

Patient Sticker

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

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

SURGERY DETAILS

Date : 17/07/26
Patient Name: Mrs. Bab Shobira B-s Date of Birth: 30/08/1997 Age: 28 years
Gender: Female Ward: OT - UHID No.: 89893/36499
Date of Surgery: 17/7/26 ☐ OT-1 ☐ OT-2 ☒ OT-3 ☐ OT-4 ☐ OBG OT-1 ☐ OBG OT-2
Name of the Surgery: Emergency LSCS

Time In : 3:39 PM

Time Out : 5:00 PM

	NAME	AMOUNT
1. Surgeon	DR. Mathangi	
2. Anaesthetist	DR. Mohan	
3. Assistant Surgeon	DR. Lucetta / DR. Dnye	
4. OT Technician	Ms. Prasanth	
5. Circulating Nurse	SN. Sangeetha	
6. Assistant Nurse	SN. Chitra / SN. Agalye	

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

Signature of the Surgeon

Signature of Circulating Nurse

Order No:

Order by:

Try: Supant 1.0gm
at 3:30pm

Baby details:

weight: 3.199kg

Time: 3:52pm.

Gender: Female.

Patient Sticker

Emergency Lgs

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CONSUMABLES OF OT
Circulating staff: Sangeetha Technician: Prasanth. B Date: 17/12/26 Time: _____

Anaesthesia Disposables		Qty		Surgical Disposables		Qty		Disposables (Baby Side)		Qty	
		Issued	Used			Issued	Used			Issued	Used
ET tube				Major Pack	LSCS		1	Inj Vit.K			1
LMA				Sutures	1 Vinyl 2347		4	Cord Clamp			2
ECG leads : A / P / N					3-0 monoyl 13x		2	Suction Catheter			3
HME filter : A / P / N								Feeding Tube	6R		1
Syringes : 10 cc			2					Vaccum Suction Set			1
05 cc			2	Gloves	all sizes		10	Surgical Gloves			
02 cc			2		P-F 7 1/2	2+3		Gauze Pack	plain		1
01 cc			1		S-C 6.5	6		Syringe 1ml/2ml			1
Cautery plate : A / P / N			1	Surgical blade	22		1	Surgical Blade # 20			
IV set			1	NG tube				Koochies (S)			
RL			2	Cautery pencil			1	carboprost			1
NS : 10ml / 100ml / 500ml / 1000ml			1	Koochies				Eratocin			05
				Ointments				Dilwater 10ml			01/2
				Suction Catheter				BLOXamine			01
Fentanyl				Cap, Mask				Sodium - BI - carb			01
Morphine				Gauze Pack				18171 needle 1 1/2			01
Ketamine				Mop Pack				vein-o-line 10ml			01
Propofol				Steristrip				O2 mask			01
Rocuronium				Underpad			1	phen press			02
Glycopyrolate				Draw sheet	Quikstod		2	p. nolo given			1
Myopyrolate				Abgel	Surgicell		1	Syringe 5ml			1
Ondansetron			01	Foleys catheter				glove			1
Pencan 25g/ Spinal Needle 22				Urobag				protective sheet			2
Bupivacaine 0.25%				Chest Drainage Catheter				N 9.5			1.5
Bupivacaine 0.25%(Heavy)				Romodrain bag							
Antibiotics				Bandage							
				Tegaderm	8591		1				
Suppositories				Ioban							
Anamol : 80mg / 250mg / 170 mg				Double J Stent							
Supridol : 100mg				Vaccum Suction set							
Justin : 12.5 mg / 25mg / 100mg			2	Plastic Bed Sheet							
Tab. Misoprost : 600mg	600mg		1	Betadine Solution			2				
				Microshield							
				Cotton Balls							
				Latex Gloves			100				
				Ramdione Scrub							
				Saral							

Surgeon

Anaesthesiologist

Nurse

OT Technician

Order No. : _____

Ordered by : _____

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

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RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital - Guindy

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

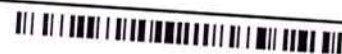
VAT TIN : 33AABCR4014M1ZK

DL NO :

CIN : L85110TG1998PLC029914

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

INPATIENT ISSUES AGAINST ORDERS



IP No IP18-00036506
Patient Name Baby B/O BALA SHOBICA B.S
Age/Sex 0 Y 0 M 0 D 1 H / Female
Date 17/07/2026 17:48
Payor SELF PAY
UHID GUC-00093997

Ward 7F-PVT/SUITE
Bed Name CRDL-PVT703-1
Order No 18-0001729046
Prescription No PRIP18-0627727
Dispensed Date 17/07/2026 17:49

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	GAUZE 7.5X7.5 12 PLY (5 NOS) NON XRAY	Bapuji Surgicals	GENERAL	M2641119	04/30	1	100.00	100.00
2	KLICK CLAMP	ROMSONS		G26D040017	03/31	3	42.00	126.00
3	VACCUME SUCTION SET	ROMSONS	GENERAL	K26D010294	03/31	1	811.00	811.00
Total :							953.00	1,037.00

Receiver Name

for RAINBOW CHILDREN'S MEDICARE LIMITED

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

DL NO :

CIN : L85110TG1998PLC029914

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

INPATIENT ISSUES AGAINST ORDERS



IP No IP18-00036506
Patient Name Baby B/O BALA SHOBIKA B.S
Age/Sex 0 Y 0 M 0 D 1 H / Female
Date 17/07/2026 17:48
Payor SELFPAY
UHID GUC-00093997

Ward 7F-PVT/SUITE
Bed Name CRDL-PVT703-1
Order No 18-0001729045
Prescription No PRIP18-0627726
Dispensed Date 17/07/2026 17:48

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	DSYRINGE 1ML (BD)	BECTON DICKINSON (BD)	GENERAL	6043348	01/31	1	24.00	24.00
2	INFANT FEEDING TUBE-6	ROMSONS	GENERAL	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

Receiver Name

for RAINBOW CHILDREN'S MEDICARE LIMITED

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

INPATIENT ISSUES AGAINST ORDERS


IP No IP18-00036499
Patient Name Mrs BALA SHOBICA B.S
Age/Sex 28 Y 10 M 17 D / Female
Date 17/07/2026 17:43
Payor SELFPA
UHID GUC-00089893

Ward 8F-OT COMPLEX
Bed Name MICU 801
Order No 18-0001729041
Prescription No PRIP18-0627721
Dispensed Date 17/07/2026 17:44

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	CAUTERY PENCIL (ADVANCE)	The Advanced	GENERAL	250824	08/28	1		
2	JUSTIN SUPPOSITORIES 100 MG 5 S	Neon Laboratories Ltd	H	BLNP274055	12/28	2	1,303.00	1,303.00
3	LSCS DRAPE PACK	Mediblue	H	1010626	05/29	1	18.74	37.48
4	MISOPROST TAB 600MCG1S	CIPLA LIMITED	H	6GH0162	08/27	1	2,250.00	2,250.00
5	MONOCRYL 3-0 NW 1326	ETHICON SUTURES-J&J C1		T6003	12/30	1	105.12	105.12
6	N95 MASK KARE-ROMSONS	ROMSONS		16032026	12/30	2	997.00	1,994.00
7	NITRILE EXAMINATION GLOVES P F- MEDIUM	ELITE MEDICALS	GENERAL	ENPF030020	11/28	5	56.00	280.00
8	NS 100ML ACCULIFE - EH	Aculife Health Care Pvt.Ltd(Nirilif		1B260029	04/28	20	25.00	500.00
9	NS 500ML CLOSED BOTTLE	Denis Chem Lab Ltd	H	1D262046	03/29	4	21.01	84.04
10	PROTECTIVE SHEET 20X20	Local		1010326	12/29	1	94.55	94.55
11	PROTO GOWN (ADULT)	Diamond Medicare	GENERAL	1010626	05/29	2	250.00	500.00
12	QUICKSUITE OT TABLE SHEET MIDLINE SUITEL		H	2606161	06/31	1	250.00	250.00
13	RAMADINE SOLUTION 10% 100 ML	RAMAN & WEIL PVT LTD		RC126036	04/28	2	775.00	1,550.00
14	SGLOVE # 6.5 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	6F103	05/31	2	103.00	206.00
15	SGLOVE # 7.5 POWDER FREE	ANSEL	GENERAL	2602085605	02/29	6	91.00	546.00
16	SURGICAL BLADE 22	Surgeon	GENERAL	22C010126	12/30	5	128.00	640.00
17	SURGICEL SNOW 4INX8IN (1952)	ETHICON SUTURES-J&J C1		107XDT	02/30	1	7.67	7.67
18	TEGADERM WITH PAD (8591)BIG 9CM*25CM	3M HEALTHCARE	GENERAL	R04260909	03/29	1	4,344.00	4,344.00
19	UNDERPADS CARE 60 X 90 (FRIENDS)			07072026	12/30	1	894.00	894.00
20	VACCUME SUCTION SET	ROMSONS	GENERAL	K26D010294	03/31	1	205.00	205.00
21	VICRYL PLUS 1 VP - (2347)	ETHICON SUTURES-J&J C1		T5072	10/30	1	811.00	811.00
						4	951.00	3,804.00
Total :							13,680.09	20,405.86

for RAINBOW CHILDREN'S MEDICARE LIMITED

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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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 IP18-00036499
Patient Name Mrs BALA SHOBICA B.S
Age/Sex 28 Y 10 M 17 D / Female
Date 17/07/2026 17:43
Payor SELFPA
UHID GUC-00089893

Ward 8F-OT COMPLEX
Bed Name MICU 801
Order No 18-0001729042
Prescription No PRIP18-0627719
Dispensed Date 17/07/2026 17:43

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	BIOXAMIC 500 MG INJ	Biocare Pharmaceuticals	H	C3BIO004	01/28	1	73.23	73.23
2	CABOPROST INJ AMP 250 MCG 1 ML	Neon Laboratories Ltd	H	097133	08/27	1	318.50	318.50
3	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	26C30K60	02/31	2	28.13	56.26
4	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26C13K17	02/31	2	21.56	43.12
5	DSYRINGE EMERALD 5ML BP (BD)	BECTION DICKINSON (BD)		5322615	10/30	1	12.00	12.00
6	DSYRINGS 2.5ML(NIPRO)	NIPRO	GENERAL	26B12K44	01/31	2	11.25	22.50
7	D WATER 10 ML AMPULE	Aculife Health Care Pvt.Ltd(Nirlif	H	2254216	10/28	3	2.58	7.74
8	EVATOCIN (OXYTOCIN) INJ 5 IU 1 ML	Neon Laboratories Ltd	H	091690	02/28	5	18.90	94.50
9	INTRAFLOW (AUTO STOP) ROMSONS	ROMSONS		K26B010515	01/31	1	525.00	525.00
10	NEEDLE 18 * 1 1 2	Dispovan	GENERAL	08634D	01/31	1	3.38	3.38
11	ONDOKIND INJ 4 MG 2 ML	SWISS CRITICURE		BA26025	01/28	1	12.72	12.72
12	OxygenMask With Tubing - Adult ROMSONS-FC		GENERAL	G26B040107	01/31	1	336.00	336.00
13	PHENPRES INJ 10 MG 1ML	Neon Laboratories Ltd	H	10062	06/27	1	407.80	407.80
14	PREGELLED SURGICAL PLATES(ADULT)	Erbee	GENERAL	2510302409	10/27	1	1,275.00	1,275.00
15	RL 500 ML CLOSED SYSTEM	Fresenius Kabi India Pvt Ltd		1D262104	03/29	3	69.84	209.52
16	SODIUM BI CARBONATE INJ 10 ML	HINDUSTAN LABS	H	0555	04/28	1	10.81	10.81
17	VEIN-O-LINE 10CM ROMSONS		GENERAL	K26E010512	04/31	1	460.00	460.00
Total :							3,586.70	3,868.08

for RAINBOW CHILDREN'S MEDICARE LIMITED

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

Receiver Name

GUC-00089893 IP18-00036499
 Mrs BALA SHOBICA B.S
 30-08-1997 28 Y 10 M 18 D (F)
 Dr. MATHANGI RAJAGOPALAN

() Rainbow Children's Hospital

DISCHARGE TRACKING SHEET

WID-

FLOOR-

NAME OF CONSULTANT-

ACTIVITY	INTIME	OUT TIME	NAME & SIGNATURE	REMARKS	<To be filled by Admin>		
Activity Sheet update by Nursing		18/11/20	[Signature]				
Activity Sheet update by Pharmacy							

GUC-00089893 IP18-00036499
 Mrs BALA SHOBICA B.S
 30-08-1997 28 Y 10 M 16 D (F)
 Dr. MATHANGI RAJAGOPALAN



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BirthRight
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ACTIVITY RECORD FOR BILLING

Name: Mrs. Bala Shobika B.S.
 UHID No: 89893 IP No: 36499 Consultant: Dr. Mathangi Dept: LDR
 Date of Admission: 16/7/26 Time: Date of Discharge: Time:
 Room / Bed No: Ward: Suggested Billable bed type:

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
17/7/26	3.45pm	LDR	OT	<i>[Signature]</i>
17/7/26	5:00pm	OT	miew	<i>[Signature]</i>
18/7/26	11Am	LDR	703	<i>[Signature]</i>

CROSS CONSULTATION VISIT

	Doctor Name	Date	Order No.	Signature
1.	PAC	OP checked (IP Billing) 16/7/2026	1728570	<i>[Signature]</i>
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

[illegible]

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
16/1/26	CTH (1)			009623	<i>[Signature]</i>
16/1/26	CTH (2)			009624	<i>[Signature]</i>
16/1/26	CTH (3)			009624	<i>[Signature]</i>
	CTH (4)			009625	<i>[Signature]</i>
	CTH (5)			009625	<i>[Signature]</i>
16/1/26	Infusion pump	8AM	8AM	1728671	<i>[Signature]</i>
	CTG (6)			009626	<i>[Signature]</i>
	CTG (7)			009626	<i>[Signature]</i>
	CTG (8)			009649	<i>[Signature]</i>
	CTG (9)			009649	<i>[Signature]</i>
	CTG (10)			009649	<i>[Signature]</i>
	CTG (11)			009649	<i>[Signature]</i>
	CTG (12)			009649	<i>[Signature]</i>
	CTG (13)			009662	<i>[Signature]</i>
	CTG (14)			009662	<i>[Signature]</i>

[illegible]

procedure : Emergency LSC
Surgeon : DR. Malhanji
Asst Surgeon : DR. Pucetta / DR. Diya
Anaesthetist : DR. Mohan
Time in : 3:40pm Time out : 5:00pm

Date: 18/8/21 Time: 6 AM Prepared By: [Signature]

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
-------------	--------------	-------------------	--------------------

DISCHARGE TRACKING SHEET

UHID-

FLOOR-

NAME OF CONSULTANT-

GUC-00089893 IP18-00036499

Mrs BALA SHOBICA B.S

30-08-1997 28 Y 10 M 18 D (F)

Dr. MATHANGI RAJAGOPALAN



ACTIVITY	TIME		NAME & SIGNATURE	REMARKS	<To be filled by Admin>
Discharge Announcement	19/7/26 at 10 AM				
	INTIME	OUT TIME			
Arrangement of File by Nursing		19/7/26 at 10 AM	S.D. [Signature]		
Preparation of Discharge Summary					
Finalization of discharge summary					
Transfer of file from Ward to Billing Dept					
Bill Processing					
Audit Clearance					
Billing Clearance					
Physical Clearance					

GUC-00089893 IP18-00036499
 Mrs BALA SHOBICA B.S
 20-08-1997 28 Y 10 M 18 D (F)
 Dr. MATHANGI RAJAGOPALAN



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BED SIDE CHECK LIST FOR NURSES

Date:	18/7/20	18/7	19/7																
Doctor's Orders	YES	YES	YES																
Carried out or not	YES	YES	YES																
Bed Side																			
Structured Handover done	YES	YES	YES																
IV Site	YES	YES	YES																
Central Lines	NA	NA	NA																
Arterial Lines	NA	NA	NA																
Feeding Catheter	NA	NA	NA																
Urinary Catheter	NA	NA	NA																
Skin Care	YES	YES	YES																
Eye Care	YES	YES	YES																
Mouth Care	YES	YES	YES																
Sterillum Bottle, Stethoscope	YES	YES	YES																
Suction Bottle (Should be clean & empty)	NA	NA	NA																
Intubation Tray	NA	NA	NA																
Emergency Tray (Loaded Syringes with Midazolam & Vecuronium and Flush) Ampoules of Adrenaline	NA	NA	NA																
Ventilator Tubing, (Any Water, Blood)	NA	NA	NA																
Humidification	NA	NA	NA																
Check all Infusion (Labelling, Correct Preparation)	YES	YES	YES																
Chest Physio & Neb	YES	YES	YES																
Handed Over By Name :	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>																
Signature :	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>																
Date & Time:	18/7/20	18/7/20	19/7																
Hand Over Taken By Name :	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>																
Signature :	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>																
Date & Time:	18/7/20	19/7	19/7																

ADMISSION SHEET

Registration Details :

Admission No : IP18-00036499

Admit Date : 16-Jul-2026

Admit Time : 09:07 PM UHID : GUC-00089893



Patient Details :

Patient Name : Mrs BALA SHOBIKA B.S

Guardian : Mr M S AKASH

Gender : Female

Occupation :

Address (H) : NO 1 SUSIL FLATS, 134- LAKE VEIW ROAD,
WEST MAMBALAM. West Mambalam Chennai
Tamil Nadu INDIA 600033

Age : 28 Y 10 M 16 D

DOB : 30-08-1997

Religion :

Marital Status :

Phone No : 9551028851

E-mail : 11@GMIL.COM

19003725485

Admission Details :

Bed Type : MICU

Bed No : MICU 801

Ward Name : 8F-OT COMPLEX

Room No : MICU 801

Admission Type : First Visit

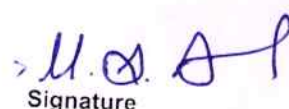
Contact Details :

Name : Mr M S AKASH

Relationship : Husband

Contact Address : NO 1 SUSIL FLATS, 134- LAKE VEIW ROAD,
WEST MAMBALAM. West Mambalam Chennai
Tamil Nadu INDIA 600033

Phone No : 9551028851


Signature

Doctor Details :

Doctor Name : Dr. MATHANGI RAJAGOPALAN

Specialisation : OBSTETRICS AND GYNECOLOGY

Referral Doctor : Dr. Mathangi Rajagopalan

Phone No :

Co-Consultant :

Payment Details :

Payment Mode : Cash

Deposit Amount : 7000.00

Payor Name : SELFPAY

GENERAL CONSENT FOR TREATMENT

Patient Name: Mrs BALA SHOBICA B.S

Age : 28 Y 10 M 16 D

IP No: IP18-00036499

Sex: Female

Consultant: Dr. MATHANGI RAJAGOPALAN

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

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

Patient, be deemed advisable or necessary.

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

Name: *M. S. Akash*

Relationship: *Husband*

Date: *16-07-2026*

Witness Name: *Darius*

Witness Signature: *[Signature]*

Time: *9:10*

Patient Address:

NO 1 SUSIL FLATS, 134- LAKE VEIW
ROAD, WEST MAMBALAM. West
Mambalam Chennai Tamil Nadu INDIA
600033

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 : > B.S. Bala Shobika.	UHID Number : 89893
Self/Attendant Name : > M.S. Akash.	Relation : > Husband
Self/ Attendant Signature : > M.S. Akash. Phone Number : > 9003725485	Name & Signature of Financial Counselor 



IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

Admitted for IOL
 FM ⊕

Obstetric Formula:

Primi

Obstetric History:

G₁: PP: Spontaneous conception

LMP: 9/10/25

EDD: 16/7/26

Corrected EDD: 29/7/26

GA: 38w1d

Menstrual History: Regular ☒ Yes ☐ No

Obstetric Examination

Fundal Height: TERM;

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

Liquor: ☒ Adequate ☐ Oligo ☐ Poly

PP: ☒ Cephalic ☐ Breech Others

Head Fifths Palpable:

FHS: ☒ Normal ☐ Tachy ☐ Brady ☐ Absent

Per Speculum Examination

Draining: ☐ Present ☒ Absent ☐ Bleeding

Colour of Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Vaginal Examination

Cervix: ☐ Long ☐ Partially effaced ☐ Effaced

Os: Closed Dilated

Membranes: ☐ Present ☐ Absent

Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Presenting Part: ☐ Vertex ☐ Breech ☐ Others

Sutton: ☐ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2

Pelvis: ☒ Adequate ☐ Doubtful

Present Pregnancy Record:

0/1: 13w3d / NT - Normal; NB seen
 FTS - Negative

4/3/26: Anomalies R/O; PI-post; Doppler ⊕

RISK FACTORS:

Congenital genuvarum - osteotomy

Gestational thrombocytopenia

Hypothyroid on 75/87.5 mcg
 M-T For-Sun
 x13 yrs

Height: 153 cm

Weight: 86 kg

Allergies: Nil

Breast: ☒ Normal ☐ Abnormal

General Examination:

Consciousness: Conscious Pallor: No

Icterus: Edema: No

Temp: Afebrile PR: 100b/m.

BP: 100/80 DTR:

CVS: S₁S₂ ⊕ RS NVBS

Liver/Spleen: Urine Output:

DIAGNOSIS

Primi / 38w1d / Congenital genuvarum - osteotomy
 Gestational thrombocytopenia / Hypothyroid x13 yrs



Family History: Father - CAD	Surgical History: Congenital genu valgum (Rickets) - osteotomy & plating 9 yrs back ↓ GA ② femur
Medical History: Hypothyroidism x 13 yrs	Medication History: Eltroxin 75mg Mon-Thu; 87.5mg Fri-Sun. Ecosprin stopped 14 days back.
Plan of Care: C/D/w Dr. Mathangi - Admission - Ports preparation - IV line - CTG Q4H - RA @ 5am	Investigations: CTG

Doctor Name: Dr. Vinitha

Signature:

Date & Time: 16/7/26

Consultant Name: Dr. Mathangi

Signature: (FOR)

Date & Time: 16/7/26

CROSS CONSULTATION FORM

Doctor Name: **GUC-00089893 IP18-00036499**
Mrs BALA SHOBICA B.S
30-08-1997 28 Y 10 M 18 D (F)
Dr. MATHANGI RAJAGOPALAN
 Date: Time:
 Diagnosis:

Hospital:
 Referred for: ☐ Opinion ☐ Co-Management ☐ Transfer of care
 Type of Referral :
☐ Emergency
☐ Urgent
☐ Non Urgent

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

postnatal care and Advices Mrs. Bala Shobika

Signature: 703

Findings and Recommendations :

S/B Physiotherapist Notes Dr. Mohanapriya (pt)
OBs & Lgner

Do's and Don'ts advised

- Don't lift weights
- Lifting weights technique
- Postnatal advices for lying down
- Sitting down posture
- Breast feeding posture
- Coughing and sneezing technique

Consultant :

Name : Signature : Date & Time :

Breathing Ex / Abdomen Breathing Ex .

Posterior pelvic tilt

Ankle mobilisation

Knee mobilisation

pelvic Bridging Ex

heels Ex .

Review after 2 weeks

Jay 18/01/06

GUC-00089693 IP18-00036499
 Mrs BALA SHOBICA B.S
 30-08-1997 28 Y 10 M 16 D (F)
 Dr. MATHANGI RAJAGOPALAN



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RESULT SHEET

Date	12/7				
Time					
Hb	12.3			O positive	
PCV	38.8				
RBC					
WBC	11630			T3 : 165	
N/L				T4 : 14.3	
Platelets	1.18			TSH : 4.81	
CRP					
ESR					
PCT					
RBS				FBS : 76	
Na				PPRS : 93	
K					
Cl					
Ca/Mg				ECG : Normal	
Phosphate					
Urea				ECHO : Normal	
Creatinine				Trivial MR/LA/TA	
ALP				EF : 70 %	
SGPT					
SGOT				HIV	
T.Bill/Conj				HbsAg	Negative
T.Protein				VDRL	
S.Albumin				HCV	
S.Globulin					
A/G Ratio				Urea : 18	
Uric Acid				Creatinine : 0.68	
S.Amylase					
Sr.Lipase					
Blood Lactate				Peripheral smear :	
S.Cholesterol				RBCs normocytic normochromic	
PT/INR				WBC : TC mildly increased (neutrophilia)	
APTT				Platelets : are in the lower normal limit.	
CSF Protein / Sugar				Few large platelets seen	
Cells				Normal in distribution	
N/L					



①

PROGRESS NOTES AND DOCTOR'S ORDER

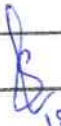
Date & Time	Progress Notes	Doctor's Order
17/7/26 5am	S/B Dr. Vinithe Pt reviewed; No 40 O/E: GE fair; Appear P°/PE° PlA: Ut term; Cephalic; Relaxed FH good P/v: Cx 1cm long; Os admits 2 fingers Vx: -3 station Menstr @ PGE₂ gel kept intracervically	
17/7/26 12:11:3		Adv: • CTG @ 6am • w/f contractions;
17/07/2026 8Am	C/S/B Dr. Parithra / Dr. Shreedevi - Post Gel CTG- Reactive - C/I/T Dr. Mathangi - To start INT. SYNTD 50 in 500ml RL @ 24ml/hr - Continuous CTG 18/22/17	

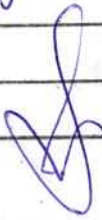
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/7/20 11 AM	S/B Dr. Mathangi pt. reviewed	
Synto 120mg/hr CTG - early decelerations (+)	P/A: ut term 3c/20-25 sec/10 min Cephalic FHS good	Advice - Ij. PETHIDINE 50mg IM + Ij. PNEUMERGAN 25 mg.
Bedside VSG	P/V: Cx well effaced OS 2cm dilated membranes (-) Vx @ - 2 clear liquor leaking (+)	- Continuous CTG - Synto 100mg/hr - Sitting / Bondolha - Inform SOS
DOP ROP one loop cord (+) 17/7/20 1:45 PM	S/B Dr. Mathangi	164208
Synto @ 100mg/hr CTG - Early decelerations	P/V: Cx well effaced OS 4cm dilated membranes absent Vx @ - 1	Advice - Epidural SOS - Continue Synto + Continuous CTG
Bedside VSG DOP one loop cord +		

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/01/2021 2:20pm	C/S/O Dr. Mathangi	
	- Patient wants Epidural Analgesia	
	- CTG - reactive	
	- To inform OT / Anaesthetist	
	- Catheterisation	
	 182217	
17/1/2021 3:40pm	S/O Dr. Mathangi ↓ Epidural analgesia pt. reviewed	
	p/v: Cx fully effaced OS fully dilated. membranes (-) Vx at -1	
Synto @ 168ml/hr		
CTG - Decelerations		
Bradycardia 70bpm		
Clear urine draining		
		Advice - Emergency LSCS 10/10 Failure to descent / Fetal distress. - Inform OT / NICU Shift to OT after informed consent


164288



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/7/20	pt. received in - NICU	
5:10 pm	S/B Dr. Danyalakshmi / Dr. Shreedevi	
POD-0	pt. reviewed -	
T-N	gc: pt ac fair, afebrile	Advice
PR-98/min	po / pco	- NPO x 4 hours.
BP-80/55 mmHg	ces / NAD	- IVF @ 125 ml/hr.
SpO ₂ = 98% @ RA	p/a: soft	- AG 84H tonight.
UO = 100 ml	wt. firm & contracted well	- O ₂ @ 4 lit/hr over 2 hours/as per consultant
emptied in OT	dressing dry.	- monitor vitals.
belated - ingested	L/E: No undue bleeding	- Strict pulse rate & BP
Baby mfs	CBD intact	- CBC at 11 pm
Breasts soft	AG = 97 cm.	- Tragicx 3 doses
		- Clearex 40 / CBD
		efn 8 am.
		- Jij Emeset 4 mg IV
		BD till discharge
		- Jij Magnex forte IV BD.
		- Overnight observation in LDR
		- DBF
		- Z/p chatting
		- Inform SOS.



4

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/7/26 10 am	S/B Dr. Vinita PE reviewed; No 40 CBD removed at 8 am; PE voided 100ml O/E: GC fair; Afebrile P / PE BP: 90/60 PR: 90/min SpO ₂ : 99% RA S/B Breasts soft Baby MTS Hb: 9.1 Ht: 1.16	
	PIA: Uterus contracted; Soft; BS ⊕ Dressing intact UE: BWNL	Adv: • Shift to ward • Normal diet; Plenty of fluids • Follow drug chart • Ambulation • Measure next void & inform • WIF Bleeding PIV • Inform SOS.
18/7/26 4:30 pm	S/B Dr. Mathangi / Dr. Dnyaneshwari PE reviewed O/E: PT GC fair, afebrile. no pallor / PC P/A: soft / BS ⊕ WIF contracted Dressing dry UE: BWNL	Advice - Continue same orders - Syp. Duphalac (5ml po stat) tonight
18/7/26 4:30 pm	POD-1 Vitals stable PT passed stool Baby mts Breasts soft	

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/7/2026	C/S/B Dr. Panitha	20/7/26
9:45 PM	Pd reviewed	no D
POD-1	o/e Pt ac fair	Advice
T-(N)	afebrile	(N) Diet
BP-114/66 mmHg	P/PR	- Plenty of orals
PR-82/min	CVS	- Vitals monitoring
SpO ₂ -97% RA	RS/NAD	- Follow drug chart
	P/A- soft, BS (+)	- Syrup Duphalac 15ml stat
Baby m/s.	U/F from 2 cont well.	
B/L Breast soft	Dressing dry	
Passed flatus	C/S- BWNL	18/7/26
Not passed stools		

Patient Sticker



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PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]

Patient Sticker

PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]



MEDICATION RECONCILIATION FORM

Drug Allergies:

☒ Not known any Drug Allergies

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

Shifting From: LDR

Shifted to:

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	T. ELTROXIN	75mcg	PO	OD		☒ 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

MEDICATION HISTORY RECORDED / VERIFIED BY

* C- Continue, DC - Discontinue

Doctor Name & Signature: [Signature]

Date & Time: 16/7/26

Nurse Name & Signature: D. Subharani

Date & Time: 18/07/2026 at 9.30pm

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GUC-00089893 IP18-00036499
 Mrs BALA SHOBICA B.S
 30-08-1997 28 Y 10 M 17 D (F)
 Dr. MATHANGI RAJAGOPALAN

2

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MEDICATION RECONCILIATION FORM

Drug Allergies:

☒ Not known any Drug Allergies

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

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

Shifting From: LDR

Shifted to: O.T.

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	Ij: SUPACEF	1-5g	IV	STAT	17/7/26 @ 3.30pm	☒ C ☐ DC
2	Ij: PANV	40mg	IV	STAT	-	☒ C ☐ DC
3	Ij: OMESSET	4mg	IV	STAT	-	☒ C ☐ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature: Dr. Dingalambini

Date & Time: 17/7/2026 @ 3.30pm

Nurse Name & Signature: Dr. Parameswari

Date & Time: 17/7/2026 @ 3.30pm



3

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: 7th floor

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	T. THYRONORM	15mcg	PO	OD	18/7/2026 6AM	☒ C ☐ DC
2	T. THYRONORM	87.5mcg	PO	OD	18/7/2026 6AM	☒ C ☐ DC
3	INJ. MAGNEX FORTE	1.5g	IV	BD	18/7/2026 6AM	☒ C ☐ DC
4	INJ. TRAPIC	1g	IV	TDS	18/7/2026 8AM	☒ C ☐ DC
5	C. PAN D	40mg	PO	BD	18/7/2026 7AM	☒ C ☐ DC
6	T. PARACETAMOL	1g	PO	QID	18/7/2026 6AM	☒ C ☐ DC
7	JUSTIN SUPPOSITORY	100mg	PR	BD	18/7/2026 POAM	☒ C ☐ DC
8	INJ. CLEXANE	40mcg	SC	OD	18/7/2026 8AM	☒ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature: Dr. Shreedevi

Date & Time: 18/7/2026 @ 10am

Nurse Name & Signature: Shobana Suresh

Date & Time: 18/7/2026 @ 10am

No.	RESEARCH NAME (DAY)	RESEARCH NAME (DAY)	RESEARCH NAME (DAY)
1	1. 1st 1st 1st	1. 1st 1st 1st	1. 1st 1st 1st
2	2. 2nd 2nd 2nd	2. 2nd 2nd 2nd	2. 2nd 2nd 2nd
3	3. 3rd 3rd 3rd	3. 3rd 3rd 3rd	3. 3rd 3rd 3rd
4	4. 4th 4th 4th	4. 4th 4th 4th	4. 4th 4th 4th
5	5. 5th 5th 5th	5. 5th 5th 5th	5. 5th 5th 5th
6	6. 6th 6th 6th	6. 6th 6th 6th	6. 6th 6th 6th
7	7. 7th 7th 7th	7. 7th 7th 7th	7. 7th 7th 7th
8	8. 8th 8th 8th	8. 8th 8th 8th	8. 8th 8th 8th
9	9. 9th 9th 9th	9. 9th 9th 9th	9. 9th 9th 9th
10	10. 10th 10th 10th	10. 10th 10th 10th	10. 10th 10th 10th

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RESEARCH NAME (DAY)
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 10th 10th 10th



DRUG CHART

Date of Admission: 16/7/26 Drug Allergies: ☒ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

- GENERAL** - Ensure that all patient details are entered above. **ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.**
- DOCTOR** - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
 - Use approved pharmaceutical names, **BLOCK LETTERS**, metric dosage. English instructions.
 - Any changes in drug therapy must be ordered by a **NEW PRESCRIPTION**. Do not alter existing instructions.
 - Discontinue a drug by drawing a line **I** through it and a similar line through subsequent recording panels.
 - The date and time of stopping the drug along with the doctors name and sign must be mentioned.
 - Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.
- NURSES** - Nurses must follow strictly the **FIVE RIGHTS** before administration of medication.
 1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time
 - **AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES**
 (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

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

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

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

VERIFIED BY : Name Signature



REGULAR PRESCRIPTIONS

Weight. 86kg Ward. LDR

DRUG : T. THYRONORM				Date Time	17/7/26	12:15 PM
Dose	Route	Frequency	Start Date	6	DS	Am SP.
75mcg	PO	1-0-0	17/7/26			
Name & Signature of the Doctor Starting the Drugs:				[Signature] 182217		
Additional Instructions:				(Mon - Thursday)		
Daily Doctor's Endorsement by a Sign						
DRUG : INT. MAGNEX FORTE				Date Time	17/7/26	12:15 PM
Dose	Route	Frequency	Start Date	6	SP	12:15 PM
1.5g	IV	1-0-1	17/7/26			
Name & Signature of the Doctor Starting the Drugs:				[Signature] 182217		
Additional Instructions:				SP 9m 6pm SP KH		
Daily Doctor's Endorsement by a Sign						
DRUG : INT. EMESET				Date Time	17/7/26	12:15 PM
Dose	Route	Frequency	Start Date	4mg	IV	12:15 PM
4mg	IV	1-0-1	17/7/26			
Name & Signature of the Doctor Starting the Drugs:				[Signature] 182217		
Additional Instructions:				Full discharge		
Daily Doctor's Endorsement by a Sign						
DRUG : C. PAN D				Date Time	17/7/26	
Dose	Route	Frequency	Start Date	40mg	PO	17/7/26
40mg	PO	1-0-1	17/7/26			
Name & Signature of the Doctor Starting the Drugs:				[Signature] 182217		
Additional Instructions:						
Daily Doctor's Endorsement by a Sign						

Weight 26 kg Ward 1 DR

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

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

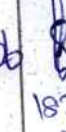
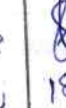
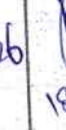
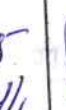
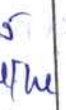
STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
17/7	5AM	PGF2 gel	0.5mg	Intra cerically	182217	SP SD
17/7/26	9:45AM	INTJ. SUPACET	0.1m	Id	182217	SP SD
17/7	10:30AM	INTJ. SUPACET	1.5g	IV	182217	SP SD
17/7/26	11:10AM	INTJ. PETHIDINE	50mg	IM	182217	SP SD
17/7/26	11:10AM	INTJ. PHENERGAN	25mg	IM	182217	SP SD
17/7/26	3:30pm	INTJ. PANTO	40mg	IV	182217	SP SD
17/7/26	3:30pm	INTJ. EMESET	4mg	IV	182217	SP SD
17/7/26	3:30pm	INTJ. SUPACET	1.5g	IV	182217	SP SD
17/7/26	3:52pm	2. TRAPIC	1 gm	IV	182217	SP SD



I.V. FLUIDS CHART

Weight. 86 kg Ward. LDR

Date	Time	Composition of I.V. Fluid (If infusion, mention ml/hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
17/7/26	3Am	10 RL	IV	free flow	 182217	SP SD	17/7/26	 182217	SP SD
17/7/26	8Am	INT. SYNTD SU in 500ml RL	IV	24 ml/hr	 182217	SP MD	17/7/26	 182217	TJ MD
17/7/26	9Am	IVF 10RL	IV	free flow	 182217	TJ MD	17/7/26	 182217	TJ MD
17/7/26	1:30pm	INT. SYNTD SU in 500ml RL	IV	168 ml/hr	 182217	TJ MD	17/7/26	 182217	SP SA
17/7/26	1:30pm	IVF 10RL	IV	free flow	 182217	SP SD	17/7/26	 182217	SP SA
17/7/26	2:30pm	IVF 20RL	IV	free flow	 182217	SP SD	17/7/26	 182217	SP SA
17/7/26	3:40pm to 5:00pm	80 RL 10	iv				17/7/26		
17/7/26	3:40pm to 5:00pm	(10N)	iv				17/7/26		
17/7/26	7:30pm	20 RL	IV	25 ml/hr	 182217	SP SD	18/7/26	 121113	SP SD
18/7/26	1Am	10 RL	IV	25 ml/hr	 121113	SP SD	18/7/26	 121113	SP SD

Signature
 VERIFIED BY: Name

GUC-00089893 IP18-00036499
 Mrs BALA SHOBICA B.S
 30-08-1997 28 Y 10 M 17 D (F)
 Dr. MATHANGI RAJAGOPALAN



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Sheet No:

REGULAR PRESCRIPTIONS

Weight 86 kg Ward LDR

DRUG: <u>Ly. CLEXANE</u>				Date Time	<u>18/7</u>	<u>19/7</u>
Dose	Route	Frequency	Start Dt.			
<u>40mg</u>	<u>SP</u>	<u>OD</u>	<u>18/7</u>	<u>8am</u>	<u>SP</u>	<u>SM</u> <u>VA</u>
Name & Signature of the Doctor Starting the Drugs:						
Additional Instructions:						
Daily Doctor's Endorsement by a Sign						

DRUG: <u>Ly. TRAPIC</u>				Date Time	<u>18/7</u>	
Dose	Route	Frequency	Start Dt.			
<u>1gm</u>	<u>IV</u>	<u>1-1-1</u>	<u>18/7</u>	<u>12AM</u>	<u>SP</u>	<u>SM</u>
Name & Signature of the Doctor Starting the Drugs:						
Additional Instructions:						
Daily Doctor's Endorsement by a Sign						

DRUG: <u>Cap. PAN-D</u>				Date Time	<u>18/7</u>	<u>19/7</u>
Dose	Route	Frequency	Start Dt.			
<u>40mg</u>	<u>PO</u>	<u>1-1-1</u>	<u>18/7</u>	<u>7am</u>	<u>SP</u>	<u>ES</u> <u>AA</u>
Name & Signature of the Doctor Starting the Drugs:						
Additional Instructions:						
Daily Doctor's Endorsement by a Sign						

DRUG: <u>Tab. ACTON OR</u>				Date Time	<u>18/7</u>	<u>19/7</u>
Dose	Route	Frequency	Start Dt.			
<u>1gm</u>	<u>PO</u>	<u>1-1-1</u>	<u>18/7</u>	<u>12AM</u>	<u>SP</u>	<u>AA</u> <u>ES</u>
Name & Signature of the Doctor Starting the Drugs:						
Additional Instructions:						
Daily Doctor's Endorsement by a Sign						

VERIFIED BY : Name Signature

GUC-00089893 IP18-00036499
 Mrs BALA SHOBICA B.S
 30-08-1997 28 Y 10 M 17 D (F)
 Dr. MATHANGI RAJAGOPALAN



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REGULAR PRESCRIPTIONS

Weight 26.10 Ward 1D2

Sheet No:

DRUG : JUSTIN SUPPOSITORY				Date- Time
Dose 100mg	Route PR	Frequency 1-01	Start Dt. 18/7	18/7 19/7
Name & Signature of the Doctor Starting the Drugs: <i>[Signature]</i> 164288				SP SP SA SA
Additional Instructions:				10pm 11pm AA ES
Daily Doctor's Endorsement by a Sign				

DRUG : TAB. THYRONORM				Date- Time
Dose 87.5mcg	Route PO	Frequency 1-00	Start Dt. 18/07/24	18/7 19/7 6am SP ES TS TS
Name & Signature of the Doctor Starting the Drugs: <i>[Signature]</i> 18227				
Additional Instructions: Friday - Sunday				
Daily Doctor's Endorsement by a Sign				

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

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

VERIFIED BY : Name

Signature



STAT / ONCE ONLY DRUGS

Name:

Weight:86..... kgs

Sheet No: 0

[illegible]

[illegible]



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Name: Mrs. Bala Shobika

Weight: 86 kg kgs

Sheet No: 2

[illegible]



MEDICATION CHART AUDIT CHECKLIST - IP

	DRUG 1	DRUG 2	DRUG 3	DRUG 4	DRUG 5	DRUG 6	DRUG 7
DRUG NAME	T. thyronorm	Bo. Magnesium	T.V. Emetrol	B.M. Cleocane	T.V. TRAPIC	T.M. Acton-Of	Justin Suppositories
FREQUENCY	OD	BD	BD	OD		BBday	BD
DOCTORS							
1. INCORRECT DRUG SELECTION							
2. NO/WRONG DOSE							
3. NO/ WRONG UNIT OF MESUREMENT							
4. NO/ WRONG FREQUENCY							
5. NO/WRONG ROUTE							
6. NO/ WRONG CONCENTRATION							
7. NO/WRONG RATE OF ADMINISTRATION							
8. ILLEGIBLE PRESCRIPTION							
9. NON APPROVED/ERROR PRONE ABBREVIATION USED							
10. NON- USAGE OF CAPITAL LETTERS FOR DRUG NAMES	✓	✓	✓	✓	✓	✓	✓
11. NON-USAGE OF GENERIC NAMES							
12. DRUG-DRUG INTERACTION							
13. DRUG- FOOD INTERACTION							
14. WRONG FORMULATION TRANSCRIBED							
15. WRONG DRUG TRANSCRIBED/INDENTED							
16. WRONG STRENGTH TRANSCRIBED/INDENTED							
PHARMACIST							
17. WRONG DRUG							
18. WRONG FORMULATION							
19. WRONG STRENGTH DISPENSED							
20. EXPIRED/NEAR EXPIRY DRUG DISPENSED							
21. NO/ WRONG LABELLING							
22. DELAY IN DISPENSE(<30 MINTS)							
23. GENERIC OR CLASS SUBSTITUTED DONE WITHOUT CONSULTATION WITH THE CONSULTANT							
NURSES							
24. WRONG PATIENT							
25. II/PROPER DOSE							
26. DOSE OMISSION							
27. WRONG DRUG							
28. WRONG FORMULATION							
29. WRONG ROUTE							
30. WRONG DURATION							
31. WRONG TIME							
32. NO DOCUMENTATION							
33. DOCUMENTATION WITHOUT ADMINISTARTION							
DISCREPANCY	1. NON-COMPLAINE YES/NO (If yes mention : Doctor/Pharmacist/Nurses), 2. MEDICATION ERROR FORM/INCIDENT FORM RAISED (YES/NO), 3. CAPA DONE (YES/NO), 4. (ERROR PRONE ABBREVIATION USED IN THE MEDICATION CHART (TICK IF USED).						
INTERVENTIONS							
TOTAL NUMBER OF OPPORTUNITIES							

* T. thyronorm. Variable dose prescribed in regular chart.
Dose needs to be verified.

MEDICATION CHART AUDIT CHECKLIST - IP

	DRUG 1	DRUG 2	DRUG 3	DRUG 4	DRUG 5	DRUG 6	DRUG 7
DRUG NAME							
FREQUENCY							
DOCTORS							
1. INCORRECT DRUG SELECTION							
2. NO/WRONG DOSE							
3. NO/ WRONG UNIT OF MESUREMENT							
4. NO/ WRONG FREQUENCY							
5. NO/WRONG ROUTE							
6. NO/ WRONG CONCENTRATION							
7. NO/WRONG RATE OF ADMINISTRATION							
8. ILLEGIBLE PRESCRIPTION							
9. NON APPROVED/ERROR PRONE ABBREVIATION USED							
10. NON- USAGE OF CAPITAL LETTERS FOR DRUG NAMES							
11. NON-USAGE OF GENERIC NAMES							
12. DRUG-DRUG INTERACTION							
13. DRUG- FOOD INTERACTION							
14. WRONG FORMULATION TRANSCRIBED							
15. WRONG DRUG TRANSCRIBED/INDENTED							
16. WRONG STRENGTH TRANSCRIBED/INDENTED							
PHARMACIST							
17. WRONG DRUG							
18. WRONG FORMULATION							
19. WRONG STRENGTH DISPENSED							
20. EXPIRED/NEAR EXPIRY DRUG DISPENSED							
21. NO/ WRONG LABELLING							
22. DELAY IN DISPENSE(<30 MINTS)							
23. GENERIC OR CLASS SUBSTITUTED DONE WITHOUT CONSULTATION WITH THE CONSULTANT							
NURSES							
24. WRONG PATIENT							
25. IMPROPER DOSE							
26. DOSE OMISSION							
27. WRONG DRUG							
28. WRONG FORMULATION							
29. WRONG ROUTE							
30. WRONG DURATION							
31. WRONG TIME							
32. NO DOCUMENTATION							
33. DOCUMENTATION WITHOUT ADMINISTRATION							
DISCREPANCY	1. NON-COMPLAINE YES/NO (If yes mention : Doctor/Pharmacist/Nurses), 2. MEDICATION ERROR FORM/INCIDENT FORM RAISED (YES/NO), 3. CAPA DONE (YES/NO), 4. (ERROR PRONE ABBREVIATION USED IN THE MEDICATION CHART (TICK IF USED)).						
INTERVENTIONS							
TOTAL NUMBER OF OPPORTUNITIES							

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

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

Early Warning Observation Score Chart - Obstetrics

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

17/7/20

Date	Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20	20	18	16			19	19	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20
	0 - 10																								
Saturations	94 - 100 %	99	99	99			99	99	99	100	99	100	100	100	100	100	100	100	100	100	100	100	100	100	100
	< 94 %																								
Administered O ₂ (L/min.)		PR	PR	PR			PR	PR	PR	PR	PR	PR	PR	PR	PR	PR	PR	PR	PR	PR	PR	PR	PR	PR	PR
Temp °C	40																								
	39																								
	38	38	38	38			38	38	38	38	38	38	38	38	38	38	38	38	38	38	38	38	38	38	38
	37																								
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110	98	94	90			98	103	100	98		90	90												
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressure	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130	119	110	112			123	119																	
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure	130																								
	120																								
	110																								
	100																								
	90																								
	80	78	78	80			84	85																	
	70																								
	60																								
	50																								
	40																								
NEURO RESPONSE [✓]	Alert	✓	✓	✓			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30	✓	✓	✓			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	< 30																								
Proteinuria	Protein ++																								
	Protein > ++																								
Lochia	Normal	-	-	-			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Heavy / Foul																								
Liquor	Clear / Pink	-	✓	✓			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Green																								
TOTAL YELLOW SCORES		0	0	0	0	0	0	0	0	0	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	0	0	0	0	0	0	0	0	0
Nurse Initial		fu	fu	fu			fu	fu	fu	fu	fu	fu	fu	fu	fu	fu	fu	fu	fu	fu	fu	fu	fu	fu	fu

4th hely Agi chaoting

DATE	TIME	Ag
27/7/2006	5.30pm	97 cm
17/07/2006	9.30pm	97 cm
12/07/2006	1.30pm	99 cm
02/07/06	5.30pm	99 cm
18/7/06	8 ³⁰ pm	99 cm.



3

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	
18/7/26		8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	
RESP (write rate in corresp. box)	> 30																									
	21 - 30																									
	11 - 20	20	20	20						22				20				22				20				
	0 - 10																									
Saturations	94 - 100 %	99	99	99						99				97				98				98				
	< 94 %																									
Administered O ₂ (L/min.)		RA	RA	RA						RA				RA				RA				RA				
Temp °C	40																									
	39																									
	38	98	98							98				98				98				98				
	37																									
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110	90	92	89						82				82				82				82				
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
	40																									
	Systolic Blood Pressure	190																								
		180																								
170																										
160																										
150																										
140																										
130																										
120																										
110		90	90	98						106				112				104				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																										
URINE mls / hour	> 30																									
	< 30																									
Proteinuria	Protein ++																									
	Protein > ++																									
Lochia	Normal																									
	Heavy / Foul																									
Liquor	Clear / Pink																									
	Green																									
TOTAL YELLOW SCORES		00	00											02				02				02				
TOTAL ORANGE SCORES																										
Nurse Initial																										



FLUID CHART

Sheet No. : ①

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

Date	Time	Nature of Fluid	Intake			Output						IV Site Thrombophlebitis Score	Sign. Nurse		
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine					
16/8/2020	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	on	Admission												
	09:00 pm	H ₂ O	100ml							200	NO	DS			
	10:00 pm	H ₂ O	100ml							200	IV	DS			
	11:00 pm	H ₂ O	100ml								len	DS			
	12:00 am									200ml	NO	DS			
	01:00 am										144	DS			
Total Intake : 300 ml.						Total Output : 600ml.									
	02:00 am	H ₂ O	100	RL						200	DS	DS			
	03:00 am	fen	150ml	100ml						200	0	DS			
	04:00 am	milk	150ml	400ml						200	0	DS			
	05:00 am	H ₂ O	100ml							150	0	DS			
	06:00 am	H ₂ O	100ml							200ml	0	DS			
	07:00 am										0	DS			
Total Intake : 1100ml						Total Output : 950ml.									
Total 24 hrs. Intake			1400ml			Total 24 hrs. Output			1550ml.						



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	Intake		Output					IV Site Thrombophlebitis Score	Sign. Nurse	
		Nature of Fluid	Route	NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	p.L.V							
	08:00 am	100	100	100				200	0		
	09:00 am	400	100	100				150	0		
	10:00 am	Juice	100					150	0		
	11:00 am	H2O	100					150	0		
	12:00 pm	Tea	150					200	0		
	01:00 pm	H2O	100						0		
Total Intake :		300 + 600 = 900				Total Output :		750ml			
	02:00 pm	H2O	100ml	144				50	0		
	03:00 pm			100				100ml	0		
	04:00 pm								0		
	05:00 pm							100ml	0		
	06:00 pm							40ml	0		
	07:00 pm			100ml				40ml	0		
Total Intake :		3662ml				Total Output :		330ml			
	08:00 pm	NPO		125ml				50	0		
	09:00 pm	Hot Juice	200ml	125ml				75	0		
	10:00 pm			125ml				50	0		
	11:00 pm	Tea	200ml	125ml				75	0		
	12:00 am			100ml				200	0		
	01:00 am	Water	200ml	100ml				150ml	0		
Total Intake :		1300ml				Total Output :		600			
	02:00 am			100ml				100	0		
	03:00 am	Water	200ml	100ml				250	0		
	04:00 am			100ml				250	0		
	05:00 am	H2O	100	100ml				250	0		
	06:00 am	Tea	200	100ml				180	0		
	07:00 am			100ml				200	0		
Total Intake :		1100ml				Total Output :		1200ml			
Total 24 hrs. Intake		6761 ml				Total 24 hrs. Output		2910ml			

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.

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
18/7/26	08:00 am	H2O	100ml										
	09:00 am	H2O	150ml							250ml	0	Ph	
	10:00 am	H2O	150ml								0	Ph	
	11:00 am	H2O	150ml							100ml	0	Ph	
	12:00 pm	H2O	200								0	Ph	
	01:00 pm	H2O	150							210			
Total Intake :			900ml			Total Output : 560ml							
	02:00 pm										0	Bahy	
	03:00 pm	H2O	300								0	Bahy	
	04:00 pm	H2O	200								0	Bahy	
	05:00 pm	H2O	300							300	0	Bahy	
	06:00 pm	H2O	200								0	Bahy	
	07:00 pm	H2O	300								0	Bahy	
Total Intake :			1300ml			Total Output : 550ml							
	08:00 pm	H2O	150ml								0	AA	
	09:00 pm	H2O	100ml								0	AA	
	10:00 pm	Milk	100ml								0	AA	
	11:00 pm									350	0	AA	
	12:00 am	H2O	150ml								0	AA	
	01:00 am	H2O	150ml								0	AA	
Total Intake :			650ml			Total Output : 300							
	02:00 am	H2O	150ml								0	AA	
	03:00 am	H2O	100ml								0	AA	
	04:00 am										0	AA	
	05:00 am	H2O	150ml							400	0	AA	
	06:00 am	H2O	150ml								0	AA	
	07:00 am	Milk	100ml								0	AA	
Total Intake :			650ml			Total Output : 400ml							
Total 24 hrs. Intake		3,500ml											
Total 24 hrs. Output		2,160ml											



NURSING SHIFT HAND OVER FORM

SITUATION		Diagnosis: <u>primi 38+1 wks</u>		Any Infection: ☐ Yes ☐ No ☒ Not Known	
Surgery / Procedure:				If Yes Specify:	
Post OP Day:					
BACKGROUND	Date	<u>16/7/26</u>	<u>17/7/26</u>	<u>17/7/26</u>	<u>18/7/26</u>
	Shift	<u>N</u>	<u>M</u>	<u>E</u>	<u>Night</u>
BACKGROUND	Medical Condition (Any special condition to be noted):	<u>Hypothy</u>	<u>Hypothyroid</u>	<u>Hypothyroid</u>	<u>Hypothyroid</u>
	Diet:	<u>Diet</u>	<u>Liquid</u>	<u>Liquid</u>	<u>Liquid</u>
ASSESSMENT	Allergy:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
	Ventilation (RA, NP, NIV, VENTI):	<u>RA</u>	<u>NA</u>	<u>NA</u>	<u>RA</u>
	Tubes/Drains/Catheter:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
	Vital Signs:				
	Temp:	<u>98.1°F</u>	<u>98°F</u>	<u>98°F</u>	<u>98°F</u>
	Res:	<u>20</u>	<u>20bpm</u>	<u>20bpm</u>	<u>20bpm</u>
	SpO ₂ :	<u>100%</u>	<u>99%</u>	<u>100%</u>	<u>99%</u>
	Pulse:	<u>108bpm</u>	<u>90bpm</u>	<u>90bpm</u>	<u>90bpm</u>
	BP:	<u>100/80</u>	<u>114/78</u>	<u>120/80</u>	<u>90/60mmHg</u>
	LOC:	<u>conscious</u>	<u>conscious</u>	<u>conscious</u>	<u>conscious</u>
ASSESSMENT	Fall Risk Score:	<u>0</u>	<u>20</u>	<u>20</u>	<u>30</u>
	Pain Score:	<u>0/10</u>	<u>0/10</u>	<u>3/10</u>	<u>2/10</u>
	Skin Integrity	<u>Normal</u>	<u>Normal</u>	<u>Normal</u>	<u>Intact</u>
	Safety Needs:	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No
Recommendations	Physiotherapy:	<u>NO</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
	Others Specify:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
	Special Diet:	<u>Diet</u>	<u>Normal</u>	<u>Liquid</u>	<u>Soft diet</u>
	Critical Lab Test / Values:	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
	Other Special Orders / Medications:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
	PU Prophylaxis:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
	DVT Prophylaxis:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
	ADL (Dependent / Non Dependent):	<u>Dependent</u>	<u>Dependent</u>	<u>Dependent</u>	<u>Dependent</u>
Post Operative Procedure Special Orders:		<u>CS 2am</u>			
Handed Over By Name :		<u>Dr. Jothi</u>			
Signature / ID :		<u>Dr. Jothi</u>			
Date:		<u>17/7/26</u>			
Time:		<u>12:30pm</u>			
Taken Over By Name :		<u>Dr. Jothi</u>			
Signature / ID :		<u>Dr. Jothi</u>			
Date:		<u>17/7/26</u>			
Time:		<u>1:30pm</u>			

1. Observation
 2. Conclusion
 3. Discussion
 4. References
 5. Appendix
 6. Summary
 7. Conclusion
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 9. Appendix
 10. Summary

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 10. Summary

GUC-00089893 IP18-00036499
 Mrs BALA SHOBICA B.S
 30-08-1997 28 Y 10 M 16 D (F)
 Dr. MATHANGI RAJAGOPALAN



NURSING CARE RECORD

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 It takes a lot to treat the little.

BirthRight
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 Your Right to a Safe Delivery

Date: 16/7/2016

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night	9.30 pm	promote adequate Nutrition for healing and recovery.	10 pm	- Assess Nutritional status and appetite. - provide balanced diet	patient vital are stable	Reassessment done	[Signature]

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 Mrs BALA SHOBICA B.S
 30-08-1997 28 Y 10 M 17 D (F)
 Dr. MATHANGI RAJAGOPALAN



NURSING CARE RECORD

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Date: 14/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8:30 AM	Achieve acceptable pain and Reduce discomfort	8 AM	* Assess pain using pain scale * Administer analgesic * Provide comfortable position	Reduced pain to some extent	Reassessment Done	<i>[Signature]</i> 016120
Afternoon	2 PM	Achieve Acceptable pain Reduce discomfort	2:30 PM	Assess pain using pain scale Administer Analgesic Epidural. provide comfortable position	Reduced pain levels.	Reassessment was done	<i>[Signature]</i> 018088
Night		Achieve acceptable pain control by comfort		Assess the level of pain by using pain scale Provide comfortable bed position	Reduced pain	Reassessment is done	<i>[Signature]</i>



①

NURSES NOTES

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☒ No Known Drug Allergies

☐ Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
16/2/26	9.10pm	Admission Note. (16/2/26). patient come for admission order DR. mathangi patient 38+1 weeks come admission Reborn for for patient conscious and oriented normal condition Fein vital are stable, patient CTN connecting FHR ⊕ 138b/m patient knee Hypothyroid congenital genavatum osteotomy, rotational thrombocytopenia. Hypothyroid on 75 mcg and 7m. 8.5 mcg for seen patient can transfer to DR. vinitha mam, patient admit admission order patient further done SN poja other no complaints	
	10pm	SB DR. vinitha admit to CTN disconnecting FHR ⊕ 142b/m patient conscious and oriented	
	10.30pm	SB DR. vinitha admit to 2AM CTN 5AM gel place. 4.30AM CTN order. Following	

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
17/1/20	12Am	patient checked vital signs vital are stable patient conscious and oriented orientation fair	01/1/20
	2Am	patient voided on connecting FHR 138bpm patient conscious oriented No complaints for pain	01/1/20
	2.30 Am	S/B DR. Kirthiga mam, advice to RL start orders patient IV line put black flex come 18h patient 1 ORC connecting on going on FHR 140bpm	01/1/20
	3.30 Am	S/B DR. Kirthiga advice to on FHR 140bpm stop order patient on disconnecting Next on 4.30 Am	01/1/20
	4Am	patient checked vital signs vital are stable patient conscious and oriented orientation condition fair	01/1/20
	4.30 Am	patient on connecting FHR 138bpm patient conscious and oriented. no gel	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS



②
NURSES NOTES



- ☒ No Known Drug Allergies
☐ Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
17/8/26	Conten	ctn connecting #HR① 130b/m patient mild pain present. Checked contractions 10 ment - 2 contractions 10 sec Interm to DR. venitha mcm	DR. venitha 08/11/26
	5am	SB DR. venitha advised ctn was Reactivity #HR① 140b/m ctn disconnected order patient ctn disconnected SB DR. venitha mcm plv examination 1cm long 2 Fingers advised J&AP Pn-2 gel kept intracervically patient post gel ctn 6am	DR. venitha 08/11/26
	6am	patient checked vital signs vital are stable post gel ctn connecting #HR① 130b/m patient cervical condition fair due medication given	DR. venitha 08/11/26
	6.30 Am	SB DR. venitha mcm advised to ctn post gel ctn reactivity ctn disconnected order come back DR. venitha advised patient T. Thyronorm 27.5mg to be taken Today Friday Patient T. Thyronorm 27.5mg at home Inform	DR. venitha 08/11/26

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NURSES NOTES

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☐ Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
17/06/20	Continues	Dr. Vinites advised Today one day T. Thyronorm 75mcg give the order core out patient convey and oriented grosser condition fair	[Signature]
	7.30 AM	Patient handing over given morning duty Staff Nurse	[Signature]
	7.30 AM	<u>Morning Duty (17/06/20)</u> Patient care Handing over taken from Night duty Staff. Monitored vitals and Recorded. Maintained I/O, IV cannula observed, pain assessment done, watching contractions. No any other complaints	[Signature]
	8 AM	CTG on connect. FHR Monitoring. Paj. Synto 50mcg 2 PL hourly. Amul/hr started as per doctor order. IV PL hourly on connected. Pain assessment done. Watching contractions	[Signature]
	9 AM	Monitored vitals and Recorded. Maintained I/O. CTG on connect. FHR Monitoring. Maintained I/O. watching	[Signature]

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NURSES NOTES

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☐ Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
17/12/20		Contractions. pain assessment Done. Paj. Synto 12ml/hr on connect.	J. [Signature] 01/12/20
	9.40 AM	Dr. Mathangi. Mamm done pr Examination cx 1cm long, os admits & fingers, Membrane present, Vx at -3. Viscap ARM done clear liquor drained. Paj. Suprel 0.1ml ID given as per doctor order. CTG ok connect. FHR Monitoring. Paj. Synto 96ml/hr on connect.	J. [Signature] 01/12/20
	10 AM	Monitored vitals. Maintained Dlo. watching contractions Paj. synto 120ml/hr on connect. Pain assessment done	J. [Signature] 01/12/20
	10.30 AM	Patient doesn't have any allergic Reaction after Paj-suxrel 0.1ml ID. Paj. suxrel 1.5g IV given as per doctor order.	J. [Signature] 01/12/20
	11 AM	Dr. mathangi. mamm done pr Examination due to patient complaints of pain Cx well effaced, os 2cm dilated, Membrane absent, Vx at -2 Clear liquor draining. advised	

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NURSES NOTES

☒ No Known Drug Allergies

☐ Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
17/11/20		For Paj. pethidine 50mg Im, Paj. Phenorgan 25mg Im. given as per doctor order. carried out	J. J. J. 01/11/20
	12pm	Monitored vitals and Recorded. Maintained Ilo. CTG on Connect. FHR Monitoring. Pain assessment Done. watching contractions. Paj. synto 162ml/hr on connected	J. J. J. 01/11/20
	1pm	Monitored vitals and Recorded. Maintained Ilo. CTG on connected. FHR monitored. Paj. synto 162ml/hr on connected watching contractions	J. J. J. 01/11/20
	1:30pm	New bag Paj. synto 5unit E PI 500ml on Connect. watching contractions. Pain assessment done. Patient now handing over given to Evening duty staff	J. J. J. 01/11/20
		Evening duty	
17/11/20	1:30 PM	patient care hand over taken from morning duty Staff Nurse patient was stable conscious & oriented w line present pat. syn. on going	S. N. J. 01/11/20

NOTE : DO NOT WRITE OUTSIDE THE MARGINS



④
NURSES NOTES

- ☒ No Known Drug Allergies
☐ Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
11/12/20	2pm	⇒ Dr. mathangi DO plv Examination findings was she is 4cm dilatation patient's attenders discussed about the Epidural so pt shifted to LRTU →	Dr. Akash 01808
	2:15 Pm	⇒ Dr. Aishwini seen the pt Explained about The Epidural pt is sitting position. Epidural was done. post epidural cut was connected as per doctors order FHR is good (4) Inisytoun 144ml/hr connected PL 500ml pushed catheterization was done by Dr. Divya Lakshmi →	Dr. Akash 01808
	3pm	⇒ patient was stable Inisytoun 144ml/hr ongoing pt is sitting position inline presents pattern. she is contraction for 20 seconds in 10 mins →	Dr. Akash 01808
	3.30pm	Dr. mathangi saw the patient checked pv ex well effaced, 8cm dilated Decubation present, Dr. mathangi advised to Emergency tscs Ind. Failure to Descent / fetal Distress	Dr. Akash 01808
	3.40pm	pre op orders received. case informed to Neonatologist	Dr. Akash 01808

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
17/7/26	contin	OT, Anesthetist. Inj: par, Inj: cevisat, Inj: emet IV given. Dr. Mohan (Anesthetist) saw the patient and epidural top up given. Surgery consent Anesthesia consent uptained. S/n paramo 016808 3:40pm Patient shifted to OT, patient details, files handed over given to OT staff. S/n paramo 016808 OT notes.	
17/7/26	3:40pm	patient hand over taken from micu staff. Vitals checked & audal. while receiving the patient is conscious & oriented. pulse: 100b/m, R=20b/m, BP=100/70mmHg Temp@, SPO ₂ =100% Epidural anesthesia given by Dr. Mohan procedure done by Dr. Mathangi Vitals on monitoring. pulse: 100b/m R=20b/m, BP=100/70mmHg, Temp@ SPO ₂ =100%. Baby Birth at 3:52pm, Gender: Female, wt: 3.199kg Gauge Count counted. Spin closed. Surgical site wound dressing intact. Sml of Blood sample collected (I.V) from.	Pump overn Pump overn

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NURSES NOTES

☒ No Known Drug Allergies

☐ Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
17/7/26		mother for further investigation patient & Blood sample shifted to micu. patient documents 5:00pm details hand over given to micu staff	[Signature]
17/7/26	5:05pm	MICU received Notes: Patient received from OT. Patient conscious & oriented. Vitals are checked & recorded. Emergency lines done. Baby mother side. Urine & blood in Urine. pv bleeding normal. Post op orders received. patient one episode of vomiting. Informed to Dr. Divyala ksbmi Urometers changed. AGI-97cm Direct breast feeding given. Baby sucking well.	[Signature]
	bpm	post partum assessment done. B → Breast soft. Direct breast feeding given. U → Uterus contracted. pv bleeding normal. B → Catheter present. I/O chart maintain B → Bowel movement present L → Lochia rubra present	S/N paramosian 016808

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
17/7/26	contin	No evidence of foul smelling E $\Rightarrow$ REEDA assessment not applicable H $\Rightarrow$ Homan's sign negative E $\Rightarrow$ patient emotional status good.	S/n parameswarai 01/6/2008
	6.30pm	patient stool passed. Dressing changed. pv bleeding normal. Vitals are stable.	S/n parameswarai 01/6/2008
	7pm	AG monitoring 4th hrly, CBC @ 11 pm. Urine output - 40ml. Informed to Dr. Divyalakshmi advised to watch for urine output.	S/n parameswarai 01/6/2008
	7.30pm	patient details, files handed over given to Night duty staff.	S/n parameswarai 01/6/2008
	7.30pm	Night duty pt care hand over taken from evening duty staff. pt conscious & oriented. IV line @ of fallers. Now PC 125ml going on infusion. C&P @ urine draining. eye coloured. Shd B on NPO. All bleeding minimal. Encourage to mobilize. surgical suture site no dressing need page.	S/n parameswarai 01/6/2008

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NURSES NOTES

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☐ Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
17/08/2016	contine	covered. Breast soft. milk secretion D. more yell. Braden Q, pain assessment low.	Shirley
	2pm	pt vital signs checked covered. main pain 2/10 D BF given to baby. B - Breast soft U - uterus contracted B - she is on CPD B - Bowel sound present L - Luria rubor present E - REEDA assessment not applicable H - Homans sign negative E - pt emotional status good.	Shirley
	9pm	pt oral started by sips of water as per doctor order. IV line further maintain 2/10	Shirley
	9:30pm	pt have no obs vomiting TC water given. ABG monitoring done 9:45 am. patient to be. Alkalosis. Please to continue 4th baby order received out.	Shirley
	11pm	pt vital signs checked covered. provide comfortable bed position. CBC Sample collected sent to lab as per doctor order.	Shirley

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NURSES NOTES

- ☒ No Known Drug Allergies
☐ Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
18/08/16	12pm	pt vital signs checked & recorded. maintain no clast provide comfortable bed position	Shilpa
	12:30pm	CBG report collected. Inform to Dr. Akshitha. Filled in result sheet. Hb - 9.1 gm Platelet - 1.25. pt is stable.	Shilpa
	1:30pm	pt is stable. Encourage to take adequate oral fluid.	Shilpa
	2pm	ABG - 9cm Inform to Dr. Akshitha. pt vital signs checked & recorded. Encourage to take adequate oral fluid. maintain no clast. provide comfortable bed position. Encourage to take adequate oral fluid.	Shilpa
	4pm	pt vital signs checked & recorded. maintain no clast. administer due medication at 12pm as per doctor order. The bleeding is minimal.	Shilpa
	6pm	pt vital signs checked & recorded. morning care given to the pt. Encourage to take adequate oral fluid. administer medication as per doctor order.	Shilpa

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NURSES NOTES

- ☒ No Known Drug Allergies
☐ Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
18/7/26	6:30am	Dr. Akshitha advised to give Kanji. send cse order carried out. Kanji given to the pt. cse sample collected sent to lab as per doctor order.	[Signature]
	7am	pt vital signs checked & recorded. Encourage to take adequate oral fluid. CBD ⊕ urine draining clean. IV catheter going on infusion. Epidural catheter removed as per doctor order.	[Signature]
	7:30am	pt care hand over given to morning duty staff.	[Signature]
18/7/26	7:40am	Morning duty Notes: Patient details handed over taken from Night-duty staff. Patient conscious & oriented. vitals are checked & recorded. IV line kept in left & right hand. catheter present I/O chart maintain.	
	8am	Dr. Akshitha advised to CRD removal @ 8am. Doctor's order carried out. Inj: Clexon 10mg SC given. Inj: Tropic 1gm IV given.	[Signature] 016808
			[Signature] 016808

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NURSES NOTES

☒ No Known Drug Allergies

☐ Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
18/7/26	8.30am	Dr. Vinitha saw the patient checked bleeding, vitals advised to follow drug chart	
	9am	Post partum assessment done. B $\Rightarrow$ Breast soft. DRF given. No breast encouragement. U $\Rightarrow$ Uterus contracted. PV bleeding normal. B $\Rightarrow$ patient not voided. B $\Rightarrow$ Bowel movement present. A $\Rightarrow$ lochia rubra present. No evidence of foul smelling. E $\Rightarrow$ REEDA assessment not applicable. A $\Rightarrow$ Home9 sign negative. E $\Rightarrow$ patient emotional status good.	sp/paramar 016808
	9.30am	Dr. Mathangi saw the patient advised to watch for bleeding soft diet. AGI monitoring stop	
	10am	patient voided 100ml. Informed to Dr. Vinitha advised to patient shift to ward.	
	11am	patient's next void measure. patient shifted ward. patient details, files handed over given to 7th floor staff.	sp/paramar 016808

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NURSES NOTES

☐ No Known Drug Allergies

☐ Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
18/7/26	11:30 AM	Receiving notes 18/7/2026 Patient Received from LDR to 1 st floor ROOM NO. 703 patient is Conscious. Oriented on 15/15. S/C and heart sounds are hearing good. On Receiving poly's tube removed patient vitals are Monitorable and Recorded drug H-D Stable. Diet - soft diet maintains 1. pm Medications will be given as per the Drug chart will be following.	
	12 PM		
	1:30 pm	Maintains strict I/O charting and patient Details have Over Given to Evening duty Staff Nurse.	02/18/25
		Evening duty Notes.	
18/7	1:30 pm	The patient details handing over taken from morning duty staff. patient is conscious. IV line present & patency	Balraj/020687
	2 pm	patient had lunch. No other complaints	Balraj/020687
	4 pm	Vital Signs Checked & Recorded Vitals are stable. I/O chart maintained	Balraj/020687

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NURSES NOTES

☐ No Known Drug Allergies

☐ Drug Allergies

NP!

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
18/7	4pm	B - Breast soft, No engorgement C - uterus contracted B - Bladder - urine voided B - Bowel movement present I - lochia serous present H - REEDA Assessment done H - Homan's Sign Negative E - Emotional status good	Balraj 020685
	4:30pm	Dr. Mathangi nam AIB	
		Tim displn, Bath & dressing, maintained the chart & IV line @	
	6pm	Due medication given as per order. Maintained the chart & IV line @	Suf 60353
	7:30pm	PT's details Hand over given to night duty staff.	Suf 60353
		Night duty Notes.	
18/7/26	7:30pm	Patient details handing over taken from Evening duty of Mr. Bed Side Assessment done Conscious & Oriented. IV line @ Pattern. Patient taken soft diet Patient urine passed Motion Not Passed. Provided comfortable position.	Suf 60353
	8pm	Patient vitals sig checked & Recorded. vitals are stable. Ilo Chart monitored. Plr bleeding is Normal.	Suf 60353

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LABOUR AND DELIVERY NURSING ASSESSMENT

Date of Admission: 16/07/2026

Baseline Information:

Admission From: ☐ ER ☐ OPD ☐ Admission Desk ☒ Others: specify LDR

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

Do you require an interpreter? ☐ Yes ☒ No

Source of Information: ☒ Patient ☐ Family ☐ Others

Personal belonging if any: ☒ Jewelry ☐ Nose Ring ☐ Bangles ☐ Anklets ☐ Finger Ring ☐ Bracelets
 handed over to Husband

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

Chief Complaints: patient come
 IOL Doctor Notified on Admission: ☒ Yes ☐ No
 Name of the Doctor: DR. Venitha
 Time Notified: 9.20 PM

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

Past Medical History	Past Surgical History	Previous Hospital Admission
Hypothyroidism x 13 yrs Euthyroidism Thyroidectomy 9 yrs back	congenital cataract (Rickets) stomach & plating 9 yrs back	

Blood Group: O+ve LMP: 9/10/25 EDD: 29/11/25 Gestational age during admission: 38+ weeks
 Contractions: NIL Vaginal Discharge: NIL
 Obstetric History: G 1 P 0 L 0 A 0 Previous LSCS
 Height: 153 Weight: 86 BMI: 36.74
 Temp: 98.10 F HR: 106 bpm RR: 20 BP: 100/80 SpO₂: 100%

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

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

Family History: ☒ No Abnormalities Detected

- ☐ Heart Disease ☐ Hypertension ☐ Diabetes ☐ Stroke ☐ Seizures ☐ Kidney disease
☐ Liver disease ☐ Other

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

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

Risk of Pressure Sore: ☒ Yes ☐ No Score 28 (complete the Braden Q Sheet)

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

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

Inform consultant for positive criteria

NUTRITIONAL SCREENING:

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

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

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

Inform consultant for positive criteria

SOCIAL SCREENING:

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

Social History: Lives With

Husband

Orientation has been given regarding the following aspects:

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

Above information given to

MDA. Bala Shobikes

Name of Person Orientation was given to:

MDA. Bala Shobikes

Orientation not given Reason:

NIL

Nurse Signature:

D. Sobalwani

01/11/20

Nurse Name:

D. Sobalwani

Date & Time:

16/11/2020 at 9.15pm



OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 16/7/2026 Time of Arrival: 9.10 pm Time Seen by Nurse: 9.10 pm

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

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

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

3) Vital Signs: Temperature: 98.1°F Pulse: 100b/min RR: 20 SpO₂: 100 BP: 100/80 Weight: 86

4) Gestational Criteria:

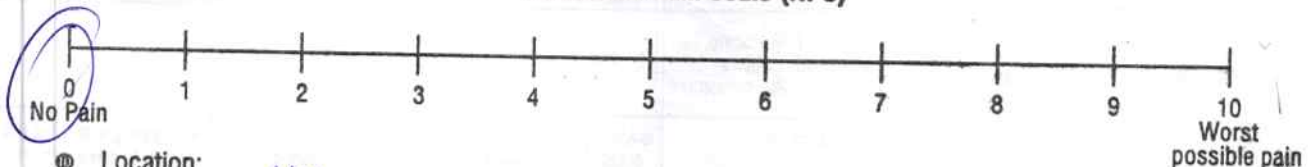
Gravida:	G <u>1</u>	P <u>-</u>	L <u>-</u>	A <u>-</u>
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LMP: 9/10/25 EDD: 29/1/2026 Gestational Age: 38+1 weeks

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)



- ① Location: NIL
② Duration: NIL Days / Weeks/ Months (Strike out which is not applicable)
③ Character: NIL
④ Frequency: NIL
⑤ Interventions: NIL

6) Past History:

- a) Surgeries: longenital varicuum alect osteotomy & plate
b) Medical: Hypothyroidism T-Eltroxin 75mg monthly
T. thyrotoeism 87.5 Pm to secondary (P.T.O.)

- 7) Allergy: ☐ Yes ☒ No, If Yes :
- 8) Current Medications: ☐ Prenatal Vitamin ☐ None ☒ Others: *T. Ectooin 75mg Mon*
T. Thyron 8.5mg Fri to Sunday
- 9) Prenatal Medical History:

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

Triage Category: (Please tick on the category)

Refer to **OBSTETRICAL TRIAGE ACUITY SCALE (OTAS)**

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

OBCU Obstetrical Triage Acuity Scale (OTAS)

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

Time seen by Doctor: *9.15pm*

Nurse Name: *D. Scherocari* Nurse Signature: *D. Scherocari*

Date: *17/07/2026* Time: *9.15pm*



RISK ASSESSMENT TOOL FOR DEEP VEIN THROMBOSIS

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

Date: 16/8/2021

	Tick	Score
Pre - Existing Risk Factors		
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		1
Family history of unprovoked or estrogen-related VTE in first-degree relative		1
Known low-risk thrombophilia (no VTE)		1
Age (≥ 35 years)	✓	1 or 2
Obesity		1
Parity ≥ 3		1
Smoker		1
Gross varicose veins		
Obstetric Risk Factors		
Pre-eclampsia in current pregnancy		1
ART/IVF (antenatal only)		1
Multiple pregnancy		2
Caesarean section in labour		1
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 th weeks in current pregnancy		1
Stillbirth in current pregnancy		
Transient Risk Factors		
Any surgical procedure in pregnancy or puerperium except immediate repair of the perineum, e.g. appendectomy, postpartum sterilization		3
Hyperemesis		4
OHSS (first trimester only)		1
Current systemic infection		1
Immobility, dehydration		0/
Total		
Signature of the Nurse	<i>[Signature]</i>	
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.

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

GUC-00089893
Mrs BALA SHOBICA B.S
30-08-1997 28 Y 10 M 17 D (F)
Dr. MATHANGI RAJAGOPALAN



BRADEN 'Q' SCALE

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

				Date:	18/7/2018	18/7/2018	18/7/2018	19/7/2018
				Time:	2:20pm	3:30pm	8pm	8am
Mobility	1. Completely immobile: Does not make even slight changes in body or extremity position without assistance.	2. Very limited: Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	3. Slightly limited: Makes frequent through slight changes in body or extremity position independently.	4. No limitations: Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	1. Bedfast: Confined to bed	2. Chairfast: Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair.	3. Walks occasionally: Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	3	3	3	3
Sensory Perception	1. Completely limited: Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	2. Very limited: responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	3. Slightly limited: Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	4. No impairment: Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	1. Constantly moist: Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	2. Very moist: Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	3. Occasionally moist: Skin is occasionally moist, requiring linen change every 12 hours.	4. Rarely moist: Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR Friction. Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	1. Significant problem: Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	2. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	3. Potential problem: Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	4. No apparent problem: Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times.	4	4	4	4
Nutritional Usual food intake pattern	1. Very Poor: NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings of meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	2. Inadequate: Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	3. Adequate: Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	4. Excellent: Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
TOTAL SCORE					27	27	27	27
Evaluator's Name					[Signature]	Balay	[Signature]	[Signature]

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)
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Patient Sticker

BRADEN 'Q' SCALE

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

		3				Date : _____ Time : _____			
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Severe Risk : less than 9 High Risk : 10-12 Moderate Risk : 13-14 Mild Risk : 15-18 Not at Risk: 19-23					TOTAL SCORE				
					Evaluator's Name				

Severe Risk : less than 9

High Risk : 10-12

Moderate Risk : 13-14

Mild Risk : 15-18

Not at Risk: 19-23

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

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PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
18/7/20	4 AM	1/10	Surgical site	☐ Continuous ☒ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☒ Decreasing	☒ Yes ☐ No	comfortable position	Shree
18/7/20	6 AM	1/10	Surgical site	☐ Continuous ☒ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☒ Decreasing	☒ Yes ☐ No	comfortable position	Shree
18/7/20	8 AM	1/10	Surgical site	☐ Continuous ☒ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☒ Decreasing	☒ Yes ☐ No	provide comfortable position	Shree
18/7	2 PM	4/10	Surgical site	☐ Continuous ☒ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☐ Dull ☒ Aching ☐ Burning	☐ Increasing ☒ Decreasing	☒ Yes ☐ No	provide comfortable position	Balraj
18/7	8 PM	0/10	nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☒ Yes ☐ No	nil	Shree
19/7	2 AM	0/10	nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☒ Yes ☐ No	nil	Shree
19/7	8 AM	0/10	nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☒ Yes ☐ No	nil	Shree
				☐ 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		

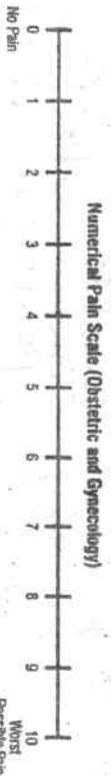
Re-assessment Frequency:

- Every eight hours for all hospitalized patients.
- 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 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, withdrawn, Disoriented	Frequent to constant frown, quivering chin, clenched jaw
Legs	Normal Position or Relaxed	Uneasy, restless, tense	Kicking, or legs drawn up
Activity	Laying quietly normal position, moves easily	Squirming shifting back and forth, tense	Arched, rigid, or jerking
Cry	No Cry (Awake or asleep)	Moans or whimpers occasional complaint	Crying steadily, screams of sobs, frequent complaints
Consolability	Content, relaxed	Reassured by occasional touching, hugging, or being talked to, distractible	Difficult to console or comfort



Wong - Baker (Pediatrics) Above 7 Years



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

Assessment Criteria	Sedation		Neutral	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	Archling, 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 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

PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

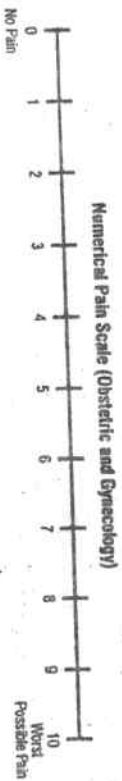
Re-assessment Frequency:

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

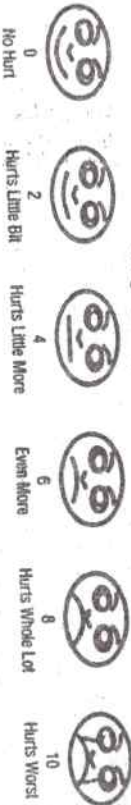
PAIN ASSESSMENT TOOLS

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

CATEGORY	SCORING		
	0	1	2
Face	No Particular expression or smile	Occasional Grimace or Frown, withdrawn, 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



Wong - Baker (Pediatrics) Above 7 Years



Neonatal Pain, Agitation and Sedation Scale (up to 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 RR, BP, SaO ₂	No variability with stimuli Hyperventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO ₂ , 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO ₂ , less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator

GUC-00089893

IP18-00036499

Mrs BALA SHOBICA B.S

30-08-1997 28 Y 10 M 16 D (F)

Dr. MATHANGI RAJAGOPALAN



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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	N	M	E	Fall Risk Grading		
		Score	16/7/26	17/7/26	17/7/26	Risk Level	Morse Fall Score (MFS)	Action
History of Falling (immediately or w/in 3 months)	Yes	25						
	No	0	0	0	0			
Secondary Diagnosis (more than one diagnosis)	Yes	15						
	No	0	0	0	0			
Ambulatory Aid	Furniture	30				Low Risk	0 - 24	Standard Fall Precaution
	Crutches, Cane(S), Walker	15						
	None /Bed Rest /Nurse Assist	0	0					
IV / Heparin Lock or Saline	Yes	20		20	20			
	No	0	0					
GAIT / Transferring	Impaired	20				Moderate Risk	25 - 50	Implement Moderate 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

WATER-TO-POSSIBLE-TO-POSSIBLE

1971-1972

1971-1972

1971-1972

1971-1972

1971-1972

1971-1972



Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	17/11/26	18/11/26	18/11/26	Fall Risk Grading		
		Score	8pm	30	30	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	10	10	10			
	Normal /On Bed Rest /Immobile	0						
Mental Status	Forgets limitations	15				High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	Oriented to own ability	0	0	0	0			
Total Morse Fall Scale Score:			30	30	30			
		Signature	[Signature]	[Signature]	[Signature]			

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

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

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

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

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

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

PROGRESS WITH THE

10/10/10

10/10/10

10/10/10

10/10/10

10/10/10

10/10/10

10/10/10

10/10/10

10/10/10

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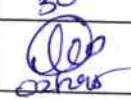
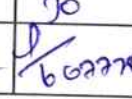
10/10/10

10/10/10

10/10/10

③

Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	N 18/1/20	M 19/1/20		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							
Secondary Diagnosis (more than one diagnosis)	Yes	15							Moderate Risk	25 - 50	Implement Moderate Fall Prevention Intervention
	No	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							
IV / Heparin Lock or Saline	Yes	20	20	20							
	No	0									
GAIT / Transferring	Impaired	20									
	Weak (uses touch for balance)	10	10	10							
	Normal /On Bed Rest /Immobile	0									
Mental Status	Forgets limitations	15									
	Oriented to own ability	0	0	0							
Total Morse Fall Scale Score:			30	30							
Signature											

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

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

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

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

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

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

NTP Toxicology Studies of 2,3,7,8-Tetrachlorodibenzo-p-dioxin (TCDD) in F344/N Rats and B6C3F1 Mice
 Study 1001

Date of Report: 10/1/91
 Report Number: NTP Tech Rep 400

NTP Project Number: 1001

NTP Study Number: 1001

NTP Study Number: 1001

NTP Study Number: 1001

NTP Study Number: 1001

NTP Study Number: 1001

NTP Study Number: 1001

NTP Study Number: 1001

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NTP Study Number: 1001

NTP Study Number: 1001

NTP Study Number: 1001

NTP Study Number: 1001

NTP Study Number: 1001

NTP Study Number: 1001

NTP Study Number: 1001

Patient's Name:.....

MRD NO.:

GUC-00089893

IP18-00036499

MCE BALA SHOBICA B.S

30-08-1997

28 Y 10 M 16 D (F)

Dr. MATHANGI RAJAGOPALAN

Age :.....



x: ☐ M ☐ F

Consultant

PHLEBITIS ASSESSMENT

CANNULA 1

Date: 11/11/2026 Time: 2:30 AM

Location: Hand mentan uen

Size : 12H

Cannula inserted by: S/N Sobeswaran

CANNULA 2

Date: 17/7/20 Time: 3:40pm

Location: Q metacarpal

Size : 18G

Cannula inserted by :

[illegible]

Cannula removed : ☐ Yes ☐ No, if yes date and time : 18/7/26
RX any initiated : ☐ Yes ☐ No ☐ NA If Yes specify-
Phlebitis score: 0/5 8/9 at 4pm

[illegible]

Cannula removed : ☐Yes ☐No, if yes date and time : 18/7/16
RX any initiated : ☐Yes ☐No ☐NA If Yes specify-
Phlebitis score: 1 - at 10 PM

NOTE :

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

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

PHLEBITIS ASSESSMENT AND MANAGEMENT RECORD

CANNULA 3

Date :

Time:

Location :

Size :

Cannula inserted by :

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

GUC-00089893 IP18-00036499
Mrs BALA SHOBIKA F
30-08-1997 28 Y M 16 D (F)
Dr. MATHANGI RAJAGOPALAN



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Part - I.

Patient's / Learner Language: Tamil

Patient / Learner Literacy: ☐ Read ☐ Write ☒ Speak

Willingness to Learn: Yes ☒ No ☐

Healthcare Literacy: Yes ☐ No ☒

Identified Education Needs:

1. Diagnosis Pain 3841
2. Treatment and Care
3. Pain Management
4. Informed Consent
5. Medication / Therapy (safety, effects/ side effect, interactions)
6. Discharge Medication
7. Infection Control Measures
8. Diagnostic Test / Procedures
9. Nutrition / Diet

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

Part - II

Date	Time	Need Identified	Information Taught	Use codes from the list in part III					Comments	Designation / Signature
				Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		
06/7/26	9.30 pm	yes	patient educated to good Nutrition Diet	patient	no barrier	oral	none	verbal	Good	Dr. S. Jeyaraj
17/7/26	8am	Pain	Education to patient about Pain Management	patient	NO	oral	none	verbal	Good	Dr. S. Jeyaraj
18/7/26	8am	yes	Educate & Inform about breast feeding	patient	none	oral	none	yes	good	Dr. S. Jeyaraj
19/7/26	8am	yes	educate & inform about baby vaccination	pt	none	oral	none	yes	good	Dr. S. Jeyaraj

Part - III: CODES

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

Learning Barriers:

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

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

Mechanism/s to overcome barrier/s:

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

Understanding:

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

Doc No. : RCH / FRM / CLINICAL / 187

10



CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: <u>Dr. Mathangi</u>	Date of Delivery: <u>17/7/26</u>
Assistant Surgeon: <u>Dr. Lucetta</u>	Time of Delivery: <u>3:52 PM</u>
Anaesthetist's Name: <u>DR. Mohan</u>	Gender of Baby: <u>Female</u>
Type of Anaesthesia: <u>↓ Epidural</u>	Weight of Baby: <u>3.199 kg</u>
Neonatologist: <u>DR. Prasanna</u>	AGPAR Score: <u>8/10, 9/10</u>
Scrub Nurse: <u>SN. Grace / SN. Agalya</u>	NICU Admission: ☐ Yes ☒ No

Pre-Operative Diagnosis: PRIMI | 38 WEEKS +2 DAYS | GESTATIONAL THROMBOCYTOPENIA

☐ Elective

☒ Emergency

Indication: FAILURE TO DESCEND / FETAL DISTRESS

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: Knife to rectus:

CTG Description: DECELERATION

If there was a delay give the reasons:

Surgical Procedure: EMERGENCY LOWER SEGMENT CESAREAN SECTION

Post Operative Diagnosis: P1 L1 | POD-0 | POST LSCS

Peri-Operative Complications:

Amount of Blood Loss: 1 litre

Blood Transfused (in ML):

Name and Number of Surgical Specimen sent for examination:

* Lower ^{uterine} segment vasculature
 * Right side rectus bleeding noted from Inferior epigastric Artery
 and the same hemostatic
 sutures taken.

Examination Findings when Appropriate:

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

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

SURGICAL Kept

Uterine Closure: ☐ One Layer ☒ Two Layers 1-VICRYL Suture
 Peritoneal Closure: ☐ Pelvic ☐ Abdominal ☐ None Suture
 Sheath Closure: 1-VICRYL Suture
 Fat Closure: ☐ Yes ☒ No Suture
 Skin Closure: ☒ Subcuticular ☐ Mattress 3-0-MONOCRYL Suture

Vaginal Evacuated ☒ Yes ☐ No
 Drain: ☐ Yes ☒ No ☐ Remove in days ☐ Await instructions
 Catheter ☒ Yes ☐ No ☐ Remove in c/m 8AM days ☐ Await instructions
 Swap & Instruments count correct? ☐ Yes ☐ No ☐ Post-op Antibiotics ☒ Yes ☐ No
 Intra-Operative Antibiotics Cover: ☐ Yes ☐ No ☐ Thromboprophylaxis ☒ Yes ☐ No
 Post-Operative Notes: - NPO x 4 hours - CBD c/m 8AM (After check Bleeding)

- Vitals Monitoring
 - IVF 10RL @ 125ml/hr - CBC @ 11pm today
 - INT. MAGNEX FORTE 1.5g IV 1-0-1 - Strict I/O charting
 - INT. EMETET 4mg IV 1-0-1 till discharge
 - C. PAN D 40mg PO 1-0-1
 - T. PARACETAMOL 1g PO 1-1-1
 - JUSTIN SUPPOSITORY 100mg PR 1-0-1
 - INT. CLEXANE 40mcg SC c/m 8AM

Doctor Name: Dr. Mathangi Doctor Signature: For [Signature] 152217
 Date & Time: 17/07/2024

SURGICAL SAFETY CHECKLIST

Surgeon: Dr. Nathangi
 Asst. Surgeon: Dr. Lucella
 Anaesthetist: Dr. Nohan
 Scrub Nurse: Sin Grace

Patient Name: Mrs. Rala Shobika Age: 28y Gender: F
 UHID No.: 89893 Surgery Name: Emergency LSCS
 Date: 17/11/26 In-time: 2:34pm Out-time:



Before Induction of Anaesthesia >>

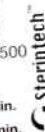
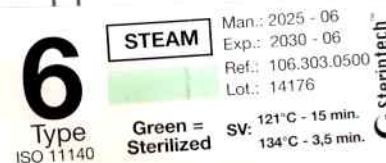
SIGN IN	Time:.....
Patient Has Confirmed	
Identity	☒ Yes ☐ No
Site	☒ Yes ☐ No
Procedure	☒ Yes ☐ No
Consent	☒ Yes ☐ No
Site Marked	☒ Yes ☐ No ☐ NA
Anaesthesia Safety Check Completed	☒ Yes ☐ No
Pulse Oximeter on Patient & Functioning	☒ Yes ☐ No
Does Patient have a:	
Known Allergy?	☐ Yes ☒ No
Difficult Airway / Aspiration Risk?	
Yes, & Equipment / Assistance Available	☐ Yes ☒ No
Risk of > 500ml Blood Loss (7ml/kg in Children)?	
Yes, and Adequate Intravenous Access and Fluids Planned	☐ Yes ☒ No ☐ NA
Blood Units Reserved	☐ Yes ☒ No ☐ NA
Has Antibiotic Prophylaxis been given within the last 60 minutes?	
	☒ Yes ☐ No ☐ NA
Signature: <u>[Signature]</u>	
Name: <u>Dr. Nathangi</u>	

Before Skin Incision >>

TIME OUT	Time:.....
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
Is Essential Imaging Displayed?	☐ Yes ☒ No
Power Supply, Earthing, Power Backup and functioning of equipment checked.	☒ Yes ☐ No
Signature: <u>[Signature]</u>	
Name: <u>Dr. Nathangi</u>	

Before Patient Leaves Operating Room

SIGN OUT	Time:.....
Nurse Verbally Confirms with the Team:	
The Name of the Procedure Recorded	☒ Yes ☐ No
That Instrument, Sponge and Needle Counts are Correct (or Not Applicable)	☒ Yes ☐ No ☐ NA
The Specimen is Labelled (including patient name)	☐ Yes ☒ No ☐ NA
Whether there are any Equipment Problems to be addressed	☐ Yes ☒ No ☐ NA
To Surgeon, Anaesthetist and Nurse:	
What are the key concerns for recovery and management of this patient?	☐ Yes ☒ No
Signature: <u>[Signature]</u>	
Name: <u>Sin Grace</u>	



2025 CHECKLIST

DATE: 11/11/2025

TIME: 11:11

LOCATION: 11/11/2025

11/11/2025



MEDICATION RECONCILIATION FORM

Drug Allergies: Nil

☐ Not known any Drug Allergies

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

Shifting From: OT

Shifted to: Micu

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	2 TABLTC	1 gm	IV	STAT		☐ C ☒ DC
2	2 Ampicillin	250mg	IV	STAT		☐ C ☒ DC
3	2 EMCELT	4 mg	IV	STAT		☐ C ☒ DC
4	T. MISOPROSTOL	600mcg	PR	STAT		☐ C ☒ DC
5	JUSTIN SUPPOSITORY	100mcg	PR	STAT		☐ 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: 17/12/2020

Nurse Name & Signature: [Signature]

Date & Time: 17/12/2020 at 2.30 PM

PATIENT TRANSFER FORM

Patient Name & UHID No.	Date & Time of Admission 16/7/26 @ 9.07pm	Date & Time of Transfer Order 17/7/2026 at 5pm
Treating Consultant Name Dr. Nathangi	Transfer Ordered by Dr. Mohan	Reason for Transfer Further management
From Unit OT	To Unit NICU	Information to Attendant Yes ☐ No ☒
Number of Sheets in Clinical File one file	Number of Imaging Films —	Personal belongings including clinical documents. If any handed over to attendant. Yes ☐ No ☒ If yes, what ?
Medications / Consumables / Surgicals / Hand over		
Sl.No.	Item Name	Quantity
1.		
2.		
3.		
4.		
5.		
Shifting Summary / Notes Written by Doctor : Yes ☒ No ☐		
Name & Signature of Person who is Transferring Dr. Pradeep K. Chennappa		Name of Person Ordered Transfer Dr. Mohan
Patient & Clinical Records Received by : S. Paramanathan 016808 17/7/26 @ 5pm		
Date & Time of Patient Received :		

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

☐ Unavailable Bed

☐ Nurse not Available

☐ Available Bed not ready

PATIENT TRANSFER NURSING HANDOVER CHECKLIST			
Date & Time of Transfer: 17/7/26 at From		OT	TRANSFERRED TO: MICU
1	Patient Identification	YES/NO	REMARKS
	a. Patient Identification Patient name, age, UHID/hospital number confirmed	/	
	b. Surgical procedure & correct site verified	/	
2	Airway & Breathing		
	a. Oxygen delivery (mask/cannula/ventilator) secured	/	
	b. SpO ₂ within safe range	/	
	c. If ETT: position confirmed, ties secure, cuff inflated	X	
3	Circulation & Hemodynamic Stability		
	a. IV lines secured & infusion running correctly	/	
	b. No active uncontrolled bleeding	/	
	c. Last vitals recorded before transfer	/	
	d. Central line hubs are closed	X	
	e. Dressing Intact	/	
4	Pain Assessment		
	a. Pain score assessed & analgesia given	/	
	b. Reassessment done	/	
5	Wound, Dressings & Drains		
	a. Surgical dressing intact	/	
	b. All drains fixed, output noted	/	
	c. Catheter secure & urine output recorded	/	
	d. Splints/casts/traction devices stabilized	X	
6	Medications Pre & Post-Op Orders		
	a. Medications due time noted	/	
	b. Pre & Post-op instructions (NPO, position, mobilization) communicated	/	
	c. Emergency meds given in OT (time & dose documented)	/	
7	Equipment Safety & Transport Preparedness		
	a. Oxygen cylinder full & ambu bag at bedside	/	
	b. Bed/side rails up and brakes applied	/	
	c. Special positioning maintained as per surgery	/	
8	High-Risk Patient Safety (if applicable)		
	a. Chest tube: underwater seal below chest level	X	
	b. Epidural catheter secure, infusion checked	X	
	c. Pressure areas protected (heels/elbows)	X	
9	BLOOD AND BLOOD PRODUCTS TRANSFUSED	/	
10	REPORTS AND LABS HANDED OVER	/	
11	BIOPSY/HPE SENT	/	
12	Documentation		
	a. Documentation completeness		
	Transferring Nurse:		
	Receiving Nurse:		
	Signature of Incharge:		

GIC-00089893 IP18-00036499
 Mrs BALA SHOBICA B.S
 30-08-1997 28 Y 10 M 17 D (F)
 Dr. MATHANGI RAJAGOPALAN



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SSI PREVENTION CHECKLIST

S.No	INTERPRETATION	PERFORMED
	PREOPERATIVE	
1.	Do not remove hair at the surgical site unless the presence of hair will affect the procedure. Use clipper if necessary	YES
2.	Decolonize surgical patients with skin antiseptic (Chlorhexidine bath /wipes)	YES
3.	Antibiotic 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

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PATIENT TRANSFER NURSING HANDOVER CHECKLIST

Date & Time of Transfer: 17/7/26 @ 3.45pm JDR

TRANSFERRED TO: OT

	YES/NO	REMARKS
1 Patient Identification		
a. Patient Identification Patient name, age, UHID/hospital number confirmed	yes	
b. Surgical procedure & correct site verified	yes	
2 Airway & Breathing		
a. Oxygen delivery (mask/cannula/ventilator) secured	NO	
b. SpO ₂ within safe range	yes	SpO ₂ 99%
c. If ETT: position confirmed, ties secure, cuff inflated	NO	
3 Circulation & Hemodynamic Stability		
a. IV lines secured & infusion running correctly	yes	
b. No active uncontrolled bleeding	NO	
c. Last vitals recorded before transfer	yes	
d. Central line hubs are closed	NO	
e. Dressing Intact	NA	
4 Pain Assessment		
a. Pain score assessed & analgesia given	yes	
b. Reassessment done	yes	
5 Wound, Dressings & Drains		
a. Surgical dressing intact		
b. All drains fixed, output noted	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	NA	
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	yes	
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 Parameswari / 016808	
Receiving Nurse:	S/N Sangeetha	
Signature of Incharge:	S/N Anusya	

GUC-00089893

IP18-00036493

Mrs BALA SHOBICA B.S

30-08-1997

28 Y 10 M 17 D (F)

Dr. MATHANGI RAJAGOPALAN



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Right to a Safe Delivery

PRE - OPERATIVE CHECK LIST

Patient's Name : Mrs. Bala Shobika Age : 28y Date : 17/07/2026
 Blood Group : O'positive UHID : 89893 Gender : ☐ M ☒ F
 Planned Surgery : Emergency LSCS Surgeon : Dr. Mathangi
 Anesthetist : Dr. Mohan Date & Time of Operation : 17/7/2026

Tick Appropriate Boxes

To be filled by Nurse Incharge / Senior Nurse :

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

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

Clearance taken

Billing Executive Name : M. S. Sankar

Billing Executive Signature : [Signature]

Date & Time : 17/07/2026 15:53

Nurse In-Charge Name : [Signature]

Signature of Nurse In-Charge : [Signature]

Date & Time : 17/7/2026

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

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INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

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Patient No: **GUC-00089893** IP18-00036499

UHD No: **Mrs BALA SHOBICA B.S** 28 Y 10 M 17 D (F)
30-08-1997
Dr. MATHANGI RAJAGOPALAN

Instruction

This consent lacks the ab

have given your consent to the surgery or special procedure recommended to you.

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

EMERGENCY LOWER SEGMENT CESAREAN SECTION

Incl: FAILURE OF DESCENT OF HEAD upon

(Name of the Patient) **Mrs. BALA SHOBICA**

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

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

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

Bleeding, infection, need for blood and blood products transfusion, injury to bowel-bladder, risk of thromboembolism, anesthesia related complications, multi stay, multi case.

My signature on this form indicates that

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

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

Consentee:

Signature: **[Signature]**

Name: **Mrs. Bala Shobika**

Date & Time: **17/7/2026**

Witness:

Signature: _____

Name: _____

Date & Time: _____

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

Patient Attendant:

Signature: **[Signature]**

Name: **M.S. Akash**

Relationship with Patient: _____

Date & Time: **17/7/2026**

Doctor (who is taking the consent):

Signature: **[Signature]**

Name: **Dr. Mathangi**

Date & Time: **17/7/26 @ 3:40pm**

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CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MAC

Patient Name : ... GUC-00089893 IP18-00036499 Age :
 Gender: M ☐ F ☐ Mrs BALA SHOBICA B.S 30-08-1997 28 Y 10 M 17 D (F) Consultant:
 Ward / Bed No. : ... Dr. MATHANGI RAJAGOPALAN
 Operative procedure planned :

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 : | | |

Comments :

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

DECLARATION BY PATIENT / GUARDIAN / PROXY

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

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

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

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

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

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

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

Pregnant: ☐ Yes ☐ No

DECLARATION BY THE ANAESTHETISTS PROVIDING INFORMATION FOR THIS CONSENT

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

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

Patient / Patient Attendant :

Signature :

Name : Mrs. BALA SHOBKA

Relationship with Patient: PT

Date & Time : 17/7/2016

Witness :

Signature :

Name : Mr. AKASH

Date & Time : 17/7/26

Doctor (who is taking the consent) :

Signature :

Name :

Date & Time :

Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION

GUC-00089893 IP18-00036499
Mrs BALA SHOBICA B.S
30-08-1997 28 Y 10 M 17 D (F)
Dr. MATHANGI RAJAGOPALAN



Name: Age: UHID.No:

Date: Time: Proposed Operation:

Diagnosis:

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

Laboratory Data:

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

Allergies:

Medical History: CVS :

RESP: Diabetes :

CNS:

Renal:

Hepatic / GE:

Others: Physical Activity:

Past Anaesthetic History:

Physical Exam:

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

Lungs:

Heart:

CNS:

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

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

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

CURRENT MEDICATIONS	DOSAGE

Pre-Operative Instructions:

- DVT Prophylaxis :
- NIL ORAL $\left\{ \begin{array}{l} \text{Water / ORS 2 Hours} \\ \text{Others 6 Hours} \end{array} \right.$
- Informed Consent: ☐ Standard ☐ High Risk
- Post Operative Pain Management: ☐ Discussed with Patient
- Other Instructions:

Signature: Name:

Patient Sticker

ANAESTHESIA CHART

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Pre Induction Assessment:

Change in Patient Condition:

☐ Yes ☐ No

Fasting Status:

Physical Status:

Patient Identified

☐ Consent Present☐ Chart Reviewed

H.R.:

B.P / CRT:

SpO₂:

R.R.:

Last Feed:

Pre-OP Diagnosis:

Operation:

Date:

Surgeon:

Anaesthesiologist:

Technician:

TIME

N₂O / AIR / O₂ LPM

HALO / SO / SEVO

Drugs:

FIO₂ / SaO₂ETCO₂

ECG

Temperature

Urine Output

Fluids
Blood

B.P.

V Systolic

A Diastolic

X Mean

• Heart Rate

Tourniquet on Time

Tourniquet off Time

Throat Pack In

Throat Pack Out

LAB Values

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

Position:

☐ Pressure Points Checked

Eye Care:

- ☐ Oint
- ☐ Tape
- ☐ Padding
- ☐ Awake

Temp:

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

Times:

Anaes Start:

OP Start:

OP End:

Leave OR:

Anaesthesia:

- ☐ GA
- ☐ Monitored Anaesthesia Care
- ☐ Regional

Line (Size & Location)

- ☐ CVP:
- ☐ ART:
- ☐ IV:
- ☐ IV:
- ☐ IV:

Induction

- ☐ IV ☐ Inhal
- ☐ Pre O₂ ☐ RSI
- ☐ Others:

Mask

Airway

ETT #

Oral

Tracheostomy

Drug:

Awake

Video Laryngoscopy

Fiberoptic

Blade #

Attempts:

Difficulty Why?

Bilat = BS

Semi-Closed Circle

Closed Circle

Other

Regional:

Extremity

Spinal

Others:

Position:

Site:

Needle Size:

Paresthesia ☐ Yes ☐ No

Catheter at skin

Drug Name & Conc:

Bolus:

Infusion:

Block Level:

Comments:

Transportation to

PACU ☐ ICU ☐ Other

Relaxant Reversed ☐ Yes ☐ No ☐ NA

Name of the Doctor:

Signature of the Doctor:

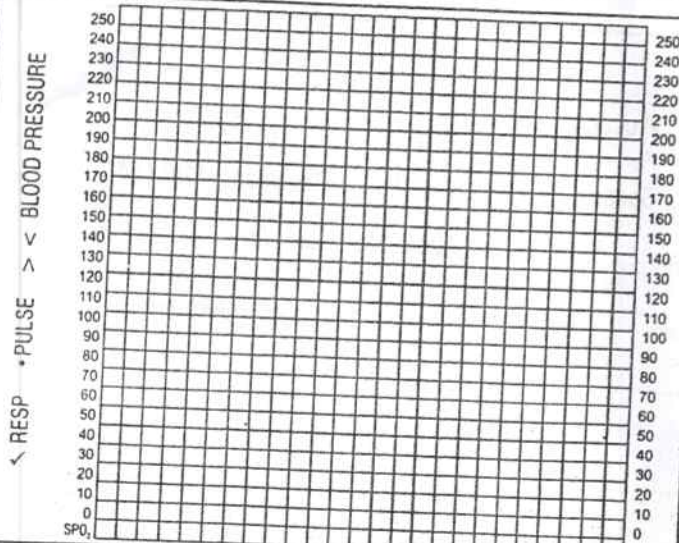
Patient Sticker

POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by :

Time Received :

Time Discharged :



IV Cannula Site :

- ☐ O₂ Mask ☐ Nasal Prongs
☐ Tracheostomy ☐ T-Piece
☐ Oral Airway ☐ Nasal Airway

Vomiting : ☐ Yes ☐ No

Drug:

NG Tube : ☐ Yes ☐ No

Drain: ☐ Yes ☐ No

Urinary Catheter: ☐ Yes ☐ No

Chest Tube: ☐ Yes ☐ No

Nil Oral ☐ Yes ☐ No

IV Fluids:

Oral Feeds:

POST ANAESTHESIA SCORE (Modified Aldrete Score)

IN

MINUTES

OUT

SCORING INTERPRETATION

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

ACTIVITY

Able to deep breathe & cough freely = 2
Dyspnea or limited breathing = 1
Apneic = 0

RESPIRATION

BP $\pm$ 20 of Pre Anaesthetic level = 2
BP $\pm$ 20-50 of Pre Anaesthetic level = 1
BP $\pm$ 50 of Pre Anaesthetic level = 0

CIRCULATION

Fully awake = 2
Arousable on calling = 1
Not responding = 0

CONSCIOUSNESS

Pink = 2
Pale, dusky, blotchy, jaundiced, other = 1
Cyanotic = 0

COLOR

TOTAL

A Minimum Total Score of 8 is Required for Discharge

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

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature

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

Anaesthesiologist Name :

Anaesthesiologist Signature:

Date & Time:

PACU Nurse Name :

PACU Nurse Signature:

*Date & Time:

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):

Date & Time:

Patient Sticker

Department of Anaesthesiology

Date: Time: Procedure done by: (4/27/06)

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

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 :



BREAST FEEDING HANDOVER AND ASSESSMENT FORM

1. Breastfeeding initiated?
☒ a. Yes ☐ b. No
2. If No, Reason
3. Nipple condition:
☒ a. Nipple well formed
☐ b. Flat nipple
☐ c. Inverted nipple
☐ d. Short nipple
4. Milk flow:
☐ a. Good
☒ b. Drops of colostrums
☐ c. Dry
5. Steps for Positioning and attachment:
☐ a. Baby goes to the breast
☐ b. Mother always sits with a back support
☐ c. Ear-shoulder-hip should be in a straight line
☒ d. The baby takes a latch on the areola and not on the nipple



Feeding Positions:
Cross Cradle



Feeding Positions:
Football / Clutch

6. Was the position explained:

- ☒ a. Yes
☐ b. No

7. For Caesarian mothers:

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

8. NICU admission: (N/A)

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

9. Additional notes:

Date:

Continuity of Care:

L - 2

A - 2

P - 2

C - 1

H - 1
B

Handover given by

S. Parameswari

Signature

[Signature]

Date & Time:

17/7/2026 @ 6pm

Handover taken by

V. Abirani

Signature

[Signature]

Date & Time:

18/7/26 @ 11am

PATIENT TRANSFER FORM

①

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

GUC-00089893

IP18-00036499

Mrs BALA SHOBICA B.S

30-08-1997

28 Y 10 M 17 D

(F)

No.

Dr. MATHANGI RAJAGOPALAN



Date & Time of Admission

16/7/26 at 9:17 pm

Date & Time of Transfer Order

17/7/26 at 3:45 pm

Treating Consultant Name

Dr. mathangi

Transfer Ordered by

Dr. Divya Lakshmi

Reason for Transfer

Emergency CS

From Unit

LDR

To Unit

OT

Information to Attendant

Yes ☒

No ☐

Number of Sheets in Clinical File

whole Ip
files

Number of Imaging Films

CTG

Personal belongings including
clinical documents. If any handed
over to attendant

Yes ☐

No ☒

If yes, what?

Medications / Consumables / Surgicals / Hand over

Sl.No.

Item Name

Quantity

1.

2.

3.

4.

5.

Shifting Summary / Notes Written by Doctor :

Yes ☐

No ☐

PT Shifted to

Name & Signature of Person who is Transferring

S/N paramesha
016808

Name of Person Ordered Transfer

Dr. Divya Lakshmi

Patient & Clinical Records Received by :

Date & Time of Patient Received :

S/N Sangeetha
17/7/26 @ 3:45 pm

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

☐ Unavailable Bed

☐ Nurse not Available

☐ Available Bed not ready

PATIENT TRANSFER FORM

GUC-00089893

IP18-00036499

Mrs BALA SHOBICA B.S

30-08-1997 28 Y 10 M 18 D (F)

Dr. MATHANGI RAJAGOPALAN



Date & Time of Admission 16/7/26 @ 9.07pm		Date & Time of Transfer Order 18/7/26 @ 11Am
Treating Consultant Name Dr. mathangi	Transfer Ordered by Dr. Vinitha	Reason for Transfer Further mgt
From Unit LDR	To Unit 7th floor	Information to Attendant Yes ☒ No ☐
Number of Sheets in Clinical File casesheet	Number of Imaging Films CTG	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☒ If yes, what ?
Medications / Consumables / Surgicals / Hand over		
Sl.No.	Item Name	Quantity
1.	Fusterin	1
2.	Inj. Magnex forte	1
3.	Inj. Enoxel	2
4.	T. para	9
5.	C. Pan	8
Shifting Summary / Notes Written by Doctor : Yes ☒ No ☐		
Name & Signature of Person who is Transferring Sro Parameswaran 016808		Name of Person Ordered Transfer Dr. Vinitha
Patient & Clinical Records Received by : V. Arisan 060728		
Date & Time of Patient Received : 18/7/26 @ 11:00 PM		
If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below :		

☐ Unavailable Bed

☐ Nurse not Available

☐ Available Bed not ready

URINARY CATHETER BUNDLE CHECK LIST

Date of Insertion: 7/7/26

Date of Removal: 18/7/26 @ 8am

Parameters	Date	Shift Time	17/7/26 E	17/7/26 N	18/7/26 morning			
Need for the Catheter			☒ 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
Usage of Sterile Equipment			☒ 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
Check the Tube for Obstruction (Free of Kinking)			☒ 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
Collecting bag is been emptied regularly?			☒ 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
Dressing clean and dry?			☒ 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
Performance of Perineal Care			☒ 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
Asses for the leakage at the site of insertion			☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Name of the Nurse			S. Mathangi	D. Sobelt	S. Mathangi			
Signature of the Nurse			[Signature]	[Signature]	[Signature]			



PARTOGRAPH

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LABOUR

Labour: ☐ Spont ☒ IOL-PGE 1 ☐ E2 ☐ Others

Indications for IOL-Accel: ☐ None ☒ Oxytocin

Memb. Rapture Type: ☐ SROM ☐ PROM ☒ ARM

Presentation: ☒ Vertex ☐ Breech ☐ Others

INTRA PARTUM COMPLICATION

Maternal: ☐ None ☐ Pyrexia ☐ HTN ☐ Others

Liquor: ☐ Adequate ☐ Oligo ☐ Poly ☐ Clear

☐ Blood ☐ Meconium ☐ Cord:

Shoulder Dystocia: ☐ Yes ☐ No

DELIVERY DETAILS

Anesthesia: ☐ None ☒ Epidural

Non-epi: ☐ Local ☐ Spinal ☐ General

Del. Type: ☐ SVD ☐ Asst. Breech ☐ Twins

AVD: ☐ Outlet ☐ Low Forceps ☐ Ventouse
☐ Trails of Forceps

Indications:

Application, Locking & Traction:

Duration of Instrumentation:

No. of Pulls:

Catherised: ☐ Yes ☐ No

Type: ☐ Fileys ☐ Plain

Perineum: ☐ Intact ☐ Episiotomy ☐ Tear

Suture Material Used:

STAGE III

Placenta: ☐ Normal ☐ Abnormal ☐ RP Clots

☐ CCT ☐ Retained ☐ MRP

PPH: ☐ Atomic ☐ Traumatic ☐ None

Lacerations:

Cervical:

Perineal:

Others:

Prophylaxis: Synocinon Prostodin

Blood Loss:

Blood Transfusion:

Other Details (if any):

Ractal Examination:

DURATION OF LABOUR

1st Stage: 13 hours

2nd Stage: 30 mins

3rd Stage:

Duration of Active Pushing:

No. of VES:

BABY DETAILS

Gender: GIRL

Weight: 3.199 kg

APGAR: 8/10, 9/10

Date and Time of Delivery: 17/7/26 @ 3:52 pm

LW Doctor: Dr. Rujalashini

LW Sister: S.N. Parameshwari

PARTOGRAPH

Name: _____

Mrs. Bala Subbika

Obstetrics Formula: _____

Primi

Blood Group Type: _____

O +ve

Memb. Ruptured: _____

SROM

PROM

ARM

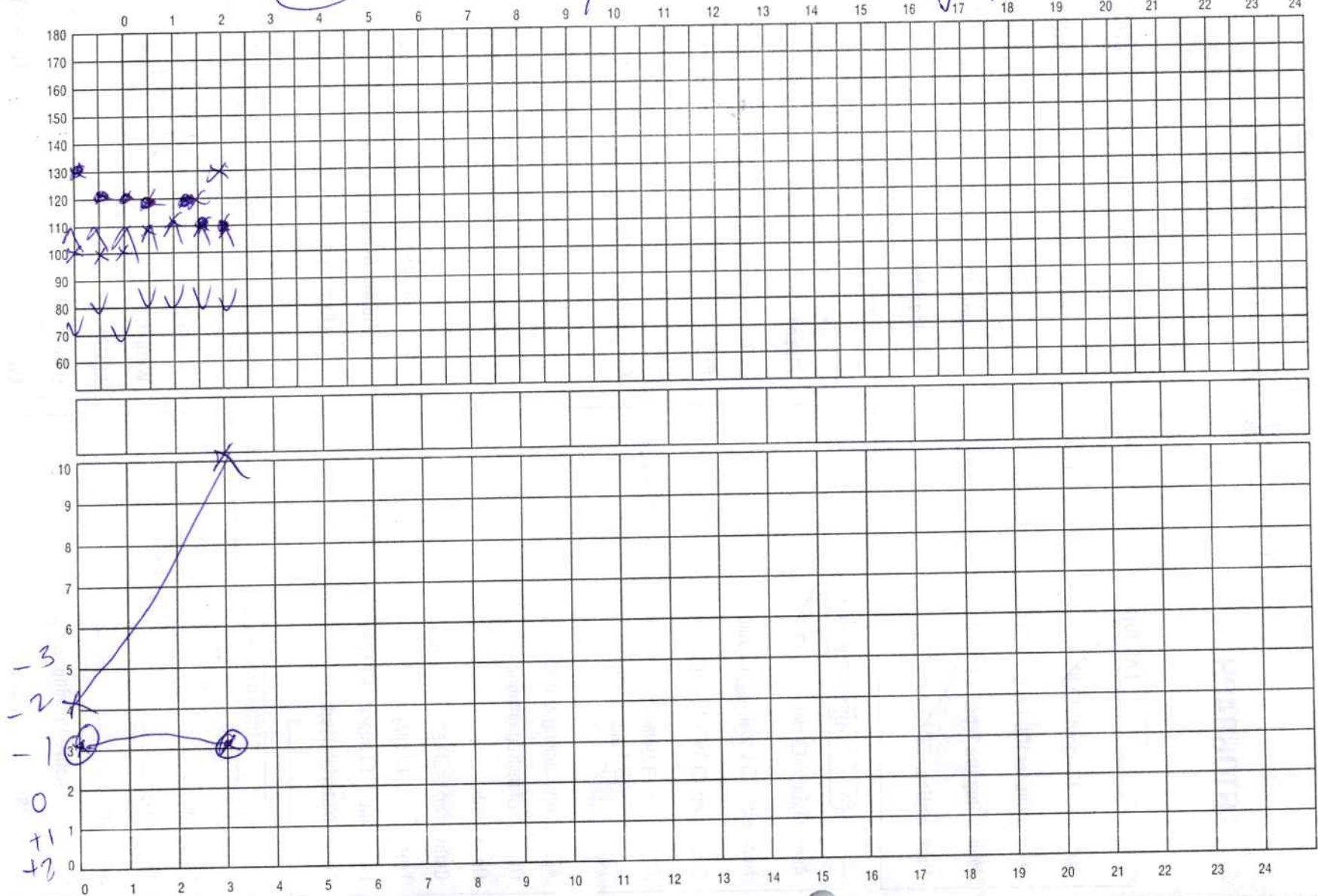
Risk Factors: _____

Gestational Thrombocytopenia

Fetal Heart ●

Maternal BP ↑↓

Maternal Pulse ×



Record of Labor:

Maternal Condition:

Fetal Condition:

Progress of Labor:

Management:

Time: Signature:

Maternal Condition:

Fetal Condition:

Progress of Labor:

Management:

Time: Signature:

Maternal Condition:

Fetal Condition:

Progress of Labor:

Management:

Time: Signature:

Maternal Condition:

Fetal Condition:

Progress of Labor:

Management:

Time: Signature:

Maternal Condition:

Fetal Condition:

Progress of Labor:

Management:

Time: Signature:

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MAC

Patient Name : .

Gender: M ☐

GUC-00089893 IP18-00036499

Mrs BALA SHOBICA B.S

30-08-1997 28 Y 10 M 17 D (F)

Ward / Bed No. : .

Dr. MATHANGI RAJAGOPALAN

Operative procedure planned



Age :

Consultant: Dr. Mathangi

Isiologist: Dr. Mohan / Dr. Ashwin
Labour Epidural analgesia

PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA

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

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

☐ Heart disease

☐ Hypertension

☐ Diabetes mellitus

☐ Renal failure

☐ Hepatic disorders

☐ Shock

☐ Multiple organ failure

☐ Polytrauma / RTA

☐ Incapacitating COPD

☐ Others : HYPERTENSION / BRADYCARDIA / LOW VOLUME

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 Mrs. Bala Shobika the above mentioned operation / Diagnostic / Therapeutic procedures LABOUR EPIDURAL ANAESTHESIA

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 anesthesiologist or occasionally a colleague deputed by him/her will administer the Anaesthesia.

Pregnant: ☐ Yes ☐ No

DECLARATION BY THE ANAESTHETISTS PROVIDING INFORMATION FOR THIS CONSENT

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

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

Patient / Patient Attendant :

Signature : [Signature]

Name : MRS. BALA SHOBITA

Relationship with Patient : patient

Date & Time : 17/7/26

Witness :

Signature : [Signature]

Name : M.S. AKASH

Date & Time : 17/7/26 - 1.50 PM.

Doctor (who is taking the consent) :

Signature : [Signature]

Name : DR. ABHINAV S.

Date & Time : 17/7/26 2:15 PM

Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION

UC-00089893 IP18-00036499
Mrs BALA SHOBICA B.S
0-08-1997 28 Y 10 M 17 D (F)
Dr. MATHANGI RAJAGOPALAN



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Name: Age: Sex: UHID.No:

Date: Time: Proposed Operation:

Diagnosis:

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

Laboratory Data:

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

Allergies:

Medical History: CVS :

RESP :

Diabetes :

CNS :

Renal :

Hepatic / GE :

Physical Activity:

Others :

Past Anaesthetic History:

Physical Exam:

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

Lungs :

Heart:

CNS:

Pregnant: ☐ Yes ☐ No ☐ NA

Venous Access Site :

Spine Exam for regional :

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

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

CURRENT MEDICATIONS	DOSAGE

Pre-Operative Instructions:

- DVT Prophylaxis :
- NIL ORAL $\left\{ \begin{array}{l} \rightarrow \text{Water / ORS 2 Hours} \\ \rightarrow \text{Others 6 Hours} \end{array} \right.$
- Informed Consent: ☐ Standard ☐ High Risk
- Post Operative Pain Management: ☐ Discussed with Patient
- Other Instructions:

Signature: Name:

Patient Sticker

ANAESTHESIA CHART

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Pre Induction Assessment:

Change in Patient Condition:

☐ Yes ☒ No

Fasting Status:

N/A

Physical Status:

Patient Identified

☐ Consent Present☒ Chart Reviewed

H.R: 75/min

B.P / CRT: 100/20

SpO₂: 100%

R.R: 14/min

Last Feed: -

Pre-OP Diagnosis:

Prone for

Operation:

Laparoscopy

Date: 1/11/18

Surgeon: Dr. [Signature]

Anaesthesiologist: Dr. [Signature]

Technician: [Signature]

TIME

N₂O / AIR / O₂ PM

HALO / SO / SEVO

Drugs:

Antibiotic

Suppository

Blood Loss

NOTES

FIO₂ / SaO₂ETCO₂

ECG

Temperature

Urine Output

Fluids
Blood

B.P

V Systolic

A Diastolic

X Mean

• Heart Rate

Tourniquet on Time

Tourniquet off Time

Throat Pack In

Throat Pack Out

LAB Values

- ☐ Equipment Checked and Functional
- ☐ BP
- ☐ Cuff Site: [Signature]
- ☐ Arl Site: [Signature]
- ☒ EKG Lead
- ☒ Temp Site
- ☒ FIO₂ Monitor
- ☒ Agent Monitor
- ☒ Pulse Oximeter
- ☒ Capnograph
- ☐ Ventilator
- ☐ Nerve Stimulator

Position: [Signature]

☐ Pressure Points Checked

Eye Care:

☐ Oint☐ Tape☐ Padding☒ Awake

Temp:

☐ HME☐ Cting Film☐ Hugger's☐ Other

Times:

Anaes Start: 5:59 PM

OP Start:

OP End:

Leave OR: 5:45 PM

Anaesthesia:

☐ GA☐ Monitored Anaesthesia Care☒ Regional

Line (Size & Location)

☐ CVP:☐ ART:☐ IV: [Signature]☐ IV: [Signature]☐ IV: [Signature]☐ IV: [Signature]

Induction

☐ IV☐ Pre O₂☐ Others:☐ Inhal☐ RSI☐ Mask☐ Airway

ETT#

Oral

☐ Tracheostomy☐ Drug:☐ Awake☐ Video Laryngoscopy☐ Fiberoptic

Blade#

Attempts:

Difficulty Why?

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

Regional:

☒ Extremity☒ Spinal

Others:

Position:

Site:

Needle Size:

Depth:

Parasthesia ☐ Yes ☐ No

Catheter at skin

cm

Drug Name & Conc:

Bolus: 150 mg 2% 100 cc 0.2%

Infusion: 100 cc 0.2%

Block Level:

Comments:

Transportation to

☐ PACU ☐ ICU ☐ OtherRelaxant Reversed ☒ Yes ☐ No ☐ NA

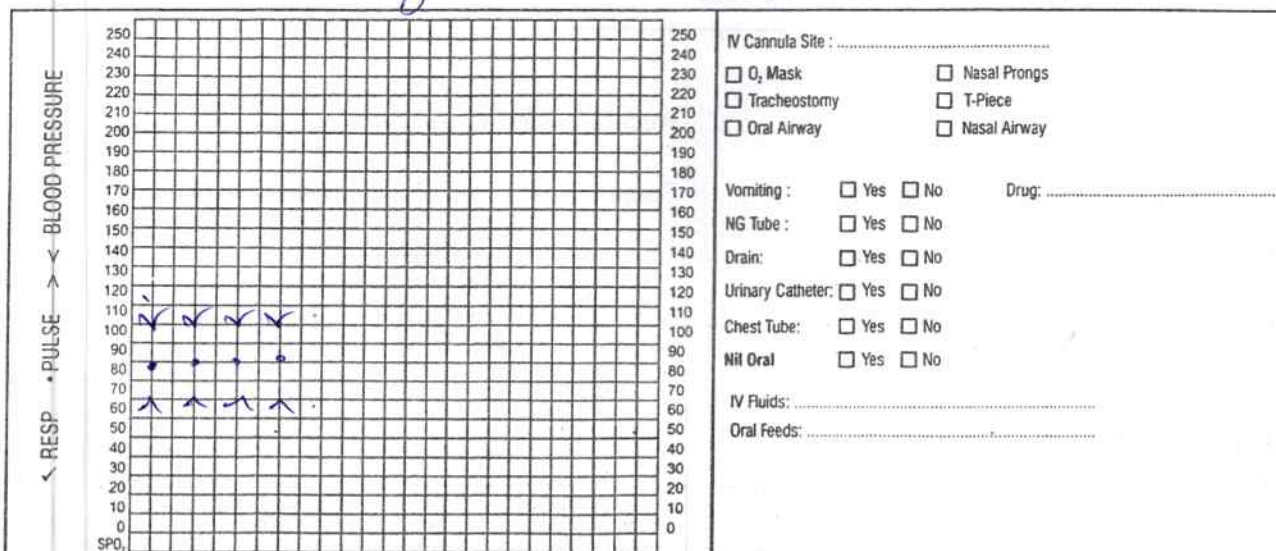
Name of the Doctor: [Signature]

Signature of the Doctor: [Signature]

Patient Sticker

POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : SNV Sargeel Time Received : 4:50pm Time Discharged : 5:00pm



POST ANAESTHESIA SCORE (Modified Aldrete Score)		IN	MINUTES			OUT	SCORING INTERPRETATION
			30	60	90		
Able to move 4 extremities voluntary or on command	= 2	1					A Minimum Total Score of 8 is Required for Discharge Exceptions to this, are to be explained in the space below by the Discharging Physician:
Able to move 2 extremities voluntary or on command	= 1						
Able to move 0 extremities voluntary or on command	= 0						
Able to deep breathe & cough freely	= 2	2					
Dyspnea or limited breathing	= 1						
Apneic	= 0						
BP $\pm$ 20 of Pre Anaesthetic level	= 2	2					
BP $\pm$ 20-50 of Pre Anaesthetic level	= 1						
BP $\pm$ 50 of Pre Anaesthetic level	= 0						
Fully awake	= 2	2					
Arousable on calling	= 1						
Not responding	= 0						
Pink	= 2	2					
Pale, dusky, blotchy, jaundiced, other	= 1						
Cyanotic	= 0						
TOTAL		7/10					

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
			NPO on per G order	
			1W @ 12ml/hr order	
			2 Prazin in 10)	
			200ml IV of	

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

Anaesthesiologist Name : _____

Anaesthesiologist Signature: _____

Date & Time: _____

PACU Nurse Name : _____

PACU Nurse Signature: _____

Date & Time: _____

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): SNV Sargeel

Date & Time: 11/17/2016 at 5:00pm

Department of Anaesthesiology PRE-ANAESTHETIC EVALUATION

GUC-00089893 IP18-00036499
Mrs BALA SHOBICA B.S
30-08-1997 28 Y 10 M 17 D (F)
Dr. MATHANGI RAJAGOPALAN



Name: Ms. Bala Shobika Age: 28 yrs Sex: female UHID.No:
Date: 12/7/20 Time: 11:15 AM Proposed Operation: Elective / Emergency LSCS
gestational thrombocytopenia
congenital genu varum / flat foot

Diagnosis: primigravida / congenital genu varum / flat foot ASA Physical Status: ☐ 1 ☒ 2 ☐ 3 ☐ 4 ☐ 5
Weight: 80 kg
B.P / CRT: 110/70 H.P:
Lab: 12/7/20 Lab: 78/93
Hgb: 12.3 Gose: Protein:
PCV: 38.8 Alb: HBS Ag:
WBC: 11.630 Total Bill: HCV:
Plate: 1.18 L Dir. Bill: Blood group: O +ve
PT: LDH: T3: 1.65
PTT: Alk phos: T4: 14.3
INR: Amylase: TSH: 4.81
SGOT/SGPT: X-Ray:
ECG:
Stress/Angio:
Other:

Medical History: CVS: Diabetes:
RESP: Allergies: NKDA
CNS:

Renal: Physical Activity:
Hepatic: was on To Escopin 150mg - stopped 10 days back exercise tolerance
Other:

Anesthetic History: H/o arthroscopy & plating at 9 yrs back breastful
Physical Exam: MP 1 2 3 4 mouth opening: adequate Neck: normal Teeth: No loose teeth

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

Anaesthetic Plan: ☐ MAC ☒ GA-ETT ☐ LMA
Peri-Operative Plan Explained to Patient: ☒ Yes ☐ No

CURRENT MEDICATIONS	DOSAGE
<u>on To Thyroxine</u>	<u>75 mg OD</u>
<u>To Ca, Fe,</u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>

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

Signature: Date:
10/3/20 DR. ABHINAV L.

Docu. No.: RCH / FRM / CLIN 044

(if LSCS Details)

...ed patients.
... with chronic pain, patient with severe pain
... every 4 hours
... intervention
... 30-60 minutes after pain relief intervention
... to Unit by (ACU):
Date & Time:



Date and Time :

Sl.No. 2613

NARCOTIC PRESCRIPTION FORM (PATIENT COPY)

Patient Name: MRS. BALA SHOBICA S	Age: 28 YEARS	Gender: FEMALE	
UHID No: 600-0008993	IP No: 12-00036499	Date: 17/07/2026	
Diagnosis: PRIMI / 38 WEEKS + 1 DAY / EPIDURAL ANALGESIA	Date: 17/07/2026	Time: 1:50pm	
PRESCRIPTION DETAILS (Tick only one of the following)			
S.No.	Drug Name	Dosage / No. Vials / Ampoule	Remarks
1.	Inj Fentanyl Citrate (100 mcg/2ml)	100mcg / ①	START
2.	Fentanyl Citrate 25 mcg patch	-	-
3.	Morphine Inj 10 MG / ML	-	-
4.	Pethidine 50 MG / 1ML	-	-
Doctor Name: DR. PAVITHRA		Doctors Medical Council Registration No. 124632	
Signature: [Signature]			

NARCOTIC DISPENSING FORM APPENDIX 4 - FORM NO. 3E (Details of the Patient to whom Essential Narcotic Drugs Dispensed)

IP Registration No: 12-00036499

Aadhaar No. of the patient(optional):

Date: 17/07/2026

1.	Name	Remarks		
2.	Complete postal address (with contact number, if any)			
3.	Brief description of the illness	NO. 1 SUSIL FLATS, 134 - LAKE VIEW ROAD, WEST MAMBALAM, CHENNAI		
4.	Whether registered with any other registered medical practitioner / recognized medical institution (if yes, details to be recorded)	PRIMI / 38 WEEKS + 1 DAY / EPIDURAL ANALGESIA		
5.	Details of essential narcotic drugs dispensed			
Date	Name of the Essential Narcotic Drugs	Quantity	Signature / Thumb Impression of the patient	Remarks, if any
17/07/2026	INT. FENTANYL CITRATE 100mcg	①	[Signature]	

Dispensed by (Name & ID No.): [Signature] (021202)

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

Time: 2 pm

Signature: [Signature]

Signature: [Signature]

3613

SI.No. 2612

NARCOTIC PRESCRIPTION FORM (PATIENT COPY)

Patient Name :	MRS. ELLA SHIOBIKA. D S	Age:	28	Gender:	F
UHID No:	600-89893	IP No:	36499	Date:	17/7/20
Diagnosis:	PT/HT/TERM/LABOUR			Date:	17/7/20
				Time:	4 PM

PRESCRIPTION DETAILS (Tick only one of the following)			
S.No.	Drug Name	Dosage / No. Vials / Ampoule	Remarks
1.	Inj Fentanyl Citrate (100 mcg/2ml)		
2.	Fentanyl Citrate 25 mcg patch		
3.	Morphine Inj 10 MG / ML		
4.	Pethidine 50 MG / 1ML	50mg / 1	STAT DOSE

Doctor Name:	DR. PAVITHRA	Doctors Medical Council Registration No.	12462
Signature:	<i>[Signature]</i>		

NARCOTIC DISPENSING FORM APPENDIX 4 - FORM NO. 3E (Details of the Patient to whom Essential Narcotic Drugs Dispensed)

IP Registration No: 36499

Aadhaar No. of the patient(optional):

Date: 17/7/20

1.	Name			
2.	Complete postal address (with contact number, if any)	Remarks		
3.	Brief description of the illness	PT/HT/TERM/LABOUR		
4.	Whether registered with any other registered medical practioner / recognized medical institution (if yes, details to be recorded)			
5.	Details of essential narcotic drugs dispensed			

Date	Name of the Essential Narcotic Drugs	Quantity	Signature / Thumb Impression of the patient	Remarks, if any
17/7/20	Inj. PETHIDINE 50mg	1	<i>[Signature]</i>	STAT.

Dispensed by (Name & ID No.): *[Signature]* 016339

Received by (Name & ID No.): *[Signature]* 016720

Time: 11:05 AM

Signature: *[Signature]*

Signature: *[Signature]*



**NARCOTIC PRESCRIPTION FORM
 (PATIENT COPY)**

Sl No. 2612

Patient Name		Age		Gender	
UIN No.		Date		Time	
Diagnosis					
Prescription Details (Tick appropriate box)					
Drug Name		Dose and Frequency			
1	Infliximab (Citra 100 mg/25ml)				
2	Fentanyl (Citra 2 mg/2ml)				
3	Morphine (Citra 10 mg/2ml)				
4	Paracetamol (Citra 500 mg/5ml)				
Doctor Name		Signature			
Hospital Name		Address			

NARCOTIC DISPENSING FORM

APPENDIX 1 - FORM NO. 02
 (Details of the Patient to whom Extentive Narcotic Drugs Dispensed)

IP Registration No.		Address of the patient	
1	Name		
2	Complete local address (with contact number if any)		
3	Brief description of medical condition		
4	Whether operated with or without use of narcotic drugs (specify)		
5	Details of narcotic drugs dispensed		
Date	Name of the Extentive Narcotic Drugs	Quantity	Signature of the dispenser (if any)

Dispensed by (Name & No.)
 Prescribed by (Name & No.)
 Time

INDUCTION OF LABOR CONSENT

GUC-00089893 IP18-00036493

Name: Mrs BALA SHOBICA B.S
30-08-1997 28 Y 10 M 16 D (F)
Dr. MATHANGI RAJAGOPALAN

UHID.No : .. 

Age: Gender: Male ☐ Female ☐

Date:

You are scheduled for an induction of labor on 17/7/26 (date) at 38w 1d (weeks of gestation).

The reason for your induction is Twin

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

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

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

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

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

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

Patient

Signature: B.S. Bala ShobikaName: B.S. Bala ShobikaDate & Time: 16/7/26 11:00 PM

Doctor:

Signature: Dr. VinitaName: Dr. VinitaDate & Time: 16/7/26

Patient Attendant:

Signature: M.S. AkashName: M.S. AkashRelationship with Patient: HusbandDate & Time: 16/7/26 11:00 P.M.

Witness

Signature:

Name:

Date & Time:

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INFORMED CONSENT FOR VAGINAL BIRTH

GUC-00089893 IP18-00036499

Patient Name : Mrs BALA SHOBICA B.S
30-08-1997 28 Y 10 M 16 D (F)
Dr. MATHANGI RAJAGOPALAN

Gender: ☐ M ☒ F



UHID No :

Date : Time :

I hereby authorized the performance of the following procedure:

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

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

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

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

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

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

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

Name of the Doctor performing the procedure:

Consentee :

Signature : B.S.

Name : B.S. Bala Shobika

Date & Time : 11.00 PM / 16/7/26

Witness :

Signature :

Name :

Date & Time :

Patient Attendant :

Signature : M.S. Akash

Name : M.S. Akash

Relationship with Patient : Husband

Date & Time : 16/7/26 - 11.00 P.M.

Doctor (who is taking the consent) :

Signature : Dr. V. V. V.

Name : Dr. V. V. V.

Date & Time : 16/7/26

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A. B. H.
JAN 1 1961
11:00 AM

22.2.22
11:00 AM | 101-12

11:00 AM
101-12



NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 18/07/2026

Time: 1:20 PM

Origin:

Height: 153 cm

Weight: 86 kg

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

Food Allergies:

Diagnosis: EMERGENCY LSCS.

Type of Diet: ☒ Liquid ☒ Soft ☐ Normal

☐ Vegetarian ☒ Non-Vegetarian

☐ Diabetic

☐ Vegan

Hypothyroidism x 13 yrs.

Diet Advised:

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

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

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

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

Patient's / Attendant's

Signature: [Signature]

Name: BALA SHOBICA

Date & Time: 18/07/26 / 1:20 PM

Dietician's

Signature: A. M. (012336)

Name: A. Sadiga Ferheen

Date & Time: 18/07/26 @ 1:20 PM

DIETARY NOTES

Date	Time	Notes	Sign
17/07/26	8:30 AM.	Liquid Diet.	
		- Patient is stable. Oral intake is better.	A.D. (018336)
		- Advised to take plenty of fluids like water, tender coconut water, fruit Juices (etc)	
		<u>Fluids</u> - 2.5-3 l/d.	
	3:40 PM.	Plan EM - LCS.	A.D. (018336)
18/07/26	11 AM.	- Patient is on Soft Diet.	
		- EMERGENCY - LCS.	
		- Patient is stable. Oral intake is Adequate.	
		- Advised to take easy - digest foods.	A.D. (018336)
		- Consume Small - frequent meals	
		- Include gastrocognes foods for milk secretion such as garlic, fenel & Oats (etc)	
		<u>RPA. Values</u> - Energy - +600 Kcal.	
		Protein - +17 - 19 g/d.	