LSCS

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

ACTIVITY

MH-00204695 IP-00060407
Mrs KUMARI NEHA
04-08-1995 30 Y 10 M 15 D (F)
Dr. BHAVANA K

IG

Name: ---

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

Date of Admission : 19/6/26 Time : 10:58AM Date of Discharge : ---------- Time: ----------

Room / Bed No : 220 Ward : MICU Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
19/6/26	1:50pm	L&D	OT	
19/6/26.	8:05pm	OT	MICU	
19/6/26	9:30PM.	MICU	Room( )	Jyothi

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
19/6/26	NST 10AM - (1)	R 26-009855	
19/6/26	CBP.	26020866	a
	Biopsy for hystopathe	26020899	a
	Cross chkd by [illegible] 19/6		

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
19/6/26	Infusion pump.	11:Am	7:30PM 19/6/26 7:30	3092065	d
19/6/26	cardiac monitor	3:05PM	7:30pm 19/6/26	3092065	
	cross checked	by	check 7:30	19/6/26	

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
19/6/26	IV placement	①	3092066	
19/6/26	catheterization	①	3092066	
19/6/26	PAC	①	3092067	
	cross chd by		14/6/26	

ANY OTHER INFORMATION

Date : 21.06.2026 Time : 8:59 Am Prepared By : [signature] 21/06/26 @ 8:59pm

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Sis. Roja [signature]	Sis. Raji [signature]		

INSURANCE COPY

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Name	Mrs KUMARI NEHA	**UHID**	VIH-00204695
Father/Guardian	Mr BABLOO KUMAR	**Age/Gender**	30 Y 10 M 15 D/Female
Address	504 Rock Heights Apartment,ecil,moulali, Ie Moulali, Hyderabad, Telangana, INDIA, 500040		
IP No	IP-00060407	**Admission Date**	19-06-2026
Ref Doctor	Self	**Discharge Date**	21-06-2026

DISCHARGE SUMMARY

Consultants: Dr. BHAVANA K , CONSULTANT GYNECOLOGIST & OBSTETRICIAN

Diagnosis: G3P1L1A1 with 37+3weeks with Previous Lower segment caesarean section with Hypothyroidism in Latent labour admitted for Emergency Lower Segment caesarean section with bilateral tubectomy
EMERGENCY LOWER SEGMENT CAESAREAN SECTION WITH BILATERAL TUBECTOMY DONE ON 19.6.2026 UNDER SPINAL ANAESTHSIA

History:
LMP: 30.9.2025
Obstetric formula: G3P1L1A1
EDD: 7.7.2026
Gestation at admission: 37+3 weeks

Obstetric History:
G1 - male/ 7years/ FTLSCS/ PPROM with Fetal distress / Ankura Hospital/ BW 2.5kg/ Hypothyroidism/ A&H/ BF 3months
G2 - 7weeks/ MTP/ MERPC/ 2020
G3 - Present pregnancy Spontaneous conception.

Medical History: Nil
Family History: Father- HTN, Mother - Hypothyroidism

Name	Mrs KUMARI NEHA	UHID	VIH-00204695

Surgical History: Previous LSCS
Allergies: Nil

Antenatal Details: Mrs KUMARI NEHA was booked to Rainbow hospital at 31 weeks of gestation. Previous ANCs done at ankura Hospital. She was diagnosed with Hypothyroidism at conception managed with Tab Thyroxine 75mcg OD. She had regular antenatal checkups and investigations as advised. She came with c/o abdominal pain since night on 18.6.2026. She was admitted at 40 weeks in early labour.

Investigations: Enclosed
Blood group: B POSITIVE

Management: Course in hospital and Delivery Details:
At admission on clinical examination the vitals were stable, uterus was mild acting, cervix was 3/4th inch and 1 cm dilated, show present, no scar tenderness. Fetal well being was confirmed by an admission CTG which was found to be reactive. Patient and attenders has been explained regarding previous LSCS with latent labour, chances of scar rupture , chances of fetal distress and risk of continuing with delivery and need of emergency lscs has been explained and they opted to emergency LSCS.

She was decided for emergency C-section in view previous lSCS in latent labour, prepared with indwelling Foley's catheter and IV canula under aseptic conditions. Written informed consent for surgery taken. Preanesthetic check up done. Anesthetic premedication (IV Rantac and Perinorm) given. Antibiotic prophylaxis with Inj. Taxim 1 gm IV given. Patient shifted to theatre.

Surgery Notes: Operative Details:
Under spinal 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 adherent to mid uterine segment adhesion released. Bladder was reflected. A lower segment

curvilinear incision given on the uterus Grade 2 MSL Liquor seen. Baby delivered with one loop of cord around neck. 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. Bilateral fallopian tubes identified and bilateral tubectomy done with modified pomeroys method, tubes sent for HPE. 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 1000 mcg given per rectum as prophylaxis against postpartum hemorrhage. Patient was shifted out of theatre to post operative recovery room.

Delivery Details:
Date: 19.6.2026
Time of Delivery: 2:00Pm25sec
Type of Delivery: Emergency LSCS
Indication: previous LSCS in latent labour
Analgesia: Spinal

Baby Details:
Date: 19.6.2026
Time: 2:00Pm25sec
Sex: male
Weight: 3.5kg
Apgar: 7/10, 9/10
Gestational Age: 37+3weeks
NICU Admission: No

Post-Operative Notes: Post Operative Period:
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.

Name	Mrs KUMARI NEHA	UHID	VIH-00204695

On third 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 supplemented by written information.

Advice:

1. Tab. Taxim-O 200mg (Cefixime-200mg) twice daily till 25.6.2026 (9am-9pm) after food.
2. Tab. Calpol 500mg (2tabs) (Paracetamol 500mg) thrice daily till 25.6.2026 (9am-2pm-9pm) after food.
3. Tab. Voveran 50 mg (Diclofenac 50mg) thrice daily till 25.6.2026 (10am-4pm-10pm) after food.
4. Tab. Pantoprazole 40 mg once daily till 25.6.2026 (7am) 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 500mg, Vitamin D3 250 IU) 1 tablet once daily (2pm) till breast feeding after food.
7. Continue Tab Thyroxine 75mcg on empty stomach (7am) till further orders
8. Repeat TSh after 6weeks review with reports.
9. Collect HPE report after 2weeks review with reports
10. Nebasulf powder for local application.
11. HPV vaccine after 6 weeks of delivery.

Review after 3days on 24.6.2026 at postnatal clinic with prior appointment (This consultation will be charged).

To take appointment for OPD consultation at Rainbow Children's Hospital, just dial 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).

Name	Mrs KUMARI NEHA	UHID	VHP002004695

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For Women Who Have Had a Cesarean 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 Microshield 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 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. BHAVANA K
MBBS, DNB, FMAS, PGDMLE (NLSIU), MRCOG (UK),
CONSULTANT GYNECOLOGIST & OBSTETRICIAN
54774

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,

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PatientName	: Mrs KUMARI NEHA	**Inpatient No.**	: IP-00060407
Age/Gender	: 30 Y 10 M 15 D/ Female	**Admit Date**	: 19-06-2026
Ward/Bed	: N 2F-LABOUR WARD/ LW 220	**Discharge Date**	:

COMPLETE BLOOD PICTURE (Specimen : BLOOD)

TEST RESULT STATUS : REPORT AUTHORISED
Order Date :19-06-2026 11:39

Investigation	Result	Unit		Biological Reference Interval
HEMOGLOBIN (Colorimetry)	**10.9**	**g/dL**	L	12 - 16
RBC COUNT (DC detection method)	**3.48**	**10^12/L**	L	4 - 5.2
PCV/HCT (Calculated)	**31.2**	**VOL%**	L	33 - 51
MCV (Calculated)	89.9	fL		80 - 100
MCH (Calculated)	31.4	pg/cells		26 - 34
MCHC (Calculated)	35.0	g/dL		32 - 36
RDW-CV (Calculated)	**14.0**	%	H	11.5 - 13.1
PLATELET COUNT (DC Detection Method)	168	10^9/L		150 - 450
MPV (Calculated)	**11.5**	**fL**	H	6.5 - 10
WBC COUNT (DC Detection Method)	8.43	10^9/L		4.5 - 11
Differential Count				
NEUTROPHILS (Microscopy, Leishman stain)	**74**	%	H	35 - 66
LYMPHOCYTES (Microscopy, Leishman stain)	**21**	%	L	24 - 44
MONOCYTES (Microscopy, Leishman stain)	04	%		4 - 10
EOSINOPHILS (Microscopy, Leishman stain)	01	%		1 - 4
PERIPHERAL SMEAR (Microscopy, Leishman stain)	**RBC : NORMOCYTIC / HYPOCHROMIC WBC : MORPHOLOGY NORMAL PLATELETS : ADEQUATE**			

Dr. **SRUJANA SHYAMALA, MD, DNB**

Consultant Pathologist, Reg No : 39356

DEFICIENCY CHECK LIST OF MEDICAL CASE SHEET

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VIH-00204695 IP-00060407
Patient Name : Mrs KUMARI NEHA
04-05-1995 30 Y 10 M 16 D (F)
Dr. BHAVANA K

IP.No: 60407

Ward:

DOA: 6040716/16

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	✓	✓	
4	Patient Trasfer Forms	3	✓	✓	
5	In-patient Medical Record	1	✓	✓	
6	Doctors Progress Sheets	3	✓	✓	
7	Nurses Progress notes	3	✓	✓	
8	Consultation Sheets	4	✓	✓	
9	General Consent for Treatment	1	✓	✓	
10	Conset for Surgery	1	✓	✓	
	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	2	✓	✓	
20	Anaesthesia notes(Pre Anaesthesia & Post)	2	✓	✓	
21	Pre Operative checklist	1	✓	✓	
22	Surgical safety Checklist	1	✓	✓	
23	Operation Theatre notes	1	✓	✓	
24	Nurses Clinical Presentation			✓	
25	TPR & BP chart	3	✓	✓	
26	Intake and Output chart (fluid Chart)	3	✓	✓	
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	1	✓	✓	
33	MLC form (in case of MLC)				
34	Patient Educatlon Form				
	Others	12	✓	✓	
	Total No. of Pages	52 pages			

Signature and Date : Dujeela 20/6/16 @ 11pm

ERROR LOG

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

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

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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

ADMISSION SHEET

Registration Details :

Admission No : IP-00060407 **Admit Date** : 19-Jun-2026 **Admit Time** : 10:53 AM **UHID** : VIH-00204695

Patient Details :

Patient Name	: Mrs KUMARI NEHA	**Age**	: 30 Y 10 M 15 D
Guardian	: Mr BABLOO KUMAR	**DOB**	: 04-08-1995
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 504 Rock Heights Apartment,ecil,moulali le Moulali Hyderabad Telangana INDIA 500040	**Phone No**	: 8977853164/ 7989045841
		E-mail	: babloo.vinyash@gmail.com

Admission Details :

Bed Type : MICU **Bed No** : LW 220 **Ward Name** : N 2F-LABOUR WARD

Room No : LW 220 **Admission Type** : First Visit

Contact Details :

Name : Mr BABLOO KUMAR **Relationship** : W/O

Contact Address : **Phone No** : 8977853164 / 7989045841

Babloo Kumar

Signature

Doctor Details :

Doctor Name : Dr. BHAVANA K **Specialisation** : OBSTETRICS AND GYNECOLOGY

Referral Doctor : Self **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash **Payor Name** : ELECTRONIC CORPORATION OF INDIA

IH-00204695 IP-00060407
Mrs KUMARI NEHA
14-08-1995 30 Y 10 M 15 D (F)
Dr. BHAVANA K

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OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 19/6/26

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: Pain Abdomen. since Night

Doctor Notified on Admission: ☑ Yes ☐ No

Name of the Doctor: 11:30 Dr. Greeshma

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
Thyroxin 75mcg	prev LSCS	yes.

Gynecology Assessment: ☑ Not Applicable	**Gynecology Surgical History:**	**Gynecological History:**
Menstrual History:	Caesarean Section: ☐ No ☑ Yes	Contraceptives: ☑ No ☐ Yes
	Cervical Cerclage: ☑ No ☐ Yes	Vaginal Discharge: ☑ No ☐ Yes
Onset of Menarche:	Ectopic Pregnancy: ☑ No ☐ Yes	Post-Coital Bleeding: ☑ No ☐ Yes
Menstrual Cycle: ☑ Regular ☐ Irregular	Myomectomy: ☑ No ☐ Yes	**Infertility:** ☑ No ☐ Yes
Last Menstrual Period: 30/9/25	Others:	**If Yes Type:** ☑ Primary ☐ Secondary

Obstetric History: G 2 P 1 L 1 A 1

Previous LSCS: prev. LSCS.

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

Family History: ☐ No Abnormalities Detected

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

☐ Liver disease ☐ Other father

Vital Signs / Measurements: Temp: 98.6F HR: 78b/m RR: 16b/m

BP: 117/80mmHg Weight: 71.4kg Height: 161 BMI: ....

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

0 score

/IH-00204695 IP-00060407
Mrs KUMARI NEHA
14-08-1995 30 Y 10 M 15 D (F)
Dr. BHAVANA K

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 23 (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. Neha kumari

Name of Person Orientation was given to: Mrs. Nehakumari

Orientation not given Reason: .....

Nurse Signature: K. Sukanya

Nurse Name: K. Sukanya

Date & Time: 19/6/26 at 11:10AM

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PATIENT TRANSFER FORM

MH-00204695 IP-00060407
Mrs KUMARI NEHA
04-08-1995 30 Y 10 M 15 D (F)
Dr. BHAVANA K

Date & Time of Admission	Date & Time of Transfer Order
19/6/26 at	19/6/26 1:32 pm

Treating Consultant Name	Transfer Ordered by	Reason for Transfer
	Dr. Ashwini	EM - LSCS

From Unit	To Unit	Information to Attendant
L&D	OT	Yes ☐ No ☐

Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant
35	HST (1)	Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.		
2.	P.O.L	
3.		
4.	✓	
5.		

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

Dr. Ashwini

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
SPS.	Dr. Ashwini

Patient & Clinical Records Received by :

Date & Time of Patient Received : 19/6/26 @ 1132 hr

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

PATIENT TRANSFER FORM

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Patient Name / I.P. No.	Date & Time of Admission	Date & Time of Transfer Order
VIH-00204695 IP-00060407 Mrs KUMARI NEHA 04-08-1995 30 Y 10 M 15 D (F) Dr. BHAVANA K	6/26/@	19/6/26 @ 3:05 pm
	Transfer ordered by Dr. Hima Bindu	Reason for Transfer Postop care
From Unit OT	To Unit MICU	Information to attendant Yes ☑ No ☐
Number of Sheets in clinical file 80	Number of Imaging films NIL	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

Shifting Summary / notes written by Doctor :

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sr. Bhavani	Dr. Hima Bindu.

Patient & Clinical records received by :

Date & Time of Patient Received: 19/6/26 @ 3:30 pm

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

PATIENT TRANSFER FORM

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Your Right to a Safe Delivery

Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
VIH-00204695 IP-00060407 Mrs KUMARI NEHA 04-08-1995 30 Y 10 M 15 D (F) Dr. BHAVANA K	19/6/26 10:53 AM	19/6/26 10 PM
	Transfer Ordered by DR Mounika	Reason for Transfer observation
From Unit MICU.	To Unit Room (206)	Information to Attendant Yes ☐ No ☐
Number of Sheets in Clinical File 39	Number of Imaging Films NST - 1	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.	Tab - PCM (15)	- sanitizer - 1
2.	Tab Pantop (10)	- underpad - 1
3.	Tab - Diclofen (10)	
4.	Tab - Tramadol - 10	
5.	Saral - 1	

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

Dr Mounika

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
SP Rani	DR. mounika

Patient & Clinical Records Received by : Dupika @ 10pm 19/6/26

Date & Time of Patient Received :

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

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

VIH-00204695 IP-00060407
Mrs KUMARI NEHA
04-08-1995 30 Y 10 M 15 D (F)
Dr. BHAVANA K

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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints
came c/o abdominal pain ? night on 18/6/26.

Obstetric Formula: $G_3P_1L_1A_1$
ML-84yrs NCM

Obstetric History:
G1- Male | 7yrs | FT LSCS | PPROM c | fetal distress
G2- 7 weeks | MTP | MERPC | 2020
G3- PP, Spontaneous conception.

Present Pregnancy Record: Booked to RCH at 31 weeks. Previous ANCs at ANKURA Hospital. She was diagnosed c hypothyroidism since conception & was on T. THYRONORM 75mcg OD. T1, T2, T3 - Uneventful. Rh- TT two doses done.

RISK FACTORS:
- Latent labour
- Hypothyroidism (75 mcg).
- Previous LSCS

Height: 161 cm
Weight: 71.4 kg
Allergies: NKA
Breast: ☑ Normal ☐ Abnormal

General Examination:
Consciousness: Alert — Pallor: ⊖
Icterus: ⊖ — Edema: ⊖
Temp: Afebrile. — PR: 71bpm
BP: 112/84 mmHg. — DTR: ⊕
CVS: S1 S2 ⊕ — RS BAE ⊕
Liver/Spleen: (N) — Urine Output: Adequate.

LMP: 30/9/25 EDD:
Corrected EDD: 7/7/26 GA: 37+3 weeks.

Menstrual History: Regular: ☑ Yes ☐ No

Obstetric Examination
Ankura Hospital | 2.5 kg | Hypothyroidism | A & H | BF x 3 months.
Fundal Height: 1925 cm, no scar tenderness
Ut. Activity: ☐ Relaxed ☑ Mild ☐ Mod ☐ Severe
Liquor: ☑ Adequate ☐ Oligo ☐ Poly
PP: ☑ Cephalic ☐ Breech Others _____
Head Fifths Palpable: _____
FHS: ☑ Normal ☐ Tachy ☐ Brady ☐ Absent
⊕ 146bpm

Per Speculum Examination Not done

Draining: ☐ Present ☐ Absent ☐ Bleeding
Colour of Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Vaginal Examination ~~Not done~~.

Cervix: ☐ Long ☐ Partially effaced ☑ Effaced
Os: Closed 3/4th Dilated 1cm
Membranes: ☐ Present ☐ Absent show ⊕
Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained
Presenting Part: ☐ Vertex ☐ Breech ☐ Others
Sutton: ☐ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2
Pelvis: ☑ Adequate ☐ Doubtful

DIAGNOSIS
$G_3P_1L_1A_1$ with 37+3 weeks with Previous LSCS with Hypothyroidism in latent labour for Elective lower segment cesarean section with Bilateral Tubal ligation. — Emergency

/IH-00204695 IP-00060407
Mrs KUMARI NEHA
)4-08-1995 30 Y 10 M 15 D (F)
Dr. BHAVANA K

Family History:

Father - HTN
Mother - Hypothyroid

Surgical History:

- Previous LSCS in 2019

Medical History:

- Hypothyroidism since 1st pregnancy (2019)
  On T-THYROXINE 75 mcg OD

Medication History:

Allergies - NIL

Plan of Care: C/O to Dr. Bhavana Mam

- Admission
- NBM
- Consent
- PAC
- Parts preparation
- FHR monitoring
- Monitor vitals
- Follow drug chart
- Foley's catheterisation
- Inform SOS
- Send CBP

Noted by Shethalia 19/6/26 11:30am

Investigations: BLOOD GROUP - 'B' POSITIVE

HIV, HBsAg, HCV, VDRL - NR

HPLC - (N)

7/5/26

CBP - 11/91001115L
Urine c/s - No growth.
Anti TPO - Negative.
Anti Thyroglobulin < 1.3

GROWTH Scan (18/6/26)

SLIUF
31+3 weeks
Cephalic
Pl - Post, High
AFI - 14 cm
AC - 30%
EFW - 1768 gm
Dopplers - (N)

TIFFA Scan (19/2/26)

SLIUF
20+2 wks
CL -
No anomalies

NT Scan (27/12/25)

SLIUF
12+4 wks
NT - 1.0 mm
Nasal bone (P)

AFI Doppler (19/6/25)

SLIUF, 37+1w
Cephalic
AFI - 16 cm
Dopplers - (N)

Fetal 2D-Echo - (N)
FTS - low risk.

Doctor Name: Dr. Greeshma
Signature:
Date & Time: 19/6/26, 11:30 Am

Consultant Name: Dr. BHAVANA K
Signature:
Date & Time: 19/6/26, 11:30 Am

VIH-00204695 IP-00060407
Mrs KUMARI NEHA
04-08-1995 30 Y 10 M 15 D (F)
Dr. BHAVANA K

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/6/26		
12pm	o/e pt c/o/c	Adv
	c/o pain	- NBM
	afebrile	- IO charting
	BP-100/76mmg	- W/F
(BP - 10.8)	PR - 69bpm	contractions
11550/4.92	S/E NAD	- monitor vitals
	P/A utr	- continue fue
	irritable	& pulse monitory
	cephalic	- follow drug
	RUF(+) 160bpm	chart
		- inform SOS
Noted by suhasini 19/6/26 @ 12PM		A Dr. Ashwini
19/6/26		
3:30pm	POD-0	
	o/e pt c/o/c	Adv
P2L2	c/o pain	- NBM x 4hrs
	afebrile	- I/O charting
	BP -115/70mmg	- rest
N.O 100ml	PR - 79bpm	- monitor vitals
adq, high coloured	S/E NAD	- follow drug
	P/A utr	chart
	BS -	- W/F bleeding PV
		- inform SOS
	P/U NAB	
Noted by kumari	bag A BF(+)	A Dr. Ashwini
	19/6/26 @ 3:30PM	

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

VIH-00204695 IP-00060407
Mrs KUMARI NEHA
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/6/26 7:30pm	POD-0	Adv
	O/E pt c/c/c	- Sips of water
P/n hypothyroidism	c/o pain	f/b clear liquids
	afebrile	- soft diet 11:30am
	BP-110/70mmg	- W/f bleeding PV
U/O 300ml	PR-82bpm	- monitor
adq clear	S/E NAD	vitals
	P/A Ut-WR	- follow drug chart
Baby A BF+	BS (+)	- passive ambulation
	P/U NAD	- inform SOS
pt can be		
shifted to		d/w Dr Ashwini
room		
Noted by Kanak 19/6/20 @ 7:30 PM		
20/6/26 7am	POD-1	
	O/E	
	Pt's cc, c/o pain	Adv
	Afebrile.	soft Diet
P2L2	BP- 115/70mg	Ambulation
Hypothyroid	PR- 83 bpm	W/F Bleeding PV
	S/E NAD	Follow drug chart
U/O 800ml	P/A- Ut-WR	monitor vitals
adq, urine	soft, BS (+)	Inform sos
coloured	L/E NAD	
Refer foleys at 10am	Baby L A BF (+) ms	
		Amrutha

VIH-00204695 IP-00060407
Mrs KUMARI NEHA
04-08-1995 30 Y 10 M 15 D (F)
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(2)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/6/26 1:30pm.	POD - 1	Adv:
	No c/o vomiting.	- (N) diet
	O/E - pt is c/c/c	- Adeq. Hydration
urine passed	GC - Fair.	- monitor vitals
	Afebrile.	- W/F bleeding PV
motion not passed	BP - 116/69 mmHg	- Ambulation
	PR - 71 bpm.	- Follow drug chart
	S/E - NAD.	- Infosm SOS.
P2L2 Hypothyroid	P/A - UT - W/R.	
	soft, BS (+)	
	L/E - NAB.	Dr. Nikita
	Baby \< A/M BF (+)	Dr. Fatima
Noted by padma. 20/6/26 @ 2pm		
20/6/2026 8:30pm.	POD - 1	Adv:
	O/E - pt is c/c/c	- (N) diet
	GC - Fair	- Adeq. Hydration
urine passed	Afebrile.	- monitor vitals
	BP - 116/79 mmHg	- W/F bleeding PV
motion passed	PR - 82 bpm.	- Ambulation
	S/E - NAD.	- Follow drug chart
P2L2 Hypothyroid	P/A - UT - W/R.	- Infosm sos.
	soft, BS (+)	
	L/E - NAB	Dr. Nikita
	Baby \< A/M BF (+)	
		Noted by Deepika 20/6/26 @ 8:30pm

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Mrs KUMARI NEHA
04-08-1995 30 Y 10 M 15 D (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/6/2026	POD-2 (LSCS)	Adv:
7:30 Am.	O/E - pt is c/c/c	- (N) diet
P2L2 Hypothyroid.	GC - Fair	- Adeq Hydration
	Afebrile	- Ambulation
urine passed	BP - 119/70 mmHg	- W/F bleeding PV
motion not passed	PR - 80 bpm.	- monitor vitals
	S/E - NAD	- Follow drug chart
Aseptic dressing done	P/A - W - H/R	- Inform SOS.
	Soft, BS (+)	
pt can be discharged.	L/E - NAB.	
	Baby ← A/M BF (+)	Dr Nikita, Dr [illegible]
	vaginal examination done	
		Noted by Deepika 21/6/26 @ 7:30Am

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

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Mrs KUMARI NEHA
04-08-1995 30 Y 10 M 15 D (F)
Dr. BHAVANA K

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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: G3P1 L1A1 with 37+3 week with prev LSCS with hypothyroidism for elective LSCS for emergency LSCS with bilateral tubal ligation

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

Surgery / Procedure:

Post OP Day:

	Date / Shift						
BACKGROUND	Date / Shift	19/6/26 M	19/6/26 OT	19/6/26 E	19/6/26 N	19/6/26 N	20/6/26 M
	Medical Condition (Any special condition to be noted):			—	—	—	hypothyroidism
	Diet:	NBM	NBM		Lqds	ⓢ diet	ⓢ diet
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	—	RA	RA
	Tubes/Drains/Catheter:	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☑ No
	Vital Signs: Temp:	98°F	98.6F	98.6°F	98.6F	98F	98.2°F
	Res:	19b/mt	19b/m	19b/m	18b/m	19b/m	20b/m
	SpO_2:	99%	99%	99%	99%	99%	98%
	Pulse:	74bpm	80b/m	86b/m	92b/m	85b/m	71b/m
	BP:	117/70mmHg	120/80mmHg	110/70	110/70	112/75	116/69 mmHg
	LOC:	Conscious	Conscious	conscious	conscious	Conscious	conscious
	Fall Risk Score:		15	15	15	0	0
	Pain Score:	8	6	0	1-5	0	0
	Skin Integrity	Intact	Intact	Intact	Intact	Intact	Intact
Recommendations	Safety Needs:	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No
	Physiotherapy:	—	Nill	ND	—	nil	Nill
	Others Specify:	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Special Diet:	NBM	NBM	—	Liquids	ⓢ diet	ⓢ diet
	Critical Lab Test / Values:	—		ND	—	nil	Nill
	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	dependent
	Post Operative Procedure Special Orders:		NBM.	—	w/F Bleeds	—	
	Handed Over By Name :	Suhasini	Bhavani	Komal	Rani	Deepika	padma
	Signature / ID :	[signature]	015943	020573	[signature]	[signature]	606329
	Date:	19/6/26	19/6/26	19/6/26	19/6/26	20/6/26	20/6/26
	Time:	4:48	@4:48	@8PM	10pm	@8Am	@2pm
	Taken Over By Name :	Bhavani	Jyothi	Rani	Deepika	padma	padma
	Signature / ID :	015943	016116	[signature]	607464	606329	606329
	Date:	19/6/26	19/6/26	19/6/26	19/6/26	20/6/26	20/6/26
	Time:	@4:48	4:48 pm	8pm	10:30pm.	@8Am	@2pm

VIH-00204695 IP-00060407
Mrs KUMARI NEHA
04-08-1995 30 Y 10 M 15 D (F)
Dr. BHAVANA K

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: G3P2L1A1, with 37+3 wks, with previous lscs with hypothyroidism, emergency for lower segment cesarean section with Bilateral tubal ligation. Surgery / Procedure:	Any Infection: ☐ Yes ☑ No ☐ Not Known If Yes Specify: — Post OP Day:					
BACKGROUND	Date / Shift	20/6/26 E	20/6/26 N	21/6/26 M			
	Medical Condition (Any special condition to be noted):	hypothyroidism.	hypothyroid disorder.	hypothyroidism			
	Diet:	(S) diet	(S) diet	(N) diet			
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):	Nil	Nil	Nil			
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.7F	98.7°F	98.6F			
	Res:	19b/m	19b/m	20b/m			
	SpO_2:	99%	99%	99%			
	Pulse:	79b/m	79b/m	82b/m			
	BP:	105/69	105/69	110/70			
	LOC:	conscious	Conscious	Conscious			
	Fall Risk Score:	0	'0'	'0'			
	Pain Score:	0	'0'	'0'			
	Skin Integrity	Intact	Intact	Intact			
Recommendations	Safety Needs:	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:	Nil	Nil	Nil			
	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:	(S) diet	(S) diet	(N) diet			
	Critical Lab Test / Values:	Nil	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			
Post Operative Procedure Special Orders:				—	Discharge Note F/I send for billing progress		
Handed Over By Name :		Padma	Deepika	Roja			
Signature / ID :		606329	607469	P010490			
Date:		20/6/26	21/6/26	21/6/26			
Time:		@8pm	@8AM	@9:AM			
Taken Over By Name :		Deepika	Roja				
Signature / ID :		607469	P010490		Note by Roja Rep		
Date:		20/6/26	21/6/26		21/6/26 @9AM		
Time:		@8pm	@8Am				

VIH-00204695 IP-00060407
Mrs KUMARI NEHA
04-08-1995 30 Y 10 M 15 D (F)
Dr. BHAVANA K

NURSING CARE RECORD

Rainbow Children's Hospital — It takes a lot to treat the little.
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Date: 19/6/26

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	10am	Ensure safety	10am	provided side rail	To prevent from fall	Patient is safe.	[signature] 19/6/26 @2Pm
	12 Pm	Maintain fluid balance	12 Pm	Maintain RL 100ml/hr.	To prevent de hydration	Patient is Good	
Afternoon	3 Pm	Ensure Safety	3 PM	To provied side rails	~~To provied side~~ To prevent fall	Patient is Good	[signature] 19/6/26 @8PM
	7 Pm	Maintain fluid balance	7 PM	Maintain RL 100ml/hr	To prevent de hydration.	Patient is safe	
Night	9pm	→ Maintain fluid balance	9.18 pm	→ provided plenty of oral fluid	→ Maintained fluid bala	→ Re-Assess maintain fluid bala	[signature] 19/6/26 @n
	11pm	→ Ensure Safety.		→ provided side rails.	→ to prevent risk / of fall.	-	Deepika 19/6/26 @8Am

Docu. No: RCH /FRM / CLINICAL / 148

MH-00204695 IP-00060407
Mrs KUMARI NEHA
04-08-1995 30 Y 10 M 15 D (F)
Dr. BHAVANA K

NURSING CARE RECORD

Rainbow® Children's Hospital
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BirthRight™ BY RAINBOW HOSPITALS
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Date: 2016/26

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	10am	* maintain fluid. Balance. * Ensure safety.	2pm	* Maintained the fluid Balanced. Nutritionals status. * provied the sied Rails.	* prevent to the fall Risk.	* Re-Assessment every 4th hourly Vitals.	Padma 2016/26 @2pm
Afternoon	4pm	* maintain personal hygiene.	7pm	* maintained the personal hygiened	* Prevent to the Infection	* Re-Assessment Done. Every 4th hourly Vitals.	Padma 2016/26 @8pm
Night	8pm 12AM	Ensure Safety Maintain personal hygiene	11pm 8AM	To provide Safety To give handrub	To prevent risk of falls To prevent Infection	Re-Assessment was done Bed is safe.	Deepika 2016/26 @8AM

VIH-00204695 IP-00060407
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NURSING CARE RECORD

Date: 21/6/2026

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	9am	* Ensure safety * Maintain fluid balance	11am	* Provided the side rails * Maintain oral intake	* To prevent risk of falls * To prevent dehydration	Reassessment done pt is stable & comfortable	Raja 21/6/26 @10am
Afternoon				Discharge Note Dr come for rounds patient stable Dr advice to till send for billing progress			
Night							

Docu. No: RCH /FRM / CLINICAL / 148

VIH-00204695 IP-00060407
Mrs KUMARI NEHA
04-08-1995 30 Y 10 M 15 D (F)
Dr. BHAVANA K

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NURSING CARE RECORD

Date: .....

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							
Afternoon							
Night							

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 KUMARI NEHA**	**Age :**	**30 Y 10 M 15 D**
IP No:	**IP-00060407**	**Sex:**	**Female**
Consultant:	**Dr. BHAVANA K**	**Ward/Bed No:**	**N 2F-LABOUR WARD/LW 220**

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: Babloo Kumar

Name: Babloo Kumar
Relationship: Husband
Date: 19.06.2020 Time:
Wittness Name:
Wittness Signature:

Patient Address:
504 Rock Heights Apartment,ecil,
moulali le Moulali Hyderabad
Telangana INDIA 500040

/IH-00204695 IP-00060407
Mrs KUMARI NEHA
14-08-1995 30 Y 10 M 15 D (F)
Dr. BHAVANA K

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OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 19/6/26 Time of Arrival: 10 Am Time Seen by Nurse: 10.50 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: pain Abdomen.

Vital Signs: Temperature: 98.6°F Pulse: 84 b/m RR: 18 b/m SpO_2: 99% BP: 117/80 mm Weight: 71.44 kg

) **Gestational Criteria:**

Gravida:	G 3	P 1	L 1	A 1

LMP: 30/9/25 EDD: 7/7/26 Gestational Age: 37+3 wks

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:		

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

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

- Location: No.
- Duration: No. Days / Weeks/ Months (Strike out which is not applicable)
- Character: No.
- Frequency: No.
- Interventions: No.
  No.

6) **Past History:**

a) Surgeries: Prev LSCS.

b) Medical: thyroxine. 75 mcg

7) ... o, 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: 11:30Am

Nurse Name : K. Subasini Nurse Signature: S

Date: 19/6/26 Time: 11:30Am

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

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Patient Name : Ms. KUMARI NEHA Gender: ☐ Male ☑ Female Age : 30 years

UHID No : VIH-002046951IP-00060407 Date : 19/6/26

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 CESAREAN SECTION WITH BILATERAL TUBAL LIGATION upon

(Name of the Patient) Ms. KUMARI NEHA

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

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

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

BLEEDING, INFECTIONS, NEED FOR TRANSFUSION OF BLOOD AND BLOOD PRODUCTS AND ITS ASSOCIATED REACTIONS, BOWEL AND BLADDER INJURY, URETERIC INJURY, POST PARTUM HEMORRHAGE, ADHESIONS, PERMANENT & IRREVERSIBLE PROCEDURE, LOW CHANCE OF FAILURE.

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. BHAVANA. K

Consentee :

Signature : Kumari Neha

Name : Kumari Neha

Date & Time : 19/06/26, 11:30 AM

Patient Attendant :

Signature : Babloo Kumar

Name : Babloo Kumar

Relationship with Patient: Husband

Date & Time : 19/6/26, 11:30 AM

Witness :

Signature :

Name :

Date & Time :

Doctor (who is taking the consent) :

Signature : A

Name : Dr Ashwini

Date & Time : 19/6/26 11:30AM.

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE

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Patient Name : Mrs. Kumari Neha Age : 30y Gender : Male ☐ Female ☑

UHID NO: VIH-00204695 Surgeon Name: Dr. Bhavana. K

Anaesthesiologist : Dr. Subrahmanyam

Operative procedure planned : Emergency Cesarean delivery + Bilateral Tubal ligation

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 : Bleeding

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. Kumari Neha the above mentioned operation / Diagnostic / Therapeutic procedures Emergency Cesarean delivery + Bilateral Tubal ligation

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 : Kumari Nekha

Name : Kumari Nekha

Relationship with Patient: self

Date & Time : 19/6/26 12:12pm

Witness :

Signature : Babloo Kumar

Name : Babloo Kumar

Date & Time : 19/6/26 12:12pm

Doctor (who is taking the consent) :

Signature : B

Name : Dr. Brinda

Date & Time : 19/6/26, 12:08pm.

VIH-00204695 IP-00060407
Mrs KUMARI NEHA
04-08-1995 30 Y 10 M 15 D (F)
Dr. BHAVANA K

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CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: Dr. Bhavana K	Date of Delivery: 19/6/26
Assistant Surgeon: Dr. Ashwini	Time of Delivery: 2:00:25 pm
Anaesthetist's Name: DR. Nimabindu	Gender of Baby: Male
Type of Anaesthesia: — Spinal	Weight of Baby: 3.05 kgs
Neonatologist: Dr. Shridhar	AGPAR Score: 7/10, 9/10.
Scrub Nurse: Sis. Manjya.	NICU Admission: ☐ Yes ☐ No

Pre-Operative Diagnosis:

☐ Elective ☑ Emergency Indication: Previous LSCS in Latent labour

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: .....

CTG Description: reactive

If there was a delay give the reasons: .....

Surgical Procedure: Emergency LSCS & SA. + B/L tubectomy.

Post Operative Diagnosis:

Peri-Operative Complications:

Amount of Blood Loss: — 300 ml | Blood Transfused (in ML):

Name and Number of Surgical Specimen sent for examination:

— B/L fallopian tubes.

Examination Findings when Appropriate:

Presentation: ☑ Cephalic ☐ Breech ☐ Other .... Cervical Dilatation: ....1 cm.... cm

5th Palpable: .... Fetal Position: ....

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

Caput: ☐ + ☐ ++ ☐ +++ 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 Bladder was adherent to lower mid. uterine segment, adhesion released

Delivery of head: ☑ Manual ☐ Forceps MSL Grade II

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

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

Cord Appearance: ....Normal........ Cord around the neck ☑ Yes ☐ No one loop

Appearance of placenta: ....Normal..... Cavity explored ☐ Yes ☐ No

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

B/L fallopian tubes tube tying done ē modified Pomeroys method, tubes sent for HPE

Uterine Closure: ☐ One Layer ☑ Two Layers ....Vicryl........ Suture

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

Sheath Closure: ....Vicryl........ Suture

Fat Closure: ☐ Yes ☑ No .... Suture

Skin Closure: ☑ Subcuticular ☐ Mattress ....Monocryl 3-0.. Suture

Vagineal Evacuated ☑ Yes ☐ No

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

Ctheter ☑ Yes ☐ No ☑ Remove in ....12-24 hrs.... 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 x 4 hrs

I/O charting

W/f bleeding PV

monitor vitals

follow drug chart

inform SOS

Dr. Achu...

Doctor Name: .... Dr. Bhavana K. .... Doctor Signature: ....

Date & Time: .... 19/6/26 ....

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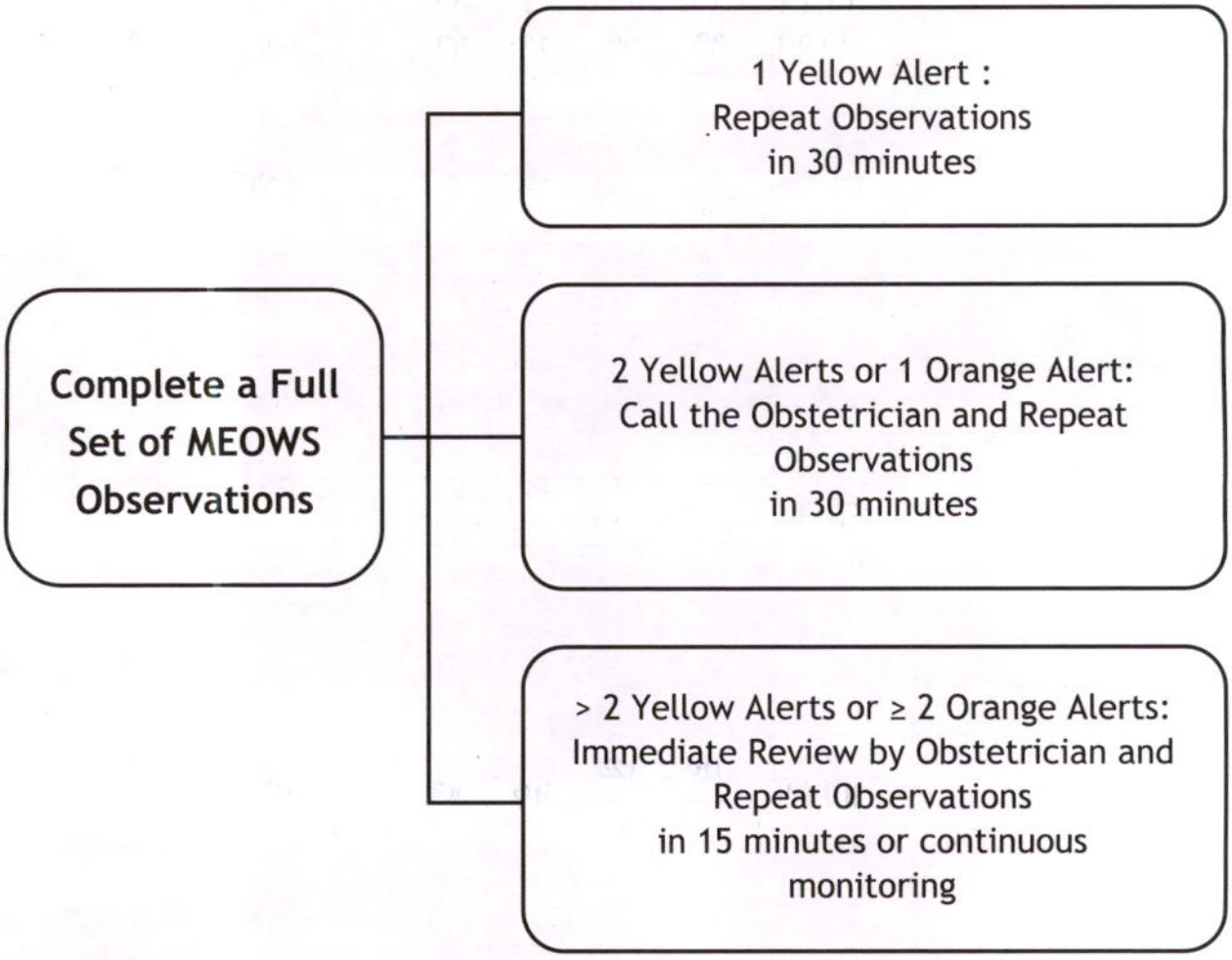
Early Warning Observation Score Chart - Obstetrics

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

		Date																						
19/6/26		Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																									
	21 - 30																									
	11 - 20				19	19		19		19		19		19				19				19				19
	0 - 10																									
Saturations	94 - 100 %				99	99		99		99		99		99				98				99				99
	< 94 %																									
Administered O_2 (L/min.)																										
Temp°c	40																									
	39																									
	38																									
	37				37	37							37		37				37			37				37
	36								36		36															
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80								80		86		88		83				86			85				86
	70				73	70																				
	60																									
	50																									
	40																									
Systolic Blood Pressue ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120								120		123															
	110				117	114							110		113				115			129				115
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80								80																	
	70				74	70					73		76		70				72			65				65
	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
	Heavy / Foul																									
Liquor	Clear / Pink								NA		NA		NA		NA				NA			NA				NA
	Green																									
TOTAL YELLOW SCORES									0		0		0		0				0			0				0
TOTAL ORANGE SCORES									0		0		0		0				0			0				0
Nurse Initial																										

Obstetrics and Gynaecology Early Warning Signs



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

VIH-00204695 IP-00060407
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CONTACT DOCTOR FOR EARLY INTERVENTION IF PATIENT TRIGGERS ONE ORANGE OR TWO YELLOW SCORES AT ANY ONE TIME

20/6/26	Date																						
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	21 - 30																								
	11 - 20		20				19				19			19			19				19				19
	0 - 10																								
Saturations	94 - 100 %		99				99				99			98			99				98				98
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37		37°c				36°c				36°c			36°c			36°c				37°c				37°c
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
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	70		71				75				80			82							80				85
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	140																								
	130																								
	120		116														120			119					
	110						110				110			116											
	100																								118
	90																								
	80																								
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	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
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	70																								
	60		69				70				69			79			75			70					70
	50																								
	40																								
NEURO RESPONSE [✓]	Alert		✓				✓				✓			✓			✓			✓					✓
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Lochia	Normal		N				NA				NA			NA			NA			NA					NA
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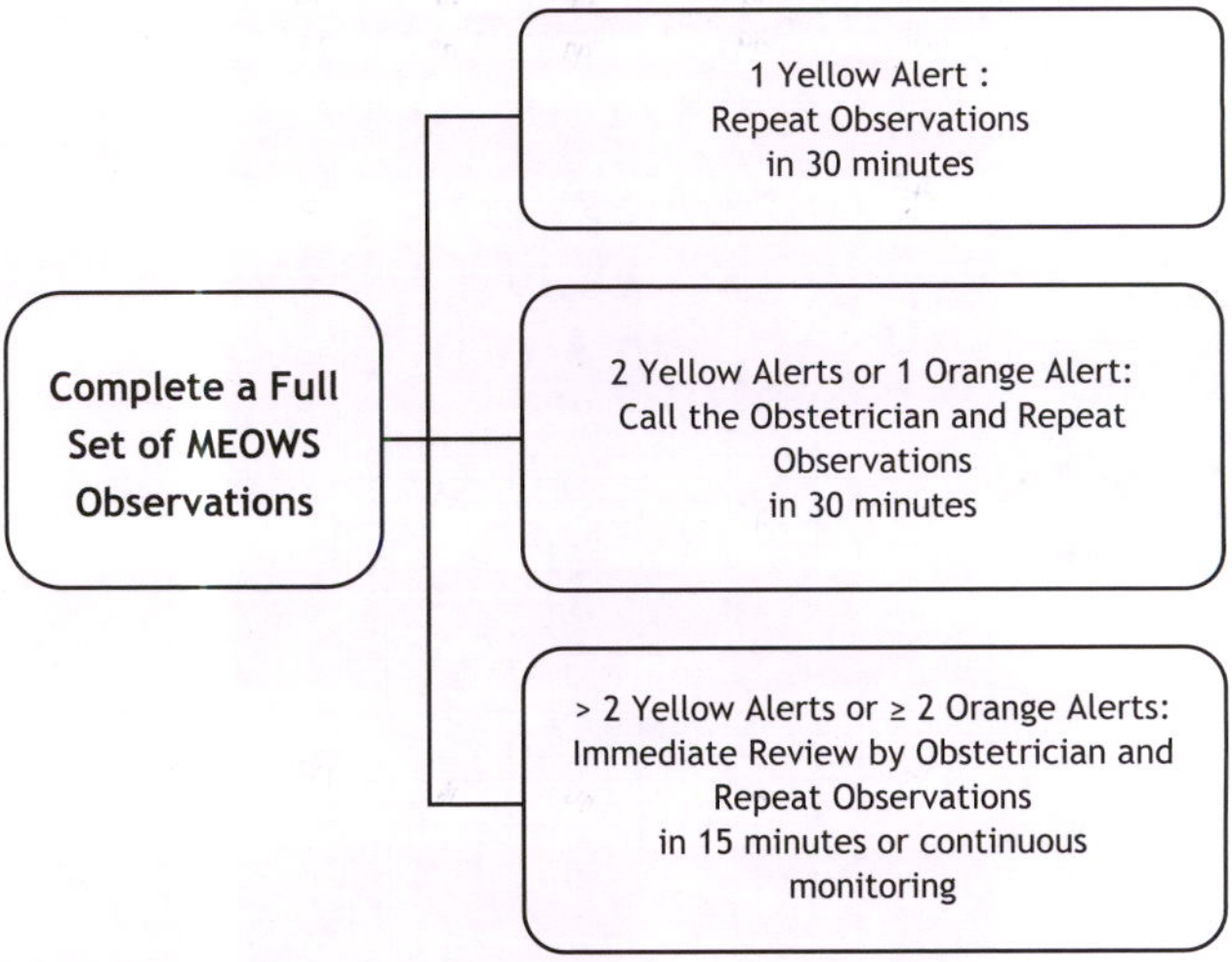
Liquor	Clear / Pink		N				NA				NA			NA			NA			NA					NA
	Green																								
TOTAL YELLOW SCORES			0				0				0			0			0			0					0
TOTAL ORANGE SCORES			0				0				0			0			0			0					0
Nurse Initial			R				D				P			P			D			R					D

Obstetrics and Gynaecology Early Warning Signs



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

21/6/26

		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
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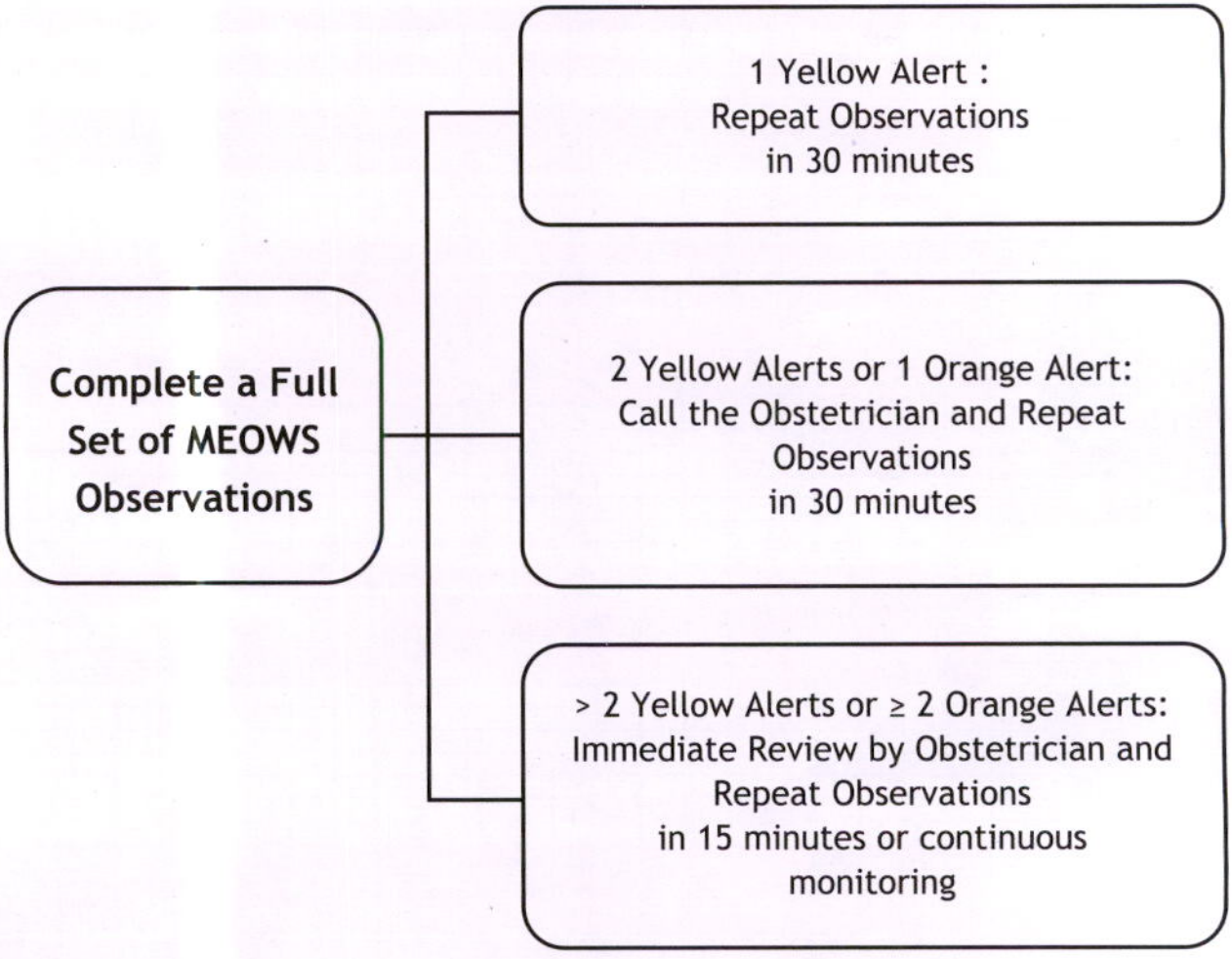
TOTAL YELLOW SCORES					0																					
TOTAL ORANGE SCORES					0																					
Nurse Initial					AP																					

Obstetrics and Gynaecology Early Warning Signs



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

VIH-00204695 IP-00060407
Mrs KUMARI NEHA
04-08-1995 30 Y 10 M 15 D (F)
Dr. BHAVANA K

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FLUID CHART

Sheet No. : 1

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am					Nil						
	09:00 am											
	10:00 am											
	11:00 am	RL	100ml per hrs								0	Jyothi
19/6	12:00 pm	RL	100ml per hrs							✓	0	
	01:00 pm	RL	NBM 100ml/hr								0	@
Total Intake :		500ml						Total Output :		Passed		
	02:00 pm	RL	NBM 100ml/hr								0	
	03:00 pm	RL	NBM 100ml per hrs								0	Jyothi
	04:00 pm	RL	NBM 100ml per hrs							U:3pm 100ml	0	
19/6	05:00 pm	RL	NBM 100ml/hr							50ml	0	19/6/26
	06:00 pm	RL	NBM 100ml/hr							100ml	0	@8pm
	07:00 pm	RL 100ml	NBM							50ml	0	
Total Intake :		1000ml						Total Output :		200ml		
	08:00 pm	H2O + 50ml + RL 100ml								50ml		
19/6	09:00 pm	H2O 100ml								50ml		
	10:00 pm									50ml		
	11:00 pm		H2O							50ml		
	12:00 am									50ml		
	01:00 am									50ml		
Total Intake :								Total Output :		300ml		Deepika 19/6/26 @8am
	02:00 am		[illegible]							50ml		
	03:00 am									50ml		
	04:00 am									50ml		
20/6	05:00 am									50ml		
	06:00 am		H_2O							50ml		
	07:00 am									50ml		
Total Intake :								Total Output :		300ml		

Total 24 hrs. Intake		Total 24 hrs. Output	800 ml.

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

VIH-00204695 IP-00060407
Mrs KUMARI NEHA
04-08-1995 30 Y 10 M 15 D (F)
Dr. BHAVANA K

Rainbow® Children's Hospital
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FLUID CHART

Sheet No. : 2

20/6/26

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							
19/6	08:00 am											
	09:00 am		Sidy H2O							U/R		
	10:00 am											
	11:00 am											
	12:00 pm		Supp							✓	0	padma 20/6/26 @2pm
	01:00 pm		H2O									
Total Intake :						Total Output :						
19/6	02:00 pm		Sidy									
	03:00 pm		H2O				✓			✓		
	04:00 pm											
	05:00 pm										0	
	06:00 pm		H2O									Padma 20/6/26 @8pm
	07:00 pm									✓		
Total Intake :						Total Output :						
19/6/26	08:00 pm											
	09:00 pm		H2O									
	10:00 pm						2			✓		
	11:00 pm											
	12:00 am											
	01:00 am		water									
Total Intake :						Total Output :						
20/6/26	02:00 am											Deepika 20/6/26 @8am
	03:00 am		H2O							✓		
	04:00 am						✓					
	05:00 am											
	06:00 am											
	07:00 am		water							✓		
Total Intake :						Total Output :						

Total 24 hrs. Intake		Total 24 hrs. Output	

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FLUID CHART

Sheet No. : .....

21/6/26

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							
21/6/26	08:00 am											
	09:00 am		Tolly							~		
	10:00 am											
	11:00 am		Sbc									
	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	

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

VIH-00204695 IP-00060407
Mrs KUMARI NEHA
04-08-1995 30 Y 10 M 15 D (F)
Dr. BHAVANA K

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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: LICU Shifted to: O.T

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	75 mcg	PO	ONCE DAILY	19/6	☐ C ☑ DC
2	T. IRON	1TAB	PO	ONCE DAILY	18/6	☐ C ☑ DC
3	T. CALCIUM	1TAB	PO	ONCE DAILY	18/6	☐ C ☑ DC
4	T. FOLIC ACID	1TAB	PO	ONCE DAILY	18/6	☐ 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. Sreeshma

Date & Time : 19/6/26, 11 AM

Nurse Name & Signature: Kumari K

Date & Time : 19/6/26 11 AM

VIH-00204695 IP-00060407
Mrs KUMARI NEHA
04-08-1995 30 Y 10 M 15 D (F)
Dr. BHAVANA K

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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

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	INJ CEFOTAXIME	1GM	IV	BD	-	☐C ☐DC
2	TAB THYROXINE	75MCG	PO	OD	-	☐C ☐DC
3	TAB PARACETAMOL	1GM	PO	QID	-	☐C ☐DC
4	TAB TRAMADOL	100MG	PO	TID	-	☐C ☐DC
5	TAB DICLOFENAC	50MG	PO	TID	-	☐C ☐DC
6	TAB PANTOPRAZOLE	40MG	PO	OD	-	☐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. Ashwini

Date & Time : 7:30PM, 19/6/26

Nurse Name & Signature: Kavala

Date & Time : 19/6/26 @ 7:30PM

Rainbow Children's Hospital

UHID: UH-00204695 IP-00060407
Mrs KUMARI NEHA
14-08-1995 30 Y 10 M 15 D (F)
Dr. BHAVANA K

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

Patient	I.P. No.	Sheet No.	Wards	Weight (kg)
		2	L/W	71.4kg

REGULAR PRESCRIPTIONS

DRUG : TAB PANTOPRAZOLE

Dose	Route	Frequency	Start Dt.	Time	20/6	21/6
40 mg	PO	ONCE DAILY	19/6	6 AM	[signature]	[signature]

Name & Signature of the Doctor starting the Drugs: Dr. Ashwini

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

DRUG : INJ CEFOTAXIME

Dose	Route	Frequency	Start Dt.	Time	19/6	20/6
1GM	IV	12TH HOURLY	19/6	11 AM		[signature]
				11 PM	[signature]	

Name & Signature of the Doctor starting the Drugs: Dr. Ashwini

Additional Instructions:

STOP Dr. Nikhita 20/6/26 1:30 PM.

Daily Doctor's Endorsement by a Sign.

DRUG : TAB PARACETAMOL

Dose	Route	Frequency	Start Dt.	Time	19/6	20/6	21/6
1GM	PO	6TH HOURLY	19/6	12 AM		[signature]	[signature]
				6 AM		[signature]	[signature]
				12 PM		[signature]	
				6 PM	4PM mg	[signature]	

Name & Signature of the Doctor starting the Drugs: Dr. Ashwini

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

DRUG : TAB CEFIXIME

Dose	Route	Frequency	Start Dt.	Time	20/6
200MG	PO	12TH HOURLY	20/6	11 AM	
				11 PM	[signature]

Name & Signature of the Doctor starting the Drugs: Dr. Nikhita

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Margin notes: Dr [signature] 19/6/26 Chitra; Dr [signature] 19/6/26 Chitra; Drug [illegible] 10P 19/6/26; Chitra 20/6/26

Rainb[...] Child[...] Hosp[...]

UIH-00204695 IP-00060407
Mrs KUMARI NEHA
04-08-1995 30 Y 10 M 15 D (F)
Dr. BHAVANA K

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

Patie[nt]	I.P. No.	Sheet No.	Wards	Weight (kg)
		2	4a	71.4kg

REGULAR PRESCRIPTIONS

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.				

VIH-00204695 IP-00060407
Mrs KUMARI NEHA
04-08-1995 30 Y 10 M 15 D (F)
Dr. BHAVANA K

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Ref. No. : F/HW/DC/STAT

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

STAT / ONCE ONLY DRUGS

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE	NURSES
19/6	2:30Am	INJ ONDENSETRON	4 MG	IV	[signature]	[signature]
20/6	8:50 Am	INJ ONDANSETRON	4 MG	IV	[signature]	Padma.

[signature]

Ref. No. : F/HW/DC/STAT/18

Rainbow Children's Hospital
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BirthRight by Rainbow

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

STAT / ONCE ONLY DRUGS

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE	NURSES

VIH-00204695 IP-00060407
Mrs KUMARI NEHA
04-08-1995 30 Y 10 M 15 D (F)
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DRUG CHART

Date of Admission: 19/6/26 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:				

VERIFIED BY : Name Sig

IH-00204695 IP-00060407
Mrs KUMARI NEHA
14-08-1995 30 Y 10 M 15 D (F)
Dr. BHAVANA K

I.V. FLUIDS CHART

Weight. 71.4kg Ward. LW

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
19/6/26	11:30 AM	RINGER LACTATE	IV	FF			19/6		
19/6/26	12 PM	RINGER LACTATE	IV	100ml/hr			19/6		
19/6	11.55 pm	RINGER LACTATE	IV	500ml/hr			19/6		
19/6	2:30 pm	RINGER LACTATE	IV	500ml/hr			19/6		
19/6	5:00 PM	RINGER LACTATE	IV	100ml/HR			19/6		

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

MH-00204695 IP-00060407
Mrs KUMARI NEHA
14-08-1995 30 Y 10 M 15 D (F)
Dr. BHAVANA K

Weight. 71.4kg Ward. ...L/W...

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.	

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
19/6/26	11:10 AM	INJ PARACETAMOL	1 Gm	IV		
19/6/26	11:40 AM	INJ-CEFOTAXIME (AFTER TEST DOSE)	1GM	IV		Chil 19/6
19/6/26	11:40 AM	INJ. PANTOPRAZOLE	40MG	IV		
19/6/26	11:50 AM	INJ. METOCLOPRAMIDE	10 MG	IV		
19/6	2:01 pm	INJ. CARPETOCIN	100mcg	IV		
19/6	2:51 pm	DICLOFENAC Supp	100mg	PR		
19/6	2:55 pm	TRAMADOL Supp.	100mg	PR		
19/6	2:42 pm	INJ. TRANEXEMIC ACID	1gm	IV		
19/6	2:55 pm	T. MISOPROSTOL	1000 MCG	PR		

VIH-00204695 IP-00060407
Mrs KUMARI NEHA
14-08-1995 30 Y 10 M 15 D (F)
Dr. BHAVANA K

REGULAR PRESCRIPTIONS

Weight: 71 kg Ward: LW

DRUG: T. THYROXINE				Date/Time	20/6	21/6
Dose	Route	Frequency	Start Date			
75 mcg	PO	ONCE DAILY	19/6			
Name & Signature of the Doctor Starting the Drugs: Dr. Greeshma				6 Am	[signature]	[signature]
Additional Instructions: ON EMPTY STOMACH						
Daily Doctor's Endorsement by a Sign						

Margin: Chitra 19/6/26 [signature]

DRUG: TAB. PARACETAMOL				Date/Time	19/6
Dose	Route	Frequency	Start Date	12 AM	✓
1gm	P/O	Q6H	19/6	6 AM	✓
Name & Signature of the Doctor Starting the Drugs: Dr. HIMA BINDU				12 PM	[signature]
Additional Instructions:				6 PM	
Daily Doctor's Endorsement by a Sign					

STOP Dr Ashwin 19/6/26

Margin: Chitra 19/6/26

DRUG: TAB. DICLOFENAC				Date/Time	19/6	20/6	21/6
Dose	Route	Frequency	Start Date	7 AM	✓	[signature]	[signature]
50mg	P/O	Q8H	19/6	3 Pm	✓	[signature]	
Name & Signature of the Doctor Starting the Drugs: Dr. HIMA BINDU				11 Pm	[signature]	[signature]	
Additional Instructions:							
Daily Doctor's Endorsement by a Sign							

Margin: Chitra 19/6/26 [signature]

DRUG: TAB. TRAMADOL				Date/Time	19/6	20/6
Dose	Route	Frequency	Start Date	6 AM	✓	X
100mg	P/O	Q6H	19/6	12 Pm	✓	
Name & Signature of the Doctor Starting the Drugs: Dr. HIMA BINDU				6 pm	[signature]	
Additional Instructions:						
Daily Doctor's Endorsement by a Sign						

STOP Dr Ashwin 19/6

Margin: Chitra 19/6/26 [signature]

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RESULT SHEET

Date						
Time						
Hb						
PCV						
RBC						
WBC						
N/L						
Platelets						
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						
HIV HBS HCV VDRL	N/R					
Blood Grouping						

Culture and Sensitivities : .....

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.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

VIH-00204695 IP-00060407
Mrs KUMARI NEHA
04-08-1995 30 Y 10 M 15 D (F)
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NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 19/6/26 Time: 3pm

Origin: Indian Height: 161 cm Weight: 71.4 kgs BMI: ☐ ~26 kg/m² ☐ ~28 kg/m² ☑ ~30 kg/m²

Food Allergies: Nill

Diagnosis: G3P1L1A1 with 37+3 weeks. previous LSCS with Hypothyroidism emergency for lower segment cesarean section with bilateral tubal ligation in latent labour.

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

Diet Advised:

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

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

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

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

Patient's / Attendant's
Signature: Kumari Neha
Name: Kumari Neha.
Date & Time: 20/6/26. 10AM.

Dietician's
Signature:
Name: Zohra
Date & Time: 19/6/26 3pm

DIETARY NOTES

Date	Time	Notes	Sign
20/6/20	9am	Soft diet	[signature]
21/6/20	9am	Normal diet	[signature]

IH-00204695 IP-00060407
Mrs KUMARI NEHA
14-08-1995 30 Y 10 M 15 D (F)
Dr. BHAVANA K

BRADEN 'Q' SCALE

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					Date : 19/6/24	19/6/24	19/6	20/6
					Time : 11am	3pm	11pm	7am
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	1	1
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	3	3	3
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	3	3
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	3	3
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	2	2	3
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	3	3	3
				TOTAL SCORE	28	24	19	20
				Evaluator's Name				

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

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

VIH-00204695 IP-00060407
Mrs KUMARI NEHA
04-08-1995 30 Y 10 M 15 D (F)
Dr. BHAVANA K

BRADEN 'Q' SCALE

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					Date : 20/6	20/6	21/6	
					Time : 8pm	11pm	7Am	
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	4	
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	
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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	~~23~~	28	28	
				Evaluator's Name				

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

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IH-00204695
Mrs KUMARI NEHA IP-00060407
14-08-1995 30 Y 10 M 15 D (F)
Dr. BHAVANA K

(1)

PAIN ASSESSMENT FORM

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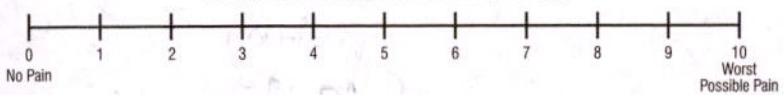
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
19/6/26	11 AM	02 Score	Abdom pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	~~Analgesic~~ given	
19/6/26	12pm	1 score	0 score	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	~~comfortable~~ Position	
19/6/26	5pm	2 Score	0 score	☐ Continuous ☐ ~~Intermittent~~	☐ ~~Acute~~ ☐ Chronic	☐ ~~Sharp~~ ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ ~~Yes~~ ☐ No	Comfortable Position	
19/6/26	8 pm	4 score	Abdom Mi pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Change Position	
19/6/26	9pm	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	—	
19/6	11pm	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	—	
20/6	1AM	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	—	
20/6	3AM	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	—	
20/6	5AM	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	—	
20/6	7AM	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	—	

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

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

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PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
20/6	9am	0	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	– –	
20/6	11am	0	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	– –	
20/6	12pm	0	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	– –	
20/6	2pm	0	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	– –	
20/6	7pm	0	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	– –	
21/6	3pm	0	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	– –	
21/6/26	7 Pm	0	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	– –	
21/6/26	11 Pm	0	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	– /	
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

Re-assessment Frequency:

1. Every eight hours for all hospitalized patients.
2. For post-surgical patients, patients with chronic pain, patient with severe pain:
   a) At least every 2 hours for the first 24 hours
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PAIN ASSESSMENT TOOLS

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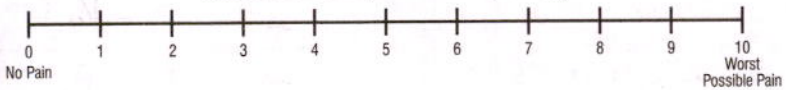

Wong - Baker (Pediatrics) Above 7 Years

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Activity	Laying quietly normal position, moves easily	Squirming shifting back and forth, tense	Arched, right, or Jerking
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(1)

CHECKLIST FOR THROMBOPHLEBITIS

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S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	19/6/26 DAY-1			DAY-2			20/6/26 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	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	1	1	1	1	1	1	1			
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2	1		1	1	1	1	1			
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	1	1	1	1	1	1	1			
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	1	1	1	1	1	1	1			
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	1	1	1	1	1	1	1			
			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 : Dhanalakshmi Name : Dhanalakshmi

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BUNDLE CARE CHECKLIST TO PREVENT SURGICAL SITE INFECTION (SSI)

Date: 19/6/26

To Be Filled In By Assigned Nurse:

Department: L&D Duration of Procedure : 1hr

Name of Surgeon: Dr. Bhavana Date of Admission : 19/6/26

Bundle Care Criteria: (Tick (√) if done)

		Staff Signature
1.	Antibiotic given prior to surgery? ☑ Yes ☐ No ☐ Single Dose Antibiotic Or ☑ Long Antibiotic Regime Antibiotic administered within 60 minutes prior to incision? ☑ Yes ☐ No Name of the Antibiotic: Inj. Cefotaxime	
2.	Hair Removal ☑ Yes ☐ No If Yes: ☐ Surgical Clipper Department where Hair Removed: ☑ Ward ☐ Operating Room ☐ Other: — Skin preparation done (cleanse surgical area with antiseptic agent)? ☑ Yes ☐ No	
3.	Patient's body temperature immediately post operation (Recovery Room) ____ °C ☐ Oral Or ☐ Axilla (Goal: 36-37°C)	
4.	Name of doctor or staff administering the antibiotic: Dr. Greeshma Date & Time of antibiotic administration: 19/6/26 12:20pm Date & Time procedure started: 19/6/26 @ 1:55pm	

- Ensure form is filled in completely by assigned staff whenever patient had surgery
- If any bundle care criteria has not been observed or unmet, assigned staff must inform infection control nurse for management
- All forms (Bundle care and when required SSI form) are completed properly
- Forms must always be kept in Infection Control folder in respective department

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Morse Fall risk Assessment tool for Adults

Parameter	Interpretation	Tick	Score
1.HISTORY OF FALLING (immediately or w/in 3 months)	Yes	X	25
	No	0	0
2. OLDER THAN 60	Yes	X	15
	No	0	0
3. SECONDARY DIAGNOSIS (more than one diagnosis)	Yes	15	15
	No	0	0
4.AMBULATORY AID	Furniture	X	30
	Crutches, Cane(S), Walker	X	15
	None/Bed Rest/Nurse Assist	0	0
5. IV / HEPARIN LOCK OR SALINE	Yes	X	20
	No	0	0
6.GAIT / TRANSFERRING	Impaired	X	20
	Weak (uses touch for balance)	X	10
	Normal/On Bed Rest/Immobile	0	0
7.MENTAL STATUS	Impaired Vision/ Hearing	X	20
	Forgets limitations / Dizziness	X	15
	Oriented to own ability	0	0
8.MEDICATION USE	Anti-hypertensives/ diuretics/ antianxiety/within 2 hours post anesthesia/ sedation	X	25
	None	0	0
Total Score		15	
Signature of the Nurse		[signature]	
Action Plan	Good Basic Nursing care		

Risk Level	MFS Score	Action
No Risk	0 - 24	Good Basic Nursing Care
Low Risk	25 - 50	Implement Standard Fall
High Risk	≥ 51	Implement High Risk Fall

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RISK ASSESSMENT TOOL FOR DEEP VEIN THROMBOSIS

(Postnatal assessment and management (to be assessed on delivery suite)

C Pre-existing risk factors	Tick	Score
Previous VTE (except a single event related to major surgery)	—	4
Previous VTE provoked by major surgery	—	3
Known high-risk thrombophilia	—	3
Medical comorbidities e.g. cancer, heart failure; active systemic lupus erythematosus, inflammatory polyarthropathy or inflammatory bowel disease; nephrotic syndrome; type I diabetes mellitus with nephropathy; sickle cell disease; current intravenous drug user	—	3
Family history of unprovoked or estrogen-related VTE in first-degree relative	—	1
Known high-risk thrombophilia (no VTE)	—	1
Age (? 35 years)	—	1
Obesity	—	1 or 2
Parity ≥3	—	1
Smoker	—	1
Gross varicose veins	—	1
Obesity risk factors		
Pre-eclampsia in current pregnancy	—	1
ART/IVF (antenatal only)	—	1
Multiple pregnancy	—	1
Caesarean section in labour	2	2
Elective caesarean section	—	1
Mid-cavity or rotational operative delivery	—	1
Prolonged labour (24 hours)	—	1
PPH (1 litre or transfusion)	—	1
Pretem birth ? 37+0 weeks in current pregnancy	—	1
Stillbirth in current pregnancy	—	1
Transient risk factors		
Any surgical procedure in pregnancy or puerperium except immediate repair of the perineum, e.g. appendectomy, postprtum sterilization	—	3
Hyperemesis	—	3
OHSS (first trimester only)	—	4
Current systemic infection	—	1
Immobility, dehydration	—	1
Total	—	
Signature of the Nurse	2	

19/6/26

Dr. Ashini

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RISK ASSESSMENT TOOL FOR DEEP VEIN THROMBOSIS

(Postnatal assessment and management (to be assessed on delivery suite)

Action Plan	early ambulation

Risk assessment for venous thromboembolism (VTE)

- ✓ If total score ≥ 4 antenatally, consider thromboprophylaxis from the first trimester.
- ✓ If total score 3 antenatally, consider thromboprophylaxis from 28weeks.
- ✓ If total score ≥ 2 postnatally, consider thromboprophylaxis for at least 10 days.
- ✓ If admitted to hospital antenatally consider thromboprophylaxis.
- ✓ If prolonged admission (≥ 3 days) or readmission to hospital within the puerperium consider thromboprophylaxis.

For patient with an identified bleeding risk, the balance of risks of bleeding and thrombosis should be discussed in consultation with a haematologist with expertise in thrombosis and bleeding in pregnancy.

DECLARATION FORM

Name of the Hospital: Rainbow Date of Admission.....

Address: Kondli

PATIENT NAME/INSURED NAME (BLOCK LETTERS):..... AGE/SEX .....

(To be filled by the Insured/policy holder/Attendant)

1. *Do you have an Insurance policy?* *YES/NO*

If yes, then please mention the insurance name :

Policy No ECIL (Electronic Corporation of India)
TPA Name ECIL C
TPA card No: _____

2. Have you contacted TPA or Insurance Company for cashless facility? *YES/NO*

3) Whether patient opted for Eligible Room Category under Policy: *YES/NO*

If No, then kindly mention the opted room category:**.....**

On my own option, I wish to avail above facility and I hereby agree to pay on my free will, after being explained in detail by the Hospital authority in my own and understandable language about the above mentioned Facility/Procedure/Treatment and associated cost of it, which is over and above the agreedtariff for the treatment. Further, if I opt to go for final bill reimbursement with insurance company, respective insurance company will reimburse only as per agreed tariff for the treatment and balance amount will be borne by me / patient only.

I have also been explained that when room service of a category other than eligible room rent is availedby the patient, not only the difference in room rent but also an equal proportion of all other charges associated with the treatment shall be borne by me/ patient only

Signature: Babloo Kumar Signature:.....

Name of the Patient/Patient's attendant: Name of the Hospital Representative &Hospital Seal:

Mobile No. 8977853164

E –Mail..... babloo.vinayash@gmail.com

PAN / Form 60: .....

Aadhar Card Number.....

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ADMISSION INTIMATION

Date: 19/6/26

Name of the Patient: MRS. Neha kumari

UHID No: VIN - 204695 Gender: ☐ Male ☑ Female

tting Doctor: Dr. Bhavana K Department: OBGY

Referred by Doctor:

Admit in : ☐ NICU ☐ PICU ☐ Ward ☐ OT
☐ Oncology ☐ Day Care ☑ Birthing Centre

Admission Type : ☐ OPD ☐ Emergency ☐ Referral
☐ Transport ☐ New Born ☑ Labour Ward

Category : ☐ Medical ☐ Surgical ☐ Ventilation
☐ Phototherapy ☐ Cradle

Plan of Treatment : G3P1L1A1 with 37+3 wk with prev. LSCS - in latent labour for emergency LSCS + BIL tubectomy

Duration of Hospitalization :

r Signature : H Dr. Ashwini

Type of Payment : ECHL / OWG / post pkg

Package Opted: Room Eligibility:

Name & Relationship: Admitting Executive

Signature: Signature:

Date & Time: Date & Time:

Docu. No. : RCH /FRM / GENERAL / 146

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BILLING POLICY

- Billing Cycle: - Bed charges will be calculated based on 12PM to 12PM checkout. Settlement post 12PM, room rent will be charged for half day extra & post 6PM, it will be charged for full day. Less than 24 hours stay will be considered as one day.
- Room Rent inclusive of Bed, Nursing, Consultation Charges and all other charges, like Diet, Investigations, IP or OP Procedures, Equipment, Cross Consultations, Blood/ Blood Products, Implants, Ward Consumables, Infection Preventive Measure Charges, Pharmacy and Consumables will be charged extra.
- 5% GST Charges applicable on more than INR 5,000/- Bed Charges which was effective from 18.07.2022 as per the GST Council.
- As per the G.O.I. guidelines, we can collect Rs 1,99,999/- only in cash mode, balance patient can pay through Credit Card / Debit Card / NEFT / RTGS / Demand Draft and Online Payment.
- In the event of TPA/ Cashless denial or approval not received due to any reason then hospital tariff will be applicable and any discount or special rates given to TPA's / Corporate won't be applicable.
- If the Surgery / Procedures performed in emergency hours (8PM-6AM), Public Holiday and on Sunday will be charged 30% extra.
- Asst. Surgeon and Anesthetist Charges will be charged 30% on the Surgeon Charges.
- Admission will be done according to the ward category chosen by the patient; charges will be applicable as per the ward category. All charges vary as per Room category, except Pharmacy and consumables.
- Patient / Guardian Self Attested Government ID proof is mandatory to submit at the admission.
- TPA/Insurance Processing Fee applicable for all Insurance Cases.
- In our hospital there is "No Discounts Policy". Kindly co-operate.
- No Duplicate / Second copy of OP or IP bill will be issued.
- In case the patient is shifted from lower category to higher category, all the charges like consultant visits, investigations, operations and procedures etc. from the date of admission will be charged according to the higher category.
- If the patient is shifted to the ICU, the attendant should vacate the room. If the attender occupies the room, it will be charged as per dual occupancy.
- Room eligibility is purely subject to TPA approval. Proportionate difference of the bill amount is applicable in case the patient opts for higher category higher than the TPA approved, which has to paid by the patient and may not be reimbursed by the TPA / Insurance Company at later stage.
- For Non – Medicals, Disposables, Consumables, Infusion Pump, Taxes, Implants, HIV/ HbsAg, Medical Records, Insurance Processing Fee, Double Occupancy and Registration Charges, Etc., credit cannot be extended. These items are not payable to us as per insurance company norms (Depends on the TPA/Insurance Co. T&C).
- It takes time for cash discharge is a minimum 3-4hrs. and in the case of insurance, it will take a minimum 6-7hrs.
- Difference, if any between the final bill amount and amount permitted / approved by the TPA or total bill amount in case of denial from TPA, has to be paid by the patient.
- Two attendants are permitted with patients in Deluxe, Private Rooms and only one is permitted in the rest of the categories of rooms. No attendant is permitted in ICU's.
- All the refunds more than Rs.5,000/- will be refunded through NEFT within 7 Bank working days.
- Patient attendant can collect for Interim/provisional bill of the patient from the billing section on daily basis. Interim Bill shall be based on the acknowledged services in HIS. Final Bill of the patient may vary from the Interim bill based on actual update taken on the day of discharge. It is requested that patients/attendants enquire daily about the bill amount from billing section and pay the outstanding as on that day. You are requested to clear your outstanding amount on daily basis before 12 PM. **Patient bill outstanding should not be increase more than 10,000/-**

DECLARATION

I have attended the Financial Counselling desk & understood the expected costs & other conditions applicable. In this case, the TPA/Insurance Company rejects the claim for whatsoever reasons at any point of time after discharge. I promise to settle the claim with the hospital as per Hospital Cash Tariff.

Patient Name : Kumari Neha	UHID Number :
Self/Attendant Name : Babloo Kumar	Relation : Spouse (Husband)
Self / Attendant Signature : Babloo Kumar Phone Number :	Name & Signature of Financial Counselor

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Date & Time:_____

ATTENDANT INFORMATION SHEET

I, Mr/Mrs_____ s/o_____hereby state that my child/Wife_____ UHID No: _____ has been admitted in _____. I understand that hospital is taking utmost precautions by standards set by Ministry of health, India.

The Treating Team has requested us to follow the following instructions.

We are requested to follow below instructions strictly.

1. **Always wear MASK**
2. **Follow strict hand hygiene with Alcohol hand rub frequently**
3. **Avoid any movement in the hospital (Once admitted will move out only after discharge).**
4. **Only one attendant is allowed per patient and no visitors are allowed in the hospital.**

Babloo Kumar

Name & signature of Legal Guardian and relationship with patient: Husband

_____

Name and signature of Executive taking the consent

_____

Name and signature of Witness:

ANTENATAL RECORD

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Antenatal No: 10704 | V | 26

Reg. No: VIH - 00204695

Consultant: Dr. Bhavana. K

PERSONAL DETAILS

Name: Neha Kumari Age: 30 Date of Birth 04-08-95 Education: B.Tech

Occupation: House wife Phone No: 8977853164 Mobile:

Husband's Name: Babloo kumar Age 37 Education: Occupation: Govt. Employee

Address: Rock Height 504, Moula Ali 500040

Mobile: 7989045841 E-mail Id: babloo.vinyash@gmail.com

IMPORTANT FEATURES	SUGGESTED MANAGEMENT
G3P1+4A1 - Hypothyroidism (25) - Previous LSCS ↑ TSH. Anti-TPO – NR	Corrected EDD 7/7/26 Wants LSCS + Tubec. No VBAC, 22/6.

HISTORY

Year of Marriage: 8Y

Menstrual History : Previous Periods: Regular

Consanguinity: NCM

Contraception:

LMP EDD Corrected EDD: 23/6 9-10 AM Booked

OBSTETRIC FORMULA:

Gravida Para Live Abortions

OBSTETRIC HISTORY

SL. NO.	DATE OF DELIVERY	GA WEEKS	ANTENATAL DETAILS	MODE OF DELIVERY	BABY	WT	REMARKS
I	-m | 6/24 | 2.5kg		FT LSCS | Ankura | PPROM = foetal distress | Hypothyroid | A&W | BF x 3m	16/6 – 37wk.			Hindi
II	– 7 wks MTP | MERPC						
III	– PP, ep. conception – Booked at 31 wks						

Medical History : Hypothyroid

Surgical History : LSCS

Family History: Father - HTN, Mother - Hypothyroid

Allergies: Nil

ANTENATAL ADMISSION

DOA	DOD	GA Weeks	Complaint	Management	Advice

BRIEF DELIVERY NOTES

Gestational age _____ Date & time of delivery: _____

Type of labour: Spontaneous

Induction: Indication _____

Method - PGE1 ☐ PGE2 ☐

Mode of delivery: SVD ☐ AVD ☐ Vacuum ☐ Forceps ☐

Indication: _____

Caesarean section: Emergency ☐ Elective ☐

Indication: _____

SALIENT FEATURES:

Baby details: Girl ☐ Boy ☐ Wt: _____ Apgar score: _____

Postpartum Period: _____

_____

_____

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Ref. No. F/INPR/12

Patient Name : VIH-00204695 IP-00060407
Mrs KUMARI NEHA
04-08-1995 30 Y 10 M 16 D (F)
Dr. BHAVANA K

Registration No.

MEDICATION.

~~NEBULISATION~~ CHART

Date	Time	Drug	Nurse	Parents SIgnature
	00.00	12 AM		
	1.00	T. paracetamol → 1gm → PO → (QID)		
	2.00	6AM		
	3.00	T. paracetamol → 1gm → PO → (QID).		
	4.00	T. pantoprazole → 40mg → PO → (OD).		
	5.00	T. Thyroxine → 75mcg → PO → (OD).		
	6.00	7AM.		
	7.00	T. Diclofenac → 50mg → PO → (TID)		
	8.00	11AM		
	9.00	T. cefixime → 200mg → PO → (BD)		
	10.00	12PM		
	11.00	T. paracetamol → 1gm → PO → (QID)		
	12.00	3PM.		Bablee Kumari
	13.00	T. Diclofenac → 50mg → PO → (TID)		
	14.00	6PM		
	15.00	T. paracetamol → 1gm → PO → (QID)		
	16.00	11PM		
	17.00	T. cefixime → 200mg → PO → (BD)		
	18.00	T. Diclofenac → 50mg → PO → (TID).		
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			

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Patient Name : VIH-00204695 IP-00060407
Mrs KUMARI NEHA
04-08-1995 30 Y 10 M 15 D (F)
Dr. BHAVANA K

Registration No.:

MEDICATION

~~NEBULISATION~~ CHART

Date	Time	Drug	Nurse	Parents Signature
2026	00.00	12AM		
20/6/26	1.00	T. paracetamol – 1gm – PO – (QID)		
	2.00	6AM		
	3.00	T. Thyroxine – 75mg – PO – (OD)		Kumari Neha
	4.00	T. Tramadol – 100mg – PO – (TID)		
	5.00	T. pantoprazole – 40mg – PO – (OD)	[illegible]	
	6.00	7AM		
	7.00	T. Diclofenac – 50mg – PO – T(ID)		
	8.00	11AM		
	9.00	Inj cefotaxime – 1gm – IV – (BD)		
	10.00	12PM		
	11.00	T. paracetamol – 1gm – PO – (QID)		
	12.00	2PM		
	13.00	T. Tramadol – 100mg – PO – T(ID)	[illegible]	Babloo Kumar
	14.00	3PM		
	15.00	T. Diclofenac – 50mg – PO – T(ID)		
	16.00	6PM		
	17.00	T. paracetamol – 1gm – PO – Q(ID)		
	18.00	10PM		
	19.00	T. Tramadol – 100mg – PO – T(ID)		
	20.00	11PM		
	21.00	Inj cefotaxime – 1gm – IV – (BD)		
	22.00	T. Diclofenac – 50mg – PO – (TID)		
	23.00			

Name: _____ Corrected EDD: _____ Parity _____

SYSTEMIC EXAMINATION

Height _____ CVS _____

Weight: _____ Respiratory System: _____

BMI: _____ Breasts: _____ Thyroid: _____

ANTENATAL VISITS

Date	Wt	BP	GA	S-F Ht	PresentingPart	FHS	Liquor	Edema	Review Date

Special Concerns Insurance Panel Hospital. Dull.

INVESTIGATIONS

MATERNAL EVALUATION

Blood group & Rh: Wife B POSITIVE Husband ICT 4.667 (5/5)

VDRL NR HIV NR HbSAg NR TSH 3.8 (23/11) GCT 70/145/130 (7/5)

ROUTINE INVESTIGATIONS HCW-NR

Date	GA Weeks	Investigations	Report
23/11	25	HPLC - (N) HbA1C - 4.8 CUE - UTI CBP - 11.1 / 8800 / 1.5 Creat - 0.7	
7/5/26		- urine c/s No growth Anti TBO Neg. Anti thyroglobulin <1.3 Neg.	

SPECIFIC INVESTIGATIONS

Date	GA Weeks	Investigations	Report
7/5/26		CBP - 11 / 91000	1.5L

Tetanus Toxoid: 1st dose _____ 2nd dose Tdap ✓

FETAL EVALUATION

ULTRASONOGRAPHY

Out First Trimester	27/12/25 12w4d NT = 1.0mm									
Out TIFFA	19/2/26 20w2d No anomalies									
Growth scan	Date	GA Weeks	Indication	PP	Wt.	Centile	Growth Velocity	AFI	Placenta	Remarks
	8/5/26	31+3	G	C	1768	39%	AC-30%	13.7 cm	P, H	Dopp (N).
	17/6	37	G	C	16					
Others										

Were any Prenatal diagnostics done - Yes ☐ No ☐ If yes please specify the details below:

DATE	GA/Weeks	TYPE OF TEST	INDICATION	REPORT
				FTS - Low risk Foetal echo - (N)