Name	Mrs BADRI UMADEVI	**UHID**	HNH-00015306
Father/Guardian	Mr KISHORE YADAV	**Age/Gender**	40 Y 7 M 19 D/ Female
Address	miryalguda, Raj Bhavan, Hyderabad, Telangana, INDIA, 500041		
IP No	IP26-00006567	**Admission Date**	12-06-2026
Ref Doctor	SELF		
Discharge Date	15.06.2026		

DISCHARGE SUMMARY

Consultant:
Dr. RAJANI KUMARI
MD (OBGYN)

Diagnosis: POST TOTAL LAPAROSCOPIC HYSTERECTOMY WITH BILATERAL SALPINGECTOMY WITH VAGINAL BLEEDING

VAGINAL EXPLORATION + RESUTURING OF VAGINAL VAULT DONE ON 12.06.2026

History: She came with complaints of PV Bleeding since yesterday assosciated with passage of clots. She underwent Total Laparoscopic Hysterectomy and Bilateral Salpingectomy 1 month ago (13.05.2026) in view of Adenomyosis + left PCOD.

Name	Mrs BADRI UMADEVI	UHID	HNH-00015306
IP No	IP26-00006567	Admission Date	12-06-2026

Menstrual History: Post hysterectomy status
Previous cycles: Regular

Obstetric History: P2L2, 2 NVD, LCB-10 Years, Laproscopic Tubectomy done.

Medical History: K/C/O hypothyroidism since 3 years (not on medication since 6 months), De NOVO HTN 1month ago (On Amlodipine+Olmisartan 20mg OD, Tab Metoprolol XL 25mg OD, Tab Escitalopram + Clonazepam OD), and stopped Antihypertensives 10 days ago.
Family History: Nil
Surgical History: Laparoscopic tubectomy 8year ago, Endometrial biopsy in 2022, Right middle finger fracture repair in 2025
Allergies: Nil

Investigations: Enclosed.
Blood group: "O" Positive

Surgery Notes:
Operation performed: **VAGINAL EXPLORATION + RESURTING OF VAGINAL VAULT**

Indication: Post Laparoscopic Hysterectomy with vaginal bleeding

Operative findings:
1. Clots noted in vagina.
2. Sutures loose and oozing from the posterior vault.

Procedure :
1. Clots Evacuated
2. Previous sutures removed.

Name	Mrs BADRI UMADEVI	UHID	HNH-00015306
IP No	IP26-00006567	Admission Date	12-06-2026

3. Vault sutured with no.1-0 Vicryl
4. No bleeding.
5. Pack kept vaginally.
6. Procedure uneventful.

Post-Operative Notes: She was closely monitored in the postoperative period. Her vital signs remained stable. She was shifted to room. She was encouraged to ambulate and void spontaneously. Physician opinion sought and advised Anti-hypertensives(T. Stamlo 5mg twice daily).On post operative day two vaginal pack removed**.** BP monitoring done.ECG, 2D Echo done and normal. Her general condition was satisfactory and she was found to be fit for discharge. Wound care and medications were explained to the patient supplemented by written information.

Advice:

1. T. Ceftum 500mg (Cefuroxime axetil) twice daily (9am-9pm) till 20.06.2026 after food.
2. T. Pantop 40mg(Pantaprazole) once daily at 8am till 20.06.2026 before food.
3. Tab Hifenac P (Aceclofenac 100 mg+Paracetamol 325mg) thrice daily (8am-3pm- 10pm) till 20.06.2026 after food.
4. Tab Zofer (Ondansetron) 8mg SOS (for nausea/ vomiting)
5. T. Zincovit once daily at 2 pm for 1 month.
6. T.Stamlo 5mg (Amlodipine) twice daily (8am-8pm) after food
7. Normal diet.
8. Betadine vaginal pessary twice daily for 1 week.

Review with **Dr. SURI SRIMATHI** after **1 week** on **22.06.2026** at Rainbow Children's Hospital with prior appointment **(Review consultation will be charged).**

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Name	Mrs BADRI UMADEVI	**UHID**	HNH-00015306
IP No	IP26-00006567	**Admission Date**	12-06-2026

Review with **Dr. Nishanth** after **1 week** on **22.06.2026** 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 and safe parenting, when and how to obtain emergency care etc also have been explained by doctor ..... in a language that I can understand and I acknowledge.

Patient/ Attender

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

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

Registrar/Resident/C.M.O

Consultant:
Dr. RAJANI KUMARI
MD (OBGYN)

HNH-00015306 IP26-00006567
Mrs BADRI UMADEVI
24-10-1985 40 Y 7 M 19 D (F)
Dr. RAJANI KUMARI

Patient Name: Uma Devi	UHID NO:
Age:	Date:
Dr.	Done by: Dr Jadhav.

ADULT ~~PEDIATRIC~~ ECHOCARDIOGRAM REPORT

Situs & Cardiac Looping	Situs Solitus
Systemic Veins	
Pulmonary Veins	
Atrio ventricular connection	
Ventricular arterial connection	(N)
Great artery relationship	
Right atrium	
Left atrium	2.9cm.
Inter atrial septum	
Mitral Valve	
Tricuspid Valve	(N)
Right ventricle	
Left ventricle	(N).
Inter ventricular septum	
Aorta and aortic arch	2.4cm
Pulmonary artery and branch PA	2.4cm.
Aortic Valve	
Pulmonary valve	(N)
Coronaries	
PDA	
Pericardium	
Others	

DOPPLER / TISSUE Variables	Gradients	Regurgitation
Mitral flow		
Tricuspid flow		
Aortic flow	1.3 m/s	
Pulmonary flow	0.7 m/s.	

Mitral	E' 1.0	A' 0.8	S'
Medial LV	E'	A'	S'
Tricuspid	E'	A'	S'
Time intervals	IVRT	IVCT	DT
Others			

MEASUREMENTS:

PARAMETER	ABSOLUTE (cm)	Z score	PARAMETER	ABSOLUTE (cm)	Z score
AO	2.4		Tricuspid Annulus		
LA	2.9		Mitral Annulus		
IVSd	1.2		Aortic Annulus		
LVIDd	3.9		PA Annulus		
LVPWd	1.2		RPA		
IVSs			LPA		
IVIDS	2.4		MPA	2.4 cm.	
LVPWs			AO Isthmus		
EF	67 %		LV Mass		
FS	37.%		Others		

IMPRESSION:

Borderline LVH
No RWMA
Good LV fn
Normal diastollic fn
No AS/AR
Trivial MR/TR
Good RV fn
No PAH.

CONSULTANT:

Dr Jadhav
TSMC-23255.

Performed By:

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 : IP26-00006567 **Admit Date** : 12-Jun-2026 **Admit Time** : 10:10 AM **UHID** : HNH-00015306

Patient Details :

Patient Name	: Mrs BADRI UMADEVI	**Age**	: 40 Y 7 M 19 D
Guardian	: Mr KISHORE YADAV	**DOB**	: 24-10-1985
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: miryalguda Raj Bhavan Hyderabad Telangana INDIA 500041	**Phone No**	: 9177177780/ 9052222726
		E-mail	: vedatiuma@gmail.com

Admission Details :

Bed Type : TWIN SHARING **Bed No** : PDA-412 **Ward Name** : 4F -OT

Room No : PDA-412 **Admission Type** : First Visit

Contact Details :

Name : Mr KISHORE YADAV **Relationship** : Husband

Contact Address : miryalguda Raj Bhavan Hyderabad Telangana INDIA 500041 **Phone No** : 9177177780

Signature

Doctor Details :

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

Referral Doctor : SELF **Phone No** :

Co-Consultant :

Payment Details :

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

Payor Name : CARE HEALTH INSURANCE LIMITED

PATIENT TRANSFER FORM

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00015306 IP26-00006567 Mrs BADRI UMADEVI 24-10-1985 40 Y 7 M 19 D (F) Dr. RAJANI KUMARI	12/6/26 @ 10:10AM	13/6/26 @ 11:00AM
	Transfer Ordered by DR Naveena	Reason for Transfer observation
From Unit pre – post	To Unit Room	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 35	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 ~~SCANT~~	1
2.		
3.		
4.		
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sis. Anusha	DR. Naveena.

Patient & Clinical Records Received by : Sneh @ 13/6/26 @ 11:40 a

Date & Time of Patient Received :

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

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

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery.

ACTIVITY RECORD FOR BILLING

IP26-00006567
HNH-00015306
Mrs BADRI UMADEVI 40 Y 7 M 19 D (F)
24-10-1985
Dr. RAJANI KUMARI

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

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

Date of Admission : ---------- --- Date of Discharge : ---------- Time: ----------

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
12/6/26	10:50AM	Pre&post	OT	
12/6/26	12:00	OT	Pre-Post	
13/6/26	11:40AM	pre & post	208	Anusha.k

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	Dr. Nishanth Reddy physican opening done	13/06/2026	206386	Anusha.k
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Sign
12/6/26	CBP	9700 ✓	Mouni
12/6	PT, APTT, LFT, Creatinine, RBC(OP)		
		cross checked done by Anusha	
13/6	ECG	7139 ✗	
13/6	2D ECHO	7140 ✗	
14/6/26	creatine. electrolytes.	9494 ✓	
		cross checked done by maheshwari	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
12/6	Cardiac monitor	12Pm	13/6/2026 11:40 AM	20628	[illegible]
12/6	Infusion pump	12Pm	13/6/2026 11:40 AM	20628	[illegible]

Cross checked done by [illegible]

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
12/6/26	IV placement	1	206159	Mani
12/6/26	PAC	1	6160	Mooni
12/6	Cathanization	1	6217	@
			cross checked	
			done by Anitha	
13/6/26 3pm	NHA	1	6529	[illegible]
			cross checked done by maheshwari	

ANY OTHER INFORMATION

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

HNH-00015306 IP26-00006567
Mrs BADRI UMADEVI
24-10-1985 40 Y 7 M 19 D (F)
Dr. RAJANI KUMARI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

I.P. ADMISSION SHEET FOR GYNECOLOGY

Date of Admission : 12/6/2026. Time of Admission : .....

Allergies: ..... ☑ Not know any drug allergies

PRESENTING COMPLAINTS :

Post hysterectomy status (S/P TLH+BS) 1 month back.
bleeding P.V - Yesterday Night.
a/w clot passage.

MENSTRUAL HISTORY	OBSTETRIC HISTORY
Year of Marriage :	Parity : P2/2
Previous Periods : Post hysterectomy status.	Mode of Delivery : 2NVD
LMP : 6/5/2026.	Last Child Birth : 10yrs.
Contraception :	

PAST MEDICAL HISTORY	PAST SURGICAL HISTORY
K/C/O Hypothyroidism (Not on treatment) HTN - 1 month (Not on treatment)	Laproscopic tubectomy. 8 year ago Endometrial Biopsy in 2022 Rt Middle finger fracture repair in 2025

HNH-00015306
Mrs BADRI UMADEVI
24-10-1985 40 Y 7 M 19 D (F)
Dr. RAJANI KUMARI

FAMILY HISTORY:	MEDICATION HISTORY:
NC	-

INITIAL ASSESSMENT :

Date 12/6/26.	Breasts	Local/Speculum Examination
Ht. _____ Wt. _____		
BMI _____	Not done.	
B.P 150/90 mmHg		
Pallor -		Bimanual Pelvic Examination
CVR S_1S_2 (+)	Abdominal Examination	fresh Bleeding (+).
Respiratory System B/A E (+)	Soft.	clot 3×3cm (+).
Thyroid -		

PROVISIONAL DIAGNOSIS : P_2L_2 c/ NVD c/ Post TLH+BS status c/ Vaginal bleed.

INVESTIGATIONS ORDERED	PLAN OF MANAGEMENT
I O+ve	Vaginal Exploration ↓. Anaesthesia
HIV, HBsAg, VDRL } NR.	- NBM
Send CBC, PT, APTT, LFT, RBS, Sr. Creatinin	- Informed Consent - PAC - Parts preparation - Shift to OT on call.

Name of the Doctor : Dr. Rajani.

Signature of Doctor _____

Date & Time : 12/6/2026.

HNH-00015306 IP26-00006567
Mrs BADRI UMADEVI
24-10-1985 40 Y 7 M 19 D (F)
Dr. RAJANI KUMARI

(1)

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/6/26	d/c IB Inform Anesthesia.	
12.16 PM	- Patient admitted for vaginal vault exploration	
	S/P Lap. hysterectomy on	13/5/2026.
	- h/o hypertension and hypothyroidism not on Rx.	
	-O/E - afebrile, PR- 84/min, NIBP - 156/112 mmHg	
	- chest clear	
	-procedure done + Subarachnoid block	Inv - Hb - 11.3
		CBC - 8.41
	-Intra Op vitals stable	platelet - 2.87
		PT - 16.2 ↑
		INR - 1.3
	Adv (1) ECG.	APTT - 34.9 ↑
	(2) Physician consultation for control of Hypertension	RBS - 95
		creatine - 1.4
		Dr Shalini.

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
12/06/2026 12:15pm.	cls/by. Dr. Naveena.	
	O/E GC- fair	Adv. 6pm:
	Afebrile. @ SpO2-100% on RA	- NBM till ~~further orders~~
	PR: 69bpm.	- IVF & drug's as charted.
	BP: 132/82mmHg	- Vaginal pack to be removed by.
	CVS/RS: NAD.	Dr. Nishanth on Sunday
	PA: Soft, NT	- Inj. Vit K. 1amp OD im. x3days
	Dressing dry & clean.	- w/f PV bleeding.
	UE: NAD	- foley's removal till further orders
	Vaginal Pack Insitu.	- Monitor Vitals
	Dr. Naveena.	- Inform SOS
		- physician opinion.

HNH-00015306 IP26-00006567
Mrs BADRI UMADEVI 40 Y 7 M 19 D (F)
24-10-1985
Dr. RAJANI KUMARI

(2)

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/4/2026	C/S/L/b Dr Manisha	
7:30 pm	POD-0	
		Adv
	CC Fav Afebrile	
	BP - 118/70	- Allow sips of water → if
	PR 80	tolerates → clear liquids only
	P/A Soft	- Vaginal Pack in situ till Sunday
	H/E Vag Pack dry (insitu tele Sunday)	- Drugs as charted
		- Foley's ~~removed~~ in situ till
	Ufo ~ 50 cc/h clear	Further orders.
		- Physician Opinion.
	No Complaints.	
7:19 pm	Call tried to Dr Nishanthi sir twice → Unreachable. - msg kept.	Informed
13/4/2026	C/S/L/b Manisha	
2 pm		
	CC Fav Afebrile	Adv
	BP 140/90	- W/F vitals & I/O monitoring
	PR - 88	- Physician Opinion
	P/A Soft	- Drugs as above
	Ufo Adeq.	- Inform SOS
	Vag Pack dry	
		Informed

HNH-00015306 IP26-00006567
Mrs BADRI UMADEVI
24-10-1985 40 Y 7 M 20 D (F)
Dr. RAJANI KUMARI

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
13/6/2026	C/s/b Dr Manohe	
7:10 Am	POD - 1	
		Adv
	GC fair Afebrile	
	BP - 130/90	Soft Diet / Adeq Hydration
	PR - 82	Drugs as charted
	P/A soft BS⊕	W/f vitals + BPV (if any)
	U/O - 100 cc/h	Ambulation
		- Inform SR
	No Complaints	
		[signature]
		[signature]
	C/D/w Dr Nishanth Sir	
	Adv - to review pt	
	- Tab Stamlo 5mg stat	
13/6/2026 11:15Am	c/s/by Dr Vasisth	
	O/E GC-fair, Afebrile	Adv
	SpO2: 99% on RA	- Soft diet
	PR: 80bpm	- Adequate hydration
	BP: 121/80mmHg	- drugs as charted
	CVS/RS: NAD	- foleys & Vaginal
	PA: soft, NT.	Pack to be removed
	L/E: NAD.	T/M.
	U/O: adequate clear	- T/M Se. Creatnine
		- m/v & I/sos

Kindly shift the patient to room

HNH-00015306 IP26-00006567
Mrs BADRI UMADEVI
24-10-1985 40 Y 7 M 20 D (F)
Dr. RAJANI KUMARI

(3)

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/6/26 at 8pm	C/S/B Dr. Dnq POD-1 (S/P Vaginal Exploration)	
	C/C fair Afebrile Vitals - Normal P/A soft Non tender. C/E NAD.	Adv - Soft diet - Adequate hydration - Drugs as charted - W/F PV bleed - Monitor vitals - Inform SOS - Foley & vaginal pack to be removed t/m.
	C/S/B Dr. Dnq POD-2 C/S/P vaginal exploration)	
14/6/26 7:30AM	C/C fair Afebrile Vitals (N) P/A soft Non tender	Adv - Soft diet - Adequate hydration - Drugs as charted - W/F PV bleed - Monitor vitals Inform SOS - Foley & vaginal pack to be removed today
	U/O - 250ml clear. U/O clear Adequate C/E NAD	

NB Sr C 8pm

Noted by Divya 14/6/26 7:30am

HNH-00015306 IP26-00006567
Mrs BADRI UMADEVI
24-10-1985 40 Y 7 M 20 D (F)
Dr. RAJANI KUMARI

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
14/06/2026 12:00pm	c/s/by Dr. Naveena	
	O/E GC-fair	Adv
	Afebrile	- Regular diet
	PR: 76bpm	- Adequate hydration
	BP: 141/93mmHg	- drugs as charted
	CVS/RS: NAD	- w/f PV bleeding
	PA: Soft, NT	- Remove foleys
	~~Dressing~~ dry & clean	- strict BP monitoring 2hrly
	UE: NAD	- Monitor Vitals
		- Inform SOS
	Dr-Naveena.	
14/06/2026 1:00pm	c/s/by Dr. Vasisth.	
	O/E GC-fair	
	Afebrile	
	PR: 87bpm	
	BP: 151/107mmHg	
	CVS/RS: NAD	
	PA: soft, NT	
	UE: NAD	

U-✓
F-✓
S-✓

HNH-00015306 IP26-00006567
Mrs BADRI UMADEVI
24-10-1985 40 Y 7 M 20 D (F)
Dr. RAJANI KUMARI

(4)

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	I/c all asepsis precautions Vaginal pack removed, minimal bleeding noted.	
		Adv ✓ Regular diet ✓ Adequate hydration ✓ drugs as chalted ✓ strict BP monitoring 2hrly ✓ w/f PV bleeding ✓ Monitor Vitals ✓ Inform SOS
	Dr. Naveena.	NB Sunanda
14/6/2026 7:22pm	c/s/by Dr. Naveena O/E GC-fair Afebrile. PR: 64bpm BP: 142/89 mmHg CVS/RS: NAD PA: Soft, NT. LE: NAD	Adv - Regular diet - Adequate hydration - drugs as chalted - strict BP monitoring 2hrly - w/f PV bleeding - Monitor Vitals - Inform SOS.
	Dr. Naveena.	N.B Sunanda @ 7:30pm

HNH-00015306 IP26-00006567
Mrs BADRI UMADEVI
24-10-1985 40 Y 7 M 20 D (F)
Dr. RAJANI KUMARI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

RESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/6/2026	C/S/B Dr Manisha	
8:30 Am		
		Adv
	GC Fair Afebrile	
	BP - 118/85	Regular diet / Adeq Hydration
	PR - 77	Drugs as charted
	P/A soft	Vital monitoring
UV	L/E NAD	Ambulation
FV		Inform SOS
SV	No complaint	BP monitoring 2nd hourly
		Dr Manisha
		noted by Sr. Sandhya 15/6/26 8:30 am
15/6/26 12:15 pm	C/S/B Dr. Veena	
	C/S/B Dr. Vasisht	
	Pt is stable, No c/o	Adv
	o/e GC fair Afebrile	- Regular diet
	BP - 112/83 mmHg	- Vital monitoring
UV	PR - 76 bpm	- Ambulation
FV	SpO_2 - 100% on RA	- Adequate hydration
SV	P/A Soft	- BP monitoring
	Can be discharged	
	Send file for discharge	

HNH-00015306 IP26-00006567
Mrs BADRI UMADEVI
24-10-1986 40 Y 7 M 20 D (F)
Dr. RAJANI KUMARI

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

HNH-00015306 IP26-00006567
Mrs BADRI UMADEVI
24-10-1985 40 Y 7 M 19 D (F)
Dr. RAJANI KUMARI

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. NISHANTH REDDY.I Date: 13/6/26 Time: 9:00Am

Diagnosis: ? DENOVO HTN

Hospital: STAR HOSPITAL

Type of Referral :
☐ Emergency
☐ Urgent
☐ Non Urgent

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

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

Signature:

Findings and Recommendations :

S/p Vaginal Vault Exploratory Pod 2

- Referred in v/o ↑ B.P
- Recently noted to have ↑ BP — was Initiated on Anti-HTN ... 1 Month
- Asymptomatic

H — c/c/c
C, c/o
No Pedal Edema
PR — 90/m
BP — 130/90mg
CVS — S1 S2 ⊕
RS — RAE ⊕

AVOID NSAID'S

Adv
- Creat
- Electrolyte

Rx
1) Tab. STAMLO 5mg | 1-0-0

Consultant :

Name : Dr. NISHANTH REDDY.I Signature : [signature] Date & Time : 13/6/26; 9:00 Am

Doc. No. : RCH / FRM / CLINICAL / 049

HNH-00015306 IP26-00006567
Mrs BADRI UMADEVI
24-10-1985 40 Y 7 M 19 D (F)
Dr. RAJANI KUMARI

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: 12/6/2026 Drug Allergies: ..... ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

DOCTOR - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).

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

NURSES - Nurses must follow strictly the FIVE RIGHTS before administration of medication.

1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time

- AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As required Medication)

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

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

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

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

HNH-00015306 IP26-00006567
Mrs BADRI UMADEVI
24-10-1985 40 Y 7 M 19 D (F)
Dr. RAJANI KUMARI

REGULAR PRESCRIPTIONS

Weight. ..... Ward. LOA

DRUG : Inj CEFOPERAZONE + SULBACTUM

Dose	Route	Frequency	Start Date
1.5g	IV	BD	12/6/26

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ Time	12/6	13/6	14/6	15/6
	10 AM			
	10 PM			
	2		2	

DRUG : INJ VITAMIN K

Dose	Route	Frequency	Start Date
1 amp	im	OD	12/6

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

Additional Instructions: FOR 3 days (1 amp)

Daily Doctor's Endorsement by a Sign

Date ▸ Time	12/6
	10PM
	2

Recheck

DRUG : INJ PANTOPRAZOLE

Dose	Route	Frequency	Start Date
40mg	IV.	OD	12/6

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ Time	13/6	14/6/26	15/6/26
	8 AM		
	1		

DRUG : INJ PARACETAMOL

Dose	Route	Frequency	Start Date
1gm	IV	TID	12/6

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ Time	12/6	13/6	14/6/26	15/6
	7 AM	X		
	3 PM			
	11 PM			
		1	2	

Verified by Dr. Dhakshayani

HNH-00015306 IP26-00006567
Mrs BADRI UMADEVI
24-10-1985 40 Y 7 M 19 D (F)
Dr. RAJANI KUMARI

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 .....2DC.....

DRUG : ~~INJ VIT K~~

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

DRUG : INJ VITAMIN K

Dose	Route	Frequency	Start Dt.
1amp	IM	OD	13/6

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time 13/6 14/6

10PM

1

DRUG : TAMLODIPINE

Dose	Route	Frequency	Start Dt.
5mg	PO	BD	14/6

Name & Signature of the Doctor Starting the Drugs:

Dr Dhanya

Additional Instructions:

9pm

Daily Doctor's Endorsement by a Sign

Date / Time 14/6 15/6

8AM 8PM

2

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

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

HNH-00015308 IP26-00006567
Mrs BADRI UMADEVI (F)
24-10-1985 40 Y 7 M 19 D
Dr. RAJANI KUMARI

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 ...UDF...

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

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

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

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

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

Patient Sticker

Weight. ..... Ward. 208

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
12/6	10:30 AM	Inj PANTOPRAZOLE	40mg	IV		Mani
12/6.	10:30 AM	Inj METOCLOPRAMIDE	10mg	IV		Mani
12/6	11.15am	Inj. TRANEXAMIC ACID	1g	IV		Kanumma
12/6	12.00pm	TRAMADOL sos	100mg	PR		Kanumma
13/6	8.00 AM	Tab STAMLO	5mg	P/O		
14/6		CAP (NIFEDIPINE) DEPIN	10mg	P/O		Jayeswari

Verified by Dr. Dhakshayani

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

HNH-00015306 IP26-00006567
Mrs BADRI UMADEVI
24-10-1985 40 Y 7 M 19 D (F)
Dr. RAJANI KUMARI

I.V. FLUIDS CHART

Weight. ..... Ward. ..... LDR

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
12/6	10.10AM	RINGER LACTATE	IV	100 ml/h			12/6		
12/6	3pm	RINGER LACTATE	IV	100 ml/h			12/6		
12/6	9pm	RINGER LACTATE	IV	100 ml/h			12/6		
13/6	3:00AM	RINGER LACTATE	IV	100 ml			13/6		
←		STOP Dr Nawaz					→		

Signature

VERIFIED BY : Name

HNH-00015306 IP26-00006567
Mrs BADRI UMADEVI 40 Y 7 M 19 D (F)
24-10-1985
Dr. RAJANI KUMARI

ye 208

IP

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	12/6	14/6/26				
Time	8Am					
Hb	11.3					
PCV	32.3					
RBC	4.22					
WBC	8.41					
N/L						
Platelets	287					
CRP						
ESR						
PCT						
RBS						
Na		141				
K		4.3				
Cl		103				
Ca/Mg						
Phosphate						
Urea						
Creatinine		0.6				
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						
O+ve						
	NR					
HIV						
HbsAg						
VDRL						

Culture and Sensitivities : ....

....

....

....

Radiology : USG : ....

X-Ray : ....

ECHO : ....

CT : ....

MRI ....

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

HNH-00015306 IP26-00006567
Mrs BADRI UMADEVI
24-10-1985 40 Y 7 M 19 D (F)
Dr. RAJANI KUMARI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

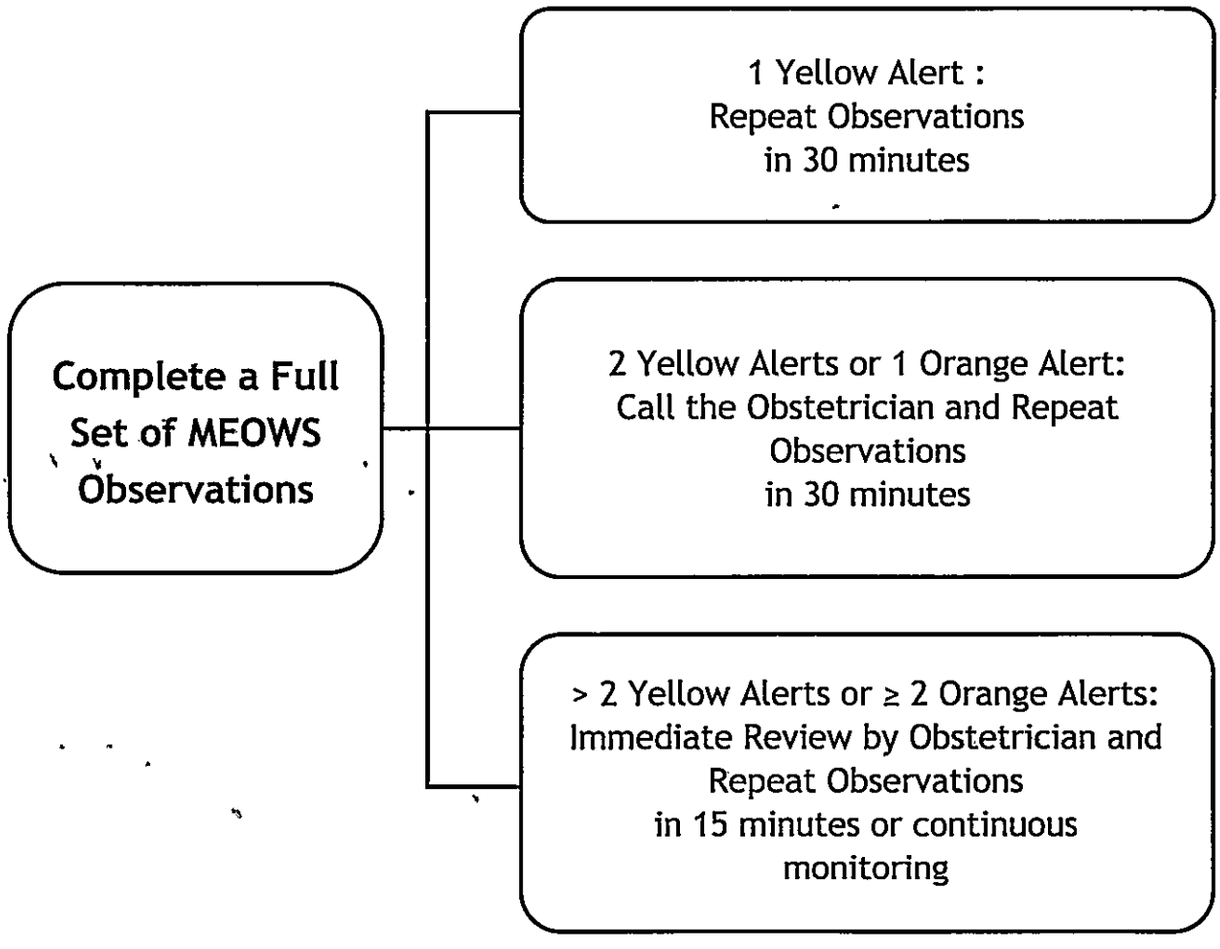
Early Warning Observation Score Chart - Obstetrics

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

1276

		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																									
	0 - 10																									
Saturations	94 - 100 %																									
	< 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																									
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressue ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
	40																									
NEURO RESPONSE [✓]	Alert																									
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30																									
	< 30																									
Proteinuria	Protein + +																									
	Protein > + +																									
Lochia	Normal																									
	Heavy / Foul																									
Liquor	Clear / Pink																									
	Green																									
TOTAL YELLOW SCORES																										
TOTAL ORANGE SCORES																										
Nurse Initial																										

Obstetrics and Gynaecology Early Warning Signs



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

HNH-00015306 IP26-00006567
Mrs BADRI UMADEVI
24-10-1985 40 Y 7 M 20 D (F)
Dr. RAJANI KUMARI

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

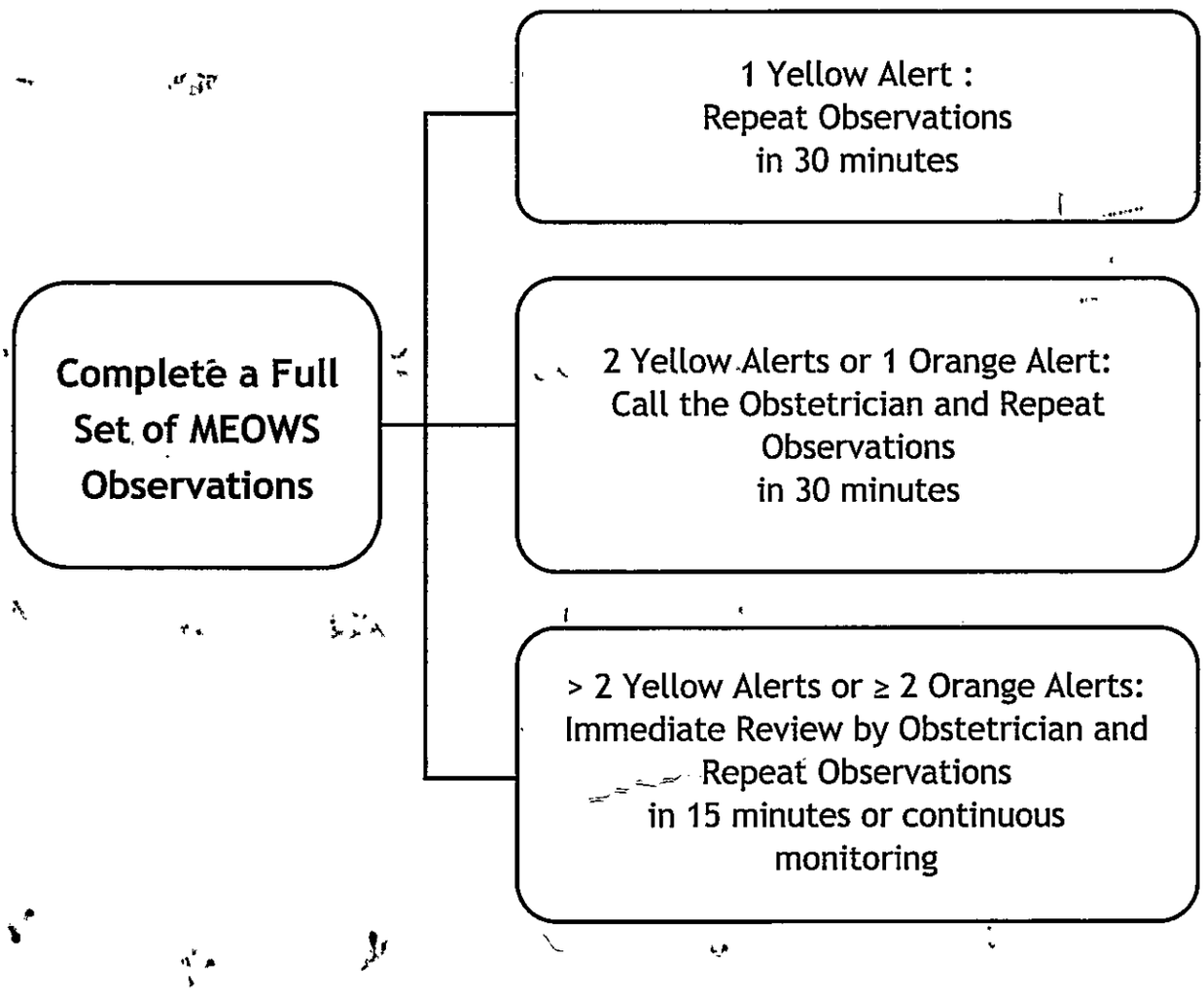
BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Early Warning Observation Score Chart - Obstetrics

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

13/6/26	Date																							
	Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20	20	20	20	20			20				20				20				20				20	
	0 - 10																								
Saturations	94 - 100 %	100	99	99	99			100				100				99				99				98	
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37																								
	36											98.1F								98.4F				98.1F	
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90	86	79	83	79			75				90				93				87				82	
	80																								
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140	145	133	136	128			135				130				138				135				146	
	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90	90	80	84	82																			100	
	80																								
	70							87				82				89				84					
	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	
TOTAL ORANGE SCORES		0	0					0				0				0				0				0	
Nurse Initial																									

Obstetrics and Gynaecology Early Warning Signs



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

HNH-00015306 IP26-00006567
Mrs BADRI UMADEVI
24-10-1985 40 Y 7 M 19 D (F)
Dr. RAJANI KUMARI

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

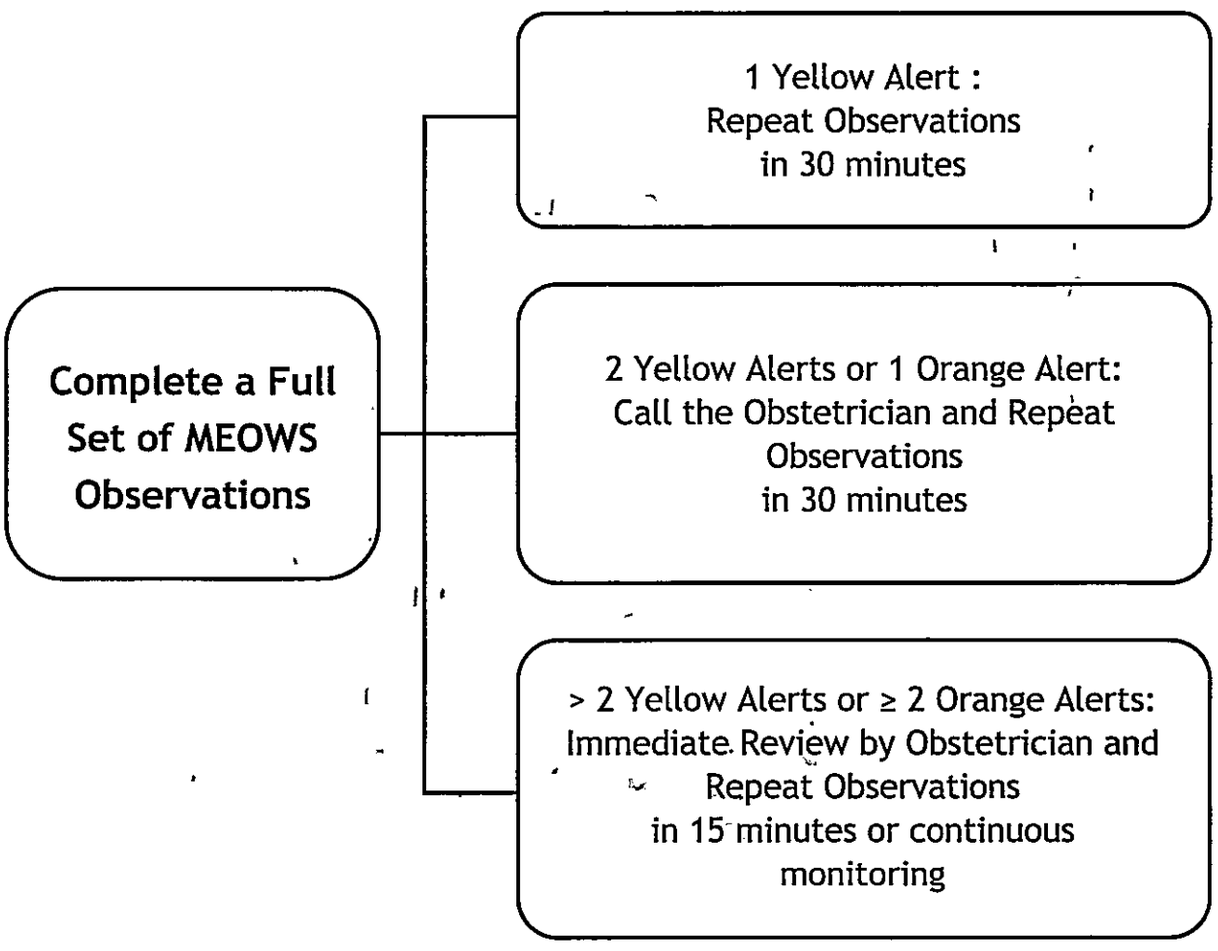
BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Early Warning Observation Score Chart - Obstetrics

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

14/6/26	Date																							
	Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20			20		20		20		22		22		23		20		20		20		20		20	
	0 - 10																								
Saturations	94 - 100 %			100%		99%		99%		99-1		99-1		99-1		100%		100%		100%		99%		99-1	
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37																								
	36			36°		36°C		36°		36°C		36°C		36°C		36°		36.6		36°		36°		36°	
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80			78		76		79		72		64		63											
	70															65		62		60		79		79	
	60																								
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
	160																								
	150													156											
	140			143		141		138		138		142				149		149		149		118		141	
	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
	40																								
NEURO RESPONSE [✓]	Alert			–		–		–		–		–		–		–									
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30			–		–		–		–		–		–		–									
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal			–		–		–		–		–		–		–									
	Heavy / Foul																								
Liquor	Clear / Pink			–		–		–		–		–		–		–									
	Green																								
TOTAL YELLOW SCORES				0		0		0		1		0		0		0									
TOTAL ORANGE SCORES				0		0		0		0		0		0		0									
Nurse Initial																									

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

HNH-00015306 IP26-00006567
Mrs BADRI UMADEVI
24-10-1985 40 Y 7 M 19 D (F)
Dr. RAJANI KUMARI

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

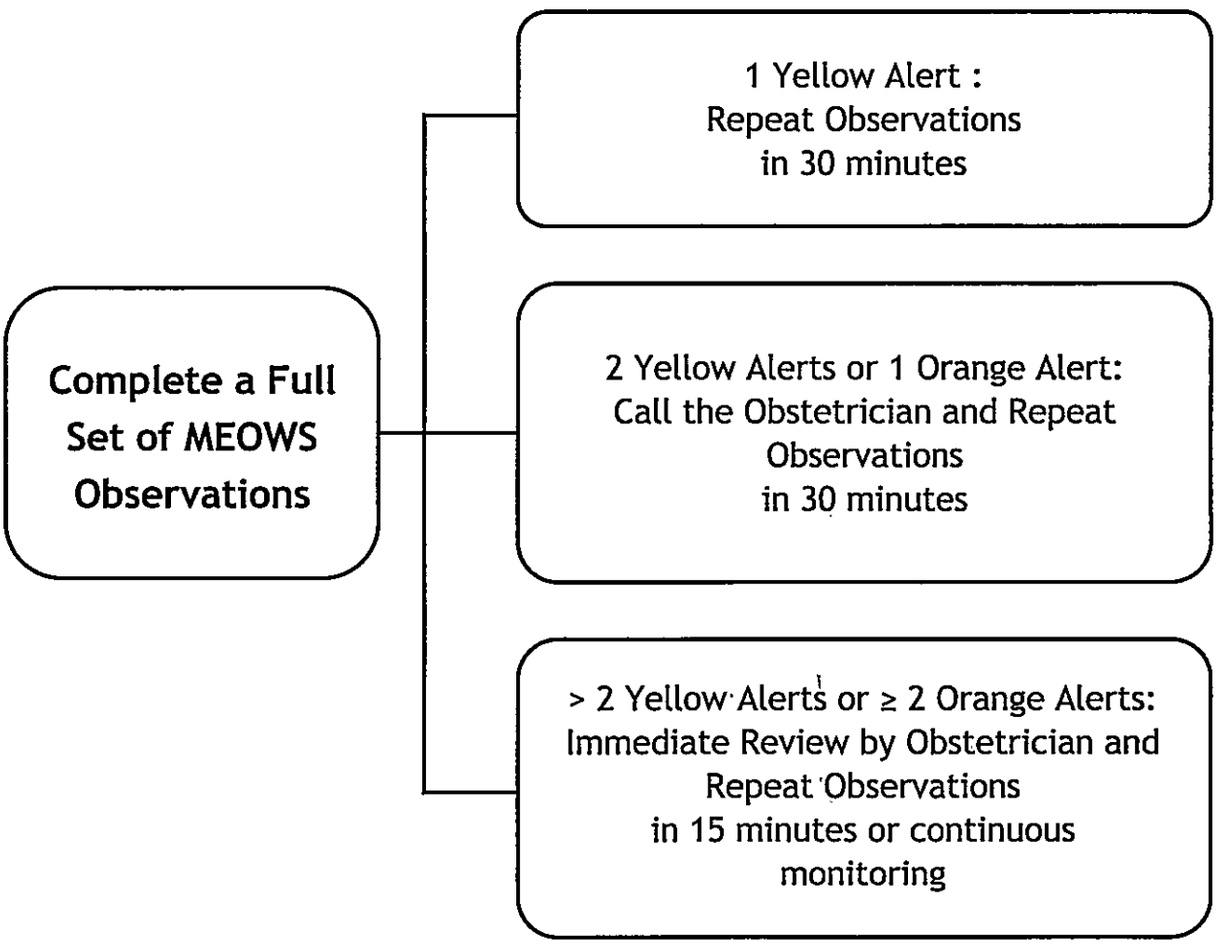
BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Early Warning Observation Score Chart - Obstetrics

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

15/6/26	Date																								
	Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20	22		22		23																			
	0 - 10																								
Saturations	94 - 100 %	99%		99%		99%																			
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37																								
	36	36.6°C		36°C		36°C																			
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70	72		84		80																			
	60																								
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120	118		119		112																			
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80	85		76		83																			
	70																								
	60																								
	50																								
	40																								
NEURO RESPONSE [✓]	Alert	—		—		—																			
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30	—		—		—																			
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal	—		—		—																			
	Heavy / Foul																								
Liquor	Clear / Pink	—		—		—																			
	Green																								
TOTAL YELLOW SCORES		0		0		0																			
TOTAL ORANGE SCORES		0		0		0																			
Nurse Initial																									

Obstetrics and Gynaecology Early Warning Signs



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

HNH-00015306 IP26-00006567
Mrs BADRI UMADEVI
24-10-1985 40 Y 7 M 19 D (F)
Dr. RAJANI KUMARI

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. : ..... (C)

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	08:00 am											
	09:00 am											
	10:00 am	R2	N	100ml			NA		Nil			
	11:00 am	R2	N	100ml	0							
	12:00 pm	R2	N	100ml						300ml		Emp 12h
	01:00 pm	RL	N	100ml	1							
Total Intake :		400ml				**Total Output :**				300ml		
12/6	02:00 pm	RL	N	100ml								
	03:00 pm	RL	N	100ml								
	04:00 pm	RL	N	100ml			NA		Nil	600ml		Emp
	05:00 pm	RL	N	100ml	0							
	06:00 pm	RL	N	100ml								
	07:00 pm	RL	N	100ml	1					300ml		Emp
Total Intake :		600ml				**Total Output :**				900ml		
12/6	08:00 pm	RL	SIPS	100ml								
	09:00 pm	RL		100ml								
	10:00 pm	RL		100ml								
	11:00 pm	RL	N	100ml	0		NA		Nil		Nil	
	12:00 am	RL		100ml						200ml		12 Hrly Emp
	01:00 am	RL		100ml	1							
Total Intake :		600ml				**Total Output :**				200ml		
13/6	02:00 am	RL		100ml								
	03:00 am	RL		100ml								
	04:00 am	RL	N	100ml							Nil	
	05:00 am	RL		100ml	0		NA					
	06:00 am	RL	N	100ml								12 Hrly Emp
	07:00 am	RL		100ml	1					800ml		
Total Intake :						**Total Output :**				800ml		

Total 24 hrs. Intake	2200ml	Total 24 hrs. Output	2200ml

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

HNH-00015306 IP26-00006567
Mrs BADRI UMADEVI
24-10-1985 40 Y 7 M 20 D (F)
Dr. RAJANI KUMARI

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								
13/6/26	08:00 am												
	09:00 am		H2O Idly							400ml			Empty 9:20Am
	10:00 am										0	Anu	
	11:00 am		H2O				0			200ml			Empty 11:40Am
	12:00 pm												
	01:00 pm												
Total Intake :						Total Output :							
13/6	02:00 pm										0		
	03:00 pm										0		
	04:00 pm		Kichidi								0		
	05:00 pm	0			NA		0	NA		1000ml	0		
	06:00 pm		H2O								0		
	07:00 pm										0		
Total Intake :						Total Output :							
13/6/26	08:00 pm									250ml			Empty
	09:00 pm		Idly										
	10:00 pm	0	H2O		NA						0		
	11:00 pm						0	NA		100ml			Empty 11:30PM
	12:00 am		H2O										
	01:00 am												
Total Intake : taken						Total Output :							
14/6/26	02:00 am												
	03:00 am		H2O							400ml			Empty 3AM
	04:00 am	0			NA						0		
	05:00 am		H2O				0	NA					
	06:00 am												
	07:00 am									600ml			Empty 7:40AM
Total Intake :						Total Output :							

Total 24 hrs. Intake		Total 24 hrs. Output	

HNH-00015306 IP26-00006567
Mrs BADRI UMADEVI
24-10-1985 40 Y 7 M 20 D (F)
Dr. RAJANI KUMARI

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							
14/6/26	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
14/6/26	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
14/6/26	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
15/6/26	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

HNH-00015306 IP26-00006567
Mrs BADRI UMADEVI
24-10-1985 40 Y 7 M 19 D (F)
Dr. RAJANI KUMARI

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							
15/6/26	08:00 am											
	09:00 am						~			~		
	10:00 am	2	Idly		NA						2	
	11:00 am		1					NA				
	12:00 pm		+H2O									
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

HNH-00015306 IP26-00006567
Mrs BADRI UMADEVI
24-10-1985 40 Y 7 M 19 D (F)
Dr. RAJANI KUMARI

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 (12/6/26)			DAY-3 (14/6/26)			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0	✓	✓	NA	—	—	—	NA	NA	NA	
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1	NA	—	NA	—	—	—	NA	NA	NA	
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2	NA	—	NA	—	—	—	NA	NA	NA	
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3	NA	—	NA	—	—	—	NA	NA	NA	
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4	✓	—	NA	—	—	—	NA	NA	NA	
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	
		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

15/6/26

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									
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	[signature]									

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

Signature of Shift In Charge :

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

Signature of Ward In Charge :

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

HNH-00015306 IP26-00006567
Mrs BADRI UMADEVI
24-10-1985 40 Y 7 M 19 D (F)
Dr. RAJANI KUMARI

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	12/6	12/6	13/6
		Score	MS	8 pm	MS
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0	0		
Secondary Diagnosis (more than one diagnosis)	Yes	15	15	15	15
	No	0			
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0	0		
IV / Heparin Lock or Saline	Yes	20	20	20	20
	No	0	0		
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10			
	Normal /On Bed Rest /Immobile	0			
Mental Status	Forgets limitations	15			
	Oriented to own ability	0	0	0	
Total Morse Fall Scale Score:			35	35	35
		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

HNH-00015306 IP26-00006567
Mrs BADRI UMADEVI
24-10-1985 40 Y 7 M 19 D (F)
Dr. RAJANI KUMARI

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	13/6/26	14/6/26	14/6/26
		Score	M1	E2	M1
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:			35	35	20
		Signature			

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

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

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

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

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

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

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

HNH-00015306 IP26-00006567
Mrs BADRI UMADEVI
24-10-1985 40 Y 7 M 19 D (F)
Dr. RAJANI KUMARI

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	15/6/26			Fall Risk Grading		
		Score	M6					
History of Falling (immediately or w/in 3 months)	Yes	25				Risk Level	Morse Fall Score (MFS)	Action
	No	0						
Secondary Diagnosis (more than one diagnosis)	Yes	15						
	No	0				Low Risk	0 - 24	Standard Fall Precaution
Ambulatory Aid	Furniture	30						
	Crutches, Cane(S), Walker	15						
	None /Bed Rest /Nurse Assist	0	0					
IV / Heparin Lock or Saline	Yes	20	20			Moderate Risk	25 - 50	Implement Moderate Fall Prevention Intervention
	No	0						
GAIT / Transferring	Impaired	20						
	Weak (uses touch for balance)	10						
	Normal /On Bed Rest /Immobile	0						
Mental Status	Forgets limitations	15				High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	Oriented to own ability	0						
Total Morse Fall Scale Score:			35					
		Signature						

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

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

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

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

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

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

HNH-00015306 IP26-00006567
Mrs BADRI UMADEVI
24-10-1985 40 Y 7 M 19 D (F)
Dr. RAJANI KUMARI

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 : 12/6	12/6	12/6	13/6
					Time : 8am	ER	8pm	M6
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	4	4
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
				TOTAL SCORE	28	28	28	28
				Evaluator's Name				

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

BRADEN 'Q' SCALE

				Date : 12/6/24	14/6/24	14/6	14/6
				Time : N1	M6	E2	N1
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	4	4
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	3
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	23
				Evaluator's Name	[redacted]	[redacted]	[redacted]	[redacted]

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

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

HNH-00015306 IP26-00006567
Mrs BADRI UMADEVI
24-10-1985 40 Y 7 M 20 D (F)
Dr. RAJANI KUMARI

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 :	15/6			
				Time :	M6			
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			
"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			
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			
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			
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			
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			
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			
				TOTAL SCORE	28			
				Evaluator's Name				

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

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

HNH-00015306 IP26-00006567
Mrs BADRI UMADEVI
24-10-1985 40 Y 7 M 19 D (F)
Dr. RAJANI KUMARI

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

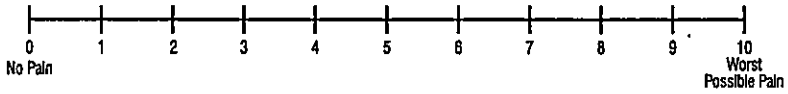
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
12/6	10Am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
12/6	12Pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
12/6	9Pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
12/6	6pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
12/6/26	10pm	0/10	Normal	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
13/6/26	4AM	0/10	Normal	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
13/6/26	8AM	0/10	Normal	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
13/6/26	11Am	0/10	Normal	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
13/6/26	8pm	0/10	Normal	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
13/6/26	10Pm	0/10	Normal	☐ 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.

(P.T.O)

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

HNH-00015306 IP26-00006567
Mrs BADRI UMADEVI
24-10-1985 40 Y 7 M 19 D (F)
Dr. RAJANI KUMARI

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

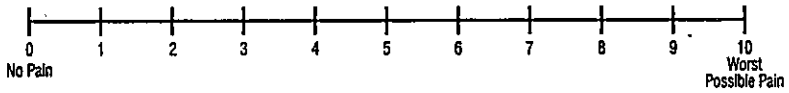
PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
14/6/26	10Am	0/10	NA	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☑ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	NA	[signature]
14/6/26	2pm	0/10	NA	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☑ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	NA	[signature]
15/6/26	9Am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
15/6/26	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		

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-00015306 IP26-00006567
Mrs BADRI UMADEVI
24-10-1985 40 Y 7 M 19 D (F)
Dr. RAJANI KUMARI

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 ↓ 2pm	→ Plan for vitel → Plan for I/O Chart. → Plan for medication.	8am ↓ 2pm	→ vitel checked & recorded. → Maintain I/O Chart. → All medication given	→ vitel is normal	→ PT is stable	Madhu
Afternoon		——		DAY DUTY	——		
Night	8pm ↓ 8am	→ Assess the patient condition → plan for vitel → plan for IV fluids → plan for I/O chart	8pm ↓ 8am	→ Assessed the condition → Maintain vitel → continue IV fluids → Maintain I/O chart	→ Patient stable	→ vitel recorded	

HNH-00015306 IP26-00006567
Mrs BADRI UMADEVI
24-10-1985 40 Y 7 M 19 D (F)
Dr. RAJANI KUMARI

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: 13/6/26

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	9am 2pm	→ Assess the pt condition → Check the vital's → I/O chart Maintain → plan for Medication	9am 2pm	→ Assessed pt condition → Checked vital's & Recorded → I/O chart Maintained → given Medication as per doctor's order	pt is Stable	vital's is Normal	Asha
Afternoon				Day			
Night	8pm 8am	→ Assess the Pt condition → Monitor vitals → maintain I/O chart → Administer medication as per drug chart → IV cannula present → Foley's & vaginal pack present Plan to remove TIM	8pm 8am	→ Assessed the Pt condition → monitored vitals recorded → maintained I/O chart → Medication as per drug chart → IV cannula Presented → Pt on soft diet → Foley's & vaginal pack Presented	→ Pt is stable → Plan to remove Foley's & vaginal pack TIM	→ recheck vitals	

HNH-00015306 IP26-00006567
Mrs BADRI UMADEVI
24-10-1985 40 Y 7 M 19 D (F)
Dr. RAJANI KUMARI

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: 14/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8Am / 2pm	- Assess the pt condition - monitor vitals - maintain I/O Chart - Medication Given as per drug Chart	8Am / 2pm	- Assessed the pt condition - Monitored vitals - Maintained I/O chart - Medication Given as per drug chart	pt is stable	Rechecked vitals	Manisha
Afternoon	2pm to 8pm	→ Assess pt condition → monitor the vitals → maintain I/O chart → Administer medicati-on as per drug chart → monitor BP 2nd hrly	2pm to 8pm	→ Assessed pt condition → Monitored vitals → Maintained I/O chart → Administered medicatio-n as per drug chart → Monitored BP 2nd hrly	Patient is stable	Re-checked vitals	Anusha
Night	8pm / 8Am	→Assess the pt condition. → monitor the vitals. → maintain I/O chart. → Administer medication as per drug chart.	8pm / 8Am	→Assessed the pt condition. → monitored the vitals. → maintained I/O chart. → Administered medication as per drug chart.	→ pt is stable now	→ Re assessed the vitals.	

HNH-00015306 IP26-00006567
Mrs BADRI UMADEVI
24-10-1985 40 Y 7 M 19 D (F)
Dr. RAJANI KUMARI

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: 15/6/26

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 → BP 2nd hrly	8PM to 2PM	→ Assessed pt condition → monitored vitals → maintained I/O chart → Administered medication as per drug chart → BP 2nd hrly	Patient is stable	Re-checked vitals	Anushen Asst
Afternoon							
Night							

IP26-00006567
HNH-00015306
Mrs BADRI UMADEVI (F)
24-10-1985 40 Y 7 M 19 D
Dr. RAJANI KUMARI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING SHIFT HAND OVER FORM - WARD

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

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

Section	Item						
BACKGROUND	Area / Shift Time	12/6 A5	12/6 8PM	13/6 M6	13/6/26 E2	13/6/26 N1	14/6/26 M6
	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.F	97.6F	98.10F	98.1°F	97.9°F	98.6°F
	Res:	20	20	20	20b/m	20b/m	20 b/m
	SpO_2:	99	100	98%	98%	100%	100%
	Pulse:	89	93	93	80	80b/m	78
	BP:	116/71	130/83	114/96	115/80	116/71	143/93
	Fall Risk Score:	—		—	—	—	—
	Pain Score:	—		—	—	—	—
Recommendations	Safety Needs:	—	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:	—	✓	—	—	—	—
Post Operative Procedure Special Orders:		—		—	—	—	—
Handed Over By Name :		Mady [uncertain]	Alcai [uncertain]	Anyh [uncertain]	Mahi	Divya	Sunanda
Signature :		[signature]	[signature]	[signature]	[signature]	[signature]	[signature]
Date:		12/6	13/6	13/6	13/6/26	14/6/26	14/6/26
Time:		8pm	8am	2PM	8pm	8Am	2pm
Taken Over By Name :		Alcai [uncertain]	Anu [uncertain]	Mahi	Divya	Sunanda	Anusha
Signature :		[signature]	[signature]	[signature]	[signature]	[signature]	[signature]
Date:		12/6/26	13/6	13/6/26	13/6/26	14/6/26	14/6/26
Time:		8pm	8am	2PM	8PM	8Am	2Pm

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

HNH-00015308 IP26-00006567
Mrs BADRI UMADEVI
24-10-1985 40 Y 7 M 19 D (F)
Dr. RAJANI KUMARI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING SHIFT HAND OVER FORM - WARD

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

SITUATION	Diagnosis:	Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:					
BACKGROUND	Area / Shift Time	14/6/26 E2	14/6/26 N	15/6/26 M6			
	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:	98.3°F	98.1°F	98.3°F			
	Res:	23b/m	23b/m	25b/m			
	SpO_2:	100%	100%	100%			
	Pulse:	72	75	85			
	BP:	138/98	109/95(Hg)	138/66			
	Fall Risk Score:	—	—	—			
	Pain Score:	"0"	'0'	—			
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:	—	—	—			
Post Operative Procedure Special Orders:		—	—	—			
Handed Over By Name :		Anusha	Mahi	Anusha			
Signature :		Anu		Anu			
Date:		14/6/26	15/6/26	15/6/26			
Time:		8pm	8AM	2pm			
Taken Over By Name :		mahi	Anusha				
Signature :			Anu				
Date:		14/6/26	15/6/26				
Time:		8pm	8AM				

HNH-00015306 IP26-00006567
Mrs BADRI UMADEVI
24-10-1985 40 Y 7 M 19 D (F)
Dr. RAJANI KUMARI

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: 12/6 Date of Removal: ....

Parameters	12/6 M5	12/6 8pm	13/6/26 M5	13/6/26 N1	14/6/26 M6		
Need for the Catheter	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Hand Hygiene	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Usage of Sterile Equipment	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is the Collection bag below the level of bladder	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Check the Tube for Obstruction (Free of Kinking)	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No Catheter Removed	☐ Yes ☐ No
Is Catheter dated as policy	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Collecting bag is been emptied regularly?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Maintenance of closed system for the catheter	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Dressing clean and dry?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is the line removed as Policy?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Performance of Perineal Care	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Onset of New Fever	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Asses for the leakage at the site of insertion	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Name of the Nurse	Madhu	[illegible]	[illegible]	Divya	Manitha		
Signature of the Nurse	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]		

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

HNH-00015306 IP26-00006567
Mrs BADRI UMADEVI
24-10-1985 40 Y 7 M 19 D (F)
Dr. RAJANI KUMARI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 12/6

Baseline Information:

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

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

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

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

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

If yes , identify .....

Chief Complaints: .....

Bleeding

.....

Doctor Notified on Admission: ☑ Yes ☐ No

Name of the Doctor: DR DUA

Time Notified: 10:10 am

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

Past Medical History	Past Surgical History	Previous Hospital Admission
NIL	NIL	NIL

Gynecology Assessment: ☐ Not Applicable

Menstrual History: .....

Regulon

Onset of Menarche: .....

Menstrual Cycle: ☑ Regular ☐ Irregular

Last Menstrual Period: .....

Gynecology Surgical History:

Caesarean Section: ☑ No ☐ Yes

Cervical Cerclage: ☑ No ☐ Yes

Ectopic Pregnancy: ☑ No ☐ Yes

Myomectomy: ☑ No ☐ Yes

Others: _____

Gynecological History:

Contraceptives: ☑ No ☐ Yes

Vaginal Discharge: ☑ No ☐ Yes

Post-Coital Bleeding: ☑ No ☐ Yes

Infertility: ☑ No ☐ Yes

If Yes Type: ☐ Primary ☐ Secondary

Obstetric History: G — P — L — A —

Previous LSCS: —

Current Medication: ☐ None ☐ Yes, If Yes, Fill the reconciliation form

Family History: ☑ No Abnormalities Detected

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

☐ Liver disease ☐ Other .....

Vital Signs / Measurements: Temp: 98.6°F HR: 80 RR: 20

BP: 116/71 Weight: ..... Height: ..... BMI: .....

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

HNH-00015306 IP26-00006567
Mrs BADRI UMADEVI
24-10-1985 40 Y 7 M 19 D (F)
Dr. RAJANI KUMARI

PHYSICAL ASSESSMENT

General Appearance: ☐ Healthy ☐ ill looking ☐ Anxious ☐ Agitated ☐ Others: .....

Fall Assessment: ☐ Yes ☑ No Score ..... (complete the Morse Fall Risk Assessment Sheet)

Risk of Pressure Sore: ☐ Yes ☑ No Score ..... (complete the Braden Q Sheet)

FUNCTIONAL SCREENING: If a patient needs assistance with any of the following inform consultant

☐ Mobility problem ☐ Walking Problem ☑ No Abnormality Detected

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING: ☑ No Abnormality Detected

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

☐ Under Weight ☐ Diabetes Mellitus ☐ Hyperemesis Gravidarum

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

☐ Calm & Cooperative ☐ Restless ☐ Depressed ☐ Agitated ☐ Confused

☐ Others .....

Inform consultant for positive criteria

SOCIAL SCREENING:

1. **Marital Status:** ☐ Single ☑ Married ☐ Divorced ☐ Widow
2. **Special Habits:** **Smoker:** ☐ Yes ☑ No **Alcohol Abuse:** ☐ Yes ☑ No **Drug Abuse:** ☐ Yes ☑ No

Social History: Lives With ..... family members .....

Orientation has been given regarding the following aspects:

Call Bell in Reach : ☑ Yes ☐ No Waste Disposal Explained: ☑ Yes ☐ No

Infusion Pump : ☑ Yes ☐ No Hand Hygiene Explained: ☑ Yes ☐ No ☐ Others

Above information given to ..... patient .....

Name of Person Orientation was given to: ..... Umadevi .....

Orientation not given Reason: ..... 12/6/25 @ 11Am

Nurse Signature: ..... Madhu .....

Nurse Name: ..... Madhumita

Date & Time: ..... 12/6/25 @ 11Am

HNH-00015306 IP26-00006567
Mrs BADRI UMADEVI
24-10-1985 40 Y 7 M 19 D (F)
Dr. RAJANI KUMARI

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	-					☐ C ☐ DC
2	-					☐ C ☐ DC
3						☐ C ☐ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Dna

Date & Time : 12/6/2026. @ 11 AM

Nurse Name & Signature: Madhumitha @ Madhu

Date & Time : 12/6/26 @ 11 Am

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

HNH-00015306 IP26-00006567
Mrs BADRI UMADEVI
24-10-1985 40 Y 7 M 19 D (F)
Dr. RAJANI KUMARI

Rainbow Children's Hospital

OPERATION THEATER NOTES

Patient's Name : MRS UMADEVI Age : 40/F Gender :

UHID.: I.P.No. : Weight :

Surgeon : DR. VASISHTA / DR SURI SLIMATHA	Asst. Surgeon :
Anesthetist : DR. AYESHA	OT Nurse : Padma / Sunkat / Pandy
Surgical Procedure : vaginal Exploration + Resuturing of vaginal vault	
Indications for Surgery : P.O Lap Hysterectomy c̄ vaginal Bleeding	

Date : 12/6/2026	Start Time :	End Time :

PRE-OPERATIVE PREPARATION : Anaesthesia - SA

Findings (1) Clots + in the vagina
(2) Sutures loose & oozing from the post. vault

OPERATION NOTES:

Procedure - Clots evacuated
- Previous sutures removed
- vault sutured c̄ no 1-0 vicryl.
- No Bleeding
- Pack kept
- Post op period was uneventful.

Consultant Surgeon's Name Consultant Surgeon's Signature

Date Time

Rx

1) NBM till 6 pm
soft diet after that

2) IV fluids @ 100 ml/hr
1 ⊙ DNS
1 ⊙ RL

3) Inj MAGNEX FORTE 1.5 gm IV BD

POST - OPERATIVE ORDERS :

4) Inj PANTOP 40 mg IV OD

5) Inj NEOMOL 1 gm IV TID

6) vitals and log

7. Inj VIT K 1 amp IM stat
x 3 days

8. physician opinion for
Control of HTN

9. Inform SOS

Vaginal Pack to be Removed
on 14/6/26

Vasbi

....

....

Consultant Surgeon's Name

Consultant Surgeon's Signature

Date : 12/6/26 **Time :** 12.30 pm

HNH-00015306 IP26-00006567
Mrs BADRI UMADEVI
24-10-1985 40 Y 7 M 19 D (F)
Dr. RAJANI KUMARI

208

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NUTRITIONAL ASSESSMENT FOR GYNEC PATIENTS

Date: 13/6/26 Time: 3pm

Origin: Indian Height: 54 Weight: 72 kg BMI:

Food Allergies: NO

Diagnosis: POD-1 - Hysterectomy

Medical History: K/C/O Hypothyroid, HTN

Surgical History: Laparoscopic tubectomy, Rt middle finger fracture repair

☐ Vegetarian ☑ Non-Vegetarian ☐ Vegan

Diet Advised: soft diet

Patient's / Attendant's

Signature:

Name: umadevi

Date & Time: 13/6/26; 3pm

Dietician's

Signature:

Name: sathwika.G

Date & Time: 13/6/26; 3pm

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Vasist
Asst. Surgeon :
Anaesthetist : Dr Ayesha
Scrub Nurse : Br. Padmaja Srikanth

HNH-00015306 IP26-00006567
Mrs BADRI UMADEVI
24-10-1985 40 Y 7 M 19 D
Dr. RAJANI KUMARI

Patient Name
UHID No. :
Date : 12/6/25 In-time : Out-time :
O.D. Gender Female

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: 10:50 am

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

Site Marked ☐ Yes ☐ No ☑ NA

Anaesthesia Safety Check Completed ☑ Yes ☐ No

Pulse Oximeter on Patient & Functioning ☑ Yes ☐ No

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

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

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

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

Signature :
Name : ANESTHESIA

Before Skin Incision ➤➤

TIME OUT Time: 11:19

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? B Cardy ☑ 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

Signature :
Name : Kalimela

Before Patient Leaves Operating Room

SIGN OUT Time: 11:19 am

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 :
Name : A2 VASISHT

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

HNH-00015306 IP26-00006567
Mrs BADRI UMADEVI
24-10-1985 40 Y 7 M 19 D (F)
Dr. RAJANI KUMARI

Date & Time of Admission	Date & Time of Transfer Order
12/6/26 @ 10:10AM	12/6/26 @ 12Pm

Treating Consultant Name	Transfer Ordered by	Reason for Transfer
Dr. vasist	Dr. Ayesha	Observation

From Unit	To Unit	Information to Attendant
OT	Pre-Port	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
Varuna	Dr Ayesha

Patient & Clinical Records Received by : Madhumita

Date & Time of Patient Received : 12/6/26 @ 12Pm

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

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. Badri Umadevi Gender: ☐ Male ☑ Female Age : 40yr.

UHID No : HNH-000155306. Date : 12/6/2026

Instruction:

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

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

VAGINAL EXPLORATION UNDER ANAESTHESIA.

upon

Mrs. Badri Umadevi (Name of the Patient)

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

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

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

bleeding, infection, injury to adjacent organs, Need for blood transfusion conversion to open / laparoscopy

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: .....

Consentee :

Signature : .....

Name : Umadevi

Date & Time : 12/6/26 @ 10.05AM

Witness :

Signature : .....

Name : .....

Date & Time : .....

Patient Attendant :

Signature : .....

Name : KJS HARE

Relationship with Patient: WIFE

Date & Time : 12/6/26 @ 10.05AM

Doctor (who is taking the consent) :

Signature : .....

Name : Dr. Dna

Date & Time : 12/6/26 10:05 AM

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 : Badri umadevi Age : 26 Gender : Male ☐ Female ☐

UHID NO: HNH 00015306 Surgeon Name: Dr. Vasishi

Anaesthesiologist : Dr Shalini

Operative procedure planned : Vault Exploration

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 : Headache, Dizzy, Hypotension

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 Badri umadevi the above mentioned operation / Diagnostic / Therapeutic procedures Vault exploration

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 : Umeshri

Relationship with Patient: Self

Date & Time : 12/6/2026 10:43am

Witness :

Signature : .....

Name : KISHORE

Date & Time : 12/6/26

Doctor (who is taking the consent) :

Signature : .....

Name : Prashanth

Date & Time : 12/6/2026 10:40am

HNH-00015306 IP26-00006567
Mrs BADRI UMADEVI
24-10-1985 40 Y 7 M 19 D (F)
Dr. RAJANI KUMARI

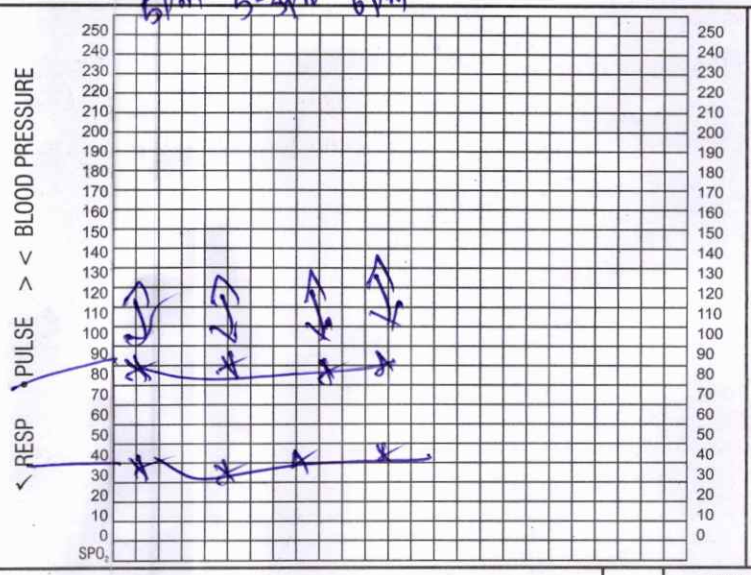
Rainbow® Children's Hospital
It takes a lot to treat the little.

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PO[illegible]NIT RECORD

Received in PACU by : Sis: Akeila Time Received : 12pm Time Discharged : .....

5pm 5-30pm 6pm



IV Cannula Site : left side

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

Vomiting : ☐ Yes ☑ No Drug: Inj Tarin
NG Tube : ☐ Yes ☑ No
Drain: ☐ Yes ☑ No
Urinary Catheter: ☑ Yes ☐ No
Chest Tube: ☐ Yes ☑ No
Nil Oral ☐ Yes ☐ No
IV Fluids: RL
Oral Feeds: NBM

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

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
12/6	5pm	0/10 0/10	NA	
12/6	6pm	0/10	NA	
12/6	8pm	0/10	NA	

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

Anaesthesiologist Name : [illegible]
Anaesthesiologist Signature: .....
Date & Time: .....

PACU Nurse Name : Anusha
PACU Nurse Signature: .....
Date & Time: 13/06/2020

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

Transferred to Unit by (PACU): 208
Date & Time: 13/6/2020 @ 11:40 Am

Patient Sticker

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

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

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

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

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

Solution Composition : .....

Any other issues :

a) .....

b) .....

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

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

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

Patient Satisfaction : .....

Discharge /Shifting ordered by

Doctor Signature: .....

Doctor Name: .....

Date and Time : .....

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: Badri umadevi Age: 40 Sex: Female UHID.No : IINH 00015300

Date: 12/6/2026 Time: 10.37 a.m Proposed Operation: Vault exploration

Diagnosis: Bleeding PV | S/P Lap hysterectomy with B/L salpingectomy

B.P / CRT: 130/95 H.R: 80 Weight: .... ASA Physical Status: ☑1 ☐2 ☐3 ☐4 ☐5

Laboratory Data:

Hgb:	Glucose:	Protein:	HIV:	X-Ray:
PCV:	Urea:	Alb:	HBS Ag:	ECG:
WBC:	Creat:	Total Bill:	HCV:	2D Echo:
Plate:	Na:	Dir. Bill:	Blood group:	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 significant

RESP : Diabetes : nil

CNS :

Renal :

Hepatic / GE : Physical Activity: active

Others : Noticed bleeding PV from 1day.

Past Anaesthetic History: Lap hysterectomy done on 13/5/26. Hysterotomy

Physical Exam:

Airway: MP 1 (2) 3 4 Mouth Opening: wnl Mentohyoid Distance: wnl Neck: wnl Teeth: nil loose

Lungs : chest clear

Heart: S1S2 wnl

CNS: GCS full

Pregnant: ☐ ~~Yes~~ ☐ No ☐ NA | Venous Access Site : + Spine Exam for regional :

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

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

CURRENT MEDICATIONS	DOSAGE

Pre-Operative Instructions: NPO + 6hrs

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:

(R.) CBP, PT, APTT, LFT, RBS, creatinine. Blood group

Signature: [signature] Name: Dr. Shalini

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

HNH-00015306 IP26-00006567
Mrs BADRI UMADEVI
24-10-1985 40 Y 7 M 19 D (F)
Dr. RAJANI KUMARI

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:

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

H.R: 84 | B.P / CRT: 160/110 | SpO_2: 100 | R.R: 18 | Last Feed: > 6hrs

Pre-OP Diagnosis: Bleeding PV | Operation: Exploration | Date: 12/6/2026

Surgeon: Dr Rajani Kumari | Anaesthesiologist: Dr Shalini / Dr Jyothi | Technician: Praveen

TIME	11	x	12
N_2O /AIR /O_2 LPM			
HALO /SO /SEVO			
Drugs:			
Inj: MIDAZ	2mg		
Inj: TRANEXA	1g		
FIO_2 / SaO_2	100 100	100 100	
$ETCO_2$			
ECG	SR	SR SR	SR
Temperature			
Urine Output			
Fluids / Blood	RINGER LACTATE		

Antibiotic

Suppository: TRAMADOL 100mg

Blood Loss

NOTES

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

Tourniquet on Time
Tourniquet off Time

Throat Pack In
Throat Pack Out

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

LAB Values: ABG | GRBS | Others

☒ Equipment Checked and Functional
☒ BP
☒ Cuff Site: (L) arm
☐ Art Site:
☒ EKG Lead
☒ Temp Site
☐ FIO_2 Monitor
☐ Agent Monitor
☒ Pulse Oximeter
☐ Capnograph
☐ Ventilator
☐ Nerve Stimulator

Position: Lithotomy
☐ 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: 11.00am
OP Start:
OP End:
Leave OR: 12:00 pm

Anaesthesia:
☐ GA
☐ Monitored Anaesthesia Care
☒ Regional

Line (Size & Location)
☐ CVP:
☐ ART:
☒ IV: (R) 18G
☐ IV:
☐ IV:

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

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

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

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

Regional:
Extremity Specify:
☒ Spinal ☐ Epidural ☐ Caudal
Others:
Position: Sitting
Site: L3-L4
Needle Size: 25G Depth:
Parasthesia ☐ Yes ☐ No
Catheter at skin ..... cm
Drug Name & Conc: 2ml 0.5% Bupivacaine
Bolus: +60 mcg Cupreno+Nalb
Infusion:
Block Level: T10
Comments:

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

Name of the Doctor: Dr Sumana
Signature of the Doctor: