Name	Mrs KIRAN GOEL	**UHID**	HNH-00012214
Father/Guardian	Mr VISHAL KALLA	**Age/Gender**	31 Y 2 M 6 D/ Female
Address	36270, pentogi enclave , himayath nagar, Himayat Nagar X Roads, Hyderabad, Telangana, INDIA, 500029		
IP No	IP26-00006566	**Admission Date**	12-06-2026
Ref Doctor	Self.		
Discharge Date	15.06.2026		

DISCHARGE SUMMARY

Consultant:
Dr. MEENA UGALE
MBBS, MD
18967

Diagnosis: PRIMI WITH 37 WEEKS WITH CORRECTED ANEMIA WITH SMALL FOR GESTATIONAL AGE FETUS WITH SPONTANEOUS RUPTURE OF MEMBRANES FOR DELIVERY

EMERGENCY LOWER SEGMENT CAESAREAN SECTION DONE ON 12.06.2026

History:
LMP: 26.09.2025
EDD: 03.07.2026

Obstetric formula: PRIMI
Gestation at admission: 37 weeks

Name	Mrs KIRAN GOEL	UHID	HNH-00012214
IP No	IP26-00006566	Admission Date	12-06-2026

Obstetric History:
G1 - Present pregnancy, Spontaneous conception.

Medical History: Nil
Surgical History: Nil
Family History: Parents-HTN
Allergies: Nil

Antenatal Details:
Mrs KIRAN GOEL was booked with DR.MEENA UGALE at 12 weeks of gestation. She had regular antenatal check ups and investigations as advised. She was started on
T. Ecospirin 50mg in view of precious pregnancy and stopped at 32 weeks. NT scan was normal. FTS was low risk. TIFFA was normal. Fetal echo was normal. She was diagnosed with mild anemia, Hb- 9.8g/dl, received Inj.FCM 1gm IV. Fetal surveillance done by serial growth scans. Scan (19.05.2026) at 33^{+4} weeks showed single live intrauterine fetus with cephalic presentation, AFI: 14.2cm EFW: 1.6kg (6%) AC:(3%) placenta: posterior high FGR stage-1 with Doppler normal. She was admitted at 37 weeks for Induction of labour.

Investigations: Enclosed
Blood group: "B" Positive

Management:
Course in hospital and Delivery Details:

Name	Mrs KIRAN GOEL	**UHID**	HNH-00012214
IP No	IP26-00006566	**Admission Date**	12-06-2026

At admission on clinical examination the vitals were stable, uterus was moderately acting, cervix was 2cm dilated with clear liqour draining. Fetal well being was confirmed by an admission NST which was found to be reactive. She was started on inj Taxim 1gm IV in view of ruptured membranes as per hospital protocol. Patient opted for epidural analgesia at 3 cm dilatation for pain relief. The same was sited by an anaesthetist after informed consent. Further augmentation was done by oxytocin infusion. She progressed to full dilatation at 3pm. She was decided for emergency C- section in view of Deep transverse arrest, prepared with indwelling Foley's catheter and IV canula under aseptic conditions. Written informed consent for surgery taken. Preanesthetic check up done. Anaesthetic premedication (IV Pantop and Perinorm) given. Patient shifted to theatre.

Surgery Notes:

Under Epidural anesthesia she was painted and draped as per hospital protocol. Abdomen opened in layers. The parietal and visceral peritoneum carefully opened after identifying the urachus. Bladder was reflected. A lower segment curvilinear incision given on the uterus. Baby delivered. Cord clamped and cut and cord blood collected for blood grouping and Rh typing. Baby handed over to pediatrician. Placenta delivered with controlled cord traction. Uterus closed in layers. Hemostasis secured. Instruments and swab count checked. Rectus sheath closed. Skin closed with subcuticular sutures. Wound dressing done. Vagina cleaned with Betadine solution after expelling clots. Misoprostol 400 mcg given per rectum as prophylaxis against Postpartum hemorrhage. Patient was shifted out of theatre to post operative recovery room.

Name	Mrs KIRAN GOEL	UHID	HNH-00012214
IP No	IP26-00006566	Admission Date	12-06-2026

*** Caput at 2 station, vertex at '0' station.**
*** Baby extracted by Putwardhan's technique.**

Delivery Details :
Date : 12.06.2026
Time of Delivery: 03:53pm
Type of Delivery: Emergency lower segment caesarean section
Indication : Deep transverse arrest
Anaesthesia : Spinal

Baby Details:
Date : 12.06.2026
Time : 03:53pm
Sex : Female
Weight : 2.56kg
Apgar : 2,5
Gestational Age: 37 weeks
NICU Admission: Yes,Respiratory distress

Post-Operative Notes:
She was closely monitored. Her vital signs remained stable. Uterus was well retracted with no Postpartum hemorrhage. Breast feeding initiated. She was shifted to room. Her postoperative period following that was uneventful. On second postoperative day dressing was changed. On inspection wound was healthy. Her general condition was satisfactory and she was found to be fit for discharge. Wound care and medications were explained to patient

Name	Mrs KIRAN GOEL	UHID	HNH-00012214
IP No	IP26-00006566	Admission Date	12-06-2026

supplemented by written information. She was given the postpartum book for further reference.

Advice:

1. Tab. Taxim O 200mg twice daily till 18.06.2026 (9am-9pm) after food.
2. Tab. Calpol 500mg (Paracetamol 500mg) (2tabs) thrice daily till 16.06.2026 (8am-2pm-10pm) after food.
3. Tab. Voveran 50 mg (Diclofenac 50mg) thrice daily till 16.06.2026 (9am-3pm-11pm) after food.
4. Tab. Pantop 40mg twice daily till 15.06.2026 (7am-7pm) before food.
5. Tab. Livogen (Elemental Iron - 50mg, folic acid 1.5mg) once daily (7am) for three months before breakfast.
6. Tab. Shelcal (Elemental Calcium 500 mg, Vitamin D3 250 IU) once daily (2pm) till breast feeding for after food.
7. Inj.Clexane 40mg(Enoxaparin) once daily subcutaneously over thigh (8am) till 15.06.2026
8. Nebasulf Powder for local application.

Home Blood pressure monitoring to be done **twice daily** for **two weeks**. Report to emergency if **BP >140/90**mmHg, presence of headache, vomiting's, 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. MEENA UGALE** after **2 weeks** on 26.06.2026 at postnatal

Name	Mrs KIRAN GOEL	UHID	HNH-00012214
IP No	IP26-00006566	Admission Date	12-06-2026

clinic with prior appointment **(Review consultation will be charged).**

For Women Who Have Had a Caesarean Section
Care of the wound:

1.You can bath and shower.
2.The wound can get wet during a bath or shower. Dry it thoroughly and gently by dabbing with a gauze piece. Do not rub the wound.
3.This gauze piece needs to be discarded after one use.
4.Prior to touching the wound clean hands thoroughly with Micro-shield solution and allow them to air dry or use disposable paper napkins.
5.Apply Nebasulf or Neomycin dusting powder on the wound after it is dry.
6.Do not touch the wound with unwashed hands.

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

Patient/ Attender

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

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

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

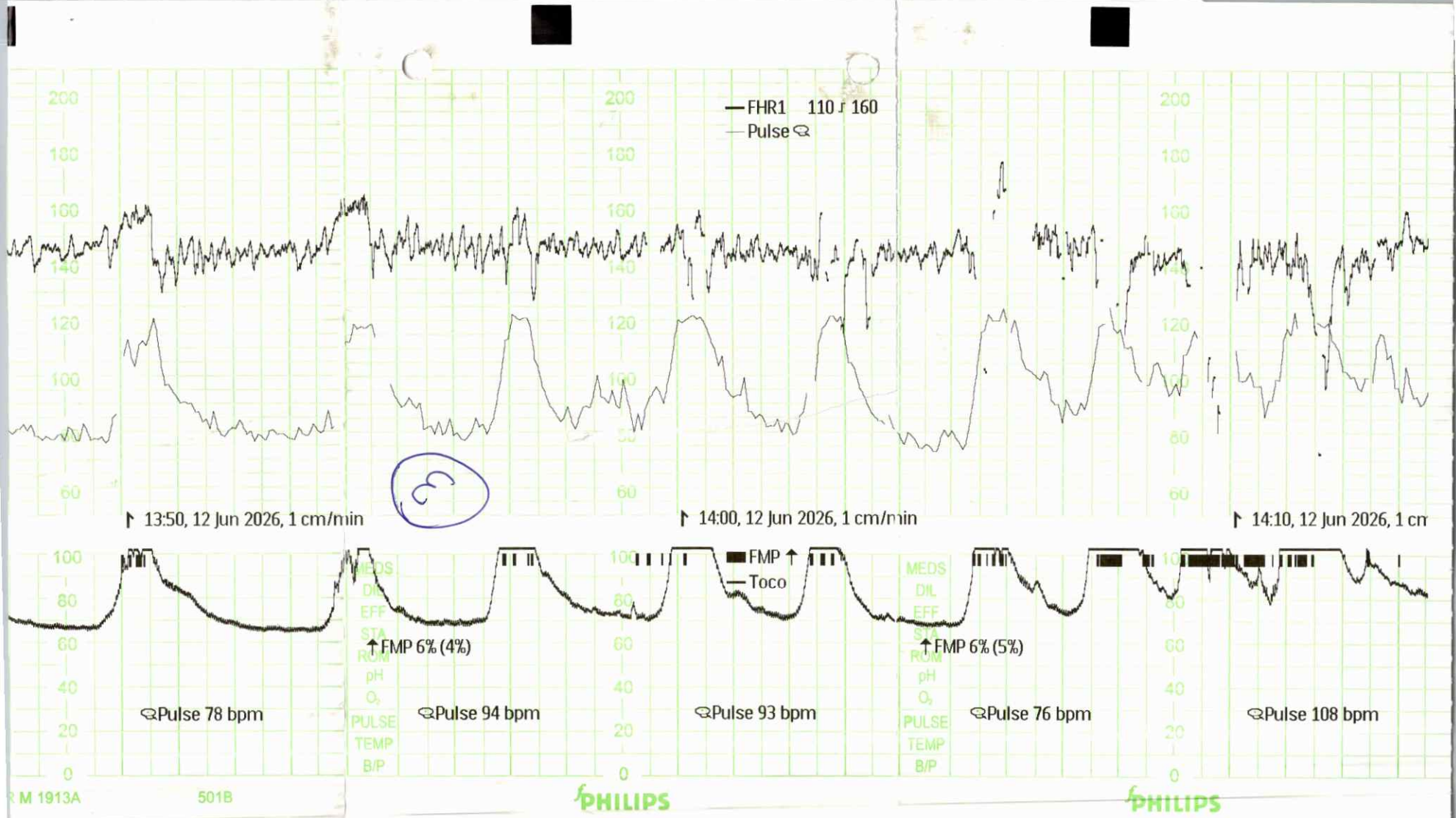
BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Name	Mrs KIRAN GOEL	**UHID**	HNH-00012214
IP No	IP26-00006566	**Admission Date**	12-06-2026

Registrar/Resident/C.M.O

Rainbow Children's Medicare Ltd. Himayathnagar 500029 Hyderabad

Consultant:
Dr. MEENA UGALE
MBBS,MD
18967


FHR1 110 160
Pulse
13:50, 12 Jun 2026, 1 cm/min
14:00, 12 Jun 2026, 1 cm/min
14:10, 12 Jun 2026, 1 cm
FMP
Toco
FMP 6% (4%)
FMP 6% (5%)
Pulse 78 bpm
Pulse 94 bpm
Pulse 93 bpm
Pulse 76 bpm
Pulse 108 bpm
PHILIPS
PHILIPS

mrs kiran goal,,

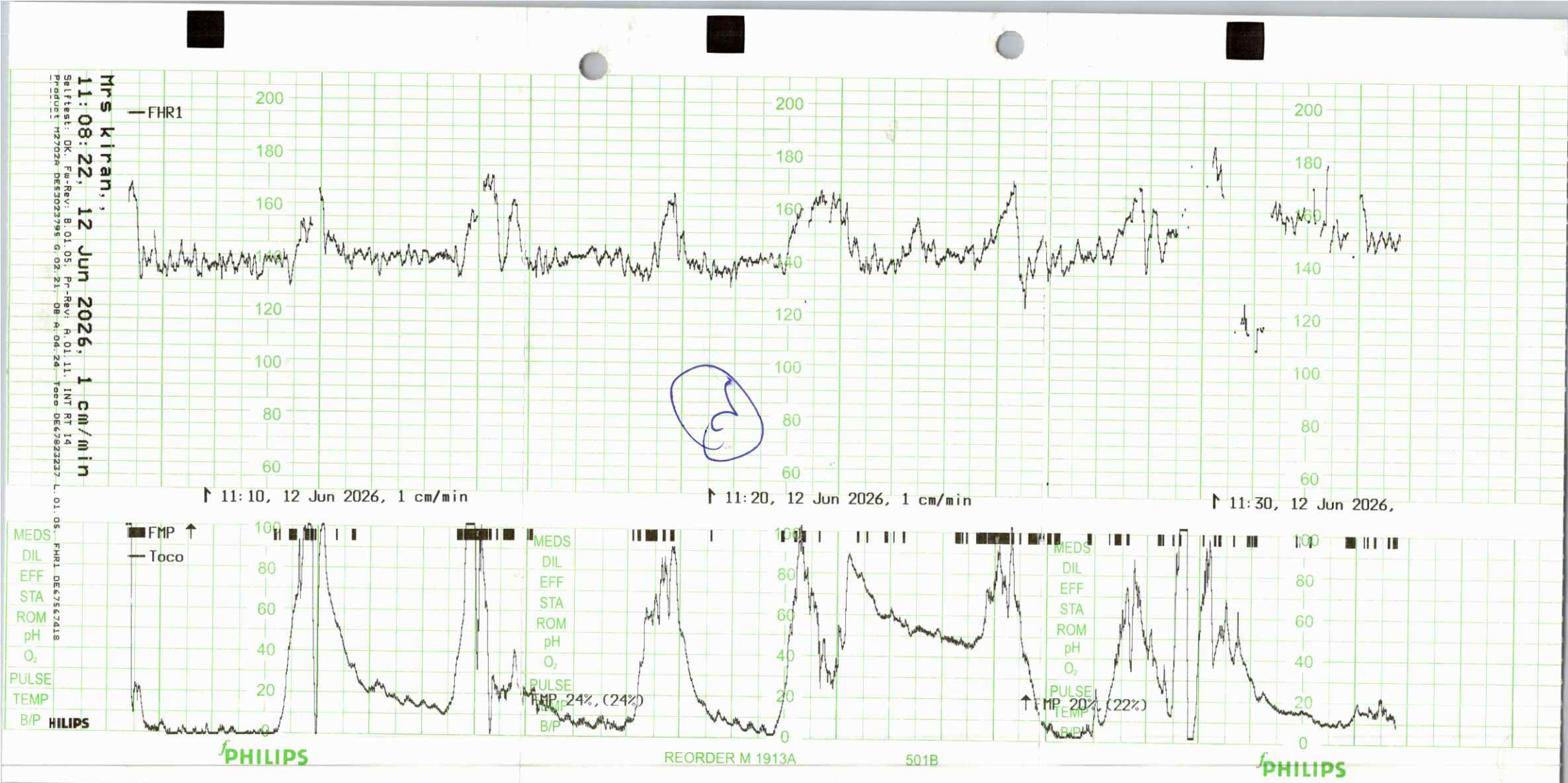
13:35:45, 12 Jun 2026, 1 cm/min,

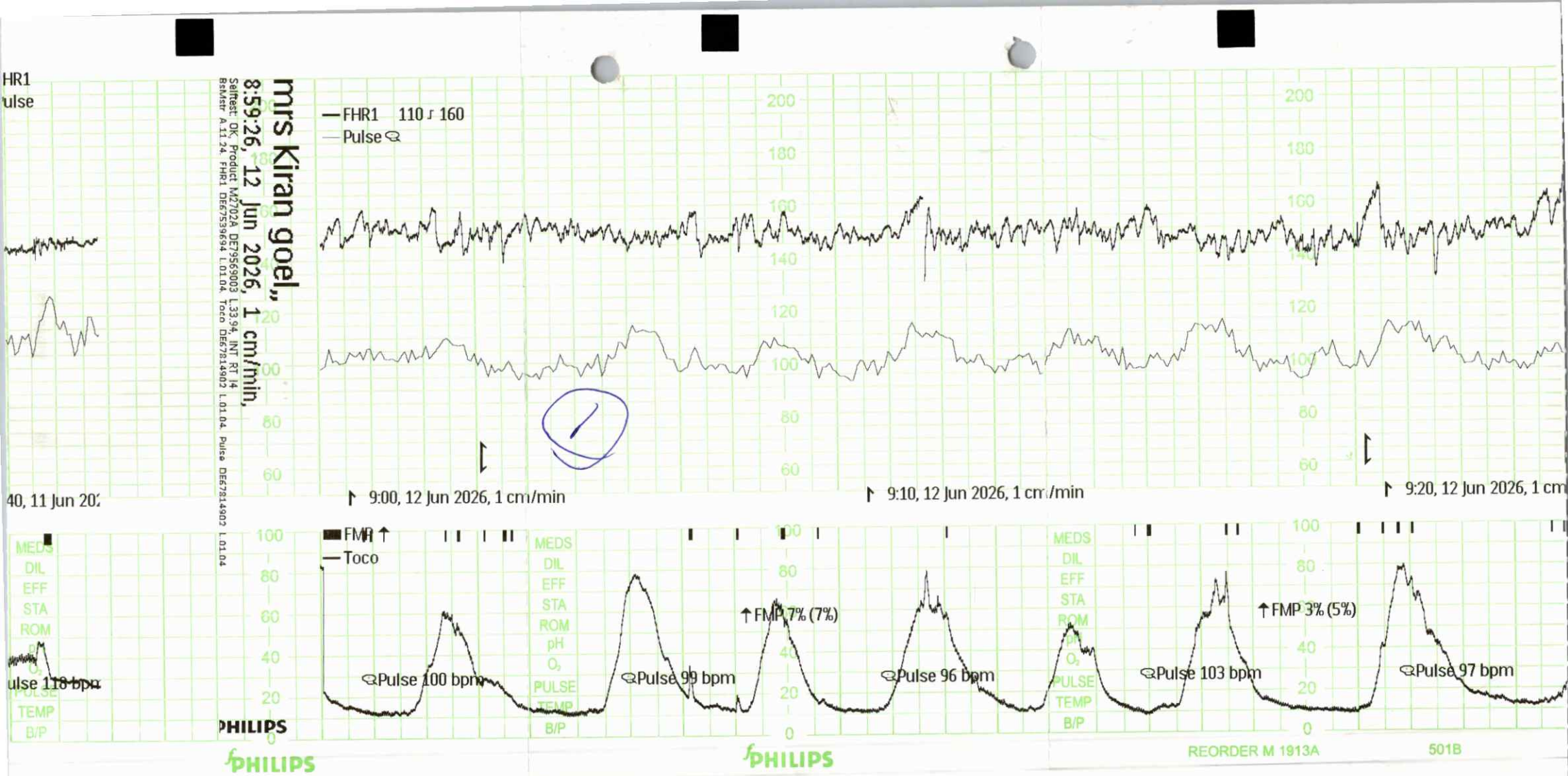
Selftest: OK, Product M2702A DE79569003 L.33.94, INT RT I4
BsMstr A.11.24, FHR1 DE67539694 L.01.04, Toco DE67814902 L.01.04, Pulse DE67814902 L.01.04

mrs Ujwala,,

13:35:42, 12 Jun 2026, 1 cm/min,

Selftest: OK, Product M2702A DE79569003 L.33.94, INT RT I4
BsMstr A.11.24, FHR1 DE67539694 L.01.04, Toco DE67814902 L.01.04, Pulse DE67814902 L.01.04


Mrs kiran,
11:08:22, 12 Jun 2026, 1 cm/min
FHR1
Toco
11:10, 12 Jun 2026, 1 cm/min
11:20, 12 Jun 2026, 1 cm/min
11:30, 12 Jun 2026,
MEDS
DIL
EFF
STA
ROM
pH
PULSE
TEMP
B/P
PHILIPS
REORDER M 1913A
501B


HR1
ulse
mrs Kiran goel,,
8:59:26, 12 Jun 2026, 1 cm/min,
SelfTest: OK Product M2702A DE79569003 L.33.04 INT RT I4
BsMstr A.11.74 FHR1 DE67539694 L.01.04 Toco DE67814902 L.01.04 Pulse DE67814902 L.01.04
FHR1 110 ♪ 160
Pulse
200
180
160
140
120
100
80
60
40, 11 Jun 20
9:00, 12 Jun 2026, 1 cm/min
9:10, 12 Jun 2026, 1 cm/min
9:20, 12 Jun 2026, 1 cm
FMP
Toco
MEDS
DIL
EFF
STA
ROM
pH
O2
PULSE
TEMP
B/P
ulse 118 bpm
Pulse 100 bpm
FMP 7% (7%)
Pulse 99 bpm
Pulse 96 bpm
FMP 3% (5%)
Pulse 103 bpm
Pulse 97 bpm
PHILIPS
REORDER M 1913A
501B

HNH-00012214 IP26-00006566
Mrs KIRAN GOEL
08-04-1995 31 Y 2 M 7 D (F)
Dr. MEENA UGALE

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

DEFICIENCY CHECK LIST OF CASE SHEET

Sl.No.	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission sheet	1			
2	Discharge Summary	1			
3	Nursing Initial assessment	1			
4	Patient Transfer form	1			
5	In-patient Medical record	1			
6	Doctors progress sheets	3			
7	Nursing plan of care and handover sheets	1			
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				
28	Nurses clinical Presentation				
29	TPR & BP chart	2			
30	Intake and Out take chart (fluid chart)	2			
31	Drug chart (Regular Prescription)	1			
32	Investigation Values (result sheet)	1			
33	Nebulization chart				
34	Nutritional review chart				
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	6			
	Total No. of Pages	26			

Signature and Date :
14/6/26

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

(P.T.O)

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 : IP26-00006566 **Admit Date** : 12-Jun-2026 **Admit Time** : 09:12 AM **UHID** : HNH-00012214

Patient Details :

Patient Name	: Mrs KIRAN GOEL	**Age**	: 31 Y 2 M 6 D
Guardian	: Mr VISHAL KALLA	**DOB**	: 06-04-1995
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 36270, pentogi enclave , himayath nagar Himayat Nagar X Roads Hyderabad Telangana INDIA 500029	**Phone No**	: 8885148412/ 9032327970
		E-mail	: kirangoel95@gmail.com

Admission Details :

Bed Type : TWIN SHARING **Bed No** : LDR-416 **Ward Name** : 4F -OT

Room No : LDR-416 **Admission Type** : First Visit

Contact Details :

Name : Mr VISHAL KALLA **Relationship** : Husband

Contact Address : 36270, pentogi enclave , himayath nagar Himayat Nagar X Roads Hyderabad Telangana INDIA 500029 **Phone No** : 9032327970

Vishal Kalla

Signature

Doctor Details :

Doctor Name : Dr. MEENA UGALE **Specialisation** : OBSTETRICS AND GYNECOLOGY

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

Co-Consultant :

Payment Details :

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

Payor Name : BAJAJ ALLIANZ GENERAL INSURANCE CO 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
HNH-00012214 IP26-00006566 Mrs KIRAN GOEL 08-04-1995 31 Y 2 M 6 D (F) Dr. MEENA UGALE	12/6/26 @ 9:12 AM	12/6/26 @ 9:20 PM
	Transfer Ordered by DR Manisha	Reason for Transfer OBS
From Unit Pre-post	To Unit Room	Information to Attendant Yes ☐ No ☐
Number of Sheets in Clinical File 35	Number of Imaging Films — 3 —	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.	R/ Tonel — 1	
2.		
3.		
4.		
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sis Patel Ali	DR

Patient & Clinical Records Received by : Priyanka

Date & Time of Patient Received : 12/6/26 @ 9:30PM

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

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

HNH-00012214 IP26-00006566
Mrs KIRAN GOEL
08-04-1995 31 Y 2 M 6 D (F)
Dr. MEENA UGALE

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

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

ACTIVITY RECORD FOR BILLING

Name: ---------- HNH-00012214 IP26-00006566 ----------
Mrs KIRAN GOEL
08-04-1995 31 Y 2 M 6 D (F)
Dr. MEENA UGALE

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
12/6	3.30Pm	pre/post	(OT)	@/Kanuna
12/6	5:00Pm	OT	pre/post	Kanuna/@
12/6	9:20Pm	Pre-post	Room	Aarti

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Sign
12/6	CBP	9695	✓
12/6	NST - ①	70501	✓
12/6	NST - ②	70571	✓
12/6	NST - ③	70751	✓
		cross checked done 12/6/26 ✓	
13/6/26	CBP	9739	✓
		cross checked done by Madhu	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
12/6	Candicamonitor	1:30Pm	12/6 9:00pm		[signature]
12/6	Infusionpump	1:30Pm			[signature]
12/6	Epidurel pump	12Pm	3Pm	006246	[signature]

Cross checked done
12/6/26 [signature]

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
12/6	IV Placement	(1)	6161	
12/6	Catheterization	(1)	6241	
12/6	PAC	(1)	6240	

Cross checked done
12/6/26

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

HNH-00012214 IP26-00006566
Mrs KIRAN GOEL 31 Y 2 M 6 D (F)
08-04-1995
Dr. MEENA UGALE

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

c/o leaking P.V - 7:30AM

LMP: 26/9/25 EDD: 3/7/26.

Corrected EDD: 3/7/26 GA: 37week.

Obstetric Formula: P1+0

Menstrual History: Regular : ☑ Yes ☐ No

Obstetric Hostory:

Primigravida

Obstetric Examination

Fundal Height: at ≤ 4G

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

Present Pregnancy Record:

G-PP, spont conceptn

NT scan (N) FTS - Low risk

Liquor: ☑ Adequate ☐ Oligo ☐ Poly

PP: ☑ Cephalic ☐ Breech Others _____

Head Fifths Palpable: 4/5

RISK FACTORS: TIFFA (-)

FHS: ☑ Normal ☐ Tachy ☐ Brady ☐ Absent

Per Speculum Examination

Draining: ☑ Present ☐ Absent ☐ Bleeding

Colour of Liquor: ☑ Clear ☐ Meconium ☐ Blood Stained

Vaginal Examination

Cervix: ☐ Long ☑ Partially effaced ☐ Effaced

Os: Closed _____ Dilated 2 cm

Membranes: ☐ Present ☑ Absent

Liquor: ☑ Clear ☐ Meconium ☐ Blood Stained

Presenting Part: ☑ Vertex ☐ Breech ☐ Others

Sutton: ☑ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2

Pelvis: ☑ Adequate ☐ Doubtful

Height: ..... cm

Weight: ..... kg

Allergies: NKA

Breast: ☑ Normal ☐ Abnormal

General Examination:

Consciousness: Pallor: -

Icterus: Edema: -

Temp: Afeb PR: 86/L.

BP: 110/70mmHg DTR:

CVS: S1S2 (+) RS BAE (+).

Liver/Spleen: Urine Output:

DIAGNOSIS

P1+0 @ 37week. @ Rupture of Membrane in latent labour.

Mrs KIRAN GOEL
08-04-1995 31 Y 2 M 6 D (F)
Dr. MEENA UGALE

Family History:	Surgical History:
Parents - HTN.	N/A
Medical History:	**Medication History:**
N/A	Tab Duos. OD Tab Calcium OD
Plan of Care:	**Investigations:**
- Admission CTG - IV Antibiotic after test dose - Enema. - Liquid diet - Careful FHR 2nd hourly. - NST 3rd hourly.	B+ve HIV, HbsAg, VDRL] NR 11/4 9.8 | 9.5x10³ | 1.7 19/5/26 SLWL Cephalic PL-post high AFI-14.2cm. FUR Stage I Doppler - (N) 11/5 FFW 1.6 kg (6%) AC (3%)

Doctor Name: Dr. Dua
Signature:
Date & Time: 12/6/2026.

Consultant Name: Dr. Meena.
Signature:
Date & Time:

HNH-00012214 IP26-00006566
Mrs KIRAN GOEL
08-04-1995 31 Y 2 M 6 D (F)
Dr. MEENA UGALE

(1)

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/06/2026 3:15pm	c/s/by Dr. Meena Ugale	
	o/e GC-fair Afebrile Vitals-stable PA: ut-term size 3-4c/40-45"/10' Cephalic. FHR (+) PV: Cx fully dilated fully effaced Vx 'O' station Caput ++ membranes/absent	Adv - shift to Emergency LSCS (i/v/o NPOL) - Informed Consent - PAC - drugs as chalked - Paediatrician Call - Monitor Vitals - Inform SOS
12/6/26 5pm	c/s/B Dr. Veena POD-0/P1L1 Pt is stable., No c/o o/e GC-fair, Afebrile BP - 110/70mmHg PR - 100 bpm SpO_2 - 100% on RA P/A - Ut well retracted B. Dressing - dry L/e - BHNL U/o - 100ml, clear urine.	Dr. Naveena. Adv - NBM for 4-6 hrs - Vital monitoring - I/o charting - Drugs as chalked - IVF's, Analgesics & Thromboprophylaxis as per AXON - ~~W~~ foley's removal c/m @ 6am - Inform SOS - OBP c/m @ 6am

Baby in NICU

HNH-00012214 IP26-00006566
Mrs KIRAN GOEL
06-04-1995 31 Y 2 M 6 D (F)
Dr. MEENA UGALE

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/6/2026	C/S/b Dr Mamle	
7pm	POD-0	
		Adv
	CC Fair Afebrile	
	BP 124/84	- Allow sips > 10:30pm
	PR - 98 → 90	if tolerates - liquid diet
	P/A - ut well retracted	- Soft Diet c/m 6Am
	BS ⊕	- Drugs as charted
	PV Bleeding WNL	- w/t vitals & BPR
	u/o - 100 cc/hr	- I/O monitoring
		- Foley's removal @ 6Am c/m
Baby NICU		⊛ Repeat CBP c/m 6Am → Inform Report
		- Inform SOS
		Sd/- Dr Amamle
12/6/2026		
9pm	CC Fair Afebrile	
	Vitals stable	Adv
	P/A ut well retracted	Shift to room
Baby NRW	BS ⊕	
(NRW)	L/E Bleeding WNL	
	u/o - 500cc/hr	Sd/-
		Dr Amamle
	Noted by Alap	

HNH-00012214 IP26-00006566
Mrs KIRAN GOEL
08-04-1995 31 Y 2 M 6 D (F)
Dr. MEENA UGALE

(2)

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/6/26 8 AM	1st POD Seen by Dr Meena Ugale.	Adv - Soft Diet / Adeq hydration - Drugs as chart - Ambulation - Encourage to void - Inform SO Meena Ugale
	C/C Fever Afebrile Vitals Stable P/A Ut well retracted L/E Bluely WNL U-yet to void FX SX	
	Baby - NICU (on CPAP)	N/B priyanka.
13/6/26 1 pm	c/s/B POD:- 1 / P.L1	Dr. Veena
U ✓ F ✓ SX	PT is Stable, No c/o o/e - GC - fair, Afebrile. Vitals - stable P/A - Ut well retracted BS (+) L/E - BLUNC. Baby in NICU.	Adv: - Soft diet - Ambulation - Adequate hydration - Vital monitoring - Drugs as charted - Inform SOS - Oral Afx tomorrow. noted by Sr. Sandhya 13/6/26

HNH-00012214 IP26-00006566
Mrs KIRAN GOEL
08-04-1995 31 Y 2 M 6 D (F)
Dr. MEENA UGALE

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

[P]ROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/6/26 7:30pm	C/S/B Dr. Dna	
	POD-1	Adv
Baby@NICU	GC fair Afebrile	- Soft diet
	vitals - Normal	- Adequate hydration
	P/A Uterus Retracted well	- Drugs as charted
U ✓		- Ambulation
F ✓	L/E NAB	- Monitor vitals
S ✓		- W/F P/V bleed
		- Inform SOS
	[signature]	Noted by [signature]
	C/S/B Dr. Dna	
14/6/26 7:30AM	POD-2	Adv
Baby@NICU	C/C fair Afebrile	- Soft diet
	vitals - Normal	- Adequate hydration
	P/A Uterus Retracted well	- Drugs as charted
U ✓		- Ambulation
F ✓	L/E NAB	- Monitor vitals
S ✓		- W/F P/V bleed
		Inform SOS
	[signature]	ASD today

HNH-00012214 IP26-00006566
Mrs KIRAN GOEL
08-04-1995 31 Y 2 M 7 D (F)
Dr. MEENA UGALE

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/06/2026 9:20pm	c/s by Dr. Naveena	
	O/E GC-fair	Adv.
	Afebrile	- Regular diet
	Vitals-stable	- Adequate hydration
U-✓	PA: ut-retracted well	- drugs as charted
F-✓	Soft, NT.	- w/f PV bleeding
S-✓	Dressing: dry & clean	- Ambulation
	LLE: PV bleeding WNL	- Monitor Vitals
		- Inform SOS
	Baby: NICU on RA.	
	↳ all aseptic precautions Open dressing of LSCS wound done	
	Kindly discharge the patient.	Dr. Naveena

HNH-00012214 IP26-00006566
Mrs KIRAN GOEL
08-04-1995 31 Y 2 M 7 D (F)
Dr. MEENA UGALE

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

HNH-00012214 IP26-00006566
Mrs KIRAN GOEL
08-04-1995 31 Y 2 M 6 D (F)
Dr. MEENA UGALE

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

Weight: ..... kgs

Name: .....

Sheet No: .....

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
12/6	2:20pm	INJ PARACETAMOL	1g	IV		Madhu	Akhila
12/6	9:00pm	INJ TRAMADOL	100mg	IV			
12/6	9:00pm	ONDANSETRON	4mg	IV			

Docu. No. : RCH /FRM / CLINICAL / 136

HNH-00012214 IP26-00006566
Mrs KIRAN GOEL
08-04-1995 31 Y 2 M 6 D (F)
Dr. MEENA UGALE

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

DRUG CHART

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

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

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

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

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

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

HNH-00012214 IP26-00006566
Mrs KIRAN GOEL
08-04-1995 31 Y 2 M 6 D (F)
Dr. MEENA UGALE

REGULAR PRESCRIPTIONS

Weight. ..... Ward. LDB

DRUG : Inj. PARACETAMOL

Dose	Route	Frequency	Start Date
1gm	IV	TID	12/6/26

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

Additional Instructions: To convert to oral after 24 hrs.

Date / Time	12/6	13/6
6AM	x	
2pm	x	Stop.
10pm	7:30pm	Dr. Ayesha

Daily Doctor's Endorsement by a Sign

DRUG : T. DICLOFENAC

Dose	Route	Frequency	Start Date
50mg	PO	BD	12/6/26

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

Additional Instructions:

Date / Time	12/6	13/6	14/6
9AM	x	Nadia	
10pm	4:30pm	7:30pm Nadia	

Daily Doctor's Endorsement by a Sign

DRUG : T. TRAMADOL

Dose	Route	Frequency	Start Date
100mg	PO	BD	12/6/26

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

Additional Instructions:

Date / Time	12/6	13/6	14/6
10AM	x	Nadia	
10pm	9pm		

Daily Doctor's Endorsement by a Sign

DRUG : Inj. ENOXAPARIN

Dose	Route	Frequency	Start Date
40mg	S/C	OD	13/6/26

Name & Signature of the Doctor Starting the Drugs: Dr. Ayesha 8:00Am x3days

Additional Instructions: After Obgynae review

Date / Time	13/6	14/6
8AM		Nadia

Daily Doctor's Endorsement by a Sign

HNH-00012214 IP26-00006566
Mrs KIRAN GOEL
08-04-1995 31 Y 2 M 6 D (F)
Dr. MEENA UGALE

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Sheet No: .....

REGULAR PRESCRIPTIONS

Weight ..... Ward ..... 2nd DR

DRUG : INJ. CEFOTAXIME

Dose	Route	Frequency	Start Dt.
1g	IV	BD	12/6/26

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions: X 24 hrs

Daily Doctor's Endorsement by a Sign

Date / Time	12/6	13/6
8AM	X	
8PM		

DRUG : T. PANTOPRAZOLE

Dose	Route	Frequency	Start Dt.
40mg	P/O	OD	12/5/26

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	13/6	14/6
6AM		

DRUG : T CEFIXIME

Dose	Route	Frequency	Start Dt.
200mg	PO	BD	14/6

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	14/6
9AM	Madhu
9PM	

DRUG : T. PARACETAMOL

Dose	Route	Frequency	Start Dt.
1g	PO	TID	14/6

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	14/6
6AM	Madhu
2PM	
10PM	

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

HNH-00012214 IP26-00006566
Mrs KIRAN GOEL (F)
08-04-1995 31 Y 2 M 6 D
Dr. MEENA UGALE

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....NDR.....

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 ....

HNH-00012214 IP26-00006566
Mrs KIRAN GOEL
08-04-1995 31 Y 2 M 6 D (F)
Dr. MEENA UGALE

Weight. ..... Ward. ICU

	Date▸ Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
DRUG :		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route / Start Date		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Name & Signature of the Doctor		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Additional Instructions:		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	

VARIABLE DOSE	Date▸ Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
DRUG :		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route / Start Date		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Name & Signature of the Doctor		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Additional Instructions:		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
12/6/2026	9:30 AM	Inj CEFOTAXIME	1g.	IV		Mouni
12/6	11:50AM	Inj HYOSCINE	20mg	IV		Nandu
12/6	12:30 PM	INJ. DROTAVERINE	1 AMP	IV		Mouni
12/6	3.30pm	INJ. METOCLOPRAMIDE	10mg	iv		Nandu
12/6	3.30pm	INJ. PANTOPRAZOLE	40mg	iv		Nandu
12/6	3:45pm	Inj. ONDANSETRON	4 mg	IV		Kaveri
12/6	3:54pm	Inj. OXYTOCIN	3IU	IV		Kaveri
12/6	4:30pm	DICLOFENAC Suppository	100mg	PR		Kaveri
12/6	4:30pm	TRAMADOL Suppository	100mg	PR		Kaveri
13/6	9Am	INJ METOCLOPRAMIDE	10mg	IV STAT		

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

HNH-00012214 IP26-00006566
Mrs KIRAN GOEL
06-04-1995 31 Y 2 M 6 D (F)
Dr. MEENA UGALE

I.V. FLUIDS CHART

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

		Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
12/6.	12 PM	RINGER LACTATE	IV	100ml/hr →			12/6		
12/6	1:30 PM	RINGER LACTATE c̄ 10 units OXYTOCIN.	IV	6ml/hr			12/6		
12/6	5:30 PM	RINGER LACTATE	IV	100 ml/hr			12/6		
13/6	1:20 AM.	RINGER LACTATE	IV	100 ml/hr			13/6		
		STOP 13/6/26							

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

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

VARIABLE DOSE	Date➤ Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
DRUG :		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route / Start Date		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Name & Signature of the Doctor		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Additional Instructions:		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	

VARIABLE DOSE	Date➤ Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
DRUG :		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route / Start Date		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Name & Signature of the Doctor		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Additional Instructions:		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
14/6	4:15AM	7mg PARACETAMOL	1g	IV		

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

Patient Sticker

I.V. FLUIDS CHART

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

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

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

HNH-00012214 IP26-00006566
Mrs KIRAN GOEL
08-04-1995 31 Y 2 M 6 D (F)
Dr. MEENA UGALE

306

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

RESULT SHEET

Date	12/6	13/6				
Time	8 AM					
Hb	11.1	10.1				
PCV	31.6	28.7				
RBC	3.76	3.44				
WBC	9.02	11.09				
N/L	20.2/22.7	84.1/10.5				
Platelets	163	160				
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						

BTYE
HIV
HBsAg
VDRL / NR

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

HNH-00012214 IP26-00006566
Mrs KIRAN GOEL
08-04-1995 31 Y 2 M 6 D (F)
Dr. MEENA UGALE

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

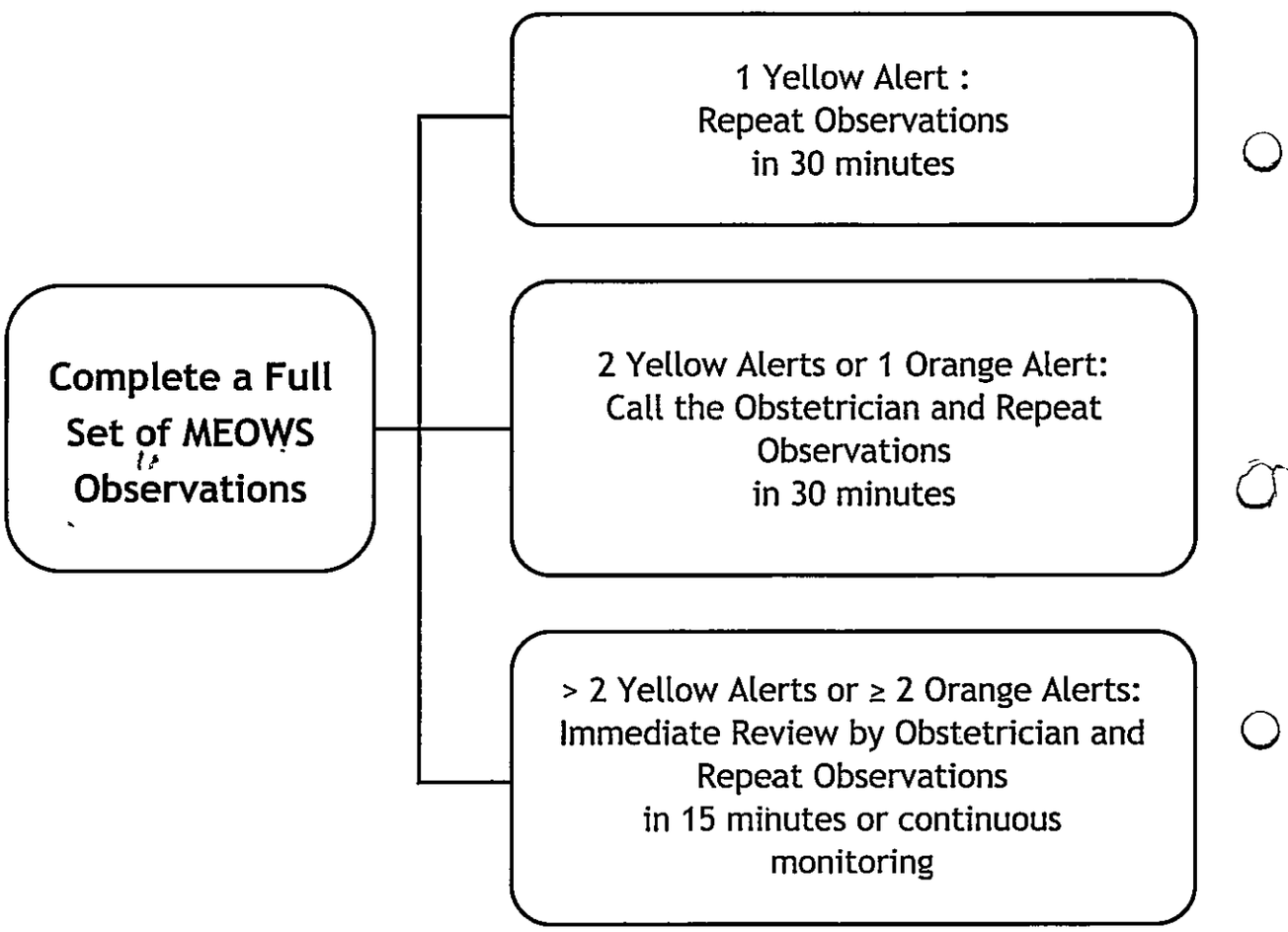
Early Warning Observation Score Chart - Obstetrics

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

12/6

		Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																									
	21 - 30																									
	11 - 20		20		20		20	20	20		20	20	20	20	20	20				20				20	20	
	0 - 10																									
Saturations	94 - 100 %		99		99		99	99	99		99	99	99	99	99	99				98				98	99	
	< 94 %																									
Administered O_2 (L/min.)																										
Temp°c	40																									
	39																									
	38																									
	37																									
	36		36		36		36	36	36		36	36	36		36	36				36				36	99	
	35																									
	< 35		35																							
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80		82		84		82	84	86		84	82	83	93	92					90						
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressue ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120		115		116		112	114	116		116	118	118	125	122					119				119		
	110																									
	100																									
	90																								(95)	
	80																									
	70																									
	60																									
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70		82		81		73	74	72		73	74	75	76	85					83				86		
	60																									
	50																									
	40																									
NEURO RESPONSE [✓]	Alert		✓			✓				✓						✓				✓				✓		
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30		✓			✓		✓	✓	✓		✓	✓	✓	✓	✓				✓				✓		
	< 30																									
Proteinuria	Protein + +																									
	Protein > + +																									
Lochia	Normal		✓									✓	✓	✓						✓						
	Heavy / Foul																									
Liquor	Clear / Pink																			✓						
	Green																									
TOTAL YELLOW SCORES			0		0		0	0	0		0	0	0		0					0				0		
TOTAL ORANGE SCORES			0		0		0	0	0		0	0	0		0					0				0		
Nurse Initial																										

Obstetrics and Gynaecology Early Warning Signs



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

HNH-00012214 IP26-00006566
Mrs KIRAN GOEL
08-04-1995 31 Y 2 M 6 D (F)
Dr. MEENA UGALE

Patient

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

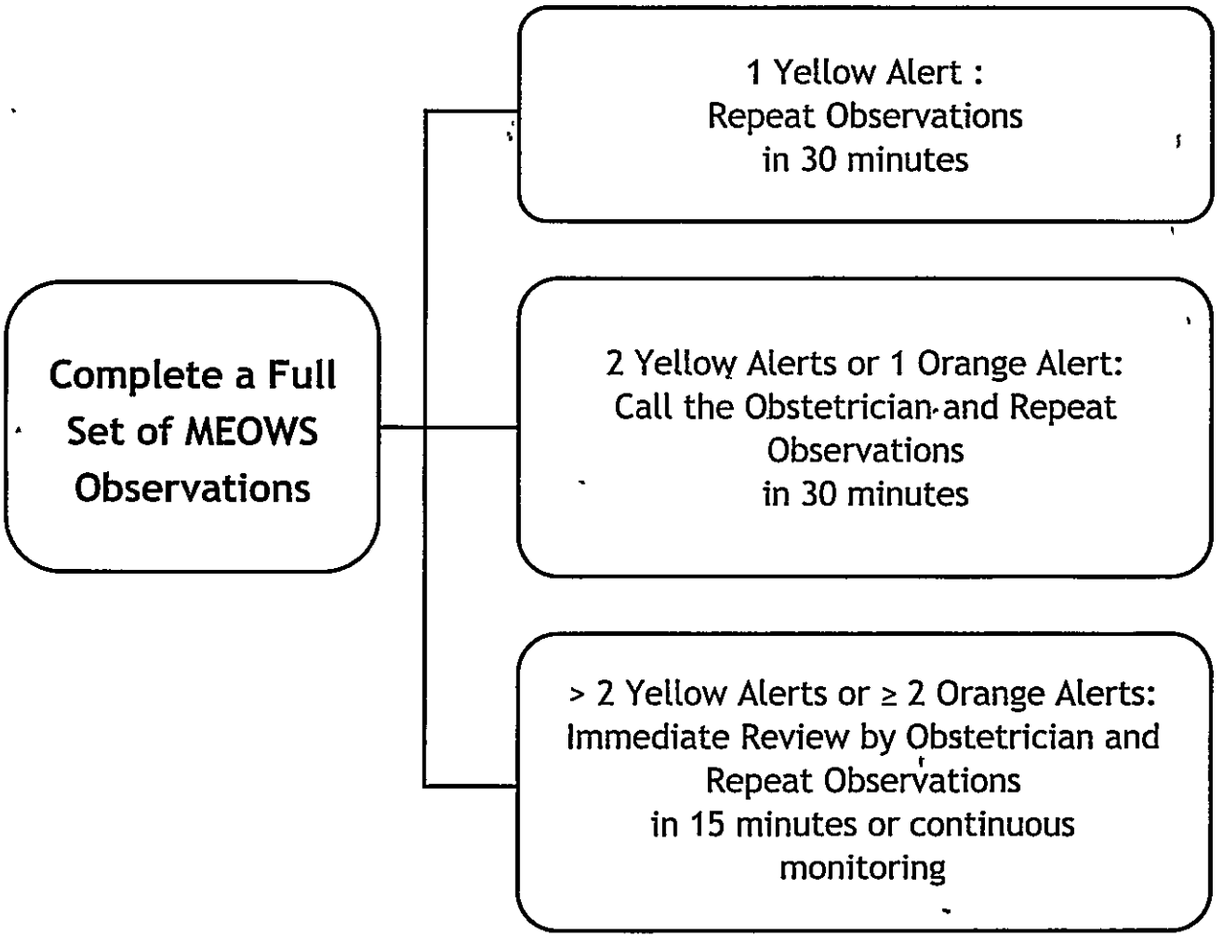
BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Early Warning Observation Score Chart - Obstetrics

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

		Date	13/6/26																				
		Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30				29				19				20				20				20				20	
	21 - 30																									
	11 - 20																									
	0 - 10																									
Saturations	94 - 100 %			99%					99%				99%				100%				99%				100%	
	< 94 %																									
Administered O, (L/min.)																										
Temp°c	40																									
	39																									
	38																									
	37			97.3°F					98.2°F				98.5°F				98.3°F				97.8°F				98.1°F	
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110			85					79				85bpm				86				87				90	
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressue ↑	190																									
	180																									
	170																									
	160																									
	150			118					116				101				109				112				118	
	140																									
	130																									
	120																									
	110																									
	100																									
	90												85												89	
	80																									
	70																									
	60																									
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90			70					80				77				72				70				79	
	80																									
	70																									
	60																									
	50																									
	40																									
NEURO RESPONSE [✓]	Alert			✓					✓				✓				✓				✓				✓	
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30			✓					✓				✓				✓				✓				✓	
	< 30																									
Proteinuria	Protein + +			✓					✓				✓													
	Protein > + +																									
Lochia	Normal												✓				✓				✓				✓	
	Heavy / Foul																									
Liquor	Clear / Pink												✓				✓				✓				✓	
	Green																									
TOTAL YELLOW SCORES				2					2				2				2				2				2	
TOTAL ORANGE SCORES																										
Nurse Initial				SB					SB				SB				SB				SB				SB	

Obstetrics and Gynaecology Early Warning Signs



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

HNH-00012214 IP26-00006566
Mrs KIRAN GOEL
08-04-1995 31 Y 2 M 7 D (F)
Dr. MEENA UGALE

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

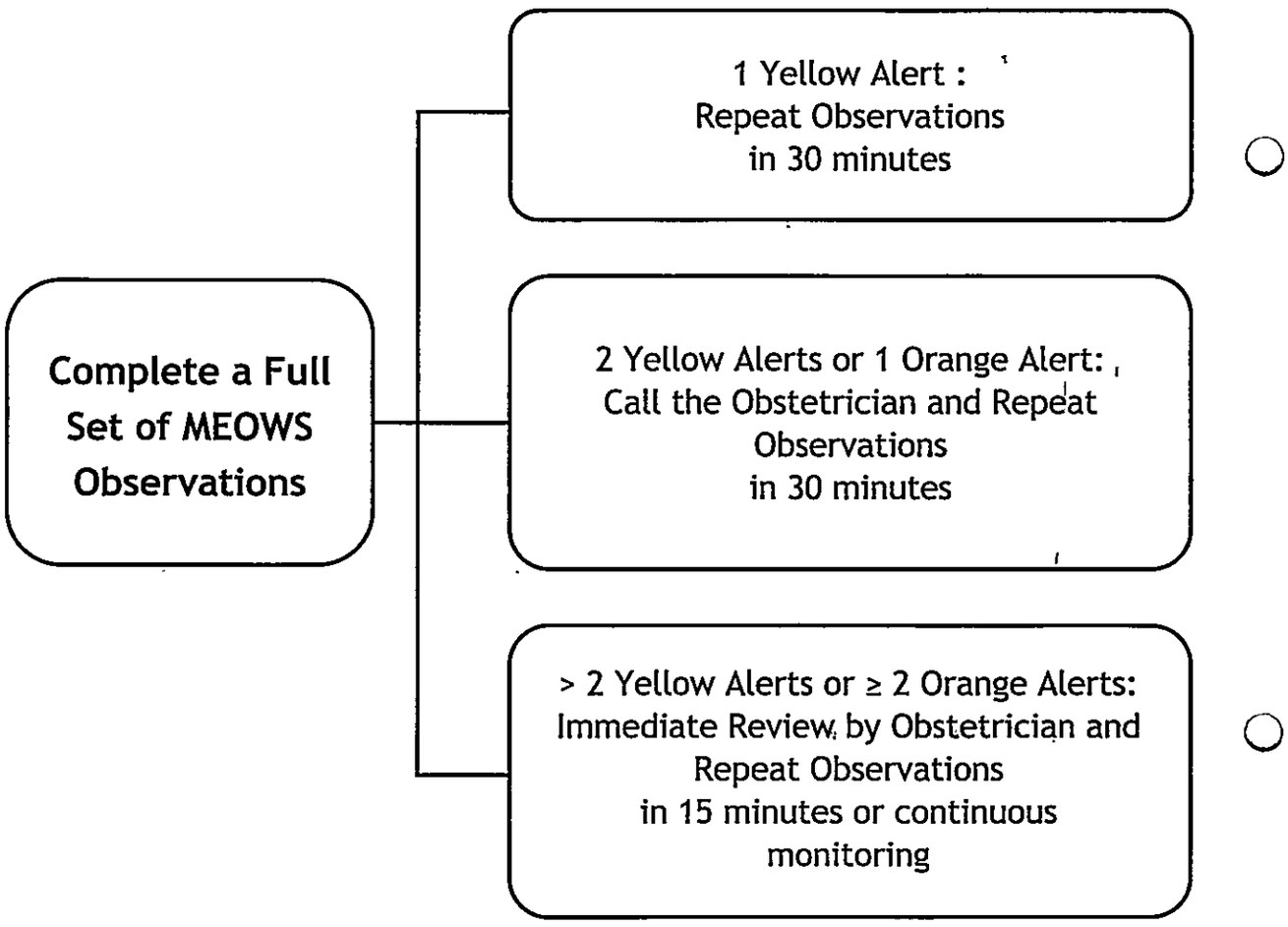
BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Early Warning Observation Score Chart - Obstetrics

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

14/6/26	Date																								
	Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20			20																					
	0 - 10																								
Saturations	94 - 100 %			100																					
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37			98.8																					
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70			85																					
	60																								
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120			120																					
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70			69																					
	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																					
TOTAL ORANGE SCORES				0																					
Nurse Initial				MA																					

Obstetrics and Gynaecology Early Warning Signs



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

HNH-00012214 IP26-00006566
Mrs KIRAN GOEL
08-04-1995 31 Y 2 M 6 D (F)
Dr. MEENA UGALE

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.

Date	Time	Intake				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
		Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
12/6/26	08:00 am											
	09:00 am											
	10:00 am	RL	H2O	100ml		NA		0	0		0	
	11:00 am	RL	sip	100ml								
	12:00 pm	RL		100ml								
	01:00 pm	RL	H2O	100ml								
Total Intake :		Taken					**Total Output :**			passed		
12/6	02:00 pm	RL	H2O	100ml								
	03:00 pm	RL		100ml								
	04:00 pm	RL	NBM	100ml			NA				0	
	05:00 pm	RL		100ml				0	0	200ml		
	06:00 pm	RL		100ml								
	07:00 pm	RL		100ml						1000ml		
Total Intake :							**Total Output :**			passed		
12/6/26	08:00 pm	RL	NBM	100ml								
	09:00 pm	RL		100ml						250ml		
	10:00 pm	RL	Sips of water	100ml								
	11:00 pm	RL		100ml		NA		NA			0	
	12:00 am		liquid diet	100ml								
	01:00 am			100ml						600ml		
Total Intake :							**Total Output :**					
13/6/26	02:00 am	RL	liquid diet	100ml								
	03:00 am			100ml								
	04:00 am			100ml							0	
	05:00 am			100ml		NA		NA				
	06:00 am			100ml						500ml		
	07:00 am			100ml								
Total Intake :							**Total Output :**					

Total 24 hrs. Intake		Total 24 hrs. Output	

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

HNH-00012214
Mrs KIRAN GOEL
08-04-1995
Dr. MEENA UGALE
IP26-00006566
31 Y 2 M 6 D
(F)

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
12/6/26	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :								**Total Output :**				
13/6/26	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :								**Total Output :**				
13/6/26	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :								**Total Output :**				
14/6/26	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :								**Total Output :**				

Total 24 hrs. Intake		Total 24 hrs. Output	

Patient Stic

HNH-00012214 IP26-00006566
Mrs KIRAN GOEL
08-04-1995 31 Y 2 M 7 D (F)
Dr. MEENA UGALE

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
14/6/26	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :								**Total Output :**				
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :								**Total Output :**				
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :								**Total Output :**				
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :								**Total Output :**				

Total 24 hrs. Intake		Total 24 hrs. Output	

Patient Sticker

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : .....

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

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

Total 24 hrs. Intake		**Total 24 hrs. Output**	

HNH-00012214 IP26-00006566
Mrs KIRAN GOEL
08-04-1995 31 Y 2 M 6 D (F)
Dr. MEENA UGALE

NURSING CARE RECORD

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

Date: 12/6/2

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am to 2pm	→ Assess the pt condi. → Monitor vitals	8am to 2pm	→ Assessed the pt condi.	Now pt is SL	Re-L	[signature]
Afternoon	2pm – 8pm	→ Assess the pt condition → monitor the vitals every (hourly) → administration of medication → maintain I/O chart	2pm – 8pm	plan for vitals → Maintain I/O chart → All medication given	→ vital is normal	→ pt is stable	[signature]
Night	8pm – 8am	→ Assess the patient's condition → plan for vital & record → plan for IV fluids → plan for I/O chart	8pm – 8am	→ Assessed the patient condition → Maintain vital → continue IV fluids → Maintain I/O chart	→ patient stable	vital Normal	[signature]

Docu. No: RCH /FRM / CLINICAL / 148

Patient Sticker

NH-00012214
Mrs KIRAN GOEL
08-04-1995
Dr. MEENA UGALE
31 Y 2 M 6 D
IP26-00006566
(F)

NURSING CARE RECORD

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 13/6/26

Goals

- ☐ Maintain Airway and Oxygenation
- ☐ Maintain Personal Hygiene
- ☐ Identify Potential Complications
- ☐ Ha... ...t
- ☐ Preven...
- ☐ Any Others. ...y.....
- ☐ Maintain Fluid Balance
- ☐ Meet Elimination Needs
- ☐ Improve Activity Tolerance
- ☐ Ensure Safety
- ☐ Maintain Good Nutritional Status
- ☐ Early Ambulation Reduce Anxiety
- ☐ Maintain Skin Integrity
- ☐ Patient & Family Education

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am to 2pm	→ Assess the patient general condition → monitor vitals → Administer medications as Per doctor's orders.	8am to 2pm	→ Assessed the patient condition → monitored vitals → Administered medications as Per doctor's orders	Patient is stable	Rechecked vitals	
Afternoon	2pm to 8pm	⇒ Assess the Pt condition ⇒ monitor vitals & record ⇒ maintain I/o chart ⇒ Administer medication as per drug chart	2pm to 8pm	⇒ Assessed the pt condition ⇒ monitored vitals & recorded ⇒ maintained I/o chart ⇒ Administered medication as per drug chart	⇒ Pt is stable	⇒ Rechecked vitals	
Night	8pm to 8Am	- Assess the pt. condition - Monitor vitals & record - Maintain I/o chart - Give Medication as prescribed by doctor.	8pm to 8Am	- Assessed the pt. condition - Monitored vitals & record - Maintained I/o chart - Given Medication as prescribed by doctor.	patient is stable	Re-checked vitals	

HNH-00012214 IP26-00006566
Mrs KIRAN GOEL
08-04-1995 31 Y 2 M 7 D (F)
Dr. MEENA UGALE

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING CARE RECORD

Date: .....

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8Am to 2pm	⇒Assess the Pt condition ⇒Maintain I&O chart ⇒Ambulation ⇒Drugs as chart	8Am to 2pm	⇒Assess the Pt condition ⇒Maintain I&O chart ⇒Ambulation. ⇒Drugs as chart	Pt is a stable	check the vitals.	Madhu
Afternoon							
Night							

Patient Sticker

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: .....

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night							

HNH-00012214 IP26-00006566
Mrs KIRAN GOEL
06-04-1995 31 Y 2 M 6 D (F)
Dr. MEENA UGALE

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	12/6 M	12/6 E	12/6/26 Night	13/6/26 mrng	13/6 E	13/6 N
	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:	97	98.4 F	98.6 F	97.8	98.5 F	97.8 F
	Res:	20	20 b/mt	20	20	20 b/m	20 b/m
	SpO₂:	99	99%	99	99%	99%	100%
	Pulse:	83	87 b/mt	87	85 b/m	85 b/m	86 b/m
	BP:	110/70	112/75	110/73	110/80	120/70	118/68
	Fall Risk Score:	—	—	-	—	—	—
	Pain Score:	—	0/10	0	—	—	—
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:	NA	—	—	—	—	—
Post Operative Procedure Special Orders:		NK	—	—	—	—	—
Handed Over By Name :		Mon	Akhila	Afsa	Sandhya	Shweta	Priyanka
Signature :		[signature]	[signature]	[signature]	[signature]	[signature]	[signature]
Date:		12/6	12/6/26	13/6/26	13/6/26	13/6/26	14/6/26
Time:		2P	8PM	8AM	2PM	8pm	8AM
Taken Over By Name :		Akhila	Afsa	Sandhya	Shweta	Priyanka	Madhuri
Signature :		[signature]	[signature]	[signature]	[signature]	[signature]	[signature]
Date:		12/6/26	12/6/26	13/6/26	13/6/26	13/6/26	14/6/26
Time:		2PM	8PM	8AM	2pm	8PM	8AM

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

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	14/06/24 1X16					
	Medical Condition (Any special condition to be noted):	Soft diet					
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98-3 F					
	Res:	20bm					
	SpO_2:	100					
	Pulse:	85					
	BP:	110/69					
	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:	NA					
Post Operative Procedure Special Orders:		—					
Handed Over By Name :		—					
Signature :							
Date:							
Time:							
Taken Over By Name :							
Signature :							
Date:							
Time:							

HNH-00012214 IP26-00006566
Mrs KIRAN GOEL
08-04-1995 31 Y 2 M 6 D (F)
Dr. MEENA UGALE

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CHECKLIST FOR THROMBOPHLEBITIS

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

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

Signature of Shift In Charge :

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

Signature of Ward In Charge :

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

Patient Sticker

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CHECKLIST FOR THROMBOPHLEBITIS

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

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

Signature of Shift In Charge :

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

Signature of Ward In Charge :

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

HNH-00012214
Mrs KIRAN GOEL
08-04-1995 31 Y 2 M 6 D (F)
Dr. MEENA UGALE
IP26-00006566

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PAIN ASSESSMENT FORM

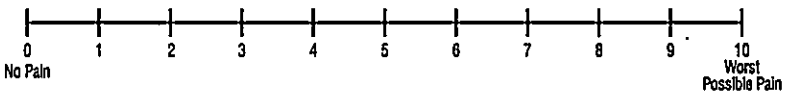
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
12/6	10Pm	0/10	NP	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
12/6	2pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
12/6	8pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
12/6/26	10PM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
13/6/26	12:30pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
13/6/26	2pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
13/6/26	10pm	0/10	NA	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☑ Sharp ☐ Dull ☐ Aching ☐ Burning	☑ Increasing ☐ Decreasing	☑ Yes ☑ No	NA	
14/6/26	2AM	0/10	NA	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☑ Sharp ☐ Dull ☐ Aching ☐ Burning	☑ Increasing ☐ Decreasing	☑ Yes ☑ No	NA	
14/6/26	6AM	0/10	NA	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☑ Sharp ☐ Dull ☐ Aching ☐ Burning	☑ Increasing ☐ Decreasing	☑ Yes ☑ No	NA	
14/6/26	8AM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☐ Yes ☐ No	NA	

Re-assessment Frequency:

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

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

HNH-00012214 IP26-00006566
Mrs KIRAN GOEL
08-04-1995 31 Y 2 M 6 D (F)
Dr. MEENA UGALE

BRADEN 'Q' SCALE

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

					Date :	12/6	12/6		13/6
					Time :	~~AM~~	8PM	2PM	AM
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.		4	4	4	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	24	28	28	28
					Evaluator's Name		Alen		

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

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

HNH-00012214
Mrs KIRAN GOEL
08-04-1995 31 Y 2 M 6 D (F)
Dr. MEENA UGALE
IP26-00006566

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	12/6	13/6	13/6/20
		Score	8 am	3 pm	2 pm
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			
IV / Heparin Lock or Saline	Yes	20			
	No	0	0	0	0
GAIT / Transferring	Impaired	20	20	20	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:			30	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

HNH-00012214 IP26-00006566
Mrs KIRAN GOEL
08-04-1995 31 Y 2 M 6 D (F)
Dr. MEENA UGALE

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: 12/6/26 Time of Arrival: 9 AM Time Seen by Nurse: 9:15 AM

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: 98.4 F Pulse: 82 RR: 20 SpO_2: 99% BP: 110/70 Weight: .....

4) **Gestational Criteria:**

Gravida:	G 2	P -	L -	A 1 -

LMP: 26/9/25 EDD: 3/7/26 Gestational Age: Accurate

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

.....

6) **Past History:**

a) Surgeries: Nil

b) Medical: .....

HNH-00012214 IP26-00006566
Mrs KIRAN GOEL
08-04-1995 31 Y 2 M 6 D (F)
Dr. MEENA UGALE

7) ...rgy: ☐ Yes ☑ No, If Yes : ....

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

9) **Prenatal Medical History:**

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

Triage Category: (Please tick on the category)

Refer to OBSTETRICAL TRIAGE ACUITY SCALE (OTAS)

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

OBCU Obstetrical Triage Acuity Scale (OTAS)

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

Time seen by Doctor: ....9.10pm....

Nurse Name : ....Mayuonika.... Nurse Signature: ....[signature]....

Date: ..12/6/26.... Time: ....9pm....

HNH-00012214 IP26-00006566
Mrs KIRAN GOEL
08-04-1995 31 Y 2 M 6 D (F)
Dr. MEENA UGALE

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	T. IRON	1Tab	PO	OD		☐ C ☐ DC
2	T. CALCIUM	1Tab	PO	OD		☐ C ☐ DC
3						☐ C ☐ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : ..... Dr. Mm.

Date & Time : 12/6/26. @ 10 AM

Nurse Name & Signature: Madhumita @ Madh

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

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

HNH-00012214 IP26-00006566
Mrs KIRAN GOEL
08-04-1995 31 Y 2 M 6 D (F)
Dr. MEENA UGALE

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name:	DR. MEENA UGALE	Date of Delivery:	12/06/2026
Assistant Surgeon:	DR. SAROJA.	Time of Delivery:	3:53PM
Anaesthetist's Name:	DR. AYESHA	Gender of Baby:	FEMALE.
Type of Anaesthesia:	SPINAL ANESTHESIA	Weight of Baby:	2.56 kg.
Neonatologist:	DR. DILNAAZ	AGPAR Score:	2,10. 5,10 7,10
Scrub Nurse:	S/N SANDHYA	NICU Admission:	☑ Yes ☐ No RD.

Pre-Operative Diagnosis: Primi | 37 wks @ PPROM

☐ Elective ☑ Emergency Indication: DEEP TRANSVERSE ARREST

Urgency

☑ Immediate Threat to life of woman or fetus
☐ Maternal or fetal compromise not immediately life threatening
☐ No maternal or fetal compromise but needs early delivery
☐ Delivery timed to suit woman and staff

Decision time: ..... Knief to rectus: 3mins.

CTG Description: Reactive

If there was a delay give the reasons: —

Surgical Procedure: EMERGENCY LSCS.

Post Operative Diagnosis: POD-0.

Peri-Operative Complications: None

Amount of Blood Loss: 200ml | Blood Transfused (in ML): —

Name and Number of Surgical Specimen sent for examination:

None.

Examination Findings when Appropriate:

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

5th Palpable: ..... OL ..... Fetal Position: ..... ROA .....

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

Caput: ☐ + ☑ ++ ☐ +++ Caput @ +2. Meconium: ☑ None ☐ + ☐ ++ ☐ +++

Bladder Catheterized : ☑ Yes ☐ No Urine: ☑ Clear ☐ Blood Stained

---

Skin Incision: ☑ Pfannensteil ☐ Transverse ☐ Midline ☐ Other .....

Uterine Incision: ☑ Lower Segment ☐ Classical ☐ Inverted T ☐ J Incision

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

Incision Through Placenta: ☐ Yes ☑ No

Delivery of head: ☑ Manual ☐ Forceps

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

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

Cord Appearance: ..... Intact & normal ..... Cord around the neck ☐ Yes ☑ No

Appearance of placenta: ..... Intact & normal ..... Cavity explored ☐ Yes ☑ No

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

* Caput @ +2 station
Vertex @ 'O' station.
* Baby extracted by Patanachan's technique.
* Caput ++

Uterine Closure: ☐ One Layer ☑ Two Layers ..... Vicryl No-1 ..... Suture

Peritoneal Closure: ☐ Pelvic ☑ Abdominal ☐ None ..... Rapi Rapidvicryl ..... Suture

Sheath Closure: ..... PDS. ..... Suture

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

Skin Closure: ☑ Subcuticular ☐ Mattress ..... Rapidvicryl ..... Suture

Vagineal Evacuated ☑ Yes ☐ No

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

Ctheter ☐ Yes ☑ No ☐ Remove in ..... days ☐ Await instructions

Swap & Instruments count correct? ☑ Yes ☐ No ☐ Post-op Antibiotics ☑ Yes ☐ No

Intra-Operative Antibiotics Cover: ☑ Yes ☐ No ☐ Thromboprophylaxis ☐ Yes ☐ No

Post-Operative Notes:

- NBM for 4-6 hours
- Vital monitoring
- Plo charting
- IVF's, Analgesics & Thromboprophylaxis as per AXON.
- Foley's removal c/w @ 8am
- IV ABx for 24 hours
- Inform SOS.
- CBP c/m @ 6am

Doctor Name: Dr. Meena Ugale. Doctor Signature: Meena Ugale

Date & Time: 12/6/25

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Meena Ugale
Asst. Surgeon : Dr.
Anaesthetist : Dr. Aysha
Scrub Nurse : Sunday

HNH-00012214 IP26-00006566
Mrs KIRAN GOEL
08-04-1995 31 Y 2 M 6 D (F)
Dr. MEENA UGALE

..... Age : ..... Gender : .....
Surgery Name : Gm. Hsrc
Date : 12/06/26 In-time : ..... Out-time : .....

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

Before Induction of Anaesthesia ➤➤

SIGN IN Time: 3:35 pm.

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

Site Marked ☐ Yes ☐ No ☐ NA

Anaesthesia Safety Check Completed ☑ Yes ☐ No

Pulse Oximeter on Patient & Functioning ☑ Yes ☐ No

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

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

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

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

Signature : Ayesha
Name : Dr. Sk. Ayesha

Before Skin Incision ➤➤

TIME OUT Time: 3:40 pm

Confirm all team members have introduced themselves by Name and Role ☑ Yes ☐ No

Surgeon, Anaesthesia Professional and Nurse Verbally Confirm
- Correct Patient (Check ID Band) ☑ Yes ☐ No
- Correct Site ☑ Yes ☐ No
- Correct Procedure ☑ Yes ☐ No

Anticipated Critical Events

Surgeon Reviews:
- What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss? >20ml ☑ Yes ☐ No ☐ NA

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

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

Signature : [signature]
Name : Kalpana

Before Patient Leaves Operating Room

SIGN OUT Time: 4:50 pm

Nurse Verbally Confirms with the Team:
- The Name of the Procedure Recorded ☑ Yes ☐ No
- That Instrument, Sponge and Needle Counts are Correct (or Not Applicable) ☑ Yes ☐ No ☐ NA
- The Specimen is Labelled (including patient name) ☐ Yes ☐ No ☑ NA
- Whether there are any Equipment Problems to be addressed ☐ Yes ☐ No ☑ NA

To Surgeon, Anaesthetist and Nurse:
- What are the key concerns for recovery and management of this patient? ☑ Yes ☐ No

Signature : [signature]
Name : G. Vena

Doc. No. : RCH / FRM / CLINICAL / 111

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PATIENT TRANSFER FORM

HNH-00012214 IP26-00006566
Mrs KIRAN GOEL
08-04-1995 31 Y 2 M 6 D (F)
Dr. MEENA UGALE

	Date & Time of Admission: 12/06/26 @	Date & Time of Transfer Order: 12/06/26 @ 5pm
Treating Consultant Name	Transfer Ordered by: Dr. Ayesha	Reason for Transfer: Observation
From Unit: OT	To Unit: Pre-post	Information to Attendant: Yes ☑ No ☐
Number of Sheets in Clinical File: —	Number of Imaging Films: —	Personal belongings including clinical documents. If any handed over to attendant: Yes ☑ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	RL	01
2.		
3.		
4.		
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Reena. 12/06/26	Dr. Ayesha.

Patient & Clinical Records Received by : Admitted

Date & Time of Patient Received : 12/6/26 @ 5pm

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

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

HNH-00012214 IP26-00006566
Mrs KIRAN GOEL
08-04-1995 31 Y 2 M 6 D (F)
Dr. MEENA UGALE

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: 12/6/26

Baseline Information:

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

Primary Language: ☐ Telugu ☑ English ☐ Hindi ☐ Others

Do you require an interpreter? ☐ Yes ☐ No

Source of Information: ☐ Patient ☑ Family ☐ Others

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

handed over to .....

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

If yes , identify .....

Chief Complaints: ..... Doctor Notified on Admission: ☐ Yes ☐ No

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

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

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

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

Blood Group: B+ve LMP: 26/9/25 EDD: 3/7/26 Gestational age during admission: 37 weeks

Contractions: NIL Vaginal Discharge: N/A

Obstetric History: G - P - L - A - Previous LSCS N/A

Height: - Weight: - BMI: -

Temp: 97.4 HR: 94 RR: 20 BP: 110/78 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	

HNH-00012214 IP26-00006566
Mrs KIRAN GOEL
08-04-1995 31 Y 2 M 6 D (F)
Dr. MEENA UGALE

[barcode]

... No Abnormalities Detected

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

☐ Liver disease ☐ Other .....

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

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

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

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

☐ Mobility problem ☐ Walking Problem ☐ No Abnormality Detected

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING:

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

☐ Under Weight ☐ Diabetes Mellitus ☐ No Abnormality Detected

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

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

☐ Others .....

Inform consultant for positive criteria

SOCIAL SCREENING:

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

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

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

Orientation has been given regarding the following aspects:

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

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

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

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

Orientation not given Reason: ..... N/A .....

Nurse Signature: .....

Nurse Name: ..... Monika .....

Date & Time: ..... 12/6/26 9 AM

HNH-00012214 IP26-00006566
Mrs KIRAN GOEL
08-04-1995 31 Y 2 M 6 D (F)
Dr. MEENA UGALE

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: Baby NICU Admission.

Continuity of Care: Date: 12/6/96

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

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

Date & Time: 12/6/96 @ 8pm Date & Time: .....

HNH-00012214 IP26-00006566
Mrs KIRAN GOEL
08-04-1995 31 Y 2 M 6 D (F)
Dr. MEENA UGALE

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

URINARY CATHETER BUNDLE CHECK LIST

Date of Insertion: 12/6/26 Date of Removal: 13/6/26 @ 6:30AM

Parameters / Date / Shift Time	12/6/26 E2	12/6/26 N1					
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	AKL						
Signature of the Nurse							

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

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Patient Name : MRS. KIRAN GOEL Gender: ☐ Male ☐ Female Age : 31 YRS

UHID No : HNH-0001221 4 Date : 12/06/2026

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

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

EMERGENCY LOWER SEGMENT CAESERIAN SECTION

upon

MRS. Kiran Goel. (Name of the Patient)

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

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

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

Haemorrhage, Injury to adjacent organs, Post Partum Haemorrhage, Need for Blood and Blood products transfusion

My signature on this form indicates that

1. I have read and understood the information provided in this form
2. My doctor had adequately explained to me the operation or procedure along with the complications written above, along with the risks, benefits and other information.
3. I have had a chance to ask my surgeon questions.
4. I have received all the information I desire concerning the operation or procedure and
5. I authorize the consent to the performance of the operation or procedure.

Name of the Doctor who is performing the Surgery / Procedure: Dr. Meena Ugale.

Consentee :

Signature :

Name : MRS Kiran

Date & Time : 12/6/26 @ 3:30 Pm

Witness :

Signature : Madhu

Name : Madhumita

Date & Time : 12/6/26 @ 3:30 Pm

Patient Attendant :

Signature : Vishal Kolle

Name : Vishal.

Relationship with Patient: Husband.

Date & Time : 12/06/2026 @ 3:30pm.

Doctor (who is taking the consent) :

Signature :

Name : Dr-Naveena.

Date & Time : 12/06/2026 @ 3:30pm

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

HNH-00012214 IP26-00006566
Mrs KIRAN GOEL
08-04-1995 31 Y 2 M 6 D (F)
Dr. MEENA UGALE

Patient Name ..... Age : 31y ..... Gender : Male ☐ Female ☑

UHID NO: ..... Surgeon Name: Dr. Meena Ugale

Anaesthesiologist : Dr. Ayesha

Operative procedure planned : EMERGENCY LOWER SEGMENT CESAREAN SECTION

PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA

General anaesthesia involves rendering a patient unconscious before an operation. This ensures the patient is not aware of events and does not feel pain during the operation. Drugs given through a vein and / or inhaled from an anaesthesia machine produce it. Regional anaesthesia involves using a local anaesthetic to numb a specific area of the body for surgery: Prolonged pain relief without numbness can be achieved by infusing weak solutions of local anesthetics arid narcotic drugs to particular parts of the body after surgery or injury, using catheters.

Specific High Risk (s) : The doctors have explained to me the details of the high risk involved due to the following medical problems and I have sought necessary clarification on all my doubts.

☐ Heart disease ☐ Hypertension ☐ Diabetes mellitus ☐ Renal failure

☐ Hepatic disorders ☐ Shock ☐ Multiple organ failure ☐ Polytrauma / Renal Tubular Aacidosis

☐ Incapacitating Cronic Obstructive Pulmonary Disease

☑ Others : Hypotension, Bleeding, Need for transfusion

Comments : .....

- Doctor to document in medical record also if necessary (Cross-out if not applicable)

DECLARATION BY PATIENT / GUARDIAN / PROXY

I hereby authorize Rainbow Hospital & its authorized doctors to perform upon me / my patient Mrs. KIRAN GOEL ..... the above mentioned operation / Diagnostic / Therapeutic procedures EMERGENCY LOWER SEGMENT CESAREAN SECTION .....

I authorize and give consent for anaesthesia (☑ Regional / ☐ General Anesthesia / ☐ Monitored Anesthesia Care as considered appropriate by the anaesthetic team.

I acknowledge that the anaesthetists have informed me about the anaesthetic procedure, risk, benefits and alternative treatments and answered my specific queries and concerns about this matter. I have read and understood the information provided in this form I acknowledge that I have discussed with the anaesthetists any significant risk and Complications specific to my individual circumstances, and I have considered them before Consenting for anesthesia.

I understand that there are some infrequent complications that can occur due to use of anaesthesia, these include pain or some injury at the site of injections, temporary breathing difficulties, asthmatic reactions, headaches.

I authorize the anaesthetic team to perform any additional procedures (for example, Central Venous Pressure line, arterial line, use of nerve blocks for pain relief, changing from regional to general anaesthesia etc), which are considered necessary by them during the course of surgery.

That I authorize and give consent to the team of doctors attending on me to administer blood products during the course of operative period and immediately thereafter in need arises.

I understand that the above mentioned consultant anesthesiologist or occasionally a colleague deputed by him / her will administer the Anaesthesia.

- Pregnant : ☑ Yes ☐ No

DECLARATION BY THE ANAESTHETISTS PROVIDING INFORMATION FOR THIS CONSENT

I declare that I have explained the nature of General Anaesthesia / Regional Anaesthesia / Monitored Anesthesia Care to be given and discussed the risks that particularly concern this patient.

I have given the patient an opportunity to ask questions and I have answered these.

Patient / ~~Patient Attendant~~ :

Signature : .....

Name : MRS. KIRAN

Relationship with Patient: .....

Date & Time : 12/6/26 @ 3:30 Pm

Witness :

Signature : Vishal Kale

Name : Vishal (Husband).

Date & Time : 12/06/2026 @ 3:30pm

Doctor (who is taking the consent) :

Signature : .....

Name : Dr. SK Ayesha

Date & Time : 12/6/26 @ 3:30 Pm

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. KIRAN GOEL Gender: ☐ Male ☑ Female

UHID No : HNH-0001221 4 Department : Anaesthesia Date : 12/6/26

I Vishal Kalla S/D/W/O Rameshwar Lal Kalla

Here by give consent for procedure of : LABOR EPIDURAL

For my patient, Named : Mrs. KIRAN GOEL

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

① Post dural Puncture headaches

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

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. Sk. Ayesha

Patient Attendant :

Signature : Vishal Kalla

Name : Vishal kalla

Relationship with Patient: Husband

Date & Time : 12/6/26 @ 12:18pm

Witness :

Signature :

Name :

Date & Time : 12/6/26 @ 12:18pm

Doctor (who is taking the consent) :

Signature :

Name : Dr. Sk. Ayesha

Date & Time : 12/6/26 12:18pm

ప్రత్యేక విధానాలకు సమ్మతి

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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

రోగి పేరు ..... లింగం ☐ పురుషుడు ☐ స్త్రీ

యు.హెచ్.ఐ.డి ..... విభాగం ..... తేదీ .....

నేను ..... S/D/W/O .....

ఇక్కడ ప్రక్రియ కోసం సమ్మతి ఇవ్వడం ద్వారా .....

నా రోగికి, పేరు : .....

ఈ ప్రక్రియ కోసం ప్రత్యామ్నాయాలు, నష్టాలు మరియు ప్రయోజనాలు గురించి డాక్టర్ నాకు తెలిసిన భాషలో వివరించా

.....

.....

.....

నాకు తెలిసిన భాషలో పైన పేర్కొన్న విషయాన్ని నేను అర్థం చేసుకున్నాను మరియు ప్రక్రియకు సమ్మతిని తెలియజేస్తున్నాను.

ప్రక్రియ చేస్తున్న వైద్యుని పేరు : .....

సహాయకుడు(అటెండెంట్)

సంతకము .....

పేరు .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....

సాక్షి

సంతకము .....

పేరు .....

తేదీ మరియు సమయము .....

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. KIRAN GOEL Age: 31 Sex: F UHID.No : HNH-00012214

Date: 12/6/26 Time: 12:05pm Proposed Operation:

Diagnosis: Primi @ 37 wks @ Rupture of membrane in latent labor

B.P / CRT: 121/89 mmHg H.R: 104/min Weight: 78kg ASA Physical Status: ☐ 1 ☑ 2 ☐ 3 ☐ 4 ☐ 5

12/6

Laboratory Data:

Hgb: 11.1	Glucose:	Protein:	HIV: ?	X-Ray:
PCV: 31.6	Urea:	Alb:	HBS Ag: NR	ECG:
WBC: 90.20	Creat:	Total Bill:	HCV:	2D Echo:
Plate: 1.63 lakh	Na:	Dir. Bill:	Blood group: B+ve	Stress/Anglo:
PT:	K:	LDH:	T3	Other:
PTT:	Ca++:	Alk phos:	T4	
INR:	Mg++:	Amylase:	TSH	
	Cl -:	SGOT/SGPT:		

Allergies: NIL

Medical History: CVS : NIL SIGNIFICANT

RESP : Diabetes :

CNS :

Renal :

Hepatic / GE : Physical Activity: METS > 4

Others :

Past Anaesthetic History:

Physical Exam:

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

Lungs : BAE (+), Clear

Heart: S_1S_2 (+)

CNS: NAD

Pregnant: ☑ Yes ☐ No ☐ NA Venous Access Site : Peripheral (+) Spine Exam for regional : Midline

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

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

CURRENT MEDICATIONS	DOSAGE
T. Iron	OD
T. Calcium	OD

Pre-Operative Instructions:

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

Signature: Name: Dr. Sr. Ayesha

HNH-00012214 IP26-00006566
Mrs KIRAN GOEL
08-04-1995 31 Y 2 M 6 D (F)
Dr. MEENA UGALE

ANAESTHESIA CHART

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Pre Induction Assessment:

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

H.R: 96/min | B.P / CRT: 132/90 mmHg | SpO₂: 97% on RA | R.R: 18/min | Last Feed: >6 hrs

Pre-OP Diagnosis: Primi c 34 WK | Operation: Emergency LSCS | Date: 12/6/26

Surgeon: Dr. Meena Ugale | Anaesthesiologist: Dr. Ayesha | Technician: Pallavi Aravind

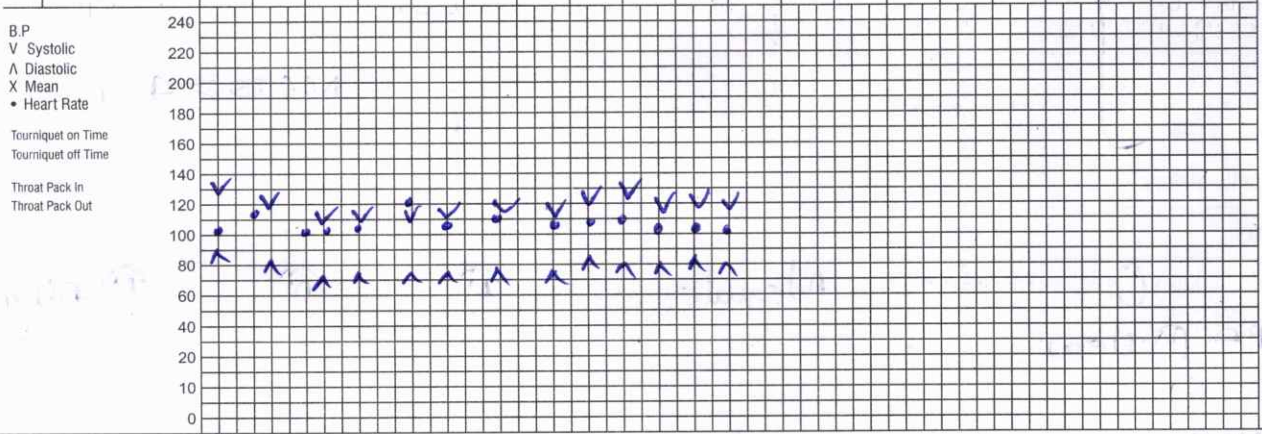
TIME	3:35	3:48	3:55	4:15	4:30	4:40	
N_2O /AIR / O_2 LPM							
HALO /SO /SEVO							
Drugs:							
Inj. OXYTOCIN 3IU IV							
Inj. OXYTOCIN 6IU in 500ml RL							
Inj. ONDANSETRON 4mg IV							
FIO_2 / (SaO_2)	100	100	100	100	100	100	100	100
$ETCO_2$							
ECG	SR	SR	SR	SR	SR	SR	SR	SR
Temperature							
Urine Output 200ml							
Fluids / Blood: 2 RL							

Antibiotic

Suppository: DICLOFENAC 100mg, TRAMADOL 100mg

Blood Loss: 650 ml

NOTES



LAB Values
ABG
GRBS
Others

☑ Equipment Checked and Functional
☑ BP
☑ Cuff Site: (Rt) UL
☐ Art Site: ....
☑ EKG Lead: 3 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: 3:35pm
OP Start: 3:48pm
OP End: ....
Leave OR: 4:35 pm

Anaesthesia:
☐ GA
☐ Monitored Anaesthesia Care
☑ Regional

Line (Size & Location)
☐ CVP: ....
☐ ART: ....
☑ IV: 18G on (Lt) UL
☐ 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: Epidural
Site: Sitting
Needle Size: .... Depth: ....
Parasthesia ☐ Yes ☐ No
Catheter at skin .... cm
Drug Name & Conc: 0.2% LIGNOCAINE c ADRENALINE 14ml
Bolus: ....
Infusion: ....
Block Level: T4 – T6
Comments: ....
Transportation to
☐ PACU ☐ ICU ☐ Other
Relaxant Reversed ☐ Yes ☐ No ☐ NA
Name of the Doctor: Dr. Ayesha
Signature of the Doctor: [signature]

HNH-00012214 IP26-00006566
Mrs KIRAN GOEL
08-04-1995 31 Y 2 M 6 D (F)
Dr. MEENA UGALE

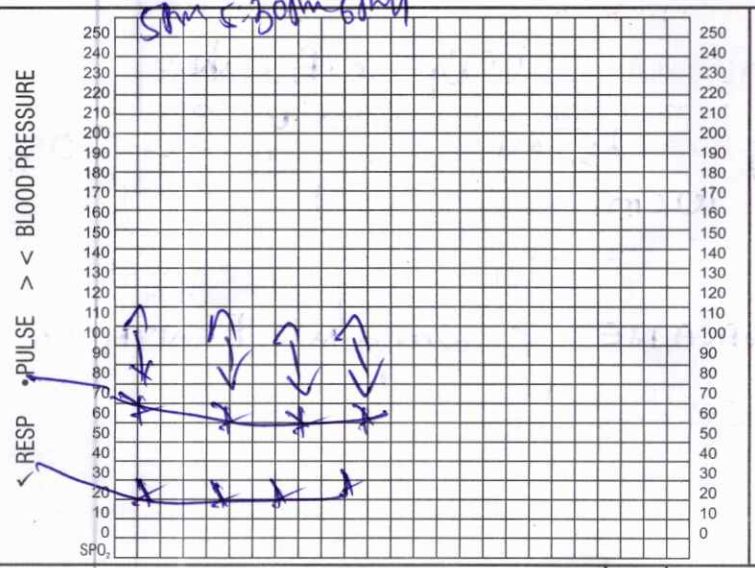
Rainbow® Children's Hospital
It takes a lot to treat the little.

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Sis Akula Time Received : 5:00pm Time Discharged : 9:00pm

5pm 5:30pm 6pm



IV Cannula Site : left site

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

Vomiting : ☐ Yes ☑ No Drug: Inj Tarun PM
NG Tube : ☐ Yes ☑ No
Drain: ☐ Yes ☑ No
Urinary Catheter: ☑ Yes ☐ No
Chest Tube: ☐ Yes ☑ No
Nil Oral ☐ Yes ☑ No

IV Fluids: RL
Oral Feeds: NPM

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

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
12/6	5pm	0/10	NA	
12/6	6pm	0/10	NA	
12/6	7pm	0/10	NA	
12/6	8pm	0/10	NA	

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

Anaesthesiologist Name : Dr. GAYRAS
Anaesthesiologist Signature:
Date & Time: 12/06/2026. 9:00pm

PACU Nurse Name : Alin S
PACU Nurse Signature: Alin
Date & Time: 12.6.26 9:00pm

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

Transferred to Unit by (PACU):
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: 12/6/26 Time: 12:44pm Procedure done by Dr. SK. Ayesha

CSE /Spinal /Epidural Position : Sitting Space : L3-L4 Technique (LOR/LOS) LOS

Depth: 5cm Catheter at Skin: 10cm Attempts : 1

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
12:49pm		10ml		114/83 mmHg	86/min	148	0.8% LIGNOCAINE + ADRENALINE
1:00pm	8ml/hr						

Delivery Details : Time : 3:45pm APGAR: SVD / Instrumental / LSCS (if LSCS Details)

Catheter Removed by and Tip Inspected : Dr. SOMESH

Patient Satisfaction : Good.

Discharge /Shifting ordered by

Doctor Signature:

Doctor Name:

Date and Time :

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. Kiran Goel UHID No : .....

Gender: ☐ Male ☑ Female Date : 12/6/2026 Time : .....

I hereby authorized the performance of the following procedure:

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

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

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

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

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

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

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

Name of the Doctor performing the procedure: Dr. Meena Ugale.

Consentee :

Signature : Vishal Kolle

Name : Vishal Kolle

Date & Time : 12/06/26 10:06 Am

Patient Attendant :

Signature : Vishal Kolle

Name : Vishal Kolle

Relationship with Patient: Husband

Date & Time : 12/06/2026 & 9:40 Am

Witness :

Signature : Madhu

Name : Madhumeeta

Date & Time : 12/6/26 @ 10.06 Am

Doctor (who is taking the consent) :

Signature : [signature]

Name : Dr. Dhq

Date & Time : 12/6/26. @ 10.06 Am

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 Kiran Goel Age: 30yr. Gender: Male ☐ Female ☑

UHID.No : Date: 12/6/2026.

You are scheduled for an induction of labor on 12/6/2026. (date) at ..... (weeks of gestation).

The reason for your induction is Premature Rupture of Membrane.

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:
Name: Kiran Goel
Date & Time: 12/06/2026 @ 10:06am

Patient Attendant:
Signature: Vishal Kalla
Name: Vishal Kalla
Relationship with Patient: Husband
Date & Time: 12/06/2026 @ 10.06Am

Doctor:
Signature:
Name: Dr. Durga
Date & Time: 12/6/2026.

Witness
Signature:
Name: Madhumitcy
Date & Time: 12/6/26 @ 10.06Am

26-000U-

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. KIRAN GOEL		Age: 3Y		Gender: female	
UHID No: HNH-00122214	IP No:	Date: 12/6/26		Time:	
Diagnosis: Primi c 37 week c Rupture of Membrane latent labour					

PRESCRIPTION DETAILS (Tick only one of the following)

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

Doctor Name: Dr SK Ayesha

Doctor Registration No: TSMC/FMR/02725

Signature: [signature]

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

IP Registration No: IP26-00006566 **Date:** 12/6/26

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

1.	**Name :** MRS KIRAN GOEL	**Remarks**
2.	Complete postal address (with contact number, if any)	36270 Pentagi enclave Nimoyalhnagar +Post
3.	Brief description of the illness	NO
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
12/6/2	fentanyl	1Amp	[signature]	

Dispensed by (Name & ID No.): Sania (018662) Signature: Sania

Received by (Name & ID No.): Mounika (607575) Signature: [signature]

Time: ....

Docu. No: RCH / FRM / CLINICAL / 133