

PATIENT DISCHARGE INTIMATION FROM NURSING STATION

CLEARANCE FOR DRUGS AND DISPOSABLES BILLING

Date: 01/08/2026

Name of the Patient: _____

GUC-00094432

IP18-00036662

Mrs NARMADHA

26-09-1998

27 Y 10 M 3 D

(F)

Dr. SULTHANA NASEEMA BANU M



UHID No: _____

Gender: Female

Ward: _____

Room No: 708

Certified that in respect of the above patient:

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

Patient Authorised Sign _____

Nurse Sign P. Kaima

Pharmacy Sign [Signature]

Date: _____

Date: 01/08/26

Date: 11/8/26

Time: _____

Time: 6AM

Time: _____

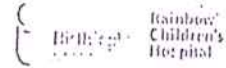
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DISCHARGE TRACKING SHEET

UHID-

FLOOR-

NAME OF CONSULTANT

GUIC-00094432 IP18-00036662
Mrs NARMADHA
26-09-1998 27 Y 10 M 3 D (F)
Dr. SULTHANA NASEEMA BANU M



ACTIVITY	INTIME	OUT TIME	NAME & SIGNATURE	REMARKS	<To be filled by Admin >		
Activity Sheet update by Nursing		6:40	P. K. 609261				
Activity Sheet update by Pharmacy							

GUC-00094432 IP18-00036662
Mrs NARMADHA
26-09-1998 27 Y 10 M 2 D (F)
Dr. SULTHANA NASEEMA BANU M



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ACTIVITY RECORD FOR BILLING

Name: MRS. NARMADHA
UHID No: GUC-94432 IP No: 36662 Consultant: DR. SULTHANA Dept: LDR
Date of Admission: 28/7/26 Time: Date of Discharge: Time:
Room / Bed No: Ward: Suggested Billable bed type:

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
28/7/26	5.50 AM	LDR	8th Floor	[Signature] 016/20
29/7/26	7 AM	OT	MUW	[Signature] 016/20
29/7/26	11:30 AM	MUW	7th Floor	[Signature] 016/20

CROSS CONSULTATION VISIT

	Doctor Name	Date	Order No.	Signature
1.	PAC	28/7/26	1734255	[Signature] 016/20
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

[illegible]

PROCEDURE

[illegible]

PROCEDURE

[illegible]

ANY OTHER INFORMATION:

procedure name: Elective LSC

Surgeon name: Dr. Suthana

Assist Surgeon name: Dr. Mohana

Anaesthetist Name: Dr. Ranjith

Anaesthetics 10 SA

In time: 6:50 AM

out time: 7 Am

Date: 31/08/26

Time: 6 AM

Prepared By:

Staff Nurse

Shift / Ward

Billing Assistant

Billing Supervisor

P. 607261

GUC-00094432

IP18-00036662

Mrs NARMADHA

26-09-1998

27 Y 10 M 3 D

(F)

Dr. SULTHANA NASEEMA BANUM



DISCHARGE TRACKING SHEET

FLOOR-

NAME OF CONSULTANT-

ACTIVITY	TIME		NAME & SIGNATURE	REMARKS	<To be filled by Admin>
Discharge Announcement					
	INTIME	OUT TIME			
Arrangement of File by Nursing		11/8/26 9 am	Sh		
Preparation of Discharge Summary					
Finalization of discharge summary					
Transfer of file from Ward to Billing Dept					
Bill Processing					
Audit Clearance					
Billing Clearance					
Physical Clearance					



BED SIDE CHECK LIST FOR NURSES

Date:	29/7	30/7	31/7	1/8					
Doctor's Orders	yes	yes	yes	yes					
Carried out or not	yes	yes	yes	yes					
Bed Side									
Structured Handover done	yes	yes	yes	yes					
IV Site	yes	yes	yes	yes					
Central Lines	NA	NA	NA	NA					
Arterial Lines	NA	NA	NA	NA					
Feeding Catheter	NA	NA	NA	NA					
Urinary Catheter	NA	NA	NA	NA					
Skin Care	yes	yes	yes	yes					
Eye Care	yes	yes	yes	yes					
Mouth Care	yes	yes	yes	yes					
Sterillum Bottle, Stethoscope	yes	yes	yes	yes					
Suction Bottle (Should be clean & empty)	NA	NA	NA	NA					
Intubation Tray	NA	NA	NA	NA					
Emergency Tray (Loaded Syringes with Midazolam & Vecuronium and Flush) Ampoules of Adrenaline	NA	NA	NA	NA					
Ventilator Tubing, (Any Water, Blood)	NA	NA	NA	NA					
Humidification	NA	NA	NA	NA					
Check all Infusion (Labelling, Correct Preparation)	NA	NA	NA	NA					
Chest Physio & Neb	NA	NA	NA	NA					
Handed Over By Name :	Simp	Simp	Simp	Simp					
Signature :	[Signature]	[Signature]	[Signature]	[Signature]					
Date & Time:	29/7/2020 8pm	30/7/2020 2pm	31/7/2020 8am	1/8/2020 12pm					
Hand Over Taken By Name :	Simp	Simp	Simp	Simp					
Signature :	[Signature]	[Signature]	[Signature]	[Signature]					
Date & Time:	30/7/2020 8am	31/7/2020 8am	31/7/2020 12pm						

ADMISSION SHEET



Registration Details :

Admission No : IP18-00036662 Admit Date : 28-Jul-2026 Admit Time : 09:48 PM UHID : GUC-00094432

Patient Details :

Patient Name	: Mrs NARMADHA	Age	: 27 Y 10 M 2 D	
Guardian	: AJITH	DOB	: 26-09-1998	
Gender	: Female	Religion	:	
Occupation	:	Marital Status	:	
Address (H)	: NO:27,BALAMURUGAN GARDEN,1ST MAIN ROAD,THORAIPAKKAM Oggiamthoraiakkam Kanchipuram Tamil Nadu INDIA 600097		Phone No	: 9087890013/ 9941282258
		E-mail	: NO@GMAIL.COM	

Admission Details :

Bed Type	: MICU	Bed No	: MICU 801	Ward Name	: 8F-OT COMPLEX
Room No	: MICU 801	Admission Type	: First Visit		

Contact Details :

Name	: AJITH	Relationship	: Husband	
Contact Address	: NO:27,BALAMURUGAN GARDEN,1ST MAIN ROAD,THORAIPAKKAM Oggiamthoraiakkam Kanchipuram Tamil Nadu INDIA 600097		Phone No	: 9087890013

Signature

Doctor Details :

Doctor Name	: Dr. SULTHANA NASEEMA BANU M	Specialisation	: OBSTETRICS AND GYNECOLOGY
Referral Doctor	: self	Phone No	:
Co-Consultant	:		

Payment Details :

Payment Mode	: Cash	Deposit Amount	: 0.00
		Payor Name	: SELFPAY

GENERAL CONSENT FOR TREATMENT

Patient Name: Mrs NARMADHA

Age : 27 Y 10 M 2 D

IP No: IP18-00036662

Sex: Female

Consultant: Dr. SULTHANA NASEEMA BANU M

Ward/Bed No: 8F-OT COMPLEX/MICU 801

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

Patient, be deemed advisable or necessary.

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

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

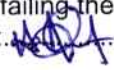
I understand that I shall not bring valuables to the Hospitals and that the Hospital will not be responsible for the loss, destruction or theft of my personal belongings. I assume full responsibility for all my personal items and release the Hospital from responsibility and liability for such personal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

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

Note:

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

2 I have received attendant passes as per my room category. I understand that I have to return it back at the time of final bill clearance. In case of failing the submission, I will pay 200/- Rs.

(Receivers Signature: )

3 IP Guide book has been given to me and I have been explained about the Hospitals rules and policies.

4 Financial and billing counseling has been done to me.

Signature of Patient/Relative: 

Name:

ASITHA

Relationship:

HUSBAND

Date:

28/07/26

Time:

09:48PM

Witness Name:

P. Thamarai Selvan

Witness Signature:



Patient Address:

NO:27,BALAMURUGAN GARDEN,1ST
MAIN ROAD,THORAIPAKKAM
Oggiamthoraiakkam Kanchipuram
Tamil Nadu INDIA 600097

BILLING POLICY

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

DECLARATION

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

Patient Name : NA RMOHDA	UHID Number : 94h32
Self/Attendant Name : ADITH	Relation : HUSBAND
Self/ Attendant Signature Phone Number : 9404X	Name & Signature of Financial Counselor F. K. R.



IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints: Able to PPM well LMP: 18/10/2025 EDD:
Admitted for Elective Corrected EDD: 17/08/2026 GA: 37⁺ weeks
Repeat LSCS on 29/07/26 @ 9:30 am
Obstetric Formula: G3 P1 L1 A1 Menstrual History: Regular: ☒ Yes ☐ No
Obstetric Examination m/s: 3 years, NCM

Obstetric History: Blighted 2022. MMA
I - Miscarriage ovum -
II - 1 LSCS (em. Ind: Fetal distress) 22.7 kg Post partum delay: 2 lightening / 10-KSec in 10 min
III - PP, spontaneous conception
Present Pregnancy Record:
Booked & immunised
NT @ 12w, FTS low risk
Anomaly / Growth (N)
RISK FACTORS:

Prev. LSCS
H/o previous post partum
eclampsia
Gest. Thrombocytopenia

Height: 152 cm
Weight: 64 kg
Allergies: NIL
Breast: ☒ Normal ☐ Abnormal
General Examination:
Consciousness: fww
Icterus: no
Temp: (N)
BP: 110/60 mmHg
CVS: S1 S2 (+)
Liver/Spleen:

Pallor: NO
Edema: NO
PR: 100/min
DTR: (+)
RS: B/L AE (+)
Urine Output:

Fundal Height: Term
Ut. Activity: ☒ Relaxed ☒ Mild ☐ Mod ☐ Severe
Liquor: ☒ Adequate ☐ Oligo ☐ Poly
PP: ☒ Cephalic ☐ Breech Others: _____
Head Fifts Palpable: 4/5
FHS: ☒ Normal ☐ Tachy ☐ Brady ☐ Absent
P/A: ST score (+), healthy not tense/tender
Per Speculum Examination
Draining: ☐ Present ☒ Absent ☐ Bleeding
Colour of Liquor: ☒ Clear ☐ Meconium ☐ Blood Stained
Vaginal Examination
Cervix: 2 cm ☒ Long ☐ Partially effaced ☐ Effaced
Os: Closed Dilated 1 finger loose
Membranes: ☒ Present ☐ Absent
Liquor: ☒ Clear ☐ Meconium ☐ Blood Stained
Presenting Part: ☒ Vertex ☐ Breech ☐ Others
Sutton: ☒ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2
Pelvis: ☒ Adequate ☐ Doubtful

DIAGNOSIS

G3 P1 L1 A1
O positive
Prev. LSCS
LCB - 1 1/2 years
37⁺ weeks
Chronic HTN
Gest. Thrombocytopenia

Patient Sticker

Family History: Mother - } nil Father - }	Surgical History: LSCS in 2025.
Medical History: H/O Obst cholestasis in prev pregnancy H/O prev. postpartum eclampsia. chronic Hypertension (PIH)	Medication History: Tab. LABETALOL 100mg 1-07 Tab. ASPIRIN 150mg OD stopped X 1 week
Plan of Care: I/T Dr. Sulthana <u>Advice</u> - Admission. - Secure IV line. - NPO from 10 AM. - IV fluids @ 100ml/hr <u>Plan:</u> Elective repeat LSCS on 29/07/26 at 6 AM. - parts preparation. - Informed consent. - Inform OT/NICU. - Bladder catheterization * Reassess at 5 AM (PIH) - Shift to ward - Strict BP Q4H. - Reshift to LDR 5 AM. - Withhold Tab LABETALOL.	Investigations: CTG

Doctor Name: Dr. Mohana/Dr. Dnyalakshmi

Signature: *[Signature]*

Date & Time: 28/7/26, 9:30pm

Consultant Name: Dr. Sulthana

Signature: for *[Signature]*

Date & Time: 28/7/26, 9:30pm

GUC-00094432

IP18-00036662

Mrs NARMADHA

26-09-1998

27 Y 10 M 2 D (F)

Dr. SULTHANA NASEEMA BANU M



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RESULT SHEET

Date	11/7/20	29/7/20			① POSITIVE
Time					
Hb	11.3	12.6			
PCV	35.3	37			
RBC	3.64	4.05			
WBC					HW
N/L					HBS/Hg
Platelets	1.31 lakh	1.54			VDRL
CRP					} NR
ESR					
PCT					50/1/u
RBS	F-71				TSH- 1.26
Na					
K					
Cl					
Ca/Mg					HbA _{1c} - 5.30
Phosphate					
Urea	10.26				3/4/20
Creatinine	0.34				
ALP	163				F 76
SGPT		21			1hr 145
SGOT		20			2hr 87
T.Bill/Conj		0.5			
T.Protein	6.24				
S.Albumin					
S.Globulin					Elev
A/G Ratio					Elev
Uric Acid	3.70				} (N) RF=69%
S.Amylase					
Sr.Lipase					
Blood Lactate					
S.Cholesterol					
PT/INR		12.7/0.89			
APTT		29.6			
CSF Protein / Sugar					
Cells					
N/L					

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/7/26 8:30 AM	C/S/B Dr. [Signature] / Dr. Shroder	
DOS	pt reviewed	
O+ne	o/e:afebrile	
	GC fair	
BP 100/70 mmHg	P°/Pc°	
PR 88 bpm	P/A uterus well contracted	
SPO2 99% @ RA.	soft.	<u>Plan</u>
Temp ①	BS ⊕	- NPO x 3 hours
	dressing dry.	- CBD x 24h.
	LIG: BUNL	- IVF @ 100 ml/h
	femur's intact	- I/O charting
	clear urine	- strict BP check
	LHOB = 150 ml.	- w/f ↑ bleeding
	C/T/B Dr. Sultana 17435	- Wt imminent
		- inform (SOS)
		- follow drug order
	- NPO x 3 hours	
	- If BP > 120/80 mmHg to give T-LOBET 100mg PO q	
	[Signature]	
	162217	

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

IP18-00036662

27 Y 10 M 3 D

26-09-1998

Dr. SULTHANA NASEEMA BANU M



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/7/26. 10.45 AM	S/B Dr. Hyslop / Dr Shroeder:	
P.O.D #0 <u>Oxyc</u>	pt reviewed started sips ↳ no vomiting.	
BP 102/78 mmHg PR 90 bpm SpO ₂ 99% @ RA.	O/C: atelectasis AC full P° / PE°	Plan: - monitor vitals. - CBD + 24 hours - T/O charting.
Jump ①	P/A uterus w/ soft	- in bed mobilisation.
BIL breast soft	BS ④	- strict BP charting.
secretions ④	dressing dry ✓	(To give Lobet 100mg BD if BP > 120/80 mmHg)
Ribby m/s <u>DBF</u>	L/E: BUNL CBD insitu clear urine LHVD = 50ml.	- w/f imminent S/S ↑ bleed PIV. - follow drug orders - inform (SOS). - kounji 1 pm. - soft solid diet 8pm.
	12743T	

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/7/20	C/S by Dr. Parithra / Dr. Shreedevi	
3:30pm	No S/S. of Imminent	Advice
	PT reviewed, Nil C/O	- Kangi @ 6pm
POD-0	O/E PT GC fair, Afebrile	- liquid diet
	P° IPE	- vitals monitoring
T-N		
PR: 85/min	CVS /	- BP 2nd hourly monitoring
	RS / NAD	- In bed Ambulation
BP: 109/60 mmHg	PIA - ut well contracted	- To give T. LOBET 100mg 1-0-1 if
UO: 250ml, clear	Soft, BS ⊕	BP > 120/80 mmHg
Baby - M/S	Dressing ⊕ & Dry	- WIF Imminent S/S / ↑ Bloods
B/L - Breast soft	UE - BWNL	- soft diet @ 8pm
	CBD in situ clear urine draining	- Inform SOS
		- I/O charting.
	182217	
29/7/20	S/B Dr. Vinita	
9 PM	PT reviewed; No C/O	
	O/E: GC fair; Afebrile	
	P° IPE	
BP: 114/75	PIA: UT contracted	
PR: 78/min	Soft: BS ⊕	Adv:
SpO ₂ : 99% RA	Dressing ⊕ & Dry	• Soft diet
	UE: BWNL	• Vitals monitoring
Baby M/S	CBD in situ	• T. Lobet 100 mg 1-0-1 if
B/L Breasts soft	U/O - 250ml/h	BP > 120/80
		• WIF Imminent symptoms
		• I/O chart i
		Inform SOS
	V-123	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/07/2021	cls/b	Dr. Akshitha / Dr. Shreedevi
9 AM	pt reviewed, Nil clo	Advice
<u>POD-1</u>	No S/S of IE	- Soft diet
	OLE pt GC fair, Afebrile	- vitals monitoring
T-N	P°/PE°	- T. LOBET 100mg 1-0-1 if
PR- 90/min	CVS	BP > 120/80 mmHg
BP- 109/75 mmHg	RS / NAD	- W/R Imminent S/S
	PIA - ut well contracted	- Follow drug chart
Not voided yet	Soft, BS(+)	- Ambulation
Flatus Passed	Dressing(+) & Dry	- Plenty of oral fluids
Baby - m/s	UE - BWNL	- BP 2nd hourly monitoring
B/L - Breast soft		- Inform(S/S)
	8/8 Dr. Sultana	
	pt comfortable	
	pt ut pri + contracted	a To continue
	UE no undue heave	• T. Labetalol 100mg bid x 10 days
		• To give Li clexane 0.4 ml sc od x 3 days
		• BP Monitoring 4th day
		• Insulin Suppository sos

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/07/2026 4Am	C/S/B Dr. Parithra / Dr. Shreedevi No S/S of IE O/E pt GE fair, afebrile P/E	Advice - Soft diet. - plenty of orals - Ambulation - vitals Monitoring - Follow drug chart - W/F Bleeding - Inform (CS)
T-N	CVS RS / NAD	
PR - 90/min		
BP - 112/70 mmHg	Pl - ut firm & well contracted soft, BS ⊕	
Voiding freely	Dressing ⊕ & dry	
BLI - Breast soft	LE - BWNL	
Baby - m/s		
Flatus Passed		
30/7/26 8:50pm	S/B Dr. Vinodhini / Dr. Dnyaneshwari pt. reviewed, nil c/o NO S/S of IE	
POB-1		
	O/E pt GE fair, afebrile PO/PPO	Advice - Continue same orders. - Symp. DUPHAYAC 15ml po STAT. - W/F IE. - Inform SOS.
T-N		
PR - 88/min		
BP - 118/78 mmHg	Pl: soft, BS ⊕ ut. contracted well dressing dry	
Voiding freely	LE: BWNL	
Not passed stools		

Patient Sticker

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/8/26 8:30AM	S/B Dr. Abu Lita / Dr. Shweedeu	
PRP #3	pt. reassured	
Other	voiding freely passed stools	
BP 110/70mmHg	ax: afebrile	Plan
PR 80bpm	LC fair	- normal diet
SPO2 99% @ RA	P° / P°	- hydrate
Temp (N)	PIA: uterus w/c	- ambulate
	Soft	- d/s today
BL breast soft	BS ⊕	- inform (cos)
secretions ⊕	breasting delay	
Baby M/S	UA: RWN	
DBF		127435

M. SULTANA NASEEMA BANU M

(F)



BirthRight™
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[illegible]

Patient Sticker



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It takes a lot to treat the little.



BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]

GUC-00094432
 Mrs NARMADHA 27 Y 10 M 2 D (F)
 26-09-1998
 Dr. SULTHANA NASEEMA BANU M

Patient S

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 Children's
 Hospital
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MEDICATION RECONCILIATION FORM

Drug Allergies: ☒ Not known any Drug Allergies

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

Shifting From: ICU 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	T. LABETIMOL	100mg	PO	BD		☐ C ☒ DC
2						☐ C ☐ DC
3						☐ C ☐ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

* C-Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature :

Date & Time :

Nurse Name & Signature :

Date & Time :

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



Page: _____

MEDICATION RECONCILIATION

4 FOR 4

Medication Reconciliation will be done at the time of admission to the hospital or at the time of discharge (Example at the time of admission)

2/15

PATIENT INFORMATION		MEDICATION INFORMATION	
NAME	DOB	GENERIC NAME	CAPITAL NAME
J. J. J.	1/1/1950	Aspirin	Aspirin
		Warfarin	Warfarin
M. M. M.	2/2/1955	Insulin	Insulin
		Metformin	Metformin
K. K. K.	3/3/1960	Amoxicillin	Amoxicillin
		Clopidogrel	Clopidogrel
L. L. L.	4/4/1965	Lisinopril	Lisinopril
		Simvastatin	Simvastatin
P. P. P.	5/5/1970	Acetaminophen	Acetaminophen
		Hydrochlorothiazide	Hydrochlorothiazide
R. R. R.	6/6/1975	Albuterol	Albuterol
		Fluticasone	Fluticasone
S. S. S.	7/7/1980	Levothyroxine	Levothyroxine
		Metoprolol	Metoprolol
T. T. T.	8/8/1985	Atorvastatin	Atorvastatin
		Diltiazem	Diltiazem
V. V. V.	9/9/1990	Clonidine	Clonidine
		Fentanyl	Fentanyl
W. W. W.	10/10/1995	Gabapentin	Gabapentin
		Hydroxyzine	Hydroxyzine
X. X. X.	11/11/2000	Valproic Acid	Valproic Acid
		Zolpidem	Zolpidem
Y. Y. Y.	12/12/2005	Clonidine	Clonidine
		Fentanyl	Fentanyl
Z. Z. Z.	1/1/2010	Valproic Acid	Valproic Acid
		Zolpidem	Zolpidem

Physician's Name: _____
Nurse's Name: _____
Date & Time: _____
Signature: _____
Date & Time: _____

Page 1 of 1

GUC-00094432 IP18-00036662
Mrs NARMADHA
28-09-1998 27 Y 10 M 3 D (F)
Dr. SULTHANA NASEEMA BANU M



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MEDICATION RECONCILIATION FORM

Drug Allergies: ☐ Not known any Drug Allergies

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

Shifting From: Shifted to:

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	INTJ. SUPACEF	1.5g	IV	BD		☒ C ☐ DC
2	INTJ. PANTOPRAZOLE	40mg	IV	BD		☒ C ☐ DC
3	INTJ. PARACETAMOL	1g	IV	TDS		☒ C ☐ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Shreedevi S. 2217

Date & Time : 30/07/2020

Nurse Name & Signature:

Date & Time :

GUC-00094432
 Mrs NARMADHA
 26-09-1998 27 Y 10 M 3 D (F)
 Dr. SULTHANA NASEEMA BANU M



MEDICATION RECONCILIATION FORM

Drug Allergies: N/A ☐ 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: ICU Shifted to: MIU

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	<u>Le Quin</u>	<u>1cm</u>	<u>IV</u>		<u>29/7/26</u> <u>6:10 AM</u>	☐ C ☒ DC
2						☐ C ☐ DC
3						☐ C ☐ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature: [Signature]

Date & Time: 29/7/26 @ 6:30pm

Nurse Name & Signature: [Signature]

Date & Time: 29/7/26 @ 7AM

GUC-00094432

IP18-00036662

Mrs NARMADHA

26-09-1998

27 Y 10 M 3 D (F)

Dr. SULTHANA NASEEMA BANU M



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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:

Physio postnatal car/advice

708

Signature: _____

Findings and Recommendations :

STB Physio notes Dr. Mohanprasad (M)
Npl obs & sign -

- Avoid lifting, pulling or pushing weight.
- coughing and sneezing technique
- sitting, lying down technique.
- Postnatal advice
- Wait training
- Lying down technique
- bed mobilisation.

Consultant :

Name : Signature : Date & Time :

DE

Post pelvic lift

Pluric Bridging

Ankle mobilisation

Knee mobilisation + Kyeels

Review after 2 weeks.


30/07/26.



DRUG CHART

Date of Admission: 22/7/26 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: <u>Inj. Tramadol</u>				Date Time																
Dose	Route	Frequency	Start Date																	
<u>1cc</u>	<u>IV in</u>	<u>SOS</u>	<u>21/7/2008</u>																	
Doctor's Signature		Valid Period	Pharm.																	
Additional Instructions:																				

DRUG: <u>Justia Suppres</u>				Date Time																
Dose	Route	Frequency	Start Date																	
		<u>SOS</u>																		
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



REGULAR PRESCRIPTIONS

Weight. 64kg Ward. 100

DRUG : <u>Trj. Supacef</u>				Date Time	29/7/2017 11:18
Dose 1.5g	Route IV	Frequency 1-0-1	Start Date 29/7/2017	6AM	31/7/2017 6AM
Name & Signature of the Doctor Starting the Drugs: 					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					
DRUG : <u>Trj. Pan</u>				Date Time	29/7/2017 31/7
Dose 400mg	Route IV	Frequency 1-0-1	Start Date 29/7	6AM	31/7/2017 6AM
Name & Signature of the Doctor Starting the Drugs: 					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					
DRUG : <u>Trj. Para</u>				Date Time	29/7/2017 31/7
Dose 1g	Route IV	Frequency 1-1-1	Start Date 29/7	8AM	31/7/2017 8AM
Name & Signature of the Doctor Starting the Drugs: 					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					
DRUG : <u>To. LOBET</u>				Date Time	30/7/2017 11:18
Dose 100mg	Route PO	Frequency 1-0-1	Start Date 30/7/2017	10PM	31/7/2017 11:18
Name & Signature of the Doctor Starting the Drugs: 					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					

Time

Nurse Sig.

Nurse Sig. ✓Nurse Sig.

—fig. 23111

Dose	
Dr. S	

Dose	
Dr. Si	

Dose
Dr. SigDr. SigStart Date

Dose	
------	--

Dose	
------	--

Dose	
De clia	

Dose
Dr. Sh

	Dose
--	------

Dose	
------	--

Dose

Dose	
------	--

Dose	
------	--

Dose	
------	--

Dose	
------	--

No. of	Dose
--------	------

Date
Time

Nurse Sig

Nurture, Sky

Nurse Sig

Nurse Sig. **Y**

Dos:	
Dr. S:	

Dose	
Dr. S.	

Dose	
Dr. Sig	

Dr. SkgStart Date

	Dos
--	-----

	Dose	
--	------	--

Dose	
De	

Dose	
Dr. S.K.	

Dos	
-----	--

Dose	

	Dose
--	------

	Dose
--	------

Des	
-----	--

	Dose	
--	------	--

Dose	
0-50	

	Dose	No.
--	------	-----

VERIFIED BY : Name

Signature

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
29/7	5 AM	Ty: SURFACT	0.1 ml	IO	[Signature]	MD
29/7	6 AM	Ty: PAN	4 mg	IV	[Signature]	MD
29/7	6 AM	Ty: ENSTY	4 mg	IV	[Signature]	MD
29/7	5:45 PM	Ty: SURFACT	1.5 g	IV	[Signature]	MD
29/7	6:30 PM	g. Gushua	1.5 g	IV	[Signature]	MD
29/7	6:58 PM	T. MISO	600 mg	P/E	[Signature]	MD
29/7		ENSTY				MD
30/7	11:00 PM	SPL. DIPHAAC	15 ml	PO	[Signature]	MD



I.V. FLUIDS CHART

Weight. 04/09 Ward. 100

[illegible]

UC-00094432 IP18-00036662
 Mrs NARMADHA
 6-09-1998 27 Y 10 M 2 D (F)
 SULTHANA NASEEMA BANU M



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Sheet No:

REGULAR PRESCRIPTIONS

Weight Ward

DRUG : CLEXANE				Date Time	31/7/26	01/8
Dose 0.5ml	Route SC	Frequency OD	Start Dt.	31/7/26	APM	EP ES
Name & Signature of the Doctor Starting the Drugs: <i>Dr. Sultana</i>						
Additional Instructions: <i>x 3 doses</i>				<i>D1 D2 D3</i>		
Daily Doctor's Endorsement by a Sign						
DRUG : T. CEFTUM				Date Time	31/7/26	01/8
Dose 500mg	Route PO	Frequency 1-0-1	Start Dt.	31/7/26	8am	EP ES
Name & Signature of the Doctor Starting the Drugs: <i>Dr. Sultana</i>						
Additional Instructions: <i>8pm to 10am</i>				<i>D1 D2</i>		
Daily Doctor's Endorsement by a Sign						
DRUG : T. PANTOPRAZOLE				Date Time	01/8	
Dose 40mg	Route PO	Frequency 1-0-0	Start Dt.	01/8/26	7am	EP VA
Name & Signature of the Doctor Starting the Drugs: <i>Dr. Sultana</i>						
Additional Instructions: <i>Before food</i>						
Daily Doctor's Endorsement by a Sign						
DRUG : T. IRUGESIC PLUS				Date Time	31/7/26	01/8
Dose 1 Tab	Route PO	Frequency 1-0-1	Start Dt.	31/7/26	9am	EP ES
Name & Signature of the Doctor Starting the Drugs: <i>Dr. Sultana</i>						
Additional Instructions: <i>9pm to 10am</i>				<i>V-A</i>		
Daily Doctor's Endorsement by a Sign						

Signature
 VERIFIED BY : Name

Sheet No:

REGULAR PRESCRIPTIONS

Weight Ward

DRUG: T. ZINCOVIT				Date	Weight	Ward
Dose	Route	Frequency	Start Dt.	Time		
1 Tab	PO	100	1/8/21	9 AM		
Name & Signature of the Doctor Starting the Drugs:						
Additional Instructions:						
Daily Doctor's Endorsement by a Sign						

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

[illegible]

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

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

UC-00094432 IP18-00036662
rs NARMADHA
09-1998 27 Y 10 M 2 D (F)

Patient S: SULTHANA NASEEMA BANU M



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Early Warning Observation Score Chart - Obstetrics

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

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

Early Warning Observation Score Chart - Obstetrics

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

Date		Time																							
29/7/20		8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30 21 - 30 11 - 20 0 - 10	18	18	20	22				22	20	20	20	20	22		20	20	22		22				20	
Saturations	94 - 100 % < 94 %	98	97	98	97				99	99	99	99	99	99		99	99	99		98				98	
Administered O ₂ (L/min.)		2L	2L	2L	2L				2L	2L	2L	2L	2L	2L		2L	2L	2L		2L				2L	
Temp °C	40 39 38 37 36 35 < 35	36.5	36.5	36.5	36.5				37.5	38	38	38	38	38		38	38	38		38.2				38.2	
Heart Rate	170 160 150 140 130 120 110 100 90 80 70 60 50 40	86	86	90	90				86	86	86	86	86	86		86	86	86		86				86	
Systolic Blood Pressure	190 180 170 160 150 140 130 120 110 100 90 80 70 60 50	102	100	102	109				109	114	112	113	104	102		104	102	102		113				113	
Diastolic Blood Pressure	130 120 110 100 90 80 70 60 50 40	73	70	70	67				60	75	72	72	58	64		64	64	64		73				73	
NEURO RESPONSE [✓]	Alert Voice Pain Unresponsive	✓	✓	✓	✓				✓	✓	✓	✓	✓	✓		✓	✓	✓		✓				✓	
URINE mls / hour	> 30 < 30	✓	✓	✓	✓				✓	✓	✓	✓	✓	✓		✓	✓	✓		✓				✓	
Proteinuria	Protein ++ Protein > ++																								
Lochia	Normal Heavy / Foul	✓	✓	✓	✓				✓	✓	✓	✓	✓	✓		✓	✓	✓		✓				✓	
Liquor	Clear / Pink Green	0	0	0	0				0	0	0	0	0	0		0	0	0		0				0	
TOTAL YELLOW SCORES		0	0	0	0				0	0	0	0	0	0		0	0	0		0				0	
TOTAL ORANGE SCORES		0	0	0	0				0	0	0	0	0	0		0	0	0		0				0	
Nurse Initial		h	h	h	h				h	h	h	h	h	h		h	h	h		h				h	

Early Warning Observation Score Chart - Obstetrics

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

30/9/26

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



Early Warning Observation Score Chart - Obstetrics

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

Date		Time																													
31/07/20		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			22			22			22			22			22			22			22			22		
	0 - 10																														
Saturations	94 - 100 %	98.4			98.4			98.1			98.1			98.1			98.1			98.1			98.1			98.1			98.1		
	< 94 %																														
Administered O ₂ (L/min.)		RA			RD			RD			RD			RD			RD			RD			RD			RD			RD		
Temp °C	40																														
	39																														
	38																														
	37	97.6			98.2			98.2			98.2			98.2			98.2			98.2			98.2			98.2			98.2		
	36																														
	35																														
	< 35																														
Heart Rate	170																														
	160																														
	150																														
	140																														
	130																														
	120																														
	110																														
	100	92			94			92			92			92			92			92			92			92			92		
	90																														
	80																														
	70																														
	60																														
	50																														
	40																														
	Systolic Blood Pressure	190																													
		180																													
170																															
160																															
150																															
140																															
130																															
120																															
110																															
100		111			101			100			114			113			103			110			110			110			110		
90																															
80																															
70																															
60																															
50																															
Diastolic Blood Pressure		130																													
	120																														
	110																														
	100																														
	90																														
	80																														
	70																														
	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			0			0			0			0			0			0			0		
TOTAL ORANGE SCORES		0			0			0			0			0			0			0			0			0			0		
Nurse Initial		RA			RA			RA			RA			RA			RA			RA			RA			RA			RA		



FLUID CHART

Sheet No. : ①

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

Date	Time	Nature of Fluid	Intake			NG	Diarrhoea	Vomit	Output			IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G				Drainage	Urine			
22/7/20	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
Total Intake :						Total Output :							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
Total Intake :						Total Output :							
	08:00 pm												
	09:00 pm												
	10:00 pm	H ₂ O	100							200	Nozv	flu	
	11:00 pm	H ₂ O	100								Uro	flu	
	12:00 am	NPO		PL 100						150	0	flu	
	01:00 am	NPO		100						200	0	flu	
Total Intake : 400ml						Total Output : 550ml							
	02:00 am	NPO		100						200	0	flu	
	03:00 am	NPO		100							0	flu	
	04:00 am	NPO		100						150	0	flu	
	05:00 am	NPO		100						100	0	flu	
	06:00 am	NPO									0	flu	
	07:00 am	NPO		100ml						100ml	0	flu	
Total Intake : 1100ml						Total Output : 450ml							
Total 24 hrs. Intake		1500ml											
Total 24 hrs. Output		1000ml											

FLUID CHART

Room No. 3

1

1. Add up each column separately (take in, out, & urine) & write the total in the "Total Intake" & "Total Output" boxes at the bottom of the chart.

Date	Time	Intake	Output	Urine	Stool	Other	Total Intake	Total Output
03/10/00	07:00 am							
	08:00 am							
	09:00 am							
	10:00 am							
	11:00 am							
	12:00 pm							
03/10/00	01:00 pm							
	02:00 pm							
	03:00 pm							
	04:00 pm							
	05:00 pm							
	06:00 pm							
03/10/00	07:00 pm							
	08:00 pm							
	09:00 pm							
	10:00 pm							
	11:00 pm							
	12:00 am							
03/10/00	01:00 am							
	02:00 am							
	03:00 am							
	04:00 am							
	05:00 am							
	06:00 am							
Total Intake:						Total Output:		
Total Intake:						Total Output:		

GUC-00094432 IP18-00036662
Mrs NARMADHA
26-19-1998 27 Y 10 M 3 D (F)
Dr. SULTHANA NASEEMA BANU M



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

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Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 2

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

Date	Time	Nature of Fluid	Intake			NG	Diarrhoea	Vomit	Output		IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V.	IV				Drainage	Urine		
29/7/20					IV N.G.							
	08:00 am		NI	100ml					150ml	0	SP	
	09:00 am		PO	100ml					75ml	0	SP	
	10:00 am	Water	90ml	100ml	NI 100ml				50ml	0	SP	
	11:00 am	T6 water	200ml	100ml	100ml				75ml	0	SP	
	12:00 pm	H2O	200	100					100	0	SP	
	01:00 pm			100					200	0	SP	
Total Intake : 600 + 200 = 800ml						Total Output : 650ml						
	02:00 pm			100ml					200	0	M	
	03:00 pm	H2O	50ml	100ml					250	0	SP	
	04:00 pm			100ml					100ml	0	SP	
	05:00 pm	H2O	100ml	100ml					150ml	0	SP	
	06:00 pm	H2O	100ml	DL					200ml	0	SP	
	07:00 pm	H2O	100ml	DL					150ml			
	Total Intake : 850ml + 400ml = 1250ml						Total Output : 1150ml					
	08:00 pm			100ml					200	0	SP	
	09:00 pm	H2O	200	100ml					150	0	SP	
	10:00 pm			100ml					150	0	SP	
	11:00 pm	H2O	200	100ml					100	0	SP	
	12:00 am			75					150	0	SP	
	01:00 am			75					100	0	SP	
	Total Intake : 400ml + 550ml = 950ml						Total Output : 800ml					
	02:00 am			75					100	0	SP	
	03:00 am			75					100	0	SP	
	04:00 am			75					100	0	SP	
	05:00 am	H2O	100	75					150	0	SP	
	06:00 am			75					150ml	0	SP	
	07:00 am	H2O	100						CRP 100ml	0	SP	
	Total Intake : 200ml + 375ml = 575ml						Total Output : 600ml					
Total 24 hrs. Intake		3675ml										
Total 24 hrs. Output		3200ml										

115

Page No. 115

1. All transactions of the year
 2. Add up each column separately and

Date		Time	Amount	Particulars
8/12/78				
		07:30 pm		
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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.

30/9/26		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	H ₂ O	200	Inj. Tech 100ml							45+ 100ml 80ml	0	SL
	09:00 am											0	SL
	10:00 am	H ₂ O	100									0	SL
	11:00 am	Soup	200								2nd round 300ml	0	SL
	12:00 pm	H ₂ O	100									0	SL
	01:00 pm	H ₂ O	200								250	0	SL
Total Intake :			800+100 = 900ml			Total Output :			630ml				
	02:00 pm	H ₂ O	150ml									0	AA
	03:00 pm	H ₂ O	150ml								250ml	0	AA
	04:00 pm	Soup	100ml									0	AA
	05:00 pm	H ₂ O	150ml								300ml	0	AA
	06:00 pm	H ₂ O	150ml									0	AA
	07:00 pm	H ₂ O	100ml								300ml	0	AA
Total Intake :			800ml			Total Output :			850ml				
	08:00 pm											0	f
	09:00 pm	H ₂ O	300ml								300ml	0	f
	10:00 pm	Milk	200ml									0	f
	11:00 pm	H ₂ O	200ml									0	f
	12:00 am										200ml	0	f
	01:00 am	H ₂ O	200ml									0	f
Total Intake :			900ml			Total Output :			500ml				
	02:00 am	H ₂ O	100ml									0	f
	03:00 am											0	f
	04:00 am	H ₂ O	100ml								200ml	0	f
	05:00 am											0	f
	06:00 am	H ₂ O	100ml									0	f
	07:00 am											0	f
Total Intake :			300ml			Total Output :			200ml				
Total 24 hrs. Intake		2,900 ml											
Total 24 hrs. Output		2,180 ml											

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GUC-00094432 IP18-00036662
 Mrs NARMADHA 27 Y 10 M 3 D (F)
 26-09-1998
 Dr. SULTHANA NASEEMA BANU M



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 Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 2

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

Date		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							
30/9/26	08:00 am	H ₂ O	100ml	2x 100ml 100ml			✓			800ml	0	AA
	09:00 am	H ₂ O	150ml								0	AA
	10:00 am	H ₂ O	150ml							250ml	0	AA
	11:00 am	Spuf	100ml								No	AA
	12:00 pm	H ₂ O	150ml							250ml	200	AA
	01:00 pm	H ₂ O	100ml								100	AA
Total Intake : 750 + 100 = 850ml						Total Output : 700ml						
	02:00 pm	H ₂ O	200ml							300ml	No	AA
	03:00 pm	H ₂ O	100ml								0	AA
	04:00 pm	H ₂ O	200ml							300ml	20	AA
	05:00 pm	Milk	120ml								0	AA
	06:00 pm	H ₂ O	200ml								Pore	AA
	07:00 pm	H ₂ O	200ml							200ml	0	AA
Total Intake : H ₂ O - 1200ml						Total Output : 800ml - 0						
	08:00 pm										No	f
	09:00 pm	H ₂ O	200							200ml	IV	f
	10:00 pm											f
	11:00 pm	Milk	100									f
	12:00 am										ure	f
	01:00 am											
Total Intake : 300ml						Total Output : 200ml						
	02:00 am										No	f
	03:00 am											f
	04:00 am											f
	05:00 am									200ml	IV	f
	06:00 am											f
	07:00 am	Milk	100								diu	f
Total Intake : 100						Total Output : 200						
Total 24 hrs. Intake			2450ml			Total 24 hrs. Output			700ml			

C-00094432

IP18-00036662

NARMADHA

09-1998

27 Y 10 M 2 D

(F)

SULTHANA NASEEMA BANU M



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NURSING SHIFT HAND OVER FORM

SITUATION		Any Infection: ☐ Yes ☐ No ☒ Not Known If Yes Specify: Nil					
Diagnosis: <u>G3P1L1A1 / 37+1 weeks</u> <u>Pre LSCS / EL LSCS</u>		Post OP Day: <u>POD-1</u>					
Surgery / Procedure:							
BACKGROUND	Date	<u>28/7/26</u>	<u>29/7/26</u>	<u>29/7/26</u>	<u>29/7/26</u>	<u>30/7/26</u>	<u>30/7/26</u>
	Shift	<u>N</u>	<u>Evening</u>	<u>E</u>	<u>N</u>	<u>M</u>	<u>E</u>
	Medical Condition (Any special condition to be noted):	<u>CHTN</u>	<u>CHTN</u>	<u>CHTN</u>	<u>CHTN</u>	<u>CHTN</u>	<u>CHTN</u>
Diet:	<u>NPO</u>	<u>NPO</u>	<u>NPO</u>	<u>NPO</u>	<u>Soft diet</u>	<u>Soft diet</u>	<u>Soft diet</u>
ASSESSMENT	Allergy:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
	Ventilation (RA, NP, NIV, VENTI):	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
	Tubes/Drains/Catheter:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
	Vital Signs:	Temp: <u>98.6 F</u>	Temp: <u>98.6 F</u>	Temp: <u>98.5 F</u>	Temp: <u>98.6 F</u>	Temp: <u>98.6 F</u>	Temp: <u>98.6 F</u>
	Res: <u>20bpm</u>	Res: <u>18</u>	Res: <u>20bpm</u>	Res: <u>20bpm</u>	Res: <u>20bpm</u>	Res: <u>20bpm</u>	
	SpO ₂ : <u>98%</u>	SpO ₂ : <u>98%</u>	SpO ₂ : <u>99%</u>	SpO ₂ : <u>100%</u>	SpO ₂ : <u>100%</u>	SpO ₂ : <u>98%</u>	
	Pulse: <u>100bpm</u>	Pulse: <u>88bpm</u>	Pulse: <u>84bpm</u>	Pulse: <u>101bpm</u>	Pulse: <u>80bpm</u>	Pulse: <u>86bpm</u>	
	BP: <u>110/60</u>	BP: <u>100/73</u>	BP: <u>107/60mm</u>	BP: <u>102/74</u>	BP: <u>109/82</u>	BP: <u>106/70</u>	
	LOC: <u>conscious</u>	LOC: <u>conscious</u>	LOC: <u>conscious</u>	LOC: <u>conscious</u>	LOC: <u>conscious</u>	LOC: <u>conscious</u>	
	Fall Risk Score: <u>22</u>	Fall Risk Score: <u>20</u>	Fall Risk Score: <u>30</u>	Fall Risk Score: <u>36</u>	Fall Risk Score: <u>30</u>	Fall Risk Score: <u>30</u>	
Pain Score: <u>0/10</u>	Pain Score: <u>1/10</u>	Pain Score: <u>0/10</u>	Pain Score: <u>0/10</u>	Pain Score: <u>0/10</u>	Pain Score: <u>0/10</u>		
Skin Integrity	<u>Normal</u>	<u>Normal</u>	<u>Normal</u>	<u>Normal</u>	<u>Normal</u>	<u>Normal</u>	
Recommendations	Safety Needs:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
	Physiotherapy:	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
	Others Specify:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
	Special Diet:	<u>NPO From 12am</u>	<u>NPO</u>	<u>Range</u>	<u>Range</u>	<u>Soft diet</u>	<u>Soft diet</u>
	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):	<u>Non Dependent</u>	<u>Dependent</u>	<u>Dependent</u>	<u>Dependent</u>	<u>Dependent</u>	<u>Dependent</u>
	Post Operative Procedure Special Orders:	-	-	-	-	-	-
Handed Over By Name :	<u>S. Jafar</u>	<u>S. Jafar</u>	<u>E. Jafar</u>	<u>K. Jafar</u>	<u>S. Jafar</u>	<u>S. Jafar</u>	
Signature / ID :	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	
Date:	<u>28/7/26</u>	<u>29/7/26</u>	<u>29/7/26</u>	<u>29/7/26</u>	<u>30/7/26</u>	<u>30/7/26</u>	
Time:	<u>7:30 AM</u>	<u>8 PM</u>	<u>1:30 PM</u>	<u>2:30 PM</u>	<u>2 PM</u>	<u>8 PM</u>	
Taken Over By Name :	<u>S. Jafar</u>	<u>E. Jafar</u>	<u>K. Jafar</u>	<u>S. Jafar</u>	<u>S. Jafar</u>	<u>S. Jafar</u>	
Signature / ID :	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	
Date:	<u>29/7/26</u>	<u>29/7/26</u>	<u>29/7/26</u>	<u>30/7/26</u>	<u>30/7/26</u>	<u>30/7/26</u>	
Time:	<u>7:30 AM</u>	<u>7:30 PM</u>	<u>8 PM</u>	<u>8 PM</u>	<u>2 PM</u>	<u>8 PM</u>	

NURSING CARE RECORD

Date: 28/7/26

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	9pm	Ensure adequate Hydration Electrolytes	9.30 pm	* Monitor intake & output * Assess for dehydration * Monitor IV fluids	Maintained Fluid Balance to some extent	Re assessment Done	Amal 06/20

NURSING CARE RECORD

Date:

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am	Achieve acceptable pain & comfort	8 ³⁰ am	→ Assess pain using pain scale → Provide Comfortable position → Provide Non-pharmacological	Relieve pain & Discomfort	Reassessment was done	Shelvia 01/07/2
Afternoon	1:30pm	- Assess the patient General Condition - Provide painkillers as per Doctor's Order	2pm	- Assessed the patient General Condition - Provided painkillers as per Doctor's order	Provided painkillers as per Doctor's order	Patient feels better	DR.
Night	8pm	Assess the patient General Condition provide painkillers as per doctor's order	9pm	Assess the patient General Condition provided painkillers as per doctor's order	provided painkillers as per doctor's	patient feels better	DR.



PAUGHT SUGRA

②

NURSING CARE RECORD

Date: 30/9/21

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	8 AM	Assess the pt's condition Monitor vital signs	12 PM	Assessed the pt's condition monitored vital signs	vitals are stable.	done	Simep 6/9/21
Afternoon	4 PM	Assess the patient condition Monitor vitals & signs Maintain the I/O chart	4 PM	Assessed the patient condition monitored vitals & signs Maintained the I/O chart	vitals are stable.	Reassessment done.	Shreya 6/9/21
Night	8 PM	Assess the patient condition monitor vital signs maintain the I/O chart	9 PM	Assessed the patient condition monitored vital signs maintain I/O chart	vitals are stable	Re-assessment was done	Y 6/9/21

GUC-00094432
Mrs NARMADHA
26-09-1998 27 Y 10 M 3 D (F)
Dr. SULTHANA NASEEMA BANU M

IP18-00036662



NURSING CARE RECORD

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Date: 31/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8 AM	Active acceptable pain & control		Assess pain using Pain Scale Provide Comfortable Position Provide painkiller as per Doctor's order.	Provided Painkiller as per Doctor's order.	Reassessment done Patient feel better.	
Afternoon	1:30 PM	Ensure the maintain good Nutritional status	2 PM	Encourage and maintain the Nutritional status.	Encourage and provide high Energy Nutritional	Re Assessment Done.	
Night	8 PM	ensure the maintain good Nutritional status	9 PM	Encourage and maintain the Nutritional status	encourage and provide high energy Nutritional	Re assessment Done	

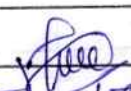


①

NURSES NOTES

☒ No Known Drug Allergies

☐ Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
28/7/20	9pm	Admission Notes (28/7/20) Mrs. Narmadha / 28 years / Female got admission under Dr. Sulthana. Patient diagnosis is G3P1L1A1/ Pre LSCS / 37 weeks / Chronic HTN. Admitted for Elective Repeat LSCS. Monitored vitals and Recorded. Maintained Ilo. CTOY on connected. FHR Monitoring. Patient General Condition Fair. Pain assessment Done. Watching Contractions. No any Other Complaints. Orientation given to patient.	 015/20
	10pm	CTOY disconnected. FHR Monitored. Pain assessment Done. Pre anaesthesia consultation Done by Dr. Rujitha.	 016/20
29/7/20	12pm	No any other complaints. Monitored vitals and Recorded. Maintained Ilo. Patient General Condition Fair. Pain assessment Done. Watching contractions. LFT, CBC, Coagulation profile Sent as per doctor Order	 016/20

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

NURSES NOTES

☒ No Known Drug Allergies

☐ Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
29/7/20	2AM	IV cannulation done by S/n. Dewi 1261 venflon in left Metacarpal IV cannula changed DVF RL 500ml on connected. Patient General condition Fair.	J. Jua 01/6/20
	4AM	Monitored vitals and Recorded. Maintained D/o. Chloroxidine bath given to patient. Patient General Condition Fair.	J. Jua 01/6/20
	5AM	Catheterization done by Dr. Dhiya. 16FR Foley's loc dwale inflated. CTR on connect. ATR monitoring. Rey. Supac 0.1ml ID given. Rey. Pan Hong IV, Rey. Emerol 4mg IV given as per doctor order. Dr. Dhiya done PV Examination O/S admit 1 Fragor x 2cm dilator long membrane Present 1VX at -3 Station	J. Jua 01/6/20
	6.15AM	Patient doesn't have any allergic Reactions after Rey. Supac 0.1ml ID. Rey. Supac 1.5g IV given. Patient shifted from LDR to OT. Patient	J. Jua 01/6/20

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☐ Drug AllergiesDocu. No. : RCH / FRM / CLINICAL / 089

NURSES NOTES

☒ No Known Drug Allergies

☐ Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
29/7	7 ³⁰ Am	← Morning Duty on 29/7/26 → Report Received from Night Duty Staff to Morning Duty Staff Patient conscious & Oriented In this patient, No Swelling patient is C&D @ urine drained well. vital signs checked & recorded vital signs are stable/BP stable. Dr. Divya mam She advice ^{heritany} Trp. paracetamol Tgm Trp. paracetamol Tgm Iv given. Pv Bleeding Minimal ILo chart Maintain. B - Breast, soft No engorgement U - uterus Contracted well B - Bladder, C&D @ urine drained well B - Bowel Movement Present L - Lochia Rubra Present R - Renda Not Applicable H - Homan's sign Negative E - patient Emotional Status good Pv Bleeding Minimal 10pm patient wakes taking to taking well No vomiting ILo chart Maintain patient TC water taking to taking well.	Shalini 24072

NOTE: DO NOT WRITE OUTSIDE THE MARGINS



NURSES NOTES

☐ No Known Drug Allergies

☐ Drug Allergies

NW

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
29/12	11:30am	← Continuity 29/12/26 → Patient shifted to 7th floor ward order by Dr. Akshitha. Receiving notes	
	11:30am	patient details Handover taken from LDR staff, Ptl's conscious oriented vitals are stable. Ptl's CBD (+), IV line patent, CBD @ plan 24HRS, Bed mobilization, strict BP monitoring, to give labet 10mg BD. If BP > 160/80 mmHg, follow drug order, Kanji 1pm, Soft diet 3pm →	Self 6/3/3
	12pm	Ptl's vital signs checked and recorded, vitals are stable, urine drained well. Maintained the chart B - Breast is soft, no engorgement U - Uterus contraction well B - Bowel movement (+) B - Urine drained well L - Lochia rubra (+) E - Rood's Scale NA H - Homan's sign negative E - Emotional status good →	Self 6/3/3
	1pm	Ptl's have Kanji, no clo vomiting Ptl's clo pain, Intipavalg IV gives Eq on order.	Self 6/3/3

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

NURSES NOTES

☐ No Known Drug Allergies

☐ Drug Allergies Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
29/7/26	1:30pm	pt's details handover given to Evening duty staff. → Evening duty On 29/7/26	Imp 20/5/23
	1:30pm	Patient details handover taken from morning duty staff patient Conscious and Oriented patient Vitals drained clearly patient IV line Pattem. IV-RL 125ml/h on flow of the patient patient is on clear liquid diet 125ml/h @ 6pm plan. Soft diet @ 8pm →	
	2pm	patient Dr bleeding is Normal. B- Breast Soft. No engorgement C- Uterus contracted. Inverted. painful B- Bowel movement present. flatus present B- Vitals drained clearly L. Lochia Rubra present. No foul Smell E- REEDA is Not applicable H- Homan's sign Negative I- Emotional Status good →	Dr.
	3:30pm	Dr. parvitha Mann seen the pt advised by 125ml/h @ 6pm. liquid diet. Vitals monitoring, BP 120/80mmHg, To give T. Robert 100mg 1-0-1 if BP > 120/80mmHg soft diet @ 8pm. Inform (cos) →	Dr.

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
29/9/16	4pm	Vital signs checked and Recorded	Ph.
	6pm	Maintain Intake and Output Chart. The medication given as per Doctor's Order	Ph.
	7:30pm	patient details handed on night duty staff	Ph.
		NIGHT DUTY	
29/9/16	7:30pm	patient details handed over taken from evening duty staff patient was stable pt on COP. COP removed on 7 AM. IVP - (25 ml) hr. go down 2 hourly BP monitoring	Ph.
	8:00pm	Vitals were checked and recorded maintain I/O chart BP - 112/74 (82) normal by doctor	Ph.
	10:00pm	Vitals were checked and recorded maintain I/O chart 113/72 (61) mm Hg no need to give anything	Ph.
30/9/16	12:00pm	Vitals were checked and recorded with drain well medication was given as per doctor	Ph.

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

NURSES NOTES

☐ No Known Drug Allergies

☐ Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
	2:00pm	Vital was checked and informed by doctor. Doctor say no incide checked. Check after 6 o'clock Am	
	2:45pm	pt complains back pain bed raised and pt suggest pain like break if pain increase may call sister	cl bone
	4:00pm	B - Breast w/ soft U - uterus contracted B - Bowel movement normal B - Bladder empty sounds well L - Lochies Rubra in pants E - Ecclasia not applicable H - Woman sign negative C - emotionally stable	cl bone
	6:00am	Vital was checked and recorded	cl bone
	7:00Am	patient on Medication given. Intake Output Monitored, CRD removed Inform 1st void measure	
	7:30Am	patient details handed over given to Morning duty staff	→ P. Kayroo 602261 → P. Kayroo 602261

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00094432 IP18-00036662
 Mrs NARMADHA
 26-09-1998 27 Y 10 M 4 D (F)
 Dr. SULTHANA NASEEMA BANU M

5

NURSES NOTES

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Drug Allergies NEO

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
30/7/26		morning Duty	
	7:30 AM	patient details Handover taken from Night Duty staff. Pt's vitals are stable. Pt's LBD @ 7 AM, IV line pattern pt's have soft diet, CBC send to lab @ due. BP Q4HRly monitoring, PV bleeding is normal.	→ Simadly 607383.
	8 AM	patient vital signs checked and recorded. vitals are stable. maintained Ilo chart. Tj, para 19 IV given as per order. B-Breast is soft, no engagement U-Uterus contraction well B-Bowel movement (+) B-Urine voided freely L-Lochia rubra (+) F-Roads Scale NA H-Homan's sign negative E-Emotional status good	→ Simadly 607383.
	10 AM	Pt's vitals are stable. maintained Ilo chart. PV bleeding is normal.	→ Simadly 607383.
	11 AM	Dg. Akshita mam A/B. phone call order T. lobet 100mg BD Plo given as per order. Q4HRly BP monitored.	→ Simadly 607383.
	12 PM	Pt's vitals are stable. maintained Ilo chart.	→ Simadly 607383.
	1:30 PM	Pt's details Handover given to Evening duty staff.	→ Simadly 607383.

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

NURSES NOTES

☐ No Known Drug Allergies

☐ Drug Allergies ... N.A.

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		late notes:	
		Dr. Sultana room come and seen	
		assessed the pt's condition AIB,	
		Amoxicillin 400mg q6h given x 3 days,	
		T. labetalol 100mg PO x 10 days continue,	
		BP monitoring x 4 daily, justin suppositories	
		Ses. D/Ls may be Friday plan. →	Snif 07/26/3
		Evening duty Notes:	
8/17/26	2pm.	Patient details handing over	
		taken from Morning duty staff	
		Bed side Assessment done. Conscious &	
		Oriented. IV line (+) Pattern is Normal.	
		No any other complaints. Patient	
		taken Normal diet. Provided	
		Comfortable position. →	
	9.30pm.	Patient due medication & drugs	
		given as per drug chart order.	
		B - Breast 1/2 off no encouragement	
		BU - Uterus contracted well.	
		B - Bladder: over Urine Voided freely	
		B - Bowel movement - Present.	
		L - Lochia Rubra present.	
		R - Rectal Not applicable	
		H - Homan's Sig Negative	
		E - Patient emotional status	
		good. →	
		PV Bleeding is Normal.	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

IP18-00036662

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- ☐ Drug Allergies Nil

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

- ☒ No Known Drug Allergies
☐ Drug Allergies

Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Continue note.	
	10:00pm	Vitals were checked and informed by doctor. BP 92/62 (87) mmHg. Mom informed to wear hold her BP tablets.	1. J. 60772
31/7/26	12:00pm	Vitals were checked and recorded maintain #0. Chart no other complaints.	1. J. 60772
	2:00 pm	B - Breast is normal U - Uterus is contracted B - Bowel movement is normal B - Bladder urine recorded L - Lochia Rubra is present E - Perineal not applicable H - Hemorrhoids negative E - Emotionally stable	1. J. 60772
	4:00pm	Vitals were checked and recorded maintain #1. Chart	1. J. 60772
	6:00pm	Medication was given as per drug order. No other complaints.	1. J. 60772
	8:00pm	Maintain #0 and recorded.	1. J. 60772
	9:30pm	pt details handing over given by morning duty staff	1. J. 60772

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

NURSES NOTES

☒ No Known Drug Allergies
☐ Drug Allergies

Mr.

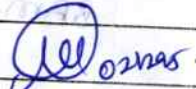
DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		<u>Morning duty Notes</u>	
31/7/26	7:30 AM	Patient details handing over taken from Night duty staff. Bed side Assessment done. Conscious & Oriented. IV line ⊕ pattern. Patient taken Soft diet. Provided Comfortable position. Patient Explain the Health education.	[Signature]
	8 AM	Patient vitals Sig checked & Recorded. vitals are Stable. No Chart monitored.	[Signature]
	8:30 AM	Patient due medication & drugs given as per drugs chart order. IV line Pattern.	[Signature]
		B - Breast soft No Engorgement. U - Uterus contracted well. B - Bladder urine voided freely. B - Bowel movement Present. L - Lochia Rubra Present. R - perada Not Applicable. H - Homan's Sign Negative. E - Patient Emotional Status good.	[Signature]
	10 AM	Patient vitals Sig checked & Recorded vitals are Stable.	
	10:30 PM	BP - 101 / 68 (75). Inform Dr. Vitha nam advice discuss with. Dr. Sultana nam. advice to.	[Signature]

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

NURSES NOTES

☒ No Known Drug Allergies

☐ Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
31/7/26		T-Lobet - 100mg need to give now. T-Lobet - 100mg given as per Dr. Vinitha mam and Dr. Sulthana mam advice.	
	12pm	Patient seen by the Dr. Sulthana mam. Advised continue the BP table. Today Bath & Dressing IV line Removal Follow the drug chart. Oral medication to do. Tomorrow Plan Discharge. Vitals sig checked & Recorded. Vitals are stable. I/O chart monitored. Plr Bleeding normal.	
	1:30pm	Patient taken soft diet. Provided Comfortable position. Patient details handing over to Evening duty staff.	
		Evening duty ON 31/7/2026 patient Conditions and details handing over taken from Morning duty staff Nurse. pt	
	2pm	Assess the patient General Conditions and pt on @ diet and RA NO IV line present and H.P stable. B - Breast is soft Enlarged U - Uterus is normal in size B - Bladder is full and Bowel open	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS



NURSES NOTES

- ☐ No Known Drug Allergies
☐ Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		B - by voiding L - Lochia Rubra is ok E - Emotional status good H - Hormonal status good	
	4 pm	Monitor the vital signs and H.D stable and monitored & Recorded done	→ [Signature]
	6pm	Continues monitoring SB chart achieve the pt intake of adequate water.	→ [Signature] 60493
	7pm	ptn Side checks the pu- bleeding is normal and maintain Plochart, Vitals are stable.	→ [Signature] 60493
	7:30pm	ptn details care file handing over given to the night duty staff.	→ [Signature] 60493
NIGHT DUTY			
30/9	7:30pm	patient details handing over taken from evening duty Staff - mother was stable, motion passed & clots were removed tomorrow can for discharge	→ [Signature] 60493
	8:00pm	Vitals were checked and recorded maintain Plochart and other complaints	→ [Signature] 60493

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

NURSES NOTES

☐ No Known Drug Allergies

☐ Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
20/8/26	10:00pm	B - Breast in hand U - uterus contracted B - Breast movement in room B - Bladder urine voided well L - Lochia Dubia in pad E - Pains in upper abdomen H - Hemorrhoids negative E - emotionally stressed checked 100/98 rectal after 1 hour	
	11:00pm	Reck N. Bp. 112/70 mmHg Informed by doctor. main active to gain labile comp.	
18/8/26	12:00am	Vitals were checked and recorded maintain 8/0 Chart no other complaints	
	2:00am	mother was deep sleep no complaining pain, at fluidness	
	4:00am	Vitals were checked and recorded maintain 8/0 Chart	
	6:00am	medication was given as per drug order	
	7:00am	maintain 8/0 charted and recorded	
	7:30am	patient details handed over to morning duty staff	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00094432

IP18-00036662

Mrs NARMADHA
26-09-1998

27 Y 10 M 3 D (F)

Dr. SULTHANA NASEEMA BANU M



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

BirthRight
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Your Right to a Safe Delivery

CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: <u>Dr. Sultana</u>	Date of Delivery: <u>29/7/26</u>
Assistant Surgeon: <u>Dr. Mohana</u>	Time of Delivery: <u>6:13 AM</u>
Anaesthetist's Name: <u>Dr. Ranyith</u>	Gender of Baby: <u>Boy</u>
Type of Anaesthesia: <u>Spinal</u>	Weight of Baby: <u>3.063kg</u>
Neonatologist: <u>Dr. Poojitha</u>	AGPAR Score: <u>8/10, 9/10</u>
Scrub Nurse: <u>S/N Mrs. Guna</u>	NICU Admission: ☐ Yes ☒ No

Pre-Operative Diagnosis: G3P1L A1 | 3Tw+2d | chronic HTN | GTN thrombocytopenia

☒ Elective ☐ Emergency Indication: prev LSCS

Urgency

☐ Immediate Threat to life of woman or fetus

☐ Maternal or fetal compromise not immediately life threatening

☐ No maternal or fetal compromise but needs early delivery

☒ Delivery timed to suit woman and staff

Decision time: 6:00 am Knief to rectus: 6:10 am

CTG Description: Reactive

If there was a delay give the reasons: Nil

Surgical Procedure: Elective LSCS

Post Operative Diagnosis: P2 L2 A1 | ↓ Elective LSCS | chronic HTN | GTN thrombocytopenia

Peri-Operative Complications: - chronic HTN

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

Name and Number of Surgical Specimen sent for examination:

- Nil -

Cervical Dilatation: 2 cm

Fetal Position:

Moulding: ☒ None ☐ + ☐ ++ ☐ +++

Meconium: ☒ None ☐ + ☐ ++ ☐ +++

Urine: ☒ Clear ☐ Blood Stained

☐ Midline ☐ Other

☐ Inverted T ☐ J Incision☐ Ruptured ☒ No Scar

2000-2001

☐ III ☐ Blood ☐ Offensive ☐ Not Offensive

☒ Complete ☐ Incomplete ☐ Piecemeal

..... Cord around the neck ☐ Yes ☒ No *

..... Cavity explored ☒ Yes ☐ No

Sterilization: ☐ Yes ☒ No

1- vinyl Suture

..... Suture

1- vinyl Suture

..... Suture

..... Suture

..... days ☐ Await instructions

1 days ☒ Await instructions

Politics ☐ Yes ☐ No

phylaxis ☐ Yes ☐ No

Post-Operative Notes:

NPO for 6 hours, Hb signed diet

IVF 50 $\leq$ 20K 2 @ 100 ml/hr
20M
10PMS

CBP for 24 hours

Inj Supacef 1.5g iv 1-0-1

Proj: Pan Long ix 1-0-1

Enj Para 19 iv 1-1-1

Inj. Tramadol 1cc in 100ml NS SOS

Strict BP monitoring $\checkmark$

Doctor Name: Dr. Sultana Doctor Signature: [Signature]

Date & Time: 29/7/26 6:45 am

GUC-00094432

IP18-00036662

Mrs NARMADHA

26-09-1998 27 Y 10 M 3 D (F)

Dr. SULTHANA NASEEMA BANU M



PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
28/7/26	9pm	0/10	NIL	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☒ Yes ☐ No	NIL	Signature 06/20
29/7/26	4AM	1/10	Mild Abdomen	☐ Continuous ☒ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☒ Dull ☐ Aching ☐ Burning	☐ Increasing ☒ Decreasing	☐ Yes ☐ No	Comfortable position	Signature 06/20
29/7/26	5AM	1/10	Lower Abdomen pain	☐ Continuous ☒ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☒ Dull ☐ Aching ☐ Burning	☐ Increasing ☒ Decreasing	☐ Yes ☐ No	Comfortable position	Signature 06/20
29/7/26	8pm	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☒ Yes ☐ No	NIL	Signature
29/7/26	8pm	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☒ No	NIL	Signature
30/7/26	2PM	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☒ Yes ☐ No	NIL	Signature
30/7/26	8AM	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☒ Yes ☐ No	NIL	Signature 06/20
30/7/26	2PM	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☒ No	NIL	Signature 06/20
30/7/26	8PM	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☒ Yes ☐ No	NIL	Signature 06/20
31/7/26	2PM	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☒ Yes ☐ No	NIL	Signature 06/20

Re-assessment Frequency:

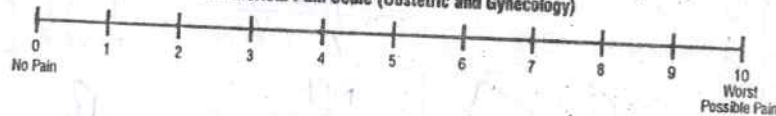
- Every eight hours for all hospitalized patients.
- For post-surgical patients, patients with chronic pain, patient with severe pain:
 - At least every 2 hours for the first 24 hours
 - Then every 4 hours.
 - Prior to pain pain-relieving intervention.
 - Within 30 - 60 minutes after pain relief intervention.

PAIN ASSESSMENT TOOLS

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

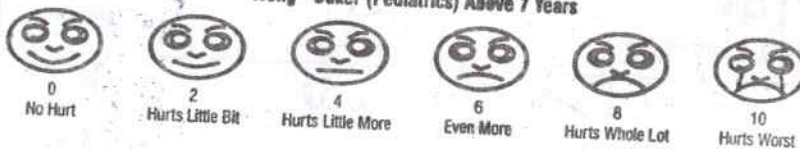
Numerical Pain Scale (Obstetric and Gynecology)



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

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

Wong - Baker (Pediatrics) Above 7 Years



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Mrs NARMADHA

26-09-1998

27 Y 10 M 4 D (F)

Dr. SULTHANA NASEEMA BANU M



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

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PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
31/7/26	8AM	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☒ Yes ☐ No	Nil	<i>[Signature]</i>
31/7/26	2pm	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☒ No	Nil	<i>[Signature]</i>
31/7/26	8pm	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☒ Yes ☐ No	Nil	<i>[Signature]</i>
1/8/26	4am	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☒ Yes ☐ No	Nil	<i>[Signature]</i>
1/8/26	10AM	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☒ Yes ☐ No	Nil	<i>[Signature]</i>
				☐ 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:

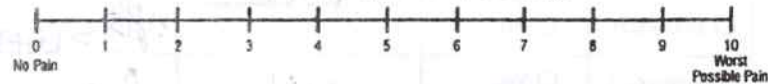
- Every eight hours for all hospitalized patients.
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 - Prior to pain relieving intervention.
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Neonatal Pain, Agitation and Sedation Scale (upto 1 Month)

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Wong - Baker (Pediatrics) Above 7 Years



00094432
NARMADHA
9-1998
SULTHANA NASEEMA BANU M
IP18-00036662
27 Y 10 M 2 D
(F)
Barcode
ID

BRADEN 'Q' SCALE

Rainbow
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It takes a lot to heal the heart

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				Date: 28/11/2018	29/11	29/11	29/11	
				Time: N	8am	2pm	N	
Mobility	1. Completely immobile: Does not make even slight changes in body or extremity position without assistance.	2. Very limited: Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	3. Slightly limited: Makes frequent through slight changes in body or extremity position independently.	4. No limitations: Makes major and frequent changes in position without assistance.	4	4	4	4
'Activity The degree of physical activity'	1. Bedfast: Confined to bed	2. Chairfast: Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair.	3. Walks occasionally: Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	4	4
Sensory Perception	1. Completely limited: Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	2. Very limited: responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	3. Slightly limited: Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	4. No impairment: Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	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
FRICION-SHEAR Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	1. Significant problem: Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	2. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	3. Potential problem: Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	4. No apparent problem: Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times.	4	4	4	4
Nutritional Usual food intake pattern	1. Very Poor: NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	2. Inadequate: Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	3. Adequate: Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	4. Excellent: Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
TOTAL SCORE				23	22	22	22	
Evaluator's Name				6/6/18	8/11/18	21/11/18	21/11/18	

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



BRADEN 'Q' SCALE

		Date : 30/11/2018		Time : 5:30 PM	
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
*Activity The degree of physical activity	1. Bedfast : Confined to bed	2. Chairfast : Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair.	3. Walks occasionally: Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4
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
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
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
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Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be < 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4
TOTAL SCORE				22	22
Evaluator's Name				Dr. S. S. S. S.	Dr. S. S. S. S.

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

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

Risk Score	Category	Action	Support Surfaces (Please Note: Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice)
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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
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GUC-00094432
Mrs NARMADHA
27 Y 10 M 3 D (F)



DR. SULTHANA NASEEMA BANU M

IP18-00036662

Patient Name: Gender: ☐ M ☐ F IP No.: E
Age: 27 31/7/18/26

Patient Name: Gender: ☐ M ☐ F IP No.: <u>E</u> Age: <u>27</u> <u>31/7/18/26</u>		Date: <u>31/7/18/26</u>
Mobility	1. Completely immobile: Does not make even slight changes in body or extremity position without assistance.	4. No limitations: Makes major and frequent changes in position without assistance.
'Activity The degree of physical activity'	1. Bedfast: Confined to bed	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.
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.	4. No impairment: Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.
Moisture Degree to which skin is exposed to moisture	1. Constantly moist: Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	4. Rarely moist: Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.
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.	4. No apparent problem: Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to lift up completely during move. Maintains good position in bed or chair at all times.
Nutritional Usual food intake pattern	1. Very Poor: NPO/for 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.	4. Excellent: Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation.
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.
TOTAL SCORE		<u>28</u>
Evaluator's Name		<u>28</u>

Highest Risk : 7 | High Risk : 8-16 | Mild Risk : 17-21 | No Risk : 22-3

Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	28/7/26	28/7	29/8	Fall Risk Grading		
		Score				Risk Level	Morse Fall Score (MFS)	Action
History of Falling (immediately or w/in 3 months)	Yes	25				Low Risk	0 - 24	Standard Fall Precaution
	No	0	0	0	0			
Secondary Diagnosis (more than one diagnosis)	Yes	15				Moderate Risk	25 - 50	Implement Moderate Fall Prevention Intervention
	No	0	0	0	0			
Ambulatory Aid	Furniture	30				High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	Crutches, Cane(S), Walker	15						
	None /Bed Rest /Nurse Assist	0	0	0	0			
IV / Heparin Lock or Saline	Yes	20		20	20	Moderate Risk	25 - 50	Implement Moderate Fall Prevention Intervention
	No	0	0					
GAIT / Transferring	Impaired	20				High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	Weak (uses touch for balance)	10						
	Normal /On Bed Rest /Immobile	0	0	0	0			
Mental Status	Forgets limitations	15				High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	Oriented to own ability	0	0	0	0			
Total Morse Fall Scale Score:			0	20	20			
Signature			<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>			

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

- ☐ Ensure patients use their prescribed eye glasses if any, in the hospital
- ☐ Use chairs with arm rests
- ☐ 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

Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	29/7/26	30/7/26	30/7/26	Fall Risk Grading		
		Score	N	M	E	Risk Level	Morse Fall Score (MFS)	Action
History of Falling (immediately or w/in 3 months)	Yes	25				Low Risk	0 - 24	Standard Fall Precaution
	No	0	0	0	0			
Secondary Diagnosis (more than one diagnosis)	Yes	15				Moderate Risk	25 - 50	Implement Moderate Fall Prevention Intervention
	No	0	0	0	0			
Ambulatory Aid	Furniture	30				High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	Crutches, Cane(S), Walker	15						
	None /Bed Rest /Nurse Assist	0	0	0	0			
IV / Heparin Lock or Saline	Yes	20	20	20	20	Moderate Risk	25 - 50	Implement Moderate Fall Prevention Intervention
	No	0						
GAIT / Transferring	Impaired	20				High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	Weak (uses touch for balance)	10						
	Normal /On Bed Rest /Immobile	0	0	0	0			
Mental Status	Forgets limitations	15				High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	Oriented to own ability	0	0	0	0			
Total Morse Fall Scale Score:			20	20	20			
		Signature	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>			

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

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

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- ☐ 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

Final Assessment Form

The purpose of this assessment is to evaluate your understanding of the concepts covered in this module. It is designed to be a fair and valid measure of your learning.

The assessment is divided into two parts: a multiple-choice section and a short-answer section. The multiple-choice section consists of 20 questions, and the short-answer section consists of 5 questions.



$$\frac{1}{x^2} = x^{-2}$$

$$\frac{d}{dx} x^{-2} = -2x^{-3}$$

$$= -\frac{2}{x^3}$$

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$$\frac{d}{dx} \frac{1}{x^2} = -\frac{2}{x^3}$$



Morse Fall Risk Assessment Form

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

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

- ☐ Ensure patients use their prescribed eye glasses if any, in the hospital
- ☐ Use chairs with arm rests
- ☐ 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

INVESTIGATION OF THE

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Patient Sticker

GUC:00094432

IP18-00036662

Mrs NARMADHA

26-09-1998 27 Y 10 M 3 D (F)

Dr. SULTHANA NASEEMA BANU M



Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	Fall Risk Grading	
		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		

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

- ☐ Ensure patients use their prescribed eye glasses if any, in the hospital
- ☐ Use chairs with arm rests
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- ☐ Hourly safety check
- ☐ Assess patient after visitors, leave to ensure safety measures in place

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

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

Patient's 7-00094432 IP18-00036662
MRD NO 9-1998 27 Y 10 M 2 D (F)
Age :.....
 NARMADHA
 SULTHANA NASEEMA BANU M

ex: ☐ M ☐ F

Consultant :

PHLEBITIS ASSESSMENT

CANNULA 1

Date: 29/7/26 Time: 2 AM
Location: Left - nectaspay
Size: 18 G
Cannula inserted by: S/N. Dewi

[illegible]

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

CANNULA 2

Date: 30/7/26 Time: 7:30 PM
Location: (A) MCV.
Size: 20G.
Cannula inserted by: S/N. Docomiya.

[illegible]

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

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

V.I.P. SCORE (VISUAL INFUSION PHLEBITIS SCORE)..... Next page¹

PHLEBITIS ASSESSMENT AND MANAGEMENT RECORD

CANNULA 3

Date :

Time:

Location :

Size :

Cannula inserted by :

CANNULA 4

Date :

Time:

Location :

Size :

Cannula inserted by :

[illegible]

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

[illegible]

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

NOTE : * To be assessed within 30 minutes of insertion.

* Every 2 hours if on fluid infusion.

* Every 4 hours if only on IV medication.

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

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

INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

C-00094432
NARMADHA
29-1998 27 Y 10 M 2 D (F)
SULTHANA NASEEMA BANU M
00036662

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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. <u>G3P14A1/3H1</u> Plan | 6. Discharge Medication | 10. Fall Risk Education |
| Diagnosis | 7. Infection Control Measures | 11. Safe use of Medical Equipment / Implantable Devices |
| 2. Treatment and Care | 8. Diagnostic Test / Procedures | Safety |
| 3. Pain Management | 9. Nutrition / Diet | 12. Patient's / Family Rights |
| 4. Informed Consent | | 13. Risk / Safety |
| 5. Medication / Therapy (safety, effects/ side effect, interactions) | | |

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		
28/7/26	9.15 pm	Informed consent	Informed to patient and attendant about surgery consent	patient	NO	oral	None	Verbal	Good	[Signature]
29/7/26	8am	Pain Management	Explain about pain management	patient	No	oral	None	verbal	good	[Signature]
30/7	8am	Yes	Explain about Pain management	patient	no	oral	none	Verbal	Good	[Signature]
31/7	8AM	Pain management	Explain about Pain management	patient	No	oral	None	Verbal	Good	[Signature]

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	4. Language Barrier	7. Impaired Thought Process/Cognitive limitations	10. Financial Difficulties	13. Cultural/Religion Practice
2. Physical Impairment	5. Educational Level	8. Responsibilities at Home	11. Beliefs and Values	14. Others (Specify)
3. Emotional Barriers	6. Desire / Motivate to Learn	9. Cultural Differences	12. Impaired Vision/ or Hearing	

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

Mechanism/s to overcome barrier/s:

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

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

INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

GUC-00094432
Mrs NARMADHA
26-09-1998
Dr. SULTHANA NASEEMA BANU M
27 Y 10 M 5 D (F)
IP18-00036662



Part - I.
Patient's / Learner Language: Patient / Learner Literacy: ☐ Read ☐ Write ☐ Speak

healthcare Literacy: Yes ☒ No ☐

Identified Education Needs:

- | | | | |
|-----------------------|--|---------------------------------|---|
| 1. Diagnosis | Plan | 6. Discharge Medication | 10. Fall Risk Evaluation |
| 2. Treatment and Care | 3. Pain Management | 7. Infection Control Measures | 11. Safe use of Medical Equipment / Implantable Devices |
| | 4. Informed Consent | 8. Diagnostic Test / Procedures | 12. Patient's / Family Rights |
| | 5. Medication / Therapy (safety, effects/ side effect, interactions) | 9. Nutrition / Diet | 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		

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:		<table border="0"> <tr> <td>1. No Learning Barriers</td> <td>4. Language Barrier</td> <td>7. Impaired Thought Process/Cognitive limitations</td> <td>10. Financial Difficulties</td> <td>13. Cultural/Religion Practice</td> </tr> <tr> <td>2. Physical Impairment</td> <td>5. Educational Level</td> <td>8. Responsibilities at Home</td> <td>11. Beliefs and Values</td> <td>14. Others (Specify)</td> </tr> <tr> <td>3. Emotional Barriers</td> <td>6. Desire / Motivate to Learn</td> <td>9. Cultural Differences</td> <td>12. Impaired Vision/ or Hearing</td> <td></td> </tr> </table>								1. No Learning Barriers	4. Language Barrier	7. Impaired Thought Process/Cognitive limitations	10. Financial Difficulties	13. Cultural/Religion Practice	2. Physical Impairment	5. Educational Level	8. Responsibilities at Home	11. Beliefs and Values	14. Others (Specify)	3. Emotional Barriers	6. Desire / Motivate to Learn	9. Cultural Differences	12. Impaired Vision/ or Hearing	
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Teaching Tools Used:		A: Audio	D: Demonstration	V: Video	O: Oral	P: Printed																		
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Understanding:		1. Verbalizes Understanding	2. Demonstrates Understanding	3. Needs Review																				

C-00094432

IP18-00036662

NARMADHA

09-1998

27 Y 10 M 2 D

(F)

SULTHANA NASEEMA BANU M



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

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

BREAST FEEDING HANDOVER AND ASSESSMENT FORM

1. Breastfeeding initiated?

- ☒ a. Yes ☐ b. No

2. If No, Reason

3. Nipple condition:

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

4. Milk flow:

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

5. Steps for Positioning and attachment:

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



Feeding Positions:
Cross Cradle



Feeding Positions:
Football / Clutch

6. Was the position explained:

- ☒ a. Yes
☐ b. No

7. For Caesarian mothers:

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

8. NICU admission:

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

9. Additional notes:

Continuity of Care:

Date: 29/7/26

L - 2	29/7/26	30/7/26
A - 2	L - 2	L - 2
T - 2	A - 2	A - 2
C - 2	T - 2	T - 2
H - 1	C - 1	C - 1
	H - $\frac{1}{8}$	H - $\frac{1}{8}$
	plv to m	plv to m

Handover given by S. Shalini

Handover taken by

Signature S. Shalini 24072

Signature

Date & Time: 29/7/26 8pm

Date & Time:

PATIENT TRANSFER FORM

C-00094432 IP18-00036662

S NARMADHA 27 Y 10 M 2 D (F)
SULTHANA NASEEMA BANU M



Date & Time of Admission 28/7/26 at 9.48pm		Date & Time of Transfer Order 29/7/26 at 5.50 AM
Treating Consultant Name Dr. Sulthana	Transfer Ordered by Dr. Mohan	Reason for Transfer shifted to OT waiting for LSCS
From Unit ADR	To Unit OT	Information to Attendant Yes ☒ No ☐
Number of Sheets in Clinical File 22 PFF/08	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 Dr. Fawaz 01/6/20	Name of Person Ordered Transfer Dr. Mohan
--	--

Patient & Clinical Records Received by :

RCOD
60/12/21

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

☐ Unavailable Bed

If the transfer order date & time is completed then

Date & Time of Patient Received

Patient & Clinical Record No. & Date

Name & Signature of Patient with a Witness

Signing Summary / Notes Written by Doctor

Sl. No.
1
2
3
4
5

From Unit

Destination

Number of Beds in Clinic

From Unit

Receiving Consultant Name

Patient Name & Unit No.

PATIENT TRANSFER FORM



Referral to be made

Referral to be made

Referral to be made

Referral to be made

Referral to be made

Referral to be made

Referral to be made

Referral to be made

Referral to be made

Referral to be made

Referral to be made

OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 28/7/26 Time of Arrival: 9pm Time Seen by Nurse: 9pm

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

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

☐ Severe Pain / Moderate Pain

☐ Preterm rupture of Membranes / Leaking Water PV

☐ Bleeding PV: Slight / Heavy

☐ Preterm Labor/ Labor

☐ Decreased Fetal Movement

☐ Spontaneous Rupture of Membrane / Leaking Water PV

☐ No Fetal Movement

☒ Other Reason: Admitted for Preterm LSC

3) Vital Signs: Temperature: 98.8 Pulse: 100b/min RR: 20b/min SpO₂: 99% BP: 110/60 Weight: 64kg

4) Gestational Criteria:

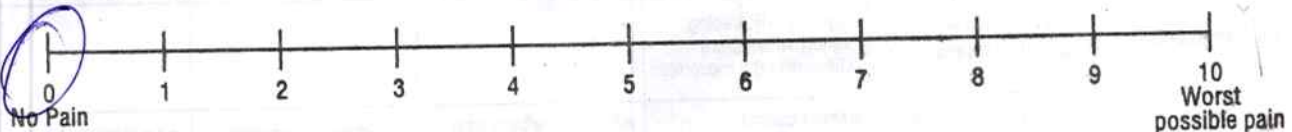
Gravida:	G <u>3</u>	P <u>1</u>	L <u>1</u>	A <u>1</u>
----------	------------	------------	------------	------------

LMP: 18/10/25 EDD: 17/8/26 Gestational Age: 37 weeks

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

5) Pain Screening:

Numerical Pain Scale (NPS)



⑩ Location: NIL

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

⑩ Character: NIL

⑩ Frequency: NIL

⑩ Interventions: NIL

6) Past History:

a) Surgeries: LSCS in 2025

b) Medical: H/o obs cholestasis / H/o post partum Eclampsia /

- 7) Allergy: ☐ Yes ☒ No, If Yes :
- 8) Current Medications: ☐ Prenatal Vitamin ☐ None ☒ Others: Chlor T. labetalol 10mg
- 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: 9.15pm

Nurse Name : S/N. Fauziah 01620 Nurse Signature: [Signature]

Date: 28/7/20 Time: 9PM

RISK ASSESSMENT TOOL FOR DEEP VEIN THROMBOSIS

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

Date: 28/7/26

Pre - Existing Risk Factors	Tick	Score
Previous VTE (except a single event related to major surgery)		4
Previous VTE provoked by major surgery		3
Known high-risk thrombophilia		3
Medical comorbidities e.g. cancer, heart failure; active systemic lupus erythematosus, inflammatory polyarthropathy or inflammatory bowel disease; nephrotic syndrome; type I diabetes mellitus with nephropathy; sickle cell disease; current intravenous drug user		3
Family history of unprovoked or estrogen-related VTE in first-degree relative		1
Known low-risk thrombophilia (no VTE)		1
Age (≥ 35 years)		1
Obesity	☒	1 or 2
Parity ≥ 3		1
Smoker		1
Gross varicose veins		1
Obstetric Risk Factors		
Pre-eclampsia in current pregnancy		1
ART/IVF (antenatal only)		1
Multiple pregnancy		1
Caesarean section in labour		2
Elective caesarean section	☒	1
Mid-cavity or rotational operative delivery		1
Prolonged labour (24 hours)		1
PPH (1 litre or transfusion)		1
Preterm birth 37 ⁺ weeks in current pregnancy		1
Stillbirth in current pregnancy		1
Transient Risk Factors		
Any surgical procedure in pregnancy or puerperium except immediate repair of the perineum, e.g. appendectomy, postpartum sterilization		3
Hyperemesis		3
OHSS (first trimester only)		4
Current systemic infection		1
Immobility, dehydration		1
Total		02
Signature of the Nurse	Sh. Faruqulha 01620	
Action Plan		

RISK ASSESSMENT FOR VENOUS THROMBOEMBOLISM (VTE)

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

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

SURGICAL SAFETY CHECKLIST

Surgeon: Dr. Sulthana
Asst. Surgeon: Dr. Mohana
Anaesthetist: Dr. Ranjith
Scrub Nurse: Shr. Geeta

GUC-00094432 IP18-00036662
Mrs NARMADHA
26-09-1988 27 Y 10 M 3 D (F)
Dr. SULTHANA NASEEMA BANU M



Age: Gender:
ary Name:
5:30 AM Out-time: 7 AM



Before Induction of Anaesthesia >>

Before Skin Incision >>

Before Patient Leaves Operating Room

SIGN IN		Time: 5:52 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: <u>[Signature]</u>		
Name: <u>S. Rajitha</u>		

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:		

SIGN OUT		Time: 7 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
6 Type ISO 11140 STEAM Man.: 2025 - 06 Exp.: 2030 - 06 Ref.: 106.303.0500 Lot.: 14176 Green = Sterilized SV: 121°C - 15 min. 134°C - 3.5 min.		
Signature: <u>[Signature]</u>		
Name: <u>S/N. Geeta</u>		

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 634. WAVE EMPIRE
 635. SWELL EMPIRE
 636. WIND REALM
 637. WAVE REALM
 638. SWELL REALM
 639. WIND DOMINION
 640. WAVE DOMINION
 641. SWELL DOMINION
 642. WIND TERRITORY
 643. WAVE TERRITORY
 644. SWELL TERRITORY
 645. WIND COUNTRY
 646. WAVE COUNTRY
 647.



PATIENT TRANSFER NURSING HANDOVER CHECKLIST

Date & Time of Transfer: 29/11/26 @ 7AM

TRANSFERRED TO: MRU

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

PATIENT TRANSFER FORM

GUC-00094432

IP18-00036662

Mrs NARMADHA

28-09-1998

27 Y 10 M 3 D

(F)

Dr. SULTHANA NASEEMA BANU M



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It takes a lot to treat the little.

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Your Right to a Safe Delivery

Date & Time of Admission <i>28/7/26 @ 9:48 pm</i>		Date & Time of Transfer Order <i>29/7/26 @ 7 AM</i>
Treating Consultant Name <i>Dr. Sultthana Naseema Banu</i>	Transfer Ordered by <i>Dr. Ranjith</i>	Reason for Transfer <i>For Fetal management</i>
From Unit <i>OT</i>	To Unit <i>NIU</i>	Information to Attendant Yes ☒ No ☐
Number of Sheets in Clinical File <i>1 Ip file</i>	Number of Imaging Films <i>-</i>	Personal belongings including clinical documents. If any handed over to attendant. Yes ☐ No ☒ If yes, what ?
Medications / Consumables / Surgicals / Hand over		
Sl.No.	Item Name	Quantity
1.		
2.		
3.		
4.		
5.		
Shifting Summary / Notes Written by Doctor : Yes ☐ No ☐		
Name & Signature of Person who is Transferring <i>[Signature]</i>		Name of Person Ordered Transfer <i>Dr. Ranjith</i>
Patient & Clinical Records Received by : <i>S. Shalini</i>		
Date & Time of Patient Received : <i>29/7/26 @ 7 AM</i>		

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

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

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Your Right to a Safe Delivery

UC-00094432 IP18-00036662
Patient Name: rs NARMADHA 27 Y 10 M 2 D (F)
Date of Birth: 09-1998
UHID No: r. SULTHANA NASEEMA BANU M

Gender: ☐ Male ☒ Female Age: 28/7/26
Date: 28/7/26

Instruction:

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

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

ELECTIVE REPEAT LOWER SEGMENT
CAESAREAN SECTION upon Mrs. NARMADHA
(Ind: PREVIOUS LSCS) (Name of the Patient)

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

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

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

Bleeding, infection, injury to adjacent structures,
need for blood and blood products transfusion,
risk of thromboembolism, anesthesia related complications,
MICU stay, NICU care.

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. Sulthana

Consentee:

Signature: Narmadha
Name: NARMADHA
Date & Time: 28/7/26 at 10pm

Patient Attendant:

Signature: AJITH
Name: AJITH
Relationship with Patient: HUSBAND
Date & Time: 28/7/26 at 10pm

Witness:

Signature: _____
Name: _____
Date & Time: _____

Doctor (who is taking the consent):

Signature: for Dr. Sulthana
Name: DR. SULTHANA
Date & Time: 28/7/26

10-10-1970

10-10-1970

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CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MAC

Patient Name : **IP18-00036662**
 Gender : M ☐ F **UC-00094432**
 Ward / Bed No. : **27 Y 10 M 2 D (F)**
 Operative procedure planned : **Dr. SULTHANA NASEEMA BANU M**
 Age :
 Consultant :
 Anaesthesiologist :

PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA

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

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

- | | | | |
|--|---|---|---|
| ☐ Heart disease | ☒ Hypertension | ☐ Diabetes mellitus | ☐ Renal failure |
| ☐ Hepatic disorders | ☐ Shock | ☐ Multiple organ failure | ☐ Polytrauma / RTA |
| ☐ Incapacitating COPD | ☐ Others : <i>Thrombophlebitis</i> | | |

Comments :

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

DECLARATION BY PATIENT / GUARDIAN / PROXY

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

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

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

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

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

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

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

Pregnant: ☒ Yes ☐ No

DECLARATION BY THE ANAESTHETISTS PROVIDING INFORMATION FOR THIS CONSENT

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

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

Patient / Patient Attendant :

Signature : Narmadha A

Name : Narmadha A

Relationship with Patient: SELF

Date & Time : 22/7/26 at 10pm

Witness :

Signature : Ajit

Name : Ajit (husband)

Date & Time : 22/7/26 at 10pm

Doctor (who is taking the consent) :

Signature : [Signature]

Name : Dr. Rajesh Kumar

Date & Time : 22/7/26 at 10pm



Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION

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

Date: _____ Time: _____ Proposed Operation: Repeat C/S

Diagnosis: Per Leg / C.S. N. L. A / Chuv HIN / Cere Thrombolytic

B.P / CRT: 114/60 H.R: 100 Weight: 64 ASA Physical Status: ☐ 1 ☐ 2 ☒ 3 ☐ 4 ☐ 5 Prophecy PIH

Laboratory Data:
Hgb: 11.3 Glucose: 71 Protein: 6.24 HIV: NH X-Ray: _____
PCV: 35.3 Urea: 10.26 Alb: _____ HBS Ag: N ECG: N
WBC: _____ Creat: 0.34 Total Bil: _____ HCV: N 2D Echo: N
Plate: 1.31 Na: _____ Dir. Bil: _____ Blood group: O+ Stress/Angio: _____
PT: _____ K: _____ LDH: _____ T3: _____ Other: _____
PTT: _____ Ca++: _____ Alk phos: 163 T4: _____
INR: _____ Mg++: _____ Amylase: _____ TSH: 1.26
Cl: _____ SGOT/SGPT: _____ Allergies: M

Medical History: CVS: HTN - Tabel labetolol 100, 120

RESP: _____ Diabetes: _____

CNS: _____

Renal: _____

Hepatic / GE: _____ Physical Activity: _____

Others: _____

Past Anaesthetic History: 2015 - 2025 H10 Per Eclatyp

Physical Exam: Good chole A/E

Airway: MP 1 2 3 4 Mouth Opening: Adm Mento-hyoid Distance: P Neck: Q Teeth: P

Lungs: NH Q

Heart: AL Q

CNS: NH

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

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:
 - Water / ORS 2 Hours
 - Others 6 Hours
2. NIL ORAL
3. Informed Consent: ☐ Standard ☒ High Risk
4. Post Operative Pain Management: ☐ Discussed with Patient
5. Other Instructions: _____

To do - C/S, left.
- Cerebral perf
PIH / Thrombolytic

Signature: [Signature] Name: Dr. Rajesh Kumar

Mrs NARMADHA 27 Y 10 M 2 D (F)
26-09-1998
Dr. SULTHANA NASEEMA BANU M



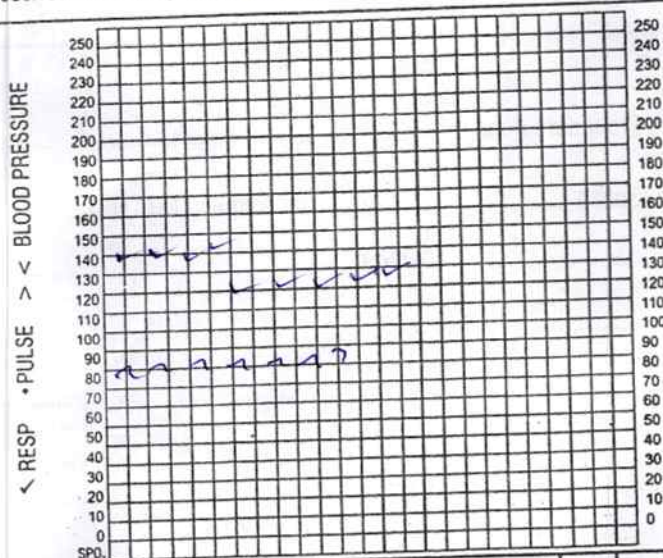
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POS

UNIT RECORD

Received in PACU by: Thanyu Time Received: 7AM Time Discharged: 7AM



IV Cannula Site: ① RL
☐ O₂ Mask ☒ Nasal Prongs
☐ Tracheostomy ☐ T-Piece
☐ Oral Airway ☐ Nasal Airway

Vomiting: ☐ Yes ☒ No

Drug: ---

NG Tube: ☐ Yes ☒ No

Drain: ☐ Yes ☒ No

Urinary Catheter: ☒ Yes ☐ No

Chest Tube: ☐ Yes ☒ No

Nil Oral: ☐ Yes ☒ No

IV Fluids: 100 ml/hr

Oral Feeds: 12-16 ml

POST ANAESTHESIA SCORE (Modified Aldrete Score)

	IN	MINUTES			OUT	SCORING INTERPRETATION
		30	60	90		
Able to move 4 extremities voluntary or on command = 2 Able to move 2 extremities voluntary or on command = 1 Able to move 0 extremities voluntary or on command = 0	2				2	A Minimum Total Score of 8 is Required for Discharge Exceptions to this, are to be explained in the space below by the Discharging Physician:
Able to deep breathe & cough freely = 2 Dyspnea or limited breathing = 1 Apneic = 0	2				2	
BP ≥ 20 of Pre Anaesthetic level = 2 BP = 20-50 of Pre Anaesthetic level = 1 BP ≤ 50 of Pre Anaesthetic level = 0	2				2	
Fully awake = 2 Arousable on calling = 1 Not responding = 0	2				2	
Pink = 2 Pale, dusky, blotchy, jaundiced, other = 1 Cyanotic = 0	2				2	
TOTAL	10				10	

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature

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

Anaesthesiologist Name: A. B. B. B.

Anaesthesiologist Signature: [Signature]

Date & Time: 29/11/2016 @ 7AM

PACU Nurse Name: Thanyu

PACU Nurse Signature: [Signature]

Date & Time: 29/11/2016 @ 7AM

Reassessment Frequency:

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

Transferred to Unit by (PACU): [Signature]

Date & Time: 29/11/2016 @ 7AM

Patient Sticker

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)

[illegible]

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 TRANSFER NURSING HANDOVER CHECKLIST

Date & Time of Transfer:

TRANSFERRED TO :

1	Patient Identification	YES/NO	REMARKS
	a.Patient Identification Patient name, age, UHID/hospital number confirmed	Yes	
	b.Surgical procedure & correct site verified	Yes	
2	Airway & Breathing		
	a.Oxygen delivery (mask/cannula/ventilator) secured	NO	
	b.SpO ₂ within safe range	Yes	
	c.If ETT: position confirmed, ties secure, cuff inflated	NO	
3	Circulation & Hemodynamic Stability		
	a.IV lines secured & infusion running correctly	Yes	
	b.No active uncontrolled bleeding	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	Yes	
	b.Reassessment done	Yes	
5	Wound, Dressings & Drains		
	a.Surgical dressing intact	NA	
	b.All drains fixed, output noted	NA	
	c.Catheter secure & urine output recorded	Yes	
	d.Splints/casts/traction devices stabilized	NA	
6	Medications Pre & Post-Op Orders		
	a.Medications due time noted	Yes	
	b.Pre & Post-op instructions (NPO, position, mobilization) communicated	Yes	
	c.Emergency meds given in OT (time & dose documented)	Yes	
7	Equipment Safety & Transport Preparedness		
	a.Oxygen cylinder full & ambu bag at bedside	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	NA	
	b.Epidural catheter secure, infusion checked	NA	
	c.Pressure areas protected (heels/elbows)	NA	
9	BLOOD AND BLOOD PRODUCTS TRANSFUSED	NO	
10	REPORTS AND LABS HANDED OVER	Yes	
11	BIOPSY/HPE SENT	NA	
12	Documentation		
	a.Documentation completeness	Yes	
	Transferring Nurse: S/N. Tamil Selvi 016720		
	Receiving Nurse: T. S. Srinivas		
	Signature of Incharge: S/N. DEVI 015760		

GUC-00094432

IP18-00036662

Mrs NARMADHA

26-09-1998

27 Y 10 M 3 D

(F)

Dr. SULTHANA NASEEMA BANU M



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SSI PREVENTION CHECKLIST

S.No	INTERPRETATION	PERFORMED
	PREOPERATIVE	
1.	Do not remove hair at the surgical site unless the presence of hair will affect the procedure. Use clipper if necessary	Yes
2.	Decolonize surgical patients with skin antiseptic (Chlorhexidine bath /wipes)	Yes
3.	Antibiotic prophylaxis given within 60mts prior to skin incision	Yes
4.	Use a checklist based on the world health organization-19 item surgical checklist to ensure adherence to best practice	Yes
	INTRAOPERATIVE	
5.	Using chlorhexidine gluconate and alcohol-containing skin preparatory agent in combination	Yes
6.	Maintain normothermia during the surgical procedure (>36 deg C)	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

GUC-00094432
Mrs NARMADHA
26-09-1998
Dr. SULTHANA NASEEMA BANU M
27 Y 10 M 3 D (F)
IP18-00036662

URINARY CATHETER BUNDLE CHECK LIST

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Date of Insertion: 29/7/26

Date of Removal: 30/7/26 @ 7 AM

Parameters	Date	Shift Time	29/7/26 5 AM	29/7/26 8 AM	29/7/26 N				
Need for the Catheter	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Hand Hygiene	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Usage of Sterile Equipment	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is the Collection bag below the level of bladder	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Check the Tube for Obstruction (Free of Kinking)	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is Catheter dated as policy	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Collecting bag is been emptied regularly?	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Maintenance of closed system for the catheter	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Dressing clean and dry?	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is the line removed as Policy?	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Performance of Perineal Care	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Onset of New Fever	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Asses for the leakage at the site of insertion	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Name of the Nurse	S. N. Fathima	Shalini	P. K. M. 04072	P. K. M. 04072					
Signature of the Nurse	(Signature)	(Signature)	(Signature)	(Signature)					

PATIENT TRANSFER FORM

GUC-00094432 IP18-00036662
Mrs NARMADHA
26-09-1998 27 Y 10 M 3 D (F)
Dr. SULTHANA NASEEMA BANU M



Date & Time of Admission 28/7/26 at 9 ⁴⁵ pm		Date & Time of Transfer Order 29/7/26 at 11 ³⁰ AM
Treating Consultant Name Dr. Sulthana	Transfer Ordered by Dr. Akshitha	Reason for Transfer further treatment
From Unit NICU	To Unit 4th floor	Information to Attendant Yes ☒ No ☐
Number of Sheets in Clinical File op file	Number of Imaging Films ctu - (2)	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☒ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	DNS 500ml	1
2.	Trp- Paracetamol 1gm	2
3.	Trp- par Hong	2
4.	come dry	5
5.	underpad	3

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

Name & Signature of Person who is Transferring S. Shalini 24/07/26	Name of Person Ordered Transfer Dr. Akshitha
Patient & Clinical Records Received by : S. Nirmala	
Date & Time of Patient Received : 29/7/26 at 11 ³⁰ 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

PATIENT TRANSFER FORM

Patient Name & ID #		Admission #		Date & Time of Transfer Order	
Mr. Williams		123456		10/1/01 10:00 AM	
Reason for Transfer		Ordered by		Reason for Transfer	
Discharge		Dr. Williams		Discharge	
From Unit		To Unit		Completion of Transfer	
Unit 101		Unit 102		☐ Yes ☐ No	
Number of Staff		Time		Medical belongings including	
2		10:00 AM		☐ Yes ☐ No	
Signature of Transferor: _____ Date: 10/1/01					
Signature of Recipient: _____ Date: 10/1/01					
Signature of Witness: _____ Date: 10/1/01					
Signature of Nurse: _____ Date: 10/1/01					
Signature of Doctor: _____ Date: 10/1/01					
Signature of Pharmacist: _____ Date: 10/1/01					
Signature of Dietitian: _____ Date: 10/1/01					
Signature of Social Worker: _____ Date: 10/1/01					
Signature of Case Manager: _____ Date: 10/1/01					
Signature of Transferor: _____ Date: 10/1/01					
Signature of Recipient: _____ Date: 10/1/01					
Signature of Witness: _____ Date: 10/1/01					
Signature of Nurse: _____ Date: 10/1/01					
Signature of Doctor: _____ Date: 10/1/01					
Signature of Pharmacist: _____ Date: 10/1/01					
Signature of Dietitian: _____ Date: 10/1/01					
Signature of Social Worker: _____ Date: 10/1/01					
Signature of Case Manager: _____ Date: 10/1/01					

If the transfer order was a completion time, please indicate the reason mentioned below:

Available bed not ready

Unavailable bed

GUC-00094432

IP18-00036662

Mrs NARMADHA

26-09-1998

27 Y 10 M 3 D

(F)

Dr. SULTHANA NASEEMA BANU M



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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 30/07/2026

Time: 1:15 PM

Origin:

Height: 152 cm

Weight: 64 kg

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

Food Allergies:

Diagnosis: EFFECTIVE LSCS

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

Chronic HTN. (PIH)

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

Dietician's

Signature: A. Arith

Signature: A. M. (018336)

Name: A. Arith

Name: A. Sadiga Farheen

Date & Time: 30/07/2026 @ 01:15 PM

Date & Time: 30/07/2026 @ 01:15 PM

DIETARY NOTES

Date	Time	Notes	Sign
29/07/26	08:30 AM.	FL-LSCS done NPO x 3 hours.	A.B. (018336)
29/07/26	10:45 AM.	Liquid Diet. Patient is Stable. Oral intake is Better. - Advised to take plenty of oral fluids - water, tender coconut water, fruit Juices (etc) Fluids - 2.5 → 1 l/d. Followed by Kani to be given @ 1 PM. @ 3 PM - Soft Diet	A.B. (018336)
30/07/26	09:00 AM.	Soft Diet. - Patient tolerated liquids and Kani. - Patient is stable. Oral intake is Adequate. Advised to take easy - digest foods - Consume small - frequent meals. - Include galactagogues foods for milk secretion - garlic, fennel and Oats (etc) RDA. Values - Energy - +6000 kJ. Protein - +17 - 19 g/d.	A.B. (018336)
31/7/26	8:30 AM	Soft Diet. - Patient is stable. Oral intake is Adequate. - Consume protein - Iron rich foods. Can Continue same soft diet. Stools	A.B. (018336)
1/8/26	8:30 AM.	Normal Diet. Patient is Stable. Oral is Better. Passed Stools - Consumeelain - Fiber rich foods.	A.B. (018336)

GUC-00094432 IP18-00036662
Mrs NARMADHA
26-09-1998 27 Y 10 M 3 D (F)
Dr. SULTHANA NASEEMA BANU M



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SURGERY DETAILS

Date : 29/7/26
Patient Name: Mrs Narmadha Date of Birth: 26/9/1998 Age: 27y
Gender: Female Ward: OT UHID No.: 94432/36662
Date of Surgery: 29/7/26 ☐ OT -1 ☐ OT -2 ☒ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2
Name of the Surgery : Elective LSCS.

Time in : 5:50 AM

Time Out : 7 AM

	NAME	AMOUNT
1. Surgeon	Dr. Sulthana Naseema Banu M.	
2. Anaesthetist	Dr. Ranjith	
3. Assistant Surgeon	Dr. Mohana	
4. OT Technician	Mr. Prasanth, Dr. Shyam	
5. Circulating Nurse	Chl. Tharushya	
6. Assistant Nurse	S/N - Guna	

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

Signature of the Surgeon

Record Initialed by
Ray
607891

Signature of Circulating Nurse

Order No:

Order by:



SUBJECT DETAIL

NAME: Mrs. [illegible]
ADDRESS: [illegible]
CITY: [illegible]
STATE: [illegible]
ZIP: [illegible]
DATE OF BIRTH: [illegible]
DATE OF DEATH: [illegible]
CAUSE OF DEATH: [illegible]

DATE OF INTERVIEW: [illegible]
INTERVIEWER: [illegible]

NAME: [illegible]
ADDRESS: [illegible]
CITY: [illegible]
STATE: [illegible]
ZIP: [illegible]
DATE OF BIRTH: [illegible]
DATE OF DEATH: [illegible]
CAUSE OF DEATH: [illegible]

DATE OF INTERVIEW: [illegible]
INTERVIEWER: [illegible]

SIGNATURE OF INTERVIEWER: [illegible]
DATE: [illegible]

Patient Sticker

CONSUMABLES OF OT

Circulating staff : Thammy Technician : Shyam Date : 29/7/26 Time :

Anaesthesia Disposables		Qty		Surgical Disposables		Qty		Disposables (Baby Side)		Qty	
Issued	Used	Issued	Used	Issued	Used	Issued	Used	Issued	Used	Issued	Used
ET tube				Major Pack <u>LSCS</u>		1		Inj Vit.K		1	
LMA				Sutures <u>2347</u>		2		Cord Clamp		1	
ECG leads: <u>A/P/N</u>		3		<u>1326</u>		1		Suction Catheter			
HME filter: A/P/N								Feeding Tube <u>6FR</u>		1	
Syringes : 10 cc <u>✓</u>		1						Vaccum Suction Set			
05 cc <u>✓</u>		3		Gloves <u>6x2 DF</u>		3		Surgical Gloves <u>6.5 PF</u>		1	
02 cc <u>✓</u>		2		<u>7</u>		1		Gauze Pack		1	
01 cc								Syringe <u>(1ml/2ml)</u>		1/1	
Cautery plate <u>A/P/N</u>		1		Surgical blade <u>22</u>		1		Surgical Blade # 20			
IV set <u>✓</u>		1		NG tube				Koochies (S)			
RL <u>✓</u>		3		Cautery pencil		1		Quick Table sheet		✓	
NS : 10ml / <u>(100ml)</u> / 500ml / 1000ml		1		Koochies				pool gown		1	
<u>D. water 10ml</u>		1		Ointments				ANAWIN Heavy		✓	
<u>CARTIC 100mg</u>		1		Suction Catheter				Buprives		✓	
Fentanyl				Cap, Mask				SMC Embroid		1	
Morphine				Gauze Pack <u>R10/P</u>		2		Spinal Needle ?			
Ketamine				Mop Pack		2		2761 qam (wh?)		1	
Propofol				Steristrip				Needle 26x11/2		1	
Rocuronium				Underpad		✓					
Glycopyrolate				Draw sheet							
Myopyrolate				Abgel		1					
Ondansetron				Foleys catheter							
Pencan 25g/ Spinal Needle 22				Urobag							
Bupivacaine 0.25%				Chest Drainage Catheter							
Bupivacaine 0.25%(Heavy)				Romodrain bag							
Antibiotics				Bandage							
				Tegaderm							
Suppositories				Ioban							
Anamol : 80mg / 250mg / 170 mg				Double J Stent							
Supridol : 100mg				Vaccum Suction set		1					
Justin : 12.5 mg / 25mg / 100mg				Plastic Bed Sheet <u>Apron</u>		1					
Tab. Misoprost <u>200mg</u>		1		Betadine Solution		2					
<u>mompad</u>		1		Microshield							
<u>mom pad sterilized</u>		1		Cotton Balls							
<u>Baby diaper</u>		1		Latex Gloves		10					
<u>Baby wipes</u>		1		Ramdione Scrub							
				Saral							

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 IP18-00036662
Patient Name Mrs NARMADHA
Age/Sex 27 Y 10 M 3 D / Female
Date 29/07/2026 08:09
Payor SELF PAY
UHID GUC-00094432

Ward 8F-OT COMPLEX
Bed Name MICU 801
Order No 18-0001734351
Prescription No PRIP18-0629708
Dispensed Date 29/07/2026 08:55

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	CARITEC INJ 100MG	Sun Pharmaceutical Industries Ltd		F702601G	01/29	1	467.81	467.81
2	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	26E02K29	04/31	1	28.13	28.13
3	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26C13K17	02/31	3	21.56	64.68
4	DSYRINGS 2.5ML(NIPRO)	NIPRO	GENERAL	26B12K44	01/31	2	11.25	22.50
5	D WATER 10 ML AMPULE	Aculife Health Care Pvt.Ltd(Nirlif	H	2254585	11/28	1	2.58	2.58
6	E.C.G ELECTRODES (ADULT)	JMS	GENERAL	20326S08G	05/28	3	32.34	97.02
7	INTRAFLOW (AUTO STOP) ROMSONS	ROMSONS		K26B010515	01/31	1	525.00	525.00
8	PREGELLED SURGICAL PLATES(ADULT)	Erbee	GENERAL	2510302409	10/27	1	1,275.00	1,275.00
9	RL 500 ML CLOSED SYSTEM	Fresenius Kabi India Pvt Ltd		1D262104	03/29	3	69.84	209.52
Total :							2,433.51	2,692.24

for RAINBOW CHILDREN'S MEDICARE LIMITED

Authorized Signature

Receiver Name

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	IP18-00036662	Ward	8F-OT COMPLEX
Patient Name	Mrs NARMADHA	Bed Name	MICU 801
Age/Sex	27 Y 10 M 3 D / Female	Order No	18-0001734357
Date	29/07/2026 08:31	Prescription No	PRIP18-0629709
Payor	SELF PAY	Dispensed Date	29/07/2026 08:55
UHID	GUC-00094432		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	ANAWIN HEAVY 5 MG INJ 4 ML	Neon Laboratories Ltd	H	KP1713936	01/28	1	31.47	31.47
2	BUPRIGESIC INJ AMP 0.3 MG 1 ML	Neon Laboratories Ltd	H	45121	01/29	1	31.10	31.10
3	DSYRINGE EMERALD 5ML BP (BD)	BECTON DICKINSON (BD)		5322615	10/30	1	12.00	12.00
4	NEEDLE 26 1 1 2 INCH	Dispovan	GENERAL	01654R	12/30	1	3.38	3.38
5	SPINAL NEEDLE 27 G WHITACARE	VYGON		25O2016	01/30	1	637.03	637.03
Total :							714.98	714.98

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN



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Rainbow Children's Hospital - Guindy

Door No.157 to 160, Anna Salai, Guindy, Guindy Chennai Tamil Nadu INDIA
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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 IP18-00036666
Patient Name Baby B/O NARMADHA
Age/Sex 0 Y 0 M 0 D 2 H / Male
Date 29/07/2026 08:54
Payor SELFPAY
UHID GUC-00094438

Ward 7F-PVT/SUITE
Bed Name CRDL-SUITE713-2
Order No 18-0001734376
Prescription No PRIP18-0629710
Dispensed Date 29/07/2026 08:56

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

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

RAINBOW CHILDREN'S MEDICARE LIMITED**Rainbow Children's Hospital - Guindy**

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

VAT TIN : 33AABCR4014M1ZK**CIN :** L85110TG1998PLC029914**DL NO :**

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

INPATIENT ISSUES AGAINST ORDERS

IP No	IP18-00036662	Ward	8F-OT COMPLEX
Patient Name	Mrs NARMADHA	Bed Name	MICU 801
Age/Sex	27 Y 10 M 3 D / Female	Order No	18-0001734350
Date	29/07/2026 08:09	Prescription No	PRIP18-0629711
Payor	SELPAY	Dispensed Date	29/07/2026 08:56
UHID	GUC-00094432		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	CAUTERY PENCIL (ADVANCE)	The Advanced cadiomed	GENERAL	250824	08/28	1	1,303.00	1,303.00
2	Encore Microptic gloves- 6.5		H	2603019005	03/29	3	128.00	384.00
3	ENCORE MICROPTIC GLOVES-7 PF	ANSEL		2604014105	04/29	1	128.00	128.00
4	GAUZE 7.5X7.5 12 PLY (5 NOS) NON XRAY	Bapuji Surgicals	GENERAL	M2641150	06/29	1	100.00	100.00
5	GAUZ SWAB 10 X 10 CM 12PLY 5S X-RAY	Bapuji Surgicals	GENERAL	M2645010	03/29	2	123.00	246.00
6	LSCS DRAPE PACK	Mediblu	H	1010626	05/29	1	2,250.00	2,250.00
7	MONOCRYL 3-0 NW 1326	ETHICON SUTURES-J&J C1		T6003	12/30	1	997.00	997.00
8	MOPS 30X30 8PLY 5S X-RAY	DATT MEDI PRODUCTS	H	M2642SF029	03/30	2	949.00	1,898.00
9	NEW MOM DISP MATERNITY PADS MAXIPAD	DYNAMIC TECHNO		0153715	03/31	1	204.00	204.00
10	NEWMOM DISPOSABLE PADFIXATOR-XXLARGE	DYNAMIC TECHNO		148605	03/31	1	221.00	221.00
11	NS 100ML ACCULIFE - EH	Aculife Health Care Pvt.Ltd(Nirlif		1C2613680	02/29	1	44.93	44.93
12	SURGICAL BLADE 22	Surgeon	GENERAL	22C010126	12/30	1	7.67	7.67
13	UNDERPADS CARE 60 X 90 (FRIENDS)			07072026	12/30	1	205.00	205.00
14	VICRYL PLUS 1 VP - (2347)	ETHICON SUTURES-J&J C1		T5072	10/30	2	951.00	1,902.00
Total :							7,611.60	9,890.60

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
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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 IP18-00036662
Patient Name Mrs NARMADHA
Age/Sex 27 Y 10 M 3 D / Female
Date 29/07/2026 08:31
Payor SELF PAY
UHID GUC-00094432

Ward 8F-OT COMPLEX
Bed Name MICU 801
Order No 18-0001734358
Prescription No PRIP18-0629712
Dispensed Date 29/07/2026 08:57

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	DISPOSABLE APRONS STERILE XL	Mediblu		1010726	06/29	1	120.00	120.00
3	NITRILE EXAMINATION GLOVES P F- MEDIUM	ELITE MEDICALS	GENERAL	ENPF030020	11/28	20	25.00	500.00
4	QUICKSUITE OT TABLE SHEET MIDLINE SUITEL		H	260620I	06/31	1	775.00	775.00
5	RAMADINE SOLUTION 10% 100 ML	RAMAN & WEIL PVT LTD		RC126036	04/28	2	103.00	206.00
6	VACCUME SUCTION SET	ROMSONS	GENERAL	K26D010296	03/31	1	811.00	811.00
						Total :	1,985.00	2,563.00

for RAINBOW CHILDREN'S MEDICARE LIMITED

Authorized Signature

Receiver Name

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
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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 IP18-00036666
Patient Name Baby B/O NARMADHA
Age/Sex 0 Y 0 M 0 D 2 H / Male
Date 29/07/2026 08:54
Payor SELF PAY
UHID GUC-00094438

Ward 7F-PVT/SUITE
Bed Name CRDL-SUITE713-2
Order No 18-0001734373
Prescription No PRIP18-0629713
Dispensed Date 29/07/2026 08:57

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	BABY DIAPER NEW BORN TEDDYS 10S PACK		H	18072026	12/30	1		
2	Encore Microptic gloves- 6.5		H	2603019005	03/29	1	255.00	255.00
3	GAUZE 7.5X7.5 12 PLY (5 NOS) NON XRAY	Bapuji Surgicals	GENERAL	M2641150	06/29	1	128.00	128.00
4	KLICK CLAMP	ROMSONS		G26D040017	03/31	1	100.00	100.00
5	PROTO GOWN (ADULT)	Diamond Medicare	GENERAL	1010626	05/29	1	42.00	42.00
6	VACCUME SUCTION SET	ROMSONS	GENERAL	K26D010296	03/31	1	250.00	250.00
						1	811.00	811.00
						Total :	1,586.00	1,586.00

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN