CUV-00100198 IP26-00006529
Mrs SAPAVAT DIVYA TEJA
07-08-1995 30 Y 10 M 1 D (F)
Dr. PADMAJA YELISETTY

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

SURGERY DETAILS

Date : 08/06/2026

Patient Name: Mrs Sapavat Divya Teja Date of Birth: 07-08-1995 Age: 30Y

Gender: Female Ward : LDR UHID No.: CUV-00100198

Date of Surgery: 08/06/2026 LDR-I ☐ ~~OT -1~~ ☐ OT -2 ☐ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : N.V.D. ~~E~~ Epidural

Time in : 3PM Time Out : 4PM

		NAME	AMOUNT
1.	Surgeon	Dr. Padmaja Yelisetty	
2.	Anaesthetist	Dr. Samir	
3.	Assistant Surgeon	Dr. Swathi H.V	
4.	OT Technician		
5.	Circulating Nurse	Kasturi	
6.	Assistant Nurse	Sujatha	

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

Dr. Naveena. Asuha.
Signature of the Surgeon Signature of Circulating Nurse

Order No: 26-0000205347 Order by: Anusha.

CUV-00100198 IP26-00006529
Mrs SAPAVAT DIVYA TEJA
07-08-1995 30 Y 10 M 1 D (F)
Dr. PADMAJA YELISETTY

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

DEFICIENCY CHECK LIST OF CASE SHEET

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

Doc. No. : RCH/ FRM / GENERAL / 126

Signature and Date : 09/06/26

(PTO)

DISCHARGE SUMMARY

Name	Mrs SHWETA TOTLA	**UHID**	HNH-00002880
Father/Guardian	Mr PANKAJ TOTLA	**Age/Gender**	37 Y 4 M 29 D/ Female
Address	flat no 202, 3rd floor m h residency old mla qrts hyderabad, Himayatnagar, Hyderabad, Telangana, INDIA, 500029		
IP No	IP26-00006280	**Admission Date**	05-05-2026
Ref Doctor	Self.		
Discharge Date	07.05.2026		

DISCHARGE SUMMARY

Consultant:
Dr. KADIYALA RAMYA THEJA
MBBS/DNB
TSMC/FMR/01458

Diagnosis: G4P2L2A1 WITH 37+4 WEEKS PERIOD OF GESTATION WITH OLIGOHYDRAMNIOS WITH TWO PREVIOUS LSCS WITH ADVANCED MATERNAL AGE FOR ELECTIVE LSCS AND BILATERAL TUBECTOMY.

ELECTIVE LOWER SEGMENT CAESAREAN SECTION AND BILATERAL TUBECTOMY DONE ON 05.05.2026

Name	Mrs SAPAVAT DIVYA TEJA	**UHID**	CUV-00100198
Father/Guardian	Mr KETHAVATH HARIKISHAN	**Age/Gender**	30 Y 10 M 1 D/ Female
Address	4-16, CHARAKONDA (M) KAMALPUR (V) PO: JUPALLY, Kalwa Kurthy, Nagar Kurnool, Telangana, INDIA, 509324		
IP No	IP26-00006529	**Admission Date**	07-06-2026
Ref Doctor	SELF		
Discharge Date	09.06.2026		

DISCHARGE SUMMARY

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

Diagnosis: G3P2L1D1 WITH 37+1 WEEKS FOR INDUCTION OF LABOUR

SPONTANEOUS VAGINAL DELIVERY DONE ON 08.06.2026.

History:
LMP: 21.09.2025 Obstetric formula: G3P2L1D1
EDD: 28.06.2026 Gestation at admission: 37^{+1} weeks

Obstetric History:
G1 - 2020 - FT-IUFD - at 37weeks, Male, wt ??, Unexplained IUFD
G2 - 2021 - FTNVD, Female, 3.1kg, A&H
G3 - Present pregnancy, Spontaneous Conception.

Medical History : Hypothyroidism since 2021 (currently on Thyronorm 112 mcg).
Surgical History: Nil
Allergies : Nil
Family History : Nil

Antenatal Details:
Mrs SAPAVAT DIVYA TEJA was booked to Rainbow hospital at 35^{+6} weeks period of gestation. She had regular antenatal checkups and investigations as advised. NT scan was normal. FTS was low risk. TIFFA was normal. Fetal

Name	Mrs SAPAVAT DIVYA TEJA	**UHID**	CUV-00100198
IP No	IP26-00006529	**Admission Date**	07-06-2026

monitoring was done by serial growth scan. A growth scan was done on 5/6/26 at 36 +5 weeks: SLF, cephalic, EFW: 2539 g(14%centile), AC: 3 %, AFI: 17.9 cms, Placenta: Anterior, High, Fetal and uterine artery doppler: Normal. She was admitted at 37^{+1} weeks with labour pains for delivery.

Investigations: Enclosed
Blood group : "O" Positive

Management: Course in hospital and Delivery Details:
At admission on clinical examination the vitals were stable, uterus was mild acting, cervix was partially effaced and 1 finger dilated. Fetal well being was confirmed by an admission CTG which was found to be reactive. Informed consent taken for vaginal birth. Labour augmented with 5 doses of PGE1. Artificial rupture of membrances done at 3 cms dilatation revealing clear liqour. As per hospital protocol she was started on IV. Taxim in view of ruptured membranes. Partographic monitoring of labour was done. Patient opted for epidural analgesia at 3 cm dilatation for pain relief. The same was sited by an anesthetist after informed consent. Further augmentation was done by oxytocin infusion. She progressed to full dilatation at 02:50pm. Passive descent of fetal head was allowed. She was put into position for vaginal birth. Parts painted with betadine solution and draped to ensure full asepsis. She was encouraged to bear down. At crowning of head episiotomy was given under local anesthesia (10 ml of 2 % xylocaine solution). Baby was delivered by spontaneous vaginal delivery, Cord clamped and cut and baby handed over to pediatrician. Cord blood collected for blood grouping and Rh typing. Placenta and membranes delivered completely with controlled cord traction. Prophylactic syntocinon given. Episiotomy inspected. No extensions or additional vaginal tears found. Episiotomy sutured in layers. Instrument and swab count checked. Per rectal examination done pre and post episiotomy repair and found intact, NAD. 1000 mcg of misoprostol given per rectally as prophylaxis against post partum hemorrhage. Vagina cleaned with betadine solution.

Delivery Details:
Date : 08.06.2026
Time of Delivery: 03:09pm
Type of Labour : Spontaneous
Type of Delivery: Spontaneous vaginal delivery

Baby Details:

Date : 08.06.2026
Time of Delivery : 03:09pm

Name	Mrs SAPAVAT DIVYA TEJA	UHID	CUV-00100198
IP No	IP26-00006529	Admission Date	07-06-2026

Sex : Male
Weight : 2.520kg
Apgar : 8,9
Gestational Age: 37^{+1} weeks
NICU Admission: No.

Post-Partum Notes: She was closely monitored for post partum hemorrhage. Breast feeding initiated. Vitals were stable; patient ambulated and was shifted to room. Patient was encouraged for spontaneous voiding. Dietary advice given. Her postpartum period following that was uneventful. On first postpartum day episiotomy wound was healthy and intact. Her general condition was satisfactory and she was found to be fit for discharge. Wound care and medications were explained to patient supplemented by written information. She was given the postpartum book for further reference.

Advice:

1. Tab. Taxim - O 200mg (Cefixime 200mg) twice daily till 14.06.2026 (9am-9pm) after food.
2. Tab. Calpol 500mg (Paracetamol 500mg) (2tabs) thrice daily till 12.06.2026 (8am-2pm-10pm) after food.
3. Tab. Pantodac (Pantoprazole - 40mg) 1 tablet twice daily till 14.06.2026 (7am-7pm) before food.
4. Tab. Voveran 50 mg (Diclofenac 50mg) thrice daily till 12.06.2026 (9am-3pm-11pm) after food.
5. Tab. Livogen (Elemental iron - 50mg, folic acid 1.5mg) once daily (7am) for three months before breakfast.
6. Tab. Shelcal (Elemental Calcium 500 mg, vitamin D3 250 IU) once daily (2pm) till breast feeding after food.
7. Betadine ointment for local application.
8. Syp. Duphalac 15 ml (Lactulose 3.33gm/5ml) at bed time for one week.
9. Sitz bath x 1 weeks
10. Continue Tab thyronorm **112mcg???** till further advise
11. Repeat FT3, FT4, TSH after 6 weeks and review.

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

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

Review with **Dr. Padmaja Yelisetty,** after **1 week** on **17.06.2026** Rainbow

Name	Mrs SAPAVAT DIVYA TEJA	**UHID**	CUV-00100198
IP No	IP26-00006529	**Admission Date**	07-06-2026

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, 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. Padmaja Yelisetty,
MBBS, MD, MRCOG,FRCOG
52427

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Childrens Hospital-Himayatnagar

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

ADMISSION SHEET

Registration Details :

Admission No : IP26-00006529 **Admit Date** : 07-Jun-2026 **Admit Time** : 08:27 PM **UHID** : CUV-00100198

Patient Details :

Patient Name	: Mrs SAPAVAT DIVYA TEJA	**Age**	: 30 Y 10 M 0 D
Guardian	: Mr KETHAVATH HARIKISHAN	**DOB**	: 07-08-1995
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 4-16, CHARAKONDA (M) KAMALPUR (V) PO: JUPALLY Kalwa Kurthy Nagar Kurnool Telangana INDIA 509324	**Phone No**	: 7569731913
		E-mail	: na123@gmail.com

Admission Details :

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

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

Contact Details :

Name : Mr KETHAVATH HARIKISHAN **Relationship** : W/O

Contact Address : 4-16, CHARAKONDA (M) KAMALPUR (V) PO: JUPALLY Kalwa Kurthy Nagar Kurnool Telangana INDIA 509324 **Phone No** : 7569731913

Signature

Doctor Details :

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

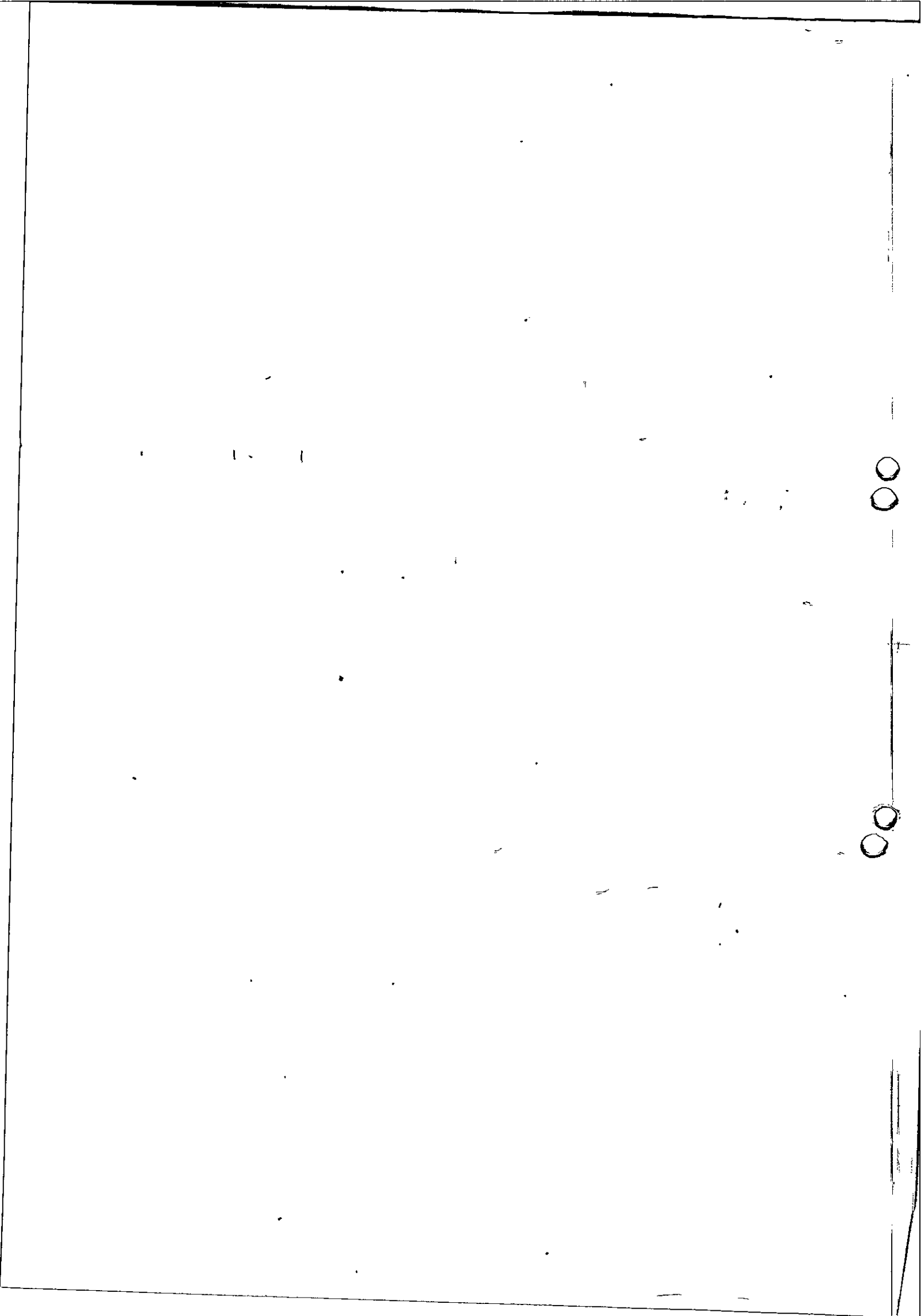
Referral Doctor : SELF **Phone No** :

Co-Consultant :

Payment Details :

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

Payor Name : MEDI ASSIST INSURANCE TPA PVT LTD



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
CUV-00100198 IP26-00006529 Mrs SAPAVAT DIVYA TEJA 07-08-1995 30 Y 10 M 1 D (F) Dr. PADMAJA YELISETTY	07/06/2026 @8:22pm	08/06/2026 7pm
	Transfer Ordered by Dr. Manisha	Reason for Transfer observation
	From Unit LDR-I	To Unit 317
	Information to Attendant Yes ☑ No ☐	
	Number of Sheets in Clinical File 32	Number of Imaging Films NST-6
	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.		
2.		
3.		
4.		
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Anusha.G	Dr. Manisha

Patient & Clinical Records Received by : Divya 8/6/26 @ 7:10pm

Date & Time of Patient Received :

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

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

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

ACTIVITY RECORD FOR BILLING

CUV-00100198 IP26-00006529
Mrs SAPAVAT DIVYA TEJA
07-08-1995 30 Y 10 M 1 D (F)
Dr. PADMAJA YELISETTY

Name :

UHID No. : Consultant: 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
8/6/2026	7PM	LDR - I	312	Anusha.k / Divya

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	Dr. Tejasvi Reedy	9/6/26	5552	[signature]
2				
3				
4				
5				
6				
7				
8				
9				
10				

Cross checked by Divya @ 12:50PM

Docu. No. RCH/FRM/GENERAL/145

INVESTIGATIONS

Date	Investigations	Order No.	Signature
7/6/26	NST — 1	6857	[illegible]
7/6/26.	NST — 2	6860	[illegible]
8/6/26	NST — 3	6863.	[illegible]
8/6/26	NST — 4	6864	[illegible]
8/6/26	NST — 5	6889	[illegible]
8/6/26	NST — 6	6912	[illegible]
		Cross checked by Anusha	Done

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
8/6/26.	Cardiac monitor	1:30pm	4pm	205294	[illegible]
8/6/26	Epidural pump			205294	
8/6/26	Infusion pump	2pm		205354	

Cross checked done by Anula.6.

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
7/6/26	IV placement	1	205077	
8/6/26	PAC	1	205296	
8/6/26	Catheterisation	1	205295	
	Cross checked done by Supriya			
9/6/26	NHA	1	5550	
	Cross checked by Mamta @ 1pm			

ANY OTHER INFORMATION

.....

.....

.....

.....

.....

.....

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

CUV-00100198 IP26-00006529
Mrs SAPAVAT DIVYA TEJA
07-08-1995 30 Y 10 M 0 D (F)
Dr. PADMAJA YELISETTY

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

@ for IOL

LMP: 21/9/25 EDD:

Corrected EDD: 28/6/26. GA: 37+1 wks.

Obstetric Formula: $G_3P_2L_1D_1$.

Menstrual History: Regular : ☑ Yes ☐ No

Booked case @ 35+6 wks.

Obstetric Hostory:

1st preg ( ) - FT-IUFD, ♂ / unexplained

2nd Preg (2021) :- FT-ND ; GDM on diet.
♀ 3.1kg.

Present Pregnancy Record:

PP - Spontaneous conceptn. NT - (N)

S.- low risk ; TIFFA - (N).

Growth - (N).

RISK FACTORS:

4/0 IUFD

Height: 152 cm

Weight: 71.0 kg

Allergies: Nil

Breast: ☑ Normal ☐ Abnormal

General Examination:

Consciousness: (+) Pallor: (-)

Icterus: (-) Edema: (-)

Temp: Afebrile PR: 86bpm

BP: 100/70 mHg DTR: (N)

CVS: S1S2 (+) RS B/L NVBS

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

Obstetric Examination

Fundal Height: AT Term

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

Liquor: ☑ Adequate ☐ Oligo ☐ Poly

PP: ☑ Cephalic ☐ Breech Others _____

Head Fifths Palpable: 5/5

FHS: ☑ Normal ☐ Tachy ☐ Brady ☐ Absent

Per Speculum Examination - N/A

Draining: ☐ Present ☐ Absent ☐ Bleeding

Colour of Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Vaginal Examination

Cervix: ☐ Long ☑ Partially effaced ☐ Effaced

Os: Closed _____ Dilated 1 finger dilated

Membranes: ☑ Present ☐ Absent

Liquor: ☑ Clear ☐ Meconium ☐ Blood Stained

Presenting Part: ☑ Vertex ☐ Breech ☐ Others

Sutton: ☑ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2

Pelvis: ☑ Adequate ☐ Doubtful

DIAGNOSIS

$G_3P_2L_1D_1$ | 37+ wks c prev NUD. for IOL

CUV-00100198 IP26-00006529
Mrs SAPAVAT DIVYA TEJA
07-08-1995 30 Y 10 M 1 D (F)
Dr. PADMAJA YELISETTY

Family History:	Surgical History:
Nil	Nil
Medical History:	**Medication History:**
k/c/o Hypothyroidism on T.	Nil.
Plan of Care:	**Investigations:**
INDUCTION OF LABOUR - Admission CTG - Prepare parts - Informed consent - NST every 3rd hourly - FHR 2nd hourly monitoring - T. Misoprostol 25mcg P/V @ 9am - f/b 2 hourly doses -	Blood Group - 'O' positive Hb - 12.7g/dl Plt - 2.91 lks 24/5/26 HIV HBsAg VDRL NR USG (25/6/26) ~ 36+5 wks SLF, Cephalic AFI - 17.9, Pl-Ant & High. Dopplers (N) EFW - 2.5 kg (14%) @ 3%

Dr. Padmaja Yelisetty
Consultant Obstetrics and Gynecology
Reg. No. 52427

Doctor Name: Dr. G. Veena
Signature:
Date & Time: 25/6/26 @ 9pm

Consultant Name: Dr. Padmaja Yelisetty
Signature:
Date & Time: 25/6/26 @

CUV-00100198 IP26-00006529
Mrs SAPAVAT DIVYA TEJA
07-08-1995 30 Y 10 M 0 D (F)
Dr. PADMAJA YELISETTY

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/6/26 9PM	c/s/B Dr. Veena	
	G3P2L1D1 | 37 wks | prev NVD	
	Pt is stable, No c/o	
	o/e GC-fair, Afebrile	Adv
	Vitals - stable	- Admission CTG
NST - Reactive	P/A - UHN Term	- NST 3rd hourly
	Irritable	- FHR 2nd hourly monitring
	FHS (+)	- W/f progress
	P/V - Cervix 1/2 finger dil.	- Prepare parts
	Vx = -3 station	- Inform SOS
	2cm long	
	Membranes (+)	
	P/V misoprostol 25mcg kept	
6/26 1AM	c/s/B Dr. Veena	
	G3P2L1D1 | 37+1 wks | prev NVD	
NST - Reactive	Pt is stable, No c/o	Adv
	o/e GC fair, Afebrile	- NST 3rd hourly
	Vitals - stable	- FHR 2nd hourly
	P/A - UHN Term	- W/f progress
	2/15'/10'	- Continue TOL c T. misoprostol 25mcg Orl
	FHS (+)	- Inform SOS.
2nd dose - P/o misoprostol 25mcg given		- W/f warning signs

CUV-00100198 IP26-00006529
Mrs SAPAVAT DIVYA TEJA
07-08-1995 30 Y 10 M 1 D (F)
Dr. PADMAJA YELISETTY

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/6/26	c/s/B Dr. Veena	
4 AM	~~RO~~ $G_3P_2L_1D_1$ / 37^{+1} wks	
	Ongoing IOL.	
	Pt is stable, Noc/o	
NST Reactive	o/e - GC - fair, Afebrile	
	Vitals - stable	Adv
	P/A - Ut ~ Term	- Soft diet
	3/20-25"/10'	- NST 3rd hourly
	FHS (+)	- FHR 2nd hourly
	P/V - Cx 1 finger dilated,	- w/f progress
	posterior, 2cm long,	- Continue IOL
	V_x = -3 station	- Vital monitoring
	mildly effaced.	- Inform SOs
3rd dose	- P/o misoprostol 25mcg given	
8/6/26	c/s/B Dr. Veena	
4 AM	$G_3P_2L_1D_1$ / 37^{+1} wks	
NST Reactive	Ongoing IOL.	Adv
	Pt is stable, Noc/o	- Soft diet
	o/e GC fair, Afebrile.	- NST 3rd hourly
	Vitals - stable.	- FHR 2nd hourly.
~~RO~~	P/A - Ut ~ Term	- w/f progress
	3/20"/10', FHS (+)	- Vital monitoring
	& ~~RO~~	- Continue IOL
4th dose	- p/o misoprostol 25mcg given	- Inform SOs

CUV-00100198 IP26-00006529
Mrs SAPAVAT DIVYA TEJA
07-08-1995 30 Y 10 M 1 D (F)
Dr. PADMAJA YELISETTY

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/6/26	c/s/b Dr. Dua.	
9:30 AM		
	G3 P2 L1 c 37+ week c prev NVD. ↓ IOL.	
	C/C fair Afebrile	
	P° PE° BP:.	Adv.
	PR: 84/min	- Rest in left lateral position
	P/A Ut c Term.	
	Cephalic	- NST 3rd hourly
	FHS (+)	- FHS 2nd hourly.
	1 c/20/10	- W/F POL
	head 3/5 palpable.	- Vital Monitoring
		Inform SOS.
	4 doses of T Misoprostol given	

CUV-00100198 IP26-00006529
Mrs SAPAVAT DIVYA TEJA
07-08-1995 30 Y 10 M 1 D (F)
Dr. PADMAJA YELISETTY

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/6/26 9:40AM	Reviewed the couple in LR 2	
	History as above	
	Ongoing IOL	
	4th dose PGE1	
	NST : Just started	
	Previous NST Reassuring	
	P/A: uterus term, cephalic, head 2/5 up	
	acting mildly 20"-25" - 3'-4'	
	P/V: Cx PE post 2cm dil	Memb(+) sweep & stretch
	done Vx -2 station.	
		Adv
		- 5th dose of PGE1
		-) For ARM + oxytocin as
	Dr. Padmaja Yelisetty Obstetrics and Gynecology Cons... Reg. No: 52427	required
		- Analgesia SOS
		Y Padmaja P. Yelisetty 52427
	S/B Dr. ...	
8/6/2026 12:00pm	- G3 P1 L1 ... NVD. @ 37 wks+4d	
	for Ongoing IOL	
		Advice:
	O/E: vitals:	- ... POL
	P →	- To start oxytocin.
	BP →	Augmentation
	...	after 4 T4.
	PA: ut TS, ceph	- Analgesia - Epi as per pt's
	3/5th, FHS ⊕ reg.	request.
	relaxed.	- ... 2 hrs / SOS

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

CUV-00100198 IP26-00006529
Mrs SAPAVAT DIVYA TEJA
07-08-1995 30 Y 10 M 1 D (F)
Dr. PADMAJA YELISETTY

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	PV: Os. 3-4 cm	
	Vx at RI-2 I, 50 % effaced.	
	membranes (+). ARM done.	
	clear liquor (+), no port ARM	
	drops	Dr. Swathi H V Consultant Obstetrics and Gynecology Reg. No: 15501 (signature)
8/6/2024	C/s/b Dr	Mamatha
3:50pm	Pain - 0	
	GC - fair Afebrile	Adv -
	BP - 118/76	- Regular Diet / Adequate hydration
	PR - 90	- Drugs as chart
	P/A ut well retracted	- W/F vitals & BPV
Botym MS	PV - Bleeding WNL	- Encourage to void
	Episiotomy intact	- Foley's removal after consciousness
	PR - NAD	- Inform SD
	U/o Adeq	
		by Dr Mamatha
		Noted by Anitha

CUV-00100198 IP26-00006529
Mrs SAPAVAT DIVYA TEJA
07-08-1995 30 Y 10 M 1 D (F)
Dr. PADMAJA YELISETTY

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/06/2024.	C/s/b Dr Manisha	
6pm	PND-O	
	GC Fair Afebrile	Adv
	BP 118/70	Regular Diet, Adeq Hydration
BMS (mathuride)	PR 80	Drugs as charted
	P/A ut well retracted	WTF vitals & Excess BPV
	PV - Bleeding WNL	Ambulation
	Episiotomy intact	Exclusive Breast feeding
U ✓		Inform SOS
		Shift to Room
		Noted by Anusha 6/6/26 @ 6pm Dr Manisha
8/6/26		
7:00 pm	O-PND	
	No complaints	
body well	Vitals (N)	Can shift to room
	PA: soft, UWR	
U ✓	PV: bleeding (N)	
	Sutures (H)	[signature]
	...EJA KADWAH Reg. No: 01458	Dr RAMYA [illegible]

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

CUV-00100198 IP26-00006529
Mrs SAPAVAT DIVYA TEJA
07-08-1995 30 Y 10 M 1 D (F)
Dr. PADMAJA YELISETTY

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/6/26 10:45pm	O FND No complaints U:✓	Dr. RAMYA THEJA KADIYALA Reg No: 01458
9/6/2026	c/s by	Dr-Naveena
8:15am	O/E GC-fair Afebrile PR: 85bpm BP: 112/74mmHg CVS/RS: NAD. PA: ut. retracted well Soft, NT IIE: PV bleeding WNL episiotomy wound: clean & intact. Baby: mother side B/L breasts: soft, minimal Secretions (+)	Adv - Regular diet - Adequate hydration. - Ambulation - drugs as charted. - w/f PV bleeding - Monitor Vitals - Inform SOS. - SITZ BATH. N/B priyanka. Dr. Naveena.

U-✓ S-✓ F-✓

CUV-00100198 IP26-00006529
Mrs SAPAVAT DIVYA TEJA
07-08-1995 30 Y 10 M 1 D (F)
Dr. PADMAJA YELISETTY

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/6/2026 11:30am.	c/s by Dr. Ramya theja	
	O/E GC-fair	Adv
	Afebrile	-Regular diet
V-✓	Vitals - stable	-Adequate hydration
F-✓	PA: ut retracted well	-Ambulation
	Soft, NT.	-drugs as charted.
S-✓	UE-PV bleeding WNL	-Remove Canula
	episiotomy wound: clean & intact	-Monitor Vitals
		-Inform SOS
	Baby: MS	
	patient can be discharged.	Dr. Nawaz.

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

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
	Lactation care plan	
9/6/26 12pm	– well formed Breast & Nipple's – Adv DBF – baby suck & latch observed – Aim for deep latch as demonstrated in cradle hold. – stimulate baby continuously while feeds – make baby suck 15-20mints on each side every 2nd hrly.	Sathvika Dietitian & Lactation

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

CUV-00100198 IP26-00006529
Mrs SAPAVAT DIVYA TEJA
07-08-1995 30 Y 10 M 1 D (F)
Dr. PADMAJA YELISETTY

317

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 9/6/26 Time: 12 pm

Origin: Indian Height: 152 cm Weight: 70 Kg BMI: ☐ ~ 26 kg/m² ☐ ~ 28 kg/m² ☑ ~ 30 kg/m²

Food Allergies: No

Diagnosis: NVD

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

Diet Advised:

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

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

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

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

Patient's / Attendant's

Signature: Divya

Name:

Date & Time: 9/6/26; 12 pm

Dietician's

Signature: Sobiya

Name: Syeda Sobiya Zahra

Date & Time: 9/6/26; 12 pm

DIETARY NOTES

Date	Time	Notes	Sign

CUV-00100198 IP26-00006529
Mrs SAPAVAT DIVYA TEJA
07-08-1995 30 Y 10 M 0 D (F)
Dr. PADMAJA YELISETTY

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

DRUG CHART

Date of Admission: 7/6/26 Drug Allergies: .... ☑ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

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

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

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

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

CUV-00100198 IP26-00006529
Mrs SAPAVAT DIVYA TEJA
07-08-1995 30 Y 10 M 0 D (F)
Dr. PADMAJA YELISETTY

REGULAR PRESCRIPTIONS

Weight. 70.7 Ward. 404

Verified by Dr. Dhakshayini

DRUG : T. THYROXINE				Date ▸ Time ▾	8/6	9/6
Dose	Route	Frequency	Start Date			
112mcg	P/O	OD	8/6/26	6AM		
Name & Signature of the Doctor Starting the Drugs:						
Additional Instructions: (T. Thyronorm).						
Daily Doctor's Endorsement by a Sign						

DRUG : T CEFIXIME				Date ▸ Time ▾	8/6	9/6
Dose	Route	Frequency	Start Date			
200mg	P/O	BD	8/6	10AM	X	
Name & Signature of the Doctor Starting the Drugs: Dr Ammanshe						
Additional Instructions:				10PM		
Daily Doctor's Endorsement by a Sign						

DRUG : T. PANTOPRAZOLE				Date ▸ Time ▾	8/6/26	9/6
Dose	Route	Frequency	Start Date			
40mg	P/O	OD	8/6	6AM	8pm	
Name & Signature of the Doctor Starting the Drugs: Dr Ammanshe						
Additional Instructions:						
Daily Doctor's Endorsement by a Sign						

DRUG : T PARACETAMOL				Date ▸ Time ▾	8/6	9/6
Dose	Route	Frequency	Start Date			
1g	P/O	TID	8/6	6am	X	
Name & Signature of the Doctor Starting the Drugs: Dr Ammanshe				2PM	X	
Additional Instructions:				10PM		
Daily Doctor's Endorsement by a Sign						

CUV-00100198 IP26-00006529
Mrs SAPAVAT DIVYA TEJA (F)
07-08-1995 30 Y 10 M 0 D
Dr. PADMAJA YELISETTY

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Sheet No: .....

REGULAR PRESCRIPTIONS

Weight ...10.7... Ward ...LDR...

DRUG : T. DICLOFENAC				Date→ Time	8/6	9/6													
Dose	Route	Frequency	Start Dt.																
50mg	P/O	BD	8/6																
Name & Signature of the Doctor Starting the Drugs: Dr Amarsh					9AM	X													
Additional Instructions:																			
					9PM	✓													
Daily Doctor's Endorsement by a Sign																			

DRUG : SYP DUPHALAC				Date→ Time	8/6														
Dose	Route	Frequency	Start Dt.																
15ml	P/O	OD	8/6																
Name & Signature of the Doctor Starting the Drugs: Dr Amarsh					10PM	✓													
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign																			

DRUG : OINT POVIDINE IODINE				Date→ Time	8/6	9/6													
Dose	Route	Frequency	Start Dt.																
Pea Size	L/A	BD	8/6		10AM	X													
Name & Signature of the Doctor Starting the Drugs: Dr Amarsh																			
Additional Instructions:					10PM	✓													
Daily Doctor's Endorsement by a Sign																			

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

Patient Sticker

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Sheet No: ....

REGULAR PRESCRIPTIONS

Weight 10.8 Ward 104

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 ....

CUV-00100198 IP26-00006529
Mrs SAPAVAT DIVYA TEJA
07-08-1995 30 Y 10 M 0 D (F)
Dr. PADMAJA YELISETTY

Weight. 70.4kg. Ward. LDR

	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
7/6/26	9PM	T. MISOPROSTOL	25mcg	P/V.		Madhu Akhila
8/6/26	1am	T. MISOPROSTOL	25mcg	P/O		Madhu
8/6	4AM	T. MISOPROSTOL	25mcg	P/O		Madhu
8/6/26	7 AM	T. MISOPROSTOL	25 mcg	PO		AKHILA
8/6	10 am	T. MISOPROSTOL	25mcg	PO		kavitha Akhila Roy
8/6/26	11:50AM	INJ PROTAVERINE	1 AMP	IV		Kavi
8/6	12:15pm	INJ BUSCOPAN	1 AMP	IV		Kavi
8/6	1:30pm	INJ PROTAVERINE	1 AMP	IV		Kavi
8/6	1:00pm	INJ BUSCOPAN	1 AMP	IV		Kavi

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

CUV-00100198 IP26-00006529
Mrs SAPAVAT DIVYA TEJA
07-08-1995 30 Y 10 M 1 D (F)
Dr. PADMAJA YELISETTY

I.V. FLUIDS CHART

Weight. 70 kg Ward. LR

		...sition of I.V. Fluid ...tion ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
8/6	1:00pm	RINGER LACTATE	IV	100ml/hr	[signature]	[signature]	8/6	[signature]	[signature]
8/6/26	2:00pm	INJ. OXYTOCIN 10U IN 500ML RINGER LACTATE	IV	100ml/hr	[signature]	[signature]	8/6	[signature]	[signature]
8/6/26	2:40 pm	RINGER LACTATE	IV	100ml/hr	[signature]	[signature]	8/6	[signature]	[signature]
		STOP [signature]							

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

CUV-00100198 IP26-00006529
Mrs SAPAVAT DIVYA TEJA
07-08-1995 30 Y 10 M 1 D (F)
Dr. PADMAJA YELISETTY

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

STAT / ONCE ONLY DRUGS

Name: ..... Weight: ..... kgs

Sheet No: .....

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
8/6	2:20 PM	INJ. CEFOTAXIME	1gm	IV			
8/6	3:40 PM	INJ OXYTOCIN	10U	IM			
8/6	3:40 PM	TAB MISOPROSTOL	1000mcg	P/R			
8/6	3:40 PM	DICLOFENAC SUPPOSITORY	20mg	P/R			
8/6	6:20 PM	TRANEXAMIC ACID	1g	IV			

CUV-00100198 IP26-00006529
Mrs S DIVYA TEJA
07-08-1995 30 Y 10 M 0 D (F)
Dr. PADMAJA YELISETTY

3/6/26 (3rd)

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	3/6/26					
Time	1:23					
Hb	12.7					
PCV	35.0					
RBC	4.2					
WBC	12.93					
N/L						
Platelets	291					
CRP						
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

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

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

CUV-00100198 IP26-00006529
Mrs S DIVYA TEJA
07-08-1995 30 Y 10 M 0 D (F)
Dr. PADMAJA YELISETTY

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

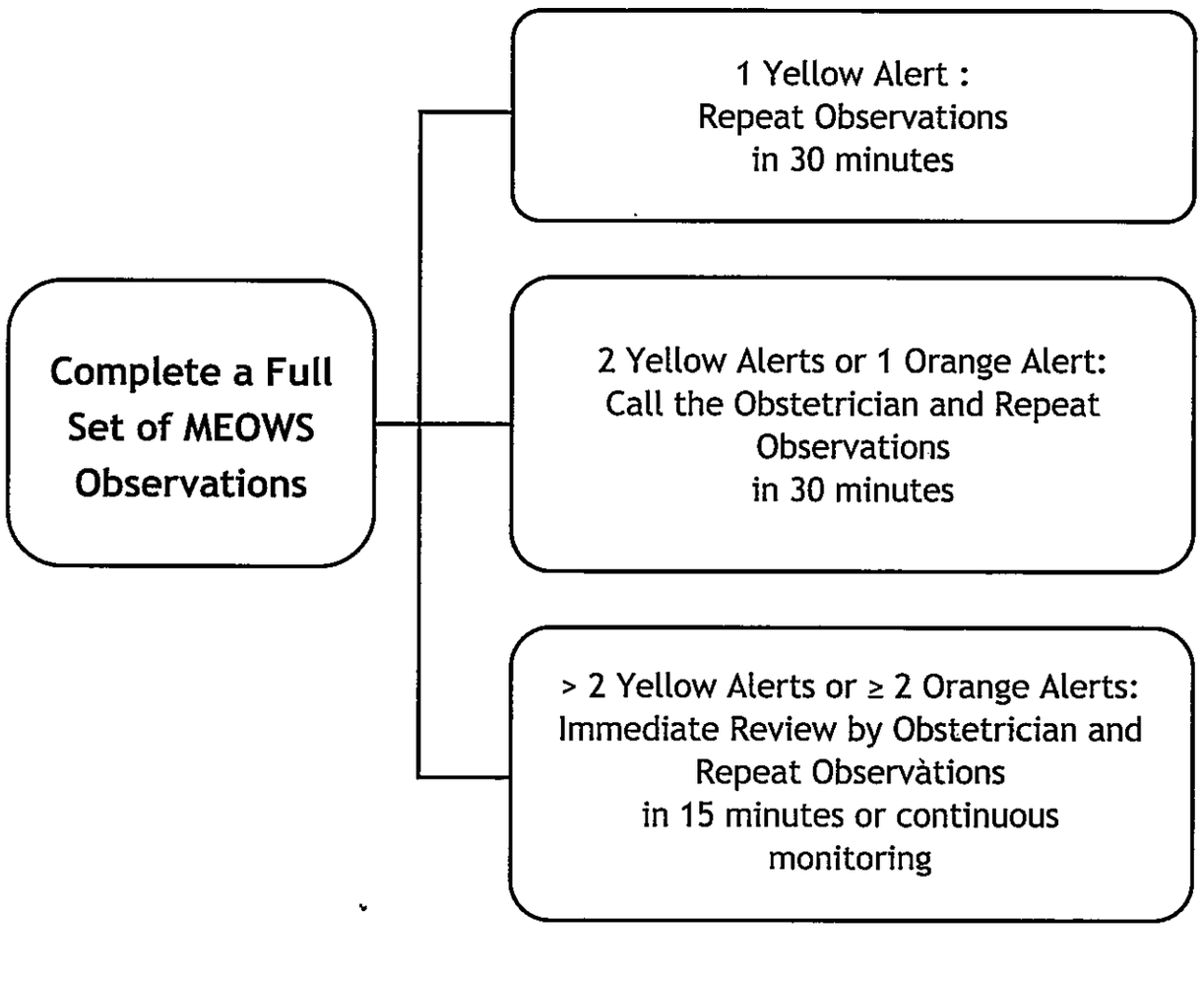
BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Early Warning Observation Score Chart - Obstetrics

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

8/6/26	Date																							
	Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20													20				20				20			20
	0 - 10																								
Saturations	94 - 100 %													99%				99%				99%			99%
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37													36.(				36.(				36.(			36.(
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80													81				82				84			85
	70																								
	60																								
	50																								
	40																								
↑ Systolic Blood Pressue	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130													116				118				116			112
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
↓ Diastolic Blood Pressure	130																								
	120																								
	110																								
	100																								
	90																								
	80													71				73				72			74
	70																								
	60																								
	50																								
	40																								
NEURO RESPONSE [✓]	Alert													-				-				-			-
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30																								
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal																								
	Heavy / Foul																								
Liquor	Clear / Pink																								
	Green																								
TOTAL YELLOW SCORES														0				0				0			0
TOTAL ORANGE SCORES														0				0				0			0
Nurse Initial																									

Obstetrics and Gynaecology Early Warning Signs



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

CUV-00100198 IP26-00006529
Mrs S DIVYA TEJA
07-08-1995 30 Y 10 M 0 D (F)
Dr. PADMAJA YELISETTY

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

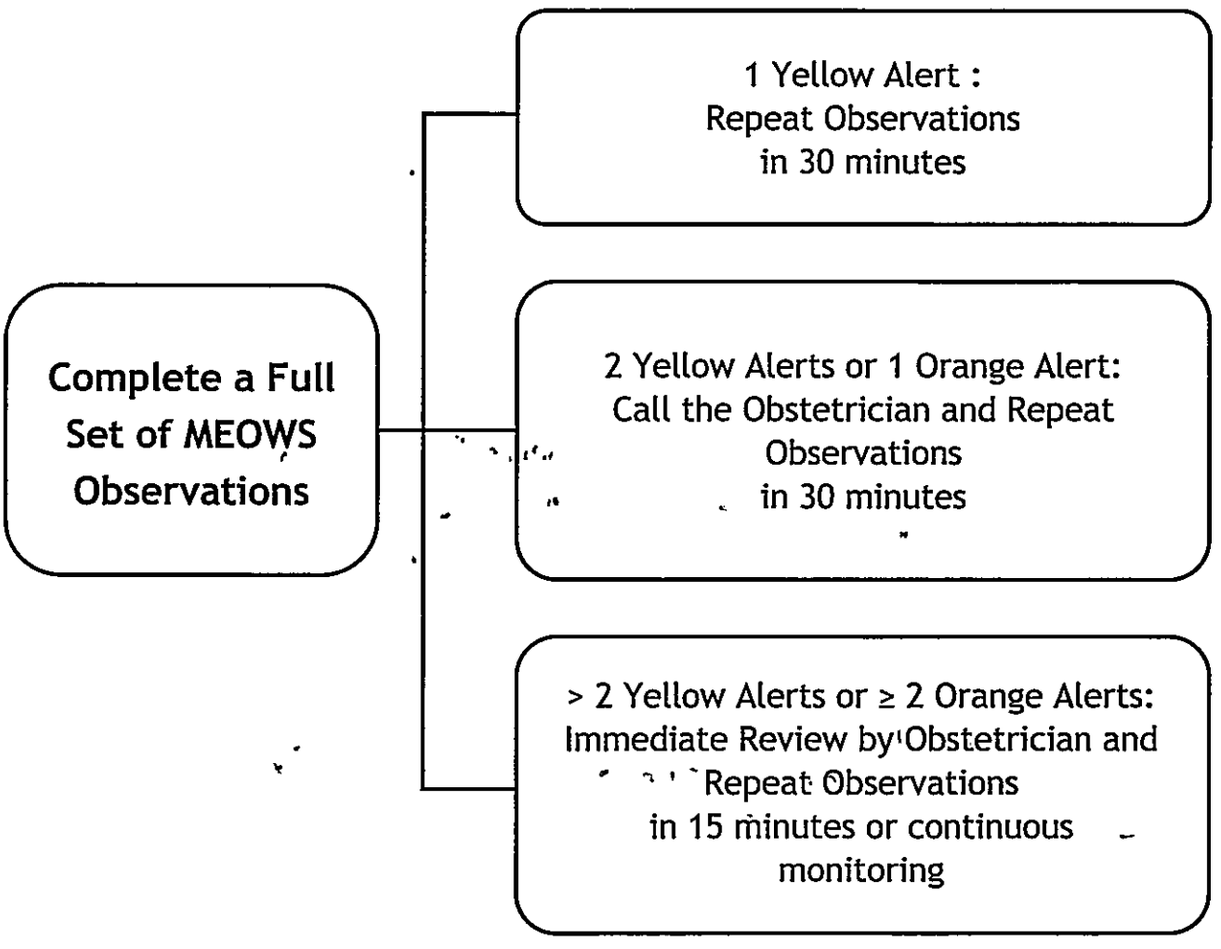
Early Warning Observation Score Chart - Obstetrics

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

7/7/26

		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	16		20		20	20	20	20	20	20	20	20				20				20				20	
	0 - 10																									
Saturations	94 - 100 %									98	98	98	98	99			94				99%				100%	
	< 94 %																									
Administered O_2 (L/min.)																										
Temp °c	40																									
	39																									
	38																									
	37																									
	36	98.6		98.4			after						37.6				38°C				97.8				98.8	
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90						93	99	82	80	79	88	71	80			85				86				79	
	80																									
	70	70																								
	60				66																					
	50																									
	40																									
Systolic Blood Pressue ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																								115	
	120																									
	110	110		107			110	115	117	115	114	113	119	110			116				117					
	100																									
	90																								(89)	
	80																									
	70																									
	60																									
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80	80		70			73	82	87	71	68	75	75	76			76				82				77	
	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)**

CUV-00100198 IP26-00006529
Mrs S DIVYA TEJA
07-08-1995 30 Y 10 M 0 D (F)
Dr. PADMAJA YELISETTY

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 1

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm						NA					
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 :**				
8/6	08:00 pm		H2O									
	09:00 pm											
	10:00 pm		H2O									
	11:00 pm											
	12:00 am		H2O									
	01:00 am											
Total Intake :		Taken						**Total Output :**		Passed		
8/6	02:00 am		H2O									
	03:00 am											
	04:00 am		H2									
	05:00 am											
	06:00 am											
	07:00 am		Idle									
Total Intake :		Taken						**Total Output :**		Passed		

Total 24 hrs. Intake		Total 24 hrs. Output	

CUV-00100198 IP26-00006529
Mrs S DIVYA TEJA
07-08-1995 30 Y 10 M 0 D (F)
Dr. PADMAJA YELISETTY

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : ....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
8/6/26	08:00 am											
	09:00 am		H2O						0	✓		
	10:00 am		H2O			NA					0	[illegible]
	11:00 am		H2O							✓		
	12:00 pm											
	01:00 pm	RL	Soup	100ml								
Total Intake :		Taken				Total Output :						
8/6/26	02:00 pm	RL		100ml								
	03:00 pm	RL		Stopped							0	[illegible]
	04:00 pm			H2O								
	05:00 pm			H2O								
	06:00 pm									✓		
	07:00 pm											
Total Intake :		Taken				Total Output :			Passed			
8/6/26	08:00 pm											
	09:00 pm									✓		
	10:00 pm	0									0	[illegible]
	11:00 pm			NA				NA				
	12:00 am											
	01:00 am											
Total Intake :						Total Output :						
9/6/26	02:00 am											
	03:00 am											
	04:00 am	0									0	[illegible]
	05:00 am			NA				NA				
	06:00 am											
	07:00 am											
Total Intake :						Total Output :						

Total 24 hrs. Intake	

Total 24 hrs. Output	

CUV-00100198 IP26-00006529
Mrs SAPAVAT DIVYA TEJA
07-08-1995 30 Y 10 M 0 D (F)
Dr. PADMAJA YELISETTY

NURSING CARE RECORD

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 4/6/26

Goals

- [ ] Maintain Airway and Oxygenation
- [x] Maintain Personal Hygiene
- [ ] Identify Potential Complications
- [ ] Relieve Pain & Discomfort
- [x] Prevent Infection
- [ ] Any Others. Specify.......
- [x] Maintain Fluid Balance
- [ ] Meet Elimination Needs
- [x] 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				NA			
Afternoon							
Night	8AM ↓ 8AM	→ Plan for vital → Plan I/O chart. → Plan for medication.	8AM ↓ 8AM	→ vital checked & recorded → Maintain I/O chart → All medication given	→ vital is normal	→ Pt is stable	@ Madhu

Docu. No: RCH /FRM / CLINICAL / 148

CUV-00100198 IP26-00006529
Mrs SAPAVAT DIVYA TEJA
07-08-1995 30 Y 10 M 0 D (F)
Dr. PADMAJA YELISETTY

NURSING CARE RECORD

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 8/6/28

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	→ Asses the patient condition → plan for vital & record → plan for IV fluids → plan for I/O chart	8Am – 2pm	→ Assessed the patient condition → Maintain vital & record → continue IV fluids → Maintain I/O chart	→ patient stable.	→ vital normal	[signature] [signature]
Afternoon	2pm – 8pm	→ Asses the pt condition → check the vital's → I/O chart Maintain → plan Medication →	2pm – 8pm	→ Assessed pt condition → checked vital's & record → Maintained I/O chart → given Medication as per doctor's orders	→ pt is stable	→ vital's is Normal	[signature]
Night	8pm – 8Am	– Assess the pt Condition – monitor vitals & I/O chart – drug as per chart		– Assessed the pt Condition – Monitored vitals & I/O chart – drugs as per chart	pt is stable	Rechecked vitals	[signature]

CUV-00100198 IP26-00006529
Mrs SAPAVAT DIVYA TEJA
07-08-1995 30 Y 10 M 0 D (F)
Dr. PADMAJA YELISETTY

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING SHIFT HAND OVER FORM - WARD

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

SITUATION	Diagnosis: IOL				Any Infection: ☐ Yes ☐ No ☑ Not Known If Yes Specify:		
BACKGROUND	Area / Shift Time	7/6 8PM	8/6/26 8AM	8/6/26 2PM	8/6/26 N1		
	Medical Condition (Any special condition to be noted):	NA	NO	-	-		
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	97.6 F	97.6 F	97.8 F		
	Res:	20	20	20	20bpm		
	SpO_2:	99%	100	99%	100%		
	Pulse:	87	72	83	86bpm		
	BP:			-	-		
	Fall Risk Score:	-	-	-	-		
	Pain Score:	-	0/10		-		
Recommendations	Safety Needs:	NA	Placed	-			
	Physiotherapy	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Others Specify:	NA	NA	-	-		
	Special Diet:	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	Other Special Orders / Medications:	NA	NO	-	-		
Post Operative Procedure Special Orders:		NA	NO	-	-		
Handed Over By Name :		Srivalli	Alekhya	Anusha	Priyanka		
Signature :		Sri	Alekhya		P		
Date:		8/6/26	8/6/26	8/6/26	9/6/26		
Time:		8AM	2PM	8PM	8AM		
Taken Over By Name :		Alekhya	Anusha	Priyanka			
Signature :		Alekhya		P			
Date:		8/6/26	8/6/26	8/6/26			
Time:		8:00PM	2PM	8PM			

Patient Sticker

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING SHIFT HAND OVER FORM - WARD

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

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

CUV-00100198 IP26-00006529
Mrs S DIVYA TEJA
07-08-1995 30 Y 10 M 0 D (F)
Dr. PADMAJA YELISETTY

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CHECKLIST FOR THROMBOPHLEBITIS

8/6/26

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1 7/6			DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0			NA	NA	—	—				
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	—	—				
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2			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	—	—				
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	—	—				
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	—	—				
		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 : Srivatha

Signature of Ward In Charge :

Signature : ..... Name : K Kasthuri

Patient Sticker

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CHECKLIST FOR THROMBOPHLEBITIS

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

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

Signature of Shift In Charge :

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

Signature of Ward In Charge :

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

CUV-00100198 IP26-00006529
Mrs S DIVYA TEJA
07-08-1995 30 Y 10 M 0 D (F)
Dr. PADMAJA YELISETTY

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	7/6	8/6/	8/6
		Score	8pm	8AM	E2
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0			
Secondary Diagnosis (more than one diagnosis)	Yes	15			
	No	0			
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0	0	0	0
IV / Heparin Lock or Saline	Yes	20	20	20	20
	No	0			
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10			
	Normal /On Bed Rest /Immobile	0			
Mental Status	Forgets limitations	15			
	Oriented to own ability	0			
Total Morse Fall Scale Score:			20	20	20
		Signature			

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

CUV-00100198 IP26-00006529
Mrs S DIVYA TEJA
07-08-1995 30 Y 10 M 0 D (F)
Dr. PADMAJA YELISETTY

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

BRADEN 'Q' SCALE

					Date :	7/6	8/6	8/6	8/6
					Time :	8PM	8AM	E	N
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

CUV-00100198 IP26-00006529
Mrs S DIVYA TEJA
07-08-1995 30 Y 10 M 0 D (F)
Dr. PADMAJA YELISETTY

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

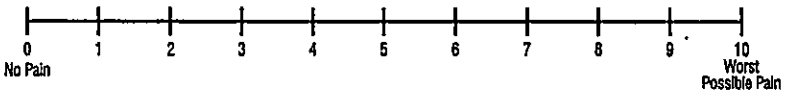
PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
7/6/26	8Am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
8/6	11Am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
8/6	2Am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
8/6	8Am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
8/6/26	10Am	0/10	Normal	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
8/6/26	2pm	0/10	Normal	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
8/6/26	4Pm	0/10	Normal	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
8/6/26	10pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

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

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

CUV-00100198 IP26-00006529
Mrs SAPAVAT DIVYA TEJA
07-08-1995 30 Y 10 M 0 D (F)
Dr. PADMAJA YELISETTY

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

MEDICATION RECONCILIATION FORM

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

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

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

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	TAB. IRON	1-0-0	P/O	OD	6/6/26	☐ C ☑ DC
2	TAB. CALCIUM	1tab	P/O	OD	6/6/26	☐ C ☑ DC
3	TAB. THYRONORM		P/O	OD	7/6/26	☑ C ☐ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. G. Veena.

Date & Time : 7/6/26. @

Nurse Name & Signature: dkvily

Date & Time : 7/6/26

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

CUV-00100198 IP26-00006529
Mrs S DIVYA TEJA
07-08-1995 30 Y 10 M 0 D (F)
Dr. PADMAJA YELISETTY

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

LABOUR AND DELIVERY NURSING ASSESSMENT

Date of Admission: 7/6/26

Baseline Information:

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

Primary Language: ☐ Telugu ☑ English ☐ Hindi ☐ Others

Do you require an interpreter? ☐ Yes ☑ No

Source of Information: ☑ Patient ☐ Family ☐ Others

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

handed over to .....

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

If yes , identify .....

Chief Complaints: IOL

Doctor Notified on Admission: ☑ Yes ☐ No

Name of the Doctor: Dr Veena

Time Notified: 9:00 pm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
Nil	Nil	Nil

Blood Group: O+ve LMP: 2/9/25 EDD: 28/6/26 Gestational age during admission: 37 weeks

Contractions: NO Vaginal Discharge: NO

Obstetric History: G 3 P 2 L 1 A ..... Previous LSCS —

Height: ..... Weight: 70 kg BMI: .....

Temp: 98.4 F HR: 87 RR: 20 BP: 100/70 SpO_2 99

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

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

CUV-00100198 IP26-00006529
Mrs S DIVYA TEJA
07-08-1995 30 Y 10 M 0 D (F)
Dr. PADMAJA YELISETTY

ılities Detected

☐ Heart Disease ☐ Hypertension ☐ Diabetes ☐ Stroke ☐ Seizures ☐ Kidney disease
☐ Liver disease ☐ Other .....

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

Fall Assessment: ☐ Yes ☑ No Score ..0.. (complete the Morse Fall Risk Assessment Sheet)

Risk of Pressure Sore: ☐ Yes ☐ No Score ..2.. (complete the Braden Q Sheet)

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

☐ Mobility problem ☐ Walking Problem ☑ No Abnormality Detected
☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING:

☐ Overweight ☐ Poor Appetite > 3 Days ☐ Needs Therapeutic Diet.
☐ Under Weight ☐ Diabetes Mellitus ☑ No Abnormality Detected

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

☑ Calm & Cooperative ☐ Restless ☐ Depressed ☐ Agitated ☐ Confused
☐ Others .....

Inform consultant for positive criteria

SOCIAL SCREENING:

1. Marital Status: ☐ Single ☑ Married ☐ Divorced ☐ Widow

2. Special Habits: **Smoker:** ☐ Yes ☑ No **Alcohol Abuse:** ☐ Yes ☑ No **Drug Abuse:** ☐ Yes ☑ No

Social History: Lives With ..family member..

Orientation has been given regarding the following aspects:

Call Bell in Reach : ☑ Yes ☐ No Waste Disposal Explained: ☑ Yes ☐ No
Infusion Pump : ☑ Yes ☐ No Hand hygiene Explained: ☑ Yes ☐ No ☐ Others

Above information given to ..patient..
Name of Person Orientation was given to: ..Divya..
Orientation not given Reason: ..NA..

Nurse Signature: ..Madhumita..
Nurse Name: ..Madhumita..
Date & Time: ..26/6/26 @ 8am..

CUV-00100198 IP26-00006529
Mrs S DIVYA TEJA
07-08-1995 30 Y 10 M 0 D (F)
Dr. PADMAJA YELISETTY

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 2/6/26 Time of Arrival: 8pm Time Seen by Nurse: 8.10pm

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

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

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

3) **Vital Signs:** Temperature: 98.4F Pulse: 82 RR: 20 SpO_2: 99% BP: 116/72 Weight: .....

4) **Gestational Criteria:**

Gravida:	G3	P2	L1	A

LMP: 21/9/25 EDD: 28/6/26 Gestational Age: 37 weeks

Uterine Contraction	☐ Yes	☑ No	☐ NA	Onset	Time	Frequency:
Membrane Rupture	☐ Yes	☑ No	☐ NA	Onset	Time	Fluid Color:
Vaginal bleeding	☐ Yes	☑ No	☐ NA	Onset	Time	Amount:
Pre Eclampsia Symptoms	☐ Yes	☑ No	☐ NA	If Yes specify: Headache / Visual Symptoms / Pain Abdomen / Vomiting		
Good fetal Movement	☑ Yes	☐ No	☐ NA	If No specify:		

5) **Pain Screening:** **Numerical Pain Scale (NPS)**

0 No Pain — 1 — 2 — 3 — 4 — 5 — 6 — 7 — 8 — 9 — 10 Worst possible pain

- Location: .....
- Duration: ..... Days / Weeks/ Months (Strike out which is not applicable)
- Character: .....
- Frequency: Nil
- Interventions: .....

6) **Past History:**

a) Surgeries: .....

b) Medical: Nil

CUV-00100198 IP26-00006529
Mrs S DIVYA TEJA
07-08-1995 30 Y 10 M 0 D (F)
Dr. PADMAJA YELISETTY

lo, If Yes : .....

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

9) **Prenatal Medical History:**

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

Triage Category: (Please tick on the category)

Refer to OBSTETRICAL TRIAGE ACUITY SCALE (OTAS)

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

OBCU Obstetrical Triage Acuity Scale (OTAS)

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

Time seen by Doctor: 8.15 Pm

Nurse Name : Madhumitha Nurse Signature: Madhu

Date: 6/6/26 Time: 8.10Pm

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

BREAST FEEDING HANDOVER AND ASSESSMENT FORM

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

2. If No, Reason .....

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

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

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

Feeding Positions:
Cross Cradle

Feeding Positions:
Football / Clutch

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

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

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

9. Additional notes: .....

Continuity of Care: Date: .....

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

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

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

CUV-00100198 IP26-00006529
Mrs SAPAVAT DIVYA TEJA
07-08-1995 30 Y 10 M 0 D (F)
Dr. PADMAJA YELISETTY

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

URINARY CATHETER BUNDLE CHECK LIST

Date of Insertion: 8/6/2026 Date of Removal: .....

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

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

PARTOGRAPH

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

LABOUR

Labour: ☑ Spont ☐ IOL-PGE 1 ☐ E2 ☐ Others

Indications for IOL-Accel: ☐ None ☑ Oxytocin

Memb. Repture Type: ☐ SROM ☐ PROM ☑ ARM

Presentation: ☑ Vertex ☐ Breech ☐ Others

INTRA PARTUM COMPLICATION

Maternal: ☑ Nome ☐ Pyrexia ☐ HTN ☐ Others

Liquor: ☑ Adequate ☐ Oligo ☐ Poly ☐ Clear

☐ Blood ☐ Meconium ☐ Cord: .....

Shoulder Dystocia: ☐ Yes ☑ No

DELIVERY DETAILS

Anesthesia: ☐ None ☑ Epidural

Non-epi: ☑ Local ☐ Spinal ☐ General

Del. Type: ☑ SVD ☐ Asst. Breech ☐ Twins

AVD: X ☐ Outlet ☐ Low Forceps ☐ Ventouse ☐ Trails of Forceps

Indications: .....

Application, Locking & Traction: .....

Duration of Instrumentation: .....

No. of Pulls: .....

Catherised : ☑ Yes ☐ No

Type: ☐ Fileys ☐ Plain

Perineum : ☐ Intact ☑ Episiotomy ☐ Tear

Suture Material Used: Vicryl .....

STAGE III

Placenta: ☑ Normal ☐ Abnormal ☐ RP Clots ☐ CCT ☐ Retained ☐ MRP

PPH : ☐ Atomic ☐ Traumatic ☑ None

Lacerations: Nil .....

Cervical: Intact (NAD) .....

Perineal: Intact / Episiotomy - Repaired in layers .....

Others: .....

Prophylaxis: Synocinon Prostodin

Blood Loss: ~ 100cc .....

Blood Transfusion: — .....

Other Details (if any): — .....

Ractal Examination: NAD .....

DURATION OF LABOUR

1st Stage: 18hrs .....

2nd Stage: 10 Min .....

3rd Stage: 10 mins .....

Duration of Active Pushing: ~ 10 mins .....

No. of VE'S: 2 .....

BABY DETAILS

Gender: Male .....

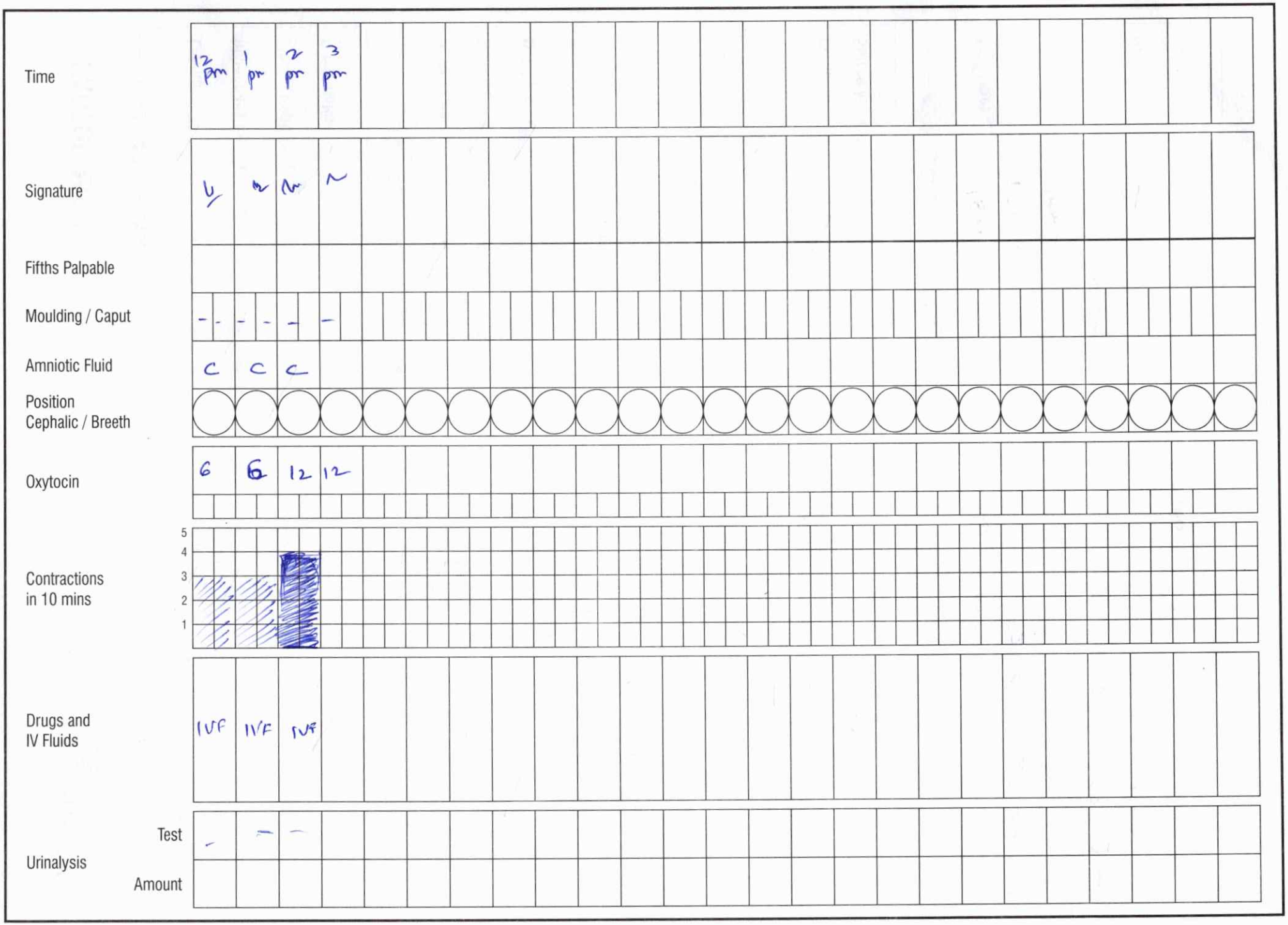
Weight: 2.520kg (2.520kg) .....

APGAR: 8,9 .....

Date and Time of Delivery: 8/1/2026 / 03:09 pm .....

LW Doctor: Dr Padmaja / Dr Manisha .....

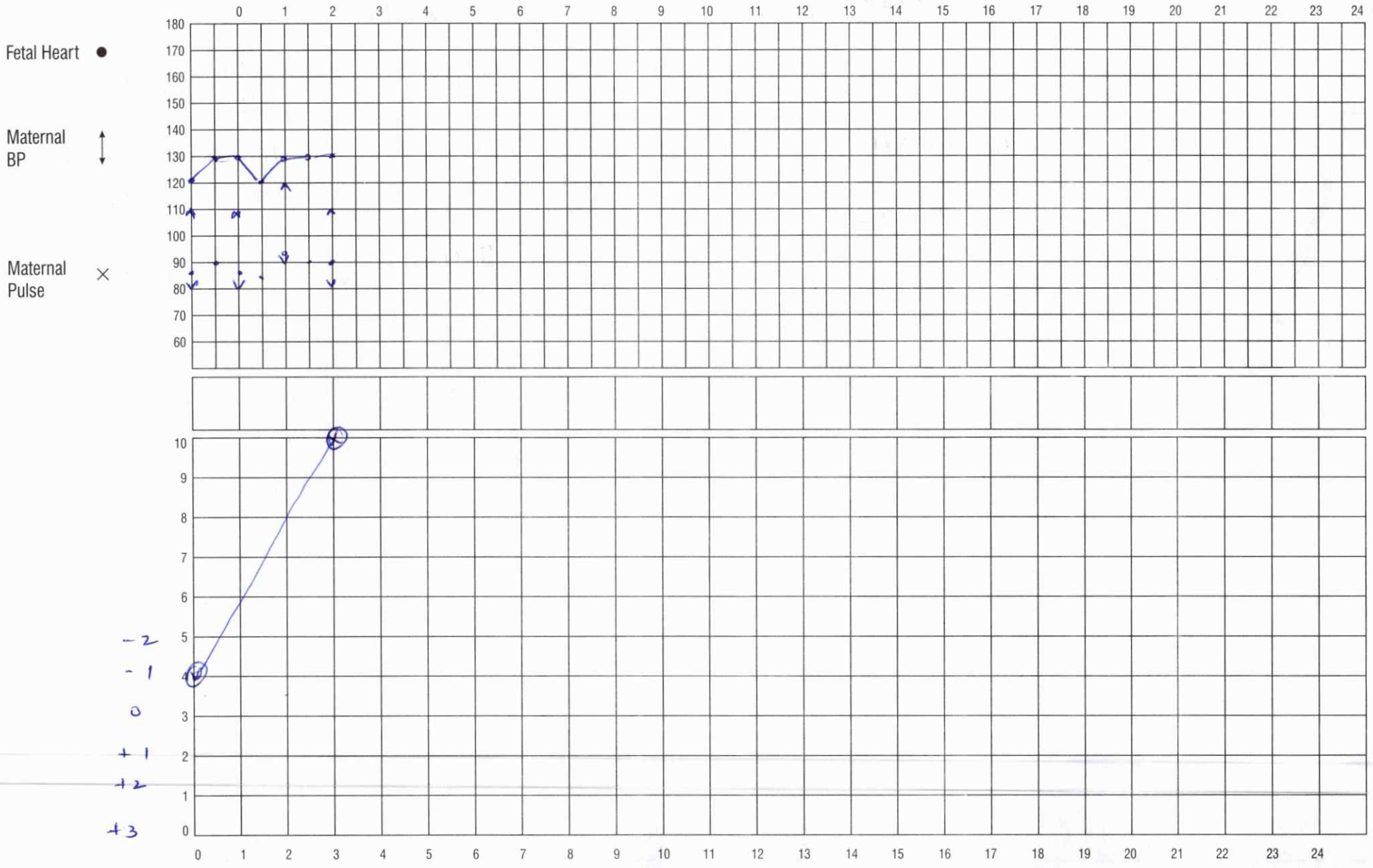
LW Sister: SN Sujatha .....


Time
12 pm
1 pm
2 pm
3 pm
Signature
Fifths Palpable
Moulding / Caput
Amniotic Fluid
C
C
C
Position
Cephalic / Breeth
Oxytocin
6
6
12
12
Contractions
in 10 mins
5
4
3
2
1
Drugs and
IV Fluids
IVF
IVF
IVF
Urinalysis
Test
Amount

PARTOGRAPH

Name: Mrs Saparat Divya Teja Obstetrics Formula: G3P2L1D1 Blood Group Type: O+ve

Memb. Ruptured: SROM PROM ARM **Risk Factors:**



Record of Labor:

Maternal Condition: P/A UTS / Acting; Cephalic; FHS ⊕

Fetal Condition: P/V OS 3-4 cm; 50% effaced; M ⊕ → ARM done → clear liq ⊕; Vx (-2) - (-1)

Progress of Labor:

Management:

Time: 12 pm   Signature: For Dr Swathi

Maternal Condition: P/A UTS / Acting; Cephalic; FHS ⊕

Fetal Condition: P/V Fully dilated; Fully effaced; Vx +1

Progress of Labor: - Asymptomatic c̄ Oxytocin; - Bearing down encouraged

Management:

Time: 2:50 pm   Signature: For Dr Noureen

Maternal Condition:

Fetal Condition:

Progress of Labor:

Management:

Time: ....   Signature: ....

Maternal Condition:

Fetal Condition:

Progress of Labor:

Management:

Time: ....   Signature: Y. Padmaja

Maternal Condition:

Fetal Condition:

Progress of Labor:

Management:

Time: ....   Signature: ....

CONSENT FOR SPECIAL PROCEDURES

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. Divya Reja ..... Gender: ☐ Male ☑ Female

UHID No : CUV-100195 ..... Department : Labour Ward ..... Date : 8/6

I, Mrs. Divya Reja ..... S/D/W/O Mr. K. Hari Kishan .....

Here by give consent for procedure of : Epidural Labor Analgesia .....

For my patient, Named : - Self -

The doctors have clearly explained to me that the procedure has following possible complications:

Headache / Hypotension / Bradycardia / Epidural failure / partial epidural .....

.....

.....

The doctor have explained to me about the alternatives, risks and benefits for this procedure that :

- BV / Epidural .....

.....

I have understood the matter mentioned above in language known to me and give consent for the procedure. ✓

Name of the Doctor performing the procedure: Dr Laxmi Nayak .....

Patient Attendant :

Signature : Divya .....

Name : Mrs. Divya .....

Relationship with Patient: Self .....

Date & Time : 8/6 at 1230pm .....

Witness :

Signature : .....

Name : K. Hari Kishan .....

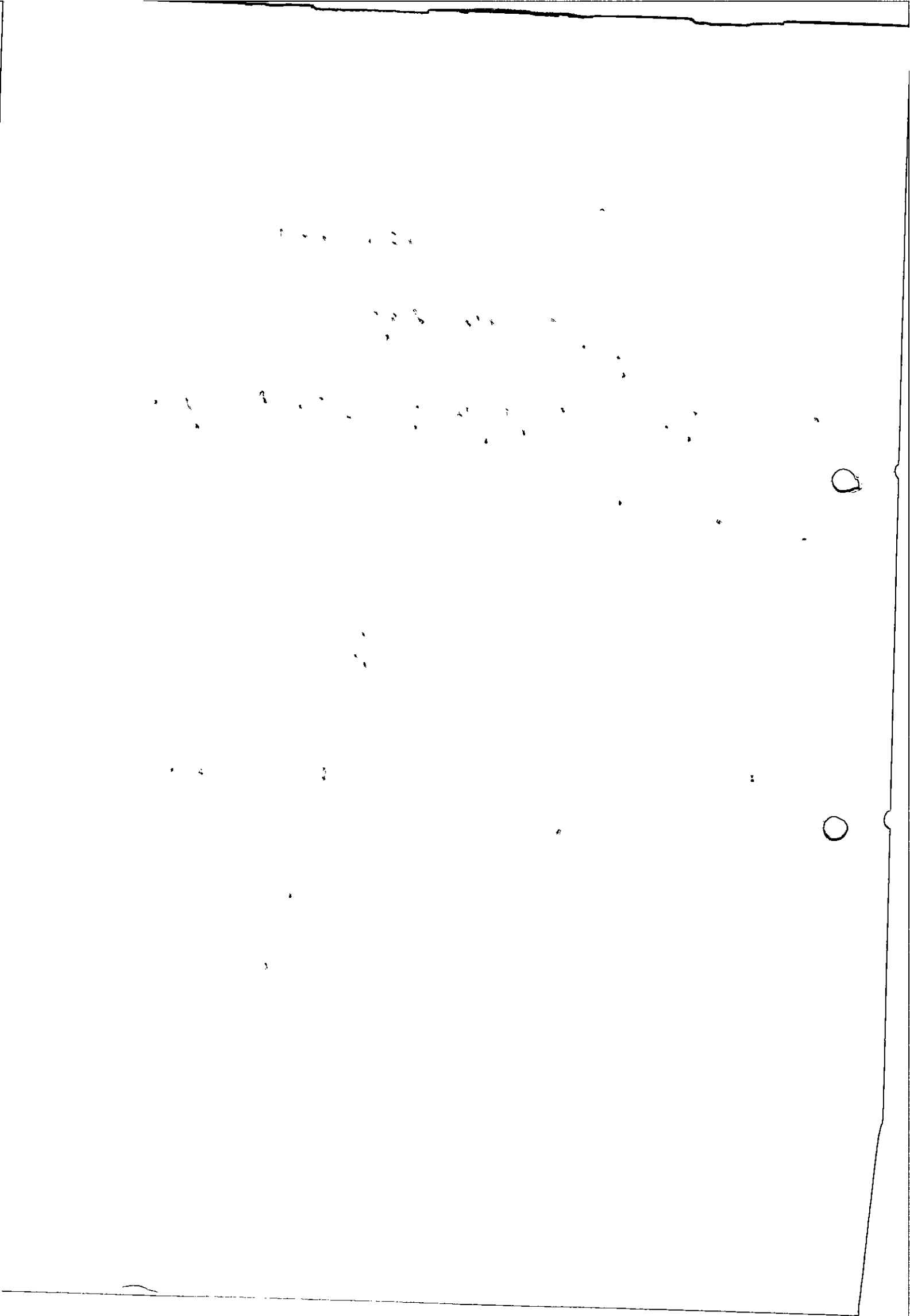
Date & Time : 8/6 at 1230pm .....

Doctor (who is taking the consent) :

Signature : .....

Name : Dr. Laxmi Nayak .....

Date & Time : 8/6 at 1230pm .....



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: Mrs. Dimple Reji Age: 30 Sex: Female UHID.No: CUV-100198

Date: 8/6 Time: 12:30 pm Proposed Operation: Epidural Labour Analgesia

Diagnosis: G3P1L1D1 ō TG

B.P / CRT: 103/82 H.R.: 113 Weight: 70 ASA Physical Status: ☐1 ☐2 ☐3 ☐4 ☐5

Laboratory Data:

Hgb: in chart
PCV:
WBC:
Plate:
PT:
PTT:
INR:

Glucose:
Urea:
Creat:
Na:
K:
Ca++:
Mg++:
Cl -:

Protein:
Alb:
Total Bill:
Dir. Bill:
LDH:
Alk phos:
Amylase:
SGOT/SGPT:

HIV:
HBS Ag:
HCV:
Blood group:
T3
T4
TSH

X-Ray:
ECG:
2D Echo:
Stress/Anglo:
Other:

Allergies: NKDA

Medical History: CVS :

RESP : patient fit & healthy Diabetes : -

CNS :

Renal : regular ANCs uneventful.

Hepatic / GE : Physical Activity: good

Others : hypothyroid

Past Anaesthetic History: nil

Physical Exam:

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

Lungs : clear

Heart:

CNS:

Pregnant: ☐ Yes ☐ No ☐ NA Venous Access Site : peripheral Spine Exam for regional : (N)

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

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

CURRENT MEDICATIONS	DOSAGE
nil thyronorm	

Pre-Operative Instructions:

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

Signature: [signature] Name: Dr Saini Unayath

Patient Sticker

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:
Physical Status:	☐ Patient Identified	☐ Consent Present ☐ Chart Reviewed

H.R:	B.P / CRT:	SpO_2:	R.R:	Last Feed:

Pre-OP Diagnosis: ..... Operation: ..... Date : .....

Surgeon: ..... Anaesthesiologist: ..... Technician: .....

TIME

N_2O /AIR /O_2 LPM

HALO /SO /SEVO

Drugs:

FIO_2 / SaO_2

$ETCO_2$

ECG

Temperature

Urine Output

Fluids

Blood

Antibiotic

Suppository

Blood Loss

NOTES

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

Tourniquet on Time
Tourniquet off Time

Throat Pack In
Throat Pack Out

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

LAB Values

ABG

GRBS

Others

☐ Equipment Checked and Functional
☐ BP
☐ Cuff Site: .....
☐ Art Site: .....
☐ EKG Lead
☐ Temp Site
☐ FIO_2 Monitor
☐ Agent Monitor
☐ Pulse Oximeter
☐ Capnograph
☐ Ventilator
☐ Nerve Stimulator

Position: .....
☐ 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: .....
OP Start: .....
OP End: .....
Leave OR: .....

Anaesthesia:
☐ GA
☐ Monitored Anaesthesia Care
☐ Regional

Line (Size & Location)
☐ CVP: .....
☐ ART: .....
☐ IV: .....
☐ 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: .....
Site: .....
Needle Size: ..... Depth: .....
Parasthesia ☐ Yes ☐ No
Catheter at skin ..... cm
Drug Name & Conc: .....
Bolus: .....
Infusion: .....
Block Level: .....
Comments: .....

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

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

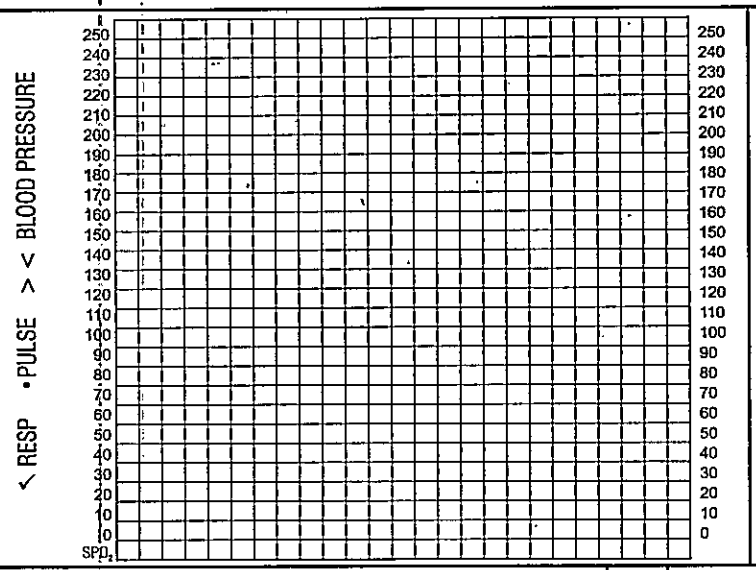
Patient Sticker

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : ..... Time Received : ..... Time Discharged : .....



IV Cannula Site : .....

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

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

IV Fluids: .....
Oral Feeds: .....

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						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						
BP ± 20 of Pre Anaesthetic leve BP ± 20-50 of Pre Anaesthetic leve BP ± 50 of Pre Anaesthetic leve	= 2 = 1 = 0	CIRCULATION						
Fully awake Arousable on calling Not responding	= 2 = 1 = 0	CONSCIOUSNESS						
Pink Pale, dusky, blotchy, jaundiced, other Cyanotic	= 2 = 1 = 0	COLOR						
		TOTAL						

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature

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

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

Anaesthesiologist Name : .....
Anaesthesiologist Signature: .....
Date & Time: .....

PACU Nurse Name : .....
PACU Nurse Signature: .....
Date & Time: .....

Transferred to Unit by (PACU): .....
Date & Time: .....

Patient Sticker

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

Date: 8/6 Time: 1pm Procedure done by Dr Sanni Knayak

CSE /Spinal /Epidural Position : Sitting Space : L3-4 Technique (LOR/LOS)

Depth: 5cm Catheter at Skin: 10cm Attempts : - 01 -

Parasthesia : Yes/No if yes details :

Solution Composition : 0.1% BUPIVACAINE + 2mcg/mL FENTANYL

Any other issues :

a)

b)

Time	Infusion Rate (ml/hr)	Bolus (ml)	Level Left Right	Maternal BP	Maternal Pulse	FHR	Comments
130pm		8ML		103/82	112	143	0.8% LOX c ADR

Delivery Details : Time : 5:00pm APGAR: SVD / Instrumental / LSCS (if LSCS Details)

Catheter Removed by and Tip Inspected : Dr Geethanjali

Patient Satisfaction :

Discharge /Shifting ordered by

Doctor Signature:

Doctor Name: Dr. Geethanjali

Date and Time :

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

INDUCTION OF LABOR CONSENT

Name: Mrs. Divya Age: 30y Gender: Male ☐ Female ☐

UHID.No : CUV-0010098 Date: 7/6/26

You are scheduled for an induction of labor on 7/6/26 (date) at 37 (weeks of gestation).

The reason for your induction is Prev. Bad Obs. H/o

The goal of induction of labor is to achieve vaginal delivery by starting uterine contractions before the spontaneous start of labor.

Induction of labor for a medical indication is done when continuation of pregnancy is considered detrimental to the health of the mother or fetus. This can be done at any stage of pregnancy irrespective of fetal maturity if there is a valid indication.

Elective induction of labor (scheduled induction without a medical indication) may not be done until you are at least 39 weeks. This is important so that your newborn does not have complications due to possible prematurity.

The alternative to induction of labor is to wait for labor to start spontaneously.

I have read the information provided and also discussed the process with my doctor.

I understand the risks and benefits of this procedure and wish to proceed.

Patient

Signature: Divya

Name: Divya

Date & Time: 7/6/26 @ 9pm

Patient Attendant:

Signature:

Name: K. Harikishan

Relationship with Patient: spouse (Husband)

Date & Time: 7/6/26 @ 9pm

Doctor:

Signature:

Name: Dr. G. Veena

Date & Time: 7/6/26 @ 9pm

Witness

Signature: Madhu

Name: Madhumitha

Date & Time: 7/6/26 @ 9pm

INFORMED CONSENT FOR VAGINAL BIRTH

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Patient Name : Mrs. Divya. UHID No : RCUV-00100198

Gender: ☐ Male ☑ Female Date : 7/6/26 Time : .....

I hereby authorized the performance of the following procedure:

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

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

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

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

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

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

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

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

Consentee :

Signature : Divya

Name : Divya

Date & Time : 7/6/26 @ 9pm

Patient Attendant :

Signature : .....

Name : K. Harikishan

Relationship with Patient: Husband

Date & Time : 7/6/26 @ 9pm

Witness :

Signature : Madhumita

Name : Madhumita

Date & Time : 7/6/26 @ 9pm

Doctor (who is taking the consent) :

Signature : .....

Name : Dr. G. Veena,

Date & Time : 7/6/26 @ 9pm

26-0000205267

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NARCOTIC PRESCRIPTION FORM
(PATIENT COPY)

Patient Name: Mrs. Divya		Age: 30Y	Gender: F
UHID No: CUV-00100198	IP No: IP26-00006529	Date: 8/6/26	Time: 1pm
Diagnosis: NVD			ward : LDR

PRESCRIPTION DETAILS (Tick only one of the following)

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

Doctor Name: Dr. Amir

Doctor Registration No: 67929

Signature: [signature]

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

IP Registration No: IP26-00006529 **Date:** 8/6/26

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

		Remarks
1.	**Name :** Mrs. Divya	
2.	Complete postal address (with contact number, if any)	4-16 choon kord kamalpur JU pally kalwa kurthy nagar
3.	Brief description of the illness	NVD
4.	Whether registered with any other registered medical practioner / recognized medical institution (If yes, details of the recorded)	NO
5.	Details of essential Narcotic drug dispensed	Fentanyl

Date	Name of the Essential Narcotic Drugs	Quantity	Signature / Thumb Impression of the patient / Patient Attender	Remarks, if any
8/6	Fentanyl	1 Amp	[signature]	

Dispensed by (Name & ID No.): Same (013442) Signature: Same

Received by (Name & ID No.): Sunatha 605454 Signature: [signature]

Time: ....

Docu. No: RCH / FRM / CLINICAL / 133

26-000205267

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NARCOTIC PRESCRIPTION FORM
(MEDICAL RECORD)

Patient Name: Mrs. Divya		Age: 30Y	Gender: F
UHID No: CUV-00100198	IP No: IP26-0000652[illegible]	Date: 8/6/26	Time: 1PM
Diagnosis: NVD		Ward: LDR	

PRESCRIPTION DETAILS (Tick only one of the following)

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

Doctor Name: Dr. Amir

Doctor Registration No: 67929

Signature: [signature]

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

IP Registration No: IP26-00006529 **Date:** 8/6/26

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

		Remarks
1.	**Name :** Mrs. Divya	
2.	Complete postal address (with contact number, if any)	4-16 chaman kand kamalpur Tupally kalwa kuthy nagar
3.	Brief description of the illness	NVD
4.	Whether registered with any other registered medical practioner / recognized medical institution (If yes, details of the recorded)	NO
5.	Details of essential Narcotic drug dispensed	Fentanyl

Date	Name of the Essential Narcotic Drugs	Quantity	Signature / Thumb Impression of the patient / Patient Attender	Remarks, if any
8/6	Fentanyl	1 Amp	[signature]	

Dispensed by (Name & ID No.): Sama (015442) Signature: Sama

Received by (Name & ID No.): Swatha 605454 Signature: [signature]

Time: ....

NARCOTIC PRESCRIPTION FORM
(MEDICAL RECORD)

S.No	Drug Name	Dosage	Remarks

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

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