 13/9/25 EDD: 20/6/26 Gestational age during admission: 38+6 weeks

Contractions: NA Vaginal Discharge: NA

Obstetric History: G 2 P 1 L 1 A - Previous LSCS 0+2

Height: ..... Weight: ..... BMI: .....

Temp: 97.6°F HR: 84 RR: 20 BP: 110/83 SpO_2 99%

High Risk Factors: (Please select by ticking (✓) the box as applicable)

☐ Hypothyroidism	☐ Rh Incompatibility	☐ Fertility Treatment
☐ Hyperthyroidism	☐ Previous LSCS	☐ Preterm Labour
☐ Hypertension	☐ Gestational Hypertension	☐ Others: (Specify)
☐ Diabetes	☐ Bad Obstetric History	
☐ Anemia	☐ Obesity (BMI)	
	☐ Twins / Multiple Pregnancy	

HNH-00009045 IP26-00006519
Mrs MAIMUNA SAFURA
13-08-1991 34 Y 9 M 24 D (F)
Dr. PADMAJA YELISETTY

alities Detected

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

☐ Liver disease ☐ Other .....

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

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:

☑ Overweight ☐ Poor Appetite > 3 Days ☐ Needs Therapeutic Diet.

☐ Under Weight ☐ Diabetes Mellitus ☑ No Abnormality Detected

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 member .....

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: ..... Mrs maimuna .....

Orientation not given Reason: .....

Nurse Signature: ..... Alen .....

Nurse Name: ..... Alen .....

Date & Time: ..... 6/6/18 @ 12pm .....

HNH-00009045 IP26-00006519
Mrs MAIMUNA SAFURA
13-08-1991 34 Y 9 M 25 D (F)
Dr. PADMAJA YELISETTY

215

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 OBSTETRICS PATIENTS

Date: 7/6/26 Time: 2pm

Origin: Indian Height: 157cms Weight: 137 kg BMI: ☐ ~26 kg/m² ☐ ~28 kg/m² ☐ ~30 kg/m²

High BMI

Food Allergies: NO

Diagnosis: LSCS

Type of Diet: ☐ Liquid ☑ Soft ☐ Normal ☐ Diabetic
☐ Vegetarian ☑ Non-Vegetarian ☐ Vegan

Diet Advised:

Liquid Diet – ORS/ Coconut Water / Butter Milk / Barley Water / Soups

Normal Diet – Rice, Rotis, Dal and Soft Cooked Vegetables and Curd

Soft Diet – Soft Rice, Dal and Vegetable Curries Soft Cooked, Curd

Diabetic Diet – Brown Rice / Oats/ Dahlia/ Rotis, Dal and Vegetables and Curd (Avoid Roots / Tubers)

Patient's / Attendant's

Signature: Maimuna

Name: maimuna safura

Date & Time: 7/6/26, 2pm

Dietician's

Signature: S

Name: sathvika.G

Date & Time: 7/6/26, 2pm

DIETARY NOTES

Date	Time	Notes	Sign

HNH-00009045 IP26-00006519
Mrs MAIMUNA SAFURA
13-08-1991 34 Y 9 M 25 D (F)
Dr. PADMAJA YELISETTY

215

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CROSS CONSULTATION FORM

Doctor Name : Dr- padamaja Date : 7/6/26 Time : 2pm

Diagnosis : LSCS

Hospital : RCH - HMNR

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

Type of Referral :
☐ Emergency
☐ Urgent
☐ Non Urgent

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

Signature:

Findings and Recommendations :

Lactation Care Plan

- Well formed breast & Nipples
- start hand expression every 2-2½ hourly 15-20mints.
- baby NICU
- electrical -philips breast pump Avent [SOS]

Consultant :

Name : Sathwika Signature : Sk Date & Time : 7/6/26 / 2pm

HNH-00009045 IP26-00006519
Mrs MAIMUNA SAFURA
13-08-1991 34 Y 9 M 24 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

BREAST FEEDING HANDOVER AND ASSESSMENT FORM

1. Breastfeeding initiated?
   - ☑ a. Yes
   - ☐ b. No

2. If No, Reason .....

3. Nipple condition:
   - ☑ a. Nipple well formed
   - ☐ b. Flat nipple
   - ☐ c. Inverted nipple
   - ☐ d. Short nipple

4. Milk flow:
   - ☐ a. Good
   - ☑ b. Drops of colostrums
   - ☐ c. Dry

5. Steps for Positioning and attachment:
   - ☑ a. Baby goes to the breast
   - ☐ b. Mother always sits with a back support
   - ☐ c. Ear-shoulder-hip should be in a straight line
   - ☐ d. The baby takes a latch on the areola and not on the nipple

Feeding Positions:
Cross Cradle

Feeding Positions:
Football / Clutch

6. Was the position explained:
   - ☐ a. Yes
   - ☐ b. No

7. For Caesarian mothers:
   - ☐ a. Mother is required sit and feed from the 4th feed
   - ☐ b. Please explain football hold

8. NICU admission:
   - ☑ a. Mother needs to stimulate her breast for 2 min every 2 hours

9. Additional notes: .....

Continuity of Care: Date: 6/6/26

- Assess the Patient condition

Handover given by ..... Handover taken by .....

Signature ..... Signature .....

Date & Time: ..... Date & Time: .....

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Patient Name : MRS. MAIMUNA SAFURA Gender: ☐ Male ☑ Female Age : 34 YRS

UHID No : HNH-0000 9045 Date : 6/06/2026

Instruction:
This consent form should be signed by Patient (If an adult 18 years or older) or by a parent / guardian, if the patient is a minor or lacks the ability to make an informed decision. The purpose of this form is to verify that you have received this information and have given your consent to the surgery or special procedure recommended to you.

I hereby authorize the performance of the following operation (s) or procedure (s) (use no abbreviation / Avoid technical terms)

EMERGENCY LOWER SEGMENT CAESERIAN SECTION

upon

MRS Maimuna Salma (Name of the Patient)

I have been advised of the benefits and reason of the procedure(s) as indicated by the clinical observations and / or diagnostics performed. I recognized that the practice of medicine is as much an art as a science and therefore acknowledge that no guarantees have been or can be made regarding the likelihood of success or outcomes. My questions regarding the condition, the proposed surgery and the outcome have been answered to my satisfaction prior to signing this form by the surgeon.

I have been explained the risks of this surgery /procedure and also about the reasonable alternative and the relevant risks, benefits and side effects related to such alternatives, including the possible results of not receiving care or treatment.

I have been explained that the following complications though rare are possible and will not hold Surgeon, Anesthesiologist or the hospital staff responsible for any untoward event thereof.

Bleeding, wound infection, wound breakdown, need for blood transfusion, chances of injury to adjacent organs like bowel, bladder, ureter, Blood vessels, UTI, DVT, PE, future pregnancy uterine Rupture, placenta accreta spectrum, possibility of return to theatre, skin laceration, cut to baby

My signature on this form indicates that

1. I have read and understood the information provided in this form
2. My doctor had adequately explained to me the operation or procedure along with the complications written above, along with the risks, benefits and other information.
3. I have had a chance to ask my surgeon questions.
4. I have received all the information I desire concerning the operation or procedure and
5. I authorize the consent to the performance of the operation or procedure.

Name of the Doctor who is performing the Surgery / Procedure: Dr. PADMAJA YELISETTY

Consentee :

Signature : Maimuna

Name : MRS. Maimuna Salma.

Date & Time : 6/06/2026 @ 12:15pm.

Patient Attendant :

Signature : Myth

Name : Myth

Relationship with Patient: Husband.

Date & Time : 6/06/2026 @ 12:15pm.

Witness :

Signature : Madhu

Name : Madhumitha

Date & Time : 6/6/26 @ 12/15pm

Doctor (who is taking the consent) :

Signature :

Name : Dr. Naveena

Date & Time : 6/06/2026 @ 12:15pm.

Ref. No. : F / HW / CON / HR / 05

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

INFORMED CONSENT FOR HIGH RISK

Patient Name : Mrs. Maimuna Safura Age : .....

Gender : ☐ M ☐ F - IP No. : .....

Ward / Bed No. : ..... Date : .....

I/We Mrs. Maimuna Safura ...have been explained by Dr. Padmaja Yelisetty .....

about the medical condition and the proposed procedure.

I/We have been told that our patient Mrs. Maimuna Safura .....has the

Following Medical Condition / Diagnosis

G2 P1+1 @ 38+6 weeks c prev LSCS with morbid obesity & low liquor

Proposed treatment / Procedure / Operation:

Emergency LSCS

I / (We the relative / legal guardian) have been explained in the language understood by me / us,

about the medical condition mentioned above and that our patient has following risks involved

Excessive bleeding, postpartum hemorrhage injury to bowel, bladder or ureter, blood vessels wound infection, wound breakdown, VTI, DVT, PE, future pregnancy uterine rupture, placenta accreta spectrum, possibility to return to theatre, skin laceration, cut to baby

I / We have been explained that our patient carrier a higher risk than usual and there reason for the I / We have been informed that the ongoing treatment in the ICU involves the risk of unsuccessful result, complication, temporary or permanent injury or disability and even fatality from known or unforeseen causes and no guarantee or promises have been made to me / us concerning the results I / We have understood the consequences of not undergoing the proceed treatment. I / We hereby give (my / our) full consent for the above –mentioned treatment.

Name of the Doctor performing the procedure : Dr. Padmaja Yelisetty

Patient Attendant :

Signature : .....

Name : Mrs. Maimuna Safura

Relationship with Patient: Self

Date & Time : 26/6/26

Witness :

Signature : .....

Name : Mahjabeen

Date & Time : 26/6/26

Doctor (who is taking the consent) :

Signature : .....

Name : Dr. G. Veena

Date & Time : 26/6/26

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Patient Name : Maimuna Age : ..... Gender : Male ☐ Female ☐

UHID NO: ..... Surgeon Name: .....

Anaesthesiologist : Dr. Srijan Acharyya

Operative procedure planned : EMERGENCY CESAREAN.

PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA

General anaesthesia involves rendering a patient unconscious before an operation. This ensures the patient is not aware of events and does not feel pain during the operation. Drugs given through a vein and / or inhaled from an anaesthesia machine produce it. Regional anaesthesia involves using a local anaesthetic to numb a specific area of the body for surgery: Prolonged pain relief without numbness can be achieved by infusing weak solutions of local anesthetics arid narcotic drugs to particular parts of the body after surgery or injury, using catheters.

Specific High Risk (s) : The doctors have explained to me the details of the high risk involved due to the following medical problems and I have sought necessary clarification on all my doubts.

☐ Heart disease ☐ Hypertension ☐ Diabetes mellitus ☐ Renal failure

☐ Hepatic disorders ☐ Shock ☐ Multiple organ failure ☐ Polytrauma / Renal Tubular Aacidosis

☐ Incapacitating Cronic Obstructive Pulmonary Disease

☐ Others : morbidly obese, Failed spinal, conv to GA, Hypotension, Bradycardia, Tachycardia

Comments : Requirement of Blood & Blood products

- Doctor to document in medical record also if necessary (Cross-out if not applicable)

DECLARATION BY PATIENT / GUARDIAN / PROXY

I hereby authorize Rainbow Hospital & its authorized doctors to perform upon me / my patient Maimuna the above mentioned operation / Diagnostic / Therapeutic procedures .....

I authorize and give consent for anaesthesia (☑ Regional / ☐ General Anesthesia / ☐ Monitored Anesthesia Care as considered appropriate by the anaesthetic team.

I acknowledge that the anaesthetists have informed me about the anaesthetic procedure, risk, benefits and alternative treatments and answered my specific queries and concerns about this matter. I have read and understood the information provided in this form I acknowledge that I have discussed with the anaesthetists any significant risk and Complications specific to my individual circumstances, and I have considered them before Consenting for anesthesia.

I understand that there are some infrequent complications that can occur due to use of anaesthesia, these include pain or some injury at the site of injections, temporary breathing difficulties, asthmatic reactions, headaches.

I authorize the anaesthetic team to perform any additional procedures (for example, Central Venous Pressure line, arterial line, use of nerve blocks for pain relief, changing from regional to general anaesthesia etc), which are considered necessary by them during the course of surgery.

That I authorize and give consent to the team of doctors attending on me to administer blood products during the course of operative period and immediately thereafter in need arises.

I understand that the above mentioned consultant anesthesiologist or occasionally a colleague deputed by him / her will administer the Anaesthesia.

- Pregnant : ☑ Yes ☐ No

DECLARATION BY THE ANAESTHETISTS PROVIDING INFORMATION FOR THIS CONSENT

I declare that I have explained the nature of General Anaesthesia / Regional Anaesthesia / Monitored Anesthesia Care to be given and discussed the risks that particularly concern this patient.

I have given the patient an opportunity to ask questions and I have answered these.

Patient / Patient Attendant : Mainuddha Safura

Signature : .....

Name : Mainuddha Safura

Relationship with Patient: .....

Date & Time : .....

Witness : (Sister-in-law).

Signature : Husna.

Name : Husna Jabeen.

Date & Time : .....

Doctor (who is taking the consent) :

Signature : DR. SRIJAA

Name : DR. SRIJAA

Date & Time : 6/6/26.

Department of Anaesthesiology

PRE-ANAESTHETIC EVALUATION

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

BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

Name: Maimuna Safura Age: 34Y Sex: F UHID.No :

Date: 9/5/26. Time: 1:20 PM. Proposed Operation: CESAREAN.

Diagnosis: G2P1L1 @ 38wks of GA / Morbid Obesity / IVF.

B.P / CRT: H.R: Weight: 135Kg ASA Physical Status: ☐1 ☐2 ☒3 ☐4 ☐5

Laboratory Data:

5/5/26

Hgb: 9.9	Glucose:	Protein:	HIV:	X-Ray:
PCV: 30.6	Urea:	Alb:	HBS Ag: NR	ECG: NSR
WBC: 10300	Creat:	Total Bill:	HCV:	2D Echo: N. EF-69%.
Plate: 2,81,000	Na:	Dir. Bill:	Blood group: A+ve.	Stress/Anglo: Good LV/RV.
PT:	K:	LDH:	T3	Other:
PTT:	Ca++:	Alk phos:	T4	
INR:	Mg++:	Amylase:	TSH	
	Cl -:	SGOT/SGPT:		

Allergies: N/K/A/D.

Medical History: CVS: - NO H/O CAD/BP-Asthma/HYPOTHYROID : 14Yr.

RESP: Having difficulty sleeping in supine because of breathing trouble uses 4-5 Pillows : 4th month of Gest age.

CNS: Healthy

Renal: -

On T. ECOSPIRIN. 150mg. OD started at 3rd month of GA.

Hepatic / GE: —

Physical Activity: 2-4METS.

Diabetes: EUGLYCEMIC.

Others: Perineotomy V/GA (2016) U/E.

Past Anaesthetic History: Lap. Ovarian cystectomy (2020) V/GA U/E.

Physical Exam: FT-NVD V/Epidural U/E-2018 (117Kg).

Airway: MP 1 2 (3) 4 Mouth Opening: >1FB Mentohyoid Distance: (N) Neck: Short Teeth: NLT.

Lungs : BAE (+)

Heart: S1S2 (+).

CNS: Intact

Pregnant: ☒Yes ☐No ☐NA | Venous Access Site : | Spine Exam for regional : (N). Deep spaces.

Anaesthetic Plan: ☐MAC ☒REGIONAL ☐GA-ETT ☐LMA

Advised - Breathing exercises & Incentive spirometry.

Peri-Operative Plan Explained to the Patient: ☒Yes ☐No

CURRENT MEDICATIONS	DOSAGE
T. THYRONORM	50mcg. OD.

Pre-Operative Instructions:

1. DVT Prophylaxis :
2. NIL ORAL → Water / ORS 2 Hours; Others 6 Hours — Explained.
3. Informed Consent: ☒Standard ☐High Risk
4. Post Operative Pain Management: ☒Discussed with Patient
5. Other Instructions:

√ Continue Thyronorm on the day of op.
√ Consent pending.

Signature: Dr. SRIJAA Name: Dr. SRIJAA

HNH-00009045 IP26-00006519
Mrs MAIMUNA SAFURA
13-08-1991 34 Y 9 M 24 D (F)
Dr. PADMAJA YELISETTY

ANAESTHESIA CHART

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

Pre Induction Assessment: 1.45 Pm

Change in Patient Condition: ☐ Yes ☑ ~~No~~		Fasting Status: Adequate
Physical Status:	☑ Patient Identified	☑ Consent Present ☑ Chart Reviewed

H.R: 98/min. | B.P / CRT: 110/60 mmHg | SpO_2: 98%, OL RA | R.R: 16/min. | Last Feed:

Pre-OP Diagnosis: G2 P1 L1 C Previous NVD. Operation: Elective Caesarean ~~section~~ Delivery Date: 06/06/26

Surgeon: Dr. Padmaja Anaesthesiologist: Dr. Samir / Dr. Sujal / Dr. Vineetha Technician: Mr. Saraswathi

TIME	1.45	2.00	15	30	45	3.00	15	30	45	4.00
N_2O / AIR / O_2 LPM	50%	>>				>>				
HALO / SOI / SEVO	1.1	>>				>>				
Drugs:										
MIDAZOLAM	2mg									
KETAMINE	100mg									
PROPOFOL	100 mg									
SCHOLINE	100mg									
PARACETAMOL	1gm									
OXYTOCIN	3IU i.v. + 40IU in 500ML RL @ 100ml/hr									
HYDROCORTISONE	100mg									
ROCURONIUM	40mg + 10mg									
FENTANYL	100mcg									
FIO_2 / SaO_2	94	95	96	97	97	97	98	97	97	
$ETCO_2$	32	32	32	32	34	34	34	34	34	
ECG	SR	SR	SR	SR						
Temperature	—	35.1	—	—	—	—	—	35.7	—	
Urine Output										
Fluids / Blood: INJ. CARBOPROST	250mcg I.M.									
TRANEXAMIC ACID	1.5gm									
RINGER LACTATE	1000 ml/hr →									

Antibiotic given.
Suppository
Blood Loss
NOTES

B.P
V Systolic
Λ Diastolic
X Mean
• Heart Rate
Tourniquet on Time
Tourniquet off Time
Throat Pack In
Throat Pack Out

240 220 200 180 160 140 120 100 80 60 40 20 10 0

LAB Values: ABG | GRBS | Others

☑ Equipment Checked and Functional
☑ BP ☐ Cuff Site: (R)UL
☐ Art Site:
☑ EKG Lead 3 lead
☑ Temp Site
☑ FIO_2 Monitor
☑ Agent Monitor
☑ Pulse Oximeter
☑ Capnograph
☑ Ventilator
☐ Nerve Stimulator

Position: Supine
☑ Pressure Points Checked

Eye Care:
☐ Oint
☑ Tape
☐ Padding
☐ Awake

Temp:
☐ HME ☐ Fluid Warmer
☐ Cling Film ☐ OH Warmer
☐ Hugger's ☐ Cotton Wool
☑ Other

Times:
Anaes Start: 1.50PM
OP Start: 1.55PM
OP End:
Leave OR: 4.00 PM.

Anaesthesia:
☑ GA
☐ Monitored Anaesthesia Care
☐ Regional

Line (Size & Location)
☐ CVP:
☐ ART:
☑ IV: (R)UL, 20G
☑ IV: (L)UL, 18G
☐ IV:

Induction
☑ IV ☑ Inhal
☑ Pre O_2 ☐ RSI
☐ Others

☐ Mask ☐ SGA
☐ Airway ☐ Oral ☐ Nasal
ETT# 6.5 at 19 cm
☑ Oral ☐ Nasal ☑ Cuff
☐ Tracheostomy ☐ Topical
☐ Drug: SCHOLINE

☐ Awake ☐ Direct Vision
☑ Video Laryngoscopy ☑ Stylette / Bougie
☐ Fiberoptic
Blade# 3 Attempts: 01
Difficulty Why?

☑ Bilat = BS
☐ Semi-Closed Circle
☑ Closed Circle
☐ Other

Regional:
Extremity Specify:
☐ Spinal ☐ Epidural ☐ Caudal
Others:
Position:
Site:
Needle Size: Depth:
Parasthesia ☐ Yes ☐ No
Catheter at skin cm
Drug Name & Conc:
Bolus: Ultrasound guided
Infusion: Marking done. Multiple
Block Level: attempts done and
Comments: encountered Dry tap. So, plan was changed to GA.
Transportation to
☐ PACU ☐ ICU ☐ Other
Relaxant Reversed ☐ Yes ☐ No ☐ NA
Name of the Doctor: DR. M. VINEETHA
Signature of the Doctor:

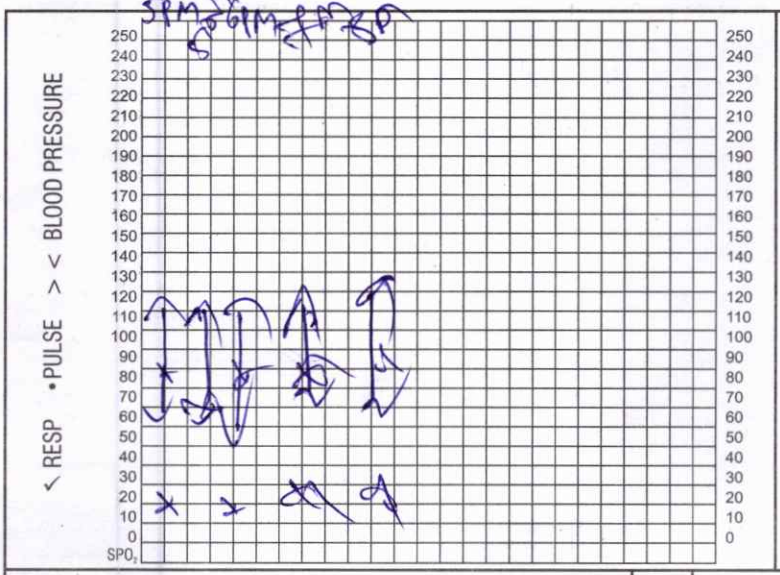
HNH-00009045 IP26-00006519
Mrs MAIMUNA SAFURA
13-08-1991 34 Y 9 M 24 D (F)
Dr. PADMAJA YELISETTY

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Anusha. K Time Received : 4:30pm Time Discharged : 10:00pm



IV Cannula Site : .....

- ☐ O_2 Mask
- ☐ Nasal Prongs
- ☐ Tracheostomy
- ☐ T-Piece
- ☐ Oral Airway
- ☐ Nasal Airway

Vomiting : ☐ Yes ☑ No Drug: INJ

NG Tube : ☐ Yes ☑ No

Drain: ☑ Yes ☐ No

Urinary Catheter: ☐ Yes ☑ No

Chest Tube: ☐ Yes ☑ No

Nil Oral ☐ Yes ☑ No

IV Fluids: RL

Oral Feeds: NBM

POST ANAESTHESIA SCORE (Modified Aldrete Score)		IN	MINUTES 30	60	90	OUT	SCORING INTERPRETATION
Able to move 4 extremities voluntary or on command = 2 Able to move 2 extremities voluntary or on command = 1 Able to move 0 extremities voluntary or on command = 0	ACTIVITY	1	1	2	2	2	A Minimum Total Score of 8 is Required for Discharge Exceptions to this, are to be explained in the space below by the Discharging Physician:
Able to deep breathe & cough freely = 2 Dyspnea or limited breathing = 1 Apneic = 0	RESPIRATION	2	2	2	2	2	
BP ± 20 of Pre Anaesthetic leve = 2 BP ± 20-50 of Pre Anaesthetic leve = 1 BP ± 50 of Pre Anaesthetic leve = 0	CIRCULATION	2	2	2	2	2	
Fully awake = 2 Arousable on calling = 1 Not responding = 0	CONSCIOUSNESS	2	2	2	2	2	
Pink = 2 Pale, dusky, blotchy, jaundiced, other = 1 Cyanotic = 0	COLOR	9	2	2	2	2	
	TOTAL		9	10	10	10	

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
6/6	5PM	0	NA	
6/6	6PM	0	NA	
6/6	7PM	0	NA	
	8pm	0/10	Normal	

Pain Tool Used: ☐ N PASS ☐ FLACC ☐ Wong Baker ☐ NPS

Reassessment Frequency:

1. Every eight hours for all hospitalized patients.
2. For post surgical patient, patient with chronic pain, patient with severe pain
   a. Every 2 hours for first 24 hours
   b. After 24 hours every 4 hours
   c. Prior to pain reliving intervention
   d. With in 30-60 minutes after pain relief intervention

Anaesthesiologist Name : Dr. SAIRAM V

Anaesthesiologist Signature: SV

Date & Time: 07/06/2026. 10AM

PACU Nurse Name : Alen

PACU Nurse Signature: Alen

Date & Time: 7/6/26 @ 10AM

Transferred to Unit by (PACU): .....

Date & Time: 7/6/26.

Patient Sticker

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

Date: ..... Time: ..... Procedure done by .....

CSE /Spinal /Epidural Position : ..... Space :..... Technique (LOR/LOS) .....

Depth: ..... Catheter at Skin: ..... Attempts : .....

Parasthesia : Yes/No if yes details : .....

Solution Composition : .....

Any other issues :

a) .....

b) .....

Time	Infusion Rate (ml/hr)	Bolus (ml)	Level Left Right	Maternal BP	Maternal Pulse	FHR	Comments

Delivery Details : Time : ..... APGAR: ..... SVD / Instrumental / LSCS (if LSCS Details)

Catheter Removed by and Tip Inspected : .....

Patient Satisfaction : .....

Discharge /Shifting ordered by

Doctor Signature: .....

Doctor Name: .....

Date and Time : .....

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

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Mrs MAIMUNA SAFURA**	**Age :**	**34 Y 9 M 24 D**
IP No:	**IP26-00006519**	**Sex:**	**Female**
Consultant:	**Dr. PADMAJA YELISETTY**	**Ward/Bed No:**	**4F -OT/LDR-415**

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.
(Receivers 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:

Name: Mujtaba
Relationship: Husband
Date: 6/8/26 Time: 12.40pm.
Witness Name: Surender Maurya
Witness Signature:

Patient Address:
Red Hills Hyderabad Telangana INDIA 500004

HN-00009045 IP26-00006519
Ms MAIMUNA SAFURA
15-08-1991 34 Y 9 M 24 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

25 years of being the guiding light

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.

Mujtaba
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 | L B 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**

26-0000204736

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NARCOTIC PRESCRIPTION FORM
(PATIENT COPY)

Patient Name: Mrs. Maimuna Sahra		Age: 34y	Gender: Female
UHID No: HNH-0000904S	IP No: IP26-0000651	Date: 6/6/26	Time:
Diagnosis: LSCS		ward 01	

PRESCRIPTION DETAILS (Tick only one of the following)

S.No	Drug Name	Dosage	Remarks
1.	Fentanyl Citrate Inj. 50mcg/Ml	100mcg	1 Amp
2.	Morphine Sulphate Inj. 15mg/Ml	/	
3.	Remifentanil Hydrochloride Inj. 2MG	/	/
4.	Remifentanil Hydrochloride inj. 1MG		

Doctor Name: Dr Ramya V

Doctor Registration No: 67529

Signature:

NARCOTIC DISPENSING FORM
APPENDIX 4 – FORM NO. 3E
(Details of the Patient to whom Essential Narcotic Drugs Dispensed)

IP Registration No: IP26-00006519 **Date:** 06/06/26

Aadhaar No. of the Patient (Optional): .....

1.	**Name :** Mrs. Maimuna Sahra	**Remarks**
2.	Complete postal address (with contact number, if any)	Red hills hyderabad Telangana 500004
3.	Brief description of the illness	LSCS
4.	Whether registered with any other registered medical practioner / recognized medical institution (If yes, details of the recorded)	NO
5.	Details of essential Narcotic drug dispensed	Fentanyl

Date	Name of the Essential Narcotic Drugs	Quantity	Signature / Thumb Impression of the patient / Patient Attender	Remarks, if any
6/6/26	Fentanyl	1 Amp		

Dispensed by (Name & ID No.): Savita (018442) Signature: .....

Received by (Name & ID No.): Saraswathi (021006) Signature: .....

Time: 3:00

Docu. No: RCH / FRM / CLINICAL / 133

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

26-0000204736

NARCOTIC PRESCRIPTION FORM
(MEDICAL RECORD)

Patient Name: Mrs. Maimuna Sahra		Age: 24y	Gender: Female
UHID No: MNH-00009045	IP No: IP26-00006519	Date: 5/6/26	Time:
Diagnosis: LSCS			

PRESCRIPTION DETAILS (Tick only one of the following)

S.No	Drug Name	Dosage	Remarks
1.	Fentanyl Citrate Inj. 50mcg/Ml	100mcg	1 amp
2.	Morphine Sulphate Inj. 15mg/Ml	/	
3.	Remifentanil Hydrochloride Inj. 2MG	/	/
4.	Remifentanil Hydrochloride inj. 1MG	/	/

Doctor Name: Dr. [illegible] Doctor Registration No: 67529

Signature:

NARCOTIC DISPENSING FORM
APPENDIX 4 – FORM NO. 3E
(Details of the Patient to whom Essential Narcotic Drugs Dispensed)

IP Registration No: IP26-00006519 **Date:** 5/6/26

Aadhaar No. of the Patient (Optional): .....

1.	**Name :** Mrs. Maimuna Sahra	**Remarks**
2.	Complete postal address (with contact number, if any)	Kod bills hyderabad telangana [illegible]
3.	Brief description of the illness	LSCS
4.	Whether registered with any other registered medical practioner / recognized medical institution (If yes, details of the recorded)	NO
5.	Details of essential Narcotic drug dispensed	Fentanyl

Date	Name of the Essential Narcotic Drugs	Quantity	Signature / Thumb Impression of the patient / Patient Attender	Remarks, if any
6/6/26	Fentanyl	1 amp	[illegible]	

Dispensed by (Name & ID No.): Savita (015447) Signature: .....

Received by (Name & ID No.): Saraswathi (021006) Signature: .....

Time: .....

Rainbow Children's Hospital

BirthRight

NARCOTIC PRESCRIPTION FORM
(MEDICAL RECORD)

Patient Name | Age | Gender

UHID No. | IP No. | Date | Time

Diagnosis

PRESCRIPTION DETAILS (Tick only one of the following)

S.No	Drug Name	Dosage	Remarks
1.	Pethidine Hydrochloride inj. 50mg/ml		
2.	Morphine Sulphate inj. 10mg/ml		
3.	Pentazocine Hydrochloride inj. 30mg		
4.	Buprenorphine Hydrochloride inj. 0.3mg		

Doctor Name | Doctor Registration No.

Signature

NARCOTIC DISPENSING FORM
APPENDIX 4 – FORM NO. 36
(Details of the Patient to whom Essential Narcotic Drugs Dispensed)

Date:

IP Registration No.:

Address / No. of the Patient (Optional)

S.No	Name	Remarks
1		
2	Complete postal address with contact number, if any	
3	Brief description of the illness	
4	Whether registered with any other registered medical practitioner / recognised medical institution (If yes, details of the same)	
5	Details of essential Narcotic drug dispensed	

Date	Name of the Essential Narcotic Drugs	Quantity	Signature / Thumb Impression of the patient / Patient Attender	Remarks, if any

Dispensed by (Name & ID No.)

Signature

Time

Received by (Name & ID No.)

Signature