

PATIENT DISCHARGE INTIMATION FROM NURSING STATION

CLEARANCE FOR DRUGS AND DISPOSABLES BILLING

GUC-00001896

IP18-00036270

Mrs RUBIKA R

04-01-1997

29 Y 5 M 30 D

(F)

Dr. AISHWARYA PARTHASARATHY



Date:

04/7/26

Gender:

Ward:

7th

Room No:

702

Certified that in respect of the above patient:

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

Patient Authorised Sign

Nurse Sign

Pharmacy Sign

Date:

Date:

Date:

Time:

Time:

Time:



PATENT OFFICE
WASHINGTON, D.C.

CLASSIFICATION

1. 2. 3.

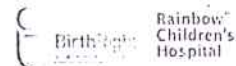
144

1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100.

1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100.

1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100.

GUC-00001896 IP18-00036270
Mrs RUBIKA R
04-01-1997 29 Y 5 M 30 D (F)
Dr. AISHWARYA PARTHASARATHY



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 | | | | | | | |



ACTIVITY RECORD FOR BILLING

Name: Mrs. Rubika

UHID No: WVL-01896 IP No: 18-36270 Consultant: Dr. Aishwarya Dept: LDR

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

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

WARD TRANSFERS

| Date | Time | From | To | Signature of Nurse |
|--------|--------|-----------|-----------|--------------------------|
| 1/7/26 | 4pm | LDR | 7th floor | S/N [Signature] 01/08/26 |
| 1/7/26 | 5:40pm | 7th floor | LDR | [Signature] |
| 2/7/26 | 12AM | LDR | OT | S/N [Signature] 01/06/26 |
| 2/7/26 | 1:30AM | OT | MICU | S/N [Signature] |
| 2/7/26 | 5:29am | MICU | 7th Floor | S/N [Signature] |

CROSS CONSULTATION VISIT

| | Doctor Name | Date | Order No. | Signature |
|-----|-------------|--------|-----------|----------------------|
| 1. | PAC | 2/7/26 | 1720356 | [Signature] 01/06/26 |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |
| 7. | | | | |
| 8. | | | | |
| 9. | | | | |
| 10. | | | | |

[illegible]

| |
|------|
| Date |
|------|

| | |
|--|----------------|
| | Investigations |
|--|----------------|

Order No.

Signature _____

03/7/20

CBC

26020955

Signature

A hand-drawn graph on a grid. The grid consists of 10 vertical lines and 10 horizontal lines. The function is defined by the following points (assuming the bottom-left intersection is (0,0)):

- Point 1: (1, 9)
- Point 2: (2, 5)
- Point 3: (4, 9)
- Point 4: (6, 4)

The function is a piecewise linear curve connecting these points in sequence.

198002 DUNE

[illegible]

PROCEDURE

[illegible]

ANY OTHER INFORMATION:

procedure name: Emergency LCS:

Surgeon General's Office

Asst Surgeon: Dr. Lucella, Dr. Abraham.

Anaesthetist Name: Dr. Dr. Priyadhashini.

Anaesthesia : Spinal Anaesthesia

In: Time: 12pm Out time: 1:30am

Date: 04/7/26 Time: 6 AM

Prepared By: Tradeoff 9
com

| | | | |
|---|---------------------------|-------------------|--------------------|
| Staff Nurse

60730 | Shift / Ward
7th Floor | Billing Assistant | Billing Supervisor |
|---|---------------------------|-------------------|--------------------|

GUC-00001896

IP18-00036270

Mrs RUBIKA R

04-01-1997

29 Y 5 M 30 D

(F)

Dr. AISHWARYA PARTHASARATHY



DISCHARGE TRACKING SHEET

OOD-

NAME OF CONSULTANT-

| ACTIVITY | TIME | | NAME & SIGNATURE | REMARKS | <To be filled by Admin> |
|--|--------------------|----------|------------------|---------|-------------------------|
| Discharge Announcement | 4/17/26 @ 11:15 AM | | Soumya Ojha | | |
| | INTIME | OUT TIME | | | |
| Arrangement of File by Nursing | 4/17/26 @ 11:15 AM | | Soumya Ojha | | |
| Preparation of Discharge Summary | | | | | |
| Finalization of discharge summary | | | | | |
| Transfer of file from Ward to Billing Dept | | | | | |
| Bill Processing | | | | | |
| Audit Clearance | | | | | |
| Billing Clearance | | | | | |
| Physical Clearance | | | | | |
| | | | | | |



BED SIDE CHECK LIST FOR NURSES

| Date: | 31/7/26 | 31/7/26 | 31/7/26 | | | | | | |
|--|------------------|------------------|------------------|--|--|--|--|--|--|
| 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) | Clean | Clean | Clean | | | | | | |
| Intubation Tray | NA | NA | NA | | | | | | |
| Emergency Tray
(Loaded Syringes with Midazolam
& Vecuronium and Flush)
Ampoules of Adrenaline | NA | NA | NA | | | | | | |
| Ventilator Tubing, (Any Water, Blood) | NA | NA | NA | | | | | | |
| Humidification | NA | NA | NA | | | | | | |
| Check all Infusion
(Labelling, Correct Preparation) | NA | NA | NA | | | | | | |
| Chest Physio & Neb | NA | NO | NO | | | | | | |
| Handed Over By Name : | I. Suman | Pooja | Pooja | | | | | | |
| Signature : | [Signature] | [Signature] | [Signature] | | | | | | |
| Date & Time: | 31/7/26
15:00 | 31/7/26
15:00 | 31/7/26
15:00 | | | | | | |
| Hand Over Taken By Name : | [Signature] | [Signature] | [Signature] | | | | | | |
| Signature : | [Signature] | [Signature] | [Signature] | | | | | | |
| Date & Time: | 31/7/26
8:30 | | | | | | | | |

ADMISSION SHEET

Registration Details :

Admission No : IP18-00036270

Admit Date : 01-Jul-2026

Admit Time : 12:59 PM UHID : GUC-00001896



Patient Details :

Patient Name : Mrs RUBIKA R

Guardian : Mr RAMAKRISHNAN

Gender : Female

Occupation :

Address (H) : NO 4/117, GANAPATHY NAGAR, 2ND ST,
AGARAMEL Agaram Chennai Tamil Nadu
INDIA

Age : 29 Y 5 M 27 D

DOB : 04-01-1997

Religion :

Marital Status : Single

Phone No : 7358234769

E-mail : rubiram4197@gmail.com

Admission Details :

Bed Type : MICU

Bed No : MICU 802

Ward Name : 8F-OT COMPLEX

Room No : MICU 802

Admission Type : First Visit

Contact Details :

Name : Mr RAMAKRISHNAN

Relationship : Husband

Contact Address : NO 4/117, GANAPATHY NAGAR, 2ND
ST, AGARAMEL Agaram Chennai Tamil Nadu
INDIA

Phone No : 7358234769

[Signature]
Signature

Doctor Details :

Doctor Name : Dr. AISHWARYA PARTHASARATHY

Specialisation : OBSTETRICS AND GYNECOLOGY

Referral Doctor : Self

Phone No :

Co-Consultant :

Payment Details :

Payment Mode : Cash

Deposit Amount : 0.00

Payor Name : SELFPAY

GENERAL CONSENT FOR TREATMENT

Patient Name: Mrs RUBIKA R

IP No: IP18-00036270

Consultant: Dr. AISHWARYA PARTHASARATHY

Age : 29 Y 5 M 27 D

Sex: Female

Ward/Bed No: 8F-OT COMPLEX/MICU 802

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

Patient, be deemed advisable or necessary.

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

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

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

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

Note:

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

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

(Receivers Signature:.....)

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

4 Financial and billing counseling has been done to me.

Signature of Patient/Relative:

Name: Rama Krishnan

Relationship: Husband

Date: 01/07/2026

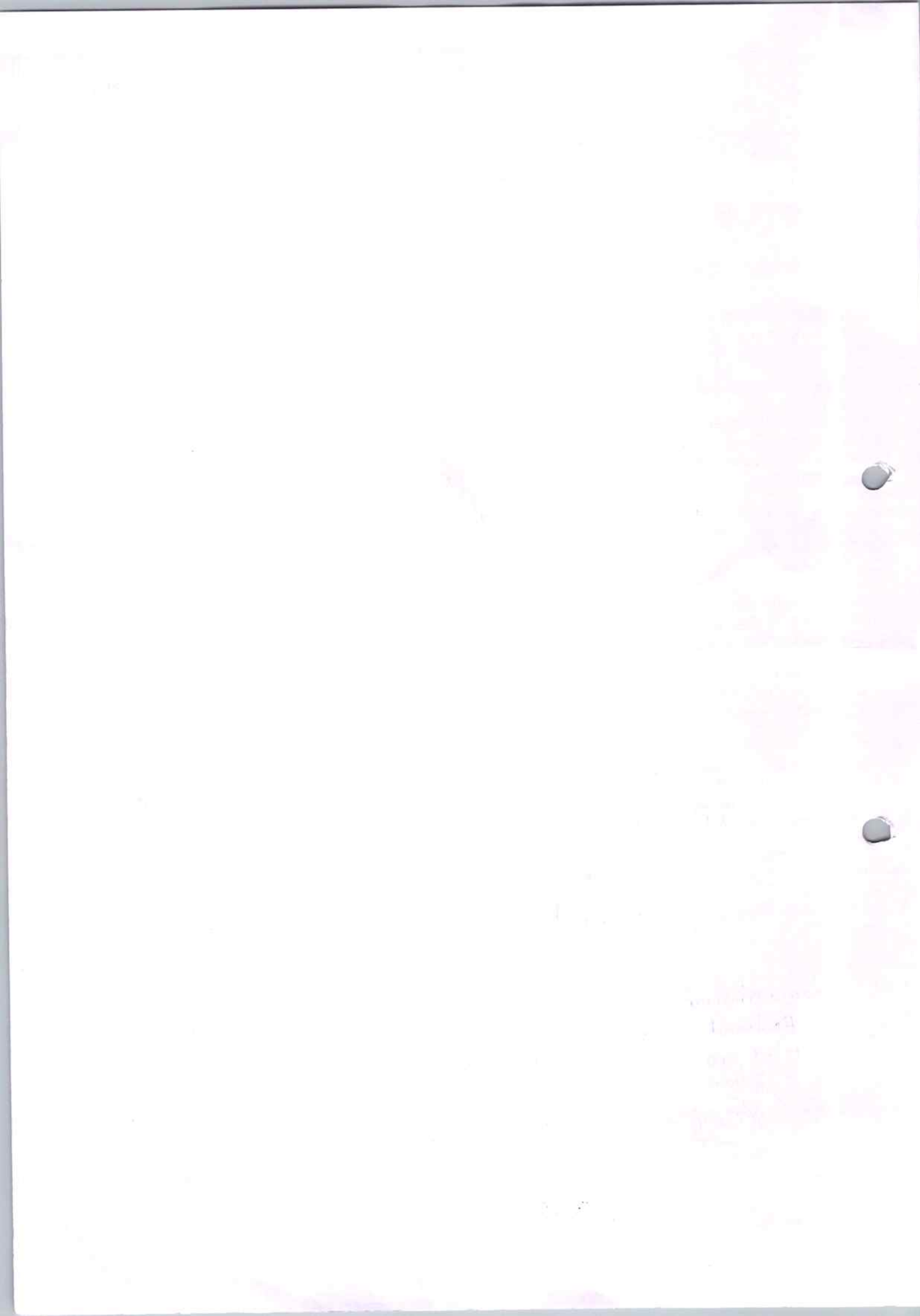
Witness Name:

Witness Signature:

Time: 01.00 pm

Patient Address:

NO 4/117, GANAPATHY NAGAR, 2ND
ST, AGARAMEL Agaram Chennai Tamil
Nadu INDIA



BILLING POLICY

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

DECLARATION

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

| | | | |
|-----------------------------|--------------------|---|--------------------|
| Patient Name : | R. RUBIKA | UHID Number : | GUC-00001896 |
| Self/Attendant Name : | Y. R. UDHAYA KUMAR | Relation : | Husband |
| Self/ Attendant Signature : | <i>[Signature]</i> | Name & Signature of Financial Counselor | <i>[Signature]</i> |
| Phone Number : | +358234769 | | |

भारत सरकार
Government of India

आधार
Aadhaar

आधार नं. जारी: 06/01/2014

रुबिका
Rubika

पிறந்த நாள் / DOB : 04/01/1997
பெண் / Female

ஆதார் என்பது அடையாளத்திற்கான சான்றாகும். குடியரிமை, அல்லது பிறந்த தேதிக்கான சான்றல்ல. இது சரிபார்ப்புடன் மட்டுமே பயன்படுத்தப்பட வேண்டும் (ஆன்லைன் அங்கீகாரம் அல்லது QR குறியீட்டை ஸ்கேன் செய்தல்/ஆஃப்லைன் XML).

Aadhaar is proof of identity, not of citizenship or date of birth. It should be used with verification (online authentication, or scanning of QR code / offline XML).

9036 1785 4893

मेरा आधार, मेरी पहचान

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

आधार
Aadhaar

मुकवरी: केर आर्. उदयकुमार, 46, व
ए. सी. देवू, कैक्काण कुपपम,
वलसरवाक्कम, तिरुवल्लूर, तमिळु
नाडु, 600087

Address: C/O: Udhayakumar, 46, V O C Street,
Kaikken Kuppam, Valasaravakkam,
PO: Alwarthirunagar, DIST: Tiruvallur, Tamil
Nadu, 600087

Details as on 30/08/2024

9036 1785 4893

1947 help@uidai.gov.in www.uidai.gov.in



IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

pt Able to pfm well.
came with c/o lower abd pain
since today morning.

Obstetric Formula: No c/o bleeding p/v.
Aschly

Obstetric History:

I - G, 5 yrs, LSCS Ind-ANN Hospital,
Valasaravakkam, A&H, 2021
II - PP

Present Pregnancy Record:

Spont. conception.

Booked and Immunised

NT Scan - Normal; FTS - Low risk

RISK FACTORS: Aromak Scan - Normal

LMP: 02/09/2025

EDD:

Corrected EDD: 11/07/2026

GA: 38 weeks + 4 days

Menstrual History: Regular: ☒ Yes ☐ No

Obstetric Examination

Fundal Height: Term

M/S - 7 years, NCM

(110-15"/10')

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

Liquor: ☒ Adequate ☐ Oligo ☐ Poly

PP: ☒ Cephalic ☐ Breech Others _____

Head Fifths Palpable: 4/5th

FHS: ☒ Normal ☐ Tachy ☐ Brady ☐ Absent

Per Speculum Examination

Draining: ☐ Present ☐ Absent ☐ Bleeding

Colour of Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Vaginal Examination

Cervix: 2cm ☒ Long ☐ Partially effaced ☐ Effaced

Os: Closed Dilated os admits 2 finger

Membranes: ☒ Present ☐ Absent

Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Presenting Part: ☒ Vertex ☐ Breech ☐ Others

Sutton: ☒ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2

Pelvis: ☒ Adequate ☐ Doubtful

Height: 156 cm

Weight: 74.5 kg

Allergies: Nil

Breast: ☒ Normal ☐ Abnormal

General Examination:

Consciousness: Conscious Pallor: No

Icterus: No Edema: No

Temp: Normal PR: 90/min

BP: 100/70 mmHg DTR:

CVS: S2+S1 RS B/LNUB S+

Liver/Spleen: Urine Output:

DIAGNOSIS

G2 P1 L4
Previous LSCS
LCB - 5 yrs
B +ve

LMP - 02/09/2025
C. EDD - 11/07/2026
IRMP

GA - 38 weeks + 4 days
Early Labour
VBAC

Patient Sticker

| | |
|--|--|
| <p>Family History:</p> <p>Mother - H9N
 Father - DM (Hypothyroid)</p> | <p>Surgical History:</p> <p>LSCS x1</p> |
| <p>Medical History:</p> <p>Nil</p> | <p>Medication History:</p> <p>Nil</p> |
| <p>Plan of Care:</p> <ul style="list-style-type: none"> - Admission CTG - Foley induction <p>1/7/2026 ↓ 8AM, Foley bulb inserted
 1:15PM and bulb inflated with
 65cc distilled water.
 Post Foleys FH good</p> <p><u>Adv:</u></p> <ul style="list-style-type: none"> • CTG @ 2:15PM • Inj. Supacef 1.5g IV 1-1-1
 after test dose • CTG Q4H • w/f contractions; Bleeding PIV;
 leaking PIV | <p>Investigations:</p> <p>CTG</p> |

Doctor Name: Dr. Pavithra/Dr. Vinithe
 Signature: Vinithe
 Date & Time: 1/7/26

Consultant Name: Dr. Aishwarya
 Signature: (RA) VAD
 Date & Time: 12/11/23

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04-01-1997 29 Y 5 M 27 D (F)
Dr. AISHWARYA PARTHASARA



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

DOCTOR'S SHIFT CHANGE HANDOVER FORM


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


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

Date:

Department:

Shift:

| S.No | Patient Identification | Diagnosis
/ Procedure | Clinical Findings
Problems | Special Concerns / Investigations
/ Abnormal Results | Recommendations
/ Follow up needed | Handing
Over
Doctor | Receiving
Over
Doctor |
|------|------------------------|--------------------------|-------------------------------|---|---------------------------------------|---------------------------|-----------------------------|
| | | | | | | | |
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DOCTOR'S SHIFT CHANGE HANDOVER FORM

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 |
|------|------------------------|-----------------------|----------------------------|--|------------------------------------|---------------------|-----------------------|
| | | | | | | | |
| | | | | | | | |
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Dr. AISHWARYA PARTHASARATHY



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

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

RESULT SHEET

| | | | | | |
|---------------------|-----------|---------|--|--|------------------------|
| Date | 22/6/26 | 21/7/26 | | | |
| Time | | | | | |
| Hb | 12.3 | 13 | | | TB- POSITIVE |
| PCV | 40.4 | 38 | | | HIV I & II |
| RBC | 4.17 | 4.20 | | | HBsAg |
| WBC | 11,900 | 28,440 | | | HCV - Negative |
| N/L | 60/33 | 89/15 | | | VDRL |
| Platelets | 2.32 | 2.34 | | | |
| CRP | | | | | |
| ESR | | | | | |
| PCT | | | | | |
| RBS | | | | | Rubella IgG - Positive |
| Na | | | | | |
| K | | | | | TSH - 2.70 |
| Cl | | | | | FT4 - 0.93 |
| Ca/Mg | | | | | |
| Phosphate | | | | | |
| Urea | | | | | |
| Creatinine | | | | | |
| ALP | | | | | BT - 2 min 45 sec |
| SGPT | | | | | CT - 5 min 20 sec |
| SGOT | | | | | |
| T.Bill/Conj | | | | | 4/6/26 |
| T.Protein | | | | | TSH - 2.67 |
| S.Albumin | | | | | |
| S.Globulin | | | | | 15/4/26 |
| A/G Ratio | | | | | FBS - 7.2 |
| Uric Acid | | | | | 1hr PPBS - 118 |
| S.Amylase | | | | | 2hr PPBS - 85 |
| Sr.Lipase | | | | | |
| Blood Lactate | | | | | |
| S.Cholesterol | | | | | |
| PT/INR | 11.3/0.80 | | | | |
| APTT | | | | | |
| CSF Protein / Sugar | | | | | |
| Cells | | | | | |
| N/L | | | | | |

PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes | Doctor's Order |
|-----------------|---|----------------|
| 27/26-
12 AM | INFORMED CONSENT. | |
| | G2P115 @ 38W+4D. 2 previous LSCS undergoing
TOLAC / VBAC trial | |
| | Patient progressed to full cervical dilatation.
No fetal descent despite more than 1 hour of
active pushing in 2nd stage of labor. In addition,
CTG showed recurrent fetal heart rate decelerations,
suggestive of fetal compromise. | |
| | In view of previous caesarean section scar
(1) failed progress with no descent at full
dilatation. | |
| | (2) frequent FHR decelerations | |
| | (3) Increased risk of fetal compromise and
maternal morbidity & continued trial of
labor. | |
| | Patient & relatives were counselled regarding
need for emergency repeat LSCS. | |
| | Risks of continuing labor, fetal distress, hypoxic
injury, uterine scar complications including
rupture, PPH, need for blood transfusion,
infection, injury to surrounding structures,
(4) admission & varying maternal or neonatal
morbidity / mortality were explained | |
| | Benefits of proceeding to emergency LSCS
include spontaneous delivery & reduction in
risks related to ongoing fetal compromise
& second stage labor. | |

PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes | Doctor's Order |
|-------------|--|----------------|
| | Patient & attenders understood the risks & benefits & consented for emergency CCLS | |
| | | |
| | Patient | Attender. |



| Date & Time | Progress Notes | Doctor's Order |
|-------------|--|--|
| 01/07/2021 | C/S/B Dr. Vinita / Dr. Shreedan | |
| 3pm | | |
| | <ul style="list-style-type: none"> - Post Foley's CTG - Reactive - Shift to ward - Reshift to LDR on orders - WIF contraction - Pulse rate, BP monitoring 2nd hourly - CTG 4th hourly - Hourly FHR monitoring | |
| | 182217 | |
| 01/07/2021 | C/S/B Dr. Vinita | |
| 4:50pm | Foley's expelled spontaneously at 4:45pm | |
| | P/A - ut @ Term | <u>Advice</u> |
| | Mildly Acting (IC 15/10') | - Normal diet |
| | Cephalic | - Plenty of oral fluids |
| | FHS - good | - vitals Monitoring |
| | P/v - Cx - 1.5cm long | - PR, BP monitoring 2 nd hourly |
| | OS - 2-3cm stretchable | - CTG 4 th hourly |
| | Membranes (+) | - Hourly FHR monitoring |
| | Vertex @ - 3 | - Inform (SOS) |
| | 182217 | - Shift to LDR on orders |



PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes | Doctor's Order |
|---------------------------|--|--|
| 1/7/26
6 PM | S/B Dr. Vinitia
Pt received in LDR
Pt reviewed
OIE: GC fair; Afebrile
PIA: Uterus term;
BP: 90/60
PR: 87/min
SpO ₂ : 99% RA
Cephalic:
2/20"/10"
FH good | Adv:
Enema
CTG
To start synto. |
| 1/7/26
9:30 PM
B+ne | S/B Dr. Vinitia
G2P1W1 / 38WAD/prev
TOLAC
pt reviewed
no pain abdomen on 2 off
PDM well.
BP 100/70 mmHg
PR 82 bpm
SpO ₂ 99% @ RA
Temp 37.2
OIE: afebrile
GC fair
Pc / Pp
PIA: uterus @ term
6/30"/10"
cephalic
FH ⊕
clinically clearer ⊕ | s/c / i/c B syrs.
Plan:
- CTG / DFMc
- w/f progression
of labor.
- follow drug orders
- inform (SOS)
127435
P.T.O. |

PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes | Doctor's Order |
|--------------------|---|--|
| | <p>P/R: Cervix well effaced
3-4 cms dilated
membranes ⊕, done.</p> <p>PPHx -2 station</p> | |
| | <p>↓ SAP ARM done, clear liquor drained</p> | |
| 11/7/26
10:30pm | <p>S/B Dr. Aishwarya</p> <p>pt reviewed
c/o straining</p> <p>o/c: afebrile
GC fair
P°/PC°</p> <p>BP 110/60 mmHg
PR 77 bpm
SPO₂ 99% @ RA
Temp ①</p> <p>P/A: uterus @ term
5/30" / 10"
cephalic (0/5th)
FH ⊕
clinically liquor ②</p> <p>P/R: Cervix 9 cms dilated
membranes ⊖
clear leak ⊕
PPHx 0 to +1 station</p> | <p>P/ten
- w/ progression
of labor
- CTG
- station per</p> <p>127435</p> |



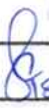
| Date & Time | Progress Notes | Doctor's Order |
|-------------------|---------------------------------------|----------------|
| 1/7/26
11:40pm | S/B Dr. Hishuang / Dr. Ahsan | |
| | pt reviewed | |
| | c/o straining P/R ⊕ | |
| | O/E: afebrile. | |
| | GI full | |
| | P/P/° | |
| BP 110/20mmHg | P/A: uterus @ term | |
| PR 86bpm | 5'3" 110' | |
| SpO2 99% @ RA | cephalic (+15th) | |
| lung ⊕ | FH ⊕ | |
| | clinically liquor ⊕ | |
| | P/R: Cervix fully dilated | |
| | membranes ⊖ | |
| | clear liquor ⊕ | |
| | PR, +1 station. | |
| | caput +2 station. | |
| | | P/A |
| | | - RTG |
| | | - inform |
| | | anesth |
| | | - inform |
| | | - surgeon |
| | | - shift |
| | Blow attempted once | |
| | ↓ | |
| | popped off. | |
| | ↓ | |
| | decided for emergency LSCS in view of | |
| | arrest of descent. | |

| Date & Time | Progress Notes | Doctor's Order |
|--|--|---|
| 2/7/26.
1:30 AM. | S/B Dr. Absolute
pt received in MICU | |
| POD #0 | no Sp. complaints | |
| P2L2. | O/E: afebrile
GC fair
P°/Pe° | |
| BP 110/70 mmHg
PR 68 bpm
SpO2 99% @ RA.
Temp 37.0 | P/A: uterus w/c
soft
Addressing delay
L/E: BUNL
Foley's inserted
clear urine
25cm)
LHVD - 25cm | P/Plan:
- monitor vitals
- CBD x 48 hours
- CBC c/m 6 AM.
- I/O charting
- inj. clonidine 4mg
- w/ ↑ bleeding pr
- in bed ambulat
- follow drug ord
- NPO x 3 hours
(4:30 AM) |



| Date & Time | Progress Notes | Doctor's Order |
|-------------------|---|--------------------------|
| 2/7/26
5:10 AM | S/R Dr. [unclear] | |
| POD #0 | pt reoriented.
no SP complaints
o/e: afebrile | |
| BP 116/82 mmHg | GI full | Plan: |
| PR 72 bpm | P/PE° | - CR @ 6 AM |
| SpO2 99% @ RA | P/A: waxes waxes | - sips followed by clear |
| Jump (✓) | soft. | liquids. |
| | BS (✓) | - CRD x 4 h. |
| Bx breast soft | draining duct | - I/O charting. |
| secretions (✓) | L/E: BUN 12 | - inj. cefazolin 1g q8h |
| Baby M/S | foley's inserted | - shift to wound |
| DBF | clear urine | - inform (SOS) |
| | LHVO = 250 ml. | |
| | | [Signature]
128435 |

PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes | Doctor's Order |
|-----------------|---|---|
| 02/07/2026 | C/S/B Dr. Vinitha / Dr. Shreeder | |
| 8:30 Am | | |
| POD-0 | Pt reviewed, Nil c/b
O/E Pt GC fair, Afebrile
P°/PE° | Advice
- Kanji @ 9:00 Am
- Soft diet @ 12 pm
- Plenty of oral fluids
- Vitals Monitoring
- Ambulation In bed Ambulation
- INT. CLEXANE 40mcg SC @ 1:30pm
- CBD x 48 hours
- Inform(Sos) |
| T-(N) | CVS | |
| PR-72/min | RS / NAD | |
| BP-114/80 mmHg | P/A- ut firm & well contracted
Soft, BS(+)  | |
| Baby-m/s | Dressing (D) & Dry | |
| BL-Breast Soft | WE - BWNL | |
| Wb-13 |  82217 | |
| 2/7/26 | S/B Dr. Dingalakshmi | |
| 2:40pm | | |
| POD-0 | pt. reviewed. Nil c/p
O/E:
pt GC fair, afebrile
P°/PE° | |
| T-(N) | CVS | |
| PR-80/min | RS / NAD | |
| BP-112/60 mmHg | | |
| Spo-98% @ RA | P/A:
soft, BS(+) 
w. contracted well
dressing dry | |
| v/o wound clean | | |

Q2 - NO under blue ~~light~~ nybin.

PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes | Doctor's Order |
|-------------------|---|---|
| 03/07/2026 | | |
| 8:30 AM | cls/B Dr. Akshitha / Dr. Shreedevi | |
| POD -1 | Pt reviewed, Nil clo | Advice |
| T-(N) | O/E Pt GC fair, Afebrile
P°/PE° | - Soft diet |
| PR-80/min | CVS/RS / NAD | - Plenty of oral fluids |
| BP-110/80mmHg | | - Vitals monitoring |
| VO-200ml, clear | P/A ut well contracted | - Follow drug chart |
| Baby-m/c | Soft, BS ⊕ | - W/F ↑ Bleeding PV |
| BL- Breast soft | Dressing ⊕ & Dry | - CBD x 48 hrs |
| Flatus - Passed | L/E - BWNL | Till 04/07/2026 (@11:30 AM) |
| Not Passed Stools | | - Ilo charting |
| | | - Inform (ss) |
| | 162217 | |
| 03/07/2026 | | |
| 3pm | cls/B Dr. Dhinyalakshmi / Dr. Shreedevi | |
| POD -1 | Pt reviewed, Nil clo | Advice |
| T-(N) | O/E Pt GC fair, Afebrile
P°/PE° | - Soft diet |
| PR-70/min | CVS/RS / NAD | - Plenty of oral fluids |
| BP-110/65mmHg | | - Vitals monitoring |
| VO-200ml, clear | P/A - ut well contracted | - Follow drug chart |
| Baby-m/c | Soft, BS ⊕ | - W/F ↑ Bleeding PV |
| BL- Breast soft | Dressing ⊕ & Dry | - CBD x 48 hours (Till) 4/7/26 (@1:30 AM) |
| Flatus Passed | L/E - BWNL | - Ilo charting |
| Not Passed Stools | | - Inform (ss) |
| | 162217 | |



PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes | Doctor's Order |
|---|---|--|
| 3/2/26
9pm | 8/B. 2 Jenga | |
| POD #1 | Pt remained | |
| 7 Normal
BP 110/60mmHg
PR 68bpm
Bally MS
B/L Breast soft
Passed stools | No complaints
OTE
Pl afebrile
P-T-A-
CNS / normal
18 / normal
P/A soft BS @
Uterus firm & contracted
dewy dry | Soft diet
Plenty of oral fluids
Vital Portals
To follow drip order
Jeng |
| To remove
CBD @ 2AM | LIE - NREL | 3/2/26
145mm |
| 4/2/26
8:50AM | SIB DV Absentia | |
| POD #2 | Pt remained
passed stools
voiding freely
OTE afebrile
GC fair
P° / PC°
P/A: uterus up
soft
BS @
dewy dry
LIE Bump | Plan
- monitor vitals
- soft solid diet
- plenty of fluids
- ambulate
- Bath & dressing today
127435 |

Patient Sticker



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Children's
Hospital**
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PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]



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: ICU

Shifted to: M/LN

| 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 | INS Synto | 50 | IV | STAT | 2/1/20 | ☐ C ☒ DC |
| 2 | INS TRAPIL | 16 | IV | STAT | 2/1/20 | ☐ C ☐ DC |
| 3 | INS METHERGINE | 0.2mg | IV | STAT | 2/1/20 | ☐ C ☐ DC |
| 4 | INS Smeier | any | IV | STAT | 2/1/20 | ☒ C ☐ DC |
| 5 | INS DEXA | 5mg | IV | STAT | 2/1/20 | ☐ 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. Rajesh Kumar

Date & Time: 2/1/20

Nurse Name & Signature: Dradeepa Veerayan / R020207

Date & Time: 1/1/2020 12-12 am



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: NICU

Shifted to: 7th Floor

| S.No | MEDICATION NAME
(GENERIC NAME CAPITAL LETTERS) | DOSE
(mg, mcg) | ROUTE
(PO, NG, SC, IV) | FREQUENCY | LAST DOSE
Date / Time | ON
ADMISSION
/ SHIFTING |
|------|---|-------------------|---------------------------|-----------|--------------------------|---|
| 1 | INS SUPACCE | 1.5gm | IV | 1-0-1 | 1/7/26
11.50pm | ☒ C ☐ DC |
| 2 | INS METROGYL | 600mg | IV | 1-1-1 | 2/7/26
3am | ☒ C ☐ DC |
| 3 | INS PAN | 40mg | IV | 1-0-1 | 1/7/26
11.50pm | ☒ C ☐ DC |
| 4 | INS PARA | 1gm | IV | 1-1-1 | | ☒ C ☐ DC |
| 5 | INS CLEXANE | 40mcg | SC | 1-0-0 | | ☒ C ☐ DC |
| 6 | JUSTIN SUPPOSITORY | 1 | PR | 1-0-1 | 2/7/26
1.40am | ☒ 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. Malita [Signature]
128035

Date & Time: 2/7/26

Nurse Name & Signature: S/N. Panchschi [Signature]
016720

Date & Time: 2/7/26 at 5.20am



MEDICATION RECONCILIATION FORM

Drug Allergies:

☒ Not known any Drug Allergies

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

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

Shifting From: ICU

Shifted to:

| S.No | MEDICATION NAME
(GENERIC NAME CAPITAL LETTERS) | DOSE
(mg, mcg) | ROUTE
(PO, NG, SC, IV) | FREQUENCY | LAST DOSE
Date / Time | ON
ADMISSION
/ SHIFTING |
|------|---|-------------------|---------------------------|-----------|--------------------------|--|
| 1 | | | | | | ☐ 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. Shreedevi 18/2/17

Date & Time: 01/07/2026 @ 12:50pm

Nurse Name & Signature: Ashwini Dr. Parth

Date & Time: 1/07/2026 at 12:50pm

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: High floor

| S.No | MEDICATION NAME
(GENERIC NAME CAPITAL LETTERS) | DOSE
(mg, mcg) | ROUTE
(PO, NG, SC, IV) | FREQUENCY | LAST DOSE
Date / Time | ON
ADMISSION
/ SHIFTING |
|------|---|-------------------|---------------------------|-----------|--------------------------|---|
| 1 | INJ. SUPACEF | 1.5g | IV | BD | 17/12/2026
2pm | ☒ 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. Shreedevi 182217

Date & Time: 01/07/2026 4pm

Nurse Name & Signature: Shalika 201800

Date & Time: 17/12/2026 at 4pm

GUC-00001896 IP18-00036270
 Mrs RUBIKA R
 04-01-1997 29 Y 5 M 27 D (F)
 Dr. AISHWARYA PARTHASARATHY

Patient



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

BirthRight
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

DRUG CHART

Date of Admission: 11/7/2026 Drug Allergies: Not known any Drug Allergies ☒ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

SOS / PRN (As Required Medication)

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

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

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

Signature
 VERIFIED BY : Name

Weight. 74.5 ^{WDR} Ward.

Page: 2/4

GUC-00001896

Mrs RUBIKA R

29 Y 5 M 27 D (F)

JAN 1997

Dr. AISHWARYA PARTHASARATHY



IP18-00036270

Weight. 74.5 Ward. CR

DRUG :

Route

Start Date

Name & Signature of the Doctor

Additional Instructions:

VARIABLE DOSE

Date
Time

DRUG :

Route

Start Date

Name & Signature of the Doctor

Additional Instructions:

STAT / ONCE ONLY DRUGS

| Date | Time | Medication | Dosage & Other Instructions | Route | Signature | Nurses |
|--------|---------|--------------------|-----------------------------|-------|-----------|-----------|
| 1/7/26 | 1:30pm | INT. SUPACEF | 0.1ml | Id | 182217 | SA
DS |
| 1/7/26 | 2pm | INT. SUPACEF | 1.5g | IV | 182217 | SA
DS |
| 1/7/26 | 6:00pm | ENEMA | 100 ml | P/R | 121113 | P.V
ES |
| 1/7/26 | 11:50pm | INT. SUPACEF | 1.5gm | IV | 122435 | TJ
ND |
| 1/7/26 | 11:50pm | INT. PAN | 40mg | IV | 122435 | TJ
ND |
| 1/7/26 | 11:50pm | INT. GEMSET | 4mg | IV | 122435 | TJ
ND |
| 2/7/26 | 1:40 am | JUSTIN SUPPOSITORY | 1 | P/R | 122435 | ND
ND |
| 2/7/26 | 1:40 am | TAB m ISOPROSTOL | 600mcg | P/R | 122435 | ND
ND |

Mrs RUBIKA R

04-01-1997

29 Y 5 M 27 D (F)

Dr. AISHWARYA PARTHASARATHY



I.V. FLUIDS CHART

Weight. 74.5 Ward.

Ward

[illegible]

GUC-00001896

IP18-00036270

Mrs RUBIKA R

04-01-1997

29 Y 5 M 28 D

(F)

Dr. AISHWARYA PARTHASARATHY



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REGULAR PRESCRIPTIONS

Weight 7.4 kg Ward 10

Sheet No:

| | | | | | |
|---|-------|-----------|-----------|--------------|-------------|
| DRUG : JUSTIN SUPPOSITORY | | | | Date
Time | 2/8/03 7:47 |
| Dose | Route | Frequency | Start Dt. | | |
| 1 | PR | 1-0-1 | 2/7/26 | 11 AM | EP |
| Name & Signature of the Doctor
Starting the Drugs: | | | | | |
| Additional Instructions: | | | | | |
| Daily Doctor's Endorsement by a Sign | | | | | |
| DRUG : INS CLEXAMIC | | | | Date
Time | 2/8/03 7:47 |
| Dose | Route | Frequency | Start Dt. | | |
| 40mg | SLC | 1-0-0 | 2/7/26 | 1:30 PM | EP |
| Name & Signature of the Doctor
Starting the Drugs: | | | | | |
| Additional Instructions: | | | | | |
| Daily Doctor's Endorsement by a Sign | | | | | |
| DRUG : INS SUPACET | | | | Date
Time | 2/8/03 7:47 |
| Dose | Route | Frequency | Start Dt. | | |
| 1.5gm | IV | 1-0-1 | 2/7/26 | 10 AM | EP |
| Name & Signature of the Doctor
Starting the Drugs: | | | | | |
| Additional Instructions: | | | | | |
| Daily Doctor's Endorsement by a Sign | | | | | |
| DRUG : CAP. LACTARE | | | | Date
Time | 2/8/03 7:47 |
| Dose | Route | Frequency | Start Dt. | | |
| 1cap | PO | TDS | 2/7 | 9 AM | EP |
| Name & Signature of the Doctor
Starting the Drugs: | | | | | |
| Additional Instructions: | | | | | |
| Daily Doctor's Endorsement by a Sign | | | | | |

Signature

VERIFIED BY : Name



BirthRight™
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REGULAR PRESCRIPTIONS

Weight Ward

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

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

GUC-00001896
Mrs RUBIKA R
04-01-1997 29 Y 5 M 27 D (F)
Dr. AISHWARYA PARTHASARATHY

IP18-00036270

Patil



1

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Early Warning Observation Score Chart - Obstetrics

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

| Date | | 8 | 9 | 10 | 11 | 12 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|--------------------------|-------|---|----|----|----|---|---|---|---|---|---|---|---|---|----|----|----|---|---|---|---|---|---|---|
| 1/7/26 | | | | | | | | | | | | | | | | | | | | | | | | | |
| RESP
(write rate in
corresp. box) | > 30 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 21 - 30 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 11 - 20 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 0 - 10 | | | | | | | | | | | | | | | | | | | | | | | | |
| Saturations | 94 - 100 % | | | | | | | | | | | | | | | | | | | | | | | | |
| | < 94 % | | | | | | | | | | | | | | | | | | | | | | | | |
| Administered O ₂ (L/min.) | | | | | | | | | | | | | | | | | | | | | | | | | |
| Temp °C | 40 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 39 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 38 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 37 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 36 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 35 | | | | | | | | | | | | | | | | | | | | | | | | |
| | < 35 | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |
| Heart Rate | 170 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 160 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 150 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 140 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 130 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 120 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 110 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 100 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 90 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 80 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 70 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 60 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 50 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 40 | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Systolic Blood Pressure | 190 | | | | | | | | | | | | | | | | | | | | | | | |
| 180 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 170 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 160 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 150 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 140 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 130 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 120 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 110 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 100 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 90 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 80 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 70 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 60 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 50 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |
| Diastolic Blood Pressure | 130 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 120 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 110 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 100 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 90 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 80 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 70 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 60 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 50 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 40 | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | | | | | | | | | | |
| | NEURO
RESPONSE
[✓] | Alert | | | | | | | | | | | | | | | | | | | | | | | |
| Voice | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pain | | | | | | | | | | | | | | | | | | | | | | | | | |
| Unresponsive | | | | | | | | | | | | | | | | | | | | | | | | | |
| URINE
mls / hour | > 30 | | | | | | | | | | | | | | | | | | | | | | | | |
| | < 30 | | | | | | | | | | | | | | | | | | | | | | | | |
| Proteinuria | Protein ++ | | | | | | | | | | | | | | | | | | | | | | | | |
| | Protein > ++ | | | | | | | | | | | | | | | | | | | | | | | | |
| Lochia | Normal | | | | | | | | | | | | | | | | | | | | | | | | |
| | Heavy / Foul | | | | | | | | | | | | | | | | | | | | | | | | |
| Liquor | Clear / Pink | | | | | | | | | | | | | | | | | | | | | | | | |
| | Green | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL YELLOW SCORES | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL ORANGE SCORES | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nurse Initial | | | | | | | | | | | | | | | | | | | | | | | | | |

Early warning Observation Score Chart - Obstetrics

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

2/7/20

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



Larning Observation Score Chart - Obstetrics

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

| 3/7/26 | | Date | 8 | 9 | 10 | 11 | 12 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | |
|---|--------------------------|-------|---|---|----|----|----|---|---|---|---|---|---|---|---|---|----|----|----|---|---|---|---|---|---|---|--|
| | | Time | | | | | | | | | | | | | | | | | | | | | | | | | |
| RESP
(write rate in
corresp. box) | > 30 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 21 - 30 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 11 - 20 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 0 - 10 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Saturations | 94 - 100 % | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | < 94 % | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Administered O ₂ (L/min.) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Temp ^o C | 40 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 39 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 38 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 37 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 36 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 35 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | < 35 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Heart Rate | 170 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 160 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 150 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 140 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 130 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 120 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 110 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 100 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 90 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 80 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 70 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 60 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 50 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 40 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Systolic Blood Pressure | 190 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 180 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 170 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 160 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 150 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 140 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 130 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 120 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 110 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 100 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 90 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 80 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 70 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 60 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 50 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Diastolic Blood Pressure | 130 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 120 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 110 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 100 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 90 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 80 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 70 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 60 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 50 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 40 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | NEURO
RESPONSE
[✓] | Alert | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Voice | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Pain | | | | | | | | | | | | | | | | | | | | | | | | | |
| Unresponsive | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| URINE
mls / hour | > 30 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | < 30 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Proteinuria | Protein ++ | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Protein > ++ | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lochia | Normal | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Heavy / Foul | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Liquor | Clear / Pink | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Green | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL YELLOW SCORES | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL ORANGE SCORES | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nurse Initial | | | | | | | | | | | | | | | | | | | | | | | | | | | |

GUC-00001896 IP18-00036270
 Mrs RUBIKA R
 04-01-1997 29 Y 5 M 27 D (F)
 Dr. AJSHWARYA PARTHASARATHY



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

BirthRight
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

FLUID CHART

Sheet No. : ①

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

| Date | Time | Intake | | | Output | | | | | IV Site Thrombo-
phlebitis
Score | Sign.
Nurse | |
|----------------------|----------|----------------------------|-------|--------|--------|----------------------|-------|----------|-------|--|----------------|----|
| | | Nature
of Fluid | Route | | NG | Diarrhoea | Vomit | Drainage | Urine | | | |
| | | | Mouth | I.V | N.G | | | | | | | |
| 11/7/20 | 08:00 am | | | | | | | | | | | |
| | 09:00 am | | | | | | | | | | | |
| | 10:00 am | | | | | | | | | | | |
| | 11:00 am | ← ON Admission → | | | | | | | | | | |
| | 12:00 pm | H ₂ O 100ml | | | | | | | | 200ml | 0 | SA |
| | 01:00 pm | H ₂ O 50ml | | | | | | | | | 0 | SA |
| Total Intake : | | 150 ml | | | | Total Output : | | | | | 200 ml | |
| | 02:00 pm | H ₂ O 100 | | | | | | | | 200 | 0 | SA |
| | 03:00 pm | | | | | | | | | | 0 | SA |
| | 04:00 pm | H ₂ O 150ml | | | | | | | | 300 | 0 | SA |
| | 05:00 pm | Syrabus RL | | | | | | | | 300 | 0 | SA |
| | 06:00 pm | H ₂ O 100 | | 12 | 500 | | | | | | 0 | SA |
| | 07:00 pm | | | | | | | | | | | |
| Total Intake : | | 860 ml | | | | Total Output : | | | | | 600 ml | |
| | 08:00 pm | H ₂ O 100 | 100 | 30ml | | | | | | 150 | 0 | SA |
| | 09:00 pm | H ₂ O 150 | 100 | 24 | | | | | | 200 | 0 | SA |
| | 10:00 pm | Juice 100 | 100 | 12ml | | | | | | 150 | 0 | SA |
| | 11:00 pm | H ₂ O 100 | 100 | 12ml | | | | | | 100 | 0 | SA |
| | 12:00 am | NPO | | 1300ml | | | | | | 250ml | 0 | SA |
| | 01:00 am | NPO | | | | | | | | | 0 | SA |
| Total Intake : | | 21234ml | | | | Total Output : | | | | | 850 ml | |
| | 02:00 am | NPO | | 125 | | | | | | 20ml | 0 | SA |
| | 03:00 am | NPO | | 125 | | | | | | 150 | 0 | SA |
| | 04:00 am | H ₂ O 50ml | | 125 | | | | | | 250 | 0 | SA |
| | 05:00 am | Tea 150 | | 125 | | | | | | 250ml | 0 | SA |
| | 06:00 am | | | 125 | | | | | | 100 | 0 | SA |
| | 07:00 am | Tea 200 | | 125 | | | | | | 250ml | 0 | SA |
| Total Intake : | | 2000 + 450 + 400 = 1150 ml | | | | Total Output : | | | | | 1,080 ml | |
| Total 24 hrs. Intake | | 4,285 ml | | | | Total 24 hrs. Output | | 2,730 ml | | | | |

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Mrs RUBIKA R
04-01-1997

IP18-00036270
29 Y 5 M 28 D (F)
Dr. AISHWARYA PARTHASARATHY



FLUID CHART

Sheet No. : 2

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

| Date | Time | Nature of Fluid | Intake | | | Output | | | | | IV Site Thrombo-phlebitis Score | Sign. Nurse |
|----------------------|----------|-----------------|----------------------|------------------|-----|----------------------|-----------|-------|----------|-------|---------------------------------|-------------|
| | | | Mouth | I.V | N.G | NG | Diarrhoea | Vomit | Drainage | Urine | | |
| | 08:00 am | | | 125ml | | | | | | 100ml | 0 | ✓ |
| | 09:00 am | H2O | 100ml | 125ml | | | | | | 150ml | 0 | ✓ |
| | 10:00 am | | | 125ml | | | | | | 200ml | 0 | ✓ |
| | 11:00 am | H2O | 130ml | 125ml | | | | | | 100ml | 0 | ✓ |
| | 12:00 pm | H2O | 100ml | 125ml | | | | | | 150ml | 0 | ✓ |
| | 01:00 pm | H2O | 100ml | 125ml | | | | | | 100ml | 0 | ✓ |
| Total Intake : | | | 450 + 750 = 1200ml | | | Total Output : | | | | | 800ml | |
| | 02:00 pm | | | 125 | | | | | | 100ml | 0 | ✓ |
| | 03:00 pm | H2O | 200 | 125 | | | | | | 100ml | 0 | ✓ |
| | 04:00 pm | | | 125 + Dr. P. 100 | | | | | | 250ml | 0 | ✓ |
| | 05:00 pm | Milk | 150ml | 125 | | | | | | 150ml | 0 | ✓ |
| | 06:00 pm | | | 125 | | | | | | 250ml | 0 | ✓ |
| | 07:00 pm | H2O | 200 | 125 | | | | | | 250ml | 0 | ✓ |
| Total Intake : | | | 550 + 850ml ⇒ 1400ml | | | Total Output : | | | | | 1100ml | |
| | 08:00 pm | | | IVF stop | | | | | | 250 | 0 | ✓ |
| | 09:00 pm | H2O | 200 | | | | | | | 250 | 0 | ✓ |
| | 10:00 pm | | | | | | | | | 200 | 0 | ✓ |
| | 11:00 pm | H2O | 200 | | | | | | | 200 | 0 | ✓ |
| | 12:00 am | | | | | | | | | 150 | 0 | ✓ |
| | 01:00 am | H2O | 200 | | | | | | | 150 | 0 | ✓ |
| Total Intake : | | | 600ml | | | Total Output : | | | | | 1200ml | |
| | 02:00 am | | | | | | | | | 250 | 0 | ✓ |
| | 03:00 am | H2O | 200 | | | | | | | 200 | 0 | ✓ |
| | 04:00 am | | | | | | | | | 150 | 0 | ✓ |
| | 05:00 am | H2O | 200 | | | | | | | 150 | 0 | ✓ |
| | 06:00 am | | | | | | | | | 200 | 0 | ✓ |
| | 07:00 am | H2O | 200 | | | | | | | 200 | 0 | ✓ |
| Total Intake : | | | 600ml | | | Total Output : | | | | | 1,150ml | |
| Total 24 hrs. Intake | | | 3,800ml | | | Total 24 hrs. Output | | | | | 4,250ml | |

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Mrs RUBIKA R

04-01-1997

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(F)

Dr. AISHWARYA PARTHASARATHY



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FLUID CHART

Sheet No. :

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

| Date | Time | Nature of Fluid | Intake | | | Output | | | | | IV Site Thrombophlebitis Score | Sign. Nurse |
|----------------------|----------------|-----------------|---------|-------|-----|----------------------|----------------|-------|----------|-------|--------------------------------|-------------|
| | | | Mouth | I.V | N.G | NG | Diarrhoea | Vomit | Drainage | Urine | | |
| 31/1/20 | 08:00 am | H2O | 100ml | | | | | | | 100ml | 0 | ✓ |
| | 09:00 am | H2O | 100ml | | | | | | | 150ml | 0 | ✓ |
| | 10:00 am | | | | | | | | | 100ml | 0 | ✓ |
| | 11:00 am | H2O | 100ml | | | | | | | 150ml | 0 | ✓ |
| | 12:00 pm | H2O | 50ml | | | | | | | 100ml | 0 | ✓ |
| | 01:00 pm | H2O | 100ml | | | | | | | 100ml | 0 | ✓ |
| | Total Intake : | | | 400ml | | | Total Output : | | | | | 400ml |
| 02:00 pm | H2O | 200 | | | | | | | | 150ml | 0 | P.G |
| 03:00 pm | | | | | | | | | | 200 | 0 | P.G |
| 04:00 pm | H2O | 200 | | | | | | | | 100 | 0 | P.G |
| 05:00 pm | | 2 | | | | | | | | 150 | 0 | P.G |
| 06:00 pm | Milk | 150 | | | | | | | | 250ml | 0 | P.G |
| 07:00 pm | H2O | 200 | | | | | | | | 100ml | 0 | P.G |
| Total Intake : | | | 750ml | | | Total Output : | | | | | 950ml | |
| 08:00 pm | | | | | | | | | | 250 | No | Sw |
| 09:00 pm | H2O | 200 | | | | | | | | 250 | IV | Sw |
| 10:00 pm | H2O | 200 | | | | | | | | 200 | IV | Sw |
| 11:00 pm | H2O | 200 | | | | | | | | 200 | line | Sw |
| 12:00 am | H2O | 200 | | | | | | | | 250 | | Sw |
| 01:00 am | H2O | 100 | | | | | | | | CBP | | Sw |
| Total Intake : | | | 900ml | | | Total Output : | | | | | 1150ml | |
| 02:00 am | | | | | | | | | | | No | Sw |
| 03:00 am | H2O | 200 | | | | | | | | 100 | IV | Sw |
| 04:00 am | H2O | 100 | | | | | | | | | | Sw |
| 05:00 am | H2O | 200 | | | | | | | | | line | Sw |
| 06:00 am | H2O | 200 | | | | | | | | | | Sw |
| 07:00 am | H2O | 200 | | | | | | | | | | Sw |
| Total Intake : | | | 900ml | | | Total Output : | | | | | 110ml | |
| Total 24 hrs. Intake | | | 2,950ml | | | Total 24 hrs. Output | | | 2,910ml | | | |



NURSING SHIFT HAND OVER FORM

| SITUATION | | Diagnosis: <i>2nd cl 3rd 4th week. LOC
vase mecky.</i> | | | | | | Any Infection: ☐ Yes ☐ No ☒ Not Known | | |
|-----------------------|---|---|---|---|---|---|---|---|---|------------------|
| Surgery / Procedure: | | | | | | | | Post OP Day: | | |
| BACKGROUND | Date | <i>1/7/26</i> | <i>1/7/26</i> | <i>1/7/26</i> | <i>2/7/26</i> | <i>2/7/26</i> | <i>2/7/26</i> | <i>2/7/26</i> | <i>2/7/26</i> | |
| | Shift | <i>M</i> | <i>E</i> | <i>N</i> | <i>M</i> | <i>E</i> | <i>N</i> | <i>M</i> | <i>N</i> | |
| BACKGROUND | Medical Condition
(Any special condition to be noted): | <i>Note 6</i> | <i>N/A</i> | <i>NA</i> | <i>NA</i> | <i>NA</i> | <i>NA</i> | <i>NA</i> | <i>NA</i> | |
| | Diet: | <i>① diet</i> | <i>① diet</i> | <i>liquid</i> | <i>liquid</i> | <i>soft diet</i> | <i>soft diet</i> | <i>soft diet</i> | <i>soft diet</i> | |
| ASSESSMENT | Allergy: | ☐ Yes ☒ No | ☐ Yes ☒ No | ☐ Yes ☒ No | ☐ Yes ☒ No | ☐ Yes ☒ No | ☐ Yes ☒ No | ☐ Yes ☒ No | ☐ Yes ☒ No | |
| | Ventilation (RA, NP, NIV, VENTI): | <i>RA</i> | <i>RA</i> | <i>NA</i> | <i>NA</i> | <i>NA</i> | <i>NA</i> | <i>NA</i> | <i>NA</i> | |
| | Tubes/Drains/Catheter: | ☐ Yes ☒ No | ☐ Yes ☒ No | ☐ Yes ☒ No | ☐ Yes ☒ No | ☐ Yes ☒ No | ☐ Yes ☒ No | ☐ Yes ☒ No | ☐ Yes ☒ No | |
| | Vital Signs: | Temp: | <i>98.1°</i> | <i>98.0</i> | <i>98.8</i> | <i>98.8</i> | <i>98.3</i> | <i>98.8</i> | <i>98.8</i> | <i>98.8</i> |
| | | Res: | <i>20b/m</i> | <i>20b/m</i> | <i>20b/m</i> | <i>20b/m</i> | <i>22b/m</i> | <i>20b/m</i> | <i>20b/m</i> | <i>20b/m</i> |
| | | SpO ₂ : | <i>100%</i> | <i>100%</i> | <i>99%</i> | <i>99%</i> | <i>97%</i> | <i>98%</i> | <i>98%</i> | <i>98%</i> |
| | | Pulse: | <i>78b/m</i> | <i>78b/m</i> | <i>90b/m</i> | <i>90b/m</i> | <i>116b/m</i> | <i>116b/m</i> | <i>100b/m</i> | <i>100b/m</i> |
| | | BP: | <i>110/70</i> | <i>110/70</i> | <i>112/72</i> | <i>110/70</i> | <i>116/78</i> | <i>116/78</i> | <i>100/64</i> | <i>100/64</i> |
| | | LOC: | <i>conscious</i> | <i>conscious</i> | <i>conscious</i> | <i>conscious</i> | <i>conscious</i> | <i>conscious</i> | <i>conscious</i> | <i>conscious</i> |
| | Fall Risk Score: | <i>0</i> | <i>20</i> | <i>30</i> | <i>30</i> | <i>30</i> | <i>30</i> | <i>30</i> | <i>30</i> | |
| Pain Score: | <i>1/10</i> | <i>2/10</i> | <i>1/10</i> | <i>2/10</i> | <i>2/10</i> | <i>2/10</i> | <i>2/10</i> | <i>2/10</i> | | |
| Skin Integrity | <i>Normal</i> | <i>Normal</i> | <i>Normal</i> | <i>①</i> | <i>①</i> | <i>①</i> | <i>①</i> | <i>①</i> | | |
| Recommendations | Safety Needs: | ☐ Yes ☒ No | ☐ Yes ☒ No | ☐ Yes ☒ No | ☐ Yes ☒ No | ☐ Yes ☒ No | ☐ Yes ☒ No | ☐ Yes ☒ No | ☐ Yes ☒ No | |
| | Physiotherapy: | ☐ Yes ☒ No | ☐ Yes ☒ No | ☐ Yes ☒ No | ☐ Yes ☒ No | ☐ Yes ☒ No | ☐ Yes ☒ No | ☐ Yes ☒ No | ☐ Yes ☒ No | |
| | Others Specify: | ☐ Yes ☒ No | ☐ Yes ☒ No | ☐ Yes ☒ No | ☐ Yes ☒ No | ☐ Yes ☒ No | ☐ Yes ☒ No | ☐ Yes ☒ No | ☐ Yes ☒ No | |
| | Special Diet: | <i>① diet</i> | <i>① diet</i> | <i>liquid</i> | <i>soft diet</i> | <i>soft diet</i> | <i>soft diet</i> | <i>soft diet</i> | <i>soft diet</i> | |
| | Critical Lab Test / Values: | <i>-</i> | <i>-</i> | <i>-</i> | <i>-</i> | <i>-</i> | <i>-</i> | <i>-</i> | <i>-</i> | |
| | Other Special Orders / Medications: | ☐ Yes ☒ No | ☐ Yes ☒ No | ☐ Yes ☒ No | ☐ Yes ☒ No | ☐ Yes ☒ No | ☐ Yes ☒ No | ☐ Yes ☒ No | ☐ Yes ☒ No | |
| Recommendations | PU Prophylaxis: | ☐ Yes ☒ No | ☐ Yes ☒ No | ☐ 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 | ☐ Yes ☒ No | ☐ Yes ☒ No | |
| | ADL (Dependent / Non Dependent): | <i>Dependent</i> | <i>Dependent</i> | <i>Dependent</i> | <i>Dependent</i> | <i>Dependent</i> | <i>Dependent</i> | <i>Dependent</i> | <i>Dependent</i> | |
| | Post Operative Procedure Special Orders: | <i>-</i> | <i>-</i> | <i>-</i> | <i>-</i> | <i>-</i> | <i>-</i> | <i>-</i> | <i>-</i> | |
| Handed Over By Name : | | <i>Dr. [Signature]</i> | <i>Dr. [Signature]</i> | <i>Dr. [Signature]</i> | <i>Dr. [Signature]</i> | <i>Dr. [Signature]</i> | <i>Dr. [Signature]</i> | <i>Dr. [Signature]</i> | <i>Dr. [Signature]</i> | |
| Signature / ID : | | <i>[Signature]</i> | <i>[Signature]</i> | <i>[Signature]</i> | <i>[Signature]</i> | <i>[Signature]</i> | <i>[Signature]</i> | <i>[Signature]</i> | <i>[Signature]</i> | |
| Date: | | <i>1/7/26</i> | <i>1/7/26</i> | <i>2/7/26</i> | <i>2/7/26</i> | <i>2/7/26</i> | <i>2/7/26</i> | <i>2/7/26</i> | <i>2/7/26</i> | |
| Time: | | <i>1:30pm</i> | <i>8pm</i> | <i>5:29pm</i> | <i>2pm</i> | <i>8pm</i> | <i>8pm</i> | <i>8pm</i> | <i>8pm</i> | |
| Taken Over By Name : | | <i>Dr. [Signature]</i> | <i>Dr. [Signature]</i> | <i>Dr. [Signature]</i> | <i>Dr. [Signature]</i> | <i>Dr. [Signature]</i> | <i>Dr. [Signature]</i> | <i>Dr. [Signature]</i> | <i>Dr. [Signature]</i> | |
| Signature / ID : | | <i>[Signature]</i> | <i>[Signature]</i> | <i>[Signature]</i> | <i>[Signature]</i> | <i>[Signature]</i> | <i>[Signature]</i> | <i>[Signature]</i> | <i>[Signature]</i> | |
| Date: | | <i>1/7/26</i> | <i>1/7/26</i> | <i>2/7/26</i> | <i>2/7/26</i> | <i>2/7/26</i> | <i>2/7/26</i> | <i>2/7/26</i> | <i>2/7/26</i> | |
| Time: | | <i>2pm</i> | <i>7:30pm</i> | <i>8am</i> | <i>2pm</i> | <i>8pm</i> | <i>8pm</i> | <i>8pm</i> | <i>8pm</i> | |

GUC-00001896 IP18-00036270
 Mrs RUBIKA R
 04-01-1997 29 Y 5 M 27 D (F)
 Dr. AISHWARYA PARTHASARATHY



NURSING CARE RECORD

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Date: 1/7/2026

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 | 12:30 pm | Prevent Falls and injury. | 1 pm | — keep bed in low position with side rails up
— ensure call bell is within reach | patient is stable | Reassessment done | SS |
| Afternoon | 2 pm | Achieve Acceptable pain control & comfortable | 2:30 pm | Assess the level of pain using pain scale 2/10 | Reduced pain levels | Reassessment was done | Abeela D 1808 |
| Night | 8:30 pm | Achieve acceptable pain control and comfort | 8 pm | * Assess pain using pain scale
* position patient comfortably
* provide analgesic | Reduced Pain to some extent | Reassessment Done | Amal 21672 |

Patient Sticker

MRS. Ruben 29y IF

GVC 1896

NURSING CARE RECORD

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Date: 2/7/26

Goals

- ☐ Maintain Airway and Oxygenation
☐ Maintain Personal Hygiene
☐ Identify Potential Complications

- ☒ Relieve Pain & Discomfort
☒ Prevent Infection
☐ Any Others. Specify.....

- ☐ Maintain Fluid Balance
☐ Meet Elimination Needs

- ☐ Improve Activity Tolerance
☐ Ensure Safety

- ☒ Maintain Good Nutritional Status
☐ Early Ambulation Reduce Anxiety

- ☐ Maintain Skin Integrity
☐ Patient & Family Education

| | Time | Plan of Care | Time | Implementation | Evaluation | Re-Assessment | Nurse Name & Signature |
|-----------|---------|-----------------------------------|---------|---|-------------------------------|----------------------------------|------------------------|
| Morning | 7:30 AM | Reduce the Pain level | 12 PM | - Provide Painkillers as per Doctor's order
- Provide Comfortable position | Provided Comfortable position | Pain was reduced | Ph. |
| Afternoon | 2 PM | Maintain good nutritional status. | 2:30 PM | Maintained good nutritional status. | Engage oral intake. | Monitored input and output chart | JOY
DROSE |
| Night | 8 PM | Maintain good nutritional status. | 9 PM | Provide painkillers as per doctor's order.
Provide comfortable position | Provide comfortable position | Pain was reduced | L
BOSS |

GUC-00001896

IP18-00036270

Mrs RUBIKA R

29 Y 5 M 27 D (F)

04-01-1997

Dr. AISHWARYA PARTHASARATHY



①

NURSES NOTES

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Your Right to a Safe Delivery

☒ No Known Drug Allergies

☐ Drug Allergies

| DATE | TIME | (ALL ENTRIES MUST BE SIGNED, DATED AND TIMED) | SIGNATURE |
|---------|----------|---|-----------|
| 1/11/20 | 12.30 pm | Admission Notes - 1/11/2020
patient come for admission and Dr. Aishwarya
1/2 p.m. patient pro cry
patient 38+4 weeks patient
C/O lower abdominal pain
patient on connecting
FHR ⊕ 144b/m patient
conscious and mental clear
vital on stable patient
inform to Dr. paathas
mam advise admission order.
patient put penicillin dose
antibiotic on out. <i>[Signature]</i> | |
| | 1.30 pm | 8/10 DR ↓ SAP Foley's
bulb inserted by Dr. paathas
mam patient Foley's bulb
cuits & water 65 ml patient
in line put Back Foley's
lower patient, Inj. : cephradine
0.1 ml 10 ^{1000 mg} dose given.
patient post Foley's cath
2.30 pm <i>[Signature]</i> | |
| | 7.40 pm | patient hardening over,
given evening duty <i>[Signature]</i>
Miss patient checked corneal
conious. 1 contraction 10 to 15 sec. <i>[Signature]</i> | |

Steritech

Man.: 2025 - 06

Exp.: 2030 - 06

Ref.: 106.303.0500

Lot.: 14176

SV: 121°C - 15 min.

SV: 134°C - 3.5 min.

STEAM

Green =

Sterilized

Type

ISO 11140

6

NOTE : DO NOT WRITE OUTSIDE THE MARGINS



NURSES NOTES

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- ☒ No Known Drug Allergies
☐ Drug Allergies

| DATE | TIME | (ALL ENTRIES MUST BE SIGNED, DATED AND TIMED) | SIGNATURE |
|----------|---------|--|------------------|
| 11/12/26 | 2pm | Evening duty
⇒ patient care hand over
taken from morning duty
Staff Nurse pt was stable
conscious & oriented in line
present pattern folios Bulp
also present PT vital are
stable pt general condition fair | |
| | 2:30 pm | ⇒ post Foley's CM was
connected as per doctor's
order FHR is good ⊕ | ABULLS
01800 |
| | 3pm | No Allergic reaction so
Inj: Supacel 1.5 gram full
dose given to pt
⇒ Dr. Aishwarya advised
to stop CM FHR is good ⊕
Lth hourly CM monitoring | SINAKAL
01800 |
| | 4pm | ⇒ Dr. Vinitha advised to
pt shifted to ward pt care
hand over given to the floor
Staff Nurse | SINAKAL
01800 |
| | 4pm | Receiving notes On 11/12/26
Patient details handij over
taken from floor Ananya patient
received from 110R to 4 th floor. patient
details confirmed and oriented in
line pattern. Patient is a Normal | ABULLS
01800 |

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

2

NURSES NOTES

☐ No Known Drug Allergies

☒ Drug Allergies

| DATE | TIME | (ALL ENTRIES MUST BE SIGNED, DATED AND TIMED) | SIGNATURE |
|----------|--------|---|------------|
| 11/12/21 | | dict. patient Chavira passed → | Phani |
| | | Vital signs Checked and Recorded | Phani |
| | | Vitals are stable → | Phani |
| | 4.55pm | Dr. Alvintha mem seen the pt | |
| | | Advised by Normal diet, plenty of | |
| | | Oral fluids, PP, BP Q4H, CR Q4H | |
| | | Hourly FHR monitoring, shifted to | Phani |
| | | LDR, Foley's expelled → | Phani |
| | 6pm | Maintain Intake and Output | Phani |
| | | Chart. IV line pattern → | Phani |
| | 5.30pm | Dr. Aishwarya mem seen the pt | |
| | | give Enema Now, to shift pt | Phani |
| | | to LDR, start oxygen, continue (CH) | Phani |
| | 6pm | patient detail handing over to | Phani |
| | | LDR staff | Phani |
| | | Receiving Notes | |
| | 6pm | patient is receiving from | |
| | | 7th floor to LDR patient | |
| | | care handover taken from | |
| | | 7th floor staff Nurse patient | |
| | | was stable conscious, oriented | |
| | | IV line presents pattern. | |
| | | mild contraction is there | |
| | | pt general condition fair | |
| | | Enema was given to pt | |
| | | patient passed meconium. | S/N Arachy |
| | | | 01800 |

NOTE : DO NOT WRITE OUTSIDE THE MARGINS



NURSES NOTES

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

BirthRight™
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Your Right to a Safe Delivery

☒ No Known Drug Allergies

☐ Drug Allergies

| DATE | TIME | (ALL ENTRIES MUST BE SIGNED, DATED AND TIMED) | SIGNATURE |
|----------|---------|--|----------------------|
| 11/12/20 | 6:15 pm | ⇒ Dr. Vinitha Admitted to start Inj. syntonin 30ml/hr 2L 500ml connected 12ml/hr CTG was connected FHR is good ⊕ PT was stable | |
| | 7 pm | ⇒ patient was stable Inj. syntonin 30ml/hr ongoing FHR is good ⊕ PT vital and stable pulse, 88 bpm. To Encourage Adequate milk | S/N/A/Kalya
01808 |
| | 7:30 pm | ⇒ patient care hand over given to FHR floor staff Nurse | S/N/A/Kalya
01808 |
| | 7:30 pm | Night duty (11/12/20) patient care Handing taken from Evening duty staff. Monitored vitals and Recorded. Maintained I/O. CTG on connected FHR Monitored. watching contractions. No any other complaints. | S/N/A/Kalya
01808 |
| | 8 pm | Monitored vitals and Recorded. Maintained I/O. CTG on connected. FHR Monitoring. Pain assessment Done. Inj. synto 30ml/hr on connected as per doctor order | S/N/A/Kalya
01808 |

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

2

NURSES NOTES

- ☒ No Known Drug Allergies
☐ Drug Allergies

| DATE | TIME | (ALL ENTRIES MUST BE SIGNED, DATED AND TIMED) | SIGNATURE |
|---------|--------|--|----------------|
| 11/7/20 | 9.30pm | Dr. Akshitha Done pr Examination
CTG Connected. FHR Monitored.
Maintained Dlo. ARM done.
clear liquor. Pij. synto 24ml/hr
as per doctor order. | Jee
01/6/20 |
| | 10pm | Maintained Dlo. Monitored
vitals and Recorded. CTG on
connected. FHR Monitored. Pain
assessment done. Pij. synto
12ml/hr on connected | Jee
01/6/20 |
| | 11pm | Monitored vitals and Recorded.
Maintained Dlo. CTG on Connect.
FHR Monitoring. Pain assessment
Done. Pij. synto 12ml/hr on
Connected | Jee
01/6/20 |
| 01/7/20 | 12pm | Dr. Aishwarya nam done pr
Examination failed progress with
No descent full dilatation. frequent
FHR decelerations advised for
Emergency LSCS. Pij. Supur
1.5g IV, Pij. Pan 4mg IV,
Pij. Emeset 4mg IV given as
per doctor order. catheterization
done by Dr. Aishwarya 16PR
feels. No leaking. No onset
of fever. No any other
complaints | Jee
01/6/20 |

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

NURSES NOTES

- ☐ No Known Drug Allergies
☐ Drug Allergies *NEO*

| DATE | TIME | (ALL ENTRIES MUST BE SIGNED, DATED AND TIMED) | SIGNATURE |
|--------|----------|---|--------------------|
| 2/7/26 | 12 AM | Patient shifted from LDR to OT - patient care handing over given to OT Staff - | <i>[Signature]</i> |
| 2/7/26 | 12.00 am | <u>OT Note</u>
Patient received from LDR. Patient conscious and oriented. Patient vitals are stable.
BP - 120/80 mm Hg, HR - 120 bpm
SpO2 - 100%. Patient shifted to OT - OT for surgery under aseptic technique. Spinal anaesthesia is given under spinal anaesthesia procedure. Emergency lscs done. Patient shifted to MNU. Patient full handed over to the MNU Staff. | <i>[Signature]</i> |
| | 1.45 PM | <u>Receiving Notes</u>
Patient received from OT to MNU. Patient care handing over taken from OT staff. Monitored vitals and recorded. Maintained I/O. PV Bleeding | |

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

(3)

NURSES NOTES

☐ No Known Drug Allergies

☐ Drug Allergies Nil.

| DATE | TIME | (ALL ENTRIES MUST BE SIGNED, DATED AND TIMED) | SIGNATURE |
|--------|---------|--|--------------|
| 21 Feb | | Minimal IVF RL 125ml/hr on connected. No any other Complaint | Shree 016720 |
| | 2 AM | Monitored vitals and Recorded. Maintained Dto. pr Bleeding Minimal. Watching pr Bleeding Minimal. IVF RL 125ml/hr on Connected. Patient General Condition Fair. | Shree 016720 |
| | 3 AM | Administered medicines as per drug chart.
B - Breast is soft, No engorgement
U - uterus contracted
B - Bladder CBD present
B - Bowel movement present
L - Lochia Rubra No foul smelling
E - RBEA Assessment Not applicable
H - Homan Sign Negative
E - Emotional Status good | Shree 016720 |
| | 4.30 AM | Orals Started as per doctor order. Maintained Dto. Monitored vitals and Recorded. pr Bleeding Minimal. | Shree 016720 |
| | 5 AM | Patient tolerating orals - TC water given. Informed to Dr. Akshitha advised to shift the patient towards doctor | |

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

NURSES NOTES

☒ No Known Drug Allergies

☐ Drug Allergies NAL

| DATE | TIME | (ALL ENTRIES MUST BE SIGNED, DATED AND TIMED) | SIGNATURE |
|--------|---------|---|---------------------------|
| 2/1/20 | | order carried out | |
| | 5:20 AM | Patient shifted from
MDU to 7th Floor. Patient
Care Handing over given
to 7th Floor Staff | <u>J. Sue</u>
01/01/20 |
| | | Receiving Notes | |
| | 5:20 PM | PT'S received from EDR to 7th
Floor, PT'S conscious oriented
PT'S vitals are stable. PT'S
IV line patency, CBD (+),
CBC at 6 AM, IVF 125ml/hr on flow,
sips of water, followed by
clear liquid. CBR (R) plan
after 48 hrs, inj. Ulexare coming
Sic. at 1:30 pm. | |
| | 6 AM | PT'S vital signs checked and
recorded. Vitals are stable.
maintained I/O chart. | <u>Syl</u>
607353 |
| | 7 AM | Due medication given as per
order, maintained I/O chart. | <u>Syl</u>
607353 |
| | 7:00 AM | PT'S ds
B-Breast is soft, no engorgement
U-Uterus contraction well.
B-Bowel movement (+)
B-Urine voided freely
L-Locking retractor (+)
E-Rocka Scale Assessment NA | |

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

NURSES NOTES

☐ NO KNOWN Drug Allergies

☐ Drug Allergies NEU

| DATE | TIME | (ALL ENTRIES MUST BE SIGNED, DATED AND TIMED) | SIGNATURE |
|----------|--------|--|-----------|
| 02/11/20 | - | 17 - Honan's sign Negative | |
| | | E - Emotional status good → | Sul |
| | 7:30am | Pls details Handover given to morning duty staff → | Sul |
| | | Morning duty On 21/11/20 | |
| | 4:30am | Patient details handover taken Night duty shift. Patient conscious and Oriented. W line Patien. 4RF. RL 125ml/hr on flow of the patient. → | Stole |
| | 8am | Vital sign checked and Recorded. | Stole |
| | | B - Breast soft. No Engorgement | |
| | | U - Uterus Contracted. Inversion present | |
| | | B - Bowel Movement present | |
| | | feces passed | |
| | | B - Urine voided freely | |
| | | L - Lochia Rubra present | |
| | | no foul smelly | |
| | | E - REEDA is Not applicable | |
| | | H - Honan's sign Negative | Stole |
| | | E - Emotional status good → | |
| | 8:30am | Dr. Vinita man see the patient advised by Raji @ 9am. soft diet @ 12pm, plenty of oral fluid. Vitals monitoring, Hydration | |

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

NURSES NOTES

☐ No Known Drug Allergies

☒ Drug Allergies

| DATE | TIME | (ALL ENTRIES MUST BE SIGNED, DATED AND TIMED) | SIGNATURE |
|---------|--------|--|--------------------|
| 21/7/26 | | @ 1.30pm, CRIO @ 48 hours → | Dr. |
| | 10 Am | Place medication given as per doctor's order → | Ph. |
| | 11 Am | Ly: Micrology today given IV line pattern → | Ph. |
| | 12pm | Maintain Intake and Output Chart: Mikal figure checked and Recorded → | Ph. |
| | 1.30pm | Pt detail handy One On evening duty shift → | Ph. |
| 21/7/26 | 1.30pm | Evening duty patient detail handover taken over from morning duty to evening. patient LBD 48hrs IVF - 125ml/hour, soft diet | |
| | 2.00pm | patient seen by Dr. Birgmann IVF stop, B-Breast is soft, No engorgement U-Uterus is contracted well B-Bowel movement is present B-Urine voided frequently T-Tachia Rubra is present E-Reeda NOT applicable H-Human signs Negative E-Emotional status is good | J.P. Karmaz 007267 |
| | 4.00pm | patient due medication Inf. paracetamol given, vitals | J.P. Karmaz 007267 |

NOTE : DO NOT WRITE OUTSIDE THE MARGINS



5

NURSES NOTES

- ☒ No Known Drug Allergies
☐ Drug Allergies NIC

| DATE | TIME | (ALL ENTRIES MUST BE SIGNED, DATED AND TIMED) | SIGNATURE |
|----------|--------|--|------------------|
| 02/11/26 | 7:00pm | patient Is take/output maintained | P. Kannan 607261 |
| | 7:30pm | patient details handed over given to Night duty staff | P. Kannan 607261 |
| | | Night duty | |
| 02/11/26 | 7:30pm | pt's details Hand over taken from Evening Duty Staff - Baby vitals are stable - pt's IV medication continue, soft stool, CBD (+), CBD Removal plan after 48hrs, IVF stop, IV line-patency, Ambulation → | Sup 607261 |
| | 8pm | pt's vital signs checked and recorded. Vitals are stable. Maintained ibuprofen. PUE medication given as per order. | Sup 607261 |
| | | B - Breast is soft, no engorgement
U - Uterus contracted well
B - Bowel movement (+)
B - Urine output fairly well.
C - Lochia rubra (+)
E - Rood's Scale NA
H - Hemorrhoids Sign Negative
E - Emotional status good → | Sup 607261 |
| | 10pm | pt's vitals are stable. IV blood sugar is normal. | Sup 607261 |

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

NURSES NOTES

- ☐ No Known Drug Allergies
☐ Drug Allergies ... *None*

| DATE | TIME | (ALL ENTRIES MUST BE SIGNED, DATED AND TIMED) | SIGNATURE |
|------------|--------|---|----------------------------------|
| 03/07/2026 | 12AM | PT's sleeping well, maintained I/O chart, all medication given as per order. | <i>[Signature]</i>
03/07/2026 |
| | 2AM | PT's vitals are stable, maintained I/O chart. | <i>[Signature]</i>
03/07/2026 |
| | 4AM | PT's Encouraged mother plenty of oral fluids, urine output well, maintained I/O chart. | <i>[Signature]</i>
03/07/2026 |
| | 6AM | PT's vitals are stable, maintained I/O chart, all medication given as per order. | <i>[Signature]</i>
03/07/2026 |
| | 7:30AM | PT's details hand over given to morning duty staff. | <i>[Signature]</i>
03/07/2026 |
| | | Morning duty on
3/07/2026 | |
| 3/7/26 | 8AM | Patient details handing over taken from Night duty staff. Now PT on Conscious Observed clinical stable. | <i>[Signature]</i>
03/07/2026 |
| | 9AM | vitals signs are checked Monitored done. | |
| | 10AM | Relaxation Exercise will be done. | <i>[Signature]</i>
03/07/2026 |

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00001896
Mrs RUBIKA R
04-01-1997
Dr. AISHWARYA PARTHASARATHY
29 Y 5 M 28 D (F)
IP18-00036270

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CAESAREAN SECTION OPERATIVE NOTES

| | |
|---|---|
| Surgeon's Name: Dr. Aishwarya | Date of Delivery: 21/7/26 |
| Assistant Surgeon: Dr. Lucetta / Dr. Abhishek | Time of Delivery: 12:19 AM |
| Anaesthetist's Name: Dr. Priyadarshini | Gender of Baby: Boy |
| Type of Anaesthesia: Spinal | Weight of Baby: 2.933 kgs |
| Neonatologist: Dr. Gayathri | AGPAR Score: 6/10, 9/10 |
| Scrub Nurse: SM Guna | NICU Admission: ☐ Yes ☒ No |

Pre-Operative Diagnosis: G2P1L1 / 38 wsd / prior LSCS / LCB 5 yrs / Em. LSCS

☐ Elective

☒ Emergency

Indication: Arrest of descent

Urgency

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

Decision time:

Knief to rectus:

CTG Description: Reactive

If there was a delay give the reasons:

Surgical Procedure: Emergency lower segment caesarean section

Post Operative Diagnosis: POD #0 / P2L2 / Em. LSCS

Peri-Operative Complications: NIL

Amount of Blood Loss: 700-800 ML

Blood Transfused (in ML): -

Name and Number of Surgical Specimen sent for examination: -

Examination Findings when Appropriate:

Presentation: ☒ Cephalic ☐ Breech ☐ Other

Cervical Dilatation: full dilatation cm

5th Palpable: 0/1th

Fetal Position: cephalic

Station: ☐ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☒ +2

Moulding: ☒ None ☐ + ☐ ++ ☐ +++

Caput: ☐ + ☒ ++ ☐ +++

Meconium: ☒ None ☐ + ☐ ++ ☐ +++

Bladder Catheterized; ☒ Yes ☐ No

Urine: ☒ Clear ☐ Blood Stained

Skin Incision: ☒ Pfannenstiel ☐ Transverse ☐ Midline ☐ Other

Uterine Incision: ☒ Lower Segment ☐ Classical ☐ Inverted T ☐ J Incision

Previous Scar: ☒ Intact ☐ Thinned out ☐ Ruptured ☐ No Scar

Incision Through Placenta: ☐ Yes ☒ No

Delivery of head: ☒ Manual ☐ Forceps

Liquor: ☒ Clear ☐ Meconium: ☐ I ☐ II ☐ III ☐ Blood ☐ Offensive ☐ Not Offensive

Delivery of Placenta: ☐ Manual ☒ CCT ☐ Complete ☐ Incomplete ☐ Piecemeal

Cord Appearance: Normal

Appearance of placenta: Normal

Uterus, tubes and ovaries: ☒ Normal ☐ Not Normal

Cord around the neck ☐ Yes ☒ No

Cavity explored ☒ Yes ☐ No

Sterilization: ☐ Yes ☒ No

Uterine Closure: ☐ One Layer ☒ Two Layers

Peritoneal Closure: ☐ Pelvic ☐ Abdominal ☒ None

Sheath Closure: 1-0 PDS

Fat Closure: ☐ Yes ☒ No

Skin Closure: ☒ Subcuticular ☐ Mattress

Vaginal Evacuated ☒ Yes ☐ No

Drain: ☐ Yes ☒ No

Catheter ☒ Yes ☐ No

Swap & Instruments count correct? ☒ Yes ☐ No

Intra-Operative Antibiotics Cover: ☒ Yes ☐ No

Post-Operative Notes: NPO x 3 hours

CBD x 48 hrs

Flt charting

Send CBC C/M G/M

w/ ↑ bleeding P/R

in bed ambulation

INS SUPACCE 150mg IR 1-0-1

INS METROGYL 500mg IR 1-1-1

INS PAN 40mg IR 1-0-1

INS PAPA 1gm IR 1-1-1

JUSTIN SUPPOSITORY P/R 1-0-1

INS CLEXANE 400mg @ 1:30pm

2/7/26

Doctor Name: Dr. Aishwarya

Doctor Signature: [Signature] (For)

Date & Time: 2/7/26

Morse Fall Risk Assessment Form

| Choose Highest Applicable Score from each Category | | Date / Time | 1/17/26 | 1/17/26 | 1/17/26 | Fall Risk Grading | | |
|--|-------------------------------|-------------|-------------|-------------|-------------|-------------------|------------------------|--|
| | | Score | | | | Risk Level | Morse Fall Score (MFS) | Action |
| History of Falling (immediately or w/in 3 months) | Yes | 25 | | | | Risk Level | Morse Fall Score (MFS) | Action |
| | No | 0 | 0 | 0 | 0 | | | |
| Secondary Diagnosis (more than one diagnosis) | Yes | 15 | | | | Low Risk | 0 - 24 | Standard Fall Precaution |
| | No | 0 | 0 | 0 | 0 | | | |
| Ambulatory Aid | Furniture | 30 | | | | Moderate Risk | 25 - 50 | Implement Moderate Fall Prevention Intervention |
| | Crutches, Cane(S), Walker | 15 | | | | | | |
| | None /Bed Rest /Nurse Assist | 0 | 0 | 0 | 0 | | | |
| IV / Heparin Lock or Saline | Yes | 20 | | 20 | 20 | High Risk | ≥ 51 | Implement High Risk Fall Prevention Intervention |
| | No | 0 | 0 | | | | | |
| GAIT / Transferring | Impaired | 20 | | | | High Risk | ≥ 51 | Implement High Risk Fall Prevention Intervention |
| | Weak (uses touch for balance) | 10 | | 10 | 10 | | | |
| | Normal /On Bed Rest /Immobile | 0 | 0 | | | | | |
| Mental Status | Forgets limitations | 15 | | | | High Risk | ≥ 51 | Implement High Risk Fall Prevention Intervention |
| | Oriented to own ability | 0 | 0 | 0 | 0 | | | |
| Total Morse Fall Scale Score: | | | 0 | 30 | 30 | | | |
| Signature | | | [Signature] | [Signature] | [Signature] | | | |

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

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

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

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

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

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

Patient Sticker

Mrs. Rubika

AOC: 01896

Morse Fall Risk Assessment Form

| Choose Highest Applicable Score from each Category | | Date / Time | M
2/7/26 | E
2/7/26 | N
2/7/26 | Fall Risk Grading | | |
|--|-------------------------------|-------------|--------------------|--------------------|--------------------|-------------------|------------------------|--|
| | | Score | | | | Risk Level | Morse Fall Score (MFS) | Action |
| History of Falling
(immediately or w/in 3 months) | Yes | 25 | | | | Risk Level | Morse Fall Score (MFS) | Action |
| | No | 0 | 0 | 0 | 0 | | | |
| Secondary Diagnosis
(more than one diagnosis) | Yes | 15 | | | | Low Risk | 0 - 24 | Standard Fall Precaution |
| | 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 | Moderate Risk | 25 - 50 | Implement Moderate Fall Prevention Intervention |
| | No | 0 | | | | | | |
| GAIT / Transferring | Impaired | 20 | | | | High Risk | ≥ 51 | Implement High Risk Fall Prevention Intervention |
| | Weak (uses touch for balance) | 10 | | | | | | |
| | Normal /On Bed Rest /Immobile | 0 | 0 | 0 | 0 | | | |
| Mental Status | Forgets limitations | 15 | | | | | | |
| | Oriented to own ability | 0 | 0 | 0 | 0 | | | |
| Total Morse Fall Scale Score: | | | 20 | 20 | 20 | | | |
| Signature | | | <i>[Signature]</i> | <i>[Signature]</i> | <i>[Signature]</i> | | | |

Tick (✓) whichever precaution taken.

Risk Level and Interventions**Low Risk (0 - 24) (Standard Falls Precautions)**

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

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

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

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

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

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1996 "Twin" 10

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GUC-00001896
Mrs RUBIKA R
04-01-1997
29 Y 5 M 29 D
Dr. AJSHWARYA PARTHASARATHY (F)
IP18-00056270

Morse Fall Risk Assessment Form

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| Choose Highest Applicable Score from each Category | | Date / Time | 3/7 | 3/7/26 | 3/7/26 | Fall Risk Grading | | |
|--|-------------------------------|-------------|-----|--------|--------|-------------------|---------------------------|---|
| | | Score | M | F | N | | | |
| History of Falling
(immediately or w/in 3 months) | Yes | 25 | | | | Risk Level | Morse Fall Score
(MFS) | Action |
| | No | 0 | 0 | 0 | 0 | | | |
| Secondary Diagnosis
(more than one diagnosis) | Yes | 15 | | | | Low Risk | 0 - 24 | Standard Fall
Precaution |
| | No | 0 | 0 | 0 | 0 | | | |
| Ambulatory Aid | Furniture | 30 | | | | Moderate Risk | 25 - 50 | Implement
Moderate Fall
Prevention
Intervention |
| | Crutches, Cane(S), Walker | 15 | 15 | 15 | 15 | | | |
| | None /Bed Rest /Nurse Assist | 0 | | | | | | |
| IV / Heparin Lock or Saline | Yes | 20 | 20 | 20 | 20 | High Risk | ≥ 51 | Implement High
Risk Fall
Prevention
Intervention |
| | No | 0 | | | | | | |
| GAIT / Transferring | Impaired | 20 | | | | High Risk | ≥ 51 | Implement High
Risk Fall
Prevention
Intervention |
| | Weak (uses touch for balance) | 10 | 10 | 10 | 10 | | | |
| | Normal /On Bed Rest /Immobile | 0 | | | | | | |
| Mental Status | Forgets limitations | 15 | | | | High Risk | ≥ 51 | Implement High
Risk Fall
Prevention
Intervention |
| | Oriented to own ability | 0 | 0 | 0 | 0 | | | |
| Total Morse Fall Scale Score: | | | | | | | | |
| Signature | | | 45 | 45 | 45 | | | |

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

100-100000 100-100000

100-100000 100-100000

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100-100000 100-100000

Patient Sticker

GUC-00001896
Mrs RUBIKA R
04-01-1997 29 Y 5 M 27 D (F)
Dr. AISHWARYA PARTHASARATHY
IP18-00036270

Morse Fall Risk Assessment Form

Rainbow®
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Your Right to a Safe Delivery

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

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

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

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

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

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

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

1000
1000
1000
1000
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PAIN ASSESSMENT FORM

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

| Date | Time | Pain Score (0/10) | Location | Duration | Acuity | Character | Modifying Factors | Patient / Family Educated | Intervention | Sign |
|--------|------|-------------------|--------------------|---|--|---|---|--|-------------------------|-----------------|
| 1/7/26 | 1pm | 2/10 | Lower abdomen | ☐ Continuous
☒ Intermittent | ☐ Acute
☐ Chronic | ☐ Sharp ☒ Dull
☐ Aching ☐ Burning | ☐ Increasing
☒ Decreasing | ☒ Yes
☐ No | Comfortable position | Not on chart |
| 1/7/26 | 2pm | 2/10 | Lower Abdomen pain | ☐ Continuous
☒ Intermittent | ☐ Acute
☐ Chronic | ☐ Sharp ☐ Dull
☐ Aching ☐ Burning | ☐ Increasing
☒ Decreasing | ☒ Yes
☐ No | Comfortable position | Atalys 01800 |
| 1/7/26 | 6pm | 2/10 | Lower Abdomen pain | ☐ Continuous
☒ Intermittent | ☐ Acute
☐ Chronic | ☐ Sharp ☐ Dull
☐ Aching ☐ Burning | ☐ Increasing
☒ Decreasing | ☒ Yes
☐ No | Comfortable position | Atalys 01850 |
| 1/7/26 | 8pm | 2/10 | Abdomen pain | ☐ Continuous
☒ Intermittent | ☐ Acute
☐ Chronic | ☐ Sharp ☐ Dull
☐ Aching ☐ Burning | ☐ Increasing
☒ Decreasing | ☒ Yes
☐ No | Breastfeeding Exercise | Shirley 10/6/26 |
| 2/7/26 | 2am | 1/10 | Surgical site | ☐ Continuous
☒ Intermittent | ☐ Acute
☐ Chronic | ☐ Sharp ☐ Dull
☐ Aching ☐ Burning | ☐ Increasing
☒ Decreasing | ☐ Yes
☐ No | Pharmacological therapy | Shirley 01522 |
| 2/7/26 | 6am | 1/10 | Surgical site | ☐ Continuous
☒ Intermittent | ☐ Acute
☐ Chronic | ☐ Sharp ☐ Dull
☐ Aching ☐ Burning | ☐ Increasing
☒ Decreasing | ☒ Yes
☐ No | Pharmacological therapy | Shirley 01522 |
| 2/7/26 | 10am | 0/10 | - | ☐ Continuous
☒ Intermittent | ☐ Acute
☐ Chronic | ☐ Sharp ☐ Dull
☐ Aching ☐ Burning | ☐ Increasing
☒ Decreasing | ☒ Yes
☐ No | Nil | An |
| 2/7/26 | 4pm | 3/10 | Surgical site | ☐ Continuous
☒ Intermittent | ☐ Acute
☐ Chronic | ☐ Sharp ☐ Dull
☐ Aching ☐ Burning | ☐ Increasing
☒ Decreasing | ☒ Yes
☐ No | NS-Pain 19mg given | Shirley 01522 |
| 2/7/26 | 8pm | 3/10 | Surgical site | ☐ Continuous
☒ Intermittent | ☐ Acute
☐ Chronic | ☐ Sharp ☐ Dull
☐ Aching ☐ Burning | ☐ Increasing
☒ Decreasing | ☒ Yes
☐ No | Pharmacological therapy | Shirley 01522 |
| 2/7/26 | 10pm | 4/10 | Surgical site | ☐ Continuous
☒ Intermittent | ☐ Acute
☐ Chronic | ☐ Sharp ☐ Dull
☐ Aching ☐ Burning | ☐ Increasing
☒ Decreasing | ☒ Yes
☐ No | Pharmacological therapy | Shirley 01522 |

Re-assessment Frequency:

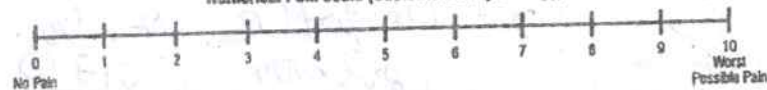
- Every eight hours for all hospitalized patients.
- For post-surgical patients, patients with chronic pain, patient with severe pain:
 - At least every 2 hours for the first 24 hours
 - Then every 4 hours.
 - Prior to pain pain-relieving intervention.
 - Within 30 - 60 minutes after pain relief intervention.

PAIN ASSESSMENT TOOLS

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

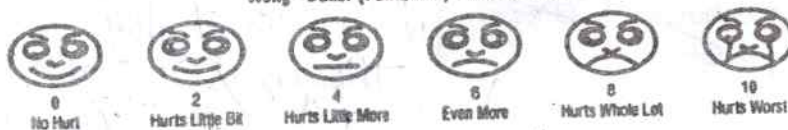
Numerical Pain Scale (Obstetric and Gynecology)



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

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

Wong - Baker (Pediatrics) Above 7 Years





PAIN ASSESSMENT FORM

| Date | Time | Pain Score (0/10) | Location | Duration | Acuity | Character | Modifying Factors | Patient / Family Educated | Intervention | Sign |
|--------|------|-------------------|---------------|---|---|---|---|--|-------------------------|------|
| 3/7/26 | 12pm | 0/10 | Lower Abdomen | ☐ Continuous
☒ Intermittent | ☒ Acute
☐ Chronic | ☐ Sharp ☐ Dull
☒ Aching ☐ Burning | ☐ Increasing
☒ Decreasing | ☒ Yes
☐ No | im' pang
Opurin | Puro |
| 3/7/26 | 4pm | 0/10 | Lower Abdomen | ☐ Continuous
☒ Intermittent | ☒ Acute
☐ Chronic | ☐ Sharp ☐ Dull
☒ Aching ☐ Burning | ☐ Increasing
☒ Decreasing | ☒ Yes
☐ No | im' pang
Opurin | Puro |
| 3/7/26 | 8pm | 0/10 | Lower Abdomen | ☐ Continuous
☒ Intermittent | ☒ Acute
☐ Chronic | ☐ Sharp ☐ Dull
☒ Aching ☐ Burning | ☐ Increasing
☒ Decreasing | ☒ Yes
☐ No | im' pang
Opurin | Puro |
| 4/7/26 | 8pm | 0/10 | Nil | ☐ Continuous
☒ Intermittent | ☒ Acute
☐ Chronic | ☐ Sharp ☐ Dull
☒ Aching ☐ Burning | ☐ Increasing
☒ Decreasing | ☒ Yes
☐ No | Comfortable
position | Puro |
| 4/7/26 | 8am | 0/10 | Nil | ☐ Continuous
☒ Intermittent | ☒ Acute
☐ Chronic | ☐ Sharp ☐ Dull
☒ Aching ☐ Burning | ☐ Increasing
☒ Decreasing | ☒ Yes
☐ No | comfortable
position | Puro |
| | | | | ☐ Continuous
☐ Intermittent | ☐ Acute
☐ Chronic | ☐ Sharp ☐ Dull
☐ Aching ☐ Burning | ☐ Increasing
☐ Decreasing | ☐ Yes
☐ No | | |
| | | | | ☐ Continuous
☐ Intermittent | ☐ Acute
☐ Chronic | ☐ Sharp ☐ Dull
☐ Aching ☐ Burning | ☐ Increasing
☐ Decreasing | ☐ Yes
☐ No | | |
| | | | | ☐ Continuous
☐ Intermittent | ☐ Acute
☐ Chronic | ☐ Sharp ☐ Dull
☐ Aching ☐ Burning | ☐ Increasing
☐ Decreasing | ☐ Yes
☐ No | | |
| | | | | ☐ Continuous
☐ Intermittent | ☐ Acute
☐ Chronic | ☐ Sharp ☐ Dull
☐ Aching ☐ Burning | ☐ Increasing
☐ Decreasing | ☐ Yes
☐ No | | |
| | | | | ☐ Continuous
☐ Intermittent | ☐ Acute
☐ Chronic | ☐ Sharp ☐ Dull
☐ Aching ☐ Burning | ☐ Increasing
☐ Decreasing | ☐ Yes
☐ No | | |

Re-assessment Frequency:

1. Every eight hours for all hospitalized patients.

2. For post-surgical patients, patients with chronic pain, patient with severe pain:

a) At least every 2 hours for the first 24 hours

b) Then every 4 hours.

c) Prior to pain relieving intervention.

d) Within 30 - 60 minutes after pain relief intervention.

PAIN ASSESSMENT TOOLS

F. ACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)



Wong - Baker (Pediatrics) Above 7 Years



| CATEGORY | SCORING | | |
|---------------|--|---|--|
| | 0 | 1 | 2 |
| Face | No Particular expression or smile | Occasional Grimace or Frown, withdrawn, Disoriented | Frequent to constant frown, quivering chin, clenched jaw |
| Legs | Normal Position or Relaxed | Uneasy, restless, tense | Kicking, or legs drawn up |
| Activity | Laying quietly normal position, moves easily | Squirming shifting back and forth, tense | Arched, rigid, or jerking |
| Cry | No Cry (Awake or asleep) | Means 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 (up to 1 Month)

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

BRADEN 'Q' SCALE

| | | | | | Date: | 1 | 2 | 3 | 4 |
|--|--|--|---|--|-------------------------|-------------|----|----|----|
| | | | | | Time: | M | F | N | M |
| Mobility | 1. Completely immobile:
Does not make even slight changes in body or extremity position without assistance. | 2. Very limited:
Makes occasional slight changes in body or extremity position but unable to completely turn self independently. | 3. Slightly limited:
Makes frequent through slight changes in body or extremity position independently. | 4. No limitations:
Makes major and frequent changes in position without assistance. | 4 | 4 | 4 | 4 | |
| "Activity The degree of physical activity" | 1. Bedfast:
Confined to bed | 2. Chairfast:
Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair. | 3. Walks occasionally:
Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair. | 4. All patients too young to ambulate; OR walks frequently:
Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours. | 4 | 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 meat and dairy products. Occasionally eats between meals. Does not require supplementation. | 4 | 4 | 3 | 3 | |
| Tissue Perfusion & Oxygenation | 1. Extremely compromised:
Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes. | 2. Compromised:
Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40. | 3. Adequate:
Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal. | 4. Excellent:
Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds. | 4 | 4 | 4 | 4 | |
| Severe Risk : less than 9 High Risk : 10-12 Moderate Risk : 13-14 Mild Risk : 15-18 Not at Risk: 19-23 | | | | | TOTAL SCORE | 29 | 27 | 26 | 26 |
| Docu. No. : RCH/FRM / CLINICAL / 119 | | | | | Evaluator's Name | [Signature] | | | |

04/11/2018 07:00

| 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 | <ul style="list-style-type: none"> • Regular Turning Schedule • Enable as much activity as possible • Protect the heels • Use pressure redistribution surfaces • Manage moisture, friction and shear • Advance to a higher level of risk if other major risk factors are present | High density foam mattress
Gel pads for high-risk areas
Alternating pressure mattress overlay |
| 13-14 | Moderate Risk | <ul style="list-style-type: none"> • Use the Same Protocol as for "At Risk" Patients • Position patient at 30 degree lateral incline using foam wedges | High density foam mattress
Gel pads for high-risk areas
Alternating pressure mattress overlay |
| 10-12 | High Risk | <ul style="list-style-type: none"> • Follow the same protocol as for "Moderate Risk" Patients • In addition to regular turning schedule • Make small shifts in their position frequently | High density foam mattress
Gel pads for high-risk areas
Alternating pressure mattress overlay |
| Less than 9 | Severe Risk | <ul style="list-style-type: none"> • Use same protocol as for "High Risk" Patients • Add a pressure redistribution surface for patients with severe pain or with additional risk factors. | High density foam mattress
Gel pads for high-risk areas
Alternating pressure mattress overlay |

Mrs. Dubey

Patient ID

BRADEN 'Q' SCALE

| | | | | |
|---|--|--|---|--|
| 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. |
| *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. |
| 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. |
| Moisture Degree to which skin is exposed to moisture | 1. Constantly moist: Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned. | 2. Very moist: Skin is often, but not always, moist. Linen must be changed at least every 8 hours. | 3. Occasionally moist: Skin is occasionally moist, requiring linen change every 12 hours. | 4. Rarely moist: Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours. |
| Friction-Shear
Friction: Occurs when skin moves against support surfaces
Shear: Occurs when skin and adjacent bony surface slide across one another | 1. Significant problem: Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction. | 2. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance. | 3. Potential problem: Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down. | 4. No apparent problem: Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to lift up completely during move. Maintains good position in bed or chair at all times. |
| Nutritional Usual food intake pattern | 1. Very Poor: NPO or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement. | 2. Inadequate: Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement. | 3. Adequate: Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered. | 4. Excellent: Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation. |
| Tissue Perfusion & Oxygenation | 1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes. | 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. |

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 /RM / CLINICAL / 119

| | | | | | |
|-----------------|--|----|----|----|----|
| TOTAL SCORE | | 24 | 24 | 24 | 24 |
| Evaluators Name | | ay | ay | ay | ay |

ay 24 24 24 24
ay 24 24 24 24

| 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 | <ul style="list-style-type: none"> ⑩ Regular Turning Schedule ⑩ Enable as much activity as possible ⑩ Protect the heels ⑩ Use pressure redistribution surfaces ⑩ Manage moisture, friction and shear ⑩ Advance to a higher level of risk if other major risk factors are present | High density foam mattress
Gel pads for high-risk areas
Alternating pressure mattress overlay |
| 13-14 | Moderate Risk | <ul style="list-style-type: none"> ⑩ Use the Same Protocol as for "At Risk" Patients ⑩ Position patient at 30 degree lateral incline using foam wedges | High density foam mattress
Gel pads for high-risk areas
Alternating pressure mattress overlay |
| 10-12 | High Risk | <ul style="list-style-type: none"> ⑩ Follow the same protocol as for "Moderate Risk" Patients ⑩ In addition to regular turning schedule ⑩ Make small shifts in their position frequently | High density foam mattress
Gel pads for high-risk areas
Alternating pressure mattress overlay |
| Less than 9 | Severe Risk | <ul style="list-style-type: none"> ⑩ Use same protocol as for "High Risk" Patients ⑩ Add a pressure redistribution surface for patients with severe pain or with additional risk factors. | High density foam mattress
Gel pads for high-risk areas
Alternating pressure mattress overlay |

BRADEN 'Q' SCALE

GUC-00001896

IP18-00035270

Mrs RUBIKA R

29 Y 5 M 27 D (F)

1997

Dr. AISHWARYA PARTHASARATHY



File:
slight changes
position
without assistance.

| | | Date : 24/25/26 | | Time : N M | |
|---|---|--|---|--|----|
| | | 1. Very limited:
Makes occasional slight changes in body or extremity position but unable to completely turn self independently. | 2. 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. | |
| '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. | |
| 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. | |
| 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. | |
| FRICITION-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 lift up completely during move. Maintains good position in bed or chair at all times. | |
| Nutritional Usual food intake pattern | 1. Very Poor:
NPO/or maintained on clear liquids, or IV's for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings of meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement. | 2. Inadequate:
Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement. | 3. Adequate:
Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered. | 4. Excellent:
Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation. | |
| 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. | |
| 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 | | | | | |
| TOTAL SCORE | | | | 24 | 20 |
| Evaluator's Name | | | | Aishwarya Parthasarathy | |

| 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 | <ul style="list-style-type: none"> Regular Turning Schedule Enable as much activity as possible Protect the heels Use pressure redistribution surfaces Manage moisture, friction and shear Advance to a higher level of risk if other major risk factors are present | High density foam mattress
Gel pads for high-risk areas
Alternating pressure mattress overlay |
| 13-14 | Moderate Risk | <ul style="list-style-type: none"> Use the Same Protocol as for "At Risk" Patients Position patient at 30 degree lateral incline using foam wedges | High density foam mattress
Gel pads for high-risk areas
Alternating pressure mattress overlay |
| 10-12 | High Risk | <ul style="list-style-type: none"> Follow the same protocol as for "Moderate Risk" Patients In addition to regular turning schedule Make small shifts in their position frequently | High density foam mattress
Gel pads for high-risk areas
Alternating pressure mattress overlay |
| Less than 9 | Severe Risk | <ul style="list-style-type: none"> Use same protocol as for "High Risk" Patients Add a pressure redistribution surface for patients with severe pain or with additional risk factors. | High density foam mattress
Gel pads for high-risk areas
Alternating pressure mattress overlay |

Patient's

GUC-00001896

IP18-00036270

Mrs RUBIKA R

04-01-1997

29 Y 5 M 27 D (F)

MRD NC

Dr. AISHWARYA PARTHASARATHY

Age :

Sex: ☐ M ☐ F

PHLEBITIS ASSESSMENT

CANNULA 1

Date : 1/7/2026

Time: 1.30pm

Location :

Size : 18 in

Cannula inserted by : SN POOJ A

| Date | Time | Phlebitis | Infiltration | Nursing Intervention | Sign |
|--------|------|---|---|----------------------|------|
| 1/7/21 | 2pm | ☒ Yes ☐ No | ☒ Yes ☐ No | obs | SA |
| | 4pm | ☒ Yes ☐ No | ☒ Yes ☐ No | obs | SA |
| | 6pm | ☒ Yes ☐ No | ☒ Yes ☐ No | obs | SA |
| | 8pm | ☒ Yes ☐ No | ☒ Yes ☐ No | obs | SA |
| | 10pm | ☒ Yes ☐ No | ☒ Yes ☐ No | obs | SA |
| | 12am | ☒ Yes ☐ No | ☒ Yes ☐ No | obs | SA |
| | 2pm | ☒ Yes ☐ No | ☒ Yes ☐ No | obs | SA |
| | 4pm | ☒ Yes ☐ No | ☒ Yes ☐ No | obs | SA |
| | 6pm | ☒ Yes ☐ No | ☒ Yes ☐ No | obs | SA |
| | 8pm | ☒ Yes ☐ No | ☒ Yes ☐ No | obs | SA |
| | 10pm | ☒ Yes ☐ No | ☒ Yes ☐ No | obs | SA |
| 2/7/21 | 10am | ☒ Yes ☐ No | ☒ Yes ☐ No | obs | SA |
| | 12pm | ☒ Yes ☐ No | ☒ Yes ☐ No | obs | SA |
| | 2pm | ☒ Yes ☐ No | ☒ Yes ☐ No | obs | SA |
| | 4pm | ☒ Yes ☐ No | ☒ Yes ☐ No | obs | SA |
| | 6pm | ☒ Yes ☐ No | ☒ Yes ☐ No | obs | SA |
| | 8pm | ☒ Yes ☐ No | ☒ Yes ☐ No | obs | SA |
| | 10pm | ☒ Yes ☐ No | ☒ Yes ☐ No | obs | SA |
| 3/7/21 | 12pm | ☒ Yes ☐ No | ☒ Yes ☐ No | obs | SA |
| | 2pm | ☒ Yes ☐ No | ☒ Yes ☐ No | obs | SA |
| | 4pm | ☒ Yes ☐ No | ☒ Yes ☐ No | obs | SA |
| | 6am | ☒ Yes ☐ No | ☒ Yes ☐ No | path | SA |
| | 8am | ☒ Yes ☐ No | ☒ Yes ☐ No | path | SA |
| | 12pm | ☒ Yes ☐ No | ☒ Yes ☐ No | path | SA |
| | 2pm | ☒ Yes ☐ No | ☒ Yes ☐ No | path | SA |
| | 4pm | ☒ Yes ☐ No | ☒ Yes ☐ No | path | SA |
| | 6pm | ☒ Yes ☐ No | ☒ Yes ☐ No | path | SA |
| | 8pm | ☒ Yes ☐ No | ☒ Yes ☐ No | path | SA |
| 4/7/21 | 12am | ☒ Yes ☐ No | ☒ Yes ☐ No | path | SA |

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

31/7/21
8pm

NOTE :

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

CANNULA 2

Date: 11/7/2026

Time: 1:30 PM.

Location :

Size : 18 1/2

Cannula inserted by: S/N Poojith

[illegible]

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

PHLEBITIS ASSESSMENT AND MANAGEMENT RECORD

CANNULA 3

Time:

Location :

Size :

Cannula inserted by :

CANNULA 4

Time:

Size :

Cannula inserted by :

[illegible]

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

[illegible]

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

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

* Every 2 hours if on fluid infusion.

- ✱ Every 4 hours if only on IV medication.

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

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

INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD



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 <u>1220/1/3844</u> | 3. Pain Management | 6. Discharge Medication | 10. Fall Risk Education |
| 2. Treatment and Care | 4. Informed Consent | 7. Infection Control Measures | 11. Safe use of Medical Equipment / Implantable Devices |
| | 5. Medication / Therapy (safety, effects/ side effect, interactions) | 8. Diagnostic Test / Procedures | 12. Patient's / Family Rights |
| | | 9. Nutrition / Diet | 13. Risk / Safety |

Part - II

| Date | Time | Need Identified | Information Taught | Use codes from the list in part III | | | | | Comments | Designation / Signature |
|--------|------|-----------------|---|-------------------------------------|----------------------|----------------|-----------------------------------|---------------|----------|-------------------------|
| | | | | Person Taught | Learning Barriers | Teaching Tools | Mechanism/s to overcome barrier/s | Understanding | | |
| 1/7/26 | 1pm | yes | education to nursing contact, location, treatment | Palani | No Learning Barriers | oral | Non | Verbal | Good | [Signature] |
| 2/7/26 | 8am | yes | Breast feeding instructions | Palani | No Learning Barriers | oral | Non | Verbal | Good | [Signature] |
| 3/7/26 | 11AM | YES | Breast feeding, Formula feeding | patient | | oral | Non | Verbal | Good | [Signature] |
| 4/7/26 | 10AM | YES | Discharge Medications | patient | NO Learning Barriers | Oral | Non | Verbal | Good | [Signature] |

Part - III: CODES

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

Learning Barriers:

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

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

Mechanism/s to overcome barrier/s:

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

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



Department of Health and Human Services
Office of the Assistant Secretary for Health

INTERDISCIPLINARY PATIENT/FAMILY EDUCATION RECORD

Family

Page 1

DATE: 10/10/94

TIME: 10:00 AM

LOCATION: Room 101

BY: [Signature]

FOR: [Signature]

RE: [Signature]

TOPIC: [Signature]

OBJECTIVES: [Signature]

ASSESSMENT: [Signature]

INTERVENTIONS: [Signature]

OUTCOMES: [Signature]

COMMENTS: [Signature]

SIGNATURE: [Signature]

DATE: 10/10/94

TIME: 10:00 AM

LOCATION: Room 101

BY: [Signature]

FOR: [Signature]

RE: [Signature]

TOPIC: [Signature]

OBJECTIVES: [Signature]

ASSESSMENT: [Signature]

INTERVENTIONS: [Signature]

OUTCOMES: [Signature]

COMMENTS: [Signature]

SIGNATURE: [Signature]

GUC-00001896

Mrs RUBIKA R

04-01-1997

Dr. AISHWARYA PARTHASARATHY

IP18-00036270

29 Y 5 M 28 D

(F)



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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
☐ b. Please explain football hold

8. NICU admission:

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

CN/A)

9. Additional notes:

Baby Motherside

Date: 2/7/26

Continuity of Care:

DBF given

L - 2

4/7/26

A - 1

B - 2

T - 1

A - 2

C - 2

T - 2

H - 2

C - 1

08

H - 1

8

P. 6:00am

Handover given by

Sr. Tautschi

Handover taken by

S. Madhuni

Signature

01/5/26

Signature

MP

Date & Time:

2/7/26

Date & Time:

2/7/26
4+



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CONSENT FORM FOR TRIAL OF LABOR & REPEAT CESAREAN SECTION

GUC-00001896
Mrs RUBIKA R
04-01-1997 29 Y 5 M 27 D (F)
Dr. AISHWARYA PARTHASARATHY

You have h
a trial of la
you may att



Date of Birth : Husband's Name :

a cesarean always a cesarean section* used to be the rule; some women may choose to attempt (VBAC). Your doctor will review the records of your cesarean section to determine whether or not

Suitability for trial of labor for VBAC assessed based on factors like:

- When was the last cesarean done
- What is the type of scar on the uterus (Transverse/Vertical)
- Any complications during/ after previous cesarean
- Where was it done
- Interval between pregnancies
- The course of your current pregnancy

You will have an opportunity to discuss this in detail with your doctor. Large studies have found a success rate of vaginal deliveries in 50 to 60% for women who have a trial of labor. The alternative to a trial of labor is to have a repeat cesarean section without labor.

If you qualify for a vaginal delivery after cesarean Section, you need to understand the benefits and risks of a trial of labor. This will enable you to make an informed choice to either plan a trial of labor or a repeat cesarean section.

BENEFITS AND RISKS OF TRIAL OF LABOR FOR VBAC:

Benefits:

- Vaginal delivery after cesarean section include a shorter hospital stay and recovery period for you.
- A vaginal delivery is considered safer than a cesarean section for the mother, with less blood loss and less risk of infection.
- The baby may benefit from vaginal birth by less remaining lung fluid after the first breath.

Risk:

- May require a cesarean section during labor with a higher risk of infection.
- There is a small (<1-2%) risk of the uterus opening in the area of the old incision. If this happens, it will cause distress, Permanent injury or death to your baby, excessive bleeding and rarely may require a hysterectomy (removal of the uterus).

BENEFITS AND RISKS WITH PLANNED LSCS:

Benefits:

- No risk of uterine rupture in women undergoing LSCS
- Less risk of birth-related asphyxia for baby when compared with VBAC

Risk:

- Longer hospital stay and recovery period
- Increased risk of neonatal respiratory morbidity (TTN)
- Increase the risk of serious complications in future pregnancies like adherent placenta, injury to bladder, bowel or ureter, hysterectomy; blood transfusion.

The risk of anesthetic complications is extremely low, irrespective of whether you opt for planned VBAC or planned LSCS

Your doctor will answer any further questions that you may have.

Please initial here that:

I have read and understand the risk and benefits of each procedure. I have had the opportunity to have my questions answered and I elect for:

☒ A trial of labor for ABAC

☐ A repeat cesarean section

Name of the Doctor performing the procedure : Dr. Aishwarya

Patient Attendant:

Signature : [Signature]

Name : Mrs. RUBIKA

Relationship with Patient : PT

Date & Time : 11/7/20

Doctor (who is taking the consent):

Signature : [Signature]

Name : Dr. Shreedan

Date & Time : 01/07/2020

Witness:

Signature : [Signature]

Name : P. UDAYAKUMAR (HUSBAND)

Date & Time : 11/7/20

SURGICAL SAFETY CHECKLIST

Surgeon: Dr. Ashwanya
Asst. Surgeon: Dr. Leelatha
Anaesthetist: Dr. Prasadharan
Scrub Nurse: Salina

Patier: UHD
Date: 04-01-1997
GUC-00001896 IP18-00036270
Mrs RUBIKA R
29 Y 5 M 28 D (F)
Dr. AISHWARYA PARTHASARATHY

Gender: F
Emergency: Yes
Out-time:

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Before Induction of Anaesthesia >>

Before Skin Incision >>

Before Patient Leaves Operating Room

| SIGN IN | | Time: <u>12:00 PM</u> |
|--|---|-----------------------|
| Patient Has Confirmed | | |
| Identity | ☒ Yes ☐ No | |
| Site | ☒ Yes ☐ No | |
| Procedure | ☒ Yes ☐ No | |
| Consent | ☒ Yes ☐ No | |
| Site Marked | ☒ Yes ☐ No ☐ NA | |
| Anaesthesia Safety Check Completed | ☒ Yes ☐ No | |
| Pulse Oximeter on Patient & Functioning | ☐ Yes ☒ No | |
| Does Patient have a: | | |
| Known Allergy? | ☐ Yes ☒ No | |
| Difficult Airway / Aspiration Risk? | | |
| Yes, & Equipment / Assistance Available | ☐ Yes ☒ No | |
| Risk of > 500ml Blood Loss (7ml/kg In Children)? | | |
| Yes, and Adequate Intravenous Access and Fluids Planned | ☐ Yes ☒ No ☐ NA | |
| Blood Units Reserved | ☐ Yes ☒ No ☐ NA | |
| Has Antibiotic Prophylaxis been given within the last 60 minutes? | | |
| | ☒ Yes ☐ No ☐ NA | |
| Signature: <u>Dr. Prasadharan</u> | | |
| Name: <u>Dr. Prasadharan</u> | | |

| TIME OUT | | Time: <u>12:10 PM</u> |
|---|---|-----------------------|
| 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: <u>Dr. Ashwanya</u> | | |

| SIGN OUT | | Time: |
|---|---|-------------|
| Nurse Verbally Confirms with the Team: | | |
| The Name of the Procedure Recorded | ☒ Yes ☐ No | |
| That Instrument, Sponge and Needle Counts are Correct (or Not Applicable) | ☒ Yes ☐ No ☐ NA | |
| The Specimen is Labelled (including patient name) | ☐ Yes ☒ No ☐ NA | |
| Whether there are any Equipment Problems to be addressed | ☐ Yes ☒ No ☐ NA | |
| To Surgeon, Anaesthetist and Nurse: | | |
| What are the key concerns for recovery and management of this patient? | | |
| | ☐ Yes ☒ No | |
| <div style="display: flex; align-items: center;"> <div style="text-align: center;"> <h1>6</h1> <p>Type
ISO 11140</p> </div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;"> STEAM </div> <div style="text-align: center;"> <div style="width: 20px; height: 10px; background-color: green; margin: 0 auto;"></div> <p>Green =
Sterilized</p> </div> <div style="margin-left: 10px;"> <p>Man.: 2025 - 06
Exp.: 2030 - 06
Ref.: 106.303.0500
Lot.: 14176</p> <p>SV: 121°C - 15 min.
134°C - 3.5 min.</p> </div> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-size: small;"> Steritech </div> </div> | | |
| Signature: <u>Dr. Ashwanya</u> | | |
| Name: <u>Dr. Ashwanya</u> | | |



PATIENT TRANSFER NURSING HANDOVER CHECKLIST

Date & Time of Transfer:

OT

TRANSFERRED TO: NICU.

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

PATIENT TRANSFER FORM

GUC-00001896

IP18-00036270

Mrs RUBIKA R

04-01-1997

29 Y 5 M 28 D

(F)

Dr. AISHWARYA PARTHASARATHY



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| | | |
|--|--|--|
| Date & Time of Admission
1/7/2026 | | Date & Time of Transfer Order
1/7/2026 at 1.45 am |
| Treating Consultant Name
Dr. Aishwarya | Transfer Ordered by
Dr. Priyadharsini | Reason for Transfer
further management |
| From Unit
OT | To Unit
MICU | Information to Attendant
Yes ☒ No ☐ |
| Number of Sheets in Clinical File
one file | Number of Imaging Films
— | Personal belongings including clinical documents. If any handed over to attendant
Yes ☐ No ☒
If yes, what ? |
| Medications / Consumables / Surgicals / Hand over | | |
| Sl.No. | Item Name | Quantity |
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| Shifting Summary / Notes Written by Doctor : Yes ☒ No ☐ | | |
| Name & Signature of Person who is Transferring
Dr. Pradeep Varadachari
020204 | | Name of Person Ordered Transfer
Dr. Priyadharsini |
| Patient & Clinical Records Received by :
S/N. Jayaram
01/07/2026 | | |
| Date & Time of Patient Received :
2/7/26 at 1.30 am | | |
| If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below : | | |

☐ Unavailable Bed

☐ Nurse not Available

☐ Available Bed not ready

CONSE

GUC-00001896

Mrs RUBIKA R

04-01-1997

Dr. AISHWARYA PARTHASARATHY

IP18-00036270

29 Y 5 M 28 D

(F)

STHESIA

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Patient Name:

Age: Gender: Male ☐ Female ☐

UHID NO:

Surgeon Name:

Anaesthesiologist: DR. PRUJADHARINI

Operative procedure planned: EMERGENCY LOWER
SEGMENT CESAREAN SECTION

PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA

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

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

- ☐ Heart disease ☐ Hypertension ☐ Diabetes mellitus ☐ Renal failure
☐ Hepatic disorders ☐ Shock ☐ Multiple organ failure ☐ Polytrauma / Renal Tubular Acidosis
☐ Incapacitating Chronic Obstructive Pulmonary Disease ☐ Others: MY HYPERTENSION, BRADYCARDIA, PAPH, DESATURATION.

• 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 anaesthesia.

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

I authorize the 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 anaesthesiologist 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:

Name:

Relationship with Patient:

Date & Time:

Witness:

Signature:

Name:

Date & Time:

Doctor (who is taking the consent):

Signature:

Name:

Date & Time:

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

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Informed Consent for Surgery or Special Procedure

GUC-00001896 IP18-00036270
Mrs RUBIKA R
04-01-1997 29 Y 5 M 27 D (F)
Dr. AISHWARYA PARTHASARATHY

Patient Name :

UHID / IP No:

Age : Gender :



INSTRUCTION

This consent form should be signed by patient (if an adult 18 years or older) or by 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 CAESAREAN SECTION.....

(Name of the Patient).....

upon MRS. RUBIKA R.

I have been advised of the benefits and reason of the procedure(s) as indicated by the clinical observations and /or diagnostics performed. I recognize that the practice of medicine is as much an art as a science and the refore 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 the Surgeon, Anaesthesiologist or the hospital staff responsible for any untoward event there of.

INFECTION, BLEEDING, EXTENSION OF INCISION LINE, INJURY TO MAJOR ARTERY, BLADDER BOYEL

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 and consent to the performance of the operation or procedure.

Consignee:

Signature: P. Rubika R.

Name: Rubika R.

Date & Time: 11/7/26

Relative

Signature :

Name:

Relationship with patient:

Witness:

Signature : R. S. S.

Name: R. S. S.

Date & Time:

Signature : [Signature]
Date & Time: 11/7/26

Name of Doctor: Dr. Aishwarya Parthasarathy



STRUCTURE

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Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION

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

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

Name: Mrs Rubika Age: 29 Sex: F UHID No: 1896

Date: 1/2/26 Time: 11.45 am Proposed Operation: Emergency ULE

Diagnosis: G2P1L1 / prior ULE

B.P / CRT: 110/70 H.R: 90/min Weight: 74 kg ASA Physical Status: ☒ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Laboratory Data:
Hgb: 12.3 Glucose: 72/10/85 Protein: _____
PCV: _____ Urea: _____ Alb: _____
WBC: _____ Creat: _____ Total Bil: _____
Plate: _____ Na: _____ Dir. Bil: _____
PT: 11.3 K: _____ LDH: _____
PTT: _____ Ca++: _____ Alk phos: _____
INR: 0.80 Mg++: _____ Amylase: _____
Cl-: _____ SGOT/SGPT: _____
HIV: _____ X-Ray: _____
HBS Ag: Yes ECG: _____
HCV: _____ 2D Echo: _____
Blood group: B+ve Stress/Angio: _____
T3: _____ Other: _____
T4: _____
TSH: 2.54

Allergies: NICOT

Medical History: CVS: _____

RESP: _____ Diabetes: _____

CNS: _____

Renal: nil comorbid

Hepatic / GE: _____ Physical Activity: _____

Others: _____

Past Anaesthetic History: No prior ULE & SAR ULE

Physical Exam: _____

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

Lungs: /whe

Heart: /whe

CNS: _____

Pregnant: ☒ Yes ☐ No ☐ NA

Venous Access Site: 18G + Spine Exam for regional

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

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

| CURRENT MEDICATIONS | DOSAGE |
|---------------------|--------|
| | |
| | |
| | |
| | |

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

Signature: [Signature] Name: Dr. Praveen Chaitan R

Patient Sticker

POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by: DradeepaTime Received: 1:40 amTime Discharged: 1:45 am

| | | | |
|---|---|--|--|
| 250
240
230
220
210
200
190
180
170
160
150
140
130
120
110
100
90
80
70
60
50
40
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20
10
0
SPO ₂ | 250
240
230
220
210
200
190
180
170
160
150
140
130
120
110
100
90
80
70
60
50
40
30
20
10
0 | 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 | | | OUT | SCORING INTERPRETATION |
|--|-----|------|---------|----|----|------|--|
| | | | 30 | 60 | 90 | | |
| Able to move 4 extremities voluntary or on command | = 2 | 1 | | | | 1 | A Minimum Total Score of 8 is Required for Discharge

Exceptions to this, are to be explained in the space below by the Discharging Physician: |
| Able to move 2 extremities voluntary or on command | = 1 | | | | | | |
| Able to move 0 extremities voluntary or on command | = 0 | | | | | | |
| Able to deep breathe & cough freely | = 2 | 2 | | | | 2 | |
| Dyspnea or limited breathing | = 1 | | | | | | |
| Apneic | = 0 | | | | | | |
| BP = 20 of Pre Anaesthetic level | = 2 | 2 | | | | 2 | |
| BP = 20-50 of Pre Anaesthetic level | = 1 | | | | | | |
| BP = 50 of Pre Anaesthetic level | = 0 | | | | | | |
| Fully awake | = 2 | 2 | | | | 2 | |
| Arousable on calling | = 1 | | | | | | |
| Not responding | = 0 | | | | | | |
| Pink | = 2 | 2 | | | | 2 | |
| Pale, dusky, blotchy, jaundiced, other | = 1 | | | | | | |
| Cyanotic | = 0 | | | | | | |
| TOTAL | | 9/10 | | | | 9/10 | |

PAIN ASSESSMENT AND MANAGEMENT FORM

| Date | Time | Pain Score | Intervention | Signature |
|------|------|------------|------------------------|--------------------|
| 2/7 | | 0/10 | npo till further order | <i>[Signature]</i> |
| | | | | |
| | | | | |
| | | | | |

Pain Tool Used: ☐ N PASS ☐ FLACC ☐ Wong Baker ☐ NPSAnaesthesiologist Name: Dr. PradeepaAnaesthesiologist Signature: *[Signature]*Date & Time: 2/7/2026PACU Nurse Name: Dr. PradeepaPACU Nurse Signature: *[Signature]*Date & Time: 2/7/2026 at 1:40 am

Reassessment Frequency:

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

Transferred to Unit by (PACU): Dr. PradeepaDate & Time: 2/7/2026 at 1:40 am

Patient Sticker

Department of Anaesthesiology
EPIDURAL ANALGESIA RECORD

Date: Time: Procedure done by:

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

Depth: Catheter at Skin: Attempts :

Parasthesia : Yes/No if yes details :

Solution Composition :

Any other issues :

a)

b)

[illegible]

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

Catheter Removed by and Tip Inspected:

Patient Satisfaction :

Discharge /Shifting ordered by

Doctor Signature:

Doctor Name:

Date and Time :



OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 11/7/2026 Time of Arrival: 12:30 pm Time Seen by Nurse: 12:30 pm

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

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

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

3) Vital Signs: Temperature: 98.1° F Pulse: 79 RR: 20 SpO₂: 100% BP: 110/60 Weight: 74.5 kg

4) Gestational Criteria:

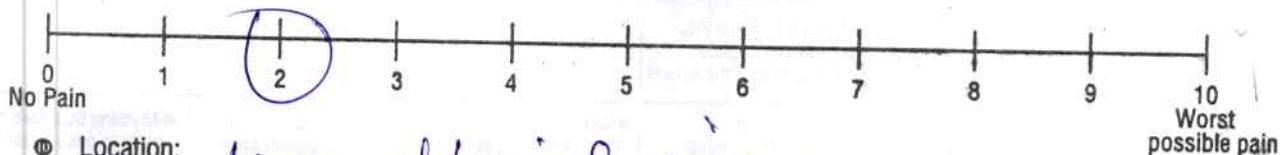
| | | | | |
|----------|------------|------------|------------|---|
| Gravida: | G <u>2</u> | P <u>1</u> | L <u>1</u> | A |
|----------|------------|------------|------------|---|

LMP: 02/9/2025 EDD: 11/7/2026 Gestational Age: 28+4 wks

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

5) Pain Screening:

Numerical Pain Scale (NPS)



- ① Location: lower abdominal pain
② Duration: 10 mins Days / Weeks / Months (Strike out which is not applicable)
③ Character: mild
④ Frequency: 10 mins only
⑤ Interventions: comfortable position

6) Past History:

- a) Surgeries: pre C/S x 1
b) Medical: nil

7) Allergy: ☐ Yes ☒ No, If Yes :8) Current Medications: ☐ Prenatal Vitamin ☐ None ☒ Others:

9) Prenatal Medical History:

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

Triage Category: (Please tick on the category)

Refer to **OBSTETRICAL TRIAGE ACUITY SCALE (OTAS)**☐ Category I: Resuscitative (Time to Physician: Immediate & Reassessment: Continuous nursing care)☒ Category II: Emergent (Time to Physician: ≤ 15 minutes & Reassessment: Every 15 minutes)☒ Category III: Urgent (Time to Physician: ≤ 30 minutes & Reassessment: Every 15 minutes)☐ Category IV: Less Urgent (Time to Physician: ≤ 60 minutes & Reassessment: Every 30 minutes)☐ Category V: Non Urgent (Time to Physician: ≤ 120 minutes & Reassessment: Every 60 minutes)**OBCU Obstetrical Triage Acuity Scale (OTAS)**

| OTAS | Level 1
(Resuscitative) | Level 2
(Emergent) | Level 3
(Urgent) | Level 4
(Less Urgent) | Level 5
(Non Urgent) |
|----------------------------|--|---|--|--|---|
| Level 1
(Resuscitative) | Immediate | ≤ 15 minutes | ≤ 30 minutes | ≤ 60 minutes | ≤ 120 minutes
(2 Hours) |
| Re-Assessment | Continuous Nursing
Care | Every 15 Minutes | Every 15 Minutes | Every 30 Minutes | Every 60 Minutes |
| Labour / Fluid | Imminent Birth | Suspected Pre-term
Labour / PPROM < 37
Weeks | Signs of Active Labour
> 37 weeks | Signs of Early Labour/
SROM > 37 weeks | Discomforts of
Pregnancy |
| Bleeding | Active Vaginal bleeding
with/ without abdominal
pain | Bleeding associated with
cramping (< spotting)
< 37 weeks | Bleeding associated
with cramping
(> spotting) > 37
weeks | Spotting | |
| Hypertension | Seizure activity | Hypertension > 160/110
and / or headache, visual
disturbance, RUQ pain | Mild hypertension
> 140/90 with/without
associated signs and
symptoms | | |
| Fetal Assessment | Abnormal FHR tracing
Non-Fetal Movement | Atypical FHR tracing,
abnormal dopplers
Diseased fetal movement | | | |
| Others | <ul style="list-style-type: none"> ● Acute onsite severe abdominal pain ● Altered level of consciousness ● Cord prolapse ● Severe respiratory distress ● Suspected sepsis | <ul style="list-style-type: none"> ● Major trauma ● Shortness of breath ● Unplanned and unattended birth | <ul style="list-style-type: none"> ● Abdominal/back pain greater than expected in pregnancy ● Flank pain / hematuria ● Nausea/vomiting and/or diarrhea with suspected dehydration | <ul style="list-style-type: none"> ● 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) | <ul style="list-style-type: none"> ● 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: 12.40pm

Nurse Name: D. Sahelwan

Nurse Signature: D. Sahelwan

Date: 10/7/2026

Time: 12.40pm



LABOUR AND DELIVERY NURSING ASSESSMENT

Date of Admission: 1/7/2026

Baseline Information:

Admission From: ☐ ER ☐ OPD ☐ Admission Desk ☐ Others: specify CP
 Primary Language: ☐ Telugu ☐ English ☐ Hindi ☐ Others Telugu
 Do you require an interpreter? ☐ Yes ☒ No
 Source of Information: ☒ Patient ☐ Family ☐ Others
 Personal belonging if any: ☒ Jewelry ☐ Nose Ring ☐ Bangles ☐ Anklets ☐ Finger Ring ☐ Bracelets
 handed over to Husband

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

Chief Complaints: patient come c/o lower abdominal pain Doctor Notified on Admission: ☒ Yes ☐ No
 Name of the Doctor: Dr. Parvath
 Time Notified: 12.40pm

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

| Past Medical History | Past Surgical History | Previous Hospital Admission |
|----------------------|-----------------------|-----------------------------|
| <u>NIL</u> | <u>no LSCS #1</u> | |

Blood Group: B+ve LMP: 2/9/25 EDD: 11/4/26 Gestational age during admission: 38+4 wks
 Contractions: yes Vaginal Discharge: _____
 Obstetric History: G 2 P 1 L 1 A _____ Previous LSCS yes
 Height: 156 Weight: 74.5 BMI: 30.61
 Temp: 98.1°F HR: 79 RR: 20bpm BP: 110/70 SpO₂: 100%

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

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

Patient Sticker

Family History: ☐ No Abnormalities Detected

☐ Heart Disease

☒ Hypertension

☒ Diabetes

☐ Stroke

☐ Seizures

☐ Kidney disease

☐ Liver disease

☐ Other

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

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

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

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

☐ Mobility problem

☐ Walking Problem

☒ No Abnormality Detected

☐ Developmental Delay

☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING:

☒ Overweight

☐ Poor Appetite > 3 Days

☐ Needs Therapeutic Diet.

☐ Under Weight

☐ Diabetes Mellitus

☐ No Abnormality Detected

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

☒ Calm & Cooperative

☐ Restless

☐ Depressed

☐ Agitated

☐ Confused

☐ Others

Inform consultant for positive criteria

SOCIAL SCREENING:

1. Marital Status: ☐ Single

☒ Married

☐ Divorced

☐ Widow

2. Special Habits: Smoker: ☐ Yes ☒ No

Alcohol Abuse: ☐ Yes ☒ No

Drug Abuse: ☐ Yes ☒ No

Social History: Lives With

Husband

Orientation has been given regarding the following aspects:

Call Bell in Reach: ☒ Yes ☐ No

Waste Disposal Explained: ☒ Yes ☐ No

Infusion Pump: ☐ Yes ☒ No

Hand hygiene Explained: ☒ Yes ☐ No

☐ Others

Above information given to ms. Rubika

Name of Person Orientation was given to: ms. Rubika

Orientation not given Reason: n.k.

Nurse Signature:

Nurse Name:

Date & Time: 1/07/21 at 12:40pm

GUC-00001896 IP18-00036270
 Mrs RUBIKA R
 Pati 04-01-1997 29 Y 5 M 27 D (F)
 Dr. AISHWARYA PARTHASARATHY



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

BirthRight™
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

RISK ASSESSMENT TOOL FOR DEEP VEIN THROMBOSIS

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

Date: 1/7/26

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

RISK ASSESSMENT FOR VENOUS THROMBOEMBOLISM (VTE)

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

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

PATIENT TRANSFER FORM

GUC-00001896
Mrs RUBIKA R

IP18-00036270

04-01-1997

29 Y 5 M 28 D

(F)

Dr. AISHWARYA PARTHASARATHY



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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

| | | |
|--|-------------------------------------|--|
| Date & Time of Admission
11/7/26 at | | Date & Time of Transfer Order
21/7/26 at 5:45 AM |
| Treating Consultant Name
Dr. Akshitha | Transfer Ordered by
Dr. Akshitha | Reason for Transfer
Shifted to ward |
| From Unit
MDCU | To Unit
Tth Floor | Information to Attendant
Yes ☒ No ☐ |
| Number of Sheets in Clinical File
22 Files | Number of Imaging Films
CTA (10) | 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. | Pey. Nitroglyc | (3) |
| 2. | Pey. Paro | (3) |
| 3. | PL 500ml | (2) |
| 4. | Pey. Pan Long | (2) |
| 5. | Justin Suppository | (5) |
| Shifting Summary / Notes Written by Doctor : Yes ☒ No ☐ | | |
| Name & Signature of Person who is Transferring
S/N. Jayish' 01/07/20 | | Name of Person Ordered Transfer
Dr. Akshitha |
| Patient & Clinical Records Received by :
Sund 6am at 5:45 AM | | |
| Date & Time of Patient Received :
02/7/26 at 5:45 AM | | |
| If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below : | | |

☐ Unavailable Bed

☐ Nurse not Available

☐ Available Bed not ready

| | |
|--|--|
| <p>1. Patient's Name (Last, First, Middle Initial)</p> <p><i>John P. Smith</i></p> | |
| <p>2. Date of Birth (MM/DD/YYYY)</p> <p><i>03/15/1945</i></p> | |
| <p>3. Sex (M/F)</p> <p><i>M</i></p> | |
| <p>4. Address (Street, City, State, Zip)</p> <p><i>123 Main St, Springfield, IL 62760</i></p> | |
| <p>5. Telephone Number (Area Code, Number)</p> <p><i>(312) 555-1234</i></p> | |
| <p>6. Signature of Patient</p> <p><i>John P. Smith</i></p> | |
| <p>7. Signature of Physician</p> <p><i>Dr. J. A. Doe</i></p> | |
| <p>8. Date of Examination</p> <p><i>04/10/74</i></p> | |
| <p>9. Referring Physician (Name, Address, Telephone)</p> <p><i>Dr. J. A. Doe, 123 Main St, Springfield, IL 62760, (312) 555-1234</i></p> | |
| <p>10. Referral (To, From, Date)</p> <p><i>To: Dr. J. A. Doe, From: Dr. J. A. Doe, Date: 04/10/74</i></p> | |
| <p>11. Referral (To, From, Date)</p> <p><i>To: Dr. J. A. Doe, From: Dr. J. A. Doe, Date: 04/10/74</i></p> | |
| <p>12. Referral (To, From, Date)</p> <p><i>To: Dr. J. A. Doe, From: Dr. J. A. Doe, Date: 04/10/74</i></p> | |
| <p>13. Referral (To, From, Date)</p> <p><i>To: Dr. J. A. Doe, From: Dr. J. A. Doe, Date: 04/10/74</i></p> | |
| <p>14. Referral (To, From, Date)</p> <p><i>To: Dr. J. A. Doe, From: Dr. J. A. Doe, Date: 04/10/74</i></p> | |
| <p>15. Referral (To, From, Date)</p> <p><i>To: Dr. J. A. Doe, From: Dr. J. A. Doe, Date: 04/10/74</i></p> | |
| <p>16. Referral (To, From, Date)</p> <p><i>To: Dr. J. A. Doe, From: Dr. J. A. Doe, Date: 04/10/74</i></p> | |
| <p>17. Referral (To, From, Date)</p> <p><i>To: Dr. J. A. Doe, From: Dr. J. A. Doe, Date: 04/10/74</i></p> | |
| <p>18. Referral (To, From, Date)</p> <p><i>To: Dr. J. A. Doe, From: Dr. J. A. Doe, Date: 04/10/74</i></p> | |
| <p>19. Referral (To, From, Date)</p> <p><i>To: Dr. J. A. Doe, From: Dr. J. A. Doe, Date: 04/10/74</i></p> | |
| <p>20. Referral (To, From, Date)</p> <p><i>To: Dr. J. A. Doe, From: Dr. J. A. Doe, Date: 04/10/74</i></p> | |

PATIENT TRANSFER FORM

| | | |
|--|--|---|
| Patient Name & UHID No. | Date & Time of Admission
11/7/26 at 12:59 PM | Date & Time of Transfer Order
2/7/26 at 12 AM |
| Treating Consultant Name
Dr. Arshwarya | Transfer Ordered by
Dr. Arshwarya | Reason for Transfer
Shifted to OT for BM LSCS |
| From Unit
LDR | To Unit
OT | Information to Attendant
Yes ☒ No ☐ |
| Number of Sheets in Clinical File
22 files | Number of Imaging Films
CTG | Personal belongings including clinical documents. If any handed over to attendant
Yes ☐ No ☐
If yes, what ? |
| Medications / Consumables / Surgicals / Hand over | | |
| Sl.No. | Item Name | Quantity |
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| Shifting Summary / Notes Written by Doctor : Yes ☒ No ☐ | | |
| Name & Signature of Person who is Transferring
S/N. Fawtseh 015722 | Name of Person Ordered Transfer
Dr. Arshwarya | |
| Patient & Clinical Records Received by :
Dradeq / DR | | |
| Date & Time of Patient Received :
2/7/26 at 12.00 am | | |
| If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below : | | |

☐ Unavailable Bed

☐ Nurse not Available

☐ Available Bed not ready

PATIENT TRANSFER FORM

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

0000001896 IP18-00036270
Mrs RUBIKA R
04-01-1997 29 Y 5 M 27 D (F)
Dr. AISHWARYA PARTHASARATHY



| | | | |
|---|---------------------------------|---|--|
| D. | | Date & Time of Admission
11 Feb 19:59 pm | Date & Time of Transfer Order
11 Feb 4 PM |
| Treating Consultant Name
Dr. Aishwarya | | Transfer Ordered by
Dr. Vinita | Reason for Transfer
Observation |
| From Unit
LDR | To Unit
7th floor | Information to Attendant
Yes ☒ No ☐ | |
| Number of Sheets in Clinical File
whole IP files | Number of Imaging Films
CTM. | Personal belongings including clinical documents. If any handed over to attendant
Yes ☐ No ☒
If yes, what? | |
| Medications / Consumables / Surgicals / Hand over | | | |
| Sl.No. | Item Name | Quantity | |
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| Shifting Summary / Notes Written by Doctor : Yes ☐ No ☒
pt shifted toward | | | |
| Name & Signature of Person who is Transferring
S. Aishwarya
21/8/00 | | Name of Person Ordered Transfer
Dr. Vinita | |
| Patient & Clinical Records Received by :
[Signature] | | | |
| Date & Time of Patient Received :
11 Feb 2 PM | | | |
| If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below : | | | |

☐ Unavailable Bed

☐ Nurse not Available

☐ Available Bed not ready

☐ Unavailable Box

1. The transfer order time & completion time

2. Date & Time of Patient Received

3. Patient & Clinical Records for the time

4. Name & Signature of the

5. St. and Outpatient's

1. No.
2.
3.
4.
5.

6. Date

7. Number of Clinical

8. From Unit

9. Testing & Results

10. Testing & Results

11. Testing & Results

PATIENT TRANSFER FORM

12. Testing & Results

13. Testing & Results

14. Testing & Results

15. Testing & Results

16. Testing & Results

17. Testing & Results

18. Testing & Results

19. Testing & Results

20. Testing & Results

21. Testing & Results

22. Testing & Results

23. Testing & Results

24. Testing & Results

IP18-00036270

04-01-1997

29 Y 6 M 27 D

(F1)

Dr. AISHWARYA PARTHASARATHY



FORM



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

| Dr. AISHWARYA PARTHASARATHY (P) | | Date & Time of Admission | | Date & Time of Transfer Order | |
|--|----------------------|--------------------------|---------------------------------|---|--|
|  | | 1/7/2026 at 10:59 pm | | 1/7/2026 @ 5:45 pm | |
| Treating Consultant Name | | Transfer Ordered by | | Reason for Transfer | |
| Dr. Aishwarya Parthasarathy | | Dr. Aishwarya | | Patient Management | |
| From Unit | | To Unit | | Information to Attendant | |
| #77 Floor | | AOR | | Yes ☐ No ☐ | |
| Number of Sheets in Clinical File | | Number of Imaging Films | | Personal belongings including clinical documents. If any handed over to attendant | |
| Ip file | | CTA-1 | | Yes ☐ No ☐ | |
| If yes, what ? | | | | | |
| Medications / Consumables / Surgicals / Hand over | | | | | |
| Sl.No. | Item Name | | | Quantity | |
| 1. | New mom pads fixator | | | 1+1 | |
| 2. | talcum | | | 1 | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |
| Shifting Summary / Notes Written by Doctor : Yes ☒ No ☐ | | | | | |
| Name & Signature of Person who is Transferring | | | Name of Person Ordered Transfer | | |
| P. Kaurmo 609261 | | | Dr. Aishwarya | | |
| Patient & Clinical Records Received by : 1/7/2026 at 5:45 pm | | | | | |
| Date & Time of Patient Received : 1/7/2026 at 5:45 pm | | | | | |
| If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below : | | | | | |
| ☐ Unavailable Bed | | | | | |

☐ Available Bed not ready

PRE - OPERATIVE CHECK LIST

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BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Patient's Name : Mrs. Publika Age : 29 Date : 2/7/26

Blood Group : B+ve UHID : 03896 Gender : ☐ M ☒ F

Planned Surgery : FNLS Surgeon : Dr. Aishwarya

Anesthetist : Dr. Prayathaswini Date & Time of Operation : 11/26 at 11:55pm

Tick Appropriate Boxes

To be filled by Nurse Incharge / Senior Nurse :

| S.No | INSTRUCTIONS | YES | NO | NA |
|------|---|-------------------------------------|-------------------------------------|--------------------------|
| 1. | Weight checked and recorded? | ☒ | ☐ | ☐ |
| | 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 | ☒ | ☐ | ☐ |
| | Is Blood arranged as required? | ☐ | ☒ | ☐ |
| 7. | If Blood has been ordered - is Blood bag ready? | ☐ | ☒ | ☐ |
| 8. | IV Cannula to be placed / IV fluids if Indicated | ☒ | ☐ | ☐ |
| 9. | Pre Anesthetic consultation with anesthesiologist | ☒ | ☐ | ☐ |
| 10. | Pre Medications Given? (Sedatives / etc) | ☒ | ☐ | ☐ |
| 11. | Skin Preparation | ☒ | ☐ | ☐ |
| 12. | Site is marked | ☒ | ☐ | ☐ |
| 13. | Surgery consent / High Risk consent taken by surgeon?
(Consent should be taken by the operating surgeon only) | ☒ | ☐ | ☐ |
| 14. | Implants are available | ☐ | ☒ | ☐ |
| 15. | Equipment is available | ☐ | ☒ | ☐ |
| 16. | Other (if any) | ☐ | ☒ | ☐ |

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

Billing Clearance taken

Billing Executive Name : [Signature]

Billing Executive Signature : [Signature]

Date & Time : [Signature]

Nurse In-Charge Name : Deni

Signature of Nurse In-Charge : [Signature]

Date & Time : 11/26 at 11:55pm

8/11/17
10/10/17

10/10/17 10:10:17

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GUC-00001896
Mrs RUBIKA R
04-01-1997
Dr. AISHWARYA PARTHASARATHY
29 Y 5 M 28 D (F)
IP18-00036270



PATIENT TRANSFER NURSING HANDOVER CHECKLIST

Date & Time of Transfer: 2/7/26 MTW

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 | yes | |
| b. Reassessment done | yes | |
| 5 Wound, Dressings & Drains | | |
| a. Surgical dressing intact | | |
| b. All drains fixed, output noted | NA | |
| c. Catheter secure & urine output recorded | yes | |
| d. Splints/casts/traction devices stabilized | NA | |
| 6 Medications Pre & Post-Op Orders | | |
| a. Medications due time noted | yes | |
| b. Pre & Post-op instructions (NPO, position, mobilization) communicated | yes | |
| c. Emergency meds given in OT (time & dose documented) | yes | |
| 7 Equipment Safety & Transport Preparedness | | |
| a. Oxygen cylinder full & ambu bag at bedside | 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 | NA | |
| 12 Documentation | | |
| a. Documentation completeness | yes | |
| Transferring Nurse: S/N. Jeyaraj | | |
| Receiving Nurse: | | |
| Signature of Incharge: S/N. Devi | | |

6

STEAM

Man.: 2025 - 06
Exp.: 2030 - 06
Ref.: 106.303.0500
Lot.: 14176

Sterimtech

BirthRight
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URINARY CATHETER BUNDLE CHECK LIST

Type
ISO 11140

Green =
Sterilized

SV: 121°C - 15 min.
134°C - 3,5 min.

Date of Insertion: 2/7/26

Date of Removal: 2/7/26

| Parameters | Date | Shift Time | 2/7/26
2AM | 2/7/26
M | 2/7/26
E | 3/7/26
M | 3/7/26
E | | |
|--|---|------------|---|---|---|---|---|--|--|
| 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 | | | S. S. S. S. | S. S. S. S. | S. S. S. S. | S. S. S. S. | S. S. S. S. | | |
| Signature of the Nurse | | | S. S. S. S. | S. S. S. S. | S. S. S. S. | S. S. S. S. | S. S. S. S. | | |

GUC-00001896 IP18-00036270
 Mrs RUBIKA R 29 Y 5 M 28 D (F)
 04-01-1997
 Dr. AISHWARYA PARTHASARATHY



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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 |



NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 02/07/2026

Time: 11:25 AM

Origin: -

Height: 156 cm

Weight: 74.5 kg

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 (2)

Normal Diet - Rice, Rotis, Dal and Soft Cooked Vegetables and Curd (1)

Soft Diet - Soft Rice, Dal and Vegetable Curries Soft Cooked, Curd (5)

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

Patient's / Attendant's Mother

Signature: R. Muriammal

Name: R. Muriammal

Date & Time: 02/07/26 @ 11:20 AM

Dietician's

Signature: A. Sadiya Farheen

Name: A. Sadiya Farheen

Date & Time: 02/07/26 @ 11:20 AM

DIETARY NOTES

| Date | Time | Notes | Sign |
|---------|----------|--|------------------|
| 01/7/26 | 4:50 PM. | <ul style="list-style-type: none"> - Patient is on Normal Diet. - Patient is stable. Oral intake is Adequate - Advised to take well-Balanced diet. <u>RDA Values</u> - Energy - +350-450 Kcal Protein - +23g/d. plenty of Oral fluids | A.N.
(018336) |
| 01/7/26 | 8:30 AM. | <ul style="list-style-type: none"> EM-1SCS done @ 2:30 AM. (yesterday) - Patient tolerated fluids - liquid diet. | A.N.
(018336) |
| | 9 AM. | <ul style="list-style-type: none"> - Rice Kari given. - To start Soft Diet by 12:30 PM. - Flatus Passed. - Advised to take easy - digest feeds. - Consume small - frequent meals. - Include gaseous foods for milk secretion - garlic, fennel and Oats (etc) | A.N.
(018336) |
| 21/7/26 | 9 AM. | <ul style="list-style-type: none"> - Patient is on Soft Diet. - Patient is stable. Oral is better. - Stools not passed. - Exclude Protein - Iron rich foods | A.N.
(018336) |

GUC-00001896

Mrs RUBIKA R

IP18-00036270

04-01-1997

29 Y 5 M 28 D

(F)

Dr. AISHWARYA PARTHASARATHY



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SURGERY DETAILS

Date : 2/7/2026

Patient Name: Mrs. Rubika Date of Birth: 04/01/1997 Age: 29 yrs

Gender: Female Ward: OT

UHID No.: 1896/36270

Date of Surgery: 2/7/2026 ☐ OT-1 ☐ OT-2 ☒ OT-3 ☐ OT-4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery: Emergency Lscs.

Time in : 12.00pm

Time Out : 1.45pm

| | NAME | AMOUNT |
|----------------------|-----------------------------|--------|
| 1. Surgeon | Dr. Aishwarya parthasarathy | |
| 2. Anaesthetist | Dr. Priyadharsini | |
| 3. Assistant Surgeon | Dr. Lucella / Dr. Akshatha | |
| 4. OT Technician | Mr. Prashanth | |
| 5. Circulating Nurse | Shadeepa varayan | |
| 6. Assistant Nurse | Sal. Ganadevi | |

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

Signature of the Surgeon

Signature of Circulating Nurse

Order No:

Order by:

Patient Sticker

Eme LSCS

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Your Right to a Safe Delivery

CONSUMABLES OF OT

Circulating staff : C.N. Pradeepa Technician : Mr. Prashanth Date : 2/4/26 Time :

| Anaesthesia Disposables | | Qty | Surgical Disposables | | Qty | Disposables (Baby Side) | | Qty |
|------------------------------------|------|-----|-------------------------|------|-----|---------------------------|------|-----|
| Issued | Used | | Issued | Used | | Issued | Used | |
| ET tube | | | Major Pack LSCS | | 1 | Inj Vit.K | | 01 |
| LMA | | | Sutures 2347-1 | | 02 | Cord Clamp | | 01 |
| ECG leads A/P/N | | 3 | 1326 | | 01 | Suction Catheter | | - |
| HME filter : A/P/N | | | 93527 | | 02 | Feeding Tube 6Pr | | 01 |
| Syringes : 10 cc | | 1 | 6 1/2 S. cann | | 1 | Vacuum Suction Set | | |
| 05 cc | | 2 | Gloves 6 1/2 PF 9100 | | 04 | Surgical Gloves 6 1/2 PF | | 1 |
| 02 cc | | 1 | 7 PF 9100 | | 01 | Gauze Pack RLO | | 1 |
| 01 cc | | 1 | | | | Syringe 1ml / 2ml | | |
| Cautery plate A/P/N | | 1 | Surgical blade 22 | | 01 | Surgical Blade # 20 Grown | | 1 |
| IV set | | 01 | NG tube | | | Koochies (S) | | |
| RL | | 03 | Cautery pencil | | 01 | Anaesthesia | | 01 |
| NS : 10ml / 100ml / 500ml / 1000ml | | 11 | Koochies | | | Buprignec | | 01 |
| | | | Ointments | | | Blaxamex | | 01 |
| Fentanyl | | | Suction Catheter | | | Dexa | | 01 |
| Morphine | | | Cap, Mask | | | 20x 1 1/2 needle | | 01 |
| Ketamine | | | Gauze Pack / RLO | | 1/4 | 250x whitagx | | 01 |
| Propofol | | | Mop Pack | | | 5ml emerald syng | | 01 |
| Rocuronium | | | Steristrip | | | Evetocn | | 05 |
| Glycopyrolate | | | Underpad | | 01 | mem | | 01 |
| Myopyrolate | | | Draw sheet | | | D1 water can | | 01 |
| Ondansetron | | | Abgel | | | 10x 1n5 | | 01 |
| Pencan 25g/ Spinal Needle 22 | | 01 | Foleys catheter | | | 20x 1/2 | | 01 |
| Bupivacaine 0.25% | | | Urobag | | | | | |
| Bupivacaine 0.25%(Heavy) | | | Chest Drainage Catheter | | | | | |
| Antibiotics | | | Romodrain bag | | | | | |
| | | | Bandage Kiwi | | 01 | | | |
| Suppositories | | | Tegaderm | | | | | |
| Anamol : 80mg / 250mg / 170 mg | | | Ioban | | | | | |
| Supridol : 100mg | | | Double J Stent | | | | | |
| Justin : 12.5 mg / 25mg / 100mg | | 1 | Vacuum Suction set | | 01 | | | |
| Tab. Misoprost : 200mg 600 | | 1 | Plastic Bed Sheet apron | | 03 | | | |
| OT table sheet | | 01 | Betadine Solution | | 02 | | | |
| | | | Microshield | | | | | |
| | | | Cotton Balls | | | | | |
| | | | Latex Gloves | | 10 | | | |
| | | | Ramdione Scrub | | | | | |
| | | | Saral | | | | | |

Surgeon

Anaesthesiologist

Nurse

Order No. :

Ordered by :

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

OT Technician

RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital - Guindy

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

VAT TIN : 33AABCR4014M1ZK

CIN : L85110TG1998PLC029914

DL NO :

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

INPATIENT ISSUES AGAINST ORDERS



IP No IP18-00036270
Patient Name Mrs RUBIKA R
Age/Sex 29 Y 5 M 28 D / Female
Date 02/07/2026 03:31
Payor SELF PAY
UHID GUC-00001896

Ward 8F-OT COMPLEX
Bed Name MICU 801
Order No 18-0001720386
Prescription No PRIP18-0624340
Dispensed Date 02/07/2026 03:37

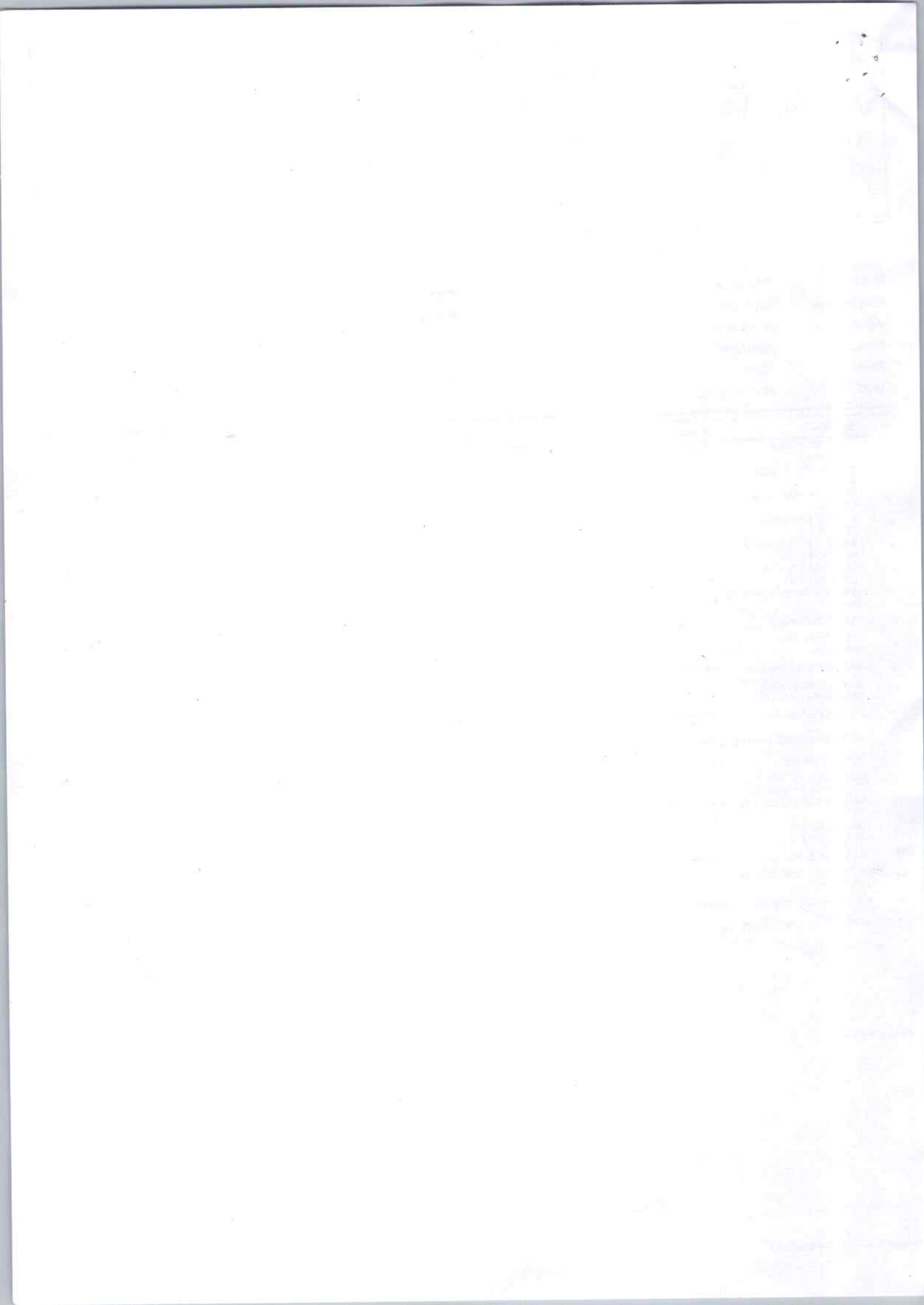
| S.No | Item Name | Manufacture Name | Schedule | Batch No | Exp Date | Iss QTY | Unitprice | Net Amount |
|---------|--|------------------------------------|----------|------------|----------|---------|-----------|------------|
| 1 | CAUTERY PENCIL (ADVANCE) | The Advanced cadiomed | GENERAL | 250824 | 08/28 | 1 | 1,303.00 | 1,303.00 |
| 2 | DISPOSABLE APRONS STERILE XL | Mediblu | | 1010626 | 04/29 | 4 | 120.00 | 480.00 |
| 3 | Encore Microptic gloves- 6.5 | | H | 260501801T | 05/29 | 5 | 128.00 | 640.00 |
| 4 | ENCORE MICROPTIC GLOVES-7 PF | ANSEL | | 2604014105 | 04/29 | 1 | 128.00 | 128.00 |
| 5 | GAUZE 7.5X7.5 12 PLY (5 NOS) NON XRAY | Bapuji Surgicals | GENERAL | M2641119 | 04/30 | 1 | 100.00 | 100.00 |
| 6 | GAUZE SWAB 10 X 10 CM 12PLY 5S X-RAY | Bapuji Surgicals | GENERAL | M2645010 | 03/29 | 4 | 123.00 | 492.00 |
| 7 | JUSTIN SUPPOSITORIES 100 MG 5 S | Neon Laboratories Ltd | H | BLNP274053 | 11/28 | 1 | 18.74 | 18.74 |
| 8 | LSCS DRAPE PACK | Mediblu | H | 1010626 | 05/29 | 1 | 2,250.00 | 2,250.00 |
| 9 | MISOPROST TAB 600MCG1S | CIPLA LIMITED | H | 6GH0162 | 08/27 | 1 | 105.12 | 105.12 |
| 10 | MONOCRYL 3-0 NW 1326 | ETHICON SUTURES-J&J C1 | | T5122 | 09/30 | 1 | 997.00 | 997.00 |
| 11 | NITRILE EXAMINATION GLOVES P F- MEDIUM | ELITE MEDICALS | GENERAL | ENPF030020 | 11/28 | 10 | 25.00 | 250.00 |
| 12 | NS 100ML ACCULIFE - EH | Aculife Health Care Pvt.Ltd(Nirlif | | 1C2613680 | 02/29 | 1 | 44.93 | 44.93 |
| 13 | NS 500ML CLOSED BOTTLE | Denis Chem Lab Ltd | H | 1C261607 | 02/29 | 1 | 93.94 | 93.94 |
| 14 | PDS-II1-0 NW 9352 | ETHICON SUTURES-J&J | | T5001 | 03/30 | 1 | 1,026.00 | 1,026.00 |
| 15 | QUICKSUITE OT TABLE SHEET MIDLINE SUITEL | | H | 2606021 | 06/31 | 1 | 775.00 | 775.00 |
| 16 | RAMADINE SOLUTION 10% 100 ML | RAMAN & WEIL PVT LTD | | RC126029 | 03/28 | 2 | 103.00 | 206.00 |
| 17 | SGLOVE # 6.5 (SURGICARE) | ICARE (KANAM LATEX) | GENERAL | 26C3005 | 02/31 | 1 | 91.00 | 91.00 |
| 18 | SURGICAL BLADE 22 | Surgeon | GENERAL | 051125 | 10/30 | 1 | 7.67 | 7.67 |
| 19 | UNDERPADS CARE 60 X 90 (FRIENDS) | | | 20062026 | 12/30 | 1 | 205.00 | 205.00 |
| 20 | VACCUME SUCTION SET | ROMSONS | GENERAL | K26C010031 | 02/31 | 1 | 739.00 | 739.00 |
| 21 | VICRYL PLUS 1 VP - (2347) | ETHICON SUTURES-J&J C1 | | T5072 | 10/30 | 2 | 951.00 | 1,902.00 |
| Total : | | | | | | | 9,334.40 | 11,854.40 |

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN



RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital - Guindy

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

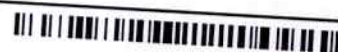
VAT TIN : 33AABCR4014M1ZK

DL NO :

CIN : L85110TG1998PLC029914

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

INPATIENT ISSUES AGAINST ORDERS



IP No IP18-00036270
Patient Name Mrs RUBIKA R
Age/Sex 29 Y 5 M 28 D / Female
Date 02/07/2026 03:31
Payor SELF PAY
UHID GUC-00001896

Ward 8F-OT COMPLEX
Bed Name MICU 801
Order No 18-0001720387
Prescription No PRIP18-0624338
Dispensed Date 02/07/2026 03:35

| S.No | Item Name | Manufacture Name | Schedule | Batch No | Exp Date | Iss QTY | Unitprice | Net Amount |
|---------|-----------------------------------|------------------------------------|----------|------------|----------|---------|-----------|------------|
| 1 | BIOXAMIC 500 MG INJ | Biocare Pharmaceuticals | H | C3BIO004 | 01/28 | 2 | 73.23 | 146.46 |
| 2 | BUPRIGESIC INJ AMP 0.3 MG 1 ML | Neon Laboratories Ltd | H | 45120 | 11/28 | 1 | 31.10 | 31.10 |
| 3 | DEXAMETHASONE INJ 2 ML | PENTA PHARMA | H | VDDUI003 | 10/27 | 1 | 10.78 | 10.78 |
| 4 | DSYRINGE 10ML (NIPRO) | NIPRO | GENERAL | 026B24K67 | 01/31 | 1 | 21.83 | 21.83 |
| 5 | DSYRINGE 5ML (NIPRO) | NIPRO | GENERAL | 26C03K96 | 02/31 | 2 | 21.56 | 43.12 |
| 6 | DSYRINGE EMERALD 5ML BP (BD) | BECTON DICKINSON (BD) | | 5322615 | 10/30 | 1 | 12.00 | 12.00 |
| 7 | DSYRINGS 2.5ML (NIPRO) | NIPRO | GENERAL | 26B04K17 | 01/31 | 1 | 11.25 | 11.25 |
| 8 | D WATER 10 ML AMPULE | Aculife Health Care Pvt.Ltd(Nirlif | H | 2254574 | 10/28 | 1 | 2.58 | 2.58 |
| 9 | E.C.G ELECTRODES (ADULT) | JMS | GENERAL | 12226S08G | 03/28 | 3 | 32.34 | 97.02 |
| 10 | EVATOCIN (OXYTOCIN) INJ 5 IU 1 ML | Neon Laboratories Ltd | H | 091690 | 02/28 | 5 | 18.90 | 94.50 |
| 11 | INTRAFLOW (AUTO STOP) ROMSONS | ROMSONS | | K26B010541 | 01/31 | 1 | 525.00 | 525.00 |
| 12 | LOX INJ 2 % 30 ML | Neon Laboratories Ltd | H | KM144328 | 11/27 | 1 | 33.30 | 33.30 |
| 13 | MEM INJ 0.2 MG 1 ML | NEON LABORATORIES LTD | H | 039256 | 05/27 | 1 | 15.90 | 15.90 |
| 14 | NEEDLE 26 1 1 2 INCH | Dispovan | GENERAL | 01654R | 12/30 | 1 | 3.38 | 3.38 |
| 15 | NEEDLE 26 1 2 INCH | Dispovan | GENERAL | 16612R | 03/31 | 1 | 2.66 | 2.66 |
| 16 | ONDOKIND INJ 4 MG 2 ML | SWISS CRITICURE | | BA26025 | 01/28 | 1 | 12.72 | 12.72 |
| 17 | PREGELLED SURGICAL PLATES (ADULT) | Erbee | GENERAL | 2510302409 | 10/27 | 1 | 1,275.00 | 1,275.00 |
| 18 | RL 500 ML CLOSED SYSTEM | Fresenius Kabi India Pvt Ltd | | 1D262078 | 03/29 | 3 | 69.39 | 208.17 |
| 19 | SPINAL NEEDLE 25G 90MM WHITACARE | BECTON DICKINSON (BD) | | 2512026 | 11/30 | 1 | 448.50 | 448.50 |
| Total : | | | | | | | 2,621.42 | 2,995.27 |

for RAINBOW CHILDREN'S MEDICARE LIMITED

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

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INPATIENT ISSUES AGAINST ORDERS



| | | | |
|---------------------|------------------------|------------------------|------------------|
| IP No | IP18-00036282 | Ward | 7F-PVT/SUITE |
| Patient Name | Baby B/O RUBIKA R | Bed Name | CRDL-PVT702-1 |
| Age/Sex | 0 Y 0 M 0 D 3 H / Male | Order No | 18-0001720389 |
| Date | 02/07/2026 03:34 | Prescription No | PRIP18-0624337 |
| Payor | SELF PAY | Dispensed Date | 02/07/2026 03:35 |
| UHID | GUC-00093306 | | |

| S.No | Item Name | Manufacture Name | Schedule | Batch No | Exp Date | Iss QTY | Unitprice | Net Amount |
|---------|--------------------------|------------------|----------|------------|----------|---------|-----------|------------|
| 1 | INFANT FEEDING TUBE-6 | ROMSONS | GENERAL | G26D010693 | 03/31 | 1 | 63.00 | 63.00 |
| 2 | Menadione Sod Bisul 1 ml | HINDUSTAN LABS | | 0075 | 12/27 | 1 | 28.92 | 28.92 |
| Total : | | | | | | | 91.92 | 91.92 |

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN



RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital - Guindy

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

VAT TIN : 33AABCR4014M1ZK

CIN : L85110TG1998PLC029914

DL NO :

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

INPATIENT ISSUES AGAINST ORDERS



| | | | |
|--------------|------------------------|-----------------|------------------|
| IP No | IP18-00036270 | Ward | 7F-PVT/SUITE |
| Patient Name | Mrs RUBIKA R | Bed Name | PVT 702 |
| Age/Sex | 29 Y 5 M 28 D / Female | Order No | 18-0001720413 |
| Date | 02/07/2026 06:47 | Prescription No | PRIP18-0624354 |
| Payor | SELPAY | Dispensed Date | 02/07/2026 06:48 |
| UHID | GUC-00001896 | | |

| S.No | Item Name | Manufacture Name | Schedule | Batch No | Exp Date | Iss QTY | Unitprice | Net Amount |
|---------|-----------|------------------|----------|----------|----------|---------|-----------|------------|
| 1 | KIWI | Smb Corporation | GENERAL | 251488 | 10/27 | 1 | 7,875.00 | 7,875.00 |
| Total : | | | | | | | 7,875.00 | 7,875.00 |

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

