INSURANCE COPY

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Name	Mrs YOGITA THAKUR	**UHID**	VIH-00199540
Father/Guardian	Mr B S AJIT SINGH	**Age/Gender**	27 Y 11 M 15 D/Female
Address	7-2-682/1,OPP OLD JAIL MONDA MARKET STREET, Bus Station, Hyderabad, Telangana, INDIA, 500003		
IP No	IP-00060478	**Admission Date**	25-06-2026
Ref Doctor	Self	**Discharge Date**	26-06-2026

DISCHARGE SUMMARY

Consultant: Dr. MADHUMITA ANIRUDDHA GITAY, GYNECOLOGIST AND OBSTETRICIAN

Diagnosis: Primigravida with 38+1 weeks with Hypothyroidism with small for gestational age baby for Induction of labor.

SPONTANEOUS VAGINAL DELIVERY DONE ON 25.06.2026.

History:

LMP: 01.10.2025
Obstetric formula: Primigravida
EDD: 08.07.2026
Gestation at admission: 38+1 weeks

Obstetric History:

G1 - Present pregnancy, Spontaneous conception.

Medical History: Nil
Family History: Mother - Asthma
Surgical History: Nil
Allergies: Nil

Name Mrs YOGITA THAKUR **UHID** VIH-00199540

Antenatal Details: Mrs YOGITA THAKUR was booked to Rainbow hospital at 8+6 weeks of gestation. She had h/o Spotting PV at 12+3 weeks & was managed conservatively. She had h/o UTI at 13+1 weeks & was managed conservatively. She was diagnosed with Hypothyroidism at 25+6 weeks and is on Tab Thyroxine 12.5 mcg OD. She had regular antenatal checkups and investigations as advised. She was admitted at 38+1 weeks with Hypothyroidism with small for gestational age baby for Induction of labor.

Investigations: Enclosed.

Blood group: 'A' POSITIVE

Management: <u>Course in hospital and Delivery Details:</u>
At admission on clinical examination the vitals were stable, uterus was relaxed, cervix was 1/2 inch long and 2 cm dilated. Fetal well being was confirmed by an admission CTG which was found to be reactive. Informed consent taken for Induction of labour. Labour induced with 2 doses of PGE1. Artificial rupture of membrance done at 2 to 3 cms dilatation revealing clear liqour. As per hospital protocol she was started on IV. Taxim in view of ruptured membranes. Partographic monitoring of labour was done. Further augmentation was done by oxytocin infusion. She progressed to full dilatation at 9.30 pm. Passive descent of fetal head was allowed post full dilatation. She was put into position for vaginal birth. Parts painted with betadine solution and draped to ensure full asepsis. She was encouraged to bear down. At crowning of head episiotomy was given under local anesthesia (10 ml of 2 % xylocaine solution). Baby was delivered by vaginal delivery, Cord clamped and cut and baby handed over to pediatrician. Cord blood collected for blood grouping and Rh typing. Placenta and membranes delivered completely with controlled cord traction. Prophylactic syntocinon given. Episiotomy inspected. No extensions or

additional vaginal tears found. Episiotomy sutured in layers. Instrument and swab count checked. 400 mcg of misoprostol given per rectally as prophylaxis against post partum hemorrhage. Vagina cleaned with betadine solution.

Delivery Details:
Date: 25.06.2026
Time of Delivery: 9:54 PM
Type of Labour: Induced
Type of Delivery: Spontaneous

Baby Details:
Date: 25.06.2026
Time: 9:54 PM
Sex: Female
Weight: 3.162 kg
Apgar: 8/10, 10/10
Gestational Age: 38+1 weeks
NICU Admission: No.

Post-Operative Notes:

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

Name Mrs YOGITA THAKUR **UHID** VIH-00199540

Advice:

1. Tab. Taxim-O 200mg (Cefixime-200mg) twice daily till 01.07.2026 (9am-9pm) after food.
2. Tab. Calpol 500mg (2tabs) (Paracetamol 500mg) thrice daily till 01.07.2026 (9am-2pm-9pm) after food.
3. Tab. Voveran 50 mg (Diclofenac 50mg) thrice daily till 01.07.2026 (10am-4pm-10pm) after food.
4. Tab. Livogen (Elemental Iron - 50mg, folic acid 1.5mg) once daily (7am) for three months before breakfast.
5. Tab. Shelcal (Elemental Calcium 500mg, Vitamin D3 250 IU) once daily (2pm) till breast feeding after food.
6. Tab. Pantoprazole 40 mg once daily till 01.07.2026 (7am) before food.
7. Continue Tab Thyroxine 12.5 mcg once daily before breakfast till further orders.
8. Betadine ointment and lotion for local application.
9. Syp. Duphalac 15 ml at bedtime for one week.
10. Repeat TSH after 6 weeks and review with reports.
11. HPV vaccine after 6 weeks of delivery.

Review after two weeks on 08.06. 2026 at postnatal clinic with prior appointment (This consultation will be charged).

To take appointment for OPD consultation at Rainbow Children's Hospital, just diai one number 1800-2122 (between 8 a.m. to 8 p.m.) (or) log on to www.rainbowhospitals.in

In case of emergency like bleeding, fever - kindly contact 040-42462200. Extension 2220 (Rainbow Hospital, Karkhana).

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 the language that I understand and I have understood the same.

Name: Signature:

Relationship:

This summary was explained by:

Summary prepared by: Dr.

Registrar/Resident/C.M.O

Dr. MADHUMITA ANIRUDDHA GITAY
MBBS,MS,DNB
GYNECOLOGIST AND OBSTETRICIAN
03312

Rainbow Children's Hospital - Secunderabad

H.No.3-7-222/223,Sy.No.51 to 54,Opp.Karkhana P S,Karkhana Main Road,Kakaguda, Karkhana ,Hyderabad ,Telangana, INDIA ,500009.
040-42462200, Ext 2000,2001,2002,

PatientName	: Mrs YOGITA THAKUR	**Inpatient No.**	: IP-00060478
Age/Gender	: 27 Y 11 M 14 D/ Female	**Admit Date**	: 25-06-2026
Ward/Bed	: N 2F-LABOUR WARD/ LW 219	**Discharge Date**	:

Investigation	Result	Unit		Biological Reference Interval
COMPLETE BLOOD PICTURE (Specimen : BLOOD)				TEST RESULT STATUS : REPORT AUTHORISED Order Date :25-06-2026 12:19
HEMOGLOBIN (Colorimetry)	13.1	g/dL		12 - 16
RBC COUNT (DC detection method)	**3.92**	**10^12/L**	L	4 - 5.2
PCV/HCT (Calculated)	36.8	VOL%		33 - 51
MCV (Calculated)	93.8	fL		80 - 100
MCH (Calculated)	33.4	pg/cells		26 - 34
MCHC (Calculated)	35.6	g/dL		32 - 36
RDW-CV (Calculated)	11.8	%		11.5 - 13.1
PLATELET COUNT (DC Detection Method)	223	10^9/L		150 - 450
MPV (Calculated)	8.8	fL		6.5 - 10
WBC COUNT (DC Detection Method)	9.66	10^9/L		4.5 - 11
Differential Count				
NEUTROPHILS (Microscopy, Leishman stain)	74	%	H	35 - 66
LYMPHOCYTES (Microscopy, Leishman stain)	20	%	L	24 - 44
MONOCYTES (Microscopy, Leishman stain)	5	%		4 - 10
EOSINOPHILS (Microscopy, Leishman stain)	1	%		1 - 4
PERIPHERAL SMEAR (Microscopy, Leishman stain)	**RBC - NORMOCYTIC / NORMOCHROMIC WBC - MORPHOLOGY NORMAL PLATELETS - ADEQUATE**			

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
RANDOM BLOOD GLUCOSE(POCT) (Specimen : PLASMA)			TEST RESULT STATUS : REPORT ENTERED Order Date :25-06-2026 15:07
RANDOM BLOOD GLUCOSE (GOD/POD)	81	mg/dl	70 - 140

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Dbl FILE BirthRight™ BY RAINBOW HOSPITALS
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ACTIVIT VIH-00199540 IP-00060478 **G**
Mrs YOGITA THAKUR
11-07-1998 27 Y 11 M 14 D (F)
Dr. MADHUMITA ANIRUDDHA GITAY

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

UHID No : ---------- Consultant : ---------- Dept : ----------

Date of Admission : 25/6/26 Time : @11.29am Date of Discharge : ---------- Time: ----------

Room / Bed No : 4w 219 Ward : 2/w Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
26/6/26	2.50am	2/w	Room (108)	

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
25/6/26	NST ① @ 10AM	R26-0102442	S
25/6/26	GRBS @12pm - 81	V126021500	S
25/6/26	NST @ 2pm ②	R26-010163	S
25/6/26	CBP	V126021480	S
25/6/26	NST at 6:30pm ③	R26-010179	S
[illegible]	checked by Nisa	26/6/26 at 11:30AM	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
25/6/26	Infusion pump	6:40pm	10:30pm	3094679	Tisa
	Crossed checked by Tisa 26/6/26 at: 1:30AM				

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
25/6/26	[illegible] placement	1	3094365	[illegible]
cew888d	checked by [illegible] 26/6/26 at 1-12:30 Am			

ANY OTHER INFORMATION

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
	Sadiya 26/6 @ 10:40Am		

Ref. No. : F/OT/05

SURGERY DETAILS

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VIH-00199540 IP-00060478
Mrs YOGITA THAKUR
11-07-1998 27 Y 11 M 14 D (F)
Dr. MADHUMITA ANIRUDDHA GITAY

Sl.No. Date 25/6/26

Patient Name ..... Age : 27Y Sex: F

UHID No. VIH-00199540 IP No: 60478

Date of Surgery : 25/6/26 OT : ☐ OT 1 ☐ OT 2 ☐ OT 3 (BB-I)

Name of the Surgery : Normal delivery

Time in : 9:30PM Time Out : 10:30PM

	NAME	AMOUNT
1. Surgeon	DR. madhumita	.....
2. Anaesthetist	:.....	.....
3. Asst. Surgeon	:.....	.....
4. OT Technician	:.....	.....
5. Circulating Nurse	:.....	.....
6. Asst. Nurse	: Liza	.....

Special Equipment : ☐ Laparascopy ☐ Bronchoscope ☐ Harmonic ☐ Morcelator ☐ C - ARM ☐ Cystoscopy

Signature of the Surgeon

Signature of Circulating Nurse

Order No. : 309.4.618 Ordered by : .....

DEFICIENCY CHECK LIST OF MEDICAL CASE SHEET

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VIH-00199540 IP-00060478
Mrs YOGITA THAKUR
11-07-1998 27 Y 11 M 15 D (F)
Dr. MADHUMITA ANIRUDDHA GITAY

Patient Name : IP.No:

Ward: DOA:

Sl.No	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission Sheet	1	—	—	
2	Discharge Summary	2	—	—	
3	Nursing Initial assessment form	1+1	—	—	
4	Patient Trasfer Forms	1	—	—	
5	In-patient Medical Record	3	—	—	
6	Doctors Progress Sheets	9	—	—	
7	Nurses Progress notes	2	—	—	
8	Consultation Sheets	1	—	—	
9	General Consent for Treatment				
10	Conset for Surgery				
11	Consent for Blood Transfusion				
12	Consent forChemotherapy				
13	Consent for High Risk				
14	Consent for Restraint				
15	DAMA Consent				
16	Consent for Special Procedure				
17	Consent for Radiological Investigations				
18	Consent for HIV Test				
19	Anaesthesia consent form				
20	Anaesthesia notes(Pre Anaesthesia & Post)				
21	Pre Operative checklist	1	—	—	
22	Surgical safety Checklist				
23	Operation Theatre notes				
24	Nurses Clinical Presentation				
25	TPR & BP chart	2	—	—	
26	Intake and Output chart (fluid Chart)	2	—	—	
27	Drug Chart (Regular prescription)	4	—	—	
28	Daily Investigation sheet		—	—	
29	Investigation Values (Result Sheet)	1	—	—	
30	Nebulization Chart				
31	Diabetic chart				
32	Nutritional Review chart				
33	MLC form (in case of MLC)				
34	Patient Education Form	—	—	—	
	Bradena Scale	1	—	—	
	ThrombophlBitis	1	—	—	
	Pain assment	2	—	—	
	others	14	—	—	Noted by Shubham @ 9:45 26/6/2026
	Total No. of Pages	47	—	—	

Signature and Date : 26/6/2026

ERROR LOG

LOCATION: - NICU / PICU / HDU / OT / GENERAL WARD

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

Rainbow Children's Hospital - Secunderabad
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TEL NO :040-42462200, Ext 2000,2001,2002
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP-00060478 **Admit Date** : 25-Jun-2026 **Admit Time** : 11:29 AM **UHID** : VIH-00199540

Patient Details :

Patient Name	: Mrs YOGITA THAKUR	**Age**	: 27 Y 11 M 14 D
Guardian	: Mr B S AJIT SINGH	**DOB**	: 11-07-1998
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 7-2-682/1,OPP OLD JAIL MONDA MARKET STREET Bus Station Hyderabad Telangana INDIA 500003	**Phone No**	: 9030448444/ 8096979943
		E-mail	: na@gmail.com

Admission Details :

Bed Type : MICU **Bed No** : LW 219 **Ward Name** : N 2F-LABOUR WARD

Room No : LW 219 **Admission Type** : First Visit

Contact Details :

Name : Mr B S AJIT SINGH **Relationship** : W/O

Contact Address : 7-2-682/1,OPP OLD JAIL MONDA MARKET STREET Bus Station Hyderabad Telangana INDIA 500003 **Phone No** : 9030448444

Signature

Doctor Details :

Doctor Name : Dr. MADHUMITA ANIRUDDHA GITAY **Specialisation** : OBSTETRICS AND GYNECOLOGY

Referral Doctor : Self **Phone No** :

Co-Consultant :

Payment Details :

Payment Mode : Cash **Deposit Amount** : 0.00

Payor Name : MEDI ASSIST INSURANCE TPA PVT LTD

VIH-00199540 IP-00060478
Mrs YOGITA THAKUR
11-07-1998 27 Y 11 M 14 D (F)
Dr. MADHUMITA ANIRUDDHA GITAY

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OBSTETRICS / GYNECOLOGY
NURSING INITIAL ASSESSMENT FORM

Date of Admission: 25/6/26

Baseline Information:

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

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

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

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

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

If yes, identify .....

Chief Complaints: .....

nil

Doctor Notified on Admission: ☑ Yes ☐ No

Name of the Doctor: Dr. Nausheen

Time Notified: 11:30 Am.

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

Past Medical History	Past Surgical History	Previous Hospital Admission
nil	nil	NO

Gynecology Assessment: ☑ Not Applicable

Menstrual History: .....

.....

Onset of Menarche: .....

Menstrual Cycle: ☐ Regular ☐ Irregular

Last Menstrual Period: 1/10/25

Gynecology Surgical History:

Caesarean Section: ☑ No ☐ Yes

Cervical Cerclage: ☑ No ☐ Yes

Ectopic Pregnancy: ☑ No ☐ Yes

Myomectomy: ☑ No ☐ Yes

Others: _____

Gynecological History:

Contraceptives: ☑ No ☐ Yes

Vaginal Discharge: ☑ No ☐ Yes

Post-Coital Bleeding: ☑ No ☐ Yes

Infertility: ☑ No ☐ Yes

If Yes Type: ☐ Primary ☐ Secondary

Obstetric History: G ...primi... P ..... L ..... A .....

Previous LSCS: NO.

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

Family History: ☐ No Abnormalities Detected

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

☐ Liver disease ☐ Other ..... Asthma (mother)

Vital Signs / Measurements: Temp: 98.6F HR: 89b/mt RR: 20b/mt

BP: 94/70 mmHg Weight: 70.4Kgs Height: 158 cm BMI: 32.1

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

VIH-00199540 IP-00060478
Mrs YOGITA THAKUR
11-07-1998 27 Y 11 M 14 D (F)
Dr. MADHUMITA ANIRUDDHA GITAY

PHYSICAL ASSESSMENT

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

Fall Assessment: ☑ Yes ☐ No Score ..15.. (complete the Morse Fall Risk Assessment Sheet)

Risk of Pressure Sore: ☐ Yes ☐ No Score ..28.. (complete the Braden Q Sheet)

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

☐ Mobility problem ☐ Walking Problem ☑ No Abnormality Detected

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING: ☑ No Abnormality Detected

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

☐ Under Weight ☐ Diabetes Mellitus ☐ Hyperemesis Gravidarum

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

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

☐ Others .....

Inform consultant for positive criteria

SOCIAL SCREENING:

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

Social History: Lives With ..Family..

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 ..Mrs. Yogita..

Name of Person Orientation was given to: ..Mrs Yogita..

Orientation not given Reason: ..-..

Nurse Signature: ..

Nurse Name: ..C. Sharma..

Date & Time: ..25/6/26 at 11AM..

PATIENT TRANSFER FORM

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VIH-00199540 IP-00060478
Mrs YOGITA THAKUR
11-07-1998 27 Y 11 M 14 D (F)
Dr. MADHUMITA ANIRUDDHA GITAY

Date & Time of Admission	Date & Time of Transfer Order
25/6/26 @ 11:29am	26/6/26 @ 02:50AM

Treating Consultant Name	Transfer Ordered by	Reason for Transfer
	Dr. Greeshma	Observation

From Unit	To Unit	Information to Attendant
L/W	Room (108)	Yes ☑ No ☐

Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant
30	3	Yes ☑ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Saral - (1) underpad - (1) Baccircab - (1)	
2.	TAB:- PARACETAMOL - (15)	
3.	TAB:- PANTAPRAZOLE - (15)	
4.	TAB:- DICLOFENAC - (10)	
5.	Tab: cefixime - (10)	

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

Dr. Greeshma

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sr. prathyusha	Dr. Greeshma

Patient & Clinical Records Received by : Sr. Beenuka

Date & Time of Patient Received : 26/6/26 @ 2:55AM

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

VIH-00199540 IP-00060478
Mrs YOGITA THAKUR
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Dr. MADHUMITA ANIRUDDHA GITAY

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IP ADMISSION SHEET - OR OBSTETRICS

Presenting Complaints

LMP: 1/10/25 EDD:

Corrected EDD: 8/7/26 GA: 38+1

Obstetric Formula: Primigravida.
ML- 3yrs, NCM.

Menstrual History: Regular : ☑ Yes ☐ No

Obstetric Hostory:
G1- PP, Sp conception

Obstetric Examination

Fundal Height:

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

Liquor: ☐ Adequate ☐ Oligo ☐ Poly

PP: ☐ Cephalic ☐ Breech Others _____

Head Fifths Palpable: _____

FHS: ☐ Normal ☐ Tachy ☐ Brady ☐ Absent

Present Pregnancy Record: Booked. to RCH at 8+6 weeks. H/O spotting PV at 12+3 weeks managed conservatively. H/O UTL at 13+1 weeks and was managed conservatively. Dx with Hypothyrodism at 25+6 weeks on T. Thyroxine 12.5 mcg OD.

RISK FACTORS:

Hypothyroid (12.5mcg)
Small for gestational age baby

Per Speculum Examination Not done.

Draining: ☐ Present ☐ Absent ☐ Bleeding

Colour of Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Vaginal Examination

Cervix: ☐ ½ inch Long ☐ Partially effaced ☐ Effaced

Os: Closed _____ Dilated 2cm

Membranes: ☑ Present ☐ Absent

Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Presenting Part: ☑ Vertex ☐ Breech ☐ Others

Sutton: ☐ -3 ☑ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2

Pelvis: ☑ Adequate ☐ Doubtful

Height: 158 cm
Weight: 70.4 kg
Allergies: Nil
Breast: ☑ Normal ☐ Abnormal

General Examination:

Consciousness: clcl c
Pallor: ⊖
Icterus: ⊖
Edema: ⊖
Temp: Afeb
PR:
BP:
DTR: ⊕
CVS: S_1S_2 ⊕
RS BAE ⊕
Liver/Spleen: NAD
Urine Output: Adq

DIAGNOSIS

Primigravida with 38+1 weeks with Hypothyrodism with Small for gestational age baby for Induction of Labour.

VIH-00199540 IP-00060478
Mrs YOGITA THAKUR
11-07-1998 27 Y 11 M 14 D (F)
Dr. MADHUMITA ANIRUDDHA GITAY

Family History:	Surgical History:
Mother - Asthma.	Nil
Medical History:	**Medication History:**
Nil	Allergies Nil

Plan of Care: ~~GRBS~~

Admission
Consents
~~(D) Diet (Diabetic)~~ (N) Diet
W/F POL
T. Miso 25mcg PV 4th July
NST 4th July
FHR monitoring
Ambulation
Breathing ball exercises
Send CBP
Part preparation
Inform SOS.

noted by
Dr Shaheen
25/6/26
11:30 am

Investigations: BG - 'A' POSITIVE

HBsAg, VDRL, HCV, HIV } NR.

NT Scan
24/12/25
12 weeks.
SLIUF
NT → 1.1mm.

TIFFA
24/2/26
20+6 weeks
SLIUF
CL - 32mm.
No anomalies
FTS lowerlip.

Growth Scan
27/5/26
SLIUF
SLIUF
Cephalic
Pl - A, H
AFI - 11.4cm
AC 6%
EFW - 2076 gms.
Dopplers (N) -

Doctor Name: Dr Nausheen
Signature:
Date & Time: 25/6/26 ; 11:30AM

Consultant Name: DR. Madhumita
Signature:
Date & Time: 25/6/26; 11:30AM

VIH-00199540 IP-00060478
Mrs YOGITA THAKUR
11-07-1998 27 Y 11 M 14 D (F)
Dr. MADHUMITA ANIRUDDHA GITAY

(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/6/26 11:45 pm	O/E pt is c/c/c	Adv
	GC fair	- (N) Diet
	Afeb	- Monitor Vitals
	BP - 112/70 mmHg	- Follow drug chart
1st dose	PR - 76 bpm	- NST 4th hrly
T. Miso	S/E - NAD	- FHR monitoring
kept PV at	P/A soft	- Ambulation
11:45 pm	ut ~~[illegible]~~ TG.	- Birthing ball exercises
	Relaxed.	- W/F POL
	(C) (+) 145 bpm FHR	- Inform SOS.
	V/E - Cx ½ inch	
noted by	OS 2cm	
Shanini a 25/6/26 11 am	M(I) PPVX -2	
		Dr Nausheen
25/6/26 3:45 pm	Pt is c/c/c	
	GC fair	Adv
	Afebrile	- (N) diet
2nd dose	BP - 108/76 mmHg	- Ambulation
Tab misoprostol	PR - 84 bpm	- Birthing ball exercise
kept PV at 3:45 pm	S/E - NAD	
	P/A - soft (C)	- NST - 4th hourly
	Ut ~ TG FHR (+) 138 bpm	- FHR monitoring
	Irritable.	- follow drug chart
noted by	Cx - ½ inch PPT VX (-2) 30% (+)	- monitor vitals
Shanu 25/6/26 @ 3 pm	OS - 2cm	- Inform SOS

Dr. [signature]

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Mrs YOGITA THAKUR
11-07-1998 27 Y 11 M 14 D (F)
Dr. MADHUMITA ANIRUDDHA GITAY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/6/26 6 PM	O/E Pt c/c/c	
	GC-fair	Adv
	Afebrile	- Clear liquids
	BP - 117/74 mmHg	- W/F POL
	PR - 81 bpm	- Continuous FHR monitoring
	S/E - NAD	- NST 4th hrly
ARM done	P/A - Ut ~ TG	- Monitor vitals
	Cephalic	- Follow drug chart
	Quitable	- Birthing Ball Exercise
	FHR ⊕ 140 bpm	- Adequate hydration
	V/E - Cx ½ inch long	- Inform SOS
	Os - 2 to 3 cm	
Noted by Shravani 25/6/26 6pm	PPVx -1	
	M ⊖, liq ©	Dr. Greeshma
25/6/26 8 PM	Vitals stable.	
	P/A - Ut ~ TG	Adv
	Cephalic	- Clear liquids
	2c/10 - 15sec/30 min	- W/F POL
	FHR ⊕ 146 bpm	- Continuous FHR
	V/E - Cx: 50% effaced	monitoring
	Os: 4 to 5 cm	- Monitor vitals
	PPVx -1 → 0	- Follow drug chart
	M ⊖, liq ©	- Inform SOS
		Dr. Greeshma

Noted by Prathyusha @8pm

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(2)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/6/26 9:30 PM	Vitals stable	
	P/A - Ut~TG	Adv
	Cephalic	- Clear liquids
	3C/15-20sec/10 min	- W/F POL
	FHR ⊕ 144 bpm	- Continuous FHR monitoring
	V/E - Cx: 80% effaced	
	Os: 6 to 7 cm	- Monitor vitals
	PPV x 1-1 → 01	- Follow drug chart
	M O_2 liq ⓔ	- Inform sos
	noted by Prathyusha @ 9pm	Dr. [signature]
25/6/26 9:30 PM	O/E Pt is c/c/c	
	GC - fair	
	Afebrile	Adv
	BP - 118/78 mmHg	- W/F POL
	PR - 76 bpm	- Continuous FHR monitoring
	S/E - NAD	
	P/A - Ut~TG	- Monitoring vitals
	Cephalic	- Follow drug chart
	3C/30sec/10 min	- Inform sos
	FHR ⊕ 150 bpm	
	V/E: Cx: fully effaced	
	Os: fully dilated	
	PPV x 1+1	
	M O_2 liq ⓔ	Dr. Madhumita; Dr. [signature]
	noted by prathyusha @ 9:30pm	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/6/26 10 PM	Delivery Notes Under strict aseptic precautions, patient placed in lithotomy position, parts painted and draped. At the time of crowning, at peak of contraction, RMLE given under 2% lignocaine. A Female baby of weight 3.162kg of ~~APGAR~~ 8/10, 10/10 delivered at 9:54 PM on 25/06/26. Baby cried immediately, Cord clamped & cut. Baby handed over to Pediatrician. Placenta & membranes expelled. Episiotomy sutured in layers. No Perineal tears or extensions noted. Hemostasis secured. PR done NAD Female | 3.162kg 9:54 PM | 25/06/26 8/10, 10/10 Dr. Madhumita	Dr. Madhumita Dr. Greeshma Sis Teja / Sis Pratyusha Dr. Greeshma

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3

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/6/26	PND-0	
10PM	O/E Pt N c/c/c	
	GC- fair	Adv
P1L1 Ethypothyroidism	Afebrile	- Soft diet
	BP- 112/78mmHg	- W/F Bleeding PV
	PR- 81 bpm	- Monitor vitals
	S/E- NAD	- Follow drug chart
	P/A- Utn w/R	- Inform SOE.
	Soft, BS (+)	
	L/E- NAB	
	Baby mother side [A, H, BF (+)	
	Noted by prathyusha @ 10pm	Dr Greeshma
26/6/26	PND-0	
2:30AM	O/E Pt is c/c/c	Adv
P1L1 Ethypothyroidism	GC- fair	- Soft diet
	Afebrile	- W/F Bleeding PV
Urine Passed	BP- 116/80mmHg	- Adequate hydration.
Motion Not Passed	PR- 79 bpm	- Monitor vitals
	S/E- NAD	- Follow drug chart
	P/A- Utn w/R	- Inform SOE.
	Soft, BS (+)	
	L/E- NAB	
Shift to room.	Baby mother side [A, H, BF (+)	
	Noted by Meghna 26/6/26 @ 2:30 AM	Dr Greeshma

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...OGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/6/26	PND - 1	
8 Am		Rx
	Comfortable	@ diet
	vitals stable	Ambulation
V - P	P/A - ut. WR	cST
m - NP	soft NT	Pt. can be discharged
	YE - No active	at her will
	bleeding	
	Baby - wdbt	Dr. Madhumita

Noted By Subham @ 9:25 Am

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...SING SHIFT HAND OVER FORM

SITUATION	Diagnosis: primi with 38+1 week with hypothyroid with SGA baby for induction of labour		Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:				
	Surgery / Procedure:		Post OP Day:				
BACKGROUND	Date / Shift	25/6/26 M	26/6 E	26/6 N	26/6 Night	26/6 M	
	Medical Condition (Any special condition to be noted):	–	–	–	Nil	Nil	
	Diet:	N diet	N diet	N diet	N. diet	N. diet	
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):	RA	R/A	RA	RA	RA	
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
	Vital Signs: Temp:	98°F	98.6°F	96.2°F	98.6F	98.6°C	
	Res:	18b/m	19b/m	20b/m	20 b/m	20b/m	
	SpO₂:	99%	99%	98%	99%	98%	
	Pulse:	89bpm	90 b/m	80b/m	77b/m	79b/m	
	BP:	110/80mmHg	111/71mm	112/61mmHg	115/68	111/76	
	LOC:	conscious	conscious	conscious	Conscious	conscious	
	Fall Risk Score:	(0)	(0)	0	0	0	
	Pain Score:	(0)	(0)	0	0	0	
	Skin Integrity	intact	intact	intact	Intact	intact	
Recommendations	Safety Needs:	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:	–	–	–	Nil	Nil	
	Others Specify:	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
	Special Diet:	N diet	N diet	N diet	N. diet	N diet	
	Critical Lab Test / Values:	–	–	–	Nil	Nil	
	Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):	dependent	dependent	dependent	dependent	Dependent	
Post Operative Procedure Special Orders:		w/F Catheter	w/F Catheter		Nil	Nil	
Handed Over By Name :		A Sham	Sham	Prathyusha	Beronika	Subham	
Signature / ID :		[signature]	[signature]	020533	B018727		
Date:		25/6/26	25/6/26	26/6/26	26/6/26	26/6/26	
Time:		2pm	@ 8PM	@ 2AM	@ 8am		
Taken Over By Name :		A Sham	Prathyusha	Beronika	Subham		
Signature / ID :		[signature]	020533	B018727			
Date:		25/6/26	25/6/26	26/6/26	26/6/26		
Time:		2pm	@ 8pm	@2:55AM	@ 8 AM		

Noted by Subham 26/6/26 @ 2:45 PM

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

Patient Sticker

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:				Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:		
	Surgery / Procedure:				Post OP Day:		
BACKGROUND	Date / Shift						
	Medical Condition (Any special condition to be noted):						
	Diet:						
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):						
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:						
	Res:						
	SpO_2:						
	Pulse:						
	BP:						
	LOC:						
	Fall Risk Score:						
	Pain Score:						
	Skin Integrity						
Recommendations	Safety Needs:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:						
	Others Specify:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:						
	Critical Lab Test / Values:						
	Other Special Orders / Medications:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):						
Post Operative Procedure Special Orders:							
Handed Over By Name :							
Signature / ID :							
Date:							
Time:							
Taken Over By Name :							
Signature / ID :							
Date:							
Time:							

VIH-00199540 IP-00060478
Mrs YOGITA THAKUR (F)
11-07-1998 27 Y 11 M 14 D
Dr. MADHUMITA ANIRUDDHA GITAY

NURSING CARE RECORD

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Date: 25/6/20

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	11am	Ensure safety	11am	provided side rails	To prevent from fall	patient is safe	[illegible] 25/6/20 @1pm
	1pm	Maintain fluid balance	1pm	provided liquids	To prevent dehydration	patient is hydrated	
Afternoon	3Pm	ensure safety	3Pm	Provided said Rails	To Prevent from fall	Patient is safe	Shama 25/6/20 @8Pm
		maintain fluid balance		Prevent infection	To Prevent dehydration		
Night	12Am	monitor vitals	12Am	checked vitals	vitals are normal	Patient was Stable	Prathyusha 26/6/20 @12am
	3am	→ maintain Personal Hygiene.		→ to Provided daily bath and pad change.	→ To Prevent Infection		

Docu. No: RCH /FRM / CLINICAL / 148

VIH-00199540 IP-00060478
Mrs YOGITA THAKUR
11-07-1998 27 Y 11 M 14 D (F)
Dr. MADHUMITA ANIRUDDHA GITAY

NURSING CARE RECORD

Rainbow® Children's Hospital
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BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 26/6/26.

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning		Discharge :- Doctor came for rounds.			patient is stable and		
Afternoon		Advice for discharge.			Noted by Subham 26/6/26 @ 9:25 AM		
Night							

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PAIN ASSESSMENT FORM

(1)

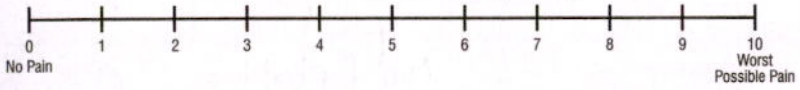
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
25/6/26	2pm	0	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Comfortable	SR
25/6/26	6pm	1 score	Abdomen	☐ Continuous ☑ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☐ Yes ☐ No	Changing position	A
25/6/26	8pm	1 Score	Contractions	☐ Continuous ☑ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☐ Yes ☐ No	Changing position	R
25/6/26	9pm	0 Score	NO Pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Comfortable	P
26/6/26	12am	0 Score	NO Pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Comfortable	P
26/6/26	8am	0	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Ambulation	BMP
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		Subhasm @ alarm
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Naked by 26/6/26	
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

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

(P.T.O)

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

CATEGORY	SCORING		
	0	1	2
Face	No Particular expression or smile	Occasional Grimace or Frown, withdraw, Disoriented	Frequent to constant frown, quivering chin, clenched jaw
Legs	Normal Position or Relaxed	Uneasy, restless, tense	Kicking, or legs 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

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CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1			DAY-2 26/6			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0	0	0	0	0						
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										

Noted by Subhasini 26/6/26 @ 9:25 AM

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 : Shasini

Signature of Ward In Charge :

Signature : ..... Name : Dhanalakshmi

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BRADEN 'Q' SCALE

(1)

					Date : 25/6/26	26/6/26	26/6/26	
					Time : 2pm	12AM	8AM	
Mobility	ile: Does not make ... slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	4	
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	
				TOTAL SCORE	28	28	28	
				Evaluator's Name	SR	B	SR	

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

Docu. No. : RCH /FRM / CLINICAL / 119

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

Rainbow Children's Hospital - Secunderabad
H.No.3-7-222/223,Sy.No.51 to 54,Opp.Karkhana P S,Karkhana Main Road,Kakaguda, Karkhana ,Hyderabad ,Telangana, INDIA ,500009.
TEL NO :040-42462200, Ext 2000,2001,2002 .
WEB : https://rainbowhospitals.in

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Mrs YOGITA THAKUR**	**Age :**	**27 Y 11 M 14 D**
IP No:	**IP-00060478**	**Sex:**	**Female**
Consultant:	**Dr. MADHUMITA ANIRUDDHA GITAY**	**Ward/Bed No:**	**N 2F-LABOUR WARD/LW 219**

The undersigned patient and I or responsible relative or person hereby consent to and authorize Rainbow Hospitals doctors and medical personnel to perform medical examinations, conduct routine investigations and administer medical treatments, outpatient procedures, minor dressings, vaccinations and immunizations during the course of the patient's care, as in patient.

Patient, be deemed advisable or necessary.

I understand that the confidentiality of all medical records shall be protected to the full extent of the Law. The undersigned also consent to the use of health related information/ audiovisuals of the patient for research & training purpose or for insurance coverage and while doing so confidentiality of the patient will be maintained at all times and this will not affect the care of the patient.

In giving my general consent to treatment, I understand that I retain the right to refuse any particular examinations, test, procedure, treatment, therapy or medication recommended or deemed medically necessary by treating doctors. I also understand that the practice of medicine is not an exact science and that no guarantee have been made to me as the results of my evaluation and I or treatment.

I understand that I shall not bring valuables to the Hospitals and that the Hospital will not be responsible for the loss, destruction or theft of my personal belongings. I assume full responsibility for all my personal items and release the Hospital from responsibility and liability for such personal items and valuables.

"I am aware that during the patient care it is inevitable that certain re-useable equipment shall be re-used after sterilization and disinfection. I am informed that the hospital assures maximum level of precaution and care in sterilizing and disinfecting the equipment and monitors the whole process as per evidence based guidelines".

Note:
1 We do not allow use of medication brought from outside by the patient.
2 I have received attendant passes as per my room category. I understand that I have to return it back at the time of final bill clearance. In case of failing the submission, I will pay 200/- Rs.
(Receivers Signature:.....)

3 IP Guide book has been given to me and I have been explained about the Hospitals rules and policies.
4 Financial and billing counseling has been done to me.

Signature of Patient/Relative:

Name: B-Jajit Singh
Relationship: Husband
Date: 25-06-2026 Time:

Patient Address:
7-2-682/1,OPP OLD JAIL MONDA MARKET STREET Bus Station
Hyderabad Telangana INDIA 500003

Witness Name:
Witness Signature:

VIH-00199540 IP-00060478
Mrs YOGITA THAKUR
11-07-1998 27 Y 11 M 14 D (F)
Dr. MADHUMITA ANIRUDDHA GITAY

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PRE

Date : 25/6/26

Patient's Name : Mrs. Yogita Age : 27 Gender : ☐ M ☒ F

Blood Group : A Positive UHID :

Planned Surgery : NVD / EM: LSCS Surgeon : Dr. Madhumita

Anesthetist : Dr. Madhav Date & Time of Operation : 25/6/26

Tick Appropriate Boxes, To be filled by Nurse Incharge / Senior Nurse :

S.No.	INSTRUCTIONS	ER/Ward,Nurse			OT Nurse		
		Yes	No	NA	Yes	No	NA
1	Weight checked recorded ? 70 kgs	☒	☐	☐	☐	☐	☐
2	Is the patient fasting for over 6 hours Pre-Operatively ?	☒	☐	☐	☐	☐	☐
3	Check Pre-OP Investigations & Results (CBP, Blood Group, BT, CT, PT, APTT, Viral Screning, CXR etc) Available before starting the procedure	☒	☐	☐	☐	☐	☐
4	Enema given / Bowel Preparation	☐	☒	☐	☐	☐	☐
5	Remove all ornaments, earrings, toe rings, nose rings etc and implants, dentures	☒	☐	☐	☐	☐	☐
6	Sterile Gown Given	☐	☒	☐	☐	☐	☐
7	Is Blood arranged as required ?	☐	☐	☒	☐	☐	☐
8	If Blood has been ordered - is Blood bag ready ?	☐	☐	☒	☐	☐	☐
9	IV Cannula to be placed / IV fluids if Indicated	☒	☐	☐	☐	☐	☐
10	Pre Anesthetic consultation with anesthesiologist	☒	☐	☐	☐	☐	☐
11	Pre Medications Given ? (Sedatives / etc)	☒	☐	☐	☐	☐	☐
12	Skin Preparation	☐	☒	☐	☐	☐	☐
13	Site is marked	☐	☐	☒	☐	☐	☐
14	Surgery Consent / High Risk consent taken by surgeon? (Consent should be taken by the operating surgeon only)	☐	☐	☐	☐	☐	☐
15	Implants are available	☐	☒	☐	☐	☐	☐
16	Equipment is available	☐	☒	☐	☐	☐	☐
17	Antibiotic Prophylaxis is given within the last 60 minutes	☐	☒	☐	☐	☐	☐
18	Other (if any)	☐	☐	☐	☐	☐	☐

NOTE : if any of above is ticked "NO" Discuss with the registrar / consultant immediately

Billing Clearance Taken : ☐ Yes ☐ No

Billing Executive Name : OT Nurse Name : ER/Ward Nurse Name : Shaun

Billing Executive Signature : Signature of OT Nurse : Signature of ER/Ward Nurse :

Date & Time : Date & Time : Date & Time : 25/6/26 at 12.30 pm

Doc. No. : RCH / FRM / CLINICAL / 107

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INFORMED CONSENT FOR VAGINAL BIRTH

Patient Name : Mrs. YOGITA THAKUR Age : 27yrs. Gender : ☐ M ☐ F

UHID / IP No. : VIH-0019954O / 60478 Date : 25/6/26 Time : 11 AM

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 is to deliver the baby vaginally.

The outcome of the vaginal birth is the delivery of infant through birth canal either naturally or with possible use of forceps or vacuum extraction. An episiotomy (a cut performed for enlarging of the vaginal opening in the space between the vagina 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, 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. MADHUMITA.

Consentee :

Signature : Yogita Thakur

Name : Yogita Thakur

Date & Time : 25/6/26, 11 AM

Witness:

Signature :

Name :

Date & Time :

Patient Attendant :

Signature :

Name : AJEET SINGH

Relationship with Patient: HUSBAND

Date & Time : 25/6/26, 11 AM

Doctor :

Signature :

Name : Dr. Geetika

Date & Time : 25/6/26, 11 AM

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Induction of Labor Consent

Name: Mrs. YOGITA THAKUR.
Date of Birth: 11/7/1998
ANC No: 10323/V/25

Consulatant: Dr. MADHUMITA
Registration Number: MH-0019954(0

You are scheduled for an induction of labor on 25/6/26 (date) at 38 (weeks of gestation).

The reason for your induction is TERM GESTATION

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 of 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.

Yogita Thakur — 25/6/26
Parents Signature — Date

25/6/26
Husband's Signature — Date

Dr. Greedhma. — 25/6/26.
Doctor's Signature — Date

VIH-00199540 IP-00060478
Mrs YOGITA THAKUR
11-07-1998 27 Y 11 M 14 D (F)
Dr. MADHUMITA ANIRUDDHA GITAY

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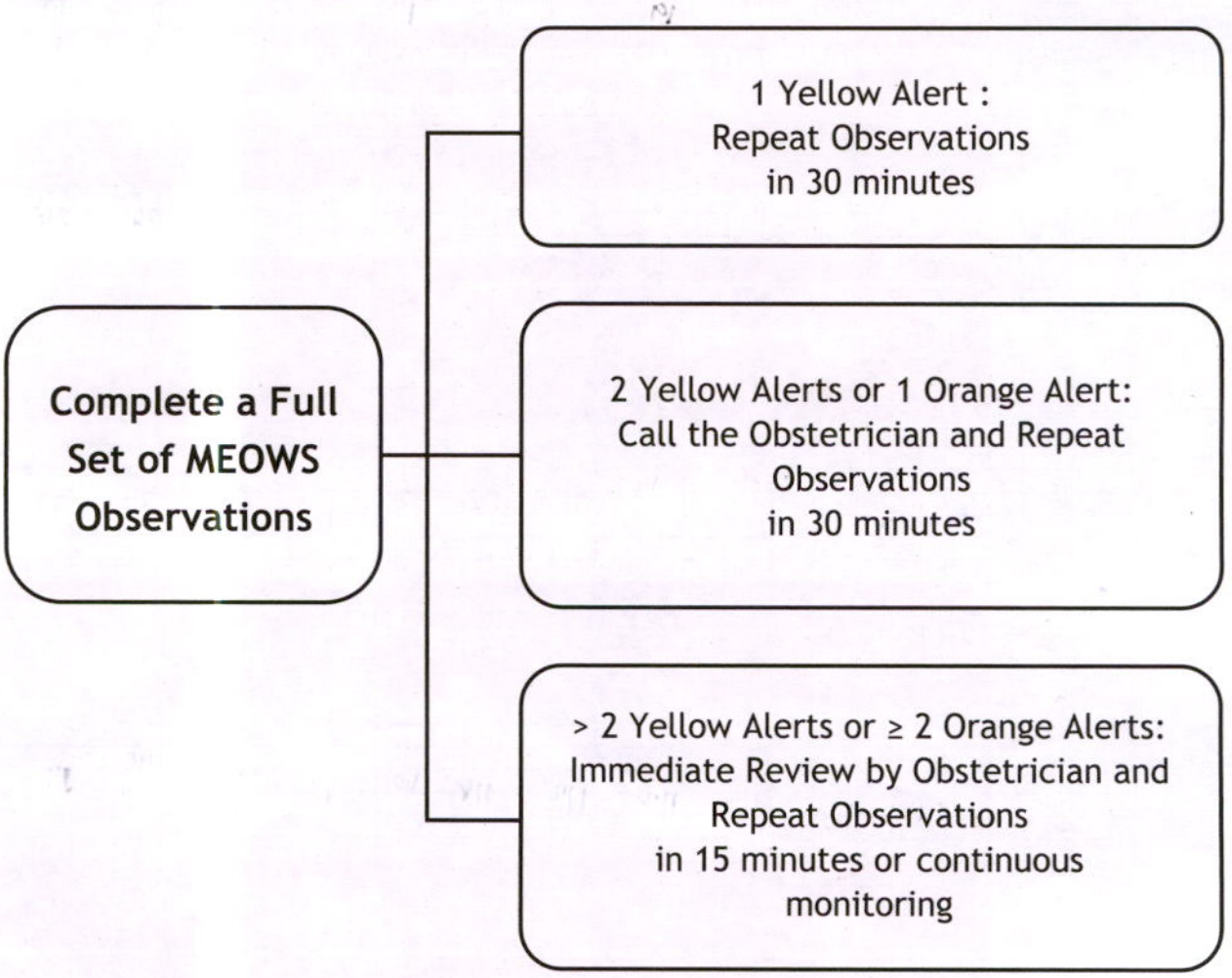
Early Warning Observation Score Chart - Obstetrics

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

28/6/26	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				19		19		19		15		18		19		19		15		19		19		19
	0 - 10																								
Saturations	94 - 100 %				99		99		99		95		97		98		99		99		98		99		99
	< 94 %																								
Administered O_2 (L/min.)																									
Temp °c	40																								
	39																								
	38																								
	37				37		37		37		37		37		36.8°C		35.4°C		36.2°C		36°C		36°C		36°C
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90				89		86		94		76		78		70		69		77		80		77		72
	80																								
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressure ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120																				115		110		
	110																								
	100				100		108		112		112		114		110		107		112						102
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70				70		72		64		76		74		70		69		72		68		72		68
	60																								
	50																								
	40																								
NEURO RESPONSE [✓]	Alert				✓		✓		✓		✓		✓		✓		✓		✓		✓		✓		✓
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30				✓		✓		✓		✓		✓		✓		✓		✓		✓		✓		✓
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal				NA		NA		NA		NA		NA		NA		NA		NA		NA		NA		NA
	Heavy / Foul																								
Liquor	Clear / Pink				NA		NA		NA		NA		NA		NA		NA		NA		NA		NA		NA
	Green																								
TOTAL YELLOW SCORES					0		0		0		0		0		0		0		1		0		0		0
TOTAL ORANGE SCORES					0		0		0		0		0		0		0		0		0		0		0
Nurse Initial					b		[illegible]		[illegible]		[illegible]		[illegible]		[illegible]		[illegible]		[illegible]		[illegible]		[illegible]		[illegible]

Obstetrics and Gynaecology Early Warning Signs



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

Patient Sticker

(2)

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Early Warning Observation Score Chart - Obstetrics

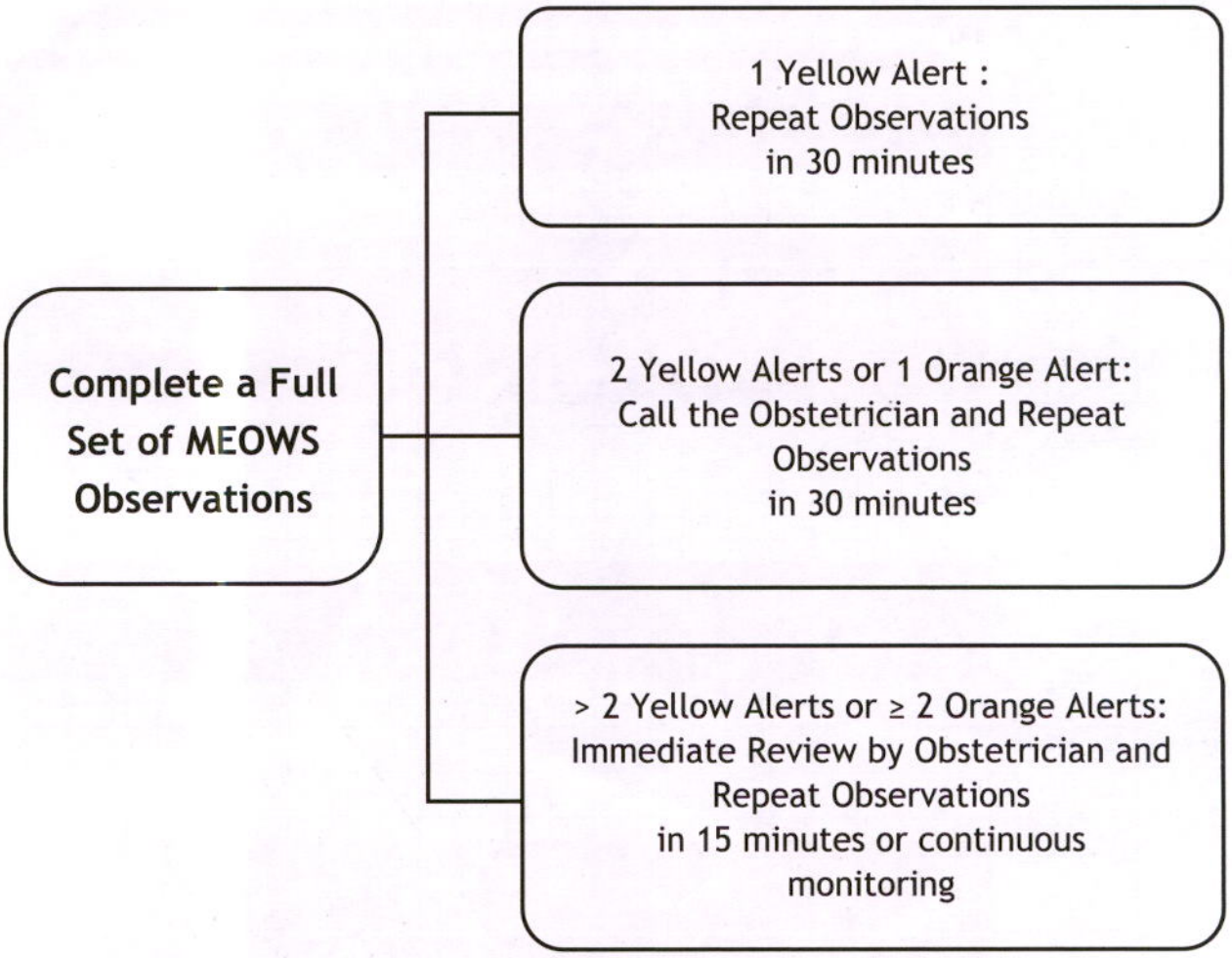
CONTACT DOCTOR FOR EARLY INTERVENTION IF PATIENT TRIGGERS ONE ORANGE OR TWO YELLOW SCORES AT ANY ONE TIME

		Date																								
		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	19																								
	0 - 10																									
Saturations	94 - 100 %	98%																								
	< 94 %																									
Administered O_2 (L/min.)																										
Temp°c	40																									
	39																									
	38																									
	37																									
	36	36.5																								
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70	79																								
	60																									
	50																									
	40																									
Systolic Blood Pressue ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110	111																								
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70	74																								
	60																									
	50																									
	40																									
NEURO RESPONSE [✓]	Alert	✓																								
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30	✓																								
	< 30																									
Proteinuria	Protein + +																									
	Protein > + +																									
Lochia	Normal	NA																								
	Heavy / Foul																									
Liquor	Clear / Pink	NA																								
	Green																									
TOTAL YELLOW SCORES		0																								
TOTAL ORANGE SCORES		0																								
Nurse Initial		SH																								

Noted by Subhani @ 9:45 AM 26/6/26 SH

Docu. No. : RCHBH /FRM / CLINICAL / 053

Obstetrics and Gynaecology Early Warning Signs



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

VIH-00199540 IP-00060478
Mrs YOGITA THAKUR
11-07-1998 27 Y 11 M 14 D (F)
Dr. MADHUMITA ANIRUDDHA GITAY

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FLUID CHART

Sheet No. : 1 25/6/26

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							
25/6/26	08:00 am											
	09:00 am											
	10:00 am										0	
	11:00 am	H_2O + 100ml								✓	0	Shami
	12:00 pm	H_2O + 50 ml									0	25/6/26
	01:00 pm	H_2O + 100ml									0	@ 8pm
Total Intake : 250 ml								Total Output :		Passed		
25/6	02:00 pm	H_2O	100ml								0	
	03:00 pm									✓	0	
	04:00 pm	H_2O	100ml								0	
	05:00 pm	H_2O	100ml			✓				✓	0	25/6/26
	06:00 pm		10g oxytocin 5ml								0	7p
	07:00 pm	H_2O 50ml	oxy	10 ml							0	
Total Intake : 365ml								Total Output :		Rama		
25/6	08:00 pm	H_2O 50 ml		10 ml							0	
	09:00 pm	H_2O 100ml + RL (100ml)								✓	0	Prathal
	10:00 pm	H_2O 100ml + RL 100ml								✓	0	@ 1am
	11:00 pm	H_2O 50ml									0	26/6/26
	12:00 am	H_2O 100ml									0	
	01:00 am	H_2O 50ml.								✓	0	
Total Intake : 650 ml								Total Output :		Passed		
26/6	02:00 am											
	03:00 am		water							✓		
	04:00 am											Benarika
	05:00 am											
	06:00 am										0	26/6
	07:00 am									✓		@ 7am
Total Intake :								Total Output :				

Total 24 hrs. Intake	

Total 24 hrs. Output	

FHR Monitoring chart

Date	Time	FHR	Contractions
25/6/26	11Am	- 132 b/mt	
	11:30 am	- 146 b/mt	
	12pm	- 148 b/mt	- nil
	12:30 pm	- 132 b/mt	
	1pm	- 138 b/mt	
	1:30 pm	- 146 b/mt	
	2pm	- 142 b/mt	
	2:30 pm	- 130 b/mt	
	3pm	- 138 b/mt	- 2 Con/10 mts/30 sec
	3:30 pm	- 140 b/mt	
	4pm	- 132 b/mt	
	4:30 pm	- 146 b/mt	
	5pm	- 144 b/mt	
	5:30 pm	- 132 b/mt	- 4 Cont/10 mts/40 sec
	6 pm	- 140 b/mt	
	6:30 pm	- 142 b/mt	
	7pm	- 142 b/mt	
	7:30 pm	- 142 b/mt	
	8pm	- 136 b/mt	- 4 Cont/10 mts/45 sec
	8:30pm	- 136 b/mt	
	9pm	- 127 b/mt	
	9:30pm	- 122 b/mt	

delivered @ 9.54pm

VIH-00199540 IP-00060478
Mrs YOGITA THAKUR
11-07-1998 27 Y 11 M 15 D (F)
Dr. MADHUMITA ANIRUDDHA GITAY

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FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G					✓		
26/6	08:00 am		water									
	09:00 am		+								0	Subham @ 9am
	10:00 am		idly									
	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 :**						

Noted by Subham 26/6/26 @ 9:45AM

Total 24 hrs. Intake		Total 24 hrs. Output	

Patient Sticker

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FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	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	

VIH-00199540 IP-00060478
Mrs YOGITA THAKUR
11-07-1998 27 Y 11 M 14 D (F)
Dr. MADHUMITA ANIRUDDHA GITAY

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MEDICATION RECONCILIATION FORM

Drug Allergies: Nil ☐ 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: ICU Shifted to: Room (108)

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. THYROXINE	125mcg	PO	ONCE DAILY	26/6/26	☐C ☐DC
2	T. CEFIXIME	200 mg	PO	12hly	26/6/26	☐C ☐DC
3	T. PARACETAMOL	1GM	PO	8hly	26/6/26	☐C ☐DC
4	T. DICLOFENAC	50MG	PO	8hly	26/6/26	☐C ☐DC
5	T. PANTOPRAZOLE	40MG	PO	ONCE DAILY	26/6/26	☐C ☐DC
6	SYRUP DUPHALAC	15ML	PO	AT BED TIME	26/6/26	☐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. Gireesha

Date & Time : 26/6/26, 2:30 AM

Nurse Name & Signature: Meghna Mr

Date & Time : 26/6/26 @ 2:30 AM

VIH-00199540 IP-00060478
Mrs YOGITA THAKUR
11-07-1998 27 Y 11 M 14 D (F)
Dr. MADHUMITA ANIRUDDHA GITAY

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MEDICATION RECONCILIATION FORM

Drug Allergies: ..... Nil ..... ☐ 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: ..... L/W ..... Shifted to: ..... Room (108) .....

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. AZITHROMYCIN	1215mg	PO	ONCE DAILY	25/6/26	☐C ☐DC
2						☐C ☐DC
3						☐C ☐DC
4						☐C ☐DC
5						☐C ☐DC
6						☐C ☐DC
7						☐C ☐DC
8						☐C ☐DC
9						☐C ☐DC
10						☐C ☐DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : ..... Dr. Gaurav .....

Date & Time : ..... 25/6/26, 11:30 AM .....

Nurse Name & Signature: ..... Meghna Mr .....

Date & Time : ..... 25/6/26 @ 11:30 Am .....

Rainbow Children's Hospital

Ref. No. : F / HW / DC / RP / INPR / 05.a

VIH-00199540 IP-00060478
Mrs YOGITA THAKUR
11-07-1998 27 Y 11 M 15 D (F)
Dr. MADHUMITA ANIRUDDHA GITAY

Patient Name	I.P. No.	Sheet No.	Wards	Weight (kg)
		1	4W	70kgs

REGULAR PRESCRIPTIONS

DRUG : T. PANTOPRAZOLE				Date / Time
Dose	Route	Frequency	Start Dt.	6 am
40mg	PO	ONCE DAILY	2x16	26/6
Name & Signature of the Doctor starting the Drugs: Dr. Geetha				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign.				

DRUG : SYRUP DUPHALAC				Date / Time
Dose	Route	Frequency	Start Dt.	26/6/26
15ml	PO	AT BED TIME	2x16	10PM
Name & Signature of the Doctor starting the Drugs: Dr. Geethma.				
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.				

S. Maaf Kamal 25/6/26

S. Maaf Kamal 25/6/26

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Ref. No. : F / HW / DC / RP / INPR / 05.a

Patient Name :	I.P. No.	Sheet No.	Wards	Weight (kg)

REGULAR PRESCRIPTIONS

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date / Time

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date / Time

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date / Time

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date / Time

VIH-00199540 IP-00060478
Mrs YOGITA THAKUR
11-07-1998 27 Y 11 M 15 D (F)
Dr. MADHUMITA ANIRUDDHA GITAY

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STAT / ONCE ONLY DRUGS

Name: Mrs Yogita Weight: ..... kgs

Sheet No: .....

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
25/6/26	10:00Am	INJ. METHYLERGO-METRINE	0.2MG	IM			

VIH-00199540 IP-00060478
Mrs YOGITA THAKUR
11-07-1998 27 Y 11 M 14 D (F)
Dr. MADHUMITA ANIRUDDHA GITAY

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DRUG CHART

Date of Admission: 25/6/26 Drug Allergies: nil ☑ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

DOCTOR
- Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
- Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
- Discontinue a drug by drawing a line *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:				

Signature .....

VERIFIED BY : Name .....

VIH-00199540 IP-00060478
Mrs YOGITA THAKUR
11-07-1998 27 Y 11 M 15 D (F)
Dr. MADHUMITA ANIRUDDHA GITAY

I.V. FLUIDS CHART

Weight. 70kg Ward. ICU

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
25/6	10 pm	INJ OXYTOCIN 5U IN 500ML RINGER LACTATE	IV	5ml/hr			25/6		
25/6	9:30 pm	RINGER LACTATE	IV	FF			25/6		
25/6	9:55 pm	INJ. OXYTOCIN 15U IN 500ML RINGER LACTATE	IV	100ml/hr			26/6		

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

Mrs YOGITA THAKUR
11-07-1998 27 Y 11 M 14 D (F)
Dr. MADHUMITA ANIRUDDHA GITAY

Weight. 70kg Ward. L/W

VARIABLE DOSE	Date▸ Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
DRUG : BETADINE LOTION		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route: LOCAL / Start Date: 25/6		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Name & Signature of the Doctor: Dr. Greeshma.		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 : BETADINE OINTMENT		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route: LOCAL / Start Date: 25/6		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Name & Signature of the Doctor: Dr. Greeshma.		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
25/6/26	11.45AM	T. MISOPROSTOL	25 MCG	PV		
25/6/26	3:45 PM	TAB MISOPROSTOL	25 MCG	PV		
25/6/26	7PM	INJ-CEFOTAXIME (AFTER TEST DOSE)	1GM	IV		
25/6/26	6PM	ENEMA PROCTOCLYSIS	100ml	PR		
25/6/26	9:30 PM	INJ DROTAVERINE	40MG	IV		HOLD
25/6/26	10 PM	INJ VALETHAMATE BROMIDE	8MG	IV		HOLD
25/6/26	10:30 PM	INJ DROTAVERINE	40MG	IV		HOLD
25/6/26	10:40PM	T. MISOPROSTOL	400MCG	PR		
25/6/26	10:40 PM	INJ. OXYTOCIN	10 U	IM		

~~25/6/26~~ ~~INJ METHERGINE~~ ~~1 AMP~~ ~~IM~~

VIH-00199540 IP-00060478
Mrs YOGITA THAKUR
11-07-1998 27 Y 11 M 14 D (F)
Dr. MADHUMITA ANIRUDDHA GITAY

REGULAR PRESCRIPTIONS Weight. 70 kg Ward. c/w

DRUG : T. THYROXINE				Date / Time	25/6/26	26/6
Dose	Route	Frequency	Start Date	6 AM		ESW
12.5 MCG	PO	ONCE DAILY	25/6/26			
Name & Signature of the Doctor Starting the Drugs: DR NAUSHEEN						
Additional Instructions: ON EMPTY STOMACH.						
Daily Doctor's Endorsement by a Sign						

Ce Stopped 25/6/26 @ 2pm

DRUG : T. CEFIXIME				Date / Time	26/6
Dose	Route	Frequency	Start Date	10 AM	
200 MG	PO	12th hrly	25/6		
Name & Signature of the Doctor Starting the Drugs: Dr. Greeshma				10 PM	
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					

S. maaykonag 25/6/26

DRUG : T. PARACETAMOL				Date / Time	26/6
Dose	Route	Frequency	Start Date	6 AM	ESW
1 GM	PO	8 hrly	25/6		
Name & Signature of the Doctor Starting the Drugs: Dr. Greeshma				2 PM	
				10 PM	
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					

S. maaykonag 25/6/26

DRUG : T. DICLOFENAC				Date / Time	26/6
Dose	Route	Frequency	Start Date	7 AM	ESW
50 MG	PO	8 hrly	25/6		
Name & Signature of the Doctor Starting the Drugs: Dr. Greeshma				3 PM	
				11 PM	
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					

S. maaykonag 25/6/26