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

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Your Right to a Safe Delivery

Name	Mrs D VASANTHA VIDYA LAKSHMI	**UHID**	HNH-00014732
Father/Guardian	Mr ANDASU YOGESH	**Age/Gender**	30 Y 2 M 0 D/ Female
Address	padma colony 1-8-724/33, Nallakunta, Hyderabad, Telangana, INDIA, 500044		
IP No	IP26-00006626	**Admission Date**	22-06-2026
Ref Doctor	Self.		
Discharge Date	23.06.2026		

DISCHARGE SUMMARY

Consultant:
Dr. RAJANI KUMARI
MD (OBGYN)

Diagnosis: PRIMIGRAVIDA AT 32 WEEKS WITH THREATENED PRETERM FOR OBSERVAVTION

History:
LMP: 15.11.2025
EDD: 17.08.2026
Obstetric formula: PRIMI
Gestation at admission: 32 weeks

Obstetric History:
G1 - Present pregnancy, Spontaneous conception.

Name	Mrs D VASANTHA VIDYA LAKSHMI	**UHID**	HNH-00014732
IP No	IP26-00006626	**Admission Date**	22-06-2026

Medical History: History of pulmonary Koch- 2016 (took ATT- 6months)
Surgical History: Nil
Family History: Father- DM
Allergies: Nil

Antenatal Details:
Mrs D VASANTHA VIDYA LAKSHMI was booked to Rainbow hospital at 24+1 weeks of gestation. She had regular antenatal checkups and investigations as advised. NT scan was normal. FTS was low risk. TIFFA was normal. She was admitted at 32 weeks with complaints of vaginal spotting - 1 episode for observation.

Investigations: Enclosed
Blood Group: "B" Positive

Management: Patient came with complaints of pain abdomen and 1 episode of PV Spotting. On admission her vitals were stable, Uterus was irritable. On speculum examintaion showed mild white discharge, OS closed. Fetal well being was confirmed by an admission NST which was found to be reactive. She was started on tocolytics. Antenatal corticosteroids given (Inj Betamethasone 12mg 2doses 24 hour apart) in anticipation of preterm delivery. Patient recovered well with this management.

Advice:

1. Cap.Nifedipine 5mg thrice daily (6am-2pm-10pm) after food till 30.06.2026.
2. Continue antenatal medication as earlier.
3. Review in emergency ward or OPD in case of headache and giddyness.
4. Plenty of oral fluids.

Name	Mrs D VASANTHA VIDYA LAKSHMI	**UHID**	HNH-00014732
IP No	IP26-00006626	**Admission Date**	22-06-2026

5. Strict fetal kick count.

Review with **Dr. RAJANI KUMARI** after 1 weeks on 30.06.2026 at Rainbow Children's Hospital with prior appointment **(Review consultation will be charged).**

The content of the patient discharge summary, medication, food & drug interaction, care to be provided at home, nutrition, immunization, 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. RAJANI KUMARI
MD (OBGYN)

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 : IP26-00006626 **Admit Date** : 22-Jun-2026 **Admit Time** : 02:32 PM **UHID** : HNH-00014732

Patient Details :

Patient Name	: Mrs D VASANTHA VIDYA LAKSHMI	**Age**	: 30 Y 2 M 0 D
Guardian	: Mr ANDASU YOGESH	**DOB**	: 22-04-1996
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: padma colony 1-8-724/33 Nallakunta Hyderabad Telangana INDIA 500044	**Phone No**	: 8790337669/
		E-mail	: vidyalaksmi1096@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 ANDASU YOGESH **Relationship** : Husband

Contact Address : padma colony 1-8-724/33 Nallakunta Hyderabad Telangana INDIA 500044 **Phone No** : 8790337669

Signature

Doctor Details :

Doctor Name : Dr. RAJANI KUMARI **Specialisation** : OBSTETRICS AND GYNECOLOGY

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

Co-Consultant :

Payment Details :

Deposit Amount : 25000.00

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

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ACTIVITY RECORD FOR BILLING

Name :_____ HNH-00014732 IP26-00006626
Mrs D VASANTHA VIDYA LAKSHMI
UHID No. : _____ 22-04-1996 30 Y 2 M 0 D (F) sultant: _____ Dept : _____
Dr. RAJANI KUMARI

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Signature
22/6/26	NST - (1)	7471 ✓	[illegible]
23/6	NST - (2)	7474 ✓	[illegible]
		Cons [illegible]	

MEDICAL EQUIPMENT (WARD & ICU)

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

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

HNH-00014732 IP26-00006626
Mrs D VASANTHA VIDYA LAKSHMI
22-04-1996 30 Y 2 M 0 D (F)
Dr. RAJANI KUMARI

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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints
c/o PV bleeding in morning
1episode

Obstetric Formula:
Primigravida. ML: 1y. NKM

Obstetric History:
1st: PP, Spontaneous Conception

Present Pregnancy Record: Booked @ 24 wks
~~Booked @ 12~~ NT - (N),
FTS - low risk, TIFFA (N)

RISK FACTORS:

Height: 150 cm
Weight: 47.5 kg
Allergies: Nil.
Breast: ☒ Normal ☐ Abnormal
General Examination:
Consciousness: clc Pallor: No
Icterus: Nil. Edema: (-)
Temp: Afebrile PR: 97
BP: 94/68 DTR: (N)
CVS: S1S2 (+) normum RS: B/L NVBS (+)
Liver/Spleen: (N) Urine Output: Adequate

LMP: 15/11/2025 EDD: 22/8/2026
Corrected EDD: 17/8/2026 GA: 32 wks.

Menstrual History: Regular: ☒ Yes ☐ No

Obstetric Examination

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

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

Vaginal Examination

Cervix: ☒ Long ☐ Partially effaced ☐ Effaced
Os: Closed Yes Dilated _____
Membranes: ☐ Present ☐ Absent white discharge PV
Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained
Presenting Part: ☒ Vertex ☐ Breech ☐ Others
Sutton: ☐ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2
Pelvis: ☐ Adequate ☐ Doubtful

DIAGNOSIS

Primigravida. with. 32wks. POG with ~~Threatened~~ ~~Preterm~~ labour. for. Observation.
? APH

HNH-00014732 IP26-00006626
Mrs D VASANTHA VIDYA LAKSHMI
22-04-1996 30 Y 2 M 0 D (F)
Dr. RAJANI KUMARI

Family History:
Father - T2DM;

Surgical History:
Nil

Medical History:
K/C/O Pulmonary Kochs in 2016 Rx~~ed~~ & ATT ~~for~~ 6mnths

Medication History:
T. IRON
T. CALCIUM.
1 Syppet

Plan of Care:
- Admission NST.
- ~~Soft~~ Regular diet.
- Apply steroid
- Cap: Depin 5mg PO 1-1-1.
- Inj: Betnasol 12mg. (2nd) dose T/M (23/6/2026) @ 12pm
- NST - 8th hrly.
- foot end Elevation.
- strict FHR monitoring 4th hrly
- Monitor Vitals
- Inform SOS.

Investigations: BGT B Eve

CBP 4/6/2026

Hb	HIV	NR
TLC	~~HbsAg~~	
PCV	HCV	
plt	VDRL	
	~~GRBS~~	

GRBS - 79 mg/dl

USG (22/06/2026)
SLIUF 32w
Cephalic. Cx length - 26mm.
Placenta - Anterior - Rt. lateral high.
AFI - 15.7cms.
EFW - 1671gm (14%)
AC - 7%
Doppler - (N)

Doctor Name: Dr. Naveena.
Signature: (N)
Date & Time: 22/06/2026 @ 2:30pm.

Consultant Name: Dr. Rajani kum
Signature:
Date & Time:

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Mrs D VASANTHA VIDYA LAKSHMI
22-04-1996 30 Y 2 M 0 D (F)
Dr. RAJANI KUMARI

(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/6/2026	c/s/b Dr Monisha	
7pm		
		Adv
	CC For Aftcontr	
	vitals stable PR-110	- Regular Diet ! Adeq Hydration
	P/A ~ 32wk	- Drugs as charted
	Relaxed; cephalic	- vitals monitoring
	FHS PR	- Antenatal Steroid coverage
	L/E NAD	(2nd dose - Between - 12pm 23/6)
	Pad dry	- NST 8th hourly
		- Foot End elevation.
		- Inform SOS
		Dr Monisha
22/6/26 11pm	No complaints	
	c/c fairly afebrile	
	vitals (N) PR: 102/min	
	PA: relaxed	
	FHR (+)	
	LS: No bleeding	
	NM: (2)	
		Dr. RAMYA THEJA KADIYALA Reg. No: 01458 Dr RAMYA

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/6/26		
3AM	No complaints	
	Pt'n well	
	Gc fair/ afebrile	
	VItals (N) / PR: 106/min	
	PA: Ut relaxed	
	FHR (+)	Ramya
		Dr RAMYA THEJA
28/6/26		
6AM	No complaints	
	Pt'n well	Adv
	Gc fair/ afebrile	
	VItals (N).	1) 2nd dose of Vaccine today
	PR: 110/min.	
NVS: due	PA: Ut relaxed	
	FHR (+)	
	US: day	
		Ramya
		Dr RAMYA THEJA

Dr. RAMYA THEJA KADIYALA
Reg. No. 81458
KADIYALA

HNH-00014732 IP26-00006626
Mrs D VASANTHA VIDYA LAKSHMI
22-04-1996 30 Y 2 M 0 D (F)
Dr. RAJANI KUMARI

(2)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time		Progress Notes	Doctor's Order
23/6/2026		C/s/B Dr. Dvg	
9AM			
		Primi c 32+1 wk c threatened Preterm.	
		No complaints	
	P° Pt°	Perceiving fetal movements well	
	PFM (+)	C/C fair, Afebrile	Adv
		BP: 82/55 mmHg	- soft diet
		PR: 104/min	- Regular diet
		SpO2: 100% on RA	- Drugs as charted
		P/A ut ≈ 32 wk	- NST TID
		cephalic	- Foot end elevation
		FHS (+).	- FHR with hourly monitoring
		Relaxed.	- Monitor vitals
			- Inform SOS
	Plan to discharge.		
	Continue same medication.		
	Review after 1 week.		

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

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

HNH-00014732 IP26-00006626
Mrs D VASANTHA VIDYA LAKSHMI
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RESULT SHEET (OP)

Date	11/6					
Time						
Hb	11.8					
PCV	34.6					
RBC	3.83					
WBC	10430					
N/L	67/23					
Platelets	2.08					
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 =	B+ve					

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

HNH-00014732
Mrs D VASANTHA VIDYA LAKSHMI IP26-00006626
22-04-1996 30 Y 2 M 0 D
Dr. RAJANI KUMARI (F)

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DRUG CHART

Date of Admission: 22/06/2026 Drug Allergies: Nil ☑ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

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

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

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

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

IP26-00006626
Mrs D VASANTHA VIDYA LAKSHMI
22-04-1996 30 Y 2 M 0 D (F)
Dr. RAJANI KUMARI

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

DRUG : C. NIFEDIPINE

Dose	Route	Frequency	Start Date
5mg	P/O	TID	22/6/26

Name & Signature of the Doctor Starting the Drugs: [illegible]

Additional Instructions:

Date / Time	22/6	23/6
7Am	X	[signature]
3Pm	[signature]	
11Pm	[signature]	

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Patient Sticker

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

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.	

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
~~23~~						
23/6/26	12PM	INJ. BETAMETHASONE	12 mg.	IM	[illegible]	~~Nani~~ Anuska

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

HNR-00014732 IP26-00006626
Mrs D VASANTHA VIDYA LAKSHMI
22-04-1996 30 Y 2 M 0 D (F)
Dr. RAJANI KUMARI

I.V. FLUIDS CHART

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

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

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

HNH-00014732 IP26-00006626
Mrs D VASANTHA VIDYA LAKSHMI
22-04-1996 30 Y 2 M 0 D (F)
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MEDICATION RECONCILIATION FORM

Drug Allergies: No ☐ Not known any Drug Allergies

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

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

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	T. IRON	1TAB	PO	OD	22/6	☑ C ☐ DC
2	T-CALCIUM	1TAB	PO	OD	22/6	☑ 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. Naveena @

Date & Time : 22/06/2026 @ 1:45pm.

Nurse Name & Signature: Akhila @

Date & Time : 22/6/26

HNH-00014732 IP26-00006626
Mrs D VASANTHA VIDYA LAKSHMI
22-04-1996 30 Y 2 M 0 D (F)
Dr. RAJANI KUMARI

Patient

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Early Warning Observation Score Chart - Obstetrics

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

22/6/26

		Date							PM				AM				PM				AM				AM
		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	
	0 - 10																									
Saturations	94 - 100 %								99%				99%				99%				99%				99%	
	< 94 %																									
Administered O_2 (L/min.)																										
Temp°c	40																									
	39																									
	38																									
	37								–				–													
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100												114				104				109				100	
	90								97																	
	80																									
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressue ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90								94				96				96				97				90	
	80																									
	70																									
	60																									
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80												63				65				66					
	70								68																50	
	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	
TOTAL ORANGE SCORES									0				0				0				0				0	
Nurse Initial									A																	

FHR

pm → 140 bmt

pm → 147 bmt

8pm - 144 bmt

12Apm - 140 bmt

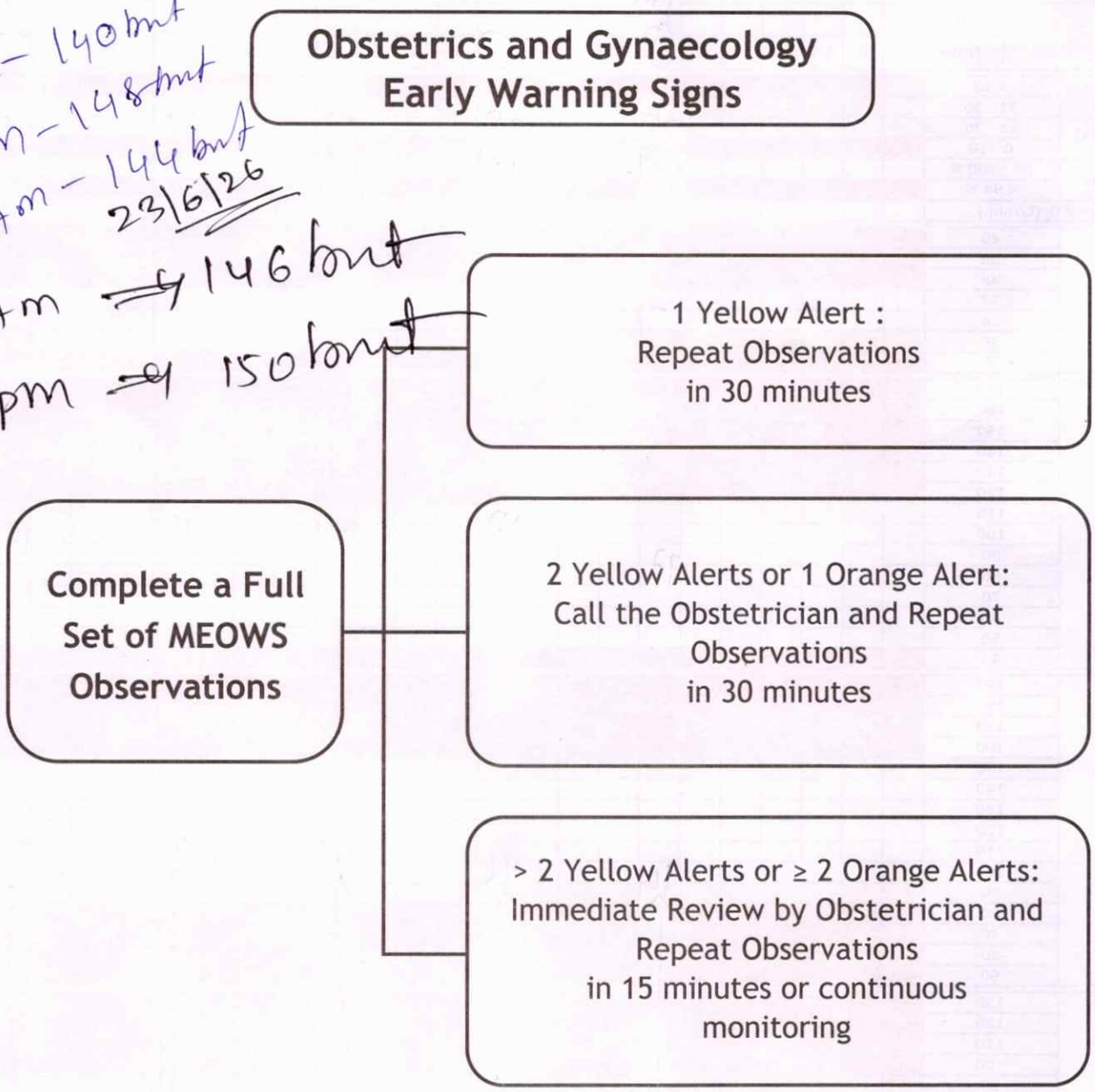
4Apm - 148 bmt

8Apm - 144 bmt

23/6/26

10Apm → 146 bmt

1pm → 150 bmt



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

HNH-00014732 IP26-00006626
Mrs D VASANTHA VIDYA LAKSHMI
22-04-1996 30 Y 2 M 0 D (F)
Dr. RAJANI KUMARI

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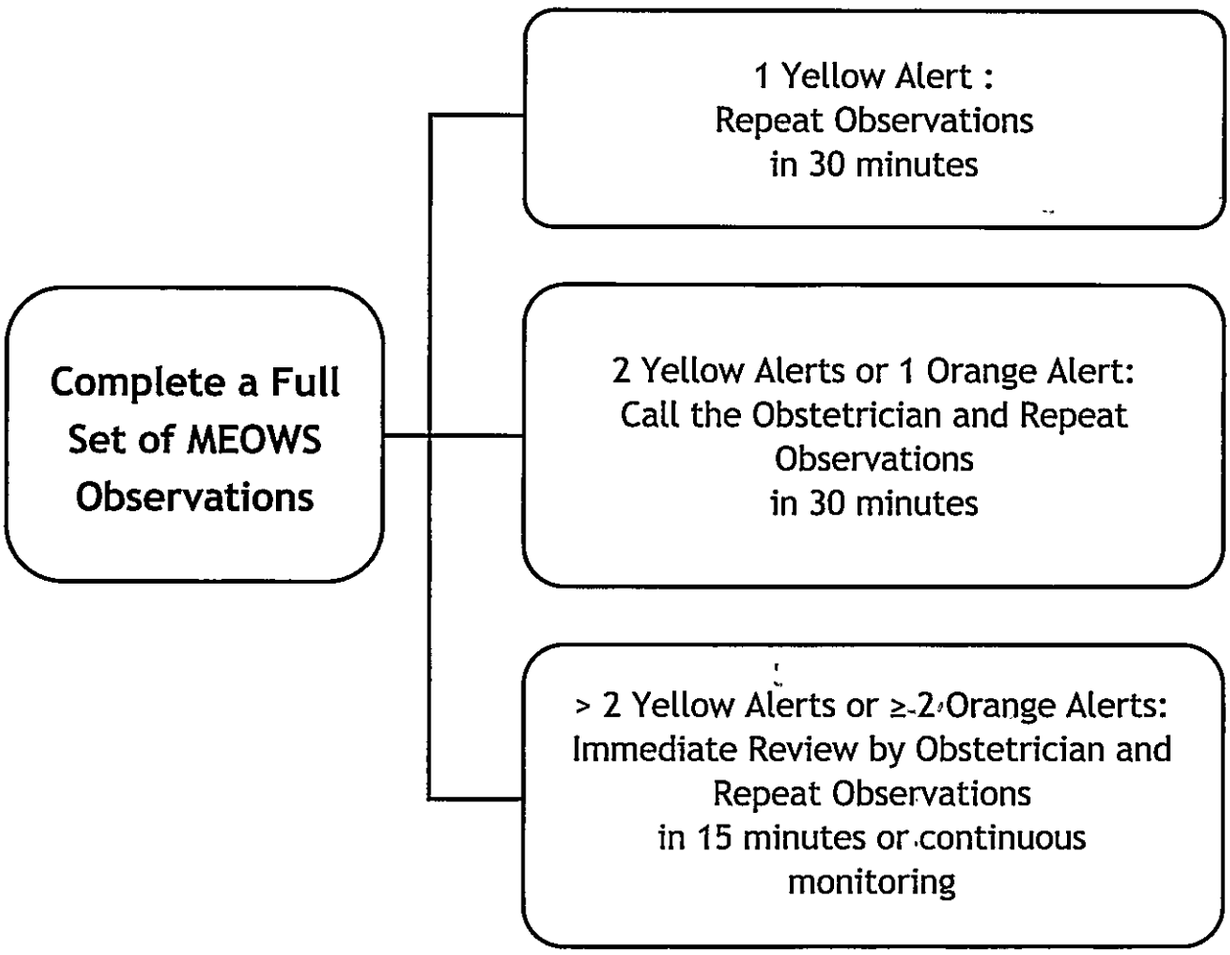
Early Warning Observation Score Chart - Obstetrics

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

		Date	23/6/26																							
		Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																									
	21 - 30																									
	11 - 20		20		20			20																		
	0 - 10																									
Saturations	94 - 100 %		99		99			99																		
	< 94 %																									
Administered O_2 (L/min.)																										
Temp°c	40																									
	39																									
	38																									
	37																									
	36		96.6		—			—																		
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100		101		106			100																		
	90																									
	80																									
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressue ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100		99		82			82																		
	90																									
	80																									
	70																									
	60																									
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80				55																					
	70		67		(64)			61																		
	60							(72)																		
	50																									
	40																									
NEURO RESPONSE [✓]	Alert		✓		✓			✓																		
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30																									
	< 30																									
Proteinuria	Protein + +																									
	Protein > + +																									
Lochia	Normal		✓		✓																					
	Heavy / Foul							✓																		
Liquor	Clear / Pink																									
	Green																									
TOTAL YELLOW SCORES			8		—			8																		
TOTAL ORANGE SCORES			0		0			0																		
Nurse Initial																										

Obstetrics and Gynaecology Early Warning Signs



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

HNH-00014732 IP26-00006626
Mrs D VASANTHA VIDYA LAKSHMI
22-04-1996 30 Y 2 M 0 D (F)
Dr. RAJANI KUMARI

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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										0	
22/6	05:00 pm		Only			NA				✓		
	06:00 pm		water.									
	07:00 pm									✓		
Total Intake :	Taken					Total Output :				Passed.		
	08:00 pm											
	09:00 pm		H2O							✓		
	10:00 pm		Dinner						0	✓	0	Ali
22/6	11:00 pm				NA							
	12:00 am		H2O							✓		
	01:00 am											
Total Intake :	Taken					Total Output :				Passed		
	02:00 am											
23/6/2	03:00 am		H2O							✓		Ali
	04:00 am											
	05:00 am				NA				0	✓	0	
	06:00 am		H2O				✓					
	07:00 am		Idli									
Total Intake :	Taken					Total Output :				Passed		

Total 24 hrs. Intake		Total 24 hrs. Output	

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

Patient Sticker

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FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
23/6/20	08:00 am	-	H2O.	-						✓	1	
	09:00 am											
	10:00 am	-	H2O	-							2	
	11:00 am	-								✓		
	12:00 pm			-								
	01:00 pm	-	Meals	-								
Total Intake : Taken						**Total Output :** passed						
	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	

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BRADEN 'Q' SCALE

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				Date : 22/4/26	23/4/26	24/4/26	
				Time : E2	8 pm	8 AM	
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	
"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

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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	22/6/26	22/6/26	23/6
		Score	E2	8pm	8AM
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0			
Secondary Diagnosis (more than one diagnosis)	Yes	15			
	No	0	0	0	0
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0			
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	0	0	0
Mental Status	Forgets limitations	15			
	Oriented to own ability	0			
Morse Fall Scale Score:			20	20	20
		Signature			

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

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

- ☐ Ensure patient has their prescribed eye glasses if any, in the hospital
- ☐ Keep bed in low position, arm rests
- ☐ Use safety straps on stretchers and wheelchairs while transporting patients

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

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

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

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

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PAIN ASSESSMENT FORM

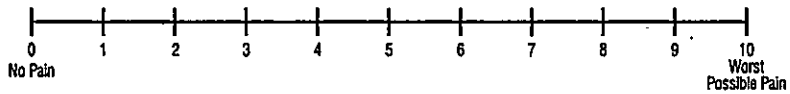
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
22/6/26	2pm	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
22/6/26	8pm	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
22/6	11Pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
23/6	4Am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
23/6	8Am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
23/6	9Am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Auhed
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

Re-assessment Frequency:

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

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

HNH-00014732 IP26-00006626
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NURSING CARE RECORD

Rainbow® Children's Hospital — It takes a lot to treat the little.
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Date: 22/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon	2pm – 8pm	->Assess the pt condition ->monitor the vitals & record ->Administration of medication ->FHR monitorings -> NST 8th hrly ->maintain I/O chart record.	2pm – 8pm	-> Assessed the pt condition ->monitored the vitals & recorded ->Administered of medication as per doctor order. ->NST 8th hrly ->FHR monitorings ->maintained I/O chart & record	pt is stable	FHR monitoring.	Akhila
Night	8pm – 8am	- Assess the patient condition - plan for vital & record - plan for I/O chart	8pm – 8am	- Assess the pt condition - Maintain vital & record - Maintain I/O chart	- patient stable	- vital Normal	[illegible]

Patient Sticker

NURSING CARE RECORD

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Date: .....

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8AM 2pm	plan for vitals plan for F+HR plan for Medi-cation plan for obs.	8AM 2pm	vitals Normal F+HR checked Medication given as per chart plan for observation done	Normal	stable	Anushri
Afternoon				DI			
Night							

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NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Dr. Rajani kumari Department: LDR Date of Admission: 22/6/26

SITUATION

Diagnosis: Primigravida 32 wks. for observation

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

BACKGROUND

Area / Shift Time	E2	22/6 8pm	23/6 8AM			
Medical Condition (Any special condition to be noted):	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:	97°F	98.2F	98.7F			
Res:	20bmt	20bpm	20			
SpO_2:	99%	99%	99%			
Pulse:	97bmt	100	104			
BP:	94/65	96/56	82/55(64)			
Fall Risk Score:	—	—	—			
Pain Score:	0/10	0/0	0/10			

Recommendations

Safety Needs:	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			
Post Operative Procedure Special Orders:	NA	NA	NA			
Handed Over By Name :	Akshaya	Alekhya	Anusha			
Signature :		Alekhya				
Date:	22/6/26	23/6/26	23/6/26			
Time:	8PM	8AM	2PM			
Taken Over By Name :	Alekhya	Anusha				
Signature :	Alekhya					
Date:	22/6/26					
Time:	8:10pm					

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

Patient Sticker

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NURSING SHIFT HAND OVER FORM - WARD

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

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