HNH-00011707 IP26-00006557
Mrs CHITRALEKHA VEDULA
18-01-1990 36 Y 4 M 24 D (F)
Dr. KADIYALA RAMYA THEJA

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SURGERY DETAILS

Date : 11/06/2026

Patient Name: Mrs Chitralekha Vedula Date of Birth: 18-01-1990 Age: 36Yrs

Gender: Female Ward : OT UHID No.: HNH - 00011707
IP26 - 00006557

Date of Surgery: 11/6/2026 ☑ OT -1 ☐ OT -2 ☐ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : Elective LSCS.

Time in : 8:50Am Time Out : 9:50Am.

		NAME	AMOUNT
1.	Surgeon	Dr. Ramya theja	
2.	Anaesthetist	Dr. Veenitha	
3.	Assistant Surgeon	Dr. veena	
4.	OT Technician	Br. Saichandu, Sr. Pallavi	
5.	Circulating Nurse	Sr. Puja, Sr. Natasha	
6.	Assistant Nurse	Sr. Sandhya	

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

Signature of the Surgeon

Puja.
Signature of Circulating Nurse

Order No: 26-0000205950

Order by: Sandhya 11/6/26 @ 10:30 Am
(Or record saved)

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

HNH-00011707 IP26-00006557
Mrs CHITRALEKHA VEDULA
18-01-1990 36 Y 4 M 24 D (F)
Dr. KADIYALA RAMYA THEJA

Yes

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CONSUMABLES OF OT

Circulating staff : Puja Technician : Pallavi Date : 11/6/26 Time : 9:56 AM

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube			~~Major~~ Pack LSCS		01	Inj Vit.K		01
LMA			Sutures 1326, 4242	01 + 01		Cord Clamp		01
ECG leads : A / P / N		03	2364, 2346	2 + 2		Suction Catheter		
HME filter : A / P / N						Feeding Tube 6no		01
Syringes : 10 cc		02				Vaccum Suction Set		
05 cc		03	Gloves 6 1/2 S.G	14	02	Surgical Gloves 6, 6 1/2		01 + 02
02 cc		03	Encore 6 1/2		01	Gauze Pack 7.5		01
01 cc		01				Syringe 1ml / 2ml		02
Cautery plate : A / P / N		01	Surgical blade 22no		1	Surgical Blade # 20		01
IV set		01	NG tube			Koochies (S)		
RL		02	Cautery pencil		01			
NS : 10ml / 100ml / 500ml / 1000ml		01	Koochies XXL		01	Baby said		
Adrenaline		01	Ointments					
Atropine		01	Suction Catheter					
Fentanyl		01	Cap, Mask	10 + 10		26-00002059 68 / 967		
Morphine			Gauze Pack 7.5		02			
Ketamine			Mop Pack		02			
Propofol			Steristrip					
Rocuronium			Underpad		02			
Glycopyrolate			Draw sheet					
Myopyrolate			Abgel		01			
Ondansetron		01	Foleys catheter					
Pencan 25g/ Spinal Needle 22		01	Urobag					
Bupivacaine 0.25%			Chest Drainage Catheter					
Bupivacaine 0.25%(Heavy)		01	Romodrain bag					
Antibiotics			Bandage					
dox 2%		01	Tegaderm					
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg		01	Vaccum Suction set		01			
Justin : 12.5 mg / 25mg / 100mg		01	Plastic ~~Bed Sheet~~ Aprons		03			
Tab. Misoprost : 200mg		04	Betadine Solution		02			
Tranexa		02	Microshield		02			
oxytocin		06	Cotton Balls		01			
S. glove 6.5		01	Latex Gloves		20			
~~gauze 7.5~~		~~01~~	Ramdione Scrub					
			Saral					

Surgeon Anaesthesiologist Nurse OT Technician

Order No. : 26-00002059 53 / 952 / 964 / 963 Ordered by : Archana 11/6/26 @ 12:08 pm

Doc. No. : RCH / FRM / GENERAL / 125

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040-48873000, info@rainbowhospitals.in

ELECTRONIC MEDICINE PRESCRIPTION

MRN	: HNH-00011707	**Name**	: Mrs CHITRALEKHA VEDULA
Age / Sex	: 36 Y 4 M 24 D / Female	**Doctor**	: KADIYALA RAMYA THEJA
Adm/Reg Date/Time	: 11/06/2026 06:50	**Payor**	: VOLO HEALTH INSURANCE TPA PVT LTD
Order Date	: 11/06/2026 10:40	**Ordernumber**	: 26-0000205953
Visit ID	: IP26-00006557	**Ward/Bed No**	: 4F -OT / LDR-415
Patient Address	: Plot no.37, P, Secunderabad R S, Hyderabad, Telangana, INDIA, 500025		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	ADROGLARE(ADRENALINE) INJ 1MG 1ML		1 Vial	External / Once Daily	1 Days		1 Vial	Dispensed
2	JUSTIN SUPPOSITORIES 100 MG 5 S		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
3	DSYRINGE 10ML (NIPRO)	SYRINGE 10ML	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
4	ONDOKIND INJ 4 MG 2 ML	ONDANSETRON 4MG 2ML INJ	1 Nos	/ Once Daily	1 Days		1 Vial	Dispensed
5	EVATOCIN (OXYTOCIN) INJ 5 IU 1 ML		1 Nos	/ Once Daily	5 Days		5 Vial	Dispensed
6	DSYRINGE 1ML (NIPRO)	SYRINGE 1ML	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
7	BUPICAIN HEAVY 80MG INJ 4ML	BUPIVACAINE 80MG INJ	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
8	THEMICAINE 2% 30ML INJ		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
9	SGLOVE # 6.5 (SURGICARE)	SURGICAL GLOVES 6.5	1 Nos	External / Once Daily	1 Days		4 Nos	Dispensed
10	PENCAN 25G*3 1 2	PENCAN 25G*3 1 2	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
11	E.C.G ELECTRODES (ADULT)	ELECTRODES ADULT	1 Nos	External / Once Daily	1 Days		3 Nos	Dispensed
12	BIOXAMIC 500 MG INJ		1 Nos	/ Once Daily	2 Days		2 Ampule	Dispensed
13	PREGELLED SURGICAL PLATES(ADULT)	PREGELLED PLATED ADULT	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
14	SUPRIDOL SUPPOSITORIES 100 MG 5 S		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
15	RL 500 ML CLOSED SYSTEM	RINGER LACTATE 500ML CLOSED	1 Bottle	/ Once Daily	2 Days		2 Bottle	Dispensed
16	DSYRINGE 5ML.(NIPRO)	SYRINGE 5ML	1 Nos	External / Once Daily	1 Days		3 Nos	Dispensed
17	DSYRINGS 2.5ML(NIPRO)	SYRINGE 2ML	1 Nos	External / Once Daily	1 Days		3 Nos	Dispensed

KADIYALA RAMYA THEJA

Reg No : TSMC/FMR/01458

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Note

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Rainbow Children's Hospital

BirthRight Rainbow

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ELECTRONIC MEDICINE PRESCRIPTION

MRN	: HNH-00011707	Name	: Mrs CHITRALEKHA VEDULA
Age / Sex	36 Y 4 M 24 D / Female	Doctor	: KADIYALA RAMYA THEJA
Adm/Reg Date/Time	: 11/06/2026 06:50	Payor	: VOLO HEALTH INSURANCE TPA PVT LTD
Order Date	: 11/06/2026 10:40	Ordernumber	: 26-0000205952
Visit ID	: IP26-00006557	Ward/Bed No	: 4F -OT / LDR-415
Patient Address	: Plot no.37, P, Secunderabad R S, Hyderabad, Telangana, INDIA, 500025		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	GAUZE 7.5X7.5 12 PLY (5 NOS)	GAUZE 7.5X7.5 12 PLY 5 NOS	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
2	MISOPROST TAB 200MCG 4S		1 Tabs	External / Once Daily	1 Days		4 Tabs	Dispensed
3	CUROPINE (ATROPINE) INJ 1 ML		1 Vial	External / Once Daily	1 Days		1 Vial	Dispensed
4	EVATOCIN (OXYTOCIN) INJ 5 IU 1 ML		1 Nos	/ Once Daily	1 Days		1 Vial	Dispensed
5	BCV-INTRAFIX SAFESET		1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed

KADIYALA RAMYA THEJA

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ELECTRONIC MEDICINE PRESCRIPTION

MRN	: HNH-00011707	**Name**	. Mrs CHITRALEKHA VEDULA
Age / Sex	: 36 Y 4 M 24 D / Female	**Doctor**	: KADIYALA RAMYA THEJA
Adm/Reg Date/Time	11/06/2026 06:50	**Payor**	: VOLO HEALTH INSURANCE TPA PVT LTD
Order Date	. 11/06/2026 12:03	**Ordernumber**	: 26-0000205963
Visit ID	: IP26-00006557	**Ward/Bed No**	: 4F -OT / LDR-415
Patient Address	: Plot no.37, P, Secunderabad R S, Hyderabad, Telangana, INDIA, 500025		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	SGLOVE # 6.5 (SURGICARE)	SURGICAL GLOVES 6.5	1 Nos	External / Once Daily	1 Days		3 Nos	Dispensed
2	TRUGUT CHROMIC CATGUT SN4242	TRUGUT CHROMIC CATGUT SN4242	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
3	ABGEL SURGI PAD (BIG) (GELSPON)	ABGEL	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
4	DISPOSABLE APRONS STERILE XL	DISPOSABLE APPRON STERILE XL	1 Nos	/ Once Daily	3 Days		3 Nos	Dispensed
5	POVINANZ SOLUTION 10% 100 ML		1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
6	Encore Microptic gloves-6.5		1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
7	VICRYL 1-0 NW 2364	VICRYL 1-0 NW 2364	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
8	LSCS DRAPE PACK	LSCS DRAPE PACK	1 Nos	/ 10 AM	1 Days		1 Nos	Dispensed
9	VICRYL 1-0 VP 2346	VICRYL 1-0 VP 2346	1 Nos	/ Once Daily	2 Days		2 Nos	Dispensed
10	MOPS 30X30 8PLY 5S X-RAY	MOPS 30X308 PLYDATT	1 Nos	/ Once Daily	2 Days		2 Nos	Dispensed
11	ADULT DIAPERS-XXL		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
12	BACTOPREP SOLUTIONS 100 ML	CHLORHEXIDINE GLUCONATE2% &ALCOHOL80% 500	1 mL	/ Once Daily	2 Days		2 Nos	Dispensed
13	CAUTERY PENCIL (ADVANCE)	CAUTERY PENCIL (ADVANCE)	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
14	MONOCRYL 3-0 NW 1326	MONOCRYL 1326	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
15	COTTON BALLS 2 GM 5 NOS	COTTON BALLS 2G- 5 NOS	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
16	VACCUME SUCTION SET	VACCUME SUCTION SET	1 Nos	External / Once Daily	1 Days		1 Nos	Ordered
17	SURGICAL BLADE 22	SURGICAL BLADE 22	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed

KADIYALA RAMYA THEJA

Reg No : TSMC/FMR/01458

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ELECTRONIC MEDICINE PRESCRIPTION

MRN	: HNH-00011707	Name	: Mrs CHITRALEKHA VEDULA
Age / Sex	: 36 Y 4 M 24 D / Female	Doctor	: KADIYALA RAMYA THEJA
Adm/Reg Date/Time	: 11/06/2026 06:50	Payor	: VOLO HEALTH INSURANCE TPA PVT LTD
Order Date	: 11/06/2026 12:03	Ordernumber	: 26-0000205964
Visit ID	: IP26-00006557	Ward/Bed No	: 4F -OT / LDR-415
Patient Address	: Plot no.37, P, Secunderabad R S, Hyderabad, Telangana, INDIA, 500025		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	UNDERPADS 60X90 BUTTERFLY		1 Nos	External / 10 AM	1 Days		2 Nos	Dispensed
2	FACE MASK 3 LAYER - ELASTIC	FACE MASK 3 LAYER	1 Nos	External / Once Daily	1 Days		10 Nos	Dispensed
3	NITRILE EXAMINATION GLOVES P F- MEDIUM	NITRILE GLOVES M	1 Nos	External / Once Daily	1 Days		20 Nos	Dispensed
4	SURGEON CAP(FEMALE)	FEMALE CAP	1 Cap	External / Once Daily	1 Days		10 Cap	Dispensed
5	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	Dispensed

KADIYALA RAMYA THEJA

Reg No : TSMC/FMR/01458

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ELECTRONIC MEDICINE PRESCRIPTION

MRN	: HNH-00015919	**Name**	: Baby Of CHITRALEKHA VEDULA
Age /	: 0 Y 0 M 0 D 7 H / Male	**Doctor**	: DILNAAZ FAROOQUI
Adm/Reg Date/Time	: 11/06/2026 09:48	**Payor**	: SELFPAY
Order Date	: 11/06/2026 12:06	**Ordernumber**	: 26-0000205967
Visit ID	: IP26-00006558	**Ward/Bed No**	: 4F -OT / CRDL-HNPDA-412-1
Patient Address	: Plot no.37, P, Secunderabad R S, Hyderabad, Telangana, INDIA, 500025		

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	Dispensed
2	CORD CLAMP-ALPHAMEDICARE		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
3	SGLOVE # 6 (SURGICARE)	SURGICAL GLOVES 6.0	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
4	SURGICAL BLADE 20	SURGICAL BLADE 20	1 Nos	/ Once Daily	1 Days		1 Nos	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	Injection / 10 AM	1 Days		1 Nos	Dispensed

DILNAAZ FAROOQUI

Reg No : 5676

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ELECTRONIC MEDICINE PRESCRIPTION

MRN	: HNH-00015919	**Name**	: Baby Of CHITRALEKHA VEDULA
Age / Sex	: 0 Y 0 M 0 D 7 H / Male	**Doctor**	: DILNAAZ FAROOQUI
Adm/Reg Date/Time	: 11/06/2026 09:48	**Payor**	: SELFPAY
Order Date	: 11/06/2026 12:06	**Ordernumber**	: 26-0000205968
Visit ID	: IP26-00006558	**Ward/Bed No**	: 4F -OT / CRDL-HNPDA-412-1
Patient Address	: Plot no.37, P, Secunderabad R S, Hyderabad, Telangana, INDIA, 500025		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	GAUZE 7.5X7.5 12 PLY (5 NOS)	GAUZE 7.5X7.5 12 PLY 5 NOS	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
2	SGLOVE # 6.5 (SURGICARE)	SURGICAL GLOVES 6.5	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed

DILNAAZ FAROOQUI

Reg No : 56763

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305
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Name	Mrs CHITRALEKHA VEDULA	**UHID**	HNH-00011707
Father/Guardian	Mr S S V KARTHIK	**Age/Gender**	36 Y 4 M 24 D/ Female
Address	Plot no.37, P, Secunderabad R S, Hyderabad, Telangana, INDIA, 500025		
IP No	IP26-00006557	**Admission Date**	11-06-2026
Ref Doctor	Self.		
Discharge Date	14.06.2026		

DISCHARGE SUMMARY

Consultant:
Dr. Kadiyala Ramya Theja
MBBS, DNB
TSMC/FMR/01458

Diagnosis: G2P1L1 WITH 37+2 WEEKS PERIOD OF GESTATION WITH PREVIOUS LOWER SEGMENT CAESEREAN SECTION WITH SINGLE UMBILICAL ARTERY FOR ELECTIVE LOWER SEGMENT CAESEREAN SECTION

ELECTIVE LOWER SEGMENT CAESEREAN SECTION DONE ON 11.06.2026

History:
LMP: 13.09.2026
EDD: 30.06.2026
Obstetric formula:G2P1L1
Gestation at admission: 37+1 weeks

Name	Mrs CHITRALEKHA VEDULA	**UHID**	HNH-00011707
IP No	IP26-00006557	**Admission Date**	11-06-2026

Obstetric History:
G1 - 2021 - FTLSCS (Ind. - Breech), Male, B.Wt.: 2.75kgs, Alive and Healthy, @Kirloskar, IUI Conception, H/O Bleeding PV and subchorionic hemorrhage post conception, resolved at 5 MOA, H/O Hypothyroidism.
G2 - Present pregnancy, Spontaneous conception.

Medical History : Nil
Surgical History : LSCS in 2021
Allergies : Nil
Family History : Nil

Antenatal Details:
Mrs CHITRALEKHA VEDULA was booked to Rainbow hospital at 7 weeks of gestation. She had regular antenatal checkups and investigations as advised. NT was normal. FTS - low risk. TIFFA showed single umbilical artery in Umbilical cord. Fetal 2D Echo showed small muscular VSD. NIPS - low risk. Fetal surveillance done by serial growth scans. Scan done on (30.05.2026) at 35^{+4} weeks showed single live intrauterine fetus with cephalic presentation, AFI: 11.8cm EFW: 2214 (8%) AC: <1% placenta: posterior amd right lateral high with Doppler normal She was admitted at 37^{+2} weeks for Elective LSCS.

Investigations: Enclosed.
Blood group: "B" Positive

Management: Course in hospital:
At admission on clinical examination the vitals were stable, uterus was

Name	Mrs CHITRALEKHA VEDULA	**UHID**	HNH-00011707
IP No	IP26-00006557	**Admission Date**	11-06-2026

relaxed. Fetal well being was confirmed by an admission NST which was found to be reactive. She was prepared for elective C- section 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. Antibiotic prophylaxis with Inj. Taxim 1 gm IV given. Patient shifted to theatre.

Surgery Notes:

Under spinal 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. Skin closed with subcuticular sutures. Wound dressing done. Vagina cleaned with Betadine solution after expelling clots. Misoprostol 600 mcg given per rectum as prophylaxis against Postpartum hemorrhage. Patient was shifted out of theatre to post operative recovery room.

***Single umbilical artery**

***Previous scar thinned out**

Delivery Details:

Date : 11.06.2026
Time of Delivery : 9:04AM
Type of Delivery : Elective Lower segment caesarean section

Name	Mrs CHITRALEKHA VEDULA	**UHID**	HNH-00011707
IP No	IP26-00006557	**Admission Date**	11-06-2026

Indication : Previous LSCS
Anaesthesia : Spinal

Baby Details:
Date : 11.06.2026
Time : 9:04AM
Sex : Male
Weight : 2.6Kg
Apgar : 8,9
Gestational Age :37+2 weeks
NICU Admission: No

Post-Operative Notes:
She was closely monitored. Her vital signs remained stable. Uterus was well retracted with no postpartum haemorrhage. 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. Her general condition was satisfactory and she was found to be fit for discharge. Wound care and 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 16.06.2026 (9am-9pm) after food.
2. Tab. Calpol (Paracetamol 500mg) 2 tablets thrice daily till 14.06.2026(8am-2pm-10pm) after food.

Name	Mrs CHITRALEKHA VEDULA	**UHID**	HNH-00011707
IP No	IP26-00006557	**Admission Date**	11-06-2026

3. Tab. Voveran (Diclofenac-50mg) 1 tablet thrice daily till 14.06.2026 (9am-3pm-11pm) after food.
4. Tab. Pantodac (Pantoprazole - 40mg) 1 tablet twice daily till 16.06.2026 (7am-7pm) before food.
5. Tab. Livogen (Elemental Iron - 50mg, folic acid 1.5mg) once daily (7am) for three months before breakfast.
6. Tab. Shelcal (Elemental Calcium 500mg, vitamin D3 250 IU) once daily (2pm) till breast feeding after food.
7. Syp.Duphalac 15 ml PO at night SOS.
8. Nebasulf Powder for local application.

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

* Suggest **PAP smear** and **HPV Vaccine** after **6 weeks**; Please discuss with your treating doctor regarding **HPV vaccination.**

Review with **Dr. KADIYALA RAMYA THEJA,** after **2 weeks** on **27.06.2026** at 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

Name	Mrs CHITRALEKHA VEDULA	**UHID**	HNH-00011707
IP No	IP26-00006557	**Admission Date**	11-06-2026

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, immunization and safe parenting, when and how to obtain emergency care etc also have been explained by doctor .....in a language that I can understand and I acknowledge.

Patient/ Attender

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

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

Registrar/Resident/C.M.O

Consultant:
Dr. Kadiyala Ramya Theja
MBBS, DNB
TSMC/FMR/01458

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 : IP26-00006557 **Admit Date** : 11-Jun-2026 **Admit Time** : 06:50 AM **UHID** : HNH-00011707

Patient Details :

Patient Name	: Mrs CHITRALEKHA VEDULA	**Age**	: 36 Y 4 M 24 D
Guardian	: Mr S S V KARTHIK	**DOB**	: 18-01-1990
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: Plot no.37, P Secunderabad R S Hyderabad Telangana INDIA 500025	**Phone No**	: 9949096232/ 9985136724
		E-mail	: chitralekhavedula@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 S S V KARTHIK **Relationship** : Husband

Contact Address : Plot no.37, P Secunderabad R S Hyderabad Telangana INDIA 500025 **Phone No** : 9949096232

Signature

Doctor Details :

Doctor Name : Dr. KADIYALA RAMYA THEJA **Specialisation** : OBSTETRICS AND GYNECOLOGY

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

Co-Consultant :

Payment Details :

Payment Mode : DC/CC Card **Deposit Amount** : 20000.00

Payor Name : VOLO HEALTH INSURANCE TPA PVT LTD

PATIENT TRANSFER FORM

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HNH-00011707 IP26-00006557
Mrs CHITRALEKHA VEDULA
18-01-1990 36 Y 4 M 24 D (F)
Dr. KADIYALA RAMYA THEJA

Treating Consultant Name	Date & Time of Admission	Date & Time of Transfer Order
Dr. Ramya.	11/06/26 @ 6:50 AM.	11/6/26 @ 1:40 PM
Transfer Ordered by	**Reason for Transfer**	
Dr. Naveena	OBS	
From Unit	**To Unit**	**Information to Attendant**
OBS	Room	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
~~135~~	NIL (1)	Yes ☑ No ☐
		If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	RL – 500m	(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
~~Kaaf~~ Sujatha.	Dr. Naveena.

Patient & Clinical Records Received by : Sunanda @ 2pm

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

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00011707 IP26-00006557 Mrs CHITRALEKHA VEDULA 18-01-1990 36 Y 4 M 24 D (F) Dr. KADIYALA RAMYA THEJA	11/6/26 @ 6:50AM	11/6/26 @ 8:30Am
	Transfer Ordered by Dr. Veena	Reason for Transfer CL-LSCS
From Unit prepost	To Unit OT.	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 35	Number of Imaging Films NSI-(1)	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 - 100ml/hr	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. Sujatha	Dr. manisha.

Patient & Clinical Records Received by :
POOJA

Date & Time of Patient Received :
11/6/26 @ 8:30Am

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

EL- LSCS

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ACTIVITY RECORD FOR BILLING

Name: ----------

HNH-00011707 IP26-00006557
Mrs CHITRALEKHA VEDULA
18-01-1990 36 Y 4 M 24 D (F)
Dr. KADIYALA RAMYA THEJA

UHID No : ---------- IP No : ---------- Dept : ----------

Date of Admission : ---------- T ---------- charge : ---------- Time: ----------

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
11/6/26	8:30 AM	prepost	OT	Puja
11/6/26	10:00am	OT	prepost	Puja/ Sujatha
11/6/26	4:15pm	pre-post	Room	Sujatha

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	Dr. Sindhura	12/6/27	6222	Bala
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Sign
11/6	NST-①	7002	✓
11/6	CBP	9639	✓
		cross checked	
			by sujatha
			11/6/26
			@. 11.30 pm

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
11/6/26	cardiac monitor	10AM	11/6/26 1:30pm	26-0000	Sujatha
11/6/26	Infusion pump	10AM	1:30pm	205955	

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
4/6/26	IV placement	(1)	5920	Akash
11/6/26	Catheterization	(1)	5920	
	PAC - OP		PRS26-00 210909	
11/6/26 4:20pm	NHA	(1)	6073	
			Gross checked by Sujatha 11/6/26 @	

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

HNH-00011707 IP26-00006557
Mrs CHITRALEKHA VEDULA
18-01-1990 36 Y 4 M 24 D (F)
Dr. KADIYALA RAMYA THEJA

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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints
Came for EL LSCS
PPROM (+)

Obstetric Formula: G2P1L

Obstetric Hostory:
G1- 2021 - LSCS - (Breech) mch/2.75kg
IUI Conception / Hypothyroidism
G2- Sp Conceptn (PP)

Present Pregnancy Record:- Booked @ 7wks
NT - (N) NIPS - LR
FTS - LR
TIFFA - SUA, Fetal Echo - Small muscular VSD (N)

RISK FACTORS: GS @ 35TH, EFW 8%, AC <1%, UAD (N)

Prev LSCS
AMA
SUA

Height: 163 cm
Weight: 81.40 kg
Allergies: NKA
Breast: ☑ Normal ☐ Abnormal
General Examination: fair
Consciousness: (+) Pallor: (-)
Icterus: (-) Edema: (-)
Temp: Afebrile PR:
BP: DTR: (+)
CVS: (N) RS BAE (+)
Liver/Spleen: Urine Output: Adeq

LMP: 13/9/2025 EDD:
Corrected EDD: 30/6/2026 GA:

Menstrual History: Regular : ☑ Yes ☐ No

Obstetric Examination

Fundal Height: ~34cm
Ut. Activity: ☑ Relaxed ☐ Mild ☐ Mod ☐ Severe
Liquor: ☑ Adequate ☐ Oligo ☐ Poly
PP: ☑ Cephalic ☐ Breech Others _____
Head Fifths Palpable: _____
FHS: ☑ Normal ☐ Tachy ☐ Brady ☐ Absent

Per Speculum Examination Not done
Draining: ☐ Present ☐ Absent ☐ Bleeding
Colour of Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

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

DIAGNOSIS

G2P1L | 37+2 wks | Prev LSCS | AMA | SUA | FCR for EL LSCS

HNH-00011707 IP26-00006557
Mrs CHITRALEKHA VEDULA
18-01-1990 36 Y 4 M 24 D (F)
Dr. KADIYALA RAMYA THEJA

Family History:	Surgical History:
Nil	LSCS - 2021
Medical History:	**Medication History:**
Nil	T Iron/calcium
Plan of Care:	**Investigations:**
- NBM - Admission NST - Drugs as charted ~~b/f vitals~~ - Informed consent - Parts prepare - Inform to Pediatrician & Anesth - Collect CBP report - Foley's Catheterisation - Shift to OT on call. - postnatal evaluation for baby i/v/o SUA + fetal echo c̄ small muscular VSD.	BGT - O +ve HIV HbsAg VDRL HCV } NR USG (30/5/2026) SLIUP / 35+4 wks / Vx. Pl- Post & Rt lat high AFI - 11.8cm SUA EFW 2.214 (8%) AC <1% UAD (N)

Dr. RAMYA THEJA KADIYALA
Reg. No: 01458

Doctor Name: Dr Manisha
Signature: [signature]
Date & Time: 11/06/2026 @ 7Am

Consultant Name: Dr Ramya theja
Signature: [signature]
Date & Time: 11/6/2026 @ 7AM

HNH-00011707 IP26-00006557
Mrs CHITRALEKHA VEDULA
18-01-1990 36 Y 4 M 24 D (F)
Dr. KADIYALA RAMYA THEJA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/6/26 10 AM	c/s/B Dr. Veena.	
	POD-0 | P_2L_2	
	Pt is stable, No c/o	
Baby @ NS	o/e GC-fair, Afebrile Pallor (-)	Adv - NBM for 4-6 hours
	BP- 100/60 mmHg	- Vital monitoring
	PR- 72 bpm	- P/Pchanting
	SpO_2 - 100% on RA	- W/f bleeding P/V.
	P/A - Ut well retracted	- IVF's, Analgesics & Thromboprophylaxis as per AXON
	L/E - B/L NL.	- * Postnatal evaluation for SUA & fetal echo
	U/O - 200ml, clear urine	- Inform SOS
		- Remove foley's catheter @ 6am/cm

HNH-00011707 IP26-00006557
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/06/2026 1:30pm	c/s/by	Dr Naveena
	o/E GC - fair	Adv
	Afebrile, SpO_2 100% on RA	- Sips of water
	PR: 80bpm	f/b liquid diet
	BP: 110/70mmHg	- Adequate hydration
	CVS/RS: NAD	- drugs as charted
	PA: ut retracted well	- w/f PV bleeding
	Soft, NT	- Urine I/O charted
	Dressing: dry & clean	- w/f PV bleeding
	BS: present	- Inform SOS
	L/E: PV bleeding WNL	
	U/O: 350ml clear.	
		Dr Naveena.
	Baby: Mother side	
	Kindly shift the pt. to room	
		Noted by Sujatha 11/6/26 @ 2PM

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

(P.T.O)

HNH-00011707 IP26-00006557
Mrs CHITRALEKHA VEDULA
18-01-1990 36 Y 4 M 24 D (F)
Dr. KADIYALA RAMYA THEJA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/6/2026	C/s/B Dr. Dug	
	POD-0	
7PM.	GC Fair - Afebrile	Adv.
	SpO2: 99% on RA	- Liquid diet f/b soft diet @ 10pm
Baby c̄ Mother	PR: 82/min	
	BP: 110/82 mmHg.	- Adequate hydration
	P/A Ut retracted well	- Drugs as charted
passed flatus.	BS(+)	- W/F P/v bleed
	L/E NAB	- Urine I/O charts
		- W/F Vitals.
		Inform sos.
		Foleys Removal t/m 6AM
	[signature]	
		Noted by Swetha @ 8PM
12/6/2026	C/s/B Dr. Dug	
	POD-1	Adv
8:45pm	GC Fair Afebrile	- Soft diet
Baby c̄ Mother	BP: 109/79 mmHg	- Adequate hydration
	PR: 86/min	- Drugs as charted
passed	P/A ut Retracted well	- W/F P/v bleed
urine &	BS(+)	- Vital Monitoring
flatus	L/E NAB	Inform sos.
		Ambulation
	[signature]	

HNH-00011707 IP26-00006557
Mrs CHITRALEKHA VEDULA
18-01-1990 36 Y 4 M 24 D (F)
Dr. KADIYALA RAMYA THEJA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/6/26		
3 pm	S/P POD	Adv
	No complaints	1) soft diet / plenty of oral fluids
baby well	GC fair afebrile	2) Monitor vitals
	vitals (N)	3) dressing as charted
V: ✓	PA: soft, UWR	4) W/f excess bleed PV
F: ✓	PV: bleeding (N)	5) Ambulation
S: ×		
		Ramya
		Dr RAMYA THEJA
12/6/26		
7:30 pm	S/P POD	
	No complaints	
baby well	GC fair afebrile	
	vitals (N)	
V: ✓	PA: soft, UWR	
F: ✓	PV: bleeding (N)	Ramya
S: ×		
		Dr RAMYA THEJA

Dr. RAMYA THEJA KADIYALA Reg. No: 01458

Dr. RAMYA THEJA KADIYALA Reg. No: 01458

HNH-00011707 IP26-00006557
Mrs CHITRALEKHA VEDULA
18-01-1990 36 Y 4 M 26 D (F)
Dr. KADIYALA RAMYA THEJA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/06/2026	C/S/b Q	Mamsha
8pm	POD 1	
		Ad
	Cl For Afebrile	- Soft Diet / Adeq Hydration
3m3	Vitals stable	- Monitor vitals
	P/A soft UWR	- Ambulation
	LE NAD	- Drugs as chart
		- Dulcolax Supp @ PR @ night
		- Inform SOS
		Amani
13/6/2026	C/S/b Q	Mamsha
8Am	POD 2	
		Ad
	Cl for Afebrile	- Regular Diet / Adeq Hydration
3m3	Vitals stable	- Monitor vitals
	P/A wt well Retracted	- Drugs as chart
	PV Bleeding WNL	- Ambulation
	U ✓	- Inform SOS
	F ✓ No Complaints	
	S ✓	Amani

HNH-00011707 IP26-00006557
Mrs CHITRALEKHA VEDULA
18-01-1990 36 Y 4 M 26 D (F)
Dr. KADIYALA RAMYA THEJA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/6/26 10 AM	1 - POD	
	No complaints	Dr RAMYA THEJA
		noted by Sr. Sandhya 13/6/26 10:a
13/6/2026 11:30am	c/s by Dr. Naveena	
	o/E GC - fair	Adv
	Afebrile. S	- Regular diet
V - ✓	Vitals - stable.	- Adequate hydration
F - ✓	PA: ut. well retracted	- drugs as charted
S - ✓	Soft, NT	- Syp. Duphalac 15ml PO SOS.
	Dressing: dry & clean	
	UE: PV bleeding WNL	- w/f PV bleeding
		- Monitor Vitals
	Baby: Mother side.	- Inj am SOS
	patient can be discharged	- Close dressing today
		noted by Sr. Sandhya 13/6/26 11:32

HNH-00011707 IP26-00006557
Mrs CHITRALEKHA VEDULA
18-01-1990 36 Y 4 M 24 D (F)
Dr. KADIYALA RAMYA THEJA

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DRUG CHART

Date of Admission: 11/6/2026 Drug Allergies: Nil ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

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

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

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

VERIFIED BY : Name .... Signature

HNH-00011707 IP26-00006557
Mrs CHITRALEKHA VEDULA
18-01-1990 36 Y 4 M 24 D (F)
Dr. KADIYALA RAMYA THEJA

REGULAR PRESCRIPTIONS Weight. 81kg Ward. ....

DRUG : INJ CEFOTAXIME

Dose	Route	Frequency	Start Date
1g	IV	BD	11/6

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

Additional Instructions: ATD X days f/b oral.

Daily Doctor's Endorsement by a Sign

Date/Time	11/6	12/6
8am	8.15	
8pm		stop

DRUG : PARACETAMOL

Dose	Route	Frequency	Start Date
1gm	P/O	TID	11/6

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	11/6	12/6	13/6
6am			
2pm	3pm		
10pm			

DRUG : DICLOFENAC

Dose	Route	Frequency	Start Date
50mg	P/O	TID	11/6

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	11/6	12/6
7am		
3pm		
11pm		

DRUG : TRAMADOL

Dose	Route	Frequency	Start Date
100mg	P/O	TID	11/6

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	11/6	12/6
8am		
4pm		
12am		

Verified by Dr. Dhakshayani

HNH-00011707 IP26-00006557
Mrs CHITRALEKHA VEDULA
18-01-1990 36 Y 4 M 24 D (F)
Dr. KADIYALA RAMYA THEJA

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Verified by Dr. Dhakshayani

Sheet No: ....

REGULAR PRESCRIPTIONS

Weight 81 kg Ward ....

DRUG : T PANTOPRAZOLE				Date ▸ Time ▾	11/6	12/6	13/6
Dose	Route	Frequency	Start Dt.				
40mg	PO	OD	11/6/26				
Name & Signature of the Doctor Starting the Drugs: Dr. Dna				6AM	[signature] 6AM	[signature]	[signature]
Additional Instructions:							
Daily Doctor's Endorsement by a Sign					[signature]	[signature]	

Verified by Dr. Dhakshayani

DRUG : T. CEFIXIME				Date ▸ Time ▾	12/6	13/6
Dose	Route	Frequency	Start Dt.			
200mg	PO	BD	12/6/26	8AM	[signature]	
Name & Signature of the Doctor Starting the Drugs: Dr. Dna						
Additional Instructions:				8pm	Madhu	
Daily Doctor's Endorsement by a Sign					[signature]	

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

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

VERIFIED BY : Name Signature

HNH-00011707 IP26-00006557
Mrs CHITRALEKHA VEDULA
18-01-1990 36 Y 4 M 24 D (F)
Dr. KADIYALA RAMYA THEJA

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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-00011707 IP26-00006557
Mrs CHITRALEKHA VEDULA
18-01-1990 36 Y 4 M 24 D (F)
Dr. KADIYALA RAMYA THEJA

Weight. 81kg Ward. .....

	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
11/6	8.10AM	INJ PANTOPRAZOLE	40mg	IV		Akil nalu
11/6	8.15AM	INJ METOCLOPRAMIDE	10mg	IV		Akil nalu
11/6	10AM	DICLOFENAC	100mg	PR		
11/6	10AM.	TRAMADOL	100mg	PR		
11/06	9.01AM	INJ. OXYTOCIN	3IU+6IU (in RL)	IV		
11/6	930AM	TRANEXAMIC ACID	1gm	IV		
11/06.	3PM	INJ. PARACETAMOL	1gm	IV		
13/6/21	9AM	SUP. DULCOLAX	10mg	PR		

Verified by Dr. Dhakshayani

ANN-00011707 IP20-00000597

Mrs CHITRALEKHA VEDULA
18-01-1990 36 Y 4 M 24 D (F)
Dr. KADIYALA RAMYA THEJA

I.V. FLUIDS CHART

Weight. 81kg Ward. .....

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
11/6	7:20AM	RINGER LACTATE	IV	100 ml/hr			11/6		
11/6	930 am	RINGER LACTATE + 6U OXYTOCIN	IV	125			11/6		
11/6	930 AM	RINGER LACTATE	IV	1000			11/6		
11/6	1015 am.	RINGER LACTATE + 6U OXYTOCIN	IV	100					
11/6	10:40 AM	RINGER LACTATE	IV	FF			11/6		
11/6	1:30pm	RINGER LACTATE	IV	100 ml/hr					
12/6	12:35 AM	RINGER LACTATE	IV	100 ml/hr					
		STOP by Dr.							

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

HNH-00011707 IP26-00006557
Mrs CHITRALEKHA VEDULA
18-01-1990 36 Y 4 M 24 D (F)
Dr. KADIYALA RAMYA THEJA

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MEDICATION RECONCILIATION FORM

Drug Allergies: NIL ☑ Not known any Drug Allergies

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

Shifting From: NA Shifted to: NA

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	10/6/26	☐ C ☑ DC
2	TAB. CALCIUM	1 tab	P/O	OD	10/6/26	☐ 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 : 10/6/26 : 2 AM

Nurse Name & Signature: AKhila

Date & Time : 4/6/26

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

HNH-00011707 IP26-00006557
Mrs CHITRALEKHA VEDULA
18-01-1990 36 Y 4 M 24 D (F)
Dr. KADIYALA RAMYA THEJA

305

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IP RESULT SHEET

Date	11/6					
Time	7 AM					
Hb	11.1					
PCV	31.9					
RBC	3.71					
WBC	10.08					
N/L	73.1 / 18.6					
Platelets	229					
CRP						
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
Blood group = O+ve						
HIV						
HbsAg						
HCV						
VDRL						

NR

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

HNH-00011707 IP26-00006557
Mrs CHITRALEKHA VEDULA
18-01-1990 36 Y 4 M 24 D (F)
Dr. KADIYALA RAMYA THEJA

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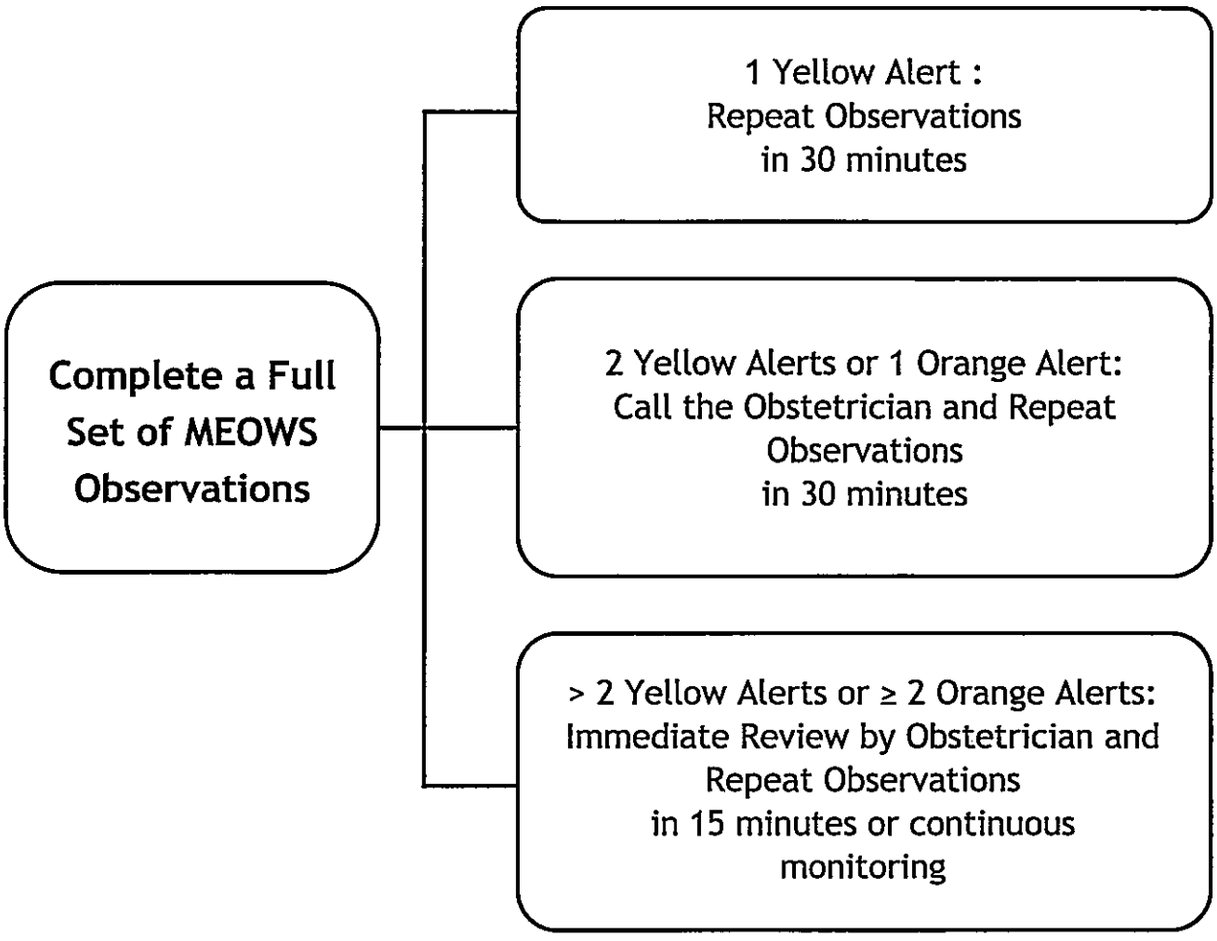
1/1/2

Early Warning Observation Score Chart - Obstetrics

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

		Date																						
		Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																									
	21 - 30																								20	
	11 - 20																									
	0 - 10																									
Saturations	94 - 100 %																								99	
	< 94 %																									
Administered O_2 (L/min.)																										
Temp°c	40																									
	39																									
	38																									
	37																								~	
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80																								75	
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressue ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																								115	
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80																								70	
	70																									
	60																								80	
	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	
TOTAL ORANGE SCORES																									0	
Nurse Initial																										

Obstetrics and Gynaecology Early Warning Signs



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

HNH-00011707 IP26-00006557
Mrs CHITRALEKHA VEDULA
18-01-1990 36 Y 4 M 24 D (F)
Dr. KADIYALA RAMYA THEJA

Patie

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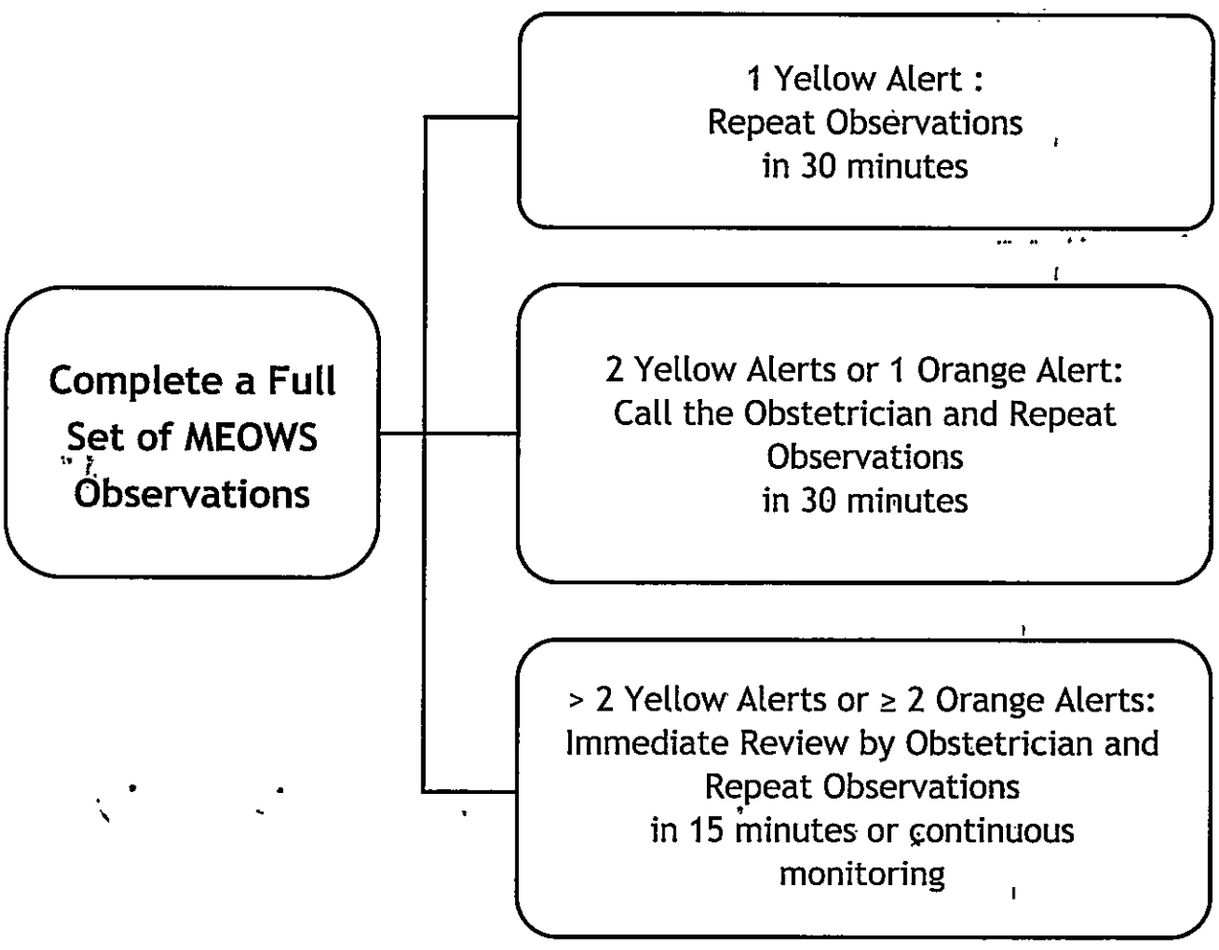
Early Warning Observation Score Chart - Obstetrics

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

11/6/26	Date																							
	Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20	20	20	20	20	20	20	20				20				20				20				20	
	0 - 10																								
Saturations	94 - 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		98F			98F		98F				98F				98F				98F				98F	
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80	80	82	85		80		85				82				82				84				86	
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120	110		107		110		115				140				112				130				109	
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70	65		66		67		72				82				85				80				79	
	60																								
	50																								
	40																								
NEURO RESPONSE [✓]	Alert	✓		✓		✓		✓				✓				✓				✓				✓	
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30	✓		✓		✓		✓				✓				✓				✓				✓	
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal	✓		✓		✓		✓				✓				✓				✓				✓	
	Heavy / Foul																								
Liquor	Clear / Pink	✓		✓		✓		✓				✓				✓				✓				✓	
	Green																								
TOTAL YELLOW SCORES		0		0		0		0				0				0				0				0	
TOTAL ORANGE SCORES		0		0		0		0				0				0				0				0	
Nurse Initial																									

Obstetrics and Gynaecology Early Warning Signs



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

HNH-00011707 IP26-00006557
Mrs CHITRALEKHA VEDULA
18-01-1990 36 Y 4 M 25 D (F)
Dr. KADIYALA RAMYA THEJA

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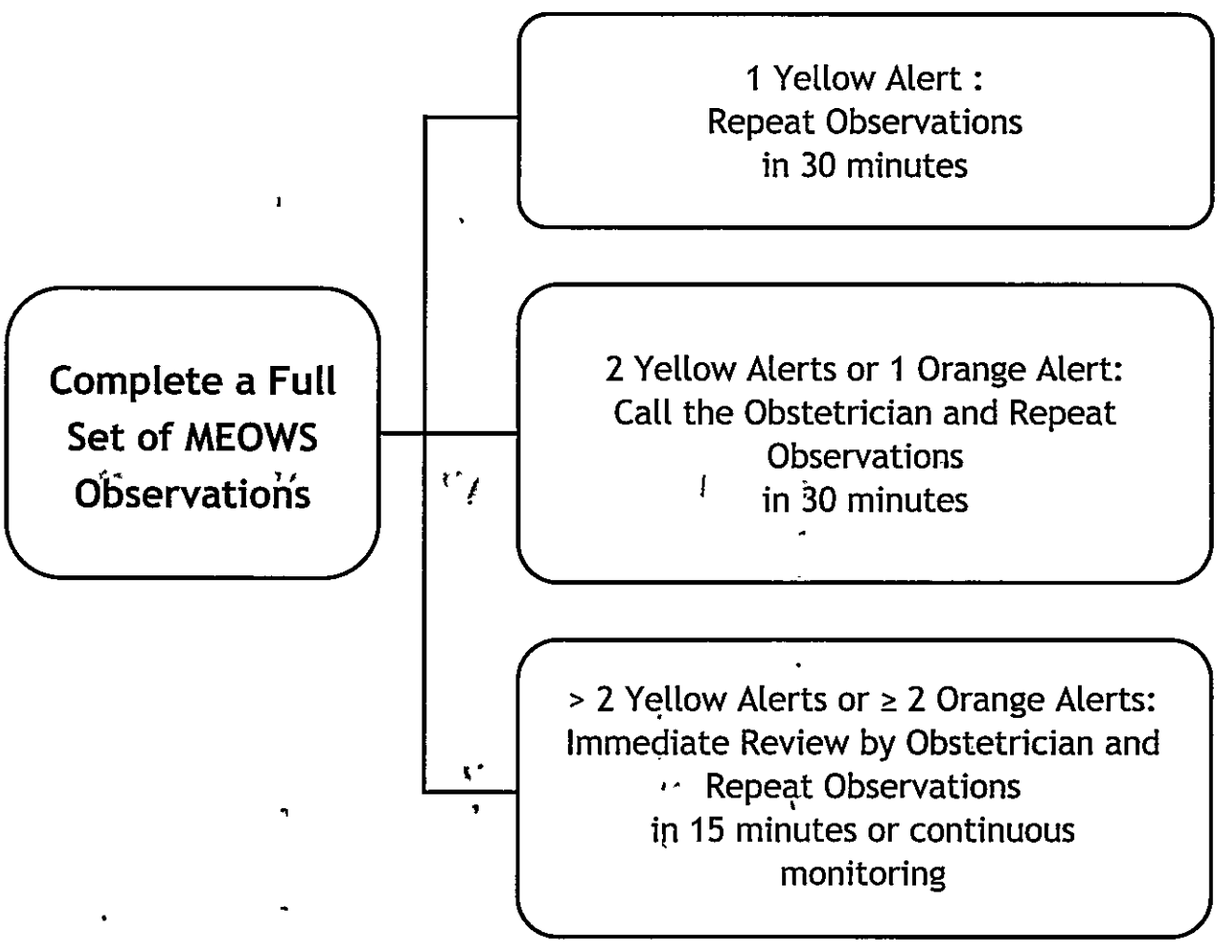
Early Warning Observation Score Chart - Obstetrics

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

12/6

		Date																						
		Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																									
	21 - 30																									
	11 - 20			20				20					20				20				20				20	
	0 - 10																									
Saturations	94 - 100 %																									
	< 94 %			99%				99%					99%				100%				100%				99%	
Administered O_2 (L/min.)																										
Temp°c	40																									
	39																									
	38																									
	37			98.5°F				98.6°F					97.3°F				99.8°F				98.2°F				97.2°F	
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80			85bpm				87bpm					84bpm				86				87				86	
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressue ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120			97				107					110				109				112				109	
	110																									
	100																									
	90																									89
	80																									
	70																									
	60																									
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80																									71
	70																									
	60			62				67					69				68				70					
	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																										
Nurse Initial																										

Obstetrics and Gynaecology Early Warning Signs



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

HNH-00011707 IP26-00006557
Mrs CHITRALEKHA VEDULA
18-01-1990 36 Y 4 M 24 D (F)
Dr. KADIYALA RAMYA THEJA

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FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
11/6	06:00 am	RL	NDY									
	07:00 am	RL	NDY									
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

Docu. No. : RCH /FRM / CLINICAL / 092

HNH-00011707 IP26-00006557
Mrs CHITRALEKHA VEDULA
18-01-1990 36 Y 4 M 24 D (F)
Dr. KADIYALA RAMYA THEJA

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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.

11/6/26		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am	RL		100ml								
	09:00 am	RL	NJ	100ml								
	10:00 am	RL	B	100ml						200ml	0	Empty
	11:00 am	RL	M	100ml								
	12:00 pm	RL		100ml						250ml		Empty 12:20 PM
	01:00 pm	RL		100ml						100ml		
Total Intake :		taken				**Total Output :**				Passed 350ml		
11/6/26	02:00 pm		Sips	100ml								
	03:00 pm			100ml								
	04:00 pm	RL	Soup	100ml								
	05:00 pm		Hot	100ml	NA					400ml		Empty
	06:00 pm		Soup	100ml								
	07:00 pm			100ml								
Total Intake :						**Total Output :**						
11/6/26	08:00 pm	RL		100ml								
	09:00 pm	RL	Jelly	100ml								
	10:00 pm	RL	+	100ml						1000ml	0	Empty @ 10:22pm
	11:00 pm	RL	H2O	100ml	NA							
	12:00 am	RL		100ml								
	01:00 am	RL		100ml						700ml		Empty @ 12:40 Am
Total Intake :						**Total Output :**						
12/6/26	02:00 am			100ml								
	03:00 am		Jelly	100ml								
	04:00 am	RL	+	100ml								
	05:00 am		H2O	100ml	NA							
	06:00 am			100ml						500ml	0	Empty Foley's removed
	07:00 am			100ml								
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

HNH-00011707 IP26-00006557
Mrs CHITRALEKHA VEDULA
18-01-1990 36 Y 4 M 24 D (F)
Dr. KADIYALA RAMYA THEJA

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FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
12/6/26	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						Total Output :						
12/6/26	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						Total Output :						
13/6/26	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						Total Output :						
13/6/26	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-00011707 IP28-000006557
Mrs CHITRALEKHA VEDULA (F)
18-01-1990 36 Y 4 M 25 D
Dr. KADIYALA RAMYA THEJA

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							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

HNH-00011707 IP26-00006557
Mrs CHITRALEKHA VEDULA
18-01-1990 36 Y 4 M 24 D (F)
Dr. KADIYALA RAMYA THEJA

Rainbow® Children's Hospital
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CHECKLIST FOR THROMBOPHLEBITIS

11/6

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1			DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0	0	0	0	0	0	0				
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1	—	NA	NA	NA	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				
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				
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				
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				
			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 : Monika.

Signature of Ward In Charge :

Signature : ..... Name : Sudha.

Patient Sticker

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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-00011707 IP26-00006557
Mrs CHITRALEKHA VEDULA
18-01-1990 36 Y 4 M 24 D (F)
Dr. KADIYALA RAMYA THEJA

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

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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	11/6/26	11/6	11/6
		Score	MG	2PM	10pm
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0			
Secondary Diagnosis (more than one diagnosis)	Yes	15			
	No	0			
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0	0	0	0
IV / Heparin Lock or Saline	Yes	20	20	20	20
	No	0			
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10			
	Normal /On Bed Rest /Immobile	0			
Mental Status	Forgets limitations	15			
	Oriented to own ability	0			
Total Morse Fall Scale Score:			20	20	20
		Signature	MG		

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

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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	12/6/20	12/6		Fall Risk Grading		
		Score	M6	N1				
History of Falling (immediately or w/in 3 months)	Yes	25				Risk Level	Morse Fall Score (MFS)	Action
	No	0						
Secondary Diagnosis (more than one diagnosis)	Yes	15						
	No	0				Low Risk	0 - 24	Standard Fall Precaution
Ambulatory Aid	Furniture	30						
	Crutches, Cane(S), Walker	15						
	None /Bed Rest /Nurse Assist	0	0	0				
IV / Heparin Lock or Saline	Yes	20	20	20		Moderate Risk	25 - 50	Implement Moderate Fall Prevention Intervention
	No	0						
GAIT / Transferring	Impaired	20						
	Weak (uses touch for balance)	10						
	Normal /On Bed Rest /Immobile	0						
Mental Status	Forgets limitations	15				High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	Oriented to own ability	0						
Total Morse Fall Scale Score:			30	20				
		Signature						

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

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BRADEN 'Q' SCALE

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					Date : 11/6	11/6	11/6	12/6
					Time : 11AM	2PM	2PM	11AM
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	28	28	28
				Evaluator's Name	[illegible]	[illegible]	[illegible]	[illegible]

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

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BRADEN 'Q' SCALE

					Date : 22/6/26			
					Time : E2	12/6 D1		
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		
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Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4		
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4		
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				TOTAL SCORE	27	28		
				Evaluator's Name	D			

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

Docu. No. : RCH /FRM / CLINICAL / 119

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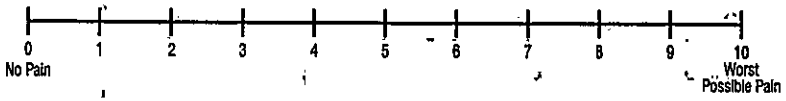
PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
11/6/26	10AM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
11/6/26	2pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
11/6/26	10pm	0/10	NA	☐ Continuous ☑ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☐ Yes ☐ No	NA	
12/6/26	2AM	0/10	NA	☐ Continuous ☑ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☐ Yes ☐ No	NA	
12/6/26	6AM	0/10	NA	☐ Continuous ☑ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☐ Yes ☐ No	NA	
12/6/26	12pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
12/6/26	6pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
12/6/26	10pm	0/10	NA	☐ Continuous ☑ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	NA	
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

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

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

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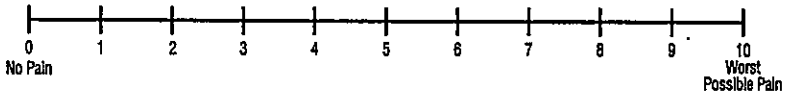

Wong - Baker (Pediatrics) Above 7 Years

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
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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-00011707 IP26-00006557
Mrs CHITRALEKHA VEDULA
18-01-1990 36 Y 4 M 24 D (F)
Dr. KADIYALA RAMYA THEJA

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NURSING CARE RECORD

Date: 11/6/26

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 to 2pm	→ Assess the pt condition → monitor vitals → maintain I/O chart	8Am to 2pm	→ Admission done → IV placement done → Administered IV antibiotic	Now pt is stable	Re-check vitals	Mouni [signature]
Afternoon	←			Day →			
Night	8pm to 8AM	- Assess the pt. condition - monitor vitals & records - ~~Monitor vital~~ - Maintain I/o chart - Give medication as prescribed by doctor.	8pm to 8AM	- Assessed the pt. condition - monitored vitals & records - Maintained I/o chart. → charged drugs as per chart	pt is stable	Rechecked vitals	[signature]

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18-01-1990 36 Y 4 M 25 D (F)
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Patient Stick

NURSING CARE RECORD

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BirthRight BY RAINBOW HOSPITALS
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Date: 12/6/26

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 to 2pm	→ Assess the pt condition → monitor vitals & record → maintain I/o chart → Administer medication as per drug chart	8am to 8pm	→ Assessed the pt condition → monitored vitals & recorded → maintained I/O chart → Administered medications as per drug chart	→ Pt is stable	→ recheked vitals	
Afternoon	2pm to 8pm	→ Assess the pt Condition. → Monitoring vitals Checked and Recorded.	2pm to 8pm	→ Assess the pt Condition → Monitoring vitals → Administration medication.	→ pt is stable	→ provided Comfortable position	
Night	8pm | 8Am	- Assess the pt. condition - Monitor vitals & record - Maintain I/o chart	8pm | 8Am	→ Assess the pt condition → monitor vitals & record → Maintain I/O Chart.	→ pt is stable	→ provided comfortable position	

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NURSING SHIFT HAND OVER FORM - WARD

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

SITUATION

Diagnosis:

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

BACKGROUND

Area / Shift Time	11/6/26 MS	11/6/26 EL	11/6/26 N1	12/6/26 MS	12/6/26 EL	12/6/26 N1
Medical Condition (Any special condition to be noted):	–	–	–	–	–	–

ASSESSMENT

Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Vital Signs: Temp:	98.4°F	97.3°F	98°F	98.5°F	98.6°F	98.6°F
Res:	26	30 b/m	28 b/m	30 b/m	20 b/m	22 b/m
SpO_2:	99	99%	99%	99%	98%	99%
Pulse:	82	82 b/m	83 b/m	85 b/m	85 b/m	85 b/m
BP:	110/70	110/72	110/75	130/70		100/70
Fall Risk Score:	–	–	–	–	–	–
Pain Score:	–	–	–	–	–	–

Recommendations

Safety Needs:	good	Good	Yes	Good	Yes	Yes
Physiotherapy	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Others Specify:	–	–	–	–	–	–
Special Diet:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Other Special Orders / Medications:	NA	NA	NA	NA	NA	NA
Post Operative Procedure Special Orders:	NA	NA	NA	NA	NA	NA
Handed Over By Name :	Mani	Sunanda	Supriya	Suzette	Madhavi	Sunanda
Signature :						
Date:	11/6/26	11/6/26	12/6/26	12/6/26	12/6/26	13/6/26
Time:	8pm	8pm	8AM	2PM	8pm	8AM
Taken Over By Name :	Sunanda	Supriya	Suzette	Madhavi	Sunanda	
Signature :						
Date:	11/6/26	11/6/26	12/6/26	12/6/26	12/6/26	
Time:	2pm	8pm	8AM	2pm	8PM	

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

Patient Sticker

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NURSING SHIFT HAND OVER FORM - WARD

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

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

HNH-00011707 IP26-00006557
Mrs CHITRALEKHA VEDULA (F)
18-01-1990 36 Y 4 M 24 D
Dr. KADIYALA RAMYA THEJA

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URINARY CATHETER BUNDLE CHECK LIST

Date of Insertion: ..... Date of Removal: 12/6/26 @ 6 Am

Parameters / Date / Shift Time	11/6/26 MS	11/6 N1						
Need for the Catheter	☐Yes ☐No	☐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	☐Yes ☐No
Usage of Sterile Equipment	☐Yes ☐No	☐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	☐Yes ☐No
Check the Tube for Obstruction (Free of Kinking)	☐Yes ☐No	☐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	☐Yes ☐No
Collecting bag is been emptied regularly?	☐Yes ☐No	☐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	☐Yes ☐No
Dressing clean and dry?	☐Yes ☐No	☐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	☐Yes ☐No
Performance of Perineal Care	☐Yes ☐No	☐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	☐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	☐Yes ☐No
Name of the Nurse	Mani	Pooja						
Signature of the Nurse								

Foley's removed

HNH-00011707 IP26-00006557
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18-01-1990 36 Y 4 M 24 D (F)
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305

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NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 11/6/26 Time: 4:20 pm

Origin: Indian Height: 163cm Weight: 81 BMI: ☐ ~ 26 kg/m² ☐ ~ 28 kg/m² ☑ ~ 30 kg/m²

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: Alakhya

Name: Alakhya

Date & Time: 11/6/26; 4:20 pm

Dietician's

Signature: Sobiya

Name: Syeda Sobiya Zaheer

Date & Time: 11/6/26; 4:20 pm

DIETARY NOTES

Date	Time	Notes	Sign

HNH-00011707 IP26-00006557
Mrs CHITRALEKHA VEDULA
18-01-1990 36 Y 4 M 25 D (F)
Dr. KADIYALA RAMYA THEJA

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CROSS CONSULTATION FORM

Doctor Name : Dr. Ramya Theja Date : 12/6/26 Time : 1:30pm

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 & Nipple's
- $G_2 P_1 L_1$ [37+2wks]
- Colostrum seen
- Aim for deep latch as demonstrated in cross cradle,
- baby is not sucking continously, starting with strong stimulation.
- start Lactare capsules — [TID] — (1) week
  oo — oo — oo
- start galact granules [BD]
  4 scoops / day.

Consultant :

Name : Sathwika. G Signature : S Date & Time : 12/6/26; 1:30pm

HNH-00011707 IP26-00006557
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LABOUR AND DELIVERY NURSING ASSESSMENT

Date of Admission: 11/6/26

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

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

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

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

Past Medical History	Past Surgical History	Previous Hospital Admission

Blood Group: ..... LMP: ..... EDD: ..... Gestational age during admission: .....

Contractions: ..... Vaginal Discharge: .....

Obstetric History: G ..... P ..... L ..... A ..... Previous LSCS .....

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

Temp: ..... HR: ..... RR: ..... BP: ..... SpO_2 .....

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-00011707 IP26-00006557
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18-01-1990 36 Y 4 M 24 D (F)
Dr. KADIYALA RAMYA THEJA

nalities 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 .....

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. chitralekha

Orientation not given Reason: .....

Nurse Signature: .....

Nurse Name: ..... Manika

Date & Time: ..... 19/6/20 .....

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CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name:	DR. RAMYA THEJA	Date of Delivery:	11/06/2026
Assistant Surgeon:	DR. VEENA	Time of Delivery:	9:04 AM
Anaesthetist's Name:	DR. VINEETHA	Gender of Baby:	MALE
Type of Anaesthesia:	SPINAL ANESTHESIA	Weight of Baby:	2.6 kg.
Neonatologist:	DR. DILNAAZ	AGPAR Score:	8, 9.
Scrub Nurse:	SIN. SANDHYA	NICU Admission:	☐ Yes ☑ No

Pre-Operative Diagnosis: G2P1L1 | 37+2 wks | Prev. LSCS | AMA c FGR.

☑ Elective ☐ Emergency Indication: Previous LSCS

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: ELECTIVE LSCS

Post Operative Diagnosis: POD-0

Peri-Operative Complications: None

Amount of Blood Loss: 300 ml	Blood Transfused (in ML): –

Name and Number of Surgical Specimen sent for examination:

None

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 thinned out

Previous Scar: ☑ Intact ☑ Thinnedout ☐ Ruptured ☐ No Scar * Single umbilical artery in cord

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: ..... Intact & normal ..... Cavity explored ☑ Yes ☐ No

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 ..... Catgut ..... Suture

Sheath Closure: ..... Vicryl 2-0 ..... Suture

Fat Closure: ☑ Yes ☐ No ..... Catgut ..... Suture

Skin Closure: ☑ Subcuticular ☐ Mattress ..... Monocryl 3-0 ..... 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 AVON
- Flowchart
- Vital monitoring
- c/o excessive bleeding P/V
- foley's removal c/o @6am
- IV Abx for 24 hours.

Doctor Name: Dr. Ramya Theja. Doctor Signature: .....

Date & Time: 31/6/26

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Ramya
Asst. Surgeon : Dr. Veena
Anaesthetist : Dr. Veenitha
Scrub Nurse : Sr. Sandhya

HNH-00011707 IP26-00006557
Mrs CHITRALEKHA VEDULA
18-01-1990 36 Y 4 M 24 D (F)
Dr. KADIYALA RAMYA THEJA

Age : 36Y Gender : F
Surgery Name : EL. LSCS
Date : 11-06-26 In-time : Out-time :

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Before Induction of Anaesthesia ➤➤

SIGN IN Time: 8:45AM

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

Site Marked ☑ Yes ☐ No ☐ NA

Anaesthesia Safety Check Completed ☑ Yes ☐ No

Pulse Oximeter on Patient & Functioning ☑ Yes ☐ No

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

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

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

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

Signature : [signature]
Name : DR. VIJAYALAKSHMI

Before Skin Incision ➤➤

TIME OUT Time: 8:58am

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? Adhesions, 1hr, 500ml ☑ Yes ☐ No ☐ NA

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

Nursing Team Reviews: hypotension
- 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 : Puja @ 8:58am
Name : Puja.

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 : [signature]
Name : Dr RAMYA THEJA

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
Mrs. Chitralekha	11/6/26 @ 6:50 Am	11/6/26 @ 10:00am
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
Dr. Ramya theja	Dr. veenitha	Observation
From Unit	**To Unit**	**Information to Attendant**
OT	prepost	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
30	1	Yes ☐ No ☑
		If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Rh	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. Puja	Dr. veenitha.

Patient & Clinical Records Received by : Sujatha

Date & Time of Patient Received : 11/6/26 @ 11AM

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-00011707 IP26-00006557
Mrs CHITRALEKHA VEDULA
18-01-1990 36 Y 4 M 24 D (F)
Dr. KADIYALA RAMYA THEJA

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OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 14/6/26 Time of Arrival: ..... Time Seen by Nurse: .....

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

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

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

3) **Vital Signs:** Temperature: 97 Pulse: 82 RR: 16 SpO_2: 99 BP: 110/72 Weight: .....

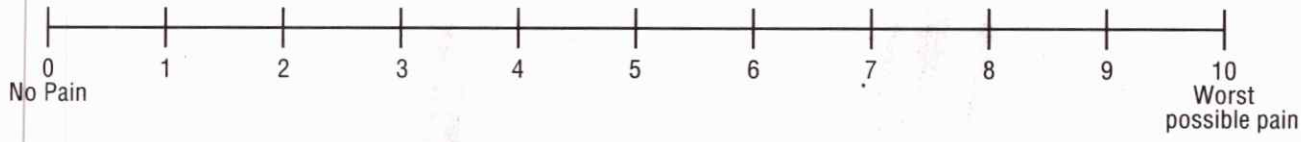
4) **Gestational Criteria:**

Gravida:	G	P	L	A

LMP: ..... EDD: ..... Gestational Age: .....

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

.....

6) **Past History:**

a) Surgeries: .....

b) Medical: .....

HNH-00011707 IP26-00006557
Mrs CHITRALEKHA VEDULA
18-01-1990 36 Y 4 M 24 D (F)
Dr. KADIYALA RAMYA THEJA

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

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

9) **Prenatal Medical History:**

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

Triage Category: (Please tick on the category)

Refer to OBSTETRICAL TRIAGE ACUITY SCALE (OTAS)

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

OBCU Obstetrical Triage Acuity Scale (OTAS)

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

Time seen by Doctor: .....

Nurse Name : Mounika ..... Nurse Signature: .....

Date: 11/6/26 ..... Time: .....

HNH-00011707 IP26-00006557
Mrs CHITRALEKHA VEDULA
18-01-1990 36 Y 4 M 24 D (F)
Dr. KADIYALA RAMYA THEJA

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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: NO
   - ☐ a. Mother needs to stimulate her breast for 2 min every 2 hours

9. Additional notes: .....

Continuity of Care: Date: 11/6/26

→ Assess the pt condition
→ plan for vitals are checked & recorded
→ I/o chart maintained
→ 2nd hourly DBF given

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

Signature ..... Li ..... Signature .....

Date & Time: 11/6/26 @ 2PM ..... Date & Time: .....

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

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Patient Name : Mrs Chitralekha V Gender: ☐ Male ☑ Female Age : 35y

UHID No : HNH-0000117O7 Date : 11/6/2026

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)

ELECTIVE LOWER SEGMENT CESAREAN SECTION

upon

(Name of the Patient) Mrs Chitralekha V

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, Injury to Bowel Bladder or Blood vessel, Chances of Blood transfusion

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 Ramya Thyla K

Consentee :

Signature :

Name : Mrs Chitralekha V

Date & Time : 11/06/2026 @ 8AM

Witness :

Signature :

Name : Anil

Date & Time : 11/6/26

Patient Attendant :

Signature :

Name : SAI KARTHIK

Relationship with Patient: Husband

Date & Time : 11/06/2026 @ 8AM

Doctor (who is taking the consent) :

Signature :

Name : Dr Manisha

Date & Time : 11/06/2026 @ 8AM

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE

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Patient Name : Mrs. Chitralekha Vedula. Age : 36 yrs. Gender : Male ☐ Female ☑

UHID NO: HNM-00011707 Surgeon Name: Dr. K. Ramya Teja

Anaesthesiologist : Dr. Samir / Dr. Vineetha

Operative procedure planned : Elective Caesarean section.

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 : ~~Desaturation~~, ~~Bronchospasm~~ ~~Laryngospasm~~.

Comments : PDPH, Hypotension, Bradycardia.

- 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 Mrs. Chitralekha Vedula the above mentioned operation / Diagnostic / Therapeutic procedures Elective Caesarean section.

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 :

Signature : .....

Name : Mrs. Chitrolekha

Relationship with Patient: Self

Date & Time : 11/06/26

Witness :

Signature : .....

Name : SAI KARTHIK

Date & Time : 11/06/26

Doctor (who is taking the consent) :

Signature : .....

Name : DR. M. VINEETHA

Date & Time : 11/06/26

Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION

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Name: Mrs: Chitralekha. Age: 36 yr. Sex: female. UHID.No: HNH-00011707

Date: 06/06/26. Time: Proposed Operation: elective caesarean section.

Diagnosis: G2P1L1 36+4 wks c previous LSCS.

B.P / CRT: 102/67 mmHg H.R: 91/min Weight: 81.4 kg ASA Physical Status: ☐1 ☑2 ☐3 ☐4 ☐5

SpO2: 97% on RA BMI - 30.6

19/5.

Laboratory Data:

Hgb: 10.9	Glucose: 84	Protein:	HIV: NR.	X-Ray:
PCV: 32.7	Urea:	Alb:	HBS Ag: NR.	ECG:
WBC: 10600	Creat:	Total Bill:	HCV:	2D Echo:
Plate: 2.17 L	Na:	Dir. Bill:	Blood group: O positive	Stress/Anglo:
PT:	K:	LDH:	T3	Other:
PTT:	Ca++:	Alk phos:	T4	
INR:	Mg++:	Amylase:	3/12 TSH 3.1	
	Cl-:	SGOT/SGPT:		

Allergies: NKDA.

Medical History: CVS: no active cardio respiratory complaints

RESP: no H/o TB/HTN/Asthma/cvA Diabetes: (-).

CNS: no H/o Breathlessness/palpitation/chest pain.

Renal: nil significant

Hepatic / GE:

Physical Activity: Active.

Others:

Past Anaesthetic History: H/o 1 previous LSCS in 2021 ↓ SAB (indication - Breech presentation)

Physical Exam: H/o - Hypothyroidism in previous pregnancy - on T. Thyroxine 50 - 25 mcg

Airway: MP 1 (2) 3 4 Mouth Opening: 3F Mentohyoid Distance: (W) Neck: (W) Teeth: Intact

Lungs: BLAE (+), clear.

Heart: S1S2 (+)

CNS: HMF (+)

Pregnant: ☐ Yes ☐ No ☐ NA Venous Access Site: accessible Spine Exam for regional: Midline (W) spaces.

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

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

CURRENT MEDICATIONS	DOSAGE

Pre-Operative Instructions:

1. DVT Prophylaxis: coconut water
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:
   - CBP / Viral markers.
   - PT/INR
   - consent to be taken.

Signature: Name: DR: M. VINEETHA

Docu. No.: RCH/FRM/CLINICAL/044

Hb - 11.1
WBC - 8.08 PLT: 2.29

HNH-00011707 IP26-00006557
Mrs CHITRALEKHA VEDULA
18-01-1990 36 Y 4 M 24 D (F)
Dr. KADIYALA RAMYA THEJA

ANAESTHESIA CHART

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Pre Induction Assessment:

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

H.R: 92/min	B.P / CRT: 110/70 mmHg	SpO_2: 100%	R.R: 16/min	Last Feed:

Pre-OP Diagnosis: G2P1L1 38+ wks pre LSCS Operation: Elective LSCS Date: 11/06/26

Surgeon: Dr. Ramya Anaesthesiologist: Dr. Vineetha Technician: Mr. Pallavi

TIME	8.45	9.00	(15)	(30)	(45)
N_2O /AIR /O_2 LPM					
HALO /SO /SEVO					
Drugs:					
INJ. OXYTOCIN	3U + 6U infusion				
INJ. TRANEXAMIC ACID			1gm		
FIO_2 / SaO_2	99	98	98	99	
$ETCO_2$					
ECG	SR	SR	SR	SR	
Temperature					
Urine Output					
Fluids	RL				
Blood					

Antibiotic: given.

Suppository: DICLOFENAC 100mg
TRAMADOL 100mg

Blood Loss: ~50mL

NOTES

B.P
V Systolic
Λ Diastolic
X Mean
• Heart Rate

Tourniquet on Time
Tourniquet off Time
Throat Pack In
Throat Pack Out

Scale: 240, 220, 200, 180, 160, 140, 120, 100, 80, 60, 40, 20, 10, 0 (systolic ~100, heart rate ~80, diastolic ~60 charted)

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: 8.50 AM
OP Start: 8.55 AM
OP End: 9.40 AM
Leave OR: 9.50 AM

Anaesthesia:
☐ GA
☐ Monitored Anaesthesia Care
☑ Regional

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

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

☐ Mask ☐ SGA
☐ Airway ☐ Oral ☐ Nasal
ETT# ...... at ...... cm
☐ Oral ☐ Nasal ☐ Cuff
☐ Tracheostomy ☐ Topical
☐ Drug:

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

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

Regional:
Extremity Specify: ......
☑ Spinal ☐ Epidural ☐ Caudal
Others: ......
Position: sitting
Site: L3-L4
Needle Size: 25G (Q) Depth: ......
Parasthesia ☐ Yes ☐ No
Catheter at skin ...... cm
Drug Name & Conc: 0.5% (H) BUPIVACAINE
Bolus: 2cc + 0.5cc (25mcg) FENTANYL
Infusion: ......
Block Level: T4 - adq - B/L
Comments: ......

Transportation to
☑ PACU ☐ ICU ☐ Other
Relaxant Reversed ☐ Yes ☐ No ☑ NA

Name of the Doctor: DR. M. VINEETHA
Signature of the Doctor: [signature]

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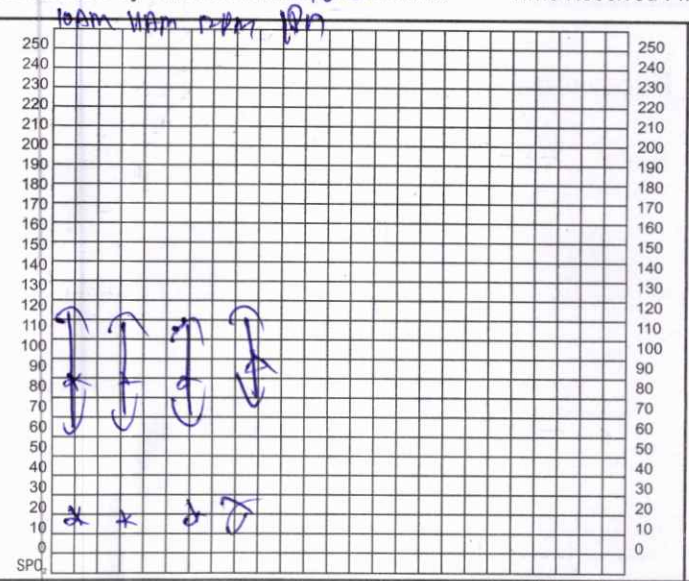
POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Sujatha Time Received : 10 AM Time Discharged : .....



IV Cannula Site : .....

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

Vomiting : ☐ Yes ☑ No Drug: INJ Ptaxine 1gm
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 Able to move 2 extremities voluntary or on command Able to move 0 extremities voluntary or on command	= 2 = 1 = 0	ACTIVITY		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 Dyspnea or limited breathing Apneic	= 2 = 1 = 0	RESPIRATION		2	2	2	2	
BP ± 20 of Pre Anaesthetic leve BP ± 20-50 of Pre Anaesthetic leve BP ± 50 of Pre Anaesthetic leve	= 2 = 1 = 0	CIRCULATION		2	2	2	2	
Fully awake Arousable on calling Not responding	= 2 = 1 = 0	CONSCIOUSNESS		2	2	2	2	
Pink Pale, dusky, blotchy, jaundiced, other Cyanotic	= 2 = 1 = 0	COLOR		2	2	2	2	
		TOTAL		9	10	10	10	

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
11/6/26	10AM	0	NA	Sri
11/6/26	11AM	0	NA	Sri
11/6/26	12pm	0	NA	Sri

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

Anaesthesiologist Name : DR. M. VINEETHA
Anaesthesiologist Signature: [signature]
Date & Time: 11/06/26 @ 1:30pm

PACU Nurse Name : [illegible]
PACU Nurse Signature: [signature]
Date & Time: 11/06/26 @ 10AM

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

Transferred to Unit by (PACU): 2nd floor 305
Date & Time: 11/6/26 @ 2PM

Patient Sticker

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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 : .....

26-0000 205930

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NARCOTIC PRESCRIPTION FORM
(PATIENT COPY)

Patient Name:	MRS. CHITRALEKHA. VEDULA	Age: 36 Y	Gender: F
UHID No:	AVH-0001707	IP No: IP26-0000655 7	Date: 11/06/26 Time: 7:37 Am
Diagnosis:	GL. LSCS		WARD: OT

PRESCRIPTION DETAILS (Tick only one of the following)

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

Doctor Name: Dr SAMIR

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: IP26-0000655 7 **Date:** 11/6/26

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

1.	**Name :** MRS CHITRALEKHA VEDULA	**Remarks**
2.	Complete postal address (with contact number, if any)	PLOT NO 37 P SECUNDERABAD R'S HYD
3.	Brief description of the illness	GL 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
11/6/26	FENTANYL	ONE Amp	Chitralekha	

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

Received by (Name & ID No.): SAI CHANDU 021153 Signature: Sai Chandu

Time: .....