BAH-00653090 IP26-00006550
Mrs SRIPRIYA KAMARAJUGADDA
15-08-1996 29 Y 9 M 26 D (F)
Dr. SWAPNA SAMUDRALA

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

SURGERY DETAILS

Date : 10/06/26

Patient Name: Mrs. Sripriya Date of Birth: 15-08-1996 Age: 29 y

Gender: Female Ward : OT UHID No.: BAH -

Date of Surgery: 10/06/26 ☐ OT -1 ☑ OT -2 ☐ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : Em LSCS u S.A

Time in : 3:40 p.m Time Out : 5pm

		NAME	AMOUNT
1.	Surgeon	: Dr. Swapna Samudrala	
2.	Anaesthetist	: Dr. Akila	
3.	Assistant Surgeon	: Dr. Naveena	
4.	OT Technician	: Sr. Pallavi	
5.	Circulating Nurse	: Sr. Natasha, Sr. Karuna	
6.	Assistant Nurse	: Sr. Archana	

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

Signature of the Surgeon Signature of Circulating Nurse

Order No: 26-0000205854 Order by: Archana 10/6/26 @ 1:7:26pm

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

BAH-00653090 IP26-00006550
Mrs SRIPRIYA KAMARAJUGADDA
15-08-1996 29 Y 9 M 26 D (F)
Dr. SWAPNA SAMUDRALA

Emergency.

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CONSUMABLES OF OT

L ... Technician : Pallavi Date : 10/6/26 Time :

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube			~~Major~~ Pack LSCS	1		Inj Vit.K	1	
LMA			Sutures 2346, 2364	2+1		Cord Clamp	1	
ECG leads : A / P / N		03	4242, 1326	1+1		Suction Catheter		
HME filter : A / P / N			2844	1		Feeding Tube		
Syringes : 10 cc		02				Vaccum Suction Set		
05 cc		04	Gloves S.G 6, 6½	2+2		Surgical Gloves Encore 6½, 7½	1+1	
02 cc		03	Encore 6½, 6	1+1		Gauze Pack 10x10	1	
01 cc		2				Syringe 1ml / 2ml	1	
Cautery plate : A / P / N		01	Surgical blade 22	1		Surgical Blade # 20	1	
IV set		01	NG tube			Koochies (S)		
RL	01	02	Cautery pencil	1				
NS : 10ml / 100ml / 500ml / 1000ml DNS		2	Koochies			Baby Said		
S. glove 6.5		01	Ointments	1				
Oxytocin		03+10	Suction Catheter			26-00002058 1/ 880.		
Fentanyl		01	Cap, Mask	40+10				
Morphine			Gauze Pack 7.5x7.5	12				
Ketamine			Mop Pack	2	1			
Propofol			Steristrip					
Rocuronium			Underpad	1				
Glycopyrolate			Draw sheet					
Myopyrolate			Abgel	1				
Ondansetron			Foleys catheter					
Pencan 25g/ Spinal Needle 22		01	Urobag					
Bupivacaine 0.25%			Chest Drainage Catheter					
Bupivacaine 0.25%(Heavy)		01	Romodrain bag					
Antibiotics			Bandage					
Tranexa		02	Tegaderm					
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg		01	Vaccum Suction set	1				
Justin : 12.5 mg / 25mg / 100mg		01	Plastic Bed Sheet					
Tab. Misoprost : 200mg			Betadine Solution	2				
Gauze 7.5		01	Microshield	2				
Methergin		01	Cotton Balls	1				
Atropine		01	Latex Gloves	20				
Adrenaline		01	Ramdione Scrub					
			Saral					

Surgeon Anaesthesiologist Nurse OT Technician

Order No. : 26-00002058 7/ 880 Ordered by : Archana 10/6/26 @ 1:47 pm

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

Rainbow Childrens Hospital-Himayatnagar

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

ELECTRONIC MEDICINE PRESCRIPTION

MRN	BAH-00653090	Name	Mrs SRIPRIYA KAMARAJUGADDA
Age / Sex	: 29 Y 9 M 26 D / Female	Doctor	SWAPNA SAMUDRALA
Adm/Reg Date/Time	: 10/06/2026 06:01	Payor	MEDI ASSIST INSURANCE TPA PVT LTD
Order Date	: 10/06/2026 17:45	Ordernumber	: 26-0000205870
Visit ID	: IP26-00006550	Ward/Bed No	: 4F -OT / LDR-415
Patient Address	Himayat Nagar East, Himayat Nagar East, Hyderabad, Telangana, INDIA, 500029		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	SUPRIDOL SUPPOSITORIES 100 MG 5 S		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
2	COTTON BALLS 2 GM 5 NOS	COTTON BALLS 2G- 5 NOS	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	DNS 500ML BOTTLE (EURO HEAD)- AQUA PULSE		1 Bottle	/ Once Daily	2 Days		2 Bottle	Dispensed
5	VICRYL 1-0 NW 2364	VICRYL 1-0 NW 2364	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
6	PENCAN 25G*3 1 2	PENCAN 25G*3 1 2	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
7	RL 500 ML CLOSED SYSTEM	RINGER LACTATE 500ML CLOSED	1 Bottle	/ Once Daily	3 Days		3 Bottle	Dispensed
8	TRUGUT CHROMIC CATGUT SN4242	TRUGUT CHROMIC CATGUT SN4242	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
9	SGLOVE # 6 (SURGICARE)	SURGICAL GLOVES 6.0	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
10	ABGEL SURGI PAD (BIG) (GELSPON)	ABGEL	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
11	BIOXAMIC 500 MG INJ		1 Nos	/ Once Daily	2 Days		2 Ampule	Dispensed
12	SURGICAL BLADE 22	SURGICAL BLADE 22	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
13	METHERGIN INJ 1 ML		1 Vial	/ Once Daily	1 Days		1 Vial	Dispensed
14	CAUTERY PENCIL (ADVANCE)	CAUTERY PENCIL (ADVANCE)	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
15	JUSTIN SUPPOSITORIES 100 MG 5 S		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
16	DSYRINGE 5ML (NIPRO)	SYRINGE 5ML	1 Nos	External / Once Daily	1 Days		4 Nos	Dispensed
17	BACTOPREP SOLUTIONS 100 ML	CHLORHEXIDINE GLUCONATE2% &ALCOHOL80% 500	1 mL	/ Once Daily	2 Days		2 Nos	Dispensed
18	EVATOCIN (OXYTOCIN) INJ 5 IU 1 ML		1 Nos	/ Once Daily	13 Days		13 Vial	Dispensed
19	ADROGLARE(ADRENALINE) INJ 1MG 1ML		1 Vial	Injection / Once Daily	1 Days		1 Vial	Dispensed
20	DSYRINGS 2.5ML(NIPRO)	SYRINGE 2ML	1 Nos	External / Once Daily	1 Days		3 Nos	Dispensed
21	WOKADINE 10% OINT 15GM	POVIDONE IODINE 10% 15GM	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
22	SGLOVE # 6.5 (SURGICARE)	SURGICAL GLOVES 6.5	1 Nos	External / Once Daily	1 Days		3 Nos	Dispensed
23	DSYRINGE 1ML (NIPRO)	SYRINGE 1ML	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
24	POVINANZ SOLUTION 10% 100 ML		1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
25	MOPS 30X30 8PLY 5S X-RAY	MOPS 30X308 PLYDATT	1 Nos	/ Once Daily	3 Days		3 Nos	Dispensed
26	E.C.G ELECTRODES (ADULT)	ELECTRODES ADULT	1 Nos	External / Once Daily	1 Days		3 Nos	Dispensed
27	MONOCRYL 3-0 NW 1326	MONOCRYL 1326	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
28	VICRYL 1-0 VP 2346	VICRYL 1-0 VP 2346	1 Nos	/ Once Daily	2 Days		2 Nos	Dispensed
29	ADULT DIAPERS-XXL		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
30	BUPICAIN HEAVY 80MG INJ 4ML	BUPIVACAINE 80MG INJ	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
31	VACCUME SUCTION SET	VACCUME SUCTION SET	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
32	ENCORE MICROPTIC GLOVES-6 PF		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
33	PREGELLED SURGICAL PLATES(ADULT)	PREGELLED PLATED ADULT	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed

SWAPNA SAMUDRALA

Reg No : 69924

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

Note

* This prescription is valid only for specified duration.

* Do not refill medicines.

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Childrens Hospital-Himayatnagar

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

ELECTRONIC MEDICINE PRESCRIPTION

MRN	: BAH-00653090	**Name**	: Mrs SRIPRIYA KAMARAJUGADDA
Age / Sex	: 29 Y 9 M 26 D / Female	**Doctor**	: SWAPNA SAMUDRALA
Adm/Reg Date/Time	: 10/06/2026 06:01	**Payor**	: MEDI ASSIST INSURANCE TPA PVT LTD
Order Date	: 10/06/2026 17:45	**Ordernumber**	: 26-0000205871
Visit ID	: IP26-00006550	**Ward/Bed No**	: 4F -OT / LDR-415
Patient Address	: Himayat Nagar East, Himayat Nagar East, Hyderabad, Telangana, INDIA, 500029		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	LSCS DRAPE PACK (PROTECTCARE)		1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
2	BCV-INTRAFIX SAFESET		1 Nos	/ Once Daily	1 Days		1 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	CUROPINE (ATROPINE) INJ 1 ML		1 Vial	External / Once Daily	1 Days		1 Vial	Dispensed
6	Encore Microptic gloves-6.5		1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
7	FACE MASK 3 LAYER - ELASTIC	FACE MASK 3 LAYER	1 Nos	External / Once Daily	1 Days		10 Nos	Dispensed
8	GAUZE 7.5X7.5 12 PLY (5 NOS)	GAUZE 7.5X7.5 12 PLY 5 NOS	1 Nos	External / Once Daily	1 Days		3 Nos	Dispensed
9	UNDERPADS 60X90 BUTTERFLY		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed

SWAPNA SAMUDRALA

Reg No : 69924

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

Note

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

*** Do not refill medicines.**

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Childrens Hospital-Himayatnagar

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

ELECTRONIC MEDICINE PRESCRIPTION

MRN	: HNH-00015915	**Name**	: Baby Of SRIPRIYA KAMARAJUGADDA
Age / Sex	: 0 Y 0 M 0 D 2 H / Female	**Doctor**	: DILNAAZ FAROOQUI
Adm/Reg Date/Time	: 10/06/2026 16:41	**Payor**	: SELFPAY
Order Date	: 10/06/2026 17:56	**Ordernumber**	: 26-0000205880
Visit ID	: IP26-00006555	**Ward/Bed No**	: 4F -OT / CRDL-HNPDA-414-1
Patient Address	: Himayat Nagar East, Himayat Nagar East, Hyderabad, Telangana, INDIA, 500029		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	EASYCLOT-K1 1MG INJ 0.5 ML		1 Nos	Injection / 10 AM	1 Days		1 Nos	Dispensed
2	Encore Microptic gloves-6.5		1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
3	SURGICAL BLADE 20	SURGICAL BLADE 20	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
4	DSYRINGE 1ML (NIPRO)	SYRINGE 1ML	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
5	ENCORE MICROPTIC GLOVES-7.5 PF		1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
6	CORD CLAMP-ALPHAMEDICARE		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed

DILNAAZ FAROOQI

Reg No : 567

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

Note

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

*** Do not refill medicines.**

Printed Date/Time : 10/06/2026 18:04 Printed By : SUNKARI SANGEETHA

Rainbow Children's Hospital

BirthRight Rainbow

Rainbow Childrens Hospital-Himayatnagar

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

ELECTRONIC MEDICINE PRESCRIPTION

MRN	: HNH-00015915	**Name**	: Baby Of SRIPRIYA KAMARAJUGADDA
Age / Sex	: 0 Y 0 M 0 D 2 H / Female	**Doctor**	: DILNAAZ FAROOQUI
Adm/Reg Date/Time	: 10/06/2026 16:41	**Payor**	: SELFPAY
Order Date	: 10/06/2026 17:56	**Ordernumber**	: 26-0000205881
Visit ID	: IP26-00006555	**Ward/Bed No**	: 4F -OT / CRDL-HNPDA-414-1
Patient Address	: Himayat Nagar East, Himayat Nagar East, Hyderabad, Telangana, INDIA, 500029		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	GAUZE PACK STERILE 10X10X12 PLY 5S	GAUZE PACK STERILE 10X10X12 PLY 5 PACK	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed

DILNAAZ FAROOQUI

Reg No : 56763

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

Note

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

*** Do not refill medicines.**

Printed Date/Time : 10/06/2026 18:04

Printed By : SUNKARI SANGEETHA

Dr. Swapna

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

ESTIMATION SLIP

Date : 3.6.26 **UHID / IP No. :** BAH-00653090 **Sl No.** 1563

Name of Patient : Mrs. K. Sripriya **Age:** 29yr **Gender:** F

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

Address : Narayanguda **Phone :** 9981148120 / **Email :** 9845242421

Procedure / Plan : ND/LSCS **EDD/Dos:** June-26

MODE OF PAYMENT : ☐ SELF ☑ TPA : NEW INDIA + M.A ☐ GIPSA : ______ OTHER

TARIFF INFORMATION :

Particulars	Package Amounts (Rs.)	
Room Category	Normal Delivery	LSCS
Multi Shared Ward		
Shared Ward		
Twin Shared Ward →	90k	1.1lac
Private Room →	1.05k	1.15k
Super Deluxe Room		
Suite Room	+ Non Payable	Extra 25k to 35k
Package includes (Package starts from the time of admission)	Room Rent, Nursing Charges, Doctors Fee, Surgeon's Fee and Labour Ward Charges	Room Rent, Nursing Charges, Doctors Fee, Surgeon's Fee Anesthetist's Fees and OT Charges
	Length of Stay for : 2 Days	Length of Stay for : 3 Days
	Pharmacy up to 9,000/-	Pharmacy up to 12,000/-
CBP, NST ←	Investigations up to 2,500/-	Investigations up to 3,000/-
Others	Well baby care 25k to 35k	

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

Initial Minimum Deposit : 10,000/- Advance time of Admission

REMARKS : Vaccination, Newborn extra, SBR, Bill

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

DECLARATION

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

N.V. — Signature of the Client

Husband — Signatory Relationship

[signature] — Signature of the financial Counselor

30Y
F

Name	Mrs SRIPRIYA KAMARAJUGADDA	**UHID**	BAH-00653090
Father/Guardian	Mr VIKRAM VARANASI	**Age/Gender**	29 Y 9 M 26 D/ Female
Address	Himayat Nagar East, Himayat Nagar East, Hyderabad, Telangana, INDIA, 500029		
IP No	IP26-00006550	**Admission Date**	10-06-2026
Ref Doctor	Self		
Discharge Date	12.06.2026		

DISCHARGE SUMMARY

Consultant:
Dr. SWAPNA SAMUDRALA
MBBS, MS (OBG)
69924

Diagnosis: PRIMI AT 39^{+2} WEEKS WITH OLIGOHYDRAMNIOS FOR INDUCTION OF LABOUR

EMERGENCY LOWER SEGMENT CESAREAN SECTION DONE ON 10.06.2026

History:
LMP: 08.09.2025
EDD: 15.06.2026

Obstetric formula: Primi
Gestation at admission: 39+2 weeks

Obstetric History:

Name	Mrs SRIPRIYA KAMARAJUGADDA	**UHID**	BAH-00653090
IP No	IP26-00006550	**Admission Date**	10-06-2026

G1 - Present pregnancy, Spontaneous conception.

Medical History: Nil
Family History: Nil
Surgical History: Nil
Allergies: Nil

Antenatal Details:
Mrs SRIPRIYA KAMARAJUGADDA was booked to Rainbow hospital at 30+1 weeks of gestation. She had regular antenatal checkups and investigations as advised. NT + Double marker : Low risk .TIFFA was Normal. Fetal monitoring was done by serail growth scan. Scan done at 06.06.2026 showed SLIUP at 38+2 weeks with cephalic presentation with placenta posterior high with EFW 3.6kg (77%) with AC 64% with AFI 8.8cm (oligohydramnios) with Doppler normal. AFI Scan done on 09.06.2026 showed AFI 7.1 cm. She was admitted at 39+2 weeks for Induction Of Labour.

Investigations: Enclosed
Blood group : "O" Positive

Management:
Course in hospital and Delivery Details:
At admission on clinical examination the vitals were stable, uterus was relaxed, cervix was uneffaced and Os closed posterior, vertex high up. Fetal well being was confirmed by an admission NST which was found to be reactive. Consent for Induction of labour and vaginal birth was taken. Induction of labour was

Name	Mrs SRIPRIYA KAMARAJUGADDA	**UHID**	BAH-00653090
IP No	IP26-00006550	**Admission Date**	10-06-2026

done with 3 doses of PGE1. She was decided for emergency C- section in view of CPD, prepared with indwelling Foley's catheter and IV canula under aseptic conditions. Written informed consent for surgery taken. Preanesthetic check up done. Anaesthetic premedication (IV Pantop and Perinorm) 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.

* **Scanty liqour**
* **2 loops of cord around neck**

Delivery Details :

Date : 10.06.2026
Time of Delivery: 03:55pm
Type of Delivery: Emergency lower segment cesarean section
Indication : Cephlaopelvic disproportion

Name	Mrs SRIPRIYA KAMARAJUGADDA	**UHID**	BAH-00653090
IP No	IP26-00006550	**Admission Date**	10-06-2026

Analgesia : Spinal

Baby Details:

Date : 10.06.2026
Time of Delivery: 03:55pm
Sex : Female
Weight : 3.78Kg
Apgar : 6,8
Gestational Age: 39+2 weeks
NICU Admission: No

Post-Operative Notes:

She was closely monitored. Her vital signs remained stable. Uterus was well retracted with no Postpartum hemorrhage. Breast feeding initiated. She was shifted to room. Her postoperative period following that was uneventful. On second postoperative day dressing was changed. On inspection wound was healthy. 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 500mg (Paracetamol 500mg) (2tabs) thrice daily till 14.06.2026 (8am-2pm-10pm) after food.
3. Tab. Voveran 50 mg (Diclofenac 50mg) thrice daily till 14.06.2026 (9am-

Name	Mrs SRIPRIYA KAMARAJUGADDA	**UHID**	BAH-00653090
IP No	IP26-00006550	**Admission Date**	10-06-2026

3pm-11pm) after food.
4. Tab. Pantop 40mg 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 500 mg, Vitamin D3 250 IU) once daily (2pm) till breast feeding for after food.
7. Nebasulf Powder for local application.

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

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

Review with **Dr. SWAPNA SAMUDRALA,** 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 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.

Name	Mrs SRIPRIYA KAMARAJUGADDA	**UHID**	BAH-00653090
IP No	IP26-00006550	**Admission Date**	10-06-2026

5.Apply Nebasulf or Neomycin dusting powder on the wound after it is dry.
6.Do not touch the wound with unwashed hands.

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

Patient/ Attender

In case of emergency like bleeding, fever [please refer to postpartum book for further details - Chapter II page 6] kindly contact 9154865045 at Rainbow Children's Hospital just dial one toll free number - 18002122. You can also take appointments at any time by going online to our website **www.rainbowhospitals.in**

Registrar/Resident/C.M.O

Consultant:
Dr. SWAPNA SAMUDRALA
MBBS, MS (OBG)
69924

BAH-00653090 IP26-00006550
Mrs SRIPRIYA KAMARAJUGADDA
15-08-1996 29 Y 9 M 28 D (F)
Dr. SWAPNA SAMUDRALA

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

DEFICIENCY CHECK LIST OF CASE SHEET

Sl.No.	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission sheet	1			
2	Discharge Summary	1			
3	Nursing Initial assessment	1			
4	Patient Transfer form	1			
5	In-patient Medical record	1			
6	Doctors progress sheets	3			
7	Nursing plan of care and handover sheets	3			
8	Consultation sheet				
9	General consent for treatment	1			
10	Consent for Surgery	1			
11	Consent for blood transfusion				
12	Consent for chemotherapy				
13	Consent for high risk				
14	Consent for ~~Restraint~~ Labour Birth	1			
15	LAMA consent				
16	Consent for special procedure / Sedation				
17	Consent for Formula feed				
18	Consent for MTP				
19	Consent for Radiological Investigations				
20	Consent for HIV test				
21	Anaestesia notes (Pre Anaesthesia& post)	1			
22	Neonatal Admission/Delivery/Physical Exam	1			
23	Medication Reconciliation	1			
24	Emergency Triage record				
25	Pre operative check list	1			
26	Surgical safety checklist	1			
27	Operation Theatre notes	1			
28	Nurses clinical Presentation				
29	TPR & BP chart	3			
30	Intake and Out take chart (fluid chart)	2			
31	Drug chart (Regular Prescription)	1			
32	Investigation Values (result sheet)	1			
33	Nebulization chart				
34	Nutritional review chart	1			
35	Intensive care unit (ICU Charts)				
36	Consent for Admission in PICU / NICU				
37	The Humpty dumpty scale				
38	Braden Q Scale	2			
39	Bed side check list				
40	PICU bed formula Dilution feeds				
41	Gastro monitoring chart				
42	Rch ED doctors note				
43	BP Monitoring chart				
44	RBS monitoring chart				
	Billing	1			
	Others	5			
	Total No. of Pages	36			

Signature and Date : 12/06/26
Jyotsna (P.T.O)

PATIENT TRANSFER FORM

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
BAH-00653090 IP26-00006550 Mrs SRIPRIYA KAMARAJUGADDA 15-08-1996 29 Y 9 M 26 D (F) Dr. SWAPNA SAMUDRALA	10/6/26 @ 6:01 Am	10/6/26 @ 8 Pm
	Transfer Ordered by Dr. Sweapna	Reason for Transfer OBY
From Unit pre & post	To Unit (307)	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 30	Number of Imaging Films NST-4	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Madhumitha @ Madhu	Dr. Sweapna

Patient & Clinical Records Received by : Priyanka.

Date & Time of Patient Received : 10/6/26 @ 9:30 pm

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

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
BAH-00653090 IP26-00006550 Mrs SRIPRIYA KAMARAJUGADDA 15-08-1996 29 Y 9 M 26 D (F) Dr. SWAPNA SAMUDRALA	10/6/26 BR	10/6/26 @ 3:37PM
	Transfer Ordered by DR Naveen	Reason for Transfer EM LSCS
From Unit Postpost	To Unit OT	Information to Attendant Yes ☐ No ☐
Number of Sheets in Clinical File 35	Number of Imaging Films NIL	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	RL – 100ml	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
Mounika.	DR Veena

Patient & Clinical Records Received by : Renu

Date & Time of Patient Received :

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

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

Rainbow Children's Hospital

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 : IP26-00006550 **Admit Date** : 10-Jun-2026 **Admit Time** : 06:01 AM **UHID** : BAH-00653090

Patient Details :

Patient Name	: Mrs SRIPRIYA KAMARAJUGADDA	**Age**	: 29 Y 9 M 26 D
Guardian	: Mr VIKRAM VARANASI	**DOB**	: 15-08-1996
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	: Married
Address (H)	: Himayat Nagar East Himayat Nagar East Hyderabad Telangana INDIA 500029	**Phone No**	: 7981148120/
		E-mail	: 7981148120@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 VIKRAM VARANASI **Relationship** : Husband

Contact Address : Himayat Nagar East Himayat Nagar East Hyderabad Telangana INDIA 500029 **Phone No** : 7981148120

Signature

Doctor Details :

Doctor Name : Dr. SWAPNA SAMUDRALA **Specialisation** : OBSTETRICS AND GYNECOLOGY

Referral Doctor : Self **Phone No** :

Co-Consultant :

Payment Details :

Payment Mode : DC/CC Card **Deposit Amount** : 10000.00

Payor Name : MEDI ASSIST INSURANCE TPA PVT LTD

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

ACTIVITY RECORD FOR BILLING

Name :_____ BAH-00653090 IP26-00006550 _____

Mrs SRIPRIYA KAMARAJUGADDA
15-08-1996 29 Y 9 M 26 D (F)
Dr. SWAPNA SAMUDRALA

UHID No. : _____ onsultant: _____ Dept : _____

Date of Admission: ___ ate of Discharge : _____ Time: _____

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
10/6/26	3:30pm	pre post	OT	Mounika / Kavya
10/6/26	5pm	OT	pre-post	
10/6	9pm	pre/post	(30b)	

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	S. Tejaswini.	12/6/22	6224	
2				
3				
4				
5				
6				
7				
8				
9				
10				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
10/9	NST - (1)	69691	[illegible]
10/9	CBP - (1)	9598	[illegible]
10/6/26	NST - (2)	6972	[illegible]
10/6/26	NST - (3)	6978	[illegible]
10/6/26	NST - (4)	6989	[illegible]
	Cross checked by Sunanda	Cross checked	by [illegible]

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
10/6	Cardial monitor	5pm	10/6/26 9am	26-0000 205857	Anusha
10/6	Infusion pump		9am		
					Cross checked done by Anusha
			Cross checked done by Sunanda		

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
10/6	~~[illegible]~~			
10/6	IV placement	①	[illegible]	
10/6	catheterisation		2058592	
10/6	PAC (IP)		2058581	
			cross checked done	
			by [illegible]	
11/6/26	NHA	①	6071	
		Cross	checked	done
		by	Sunanda	

ANY OTHER INFORMATION

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

BAH-00653090 IP26-00006550
Mrs SRIPRIYA KAMARAJUGADDA
15-08-1996 29 Y 9 M 26 D (F)
Dr. SWAPNA SAMUDRALA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

Primi Admitted for IOL

Obstetric Formula: Primi°

Obstetric Hostory:

G - PP, Spont Conception
Booked @ 30+1 wk.

Present Pregnancy Record:

NT - (N)
FTS - low Risk
MTAS - (N)

RISK FACTORS:

Height: ..... cm
Weight: ..... kg
Allergies: .....
Breast: ☑ Normal ☐ Abnormal
General Examination:

Consciousness: Pallor: —
Icterus: — Edema: +
Temp: Afebrile PR: 88/min
BP: 120/80 mmHg DTR: —
CVS: S1S2 (+) RS B/L AE (+)
Liver/Spleen: (N) Urine Output:

LMP: 8/9/25 EDD: 15/6/2026
Corrected EDD: 15/6/2026 GA: 39+2 week.
Menstrual History: Regular ☑ Yes ☐ No

Obstetric Examination

Fundal Height: Ut = tG.
Ut. Activity: ☑ Relaxed ☐ Mild ☐ Mod ☐ Severe
Liquor: ☑ Adequate ☐ Oligo ☐ Poly
PP: ☑ Cephalic ☐ Breech Others _____
Head Fifths Palpable: 4/5
FHS: ☑ Normal ☐ Tachy ☐ Brady ☐ Absent

Per Speculum Examination NA.

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

Vaginal Examination NA.

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

Primi @ 39+2 week for IOL.
? Oligohydramnios (AFI-7cm)

BAH-00653090 IP26-00006550
Mrs SRIPRIYA KAMARAJUGADDA
15-08-1996 29 Y 9 M 26 D (F)
Dr. SWAPNA SAMUDRALA

Family History:	Surgical History:
NH	NH
Medical History:	**Medication History:**
Nil	Tab Zeon. 1tab OD Tab Calcium 1tab OD
Plan of Care:	**Investigations:**
- ~~Admission~~ CTG - PHR Monitoring 2nd hourly. - NST 3rd hourly. - Rest in left lateral position - Informed consent - Tab T. Misoprostol 25mcg PV. - send CBP	7/4 OGTT 80/109/86. O+ve HIV, HbsAg, VDRL } NR. 5/5 Hb-11.3 PLT-1.8. 6/6/24 SUIF Cephalic 38+2week 3.06kg (77%) AC (64%) ~~AFI~~-8.8cm. PL post high. UAD-(N). 9/6/24 SUIF Cephalic PL-post high AFI-7.1cm

Dr. Swapna Samudrala
Consultant Obstetrics and Gynecology
Reg. No: 6992

Doctor Name: Dr. Dna.
Signature:
Date & Time: 10/6/2024.

Consultant Name: Dr. Swapna.
Signature:
Date & Time: 10/6/24

BAH-00653090 IP26-00006550
Mrs SRIPRIYA KAMARAJUGADDA (F)
15-08-1996 29 Y 9 M 26 D
Dr. SWAPNA SAMUDRALA

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

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/6/2026	c/s/B Dr. Dng	
6:30 AM	Primi c 39+2 week IOL.	
	c oligohydramnios (AFI-7.1c)	
	GC fair	
	p0 pt. Afebrile	
	BP: 118/82 mmHg	Adv
	PR: 81/m	- RUP/DFMC
	P/A UtaTG	- FHR 2nd hourly
	cephalic	- NST 3rd hourly
NST-Reactive	FHS (+)	- Vital Monitoring
	Release c/5/10.	
		1st dose
	P/V - Cx long	T. Misoprostol 25mcg
	os closed.	Kept PV.
	pp high up	
10/6/26		
10:30 AM	c/s/B Dr. Veena	
	Primi / 39+2 wks	
	Ongoing IOL	Adv
NST-Reactive	O/E GC fair, Afebrile	- Vital monitoring
	Vitals - stable	- Liquid diet
	P/A - Ut a Term	- NST every 3rd hourly
	2/20"/10'.	- FHR every 2nd hourly.
	FHS (+)	- W/f progress
	Cephalic +ctn.	- Continue IOL
2nd dose	- P/o Misoprostol 25mcg kept given	- Inform SOS

BAH-00653090 IP26-00006550
Mrs SRIPRIYA KAMARAJUGADDA
15-08-1996 29 Y 9 M 26 D (F)
Dr. SWAPNA SAMUDRALA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/6/26 11:30 AM	Primi / 39+2 wks / oligo / Ongoing IOL	
	PGE1 x 2 dose (Last 10:30 AM, 25 mcg)	
	c/o mild pain	
	O/E. G/c fair	
	Afebrile	Adv
	Vitals - ®	- T. PGE1 25 mcg / Oral
NS ? → P/Abd - P/A - UT mildly acting		(3rd dose) @ 12:30 pm
	Ceph ↓ 4/5th palp	- W/f progress
	FHR good.	- FHR monitoring
	V/E - Cx long, Os closed	- NST 3rd hrly
	Ant., Soft.	- Reassess @ 2:30 pm.
	PP - high up	- I.V + Oral hydration.
		- Ongoing IOL
		(Dr. Swapna S)
10/6/26 3:00 pm	c/o Mild Pain	
	O/E - G.C fair	Adv
	Afebrile	- For Em LSCS
	Vitals - ®	(Ind: CPD)
CTG - P/Abd P/A - UT acting		NBM
	2-3 / 15-20" / 10'	- PAC
	Ceph ↓. FHR - 148 b/m	- Drugs as charted
	V/E Same	- Shift to O.T on call
	PP - high up	
	Couple & attender counselled	
		(Dr. Swapna S)

Dr. Swapna Samudrala
Consultant Obstetrics and Gynecology
Reg. No: 69924

Dr. Swapna Samudrala
Consultant Obstetrics and Gynecology
Reg. No: 69924

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

BAH-00653090 IP26-00006550
Mrs SRIPRIYA KAMARAJUGADDA
15-08-1996 29 Y 9 M 26 D (F)
Dr. SWAPNA SAMUDRALA

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

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/6/26 5:30pm	POD-0	(P.I.C. / Em LSCS)
	No comp	Adv
	O/E - C.C fair	- NBM x 6 hrs
	Afebrile	- IVF / Analgesia /
Baby well	O_2 sat - 99% RA	Thromboprophylaxis - AXON
	PR - 80 b/m	- Drugs as charted
V.U → 110 ml (clear)	B.P - 120/80 mmHg	- mobilisation · initiate breastfeeding
	P/A - UT well retracted	w/f excessive P/v bleeding
	Sgr	- I/O chart
	L/E - MAB .	- Inform Sr.
	Dr. Swapna Samudrala Consultant Obstetrics and Gynecology Reg. No: 69924	(Dr. Bhargavi)
10/6/2026 9pm	C/s/b Dr Manasa	
	POD-0	
	GC - fair Afebrile	Adv.
	BP 116/73	- Allow sips > 10pm
	PR 84	if tolerates → liq diet only
	P/A ut well retracted	- soft diet > 6AM
BMS	BS+	- Drugs as charted
	PV bleeding wnl	limb mobilization
	U/o ~50 cc/hr	- Foley's removal @ 6Am Crm.
	- Shift to Room	- Inform SOS

(Manasa)

Docu. No. : RCH /FRM / CLINICAL / 088 (P.T.O)

BAH-00653090 IP26-00006550
Mrs SRIPRIYA KAMARAJUGADDA
15-08-1996 29 Y 9 M 26 D (F)
Dr. SWAPNA SAMUDRALA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/6/2026 7Am	C/S ! b Dr Manisha	
	GC Fair Afebrile	Adv
	BP - 112/76	
	PR - 82	Soft Diet / Adeq Hydration
Sms	P/A Ut well retracted	Drugs as charted
	BS⊕	Ambulation
FX	PV Bleeding WNL	Encouraging to Pass urine
	U/O - 100 ml/h	W/F ~~vitals~~ vitals & BSV
	(Removed @6:30Am)	
		Inform sos
		N/B priyanka 11/6/26 @7AM — Dr Manisha
11/6/2026. 1:30pm.	C/S/B Dr. Dua	
	POD-1. PiU	
	No complaints	Adv
	GC fair, Afebrile	- Soft diet
Baby c̄ Mother.	BP: 122/87 mmHg	- Adequate hydration
	PR: 97/min	- Drugs as charted
urine & flatus passed.	P/A Uterus Retracted well BS⊕	. Ambulation
		- W/F P/V bleed
	L/E NAB	- Monitor vitals
		Inform sos

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

BAH-00653090 IP26-00006550
Mrs SRIPRIYA KAMARAJUGADDA
15-08-1996 29 Y 9 M 26 D (F)
Dr. SWAPNA SAMUDRALA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/6/26	POD - 1	
4:30 pm		Adv
	No comp	- High Diet
	O/E - G.C. fair	- Oral hydration
	Afebrile	- Drugs as charted
Baby - well	Vitals - ⓝ	- Monitor vitals
	P/A - UV well retracted	- Ambulation
Urine ✓	Sgr	- Surgeon Sos
Flatus ✓	LIE - NAB	
Stools x.		Dr. Swapna Samudrala Consultant Obstetrics and Gynecology Reg. No: 69924
Remove IV Cannula		(Dr. [illegible])
	c/s/B Dr. Dvg.	
11/6/26	POD-1	
		Adv
7pm	GC fair Afebrile	- Soft diet
	BP: 110/65 mmHg	- Adequate hydration
	PR- 86/min	- Drugs as charted
Urine ✓ Flatus ✓	P/A Uterus retracted well	- Monitor vitals
	L/E NAB.	- Ambulation.
		w/f P/v bleed
		Inform sos
	[signature]	N/B Swetha

BAH-00653090 IP26-00006550
Mrs SRIPRIYA KAMARAJUGADDA
15-08-1996 29 Y 9 M 26 D (F)
Dr. SWAPNA SAMUDRALA

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

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/6/2026 8:45AM	C/S/B Dr. Dna. POD-2	
	Baby & Mother. C/C fair Afeb.	Adv
	passed flatus, stool & urine. Vitals. (N)	- Soft diet
	P/A Uterus Retracted well.	- Adequate hydration
	I/E NAB.	- Drugs as charted
		- Monitor vitals
		- Inform SOS
		- Ambulation.
	[signature]	NB - Supriya
12/6/26 4:00 PM	C/S/B Dr. Veena	
	POD-2. / P, L	
Baby - well	Pt is stable	Adv
	No c/o.	- Regular diet
	O/E GC - fair, Afebrile	- Adequate hydration
Brbs ✓	Vitals - stable	- Drugs as charted
	P/A - UT well retracted	- DULCOLAX SUPPOSITORY stat
	BS (+)	- Vital monitoring
Dressing Done	C/C - BWNL	- Sterizone dressing
RTE		- Inform SOS
	Can be discharged	[signature]

Dr. Swapna Samudrala
Consultant Obstetrics and Gynecology
Reg. No: 69924

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

BAH-00653090 IP28-00006550
Mrs SRIPRIYA KAMARAJUGADDA
15-08-1996 29 Y 9 M 28 D (F)
Dr. SWAPNA SAMUDRALA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

BAH-00653090 IP26-00006550
Mrs SRIPRIYA KAMARAJUGADDA
15-08-1996 29 Y 9 M 26 D (F)
Dr. SWAPNA SAMUDRALA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

MEDICATION RECONCILIATION FORM

Drug Allergies: ..... ☑ Not known any Drug Allergies

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

Shifting From: ..... Shifted to: .....

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	Tab Iron	1tab	PO	OD		☐ C ☐ DC
2	Tab Calcium	1tab	PO	OD		☐ 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 Dna

Date & Time : 10/6/2026.

Nurse Name & Signature: dkuly

Date & Time : 10/6/26

BAH-00653090 IP26-00006550
Mrs SRIPRIYA KAMARAJUGADDA
15-08-1996 29 Y 9 M 26 D (F)
Dr. SWAPNA SAMUDRALA

307

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 11/6/26 Time: 9:45 am

Origin: Indian Height: 175 cm Weight: 87.2 kg 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:

Name: VIKRAM VARANASI

Date & Time: 11/6/26 ; 9:45 am

Dietician's

Signature: Syeda Sobiya Zaheer

Name: Syeda Sobiya Zaheer

Date & Time: 11/6/26 ; 9:45 am

Doc. No. : RCH / FRM / CLINICAL / 195

(P. T. O)

DIETARY NOTES

Date	Time	Notes	Sign

BAH-00653090 IP26-00006550
Mrs SRIPRIYA KAMARAJUGADDA
15-08-1996 29 Y 9 M 28 D (F)
Dr. SWAPNA SAMUDRALA

307

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CROSS CONSULTATION FORM

Doctor Name : Dr: Swapna Date : 12/6/26 Time : 1pm

Diagnosis : LSCS

Hospital : RCH - HMNR

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

Type of Referral :
☐ Emergency
☐ Urgent
☐ Non Urgent

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

Signature:

Findings and Recommendations :

Lactation care plan

- well formed breast & Nipples
- encourage orally colostrum feeds every 2nd hrly on each side 15 - 20 mints.
- Suck & latch observed.
- Aim for deep latch as demonstrated in cradle hold / cross cradle.

Consultant :

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

BAH-00653090 IP26-00006550
Mrs SRIPRIYA KAMARAJUGADDA
15-08-1996 29 Y 9 M 26 D (F)
Dr. SWAPNA SAMUDRALA

Patient :

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

DRUG CHART

Date of Admission: 10/6/26 Drug Allergies: .... ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

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

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

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

VERIFIED BY : Name .... Signature

BAH-00653090 IP26-00006550
Mrs SRIPRIYA KAMARAJUGADDA
15-08-1996 29 Y 9 M 26 D (F)
Dr. SWAPNA SAMUDRALA

REGULAR PRESCRIPTIONS

Weight. 87kg Ward. .....

DRUG : INJ. CEFOTAXIME

Dose	Route	Frequency	Start Date
1g	IV	BD	10/6/26

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:
ATD
x24hr PTB orally

Daily Doctor's Endorsement by a Sign

Date / Time	10/6	11/6
8AM	X	
8PM	LOR given 3pm	

Dr (Dr. Swapna)
11/6/26

DRUG : T. PARACETAMOL

Dose	Route	Frequency	Start Date
1gm	oral	QID 6th hrly	10/6/26

Name & Signature of the Doctor Starting the Drugs:
Dr. Akhila. K

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	11/6	12/6
12AM		
6AM		
12PM		
6PM		

DRUG : T. DICLOFENAC

Dose	Route	Frequency	Start Date
50mg	oral	TID 8th hrly	10/6/26

Name & Signature of the Doctor Starting the Drugs:
Dr. Akhila. K

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	11/6	12/6
7AM	X	
3PM	X	
11PM	12:30 AM	

DRUG : T. TRAMADOL

Dose	Route	Frequency	Start Date
100mg	oral	TID 8th hrly	10/6/26

Name & Signature of the Doctor Starting the Drugs:
Dr. Akhila. K

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	11/6	12/6
8AM		
4PM		
12AM		

Verified by Dr. Dhakshayani

BAH-00653090 IP26-00006550
Mrs SRIPRIYA KAMARAJUGADDA
15-08-1996 29 Y 9 M 26 D (F)
Dr. SWAPNA SAMUDRALA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Verified by Dr. Dhakshayani

Sheet No: .....

REGULAR PRESCRIPTIONS

Weight 87kg Ward .....

DRUG : T. PANTOPRAZOLE

Dose	Route	Frequency	Start Dt.
40mg	PO	BD	10/6

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

Additional Instructions: BEFORE FOOD

Daily Doctor's Endorsement by a Sign

Date/Time	10/6	11/6	12/6
6AM	x		
6pm	3pm		

DRUG : INJ. TRANEXAMIC ACID

Dose	Route	Frequency	Start Dt.
1gm	IV	TID	10/6

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

Additional Instructions: FOR 24HRS PTA → Stop

Daily Doctor's Endorsement by a Sign

Date/Time	10/6	11/6
6AM	x	
2pm	x	stop.
10pm	11pm	

(Dr. Swapna) 11/6/24

DRUG : T. CEFIXIME

Dose	Route	Frequency	Start Dt.
200mg	PO	BD	11/6/24

Name & Signature of the Doctor Starting the Drugs: (Dr. Swapna)

Additional Instructions:

Daily Doctor's Endorsement by a Sign

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

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time

Patient Sticker

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

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

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

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

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

Signature

VERIFIED BY Name

BAH-00653090 IP26-00006550
Mrs SRIPRIYA KAMARAJUGADDA
15-08-1996 29 Y 9 M 26 D (F)
Dr. SWAPNA SAMUDRALA

Weight. 87kg Ward. .....

VA...	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
10/6	6:30AM	T. MISOPROSTOL	25 mcg	PV		
10/6/26	10:30AM	T. MISOPROSTOL	25mcg	P/O		
10/6/26	12:30pm	T. MISOPROSTOL	25 mg	P/O		
10/6/26	3: PM	INJ PANTAPRAZOLE	40mg	IV		
10/6/26	3pm	INJ METOCLOPRAMIDE	10mg	IV		
10/6	3pm	INJ CEFOTAXIME	1Gm	IV		
10/6/26	4:30pm	SUP DICLOFENAC	100mg	PR		
10/6/26	4:30pm	SUP TRAMADOL	100mg	PR		
10/6/26	4:00pm	Inj ONDANSETRON	4mg	IV		

Verified Dr. Dhakshayani

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

BAH-00653090 IP26-00006550
Mrs SRIPRIYA KAMARAJUGADDA
15-08-1996 29 Y 9 M 26 D (F)
Dr. SWAPNA SAMUDRALA

I.V. FLUIDS CHART

Weight. 84 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
10/6/26	12.30pm	RINGER LACTATE	IV	100ml/hr			10/6		
10/6/26	4.05 pm	RINGER LACTATE +40 Units OXYTOCIN	IV	100ml/hr			10/6		
10/6/26	4:10 pm	RINGER LACTATE	IV	500 ↓ 100ml/hr			10/6		
10/6/26	4:50 pm	RINGER LACTATE	IV	50 ml/hr			10/6		
10/6	6pm	RINGER LACTATE	IV	100 ml/hr			11/6		
11/6	1am	RINGER LACTATE	IV	100 ml/hr			11/6		
11/6	6am	RINGER LACTATE	IV	100 ml/hr			11/6		
		STOP IV Fluids							

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

BAH-00653090 IP26-00006550
Mrs SRIPRIYA KAMARAJUGADDA
15-08-1996 29 Y 9 M 26 D (F)
Dr. SWAPNA SAMUDRALA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

...AT / ONCE ONLY DRUGS

Name: Sri Priya

Weight: 87 kgs

Sheet No: .....

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
10/6/26	4:05pm	Inj. TRANEXAMIC ACID	1gm	IV			
10/6/26	4:15pm	Inj. METHYL ERGOMETRINE	0.2mg	Slow IV			
10/6	7pm	IN PARACETAMOL	1g	IV			
11/6	7:30 AM	IN METOCLOPRAMIDE	10mg	IV slow			
12/6	12:50pm	INJ. PANTAPRAZOLE	40mg	IV			
~~12/6~~	~~4PM~~	~~DULCOLAX SUPPOSITORY~~	~~P/R~~				
12/6	4PM	DULCOLAX SUPPOSITORY	20mg	P/R			

Verified by Dr. Dhakshayani

BAH-00653090 IP26-00006550
Mrs SRIPRIYA KAMARAJUGADDA
15-08-1996 29 Y 9 M 26 D (F)
Dr. SWAPNA SAMUDRALA

DP 307

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

RESULT SHEET

Date	10/6/26					
Time						
Hb	11.5					
PCV	34.8					
RBC	3.85					
WBC	6.08					
N/L						
Platelets	171					
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 } NR						

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

BAH-00653090 IP26-00006550
Mrs SRIPRIYA KAMARAJUGADDA
15-08-1996 29 Y 9 M 26 D (F)
Dr. SWAPNA SAMUDRALA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

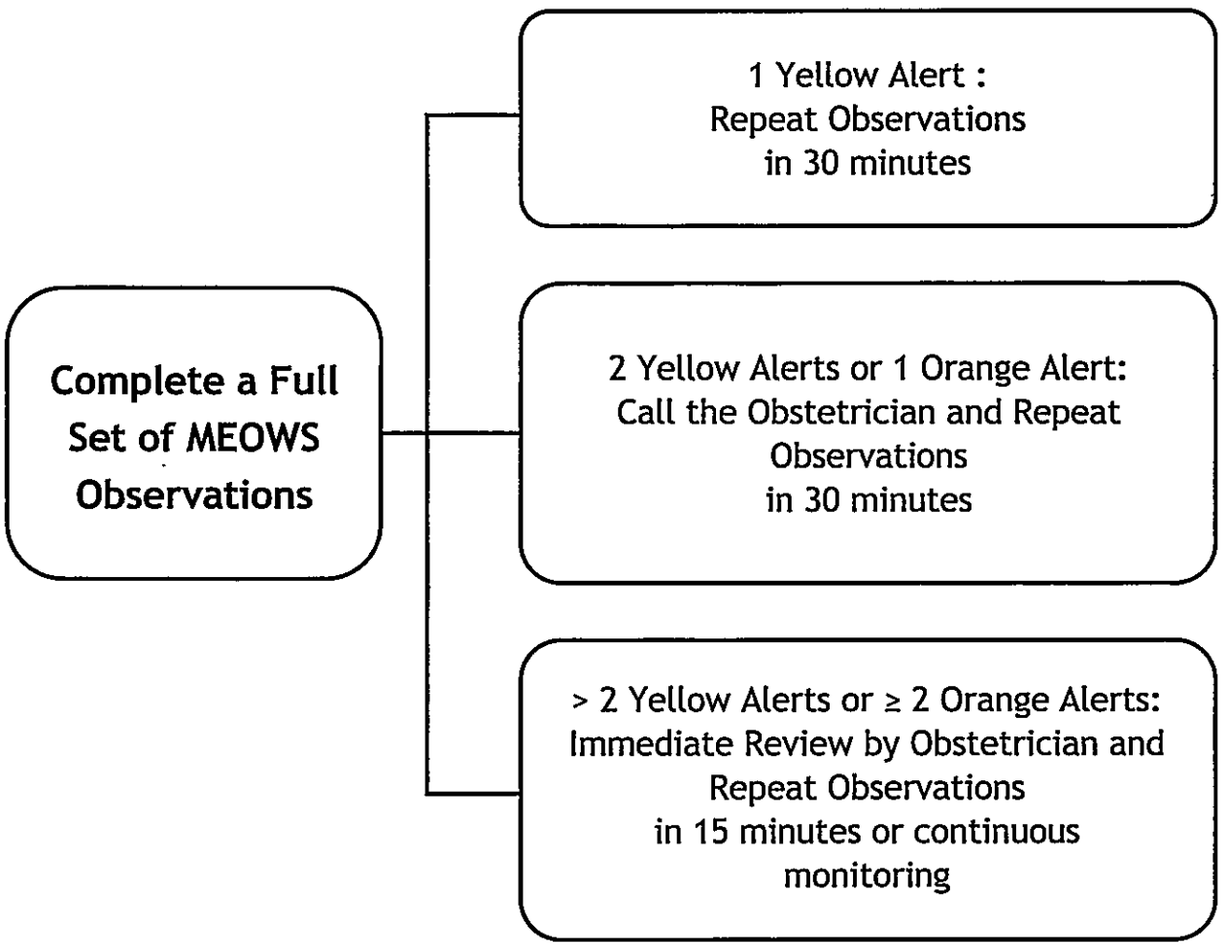
Early Warning Observation Score Chart - Obstetrics

10/6

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

		Date																							
		Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																									
	21 - 30																									
	11 - 20																								20	
	0 - 10																									
Saturations	94 - 100 %																								96	
	< 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																									
	100																								118	
	90																									
	80																									
	70																									
	60																									
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																								72	
	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																									
TAL YELLOW SCORES																									0	
ORANGE SCORES																									0	
Nurse Initial																									A	

Obstetrics and Gynaecology Early Warning Signs



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

BAH-00853090 IP26-00006550
Mrs SRIPRIYA KAMARAJUGADDA
15-08-1996 29 Y 9 M 26 D (F)
Dr. SWAPNA SAMUDRALA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

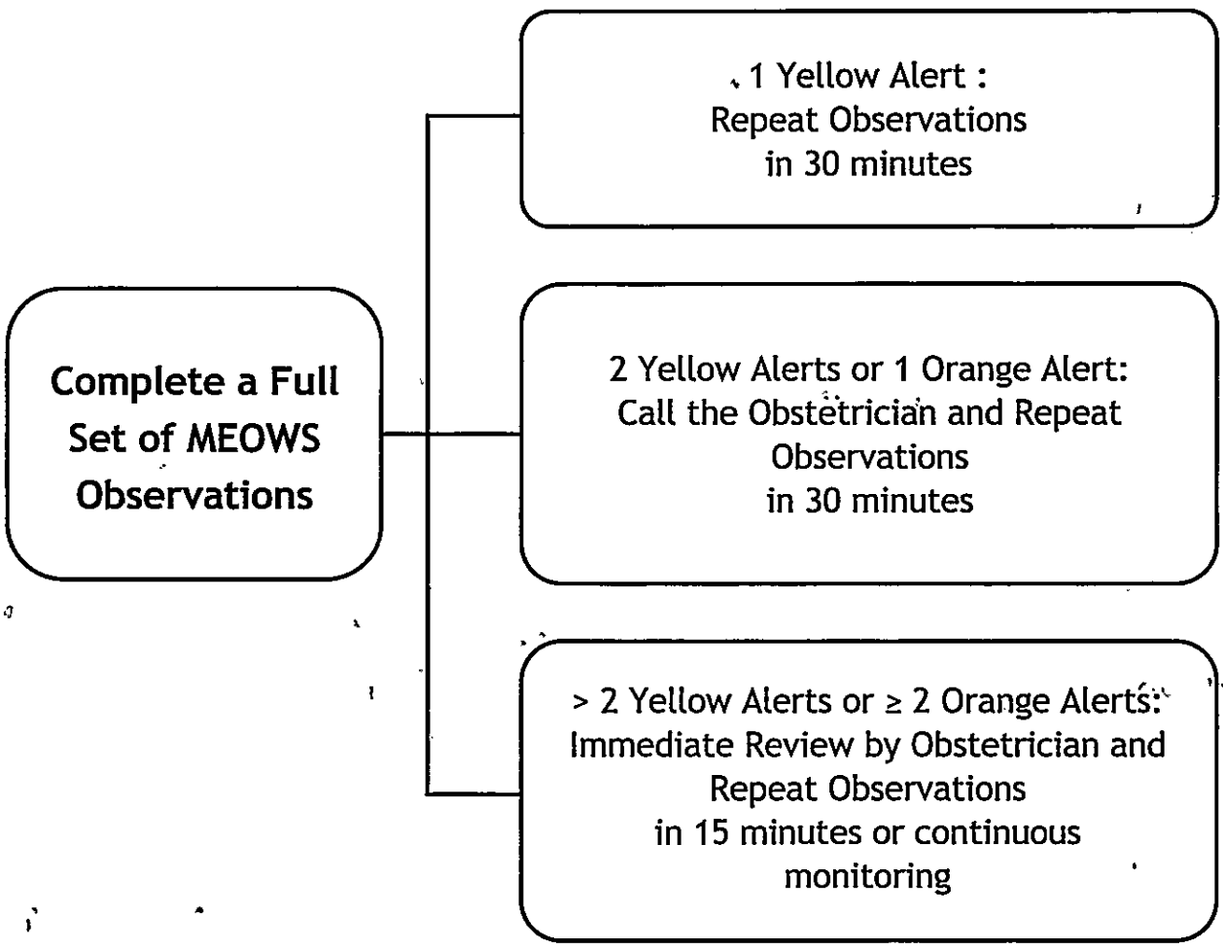
Early Warning Observation Score Chart - Obstetrics

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

10/6

		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	20	20	20	20	20	20				20				20	
	0 - 10																									
Saturations	94 - 100 %	99%		100		100		100	98%		98%	99%	99%	99%	98%	99%	99%				100%				99%	
	< 94 %																									
Administered O_2 (L/min.)																										
Temp°c	40																									
	39																									
	38																									
	37																									
	36	36.8							98		98.6	98.6	98.6	98.6	98.6	98.6	98.6				98.2				97.8	
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80	84		90		90			80	79	85	81	74	85	86	80					86				82	
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressue ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120	116		120		110			110	113	120	116	117	121	122	122					124				112	
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70	83		80		70			70	69	79	80	69	71	82	84					78				86	
	60																									
	50																									
	40																									
NEURO RESPONSE [✓]	Alert	✓							✓			✓	✓	✓	✓	✓	✓				✓				✓	
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30						✓		✓											✓	✓				✓	
	< 30																									
Proteinuria	Protein + +																									
	Protein > + +																								✓	
Lochia	Normal						✓		✓												✓					
	Heavy / Foul																									
Liquor	Clear / Pink						✓		✓												✓				✓	
	Green																									
TOTAL YELLOW SCORES		0		0		0			0	0	0	0	0	0	0	0	0				0				0	
TOTAL ORANGE SCORES		0		0		0			0	0	0	0	0	0	0	0	0				0				0	
Nurse Initial																										

Obstetrics and Gynaecology Early Warning Signs



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

BAH-00653090 IP26-00006550
Mrs SRIPRIYA KAMARAJUGADDA
15-08-1996 29 Y 9 M 26 D (F)
Dr. SWAPNA SAMUDRALA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

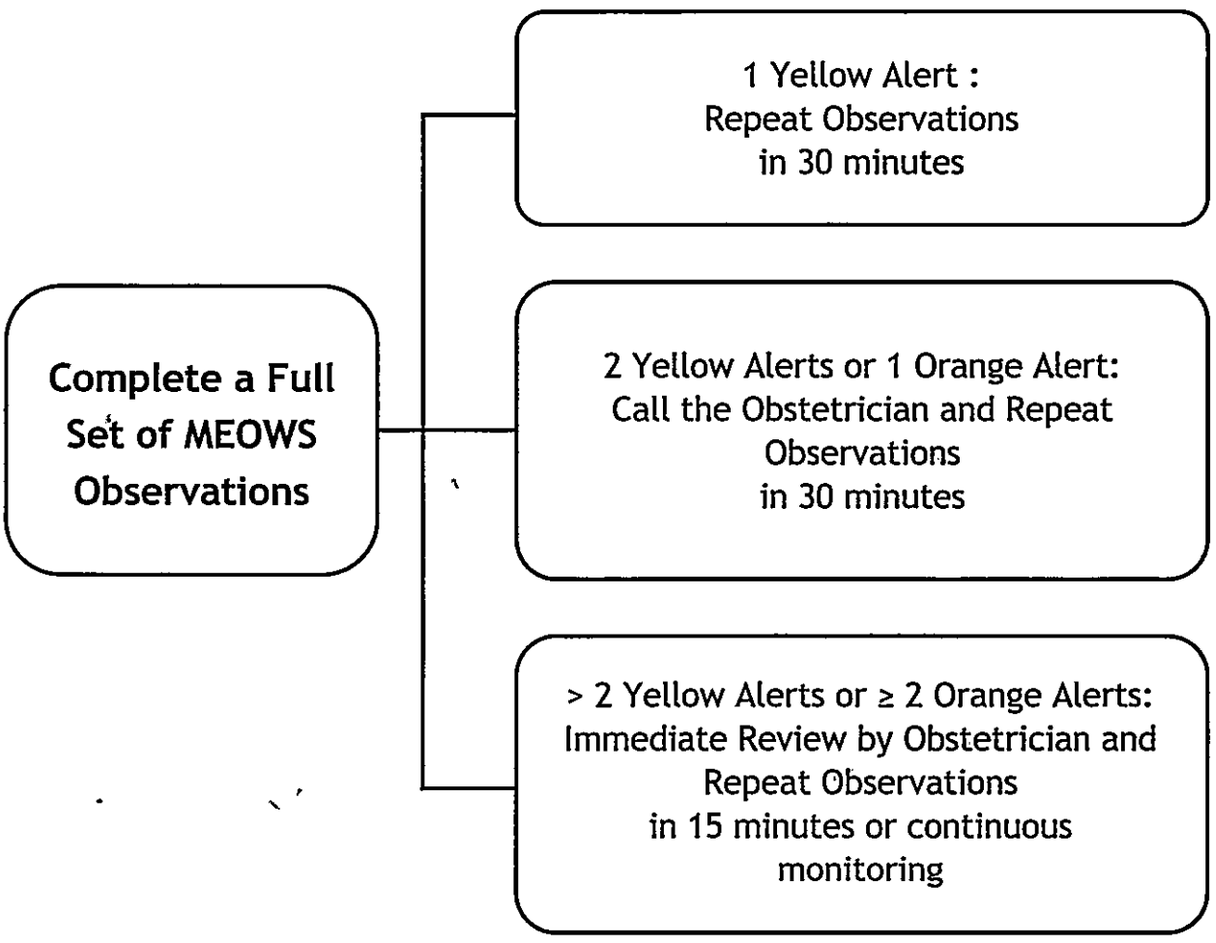
Observation Score Chart - Obstetrics

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

10/6

		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 %			99%					99%				99%				97%				99%				100%	
	< 94 %																									
Administered O_2 (L/min.)																										
Temp°c	40																									
	39																									
	38																									
	37			98.1°F					97.6°F				98.2°F				97.7°F				98.3°F				97.8°F	
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90												82												86	
	80			97					97								83				86					
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressue ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130				115				122				110				102				111				100	
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50				95				(100)																	
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70				85				87				68				62				80				65	
	60																									
	50																									
	40																									
NEURO RESPONSE [✓]	Alert			✓				✓					✓				—				—				—	
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30			✓				✓					✓				—				—				—	
	< 30																									
Proteinuria	Protein + +																									
	Protein > + +																									
Lochia	Normal			✓				✓					✓				—				—				—	
	Heavy / Foul																									
Liquor	Clear / Pink												✓				—									
	Green																									
TOTAL YELLOW SCORES				0				0					0				0				0				0	
TOTAL ORANGE SCORES																										
Nurse Initial																										

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

BAH-00653090 IP26-00006550
Mrs SRIPRIYA KAMARAJUGADDA
15-08-1996 29 Y 9 M 26 D (F)
Dr. SWAPNA SAMUDRALA

Pat

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

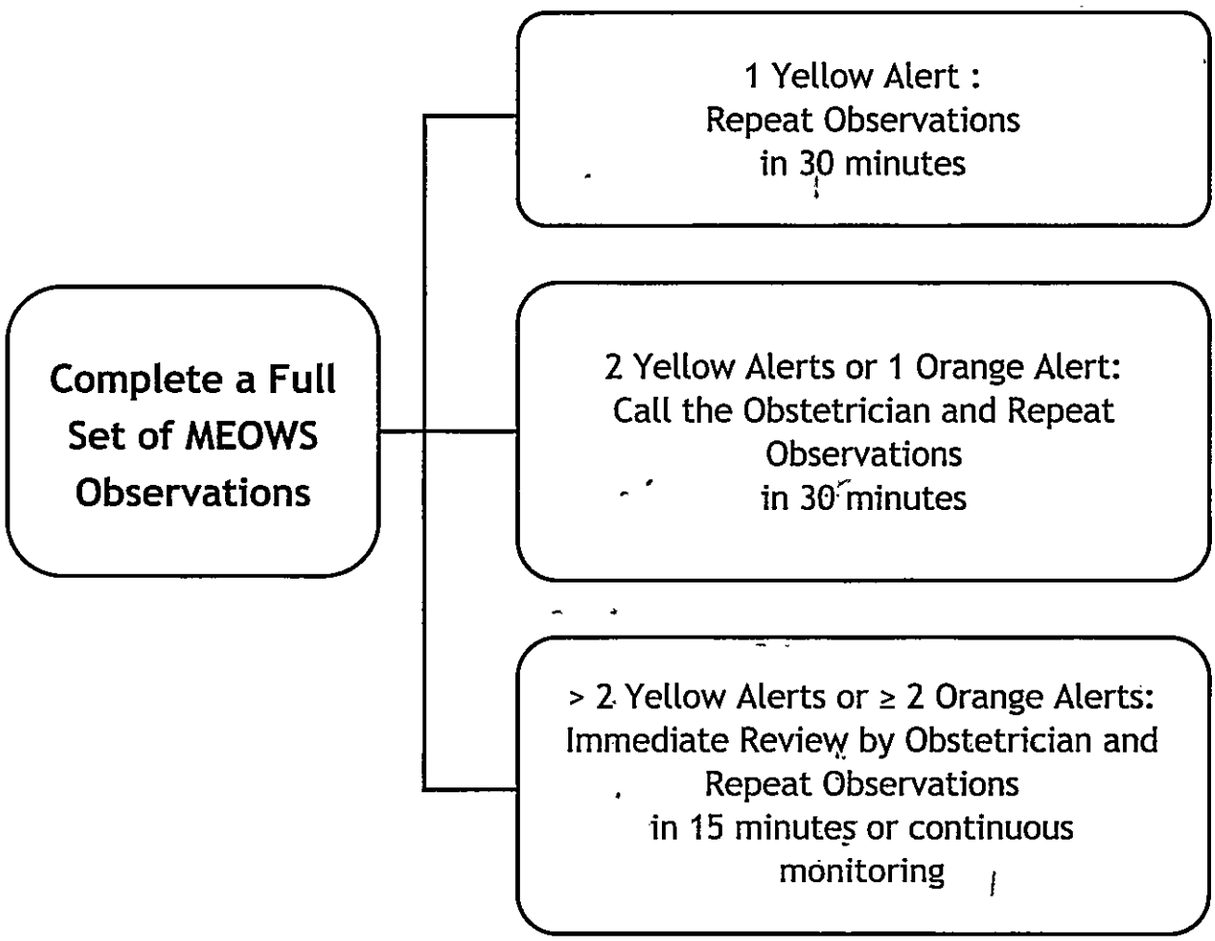
Early Warning Observation Score Chart - Obstetrics

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

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																	
	0 - 10																									
Saturations	94 - 100 %																									
	< 94 %																									
Administered O_2 (L/min.)				99%					99%																	
Temp°c	40																									
	39																									
	38																									
	37																									
	36			98.5°F					98.6°F																	
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90			86bpm					87bpm																	
	80																									
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressue ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120			105					116																	
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60			80					79																	
	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																	
TOTAL ORANGE SCORES				0					0																	
Nurse Initial				dw					dw																	

Obstetrics and Gynaecology Early Warning Signs



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

BAH-00653090 IP26-00006550
Mrs SRIPRIYA KAMARAJUGADDA
15-08-1996 29 Y 9 M 26 D (F)
Dr. SWAPNA SAMUDRALA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 1

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	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 am											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am										0	
	05:00 am											
	06:00 am		Watts							✓		
	07:00 am		Upma									
Total Intake :		Cakes				**Total Output :**				Nursel		

Total 24 hrs. Intake		Total 24 hrs. Output	

BAH-00653090 IP26-00006550
Mrs SRIPRIYA KAMARAJUGADDA
15-08-1996 29 Y 9 M 26 D (F)
Dr. SWAPNA SAMUDRALA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 02

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
10/6/26	08:00 am		H2O							✓		
	09:00 am		COLOUR									
	10:00 am		JUICE							✓		
	11:00 am										0	
	12:00 pm	RL		100ml	NA							
	01:00 pm	RL		100ml								
Total Intake :						**Total Output :**						
10/6/26	02:00 pm	RL										
	03:00 pm	RL										
	04:00 pm	RL	H2O	50ml								
	05:00 pm	RL	M	50ml						100ml		Empty
	06:00 pm	RL	B	100ml								
	07:00 pm	RL	M	100ml						150		Empty
Total Intake :						**Total Output :** Passed 250ml						
10/6/26	08:00 pm	RL	M	100ml								
	09:00 pm	RL	B	100ml						100ml		Empty
	10:00 pm	RL	M	100ml								
	11:00 pm	RL	Sprite	100ml						0		
	12:00 am	RL		100ml								
	01:00 am	RL		100ml						300ml		
Total Intake :						**Total Output :** Passed						
10/6/26	02:00 am			100ml								
	03:00 am			100ml								
	04:00 am	RL	Dipd	100ml							0	
	05:00 am			100ml								
	06:00 am		diet	100ml						700ml		Empty foleys removed
	07:00 am			100ml								
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

BAH-00653090 IP26-00006550
Mrs SRIPRIYA KAMARAJUGADDA
15-08-1996 29 Y 9 M 26 D (F)
Dr. SWAPNA SAMUDRALA

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.

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
11/6/26	08:00 am		Idly								0	
	09:00 am										0	
	10:00 am	0		NA	NA		0				0	[signature]
	11:00 am		H2O								0	
	12:00 pm									✓	0	
	01:00 pm										0	
Total Intake :						Total Output : U-					M-	
11/6/26	02:00 pm											
	03:00 pm		Khichdi							✓		
	04:00 pm	0					0					[signature]
	05:00 pm		H2O	NA	NA			NA		✓	0	
	06:00 pm		soup									
	07:00 pm											
Total Intake :						Total Output : U - 2					M - 0	
11/6/26	08:00 pm											
	09:00 pm		Rice									
	10:00 pm	0	+	NA	NA			NA		✓	0	
	11:00 pm		H2O				[illegible]					[signature]
	12:00 am											
	01:00 am											
Total Intake :						Total Output :						
12/6/26	02:00 am									✓		
	03:00 am		H2O.									
	04:00 am	0		NA	NA		0	NA			0	[signature]
	05:00 am									✓		
	06:00 am											
	07:00 am											
Total Intake :						Total Output :						

Total 24 hrs. Intake		Total 24 hrs. Output	

BAH-00653090 IP26-00006550
Mrs SRIPRIYA KAMARAJUGADDA
15-08-1996 29 Y 9 M 28 D (F)
Dr. SWAPNA SAMUDRALA

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							
12/6/20	08:00 am											
	09:00 am											
	10:00 am	0	Daly				0				0	
	11:00 am		+		NA			NA				
	12:00 pm		ORS									
	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	

BAH-00653090 IP26-00006550
Mrs SRIPRIYA KAMARAJUGADDA
15-08-1996 29 Y 9 M 26 D (F)
Dr. SWAPNA SAMUDRALA

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING CARE RECORD

Date: 9/6/26

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							
Afternoon							
Night	8pm – 8Am	→ Assess the pt condition → monitor the vitals & record → Administration of medication → maintain I/O chart – Self progress of Labour	8pm – 8Am	→ Assessed the pt condition → monitored the vitals & recorded → Administered medication → maintained I/O chart → self progress of labour.	Pt is stable	maintain I/O chart & record	Akhila

Docu. No: RCH /FRM / CLINICAL / 148

BAH-00653090 IP26-00006550
Mrs SRIPRIYA KAMARAJUGADDA (F)
15-08-1996 29 Y 9 M 26 D
Dr. SWAPNA SAMUDRALA

Patient

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING CARE RECORD

Date: 10/6/26

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 patient condition => plan for vital => plan for Blochart	8Am to 2pm	=> Assessed the patient condition => maintain vital & Record => maintain Blochart	patient is stable	Vital is normal	Laudea [signature]
Afternoon	2pm to 2pm	→ Assess the pt condition → monitor vitals → Maintain Blo chart → Administer medication	2pm to 2pm	→ Assessed the pt condition → monitor vitals → Maintain B/o chart	New pt is stable	Re check vitals	Mou [signature]
Night	8pm 8Am	→ Assess the pt condition → monitor vitals & Blochart → drug as per chart		→ Assessed the pt condition → monitored vitals & Blochart → drugs as per chart	pt is stable	Rechecked vitals	[signature]

BAH-00653090 IP26-00006550
Mrs SRIPRIYA KAMARAJUGADDA
15-08-1996 29 Y 9 M 26 D (F)
Dr. SWAPNA SAMUDRALA

NURSING CARE RECORD

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 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 pt condition → monitor the vitals → maintain I/O chart → Administer medication as per drug chart	8AM to 2pm	→ Assessed pt condition → Monitored vitals → maintained I/O chart → Administered medication as per drug chart	Patient is stable	Re-checked vitals.	Supriya
Afternoon	2pm to 8pm	- Assess the pt condition - Monitor the v/s - maintain the I/O - Drug as per chart	2pm to 8pm	- Assess the pt condition - Monitor the v/s - Maintain the I/O - Drug as per chart	- Now patient is stable	- Re checked the v/s	Sy
Night	8pm 8AM	- Assess the pt Condition - monitor the I/O with chart → drug as per chart		→ Assessed the pt Condition - monitored the I/O - drugs as per	→ pt is stable	Rechecked vitals	

Patient Sticker

BAH-00653090 IP26-00006550
Mrs SRIPRIYA KAMARAJUGADDA
15-08-1996 29 Y 9 M 28 D (F)
Dr. SWAPNA SAMUDRALA

NURSING CARE RECORD

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 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 → Administ medication as per drug chart	8AM to 2pm	→ Assessed the pt conditi → Monitored vitals & recorded → maintain I/O chart → administered medication as per drug chart	→ pt is normal	→ Recheded vitals	
Afternoon							
Night							

BAH-00653090 IP26-00006550
Mrs SRIPRIYA KAMARAJUGADDA
15-08-1996 29 Y 9 M 26 D (F)
Dr. SWAPNA SAMUDRALA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING SHIFT HAND OVER FORM - WARD

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

SITUATION

Diagnosis: Primi 39+2 weeks FORTOL

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

BACKGROUND

Area / Shift Time	N1	10/6 M6	10/6 E2	10/6 N1	11/6/26 M6	11/6/26 E2
Medical Condition (Any special condition to be noted):	NA	NA	NA	NA	NA	NA

ASSESSMENT

Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Vital Signs: Temp:	99°F	99°F	97.8 F	98 F	98.6°F	98.4°F
Res:	20b/m	20	20.6/m	20b/m	22b/m	22b/m
SpO_2:	99%	99%	99%	99%	100%	99%
Pulse:	87b/m	86	86	86	91	82b/m
BP:	120/60	110/70	110/70	112/92	132/88	
Fall Risk Score:	-	-	-	-	-	-
Pain Score:	0/10	0/10	0/10	0/10	-	-

Recommendations

Safety Needs:	Yes	Yes	Yes	Yes	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 :	Akeila	Chanda	Mani	Anusha	Anusha	Sunanda
Signature :						
Date:	10/6/26		10/6/26	11/6/26	11/6/26	11/6/26
Time:	8AM.		8pm	8AM	2pm	8pm
Taken Over By Name :	Chanda	Mani	Madhu	Anusha	Sunanda	Sunanda
Signature :						
Date:	10/6/26	10/6/26	10/6	11/6/26	11/6/26	11/6/26
Time:	8AM	2pm	8pm	8AM	2pm	8AM

BAH-00653090 IP26-00006550
Mrs SRIPRIYA KAMARAJUGADDA
15-08-1996 29 Y 9 M 28 D (F)
Dr. SWAPNA SAMUDRALA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING SHIFT HAND OVER FORM - WARD

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

SITUATION	Diagnosis: LSCS	Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:					
BACKGROUND	Area / Shift Time	12/6 M/L					
	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:	98.5°					
	Res:	98/80					
	SpO_2:	99%					
	Pulse:	80/80					
	BP:	80/80					
	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 :		Swetha					
Signature :							
Date:		12/6/16					
Time:		8pm.					
Taken Over By Name :							
Signature :							
Date:							
Time:							

BAH-00653090 IP26-00006550
Mrs SRIPRIYA KAMARAJUGADDA
15-08-1996 29 Y 9 M 26 D (F)
Dr. SWAPNA SAMUDRALA

BRADEN 'Q' SCALE

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

					Date : 9/6/26	10/6	10/6	
					Time : 01	06	02	
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	1
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	24
					Evaluator's Name	@	CL	

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

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

BAH-00653090
Mrs SRIPRIYA KAMARAJUGADDA IP26-00006550
15-08-1996 29 Y 9 M 26 D (F)
Dr. SWAPNA SAMUDRALA

BRADEN 'Q' SCALE

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

					Date : 11/6/26	11/6	12/6	
					Time : Mo	Ev	Mc	
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	
"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	
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	
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	
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	
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	
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	
				TOTAL SCORE	28	28	28	
				Evaluator's Name				

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

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

BAH-00653090 IP26-00006550
Mrs SRIPRIYA KAMARAJUGADDA
15-08-1996 29 Y 9 M 26 D (F)
Dr. SWAPNA SAMUDRALA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

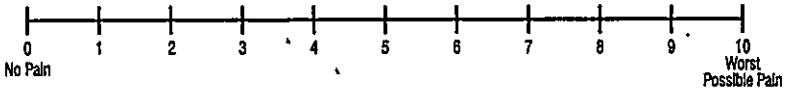
PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
10/6/26	7AM	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
10/6/26	9AM	0/10		☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
10/6/26	12pm	0/10		☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
10/6/26	2pm	0/10		☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Bathing Bathroom	
10/6/26	4PM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
10/6/26	7PM	0/10		☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
10/6/26	11pm	0/0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
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	

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

BAH-00653090 IP26-00006550
Mrs SRIPRIYA KAMARAJUGADDA
15-08-1996 29 Y 9 M 28 D (F)
Dr. SWAPNA SAMUDRALA

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PAIN ASSESSMENT FORM

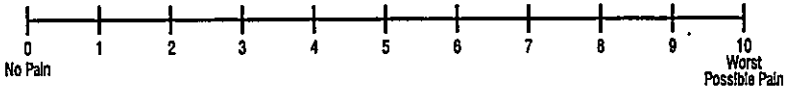
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
12/6	10AM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
				☐ Continuous ☐ Intermittent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

BAH-00653090 IP26-00006550
Mrs SRIPRIYA KAMARAJUGADDA
15-08-1996 29 Y 9 M 26 D (F)
Dr. SWAPNA SAMUDRALA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	9/6/26	10/6/26	10/6/26
		Score	N1		-(2
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
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	D	Q	Mgf

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

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

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

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

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

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

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

Patient Sticker

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	11/6/26	11/6/26	11/6/26
		Score	M6	E2	N1
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	[signature]	[signature]	[signature]

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

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

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

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

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

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

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

BAH-00653090 IP26-00006550
Mrs SRIPRIYA KAMARAJUGADDA
15-08-1996 29 Y 9 M 26 D (F)
Dr. SWAPNA SAMUDRALA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CHECKLIST FOR THROMBOPHLEBITIS

9/6 10/6/26 11/6/26

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1			DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0			0	0	0		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	Ns	
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2			—	NA	NA		NA	NA	Ns	
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	Ns	
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	Ns	
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	Ns	
		Signature of the Nurse											

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

Signature of Shift In Charge :

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

Signature of Ward In Charge :

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

Patient Sticker

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CHECKLIST FOR THROMBOPHLEBITIS

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

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

Signature of Shift In Charge :

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

Signature of Ward In Charge :

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

BAH-00653090 IP26-00006550
Mrs SRIPRIYA KAMARAJUGADDA
15-08-1996 29 Y 9 M 28 D (F)
Dr. SWAPNA SAMUDRALA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1			DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0	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									
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2	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									
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									
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									
			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 : Supriya

Signature of Ward In Charge :

Signature : Balan Name : Balarani

Docu. No. : RCH /FRM / CLINICAL / 137

Patient Sticker

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CHECKLIST FOR THROMBOPHLEBITIS

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

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

Signature of Shift In Charge :

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

Signature of Ward In Charge :

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

BAH-00653090 IP26-00006550
Mrs SRIPRIYA KAMARAJUGADDA
15-08-1996 29 Y 9 M 26 D (F)
Dr. SWAPNA SAMUDRALA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

URINARY CATHETER BUNDLE CHECK LIST

Date of Insertion: 10/6/2026 Date of Removal: 11/6/26 @ 6:30AM

Parameters / Date / Shift Time	10/6 E	10/6 N						
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	Anusha	Aj						
Signature of the Nurse								

Foley's removed

BAH-00653090 IP26-00006550
Mrs SRIPRIYA KAMARAJUGADDA
15-08-1996 29 Y 9 M 26 D (F)
Dr. SWAPNA SAMUDRALA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

LABOUR AND DELIVERY NURSING ASSESSMENT

Date of Admission: 10/6/26

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 Family members

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

If yes , identify .....

Chief Complaints: came for delivery

Doctor Notified on Admission: ☑ Yes ☐ No

Name of the Doctor: Dr. DLG

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: O+ve LMP: 8/9/25 EDD: 15/6/26 Gestational age during admission: 39+2 wks

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

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

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

Temp: 97.1°F HR: 75bmt RR: 20bmt BP: 110/70 SpO_2 99%

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

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

BAH-00653090 IP26-00006550
Mrs SRIPRIYA KAMARAJUGADDA
15-08-1996 29 Y 9 M 26 D (F)
Dr. SWAPNA SAMUDRALA

☐ No Abnormalities 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 ..0..... (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 ..... Pt .....

Name of Person Orientation was given to: ..... Mrs. Sri Priya .....

Orientation not given Reason: .....

Nurse Signature: .....

Nurse Name: ..... Akhila .....

Date & Time: ..... 10/6/26 .....

BAH-00653090 IP26-00006550
Mrs SRIPRIYA KAMARAJUGADDA
15-08-1996 29 Y 9 M 26 D (F)
Dr. SWAPNA SAMUDRALA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

BREAST FEEDING HANDOVER AND ASSESSMENT FORM

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

2. If No, Reason .....

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

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

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

Feeding Positions:
Cross Cradle

Feeding Positions:
Football / Clutch

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

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

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

9. Additional notes: .....

Continuity of Care: Date: 10/6

→ Assess the pt condition
→ Check the vitals
→ I/O chart Maintain.
→ Expreve the Breast feeding

Handover given by Anusha.k

Signature

Date & Time: 10/6/2026 @ 9pm

Handover taken by Madhu

Signature Madhu

Date & Time: 10/6/26 @ 8pm

INFORMED CONSENT FOR VAGINAL BIRTH

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Patient Name : Mrs Kamarajugadda Sripriya UHID No : BAH-00653090

Gender: ☐ Male ☑ Female Date : 10/06/2026 Time : .....

I hereby authorized the performance of the following procedure:

- The Procedure has been explained to me in general terms and I understand that:
- The indication requiring the procedure of vaginal birth is pregnancy.
- The purpose of this procedure of vaginal birth pregnancy.
- The purpose of this procedure is to deliver the bay vaginally.

The outcome of the vaginal birth is the delivery of infant through birth canal either naturally or with possible use of force vacuum extraction. An episiotomy (a cut performed for enlarging of the vaginal opening in the space between the vaginal and the rectum) may be performed as part of a vaginal delivery.

Should vaginal delivery be unsuccessful, delivery by cesarean section with an abdominal incision under appropriate anesthesia may be necessary.

In an attempt to deliver the baby either naturally or with the help of instrument i.e. forceps or vacuum, there may be risks of: infection, allergic reaction, scarring, blood loss, need for blood transfusion, pain and discomfort, injury to urinary tract, possible injury to the baby (laceration, hematoma, skull fracture, nerve injury and brain injury) and possible future pelvic floor dysfunction.,

I understand and accept that there are complications, benefits, alternatives including the remote risk of death or serious disability, which exists for me and my baby.

I am aware that in most cases, vaginal delivery results in a healthy mother and baby; however, I realize that there are no guarantees.

I voluntarily consent to the procedures described or otherwise referred to herein. I am aware that they will be performed by a qualified gynecologist.

Name of the Doctor performing the procedure: Dr. Swapna.

Consentee :

Signature : .....

Name : SRIPRIYA K

Date & Time : 10/6/26

Patient Attendant :

Signature : VIKRAM VARANASI

Name : .....

Relationship with Patient: HUSBAND

Date & Time : 10/6/26

Witness :

Signature : .....

Name : Madhumitha

Date & Time : 10/6/26

Doctor (who is taking the consent) :

Signature : .....

Name : Dr. DNS

Date & Time : 10/6/2026.

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Patient Name : Mrs. SRIPRIYA Gender: ☐ Male ☑ Female Age : 29 year

UHID No : BAH-00653090 Date : 10/6/26

Instruction:

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

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

EMERGENCY LOWER SEGMENT CAESAREAN SECTION.

upon

MRS. SRIPRIYA (Name of the Patient)

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

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

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

Excessive bleeding, need for transfusion of blood or blood products, inadvertant injury to bowel, bladder or ureter, wound infection, skin laceration

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. Swapna Samudrala

Consentee :

Signature :

Name : SRIPRIYA K

Date & Time : 10/6/26 @ 3:15pm

Witness :

Signature :

Name : Anushra

Date & Time : 10/6/26 @ 3:15pm

Patient Attendant :

Signature :

Name : VIKRAM VARANASI

Relationship with Patient: Husband

Date & Time : 10/6/26 @ 3:15 pm

Doctor (who is taking the consent) :

Signature :

Name : Dr. G. Veena

Date & Time : 10/6/26 @ 3:15 pm.

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Patient Name : Sri Priya.K Age : 29y 9m Gender : Male ☐ Female ☑

UHID NO: BAH-00653090 Surgeon Name: Dr. Swapna

Anaesthesiologist : Dr. Samir / Dr-Akhila.K

Operative procedure planned : Em-caesarean

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 : Hypotension, Bradycardia.

Comments : .....

- 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 Sri Priya.K the above mentioned operation / Diagnostic / Therapeutic procedures Em-caesarean

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 : SRIPRIYA

Relationship with Patient: Self

Date & Time : 10/6/26 3:15pm

Witness :

Signature : .....

Name : VIKRAM VARANASI

Date & Time : 10/6/26 3:15pm

Doctor (who is taking the consent) :

Signature : .....

Name : DR. AKHILA.K

Date & Time : 10/6/26 3:15pm.

Department of Anaesthesiology

PRE-ANAESTHETIC EVALUATION

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

BirthRight™ BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

Name: Sripriya.K Age: 21y9m Sex: F UHID.No: BAH-00653090

Date: 10/6/26 Time: 3:10pm Proposed Operation: Em-LSCS.

Diagnosis: Primi 39+2wks - Oligo.

B.P / CRT: 120/80 H.R: 88 Weight: 87kgs. ASA Physical Status: ☐ 1 ☑ 2 ☐ 3 ☐ 4 ☐ 5

Laboratory Data:

Hgb: 11.3 | 11.5	Glucose:	Protein:	HIV:	X-Ray:	
PCV:	Urea:	Alb:	HBS Ag: NR	ECG:	
WBC: 6080	Creat:	Total Bill:	HCV:	2D Echo:	
Plate: 180 | 171	Na:	Dir. Bill:	Blood group: B+ve	Stress/Anglo:	
PT:	K:	LDH:	T3	Other:	
PTT:	Ca++:	Alk phos:	T4		
INR:	Mg++:	Amylase:	TSH		
	Cl -:	SGOT/SGPT:			

Allergies: Nil -

Medical History: CVS : Nil -

RESP : Diabetes : Nil

CNS :

Renal :

Hepatic / GE : Physical Activity: Active.

Others :

Past Anaesthetic History: Nil

Physical Exam:

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

Lungs : BAE (+) Clr

Heart: S1S2 (+)

CNS: Clcle.

Pregnant: ☑ Yes ☐ No ☐ NA | Venous Access Site : accessible. | Spine Exam for regional : Well pet.

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 : ✓
2. NIL ORAL → Water / ORS 2 Hours; Others 6 Hours
3. Informed Consent: ☑ Standard ☐ High Risk
4. Post Operative Pain Management: ☑ Discussed with Patient
5. Other Instructions:

Signature: Name: Dr. Archieg.K

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

BAH-00653090 IP26-00006550
Mrs SRIPRIYA KAMARAJUGADDA
15-08-1996 29 Y 9 M 26 D (F)
Dr. SWAPNA SAMUDRALA

ANAESTHESIA CHART

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

Pre Induction Assessment: 3:40pm

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

H.R:	B.P / CRT:	SpO_2:	R.R:	Last Feed:
92	123/86	99	14	>4hrs

Pre-OP Diagnosis: Shrimi - NPL. Operation: Emergency Caesarean Date: 10/6/26

Surgeon: Dr. Swapna. Anaesthesiologist: Dr. Archies-K. Technician: Pallavi

TIME	340	410	440	455
N_2O /AIR /O_2 LPM				
HALO /SO /SEVO				
Drugs:				
Inj. OXYTOCIN 6IU + 6IU IV				
Inj. ONDANSETRON 4mg IV				
Inj. TRANEXAMIC ACID 1gm IV				
Inj METHERGINE 0.2mg IV				
FIO_2 / SaO_2	99	98	99	98 99
$ETCO_2$				
ECG	SR	SR	SR	SR SR
Temperature				
Urine Output				
Fluids / Blood	RL →	→	→	→

Antibiotic: —

Suppository: SUP. DICLOFENAC, SUP. TRAMADOL 100mg

Blood Loss: ~500ml

NOTES: FCH @ 3:55pm. on 10/6/26.

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

Tourniquet on Time
Tourniquet off Time

Throat Pack In
Throat Pack Out

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

LAB Values: ABG / GRBS / Others

☑ Equipment Checked and Functional
☑ BP
☑ Cuff Site: (R) UL
☐ Art Site: .....
☑ EKG Lead
☐ 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: 3:40pm
OP Start: .....
OP End: .....
Leave OR: 5:00pm.

Anaesthesia:
☐ GA
☐ Monitored Anaesthesia Care
☑ Regional

Line (Size & Location)
☐ CVP: .....
☐ ART: .....
☑ IV: (L) UC 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: L3L4
Needle Size: 25G White Depth: 5CM
Parasthesia ☐ Yes ☑ No
Catheter at skin ..... cm
Drug Name & Conc: 0.5% Bupivacaine 10mg
Bolus: (heavy) + 25mcg Fentanyl,
Infusion: .....
Block Level: T4
Comments: Adequate

Transportation to
☑ PACU ☐ ICU ☐ Other
Relaxant Reversed ☐ Yes ☐ No ☑ NA
Name of the Doctor: Dr. Archies-K
Signature of the Doctor: (K) Archies

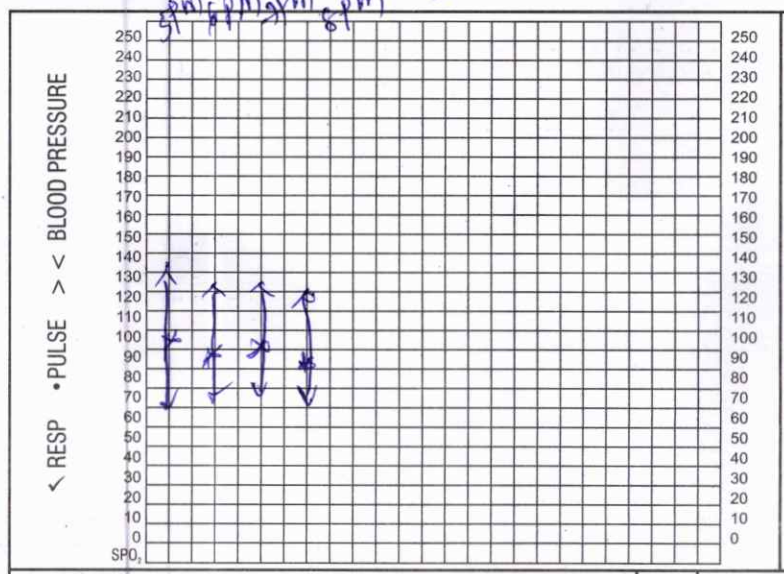
BAH-00653090 IP26-00006550
Mrs SRIPRIYA KAMARAJUGADDA
15-08-1996 29 Y 9 M 26 D (F)
Dr. SWAPNA SAMUDRALA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

POST-ANAE... E UNIT RECORD

Received in PACU by : (5PM) Ansha Time Received : 5PM Time Discharged : .....



IV Cannula Site : Left hand

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

Vomiting : ☐ Yes ☐ No Drug: .....
NG Tube : ☐ Yes ☐ No
Drain: ☐ Yes ☐ No
Urinary Catheter: ☐ Yes ☐ No
Chest Tube: ☐ Yes ☐ No
Nil Oral ☐ Yes ☐ No

IV Fluids: RL
Oral Feeds: NBM

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

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
10/6	5PM	0'	Normal	
10/6	6PM	0'	Normal	Ansha.
10/6	7PM	0'	Normal	
10/6	8PM	0	Normal	

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

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

Anaesthesiologist Name : Dr. Akhila. K
Anaesthesiologist Signature: Akhila
Date & Time: 10/6/26 @ 8PM

PACU Nurse Name : Madhu
PACU Nurse Signature: Madhume'da
Date & Time: 10/6/26 @ 8PM

Transferred to Unit by (PACU): (207)
Date & Time: 10/6/26 @ 8PM

Patient Sticker

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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		Maternal		FHR	Comments
			Left	Right	BP	Pulse		

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 : .....

BAH-00653090 IP26-00006550
Mrs SRIPRIYA KAMARAJUGADDA
15-08-1996 29 Y 9 M 26 D (F)
Dr. SWAPNA SAMUDRALA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: Dr. Swapna	Date of Delivery: 10/06/2026
Assistant Surgeon: Dr. Naveena	Time of Delivery: 3:55 pm
Anaesthetist's Name: Dr. Akhila.	Gender of Baby: Female.
Type of Anaesthesia: Spinal.	Weight of Baby: 3.78 kg.
Neonatologist: Dr. Dilnaaz	AGPAR Score: 6, 8
Scrub Nurse: Archana.	NICU Admission: ☐ Yes ☑ No

Pre-Operative Diagnosis: Primigravida with 39w days POG with Big Baby olig

☐ Elective ☑ Emergency Indication: CPD

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: .... Knief to rectus: ....

CTG Description: Reactive

If there was a delay give the reasons: ....

Surgical Procedure: Emergency LSCS

Post Operative Diagnosis: P1L1 on POD0 foll. Em. LSCS.

Peri-Operative Complications: —

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

Name and Number of Surgical Specimen sent for examination: —

Examination Findings when Appropriate:

Presentation: ☑ Cephalic ☐ Breech ☐ Other ..... Cervical Dilatation: ..... cm

5th Palpable: 5/5th Fetal Position: .....

Station: ☐ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2 Moulding: ☑ None ☐ + ☐ ++ ☐ +++

Caput: ☐ + ☐ ++ ☐ +++ no 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

Previous Scar: ☐ Intact ☐ Thinnedout ☐ Ruptured ☑ No Scar

Incision Through Placenta: ☐ Yes ☑ No

Delivery of head: ☐ Manual ☑ Forceps

Liquor: ☑ Clear ☐ Meconium: ☐ I ☐ II ☐ III ☐ Blood ☐ Offensive ☐ Not Offensive

Delivery of Placenta: ☐ Manual ☑ CCT ..... ☑ Complete ☐ Incomplete ☐ Piecemeal

Cord Appearance: Normal Cord around the neck ☑ Yes ☐ No

Appearance of placenta: Normal. Cavity explored ☑ Yes ☐ No

Uterus, tubes and ovaries: ☑ Normal ☐ Not Normal Sterilization: ☐ Yes ☑ No

Scanty liquor.
2 loops of ~~Rope~~ Cord around neck

Uterine Closure: ☐ One Layer ☑ Two Layers — Vicryl no. 1 ..... Suture

Peritoneal Closure: ☐ Pelvic ☑ Abdominal ☐ None — Catgut no. 1 ..... Suture

Sheath Closure: Yes — Vicryl no. 1 ..... Suture

Fat Closure: ☑ Yes ☐ No — Catgut no 1 ..... Suture

Skin Closure: ☑ Subcuticular ☐ Mattress — Monocryl no. 3-0 ..... Suture

Vagineal Evacuated ☑ Yes ☐ No

Drain: ☐ Yes ☑ No ☐ Remove in ..... days ☐ Await instructions

Ctheter ☑ Yes ☐ No ☐ Remove in 24hrs 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 4-6hrs
Inf & drugs as charted
Urine IO charting
W/F PV bleeding.
Inj. Tranexamic Acid 1gm iv TID x 24hrs
Monitor Vitals
Inform SOS

Doctor Name: Dr. Swapna. S Doctor Signature: .....

Date & Time: 10/06/2026

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Swapna
Asst. Surgeon : Dr. Narsing
Anaesthetist : Dr. Akhila
Scrub Nurse : Sr. Archana

BAH-00653090 IP26-0000
Mrs SRIPRIYA KAMARAJUGADDA
15-08-1996 29 Y 9 M 26 D (F)
Dr. SWAPNA SAMUDRALA

Age : 29 Gender : F
y Name :
Date : 10/6/26 In-time : 3:40pm Out-time : 5pm

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Before Induction of Anaesthesia ➤ ➤

SIGN IN Time: 3:40pm

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. AKHILA. K.

Before Skin Incision ➤ ➤

TIME OUT Time: 3:50Pm

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? Thoracotomy Blood loss 500ml 500ml ☑ Yes ☐ No ☐ NA

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

Nursing Team Reviews:
- Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns? ☑ Yes ☐ No ☐ NA
- **Is Essential Imaging Displayed?** ☐ Yes ☐ No ☐ NA
- Power Supply, Earthing, Power Backup and functioning of equipment checked. ☐ Yes ☐ No

Signature : [signature]
Name : Ramana @ 3:50Pm

Before Patient Leaves Operating Room

SIGN OUT Time: 5pm

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. Swapna. S

PATIENT TRANSFER FORM

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
BAH-00653090 IP26-00006550 Mrs SRIPRIYA KAMARAJUGADDA 15-08-1996 29 Y 9 M 26 D (F) Dr. SWAPNA SAMUDRALA Dr. Swapna	10/6/26 @ 6:01 AM	10/6/26 @ 5pm
	Transfer Ordered by Dr. Akhila	Reason for Transfer Observation
From Unit OT	To Unit Pre Post	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File	Number of Imaging Films —	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

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

Patient & Clinical Records Received by :

Date & Time of Patient Received :

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

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

#26-0000205826

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NARCOTIC PRESCRIPTION FORM
(PATIENT COPY)

Patient Name:	Mrs. Sripriya Kamaraju gadda	Age:	29 Yrs	Gender:	Female
UHID No:	BAH-0065309O	IP No:	26-00006550	Date:	10/6/26 Time: 10:59 AM
Diagnosis:	LSCS				OT

PRESCRIPTION DETAILS (Tick only one of the following)

S.No	Drug Name	Dosage	Remarks
1.	Fentanyl Citrate Inj. 50mcg/Ml	100mcg	01
2.	Morphine Sulphate Inj. 15mg/Ml		
3.	Remifentanil Hydrochloride Inj. 2MG		
4.	Remifentanil Hydrochloride inj. 1MG		

Doctor Name: Dr S Amir

Doctor Registration No: 67729

Signature:

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

IP Registration No: 26-00006550 **Date:** 10/6/26

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

1.	**Name :** Mrs. Sripriya Kamaraju gadda	**Remarks**
2.	Complete postal address (with contact number, if any)	Himayat nagar east Hyderabad.
3.	Brief description of the illness	LSCS
4.	Whether registered with any other registered medical practioner / recognized medical institution (If yes, details of the recorded)	NO
5.	Details of essential Narcotic drug dispensed	Fentanyl

Date	Name of the Essential Narcotic Drugs	Quantity	Signature / Thumb Impression of the patient / Patient Attender	Remarks, if any
10/6/26	Fentanyl	01		

Dispensed by (Name & ID No.): Sonia (04442) Signature: Sonia

Received by (Name & ID No.): U. Pallavi 07921 Signature: U. Pallavi

Time: .....

Docu. No: RCH / FRM / CLINICAL / 133