



DISCHARGE TRACKING SHEET

UHID-

FLOOR-

NAME OF CONSULTANT-

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

GUC-00086600
 Mrs DIVYA S
 22-07-2000
 Dr. MATHANGI RAJAGOPALAN

IP18-00036683
 25 Y O M B D (F)
 26 Y O M B D (F)



ACTIVITY RECORD FOR BILLING

Name: Mrs. Divya S IP No: 36683 Consultant: Dr. Mathangi Dept: LDR
 UHID No: 26600 Date of Discharge: _____ Time: _____
 Date of Admission: _____ Time: _____
 Room / Bed No: _____ Ward: _____ Suggested Billable bed type: _____

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
30/7/26	5pm	UR	7th	[Signature]
30/7/26	8:30pm	7th floor	LDR	[Signature]
31/7/26	3pm	LDR	OT	[Signature]
31/7/26	4:35pm	OT	MICU	[Signature]
31/7/26	10pm	LDR	7th floor	[Signature]

CROSS CONSULTATION VISIT

	Doctor Name	Date	Order No.	Signature
1.	DAC	31/7/26	1735473	[Signature]
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

[illegible]

MEDICAL EQUIPMENT (WARD & ICU)	
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MEDICAL EQUIPMENT (WARD & ICU)					
Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
30/11/26	30/11/26 CTG ①			010277	Doc M
30/11/26	CTG ②			010277	Doc M
30/11/26	CTG ③			10283	Doc M
31/11/26	CTG ④			10283	Doc M
	CTG-5			010288	Doc M
	CTG-6			010288	Doc M
31/11	Infusion	2AM	11/8126 @ 6AM	1735353	Doc M
	CTG ⑦			010301	Doc M
	CTG ⑧			010301	Doc M
	CTG ⑨			010301	Doc M
	CTG ⑩			010301	Doc M
	CTG ⑪			010301	Doc M
	CTG ⑫			010301	Doc M
	CTG ⑬			010301	Doc M
	CTG ⑭			010301	Doc M
	CTG ⑮			010323	Doc M
	CTG ⑯			010323	Doc M
	CTG ⑰			010323	Doc M
		</			

PROCEDURE

[illegible]

ANY OTHER INFORMATION:

OT 31/7/26

IN TIME '3:10pm OUT TIME '4:35pm

Procedure: Emergency Lsg

Surgeon: Dr. Mathangi

Asst Surgeon: Dr. Divya

Analyst: Dr. Mohan

Date: 02/8/26

Time: 6 AM

Prepared By: S/w Sybil 1954

Staff Nurse <i>S. Madhu</i> <i>603572</i>	Shift / Ward <i>7th</i>	Billing Assistant	Billing Supervisor
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GUC-00086600 IP18-00036683
Mrs DIVYA S
22-07-2000 26 Y 0 M 9 D (F)
Dr. MATHANGI RAJAGOPALAN



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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

SURGERY DETAILS

Date: 31/7/26
Patient Name: Mrs. Divya Date of Birth: 22-7-2000 Age: 26yr
Gender: F Ward: OT UHID No.: 86600/36683
Date of Surgery: 31/7/26 ☐ OT-1 ☐ OT-2 ☒ OT-3 ☐ OT-4 ☐ OBG OT-1 ☐ OBG OT-2
Name of the Surgery: Emergency L.S.G.

Time in: 2:10 pm

Time Out: 4:35 pm

	NAME	AMOUNT
1. Surgeon	<u>Dr. Mathangi</u>	
2. Anaesthetist	<u>Dr. Mohan</u>	
3. Assistant Surgeon	<u>Dr. Divya</u>	
4. OT Technician	<u>Mr. Raja</u>	
5. Circulating Nurse	<u>Sh. Sugath</u>	
6. Assistant Nurse	<u>Sh. Siva</u>	

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

Signature of the Surgeon

Record finalized done
Thangy

1152
Signature of Circulating Nurse

Order No:

Order by:

SUBJECT

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Patient Sticker

Eng LSCS

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Children's
Hospital**
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BirthRight[®]
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Your Right to a Safe Delivery

CONSUMABLES OF OT

Circulating staff : Technician : Mr. Raju Date : Time :

Anaesthesia Disposables		Qty	Surgical Disposables		Qty	Disposables (Baby Side)		Qty
Issued	Used		Issued	Used		Issued	Used	
ET tube			Major Pack <u>Rece</u>		1	Inj Vit. K		1
LMA			Sutures <u>2347</u>		03	Cord Clamp		1
ECG leads: A/P/N		3	<u>1326</u>		01	Suction Catheter		
HME filter: A/P/N						Feeding Tube <u>6F</u>		1
Syringes : 10 cc		2	<u>2.0 P.F.</u>		01	Vaccum Suction Set		
05 cc		2H	Gloves <u>7. P.F.</u>		3	Surgical Gloves		
02 cc		2H	<u>P.F. 7 1/2</u>		01	Gauze Pack		1
01 cc			<u>P.F. 6 1/2</u>		02	Syringe 1ml/2ml <u>5ml</u>		1
Cautery plate A/P/N		1	Surgical blade <u>22</u>		01	Surgical Blade # 20		
IV set			NG tube			Koochies (S)		
RL		4	Cautery pencil		01	Dwater 10ml		1
NS : 10ml / 100ml / 500ml / 1000ml		01	Koochies			Thi Press		1
			Ointments			5ml Enarold		1
			Suction Catheter			26 1/2 Needle		1
Fentanyl			Cap, Mask			Spinal needle		1
Morphine			Gauze Pack <u>120</u>		32	2 5/8 (90mm)		1
Ketamine			Mop Pack		02	Bionamic		2
Propofol			Steristrip			labopro st		1
Rocuronium			Underpad		01	Evatocin		1
Glycopyrolate			Draw sheet			Mem		1
Myopyrolate			Abgel		01	Anakin (H)		1
Ondansetron		1	Foleys catheter			Ruprignetic		1
Pencan 25g/ Spinal Needle 22			Urobag					
Bupivacaine 0.25%			Chest Drainage Catheter					
Bupivacaine 0.25%(Heavy)			Romodrain bag					
Antibiotics			Bandage					
			Tegaderm <u>2591</u>		01			
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg			Vaccum Suction set		01			
Justin : 12.5 mg / 25mg / 100mg		01	Plastic Bed Sheet <u>Apur</u>		03			
Tab. Misoprost : 200mg <u>60mg</u>		01	Betadine Solution		02			
<u>Oralce tablets</u>		01	Microshield					
			Cotton Balls					
			Latex Gloves		10P			
			Ramdione Scrub					
			Saral					

Surgeon

Anaesthesiologist

Nurse

OT Technician

Order No. : Ordered by :

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

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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 IP18-00036683
Patient Name Mrs DIVYA S
Age/Sex 26 Y 0 M 9 D / Female
Date 31/07/2026 18:18
Payor ICICI LOMBARD GENERAL INSURANCE CO LTD
UHID GUC-00086600

Ward 8F-OT COMPLEX
Bed Name MICU 801
Order No 18-0001735598
Prescription No PRIP18-0630224
Dispensed Date 31/07/2026 18:18

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	ABGEL 20X10	Sutures India	GENERAL	R110325	11/28	1	151.00	151.00
2	CAUTERY PENCIL (ADVANCE)	The Advanced cadiomed	GENERAL	250824	08/28	1	1,303.00	1,303.00
3	DISPOSABLE APRONS STERILE XL	Mediblu		15072026	06/29	3	120.00	360.00
4	Encore Microptic gloves- 6.5		H	2603019005	03/29	2	128.00	256.00
5	ENCORE MICROPTIC GLOVES-7 PF	ANSEL		2604014105	04/29	3	128.00	384.00
6	GAUZE 7.5X7.5 12 PLY (5 NOS) NON XRAY	Bapuji Surgicals	GENERAL	M2641150	06/29	3	100.00	300.00
7	GAUZ SWAB 10 X 10 CM 12PLY 5S X-RAY	Bapuji Surgicals	GENERAL	M2545021	11/29	2	123.00	246.00
8	JUSTIN SUPPOSITORIES 100 MG 5 S	Neon Laboratories Ltd	H	BLNP274055	12/28	1	18.74	18.74
9	LSCS DRAPE PACK	Mediblu	H	1010626	05/29	1	2,250.00	2,250.00
10	MISOPROST TAB 600MCG1S	CIPLA LIMITED	H	6GH0162	08/27	1	105.12	105.12
11	MONOCRYL 3-0 NW 1326	ETHICON SUTURES-J&J C1		T6O03	12/30	1	1,066.00	1,066.00
12	MOPS 30X30 8PLY 5S X-RAY	DATT MEDI PRODUCTS	H	M2642SF029	03/30	1	949.00	949.00
13	MOPS 30X30 8PLY 5S X-RAY	DATT MEDI PRODUCTS	H	M2642SF051	05/30	1	949.00	949.00
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		1C2613680	02/29	1	44.93	44.93
16	QUICKSUITE OT TABLE SHEET MIDLINE SUITEL		H	260620I	06/31	1	775.00	775.00
17	RAMADINE SOLUTION 10% 100 ML	RAMAN & WEIL PVT LTD		RC126036	04/28	2	103.00	206.00
18	SGLOVE # 7.0(SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26B5016M	01/31	1	91.00	91.00
19	SGLOVE # 7.5 POWDER FREE	ANSEL	GENERAL	260300891T	05/29	1	128.00	128.00
20	SURGICAL BLADE 22	Surgeon	GENERAL	22C010126	12/30	1	7.67	7.67
21	TEGADERM WITH PAD (8591)BIG 9CM*25CM	3M HEALTHCARE	GENERAL	R04260909	03/29	1	894.00	894.00
22	UNDERPADS CARE 60 X 90 (FRIENDS)			18072026	12/30	1	205.00	205.00
23	VACCUME SUCTION SET	ROMSONS	GENERAL	K26D010296	03/31	1	811.00	811.00
24	VICRYL PLUS 1 VP - (2347)	ETHICON SUTURES-J&J C1		T5O72	10/30	3	951.00	2,853.00
Total :							11,426.46	14,853.46

for RAINBOW CHILDREN'S MEDICARE LIMITED

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

Receiver Name

Rainbow
Children's
Hospital



RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital - Guindy

Door No.157 to 160, Anna Salai, Guindy, Guindy Chennai Tamil Nadu INDIA
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INPATIENT ISSUES AGAINST ORDERS

IP No IP18-00036683
Patient Name Mrs DIVYA S
Age/Sex 26 Y 0 M 9 D / Female
Date 31/07/2026 18:18
Payor ICICI LOMBARD GENERAL INSURANCE CO LTD
UHID GUC-00086600

Ward 8F-OT COMPLEX
Bed Name MICU 801
Order No 18-0001735597
Prescription No PRIP18-0630225
Dispensed Date 31/07/2026 18:19

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	CABOPROST INJ AMP 250 MCG 1 ML	Neon Laboratories Ltd	H	097133	08/27	1	318.50	318.50
5	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	26E02K29	04/31	2	28.13	56.26
6	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26C13K17	02/31	3	21.56	64.68
7	DSYRINGE EMERALD 5ML BP (BD)	BECTON DICKINSON (BD)		5322615	10/30	1	12.00	12.00
8	DSYRINGS 2.5ML(NIPRO)	NIPRO	GENERAL	26B12K44	01/31	3	11.25	33.75
9	D WATER 10 ML AMPULE	Aculife Health Care Pvt.Ltd(Nirliif	H	2254585	11/28	1	2.58	2.58
10	E.C.G ELECTRODES (ADULT)	JMS	GENERAL	20326S08G	05/28	3	32.34	97.02
11	EFIPRES INJ 30 MG 1 ML	NEON LABORATORIES LTD	H	1231096	02/28	1	45.90	45.90
12	EVATOCIN (OXYTOCIN) INJ 5 IU 1 ML	Neon Laboratories Ltd	H	091690	02/28	5	18.90	94.50
13	MEM INJ 0.2 MG 1 ML	NEON LABORATORIES LTD	H	039256	05/27	1	15.90	15.90
14	NEEDLE 26 1 1 2INCH	Dispovan	GENERAL	01654R	12/30	1	3.38	3.38
15	ONDOKIND INJ 4 MG 2 ML	SWISS CRITICURE		BA26025	01/28	1	12.72	12.72
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
Total :							2,452.30	2,969.08

for RAINBOW CHILDREN'S MEDICARE LIMITED

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

Receiver Name

GUC-00086600 IP18-00036683

Mrs DIVYA S

22-07-2000 26 Y 0 M 10 D (F)

Dr. MATHANGI RAJAGOPALAN



DISCHARGE TRACKING SHEET

FLOOR-

NAME OF CONSULTANT-

02/08/2026
10.30AM

ACTIVITY	TIME		NAME & SIGNATURE	REMARKS	<To be filled by Admin>
Discharge Announcement	28/07/2026 10.30AM		Dr. M. R.		
	INTIME	OUT TIME			
Arrangement of File by Nursing	28/07/2026 10.30AM		Dr. M. R.		
Preparation of Discharge Summary					
Finalization of discharge summary					
Transfer of file from Ward to Billing Dept					
Bill Processing					
Audit Clearance					
Billing Clearance					
Physical Clearance					

2000-01-01

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GUC-00086600 IP18-00036683
 Mrs DIVYA S
 22-07-2000 26 Y O M 9 D (F)
 Dr. MATHANGI RAJAGOPALAN



Rainbow
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 Hospital
 It takes a lot to treat the little.

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BED SIDE CHECK LIST FOR NURSES

Date:	31/7/18	1/8/18	2/8/18							
Doctor's Orders	yes	yes	yes							
Carried out or not	yes	yes	yes							
Bed Side										
Structured Handover done	yes	yes	yes							
IV Site	yes	yes	yes							
Central Lines	NA	NA	NA							
Arterial Lines	NA	NA	NA							
Feeding Catheter	NA	NA	NA							
Urinary Catheter	NA	NA	NA							
Skin Care	yes	yes	yes							
Eye Care	yes	yes	yes							
Mouth Care	yes	yes	yes							
Sterillum Bottle, Stethoscope	yes	yes	yes							
Suction Bottle (Should be clean & empty)	yes	yes	yes							
Intubation Tray	NA	NA	NA							
Emergency Tray (Loaded Syringes with Midazolam & Vecuronium and Flush) Ampoules of Adrenaline	NA	NA	NA							
Ventilator Tubing, (Any Water, Blood)	NA	NA	NA							
Humidification	NA	NA	NA							
Check all Infusion (Labelling, Correct Preparation)	NA	NA	NA							
Chest Physio & Neb	NA	NA	NA							
Handed Over By Name :	KABIR	E. J. J.	E. J. J.							
Signature :	[Signature]	[Signature]	[Signature]							
Date & Time:	31/7/18 11:00 AM	1/8/18 1:00 PM	2/8/18 1:00 PM							
Hand Over Taken By Name :	E. J. J.	[Signature]	[Signature]							
Signature :	[Signature]	[Signature]	[Signature]							
Date & Time:	1/8/18 1:00 PM	2/8/18 1:00 PM								

English 70/1, 1/2

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ADMISSION SHEET

Registration Details :



Admission No : IP18-00036683 Admit Date : 30-Jul-2026 Admit Time : 12:15 PM UHID : GUC-00086600

Patient Details :

Patient Name	: Mrs DIVYA S	Age	: 26 Y 0 M 8 D
Guardian	: Mr VIJAY KRISHNAN	DOB	: 22-07-2000
Gender	: Female	Religion	:
Occupation	:	Martial Status	:
Address (H)	: 89/4, PERUMAL KOIL STREET BACKSIDE Saidapet Madras Chennai Tamil Nadu INDIA 600015	Phone No	: 9092879906/ 8838959621
		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 : Mr VIJAY KRISHNAN Relationship : Husband
Contact Address : 89/4, PERUMAL KOIL STREET BACKSIDE Phone No : 9092879906
Saidapet Madras Chennai Tamil Nadu INDIA
600015

Signature

Doctor Details :

Doctor Name : Dr. MATHANGI RAJAGOPALAN Specialisation : OBSTETRICS AND GYNECOLOGY
Referral Doctor : Dr. Mathangi Rajagopalan Phone No :
Co-Consultant :

Payment Details :

Payment Mode : Cash Deposit Amount : 7000.00
Payor Name : SELFPAY

GENERAL CONSENT FOR TREATMENT

Patient Name: Mrs DIVYA S Age : 26 Y 0 M 8 D
IP No: IP18-00036683 Sex: Female
Consultant: Dr. MATHANGI RAJAGOPALAN 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:

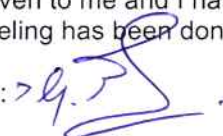
1 We do not allow use of medication brought from outside by the patient.

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.

(Rovers 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: Vijay Krishnan G

Relationship: Husband

Date: 30-07-2021

Time: 12:15

Witness Name: BWIN

Witness Signature: 

Patient Address:

89/4, PERUMAL KOIL STREET
BACKSIDE Saidapet Madras Chennai
Tamil Nadu INDIA 600015

BILLING POLICY

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

DECLARATION

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

Patient Name : > <u>Divya S</u>	UHID Number : <u>86600</u>
Self/Attendant Name : > <u>vijay krishnan G</u>	Relation : > <u>Husband</u>
Self/ Attendant Signature : > <u>[Signature]</u> Phone Number : > <u>8838959621</u>	Name & Signature of Financial Counselor <u>[Signature]</u>

IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

- * Pt was admitted for IOL
- * Able to PFM well
- * No cl. Lower Abdominal Pain, bleeding or leaking PV

Obstetric Formula:

Primu

Obstetric History:

G₁-PP, Spontaneous Conception

LMP: 02/11/2025

EDD: 09/08/2026

Corrected EDD:

GA: 38 weeks + 4 days

Menstrual History: Regular: ☒ Yes ☐ No

Obstetric Examination

M/S - 1yr; NCM

Fundal Height: Term

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

Liquor: ☒ Adequate ☐ Oligo ☐ Poly

PP: ☒ Cephalic ☐ Breech ☐ Others

Head Fifths Palpable: 4/5th

FHS: ☒ Normal ☐ Tachy ☐ Brady ☐ Absent

Present Pregnancy Record:

Booked and Immunised, NT Scan - (N)
RS - Low risk, Anomaly Scan - Normal

RISK FACTORS:

H/o fall on 01/6/26
Took Tab. Folic 500mg 2-2 x 2 days
Cansoft CL vaginally at night
x 7 nights

Per Speculum Examination

Draining: ☐ Present ☐ Absent ☐ Bleeding

Colour of Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Vaginal Examination

Cervix: 2cm ☒ 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: 156.5 cm

Weight: 78.70 kg 32.13 kg/m²

Allergies: Nil

Breast: ☒ Normal ☐ Abnormal

General Examination:

Consciousness: Conscious Pallor: No

Icterus: No Edema: No

Temp: Normal PR:

BP: DTR:

CVS: S₁, S₂ ⊕ RS B/L NUBS

Liver/Spleen: Urine Output:

DIAGNOSIS

Primu
M/S - 1yr
NCM
O + ve

LMP - 02/11/2025
EDD - 09/08/2026
RMP

GA - 38 weeks + 4 days
IOL

Patient Sticker

Family History: Mother-T₂DM	Surgical History: Nil
Medical History: Seasonal Asthma H/D admission for Anemia @ Schottline Nil H/o fall on 01/6/26 took Tab. Tragic 500mg 2-0-2 x 2day Cansoft CL 1 daily vaginally at night x 7 nights	Medication History:
Plan of Care: <u>C/I/T Dr. Mathangi</u> - Admission - parts preparation - Secure IV line - Informed consent for IOL/NVD - ↓ SAs, Foley bulb inserted intracervically and inflated with 60cc distilled water. - Post foley CTG after 1 hour. - CTG 4th hourly monitoring. - W/f contractions. - Inj SUPACEF 1.5g 2x 1-1-1 (ARD)	Investigations: CTG - Reactive

Doctor Name: Dr. Akshitha / Dr. Shreedevi
 Signature: [Signature] 82217
 Date & Time: 30/07/2026 12:30pm

Consultant Name: Dr. Mathangi
 Signature: For [Signature] 82217
 Date & Time: 30/07/2026 12:30pm

Patient Sticker

GUC-00086600
Mrs DIVYA S
22-07-2000
Dr. MATHANGI RAJAGOPALAN
26 Y O M B D
IP18-00036683
(F)

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RESULT SHEET

Date	13/7/26	1/8/26			
Time					
Hb	11.6	11.4			<u>O - POSITIVE</u>
PCV	34	34			
RBC	3.92	3.87			TCT - NEGATIVE
WBC	9,260	14,180			
N/L	76/15	95/9			HIV
Platelets	2.23	2.15			HBsAg
CRP					VDRU } Non-Reactive
ESR					HCV
PCT					
RBS	FBS - 87 PPBS - 126				
Na					ECG
K					ECHO } Normal
Cl					5/1/26
Ca/Mg					TSH - 0.10
Phosphate					T4 - 11
Urea					T3 - 180
Creatinine					
ALP					Rubella IgG - Negative
SGPT					
SGOT					HbA1c - 5.3
T.Bill/Conj					
T.Protein					Hb Electrophoresis - Normal
S.Albumin					
S.Globulin					
A/G Ratio					6/6/26
Uric Acid					Normal vaginal flora
S.Amylase					
Sr.Lipase					
Blood Lactate					
S.Cholesterol					
PT/INR					
APTT					
CSF Protein / Sugar					
Cells					
N/L	82217	182217			

IP18-00036683

Mrs DIVYA S

22-07-2000

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Dr. MATHANGI RAJAGOPALAN



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/07/2021 5pm	C/S/B - Post Foley's CTG - Reactive - CTG Q 4th hourly - Follow drug chart - W/F Foley's expulsion - Shift to ward - Reshift to LDR @ 9pm	Dr. Pavithra
30/7/21 9pm	pt. received in LDR S/B Dr. Vinodhini / Dr. Dnyalakesh	
30/7/21 9pm	pt. reviewed Able to PFM well	
30/7/21 9pm	pt. fair, afebrile po free p/a: ut term 2c/15 sec/10 mins cephalic FMS good y/e: CBD intact	Advice - Continue scan - Hydration - w/f foley's exp - CTG Q 4th - Inform BOS

Patient Sticker

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/10/2016 4:30 AM	S/B Dr. K. M. Adhikari	
	Pt Reviewed	
	PFM well	
	OK:	
	conscious, oriented, Afebrile	
	NO P/PE	
	CVS /	
	RS / MOD	
	PIA - uterus antem	Notes:
	Cephalic	BP - 110/80 mmHg
	2/15" / 10"	PR - 86 bpm
	FHR @ 150 bpm	T - Afebrile
	PIV - Ex Posterior	
	2cm long	
	os admits 1 finger	
	ppvx at - 3 station	
	show @ low back	
	Pelvis - TO be assessed in	
	4th Dr. M. K. Adhikari	Active labor
	Pre Induction CTG - Reactive	
	↓ S/P, P/G 2 Gel Induction	Kept at Posterior
	fontes at 4:20 AM.	
		Adv
		1) w/f contractions
		2) w/f progression of labor
		3) soft diet / plenty of

Date & Time	Progress Notes	Doctor's Order
		oral fluids
	Post Induction Vitals.	4) CTG continuously.
	BP-110/70mmHg	5) Inform SOS
	PR-84bpm	
	CTG- Reactive.	 12:00 (Dr. Kundh)
31/07/2026	C/S/B Dr. Vinitha / Dr. Shreedevi	<u>Advice</u>
8AM	Post Gel CTG Reactive	- To start INT. SYNTO
	O/E Pt GC fair, Afebrile	@ 24ml/hr @ 8AM
	P/PE°	- Continuous CTG
	CVS	- Liquid diet
	RS/NAD	- Vitals Monitoring
CTG- Reactive	P/A- uterus @ Term	- Follow daughter
F (N)	Mildly Acting (20/15"/10')	- WIF contractions
PR- 84/min	Cephalic	- Inform (SOS)
BP- 120/70mmHg	FHS-good	
	 82217	

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/10/2026	c/s/b Dr. Mathangi	
9:15 Am	PlA - ut @ Term Mildly Acting (3c/15"10") Cephalic FHS - good PlV - Cx - 2cm long OS - 2cm dilated membranes ⊕ vertex @ -3 ↓ SAP, ARM done clear liquor drained Post ARM FHS - good 1822/17	Advice - All four's position - Continuous CTG - Continue INT SYNTD - Acceleration - W/F contractions - Inform (SOS)
3/10/2026	c/s/b Dr. Mathangi	
12:40 PM	PlV - Cx - 1 cm long OS - 4cm dilated membranes Absent vertex @ -3 1822/17	Advice - Continuous CTG - Continue INT SYNTD - acceleration - W/F contractions - INT. PETHIDINE 50mg + - INT. PHENERGAN 20mg

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
31/07/2026 4:30pm	Case Received in MICU.	
DOS	C/S/B Dr Panitara. Pt reviewed	
T-20 BP-117/74 PR-76/min	ok Pt ac fair afebrile P/Pu	Advice - NPO X 2 hours - JVF @ 125ml/hour - Vitals monitoring - Follow drug chart
Baby mfs B/L Breast soft.	CVS RS/NAD	- CBD / Clearene 4mg q - od / cbc c/m 6am
VO 25ml/hour	P/A - Ut firm & cont well Dressing dry.	
	C/S - No undue bleeding P/V.	
31/07/2026 9pm	C/S/B Dr Panitara Pt reviewed.	
DOS	ok Pt ac fair afebrile P/Pu	Advice - Clear liquid diet - Kanji Diet c/m 6am - Soft Diet c/m 7am
P-20 BP-110/68 PR-88/min.	CVS/RS - NAD	- Vitals monitoring - Follow drug chart
Baby mfs B/L Breast soft	P/A - Ut firm & cont well Dressing dry.	- CBD / Clearene 4mg q - od / cbc c/m 6am
VO 200ml/hour	C/S - RWNL.	
	Shift forward	

4

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/8/26 7:30 AM	S/S Dr. Vinita / Dr. Shreedevi	
POD #1	pt reviewed	
6 hrs	normal 300 ml	
	not passed flatus	
BP 114/76 mmHg	O/E: afebrile	Plan
PR 82 bpm	GC fair	- monitor vitals
SpO2 99% @ RA	P°/PE°	- soft solid diet
Jump ⊕	P/A uterus w/c	- hydrate
	soft	- ambulate x
BL breast soft	BS ⊕	- inform (SS)
secretions ⊕	dressing dry	- follow drug orders
Baby m/s	L/C: BWNL	
DBF		
1/8/26 3:30 PM	C/S Dr. Vinita / Dr. Shreedevi	
POD -1	pt reviewed, Nil clo	Advice
T- ⊕	O/E pt GC fair, Afebrile	- Soft diet
PR - 72/min	P°/PE°	- vitals monitoring
BP - 110/68 mmHg	CVS / RS / NAD	- Follow drug chart
	P/A - uterus well contracted	- Ambulation
Voiding freely	Soft, BS ⊕	- Bath & dressing tomorrow
Flatus passed	Pressing ⊕ & Dry	- Plenty of oral fluids
Baby - m/s	L/C - BWNL	- Inform (SS)
BL - Breast soft		- Dulcotea suppository
		2 tabs PR stat @ 10pm

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/8/26 8pm	SB 20 finger P.L. Post Emergency US / Post #1 No complaint o/e rt abdomen PT PE - CVS RS W/M P/A Soft BS ⊕ Uterus firm + contracted Abdominal No soilage d/e - BWA	Normal des Plenty of oral fluids → Vital signs → To follow drug order <i>[Signature]</i> 7/8/26
	Thermal BP 110/80 mmHg PR 82/min SpO2 99% @ RA Rept - Mother said B/L breast soft Voided urine Painful flaps	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/2/26 8:55 AM	S/B Dr. Absoluta	
O+ve	pt reviewed.	nothing feeding
PDD #2	no	passed stools
	O/E: afebrile	
BP 110/80 mmHg	SC fair	Plan:
PR 88 bpm	P°/Pc°	- normal diet
SpO ₂ 99% @ RA	P/A wkus w/c	- hydrate
Jump (+)	soft	- ambulate
	BS (+)	- w/t ↑ bleeding
BIL breast soft	dressing dry	- inform (SOS)
flat nipple	LIE: BUNL	
secretions (+)		
Baby m/s D BF		

Patient Sticker

PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]

DOCTOR'S SHIFT CHANGE HANDOVER FORM

Date:

Department:

Shift:

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

GUC-00085600

IP18-00036683

Mrs DIVYA S

26 Y 0 M 9 D

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22-07-2000

Dr. MATHANGI RAJAGOPALAN



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MEDICATION RECONCILIATION FORM

Drug Allergies:

☐ Not known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.

(Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From:

Shifted to:

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	2. TRAPIC	100mg	iv	4x day	31/7/20 3:30P	☐ C ☒ DC
2	2. TRAPIC MONTESKIN	0.2mg	iv	5x day	31/7/20 4:00P	☐ C ☒ DC
3	2. ENCEJAT	4mg	iv	5x day	31/7/20 4:30P	☐ 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 :

Nurse Name & Signature:

Date & Time :

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



MEDICATION RECONCILIATION FORM

Drug Allergies: All

☐ 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: 7th floor

Shifted to: MICU

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

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature: Dr. Divyalakshmi

Date & Time: 30/7/26 @ 3:30pm

Nurse Name & Signature: V. Abirami

Date & Time: 30/7/26 @ 3:30pm



1-15-1991

102

RECEIVED
DEPARTMENT OF HEALTH AND HUMAN SERVICES
STATE OF NEW YORK
ALBANY, NEW YORK 12242-0001

102

DATE	DESCRIPTION	AMOUNT	BALANCE
1-15-91	STATE OF NEW YORK	102.00	102.00
1-15-91	STATE OF NEW YORK	102.00	204.00
1-15-91	STATE OF NEW YORK	102.00	306.00
1-15-91	STATE OF NEW YORK	102.00	408.00
1-15-91	STATE OF NEW YORK	102.00	510.00
1-15-91	STATE OF NEW YORK	102.00	612.00
1-15-91	STATE OF NEW YORK	102.00	714.00
1-15-91	STATE OF NEW YORK	102.00	816.00
1-15-91	STATE OF NEW YORK	102.00	918.00
1-15-91	STATE OF NEW YORK	102.00	1020.00

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
STATE OF NEW YORK
ALBANY, NEW YORK 12242-0001

1-15-91

102

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ALBANY, NEW YORK 12242-0001

1-15-91

102

Patient Sticker

GUC-00086600
Mrs DIVYA S
22-07-2000
Dr. MATHANGI RAJAGOPALAN
26 Y O M B D
(F)

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MEDICATION RECONCILIATION FORM

Drug Allergies: NIL

☐ Not known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.

(Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From: Micu

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	<u>2g SUPACEF</u>	<u>1.5g</u>	<u>IV</u>	<u>7DS</u>		☒ C ☐ DC
2						☐ C ☐ DC
3						☐ C ☐ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature: Dr. Dnyalashini

Date & Time: 30/7/26 at 12:30pm

Nurse Name & Signature: Amoja / 01/2/26

Date & Time: 30/7/26 at 12:30pm

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

REGULAR PRESCRIPTIONS

Weight: 78kg Ward: 7th floor

DRUG : Ery SURACEF				Date Time	30/7 31/7	0/8														
Dose	Route	Frequency	Start Date																	
1.5g	IV	1-1-1	30/7	8am	3-3pm	SS	SS													
Name & Signature of the Doctor Starting the Drugs:					4pm SP	SS	SS													
Additional Instructions:					11pm DJ	P.K	VA													
x ③ doses					MD	VA														
Daily Doctor's Endorsement by a Sign					D1 D2															

DRUG : C. PAN D				Date Time	31/7	0/8	02/8													
Dose	Route	Frequency	Start Date																	
40mg	PO	1-0-1	31/7/24	7am	P-6	SS	SS													
Name & Signature of the Doctor Starting the Drugs:					16A	VA	VA													
Additional Instructions:					7pm	SS	SS													
Daily Doctor's Endorsement by a Sign																				

DRUG : T. PARACETAMOL				Date Time	31/7	0/8	02/8													
Dose	Route	Frequency	Start Date																	
1g	PO	1-1-1	31/7/24	6am	P-6	SS	SS													
Name & Signature of the Doctor Starting the Drugs:					12pm	SS	SS													
Additional Instructions:					6pm	SS	SS													
Daily Doctor's Endorsement by a Sign					12am	P.K	SS													

DRUG : JUSTIN SUPPOSITORY				Date Time	31/7	0/8	02/8													
Dose	Route	Frequency	Start Date																	
100mg	PR	1-0-1	31/7/24	9am	P-6	SS	SS													
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:					9pm	SS	SS													
Daily Doctor's Endorsement by a Sign																				

Patient Sticker

Weight. 78kg Ward. 412

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
30/7/20	3pm	2mg SUPACEF	0.1ml	id	[Signature]	SP SA
31/7/20	5pm	PLC 200ml	0.5mg	plv	[Signature]	TJ MD
31/7	30 1pm	INTJ. PETHIDINE	50mg	Im	[Signature]	SS SS
31/7	30 1pm	INTJ. PHENERGAN	25mg	Im	[Signature]	SS SS
31/7	3pm	2mg SUPACEF	1.5g	iv	[Signature]	SS SS
31/7	3pm	2mg PAN7OPRAZOLE	40mg	iv	[Signature]	SS SS
31/7	3pm	2mg EMESET	4mg	iv	[Signature]	SS SS
31/7	4:00pm	2. MEGESTROL	0.2mg	im	[Signature]	SM PS
31/7	4:30pm	2. GABAPENTIN	4g	iv	[Signature]	SM PJ

VERIFIED BY: Name Signature



I.V. FLUIDS CHART

Weight. 181g Ward. LDR

[illegible]

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Sheet No:

REGULAR PRESCRIPTIONS

Weight 8.4 kg Ward LDR

DRUG: <u>INJ. CLEXANE</u>				Date Time	<u>1/8</u>	<u>02/8</u>
Dose	Route	Frequency	Start Dt.			
<u>400mg</u>	<u>SC</u>	<u>1-0-0</u>	<u>1/8/26</u>	<u>6 AM</u>	<u>11/8</u>	<u>11/8</u>
Name & Signature of the Doctor Starting the Drugs:						
<u>[Signature]</u>						
Additional Instructions:				<u>DA D2</u>		
Daily Doctor's Endorsement by a Sign						

DRUG: <u>T. CEFTUM</u>				Date Time	<u>1/8</u>	<u>2/8</u>
Dose	Route	Frequency	Start Dt.			
<u>500mg</u>	<u>PO</u>	<u>1-0-1</u>	<u>1/8/26</u>	<u>8 AM</u>	<u>EP</u>	<u>AA</u>
Name & Signature of the Doctor Starting the Drugs:						
<u>[Signature]</u>						
Additional Instructions:				<u>8pm SM</u> <u>VA</u>		
Daily Doctor's Endorsement by a Sign						

DRUG: <u>T. FLAGYL</u>				Date Time	<u>1/8</u>	<u>2/8</u>
Dose	Route	Frequency	Start Dt.			
<u>400mg</u>	<u>PO</u>	<u>1-1-1</u>	<u>1/8/26</u>	<u>8 AM</u>	<u>EP</u>	<u>AA</u>
Name & Signature of the Doctor Starting the Drugs:						
<u>[Signature]</u>				<u>2pm DA</u> <u>SS</u>		
Additional Instructions:				<u>10pm SM</u> <u>VA</u>		
Daily Doctor's Endorsement by a Sign						

DRUG: <u>C. LACTARE</u>				Date Time	<u>1/8</u>	<u>2/8</u>
Dose	Route	Frequency	Start Dt.			
<u>2 tabs</u>	<u>PO</u>	<u>2-2-2</u>	<u>1/8/26</u>	<u>8 AM</u>	<u>EP</u>	<u>AA</u>
Name & Signature of the Doctor Starting the Drugs:						
<u>[Signature]</u>				<u>4.15pm</u> <u>SS</u> <u>AA</u>		
Additional Instructions:				<u>10pm SM</u> <u>VA</u>		
Daily Doctor's Endorsement by a Sign						

VERIFIED BY : Name

Signature



GUC-00086600

IP18-00036683

Mrs DIVYA S

22-07-2000

26 Y 0 M 8 D

(F)

Dr. MATHANGI RAJAGOPALAN

DUGGL 180.

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REGULAR PRESCRIPTIONS

Weight Ward

DRUG :Date
Time

Dose Route Frequency Start Dt.

Name & Signature of the Doctor
Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :Date
Time

Dose Route Frequency Start Dt.

Name & Signature of the Doctor
Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :Date
Time

Dose Route Frequency Start Dt.

Name & Signature of the Doctor
Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :Date
Time

Dose Route Frequency Start Dt.

Name & Signature of the Doctor
Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

VERIFIED BY : Name Signature

--	--



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Patient Sticker

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 22-07-2000 26 Y 0 M 8 D (F)
 Dr. MATHANGI RAJAGOPALAN

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Early Warning Observation Score Chart - Obstetrics

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

30/7/20

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																								
	0 - 10																								
Saturations	94 - 100 %																								
	< 94 %																								
Administered O ₂ (L/min.)																									
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

(F)



GUC-00086600

IP18-00036683

Mrs DIVYA S

26 Y 0 M 9 D

(F)

22-07-2000

Dr. MATHANGI RAJAGOPALAN



Early warning Observation Score Chart - Obstetrics

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

Date		8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
Time		8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20	20				20				22				22				22					22		
	0 - 10																								
Saturations	94 - 100 %	99				99				98.5				99				99					99		
	< 94 %																								
Administered O ₂ (L/min.)		P ₂				P ₂				P ₂				P ₂				P ₂					P ₂		
Temp °C	40																								
	39																								
	38	98.4				98.4				98.6				98.6				98.6					98.6		
	37																								
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100	98				98				98				98				98					98		
	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																									
URINE mls / hour	> 30	✓								✓				✓				✓				✓			
	< 30																								
Proteinuria	Protein ++																								
	Protein > ++																								
Lochia	Normal	✓				✓				✓				✓				✓				✓			
	Heavy / Foul																								
Liquor	Clear / Pink	✓				✓				✓				✓				✓				✓			
	Green																								
TOTAL YELLOW SCORES		1				2				2				2				2				2			
TOTAL ORANGE SCORES		0				0				0				0				0				0			
Nurse Initial		✓				✓				✓				✓				✓				✓			

Patient Sticker

GUC-00086600 IP18-00036683
Mrs DIVYA S
22-07-2000 26 Y 0 M 8 D (F)
Dr. MATHANGI RAJAGOPALAN



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FLUID CHART

Sheet No. : ①

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

Date	Time	Nature of Fluid	Intake			Output						IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
30/7/26													
	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm	Water	100ml										
Total Intake :			100ml										
Total Output :													
	02:00 pm	H ₂ O	200ml										
	03:00 pm												
	04:00 pm	H ₂ O	200										
	05:00 pm	H ₂ O	150ml										
	06:00 pm	H ₂ O	100ml										
	07:00 pm	H ₂ O	100ml										
Total Intake :			750ml										
Total Output :													
	08:00 pm												
	09:00 pm	H ₂ O	100										
	10:00 pm	H ₂ O	100										
	11:00 pm	Juice	100										
	12:00 am												
	01:00 am	H ₂ O	150										
Total Intake :			450ml										
Total Output :													
	02:00 am	Water	150ml										
	03:00 am												
	04:00 am	Milk	200ml										
	05:00 am	H ₂ O	100										
	06:00 am	H ₂ O	100										
	07:00 am												
Total Intake :			550ml										
Total Output :													
Total 24 hrs. Intake			1850ml										
Total 24 hrs. Output			1600ml										

FLUID CHART

Sheet No. : ②

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	Route I.V.	N.G.	NG	Diarrhoea	Vomit	Drainage	Urine		
	08:00 am	H2O	100ml	200ml	100ml					200ml	0	AK
	09:00 am	H2O	500ml	200ml	100ml						0	AK
	10:00 am	Tea	100ml	200ml	100ml					200ml	0	AK
	11:00 am			20	100						0	AK
	12:00 pm	H2O	100ml	120	100					200	0	AK
	01:00 pm	H2O	500ml	100	100						0	AK
Total Intake :			1,640ml			Total Output :					600	
	02:00 pm	H2O			100					100	0	AK
	03:00 pm											
	04:00 pm			OT 1000ml						150ml	0	AK
	05:00 pm	N		20						20	0	AK
	06:00 pm	P		100						100	0	AK
	07:00 pm			100						100	0	AK
Total Intake :			2,470ml			Total Output :					520ml	
	08:00 pm	Tea	50ml	125ml						200ml	0	AK
	09:00 pm	Tea	200ml	125ml						110ml	0	AK
	10:00 pm			125						100	0	AK
	11:00 pm	TC	200	125						250	0	AK
	12:00 am			125						100ml	0	AK
	01:00 am	Juice	150	125						150ml	0	AK
Total Intake :			600 + 1750ml → 1350ml			Total Output :					810ml	
	02:00 am			125						150	0	AK
	03:00 am	H2O	100	125						200	0	AK
	04:00 am			125						100	0	AK
	05:00 am			125						150	0	AK
	06:00 am	Km	150	125						150	0	AK
	07:00 am									CRD Ramana	0	AK
Total Intake :			850 + 625ml = 1475ml			Total Output :					750ml	
Total 24 hrs. Intake			5298ml			Total 24 hrs. Output			2650ml			

FLUID CHART

Sheet No. : 2

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
11/2/20	08:00 am										0	✓
	09:00 am	H ₂ O	100ml							300ml	0	✓
	10:00 am	H ₂ O	50ml								0	✓
	11:00 am	H ₂ O	50ml								0	✓
	12:00 pm	H ₂ O	100ml							250ml	0	✓
	01:00 pm	H ₂ O	50ml								0	✓
	Total Intake :			250ml			Total Output :					550ml
	02:00 pm	H ₂ O	150ml								0	AA
	03:00 pm	H ₂ O	150ml							250ml	0	AA
	04:00 pm	H ₂ O	100ml								0	AA
	05:00 pm	Sauce	100ml							150ml	0	AA
	06:00 pm	H ₂ O	100ml								0	AA
	07:00 pm	H ₂ O	150ml							300ml	0	AA
	Total Intake :			750ml			Total Output :					700ml
	08:00 pm	H ₂ O	200ml								0	✓
	09:00 pm										0	✓
	10:00 pm	milk	200ml							200ml	0	✓
	11:00 pm	H ₂ O	100ml								0	✓
	12:00 am									150ml	0	✓
	01:00 am	H ₂ O	100ml								0	✓
Total Intake :			600ml			Total Output :					350ml	
	02:00 am	H ₂ O	200ml								0	✓
	03:00 am									200ml	0	✓
	04:00 am	H ₂ O	200ml								0	✓
	05:00 am										0	✓
	06:00 am	H ₂ O	100ml							100ml	0	✓
	07:00 am										0	✓
Total Intake :			500ml			Total Output :					300ml	
Total 24 hrs. Intake		2,200ml.....										
Total 24 hrs. Output		1,900ml motion - 1										



Patient Stick

NURSING SHIFT HAND OVER FORM

SITUATION		Any Infection: ☐ Yes ☒ No ☐ Not Known						
Diagnosis:		If Yes Specify:						
Surgery / Procedure:		Post OP Day:						
BACKGROUND	Date	30/7	30/7	30/7	31/7	31/7	31/7	
	Shift	M	Evening	N	N	E	N	
BACKGROUND	Medical Condition (Any special condition to be noted):							
	Diet:	@ diet	@ diet	@ diet	@ diet	@ diet	npo	
ASSESSMENT	Allergy:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA	NA	NA	
	Tubes/Drains/Catheter:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	Vital Signs:	Temp:	98.1°	98.1°	98.2°	98.4°	98.7°	98.2°
		Res:	24/m	18	20-24/m	19/m	19/m	18-20/m
		SpO ₂ :	94%	100%	95%	99%	100%	98%
		Pulse:	94	98	90-100	94	94	99
		BP:	110/70	110/70	110/70	120/70	110/70	110/70
	LOC:	conscious	conscious	conscious	conscious	conscious	conscious	
	Fall Risk Score:	10	10	10	10	10	10	
Pain Score:	0/10	0/10	0/10	0/10	2/10	2/10		
Skin Integrity	0/10	Normal	Normal	Normal	Normal	0/10		
Recommendations	Safety Needs:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	Physiotherapy:	NA	NA	NA	NA	NA	NA	
	Others Specify:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	Special Diet:	—	@ diet	@ diet	@ diet	@ diet	@ diet	
	Critical Lab Test / Values:	NA	—	—	—	—	—	
	Other Special Orders / Medications:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
PU Prophylaxis:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No		
DVT Prophylaxis:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No		
ADL (Dependent / Non Dependent):	NA	Dependent	Dependent	Dependent	Dependent	Dependent		
Post Operative Procedure Special Orders:		NA	—	—	—	—	—	
Handed Over By Name :		Pooja	Pooja	P. K. K.	Alita	Alita	Deni	
Signature / ID :		[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	
Date:		30/7/26	30/7/26	30/7/26	31/7/26	31/7/26	31/7/26	
Time:		12:30 PM	1:30 PM	8:30 PM	2 AM	2 PM	10 AM	
Taken Over By Name :		Pooja	P. K. K.	Alita	Alita	Deni	Edwin	
Signature / ID :		[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	
Date:		30/7/26	30/7/26	31/7/26	31/7/26	31/7/26	31/7/26	
Time:		2 PM	8 PM	2 AM	2 PM	8 PM	1:30 PM	

GUC-00086600

IP18-00036683

Mrs DIVYA S

22-07-2000

26 Y 0 M 8 D

(F)

Dr. MATHANGI RAJAGOPALAN



NURSING CARE RECORD

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Your Right to a Safe Delivery

Date: 30/7/26

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							
Afternoon	2pm	Prevent falls & injury	2 ³⁰ pm	→ keep Bed in low position with side rails up → Ensure call bell is within reach → Assist during Ambulation	Ensure Safety	Reassessment was done	Shalin 04076
Night	8pm	patient monitor vitals provide psychological support	8 ³⁰ pm	Assessed the patient vitals provide psychological support monitor vitals	patient vital stable	Reassessment done	Ple 60026

GUC-00086600
Mrs DIVYA S
22-07-2000
Dr. MATHANGI RAJAGOPALAN
IP18-00036683
26 Y 0 M 6 D
(F)

NURSING CARE RECORD

Rainbow
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It takes a lot to treat the little.

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 31/7/26

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	8am	Achieve Pain & acceptable comfort.	8am	Assess the pain using pain regularly. Position Pt comfortable. Administer analgesic.	Perfect Vital Signs Stable.	Reassess done	Keyhole
Afternoon	2pm	Achieve pain & acceptable comfort.	2pm	Assess the pain using pain regularly. Position Pt comfortable. Administer analgesic.	Perfect Vital Signs Stable.	Reassess done	Keyhole
Night	8pm	Achieve pain acceptance & comfort.	8pm	Assess the pain using pain regularly. Position Pt comfortable. Administer analgesic.	Perfect Vital Signs Stable.	Reassessment was done.	Keyhole

GUC-00086600
Mrs DIVYA S
22-07-2000
Dr. MATHANGI RAJAGOPALAN
26 Y O M B D (F)
IP18-00036683

Patient Sticker

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NOTES

- ☐ No Known Drug Allergies
- ☐ Drug Allergies

Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
30/07/26	12 ³⁰ pm	Admission Notes 30/07/26 Mrs. Divya Primi 38+4wks She came for induction of labour under Dr. Mathangi CTM connected, FHR is 200, FMGTI felt by mother, I/F to Dr Akshita Advices to do Admission order Came out, vitals are checked & recorded. General condition is fair ———>	
	1pm	Part Preparation done by S/N Pooja	S/N Pooja 01/07/26
	1.10pm	CTM disconnected as per doctor's order. ———>	S/N Pooja 01/07/26
	2pm	pt vital signs checked by recorder. Encouraged to take adequate oral fluid. maintain 20 chest pt had normal diet.	Pooja 01/07/26
	3pm	Dr. Mathangi did PV examination & 2 cm long as closed. Pajis induction done intracervically. 200 Pajis used 65ml D. Water. Infiltrated. Advice to give Dr. Supraj order carried out. Dr. Supraj 0.1ml test dose I/P given as per doctor order.	Pooja 01/07/26

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

NURSES NOTES

☒ No Known Drug Allergies

☐ Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
30/11/16	3:30pm	IV placement done & 18G vein on back of hand present. pt has no allergies, itchy rt. suprad 1.5gm w given. →	pgl
	4pm	Post Foley's CTR connected as per doctor order FHR ⊕. provide left lateral position. →	pgl
	4:40pm	CTR disconnected as per doctor order. so partial or shadow advice to shift. reshift to LTR at 9:30pm →	pgl
	5pm	pt shifted to ward as per doctor order. pt care hand over given to 7 th floor staff nurse. →	pgl
<u>Receiving Notes.</u>			
30/11/16	5:30pm	Patient Receiving from LOR to 7 th floor. Patient details handing Over taken from LOR Staff. →	pgl
		Patient Bed Side Assessment done. Conscious & Oriented. Patient taken Normal diet. IV line ⊕	
		Admission. Urine Self voided. →	pgl
	6pm	Vitals Sign checked & Recorded. vitals are Stable. Pto chart monitored. Provided comfortable position.	

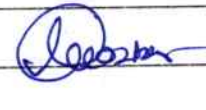
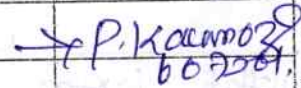
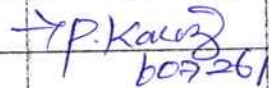
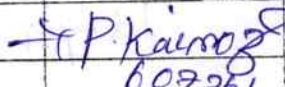
NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

☒ No Known Drug Allergies

☐ Drug Allergies Nil.

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
30/7/26	5:45pm	Patient Complain of Vomiting. Inform the Dr. Pavithra mam Advised. Tri- Emergent 4mg IV given. Provided Comfortable position.	
	6pm	Patient taken Normal diet, Post Foley's CTG- Reactive, CTG Q4th hourly. Follow the drug chart, w/ Foley's expulsion, FHR ④. Reshift to LDR @ 9pm. Rpt CTG @ 8:40pm to do. No any other complaints.	
	7:30pm	Patient details handing over to Night duty Staff.	
		NIGHT DUTY	
30/7/26	7:30pm	Patient details handing over taken from evening duty staff. Patient is primi / 38w / 70L / Poly's Induction / Last CTG 4:40PM Next CTG 8:45PM, Reshift to LDR @ 9:00PM	
	8:00pm	Patient Vitals checked and Recorded. Dr. Pavithra Mam Phone call order shifted to LDR CTG in LDR	
	8:30pm	Patient details handover given to LDR staff	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

NURSES NOTES

☒ No Known Drug Allergies

☐ Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
30/7/20	8.10pm	Receiving Notes Patient Received from the Floor to LDR. Patient care Handing over taken from the floor Staff. Monitored Vitals and Recorded. Maintained Ilo. CTG Connected. FHR Monitoring watching contractions. Pain assessment Done	J. Full 01/6/20
	9.39pm	FHR Monitored. CTG disconnected Patient General condition Fair. Pain assessment Done. watching contractions. No any other complaints. IV Cannula observed	J. Full 01/6/20
	10pm	Maintained Ilo. Patient General condition Fair. No any other complaints. Patient General Condition Fair	J. Full 01/6/20
31/7/20	12pm	Monitored vitals and Recorded. Maintained Ilo. Pain assessment Done. IV cannula Observed. Patient conscious and oriented. No other complaints	J. Full 01/6/20
	12.30 Am	CTG Connected. FHR Monitoring. Foley bulb insite. watching contractions. No other complaints	J. Full 01/6/20

NOTE : DO NOT WRITE OUTSIDE THE MARGINS



3 **NURSES NOTES**

☒ No Known Drug Allergies

☐ Drug Allergies

Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
31/7/20	1 PM	Foley's bulb Expelled Informed to Dr. Vinodhini. FHR monitored CTG disconnected. No any other complaints	[Signature] 31/7/20
	2.15 PM	At CTG connecting FHR is good. Pt general condition is good. Pt feels light diet.	[Signature] 31/7/20
	4.00 PM	Pt vitals recorded & recorded 81.8 bpm. Vinodhini mom Nil examination done. 2cm long 1 finger - 3 station. Pt condition Informed to Mathangi mom. Plan for get CTG disconnected. Order by Vinodhini mom	[Signature] 31/7/20
	4.20 PM	↓ CAP PGE-2 gel Induction kept in position after in room post partum CTG. Pt in left lateral position	[Signature] 31/7/20
	5.20 PM	CTG connecting FHR is good. Pt general condition is good.	[Signature] 31/7/20
	6 AM	CTG on connect. FHR Monitoring watching contractions. Pain assessment done. No any other complaints	[Signature] 31/7/20
	6.30 AM	FHR Monitored. CTG disconnected. Watching contractions. Morning care given to patient. No any other complaints. Pericannula observed	[Signature] 31/7/20

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

NURSES NOTES

☒ No Known Drug Allergies

☐ Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
31/7/20	7-30am	Patient care Handing over given to Morning duty Staff	[Signature] 01/07/20
31/7/20	7am	⇒ Morning Duty Patient appears hand over taken from Night duty staff. She is conscious & oriented, a febrile tendency & appears well-voiced & healthy. ⇒ ABG connected reading HR good, Feetal market good. Luj Spontaneous surit 10 R over Jany stable. Patient vital signs checked & recorded. General condition fair ⇒ Luj Spontaneous 4 Bay Increased. ⇒ Luj Spontaneous 4 Bay increased. Core good ⇒ 1015 Del. morning? New. Advice to ARM done. Clear down. PE examination done. Sem long sem direction. measure (F). Patient in cell 4 position. Luj Spontaneous 9 Bay increased.	⇒ [Signature] 01/07/20 ⇒ [Signature] 01/07/20 ⇒ [Signature] 01/07/20 ⇒ [Signature] 01/07/20

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NURSES NOTES

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☒ No Known Drug Allergies

☐ Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
Low 31/7/12	10am	→ Lys Syntocin given unresd. CPR reaction HR good. Patient placed on 4 position	→ Agy/01/12
	11am	→ Lys Syntocin 12pulses on flow HR good.	→ Agy/01/12
	12pm	→ Dr B Dr Mathangi New PR examination done PR 2cm dilation	→ Agy/01/12
	1pm	→ Lys Pethidine 50mg IV Lys Phenergan 50mg IV as per doctor's order	→ Agy/01/12
	2pm	→ Patient Vital signs checked & recorded, General condition Fair	→ Agy/01/12
	3pm	→ Dr B Dr Mathangi new Advice to PR examination done Dr Mathangi same HR dilation now @ 3cm dilation. Patient NPO Plan Emile.	→ Agy/01/12
	4pm	→ Lys Syntocin stopped. CPR continuous monitoring → Lys Paracetamol 1g IV Lys Emet 4mg IV. Lys 1g IV 1g IV given Patient Vital signs checked & General condition Fair	→ Agy/01/12

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NURSES NOTES

☒ No Known Drug Allergies

☐ Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
Low 31/7/20	3pm	⇒ S/B Desmethylp rect Adverse to PE examination done. Under aseptic tech Catheterization done by Desmethylp Puffert Shift to OT hand over to OT Shift ⇒ <i>[Signature]</i>	
31/7/20	3:10pm	OT Notes ON 31/7/20 patient details hand over taken from S/W while recving patient conscious & Oriented v/s are stable. Cathrizing patient. Int recvd. Patient shifted ON OT-3 on the OT table to connect the cardiac monitor v/s are. Connct ext Connct. I SA was given possil the patient procedure started at 3:30pm Emergency LSC was done. during the procedure there is no any comp v/s are monitored, Ev or flow of the skin Closig done patient shifted Mow h. one to the S/W	<i>[Signature]</i> 017507
31/7/20	4pm	⇒ Recovering ABTS & Recovering the patient from OT I for by of case sheet.	<i>[Signature]</i> 017507

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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Dr. MATHANGI RAJAGOPALAN



NURSES NOTES

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☐ Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
31/7/20	5pm	While receiving the baby patient conscious & oriented, afebrile. TFT R 120mmHg on flow CBO urine observed clear & adequate. Her no lochia over the perineal area. Her mild pain over the perineal & 14/7/01/17	
	6pm	→ CBO urine observed clear & adequate. No other complaints 5/10/01/17	
		B: Breast not NO engorgement U: uterus firm contracted well. B: Basal maternal present B: Patient vitals CBO last out put 100ml. L: Lochia serosa present No evidence of foul smell. E: Reeder assessment not available. H: Homocyst Bgm registered E: Patient emotional Stable good → 14/7/01/17	
	7pm	→ Patient vital signs checked & recorded. → 14/7/01/17	

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☐ Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
<u>cont</u>	7 ³⁰ PM	Patient report hand over to Night duty staff	Devi
	7.30 PM	Night duty report on 31/7/20 Pt taken from the evening duty staff Pt general condition is good. In the present LBR present Pt fast up since no nausea or vomiting. PIV breeding minimal.	Devi/01/20
	8.00 PM	Pt vital signs & recorded, JVP is low on flow Pt attol. breeding over stay no vomiting urine out but clear Pt general condition is good. B- Breast is soft no engorgement U- uterus is contracted B- perineum is LBR down last out per. D- Bowel movement present R- Rectal assessment not applicable L- Lochia rubra present no faint staining H- Homan's sign negative. T- Patient emotional status is good.	Devi/01/20

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☐ Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
21/7/26	9pm	pt vital count & recorded. wound out put clear pt general condition is good. pt shifted to wound order by Dr. Pritha nani per	
	10pm	patient shifted from LDR to 7th floor. Patient care handling over given to 7th floor staff.	<i>[Signature]</i> 06/26
		Receiving Notes	
21/7/26	10.20pm	Patni details & handover taken over from LDR staff. Patient is Non progress of labour Emg LSCS /POD-0 /NPO 2hrs liquid diet. Kony, @ 6 AM, soft diet @ 7 AM, CBC, CBD cleanse wong @ 6 AM, IVF -125ml hourly	→ P. Kannan 607261
	11:00pm	patni taking TC water, No vomiting.	→ P. Kannan 607261
01/8/26	12:00am	patni vitals checked and recorded. Due medication given and recorded.	→ P. Kannan 607261
	2:00am	patni is sleeping well, output drain cleared	→ P. Kannan 607261
	4:00am	patient vitals checked and recorded.	→ P. Kannan 607261

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

NURSES NOTES

☐ No Known Drug Allergies

☐ Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
1/5/25	6:00am	Sample urine taken. Replied to lab. Clean, clear green, CBD area removed. — 1/5/25	
	7:00am	Maintain H/o and recorded mother's complaints medication usage green. — 1/5/25	
	7:30am	pt details handed over green by morning duty staff. — 1/5/25 Morning duty on 1/5/25	
	7:30am	Patient detail handed over taken from night duty. Patient conscious and oriented. Patient urine passed. Patient is on soft diet. Review plan has end duty. IV line pattern. —	Dr. Sin
	8:00am	Vital signs checked and Recorded. —	Shir
		B - Breast soft. No engorgement	
		U - Urine hatched. Involuntarily present	
		B - Bowel movement present. Motopass	
		B - Urine voids freely	
		L - Lochia rubra present. At full flake	
		A - Reflexes in abd. apprehensive	
		M - Homan's sign Negative	
		L - Intermittent flatus good. —	Dr. Sin

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

NURSES NOTES

☒ No Known Drug Allergies

☐ Drug Allergies

Nil

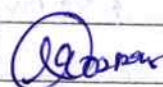
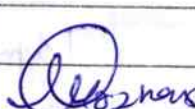
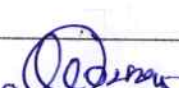
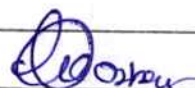
DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
11/8/26	8.30 AM	Dr. Akshitha seen the baby Advised by Monica Vithal, Soft bow, diel. hydrated, Ambulation, Infirm (see) taken dry chest. Order given voided some Urine. Dr. Akshitha seen.	Pho.
	9 AM	Justin Supposing given PR Bow. IV line pattern	Ph.
	10 PM	Patient bowman and chest IV line pattern	Ph.
	12 PM	Maintain intake and output Chart. Vital signs checked and Recorded.	Ph.
	1.30 PM	Patient details handing over on heavy duty staff	Ph.
Evening duty Notes			
11/8/26	1.30 PM	Patient details handing over taken from Morning duty staff Bed side Assessment done Conscious & Oriented. IV line (+) Pattern. provided comfortable position. Patient taken off diet.	Ph.
	2 PM	Patient vitals sign checked & Recorded. vitals are stable. Plo chart monitored. PR bleeding is Normal. Patient Ambulation. Urine voided. Motion Abt passed.	Ph.

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NURSES NOTES

☒ No Known Drug Allergies

☐ Drug Allergies N/A

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
01/08/26	2:30 PM	Patient due Medication & drug given as per drug chart order. IV line Patent.	
	3:30 PM	B - Breast is soft no Engorgement. U - Uterus is Contracted B - Bowel movement Present. B - Urine Voided freely L - Lochia Rubra Present No foul Smelling. E - REEDA is Not Applicable H - Homan's sign Negative. F - Patient Emotional Status is good.	
	3:40 PM	Sl's the Dr. Vinitha mam. Advised. Soft diet, vitals monitoring Follow drug Chart, Ambulation, Tomorrow Bath & Dressing, Plenty of Oral fluids, Dulcolax Suppository 2 tabs PR stat @ 10 PM. to do. follow	
	4 PM	Patient due medication given as per drug Chart Order. IV line Patent. vitals sig checked & Recorded. vitals are stable. I/O chart monitored. pIV Bleeding is Normal. Provided Comfortable position.	

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☒ No Known Drug Allergies

☐ Drug Allergies

Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
01/08/20	6pm	patient vitals are stable. due medication given as per drug chart order. No any other complaints.	[Signature]
	7:30pm	patient details handing over to night duty staff.	[Signature]
		Night Duty	
	7:30pm	patient details Hand over taken from Evening Duty staff. patient vitals are stable. patient Milet passed, IV line pattern, patient tm d/s plan, tomorrow Bath & Dressing, pt's oral medication only, PV bleeding is normal, IV line pattern.	[Signature]
	8pm	patient details signs checked and recorded. vitals are stable. maintained Do chart, due medication given as per order → B- Breast is soft, no engorgement U- uterus contractions well, B- Bowel movement ⊕ B- Urine voided freely L- Lochia rubra ⊕ E- Rooda Scale NA H- Honan's sign negative E- Emotional status good →	[Signature]
	10pm	pt's Milet passed, perineum man A/B Ocular suppositories	[Signature]

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

NURSES NOTES

☐ No Known Drug Allergies

☐ Drug Allergies Nil.

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
01/8/26	10pm	plx given as per order, maintained I/O chart.	→ <u>Suf</u> 607309
02/8/26	12AM	pt's due medication given as per order, maintained I/O chart. PV bleeding is normal →	<u>Suf</u> 607353
	2AM	pt's vitals are stable, maintained I/O chart, PV bleeding is normal, IV line (R), m/passed, →	<u>Suf</u> 607353
	4AM	pt's sleeping well. Maintained I/O chart. →	<u>Suf</u> 607353
		B - Breast is soft, no engorgement U - Uterus contraction well B - Bowel movement ⊕ B - Urine voided freely L - Lochia rubra ⊕ E - Readg Scale NA H - Homan's sign negative E - Emotional Status good →	<u>Suf</u> 607353
	6AM	patient vitals are stable, maintained I/O chart, PV bleeding is normal. →	<u>Suf</u> 607353
	7AM	due medication given as per order, maintained I/O chart. →	<u>Suf</u> 607353
	7:30pm	patient details Hand over given to morning duty staff →	<u>Suf</u> 607353

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CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: <u>Dr. Mathangi</u>	Date of Delivery: <u>31/07/26</u>
Assistant Surgeon: <u>Dr. Dhivya</u>	Time of Delivery: <u>3:33pm</u>
Anaesthetist's Name: <u>Dr. Mohan</u>	Gender of Baby: <u>girl</u>
Type of Anaesthesia: <u>↓ SA</u>	Weight of Baby: <u>3.083kg</u>
Neonatologist: <u>Dr. Raks Latha</u>	AGPAR Score: <u>8/10, 9/10</u>
Scrub Nurse: <u>S/n Siva</u>	NICU Admission: ☐ Yes ☒ No

Pre-Operative Diagnosis:

☐ Elective☒ EmergencyIndication: NON PROGRESS OF LABOR.

Urgency

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

Decision time:

Knief to rectus:

CTG Description: Reactive.

If there was a delay give the reasons:

Surgical Procedure:

EMERGENCY LOWER SEGMENT CAESAREAN SECTION

Post Operative Diagnosis:

P.H. / Post LSCS.

Peri-Operative Complications:

Amount of Blood Loss: 350ml

Blood Transfused (in ML):

Name and Number of Surgical Specimen sent for examination:

Head 4/5th
Caput (P)

Examination Findings when Appropriate:

Presentation: ☒ Cephalic ☐ Breech ☐ Other

Cervical Dilatation: 4cm cm

5th Palpable: 4/5th

Fetal Position: LOT

Station: ☒ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2

Moulding: ☐ None ☒ + ☐ ++ ☐ +++

Caput: ☐ + ☐ ++ ☐ +++

Meconium: ☒ None ☐ + ☐ ++ ☐ +++

Bladder Catheterized: ☒ Yes ☐ No

Urine: ☒ Clear ☐ Blood Stained

Skin Incision: ☒ Pfannenstiel

☐ Transverse

☐ Midline

☐ Other

Uterine Incision: ☒ Lower Segment

☐ Classical

☐ Inverted T

☐ J Incision

Previous Scar: ☐ Intact

☐ Thinned out

☐ Ruptured

☒ No Scar

Incision Through Placenta: ☐ Yes

☒ No

Delivery of head: ☐ Manual

☐ Forceps

Liquor: ☒ Clear

☐ Meconium: ☐ I

☐ II

☐ III

☐ Blood

☐ Offensive

☒ Not Offensive

Delivery of Placenta: ☐ Manual

☒ CCT

☒ Complete

☐ Incomplete

☐ Piecemeal

Cord Appearance: (N)

Single loop of cord around neck. ☒ Yes ☐ No

Appearance of placenta: (N)

Cavity explored ☒ Yes ☐ No

Uterus, tubes and ovaries: ☒ Normal ☐ Not Normal

Sterilization: ☐ Yes ☒ No

Uterine Closure: ☐ One Layer ☒ Two Layers

Peritoneal Closure: ☐ Pelvic ☐ Abdominal ☒ None

Sheath Closure:

Fat Closure: ☐ Yes ☒ No

Skin Closure: ☒ Subcuticular ☐ Mattress

Vaginal Evacuated ☒ Yes ☐ No

Drain: ☐ Yes ☒ No ☐ Remove in days ☐ Await instructions

Catheter: ☒ Yes ☐ No ☐ Remove in days ☐ Await instructions

Swab & Instruments count correct? ☒ Yes ☐ No ☐ Post-op Antibiotics ☒ Yes ☐ No

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

Post-Operative Notes: - NPO x 2 hours

- IVF @ 125ml/hour

- Fij SUPACEF 1.5g IV 1-1-1 (A70)

- T-PARACETAMOL 1g 1-1-1

- C-PANTOPRAZOLE 40mg 1-1-1

- JUSTIN SUPPOSITORY 100mg PR 1-1-1

- CBD | Clearex 40mg SC od c/m 6am

- CBC c/m 6am

Doctor Name: Dr. Mathangi

Doctor Signature: for

Date & Time: 31/07/2024

124602

PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
30/7	1pm	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☒ Yes ☐ No	-	Pooja 01/7/26
30/7	8am	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☒ Yes ☐ No	-	607228
31/7/26	11am	1/10	Abdomen	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☒ Dull ☐ Aching ☐ Burning	☐ Increasing ☒ Decreasing	☒ Yes ☐ No	Comfortable position	Shu 01/7/26
31/7/26	4am	1/10	Abdomen pain	☐ Continuous ☒ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☒ Dull ☐ Aching ☐ Burning	☐ Increasing ☒ Decreasing	☒ Yes ☐ No	Comfortable position	ben 01/7/26
31/7/26	8am	2/10	Abdomen pain	☐ Continuous ☒ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☒ Dull ☐ Aching ☐ Burning	☐ Increasing ☒ Decreasing	☒ Yes ☐ No	Comfortable position	ben 01/7/26
31/7/26	2pm	2/10	Lower Abdomen	☐ Continuous ☒ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☒ Decreasing	☐ Yes ☒ No	Comfortable position	Abel 01/8/26
31/7/26	6pm	2/10	Stitch site	☐ Continuous ☒ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☒ Dull ☐ Aching ☐ Burning	☐ Increasing ☒ Decreasing	☒ Yes ☐ No	Comfortable position	Shu
31/7/26	10pm	2/10	Post op site	☐ Continuous ☒ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☒ Dull ☐ Aching ☐ Burning	☐ Increasing ☒ Decreasing	☐ Yes ☐ No	Comfortable position	ben 01/8/26
31/8/26	4am	1/10	Post op side	☐ Continuous ☒ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☒ Dull ☐ Aching ☐ Burning	☐ Increasing ☒ Decreasing	☒ Yes ☐ No	Comfortable position	P. 01/8/26
1/8/26	9am	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☒ Yes ☐ No	nil	Shu

Re-assessment Frequency:

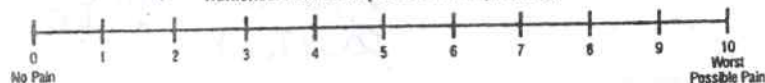
- Every eight hours for all hospitalized patients.
- For post-surgical patients, patients with chronic pain, patient with severe pain:
 - At least every 2 hours for the first 24 hours
 - Then every 4 hours.
 - Prior to pain pain-relieving intervention.
 - Within 30 - 60 minutes after pain relief intervention.

PAIN ASSESSMENT TOOLS

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, rigid, 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

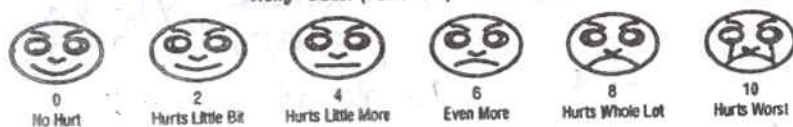
Numerical Pain Scale (Obstetric and Gynecology)



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

Wong - Baker (Pediatrics) Above 7 Years



GUC-00086600

IP18-00036683

Mrs DIVYA S

26 Y 0 M 10 D

(F)

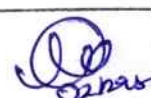
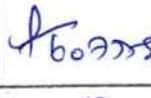
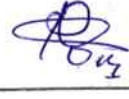
22-07-2000

Dr. MATHANGI RAJAGOPALAN

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Children's
Hospital**
It takes a lot to treat the kids.

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PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
1/8/26	3pm	0/6	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	nil	
1/8/26	9pm	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☒ Yes ☐ No	nil	
2/8/26	3am	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☒ Yes ☐ No	nil	
2/8/26	9am	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☒ Yes ☐ No	nil	
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

Re-assessment Frequency:

1. Every eight hours for all hospitalized patients.

2. For post-surgical patients, patients with chronic pain, patient with severe pain:

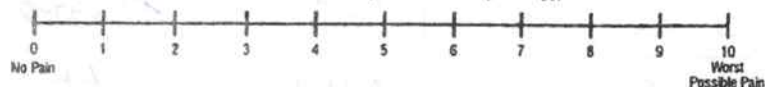
- a) At least every 2 hours for the first 24 hours b) Then every 4 hours.
c) Prior to pain pain-relieving intervention. d) Within 30 – 60 minutes after pain relief intervention.

PAIN ASSESSMENT TOOLS

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, rigid, or Jerking
Cry	No Cry (Awake or asleep)	Moans or whimpers occasional complaint	Crying steadily, screams or sobs, frequent complaints
Consolability	Content, relaxed	Reassured by occasional touching, hugging, or being talked to, distractible	Difficult to console or comfort

Numerical Pain Scale (Obstetric and Gynecology)



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

Wong - Baker (Pediatrics) Above 7 Years





BRADEN 'Q' SCALE

GUC-00086600

IP18-00036683

Mrs DIVYA S

22-07-2000

26 Y 0 M 8 D

(F)

Dr. MATHANGI RAJAGOPALAN

				Date :	30/7	30/7	30/7	31/7
				Time :	1pm	2pm	8am	8am
Mobility	1. Completely immobile: Does not make even slight changes in body or extremity position without assistance.	2. Very limited: Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	3. Slightly limited: Makes frequent through slight changes in body or extremity position independently.	4. No limitations: Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	1. Bedfast : Confined to bed	2. Chairfast : Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair.	3. Walks occasionally: Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	3	3	3	3
Sensory Perception	1. Completely limited: Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	2. Very limited: responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	3. Slightly limited: Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	4. No Impairment: Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	1. Constantly moist: Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	2. Very moist: Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	3. Occasionally moist: Skin is occasionally moist, requiring linen change every 12 hours.	4. Rarely moist: Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	6	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 meat and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
TOTAL SCORE					27	27	27	27
Evaluator's Name					Pag 9	Pag 9	Pag 9	Pag 9

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

07/06

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

BRADEN Q SCALE

Date: 21/7/2022
 Time: 2PM
 18/02/2022

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.
*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 waking hours.
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.
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.
FRICION-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 lift up completely during move. Maintains good position in bed or chair at all times.
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 meal 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 meat and dairy products. Occasionally eats between meals. Does not require supplementation.
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 rgb; capillary refill < 2 seconds.
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				
TOTAL SCORE Evaluator's Name: <u>Dr. S. S. S. S. S.</u>				

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	⑩ Regular Turning Schedule ⑩ Enable as much activity as possible ⑩ Protect the heels ⑩ Use pressure redistribution surfaces ⑩ Manage moisture, friction and shear ⑩ 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	⑩ Use the Same Protocol as for "At Risk" Patients ⑩ 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	⑩ Follow the same protocol as for "Moderate Risk" Patients ⑩ In addition to regular turning schedule ⑩ 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	⑩ Use same protocol as for "High Risk" Patients ⑩ Add a pressure redistribution surface for patients with severe pain or with additional risk factors.	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay

GUC-00086600

Mrs DIVYA S

22-07-2000

Dr. MATHANGI RAJAGOPALAN

IP18-0003683

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BRADEN 'Q' SCALE

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BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

				Date : 18/02/2012			
				Time : N M			
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	1	
'Activity The degree of physical activity'	1. Bedfast : Confined to bed	2. Chairfast : Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair.	3. Walks occasionally: Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	3	3	
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.	2	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	1	
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	
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 meat and dairy products. Occasionally eats between meals. Does not require supplementation.	4	2	
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	
				TOTAL SCORE	27	27	
				Evaluator's Name	Dr. Mathangi	Dr. Mathangi	

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)
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GUC-00086600

IP18-00036683

Mrs DIVYA S

22-07-2000

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Dr. MATHANQI RAJAGOPALAN



BRADEN 'Q' SCALE

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It takes a lot to bring the little.

BirthRight[™]
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

					Date :				
					Time :				
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.					
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FRICION-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.					
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 meat and dairy products. Occasionally eats between meals. Does not require supplementation.					
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.					
TOTAL SCORE									
Evaluator's Name									

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

Risk Score	Category	Action	Support Surfaces (Please Note: Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice)
15-18	At Risk	⑩ Regular Turning Schedule ⑩ Enable as much activity as possible ⑩ Protect the heels ⑩ Use pressure redistribution surfaces ⑩ Manage moisture, friction and shear ⑩ 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	⑩ Use the Same Protocol as for "At Risk" Patients ⑩ 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	⑩ Follow the same protocol as for "Moderate Risk" Patients ⑩ In addition to regular turning schedule ⑩ 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	⑩ Use same protocol as for "High Risk" Patients ⑩ 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



Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	30/7/26	30/7/26	31/7/26	Fall Risk Grading		
		Score	2pm	8pm	8pm	Risk Level	Morse Fall Score (MFS)	Action
History of Falling (immediately or w/in 3 months)	Yes	25				Risk Level	Morse Fall Score (MFS)	Action
	No	0	0	0	0			
Secondary Diagnosis (more than one diagnosis)	Yes	15				Low Risk	0 - 24	Standard Fall Precaution
	No	0	0	0	0			
Ambulatory Aid	Furniture	30				Low Risk	0 - 24	Standard Fall Precaution
	Crutches, Cane(S), Walker	15						
	None /Bed Rest /Nurse Assist	0	0	0	0			
IV / Heparin Lock or Saline	Yes	20			20	Moderate Risk	25 - 50	Implement Moderate Fall Prevention Intervention
	No	0	0	0	0			
GAIT / Transferring	Impaired	20				Moderate Risk	25 - 50	Implement Moderate Fall Prevention Intervention
	Weak (uses touch for balance)	10	10	10				
	Normal /On Bed Rest /Immobile	0						
Mental Status	Forgets limitations	15				High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	Oriented to own ability	0	0	0	0			
Total Morse Fall Scale Score:			10	10	10			
		Signature	Pooja	6/7/26	24			

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-00085600

IP18-00036683

Mrs DIVYA S

22-07-2000

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(F)

Dr. MATHANGI RAJAGOPALAN



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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	^F 31/7/20	^M 31/7/20	^M 1/8/20	Fall Risk Grading		
		Score				Risk Level	Morse Fall Score (MFS)	Action
History of Falling (immediately or w/in 3 months)	Yes	25	0	0	0	Low Risk	0 - 24	Standard Fall Precaution
	No	0	0	0	0			
Secondary Diagnosis (more than one diagnosis)	Yes	15	0	0	0	Moderate Risk	25 - 50	Implement Moderate Fall Prevention Intervention
	No	0	0	0	0			
Ambulatory Aid	Furniture	30	0	0	0	High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	Crutches, Cane(S), Walker	15	0	0	0			
	None /Bed Rest /Nurse Assist	0	0	0	0			
IV / Heparin Lock or Saline	Yes	20	20	20	20	Moderate Risk	25 - 50	Implement Moderate Fall Prevention Intervention
	No	0	0	0	0			
GAIT / Transferring	Impaired	20	0	0	0	High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	Weak (uses touch for balance)	10	0	0	0			
	Normal /On Bed Rest /Immobile	0	0	0	0			
Mental Status	Forgets limitations	15	0	0	0	High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	Oriented to own ability	0	0	0	0			
Total Morse Fall Scale Score:			20	20	20			
		Signature	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>			

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

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

MATH 101: Introduction to Calculus

MATH 101

101

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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	1/12/20	1/8/20	2/12/24	Fall Risk Grading		
		Score				Risk Level	Morse Fall Score (MFS)	Action
History of Falling (immediately or w/in 3 months)	Yes	25				Low Risk	0 - 24	Standard Fall Precaution
	No	0	0	0	0			
Secondary Diagnosis (more than one diagnosis)	Yes	15				Moderate Risk	25 - 50	Implement Moderate Fall Prevention Intervention
	No	0	0	0	0			
Ambulatory Aid	Furniture	30				High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	Crutches, Cane(S), Walker	15						
	None /Bed Rest /Nurse Assist	0	0	0	0			
IV / Heparin Lock or Saline	Yes	20	20	20	06	Moderate Risk	25 - 50	Implement Moderate Fall Prevention Intervention
	No	0						
GAIT / Transferring	Impaired	20				High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	Weak (uses touch for balance)	10						
	Normal /On Bed Rest /Immobile	0	0	0	0			
Mental Status	Forgets limitations	15				High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	Oriented to own ability	0	0	0				
Total Morse Fall Scale Score:			20	20				
		Signature						

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

Математика 11 класс

Вариант 1
 1. В равнобедренном треугольнике с основанием 10 см и боковой стороной 13 см найдите высоту, опущенную на основание.

2. Решите уравнение: $\sin^2 x + \cos^2 x = 1$

3. Найдите производную функции $y = \sin x$

4. Решите систему уравнений: $\begin{cases} x + y = 5 \\ x - y = 1 \end{cases}$

5. Найдите интеграл: $\int \sin x dx$

6. Решите задачу: В коробке 10 шаров, из них 3 белых и 7 черных. Какова вероятность того, что при случайном извлечении шаров оба будут белыми?

7. Найдите площадь фигуры, ограниченной линиями $y = x^2$ и $y = 2x - x^2$

8. Найдите значение выражения: $\sin^2 30^\circ + \cos^2 60^\circ$
 9. Решите уравнение: $\tan x = 1$
 10. Найдите производную функции $y = \cos x$

GUC-00086600

IP18-00036683

Mrs DIVYA S

22-07-2000

26 Y 0 M 10 D (F)

Dr. MATHANGI RAJAGOPALAN



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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time				Fall Risk Grading		
		Score				Risk Level	Morse Fall Score (MFS)	Action
History of Falling (immediately or w/in 3 months)	Yes	25						
	No	0						
Secondary Diagnosis (more than one diagnosis)	Yes	15				Low Risk	0 - 24	Standard Fall Precaution
	No	0						
Ambulatory Aid	Furniture	30						
	Crutches, Cane(S), Walker	15						
	None /Bed Rest /Nurse Assist	0						
IV / Heparin Lock or Saline	Yes	20				Moderate Risk	25 - 50	Implement Moderate Fall Prevention Intervention
	No	0						
GAIT / Transferring	Impaired	20						
	Weak (uses touch for balance)	10						
	Normal /On Bed Rest /Immobile	0						
Mental Status	Forgets limitations	15				High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	Oriented to own ability	0						
Total Morse Fall Scale Score:								
		Signature						

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

Information



National Health Service
Department of Health
London

Information

Leaflet

Patient's Na

GUC-00085600

IP18-00036683

Mrs DIVYA S

22-07-2000

26 Y O M 8 D

(F)

MRD NO:...

ST. MATHANGI RAJAGOPALAN

Age :.....

: □ M □ F

Consultant :

PHLEBITIS ASSESSMENT

CANNULA 1

Date : 30/11/26

Time: 3:30pm

Location: 10 m of carupa

Size : 786

Cannula inserted by: Shlooli

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
3/1/26	3 ³⁰ pm	☐ Yes ☒ No	☐ Yes ☒ No	observe cannula	sf
	4pm	☐ Yes ☒ No	☐ Yes ☒ No	observe cannula	sf
	6pm	☐ Yes ☒ No	☐ Yes ☒ No	observe cannula	AA
	8pm	☐ Yes ☒ No	☐ Yes ☒ No	observe	sf
3/1/26	12AM	☐ Yes ☒ No	☐ Yes ☒ No	observe	sf
	1PM	☐ Yes ☒ No	☐ Yes ☒ No	observe	sf
	6am	☐ Yes ☒ No	☐ Yes ☒ No	observe	sf
	8AM	☐ Yes ☒ No	☐ Yes ☒ No	observe	sf
	10AM	☐ Yes ☒ No	☐ Yes ☒ No	observe	sf
	12PM	☐ Yes ☒ No	☐ Yes ☒ No	observe	sf
	2PM	☐ Yes ☒ No	☐ Yes ☒ No	observe	sf
	4PM	☐ Yes ☒ No	☐ Yes ☒ No	observe	sf
	6pm	☐ Yes ☒ No	☐ Yes ☒ No	observe	sf
	8PM	☐ Yes ☒ No	☐ Yes ☒ No	observe	sf
	10pm	☐ Yes ☒ No	☐ Yes ☒ No	observe	sf
0/8	12AM	☐ Yes ☒ No	☐ Yes ☒ No	observe	sf
	2AM	☐ Yes ☒ No	☐ Yes ☒ No	observe	sf
	4 AM	☐ Yes ☒ No	☐ Yes ☒ No	observe	sf
	6 AM	☐ Yes ☒ No	☐ Yes ☒ No	observe	sf
1/8/26	8AM	☐ Yes ☒ No	☐ Yes ☒ No	observe	sf
	10 AM	☐ Yes ☒ No	☐ Yes ☒ No	observe	sf
	12pm	☐ Yes ☒ No	☐ Yes ☒ No	observe	sf
	4PM	☐ Yes ☒ No	☐ Yes ☒ No	observe	sf
	8pm	☐ Yes ☒ No	☐ Yes ☒ No	observe	sf
3/5/26	12AM	☐ Yes ☒ No	☐ Yes ☒ No	observe	sf
	4pm	☐ Yes ☒ No	☐ Yes ☒ No	observe	sf

Cannula removed : ☐ Yes ☐ No, if yes date and time 2/8/26
RX any initiated : ☐ Yes ☐ No ☐ NA If Yes specify- ar 66
Phlebitis score: 0/5

CANNULA 2

Date :

Time:

Location :

Size :

Cannula inserted by :

[illegible]

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

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

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

PHLEBITIS ASSESSMENT AND MANAGEMENT RECORD

CANNULA 3

Date :

Time:

Location :

Size :

Cannula inserted by :

[illegible]

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 :

[illegible]

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

INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

GUC-00086600

IP18-00036683

Mrs DIVYA S

22-07-2000

26 Y 0 M 8 D

(F)

Dr. MATHANGI RAJAGOPALAN



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Part - I.

Patient's / Learner Language: TAMIL

Patient / Learner Literacy: ☐ Read ☐ Write ☒ Speak

Willingness to Learn: ☒ Yes ☐ No

Healthcare Literacy: ☐ Yes ☒ No

Identified Education Needs:

1. PM mi 38+4
Diagnosis Pol
2. Treatment and Care
3. Pain Management
4. Informed Consent
5. Medication / Therapy (safety, effects/ side effect, interactions)

6. Discharge Medication
7. Infection Control Measures
8. Diagnostic Test / Procedures
9. Nutrition / Diet

10. Fall Risk Education
11. Safe use of Medical Equipment / Implantable Devices
12. Patient's / Family Rights
13. Risk / Safety

Part - II

Date	Time	Need Identified	Information Taught	Use codes from the list in part III					Comments	Designation / Signature
				Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		
30/7/26	1pm	Yes	Educate about Induction of labour content	patient	no	oral	none	verbal good		<u>PM mi</u>
31/7/26	11pm	yes	Explain about breast feeding	patient	NO	oral	none	verbal good		<u>P. K.</u>
1/8/26	8am	yes	Breast feeding importance	patient	no	oral	none	verbal good		<u>PM mi</u>

Part - III: CODES

Who was taught: ☒ Patient ☐ Father ☐ Mother ☐ Spouse ☐ Son ☐ Daughter ☐ Caregiver ☐ Other (Specify)

Learning Barriers:

1. No Learning Barriers	4. Language Barrier	7. Impaired Thought Process/Cognitive limitations	10. Financial Difficulties	13. Cultural/Religion Practice
2. Physical Impairment	5. Educational Level	8. Responsibilities at Home	11. Beliefs and Values	14. Others (Specify)
3. Emotional Barriers	6. Desire / Motivate to Learn	9. Cultural Differences	12. Impaired Vision/ or Hearing	

Teaching Tools Used: A: Audio D: Demonstration V: Video ☒ Oral P: Printed

Mechanism/s to overcome barrier/s:

1. None	3. Reassurance & Support	5. Respect values & beliefs	7. Other, Specify
2. Obtain translator	4. Teach Family / Others	6. Respect Cultural / Religion Preference	

Understanding: ☒ Verbalizes Understanding 2. Demonstrates Understanding 3. Needs Review

№	Имя	Фамилия	Год рождения	Пол	Возраст	Стаж	Средняя зарплата	Средняя зарплата в % к средней по региону	Средняя зарплата в % к средней по стране
1	Иванов	Иван	1980	М	39	10	15000	100%	100%
2	Петров	Петр	1985	М	34	15	18000	120%	120%
3	Сидоров	Сидор	1990	М	29	20	20000	133%	133%
4	Климов	Климов	1995	М	24	25	22000	147%	147%
5	Васильев	Васильев	2000	М	19	30	25000	167%	167%
6	Попов	Попов	2005	М	14	35	30000	200%	200%
7	Смирнов	Смирнов	2010	М	9	40	35000	233%	233%
8	Михайлов	Михайлов	2015	М	4	45	40000	267%	267%
9	Кузнецов	Кузнецов	2020	М	-1	50	45000	300%	300%
10	Лебедев	Лебедев	2025	М	-6	55	50000	333%	333%

№	Имя	Фамилия	Год рождения	Пол	Возраст	Стаж	Средняя зарплата	Средняя зарплата в % к средней по региону	Средняя зарплата в % к средней по стране
11	Соловьев	Соловьев	1980	М	39	10	15000	100%	100%
12	Воробьев	Воробьев	1985	М	34	15	18000	120%	120%
13	Александров	Александров	1990	М	29	20	20000	133%	133%
14	Зинченко	Зинченко	1995	М	24	25	22000	147%	147%
15	Павлов	Павлов	2000	М	19	30	25000	167%	167%
16	Семин	Семин	2005	М	14	35	30000	200%	200%
17	Морозов	Морозов	2010	М	9	40	35000	233%	233%
18	Виноградов	Виноградов	2015	М	4	45	40000	267%	267%
19	Полухин	Полухин	2020	М	-1	50	45000	300%	300%
20	Авдеев	Авдеев	2025	М	-6	55	50000	333%	333%

№	Имя	Фамилия	Год рождения	Пол	Возраст	Стаж	Средняя зарплата	Средняя зарплата в % к средней по региону	Средняя зарплата в % к средней по стране
21	Степанов	Степанов	1980	М	39	10	15000	100%	100%
22	Савин	Савин	1985	М	34	15	18000	120%	120%
23	Савельев	Савельев	1990	М	29	20	20000	133%	133%
24	Савельев	Савельев	1995	М	24	25	22000	147%	147%
25	Савельев	Савельев	2000	М	19	30	25000	167%	167%
26	Савельев	Савельев	2005	М	14	35	30000	200%	200%
27	Савельев	Савельев	2010	М	9	40	35000	233%	233%
28	Савельев	Савельев	2015	М	4	45	40000	267%	267%
29	Савельев	Савельев	2020	М	-1	50	45000	300%	300%
30	Савельев	Савельев	2025	М	-6	55	50000	333%	333%

ПРОЦЕДУРА ПОИСКА ИЛИ РЕЗУЛЬТАТЫ ПОИСКА



Patient S:

GUC-00086600
Mrs DIVYA S
22-07-2000
Dr. MATHANGI RAJAGOPALAN
25 Y O M 8 D (F)
IP18-00036683

URINARY CATHETER BUNDLE CHECK LIST

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Date of Insertion: 21/7/2026

Date of Removal: 01/8/26 @ 6 AM

Parameters	Date	Shift Time	31/7/26 E	31/7/26 N				
Need for the Catheter	☐ Yes ☐ No	☒ 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	☐ Yes ☐ No
Usage of Sterile Equipment	☐ Yes ☐ No	☒ 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	☐ Yes ☐ No
Check the Tube for Obstruction (Free of Kinking)	☐ Yes ☐ No	☒ 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	☐ Yes ☐ No
Collecting bag is been emptied regularly?	☐ Yes ☐ No	☒ 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	☐ Yes ☐ No
Dressing clean and dry?	☐ Yes ☐ No	☒ 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	☐ Yes ☐ No
Performance of Perineal Care	☐ Yes ☐ No	☒ 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	☐ 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	☐ Yes ☐ No
Name of the Nurse	S/N Kalya		Dor					
Signature of the Nurse	01809		to 01800					



BREAST FEEDING HANDOVER AND ASSESSMENT FORM

1. Breastfeeding initiated?

- ☒ a. Yes ☐ b. No

2. If No, Reason

3. Nipple condition:

- ☒ a. Nipple well formed
☐ b. Flat nipple
☐ c. Inverted nipple
☐ d. Short nipple

4. Milk flow:

- ☐ a. Good
☒ b. Drops of colostrums
☐ c. Dry

5. Steps for Positioning and attachment:

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



Feeding Positions:
Cross Cradle



Feeding Positions:
Football / Clutch

6. Was the position explained:

- ☒ a. Yes
☐ b. No

7. For Caesarian mothers:

- ☐ a. Mother is required sit and feed from the 4th feed
☐ b. Please explain football hold

8. NICU admission:

- ☐ a. Mother needs to stimulate her breast for 2 min every 2 hours

9. Additional notes:

Continuity of Care:

Date:

L: 2 31/7/26

A: 2 L - 2

T: 2 A - 2

C: 1 T - 2

H: 2 C - 1

9 H - 5

Handover given by P. Kaur

Signature P. Kaur

Date & Time: 31/7/26

Handover taken by P. Kaur

Signature P. Kaur

Date & Time: 31/08/26 @ 10:25 PM

PATIENT TRANSFER FORM

GUC-00086600 IP18-00036683
Mrs DIVYA S
22-07-2000 26 Y O M 9 D (F)
Dr. MATHANGI RAJAGOPALAN



Date & Time of Admission 30/7/26 at 12.15pm		Date & Time of Transfer Order 31/7/26 at
Transfer Ordered by Dr. Pawithra		Reason for Transfer Shifted to ward for Parturition care
From Unit ADR	To Unit 7th Floor	Information to Attendant Yes ☒ No ☐
Number of Sheets in Clinical File 2p Files	Number of Imaging Films CTG	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.	Dij. Supact 1.5g	(3)
2.	10ml Dwater, 10ml Syring	(3)
3.	T-Pain 1g	(10)
4.	C-Pain D Home	(10)
5.	Justin Suppository	(3)
Shifting Summary / Notes Written by Doctor : Yes ☒ No ☐		
Name & Signature of Person who is Transferring S/N. Fawthel 016720		Name of Person Ordered Transfer Dr. Pawithra
Patient & Clinical Records Received by : P. Kaur 602261		
Date & Time of Patient Received : 31/07/2026 @ 10.25pm		

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

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Mathangi
Asst. Surgeon : Dr. Divya
Anaesthetist : Dr. Mohan
Scrub Nurse : S. N. Siva

Patient Name : Mrs. Divya Age : 26y Gender : F
UHID No. : 86600 Surgery Name : Emerg. Lsg.
Date : 31/7/26 In-time : 3:10pm Out-time : 4:35pm

**Rainbow
Children's
Hospital**
It takes a lot to break the ribs.

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Before Induction of Anaesthesia >>

SIGN IN		Time: <u>3:11pm</u>
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 : <u>[Signature]</u>		
Name : <u>Dr. Mohan</u>		

Before Skin Incision >>

TIME OUT		Time: <u>3:13pm</u>
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: <u>4:30pm</u>
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 : <u>[Signature]</u>		
Name : <u>Dr. Siva</u>		

1. *maison*

LAURENCE
STANLEY
STANLEY

STANLEY
STANLEY
STANLEY

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STANLEY
STANLEY



PATIENT TRANSFER NURSING HANDOVER CHECKLIST

Date & Time of Transfer: 31/07/26

OT TRANSFERRED TO : MICU

1	Patient Identification	YES/NO	REMARKS
	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	No	
	b. SpO ₂ within safe range	Yes	
	c. If ETT: position confirmed, ties secure, cuff inflated	No	
3	Circulation & Hemodynamic Stability		
	a. IV lines secured & infusion running correctly	Yes	
	b. No active uncontrolled bleeding	No	
	c. Last vitals recorded before transfer	Yes	
	d. Central line hubs are closed	No	
	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	Yes	
	c. Catheter secure & urine output recorded	Yes	
	d. Splints/casts/traction devices stabilized	No	
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	No	
	b. Bed/side rails up and brakes applied	Yes	
	c. Special positioning maintained as per surgery	Yes	
8	High-Risk Patient Safety (if applicable)		
	a. Chest tube: underwater seal below chest level	No	
	b. Epidural catheter secure, infusion checked	No	
	c. Pressure areas protected (heels/elbows)	Yes	
9	BLOOD AND BLOOD PRODUCTS TRANSFUSED	No	
10	REPORTS AND LABS HANDED OVER	No	
11	BIOPSY/HPE SENT	No	
12	Documentation		
	a. Documentation completeness	Yes	
	Transferring Nurse: S/n. Suthi 17507		
	Receiving Nurse:		
	Signature of Incharge:		

PATIENT TRANSFER FORM

GUC-00086600

Mrs DIVYA S

IP18-00036683

22-07-2000

26 Y 0 M 9 D

(F)

Dr. MATHANGI RAJAGOPALAN



Date & Time of Admission <i>30/7/26 @ 12:15 PM</i>		Date & Time of Transfer Order <i>31/07/26 e</i>
Treating Consultant Name <i>Dr. Mathangi</i>	Transfer Ordered by <i>Dr. Mohan</i>	Reason for Transfer <i>Further treatment</i>
From Unit <i>OT</i>	To Unit <i>MICU</i>	Information to Attendant Yes ☒ No ☐
Number of Sheets in Clinical File <i>IP file-1</i>	Number of Imaging Films <i>-</i>	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 <i>S/w S. Sathya</i>		Name of Person Ordered Transfer <i>Dr. Mohan</i>
Patient & Clinical Records Received by : <i>[Signature]</i>		
Date & Time of Patient Received :		
If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below :		

☐ Unavailable Bed

☐ Nurse not Available

☐ Available Bed not ready

GUC-00086600
 Mrs DIVYA S
 22-07-2000
 Dr. MATHANGI RAJAGOPALAN
 26 Y 0 M 8 D
 (F)
 IP18-00036683

PRE - OPERATIVE CHECK LIS

It takes a lot to treat the little.

BirthRight
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

Patient's Name : Mrs Divya Date : 31/7/21
 Blood Group : O+ve Age : 26/1 Gender : ☐ M ☒ F
 Planned Surgery : Em LSR UHID : 86600
 Anesthetist : Dr Sathish Surgeon : Dr Mathangi
 Tick Appropriate Boxes Date & Time of Operation : 31/7/21
 To be filled by Nurse Incharge / Senior Nurse :

Nurse incharge / Senior Nurse :

S.No

INSTRUCTIONS

1.

Weight checked and recorded?

YES

NO

NA

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 available

☒

☐

☐

16.

Other (if any)

☒

☐

☐

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

Billing Clearance taken

Billing Executive Name : Sunil

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

Billing Clearance taken
 Billing Executive Name : Sundar Nurse In-Charge Name : SH. Ananya
 Billing Executive Signature : [Signature] Signature of Nurse In-Charge : [Signature]
 Date & Time : 31-07-2021 3:30pm Date & Time : 31/7/21 1:30
 Doc. No. : RCH / FRM / CLINICAL / 107

1992, 1993, 1994, 1995, 1996, 1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 26

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

GUC-00086600

IP18-00036683

Mrs DIVYA S

22-07-2000

26 Y O M B D

(F)

Dr. MATHANGI RAJAGOPALAN

Patient Name :

Gender: ☐ Male ☐ Female

Age :

UHID No :

Date :



Instruction:

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

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

EMERGENCY LOWER SEGMENT CAESAREAN SECTION.
END- FAILURE TO PROGRESS upon
(Name of the Patient)

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

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

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

Bleeding, infection, Blood Transfusion, Anaesthesia complication,
Bowel & Bladder injury, 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. Mathangi

Consentee: [Signature]

Patient Attendant: [Signature]

Signature:

Signature:

Name: MRS. DIVYA S

Name:

Date & Time: 31/7/2026

Relationship with Patient: Husband

Date & Time: 31/7/2026

Witness :

Signature:

Doctor (who is taking the consent):

Signature: [Signature]

Name:

Name: Dr. Parithra

Date & Time:

Date & Time: 31/07/2026



CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MAC

GUC-00086600

IP18-00036683

Mrs DIVYA S

22-07-2000

26 Y 0 M 8 D

(F)

Dr. MATHANGI RAJAGOPALAN

Patient Name :



Age :

Gender: M ☐ F ☐ - IP No:Attendant: *Dr. Mathangi*

Ward / Bed No. :

Anaesthesiologist: *Dr. Mathangi*

Operative procedure planned :

Emergency lower segment caesarian section

PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA

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

Comments :

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

DECLARATION BY PATIENT / GUARDIAN / PROXY

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

Relationship with Patient : patient

Date & Time : 31/7/20

Witness :

Signature :

Name :

Date & Time : 31/7/20

Doctor (who is taking the consent) :

Signature :

Name : Dr. An

Date & Time : 31/7/20

Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION

GUC-00086600 IP18-00036683
Mrs DIVYA S
22-07-2000 26 Y 0 M 8 D (F)
Dr. MATHANGI RAJAGOPALAN

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Name: _____ Age: _____ Sex: _____ UHID.No: _____

Date: 24/7/20 Time: _____ Proposed Operation: Emergency C-section

Diagnosis: Painful FFP

B.P / CRT: 100/70 H.R: 100/Min Weight: 80kg ASA Physical Status: ☐ 1 ☒ 2 ☐ 3 ☐ 4 ☐ 5

Laboratory Data:
Hgb: 11.0 Glucose: _____ Protein: _____ HIV: _____ X-Ray: _____
PCV: _____ Urea: _____ Alb: _____ HBS Ag: _____ ECG: 10
WBC: _____ Creat: _____ Total Bil: _____ HCV: _____ 2D Echo: _____
Plate: 2.2 Na: _____ Dir. Bil: _____ Blood group: _____ Stress/Angio: _____
PT: _____ K: _____ LDH: _____ T3 _____ Other: other
PTT: _____ Ca ++: _____ Aik phos: _____ T4 _____
INR: _____ Mg ++: _____ Amylase: _____ TSH: 0.1
Cl -: _____ SGOT/SGPT: _____

Allergies: Nil

Medical History: CVS: _____

RESP: _____ Diabetes: _____

CNS: _____

Renal: Nil Anesthesia

Hepatic / GE: _____ Physical Activity: _____

Others: _____

Past Anaesthetic History: _____

Physical Exam: _____

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

Lungs: _____

Heart: _____

CNS: _____

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

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

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

CURRENT MEDICATIONS	DOSAGE

Pre-Operative Instructions:

- DVT Prophylaxis:
- NIL ORAL
 Water / ORS 2 Hours
 Others 6 Hours
- Informed Consent: ☒ Standard ☐ High Risk
- Post Operative Pain Management: ☐ Discussed with Patient
- Other Instructions:

Signature: _____ Name: Dr. Ramesh

Patient Sticker

ANAESTHESIA CHART

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Pre Induction Assessment:

Change in Patient Condition:

☒ Yes ☐ No

Fasting Status:

☒ Yes ☐ No

Physical Status:

Patient Identified

☒ Consent Present

☒ Chart Reviewed

H.R: 120/min

B.P / CRT: 100/60

SpO₂: 100

R.R: 14/min

Last Feed:

Pre-OP Diagnosis: Pain: NPL

Operation: Cerebral 15.0

Date: 2/2/24

Surgeon: J. Mathew

Anaesthesiologist: J. Mathew

Technician: P. J.

Antibiotic

Suppository

Blood Loss

NOTES

TIME
N₂O / O₂ LPM
HALO / SO / SEVO
Drugs:

2. Propofol 200 mg IV
2. Fentanyl 0.2 mg IV
2. Vecuronium 1 mg IV

2. Midazolam 10 mg IV
2. Rocuronium 10 mg IV

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LAB Values

- ☒ Equipment Checked and Functional
☒ BP
☒ Cuff Site: @ m
☒ Art Site:
☒ EKG Lead
☒ Temp Site
☒ FIO₂ Monitor
☒ Agent Monitor
☒ Pulse Oximeter
☐ Capnograph
☐ Ventilator
☐ Nerve Stimulator

Position: 18°
☐ 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:

OP Start:

OP End:

Leave OR:

Anaesthesia:

- ☐ GA
☐ Monitored Anaesthesia Care
☒ Regional

Line (Size & Location)

- ☐ CVP:

Induction

- ☐ IV ☐ Inhal
☐ Pre O₂ ☐ 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?

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

Regional:

Extremity: ☒ Spinal ☐ Epidural ☐ Caudal

Others:

Position: 18°

Site: 13.7

Needle Size: Depth:

Paresthesia ☐ Yes ☐ No

Catheter at skin cm

Drug Name & Conc: Bupivacaine 0.5%

Bolus: 3.0 ml

Infusion: 2.0 ml/hr

Block Level: T4-L1

Comments:

Transportation to

☐ PACU ☐ ICU ☐ Other

Relaxant Reversed ☐ Yes ☐ No ☐ NA

Name of the Doctor: J. Mathew

Signature of the Doctor: J. Mathew

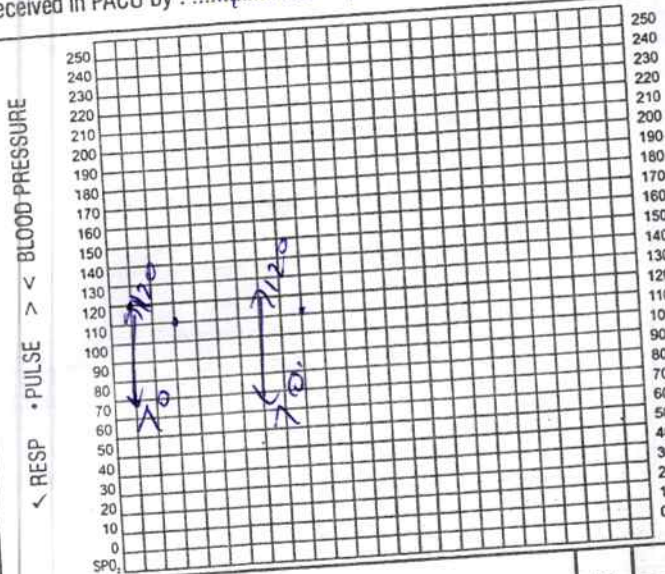
Patient Sticker

POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by: *S/N Suth*

Time Received:

Time Discharged:



IV Cannula Site:
☐ O₂ Mask ☐ Nasal Prongs
☐ Tracheostomy ☐ T-Piece
☐ Oral Airway ☐ Nasal Airway

Vomiting: ☐ Yes ☐ No

Drug:

NG Tube: ☐ Yes ☐ NoDrain: ☐ Yes ☐ NoUrinary Catheter: ☐ Yes ☐ NoChest Tube: ☐ Yes ☐ NoNil Oral: ☐ Yes ☐ No

IV Fluids:

Oral Feeds:

POST ANAESTHESIA SCORE (Modified Aldrete Score)

Able to move 4 extremities voluntary or on command	= 2	ACTIVITY
Able to move 2 extremities voluntary or on command	= 1	
Able to move 0 extremities voluntary or on command	= 0	
Able to deep breathe & cough freely	= 2	RESPIRATION
Dyspnea or limited breathing	= 1	
Apneic	= 0	
BP $\pm$ 20 of Pre Anaesthetic level	= 2	CIRCULATION
BP $\pm$ 20-50 of Pre Anaesthetic level	= 1	
BP $\pm$ 50 of Pre Anaesthetic level	= 0	
Fully awake	= 2	CONSCIOUSNESS
Arrousable on calling	= 1	
Not responding	= 0	
Pink	= 2	COLOR
Pale, dusky, blochy, jaundiced, other	= 1	
Cyanotic	= 0	
TOTAL	<i>9/10</i>	

IN MINUTES OUT
 30 60 90

SCORING INTERPRETATION

A Minimum Total Score of 8 is Required for Discharge

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

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
			<i>No pain per Signi under</i>	
			<i>1mg @ 12:00 / 1mg @ 1:00</i>	
			<i>2 Paracetamol 1hr in TDJ</i>	
			<i>Mozik available</i>	

Pain Tool Used: ☐ N PASS ☐ FLACC ☐ Wong Baker ☐ NPSAnaesthesiologist Name: *S/N Suth*Anaesthesiologist Signature: *S/N Suth*Date & Time: *31/1/26*PACU Nurse Name: *S/N Suth*PACU Nurse Signature: *S/N Suth**Date & Time: *31/1/26 @*

Reassessment Frequency:

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

Transferred to Unit by (PACU): *S/N Suth*Date & Time: *31/1/26 @*

Patient Sticker



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Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

Date: Time: Procedure done by

CSE/Spinal/Epidural
Depth: Position: Space: Technique (LOR/LOS)
Catheter at Skin:

Depth: Space Technique (LOR/LOS)
Catheter at Skin: Attempts:
Parasthesia: Yes/No if yes details:

Parasthesia : Yes/No if yes details : _____ Attempts : _____

Solution Composition : _____

Solution Composition :

Any other issues :

Any other issues :
a)

Time	Infusion Rate			

[illegible]

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

Catheter Removed by and Tip Inspected :

Catheter Removed by and Tip Inspected : _____ SVD / Instrumental / LSCS (if LSCS Details)

Patient Satisfaction : _____

Patient Satisfaction :

Discharge /Shifting ordered by

Doctor Signature: _____

Doctor Name:

Date and Time :

GUC-00086600
Mrs DIVYA S
22-07-2000
Dr. MATHANGI RAJAGOPALAN
26 Y O M B D
IP18-00036683
(F)

Patient St

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LABOUR AND DELIVERY NURSING ASSESSMENT

Date of Admission: 30/7/26

Baseline Information:

Admission From: ☐ ER ☐ OPD ☐ Admission Desk ☒ Others: specify LDR
Primary Language: ☐ Telugu ☐ English ☐ Hindi ☒ Others TAMIL
Do you require an interpreter? ☐ Yes ☒ No
Source of Information: ☒ Patient ☐ Family ☐ Others
Personal belonging if any: ☒ Jewelry ☐ Nose Ring ☐ Bangles ☐ Anklets ☐ Finger Ring ☐ Bracelets
handed over to: given to attendant

Allergies: ☐ Yes ☒ No ☐ Medications ☐ Blood Transfusion ☐ Food ☐ Other:
If yes, identify

Chief Complaints:

Prn 38+4wks
DOL.
Doctor Notified on Admission: ☒ Yes ☐ No
Name of the Doctor: Dr. Akshitha
Time Notified: 12pm

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

Past Medical History

Seasonal Asthma.
H/O Fall on
1/6/26.

Past Surgical History

NIL.

Previous Hospital Admission

NIL.

Blood Group: O+ve LMP: 2/11/25 EDD: 9/8/26 Gestational age during admission: 38+4wks
Contractions: NIL Vaginal Discharge: NIL
Obstetric History: G 1 P 1 L 1 A 1 Previous LSCS NIL
Height: 156 Weight: 78 BMI: 29
Temp: 98.6 HR: 84/bt RR: 20/min BP: 112/74 SpO2: 99%
High Risk Factors: (Please select by ticking (✓) the box as applicable)

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

Patient Sticker

Family History: ☐ No Abnormalities Detected *m-T2DM*
☐ Heart Disease ☐ Hypertension ☐ Diabetes ☐ Stroke ☐ Seizures ☐ Kidney disease
☐ Liver disease ☐ Other

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

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

Risk of Pressure Sore: ☒ Yes ☐ No Score *0/10* (complete the Braden Q Sheet)

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

☐ Mobility problem ☐ Walking Problem ☒ No Abnormality Detected
☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING:

☐ Overweight ☐ Poor Appetite > 3 Days ☐ Needs Therapeutic Diet.
☐ Under Weight ☐ Diabetes Mellitus ☒ No Abnormality Detected

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

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

Inform consultant for positive criteria

SOCIAL SCREENING:

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

Social History: Lives With *Her husband*

Orientation has been given regarding the following aspects:

Call Bell in Reach: ☒ Yes ☐ No Waste Disposal Explained: ☒ Yes ☐ No
Infusion Pump: ☒ Yes ☐ No Hand hygiene Explained: ☒ Yes ☐ No ☐ Others

Above information given to *Mrs. Divya S. Patient*

Name of Person Orientation was given to:

Orientation not given Reason:

Nurse Signature: *Pooja/01/7/76*

Nurse Name: *Pooja/01/7/76*

Date & Time: *30/7/26 at 12:35 pm*

Patient Sticker



OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 30/7/26 Time of Arrival: 12:30 pm Time Seen by Nurse: 12:35 pm

1) Level of Consciousness: ☒ Conscious ☐ Semi-Conscious ☐ Unconscious

2) Chief Complaint (Reason for Visit): (Circle the item as appropriate)

☐ Severe Pain / Moderate Pain

☐ Preterm rupture of Membranes / Leaking Water PV

☐ Bleeding PV: Slight / Heavy

☐ Preterm Labor/ Labor

☐ Decreased Fetal Movement

☐ Spontaneous Rupture of Membrane / Leaking Water PV

☐ No Fetal Movement

☒ Other Reason: Induction of labour.

3) Vital Signs: Temperature: 98°F Pulse: 84/nt RR: 24/nt SpO₂: 99% BP: 112/70 Weight: 78kg

4) Gestational Criteria:

Gravida:	G	1	P	—	L	—	A	—
----------	---	---	---	---	---	---	---	---

LMP: 2/11/25

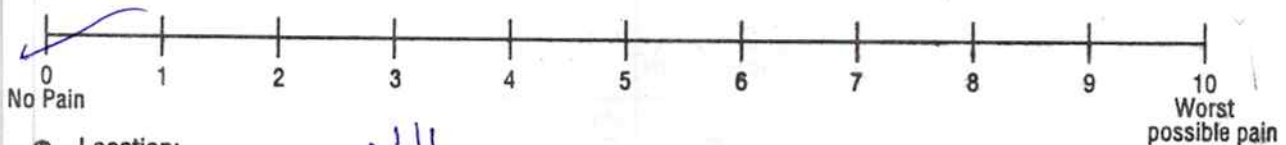
EDD: 9/8/26

Gestational Age: 38+4 wks

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

5) Pain Screening:

Numerical Pain Scale (NPS)



⑩ Location: NIL

⑩ Duration: NIL Days / Weeks / Months (Strike out which is not applicable)

⑩ Character: NIL

⑩ Frequency: NIL

⑩ Interventions: NIL

6) Past History:

a) Surgeries: NIL

b) Medical: Seasonal Asthma / H/O Fall on 1/6/26

7) Allergy: ☐ Yes ☒ No, If Yes :8) Current Medications: ☐ Prenatal Vitamin ☒ None ☐ Others:

9) Prenatal Medical History:

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

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/ SRM > 37 weeks	Discomforts of Pregnancy
Bleeding	Active Vaginal bleeding with/ without abdominal pain	Bleeding associated with cramping (< spotting) < 37 weeks	Bleeding associated with cramping (> spotting) > 37 weeks	Spotting	
Hypertension	Seizure activity	Hypertension > 160/110 and / or headache, visual disturbance, RUQ pain	Mild hypertension > 140/90 with/without associated signs and symptoms		
Fetal Assessment	Abnormal FHR tracing Non-Fetal Movement	Atypical FHR tracing, abnormal dopplers Diseased fetal movement			
Others	● Acute onsite severe abdominal pain ● Altered level of consciousness ● Cord prolapse ● Severe respiratory distress ● Suspected sepsis	● Major trauma ● Shortness of breath ● Unplanned and unattended birth	● Abdominal/back pain greater than expected in pregnancy ● Flank pain / hematuria ● Nausea /vomiting and /or diarrhea with suspected dehydration	● Ongoing assessment from out patient clinic (for hypertension, blood work) ● Minor trauma (minor MVC/fall) ● Nausea/Vomiting and /or diarrhea ● Signs of infection (ie dysuria, cough, fever, chills)	● Anything that does not seem to pose threat to mother or fetus ● Cervical ripening ● Out patient placenta previa protocols ● Pre-booked visits (ie Rh and progesterone injections, NST) ● Assessment for version ● Rashes

Time seen by Doctor: 12:35 pm

Nurse Name : Nurse Signature: pooja / 017176

Date: 20/7/20 Time: 12:40 pm

Patient Sticl

GUC-00086600 IP18-00036683
 Mrs DIVYA S
 22-07-2000 26 Y 0 M 8 D (F)
 Dr. MATHANGI RAJAGOPALAN



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RISK ASSESSMENT TOOL FOR DEEP VEIN THROMBOSIS

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

Date:.....

30/7/26.

Pre - Existing Risk Factors	Tick	Score
Previous VTE (except a single event related to major surgery)		4
Previous VTE provoked by major surgery		3
Known high-risk thrombophilia		3
Medical comorbidities e.g. cancer, heart failure; active systemic lupus erythematosus, inflammatory polyarthropathy or inflammatory bowel disease; nephrotic syndrome; type I diabetes mellitus with nephropathy; sickle cell disease; current intravenous drug user		3
Family history of unprovoked or estrogen-related VTE in first-degree relative		1
Known low-risk thrombophilia (no VTE)		1
Age (≥ 35 years)		1
Obesity		1 or 2
Parity ≥ 3		1
Smoker		1
Gross varicose veins		1
Obstetric Risk Factors		
Pre-eclampsia in current pregnancy		1
ART/IVF (antenatal only)		1
Multiple pregnancy		1
Caesarean section in labour		2
Elective caesarean section		1
Mid-cavity or rotational operative delivery		1
Prolonged labour (24 hours)		1
PPH (1 litre or transfusion)		1
Preterm birth 37 ⁺ weeks in current pregnancy		1
Stillbirth in current pregnancy		1
Transient Risk Factors		
Any surgical procedure in pregnancy or puerperium except immediate repair of the perineum, e.g. appendectomy, postpartum sterilization		3
Hyperemesis		3
OHSS (first trimester only)		4
Current systemic infection		1
Immobility, dehydration		1
Total		0
Signature of the Nurse	00014/01226	
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.

SSI PREVENTION CHECKLIST

S.No	INTERPRETATION	PERFORMED
PREOPERATIVE		
1.	Do not remove hair at the surgical site unless the presence of hair will affect the procedure. Use clipper if necessary	yes
2.	Decolonize surgical patients with skin antiseptic (Chlorhexidine bath /wipes)	yes
3.	Antibiotic prophylaxis 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)	
POSTOPERATIVE		
7.	Maintain and monitor blood glucose levels regardless of diabetes status between 110 and 150 mg/dl	no
8.	Application of incisional negative pressure wound dressing	no

INFORMED CONSENT FOR VAGINAL BIRTH

GUC-00086800
Mrs DIVYA S
22-07-2000

IP18-00036883

26 Y 0 M 8 D

(F)

Dr. MATHANGI RAJAGOPALAN



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ht to a Safe Delivery

Patient Name : Mrs Divya S

Gender: ☐ Male ☐ Female

Date :

PHID No :

Time :

I hereby authorized the performance of the following procedure:

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

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

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

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

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

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

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

Name of the Doctor performing the procedure: Dr Mathangi

Consentee :

Signature : [Signature]

Name : Divya

Date & Time : 30 July at 3:30 pm

Witness :

Signature :

Name :

Date & Time :

Patient Attendant :

Signature : [Signature]

Name : visay krishnan G

Relationship with Patient : HUSBAND

Date & Time : 30 July at 3:30 pm

Doctor (who is taking the consent) :

Signature : [Signature]

Name : Dr. Mathangi

Date & Time : 30/07/2016 at 3:30 pm



INDUCTION OF LABOR CONSENT

Name: Mr. Divya S. Age: Gender: Male ☐ Female ☐
UHID.No : Date:

You are scheduled for an induction of labor on 30/07/2021 (date) at 38 weeks + 1 day (weeks of gestation).

The reason for your induction is Term

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

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

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

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

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

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

Patient [Signature]
Signature:
Name: DIVYA
Date & Time: 30/7/21

Patient Attendant:
Signature: [Signature]
Name: Vijay Krishnan G
Relationship with Patient: HUSBAND
Date & Time: 30/7/21 at 3:30pm

Doctor:
Signature: [Signature]
Name: Dr. Mathangi
Date & Time: 30/07/2021 at 3:30pm

Witness
Signature:
Name:
Date & Time:

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Mr. J. H. [unclear]

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Date & Time of Transfer:		TRANSFERRED TO :	
31/7/2022 2:00 PM		OT	
1 Patient Identification		YES/NO	REMARKS
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		yes	
b. SpO ₂ within safe range		yes	
c. If ETT: position confirmed, ties secure, cuff inflated		no	
3 Circulation & Hemodynamic Stability			
a. IV lines secured & infusion running correctly		yes	
b. No active uncontrolled bleeding		no	
c. Last vitals recorded before transfer		yes	
d. Central line hubs are closed		no	
e. Dressing Intact		no	
4 Pain Assessment			
a. Pain score assessed & analgesia given		yes	
b. Reassessment done		yes	
5 Wound, Dressings & Drains			
a. Surgical dressing intact			
b. All drains fixed, output noted		no	
c. Catheter secure & urine output recorded		yes	
d. Splints/casts/traction devices stabilized		no	
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		yes	
b. Bed/side rails up and brakes applied		yes	
c. Special positioning maintained as per surgery		no	
8 High-Risk Patient Safety (if applicable)			
a. Chest tube: underwater seal below chest level		no	
b. Epidural catheter secure, infusion checked		no	
c. Pressure areas protected (heels/elbows)		no	
9 BLOOD AND BLOOD PRODUCTS TRANSFUSED			
10 REPORTS AND LABS HANDED OVER			
11 BIOPSY/HPE SENT			
12 Documentation			
a. Documentation completeness		yes	
Transferring Nurse:		Dr. Mathangi Rajagopalan	
Receiving Nurse:		S/N S. S. 1955	
Signature of Incharge:		S/N Mathangi/010791	

PATIENT TRANSFER FORM

GUC-00086600 IP18-00036683

Mrs DIVYA S
22-07-2000 26 Y O M 8 D (F)
Dr. MATHANGI RAJAGOPALAN



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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery



Date & Time of Admission 30/7/26 @ 12:15pm		Date & Time of Transfer Order 30/7/26 @ 8:30PM
Treating Consultant Name Dr. Mathangi	Transfer Ordered by Dr. Pavithra	Reason for Transfer For further procedure
From Unit 7th floor	To Unit LDR	Information to Attendant Yes ☒ No ☐
Number of Sheets in Clinical File SR 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 K. Thirumangalakudi		Name of Person Ordered Transfer Dr. Pavithra
Patient & Clinical Records Received by : Dr. Pavithra 30/7/26		
Date & Time of Patient Received : 30/7/26 at 8:40pm		
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

PATIENT TRANSFER FORM

Patient Name & Room

Transfer Date & Time

From: *ICU*

To: *Med/Surg*

Room: *205*

Number of Staff: *2*

Signature: *[Signature]*

Signature: *[Signature]*

Notes

1. *[Handwritten note]*

2. *[Handwritten note]*

3. *[Handwritten note]*

4. *[Handwritten note]*

5. *[Handwritten note]*

6. *[Handwritten note]*

7. *[Handwritten note]*

8. *[Handwritten note]*

9. *[Handwritten note]*

PATIENT TRANSFER FORM



9

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BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

GUC-00085600 Mrs DIVYA S 22-07-2000 Dr. MATHANGI RAJAGOPALAN		IP18-00036683 26 Y 0 M 8 D (F)	Date & Time of Admission 30/7/26 at	Date & Time of Transfer Order 30/7/26 at 5pm
Treating Consultant Name Dr. Mathangi		Transfer Ordered by Dr. Pavithra		Reason for Transfer further treatment
From Unit NICU		To Unit 6th Floor		Information to Attendant Yes ☒ No ☐
Number of Sheets in Clinical File op file		Number of Imaging Films CTU 2		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 S. Shalini 014072			Name of Person Ordered Transfer DR: Pavithra	
Patient & Clinical Records Received by : [Signature] 30/7/26 5:30pm				
Date & Time of Patient Received :				

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

Unavailable Bed

Nurse not Available

Available Bed not ready

2

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-00086600 IP18-00036683
Mrs DIVYA S 26 Y O M 8 D (F)
22-07-2000
Dr. MATHANGI RAJAGOPALAN



Date & Time of Admission 30/7/26 at 12:15 pm		Date & Time of Transfer Order 31/7/26 at
Treating Consultant Name Dr. mathangi	Transfer Ordered by Dr. pallath	Reason for Transfer EM 184
From Unit LDR	To Unit OT	Information to Attendant Yes ☒ No ☐
Number of Sheets in Clinical File whole 7p files	Number of Imaging Films CT	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 ☐ PT Shifted to OT		
Name & Signature of Person who is Transferring S/A Akalya 01800		Name of Person Ordered Transfer Dr. pallath
Patient & Clinical Records Received by : S/A Suth 01959		
Date & Time of Patient Received : 31/7/26 @ 3:10 PM		

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

Unavailable Bed

Nurse not Available

Available Bed not ready

ANTENATAL RECORD

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

Antenatal No: _____

Reg.No: _____

PERSONAL DETAILS

Name: Mrs. Divyans Age 25 Date of Birth 22/11/2000 Education: _____
Occupation: _____ Phone No: _____ Mobile: _____
Husband's Name: _____ Age _____ Education: _____ Occupation: _____
Address: Seidapet Nachal, Chennai, Tamil Nadu
Mobile: 8838959621 E-mail Id: _____

IMPORTANT FEATURES

PRIMI

SUGGESTED MANAGEMENT

LMP 2/11/2025
EDD 09/08/2026

HISTORY

Year of Marriage: 4 months Menstrual History: Previous PeriodsLMP 2/11/25 EDDCorrected EDD 09/08/2026

Consanguinity: _____

Contraception: _____

OBSTETRIC FORMULA: PRIMIGravida 1

Para _____

Live _____

Abortions _____

OBSTETRIC HISTORY

SL. NO.	DATE OF DELIVERY	GA WEEKS	ANTENATAL DETAILS	MODE OF DELIVERY	BABY	WT	REMARKS
			<u>G₁ PP, Spontaneous Conception</u>				

Medical History: Anaemia, Seasonal AsthmaFamily History: Mother-DMSurgical History: NilAllergies: Nil

INVESTIGATIONS

Rubella Ig A → Negative

MATERNAL EVALUATION

Blood group & Rh: Wife **D positive** Husband

ICT - **Negative**

VDRL **Negative**

HIV **Non-Reactive** HbsAg **Negative**

TSH - **0.10**
T3 - **1.80**; T4 - **11**

GCT

ROUTINE INVESTIGATIONS

SPECIFIC INVESTIGATIONS

Date	GA Weeks	Investigations	Report	Date	GA Weeks	Investigations	Report
25/11/25	5/11/2025	Creatinine - 0.50	Urine R/E				
TSH - 0.49		Urea - 10	protein ++				
Hb - 10.8		FBS - 86	Bacteria - Present				
Plt - 2.93		Hb - 10.7	HbA1 - 5.3				
FBS - 79		RBC - 4.36	Hb electrophoresis → Normal Hb				
Urine R/E - (N)		PCV - 31					
		Plt - 3.42					
		N/L - 70/19					

Tetanus Toxoid: 1st dose

2nd dose

FETAL EVALUATION

ULTRASONOGRAPHY

First trimester	NT Scan - (N) (N) Uterine (A) Dopplers; FTS Screen - Negative									
TIFFA	Anomaly Scan - (N)									
Growth scan	Date	GA Weeks	Indication	PP	Wt.	Centile	Growth Velocity	AFI	Placenta	Remarks
Others										

Were any Prenatal diagnostics done - Yes ☐ No ☐

If yes, please specify the details below:

DATE	GA/weeks	TYPE OF TEST	INDICATION	REPORT

Name: Ms. Divya S Corrected EDD: _____ Parity PRIM1

SYSTEMIC EXAMINATION

Height: 156.5 cm CVS: S1 S2 @
 Weight: 65 kg Respiratory System: B/L N/V/S @
 BMI: _____ Breasts: B/L Normal Thyroid: Normal

ANTENATAL VISITS

Date	Wt	Bp	GA	S-F Ht	Presenting Part	FHS	Liquor	Edema	Review Date
29/12/25	65	18/72	8 wks						Review with NT Scan
9/2/26	66	97/66	14+1						Review w/hs
9/3/26	67	106/68	18+4			⊕			Review with Anomaly
27/3/26	69	114/69	20+5						Review with F/LOGIT CBC / Urine / E ECHO / ECG Next visit
4/6/26	73-7	101/62							
15/6/26	74.8	120/79							
15/7/26	78.4	122/75	36 ⁺ 3	+	Ceph	+			R/v 10 day R
27/7/26	78.7	119/72	38 ⁺ 1	T	Ceph	+			

Special Concerns

ANTENATAL ADMISSION

DOA	DOD	GA Weeks	Complaint	Management	Advice
			(P)		

BRIEF DELIVERY NOTES

Gestaional age:

Date & time of delivery:

Type of labour: Spontaneous

Induction:- Indication

Method - PGEI ☐PGE2 ☐Mode of delivery: SVD ☐AVD ☐Vacuum ☐Forceps ☐

Induction:

Caesarean section: Emergency ☐ Elective ☐Elective ☐

Indication:

SALIENT FEATURES:

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

Postpartum Period:

SI.No. 2558

NARCOTIC PRESCRIPTION FORM (PATIENT COPY)

Patient Name: MRS. DIVYA S	Age: 26 YEARS	Gender: FEMALE	
UHID No: GUC-00086600	IP No: 18-00036683	Date: 31/07/2022	
Diagnosis: PRIMI / 38 WEEKS + 5 DAYS / LABOUR ANALGESIA		Time: 12:45 pm	
PRESCRIPTION DETAILS (Tick only one of the following)			
S.No.	Drug Name	Dosage / No. Vials / Ampoule	Remarks
1.	Inj Fentanyl Citrate (100 mcg/2ml)		
2.	Fentanyl Citrate 25 mcg patch		
3.	Morphine Inj 10 MG / ML		
4.	Pethidine 50 MG / 1ML	50mg / ①	STAT
Doctor Name: DR. VINITHA		Doctors Medical Council Registration No.	
Signature: [Signature]		12113	

NARCOTIC DISPENSING FORM

APPENDIX 4 - FORM NO. 3E

(Details of the Patient to whom Essential Narcotic Drugs Dispensed)

IP Registration No: 18-00036683

Date: 31/07/2022

Aadhaar No. of the patient(optional):

1.	Name	Remarks		
2.	Complete postal address (with contact number, if any)	8414, PERUMALKOTI STREET BACKSIDE, SAIDAPET		
3.	Brief description of the illness	PRIMI / 38 WEEKS + 5 DAYS / LABOUR ANALGESIA		
4.	Whether registered with any other registered medical practioner / recognized medical institution (if yes, details to be recorded)			
5.	Details of essential narcotic drugs dispensed			
Date	Name of the Essential Narcotic Drugs	Quantity	Signature / Thumb Impression of the patient	Remarks, if any
31/07/2022	INTJ. PETHIDINE	50mg ①	[Signature]	

Dispensed by (Name & ID No.): Mary 070082

Signature: [Signature]

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

Signature: [Signature]

Time: 1:6pm



NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 01/08/2026

Time: 1:15 PM

Origin: -

Height: 156.5 cm

Weight: 78.70 kg

BMI: ☐ ~ 26 kg/m²
☐ ~ 28 kg/m²
☒ ~ 30 kg/m²

Food Allergies: Nil

Diagnosis: EMERGENCY - LSCS

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

Seaford Asthma

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)

DIVYA S

Patient's / Attendant's

Signature: DJS

Name: DIVYA S

Date & Time: 01/08/2026 1:15 PM

Dietician's

Signature: A. Sadya Feehan (018336)

Name: A. Sadya Feehan

Date & Time: 01/08/2026 1:15 PM

DIETARY NOTES

Date	Time	Notes	Sign
31/07/26	8 AM.	• Liquid Diet - • Patient had Safe Diet - • Patient is stable. Good intake	A.D. (018336)
		is Better	
		Admitted to take plenty of fluids - water, tender coconut water, fruit juices (etc)	
		Fluids - 2.5 - 3l/d.	
	4:30 PM - DGS.	EM - LCS → done NPO x 2 hours.	A.D. (018336)
01/08/26.	08:30 AM.	- Soft Diet. - Patient Tolerated rice Kandi. • Patient is stable. Good intake is Better. Advised to take easy - digest foods + long term - small - frequent meals. - Include probiotics foods for milk digestion - greek yogurt, fenugreek and oats (etc)	A.D. (018336)
		<u>RDA values</u> - Energy - +600 kcal, Protein - +17-19g/d.	