Rainbow Children's Hospital

GUC-00092489 IP18-00036571
Mrs BARNA LATA MOHANTY
05-10-1984 41 Y 9 M 19 D (F)
Dr. LUCETTA AMELIA DIAS

DISCHARGE TRACKING SHEET

FLOOR- 6th floor NAME OF CONSULTANT-

ACTIVITY	INTIME	OUT TIME	NAME & SIGNATURE	REMARKS	<To be filled by Admin>		
Activity Sheet update by Nursing			Copy				
Activity Sheet update by Pharmacy			Copy 22/7/24				

GUC-00092489 IP18-00036571
Mrs BARNA LATA MOHANTY
05-10-1984 41 Y 9 M 16 D (F)
Dr. LUCETTA AMELIA DIAS

ACTIVITY RECORD FOR BILLING

Name: Mrs. BARNA LATA MOHANTY.

UHID No: 92484 IP No: 36571 Consultant: Dr. Lucetta Dept: LDD

Date of Admission: 21/7/26 Time: 10:15 PM Date of Discharge: ..... Time: .....

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
21/7/26	11.40PM	LDR	6th Floor	
22/7/26.	9AM	602	LDR	
22/7/26	10:20Am	LDR	OT	
22/7/26	11:40 Am	OT	MCW	
22/7/26	4.45pm	LDR	602	

CROSS CONSULTATION VISIT

	Doctor Name	Date	Order No.	Signature
1.	PAC	21/7/26	17/3/24	
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
21/7/26	RBS [POCT]	26023513	
22/7/26	RBS	26023530	
22/7/26	Unknown specimen – HPE	26023591	
24/7/26	~~HB~~ ~~CBC~~ HB	23746	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
2/7	CTG – (1)	23/7/26		(1)09870	[illegible] 11/7/26
02/7/26	Infusion pump (6)	9:00 Am		17 31537	[illegible]

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
22/7/26	IV placement	(1)	1731149	
22/7/26	Catheterisation	(1)	1731149	
23/7/26	Diet Counselling	(1)	1731787	
24/7/26	physio Meeup	(1)	1732153	

ANY OTHER INFORMATION:

22/7/26. Procedure: EL-LSCS

Surgeon: Dr. Lucetta

Anesthetist: Dr. Ashwini (Dr. Priyadharshini

Assist. surgeon: Dr. Vinithe

Starting time: 10:30 Am

Ending time: 11:30 Am

Date: 24/7/26 Time: ..... Prepared By: .....

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

GUC-00092489 IP18-00036571
Mrs BARNA LATA MOHANTY
05-10-1984 41 Y 9 M 17 D (F)
Dr. LUCETTA AMELIA DIAS

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 : 22/7/26

Patient Name: Mrs. Barna Lata mohanty Date of Birth: 5/10/1984 Age: 41/F

Gender: F Ward : OT UHID No.: 92489

Date of Surgery: 22/7/26 ☑ OT -1 ☐ OT -2 ☐ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : Elective LSCS

Time in : 10:20 Am Time Out : 11:45 Am

	NAME	AMOUNT
1. Surgeon	: Dr. Lucetta	
2. Anaesthetist	: Dr. Boiyadhaushini / Dr. Ashwini	
3. Assistant Surgeon	: Dr. Vinith	
4. OT Technician	: Mr. Thangadurai	
5. Circulating Nurse	: SNS Renu	
6. Assistant Nurse	: SNS Saiee	

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

DR. Lucetta
Signature of the Surgeon

Signature of Circulating Nurse

Renal serialized by SNS. Sangeetha 020328.

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

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

386

Mrs. Barnalata

Patient Sticker

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CONSUMABLES OF OT

Circulating staff : AN. Rusha Technician : Mr. Thangam Date : 22/7/26 Time : .....

Anaesthesia Disposables	Qty Issued	Qty Used
ET tube		
LMA		
ECG leads : (A) P / N		
HME filter : A / P / N		
Syringes : 10 cc		✓
05 cc		✓
02 cc		✓
01 cc		✓
Cautery plate : (A) P / N		
IV set		✓
RL		✓
NS : 10ml / (100ml) / 500ml / 1000ml		
Fentanyl		
Morphine		
Ketamine		
Propofol		
Rocuronium		
Glycopyrolate		
Myopyrolate		
Ondansetron		✓
Pencan 25g/ Spinal Needle 22		
Bupivacaine 0.25%		
Bupivacaine 0.25%(Heavy)		
Antibiotics		
Suppositories		
Anamol : 80mg / 250mg / 170 mg		
Supridol : 100mg		
Justin : 12.5 mg / 25mg / (100mg)		
Tab. Misoprost : ~~200mg~~ 600mg		
Neeomen pad		
" fixator		
Bottle of table sheet		
Protogeron		

Surgical Disposables	Qty Issued	Qty Used
~~Major~~ Pack LSCS		1
Sutures 2347		3
1326		
		4
Gloves P.F 6 1/2		4
P.F. 7		6
Surgicare 6,7,8		1
Surgical blade 22		1
NG tube		1
Cautery pencil		4
Koochies		1
Ointments		
Suction Catheter		
Cap, Mask		
Gauze Pack 80		
Mop Pack		
Steristrip		
Underpad		✓
Draw sheet		
Abgel		
Foleys catheter		1
Urobag		
Chest Drainage Catheter		
Romodrain bag		
Bandage		
Tegaderm		
Ioban		
Double J Stent		
Vaccum Suction set		
Plastic ~~Bed Sheet~~ Apron		1
Betadine Solution		1
Microshield		1
Cotton Balls		1
Latex Gloves		1
Ramdione Scrub		1
Saral		

Disposables (Baby Side)	Qty Issued	Qty Used
Inj Vit.K		1
Cord Clamp		3
Suction Catheter		1
Feeding Tube 6F		1
Vaccum Suction Set		
Surgical Gloves 7		2
Gauze Pack		2
Syringe 1ml / 2ml		6
Surgical Blade # 20		1
Koochies (S)		(1)
1 Atropin		(1)
Ephedrine		(1)
D. water 10ml		3
Anawin Heavy		(1)
Buprigesic		(1)
2 Spinal needle 25g w/pencil		(1)
1 needle 26x1½		(1)
Mezolam		(1)
1 Biotamic		(2)
O2 mask (A)		1
Protogeron		1
Baby wipes		1
Baby diaper		1
~~O~~ Nas mask		2
~~Protog~~		
1+1		
2		
2		
1op		

OT Technician

Surgeon Anaesthesiologist Nurse

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

Doc. No. : RCH / FRM / GENERAL / 125

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	IP18-00036579	**Ward**	6F-PRIVATE
Patient Name	Baby B/O BARNA LATA MOHANTY	**Bed Name**	CRDL-PVT602-1
Age/Sex	0 Y 0 M 0 D 2 H / Male	**Order No**	18-0001731350
Date	22/07/2026 12:18	**Prescription No**	PRIP18-0628626
Payor	SELFPAY	**Dispensed Date**	22/07/2026 12:46
UHID	GUC-00094162		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	BABY DIAPER NEW BORN TEDDYS 10S PACK		H	18072026	12/30	1	255.00	255.00
2	ENCORE MICROPTIC GLOVES-7 PF	ANSEL		2604014105	04/29	1	128.00	128.00
3	GAUZE 7.5X7.5 12 PLY (5 NOS) NON XRAY	Bapuji Surgicals	GENERAL	M2641150	06/29	1	100.00	100.00
4	KLICK CLAMP	ROMSONS		G26D040017	03/31	1	42.00	42.00
5	PROTO GOWN (ADULT)	Diamond Medicare	GENERAL	1010626	05/29	1	250.00	250.00
						Total :	**775.00**	**775.00**

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	IP18-00036571		
Patient Name	Mrs BARNA LATA MOHANTY	**Ward**	6F-PRIVATE
Age/Sex	41 Y 9 M 17 D / Female	**Bed Name**	PVT 602
Date	22/07/2026 12:41	**Order No**	18-0001731452
Payor	SELFPAY	**Prescription No**	PRIP18-0628625
UHID	GUC-00092489	**Dispensed Date**	22/07/2026 12:45

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	CAUTERY PENCIL (ADVANCE)	The Advanced cadiomed	GENERAL	250824	08/28	1	1,303.00	1,303.00
2	DISPOSABLE APRONS STERILE XL	Mediblue		1010726	06/29	2	120.00	240.00
3	Encore Microptic gloves-6.5		H	2603019005	03/29	2	128.00	256.00
4	ENCORE MICROPTIC GLOVES-7 PF	ANSEL		2604014105	04/29	2	128.00	256.00
5	GAUZ SWAB 10 X 10 CM 12PLY 5S X-RAY	Bapuji Surgicals	GENERAL	M2645010	03/29	2	123.00	246.00
6	JUSTIN SUPPOSITORIES 100 MG 5 S	Neon Laboratories Ltd	H	BLNP274055	12/28	1	18.74	18.74
7	LSCS DRAPE PACK	Mediblue	H	1010626	05/29	1	2,250.00	2,250.00
8	MISOPROST TAB 600MCG1S	CIPLA LIMITED	H	6GH0162	08/27	1	105.12	105.12
9	MONOCRYL 3-0 NW 1326	ETHICON SUTURES-J&J	C1	T6003	12/30	1	997.00	997.00
10	MOPS 30X30 8PLY 5S X-RAY	DATT MEDI PRODUCTS	H	M2642SF029	03/30	1	949.00	949.00
11	N95 MASK KARE-ROMSONS	ROMSONS		G26B036120	12/30	2	57.00	114.00
12	NEW MOM DISP MATERNITY PAD FIXATOR - XL	DYNAMIC TECHNO	General	165510	04/31	1	221.00	221.00
13	NEW MOM DISP MATERNITY PADS MAXIPAD	DYNAMIC TECHNO		0153715	03/31	1	204.00	204.00
14	NITRILE EXAMINATION GLOVES P F- MEDIUM	ELITE MEDICALS	GENERAL	ENPF030020	11/28	20	25.00	500.00
15	NS 100ML ACCULIFE - EH	Aculife Health Care Pvt.Ltd(Nirlif		1B260029	04/28	1	21.01	21.01
16	PROTO GOWN (ADULT)	Diamond Medicare	GENERAL	1010626	05/29	1	250.00	250.00
17	QUICKSUITE OT TABLE SHEET MIDLINE SUITEL		H	260616I	06/31	1	775.00	775.00
18	RAMADINE SOLUTION 10% 100 ML	RAMAN & WEIL PVT LTD		RC126036	04/28	2	103.00	206.00
19	SGLOVE # 6 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	24G3012	06/29	1	82.50	82.50
20	SGLOVE # 7.0(SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26B5016M	01/31	1	91.00	91.00
21	SGLOVE # 8.0 (SURGI CARE)	KANAM LATEX	GENERAL	22C3394KV	02/27	1	75.00	75.00
22	SURGICAL BLADE 22	Surgeon	GENERAL	22C010126	12/30	1	7.67	7.67
23	UNDERPADS CARE 60 X 90 (FRIENDS)			07072026	12/30	1	205.00	205.00
24	VACCUME SUCTION SET	ROMSONS	GENERAL	K26D010294	03/31	2	811.00	1,622.00
25	VICRYL PLUS 1 VP - (2347)	ETHICON SUTURES-J&J	C1	T5O72	10/30	3	951.00	2,853.00

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	IP18-00036579	**Ward**	6F-PRIVATE
Patient Name	Baby B/O BARNA LATA MOHANTY	**Bed Name**	CRDL-PVT602-1
Age/Sex	0 Y 0 M 0 D 2 H / Male	**Order No**	18-0001731352
Date	22/07/2026 12:18	**Prescription No**	PRIP18-0628624
Payor	SELFPAY	**Dispensed Date**	22/07/2026 12:43
UHID	GUC-00094162		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	DSYRINGE 1ML (BD)	BECTON DICKINSON (BD)	GENERAL	6072541	02/31	1	24.00	24.00
2	INFANT FEEDING TUBE-6	ROMSONS	GENERAL	G26E010069	04/31	1	68.00	68.00
3	Menadione Sod Bisul 1 ml	HINDUSTAN LABS		0076	03/28	1	30.00	30.00
						Total :	**122.00**	**122.00**

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	IP18-00036571		
Patient Name	Mrs BARNA LATA MOHANTY	**Ward**	6F-PRIVATE
Age/Sex	41 Y 9 M 17 D / Female	**Bed Name**	PVT 602
Date	22/07/2026 12:41	**Order No**	18-0001731453
Payor	SELFPAY	**Prescription No**	PRIP18-0628623
UHID	GUC-00092489	**Dispensed Date**	22/07/2026 12:42

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	KP1713936	01/28	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	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	26C30K60	02/31	4	28.13	112.52
5	DSYRINGE 1ML (BD)	BECTON DICKINSON (BD)	GENERAL	6072541	02/31	1	24.00	24.00
6	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26C13K17	02/31	4	21.56	86.24
7	DSYRINGS 2.5ML(NIPRO)	NIPRO	GENERAL	26B12K44	01/31	4	11.25	45.00
8	D WATER 10 ML AMPULE	Aculife Health Care Pvt.Ltd(Nirlif	H	2254216	10/28	3	2.58	7.74
9	E.C.G ELECTRODES (ADULT)	JMS	GENERAL	12226S08G	03/28	3	32.34	97.02
10	EFIPRES INJ 30 MG 1 ML	NEON LABORATORIES LTD	H	1231095	01/28	1	45.90	45.90
11	INTRAFLOW (AUTO STOP) ROMSONS	ROMSONS		K26B010515	01/31	1	525.00	525.00
12	MEZOLAM INJ 5 MG 5 ML	Neon Laboratories Ltd	H1	V304645	04/28	1	31.55	31.55
13	NEEDLE 26 1 1 2INCH	Dispovan	GENERAL	01654R	12/30	1	3.38	3.38
14	ONDOKIND INJ 4 MG 2 ML	SWISS CRITICURE		BA26025	01/28	1	12.72	12.72
15	OxygenMask With Tubing - Adult ROMSONS-FC		GENERAL	G26B040107	01/31	1	336.00	336.00
16	PREGELLED SURGICAL PLATES(ADULT)	Erbee	GENERAL	2510302409	10/27	1	1,275.00	1,275.00
17	RL 500 ML CLOSED SYSTEM	Fresenius Kabi India Pvt Ltd		1D262104	03/29	4	69.84	279.36
18	SPINAL NEEDLE 25G 90MM WHITACARE	BECTON DICKINSON (BD)		2512026	11/30	1	448.50	448.50
19	TROPINE INJ AMP0.6MG1ML	NEON LABORATORIES LTD	H	SM038138	11/27	1	7.30	7.30
						Total :	**3,010.85**	**3,546.26**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

inted Time : 22-07-2026 12:42

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	IP18-00036579	**Ward**	6F-PRIVATE
Patient Name	Baby B/O BARNA LATA MOHANTY	**Bed Name**	CRDL-PVT602-1
Age/Sex	0 Y 0 M 0 D 2 H / Male	**Order No**	18-0001731351
Date	22/07/2026 12:18	**Prescription No**	PRIP18-0628627
Payor	SELFPAY	**Dispensed Date**	22/07/2026 12:47
UHID	GUC-00094162		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	BABY WIPES 72S BUTTERFLY		H	44RW44GU	03/28	1	299.00	299.00
						Total :	**299.00**	**299.00**

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	IP18-00036571	**Ward**	6F-PRIVATE
Patient Name	Mrs BARNA LATA MOHANTY	**Bed Name**	PVT 602
Age/Sex	41 Y 9 M 17 D / Female	**Order No**	18-0001731452
Date	22/07/2026 12:41	**Prescription No**	PRIP18-0628625
Payor	SELFPAY	**Dispensed Date**	22/07/2026 12:45
UHID	GUC-00092489		

Total :	**10,001.04**	**13,848.04**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

Rainbow Children's Hospital | BirthRight

GUC-00092489 IP18-00036571
Mrs BARNA LATA MOHANTY
05-10-1984 41 Y 9 M 19 D (F)
Dr. LUCETTA AMELIA DIAS

DISCHARGE TRACKING SHEET

FLOOR- 6th Floor NAME OF CONSULTANT-

ACTIVITY	TIME		NAME & SIGNATURE	REMARKS	<To be filled by Admin>
Discharge Announcement	24/7/26 10.40 am				
	INTIME	OUT TIME			
Arrangement of File by Nursing	24/7/26	10.00 am			
Preparation of Discharge Summary					
Finalization of discharge summary					
Transfer of file from Ward to Billing Dept					
Bill Processing					
Audit Clearance					
Billing Clearance					
Physical Clearance					

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

ADMISSION SHEET

Registration Details :

Admission No : IP18-00036571 **Admit Date** : 21-Jul-2026 **Admit Time** : 10:15 PM **UHID** : GUC-00092489

Patient Details :

Patient Name	: Mrs BARNA LATA MOHANTY	**Age**	: 41 Y 9 M 16 D
Guardian	: BIMAL CHANDREA PARIDLA	**DOB**	: 05-10-1984
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: appaswamy banyan hosuse flats no 2042 black 2 A NO 471 MKN ROAD Alandur Alandur Chennai Tamil Nadu INDIA 600016	**Phone No**	: 9962273533
		E-mail	: NO@GMAIL.COM

Admission Details :

Bed Type : MICU **Bed No** : MICU 803 **Ward Name** : 8F-OT COMPLEX

Room No : MICU 803 **Admission Type** : First Visit

Contact Details :

Name : BIMAL CHANDREA PARIDLA **Relationship** : Husband

Contact Address : appaswamy banyan hosuse flats no 2042 black 2 A NO 471 MKN ROAD Alandur Alandur Chennai Tamil Nadu INDIA 600016 **Phone No** : 9962273533

Signature

Doctor Details :

Doctor Name : Dr. LUCETTA AMELIA DIAS **Specialisation** : OBSTETRICS AND GYNECOLOGY

Referral Doctor : Dr. Lucetta Amelia Dias **Phone No** :

Co-Consultant :

Payment Details :

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

Payor Name : SELFPAY

GUC-00092489 IP18-00036571
Mrs BARNA LATA MOHANTY
05-10-1984 41 Y 9 M 17 D (F)
Dr. LUCETTA AMELIA DIAS

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: Dr. Lucetta	Date of Delivery: 22/7/26
Assistant Surgeon: Dr. Vinitha	Time of Delivery: 10:36 AM
Anaesthetist's Name: Dr. Ashwini	Gender of Baby: Boy
Type of Anaesthesia: SA	Weight of Baby: 2.87 kg
Neonatologist: Dr Prasanna	AGPAR Score: 8/10, 9/10
Scrub Nurse: S/N	NICU Admission: ☐ Yes ☑ No

Pre-Operative Diagnosis:

☑ Elective ☐ Emergency Indication: Previous LSCS

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 mins

CTG Description: Reactive

If there was a delay give the reasons:

Surgical Procedure: Elective lower segment cesarean section

Post Operative Diagnosis: P2L2 | POD #0

Peri-Operative Complications: Nil

Amount of Blood Loss: 250 ml Blood Transfused (in ML): —

Name and Number of Surgical Specimen sent for examination: Unknown, intra uterine specimen

(P.T.O)

Cord blood collection done.

Examination Findings when Appropriate:

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

5th Palpable: .... Cervical Dilatation: ....

Station: ☐ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2 Fetal Position: .... cm

Caput: ☐ + ☐ ++ ☐ +++ Moulding: ☐ None ☐ + ☐ ++ ☐ +++

Bladder Catheterized: ☑ Yes ☐ No Meconium: ☐ None ☐ + ☐ ++ ☐ +++

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 Omental adhesions to peritoneum

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

An unknown intrauterine specimen seen; sent for HPE

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

Cord Appearance: Normal

Appearance of placenta: Normal .... Cord around the neck ☐ Yes ☑ No

Uterus, tubes and ovaries: ☑ Normal ☐ Not Normal .... Cavity explored ☑ Yes ☐ No

Uterus - adenomyotic (diffuse); Endometriotic spots seen above LUS

Fibroid of 10 x 8cm seen on posterolateral surface of uterus; intramural

uterus not exteriorised

Uterine Closure: ☐ One Layer ☑ Two Layers Sterilization: ☐ Yes ☑ No

Peritoneal Closure: ☐ Pelvic ☐ Abdominal ☐ None .... 1 - Vicryl .... Suture

Sheath Closure: .... Suture

Fat Closure: ☐ Yes ☐ No .... 1 - Vicryl .... Suture

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

Vagineal Evacuated .... 3-0 Monocryl .... Suture

Drain: ☑ Yes ☐ No

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

☑ Yes ☐ No ☐ Remove in 10pm tonight .... 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:

- NPO x 4 hrs
- IV fluids @ 125 ml/hr
- Inj. Tranpic 1g IV 1-1-1
- Inj. Supacef 1.5g IV 1-0-1
- Inj Pan 40 mg IV 1-0-1
- Inj. Paracetamol 1g IV 1-1-0-1 (TDS)
- Justin suppository 1 tab P/R 1-0-1
- Foleys removal (CAD) at 10 pm tonight
- Hb on POD # 2

W/F ↑ Bleeding P/V

※ CBG Q2H

Doctor Name: Dr. Lucetta (cons) Dr Vinitha (Reg.) Doctor Signature: [signature] 1:21 m3

Date & Time: 22/7/26

GUC-00092489 IP18-00036571
Mrs BARNA LATA MOHANTY
05-10-1984 41 Y 9 M 17 D (F)
Dr. LUCETTA AMELIA DIAS

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

MEDICATION RECONCILIATION FORM

Drug Allergies: 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	INJ EMESET	4mg	IV	stat	22/7	☐C ☐DC
2	INJ TRAPIC	1g	IV	stat	22/7	☐C ☐DC
3	INJ SYNTO	5U	IV	stat	22/7	☐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 Prija
Date & Time : 22/7/26 11.30 Am.

Nurse Name & Signature: Prija 560721
Date & Time : 22/7/26

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

GUC-00092489 IP18-00036571
Mrs BARNA LATA MOHANTY
05-10-1984 41 Y 9 M 17 D (F)
Dr. LUCETTA AMELIA DIAS

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Lucetta
Asst. Surgeon Dr. Girija
Anaesthetist : Dr. Priyadharsha
Scrub Nurse : S/N Puja

..... Age : ..... Gender : .....
Surgery Name : EL-1SC1
Date : 22/7/26 In-time : 10:20 AM Out-time : 11:45

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

Before Induction of Anaesthesia ➤➤

SIGN IN Time: 10:25 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 : .....
Name : Dr Priya

Before Skin Incision ➤➤

TIME OUT Time: 10:28 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 : .....

Before Patient Leaves Operating Room

SIGN OUT Time: 11:45

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 : 22/07/26
Name : Rajna

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

GUC-00092489 IP18-00036571
Mrs BARNA LATA MOHANTY
05-10-1984 41 Y 9 M 17 D (F)
Dr. LUCETTA AMELIA DIAS

BirthRight | Rainbow Children's Hospital

PATIENT TRANSFER NURSING HANDOVER CHECKLIST

Date & Time of Transfer: 22/7/26 @ 11:45AM OT **TRANSFERRED TO :** MICU

		YES/NO	REMARKS
1	**Patient Identification**		
	a.Patient Identification Patient name, age, UHID/hospital number confirmed	Yes	
	b.Surgical procedure & correct site verified	Yes	
2	**Airway & Breathing**		
	a.Oxygen delivery (mask/cannula/ventilator) secured	NA	
	b.SpO_2 within safe range	Yes	
	c.If ETT: position confirmed, ties secure, cuff inflated	NA	
3	**Circulation & Hemodynamic Stability**		
	a.IV lines secured & infusion running correctly	Yes	
	b.No active uncontrolled bleeding	Yes	
	c.Last vitals recorded before transfer	Yes	
	d.Central line hubs are closed	NA	
	e.Dressing Intact	Yes	
4	**Pain Assessment**		
	a.Pain score assessed & analgesia given	Yes	
	b.Reassessment done	Yes	
5	**Wound, Dressings & Drains**		
	a.Surgical dressing intact	Yes	
	b.All drains fixed, output noted		
	c.Catheter secure & urine output recorded	Yes	
	d.Splints/casts/traction devices stabilized	NA	
6	**Medications Pre & Post-Op Orders**		
	a.Medications due time noted	Yes	
	b.Pre & Post-op instructions (NPO, position, mobilization) communicated	Yes	
	c.Emergency meds given in OT (time & dose documented)	Yes	
7	**Equipment Safety & Transport Preparedness**		
	a.Oxygen cylinder full & ambu bag at bedside	NA	
	b.Bed/side rails up and brakes applied	Yes	
	c.Special positioning maintained as per surgery	NA	
8	**High-Risk Patient Safety (if applicable)**		
	a.Chest tube: underwater seal below chest level	NA	
	b.Epidural catheter secure, infusion checked	NA	
	c.Pressure areas protected (heels/elbows)	NA	
9	**BLOOD AND BLOOD PRODUCTS TRANSFUSED**	NA	
10	**REPORTS AND LABS HANDED OVER**	NA	
11	**BIOPSY/HPE SENT**	Yes	
12	**Documentation**		
	a.Documentation completeness	Yes	
	Transferring Nurse:	607721	
	Receiving Nurse :		
	Signature of Incharge:	Lopita Goswami	

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PATIENT TRANSFER FORM

GUC-00092489 IP18-00036571 Mrs BARNA LATA MOHANTY 05-10-1984 41 Y 9 M 17 D (F) Dr. LUCETTA AMELIA DIAS	Date & Time of Admission 21/7/26 @ 10:15 pm	Date & Time of Transfer Order 22/7/26 @ 11:45 Am
Treating Consultant Name Dr. Lucetta Amelia dias	Transfer Ordered by Dr. Priyedharshi	Reason for Transfer For further management
From Unit OT	To Unit MICU	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 1 Ip file	Number of Imaging Films —	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
R607721	Dr. Priyedharshini

Patient & Clinical Records Received by : S. Pooja SN Prom

Date & Time of Patient Received : 22/7/26, at 11:45 Am.

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

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

Rainbow Children's Hospital
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 BARNA LATA MOHANTY**	**Age :**	**41 Y 9 M 16 D**
IP No:	**IP18-00036571**	**Sex:**	**Female**
Consultant:	**Dr. LUCETTA AMELIA DIAS**	**Ward/Bed No:**	**8F-OT COMPLEX/MICU 803**

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

Patient, be deemed advisable or necessary.

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

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

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

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

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

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

Signature of Patient/Relative:

Name: BIMAL CHANDRA PARIDA

Relationship: HUSBAND

Date: 21/07/26 Time: 10:17 PM

Witness Name: P. Thangaraj Sahaya

Witness Signature:

Patient Address:

appaswamy banyan hosuse flats no
2042 black 2 A NO 471 MKN ROAD
Alandur Alandur Chennai Tamil Nadu
INDIA 600016

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 point of time after discharge. I promise to settle the claim with the hospital as per Hospital Cash Tariff.

Patient Name : Mrs. RAKHA DATTA MOHANTY	UHID Number : 92489
Self/Attendant Name : BIMOL CHANDRA PARIDA	Relation : HUSBAND
Self/ Attendant Signature : Phone Number :	Name & Signature of Financial Counselor

GUC-00092489 IP18-00036571
Mrs BARNA LATA MOHANTY
05-10-1984 41 Y 9 M 16 D (F)
Dr. LUCETTA AMELIA DIAS

PRE - OPERATIVE CHI

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Patient's Name : Mrs. Barna Lata Age : 41y Date: 21/7/26
Blood Group : (O +ve) UHID : 92429 Gender : ☐ M ☑ F
Planned Surgery : Elective LSCS Surgeon : Dr. Lucetta Amelia
Anesthetist : Dr. Mohan Date & Time of Operation : 22/7/26 @ 10.30 Am

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 : ..... Nurse In-Charge Name : Jeintha
Billing Executive Signature : ..... Signature of Nurse In-Charge :
Date & Time : ..... Date & Time : 21/7/26 @ 11.30 pm

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

INFORMED CONSENT FOR SURGERY OR SPECIAL PRO(

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

BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

GUC-00092489 IP18-00036571
Mrs BARNA LATA MOHANTY
05-10-1984 41 Y 9 M 16 D (F)
Dr. LUCETTA AMELIA DIAS

Patient Name : .....

Gender: ☐ Male ☐ Female Age : 41y | Female

UHID No : .....

Date : 21-7-26

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

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

REPEAT ELECTIVE LOWER SEGMENT CESAREAN SECTION

(Ind: Previous LSCS) upon (Name of the Patient) MRS. BARNA LATA MOHANTY

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, need for blood and blood products, transfusion, injury to bowel-bladder, anesthesia related complications, MICU stay, NICU stay.

My signature on this form indicates that

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

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

Consentee :

Signature : .....

Name : Barna Lata Mohanty

Date & Time : 21/7/26 @ 11pm

Patient Attendant :

Signature : .....

Name : Barna Lata Mohanty

Relationship with Patient: (Husband)

Date & Time : 21/7/26 at 11pm

Witness :

Signature : .....

Name : .....

Date & Time : .....

Doctor (who is taking the consent) :

Signature : .....

Name : Dr. Lucetta

Date & Time : 21/07/26, 11pm

Ref. No. : F / HW / CON / ANES / 02

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

BirthRight™ BY RAINBOW HOSPITALS

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MAC

GUC-00092489 IP18-00036571
Mrs BARNA LATA MOHANTY
05-10-1984 41 Y 9 M 16 D (F)
Dr. LUCETTA AMELIA DIAS

Patient Name : .... Age : ....

Gender : M ☐ F ☐ - IP No : .... Consultant : ....

Ward / Bed No. : .... Anaesthesiologist : ....

Operative procedure planned : Elective ....

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 / RTA
☐ Incapacitating COPD	☐ Others :		

Comments : ....

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

DECLARATION BY PATIENT / GUARDIAN / PROXY

I hereby authorize Rainbow Hospital & its authorized doctors to perform upon me I my patient .... the above mentioned operation I Diagnostic I Therapeutic procedures ....

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

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

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

I authorize the anaesthetic team to perform any additional procedures (for example, CVP 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 I her will administer the Anaesthesia.

Pregnant: ☐ Yes ☐ No

DECLARATION BY THE ANAESTHETISTS PROVIDING INFORMATION FOR THIS CONSENT

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

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

Patient / Patient Attendant :

Signature : .....

Name : Mrs. Reena Lala

Relationship with Patient: Patient

Date & Time : 21/7/26 at 11pm

Witness :

Signature : .....

Name : .....

Date & Time : 21/7/26 @ 11pm

Doctor (who is taking the consent) :

Signature : .....

Name : .....

Date & Time : 22/7/26 9Am

Department of A[illegible]
PRE-ANAESTI[illegible]

GUC-00092489 IP18-00036571
Mrs BARNA LATA MOHANTY
05-10-1984 41 Y 9 M 16 D (F)
Dr. LUCETTA AMELIA DIAS

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

Name: .... Sex: .... UHID.No: ....

Date: 22/7/26 Time: .... Proposed Operation: ....

Diagnosis: .... 2pt 1.S.G.

B.P / CRT: 110/70 H.R: 83/min Weight: 82kg ASA Physical Status: ☐1 ☑2 ☐3 ☐4 ☐5

Laboratory Data:

Hgb: 12.0	Glucose:	Protein:	HIV: NR	X-Ray:
PCV:	Urea:	Alb:	HBS Ag: NR	ECG: (N)
WBC:	Creat:	Total Bill:	HCV: NR	2D Echo:
Plate: 1.92	Na:	Dir. Bill:	Blood group:	Stress/Angio:
PT:	K:	LDH:	T3 O+ve	Other:
PTT:	Ca++:	Alk phos:	T4	
INR:	Mg++:	Amylase:	TSH 2.28	
	Cl-:	SGOT/SGPT:	**Allergies:** Nil	

Medical History: CVS:
RESP: Diabetes: ~ GDM on insulin & OHA
CNS: No comorbidities
Renal: CBG - .
Hepatic / GE: Physical Activity: Appropriate.
Others:
Past Anaesthetic History: Previous LSCS. U/R SA. Hysteroscopy SA uneventful.
Physical Exam:
Airway: MP 1 2 3 4 Mouth Opening: Mentohyoid Distance: Neck: Teeth:
Lungs:
Heart: S1 S2 / NAD.
CNS:
Pregnant: ☐ Yes ☐ No ☐ NA | Venous Access Site: Spine Exam for regional:

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

CBG - 98mg/dl at 7AM

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

CURRENT MEDICATIONS	DOSAGE
Insulin	
OHA	
Pyridoxine.	

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: S. Ashwini 101348 Name: Dr. Ashwini S

Docu. No.: RCH /FRM / CLINICAL / 044

Patient Sticker

ANAESTHESIA CHART

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

Pre Induction Assessment:

Change in Patient Condition:	☐ Yes ☑ No	Fasting Status: >6hrs	
Physical Status:	Patient Identified ✓	☑ Consent Present	☑ Chart Reviewed

H.R: 78/min | B.P / CRT: 120/70 | SpO₂: 100% | R.R: 16/min | Last Feed:

Pre-OP Diagnosis: prev LSCS | Operation: elective LSCS | Date: 22/7/26

Surgeon: Dr Lucetta | Anaesthesiologist: Dr Ashwini / Dr Puja | Technician: Mr Kumar

TIME	10:25 am ... 11:30am
N_2O /AIR /O_2 LPM	
HALO /ISO /SEVO	
Drugs:	Inj synto 5U IV + 20U IV infusion Inj Tranexamic acid 1g IV Inj Emeset 4mg IV
FIO_2 / SaO_2	
$ETCO_2$	
ECG	sinus rhythm
Temperature	
Urine Output	
Fluids / Blood	10 RL 20 RL 30 RL

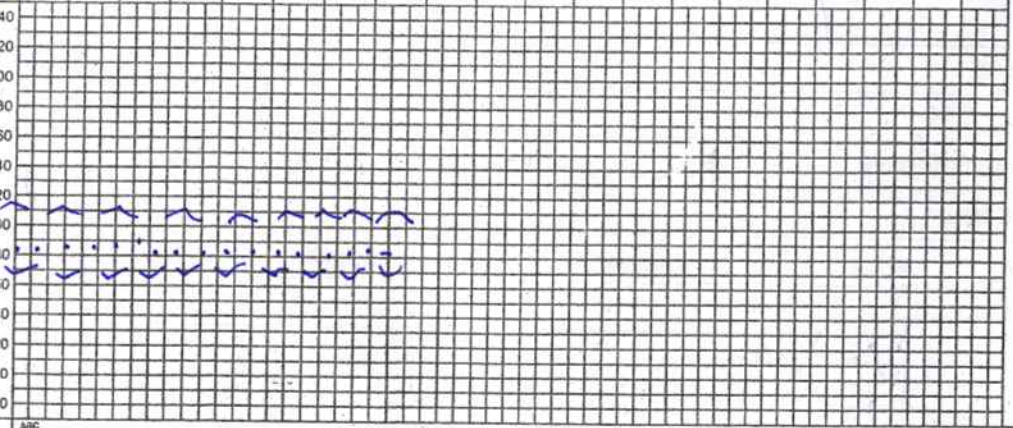
Antibiotic

Suppository

Blood Loss

NOTES

B.P
V Systolic
Λ Diastolic
X Mean
• Heart Rate
Tourniquet on Time
Tourniquet off Time
Throat Pack In
Throat Pack Out



LAB Values	
	ABG
	GRBS
	Others

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

Position: supine
☑ 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: 10.25am
OP Start: ....
OP End: ....
Leave OR: 11.30am

Anaesthesia:
☐ GA
☐ Monitored Anaesthesia Care
☑ Regional

Line (Size & Location)
☐ CVP: ....
☐ ART: ....
☐ IV: 18 G (R) VL
☐ 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: sitting
Site: L3 - L4
Needle Size: .... Depth: ....
Parasthesia ☐ Yes ☐ No
Catheter at skin .... cm
Drug Name & Conc: 2ml 0.5% (H) Bupivacaine + 0.2ml Buprenorphine
Bolus: ....
Infusion: ....
Block Level: T6 level (+)
Comments: ....
Transportation to
☐ PACU ☑ ICU ☐ Other
Relaxant Reversed ☐ Yes ☐ No ☐ NA
Name of the Doctor: Dr Puja
Signature of the Doctor: [signature] 15262

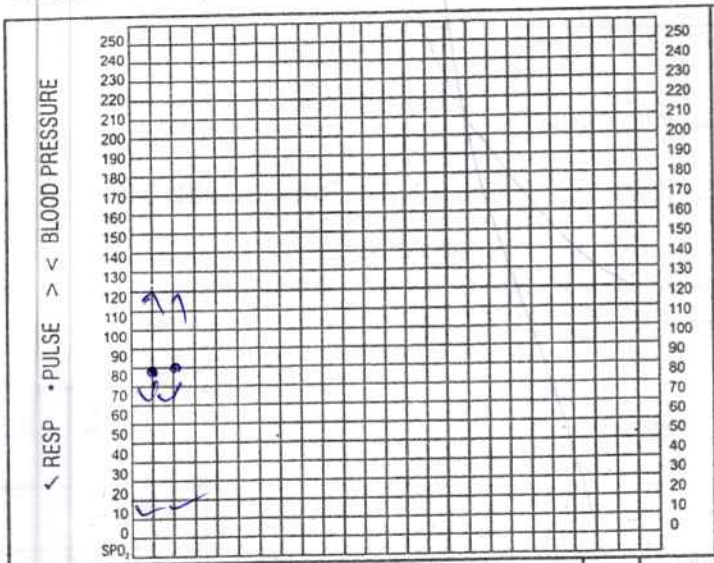
Patient Sticker

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Risna Time Received : 11:45 Am Time Discharged : 11:45 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	60	90	OUT	SCORING INTERPRETATION
Able to move 4 extremities voluntary or on command Able to move 2 extremities voluntary or on command Able to move 0 extremities voluntary or on command	= 2 = 1 = 0	ACTIVITY	1				1	A Minimum Total Score of 8 is Required for Discharge Exceptions to this, are to be explained in the space below by the Discharging Physician:
Able to deep breathe & cough freely Dyspnea or limited breathing Apneic	= 2 = 1 = 0	RESPIRATION	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	
Fully awake Arousable on calling Not responding	= 2 = 1 = 0	CONSCIOUSNESS	2				2	
Pink Pale, dusky, bloichy, jaundiced, other Cyanotic	= 2 = 1 = 0	COLOR	2				2	
		TOTAL	9				9	

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
22/7		0/10	NPO till further orders	15:46

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

Anaesthesiologist Name : Dr Peiya

Anaesthesiologist Signature: 15:46

Date & Time: .....

PACU Nurse Name : Risna

PACU Nurse Signature: 7771

Date & Time: 22/7/26

Reassessment Frequency:

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

Transferred to Unit by (PACU): M/W

Date & Time: 22/7/26 @ 11:45 a

Patient Sticker

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

Date: ..... 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 : .....

GUC-00092489 IP18-00036571
Mrs BARNA LATA MOHANTY
05-10-1984 41 Y 9 M 16 D (F)
Dr. LUCETTA AMELIA DIAS

Patient Sticker

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

IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints Able PFM. well. No s/s of hypoglycemia. Admitted for El-Rpt-LSCS.

LMP: 02/11/2025 EDD: 09/08/2026

Corrected EDD: GA: 37+2 weeks

Obstetric Formula: G4 P1 L1 A2

Menstrual History: Regular: ☑ Yes ☐ No

Obstetric History:
I - ♂, FTLSCS (of cord loop), 3.2 kg, KMC mangalore, A2M.
II - MTP } Induced MMA.
III - MTP } Abortion
IV - PP, spontaneous conception

Obstetric Examination

Fundal Height: Term, P/A: SPT scar (+) Healthy.

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

Liquor: ☑ Adequate ☐ Oligo ☐ Poly

PP: ☑ Cephalic ☐ Breech Others ______

Head Fifths Palpable: 4/5

FHS: ☑ Normal ☐ Tachy ☐ Brady ☐ Absent

Present Pregnancy Record:
Booked & immunised.
- NT (N), FTS - Neg.
- Anamoly scan (N)
- Growth scan (N)

RISK FACTORS:

Prev-LSCS.
GDM on Insulin + OHA.
Fibroid uterus.

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

Height: 154 cm

Weight: 77.7 kg

Allergies: NIL

Breast: ☑ Normal ☐ Abnormal

General Examination:

Consciousness: Full — Pallor: No

Icterus: No — Edema: (+)

Temp: (N) — PR: 83/min

BP: 114/60 mmHg — DTR: (+)

CVS: S1 S2 (+) — RS: B/L AE (+)

Liver/Spleen: Soft — Urine Output: adequate

DIAGNOSIS

G4 P1 L1 A2 / O positive | Prev-LSCS LCB - 9years | 37+2 wks | GDM on Insulin + OHA | Hypothyroid
Fibroid uterus / Elective Repeat LSCS 22/7/26

Docu. No. : RCH /FRM / CLINICAL / 087

(P.T.O)

ut- fibroids — Post. fibroids lower uterus 5.7x5.3cm, 1.9x1.7cm
Ant. fibroid 3x2 cm

Patient Sticker

Family History:
Father - T2DM
Mother - HTN

Surgical History:
LSCS x1
Cervical polypectomy + Hysteroscopy Dec-2025
Breast abscess - I&D in 2022.

Medical History:
H/o Hypothyroidism in pregnancy.
GDM on Insulin & OHA.
K/C/O Fibroid uterus.

Medication History:
T-ASPIRIN 75mg HS.
Tab. THYRONORM 37.5mcg OD
Tab. GLYCIPHAGE 1gm BD (A/F)
Inj. FIASP 8-8-4 units SC.
Inj. LANTUS 10 units SC HS.

Plan of Care: I/T Dr. Lucetta

Advice
- Admission
- Plan: Elective Repeat LSCS on 22/07/2026 @ 10:30 AM
- NPO from 12 AM.
- IVF RL 10 @ 125ml/hr.
- Informed consent.
- Inform OT/NICU.
- Bladder catheterization
- Follow prenods.
- W/F hypoglycemia.
- Shift to ward.
- CBG 7AM & Inform Anesthetist
- Reshift to LDR at 9AM.
- Inform SOS.

Investigations:
CTG
CBG - 117mg/dl

Doctor Name: Dr. Anandeshwari / Dr. Divyalakshmi
Signature:
Date & Time: 21/7/26, 10:20pm

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

GUC-00092489 IP18-00036571
Mrs BARNA LATA MOHANTY
05-10-1984 41 Y 9 M 16 D (F)
Dr. LUCETTA AMELIA DIAS

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

RESULT SHEET

Date	3/6/26				O POSITIVE	
Time						
Hb	12.0					
PCV						
RBC						
WBC					HIV	NR
N/L					HBsAg	
Platelets	1.92				HCV	
CRP					VDRL	
ESR						
PCT	FISG					
RBS	PP-170				3/6	
Na					TSH-	2.28
K						
Cl						
Ca/Mg					HbAC-	6.8
Phosphate						
Urea						
Creatinine						
ALP					GCT-	191
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase					ECG	WNL
Sr.Lipase					Echo	
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar	16/4/26					
Cells						
N/L						

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities : .....

.....

.....

.....

11/7/20

Radiology : USG : SLIUG - 35^{+6} weeks

X-Ray : Cephalic

ECHO : placenta - anterior

CT : EFW - 2.5 kg (31st centile)

MRI AFI - (N), SDP - 5.2

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

GUC-00092489 IP18-00036571
Mrs BARNA LATA MOHANTY
05-10-1984 41 Y 9 M 16 D (F)
Dr. LUCETTA AMELIA DIAS

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/2/25 4 PM	S/B Dr. Jayasree / Dr. Shreedevi P2L2A2 / Elective Rpt LSCS / POD-0 / GDM on insulin + OHA Nil complaints hypothyroidism O/E: Gcfair, afebrile PR-86/min BP-120/80 mmHg CBG @ 3.45 pm → 83 mg/dl P/O P/E CVS / RS / NAD U/O - 200ml clear urine P/A - uterus firm + contracted dressing intact BS (+) P/V - no undue bleeding PV	Adv - CBG 2hrly monitoring - vitals monitoring - Strict I/O chart → continue post op orders - T/C IV fluids @ 125ml/hr. - Inform SOS - Liquid diet
C/D/W Dr. Lucetta → - 2hrly CBG monitoring - Inform (SOS)	Shift to ward	
22/2/25 10pm	S/B Dr. K. Vinodhini	
	P2L2A2 / Elective Repeat LSCS / POD#0 GDM on insulin + OHA / Hypothyroidism	
	O/E - Gcfair, Afebrile NO P/PE@ CVS / PS / NAD	Adv 1) To do reset CBG at 10pm if value >100 mg/dl reset CBG at 6AM

Patient Sticker

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
CBD Removed	P/A - Uterus contracted well	2) To continue the same
300ml voided	Dressing Dry + Intact	
	B S⊕	[signature]
23/07/2026 9 AM	C/S/B Dr. Vinitha / Dr. Shreedevi	
POD-1	Pt reviewed, Nil C/O	Advice,
	O/E Pt GC fair, Afebrile	~~Diabetic diet~~ Semisolid diet
T-(N)	P° / PE°	- vitals Monitoring
PR- 97/min	CVS	- Follow drug chart
BP- 110/57mmHg	RS NAD	- Ambulation
	P/A - Uterus well contracted	- W/F ↑ Bleeding PV
Baby-M/S	Soft, BS⊕	- Inform (SOS)
B/L-Breast soft	Dressing⊕ & Dry	- CBG 2nd hrly monitoring
Flatus Passed	L/E - BWNL	- Hb on POD - 2
Voiding freely		
	[signature] 182219	

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

GUC-00092489 IP18-00036571
Mrs BARNA LATA MOHANTY
05-10-1984 41 Y 9 M 17 D (F)
Dr. LUCETTA AMELIA DIAS

(2)

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/07/2026	c/s/B Dr. Dhivyalakshmi	Dr. Shreeden
9Am		
POD-1	Pt reviewed, Nil c/o	Advice
	No c/o of hypoglycemia.	- Semisolid diet
T (N)	O/E Pt GC fair, Afebrile	- Vitals Monitoring
PR- 81/min	P° / PE°	- Follow drug chart
BP- 117/60 mmHg	CVS / RS NAD	- Ambulation
		- ~~CBG 2nd hrly monitoring~~
Baby - M/s	P/A - ut well contracted	- Hb on POD - 2
B/L - Breast soft	Soft, BS (+)	- Inform (SOS)
Voiding freely	L/E - BWNL	- CBG as Dr. Lucetta's order.
Flatus passed		
	[signature] 18221	
	S/B Dr. Aaluta	
23/7/26 8:40pm.		
	D.L.S.D [illegible]	
	Nil complaints	
	O/E GC fair Afebrile PO/PSO	P/A soft, ut/WR, RED dry	Advice
			- CBG monitoring.
predinner CBG 131 ↓	utab stable.	L/E - NAD	- Inj LANTUS 10U @ 9:30pm
			- Utab monitoring
			- Ambulation
Inj HAP - 6 U			- Diabetic diet plenty of oral fluids
	[signature]		- Hb on POD-2.

- Rest CBG
- Informed

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

Patient Sticker

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/7/26 6:30AM	C/D/W Dr. Lucetta	
	- Stop IV injectables	
	(FBS) CBG - 140mg/dl →	SV fiasp. (Before BF)
	- T. CEFTUM 500mg BD	
	- T. PIRAIYL 400mg TDS	
	T. PARA 650mg TDS	
	JUSTIN Supp BD.	
	T. PAN 40mg BD.	
24/7/26 8:45pm	S/B Dr Vinitha	
	Pt reviewed; No C/o	
	O/E: GC fair; Afebrile	
	P° / PE°	
	P/A: soft; BS ⊕	
Hb: 10.2	Ut well contracted	
	Dressing intact	
	L/E: BWNL	Adv:
		· Soft diet; Plenty of fluids
		· Ambulation
		· ~~Bos~~ Follow drug chart
		· Inform SOS
(signature) 12/11/23		

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

GUC-00092489 IP18-00036571
Mrs BARNA LATA MOHANTY
05-10-1984 41 Y 9 M 19 D (F)
Dr. LUCETTA AMELIA DIAS

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/7/26 10:20am	9 D/W Dr. Lucetta	
	Start Fixed Dose :	
	Inj Fiasp 8-8-4	
	Inj Lantus 0-0-10 U	HS
	Pre meal and Post meal CBG till patient is in hospital & inform	
	Staff RBH3	

Patient Sticker

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

GUC-00092489 IP18-00036571
Mrs BARNA LATA MOHANTY
05-10-1984 41 Y 9 M 16 D (F)
Dr. LUCETTA AMELIA DIAS

(1)

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

MEDICATION RECONCILIATION FORM

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

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

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

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	Inj. FIASP	8-8-4	SC	TDS		☐C ☑DC
2	Inj. LANTUS	4units	SC	HS		☐C ☑DC
3	Tab. GLYCIPHAGE	1gm	PO	BD		☐C ☑DC
4	Tab. THYRONORM	37.5mg	PO	OD		☑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 : 16428 Dr. Dayalakshmi

Date & Time : 22/07/26, 11pm

Nurse Name & Signature: B. Nurse

Date & Time : 22/7/26 at 11pm

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

GUC-00092489 IP18-00036571
Mrs BARNA LATA MOHANTY
05-10-1984 41 Y 9 M 16 D (F)
Dr. LUCETTA AMELIA DIAS

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

MEDICATION RECONCILIATION FORM

Drug Allergies: 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: 6th FLOOR Shifted to: LDR

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	0.1 ml	Id	Stat	8:45 am 22/7/26	☐C ☒DC
2	INJ. SUPACEF	1.5g	Iv	Stat	-	☐C ☐DC
3	INJ. PANTOPRAZOLE	40mg	Iv	Stat	8:30 am 22/7/26	☐C ☒DC
4	INJ. EMESET	4mg	Iv	Stat	8:30 am 22/7/26	☐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 : 22/07/2026

Nurse Name & Signature: Mythili Mythili 160754

Date & Time : 22.7.26 @ 9:30 am

GUC-00092489 IP18-00036571
Mrs BARNA LATA MOHANTY
05-10-1984 41 Y 9 M 17 D (F)
Dr. LUCETTA AMELIA DIAS

(3)

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

MEDICATION RECONCILIATION FORM

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

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

Shifting From: LDR ..... Shifted to: OT .....

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					22/7/26.	☐C ☐DC
2						☐C ☐DC
3						☐C ☐DC
4						☐C ☐DC
5						☐C ☐DC
6						☐C ☐DC
7						☐C ☐DC
8						☐C ☐DC
9						☐C ☐DC
10						☐C ☐DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : .....

Date & Time : 22/7/2026

Nurse Name & Signature: S/Nivedya 01808 SA 01808

Date & Time : 22/7/26

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

GUC-00092489 IP18-00036571
Mrs BARNA LATA MOHANTY
05-10-1984 41 Y 9 M 17 D (F)
Dr. LUCETTA AMELIA DIAS

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

MEDICATION RECONCILIATION FORM

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

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

Shifting From: LDR Shifted to: 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	T. THYRONORM	37.5mg	PO	OD	22/7/26 @6am	☐C ☐DC
2	INJ. SUPACEF	1.5g	IV	BD	22/7/26 @8.20am	☐C ☐DC
3	INJ. PANTOPRAZOLE	40mg	IV	BD	22/7/26 @ 8.20am	☐C ☐DC
4	INJ. PARACETAMOL	1g	IV	TDS	22/7/26 @2pm	☐C ☐DC
5	JUSTIN SUPPOSITORY	100mg	PR	BD	22/7/26 @ 11.30am	☐C ☐DC
6	INJ. TRAPIC	1g	IV	TDS	22/7/26 @2pm	☐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 : 22/07/2026

Nurse Name & Signature: Sr. Paramaguru

Date & Time : 22/7/26 @ 4.30pm

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

GUC-00092489 IP18-00036571
Mrs BARNA LATA MOHANTY
05-10-1984 41 Y 9 M 16 D (F)
Dr. LUCETTA AMELIA DIAS

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

DRUG CHART

Date of Admission: ..... Drug Allergies: .....

☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

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

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

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

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

GUC-00092489 IP18-00036571
Mrs BARNA LATA MOHANTY
05-10-1984 41 Y 9 M 17 D (F)
Dr. LUCETTA AMELIA DIAS

REGULAR PRESCRIPTIONS

Weight: 77 kg Ward: 2002

DRUG : Tab. THYRONORM

Dose	Route	Frequency	Start Date
37.5mg	PO	OD	22/7

Name & Signature of the Doctor Starting the Drugs: 164288

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	22/7	23/7	24/7
6Am	SL	SL	MM

DRUG : INJ. SUPACEF

Dose	Route	Frequency	Start Date
1.5g	IV	1-0-1	22/7/26

Name & Signature of the Doctor Starting the Drugs: 82217

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	22/7	23/7	24/7
9Am	PS	SP	
1pm	SL	SL	MM

STOP

DRUG : INJ. PANTOPRAZOLE

Dose	Route	Frequency	Start Date
40mg	IV	1-0-1	22/7/26

Name & Signature of the Doctor Starting the Drugs: 82217

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	22/7	23/7	24/7
7Am	SP	SL	MM
7pm	SP	SL	

STOP

DRUG : INJ. PARACETAMOL

Dose	Route	Frequency	Start Date
1g	IV	1-1-1	22/7/26

Name & Signature of the Doctor Starting the Drugs: 82217

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	22/7	23/7	24/7
8Am	PS	SP	
2pm	SP	SL	
10pm	SL	SL	MM

STOP

GUC-00092489 IP18-00036571
Mrs BARNA LATA MOHANTY
05-10-1984 41 Y 9 M 17 D (F)
Dr. LUCETTA AMELIA DIAS

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Sheet No: .....

REGULAR PRESCRIPTIONS

Weight ...17.7... Ward ...602...

DRUG : INJ. TRAPIC

Dose	Route	Frequency	Start Dt.
1g	IV	1-1-1	22/7/21

Name & Signature of the Doctor Starting the Drugs: 182217

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date → / Time	22/7	23/7	24/7
8Am		PS SP	
2pm	SP	PS SL	Stop
10pm	SP SL	PS AM	

DRUG : JUSTIN SUPPOSITORY

Dose	Route	Frequency	Start Dt.
100mcg	PR	1-0-1	22/7/21

Name & Signature of the Doctor Starting the Drugs: 182217

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date → / Time	22/7	23/7	24/7
9Am		PS SP	
9pm	SP SL	PS AM	

DRUG : T. LEFTUM

Dose	Route	Frequency	Start Dt.
500mg	PO	BD	24/7/21

Name & Signature of the Doctor Starting the Drugs: 159079.

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date → / Time	24/7
8 Am	SP
8 Pm	

DRUG : T. FLAGYL

Dose	Route	Frequency	Start Dt.
400mg	PO	TDS	24/7/21

Name & Signature of the Doctor Starting the Drugs: 159079.

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date → / Time	24/7.
8 Am	SP
2 Pm	
10 Pm	

Signature .....

VERIFIED BY : Name .....

GUC-00092489 IP18-00036571
Mrs BARNA LATA MOHANTY
05-10-1984 41 Y 9 M 19 D (F)
Dr. LUCETTA AMELIA DIAS

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

REGULAR PRESCRIPTIONS

Sheet No: .... Weight ...... Ward 602

DRUG: T. PARACETAMOL				Date/Time	24/7
Dose	Route	Frequency	Start Dt.	8 Am	SP
650 mg	PO	TDS	24/7/26		
Name & Signature of the Doctor Starting the Drugs: Lalita 159079.				2 pm	
Additional Instructions:				10 pm	
Daily Doctor's Endorsement by a Sign					

DRUG: T. PAN				Date/Time	24/7
Dose	Route	Frequency	Start Dt.		
40 mg	PO	BD	24/7/26	7 Am	/
Name & Signature of the Doctor Starting the Drugs: 159079.					
Additional Instructions:				7 pm	
Daily Doctor's Endorsement by a Sign					

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

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

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

Docu. No. : RCH /FRM / CLINICAL / 108

GUC-00092489 IP18-00036571
Mrs BARNA LATA MOHANTY
05-10-1984 41 Y 9 M 17 D (F)
Dr. LUCETTA AMELIA DIAS

Weight: 77.7kg Ward: 2202

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

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
22/7	8.45AM	Inj. SUPACEF	0.1ml	ID	10478	SP
22/7	8.20AM	Inj. PAN	40mg	IV	10478	Roy
22/7	8.20AM	Inj. EMESET	4mg	IV	10478	SP
22/7	10:20 Am	Inj. SUPACEF	1.5g	IV	10478	SP
22/7	10:25 Am	INJ EMESET	4mg	IV	Pl	RS SE
22/7	10:30 Am	INJ TRAPIC	1g	IV	Pl	RS SE
22/7	10:35 Am	INJ SYNTO	5U	IV	Pl	RS SE
22/7	11:30 Am	T. MISOPROSTOL	600mcg	PR	18221	RS SE
22/7	11:30 Am	JUSTIN SUPPOSITORY	100 mcg	PR	18221	RS SL

(P.T.O)

GUC-00092489 IP18-00036571
Mrs BARNA LATA MOHANTY
05-10-1984 41 Y 9 M 17 D (F)
Dr. LUCETTA AMELIA DIAS

I.V. FLUIDS CHART

Weight. 77.7 Ward. 6th floor

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
22/7	7 AM	IVF 1 ⊙ RL	IV	125 ml/hr	[signature] 1642	[signature]	22/7	[signature]	SP SP
22/7	10:25 Am	RL 1 ⊙	IV	Rushed	[signature]	Rs SC	22/7	[signature]	Rs SC
22/7	10:30 Am	RL 1 ⊙	IV	Rushed	[signature]	Rs SC	22/7	[signature]	Rs SC
22/7	10:35 Am	RL 1 ⊙ c̄ 20 U oxyto	IV	over 4 hrs	[signature]	Rs SC	22/7		SP SP

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

GUC-00092489 IP18-00036571
Mrs BARNA LATA MOHANTY
05-10-1984 41 Y 9 M 18 D (F)
Dr. LUCETTA AMELIA DIAS

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

	I.P. No.	Weight(kg)	Sheet No
		TT-7	2

STAT / ONCE ONLY DRUGS

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE	NURSES
23/7/26	7.40Am	INJ. FIASP	6U	SC	182217	
23/7/26	12.40PM	INJ. FIASP	4U	SC	182217	
23/7/26	3:45PM	INJ. FIASP	2U	S/C	121113	
23/7/26	8:45PM	INJ. FIASP	6U	S/C	121113	
23/7/26	10 PM	INJ. LANTUS	10U	S/C	121113	
24/7/26	7:50 am	INJ. FIASP	8U	S/C	121113	

GUC-00092489 IP18-00036571
Mrs BARNA LATA MOHANTY
05-10-1984 41 Y 9 M 16 D (F)
Dr. LUCETTA AMELIA DIAS

Patient Stick

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Early Warning Observation Score Chart - Obstetrics

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

2/7/26	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																22	20b/m		20b/m					
	21 - 30																								
	11 - 20																								
	0 - 10																								
Saturations	94 - 100 %																99%	100%		99%					
	< 94 %																								
Administered O_2 (L/min.)																	NA	RA		RA					
Temp °C	40																								
	39																								
	38																								
	37																								
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressure ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
	40																								
NEURO RESPONSE [✓]	Alert																								
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30																								
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal																								
	Heavy / Foul																								
Liquor	Clear / Pink																								
	Green																								
TOTAL YELLOW SCORES																									
TOTAL ORANGE SCORES																									
Nurse Initial																									

On Admission

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

GUC-00092489 IP18-00036571
Mrs BARNA LATA MOHANTY
05-10-1984 41 Y 9 M 17 D (F)
Dr. LUCETTA AMELIA DIAS

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Early warning Observation Score Chart - Obstetrics

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

22/1/26

		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	18bpm			20bpm		18		20 20 20						20				20				20			
	0 - 10																									
Saturations	94 - 100 %	98-1%			99		100		100 99		100				100				100				100%			
	< 94 %																									
Administered O_2 (L/min.)		RA			RA		RA		RA RA RA						RA				RA				RA			
Temp°c	40																									
	39																									
	38	99.2°F																								
	37				98.6°		99		99 99 99						98.6				98.2				98.6 98.2			
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100	99bpm																								
	90				95		80		80		80				80				75bpm				82bpm			
	80								82																	
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressue ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130	120							120						118				125				111			
	120				110		110		117																	
	110								110																	
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60	78																								
	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																										

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

GUC-00092489 IP18-00036571
Mrs BARNA LATA MOHANTY
05-10-1984 41 Y 9 M 17 D (F)
Dr. LUCETTA AMELIA DIAS

(3)

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Early Warning Observation Score Chart - Obstetrics

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

23/7/26

		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	20bpm				20bpm			20bpm						20bpm				20bpm				20			
	0 - 10																									
Saturations	94 - 100 %	98%				98%			Local						98%				98%				99%			
	< 94 %																									
Administered O_2 (L/min.)		RA				RA			RA						RA				RA				RA			
Temp°c	40																									
	39																									
	38																									
	37	98.5°F				97.1°F			98.2°F						98°F				97.8°F				98			
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90	87b/m				84b/m			76b/m						89b/m				90bpm				87b/m			
	80																									
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressure ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120	110					117			128					110				115				110			
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50	(68)					(72)			(90)					184				(86)				(84)			
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80	57					60			74					70				68				70			
	70																									
	60																									
	50																									
	40																									
NEURO RESPONSE [✓]	Alert	✓					✓			✓					✓				✓				✓			
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30	✓					✓			✓					✓				✓				✓			
	< 30																									
Proteinuria	Protein + +																									
	Protein > + +																									
Lochia	Normal	✓					✓			—					—				✓				✓			
	Heavy / Foul																									
Liquor	Clear / Pink	✓					✓			—					—				—				—			
	Green																									
TOTAL YELLOW SCORES		0					0			0					0				0				0			
TOTAL ORANGE SCORES		0					0			0					0				0				0			
Nurse Initial																										

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

GUC-00092489 IP18-00036571
Mrs BARNA LATA MOHANTY
05-10-1984 41 Y 9 M 16 D (F)
Dr. LUCETTA AMELIA DIAS

(1)

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : (1)

21/7/26

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

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
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						Total Output :						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						Total Output :						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm	[illegible]	On admission									
	12:00 am	NPO	300ml								NO	
	01:00 am									✓	[illegible]	[illegible]
Total Intake : 300ml						Total Output : (1) time						
	02:00 am	N										
	03:00 am										NO	
	04:00 am	P									IV	[illegible]
	05:00 am											
	06:00 am	O									1 time	
	07:00 am		125ml							✓	0	[illegible]
Total Intake : NIL + 125ml						Total Output : (1) time					0	

Total 24 hrs. Intake	300ml + 125ml = 425ml

Total 24 hrs. Output	(2) times

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

GUC-00092489 IP18-00036571
Mrs BARNA LATA MOHANTY
05-10-1984 41 Y 9 M 17 D (F)
Dr. LUCETTA AMELIA DIAS

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : (2)

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.

22/7/26		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am	NPO	·	125ml						100ml	0	[signature]
	09:00 am											
	10:00 am		~~RL 1400ml~~	RL 1400ml						150ml	0	[signature]
	11:00 am	NPO		125					(OT)	300ml	0	[signature]
	12:00 pm	NPO		125						100	0	[signature]
	01:00 pm	NPO		125						75	0	[signature]
Total Intake :		1900ml						Total Output :		455ml		
22/7/26	02:00 pm	H2O	100ml	125ml						100ml	0	[signature]
	03:00 pm			125ml						150ml	0	[signature]
	04:00 pm	TC	150ml	125ml						100ml	0	[signature]
	05:00 pm			125ml						250ml.		
	06:00 pm	H2O	200ml	125ml						210ml.	0	[signature]
	07:00 pm	H2O	100ml.	125ml.						90ml		
Total Intake :		550ml + 750ml.						Total Output :		860ml.		
	08:00 pm	H2O	100	125ml						200ml	0	[signature]
	09:00 pm	TC	100	125ml						200ml		
	10:00 pm			125ml					CBD drain	250ml	0	[signature]
	11:00 pm	H2O	100ml	DC					1st voide	300ml		
	12:00 am			125ml								
	01:00 am	H2O	100ml	125ml						✓	0	[signature]
Total Intake :		600ml + 625ml						Total Output :		1050ml		
	02:00 am	H2O	100	125ml						✓	0	[signature]
	03:00 am			125ml								
	04:00 am	TC	200	125ml								
	05:00 am			125ml						✓	0	[signature]
	06:00 am	TC	200ml	125ml								
	07:00 am			125ml							0	[signature]
Total Intake :		500ml + 625ml						Total Output :		247ml		

Total 24 hrs. Intake	5450ml...	Total 24 hrs. Output	2365 ml + 37[illegible]ml

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

GUC-00092489 IP18-00036571
Mrs BARNA LATA MOHANTY
05-10-1984 41 Y 9 M 17 D (F)
Dr. LUCETTA AMELIA DIAS

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

(3)

FLUID CHART

Sheet No. : .....

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

23/7/26		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	~~Diarrhoea~~ Motion	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am	H2O	100ml								0	Pallavi
	09:00 am									✓		
	10:00 am	H2O	150ml								0	Pallavi
	11:00 am											
	12:00 pm	SOUP	200ml							✓	0	Pallavi
	01:00 pm	H2O	100ml									
Total Intake : 550 ml						Total Output : 2 Times						
	02:00 pm	H2O	100ml									
	03:00 pm	H2O	200ml							✓	0	2 Boom
	04:00 pm											
	05:00 pm	H2O	200ml							✓	0	
	06:00 pm											2 Boom
	07:00 pm	H2O	300ml							✓	0	2 Boom
Total Intake : 800 ml						Total Output : 3 Times						
	08:00 pm	Soup	100ml									
	09:00 pm	H2O	100ml								0	Pallavi
	10:00 pm											
	11:00 pm	H2O	100ml							✓	0	Pallavi
	12:00 am											
	01:00 am	H2O	100 ml								0	Pallavi
Total Intake : 400 ml						Total Output : U - 1						
	02:00 am											
	03:00 am	H2O	100ml				✓				0	Pallavi
	04:00 am											
	05:00 am	H2O	100ml							✓	0	Pallavi
	06:00 am											
	07:00 am	H2O	100ml								0	Pallavi
Total Intake : 300 ml						Total Output : U - 1						

Total 24 hrs. Intake	2050 ml	Total 24 hrs. Output	U-7 ; M-1

GUC-00092489 IP18-00036571
Mrs BARNA LATA MOHANTY
05-10-1984 41 Y 9 M 16 D (F)
Dr. LUCETTA AMELIA DIAS

Patient S

(1) NURSING CARE RECORD

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 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				I			
Afternoon				I			
Night	11PM	Improve knowledge and Promote Self care.	11PM	Teach medication & follow up care. => Educate regarding activity, NPO Status	Patient vitals Stable.	Reassessment done	

Docu. No: RCH /FRM / CLINICAL / 148

GUC-00092489 IP18-00036571
Mrs BARNA LATA MOHANTY
05-10-1984 41 Y 9 M 17 D (F)
Dr. LUCETTA AMELIA DIAS

NURSING CARE RECORD

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

Date: 22.7.20

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8 AM	promote adequate Nutritional status. ~~[illegible]~~ provided	10 AM.	→ Monitor I/O chart. → Administer IV fluid as doctor's prescription.	Monitored I/O chart.	Nutritional status was good.	[signature] 60774
Afternoon	2pm	Achieve acceptable pain control & Comfort	2.30 pm	Assess pain using pain scale regularly. position patient comfortably	patient feel better	patient pain level reduced	[signature] 0/22/20
Night	8 pm	* Assess the patient condition * To assess pain score * To provide comfortable position	8 pm	* Assessed the patient condition * To assessed pain score * To provided comfortable position	* Patient vital sign are stable.	* Reassessment on done	[signature]

GUC-00092489 IP18-00036571
Mrs BARNA LATA MOHANTY
05-10-1984 41 Y 9 M 16 D (F)
Dr. LUCETTA AMELIA DIAS

Patient

(1)

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
31/7/26		=> ADMISSION NOTES	
	11pm	Mrs. BARNA LATHA - 41yrs) Pt	
		under Dr. Lucetta Dias a	
		G4 P1 L4 A2 Prev LSCS. K/c/o GDM	
		on Insulin. c/c Hypothyroid. Was	
		receiving Mx. Patient admitted	
		with vital signs stable. When	
		received the patient consciously	
		oriented, afebrile, taking orally.	
		c/c tolerating well. Voided	
		freely. CTG connected	
		reactive FHR good. Fetal	
		movement good	=> [illegible]/01/7/26
	11³⁰pm	=> c/b Dr. Anusha	
		Mohan, as advice to continue	
		Fitness given. 12AM NPO till	
		morning 7AM CBG checked, c/c	
		informed, orders carry out	=> [illegible]/01/7/26
		=> CTG disconnected, fetal	
		movement good. General condition	
		fair	=> [illegible]/01/7/26
	11³⁵pm	=> Patient shift to	
		6th Floor handover to 7th	
		Floor staff	=> [illegible]/01/7/26

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
cont		On receiving Notes:	
21/7/25	11.40pm	patient details hand over	
		taken from LDR staff patient	
		active and oriented In line	
		NoGpatient In Normal diet	
		had dinner Night patient	
		admitted for Elective LSCS	Jey
		tomorrow at 10.30Am	ONA
		Npo from 12am Before patient	
		taken milk One cup and water	
22/7	12am	Vitals checked and recorded	
		Explained patient about Npo	
		and morning care details	Jey ONA
	2am	patient sleeping comfortable	
	4am	Patient vitals checked and recorded	
		patient part preparation done	
		patient taken bath with bacto	Jey
		scrub solution and IV line	ONA
		placement and catheterization done	
	6AM	One drugs given as per order	
	~~7AM~~	RBS 98mg/dl informed to	Jey
		Dr. Anaswara Maam	ONA
	7Am	I/O chart maintained & recorded	
	7.30am	Hand over given to Morning	
		duty staff	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00092489 IP18-00036571
Mrs BARNA LATA MOHANTY
05-10-1984 41 Y 9 M 17 D (F)
Dr. LUCETTA AMELIA DIAS

(2)

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
		Morning Duty Notes.	
	7:30am	patient details are handing over	
		taken from Night duty staff.	
		Plan for Shifting LDR to 9 am.	
		IV-line (+). IV-fluid - RL 125ml/hr.	
		is on flow. No other complaints →	Mythili 607...
	8 am	Patient vitals are checked & recorded	
		vitals are stabled. catheter putted	Mythili 607...
	8:30am	Due medications were given as	
		per doctor's order →	Mythili 607...
	9 am	Inj: supacef given 0.1ml Id.	
		and patient was shifted to LDR →	Mythili 607...
		Receiving Notes	
	9AM	patient is receiving from 6th	
		floor to LDR patient care hand	
		over taken from 6th floor	
		Staff Nurse patient was stable	
		Conscious oriented IV line patent	
		catheter was present clear output	
		Checked for vital signs recorded	
		FHR's good (+) →	Akalya 018087
	10:30 AM	No Allergic reaction so	
		Inj: supacef 1.5gram full dose IV	
		given Pt care hand over given	
		to OT staff Nurse pt	
		Shifted to OT spontanely	
		Ruptured of membranes	S/N Akalya 018087

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
		OT shifting note	
22/7/26	10:20 Am	Patient received into OT-I. patient is conscious & oriented. vital signs are stable. IV line & foley's is present. membrane ruptured before receiving the patient.	6077
	10:25 Am	SA given. positioning done. RL fluid on flow. vital signs are stable	
	10:30 Am	Painting & draping done. skin incision done. no excessive bleeding is present.	6077
	10:36 Am	A single alive baby boy delivered with birth weight of 2.871 kg. Baby cried immediately after delivery. delayed cord clamping done. Baby shifted for routine care. cord life sample taken & given to LDR.	6077
	11:30 Am	skin suturing done no active bleeding is present. Biopsy taken & sent to lab.	6077
	11:45 Am	Patient shifted to mico & Hand over given to mico staff	6077

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00092489 IP18-00036571
Mrs BARNA LATA MOHANTY
05-10-1984 41 Y 9 M 17 D (F)
Dr. LUCETTA AMELIA DIAS

(3)

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
		Post op receiving notes	
22/7/25	11.45pm	pt received from OT to	
		MCW. Pt care hand over	
		taken from OT staff. pt	
		conscious & oriented. ... ⊕	
		& pattern. CBD ⊕ urine draining	
		clear. maintain I/O chart.	
		DBF given to baby sucking	
		good. P/V bleeding is minimal	
		500 ml RL 125ml/hr connected on	
		infusion as per doctor.	
		CBG checked as per doctor	
		order 117mg/dl. Informed to	
		Dr. ... advice to continue	
		6th hrly order carried out.	[signature]
	12pm	Pt vital signs checked &	
		recorded. maintain I/O chart.	
		B - Breast soft	
		U - uterus contracted	
		B - ... on CBD	
		B - Bowel movement present	
		L - lochia rubra present	
		E - REEDA assessment not applicable	
		H - Homan's sign negative	
		E - Pt emotional stable good.	[signature]

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00092489 IP18-00036571
Mrs BARNA LATA MOHANTY
05-10-1984 41 Y 9 M 17 D (F)
Dr. LUCETTA AMELIA DIAS

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
22/7/26	1pm	Pt is stable. maintain Rec bed. pt is stable. per bleeding is minimal.	POG.
	1.30pm	Pt care hand over given to evening duty staff	POG.
22/7/26	1.40pm	Evening duty Notes: patient details handed over taken from morning duty staff. patient conscious & oriented. Vitals are checked & recorded. patient maintain NPO. PV bleeding normal. I/O chart maintain.	
	2.30pm	post partum assessment done. B ⇒ Breast soft. DBF given No Breast engorgement U ⇒ Uterus contracted. PV bleeding normal B ⇒ B catheter present. I/O chart maintain B ⇒ Bowel movement present L ⇒ Lochia rubra present no evidence of foul smelling E ⇒ REEDA assessment not applicable	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00092489 IP18-00036571
Mrs BARNA LATA MOHANTY
05-10-1984 41 Y 9 M 17 D (F)
Dr. LUCETTA AMELIA DIAS

(4)

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
22/7/26		H ⟹ Homan's sign negative	
		E ⟹ patient emotional	
		status good	S/N paramesh 016808
	3.30pm	orals given. There is no	
		complaints of vomiting	
		orals encouraged. due medication	
		given.	
	4pm	RBS monitoring 2nd hrly	S/N parame
		PV bleeding normal. patient	
		side no complaints.	
	4.35pm	patient shifted to ward.	S/N paramesh 016808
		Patient details, files handed	
		over given to 6th floor staff.	S/N paramesh 016808
		Receiving. Noted.	
22/7/26.	4.45pm	Handover received from	
		LDR staff. patient details	
		hand over taken from	
		LDR staff - patient conscious	
		and oriented. patient	
		IV line pattern is healthy	
		and observed. LBD also	
		present. ⟶	[signature]
	6pm	Patient IVF RL - 100ml/h	
		onflow overnight liquid	
		diet. and POD - 2. To do	
		Hb. and CBG monitor	
		2nd hrly ⟶	[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
22/7/26.		Maintained intake and output chart.	
	7:30pm	Head over given from Night duty staff.	
		Night Duty	
22/7/26	7:30 pm	patient details handovered taken from evening duty staff	
		IV line healthy (+) patient 2nd hourly clear liquid diet only	
	8pm	TC water.	
		RBS 11pm done to check patient vital Signs checked Recorded.	
		IVF RL 125ml/hr going on	
		Dr Sreedevi maam advised 11pm CBG below 100mg/dl morning 6am need to check	
	11pm	CBG - 96 mg/dl checked & informed to maam CBD removed, 1st void 300ml urine passed 2nd void self passed 2nd hourly TC water and Water.	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00092489 IP18-00036571
Mrs BARNA LATA MOHANTY
05-10-1984 41 Y 9 M 18 D (F)
Dr. LUCETTA AMELIA DIAS

(5)

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
		IV line healthy (+)	
		Due to medications given	
	12Am	as per charts.	
23/7		POD 2 HB Sample need to	2m
		Sent	
		B - Breast Soft. DBF	
		given.	
		U - Uterus Contracted:	
		B - Bladder Soft.	
		B - Bowel movement	
		Present	2m
		L - Lochia rubra present	
		E - Reeda assessment	
		H - Homan's Sign negative	
		E - Patient emotional	
		Status good.	
		maintain Flowcharts	
	4Am	patient vital Signs	
		checked & Recorded	2m
		IVF RL 125 ml/hr	
	6Am	going on	
		RBS Checked - 135mg/dl	
23/7/24		informed to maam	
		advised Rase	
	7.30 Am	Patient details handover	
		given to morning	2m
		duty staff	

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
23/Feb26		Morning notes.	
	7.30AM	Patient details handing over.	
		night duty S/N. IV line (R), POD (2) HB	[signature]
		todo, tolerates diet, self void,	
		Flatus passed.	
	7.40AM	Dr. Lucetta mam advised now	
		crive. Inj. Flas 6 unit S/C immediately	
		give. Repeat after 2 hrs recheck	
		inform. Inj. Flas 6 unit given.	[signature]
	8AM	Vitals checked and recorded	
		PV Bleeding normal.	
		Due medication given as per	
		Drug chart orderly.	
	9.40AM	CBG - 89mg/dl. Informed Dr.	
		Lucetta. mam advised now no need	
		for dose give snacks, pre	
		lunch check CBG inform after	[signature]
		plan for soft diet.	
		patient on comfortable.	
	11am	Patient sleep well. no complaints.	
	11.30am	Dr. Lucetta mam seen the patient.	
		12.30PM lunch plan for soft diet,	
		pre lunch RBS need to check	[signature]
	12PM	vitals checked and recorded.	
	12.40PM	CBG - 105mg/dl. Informed Dr. Lucetta	
		mam advised Inj Flas 4 U S/C now	
		given and after 2 hrs recheck	[signature]

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00092489 IP18-00036571
Mrs BARNA LATA MOHANTY
05-10-1984 41 Y 9 M 18 D (F)
Dr. LUCETTA AMELIA DIAS

6

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
23/7/25	1PM	maintained. Pro charted recorded	
	1.30 PM	Handing over given to evening	
		duty SIN	0100416
		Evening Duty Notes	
23/7/25	1.30pm	patient details hand over	
		taken from Morning duty staff	
		patient active and oriented	
		IV line healthy patient is	Jey
		Semi-solid diet had lunch	01141s
	2pm	Due drugs given as per order	
		IV line good no any complaints	
	3.45pm	RBS 183 mg/dl informed to Dr.	
		Lucetta mam advised to give	Jey
	4pm	Fiasp Insulin ② units given.	01141s
		vitals checked and recorded	
		patient on Diabetic chart and	
		diet Dietician seen the patient	
		Dr. Lucetta mam advised to check	
		pre dinner CBG and inform.	Jey
	7pm	Inj pan 40mg given as per order	01141s
		I/O chart maintained & recorded	
	8pm	RBS 131 mg/dl informed to Dr.	
		Lucetta mam advised to give	
		Insulin Fiasp 6 units given Now given	Jey
		and 9.30pm to give 10 units Lantus	01141s
		To stop CBG Monitoring Night	
		to check CBG @ tomorrow Morning	
		before Breakfast	

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
23/7/26	8pm	From Tomorrow 40 - 60 - 60	
		before Breakfast at 9.30pm	Jey 01443
		10 units lantus to follow	
	8:30pm	Hand over given to Night	
		duty Staff	Joy
	8:30pm	Night duty Notes	
	8:30pm	patient details are handing over	
		taken from Evening duty Staff	
		8 pm Fisep - 6 units given to	
		the patient and again 9:30pm	
		lantex 10-units to be given as	
		per doctor's order. IV-line (+)	
		Tomorrow D/S plan and Hb sample take	
		Tommorrow Bath & Dressing plan	6074
	8:40pm	Patient vitals are checked	
		& recorded. Vitals are stabled.	
	9:30pm	Lantoc 10-units given as	
		per doctor's ordered.	6074
	11 pm	Due medications was given	
		as per doctor's ordered.	6074
24/7/26	12 am	Patient vitals are checked	
		& recorded. vitals are	
		stabled.	6074
	2 am	postnatal assessment done	
		B - Breast size is normal	
		U - uterus well contracted	
		B - Bowel movement present	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

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-00092489 IP18-00036571
Mrs BARNA LATA MOHANTY
05-10-1984 41 Y 9 M 16 D (F)
Dr. LUCETTA AMELIA DIAS

MRD NO:..................

Age :.................... Weig... F

Consultant :..

PHLEBITIS ASSESSMENT

CANNULA 1

Date : 22/7/26 Time: 7Am

Location : (R) Metacarpal

Size : 18G

Cannula inserted by : S/N. Gayathri

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
22/7	7Am	☐Yes ☑No	☐Yes ☑No	Observe	[signature]
	9 Am	☐Yes ☑No	☐Yes ☑No	Obser	[signature]
	11Am	☐Yes ☑No	☐Yes ☑No	obser	[signature]
	1pm	☐Yes ☑No	☐Yes ☑No	obser	[signature]
	3pm	☐Yes ☑No	☐Yes ☑No	obser	[signature]
	5pm	☐Yes ☑No	☐Yes ☑No	obser	[signature]
	7pm	☐Yes ☑No	☐Yes ☑No	obser	[signature]
	9Pm	☐Yes ☑No	☐Yes ☑No	patti	[signature]
	11pm	☐Yes ☑No	☐Yes ☑No	patti	[signature]
	1Am	☐Yes ☑No	☐Yes ☑No	obser	[signature]
23/7	3Am	☐Yes ☑No	☐Yes ☑No	obser	[signature]
	5Am	☐Yes ☑No	☐Yes ☑No	obser	[signature]
	7Am	☐Yes ☑No	☐Yes ☑No	obser	[signature]
	11AM	☐Yes ☑No	☐Yes ☑No	Neath	[signature]
	3pm	☐Yes ☑No	☐Yes ☑No	Observe	[signature]
	7pm	☐Yes ☑No	☐Yes ☑No	Observe	[signature]
	11PM	☐Yes ☑No	☐Yes ☑No	obser	[signature]
24/7	3am	☐Yes ☑No	☐Yes ☑No	Obser	[signature]
	7am	☐Yes ☑No	☐Yes ☑No	obser	[signature]
		☐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 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.

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

GUC-00092489 IP18-00036571
Mrs BARNA LATA MOHANTY
05-10-1984 41 Y 9 M 16 D (F)
Dr. LUCETTA AMELIA DIAS

Patient

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

BRADEN 'Q' SCALE

				Date : 21/7	22/7	22/7	22/7
				Time : 10	M	E	N.
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	1	1
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR **Friction** . Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
				TOTAL SCORE	28	28	28	22
				Evaluator's Name				

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

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

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

Patient St

GUC-00092489 IP18-00036571
Mrs BARNA LATA MOHANTY
05-10-1984 41 Y 9 M 16 D (F)
Dr. LUCETTA AMELIA DIAS

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	N 21/7	N 22/7	E 22/7
		Score			30
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	0	0
IV / Heparin Lock or Saline	Yes	20	20	20	20
	No	0			
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10	0	0	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:				20	30
		Signature			

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

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

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

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

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

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

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

GUC-00092489 IP18-00036571
Mrs BARNA LATA MOHANTY
05-10-1984 41 Y 9 M 17 D (F)
Dr. LUCETTA AMELIA DIAS

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	22/7 N	23/7 M	23/7 E
		Score	30	30	30
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	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			
Mental Status	Forgets limitations	15	0	0	0
	Oriented to own ability	0	30		—
Total Morse Fall Scale Score:			30	30	20
		Signature			

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

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

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

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

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

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

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

GUC-00092489 IP18-00036571
Mrs BARNA LATA MOHANTY
05-10-1984 41 Y 9 M 17 D (F)
Dr. LUCETTA AMELIA DIAS

①

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
22/7/20	12am	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	NIL	[illegible]
22/7/20	6am	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	NIL	[illegible]
22/7/20	12pm	1/10	Surgical site	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☐ Dull ☑ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☐ Yes ☑ No	comfortable	[illegible]
22/7/20	4pm	1/10	Surgical site	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☐ Dull ☑ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	comfortable Provide comfortable position	[illegible] 016808
22/7/20	10pm	2/10	Surgical Site	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	Inj - para given	[illegible]
23/7/20	12am	1/10	Surgical site	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	Comfortable position	[illegible]
23/7/20	4am	1/10	Surgical site	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	Position Changed	[illegible]
23/7/20	8am	2/10	Surgical site	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	Position changed	[illegible]
23/7/20	2pm	2/10	Surgical site	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Inj para 1g given	[illegible]
23/7/20	8pm	2/10	Surgical site	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	Position Change	[illegible] 607751

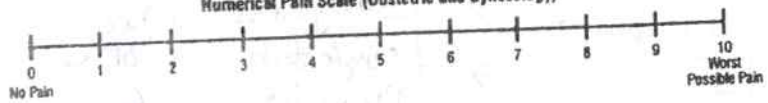
Re-assessment Frequency:
1. Every eight hours for all hospitalized patients.
2. For post-surgical patients, patients with chronic pain, patient with severe pain:
a) At least every 2 hours for the first 24 hours
b) Then every 4 hours.
c) Prior to pain pain-relieving intervention.
d) Within 30 – 60 minutes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

Docu.No: RCH /FRM / CLINICAL / 152

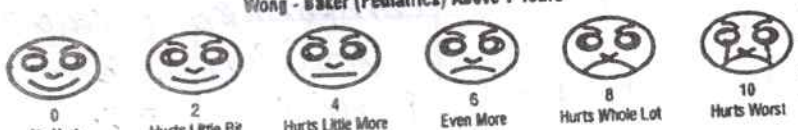
(P.T.O)

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 drawn 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

GUC-00092489 IP18-00036571
Mrs BARNA LATA MOHANTY
05-10-1984 41 Y 9 M 16 D (F)
Dr. LUCETTA AMELIA DIAS

Patient Sticker

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

BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 21/7/26 Time of Arrival: 11pm Time Seen by Nurse: 11pm

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: Nil

3) **Vital Signs:** Temperature: .... Pulse: .... RR: .... SpO_2: .... BP: .... Weight: ....

4) **Gestational Criteria:**

Gravida:	G 4	P 1	4	A 2

LMP: 2/11/25 EDD: 9/8/26 Gestational Age: ....

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 (circled) 1 2 3 4 5 6 7 8 9 10

0 No Pain — 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: LSCS 1 / Cervical Polypectomy + Hysteroscopy / Breast abscess
b) Medical: Hypothyroid / GDM at Present OHA

Docu. No. : RCH /FRM / CLINICAL / 098 (P.T.O.)

Patient Sticker

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

8) **Current Medications:** ☐ Prenatal Vitamin ☐ None ☐ Others: Tab Thyronorm 37.5 ....

9) **Prenatal Medical History:**

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

Triage Category: (Please tick on the category)

Refer to OBSTETRICAL TRIAGE ACUITY SCALE (OTAS)

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

OBCU Obstetrical Triage Acuity Scale (OTAS)

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

Time seen by Doctor: ....11 pm..................

Nurse Name : ..B. Nurse [illegible].............. Nurse Signature: ..[illegible]..............

Date: .....21/7/26...... Time: .....11 pm........

GUC-00092489 IP18-00036571
Mrs BARNA LATA MOHANTY
05-10-1984 41 Y 9 M 16 D (F)
Dr. LUCETTA AMELIA DIAS

Patient Sticker

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

RISK ASSESSMENT TOOL FOR DEEP VEIN THROMBOSIS

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

Date:.....

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
Parity ≥ 3	✓	1 or 2
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	3	
Signature of the Nurse	Monitas	
Action Plan		

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.

GUC-00092489 IP18-00036571
Mrs BARNA LATA MOHANTY
05-10-1984 41 Y 9 M 17 D (F)
Dr. LUCETTA AMELIA DIAS

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

BREAST FEEDING HANDOVER AND ASSESSMENT FORM

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

2. If No, Reason .....

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

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

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

Feeding Positions:
Cross Cradle

Feeding Positions:
Football / Clutch

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

7. For Caesarian mothers:
   - ☐ a. Mother is required sit and feed from the 4th feed
   - ☐ b. Please explain football hold (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: 22 Feb

L - 02
A - 02
T - 02
C - 01
H - 01
02

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

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

Date & Time: 22 Feb. Date & Time: 22/2/24 @ 6pm

GUC-00092489 IP18-00036571
Mrs BARNA LATA MOHANTY
05-10-1984 41 Y 9 M 17 D (F)
Dr. LUCETTA AMELIA DIAS

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

URINARY CATHETER BUNDLE CHECK LIST

Date of Insertion: 22/7/26 @ 7:30 Am

Date of Removal: 22/7/26 @ - 10 pm

Parameters / Date / Shift Time	22/7/26 M	22/7/26 Evening	22/7/26 Night				
Need for the Catheter	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Hand Hygiene	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Usage of Sterile Equipment	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Is the Collection bag below the level of bladder	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Check the Tube for Obstruction (Free of Kinking)	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Is Catheter dated as policy	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Collecting bag is been emptied regularly?	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Maintenance of closed system for the catheter	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Dressing clean and dry?	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Is the line removed as Policy?	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Performance of Perineal Care	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Onset of New Fever	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Asses for the leakage at the site of insertion	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Name of the Nurse	Jeintha	Swapna	Jogeshwari	Removed			
Signature of the Nurse	Jey	[illegible]	[illegible]	Cat 10:00 pm.			

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

GUC-00092489 IP18-00036571
Mrs BARNA LATA MOHANTY
05-10-1984 41 Y 9 M 16 D (F)
Dr. LUCETTA AMELIA DIAS

SSI PREVENTION CHECKLIST

Rainbow Children's Hospital | BirthRight BY RAINBOW HOSPITALS

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 prophàlaxis 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	N/A.	

(1)

GUC-00092489 IP18-00036571
Mrs BARNA LATA MOHANTY
05-10-1984 41 Y 9 M 16 D (F)
Dr. LUCETTA AMELIA DIAS

Rainbow Children's Hospital

PATIENT TRANSFER NURSING HANDOVER CHECKLIST

Date & Time of Transfer: 22/7/2022 9AM **TRANSFERRED TO :** IDR to OT.

		YES/NO	REMARKS
1	**Patient Identification**		
	a.Patient Identification Patient name, age, UHID/hospital number confirmed	Yes	
	b.Surgical procedure & correct site verified	Yes	
2	**Airway & Breathing**		
	a.Oxygen delivery (mask/cannula/ventilator) secured	NA	
	b.SpO_2 within safe range	Yes	
	c.If ETT: position confirmed, ties secure, cuff inflated	NA	
3	**Circulation & Hemodynamic Stability**		
	a.IV lines secured & infusion running correctly	Yes	
	b.No active uncontrolled bleeding	NA	
	c.Last vitals recorded before transfer	Yes	
	d.Central line hubs are closed	NA	
	e.Dressing Intact	NA	
4	**Pain Assessment**		
	a.Pain score assessed & analgesia given	NA	
	b.Reassessment done	NA	
5	**Wound, Dressings & Drains**		
	a.Surgical dressing intact	NA	
	b.All drains fixed, output noted	NA	
	c.Catheter secure & urine output recorded	NA	
	d.Splints/casts/traction devices stabilized	NA	
6	**Medications Pre & Post-Op Orders**		
	a.Medications due time noted	Yes	
	b.Pre & Post-op instructions (NPO, position, mobilization) communicated	Yes	
	c.Emergency meds given in OT (time & dose documented)	NA	
7	**Equipment Safety & Transport Preparedness**		
	a.Oxygen cylinder full & ambu bag at bedside	NA	
	b.Bed/side rails up and brakes applied	NA	
	c.Special positioning maintained as per surgery	NA	
8	**High-Risk Patient Safety (if applicable)**		
	a.Chest tube: underwater seal below chest level	NA	
	b.Epidural catheter secure, infusion checked	NA	
	c.Pressure areas protected (heels/elbows)	NA	
9	**BLOOD AND BLOOD PRODUCTS TRANSFUSED**	NA	
10	**REPORTS AND LABS HANDED OVER**	Yes	
11	**BIOPSY/HPE SENT**	NA	
12	**Documentation**		
	a.Documentation completeness	Yes	
	Transferring Nurse: _____		
	Receiving Nurse : _____		
	Signature of Incharge:	01463	

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PATIENT TRANSFER FORM

GUC-00092489 IP18-00036571
Mrs BARNA LATA MOHANTY
05-10-1984 41 Y 9 M 16 D (F)
Dr. LUCETTA AMELIA DIAS

Patient	Date & Time of Admission	Date & Time of Transfer Order
	21/7/26 at 10:15pm	21/7/26 at 11:30pm
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
Dr. Lucetta Amelia	Dr. Divya	[illegible]
From Unit	**To Unit**	**Information to Attendant**
[illegible]	6th Floor	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 ?
[illegible]		

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
[illegible] 10117016	Dr. Divya

Patient & Clinical Records Received by : [illegible] 014913

Date & Time of Patient Received : 21/7/26 @ 11.40pm

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

PATIENT TRANSFER FORM

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

GUC-00092489 IP18-00036571
Mrs BARNA LATA MOHANTY
05-10-1984 41 Y 9 M 17 D (F)
Dr. LUCETTA AMELIA DIAS

Treating Consultant Name	Date & Time of Admission	Date & Time of Transfer Order
Dr. lucetta	21/7/26 @ 10.15pm	22/7/26 @ 4.45pm
From Unit	**Transfer Ordered by**	**Reason for Transfer**
LPR	Dr. Shreedevi	Further mgt
Number of Sheets in Clinical File	**To Unit**	**Information to Attendant**
Casesheet	602	Yes ☑ No ☐
	Number of Imaging Films	**Personal belongings including clinical documents. If any handed over to attendant**
	CTG	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
Sn paramesh 016808	Dr. Shreedevi

Patient & Clinical Records Received by : Praneeth 02-SRN

Date & Time of Patient Received : 22/7/26 @ 4.45pm.

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

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

PATIENT TRANSFER FORM

(2)

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

GUC-00092489 IP18-00036571
Mrs BARNA LATA MOHANTY
05-10-1984 41 Y 9 M 16 D (F)
Dr. LUCETTA AMELIA DIAS

	Date & Time of Admission: 21/07/26 @ 10.15pm	Date & Time of Transfer Order: 22/07/26 @ 9Am
Treating Consultant Name: Dr. Lucetta	Transfer Ordered by: Dr. Lucetta	Reason for Transfer: For elective LSCS
From Unit: 5th floor	To Unit: LDR	Information to Attendant: Yes ☑ No ☐
Number of Sheets in Clinical File: Ip file	Number of Imaging Films: CTG → (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. Dhivyalakshmi

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
S/N. Sathya.	Dr. Lucetta

Patient & Clinical Records Received by : S/N Akalya 01888

Date & Time of Patient Received : 22/7/26 at 9Am

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

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

PATIENT TRANSFER FORM

(3)

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

GUC-00092489 IP18-00036571
Mrs BARNA LATA MOHANTY
05-10-1984 41 Y 9 M 17 D (F)
Dr. LUCETTA AMELIA DIAS

Date & Time of Admission	Date & Time of Transfer Order
21/7/26 at 10:15 pm	22/7/26 at 10:20 Am
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
Dr. Lucetta	Dr. Smitha	EL LSCS
From Unit	**To Unit**	**Information to Attendant**
LDR	OT	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
Whole IP Files	CD	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 ☐

Pt shifted to OT

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
S/Nayak 01808	Dr. Smitha

Patient & Clinical Records Received by : S. Gayathri

Date & Time of Patient Received : 22/7/26 @ 10:20 am

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

GUC-00092489 IP18-00036571
Mrs BARNA LATA MOHANTY
05-10-1984 41 Y 9 M 18 D (F)
Dr. LUCETTA AMELIA DIAS

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 23/07/2026 Time: 12:50PM.

Origin: — Height: 154 Cm Weight: 77.7 kg BMI: ☐ ~ 26 kg/m² ☐ ~ 28 kg/m² ☑ ~ 30 kg/m²

Food Allergies: —

Diagnosis: ELECTIVE - LSCS. • Hypothyroidism • GDM on Insulin K/C/O - Fibroid Uterus

Type of Diet: ☐ Liquid ☑ Soft ☐ Normal ☆ Diabetic
☑ 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) ☆

Patient's / Attendant's

Signature: BLN

Name: Barna lata Mohanty.

Date & Time: 23/07/26 @ 12:50PM

Dietician's

Signature: A. Sadiqa (018336)

Name: A. Sadiqa Farheen

Date & Time: 23/07/26 @ 12:50PM

DIETARY NOTES

Date	Time	Notes	Sign
22/07/26	4PM.	· 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.N (018336)
23/7/26	9AM.	· Diabetic - Soft Diet - Patient is Stable. Oral intake is Better. - Advised to take easy-digest foods. - Consume small-frequent meals. - Include ketogenic foods for milk secretion - Garlic, fennel and Oats (etc) RDA Values - · Energy - 1600 Kcl. · Protein - 1.9-1.9 g/d. Consume Low G.I foods.	A.N (018336)