GUC-00092073 IP18-00036501
Mrs M VEENA
06-08-1993 32 Y 11 M 11 D (F)
Dr. MATHANGI RAJAGOPALAN

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

SURGERY DETAILS

Date : 17/7/26

Patient Name: Mrs. Veena Date of Birth: 6/8/1993 Age: 32y

Gender: F Ward : OT UHID No.: 92073

Date of Surgery: 17/7/26 ☐ OT -1 ☐ OT -2 ☒ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : Elective LSCS

Time in : 9:40 Am Time Out : 11:00 Am

	NAME	AMOUNT
1. Surgeon	: Dr. Mathangi Rajagopals	
2. Anaesthetist	: Dr. Ashwini	
3. Assistant Surgeon	: Dr. Pavithra, Dr. Sridevi	
4. OT Technician	: Mr. Thangadurai	
5. Circulating Nurse	: S/N Rosni	
6. Assistant Nurse	: S/N Sangeetha	

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

Signature of Circulating Nurse

Signature of the Surgeon

Record finalized done.

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

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

Patient Sticker

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

BirthRight™ BY RAINBOW HOSPITALS
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CONSUMABLES OF OT

Circulating staff : C/N Risna .... Technician : Mr. Thangam Date : 17/7/26 ..... Time : 11:00AM...

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube			~~Major~~ Pack LSCS		1	Inj Vit.K		2
LMA			Sutures 1 Vicryl 2347		3	Cord Clamp		1
ECG leads (A) P / N		3	3-0 monocryl 1326		1	Suction Catheter		
HME filter : A / P / N						Feeding Tube 6 FR		1
Syringes : 10 cc		4	S.C 6.5		1	Vaccum Suction Set		
05 cc		4+1	Gloves [illegible]		[illegible]	Surgical Gloves 5.5		1
02 cc		4	P.F 7		1	Gauze Pack [illegible]		[illegible]
01 cc			P.F 5.5		1	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		3	Cautery pencil		1	Disposable stool		1
NS : 10ml / 100ml / 500ml / 1000ml		1	~~Koochies~~ 1326-1-		01	Patient gown		03
			Ointments			Baby diaper		02
			Suction Catheter			Baby wipes		1
Fentanyl			Cap, Mask N95 Mask		3	~~Baby~~		
Morphine			Gauze Pack R/O		1			
Ketamine			Mop Pack		[illegible]	Atropin		1
Propofol			Steristrip			Ephedrine		1
Rocuronium			Underpad		1	Bioxamic		2
Glycopyrolate			Draw sheet			Oxytocin		5
Myopyrolate			Abgel		[illegible]	Anawin Heavy		1
Ondansetron		1	~~Foleys catheter~~ Quick shoot		2	Buprigesic		1
Pencan 25g/ Spinal Needle 22			Urobag			Spinal Needle 25g		1
Bupivacaine 0.25%			Chest Drainage Catheter			Carboprost		1
Bupivacaine 0.25%(Heavy)			Romodrain bag			Needle 26 x 1½		1
Antibiotics			Bandage			Mezolam		1
			Tegaderm [illegible]		[illegible]			
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg			Vaccum Suction set		1			
Justin : 12.5 mg / 25mg / 100mg		2	Plastic Bed Sheet					
Tab. Misoprost : ~~200mg~~ [illegible]		[illegible]	Betadine Solution		[illegible]			
Mom pad		1	Microshield					
Mom fixator		1	Cotton Balls					
Protective Sheet		3	Latex Gloves		10 P			
~~Miso 200 mcg~~		~~03~~	Ramdione Scrub		~~10~~			
Eva gloves		01	Saral					

Dr. Mathangi — Surgeon

DR. Ashwini — Anaesthesiologist

Sm. Sangeetha — Nurse

Mr Thangam — OT Technician

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

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

RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital - Guindy

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

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

DL NO :

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

INPATIENT ISSUES AGAINST ORDERS

IP No	IP18-00036501	**Ward**	8F-OT COMPLEX
Patient Name	Mrs M VEENA	**Bed Name**	MICU 803
Age/Sex	32 Y 11 M 11 D / Female	**Order No**	18-0001728791
Date	17/07/2026 11:59	**Prescription No**	PRIP18-0627659
Payor	GENERALI CENTRAL INSURANCE COMPANY LIMITED	**Dispensed Date**	17/07/2026 12:06
UHID	GUC-00092073		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	ANAWIN HEAVY 5 MG INJ 4 ML	Neon Laboratories Ltd	H	KP1713936	01/28	1	31.47	31.47
2	BIOXAMIC 500 MG INJ	Biocare Pharmaceuticals	H	C3BIO004	01/28	2	73.23	146.46
3	BUPRIGESIC INJ AMP 0.3 MG 1 ML	Neon Laboratories Ltd	H	45121	01/29	1	31.10	31.10
4	CABOPROST INJ AMP 250 MCG 1 ML	Neon Laboratories Ltd	H	097133	08/27	1	318.50	318.50
5	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	26C30K60	02/31	4	28.13	112.52
6	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26C13K17	02/31	5	21.56	107.80
7	DSYRINGS 2.5ML(NIPRO)	NIPRO	GENERAL	26B12K44	01/31	4	11.25	45.00
8	E.C.G ELECTRODES (ADULT)	JMS	GENERAL	12226S08G	03/28	3	32.34	97.02
9	EFIPRES INJ 30 MG 1 ML	NEON LABORATORIES LTD	H	1231095	01/28	1	45.90	45.90
10	EVATOCIN (OXYTOCIN) INJ 5 IU 1 ML	Neon Laboratories Ltd	H	091690	02/28	5	18.90	94.50
11	INTRAFLOW (AUTO STOP) ROMSONS	ROMSONS		K26B010515	01/31	1	525.00	525.00
12	MEZOLAM INJ 5 MG 5 ML	Neon Laboratories Ltd	H1	V304645	04/28	1	31.55	31.55
13	NEEDLE 26 1 1 2INCH	Dispovan	GENERAL	01654R	12/30	1	3.38	3.38
14	ONDOKIND INJ 4 MG 2 ML	SWISS CRITICURE		BA26025	01/28	1	12.72	12.72
15	PREGELLED SURGICAL PLATES(ADULT)	Erbee	GENERAL	2510302409	10/27	1	1,275.00	1,275.00
16	RL 500 ML CLOSED SYSTEM	Fresenius Kabi India Pvt Ltd		1D262104	03/29	3	69.84	209.52
17	SPINAL NEEDLE 25G 90MM WHITACARE	BECTON DICKINSON (BD)		2512026	11/30	1	448.50	448.50
18	TROPINE INJ AMP0.6MG1ML	NEON LABORATORIES LTD	H	SM038138	11/27	1	7.30	7.30
						Total :	**2,985.67**	**3,543.24**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

Printed Time : 17-07-2026 12:06

RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital - Guindy

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

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

DL NO :

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

INPATIENT ISSUES AGAINST ORDERS

IP No	IP18-00036503	**Ward**	7F-PVT/SUITE
Patient Name	Baby B/O M VEENA	**Bed Name**	CRDL-PVT702-2
Age/Sex	0 Y 0 M 0 D 2 H / Female	**Order No**	18-0001728797
Date	17/07/2026 12:05	**Prescription No**	PRIP18-0627660
Payor	SELFPAY	**Dispensed Date**	17/07/2026 12:06
UHID	GUC-00093975		

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**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital - Guindy

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

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

DL NO :

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

INPATIENT ISSUES AGAINST ORDERS

IP No	IP18-00036501	**Ward**	8F-OT COMPLEX
Patient Name	Mrs M VEENA	**Bed Name**	MICU 803
Age/Sex	32 Y 11 M 11 D / Female	**Order No**	18-0001728793
Date	17/07/2026 11:59	**Prescription No**	PRIP18-0627661
Payor	GENERALI CENTRAL INSURANCE COMPANY LIMITED	**Dispensed Date**	17/07/2026 12:07
UHID	GUC-00092073		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	CAUTERY PENCIL (ADVANCE)	The Advanced cadiomed	GENERAL	250824	08/28	1	1,303.00	1,303.00
2	Encore Microptic gloves-6.5		H	2603019005	03/29	3	128.00	384.00
3	ENCORE MICROPTIC GLOVES-7 PF	ANSEL		2604014105	04/29	1	128.00	128.00
4	GAUZ SWAB 10 X 10 CM 12PLY 5S X-RAY	Bapuji Surgicals	GENERAL	M2645010	03/29	2	123.00	246.00
5	JUSTIN SUPPOSITORIES 100 MG 5 S	Neon Laboratories Ltd	H	BLNP274055	12/28	1	18.74	18.74
6	LSCS DRAPE PACK	Mediblue	H	1010626	05/29	1	2,250.00	2,250.00
7	MONOCRYL 3-0 NW 1326	ETHICON SUTURES-J&J	C1	T6003	12/30	1	997.00	997.00
8	MOPS 30X30 8PLY 5S X-RAY	DATT MEDI PRODUCTS	H	M2642SF029	03/30	2	949.00	1,898.00
9	NEW MOM DISP MATERNITY PAD FIXATOR - XL	DYNAMIC TECHNO	General	165510	04/31	1	221.00	221.00
10	NEW MOM DISP MATERNITY PADS MAXIPAD	DYNAMIC TECHNO		0153715	03/31	1	204.00	204.00
11	NITRILE EXAMINATION GLOVES P F- MEDIUM	ELITE MEDICALS	GENERAL	ENPF030020	11/28	20	25.00	500.00
12	NS 500ML CLOSED BOTTLE	Denis Chem Lab Ltd	H	1D262046	03/29	1	94.55	94.55
13	PROTECTIVE SHEET 20X2O	Local		101O626	05/29	1	250.00	250.00
14	QUICKSUITE OT TABLE SHEET MIDLINE SUITEL		H	260616I	06/31	1	775.00	775.00
15	RAMADINE SOLUTION 10% 100 ML	RAMAN & WEIL PVT LTD		RC126036	04/28	2	103.00	206.00
16	SGLOVE # 6.5 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	6F103	05/31	1	91.00	91.00
17	SGLOVE 5.5 SIGNATURE			260100021T	01/29	1	117.00	117.00
18	SURGICAL BLADE 22	Surgeon	GENERAL	22C010126	12/30	1	7.67	7.67
19	TEGADERM WITH PAD (8591)BIG 9CM*25CM	3M HEALTHCARE	GENERAL	R04260909	03/29	1	894.00	894.00
20	UNDERPADS CARE 60 X 90 (FRIENDS)			07072026	12/30	1	205.00	205.00
21	VACCUME SUCTION SET	ROMSONS	GENERAL	K26D010294	03/31	1	811.00	811.00
22	VICRYL PLUS 1 VP - (2347)	ETHICON SUTURES-J&J	C1	T5O72	10/30	3	951.00	2,853.00
						Total :	**10,645.96**	**14,453.96**

Receiver Name

for RAINBOW CHILDREN'S MEDICARE LIMITED

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

Printed Time : 17-07-2026 12:07

RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital - Guindy

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

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

DL NO :

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

INPATIENT ISSUES AGAINST ORDERS

IP No	IP18-00036503	**Ward**	7F-PVT/SUITE
Patient Name	Baby B/O M VEENA	**Bed Name**	CRDL-PVT702-2
Age/Sex	0 Y 0 M 0 D 2 H / Female	**Order No**	18-0001728795
Date	17/07/2026 12:05	**Prescription No**	PRIP18-0627662
Payor	SELFPAY	**Dispensed Date**	17/07/2026 12:08
UHID	GUC-00093975		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	BABY DIAPER NEW BORN TEDDYS 10S PACK		H	07072026	12/30	1	255.00	255.00
2	GAUZE 7.5X7.5 12 PLY (5 NOS) NON XRAY	Bapuji Surgicals	GENERAL	M2641119	04/30	1	100.00	100.00
3	PROTO GOWN (ADULT)	Diamond Medicare	GENERAL	1010626	05/29	1	250.00	250.00
4	SGLOVE 5.5 SIGNATURE			260100021T	01/29	1	117.00	117.00
						Total :	**722.00**	**722.00**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital - Guindy

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

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

DL NO :

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

INPATIENT ISSUES AGAINST ORDERS

IP No	IP18-00036503	**Ward**	7F-PVT/SUITE
Patient Name	Baby B/O M VEENA	**Bed Name**	CRDL-PVT702-2
Age/Sex	0 Y 0 M 0 D 2 H / Female	**Order No**	18-0001728796
Date	17/07/2026 12:05	**Prescription No**	PRIP18-0627663
Payor	SELFPAY	**Dispensed Date**	17/07/2026 12:08
UHID	GUC-00093975		

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

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

Printed Time : 17-07-2026 12:08

RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital - Guindy

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

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

DL NO :

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

INPATIENT ISSUES AGAINST ORDERS

IP No	IP18-00036501	**Ward**	8F-OT COMPLEX
Patient Name	Mrs M VEENA	**Bed Name**	MICU 803
Age/Sex	32 Y 11 M 11 D / Female	**Order No**	18-0001728846
Date	17/07/2026 13:45	**Prescription No**	PRIP18-0627681
Payor	GENERALI CENTRAL INSURANCE COMPANY LIMITED	**Dispensed Date**	17/07/2026 13:45
UHID	GUC-00092073		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	EVA STERILE GLOVES (PAIR)	Eva		0825	08/28	1	44.00	44.00
						Total :	**44.00**	**44.00**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital - Guindy

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

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

DL NO :

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

INPATIENT ISSUES AGAINST ORDERS

IP No	IP18-00036501	**Ward**	8F-OT COMPLEX
Patient Name	Mrs M VEENA	**Bed Name**	MICU 803
Age/Sex	32 Y 11 M 11 D / Female	**Order No**	18-0001728845
Date	17/07/2026 13:45	**Prescription No**	PRIP18-0627682
Payor	GENERALI CENTRAL INSURANCE COMPANY LIMITED	**Dispensed Date**	17/07/2026 13:45
UHID	GUC-00092073		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	BABY DIAPER NEW BORN TEDDYS 10S PACK		H	07072026	12/30	1	255.00	255.00
2	JUSTIN SUPPOSITORIES 100 MG 5 S	Neon Laboratories Ltd	H	BLNP274055	12/28	1	18.74	18.74
3	KLICK CLAMP	ROMSONS		G26D040017	03/31	1	42.00	42.00
4	MONOCRYL 3-0 NW 1326	ETHICON SUTURES-J&J	C1	T6003	12/30	1	997.00	997.00
5	N95 MASK KARE-ROMSONS	ROMSONS		16032026	12/30	3	56.00	168.00
6	PROTECTIVE SHEET 20X2O	Local		101O626	05/29	2	250.00	500.00
7	PROTO GOWN (ADULT)	Diamond Medicare	GENERAL	1010626	05/29	2	250.00	500.00
8	QUICKSUITE OT TABLE SHEET MIDLINE SUITEL		H	260616I	06/31	1	775.00	775.00
						Total :	**2,643.74**	**3,255.74**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital - Guindy

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

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

DL NO :

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

INPATIENT ISSUES AGAINST ORDERS

IP No	IP18-00036501	**Ward**	8F-OT COMPLEX
Patient Name	Mrs M VEENA	**Bed Name**	MICU 803
Age/Sex	32 Y 11 M 11 D / Female	**Order No**	18-0001728845
Date	17/07/2026 13:45	**Prescription No**	PRIP18-0627682
Payor	GENERALI CENTRAL INSURANCE COMPANY LIMITED	**Dispensed Date**	17/07/2026 13:45
UHID	GUC-00092073		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	BABY DIAPER NEW BORN TEDDYS 10S PACK		H	07072026	12/30	1	255.00	255.00
2	JUSTIN SUPPOSITORIES 100 MG 5 S	Neon Laboratories Ltd	H	BLNP274055	12/28	1	18.74	18.74
3	KLICK CLAMP	ROMSONS		G26D040017	03/31	1	42.00	42.00
4	MONOCRYL 3-0 NW 1326	ETHICON SUTURES-J&J	C1	T6003	12/30	1	997.00	997.00
5	N95 MASK KARE-ROMSONS	ROMSONS		16032026	12/30	3	56.00	168.00
6	PROTECTIVE SHEET 20X2O	Local		101O626	05/29	2	250.00	500.00
7	PROTO GOWN (ADULT)	Diamond Medicare	GENERAL	1010626	05/29	2	250.00	500.00
8	QUICKSUITE OT TABLE SHEET MIDLINE SUITEL		H	260616I	06/31	1	775.00	775.00
						Total :	**2,643.74**	**3,255.74**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

Printed Time : 17-07-2026 13:45

RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital - Guindy

Door No.157 to 160, Anna Salai, Guindy, Guindy Chennai Tamil Nadu INDIA 600015
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INPATIENT ISSUES AGAINST ORDERS

IP No	IP18-00036501	**Ward**	8F-OT COMPLEX
Patient Name	Mrs M VEENA	**Bed Name**	MICU 803
Age/Sex	32 Y 11 M 11 D / Female	**Order No**	18-0001728846
Date	17/07/2026 13:45	**Prescription No**	PRIP18-0627681
Payor	GENERALI CENTRAL INSURANCE COMPANY LIMITED	**Dispensed Date**	17/07/2026 13:45
UHID	GUC-00092073		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	EVA STERILE GLOVES (PAIR)	Eva		0825	08/28	1	44.00	44.00
						Total :	**44.00**	**44.00**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

Printed Time : 17-07-2026 13:45

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PATIENT DISCHARGE INTIMATION FROM NURSING STATION

CLEARANCE FOR DRUGS AND DISPOSABLES BILLING

GUC-00092073 IP18-00036501
Mrs M VEENA
08-08-1993 32 Y 11 M 12 D (F)
Dr. MATHANGI RAJAGOPALAN

Date: 19/7/26

UHID No: ..... Gender: F

Ward: 4th floor Room No: 401

Certified that in respect of the above patient:

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

Patient Authorised Sign	Nurse Sign	Pharmacy Sign
Date:	Date: 19/7/26	Date: 19/7/26
Time:	Time: 6 AM	Time: .....

Docu. No. : RCH /FRM / GENERAL / 117

GUC-00092073 IP18-00036501
Mrs M VEENA
06-08-1993 32 Y 11 M 12 D (F)
Dr. MATHANGI RAJAGOPALAN

Rainbow Children's Hospital

DISCHARGE TRACKING SHEET

UHID- FLOOR- NAME OF CONSULTANT-

ACTIVITY	INTIME	OUT TIME	NAME & SIGNATURE	REMARKS	<To be filled by Admin>		
Activity Sheet update by Nursing		19/7/18 @ 6 AM					
Activity Sheet update by Pharmacy							

GUC-00092073
Mrs M VEENA
06-08-1993 32 Y 11 M 10 D (F)
Dr. MATHANGI RAJAGOPALAN
IP18-00036501

ACTIVITY RECORD FOR BILLING

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Name: mrs. veena

UHID No: 92073 IP No: 36501 Consultant: Dr. mathangi Dept:

Date of Admission: Time: Date of Discharge: Time:

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
16/7/26	11.10pm	LDR.	7th Floor.	
16/7/26	9.40am.	NICU	OT	
17/7/26	11.00 pm	OT	MICU	
17/7/26	2.45pm	LDR	701	

CROSS CONSULTATION VISIT

	Doctor Name	Date	Order No.	Signature
1.	DMC	16/7/26	1728556.	
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
18/7/2026	CBG	260230077	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
16/11/16	CTG – (1)			009622.	Shapoor DW
17/11/16	Infusion pump	9.30 am		1728696	Deri [illegible]

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
17/7/26	IV Placement.	1	1728658	
	Catherization.	1		
17/7/26	Neb & O2	2	1728657	
18/7/26	Diet Counselling	1	1729295	
18/7/26	Physiotherapy	1	1729292	

ANY OTHER INFORMATION:

17/7/26 Procedure: Elective Lscs

Surgeon: Dr. Mathangi Rajagopalan

Anesthetist: Dr. Ashwini

Assist. surgeons: Dr. Pavithra, Dr. Sridevi

Start time: 9:50 AM

End time: 10:50 AM

Date: 19/7/26 Time: 0 PM Prepared By:

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

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DISCHARGE TRACKING SHEET

GUC-00092073 IP18-00036501
Mrs M VEENA
06-08-1993 32 Y 11 M 13 D (F)
Dr. MATHANGI RAJAGOPALAN

FLOOR- NAME OF CONSULTANT-

ACTIVITY	TIME		NAME & SIGNATURE	REMARKS	<To be filled by Admin>
Discharge Announcement	19/7/16 at 10am				
	INTIME	OUT TIME			
Arrangement of File by Nursing		19/7/16 at 10pm	6pm		
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-00092073 IP18-00036501
Mrs M VEENA
06-08-1993 32 Y 11 M 11 D (F)
Dr. MATHANGI RAJAGOPALAN

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BED SIDE CHECK LIST FOR NURSES

Date:	17/7	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	yes NA						
Intubation Tray	NA	NA	NA						
Emergency Tray (Loaded Syringes with Midazolam & Vecuronium and Flush) Ampoules of Adrenaline	NA	NA	NA						
Ventilator Tubing,(Any Water, Blood)	NA	NA	NA						
Humidification	NA	NA	NA						
Check all Infusion (Labelling,Correct Preparation)	NA	NA	NA						
Chest Physio & Neb	NA	NA	NA						
Handed Over By Name :	K.Abhi	K.Abhi	K.Abhi						
Signature :									
Date & Time:	17/7/26 @3:30pm	18/7/26 @6pm	19/7/26 @8am						
Hand Over Taken By Name :	PJ	SD							
Signature :									
Date & Time:	18/7/26 8pm	19/7 8pm							

Doc. No. : RCH/ FRM / GENERAL / 088

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Children's Hospital - Guindy

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

ADMISSION SHEET

Registration Details :

Admission No : IP18-00036501 **Admit Date** : 16-Jul-2026 **Admit Time** : 09:26 PM **UHID** : GUC-00092073

Patient Details :

Patient Name	: Mrs M VEENA	**Age**	: 32 Y 11 M 10 D
Guardian	: Mr PRAVEEN S	**DOB**	: 06-08-1993
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: plot no.104, door no. 2/2a, anadam nagar main road, ramapuram Kudlyiruppur Chennai Tamil Nadu INDIA 600089	**Phone No**	: 9940251363/ 7845582854
		E-mail	: no@gmail.com

Admission Details :

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

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

Contact Details :

Name : Mr PRAVEEN S **Relationship** : Husband

Contact Address : plot no.104, door no. 2/2a, anadam nagar main road, ramapuram Kudlyiruppur Chennai Tamil Nadu INDIA 600089 **Phone No** : 9940251363

Signature

Doctor Details :

Doctor Name : Dr. MATHANGI RAJAGOPALAN **Specialisation** : OBSTETRICS AND GYNECOLOGY

Referral Doctor : Dr. Mathangi Rajagopalan **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 7000.00

Payment Mode : Cash **Payor Name** : SELFPAY

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TEL NO :044-40122444
WEB : https://rainbowhospitals.in

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Mrs M VEENA**	**Age :**	**32 Y 11 M 10 D**
IP No:	**IP18-00036501**	**Sex:**	**Female**
Consultant:	**Dr. MATHANGI RAJAGOPALAN**	**Ward/Bed No:**	**8F-OT COMPLEX/MICU 803**

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

Patient, be deemed advisable or necessary.

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

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

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

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

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

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

Signature of Patient/Relative: >

Name: > S.PRAVEEN
Relationship: > HUSBAND
Date: 16-07-2026 Time: 09:26
Witness Name: ASWIN
Witness Signature:

Patient Address:

plot no.104, door no. 2/2a, anadam nagar main road, ramapuram Kudlyiruppur Chennai Tamil Nadu INDIA 600089

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BILLING POLICY

- Billing Cycle: - Bed charges will be calculated based on 12PM to 12PM checkout. Settlement post 12PM, room rent will be charged for half day extra & post 6PM, it will be charged for full day. Less than 24 hours stay will be considered as one day.
- Room Rent inclusive of Bed, Nursing, Consultation Charges and all other charges, like Diet, Investigations, IP or OP Procedures, Equipment, Cross Consultations, Blood/ Blood Products, Implants, Ward Consumables, Infection Preventive Measure Charges, Pharmacy and Consumables will be charged extra.
- 5% GST Charges applicable on more than INR 5,000/- Bed Charges which was effective from 18.07.2022 as per the GST Council.
- As per the G.O.I. guidelines, we can collect Rs 1,99,999/- only in cash mode, balance patient can pay through Credit Card/ Debit Card/ NEFT / RTGS / Demand Draft and Online Payment.
- In the event of TPA / Cashless denial or approval not received due to any reason then hospital tariff will be applicable and any discount or special rates given to TPA's / Corporate won't 9eapplicable.
- If the Surgery/ Procedures performed in emergency hours (8PM-6AM), Public Holiday and on Sunday will be charged 30% extra.
- Asst. Surgeon and Anesthetist Charges will be charged 30% on the Surgeon Charges.
- Admission will be done according to the ward category chosen by the patient; charges will be applicable as per the ward category. All charges vary as per Room category, except Pharmacy and consumables.
- Patient / Guardian Self Attested Government ID proof is mandatory to submit at the admission.
- TPA/Insurance Processing Fee applicable for all Insurance Cases.
- In our hospital there is "No Discounts Policy". Kindly co-operate.
-
- No Duplicate/ Second copy of OP or IP bill will be issued.
- In case the patient is shifted from lower category to higher category, all the charges like consultant visits, investigations, operations and procedures etc. from the date of admission will be charged according to the higher category.
- If the patient is shifted to the ICU, the attendant should vacate the room. If the attender occupies the room, it will be charged as per dual occupancy.
- Room eligibility is purely subject to TPA approval. Proportionate difference of the bill amount is applicable in case the patient opts for higher category higher than the TPA approved, which has to paid by the patient and may not be reimbursed by the TPA / Insurance Company at later stage.
- For Non - Medicals, Disposables, Consumables, Infusion Pump, Taxes, Implants, HIV/ HbsAg, Medical Records, Insurance Processing Fee, Double Occupancy and Registration Charges, Etc., credit cannot be extended. These items are not payable to us as per insurance company norms (Depends on the TPA/Insurance Co. T&C).
- It takes time for cash discharge is a minimum 3-4hrs. and in the case of insurance, it will take a minimum 6-7hrs.
- Difference, if any between the final bill amount arid amount permitted / approved by the TPA or total bill amount in case of denial from TPA, has to be paid by the patient.
- Two attendants are permitted with patients in Deluxe, Private Rooms and only one is permitted in the rest of the categories of rooms. No attendant is permitted in ICU's.
- All the refunds more than Rs.5.000/- will be refunded through NEFT within 7 Bank working days.
- Patient attendant can collect for Interim/provisional bill of the patient from the billing section on daily basis. Interim Bill shall be based on the acknowledged services in HIS. Final Bill of the patient may vary from the Interim bill based on actual update taken on the day of discharge. It is requested that patients/attendants enquire daily about the bill amount from billing section and pay the outstanding as on that day. You are requested to clear your outstanding amount on daily basis before 12 PM. **Patient bill outstanding should not be increase more than 10,000/-**

DECLARATION

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

Patient Name :> M. VEENA	UHID Number : 92073
Self/Attendant Name : > S. PRAVEEN	Relation :> HUSBAND
Self/ Attendant Signature : > S. Praveen Phone Number : > 7845582854	Name & Signature of Financial Counselor

GUC-00092073 IP18-00036501
Mrs M VEENA
06-08-1993 32 Y 11 M 10 D (F)
Dr. MATHANGI RAJAGOPALAN

Patient

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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints
Admitted for Elective LSCS

Obstetric Formula:
$G_3P_1L_1A_1$

Obstetric History:
G_1: 2020 ; LSCS / Girl / 3.5 kg / Indication - not known
G_2: Miscarriage @ 9w ; D&C not done

Present Pregnancy Record:
14/4: NT: 1.8 MM ; NB +
FTS: Negative
14/3 - Anomalies Nil

RISK FACTORS:

ECHO:
Bicuspid aortic valve
Cardiology: (Stable Maternal cardiac status at present)
Suggested cardiac evaluation after 1 year.
Cardiology ① obtained

Height: 173 cm
Weight: 81.6 kg
Allergies: Nil
Breast: ☑ Normal ☐ Abnormal
General Examination:
Consciousness: Conscious Pallor: No
Icterus: No Edema: No
Temp: Afebrile PR: 84/min
BP: 90/60 DTR:
CVS: S_1S_2 ✓ RS NVBS
Liver/Spleen: Urine Output:

LMP: 22/10/25 EDD: 29/7/26
Corrected EDD: GA: 38w1d

Menstrual History: Regular: ☑ Yes ☐ No
Obstetric Examination Marital H: 8 yrs.
Fundal Height:

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

DIAGNOSIS
$G_3P_1L_1A_1$ / 38w1d / Bicuspid aortic valve
Admitted for Elective LSCS (repeat) at 9:30am on
GDM on MNT

Patient Sticker

Family History:	Surgical History:
Nil	Previous LSCS in 2020
Medical History:	**Medication History:**
Bicuspid aortic valve	
Plan of Care:	**Investigations:**
Admission Parts preparation IV line • Inj. Supacef 1.5g IV after test dose ½ hr before surgery • Inj. Pan 40mg IV] ½ hr before surgery • Inj. Emeset 4mg IV] • Shift to ward • Reshift to LDR @ 8:30am • NPO from 12am • IV fluid @ RL from 6am • CBD insertion in ward Inform SOS	CTG

16/7/26

(P.T.O)

Consultant Name: Dr. Mathangi

Signature: VSHP 12111-3

Date & Time: 16/7/26

GUC-00092073 IP18-00036501
Mrs M VEENA
06-08-1993 32 Y 11 M 10 D (F)
Dr. MATHANGI RAJAGOPALAN

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RESULT SHEET

Date	7/7	18/7/26				
Time				O positive		
Hb	11.4	10.1				
PCV	34.1	30				
RBC		3.36		HIV		
WBC	9200	10,800		HbsAg	Neg	
N/L		84/11		VDRL		
Platelets	2.74	2.27				
CRP				ECG : Normal		
ESR				ECHO : Normal; EF: 60%		
PCT			Cardiology ⊙ obtained	Mild MVP; Trivial MR; TR		
RBS				Bicuspid aortic valve		
Na			↓	TSH : 0.0679		
K			Stable	FT4 : 1.35		
Cl				FT3 : 3.17		
Ca/Mg						
Phosphate						
Urea				FBS : 82		
Creatinine				PP 1hr : 187		
ALP				PP 2h : 142		
SGPT						
SGOT				Urea : 8.9		
T.Bill/Conj				Creat : 0.5		
T.Protein						
S.Albumin				Hb electrophoresis : Normal		
S.Globulin						
A/G Ratio						
Uric Acid			7/7	FBS : 74		
S.Amylase				PPBS : 98		
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L		18/7/26				

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

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : 9/7/26 37w1d

X-Ray : Cephalic ; PI - Anterior ;

ECHO : SDP : 6·6 ;

CT : EFW : 3526g ;

MRI Doppler - Normal

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

Patient Sticker

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CROSS CONSULTATION FORM

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

Diagnosis : .....

Hospital : .....

.....

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

Type of Referral :
☐ Emergency
☐ Urgent
☐ Non Urgent

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

Post natal Exs and Advices - M. Veena

Signature:

Findings and Recommendations :

S/B Physiotherapist Notes Dr. Mohanapriya (PT)
OBG & Gynae.

Dos and Donts advised

- Dont lift weights
- Lifting weights technique -
- postural advices for lying down.
- Sitting posture
- Breast feeding posture -
- coughing and Hupping technique.

Consultant :

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

→ Breathing Ex. / Abdomen Breathing Ex -

→ Posterior pelvic tilt

→ Ankle Mobilisation

→ Knee Mobilisation.

→ Pelvic Bridging Ex

→ Legs Ex.

Review after 2 weeks.

18/07/26.

GUC-00092073 IP18-00036501
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06-08-1993 32 Y 11 M 10 D (F)
Dr. MATHANGI RAJAGOPALAN

Pa

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/7/26	S/B Dr. Vinitha	
7:45am	Pt C/o lower back pain since 7am	
	O/E: GC fair; Afebrile	
BP: 108/70	P° / PE°	
PR: 76/min	P/A: Ut term: cephalic	
SpO2: 98% RA	Mildly Acting 1/15"/10'	
	FH good	
		C/D/W Dr. Mathangi
		· CTG
		· Shift to IDR
		· Elective LSCS @ 9:30am as planned
	12113	
17/07/2026	C/S/B Dr. Pavithra / Dr. Shreedevi	
8:30 AM	Pt reviewed, Nil c/o	Advice
	O/E Pt GC fair, Afebrile	- NBO
T-(N)	P° / PE°	- IVF 1 DRL @ 100ml/hr
PR- 80/min	CVS/	- vitals monitoring
BP- 100/70mmHg	RS/NAD	- Pre-op medications
	P/A - uterus @ Term	- Shift to OT on maam's order
	Mildly Acting (1C/15"/10')	- Inform OT/NICU
	Cephalic	
	FHS - good	
	82217	

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/07/2026	Patient received in MICU	
11AM	C/S/B Dr. Pavithra / Dr. Dhivyalakshmi / Dr. Shreedevi	
POS	Pt, GC fair, Afebrile	
	P° / PE°	Advice
T - (N)		- NPO x 2 hours
PR - 70/min	CVS / RS - NAD	- vitals monitoring
BP - 100/60 mmHg	P/A - ut well contracted	- IVF 10RL @ 125ml/hr
UO - Nil	Soft	- Follow drug chart
	Dressing ⊕ & Dry	- CBD / clexane 40mg @ 10pm
Baby - M/S	L/E - BWNL	- CBC c/m 6Am
B/L - Breast soft	CBD insitu clear urine draining	- Mocharting
		- Inform (SOS)
	182217	
17/7/26 2pm	S/B Dr. Dhivyalakshmi	
	Pt. reviewed.	
	Tolerating liquids.	
POD-0		Advice
T - (N)	O/E: Pt GC fair, afebrile	- Kanji diet 4pm
PR 80/min	P° / PE°	- Soft diet 7pm
BP 100/70 mmHg	CVS / RS NAD	- Oral hydration
SpO_2 99% @ RA	P/A: soft, BS ⊕	- CBC c/m 6am
	ut. contracted well	- CBD / clexane 10pm -
I/O 75ml clear	dressing dry	- I/O chart.
		- DBF.
		- W/F T bp
Baby M/S	L/E: No undue bleeding pv	- Inform SOS.
Breasts soft	Shift to ward	16428

GUC-00092073
Mrs M VEENA IP18-00036501
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(2)

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...SS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/7/26	S/B Dr. Abalita.	
9 pm	pt reviewed.	passed flatus.
POD#0	po sp. c/o	
P2L2A1	O/E afebrile	
0+ve	GC fair	
	P° / PE°	Plan:
BP 130/62 mmHg	P/A uterus wc	- CBD / clexane 10pm today
PR 80bpm	soft	- CBC c/m 6AM
SpO2 99% @ RA	BS⊕	- I/O charting
temp (N)	dressing dry	- monitor vitals.
	L/E BWNL	- in bed mobilise
B/L breasts soft	CBD insitu	- soft solid diet
secretions ⊖	clear urine	- w/f ↑ bleeding P/V
Baby M/S	LHUO = 100ml	
DBF		
	128435	
18/07/2024	c/s/B Dr. Vinitha / Dr. Shreedevi	
9AM		Advice
POD - 1	pt reviewed, Nil c/o	- Soft diet
	O/E pt GC fair, Afebrile	- Plenty of oral fluids
T-(N)	P° / PE°	- Ambulation
PR - 74/min	CVS /	- vitals Monitoring
BP - 114/66 mmHg.	RS / NAD	- Follow drug chart
Baby - M/s	P/A - ut well contracted	- W/F ↑ Bleeding PV
B/L - Breast soft	Soft, BS⊕	- Inform (SOS)
(minimal secretions)	Dressing ⊕ & Dry	
Voiding freely	L/E - BWNL	
Flatus Passed	18221	

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/7/26 4:30pm	S/B Dr. Mathangi / Dr. Divyalakshmi	
	pt reviewed	
POD-1	Nil c/o	
	o/E: pt GC fair, afebrile	Advice
vitals stable	p° / PE ̄	- Dulcolax suppository 2 (tabs) PR stat
	P/A: soft, BS⊕	- Continue same orders,
not passed stool	Ut. contracted	
	dressing dry	
Baby m/s		
Breasts soft	L/E: BWNL	
	[signature] 4:00 28	
18/07/2026 4:30PM	C/S/B Dr. Pavithra.	
POD-1	Pt reviewed.	Advice
	O/E	
T-Ⓝ	Pt GC fair	Ⓝ Diet
BP-108/76mmHg	afebrile	- Plenty of orals
PR-80/min	p̄ / PE̅	- Vitals monitoring.
B/L Breast soft	CVS / RS NAD	- Follow drug chart.
Baby m/s		
	P/A - Soft, BS⊕	
Passed stools.	Ut firm & cont well.	
	Dressing Dry.	[signature]

Docu. No. : RCH /FRM / CLINICAL / 088 L/S - BWNL.

Patient Sticker

(3)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

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BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

GUC-00092073
Mrs M VEENA
06-08-1993 32 Y 11 M 10 D (F)
Dr. MATHANGI RAJAGOPALAN
IP18-00036501

P

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

BirthRight™
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Your Right to a Safe Delivery

MEDICATION RECONCILIATION FORM

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

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

Shifting From: LPR 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	–			–		☐C ☐DC
2						☐C ☐DC
3						☐C ☐DC
4						☐C ☐DC
5						☐C ☐DC
6						☐C ☐DC
7						☐C ☐DC
8						☐C ☐DC
9						☐C ☐DC
10						☐C ☐DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Vinitha 12113

Date & Time : 16/7/26

Nurse Name & Signature: S. Pooja

Date & Time : 16/7/26 at 9.20Pm.

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

GUC-00092073 IP18-00036501
Mrs M VEENA
06-08-1993 32 Y 11 M 11 D (F)
Dr. MATHANGI RAJAGOPALAN

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MEDICATION RECONCILIATION FORM

Drug Allergies: Nil ☐ Not known any Drug Allergies

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

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

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	INJ. SUPALEF	1.5g	IV	TDS	17/7/26 @ 2pm	☐C ☐DC
2	INJ. TRAPIC	1g	IV	BD	17/7/26 @ 9.55pm	☐C ☐DC
3	INJ. CLEXANE	40mg	SC	OD	–	☐C ☐DC
4	C. PAN D	40mg	PO	BD	–	☐C ☐DC
5	T. PARACETAMOL	1g	PO	QID	–	☐C ☐DC
6	JUSTIN SUPPOSITORY	100mg	PR	BD	17/7/26 @ 10.50 am	☐C ☐DC
7						☐C ☐DC
8						☐C ☐DC
9						☐C ☐DC
10						☐C ☐DC

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Shreedevi 182217

Date & Time : 17/07/2026 @ 2.30pm

Nurse Name & Signature: Mrs Parameshwari 016808

Date & Time : 17/7/26 @ 2.30pm

GUC-00092073 IP18-00036501
Mrs M VEENA
06-08-1993 32 Y 11 M 11 D (F)
Dr. MATHANGI RAJAGOPALAN

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MEDICATION RECONCILIATION FORM

Drug Allergies: Nil ☒ Not known any Drug Allergies

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

Shifting From: OT Shifted to: MLW

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	INJ. SYNTOCIN	5U	iv	stat	17/7/26 9:53Am	☐C ☑DC
2	INJ. TRANEXAMIC ACID	1g	iv	stat	17/7/26 9:55Am	☐C ☑DC
3	INJ. EMESET	4mg	iv	stat	17/7/26 9:55Am	☐C ☑DC
4	INJ. CARBOPROST	0.25mg	im	stat	17/7/26 9:55Am	☐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 : D.R. ASHWINI.S D. Ashwini 101348

Date & Time : 17/7/26 9:30Am

Nurse Name & Signature: Risna

Date & Time : 17/7/26 @ 9:30Am

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

GUC-00092073 IP18-00036501
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06-08-1993 32 Y 11 M 10 D (F)
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DRUG CHART

Date of Admission: 06/7/20 Drug Allergies: ..... ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

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

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

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

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

GUC-00092073 IP18-00036501
Mrs M VEENA
06-08-1993 32 Y 11 M 11 D (F)
Dr. MATHANGI RAJAGOPALAN

REGULAR PRESCRIPTIONS

Weight. 81 Ward. 7th floor.

DRUG : INJ. SUPACEF

Dose	Route	Frequency	Start Date
1.5g	IV	1-1-1	17/7/26

Name & Signature of the Doctor Starting the Drugs: 182217

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	17/7	18/7
8AM	/	PG VA
2pm	SP	SP
10pm	AA SS	
	D1	D2

DRUG : INJ. TRAPIC

Dose	Route	Frequency	Start Date
1g	IV	1-0-1	17/7/26

Name & Signature of the Doctor Starting the Drugs: 182217

Additional Instructions: x (2) does & stop

Daily Doctor's Endorsement by a Sign

Date / Time	17/7	18/7
9AM	/	PG VA
9pm	AA SS	

DRUG : INJ. CLEXANE

Dose	Route	Frequency	Start Date
40mg	SC	0-0-1	17/7/26

Name & Signature of the Doctor Starting the Drugs: 182217

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	17/7	18/7	19/7
10pm	AA SS	AA SS	

DRUG : C. PAN D

Dose	Route	Frequency	Start Date
40mg	PO	1-0-1	17/7/26

Name & Signature of the Doctor Starting the Drugs: 182217

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	17/7	18/7	19/7
7AM	/	AA SS	ES APD
7pm	Sm VA	Sm KH	

Patient Sticker

Weight. 61 Ward. LDR

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

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

Signature .....

VERIFIED BY : Name .....

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
17/7	6 am	NEB. DUOLIN	2.5 ml	Nasal	12113	SS / AA
17/7	6am	NEB. BUDECORT	0.5 mg	Nasal	12113	SS / AA
17/7	8.32am	INJ. SUPACEF	0.1 ml	ID	12113	N.S / K.H
17/7	~~8.35am~~	INJ. SUPACEF	1.5mg	IV	12113	MD / TJ
17/7	8.32am	INJ. PAN	40mg	IV	12113	N.S / K.H
17/7	8.32am	INJ. EMESET	4 mg	IV	12113	N.S / K.H
17/7/24	9:53AM	INJ. SYNTOCIN	5U	iv	101348	RS / PS
17/7/24	9:55AM	INJ. TRANEXAMIC ACID	1g	iv	101348	RS / PS
17/7/24	9:55AM	INJ. CARBOPROST	0.25mg	im	101348	RS / PS

GUC-00092073 IP18-00036501
Mrs M VEENA
06-08-1993 32 Y 11 M 11 D (F)
Dr. MATHANGI RAJAGOPALAN

I.V. FLUIDS CHART

Weight. 71 Ward. ....

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	6 am	1⊙ RL	IV	125 ml/hr	[signature] 21113	[signature]	17/7/26	[signature]	ND SN
17/7/26	9:30 AM	RL-1⊙	IV	rushed	[signature] 101348	PS	17/7/26	[signature] 101348	PS
17/7/26	9:53 AM	RL-1⊙ c̄ Inj. Syntocin 20U	IV	100ml/hr	[signature] 101348	PS	17/7/26	[signature] 101348	PS
17/7/26	10:10 AM	RL-1⊙	IV	rushed	[signature] 101348	PS	17/7/26	[signature] 101348	ND SN
17/7/26	1.15 PM	IVF 1⊙RL	IV	125 ml/hr	[signature] 182217	ND SN	[illegible]	[signature]	[signature]

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

GUC-00092073 IP18-00036501
Mrs M VEENA
06-08-1993 32 Y 11 M 11 D (F)
Dr. MATHANGI RAJAGOPALAN

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REGULAR PRESCRIPTIONS

Sheet No: .... Weight 81kg Ward 4th floor.

DRUG : T. PARACETAMOL

Dose	Route	Frequency	Start Dt.
1g	PO	1-1-1-1	17/7/24

Name & Signature of the Doctor Starting the Drugs: 182217

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	17/7	18/7	19/7
6Am		AA/SS	ES/AA
12pm		P.K/VA	
6pm	SM/VA	SM/KH	
12Am	PP/SS	AA/ES	AA/ES

DRUG : JUSTIN SUPPOSITORY

Dose	Route	Frequency	Start Dt.
100mg	PR	1-0-1	17/7/24

Name & Signature of the Doctor Starting the Drugs: 182217

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	17/7	18/7	19/7
9Am		P.K/V.A	SM/VA
9pm	AA/SS	ES/AA	

DRUG : T. CEFTUM

Dose	Route	Frequency	Start Dt.
500mg	PO	1-0-1	18/7/24

Name & Signature of the Doctor Starting the Drugs: 182217

Additional Instructions:

Daily Doctor's Endorsement by a Sign D1 D2

Date/Time	18/7	19/7
8Am		SM/VA
8pm	AA/ES	

DRUG : T. FLAGYL

Dose	Route	Frequency	Start Dt.
400mg	PO	1-1-1	18/7/24

Name & Signature of the Doctor Starting the Drugs: 182217

Additional Instructions:

Daily Doctor's Endorsement by a Sign D1 D2

Date/Time	18/7	19/7
8Am	P.K/V.A (10Am)	SM/VA
2pm	SM	
	KH (3pm)	
10pm	ES/AA	

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

Patient Sticker

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REGULAR PRESCRIPTIONS

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

DRUG :

Dose	Route	Frequency	Start Dt.

Date ▸ Time

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Date ▸ Time

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Date ▸ Time

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Date ▸ Time

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

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

GUC-00092073 IP18-00036501
Mrs M VEENA
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STAT / ONCE ONLY DRUGS

Name: Mrs. Veena

Weight: 81 kgs

Sheet No: 1

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
17/7/26	9:55AM	INJ. EMESET	4mg	iv	[signature] 101348	PS	PS
17/7/26	10:50AM	F. MISOPROSTOL	600mcg	PR	[signature] 78227	PS	PS
17/7/26	10:50 AM	JUSTIN SUPPOSITORY	100mg	PR	[signature] 78227	PS	PS
18/7/26	4:30PM	DULCOLAX SUPPOSITORY	2 tabs	PR	[signature] 10402	SM	KH

Docu. No. : RCH /FRM / CLINICAL / 136

GUC-00092073 IP18-00036501
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Early Warning Observation Score Chart - Obstetrics

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

16/7/20

		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																28		22				22			
	11 - 20																									
	0 - 10																									
Saturations	94 - 100 %																100		99				98			
	< 94 %																									
Administered O_2 (L/min.)																	RA		RA				RA			
Temp°c	40																									
	39																									
	38																									
	37																98		98.4°F				98.2°F			
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																80		84				76			
	80																									
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressue ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120																110		114				108			
	110																									
	100																									
	90																									
	80																		(78)				(84)			
	70																									
	60																									
	50																									
	40																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																70		68				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			
TOTAL ORANGE SCORES																	0		0				0			
Nurse Initial																	SP		SP				SP			

on admission

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

GUC-00092073 IP18-00036501
Mrs M VEENA
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Early Warning Observation Score Chart - Obstetrics

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

17/7/26	Date																								
	Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20	22		22	22	22	20	20		22				22				20				22			
	0 - 10																								
Saturations	94 - 100 %	98%		99	m	99	99	99		99%				98%				98%				97%			
	< 94 %																								
Administered O_2 (L/min.)		RA		RA		m	m	RA		RA				RA				RA				RA			
Temp °c	40																								
	39																								
	38																								
	37	97.4F		98F		98	98	98F		98.6F				98.6F				98.8F				98.8F			
	36																								
	35																								
	< 35																								
Heart Rate	170–110																								
	100	86bpm		85																					
	90 / 80				80	80	80	70		80bpm				76bpm				84bpm				74			
	70–40																								
Systolic Blood Pressure	190–50	118		120	110	110	110	100		110				108				118				114			
Diastolic Blood Pressure	130–40	72		80	60	60	70	60		62 (74)				70 (70)				68 (72)				66 (68)			
NEURO RESPONSE [✓]	Alert	✓		✓	✓	✓	✓	✓		✓				✓				✓				✓			
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30	✓		✓	✓	✓	✓	✓		✓				✓				✓				✓			
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal	–		–	–	✓	✓	✓		✓				✓				✓				✓			
	Heavy / Foul																								
Liquor	Clear / Pink	–		–	–	–	–	–		–				–				–				–			
	Green																								
TOTAL YELLOW SCORES		0		0	0	0	0	0		0				0				0				0			
TOTAL ORANGE SCORES		0		0	0	0	0	0		0				0				0				0			
	Nurse Initial	[illegible]		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]		[illegible]				[illegible]				[illegible]				[illegible]			

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Early Warning Observation Score Chart - Obstetrics

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

13/7/26	Date																								
	Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30	22bM				22				22															
	11 - 20													22				22				20			
	0 - 10																								
Saturations	94 - 100 %	97%				99%				99%				98%				98%				97%			
	< 94 %																								
Administered O_2 (L/min.)		RA				RA				RA				RA				RA				RA			
Temp°c	40																								
	39																								
	38																								
	37									98.8F				97.6F				98.2F				97.8F			
	36	96.7F				97.8F																			
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90					80b/m				80b/m				78b/m				72b/m				80b/m			
	80																								
	70																								
	60																								
	50	81b/M																							
	40																								
Systolic Blood Pressure ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120																	108				114			
	110					110				106				111											
	100	90																							
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120					(80)				(82)				(80)				(80)				(78)			
	110																								
	100																								
	90																								
	80																								
	70																								
	60	69				80								70											
	50									76								72				70			
	40																								
NEURO RESPONSE [✓]	Alert	✓				✓				✓				✓				✓				✓			
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30	✓				✓				✓				✓				✓				✓			
	< 30																								
Proteinuria	Protein + +	Nil																							
	Protein > + +																								
Lochia	Normal	✓				✓				✓				✓				✓				✓			
	Heavy / Foul																								
Liquor	Clear / Pink	✓				✓				–				–				–				–			
	Green																								
TOTAL YELLOW SCORES		0				0				0				0				0				0			
TOTAL ORANGE SCORES		0				0				0				0				0				0			
Nurse Initial		[illegible]				[illegible]				[illegible]				[illegible]				[illegible]				[illegible]			

GUC-00092073 IP18-00036501
Mrs M VEENA
06-08-1993 32 Y 11 M 10 D (F)
Dr. MATHANGI RAJAGOPALAN

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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	Intake: Nature of Fluid	Intake: Route: Mouth	Intake: Route: I.V	Intake: Route: N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						Total Output :						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						Total Output :						
	08:00 pm											
16/11/20	09:00 pm	L →		on admission								
	10:00 pm											
	11:00 pm											
	12:00 am	N										
	01:00 am	B								250ml	NO IV line	AA
Total Intake :						Total Output : 250ml						
	02:00 am											
	03:00 am	N									NO	AA
	04:00 am	P								800ml	IV line	AA
	05:00 am											AA
	06:00 am	O		IV Fluids 125ml								AD
	07:00 am			125ml						30ml	O	AA
Total Intake :						Total Output : 230ml					O	AD

Total 24 hrs. Intake	250ml

Total 24 hrs. Output	480ml

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BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : (2)

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
17/7/26												
	08:00 am	M		125ml						50ml	0	KH
	09:00 am	P		100ml						100ml	0	DM
	10:00 am	O		RL 1000ml						200ml	0	D
	11:00 am			125						20	0	Devi
	12:00 pm			125						100ml	0	DM
	01:00 pm	Coat 50ml		125						100ml	0	DM
Total Intake : 1650ml						Total Output : 570ml						
17/7/26	02:00 pm	TC	150ml	125ml						75	0	
	03:00 pm			125						250	0	
	04:00 pm	TChatni	200	125						150	0	
	05:00 pm	Kanji	100	125						150	0	
	06:00 pm			125						100	0	
	07:00 pm	H20	200	125						75	0	
Total Intake : 650 + 750 = 1400ml						Total Output : 800ml						
	08:00 pm	H20	150ml	125						50ml	0	AA
	09:00 pm	H20	150ml	125						100ml	0	AA
	10:00 pm	Milk	100ml	Stop.						200ml (Continued)	0	AA
	11:00 pm	H20	150ml								0	AA
	12:00 am										0	AA
	01:00 am	H20	100ml								0	AA
Total Intake : 650ml + 250ml = 900ml						Total Output : 350ml						
	02:00 am									100ml	0	AA
	03:00 am									100	0	AA
	04:00 am	H20	150ml								0	AA
	05:00 am										0	AA
	06:00 am	Milk	200ml							250ml	0	AA
	07:00 am										0	AA
Total Intake : 350ml						Total Output : 850ml						

Total 24 hrs. Intake	4,300	Total 24 hrs. Output	2,570ml

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BirthRight BY RAINBOW HOSPITALS
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FLUID CHART

Sheet No. : 3

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

18/7/26		Intake				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
	08:00 am	H2o	30ml							300ml	0	P.V
	09:00 am			IV Paracip 100ml							0	P.V
	10:00 am	H2o	30ml								0	P.V
	11:00 am									300ml	0	P.V
	12:00 pm	H2o	200ml								0	P.V
	01:00 pm	Soup	200ml								0	P.V
Total Intake : 1,100 ml						Total Output : 600 ml						
	02:00 pm										0	Baby
	03:00 pm	H2O	200								0	Baby
	04:00 pm									300	0	Sd
	05:00 pm	H2O	200								0	Sd
	06:00 pm	H2O	200							250	0	Sd
	07:00 pm	H2O	200								0	Sd
Total Intake : 800ml						Total Output : 550ml						
	08:00 pm	H2O	150ml									
	09:00 pm	H2O	100ml							300ml	No IV line	
	10:00 pm	Milk	100ml									AA
	11:00 pm									250ml		AA
	12:00 am	H2O	100ml									AA
	01:00 am	H2O	100ml							150ml		AA
Total Intake : 590ml						Total Output : 700ml						
	02:00 am											AA
	03:00 am	H2O	100ml							250ml	No IV line	AA
	04:00 am											AA
	05:00 am	H2O	100ml									AA
	06:00 am	Milk	100ml							300ml		AA
	07:00 am	H2O	100ml									AA
Total Intake : 400ml						Total Output : 550ml						

Total 24 hrs. Intake	2,890ml

Total 24 hrs. Output	2,400ml

GUC-00092073 IP18-00036501
Mrs M VEENA
06-08-1993 32 Y 11 M 10 D (F)
Patient Dr. MATHANGI RAJAGOPALAN

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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: G3P1L1A1 / Prev LSCS / 38w+1d / Ef. LSCS

Any Infection: ☐ Yes ☐ No ☐ Not Known
If Yes Specify: ....

Surgery / Procedure: Ef. LSCS

BACKGROUND

Post OP Day: Day-2

Date / Shift	16/7/26 Night	17/7/26 M	17/7/26 Evening	17/7/26 N	18/7/26 M	18/7 E
Medical Condition (Any special condition to be noted):	—	—	—	—	—	—
Diet:	N diet	Liquid diet	liquids	Soft diet	Soft diet	Soft diet
Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA	RA	RA
Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
ASSESSMENT Vital Signs: Temp:	98F	97.2F	98°F	97.6F	98.6F	98.0F
Res:	18	18	20bpm	22bpm	22bpm	20bpm
SpO_2:	100	97%	99%	98%	98%	99%
Pulse:	90	84bm	70	76bt	76bpm	78bm
BP:	110/70	118/72	100/60	112/63	90/70	108/64
LOC:	conscious	conscious	conscious	conscious	conscious	conscious
Fall Risk Score:	10	10	30	30	30	30
Pain Score:	0	0	↑	↑	↑	↑
Skin Integrity	normal	normal	Intact	Intact	Intact	Intact
Recommendations Safety Needs:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Physiotherapy:	—	—	NA	NA	NA	NA
Others Specify:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Special Diet:	N diet	liquid diet	liquids	Soft diet	soft diet	Soft diet
Critical Lab Test / Values:	—	—	—	—	—	—
Other Special Orders / Medications:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
PU Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
DVT Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
ADL (Dependent / Non Dependent):	Depen	Dep	Dependent	Dependent	Dependent	Dependent
Post Operative Procedure Special Orders:	—	—	—	—	—	—
Handed Over By Name :	Padma	Hasini	Supraja	Aswini	P.L	Hasini
Signature / ID :	Padma	Has	Priya	Aswini	P.L	Hasini
Date:	16/7/26	17/7/26	17/7/26	18/7/26	18/7/26	18/7/26
Time:	10pm	8:30a	2P	7:30am	1:30pm	7:30pm
Taken Over By Name :	Hasini	Supraja	Aswini	V. Abirami	Hasini	Aswini
Signature / ID :	Has	Priya	Aswini	Abirami	Hasini	Aswini
Date:	17/7/26	17/7/26	17/7/26	18/7/26	18/7/26	18/7/26
Time:	8:30am	2P	8pm	8am	2pm	7:30pm

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

GUC-00092073 IP18-00036501
Mrs M VEENA
06-08-1993 32 Y 11 M 10 D (F)
Dr. MATHANGI RAJAGOPALAN

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NURSING CARE RECORD

Date: 16/7/18

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night	9.30 pm	promote adequate Nutrition for healing and recovery	10pm	– Assess Nutritional Status and appetite –> provide balanced diet	patient intake and Stable	Reassessment done	[signature] 07.7.18

Docu. No: RCH /FRM / CLINICAL / 148

GUC-00092073 IP18-00036501
Mrs M VEENA
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NURSING CARE RECORD

Rainbow® Children's Hospital
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BirthRight BY RAINBOW HOSPITALS
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Date: 17/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am	Assess the patient procedure explaining		Prescen the patient pain.	Evaluate the patient condition	Re assessment is done	
Afternoon	2pm	Achieve acceptable Pain control & Comfort	2-3pm	Assess pain using Pain Scale regularly position patient Comfortably	Patient Feel better	Reassessment done	
Night	8PM	Achieve acceptable Pain Control & Comfort	10PM	Assess pain using Pain Scale regularly Position Patient Comfortably.	Patient Feel better.	Reassessment done.	

GUC-00092073 IP18-00036501
Mrs M VEENA
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Dr. MATHANGI RAJAGOPALAN

(1)

NURSES NOTES

Rainbow® Children's Hospital — It takes a lot to treat the little.
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☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		On admission notes	
16/7/20	9.20pm	pt mrs. veena 32y/F.	
		she is G3P1L1A1 /prev LSCS /33w+1d/	
		Elective LSCS / LCB 6yrs back.	
		pt came for admission got	
		admitted under Dr. mathangi.	
		Admitted for Elective LSCS	
		posted on 17/7/20 at 9.30Am.	
		pt vital signs checked & recorded.	
		BP-100/60 P/R 100b/m R/R - 18b/m	
		CTG connected FHR ⊕, Informed	
		to Dr. Vinitha seen the pt	
		history collected. surgery &	
		anesthesia concent done.	S/N [illegible]
16/7/20	10.10 pm	C/B Dr. vinitha mam	
		advice shifted to ward.	
		patient concious and oriented	
		general condition fair.	
		C/B Dr vinitha mam, Before	
		Shifting Alprazolam	
		give the order Neb. budecort	
		and Neb duolin	[signature] 01:7
	11.10 pm	patient handing over	
		given 7th Floor Staff to	
		Nurse.	[signature] 01:7:1

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00092073
Mrs M VEENA
06-08-1993
Dr. MATHANGI RAJAGOPALAN
IP18-00036501
32 Y 11 M 10 D (F)

NURSES NOTES

Rainbow® Children's Hospital
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☐ No Known Drug Allergies
☐ Drug Allergies ..... NKA

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
16/7/26	11.10pm	Receiving Notes Patient Receiving from LDR to 7th floor. Patient stretcher handing Over taken from LDR Staff — & Patient Bed Side Assessment done. Conscious & Oriented. No IV line. Patient taken diet, Voice Self voided. FHR (+) Provide comfortable position. →	
17/7/26	12AM	vitals Sign checked & recorded. vitals are Stable. No chart monitored. Patient No any other Complaints. →	
	4AM.	Patient vitals Sign checked & Recorded. vitals are Stable. No Chart monitored. W/F the FHR & moment., Patient Today OT Plan NPO @ 12AM →	
	5AM.	patient Sleeping Pattern is good. No any Other Complaints.	
	5AM.	Patient Morning Bath done. & Pactopub. Parts Preparation done. →	
	6AM	Patient IV line Inserted. IV fluid RL-500ml-125ml/hr on flow. Catheter insertion @ 6AM Voice on flow. clear. colour. No any other Complaints	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00092073 IP18-00036501
Mrs M VEENA
06-08-1993 32 Y 11 M 10 D (F)
Dr. MATHANGI RAJAGOPALAN

(2)

NURSES NOTES

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

BirthRight™ BY RAINBOW HOSPITALS
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☑ No Known Drug Allergies
☐ Drug Allergies ....nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
17/7/26	7.30Am.	Patient vitals sign Checked	
		& Recorded. vitals are stable	
		I/O chart monitored. IV line	
		Patten. Patient LDR shifting @ 8:30Am.	
		Patient details handing over to	
		Morning duty staff. →	[illegible]
		Morning duty	
	7 30am	patient details and file	
		handing over taken from the	
		night duty staff. ptn vitals	
		are stable ptn general	
		condition is assessed and ptn	
		explain to the LSCS procedure	
		and reduce the ptn panic.	[illegible]
	8 am	ptn [illegible] line purent and	607915
		ptn parts preparation is	
		done.	[illegible] 607915
		pt secured catheterization	
		inserted. ptn is conscious	[illegible] 607915
	8:15am	ptn shifted to the 7th floor	
		to LDR and ptn side	
		Inj. Supacef 0.1ml	
		Inj. Emeset	
		Inj. Pan	
		administered the all injection.	[illegible] 607916

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

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NURSES NOTES

☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
	8:30am	ptn shifted procedure from the 7th floor to LDR.	Ha 607916
	8.40am	Receiving notes on 17/7/26 pt received. conscious pt conscious & oriented to time place. CBD present pt in NPO pt general condition is good.	[illegible]
	9:00am	pt vital cannul & received. FHR is Counting FHR is 140-142b/m pt I.V. fluid 100ml on flow pt c/o mild pain pt general condition is good. urine out clear.	[illegible]
	9.40am	pt shifted to OT order by Dr Pavitra Inj. supin 1.5gm full dose given no allergy as per doctor order. pt file handing over to OT staff.	[illegible]
		OT shifting note	
17/7/26	9:40 Am	Patient received from LDR to OT-III. patient is conscious & oriented. IV line and foley's catheter present. vital signs are stable. consent signed.	607721
	9:45 Am	SA given positioning done. IV fluid on flow. vital signs are monitored and stable	607721

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00092073 IP18-00036501
Mrs M VEENA
26-08-1993 32 Y 11 M 11 D (F)
Dr. MATHANGI RAJAGOPALAN

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NURSES NOTES

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☑ No Known Drug Allergies

☐ Drug Allergies ......

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
	9:50 Am	Painting and draping done. Skin incision given. No active blood loss is present. IV fluid on flow.	60771
17/7/26		Vital signs are stable.	
	9:53 Am	A single alive baby girl delivered @ 9:53Am with birth weight of 3.827 kg. Baby cried immediately after delivery. Immediate cord clamping done. Baby shifted for routine care.	60771
	10:40 Am	Skin suturing done. No active bleeding is present in the surgical site. Vital signs are stable. Surgical dressing is intact.	
	11:00 Am	patient shifted to MICU. Hand over given to MICU staff.	60771
	11.00 am.	Receiving Notes on 17/7/26 Pt received OT to MICU pt conscious & oriented IV line present. UBD present. IV-RL 12ml on flow pt in NPO 2hrs pt vital checked & recorded. PIV bleeding minimal pt general condition is good. post op site no leaking no blood stains.	01760

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GUC-00092073 IP18-00036501
Mrs M VEENA
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NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
17/7/26	12.00 pm	Pt vital checked & recorded IVF RL 120ml on flow PV bleeding minimal pt general condition is good B - Breast is soft no enlargement U - uterus is contracted V - Patient CBD last out put down B - Bowel movement present L - Lochia rubra present no foul smelling I - REEAD Assessment not applicable H - Homan's sign negative E - pt emotional status is good.	Devi/01 5760
	1.00 pm	pt vital checked & recorded IVF RL 120ml on flow. PV bleeding minimal after surgery oral start vomiting. pt general condition is good.	Devi/01 5760
	1.30 pm	Patient vital are stable pt T/C water given no vomiting Pain, patient PV bleeding minimal pt file handing over to evening duty staff	Devi/01 5760

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

DUC-00092073 IP18-00036501
Mrs M VEENA
06-08-1993 32 Y 11 M 11 D (F)
Dr. MATHANGI RAJAGOPALAN

(4)

NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
17/7/26	1.35pm	Evening duty Notes: patient details handed over taken from Morning duty Staff. Patient conscious & oriented. Vitals are checked & recorded. patient liquid diet. I/o chart maintain. PV bleeding normal.	S/N parameshwari 016808
	2pm	post pdatum assessment done. B ⇒ Breast soft. Direct breast feeding given. U ⇒ Uterus contracted. PV bleeding normal. B ⇒ catheter present. Urine output clear B ⇒ Bowel movement present L ⇒ lochia rubra present no evidence of foulsmelling E ⇒ REEDA assessment not applicable H ⇒ Homan's sign negative E ⇒ patient emotional status good.	
	2.30pm	Dr. Divyalakshmi saw the patient advised to advised to kanji @ 4pm, soft diet 7pm patient shift to ward.	S/N parameshwari 016808

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NURSES NOTES

☑ No Known Drug Allergies

☐ Drug Allergies .... Nil.

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
17/7/26	2.45pm	patient shifted to ward	
		patient details, files handed	
		over given to 7th floor staff	S/N paramesh 016808
		RECEIVING NOTES	
17/7/26	3:00pm	patient received from LDR	
		to 7th floor. pt on CBD,	
		IV clear in pattern. shifting time	
		pt complaining vomiting,	
		Pt's adv liquid diet, kanji 4pm	
		soft diet 7pm, CBD ® / Inj-clexane once	
		10pm, CBC c/m 6AM, Urine drained	
		well. →	Sul 607363.
	3:30pm	pt's vital signs checked and	
		recorded vitals are stable,	
		maintained to chart. PV bleeding	
		is ⓝ. →	Sul 607363.
		B - Breast is soft, No engorgement	
		U - Uterus contraction well.	
		B - Bowel movement ⊕	
		B - Urine drained well	
		L - Lochia rubra ⊕	
		E - Reeda scale NA	
		H - Homan's sign negative	
		E - Emotional status good →	Sul 6073..
	4pm	pt's vitals are stable. pt's have	
		kanji No c/o vomiting, pt's	
		tolerate - →	Sul 6073

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

GUC-00092073 IP18-00036501
VEENA Y 11 M 11 D (F)
Dr. MATHANGI RAJAGOPALAN

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

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Your Right to a Safe Delivery

NURSES NOTES

☐ No Known Drug Allergies

☐ Drug Allergies .... Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
17/7/26	6pm	Due medication given as per order. maintained I/O chart. PV bleeding is Normal. →	6073
	7pm	Pt's have soft diet, No c/o vomiting, PV bleeding is normal. T. Pan 40mg given as per order. →	6073
	7:30pm	Pt's details Hand over given to Night Duty Staff →	6073
		Night duty Notes	
17/7/26	7.30PM.	Patient details handing over taken from Evening duty ~~sister~~ staff. Bed side Assessment done. patient Consious & Oriented. IV line ⊕, CBD ⊕ pattern. c/o mild pain. Provided comfortable position. Patient taken soft diet. No vomiting. →	02125
	8PM.	Patient vitals sign checked & recorded. vitals are stable. I/O chart monitored. P/V Bleeding is Normal. w/f the Bleeding →	02125
	9pm.	Patient due medication & drug given as per drug chart order. IV line ⊕ pattern. →	02125
	9.30PM. ~~10PM~~	Patient Assessment. B - Breast is soft. No Engorgement. U - Uterus contraction well.	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

Patient Sticker

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

NURSES NOTES

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Continue Notes

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
17/7/26	9.30pm.	B - Bowel movement (+) B - Urine drained well L - Lochia rubra (+) E - Reeda Scale NA H - Homan's Sign Negative E - Emotional Status good. →	
	10pm.	Patient [redacted] out of in bed mobilise done. No any other Complaints. Vitals are Stable. Patient CBD Removal @ 10PM. Minimal Ration Passed. PV Bleeding Normal. Patient Explain the 1st voied Urine Inform. Inj. clexane 40mg given. W/F the bleeding PV. No any other Complaints. Tomorrow morning 6AM CBC to do. →	
	10.30pm	S/B the Dr. Akshitha mam Advised. Continue the Doctor Order.	
18/7/26	12AM	Vitals Sig Checked & Recorded. Vitals are Stable. No chart monitored. PV Bleeding is Normal. due Medication given as per drug Chart Order. W/F the Urine.	
	2am	patient Voided urine. Informed to Dr. Akshita mam.	
	4am	Checked Vital Soon and	

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GUC-00092073 IP18-00036501
Mrs M VEENA
06-08-1993 32 Y 11 M 11 D (F)
Dr. MATHANGI RAJAGOPALAN

NURSES NOTES

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☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		recorded.	
	6am	Administred due mediat	
		as per chart and	[signature]
		recorded.	
	7:30am	Hand ove Given to	
		Morning duty Staff	[signature]
	7:30AM	Morning duty ON 18/7/2026	
		patient Conditionand details	
		handing Over taken from	
		Night duty Staff Nurse	
		patient on Corsious Oriended	
		GCS E4 V5 M6, S_1 and S_2 heart	
		sounds are hearing good	
		diet: (N) diet patterns	
		GIT - Abdomen Was Soft Bowel (+)	
		GU - Self voiding	
	8AM	patient vital s are Marnitare	
		and Recorded done. H.D	
		stable	[signature] 021875
	8.30AM	due Medications Given and	
		Justin suppository and. T. Ceftum,	
		T. FLAbyl Will be. Given done	
	9AM	Encourage Oral diet patter	
		B - Bowel Movement (+)	
		B Urine drained Well	
		L Lochia rubra (+)	
		I - Red: scale Nil	[signature] 021875

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Patient Sticker

NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		H - Homan's signs Negative	
		E - Emotional status good	
	10 AM	Mobilizations will be done walking and out of bed	102187
	10:00pm	Medication was given as per drug order no other complaints	60778
	11:00pm	Maintain I/O chart and recorded	
	1:30pm	Pt details handing over given from evening duty staff	60778
		Evening duty Notes.	
18/7	1.30pm	The patient details handing over taken from morning duty staff. Patient is conscious. IV line present & patency.	Balu 020685
	2pm.	Patient had diet. Due to medications are given	Balu 020685
		Vital signs checked & Recorded Vitals are stable.	Balu 020685
		B - Breast is soft, no engorgement	
		U - Uterus contraction well.	
		B - Bowel movement (+)	
		B - Urine voided freely	
		L - Lochia rubra (+)	
		E - REEDA Scale assessment NA	
		H - Homan's sign negative	
		E - Emotional status good	607

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05-08-1993 32 Y 11 M 11 D (F)
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CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: Dr. Mathangi	Date of Delivery: 17.07.2026
Assistant Surgeon: Dr. Pavithra, Dr. Shreedevi	Time of Delivery: 9:53 AM
Anaesthetist's Name: Dr. Ashwini	Gender of Baby: Girl
Type of Anaesthesia: Spinal	Weight of Baby: 3.827 kg
Neonatologist: Dr. Srilakshmi	AGPAR Score: 8/10, 9/10
Scrub Nurse: S/N Sangeetha	NICU Admission: ☐ Yes ☑ No

Pre-Operative Diagnosis: $G_1 3 P_1 L_4 A_1$ | 38 WEEKS + 1 DAY | PREVIOUS LSCS

☑ Elective ☐ Emergency Indication: PREVIOUS LSCS

Urgency

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

Decision time: 1 Knief to rectus: 3 min

CTG Description: Reactive

If there was a delay give the reasons:

Surgical Procedure: Elective repeat lower segment Cesarean Section

Post Operative Diagnosis: $P_2 L_2 A_1$ | POD - 0 | POST LSCS

Peri-Operative Complications: Nil

Amount of Blood Loss: 350 ml Blood Transfused (in ML):

Name and Number of Surgical Specimen sent for examination:

Extensive endometriosis noted in B/L tubes, mesosalphinx and posterior surface of uterus

Examination Findings when Appropriate:

Presentation: ☑ Cephalic ☐ Breech ☐ Other .....
Cervical Dilatation: ..... cm
5th Palpable: 4/5th
Fetal Position: .....
Station: ☑ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2
Moulding: ☐ None ☐ + ☐ ++ ☐ +++
Caput: ☐ + ☐ ++ ☐ +++
Meconium: ☐ None ☐ + ☑ ++ ☐ +++
Bladder Catheterized: ☑ Yes ☐ No
Urine: ☑ Clear ☐ Blood Stained

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

Grade II MSL

Ab get 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 ..... 2-OMONOCRYL ..... Suture

Vaginal Evacuated ☑ Yes ☐ No
Drain: ☐ Yes ☑ No ☐ Remove in ..... days ☐ Await instructions
Ctheter ☑ Yes ☐ No ☐ Remove in today 10 p.m. 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 2 hours
- Vitals Monitoring
- IVF 1 ORL @ 125ml/hr
- INJ. SUPACEF 1.5g IV 1-1-1
- INJ. TRAPIC 1g 2 doses 1-0-1
- C. PAN D 40mg 1-0-1
- T. PARACETAMOL 1g PO 1-1-1-1
- JUSTIN SUPPOSITORY 100mg PR 1-0-1
- CBD today 10 p.m
- INJ. CLEXANE 40mg SC @ 10
- CBC c/m 6AM
- I/O charting

Doctor Name: Dr. Nathangi
Doctor Signature: for 182217
Date & Time: 17/07/2026

①

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Patient's N... GUC-00092073 IP18-00036501
Mrs M VEENA
MRD ... 06-08-1993 32 Y 11 M 10 D (F) ... No.:....................
Dr. MATHANGI RAJAGOPALAN
Age ... .Sex: ☐ M ☐ F

Consultant :...

PHLEBITIS ASSESSMENT

CANNULA 1

Date : 17/7/26 Time: 6am

Location : Ⓛ Anesthetic room

Size : 18G

Cannula inserted by : S/N Sowmiya S.

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
		☐Yes ☐No	☐Yes ☐No		
17/7/26	6AM	☐Yes ☐No	☐Yes ☐No	Patten	[illegible]
17/7/26	8 am	☐Yes ☐No	☐Yes ☐No	obser	[illegible]
	10am	☐Yes ☐No	☐Yes ☐No	obser	[illegible]
	12pm	☐Yes ☐No	☐Yes ☐No	obser	[illegible]
	2pm	☐Yes ☐No	☐Yes ☐No	observe	[illegible]
	6PM	☐Yes ☐No	☐Yes ☐No	patton.	AA
	8PM	☐Yes ☐No	☐Yes ☐No	patton	AA
18/7/26	2AM	☐Yes ☐No	☐Yes ☐No	patton	AD
	4am	☐Yes ☐No	☐Yes ☐No	pattern	V.A
	6am	☐Yes ☐No	☐Yes ☐No	pattern	V.A
	8am	☐Yes ☐No	☐Yes ☐No	patten	V.A
	10am	☐Yes ☐No	☐Yes ☐No	patten	V.A
	12pm	☐Yes ☐No	☐Yes ☐No	patten	V.A
	2pm	☐Yes ☐No	☐Yes ☐No	Pattern	[illegible]
	6pm	☐Yes ☐No	☐Yes ☐No	observ	SR
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		

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

CANNULA 2

Date : Time:

Location :

Size :

Cannula inserted by :

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

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

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

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

PHLEBITIS ASSESSMENT AND MANAGEMENT RECORD

CANNULA 3

Date : Time:

Location :

Size :

Cannula inserted by :

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

Cannula removed : ☐Yes ☐No, if yes date and time :

RX any initiated : ☐Yes ☐No ☐NA If Yes specify-

Phlebitis score:

CANNULA 4

Date : Time:

Location :

Size :

Cannula inserted by :

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

Cannula removed : ☐Yes ☐No, if yes date and time :

RX any initiated : ☐Yes ☐No ☐NA If Yes specify-

Phlebitis score:

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

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

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

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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	N 16/7/26 10pm	M 17/6/26	E 17/7/26
		Score			
History of Falling (immediately or w/in 3 months)	Yes	25			30
	No	0	0	0	
Secondary Diagnosis (more than one diagnosis)	Yes	15			
	No	0	0	0	0
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0	0	0	0
IV / Heparin Lock or Saline	Yes	20		20	20
	No	0	0	0	
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10	10	10	10
	Normal /On Bed Rest /Immobile	0			
Mental Status	Forgets limitations	15			
	Oriented to own ability	0	0	0	0
Total Morse Fall Scale Score:			10	20	30
		Signature	[signature]	[signature]	[signature]

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

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

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

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

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

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

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

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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	N 17/7/26	M 18/7/26	E 18/7/26
		Score	30	30	30
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0	0	0	0
Secondary Diagnosis (more than one diagnosis)	Yes	15			
	No	0	0	0	0
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0	0	0	0
IV / Heparin Lock or Saline	Yes	20	20	20	20
	No	0			
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10	10	10	10
	Normal /On Bed Rest /Immobile	0			
Mental Status	Forgets limitations	15			
	Oriented to own ability	0	0	0	0
Total Morse Fall Scale Score:			30	30	30
		Signature			

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

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

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

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

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Patient Sticker

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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	N 18/7/26	M 19/7/26	
		Score	30	30	
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0	0	0	
Secondary Diagnosis (more than one diagnosis)	Yes	15			
	No	0	0	0	
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0	0	0	
IV / Heparin Lock or Saline	Yes	20	20	20	
	No	0			
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10	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			

Fall Risk Grading

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

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

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

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

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

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

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

GUC-00092073 IP18-00036501
Mrs M VEENA 32 Y 11 M 10 D (F)
06-08-1993
Dr. MATHANGI RAJAGOPALAN

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PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
16/7/26	10pm	0/10	nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	nil	[illegible]
17/7/26	4AM	0/10	Nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☑ No	Nil	[illegible]
17/7/26	6am	0/0	Nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☑ No	Nil	[illegible] 60798
17/7/26	8am	0/0	Abdominal pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☑ No	Nil	[illegible] 60798
17/7/26	12Pm	2/10	Post-op side	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☐ Dull ☑ Aching ☐ Burning	☑ Increasing ☐ Decreasing	☑ Yes ☐ No	Comfortable position	[illegible]
17/7/26	2pm	2/10	Surgical site	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☐ Dull ☑ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	provide comfortable position	[illegible] 016808
17/7/26	8PM	1/10	Surgical site	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☐ Dull ☑ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	Provide comfortable position	[illegible] 021295
18/7/26	2AM	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☑ No	Nil	[illegible] 021295
18/7/26	8Am	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	[illegible] 60.2261
18/7	2pm	0/10	Surgical site	☑ Continuous ☐ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	Provide comfortable position	[illegible]

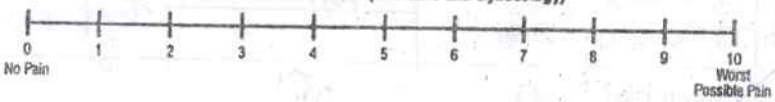
Re-assessment Frequency:

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

(P.T.O)

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

Patient Sticker

Mrs. Veena
GCC-092073

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PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
18/7/26	8PM	0/10	Nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☑ No	Nil	02hrs
19/7/26	2AM	0/10	Nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☑ No	Nil	02hrs
19/7/26	8PM	0/10	Nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	607228
				☐ 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.
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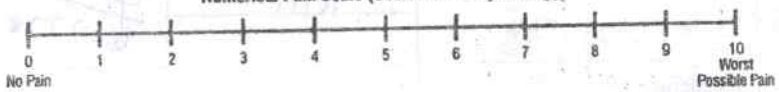
Docu.No: RCH /FRM / CLINICAL / 152

(P.T.O)

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

CATEGORY	SCORING		
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Activity	Laying quietly normal position, moves easily	Squirming shifting back and forth, tense	Arched, right, or Jerking
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BRADEN 'Q' SCALE

					Date : 16/12	17/12	17/12	18/12
					Time : 10pm		2pm	8pm
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	3	3	3	3
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR **Friction** . Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	1	1
Tissue Perfusion & Oxygenation	**1. Extremely compromised:** Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	**2. Compromised:** Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
				TOTAL SCORE	23	23	22	22
				Evaluator's Name				

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

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

Risk Score	Category	Action	Support Surfaces (**Please Note:** Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice
15-18	At Risk	⓫ Regular Turning Schedule ⓬ Enable as much activity as possible ⓭ Protect the heels ⓮ Use pressure redistribution surfaces ⓯ Manage moisture, friction and shear ⓰ 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	⓱ Use the Same Protocol as for **"At Risk"** Patients ⓲ 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	⓳ Follow the same protocol as for **"Moderate Risk"** Patients ⓴ In addition to regular turning schedule ㉑ 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	㉒ Use same protocol as for **"High Risk"** Patients ㉓ 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

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BRADEN 'Q' SCALE

					Date :	N	E	N	M
					Time :	18/7	18/7	18/7	19/7
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.		4	4	4	4
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					TOTAL SCORE	26	26	26	21
					Evaluator's Name		Baby		

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

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

Risk Score	Category	Action	Support Surfaces (**Please Note:** Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice
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BRADEN 'Q' SCALE

Patient ID

				Date :				
				Time :				
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.				
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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.				
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."				
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.				
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.				
				TOTAL SCORE				
				Evaluator's Name				

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

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

GUC-00092073 (F)
Mrs M VEENA 32 Y 11 M 10 D
06-08-1993
Dr. MATHANGI RAJAGOPALAN

INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

Rainbow® Children's Hospital — It takes a lot to treat the little.
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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 G3P1L1A1 Preop Plan / 38w+1d / IUFS
2. Treatment and Care
3. Pain Management
4. Informed Consent
5. Medication / Therapy (safety, effects/ side effect, interactions)
6. Discharge Medication
7. Infection Control Measures
8. Diagnostic Test / Procedures
9. Nutrition / Diet
10. Fall Risk Education ✓
11. Safe use of Medical Equipment / Implantable Devices Safety
12. Patient's / Family Rights
13. Risk / Safety

Part - II

Date	Time	Need Identified	Information Taught	Use codes from the list in part III: Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding	Comments	Designation / Signature
16/7/26	10pm	yes	Educate about fall risk safety needs (cot side rails)	Patient	No learning barrier	oral	None	Yes	Good	[signature]
17/7/26	7am	yes	Explain about the procedure [illegible]	patient	No learning barrier	oral	None	Yes	Good	[signature] 607900
18/7/26	10am	yes	explain about medication	patient	NO	oral	None	yes	good	[signature] 607261
19/7/26	8am	yes	explain about the medication	pt	no	oral	none	yes	Good	[signature] 607721

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

GUC-00092073 IP18-00036501
Mrs M VEENA
06-08-1993 32 Y 11 M 10 D (F)
Dr. MATHANGI RAJAGOPALAN

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URINARY CATHETER BUNDLE CHECK LIST

Date of Insertion: 17/07/2026 @ 6AM Date of Removal: 17/07/2026 @ 10pm.

Parameters / Date / Shift Time	17/7/26 6AM	17/7/26 M	17/7/26 Evening	17/7/26 N			
Need for the Catheter	☑Yes ☐No	☑Yes ☐No	☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Hand Hygiene	☑Yes ☐No	☑Yes ☐No	☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Usage of Sterile Equipment	☑Yes ☐No	☑Yes ☐No	☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Is the Collection bag below the level of bladder	☑Yes ☐No	☑Yes ☐No	☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Check the Tube for Obsiruction (Free of Kinking)	☑Yes ☐No	☑Yes ☐No	☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Is Catheter dated as policy	☑Yes ☐No	☑Yes ☐No	☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Collecting bag is been emptied regularly?	☑Yes ☐No	☑Yes ☐No	☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Maintenance of closed system for the catheter	☑Yes ☐No	☑Yes ☐No	☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Dressing clean and dry?	☑Yes ☐No	☐Yes ☑No	☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Is the line removed as Policy?	☑Yes ☑No	☐Yes ☑No	☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Performance of Perineal Care	☑Yes ☐No	☑Yes ☐No	☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☑Yes ☐No
Onset of New Fever	☐Yes ☑No	☐Yes ☑No	☐Yes ☐No	☐Yes ☑No	☐Yes ☐No	☐Yes ☑No	☐Yes ☐No
Asses for the leakage at the site of insertion	☑Yes ☐No	☑Yes ☐No	☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Name of the Nurse		Harini					
Signature of the Nurse							

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

PRE - OPERATIVE CHECK LIST

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BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 17/7/26.

Patient's Name : MRS. M VEENA Age : 32 YRS. Gender : ☐ M ☑ F

Blood Group : O+ve. UHID :

Planned Surgery : ELECTIVE LSCS Surgeon : DR. MATHANI

Anesthetist : Date & Time of Operation : 17/07/26 @ 9.30am

Tick Appropriate Boxes

To be filled by Nurse Incharge / Senior Nurse :

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

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

Billing Clearance taken

Billing Executive Name : Dellileela C

Billing Executive Signature : [signature]

Date & Time : 17/07/26 @ 8:42 AM

Nurse In-Charge Name : Soujanya

Signature of Nurse In-Charge : [signature]

Date & Time : 17/7/26 @ 8:30am

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

GUC-00092073 IP18-00036501
Mrs M VEENA
06-08-1993 32 Y 11 M 11 D (F)
Dr. MATHANGI RAJAGOPALAN

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Mathangi Rajagopalan
Asst. Surgeon : Dr. Paul ...
Anaesthetist : Dr. Ashwin
Scrub Nurse : Sr. Sangeetha

UHID No. : .... Age : .... Gender : ....
Surgery Name : EL-LSCS
Date : 17/7/26 In-time : 9:40Am Out-time : 11:00Am

Rainbow Children's Hospital | BirthRight by Rainbow Hospitals

Before Induction of Anaesthesia ➢ ➢

SIGN IN Time: 9:45Am

Patient Has Confirmed

- Identity ☑ Yes ☐ No
- Site ☑ Yes ☐ No
- Procedure ☑ Yes ☐ No
- Consent ☑ Yes ☐ No

Site Marked ☐ Yes ☐ No ☑ NA

Anaesthesia Safety Check Completed ☑ Yes ☐ No

Pulse Oximeter on Patient & Functioning ☑ Yes ☐ No

Does Patient have a:

Known Allergy? ☐ Yes ☑ No

Difficult Airway / Aspiration Risk?

Yes, & Equipment / Assistance Available ☐ Yes ☑ No

Risk of > 500ml Blood Loss (7ml/kg In Children)?

Yes, and Adequate Intravenous Access and Fluids Planned ☑ Yes ☐ No ☐ NA

Blood Units Reserved ☑ Yes ☐ No ☐ NA

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

Signature : S. Ashwin 101348

Name : DR. ASHWIN L.S

Before Skin Incision ➢ ➢

TIME OUT Time: 9:47Am

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

Surgeon, Anaesthesia Professional and Nurse Verbally Confirm

- Correct Patient (Check ID Band) ☑ Yes ☐ No
- Correct Site ☑ Yes ☐ No
- Correct Procedure ☑ Yes ☐ No

Anticipated Critical Events

Surgeon Reviews:

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

Anaesthesia Team Reviews:

Are There Any Patient-specific Concerns? ☑ Yes ☐ No ☐ NA

Nursing Team Reviews:

Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns? ☐ Yes ☑ No ☐ NA

Is Essential Imaging Displayed? ☐ Yes ☑ No ☐ NA

Power Supply, Earthing, Power Backup and functioning of equipment checked. ☑ Yes ☐ No

Signature : for 164288

Name : Dr. Mathangi

Before Patient Leaves Operating Room

SIGN OUT Time: 10:55Am

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 : 60771

Name : Rison

INFORMED CONSENT FOR SURGERY OR SPECIAL

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BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

GUC-00092073 IP18-00036501
Mrs M VEENA
06-08-1993 32 Y 11 M 10 D (F)
Dr. MATHANGI RAJAGOPALAN

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

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

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

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

Elective lower segment cesarean section (Ind: Previous LSCS) upon (Name of the Patient) Mrs. Veena

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

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

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

Bleeding, infection, blood transfusion, injury to surrounding structures (ureter, bowel, bladder), baby admission to NICU, respiratory distress

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: .....

Consentee :
Signature : M. Veena
Name : M. Veena
Date & Time : 16/07/2026 & 10:30pm

Patient Attendant :
Signature : S. Praveen
Name : S. PRAVEEN
Relationship with Patient: HUSBAND
Date & Time : 16/07/2026 & 10:30 Pm

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

Doctor (who is taking the consent) :
Signature : Visit 12113
Name : Dr. Vinitha
Date & Time : 16/7/26

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

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CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MAC

GUC-00092073 IP18-00036501
Mrs M VEENA
06-08-1993 32 Y 11 M 10 D (F)
Dr. MATHANGI RAJAGOPALAN

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

Gender : M ☐ F ☐ ..... Consultant : Dr. Mathangi Rajagopalan

Ward / Bed No. : .... ologist : Dr. Ashwini

Operative procedure planned : Elective Lower Segment Caesarean Section

PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA

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

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

☐ Heart disease ☐ Hypertension ☐ Diabetes mellitus ☐ Renal failure

☐ Hepatic disorders ☐ Shock ☐ Multiple organ failure ☐ Polytrauma / RTA

☐ Incapacitating COPD ☐ Others : HYPOTENSION / BRADYCARDIA / PONV / PDPH

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. Veena M ..... the above mentioned operation / Diagnostic / Therapeutic procedures Elective lower segment caesarean section .....

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

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

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

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

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

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

Pregnant: ☑ Yes ☐ No

DECLARATION BY THE ANAESTHETISTS PROVIDING INFORMATION FOR THIS CONSENT

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

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

Patient / Patient Attendant :

Signature : M. Veena

Name : M. Veena

Relationship with Patient: .....

Date & Time : 16/07/2026 & 10:30 pm

Witness :

Signature : S. Praveen

Name : S. PRAVEEN

Date & Time : 16/07/2026 & 10.30 pm

Doctor (who is taking the consent) :

Signature : .....

Name : DR. .....

Date & Time : 17/7/26 8:50 AM

Department of Anaesthesiology

PRE-ANAESTHETIC EVALUATION

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GUC-00092073 IP18-00036501
Name: Mrs M VEENA 06-08-1993 32 Y 11 M 10 D (F) Age: 32Y Sex: F UHID.No :
Dr. MATHANGI RAJAGOPALAN
Date: ... Proposed Operation: LSCS

Diagnosis:

B.P / CRT: 95/57 H.R: 90/m Weight: 81 Kg ASA Physical Status: ☐1 ☐2 ☑3 ☐4 ☐5

Laboratory Data:

Hgb: 11.4 g%	Glucose: 74/98	Protein: 7	HIV:	X-Ray:	
PCV: 34.1	Urea: 8.9	Alb:	HBS Ag: NR	ECG: N	
WBC: 9200	Creat: 0.5	Total Bill:	HCV:	2D Echo: N LEF-60% mild MVP, tricuspid aortic valve. Mild-Moderate AR	
Plate: 2.74L	Na:	Dir. Bil:	Blood group: O +ve	Stress/Angio:	
PT:	K:	LDH:	T3 3.17	Other: MR/TR,	
PTT:	Ca++:	Alk phos:	T4 1.35		
INR:	Mg++:	Amylase:	TSH 0.0679		
	Cl -:	SGOT/SGPT:			

Allergies: NIL

Medical History: CVS : LSCS (P) (2020)

RESP : Diabetes :

CNS : Miscarriage (P) ECG (P) anon

Renal :

Hepatic / GE : Physical Activity:

Others : No H/o cough / cold / Fever

Past Anaesthetic History:

Physical Exam:

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

Lungs : BAE (P)

Heart: S1S2 (P) BICUSPID AORTIC VALVE mild to mod AR LVEF 60% mild AML Prolapse.

CNS:

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

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

Cardiology opinion

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

19/6/25 cardiologist opinion: Stable maternal cardiac status at present

CURRENT MEDICATIONS	DOSAGE

Pre-Operative Instructions:

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

Signature: Name: SATHYA

Patient Sticker

ANAESTHESIA CHART

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Pre Induction Assessment:

Change in Patient Condition: ☐ Yes ☑ No

Fasting Status: > 6 hrs

Physical Status: II ☑ Patient Identified ☑ Consent Present ☐ Chart Reviewed

H.R: 79/min | B.P / CRT: 110/76 mmHg | SpO_2: 99-100% | R.R: 16/min | Last Feed: 8:30 pm

Pre-OP Diagnosis: previous LSCS / bicuspid aortic valve | Operation: Elective repeat LSCS | Date: 17/7/26

Surgeon: Dr. Mathangi / Dr. Pavithra | Anesthesiologist: Dr. Ashwini | Technician: Mr. Anwar

TIME: 9:40 am — 10:30 am

N_2O /AIR /O_2 LPM

HALO /SO /SEVO

Drugs:

Inj. ephedrine 6mg iv

Inj. glycopyrrolate 5U iv

FIO_2 / SaO_2: ← 100% → 100%

$ETCO_2$

ECG: ← NSR →

Temperature

Urine Output

Fluids / Blood: ← RL - 20 iv wide → f/b 100ml/hr.

Antibiotic

Suppository

Blood Loss

NOTES

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

Tourniquet on Time
Tourniquet off Time

Throat Pack In
Throat Pack Out

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

LAB Values

ABG

GRBS

Others

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

Position: supine
☑ Pressure Points Checked

Eye Care:
☐ Oint
☐ Tape
☐ Padding
☑ Awake

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

Times:
Anaes Start: 9:40 AM
OP Start:
OP End:
Leave OR: 11 AM

Anaesthesia:
☐ GA
☐ Monitored Anaesthesia Care
☐ Regional

Line (Size & Location)
☐ CVP:
☐ ART:
☐ IV:
☑ IV: 18G (L) hand
☐ IV:

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

☐ Mask ☐ SGA
☐ Airway ☐ Oral ☐ Nasal
ETT# ... at ... cm
☐ Oral ☐ Nasal ☐ Cuff
☐ Tracheostomy ☐ Topical
☐ Drug:

☐ Awake ☐ Direct Vision
☐ Video Laryngoscopy ☐ Stylette / Bougie
☐ Fiberoptic
Blade# ... Attempts:
Difficulty Why?

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

Regional:
Extremity Specify:
☑ Spinal ☐ Epidural ☐ Caudal
Others:
Position: Sitting
Site: L_3-L_4
Needle Size: 23G Sprotte
Parasthesia ☐ Yes ☐ No
Catheter at skin NIL cm
Drug Name & Conc: 2.0ml of 0.5%
Bolus: bupivacaine (heavy) +
Infusion: 60mg tidigesic after free flow of CSF.
Block Level: T6 level
Comments:

Transportation to
☑ PACU ☐ ICU ☐ Other
Relaxant Reversed ☐ Yes ☐ No ☑ NA

Name of the Doctor: DR. ASHWINI S
Signature of the Doctor: S. Ashwini

101248

Patient Sticker

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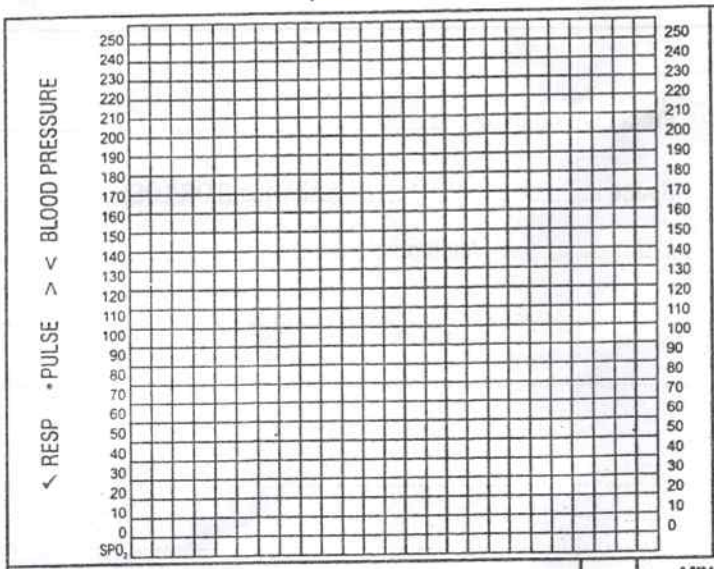
POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Risas Time Received : 11:00 Am Time Discharged : 11:00 Am



IV Cannula Site : .....

- ☐ O_2 Mask
- ☐ Tracheostomy
- ☐ Oral Airway
- ☐ Nasal Prongs
- ☐ T-Piece
- ☐ Nasal Airway

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

POST ANAESTHESIA SCORE (Modified Aldrete Score)		IN	MINUTES 30	60	90	OUT	SCORING INTERPRETATION
Able to move 4 extremities voluntary or on command Able to move 2 extremities voluntary or on command Able to move 0 extremities voluntary or on command	= 2 = 1 = 0 ACTIVITY	1	1	1			A Minimum Total Score of 8 is Required for Discharge
Able to deep breathe & cough freely Dyspnea or limited breathing Apneic	= 2 = 1 = 0 RESPIRATION	2	2	2			Exceptions to this, are to be explained in the space below by the Discharging Physician:
BP ± 20 of Pre Anaesthetic leve BP ± 20-50 of Pre Anaesthetic leve BP ± 50 of Pre Anaesthetic leve	= 2 = 1 = 0 CIRCULATION	2	2	2			
Fully awake Arousable on calling Not responding	= 2 = 1 = 0 CONSCIOUSNESS	2	2	2			
Pink Pale, dusky, blotchy, jaundiced, other Cyanotic	= 2 = 1 = 0 COLOR	2	2	2			
	TOTAL	9	9	9			

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
17/7/26	11AM	0/10	NPO till further orders	S. Ashwini 101348
			IVF @ 100ml/hr.	
			iv antibiotics as advised	
			Inj: paracip 1g iv tds	
			Inj: tramadol 50mg iv (SOS) Inj: emeset 4mg iv (SOS)	

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

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

Anaesthesiologist Name : DR. ASHWINI. S
Anaesthesiologist Signature: S. Ashwini 101348
Date & Time: 17/7/26 11AM

PACU Nurse Name : Risas
PACU Nurse Signature:
*Date & Time: 17/7/26 @ 11Am

Transferred to Unit by (PACU): 17/7/26 MMer
Date & Time: 11 Am

Patient Sticker

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Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

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

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

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

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

Solution Composition : .....

Any other issues :

a) .....

b) .....

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

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

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

Patient Satisfaction : .....

Discharge /Shifting ordered by

Doctor Signature: .....

Doctor Name: .....

Date and Time : .....

PATIENT TRANSFER FORM

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GUC-00092073 IP18-00036501
Mrs M VEENA
06-08-1993 32 Y 11 M 11 D (F)
Dr. MATHANGI RAJAGOPALAN

Treating Consultant Name: Dr. mathangi	Date & Time of Admission: 16/7/20 at 9.52 pm	Date & Time of Transfer Order: 16/7/20 at 2.45 pm
	Transfer Ordered by: Dr Divya	Reason for Transfer: Pt shifted to ward
From Unit: NICU	To Unit: 4th floor	Information to Attendant: Yes ☑ No ☐
Number of Sheets in Clinical File: Ip file (1)	Number of Imaging Films: CXR (2)	Personal belongings including clinical documents. If any handed over to attendant: Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Inj: Covistab	2
2.	D/S4	2
3.	D/W	2
4.	RL 500ml	(1)
5.	C. Pan / T. para	10

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

Pt shifted to ward orderly by Dr Divya

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
N S/N parameswari 016808	Dr. Divyalakshmi

Patient & Clinical Records Received by :

Date & Time of Patient Received :

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

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

PATIENT TRANSFER FORM

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GUC-00092073 IP18-00036501
Mrs M VEENA
06-08-1993 32 Y 11 M 10 D (F)
Dr. MATHANGI RAJAGOPALAN

	Date & Time of Admission	Date & Time of Transfer Order
Dr mathangi	16/7/26 at 9.29 pm	17/7/26 at 9.30 am.
	Transfer Ordered by	Reason for Transfer
	Dr Pavitha	Pt Shifted to OT
From Unit	To Unit	Information to Attendant
NICU	~~4th~~ floor OT	Yes ☑ No ☐
Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant
Ip file (1)	CT (2)	Yes ☐ No ☐
		If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Pt Shifted to OT under by Dr Pavitha

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
SIN M.Dm 16760	Dr. Pavitha.

Patient & Clinical Records Received by :

~~Sur~~ 353 at 9:30Am

Date & Time of Patient Received :

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

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

PATIENT TRANSFER FORM

SLNo.	
1.	
2.	
3.	
4.	
5.	

☐ Unavailable Bed

PATIENT TRANSFER FORM

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Mrs M VEENA
06-08-1993 32 Y 11 M 10 D (F)
Dr. MATHANGI RAJAGOPALAN

	Date & Time of Admission	Date & Time of Transfer Order
	16/7/26 @ 9.26pm	17/7/26 @ 8.35am
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
Dr. Mathangi Rajagopalan	Dr. Vinetha	Patient shift over MICU
From Unit	**To Unit**	**Information to Attendant**
7th	LDR	Yes ☒ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
IP - 1	CTG - 2	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 shift to over MICU order by Dr. Vinetha

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
K. Harini totals	Dr. Vinetha

Patient & Clinical Records Received by :

M. Devi 17766 17/7/26 at 8.40 am

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

SSI PREVENTION CHECKLIST

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

GUC-00092073 IP18-00036501
Mrs M VEENA
06-08-1993 32 Y 11 M 11 D (F)
Dr. MATHANGI RAJAGOPALAN

Rainbow Children's Hospital

PATIENT TRANSFER NURSING HANDOVER CHECKLIST

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

GUC-00092073 IP18-00036501
Mrs M VEENA
06-08-1993 32 Y 11 M 11 D (F)
Dr. MATHANGI RAJAGOPALAN

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PATIENT TRANSFER NURSING HANDOVER CHECKLIST

Date & Time of Transfer: 17/7/26 @ 11:00 Am OT **TRANSFERRED TO :** MICU

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

For Risw 60724

GHUC-92073

ANTENATAL RECORD

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Antenatal No: _____ DR. Mathangi

Reg.No: _____

PERSONAL DETAILS

Name: MRS. M. Veena Age 32 Date of Birth 6/8/1993 Education: _____

Occupation: _____ Phone No: _____ Mobile: _____

Husband's Name: _____ Age _____ Education: _____ Occupation: _____

Address: _____

Mobile: _____ E-mail Id: _____

IMPORTANT FEATURES	SUGGESTED MANAGEMENT
$G_3P_1L_4A_1$ previous LSCS GDM on MNT	LMP - 25/10/2025 EDD- 27/7/2026

HISTORY

Year of Marriage: 8years Menstrual History: Previous Periods

Consanguinity: Contraception:

LMP 25/10/25 EDD 27/7/26 Corrected EDD

OBSTETRIC FORMULA: $G_3P_1L_4A_1$

Gravida 3 **Para** 1 **Live** 1 **Abortions** 1

OBSTETRIC HISTORY

Sl. NO.	DATE OF DELIVERY	GA WEEKS	ANTENATAL DETAILS	MODE OF DELIVERY	BABY	WT	REMARKS
G_1 - LSCS, 6years, Girl, Thanjavur, Ind: Not in labour,						39+2/40, 3.5kg	
G_2 - Miscarriage at 9weeks							
G_3 - PP, Spontaneous conception							

Medical History: Nil

Family History: Nil

Surgical History: LSCS x 1

Allergies: Nil

INVESTIGATIONS

MATERNALEVALUATION

Blood group & Rh: Wife O positive Husband ICT

VDRL Neg HIV Neg HbsAg Neg TSH - 0.06 GCT

ROUTINE INVESTIGATIONS

Date	GA Weeks	Invetigations	Report
18/12/2025		Urea - 8.9	
FBS - 82		Creat - 0.5	
1hr - 187		5/2/26	
2hr - 142		Hb - 9.9	
Urine R/E - (N)		Plt - 3.3	
Urine c/s - No growth		GCT - 104	

SPECIFIC INVESTIGATIONS

Date	GA Weeks	Invetigations	Report
13/4/26			
FBS - 117			
Hb - 11.6			
Urine Albumin - (N)			

Tetanus Toxoid: 1st dose Td x 2 doses given 2nd dose

FETAL EVALUATION

ULTRASONOGRAPHY

First trimester	NT - (N) ; NB seen (12w+6d) , (N) Uterine Artery dopplers ; CL - 33mm ; FTS - Negative									
TIFFA	Anomaly Scan - Normal ; placenta - Anterior , CL - 40mm , Fetal Echo - (N)									
Growth scan	Date	GA Weeks	Indication	PP	Wt.	Centile	Growth Velocity	AFI	Placenta	Remarks
	3	32 Wks	Normal liquor		1.5kg					
Others										

Were any Prenatal diagnostics done-Yes ☐ No ☐ If yes, please specify the details below:

DATE	GA/weeks	TYPE OF TEST	INDICATION	REPORT

Name: Mrs. M. VEENA Corrected EDD: 27/07/2026 Parity $G_3 P_1 L_4 A_1$

SYSTEMIC EXAMINATION

Height 173 cm CVS $S_1 S_2$ (+)

Weight: 77.9 kg Respiratoy System:

BMI: 26.03 Breasts: Thyroid:

ANTENATAL VISITS

Date	Wt	Bp	GA	S-F Ht	PresentingPart	FHS	Liquor	Edema	Review Date
29/5/26	77.9	107/60	31+4			+			Review 2 weeks with growth scan
15/6/26									

Special Concerns

ANTENATAL ADMISSION

DOA	DOD	GA Weeks	Complaint	Management	Advice

BRIEF DELIVERY NOTES

Gestaional age:_____ Date&time of delivery:_____

Type of labour: Spontaneous

Induction:- Indication_____

Method - PGEI ☐ PGE2 ☐

Mode of delivery: SVD ☐ AVD ☐ Vacuum ☐ Forceps ☐

Induction:_____

Caesarean section: Emergency ☐ Elective ☐

Indication:_____

SALIENT FEATURES:

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

Postpartum Period:_____

_____

_____

PATIENT TRANSFER FORM

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GUC-00092073
Mrs M VEENA
06-08-1993
32 Y 11 M 11 D (F)
Dr. MATHANGI RAJAGOPALAN
IP18-00036501

Date & Time of Admission	Date & Time of Transfer Order
16/7/26 @ 9:26 pm	17/7/26 @ 11:00 Am
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
Dr. Mathangi Rajagopalan	Dr. Ashwini	For further management
From Unit	**To Unit**	**Information to Attendant**
OT	MICU	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
1 Ip file	—	Yes ☐ No ☑
		If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
[signature]	Dr. Ashwini

Patient & Clinical Records Received by :

Date & Time of Patient Received : Devi 17/7/26 at 11:00 am

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

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

PATIENT TRANSFER FORM

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GUC-00092073 IP18-00036501
Mrs M VEENA
06-08-1993 32 Y 11 M 10 D (F)
Dr. MATHANGI RAJAGOPALAN

	Date & Time of Admission: 16/7/26 9.20pm	Date & Time of Transfer Order: 16/7/26 11.10pm
Treating Consultant Name: dr. mathangi	Transfer Ordered by: dr. vinitha	Reason for Transfer: pt care.
From Unit: CDR	To Unit: 7th floor	Information to Attendant: Yes ☐ No ☐
Number of Sheets in Clinical File: A4 DP file	Number of Imaging Films: CD - (1)	Personal belongings including clinical documents. If any handed over to attendant: Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
S. Pooja Staff Nurse	dr. vinitha.

Patient & Clinical Records Received by : Lowry out @11.10pm.

Date & Time of Patient Received :

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

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

GUC-00092073 IP18-00036501
Mrs M VEENA
06-08-1993 32 Y 11 M 10 D (F)
Dr. MATHANGI RAJAGOPALAN

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RISK ASSESSMENT TOOL FOR DEEP VEIN THROMBOSIS

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

Date: 16/4/20

Pre - Existing Risk Factors	Tick	Score
Previous VTE (except a single event related to major surgery)		4
Previous VTE provoked by major surgery		3
Known high-risk thrombophilia		3
Medical comorbidities e.g. cancer, heart failure; active systemic lupus erythematosus, inflammatory polyarthropathy or inflammatory bowel disease; nephrotic syndrome; type I diabetes mellitus with nephropathy; sickle cell disease; current intravenous drug user		3
Family history of unprovoked or estrogen-related VTE in first-degree relative		1
Known low-risk thrombophilia (no VTE)		1
Age (≥35 years)		1
Obesity	✓	1 or 2
Parity ≥ 3		1
Smoker		1
Gross varicose veins		1
Obstetric Risk Factors		
Pre-eclampsia in current pregnancy		1
ART/IVF (antenatal only)		1
Multiple pregnancy		1
Caesarean section in labour		2
Elective caesarean section	✓	1
Mid-cavity or rotational operative delivery		1
Prolonged labour (24 hours)		1
PPH (1 litre or transfusion)		1
Preterm birth 37^{+0} weeks in current pregnancy		1
Stillbirth in current pregnancy		1
Transient Risk Factors		
Any surgical procedure in pregnancy or puerperium except immediate repair of the perineum, e.g. appendectomy, postpartum sterilization		3
Hyperemesis		3
OHSS (first trimester only)		4
Current systemic infection		1
Immobility, dehydration		1
Total	02	1
Signature of the Nurse		
Action Plan		

RISK ASSESSMENT FOR VENOUS THROMBOEMBOLISM (VTE)

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

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

GUC-00092073 IP18-00036501
Mrs M VEENA
06-08-1993 32 Y 11 M 10 D (F)
Dr. MATHANGI RAJAGOPALAN

Pa

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OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 16/7/26 Time of Arrival: 9.20pm Time Seen by Nurse: 9.25pm

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

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

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

3) **Vital Signs:** Temperature: 98F Pulse: 100 RR: 18 SpO_2: 100 BP: 100/60 Weight: 81.600kg

4) **Gestational Criteria:**

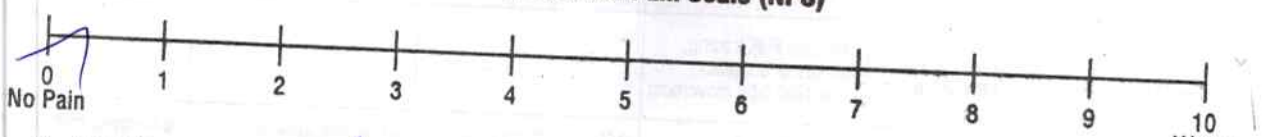
Gravida:	G 3	P 1	L 1	A 1

LMP: 22/10/2025 EDD: 29/7/2026 Gestational Age: 38wk1d

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

5) **Pain Screening:**

Numerical Pain Scale (NPS)



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

6) **Past History:**

a) Surgeries: PPH Lscs

b) Medical: GDM

(P.T.O.)

Patient Sticker

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

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

9) **Prenatal Medical History:**

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

Triage Category: (Please tick on the category)

Refer to OBSTETRICAL TRIAGE ACUITY SCALE (OTAS)

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

OBCU Obstetrical Triage Acuity Scale (OTAS)

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

Time seen by Doctor: ......9.30pm......

Nurse Name : ......Pooja...... Nurse Signature: ......[signature]......

Date: ...16/7/26...... Time: ...9.40pm

GUC-00092073 IP18-00036501
Mrs M VEENA
06-08-1993 32 Y 11 M 11 D (F)
Dr. MATHANGI RAJAGOPALAN

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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: CNM.

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

8. NICU admission: CNM

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

9. Additional notes: Baby is mother side

Continuity of Care: Date: 1/7/26

	18/6/26
L - 1	L - 2
A - 1	A - 2
T - 2	T - 2
C - L	C - 1
H - L	H - 1
8	8
	P. [illegible] 60706

Handover given by SN Mcbeng

Signature [illegible] 018760

Date & Time: 18/7/26 at 12.00pm

Handover taken by ....

Signature ....

Date & Time: ....