Rainbow Children's Hospital

DISCHARGE TRACKING SHEET

GUC-00093481 IP18-00036333
Dr. PRIYANKA ARAVINDARAJ
14-09-1996 29 Y 9 M 24 D (F)
Dr. NIVEDITHA V C

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		8:4					

GUC-00093481 IP18-00036333
Dr. PRIYANKA ARAVINDARAJ
14-09-1996 29 Y 9 M 21 D (F)
Dr. NIVEDITHA V C

ACTIVITY RECORD FOR BILLING

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Name: DR. PRIYANKA ARAVINDARAJ

UHID No: GUC-93481 IP No: 36333 Consultant: DR. NIVEDITHA Dept: LDR

Date of Admission: 5/7/26 Time: Date of Discharge: Time:

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
5/7/26	9.40pm	LDR	7th Floor	
6/7/26	5:15 am	7th floor	LDR	
6/7/26	5.00AM	MICU	OT	
6/7/26	7.40 am	OT	MICU	
6/7	12.15 pm	MICU	7th floor	

CROSS CONSULTATION VISIT

	Doctor Name	Date	Order No.	Signature
1.	PAC	5/7/26	1722332	
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
8/7/20	CXL	2602/802	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
5/7/26	CTG (1)			009013	[illegible]
~~8/7/26~~					
6/7/26	Infusion Pump	6/7/26 740 AM		(23014)	[illegible]

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
6/7/26	IV placement	1	1722497	607788
6/7/26	Catheterisation	1	1722491	607711
7/7/26	Diet Counselling	1	1723320	A. [illegible] 618356
8/7/26	ECG	1	007020	Ohsn

ANY OTHER INFORMATION:

Patient Name : Priyanka
Surgeon Dr. Niveditha
Anaesthetist Dr. [illegible] / Dr. Priyadharshini
Procedure : Elective LSCS Twins
Dn : 6.0 am [illegible]
Out 7.40 am

Date: 8/7/26 Time: 6am Prepared By: ....

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Ohsn			

GUC-00093481 IP18-00036333
Dr. PRIYANKA ARAVINDARAJ
14-09-1996 29 Y 9 M 22 D (F)
Dr. NIVEDITHA V C

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 : 06/7/20

Patient Name: Mrs. Priyanka. Date of Birth: 14/9/1996. Age: 29.

Gender: Female. Ward : OT UHID No.: 93481/36333

Date of Surgery: 6/7/20 ☐ OT -1 ☐ OT -2 ☑ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : Elective LSCS Twin

Time in : 6.0 am Time Out : 7.40 am.

		NAME	AMOUNT
1.	Surgeon	: Dr. Niveditha.	
2.	Anaesthetist	: Dr. Mohan / Dr. Priyadharshini	
3.	Assistant Surgeon	: Dr. Akshitha.	
4.	OT Technician	: Mr. Shyam	
5.	Circulating Nurse	: Pradeeparvenayan	
6.	Assistant Nurse	: Sr. Guna	

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

01/7/2017

Signature of the Surgeon Record finalase done

Signature of Circulating Nurse

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

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

Patient Sticker

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CONSUMABLES OF OT

Circulating staff : C/N Pradeep Technician : Shyam Date : 6.1.26 Time :

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube			~~Major~~ Pack 2SCS		01	Inj Vit.K		1
LMA			Sutures 2347		2	Cord Clamp		1
ECG leads : A / P / N		3	1326		2	Suction Catheter		
HME filter : A / P / N			9352 01 PDS		1	Feeding Tube 6FR		1
Syringes : 10 cc		2				Vaccum Suction Set		
05 cc		2	Gloves 6½ Gloves PF		4	Surgical Gloves 6½ PF		2
02 cc		2	7 PF Gloves		1	Gauze Pack		2
01 cc			6½ Sx care		01	Syringe 1ml / 2ml		2
Cautery plate : A / P / N		1	Surgical blade	22	1	Surgical Blade # 20		
IV set		1	NG tube			Kopchies (S)		
RL		4	Cautery pencil		1	Duvadilan 10ml		4
NS : 10ml / 100ml / 500ml / 1000ml		1	Koochies			CAPTEC 100mg		1
04 Sinto		5	Ointments			EPIPROSS		1
			Suction Catheter			NASAL CANULA (N)		1
Fentanyl			Cap, Mask			O2 MASK (A)		1
Morphine			Gauze Pack RL		1/3	Needle 25		1
Ketamine			Mop Pack		03			
Propofol			Steristrip			New mom pad		1
Rocuronium			Underpad		01	Fixator		1
Glycopyrolate			Draw sheet			Baby wipes		1
Myopyrolate			Abgel		1	Diaper		1
Ondansetron			Foleys catheter			Proto gown		02
Pencan 25g/ Spinal Needle 22			Urobag			Protective sheet		01
Bupivacaine 0.25%			Chest Drainage Catheter					
Bupivacaine 0.25%(Heavy)			Romodrain bag					
Antibiotics			Bandage					
Bioxamx		2	Tegaderm					
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg			Vaccum Suction set		01			
Justin : 12.5 mg / 25mg / 100mg		1	Plastic ~~Bed Sheet~~ apron		2			
Tab. Misoprost : 200mg ~~600mcg~~ 200		1/2	Betadine Solution		2			
Spinal Needle 25G		1	Microshield					
40mm Cuhr		1	Cotton Balls					
Needle 26x1½		1	~~Latex Gloves~~ Nitril		10 P			
5ML EMEROLD		1	Ramdione Scrub					
Bupricels		1	Saral OT table sheet		01			

Surgeon Anaesthesiologist Nurse OT Technician

Order No. : Ordered by :

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

RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital - Guindy

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

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

DL NO :

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

INPATIENT ISSUES AGAINST ORDERS

IP No	IP18-00036333	**Ward**	7F-PVT/SUITE
Patient Name	Dr. PRIYANKA ARAVINDARAJ	**Bed Name**	PVT 704
Age/Sex	29 Y 9 M 22 D / Female	**Order No**	18-0001722581
Date	06/07/2026 10:14	**Prescription No**	PRIP18-0625278
Payor	SELFPAY	**Dispensed Date**	06/07/2026 13:05
UHID	GUC-00093481		

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	Mediblue		1010626	04/29	2	120.00	240.00
4	Encore Microptic gloves-6.5		H	260501801T	05/29	4	128.00	512.00
5	ENCORE MICROPTIC GLOVES-7 PF	ANSEL		2604014105	04/29	1	128.00	128.00
6	GAUZE 7.5X7.5 12 PLY (5 NOS) NON XRAY	Bapuji Surgicals	GENERAL	M2641119	04/30	1	100.00	100.00
7	GAUZ SWAB 10 X 10 CM 12PLY 5S X-RAY	Bapuji Surgicals	GENERAL	M2545O21	11/29	3	123.00	369.00
8	JUSTIN SUPPOSITORIES 100 MG 5 S	Neon Laboratories Ltd	H	BLNP274053	11/28	1	18.74	18.74
9	LSCS DRAPE PACK	Mediblue	H	1010626	05/29	1	2,250.00	2,250.00
10	MONOCRYL 3-0 NW 1326	ETHICON SUTURES-J&J	C1	T5124	09/30	2	997.00	1,994.00
11	MOPS 30X30 8PLY 5S X-RAY	DATT MEDI PRODUCTS	H	M2642004	12/29	3	949.00	2,847.00
12	NEOMIZ 200MCG TAB 4S	Neon Laboratories Ltd	H	AUM12ABA	09/27	3	20.15	60.45
13	NITRILE EXAMINATION GLOVES P F- MEDIUM	ELITE MEDICALS	GENERAL	ENPF030020	11/28	20	25.00	500.00
14	NS 500ML CLOSED BOTTLE	Denis Chem Lab Ltd	H	1C261607	02/29	1	93.94	93.94
15	PDS-II1-0 NW 9352	ETHICON SUTURES-J&J		T5005	08/30	1	1,026.00	1,026.00
16	RAMADINE SOLUTION 10% 100 ML	RAMAN & WEIL PVT LTD		RC126029	03/28	2	103.00	206.00
17	SGLOVE # 6.5 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26C3005	02/31	1	91.00	91.00
18	SURGICAL BLADE 22	Surgeon	GENERAL	051125	10/30	1	7.67	7.67
19	UNDERPADS CARE 60 X 90 (FRIENDS)			20062026	12/30	1	205.00	205.00
20	VACCUME SUCTION SET	ROMSONS	GENERAL	0K26B010638	01/31	1	739.00	739.00
21	VICRYL PLUS 1 VP - (2347)	ETHICON SUTURES-J&J	C1	T5O72	10/30	2	951.00	1,902.00
						Total :	**9,529.50**	**14,743.80**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

Printed Time : 06-07-2026 13:05

RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital - Guindy

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

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

DL NO :

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

INPATIENT ISSUES AGAINST ORDERS

IP No	IP18-00036333	**Ward**	7F-PVT/SUITE
Patient Name	Dr. PRIYANKA ARAVINDARAJ	**Bed Name**	PVT 704
Age/Sex	29 Y 9 M 22 D / Female	**Order No**	18-0001722582
Date	06/07/2026 10:14	**Prescription No**	PRIP18-0625277
Payor	SELFPAY	**Dispensed Date**	06/07/2026 13:04
UHID	GUC-00093481		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	BIOXAMIC 500 MG INJ	Biocare Pharmaceuticals	H	C3BIO004	01/28	2	73.23	146.46
2	BUPRIGESIC INJ AMP 0.3 MG 1 ML	Neon Laboratories Ltd	H	45121	01/29	1	31.10	31.10
3	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	026B24K67	01/31	2	21.83	43.66
4	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26C03K96	02/31	2	21.56	43.12
5	DSYRINGE EMERALD 5ML BP (BD)	BECTON DICKINSON (BD)		5322615	10/30	1	12.00	12.00
6	DSYRINGS 2.5ML(NIPRO)	NIPRO	GENERAL	26B04K17	01/31	2	11.25	22.50
7	E.C.G ELECTRODES (ADULT)	JMS	GENERAL	12226S08G	03/28	3	32.34	97.02
8	EVATOCIN (OXYTOCIN) INJ 5 IU 1 ML	Neon Laboratories Ltd	H	091690	02/28	1	18.90	18.90
9	INTRAFLOW (AUTO STOP) ROMSONS	ROMSONS		K26B010515	01/31	1	525.00	525.00
10	NEEDLE 26 1 2 INCH	Dispovan	GENERAL	16612R	03/31	1	2.66	2.66
11	PREGELLED SURGICAL PLATES(ADULT)	Erbee	GENERAL	2510302409	10/27	1	1,275.00	1,275.00
12	RL 500 ML CLOSED SYSTEM	Fresenius Kabi India Pvt Ltd		1D262078	03/29	4	69.39	277.56
13	SPINAL NEEDLE 25	BECTON DICKINSON (BD)	GENERAL	2510021	09/30	1	221.50	221.50
						Total :	**2,315.76**	**2,716.48**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital - Guindy

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

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

DL NO :

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

INPATIENT ISSUES AGAINST ORDERS

IP No	IP18-00036333	**Ward**	7F-PVT/SUITE
Patient Name	Dr. PRIYANKA ARAVINDARAJ	**Bed Name**	PVT 704
Age/Sex	29 Y 9 M 22 D / Female	**Order No**	18-0001722760
Date	06/07/2026 13:22	**Prescription No**	PRIP18-0625283
Payor	SELFPAY	**Dispensed Date**	06/07/2026 13:22
UHID	GUC-00093481		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	NEW MOM DISP MATERNITY PADS MAXIPAD	DYNAMIC TECHNO		164101	04/31	1	204.00	204.00
2	NEWMOM DISPOSABLE PADFIXATOR-XXLARGE	DYNAMIC TECHNO		106693	01/31	1	210.00	210.00
3	PROTECTIVE SHEET 20X2O	Local		1010626	04/29	1	250.00	250.00
4	QUICKSUITE OT TABLE SHEET MIDLINE SUITEL		H	260616I	06/31	1	775.00	775.00
						Total :	**1,439.00**	**1,439.00**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital - Guindy

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

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

DL NO :

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

INPATIENT ISSUES AGAINST ORDERS

IP No	IP18-00036333	**Ward**	7F-PVT/SUITE
Patient Name	Dr. PRIYANKA ARAVINDARAJ	**Bed Name**	PVT 704
Age/Sex	29 Y 9 M 22 D / Female	**Order No**	18-0001722761
Date	06/07/2026 13:22	**Prescription No**	PRIP18-0625284
Payor	SELFPAY	**Dispensed Date**	06/07/2026 13:23
UHID	GUC-00093481		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	EVATOCIN (OXYTOCIN) INJ 5 IU 1 ML	Neon Laboratories Ltd	H	091690	02/28	4	18.90	75.60
2	NEEDLE 26 1 1 2INCH	Dispovan	GENERAL	01654R	12/30	1	3.38	3.38
3	SPINAL NEEDLE 25G 90MM WHITACARE	BECTON DICKINSON (BD)		2512026	11/30	1	448.50	448.50
						Total :	**470.78**	**527.48**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

Rainbow Children's Hospital | BirthRight

DISCHARGE TRACKING SHEET

UHID-

FLOOR-

NAME OF CONSULTANT-

GUC-00093481 IP18-00036333
Dr. PRIYANKA ARAVINDARAJ
14-09-1996 29 Y 9 M 23 D (F)
Dr. NIVEDITHA V C

ACTIVITY	TIME		NAME & SIGNATURE	REMARKS	<To be filled by Admin>
Discharge Announcement					
	INTIME	OUT TIME			
Arrangement of File by Nursing		9/7/25 11 AM			
Preparation of Discharge Summary					
Finalization of discharge summary					
Transfer of file from Ward to Billing Dept					
Bill Processing					
Audit Clearance					
Billing Clearance					
Physical Clearance					

GUC-00093481 IP18-00036333
Dr. PRIYANKA ARAVINDARAJ
14-09-1996 29 Y 9 M 22 D (F)
Dr. NIVEDITHA V C

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

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Your Right to a Safe Delivery

BED SIDE CHECK LIST FOR NURSES

Date:	6/8/26	7/8	8/8						
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)	NA	NA	NA						
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 :	[illegible]	[illegible]	[illegible]						
Signature :	[illegible]	[illegible]	[illegible]						
Date & Time:	6/8/26 6 pm	7/8 2pm	8/8/26						
Hand Over Taken By Name :	[illegible]	[illegible]							
Signature :	[illegible]	[illegible]							
Date & Time:	7/8 8Am	8/8/26							

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Children's Hospital - Guindy

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

ADMISSION SHEET

Registration Details :

Admission No : IP18-00036333 **Admit Date** : 05-Jul-2026 **Admit Time** : 07:53 PM **UHID** : GUC-00093481

Patient Details :

Patient Name	: Dr. PRIYANKA ARAVINDARAJ	**Age**	: 29 Y 9 M 21 D
Guardian	: Mr DR.ARAVINDRAJ	**DOB**	: 14-09-1996
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: NO-8, 1ST CROSS ST, VIVEKANDHA NAGAR, VILLUPURAM Villupuram East Vellore Tamil Nadu INDIA 605602	**Phone No**	: 9597992878
		E-mail	: sivapriya141996@gmail.com

Admission Details :

Bed Type : MICU **Bed No** : MICU 802 **Ward Name** : 8F-OT COMPLEX

Room No : MICU 802 **Admission Type** : First Visit

Contact Details :

Name : Mr DR.ARAVINDRAJ **Relationship** : Husband

Contact Address : NO-8, 1ST CROSS ST, VIVEKANDHA NAGAR, VILLUPURAM Villupuram East Vellore Tamil Nadu INDIA 605602 **Phone No** :

Signature

Doctor Details :

Doctor Name : Dr. NIVEDITHA V C **Specialisation** : OBSTETRICS AND GYNECOLOGY

Referral Doctor : SELF **Phone No** :

Co-Consultant :

Payment Details :

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

Payor Name : SELFPAY

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

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Dr. PRIYANKA ARAVINDARAJ**	**Age :**	**29 Y 9 M 21 D**
IP No:	**IP18-00036333**	**Sex:**	**Female**
Consultant:	**Dr. NIVEDITHA V C**	**Ward/Bed No:**	**8F-OT COMPLEX/MICU 802**

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 [redacted] of the patient.

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

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

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

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

Name: Dr. ARAVINDARAJ.A
Relationship: HUSBAND.
Date: 05/07/26 Time: 07:53PM
Witness Name: A. Sivasankari
Witness Signature: A. Sr

Patient Address:
NO-8, 1ST CROSS ST, VIVEKANDHA NAGAR, VILLUPURAM Villupuram East Vellore Tamil Nadu INDIA 605602

Rainbow Children's Hospital | BirthRight BY RAINBOW HOSPITALS

BILLING POLICY

- Billing Cycle: - Bed charges will be calculated based on 12PM to 12PM checkout. Settlement post 12PM, room rent will be charged for half day extra & post 6PM, it will be charged for full day. Less than 24 hours stay will be considered as one day.
- Room Rent inclusive of Bed, Nursing, Consultation Charges and all other charges, like Diet, Investigations, IP or OP Procedures, Equipment, Cross Consultations, Blood/ Blood Products, Implants, Ward Consumables, Infection Preventive Measure Charges, Pharmacy and Consumables will be charged extra.
- 5% GST Charges applicable on more than INR 5,000/- Bed Charges which was effective from 18.07.2022 as per the GST Council.
- As per the G.O.I. guidelines, we can collect Rs 1,99,999/- only in cash mode, balance patient can pay through Credit Card/ Debit Card/ NEFT / RTGS / Demand Draft and Online Payment.
- In the event of TPA / Cashless denial or approval not received due to any reason then hospital tariff will be applicable and any discount or special rates given to TPA's / Corporate won't 9eapplicable.
- If the Surgery/ Procedures performed in emergency hours (8PM-6AM), Public Holiday and on Sunday will be charged 30% extra.
- Asst. Surgeon and Anesthetist Charges will be charged 30% on the Surgeon Charges.
- Admission will be done according to the ward category chosen by the patient; charges will be applicable as per the ward category. All charges vary as per Room category, except Pharmacy and consumables.
- Patient / Guardian Self Attested Government ID proof is mandatory to submit at the admission.
- TPA/Insurance Processing Fee applicable for all Insurance Cases.
- In our hospital there is "No Discounts Policy". Kindly co-operate.
- No Duplicate/ Second copy of OP or IP bill will be issued.
- In case the patient is shifted from lower category to higher category, all the charges like consultant visits, investigations, operations and procedures etc. from the date of admission will be charged according to the higher category.
- If the patient is shifted to the ICU, the attendant should vacate the room. If the attender occupies the room, it will be charged as per dual occupancy.
- Room eligibility is purely subject to TPA approval. Proportionate difference of the bill amount is applicable in case the patient opts for higher category higher than the TPA approved, which has to paid by the patient and may not be reimbursed by the TPA / Insurance Company at later stage.
- For Non - Medicals, Disposables, Consumables, Infusion Pump, Taxes, Implants, HIV/ HbsAg, Medical Records, Insurance Processing Fee, Double Occupancy and Registration Charges, Etc., credit cannot be extended. These items are not payable to us as per insurance company norms (Depends on the TPA/Insurance Co. T&C).
- It takes time for cash discharge is a minimum 3-4hrs. and in the case of insurance, it will take a minimum 6-7hrs.
- Difference, if any between the final bill amount arid amount permitted / approved by the TPA or total bill amount in case of denial from TPA, has to be paid by the patient.
- Two attendants are permitted with patients in Deluxe, Private Rooms and only one is permitted in the rest of the categories of rooms. No attendant is permitted in ICU's.
- All the refunds more than Rs.5,000/- will be refunded through NEFT within 7 Bank working days.
- Patient attendant can collect for Interim/provisional bill of the patient from the billing section on daily basis. Interim Bill shall be based on the acknowledged services in HIS. Final Bill of the patient may vary from the Interim bill based on actual update taken on the day of discharge. It is requested that patients/attendants enquire daily about the bill amount from billing section and pay the outstanding as on that day. You are requested to clear your outstanding amount on daily basis before 12 PM. **Patient bill outstanding should not be increase more than 10,000/-**

DECLARATION

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

Patient Name : Dr. Priyanka Aravindaraj	UHID Number : GVC-0009348
Self/Attendant Name : Dr. ARAVINDARAJ. G.	Relation : Husband
Self/ Attendant Signature : Phone Number : 9597992878	Name & Signature of Financial Counselor


5:45
chrome-native://p
Government of India
Unique Identification Authority of India
4961 7629 8391
AADHAAR
INFORMATION
4961 7629 8391

GUC-00093481 IP18-00036333
Dr. PRIYANKA ARAVINDARAJ
14-09-1996 29 Y 9 M 21 D (F)
Dr. NIVEDITHA V C

Patier

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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints PFM well.
No c/o pain/bleeding/leaking P/V.
For elective LSCS 6/7/26.

LMP: unknown.

EDD:

Corrected EDD: BT - 13/11/25 EDD by BT: 1/8/26.

GA: 36 weeks.

Obstetric Formula: Primi.

Menstrual History: Regular: ☑ Yes ☐ No

Obstetric Hostory:
PP - IVF conception, DCDA twin

Obstetric Examination

Fundal Height: uterus overdistended for GA. multiple fetal parts felt.

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

Liquor: ☑ Adequate ☐ Oligo ☐ Poly

PP: ☑ Cephalic ☐ Breech Others ______

Head Fifths Palpable: 5/5th.

FHS: ☑ Normal ☐ Tachy ☐ Brady ☐ Absent

Present Pregnancy Record:
Dating, NT - (N).
[illegible]s - low risk.
Anomaly - (N)
Growth (N).

RISK FACTORS:

- IVF conception. (1st cycle).
- DCDA twin.
- was on Ecosprin, Susten, till 36w.
- steroids covered @ 34w.
- Rh negative, ICT negative

Per Speculum Examination not done

Draining: ☐ Present ☐ Absent ☐ Bleeding

Colour of Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Vaginal Examination not done.

Cervix: ☐ Long ☐ Partially effaced ☐ Effaced

Os: Closed ______ 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: 163 cm

Weight: 77 kg

Allergies: NIL

Breast: ☑ Normal ☐ Abnormal

General Examination:

Consciousness: conscious	Pallor: (-)
Icterus: (-)	Edema: (-)
Temp: (N)	PR: 92bpm.
BP: 114/82mmHg	DTR:
CVS: S1S2 (+)	RS BAE (+).
Liver/Spleen:	Urine Output:

DIAGNOSIS

29yrs/Primi/IVF conception/DCDA twins/36 weeks/Rh negative ICT negative anti D given/.
Steroids covered
Elective LSCS 6/7/26.

Patient Sticker

Family History:	Surgical History:
Father - T2DM - SHTN.	NIL.
Medical History:	**Medication History:**
Ecosprin NAD. & - 1 failed IVI.	Ecosprin } till 36wk susten } clexane 40mcg s/c OD till 20 weeks
Plan of Care:	**Investigations:**
- monitor vitals - CTG / DFMC - w/t pain abdomen / bleeding / leaking P/V. - for elective LSCS @ 6AM 6/7/26 - NPO from 12 AM. - shift to ward - Reshift to LDR @ 5AM 6/7/26	- CTG - Reactive

Doctor Name: Dr. Athulita

Signature: [signature] 128435

Date & Time: 5/7/26.

Consultant Name: Dr. Nivedhitha R

Signature: [signature] 128435

Date & Time: 5/7/26.

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Dr. PRIYANKA ARAVINDARAJ
14-09-1996 29 Y 9 M 21 D (F)
Dr. NIVEDITHA V C

Docu. No. : RCH /FF

DOCTOR'S SHIFT CHANGE HANDOVER FORM

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

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

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

DOCTOR'S SHIFT CHANGE HANDOVER FORM

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BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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-00093481 IP18-00036333
Dr. PRIYANKA ARAVINDARAJ
14-09-1996 29 Y 9 M 21 D (F)
Pa Dr. NIVEDITHA V C

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RESULT SHEET

Date	29/6/26	16/5/26	1/7/26	Blood grouping & typing
Time				
Hb	11.5		12.5	A1 negative
PCV				
RBC				
WBC	12770		10370	
N/L				HIV } Nonreactive
Platelets	1.42		1.55	HBSAg }
CRP				HCV }
ESR				
PCT		OGTT,		15/12/25
RBS		F .83		TSH = 0.87
Na		1hr 164		HbA1c = 4.4
K		2hrs 104		
Cl				ECG - not done
Ca/Mg				2D ECHO - not done
Phosphate				
Urea				1/7/26
Creatinine				
ALP	167			TSH 2.390
SGPT	26			
SGOT	14			
T.Bill/Conj	0.6/0.3			
T.Protein				
S.Albumin				
S.Globulin				
A/G Ratio				
Uric Acid				
S.Amylase				
Sr.Lipase				
Blood Lactate				
S.Cholesterol				
PT/INR				
APTT				
CSF Protein / Sugar				
Cells				
N/L				

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

Culture and Sensitivities : 1/7/26.

⊕ DCDA 35W 4D

I p/a (A), high   II p/a (A), high

FH (+)   FH (+)

cephalic.   cephalic

AFI (N).   AFI (N)

Radiology : USG : (largest pool) 4.8cms .   4.9cms

EFW 2321gms   2496gms

X-Ray : SUA:

discordancy 7%.

ECHO :

CT :

MRI

Others (ECG, Contrast Studies etc.,) :

GUC-00093481 IP18-00036333
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Patient

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
06/07/2021	Pt received in MICU	
7AM		
	c/s/b Dr. Akshitha	Advice
POD-	Pt reviewed Nil c/o	- NPO x 3hours
	O/E Pt GC fair, Afebrile	- vitals Monitoring
T-(N)	P°/PE°	- Follow drug chart
PR- 99/min	CVS / RS NAD	- IVF 1 ⊝ RL @125ml/hr
BP- 110/70mmHg		- CBD c/m 6AM
UO- Nil	P/A- ut firm & well contracted	- CBC on POD-2
Both babies - M/S	soft	- I/O charting
B/L- Breast soft	Dressing ⊕ & Dry	- Inform SOS)
	L/E - BWNL	
	182217	
6/7/21		
11 AM	C/S/B Dr Pavithra.	
	Pt reviewed	
POD-0		
	O/E Pt GC fair	Advice
T-(N)	afebrile	- Clear liquid diet.
PR - 99/min	P/PE	- Vitals monitoring
BP - 103/82	CVS /	- Kanji @ 6 Pm
	Rs NAD.	- Soft diet @ 8Pm
Both Babies - M/S	P/A - Ut firm & cont well	- Follow drug chart.
UO - [illegible]	soft.	- CBC on POD - 2
	Dressing Dry	- CBD c/m 6am.
	~~L/E - No active bleeding PV.~~	
	Shift to ward.	182617

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

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/7/26	S/B Dr. Vinitha	
8:40PM	Pt reviewed; No C/O	; Anti D given
POD #0	O/E: GC fair; Afebrile	
	P° IPE°	
BP: 108/68	P/A: Ut contracted well;	
PR: 80bpM	soft; BS ⊕	
SpO_2: 98% RA	Dressing dry	
	L/E: BWNL	
		Adv:
		Soft diet
		CBD removal 4M 6am
		CBC on POD #2
		Vitals monitoring
[signature] 121113		Follow drug chart
7/7/2026	C/S/B Dr Pavithra	
9AM	Pt reviewed	
POD-1	O/E	Advice
	Pt GC fair	- Clear liquids diet till afternoon
T(N)	afebrile	- Soft diet after passing flatus
BP-120/60	P̄/Pē	- Dulcolax suppository stat
PR-82/min	CVS / RS NAD	- Ambulation
Baby m/s	mild gaseous distension	- Measure 1st void urine
B/L Breast soft	P/A. Ut firm & contracted ⊕	- Plenty of orals
Not passed flatus	Dressing Dry.	- CBC on POD-2.
	Soft, BS ⊕.	[signature] 124682

L/E - No undue bleeding P/V.

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

GUC-00093481 IP18-00036333
Dr. PRIYANKA ARAVINDARAJ
14-09-1996 29 Y 9 M 21 D (F)
... NIVEDITHA V C

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/7/26 3:30PM	S/B Dr. Harshita	
POD#1	pt reviewed	
	not passed flatus	
	voiding freely	
	O/E afebrile	Plan:
BP 100/60mmHg	GC fair	- monitor vitals
PR 78bpm	P° / PE°	- Clear liquid diet
SpO2 99% @RA	P/A: Uterus WC	- ambulate
Temp (N)	soft	- CBC, on POD#2 6AM.
3:30PM	abdomen distension (+)	- follow drug orders.
AG: 93cms	BS sluggish.	- soft solid diet after passing flatus
	L/E: BWNL.	
	28435	- AG QAH.
7/7/26 8:30PM	S/B Dr. Mohana / Dr. Divyalakshmi	
	Pt. reviewed	
	Afeb. c/o	
POD-1	O/E: pt GC fair, afebrile P0 / PE0	Advice
vitals stable.	P/A: ut. contracted Soft, BS(+) dressing dry	- CBC c/m 6am - Stop AG charting - Inform SOS
	L/E: BWNL	
Both babies	16428	

passed flatus

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

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
08/01/2026	C/S/B Dr. Akshitha / Dr. Shreedevi	
8:30AM		
POD-2	Pt reviewed, Nil C/o	Advice
T-(N)	O/E Pt GC fair, Afebrile	- Soft diet
PR- 80/min	P° / PE°	- Plenty of oral fluids
BP- 118/60mmHg	CVS /	- vitals Monitoring
	RS / NAD	- Follow drug chart
Both babies - N/O other sick	P/A - Ut well contracted	- W/F ↑ Bleeding PV
B/L - Breast Soft	Soft, BS(+)	- Bath & dressing today
Voiding freely	Dressing (+) & Dry	- Ambulation
Passed stools	L/E - BWNL	
Hb - 7.0		
Plt - 1.38	GB2217	
08/01/2026	C/S/B Dr. Vinitha / Dr Shreedevi	
2:45PM		
POD-2	pt reviewed, Nil C/o	Advice
T-(N)	O/E Pt GC fair, Afebrile	- Soft diet
PR- 100/min	P° / PE°	- Plenty of oral fluids
BP- 126/65mmHg	CVS /	- vitals Monitoring
Both Babies- M/S	RS / NAD	- Follow drug chart
B/L - Breast Soft	P/A - Ut well contracted	- W/F ↑ Bleeding PV
Voiding freely	Soft, BS(+)	- Inform (SOS)
Passed stools	Dressing (+)	
	L/E - BWNL	
	GB2217	

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Dr. PRIYANKA ARAVINDARAJ
14-09-1996 29 Y 9 M 24 D (F)
Dr. NIVEDITHA V C

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/7/26 10:30 pm	S/B. Dr. Taj	
	POD#2	Elective LSCS / FCM transfused
	Patient Reviewed	
POD#2	No new complaints	
	voiding freely	
	Stools not passed	
	O/E: GC fair, afebrile	
both babies	No pallor, No pedal	
mother	edema	
side	vitals stable	
efeeding	Breast: soft	
well	P/A: Ut. contracted	
	Dressing (D)	
	UE: BWNL	Advice:
		Continue
		same

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
09/07/2026	c/s/b Dr. Vinitha / Dr. Shreedevi	
9AM		
POD-3	Pt reviewed, Nil c/o	Advice
	O/E Pt G/C fair, Afebrile	- Soft diet
T-N	P°/PE°	- Plenty of oral fluids
PR - 92/min	CVS	- Ambulation
BP-120/80 mmHg	RS NAD	- Vitals monitoring
	P/A - ut well contracted	- Follow drug chart
Voiding freely	soft, BS⊕	- SYP. DUPHALAC 15ml PO stat
Flatus Passed	Dressing ⊕	- Inform (SOS)
	L/E - BWNL	
	182217	

GUC-00093481 IP18-00036333
Dr. PRIYANKA ARAVINDARAJ
14-09-1996 29 Y 9 M 23 D (F)
Dr. NIVEDITHA V C

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CROSS CONSULTATION FORM

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

Diagnosis : .....

Hospital : .....

.....

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

Type of Referral :
☐ Emergency
☐ Urgent
☐ Non Urgent

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

Postnatal Exs. and Advices. (Ms. priyanka)

Signature:

Findings and Recommendations :

S/B Physiotherapy Notes Dr. Mohanapriya (PT)
Complaints of Rt Trap Pain & Rt. Rib Cage Pain Post C/Sec.

1) Breathing Exs (Diaphragmatic Exs).
2) Posterior pelvic tilt. / Passing the hand on the back.
3) Ankle toe mvts and Ferjee crawling.
4) Knee mobilisation Exs. advised.
5) pelvic bridging advised.

Consultant :

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

→ Advised for icepacks and Hotpacks after every 3 hours one.

→ Review By 2 weeks postnatal..

→ Do's and don'ts advised.

01/07/26.

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14-09-1996 29 Y 9 M 22 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: OT Shifted to: MICU

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	INJ. CARBETOCIN	100μg	Slow iv	stat	6:40Am 6/7/26	☐C ☑DC
2	INJ. TRANEXAMIC ACID	1g	iv	stat	6:40Am 6/7/26	☐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 : S. Abhi 101348 DR. ABHINANDA [illegible]

Date & Time : 6/7/26

Nurse Name & Signature: Doddegowda Nagarajan [illegible]

Date & Time : 6/7/26 at 7:40am

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

GUC-00093481 IP18-00036333
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Dr. NIVEDITHA V C

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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: LDR Shifted to: ....

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	INJ TAXIM	1gm	IV	STAT		☑ C ☐ DC
2	INJ PAN	40 mg	IV	STAT.		☑ C ☐ DC
3	INJ EMESET	4mg	IV	STAT.		☑ 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. Ankitha [signature] 29235

Date & Time : 5/7/26

Nurse Name & Signature: S/N: Tauseefsalni 01670 [signature] 01670

Date & Time : 5/7/26 at 7-30pm

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

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DRUG CHART

Date of Admission: 5/7/26 Drug Allergies: ..... ☑ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

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

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

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

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

GUC-00093481 IP18-00036333
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14-09-1996 29 Y 9 M 21 D (F)
Dr. NIVEDITHA V C

REGULAR PRESCRIPTIONS

Weight. 77kg Ward. 2202

DRUG : INJ. CEFOTAXIM

Dose	Route	Frequency	Start Date
1g	IV	1-0-1	6/7

Name & Signature of the Doctor Starting the Drugs: [signature] 121113

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	6/7	7/7	8/7
8am	/	AA / SM	SM / ES
8pm	N.S / V.A	NS / AA	
	D1	D2	

DRUG : INJ. PAN

Dose	Route	Frequency	Start Date
40mg	IV	1-0-1	6/7

Name & Signature of the Doctor Starting the Drugs: [signature] 121113

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	6/7	7/7	8/7
7am	/	NS / AA	NS / JCA
7pm	SM / VA	NS / AA	

DRUG : INJ. PARACETAMOL

Dose	Route	Frequency	Start Date
1g	IV	1-1-1	6/7

Name & Signature of the Doctor Starting the Drugs: [signature] 121113

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	6/7	7/7	8/7
8am		9am AA / SM	SM / ES
4pm	5:30pm SM / AA	8/7 AA	NoN
12am		12am NS / AA	8/7 6am K.H / AD.S

DRUG : JUSTIN SUPPOSITORY

Dose	Route	Frequency	Start Date
100mg	P/R	1-0-1	6/7

Name & Signature of the Doctor Starting the Drugs: [signature] 121113

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	6/7	7/7	8/7
8am	/	AA / SM	SM / ES
8pm	NS / V.A	NW	

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14-09-1996 29 Y 9 M 21 D (F)
Dr. NIVEDITHA V C

Weight. 77kg Ward. ADR

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

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
6/7/26	5.50 AM	INJ TAXIM	1gm	IV	127435	S.N V.A
6/7/26	5.10 PM	INJ PAN	40mg	IV	127435	S.N V.A
6/7/26	5:10 PM	INJ EMESET	4mg	IV	127435	S.N V.A
6/7/26	5:10 PM	INJ TAXIM	0.1ML	ID	127435	S.N V.A
6/7/26	6:40 AM	INJ. TRANEXAMIC ACID	1g	iv	S. Ashi 101348	
6/7/26	6:40 AM	INJ. CARBETOCIN	100µg	slow iV	S. Ashi 101348	
6/7/26	7.40 AM	T. MISOPROSTOL	600mcg	PR	182217	
6/7/26	7.40 AM	JUSTIN SUPPOSITORY	100 MCG	PR	182217	
6/7/26	9AM	INJ. METHERGINE	0.2mg	Slow IV	182217	SN

JUC-00093481 IP18-00036333
Dr. PRIYANKA ARAVINDARAJ
14-09-1996 29 Y 9 M 21 D (F)
Dr. NIVEDITHA V C

I.V. FLUIDS CHART

Weight. 77kg Ward. HDR

Date	Time	Composition of Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
6/7/26	5:00Am	IVF 1 ORL	IV	75 ml/hr	12843	[illegible] / V-A			
6/7/26	9 AM	RL_1	iv	bolus	101348	[illegible]	6/7/26	101348	[illegible]
6/7/26	6:30 Am	RL_1	iv	bolus	10134	[illegible]	6/7/26	101348	[illegible]
6/7/26	8:40 Am	RL_1	iv	100ml/hr	101348	[illegible]	6/7/26	101348	[illegible]

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

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

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

Gender ☐ M ☐ F - Hospital No. .....

Consultant : .....

Date of Admission : .....

GUC-00093481 IP18-00036333
Dr. PRIYANKA ARAVINDARAJ
14-09-1996 29 Y 9 M 24 D (F)
Dr. NIVEDITHA V C

DRUG ALLERGIES :

FOR THE SAFETY OF THE PATIENT

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

DOCTOR - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).

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

NURSES - Nurses must follow strictly the **FIVE RIGHTS** before administration of medication.

1) Right Patient **2)** Right Drug **3)** Right Dosage **4)** Right Route **5)** Right Time

- **AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR).** Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

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

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

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

Patient Name : Dr. Priyanka CRVC: 93481	I.P. No.	Sheet No.	Wards	Weight (kg)

REGULAR PRESCRIPTIONS

DRUG : T. TAXIM O

Dose	Route	Frequency	Start Dt.
200mg	PO	1-0-1	9/7/26

Name & Signature of the Doctor starting the Drugs: [signature] 182217

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date / Time	9/7
8AM	[signature]
8pm	

DRUG : T. PAN

Dose	Route	Frequency	Start Dt.
40mg	PO	1-0-1	9/7/26

Name & Signature of the Doctor starting the Drugs: [signature] 182217

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date / Time	9/7
7AM	[signature]
7pm	

DRUG : T. COMBIFLAM

Dose	Route	Frequency	Start Dt.
1 tab	PO	1-1-1	9/7/26

Name & Signature of the Doctor starting the Drugs: [signature] 182217

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date / Time	9/7
8Am	[signature]
2pm	
10pm	

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

...tions:

... Sign.

Date / Time

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

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

STAT / ONCE ONLY DRUGS

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE	NURSES

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

I.V. FLUIDS CHART

DATE	TIME	Composition of I.V. FLUID (if infusion, mention ml / hr = Mcg / kg / min. etc.)	ROUTE	Flow Rate (ml/hr)	Doctor Sign.	Nurse Sign.	Date of Stopping	Doctor Sign.	Nurse Sign.

GUC-00093481 IP18-00036333
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14-09-1996 29 Y 9 M 22 D (F)
Dr. NIVEDITHA V C

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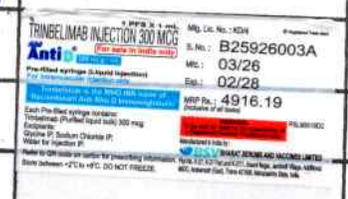
STAT / ONCE ONLY DRUGS

Name: .....

Weight: ..... kgs

Sheet No: .....

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
6/7/26	2.10 PM	FENTANYL CITRATE	50mcg	PATCH	[signature] 8221	[signature] Anitha	P.V
6/7/26	5PM	INJ. ANTI-D	300mcg	IM	[signature] 12113	Sm	AA.
7/7/26.	11AM	Dulolax Suppository	1 TAB	P/R	[signature]	Sm	ES
7/7/26	12:50PM	FENTANYL CITRATE,	50mcg	PATCH	[signature] 12217	Sm	ES
9/7/26		SYP. DUPHALAC	15ml				



Patient

GUC-00093481 IP18-00036333
Dr. PRIYANKA ARAVINDARAJ
14-09-1996 29 Y 9 M 21 D (F)
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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

5/7/26

		Date																						
		Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																									
	21 - 30																		22				22			
	11 - 20														20											
	0 - 10																									
Saturations	94 - 100 %														99%				100				99%			
	< 94 %																									
Administered O_2 (L/min.)															RA				RA				RA			
Temp °C	40																									
	39																									
	38														98.6F				98.6F				98.6F			
	37																									
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100														98				82				82 bpm			
	90																									
	80																									
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressure ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90														114				114				118			
	80																									
	70																									
	60																									
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
	40														84				62				60			
NEURO RESPONSE [✓]	Alert														✓				✓				✓			
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30														✓				✓				✓			
	< 30																									
Proteinuria	Protein + +																									
	Protein > + +																									
Lochia	Normal														—				✓				✓			
	Heavy / Foul																									
Liquor	Clear / Pink														—											
	Green																									
TOTAL YELLOW SCORES															0				0				0			
TOTAL ORANGE SCORES															0				0				0			
Nurse Initial																										

On Admission

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

GUC-00093481 IP18-00036333
Dr. PRIYANKA ARAVINDARAJ
14-09-1996 29 Y 9 M 22 D (F)
Dr. NIVEDITHA V C

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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

6/7/20	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	20	20	18	20	18				22				22				20				22			
	0 - 10																								
Saturations	94 - 100 %	99	98	100	98	98				99				99%				99%				100%			
	< 94 %																								
Administered O_2 (L/min.)		RA	RA	RA	RA	RA				RA				RA				RA				RA			
Temp °C	40																								
	39																								
	38																								
	37	37.0	98.6°F	98.6°F	98.6°F	98.6°F				98.6°F				98.6°F				98.6°F				99.2°F			
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90	99	99	98	98	98				98bpm				90bpm				98bpm				92bpm			
	80																								
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressure ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120	110	104	108	110	103				108				108				110				120			
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70	70	82	72	70	82				68				70				60				60			
	60																								
	50																								
	40																								
NEURO RESPONSE [✓]	Alert	✓	✓	✓	✓	✓				✓				✓				✓				✓			
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30	✓	✓	✓	✓	✓				✓				✓				✓				✓			
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal	✓	✓	✓	✓	✓				✓				✓				✓				✓			
	Heavy / Foul																								
Liquor	Clear / Pink	✓	—	—	—	—				—				—				—				—			
	Green																								
TOTAL YELLOW SCORES		0	0	0	0	0				0				0				0				0			
TOTAL ORANGE SCORES		0	0	0	0	0				0				0				0				0			
Nurse Initial																									

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

GUC-00093481 IP18-00036333
Dr. PRIYANKA ARAVINDARAJ
14-09-1996 29 Y 9 M 22 D (F)
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(2)

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Early Warning Observation Score Chart - Obstetrics

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

7/7/26	Date																					
	Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20	22				22				20				22				22				22			
	0 - 10																								
Saturations	94 - 100 %	99%				99%				98%				98%				99%				100%			
	< 94 %																								
Administered O_2 (L/min.)		RA				RA				RA				RA				RA				RA			
Temp °C	40																								
	39																								
	38																								
	37	98.8F				98.4				97.3F				98.2F				98.2F				97.6F			
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90	90bpm				90bpm				84bpm				92bpm				98bpm				88bpm			
	80																								
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressure ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120	100				100				110				112				111				113			
	110																								
	100																								
	90																								
	80																								
	70													(75)				(68)				(71)			
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70	(70)				(72)																			
	60	60				64				68				64				56				60			
	50																								
	40																								
NEURO RESPONSE [✓]	Alert	✓				✓				—				✓				✓				✓			
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30	✓				✓				✓				✓				✓				✓			
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal	✓				✓				—				—				—				—			
	Heavy / Foul																								
Liquor	Clear / Pink	—				—				✓				—				—				—			
	Green																								
TOTAL YELLOW SCORES		0				0				0				0				0				0			
TOTAL ORANGE SCORES		0				0				0				0				0				0			
Nurse Initial		—				✓				[illegible]				[illegible]				[illegible]				[illegible]			

GUC-00093481 IP18-00036333
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14-09-1996 29 Y 9 M 23 D (F)
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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

8/7/26

		Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																									
	21 - 30																									
	11 - 20		20			20					20				22				22				22			
	0 - 10																									
Saturations	94 - 100 %		97%			98%					97%				97				99%				100			
	< 94 %																									
Administered O_2 (L/min.)			RA			RA					RA				RA				RA				R			
Temp °C	40																									
	39																									
	38																									
	37		98.8F			98F					98.6F				98.6F				98.4F				98.2F			
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110		115bpm																							
	100					100					94bpm				92bpm				82							
	90																									
	80																									
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressure ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120		125			126					120				129				127							
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50		89			(71)					(80)				(114)				(64)							
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60		50			65					50				66				74							
	50																									
	40																									
NEURO RESPONSE [✓]	Alert		✓			✓					✓				✓				✓							
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30		—			—					✓				✓				✓							
	< 30																									
Proteinuria	Protein + +																									
	Protein > + +																									
Lochia	Normal		—			—					—				—				—							
	Heavy / Foul																									
Liquor	Clear / Pink		—			—					—				—				—							
	Green																									
YELLOW SCORES			0			0					0				0				0							
ANGE SCORES			0			0					0				0				0							
Nurse Initial			SK			SK					SK				SK				SK							

GUC-00093481 IP18-00036333
Dr. PRIYANKA ARAVINDARAJ
14-09-1996 29 Y 9 M 21 D (F)
Dr. NIVEDITHA V C

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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.

5/7/26		Intake				Output					IV Site Thrombophlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						Total Output :						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm		←			on Admission				→		
Total Intake :						Total Output :						
	08:00 pm	H2O	100								No IV	[illegible]
	09:00 pm	H2O	150								Line	[illegible]
	10:00 pm	Milk	100								No	
	11:00 pm										do	
	12:00 am	N										So
	01:00 am	B								250	line	am
Total Intake :			350ml			Total Output :				250		
	02:00 am	D									No	
	03:00 am	O									No	
	04:00 am	N									[illegible]	
	05:00 am			125							0	[illegible]
	06:00 am	P		125							0	[illegible]
	07:00 am	O							am	CBD 50	0	[illegible]
Total Intake :				250		Total Output :				50		

Total 24 hrs. Intake	600ml

Total 24 hrs. Output	900

GUC-00093481 IP18-00036333
Dr. PRIYANKA ARAVINDARAJ
14-09-1996 29 Y 9 M 22 D (F) indaraj
Dr. NIVEDITHA V C

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BirthRight BY RAINBOW HOSPITALS
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FLUID CHART

Sheet No. : (2)

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

6/7/26		Intake				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
	08:00 am			RL 300ml + DOT						40ml	0	
	09:00 am			125ml						75ml	0	
	10:00 am	Water	20ml	125ml						50ml	0	
	11:00 am	TC Water	100ml	125ml						50ml	0	
	12:00 pm			125ml						50ml.	0	
	01:00 pm			125ml						40ml	0	
Total Intake : 300ml + 1985ml = 2285ml						Total Output : 305ml						
	02:00 pm	TC water	200	125						150	0	
	03:00 pm			125						150	0	
	04:00 pm	TC water	200	125						150	0	
	05:00 pm			125						200	0	
	06:00 pm	Juice	200	125						250	0	
	07:00 pm	Rasi	100	125						200	0	
Total Intake : 700 + 750 = 1450ml						Total Output : 1100ml						
	08:00 pm			125						200	0	
	09:00 pm	H2O	150	125						250	0	
	10:00 pm	Milk	100	125						200	0	
	11:00 pm	H2O	150	125						250	0	
	12:00 am			125						150	0	
	01:00 am	H2O	100	125						100	0	
Total Intake : 500 + 750 =						Total Output : 1150ml						
	02:00 am			125						150	0	
	03:00 am	H2O	100	125						200	0	
	04:00 am			125						250	0	
	05:00 am	H2O	100	125						250	0	
	06:00 am			125						300	0	
	07:00 am	H2O	100	125				Chd Refused		300	0	
Total Intake : 300 + 750ml						Total Output : 1250ml						

Total 24 hrs. Intake	5,1975ml	Total 24 hrs. Output	3,1805ml

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FLUID CHART

Sheet No. : 3

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.

7/7/26		Intake				Output						
Date	Time	Nature of Fluid	Route			~~NG~~ AG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am	H2O	100ml								0	Sm
	09:00 am	H2O	100ml							Urvoid	0	Sm
	10:00 am	Soup	100ml							350	0	Sm
	11:00 am	H2O	150ml							250ml	0	Sm
	12:00 pm	Juice	100ml			94cm					0	Sm
	01:00 pm	H2O	150ml							300ml	0	Sm
Total Intake :		700 ml								Total Output :	900ml	
	02:00 pm											
	03:00 pm	H2O	200ml							200ml	0	
	04:00 pm					95cm						
	05:00 pm	Juice	200ml								0	
	06:00 pm									300ml		
	07:00 pm	Juice	200ml								0	
Total Intake :		600ml								Total Output :	600ml	
	08:00 pm										0	
	09:00 pm	H2O	250ml							150ml	0	Hai
	10:00 pm	Milk	100ml							100ml	0	Hai
	11:00 pm	H2O	200ml							200ml	0	Hai
	12:00 am			1gm							0	Hai
	01:00 am										0	Hai
Total Intake :		550 ml + 100ml								Total Output :	450ml	
	02:00 am	H2O	200ml							100ml	0	Hai
	03:00 am										0	
	04:00 am	H2O	150ml							100ml	0	Hai
	05:00 am	H2O	100ml							200ml	0	Hai
	06:00 am										0	
	07:00 am	H2O	200ml							50ml	0	Hai
Total Intake :		650ml								Total Output :	450ml	

Total 24 hrs. Intake	2600 ml	Total 24 hrs. Output	2,400ml

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Dr. PRIYANKA ARAVINDARAJ
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Dr. NIVEDITHA V C

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FLUID CHART

Sheet No. : 4

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
8/7/26												
	08:00 am	H2O	150ml							200ml	0	
	09:00 am	H2O	100ml								0	
	10:00 am	Soup	200ml									
	11:00 am	H2O	100ml									
	12:00 pm	H2O	200ml							450	0	
	01:00 pm	H2O	100ml									
Total Intake :		850ml.				Total Output :				750ml.		
	02:00 pm	H2O	150ml								0	AA
	03:00 pm	H2O	100ml							300ml	0	AA
	04:00 pm	H2O	100ml							250ml	0	AA
	05:00 pm										0	AA
	06:00 pm	Milk	150ml							250ml	NO.	AA
	07:00 pm	H2O	50ml								Pain	AA
Total Intake :		550ml				Total Output :				750ml		
	08:00 pm	H2O	150ml									Hai
	09:00 pm	Milk	100ml							200ml	No	Hai
	10:00 pm											Hai
	11:00 pm	H2O	250ml							200ml	IV	Hai
	12:00 am										Pain	Hai
	01:00 am											Hai
Total Intake :		500ml				Total Output :				400ml		
	02:00 am	H2O	200ml							250ml	No	Hai
	03:00 am										IV	Hai
	04:00 am	H2O	100ml							150ml	Pain	Hai
	05:00 am											Hai
	06:00 am	H2O	100ml							100ml		Hai
	07:00 am											
Total Intake :		400ml				Total Output :				500 ml		

Total 24 hrs. Intake	2350 ml	Total 24 hrs. Output	2400 ml

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

GUC-00093481 IP18-00036333
Dr. PRIYANKA ARAVINDARAJ
14-09-1996 29 Y 9 M 21 D (F)
Dr. NIVEDITHA V C

Patient

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: Primi / DCDA Twin / 36+1 days IVF conception			Any Infection: ☐ Yes ☐ No ☑ Not Known If Yes Specify: Nil			
	Surgery / Procedure: EL.LSCS			Post OP Day: Day-			
BACKGROUND	Date / Shift	5/7/26 N	6/7/26 M	6/7/26 E	6/7/26 N	7/7/26 M	7/7/26 E
	Medical Condition (Any special condition to be noted):		–	–	–	–	–
	Diet:	NPO	NPO	Soft diet	Soft diet	Soft diet	Liquid diet
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Ventilation (RA, NP, NIV, VENTI):	NA	NA	NA	NA	NA	NA
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Vital Signs: Temp:	98F	98.6F	98.6F	98.6F	98.6F	98F
	Res:	20b/m	20/m	20bpm	20bpm	20bmin	22bpm
	SpO_2:	99%	98%	99%	100%	100%	98%
	Pulse:	98bt/m	99/m	98bmi	99%	80bmi	78bpm
	BP:	112/84	104/82	106/80	100/80	100/62	110/68
	LOC:	Concious	Conscious	conscious	conscious	conscious	conscious
	Fall Risk Score:	0	0	0	0	0	0
	Pain Score:	0/10	1/10	1/10	1/10	1/10	1/10
	Skin Integrity	Normal	Normal	Normal	normal	Normal	N
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:	NPO	NPO	Soft diet	Soft diet	Soft diet	liquid
	Critical Lab Test / Values:	–	–	–	–	–	–
	Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	ADL (Dependent / Non Dependent):	Dependent	Dependent	Dependent	dependent	Dependent	dependent
	Post Operative Procedure Special Orders:	–	–	–	–	–	–
	Handed Over By Name :	S/N: [illegible]	Shalini	Suneel	Abirami	Suneel	Sowmya
	Signature / ID :	[illegible]	Shalini	[illegible]	607938	[illegible]	[illegible]
	Date:	5/7/26	6/7/26	6/7/26	6/7/26	7/7/26	7/7/26
	Time:	7:45AM	12:15pm	8pm	7:30pm	2pm	8pm
	Taken Over By Name :	Shalini	Suneel	Abirami	Suneel	Sowmya	Harini
	Signature / ID :	Shalini	[illegible]	607938	[illegible]	01951	[illegible]
	Date:	5/7/26	06/7/26	06/7/26	7/7/26	7/7/26	7/7/26
	Time:	8Am	2pm		8am	2pM	8pm

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

GUC-00093481 IP18-00036333
Dr. PRIYANKA ARAVINDARAJ
14-09-1998 29 Y 9 M 21 D (F)
Dr. NIVEDITHA V C

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Your Right to a Safe Delivery

NURSING CARE RECORD

Date: 5/7/26

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							
Night	7:30 pm	Improve knowledge and promote self care	8pm	*Teach medication Regimen *Educate Regarding diet *Encourage question to clarify	Educated to patient and family about Surgery Consent	Reassessment done	5/7/26

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14-09-1996 29 Y 9 M 22 D (F)
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NURSING CARE RECORD

Rainbow® Children's Hospital — It takes a lot to treat the little.
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Date: 06/7/26

Goals

- ☐ Maintain Airway and Oxygenation
- ☐ Maintain Personal Hygiene
- ☐ Identify Potential Complications
- ☐ Relieve Pain & Discomfort
- ☐ Prevent Infection
- ☐ Any Others. Specify... NIL
- ☐ 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	Prevent Falls & injury	8:30 AM	→ Keep bed in low position with side Rails up → Ensure call bell is within reach → Assist during Ambulation	Ensure Safety	Reassessment was done.	Shalem akash
Afternoon	2pm	Prevent falls & injury	6PM	Assessed the pt's condition Ensure call bell is within reach => provided plenty of oral fluids	Ensure Safety	Done	Saly 6/7/26
Night	6PM	prevent falls & injury	9pm	Assessed the pt's condition ensure call bell is within reach provided plenty of oral fluids	ensure safety	Done	6/7/26

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NURSING CARE RECORD

Date: 7/7/26

Goals

- ☐ Maintain Airway and Oxygenation
- ☐ Maintain Personal Hygiene
- ☐ Identify Potential Complications
- ☐ Relieve Pain & Discomfort
- ☐ Prevent Infection
- ☐ Any Others. Specify N.il.
- ☐ 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	prevent falls of Injury	12pm	Assessed the pt's Condition. Ensure call bell in reach. provided plenty of oral fluids	Ensure injury	Done	[signature] 607373
Afternoon	2pm	maintain good nutritional status.	2.30 pm	maintained good nutritional status.	monitored I/O chart.	Reassessment done.	[signature] 01010m
Night	8 pm	Maintain Electrolyte balance. Maintain nutrition supplementation.	8.30	Improve the liquid items intake. Improved the rich nutritional food intake.	Evaluate the output. Evalate the weight cheeks and skin colour.	Re assessment is done.	[signature] 607915

Patient Stic

GUC-00093481 IP18-00036333
Dr. PRIYANKA ARAVINDARAJ
14-09-1996 29 Y 9 M 23 D (F)
Dr. NIVEDITHA V C

NURSING CARE RECORD

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Date: 8/5/196,

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	Maintain good Nutritional Status.	8:30 am	Maintained good nutritional status	Engaged oral Intake	Reassessment done	
Afternoon	2pm	Maintain good nutritional Status	4pm	Maintain the good nutritional Status	Engaged Oral Intake	Reassessment done.	
Night	8pm	Maintain good nutritional Status.		Improved good nutritional Status.	Evaluated the Skin colour	Re assessment is done	

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Dr. PRIYANKA ARAVINDARAJ
14-09-1996 29 Y 9 M 21 D (F)
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NURSES NOTES

☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
5/7/26	7.30pm	Admission Notes (5/7/26)	
		Dr. priyanka 29years female	
		got admission under Dr. Niveditha	
		patient diagnosis is prime/	
		DCDA Twins /IVF conception /36+1	
		days. Patient admitted for	
		Elective LSCS. Monitored vitals	
		and Recorded. Maintained	
		I/O. CTG connected. FHR	
		Monitored. Maintained I/O.	
		patient general condition	
		fair. pain assessment done.	
		No any other complaints	[signature] 5/7/20
	8pm	FHR Monitored. CTG disconnected	
		Maintained I/O. No any	
		other complaints. pre anaesthesia	
		consultation done by Dr. priyadharshini	
		No any other complaints	[signature] 5/7/20
	9.40pm	patient shifted from LDR to	
		7th Floor. patient care handing	
		over given to 7th Floor Staff	[signature] 5/7/20
		Receiving notes:	
	9.45pm	patient received from LDR	
		to 7th Floor she was conscious	
		& oriented was taking orally	
		& passing urine. Vital signs are	
		checked & recorded. Maintained I/O	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

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☐ No Known Drug Allergies

☐ Drug Allergies ....Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
6/7/26	—	Cham has no specific complaint at present FM (+) FHR - regular No CPO / BPO general condition is fair	[illegible]
	11pm	Has per [illegible] Dr. Akshanthe Ma'am orders ECG to be done at bed side as per orders Dr. Nivedithe UC orders —	
	1:45 pm	ECG done at bed side	[illegible]
	12am	HPO Explained as per orders pt co-operative well vital signs are checked & Recorded Maintained [illegible] general condition is fair —	[illegible]
	2am	Has no CPV / BPV Foetal movement present FHR - regular pt sleep well	[illegible]
	4am	pot preparation was started pt cooperate well no other complaints of pain	[illegible]
	4:50am	pt bath done, catheter and all the insertion no other complaints test dose was given, [illegible]	[illegible] 607721
	5:45am	patient shifted to 4th floor to CDR	[illegible]

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GUC-00093481 IP18-00036333
Dr. PRIYANKA ARAVINDARAJ
14-09-1996 29 Y 9 M 22 D (F)
Dr. NIVEDITHA V C

(2)

NURSES NOTES

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Known Drug Allergies

☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
6/7/26	5.15 AM	Receiving Notes Patient care Handing over taken from 7th Floor Staff. Patient Received from 7th Floor to MICU. Monitored Vitals and Recorded. Maintained RTO. IVF RL 125ml/hr on connected, No any other complaints	
	5.55 AM	Patient dosent have any allergic reaction after Inj. Tramadol 0.1ml IV. Inj. Tramadol IV given No other complaints Patient shifted from MICU to OT. Patient care Handing over given to OT Staff	
6/7/26	6.0 am	OT Notes Patient received from CCR, patient conscious and oriented, Patient shifted to OT-III for Surgery. under aseptic technique Caudal anaesthesia is given. under caudal anaesthesia Procedure LSCS done. Patient shifted to MICU. Patient care handed over to the staff	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

DR : Priyanka

Patient Sticker

NURSES NOTES

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☐ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Receiving Notes 6/7/96	
6/7	7⁴⁰ Am	Report Received from OT staff	
		to LDR staff. Patient Conscious	
		& Oriented. In lasix pattent	
		No swelling, No pain	
		vital sign checked & Recorded	
		vital sign are stable	
		Patient is Npo - Inf RL 125ml/hr	
		CBD (+) urine drained well	
		Received urine output 40ml/hr	Shalini 0407
	8Am	vital sign checked & Recorded	
		Flo chart Maintain.	
		Pv Bleeding Minimal	
		patient general Condition is Fair	
	8⁵⁰ Am	Bleeding increased informed	
		Dr pavithra mam. she pv	
		Examination done. She advice	
		Inj Methergine 0.2mg Slow IV.	
	9Am	Inj - Methergine 0.2mg IV given.	
		Flo chart maintain	
		Inf: RL 125ml/hr in flow	
		B - Breast - soft No Encorgment	
		U - uterus Contracted well	
		B - Bladder CBD (+), urine drained well	
		B - Bowl Movement present	
		L - Lochia Rubbra present	
		R - Reeda Not Applicable	Shalini 0407

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		← Contineouy 6/7/26 →	
6/7/26.		H - Homan's sign Negative	
		E - patient emotional status	
		good ←	Shalini 0407n
	10AM	I/O chart maintain	
	10^30 AM	S/B. Dr. ~~Pavithra~~ Divya PV Assess	
		Minimal Bleeding.	Shalini 0407
	10^40 AM	S/B. DR Pavithra per vaginal	
		Checked she adviced PV Bleeding	
		Minimal	
		patient general condition is fair	
	11AM	vital sign are stable.	
		IVF RL 125ml/hr on flow	
	12pm	S/B - DR. Pavithra she advice	
		patient shifted ward	
	12^15 pm	patient shifted 7th floor ←	Shalini 0407n
		Receiving Notes	
6/7/26	12.30PM	patient details handover	
		taken over from LDR to	
		7th Floor patient is EL-LSCS	
		CBD TM 6AM, CBC POD-2	
		Kanji 8PM, soft diet, 10PM	
		Fentyl 100mg given ID (Deltoid) →	P. Kaviya 60321
	1.30PM	patient is urineoutput	
		drained 40ml Inform	
		Dr. sridevi Mam advised	

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Patient Sticker

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NURSES NOTES

☑ No Known Drug Allergies

☐ Drug Allergies .... NIL

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
6/7/26	1.30Pm	Contine Encourage oral	
		and monitor output	P. Keno 607261.
	2.10 Pm	Patent due medication	
		Fentnyl Patch100mg is Avilable	
		only 50 Inform Dr. pavithra	
		advised one is now another	
		one 7Pm, Inform Pharmacy	
		is Avilable evening ready	
		Fentnyl 50mcg adm given	
		I/c Anitha in (R) Deltoid	
		place side effects explained	
		for patent,	P. Keno
	2.15Pm	patent details handover	
		given to evening duty	
		staff	P. K 607261
		Evening Duty	
	2:15pm	pt's details hand over taken	
		from Morning Duty Staff. pt's	
		conscious oriented, vitals are stable	
		CBD(+), IV line patterns, IVF 125ml/hr	
		on flow, CBD (R) 6AM, CBC	
		POD #2. liquid diet had,	
		kanji 6pm. Soft diet 8pm. Urine	
		drained well. Fentanyl patch insert	
		the Delta muscle. 50mg, arranged	
		50mg patch →	607383.
	3pm	pt's vital sign checked and	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00093481 IP18-00036333
Dr. PRIYANKA ARAVINDARAJ
14-09-1996 29 Y 9 M 22 D (F)
Dr. NIVEDITHA V C

NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
6/7/21	3pm	recorded. Urine drained well, Due medication given as per order.	
		B.- Breast is soft, no engorgement	
		U - Uterus contraction well.	
		B- Bowel movement (+)	
		B- Urine ~~passed~~ well,	
		L- Lochia rubra (+)	
		E- Roeda Scale NA	
		H- Homan's sign Negative	
		F- Emotional status good →	Sf BOT
	4pm	Pt's liquid diet 2nd Hrly,	
		Urine drained well, IVF 125ml/hr	
		on flow. maintained I/o chart →	Sf BOT
	6pm	Pt's soft diet having, maintained	
		I/o chart. →	Sf BOT
	7pm	Due medication given as per	Sf
		order, maintained I/o chart →	BOT
	7:30pm	Pt's details Handover given	Sf
		to night duty staff →	BOT
		NIGHT DUTY	
6/7/21	7:30pm	Pt details handing over taken	
		from evening duty staff	
		Pt was stable. CBD removed	
		on 6PM.	BOT
	8:00pm	Vitals was checked and	
		recorded maintained I/o	
		Chart no other complaints	BOT

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DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
	10:00pm	B - Breast is normal	
		U - Uterus is contracted well	
		B - Bowel movement is normal	
		B - CBD urine drained well	
		L - lochia rubra is present	
		E - Pedal is not applicable	
		H - Homan's sign was negative	
		E - emotionally pt was stable	[signature] 60772
7/7/21	12:00am	vitals was checked and	
		recorded maintain I/O	
		chart pt sleep well	[signature] 60772
	1:00am	NS para was connected no	
		other complaints.	[signature] 60772
	2:00am	Pt was sleep well no	
		other complaints pt took	
		food	[signature] 60778
	4:00am	vitals was checked and	
		recorded maintain I/O chart	
		no other complaints	[signature] 60772
	6:00am	CBD was removed advice	
		to measurement of void	
		no other complaints	[signature] 60772
	7:00am	maintain I/O chart and	
		recorded	
	7:30am	pt details handing over	
		given by morning duty staff	[signature] 60778

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☐ Drug Allergies ......Nil......

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Morning Duty	
7/7/26	7:30AM	Pt's details Hand over taken from night Duty Staff. Pt's Vitals are stable. IVF stop, CBD (R) at 6AM. 1st voided measured, Flatus not passed, Pt's IV medication today, pt's U/passed measuring →	Sig 607363
	8AM	Pt's vital sign checked and recorded. Vitals are stable. Maintained I/O chart.	
		B- Breast is soft, No engorgement	
		U- Uterus contraction well.	
		B- Bowel movement (+)	
		B- Urine voided freely	
		L- Lochia rubra (+)	
		E+ Reeda Scale NA	
		H- Homan's sign Negative	
		E- Emotional status good →	
	9AM	Dr. Pavithra mam A/B Pt's Flatus not passed Dulcolax suppositios P/R given as per order. →	Sig 607363
	10AM	Pt's vital are stable. Pt's 1st voided 350ml inform to Dr. Pavithra mam →	Sig 607363
	12PM.	Pt's no other complaints, PV bleeding (N). maintained pad chart →	Sig 607363
		Patient AG monitored to continue Q4hrs	Sig 607363

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☐ Drug Allergies ....Nil.....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
7/7/26	1:30pm	Pt's details Hand over given to Evening duty staff → Evening Duty Notes.	Staff Nurse
	1.30pm	Handover Received from Morning duty Staff Pt active and oriented. IV line Present. Pt Not passed Motion. Abd - 4th hourly. Pt Liquid diet.	Soumya 01958
	4pm	Administered due medication as per chart. Abd - 95cm.	
	6pm	Inj. Pantoprazole 40mg IM given as per Dr. Akshita mam orders	Soumya 01958
	7pm	Monitored I/O chart and recorded.	
	7.30pm	Handover given to Night duty Staff	Soumya 01958.
		Night Duty	
7/7/26	8pm	patient details case file hand over taken from the evening duty staff. patient general condition assessed & the patient bedside patient vitals are monitoring and reporting.	Staff Nurse

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DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
	8:30pm	patient vitals reporting and patient vitals are stable.	Hari 607915
	9pm	Patient side there is no c/o of pain. patient is good responsible and patient is conscious. Maintain continues I/O chart and maintain the baby handling hygiene.	Hari
	9.30pm	Medication given for the as per as doctors order good understand the patient.	Hari 607915
	11 pm	patient is well sleep and patient side there is no c/o of pain.	Hari 60791F
8/1/26	1:20 Am	patient side IV line present and No swelling and infection. line is present.	Hari
8/1/26	4Am	B – Breast is normal U – uterus contraction well B – Bowel movement is normal B – urine voided is well. L – Lochia rubra ⊕ E – Reeda scale	

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DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
8/9/06		H – Homen sign is present	
		E – Emotional support is good	[signature] 6/9/15
	6am	patient is sleeping stating	
		low level. patient vitals	
		are stable. patient advise	
		for the continues DBF	
		and patient side there	
		is no c/o of pain.	[signature] 6/9/15
	7-30pm	patient details casefile	
		handover given to the morning	
		duty staff.	[signature] 6/9/15
		Morning Duty Notes	
	7-30am	Handover received from	
		Night Duty staff. patient	
		is active and oriented	
		IV line present. CBD	[signature]
		send. plan discharge today.	
	8am	Checked vital sign and	
		Recorded.	
	9am	Dr. Sreedevi mam call	
		and advice to inj. FCM 1gm	[signature]
		need to connect.	
		B – Breast is soft:	
		U – uterus well contract:	
		B – Bowel movement normal	
		B – Bladder urine voided.	[signature]
		L – Lochia rubra present	

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DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		E - Emotional status good	
8/7/26.	11.30am	Inj. FCM 1gm connected.	
		patient vital sign Normal.	
		there is no allergic reaction.	
	1pm	Monitored input and output	
		chart and recorded.	
	1.30pm	Hand over given to evening	
		duty staff.	
		Evening duty Notes	
8/7/26.	1.30pm.	Patient handing over taken from	
		Morning duty staff.	[signature]
		Bed said Assessment done.	
		Conscious & Oriented. Iv line (+)	
		pattern is Normal. Patient taken	
		Normal diet. Patient Bath done.	[signature]
	2pm.	vitals sign checked & recorded.	
		vitals are stable. I/O chart	
		monitored. P/V bleeding is Normal.	
		patient due medication & drug	
		is given as per drug chart order.	[signature]
	2pm.	B - Breast is soft, No engorgement	
		U - Uterus contraction well	
		B - Bowel movement (+)	
		B - Urine voided freely	
		L - Lochia rubra (+)	
		E - Reeda Scale NA	[signature]
		H - Homan's Sign Negative	

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☐ Drug Allergies ..... Nil .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
8/7/26		E- Emotional Status good. —	
	4PM.	Patient due Medication Inj- Para 1gm IV Patient Refast the Injection Inform the Dr. Shree Devi mam Advised. IV line Removed and oral medication to do. →	
		Dressing done, Bath done. No any other complaints. Patient Soft diet taken. →	
	6PM.	patient vitals are Stable. PIO chart monitored. Tomorrow plan Discharge. No any other Complaints.	
	7.30PM.	Patient details handing over to Night duty Staff. →	
		Night Duty	
8/7/26	8pm	patient details complete handover taken from the evening duty staff. patient vitals were Stable. patient is conscious and oriented. —	
9	9pm	patient side there is no c/o of pain. patient is stable. —	
	10pm	patient IV line is removed patient not motion passed. U/passed. patient continues PIO chart is maintain. —	

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Dr. Priyanka.

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CAESAREAN SECTION OPERATIVE NOTES

	Twin - I	Twin - II
Surgeon's Name:	Date of Delivery: 06/07/2026	06/07/2026
Assistant Surgeon:	Time of Delivery: 6.29 AM	6:30 AM
Anaesthetist's Name:	Gender of Baby: Girl	Girl
Type of Anaesthesia:	Weight of Baby: 1.986 kg	2.368 kg
Neonatologist:	AGPAR Score: 5/10, 8/10	5/10, 8/10
Scrub Nurse: Smt Guna.	NICU Admission: ☐ Yes ☑ No	

Pre-Operative Diagnosis:

☑ Elective ☐ Emergency Indication: DCDA twins / Twin-2 Transverse

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: .....

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

Surgical Procedure: ELECTIVE LOWER SEGMENT CESAREAN SECTION

Post Operative Diagnosis: P_1L_2 | POD - 0 | POST LSCS

Peri-Operative Complications:

Amount of Blood Loss:	Blood Transfused (in ML):

Name and Number of Surgical Specimen sent for examination:

Twin - I Cephalic
Twin - II Transverse → Delivered as Breech

Examination Findings when Appropriate:

Presentation: ☐ Cephalic ☐ Breech ☐ Other .....
Cervical Dilatation: ..... cm
5th Palpable: .....
Fetal Position: .....
Station: ☐ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2
Moulding: ☐ None ☐ + ☐ ++ ☐ +++
Caput: ☐ + ☐ ++ ☐ +++
Meconium: ☐ None ☐ + ☐ ++ ☐ +++
Bladder Catheterized : ☑ Yes ☐ No
Urine: ☑ Clear ☐ Blood Stained

Skin Incision: ☑ Pfannenstell ☐ Transverse ☐ Midline ☐ Other .....
Uterine Incision: ☑ Lower Segment ☐ Classical ☐ Inverted T ☐ J incision
Previous Scar: ☐ Intact ☐ Thinnedout ☐ Ruptured ☑ No Scar
Incision Through Placenta: ☐ Yes ☑ No
Delivery of head: ☑ Manual ☐ Forceps
Liquor: ☑ Clear ☐ Meconium: ☐ I ☐ II ☐ III ☐ Blood ☐ Offensive ☐ Not Offensive
Delivery of Placenta: ☐ Manual ☑ CCT ..... ☐ Complete ☐ Incomplete ☐ Piecemeal
Cord Appearance: Normal ..... Cord around the neck ☐ Yes ☑ No
Appearance of placenta: DCDA placenta ..... Cavity explored ☑ Yes ☐ No
Uterus, tubes and ovaries: ☑ Normal ☐ Not Normal Sterilization: ☐ Yes ☑ No

Uterine Closure: ☐ One Layer ☑ Two Layers ..... 1-VICRYL ..... Suture
Peritoneal Closure: ☐ Pelvic ☐ Abdominal ☑ None ..... Suture
Sheath Closure: ..... 1-PDS ..... Suture
Fat Closure: ☐ Yes ☐ No ..... Suture
Skin Closure: ☑ Subcuticular ☐ Mattress ..... 3-0-MONOCRYL ..... Suture
Vagineal Evacuated ☑ Yes ☐ No
Drain: ☐ Yes ☑ No ☐ Remove in ..... days ☐ Await instructions
Ctheter ☑ Yes ☐ No ☐ Remove in c/m 6Am days ☐ Await instructions
Swap & Instruments count correct? ☑ Yes ☐ No ☐ Post-op Antibiotics ☑ Yes ☐ No
Intra-Operative Antibiotics Cover: ☐ Yes ☐ No ☐ Thromboprophylaxis ☐ Yes ☑ No

Post-Operative Notes: NPO x 3 hours
IVF 10 RL @ 125ml/hr
INJ. CEFOTAXIM 1g IV 1-0-1
INJ. PANTOPRAZOLE 40mg IV 1-0-1
INJ. PARACETAMOL 1g IV 1-1-1
JUGTIN SUPPOSITORY 100mcg PR 1-0-1
Ilo chanting
CBD c/m 6Am
CBC POD-2

Doctor Name: Dr. Niveditha Doctor Signature: for 182217
Date & Time: 06/07/2020

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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	5/7/26	5/7/26	6/7/26
		Score	0	0	5
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0	0	0	0
Secondary Diagnosis (more than one diagnosis)	Yes	15			
	No	0	0	0	0
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			15
	None /Bed Rest /Nurse Assist	0	0	0	
IV / Heparin Lock or Saline	Yes	20		20	20
	No	0	0		
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10			
	Normal /On Bed Rest /Immobile	0	0	0	0
Mental Status	Forgets limitations	15			
	Oriented to own ability	0	0	0	0
Total Morse Fall Scale Score:			0	20	35
		Signature			

Fall Risk Grading

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

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

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

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

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

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

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

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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	6/7/26	7/7/26 M	7/7/26 E
		Score			
History of Falling (immediately or w/in 3 months)	Yes	25	0	0	0
	No	0			
Secondary Diagnosis (more than one diagnosis)	Yes	15	0	0	0
	No	0			
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0	0	0	0
IV / Heparin Lock or Saline	Yes	20	20	20	20
	No	0	0	0	
GAIT / Transferring	Impaired	20			0
	Weak (uses touch for balance)	10			
	Normal /On Bed Rest /Immobile	0	0	0	0
Mental Status	Forgets limitations	15			
	Oriented to own ability	0	0	0	0
Total Morse Fall Scale Score:			25	20	20
		Signature	[signature]	[signature]	[signature]

Fall Risk Grading		
Risk Level	**Morse Fall Score (MFS)**	**Action**
Low Risk	0 - 24	Standard Fall Precaution
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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	M 8/7/24	F 8/7/24	
		Score			
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0	0	0	
Secondary Diagnosis (more than one diagnosis)	Yes	15			
	No	0	0	0	
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0	0	0	
IV / Heparin Lock or Saline	Yes	20	20	20	
	No	0			
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10			
	Normal /On Bed Rest /Immobile	0	0	0	
Mental Status	Forgets limitations	15			
	Oriented to own ability	0	0	0	
Total Morse Fall Scale Score:			20	20	
		Signature			

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

Tick (✓) whichever precaution taken.

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- ☐ Assess patient after visitors, leave to ensure safety measures in place

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PAIN ASSESSMENT FORM

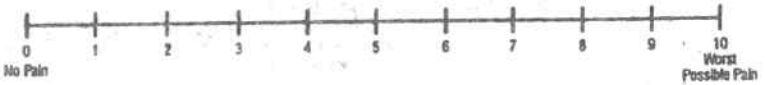
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
5/7/26	8pm	0/10	NIL	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	NIL	[signature] 607[illegible]
6/7/26	4am	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☑ No	NIL	SN 607[illegible]
6/7/26	8AM	1/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Rest Comfortable position	[signature] 607[illegible]
6/7/26	2pm	1/10	—	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☑ Increasing ☐ Decreasing	☐ Yes ☐ No	Comfortable position	[signature]
6/7/26	8pm	1/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Comfortable position	[signature] 607378
7/7/26	12pm	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Comfortable positio	[signature] 607378
7/7/26	4pm	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Comfortable positio	[signature] 607378
7/7/26	8pm	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NIL	[signature] 607383
7/7/26	12pm	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NIL	[signature]
8/7/26	8am	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NIL	[signature]

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

(P.T.O)

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

GUC-00093481 IP18-00036333
Dr. PRIYANKA ARAVINDARAJ
14-09-1996 29 Y 9 M 23 D (F)
Dr. NIVEDITHA V C

Q

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
8/7/20	2pm	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	[illegible]
8/7/20	9pm	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	[illegible]
				☐ 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		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

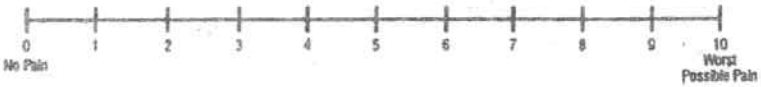
Re-assessment Frequency:

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.

(P.T.O)

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



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GUC-00093481 IP18-00036333
Dr. PRIYANKA ARAVINDARAJ
14-09-1996 29 Y 9 M 21 D (F)
Dr. NIVEDITHA V C

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BRADEN 'Q' SCALE

					Date : 5/7/26	6/7/26	6/7	6/7
					Time : N	M	E	N
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	3	3	3	3
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR **Friction** . Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	3	3	3	3
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
				TOTAL SCORE	26	26	26	26
				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	● Regular Turning Schedule ● Enable as much activity as possible ● Protect the heels ● Use pressure redistribution surfaces ● Manage moisture, friction and shear ● Advance to a higher level of risk if other major risk factors are present	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
13-14	Moderate Risk	● Use the Same Protocol as for **"At Risk"** Patients ● Position patient at 30 degree lateral incline using foam wedges	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
10-12	High Risk	● Follow the same protocol as for **"Moderate Risk"** Patients ● In addition to regular turning schedule ● Make small shifts in their position frequently	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
Less than 9	Severe Risk	● Use same protocol as for **"High Risk"** Patients ● Add a pressure redistribution surface for patients with severe pain or with additional risk factors.	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay

GUC-00093481 IP18-00036333
Dr. PRIYANKA ARAVINDARAJ
14-09-1996 29 Y 9 M 23 D (F)
Dr. NIVEDITHA V C

BRADEN 'Q' SCALE

Rainbow Children's Hospital — It takes a lot to treat the little.
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					Date : 7/7	7/7	8/7	8/7
					Time : 8AM	2PM	8PM	2PM
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
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					TOTAL SCORE	26	26	28	26
					Evaluator's Name				

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Patient's Name:............ IP18-00036333
MRD NO:......... [illegible]-00093481
Dr. PRIYANKA ARAVINDARAJ (F)
14-09-1996 29 Y 9 M 21 D
Dr. NIVEDITHA V C
Age :.................. ☐ M ☐ F
Consultant :..

PHLEBITIS ASSESSMENT

CANNULA 1

Date : 6/7/26 Time: 4 am

Location : Lt Hand [illegible] metacarpal.

Size : 18G

Cannula inserted by : S[illegible]

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
6/7	4AM	☐Yes ☑No	☐Yes ☑No	Observe Cannul	SS
	6AM	☐Yes ☑No	☐Yes ☑No	Observe cannul	SP
	8AM	☐Yes ☑No	☐Yes ☑No	observe cannul	S
	10AM	☐Yes ☑No	☐Yes ☑No	observe Cannul	S
	12pm	☐Yes ☑No	☐Yes ☑No	observe Cannu	S
	2PM	☐Yes ☑No	☐Yes ☑No	observe	Sm
	4pm	☐Yes ☑No	☐Yes ☑No	observ	Sm
	6pm	☐Yes ☑No	☐Yes ☑No	observ	Sm
	8pm	☐Yes ☑No	☐Yes ☑No	obser	V.A
	10pm	☐Yes ☑No	☐Yes ☑No	obser	V.A
7/7/26	12Am	☐Yes ☑No	☐Yes ☑No	Obse	V.A
	2Am	☐Yes ☑No	☐Yes ☑No	Obse	V.A
	4Am	☐Yes ☑No	☐Yes ☑No	Obse	V.A
	6Am	☐Yes ☑No	☐Yes ☑No	Obse	V.A
	10Am	☐Yes ☑No	☐Yes ☑No	Observe	Sm
	2pm	☐Yes ☑No	☐Yes ☑No	Ob	[illegible]
	4pm	☐Yes ☑No	☐Yes ☑No	Oba	S
	6pm	☐Yes ☑No	☐Yes ☑No	Ob	[illegible]
8/7/26	8am	☐Yes ☑No	☐Yes ☑No	Obs	[illegible]
	10pm	☐Yes ☑No	☐Yes ☑No	Obs	[illegible]
	12pm	☐Yes ☑No	☐Yes ☑No	Observe	M
	4pm	☐Yes ☑No	☐Yes ☑No	Observe	AA
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		

Removed.

Cannula removed : ☑Yes ☐No, if yes date and time : 08/7/26 5.00P
RX any initiated : ☐Yes ☐No ☐NA If Yes specify-
Phlebitis score: 0/5

CANNULA 2

Date : Time:

Location :

Size :

Cannula inserted by :

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

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

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

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

PHLEBITIS ASSESSMENT AND MANAGEMENT RECORD

CANNULA 3

Date : Time:

Location :

Size :

Cannula inserted by :

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

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

CANNULA 4

Date : Time:

Location :

Size :

Cannula inserted by :

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

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

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

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

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

GUC-00093481 IP18-00036333
Dr. PRIYANKA ARAVINDARAJ
14-09-1996 29 Y 9 M 21 D (F)
Dr. NIVEDITHA V C

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INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

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. Diagnosis Primi 36 weeks DCDATwin
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 Safety
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		
5/7/26	8pm	Informed Consent	Educated to patient about Surgery consent	Patient	NO	oral	None	Verbal	Good	Staff Nurse
6/7	8AM	Pain Management	Explain about Pain Management	Patient	No	Oral	None	verbal	Good	Staff Nurse
7/7	8AM	yes	Explained about pain management	patient	NO	Oral	None	Verbal	Good	Staff Nurse
8/7/26	8am	Yes	Explained about pain management	Patient	NO	Oral	Nil	Verbal	Good	Staff Nurse

Part - III: CODES

Who was taught: PT: Patient F: Father M: Mother S: Spouse Sn: Son D: Daughter C: Caregiver O: Other (Specify) .....

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

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

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

Understanding: 1. Verbalizes Understanding 2. Demonstrates Understanding 3. Needs Review

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14-09-1996 29 Y 9 M 22 D (F)
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URINARY CATHETER BUNDLE CHECK LIST

Date of Insertion: 06/7/26 Date of Removal: 7/7/26 AM 6PM

Parameters	Date / Shift Time	06/7/26 N	6/6/26 N	7/7/26 M				
Need for the Catheter		☑Yes ☐No	☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Hand Hygiene		☑Yes ☐No	☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Usage of Sterile Equipment		☑Yes ☐No	☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Is the Collection bag below the level of bladder		☑Yes ☐No	☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Check the Tube for Obsiruction (Free of Kinking)		☑Yes ☐No	☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Is Catheter dated as policy		☑Yes ☐No	☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Collecting bag is been emptied regularly?		☑Yes ☐No	☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Maintenance of closed system for the catheter		☑Yes ☐No	☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Dressing clean and dry?		☑Yes ☐No	☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Is the line removed as Policy?		☑Yes ☐No	☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Performance of Perineal Care		☑Yes ☐No	☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Onset of New Fever		☐Yes ☑No	☐Yes ☑No	☐Yes ☑No	☐Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No
Asses for the leakage at the site of insertion		☑Yes ☐No	☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Name of the Nurse		[illegible]	S. Shaliné	[illegible]				
Signature of the Nurse		[illegible]	Shaliné	[illegible]				

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

6 Type ISO 11140 STEAM Green = Sterilized Man.: 2025 - 06 Exp.: 2030 - 06 Ref.: 106.303.0500 Lot.: 14176 SV: 121°C - 15 min. 134°C - 3.5 min Sterintech

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Niveditha
Asst. Surgeon : Dr. Akshitha.
Anaesthetist : Dr. Priyadharshini
Scrub Nurse : Sathiya

Patient Name : Dr. Priyanka Age : 29 Gender : F
UHID No. : 93431 Surgery Name : Elective LSCS
Date : 6/7/25 In-time : 6.0 am Out-time : 7.40 am

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Before Induction of Anaesthesia ➤➤

SIGN IN Time: 6.0 am

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

Site Marked ☑Yes ☐No ☐NA

Anaesthesia Safety Check Completed ☑Yes ☐No

Pulse Oximeter on Patient & Functioning ☑Yes ☐No

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

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

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

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

Signature : S. Sathiya 1.913.48
Name : Dr. Priyadharshini

Before Skin Incision ➤➤

TIME OUT Time: 6.10 am

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

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

Anticipated Critical Events

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

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

Nursing Team Reviews:
- Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns? ☑Yes ☐No ☐NA
- **Is Essential Imaging Displayed?** ☐Yes ☑No ☐NA
- Power Supply, Earthing, Power Backup and functioning of equipment checked. ☑Yes ☐No

Signature :
Name : Dr. Niveditha.

Before Patient Leaves Operating Room

SIGN OUT Time: 7.40 am

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

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

Signature :
Name : Sathiya

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

SURGICAL SAFETY CHECKLIST

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PATIENT TRANSFER NURSING HANDOVER CHECKLIST

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

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

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
Dr Priyanka	6/7/26.	6/7/26 at 7.40am
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
Dr. Nivedita	Dr Priya	Intensive management
From Unit	**To Unit**	**Information to Attendant**
OT	MICU	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
One file	—	Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sradeepa	Dr. Priyadharshini

Patient & Clinical Records Received by : S. Shalini AYO 7/2

Date & Time of Patient Received : 6/7/26 at 7.40 AM

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

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

GUC-00093481 IP18-00036333
Dr. PRIYANKA ARAVINDARAJ
14-09-1996 29 Y 9 M 22 D (F)
Dr. NIVEDITHA V C

RCH/GDY/FRM/CLINICAL/598

PATIENT TRANSFER NURSING HANDOVER CHECKLIST

TRANSFERRED TO : OT

Date & Time of Transfer: 8/7/26

		YES/NO	REMARKS
1	Patient Identification		
	a.Patient Identification Patient name, age, UHID/hospital number confirmed	Yes	
	b.Surgical procedure & correct site verified	Yes	
2	Airway & Breathing		
	a.Oxygen delivery (mask/cannula/ventilator) secured	NO	
	b.SpO2 within safe range	NO	
	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	Yes	
	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	NO	
	b.Reassessment done	NO	
5	Wound, Dressings & Drains		
	a.Surgical dressing intact	NO	
	b.All drains fixed, output noted	Yes	
	c.Catheter secure & urine output recorded	Yes	
	d.Splints/casts/traction devices stabilized		
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)	NO	
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	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)	NO	
9	BLOOD AND BLOOD PRODUCTS TRANSFUSED	NO	
10	REPORTS AND LABS HANDED OVER	NO	
11	BIOPSY/HPE SENT		
12	Documentation		
	a.Documentation completeness	Yes	
	Transferring Nurse:	Sruthi	
	Receiving Nurse :		
	Signature of Incharge:		

GUC-00093481 IP18-00036333
Dr. PRIYANKA ARAVINDARAJ
14-09-1996 29 Y 9 M 22 D (F)
Dr. NIVEDITHA V C

SSI PREVENTION CHECKLIST

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

PRE - OPERATIVE CHECK LIST

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Date: ....

Patient's Name : Dr Priyanka .... Age : 20yrs/4m Gender : ☐M ☑F

Blood Group : A1 -ve .... UHID : 93481

Planned Surgery : EL LSCS .... Surgeon : Dr. Nivedhitha. V.C

Anesthetist : .... Date & Time of Operation : 6/7/26 at 12:30 am

Tick Appropriate Boxes

To be filled by Nurse Incharge / Senior Nurse :

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

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

Billing Clearance taken

Billing Executive Name : ....

Billing Executive Signature : .... [signature]

Date & Time : ....

Nurse In-Charge Name : Sivamani

Signature of Nurse In-Charge : [signature]

Date & Time : 6/7/26 at 5am

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

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PATIENT TRANSFER FORM

GUC-00093481 IP18-00036333
Dr. PRIYANKA ARAVINDARAJ
14-09-1996 29 Y 9 M 22 D (F)
Dr. NIVEDITHA V C

	Date & Time of Admission 5/7/26 at	Date & Time of Transfer Order 6/7/26 at
Treating Consultant Name Dr. Niveditha	Transfer Ordered by Dr. Niveditha	Reason for Transfer Shifted to OT for LSCS
From Unit MICU	To Unit OT	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File IP Files	Number of Imaging Films CTG - 1	Personal belongings including clinical documents. If any handed over to attendant Yes ☑ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
S/N. Fauziah 6/6/20	Dr. Niveditha

Patient & Clinical Records Received by : [signature]

Date & Time of Patient Received : 6/7/26 at 6-00am

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

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

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

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

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GUC-00093481 IP18-00036333
Dr. PRIYANKA ARAVINDARAJ
14-09-1996 29 Y 9 M 21 D (F)
Dr. NIVEDITHA V C

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

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

Instruction:

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

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

.....ELECTIVE LOWER SEGMENT CAESAREAN SECTION.....

.....

..... upon .....DR. PRIYANKA.....

(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.

.....INFECTION, BLEEDING, BLADDER, BOWEL INJURY.....

.....

.....

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. Niveditha.....

Consentee :

Signature : .....M. Priyanka.....

Name : .....Dr. Priyanka.....

Date & Time : .....5/7/26.....

Patient Attendant :

Signature : .....

Name : .....Dr. ARAVINDARAJ.....

Relationship with Patient: .....husband.....

Date & Time : .....5/7/26.....

Witness :

Signature : .....

Name : .....

Date & Time : .....

Doctor (who is taking the consent) :

Signature : .....

Name : .....Dr. Nalini.....

Date & Time : .....5/7/26.....

Docu. No. : RCH /FRM / CLINICAL / 027

CONSENT FORM FOR ANAESTHESIA

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GUC-00093481 IP18-00036333
Dr. PRIYANKA ARAVINDARAJ
Patient Na 14-09-1996 29 Y 9 M 21 D (F) ..... Age : ..... Gender : Male ☐ Female ☐
Dr. NIVEDITHA V C

UHID NO: ..... Surgeon Name: .....

Anaesthesiologist : DR PRIYA Operative procedure planned : SELECTIVE LOWER SEGMENT CESAREAN SECTION

PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA

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

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

☐ Heart disease ☐ Hypertension ☐ Diabetes mellitus ☐ Renal failure

☐ Hepatic disorders ☐ Shock ☐ Multiple organ failure ☐ Polytrauma / Renal Tubular Aacidosis

☐ Incapacitating Cronic Obstructive Pulmonary Disease ☐ Others : HYPOTENSION, BRADYCARDIA, DESATURATION, PPH, PPH

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

DECLARATION BY PATIENT / GUARDIAN / PROXY

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

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

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

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

I authorize the anaesthesia team to perform any additional procedures (for example, Central Venous Pressure line, arterial line, use of nerve blocks for pain relief, changing from regional to general anaesthesia etc), which are considered necessary by them during the course of surgery.

That I authorize and give consent to the team of doctors attending on me to administer blood products during the course of operative period and immediately thereafter in need arises.

I understand that the above mentioned consultant anesthesiologist or occasionally a colleague deputed by him / her will administer the Anaesthesia.

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

Patient / Patient Attendant :

Signature : M.Priyanka

Name : DR.PRIYANKA

Relationship with Patient: self

Date & Time : 5/7/26 at 9pm

Witness :

Signature : .....

Name : DR ARAVINDARAJ

Date & Time : 5/7/26 at 9pm

Doctor (who is taking the consent) :

Signature : ..... Name : Dr Priya Date & Time : 5/7/26 9pm

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

Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION

GUC-00093481 IP18-00036333
Dr. PRIYANKA ARAVINDARAJ
14-09-1996 29 Y 9 M 21 D (F)
Dr. NIVEDITHA V C

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Name: Dr Priyanka Age: - Sex: + UHID.No :

Date: 5/7/26 Time: 9pm Proposed Operation: Elective LSCS.

Diagnosis:

B.P / CRT: H.R: Weight: 77 kg ASA Physical Status: ☐1 ☑2 ☐3 ☐4 ☐5

Laboratory Data:

Hgb: 11.5/12.5	Glucose: 83/162/10H	Protein:	HIV:	X-Ray:
PCV:	Urea:	Alb:	HBS Ag: NR	ECG:
WBC: 12,770/10370	Creat:	Total Bill:	HCV:	2D Echo:
Plate: 1.42/1.55	Na:	Dir. Bill:	Blood group: A1-ve	Stress/Anglo:
PT: 8.10.	K:	LDH:	T3	Other:
PTT: 31	Ca++:	Alk phos:	T4	
INR: 0.86	Mg++:	Amylase:	TSH 0.87/2.39	
	Cl -:	SGOT/SGPT:		

Allergies: NKDA

Medical History: CVS : IVF conception

RESP : Diabetes :

CNS :

Renal : No comorbids

Hepatic / GE : Physical Activity: good exercise tolerance

Others :

Past Anaesthetic History: nil prev sx

Physical Exam:

Airway: MP 1 2 3 4 Mouth Opening: 4deg Mentohyoid Distance: (N) Neck: (N) Teeth: (N)

Lungs : B/L AE (+)

Heart: S1 S2 (+)

CNS: NFND

Pregnant: ☑Yes ☐No ☐NA | Venous Access Site : Accessible Spine Exam for regional : (N)

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

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

CURRENT MEDICATIONS	DOSAGE

Pre-Operative Instructions:

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

Signature: 15/6/22 Name: Dr Priya R

Patient Sticker

ANAESTHESIA CHART

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Pre Induction Assessment:

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

H.R: 80/min	B.P / CRT: 130/70	SpO_2: 100%	R.R: 20/m	Last Feed:

Pre-OP Diagnosis: primi / wt Twins Operation: Elective LSCS Date: 2/7/26

Surgeon: Dr Niveditha Anaesthesiologist: Dr Mohan / Dr Priya Technician: Markyam

TIME: 6.20am – 7.20am

N_2O /AIR /O_2 LPM
HALO /SO /SEVO
Drugs:
Inj carbetocin 100mcg IV
Inj Midazolam 1mg IV

FiO_2 / SaO_2
$ETCO_2$
ECG: Sinus rhythm
Temperature
Urine Output

Fluids / Blood: 400RL

Antibiotic
Suppository
Blood Loss
NOTES

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

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

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

LAB Values
ABG
GRBS
Others

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

Eye Care:
☐ Oint
☐ Tape
☐ Padding
☑ Awake

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

Times:
Anaes Start: 6-20am
OP Start: ....
OP End: ....
Leave OR: 7-30am

Anaesthesia:
☐ GA
☐ Monitored Anaesthesia Care
☑ Regional

Line (Size & Location)
☐ CVP: ....
☐ ART: ....
☐ IV: ....
☐ IV: 18G Rt
☐ IV: ....

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

☐ Mask ☐ SGA
☐ Airway ☐ Oral ☐ Nasal
ETT# .... at .... cm
☐ Oral ☐ Nasal ☐ Cuff
☐ Tracheostomy ☐ Topical
☐ Drug: ....
☐ Awake ☐ Direct Vision
☐ Video Laryngoscopy ☐ Stylette / Bougie
☐ Fiberoptic
Blade# .... Attempts: ....
Difficulty Why? ....
☐ Bilat = BS
☐ Semi-Closed Circle
☐ Closed Circle
☐ Other

Regional:
Extremity Specify: ....
☑ Spinal ☐ Epidural ☐ Caudal
Others: ....
Position: sitting
Site: L3 L4
Needle Size: 25 Depth: Whitacre
Parasthesia ☐ Yes ☐ No
Catheter at skin .... cm
Drug Name & Conc: 2.2ml 0.5% (H)
Bolus: Bupivacaine 10.2ml
Infusion: Buprenorphine
Block Level: ....
Comments: T6 level (+)
Transportation to
☐ PACU ☑ ICU ☐ Other
Relaxant Reversed ☐ Yes ☐ No ☐ NA
Name of the Doctor: Dr Priya
Signature of the Doctor: [signature]

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POST-ANAESTHESIA CARE UNIT RECORD

Time Discharged : 7.40 am

Received in PACU by : Pradeepa Time Received : 7.40 am

IV Cannula Site :	
☐ O_2 Mask	☐ Nasal Prongs
☐ Tracheostomy	☐ T-Piece
☐ Oral Airway	☐ Nasal Airway

Drug:

Vomiting : ☐ Yes ☐ No
NG Tube : ☐ Yes ☐ No
Drain: ☐ Yes ☐ No
Urinary Catheter: ☐ Yes ☐ No
Chest Tube: ☐ Yes ☐ No
Nil Oral ☐ Yes ☐ No
IV Fluids:
Oral Feeds:

✓ RESP • PULSE > < BLOOD PRESSURE (chart, scale 0–250; SPO_2)

POST ANAESTHESIA SCORE
(Modified Aldrete Score)

			IN	30	60	90	OUT
Able to move 4 extremities voluntary or on command Able to move 2 extremities voluntary or on command Able to move 0 extremities voluntary or on command	= 2 = 1 = 0	ACTIVITY	1				1
Able to deep breathe & cough freely Dyspnea or limited breathing Apneic	= 2 = 1 = 0	RESPIRATION	2				2
BP ± 20 of Pre Anaesthetic leve BP ± 20-50 of Pre Anaesthetic leve BP ± 50 of Pre Anaesthetic leve	= 2 = 1 = 0	CIRCULATION	2				2
Fully awake Arousable on calling Not responding	= 2 = 1 = 0	CONSCIOUSNESS	2				2
Pink Pale, dusky, blotchy, jaundiced, other Cyanotic	= 2 = 1 = 0	COLOR	2				2
		TOTAL	9				9

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
6/7			NPO till further order	[signature] 15/6

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

Anaesthesiologist Name : Dr Priya R

Anaesthesiologist Signature: [signature] 15/6

Date & Time: 6/7/26 7.30am

PACU Nurse Name : Pradeepa

PACU Nurse Signature: [signature]

Date & Time: 6/7/26 at 7.40am

Reassessment Frequency:

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

Transferred to Unit by (PACU): [signature]

Date & Time: 6/7/26 7.40am

Patient Sticker

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Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

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

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

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

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

Solution Composition : .....

Any other issues :

a) .....

b) .....

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

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

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

Patient Satisfaction : .....

Discharge /Shifting ordered by

Doctor Signature: .....

Doctor Name: .....

Date and Time : .....

Patient Sticker

UHID-00093481 IP18-00036333
Dr. PRIYANKA ARAVINDARAJ
14-09-1996 29 Y 9 M 21 D (F)
Dr. NIVEDITHA V C

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OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 5/7/26 Time of Arrival: 7:30pm Time Seen by Nurse: 7:40pm

1) **Level of Consciousness:** ☑ Conscious ☐ Semi-Conscious ☐ UnConscious

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

- ☐ Severe Pain / Moderate Pain
- ☐ Bleeding PV: Slight / Heavy
- ☐ Decreased Fetal Movement
- ☐ No Fetal Movement
- ☐ Preterm rupture of Membranes / Leaking Water PV
- ☐ Preterm Labor/ Labor
- ☐ Spontaneous Rupture of Membrane / Leaking Water PV
- ☐ Other Reason: Admitted For ELSCS

3) **Vital Signs:** Temperature: 98F Pulse: 92bt/m RR: 20b/m SpO$_2$: 99% BP: 114/84 Weight: 77kg

4) **Gestational Criteria:**

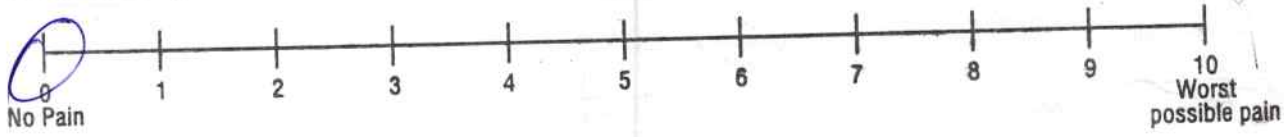
Gravida:	G 1	P —	L —	A —

LMP: 25/10/25 EDD: 1/8/26 Gestational Age: 36+1 days

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)



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

6) **Past History:**

a) Surgeries: NIL

b) Medical: NIL

(P.T.O.)

Patient Sticker

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

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

9) **Prenatal Medical History:**

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

Triage Category: (Please tick on the category)

Refer to OBSTETRICAL TRIAGE ACUITY SCALE (OTAS)

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

OBCU Obstetrical Triage Acuity Scale (OTAS)

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

Time seen by Doctor: 8.30pm

Nurse Name : S/N. Tamilselvi 0l6P0 Nurse Signature: [signature] 0l6P20

Date: 5/7/26 Time: 8pm

Patient Sticker

GUC-00093481 IP18-00036333
Dr. PRIYANKA ARAVINDARAJ (F)
14-09-1996 29 Y 9 M 21 D
Dr. NIVEDITHA V C

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RISK ASSESSMENT TOOL FOR DEEP VEIN THROMBOSIS

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

Date: 5/7/26

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^{+0} weeks in current pregnancy		1
Stillbirth in current pregnancy		1
Transient Risk Factors		
Any surgical procedure in pregnancy or puerperium except immediate repair of the perineum, e.g. appendectomy, postpartum sterilization		3
Hyperemesis		3
OHSS (first trimester only)		4
Current systemic infection		1
Immobility, dehydration		1
Total		03
Signature of the Nurse	S/N · [signature] 01/01/20	
Action Plan		

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

RISK ASSESSMENT FOR VENOUS THROMBOEMBOLISM (VTE)

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

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

Patient Sticker

GUC-00093481 IP18-00036333
Dr. PRIYANKA ARAVINDARAJ
-[illegible]-1996 29 Y 9 M 21 D (F)
Dr. NIVEDITHA V C

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BREAST FEEDING HANDOVER AND ASSESSMENT FORM

1. Breastfeeding initiated?
   - [x] a. Yes
   - [ ] b. No

2. If No, Reason .....

3. Nipple condition:
   - [x] a. Nipple well formed
   - [ ] b. Flat nipple
   - [ ] c. Inverted nipple
   - [ ] d. Short nipple

4. Milk flow:
   - [ ] a. Good
   - [x] 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
   - [x] d. The baby takes a latch on the areola and not on the nipple

Feeding Positions:
Cross Cradle

Feeding Positions:
Football / Clutch

P.T.O

6. Was the position explained:
   - [x] a. Yes
   - [ ] b. No

7. For Caesarian mothers:
   - [ ] a. Mother is required sit and feed from the 4th feed NA
   - b. Please explain football hold NA

8. NICU admission:
   - [ ] a. Mother needs to stimulate her breast for 2 min every 2 hours NA

9. Additional notes: -

Continuity of Care:

Date: 6/7/26

Twin - I	Twin - II
L - 2	L - 1
A - 2	A - 2
T - 2	T - 2
C - 2	C - 2
H - 1	H - 1
9	8

Handover given by S. Shalini

Signature S. Shalini

Date & Time: 6/7/26 8 AM.

Handover taken by .....

Signature .....

Date & Time: .....

PATIENT TRANSFER FORM

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GUC-00093481 IP18-00036333
Dr. PRIYANKA ARAVINDARAJ
14-09-1996 29 Y 9 M 22 D (F)
Dr. NIVEDITHA V C

	Date & Time of Admission	Date & Time of Transfer Order
Treating Consultant: Dr. Nivedha	5/6/2026 @	6/6/2026 @ 5:00 PM
Transfer Ordered by: Dr. Akshitha		Reason for Transfer: For further approach
From Unit: 4th floor	To Unit: LDR	Information to Attendant: Yes ☑ No ☐
Number of Sheets in Clinical File: 1 file	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.	Inj. Taxim O	1
2.	10 ml Syringe	1
3.	IVF DNS	1
4.		
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
S/N. Aswini 6.7.26	Dr. Akshitha

Patient & Clinical Records Received by : S/N. Fauzsoh 010RO

Date & Time of Patient Received : 6/7/26 at 5AM

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

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

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
DR. Peeyanka	5/7/26 at 7.53 pm	5/7/26 at 12.15 pm
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
DR. Nivedithe K	DR Pavithra	further treatment
From Unit	**To Unit**	**Information to Attendant**
MICU	4th floor	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
op file	CTH -(1)	Yes ☐ No ☑
		If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
S. Shalini OT/OT	DR. Pavithra

Patient & Clinical Records Received by : Suraj 6/7/26 at 12.15 pm

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

PATIENT TRANSFER FORM

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GUC-00093481 IP18-00036333
Dr. PRIYANKA ARAVINDARAJ
14-09-1996 29 Y 9 M 21 D (F)
Dr. NIVEDITHA V C

	Date & Time of Admission	Date & Time of Transfer Order
	5/7/26 at	5/7/26 at 9.40pm
Treating Consultant Name	Transfer Ordered by	Reason for Transfer
Dr. Niveditha VC	Dr. Akshitha	Shifted to ward for further care
From Unit	To Unit	Information to Attendant
ADR	4th Floor	Yes ☑ No ☐
Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant
Dp Files	CT61 - 1	Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
S/N. Fauziyah 0/6720	Dr. Akshitha

Patient & Clinical Records Received by : Srimathi

Date & Time of Patient Received : Jyothi 5/7/26 at 9.45 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

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

GUC-00093481 IP18-00036333
Dr. PRIYANKA ARAVINDARAJ
14-09-1996 29 Y 9 M 23 D (F)
Dr. NIVEDITHA V C

Rainbow® Children's Hospital
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NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

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

Origin: — Height: 163cm Weight: 71 kg BMI: ☐ ~ 26 kg/m² ☐ ~ 28 kg/m² ☑ 30 kg/m²

Food Allergies: —

Diagnosis: ELECTIVE LSCS.

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

Diet Advised:

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

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

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

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

Patient's / Attendant's Husband

Signature: C. Aravind

Name: Dr. ARAVINDARAJ

Date & Time: 7/7/26 12:30 PM

Dietician's

Signature: A. D (018336)

Name: A. Sadiqun Fathima

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

(P. T. O)

DIETARY NOTES

Date	Time	Notes	Sign
6/7/26.	7AM.	EL-LSCS → done. NPO x 3 hours.	A.D (018556)
	11AM.	Clear Liquid Diet. - Patient is Stable. Oral is Better - Advised to take water/ tender-coconut water/ fruit Juices (etc) Fluids — 2.5-3 l/d.	A.D (018556)
7/7/26.	9AM.	Now clear liquid diet - After passing flatus - Soft Diet	A.D (018556)
8/7/26.	9AM.	- Stools Passed Yesterday. - Patient is on Soft Diet. - Patient in Stable. Oral is Better. - Advised to take easy-digest food. - Consume small-frequent meals ROA Values - Energy - +600 Kcl Protein - +17-19g/d - Include galactogogues foods - garlic, fennel Oats (etc)	A.D (018556) A.D (018556)
9/7/26.	8:30AM.	- Patient is on Soft Diet. - Patient is Stable. Oral in Adequate - Passed Stools. Include protein - Iron rich foods. Continue the same Soft diet	A.D (018556)