GUC-00092814 IP18-00036219
Mrs JAYALAKSHMI.B
04-09-1998 27 Y 9 M 25 D (F)
Dr. PADMASHRI PARIMALAM

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							
Activity Sheet update by Pharmacy							

GUC-00092814 IP18-00036219
Mrs JAYALAKSHMI.B
04-09-1998 27 Y 9 M 23 D (F)
Dr. PADMASHRI PARIMALAM

ACTIVITY RECORD FOR BILLING

BirthRight BY RAINBOW HOSPITALS Your Right to a Safe Delivery

Name: Mrs. JAYALAKSHMI

UHID No: 92814 IP No: 36216 Consultant: Dr. padma shri Dept: LDR

Date of Admission: 27/6/26 Time: 6:30pm Date of Discharge: ..... Time: .....

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
27/6/26	10pm	MICU	OT	Shalini 01407
27/6/26	11:30pm	OT	MICU	DS 60722

CROSS CONSULTATION VISIT

	Doctor Name	Date	Order No.	Signature
1.	PAC	27/06/2026	1718376	Abdulla 01508
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
27/6/26	RBS	~~26020450~~	Atalia/OB
29/6/26	FBS	26020587	[illegible]

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
27/6/26	CCU ①			008604	Abalya 0/8080
27/6	Infusion	11AM	28/6/26 12PM	1718499	Aba/01790

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
27/6/26	IV placement	(1)	1718377	Akalya 018057
27/6/26	catheterization	(1)	1718406	Akalya 018057
27/6/26	Blood Reservation	(1)	1718404	Shal

ANY OTHER INFORMATION:

27/6/26 Procedure : Emergency lscs Twins

Surgeon : Dr. Padmashmi Parimala

Anesthetist : Dr. Ashwini, Dr. Priyadharshini

Assist. surgeon : Dr. Pavithra, Dr. Sridevi

In time : 10:15pm

out time : 11:20pm

Date: 29/6/26 Time: 6AM Prepared By: S. Madhu 60731

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
S. Meena 60731	7th Floor.		

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DISCHARGE TRACKING SHEET

GUC-00092814 IP18-00036219
Mrs JAYALAKSHMI.B
04-09-1998 27 Y 9 M 25 D (F)
Dr. PADMASHRI PARIMALAM

UHID- FLOOR- NAME OF CONSULTANT-

ACTIVITY	TIME		NAME & SIGNATURE	REMARKS	<To be filled by Admin>
Discharge Announcement	30/6/2026 at 12pm				
	INTIME	OUT TIME			
Arrangement of File by Nursing		30/6/2026 12pm			
Preparation of Discharge Summary					
Finalization of discharge summary					
Transfer of file from Ward to Billing Dept					
Bill Processing					
Audit Clearance					
Billing Clearance					
Physical Clearance					

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BED SIDE CHECK LIST FOR NURSES

Date:	28/6	29/6	30/6						
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	yes	Yes	Yes						
Skin Care	yes	Yes	Yes						
Eye Care	yes	Yes	Yes						
Mouth Care	yes	Yes	Yes						
Sterillum Bottle, Stethoscope	yes	Yes	Yes						
Suction Bottle (Should be clean & empty)	NA	NA	NA						
Intubation Tray	NA	NA	NA						
Emergency Tray (Loaded Syringes with Midazolam & Vecuronium and Flush) Ampoules of Adrenaline	NA	NA	NA						
Ventilator Tubing,(Any Water, Blood)	NA	NA	NA						
Humidification	NA	NA	NA						
Check all Infusion (Labelling,Correct Preparation)	yes	Yes	Yes						
Chest Physio & Neb	NA	NA	NA						
Handed Over By Name :	P.BS	[illegible]	[illegible]						
Signature :	[illegible]	[illegible]							
Date & Time:	28/6 8AM	29/6 8AM	30/6 8PM						
Hand Over Taken By Name :	PBS	PBS							
Signature :	[illegible]	[illegible]							
Date & Time:	28/6 8PM	29/6 8PM							

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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 : IP18-00036219 **Admit Date** : 27-Jun-2026 **Admit Time** : 06:41 PM **UHID** : GUC-00092814

Patient Details :

Patient Name	: Mrs JAYALAKSHMI.B		
Guardian	: Mr BALA VIGNESH.J	**Age**	: 27 Y 9 M 23 D
Gender	: Female	**DOB**	: 04-09-1998
Occupation	:	**Religion**	:
Address (H)	: NO: 19B JAGANATHANPURAM, 1st STREET, 1st MAIN ROAD, VELACHERRY CHENNAI Velacheri Chennai Tamil Nadu INDIA 600042	**Martial Status**	:
		Phone No	: 8220567904
		E-mail	: NO@GMAIL.COM

Admission Details :

Bed Type : MICU **Bed No** : MICU 801 **Ward Name** : 8F-OT COMPLEX

Room No : MICU 801 **Admission Type** : First Visit

Contact Details :

Name : Mr BALA VIGNESH.J **Relationship** : Husband

Contact Address : NO: 19B JAGANATHANPURAM, 1st STREET, 1st MAIN ROAD, VELACHERRY CHENNAI Velacheri Chennai Tamil Nadu INDIA 600042 **Phone No** : 8220567904

S. Bala

Signature

Doctor Details :

Doctor Name : Dr. PADMASHRI PARIMALAM **Specialisation** : OBSTETRICS AND GYNECOLOGY

Referral Doctor : DR.PADMASHRI PARIMALAR **Phone No** :

Co-Consultant :

Payment Details :

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

Payor Name : SELFPAY

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GENERAL CONSENT FOR TREATMENT

Patient Name:	**Mrs JAYALAKSHMI.B**	**Age :**	**27 Y 9 M 23 D**
IP No:	**IP18-00036219**	**Sex:**	**Female**
Consultant:	**Dr. PADMASHRI PARIMALAM**	**Ward/Bed No:**	**8F-OT COMPLEX/MICU 801**

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

Patient, be deemed advisable or necessary.

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

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

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

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

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

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

Signature of Patient/Relative: > S. Babu

Name: > S. Babu

Relationship: > Father

Date: 27-06-2026 Time: 6:41

Witness Name: Aswin

Witness Signature:

Patient Address:

NO: 19B JAGANATHANPURAM, 1st STREET, 1st MAIN ROAD, VELACHERRY CHENNAI Velacheri Chennai Tamil Nadu INDIA 600042

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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 : Mrs. Jayalakshmi	UHID Number : 92814
Self/Attendant Name : S. Baby	Relation : FATHER
Self/ Attendant Signature : Phone Number : 9700782279	Name & Signature of Financial Counselor

GUC-00092814 IP18-00036219
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RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature
27/06/26	7:40pm	70mg/dl	Dr: Vinitha	S/N Alcalya 01808

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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints
C/o abdominal pain x 1 day
Perceives FM well. C/o cold (Running nose) since yesterday night

LMP: 22/10/25 EDD: 29/7/26
Corrected EDD: GA: 35w3d

Obstetric Formula: Primi

Menstrual History: Regular : ☐ Yes ☐ No

Obstetric Hostory:
G_1 : PP ; OI conception

Obstetric Examination

Fundal Height: Over distended ;

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

18/1/26 Present Pregnancy Record:
Twin A : 1·4MM ; Twin B : 1·6MM.

Liquor: ☑ Adequate ☐ Oligo ☐ Poly

PP: ☑ Cephalic ☐ Breech Others Both twin Cephalic

14/3/26 Anomaly scan - Anomalies R/O (Twin A & B)

Head Fifths Palpable: _____

RISK FACTORS: PI - fundal posterior ; Ant (Twin B) (Twin-A)

FHS: ☐ Normal ☐ Tachy ☐ Brady ☐ Absent
Both FH ⊕ good

DCDA

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

Height: 157 cm
Weight: 63 kg
Allergies: Nil
Breast: ☑ Normal ☐ Abnormal

General Examination:

Consciousness: Conscious Pallor: No
Icterus: No Edema: No
Temp: Afebrile PR:
BP: 115/79 DTR: -
CVS: $S1S_2$ ⊕ RS NVBS
Liver/Spleen: Urine Output:

DIAGNOSIS

Primi / 35w3d / DCDA twins /

GUC-00092814 IP18-00036219
Mrs JAYALAKSHMI.B
04-09-1998 27 Y 9 M 23 D (F)
Dr. PADMASHRI PARIMALAM

Family History: Father - DM	**Surgical History:** Nil Root canal treatment 15 yrs back
Medical History: ~~Nil~~ GDM on OHA - T. Glycomet 500mg 1-0-1 x 2 months.	**Medication History:** T. Glycomet 500mg 1-0-1
Plan of Care: Admission CTG IV line, 1 D RL maintenance OT list Consent . NICU counseling . High risk Consent . 1 D PRBC reservation	**Investigations:** CTG CBG - 70 mg/dl

Doctor Name: Dr. Vinitha
Signature: Vinitha
Date & Time: 27/6/26

Consultant Name: Dr. Padmashree
Signature: (FOR) Vinitha
Date & Time: 27/6/26

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Mrs JAYALAKSHMI.B
04-09-1998 27 Y 9 M 23 D (F)
Dr. PADMASHRI PARIMALAM

Docu. No. : RCH /FRM /

DOCTOR'S SHIFT CHANGE HANDOVER FORM

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

S.No	Patient Identification	Diagnosis / Procedure	Clinical Findings Problems	Special Concerns / Investigations / Abnormal Results	Recommendations / Follow up needed	Handing Over Doctor	Receiving Over Doctor
	Mrs. Jayalakshmi	Primi / 35w3d / DCDA / Early labour GDM on OHA	Ut overdistended; Both FH good	CTG	- NICU counselling - High risk consent sign from husband -	Dr. Vinitha	Dr. Pavithra Dr. Sharee Devi

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

DOCTOR'S SHIFT CHANGE HANDOVER FORM

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

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

GUC-00092814 IP18-00036219
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(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/6/26	C/S/B Dr. Pavithra / Dr. Sreedevi	
9 15 PM		
	Pt reviewed. N/I C/o	Advice
T-(N)	Able to PFM well	- NPO
PR - 88/min	O/E pt G/C fair, Afebrile	- vitals Monitoring
BP - 115/78 mmHg	P° / PE°	- IVF 10 RL @ 125ml/hr
	CVS / RS NAD	- Pre-OP medications
		- Catheterisation
CTG: Reactive	P/A - ut overdistended for GA	- Shift to OT after marrisode
	Relaxed	- Inform OT/NICU
	Both FHS - good	
	(signature) 18221?	
	Case Received In MICU	
27/06/2026	O/S/B Dr. Pavithra.	
11:20 PM		
DOS	O/e Pt G.C fair	Advice
	afebrile	- NPO x 2 hours. - Clear liquid overnight
T-(N)	P° / PE°	- IVF @ 125ml/hour.
BP-	CVS / RS NAD	- Vitals monitoring
PR - 86/min		- Follow drug chart.
Twin I - NICU	P/A - Uterus firm & cont well	- CBD @ 12PM tomorrow after ambulating.
Twin II - M/S.	Dressing Dry.	- FBS / PPBS on POD-2.
Received VD stool.	L/E - No undue Bleeding p/v.	

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

(signature) 014682.

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/S/B Dr. Panithra.	
28/06/2026 5AM POD	Pt reviewed	
	O/E Pt uc fair	Advice
	afebrile	- Clear liquids.
T-(N)	P̄ / PE̅	- IVF @ 125ml/hour
BP-110/70	CVS /	- Vitals monitoring
PR 62/min.	RS / NAD	- Follow drug chart.
	P/A - Ut firm & cont well	- CBD @ 12 PM tomorrow
B/L Breast soft.	Dressing Dry.	after ambulating.
Twin II Baby-m/s.		- FBS / PPBS on POD-2.
I - NICU		
UO - 100ml/hr	L/E - No undue bleeding P/V.	
		(signature)
	Shift to ward	1046 hrs
28/6/26	S/B Dr. Divyalakshmi	
8:45AM	pt. reviewed	
	O/E: pt GC fair, afebrile	Advice
POD-0	P̄ / PE̅	- Liquid diet.
	CVS / RS / NAD	- Kanji at 11 am.
T- N		- Soft diet at 1pm
PR-80/min	P/A: soft, BS (+) Distended bowel loop (+)	- monitor vitals
BP-110/70 mmHg	Ut. contracted well	- follow drug chart
passed flatus SpO2 - 99% @ RA	dressing dry	- FBS/PPBS on POD-
		- CBD removal
U/O 150ml	L/E: No undue bleeding pv	12 pm
		(signature) 1642 hrs - Inform SOS

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

Twin 2 m/S
Twin 1 NICU

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/6/26 9.30pm	S/B - Dr. PERINBAVASAN (MD. PAEDIATRICS).	
	35+3 weeks → PRIMI CONCEPTION	
	DCDA TWINS.	
	Ind:- PTL	
	Husband + wife → counselled about Pre-term complication post birth	
	Regarding → surfactant administration	
	→ Respiratory support	
	→ Hypoglycemia complication	
	→ + other preterm complications.	
	Dr. Father [signature]	[signature] 103941

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

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

GUC-00092814
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(3)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/6/26 2:15pm	S/B Dr. Dinyalakshmi	
		pt reviewed. Tolerating orals.
POD-0	O/E: pt GC fair, afebrile po ↓PEO	Advice
		- soft diet
T=N PR-78/min BP=110/72mmHg. Yet to void Baby I m/s Baby II NICU Breasts soft	P/A: Soft, BS⊕. Distended bowel loop Ut-contracted dressing dry	- monitor vitals
		- follow drug chart
		* Measure & inform 1st void.
	YE: BSWNL	* FBS/PPBS on POD-2
		- Inform SOS.
	(signature) 28/6/26	
28/6/26 4:30pm	S/B Dr. Padmini	
	O/E: conf, wellcap, afebrile, p°	C/o. loose stool x1 episode.
		Adv: From tomorrow,
		- T. Cefuroxime 500 1-0-1
	P/A - soft	- T. Pan 40 1-0-1 × 7 days
	L/E - N(ormal)	- T. Zerodol P 1-0-1
		- T. Beplex forte 0-0-1 (x 7 days)
		- C. Bifilac 1-0-1
		(If loose stool).
	(signature)	

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/06/26	S/B - Dr. Anandhaeswari	
9 pm	pt reviewed	
POD#0	c/o loose stools 2 episodes	Advice
T-(N)	O/E-afair, afebrile	- continue the same
BP-110/60mmHg	no pallor/no pE	
PR-86/m	CVS/ S1 S2 / NAD	. Cap. BIFICAL 1-0-1.
Spo2 99% RA	P/A soft/ ut contracted well	
voiding freely		Adv 15600?
29/6/26	C/S/B Dr. Vinitha / Dr. Shreedevi	
9 AM		
POD-1	Pt reviewed, Nil c/o	
	No further episode of loose stools	
T-(N)	O/E Pt GC fair, Afebrile	
PR-76/min	P° / PE°	
BP- 120/64mmHg	CVS/	
	RS / NAD	
Both babies - M/s	P/A- UT well contracted	
B/L- Breast Soft	Soft, BS (+)	
Voiding freely	Dressing (+) & Dry	
Passed stools		

GUC-00092814 IP18-00036219
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(A)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	U/E- BWNL	Advice - Soft diet - Plenty of oral fluids - Vitals Monitoring - Follow drug chart - W/F ↑ Bleeding PV - Inform (SOS) - FBS PPBS on POD-2
29/6/26 3:25pm	S/B Dr. Priyalakshmi / Dr. Shreedevi Pt. reviewed. Nil c/o.	
POD-1	O/E: Pt GC fair, afebrile P/PEG	Advice - soft diet. - plenty of fluids orally - Ambulation - monitor vitals - follow drug chart - FBS/PPBS done
T=N PR:-96/min BP: 120/64 mmHg	CVS/RS/NAD P/A: Soft, BS+ Ut. contracted	F-72 PP-163
Both babies c/s soft Breasts	dressing dry	
Passed stools	U/E: BWNL	
	16/6/26	

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/S/B Dr Pavithra	
29/6/2026 8:40PM	Pt reviewed	
POD-1	O/E Pt GC fair	Advice
	afebrile	- Soft Diet
	P̄/PC̄	- Plenty of orals
T-(N)	CVS	- Vitals monitoring.
BP-100/60 PR-78/min.	RS NAD	- Follow drug chart.
	P/A - Ut firm & cont well	
Both Bowel/s.	Dressing Dry	
	Soft, BS (+)	
Passed stools.	L/E - No undue Bleeding P/V.	
	114680	

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

GUC-00092814 IP18-00036219
Mrs JAYALAKSHMI.B
04-09-1998 27 Y 9 M 25 D (F)
Dr. PADMASHRI PARIMALAM

(5)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/6/26 9 AM	C/S/S Dr. Akshitha / Dr. Shreedevi	
POD-2	Pt reviewed, Nil c/o	Advice
T-N	O/E Pt GC fair, Afebrile	- Soft diet
PR-74/min	P° / PE°	- vitals monitoring
BP-108/62 mmHg	CVS /	- Ambulation
Voiding freely	RS / NAD	- Plenty of oral fluids
Passed stools	P/A- ut well contracted	- Follow drug chart
Both babies - M/S	Soft	- Bath & Dressing today
B/L- Breast soft	Dressing (+)	- Plan (D) today
	PE - No undue bleeding PV	
	30/6/26	

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

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Patient Sticker

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

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CROSS CONSULTATION FORM

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

Diagnosis : .....

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Mrs JAYALAKSHMI.B
04-09-1998 27 Y 9 M 25 D (F)
Dr. PADMASHRI PARIMALAM

Hospital : .....

Type of Referral :
- ☐ Emergency
- ☐ Urgent
- ☐ Non Urgent

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

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

Signature:

Findings and Recommendations :

29/6/26
12.30 pm

S/B Physiotherapist.

Patient oriented, conscious & Afebrile

Assessment:

Chest: B/L symmetry
Abdominal Thoracic breathing

DVT: Auter scale: No risk.

Functional Fim score: (7) Independent.

Consultant : Physiotherapist

Name : Sangavi. T Signature : Date & Time : 29/6/26

Advise

- deep breathing ex's
- Pelvic bridge & tilt.
- Pelvic floor ex's
- Bed mobility ex's
- Posture
- walk.

GUC-00092814 IP18-00036219
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RESULT SHEET

Date	10/6					
Time						
Hb	11.6			Bl grp : B positive		
PCV	32.3					
RBC	3.66			Bleeding Time : 3.20 (N)		
WBC	11500			Clotting Time - 5.30 (N)		
N/L						
Platelets	1.95					
CRP						
ESR						
PCT				16/12/25		
RBS				TSH : 0.966		
Na						
K						
Cl				ECG : Normal		
Ca/Mg						
Phosphate				ECHO : Normal		
Urea					EF : 64%	
Creatinine						
ALP	212			16/12/25 &		
SGPT	16			6/9/25 HIV		
SGOT	24			HbsAg	Negative	
T.Bill/Conj	0.4			HCV		
T.Protein	6.1			VDRL		
S.Albumin	3.7					
S.Globulin	2.4			6/9/25 : HbA1C : 5.3 %.		
A/G Ratio	1.5					
Uric Acid						
~~S.Amylase~~ Bile acid	11.1					
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

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

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : 24/6/26 DCDA twins

Twin A — Twin B

X-Ray : Cephalic — Transverse

ECHO : SVD : 4.1 CM — 4.5 CM

CT : Right lateral — Anterior

MRI : EFW : 1.959 g — ~~2.07~~ 2.671 g

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

Twin wt discordance : 27% (Fetus B is larger.)

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Dr. PADMASHRI PARIMALAM

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MEDICATION RECONCILIATION FORM

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

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

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

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	T-ALYCOMET	500mg	P/O	1-0-1		☐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

Date & Time : 27/06/26 at 6:30 pm

Nurse Name & Signature: S/Nataly 018057 Nataly 018057

Date & Time : 27/06/26 at 6:30pm

GUC-00092814 IP18-00036219
Mrs JAYALAKSHMI.B
04-09-1998 27 Y 9 M 24 D (F)
Dr. PADMASHRI PARIMALAM

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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: 7TH FLOOR Shifted to: LDR

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. SUPACEF	1.5g	IV	BD		☑C ☐DC
2	T. PANTOPRAZOLE	40mg	PO	BD		☑C ☐DC
3	T. PARACETAMOL	1g	PO	QID		☑C ☐DC
4	JUSTIN SUPPOSITORY	100mcg	PR	BD		☑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. Panithra.

Date & Time : 27/6/2026.

Nurse Name & Signature: Staff Nurse

Date & Time : 27/6/26

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

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Mrs JAYALAKSHMI.B
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Dr. PADMASHRI PARIMALAM

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MEDICATION RECONCILIATION FORM

Drug Allergies: Nil

☒ Not known any Drug Allergies

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

Shifting From: OT Shifted to: MICU

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	INJ [illegible]	4mg	IV	STAT	26/5	☒C ☐DC
2	INJ TRAPIC	1g	IV	STAT	26/5	☐C ☐DC
3	INJ SYNTO	5U	IV	STAT	26/5	☐C ☒DC
4						☐C ☐DC
5						☐C ☐DC
6						☐C ☐DC
7						☐C ☐DC
8						☐C ☐DC
9						☐C ☐DC
10						☐C ☐DC

MEDICATION HISTORY RECORDED / VERIFIED BY *C- Continue, DC - Discontinue*

Doctor Name & Signature : [signature] Dr. Priya R

Date & Time : 27/6/26 11:30 pm

Nurse Name & Signature: [signature] 60771 Rizna

Date & Time : 27/6/26 @ 11:30pm

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

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DRUG CHART

Date of Admission: 27/06/26 Drug Allergies: ..... ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

DRUG: Inj KETONOV				Date / Time 28/6
Dose: 30mg	Route: Im	Frequency: SOS	Start Date: 28/6	9pm SD
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:				

Signature .....

VERIFIED BY : Name .....

GUC-00092814 IP18-00036219
Mrs JAYALAKSHMI.B
04-09-1998 27 Y 9 M 23 D (F)
Dr. PADMASHRI PARIMALAM

REGULAR PRESCRIPTIONS

Weight. 63kg Ward. LDR

DRUG : Inj SUPACEF

Dose	Route	Frequency	Start Date
1.5g	IV	1-0-1	28/6

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:
3 doses

Daily Doctor's Endorsement by a Sign

Date	28/6	29/6
8AM	AA DR	AA DR
8PM	SM PK	

Stop

D1 D2

DRUG : T. PARACETAMOL

Dose	Route	Frequency	Start Date
1g	PO	1-1-1-1	28/6

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date	28/6	29/6
6AM	8AM AA DR	8AM AA DR
12PM	12PM SS	
6PM	8PM SM PK	
12AM	2AM PK S.M	

Stop

DRUG : T. PANTOPRAZOLE

Dose	Route	Frequency	Start Date
40mg	PO	1-0-0	28/6

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date	28/6	29/6	30/6
8AM	P.K D.R	SM PK	SM PK
7PM	SS NS	SS S	

DRUG : JUSTIN SUPPOSITORY

Dose	Route	Frequency	Start Date
100mg	PR	1-0-0	28/6

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date	28/6	29/6
10AM	DR VA	AA DR
10PM	SM PK	

Stop

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Mrs JAYALAKSHMI.B
04-09-1998 27 Y 9 M 25 D (F)
Dr. PADMASHRI PARIMALAM

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

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

REGULAR PRESCRIPTIONS

DRUG : C. LACTARE

Dose	Route	Frequency	Start Dt.
2tabs	PO	2-2-2	29/6/24

Name & Signature of the Doctor starting the Drugs: 182217

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date	29/6	30/6
Time		
8Am	AA/NS	
2pm	BJ/SS	
10pm	SM/PK	

DRUG : GALACT GRANULES

Dose	Route	Frequency	Start Dt.
1tsp	PO	1-1-1	29/6/24

Name & Signature of the Doctor starting the Drugs: 182217

Additional Instructions: (in 1 glass of milk)

Daily Doctor's Endorsement by a Sign.

Date	29/6	30/6
Time		
8Am	AA/NS	
2pm	BJ/SS	
10pm	SM/PK	

DRUG : T. CEFTUM

Dose	Route	Frequency	Start Dt.
500mg	PO	1-0-1	29/6/24

Name & Signature of the Doctor starting the Drugs: 182217

Additional Instructions: X (7) days

Daily Doctor's Endorsement by a Sign.

Date	29/6	30/6
Time		
8Am	AA/NS	
8pm	SM/PK	
		D1 D2

DRUG : T. ZERODOL P

Dose	Route	Frequency	Start Dt.
1tab	PO	1-1-1	29/6/24

Name & Signature of the Doctor starting the Drugs: 182217

Additional Instructions: X (7) days

Daily Doctor's Endorsement by a Sign.

Date	29/6	30/6
Time		
8Am	AA/NS	
2pm	BJ/SS	
10pm	SM/PK	

Rainbow Children's Hospital

GUC-00092814 IP18-00036219
Mrs JAYALAKSHMI.B
04-09-1998 27 Y 9 M 25 D (F)
Dr. PADMASHRI PARIMALAM

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

Patient Na	I.P. No.	Sheet No.	Wards	Weight (kg)

REGULAR PRESCRIPTIONS

DRUG : T. BEPLEX FORTE

Dose	Route	Frequency	Start Dt.	Date / Time
1 Tab	PO	0-0-1	29/6/26	29/4 9pm SM PX

Name & Signature of the Doctor starting the Drugs: 182217

Additional Instructions: x (7) days

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.

GUC-00092814 IP18-00036219
Mrs JAYALAKSHMI.B
04-09-1998 27 Y 9 M 23 D (F)
Dr. PADMASHRI PARIMALAM

Weight. 63kg Ward. LDR

DRUG: Cap BIFILAC	Date▸ / Time							
		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
Route P/O Start Date 28/6/26	9AM	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:	9pm	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
27/6	9.05 pm	INJ SUPACEF	0.1 ml	ID	12113	SN.
27/6	9.30 pm	INJ. PAN	40mg	IV	12113	SN
27/6	9.30 pm	INJ. EMESET	4 mg	IV	12113	SN.
27/6		INJ. SUPACEF	1.5g	IV	12113	
27/6	10:30 pm	INJ MAXO	~	IV		RS SK
27/6	10:35 pm	INJ TRAMOL	1g	IV		RS SK
27/6	10:40 pm	INJ EMESET	4mg	IV		RS SK
27/6	10:40 pm	T. MISOPROSTOL	800mcg	Intra uterine		RS SK
27/6	11:15 pm	Justin Suppository	100mcg	P/R		RS SK

GUC-00092814 IP18-00036219
Mrs JAYALAKSHMI.B
04-09-1998 27 Y 9 M 23 D (F)
Dr. PADMASHRI PARIMALAM

I.V. FLUIDS CHART

Weight. 63kg Ward. LDR

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
27/6	7pm	1 ⊙ RL	IV	125 ml/hr (on flow)	[illegible]	SA / SP	[illegible]	[illegible]	[illegible]
28/6	10:20 pm	IVF RL 1⊙	IV		[illegible]	RS / SK	28/6	[illegible]	RS / SK
28/6	10:20 pm	IVF RL ⊙	IV		[illegible]	RS / SK	28/6	[illegible]	RS / SK
27/6	10:20 pm	IVF RL 1⊙	IV		[illegible]	RS / SK	28/6	[illegible]	SO / SS
28/6	10:30 pm	IVF RL 1⊙ ĉ 20 U Syn[illegible]	IV	Gtt 4 hr	[illegible]	RS / SK	28/6	[illegible]	SO / SS
28/6	2am	IVF RL 1⊙	IV	125	[illegible]	SR / SO	28/6/[illegible] 1pm	[illegible]	AA / DR

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

GUC-00092814 IP18-00036219
Mrs JAYALAKSHMI.B
04-09-1998 27 Y 9 M 23 D (F)
[illegible] PADMASHRI PARIMALAM

(1)

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Early Warning Observation Score Chart - Obstetrics

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

Date: 27/06/25

Parameter	Range	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20												20	20			20	22	24	22	20	22	22		
	0 - 10																								
Saturations	94 - 100 %												100%	100%			99	99	98	99%	99%	99%	[illegible]		
	< 94 %																								
Administered O_2 (L/min.)													RA	RA			RA	RA	RA	RA	RA	RA			
Temp °c	40																								
	39																								
	38																								
	37																								
	36												98°F	98.6°F			98°F			afeb		afeb	afeb		
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80												88	88/m			88	82/m	86/m	82/m	84/m	74/m	74/m		
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressure ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110												115	115			120	110	117	114	110	100	110		
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50												79	78			80	70	70	74	70	74	70		
	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												
TOTAL ORANGE SCORES													0	0			0	0	0	0	0	0	0		
Nurse Initial													[illegible]	[illegible]			[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]		

On admission

GUC-00092814 IP18-00036219
Mrs JAYALAKSHMI.B
04-09-1998 27 Y 9 M 24 D (F)
Dr. PADMASHRI PARIMALAM

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

28/6

		Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																									
	21 - 30																									
	11 - 20		22				22				20				20				20				20			
	0 - 10																									
Saturations	94 - 100 %		100%				98%				99%				99%				98%				98%			
	< 94 %																									
Administered O, (L/min.)			RA				RA				RA				RA				RA				RA			
Temp°c	40																									
	39																									
	38		97.6F				97.2F				98.6F															
	37																									
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110														86bpm				74bpm				76bpm			
	100																									
	90																									
	80																									
	70		80bpm				76bpm				74bpm															
	60																									
	50																									
	40																									
Systolic Blood Pressure ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110		99				110				100				120				118				120			
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
	40																									
			66				80				72				68				60				64			
			89				72				72				63											
NEURO RESPONSE [✓]	Alert		✓				✓				✓				✓				✓				✓			
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30		—				—				✓				✓				✓				✓			
	< 30																									
Proteinuria	Protein + +																									
	Protein > + +																									
Lochia	Normal		✓				✓				✓				—				✓				✓			
	Heavy / Foul																									
Liquor	Clear / Pink		-				—				✓				✓				✓				✓			
	Green																									
TOTAL YELLOW SCORES			0				0				0				0				0				0			
TOTAL ORANGE SCORES			0				0				0				0				0				0			
Nurse Initial			✓				✓				✓				✓				✓				✓			

GUC-00092814 IP18-00036219
Mrs JAYALAKSHMI.B
04-09-1998 27 Y 9 M 25 D (F)
Dr. PADMASHRI PARIMALAM

(3)

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BirthRight™ BY RAINBOW HOSPITALS
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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

29/6/26	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				20				20				20				20				20			
	0 - 10																								
Saturations	94 - 100 %	100				94				99				100%				98%				100%			
	< 94 %																								
Administered O2 (L/min.)		RA				RA				RA				RA				RA				RA			
Temp°C	40																								
	39																								
	38																								
	37	98.2°F				98.2°F				97.8°F				98.0°F				98.2°F				98.2°F			
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90	78				82				80A				96bpm				94bpm				96bpm			
	80																								
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressure ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130	100				102				110				113				110				108			
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
	40	(68) 60				102 62				(81) 110 58				113 (81) 64				110 (80) 65				108 62			
NEURO RESPONSE [✓]	Alert	✓				✓				✓				✓				✓				✓			
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30	✓				✓				✓				✓				✓				✓			
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal	✓				✓				✓				✓				✓				✓			
	Heavy / Foul																								
Liquor	Clear / Pink									–				–				✓				✓			
	Green																								
TOTAL YELLOW SCORES		0				0				0				0				0				0			
TOTAL ORANGE SCORES		0				0				0				0				0				0			
Nurse Initial																									

GUC-00092814 IP18-00036219
M[illegible]JAYALAKSHMI.B
04-09-1998 27 Y 9 M 23 D (F)
Dr. PADMASHRI PARIMALAM

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FLUID CHART

Sheet No. : (1)

27/06/2026

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	Npo		RL						200	0	SA
											0	SA
Total Intake :						Total Output :				200ml		
	08:00 pm	N		500ml							0	
	09:00 pm	P									0	
	10:00 pm	O								400ml	0	
	11:00 pm	N		RL 300						100ml	0	
	12:00 am	P		125						75ml	0	
	01:00 am	O.	HW	30ml	125					100	0	
Total Intake :		2,080ml				Total Output :				675ml		
	02:00 am	HW	30ml	125						100	0	
	03:00 am	TCHW	100ml	125						75	0	
	04:00 am			125						100	0	
	05:00 am	HW	50ml	125						100	0	
	06:00 am	TCWTR	200	125						100	0	
	07:00 am	H2O	200	125						150	0	SM
Total Intake :		580 + 750 =				Total Output :				625		

Total 24 hrs. Intake	3,410 ml	Total 24 hrs. Output	1,500ml

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Mrs JAYALAKSHMI.B
04-09-1998 27 Y 9 M 24 D (F)
Dr. PADMASHRI PARIMALAM

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FLUID CHART

Sheet No. : (2)

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

28/6/26

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	H2O	100ml	125							0	V.A
	09:00 am	TC	100ml	125						150ml	0	V.A
	10:00 am	H2O	150ml	125						200ml	0	V.A
	11:00 am	Kanji	150ml	125						250ml	0	V.A
	12:00 pm	H2O	150ml	125						200ml	0	V.A
	01:00 pm	H2O	150ml	850						200ml	0	V.A
Total Intake : 750ml + 625 = 1375 ml								CBD Removed		Total Output : 1000 ml	0	V.A
	02:00 pm	H2O	100ml									
	03:00 pm	H2O	100ml.									
	04:00 pm	H2O	200ml.							Add. 500ml	0	SN
	05:00 pm											
	06:00 pm	H2O	100ml								0	SN
	07:00 pm	H2O	250ml									
Total Intake : 750ml :										300ml	0	SN
	08:00 pm									Total Output : 800ml :		
	09:00 pm	H2O	200								0	P.U
	10:00 pm					✓					0	P.U
	11:00 pm	H2O	200							350	0	P.U
	12:00 am										0	P.U
	01:00 am	H2O	150			✓					0	P.U
Total Intake : 550ml										300	0	P.U
	02:00 am									Total Output : 650ml		
	03:00 am	H2O	200								0	P.U
	04:00 am										0	P.U
	05:00 am	H2O	200							300	0	P.U
	06:00 am	Milk	200			✓					0	P.U
	07:00 am	H2O	200								0	P.U
Total Intake : 800ml										300	0	P.U
										Total Output : 650ml		

Total 24 hrs. Intake	3,1475ml

Total 24 hrs. Output	3,1000ml

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FLUID CHART

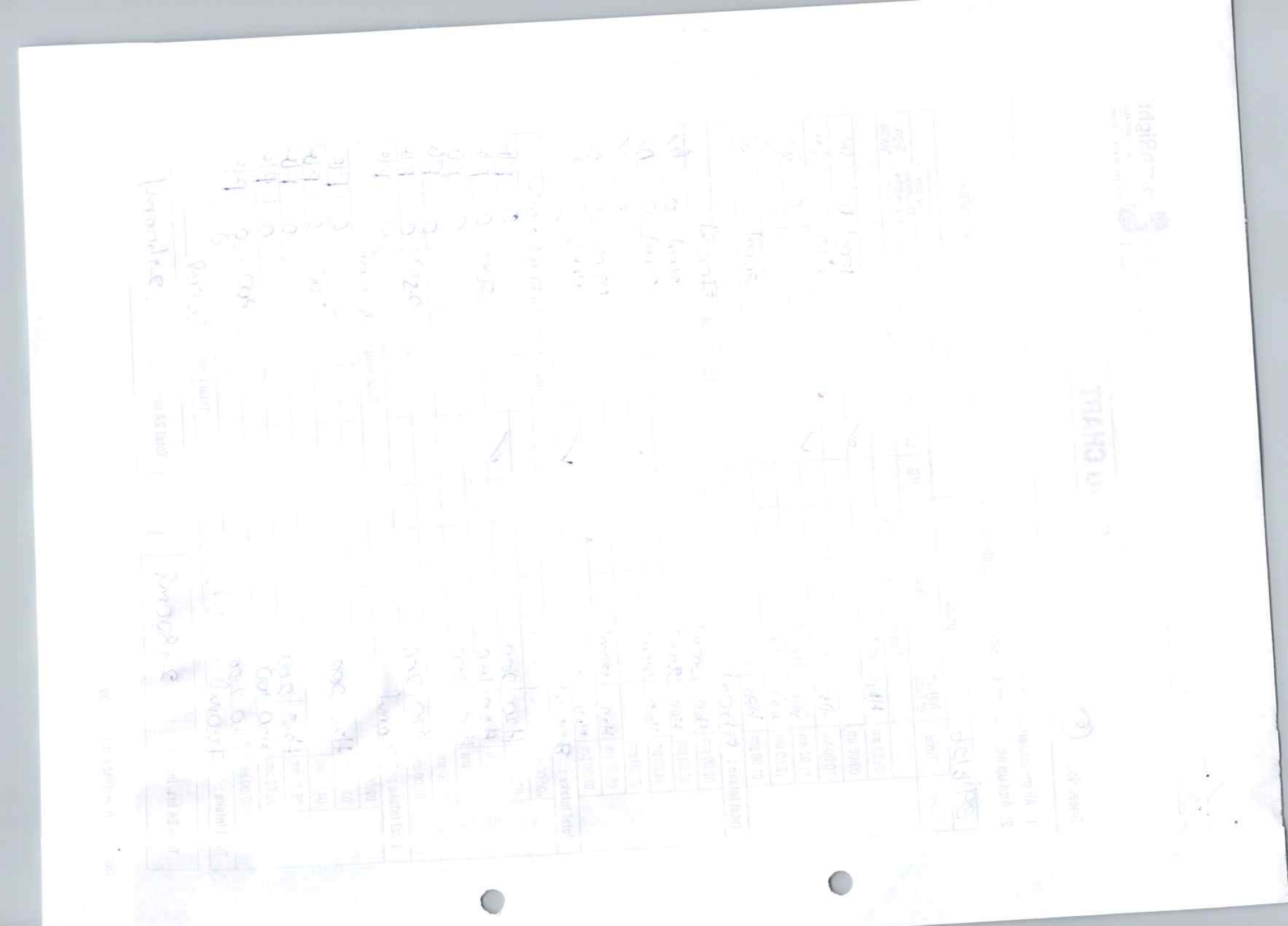
Sheet No. : 3

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.

29/6/26

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	H2O	100									
	09:00 am						✓			150ml	0	SN
	10:00 am	H2O	150							250	0	SN
	11:00 am	Soup	100ml				✓				0	SN
	12:00 pm	H2O	100								0	SN
	01:00 pm	H2O	100ml							300ml	0	SN
Total Intake : 550ml										Total Output : 700ml		
	02:00 pm	H2O	200ml							200ml	0	SN
	03:00 pm	H2O	200ml							200ml	0	SN
	04:00 pm	H2O	200ml				✓				0	SN
	05:00 pm									250ml	0	SN
	06:00 pm	H2O	150ml							100ml	0	SN
	07:00 pm	H2O	100ml				✓				0	SN
Total Intake : 850ml										Total Output : 750ml - urine		
	08:00 pm										0	PV
	09:00 pm	H20	200				✓			300	0	PV
	10:00 pm	H20	100								0	PV
	11:00 pm	H20	200								0	PV
	12:00 am									250	0	PV
	01:00 am	H20	200								0	PV
Total Intake : 700ml										Total Output : 550ml		
	02:00 am										0	PV
	03:00 am	H20	200							300	0	PV
	04:00 am										0	PV
	05:00 am	H20	200								0	PV
	06:00 am	H20	100								0	PV
	07:00 am	H20	200							200	0	PV
Total Intake : 700ml										Total Output : 600ml		

Total 24 hrs. Intake	2,800ml	Total 24 hrs. Output	2,600ml



GUC-00092814
Mrs JAYALAKSHMI.B IP18-00036219
04-09-1998 27 Y 9 M 23 D (F)
Dr. PADMASHRI PARIMALAM

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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: primi DCDA Twins 35+2 day

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

Surgery / Procedure: Em LSCS

BACKGROUND

Post OP Day:

Date / Shift	27/6/26 E	27/6/26 N	28/6/26 M	28/6/26 E	28/6/26 N	29/6/26 M
Medical Condition (Any special condition to be noted):	N/A	N/A	NA	NA	NA	NA
Diet:	NPO	NPO	NPO	Kanji	Normal	Normal
Allergy:	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Ventilation (RA, NP, NIV, VENTI):	N/A	N/A	NA	NA	NA	NA
Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Vital Signs: Temp:	98°F	98.6°F	98°F	97.2°F	98.2°F	97.6°F
Res:	20b/m	20/m	20bpm	20bpm	20b/m	22/m
SpO_2:	100%	100%	100%	98%	98%	99%
Pulse:	80b/m	88/m	80bpm	79bm	76b/m	78
BP:	115/79	115/78	94/89	100/60	110/70	100/60
LOC:	Conscious	Conscious	conscious	conscious	conscious	Conscious
Fall Risk Score:	0	0	0	0	0	0
Pain Score:	1/10	0/10	0/10	2/10	2/10	2/10
Skin Integrity	Normal	Normal	normal	(N)	(N)	Normal
Safety Needs:	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☑ No
Physiotherapy:	N/A	NA	NA	NA	NA	NA
Others Specify:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Special Diet:	NPO	NPO	NPO	[illegible]	Normal	Normal
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):	Non Dependent	Non Dependent	Dependent	Non Dependent	Non-Dependent	Non Dependent
Post Operative Procedure Special Orders:	–	–	–	–	–	–
Handed Over By Name:	S. Nandhini	Shalini	Abirami	Gowri	P. Kanmozhi	Shivani
Signature / ID:	SP01808	Shalini	60778	[illegible]	P.K	[illegible]
Date:	27/6/26	28/6/26	28/6/26	28/6/26	29/6/26	29/6/26
Time:	8pm	8AM	1:30pm	8pm	8AM	8am
Taken Over By Name:	Shalini	Abirami	Gowri	P. Kanmozhi	Shivani	
Signature / ID:	Shalini	60778	[illegible]	P.K	[illegible]	
Date:	27/6/26	28/6/26	28/6/26	28/6/26	28/6/26	
Time:	7pm	8am	8pm	8pm	8am	

(Left margin labels: SITUATION, BACKGROUND, ASSESSMENT, Recommendations)

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

GUC-00092814 IP18-00036219
Mrs JAYALAKSHMI.B
04-09-1998 27 Y 9 M 25 D (F)
Dr. PADMASHRI PARIMALAM

NURSING CARE RECORD

Rainbow® Children's Hospital — It takes a lot to treat the little.
BirthRight by Rainbow Hospitals — Your Right to a Safe Delivery

Date: 27/06/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon	6:30 pm	Achieve Acceptable pain control & comfort	7pm	Assess pain using pain scale regularly position pt comfortably Administer Analgesics as prescribed	patient was stable	Reassessment was Done	[signature] 01850
Night	8	Prevent falls and injury	8:30 pm	→ Keep bed in low position with side Rails up → Ensure call bell is within reach → Assist during ambulation	Ensure Safety	Reassessment was done	[signature] 04072

Docu. No: RCH /FRM / CLINICAL / 148

GUC-00092814 IP18-00036219
Mrs JAYALAKSHMI.B
04-09-1998 27 Y 9 M 24 D (F)
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Rainbow® Children's Hospital
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NURSING CARE RECORD

Date: 28/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8pm	Reduce risk of hospital-acquired wound infection	9am	maintain strict hand hygiene monitor wound site for redness administer antibiotics as ordered	No other infection	Re-assessment was done.	607998
Afternoon	2pm	maintain good nutritional status.	2.30 pm	maintained good nutritional status.	monitored input and output chart.	Encouraged oral intake and output.	019558
Night	8pm	Assess the patient condition Monitor vitals Maintain I/O Administer medication	4am	Assessed the patient condition Monitored vitals Maintained I/O Administered medications	Monitored vitals	Encourage oral fluids	60954

GUC-00092814 IP18-00036219
Mrs JAYALAKSHMI.B
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(1)

NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Admission Notes	
27/6/26	6:30 pm	⇒ mrs:-Jayalakshmi come for Abdomen pain she is primi 35+3 days under Dr: padmashri checked for vital signs recorded patient vital are stable pasts preperation was done CCU was connected FHR is good (+) Both FHR is good (+) provided comfortable position. Medical History of Nil signification surgical History of Root canal 15 years back patient general condition fair She have 2 contraction for 15 seconds Informed Dr:-vinitha	S/N Akalya 01805
	7pm	⇒ IV placement was done Left metacarbal vein IV fluids RL500ml connected on flow Dr: vinitha Advised to stoped CCU Both FHR is good (+)	S/N Akalya 01805
	7:30 pm	⇒ patient case hand overs given to Night duty Staff Nurse	S/N Akalya 01805
		patient is UDM on OHA Dr: vinitha Advised to check CBP Tomg/dl Informed Dr: vinitha	S/N Akalya 01805

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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NURSES NOTES

☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		← Night Duty on 27/6/26 →	
27/6/26	7³⁰pm	Report Received from Evening	
		Duty staff to Night Duty staff	
		patient Conscious & Oriented	
		IV line patent, No swelling	
		Patient is NPO - IVF RL Connected	
	8pm	vital sign checked & Recorded	Shalini 2407
		vital sign are stable.	
		patient general Condition is fair.	
	9⁰⁵pm	Inj. Supacef 0.1ml ID given.	
	9¹⁵pm	Catheterization done under Aseptic	
		procedure 16 size foleys. 10ml	
		D-water insert, urine drained well → DR Shreederi	Shalini 2407
	9²⁰pm	NICU counselling done.	
	9³⁰pm	Inj. Pan 40mg IV given	
		Inj. Supacef 1.5gm IV given	
		Blood sample taken (Blood Reservation)	Shalini 2407
		CBD (+) urine drained well.	
		Inj. Supacef 1.5gm IV given	
		OT Shifting Note	
27/6/26	10:15 pm	Patient received into OT-III.	
		Patient is conscious & oriented.	
		IV line present. Foley's catheter	60771
		present. patient vital signs	
		are stable	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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(2)

NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
	10:20 pm	SA given. Positioning done. patient vital signs are stable IV fluid on flow.	607721
27/6/26	10:25 pm	Painting & draping done. Skin Incision given. No excessive blood loss is present.	607721
	10:29 pm	Twin-I Baby boy delivered with birth weight of 2.363 kg. Baby shifted to nicu.	607721
	10:31 pm	Twin-II Baby girl delivered with birth weight of 2.603 kg. Baby shifted to nicu after routine care.	607721
	10:40 pm	No excessive blood loss is present. Skin suturing done. No bleeding from the surgical site. patient vital signs are stable. IV fluid on flow.	607721
	11:20 pm	Procedure done. Patient shifted to nicu. Hand over given to nicu staff.	607721
27/6/26	11:30pm	⇒ Receiving note ⇐ Receiving the Patient from OT c IP cy op case sheet while receiving the Patient Conscious cy Oriented, afebrile NPO, IVF RL normally on flow	607721

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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NURSES NOTES

☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
28/6/26	12AM	→ Patient Vital Signs stable, General condition fair. Has no soakage over the operated area. Has mild pain over the operated site	→ [illegible]/ontas
	1AM	→ Orals started No Vomiting. TC water given	→ [illegible]/ontas
	2AM	→ B: Breast soft No engorgement. Breast feeding given U: Uterus firm contracted well. B: Bowel movement Present. B: Patient in CBD. L: Lochia rubra Present. No evidence of foul smelling E: Pedal assessment not applicable H: Homan's sign regular. E: Patient emotional status good.	→ [illegible]/01.ftas
	3AM	→ Pad changed as fix mild PV bleeding present	→ [illegible]/01.ftas
	4AM	→ Patient Vital signs stable. General condition fair	→ [illegible]/01.ftas

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

GUC-00092814 IP18-00036219
Mrs JAYALAKSHMI.B
04-09-1998 27 Y 9 M 24 D (F)
Dr. PADMASHRI PARIMALAM

(3)

NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
Cont 28/6/25	5AM	Patient complaints of suture site pain. Inf to Dr. Punitha mam. Advice to Inj Ketorol 30mg Im given. Order carry out. Injection given →	[illegible] /011970
		→ Patient shifted to 7th floor hand over to 7th floor staff	→ [illegible] /011746
		Receiving Notes	
28/6/25	5AM	pt's details: Hand over taken from LDR staff. Pt's conscious oriented vitals are stable. IVF pattern IVF RL 500ml @125ml/hr on flow, CBD (+) urine drained well, CBD (R) plan 12pm today, liquid diet only further order, after ambulating FBS / PPBS on POD-2, (1) PRBC reservation	[illegible] 607353.
	6AM	pt's morning care done, vitals are stable. IVF 125ml/hr onflow, urine drained well B- Breast is soft, no engorgement U- Uterus contraction well B- Bowel movement (+) B- Urine drained well. L- Lochia rubra (+) E- Reeda scale assessment ND H- Homan's sign negative E- Emotional status good →	[illegible] 6073

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Patient Sticker

NURSES NOTES

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☐ No Known Drug Allergies

☐ Drug Allergies ....Nil.

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
28/6/26	7AM	Due medication given as per order. Maintained I/O chart U/O well. bleeding is Normal	[signature] 604389
	7:30Am	pt's details Handling over given to morning duty staff.	
		MORNING DUTY	
	7:30am	pt details handing over taking from night duty staff. CBD removal on 10 Am. pt on soft diet. FBS, PPBS, POD-2 flatus passed. FBS - 70 mg/dl Stop CBG. 1 unit PRBC reserved	[signature] 60338
	8:00am	vitals were checked and recorded maintain I/O chart. no other complaint IV line was observed	[signature] 60338
	10:00am	B - Breast is normal	
		U - uterus is contracted	
		B - Bowel movement is normal	
		B - CBD work drain well	
		L - lochia Rubra is present	
		E - Pedal is not applicable	
		H - Homan's sign negative	
		E - Emotional status was Stable	
		medication was given as per Drug chart	[signature] 60338

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00092814
Mrs JAYALAKSHMI.B IP18-00036219
04-09-1998 27 Y 9 M 24 D (F)
Dr. PADMASHRI PARIMALAM

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NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
28/6/2026	11.00pm	Medication Seetin suppository	
		usual given, pt co-operate	
		well	
		Patient taken Kanji Oral. No any	607238
		Complaints & Vomiting.	
		Monitor the Vitals Signed →	[signature]
		Seen the Dr. Divyalakshmi mam	
		Adviced. Kanji @ 11Am, soft diet	
		@1pm, Monitor the Vitals, follow	
		the drug Chart, POD-2 FBS/PPBS,	
		CBD Removal @12pm. to continue	
		the Adviced. →	[signature]
	12 pm.	Patient vitals are Checked &	
		Recorded vitals are Stable. I/O chart	
		Monitored P/v Bleeding is Normal.	
		Patient CBD Removal @ 12pm.	
		Output - 200ml. Patient Flatus passed.	
		1st Urine voiced measurement inform →	
		w/f the Urine →	[signature] 02
	1:30pm.	Patient details handing	
		over to Evening duty staff	[signature]
		Evening Duty Notes.	
	1:30pm	Handover Received from morning	
		Duty staff. patient is active	
		and alert. IV line present.	[signature]
		CBD Removed at 12pm. patient	01989.
		had soft diet.	

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
28/6/20	2pm	Administeed due modication	
		as per chart and recorded.	Sonija
	4pm	Checked vital sign and	ow
		Recorded	
		patient 1st void 500 ml	
		informed Dr. Divya lakshmi	
		ma'm. Dr. padma sel mam	
		came and seen the patient	Sonija
		FBS, PPBS tomorrow 6am.	ow
		oral medication change	
		plan tomorrow.	
	6pm	Administeed due medication	
		as per chart and recorded.	
	7pm	monitored input and output	Sonija
		chart.	ow
	7:30pm	Handover given to	Sonija
		night Duty staff.	ow

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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GUC-00092814 IP18-00036219
Mrs JAYALAKSHMI.B
04-09-1998 27 Y 9 M 25 D (F)
Dr. PADMASHRI PARIMALAM

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NURSES NOTES

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☐ No Known Drug Allergies

☐ Drug Allergies .... NIL

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
28/6/26	7-30PM	Night duty	
		patient details handover taken over	
		from Evening to Night duty.	
		patent is CBD Remove voided	
		motion passed, urine ⊕,	
		tommorrow FBS, PBBS 6AM	
		tommorrow bath & Dressing	
		discharge plan	→ P. Kanmozi 607261
	8.00PM	patient vitals checked and	
		Recorded.	→ P. Kanmozi 607261
	9.00PM	Due medication. Dr. Ananedeswari	
		Mam come and ado loose stool	
		Add. Capsule Bifilac bd,	
		B-Breast is soft, no Engorgment	
		U-Uterus is contracted well	
		B-Bowel movement present	
		B-urine voided frequently	
		L-Lochia Rubra is present	
		E-Reeda Not Applicable	
		H-Homan Signs Negative	
		E- Emotional status good.	→ P. Kanmozi 607261
	11.00PM	Cap. Bifilac given and	
		Recorded.	→ P. Kanmozi 607261
29/06/26	12.00AM	patient vitals checked and	
		Recorded.	→ P. Kanmozi 607201.
	2.00AM	patient due medication	
		given and recorded	→ P. Kanmozi 607261

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

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☑ No Known Drug Allergies

☐ Drug Allergies .... N/L

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
29/6/26	4.00am	patent vitals checked and recorded.	P. Kannoz 607201
	6.00am	patent due medication given and recorded. FBS sample send to lab, bill Raised. Intake/output maintain	P. Kannoz 607201
	7.30am	patent details handover given to morning duty staff	P. Kannoz 607201
		← Evening morning duty on 29/6/26	
	7.30am	patient report taking thus from (N) duty staff	Onstus
	8am	patient was conscious & oriented was taking orally & toileting well vital signs are checked & recorded maintained I/O chart due medication given as per order general condition is fair	Onstus
		B - Breast soft No Engorgement Nipple pattern	
		U - uterus contracted well	
		B - Bowel movement present	
		B - voiding freely	
		L - lochia Rubra present	
		E - Region N/A	
		H - Homan Sign negative	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

GUC-00092814 IP18-00036219
Mrs JAYALAKSHMI.B
04-09-1998 27 Y 9 M 25 D
Dr. PADMASHRI PARIMALAM (F)

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JRSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
29/6/26		E – Emotional status normal	
	9 am	Seen by Dr. Nivitha mam. Advice Ambulation, plan Discharge. Bath & Dressing today. Plan to do. Has normal lochia. Breast soft. General condition is fair.	
	12 pm	Vital signs are checked & recorded in maintenance chart; due medication given as per order. No oozing (or) bleeding from the operative site. General condition is fair.	(signature)
	1³⁰ pm	Patient report handed over Ⓔ duty staff.	(signature)
	1.30 pm	Evening duty on 29/6/2? Patient details handed over from Morning duty staff. Patient conscious and oriented. IV line patent. Patient own and urine passed. Lochia flow discharge. Bath & dressing done.	(signature)
	2 pm	Due medication given as per Doctor's order.	(signature)
		B- Breast soft. No Engorgement.	
		U- Uterus contracted. Involution prog…	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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Patient Sticker

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NURSES NOTES

☐ No Known Drug Allergies

☐ Drug Allergies ...... Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
29/6/2?		B- Bowel movement Present.	
		B- Urine Voided freely	
		L- Lochia Rubra present. No foul	
		smelly	
		E- REEDA is Not applicable	
		H- Homan's sign Negative	[signature]
		P- Emotional status good	
	4pm	Vital signs Checked and	[signature]
		Recorded	
	6pm	Maintain Intake and Output	
		chart. Due medication given as	[signature]
		per Doctor's order	
		Patient details handing Over	[signature]
	7.30pm	On Night duty shift	
		Night duty	
29/6/26	7.30pm	patient details handover taken over	
		from Evening to Night duty.	
		patient is IV line ⊕, oral medication	
		tommorrow bath & Dressing	
		Discharge plan. cap. bifilac sos	P. Kaumoz 607261
	8.00pm	patient Vitals Checked and	P. Kaumoz 607261
		Recorded.	
	9.00pm	Dr. pavithra Mam seen the	
		patient loose stool complian	
		advised Bifilac given and	
		Recorded.	P. Kaumoz 607261

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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Mrs JAYALAKSHMI.B
04-09-1998 27 Y 9 M 23 D (F)
Dr. PADMASHRI PARIMALAM

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CAESAREAN SECTION OPERATIVE NOTES

	Twin - I	Twin - II
Surgeon's Name: Dr. Padmashri	Date of Delivery: 27.06.2026	27.06.2026
Assistant Surgeon: Dr. Pavithra / Dr. Shreedevi	Time of Delivery: 10:29 PM	10:30 PM
Anaesthetist's Name: Dr. Priyadharshini	Gender of Baby: Boy	Girl
Type of Anaesthesia: Spinal Anesthesia	Weight of Baby: 2.363 kg	2.603 kg
Neonatologist: Dr. Srilakshmi	AGPAR Score: /10, /10	8/10, 9/10
Scrub Nurse: Sasikumar	NICU Admission: ☑ Yes ☐ No	NO

Pre-Operative Diagnosis:

☐ Elective ☑ Emergency Indication: Discordant DCDA twin in labour

Urgency

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

Decision time: ..... Knief to rectus: 3min

CTG Description: Reactive

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

Surgical Procedure: Emergency Lower Segment Cesarean Section

Post Operative Diagnosis: P_1L_2 | POD - 0 | POST LSCS | GDM on OHA

Peri-Operative Complications: Nil

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

Name and Number of Surgical Specimen sent for examination:

Uterus torted on its axis 270° Levorotated.

Examination Findings when Appropriate:

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

Skin Incision: ☑ Pfannenstiell ☐ 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 (DCDA placenta) ..... Cavity explored ☑ Yes ☐ No
Uterus, tubes and ovaries: ☑ Normal ☐ Not Normal Sterilization: ☐ Yes ☑ No

Twin-1 → Cephalic, Cried after stimulation
Twin-2 → Cephalic, Cried immediately after birth

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

Vaginal Evacuated ☑ Yes ☐ No
Drain: ☐ Yes ☑ No ☐ Remove in ..... days ☐ Await instructions
Ctheter ☑ Yes ☐ No ☐ Remove in C/M 12pm 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 - Ilo chaeting
- IVF 1 ORL @ 125ml/hr
- Vitals Monitering
- INJ. SUPACEF 1.5g IV x (3) doses
- T. PANTOPRAZOLE 40mg PO 1-0-1
- T. ACTON OR (1g) PO 1-1-1-1
- JUSTIN SUPPOSITORY 100mg PR
- INJ. KETONOV 30mg IM (SOS)
- CBP 12pm after Ambulating
- FBS, PPBS on POD-2

Doctor Name: Dr. Padmashri Parimalam Doctor Signature: for IS2217

Date & Time: 27/06/2021

SURGICAL SAFETY CHECKLIST

Surgeon: Dr. Padmashri Parimal
Asst. Surgeon: Dr. Pavithra
Anaesthetist: Dr. Ashwini
Scrub Nurse: S/N Sasi

GUC-00092814 IP18-00036219
Mrs JAYALAKSHMI.B
04-09-1998 27 Y 9 M 23 D (F)
Dr. PADMASHRI PARIMALAM

..... Age : ..... Gender : .....
/ Name : Gm-ISU
27/6/26 10:15pm Out-time : 11:20 pm

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Before Induction of Anaesthesia

SIGN IN Time: 10:20pm

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 : [signature]
Name : Dr Pooja

Before Skin Incision

TIME OUT Time: 10:24p

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

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

Anticipated Critical Events

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

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

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

Signature : .....
Name : .....

Before Patient Leaves Operating Room

SIGN OUT Time: 11:15p

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

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

6 Type ISO 11140 — STEAM — Green = Sterilized — Man.: 2025 - 06 — Exp.: 2030 - 06 — Ref.: 106.303.0500 — Lot.: 14176 — SV: 121°C - 15 min. 134°C - 3,5 min. — Sterilech

Signature : 607721
Name : Rizna

GUC-00092814 IP18-00036219
Mrs JAYALAKSHMI.B
04-09-1998 27 Y 9 M 23 D (F)
Dr. PADMASHRI PARIMALAM

BirthRight Rainbow Children's Hospital

PATIENT TRANSFER NURSING HANDOVER CHECKLIST

Date & Time of Transfer: 27/6/26 @ 11:20pm 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	Yes	
	b.SpO_2 within safe range	Yes	
	c.If ETT: position confirmed, ties secure, cuff inflated	Yes	
3	**Circulation & Hemodynamic Stability**		
	a.IV lines secured & infusion running correctly	Yes	
	b.No active uncontrolled bleeding	Yes	
	c.Last vitals recorded before transfer	Yes	
	d.Central line hubs are closed	No	
	e.Dressing Intact	Yes	
4	**Pain Assessment**		
	a.Pain score assessed & analgesia given	Yes	
	b.Reassessment done	Yes	
5	**Wound, Dressings & Drains**		
	a.Surgical dressing intact	Yes	
	b.All drains fixed, output noted	Yes	
	c.Catheter secure & urine output recorded	Yes	
	d.Splints/casts/traction devices stabilized	No	
6	**Medications Pre & Post-Op Orders**		
	a.Medications due time noted	Yes	
	b.Pre & Post-op instructions (NPO, position, mobilization) communicated	Yes	
	c.Emergency meds given in OT (time & dose documented)	Yes	
7	**Equipment Safety & Transport Preparedness**		
	a.Oxygen cylinder full & ambu bag at bedside	No	
	b.Bed/side rails up and brakes applied	Yes	
	c.Special positioning maintained as per surgery	No	
8	**High-Risk Patient Safety (if applicable)**		
	a.Chest tube: underwater seal below chest level	No	
	b.Epidural catheter secure, infusion checked	No	
	c.Pressure areas protected (heels/elbows)	No	
9	**BLOOD AND BLOOD PRODUCTS TRANSFUSED**	No	
10	**REPORTS AND LABS HANDED OVER**	No	
11	**BIOPSY/HPE SENT**	No	
12	**Documentation**		
	a.Documentation completeness	Yes	
	Transferring Nurse:	RS607724	
	Receiving Nurse :		
	Signature of Incharge:	Rad RS607724	

PATIENT TRANSFER FORM

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Mrs JAYALAKSHMI.B
04-09-1998 27 Y 9 M 23 D (F)
Dr. PADMASHRI PARIMALAM

Treating Dr.	Date & Time of Admission	Date & Time of Transfer Order
Dr. Padmashri parimalam	27/6/26 @ 6:41pm	27/6/26 @ 11:20pm
	Transfer Ordered by: Dr. Ashwini	Reason for Transfer: For further management
From Unit: OT	To Unit: micu	Information to Attendant: Yes ☑ No ☐
Number of Sheets in Clinical File: 1 Ip file	Number of Imaging Films: -	Personal belongings including clinical documents. If any handed over to attendant: Yes ☑ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
607921	Dr. Ashwini

Patient & Clinical Records Received by : 011746

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

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Mrs JAYALAKSHMI.B
04-09-1998 27 Y 9 M 23 D (F)
C/o PADMASHRI PARIMALAM

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OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 27/6/2026 Time of Arrival: 6.30pm Time Seen by Nurse: 6.30pm

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: .....

3) **Vital Signs:** Temperature: 98°F Pulse: 84 bpm RR: 20 bpm SpO_2: 99% BP: 115/79 mm Hg Weight: 63 kg

4) **Gestational Criteria:**

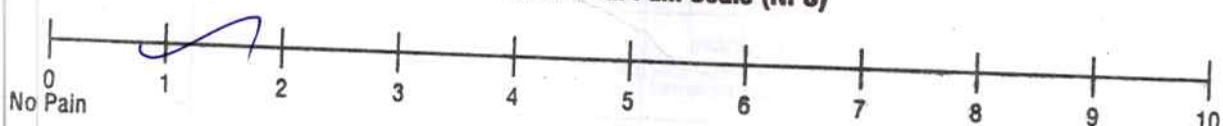
Gravida:	G 1	P –	L –	A –

LMP: 22/10/2025 EDD: 29/7/2026 Gestational Age: 35wt+3D

Uterine Contraction	☑ Yes	☐ No	☐ NA	Onset 26/6/26 6pm	Time 26/6/26 6pm	Frequency: 1 min once
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: lower abdomen pain
- Duration: 1 Days / Weeks/ Months (Strike out which is not applicable)
- Character: mild pain
- Frequency: 1a.min once 15 sec
- Interventions: provide comfortable position

6) **Past History:**

a) Surgeries: R.C.C.T canal Surgery 1.5 yrs Back

b) Medical: N.I.L

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..., If Yes : .....

8) **Current Medications:** ☐ Prenatal Vitamin ☐ None ☑ Others: 7.B.DM.O.D.OHA

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: 6:30pm

Nurse Name : S.N. parameswari Nurse Signature: 01808

Date: 27/6/26 Time: 6:45pm

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LABOUR AND DELIVERY NURSING ASSESSMENT

Date of Admission: 27/6/26

Baseline Information:

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

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

Do you require an interpreter? ☐ Yes ☒ No

Source of Information: ☒ Patient ☐ Family ☐ Others

Personal belonging if any: ☐ Jewelry ☐ Nose Ring ☐ Bangles ☐ Anklets ☐ Finger Ring ☐ Bracelets

handed over to Husband

Allergies: ☐ Yes ☒ No ☐ Medications ☐ Blood Transfusion ☐ Food ☐ Other:

If yes, identify

Chief Complaints: Came for complaints of pain abdomen

Doctor Notified on Admission: ☒ Yes ☐ No

Name of the Doctor: Dr Vinitha

Time Notified: 6:30pm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
GDM on OHA	Root canal Surgery 15yrs back	-

Blood Group: B positive LMP: 22/10/2025 EDD: 29/7/2026 Gestational age during admission: 35wk+3D

Contractions: 10 min "1" contraction 15sec Vaginal Discharge: —

Obstetric History: G 1 P — L — A — Previous LSCS —

Height: 157cm Weight: 63/kg BMI: 25.56

Temp: 98°F HR: 84bpm RR: 20bpm BP: 115/79 mmHg SpO_2 99%

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

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

(P.T.O)

Patient Sticker

Family History: ☐ No Abnormalities Detected
☐ Heart Disease ☐ Hypertension ☐ Diabetes ☐ Stroke ☐ Seizures ☐ Kidney disease
☐ Liver disease ☐ Other ..... father + DM .....

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

Fall Assessment: ☐ Yes ☐ No Score ..... 0 ..... (complete the Morse Fall Risk Assessment Sheet)

Risk of Pressure Sore: ☐ Yes ☐ No Score ..... 27 ..... (complete the Braden Q Sheet)

FUNCTIONAL SCREENING: If a patient needs assistance with any of the following inform consultant
☐ Mobility problem ☐ Walking Problem ☐ No Abnormality Detected
☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality
Inform consultant for positive criteria

NUTRITIONAL SCREENING:
☐ Overweight ☐ Poor Appetite > 3 Days ☐ Needs Therapeutic Diet.
☐ Under Weight ☐ Diabetes Mellitus ☐ No Abnormality Detected
Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:
☐ Calm & Cooperative ☐ Restless ☐ Depressed ☐ Agitated ☐ Confused
☐ Others .....
Inform consultant for positive criteria

SOCIAL SCREENING:
1. Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widow
2. Special Habits: **Smoker:** ☐ Yes ☐ No **Alcohol Abuse:** ☐ Yes ☐ No **Drug Abuse:** ☐ Yes ☐ No
Social History: Lives With ..... Husband .....

Orientation has been given regarding the following aspects:
Call Bell in Reach : ☐ Yes ☐ No Waste Disposal Explained: ☐ Yes ☐ No
Infusion Pump : ☐ Yes ☐ No Hand hygiene Explained: ☐ Yes ☐ No ☐ Others
Above information given to ..... Mrs. Jayalakshmi .....
Name of Person Orientation was given to: ..... Mrs. Jayalakshmi .....
Orientation not given Reason: .....

Nurse Signature: .....
Nurse Name: ..... S/N Parameswari .....
Date & Time: ..... 27/6/2026 @ 6.45pm .....

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RISK ASSESSMENT TOOL FOR DEEP VEIN THROMBOSIS

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

Date: 27/6/2026

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		4
Signature of the Nurse	[illegible] 018050	
Action Plan		

Docu. No. : RCH / GDY /FRM / CLINICAL / 16

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.

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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	E 27/6/26	N 27/6/26	M 28/6/26
		Score	–	–	–
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	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	30	30
		Signature	[illegible] 018088	[illegible] 210472	[illegible] 60797

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

Docu. No. : RCH /FRM / CLINICAL / 006

Patient Sticker

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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	E 28/6/26	N 28/6/26	N 29/6/26
		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

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

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

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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	29/06/26	30/6/26	
		Score			
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0	0	0	
Secondary Diagnosis (more than one diagnosis)	Yes	15			
	No	0	0	0	
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0	0	0	
IV / Heparin Lock or Saline	Yes	20	20	20	
	No	0			
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10			
	Normal /On Bed Rest /Immobile	0	0	0	
Mental Status	Forgets limitations	15			
	Oriented to own ability	0	0	0	
Total Morse Fall Scale Score:			20	20	
		Signature	[illegible] 607261	[illegible]	

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

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

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PAIN ASSESSMENT FORM

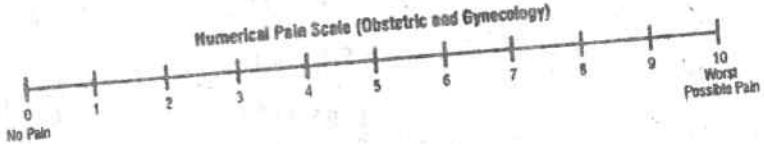
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
27/6/26	6:30 pm	1/10	Lower Abdomen	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☑ Increasing ☐ Decreasing	☑ Yes ☐ No	Comfortable position	Aarya 01868
27/6/26	8pm	0/10	–	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	Comfortable position	Shalini 2407[illegible]
28/6	12AM	1/10	Abdomen Pain	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	Comfortable position	[illegible] 011[illegible]
28/6	4AM	2/10	Suture Site	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	Inj Ketorol 30mg iv	[illegible] 01[illegible]
28/6	8am	2/10	Suture site	☑ Continuous ☐ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Comfortable position	[illegible] 607778
28/6	[illegible]pm	4/10	Surgery site	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	T-paracetamol given	[illegible]
28/6	8pm	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	NIL	P. Kar[illegible] 60[illegible]
29/6/26	2AM	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	NIL	P. ke[illegible] 60754
29/6/26	8AM	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	[illegible]
29/6/26	2pm	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	[illegible]

Re-assessment Frequency:

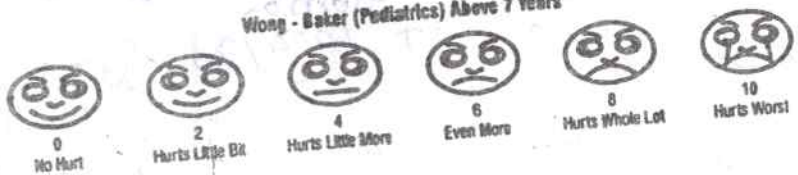
1. Every eight hours for all hospitalized patients.
2. For post-surgical patients, patients with chronic pain, patient with severe pain:
   a) At least every 2 hours for the first 24 hours
   b) Then every 4 hours.
   c) Prior to pain pain-relieving intervention.
   d) Within 30 – 60 minutes after pain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

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years



FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

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PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
29/6/26	8PM	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	NIL	P.Karg 609261
30/6/26	8AM	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	NIL	P.Karg 609261
30/6/20	8am	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☑ No	Nil	[signature]
				☐ 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
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   c) Prior to pain pain-relieving intervention.
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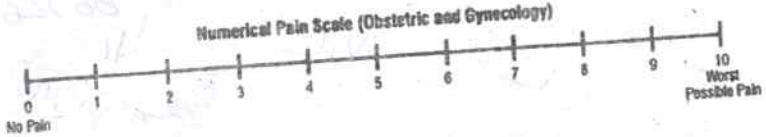
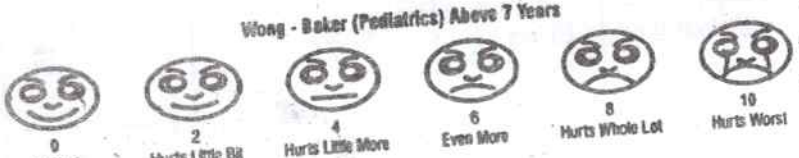
PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years



FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

GUC-00092814 IP18-00036219
Mrs JAYALAKSHMI.B
04-09-1998 27 Y 9 M 23 D (F)
Dr. PADMASHRI PARIMALAM

①

BRADEN 'Q' SCALE

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

					D	N	M	E
				Date :	27/6/26	27/6	28/6	28/6
				Time :	6:30pm			
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 though 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	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
				TOTAL SCORE	27	27	27	27
				Evaluator's Name	[signature] 01803	[signature] 914072	[signature]	[signature]

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 ⓫ Enable as much activity as possible ⓫ Protect the heels ⓫ Use pressure redistribution surfaces ⓫ Manage moisture, friction and shear ⓫ 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	⓫ Use the Same Protocol as for **"At Risk"** Patients ⓫ 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	⓫ Follow the same protocol as for **"Moderate Risk"** Patients ⓫ In addition to regular turning schedule ⓫ 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	⓫ Use same protocol as for **"High Risk"** Patients ⓫ 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-00092814 IP18-00036219
Mrs JAYALAKSHMI.B
04-09-1998 27 Y 9 M 24 D (F)
Dr. PADMASHRI PARIMALAM

BRADEN 'Q' SCALE

(5)

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

					Date : 28/6	29/6	29/6	29/6
					Time : N	M	E	N
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
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				TOTAL SCORE	27	27	27	29
				Evaluator's Name	PDC			PDC

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

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Mrs JAYALAKSHMI.B
04-09-1998 27 Y 9 M 25 D (F)
Dr. PADMASHRI PARIMALAM

BRADEN 'Q' SCALE

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BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

					Date :	30/6			
					Time :	M			
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					TOTAL SCORE	23			
					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

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Patient's Name:
MRD NO:
GUC-00092814 IP18-00036219
Mrs JAYALAKSHMI.B
04-09-1998 27 Y 9 M 23 D (F)
Dr. PADMASHRI PARIMALAM
Age : .... : ☐ M ☐ F
Consultant : ....

PHLEBITIS ASSESSMENT

CANNULA 1

Date : 27/6/26 Time: 7pm
Location : Left metacarpal vein
Size : 18G
Cannula inserted by : S/N Akalya 01805

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
27/6/26	7:30pm	☐Yes ☐No	☐Yes ☐No	Observe	[illegible]
	8pm	☐Yes ☐No	☐Yes ☐No	Observe Cannula	[illegible]
	10pm	☐Yes ☐No	☐Yes ☐No	Observe cannula	[illegible]
28/6	12AM	☐Yes ☐No	☐Yes ☐No	Obser	[illegible]
	2AM	☐Yes ☐No	☐Yes ☐No	obser	[illegible]
	4AM	☐Yes ☐No	☐Yes ☐No	Obs	[illegible]
	6AM	☐Yes ☐No	☐Yes ☐No	obs	P.G
	8am	☐Yes ☐No	☐Yes ☐No	observe	[illegible]
	2PL	☐Yes ☐No	☐Yes ☐No	Obser	[illegible]
	4P	☐Yes ☐No	☐Yes ☐No	Obser	[illegible]
	6pm	☐Yes ☐No	☐Yes ☐No	Obs	[illegible]
	10PM	☐Yes ☐No	☐Yes ☐No	Observe	P.G
29/6/26	2Am	☐Yes ☐No	☐Yes ☐No	Observe	P.G
	6Am	☐Yes ☐No	☐Yes ☐No	observe	P.G
	12pm	☐Yes ☐No	☐Yes ☐No	Observe	[illegible]
	4pm	☐Yes ☐No	☐Yes ☐No	Obser	[illegible]
	8PM	☐Yes ☐No	☐Yes ☐No	Observe	P.G
30/6/26	12AM	☐Yes ☐No	☐Yes ☐No	Observe	P.G
	4AM	☐Yes ☐No	☐Yes ☐No	Observe	P.G
	8am	☐Yes ☐No	☐Yes ☐No	Obser	[illegible]
		☐Yes ☐No	☐Yes ☐No		
		☐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: 0/5 S Nandha 01254

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.

PHLEBITIS ASSESSMENT AND MANAGEMENT RECORD

CANNULA 3

Date : Time:

Location :

Size :

Cannula inserted by :

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

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

CANNULA 4

Date : Time:

Location :

Size :

Cannula inserted by :

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

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

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

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

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

GUC-00092814 IP18-00036219
Mrs JAYALAKSHMI.B
04-09-1998 27 Y 9 M 23 D (F)
Dr. PADMASHRI PARIMALAM

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 Primi DCDA twins 33+3 days Plan
2. Treatment and Care
3. ~~Pain Management~~
4. Informed Consent
5. Medication / Therapy (safety, effects/ side effect, interactions)
6. Discharge Medication
7. Infection Control Measures
8. Diagnostic Test / Procedures
9. Nutrition / Diet
10. Fall Risk Education
11. Safe use of Medical Equipment / Implantable Devices Safety
12. Patient's / Family Rights
13. Risk / Safety

Part - II

Date	Time	Need Identified	Information Taught	Use codes from the list in part III					Comments	Designation / Signature
				Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		
27/6/24	6:30 pm	Yes	Educated about the pain managment	patient	Education level	orals	None	yes	good	[signature] 01808
28/6/24	8am	yes	educate about the pain management	patient	education level	oral	none	yes	good	[signature] 607798
29/6/24	8AM	yes	Educate about the pain mangement	patient	education level	Oral	None	yes	good	[signature] 02 hour
30/6/24	8am	yes	follow up care	patient	Education level	oral	None	yes	good	[signature]

Part - III: CODES

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

Learning Barriers:
1. No Learning Barriers
2. Physical Impairment
3. Emotional Barriers
4. Language Barrier
5. (circled) 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. (circled) 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

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BREAST FEEDING HANDOVER AND ASSESSMENT FORM

1. Breastfeeding initiated?
   - ☑ a. Yes
   - ☐ b. No

2. If No, Reason .....

3. Nipple condition:
   - ☑ a. Nipple well formed
   - ☐ b. Flat nipple
   - ☐ c. Inverted nipple
   - ☐ d. Short nipple

4. Milk flow:
   - ☐ a. Good
   - ☑ b. Drops of colostrums
   - ☐ c. Dry

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

Feeding Positions:
Cross Cradle

Feeding Positions:
Football / Clutch

6. Was the position explained:
   - ☑ a. Yes
   - ☐ b. No

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

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

9. Additional notes: (NA)

Continuity of Care: Date:

	28/6/26	29/6/26	30/6/20
L: 2	L - 2	L - 2	L - 2
A: 2	A 2	A - 2	A - 2
T: 2	T 2	T - 2	T - 2
C: 1	C - 1	C - 1	C - 1
H: 2	H - 1	H - 1	H - 1
9	8	8	8

Handover given by: S. Nkuster

Signature: [signature]

Date & Time: 27/6/26

Handover taken by: P. Kamboze

Signature: [signature]

Date & Time: 27/6/26 5:15pm

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SSI PREVENTION CHECKLIST

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

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URINARY CATHETER BUNDLE CHECK LIST

Date of Insertion: 27/6/26 Date of Removal: 28/6/2026 @ 12pm

Parameters	Date / Shift Time	27/6/26 N	28/6/2026 N						
Need for the Catheter		☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Hand Hygiene		☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Usage of Sterile Equipment		☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is the Collection bag below the level of bladder		☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Check the Tube for Obstruction (Free of Kinking)		☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is Catheter dated as policy		☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Collecting bag is been emptied regularly?		☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Maintenance of closed system for the catheter		☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Dressing clean and dry?		☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is the line removed as Policy?		☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Performance of Perineal Care		☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Onset of New Fever		☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Asses for the leakage at the site of insertion		☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Name of the Nurse		Shalini	Jaya Thy						
Signature of the Nurse		Shalini 040772							

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

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Mrs JAYALAKSHMI.B
04-09-1998 27 Y 9 M 23 D (F)
Dr. PADMASHRI PARIMALAM

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PATIENT TRANSFER NURSING HANDOVER CHECKLIST

Date & Time of Transfer: MICU **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	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	NA	
	c.Last vitals recorded before transfer	yes	
	d.Central line hubs are closed	NA	
	e.Dressing Intact	NA	
4	**Pain Assessment**		
	a.Pain score assessed & analgesia given	NA.	
	b.Reassessment done	NA	
5	**Wound, Dressings & Drains**		
	a.Surgical dressing intact	NA	
	b.All drains fixed, output noted	NA	
	c.Catheter secure & urine output recorded	yes	
	d.Splints/casts/traction devices stabilized	NA	
6	**Medications Pre & Post-Op Orders**		
	a.Medications due time noted	NA	
	b.Pre & Post-op instructions (NPO, position, mobilization) communicated	NA	
	c.Emergency meds given in OT (time & dose documented)	NA.	
7	**Equipment Safety & Transport Preparedness**		
	a.Oxygen cylinder full & ambu bag at bedside	yes	
	b.Bed/side rails up and brakes applied	yes	
	c.Special positioning maintained as per surgery	yes	
8	**High-Risk Patient Safety (if applicable)**		
	a.Chest tube: underwater seal below chest level	NA	
	b.Epidural catheter secure, infusion checked	NA.	
	c.Pressure areas protected (heels/elbows)	NA.	
9	**BLOOD AND BLOOD PRODUCTS TRANSFUSED**	NA	
10	**REPORTS AND LABS HANDED OVER**	yes	
11	**BIOPSY/HPE SENT**	NO	
12	**Documentation**		
	a.Documentation completeness	Yes	
	Transferring Nurse: _____	Shakeela 240722	
	Receiving Nurse : _____	BC07721	
	Signature of Incharge:		

GUC-00092814 IP18-00036219
Mrs JAYALAKSHMI.B
04-09-1998 27 Y 9 M 23 D (F)
Dr. PADMASHRI PARIMALAM

PRE - OPERATIVE CHECK LIST

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Date: 27/6/26

Patient's Name : MRS. JAYALAKSHMI Age : 27Y Gender : ☐ M ☑ F

Blood Group : B positive UHID : GUC - 92814

Planned Surgery : EMERGENCY LSCS Surgeon : DR. PADMASHRIPARIMALAM

Anesthetist : DR. MOHAN Date & Time of Operation : 27/6/2026 @ 10pm

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 : M. Santhana Lab Nurse In-Charge Name : Sriparameswari

Billing Executive Signature : M. [signature] Signature of Nurse In-Charge : [signature] 01808

Date & Time : 27/06/26 19:21 Date & Time : 27/6/2026 @ 10pm

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

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

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GUC-00092814 IP18-00036219

Patient Name: Mrs JAYALAKSHMI.B

04-09-1998 27 Y 9 M 23 D (F)

Dr. PADMASHRI PARIMALAM

UHID No : ...

Gender: ☐ Male ☑ Female Age : .....

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)

Emergency lower segment cesarean section (Ind: DCDA twins in Preterm labour.) upon (Name of the Patient) Mrs. Jayalakshmi

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

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

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

Bleeding, infection, injury to surrounding structures (bowel, bladder, ureter, blood vessels), admission to MICU, baby admission to NICU, Respiratory distress, preterm complications

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 : B. Jayalakshmi

Name : Mrs. JAYALAKSHMI

Date & Time : 27/06/2026

Witness :

Signature : .....

Name : .....

Date & Time : .....

Patient Attendant :

Signature : .....

Name : BALA VIGNESH. J

Relationship with Patient: Husband

Date & Time : 27/06/2026

Doctor (who is taking the consent) :

Signature : .....

Name : Dr. Vinitha

Date & Time : 27/6/26

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

CONSENT FORM FOR ANAESTHESIA

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GUC-00092814 IP18-00036219
Patient Name : ..... Mrs JAYALAKSHMI.B
04-09-1998 27 Y 9 M 23 D (F)
UHID NO: ..... Dr. PADMASHRI PARIMALAM
..... Age : ..... Gender : Male ☐ Female ☐

Anaesthesiologist : ..... Surgeon Name: .....

..... Operative procedure planned : .....

PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA

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

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

☐ Heart disease ☐ Hypertension ☐ Diabetes mellitus ☐ Renal failure
☐ Hepatic disorders ☐ Shock ☐ Multiple organ failure ☐ Polytrauma / Renal Tubular Aacidosis
☐ Incapacitating Cronic Obstructive Pulmonary Disease ☐ Others : .....

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

DECLARATION BY PATIENT / GUARDIAN / PROXY

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

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

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

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

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

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

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

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

Patient / Patient Attendant :

Signature : B. Jayalakshmi
Name : Mrs. B. Jayalakshmi
~~Relationship with Patient:~~ patient
Date & Time : 27/06/2026

Witness :

Signature : [signature]
Name : BALA VIGNESH N.J.
Date & Time : 27/06/2026

Doctor (who is taking the consent) :

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

Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION

GUC-00092814 IP18-00036219
Mrs JAYALAKSHMI.B
04-09-1998 27 Y 9 M 23 D (F)
Dr. PADMASHRI PARIMALAM

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

Date: 27/6/26 Time: 2.30pm Proposed Operation: Emergency LSCS

Diagnosis: .....

B.P / CRT: ..... H.R: ..... Weight: 63 kg ASA Physical Status: ☐1 ☑2 ☐3 ☐4 ☐5

Laboratory Data:

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

Medical History: CVS :

Allergies: NKDA

RESP :

CNS :

Diabetes : GDM on oHA

Renal :

Hepatic / GE :

Others : Physical Activity:

Past Anaesthetic History: -

Physical Exam:

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

Lungs : Clear

Heart:

CNS:

Pregnant: ☑Yes ☐No ☐NA

Venous Access Site: BCA (P) Spine Exam for regional : (N)

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

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

CURRENT MEDICATIONS	DOSAGE

Pre-Operative Instructions:

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

Signature: ..... Name: Dr Bajcr

Docu. No. : RCH /FRM / CLINICAL / 044

ANAESTHESIA CHART

Patient Sticker

Pre Induction Assessment:

Fasting Status: Adeq

Change in Patient Condition: ☐ Yes ☑ No

☐ Chart Reviewed

☑ Consent Present

Last Feed:

Physical Status: Patient Identified ✓

R.R: 20/m

Date : ....

B.P / CRT: 120/70

SpO₂: 100%

Operation: Emergency UCS

Technician: ....

H.R: 90/min

Pre-OP Diagnosis: ...... Rami ......

Anaesthesiologist: Dr Priya

Surgeon: Dr Padmarekha

TIME: 10.15pm — 11.30pm

N₂O /AIR /O₂ LPM

HALO /ISO /SEVO

Drugs:
Inj Emeset 4mg IV
Inj Tranexa 1g IV
Inj Synto 5U IV + 20U infusion

FIO₂ / SaO₂

ETCO₂

ECG: sinus rhythm

Temperature

Urine Output

Fluids: 1 RL 300ml
Blood: 2 RL

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

Antibiotic

Suppository

Blood Loss

NOTES

LAB Values

ABG

GRBS

Others

☑ Equipment Checked and Functional
☑ BP
☑ Cuff Site: ....
☐ Art Site: ....
☑ EKG Lead
☐ Temp Site
☐ FIO₂ 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: 10.15pm
OP Start: ....
OP End: ....
Leave OR: 11.30pm

Anaesthesia:
☐ GA
☐ Monitored Anaesthesia Care
☑ Regional

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

Induction
☐ IV ☐ Inhal
☐ Pre O₂ ☐ RSI
☐ Others

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

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

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

Regional:
Extremity Specify: ....
☐ Spinal ☐ Epidural ☐ Caudal
Others: ....
Position: 25 G Quincke
Site: ....
Needle Size: .... Depth: ....
Parasthesia ☐ Yes ☐ No
Catheter at skin .... cm
Drug Name & Conc:
Bolus: 2.2 ml 0.5%
Infusion: CH Bupi
Block Level: ....
Comments: T10 2ml Bupi heavy
Transportation to ☐ PACU ☐ ICU ☑ Other
Relaxant Reversed ☐ Yes ☐ No ☐ NA
Name of the Doctor: Dr Priya
Signature of the Doctor: [signature]
1540

Patient Sticker

POST-ANAESTHESIA CARE UNIT RECORD

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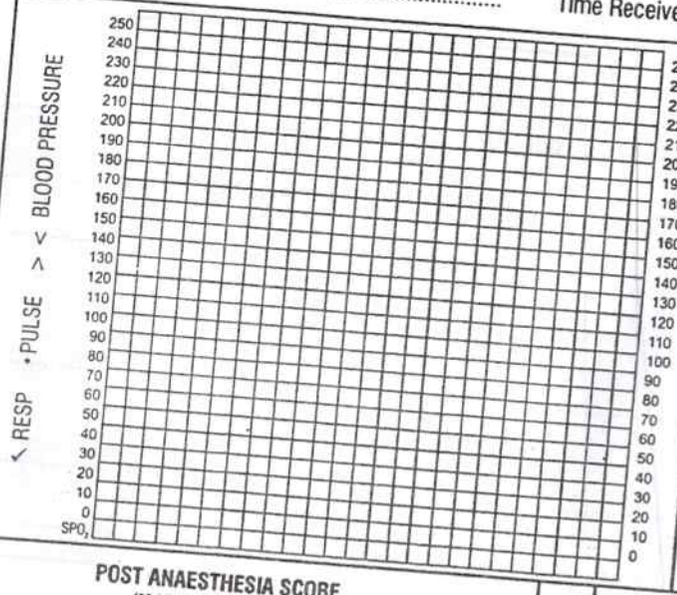
Received in PACU by : ..... Time Received : ..... Time Discharged : .....



IV Cannula Site : .....

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

Vomiting : ☐ Yes ☐ No Drug: .....

NG Tube : ☐ Yes ☐ No

Drain: ☐ Yes ☐ No

Urinary Catheter: ☐ Yes ☐ No

Chest Tube: ☐ Yes ☐ No

Nil Oral ☐ Yes ☐ No

IV Fluids: .....

Oral Feeds: .....

POST ANAESTHESIA SCORE
(Modified Aldrete Score)

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

SCORING INTERPRETATION

A Minimum Total Score of 8 is Required for Discharge

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

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
22/6		0/10	NRS x 3 hour	

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 Priyal

Anaesthesiologist Signature: .....

Date & Time: 22/6/26 .....

PACU Nurse Name : .....

PACU Nurse Signature: .....

Date & Time: .....

Transferred to Unit by (PACU): .....

Date & Time: .....

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Patient Sticker

Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

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

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

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

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

Solution Composition : .....

Any other issues :

a) .....

b) .....

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 : .....

Ref. No. : F / HW / CON / HR / 05

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INFORMED CONSENT FOR HIGH RISK

Patient Name : .....

Gender : ☐ M ☐ F - IP No. : .

Ward / Bed No. : .....

GUC-00092814 IP18-00036219

Mrs JAYALAKSHMI.B

04-09-1998 27 Y 9 M 23 D (F)

Dr. PADMASHRI PARIMALAM

I/We .....have been explained by Dr.....

about the medical condition and the proposed procedure.

I/We have been told that our patient .....has the

Following Medical Condition / Diagnosis

Primi / 35w3d / DCDA twins / Early labour / GDM on OHA

Proposed treatment / Procedure / Operation:

Emergency lower segment cesarean section

I / (We the relative / legal guardian) have been explained in the language understood by me / us,

about the medical condition mentioned above and that our patient has following risks involved

bleeding, infection, injury to surrounding structures; baby admission to NICU, respiratory distress, preterm complications

I / We have been explained that our patient carrier a higher risk than usual and there reason for the I / We have been informed that the ongoing treatment in the ICU involves the risk of unsuccessful result, complication, temporary or permanent injury or disability and even fatality from known or unforeseen causes and no guarantee or promises have been made to me / us concerning the results I / We have understood the consequences of not undergoing the proceed treatment. I / We hereby give (my / our) full consent for the above –mentioned treatment.

Name of the Doctor performing the procedure : .....

Patient Attendant :

Signature : B. Jayalakshmi

Name : B. JAYALAKSHMI

Relationship with Patient: .....

Date & Time : .....

Witness :

Signature : Left finger

Name : BALA VIGNESH.J

Date & Time : 27/06/2026 @ 8.50 PM

Doctor (who is taking the consent) :

Signature : .....

Name : Dr. Vinithe

Date & Time : 27/6/26

PATIENT TR... R FORM

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GUC-00092814 IP18-00036219
Mrs JAYALAKSHMI.B (F)
04-09-1998 27 Y 9 M 23 D
Dr. PADMASHRI PARIMALAM

	Date & Time of Admission	Date & Time of Transfer Order
	27/6/26 at	27/6/26 at 10pm
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
Dr. Padmashri Parimalam	Dr: Parithea	further treatment
From Unit	**To Unit**	**Information to Attendant**
MICU	OT	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
op file -	CTH - (1)	Yes ☐ No ☑
		If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
S. Arul 24072	DR. Parithea

Patient & Clinical Records Received by :

Date & Time of Patient Received : 27/6/26

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

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

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
Mrs. Jayalakshmi	27/6/26 at 6:41AM	28/6/26 at 5AM
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
Dr. Padmasri.	Dr. Pavithra	Fetal distress
From Unit	**To Unit**	**Information to Attendant**
LW	7th Floor	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant** Yes ☐ No ☐ If yes, what ?
IP file		

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Inj. Magnex 1.5gm	(3)
2.	Doubler	(3)
3.	Tab. Pan 40mg	(10)
4.	Tab. Pacia 1gm	(10)
5.	Justin Suppository 100mg	(8)

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
SN Shweta/011746	Dr. Pavithra

Patient & Clinical Records Received by : Srimathi 687363 at 5Am

Date & Time of Patient Received : 28/5/26 @ 5am

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

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

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

GUC-00092814 IP18-00036219
Mrs JAYALAKSHMI.B
04-09-1998 27 Y 9 M 25 D (F)
Dr. PADMASHRI PARIMALAM

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NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 29/06/2026 Time: 12:00PM

Origin: — Height: 157cm Weight: 63Kg BMI: ☑ ~26 kg/m² ☐ ~28 kg/m² ☐ ~30 kg/m²

Food Allergies: —

Diagnosis: EMERGENCY LSCS.

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

Diet Advised:

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

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

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

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

Patient's / Attendant's

Signature: B. Jayalakshmi

Name: B. JAYALAKSHMI

Date & Time: 29/06/26 @ 12PM

Dietician's

Signature: A. Sadiqa (018336)

Name: A. Sadiqa Fezheen

Date & Time: 29/06/26 @ 12PM.

DIETARY NOTES

Date	Time	Notes	Sign
27/06/26.	09:15 AM	NPO.	
	11:20 PM	→ NPO x? hours. - clear liquids	AM (618336)
		Overnight	AM (618336)
29/06/26.	08:30 AM	- EM-LSCS done @ 27/6/26 @ 9:31 PM.	
		- Patient is on Soft Diet.	
		- Patient is Stable. Oral is Adequate.	AM (618336)
		- Advised to take easy-digest foods.	
		- Consume plenty of oral fluids.	
		- Include protein - Iron rich foods.	
		Consume galactagogues for foods for milk secretion - garlic, fennel & Oats (etc)	
		Stools passed.	
		RDA. Values - Energy - 1600 Kcal	
		· Protein - +17 - 19 g/d	
30/6/26.	8:30 AM.	- Patient is on Soft Diet	
		- Patient is Stable. Oral is Adequate.	AM (618336)
		- Passed loose stools	
		- Include Protein - Iron rich foods	