Rainbow Children's Hospital | BirthRight

GUC-00091632 IP18-00036384
Mrs SAVITHA PRIYADARSHINI
13-11-1991 34 Y 7 M 28 D (F)
Dr. AISHWARYA PARTHASARATHY

DISCHARGE TRACKING SHEET

UHID- FLOOR- NAME OF CONSULTANT-

ACTIVITY	TIME		NAME & SIGNATURE	REMARKS	<To be filled by Admin>
Discharge Announcement					
	INTIME	OUT TIME			
Arrangement of File by Nursing		11/12/18 @ 11am			
Preparation of Discharge Summary					
Finalization of discharge summary					
Transfer of file from Ward to Billing Dept					
Bill Processing					
Audit Clearance					
Billing Clearance					
Physical Clearance					

GUC-00091632 IP18-00036384
Mrs SAVITHA PRIYADARSHINI
13-11-1991 34 Y 7 M 26 D (F)
Dr. AISHWARYA PARTHASARATHY

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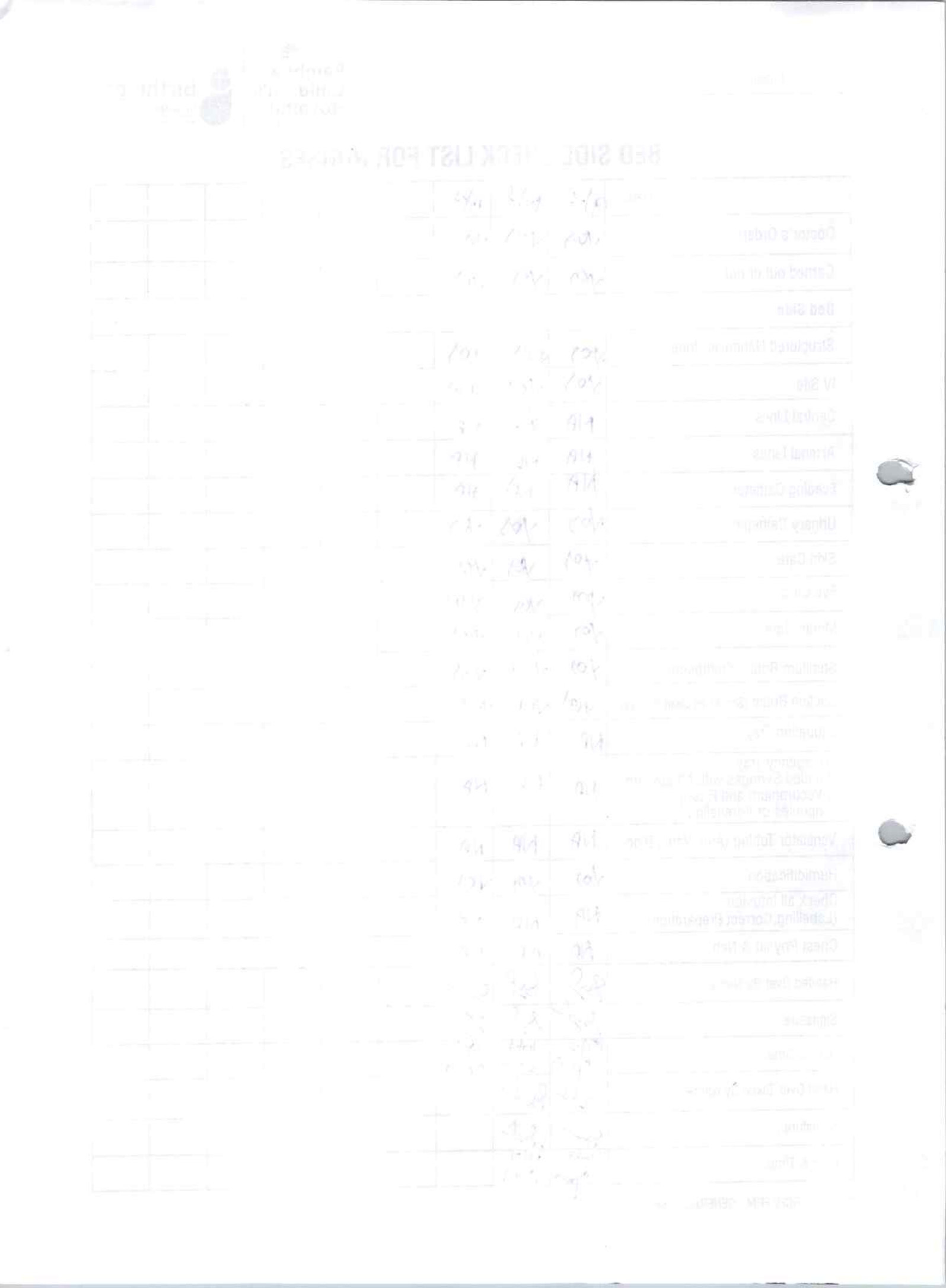
BED SIDE CHECK LIST FOR NURSES

Date:	9/7	10/7	11/7						
Doctor's Orders	yes	yes	yes						
Carried out or not	yes	yes	yes						
Bed Side									
Structured Handover done	yes	yes	yes						
IV Site	yes	yes	yes						
Central Lines	NA	NA	NA						
Arterial Lines	NA	NA	NA						
Feeding Catheter	NA	NA	NA						
Urinary Catheter	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)	yes	yes	yes						
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	yes	yes	yes						
Check all Infusion (Labelling,Correct Preparation)	NA	NA	NA						
Chest Physio & Neb	NA	NA	NA						
Handed Over By Name :	[signature]	[signature]	[signature]						
Signature :	[signature]	[signature]	[signature]						
Date & Time:	9/7 9pm	10/7 2pm	11/7 2pm						
Hand Over Taken By Name :	[signature]	[signature]							
Signature :	[signature]	[signature]							
Date & Time:	10/7 2pm	11/7 8AM							



GUC-00091632 IP18-00036384
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13-11-1991 34 Y 7 M 25 D (F)
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ACTIVITY RECORD FOR BILLING

Name: Mrs. Savitha priyadarshini

UHID No: 91632 IP No: 36384 Consultant: Dr. Aishwarya Dept: LDR

Date of Admission: 08/7/26 Time: 8.44pm Date of Discharge: ..... Time: .....

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
8/7/26	12:20AM	LDR	702	
9/7/26	6.45 am	7th Fm	LDR	
9/7/26	7.30	LDR	OT	
9/7/26	9.0 am	OT	MICU	
9/7/26	4.15pm	MICU	7th Floor	

CROSS CONSULTATION VISIT

	Doctor Name	Date	Order No.	Signature
1.	PA C	8/7/26	1724197	
2.	Dr. Rekha Sudharsan	10/7/26	1724952	
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
8/7/26	① unit PRBC Blood reservation charges	1	1724265	Abdus 018008
9/7/26	ECG	1	009193	[illegible]
9/7/26	Catheterization & placement	1	1724288	[illegible]
		1	1724288	
10/7/26	Diet Counselling	1	1724955	A.M. (018336)
10/7/2	physiotherapy	1	1724954	[illegible]

ANY OTHER INFORMATION:

patient Name: Mrs. Santha

Surgeon Name: Dr. Aishwarya

Anaesthetic Name: Dr. Mohan

Dr 7.80 am

[illegible]

→ flowtron pump – 10⁵⁰ Am. (9/7/26) to be raised

Date: 9/7/26 Time: 8am Prepared By:

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
[signature]			

Rainbow Children's Hospital

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Rainbow Children's Hospital - Guindy

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

ADMISSION SHEET

Registration Details :

Admission No : IP18-00036384 **Admit Date** : 08-Jul-2026 **Admit Time** : 08:44 PM **UHID** : GUC-00091632

Patient Details :

Patient Name	: Mrs SAVITHA PRIYADARSHINI	**Age**	: 34 Y 7 M 25 D
Guardian	: Mr SUJAN KUMAR.S	**DOB**	: 13-11-1991
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: PLOT NO 109, 10 TH STREET, SRI VENKATESWARA NAGAR Tiruvanmiyur Chennai Tamil Nadu INDIA 600041	**Phone No**	: 9176585505/ 9962764683
		E-mail	: www.savitha.com@gmail.com

Admission Details :

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

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

Contact Details :

Name : Mr SUJAN KUMAR.S **Relationship** : Husband

Contact Address : PLOT NO 109, 10 TH STREET, SRI VENKATESWARA NAGAR Tiruvanmiyur Chennai Tamil Nadu INDIA 600041 **Phone No** : 9176585505

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

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GENERAL CONSENT FOR TREATMENT

Patient Name:	**Mrs SAVITHA PRIYADARSHINI**	**Age :**	**34 Y 7 M 25 D**
IP No:	**IP18-00036384**	**Sex:**	**Female**
Consultant:	**Dr. AISHWARYA PARTHASARATHY**	**Ward/Bed No:**	**8F-OT COMPLEX/MICU 801**

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

Patient, be deemed advisable or necessary.

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

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

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

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

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

Relationship: HUSBAND

Date: 08/07/26. Time: 08:44Pm

Witness Name: P. Thamarai Selvan

Witness Signature:

Patient Address:

PLOT NO 109, 10 TH STREET, SRI VENKATESWARA NAGAR Tiruvanmiyur Chennai Tamil Nadu INDIA 600041

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BILLING POLICY

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

DECLARATION

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

Patient Name : Mrs. SOWMYA PRIYADARSHINI	UHID Number : 91632
Self/Attendant Name : Mr. SUDAR KUMAR S	Relation : HUSBAND
Self/ Attendant Signature : Phone Number :	Name & Signature of Financial Counselor

Rainbow Children's Hospital

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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		6am	Nurse				
Activity Sheet update by Pharmacy							

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Patier

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RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature
8/7/26	8:30pm	90mg/dl	Dr: Vinitha	S/N Akalya 018050
9/7/26 [illegible]	6AM	95mg/dl	Dr. TAJ.	[illegible]
9/7/26	9^50 Am	112mg/dl	Dr. Shreedevi Stacy Rao 014587	Shanthi 014072
	Seegm			

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Patient

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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints G3A2 | ICSI Conception | GDM on Insulin | Rubella IgG Positive admitted for Elective LSCS

LMP: ET Date :- 10/11/25 EDD:

Corrected EDD: 30/07/26 GA: 36w + 6D

Obstetric Formula: G3 A2.

Menstrual History: Regular : ☑ Yes ☐ No

Obstetric Hostory:

G1 :- Spont. conception Delivered onum-2024.

G2 :- IVF conception - failed Angular pregnancy (2025)

Present Pregnancy Record:

G3 - IVF - conception.

- 07/12/25 - Rubella IgG (93)

- FBS - 100.

- Started on Insulin 0-0-10u

RISK FACTORS:

- ICSI Conception
- GDM on Insulin
- Rubella IgG Positive
- ~~Breech~~ Presse

Obstetric Examination

Fundal Height: 36 weeks.

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

Liquor: ☑ Adequate ☐ Oligo ☐ Poly

PP: ☐ Cephalic ☑ Breech Others _____

Head Fifths Palpable: _____

FHS: ☑ Normal ☐ Tachy ☐ Brady ☐ Absent

Per Speculum Examination Not Done.

Draining: ☐ Present ☐ Absent ☐ Bleeding

Colour of Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Vaginal Examination Not Done.

Cervix: ☐ Long ☐ Partially effaced ☐ Effaced

Os: Closed _____ Dilated _____

Membranes: ☐ Present ☐ Absent

Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Presenting Part: ☐ Vertex ☐ Breech ☐ Others

Sutton: ☐ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2

Pelvis: ☐ Adequate ☐ Doubtful

Height: 160 cm

Weight: 99 kg

Allergies: -

Breast: ☑ Normal ☐ Abnormal

General Examination:

Consciousness: Conscious Pallor: (N)

Icterus: Nil Edema: mild

Temp: 97 °F PR: 90/min

BP: 110/70mmHg DTR:

CVS: NAD RS NAD

Liver/Spleen: - Urine Output: -

DIAGNOSIS

G3A2 | ET Date: 10/11/25 | GDM on Insulin.

MSx 7 year | EDD: 30/7/26 | Rubella IgG Positive.

ICSI Conception | GA: 36w+6D.

Low AMH | Endometrioma.

Patient Sticker

Family History:

Nil Significant

Surgical History:

Appendicectomy 2014
OPU - 31-1-25 (x polypectomy
Hysteroscopy (18/7/25)
1st FET - 4/6/25

Medical History:

~~Any previous comorbidities~~ - GDM on Insulin

Medication History:

- Insulin Degludec 0-0-10u
- Calcium / Iron / Vit C / Vit B
- Ecospirin - Stopped at 36 weeks

Plan of Care: Admission

- CTG x 20 min

- Pre-op:

1. NPO from 12 am
2. IVF RL from 4 am @ 125 ml/hr.
3. Inj. SUPACEF 1 gm IV after test dose ½ hr before surgery
4. Inj. Pan 40 mg IV stat before surgery
5. Inj - Emeset 4 mg IV before surgery
6. R/O PRBC to be reserved.
7. Bladder catheterization
8. RBS @ 6 am.

Investigations:

- CBG - 90 mg/dl.
- ECG.

Doctor Name: Dr. Taj

Signature:

Date & Time: 8/7/26 | 11/2 pm

Consultant Name: .....

Signature: .....

Date & Time: .....

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Patient

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RESULT SHEET

Date	17/6/26	11/7				
Time						
Hb	10.9	9.2		Blood Grouping - A I B +ve		
PCV						
RBC						
WBC	11110					
N/L						
Platelets	229000					
CRP				17/6/26.		
ESR				Serology		
PCT						
RBS				HBsAg - Neg		
Na				VDRL - Neg		
K				HIV Neg		
Cl						
Ca/Mg						
Phosphate				TSH - 2.052.		
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

Date	17/6/26					
Time						
CUE - Alb	Neg					
CUE - Sugar	N					
CUE - Ketones.	Neg					
CUE - PUS Cells.	~~Neg~~ (3-4)					
CUE - RBC Cells	1-2.					
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities : ....

....

....

....

2/7/26

Radiology : USG : SLIUG, Breech at 36+7 Day. Placenta: Ant Ⓔ lateral. ~~EFW~~ 3484 gms, BPD & AC ~ 98th centile.

X-Ray : ....

ECHO : Normal EF-66%.

CT : ....

MRI ....

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

Elevate - ~~Moderately~~ [illegible]

8/7/26 - ECG - Normal

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/07/26 7AM	SIB - Dr. Taj.	
	Patient received in pelabour.	
	Reviewed.	
	No complaints.	
	BP: 100/80 mmHg O/E: GC, fair	
	PR: 98/min. afebrile	
	NO Pallor / NOPE	
	P/A: Wt c Term, Relaxed	
	FHR +	
	Bedside USG - SLIUG, Breech	
	FHR - 150 BPM.	
		Advice:
		- can be shifted to OT

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

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
09/07/2026 9AM	C/S/B Dr. Vinitha / Dr. Shreedevi	
POS	Pt reviewed, Nil c/o	Advice
	O/E Pt GC fair, Afebrile	- NPO x 4 hours
T-(N)	P° / PE°	- vitals monitoring
PR-90/min	LVS/	- Follow drug chart
BP-110/70mmHg	RS / NAD	- W/F ↑ Bleeding PV
UO-20ml, clear	P/A-ut well contracted	- Hb, FBS, PPBS on POD-2
	Soft	- INJ. CLEXANE 60mg SC OD 10pm
Baby-m/s	Dressing ⊕ & Dry	- Flowtron Pump / Teds stockings
B/L-Breast soft	L/E - BWNL	- CBD x 24 hours
	CBD insitu - clear wine draining	- I/O charting
		- Inform(SOS)
	& 182217	
9/7/26 4pm	S/B Dr. Dhivyalakshmi	
POD-0	pt- reviewed.	
	Tolerating orals.	
	O/E: pt GC fair, afebrile	Advice
T-N	P0 / PEO	- Liquid diet
PR-90/min		- Kanji at 5pm
BP-100/70mmHg	P/A: Soft, BS ⊕	- soft diet 7pm
SpO2-100% @RA	ut. contracted well	- monitor vitals
	dressing dry	- follow drug chart
UO 60ml clear		- Hb/FBS/PPBS on POD-2
	L/E: BWNL	- Inj. Clexane @ 10pm
Baby m/s	CBD intact	- CBD c/m 9AM
		- Strict I/O / Teds/Plantar
		- Shift / to ward.

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/7/26	s/b Dr. [illegible]	
9.pm.		
POD#0	P1L1A1 GDM on Insulin	
	pt reviewed	
	passed flatus	
BP 100/70 mmHg	o/e afebrile	
PR 88 bpm	GC fair	Plan
SpO2 99% @RA	P° IPE°	soft solid diet
Temp (N)	P/A uterus wc	ambulate
	soft	I/o chart
B/L breast soft	BS (+)	discontinue 10pm.
secretion (+)	dressing dry	CBD c/m 9AM.
Baby M/S	L/E BWNL	Hb/FBS/PPBS POD#2.
DBF	foley's insitu	
	clear urine	
	LHUO = 150ml	[signature]
		128435
10/7/2026.		
	C/S/B Dr. Pavithra	
8:40Am	Pt reviewed	Advice
POD	o/e Pt GC fair	- Soft Diet
	afebrile	- Plenty of orals
T(N) BP 112/70	P° /P°	- Vitals monitoring.
PR 96/min.	CVS / RS NAD.	- CBD C/m 9Am
B/L breast soft		- measure 1st void urine
Baby M/S	P/A - Ut firm & contracted.	- Hb/FBS/PPBS on POD 2
	Soft, BS (+)	
passed flatus.	Dressing Dry.	
	C/S - No undue Bleeding P/V	[signature]

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/7/24	S/B Dr. Vinitha / Dr. Shreedevi	
2PM	Pt reviewed; No. 40	Voided 270ml (12:30pm)
	O/E: GC fair; Afebrile	
BP: 100/58	P° / PE°	
PR: 76/min	CVS / NAD	
SpO2: 100% RA	RS /	
	P/A: Ut well contracted	
	BS ⊕	
	Dressing intact, dry	Adv:
· Baby M/S	L/E: BWNL	· CBC, FBS, PPBS POD 2
· B/L Breasts soft		· Soft diet
		· Ambulation
		· Follow drug chart
[signature]		· Inform SOS
	S/B Dr. Mohana / Dr. Divyalakshmi	
10/7/24	pt reviewed.	
8:40pm	Nil c/o.	
POD-1	O/E: pt GC fair, afebrile	
	P° / PE°	Advice
	CVS / NAD	- Continue same
T - (N)	RS /	orders
PR - 80/min		- CBC, FBS, PPBS
BP - 110/70 mmHg	P/A: soft, ut-contracted	tmrw @ 6AM
	dressing dry	
voided		
passed stools	L/E: BWNL	[signature] 10/7/24
Baby m/s		
Breasts soft		

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

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(3)

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It takes a lot to treat the little.

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Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/7/2026	C/S/B Dr. Pavithra.	
10 AM	Pt reviewed	
POD 1	O/E	Advice
	Pt GC fair	- Soft Diet
T - (N)	afebrile	- Plenty of orals
BP - 114/8 M	P [illegible]	- Vitals monitoring
PR - [illegible] /min.	CVS / RS NAD	- Follow drug chart.
Baby m/s		- Process Discharge.
F - 108	P/A - Ut firm & contd well	
Hb 9.2 g/dl	Dressing Dry.	
	LE - No undue bleeding P/V.	
Passed stools		
	[signature]	

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

GUC-00091632 IP18-00036384
Mrs SAVITHA PRIYADARSHINI
13-11-1991 34 Y 7 M 25 D (F)
Dr. AISHWARYA PARTHASARATHY

Docu. No. : RCI

DOCTOR'S SHIFT CHANGE HANDOVER FORM

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

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

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

DOCTOR'S SHIFT CHANGE HANDOVER FORM

Rainbow® Children's Hospital
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Date: ..... Department: ..... Shift: .....

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

GUC-00091632 IP18-00036384
Mrs SAVITHA PRIYADARSHINI
13-11-1991 34 Y 7 M 25 D (F)
Dr. AISHWARYA PARTHASARATHY

(1)

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MEDICATION RECONCILIATION FORM

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

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

Shifting From: 2 DR ..... 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	INSULIN DEGLUDEC	10U	S/C	at Night	7/7/26 @ 10pm	☐C ☒DC
2	IRON	1tab	P/O	OD	08/7/26 @ 4pm	☐C ☒DC
3	CALCIUM	1 tab	P/O	OD	08/7/26 @ 10am	☐C ☒DC
4	VITAMIN C	1tab	P/O	OD	08/7/26 @ 4pm	☐C ☒DC
5	VITAMIN BD	1tab	P/O	OD	08/7/26	☐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 Tay

Date & Time : 8/7/2026 @ 9pm

Nurse Name & Signature: S/Nithya 01808

Date & Time : 8/7/2026 @ 9 pm

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

GUC-00091632 IP18-00036384
Mrs SAVITHA PRIYADARSHINI
13-11-1991 34 Y 7 M 25 D (F)
Dr. AISHWARYA PARTHASARATHY

Patient S

(2)

Rainbow Children's Hospital
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MEDICATION RECONCILIATION FORM

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

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

Shifting From: ..... 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. Jay

Date & Time : 08/7/2026 @ 12 PM

Nurse Name & Signature: SN Parameshwari 16808

Date & Time : 8/7/2026 @ 12 PM

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

GUC-00091632 IP18-00036384
Mrs SAVITHA PRIYADARSHINI
13-11-1991 34 Y 7 M 26 D (F)
Dr. AISHWARYA PARTHASARATHY

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MEDICATION RECONCILIATION FORM

Drug Allergies: ..... ☑ Not known any Drug Allergies

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

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

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	INJ. SUPACEF	1g	IV	BD	9/7/26 7:30AM	☐C ☐DC
2	INJ. PANTAPRAZOLE	40mg	IV	Stat	9/7/26 7:30AM	☐C ☑DC
3	INJ. EMISET	4mg	IV	Stat	9/7/26 7:30AM	☐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 : ..... DO Reg 44828

Date & Time : 08/07/2026 @ 7:30am

Nurse Name & Signature: S/N parameswari 01808

Date & Time : 8/7/2026 @ 7:30am

GUC-00091632 IP18-00036384
Mrs SAVITHA PRIYADARSHINI
13-11-1991 34 Y 7 M 26 D (F)
Dr. AISHWARYA PARTHASARATHY

Rainbow Children's Hospital
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MEDICATION RECONCILIATION FORM

Drug Allergies: Nil ☐ Not known any Drug Allergies

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

Shifting From: OT Shifted to: MICU

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	Inj. Tropic	4g	IV	-	-	☐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. Mohammed Ali

Date & Time : 09/07/2026 at 8.00 am

Nurse Name & Signature: Pradeepa veeraiyan / 020267

Date & Time : 9/7/2026 at 8.00 am

GUC-00091632 IP18-00036384
Mrs SAVITHA PRIYADARSHINI
13-11-1991 34 Y 7 M 25 D (F)
Dr. AISHWARYA PARTHASARATHY

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DRUG CHART

Date of Admission: 8/7/26 Drug Allergies: ..... ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

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

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

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

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

GUC-00091632 IP18-00036384
Mrs SAVITHA PRIYADARSHINI
13-11-1991 34 Y 7 M 26 D (F)
Dr. AISHWARYA PARTHASARATHY

REGULAR PRESCRIPTIONS

Weight. 99kg Ward. HDU

DRUG : INJ. SUPACEF

Dose	Route	Frequency	Start Date
1.5g	IV	1-1-1	9/7/26

Name & Signature of the Doctor Starting the Drugs: 182217

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	9/7	10/7
8Am	/	ES PK
2pm	TJ SP	—
10pm	NS KK	Stop 12/7/26

DRUG : INJ. TRAPIC

Dose	Route	Frequency	Start Date
1g	IV	1-1-1	9/7/26

Name & Signature of the Doctor Starting the Drugs: 182217

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	9/7	10/7
8Am	/	ES PK
2pm	TJ SP	—
10pm	NS KK	Stop 12/7/26

DRUG : T. PARACETAMOL

Dose	Route	Frequency	Start Date
1g	PO	1-1-1-1	9/7/26

Name & Signature of the Doctor Starting the Drugs: 182217

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	9/7	10/7	11/7
6Am	/	NS KK	NS KK
12pm	/	D PK	
6pm	SM PK	SM VA	
12Am		NS KK	NS KK

DRUG : C. PAN D

Dose	Route	Frequency	Start Date
40mg	PO	1-0-1	9/7/26

Name & Signature of the Doctor Starting the Drugs: 182217

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	9/7	10/7	11/7
7Am	/	NS KK	NS KK
7pm	SM PK	SM VA	

Weight. 99 kg Ward. [illegible]

Patient Sticker

VARIABLE DOSE

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

VARIABLE DOSE

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
9/7	6:30 AM	Inj. SUPACEF	0.1 gram	ID (Test dose)	[illegible]	NS
9/7	6:30 AM	Inj. PAN	40 mg	IV	[illegible]	NS
9/7	6:30 AM	Inj. Emeset	4 mg	IV	[illegible]	SP
9/7/26	7:30 AM	Inj Supacef	1 g	IV	[illegible] 1546	SA
9/7	8.06 am	INJ SYNTO	5U	IV	[illegible] 1546	[illegible]
9/7	8.30 am	INJ TRAPIC	1 g	PR	182217	[illegible]
9/7	8.40 am	T. MISOPROSTOL	600 mcg	PR	182217	[illegible]
9/7	8.40 am	JUSTIN SUPPOSITORY	100 mcg	4E	2113	[illegible]
9/7		LIGNOCAINE PATCH	5 mg			

Signature ....

VERIFIED BY : Name ....

(P.T.O)

GUC-00091632 IP18-00036384
Mrs SAVITHA PRIYADARSHINI
13-11-1991 34 Y 7 M 25 D (F)
Dr. AISHWARYA PARTHASARATHY

I.V. FLUIDS CHART

Weight 99 kg Ward 20R

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
8/7/24	6.30 am	IVF RL (on flow)	IV	125 ml/hr	[signature]	WS / KV	9/7	[signature]	
9/7	7.30 am	RL 1 (one)	IV	[illegible]		[signature]	9/7	[signature]	[signature]
9/7	8.10 am	RL 1 (one)	IV	[illegible]	[signature]	[signature]			[signature]
9/7	8.30	RL 1 (one) c̄ 20 U syntocinon	IV	over 4 hrs	[signature]	[signature]	9/7 / 10/7/24 at 9 AM	[signature]	[signature]

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

GUC-00091632 IP18-00036384
Mrs SAVITHA PRIYADARSHINI
13-11-1991 34 Y 7 M 27 D (F)
Dr. AISHWARYA PARTHASARATHY

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

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

REGULAR PRESCRIPTIONS

DRUG : INJ. CLEXANE

Dose	Route	Frequency	Start Dt.
60mg	S/C	OD	9/7

Name & Signature of the Doctor starting the Drugs: VAD 12113

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date	9/7	10/7
Time		
10pm	NS	NS

DRUG : T. CEFTUM

Dose	Route	Frequency	Start Dt.
500mg	P/O	1-0-1	10/7

Name & Signature of the Doctor starting the Drugs: VAD 12113

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date	10/7	11/7
Time		
8am		BS SM
8pm	M	

DRUG : T. FLAGYL

Dose	Route	Frequency	Start Dt.
400mg	P/O	1-1-1	10/7

Name & Signature of the Doctor starting the Drugs: VAD 12113

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date	10/7	11/7
Time		
8am		
2pm		
10pm		

DRUG : Cap. LACTARE

Dose	Route	Frequency	Start Dt.
2 cap	PO	TDS	10/7

Name & Signature of the Doctor starting the Drugs: 164288

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date	10/7	11/7
Time		
8am		BS SM
2pm		
10pm	NS	

GUC-00091632 IP18-00036384
Mrs SAVITHA PRIYADARSHINI
13-11-1991 34 Y 7 M 27 D (F)
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STAT / ONCE ONLY DRUGS

Name: .....

Weight: ..... kgs

Sheet No: .....

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
10/7/26	3:15pm	JUSTIN SUPPOSITORY	1 tab	P/R	12113	SM	VA

GUC-00091632 IP18-00036384
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CROSS CONSULTATION FORM

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

Diagnosis : .....

Hospital : .....

.....

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

Type of Referral :
☐ Emergency
☐ Urgent
☐ Non Urgent

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

Postnatal Eas and advices. M/s. Savitha.

Signature:

Findings and Recommendations :

S/B Physiotherapy Notes Dr. Mahalapriya. S (PT)
OBG & Gynec.

→ Dos and Donts advised.
→ Postural advices given
→ Breathing Exs / Abdomen Breathing Exs.
→ Kegel Exs -
→ posterior pelvic tilt / Abdomen Cucks.
→ pelvic Bridging Exs.

Consultant :

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

- Ankle Mobilisation.
- Knee Mobilisation Exs - / Each Ex wd 3 sets 8 times daily.
- Review after 2 weeks.

10/4/26.

GUC-00091632 IP18-00036384
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13-11-1991 34 Y 7 M 25 D (F)
Dr. AISHWARYA PARTHASARATHY

Pati

(T)

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Early Warning Observation Score Chart - Obstetrics

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

8/7/26	Date																								
	Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30														21			20				24		20	20
	11 - 20																								
	0 - 10																								
Saturations	94 - 100 %														99			100				100		99	100
	< 94 %														RA			RA				RA		RA	RA
Administered O_2 (L/min.)																									
Temp °c	40																								
	39																					99.2°F		98°F	98°F
	38														98F										
	37																	98F							
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																							98	96
	110														90			89				92			
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
	160						Admission																		
	150																								
	140																	106				100			
	130														110									100	100
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																							84	80
	70														70			72				62			
	60																								
	50																								
	40																								
NEURO RESPONSE [✓]	Alert														✓			✓				✓		✓	✓
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30														✓			✓				✓		✓	✓
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +														–			–				–		–	–
Lochia	Normal														–			–							–
	Heavy / Foul																								
Liquor	Clear / Pink																					?			
	Green																								
TOTAL YELLOW SCORES															0			0				0		0	0
TOTAL ORANGE SCORES															0			0				0		0	0
Nurse Initial															[illegible]			[illegible]				[illegible]		[illegible]	[illegible]

GUC-00091632 IP18-00036384
Mrs SAVITHA PRIYADARSHINI
13-11-1991 34 Y 7 M 25 D (F)
Dr. AISHWARYA PARTHASARATHY

Patient S

(2)

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Early Warning Observation Score Chart - Obstetrics

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

		Date	9/7/16																						
		Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																									
	21 - 30																									
	11 - 20		20	18	20	20	18	20	16	18	20				22				22				22			
	0 - 10																									
Saturations	94 - 100 %		98%	97%	98%	98%	98%	98%	99%	99%	99%				99%				97%				99%			
	< 94 %																									
Administered O_2 (L/min.)			RA	RA	RA	RA	RA	RA	RA	RA	RA				RA				RA				RA			
Temp°c	40																									
	39																									
	38																									
	37		98.6	98	98.4	98.6	98	98.6	98.6	98	98				98.2 F				98.2 F				98.4 F			
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110														104bm											
	100		98bm	104bm	98bm	96	98bm	98bm	22	80	90								98bm				96bm			
	90																									
	80																									
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressure ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120		110	102	105	110	104	102	100	100	100				109				109				122			
	110																									
	100																									
	90																									
	80																									
	70														79											
	60																									
	50																									
	40																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60		70	72	68	60	78	63	70	70	70				69				67				69			
	50																									
	40																									
NEURO RESPONSE [✓]	Alert		✓	✓	✓	✓	✓	✓	✓	✓	✓				✓				✓				✓			
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30		✓	✓	✓	✓	✓	✓	✓	✓	✓				✓				✓				✓			
	< 30																									
Proteinuria	Protein + +																									
	Protein > + +																									
Lochia	Normal		✓	✓	✓	✓	✓	✓	✓	✓	✓				—				—				—			
	Heavy / Foul																									
Liquor	Clear / Pink		—	—	—	—	—	—	—	—	—				—				—				—			
	Green																									
TOTAL YELLOW SCORES			0	0	0	0	0	0	0	0	0				0				0				0			
TOTAL ORANGE SCORES			0	0	0	0	0	0	0	0	0				0				0				0			
Nurse Initial			SS	SS	SS	SS	SS	SS	FW	FW	FW				SS				SS				SS			

GUC-00091632 IP18-00036384
Mrs SAVITHA PRIYADARSHINI
13-11-1991 34 Y 7 M 27 D (F)
Dr. AISHWARYA PARTHASARATHY

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Early Warning Observation Score Chart - Obstetrics

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

10/7/26	Date																								
	Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20	20				20				22				22				22				22			
	0 - 10																								
Saturations	94 - 100 %	99				98				99				99				99				99			
	< 94 %					RA				RA															
Administered O_2 (L/min.)		RA											RA					RP				RA			
Temp °c	40																								
	39																								
	38	98.8				98.11F																98.2			
	37	⊙				⊙				⊙ 98.10F				⊙ 98.2				⊙ 97.6				⊙			
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100	78bpm				78bpm												96bpm				84bpm			
	90									86bpm				88bpm											
	80	⊙				⊙				⊙				⊙				⊙				⊙			
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressure ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130									108				108				112				114			
	120	108				100																			
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																					84			
	70																	68							
	60	63				58								73											
	50									62															
	40																								
NEURO RESPONSE [✓]	Alert	✓				✓				✓				✓				✓				✓			
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30	✓				✓				✓				✓				✓				✓			
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal	✓				✓				✓				✓				✓				✓			
	Heavy / Foul																								
Liquor	Clear / Pink	–				–				✓				–				–				–			
	Green																								
TOTAL YELLOW SCORES		0				0				0				0				0				0			
TOTAL ORANGE SCORES		0				0				0				0				0				0			
Nurse Initial		[illegible]				[illegible]				[illegible]				[illegible]				[illegible]				[illegible]			

GUC-00091632 IP18-00036384
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Pat

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FLUID CHART

Sheet No. : 1

8/7/2026

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :								**Total Output :**				
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :								**Total Output :**				
8/7/26	08:00 pm				On Admission							
	09:00 pm	H2O	100ml							150ml	NO	SD
	10:00 pm	H2O	150ml							100ml	IV	SD
	11:00 pm	H2O	100								line	
	12:00 am	D									NO	
	01:00 pm	P								200	DO	
Total Intake :			350					**Total Output :**		450		
	02:00 am	D									NO	SD
	03:00 am	M									NO	
	04:00 am										DO	SD
	05:00 am	P								450	NO	SD
	06:00 am	J		RL 500ml				Constipation		50	D	
	07:00 am										D	
Total Intake :		500ml						**Total Output :**		200ml		

Total 24 hrs. Intake	850ml

Total 24 hrs. Output	700ml

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FLUID CHART

Sheet No. : 2

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

Date	Time	Intake: Nature of Fluid	Intake: Route: Mouth	Intake: Route: I.V	Intake: Route: N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am	RL		130ml						0	0	
	09:00 am			IN. 5+1+ 125ml	RL 100ml					20ml	0	
	10:00 am			125ml	100ml					40ml	0	
	11:00 am			125ml	100ml					50ml	0	
	12:00 pm			125ml RL	10ml					30ml	0	
	01:00 pm	Juice	20ml	125ml						25ml	0	
Total Intake : 1945ml. +400ml										Total Output : 165ml		
	02:00 pm	IC water	200ml	125	100					20ml	0	
	03:00 pm	H2O	100	125	100					30ml	0	
	04:00 pm	H2O	100	125	100					60	0	
	05:00 pm	Kanji	100	125						50	0	
	06:00 pm			125						100	0	
	07:00 pm	H2O	100	125						150	0	
Total Intake : 600ml + 750 + 300 => 1650ml										Total Output : 410ml		
	08:00 pm			125ml							0	
	09:00 pm	H2O	150ml	125ml						50ml	0	
	10:00 pm	H2O	50ml	125ml							0	
	11:00 pm			125ml						200ml	0	
	12:00 am	H2O	100ml	125ml							0	
	01:00 am			125ml							0	
Total Intake : 300 ml + 750ml										Total Output : 700 ml		
	02:00 am	H2O	100ml	125ml							0	
	03:00 am			125ml						50ml	0	
	04:00 am			125ml							0	
	05:00 am	H2O	100ml	125ml						30ml	0	
	06:00 am	H2O	150ml	125ml							0	
	07:00 am	H2O	100ml	125ml						70ml	0	
Total Intake : 2500ml										Total Output : 1100ml		

Total 24 hrs. Intake	H2O - 1270 ml Ov - 3,050ml
Total 24 hrs. Output	U - 1675 ml M - 1 time

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(8)

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.

10/7/26		Intake				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
	08:00 am	H2o	100 ml							200ml	0	0
	09:00 am	H2o	50ml							50ml	0	0
	10:00 am										0	0
	11:00 am	H2o	100ml								0	0
	12:00 pm	H2o	50ml							270ml	0	0
	01:00 pm										0	0
Total Intake :		300ml								Total Output :	620ml	
	02:00 pm										0	Sim
	03:00 pm	H2o	200ml								0	Sim
	04:00 pm									200ml	0	Sim
	05:00 pm	H2o	200ml								0	Sim
	06:00 pm	H2o	100ml								0	Sim
	07:00 pm	H2o	200ml								0	Sim
Total Intake :		700ml								Total Output :	200ml	
	08:00 pm	H2O	100ml								0	
	09:00 pm	milk	100ml							200ml	0	
	10:00 pm										0	
	11:00 pm									300ml	0	
	12:00 am	H2O	100ml								0	
	01:00 am									100ml	0	
Total Intake :		H2O - 300ml								Total Output :	600ml	
	02:00 am										0	
	03:00 am	H2O	100ml							250ml	0	
	04:00 am										0	
	05:00 am	H2O	100ml							300ml	0	
	06:00 am										0	
	07:00 am	H2O	200ml							200ml	0	
Total Intake :		H2O - 400ml								Total Output :	550ml	

Total 24 hrs. Intake	1800 ml H2O +	Total 24 hrs. Output	O - 1770 ml M - NK

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: G3A2/G1A 37WKS IVF conception			Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:			
	Surgery / Procedure:			Post OP Day:			
BACKGROUND	Date / Shift	08/7/26 Night	9/7/26 M	9/7/26 E	9/7/26 N	10/7/26 M	10/7/26 E
	Medical Condition (Any special condition to be noted):	Noted	Noted		Noted	Noted	Noted
	Diet:	Diabetic Diet	Diabetic Diet	Diabetic	Diabetic	Diabetic diet	Diabetic diet
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Ventilation (RA, NP, NIV, VENTI):	RA	RA	NA	NA	NA	NA
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Vital Signs: Temp:	98F	98F	98F	98.2F	98F	98.6F
	Res:	20bpm	18/m	22bpm	22bpm	20bpm	20bpm
	SpO_2:	99%	97%	99%	99%	99% (RA)	99%
	Pulse:	90bpm	100/m	92bpm	104bpm	78bpm	80bpm
	BP:	110/70	102/72	100/70	108/69	108/60mm	108/60
	LOC:	conscious	Conscious	Conscious	conscious	Conscious	Conscious
	Fall Risk Score:	0	20	20	20	20	20
	Pain Score:	0	1/10	0/10	0/10	0/10	0/10
	Skin Integrity	Intact	Intact	Intact	Intact	Intact	Intact
Recommendations	Safety Needs:	☐ Yes ☑ No	☑ Yes ☐ No	☐ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No
	Physiotherapy:	NA	NA	—	NA	NA	NA
	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Special Diet:	Diabetic Diet	Diabetic Diet	Diabetic	Diabetic	Diabetic diet	Diabetic diet
	Critical Lab Test / Values:	—	—				
	Other Special Orders / Medications:	☐ Yes ☑ No	☑ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	DVT Prophylaxis:	☐ Yes ☑ No	☑ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	ADL (Dependent / Non Dependent):	Non Dependent	Dependent	Dependent	dependent	Depen	Dependent
	Post Operative Procedure Special Orders:	—	—		—		—
	Handed Over By Name :	S/N parameswari	Shalini	S/N Sujitha	Hasini	E. Sowmy	Sowmya
	Signature / ID :	[illegible]	041508	[illegible]	[illegible]	[illegible]	[illegible]
	Date:	8/7/26	9/7/26	9/7/26	10/7/26	10/7/26	10/7
	Time:	9pm	130pm	Hasini	7.30am	130	2pm
	Taken Over By Name :	S/N Sujitha		Hasini	E. Sowmy	Vabisam	Hasini
	Signature / ID :	Shalini		9/7/26	[illegible]	608714	[illegible]
	Date:	9/7/26		8pm	10/7/26	10/7/26	10/7
	Time:	130pm			7.30am		8pm

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

GUC-00091632
Mrs SAVITHA PRIYADARSHINI IP18-00036384
13-11-1991 34 Y 7 M 25 D (F)
Dr. AISHWARYA PARTHASARATHY

NURSING CARE RECORD

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BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 8/7/2026

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							
Afternoon							
Night	9pm	Reduce Risk of hospital acquired Infection	9.30 pm	maintain strict hand hygiene Use aseptic technique during procedure	Patient maintain hand hygiene	Patient Vitals are stable	OT

Docu. No: RCH /FRM / CLINICAL / 148

GUC-00091632 IP18-00036384
Mrs SAVITHA PRIYADARSHINI
13-11-1991 34 Y 7 M 25 D (F)
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NURSING CARE RECORD

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

Date: 9/7/26

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	10AM	Achieve Acceptable Pain Control and comfort	10.30 pm	-Asses pain using pain scale Regularly - Positim patient Comfortably -) provide non-pharmacological measure.	Relieve pain & Discomfort	Reassessment was done	Shalini 09/07
Afternoon	1.30 pm	Achieve acceptable pain to some extend	2pm	*Asses pain using pain scale * Administer analgesic	Reduced pain to some extend	Reassessment done	Sathya 09/07/26
Night	8pm	Assess the mother general condition. Advice the nutrition status maintain.		Improve the mother general condition. Improve the nutritional status.	Evaluate the general condition Evaluate the patient health status.	Re assessment is done.	Dhanu 09/7/26

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①

NURSES NOTES

☐ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
08/07/26	8.45pm	ADMISSION NOTES:	
		patient Admission on	
		08/7/2026. patient came	
		for Elective LSCS. patient	
		general condition fair.	
		Vitals are checked & recorded.	
		patient voided. CTG	
		connected. FHR good.	
		patient diagnosis G3 A2 / IVF	
		GA 38wks top / GDM on Insulin /	
		Elective LSCS. patient	
		medical history of GDM	
		on Insulin. patient surgical	
		history of Appendectomy	
		2014, D & C - 2025. There is	
		no allergic history.	
		RBS checked RBS - 90mg/dl	S/N parameswari 016808
	9pm	Dr. Raj saw the patient	
		checked CTG adviced to	
		continue CTG.	S/N parameswari 016808
		pre op orders received. plan	
		for Elective LSCS @ 7.30am.	
		surgery consent obtained.	
		Dr. priyadharshini Anesthetist	
		saw the patient Anesthesia	
		fitness given.	S/N parameswari 016808
	10pm	CTG disconnected as per doctor	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00091632 IP18-00036384
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NURSES NOTES

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☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
08/7/26	12:20AM	Advice patient had diet. patient side no complaints of pain. fetal movements well.	S/o paramasivai 016808
		Receiving notes:-	
	12^{10} Am	Pt Receiving from CDR She was conscious & oriented was taken on NPO Pt sleeping well vital sign are check & record maintained. FHR - [illegible] Pm (+) General condition is fair.	[illegible]
	1^{30} Am	ECG taken as per order photo send to Dr. Jay	[illegible]
	5 Am	Part preparation done as per order [illegible] c [illegible] soap solution	[illegible]
	6 Am	IV placement, catheterisation done [illegible] FHR - [illegible] Pm (+) vital sign are checked & recorded On NPO [illegible] well vital sign are checked & [illegible]	[illegible]
	6^{30} Am	Pt shift to CDR, [illegible] CAD (+) urine drain well	[illegible]

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00091632 IP18-00036384
Mrs SAVITHA PRIYADARSHINI
13-11-1991 34 Y 7 M 26 D (F)
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(2)

NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
09/07/26	6.50pm	MICU received Notes: patient received from 7th floor. patient conscious & oriented. Vitals are checked & recorded. catheter present. I/o chart maintain IV line patten. patient maintain NPO. pre op orders followed. Surgery consent, Anesthesia consent uptained. Blood consent uptained.	S/N parameswari 016808
	7.30 am	Inj: Supacef full dose given. There is no allergic history. FHR good.	S/N parameswari 016808
		patient shifted to OT. patient details, files handed over given to OT staff.	S/N parameswari 016808
		OT NOTES	
9/7/26	7.50 am	patient received from ICU patient cousious and oriented. Patient vitals are stable BP-120/80 mmHg HR-72 bmt, SPO2-100% patient Shifted to OT-11 for Surgery. under aseptic technique Spinal anaesthesia is given. under Spinal	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

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
9/7/26		anaesthesia Procedure. Elective LSCS done baby born at. 8.06am wt. 3.995kg Gender - Male. Patient Vitals are Stable, patient Shifted to NICU, Patient file handed over the NICU	
	9.0m	Staff	Sign 09/07/26
		Receiving Note ON 9/7/26	
9/7	9Am	Report Received from OT staff to LDR staff. patient Conscious & Oriented. IV line patent No Swelling. Patient NPO. IV RL 500ml + Inj. Syntocinon 2 units 125 ml/hr CBD (+) urine drained well. vital sign Checked & Recorded vital sign are Stable — Shalini 014072 Receiving urine output 20ml. patient general condition is fair. Pr Bleeding Normal B - Breast Soft, No Engorgement U - uterus Contracted well B - Bladder. CBD (+) urine drained well B - Bowel Movement present	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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NURSES NOTES

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☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		← Contineous 9/7/26 →	
		L - Lochia Rubhra present	
		R - Reeda Not Applicable.	
		H - Homan's sign Negative.	
		E - patient Emotional status	Shalini 21407?
		good	
	12pm	vital sign checked & Recorded	
		vital sign are stable.	
		I/O chart Maintain	
		urine output 30ml. informed	
		Dr. Divya she advice IVF RL	Shalini 21407?
		100ml Rushes	
	1pm	patient general condition is	
		fair	
	1'0 pm	patient had water later gone	
		patient tolerating well.	Shalini 21407?
		No vomiting	
		I/O chart Maintain	
	1'30 pm	patient handing over given to	Shalini 21407?
		Evening duty staff	
		Evening Duty (9/7/26)	
	1:30pm	patient care Handing over	
		taken from Morning duty	
		staff. Monitored vitals and	
		Recorded. Maintained I/O.	
		Patient General condition	01670
		Fair. pv Bleeding Minimal	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
9/7/20	2pm	Maintained Dlo. PV Bleeding minimal. Patient General condition Fair. Administered medicines as per drug chart. IVF RL 20ml/hr on connected	
	3pm	Maintained Dlo. Monitored vitals and Recorded. No any other complaints. PV Bleeding minimal B - Breast is soft, no encouragment U - uterus contracted B - Bladder last voide 20ml (BD present B - Bowel movement present L - Lochia Rubra no foul smelling E - REEDA Assesment Not applicable H - Homan Sign Negative E - Emotional status good	
	4pm	Maintained Dlo. Monitored Vitals and Recorded. IVF RL 20ml/hr on connected. pain assesment Done. Dr. Dhivya advised to shift the patient to ward. doctor orders carried out	
	4.15pm	patient Shifted from LDR to 4th Floor. Patient Care Handing over given to 4th Floor staff	

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GUC-00091632 IP18-00036384
Mrs SAVITHA PRIYADARSHINI
13-11-1991 34 Y 7 M 26 D (F)
Dr. AISHWARYA PARTHASARATHY

(4)

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NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Receiving Notes	
9/7/26	4:15pm	pt's details Hand over taken from LDR staff. pt's conscious oriented, pt's vitals are stable. pt's liquid diet, [illegible] start at 5pm. Soft diet at 7pm, Monitor vitals, follow drug chart, Hb/FBS/PPBS on POD-2, Inj. [illegible] at 10pm, CBD C/m 9AM, Strict I/O chart, pt's put it [illegible] pump. →	[signature] 6073r
	4:30pm	pt's vital signs checked and recorded. vitals are stable. maintained I/O chart. pt's had liquid diet. →	[signature] 6073r
		B - Breast is soft No engorgement U - Uterus Contraction well B - Bowel movement (+) B - Urine drained well L - Lochia rubra (+) E - Reeda Scale NA H - Homan's sign Negative E - Emotional status good →	[signature] 6073r
	5pm	pt's had [illegible] start, pt's h/o c/o vomiting, Maintained I/O chart. →	[signature] 6073r
	6pm	Due medication given as per orders →	[signature] 6073r

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

Patient Sticker

NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
09/7/26	7pm	Pt's had soft diet, No c/o Vomiting, PV bleeding is (N), Maintained I/O chart. ⇒	
	7:30pm	Pt's details Hand over given to Night Duty Staff. ⇒ Night Duty	
9/7/26	8 pm	patient details careful handover taken from the evening duty staff. patient general condition is assessed. patients vitals are monitoring and recorded. —	
	10 pm	patient side there is no c/o of nothing. patient medicine given to the as per as doctors order. patients continues maintain I/O chart and IV fluid on flow the patients. Normal baby flowing: —	
10/7/26	12 am	patient IV line present no swelling and cleaning the line site. there is no c/o of pt. continues maintain I/O chart. —	
	2 Am	patient vitals are stable. B — ~~Breast~~ no engorgement U — uterus is contracted well B — Bowel movement is present	

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(5)

NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		B - Bladder voided well	
		L - Lochia rubara (+)	
		E - Reeda scale NP	
		H - Homan sign Negative	
		E - Emotional support is good.	
	4 am	patient continues maintain	
		S/o chart and advice the	
		patient baby feeding position.	→[illegible]
	6 Am	patient vitals see monitoring	
		and recorded.	→[illegible]
10/7/21	7.30Am	patient details case file handover	
		given to the morning duty	
		staff.	→[illegible] 607915
		Morning duty on 10/7/21	
	7.30 Am	Patient details handing over	
		taken from Night duty staff.	
		Patient conscious and oriented.	
		patient is on soft diet. Patient	
		IV line patent. pv bleeding is	[illegible]
		Normal.	
	8 Am	Vital signs checked and	
		Recorded. Vitals are stable →	[illegible]
		B - Breast soft. No engorgement	
		U - Uterus contracted. Involution present.	
		B - Bowel movement present. Motion passed	
		R - [illegible] Removed 9.30Am, urine drained	
		clears in CRIO	

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☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
10/7/26		L - Lochia rubra present all	
		foul smelling	
		E - REEDA is Not applicable	
		H - Homan's sign Negative	
		E - Emotional status good →	[signature]
	8.40Am	Dr. [illegible] seen the patient	
		advised by soft diet, plenty of fluids,	
		Vitals monitoring, CBD c/m @ 9am	
		Measure 1st void urine, FBS, PPBS/[illegible] →	[signature]
	9.30Am	Ambulated to the patient. CBD	
		Removed. IV line pattern →	[signature]
	10Am	Due medication given as per	
		Doctor's order →	[signature]
	12pm	2time voided Informed Dr. [illegible]	
		Vital signs checked and Recorded →	[signature]
	1.30pm	Patient [illegible] handing over	
		On Evening duty staff →	[signature]
		Evening Duty	
10/7/26	1:30pm	Pt's details Hand over taken from	
		Morning Duty staff, Pt's conscious	
		oriented, vitals are stable. pt's	
		m/passed, IV line pattern, pt's	
		oral medication only, tomorrow	
		Hb/FBS/PPBS at 6am. →	[signature] 607363
	2pm	Pt's vital signs checked and	
		recorded. vitals are stable.	
		Maintained I/O chart. →	[signature] 607363

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CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: Dr. Aishwarya.	Date of Delivery: 9/7/26
Assistant Surgeon: Dr. Sangeetha.	Time of Delivery: 8-06 am
Anaesthetist's Name: Dr. Mohan	Gender of Baby: BOY
Type of Anaesthesia: Spinal.	Weight of Baby: 3.995 kg.
Neonatologist: Dr. Srilakshmi	AGPAR Score: 5/10, 8/10
Scrub Nurse: S/N Shiva.	NICU Admission: ☐ Yes ☑ No

Pre-Operative Diagnosis:

☑ Elective ☐ Emergency Indication: Breech / GDM on insulin
big baby

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: 3 mins

CTG Description: Reactive

If there was a delay give the reasons: -

Surgical Procedure: Elective LSCS. ↓SA

Post Operative Diagnosis: P1 L1 Elective LSCS

Peri-Operative Complications: -

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

Name and Number of Surgical Specimen sent for examination:

—

(P.T.O)

Examination Findings when Appropriate:

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

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

Uterine Closure: ☐ One Layer ☑ Two Layers 1-vicryl Suture
Peritoneal Closure: ☐ Pelvic ☐ Abdominal ☐ None ..... Suture
Sheath Closure: 1-vicryl 1-PDS Suture
Fat Closure: ☐ Yes ☐ No ..... Suture
Skin Closure: ☑ Subcuticular ☐ Mattress 3-0 monocryl Suture
Vaginal Evacuated ☑ Yes ☐ No
Drain: ☐ Yes ☐ No ☐ Remove in ..... days ☐ Await instructions
Ctheter ☑ Yes ☐ No ☐ Remove in 10pm days ☐ Await instructions
Swap & Instruments count correct? ☑ Yes ☐ No ☐ Post-op Antibiotics ☑ Yes ☐ No
Intra-Operative Antibiotics Cover: ☑ Yes ☐ No ☐ Thromboprophylaxis ☑ Yes ☐ No

Post-Operative Notes: NPO x 4 hours
IVF @ 125 ml/hr.
Inj SUPACEF 1.5g IV TDS x 3 doses
Inj. TRAMIC 1g IV TDS x 3 doses
T. PARACETAMOL 1g 1-1-1-1
C-PAN D 1-0-1
JUSTIN SUPPOSITORY BD
Inj. CLEXANE 40mg SC OD 10pm
Hydration / TED / stockings
CBD → 4 hourly
FBS/PPBS on POD-2
HB.
LIGNOCAINE PATCH

Doctor Name: Dr - Aishwarya Doctor Signature:
Date & Time: .....

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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	N 08/07/26	N 9/7/2	E 9/7/26
		Score	0	20	35
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0	0	0	15
Secondary Diagnosis (more than one diagnosis)	Yes	15			
	No	0	0	0	0
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0	0	0	
IV / Heparin Lock or Saline	Yes	20		20	20
	No	0	0		
GAIT / Transferring	Impaired	20			
	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:			0	20	35
		Signature	01/8/26	9/7/2	S/N

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

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

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

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

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

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

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

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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	10/7/26 N	11/7/26 N		Fall Risk Grading		
		Score	35			Risk Level	Morse Fall Score (MFS)	Action
History of Falling (immediately or w/in 3 months)	Yes	25						
	No	0		0				
Secondary Diagnosis (more than one diagnosis)	Yes	15	15	15				
	No	0	0			Low Risk	0 - 24	Standard Fall Precaution
Ambulatory Aid	Furniture	30	0					
	Crutches, Cane(S), Walker	15	0					
	None /Bed Rest /Nurse Assist	0	0	0				
IV / Heparin Lock or Saline	Yes	20	20					
	No	0	0	0		Moderate Risk	25 - 50	Implement Moderate Fall Prevention Intervention
GAIT / Transferring	Impaired	20	0					
	Weak (uses touch for balance)	10	0					
	Normal /On Bed Rest /Immobile	0	0	0				
Mental Status	Forgets limitations	15	0			High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	Oriented to own ability	0	0	0				
Total Morse Fall Scale Score:			35	15				
		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
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BRADEN 'Q' SCALE

					Date : 08/7	9/7	9/7/26	9/7
					Time : 10pm	8am	B	N
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	3	3	3	3
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR **Friction** . Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	1	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
				TOTAL SCORE	27	24	26	26
				Evaluator's Name				

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

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

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

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BRADEN 'Q' SCALE

					Date :	10/5/24	10/7	10/7	11/7
					Time :	M	E	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
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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
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Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.		4	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.		4	4	4	4
					TOTAL SCORE	28	28	28	28
					Evaluator's Name				

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

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

GUC-00091632 IP18-00036384
Mrs SAVITHA PRIYADARSHINI
13-11-1991 34 Y 7 M 25 D (F)
Dr. AISHWARYA PARTHASARATHY

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PAIN ASSESSMENT FORM

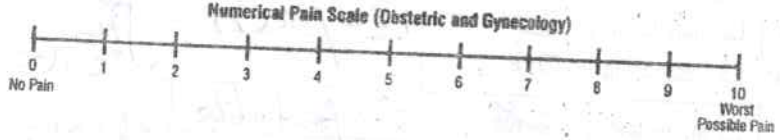
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
08/7/26	9pm	0/10	NIL	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	No pain	01/8
9/7/26	12am	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☑ No	NIL	SN one
9/7/26	7 am	0/10	NIL	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	No pain	01/8
9/7/26	9AM	1/10	Surgical site	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	Comfortable position	01407
9/7/26	1pm	1/10	Surgical site	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	Comfortable position	01407
9/7/26	3pm	1/10	Surgical site	☐ Continuous ☑ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	Pharmacological therapy	01/8
10/7/26	8AM	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	
10/7/26	2pm	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	60/2
10/7/26	8pm	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	
11/7/26	8AM	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	

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

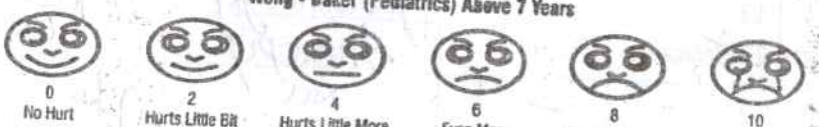
(P.T.O)

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years



FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

GUC-00091632 IP18-00036384
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(2)

PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
11/7/26	8am	0	Nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	[signature]
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

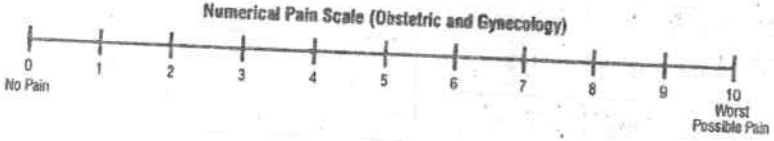
Re-assessment Frequency:
1. Every eight hours for all hospitalized patients.
2. For post-surgical patients, patients with chronic pain, patient with severe pain:
   a) At least every 2 hours for the first 24 hours
   b) Then every 4 hours.
   c) Prior to pain pain-relieving intervention.
   d) Within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

(P.T.O)

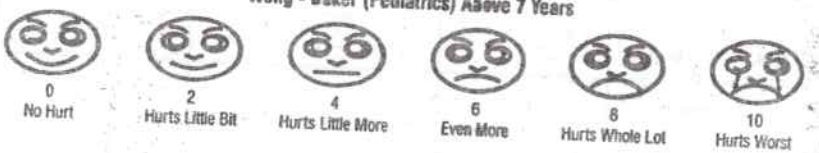
Docu.No: RCH /FRM / CLINICAL / 152

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years



FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

CATEGORY	SCORING		
	0	1	2
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Legs	Normal Position or Relaxed	Uneasy, restless, tense	Kicking, or legs brawn up
Activity	Laying quietly normal position, moves easily	Squirming shifting back and forth, tense	Arched, right, or Jerking
Cry	No Cry (Awake or asleep)	Moans or whimpers occasional complaint	Crying steadily, screams of sobs, frequent complaints
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Assessment Criteria	Sedation		Normal	Pain / Agitation	
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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

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Patient's Name:. GUC-00091632 IP18-00036384 Mrs SAVITHA PRIYADARSHINI (F)
MRD NO:........... 13-11-1991 34 Y 7 M 25 D
Dr. AISHWARYA PARTHASARATHY
Age :..................... ☐ F
Consultant :..

PHLEBITIS ASSESSMENT

CANNULA 1

Date : 9/7/16 Time: 6am
Location :
Size : 18G
Cannula inserted by : S. Aprimalle Dre

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
9/7/16	6am	☐Yes ☑No	☐Yes ☑No	Obs	SV
	8AM	☐Yes ☑No	☐Yes ☑No	Observe Cannula	SP
	10AM	☐Yes ☑No	☐Yes ☑No	Observe Cannula	SP
	12pm	☐Yes ☑No	☐Yes ☑No	Observe Cannula	SP
	2pm	☐Yes ☑No	☐Yes ☑No	Obsev	[illegible]
	4PM	☐Yes ☑No	☐Yes ☑No	observe	Sy
	6PM	☐Yes ☑No	☐Yes ☑No	observ	Sm
	8PM	☐Yes ☑No	☐Yes ☑No	observ	[illegible]
	10pm	☐Yes ☑No	☐Yes ☑No	"	[illegible]
	12AM	☐Yes ☑No	☐Yes ☑No	"	[illegible]
	2AM	☐Yes ☑No	☐Yes ☑No	"	[illegible]
	4AM	☐Yes ☑No	☐Yes ☑No	"	[illegible]
	6AM	☐Yes ☑No	☐Yes ☑No	"	[illegible]
10/7/16	8Am	☐Yes ☑No	☐Yes ☑No	observ	[illegible]
	12pm	☐Yes ☑No	☐Yes ☑No	observ	[illegible]
	2PM	☐Yes ☑No	☐Yes ☑No	observe	Sus
	6pm	☐Yes ☑No	☐Yes ☑No	observ	Sus
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		

Cannula removed : ☐Yes ☐No, if yes date and time : 10/7/16 at 6pm
RX any initiated : ☐Yes ☐No ☐NA If Yes specify-
Phlebitis score: 0/5

CANNULA 2

Date : Time:
Location :
Size :
Cannula inserted by :

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

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

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

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

Doc. No. : RCH / GDY / FRM / CLINICAL / 137

PHLEBITIS ASSESSMENT AND MANAGEMENT RECORD

CANNULA 3

Date :

Time:

Location :

Size :

Cannula inserted by :

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

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

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

Phlebitis score:

CANNULA 4

Date :

Time:

Location :

Size :

Cannula inserted by :

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

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

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

Phlebitis score:

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

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

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

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Mrs SAVITHA PRIYADARSHINI
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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 G1A3A2 / G1A 37 wks today
2. Treatment and Care

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

Part - II

Date	Time	Need Identified	Information Taught	Use codes from the list in part III					Comments	Designation / Signature
				Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		
08/1/26	10 pm	yes	Educate & Inform about pre op orders	patient	None	Oral	None	yes	good	
9/1/26	9AM	Yes	Explain about Pain Management	Patient	None	Oral	None	Yes	good	
10/1/26	10 AM	Yes	Breast feed technique	Patient	No hearing issue	Oral	None	Yes	Good	
10/1/26	2pm	Yes	Breast feed position	patient	none	oral	none	Yes	good	

Part - III: CODES

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

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

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

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

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

GUC-00091632 IP18-00036384
Mrs SAVITHA PRIYADARSHINI
13-11-1991 34 Y 7 M 25 D (F)
Dr. AISHWARYA PARTHASARATHY

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URINARY CATHETER BUNDLE CHECK LIST

Date of Insertion: 9/7/26 @ 6.30 am Date of Removal: 10/7/26 @ 9.30 AM

Parameters	Date / Shift Time	9/7 N	9/7/26 E	10/7/26 M				
Need for the Catheter		☑Yes ☐No	☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Hand Hygiene		☑Yes ☐No	☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Usage of Sterile Equipment		☑Yes ☐No	☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Is the Collection bag below the level of bladder		☑Yes ☐No	☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Check the Tube for Obstruction (Free of Kinking)		☑Yes ☐No	☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Is Catheter dated as policy		☑Yes ☐No	☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Collecting bag is been emptied regularly?		☑Yes ☐No	☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Maintenance of closed system for the catheter		☑Yes ☐No	☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Dressing clean and dry?		☑Yes ☐No	☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Is the line removed as Policy?		☑Yes ☐No	☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Performance of Perineal Care		☑Yes ☐No	☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Onset of New Fever		☐Yes ☑No	☐Yes ☑No	☐Yes ☑No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Asses for the leakage at the site of insertion		☑Yes ☐No	☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Name of the Nurse		Sreenidhi	S/N Gayathri	E-Soumiya				
Signature of the Nurse								

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BREAST FEEDING HANDOVER AND ASSESSMENT FORM

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

2. If No, Reason .....

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

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

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

Feeding Positions:
Cross Cradle

Feeding Positions:
Football / Clutch

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

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

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

9. Additional notes: —

Continuity of Care:

Date: 9/7/26

C - 2

A - 2

T - 1

C - 2

H - 1

9

Handover given by S. Shalini

Signature S. Shalini RN OT

Date & Time: 9/7/26 at 9:30 AM

Handover taken by P. Kaumozi

Signature P. Kaumozi RN OT

Date & Time: 9/7/26 @ 4:15 PM

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BLOOD STORAGE CENTRE

BLOOD RESERVATION CONFIRMATION SLIP

DATE: 09/7/26

ORDER NO: 18-1724265 TIME:

PATIENT NAME: Mrs. Savitha priyadarshini

AGE/SEX: 34/F BLOOD GROUP OF PATIENT: AB positive ✓

UHID: 91632 IRRADIATED/NON IRRADIATED:

BLOOD GROUP REQUESTED FOR:

BLOOD & COMPONENTS	NUMBER OF UNITS
WHOLE BLOOD	1
PRBC	✓
FFP	
RANDOM DONOR PLATELETS	
SINGLE DONOR PLATELETS	
CRYOPRECIPITATE	

for Only

MEDICAL OFFICER

A. Shalini

TECHNICIAN SIGN

Note:

1. This reservation is valid for 48 hours from the date and time of issue of confirmation slip.
2. Reservation does not hold for Whole blood, FFP, Platelets and Cryoprecipitate. Number mentioned above indicates confirmation of these components for the patient.

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Mrs SAVITHA PRIYADARSHINI
13-11-1991 34 Y 7 M 25 D (F)
Dr. AISHWARYA PARTHASARATHY

CONSENT FOR BLOOD TRANSFUSION

Patient Name : Mrs. Savitha Priyadarshini Age: 34y Gender : F

UHID No.:..... :IP No.: .....Ward/Bed No. .....

Type of Blood Product : A1B Positive

I Mrs. Savitha Priyadarshini hereby give my consent for whole blood transfusion / blood components as part of treatment of myself / my patient while being admitted at Rainbow Hospital. I have been explained all the known risks of transfusion reactions. I have also been explained that the donor blood has been screened for HIV antibodies, Hepatitis B surface antigens, Hepatitis C antibodies, Malaria and Syphilla. I have also been explained that transfusion transmitted infections can vary rarely occur even with screened blood, especially if it is in the "window period" and also due to various other infections which have not been screened for. I also understand that any blood component transfusions carry risk of transfusion associated reactions.

All the above-mentioned risks have been explained to me by the doctor treating me / my patient in the language that I fully understand and I accept the same and give my consent for the whole blood component transfusion to me / my Patient named .....

SAVITHA PRIYADARSHINI G
Name of Patient / Attendant

Signature of Patient / Attendant

Date 8/7/2026

Time : 10 pm

Relationship with Patient:

SURGICAL SAFETY CHECKLIST

Surgeon: Dr. Aishwarya
Asst. Surgeon: Dr. Sangeetha
Anaesthetist: Dr. Mohan
Scrub Nurse: Sri Siva

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Mrs SAVITHA PRIYADARSHINI
13-11-1991 34 Y 7 M 26 D (F)
Dr. AISHWARYA PARTHASARATHY

Age: 34 Gender: F
Name: Elective LSCS
Out-time: 9.0 am

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Before Induction of Anaesthesia ➤➤

SIGN IN Time: 7.50 am

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

Signature: .....
Name: Dr. Mohanmuralı

Before Skin Incision ➤➤

TIME OUT Time: 8.0 am

Confirm all team members have introduced themselves by Name and Role	☑Yes ☐No
Surgeon, Anaesthesia Professional and Nurse Verbally Confirm	
Correct Patient (Check ID Band)	☑Yes ☐No
Correct Site	☑Yes ☐No
Correct Procedure	☑Yes ☐No
Anticipated Critical Events	
Surgeon Reviews:	
What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss?	☐Yes ☑No ☐NA
Anaesthesia Team Reviews:	
Are There Any Patient-specific Concerns?	☐Yes ☑No ☐NA
Nursing Team Reviews:	
Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns?	☐Yes ☑No ☐NA
Is Essential Imaging Displayed?	☐Yes ☑No ☐NA
Power Supply, Earthing, Power Backup and functioning of equipment checked.	☐Yes ☑No

Signature: for 10/7/18
Name: Dr. Aishwarya parthasarathy

Before Patient Leaves Operating Room

SIGN OUT Time: 9.0 am

Nurse Verbally Confirms with the Team:	
The Name of the Procedure Recorded	☑Yes ☐No
That Instrument, Sponge and Needle Counts are Correct (or Not Applicable)	☑Yes ☐No ☐NA
The Specimen is Labelled (including patient name)	☐Yes ☑No ☐NA
Whether there are any Equipment Problems to be addressed	☐Yes ☑No ☐NA
To Surgeon, Anaesthetist and Nurse:	
What are the key concerns for recovery and management of this patient?	☐Yes ☑No

Signature: .....
Name: Sri Siva

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13-11-1991 34 Y 7 M 26 D (F)
Dr. AISHWARYA PARTHASARATHY

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PATIENT TRANSFER NURSING HANDOVER CHECKLIST

Date & Time of Transfer: OT **TRANSFERRED TO :** MICU.

		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	✓	
6	**Medications Pre & Post-Op Orders**	X	
	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**	✓	
11	**BIOPSY/HPE SENT**	✓	
12	**Documentation**		
	a.Documentation completeness	✓	
	Transferring Nurse: _____	VRuk024	
	Receiving Nurse : _____		
	Signature of Incharge:		

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Mrs SAVITHA PRIYADARSHINI
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Dr. AISHWARYA PARTHASARATHY

	Date & Time of Admission	Date & Time of Transfer Order
	8/7/26.	9/7/2026 at.
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
Dr. Aishwarya Parthasarathy	Dr. Mohan	further management
From Unit	**To Unit**	**Information to Attendant**
OT	MICU.	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
one file	—	Yes ☐ No ☑
		If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
SW Pradeep 9/7/2026	Dr. Mohan.

Patient & Clinical Records Received by : S. Pooja Staff Ortho

Date & Time of Patient Received : 9/7/26 @ 9am

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

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

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Dr. AISHWARYA PARTHASARATHY

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INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

Patient Name : MRS SAVITHA PRIYADARSHINI Gender: ☐ Male ☑ Female Age : 34 years

UHID No : 91632 Date : 8/07/2026

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

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

ELECTIVE LOWER SEGMENT CESEAREAN SECTION

Ind :- BREECH upon MRS. SAVITHA PRIYADARSHINI

(Name of the Patient)

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

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

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

- Bleeding, Injury to nearby organs (bladder & bowel) Infections, need for NICU admission, Need for blood & Transfusion if require

My signature on this form indicates that

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

Name of the Doctor who is performing the Surgery / Procedure: Dr. AISHWARYA. P

Consentee :
Signature : Savitha
Name : mrs. savitha priyadharshini
Date & Time : 9/7/2026

Patient Attendant :
Signature :
Name : S. Sujan kumar
Relationship with Patient: Spouse
Date & Time : 09/07/26 00:06

Witness :
Signature :
Name :
Date & Time :

Doctor (who is taking the consent) :
Signature : 1448 28
Name : Dr. Muwaffika
Date & Time : 8/7/26 11 PM

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Dr. AISHWARYA PARTHASARATHY

CONSENT FORM FOR ANAESTHESIA

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

UHID NO: ..... Surgeon Name: ...DR AISHWARYA/ DR SANGEETHA

Anaesthesiologist : ...DR MOHAN/DR PRIYA/DR HARIHARAN... Operative procedure planned : ...ELECTIVE 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 arid narcotic drugs to particular parts of the body after surgery or injury, using catheters.

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

☐ Heart disease ☐ Hypertension ☑ Diabetes mellitus ☐ Renal failure

☐ Hepatic disorders ☐ Shock ☐ Multiple organ failure ☐ Polytrauma / Renal Tubular Aacidosis

☐ Incapacitating Cronic Obstructive Pulmonary Disease ☐ Others : ...HYPOTENSION, BRADYCARDIA, PPH)

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

DECLARATION BY PATIENT / GUARDIAN / PROXY

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

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

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

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

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

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

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

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

Patient / Patient Attendant :

Signature : .....

Name : ...mrs. savitha priyadharshini...

Relationship with Patient: ...patient...

Date & Time : ...8/7/2026...

Witness :

Signature : .....

Name : ...MR SUJAN KUMAR HUSBAND...

Date & Time : ...8/7/2026...

Doctor (who is taking the consent) :

Signature : .....

Name : ...Dr Priyadharshini...

Date & Time : ...8/7/26 11.45pm...

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

Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATI(

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

Date: 8/7/26 Time: 11.45pm Proposed Operation: Elective LSCS

Diagnosis: G2 A2 / Breech.

B.P / CRT: ..... H.R: ..... Weight: 99 kg ASA Physical Status: ☐1 ☑2 ☐3 ☐4 ☐5

Laboratory Data:

Hgb: 10.9	Glucose:	Protein:	HIV: NR	X-Ray:	
PCV:	Urea:	Alb:	HBS Ag: NR	ECG:	
WBC:	Creat:	Total Bill:	HCV: NR	2D Echo: NO RWMA	
Plate: 229000	Na:	Dir. Bill:	Blood group: A1 B+ve	Stress/Anglo: EF 66%	
PT:	K:	LDH:	T3	Other:	
PTT:	Ca++:	Alk phos:	T4		
INR:	Mg++:	Amylase:	TSH 2.52		
	Cl-:	SGOT/SGPT:			

Medical History: CVS :

RESP :

CNS :

Renal :

Hepatic / GE :

Others :

Allergies: NKDA

Diabetes : GDM on insulin

Physical Activity:

Past Anaesthetic History: H/o lap appendicectomy ↓ Hb, U/E
H/o D&C, ↓ Hb, U/E

Physical Exam:

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

Lungs : R/L AE (+)

Heart: S1 S2 (+)

CNS: NFND

Pregnant: ☑Yes ☐No ☐NA

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

Venous Access Site : Left wrist Spine Exam for regional : (A)

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

CURRENT MEDICATIONS	DOSAGE

Pre-Operative Instructions:

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

Signature: ..... Name: Dr Priyadarshini

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ANAESTHESIA CHART

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Fasting Status: >6hrs solids

Change in Patient Condition. ☐ Yes ☑ No

☑ Chart Reviewed

Patient Identified ✓ ☑ Consent Present

Last Feed:

Physical Status:

SpO₂: 100% R.R: 16/min

Date:

H.R: 85/min B.P / CRT: 120/70 Operation: Elective LSCS Technician: Mr Shyam

Pre-OP Diagnosis: G2A2 / 1LF / Breech Anaesthesiologist: Dr Mohan / Dr Priya ... Dr Aishwaryan / Dr Anjathe

Surgeon: Dr Aishwarya

TIME: 1.55 pm ... 8am

N₂O /AIR /O₂ LPM

HALO /ISO /SEVO

Drugs: Inj Syntocinon 5U iv bolus + 20 U iv infusion
Inj Trepic 1g IV

Antibiotic

Suppository

Blood Loss

NOTES

FIO₂ / SaO₂
ETCO₂
ECG: sinus rhythm
Temperature
Urine Output

Fluids / Blood: 1GM
... c̄ 20 U syntocinon

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

Tourniquet on Time
Tourniquet off Time
Throat Pack In
Throat Pack Out

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

LAB Values: ABG / GRBS / Others

☑ Equipment Checked and Functional
☑ BP
☐ Cuff Site:
☐ Art Site:
☑ EKG Lead
☐ Temp Site
☐ FiO₂ Monitor
☐ Agent Monitor
☑ Pulse Oximeter
☐ Capnograph
☐ Ventilator
☐ Nerve Stimulator

Position: Supine
☐ Pressure Points Checked

Eye Care:
☐ Oint
☐ Tape
☐ Padding
☑ Awake

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

Times:
Anaes Start: 1.55 pm
OP Start:
OP End:
Leave OR:

Anaesthesia: Room
☐ GA
☑ Monitored Anaesthesia Care
☐ Regional

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

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

☐ Mask ☐ SGA
☐ Airway ☐ Oral ☐ Nasal
ETT# ... at ... cm
☐ Oral ☐ Nasal ☐ Cuff
☐ Tracheostomy ☐ Topical
☐ Drug:
☐ Awake ☐ Direct Vision
☐ Video Laryngoscopy ☐ Stylette / Bougie
☐ Fiberoptic
Blade# Attempts:
Difficulty Why?
☐ Bilat = BS
☐ Semi-Closed Circle
☐ Closed Circle
☐ Other

Regional:
Specify:
Extremity
☑ Spinal ☐ Epidural ☐ Caudal
Others: sitting
Position:
Site: L3 L4 midline
Needle Size: 27 G Depth:
Parasthesia ☐ Yes ☑ No
Catheter at skin ... cm
Drug Name & Conc: 2.0ml 0.5% (H) Bupivacaine + 0.2ml Buprenorphine
Bolus:
Infusion:
Block Level:
Comments: T6 level (↑)
Transportation to
☐ PACU ☑ ICU ☐ Other
Relaxant Reversed ☐ Yes ☐ No ☐ NA
Name of the Doctor: Dr Priya
Signature of the Doctor: [signature]

Patient Sticker

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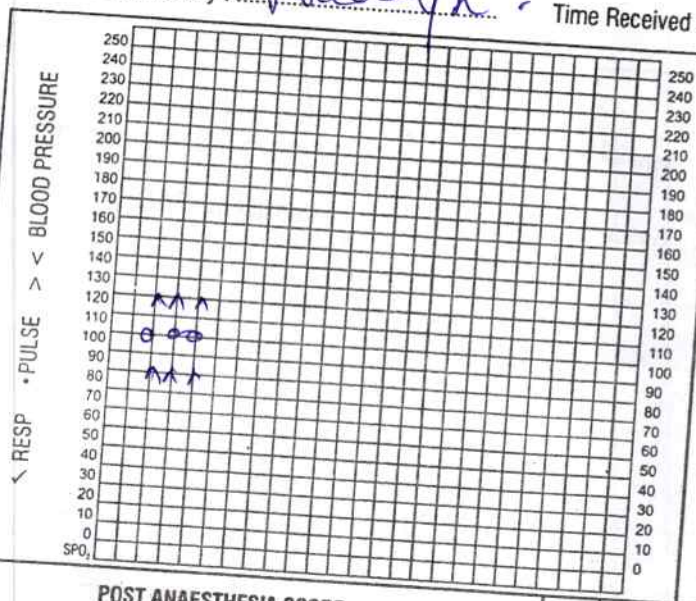
*POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Bradleyn · Time Received : 9.00a Time Discharged : 9.00a



IV Cannula Site : .....

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

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

IV Fluids: .....
Oral Feeds: .....

POST ANAESTHESIA SCORE (Modified Aldrete Score)			IN	MINUTES 30	60	90	OUT	SCORING INTERPRETATION
Able to move 4 extremities voluntary or on command Able to move 2 extremities voluntary or on command Able to move 0 extremities voluntary or on command	= 2 = 1 = 0	ACTIVITY	1				1	A Minimum Total Score of 8 is Required for Discharge Exceptions to this, are to be explained in the space below by the Discharging Physician:
Able to deep breathe & cough freely Dyspnea or limited breathing Apneic	= 2 = 1 = 0	RESPIRATION	2				2	
BP ± 20 of Pre Anaesthetic leve BP ± 20-50 of Pre Anaesthetic leve BP ± 50 of Pre Anaesthetic leve	= 2 = 1 = 0	CIRCULATION	2				2	
Fully awake Arousable on calling Not responding	= 2 = 1 = 0	CONSCIOUSNESS	2				2	
Pink Pale, dusky, blotchy, jaundiced, other Cyanotic	= 2 = 1 = 0	COLOR	2				2	
		TOTAL	9/10				9/10	

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
9/x		0/10	NPO till further order	1546n

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

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

Anaesthesiologist Name : M Rizik
Anaesthesiologist Signature: [signature]
Date & Time: 9/7/26 1546n

PACU Nurse Name : Bradleyn
PACU Nurse Signature: [signature]
*Date & Time: 9/7/26 9.0 am

Transferred to Unit by (PACU): [signature]
Date & Time: 9/7/26 9.0am

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Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

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

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

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

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

Solution Composition : .....

Any other issues :

a) .....

b) .....

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

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 : .....

GUC-00091632 IP18-00036384
Mrs SAVITHA PRIYADARSHINI
13-11-1991 34 Y 7 M 26 D (F)
Dr. AISHWARYA PARTHASARATHY

BirthRight Rainbow Children's Hospital

PATIENT TRANSFER NURSING HANDOVER CHECKLIST

Date & Time of Transfer: 1400 **TRANSFERRED TO :** OT

		YES/NO	REMARKS
1	**Patient Identification**		
	a.Patient Identification Patient name, age, UHID/hospital number confirmed	Yes	
	b.Surgical procedure & correct site verified	Yes	
2	**Airway & Breathing**		
	a.Oxygen delivery (mask/cannula/ventilator) secured	NO	
	b.SpO_2 within safe range		
	c.If ETT: position confirmed, ties secure, cuff inflated		
3	**Circulation & Hemodynamic Stability**		
	a.IV lines secured & infusion running correctly	Yes	
	b.No active uncontrolled bleeding	NO	
	c.Last vitals recorded before transfer	Yes	
	d.Central line hubs are closed	Yes	
	e.Dressing Intact	NO	
4	**Pain Assessment**		
	a.Pain score assessed & analgesia given	NO	
	b.Reassessment done		
5	**Wound, Dressings & Drains**		
	a.Surgical dressing intact	NO	
	b.All drains fixed, output noted		
	c.Catheter secure & urine output recorded		
	d.Splints/casts/traction devices stabilized		
6	**Medications Pre & Post-Op Orders**		
	a.Medications due time noted		
	b.Pre & Post-op instructions (NPO, position, mobilization) communicated	Yes	
	c.Emergency meds given in OT (time & dose documented)		
7	**Equipment Safety & Transport Preparedness**		
	a.Oxygen cylinder full & ambu bag at bedside	NO	
	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	NO	
	b.Epidural catheter secure, infusion checked		
	c.Pressure areas protected (heels/elbows)		
9	**BLOOD AND BLOOD PRODUCTS TRANSFUSED**	-	
10	**REPORTS AND LABS HANDED OVER**	-	
11	**BIOPSY/HPE SENT**	-	
12	**Documentation**		
	a.Documentation completeness		
	Transferring Nurse:		
	Receiving Nurse :	01/6808	
	Signature of Incharge:		

GUC-00091632 IP18-00036384
Mrs SAVITHA PRIYADARSHINI
13-11-1991 34 Y 7 M 26 D (F)
Dr. AISHWARYA PARTHASARATHY

BirthRight Rainbow Children's Hospital

PATIENT TRANSFER NURSING HANDOVER CHECKLIST

LDR-to

Date & Time of Transfer: 9/7/2026 **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	yes	
	b.SpO_2 within safe range	yes	
	c.If ETT: position confirmed, ties secure, cuff inflated	no	
3	**Circulation & Hemodynamic Stability**		
	a.IV lines secured & infusion running correctly	yes	
	b.No active uncontrolled bleeding	no	
	c.Last vitals recorded before transfer	yes	
	d.Central line hubs are closed	no	
	e.Dressing Intact	no	
4	**Pain Assessment**		
	a.Pain score assessed & analgesia given	yes	
	b.Reassessment done	yes	
5	**Wound, Dressings & Drains**		
	a.Surgical dressing intact	no	
	b.All drains fixed, output noted		
	c.Catheter secure & urine output recorded	yes	
	d.Splints/casts/traction devices stabilized	no	
6	**Medications Pre & Post-Op Orders**		
	a.Medications due time noted	yes	
	b.Pre & Post-op instructions (NPO, position, mobilization) communicated	yes	
	c.Emergency meds given in OT (time & dose documented)	yes	
7	**Equipment Safety & Transport Preparedness**		
	a.Oxygen cylinder full & ambu bag at bedside	yes	
	b.Bed/side rails up and brakes applied	yes	
	c.Special positioning maintained as per surgery	yes	
8	**High-Risk Patient Safety (if applicable)**		
	a.Chest tube: underwater seal below chest level	no	
	b.Epidural catheter secure, infusion checked	yes	
	c.Pressure areas protected (heels/elbows)	no	
9	**BLOOD AND BLOOD PRODUCTS TRANSFUSED**	no	
10	**REPORTS AND LABS HANDED OVER**	no	
11	**BIOPSY/HPE SENT**	no	
12	**Documentation**		
	a.Documentation completeness	yes	
	Transferring Nurse:	S N Akalya 0280	
	Receiving Nurse :	[signature] 10-2-2026	
	Signature of Incharge:	S N paraneshwari	

RCH/GDY/FRM/CLINICAL/598

GUC-00091632 IP18-00036384
Mrs SAVITHA PRIYADARSHINI
13-11-1991 34 Y 7 M 25 D (F)
Dr. AISHWARYA PARTHASARATHY

SSI PREVENTION CHECKLIST

Rainbow Children's Hospital

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	
	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

PATIENT TRANSFER FORM

(1)

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GUC-00091632 IP18-00036384
Mrs SAVITHA PRIYADARSHINI
13-11-1991 34 Y 7 M 25 D (F)
Dr. AISHWARYA PARTHASARATHY

Date & Time of Admission	Date & Time of Transfer Order
08/07/2026 @ 8.44pm	9/7/2026 @ 12:20 AM

Treating Consultant Name	Transfer Ordered by	Reason for Transfer
Dr. Aishwarya	Dr. Raj	Further mgt-

From Unit	To Unit	Information to Attendant
LDR	7th floor	Yes ☑ No ☐

Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant
Casesheet-	CTG	Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
S/N parameswari 01680	Dr. Raj

Patient & Clinical Records Received by : Staff Nurse

Date & Time of Patient Received : 9/7/26 12:30 AM

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

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

PATIENT TRANSFER FORM

(2)

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PATIENT TRANSFER FORM

GUC-00091632 IP18-00036384
Mrs SAVITHA PRIYADARSHINI
13-11-1991 34 Y 7 M 25 D (F)
Dr. AISHWARYA PARTHASARATHY

	Date & Time of Admission	Date & Time of Transfer Order
	8/7/26 at 8.15 pm	9/7/26 at 6.30 am
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
Dr Aishwarya	Dr Aishwarya	FL-USG
From Unit	**To Unit**	**Information to Attendant**
1st floor	LDR	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
File		Yes ☑ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Dr Tej	Sr. Nandini ONSU

Patient & Clinical Records Received by : S/N Parameswari 016808

Date & Time of Patient Received : 9/7/26 @ 6.50am

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

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

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

PATIENT TRANSFER FORM

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GUC-00091632 IP18-00036384
Mrs SAVITHA PRIYADARSHINI
13-11-1991 34 Y 7 M 26 D (F)
Dr. AISHWARYA PARTHASARATHY

	Date & Time of Admission	Date & Time of Transfer Order
	8/7/26 at 8.44pm	9/7/26 at 4.15pm
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
Dr. Aishwarya	Dr. Vinitha	further treatment
From Unit	**To Unit**	**Information to Attendant**
MICU.	7th floor	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
op file -	CT H - (2)	Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Inj. Tapic 500mg	(4)
2.	Inj. Supact 1.5g	(2)
3.	T. Pan 40	(10)
4.	T. Pan D 40mg	(10)
5.	10ml Syringe, Duxter	(2)

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
S. Shalini 41072	Dr. Vinitha

Patient & Clinical Records Received by : Suresh 60320 at 4:15pm

Date & Time of Patient Received :

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

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

PATIENT TRANSFER FORM

(3)

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GUC-00091632 IP18-00036384
Mrs SAVITHA PRIYADARSHINI
13-11-1991 34 Y 7 M 26 D (F)
Dr. AISHWARYA PARTHASARATHY

No.	Date & Time of Admission	Date & Time of Transfer Order
	8/7/26 at 8.44pm	9/7/26 at 7.30 AM

Treating Consultant Name	Transfer Ordered by	Reason for Transfer
Dr: Aishwarya	Dr: Taj	ELLSLS

From Unit	To Unit	Information to Attendant
LDR	OT	Yes ☑ No ☐

Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant
Whole IP Files	CT/T – (2)	Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Pt shifted to OT

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
S/N Akalya 018088	Dr: Taj

Patient & Clinical Records Received by : Pradeepraja / Priyadarshini

Date & Time of Patient Received : 9/7/26 at 7.50am

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

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

GUC-00091632 IP18-00036384
Mrs SAVITHA PRIYADARSHINI
13-11-1991 34 Y 7 M 25 D (F)
Dr AISHWARYA PARTHASARATHY
Patient

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OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 08/07/2026 Time of Arrival: 8:45pm Time Seen by Nurse: 8:45pm

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

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

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

3) **Vital Signs:** Temperature: 98F Pulse: 96bpm RR: 20bpm SpO2: 99% BP: 110/70mm Hg Weight: 99kg

4) **Gestational Criteria:**

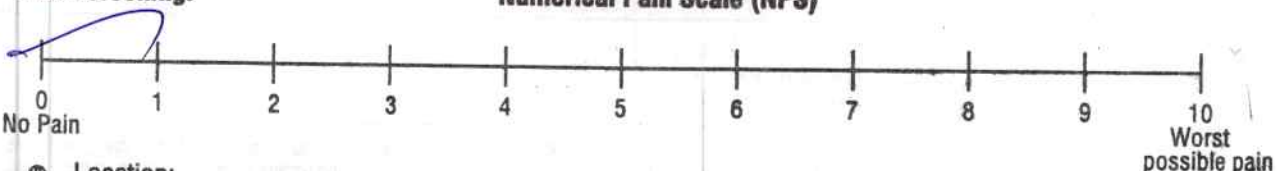
Gravida:	G 3	P —	L —	A 2

LMP: 10/11/2025 EDD: 30/7/2026 Gestational Age: 36w+6D

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

5) **Pain Screening:**

Numerical Pain Scale (NPS)



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

6) **Past History:**

a) Surgeries: Appendectomy 2014, D&C @ 2025

b) Medical: GDM on Insulin

Patient Sticker

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

8) **Current Medications:** ☐ Prenatal Vitamin ☐ None ☐ Others: ....GDM on Insulin.....

9) **Prenatal Medical History:**

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

Triage Category: (Please tick on the category)

Refer to OBSTETRICAL TRIAGE ACUITY SCALE (OTAS)

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

OBCU Obstetrical Triage Acuity Scale (OTAS)

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

Time seen by Doctor: ....9 pm.....

Nurse Name : ....S. parameswari..... Nurse Signature: 016808

Date: ..28/7/2026 Time: ....9 pm.....

GUC-00091632 IP18-00036384
Mrs SAVITHA PRIYADARSHINI
13-11-1991 34 Y 7 M 25 D (F)
Dr. AISHWARYA PARTHASARATHY

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RISK ASSESSMENT TOOL FOR DEEP VEIN THROMBOSIS

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

Date: 8/7/2026

Pre - Existing Risk Factors	Tick	Score
Previous VTE (except a single event related to major surgery)		4
Previous VTE provoked by major surgery		3
Known high-risk thrombophilia		3
Medical comorbidities e.g. cancer, heart failure; active systemic lupus erythematosus, inflammatory polyarthropathy or inflammatory bowel disease; nephrotic syndrome; type I diabetes mellitus with nephropathy; sickle cell disease; current intravenous drug user		3
Family history of unprovoked or estrogen-related VTE in first-degree relative		1
Known low-risk thrombophilia (no VTE)		1
Age (≥35 years)	✓	1
Obesity	✓	1 or 2
Parity ≥ 3		1
Smoker		1
Gross varicose veins		1
Obstetric Risk Factors		
Pre-eclampsia in current pregnancy		1
ART/IVF (antenatal only)	✓	1
Multiple pregnancy		1
Caesarean section in labour		2
Elective caesarean section	✓	1
Mid-cavity or rotational operative delivery		1
Prolonged labour (24 hours)		1
PPH (1 litre or transfusion)		1
Preterm birth 37^{+0} weeks in current pregnancy	✓	1
Stillbirth in current pregnancy		1
Transient Risk Factors		
Any surgical procedure in pregnancy or puerperium except immediate repair of the perineum, e.g. appendectomy, postpartum sterilization		3
Hyperemesis		3
OHSS (first trimester only)		4
Current systemic infection		1
Immobility, dehydration		1
Total		04
Signature of the Nurse		S/N parameswari /016808
Action Plan		

RISK ASSESSMENT FOR VENOUS THROMBOEMBOLISM (VTE)

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

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

GUC-00091632 IP18-00036384
Mrs SAVITHA PRIYADARSHINI
13-11-1991 34 Y 7 M 27 D (F)
Dr. AISHWARYA PARTHASARATHY

Rainbow® Children's Hospital
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NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 10/07/2026 Time: 12:05PM

Origin: — Height: 160 cm Weight: 99 kg BMI: ☐ ~ 26 kg/m² ☐ ~ 28 kg/m² ☒ 30 kg/m²

Food Allergies: —

Diagnosis: ELECTIVE LSCS

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

Diet Advised:

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

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

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

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

Patient's / Attendant's Husband.
Signature:
Name: S. Sujan kumar.
Date & Time: 6/07/26 @ 12:05PM

Dietician's
Signature: A.S (a18336)
Name: A. Sadiqa Farheen
Date & Time: 6/07/26 @ 12:05PM

DIETARY NOTES

Date	Time	Notes	Sign
09/07/26.	9AM.	NPO x 4 hours.	A.M (018336)
	DoS.	EL-LSCS → done.	
	4PM.	- Patient is on Liquid diet.	
		- Patient is Stable. Oral intake is Better.	A.M (018336)
		- Advised to take plenty of Oral fluids- water, fruit Juices, tender-coconut water (etc) Fluids- 2.5-3 l/d.	
10/07/26	8:30AM.	- Patient is on Soft Diet.	
		- Patient is Stable. Oral intake is Adequate	A.M (018336)
		- Advised to take easy-digest foods.	
		- Consume Small frequent meals.	
		- Include galactogogue foods for milk secretion - garlic, fennel & oats.	
		- Stools Passed.	
		- Consume Low G.I foods.	
		RDA Values- Energy - +600 Kcl.	
		· Protein - +17-19g/d.	
11/7/26.	8:40AM.	- Patient is on Soft Diet	
		- Patient is stable. Oral intake is Adequate	A.M (018336)
		- Consume protein from milk foods.	
		- Stools passed yesterday	

GUC-00091632 IP18-00036384
Mrs SAVITHA PRIYADARSHINI
13-11-1991 34 Y 7 M 26 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

SURGERY DETAILS

Date : 09/07/2026

Patient Name: Mrs. Savitha Priyadarshini Date of Birth: 13/11/1991 Age: 34 Y 7 M

Gender: Female. Ward : OT UHID No.: 91632 / 36384.

Date of Surgery: 09/07/2026. ☐ OT -1 ☐ OT -2 ☑ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : Elective LSCS.

Time in : 7.50 am Time Out : 8.50 am

		NAME	AMOUNT
1.	Surgeon	: Dr. Aishwarya parthasarathy	
2.	Anaesthetist	: Dr. Mohanmurali / Dr. Priyadharshi	
3.	Assistant Surgeon	: Dr. Sangeetha	
4.	OT Technician	: Mr. Raja / Mr. Shyam.	
5.	Circulating Nurse	: Radeepa Veerayen	
6.	Assistant Nurse	: Smt Sivamoorthy	

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

Signature of the Surgeon

Signature of Circulating Nurse

Record finalize done

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

Patient Sticker

LSCC Breech

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CONSUMABLES OF OT

Circulating staff : Pradeep L   Technician : Mr. Rajan   Date : 9/7/26   Time :

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube			~~Major~~ Pack LSCC		01	Inj Vit.K		01
LMA			Sutures 2347		02	Cord Clamp		01
ECG leads : (A) / P / N		3	9351		01	Suction Catheter		
HME filter : A / P / N			1326		01	Feeding Tube 6Fr		01
Syringes : 10 cc		1				Vaccum Suction Set		
05 cc		2+1	Gloves 7 P.F		1	Surgical Gloves		
02 cc		1	DIA 7½		01	Gauze Pack		01
01 cc			6½		02	Syringe 1~~ml / 2~~ml		01
Cautery plate : (A) / P / N		1	Surgical blade 22		01	Surgical Blade # 20		
IV set		1	NG tube			Koochies (S)		
RL		4	Cautery pencil		01	Evatocin		5
NS : 10ml / 100ml / 500ml / 1000ml			Koochies			Spinal needle		
			Ointments			27G (90mm) whitecare		1
			Suction Catheter					
Fentanyl			Cap, Mask			Needle 26½		1
Morphine			Gauze Pack 1120		1/3	5ml Emorold syringe		
Ketamine			Mop Pack		02			1
Propofol			Steristrip			Anawin (H)		1
Rocuronium			Underpad		01	Bupigesic		1
Glycopyrolate			Draw sheet			Bioxamic		2
Myopyrolate			Abgel		01	Efipress		1
Ondansetron			Foleys catheter			Baby wipes		01
Pencan 25g/ Spinal Needle 22			Urobag			Baby diaper		01
Bupivacaine 0.25%			Chest Drainage Catheter			Wow mom pad		01
Bupivacaine 0.25%(Heavy)			Romodrain bag			Wow mom Tummy		01
Antibiotics			Bandage			Protogen		01
			Tegaderm			(Sterile [illegible])		01
Suppositories			Ioban			Quick shot		01
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg			Vaccum Suction set		01			
Justin : 12.5 mg / 25mg / 100mg		01	Plastic ~~Bed Sheet~~ APPLE		02			
Tab. Misoprost : ~~200mg~~ Goonj		01	Betadine Solution		02			
			Microshield					
			Cotton Balls					
			Latex Gloves		10			
			Ramdione Scrub					
			Saral					

Surgeon   Anaesthesiologist   Nurse   OT Technician

Order No. :   Ordered by :

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

RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital - Guindy

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

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

DL NO :

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

INPATIENT ISSUES AGAINST ORDERS

IP No	IP18-00036384		
Patient Name	Mrs SAVITHA PRIYADARSHINI	**Ward**	8F-OT COMPLEX
Age/Sex	34 Y 7 M 26 D / Female	**Bed Name**	MICU 802
Date	09/07/2026 09:53	**Order No**	18-0001724367
Payor	SELFPAY	**Prescription No**	PRIP18-0625992
UHID	GUC-00091632	**Dispensed Date**	09/07/2026 09:54

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	SGLOVE 7.0(POWDER FREE)	ANSEL	GENERAL	260300831T	03/29	1	128.00	128.00
						Total :	**128.00**	**128.00**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital - Guindy

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

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

DL NO :

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

INPATIENT ISSUES AGAINST ORDERS

IP No	IP18-00036384	**Ward**	8F-OT COMPLEX
Patient Name	Mrs SAVITHA PRIYADARSHINI	**Bed Name**	MICU 802
Age/Sex	34 Y 7 M 26 D / Female	**Order No**	18-0001724366
Date	09/07/2026 09:53	**Prescription No**	PRIP18-0625991
Payor	SELFPAY	**Dispensed Date**	09/07/2026 09:53
UHID	GUC-00091632		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	ANAWIN HEAVY 5 MG INJ 4 ML	Neon Laboratories Ltd	H	KP1713925	12/27	1	31.47	31.47
2	BIOXAMIC 500 MG INJ	Biocare Pharmaceuticals	H	C3BIO004	01/28	2	73.23	146.46
3	BUPRIGESIC INJ AMP 0.3 MG 1 ML	Neon Laboratories Ltd	H	45121	01/29	1	31.10	31.10
4	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	026B24K67	01/31	1	21.83	21.83
5	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26C03K96	02/31	3	21.56	64.68
6	DSYRINGE EMERALD 5ML BP (BD)	BECTON DICKINSON (BD)		5322615	10/30	1	12.00	12.00
7	DSYRINGS 2.5ML(NIPRO)	NIPRO	GENERAL	26B12K44	01/31	1	11.25	11.25
8	E.C.G ELECTRODES (ADULT)	JMS	GENERAL	12226S08G	03/28	3	32.34	97.02
9	EFIPRES INJ 30 MG 1 ML	NEON LABORATORIES LTD	H	1231095	01/28	1	45.90	45.90
10	EVATOCIN (OXYTOCIN) INJ 5 IU 1 ML	Neon Laboratories Ltd	H	091690	02/28	5	18.90	94.50
11	INTRAFLOW (AUTO STOP) ROMSONS	ROMSONS		K26B010515	01/31	1	525.00	525.00
12	NEEDLE 26 1 1 2INCH	Dispovan	GENERAL	01654R	12/30	1	3.38	3.38
13	PREGELLED SURGICAL PLATES(ADULT)	Erbee	GENERAL	2510302409	10/27	1	1,275.00	1,275.00
14	RL 500 ML CLOSED SYSTEM	Fresenius Kabi India Pvt Ltd		1D262078	03/29	2	69.39	138.78
15	RL 500 ML CLOSED SYSTEM	Fresenius Kabi India Pvt Ltd		1D262104	03/29	2	69.84	139.68
16	SPINAL NEEDLE 27 G WHITACARE	VYGON		25O2016	01/30	1	637.03	637.03
						Total :	**2,879.22**	**3,275.08**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

nted Time : 09-07-2026 09:53

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	IP18-00036384		
Patient Name	Mrs SAVITHA PRIYADARSHINI	**Ward**	8F-OT COMPLEX
Age/Sex	34 Y 7 M 26 D / Female	**Bed Name**	MICU 802
Date	09/07/2026 09:53	**Order No**	18-0001724365
Payor	SELFPAY	**Prescription No**	PRIP18-0625993
UHID	GUC-00091632	**Dispensed Date**	09/07/2026 09:54

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	ABGEL 20X10	Sutures India	GENERAL	R110325	11/28	1	151.00	151.00
2	CAUTERY PENCIL (ADVANCE)	The Advanced cadiomed	GENERAL	250824	08/28	1	1,303.00	1,303.00
3	DISPOSABLE APRONS STERILE XL	Mediblue		1010626	04/29	2	120.00	240.00
4	Encore Microptic gloves-6.5		H	260501801T	05/29	2	128.00	256.00
5	GAUZE 7.5X7.5 12 PLY (5 NOS) NON XRAY	Bapuji Surgicals	GENERAL	M2641119	04/30	1	100.00	100.00
6	GAUZ SWAB 10 X 10 CM 12PLY 5S X-RAY	Bapuji Surgicals	GENERAL	M2645010	03/29	3	123.00	369.00
7	JUSTIN SUPPOSITORIES 100 MG 5 S	Neon Laboratories Ltd	H	BLNP274053	11/28	1	18.74	18.74
8	LSCS DRAPE PACK	Mediblue	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	T5124	09/30	1	997.00	997.00
11	MOPS 30X30 8PLY 5S X-RAY	DATT MEDI PRODUCTS	H	M2642004	12/29	2	949.00	1,898.00
12	NEW MOM DISP MATERNITY PAD FIXATOR - XL	DYNAMIC TECHNO	General	105327	01/31	1	210.00	210.00
13	NEW MOM DISP MATERNITY PADS MAXIPAD	DYNAMIC TECHNO		0153715	03/31	1	204.00	204.00
14	NITRILE EXAMINATION GLOVES P F- MEDIUM	ELITE MEDICALS	GENERAL	ENPF030020	11/28	20	25.00	500.00
15	PDS-II1-0 NW 9352	ETHICON SUTURES-J&J		T5001	03/30	1	1,026.00	1,026.00
16	PROTECTIVE SHEET 20X2O	Local		101O626	05/29	1	250.00	250.00
17	QUICKSUITE OT TABLE SHEET MIDLINE SUITEL		H	260616I	06/31	1	775.00	775.00
18	RAMADINE SOLUTION 10% 100 ML	RAMAN & WEIL PVT LTD		RC126029	03/28	2	103.00	206.00
19	SGLOVE # 7.5 POWDER FREE	ANSEL	GENERAL	2602085605	02/29	1	128.00	128.00
20	SURGICAL BLADE 22	Surgeon	GENERAL	051125	10/30	1	7.67	7.67
21	UNDERPADS CARE 60 X 90 (FRIENDS)			20062026	12/30	1	205.00	205.00
22	VACCUME SUCTION SET	ROMSONS	GENERAL	G26C010430	02/31	1	543.00	543.00
23	VICRYL PLUS 1 VP - (2347)	ETHICON SUTURES-J&J	C1	T5O72	10/30	2	951.00	1,902.00
						Total :	**10,672.53**	**13,644.53**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

ceiver Name

ted Time : 09-07-2026 09:54

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	IP18-00036388		
Patient Name	Baby B/O SAVITHA PRIYADARSHINI	**Ward**	7F-PVT/SUITE
Age/Sex	0 Y 0 M 0 D 1 H / Male	**Bed Name**	CRDL-SUITE712-1
Date	09/07/2026 10:01	**Order No**	18-0001724374
Payor	SELFPAY	**Prescription No**	PRIP18-0625997
UHID	GUC-00093630	**Dispensed Date**	09/07/2026 10:02

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	DSYRINGE 1ML (BD)	BECTON DICKINSON (BD)	GENERAL	6043348	01/31	1	24.00	24.00
2	INFANT FEEDING TUBE-6	ROMSONS	GENERAL	G26D010693	03/31	1	63.00	63.00
3	Menadione Sod Bisul 1 ml	HINDUSTAN LABS		0075	12/27	1	28.92	28.92
						Total :	**115.92**	**115.92**

Receiver Name

for RAINBOW CHILDREN'S MEDICARE LIMITED

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

ed Time : 09-07-2026 10:02

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	IP18-00036388		
Patient Name	Baby B/O SAVITHA PRIYADARSHINI	**Ward**	7F-PVT/SUITE
Age/Sex	0 Y 0 M 0 D 1 H / Male	**Bed Name**	CRDL-SUITE712-1
Date	09/07/2026 10:01	**Order No**	18-0001724372
Payor	SELFPAY	**Prescription No**	PRIP18-0625996
UHID	GUC-00093630	**Dispensed Date**	09/07/2026 10:02

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	BABY DIAPER NEW BORN TEDDYS 10S PACK		H	07072026	12/30	1	255.00	255.00
2	GAUZE 7.5X7.5 12 PLY (5 NOS) NON XRAY	Bapuji Surgicals	GENERAL	M2641119	04/30	1	100.00	100.00
3	KLICK CLAMP	ROMSONS		G26D040017	03/31	1	42.00	42.00
4	PROTO GOWN (ADULT)	Diamond Medicare	GENERAL	1010626	05/29	1	250.00	250.00
						Total :	**647.00**	**647.00**

Receiver Name

for RAINBOW CHILDREN'S MEDICARE LIMITED

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

ed Time : 09-07-2026 10:02

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	IP18-00036388		
Patient Name	Baby B/O SAVITHA PRIYADARSHINI	**Ward**	7F-PVT/SUITE
Age/Sex	0 Y 0 M 0 D 1 H / Male	**Bed Name**	CRDL-SUITE712-1
Date	09/07/2026 10:01	**Order No**	18-0001724373
Payor	SELFPAY	**Prescription No**	PRIP18-0625995
UHID	GUC-00093630	**Dispensed Date**	09/07/2026 10:01

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

Receiver Name

for RAINBOW CHILDREN'S MEDICARE LIMITED

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

ed Time : 09-07-2026 10:01