GUC-00087739 IP18-00036378
Mrs LAXMIPRIYA RAVI RAJ
01-01-1996 30 Y 6 M 8 D (F)
Dr. MATHANGI RAJAGOPALAN

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

SURGERY DETAILS

Date : 09/07/2026.

Patient Name: Mrs. Laxmipriya Date of Birth: 01/01/1996 Age: 30 yrs

Gender: Female Ward : OT UHID No.: 87739136378

Date of Surgery: 09/07/2026 ☑ OT -1 ☐ OT -2 ☐ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : Emergency LSCS

Time In : 10.40 am. Time Out : 11.50 am.

	NAME	AMOUNT
1. Surgeon	: Dr. Mathangi	
2. Anaesthetist	: Dr. Satnish	
3. Assistant Surgeon	: Dr. vanitha / Dr. Dhivya	
4. OT Technician	: Mr. Sudharsan	
5. Circulating Nurse	: Pradeepsuvoeraufem	
6. Assistant Nurse	: Ral Gunadevi	

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

Signature of the Surgeon

Signature of Circulating Nurse

Record finalase done by Owd

Order No: .... Order by: ....

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

Patient Sticker

Emergency LSCS

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

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CONSUMABLES OF OT

Circulating staff : Ms. Pradeepa Technician : Mr. Sudhakaran Date : 9/07/26 Time :

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube			~~Major~~ Pack LSCS		01 ✓	Inj Vit.K		1 ✓
LMA			Sutures 2347.		02 ✓	Cord Clamp		1 ✓
ECG leads : A / P / N		3 ✓	1326.		01 ✓	Suction Catheter		
HME filter : A / P / N						Feeding Tube 6 Fr		1 ✓
Syringes : ~~10~~ cc		4 ✓				Vaccum Suction Set		
~~05~~ cc		3 ✓	Gloves 7size (PF)		1 ✓	Surgical Gloves PF 6½		01
~~02~~ cc		3 ✓	6½ PF Gloves		05 ✓	Gauze Pack		01
01 cc			6½ 7 S.Care		1 1 ✓	Syringe 1ml / 2ml		01
Cautery plate (A) P / N		1 ✓	Surgical blade 22		01 ✓	Surgical Blade # 20		
~~IV~~ set		1 ✓	NG tube			~~Koochies (S)~~ Proto gown	2	01 ✓
BL		4 ✓	Cautery pencil		01 ✓			
NS : 10ml / 100ml / ~~500ml~~ / 1000ml		01 ✓	~~Koochies~~ 6 PF Gloves		01 ✓	Anavin heavy		2
			Ointments			Bupsigesic		1
			Suction Catheter			Asapin		1
Fentanyl			Cap, Mask		✓ ✓	Blokamin		2
Morphine			Gauze Pack IRIO		1/02	Caboprost		1
Ketamine			Mop Pack		02 ✓	Spinal needle 25G 90mm		1 ✓
Propofol			Steristrip					
Rocuronium			Underpad		01 ✓	5ml Emerald		1
Glycopyrolate			Draw sheet			Oxyenmask (A)		1 ✓
Myopyrolate			Abgel			D.Water		4 ✓
Ondansetron		1 ✓	Foleys catheter			OXITOCIN		5 ✓
Pencan 25g/ Spinal Needle 22			Urobag					
Bupivacaine 0.25%			Chest Drainage Catheter					
Bupivacaine 0.25%(Heavy)			Romodrain bag					
Antibiotics			Bandage					
			Tegaderm 8591		01 ✓			
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg			Vacuum Suction set		1 ✓			
Justin : 12.5 mg / 25mg / 100mg ✓		01 ✓	~~Plastic Bed Sheet~~ apron		03 ✓			
Tab. Misoprost : ~~200mg~~ 600mcg		01	~~Betadine~~ Solution		02 ✓			
OT table sheet		01 ✓	Microshield					
			Cotton Balls					
			Latex Gloves		10 ✓			
			Ramdione Scrub					
			Saral					

Surgeon Anaesthesiologist Nurse OT Technician

Order No. : Ordered by :

RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital - Guindy

Door No.157 to 160, Anna Salai, Guindy, Guindy Chennai Tamil Nadu INDIA 600015
Tel No : 044-40122444

VAT TIN : 33AABCR4014M1ZK **CIN :** L85110TG1998PLC029914

DL NO :

Registered Office: 8-2-120/103/1,Survey No.403,Road No.2,Banjara Hills, Hyderabad 500034, Telangana.

INPATIENT ISSUES AGAINST ORDERS

IP No	IP18-00036391	**Ward**	6F-PRIVATE
Patient Name	Baby B/O LAXMIPRIYA RAVI RAJ	**Bed Name**	CRDL-PVT603-1
Age/Sex	0 Y 0 M 0 D 2 H / Male	**Order No**	18-0001724481
Date	09/07/2026 13:05	**Prescription No**	PRIP18-0626046
Payor	SELFPAY	**Dispensed Date**	09/07/2026 13:06
UHID	GUC-00093636		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	Encore Microptic gloves-6.5		H	260501801T	05/29	1	128.00	128.00
2	GAUZE 7.5X7.5 12 PLY (5 NOS) NON XRAY	Bapuji Surgicals	GENERAL	M2641119	04/30	1	100.00	100.00
3	KLICK CLAMP	ROMSONS		G26D040017	03/31	1	42.00	42.00
4	PROTO GOWN (ADULT)	Diamond Medicare	GENERAL	1010626	05/29	1	250.00	250.00
						Total :	**520.00**	**520.00**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital - Guindy

Door No.157 to 160, Anna Salai, Guindy, Guindy Chennai Tamil Nadu INDIA 600015
Tel No : 044-40122444

VAT TIN : 33AABCR4014M1ZK **CIN :** L85110TG1998PLC029914

DL NO :

Registered Office: 8-2-120/103/1,Survey No.403,Road No.2,Banjara Hills, Hyderabad 500034, Telangana.

INPATIENT ISSUES AGAINST ORDERS

IP No	IP18-00036378	**Ward**	8F-OT COMPLEX
Patient Name	Mrs LAXMIPRIYA RAVI RAJ	**Bed Name**	MICU 803
Age/Sex	30 Y 6 M 8 D / Female	**Order No**	18-0001724457
Date	09/07/2026 12:48	**Prescription No**	PRIP18-0626045
Payor	MEDI ASSIST INSURANCE TPA PVT LTD	**Dispensed Date**	09/07/2026 13:05
UHID	GUC-00087739		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	ANAWIN HEAVY 5 MG INJ 4 ML	Neon Laboratories Ltd	H	KP1713925	12/27	1	31.47	31.47
2	BIOXAMIC 500 MG INJ	Biocare Pharmaceuticals	H	C3BIO004	01/28	2	73.23	146.46
3	BUPRIGESIC INJ AMP 0.3 MG 1 ML	Neon Laboratories Ltd	H	45121	01/29	1	31.10	31.10
4	CABOPROST INJ AMP 250 MCG 1 ML	Neon Laboratories Ltd	H	097133	08/27	1	318.50	318.50
5	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	26C30K60	02/31	4	28.13	112.52
6	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26C03K96	02/31	3	21.56	64.68
7	DSYRINGE EMERALD 5ML BP (BD)	BECTON DICKINSON (BD)		5322615	10/30	1	12.00	12.00
8	DSYRINGS 2.5ML(NIPRO)	NIPRO	GENERAL	26B12K44	01/31	3	11.25	33.75
9	D WATER 10 ML AMPULE	Aculife Health Care Pvt.Ltd(Nirlif	H	2254216	10/28	4	2.58	10.32
10	E.C.G ELECTRODES (ADULT)	JMS	GENERAL	12226S08G	03/28	3	32.34	97.02
11	EVATOCIN (OXYTOCIN) INJ 5 IU 1 ML	Neon Laboratories Ltd	H	091690	02/28	5	18.90	94.50
12	INTRAFLOW (AUTO STOP) ROMSONS	ROMSONS		K26B010515	01/31	1	525.00	525.00
13	ONDOKIND INJ 4 MG 2 ML	SWISS CRITICURE		BA26025	01/28	1	12.72	12.72
14	OxygenMask With Tubing - Adult ROMSONS-FC		GENERAL	G26B040107	01/31	1	336.00	336.00
15	PREGELLED SURGICAL PLATES(ADULT)	Erbee	GENERAL	2510302409	10/27	1	1,275.00	1,275.00
16	RL 500 ML CLOSED SYSTEM	Fresenius Kabi India Pvt Ltd		1D262104	03/29	4	69.84	279.36
17	SPINAL NEEDLE 25G 90MM WHITACARE	BECTON DICKINSON (BD)		2512026	11/30	1	448.50	448.50
18	TROPINE INJ AMP0.6MG1ML	NEON LABORATORIES LTD	H	SM038138	11/27	1	7.30	7.30
						Total :	**3,255.42**	**3,836.20**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

Printed Time : 09-07-2026 13:05

RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital - Guindy

Door No.157 to 160, Anna Salai, Guindy, Guindy Chennai Tamil Nadu INDIA 600015
Tel No : 044-40122444

VAT TIN : 33AABCR4014M1ZK **CIN :** L85110TG1998PLC029914

DL NO :

Registered Office: 8-2-120/103/1,Survey No.403,Road No.2,Banjara Hills, Hyderabad 500034, Telangana.

INPATIENT ISSUES AGAINST ORDERS

IP No	IP18-00036391	**Ward**	6F-PRIVATE
Patient Name	Baby B/O LAXMIPRIYA RAVI RAJ	**Bed Name**	CRDL-PVT603-1
Age/Sex	0 Y 0 M 0 D 2 H / Male	**Order No**	18-0001724482
Date	09/07/2026 13:05	**Prescription No**	PRIP18-0626044
Payor	SELFPAY	**Dispensed Date**	09/07/2026 13:05
UHID	GUC-00093636		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	DSYRINGE 1ML (BD)	BECTON DICKINSON (BD)	GENERAL	6043348	01/31	1	24.00	24.00
2	INFANT FEEDING TUBE-6	ROMSONS	GENERAL	G26D010693	03/31	1	63.00	63.00
3	Menadione Sod Bisul 1 ml	HINDUSTAN LABS		0075	12/27	1	28.92	28.92
						Total :	**115.92**	**115.92**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

Rainbow® Children's Hospital

BirthRight BY RAINBOW HOSPITALS Your Right to a Safe Delivery

PATIENT DISCHARGE INTIMATION FROM NURSING STATION

CLEARANCE FOR DRUGS AND DISPOSABLES BILLING

GUC:-00087739 IP18-00036378
Mrs LAXMIPRIYA RAVI RAJ (F)
01-01-1996 30 Y 6 M 10 D
Dr. MATHANGI RAJAGOPALAN

Name of the Patient: ..... Gender: .....

Date: 11/7/26 .....

UHID No: .....

Room No: 603 .....

Ward: 6th Floor .....

Certified that in respect of the above patient:

- ☐ a. There are no drugs for return
- ☐ b. Emergency cupboard issues have been replenished
- ☐ c. No pending indents are there against above patient
- ☐ d. Checked the bed side cupboard of the bed
- ☐ e. Checked by the patient's Mother / Father in the room

Patient Authorised Sign

Date: .....

Time: .....

Nurse Sign

Date: 11/7/26

Time: 6.0m

Pharmacy Sign

Date: .....

Time: .....

Docu. No. : RCH /FRM / GENERAL / 117

Rainbow Children's Hospital

DISCHARGE TRACKING SHEET

GUC-00087739 IP18-00036378
Mrs LAXMIPRIYA RAVI RAJ
01-01-1996 30 Y 6 M 10 D (F)
Dr. MATHANGI RAJAGOPALAN

UHID- FLOOR- NAME OF CONSULTANT-

ACTIVITY	INTIME	OUT TIME	NAME & SIGNATURE	REMARKS	<To be filled by Admin>		
Activity Sheet update by Nursing	11-7-26 @ 6Am						
Activity Sheet update by Pharmacy							

GUC-00087739 IP18-00036378
Mrs LAXMIPRIYA RAVI RAJ (F)
01-01-1996 30 Y 6 M 7 D
Dr. MATHANGI RAJAGOPALAN

Rainbow Children's Hospital

BirthRight BY RAINBOW HOSPITALS Your Right to a Safe Delivery

ACTIVITY RECORD FOR BILLING

Name: Mrs. LAXMIPRIYA RAVI RAJ

UHID No: 87739 IP No: 36378 Consultant: Dr. Mathangi Dept: LDR

Date of Admission: 9/7/20 Time: Date of Discharge: Time:

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
8/7/20	3.40pm	LDR	603	[illegible]
8/7/20	9.20 pm	603	LDR	[illegible]
9/7/20	11.50 am	OT	MICU	[illegible]
9/7/20	10:30Am	LDR	OT	[illegible]
9/7/20	5:20pm	MICU	603	[illegible]

CROSS CONSULTATION VISIT

	Doctor Name	Date	Order No.	Signature
1.	PAC	09/07/20	1724605	[illegible]
2.	Dr. Rekha sudharsha (Lactation)	10/7/20	TO be raise	[illegible]
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
10/7/26	UBC	26022094	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
8/7	CTG - (1)			009186	
	CTG - (2)			009186	
	CTG - (3)			009193	
9/7	CTG - (4)			009194	
	CTG - (5)			009194	
	CTG - (6)			009194	
	CTG - (7)			009194	
9/7/26	Infusion pump	8am	9/7/26 10pm.	1724384	
	CTG - (8)			009198	
	CTG - (9)			009198	
	CTG - (10)			009198	

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
9/7/26	IV placement	1	1724037	[signature]
9/7/26	catheterisation	1	1724604	[signature]
~~10/7/26~~	~~Diet counseling~~	1		[signature]
10/7/26	Physio therapy	1	1725295	[signature]
10/7/26	Diet Counselling	1	1725994	AM (1018336)

ANY OTHER INFORMATION:

Patient Name: Mrs. Laxmi priya
Surgeon Name: Dr. Mathanesi
Anaesthetic Name: Dr. Sathish
Procedure: Emergency LSCS
In 10-40 am
out.

[signature]

Date: 11/7/26 Time: 6Am Prepared By: Praveena

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
[signature]			

Rainbow Children's Hospital | BirthRight

DISCHARGE TRACKING SHEET

GUC-00087739 IP18-00036378
Mrs LAXMIPRIYA RAVI RAJ
01-01-1996 30 Y 6 M 8 D (F)
Dr. MATHANGI RAJAGOPALAN

UHID- FLOOR- NAME OF CONSULTANT-

ACTIVITY	TIME		NAME & SIGNATURE	REMARKS	<To be filled by Admin>
Discharge Announcement	11/7/26 @ 9am				
	INTIME	OUT TIME			
Arrangement of File by Nursing					
Preparation of Discharge Summary					
Finalization of discharge summary					
Transfer of file from Ward to Billing Dept					
Bill Processing					
Audit Clearance					
Billing Clearance					
Physical Clearance					

GUC-00087739 IP18-00036378
Mrs LAXMIPRIYA RAVI RAJ
01-01-1996 30 Y 6 M 8 D (F)
Dr. MATHANGI RAJAGOPALAN

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Your Right to a Safe Delivery

CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: Dr. MATHANGI	Date of Delivery: 09.07.2026.
Assistant Surgeon: Dr. VINITHA / Dr. DIVYALAKSHMI	Time of Delivery: 10:56 AM
Anaesthetist's Name: Dr. SATHISH.	Gender of Baby: BOY
Type of Anaesthesia: ↓ SPINAL	Weight of Baby: 3.050 kg
Neonatologist: Dr. GAYATHRI	AGPAR Score: 8/10, 9/10
Scrub Nurse: S/N: GUNA	NICU Admission: ☐ Yes ☐ No

Pre-Operative Diagnosis: PRIMI / RH NEGATIVE / 38+2 WEEKS / GDM on MNT

☐ Elective ☑ Emergency Indication: GRADE I MSL / MATERNAL REQUEST

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: 3 minutes

CTG Description: Reassuring

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

Surgical Procedure: EMERGENCY LOWER SEGMENT CESAREAN SECTION.

Post Operative Diagnosis:

P1L1 / EM. LSCS / POD-0 / GDM MNT / RH NEG.

Peri-Operative Complications:

NIL

Amount of Blood Loss: ~350ml Blood Transfused (in ML): —

Name and Number of Surgical Specimen sent for examination:

Nil

Grade I meconeum stained liquor (old meconeum) noted. Membranes also stained with meconeum.

Examination Findings when Appropriate:

Presentation: ☑ Cephalic ☐ Breech ☐ Other ....

Cervical Dilatation: 2-3 cm. cm

5th Palpable: Cephalic - 3/5

Fetal Position: longitudinal

Station: ☑ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2

Moulding: ☑ None ☐ + ☐ ++ ☐ +++

Caput: ☐ + ☐ ++ ☐ +++

Meconium: ☑ None ☐ + ☐ ++ ☐ +++

Bladder Catheterized: ☐ Yes ☑ No

Urine: ☑ Clear ☐ Blood Stained

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

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

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

Incision Through Placenta: ☐ Yes ☑ No

Delivery of head: ☐ Manual ☐ Forceps — GRADE-I MSL

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

Appearance of placenta: Normal — Cavity explored ☑ Yes ☐ No

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

---

Uterine Closure: ☐ One Layer ☑ Two Layers — 1-vicryl Suture

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

Sheath Closure: 1-vicryl Suture

Fat Closure: ☐ Yes ☐ No .... Suture

Skin Closure: ☑ Subcuticular ☐ Mattress — 3-0 monocryl Suture

Vagineal Evacuated ☑ Yes ☐ No

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

Ctheter ☑ Yes ☐ No ☐ Remove in at 10pm 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:

1. NPO x 2 hours.
2. IVF @ 125ml/hr.
3. Inj. SUPACEF 1.5gm IV TDS x 3 doses
4. Inj. CLEXANE 40mg SC OD @ 10pm.
5. Cap. PAN-D 40mg PO BD.
6. Tab. PARACETAMOL 1gm PO QID.
7. JUSTIN SUPPOSITORY 100mg PR BD.
8. CBD removal at 10pm. I/O charting
9. CBC c/m 6am.

Doctor Name: Dr. Matthangi

Doctor Signature: for [signature] 16028

Date & Time: 09/07/2025

Mrs LAXMIPRIYA
01-01-1996

PRE - OPERATIVE CHECK LIST

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 09/7/26

Patient's Name : Mrs. Laxmipriya Age : 30y Gender : ☐ M ☑ F

Blood Group : "O" negative UHID : 87739

Planned Surgery : Emergency LSCS. Surgeon : Dr. Mathangi

Anesthetist : Dr. Mohan Date & Time of Operation : 09/7/26

Tick Appropriate Boxes

To be filled by Nurse Incharge / Senior Nurse :

S.No	INSTRUCTIONS	YES	NO	NA
1.	Weight checked and recorded?	☑	☐	☐
2.	Is the patient fasting for over 6 hours Pre-Operatively?	☐	☑	☐
3.	Check Pre-OP Investigations & Results (CBP, Blood Group, BT, CT, PT / APTT, Viral Screening, CXR etc) available before starting the procedure	☑	☐	☐
4.	Enema given / Bowel Preparation	☐	☑	☐
5.	Remove all ornaments, etc and sterile gown given	☑	☐	☐
6.	Is Blood arranged as required?	☐	☑	☐
7.	If Blood has been ordered - is Blood bag ready?	☐	☑	☐
8.	IV Cannula to be placed / IV fluids if Indicated	☑	☐	☐
9.	Pre Anesthetic consultation with anesthesiologist	☑	☐	☐
10.	Pre Medications Given? (Sedatives / etc)	☑	☐	☐
11.	Skin Preparation	☑	☐	☐
12.	Site is marked	☑	☐	☐
13.	Surgery consent / High Risk consent taken by surgeon? (Consent should be taken by the operating surgeon only)	☑	☐	☐
14.	Implants are available	☐	☑	☐
15.	Equipment is avaialble	☑	☐	☐
16.	Other (if any)	☐	☑	☐

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

Billing Clearance taken

Billing Executive Name : SURESH-S Nurse In-Charge Name : Pooja

Billing Executive Signature : Signature of Nurse In-Charge : Pooja

Date & Time : 9/7/26 10.17 Pm Date & Time : 9/7/26

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

Rainbow Children's Hospital

BirthRight Rainbow

Rainbow Children's Hospital - Guindy

Door No.157 to 160, Anna Salai, Guindy, Guindy ,Chennai ,Tamil Nadu, INDIA ,600015.
TEL NO :044-40122444
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP18-00036378 **Admit Date** : 08-Jul-2026 **Admit Time** : 12:36 PM **UHID** : GUC-00087739

Patient Details :

Patient Name	: Mrs LAXMIPRIYA RAVI RAJ	**Age**	: 30 Y 6 M 7 D
Guardian	: Mr SANTOSH .S	**DOB**	: 01-01-1996
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: NO 10-121 Agatheeswara nagar Polichalur main road Polichalur Kanchipuram Tamil Nadu INDIA 600074	**Phone No**	: 8056103176/ 9840989767
		E-mail	: NO@GMAIL.COM

Admission Details :

Bed Type : MICU **Bed No** : MICU 801 **Ward Name** : 8F-OT COMPLEX

Room No : MICU 801 **Admission Type** : First Visit

Contact Details :

Name : Mr SANTOSH .S **Relationship** : Husband

Contact Address : NO 10-121 Agatheeswara nagar Polichalur main road Polichalur Kanchipuram Tamil Nadu INDIA 600074 **Phone No** : 8056103176

Signature

Doctor Details :

Doctor Name : Dr. MATHANGI RAJAGOPALAN **Specialisation** : OBSTETRICS AND GYNECOLOGY

Referral Doctor : Dr. Mathangi Rajagopalan **Phone No** :

Co-Consultant :

Payment Details :

Payment Mode : Cash **Deposit Amount** : 7000.00

Payor Name : SELFPAY

Rainbow Children's Hospital
BirthRight by Rainbow

Rainbow Children's Hospital - Guindy
Door No.157 to 160, Anna Salai, Guindy, Guindy ,Chennai ,Tamil Nadu, INDIA ,600015.
TEL NO :044-40122444
WEB : https://rainbowhospitals.in

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Mrs LAXMIPRIYA RAVI RAJ**	**Age :**	**30 Y 6 M 7 D**
IP No:	**IP18-00036378**	**Sex:**	**Female**
Consultant:	**Dr. MATHANGI RAJAGOPALAN**	**Ward/Bed No:**	**8F-OT COMPLEX/MICU 801**

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 [illegible] 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: Santosh

Name: SANTOSH.S

Relationship: Husband

Date: 08-07-2026 Time: 12:36

Witness Name: Dewin

Witness Signature:

Patient Address:

NO 10-121 Agatheeswara nagar
Polichalur main road Polichalur
Kanchipuram Tamil Nadu INDIA
600074

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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 9eapplicable.
- 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 arid 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 Ppoint of time after discharge. I promise to settle the claim with the hospital as per Hospital Cash Tariff.

Patient Name : > LAXMIPRIYA RAVIRAJ	UHID Number : 87439
Self/Attendant Name : > SANTOSH. S	Relation :> Husband
Self/ Attendant Signature : > Santosh Phone Number : > 9840989767	Name & Signature of Financial Counselor

GUC-00087739 IP18-00036378
Mrs LAXMIPRIYA RAVI RAJ
01-01-1995 30 Y 6 M 7 D (F)
Dr. MATHANGI RAJAGOPALAN

Patient S

xmi Priya

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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

* Pt was admitted for IOL
* Able to PFM well
* No c/o Lower Abdominal Pain, bleeding or leaking PV

LMP: 28/10/2025 EDD: 04/08/2026

Corrected EDD: 21/07/2026 GA: 38 weeks + 1 day.

Menstrual History: Regular : ☑ Yes ☐ No

Obstetric Formula:

Primi

Obstetric History:

G_1 - PP, Spontaneous Conception

Present Pregnancy Record:

Booked and Immunised

NT Scan - Normal; FTS - Negative

Anomaly Scan - Normal, RAADP taken

RISK FACTORS:

Rh - Negative

GDM on MNT

Height: 167 cm

Weight: 72.8 kg BMI - 26.10 kg/m²

Allergies: Nil

Breast: ☑ Normal ☐ Abnormal

General Examination:

Consciousness: Conscious Pallor: No

Icterus: No Edema: No

Temp: Normal PR: 98/min

BP: 110/80 mmHg DTR:

CVS: $S_1 S_2$ ⊕ RS B/L NVBS ⊕

Liver/Spleen: Urine Output:

Obstetric Examination

Fundal Height: Term

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

Liquor: ☑ Adequate ☐ Oligo ☐ Poly

PP: ☑ Cephalic ☐ Breech Others _____

Head Fifths Palpable: 4/5th

FHS: ☑ Normal ☐ Tachy ☐ Brady ☐ Absent

Per Speculum Examination

Draining: ☐ Present ☐ Absent ☐ Bleeding

Colour of Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Vaginal Examination

Cervix: ☐ Long ☐ Partially effaced ☐ Effaced

Os: Closed _____ Dilated _____

Membranes: ☐ Present ☐ Absent

Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Presenting Part: ☐ Vertex ☐ Breech ☐ Others

Sutton: ☐ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2

Pelvis: ☐ Adequate ☐ Doubtful

DIAGNOSIS

Primi	LMP - 28/10/2025	GA - 38 weeks + 1 day
M/S - 3 yrs	C. EDD - 21/07/2026	Rh - Negative
NCM	RMP	GDM on MNT
O Negative		
Husband - O Positive		

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Mrs LAXMIPRIYA RAVI RAJ
01-01-1996 30 Y 6 M 8 D (F)
Dr. MATHANGI RAJAGOPALAN

Family History:	Surgical History:
Father - T_2DM	* Bartholin's Cyst removal Marsupialisation done 1 year back. feb 2025
Medical History:	**Medication History:**
GDM on MNT RAADP given @ 28 wks + 1 days	Took T. ECOSPIRIN 150mg till 3 months
Plan of Care:	**Investigations:**
C/I IT Dr. Mathangi - Admission - Parts preparation - Secure IV line - Informed consent for IOL/NVD 9/07/2026 1:50pm ↓SAP, Induction of labour of done with 22F foley's inserted intracervically and bulb inflated with 65ml of distilled water. - W/F Foley's explusion - INJ. SUPACEF 1.5g IV TDS (AID) - Post Foley's CTG @ 2:50pm - CTG Q 4th hourly - Shift to ward - Reshift to LDR @ 9pm	CTG - Reactive

Doctor Name: Dr. Akshitha / Dr. Shreedevi
Signature: [signature]
Date & Time: 08/07/2026

Consultant Name: Dr. Mathangi
Signature: for [signature]
Date & Time: 08/07/2026

Patie GUC-00087739 IP18-00036378
Mrs LAXMIPRIYA RAVI RAJ
01-01-1995 30 Y 6 M 7 D (F)
Dr. MATHANGI RAJAGOPALAN

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RESULT SHEET

Date	24/06/2026	10/7/26			31/1/26
Time					D- NEGATIVE
Hb	12.9	12.3			
PCV	41.70	37			10/11/25
RBC	4.4	4.16			HCV, HIV, HBsAg, VDRL } Negative
WBC	13,820	14,720			
N/L	64.7/26.1	79/15			
Platelets	1.80	1.74			
CRP					
ESR					1/2/26
PCT					Hb- Electrophoresis - Normal
RBS	FBS-77 PPBS-96				31/1/26
Na					Rubella IgG - Positive
K					
Cl					25/4/26
Ca/Mg					ICT - Negative
Phosphate					
Urea					ECG, ECHO } Normal.
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	18227	18227			

(P.T.O)

Date	25/4/26					
Time						
CUE - Alb	Negative					
CUE - Sugar	Normal					
CUE - Ketones	Negative					
CUE - PUS Cells	10.4					
CUE - RBC Cells	1.1					
CUE						
Bacteria - 185.4						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : 25/06/2026 * SLIUG EFW - 3039 grams (6lb 11oz)

X-Ray : GA - 36 weeks +2 days Doppler - Normal

ECHO : Cephalic Cervix - 2.80cm

CT : Placenta - Anterior MCA PSV < 1.5 MOM's.

MRI Liquor - Normal SDP - 6 No evidence of fetal Anemia

Others (ECG, Contrast Studies etc.,) : Fetal dopplers - Normal

(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/7/26 3:30 pm.	C/S/B Dr. Vinitha	
	- Post Foley's CTG – Reactive	
	- Shift to ward	
	- CTG @ 4th hourly	
	- W/F contractions / Progress	
	- Reshift to LDR @ 9PM	
	- Follow drug chart	
	Sign 183217	
9/7/26. 4AM.	S/B. Dr. Raj (D/W Dr. Mathangi R)	
	Primi / 38+2 Days / for IOL.	
	Patient reviewed.	
	Foley out at 10pm (8/7/26)	
CTG: Reactive.	c/o mild labour pains.	
CTG Reactive	O/E: GC fair, afebrile	
	No pallor, No pedal edema.	
9BP 100/60 mmHg	S/E: CVS / RS / NAD	
PR: 82/min.	P/A: ut active, 1-2, 15-20"/10'	
	soft, posterior FHR(+)	
	P/V: Cx, 2cm long, 2cm dilated., Vx at -3.	
	Membranes(+), Pelvis adequate	
	↓ ASP, Intracervical PGE2 gel dept.	

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Mrs LAXMIPRIYA RAVI RAJ
01-01-1996 30 Y 6 M 8 D (F)
Dr. MATHANGI RAJAGOPALAN

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		Advice
		→ Post-gel CTG × 20 mins
		→ W/F contractions
		→ W/F Bleeding P/V
		→ Encourage intrapartum exercises after 1 hour
		⇒ Reassess after 4 hour.
		[signature]
09/07/2026	C/S/B Dr. Vinitha / Dr. Shreedevi	
8:20AM	Pt reviewed, Nil c/o	Advice
	O/E Pt GC fair, Afebrile	- Liquid diet
CTG- Reactive	P°/PE°	- Continuous CTG
T-Ⓝ	CVS / RS NAD	- Continue INJ. SYNTO and titrate accordingly
PR- 84/min		
BP- 110/70 mmHg	P/A- uterus @ Term Mildly Acting Cephalic FHS-good	- W/F contractions / Progress
		- Inform (SOS)
	[signature] 82217	

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Mrs LAXMIPRIYA RAVI RAJ
01-01-1996 30 Y 6 M 8 D (F)
Dr. MATHANGI RAJAGOPALAN

(2)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/7/18 9:15 AM	S/B Dr. Mathangi	
	P/O:	
USG:	P/V: Cx 2 cm long	
LOT	OS: 2-3 cm dilated	
1 loop of cord around neck	Vx: -2 station	
	ARM done - Grade I MSL	
c/o - Reactive		Adv:
		· continuous CTG
		· Continue syntocinon if pt. willing
	Patient and attenders counselled regarding Grade I MSL and pros and cons of continuing with Vaginal delivery versus cesarean section. Patient and attenders will get back after discussing options.	
		16/7/18

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/7/26 10:15 AM	C/D/w Dr. Nathangi	
	patient and attenders want to proceed with L-section	
		Advice - Emergency LSCS c/s/o maternal request / Grade I - Informed consent - Inform OT/NICU - B'dder catheterize - Shift to OT
9/7/26 11:50 AM POD-0	pt- received in MICU S/B Dr. Vinitha / Dr. Dinyalakshmi pt- reviewed.	
T- N PR- 64/min BP- 100/60 mmHg SpO2- 100% @ RA	O/E: pt B/C fair, afebrile PO / PEO CVS / RS / NAD P/A: SOFT- UT- contracted well dressing day	Advice - NPO x 2 hrs. - IVF @ 125 ml/hr - Monitor vitals - follow drug chart - I/O F bpv - CBC c/n 6 am - CBD/Clexane 10 pm - I/O charting - Inform SOS
c/o 100ml clear		
	P/E: No undue bleeding pv CBD in situ	- Trace & Inform baby's blood group
Baby m/s		

164288

Mrs LAXMIPRIYA RAVI RAJ (F)
01-01-1996 30 Y 6 M 8 D
Dr. MATHANGI RAJAGOPALAN

(3)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
09/07/2026	C/I /T Dr. Mathangi	
	Baby's Blood group - O Positive	
	Mother's Blood group - O Negative	
	To give INJ. ANTI-D 300mcg IM given	
	18/22/17	
09/07/2026	C/S/B Dr. Thiyagalakshmi / Dr. Shreedevi	
4:30pm	Pt reviewed, Nil c/o	
	Pt tolerating liquids well	Advice
DOS		- Liquid diet
	O/E Pt GC fair, Afebrile	- Kanji @ 7pm
T-(N)	P° / PE°	- Soft diet @ 9pm
PR-	CVS /	- vitals monitoring
BP-	RS / NAD	- IVF 1 RL @ 125ml/hr
UO-	P/A- ut well contracted	- Follow drug chart
	soft, BS (+)	- CBD / Clexane 40mcg @ 10pm
Baby- M/S	Dressing (+) & Dry	- CBC c/m 6 Am
B/L- Breast Soft	L/E - BWNL	- I/O charting
	CBD insitu - clear urine draining	- Inform (SOS)
	18/22/17	Shift to ward

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/7/24	S/B Dr. [illegible]	
9:10pm		
POD#0	P1L1) GDM on MNT / RA negative	
	[illegible]	
	2 pot passed flatus	
BP 110/70mmHg	afebrile	
PR 82bpm.	GC fair	
SpO2 99% @RA.	P° / PE°	Plan
Temp (N)	P/A uterus wc	- monitor vitals
	soft	- soft solid diet
B/L breast soft	BS (+)	- ambulate
Secretions (+)	dressing dry	- CBD / clexane 10pm.
Baby M/S	L/L BUO/NE	CBC c/m 6AM.
DBF	(foley's in situ)	I/O charting
	clear urine	
	UO - 250ml	[signature]
		127435

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

GUC-00087739 IP18-00036378
Mrs LAXMIPRIYA RAVI RAJ
01-01-1996 30 Y 6 M 8 D (F)
Dr. MATHANGI RAJAGOPALAN

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/07/2021	C/S/B Dr. Pavithra / Dr. Shreedevi	
9AM		
	Pt reviewed, Nil c/o	Advice
T-(N)	O/E Pt GC-fair, Afebrile	- Soft diet
PR- 82/min	P°/PE°	- Plenty of oral fluids
BP- 103/60 mmHg	CVS/	- Ambulation
	RS/ NAD	- Vitals Monitoring
Baby - M/s	P/A - Ut well contracted	- Follow drug chart
B/L - Breast Soft	Soft, BS(+)	- W/F ↑ Bleeding PV
Voiding freely	Dressing (+) & Dry	- Inform (SOS)
Flatus Passed	LE - BWNL	
	[signature] 18221?	
10/7/26	S/B Dr. Vinitha / Dr. Shree Devi	
3:15PM	Pt reviewed; No c/o	; Passed flatus
	O/E: GC fair; Afebrile	· 1 episode of loose stools in the morning. today
	BP: 110/68	
	PR: 72 bpm	
	SpO_2: 99% RA	
Baby M/S	P°/PE°	Adv:
B/L Breasts soft	P/A: Ut contracted well	· Soft diet; Plenty of fluids
Voided freely	Dressing (+) Dry	· Ambulation
	Soft; BS (+)	· Vitals monitoring
	LE: BWNL	· Follow drug chart
		· W/F ↑ Bleeding P/V
		· Inform SOS
V. [signature] 12113		

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/B Dr. Mohana / Dr. Divyalakshmi	
10/7/26	pt reviewed	
9 pm	Nil c/o	
POD-1	O/E: pt GC fair, afebrile	
	P° / PC°	Advice
		- Bath &
T: N	P/A: Soft, BS +	dressing tmrw
PR: 80/min	Ut. contracted	- Continue same
BP: 100/70 mmHg	dressing dry	orders
voided freely		
	L/E: BWN	
passed loose stool		
Baby m/s		
Breasts soft		
11/07/2026	C/S/B Dr. Pavithra	
8:45 am		
POD-2	O/E	
	Pt GC fair	Advice
T: afebrile	afebrile	- N diet
BP 110/70	P / PC	- Plenty of orals
PR 80/min	CVS / RS NAD	- Vitals monitoring
		- Follow drug chart
Baby m/s	P/A - Soft, BS +	
B/c Breast soft	Ut firm & cont well	
Passed urine	Dressing Dry	
Passed motion	L/E - BWN	

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

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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ATION FORM

Doctor Name : ..... Date : ..... Time : .....

Diagnosis : .....

Hospital : .....
.....

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

Type of Referral :
☐ Emergency
☐ Urgent
☐ Non Urgent

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

Postnatal Exercises and advices Ms. Laxmipriya.

Signature: Ravi Raj

Findings and Recommendations :

S/B Physiotherapy notes Dr. M Lakshmipriya. S (PT) OBG & Gynae.

- Do's and don'ts advised.
- Postural advices given
- Don't do leg straight leg raise.
- Breathing Exercises / 10 times once in 3hrs.
- Ankle Mobilisation
- Knee Mobilisation -
- Kegel Exs -

Consultant :

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

- Pelvic bridging ex.
- Abdomen tucking in ex.
- Bed mobilisation and out of bed mobilisation

10/7/26.

GUC-00087739 IP18-00036378
Mrs LAXMIPRIYA RAVI RAJ
01-01-1996 30 Y 6 M 7 D (F)
Dr. MATHANGI RAJAGOPALAN

Docu. No.

DOCTOR'S SHIFT CHANGE HANDOVER FORM

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Date: ..... Department: ..... Shift: .....

S.No	Patient Identification	Diagnosis / Procedure	Clinical Findings Problems	Special Concerns / Investigations / Abnormal Results	Recommendations / Follow up needed	Handing Over Doctor	Receiving Over Doctor

Docu. No. : RCH /FRM / CLINICAL / 162

DOCTOR'S SHIFT CHANGE HANDOVER FORM

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Date: ..... Department: ..... Shift: .....

S.No	Patient Identification	Diagnosis / Procedure	Clinical Findings Problems	Special Concerns / Investigations / Abnormal Results	Recommendations / Follow up needed	Handing Over Doctor	Receiving Over Doctor

GUC-00087739 IP18-00036378
Mrs LAXMIPRIYA RAVI RAJ
[illegible]1995 30 Y 6 M 7 D (F)
Dr. MATHANGI RAJAGOPALAN

Patient Sti

(1)

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MEDICATION RECONCILIATION FORM

Drug Allergies: NKA ☐ 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: NICU Shifted to: .....

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1						☐C ☐DC
2						☐C ☐DC
3						☐C ☐DC
4						☐C ☐DC
5						☐C ☐DC
6						☐C ☐DC
7						☐C ☐DC
8						☐C ☐DC
9						☐C ☐DC
10						☐C ☐DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Shreedevi 182217

Date & Time : 08/01/2026

Nurse Name & Signature: S/N Nivetha / 01A96.

Date & Time : 8/1/26

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

GUC-00087739 IP18-00036378
Mrs LAXMIPRIYA RAVI RAJ
1-01-1995 30 Y 6 M 7 D (F)
Dr. MATHANGI RAJAGOPALAN

(2)

Rainbow® Children's Hospital
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MEDICATION RECONCILIATION FORM

Drug Allergies: ..... ☐ Not known any Drug Allergies

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

Shifting From: UDR Shifted to: 603 6th floor.

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. SUPACEF	1.5g	IV	TDS	8/7/26 2pm	☑C ☐DC
2						☐C ☐DC
3						☐C ☐DC
4						☐C ☐DC
5						☐C ☐DC
6						☐C ☐DC
7						☐C ☐DC
8						☐C ☐DC
9						☐C ☐DC
10						☐C ☐DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Shreedevi 182217

Date & Time : 08/07/2026 @ 3:40pm

Nurse Name & Signature: S. Poojitha

Date & Time : 08/7/26 at 3.40pm

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

GUC-00087739 IP18-00036378
Mrs LAXMIPRIYA RAVI RAJ
01-01-1996 30 Y 6 M 7 D (F)
Dr. MATHANGI RAJAGOPALAN

(3)

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MEDICATION RECONCILIATION FORM

Drug Allergies: ..... ☐ Not known any Drug Allergies

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

Shifting From: 608 Shifted to: MICU

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. SUPACEF	1g	IV	TDS	8/7/26 2pm	☑ C ☐ DC
2						☐ C ☐ DC
3						☐ C ☐ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : .....

Date & Time : 8/7/26 @ 9:20 P.M.

Nurse Name & Signature: Raveena Devi

Date & Time : 8/7/26 @ 9:20 P.M.

GUC-00087739 IP18-00036378
Mrs LAXMIPRIYA RAVI RAJ
01-01-1996 30 Y 6 M 8 D (F)
Dr. MATHANGI RAJAGOPALAN

Laxmipriya

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MEDICATION RECONCILIATION FORM

Drug Allergies: ..... ☐ Not known any Drug Allergies

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

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

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	INJ. SUPACEF	1.5g	IV	TDS	9/7/26 10.30PM	☑C ☐DC
2	C. PAN D	40mg	PO	BD	–	☑C ☐DC
3	T. PARACETAMOL	1g	PO	QID		☑C ☐DC
4	JUSTIN SUPPOSITORY	100mcg	PR	BD	9/7/26 4PM	☑C ☐DC
5	INJ. CLEXANE	40mcg	SC	OD	–	☑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. Shreeteri 82217

Date & Time : 09/07/2026

Nurse Name & Signature: S/N. Tamilselvi J 61000

Date & Time : 9/7/26 at 5.20PM

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

Patient S

GUC-00087739 IP18-00036378
Mrs LAXMIPRIYA RAVI RAJ
01-01-1996 30 Y 6 M 7 D (F)
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DRUG CHART

Date of Admission: 8/A/16 Drug Allergies: Nil. ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

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

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

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

Signature .....

VERIFIED BY : Name .....

GUC-00087739 IP18-00036378
Mrs LAXMIPRIYA RAVI RAJ
01-01-1996 30 Y 6 M 7 D (F)
Dr. MATHANGI RAJAGOPALAN

REGULAR PRESCRIPTIONS

Weight. 42kg Ward. LDR

DRUG : INJ. SUPACEF

Dose	Route	Frequency	Start Date
1.5g	IV	1-1-1	8/7/26

Name & Signature of the Doctor Starting the Drugs: 8/7/26

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date	8/7	9/7
6AM	/	SP
2pm	2.30pm SP	MD
10pm	SP	SP

Time change

DRUG : Inj. SUPACEF

Dose	Route	Frequency	Start Date
1.5g	IV	1-1-1	9/7

Name & Signature of the Doctor Starting the Drugs: 16428

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date	9/7	10/7
2AM	/	SP
10pm	/	BS AA
6pm	MM.	

DRUG : Inj. CLEXANE

Dose	Route	Frequency	Start Date
40mg	SC	OD	9/7

Name & Signature of the Doctor Starting the Drugs: 16428

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date	9/7	10/7	11/7
10pm	SP	SP	SP

DRUG : Cap. PAN-D

Dose	Route	Frequency	Start Date
40mg	PO	1-0-1	9/7

Name & Signature of the Doctor Starting the Drugs: 16428

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date	9/7	10/7	11/7
7AM	SP	SP	SP
7PM	BD MM	BD MM	

Mrs LAXMIPRIYA RAVI RAJ
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Dr. MATHANGI RAJAGOPALAN

Patient

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Sheet No: .....

REGULAR PRESCRIPTIONS

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

DRUG : Tab. ACTON OR

Dose	Route	Frequency	Start Dt.
1gm	PO	1-1-1	9/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ Time	9/7	10/7	11/7
12AM			
6AM			
12pm			
6pm			

DRUG : JUSTIN SUPPOSITORY

Dose	Route	Frequency	Start Dt.
100mg	PR	1-0-1	9/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ Time	9/7	10/7	11/7
11AM			
11pm			

DRUG : T. CEFTUM

Dose	Route	Frequency	Start Dt.
500mg	PO	1-0-1	10/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ Time	10/7	11/7
8AM		
8pm		

DRUG : T. FLAGYL

Dose	Route	Frequency	Start Dt.
400mg	PO	1-1-1	10/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ Time	10/7	11/7
8AM		
2pm		
10pm		

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

Patient Sticker

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

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

GUC-00087739 IP18-00036378
Mrs LAXMIPRIYA RAVI RAJ
01-01-1996 30 Y 6 M 7 D (F)
Dr. MATHANGI RAJAGOPALAN

Weight. 72.8kg Ward. WDR

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
8/7/26	2pm	INJ. SUPACEF	0.1ml	Id	182217	SP MD
9/7/26	4 AM	DINOPROSTONE	0.5ml	P/V	141838	SA SP
9/7/26	10.30AM	INJ. SUPACEF	1.5g	IV	12113	SP SA
9/7/26	10.30AM	INJ. PAN	40mg	IV	12113	SP SA
9/7/26	10.30AM	INJ. EMESET	4mg	IV	12113	SP SA
9/7/26	11.0 am	TRAPIC	1g	IV		
9/7/26	11.5 am	CARBOPROST	1cc	IM		
9/7/26	11.10 am	EMESET	4mg	IV		
~~9/7/26~~	~~11.30~~					~~DR~~

VERIFIED BY : Name

GUC-00087739 IP18-00036378
Mrs LAXMIPRIYA RAVI RAJ
01-01-1996 30 Y 6 M 7 D (F)
Dr. MATHANGI RAJAGOPALAN

I.V. FLUIDS CHART

Weight. 72kg Ward. LDR

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
9/7/26	6AM	IVF RL	IV	On flow	[signature]	SA / Sp	9/7	[signature]	[signature]
9/7/26	8AM	INJ. SYNTOCIN in 500ml RL	IV	24ml/hr	[signature]	SP / SA	9/7	[signature]	[signature]
9/7/26	11.0 am	30 RL	IV	on flow	SR	[signature]	9/7	SR	[signature]

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

GUC-00087739 IP18-00036378
Mrs LAXMIPRIYA RAVI RAJ
01-01-1996 30 Y 6 M 8 D (F)
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STAT / ONCE ONLY DRUGS

Name: Mrs. Laxmipriya

Weight: 72kg kgs

Sheet No: 1

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
9/1/26	3pm	INJ. ANTI - D	300mcg	Im	182217	SP	SA
9/1/26	4pm	T. MISOPROSTOL	600 mcg	PR	182217	SP	SA
9/1/26	4pm	JUSTIN SUPPOSITORY	100mcg	PR	182217	SP	SA

GUC-00087739 IP18-00036378
Mrs LAXMIPRIYA RAVI RAJ
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Patient Sticke

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Early Warning Observation Score Chart - Obstetrics

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

		Date																				
		Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																									
	21 - 30																									
	11 - 20							20	18		20	20														
	0 - 10																									
Saturations	94 - 100 %							99	100		98	99%					99		100		100		100		99	
	< 94 %																									
Administered O2 (L/min.)								RA	RA		RA	RA					RA		RA		RA		RA		RA	
Temp°c	40																									
	39																									
	38																									
	37							98	98		98.2	98.4					98		98		98		98		98	
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90							82			84															
	80																									
	70																									
	60							30																		
	50																									
	40																									
↑ Systolic Blood Pressure	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90							146	68		112	114					110		112		100		118		120	106
	80																									
	70																									
	60																									
	50																									
↓ Diastolic Blood Pressure	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70							72	68		72	76					62		60		60		78		78	60
	60																									
	50																									
	40																									
NEURO RESPONSE [✓]	Alert							✓			✓						✓		✓		✓		✓		✓	
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30							✓			✓						✓		✓		✓		✓		✓	
	< 30																									
Proteinuria	Protein + +																									
	Protein > + +																									
Lochia	Normal							✓			✓						✓		✓		✓		✓		✓	
	Heavy / Foul																									
Liquor	Clear / Pink							✓			✓						✓		✓		✓		✓		✓	
	Green																									
TOTAL YELLOW SCORES								0			0						0		0		0		0		0	
TOTAL ORANGE SCORES								0			0						0		0		0		0		0	
Nurse Initial																										

admission.

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

IP18-00036378

RAVI RAJ

(F)

GUC-00087739 IP18-00036378
Mrs LAXMIPRIYA RAVI RAJ
01-01-1996 30 Y 6 M 8 D (F)
Dr. MATHANGI RAJAGOPALAN

(2)

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Early Warning Observation Score Chart - Obstetrics

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

		Date: 9/7/26																						
		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		18	20	22	24	22	24	22		18		20		20				17				20			
	0 - 10																									
Saturations	94 - 100 %		100	99	99	99	99	99	98		100		100		99				98				99			
	< 94 %																									
Administered O2 (L/min.)			RA	4L	4L	4L	4L	4L	4L		RA		RA		RA				RA				RA			
Temp°c	40																									
	39																									
	38																									
	37		98	98.4		98.4		98.4			98		98.1		98.6				98.6				97.9			
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80		84	86	84	88	80	84	84		82		82		84				74				86			
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressure ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120		110	110	113	110	114	118	114		110		120		117				110				103			
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70		68	70	74	76	80	78	74		72		82		68				62				56			
	60																									
	50																									
	40																									
NEURO RESPONSE [✓]	Alert		✓	✓	✓	✓	✓	✓	✓		✓		✓		✓				✓				✓			
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30		✓	✓	✓	✓	✓	✓	✓		✓		✓		✓				✓				✓			
	< 30																									
Proteinuria	Protein + +																									
	Protein > + +																									
Lochia	Normal		-	-	-	-	-	-	-		✓		-		✓				✓				✓			
	Heavy / Foul																									
Liquor	Clear / Pink		-	✓	✓	✓	✓	✓	✓				-		✓				✓				✓			
	Green																									
TOTAL YELLOW SCORES			0	0	0	0	0	0	0				0		0				0				0			
TOTAL ORANGE SCORES			0	0	0	0	0	0	0				0		0				0				0			
Nurse Initial																										

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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

10/7/26	Date																						
	Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20	20bm				18bm				20bm				20bm				20bm				20bm			
	0 - 10																								
Saturations	94 - 100 %	98%				99%				98%				99%				98%				99%			
	< 94 %																								
Administered O_2 (L/min.)		RA				RA				RA				RA				RA				RA			
Temp°c	40																								
	39																								
	38																								
	37	97.8F (1)				98.1F (1)				98.2F (1)				99.4F (3)				96.4F (2)				98.1F (2)			
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
	40	78bm (1)				78bm (1)				88b/m (1)				78bm (1)				88bm (1)				78bm (1)			
Systolic Blood Pressure ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140	116				110																			
	130																								
	120									118				114				112				109			
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
	40																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
	40	78				78				72				69				60				68			
NEURO RESPONSE [✓]	Alert	✓				✓				✓				✓				✓				✓			
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30	✓				✓				✓				✓				✓				✓			
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal	✓				✓				✓				✓				✓				✓			
	Heavy / Foul																								
Liquor	Clear / Pink	✓				✓				✓				✓				✓				✓			
	Green																								
TOTAL YELLOW SCORES		0				0				0				0				0				0			
TOTAL ORANGE SCORES		0				0				0				0				0				0			
Nurse Initial																									

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

UHID 00087739 IP18-00036378
Mrs LAXMIPRIYA RAVI RAJ
01-01-1996 30 Y 6 M 7 D (F)
Dr. MATHANGI RAJAGOPALAN

Rainbow Children's Hospital
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BirthRight BY RAINBOW HOSPITALS
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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.

Date	Time	Intake: Nature of Fluid	Intake: Route: Mouth	Intake: Route: I.V	Intake: Route: N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
8/7/26	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm			←		on	admission →					
Total Intake :						Total Output :						
	02:00 pm	H2O	200ml							200	0	NA
	03:00 pm	TC water	200ml								0	NA
	04:00 pm										0	NA
	05:00 pm	H2O	100ml								0	NA
	06:00 pm	H2O	200ml							✓	0	NA
	07:00 pm										0	NA
Total Intake :		700ml				Total Output :				200ml + 1 time		
	08:00 pm	H2O	200ml								0	NA
	09:00 pm									200	0	NA
	10:00 pm	H2O	100ml								0	SA
	11:00 pm									200	0	SA
	12:00 am	H2O	100							100	0	SA
	01:00 am	H2O	100							100	0	SA
Total Intake :		500ml				Total Output :				600ml		
	02:00 am									200	0	SA
	03:00 am	H2O	100							100	0	SA
	04:00 am	TC	100							100	0	SA
	05:00 am	TC	100	RL						200	0	SA
	06:00 am	H2O	100	300ml							0	SA
	07:00 am									100	0	SA
Total Intake :		700ml				Total Output :				700ml		

Total 24 hrs. Intake	1900ml

Total 24 hrs. Output	1500ml

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FLUID CHART

Sheet No. : 2

9/7/2026

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

Date	Time	Intake: Nature of Fluid	Route: Mouth	Route: I.V	Route: N.G	Output: NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
9/7/26	08:00 am	H2O	100ml	24ml						100	0	[illegible]
	09:00 am	water melon	200	72ml						200	0	[illegible]
	10:00 am											
	11:00 am	RL		1000ml						100	0	[illegible]
	12:00 pm			125						150	0	[illegible]
	01:00 pm			125						100	0	[illegible]
Total Intake :		1,646ml.							**Total Output :**	650ml.		
	02:00 pm	H2O	100ml	125						100	0	[illegible]
	03:00 pm			125						150	0	[illegible]
	04:00 pm	TCW	100ml	125						150	0	[illegible]
	05:00 pm	H2O	100ml	125						200	0	
	06:00 pm	H2O	200ml	125						200ml	0	
	07:00 pm	Kanji	300ml	125						250ml	0	[illegible]
Total Intake :		800ml + 750ml							**Total Output :**	1,050ml		
	08:00 pm	H2O	200ml							100ml	0	[illegible]
	09:00 pm	H2O	100ml							150ml		
	10:00 pm	H2O	100ml.							200ml	0	[illegible]
	11:00 pm										0	[illegible]
	12:00 am	H2O	200ml									
	01:00 am											
Total Intake :		600ml.							**Total Output :**	450mL.		
	02:00 am										0	[illegible]
	03:00 am	H2O	200ml.				✓			✓		
	04:00 am										0	[illegible]
	05:00 am	H2O	100ml.						2nd void	550ml	0	[illegible]
	06:00 am	H2O	200ml									
	07:00 am											
Total Intake :		500mL.							**Total Output :**	550mL.		

Total 24 hrs. Intake	4,296 mL.	Total 24 hrs. Output	2,700mL.

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

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FLUID CHART

Sheet No. : 13

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.

10/7/26		Intake				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	~~Diarrhoea~~ Motion	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
	08:00 am	H20	100ml							✓	0	
	09:00 am											
	10:00 am	Soup	200ml							✓	0	
	11:00 am						✓					
	12:00 pm	H20	100ml							✓	0	
	01:00 pm	H20	100ml									
Total Intake : 500 ml						Total Output : 3 time M-1						
	02:00 pm											
	03:00 pm	H2O	100ml								0	Sy/o
	04:00 pm	milk	100ml							✓		
	05:00 pm	H2O	100ml								0	Sy/o
	06:00 pm									✓		
	07:00 pm	H2O	200ml								NDIV	Sy/o
Total Intake : 500 ml						Total Output : U-2 ; Motion-N/						
	08:00 pm	H2o	100ml								NO	Pul
	09:00 pm	H2o	200ml							✓		
	10:00 pm	Milk	200ml								Nil	Pul
	11:00 pm									✓		
	12:00 am	H2o	200ml								line	Pul
	01:00 am									✓		
Total Intake : 700ml.						Total Output : 3 time.						
	02:00 am											Pul
	03:00 am	H2o	200ml							✓	NO	
	04:00 am											Pul
	05:00 am	H2o	100ml								Nil	
	06:00 am	H2o	150ml							✓		Pul
	07:00 am	Milk	150ml									
Total Intake : 600ml						Total Output : 2 time.						

Total 24 hrs. Intake	2300ml	Total 24 hrs. Output	10 times.

GUC-00087739 IP18-00036378
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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: Primi 38+1 wks

Any Infection: ☐ Yes ☑ No ☐ Not Known

If Yes Specify: ....

Surgery / Procedure: IOL

Post OP Day:

Section	Item						
BACKGROUND	Date / Shift	8/7 M	8/7/26 Evening	8/7 N	9/7/26 morning	9/7/26 E	9/7/26 N
	Medical Condition (Any special condition to be noted):	-	GDM	GDM on MNT	GDM	GDM	GDM on MNT.
	Diet:	Ⓝ diet	Ⓝ diet	Ⓝ diet	Ⓝ diet	liquid.	Soft 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.	RA.
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☑ Yes ☐ No	☑ Yes ☐ No
	Vital Signs: Temp:	98°F	98f	97.9f	98F	98F	97.9F
	Res:	24/mt	18	20bm	18	18	20bm
	SpO₂:	99%	100%.	99%	100	100	99%
	Pulse:	84/mt	89	85bm	84	84	76b/m
	BP:	110/70	108/68	116/82.	110/70	110/70	117/63
	LOC:	conscious	conscious	Consc	conscious	conscio	Conscio
	Fall Risk Score:	10	30	30	30	30	30
	Pain Score:	0/10	1/10	0/10	2/10	2/10	3/10
	Skin Integrity	0/10	Normal	Normal	Normal	Normal	Normal
Recommendations	Safety Needs:	☐ Yes ☑ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No
	Physiotherapy:	NA	NA	NA	NA	NA	—
	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Special Diet:	NA	Ⓝ diet	—	Ⓝ diet	liquid	—
	Critical Lab Test / Values:	NA	—	-	—	—	—
	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):	NA	Depend	Non depend	Depend	Depend	dependent
Post Operative Procedure Special Orders:		NA	—	—	—	Liquid CBD(+)	Follow post op order.
Handed Over By Name :		Anuj Ojal	Pooja	Praveena	Pooja	Pooja	Praveena
Signature / ID :		[illegible]	Pooja	[illegible]	[illegible]	[illegible]	Preeti
Date:		8/7/26	8/7/26	9/7/26	9/7/26	9/7/26	10/7/26
Time:		1pm	5pm	8am	8 in [illegible]	5:20pm	8am
Taken Over By Name :		Pooja	Praveena	Pooja	[illegible]	Praveena	Sathya
Signature / ID :		Pooja	Preeti	[illegible]	9/7/26	Preeti	[illegible]
Date:		8/7/26	8/7/26	9/7/26	1.30	9/7/26	10/7/26
Time:		2pm	8pm	8am	pm	5pm	8PM

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

GUC-00087739 IP18-00036378
Mrs LAXMIPRIYA RAVI RAJ
01-01-1996 30 Y 6 M 7 D (F)
Dr. MATHANGI RAJAGOPALAN

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NURSING CARE RECORD

Date: 21/7/26

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	30 12pm	Achieve acceptable Pain controlled and Comfort	1pm	→ Assess Pain using Pain Scale. → Monitor vital sign → Position pt comfortably.	Patient vital sign stable.	Reassessment done	
Afternoon	2pm	Achieve acceptable Pain control & Comfort	5pm	Assess the level of pain by using Pain Scale 1/2. - provide comfortable bed position	Reduced Pain	Reassessment & done	
Night	8pm.	Ensure adequate hydration and Electrolyte balance.		Encourage oral fluids & take more liquids. to take	monitored Intake and output chart	Reassessment done	

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NURSING CARE RECORD

Date: 09/1/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8AM	Achieve acceptable pain control & comfort		Assess the level of pain by using pain scal. Provide comfortable bed positions	Reduced pain	Reassessment is done.	[signature]
Afternoon	2pm	Achieve acceptable pain control & comfort	2pm	Assess the level of pain by using pain scale. Provide comfortable position.	Reduced pain	Reassesment done	[signature] 09/01/26
Night	8pm	Encourage adequate hydration		Encourage oral fluids & take more liquids	Maintained intake & output.	Reassessment done.	Preethi [signature]

GUC-00087739 IP18-00036378
Mrs LAXMIPRIYA RAVI RAJ
[illegible]1996 30 Y 6 M 7 D (F)
Dr. MATHANGI RAJAGOPALAN

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NURSES NOTES

☐ No Known Drug Allergies
☐ Drug Allergies ..... Nil.

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
8/7/26	12.50 pm	Admission Notes 8/7/26. Mrs Laxmipriya / 30yrs/F/ Primi 38+1 wks she came for induction of Labour / Rh-Negative K/C/O UDM on meal, CTG connected FHR is good Fm(+) felt by mother. I/F to Dr. Akshitha Advised to do Admission under Dr-mathangi mam. Part Preparation done by S/N Nivetha vitals are Checked & recorded, General condition is fair → S/N Nivetha 8/7/26 ⇒ CTG reactive FHR good. Patient Vital Signs Stable General condition fair ⇒ [illegible] 8/7/26.	
	1.30pm	⇒ Patient report hand Over to Evening duty staff ⇒ [illegible] 8/7/26 Evening duty pt care hand over taken from morning duty staff. pt Consciously oriented. no IV line. CTG disconnected as per doctor order, provide comfortable bed position.	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

UC-00087739 IP18-00036378
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NURSES NOTES

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☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
8/7/20	2pm	pt vital signs checked & recorded. Dr. Mathangi did PV examination i/v os membrane present i/x-3. Foley induction done intracervically 65ml D water infilled. Advice to give Rx: supacy order carried out. IV placement done c̄ 18G venflon back flow (+). Rx: supacy o/m test dose ID given as per doctor order.	[illegible]
	2:30pm	pt have no c/o allergy, itching. Rx: supacy 1.5gm IV given as per doctor odr.	[illegible]
	2:40pm	post foleys CTG connected as per doctor odr. FHR (+). IV line pattern. DVT, Braden, Morse fall assessment, pain assessment done.	[illegible]
	3:30pm	CTG disconnected as per doctor odr. Dr. Vinitha advice to shift ward. CTG at 4pm. Advice to shift back to HDR at 9pm. CTG at 7:30pm order carried out.	[illegible]
		pt shifted to ward as per doctor odr. pt care hand over given to 6th floor staff.	[illegible]

STEAM 6 Type ISO 11140 Man.: 2025 - 06 Exp.: 2030 - 06 Ref.: 106.303.0500 Lot.: 14176 Green = Sterilized SV: 121°C - 15 min. 134°C - 3,5 min. Sterintech

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NURSES NOTES

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☐ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Receiving Notes.	
8/7/26	3:40pm	Patient was received from LDR to 6th Floor @ 3:40pm pri mi 38 wks + 1 day. patient RH -ve. so she taken Anti-D inj. (op. side). patient came for IOL. 22 S[illegible] Foleys Induction was done. CTG - 4th hourly Continue. Next CTG - 7:30 to be start, IV line (F). Again shift to LDR at 9 o clock - plan. →	[illegible] 6OT[illegible]
	4:00pm	patient vitals are checked & recorded. Vitals are stabled →	[illegible] 6OT[illegible]
	5:30pm	IV - line patent. No other complaints from patient →	[illegible] 6OT[illegible]
	6:30pm	Maintained I/O chart for the patient	
	7:30pm	patient details are handing over given to Night duty staff →	[illegible] 6OT[illegible]
		Night duty Notes.	
8/7/26	7:20pm	Patient details Hand over taken from Evening duty staff. Patient was [illegible] and oriented. →	Praveen [illegible]
	9pm.	patient CTG is going on patient re line pattern is heal[illegible] and observed patient had Food. →	Praveen [illegible]

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Docu. No. : RCH /FRM / CLINICAL / 089

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NURSES NOTES

☑ No Known Drug Allergies
☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
8/7/18	9:20pm	patient shift to LDR.	
		Hand over given from LDR	
		staff	[signature]
		Releving Notes	
8/7/18	9:30 pm	⇒ patient is releving from 5th floor to LDR patient case hand over taken from 5th floor staff Nurse patient was stable consious & oriented IV line present & pattern. MDE fallrisk assessment was Done score is 20, pain Assessment was done score is 4/10 pt general condition fair →	Snehalatha 01808
	10pm	⇒ Foleys was Expelled Informed Doctors do p/v Examination findings was shows 2cm long / 2cm dilatation CTG was connected as per Doctors orders FHR is good (+) Inj supacef 1.5 gram IV given to patient →	Snehalatha 01808
	10:40 pm	⇒ CTG is good and reactive FHR is good (+) stoped CTG 4th hourly CTG monitor Next at 3:15Am To Enlowage Adequate oral fluids →	Snehalatha 01808

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NURSES NOTES

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☐ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
9/7/26	12Am	patient was stable	
		conscious & oriented IV line	
		present & pattern mild contraction	
		is there. pt is sleeping well:	
		pt vital are stable ———	S/N Akalya 018057
	2Am	patient is sleeping	
		FHR is good. TO Encourage	
		Adequate walls provided	
		comfortable position. ———	S/N Akalya 01805
	3.10Am	CTG was connected	
		FHR is good ⊕ Pt & family	
		Education given on Deep	
		Breathing Exercise demonstration	
		was Done No complaints ———	S/N Akalya 018057
	4Am	Dr: Taj Do p/v Examination	
		findings was was she is 2cm	
		long 2cm dilatation Advised to	
		cerviprime gel kept the Intracervicaly	
		Stoped CTG post gel CTG at 5Am ———	Akalya 018057
	5Am	post gel CTG was	
		connected FHR is good ⊕	
		provided left lateral position ———	Akalya 018057
	6Am	Inj: supacef 1.5 gram IV	
		given to patient, CTG is on	
		going Not reactive so IV fluids	
		RL 500ml connected on flow	
		FHR is good ⊕ ———	S/N Akalya 018057

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NURSES NOTES

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☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
9/7/26	6:20 Am	⇒ CTG. is reactive FHR is good ⊕ patient was stable conscious & oriented pt have a 2 contraction for 10 seconds only No complaints : →	S/N Abalya 01808
	7:30 Am	⇒ patient care hand over given to morning duty staff Nurse → morning duty	Abalya 01808
	7:30Am	pt care hand over taken from night duty staff. pt consciously oriented. IV line ⊕ Cy pattern. DVT, Braden Q, Pain assessment, morse fall risk assessment done. pt had normal diet.	S/N pooja 04
	8Am	Dr. Vinitha / Dr. Shradha advice to start T. syntocinon orders carried out. CTG connected FHR ⊕. T. synto 50 in 500ml RL 2d/min started on infusion as per doctor order	S/N pooja 04
	9:10Am	Dr. mathangi came did PV examination cx 2cm long OS 2-3cm dilated membrane present. VX -3. ARM done Grade I MSL. Advice to Radio All fours position order carried out. All fours position next page	

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GUC-00087739 IP18-00036378
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Dr. MATHANGI RAJAGOPALAN

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NURSES NOTES

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☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
9/7/26		provided. Encourage to take	
continue		adequate oral fluid.	[signature]
	10:30am	Dr. mathangi seen the	
		pt. pt request LSCS	
		Dr. mathangi advice to prepare	
		the pt for emergency LSCS	
		order carried out. catheterization	
		done by Dr. Shreedevi.	
		urine draining clear. Inj. supacef	
		1.5gm IV, Inj. pan IV, Inj. Emeset	
		IV given as per doctor order.	
		surgery & anesthesia consent	
		done. pre op check list	
		done. CTG disconnected as	
		per doctor order.	[signature]
		pt care hand over given	
		to OT staff. O negative	
		blood group. pt shifted to	
		OT as per doctor order	
		for Emergency LSCS.	[signature]
9/7/26	10:40	OT Notes	
		patient received from LDR	
		patient conscious and	
		oriented, patient vitals	
		are stable BP-120/80mmHg	
		HR - 72 b/mt, SpO2 - 100	
		Patient shifted to OT - I	[signature]

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

☐ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		for surgery. under aseptic	
		technique spinal anaesthesia	
		given and procedure	
		emergency LSCS is done.	
		patient conscious, patient	
		shifted to NICU, patient	
		file handed over the NICU	
9/7/26	11.30 am	staff	[illegible]
		=> Receiving note <=	
	11:30AM	Receiving the patient from	
9/7/26		OT c IP ly OP Case sheet	
		While receiving the patient	
		Conscious ly Oriented c afebrile	
		being NPO. Inf RL 120ml/ly	
		CBD were drained clear ly	
		adequate.	[illegible] 10/7/26
	12pm	Patient Vital signs	
		stable. General condition	
		fair	[illegible] 10/7/26
	1pm	=> B: Breast soft no	
		engorgement	
		=> U: Uterus firm contracted	
		well.	
		=> B: Bowel movement present	
		=> B: patient on CBD.	
		=> L: Lochia rubra present.	
		=> E: Reader around not app-	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Docu. No. : RCH /FRM / CLINICAL / 089

GDC-00087739 IP18-00036378
Mrs LAXMIPRIYA RAVI RAJ
01-01-1996 30 Y 6 M 8 D (F)
Dr. MATHANGI RAJAGOPALAN

(7)

NURSES NOTES

Rainbow® Children's Hospital
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☐ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
9/7/26		→ H: Harmus frfu regular	
		→ E: Patient emotional state	
		good	→ Neg/0117u
	1pm	→ Patient report hand	
		over to following duty staff	Neg/017u
	2pm	pt vital signs checked &	
		recorded. maintain I/O chart.	
		pt was started by sips of	
		water as per doctors order.	Anipoo
		CBD ⊕ urine draining clear.	
	2:30pm	pt have no c/o allergy	
		vomiting to water given.	
		pt is stable. maintain I/O	
		chart. Encourage to mobilize.	Anipoo
	4pm	pt vital signs checked &	
		recorded. Encourage to mobilize.	
		PV bleeding is minimal.	Anipoo
	4:30pm	Dr. Priyalakshmi / Dr. Shreedevi	
		advice to shift ward follow	TRINBELIMAB INJECTION 300 MCG · Anti D · 1 PFS X 1 mL · Mfg. Lic. No.: KD-4 · B. No.: B25925011 · Mfd.: 11/25 · Exp.: 10/27 · MRP Rs.: 4916.19 · BSV BHARAT SERUMS AND VACCINES LIMITED
		drug chart order carried out.	
		Baby blood group "O" positive.	
		pt "O" negative Dr. Priyalakshmi	
		advice to give Inj. Anti-D 300mg	
		order carried out. Inj. Anti-D 300mg	
		given IM as per doctors order	Anipoo
		at 3pm.	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Docu. No. : RCH /FRM / CLINICAL / 089

Patient Sticker

NURSES NOTES

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☑ No Known Drug Allergies
☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
9/7/26	5:20 pm	pt. shifted to ward as per doctor order. pt care hand over given to 6th floor staff	Anjana
		Received notes 9/7/26	
9/7/26	5:30 pm	→ Patient handover taken by ADR S/N	Cathy 09/124
		→ Patient clinically stable	
		→ provide health education.	
	6 pm	→ administered medication as per drug chart order	Cathy 09/124
	7 pm	→ patient tolerated Kanji	
		→ patient clinically stable	
		→ Monitored I/O chart	
	7:20 pm	→ Patient handover given to night duty s/n	Cathy 09/124
		Night duty notes.	
9/7/26	7:50pm	patient details hand over taken from Evening duty staff. patient was conscious and oriented.	Praveena
	9pm	patient vitals checked & recorded. vitals Normal. patient IV line pattern is healthy and observed	Praveena

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00087739 IP18-00036378
Mrs LAXMIPRIYA RAVI RAJ
01-01-1996 30 Y 6 M 8 D (F)
Dr. MATHANGI RAJAGOPALAN

(6)

NURSES NOTES

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☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
9/7/16	9pm.	Dr. Akshitha mam seen the patient Advice From to continue re medicine. and CBD removal @ 10pm. →	[signature]
	10pm	patient CBD is removed and. need to 1st void measuring urine. Due medicine given as per drug chart →	[signature]
10/7/16	12Am	patient vitals checked and Recorded. vitals normal. Due medicine given as per drug chart →	[signature]
	2Am.	Maintained Intake and output chart. tomorrow morning @ 6Am TO decal →	[signature]
		B - Breast soft No engorgement	
		U - Uterus contracted well	
		B - Bowell movement present	
		B - self void	
		L - Lochia rubra present.	
		E - REEDA Assessment not Applicable.	
		H - Homans sign negative.	
		E - Patient emotional status - good.	
	2.30Am	patient urine and motion (semi) passed. →	[signature]
	4Am	vitals checked and Recorded. vital normal. →	[signature]

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

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☐ ~~No~~ Known Drug Allergies

☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
10/7/26	6Am.	Due medication given as per drug chart. Sample CBC sended to Lab. →	Bawe
	7.0m.	Maintained Intake and Output chart. Due medication given as per drug chart →	Praveena
		Patient was passed void urine 550 mL @ 6.20Am. Informed. Dr. Arshitha Mam. →	Read
	7.20Am.	Hand over given from Morning duty staff →	Praveena
10/7/26		Morning duty notes.	
	7.30AM	Patient details handing over taken from night duty SN. IVline@, IVF-Stop, Normal diet.	
	8AM	Vitals checked and recorded. Patient had Normal diet.	
	9AM	Due medication given as per drug drug chart ordered. PV Bleeding normal. B - Breast soft U - Urine Conveyed B - Motion Passed. B - self voided L - lochia present, No foul smell E - Pedal edema ND	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00087739 IP18-00036378
Mrs LAXMIPRIYA RAVI RAJ
01-01-1996 30 Y 6 M 8 D (F)
Dr. MATHANGI RAJAGOPALAN

(4)

NURSES NOTES

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☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
10/7/26		H - Homan sign negative.	[signature]
		E - emotional status good.	
		maintained I/O chart recorded	
	11Am	→ patient due medication given as per order	[signature]
	12pm	→ patient vital signs checked and record. vitals are stable	[signature]
	1pm	→ patient intake and output chart maintained	[signature]
	1.30pm	→ patient detail hand over given to evening duty S/N	[signature]
		evening duty 10/7/26	
10/7/26	1.30pm	⇒ patient handover taken by morning duty S/N	[signature] 0B179
		⇒ patient clinically stable	
	2pm	⇒ provide health education	
		⇒ provide comfortable bed position	[signature] 0B179
	4pm	⇒ patient checked vital signs	
		⇒ patient vitals is stable.	
	6pm	⇒ administered medication as per drug chart order	
		⇒ provide comfortable position	[signature] 0B179.
	7pm	⇒ Monitored I/O chart	
		⇒ maintain records & reports	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

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

BirthRight BY RAINBOW HOSPITALS
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☐ No Known Drug Allergies
☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
10/7/26	7.30 pm	→ patient handover given to night duty S/N →	[illegible]
		Night duty Notes	
10/7/26	7.30pm	patient details hand over taken from Evening duty staff. Patient was conscious and oriented →	Praveen
	8pm	patient vitals checked and Recorded. vitals Normal. →	Praveen
	9pm	Due medication given as per drug chart →	Praveen
		maintained intake and output chart chart	
	11pm	Due medication given as per drug chart →	Praveen
11/7/26	12Am	patient vitals checked and Recorded. vitals Normal →	Praveen
		Due medication given as per drug chart →	Praveen
	4Am	patient vitals checked and Recorded vitals Normal →	Praveen
	6Am	maintained intake and output chart. Due medication given as per drug chart →	Praveen
	7.30Am	Hand over given from Morning duty staff →	Praveen

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Patient's Name: GUC-00087739 IP18-00036378
Mrs LAXMIPRIYA RAVI RAJ

MRD NO: 01-01-1996 30 Y 6 M 7 D (F)

Dr. MATHANGI RAJAGOPALAN

Age : M ☐ F

Consultant :

PHLEBITIS ASSESSMENT

CANNULA 1

Date : 8/7/20 Time: 2pm

Location : (L) metacarpal

Size : 18G

Cannula inserted by : S. Alpona

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
8/7	2:30pm	☐Yes ☐No	☐Yes ☐No	put	
	6:30p	☐Yes ☐No	☐Yes ☐No	observ	
	8pm	☐Yes ☐No	☐Yes ☐No	Observ	
	10pm	☐Yes ☐No	☐Yes ☐No	Obser	SA
9/7	12Am	☐Yes ☐No	☐Yes ☐No	obser	SA
	2Am	☐Yes ☐No	☐Yes ☐No	Obse	SA
	4Am	☐Yes ☐No	☐Yes ☐No	obse	SA
	6Am	☐Yes ☐No	☐Yes ☐No	Obser	SA
	8Am	☐Yes ☐No	☐Yes ☐No	observ	
	10Am	☐Yes ☐No	☐Yes ☐No	"	
	12pm	☐Yes ☐No	☐Yes ☐No	"	
	2pm	☐Yes ☐No	☐Yes ☐No	"	
	4pm	☐Yes ☐No	☐Yes ☐No	obser	
	6pm	☐Yes ☐No	☐Yes ☐No	healthy	
	8pm	☐Yes ☐No	☐Yes ☐No	observ	
10/7	12Am	☐Yes ☐No	☐Yes ☐No	Obser	
	2Am	☐Yes ☐No	☐Yes ☐No	Obser	
	6Am	☐Yes ☐No	☐Yes ☐No	Obser	
	10AM	☐Yes ☐No	☐Yes ☐No	healthy	
	2pm	☐Yes ☐No	☐Yes ☐No	healthy	
	6pm	☐Yes ☐No	☐Yes ☐No	healthy	
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		

Cannula removed : ☐Yes ☐No, if yes date and time : 10/7/20 8Am
RX any initiated : ☐Yes ☐No ☐NA If Yes specify-
Phlebitis score: 0

CANNULA 2

Date : Time:

Location :

Size :

Cannula inserted by :

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		

Cannula removed : ☐Yes ☐No, if yes date and time :
RX any initiated : ☐Yes ☐No ☐NA If Yes specify-
Phlebitis score:

NOTE : ✱ To be assessed within 30 minutes of insertion.
✱ Every 2 hours if on fluid infusion.
✱ Every 4 hours if only on IV medication.

V.I.P. SCORE (VISUAL INFUSION PHLEBITIS SCORE)........ Next page

PHLEBITIS ASSESSMENT AND MANAGEMENT RECORD

CANNULA 3

Date : Time:

Location :

Size :

Cannula inserted by :

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		

Cannula removed : ☐Yes ☐No, if yes date and time :

RX any initiated : ☐Yes ☐No ☐NA If Yes specify-

Phlebitis score:

CANNULA 4

Date : Time:

Location :

Size :

Cannula inserted by :

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		

Cannula removed : ☐Yes ☐No, if yes date and time :

RX any initiated : ☐Yes ☐No ☐NA If Yes specify-

Phlebitis score:

NOTE : ❋ To be assessed within 30 minutes of insertion.
❋ Every 2 hours if on fluid infusion.
❋ Every 4 hours if only on IV medication.

V.I.P. SCORE (VISUAL INFUSION PHLEBITIS SCORE)

0	1	2	3	4	5
IV site appears healthy	ONE of the following is evident: ❋ Slight pain near I.V. site or slight redness near I.V site	TWO of the following is evident: ❋ Pain near I.V. Site ❋ Erythema ❋ Induration	ALL of the following is evident: ❋ Pain along path of cannula ❋ Erythema ❋ Induration	ALL of the following is evident and extensive: ❋ Pain along path of cannula ❋ Erythema ❋ Induration ❋ Palpable venous cord	ALL of the following is evident and extensive: ❋ Pain along path of cannula ❋ Erythema ❋ Induration ❋ Palpable venous cord ❋ Pyrexia
OBSERVE CANNULA	OBSERVE CANNULA	RESITE / REMOVE CANNULA	RESITE / REMOVE CANNULA CONSIDER TREATMENT	RESITE / REMOVE CANNULA CONSIDER TREATMENT	INITIATE TRETMENT RESITE / REMOVE CANNULA

(1)

BRADEN 'Q' SCALE

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

BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

					Date : 8/7/26	8/7	9/7	9/7
					Time : 2PM	2pm	8PM	8AM
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.	6	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	3	3	3
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.	3	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
					TOTAL SCORE	27	27	27
					Evaluator's Name	Asha	Poornima	Priya

01/7/26

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

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

GUC-00087739 IP18-00036378
Mrs LAXMIPRIYA RAVI RAJ
01-01-1996 30 Y 6 M 8 D (F)
Dr. MATHANGI RAJAGOPALAN

(2)

BRADEN 'Q' SCALE

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					Date : 9/7 9/7 19/7 20/7
					Time : B N A E
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.	3 3 3 3
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4 4 4 4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4 4 4 4
FRICTION-SHEAR **Friction**. Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4 4 4 4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4 4 4 4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4 4 4 4
				TOTAL SCORE	24 24 24 ~~24~~
				Evaluator's Name	

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

Risk Score	Category	Action	Support Surfaces (**Please Note:** Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice
15-18	At Risk	⓭ Regular Turning Schedule ⓮ Enable as much activity as possible ⓯ Protect the heels ⓰ Use pressure redistribution surfaces ⓱ Manage moisture, friction and shear ⓲ 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	⓳ Use the Same Protocol as for **"At Risk"** Patients ⓴ 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	㉑ Follow the same protocol as for **"Moderate Risk"** Patients ㉒ In addition to regular turning schedule ㉓ 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	㉔ Use same protocol as for **"High Risk"** Patients ㉕ 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

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01-01-1996 30 Y 6 M 7 D (F)
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PAIN ASSESSMENT FORM

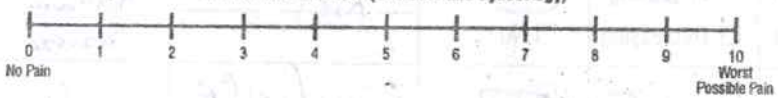
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
8/7/26	1pm	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	—	011796.
8/7/26	2:30pm	01/10	Lower abdomen	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Comfortable position	
8/7/26	4pm	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	
8/7/26	10pm	Y/10	Back pain	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	Comfortable position	
9/7/26	12AM	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	No pain	
9/7/26	5AM	Y/10	Lower Abdomen	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	Breathing Exercises	
9/7/26	3AM	1/10	Lower abdomen	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Comfortable Position	
9/7/26	12pm	0/10	Lower Abd.	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Comfortable Position	
9/7/26	4pm	1/10	Surgical site	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Comfortable Position	
9/7/26	6pm	2/10	Surgical site	☐ Continuous ☑ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	7-Aug-19 Site	

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

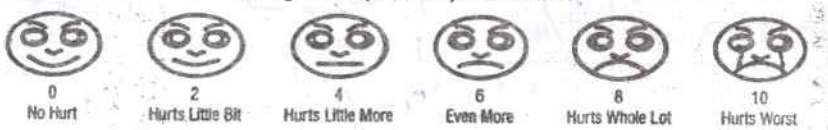
(P.T.O)

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years



FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	M 8/7/26	E 8/7/26 2pm	N 8/7/26 8pm
		Score			
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0	0	0	0
Secondary Diagnosis (more than one diagnosis)	Yes	15			
	No	0	0	0	0
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0	0		
IV / Heparin Lock or Saline	Yes	20		20	20
	No	0	0		
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10	10	10	10
	Normal /On Bed Rest /Immobile	0			
Mental Status	Forgets limitations	15			
	Oriented to own ability	0	0	0	0
Total Morse Fall Scale Score:			10	30	30
		Signature	Naveta 011496	Proyanka	[illegible]

Fall Risk Grading

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

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

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

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

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

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

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

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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	9/7/26 8AM	9/7/26 2	9/7 N
		Score			
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0	0	0	0
Secondary Diagnosis (more than one diagnosis)	Yes	15			
	No	0	0	0	0
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15		0	0
	None /Bed Rest /Nurse Assist	0	0		
IV / Heparin Lock or Saline	Yes	20	20	20	20
	No	0			
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10	10	10	10
	Normal /On Bed Rest /Immobile	0	0		
Mental Status	Forgets limitations	15		0	0
	Oriented to own ability	0	0		
Total Morse Fall Scale Score:			30	30	30
		Signature	[signature]	[signature]	[signature]

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

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

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

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

Patient Sticker

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INDUCTION OF LABOR CONSENT

GUC-00087739 IP18-00036378
Mrs LAXMIPRIYA RAVI RAJ
01-01-1996 30 Y 6 M 7 D (F)
Dr. MATHANGI RAJAGOPALAN

Name: .... Age: ..... Gender: Male ☐ Female ☐

UHID.No : .... Date: .....

You are scheduled for an induction of labor on 08/07/2026 (date) at 38w+1d (weeks of gestation).

The reason for your induction is Term

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

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

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

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

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

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

Patient

Signature: .....

Name: LAXMI PRIYA

Date & Time: 8/7/26

Patient Attendant:

Signature: .....

Name: Santosh

Relationship with Patient: Husband

Date & Time: 8/7/26

Doctor:

Signature: .....

Name: Dr. Shreedevi

Date & Time: 08/07/2026 @ 1pm

Witness

Signature: .....

Name: .....

Date & Time: .....

INFORMED CONSENT FOR VAGINAL BIRTH

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Mrs LAXMIPRIYA RAVI RAJ
01-01-1996 30 Y 6 M 7 D (F)
Dr. MATHANGI RAJAGOPALAN

Patient Name : ..... UHID No : .....

Gender: ☐ Male ☐ Fen ..... Time : .....

I hereby authorized the performance of the following procedure:

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

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

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

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

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

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

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

Name of the Doctor performing the procedure: Dr. Mathangi

Consentee :

Signature : .....

Name : LAXMI PRIYA

Date & Time : 8.7.26

Patient Attendant :

Signature : .....

Name : Santosh

Relationship with Patient: Husband

Date & Time : 8.7.26

Witness :

Signature : .....

Name : .....

Date & Time : .....

Doctor (who is taking the consent) :

Signature : .....

Name : 08/07/2026 Dr. Shreedevi

Date & Time : 08/07/2026 @ 1p.m.

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BREAST FEEDING HANDOVER AND ASSESSMENT FORM

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

2. If No, Reason .....

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

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

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

Feeding Positions:
Cross Cradle

Feeding Positions:
Football / Clutch

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

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

8. NICU admission:
   - ☐ a. Mother needs to stimulate her breast for 2 min every 2 hours (N/A)

9. Additional notes: .....

Continuity of Care: Date: .....

L: 2

A: 2

T: 2

C: 1

H/A 2

9

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

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

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

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PATIENT TRANSFER FORM

(2)

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01-01-1996 30 Y 6 M 7 D (F)
Dr MATHANGI RAJAGOPALAN

	Date & Time of Admission	Date & Time of Transfer Order
	8/7/26 @ 12-36p.	8/7/26 9p.
Treating Consultant Name	Transfer Ordered by	Reason for Transfer
Dr. Mathangi	Dr. Vinitha	Further management
From Unit	To Unit	Information to Attendant
603.	MICU.	Yes ☐ No ☐
Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☐ If yes, what ?
Case Sheet	CFG	

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	under pad	(4)
2.	Mat Mom pad	(1)
3.	New mom Padits	(1)
4.		
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Praveena 02032P	Dr. Vinitha

Patient & Clinical Records Received by : Shilpa 018008

Date & Time of Patient Received : 8/7/26 at 9:30pm

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

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

Docu. No. : RCH /FRM / CLINICAL / 102

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Pain

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OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 8/7/26 Time of Arrival: 12 50 PM Time Seen by Nurse: 12 55 PM.

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: Induction of Labour.

3) **Vital Signs:** Temperature: 98°F Pulse: 84/Mt RR: 24/Mt SpO_2: 99% BP: 110/70 Weight: 72kg.

4) **Gestational Criteria:**

Gravida:	G 1	P –	L –	A –

LMP: 28/10/25 EDD: 4/8/26 Gestational Age: 38+1 W/D.

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

5) **Pain Screening:**

Numerical Pain Scale (NPS)

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

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

6) **Past History:**

a) Surgeries: Bartholin's Cyst removal, Marsupialisation done Feb 2025.

b) Medical: UDM on meal.

(P.T.O.)

Patient Sticker

7) **Allergy:** ☐ Yes ☐ No, If Yes : .....

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

9) **Prenatal Medical History:**

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

Triage Category: (Please tick on the category)

Refer to OBSTETRICAL TRIAGE ACUITY SCALE (OTAS)

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

OBCU Obstetrical Triage Acuity Scale (OTAS)

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

Time seen by Doctor: 12.55 pm

Nurse Name : Vijetha / 011796 Nurse Signature: 011796

Date: 8/2/26 Time: 1.10 pm

GUC-00087739 IP18-00036378
Mrs LAXMIPRIYA RAVI RAJ
01-01-1996 30 Y 6 M 7 D (F)
Dr. MATHANGI RAJAGOPALAN

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LABOUR AND DELIVERY NURSING ASSESSMENT

Date of Admission: 8/2/26.

Baseline Information:

Admission From: ☐ ER ☐ OPD ☐ Admission Desk ☐ Others: specify TDR

Primary Language: ☐ Telugu ☐ English ☐ Hindi ☐ Others TAMIL

Do you require an interpreter? ☐ Yes ☑ No

Source of Information: ☑ Patient ☐ Family ☐ Others

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

handed over to given to attendor

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

If yes, identify

Chief Complaints: Primi 38+1 wks FOL

Doctor Notified on Admission: ☑ Yes ☐ No

Name of the Doctor: Dr. Akshitha

Time Notified: 1pm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
GDM on meal	Bartholin cyst-marsupialisation done 1 year FEB 2025.	Nil.

Blood Group: O -VE LMP: 28/10/25 EDD: 4/8/26 Gestational age during admission: 38+1 wks

Contractions: Nil Vaginal Discharge: Nil

Obstetric History: G 1 P — L — A — Previous LSCS —

Height: 167 Weight: 72.8kg BMI:

Temp: 98°F HR: 84/mt RR: 24/mt BP: 110/70 SpO_2 99%

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

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

(P.T.O)

Patient Sticker

Family History: ☐ No Abnormalities Detected F-T2DM.

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

☐ Liver disease ☐ Other .....

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

Fall Assessment: ☑ Yes ☐ No Score 10 (complete the Morse Fall Risk Assessment Sheet)

Risk of Pressure Sore: ☑ Yes ☐ No Score 0/w (complete the Braden Q Sheet)

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

☐ Mobility problem ☐ Walking Problem ☑ No Abnormality Detected

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING:

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

☐ Under Weight ☐ Diabetes Mellitus ☐ No Abnormality Detected

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

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

☐ Others .....

Inform consultant for positive criteria

SOCIAL SCREENING:

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

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

Social History: Lives With ..... Her husband .....

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. Laxmipriya .....

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

Orientation not given Reason: ..... 3/7/26 .....

Nurse Signature: ..... Sneha/011796 .....

Nurse Name: ..... Sneha/011796 .....

Date & Time: ..... 8/7/26. .....

GUC-00087739
Mrs LAXMIPRIYA RAVI RAJ (F)
01-01-1996 30 Y 6 M 7 D
Dr. MATHANGI RAJAGOPALAN

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RISK ASSESSMENT TOOL FOR DEEP VEIN THROMBOSIS

POSTNATAL ASSESSMENT AND MANAGEMENT (TO BE ASSESSED ON DELIVERY SUITE)

Date: 8/7/20

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 low-risk thrombophilia (no VTE)		1
Age (≥35 years)		1
Obesity		1 or 2
Parity ≥ 3		1
Smoker		1
Gross varicose veins		1
Obstetric Risk Factors		
Pre-eclampsia in current pregnancy		1
ART/IVF (antenatal only)		1
Multiple pregnancy		1
Caesarean section in labour		2
Elective caesarean section		1
Mid-cavity or rotational operative delivery		1
Prolonged labour (24 hours)		1
PPH (1 litre or transfusion)		1
Preterm 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, postpartum sterilization		3
Hyperemesis		3
OHSS (first trimester only)		4
Current systemic infection		1
Immobility, dehydration		1
Total		0
Signature of the Nurse		
Action Plan		

Docu. No. : RCH / GDY /FRM / CLINICAL / 116

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 28 weeks.
- ✓ 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.

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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: ..... OT ..... Shifted to: ..... MICU .....

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1						☐C ☐DC
2						☐C ☐DC
3						☐C ☐DC
4						☐C ☐DC
5						☐C ☐DC
6						☐C ☐DC
7						☐C ☐DC
8						☐C ☐DC
9						☐C ☐DC
10						☐C ☐DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : ..... Dr. suthesh. .....

Date & Time : ..... 9/7/26 at 10.50am .....

Nurse Name & Signature: ..... Pradeepnarayan / Rozark .....

Date & Time : ..... 9/7/26 at 10.57am .....

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

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Mathangi
Asst. Surgeon : Dr. Vinitha
Anaesthetist : Dr. Sathish
Scrub Nurse : Sri Lung

Patie[nt] / UHI[D] / Date

GUC-00087739 IP18-00036378
Mrs LAXMIPRIYA RAVI RAJ
01-01-1996 30 Y 6 M 8 D (F)
Dr. MATHANGI RAJAGOPALAN

[A]ge : 30y Gender : F
[Typ]e : Emergency LSCS
Out-time : 11.10

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Before Induction of Anaesthesia ➢ ➢

SIGN IN Time: 10:40 am

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

Site Marked ☑ Yes ☐ No ☐ NA

Anaesthesia Safety Check Completed ☑ Yes ☐ No

Pulse Oximeter on Patient & Functioning ☑ Yes ☐ No

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

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

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

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

Signature : Sch

Name : SATHYA

Before Skin Incision ➢ ➢

TIME OUT Time: 10:50 am

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

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

Anticipated Critical Events

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

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

Nursing Team Reviews:
- Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns? ☐ Yes ☑ No ☐ NA

Is Essential Imaging Displayed? ☐ Yes ☑ No ☐ NA

Power Supply, Earthing, Power Backup and functioning of equipment checked. ☐ Yes ☑ No

Signature :

Name : Dr. Mathangi

Before Patient Leaves Operating Room

SIGN OUT Time: 11:10 am

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

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

Signature : [signature]

Name : Sri Lung

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

GUC-00087739 IP18-000363
Mrs LAXMIPRIYA RAVI RAJ
01-01-1996 30 Y 6 M 8 D (F)
Dr. MATHANGI RAJAGOPALAN

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PATIENT TRANSFER NURSING HANDOVER CHECKLIST

Date & Time of Transfer: OT **TRANSFERRED TO :** MICU

		YES/NO	REMARKS
1	**Patient Identification**		
	a.Patient Identification Patient name, age, UHID/hospital number confirmed	✓	
	b.Surgical procedure & correct site verified	✓	
2	**Airway & Breathing**		
	a.Oxygen delivery (mask/cannula/ventilator) secured	✓	
	b.SpO_2 within safe range	✓	
	c.If ETT: position confirmed, ties secure, cuff inflated	X	
3	**Circulation & Hemodynamic Stability**		
	a.IV lines secured & infusion running correctly	✓	
	b.No active uncontrolled bleeding	✓	
	c.Last vitals recorded before transfer	✓	
	d.Central line hubs are closed	X	
	e.Dressing Intact	✓	
4	**Pain Assessment**		
	a.Pain score assessed & analgesia given	✓	
	b.Reassessment done	✓	
5	**Wound, Dressings & Drains**		
	a.Surgical dressing intact	✓	
	b.All drains fixed, output noted		
	c.Catheter secure & urine output recorded	✓	
	d.Splints/casts/traction devices stabilized	X	
6	**Medications Pre & Post-Op Orders**		
	a.Medications due time noted	✓	
	b.Pre & Post-op instructions (NPO, position, mobilization) communicated	✓	
	c.Emergency meds given in OT (time & dose documented)	✓	
7	**Equipment Safety & Transport Preparedness**		
	a.Oxygen cylinder full & ambu bag at bedside	✓	
	b.Bed/side rails up and brakes applied	✓	
	c.Special positioning maintained as per surgery	✓	
8	**High-Risk Patient Safety (if applicable)**		
	a.Chest tube: underwater seal below chest level	X	
	b.Epidural catheter secure, infusion checked	X	
	c.Pressure areas protected (heels/elbows)	✓	
9	**BLOOD AND BLOOD PRODUCTS TRANSFUSED**	X	
10	**REPORTS AND LABS HANDED OVER**	X	
11	**BIOPSY/HPE SENT**	X	
12	**Documentation**		
	a.Documentation completeness	✓	
	Transferring Nurse: _____	RN	
	Receiving Nurse : _____		
	Signature of Incharge:		

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
Mrs. Laxmipriya	9/7/26	9/7/2026 at 11.30 AM
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
Dr. Mahanand	Dr. Satish.	further management
From Unit	**To Unit**	**Information to Attendant**
OT	MICU	Yes ☐ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
One file	—	Yes ☐ No ☐
		If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Pradeep Rozario	Dr Satish.

Patient & Clinical Records Received by : 9/7/26

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

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F FORM

GUC-00087739 IP18-00036378
Mrs LAXMIPRIYA RAVI RAJ
01-01-1996 30 Y 6 M 8 D (F)
Dr. MATHANGI RAJAGOPALAN

	Date & Time of Admission: 8/7/26 @ 12.36pm	Date & Time of Transfer Order: 9/7/26 @ 10.30AM
Treating Consultant Name: Dr. mathangi	Transfer Ordered by: Dr. vinitha	Reason for Transfer: Em. fscs
From Unit: CDR	To Unit: OT	Information to Attendant: Yes ☑ No ☐
Number of Sheets in Clinical File: Pt Dr file	Number of Imaging Films: CD - (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.		
2.		
3.		
4.		
5.		

Shifting Summary / Notes Written by Doctor : Yes ☐ No ☐
Dr. Vinitha

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
S. Pooja Soma	Dr. Vinitha

Patient & Clinical Records Received by : Sini Pradeepa

Date & Time of Patient Received : 9/7/26 @ 10.30Am

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

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PATIENT TRANSFER FORM

GUC-00087739 IP18-00036376
Mrs LAXMIPRIYA RAVI RAJ (F)
01-01-1996 30 Y 6 M 8 D
Dr. MATHANGI RAJAGOPALAN

	Date & Time of Admission	Date & Time of Transfer Order
	8/7/26 @ 12.36pm	9/7/26 @ 5.15pm
Treating Consultant Name	Transfer Ordered by	Reason for Transfer
Dr. Mathangi	Dr. Diviyalakshmi	pt care
From Unit	To Unit	Information to Attendant
CDR	603	Yes ☑ No ☐
Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant
pt DP file	USG (10)	Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

Shifting Summary / Notes Written by Doctor : Yes ☐ No ☐ Dr. Diviyalakshmi

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
S. pooja [signature]	Dr. Diviyalakshmi

Patient & Clinical Records Received by : S. Gayathri 09/7/26

Date & Time of Patient Received : 9/7/26 @ 5.30pm

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

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

Docu. No. : RCH /FRM / CLINICAL / 102

GUC-00087739 IP18-00036378
Mrs LAXMIPRIYA RAVI RAJ
01-01-1996 30 Y 6 M 8 D (F)
Dr. MATHANGI RAJAGOPALAN

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SSI PREVENTION CHECKLIST

S.No	INTERPRETATION	PERFORMED
	PREOPERATIVE	
1.	Do not remove hair at the surgical site unless the presence of hair will affect the procedure. Use clipper if necessary	Yes
2.	Decolonize surgical patients with skin antiseptic(Chlorhexidine bath /wipes)	Yes
3.	Antibiotic prophalaxis given within 60mts prior to skin incision	Yes
4.	Use a checklist based on the world health organization-19 item surgical checklist to ensure adherence to best practice	Yes
	INTRAOPERATIVE	
5.	Using chlorhexidine gluconate and alcohol-containing skin preparatory agent in combination	Yes
6.	Maintain normothermia during the surgical procedure (>36 deg C)	Yes
	POSTOPERATIVE	
7.	Maintain and monitor blood glucose levels regardless of diabetes status between 110 and 150 mg/dl	Yes
8.	Application of incisional negative pressure wound dressing	NIL

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URINARY CATHETER BUNDLE CHECK LIST

Date of Insertion: 9/7/26

Date of Removal: 9/7/26 @ 10 PM

Parameters	Date / Shift Time	9/7/26 10 AM	9/7/26 8 PM	9/7/26 8 PM				
Need for the Catheter		☑Yes ☐No	☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Hand Hygiene		☑Yes ☐No	☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Usage of Sterile Equipment		☑Yes ☐No	☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Is the Collection bag below the level of bladder		☑Yes ☐No	☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Check the Tube for Obsiruction (Free of Kinking)		☑Yes ☐No	☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Is Catheter dated as policy		☑Yes ☐No	☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Collecting bag is been emptied regularly?		☑Yes ☐No	☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Maintenance of closed system for the catheter		☑Yes ☐No	☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Dressing clean and dry?		☑Yes ☐No	☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Is the line removed as Policy?		☑Yes ☐No	☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Performance of Perineal Care		☑Yes ☐No	☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Onset of New Fever		☐Yes ☑No	☐Yes ☑No	☐Yes ☑No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Asses for the leakage at the site of insertion		☑Yes ☐No	☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Name of the Nurse		Pooja	Pooja	Bhakeem				
Signature of the Nurse		[signature]	[signature]	[signature]				

INFORMED CONSENT FOR SURGERY OR SPECIA

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GUC-00087739 IP18-00036378
Mrs LAXMIPRIYA RAVI RAJ
01-01-1996 30 Y 6 M 7 D (F)
Dr. MATHANGI RAJAGOPALAN

Patient Nan ..... Gender: ☐ Male ☐ Female Age : .....

UHID No : ..... Date : .....

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 (Ind: Maternal wish) upon (Name of the Patient) Mrs Laxmipriya

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

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

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

Bleeding infection, blood transfusion, injury to surrounding structures (ureter, bowel, bladder) respiratory distress baby admission to NICU,

My signature on this form indicates that

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

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

Consentee :

Signature : .....

Name : Laxmipriya

Date & Time : 9/7/26 at 10.30AM

Patient Attendant :

Signature : .....

Name : Sankeh

Relationship with Patient: Husband

Date & Time : 9/7/26 10.30AM

Witness :

Signature : .....

Name : .....

Date & Time : .....

Doctor (who is taking the consent) :

Signature : .....

Name : Dr. Vinitha

Date & Time : .....

CONSENT FORM FOR ANAESTHESIA

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GUC-00087739 IP18-00036378
Patient Name : Mrs LAXMIPRIYA RAVI RAJ
01-01-1996 30 Y 6 M 8 D (F)
Dr. MATHANGI RAJAGOPALAN
UHID NO: .....
Anaesthesiolog

..... Age : 30 Y ..... Gender : Male ☐ Female ☐
..... Surgeon Name: MATHANGI
..... Operative procedure planned : LOWER SEGMENT CAESAREAN SECTION

PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA

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

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

☐ Heart disease ☐ Hypertension ☐ Diabetes mellitus ☐ Renal failure
☐ Hepatic disorders ☐ Shock ☐ Multiple organ failure ☐ Polytrauma / Renal Tubular Aacidosis
☐ Incapacitating Cronic Obstructive Pulmonary Disease ☐ Others : .....

- 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 the above mentioned operation / Diagnostic / Therapeutic procedures.

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

I have been explained all my queries in the language understood by me.

Patient / Patient Attendant :
Signature : .....
Name : Laxmipriya
Relationship with Patient: Self
Date & Time : 9/7/26 10.30AM

Witness :
Signature : .....
Name : Santosh
Date & Time : 9/7/26 at 10.30AM

Doctor (who is taking the consent) :
Signature : .....
Name : CATHLEEN
Date & Time : 9/7/26

Docu. No. : RCH / FRM / CLINICAL / 021

GUC-00087739 IP18400036376
Mrs LAXMIPRIYA RAVI RAJ
01-01-1996 30 Y 6 M 8 D (F)
Dr. MATHANGI RAJAGOPALAN

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Department of Anaesthesiology

PRE-ANAESTHETIC EVALUATION

Name: LAXMIPRIYA Age: 30 Sex: F UHID.No :

Date: 9/7/26 Time: Proposed Operation: LSCS

Diagnosis:

B.P / CRT: 110/70 H.R: 80/m Weight: ASA Physical Status: ☑1 ☐2 ☐3 ☐4 ☐5

Laboratory Data:

Hgb: 12.9	Glucose: 77	Protein:	HIV:	X-Ray:
PCV:	Urea:	Alb:	HBS Ag:	ECG:
WBC:	Creat:	Total Bill:	HCV:	2D Echo:
Plate: 1.8	Na:	Dir. Bill:	Blood group:	Stress/Anglo:
PT:	K:	LDH:	T3	Other:
PTT:	Ca++:	Alk phos:	T4	
INR:	Mg++:	Amylase:	TSH	
	Cl -:	SGOT/SGPT:		

Allergies: NK

Medical History: CVS : Diabetes :

RESP :

CNS :

Renal : Physical Activity:

Hepatic / GE :

Others :

Past Anaesthetic History:

Physical Exam:

Airway: MP 1 2 3 4 Mouth Opening: Mentohyoid Distance: Neck: Teeth:

Lungs : BA (+)

Heart: S_1S_2 (P)

CNS: NAD

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

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

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

CURRENT MEDICATIONS	DOSAGE

Pre-Operative Instructions:

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

Signature: Name: SADHNA

Patient Sticker

ANAESTHESIA CHART

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Pre Induction Assessment:

Change in Patient Condition: ☐ Yes ☑ No — Fasting Status: 4 hrs

Physical Status: Patient Identified — ☑ Consent Present — ☑ Chart Reviewed

H.R: 70/m — B.P / CRT: 110/70 — SpO_2: 96 — R.R: 20 — Last Feed:

Pre-OP Diagnosis: ....

Surgeon: MATHANM — Operation: LSCS — Date: 9/7/20

Anaesthesiologist: SATHISH — Technician: ....

TIME: 10.40 — 11.40 am

N_2O /AIR /O_2 LPM

HALO /SO /SEVO

Drugs:

SYNTOCIN 20 U IV INFUSION

Antibiotic

Suppository

FiO_2 / SaO_2: 96 97 96 97

$ETCO_2$

ECG: SR SR SR

Temperature

Urine Output

Blood Loss

Fluids / Blood: RL 30

NOTES

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

Tourniquet on Time
Tourniquet off Time
Throat Pack In
Throat Pack Out

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

LAB Values: ABG / GRBS / Others

☑ Equipment Checked and Functional
☐ BP
☑ Cuff Site: Rt Arm
☐ Art Site: ....
☑ EKG Lead
☐ Temp Site
☐ FiO_2 Monitor
☐ Agent Monitor
☑ Pulse Oximeter
☐ Capnograph
☐ Ventilator
☐ Nerve Stimulator

Position: Sup

☐ Pressure Points Checked

Eye Care:
☐ Oint
☑ Tape
☐ Padding
☐ Awake

Temp:
☐ HME ☐ Fluid Warmer
☐ Cling Film ☐ OH Warmer
☐ Hugger's ☐ Cotton Wool
☐ Other

Times:
Anaes Start: 10.40
OP Start: ....
OP End: ....
Leave OR: 12 pm

Anaesthesia:
☐ GA
☐ Monitored Anaesthesia Care
☑ Regional

Line (Size & Location)
☐ CVP: ....
☐ ART: ....
☑ IV: (L) 20G
☐ IV: ....
☐ IV: ....

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

☐ Mask ☐ SGA
☐ Airway ☐ Oral ☐ Nasal
ETT# .... at .... cm
☐ Oral ☐ Nasal ☐ Cuff
☐ Tracheostomy ☐ Topical
☐ Drug: ....
☐ Awake ☐ Direct Vision
☐ Video Laryngoscopy ☐ Stylette / Bougie
☐ Fiberoptic
Blade# .... Attempts: ....
Difficulty Why? ....

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

Regional:
Extremity — Specify: ....
☑ Spinal ☐ Epidural ☐ Caudal
Others: ....
Position: ....
Site: 0.5% Bupivacaine
Needle Size: .... Depth: 2cc
Parasthesia ☐ Yes ☐ No
Catheter at skin .... cm
Drug Name & Conc: Buprenorphine
Bolus: 0.2ml
Infusion: ....
Block Level: ....
Comments: ....

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

Name of the Doctor: SATHISH
Signature of the Doctor: [signature]

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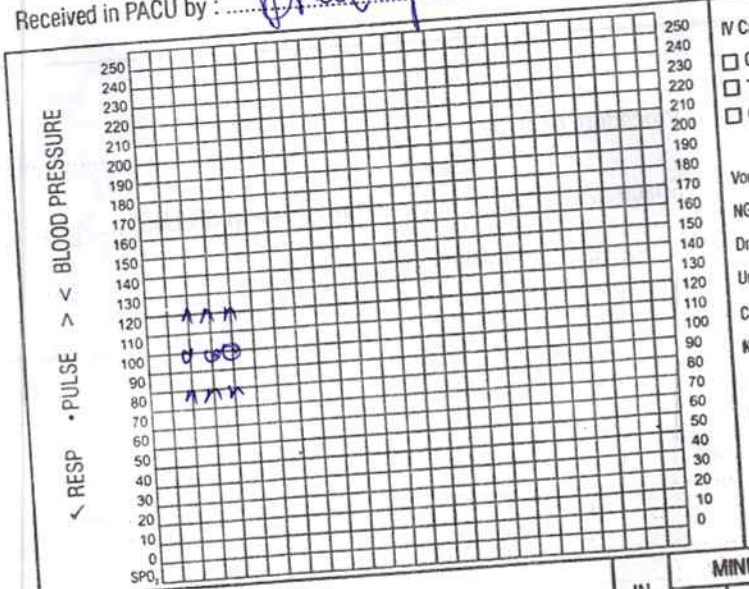
Patient Sticker

POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Pradeep Time Received : 11.40 am Time Discharged : 11.40 am



IV Cannula Site : .....

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

Vomiting : ☐ Yes ☐ No Drug: .....

NG Tube : ☐ Yes ☐ No

Drain: ☐ Yes ☒ No

Urinary Catheter: ☐ Yes ☐ No

Chest Tube: ☒ Yes ☐ No

Nil Oral ☐ Yes ☐ No

IV Fluids: .....

Oral Feeds: .....

POST ANAESTHESIA SCORE (Modified Aldrete Score)			IN	MINUTES 30	MINUTES 60	MINUTES 90	OUT
Able to move 4 extremities voluntary or on command Able to move 2 extremities voluntary or on command Able to move 0 extremities voluntary or on command	= 2 = 1 = 0	ACTIVITY	1	1	2		
Able to deep breathe & cough freely Dyspnea or limited breathing Apneic	= 2 = 1 = 0	RESPIRATION	2	2	2		
BP ± 20 of Pre Anaesthetic leve BP ± 20-50 of Pre Anaesthetic leve BP ± 50 of Pre Anaesthetic leve	= 2 = 1 = 0	CIRCULATION	2	2	2		
Fully awake Arousable on calling Not responding	= 2 = 1 = 0	CONSCIOUSNESS	2	2	2		
Pink Pale, dusky, blotchy, jaundiced, other Cyanotic	= 2 = 1 = 0	COLOR	2	2	2		
		TOTAL					

SCORING INTERPRETATION

A Minimum Total Score of 8 is Required for Discharge

Exceptions to this, are to be explained in the space below by the Discharging Physician:

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature

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

Reassessment Frequency:

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

Anaesthesiologist Name : SATHISH

Anaesthesiologist Signature: Sath

Date & Time: 9/7/26

PACU Nurse Name : Pradeep

PACU Nurse Signature: Pradeep

Date & Time: 9/7/26 11.40 am

Transferred to Unit by (PACU): Pradeep

Date & Time: 9/7/26 - 11.40 am.

Patient Sticker

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EPIDURAL ANALGESIA RECORD

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

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

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

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

Solution Composition : .....

Any other issues :

a) .....

b) .....

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

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

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

Patient Satisfaction : .....

Discharge /Shifting ordered by

Doctor Signature: .....

Doctor Name: .....

Date and Time : .....

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NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 10/07/2026 Time: 12:30PM.

Origin: — Height: 167 Cm Weight: 72.8 Kg BMI: ☐ ~26 kg/m² ☐ ~28 kg/m² ☐ ~30 kg/m²

Food Allergies: —

Diagnosis: EMERGENCY LSCS.

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

Diet Advised:

Liquid Diet – ORS/ Coconut Water / Butter Milk / Barley Water / Soups (1)

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

Soft Diet – Soft Rice, Dal and Vegetable Curries Soft Cooked, Curd (2)

Diabetic Diet – Brown Rice / Oats/ Dahlia/ Rotis, Dal and Vegetables and Curd (Avoid Roots / Tubers) * GDM on MNT.

Patient's / Attendant's

Signature: L

Name: LAXMI PRIYA.

Date & Time: 10/07/26 @ 12:30PM

Dietician's

Signature: A.N (01833G)

Name: A. Sadiqa Fezheen

Date & Time: 10/07/26 @ 12:30PM.

DIETARY NOTES

Date	Time	Notes	Sign
09/07/26.	08:20 AM	- Patient is on Liquid diet. - Patient is Stable. Oral intake is Better - Adequate - Advised to take plenty of Oral fluids - water, tender Coconut water, Fruit Juices (etc) Fluids - 2.5 - 3 l/d.	A.D (018336)
	1:50 PM.	EM - LSCS done. NPO x 2 hrs.	A.D (018336)
	4:30 PM.	- Patient is on Liquid Diet - Consume Sips of water, Juices (etc) - Patient is Stable.	A.D (018336)
10/07/26.	9 AM.	* Patient is on Soft Diet - Patient is Stable. Oral is Adequate. - Advised to take ~~easy~~ - digest foods. - Consume Small - frequent meals. Include galacto gogues foods for milk secretion - garlic, fennel, Oats (etc) RDA. Values - Energy - 1600 kcal Protein - 17 - 19 g/d.	A.D (018336)